

# Biosimilar switches: Experiences from Liverpool

- Victoria Keers  
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University Hospital Liverpool Group

# Overview

- Liverpool landscape
- What is Medicines Value?
- Biosimilar opportunity
- Pharmacy-led Biosimilar Switch Pathway
- Six enablers
- Results and Lessons learnt



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# Liverpool Landscape



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- Organisational Transformation at UHLG
- Pharmacy restructure and SLT portfolio refresh
- Created Medicines Value portfolio
- Newly recruited medicines value pharmacists
- Top question in 2024 “What’s medicines value?”

# What is Medicines Value?



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## Commissioning & Finance

- HCD commissioning & Blueteq
- Payment/SLAM compliance
- Horizon scanning & budget setting
- Cost pressures
- Medicines expenditure

## Operational Delivery

- CIP programmes
- Biosimilar & generic switches
- Supply mechanisms (FP10, homecare, WOS)
- Procurement & supply resilience

## Strategic & Quality

- Benchmarking & BI
- Automation & digital tools
- Governance, safety & patient experience
- Leadership, training & research

**Value = Outcomes ÷ Resource**

Delivering safe, effective, patient-centred care while maximising NHS resource use.

# Biosimilar opportunity



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Ustekinumab  
O to BS

Etanercept  
O to BS  
revisit MO

Rituximab  
BS to BS

Tocilizumab  
IV & SC  
O to BS

Etanercept  
BS to BS

Adalimumab  
BS to BS

Infliximab  
BS to BS

Teriparatide  
BS to BS &  
review supply  
route

Natalizumab  
O to BS

Omalizumab  
O to BS

Infliximab  
O to BS  
revisit MO

Insulin Aspart  
O to BS

Golimumab  
O to BSc

Denosumab  
O to BS

Somatropin  
O to BS  
revisit MO

Aflibercept O  
to BS

Multiple  
specialties &  
teams

Multiple sites &  
organisations

Various supply  
mechanisms

Different  
commissioners

# Status Quo



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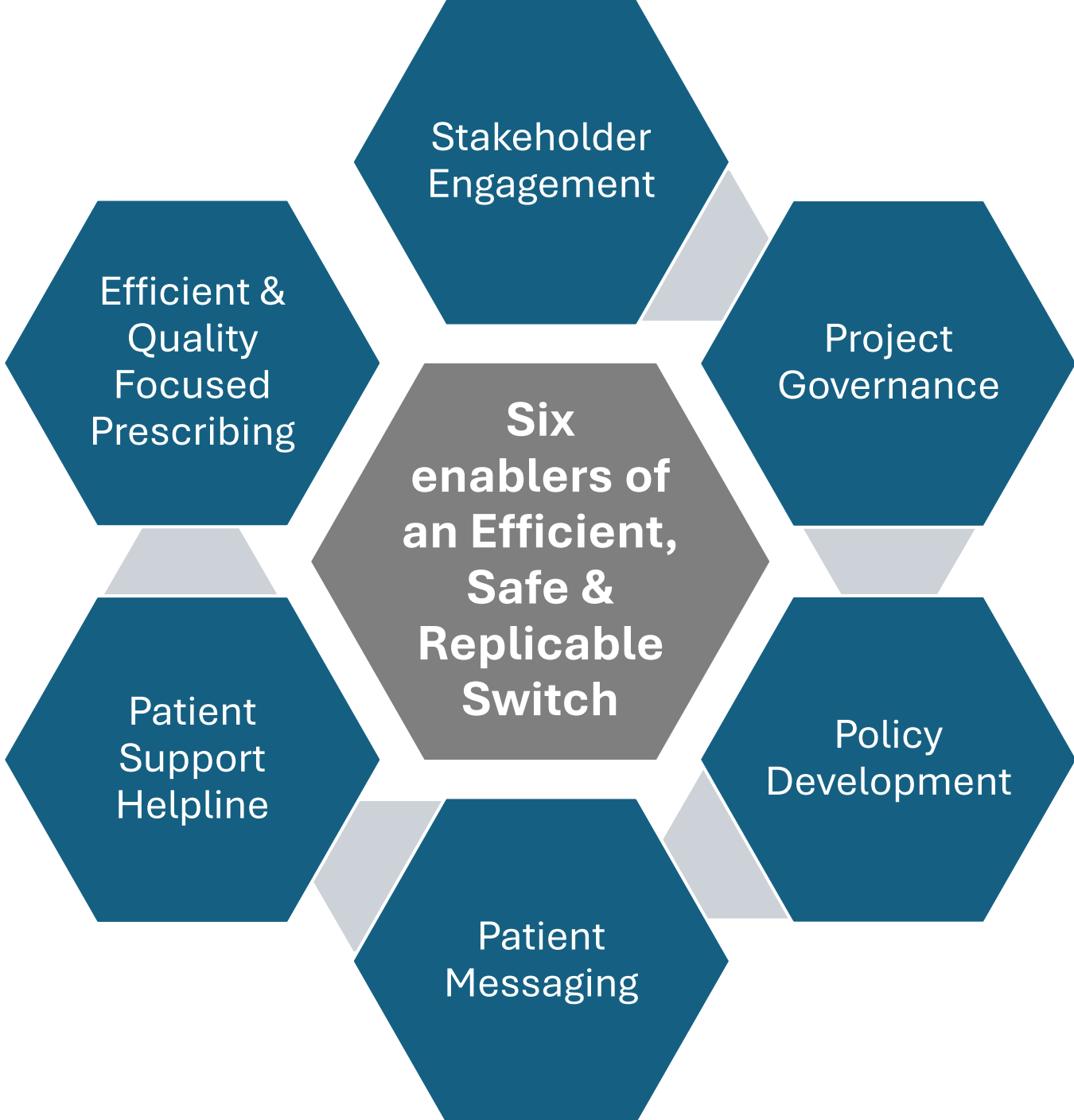
- Switches implemented by each clinical speciality independently
- Variation between hospital sites and speciality
- Co-ordinated/supported by UHLG Pharmacy homecare team
- Different methods of patient communication & education
- Multiple governance processes for approval
- Opt-out / Switch back variation
- Inconsistent procurement engagement
- No overarching governance framework

