



Resource impact statement

Resource impact

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No significant resource impact is anticipated

NICE has recommended finerenone as an option for treating stage 3 and 4 chronic kidney disease (with albuminuria) associated with type 2 diabetes in adults. It is recommended only if:

- it is an add-on to optimised standard care; this should include, unless they are unsuitable, the highest tolerated licensed doses of:
 - angiotensin-converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs), and
 - sodium–glucose cotransporter-2 (SGLT2) inhibitors, and
- the person has an estimated glomerular filtration rate (eGFR) of 25 ml/min/1.73 m² or more.

This recommendation is not intended to affect treatment with finerenone that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

We do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people).

Part of the cost of treatment with finerenone is expected to be offset by savings and benefits. The clinical evidence suggests that finerenone plus standard care can improve kidney function and helps to slow the worsening of disease.

This technology is commissioned by integrated care boards. Providers are primary care services, NHS hospital trusts and tertiary care services.

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