

BIOSIMILARS INITIATIVE

PRESCRIBER GUIDE
ENDOCRINOLOGISTS
GENERAL PRACTITIONERS
NURSE PRACTITIONERS
DIABETES EDUCATORS



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BRITISH COLUMBIA PHARMACARE BIOSIMILARS INITIATIVE

PRESCRIBER GUIDE: ENDOCRINOLOGISTS, GPS, NPS, & DIABETES EDUCATORS

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Across Canada, biologic drugs are a major contributor to healthcare costs increasing at an unsustainable rate. In 2017, Canada spent over \$1.1 billion on Remicade® alone (more than on any other drug) and \$274 million on Lantus® (more than any other diabetes drug). With new drugs frequently entering the market (including new biologics and innovative therapies), the cost pressures for Canada's drug plans will only continue to increase.

One solution to this challenge is already available: biosimilar versions of originator biologic drugs offer significant cost savings. In B.C., Basaglar™ offers a 25% reduction in cost compared to Lantus, and others, such as infliximab biosimilars, represent as much as a 50% reduction in cost).

Despite these price differences, biosimilars have not yet captured much market share in Canada. At the end of 2017, Basaglar (approved in Canada since September 2015) accounts for only 2.6% of insulin glargine use, and infliximab biosimilars (approved in Canada since January 2014) account for only 4% of infliximab use.

Biosimilar uptake has been limited by many factors, including misconceptions about the safety and efficacy of biosimilars and reluctance to change the status quo.

B.C.'s previous strategy to encourage biosimilar uptake by listing those brands preferentially for treatment-naïve patients has been well-received; however, the impact of this strategy is limited by the small proportion of new starts.

With an ever-growing body of evidence and the support of stakeholders, PharmaCare is now positioned to enable the expansion of treatment options and the improvement of patient access by introducing a Biosimilars Initiative.

The Biosimilars Initiative changes coverage for specific biologic drugs. Patients and their prescribers have a period of 6 months to discuss switching from an originator brand to a biosimilar brand. Coverage and Special Authority (SA) approval is provided for both originator and biosimilar brands during the switch. Patients unable to switch or who have an adverse response to the biosimilar(s) can seek exceptional SA coverage for the originator.

PharmaCare's strategy to ensure a successful switch includes:

- Involving various practitioners in patient identification, education and support
- Providing time to identify affected patients and guide them through the switch process
- Ensuring patient supports are in place for continuous care
- Having options for those unable to switch or experience challenges with switching
- Identifying areas of concern and providing information for both patients and practitioners
- Providing call-in information sessions and responsive contacts for healthcare practitioners
- Monitoring drug utilization, patient outcomes, and stakeholder feedback

The role of the prescriber in the switch process is paramount. A prescriber sets the tone of the switch discussion, serving as the primary and most trusted information source, facilitates continuity of care, and empowers the patient to expect and realize the best outcomes.

In accordance with Health Canada recommendations, the decision to switch to a biosimilar should be made by a well-informed patient and their prescriber. PharmaCare has created this guide to provide information to support your discussions with affected patients.

(National statistics referenced in the section above are found in the Patented Medicine Prices Review Board *Meds Entry Watch 2017* report.)

What is changing?

PharmaCare is changing coverage of certain biological drugs, including insulin glargine.

Coverage for the original biologic (originator) drugs will be discontinued for affected patients, and coverage will instead be provided for their biosimilars:

PHASE 1: May 27 to November 25, 2019			
Drug	Originator	Biosimilars	Indications Affected
etanercept	Enbrel®	Brenzys®	Ankylosing Spondylitis Rheumatoid Arthritis
		Erelzi™	Ankylosing Spondylitis Psoriatic Arthritis Rheumatoid Arthritis
infliximab	Remicade®	Inflectra® Renflexis®	Ankylosing Spondylitis Plaque Psoriasis Psoriatic Arthritis Rheumatoid Arthritis
insulin glargine	Lantus®	Basaglar™	Diabetes (Type 1 and 2)

For affected patients with existing Special Authority (SA) approval for insulin glargine to maintain their coverage, prescribers must write a new prescription, indicating the switch to a biosimilar option. The patient's existing SA remains in effect until the next renewal date (if applicable).

