



		EMLc	ATC codes: Pending
Indication	Harmful effects of or exposure to noxious substances, chiefly nonmedicinal as to source, not elsewhere classified	ICD11 code: NE61	
INN	Succimer		
Medicine type	Chemical agent		
List type	Complementary		
Formulations	Oral > Solid: 100 mg		
EML status history	First added in 2011 (TRS 965)		
Sex	All		
Age	Also recommended for children		
Therapeutic equivalence	The recommendation is for this specific medicine		
Patent information	Patents have expired in most jurisdictions Read more about patents . 		
Wikipedia	Succimer 		
DrugBank	Succimer 		

Summary of evidence and Expert Committee recommendations

An application was prepared by Dr Volans, Dr Karalliedde and Ms Heather Wiseman, Medical Toxicology Information Services, Guy's and St Thomas' NHS Foundation Trust, United Kingdom, for the inclusion of succimer in the Model List. Listing is requested as an individual medicine. Expert reviews were prepared by Professor Noel Cranswick and Professor David Ofori-Adjei. Comments were received from the Department for Evidence and Policy on Emerging Environmental Health issues, WHO; the European Association of Poisons Centres and Clinical Toxicologists, the American Academy of Clinical Toxicology, and Medecins Sans Frontieres. The Committee noted that succimer is recommended for children with moderate lead poisoning (45–69 micrograms/L), who can be protected from further exposure and have no signs of encephalopathy by international guidelines (1-3). The Committee considered evidence from 4 RCTs (4-6), 3 observational studies (8-10), and 3 environmental studies (11-13) to support the safety and efficacy of succimer in children. The Committee noted that evidence for long-term effectiveness in children is limited and that no published studies have demonstrated an improvement in cognition, behaviour, or neuropsychological function in children given succimer compared to placebo. The Committee noted that compared with other antidotes for lead poisoning, succimer has a better adverse effect profile and causes less urinary loss of minerals. The Committee noted that although there are no cost-effectiveness data for succimer compared to other lead chelators, the overall cost of treatment with succimer is likely to be lower because it can be administered orally and does not require hospitalization unlike parenteral chelators. The Committee recommended the addition of succimer to the Model List for both children and adults, based on evidence of short-term efficacy, its favourable safety profile compared to other antidotes for lead poisoning, and the potential for cost savings because it can be administered orally and does not require hospitalization unlike parental antidotes. However, given the need for expert diagnosis and management of lead poisoning, it was decided to add this agent to the Complementary List. References: 1. TOXBASE. Lead chelation therapy in children. United Kingdom National Poisons Information Service, 2009. 2. American Academy of Pediatrics, Committee on Drugs. Treatment guidelines for lead exposure in children. *Pediatrics*, 1995, 96:155–160. 3. L'intoxication par le plomb de l'enfant et de la femme enceinte. Guide publié en 2006 par le Ministère de la Santé et des Solidarités, Paris

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