Targeted-release budesonide for treating primary IgA nephropathy (review of TA937)

11 February 2026

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.

Guidance recommendation(s)

See NICE's recommendation(s) on Targeted-release budesonide for treating primary IgA nephropathy (review of TA937).

The recommendations will increase the number of people with immunoglobulin A nephropathy (IgAN) who are eligible for targeted-release budesonide, aligning with the licensed indication. NICE technology guidance on targeted-release budesonide for treating primary IgA nephropathy (TA937) was for people with UPCR of 170 mg/mmol or more (equivalent to ≥1.5 g/g). The review now includes people with UPCR between 0.8-≤1.5 g/g.

Financial and capacity resource impact

The company has a commercial arrangement. This makes budesonide available to the NHS at a discount.

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

Any potential costs are additional because budesonide is prescribed alongside optimised standard care. The resource impact template excludes standard care costs. As both standard care and budesonide are oral treatments, the use of budesonide has no overall impact on NHS capacity.

Eligible population for budesonide

Table 1 shows the population who are eligible for budesonide and the number of people who are expected to have budesonide in each of the next 3 years, excluding forecast population growth.

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

Eligible population and uptake	Number of people eligible for budesonide	Uptake for budesonide (%)	Number of people having budesonide each year
Current – year 0	6,401	1.5%	96
Year 1	6,401	10%	640
Year 2	6,401	12%	768
Year 3	6,401	15%	960

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

- Around 14,800 adults have immunoglobulin A nephropathy (IgAN) (Willey C J et al. (2023).
- According to the company submission around 43.2% (6,400) of these adults have a urine protein excretion of 1.0 g/day or more (or urine protein-to-creatinine ratio of 0.8 g/gram or more).
- Uptake figures include people who may be newly diagnosed, previously diagnosed, and treated for the first time or previously diagnosed and re-treated.
- Potential savings may result from avoided kidney dialysis. However, the amount and timing of these savings are uncertain. It is anticipated that any dialysis avoided would occur beyond the timeframe of the resource impact model.

Treatment options for the eligible population

Treatment is an add-on to optimised standard care with renin-angiotensin system inhibitors (RASi) or a dual endothelin angiotensin receptor antagonist (DEARA) and sodium-glucose cotransporter-2 inhibitors (SGLT2i).

For more information about the eligible population, and treatments, such as dose and average treatment duration, 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)	Integrated care boards
Provider(s)	NHS hospital trusts
Pathway position	Add-on to optimised standard care

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on Targeted-release budesonide for treating primary IgA nephropathy (review of TA937) and should be read with it.

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