NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Scoping

STA Mipomersen for the prevention of cardiovascular events due to homozygous or severe heterozygous familial hypercholesterolaemia

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

1. Have any potential equality issues been identified during the scoping process (draft scope consultation and scoping workshop discussion), and, if so, what are they?
During consultation the following potential equality issues were raised by consultees: 1. Equality of patient access to treatment is important as existing treatment options such as apheresis are currently available in only 5 UK centres and fortnightly travel to these centres from long distances is impractical. 2. Administration of mipomersen by subcutaneous injection may be difficult in patients with certain disabilities, who may require carer support to access the technology. 3. Genotyping for FH promotes equality by providing unequivocal confirmation of diagnosis where lipid measures may be equivocal, regardless of gender ethnicity or comorbidities.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?
1. Geographic access to the existing treatment is considered an equity issue rather than an issue which impacts on one of the protected characteristics (age, gender [including marital status], race, disability, religion & belief and sexual orientation) defined by the current Equality Act. 2. The issue of difficulty in administration for patients with certain disabilities has been noted and will be highlighted to the Committee

for consideration during the course of the appraisal.

3. Appropriate genetic and diagnostic tests to identify patients who should be treated with mipomersen will be considered by the Committee during the course of the appraisal following advice from clinical specialists. The Committee is unable to mandate genotyping as a condition of access to treatment with mipomersen unless it is stipulated as a condition in the marketing authorisation.

3.	Has any change to the draft scope been agreed to highlight potential equality issues?
No	

4.	Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the matrix been made?
No	

Approved by Associate Director: Helen Knight

Date: 29 June 2012