biosimilar medicines
better access. better health.

POSITIONING STATEMENTS ON PHYSICIAN-LED SWITCHING FOR BIOSIMILAR MEDICINES

September 2019

Follow us on @biosimilarsEU

A medicines for europe sector group
Rue d'Arlon 50 - 1000 Brussels – Belgium
T: +32 (0)2 736 84 11- F: +32 (0)2 736 74 38
www.medicinesforeurope.com

biosimilar medicines
better access. better health.

Table of Contents

*Physician-led switching = EU Interchangeability: the medical practice of changing one medicine for another that is expected to achieve the same clinical effect in a given clinical setting and in any patient on the initiative, or with the agreement of the prescriber (EC Consensus document 2013).

EU Regulators

EU – Consortium of individual Regulators (2017)

Kurki et al. – Interchangeability of biosimilars: A European perspective

Available here

Summary:

Biosimilars are copy versions of an already existing biological medicinal product. They are high-quality products and as efficacious and safe as the original biological medicines.

Because of the high similarity, there is no reason to believe that the body's immune system would react differently to the biosimilar compared with the original biological upon a switch. This view is supported by the current experience with biosimilars on the market and by literature data.

In our opinion, switching patients from the original to a biosimilar medicine or vice versa can be considered safe.

National Authorities

Austria – Austrian Medicines and Medical Devices Agency (2017)

Austrian Medicines and Medical Devices Agency (AGES)

Available here

Summary:

Biosimilars are high-tech and high quality products. They are authorized within the framework of European centralized procedures, tested according to highest state-of-the-art knowledge and are assessed to strictest and up-to-date points of view.

Prescribing biosimilars to treatment-naïve patients as well as even an exchange of the biosimilar for an originator biological is appropriate, provided that this is done under supervision of the prescribing physician.

Data from recent studies, and from safety monitoring and pharmacovigilance trials, are already leading us in a positive direction towards increased biosimilar uptake and interchangeability as well. We expect pronounced evidence to increase even further in the months and years to come'

Belgium – Federal Agency for Medicines and Health Products (2016)

Federal Agency for Medicines and Health Products (FAMHP) – Biosimilars

Available here

Summary:

If the prescriber decides to move from one to the other (original/original; original/biosimilar; biosimilar/original or biosimilar/biosimilar, often also called "switch" in this context), then this must be done with the necessary follow-up and the modification must be recorded accurately. The exclusion of INN prescription avoids switching without follow-up by the prescriber. However, since the biosimilar medicinal product can only be authorised if it has the same safety and efficacy profile as the reference medicinal product, relevant changes in treatment are not expected upon switching from the reference product to a biosimilar medicinal product (or vice versa).

Substitution (the passage of a specialty subject to a prescription to another specialty by the pharmacist, without consulting the doctor) is not allowed in Belgium for biologicals (including biosimilars).

Belgium – Ministry of Health (2015)

Ministry of Health – Pharma.be – FeBelGen – Future pact for the patient with the pharmaceutical industry
Available here (Dutch only)

Summary:
Biosimilars are subject to the most stringent safety conditions at European level. The registration procedure of a biosimilar medicine ensures that there are no therapeutically relevant differences between a biosimilar medicine and its reference medicine.

Denmark - RADS (2015)

Council for the Use of Expensive Hospital medicines (RADS) - RADS recommendation regarding use of biosimilar infliximab
Available here (Danish only)

Summary:
For the group of stable patients in treatment with infliximab, RADS recommend that the winning medicine of an infliximab tender should be preferred. Exceptions are a few situations where a change is directly contraindicated due to individual patient considerations. It should be discussed, if a decision not to change a stable patient is chosen.

RADS have concluded that:
- the professional judgement among the meeting's participants is that there are no reasons that speak against switching patients in stable remission in the infliximab
- patients in current stable treatment are therefore recommended the winning tendered product when there is nothing that speaks against an active switch.

Denmark – Danish Medicines Agency (2016)

Danish Medicines Agency (Laegemiddelstyrelsen) – Frequently asked questions about biological and biosimilar medicinal products
Available here

Summary:
Is there a greater risk that patients create antibodies against biosimilar medicinal products compared with the reference medicinal product?
"No. The production of antibodies can occur when taking biological medicinal products as well as biological medicinal products. Biosimilar medicinal products are not associated with an increased risk of antibody production."

