NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

Published: 4 February 2026

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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 'Population and treatments' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Guidance recommendation

See NICE's technology appraisal guidance on targeted-release budesonide for treating primary IgA nephropathy.

The guidance expands eligibility for targeted-release budesonide to a wider group of people with immunoglobulin A nephropathy (IgAN), bringing it in line with the licensed indication. Previous NICE technology appraisal guidance (TA937) recommended the treatment only if a person has a UPCR of 170 mg/mmol or more. The review now extends this to include people with a UPCR of 90 mg/mmol or more or a protein excretion of 1.0 g/day or more.

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.

Based on the company's economic modelling, the use of budesonide is associated with more adverse events (reported as mild to moderate in intensity) relative to standard care.

Any potential costs are additional because budesonide is prescribed alongside optimised standard care.

There may be cost savings through reduced downstream expenditure on dialysis and potential kidney transplantation. Evidence indicates that targeted-release budesonide

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reduces chronic kidney disease progression to stages, for which dialysis and, in some cases, transplantation is required. However, the amount and timing of these savings are uncertain. It is anticipated that any dialysis would occur beyond the timeframe of the resource impact model.

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 both the number of people eligible for targeted release budesonide and the expected uptake over the next three years, based on current population estimates and excluding forecast growth.-release

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 practice	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 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 UPCR of 90 mg/mmol or more).
- Uptake figures include people who may be newly diagnosed, previously diagnosed and having treatment for the first time, or previously diagnosed and having retreatment.

Treatment options for the eligible population

Treatment is an add-on to optimised standard care that includes, unless contraindicated,

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renin-angiotensin system inhibitors (RASi) or a dual endothelin angiotensin receptor antagonist (DEARA) with or without 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 and should be read with it.

ISBN: 978-1-4731-9241-6

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