



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

The template and report focuses on persistent hyperkalaemia with a serum potassium level between 5.5 mmol/litre and up to 6 mmol/litre.

Guidance recommendations

See [NICE's recommendations on sodium zirconium cyclosilicate for treating hyperkalaemia](#).

Financial and capacity resource impact

Table 1 shows the estimated costs of treatment for each of the next 3 years.

Table 1 Financial resource impact (cash items) in England

| Year | Drug costs £ |
|-----------------------------------------------------------|--------------|
| Current practice (without sodium zirconium cyclosilicate) | 0 |
| Year 1 | 7,928 |
| Year 2 | 8,775 |
| Year 3 | 9,377 |

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

Costs may vary in different settings because of negotiated procurement discounts.

Clinical trial evidence suggests that people having sodium zirconium cyclosilicate are less likely to have to reduce their renin-angiotensin aldosterone system (RAAS) inhibitor

dosage than people making dietary changes alone. The evidence also suggests that sodium zirconium cyclosilicate may lower the chance of adverse outcomes, such as hospitalisation, major adverse cardiac events and death.

Table 2 shows the impact on capacity activity in each of the next 3 years.

Table 2 Capacity impact (activity) in England

| Year | Number of specialist appointments | Number of GP appointments | Number of blood tests |
|-----------------------------------------------------------|-----------------------------------|---------------------------|-----------------------|
| Current practice (without sodium zirconium cyclosilicate) | 61,434 | 24,574 | 61,434 |
| Year 1 | 50,376 | 28,260 | 50,376 |
| Year 2 | 48,993 | 28,720 | 48,993 |
| Year 3 | 48,130 | 29,008 | 48,130 |

Standard care costs are excluded from the template. These costs consist of lifestyle interventions (for example, dietary intervention and modification of concomitant medications such as RAAS inhibitors).

There will be a reduction in hyperkalaemia events for patients having sodium zirconium cyclosilicate. The costs of hyperkalaemia events include an outpatient attendance, ECG and blood test.

Sodium zirconium cyclosilicate is an oral treatment and there are no additional costs of prescribing expected as this is covered in the outpatient care management costs for a hyperkalaemia event.

There may be capacity savings associated with a reduction in major adverse cardiovascular events and hospitalisations; this data is commercial in confidence so users need to update these rates in the [resource impact template](#) to reflect local assumptions.

Users can also update the number of appointment and tests in the resource impact template to reflect local practice.

Eligible population for sodium zirconium cyclosilicate

This evaluation is a partial review of NICE technology appraisal guidance on sodium zirconium cyclosilicate for treating hyperkalaemia (TA599). This partial review assesses evidence for sodium zirconium cyclosilicate for persistent hyperkalaemia with serum potassium levels of 5.5 mmol per litre and over. See the [committee papers for TA599](#) for full details of the evidence for serum potassium levels of 6.0 mmol per litre and over.

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

Table 3 Population expected to be eligible for sodium zirconium cyclosilicate in England

| Eligible population and uptake | Number of people eligible for sodium zirconium cyclosilicate | Uptake for sodium zirconium cyclosilicate (%) | Number of people starting sodium zirconium cyclosilicate each year | Number of people having sodium zirconium cyclosilicate from previous year | Number of people having sodium zirconium cyclosilicate each year |
|---------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------|
| Current practice without sodium zirconium cyclosilicate | 12,287 | 0 | 0 | 0 | 0 |
| Year 1 | 12,287 | 30 | 3,686 | 0 | 3,686 |
| Year 2 | 12,287 | 45 | 1,843 | 2,304 | 4,147 |
| Year 3 | 12,287 | 60 | 1,843 | 2,592 | 4,435 |

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

- the prevalence of heart failure is estimated to be 1.1% of the total population and the prevalence of chronic kidney disease stages 3a to 5 is 4.64% of the total adult population ([NHS Digital's Quality and Outcomes Framework, 2024/25](#))
- clinical expert opinion is that 2.5% of people who have heart failure have a serum potassium level between 5.5 mmol/L and 6.0 mmol/L, and 20% of these people are receiving treatment for hyperkalaemia

- of adults with chronic kidney disease stages 3a to 5, 33% are stage 3b to 5 ([Gifford et al. 2011](#))
- clinical expert opinion is that 5% of people who have stage 3b to 5 have a serum potassium level between 5.5 mmol/L and 6.0 mmol/L, and 25% of these people are receiving treatment for hyperkalaemia
- a 37.5% annual probability of treatment discontinuation is applied to people having sodium zirconium cyclosilicate.

The uptake for sodium zirconium cyclosilicate is based on clinical expert opinion. Users can amend the uptake in the [resource impact template](#).

Treatment options for the eligible population

Usual treatment for persistent hyperkalaemia with a serum potassium level between 5.5 mmol per litre and up to 6.0 mmol per litre is:

- dietary changes to maintain normal potassium levels, and
- reducing the dosage of medicines being taken for chronic kidney disease or heart failure, such as RAAS inhibitors.

The treatment duration for sodium zirconium cyclosilicate is assumed to be long term subject to an annual stopping rate.

For more information about the treatments, such as dose and average treatment duration, see the [resource impact template](#).

Key information

Table 4 Key information

| | |
|--------------------------------------------------------|------------------------------------------------------|
| Time from publication to routine commissioning funding | 90 days |
| Programme budgeting category | 17B – Renal problems 10A – Coronary Heart Disease |
| Commissioner | Integrated care boards |

| | |
|------------------|---------------------------------------------------------------------|
| Provider | Primary care & NHS Hospital trusts |
| Pathway position | Hyperkalaemia and a serum potassium level between 5.5 to 6.0 mmol/L |

About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on sodium zirconium cyclosilicate for treating hyperkalaemia](#) and should be read with it.

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