

## Freedom of Information Request

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**

Please find below, quantities of above listed drugs used within the Northern Health and Social Care Trust. As advised, the Trust's Pharmacy Department cannot link usage of these drugs to individual patient numbers.

<b>Drug</b>	<b>Pack size</b>	<b>Qty</b>
OCTREOTIDE 100 micrograms in 1mL Injection	5 x 1mL Ampoule Pack	23.40
OCTREOTIDE 100 micrograms in 1mL Pre-filled Syringe	5 x 1mL Pre-filled Syringe Pack	238.00
OCTREOTIDE 50 micrograms in 1mL Pre-filled Syringe	5 x 1mL Pre-filled Syringe Pack	70.80
OCTREOTIDE 500 micrograms in 1mL Injection	5 x 1mL Ampoule Pack	34.20

OCTREOTIDE 500 micrograms in 1mL Pre-filled Syringe	5 x 1mL Pre-filled Syringe Pack	118.00
OCTREOTIDE ACETATE INJECTION & DILUENT 30 mg Injection	1 Vial + Diluent Pack	36.00
LANREOTIDE 90 mg Pre-filled Syringe	1 Pre-filled Syringe Pack	2.00
LANREOTIDE 120 mg Pre-filled Syringe	1 Pre-filled Syringe Pack	1.00
PASIREOTIDE		0.00
PEGVISOMANT		0.00
GENOTROPIN // SOMATROPIN (RBE) 12mg (36 units )	1 Cartridge Pack	5.00
HUMATROPE		0.00
NORDITROPIN // SOMATROPIN (EPR) 5mg (15units)	1 x 1.5ml Cartridge Pack	29.00
NUTROPIN		0.00
OMNITROPE		0.00
SAIZEN		0.00
ZOMACTEN		0.00