Dear Ms Boysen

Re: Single Technology Appraisal (STA)
Sofosbuvir for treating chronic hepatitis C [ID654]

Thank you for asking me to comment further on the proposals with respect to the introduction of Sofosbuvir into NHS care.

My main comment is that it is very, very, unlikely that patients with genotype 1 infection will accept treatment with Interferon along with Sofosbuvir. There were dozens of papers at the recent American Association for the Study of Liver Diseases (AASLD) conference in Boston showing excellent clearance results could be obtained with short periods of treatment using oral agents alone. These agents do not give the side effects of Interferon. I refer to Simeprevir, Daclatasvir, the new AbbVie agents and the drug Harvoni that Gilead are introducing as a single pill combining Sofosbuvir with Ledipasvir. All these drugs I imagine will be coming before NICE, or are in the process of so doing, for approval in the NHS.

I would strongly recommend therefore that NICE consider all these agents together as an approach for treatment of hepatitis C that will be acceptable to patients. Interferon is unlikely to be used in the future because of the side effects and with the longer duration of therapy needed.

Yes, NHS England have to come up with an organisation that can ensure equitable availability of these agents throughout the country and also the monitoring of costs and efficacy, which surely should be done through specialist commissioning.

Kind regards

[redacted]

[redacted]
Foundation for Liver Research
69 - 75 Chenies Mews
London, WC1E 6HX
U.K.