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Meindert Boysen
Programme Director, Centre for Health Technology Evaluation
Submitted via NICE Docs

From [redacted]

4 July 2014

Dear Mr Boysen

Re: Sofosbuvir for treating chronic hepatitis C [ID654] – Appraisal Consultation Document (ACD)

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing close to 30,000 Fellows and Members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare.

The RCP is grateful for the opportunity to respond to the above ACD consultation, which relates to a number of our medical specialties. We would like to fully endorse the individual submissions made by BASL, BASHH and the NHSE, as well as making the following comments.

We believe that the technology is an opportunity to produce a paradigm shift in the management of Hepatitis C, in both the cirrhotic and pre-cirrhotic stages. As such, the cost-benefit analysis will need very careful attention as outlined within the NHSE response. We feel very strongly that NICE should look to recommend the use of the technology but at a cost that is affordable to the NHS. This will require clear understanding between the drug's manufacturers and the NHS.

We wish also to stress an issue with regard to the management of chronic hepatitis C and specific to the use of the technology in HIV-infected patients. Whilst our experts in genito-urinary medicine agree that the evidence to accurately evaluate the cost-effectiveness of sofosbuvir in the HCV and HIV co-infected individual may not be fully available, we would highlight the importance of effective therapy for the treatment of HCV in HIV co-infected patients to reduce morbidity and mortality. Moreover, current rates of SVR in G1 patients with PegIFN and Ribavirin are only 16-33%.

We are also aware that the ERG (SHTA) have previously performed cost-effectiveness analyses for the treatment of co-infected patients with both PegIFN and ribavirin and in combination with Telaprevir and Boceprevir.

Please do not hesitate to contact me if you wish to clarify or discuss any of the above points.

Yours sincerely

[redacted]