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

Dapagliflozin can be used as an option to treat chronic kidney disease (CKD) in adults, only if:

- it is an add-on to optimised standard care including the highest tolerated licensed dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin-2 receptor antagonists, unless these are contraindicated, and
- people have an estimated glomerular filtration rate (eGFR) of:
  - 20 ml/min/1.73 m^2 to less than 45 ml/min/1.73 m^2 or
  - 45 ml/min/1.73 m^2 to 90 ml/min/1.73 m^2, and either:
    - a urine albumin-to-creatinine ratio (uACR) of 22.6 mg/mmol or more, or
    - type 2 diabetes.

If people with the condition and their healthcare professional consider dapagliflozin to be 1 of a range of suitable treatments (including empagliflozin), 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.

This recommendation is not intended to affect treatment with dapagliflozin 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 dapagliflozin

NICE technology appraisal guidance TA775 recommended dapagliflozin for use in people who have CKD with a different set of criteria. This guidance replaces those recommendations.

Tables 1 and 2 show the total population (split between people with and without type 2 diabetes) who are expected to be eligible for dapagliflozin in line with the recommendation criteria set out above. The tables also show the number of people who are expected to have dapagliflozin in each of the next 5 years. The estimates include forecast population growth.

Table 1 Population who have CKD and type 2 diabetes expected to be eligible for and have dapagliflozin in England

Eligible population and uptake	People with chronic kidney disease (CKD) and type 2 diabetes eligible for dapagliflozin	Market share for dapagliflozin (%)	People with CKD and type 2 diabetes having dapagliflozin each year
Current practice	220,000	14.9	32,800
Year 1	222,000	14.9	33,100
Year 2	224,000	15.0	33,600
Year 3	226,000	14.0	31,600
Year 4	228,000	13.0	29,600
Year 5	230,000	12.5	28,700

Table 2 Population who have CKD without type 2 diabetes expected to be eligible for and have dapagliflozin in England

Eligible population and uptake	People with chronic kidney disease (CKD) without type 2 diabetes eligible for dapagliflozin	Market share for dapagliflozin (%)	People with CKD without type 2 diabetes having dapagliflozin each year
Current practice	267,000	1.3	3,500
Year 1	269,000	1.4	3,800
Year 2	271,000	1.4	3,800
Year 3	274,000	1.4	3,800

Eligible population and uptake	People with chronic kidney disease (CKD) without type 2 diabetes eligible for dapagliflozin	Market share for dapagliflozin (%)	People with CKD without type 2 diabetes having dapagliflozin each year
Year 4	276,000	1.4	3,900
Year 5	279,000	1.3	3,600

The resource impact template sets out the rationale and references for assumptions that have been used to calculate the eligible population:

The current market share for dapagliflozin is based on primary care Clinical Practice Research Datalink (CPRD) data for England since April 2024. This is not anticipated to change significantly over time, except for a small reduction in future years. This is because market share is expected to be similar for dapagliflozin and empagliflozin.

Treatment options for the eligible population

The main comparator treatment for the eligible population is empagliflozin. Another sodium-glucose co-transporter 2 (SGLT2) inhibitor, canagliflozin, is recognised as a comparator for people who have kidney disease associated with diabetes. But renal expert opinion indicates that it is not yet widely used for this. Both dapagliflozin and empagliflozin are given for as long as they are effective and safe for people to use.

Dapagliflozin and empagliflozin are oral tablets, usually taken at a dose of 10 mg once daily. Both options have list prices of £36.59 for a pack of 28 tablets. No additional capacity impacts are anticipated from implementing this guidance.

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

We expect that the resource impact of implementing the recommendations in England will be less than £5 million per year (or about £8,800 per 100,000 population, based on a population for England of 57.16 million people). This is because the technology is a further treatment option with the same list price as the other main option. So, the overall cost of treatment will be similar for this population.

Any resource increase in future years is likely to be because of population growth, not because of the cost of treatment or any change in market share between the 2 options.

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

Capacity impact

The need for uACR testing is determined by criteria for when investigations should be done and is set out in NICE's guideline on chronic kidney disease: assessment and management. It is not anticipated that the capacity impact of uACR testing will significantly change when this guidance is implemented. But the resource impact template allows the costs of tests to be assessed locally.

The benefits of the SGLT2 inhibitor treatments for CKD were previously discussed in the resource impact report for NICE's technology appraisal guidance on empagliflozin for treating chronic kidney disease. No significant additional benefits are assumed for this topic. In the updated resource impact template for this topic, users can reassess capacity benefits. These may occur because of a reduction in adverse events such as an eGFR decline of 50% or more. Benefits may include a reduction in chronic dialysis, acute kidney injury, hospitalisation for heart failure and kidney transplant.

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 3 Key information

Time from publication to routine commissioning funding	30 days
Programme budgeting category	17B Problems of the Genito Urinary System - Renal Problems
Commissioners	Integrated care boards
Providers	NHS hospital trusts, primary care providers and tertiary care services
Pathway position	Add-on treatment to standard care for indication

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on dapagliflozin for treating chronic kidney disease and should be read with it.

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