→ Opportunity

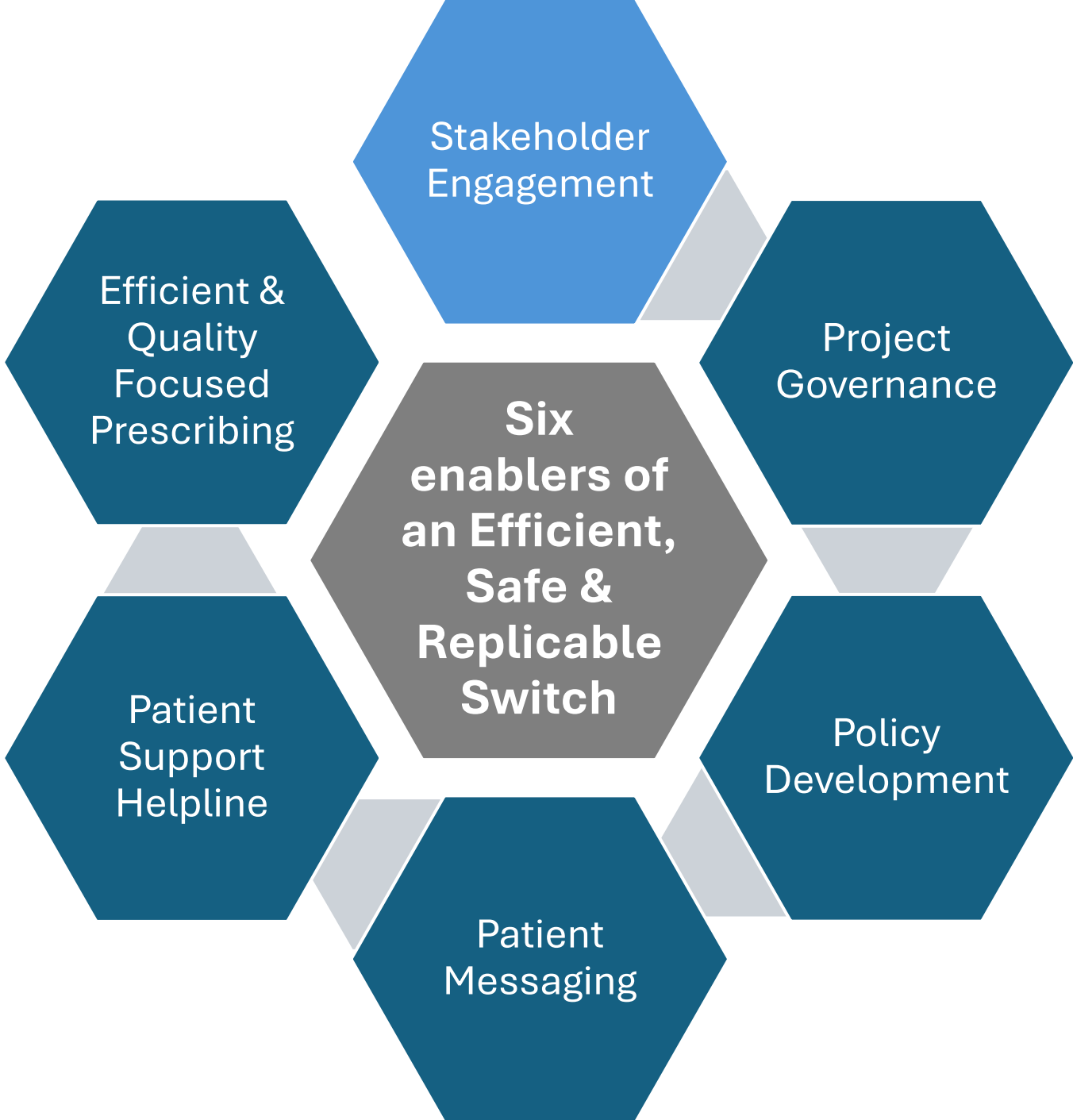
→ Pharmacy-led  
Biosimilar Switch  
Pathway



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# Pharmacy-led Biosimilar Switch Pathway



# Pharmacy-led Biosimilar Switch Pathway

## LUHFT Pharmacy - Ustekinumab biosimilar consultation

We are currently looking at our biosimilar switch program in the LUHFT Pharmacy Medicines Value Team. You have been provided with this form as a stakeholder for the ustekinumab biosimilar switch action plan. LUHFT Pharmacy are drawing up an action plan to facilitate and manage the switch on behalf of clinical specialities, with the aim to minimise the impact on your workload and capacity. We require your clinical expertise before proceeding. Your engagement, feedback, and assurance is vital for this project's success. Before any work is initiated we would like to confirm that you are content for us to proceed with a plan to switch patients in your area.

Thank you,

The LUHFT Pharmacy Medicines Value Team

Alex Jennings, Chris Astbury, Vicky Keers, Tara Callagy, Matt Halpin, and Craig McCallum.

1. In principal, would you be content with a plan to switch the majority (~90%) of patients on Stelara branded ustekinumab over to a biosimilar product?

This question seeks to ascertain that you agree with the premise of a switch. Patients with UC are excluded until biosimilars become licensed for this indication. Patients will be consented via letter, with opportunity to speak to someone if they raise concerns or require reassurance.

Yes

No

2. If no, can you please briefly explain your rationale.

Enter your answer

3. Would you like LUHFT Pharmacy to manage and co-ordinate and implement the switch for your patients, or would you prefer to have a more active role in managing this yourself personally, or within your team?

- Yes, I am happy for pharmacy to co-ordinate and implement this biosimilar switch.
- Yes, I am happy for pharmacy to co-ordinate for the most part, but want to be more actively involved.
- No, I have concerns and do not wish pharmacy to co-ordinate the switch in my clinical area.

4. Can you please briefly describe how you would like to be involved, any comments on how you think the biosimilar switch should be implemented, or any concerns you have.

Enter your answer

5. Do you have a clinical preference for switching to a particular brand of biosimilar ustekinumab?

Select all biosimilar brands that you would be content to switch patients to. More information on the brands is available here:

<https://www.sps.nhs.uk/articles/preparing-to-use-ustekinumab-biosimilar/>

<https://www.ema.europa.eu/en/medicines/human/EPAR/steqeyma>

Once prices are available we will aim to opt for best value, taking into consideration any clinical preferences, ease of use of device for patients and whether there is a pen formulation expected, and sustainability of the supply chain (in addition to any other considerations raised by this consultation).

Amgen - Wezenla

Thornton & Ross - Uzpruvo

Celltrion - Steqeyma

Sandoz - Pyzchiva

No preference

Other

6. Would you like to be contacted by a member of the Pharmacy Medicines Value Team to discuss this project?

No, not necessary

Yes please

# Ustekinumab consultation



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- 100% (16/16) of respondents:
  - (a) satisfied to switch 90% of patients to a biosimilar
  - (b) agree pharmacy to co-ordinate and implement the switch
- Little preference for biosimilar product
- Assurance of:
  - continued nurse administration via the homecare service
  - product supply chain
- 4 requested further discussion to clarify plans.

# Ustekinumab consultation



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*“...Important to try to avoid adding extra workload to an already-stretched CNS team.”*

*“The switch process should have information resources that anticipate questions and allay common concerns.”*

*“Home care companies are also important to consider... The choice of homecare company needs to be part of the decision-making process.”*

*“It's important to...give them the opportunity to discuss with someone who understands their condition”*

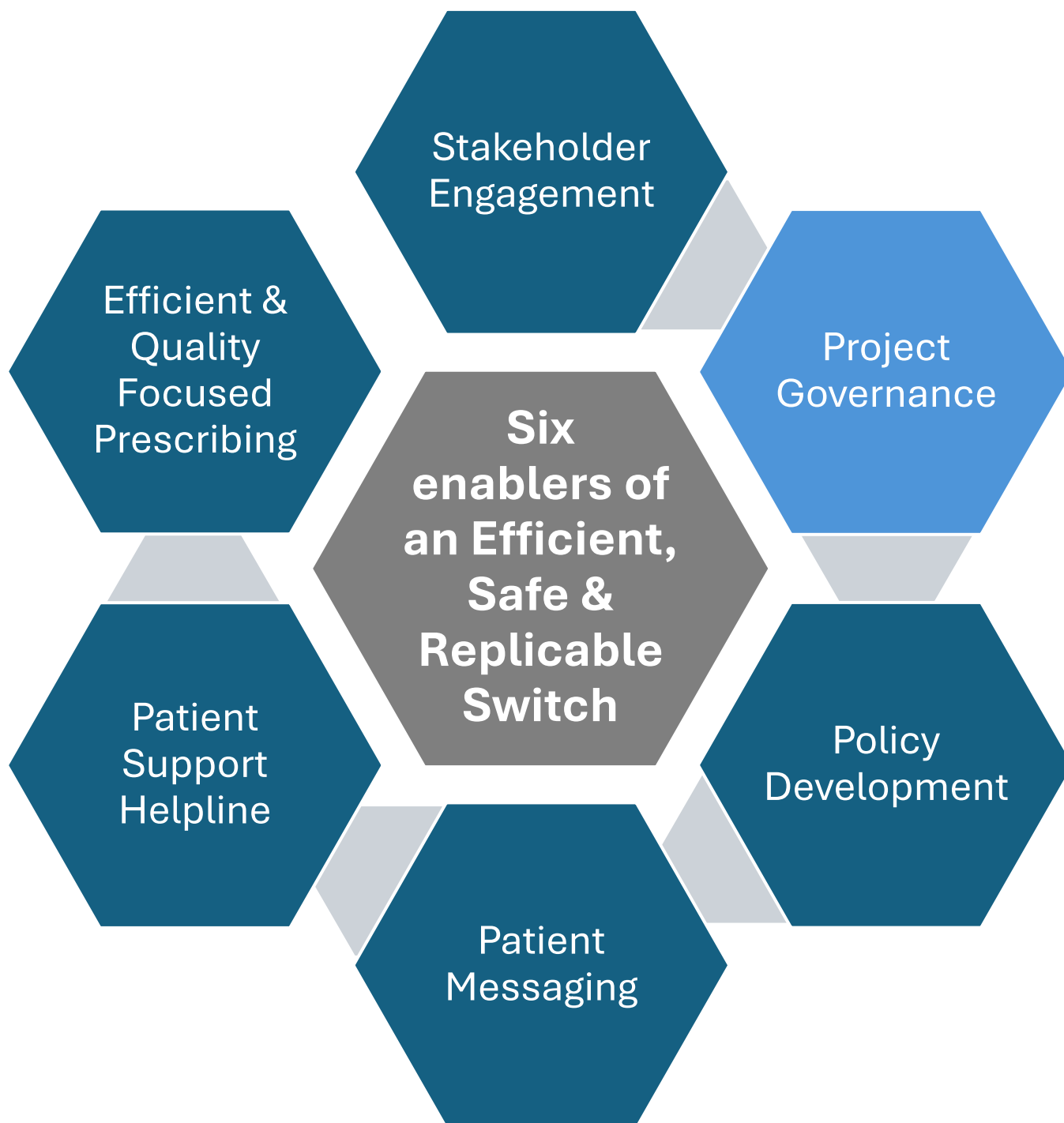
*“Recent biosimilar switches have been impacted by UK drug availability”*

