

FOI 2805

23<sup>rd</sup> December 2024

## **FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST**

### MYELOPROLIFERATIVE DISEASES

**Q1. How many patients were treated in total, regardless of diagnosis, with the following medicines in the 3 months between the start of July 2024 and end of September 2024, or latest 3-month period available?**

Name of medicine	Number patients treated
1.1 Fedratinib (Inrebic)	0
1.2 Momelotinib (Omjjara)	1
1.3 Ruxolitinib (Jakavi)	20
1.4 Hydroxycarbamide	162

**Q2. How many patients were treated for the following myeloproliferative diseases in the 3 months between the start of July 2024 and end of September 2024, or latest 3-month period available?**

Diagnosis with ICD10 codes	Number patients treated
2.1 Polycythaemia vera ICD10 codes = D45, D450, D45.0, D45X OR morphology code = 9950/3	28
2.2 Myelofibrosis ICD10 codes = C944, C94.4 or D474, D47.4; OR morphology codes = 9931/3 or 9961/3	5
2.3 Essential thrombocythemia ICD10 code = D473, D47.3 OR morphology code = 9962/3	21
2.4 Myeloproliferative Disease, Chronic ICD10 code = D471, D47.1	14

**Q3. How many patients with Myelofibrosis (ICD10 codes = C944 or D474; OR morphology codes = 9931/3 or 9961/3) were treated with the following medicines in the 3 months between the start of July 2024 and end of September 2024, or latest 3-month period available?**

Name of medicine	Number patients treated
3.1 Fedratinib (Inrebic)	0

3.2 Momelotinib (Omjjara)	1
3.3 Ruxolitinib (Jakavi)	8
3.4 Hydroxycarbamide	Pharmacy unable to quantify
3.5 Peginterferon Alfa-2a (Pegasys)	0
3.6 Ropeginterferon Alfa-2b (Besremi)	0
3.7 Epoetin alfa (Eprex, Binocrit)	0
3.8 Epoetin beta (NeoRecormon, Mircera)	0
3.9 Epoetin zeta (Retacrit)	0
3.10 Darbepoetin (Aranesp)	2

**Q4. How many patients with Polycythaemia Vera (ICD10 codes = D45, D450, D45.0, D45X OR morphology code = 9950/3) were treated with the following medicines in the 3 months between the start of July 2024 and end of September 2024, or latest 3-month period available?**

Name of medicine	Number patients treated
4.1 Ruxolitinib (Jakavi)	12
4.2 Hydroxycarbamide	Pharmacy unable to quantify
4.3 Peginterferon Alfa-2a (Pegasys)	5
4.4 Ropeginterferon Alfa-2b (Besremi)	0

**Q5. How many patients were treated with ruxolitinib (Jakavi) in combination with epoetin in the 3 months between the start of July 2024 and end of September 2024, or latest 3-month period available?**

*Please include all types of epoetin – epoetin alfa, epoetin beta, epoetin zeta, darbepoetin alfa*

Name of medicine	Number patients treated
5.0 Ruxolitinib (Jakavi) + epoetin	2

**NON-HODGKIN'S LYMPHOMA (NHL) AND CHRONIC LYMPHOCYTIC LEUKAEMIA (CLL)**

**Q6. How many patients were treated in total, regardless of diagnosis, with the following medicines in the 3 months between the start of July 2024 and end of September 2024, or latest 3-month period available?**

Name of medicine	Number patients treated
6.1 Acalabrutinib (Calquence)	
6.2 Ibrutinib (Imbruvica)	
6.3 Pirtobrutinib (Jaypirca)	
6.4 Venetoclax (Venclyxto)	

6.5 Zanubrutinib (Brukinsa)

**Response:**

Information not held

**Q7. How many patients with Chronic Lymphocytic Leukaemia OR Small B-Cell Lymphoma – ICD10 codes = C911, C91.1 OR C830, C83.0 - were treated with the following medicines in the 3 months between the start of July 2024 and end of September 2024, or latest 3-month period available?**

Name of medicine	Number patients treated
7.1 Acalabrutinib (Calquence)	
7.2 Ibrutinib (Imbruvica)	
7.3 Pirtobrutinib (Jaypirca)	
7.4 Venetoclax (Venclyxto)	
7.5 Zanubrutinib (Brukinsa)	
7.6 Obinutuzumab (Gazyvaro)	
7.7 Rituximab	
7.8 Bendamustine	
7.9 Chlorambucil	
7.10 Fludarabine	
7.11 Idelalisib	

**Response:**

Information not held.

**Q8. How many patients with Chronic Lymphocytic Leukaemia OR Small B-Cell Lymphoma were treated with the following medicines as monotherapy, or in combination, in the 3 months between the start of July 2024 and end of September 2024, or latest 3-month period available?**

Name of monotherapy or combination	Number patients treated
8.1 Ibrutinib + venetoclax	
8.2 Obinutuzumab + venetoclax	
8.3 Zanubrutinib monotherapy / maintenance	
8.4 Ibrutinib monotherapy / maintenance	

8.5 Venetoclax monotherapy	
8.6 Venetoclax + rituximab	
8.7 Acalabrutinib + obinutuzumab	

**Response:**

Information not held.

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