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NICE APPRAISAL OF SOFOSBUVIR FOR TREAING CHRONIC HEPATITIS C

Positively UK is responding to the application from NHS England for an extension to the deferred funding period for sofosbuvir in chronic hepatitis C.

While we fully understand the reasoning set out by NHS England, we do not support their case and believe there is evidence to support 'fast-track' access to sofosbuvir for key populations. Our arguments are as follows:

- NHS England cite the introduction of the Dashboard and Database. However the Dashboard will go live by March 2015 the time sofosbuvir would be available. The Database will require longer and there is no timeframe set for this, nor, knowing the trouble with introducing new IT systems, that a database will be in place by the estimated time of late 2015. We are also of the opinion that awaiting the introduction of a database should not negatively impact upon achieving the optimum health of people with Hepatitis C.
- NHS England cite the need to implement a Hepatitis C Network Model. There is no indication that this will improve patient care for those already tapped into care, and waiting could detrimentally impact upon the health of key populations with Hepatitis C.
- Awaiting the implementation of a Hepatitis C Network Model is contradictory to the argument to defer funding for sofosbuvir. One case made by NHS England is that there will be increase in demand and this will impact up capacity, however it is also clear that there are hard-to-reach groups and it will take the establishment of the network and time to reach these populations. Again this should not negatively impact against those already accessing care and treatment for Hepatitis C.
- We understand provider capacity may be an issue that needs addressing. However we believe this can be addressed by introducing a **'fast-track'** mechanism and would ensure key groups receive access to key groups. We define these groups as:

    - Patients with advanced liver disease e.g. liver fibrosis and NHS England also recognises the need to support this cohort

    We would further add

    - People co-infected with HIV; there is evidence that co-infection with HIV and Hepatitis C damages the immune system and faster liver disease progression

    - Gay men and people who use drugs who are disproportionately affected by Hepatitis C

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- Patients where current treatments are having a detrimental impact on either or both physical and mental well-being. This cohort can be identified by the consultant currently providing care and we believe that the patient and healthcare are best placed to determine this

We make the recommendations based on ensuring we promote the best well-being of patients l with Hepatitis C and obtain optimum health outcomes without delay. We are also aware that progression to advanced liver disease for some cohorts may be rapid and that treatment is less effective in administered late; people co-infected with HIV are particularly affected with accelerated liver disease. The consultant must have the ability to treat the patient with sofosbuvir now, or opt for another treatment as they come online.

Finally we need to consider of issues of treatment as prevention and the disproportionate burden upon the gay community and people who use drugs of Hepatitis C. In treating these patients, we will reduce the onward transmission of Hepatitis C. Finally we must consider the potential impact of Pre Exposure Prophylaxis, (PrEP). Although PrEP is still in the trial stages there are calls for a rapid implementation following the success of trials in the UK. Implementation of PrEP will result in a cohort of predominantly gay men using treatment as prevention over condom use, and this again will increase the risk of transmission of Hep C within the gay community.

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