Maidstone and Tunbridge Wells NHS Trust

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Please reply to:
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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Rituximab.

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

Trust response:

1. Yes they are clinical pathways. All Trust pathways are held on the KMCN website and available publically.

2.

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	236	37
FY 2017-18	167	34

3.

Financial Year	Drug	Number of patients treated in Oncology	Number of patients treated in Rheumatology
FY 2016-17	MabThera	252	141
	Truxima	0	0
	Rixathon	0	0
FY 2017-18	MabThera	172	107
	Truxima	32	17
	Rixathon	0	0

4. The Trust following the Kent and Medway High Cost Drug Manual for approved indications and commissioning pathways for non-oncology indications.
5. Yes
6. Yes, they complete their last complete cycle of Mabthera, then on the next cycle are switched to the biosimilar.
7. Patients have been swapped after discussion with clinicians and following the MO CQuin instructions.

8.

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	0	0
	Rixathon	0	0	0	0
FY 2017-18	Truxima	5	27	10	7
	Rixathon	0			

9.

Year	**Scheme** *(e.g. discounting, gainshare…)*	**Approximate saving (£)**
2016/17	**Gain share agreed 50:50 with local CCG**	

10. The Trust are part of the Commercial Medicines Unit – Regional Contract pricing structure.

11. Not applicable.