

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**Equality and health inequality impact assessment**

**Ruxolitinib cream for treating moderate  
atopic dermatitis after topical  
corticosteroids and calcineurin inhibitors  
[ID6602]**

**Scoping**

**1 Have any potential equality issues been identified during the  
scoping process? If so, what are they?**

The following potential equality issues have been identified during  
scoping consultation:

- Skin colour
  - Disease severity presents differently across skin tones, which can contribute to issues in diagnosis, severity assessment, and care.
  - Eczema Area and Severity Index (EASI) may underestimate disease severity in people with darker skin tones. Key clinical signs such as skin reddening can be more difficult to assess visually, resulting in underdiagnosis in this group.
  - Post-inflammatory hyperpigmentation is more common and persistent in UK patients with darker skin tones. This is frequently reported as more distressing than atopic dermatitis (AD) itself.
  - Disease severity and prevalence has increased in people with darker skin tones based on their ethnicity.

- There was also concern that if the availability or quality of evidence differs across skin colour subgroups, this could lead to more robust conclusions in some groups and not others, which in turn could exacerbate health inequalities.
- The Dermatology Life Quality Index (DLQI) may not fully capture the psychological impact of AD, including anxiety and depression, which may impact those with mental health conditions
- Responses may be affected by physical, sensory or learning disabilities, or people with communication difficulties
- Neurodiverse adults may benefit from ruxolitinib cream because it is a topical treatment that can be more tolerable than tablets or injections and can be self-administered at home
- Those with limited mobility, disability or practical barriers may benefit from a topic treatment that can be administered at home

**2 Have any potential health inequality issues been identified during the scoping process? If so, what are they?**

- Those of lower socioeconomic status may have difficulties accessing treatment

**3 What is the preliminary view as to what extent the committee needs to address the potential issues set out in questions 1 and 2?**

The committee will consider the experience of all people and all potential equality issues during the appraisal process.

The committee will consider how skin colour can result in underdiagnosis, under-recognition during severity assessment and response.

The committee will consider the limitations in outcome measures EASI and DLQI at capturing the health-related quality of life of certain groups.

The committee can only appraise the technology within its marketing authorisation.

**4 Has any change to the draft scope been agreed to highlight the potential equality or health inequality issues set out in questions 1 and 2 following scope consultation?**

Not applicable

**5 Has the stakeholder list been updated as a result of additional equality or health inequality issues identified during the scoping process?**

Not applicable

**Approved by senior responsible officer:** Emily Crowe

**Date:** 18/06/2026