**Key learning: Clinical teams want assurance on workload impact, supply resilience, and continuity of care.**

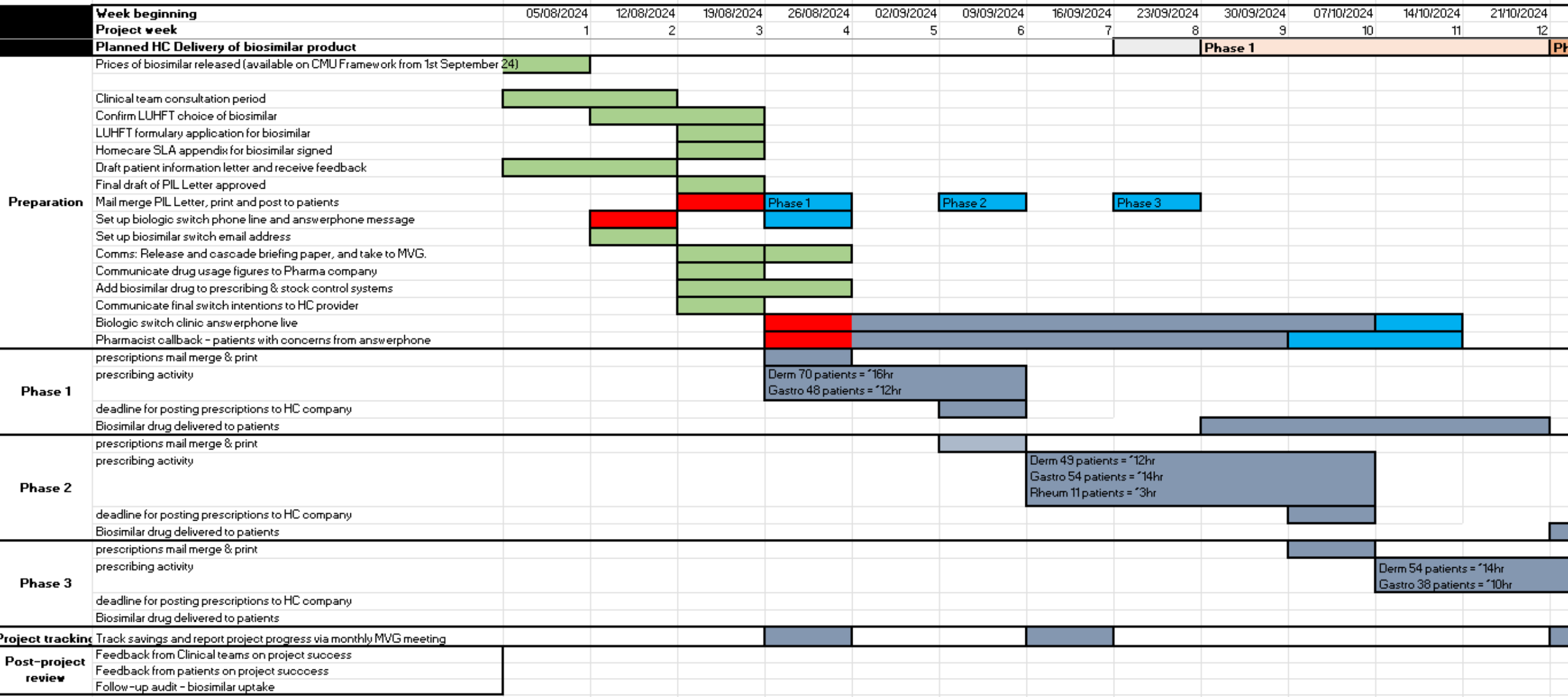
Stakeholder Engagement



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# Pharmacy-led Biosimilar Switch Pathway



# Implementation Checklist



→ Refreshed for BS to BS switch

Project Governance

| Week beginning                            |   | 05/08/2024                | 12/08/2024         | 19/08/2024  | 26/08/2024       | 02/09/2024   | 09/09/2024 | 16/09/2024 | 23/09/2024 | 30/09/2024 | 07/10/2024 | 14/10/2024 | 21/10/2024 |    |
|---|---|---------------------------|--------------------|---|------------------|--|------------|------------|------------|------------|------------|------------|------------|----|
| Project week                              |   | 1                         | 2                  | 3   | 4                | 5  | 6          | 7          | 8          | 9          | 10         | 11         | 12         |    |
| Planned HC Delivery of biosimilar product |   |                           |                    |   |                  |  |            |            |            |            |            |            |            |    |
| Number                                    | Task/Action   | Person/team Responsible   | In Progress (Date) | Comments/Updates/Decisions  | Completed (Date) | Phase 1  |            |            |            |            |            |            |            | PH |
| 1   | Identify and appoint a dedicated implementation lead and clinical champion.   | Vicky Keers               | 6/13/2025          |   |                  |  |            |            |            |            |            |            |            |    |
| 2   | Engage and seek input from across all clinical specialties where the originator is currently used.  | Vicky Keers/Colin Brennan | 5/1/2025           | <b>Gastroenterology:</b> initial project implementation meeting 10/6/25 with gastro team. Switch agreed in principal.<br><b>Dermatology:</b> CB has meeting with VYip, VK to chat through project proposal with KB.<br><b>Rheumatology:</b> VK, CB, PF meeting 13/6/25. Vicky tee-ing up project, and will tell Paul when ready to start prescribing.<br><b>Ophthalmology:</b> VK and OH 12/6/25                                    |                  | Phase 3  |            |            |            |            |            |            |            |    |
| 3   | Identify how biologic is funded in your organisation and engage with commissioner (finance, medicines optimisation and contract teams) to support with implementation where required. | Vicky Keers               | 4/1/2025           | CIP plan shared with ICB with adalimumab biosimilar to biosimilar switch from M3.   |                  |  |            |            |            |            |            |            |            |    |
| 4   | Identify number of patients currently being treated and how they are supplied (e.g. homecare, hospital pharmacy, OPD).  | Vicky Keers               | 6/13/2025          | Exit data requested from Sciensus 13/6/25.<br>DSCRO 24/25 M12 data suggests ~1400patients.<br>-Ophthalmology 2% (40)<br>-Dermatology 27% (390)<br>-Gastroenterology 30% (420)<br>-Rheumatology 41% (600)  |                  |  |            |            |            |            |            |            |            |    |
| 5   | Review and agree which patients will be eligible for the new biosimilar.  | Vicky Keers               | 6/13/2025          | All patients to be notified, with opt-out mechanism built in.   |                  | = ~12hr<br>= ~14hr<br>= ~3hr                           |            |            |            |            |            |            |            |    |
| 6   | Liaise with homecare providers to understand their processes for managing the switch (whether you plan to stay with current provider or move providers).                              | Vicky Keers               | 6/13/2025          | Exit data requested from Sciensus 13/6/25.<br>Current SLA with PHP doesn't have access to MTX.<br>MH contacted to ask about MTX, otherwise will need SLA for H@H.<br>Contacted PHP to advise of intention to switch.  |                  | Derm 54 patients = ~14hr<br>Gastro 38 patients = ~10hr |            |            |            |            |            |            |            |    |
| 7   | Consider how patients will be informed and/or consented.  |                           |                    | Letter from homecare provider - TBC.<br>Drdoctor to send a text notification/letter of brand change and link to PIL/supporting video.<br>Opt-out options: biosimilar switch email, speciality helplines, pharmacy biosimilar switch helpline.<br>Spoke to Sarah T - re setting up DrDoctor interactively/letter, await contact with Claire<br>Spoke to Sarah T - re getting a new answerphone and phoneline in the homecare office. |                  |  |            |            |            |            |            |            |            |    |
|   | Prepare patient information and agree how this will   |                           |                    | - Patient notification text/letter.<br>- link to Yuflyma patient materials.<br><a href="https://www.celltrionconnect.com/static-assets/uploads/2023/12/Yuflyma-IFU_AI-pen_digital.pdf">https://www.celltrionconnect.com/static-assets/uploads/2023/12/Yuflyma-IFU_AI-pen_digital.pdf</a>  |                  |  |            |            |            |            |            |            |            |    |

