NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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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.

Recommendation

Sparsentan can be used as option to treat primary immunoglobulin A nephropathy (IgAN) in adults with a:

- urine protein-to-creatinine ratio (UPCR) of 85 mg/mmol or more, or
- urine protein excretion of 1 g/day or more.

Sparsentan should be stopped after 36 weeks if a person's UPCR:

- is 199 mg/mmol or more and
- has not reduced by 20% or more since starting sparsentan.

It can only be used if the company provides it according to the commercial arrangement.

This recommendation is not intended to affect treatment with sparsentan that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS healthcare professional consider it appropriate to stop.

Eligible population for sparsentan

Table 1 shows the population who are eligible for sparsentan and the number of people who are expected to have sparsentan in each of the next 5 years, including forecast population growth.

Table 1 Population expected to be eligible for and have sparsentan in England

Eligible population and uptake	People eligible for sparsentan	Uptake for sparsentan (%)	People starting treatment each year (if applicable)	People continuing treatment from previous year(s) (if applicable)	People having sparsentan each year
Current practice without sparsentan	4,155	0%	0	0	0
Year 1	4,195	1.6%	67	0	67
Year 2	4,236	7.2%	238	67	305
Year 3	4,277	12.5%	230	305	535
Year 4	4,318	17.0%	199	535	734
Year 5	4,360	20.7%	168	734	902

The following assumptions have been used to calculate the eligible population:

- primary IgA nephropathy affects approximately 18,000 people in England
- 47.71% of these people have chronic kidney disease (CKD) stages 1 to 3 based on company internal market research
- 47.18% of people with CKD stages 1 to 3 have a urine protein excretion of 1 g/day or more, or UPCR of 0.75 g/g (85 mg/mmol) or more based on company internal market research.

The market share for sparsentan is based on the company submission.

Treatment options for the eligible population

The comparator treatment for the eligible population is irbesartan. The company submission included irbesartan, an angiotensin receptor blockers, as the only comparator for sparsentan, representing standard renin-angiotensin system inhibitors therapy. Other treatment options can be locally input into the resource impact template to reflect local practice

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

Financial resource impact (cash items)

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

Users can input the confidential price of sparsentan and amend other variables in the resource impact template.

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

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

Capacity impact

Clinical trial evidence shows that sparsentan reduces urine protein-to-creatinine ratio more than irbesartan. Evidence also suggests that sparsentan is better at maintaining kidney function than irbesartan.

Patient experts highlighted that people with long-term exposure to immunosuppressants, typically after a kidney transplant, face cumulative risks of cancer and other adverse effects. Clinical and patient experts also highlighted that the demand for renal services is increasingly impacting the availability of dialysis and waiting times for transplants. The committee recognised these issues and concluded that there were uncaptured benefits of sparsentan to consider in its decision making.

Key information

Table 4 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	PBC 17B
Commissioner	Integrated care boards
Provider	NHS hospital trusts

Pathway position	First line

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on sparsentan for treating primary IgA nephropathy and should be read with it.

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