

Kisunla - a crucial decision is drawing near for people with Alzheimer's in Sweden

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Sweden's New Therapies Council (NT-rådet) is expected to decide in the coming months whether to recommend Kisunla for use in Swedish healthcare.

After this spring's decision against Leqembi, there is a great deal at stake. Research shows that Kisunla can slow the progression of the disease. But how much is that effect worth, and what is the pharmaceutical company prepared to do about the price?

For the first time, the progression of the disease can be slowed

For many years, drug treatment for Alzheimer's disease has mainly focused on relieving symptoms. With the new antibody drugs Leqembi and Kisunla, something fundamentally important has happened: it is now possible to influence the course of the disease itself.

Kisunla, whose active ingredient is donanemab, is an antibody that helps the body remove amyloid from the brain. Amyloid is a protein that accumulates in Alzheimer's disease and is part of the disease process.

In the large phase 3 trial TRAILBLAZER-ALZ 2, clinical decline was slowed by around 35 per cent over 18 months in patients with low or intermediate tau levels, as measured on the iADRS scale. Across the full study population, the effect was smaller, at around 22 per cent.

It is important to understand what these figures mean. The patients did not get better, and their memory did not improve by 35 per cent. Rather, their condition worsened more slowly than that of those who received a placebo.

This is a statistically significant treatment effect, but the average difference is relatively modest over the 18 months of the study.

The question is what this means in the longer term.

If treatment can delay the loss of independence, the need for extensive care or the progression to more severe dementia, even a modest slowing could make a big difference. The problem is that research cannot yet establish how substantial these long-term benefits will be.

Kisunla has practical advantages

Kisunla and Leqembi work on the same basic principle, but their treatment regimens differ.

Leqembi is normally given as an infusion every two weeks during initial treatment. Kisunla is given every four weeks, and treatment can be stopped once amyloid levels have fallen sufficiently. In the clinical trials, many patients were able to stop treatment within 18 months.

This means fewer hospital visits and potentially lower costs for the healthcare system.

But both drugs carry risks. In particular, they can cause brain swelling and bleeding in the brain, known as amyloid-related imaging abnormalities, or ARIA. This means that careful patient selection, genetic testing and regular MRI scans are required.

The treatment is intended for patients with early Alzheimer's, meaning mild cognitive impairment (MCI) due to Alzheimer's or mild Alzheimer's dementia. It is not suitable for every patient.

TLV's calculations bring difficult news

In September, the Swedish Dental and Pharmaceutical Benefits Agency, TLV, presented its health economic assessment of Kisunla.

The agency's calculations show a cost of approximately SEK 1.6–4.5 million per quality-adjusted life year gained, depending on the assumptions used.

The corresponding calculations for Leqembi were approximately SEK 3.7–4.3 million.

A quality-adjusted life year, or QALY, is a measure that combines how long a person lives with their quality of life during that time.

These calculations do not mean that an extra year of life actually costs those amounts. They attempt to estimate what the healthcare system pays for the combined improvement in length and quality of life compared with existing treatment.

The difference between TLV's calculations for the two drugs is interesting. In some scenarios, Kisunla appears more cost-effective than Leqembi.

But this is not a direct comparison between the drugs. The calculations are based on different assumptions, and there is considerable uncertainty.

Perhaps the most important question is how long Kisunla's slowing effect lasts after treatment ends.

Leqembi was turned down - will it happen again?

On 17 April 2026, the New Therapies Council recommended that Sweden's regions should not use Leqembi.

The reason was not that the drug had no effect. The problem was that the Council did not consider the benefits reasonably proportionate to the cost and the uncertainties.

Price negotiations with the pharmaceutical company had taken place, but the outcome was considered insufficient.

Kisunla now faces a similar assessment.

The New Therapies Council must weigh up the severity of the disease, the benefits of treatment, the risks of side effects and the costs to the healthcare system. Its assessment must be based on Sweden's ethical framework for setting healthcare priorities.

So this is not simply about the price of the drug.

A new treatment must also compete for resources with other healthcare services. At the same time, Alzheimer's is a serious, progressive disease that can rob people of their memory, their independence and, eventually, their ability to manage everyday life.

Balancing these considerations is no easy task.

Price negotiations could be decisive

According to the Swedish Dementia Centre, price negotiations are under way between the regions and the pharmaceutical company Eli Lilly.

The public list price will not necessarily be the price the regions actually pay. Confidential discounts could bring the cost down considerably.

This means that no firm conclusions about the New Therapies Council's forthcoming decision can be drawn from TLV's published calculations alone.

A sufficiently large price reduction could change the health economic assessment.

At the same time, the price cannot remove every uncertainty. We still do not know enough about the treatment's long-term effects or how much it will benefit individual patients.

How much is slowing Alzheimer's worth?

To my mind, this is the most interesting question.

For someone with Alzheimer's, more time spent living independently can be immensely valuable.

Being able to keep reading, writing, having conversations, managing daily life and living with one's family are no small gains.

But research cannot yet promise that Kisunla will give a particular patient a specific number of extra months or years of independence.

It is this gap between a proven slowing effect and an uncertain long-term benefit that makes the New Therapies Council's task so difficult.

It would be wrong to describe Kisunla as a breakthrough that solves the problem of Alzheimer's. But it would also be wrong to overlook the fact that the treatment has actually shown that the course of the disease can be influenced.

My prediction: a no looks likely

Having compared TLV's reports on Leqembi and Kisunla, I lean towards the view that Kisunla, too, risks receiving a negative recommendation.

The decisive reason is that the New Therapies Council has already shown how much weight it places on cost-effectiveness and reliable evidence of patient benefit. The concerns that led to Leqembi being turned down also apply to Kisunla to a considerable extent.

But there is an important difference.

Kisunla has a different treatment regimen, and TLV's analyses show that, under certain assumptions, the drug could offer a lower cost per quality-adjusted life year.

If Eli Lilly offers a sufficiently large discount, the outcome could therefore be different.

My prediction is a no unless the price is cut substantially, but a yes is entirely possible if the negotiations lead to significantly better cost-effectiveness.

That is my assessment, not inside knowledge of what is happening at the negotiating table.

For those of us living with Alzheimer's, this decision is about more than the economics of medicines. It is about the chance to access a treatment that, despite its limitations, can for the first time slow the clinical progression of the disease.

It is not a cure. But it is not nothing, either.

Sources

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