New SA requests and renewals for insulin glargine will be granted for Basaglar only.

At this time, coverage of etanercept and infliximab is also changing. If your patients may be affected by this change in addition to their insulin glargine, please encourage them to speak with their rheumatologist or dermatologist.

In Phase 2 of the Biosimilars Initiative, PharmaCare will change coverage for patients taking Remicade for Crohn's disease or ulcerative colitis. The switching of Remicade patients has been designed in two phases to allow for stakeholder engagement and ensure that switch support resources have capacity to address patient and prescriber needs.

PHASE 2: Summer 2019 to early 2020 (Dates to be confirmed)			
Drug	Originator	Biosimilars	Indications Affected
infliximab	Remicade®	Inflectra® Renflexis®	Crohn's Disease Ulcerative Colitis

When do these changes take effect?

Patients using Lantus who wish to maintain PharmaCare coverage must switch to Basaglar before November 26, 2019.

Both originator and biosimilar brands will be covered during the transition period, May 27, 2019 to November 25, 2019, to provide time for patients to discuss the switch with their prescriber and get a new prescription. Coverage of Lantus for Phase 1-affected patients will end November 26, 2019.

If you are unable to discuss the switch with a specific patient before the end of the transition period, please contact biosimilars.initiative@gov.bc.ca.

Who will be affected?

Your patients will be affected by the biosimilars initiative beginning May 27, 2019, if they:

- use Lantus, and
- receive PharmaCare coverage for their medication under any PharmaCare plan, excluding Plan W (First Nations Health Benefits)

Patients who are covered under Plan W (First Nations Health Benefits) and take Lantus are encouraged to switch to Basaglar; however, their Lantus coverage will not end as of November 26, 2019. Plan W beneficiaries will be affected by etanercept and infliximab switches.

How can I identify which of my patients will be affected?

To assist in identifying which of your patients you may need to speak with about biosimilar switching, we can send you a list of PharmaCare-covered patients who have filled a prescription for Lantus, written by you, in the past 6 months.

Please complete and submit the enclosed [HLTH 5841 Patient List Request](#) form. Within two weeks, we will send you a list of the names of patients who may be affected.

Are Special Authority criteria for insulin glargine changing?

There are no changes to the criteria for coverage of insulin glargine at this time.

Will patients need new Special Authority approval?

Patients with existing SA for insulin glargine do not require a new SA for the biosimilar. The existing SA remains in effect.

Patients with a clinical requirement that prevents switching can have their prescriber submit a new SA request for exceptional coverage of the originator biologic. Exceptional requests will be reviewed by Special Authority on a case-by-case basis.

Note that patients are expected to trial a biosimilar. If a trial has been attempted and halted, the rationale for halting the trial must be well documented in the request for exceptional coverage, and be unlikely to recur or intensify if the patient resumes taking the originator.

Insulin glargine (Basaglar brand only) remains a regular benefit for Plan W (First Nations Health Benefits) recipients; no SA is required for Plan W Basaglar coverage.

Why is coverage changing?

To enable expansion of the PharmaCare formulary and B.C. health services, PharmaCare develops evidence-informed strategies to better optimize how our public resources are used. Biologic drugs represent a huge portion of the annual PharmaCare budget, and biosimilars represent a correspondingly large, but unrealized, opportunity to find value that can be applied to new treatments and services.

In B.C., the biologic drugs being switched (Lantus, Enbrel, and Remicade) represent some of the largest provincial drug expenditures. In 2018, PharmaCare spent \$125 million on just these three originator drugs.

Despite being listed preferentially for new starts, the biosimilars for these drugs have captured only a fraction of the market: Basaglar represented only 1.7% of 2018 insulin glargine PharmaCare expenditures, Brenzys and Erelzi only 6.8%, and Inflectra and Renflexis only 5.9%.