Would it be problematic to switch to a biosimilar medicinal product?
"No. The biosimilar medicinal product can only be authorised if it has the same efficacy profile as the reference medicinal product, and consequently you will not experience any changes in your treatment if you switch to a biosimilar medicinal product."

Finland – Fimea (2015)

Finish Medicines Agency (FIMEA) – Interchangeability of biosimilars – position of Fimea
Available here

Summary:
The current position of Fimea is that biosimilars are interchangeable with their reference products under the supervision of a health care person.

France – ANSM (2016)

ANSM – State of play on biosimilar medicines
Available here (French only)

Summary:
In view of the evolution of knowledge and continuous data analysis on the efficacy and safety of biosimilar drugs within the European Union, it is clear that a position formally excluding any interchangeability during treatment no longer appears justified.
However, to avoid uncontrolled exchange between biological medicines (biosimilar medicines or reference medicines), interchangeability may be considered provided the following conditions are respected:
1. A patient being treated with a biological medicine must be informed of, and agree to, the possible interchangeability between two biological medicines (reference medicine and/or biosimilar medicine).
2. The patient must receive appropriate clinical monitoring during treatment
3. Traceability of the products concerned must be ensured.

Germany – Paul-Ehrlich Institut (2015)

Paul-Ehrlich Institut (PEI) - Position of Paul-Ehrlich-Institut on interchangeability of biosimilars
Available here (German only)

Summary:
- State of the debate in the EMA CHMP: Biosimilars can be used for proven equivalence and approval as the original product - this includes both treating treatment-naïve patients, as well as modifications of treatments of existing patients.
- For infliximab, there have been no reports or indications that switching patients from a therapy with infliximab reference product to a biosimilar infliximab would have led to problems.
- There is an ever-increasing number of publications, which points in the direction that there is no safety concerns with switching.

Italy – Procurement law (2016)

Italy – New procurement law for biological medicines
Available here (Italian only)

Summary:
- Regional authorities are now obliged to re-open the supply agreements within 60 days after entrance of the biosimlar medicine to the market.
- If there are more than 3 competitors on the market, it is mandatory to select 3 preferred products.
- Physicians remain in the central leading role and must prescribe a preferred product (first 3 classified in the multi-winner tender). Therapeutic continuity is allowed, even if the medicine is not 'preferred', but medical justification can be asked. Therapetic continuity is not allowed if the medicine did not offer to participate in the framework.
- As originator and biosimilar medicines will compete in the same lot, therapeutic equivalence is implied.
- Automatic substitution is still prohibited.

Italy – AIFA (2018)

Italian Medicines Agency (AIFA) - AIFA position paper – Secondo Position Paper AIFA sui Farmaci Biosimilari
Available here (Italian only)

Summary:
AIFA published a second position paper on biosimilar medicines aiming to provide healthcare professionals and citizens clear, transparent and valid information on biosimilar medicines. According to AIFA, the regulatory process has demonstrated that the risk-benefit ratio of biosimilar medicines is the same of the reference originator. Therefore biosimilar medicines are interchangeable with the respective reference originator. This consideration is valid for naïve patients and for patients already under treatment. AIFA has also indicated that the choice of treatment remains a clinical decision entrusted to the prescriber; the latter is also entrusted with the task of contributing to an appropriate use of resources for the sustainability of the healthcare system and to provide an adequate information to the patient on the use of biosimilar medicines.

Italy – AIFA (2013)

Italian Medicines Agency (AIFA) - AIFA position paper – I Farmaci Biosimilari
Available here (Italian only)

Summary:
In Italy the position of AIFA, clarifies that biological medicines and biosimilars cannot be considered purely and simply the same way as equivalent products, and thus excludes the mutual automatic substitution therapy. Precisely because of the biological medicinal reference and biosimilar medicines are similar, but not identical, the AIFA decided not include biosimilars in the lists of transparency that allow substitutability automatic between equivalent products.

