Resource impact summary report

Resource impact
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NICE has recommended ivosidenib plus azacitidine within its marketing authorisation, as an option for untreated acute myeloid leukaemia (AML) with an IDH1 R132 mutation in adults who cannot have standard intensive induction chemotherapy. It is only recommended if the company provides it according to the commercial arrangement.

It is estimated that around 100 people per year are eligible for treatment with ivosidenib plus azacitidine.

Ivosidenib plus azacitidine has not been directly compared in a clinical trial with venetoclax plus azacitidine. An indirect comparison suggests that ivosidenib plus azacitidine increases how long people live and how long they have before their condition gets worse and may reduce hospitalisation length of stay compared with venetoclax plus azacitidine.

The evaluation's clinical expert said that the main treatment for people who could not have intensive induction chemotherapy was venetoclax plus azacitidine. They acknowledged that there were situations in which other treatments could be considered but said that these were unusual because outcomes for them were so poor.

The company has a commercial arrangement. This makes ivosidenib available to the NHS with a discount. The size of the discount is commercial in confidence.

This technology for people with untreated IDH1-positive acute myeloid leukaemia is commissioned by NHS England. Providers are NHS hospital trusts.

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