PharmaCare is always reviewing new drugs, new indications, and existing coverage and criteria; the provincial formulary must evolve and adapt to the current market, clinical requirements, best practices, and the needs of B.C. residents and practitioners.

What evidence supports biosimilar adoption and switch?

The safety, efficacy, immunogenicity, and therapeutic similarity of biosimilars is evidenced by a large body of clinical evidence, extensive post-market pharmacovigilance, as well as the results of switch programs in other jurisdictions.

Additional reading is available online at www.gov.bc.ca/biosimilars/prescribers.

The Ministry will be carefully monitoring drug utilization, patient outcomes, and the response from patients and healthcare providers during and after biosimilar switch in B.C.

What is the Biosimilar Patient Support Fee?

The Biosimilar Patient Support Fee is a \$50 fee billable to MSP in addition to other services billed on the same date of service, using the Teleplan claims system. They are being offered in recognition of the additional effort involved in contacting patients and supporting their switch to a biosimilar. This fee can be claimed once per affected patient during the transition period, regardless of whether that patient switches to a biosimilar.

Biosimilar Patient Support Fee: Lantus to Biosimilar Insulin Glargine

Fee code: 97011

Effective: May 27–November 25, 2019

What do I need to do to switch patients?

To switch your patients to a biosimilar:

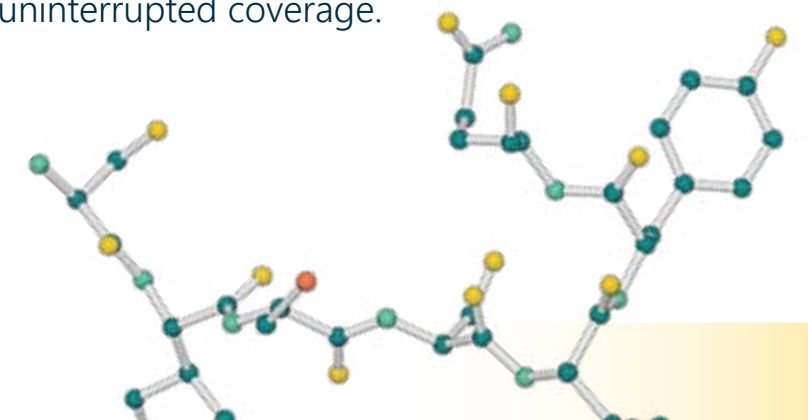
1. Identify an affected patient.
2. Discuss switching to a biosimilar with the patient. Give them an information sheet and let them know that there are more resources and information for patients available online.
3. Write your patient a new prescription, clearly indicating the change to Basaglar.
4. Submit the Biosimilar Patient Support Fee with your MSP billing.
5. For any patients unable to switch, submit a new SA request for exceptional coverage of Lantus.

What about patients who cannot switch to a biosimilar?

For patients with a clinical requirement that prevents switching, you can request exceptional coverage of Lantus by submitting a new SA request ([HLTH 5396](#)) and clearly identifying why the patient is unable to switch.

Exceptional requests will be reviewed by Special Authority on a case-by-case basis.

Exceptional requests should be submitted as soon as possible to allow for review, follow-up inquiries, and to ensure uninterrupted coverage.



How can I support patients with questions and concerns?

Patient acceptance of biosimilars is, understandably, easier to achieve among treatment-naïve patients started on a biosimilar. Treatment-experienced, stable patients using an originator biologic may require more support.

The best response to any concern your patient may have is your expertise and experience as a healthcare practitioner, as well as the provision of additional information. Patients who feel they understand the change and why it's necessary, who trust their practitioners, and who understand that there is a support plan in place are more positive and achieve better outcomes.

PharmaCare has created a brief patient information sheet for you to provide to patients to summarize the change and direct them to more detailed resources available at www.gov.bc.ca/biosimilars. Included later in this guide is a biosimilars primer that may be useful in explaining biosimilars to your patients.

