Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

This commissioning decision was adopted by the above organisations on 1st April 2013, having been originally agreed by the previous commissioning organisations (Cornwall and Isles of Scilly PCT, Devon PCT, Plymouth Teaching PCT and Torbay Care Trust).

Peninsula Health Technology Commissioning Group

Commissioning decision: Erythropoietins for anaemia during antiviral treatment for chronic hepatitis C

The Peninsula Health Technology Commissioning Group (PHTCG) has come to a decision on the use of erythropoietins for the management of anaemia which develops during treatment with peginterferon and ribavirin for chronic hepatitis C virus infection. Erythropoietins may be offered as an option for managing anaemia in these patients. The erythropoietin with the lowest acquisition cost should be used.

Rationale for the decision

Chronic hepatitis C virus (HCV) infection is treated with the antivirals, ribavirin plus peginterferon. A sustained viral response (SVR), demonstrating undetectable virus levels six months after the end of treatment, is the measure of treatment success. Anaemia is a well-recognised and frequent consequence of treatment with antivirals for HCV infection. Ribavirin-induced anaemia is managed through dose reduction but this may affect SVR rates. For genotype 1 patients, there is RCT evidence of a statistically significant difference in SVR rate with the use of erythropoietin to support full dose ribavirin compared with ribavirin dose reduction in patients who develop anaemia during treatment. No direct comparative trials of erythropoietins compared with ribavirin dose reduction have been identified for patients with genotype 2 or 3 who developed anaemia during antiviral treatment but dose reduction has been shown to influence SVR rates in clinical trails of antivirals. It is reasonable to assume that using erythropoietins to correct anaemia and allow full dose therapy will result in greater SVR rates. There is uncertainty about the size of the increased SVR rate that results from erythropoietin use in patients infected with genotype 2 or 3 HCV.

If the erythropoietin with the lowest acquisition cost is used in patients infected with genotype 1 HCV who develop anaemia, then in the long term, this will save money for the NHS because the costs associated with treatment would be offset by the reduction in serious liver disease. In genotype 2 or 3 disease, analysis incorporating uncertainty in the degree of SVR increase indicates that managing anaemia with the erythropoietin of lowest acquisition cost is likely to represent good value for money for the NHS.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought.

In reaching its decision, the Peninsula Health Technology Commissioning Group considered data for patients with chronic HCV infection who are representative of the general medical population and do not have significant or important co-morbidities.

Plain language summary

Erythropoietins are drugs which are given by injection to treat anaemia. Patients who receive antiviral treatment with ribavirin for chronic hepatitis C virus infection frequently develop anaemia. Reducing the dose of ribavirin will improve the anaemia but may lower the chance of treatment success (cure). Evidence from clinical trials shows that using erythropoietin in patients who develop anaemia permits more patients to continue with full dose therapy and a better chance of achieving a cure. This adds to the treatment costs but an economic analysis showed that the use of the least expensive type of erythropoietin for patients who develop anaemia during antiviral treatment for chronic hepatitis C is good value for money for the NHS.

Date of decision: 7th September 2011