

NICE rejects groundbreaking Alzheimer's drugs: What it means for the UK

NICE has ruled against recommending lecanemab and donanemab — two globally recognised, disease-modifying Alzheimer's drugs — for NHS use. The response has raised broader questions about how the UK assesses and prepares for innovation in progressive conditions like dementia and what this could mean for future dementia trials in the UK.

The rationale from NICE

Whilst both drugs had previously received UK licences from the MHRA for people with early-stage Alzheimer's who have confirmed amyloid pathology, NICE concluded that their modest clinical benefits did not justify the high costs and delivery demands.



Modest benefit

Delays disease progression by 4–6 months



High cost

Up to £25,000 per patient/year



System strain

Lack of infrastructure to deliver regular infusions, MRIs and monitoring

Benefits vs cost and system readiness

The benefit



First-ever drugs to slow progression of Alzheimer's



Lecanemab showed **27%** slower cognitive decline

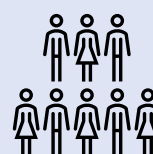


Donanemab showed **40%** slower functional decline (in select patients)

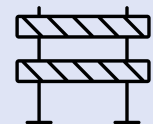
Cost and system readiness



Delivery requires infusion centres, MRI capacity, neurology support



Most NHS memory clinics lack necessary infrastructure and capacity to deliver at scale



UK's low scanner-to-patient ratio creates major access barriers



Infrastructure gaps risk deepening health inequalities

The evidence gap

The UK lacks the real-world data needed to evaluate and deliver innovative dementia treatments — limiting NICE's ability to assess long-term value and leaving the system unprepared. A fuller picture of patients' journeys, risk factors, and biomarkers is essential to understand what the current Alzheimer's cohort looks like and how this will change in the future

The response



The ruling has caused widespread frustration, with many seeing it as setback for people affected by Alzheimer's and their families and a failure to capture the broader impact of managing the burden of disease.

What this means



Clinical trials for Alzheimer's are highly competitive globally. If the NHS is not seen as a viable route to market, sponsors may look elsewhere.



Without a ready delivery system, new discoveries risk stalling at the approval stage, setting back the UK's Dementia Mission.