

IMPACT OF EU LABEL CHANGES FOR SYSTEMATIC DICLOFENAC PRODUCTS: POST-REFERRAL PRESCRIBING TRENDS FOR SYSTEMIC DICLOFENAC PRODUCTS

Background: Non-steroidal anti-inflammatory drugs (NSAIDs), such as diclofenac, are widely prescribed agents across Europe for the management of pain, fever and inflammatory conditions. In June 2013, a European Medicines Agency (EMA) referral procedure concluded that diclofenac containing products were associated with an elevated risk of acute cardiovascular events and that contraindications, warnings, and changes to the product information, including direct healthcare professional communication (DHPC) were required to be implemented across the EU.

Objectives: The aim of the study was to evaluate the impact of the risk minimisation measures implemented in 2013 to manage the cardiovascular risks of systemic diclofenac containing medicinal products in Denmark, Netherlands, England and Scotland.

Method: Drug utilisation studies assessing diclofenac-containing medical products covering the regulatory intervention in June 2013. Quarterly time series analysis measuring the prevalence of diclofenac initiation and discontinuation with statistical significance testing using interrupted time series regression.

Results: The cohorts consisted of 5.6 million in Denmark, 5.3 million in Scotland, 4.2 million in England and 1 million in the Netherlands. The most common indication for diclofenac in all countries among those assessed was osteoarthritis. In all countries diclofenac prescribing fell during the overall observation period. The 2013 EMA regulatory intervention was associated with a significant: immediate reduction in diclofenac initiation in the Netherlands (-0.42%, 95%CI -0.66% to -0.18%), England (-0.09%, 95%CI -0.11% to -0.08%) and Scotland (-0.67%, 95%CI -0.79% to -0.55%) but no significant immediate impact on diclofenac discontinuation; a falling trend in diclofenac initiation in the Netherlands (-0.03%, 95%CI -0.06% to -0.01%) and Scotland (-0.04%, 95%CI -0.05 to -0.02%), and no statistically significant rising trend in diclofenac discontinuation.

Conclusion: The 2013 EMA referral was associated with reductions in overall diclofenac prescribing the extent of which varied by country and type of exposure.

IMPACT OF EU LABEL CHANGES FOR SYSTEMATIC DICLOFENAC PRODUCTS: POST-REFERRAL PRESCRIBING TRENDS IN SWITCHING TO ALTERNATIVE PRODUCTS FOLLOWING DICLOFENAC DISCONTINUATION

Background: Non-steroidal anti-inflammatory drugs (NSAIDs), such as diclofenac, are widely prescribed agents across Europe for the management of pain, fever and inflammatory conditions. In June 2013, a European Medicines Agency (EMA) referral procedure concluded that diclofenac containing products were associated with an elevated risk of acute cardiovascular events and that contraindications, warnings, and changes to the product information, including direct healthcare professional communication (DHPC) were required to be implemented across the EU.

Objectives: The aim of the study was to evaluate the impact of the risk minimisation measures implemented in 2013 on unintended switching to alternative products in Denmark, Netherlands, England and Scotland.

Method: Drug utilisation studies measuring trends in the prevalence of initiation of other systemic NSAIDs, topical NSAIDs, paracetamol, opioids and other chronic pain medication in people who discontinued diclofenac-containing medical products covering the regulatory intervention in June 2013. Quarterly time series analysis with statistical significance testing using interrupted time series regression.

Results: Among cohorts consisting of 5.6 million in Denmark, 5.3 million in Scotland, 4.2 million in England and 1 million people in the Netherlands, the regulatory intervention was associated statistically significant immediate increases in switching to: other systemic NSAIDs in England (1.51%, 95%CI 0.22% to 2.80%) and Scotland (5.21%, 95%CI 3.70% to 6.72%); topical NSAIDs in Scotland (0.35%, 95%CI 0.12% to 0.58%); paracetamol in Denmark (5.92%, 95%CI 4.07% to 7.77%) and Scotland (0.50%, 95%CI 0.28% to 0.73%); opioids in Scotland (0.12%, 95%CI 0.04% to 0.21%); and other chronic pain medication in England (0.39%, 95%CI 0.05% to 0.72%) and Scotland (1.31%, 95%CI 0.72% to 1.89%). The regulatory intervention was associated with statistically significant rising trends in switching to: topical NSAIDs in Denmark; paracetamol in Denmark and the Netherlands; and opioids in Scotland, whilst other countries were associated with no or falling trends in switching.

Conclusion: The 2013 EMA referral was associated with significant changes in switching to alternative pain medications following diclofenac discontinuation the extent of which varied by country and type of product.