

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

Donidalorsen for preventing recurrent attacks of hereditary angioedema in people 12 years and over [ID6457]

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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N/A. No potential equality issues identified during the scoping process.

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| 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? |
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Yes, it was raised that young people have reduced access to long-term preventive treatments for recurrent HAE than adults in NHS clinical practice. This is for 2 reasons:

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| <ul style="list-style-type: none">• Age: berotralstat and garadacimab is only available for people 12 years and over.• Attack frequency (2 or more attacks per month [berotralstat and garadacimab] or 2 or more attacks per week [C1-esterase inhibitors, lanadelumab and garadacimab]): young people tend to have a lower attack frequency than adults, and this may be below the access criteria, but they are significantly affected by the condition. |
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It was also raised that some religious groups may be unwilling to have blood-derived products, such as C1-esterase inhibitors.

The committee noted that age is a protected characteristic under the Equality Act 2010. The company confirmed that the anticipated marketing authorisation for donidalorsen is in people 12 years and over, and any recommendation by NICE must be within the marketing authorisation. The company also positioned donidalorsen in people having 2 or more attacks per month. The committee understood that this positioning was consistent with NHS England's algorithm of commissioned treatment options for long-term prevention of HAE attacks.

The committee also noted that some religious groups may be unwilling to have blood-derived products, such as C1-esterase inhibitors. It noted that religion is a protected characteristic under the Equality Act 2010. It also noted that donidalorsen, garadacimab and lanadelumab are alternatives to C1-esterase inhibitors and are not derived from human plasma. The committee agreed that any recommendation would apply equally to everyone regardless of protected characteristics.

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

No other potential equality issues were identified by the committee.

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?

Not applicable

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

Yes, section 3.16 of the draft guidance.

Approved by Associate Director (name): Lorna Dunning

Date: 21 April 2026