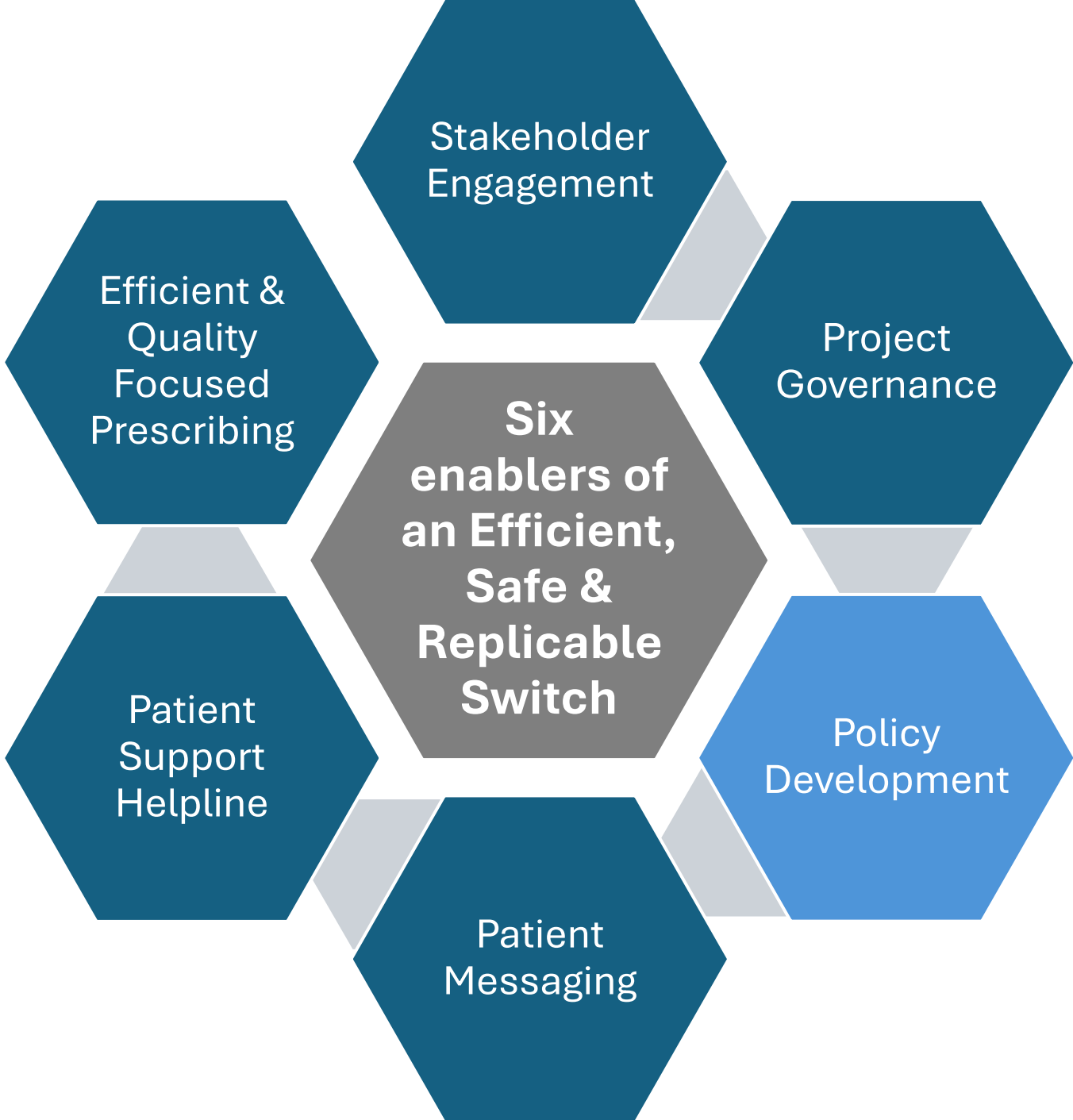
BS to BS switch

# Project Governance



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- Support stakeholder engagement
- What, how and when
- Clear accountability
- Timescales including slippage
- Capacity planning
- Assurance reporting
- Project resilience



# Pharmacy-led Biosimilar Switch Pathway

# Policy Development



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Trust UHLG Biosimilar Medicines policy  
Sept 24