The most critical information usually required by patients is that biosimilars:

- are safe and effective
- will work like their current medication
- have no additional risk of adverse reactions or immunological response
- do not require significant changes to their routines or dosing
- are accompanied by patient support programs that will help them with benefits coordination, scheduling, access, etc.
- are well-understood, that switching from an originator has been extensively studied, and that switch programs have been successful around the world

Resources for you and your patients are available at www.gov.bc.ca/biosimilars/prescribers.

It is important to recognize this is a switch process (not a substitution policy), where patient and practitioner education, collaborative decision making, and exception options for those who need them are key.

Healthcare practitioners are essential in empowering patients with information, demonstrating that there is a support system in place, and setting people up for success.

What is the nocebo effect and how can I help prevent it?

The greatest hurdle for successful switch to a biosimilar is the potential for the nocebo effect, where a patient's negative expectations both psychologically and physiologically affect the outcomes of and adherence to their treatment.

Patients' pre-existing beliefs, previous healthcare experiences, and mindset can have a very real effect on symptoms and their sense of wellbeing.

Many factors contribute to a patient's likelihood of experiencing the nocebo effect:

- Patient factors, such as other mental health comorbidities (especially anxiety, depression, or cognitive impairment), language barriers, a history of negative interactions with the healthcare system, or the use of online media as a source of medical information (where negative responses are highly over-represented, and bias or misrepresentation go unchecked).
- Practitioner factors, such as language choices, manner, non-verbal communication, or unbalanced focus on potential adverse reactions.
- Health care setting factors, such as the physical environment, comfort, ease of access, and interactions with other staff and patients.
- Drug factors, such as an appearance or smell, administration route or routine, change in delivery device, labelling, and price.

A variety of strategies can be effective in preventing the nocebo effect:

- Empower people with information and an active role in the switch process.
- Be attentive and empathetic, so patients feel safe asking questions or expressing concerns.
- Balance the presentation of desired effects and adverse effects.
- Promote a neutral or positive outlook instead of reiterating fears.
- Acknowledge the nocebo effect itself.
- Speak face-to-face, when possible.
- Discuss a plan for follow-up, acknowledging that there are options, no matter the outcome.

Will this be the only biosimilar switch?

In Phase 1 of the Biosimilars Initiative, the focus is on switching all Lantus users, patients using Remicade for rheumatological or dermatological indications, and those using Enbrel for rheumatological indications.

Phase 2 of the Biosimilars Initiative will focus on switching patients using Remicade for GI indications.

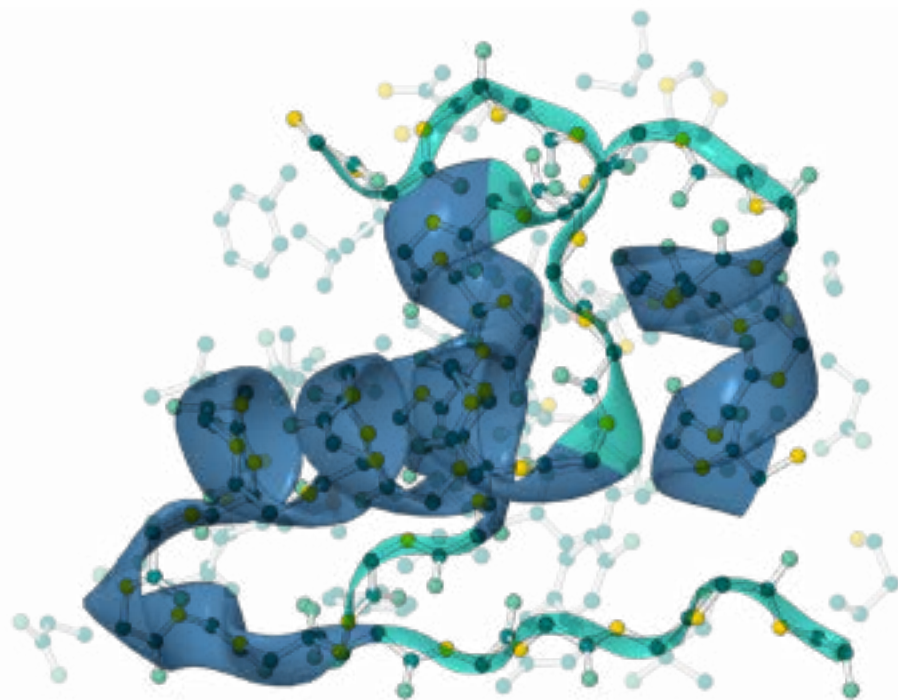
It is likely that further switches to biosimilars will occur for other indications and drugs. All switches will be planned in consultation with the affected prescribers and stakeholders.

