NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development STA Rimegepant for treating migraine

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?

During the scoping process, it was highlighted that migraine is more common in women than men, and more common in people aged 18 to 45 years.

The committee considered these issues but concluded that there were no specific adjustments required to the NICE methods in this circumstance.

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?

The company and a patient organisation highlighted that migraine can be classed as a disability under the Equality Act 2010.

The committee considered this issue and concluded that it would make an adjustment to the appraisal consultation document (ACD) period. It recognised that people with migraine may find it challenging to comment on the ACD if they have a period of consecutive migraine days which overlaps the standard consultation period. It agreed that, if people notify NICE, it may be reasonable to allow people more time to comment on the ACD.

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3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these? No additional equality issues were identified. 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 appraisal consultation document, and, if so, where?

Yes. See section 3.30.

Approved by Associate Director (name): Jasdeep Hayre

Date: 27 January 2023

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Appraisal consultation document

(when ACD previously issued)

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

During consultation, additional issues highlighted were that:

- That people over 65 years, or those who have other health conditions such as a cardiovascular condition, are not currently able to have triptans. The committee were aware that this group of people in particular had an unmet need and agreed that it was important to request more evidence to see if rimegepant could be cost effective in this group.
- Some current treatments cannot be used in pregnancy because of gestational and maternal safety considerations of continuous dosing. The committee heard that there is no available data on rimegepant's use in pregnancy. The summary of product characteristics for rimegepant states that as a precautionary measure, it is preferable to avoid taking rimegepant during pregnancy.
- There are a limited number of headache centres in England and there
 are long waiting lists so there may be unequal access to specialist
 headache clinics in England. The committee considered these issues
 and noted that unequal access was not associated with a protected
 characteristic.
- People in more deprived areas of the country are at greater risk of becoming disabled by migraine, of losing their jobs and experiencing severe financial hardship. The committee considered whether its recommendations could affect health inequalities associated with socioeconomic factors. It considered that it had not been presented with evidence that people in more deprived areas are at greater risk of becoming disabled by migraine. It also considered that NICE's methods do not include productivity costs in its analyses.
- Rimegepant is available in the United States, Europe, United Arab Emirates and Israel. The committee noted that the decision to recommend rimegepant in those places is independent from NICE

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decision making because they have different health systems to the NHS.

2. 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?

No.

3. 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.

4. 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.

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

Yes. See section 3.18.

Approved by Associate Director (name): Jasdeep Hayre

Date: 22 May 2023

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