




EMLc

Codes ATC: En attente

Indication	Harmful effects of or exposure to noxious substances, chiefly nonmedicinal as to source, not elsewhere classified Code ICD11: NE61
INN	Succimer
Type de médicament	Chemical agent
Type de liste	Liste complémentaire (EML) (EMLc)
Formulations	Oral > Solid: 100 mg
Historique des statuts LME	Ajouté pour la première fois en 2011 (TRS 965)
Sexe	Tous
Âge	Aussi recommandé pour les enfants
Équivalence thérapeutique	La recommandation concerne ce médicament spécifique
Renseignements sur le brevet	Patents have expired in most jurisdictions Lire la suite sur les brevets. 
Wikipédia	Succimer 
DrugBank	Succimer 

Résumé des preuves et recommandation du comité d'experts

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

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