Regional Medicines Optimisation Committees

DISCUSSION SUMMARY

Meeting date:	28th June 2017
RMOC Region:	**North**
Subject:	**Biosimilars**
Documents Distributed Prior to Meeting:	Biosimilar Data Pack (% uptake of biosimilar agents as DDD biosimilar/total DDD) Biosimilar Commissioning Framework not yet published and therefore wasn't available for discussions.
Key Discussion Points:	• Biosimilar Commissioning Framework due to be published imminently this has been developed to enable commissioners and providers to act quickly through a proactive and managed process. • Feel that using the best value biologic is a better measure than uptake of biosimilar. The approval of biosimilars on the market encourages competition and often the branded manufacturer may reduce their prices or offer PAS schemes which may be better value than switching to a biosimilar so this needs to be reflected better in the data collated and shared. (i.e. use cost / DDD of biosimilars and originators) • Useful report by IMS around competition that members are encouraged to read: http://ec.europa.eu/DocsRoom/documents/23102 • Rebate schemes not always helpful as they are not open and transparent so the data does not give you the full picture. • 50/50 gain share has been agreed in some areas and this is helpful – not always as generous in many places. • Incentives help but clinician engagement has a much greater influence on outcome. Need assurance to clinicians of safety but key issues are around the extra workload in switching and how they will be supported to do this. Some secondary care clinicians are not aware of their own department spend on biologics and this should be shared. More clinical leadership and assurance needs to be seen at a national level with early conversations with professional groups. Phil T fed back that this is happening at a national level already. • Conversations with patients need to happen early. Patients are keen to 'save the NHS money' however they need to be engaged and involved in the decision prior to launch. • Also need to switch to the right product from the start there needs to be some thought behind which biosimilar product will be used and practical issues will need to be considered. E.g. pack sizes, indications, ready to administer doses, storage, stability, expiry once made up etc.

Key Discussion Points cont.	• Infliximab biosimilar uptake is above 80% nationally this is because courses are short and used predominantly by one speciality. Etanercept biosimilar use is not as high as patients are stable and very well so there is reluctance from clinicians to switch these patients as switching requires regular monitoring and follow up thereby increasing workload. • Entry of new biosimilars to be encouraged however if the best product isn't launched first e.g. wrong pack size or only covers a few indications and organisations decide to wait for the next product then they should not be penalised for apparent slow uptake when a planned process is underway. • Ready to administer doses e.g. dose banding and close monitoring of blood levels to be encouraged. • Promote buying of ready to administer rituximab – move from *price* to *cost per value* to the system e.g. taking out costs of aseptic preparation or nursing time. • There needs to be more lay led communications available nationally that could be used. For example consenting paperwork, leaflets videos etc. Phil T fed back that patient communications are being developed nationally and the intention is that they will be available in various formats. e.g. short online videos, patient information leaflets, infographics etc. It was noted that the lay membership for the northern RMOC is currently vacant however attempts will be made to fill this position.
Actions:	1. The NHS England Commissioning Biosimilar Framework will be published shortly – date TBC. To be circulated to members as soon as it is published. 2. The framework will go to each RMOC for consideration. To come back to the North in October. 3. High level views from the North RMOC will be fed back internally to the NHS E policy team (particularly about the comparative data being used and to move focus to value and not uptake). Ensure that the other RMOCs are aware of these views/comments. 4. Members to consider their local positions with regard to biosimilar usage and facilitate local discussions/debate at their respective networks – i.e. 'warming them up' for the launch of the commissioning framework. 5. Clinical champions to be identified locally (before October meeting) and members/APCs to notify Professional Secretary. 6. Clinical leadership and training for clinicians' and patient communication materials are essential. Both these items will be progressed nationally as part of the launch of the biosimilar framework.