

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

Resmetirom for treating metabolic dysfunction-associated steatohepatitis with moderate to advanced liver fibrosis (without cirrhosis)

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?

During the scoping process, it was noted that there are differences between ethnic groups in the likelihood of developing metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH). It was also noted that rates of premature death from MASLD are higher for people living in more deprived areas of England. Stakeholders also noted that liver fibrosis is linked to BMI and suggested that lower BMI thresholds should be used for people of South Asian, Chinese, other Asian, Middle Eastern, Black African or African Caribbean family backgrounds for treatment eligibility for people living with MASLD/MASH and obesity.

The committee noted that some ethnic groups are more likely to develop MASH than others. Race is a protected characteristic under the Equality Act 2010. But because its recommendation does not restrict access to treatment for some people over others, the committee agreed this was not a potential equalities issue.

The committee noted that eligibility for resmetirom would not be determined based on BMI. So it concluded that it was not necessary to adjust BMI thresholds for people of certain famil.

The company did not provide quantitative evidence about the burden of health inequalities on certain socioeconomic groups. Also, the company did not provide a distributional cost-effectiveness analysis (DCEA) to show the impact of resmetirom on health inequalities. So sufficient evidence had not been provided for the committee to consider the impact of health inequalities in this evaluation.

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?

Stakeholders noted that there is geographical variation in treatment pathways and diagnostic capacity, which could impact the number of patients identified and lead to geographical inequity in access to treatment.

Issues related to geographical variation in services cannot be addressed in a technology appraisal.

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?

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?

None identified

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 Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?

Yes, section 3.22.

Approved by Associate Director: Emily Crowe.....

Date: 01/06/2026