→ ICS Biosimilar policy  
Feb 25



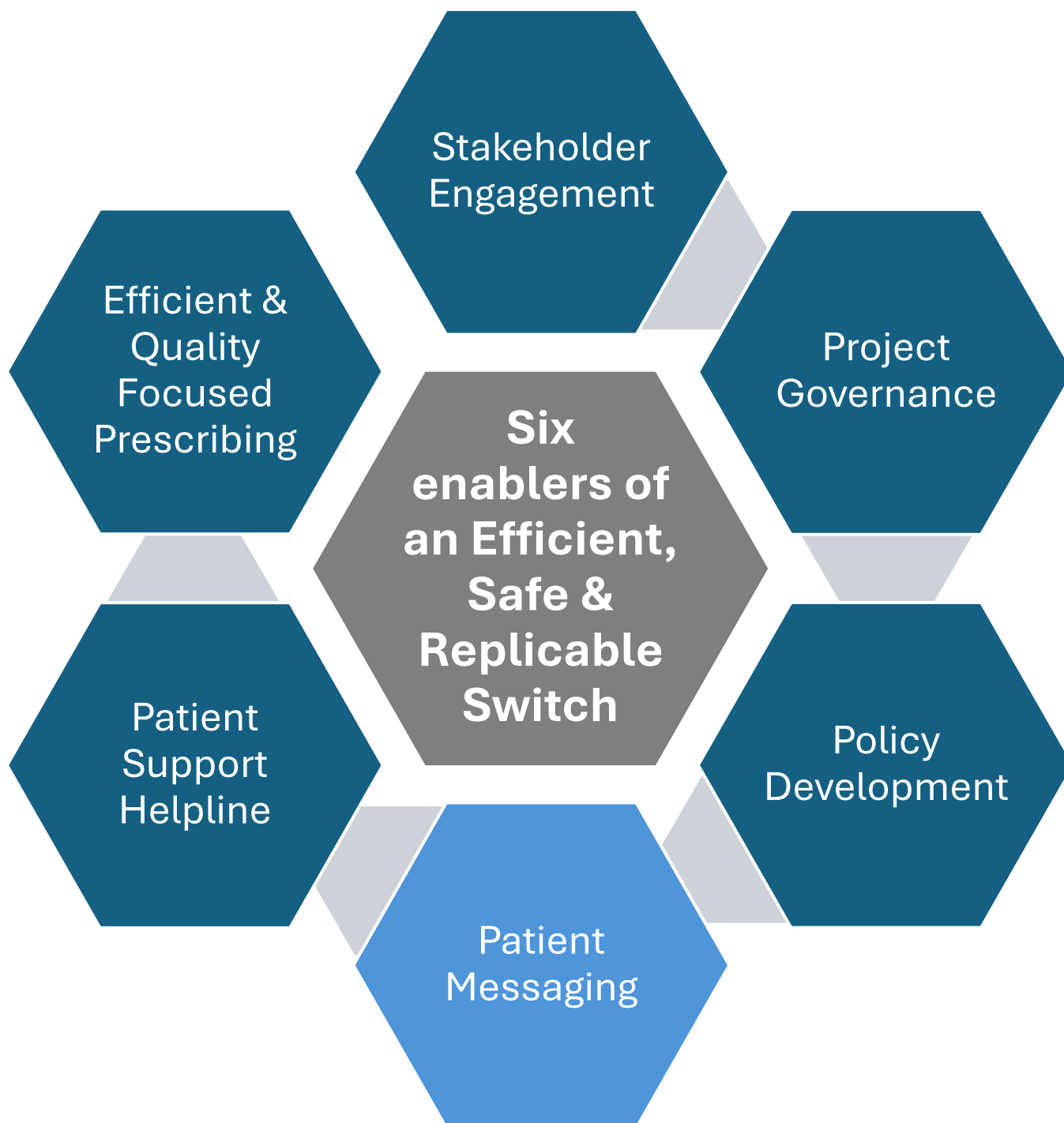
Cheshire and Merseyside

Cheshire and Merseyside Area Prescribing Group  
Biosimilar Formulary Policy

With thanks and acknowledgement to:  
Leeds Teaching Hospitals NHS Trust,  
Wirral University Teaching Hospital NHS Foundation Trust &  
Warrington & Halton Teaching Hospitals NHS Foundation Trust



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# Pharmacy-led Biosimilar Switch Pathway

# Patient Messaging

- Minimise duplication of effort
- Move bioequivalent counselling upstream

UHLG Bioequivalent PIL  
Mar 25

Patient information  
**Bioequivalent Medicines**  
Pharmacy



→ “Switch Notification” template letter  
Streamlined letter, with biosimilar signposting

Key content:

- Notification of automatic switch
- Links to bioequivalent information
- Any supply route changes & support
- How to escalate concerns

**NHS**

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Dear patient,

## RE: switching treatment to a bioequivalent medicine

We are writing to you because you are currently being treated with a biologic medicine, and we are planning to move to supplying a different brand of this medicine.

### What is changing?

You are being treated with a biologic medicine called adalimumab. The medicine you are being treated with is remaining the same, but we are switching you to a different bioequivalent version.

More information about bioequivalent medicines is available by scanning the QR code:

Your new brand will be Yuflyma<sup>®</sup> (adalimumab).

A picture of the new brand is included below:



*Bioequivalent  
Patient information*

### What happens next? What support is provided?

Your homecare service will change to a new provider, Personal Homecare Pharmacy, who will contact you to welcome you to their service and arrange delivery of Yuflyma<sup>®</sup>. More information about Personal Homecare Pharmacy can be found here: <https://www.homecare-pharmacy.co.uk/>

If required, your homecare provider will offer you support and training for Yuflyma<sup>®</sup>.

Please use up your existing supplies of your current brand before starting to use your new supply.

### What if I have concerns about switching?

Talk to your specialist team or hospital pharmacist about your treatment. They will listen carefully to your concerns and provide you with more information or help you find the support you might need.

**If you haven't contacted us with concerns your supply of medicine will automatically switch over to the new brand within the next few months. You do not need to do anything.**

If you have concerns or require further information about switching, please contact us using the details below.

**Email:** [patientmedicationchange@digitalliverpool.onmicrosoft.com](mailto:patientmedicationchange@digitalliverpool.onmicrosoft.com)

**Telephone:** 0151 529 3344 (answerphone service, a pharmacist will return your call)

We have lots of experience of prior switches to bioequivalent medicines. Most people will not have any problems when they switch to a bioequivalent medicine. Bioequivalent medicines are safe and effective.

### Is there any further information about the new bioequivalent medicine?

Yes, if you would like further information about adalimumab and Yuflyma<sup>®</sup>, it is available at the following web addresses:

<https://www.yuflyma.com/introduction/>

<https://www.nhs.uk/medicines/adalimumab/>



*www.nhs.uk*



*www.yuflyma.com*

Alternatively, please scan the QR codes:

Yours sincerely,

The hospital pharmacy team

The hospital pharmacy team co-ordinate bioequivalent medicine switches with the support of the clinical specialist teams

# Patient Messaging

Over-reliance on letters in a digital age...

**DrDoctor**

Broadcast text message



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| Title   | Message sent date ▾ | Patients messaged | Sent by                           |
|---|---------------------|-------------------|-----------------------------------|
| AUH Gastroenterology adalimumab Yuflyma biosimilar bioequivalent switch | 30 Sep 2025 - 10:56 | 138               | Victoria.keers@liverpoolft.nhs.uk |
| Adalimumab Yuflyma biosimilar bioequivalent switch BGH Dermatology      | 25 Sep 2025 - 16:57 | 307               | Victoria.keers@liverpoolft.nhs.uk |
| roactemra tyenne tocilizumab biosimilar bioequivalent medicine switch   | 25 Sep 2025 - 16:30 | 155               | Victoria.keers@liverpoolft.nhs.uk |
| Enbrel to Erelzi biosimilar switch Rheum                                | 15 Sep 2025 - 13:49 | 45                | Victoria.keers@liverpoolft.nhs.uk |
| adalimumab biosimilar bioequivalent switch AUH Derm                     | 15 Sep 2025 - 10:24 | 10                | Victoria.keers@liverpoolft.nhs.uk |
| Adalimumab biosimilar bioequivalent switch Humira Dermatology           | 15 Sep 2025 - 09:58 | 18                | Victoria.keers@liverpoolft.nhs.uk |
| Adalimumab biosimilar bioequivalent switch BGH rheum                    | 15 Sep 2025 - 09:34 | 233               | Victoria.keers@liverpoolft.nhs.uk |
| Rheumatology AUH Adalimumab biosimilar switch                           | 14 Aug 2025 - 12:09 | 252               | Victoria.keers@liverpoolft.nhs.uk |
| Ophthalmology Adalimumab biosimilar                                     | 24 Jul 2025 - 11:13 | 42                | Victoria.keers@liverpoolft.nhs.uk |
| Adalimumab biosimilar switch *test                                      | 27 Jun 2025 - 12:32 | 5                 | Victoria.keers@liverpoolft.nhs.uk |

Texted 1200 patients over 12weeks

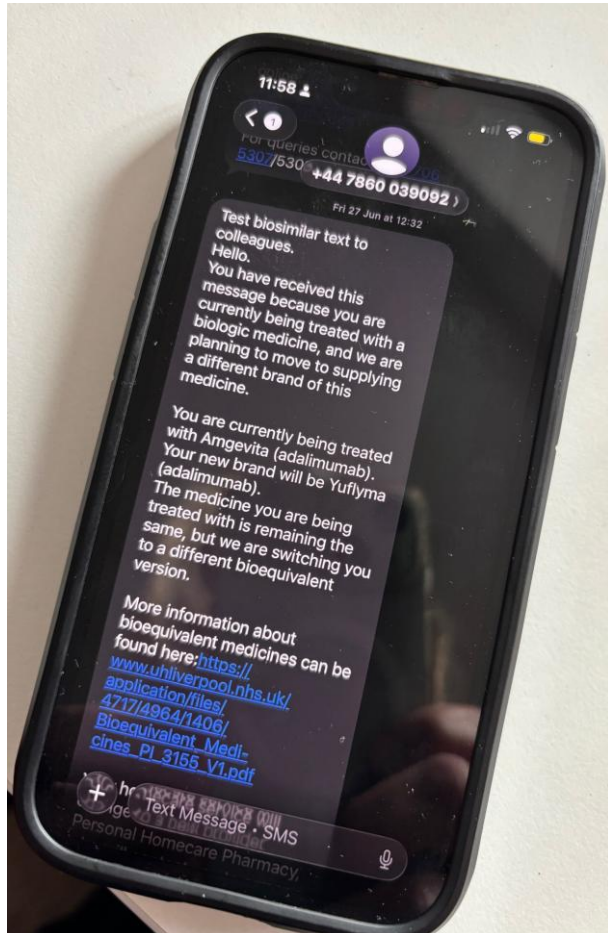
For more information, go to: <https://www.drdoctor.co.uk/>

Patient Messaging

# Patient Messaging



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Hello.

