NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Single Technology Appraisal (STA)

Ledipasvir-sofosbuvir for treating chronic hepatitis C

Thank you for agreeing to give us a statement on your view of the technology and the way it should be used in the NHS.

Healthcare professionals can provide a unique perspective on the technology within the context of current clinical practice which is not typically available from the published literature.

To help you in making your statement, we have provided a template. The questions are there as prompts to guide you. It is not essential that you answer all of them.

Please do not exceed the 8-page limit.

About you

Your name: Matthew Cramp

Name of your organisation South West Liver Unit, derriford Hospital, Plymouth and Plymouth University Penisula Schools of Medicine and Dentistry

Are you (tick all that apply):

- a specialist in the treatment of people with the condition for which NICE is considering this technology? - yes
- a specialist in the clinical evidence base that is to support the technology (e.g. involved in clinical trials for the technology)? - yes
- an employee of a healthcare professional organisation that represents clinicians treating the condition for which NICE is considering the technology? If so, what is your position in the organisation where appropriate (e.g. policy officer, trustee, member etc.)? I am Honorary Treasurer to the British Association of the Study of the Liver
- other? (please specify)

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What is the expected place of the technology in current practice?

Sofosbuvir / ledipasvir will be the first fixed dose combination tablet licensed for treatment of hepatitis C virus infection. The two components act in different ways on HCV replication, and in combination are very effective at eradicating HCV infection with very good sustained virological response rates. The fixed dose combination can be used on its own, or with ribavirin. Importantly it does not require the use of interferon.
This technology has been keenly anticipated by clinicians and patients for some time and offers a number of potential advantages

- simple treatment regimen consisting of tablets with no injections
- very good treatment response rates in clinical trials
- shorter treatment duration
- well tolerated treatment, with very few serious adverse events
- avoids the tolerability and toxicity issues of interferon allowing the potential to broaden treatment eligibility criteria, including treating groups such as those with major mental health problems for whom interferon was contra-indicated.

The currently approved treatments for hepatitis C virus infection include interferon in combination with ribavirin for non-1 genotypes, and interferon, ribavirin together with telaprevir or boceprevir for genotype 1 infection. These regimens have lower response rates, many side effects, require close patient support and monitoring and are hazardous in patients with advanced cirrhosis. Well tolerated all-oral treatments will be a particular advantage for these patients with advanced disease and this has been recognised in the NHS England (2014) Interim Clinical Commissioning Policy Statement: Sofosbuvir + Daclatasvir/Ledipasvir +/- Ribavirin for defined patients with Hepatitis C.

Several other options for HCV treatment are currently under review by NICE including sofosbuvir in combination with interferon and ribavirin, simeprevir in combination with interferon and ribavirin, as well as combinations of sofosbuvir with simeprevir or daclatasvir. The choice of the appropriate antiviral regimen for the individual patient requires specialist input with a multidisciplinary assessment of each patient. Use of the new treatment options should be restricted to care providers with the necessary expertise given the expense, and at present HCV treatment in England is covered by specialist commissioning arrangements.

The reported clinical trials represent a broad range of patients comparable to the UK population and indeed several studies recruited patients from UK centres.
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The advantages and disadvantages of the technology

As outlined above the advantages of sofosbuvir / ledipasvir fixed dose combination treatment are excellent sustained virological response rates, simple and short treatment duration, good tolerability in all disease stages, and not needing to be given with interferon.
The shortened treatment duration with good tolerability will result in the need for less patient visits and monitoring on treatment. The good tolerability will also make treatment suitable for most patients.

There are no major disadvantages to the technology, although expense is likely to be a concern. Careful economic evaluation of the various treatment options becoming available will be very important to ensure money is best spent in treating hepatitis C infection.

Equality and Diversity

Chronic hepatitis C is prevalent in various frequently disadvantaged groups, including ethnic minority and immigrant populations, injection drug users, the homeless, the prison population, and those attending drug and alcohol services. The complexity, poor tolerability and duration of current treatment regimens is a significant barrier to treatment. The new technology offers simpler, shorter and safer treatment and as such offers a great opportunity for delivering effective treatment to these patients.

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Any additional sources of evidence

Additional trial information will be presented at the American Association for the Study of Liver Disease meeting in Boston in November 2014

Data is currently being generated from the NHS England early access scheme for patients with advanced cirrhosis. There are currently over 500 patients enrolled in this programme all of whom have severe cirrhosis or life threatening extra-hepatic complications of their HCV infection. Outcome and safety data are being closely monitored by NHS England and by HCV Research UK.

Implementation issues

Implementation of this technology should be relatively straightforward, without major training requirements. The simplicity of the treatment regimen will allow the adoption of new ways of supervising and supporting some patient groups when on treatment. The decision of who, when and how to treat will be important and NHS England and the Hepatobiliary and Pancreatic clinical reference group are reviewing specialist commissioning standards that will include a recommendation that HCV treatment centres should hold minuted MDT meetings to discuss antiviral therapy decisions and choices.