NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Drugs for treatment of Hepatitis C

Technology Appraisals Ledipasvir-sofosbuvir for treating chronic hepatitis C [ID742], Daclatasvir for treating chronic hepatitis C [ID766] and Ombitasvir/paritaprevir/ritonavir with or without dasabuvir for treating chronic hepatitis C [ID731]

Questions put to NHS England representatives at the Committee meeting on 1 April 2015

- Is NHSE's key point the % of the budget which would be required to meet an unrestricted positive recommendation (for all eligible patients)? If so, what %?
- What evidence is required from NHSE or elsewhere to demonstrate that a technology is in this category?
- What evidence would Committee be seeking from NHSE in order to determine whether its recommendation is appropriate?
    - Confirmation as to the extent of the impact on its budget
    - What other areas of treatment would be impacted by the need to find the cost of this technology within 3 months
    - What difference it would make if the timeframe was extended
    - Whether there is a possibility of the overall budget being increased to meet the recommendation

Further clarification questions forwarded to NHS England on 16 April 2015

- It would be most helpful if you could in your response also address how exactly you believe the Committee can help NHSE 'manage access' to the newer hepatitis C drugs.

- Your letter states that you would like 'an evaluative process to take place', but as indicated in the meeting, that in itself will not necessarily limit the impact on NHS resources as 'all' eligible patients can still come forward. In that context it would also be helpful for Committee to understand what NHSE has in mind to do itself in terms of 'managing access' to these drugs, and the link to affordability.

- Please address in your submission all three technologies currently being considered by NICE; daclatasvir, ombitasvir/paritaprevir/ritonavir with or without dasabuvir, and ledipasvir-sofosbuvir.

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