

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**HEALTH TECHNOLOGY APPRAISAL PROGRAMME**

**Equality impact assessment – Guidance development**

**STA**

**Nemolizumab for treating moderate to severe atopic  
dermatitis in people 12 years and over [ID6221]**

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

**Consultation**

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| 1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how? |
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At scoping, consultees noted that the use of the Eczema Area and Severity Index (EASI) assessment tool may underestimate signs and symptoms of atopic dermatitis (for example, skin lesions) in people with darker skin tones.

They also noted the impact of atopic dermatitis may be increased for some people with darker skin tones because of the longer-term effects on skin pigmentation after inflammation has resolved.

The consultees noted that the Dermatology Life Quality Index (DLQI) to assess quality of life may not account for anxiety and depression.

One consultee suggested that people with atopic dermatitis who belong to lower socioeconomic group may be less likely to receive treatment with a JAK inhibitor.

One consultee noted that some neurodiverse children may struggle with using certain treatments because of sensory issues and may need more support to access it or the treatment may be unsuitable.

The committee noted that age, disability and race are protected characteristics under the Equality Act 2010. The committee noted that if it had recommended nemolizumab, it would have taken into account how skin

colour could affect the measurement of severity of disease. The committee considered all other potential equality issues raised by stakeholders at scoping but concluded that its recommendation would not differentially impact anyone on the basis of any protected characteristic.

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, stakeholders highlighted that moderate to severe atopic dermatitis may be more common in people from Black or Asian ethnicities, or in people living in deprived or urban areas. The committee concluded that issues related to differences in prevalence or incidence of a disease cannot be addressed in a technology appraisal.

Stakeholders also highlighted that the Dermatology Life Quality Index (DLQI) may not adequately capture impact in older people or those not in a relationship and some treatments may not be suitable for people who are unable to store their treatment in the right conditions. The committee considered all the potential equality issues raised by stakeholders but concluded that its recommendation would not differentially impact anyone on the basis of any protected characteristic.

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

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| 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 |  |

  

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| 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? |
| N/A |  |

  

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| 7.  | Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where? |
| Yes – see section 3.13 of the draft guidance. |   |

**Approved by Associate Director (name):** Christian Griffiths (Principal Adviser acting as Associate Director)

**Date:** 20 March 2025