Where can I find more resources for my patients?

A library of patient resources is available online at www.gov.bc.ca/biosimilars. Here they can find detailed information about:

- the Biosimilars Initiative
- how they may be affected
- biologic and biosimilar drugs
- answers to frequently asked questions
- other resources and reading (including materials developed by patient groups)

If you require additional printed patient information sheets, please contact us at Biosimilars.Initiative@gov.bc.ca.



Insulin glargine secondary structure, overlaid on backbone (opaque) and side chains (transparent)

What if I have questions or need more information?

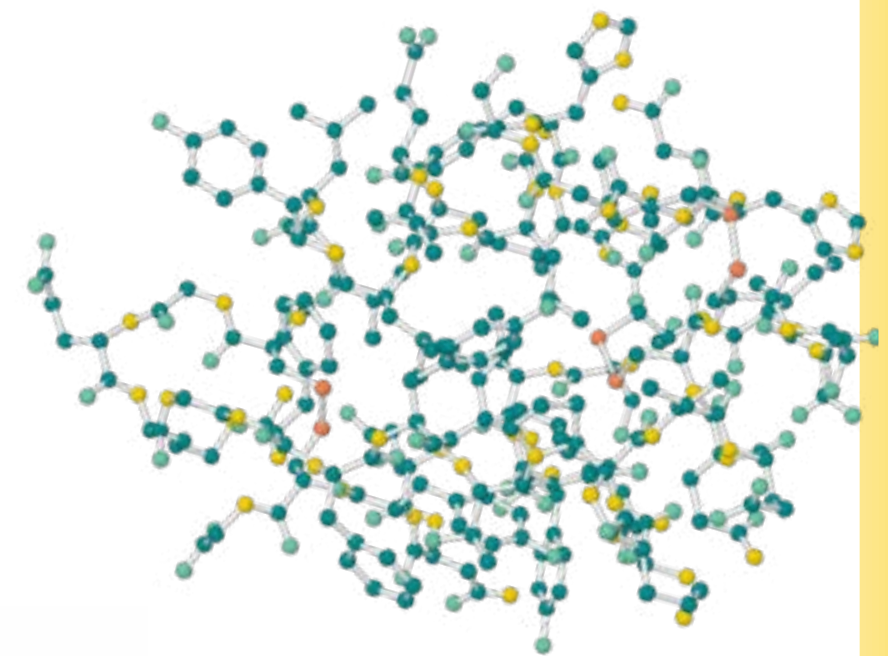
PharmaCare is committed to supporting and working with healthcare practitioners throughout the biosimilars initiative.

Additional information and resources are available at www.gov.bc.ca/biosimilars/prescribers.

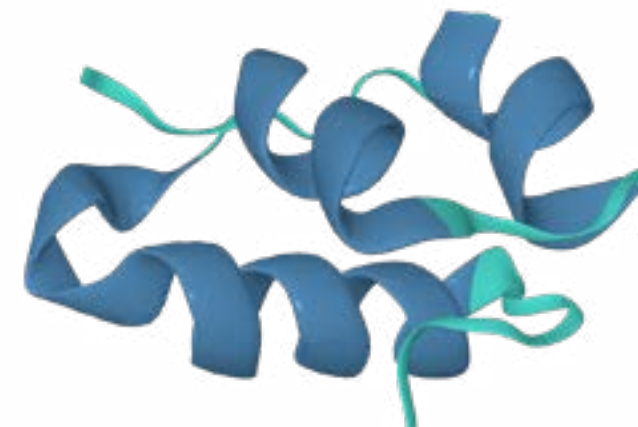
Call-in information sessions, hosted by members of the PharmaCare team and specialist guests, will be scheduled throughout the transition period. An up-to-date schedule of information sessions will be available at the link above.