Consequently, the choice of treatment with a drug reference biological or with a biosimilar remains a clinical decision entrusted to the specialist physician prescriber. The AIFA considers, however, that the biosimilar not only constitute a therapeutic option available of practitioners, but are preferred, if they constitute an economic advantage, in particular for the treatment of the subjects "naive" (who have not had previous therapeutic exposures or for which the previous exhibitions based on the judgment of the clinician are sufficiently distant in time).

Ireland – HPRA (2015)

HPRA – Guide to biosimilars for healthcare professionals and patients
Available here

Summary:
It is not recommended that patients switch back and forth between a biosimilar and reference medicine, as at the current time the availability of data on the impact of this are limited. In the context of all biological medicines, it is important that careful consideration is given by healthcare professionals to decisions of this nature. If it is planned to change the medicine a patient receives from a reference to a biosimilar medicine or vice versa, the treating physician should be involved; this should involve discussion between the prescriber/ patient, and prescriber /dispensing pharmacist.

It is important to highlight that under this legislation biological medicines are specifically excluded from being added to interchangeable medicine lists. As such they cannot be subjected to pharmacy substitution as exists for small chemical molecules.

The Netherlands – MEB (2015)

Medicines Evaluation Board (MEB) - MEB position on prescription of "biosimilar medicinal products"
Available here

Summary:
The exchange between biological medicines (regardless of whether they are innovator products or biosimilar medicinal products) is permitted, but only if adequate clinical monitoring is performed and the patient is properly informed.
New patients can be treated with a biosimilar right away; uncontrolled exchange between biological medicines (regardless of whether they are innovator products or biosimilar medicines) must be avoided. In other words, a patient must receive adequate clinical monitoring and clear instructions; and if a patient is treated with a biological medicine, detailed product and batch information must be recorded in the patient file to guarantee the traceability of the product in the event of problems.

Norway – Medicines Agency (2017)

Norwegian Medicines Agency (NOMA)
Available here

Summary:
The position of the Norwegian Medicines Agency is that switching between reference products and biosimilars during ongoing treatment, is safe. It can apply to the following situations:
- Switching from reference drug to biosimilar.
- Switching from biosimilar to reference drug.
- Switching from a biosimilar to another biosimilar based on the same reference product.

Further clinical studies confirming safety of switching are considered unnecessary. The decision on switching products is made by the treating physician or hospital, who have to provide the necessary information to patients. All patients treated with biological drugs must receive the necessary follow-up. To ensure traceability, adverse reactions with biological drugs should be reported with the drug name, active substance and batch number.

Why switching?
Switching is necessary to achieve competition between equally efficient drugs. Competition leads to price reductions that reduce the financial burden of expensive biological drugs in the healthcare system.

Automatic substitution in pharmacies?
In Norway, automatic substitution in pharmacies of biological or biosimilar products is not allowed.
The Norwegian Medicines Agency has proposed that the Pharmacy Act § 6-6, which is the basis for generic (automatic) substitution in pharmacies, should be altered, eventually permitting automatic substitution of new classes of medicinal products, e.g. biological drugs (4).

Poland – Minister of Health (2014)

Minister of Health (MoH) – MoH position on biosimilar infliximab within the scope of the drug prescription programmes
Not available

Summary:
The Minister of Health takes the view that any exchange within the scope of drugs containing infliximab at any level of therapy is permissible.

Portugal – National Therapeutic Formulary Commission (2018)

National Therapeutic Formulary Commission (CNFT – INFARMED advisory organ) – Biosimilar medicines
Available here.

Summary:

1. There is sufficient evidence to consider that the switch from a reference biologic medicine of infliximab, etanercept and rituximab to the respective biosimilar medicine in patients under treatment will not cause loss of efficacy or increase of adverse effects. This evidence applies to all indications approved for the respective biosimilar medicine (the position on adalimumab will be reviewed after their availability in the Portuguese market).
2. In Portugal, the prescription of medicines in the hospital setting is based on the International Nonproprietary Name (INN) and their dispensing is performed at the NHS hospitals. This ensures adequate control of the procedure, with permanent registration of medicinal products, brands, lots and the therapeutic schemes of each patient and pathology.
3. The initiation of treatment should be carried out with the less costly biosimilar or reference biologic medicine (for the institution that makes these medicines available); a goal to be achieved in all naïve patients.
4. When the assessment of alternative brands of the same biologic medicine translates in a significant reduction of costs (for the institution) in patients already under treatment with a biological medicinal product, a process of switch for the lowest cost medicine should be implemented.
5. Each institution should have as objective the promotion of switch in all patients clinically stable.
6. The process of switching from a reference biological medicinal product to a biosimilar medicine, or vice versa, musts take into consideration the following conditions:

