NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Evinacumab for treating homozygous familial hypercholesterolaemia in people aged 12 years and over

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

Final draft guidance

(when no draft guidance was issued)

1.	Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?
Yes, the company identified that lomitapide (a possible comparator) is not indicated in people aged <18 years. However evinacumab (the intervention), can be used in people ≥12 years. The committee noted that this was a potential equality issue for people aged 12-17 years. It concluded that, on balance, a negative recommendation in young people would be potentially discriminatory. It also concluded that, given the small number of young people with HoFH, it would not be proportionate in achieving the committee's aims. So, it agreed that its recommendation could apply to young people, even though it had not been presented with cost-effectiveness analyses in this population.	

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?
Expert statements highlighted that the treatments provided could vary across the NHS depending on region and availability of specialist care. The committee heard that evinacumab will initially be administered in a hospital but has the potential to be administered at home. The committee concluded	

that its recommendation would not affect people protected by the equality legislation any differently.

3.	Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?
None	

4.	Do the 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 – evinacumab is recommended for the full population in the marketing authorisation	

5.	Is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No – evinacumab is recommended for the full population in the marketing authorisation	

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 – evinacumab is recommended for the full population in the marketing authorisation	

7.	Have the committee's considerations of equality issues been described in the final draft guidance, and, if so, where?
Yes, in section 3.18 of the final draft guidance	

Approved by Associate Director (name): Emily Crowe……

Date: 29/11/2023

Final draft guidance 2

(when no draft guidance was issued)

8.	Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?
Yes, the company identified that lomitapide (a possible comparator) is not indicated in people aged <18 years. However evinacumab (the intervention), can be used in people ≥12 years. The committee noted that this was a potential equality issue for people aged 12-17 years. It concluded that, on balance, a negative recommendation in young people would be potentially discriminatory. It also concluded that, given the small number of young people with HoFH, it would not be proportionate in achieving the committee's aims. So, it agreed that its recommendation could apply to young people, even though it had not been presented with cost-effectiveness analyses in this population.	

9.	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?
Expert statements highlighted that the treatments provided could vary across the NHS depending on region and availability of specialist care. The committee heard that evinacumab will initially be administered in a hospital but has the potential to be administered at home. The committee concluded that its recommendation would not affect people protected by the equality legislation any differently.	

10.	Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?
None	

11.	Do the 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 – evinacumab is recommended for the full population in the marketing authorisation

12. Is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No – evinacumab is recommended for the full population in the marketing authorisation

13. 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 – evinacumab is recommended for the full population in the marketing authorisation

14. Have the committee's considerations of equality issues been described in the final draft guidance, and, if so, where?
See section 3.21

Approved by Associate Director (name): …Emily Crowe…

Date: 30/07/2024