

Putting NICE guidance into practice

Resource impact report: Oral azacitidine for maintenance treatment of acute myeloid leukaemia after induction therapy (TA827)

Published: October 2022

Summary

NICE has recommended oral azacitidine within its marketing authorisation, as an option for maintenance treatment for acute myeloid leukaemia (AML) in adults who:

- are in complete remission, or complete remission with incomplete blood count recovery, after induction therapy with or without consolidation treatment, and
- cannot have or do not want a haematopoietic stem cell transplant.

We estimate that:

- 690 people in the incident population with acute myeloid leukaemia are eligible for treatment with oral azacitidine after adjusting for population growth.
- 450 people will receive oral azacitidine from year 3 onwards once uptake has reached 65% in the incident population as shown in table 1 after adjusting for population growth.

Table 1 Estimated number of people in the incident population in England receiving oral azacitidine

	2022/23	2023/24	2024/25	2025/26	2026/27
Eligible population (after adjusting for population growth)	680	680	690	690	690
Uptake rate for oral azacitidine in incident population (%)	35%	65%	65%	65%	65%
Incident population receiving oral azacitidine each year	240	440	450	450	450

This report is supported by a local resource impact template because the list price of oral azacitidine has a discount that is commercial in confidence. The

discounted price of oral azacitidine can be put into the template and other variables may be amended.

This technology is commissioned by NHS England. Providers are NHS Hospital trusts.

1 Oral azacitidine

1.1 NICE has recommended oral azacitidine within its marketing authorisation, as an option for maintenance treatment for acute myeloid leukaemia (AML) in adults who:

- are in complete remission, or complete remission with incomplete blood count recovery, after induction therapy with or without consolidation treatment, and
- cannot have or do not want a haematopoietic stem cell transplant.

1.2 There are no standard maintenance treatment options for most people with AML who cannot have or do not want a haematopoietic stem cell transplant. Some people with FLT3-mutation-positive AML can have targeted maintenance treatment with midostaurin. Therefore, oral azacitidine would likely be of most benefit to people whose AML does not have an FLT3-mutation

1.3 The clinical trial evidence shows that if people take oral azacitidine it takes longer for their cancer to relapse, and they live longer than if they have placebo.

2 Resource impact of the guidance

2.1 We estimate that:

- 690 people with acute myeloid leukaemia are eligible for treatment with oral azacitidine each year after adjusting for population growth.
- 450 people will receive oral azacitidine from year 3 onwards once uptake has reached 65% after adjusting for population growth.

2.2 The current treatment and future uptake figure assumptions are based on clinical expert opinion and are shown in the resource

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impact template. Table 2 shows the number of people in England who are estimated to receive oral azacitidine by financial year.

Table 2 Estimated number of people in the incident population receiving oral azacitidine using NICE assumptions

	2022/23	2023/24	2024/25	2025/26	2026/27
Eligible population (after adjusting for population growth)	680	680	690	690	690
Uptake rate for oral azacitidine in incident population (%)	35%	65%	65%	65%	65%
Incident population receiving oral azacitidine each year	240	440	450	450	450

2.3 This report is supported by a local resource impact template. Oral azacitidine has an agreed patient access scheme which makes it available with a commercial-in-confidence discount to the list price. The discounted price of oral azacitidine can be put into the template and other variables may be amended. For enquiries about the patient access scheme contact

UKCommercialEnquiries@bms.com

3 Implications for commissioners

3.1 This technology is commissioned by NHS England. Providers are NHS hospital trusts.

3.2 Oral azacitidine falls within the programme budgeting category PBC 02I Cancer, Haematological.

4 How we estimated the resource impact

The population

- 4.1 In 2019, around 3,100 new cases of adults with acute myeloid leukaemia were recorded in England ([Public Health England, 2021](#))
- 4.2 Table 3 shows the total number of people with acute myeloid leukaemia who are eligible for treatment with oral azacitidine.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people (year 5)
Total population		56,550,138
Total population after factoring in population growth		58,061,002
Incidence of acute myeloid leukaemia ¹	0.0054	3,100
Proportion receiving first line treatment ²	90	2,800
Proportion of patients receiving intensive chemotherapy ²	70	2,000
Population that achieved complete remission following induction /consolidation chemotherapy (midpoint of 60%-80%) ⁴	70	1,380
Population that cannot have or do not want a haematopoietic stem cell transplantation ²	50	690
Total number of people eligible for treatment with oral azacitidine		690
Total number of people estimated to receive oral azacitidine each year	65	450
¹ Source: ONS, Cancer registration statistics, England, 2019. C92 Acute Myeloid Leukaemia, England ² Source: Clinical expert opinion ⁴ Source: Tallman MS. New strategies for the treatment of acute myeloid leukemia including antibodies and other novel agents. Hematology. 2005:143-150.		

Assumptions

- 4.3 The resource impact template assumes that:

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- the adult population in England will increase in the next 5 years (please see resource impact template for more details).
- best supportive care and midostaurin are the only comparators for oral azacitidine.
- the market share for midostaurin has been left for local input in the resource impact template. This is due to uncertainty and is expected to be small.
- oral azacitidine and midostaurin is used in addition to best supportive care.
- VAT is included in the drug prices in the resource impact template
- the mean treatment duration for oral azacitidine is academic in confidence so is not included in the resource impact template. Any assumed treatment duration can be locally input into the resource impact template (unit costs worksheet).
- administration costs are based on [NHS national tariff 2022/23](#) SB11Z Deliver Exclusively Oral Chemotherapy.

Table 4 Assumptions made on current and future practice.

People eligible for oral azacitidine		
Current Practice	Future practice (year 5)	Rationale
0% of people receive oral azacitidine with best supportive care	65% of people receive oral azacitidine with best supportive care	Estimate based on expert opinion.
100% of people receive best supportive care alone	35% of people receive best supportive care alone	Estimate based on expert opinion.
Total 100%	Total 100%	

About this resource impact report

This resource impact report accompanies the NICE guidance on [Oral azacitidine for maintenance treatment of acute myeloid leukaemia after induction therapy](#) and should be read with it.

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