The PharmaCare team is also available at Biosimilars.Initiative@gov.bc.ca for your questions and feedback.

For more information about Basaglar and related supports, please continue working with your Lilly representative or contact the Lilly Canada Customer Response Centre at 1-888-545-5972.



Insulin glargine molecular structure, best view



Insulin glargine secondary and tertiary structure, best view

BIOSIMILAR BASICS

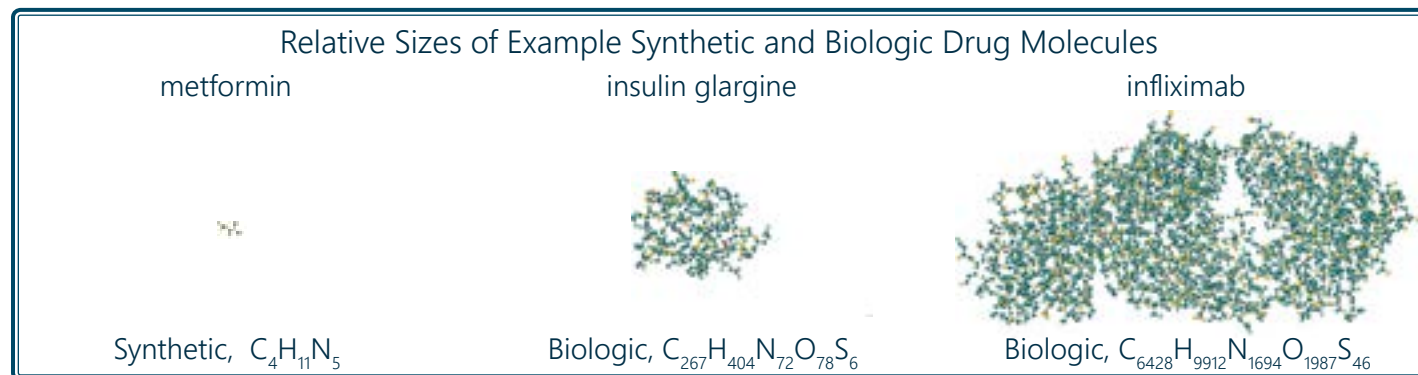
What is a biologic drug?

Most drugs (like aspirin, metformin, antibiotics, etc.) are considered synthetic drugs, where certain chemicals can be combined in a lab using a set recipe. The result is a consistent drug product composed of relatively small molecules that can be easily tested to ensure everything is identical in composition and potency across different batches and different manufacturers.

Biologic drugs were first introduced in the 1980s, as advancements allowed scientists to manipulate other organisms' cells and better identify complex compounds and feedback systems involved in human metabolism and disease processes.

Biologic drugs are produced by engineering a living cell line (like bacteria, yeast, or mammal cells, etc.) to produce a specific protein compound that is then collected and purified for human use. These protein compounds are very large and complex compared to synthetic drugs.

Biologic drugs have created new fields of research and disease treatment, providing more and better options for cancer treatment and the management of chronic diseases like rheumatoid arthritis, Crohn's disease, and diabetes.



What is a biosimilar drug?

Like with synthetic drugs, when a unique biologic drug is no longer protected by patents, other manufacturers can begin to produce that protein compound themselves under a different brand name. These new versions of a biologic drug are called biosimilars.

Biosimilars are designed to be highly similar to the biologic originator and have the same effect. Because biologics are so complex, both to manufacture and in structure, it is not possible to demonstrate that a biologic originator and its biosimilar are perfectly identical. (Nor is it possible to demonstrate that a batch of any biologic—originator or biosimilar—is identical to its previous batches).

