NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

MTA Therapeutics for people with COVID-19

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?
Yes, the issues were addressed within the recommendations and discussed in Section 3.23 of the draft guidance.

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?
Yes: • Age as an independent risk factor for progression to severe COVID-19 • Some technologies being contraindicated during pregnancy The issue was addressed within the recommendations and discussed in Section 3.23 of the draft guidance. • Socioeconomic status – it was unclear how this linked with the recommendations.

3.	Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?
No	

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?

The recommendation for nirmatrelvir plus ritonavir uses a definition of high-risk from McInnes report that may exclude some people in the marketing authorisation from certain risk groups that may include people with disability which is a protected characteristic. The committee considered this could indirectly discriminate but would be a proportionate means of achieving the legitimate aim of maximising public health - because it did not consider it would be cost-effective in lower-risk populations.

Some stakeholders considered age is an independent risk factor, but this is not included in the McInnes report definition. The committee did not consider there was sufficient evidence to support a relationship between specific age cut-off points alone (for example adjusted for comorbidities) and a high risk of progression to severe COVID-19. It also could not adequately consider the impact of these changes in its cost-effectiveness analysis. It was mindful that making access to treatment based on an age cut off could in itself disadvantage some people below the cut off.

Nirmatrelvir plus ritonavir is contraindicated for concomitant use with a large number of medicinal products. The committee evaluated alternative treatments for people who cannot take nirmatrelvir plus ritonavir. These alternative treatments have substantially higher ICERs than those normally considered cost-effective so were not considered a cost-effective use of NHS resources.

Tocilizumab and baricitinib are contraindicated during pregnancy. However, there are no alternative treatments at this point in the pathway within the scope of the appraisal.

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?
No	

7.	Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?
Yes, Section 3.23	

Approved by Associate Director (name): Ross Dent

Date: 03/11/2022

Final draft guidance

(when draft guidance issued)

1.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?
Yes, treatment for children. Nirmatrelvir plus ritonavir in the mild COVID-19 setting and tocilizumab in the severe COVID-19 setting do not currently have marketing authorisation for children or younger people under 18 years of age. The issue was discussed in the final draft guidance in section 3.32.	

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. However the treatment gap in children and younger people under 18 years of age was not previously discussed by committee. In the mild COVID-19 setting the committee has recommended sotrovimab for people for whom nirmatrelvir plus ritonavir is unsuitable. Sotrovimab's marketing authorisation includes adolescents (aged 12 years and over), so this would be an option for them, if they have a high-risk of progression to severe COVID-19 as defined by the McInnes report. For younger children the only option in this setting is remdesivir. However, the ICERs were very high and not considered a cost-effective use of NHS resources. By only recommending tocilizumab in the severe COVID-19 setting there is a risk of indirectly discriminating against children and young people. However, the alternative treatments had substantially higher ICERs and were not considered a cost-effective use of NHS resources.	

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 draft guidance, and, if so, where?
Yes, in section 3.32	

Approved by Associate Director (name): Ross Dent

Date: 13/02/2023