NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Fezolinetant for treating vasomotor symptoms associated with the menopause

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?

At scoping, the following issues were identified:

- Historical lack of innovation in this area of women's health: unmet need for treatment options.
- VMS more prevalent in Black and Hispanic women.
- Differences in VMS severity between socioeconomic levels.
- Patients from ethnic minority backgrounds (e.g. Black African / Caribbean) often choose not to take hormone replacement therapy (HRT).
- Duration of VMS may be longer in younger people who are experiencing menopause, who have a lower educational level and higher perceived stress.
- Duration of VMS may be longer in people with higher depressive symptoms and anxiety (people with these conditions may or may not be classified under the definition of disability and so, protected by legislation).
- People with breast cancer are contraindicated for HRT.

- Certain ethnic subgroups would experience menopause earlier including induced menopause due to increased hysterectomy rates.
- Some ethnic groups may have different cultural values and views on menopause and may have less access to treatment for symptoms.
- People who have breast cancer (or another oestrogen-dependent cancer) who are told to stop HRT abruptly may be significantly impacted by their VMS which may come back quite quickly at a time when they are also dealing with a cancer diagnosis.
- People who have had induced menopause (who may be younger) may also be particularly affected by VMS where their hormones are stopped abruptly.

It was not possible for the committee to make a recommendation for fezolinetant because it had not been presented with sufficient evidence to determine whether fezolinetant was value for money. It requested that the economic model should reflect the experience of having vasomotor symptoms in people eligible for fezolinetant in NHS clinical practice. However, the committee acknowledge these differing experiences of vasomotor symptoms and the unmet need as part of their discussion and concluded that it was important to continue to consider them as this appraisal progresses (see section 3.15 of the draft guidance). It noted that fezolinetant, like HRT, is contraindicated in people who have breast cancer or other oestrogen-dependant cancers (see section 3.3 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?

A professional organisation submission noted that currently fezolinetant is only available privately and most of the population cannot afford it. This was not considered an equality issue because it is the purpose of technology appraisal assessments to make recommendations for routine commissioning of medicines if they are value for money for the NHS.

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

The committee also noted that access to appropriate care is a potential issue for trans and non-binary people, and that this should be taken into account as this appraisal progresses (see section 3.15 of the guidance). The draft guidance refers to people having VMS associated with menopause rather than stating any gender.

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?
No.	

7.	Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?
See section 3.15 of the draft guidance.	

Approved by Associate Director (name): Ross Dent

Date: 25/03/2025