NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Marstacimab for treating severe haemophilia A or B in people 12 years and over without anti-factor inhibitors

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?

Stakeholders at scoping raised the following concerns:

- Females who carry the haemophilia gene and females with severe haemophilia A or severe haemophilia B should not be excluded from accessing the technology. The remit and population was kept broad, to include all people with severe haemophilia A or severe haemophilia B regardless of biological sex or gender.
- Stakeholders at scoping highlighted that some haemophilia A treatments are derived from human blood or human or animal cells. Some people are unable to have these products because of their religious faith or beliefs. The committee was aware that there are several treatment options from different sources that people may choose, including emicizumab, which is not derived from human blood products. The committee did not identify this as an equalities issue that would affect its recommendations.

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 some groups of people with severe haemophilia A or B may have difficulty self-administering factor prophylaxis treatment intravenously if they have joint damage from their haemophilia or a separate disability in addition to haemophilia. The committee considered the benefits of different methods of administering treatments in its deliberations.

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

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?
Yes, section 3.20 of the draft guidance	

Approved by Associate Director (name): Ian Watson

Date: 19 December 2024

Final draft guidance

(when draft guidance issued)

8. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?
No further equality issues were raised at consultation.

9. If the recommendations have changed after consultation, are there any recommendations that 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?
Marstacimab is recommended as an option for preventing bleeding episodes caused by severe haemophilia B in people 12 years and over with severe haemophilia B who weigh at least 35kg and do not have factor 9 inhibitors. This is consistent with its marketing authorisation for haemophilia B. Marstacimab is not recommended for haemophilia A, because it is not cost effective in this population.

10. If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No, marstacimab is recommended as an option for preventing bleeding episodes caused by severe haemophilia B in people 12 years and over with severe haemophilia B who weigh at least 35kg and do not have factor 9 inhibitors.

11. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?
No.

12. Have the committee's considerations of equality issues been described in the final draft guidance, and, if so, where?
Yes, section 3.22

Approved by Associate Director (name): Ian Watson

Date: 12 May 2025