janssen | PHARMACEUTICAL COMPANIES OF Johnson & Johnson

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Janssen's Response to the Appraisal Consultation Document

Sofosbuvir for treating chronic hepatitis C

Please find below Janssen's response to the Appraisal Consultation Document (ACD) for sofosbuvir for treating chronic hepatitis C (CHC). We are pleased to have the opportunity to provide our comments in relation to the evidence considered and its interpretation within the ACD. These comments are detailed below.

Has all of the relevant evidence been taken into account?

Exploration of the cost effectiveness of sofosbuvir in people with CHC genotype 1, taking into account harder to treat patients who may receive a 24 week sofosbuvir plus peginterferon/ribavirin (PR) regimen

We note that the Committee has acknowledged the possibility of extended sofosbuvir treatment durations (from 12 to 24 weeks) for people with CHC genotype 3, and therefore requested the manufacturer to provide additional cost effectiveness scenarios for this population (paragraph 4.16). It is not explained in the ACD why the same consideration has not been applied to the analysis of sofosbuvir in genotype 1, notwithstanding that the manufacturer's original model does not allow for such a scenario to be analysed.

We are aware that the marketing authorisation for sofosbuvir confirms that patients with genotype 1, 4, 5 or 6 with one or more factors associated with lower response rates to interferon-based therapies should be considered for extending the duration of treatment up to 24 weeks. As stated in the Summary of Product Characteristics, these harder to treat populations may include advanced fibrosis/cirrhosis, high baseline viral concentrations, black race, IL28B non CC genotype, as well as prior null response to peginterferon alfa and ribavirin therapy. We recognise that prior lack of response to PR therapy may be a less relevant factor in the context of an absence of data for sofosbuvir in the treatment-experienced genotype 1 population (paragraph 4.5 of the ACD).

Nonetheless, we therefore wish to highlight that relevant evidence which may influence the most plausible estimate of cost effectiveness of sofosbuvir plus PR in the genotype 1 subpopulation appears to have been omitted from the appraisal.

Availability of other interferon-free regimens

We are pleased that the ACD reflects the difficulties that can be associated with interferon-based treatment regimens arising from adverse events, and the need for interferon-free treatment options.

Are the summaries of clinical and cost-effectiveness reasonable interpretations of the evidence?

Uncertainty in the cost-effectiveness estimates vs first generation protease inhibitors plus PR regimens for people with CHC genotype 1

We are concerned that the current summary of evidence does not adequately reflect the uncertainty in the manufacturer's estimates of the cost effectiveness of sofosbuvir compared to telaprevir, both in combination with PR, amongst people with CHC genotype 1.

We recognise that the Committee has already raised its concerns about the shortcomings in the cost effectiveness analyses. We also acknowledge that the ERG and NICE has agreed with the manufacturer's concerns that its mixed treatment comparison (MTC) was insufficiently robust for inclusion in the cost effectiveness model. However, the incorporation of naïve comparisons of sofosbuvir versus telaprevir in the model generates uncertainty that may not have been fully explored. Whilst sofosbuvir offers an important new treatment option for people with CHC, we urge the Committee to reflect in its Final Appraisal Determination the high level of uncertainty in the estimates of the cost effectiveness of sofosbuvir compared with telaprevir.