IPPOSI response to public consultation on National Biosimilars Policy

IPPOSI welcomes the development of a national policy to promote the rational use of biosimilar medicines and to create a sustainable cost-efficient environment for the use of biological medicines in Ireland. Biosimilars have the potential to offer more treatment options for patients while also providing a more cost effective way for the health system to procure biologic medicines. Resultant savings should be ring-fenced and re-invested in new, innovative and/or improved drug therapies and their ancillary services.

About IPPOSI

The Irish Platform for Patients' Organisations, Science and Industry (IPPOSI) is a unique, patient-led partnership in Ireland and internationally. The platform brings together patient groups, scientists, clinicians, industry and other key decision makers to build consensus on issues relevant to all involved in delivering treatments and innovations to people with unmet medical needs.

The IPPOSI strategy aims to smooth the pathway in Ireland for new treatments and technologies for unmet medical needs. Through the work of IPPOSI, a tradition of cooperation has been fostered over the last 10 years between stakeholders that has developed beyond disease-specific topics to broader topics such as Biologics and Biosimilars.

Through our forging of close links and alliances in Ireland and across Europe, IPPOSI has been the main contact for patients interested in engaging more actively in the R&D process, and is recognised as a key influencer contributing towards the overall development of health policy in Ireland.

About this submission

This submission was created following a comprehensive consultation process with the IPPOSI membership (105 patient organisations, 200+ academic scientists, 20 healthcare industry members). The submission was drafted and finalised by IPPOSI staff with significant input obtained from the IPPOSI board members[1] and full membership[2].

[1] http://www.ipposi.ie/about-us/board/
[2] http://www.ipposi.ie/2017/08/29/webinar-on-biosimilars & http://www.ipposi.ie/about-us/membership/

Section B, Question 1 – Prescribing Guidelines

IPPOSI position: Clear clinical guidelines for prescribing biosimilar medicines will promote and ensure clinical confidence among prescribers.

The prescribing of biosimilars must be standardised if individual patients are to receive parity of treatment and if society is to reap the benefits of potential savings accrued to the health system.

Guidelines should continue to prioritise patient safety and treatment efficacy over non-clinical considerations. However, where two medicines (i.e. an originator biologic medicine and a biosimilarmedicine) have passed through the respective regulatory process and have been approved for use in the same indication, the guidelines should encourage prescribers to prescribe the lowest cost medicine **unless there is a clinical reason not to or there is an issue of patient consent**.

The above recommendation should apply to new and existing patients. However, practical, clinical or consent challenges may arise when proposing to switch existing patients from their originator biologic medicine to a biosimilar. The HPRA guidance for physicians and patients (2015)[3] does not recommend that patients switch back and forth between a biosimilar and reference medicine, as evidence on the impact of this is currently limited. The guidelines must therefore provide as much clarity as possible for patients, prescribing clinicians and allied healthcare professionals in this regard.

Data on **originator biologic medicines and biosimilar medicines prescribing** should be collected annually and used to assess the impact of the National Biosimilar Medicines Policy. Guidelines should therefore require prescribers to report annually.

In line with the National Cancer Control Programme Guidance on the use of Biosimilar Medicines[4], and following the advice of the EMA[5], Ireland should ensure that prescribers clearly identify the brand/trade name of the biosimilar medicines they prescribe. Where adverse events are recorded, the brand/trade name and batch number should be recorded. This will ensure that monitoring and pharmaco-vigilance can be maintained with respect to side effects, efficacy etc.

> In Denmark an executive order issued in 2016 requires all adverse events reporting associated with biological and biosimilar medicines to include the brand name and batch number[6].

Enhanced post-approval monitoring and pharmacovigilance is needed to collect data on the real-world patient experience of both biosimilars and originator biologic medicines. Realising the full potential of patient registries through a national strategy/oversight body[7] would drive the accurate and quality capture and management of this data.

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[3] http://www.hpra.ie/docs/default-source/publications-forms/guidance-documents/guide-to-biosimilars-for-healthcare-professionals-and-patients-v2.pdf

[4] http://www.hse.ie/eng/services/list/5/cancer/profinfo/medonc/sactguidance/Biosimilar.pdf

[5] http://www.ema.europa.eu/docs/en_GB/document_library/Scientific_guideline/2015/01/WC500180219.pdf

[6] https://laegemiddelstyrelsen.dk/en/sideeffects/biological-and-biosimilar-medicinal-products/reporting-suspected-adverse-reactions-from-biological-medicinal-products/

[7] http://www.ipposi.ie/images/Towards%20a%20National%20Strategy%20for%20Patients%20Registries%20Report.pdf

Section B, Question 2 – Prescriber-led switching

IPPOSI position: Prescribers should switch patients to biosimilars where it is clinically appropriate and the patient consents.

We fully support the right of prescribing clinicians to prescribe the biologic medicine (originator or biosimilar) which based on their clinical judgement and on the evidence available will provide the best outcome for the patient.

