

May 2003 Meeting of the Pharmacology and Therapeutics Advisory Committee

Update on agents used in the treatment of Alzheimer's disease

The Committee was asked to consider some additional evidence provided in support of acetylcholinesterase inhibitors for the treatment of Alzheimer's disease, in the form of a rapid cost-utility analysis and contributing 12-month efficacy data. However, three abstracts/poster presentations relating to putative savings to the health sector had not been received by members and could therefore not be duly considered at the meeting.

From the evidence presented the Committee noted that, in most cases, the clinical benefits of the treatment experienced by patients appeared to be limited in duration to a maximum of 6 months. The Committee saw no firm evidence that these benefits would translate to savings in terms of rest home care.

The Committee remained of the view that investment in acetylcholinesterase inhibitors for Alzheimer's disease should remain a low priority for pharmaceutical investment.

The Committee noted the interest by particular stakeholders in this decision and considered whether a Government funded pilot access programme or listing of these agents under a patient or expenditure cap could be an appropriate alternative.

There was further discussion on the possibility of a pilot programme being based on the concept of an n-of-1 trial. It was, however, noted that n-of-1 processes would be inappropriate as the benefits of acetylcholinesterase inhibitors would be too difficult to measure with accuracy, particularly given the difficulty of making an estimation of what the patient's decline without therapy might have been.

The Committee was not aware of any published evidence that indicated that acetylcholinesterase inhibitors were more effective in any particular stage of dementia. It considered that this would present difficulties in terms of administering entry criteria, which were more restrictive than those used in the clinical trials, for subsidised access to these agents. There was an anecdotal comment that many patients who were currently self-funding these treatments were maintained on them for longer than the period of potential benefit, because of a perception that they might experience deterioration in their condition if the treatment were stopped. The Committee considered that these perceptions could make administration of exit criteria in a pilot programme unmanageable.

Summary

Based on the evidence presented to them, Committee members:

- considered that the listing of acetylcholinesterase inhibitors on the Pharmaceutical Schedule for Alzheimer's disease should remain a low priority for investment by PHARMAC
- did not recommend proceeding with alternative mechanisms for providing subsidised access to these agents unless they could be assured that the entry and exit criteria could be enforced.

Secretary's note:

The Committee did not make a final recommendation as it was noted that not all the information available had been included in the agenda in time for the meeting. Members have since the meeting been advised by PHARMAC that further information will be provided for their consideration before they make final recommendation on this issue by teleconference.