You have received this message because you are currently being treated with Roactemra (tocilizumab), and we are planning to move to supplying a different brand of this medicine. Your new brand of tocilizumab will be Tyenne. The medicine you are being treated with is remaining the same, but we are switching you to a different bioequivalent version. Your homecare service will also change; your new provider will be Sciensus.

Information about bioequivalent medicines can be found here:

[https://www.uhliverpool.nhs.uk/application/files/4717/4964/1406/Bioequivalent\\_Medicines\\_PI\\_3155\\_V1.pdf](https://www.uhliverpool.nhs.uk/application/files/4717/4964/1406/Bioequivalent_Medicines_PI_3155_V1.pdf)

Information about Tyenne can be found here: <https://biosimilars.fresenius-kabi.com/portfolio/products/tyenne/patients-caregivers>

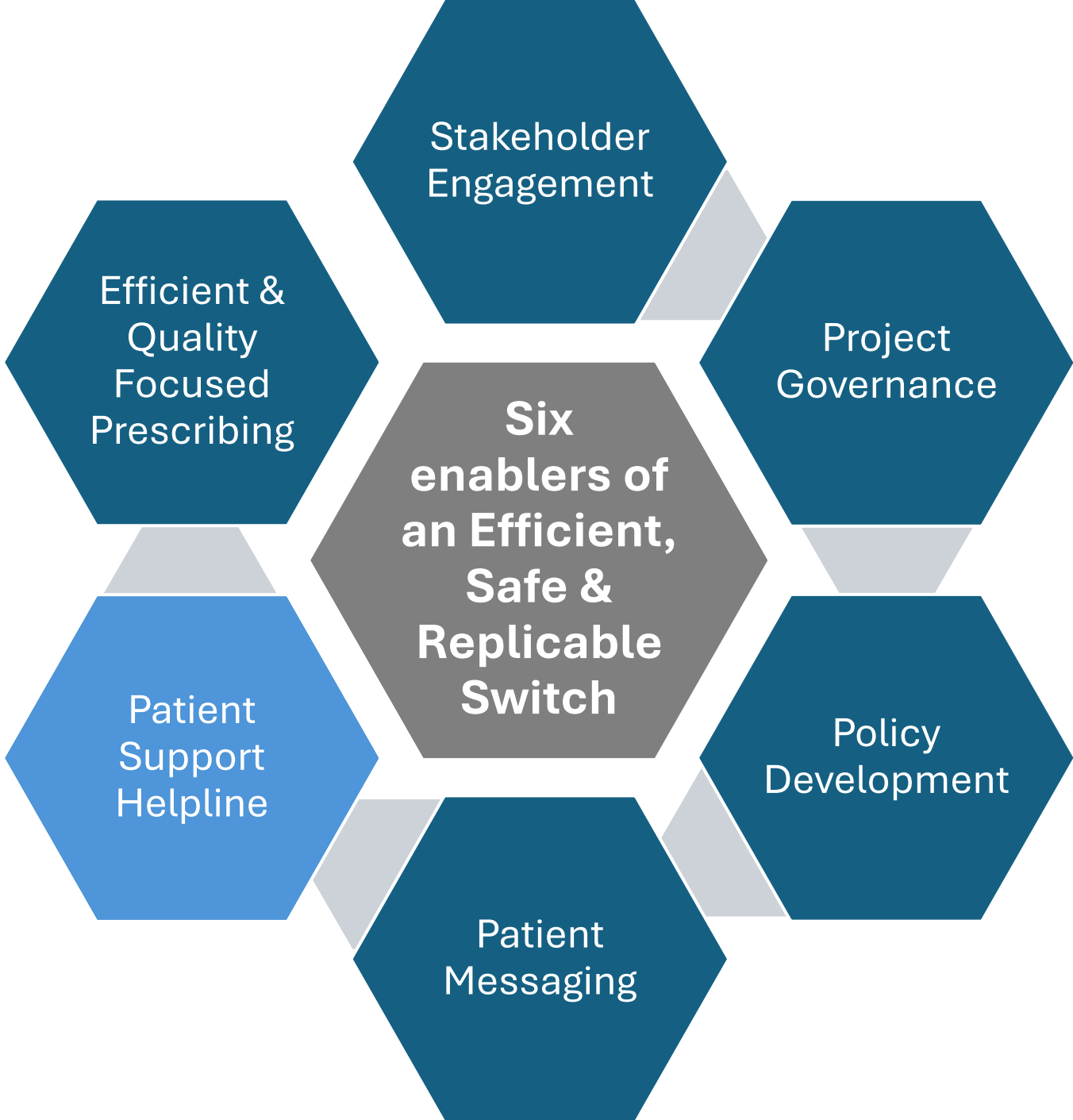
Information about Sciensus can be found here: <https://www.sciensus.com/>

If you require more information about switching contact us and we will call you back. Email: [patientmedicationchange@digitalliverpool.onmicrosoft.com](mailto:patientmedicationchange@digitalliverpool.onmicrosoft.com) or Telephone 0151 529 3344 (answerphone). If you haven't contacted us with concerns or queries your supply of medicine will automatically switch over to the new brand within the next few months. You do not need to do anything.

Thank you. The hospital Pharmacy Team.

We are co-ordinating this switch in collaboration with the rheumatology team. You will also receive this information by post.

Patient Messaging



# Pharmacy-led Biosimilar Switch Pathway

# Patient Support Helpline



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Patients can email direct

Group email: [patientmedicationchange@digitalliverpool.onmicrosoft.com](mailto:patientmedicationchange@digitalliverpool.onmicrosoft.com)

Digital helpline: 0151 529 3344

- Pre-recorded answerphone message
- New message → Group emailed → Triage → Pharmacist Callback → Outcome

The screenshot shows the Cisco Unity Connection Web Inbox interface. The top navigation bar includes the Cisco logo, the text "Cisco Unity Connection Web Inbox", and user information "3344 Sign Out About". Below the navigation bar, there are tabs for "Messages" and "Settings". Under "Messages", there are sub-tabs for "Inbox", "Deleted", and "Sent". On the right side of the message list, there are buttons for "New message" and "Refresh". The message list has columns for "From", "Subject", "Received", and "Duration". A single message is visible in the list:

| From                                    | Subject  | Received | Duration |
|---|--|----------|----------|
| Cisco Unity Connection Messaging System | Message from Unknown sender (0151. [redacted]) | Feb 23   | 41.8s    |

A play button icon is visible next to the duration of the message.

Patient Support Helpline

## Bioequivalent Switch Consultation Template

|                         |                              |
|-------------------------|------------------------------|
| <b>Patient details:</b> | <b>Date of consultation:</b> |
|                         |                              |