The HPRA agrees that clinicians have the discretion to change their patient's medicine from the reference medicine to a biosimilar once their patient is informed (HPRA 2015). Among some European regulators, there is now an increasing opinion that biosimilars are interchangeable with their reference medicines under prescriber supervision, with appropriate clinical monitoring, and most importantly, when informing patients[8].

However, surveys and informal interactions appear to suggest that clinicians[9] and patients[10] in Ireland continue to have concerns about the interchangeability of biosimilars for an originator biologic medicine, particularly for extrapolated indications.

We propose that patient registries be appropriately enabled and supported to capture data on key immunogenicity and safety concerns with regard to the switching of biologic medicines (including to biosimilars) which may not be captured through clinical trials.

Examples of guidelines to encourage prescriber-led switching could be drawn from the recent FDA draft guidelines on interchangeability[11]. These require sponsors seeking to have a biosimilar approved as interchangeable to conduct one or more switching studies to show that patient safety and efficacy is unaffected by changing between biosimilars and originator biologic medicines.

The FDA also sets regulator requirements for demonstrating interchangeability on a case by case basis and encourages biosimilar companies to engage with them early in the process to allow for data collection. The FDA requires that biosimilar products seeking interchangeability be present in the same format as their originator biologic medicine i.e. syringe vs auto-injector[12].

The HPRA could play a role in helping to build a body of clinical evidence around biosimilars, as has been the case with competent authorities in Norway[13] and the Netherlands where interchangeability studies have been funded by regulatory agencies in order to promote a culture of prescriber switching.

[8] https://link.springer.com/article/10.1007%2Fs40259-017-0210-0
[9] http://www.sciencedirect.com/science/article/pii/S0273230017301824?via%3Dihub
[10] http://www.ipposi.ie/our-work/policy/biologics-biosimilars
[11] https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM537135.pdf
[12] https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM537135.pdf
[13] http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30068-5/fulltext

When considering a switch, the prescriber should first engage their patients in a dialogue around treatment options and possible changes to their medicines. It is of paramount importance that patients are also kept fully informed of any discussions between prescribers and pharmacists with regard to their medicines. At all stages, patients should feel empowered to check with both the prescriber and the pharmacist about the medicine being prescribed to them.

Section B, Question 3 – Pharmacy-led substitution

IPPOSI position: Pharmacy substitution of biologic medicines should not be recommended at this time.

We believe that prescribers should continue to be responsible for determining the most appropriate biologic medicine for their patients (either originator or biosimilar).

It would be important for large healthcare settings (i.e. hospitals) to ensure opportunities exist for prescribers and pharmacists to discuss the appropriate use of biosimilars, and to ensure pertinent and current information relating to the use of biosimilars is shared on a frequent basis between prescribers and pharmacists.

Section C, Question 2 – Educational programmes

IPPOSI position: Targeted prescriber, pharmacist and patient educational programmes will play a key role in the implementation of the National Biosimilar Medicines Policy.

Implementation of the National Policy will only succeed if prescriber, pharmacist and patient knowledge of, and confidence in biosimilars is encouraged and improved.

Instead of focusing on a broad public awareness campaign, education initiatives should target patient communities and healthcare professionals who have (or will soon have) biosimilar medicines available to them. This approach avoids wasting resources and provides opportunities for more in-depth discussions with the individuals and professionals who engage directly with issues around biosimilar use.

Independent, evidence-based, relevant and updatable education material will help to avoid misperceptions developing, or being perpetuated, within relevant stakeholder groups. Education material should take into account different levels of health literacy and it should provide definitions and avoid technical language and/or acronyms where possible.

To showcase the cross-sectoral importance of the rational use of biosimilar medicines for the Irish health system, a bi-annual event should be organised to invite patients, prescribers, pharmacists, regulators and pharmaceutical representatives to present their experience of biosimilars and the impact on patients and on society. Given their prior experience in this area, HPRA, the Medicines Management Programme, and/or IPPOSI might be engaged to bring these diverse groups together.

Patient Education: Informing patients via condition-specific education programmes is advisable, and should be implemented in partnership with patient organisations.

Patient education programmes should focus on helping the patient to make informed decisions in partnership with their healthcare provider.

IPPOSI's experience of patient education indicates that it is best to work hand-in-hand with patient organisations from a very early stage. This means asking patients what information they need and how they would like to receive it. IPPOSI recommends that patient representatives are invited to collaborate in preparing and publishing educational material to ensure that the material is:

- pitched at the right level
- contains the optimum amount of detail for the target audience, and
- presented and disseminated via a suitable medium.

To this end, existing programmes initiated by IPPOSI and Regulatory Science Ireland should be built upon and expanded[14].

A successful example of this proposed approach is an initiative led by the Danish government in 2015. The Danish Rheumatism Association worked with the Ministry of Health to develop a national plan to monitor the efficacy and safety of biologics and biosimilars at batch level. An information campaign targeting both health professionals and patients was also created, as well as the promotion of digital solutions to aid easy reporting of side effects from health professionals and patients[15]. In addition, the Danish Medicines Agency produced a number of videos of patients who have moved to biosimilars [16,17]. Patient safety has been the focus of all the material produced.