a. The process should be promoted by the Therapeutic Formulary Commission (CFT) of the hospital institution and by the CFTs of the Regional Health Administrations (with regards to the external prescribing centers), in combination with prescribers and pharmaceutical services.

b. The switch of the medicine cannot occur in a period of treatment that is less than 6 months.

c. All the prescribers and other technicians involved in the switching program (physicians, pharmacists and nurses) must be involved and informed about the process and their benefits.

d. The decision to switch must be explained by the prescriber to the patient, clarifying the decision and providing all the necessary information.

e. The process should safeguard the necessary time for the physician and patient to know the conditions of switching. In case of refusal of switching, such decision shall be notified to the pharmaceutical services and justified to the local CFT, on a case-by-case basis. Until the clarification of the reason for refusal, the medicine that the patient was already using should be available.

f. Once the conditions above have been met, the institution's pharmaceutical services will substitute the biologic medicine by the most appropriate alternative for the institution, based on the prescription by INN. The date of the switch, the brand and the batch of the new medicine available will then be registered.

g. The monitoring and recording of adverse effects or other events related to the new medicine, such as the presence of signs of immunogenicity, should be maintained but do not require an additional monitoring compared with the reference biologic medicine.

Portugal – National Therapeutic Formulary Commission (2016)

National Therapeutic Formulary Commission (CNFT – INFARMED advisory organ) – Biosimilar medicines
Available here

Summary:
The decision to treat a patient with a biosimilar medicine, or its reference biologic medicine, must be taken after the advice of a qualified healthcare professional, according to the following orientations:
- In the selection among biologic medicines alternatives, it is recommended to opt always, when possible, for active substances which have biosimilar medicines.
- For patients that will start their treatment, the CNFT recommends that in situations that a biosimilar medicine exists, to administer the most accessible biologic medicine to the patients, in all indications in which it is approved.
- In terms of pharmacovigilance, it is very important to have traceability of the biologic medicine involved in a potential adverse reaction. Therefore, the same trademark of the medicine should be maintained during the required time to its traceability.
- The switch between biosimilar biologic medicines shall respect a minimum period of time, which safeguards its traceability. This period may be defined in the 'Medicines National Formulary' for different medicines, but when omitted, it should not be less than 6 months.
- The switch between different trademarks of the same biologic medicine shall be articulated with the involved clinical services, respecting the principle of precaution and in agreement with the therapeutic indications for each situation.

Portugal – Infarmed (2015)

National Authority of Medicines and Health Products (INFARMED) - INFARMED position – Presented at BIOS15
Not available

Summary:
Continued or interchangeability of the drug should be envisaged according to issues related to pharmacovigilance of medicinal products, need for adherence and better assurance of the adequacy of the doses administered
- Many of the potential differences do not result in any clinically-significant risk, however, any change that might occur in therapy should comply with the proposed rules, ensuring stability cycles using the same drug for long periods of time and always with the guarantee of correct and rigorous pharmacovigilance risk management plan
- Any biological / biosimilar, which was demonstrated for Quality, Safety and Efficacy, is likely to be used in treatment.
- Situations where there is a change in treatment with biological drugs (replacement by another biologic drug or significant changes during the life cycle of the same biological medicine) requires medical monitoring.

Portugal – SPMS (2015)

National Formulary Organism (SPMS – that reports to the Secretariat of State of Health) – Letter for all hospitals
Not available

Summary:
Originator biologic medicines and biosimilars are interchangeable except if the non-interchangeability is scientifically demonstrated. It states that the originator biologic medicine and biosimilar are interchangeable for established patients, except if its non-interchangeability is scientifically proven. For new patients or when the interchangeability is not an issue, the selection of the product must be by price (tenders selection criteria)

Scotland – HIS (2015)

Healthcare Improvement Scotland (HIS) – Biosimilar medicines: a national prescribing framework
Available here

Summary:
NHS Scotland is supportive of the use of biosimilar medicines and agrees that they should be considered as a treatment option for appropriate patients for whom a biological medicine is being considered as part of their treatment pathway.