Patient has been referred to a bioequivalent switch clinic or has asked for further information about the intention to switch to a different biosimilar brand:

| Reason for referral  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> To provide information to the patient and obtain consent for upcoming biosimilar switch | <input type="checkbox"/> Patient wishes to request further information about biosimilar switch | <input type="checkbox"/> Patient wishes to raise concerns about changing therapy | <input type="checkbox"/> Patient wishes to opt-out of biosimilar switch - Outright refusal to switch |
| Other: Click or tap here to enter text.  |  |  |  |

| What concerns (if any) were raised by the patient? |   |   |
|--|---|---|
| <input type="checkbox"/> Loss of Efficacy          | <input type="checkbox"/> Risk of side effects | <input type="checkbox"/> Cost saving exercise, switching to a lower quality product |
| Other: Click or tap here to enter text.            |   |   |

| Information/Reassurance provided during the consultation:  |                          |
|--|--------------------------|
| An explanation about biosimilars/bioequivalents was provided, including: <ul style="list-style-type: none"><li>• Complex medicines manufactured by living cells.</li><li>• Small differences in structure but expect the same clinical efficacy and safety profile.</li><li>• Manufactured to a high-quality specification.</li></ul>  | <input type="checkbox"/> |
| Provided with an explanation about how savings from biosimilar switches are used to increase patient access to medicines. <ul style="list-style-type: none"><li>• Releases money to spend on patient care elsewhere and other treatments.</li><li>• Helps support the NHS being financially sustainable.</li><li>• Expect to achieve the same health benefits for patients, but for less money.</li></ul>                              | <input type="checkbox"/> |
| Provided with information about local and national experience of biosimilar switches. <ul style="list-style-type: none"><li>• We have data that shows &gt;90% of patients have safely switched, and medical conditions have been adequately controlled following transition to biosimilar.</li></ul>   | <input type="checkbox"/> |
| Patient informed to consider biosimilar switch as a 6-month trial and continue to monitor response to therapy as would usually do. <ul style="list-style-type: none"><li>• Any significant loss of efficacy or intolerable ADRs can be escalated to the clinical team in clinic or via usual contact.</li><li>• Clinical MDT can explore reverting to previous biologic brand or changing to another treatment if necessary.</li></ul> | <input type="checkbox"/> |
| Explanation provided about homecare provider arrangements.   | <input type="checkbox"/> |
| A switch to biosimilar is not being enforced. <ul style="list-style-type: none"><li>• Patients can opt-out.</li><li>• clinical exceptionality and personal choice are taken into consideration and documented.</li><li>• A tipping point may be reached in future where this approach is reconsidered.</li></ul>   | <input type="checkbox"/> |
| Other: Click or tap here to enter text.  |                          |

| Further details of consultation. Include clinical/personal exceptionality |
|---|
|   |

| Outcome of consultation:                                 |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Switch to biosimilar as planned | <input type="checkbox"/> Refer to the specialist MDT for clinical input | <input type="checkbox"/> Delay switch and revisit opportunity in 6-12months | <input type="checkbox"/> Opted out of switch to biosimilar |
| Other:   |   |   |  |

# Patient Support Helpline

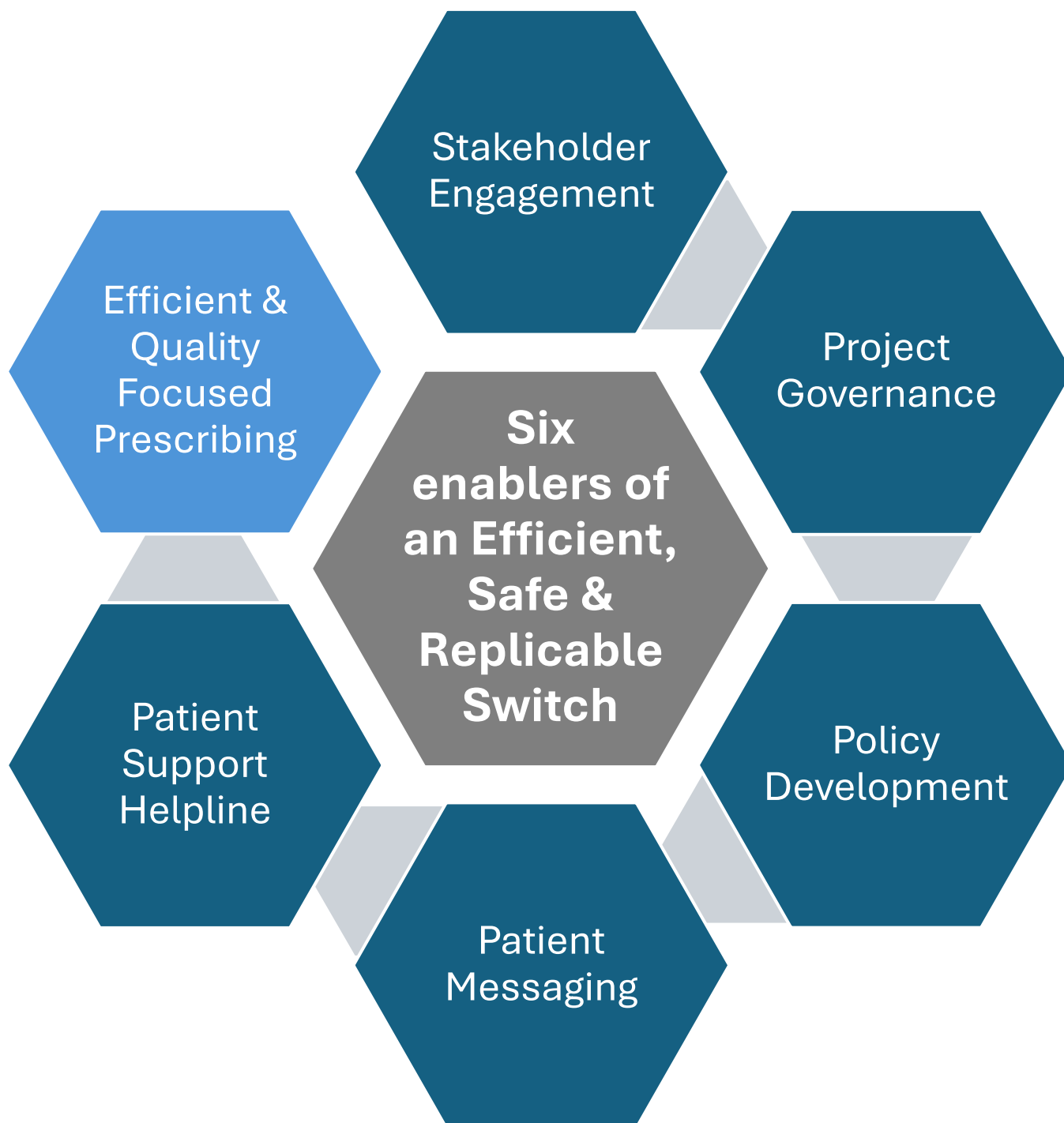


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- Approximate 6% response rate from patient communications
- A quarter to a third of patients were sufficiently reassured by pharmacist consultation to proceed to switch

|                         | Pharmacist consultations |       | Reassured and proceed to switch |       |
|-------------------------|--------------------------|-------|---------------------------------|-------|
|                         | Number                   | %     | Number                          | %     |
| Ustekinumab O to BS     | 31                       | 6.1%  | 8                               | 25.8% |
| Tocilizumab SC BS to BS | 12                       | 7.3%  | 4                               | 33.3% |
| Etanercept O to BS - MO | 18                       | 32.7% | 5                               | 27.8% |
| Adalimumab BS to BS     | 54                       | 5.3%  | 17                              | 31.5% |
| Total                   | 115                      | 6.6%  | 34                              | 29.6% |

- Some patients will still contact their clinical team



# Pharmacy-led Biosimilar Switch Pathway

# Efficient and Quality-focused Prescribing



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- Pre-populated prescriptions
- Homecare “exit data” set or equivalent – MS Excel
- Template prescription – MS Word
- MS Mail merge tool to create pre-populated prescriptions

... Why?

