St Helens and Knowsley Teaching Hospitals NHS Trust

Ref no:	198230418
From:	Commercial
Date:	23/04/18
Subject:	Rituximab

REQUEST

I am writing to request information under the Freedom of Information Act regarding the use of **rituximab** at **St Helens and Knowsley Teaching Hospitals NHS Trust**.

I understand that you may not hold all the information requested. If that is the case, please indicate who may hold that information.

I appreciate your time assisting with the response. To simplify the request, I am outlining the queries as specifically as possible and have included space under the questions to facilitate the input of your answers. I would be grateful if you could return this form to me via email.

1. 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?

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		
FY 2017-18		

**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		
	Truxima		
	Rixathon		
FY 2017-18	MabThera		
	Truxima		
	Rixathon		

**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?

5. Specifically, are new patients directly prescribed biosimilar rituximab (i.e. Truxima or Rixathon) instead of MabThera?

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?

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?

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	**Existing patients switched from MabThera to the biosimlar**	**New patients treated directly with the biosimilar instead of**	**Existing patients switched from MabThera to the biosimlar**

		MabThera		MabThera	
FY 2016-17	Truxima				
	Rixathon				
FY 2017-18	Truxima				
	Rixathon				

**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.

Year	**Scheme** *(e.g. discounting, gainshare…)*	**Approximate saving (£)**
17/18	**Please see below**	**£17,327**

10. Please provide information on the current contracts for Truxima, Rixathon, MabThera intravenous (IV) or subcutaneous (SC):

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								
Truxima								
MabThera IV								
MabThera SC								

**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?

RESPONSE

Question 1:
All our treatment algorithms use the term rituximab rather than by brand. Our electronic chemotherapy protocols are branded. s/c rituximab is always MabThera and this is given after induction chemotherapy which contains Truxima. There is no requirement for an iv dose of MabThera prior to getting sc MabThera.

Question 2

We are unable to provide this information

Question 3

We are unable to provide this information

Question 4

We are unable to provide this information

Question 5:

In haematology, all intravenous rituximab is Truxima.
New patients are prescribed biosimilar rituximab

Question 6:

In haematology, all intravenous rituximab is Truxima. Patients did switch but we have been using it so long that they are all new patients now.
Existing patients are prescribed biosimilar rituximab when commencing next treatment cycle. Switch is discussed with patient on a one to one basis with member of rheumatology team (usually biologics nurse specialist) and patient's consent to switch is obtained.

Question 7:

We are not switching sc Mabthera patients to an iv biosimilar.

Question 8

We are unable to provide this information

Question 9:

The figure is £17,327 The method used to calculate the financial savings (as per the FOI question) is to calculate the reduction in cost per treatment from switching to one drug to the other, less any set up costs in relation to the switch

Questions 10 & 11

The Trust considers your request to be exempt from disclosure in accordance with section 43.2 of the Freedom of Information Act as to release this information would, or would be likely to, prejudice the commercial interests of the Trust. The trust has applied the public interest test to this request and feels that the public interest in maintaining the exemption outweighs the public interest in disclosure.