

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Pegcetacoplan for treating complement 3 glomerulopathy or primary immune-complex membranoproliferative glomerulonephritis in people 12 years and over [ID6489]

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?

The committee heard that the conditions are commonly diagnosed in younger people, and that children under 12 years were not included in the trial. The committee noted that people under 12 years were outside of the remit of this evaluation as they were not covered by the marketing authorisation, but heard from the company that there were plans for another trial in people aged 2 to 12 years.

The committee also heard that people from Black and Asian ethnic groups may have longer waiting time for kidney transplants. The committee noted that pegcetacoplan has the potential to delay or reduce the need for a kidney transplant, and that this should be reflected in the committee's preferred ICER.

The committee heard that there is a disparity in expertise and care for these conditions across the UK, and that this can cause issues with equity of access. The committee acknowledged this was an issue but considered it outside the remit of a technology appraisal.

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?

The committee heard that people from ethnic minority backgrounds or have been pregnant are more likely to be highly sensitised, which may mean they have a longer wait for transplants. As above, the committee noted the potential that pegcetacoplan has to delay or reduce the need for kidneys, and that this would be taken into consideration. The committee also noted that these conditions may impact people from a lower socioeconomic background disproportionately, because there is a need for specialist diagnosis, treatment and repeated clinical visits. The committee noted that pegcetacoplan can be administered at home, which may mitigate some access inequalities.

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?

No.

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 Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?

See section 3.18 of the draft guidance.

Approved by Associate Director (name): Christian Griffiths

Date: 6 March 2026