



Resource impact statement

Resource impact

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Indicator

IND324 (previously IND322). The percentage of patients on the CKD register who are treated with an SGLT-2 inhibitor if they have:

- type 2 diabetes, or
- no type 2 diabetes and
 - an eGFR 20 ml/min/1.73 m² to 44 ml/min/1.73 m² and are currently treated with an ACE inhibitor or angiotensin receptor blocker (ARB) (unless these are contraindicated) or
 - an eGFR 45 ml/min/1.73 m² to 59 ml/min/1.73 m², are currently treated with an ACE inhibitor or ARB (unless these are contraindicated) and have a urine albumin-to-creatinine ratio (ACR) of 22.6 mg/mmol or more.

Resource impact

IND324 replaces the following indicator:

IND262: The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

- no type 2 diabetes and a urine ACR of 22.6 mg/mmol or more, or
- type 2 diabetes and a urine ACR 3 mg/mmol or more.

Management of chronic kidney disease (CKD) aims to prevent or delay disease progression and the development of complications. SGLT-2 inhibitors can be used as an add on to standard care with ARBs or ACE inhibitors for people with CKD as there is evidence for benefits in terms of CKD progression, cardiovascular events and mortality. Modifiable risks for diabetic ketoacidosis should be addressed for people with type 2 diabetes before starting on an SGLT-2 inhibitor.

It is not anticipated that there will be any additional appointments in primary care as a result of the indicator since the people covered by the criteria in the indicator are already on the CKD register.

Based on the [NHSE Drug tariff](#) price for the SGLT-2 inhibitor [dapagliflozin](#), the annual cost of treatment per person with an SGLT-2 inhibitor is estimated at around £182 (excluding VAT). For every 10 additional people per practice who go on to have an SGLT-2 inhibitor in addition to standard care, the additional drug cost is therefore around £1,820.