NICE approves brain cancer drug following change to cost-effectiveness thresholds

Vorasidenib, a daily pill, has been approved for people aged over 12 years who have astrocytoma or oligodendroglioma with isocitrate dehydrogenase IDH1 or IDH2 mutations.

NICE said vorasidenib was the first new treatment to be approved for adult brain tumours in England for more than 20 years

Vorasidenib (Voranigo; Servier Laboratories) has been recommended for people with certain low-grade brain tumours by the National Institute for Health and Care Excellence (NICE).

Final draft guidance says that vorasidenib can be offered on the NHS to people aged over 12 years who have astrocytoma or oligodendroglioma with isocitrate dehydrogenase IDH1 or IDH2 mutations. To be eligible, patients must have had surgery for glioma and not be in immediate need of chemotherapy or radiotherapy.

According to NICE, vorasidenib is the first new treatment to be approved for adult brain tumours in England "for more than 20 years" and is the first targeted treatment approved for these types of brain tumours.

Vorasidenib, which is taken as a daily pill, acts by slowing the growth of the tumour and delays the point at which patients need more intensive treatments like chemotherapy or radiotherapy.

It is one of the first two cancer drugs to be approved following an increase in the thresholds that NICE can use in its quality-adjusted life year (QALY) calculations, used in technology appraisals.

These thresholds were raised on 31 March 2026 from £20,000 to £30,000 to £25,000 to £35,000 per QALY.

The guidance cited results from the 'INDIGO' clinical trial, published in the New England Journal of Medicine in 2023, in which 168 participants took a daily 40mg vorasidenib tablet and a control group of 163 people took a placebo.

Progression-free survival was significantly improved in the vorasidenib group as compared with the placebo group, with median progression-free survival of 27.7 months in the vorasidenib group, compared with 11.1 months in the placebo group.

Adverse events of grade 3 or higher occurred in 22.8% (n=38) of the patients who received vorasidenib and in 13.5% (n=22) of those who received placebo.

Karen Noble, director of research, policy and innovation at Brain Tumour Research, commented on the decision: "We are so pleased that patients with certain types of low-grade glioma will be able to access vorasidenib on the NHS in England and Wales. This new treatment has been shown to significantly extend progression-free survival, meaning patients are able to go longer without needing radiotherapy or chemotherapy, and therefore without suffering the harsh side effects of these treatments."

Zubir Ahmed, minister of health and social care, said: "For too long, NHS patients have watched as some treatments available in other countries remained out of reach here. We're changing that.

"From April, thousands of people across the UK will be able to access treatments on the NHS that were previously out of reach. This is the first time in over 20 years that we have raised the bar for what the NICE can approve and it means life-changing medicines can reach the people who need them most."

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