

Freedom of Information Request	FOI 21-057	23 <sup>rd</sup> February 2021
--------------------------------	------------	--------------------------------

**Q1. Could you please provide the numbers of patients treated in the last 3 months by the Dermatology department (for any medical condition) with the following biologic drugs:**

- Adalimumab - Humira
- Adalimumab Biosimilar
- Apremilast
- Brodalumab
- Certolizumab
- Dimethyl fumarate
- Etanercept - Enbrel
- Etanercept Biosimilar
- Guselkumab
- Infliximab - Remicade
- Infliximab Biosimilar
- Ixekizumab
- Risankizumab
- Secukinumab
- Tildrakizumab
- Ustekinumab

APPROVED NAME	DOSE FORM	STRENGTH	UNIT OF ISSUE	QUANTITY ISSUED
ADALIMUMAB	INJECTION PEN	40mg	1 HOME HUMIRA	12
ADALIMUMAB	INJECTION PEN	40mg	1 HOME AMGEVITA	316
BRODALUMAB	PRE-FILLED SYRINGE	210mg in 1.5ml	1 HOME KYNTHEUM	30
ETANERCEPT	SUB-CUTANEOUS INJECTION	50mg	1 HOME BENEPALI	68
ETANERCEPT	SUB-CUTANEOUS INJECTION	50mg	1 HOME ENBREL	20
GUSELKUMAB	SUB-CUTANEOUS INJECTION	100mg in 1ml	1 TREMFYA	11
INFLIXIMAB (INFLECTRA)	INJECTION	100mg	1 VIAL	59
INFLIXIMAB (REMICADE)	INJECTION	100mg	1 VIAL	38
SECUKINUMAB	SUB-CUTANEOUS INJECTION	150mg	1 HOME COSENTYX	172
USTEKINUMAB	INJECTION	45mg in 0.5ml	1 HOME STELARA	17
USTEKINUMAB	PRE-FILLED SYRINGE	90mg	1 HOME STELARA	13

**Q2. Could you please provide the numbers of patients treated in the last 3 months by the Gastroenterology department (for any medical condition) with the following biologic drugs:**

- Adalimumab – Humira

- **Adalimumab Biosimilar**
- **Golimumab**
- **Infliximab – Remicade**
- **Infliximab Biosimilar**
- **Tofacitinib**
- **Ustekinumab**
- **Vedolizumab**

APPROVED NAME	DOSE FORM	STRENGTH	UNIT OF ISSUE	QUANTITY ISSUED
ADALIMUMAB	INJECTION PEN	40mg	1 HUMIRA	561
ADALIMUMAB	INJECTION PEN	40mg	1 AMGEVITA	550
INFLIXIMAB (INFLECTRA)	INJECTION	100mg	1 VIAL	1431
TOFACITINIB	TABLET	5mg	56 XELJANZ	10
TOFACITINIB	TABLET	10mg	56 XELJANZ	8
TOFACITINIB	TABLET	10mg	1 TABLET	140
USTEKINUMAB	PRE-FILLED SYRINGE	90mg	1 PREFILLED SYRINGE	43
USTEKINUMAB	CONCENTRATE FOR INFUSION	130mg in 26ml	1 X 30ml VIAL	13
VEDOLIZUMAB	INJECTION	300mg	1 VIAL	254
VEDOLIZUMAB	INJECTION PEN	108mg	1 ENTYVIO	12

**Q3. If possible, could you please provide the numbers of patients treated in the last 3 months by the Gastroenterology department for Ulcerative Colitis ONLY with the following biologic drugs:**

The Health Board does not hold this information.

- **Adalimumab – Humira**
- **Adalimumab Biosimilar**
- **Golimumab**
- **Infliximab – Remicade**
- **Infliximab Biosimilar**
- **Tofacitinib**
- **Ustekinumab**
- **Vedolizumab**