Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Chronic Kidney Disease: assessment and management (update)

2 List of modelling questions

Review questions by scope area	**For people with stage 4 or 5 CKD who are not on dialysis, which phosphate binder, calcium and non-calcium based, is most effective in managing serum phosphate and its associated outcomes?** **For people with stage 5 CKD who are on dialysis, which phosphate binder, calcium and non-calcium based, is most effective in managing serum phosphate and its associated outcomes?**
Population	People (no age restriction) with a confirmed diagnosis of stage 4 or 5 CKD who are not receiving dialysis, and people (no age restriction) with a confirmed diagnosis of stage 5 CKD who are receiving dialysis.
Interventions and comparators considered for inclusion	First-line use • Calcium carbonate • Calcium acetate • Ferric citrate • Lanthanum carbonate • Sevelamer carbonate • Sevelamer hydrochloride • Sucroferric oxyhydroxide Sequential use • Calcium carbonate → ferric citrate • Calcium carbonate → lanthanum carbonate • Calcium carbonate → sevelamer carbonate • Calcium carbonate → sevelamer hydrochloride • Calcium carbonate → sucroferric oxyhydroxide • Calcium acetate → ferric citrate • Calcium acetate → lanthanum carbonate • Calcium acetate → sevelamer carbonate • Calcium acetate → sevelamer hydrochloride • Calcium acetate → sucroferric oxyhydroxide
Perspective	NHS and PSS (costs and outcomes)
Outcomes	Cost per QALY (health outcomes including: serum phosphate and calcium levels, mortality, cardiovascular events, fractures, transplantation, parathyroidectomy, adverse events (constipation, diarrhoea, nausea / vomiting
Type of analysis	CUA

Issues to note	None

Review questions by scope area	**What is the best combination of measures of kidney function and markers of kidney damage to identify increased risk of progression in adults, children and young people with CKD?**
Population	Adults with CKD who have not previously been referred to secondary care nephrology services
Interventions and comparators considered for inclusion	Different referral rules from primary to secondary care: • 2014 NICE criteria: eGFR<30 ml/min/1.73m2 or ACR≥70 mg/mmol • KFRE (kidney failure risk equations) ≥3% risk of end stage renal disease over 5 years • KFRE ≥5% risk of end stage renal disease over 5 years • KFRE ≥15% risk of end stage renal disease over 5 years • KFRE ≥5% risk of end stage renal disease over 5 years or eGFR<30 ml/min/1.73m2 • KFRE ≥5% risk of end stage renal disease over 5 years or ACR≥70 mg/mmol
Perspective	NHS and PSS (costs and outcomes)
Outcomes	Cost per QALY (health outcomes including: accuracy for predicting progression to end stage renal).
Type of analysis	CUA
Issues to note	The model is built in R