A.3	Azacitidine – acute myeloid leukaemia
Does the application adequately address the issue of the public health need for the medicine?	☒ Yes ☐ No ☐ Not applicable Comments: **Acute myeloid leukaemia (AML) is a global public health problem, with poor clinical prognosis(especially in those > 65 years), and highest incidence in Europe and South Asia. However, low and middle income countries also need to take action to address rapidly increasing AML burden**.
Briefly summarize the role of the proposed medicine(s) relative to other therapeutic agents currently included in the Model List, or available in the market.	**In individuals with AML not suitable for intensive chemotherapy, Azacitidine can increase overall survival in approximately 0.2 months without increase in Adverse Drug Reactions (ADRs)**
Have all important studies and all relevant evidence been included in the application?	☒ Yes ☐ No ☐ Not applicable If no, please provide brief comments on any relevant studies or evidence that have not been included:
Does the application provide adequate evidence of efficacy/effectiveness of the medicine for the proposed indication?	☒ Yes ☐ No ☐ Not applicable Briefly summarize the reported benefits (e.g. hard clinical versus surrogate outcomes) and comment, where possible on the actual magnitude and clinical relevance of benefit associated with use of the medicine(s). **The data presented shows that azacitidine may increase the overall survival in in patients with AML without a substantial increase in adverse events** Is there evidence of efficacy in diverse settings (e.g. low-resource settings) and/or populations (e.g. children, the elderly, pregnant patients**)? Use in children 0-17 years has not been established. Data on efficacy in low -resource settings are scarce**
Does the application provide adequate evidence of the safety and adverse effects associated with the medicine?	☒ Yes ☐ No ☐ Not applicable Comments:
Are there any adverse effects of concern, or that may require special monitoring?	☐ Yes ☒ No ☐ Not applicable Comments:

Briefly summarize your assessment of the overall benefit to risk ratio of the medicine (e.g. favourable, uncertain, etc.)	**The overall benefit to risk ratio is marginal**
Briefly summarize your assessment of the overall quality of the evidence for the medicine(s) (e.g. high, moderate, low etc.)	**The quality of the evidence for the medicine is moderate , and largely based on research in high-income settings. The evidence for resource-constrained settings is limited**
Are there any special requirements for the safe, effective and appropriate use of the medicine(s)**?** (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc)	☐ Yes ☒ No ☐ Not applicable Comments:
Are you aware of any issues regarding the registration of the medicine by national regulatory authorities? (e.g. accelerated approval, lack of regulatory approval, off-label indication)	☐ Yes ☒ No ☐ Not applicable Comments:
Is the proposed medicine recommended for use in a current WHO Guideline approved by the Guidelines Review Committee? (refer to: https://www.who.int/publications/who-guidelines)	☐ Yes ☒ No ☐ Not applicable Comments:
Briefly summarize your assessment of any issues regarding access, cost and affordability of the medicine in different settings.	**The main barrier to access to this medicine is the cost. The evidence provided shows that at the current price, azacitidine is at the limit of the willingness to pay in rich countries and probably is not a cost-effective alternative in low and middle income settings without a price discount.**
Any additional comments	None
Based on your assessment of the application, and any additional evidence / relevant information identified during the review process, briefly summarize your proposed recommendation to the Expert Committee, including the supporting rationale for your conclusions, and any doubts/concerns in relation to the listing proposal.	This is a fairly expensive drug. This risk/benefit ratio of using it is marginal, and available evidence on efficacy and safety is mainly from studies undertaken in the west. Rational for inclusion in the EDL is problematic, especially for use in low and middle-income countries. This is my recommendation to the committee.

References (if required)	