



POLICY POSITION STATEMENT

Recommendation:

Biologic medicines are considered interchangeable.

Patients will be initiated on or switched to the most cost-effective biologic medicine by default

Best value bioequivalent (biosimilar) medicines by default

The principles agreed for Lancashire and South Cumbria

- Biological medicines show a small degree of expected variation within their molecular structures. This occurs even between different batches of the same product (branded or biosimilar) due to the inherent variability of biological systems and manufacturing processes.
- Different brands of the same biologic medicines are considered bioequivalent and interchangeable.
- All new prescriptions for biologic medicines will be provided with the most cost-effective product acknowledging that only one biosimilar should be in use, due to the risks associated with stockholding of multiple biosimilars (with exception of during the switch process).
- It is acknowledged that frequent switches of the same drug may not be desirable, taking into consideration patient factors, clinician workload and product availability.
- The desirability of switching on the basis of price will be decided on a case-by-case basis. There will normally need to be a significant price difference for switching to be agreed.
- Trusts should review consent processes such that the consent document used on initiating treatment confirms the patients are consenting to accepting treatment with biosimilar versions of the same drug – be that different batches of the same brand or to different brands.
- Ideally only one originator brand and biosimilar brand will be stocked to prevent the risk of confusion or error.
- Where the above consent process has been utilised, there is no limit to the frequency of biosimilar switches. Whilst we work through legacy scenarios of consent for specific brands, trusts should support switches between brands at a frequency of annually where opportunities arise. With the next switch the consent process should change to that described above.
 - A patient information leaflet will be available to support specialist teams with these discussions
- The Lancashire and South Cumbria Medicines Management Group (LSCMMG) will work collaboratively with system colleagues to develop strategies and support materials to help simplify and enable switching.

Background:

All providers and commissioners of NHS care have a shared obligation to secure best value for our patients and population for all drugs. Our collective priority is to ensure that investment in biologic medicines provides the best value for the public and achieves the best outcomes for patients.

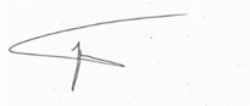
Bioequivalent medicines have now been used in clinical practice since 2010 and the systematic use of the most cost-effective bioequivalent product has released millions of pounds into the NHS to be reinvested in patient care.

Most biosimilar products are 50-90% lower in price than the originator.

LSCMMG considered the growing evidence supporting the use of bioequivalent (also known as biosimilar) medicinal products. The group agreed that we should adapt the approach taken in Leeds and routinely support the use of the most cost-effective biologic medicine and consider the medicines interchangeable.

Clinicians from all trusts and commissioners have been actively involved in developing this approach.

This position statement has been agreed by all Chief Pharmacists and Chief Medical Officers of Lancashire and South Cumbria Integrated Care System



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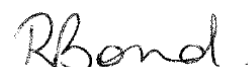
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