NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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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.

NICE has recommended vadadustat within its marketing authorisation, as an option for treating symptomatic anaemia caused by chronic kidney disease in adults having maintenance dialysis. Vadadustat is only recommended if the company provides it according to the commercial arrangement.

If people with the condition and their healthcare professional consider vadadustat and erythropoiesis-stimulating agents (ESAs) to be suitable treatments, after discussing the advantages and disadvantages of all the options, the least expensive should be used. Administration costs, dosages, price per dose and commercial arrangements should all be taken into account.

Eligible population for vadadustat

The UK Renal Registry Annual Report 2022 Patient Summary states there are approximately 61,055 adults on kidney replacement therapy in England, of whom 49.1% are dependent on dialysis (applying a weighted average of incident and prevalent population).

Anemia of Chronic Kidney Disease (Hashmi et al. 2024) states that 90% of people who are dependent on dialysis have anaemia.

In current practice this equates to 26,958 adults with anaemia having dialysis for chronic kidney disease and eligible for vadadustat.

Table 1 shows the population who are eligible for vadadustat in each of the next 5 years accounting for population growth changes.

Table 1 Population expected to be eligible for vadadustat in England

Eligible population	Current practice	2024 to 2025	2025 to 2026	2026 to 2027	2027 to 2028	2028 to 2029
People eligible for vadadustat	26,958	27,218	27,481	27,746	28,013	28,283

The market share for vadadustat should be updated to reflect local practice.

Treatment options for the eligible population

Standard treatment for symptomatic anaemia caused by chronic kidney disease in adults having maintenance dialysis is ESAs with iron. Vadadustat could be offered with iron and instead of ESAs.

Clinical trial evidence shows that vadadustat increases haemoglobin levels, but not more than ESAs.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Financial resource impact (cash items)

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

Users can input the confidential price of vadadustat 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.

Users can input the costs for ESAs based on those negotiated by the Medicines Procurement and Supply Chain (formerly the Commercial Medicines Unit). Because the choice and costs of ESAs vary across the UK, the results will differ depending on the dosage and price used. A summary of the average weighted annual cost for each drug is shown at the top of the unit cost tab in the resource imapct template.

When deciding between vadadustat and ESAs, and after the advantages and disadvantages of each are discussed, use the least expensive option available. The administration costs, price per dose and commercial arrangements of each should be taken into account.

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

Capacity impact

The comparators (ESAs) may be administered intravenously (IV), which is assumed to be preferable in current practice for people having haemodialysis, or subcutaneously (SC), which is assumed to be preferable in current practice for people having peritoneal dialysis. There is an option of SC or IV administration for those having home haemodialysis. Replacement of an IV or SC treatment with an oral treatment is expected to result in capacity savings in nursing time for administration and preparing for administration.

It has been assumed that most people having vadadustat, regardless of dialysis setting, will collect their prescriptions from the hospital outpatient pharmacy either during regular visits to the outpatient clinic or whenever they are in-centre to have dialysis.

There are other potential savings from having vadadustat such as a reduction in IV iron and blood transfusions.

For further analysis or to calculate the financial capacity impact from a commissioner (national) and provider (local) perspective, see the resource impact template.

Key information

Table 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	17B Problems of the Genito Urinary system, Renal problems
Commissioner(s)	NHS England
Provider(s)	Secondary care - acute

Pathway position	Treating symptomatic anaemia in adults having dialysis for chronic kidney disease

About this resource impact summary report

This resource impact summary report accompanies the NICE guidance on vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease and should be read with it.

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