[redacted]

Thursday 17th June 2010

Jeremy Powell
MidCity Place
71 High Holborn
London
WC1V 6NA

**BY E-MAIL**

Dear Jeremy,

## SINGLE TECHNOLOGY APPRAISAL – Peginterferon alfa and ribavirin for the treatment of chronic hepatitis C (Part-review of TA75 and TA106)

Thank you for the opportunity to respond to the Appraisal Committee Document.

The response to the ACD is provided under the four standard headings below.

Please do not hesitate to contact us should you require any further information or clarifications.

Yours Sincerely,

[redacted]

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**1. Has all of the relevant evidence been taken into account?**

Roche is not aware of any other data that would assist the Committee in addressing the decision problem for this appraisal. Roche believe that high quality RCT data should be used to appropriately guide clinical practice.

**2. Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?**

In the main Roche believes that appropriate interpretation of the evidence is documented throughout the ACD in relation to the three decision problems.

There are 2 areas relating to interpretation that we would like to provide comment on:

4.1.12 – **Summary of clinical effectiveness evidence**

Roche feels that it would be appropriate to highlight that shortening the treatment duration for genotype 2 & 3 patients is only indicated for peginterferon alfa-2a.

4.2.23 – **ICERs for retreatment**

Roche feels that this paragraph should emphasise the point that the ICERs for peginterferon alfa 2b is a blended calculation for relapsers & non responders, whereas the ICERs for peginterferon alfa-2a focus on non responders, therefore the calculations are not interchangeable/comparable.

**3. Are the provisional recommendations sound and a suitable basis for guidance to the NHS?**

Yes, Roche welcomes the positive endorsement this ACD provides in ensuring that high clinical need can be met in the challenging areas of HIV/HCV co-infection and the treatment of prior non responders & relapsers.

The decision to offer shorter treatment duration is also welcome.

**4. Are there any aspects of the recommendations that need particular consideration to ensure we avoid unlawful discrimination against any group of people on the grounds of gender, race, disability, age, sexual orientation, religion or belief?**

Roche has supported the social & health equality focus of previous guidance (TA075 & TA106) which has explicitly stated the extension of guidance to people who continue to misuse alcohol and/or use intravenous drugs. It could be a useful addition to this new guidance if this recommendation could be included.