Individual patients may be switched to another biological medicine, including a biosimilar medicine, as part of a clinician-led management programme which has appropriate monitoring in place.

There are differing clinical characteristics within specialties which may be important to consider when using biosimilar medicines. While practice is evolving, some specialties may consider that it is most appropriate to use biosimilar medicines in new patients.

Scotland – SMC (2015)

Scottish Medicines Consortium (SMC) – Policy statement on biosimilar medicines
Available here

Summary:
If the specified biosimilar medicine is unavailable during dispensing, automatic substitution for the reference product is inappropriate. Substitution should only be considered if the prescribing physician gives prior consent.
SMC believes that the managed introduction of biosimilar medicines into clinical practice in NHS Scotland is desirable. To facilitate this process, from May 2015 SMC will no longer routinely assess biosimilar medicines on the basis of a full submission. These products will be considered 'out of remit' where the reference product has been accepted by SMC/HIS for the same indication(s) and in the same population or was initially licensed and available prior to 31 January 2002. Full submissions will continue to be required for indication(s)/populations where the reference product is not recommended by SMC/HIS. SMC will continue to horizon scan for emerging biosimilar medicines and reserves the right to request a full submission in the event that it is anticipated to have an impact on NHS Scotland resources.

Scottish Medicines Consortium (SMC) – SMC advice on infliximab
Available here

Summary:
Infliximab (Inflectra®) is accepted for restricted use within NHS Scotland.
SMC restriction: Infliximab (Inflectra®) is accepted for use in line with the current SMC and Healthcare Improvement Scotland advice for the reference product infliximab (Remicade®).

Sweden – SLL (2015)

Stockholm County Council (SLL) – Presented at BIOS15
Not available

Summary:
Regarding initiation of treatment in the indications rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis the Drug therapeutic committee endorses the European Medicines Agency's assessment and considers that the biosimilarCT-P13 is equivalent to the original product with infliximab (Remicade). The recommendation is to choose the most cost effective option.
Regarding switch during treatment with Remicade to CT-P13 only preliminary data has been presented, which does not indicate any difference in effect. Further data is forthcoming, particularly from the NOR-Switch study. The Drug therapeutic committee does not take any position on switching from Remicade biosimilarCT-P13 while undergoing treatment at the present time.

Switzerland – Swissmedic (2014)

Swissmedic – Administrative regulation on authorization of similar biological medicinal products (biosimilars)
Available here

Summary:
The active substance of a biosimilar and its reference preparation is essentially the same biological substance, although there may be slight differences due to the manufacturing process. The authorization of a biosimilar confirms that the differences between the biosimilar and its reference preparation do not affect safety or efficacy. However, the approval of the Institute does not state whether a biosimilar can be used interchangeably with the reference preparation. Such a decision is to be made exclusively by the treating physician.

Switzerland – BAG (2013)

Federal Office of Public Health (BAG) – Handbook regarding the list of pharmaceutical specialities (SL)
Available here

Summary:
For reasons of patient safety and possible immunogenicity, biosimilars are neither interchangeable with one another nor with the reference product.
By authorising a biosimilar medicine, Swissmedic confirms that the differences between the biosimilar and its reference product do not affect its safety and efficacy. Swissmedic's authorisation nevertheless contains no recommendation regarding whether a biosimilar can be substituted for the reference product. Such a decision must only be taken by the doctor in charge of the case.

United Kingdom – NHS (2019) NEW!!!

NHS – What is a biosimilar medicine
Available here

Summary: Biosimilar medicines are considered to be highly similar and therapeutically equivalent to the reference biological medicine. As a result, the prescriber can switch a patient from the reference biological medicine to its biosimilar. The decision to prescribe a biological medicine for an individual patient, whether a reference or biosimilar medicine (or to change between the two), rests with the responsible prescriber in consultation with the patient; in line with the principles of shared decision making. This should be in accordance with the approved indications on the summary of product characteristics (SmPC) and ideally be part of a biological medicines review.