- Reliance on homecare providers
- Timescales dictated
- Readily sort by site, speciality, prescriber
- Include: dose and frequency, delivery frequency, Rx duration
- Project support: Estimated date of next delivery, project phase/week
- Prescription sort order
- Individual word documents rather than PDF
- Improve organisational readiness and agility

→ Control → Independence → Resilience → Flexibility

# Efficient and Quality-focused Prescribing



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- Internal prescribing – **make every contact count**
  - Clinical screen included:
    - Up-to-date with monitoring
    - Maintained response
    - Sufficient follow-up in place
  - Time in motion supported capacity calculations
    - 10-15min per prescription,  
dependent upon experience  
& service/patient factors
- Ensure biosimilar switch success  
Safeguard future biosimilar switches



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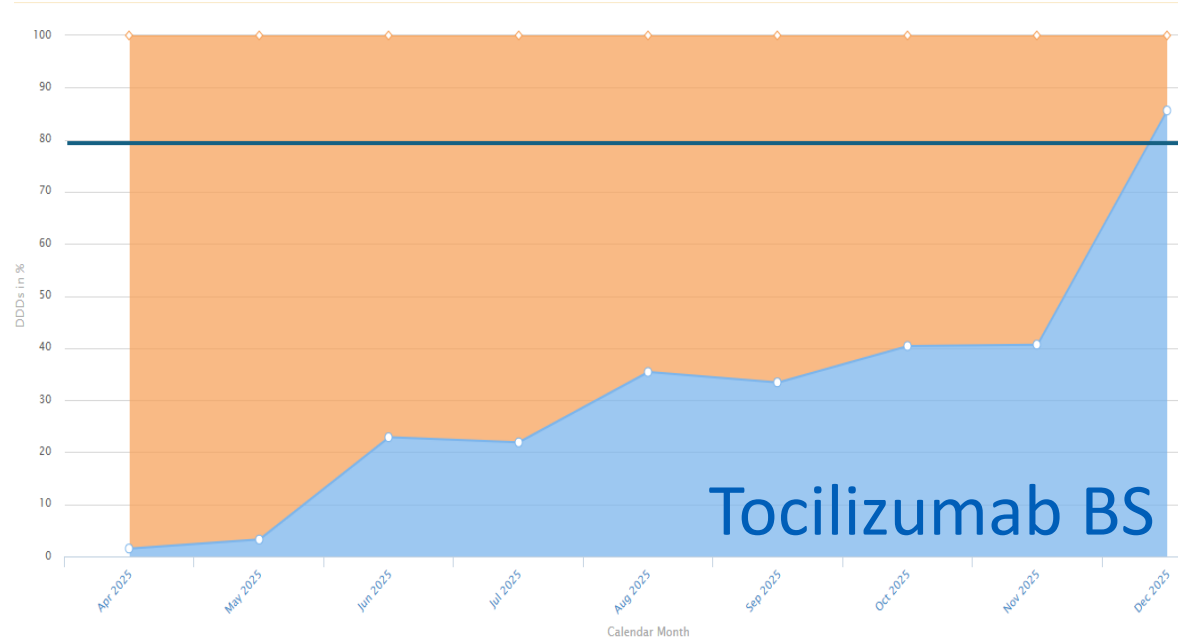
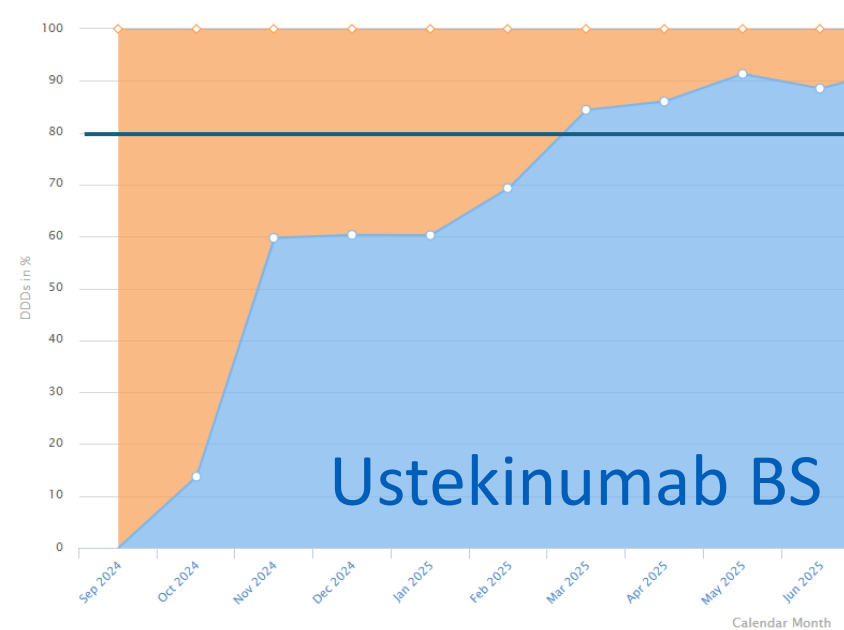
# Pharmacy-led Biosimilar Switch Pathway

# Key outcome & learnings



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At least 1400 Patients switched to biosimilar, so far!



**25% reduction** in adalimumab **cost** per DDD since April 25

**£5.8 million recurrent savings** delivered across 2024-26

**Consistent patient messaging** across UHLG

**Reduced operational burden** on clinical teams and homecare

# Key outcome & learnings



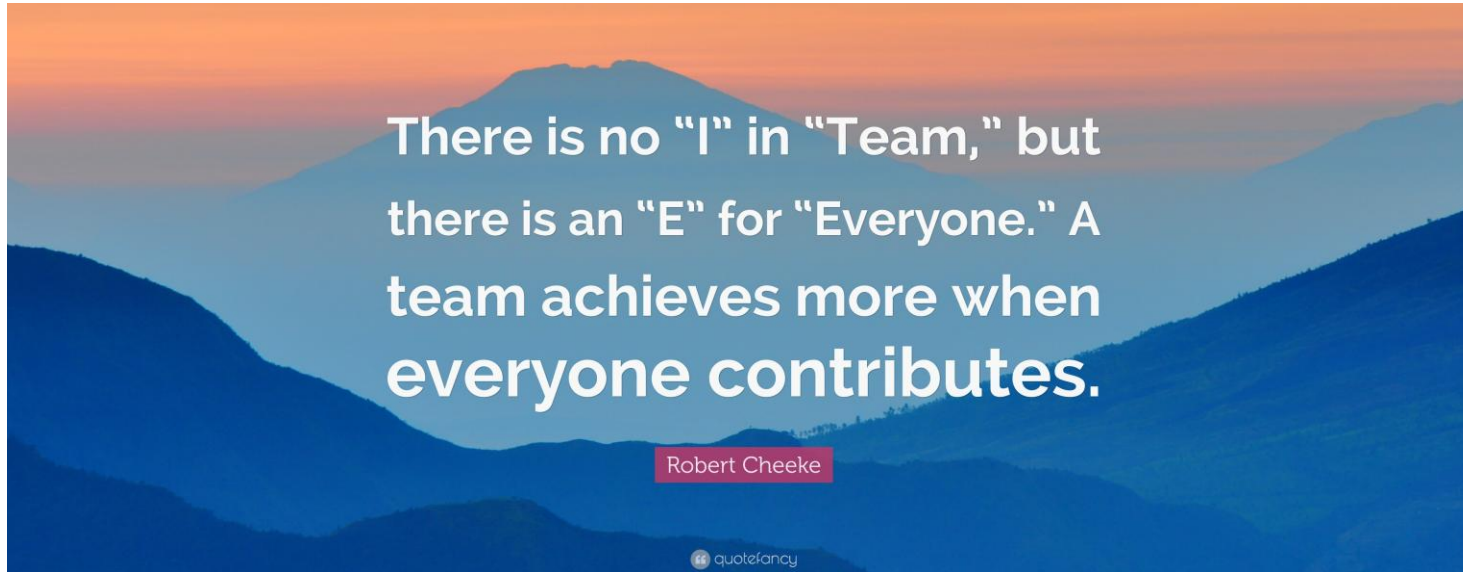
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- **Pharmacy-led coordination works**  
Centralised governance reduces variation and creates efficiency
- **Engagement first**  
Stakeholders primarily want assurance on workload and continuity.
- **One model, many medicines**  
A single switch framework makes complex multi-specialty rollouts achievable.
- **6% response rate = manageable workload**  
The helpline helped identify the small proportion of patients who needed extra support, enabling targeted follow-up and efficient use of pharmacy resource.
- **Repeatable processes create a scalable model**  
Templates, messaging, & tools: means you can use the same system again and again.
- **Enhanced organisational agility**  
Ability to pivot, respond to challenges, and adapt.

# Any questions?



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With special thanks to everyone who supported and continues to support the biosimilar switches at UHLG:

- The Clinical Pharmacists
- The UHLG Clinical teams (consultants, CNS and admin colleagues).
- The UHLG Pharmacy Homecare team
- The C&M Medicines Value team
- The Regional Pharmacy Procurement Specialists

# Declarations of Interest



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## Victoria Keers

- Consultancy work: UCB & Argenx
- Training support: UCB
- Conference support: Pfizer

## Tara Callagy

- nil