Reviewer's report

Title: Incidence and cost of Treatment-Emergent Comorbid Events in Insured Patients with Chronic Hepatitis C Virus Infection: A Retrospective Cohort Study

Version: 2

Date: 10 June 2014

Reviewer: Philip Haywood

Reviewer's report:

Thank you for the opportunity to read and comment on this manuscript. It was well written in an interesting area. The establishment of adverse event norms in clinical practice using administrative data is an important area.

My main comments are on the implications of the exclusion criteria and the implications that this may have for some of the discussion. It is likely that all my comments have been considered by the authors in the drafting of the paper.

Minor Essential Revisions
1. line 216 and 217 I think it is worth including incremental before the means in this paragraph. It occurs with the first one but is not present in the remainder.
2. Given that costs are usually distributed asymmetrically it would be useful to report the medians in figure 3

Discretionary Revisions
2. Why did you exclude patients with a Hep B diagnosis- co-infection is not uncommon and it is not obvious to me that the removal of this patients is entirely appropriate. Carrying on from this point, it may be worth actually giving the percentage for the portion who were excluded because of inadequate enrollment (line 186-187). Personally I would have liked to have seen Table 1 expanded to include the excluded patients.
3. Dosing can be adjusted for current low WCC and platelets. It may be that low initial dosing corresponds to a higher rate and cost of anemia and thrombocytopenia- you may wish to comment on this or alternatively if you included the recommended lower dosage for low platelets in the inclusion criteria you may wish to comment on that.
4. If I understand it correctly, participants who may have died in the first year after initiation of treatment would not have been included, if you had any information about this it might be useful to include. I assume it would have only been a very small portion of the excluded population.
5. Given your discussion about triple therapy in the introduction it might be worth mentioning it in the discussion- I assume given the timing of the pivotal trials that none of the patients in the paper received triple therapy.
6. On line 148 it may be worth adding "prescriptions" before "fills"
7. One thing not commented on is when discontinuing the combined therapy what portion continued on one element or other of the therapy

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

No