

Background

In September 2024 Torbay and South Devon NHS Foundation Trust was the first in England to administer subcutaneous (SC) Ocrevus to its patients. This formulation became available in July 2024. This provided an alternative, faster method of administration for patients to allow them more choice in how they had their treatment as well as for those with poor venous access who in the past would have been switched onto an alternative anti CD-20 therapy. The MS infusion therapies for Torbay are given on the Newton Abbot Community hospital site in the Planned infusion Unit (PIU).

To date 12 new and 2 switch patients have received the SC formulation. With the remainder in the next 3 months

Demographics

As of February 2025, Torbay MS Service has 796 active patients on its caseload, 326 patients (41%) are on a disease modifying treatment (DMT). Of these 194 (48%) are on high Efficacy Treatments, of these, 92 (27%) patients are on Ocrevus. These patients have both RRMS (91) and PPMS (2) which Ocrevus (Ocrelizumab) has been licenced for since 2017.

Between September 2024 and February 2025, 26 patients were identified for SC administration. These were both new (13/50%) and switch from IV (13/50%) patients.

Issues

- Staff education / training
- Proforma redesign
- Patient education
- Equipment and consumable suitability check
- Longer than predicted infusion times due to intermittent pump alarms

Cost savings

We estimate that for each new patient we have given SC to we have saved approximately 1.5 chair days per initial infusion and 0.5-0.75 chair days on subsequent infusions for all patients. This is an average of 1 chair day a year per established Ocrevus patient – currently 92 chair days a year.

We have no data on cost savings as cost of the drugs are currently price neutral. PIU consumables costs have not been shown to have risen. Three patients have also been saved an additional trip to Torbay for Vascular Access appointments.

Feedback

1 x concern about infusion process – switched to IV at pt request

Do we need to look into alternative pumps and infusion lines?

If I have a shorter infusion time, I might miss my egg sandwich for lunch!

No reports of local / systemic side effects

I want to see more people have it before I switch

Ocrevus Subcutaneous – A New Approach to an Established Treatment



Sarah Hughes, Mandy Ward, Agne Straukiene

Timeline

During July and August 2024, we discussed the option with patients identifying those who would like to switch from IV and offering it to new patients as a treatment option.

12th July 2024

17th July 2024

30th July 2024

12th August 2024

August 2024

4th September 2024

7th September 2024

8th September 2024

24th October 2024

SC formulation announced in the media

SC proforma created

1st training postponed

Stock available to order

Patient identification and stock procurement

PIU Training

1st patient administration

2nd patient administration

Confirmation 1st in England

Conclusion

- Mixed reception from patients
- SC Ocrevus provides an alternative formulation for patients especially ones with vascular access issues
- Patients spend less time in hospital
- Benefits to hospital of increased capacity, cost neutral switching of formulations

The Future

- Looking into Home Care provision for SC infusions
- Sharing our experience across the region and beyond
- Continue to offer SC option to all new and existing patients
- Continue to work with peers re consumable issues



Torbay and South Devon
NHS Foundation Trust