United Kingdom – NHS (2015)

NHS – What is a biosimilar medicine
Available here

Summary:
There is growing practical NHS experience that demonstrates the safety and efficacy of biosimilars in clinical practice. The evidence regarding interchangeability is still developing. Guidance across some EU Member States currently recommends that switching between a reference product and its biosimilar (and indeed amongst biosimilar medicines) should be managed at the discretion of the individual prescriber in partnership with the patient, with appropriate monitoring in place. Evolving evidence and treatment guidance should be made available to patients and prescribers to support them in their decision-making.

United Kingdom - NICE (2015)

National Institute for Health and Care Excellence (NICE) - NICE's biosimilars position statement
Available here

Summary:
Similar biological medicinal products will usually be considered in the context of a Multiple Technology Appraisal in parallel with their reference products in the indication under consideration.
In other circumstances, where it is considered a review of the evidence for similar biological medicinal product is necessary, NICE will consider producing an 'Evidence summary new medicine'.

NICE final appraisal determination – Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262)
Available here

Summary:
The choice of treatment between infliximab, adalimumab or golimumab should be made on an individual basis after discussion between the responsible clinician and the patient about the advantages and disadvantages of the treatments available. This should take into consideration therapeutic need and whether or not the patient is likely to adhere to treatment. If more than 1 treatment is suitable, the least expensive should be chosen (taking into account administration costs, dosage and price per dose).
The Committee concluded that its recommendations for infliximab could apply both to the reference product and to its biosimilars.

NICE guidance – Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed
Available here

Summary:
Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept, each in combination with methotrexate, are recommended as options for treating rheumatoid arthritis.
Start treatment with the least expensive drug (taking into account administration costs, dose needed and product price per dose). This may need to be varied for some people because of differences in the mode of administration and treatment schedules.
The Committee concluded that all the technologies were clinically effective for all subgroups, but could only consider them as cost effective use of NHS resources for people with severe active rheumatoid arthritis previously treated with methotrexate.

International Consortium of Regulators

ICMRA – The International Coalition of Medicines Regulatory Authorities (2019) NEW!!!

ICMRA statement about confidence in biosimilar products (for healthcare professionals)
Available here

Summary:
Biosimilars have been increasingly used in clinical practice in most countries. Many regulatory authorities, healthcare providers and clinician associations accept that there are no clinically meaningful differences between biosimilars and originators and that biosimilars are safe and effective treatment options that can be equally prescribed to patients. In particular, changing between originator and biosimilar (i.e., a prescribing healthcare professional transferring a patient on treatment from one medicine to another) is an accepted clinical practice in many countries.

Other government institutions

Italy – Council of State on Tuscany (2015)

Ruling by the Council of State on Tuscany region
Not available

Summary:
The court confirms the quality, safety and efficacy of biosimilars not just for naïve patients but also as new opportunities in the continuity of care.
Biosimilar medicines may be used for non-naïve patients "when previous exposure to the drug is sufficiently distant in time", as well as when use of a particular version of the drug causes problems for a patient.

Ireland – Irish Parliamentary Health Committee (2015)

Irish Parliamentary Health Committee – Recommendation!
Available here

Summary:
One option is for the State to enact legislation to facilitate the listing of bio-similar or High Tech molecule medicines as "interchangeable", something which is currently prohibited. In Committee hearings, it was stated that this could reduce the State's pharmaceutical bill, treat more patients within existing budgets, and allow improved access for patients to newer, innovative medicines. Such a measure would impact on prescriber behaviour / procurement processes in hospitals and facilitate switching to a bio-similar alternative.

