NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Cabotegravir with rilpivirine for treating HIV-1 [ID3766]

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

Final appraisal determination

(when no ACD was issued)

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?
During the scoping process, it was noted that HIV disproportionately affects people of Black African family background. It was also noted that HIV is more prevalent in people of certain sexual orientation such as gay or bisexual men. During the committee meeting, the company confirmed that there is no evidence of a difference in the effect of cabotegravir with rilpivirine among any population with protected characteristics and the guidance would apply equally to all groups for whom there was evidence presented. Furthermore, issues related to differences in prevalence or incidence of a disease cannot be addressed in this technology appraisal.

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?
The same equality issues identified during the scoping process were raised. The following additional issues were identified: • HIV disproportionately affects people from countries with a high community prevalence, trans people, people with unstable housing, and people who inject drugs. However, similarly to the issues identified during the scoping process, there is no evidence of a

difference in the effect of cabotegravir with rilpivirine among these populations and the guidance would apply equally to all groups for whom there was evidence presented. Furthermore, issues related to differences in prevalence or incidence of a disease cannot be addressed in this technology appraisal.

- Lifestyle factors may affect people's ability to attend clinics or adhere to their medication. People with chaotic lifestyles (for example people who are homeless, in prison, or who use drugs) may struggle to keep up with daily oral medication because it needs to be taken at the same time each day, with food. Whereas long-acting injections may not suit people who cannot easily access their clinic for appointments. The committee was not presented with evidence relating to adherence in people with different lifestyle factors, but took this issue into account in its decision making.

- Some people struggle to take their oral medication because of psychological or social reasons, and some people have difficulty swallowing or absorption issues. The committee noted that it was unclear whether this technology would benefit these people because it had not been presented with the necessary information about the current comparator treatments for this population to make a decision. However, the committee took this issue into account in its decision making.

- This technology is a helpful alternative to current standard of care, but it might not be suitable for individuals who have needle phobia. Needle phobia was not considered in the company's clinical or cost-effectiveness evidence. The committee did not consider this to be an equalities issue and did not consider it possible to address needle phobia in this technology appraisal.

- The committee was aware of the stigma associated with HIV and acknowledged that long acting antiretrovirals could remove the stigma-related concerns associated with daily pills, for example the fear of unwanted disclosure if pills are seen, and the burden of a constant reminder of HIV status. The committee considered this benefit had been taken into account in the modelled utility advantage for cabotegravir with rilpivirine compared with oral ART.

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

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.	

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.	

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?
Not applicable.	

7.	Have the committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
Yes, in section 3.23 of the FAD.	

Approved by Associate Director (name): Jasdeep Hayre

Date: 05 November 2021