BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

ARICEPT (donepezil), EXELON (rivastigmine), REMINYL (galantamine), acetylcholinesterase inhibitors
EBIXA (memantine), non-competitive NMDA-receptor antagonist

Insufficient clinical benefit: these medicinal products no longer have a role in the treatment of Alzheimer’s disease

Main points

- ARICEPT, EXELON and REMINYL have Marketing Authorisation in the symptomatic treatment of mild to moderately severe Alzheimer’s disease. EXELON is also indicated in mild to moderately severe dementia in patients with idiopathic Parkinson’s disease. EBIXA has Marketing Authorisation in the treatment of adults with moderate to severe Alzheimer's disease.
- In view of:
  - the absence of clinical relevance of the symptomatic effects of these medicinal products,
  - the absence of demonstrated effectiveness on behaviour disorders, quality of life, time of entry into an institution, mortality, progress of the disease, burden of illness on caregivers,
  - their safety profile,
  - the high risk of drug interactions in elderly patients,
ARICEPT, EBIXA, EXELON and REMINYL no longer have a role in the therapeutic strategy.

- HAS recommends that these medicinal products be removed from the list of reimbursable products.

Therapeutic use

- The current non-medicinal treatment can take place on an outpatient or institutional basis. It must be accompanied by support for family caregivers. It is set up by trained personnel and is part of a coordinated care pathway.
- Several interventions are possible. They aim to improve quality of life, maintain and adapt the patient's communication functions, and slow the loss of autonomy in activities of daily life. Psychological and psychiatric treatment of the patient and the patient's friends and family members can also be planned, and physical exercise (especially walking) is recommended.

Role of the medicinal products in the therapeutic strategy

ARICEPT, EXELON, REMINYL and EBIXA no longer have a role in the therapeutic strategy.

Clinical data

- The new clinical data confirm that the symptomatic effectiveness of these medicinal products is at best modest, and that it is established only in the short term, mainly on cognitive disorders, in clinical studies versus placebo. The clinical relevance of these effects is not clearly established.
- The transposability of these effects into actual practice is also not assured: in these studies, patients are younger than those actually treated and, unlike the actual patients, do not have comorbidities nor risk of drug interactions.
- These medicinal products have not demonstrated an effect on behaviour disorders, quality of life, time of entry into an institution, mortality or burden of illness for caregivers, They do not alter the progress of the disease.
- On the other hand, the data accumulated since their marketing confirm the occurrence of potentially serious adverse effects and/or effects that may alter their quality of life. These risks are of particular concern in elderly patients due to drug interactions related to the other prescribed drugs that are necessary and useful.
Moreover, pharmaco-epidemiological data in actual conditions of use do not lead to the conclusion that they have a favourable impact on the symptoms of patients and ensure a good use of these medicinal products.

**Benefit of the medicinal products**

- The actual benefit* of ARICEPT, EXELON, REMINYL and EBIXA in the indications of the Marketing Authorisation is insufficient to justify reimbursement by National Health Insurance.
- Does not recommend inclusion on the list of reimbursable products for supply by pharmacists and for hospital use.

* The actual benefit (AB) of a proprietary medicinal product describes its benefit primarily in terms of its clinical efficacy and the seriousness of the condition being treated. The HAS Transparency Committee assesses the AB, which can be substantial, moderate, low or insufficient for reimbursement for hospital use.