

Putting NICE guidance into practice

Resource impact report: Roxadustat for treating anaemia in people with chronic kidney disease (TA807)

Published: July 2022

Summary

[NICE has recommended roxadustat](#) as an option treating symptomatic anaemia associated with chronic kidney disease (CKD) in adults only if:

- they have stage 3 to 5 CKD with no iron deficiency and
- they are not on dialysis at the start of treatment and
- the company provides roxadustat according to the commercial arrangement.

By 2026/27 we estimate that:

- Around 44,700 people with symptomatic anaemia associated with CKD are eligible for treatment with roxadustat each year after adjusting for predicted population growth
- Around 9,800 people will receive Roxadustat after adjusting for predicted population growth this is around 22% of the eligible population as shown in table 1.

Table 1 Estimated number of people in England receiving roxadustat

	2022/23	2023/24	2024/25	2025/26	2026/27
Uptake rate for roxadustat (%)	8	18	22	22	22
Population receiving roxadustat each year	3,500	7,900	9,700	9,800	9,800

This report is supported by a local resource impact template because the list price of roxadustat has a discount that is commercial in confidence. The discounted price of roxadustat can be put into the template and other variables may be amended.

This technology is commissioned by integrated care systems. Providers are NHS hospital trusts.

1 Roxadustat

- 1.1 [NICE has recommended roxadustat](#) as an option treating symptomatic anaemia associated with chronic kidney disease (CKD) in adults only if:
- they have stage 3 to 5 CKD with no iron deficiency and
 - they are not on dialysis at the start of treatment and
 - the company provides roxadustat according to the commercial arrangement.
- 1.2 Current practice is for people to be treated with an erythropoiesis stimulating agent such as darbepoetin alfa, epoetin alfa, epoetin beta, epoetin zeta or methoxy polyethylene glycol-epoetin beta. Roxadustat is an alternative to these existing therapies and represents the first oral therapy for people with anaemia. All the existing therapies are administered via subcutaneous injection so use of roxadustat reduces waste from device use and is more convenient and easier for patients.
- 1.3 The committee saw evidence that showed that roxadustat is non-inferior to existing treatment options, although it does have a slightly higher incidence of some adverse events which people will have to evaluate with their clinician when choosing which treatment is best for them.

2 Resource impact of the guidance

- 2.1 By 2026/27 we estimate that:
- Around 44,700 people with symptomatic anaemia associated with CKD are eligible for treatment with roxadustat each year after adjusting for predicted population growth
 - Around 9,800 people will receive Roxadustat after adjusting for predicted population growth this is around 22% of the eligible population.

2.2 The current treatment and future uptake figure assumptions are based on clinical expert opinion and are shown in the resource impact template. Table 2 shows the number of people in England who are estimated to receive roxadustat by financial year.

Table 2 Estimated number of people receiving roxadustat using NICE assumptions

	2022/23	2023/24	2024/25	2025/26	2026/27
Uptake rate for roxadustat (%)	8	18	22	22	22
Population receiving roxadustat each year	3,500	7,900	9,700	9,800	9,800

2.3 This report is supported by a local resource impact template. Roxadustat has an agreed patient access scheme which makes it available with a commercial-in-confidence discount to the list price. The discounted price of roxadustat can be put into the template and other variables may be amended.

Savings and benefits

2.4 Roxadustat is the first oral therapy for people with anaemia associated with chronic kidney disease, this is a benefit for people who will no longer need to self-administer subcutaneous injections it will also reduce waste from disposable devices for injection.

3 Implications for commissioners

3.1 This technology is commissioned by integrated care systems. Providers are NHS hospital trusts.

3.2 Roxadustat falls within the programme budgeting category 17B, problems of the genitourinary system, renal.

4 How we estimated the resource impact

The population

4.1 The prevalence of chronic kidney disease (CKD) stage 3-5 is around 3.13 million people in England, of these around 3.08 million (99.05%) are non-dialysis dependant (NDD). Around 209,100 (6.75%) people with CKD who are NDD are undergoing treatment in secondary care and around 74,600 (35.66%) are anaemic and of these around 44,700 (60%) are eligible for treatment.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people in 2026/27
Adult population		46,263,200
Prevalence of chronic kidney disease stage 3-5 ¹	6.76	3,100,000
Proportion of people who are non-dialysis dependant ¹	99.05	3,100,000
Proportion of people who are undergoing treatment in secondary care ¹	6.75	209,000
Proportion of people who have anaemia ¹	35.66	74,600
Total number of people eligible for treatment with roxadustat ¹	60.0	44,700
Total number of people estimated to receive Roxadustat in 2022/23 ²	8.0	3,500
Total number of people estimated to receive roxadustat each year by year 2026/27 based on predicted population growth	22.0	9,800
¹ Source: Company submission		
² Source: Clinical expert opinion		

Assumptions

4.2 The resource impact template assumes that:

- Roxadustat and the comparators are prescribed in secondary care.
- Roxadustat and the comparators are delivered via homecare, therefore VAT will not apply.
- Administrative costs for roxadustat and the comparators are based on £50 per month for homecare delivery. This is based on an average cost and includes people collecting drugs from a pharmacy to self-administer and people having drugs delivered to their home and administered with nurse support and a range of possible delivery models in between. These costs can be amended in the resource impact template to reflect local arrangements.
- Roxadustat is given with a fixed dose of 210mg per week.
- Dosing for subcutaneous erythropoiesis stimulating agents is based on an average annual dose.

About this resource impact report

This resource impact report accompanies the NICE guidance on [Roxadustat for treating anaemia in people with chronic kidney disease](#) and should be read with it.

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