

Ref no: 037290519
From: Commercial
Date: 29/05/19
Subject: Biologics and Biosimilar prescribing.

REQUEST

I wonder if you can help with regards to a Freedom of Information request I have for Biologics and Biosimilar prescribing. Could you please provide me with following numbers of patients treated in the last 12 months (latest) 12 months possible) with the following drugs for either **Rheumatology, Dermatology and Gastroenterology** departments:

Treatment	Total	Rheumatology	Dermatology	Gastroenterology
Abatacept (Orencia)				
Adalimumab biosimilar (Amgevita)				
Adalimumab biosimilar (Hulio)				
Adalimumab (Humira)				
Adalimumab biosimilar (Hyrimoz)				
Adalimumab bioisimilar (Imraldi)				
Apremilast (Otezla)				
Baricitinib (Olumiant)				
Brodalumab (Kyntheum)				
Certolizumab (Cimzia)				
Dimethyl Fumarate (Skilarence)				
Etanercept (Enbrel)				
Etanercept Biosimilar (Benepali)				
Etanercept Biosimilar (Erelzi)				

Golimumab (Simponi)				
Guselkumab (Tremfya)				
Infliximab (Flixabi)				
Infliximab (Inflectra)				
Infliximab (Remicade)				
Infliximab (Remsima)				
Ixekizumab (Taltz)				
Rituximab (Mabthera)				
Rituximab Biosimilar (Rixathon)				
Rituximab Biosimilar (Truxima)				
Sarilumab (Kevzara)				
Secukinumab (Cosentyx)				
Tildrakizumab (Ilumetri)				
Tocilizumab (Ro Actemra)				
Tofacitinib (Xeljanz)				
Ustekinumab (Stelara)				
Vedolizumab (Entyvio)				

RESPONSE

Pharmacy Response below:

Data from JAC Pharmacy System

Number of patients dispensed with the selected drug between 29th May 2018 and 29th May 2019.

Data: 29-May -2018 to 29-May -2019

	DERMATOLOGY DIVISION OF GENERAL MEDICINE	GASTROENTEROLOGY DIVISION OF GENERAL MEDICINE	RHEUMATOLOGY DIVISION OF GENERAL MEDICINE
ABATACEPT [:S/C] 125 mg/1ml Pre-filled syringe	0	0	27
ABATACEPT 250 mg Infusion	0	0	8
ADALIMUMAB "AMGEVITA" 40 mg/0.8ml Pre-filled syringe	38	34	41
ADALIMUMAB 40 mg/0.4mL Pre-filled syringe	46	83	137
APREMILAST 30 mg Tablets	70	1	2
APREMILAST INITIATION PACK Tablets	54	1	0
BARICITINIB 2 mg Tablets	0	0	12
BARICITINIB 4 mg Tablets	0	0	33
CERTOLIZUMAB PEGOL 200 mg/1ml Pre-filled syringe	0	0	19
DIMETHYL FUMARATE 120 mg Gastro-resistant Tablets	15	0	1
DIMETHYL FUMARATE 30 mg Gastro-resistant Tablets	8	0	0
ETANERCEPT [:BENEPALI 25mg] 25 mg/0.5ml Pre-filled syringe	1	0	7
ETANERCEPT [:BENEPALI 50mg] 50 mg/1ml Pre-filled syringe	0	0	112
ETANERCEPT [:ENBREL 25mg] 25 mg/0.5ml Pre-filled syringe	1	1	45
ETANERCEPT [:ENBREL 50mg] 50 mg Injection	0	0	25
GOLIMUMAB 100 mg/1ml Pre-filled disposable device	0	2	10

GOLIMUMAB 50 mg/0.5ml Pre-filled disposable device	0	3	31
INFLIXIMAB 'REMICADE' 100 mg Injection	0	2	3
INFLIXIMAB 'REMICADE' 250 mg Infusion	0	0	1
INFLIXIMAB 'REMSIMA' [FKLD1135] 250 mg Infusion	0	11	1
INFLIXIMAB 'REMSIMA' [FKLD1136] 300 mg Infusion	0	24	3
INFLIXIMAB 'REMSIMA' [FKLD1137] 350 mg Infusion	0	29	1
INFLIXIMAB 'REMSIMA' [FKLD1138] 400 mg Infusion	0	32	4
INFLIXIMAB 'REMSIMA' [FKLD1139] 450 mg Infusion	0	14	0
INFLIXIMAB 'REMSIMA' [FKLD1140] 500 mg Infusion	0	17	0
INFLIXIMAB 'REMSIMA' 100 mg Injection	1	57	8
INFLIXIMAB 'REMSIMA' 550 mg Infusion	0	6	0
INFLIXIMAB 'REMSIMA' 600 mg Infusion	0	8	1
INFLIXIMAB 'REMSIMA' 650 mg Infusion	0	3	0
INFLIXIMAB 'REMSIMA' 700 mg Infusion	0	4	0
INFLIXIMAB 'REMSIMA' 750 mg Infusion	0	2	0
IXEKIZUMAB 80 mg Injection	1	0	0
RITUXIMAB (MABTHERA) 500 mg Injection	0	0	1
RITUXIMAB (TRUXIMA) 100 mg Injection	0	2	1
RITUXIMAB (TRUXIMA) 1000 mg/250ml Infusion	0	0	60
RITUXIMAB (TRUXIMA) 500 mg Injection	0	2	5
SECUKINUMAB 150 mg/1ml Pre-filled disposable device	2	0	21
TOCILIZUMAB 162 mg/0.9ml Pre-filled syringe	0	0	17
TOCILIZUMAB 200 mg/10mL Injection	0	0	17
TOCILIZUMAB 400 mg/20mL Injection	0	0	24
TOCILIZUMAB 80 mg/4ml Injection	0	0	19
TOFACITINIB 5 mg Tablets	0	0	2
USTEKINUMAB 130 mg/26mL Infusion	0	15	0
USTEKINUMAB 45 mg/0.5ml Pre-filled syringe	12	0	4

USTEKINUMAB 90 mg/1ml Pre-filled syringe	17	20	1
VEDOLIZUMAB (ENTYVIO) 300MG/250ML 300 mg Infusion	0	24	0
VEDOLIZUMAB 300 mg Injection for Infusion	0	30	0