

Our Ref: FOI ID 49353

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NHS South Sefton CCG

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Re: Freedom of Information Request

Please find below the response to your recent Freedom of Information request regarding Biosimilar uptake within NHS South Sefton CCG.

Request/[Response](#):

1. Has an approach to Biosimilar uptake been discussed and agreed with:
 - a. The CCG governing body (Y/N)
 - b. Area Prescribing Committee (Y/N)
 - c. Relevant local provider organisation (Y/N)
 - d. Relevant Sustainability and Transformation Partnerships (Y/N)
2. Do you have a mechanism in place for identifying the date of patent expiry for originator biological medicines, and the possible launch date of individual biosimilar products ? (Y/N)
3. Have you identified the level of potential savings opportunity available to your health economy through the use of biosimilar medicines ? (Y/N)
4. Has your CCG accepted or is it currently accepting manufacturer provision of free of charge drug stock between licensing and NICE funding ? (Y/N)
5. If your CCG accepted or is it currently accepting FOC stock, please state "Yes" to any of following:
 - a. Brodalumab (Kyntheum)
 - b. Guselkumab (Tremfya)
 - c. Ixekizumab (Taltz)
 - d. Secukinumab (Cosentyx) in Psoriasis or Ankylosing Spondylitis or Psoriatic Arthritis
6. Has your Trust / CCG accepted or is it currently accepting the following list of drugs in
 - a. Tofacitinib (Xeljanz)
 - b. Baricitinib (Olumiant)
 - c. Golimumab (Simponi) in Rheumatoid Arthritis or Ulcerative Colitis
 - d. Certolizumab (Cimzia)
 - e. Apremilast (Otezla)
 - f. Tocilizumab (Ro Actemra)
7. If your Trust / CCG has not accepted manufacturer provision of free of charge drug stock, are there reasons for this ?

8. For how long is free of charge drug stock typically provided for each patient?
 - a. For how long is free of charge drug stock typically provided for each patient?
 - b. Frist dose
 - c. First month
 - d. First 3 months
 - e. Other
9. Are there any agreements in place between you the CCG and a Provider (eg Hospital Trust) that would enable savings in drug costs to be made ? (For example, Gainshare agreements where the benefits associated with more efficient us of medicines not reimbursed through national prices is shared between the Provider and the Clinical Commissioning Group party to the agreement. This includes agreements for the switch to biosimilar products)
If "Yes", then please provide the following details

For Questions 1-9 –

NHS South Sefton CCGs approach to gain share for Biosimilar drugs is detailed in the NHS South Sefton CCG Commissioning Intentions which is available on the CCGs website –

<https://www.southseftonccg.nhs.uk/media/2877/sf-ssccg-commissioning-intentions-201819.pdf>