

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Maribavir for treating refractory or resistant cytomegalovirus infection after transplant [ID3900]

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?

Several issues were identified during the scoping process:

- The company highlighted people from minority ethnic family backgrounds are more likely to need a kidney transplant, but are less likely to have a transplant due to shortage of donors. They can wait an average of 2.5 years compared with a wait of 2 years for people from white family backgrounds.
- Because there are fewer donors from people belonging to minority ethnic family backgrounds, transplant recipients from people belonging to these groups might have a transplant graft that is not as well matched. As a result they might need higher levels of immunosuppression to prevent graft rejection compared with recipients that have closer matched transplants, putting them at higher risk of CMV infection or reactivation and therefore more likely to benefit from treatment with maribavir
- Age is also a consideration. A points system is in place for matching kidney transplants to recipients. Points are awarded based on level of tissue match, wait time and age of recipient (progressive reduction in points after age of thirty). The majority of people that have end-stage renal disease and are eligible for kidney transplantation are between

45 and 65 although evidence show that age should not be a contraindication for transplantation.

At scoping it was agreed NICE would appraise maribavir in line with the marketing authorisation. the committee would discuss the equality issues, and consider if its recommendations have a different impact on people protected by the equality legislation than on the wider 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?

The company submission stated people from minority ethnic family backgrounds are more likely to develop comorbidities and would be more likely to need a transplant. It also considered older people have fewer treatment options due to toxicity.

The committee noted the highlighted issues were based upon incidence and the company clarified it had not investigated whether treatment with maribavir works better in certain groups. Differences in incidence cannot be addressed through a technology appraisal.

The committee noted that the expected marketing authorisation maribavir is only being considered for adults this means some will not be able to benefit from the availability of this treatment. The committee noted that this the expected marketing authorisation and that any other groups are outside of the remit for discussion.

The committee concluded no equality issues were identified.

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

Not applicable

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?
Not applicable

7. Have the committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?
Yes, in section 3.19 of the ACD

Approved by Associate Director (name): ...Linda Landells.....

Date: 14 September 2022

Final appraisal determination

(when an ACD issued)

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

No additional equality issues were raised during the consultation process.

2. If the recommendations have changed after consultation, are there any recommendations that 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

3. If the recommendations have changed after consultation, 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

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

No

5. Have the committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?

See section 3.20 of the final appraisal document.

Approved by Associate Director (name): ...Linda Landells.....

Date: 24 November 2022