

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**TECHNOLOGY APPRAISAL PROGRAMME**

**Equality impact assessment – Scoping**

**STA**

**Ritlecitinib for treating moderate to severe alopecia areata in people 12 years and over ID4007**

**Batch 85**

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

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?

The following have been identified as potential equality issues during the scoping process:

- The pivotal trial population includes people with a disease duration cut-off of 10 years. Restricting a recommendation to people with up to 10 years disease duration may indirectly lead to age-discrimination because those with longer disease duration are likely to be older.
- Alopecia areata may be more common in people of Asian family background, lower socioeconomic status and urban location. Referral to secondary care in these groups is lower.
- Beard hair loss may have religious implications e.g. for some people with Sikh or Jewish faith. Many standard treatments are more challenging for beard hair loss and systemic medication may be needed earlier in the treatment pathway.
- Inequity of access to treatments for alopecia areata:
  - Contact immunotherapy may be used before systemic treatment options but is not widely available in the UK and requires multiple clinical visits over several months.
  - There is disparity in wig provision across NHS England (for example, due to local NHS limits on number of wigs). Some people may have

difficulties with wigs, for example people who use hearing aids.

- Some health-related quality of life measures may not adequately capture the impact of living with alopecia areata for some people:
  - older people (due to questions about work, studying and sport)
  - those who are not in a relationship (due to questions about sexual activity)
  - non-native English speakers.

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

Where appropriate, the committee should consider the population included in the recommendation and whether this would lead to an equalities issue based on age.

The prevalence of a condition cannot be addressed within a technology appraisal. If ritlecitinib is recommended, it will apply equally to all individuals within the recommended population.

Geographical disparities in access to treatments for alopecia areata cannot be considered within a technology appraisal.

Where appropriate, the committee will consider the appropriateness of the health-related quality of life measures used in the appraisal and whether this adequately captures health-related quality of life in the whole population under consideration.

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

No.

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.

**Approved by Associate Director (name):** ...Janet Robertson.....

**Date:** 25 October 2022