The Dudley Group NHS Foundation Trust

Date: 15/05/2018

FREEDOM OF INFORMATION REQUEST FOI/014085

**Please note for copies of any attachments please contact dgft.FOI@nhs.net

Do you have local clinical pathways or standard operating procedures (SOPs) for the use of MabThera? If so are you able to share these? For instance, is one cycle of MabThera intravenous (IV) always used before initiating the patients on MabThera subcutaneous (SC) in oncology indications? - Yes see attached

2. Number of patients treated* using MabThera subcutaneous versus MabThera intravenous in oncology indications between 2016-2018, if only partial data is available please indicate the timeframe the data refers to:

Oncology		
Financial Year	Number of patients treated using **MabThera Intravenous** *(if possible, please provide number of patients excluding those who were switched to MabThera subcutaneous)*	Number of patients treated using **MabThera Subcutaneous**
FY 2016-17	83	38
FY 2017-18	67	42

**if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations…)*

3. Total number of patients treated* with MabThera (intravenous and subcutaneous) vs Rixathon vs Truxima in oncology and rheumatology indications between 2016-2018, if only partial data is available please indicate the timeframe the data refers to:

Financial Year	**Drug**	**Number of patients treated in Oncology**	**Number of patients treated in Rheumatology**
FY 2016-17	MabThera	121	7 (3-3 -10/2017)
	Truxima	0	10 (from 01/10/2017)
	Rixathon	0	0
FY 2017-18	MabThera	109	0
	Truxima	23	15(01/04/2018)
	Rixathon	0	0

**if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations…)*

4. Do you have local clinical pathways or standard operating procedures (SOPs) for the initiation of new patient treatment regimens? If so are you able to share these? - Yes see attached

5. Specifically, are new patients directly prescribed biosimilar rituximab (i.e. Truxima or Rixathon) instead of MabThera?
   Yes new patients prescribed Truxima in Rheumatology and Haematology/oncology

6. Are existing patients being switched from MabThera intravenous to biosimilar rituximab (i.e. Truxima or Rixathon)? If so is there a set point in their treatment pathway when patients are switched and how is this managed?
   All new patients are now on the biosimilar when treatment is clinically indicated/.
   Existing haematology and oncology patients already commenced Mabthera and part way through therapy remain on Mabthera until completion to reduce risk of complications.

7. Are any existing patients being switched from MabThera subcutaneous to biosimilar rituximab (i.e. Truxima or Rixathon)? If so is there a set point in their treatment pathway when patients are switched and how is this managed?
   N/A in rheumatology.
   No in haematology/oncology

8. Number of patients treated* using rituximab biosimilars (Truxima and Rixathon) instead of MabThera (intravenous and subcutaneous) between 2016-2018, if only partial data is available please indicate the timeframe the data refers to:

Financial Year	**Drug**	**Oncology**		**Rheumatology**	
		New patients treated directly with the biosimilar instead of MabThera	**Existing patients switched from MabThera to the biosimlar**	**New patients treated directly with the biosimilar instead of MabThera**	**Existing patients switched from MabThera to the biosimlar**
FY 2016-17	Truxima	0	0	5	12
	Rixathon	0	0		
FY 2017-18	Truxima	23	0	2	13
	Rixathon	0	0		

**if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations…)*

9. As an organisation, are you aware of any financial savings made by using biosimilar rituximab (i.e. Truxima or Rixathon) vs MabThera between 2017-2018, if only partial data is available please indicate the timeframe the data refers to and the methods used to calculate the financial savings.

- Gain share only available in rheumatology setting via CCG agreement. 2017/18 saving data not fully realised as delayed commencement.

Year	**Scheme** *(e.g. discounting, gainshare…)*	**Approximate saving (£)**

10. Please provide information on the current contracts for Truxima, Rixathon, MabThera intravenous (IV) or subcutaneous (SC): **CMU contracts – commercial in confidence

Drug	**Contract value (£)***	**Volume of contract** (number of vials)	**Is price tiered by volume?** (Yes/No)	**Length of contract**		**Renewal frequency**	**Services included**	
				Date of contract initiation	**Date of contract expiry**		**Yes/No**	**Which services** *(e.g. biosimilar education, patient support program…)*
Rixathon	**	**N/A**	**N/A**	**N/A**		**N/A**	**No**	
Truxima	**	**N/A**	N	**1/9/17**		28/2/19	No	
MabThera IV	**	**N/A**	N	1/9/17		28/2/19	No	
MabThera SC	**	**N/A**	**N**	**1/9/17**		**28/2/19**	**No**	

**if the total contract value is not available, please provide the price range for each drug*

11. Related to question 10, if contracts are tiered by volume, could you please provide the thresholds for each tier and what is the price percentage difference between tiers? - N/A