NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact
Published: 23 October 2024

www.nice.org.uk

Contents

Resource impact summary report

This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Recommendation

NICE has recommended quizartinib as an option for newly diagnosed FLT3-ITD-positive-acute myeloid leukaemia (AML) in adults, when used:

- with standard cytarabine and anthracycline chemotherapy as induction treatment, then
- with standard cytarabine chemotherapy as consolidation treatment, then
- alone as maintenance treatment.

Quizartinib is only recommended if the company provides it according to the commercial arrangement.

Eligible population for quizartinib

Table 1 shows the population who are eligible for quizartinib and the number of people who are expected to have quizartinib in each of the next 5 years, including population growth.

Table 1 Population expected to be eligible for and have quizartinib in England

Eligible population and uptake	Current practice (without quizartinib)	2024 to 2025	2025 to 2026	2026 to 2027	2027 to 2028	2028 to 2029
People eligible for quizartinib	402	406	410	414	418	422
Uptake for quizartinib for treatments non/ pre allo HSCT transplant (%)	0	15	25	30	30	30

Eligible population and uptake	Current practice (without quizartinib)	2024 to 2025	2025 to 2026	2026 to 2027	2027 to 2028	2028 to 2029
People starting treatment each year	0	10	102	124	125	127
Number from eligible population above who will go onto receive allo-HSCT transplant.	150	151	153	154	156	157
Portion who will receive quizartinib post allo-HSCT transplant (%)	0	25	50	50	50	50
People receiving quizartinib post allo-HSCT transplantation	0	6	76	77	78	79

Abbreviations: HSCT, haematopoietic stem cell transplantation

The estimated number of people starting treatment in 2024 to 2025 has been apportioned to reflect that the publication date of the guidance is midway through the year.

The following assumptions have been used to calculate the eligible population:

- The Cancer Registrations Statistics, England 2021 from NHS Digital estimates there are 2,336 people diagnosed with acute myeloid leukaemia (AML) each year.
- 27% of the people diagnosed above will have an FLT3ITD mutation as per the study by Kottaridis et al. (2001).
- 63.75% of those above will go onto receive induction chemotherapy as set out in page 33 of the committee papers for NICE technology appraisal guidance 523.
- Around 150 of those will go onto receive an allo-HSCT transplant as per NHS England's clinical commissioning policy for sorafenib.

The uptake for quizartinib is based on a range of clinical expert opinions. It was highlighted that results from a comparison study of quizartinib and midostaurin may impact these estimates in future years.

Treatment options for the eligible population

The comparator treatment for the eligible population pre allo-HSCT transplant is midostaurin with standard chemotherapy for induction and consolidation. Midostaurin cannot be used for maintenance treatment after a stem cell transplant. After stem cell

transplant, people may have sorafenib maintenance treatment, which is recommended through NHS England's clinical commissioning policy for sorafenib.

Quizartinib, midostaurin and sorafenib are all oral treatments.

The company has a commercial arrangement. This makes quizartinib available to the NHS with a discount.

Users can input the confidential price of quizartinib and amend other variables in the resource impact template.

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.

For further analysis or to calculate the financial impact of cash items, see the resource impact template.

Capacity impact

We estimate that many of the capacity requirements will be driven by the number of cycles of treatment at each stage. For further analysis or to calculate the financial capacity impact from a commissioner (national) and provider (local) perspective, see the resource impact template. Please note that the average cycle lengths will need to be input into the blue cells E50 to G55 on the inputs and eligible population worksheet. We have included the adverse events that occur with midostaurin but have been unable model the adverse events that can be expected with quizartinib and sorafenib. These should be input at a local level.

Key information

Table 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	Cancers and tumours, 02I
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts

Pathway position	Treatment for newly diagnosed FLT3-ITD-positive acute myeloid leukaemia (AML)

About this resource impact summary report

This resource impact summary report accompanies NICE technology appraisal guidance on quizartinib for induction, consolidation and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia and should be read with it. See terms and conditions on the NICE website.

ISBN: 978-1-4731-6591-5