

1. How many patients has your trust treated in the last 12 months with the following drugs?

- **Octreotide**
- **Lanreotide**
- **Pasireotide**
- **Pegvisomant**
- **Genotropin**
- **Humatrope**
- **Norditropin**
- **Nutropin**
- **Omnitrope**
- **Saizen**
- **Zomacton**

2. Please provide the number of patients under the age 16 that were treated in the last 12 months with each of the following drugs:

- **Genotropin**
- **Humatrope**
- **Norditropin**
- **Nutropin**
- **Omnitrope**
- **Saizen**
- **Zomacton**

3. How many patients have been treated in the last 12 months with the following drugs for Acromegaly (ICD10 code E22.0) ONLY?

- **Sandostatin LAR**
- **Octreotide Long-Acting (Generic)**
- **Somatuline Autogel**
- **Pasireotide**

However, we are able to provide the quantity issued of each only and cannot provide this by the patient numbers requested. This is as follows and we have excluded those medications which were not used:

APPROVED NAME	DOSE FORM	STRENGTH	UNIT OF ISSUE	QUANTITY ISSUED
OCTREOTIDE LAR	INJECTION	20mg	1 VIAL	18
OCTREOTIDE LAR	INJECTION	30mg	1 X VIAL	56
OCTREOTIDE LAR	INJECTION	10mg	1 X VIAL	2
LANREOTIDE AUTOGEL	PRE-FILLED SYRINGE	90mg	1 PRE-FILLED SYRINGE	3
LANREOTIDE AUTOGEL	PRE-FILLED SYRINGE	60mg	1 PRE FILLED SYRINGE	3
LANREOTIDE AUTOGEL	PRE-FILLED SYRINGE	120mg	1 PRE-FILLED SYRINGE	45
OCTREOTIDE	INJECTION	50micrograms in 1ml	1 X 5 X 1ml AMPS	49

OCTREOTIDE	INJECTION	50micrograms in 1ml	1 X 5 X 1ml VIAL	4
OCTREOTIDE	INJECTION	100micrograms in 1ml	1 X 5 X 1ml AMPOULES	124
OCTREOTIDE	INJECTION	100micrograms in 1ml	1 X 5 X 1ml VIAL	10
OCTREOTIDE	INJECTION	500micrograms in 1ml	1 X 5 X 1ml AMPOULES	101
OCTREOTIDE	INJECTION	200microgram in 1ml	1 X 5ml VIAL	171
SOMATROPIN	PREFILLED CARTRIDGE	5mg	1 CARTRIDGE	2
SOMATROPIN	PRE-FILLED SYRINGE	0.2mg (0.6 unit)	1 PRE-FILLED SYRINGE	7
SOMATROPIN	PRE-FILLED SYRINGE	0.4mg	1 SYRINGE	14