

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – Guidance development

### STA Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction

The impact on equality has been assessed during this appraisal according to the principles of the NICE equality scheme.

#### Consultation

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

The company noted that socio-economic class, sex, age and race are risk factors for the development of heart failure. Socio-economic status also has an impact on access to secondary care in the UK, and subsequently access to heart failure treatments. Therefore, the company proposes a broad recommendation by NICE for empagliflozin (regardless of ejection fraction) that facilitates prescribing across primary and secondary care.

The committee considered the most appropriate prescribing setting for empagliflozin for treating heart failure with preserved or mildly reduced ejection fraction. It recalled [NICE's guideline on chronic heart failure in adults: diagnosis and management](#) which recommends that a specialist heart failure multidisciplinary team should work in collaboration with the primary care team to start new heart failure medicines that need specialist supervision. It concluded that, if empagliflozin were recommended, then it should be started on advice from a heart failure specialist, who can determine the most appropriate treatment. This is in line with [NICE's technology appraisal guidance on empagliflozin for heart failure with reduced ejection fraction](#).

It was noted that differences in prevalence cannot be addressed in a technology appraisal and that the committee considers whether its recommendations could have a detrimental impact on people protected by

the equality legislation. The committee may also take into account other socio-economic factors using NICE's [manual](#) and [principles](#)

2. Have any other potential equality issues been raised in the submissions, expert statements or academic report, and, if so, how has the committee addressed these?

No

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?

Previous appraisals for heart failure treatments (dapagliflozin [TA679] and empagliflozin [TA773]) in people with reduced ejection fraction have noted that people with Black or South Asian family background may have a higher risk of developing heart failure. In addition, the committee heard that a meta-analysis (Zannad et al. 2020) suggests that SGLT2 inhibitors may be more effective in treating chronic heart failure with reduced ejection fraction in people with Black or Asian family background. The appraisals also noted that people with heart failure would likely be older.

The committee considered these additional issues in its decision making and noted that the data from EMPEROR-Preserved did not suggest that empagliflozin was more effective in treating chronic heart failure with preserved or mildly reduced ejection fraction in people with Black or South Asian family background. It concluded that its recommendation applied to all people, regardless of family background or age.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No.

5. Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No.

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?
No.

7. Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?
Yes, Sections 3.25 and 3.26

**Approved by Associate Director (name):** Jasdeep Hayre

**Date:** 27 January 2023