

Giten Khwairakpam  
TREAT Asia/amfAR Thailand

By e-mail to  
giten.khwairakpam@treatasia.org

27<sup>th</sup> August, 2013

**Improving hepatitis C treatment access in resource-limited countries in Asia through price reductions of pegylated interferon alfa-2a**

Dear Mr. Khwairakpam,

Thank you for your letter dated 28<sup>th</sup> July 2013 expressing your concern regarding hepatitis C prevention, care and specifically, access to treatment in the Asia Pacific region.

I share your view that more needs to be done to reduce the burden of hepatitis. Whilst access to treatment is a part of this, there are multiple factors such as insufficient healthcare infrastructures, the need for diagnostic and monitoring facilities and trained staff that provide formidable barriers in hepatitis care, which need to be tackled simultaneously if this burden is to be eroded.

Roche is working to further access to peginterferon alfa-2a by negotiating programs with individual governments that are tailored to the needs of the respective healthcare system. This includes working with governments and stakeholders to support access to treatment in a number of ways, both by ensuring access through government/insurance schemes and by supporting local healthcare infrastructures through the organisation of screening programs.

In China, for example, Pegasys was included in the China national reimbursement drug list (NRDL) in 2005. Since then, the Chinese urban HCV patients (including HIV/HCV patients) have been getting reimbursement for the expenses of Pegasys. Some provinces have included Pegasys in their rural reimbursement lists and Roche will continue to work with various local governments and patient groups to support broader coverage of Pegasys for their rural HCV patients. In addition, Roche commenced a Pegasys patient assistance program in August 2011 in

China, helping the neediest HCV patients (including HIV/HCV patients) and we will continue to expand this program to improve patient access to this important therapy

Where we are working with governments, we are providing significant flexibility on price and are willing to work with local manufacturers. The work that you mentioned in Egypt is an example of this, but it is only one of many. In the Asia Pacific region, we have supported access to peginterferon alfa-2a to people living in villages in China with a high prevalence of hepatitis C through a cost-sharing approach with the government and patients and in Vietnam, we have provided a patient assistance program in partnership with local organisations and hospitals to help affordability and improve duration of treatment.

We are committed to improving access to all our products, whether that be for medicines such as peginterferon alfa-2a or diagnostics for hepatitis screening and believe our patent and pricing policies have significantly improved access, especially in resource-limited countries.

However, access to care and treatment needs to be instigated at a national level with various stakeholders, including governments, payers, insurers and patient representatives working together to reduce the significant health, social and economic burden of viral hepatitis in the region.

In this vein, our leader for access programs in the Asia Pacific region would welcome the opportunity to meet with you and discuss access to peginterferon alfa-2a within countries in this region, present the work we are currently doing in this area and work together to provide better access and overall care for patients with hepatitis. We will contact you to arrange this meeting.

Best regards,

A handwritten signature in black ink, appearing to read "Severin Schwan".

Severin Schwan