NHS Borders
Planning & Performance

NHS Borders
Education Centre
Borders General Hospital
Melrose
Roxburghshire
TD6 9BD
01896 825545
foi.enquiries@borders.scot.nhs.uk

Freedom of Information request 193-18

Request

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 or geography 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 or geography 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 or geography 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 biosimilar	New patients treated directly with the biosimilar instead of MabThera	Existing patients switched from MabThera to the biosimilar
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 or geography the data refers to and the methods used to calculate the financial savings.

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

10. Please provide information for 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…)

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

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

1. Haematology patients receive intravenous as biosimilar Rituximab, then if SCAN protocol indicates that they move to subcutaneous they will then receive Mabthera.
   For Rheumatology patients, the pathway would be dictated by current national guidelines and clinician judgement. Please find attached below Patient Pathway & Administration Protocol.

Rituximab Administration Protoc

2. The table below details patients treated using Mabthera in Oncology between 2016 and 2018.

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	0	0
FY 2017-18	0	0

3. The table below details treatment in Oncology and Rheumatology between 2016 and 2018.

Financial Year	**Drug**	**Number of patients treated in Oncology**	**Number of patients treated in Rheumatology**
FY 2016-17	MabThera	0	26
	Truxima	<5	<5
	Rixathon	0	0
FY 2017-18	MabThera	0	19
	Truxima	<5	29
	Rixathon	0	0

4. NHS Borders uses SCAN approved master scripts.

5. New patients will receive biosimilar intravenous Rituximab.

6. NHS Borders does not keep any branded Mabthera intravenous Rituximab, therefore all intravenous doses use biosimilar products.

7. Where SCAN protocol indicates subcutaneous Rituximab, NHS Borders is using Mabthera subcutaneous. Patients on subcutaneous treatment are not being switched back to intravenous to allow biosimilar to be used.

8. The table below details the number of patients treated using biosimilar products instead of Mabthera between 2016 and 2018.

Financial Year	**Drug**	**Oncology**		**Rheumatology**	
		New patients treated directly with the biosimilar instead of MabThera	**Existing patients switched from MabThera to the biosimilar**	**New patients treated directly with the biosimilar instead of MabThera**	**Existing patients switched from MabThera to the biosimilar**
FY 2016-17	Truxima	<5	0	<5	0
	Rixathon	0	0	0	0
FY 2017-18	Truxima	<5	0	19	10
	Rixathon	0	0	0	0

9. This information is considered commercially sensitive, therefore we are withholding this information under Section 33(1) of the Freedom of Information (Scotland) Act 2002.

10&11. These are NHS Scotland national contracts. This information may be available from National Services Scotland.

Please note that as the number of events in some areas are very small, and in accordance with the Code of Practice for Official Statistics for any number that is less than five, actual numbers and potentially identifiable information is withheld to help maintain patient confidentiality due to potential risk of disclosure. Further information is available in the ISD Statistical Disclosure Control Protocol.

If you are not satisfied with the way your request has been handled or the decision given, you may ask NHS Borders to review its actions and the decision. If you would like to request a review please apply in writing to, Freedom of Information Review, NHS Borders, Room 2EC3, Education Centre, Borders General Hospital, Melrose, TD6 9BS or foi.enquiries@borders.scot.nhs.uk.

The request for a review should include your name and address for correspondence, the request for information to which the request relates and the issue which you wish to be reviewed. Please state the reference number **193-18** on this request. Your request should be made within 40 working days from receipt of this letter.

If following this review, you remain dissatisfied with the outcome, you may appeal to the Scottish Information Commissioner and request an investigation of your complaint. Your request to the Scottish Information Commissioner should be in writing (or other permanent form), stating your name and an address for correspondence. You should provide the details of the request and your reasons for dissatisfaction with both the original response by NHS Borders and your reasons for dissatisfaction with the outcome of the internal review. Your application for an investigation by the Scottish Information Commissioner must be made within six months of your receipt of the response with which you are dissatisfied. The address for the Office of the Scottish Information Commissioner is, Office of the Scottish Information Commissioner, Kinburn Castle, Doubledykes Road, St Andrews, Fife.