

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

SINGLE TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Scoping

**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.

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| 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? |
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Yes, the company noted two potential equality impacts for people from minority ethnic groups and people 65 and over at consultation.

Firstly, people from minority ethnic groups are more likely to need a kidney transplant, however, they are less likely to receive a transplant due to shortage of donors. 35% of people waiting for kidney transplant are from minority ethnic groups compared to 3.3% Asian, 1% Black and 2% mixed race donors. People from Asian and Black groups waiting for a kidney transplant have an average wait of 2.5 years compared to 2 years for white people.

Age is a consideration for eligibility for kidney transplant. Points are awarded based on level of tissue match, wait time and age of recipient (progressive reduction in points after age of thirty). Majority of patients who develop end-stage renal disease and are eligible for kidney transplantation are between 45 and 65 despite evidence to show that age should not be a contra-indication for transplantation.

During the scoping workshop, one of the consultees highlighted that because people from minority ethnic groups are less likely to have choice of donor from people from minority ethnic groups (who would be closer matches), they might receive a transplant graft that is not as well matched. As a result, a higher level of immunosuppression would be needed to prevent graft rejection, which puts transplant recipients from minority ethnic groups at

higher risk of CMV infection or reactivation and make them more likely to benefit from treatment with maribavir.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee?

During the scoping workshop, consultees agreed that the potential equality issues highlighted at consultation and in the scoping workshop were related to the availability of organ donors rather than maribavir.

Issues related to differences in prevalence or incidence of a disease cannot be addressed in a technology appraisal.

NICE will appraise maribavir in line with the marketing authorisation, which is unlikely to have restrictions by age. Any recommendations should not make it more difficult to access maribavir based on age compared with other groups. However, the committee should 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.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

No further changes were made to the draft scope as a result of highlighting these potential equality issues.

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, several transplant organisations were proposed for inclusion by consultees and were being added to the stakeholder list.

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

Date: 21 October 2021

Technology appraisals: Scoping

Equality impact assessment for the single technology appraisal of maribavir for treating refractory or resistant cytomegalovirus infection after transplant [ID3900]

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