1. The purpose of this briefing is to provide a brief overview of NHS England’s Commissioning Framework for Biological Medicines, including Biosimilar Medicines for clinical practitioners – particularly medical, nursing and pharmacy clinicians. The aim of the framework is to ensure the NHS provides high quality patient care and best value biological agents in clinical practice.

2. The commissioning framework provides an outline of how biological agents and biosimilars are to be used across the NHS.

**Background on biosimilars**

3. The key documents are:
   - NHS England: What is a biosimilar medicine? Published in September 2015; due to be updated in summer 2018.
   - For information on switching, substitution and interchangeability of biosimilars, see NICE: Key Therapeutic Topic 15: Biosimilar medicines. Published February 2016; Updated February 2018.

**Action for clinicians**

4. It is important for the NHS to embed the principles of switching to the best value biological medicine into clinical practice, and in this context the following roles have been outlined:

   - **Patients**
     - Talk to your doctor about your medicines, so you understand them and what the different options are.
     - Ask them if there is a biosimilar medicine that would be appropriate for you.

   - **Prescribers**
     - Consider whether a biosimilar medicine may be appropriate for new patients.
     - Consider whether it would be appropriate to switch existing patients to a biosimilar medicine.
     - Keep up to date with news from your CCG about biosimilar medicines becoming available.

   - **Providers**
     - Put in place policies and support for clinicians to enable them to make clinically and cost effective choices in prescribing biological medicines.
     - Have a communication and implementation plan in place to alert prescribers to new and better value biological and biosimilar medicines that become available, and engage patients affected.

5. Clinicians of all professions (whether medical, nursing or pharmacy) should therefore:
   - Understand the NHS’ position regarding the use of best value biologicals as outlined in the Commissioning Framework.
   - Be fully aware of the biological agents (including biosimilars) available in the specialities in which they are providing care.
- Be able to engage with patients regarding any questions concerning biological agents or biosimilars, providing reassurance where necessary.
- The commissioning framework guidance applies to all biologicals that lose their exclusivity at the end of their patent. Planning for best value implementation for adalimumab, which loses its exclusivity in mid-October 2018, is the current priority.

**Further information**

For further information, updates and resources, please see the Regional Medicines Optimisation Committee network pages of the [Specialist Pharmacy Service website](http://specialistpharmacy.org).

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<tr>
<th>Key facts about biological and biosimilar medicines in the NHS:</th>
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<tr>
<td>From the approval of the first biosimilar in 2006 up to 2014, 11 biosimilar medicines were authorised in the NHS.</td>
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<td>Since 2015, four new biosimilar products have come on to the market and Adalimumab is to follow this year.</td>
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<td>Biosimilar Infliximab, which is used to treat rheumatology conditions and inflammatory bowel disease, came on the market in March 2015, and is currently being used by 93% of patients.</td>
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<td>Biosimilar Etanercept, which is used to treat rheumatology conditions, became available in April 2016, and 88% of patients are using it.</td>
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<td>In April 2017, biosimilar Rituximab, for cancer and rheumatoid arthritis, became available, and already 63% of patients are using it.</td>
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<td>Switching to these three latest biosimilars has already saved the NHS £210 million in 2017/18.</td>
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<td>Biosimilar Trastuzumab, which is used to treat breast cancer, became available in March 2018.</td>
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<td>Adalimumab, which will become available as a biosimilar in October 2018, in 2017/18 cost the NHS an estimated £400 million, and is the biological medicine on which we spend most in our hospitals.</td>
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