

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Upadacitinib for treating moderately to severely active ulcerative colitis

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

Final appraisal determination

(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?

A consultee suggested that the scope should be amended to include people aged under 18 years. Upadacitinib is indicated in adults only, and the committee can only consider indications within their licensed indications. The committee is, however, aware of NHS England's policy on [Commissioning Medicines for Children in Specialised Services](#).

A consultee identified two groups of people who may be affected by any recommendation:

- Women who would like to avoid surgery to start a family.
- For faith groups “for whom this [surgery] may impact on religious practices and cause distress”.

Upadacitinib is a potential alternative to or may delay the need for surgery in these (and all patients). Upadacitinib is recommended, so no further consideration of this potential issue is needed.

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?

Additional submissions further highlighted the points on equality issues made at scoping stage, see section 1 above for responses.

In addition, a stakeholder noted that prescription costs may be a factor to consider in people with lower incomes although this is not specific to upadacitinib. However, the committee cannot consider or address the issue of prescription costs in a technology evaluation, and as noted this issue is not specific to upadacitinib.

A pharmacy professional organisation commented that “Some CCGs [clinical commissioning groups] will only pay for four treatments per patient, therefore clinicians would need to make this available to all so patients are not disadvantaged”. Also, “Given the number of agents already available (and in development), this [recommending upadacitinib] is unlikely to have a significant cost impact if competitively priced... Pathway placement will be important compared with biosimilars and alternative JAK inhibitors”. Although treatment options recommended may be impacted by local commissioning policy, the committee has not made a restriction outside the recommendations in section 1.1 and 1.2 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?

N/A

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

No.

Approved by Associate Director (name): Henry Edwards

Date: 15/11/2022