NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis [ID6266]

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

Final draft guidance

(when no ACD was issued)

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

It was noted that cyclophosphamide, one of the current treatments for EGPA, can cause infertility. So women of childbearing age potentially face a disproportionate harm from this therapy.

Cyclophosphamide is a treatment for severe EGPA. The committee heard from clinical experts that once severe EGPA has stabilised (become non-severe), benralizumab will be a less harmful option for these patients, as noted in section 3.15 of the final draft guidance.

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?

Expert groups noted that because benralizumab is administered at home, socioeconomic disparities in education level, healthcare literacy and access to healthcare resources could affect ability to manage treatment; cultural and language barriers could also be an issue. This is in common with other subcutaneous treatments.

Technology appraisals: Guidance development

Equality impact assessment for the single technology appraisal of Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis (ID6266)

The committee discussed this issues and agreed that, because its recommendations do not restrict access to treatment for some people over others, this was not a potential equality issue.

The EAG noted that restricting benralizumab to non-severe EGPA could disadvantage older people, who are more likely to have severe disease. As noted earlier, clinical experts told the committee that once severe EGPA has stabilised (become non-severe), benralizumab will be an option for these patients, as noted in section 3.15 of the final draft guidance.

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 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 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	

Technology appraisals: Guidance development

Equality impact assessment for the single technology appraisal of Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis (ID6266)

7.	Have the committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
Yes, in section 3.15	

Approved by Associate Director (name): ...Richard Diaz.....

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