

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Scoping

**STA Bempedoic acid for treating primary
hypercholesterolaemia or mixed dyslipidaemia**

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

- | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Have any potential equality issues been identified during the scoping process (draft scope consultation and scoping workshop discussion), and, if so, what are they? |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

<p>One consultee stated that, because NICE has approved PCSK9 monoclonal antibodies (such as alirocumab and evolocumab) at a higher LDL-C threshold based on cost effectiveness, there are now inequalities for people depending on their LDL-C levels (for example, in the 1.0-3.5, 1.8-4.0, or 1.8 to 5 mmol/L ranges who have limited options for add on therapy as they are ineligible for a PCSK9 antibody).</p>

<p>The consultee also stated that for people with diabetes who require primary prevention, NICE does not approve monoclonal antibodies so there is a inequality at present as many people only have ezetemibe as an treatment option if they can't tolerate statins and despite that may still have high LDL levels.</p>

- | |
|---------------------------------------------------------------------------------------------------------------------|
| 2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee? |
|---------------------------------------------------------------------------------------------------------------------|

<p>None of these issues related to protected characteristics, as defined by the Equalities Act, and so are not considered equality issues. However, the committee will be take into account potential equality issues relevant to its recommendations.</p>

The committee will take into account the population for whom statins are contraindicated or not tolerated when making recommendations.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

No changes to the scope are needed

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the matrix been made?

Not applicable

Approved by Associate Director (name): Jasdeep Hayre

Date: 26 September 2019