Healthcare Professional Education: Informing prescribers and pharmacists about the regulatory approval process for biosimilars, including the clinical evidence assessed, is essential.

Healthcare professionals (prescribers and pharmacists) are likely to respond positively to education initiatives which would facilitate the sharing and discussion of information with peers. An example of such an initiative is a national roadshow which gives healthcare professionals at a regional level an opportunity to come together and to explore experiences of originator biologic medicines and biosimilar medicines. This initiative might engage the Hospital Groups' infrastructure.

Information sharing should be complemented by training programmes which delve into more detail. For example, it might be beneficial to provide training on how prescribers should properly implement and administer the EMA-recommended brand/trade and batch naming system.

Given the number of patient treatment plans to be considered, hospitals and other large healthcare settings should be required to identify a 'Biosimilar champions/focal points/taskforces/committees'. This mechanism should monitor organisational practice and performance in line with the National Policy. It should also interact directly with patient organisations to facilitate the inclusion of a patient voice.

[14] http://www.ipposi.ie/our-work/policy/biologics-biosimilars/ & http://www.ipposi.ie/our-work/education/patient-education-programme-health-innovation & http://www.regulatoryscienceireland.com/biosimilars.html
[15] https://laegemiddelstyrelsen.dk/en/sideeffects/biological-and-biosimilar-medicinal-products/
[16] https://www.youtube.com/watch?v=zwlBeM5qyJ0&feature=youtu.be
[17] https://www.youtube.com/watch?v=_G2TOAjC9SQ

Section D – Incentives / Disincentives

IPPOSI position: Savings achieved from the use of lowest cost biologic medicines should be reinvested in new, innovative and/or improved drug therapies and their ancillary services.

Education and clinical guidelines are likely to be the key drivers in securing a long-term change in prescribing practices in Ireland. However, in the short term, an incentive scheme might be required to kick-start a change among prescribers. Before adopting this approach, research should be undertaken to determine whether a scheme would be likely to achieve the intended outcomes.

A cap on the number of originator biologic medicines which can be prescribed or a fine or other punitive measure for clinicians failing to prescribe a target number of biosimilar medicines seems heavy-handed. Such approaches may encourage the prescriber to unduly prioritise non-clinical considerations or create an arbitrary cut-off point among a group of patients attending a certain clinician.

Incentives which are positively framed and focus on rewarding clinicians who adopt clinically considered and efficient prescribing (by selecting the lowest cost biologic medicine available) may offer a better approach. Clinicians and patients may be more likely to take non-clinical factors into consideration if the savings generated from these decisions can be reinvested in new innovative medicines (and ancillary services) and ultimately contribute towards better clinical outcomes for patients in the immediate community.

Any incentive scheme should be required to undergo a proper evaluation so that the effects of the policy in changing prescribing practice can be monitored. Lessons learned from any previous HSE incentive schemes should inform the design and implementation of any prescriber incentive scheme.

Section E – Tendering

IPPOSI position: Patients, clinicians and pharmacists are important partners and should be engaged by decision-making bodies tasked with tendering of biologic medicines.

IPPOSI understands that tendering may have an impact on the medicine which a patient receives.

Patients should not find themselves in receipt of a different medicine to the one prescribed by their clinician purely as a consequence of tendering decisions.

We recommend that clinician, pharmacist and patient representatives are engaged by the responsible decision-making bodies that consider tenders.

Section F – Pricing

IPPOSI position: The bi-annual operational review of the IPHA Agreement should provide full transparency on the reinvestment of savings back into new, innovative and improved drug therapies.

The IPHA Agreement signed in 2016 is delivering savings to the national medicines bill, including a 30% reduction on the price of biologic medicines upon loss of exclusivity.

We believe that these savings can be best confirmed through the current annual operational review of the Agreement with the Department of Health and that there is transparency around the reinvestment of the savings back into new, innovative and improved drug therapies.

Future negotiations and agreements around pharmaceutical spending should consider the role to be played by biosimilars.

Summary of IPPOSI Recommendations

IPPOSI welcomes the opportunity to contribute to the consultation on the National Biosimilar Medicines Policy. We would like to see the following recommendations taken into consideration:

- Clear clinical guidelines for prescribing biosimilar medicines will promote and ensure clinical confidence among prescribers.

- Prescribers should switch patients to biosimilars where it is clinically appropriate and the patient consents.

- Pharmacy substitution of biologic medicines should not be recommended at this time.

- Targeted prescriber, pharmacist and patient educational programmes will play a key role in the implementation of the National Biosimilar Medicines Policy.

- Savings achieved from the use of lowest cost biologic medicines should be reinvested in new, innovative and/or improved drug therapies.

- Patients, clinicians and pharmacists are important partners and they should be engaged by decision-making bodies tasked with tendering of biologic medicines.

- The bi-annual operational review of the IPHA Agreement should provide full transparency on the reinvestment of savings back into new, innovative and improved drug therapies.