NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

MTA Remdesivir and tixagevimab plus cilgavimab for treating COVID-19

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?
This appraisal was based on the scoping process used in ID4038. The issues identified during the scoping process were addressed within the recommendations and discussed in the draft guidance (3.24) and the final draft guidance (Section 3.32) for ID4038.	

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?
Yes, treatment for children. In TA878, the committee recommended sotrovimab in the mild COVID-19 setting for people for whom nirmatrelvir plus ritonavir is unsuitable. Sotrovimab's marketing authorisation includes adolescents (aged 12 years and over), so this is an option for them, if they have a high-risk of progression to severe COVID-19 as defined by the McInnes report. For younger children in the mild COVID-19 setting, the only option in this setting is remdesivir. However, in TA878, the ICERs (for adults) were very high and not considered a cost-effective use of NHS resources. No ICERS were presented for children. Also in TA878, the committee recommended tocilizumab in the severe COVID-19 setting. But tocilizumab does not currently have marketing authorisation for children or younger people under 18 years of age. So, there	

is a risk of indirectly discriminating against children and young people. The issue was addressed within the recommendations and discussed in Sections 3.37 and 3.38 of the draft guidance. Remdesivir is recommended for treating COVID-19 in children at least 4 weeks of age and weighing at least 3 kg who are in hospital with pneumonia requiring supplemental oxygen.

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 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, Sections 3.37 and 3.38.

Approved by Associate Director (name): Ross Dent

Date: 10/01/2024

Final draft guidance

(when draft guidance issued)

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?
During consultation, a stakeholder highlighted that by restricting the populations eligible for COVID-19 vaccines and anti-viral treatment in the community to the current criteria of at-risk populations of cancer and immunosuppressed patients was potentially discriminatory against people with other chronic medical conditions which are also associated with an altered immune state such as ischaemic heart disease, chronic respiratory disease, chronic renal and liver disease, diabetes, and healthy elderly. Another stakeholder highlighted that some people did not receive support and COVID-19 vaccination because of their immigration status. The committee previously considered that remdesivir was not cost-effective for use in mild COVID-19 (community use). This was not disputed at appeal; instead the appeal panel instructed the committee to reexamine the clinical and cost-effectiveness of using remdesivir in hospital. There is separate guidance on another community antiviral treatment, nirmatrelvir plus ritonavir (TA878). The eligibility criteria for COVID-19 vaccines is outside of the NICE's remit.

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 draft guidance, and, if so, where?
Yes, Section 3.35.	

Approved by Associate Director (name): Ross Dent

Date: 02/02/2024