Producing biosimilars builds on the work already done for the biologic originator, and therefore requires less investment into research and development. This means the biosimilar product can be offered at a lower cost, providing patients and the healthcare system better value for the same benefit.

A PRIMER FOR PATIENT DISCUSSIONS

"Health Canada's rigorous standards for authorization mean that patients and health care providers can have the same confidence in the quality, safety and efficacy of a biosimilar as any other biologic drug."

Health Canada
Fact Sheet: Biosimilars
2017

How is a biosimilar drug proven to be as safe and effective as the originator?

Health Canada's rigorous requirements demand that a biosimilar demonstrate that there are no clinically meaningful differences in terms of physiochemical structure, quality, potency, pharmacokinetics, and immunogenicity. Clinical efficacy studies must demonstrate that the therapeutic effects of the biosimilar (both risk and benefit) are consistent.

After a drug is approved for sale, post-market analyses and studies can further demonstrate no meaningful differences in clinical efficacy between a biosimilar and the originator. These studies are common in the European Union, where biosimilars have been in use longer and have a higher adoption rate.

Are biosimilars interchangeable with their biologic originator?

As biosimilars cannot be proven to be identical to their biologic originator, they are not classified as interchangeable; that is, a pharmacist could not substitute one for the other at the pharmacy level without involvement of the prescribing physician.

Biosimilars and their originator biologics are proven to have no clinically meaningful differences in function or effect, meaning that switching from one to another is appropriate at the direction of the prescribing physician, in collaboration with the patient.

"Health Canada considers a well-controlled switch from a reference biologic drug to a biosimilar in an approved indication to be acceptable, and recommends that a decision to switch a patient being treated with a reference biologic drug to a biosimilar, or between any biologics, be made by the treating physician in consultation with the patient and take into account any policies of the relevant jurisdiction."

Health Canada's 2017 Biosimilars
Workshop: Summary Report

What are the benefits of biosimilars?

Biosimilars offer major cost savings to the healthcare system, which allows for improved access to drug therapies for more people who need them. Biosimilars also contribute to a healthy and competitive drug market in Canada, supporting diversification of drug products and manufacturers, as well as driving both demand and capacity for newer, better drugs.

WHAT THE OFFICIALS ARE SAYING ABOUT BIOSIMILARS

"Policies and position statements on biosimilars are evolving to reflect increasing experience with and confidence in biosimilars as a treatment option."

*Health Canada's 2017 Biosimilars Workshop:
Summary Report*

"By increasing treatment options, biosimilars can enhance competition in the market for biological products without reducing incentives to innovate."

*U.S. Food and Drug Administration
Biosimilars Action Plan: Balancing Innovation
and Competition
July 2018*

"Policies regarding switching from a reference biologic drug to a biosimilar should consider the need for cost savings as well as patient and physician choice."

*Health Canada's 2017 Biosimilars Workshop:
Summary Report*

"Over the past 10 years, the EU has approved the highest number of biosimilars worldwide, amassing considerable experience in their use and safety. The evidence acquired over 10 years of clinical experience shows that biosimilars approved through EMA can be used safely and effectively in all their approved indications as other biological medicines. Over the last 10 years, the EU monitoring system for safety concerns has not identified any relevant difference in the nature, severity or frequency of adverse effects between biosimilars and their reference medicines."

