DORSET MEDICINES ADVISORY GROUP

COMMISSIONING STATEMENT ON THE USE OF BIOSIMILAR EQUIVALENTS TO BIOLOGICS

SUMMARY

NHS Dorset Clinical Commissioning Group will commission the use of biosimilar equivalents to biologics at the time of launch, within their licensed indications. The products will be added to formulary at that time to maximise the financial savings available through the use of these products and DMAG will be informed of this at their next meeting.

BACKGROUND	NICE has issued the following guidance for implementation of biosimilars within a "Key Therapeutic topic, no 15" • Biosimilar medicines have the potential to offer the NHS considerable cost savings and widen the access to innovative medicines. • Develop and agree local policies to be aware when biosimilar medicines are coming to market and then support their managed introduction into care pathways safely and effectively, taking into account relevant regulatory advice, national guidance, patient factors and cost. • Review and, if appropriate, optimise prescribing of medicines for which biosimilar medicines exist to ensure it is in line with these policies. • Ensure all biological medicines, including biosimilar medicines, are prescribed by brand name so that products cannot be automatically substituted at the point of dispensing. The choice of whether a patient receives a biosimilar or originator biological medicine rests with the responsible clinician in consultation with the patient.
RELEVANT NICE GUIDANCE	**NICE position statement on evaluating biosimilars** NICE's position statement on evaluating biosimilar medicines was published in January 2015. This states that biosimilars notified to the NICE topic selection process for referral to the Technology Appraisal programme will usually be considered in the context of a Multiple Technology Appraisal, in parallel with their reference products in the indication under consideration. The Department of Health has confirmed that a technology appraisal remit referred to NICE enables NICE to decide to apply the same remit, and the resulting guidance, to relevant licensed biosimilar products which subsequently appear on the market. In other circumstances, where it is considered a review of the evidence for a biosimilar medicine is necessary, NICE will consider producing an evidence summary: new medicine.

FORMULARY STATUS	Red (biosimilar glargine green)

PBR STATUS	High Cost Drugs (not biosimilar glargine)
COMMISSIONING IMPLICATIONS	Biosimilar drugs will be introduced following discussion with the relevant local clinicians and included within current local and national guidance for existing biologic drugs.
RELEVANT COMMISSIONING GROUPS	Right Care, Demand Management programmes and STP
PATIENT PATHWAY IMPLICATIONS	Biosimilar drugs may be used as an alternative to original biologic agents for new and existing patients. Individual Trusts may consider a managed therapeutic switch between products. Prescribing should be by brand name to avoid automatic substitution.
SUMMARY OF EVIDENCE TO SUPPORT FORMULARY STATUS	NICE advice published in February 2016 (last updated February 2018) regarding Biosimilar Medicines https://www.nice.org.uk/advice/ktt15/chapter/Evidence-context
ASSESSMENT OF COST IMPLICATIONS	Often biosimilar agents provide the potential for a decrease in purchase price of at least a third, this represents a significant saving to the health economy. https://www.nice.org.uk/advice/ktt15/chapter/Prescribing-data
REFERENCES	https://www.nice.org.uk/advice/ktt15/chapter/Evidence-context
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