DAPAGLIFLOZIN IS NOT ONLY CLINICALLY EFFECTIVE, BUT ALSO COST EFFECTIVE IN PATIENTS WITH CHRONIC KIDNEY DISEASE

Highlight
• A recent analysis indicates that dapagliflozin is a cost-effective treatment in patients with chronic kidney disease in addition to standard of care.

Washington, DC (November 2, 2022) — The burden of chronic kidney disease (CKD) to both healthcare systems and patients is considerable. Dapagliflozin, a sodium-glucose cotransporter-2 inhibitor, was shown to be an efficacious treatment for CKD in the Dapagliflozin And Prevention of Adverse outcomes in CKD (DAPA-CKD) trial. A recent analysis in CJASN indicates that in patients eligible for the DAPA-CKD trial, dapagliflozin is not only effective from a clinical standpoint, but also from a cost standpoint.

The DAPA-CKD trial showed treatment with dapagliflozin and standard of care led to a slowing of decline in kidney function and a reduction in the incidence of kidney failure and risk of cardiovascular- or kidney-related death, compared with placebo and standard of care. In this latest analysis, Phil McEwan, PhD (Health Economics and Outcomes Research Ltd., Cardiff, UK) and his colleagues estimated the cost-effectiveness of dapagliflozin added to standard therapy, compared with standard therapy alone, based on the results of the DAPA-CKD trial and considered from a multinational European healthcare system perspective.

Treatment with dapagliflozin was predicted to slow the progression of CKD to kidney failure, to reduce the incidence of adverse clinical outcomes including hospitalization for heart failure, and to increase life expectancy by 1.7 years. Delayed CKD progression to kidney failure and reduced incidence of hospitalization for heart failure provided important cost-offsets to the drug acquisition cost of dapagliflozin.

“Our results indicate that should patients with chronic kidney disease be treated with dapagliflozin at an early stage of disease, the rate of cardio-renal complications could be reduced leading to improved health-related quality of life in patients and significant benefits for healthcare systems in a cost-effective manner,” said Dr. McEwan.

An accompanying editorial notes that the study adds to a plethora of work demonstrating the cost-effectiveness of sodium-glucose cotransporter-2 inhibitors in both diabetic and non-diabetic kidney disease.
Additional study authors include Oliver Darlington, MSc, Ryan Miller, MSc, John J.V. McMurray, MD, David C. Wheeler, MD, Hiddo J.L. Heerspink, PhD, Andrew Briggs, DPhil, Klas Bergenheim, PhD, and Juan Jose Garcia Sanchez, MSc.

Disclosures: P.M., O.D. and R.M. are/were employees of Health Economics and Outcomes Research Ltd., Cardiff, UK, who received fees from AstraZeneca in relation to this study. J.J.V.M. reports non-financial support and other from AstraZeneca, during the conduct of the study; non-financial support and other from Cardiorentis, Amgen, Oxford University/Bayer, Theracos, Abbvie, other from DalCor, Pfizer, Novartis, Glaxo Smith Kline, Vifor-Fresenius, Kidney Research UK, Bayer, Merck and Bristol-Myers Squibb (BMS), outside the submitted work. D.C.W. provides ongoing consultancy services to AstraZeneca and has received honoraria and/or consultancy fees from Amgen, AstraZeneca, Boehringer Ingelheim, Bayer, GlaxoSmithKline, Janssen, Napp, Mundipharma, Medscape, Merck Sharp and Dohme, Pharmacosmos, Reata, Takeda, and Vifor Fresenius. H.J.L.H. is a consultant for AstraZeneca, Abbvie, Boehringer Ingelheim, CSL Behring, Bayer, Chinook, Dimerix, Gilead, Goldfinch, Merck, NovoNordisk, Janssen, Traverhe Pharmaceuticals. He received research support from AstraZeneca, Boehringer Ingelheim, Janssen, Novo Nordisk. A.B. is a director and shareholder of Avalon Health Economics, and provided services to AstraZeneca as a consultant for this work. He has also been contracted by Abbott Vascular, Bayer, Eisai, Janssen, Merck & Co., Novartis, Sanofi, Sword Health, Amgen, and Daichii Sankyo. K.B. and J.J.G.S. are employees of AstraZeneca.


The content of this article does not reflect the views or opinions of The American Society of Nephrology (ASN). Responsibility for the information and views expressed therein lies entirely with the author(s). ASN does not offer medical advice. All content in ASN publications is for informational purposes only, and is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This content should not be used during a medical emergency or for the diagnosis or treatment of any medical condition. Please consult your doctor or other qualified health care provider if you have any questions about a medical condition, or before taking any drug, changing your diet or commencing or discontinuing any course of treatment. Do not ignore or delay obtaining
professional medical advice because of information accessed through ASN. Call 911 or your doctor for all medical emergencies.

About ASN
Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. ASN has more than 20,000 members representing 132 countries. For more information, visit www.asn-online.org and follow us on Facebook, Twitter, LinkedIn, and Instagram.