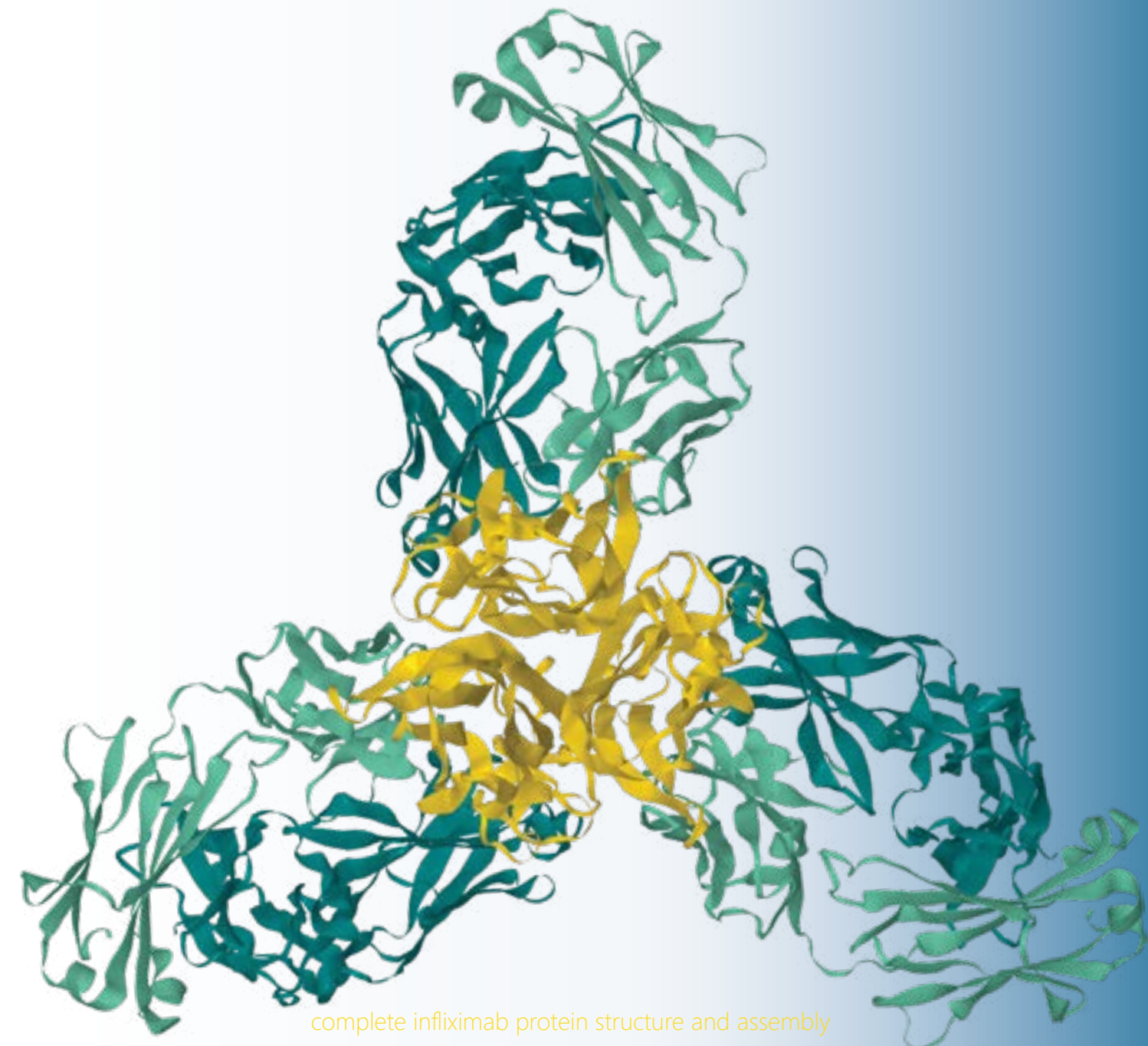
*The European Medicines Agency
Biosimilars in the EU: Information Guide for Healthcare Professionals
2017*

"Patients and their physicians can expect that there will be no clinically meaningful differences between taking a reference product and a biosimilar when these products are used as intended."

*U.S. Food and Drug Administration
Prescribing Biosimilar Products
2019*

"In Europe, the availability of lower priced biosimilars has been reported to reduce the average list prices of reference products as well as prices of products within the whole therapeutic class."

*Canadian Agency for Drugs and
Technologies in Health
Biosimilars—Regulatory, Health Technology
Assessment, Reimbursement Trends, and
Market Outlook
January 2018*





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Ministry of
Health