Recommendation 8: Bio-similars and the High Tech molecules

8.1 It is necessary to clarify when the Government expects to introduce legislation to enable the interchangeable prescription of biosimilar pharmaceuticals to Irish patients

Medical societies, pharmacist and patient organisations

EAHP (2017)

European Association of Hospital Pharmacists (EAHP) - EAHP Position paper on biosimilar medicines
Available here

Summary:
On matters concerning interchangeability, switching and substitution of biosimilar medicines, EAHP
- Supports that a reference product and its biosimilar(s) are interchangeable and therefore can be switched;
- Supports that a biosimilar product and other biosimilar(s) to the same reference product are interchangeable and therefore can be switched;
- Supports that decisions regarding switching and substitution should involve the relevant stakeholders (patients, prescribers, pharmacists and others);
- Acknowledges that such decisions may be made on the national level, involving the relevant stakeholders (patients, prescribers, pharmacists and others);
- Supports that under certain conditions substitution on hospital pharmacy level can occur

ECCO (2016)

European Crohn's and Colitis Organisation (ECCO) - ECCO position statement: the use of biosimilar medicines in the treatment of inflammatory bowel disease (IBD) – **An update**
Available here

Summary:
- Biosimilarity is more sensitively characterised by performing suitable *in vitro* assays than clinical studies.
- Clinical studies of equivalence in the most sensitive indication can provide the basis for extrapolation. Therefore data for the usage of biosimilars in IBD can be extrapolated from another sensitive indication.
- When a biosimilar product is registered in the EU, it is considered to be as efficacious as the reference product when used in accordance with the information provided in the Summary of Product Characteristics.
- **Switching from the originator to a biosimilar in patients with IBD is acceptable.** Studies of switching can provide valuable evidence for safety and efficacy. Scientific and clinical evidence is lacking regarding reverse switching, multiple switching, and cross-switching among biosimilars in IBD patients.
- Switching from originator to a biosimilar should be performed following appropriate discussion between physicians, nurses, pharmacists, and patients, and according to national recommendation. The IBD nurse can play a key role in communicating the importance and equivalence of biosimilar therapy.

ECCO (2013)

European Crohn's and Colitis Organisation (ECCO) - ECCO position statement: the use of biosimilar medicines in the treatment of inflammatory bowel disease (IBD)
Available here

Summary:
A biosimilar proven effective and safe for one indication may not necessarily be effective and safe for a second indication for which the reference biological has been shown to be safe and effective.
Any decision to substitute a product should only be made with the prescribing health care provider's specific approval and patient's knowledge
Switching from an established biologic to a biosimilar to save costs is likely to be as inappropriate and ineffective as switching between current biologics that act on the same target, except when there is loss of response.

ESMO (2017)

European Society for Medical Oncology (ESMO) – Biosimilars: a position paper of the European Society for Medical Oncology, with particular reference to oncology prescribers
Available here

Summary:
Interchangeability and switching should only be permitted it
- the physician is well-informed about the products;
- the patient is fully briefed by the physician; and
- a nurse is closely monitoring the changes and tracking any adverse events

ESNO (2017)

European Specialist Nurses Organisation (ESNO) – ESNO position statement on biosimilar medicines
Available here

Summary:
- Endorse that a biosimilar product and other biosimilar(s) to the same reference product are interchangeable and therefore can be switched;
- Supports that decisions regarding medicinal product exchange or replacement should involve all relevant stakeholders (patients, prescribers, nurses, pharmacists and others);
- Acknowledges that such medicinal product exchange or replacement policies (e.g. physician-led switching or pharmacy-led substitution) are developed at a national level, involving all relevant stakeholders (patients, prescribers, nurses, pharmacists and others);

EULAR (2017)

European League Against Rheumatism (EULAR) – Consensus-based recommendations for the use of biosimilars to treat rheumatological diseases?
Available here

Summary:
- The availability of biosimilars must significantly lower the cost of treating an individual patient and increase access to optimal therapy for all patients with rheumatic disease.
- Approved biosimilars can be used to treat appropriate patients in the same way as their bio-originators
- As no clinically significant differences in immunogenicity between biosimilars and their bio-originators have been detected, antidrug antibodies to biosimilars need not be measured in clinical practice.
- Since the biosimilar is equivalent to the bio-originator in its physicochemical, functional and pharmacokinetic properties, confirmation of efficacy and safety in a single switch indication is sufficient for extrapolation to other diseases for which the bio-originator has been approved.
- Currently available evidence indicates that a single switch from a bio-originator to one of its biosimilars is safe and effective; there is no scientific rationale to expect that switching biosimilars among biosimilars of the same bio-originator would result in a different clinical outcome but patient perspectives must be considered.
- Multiple switching between biosimilars and their bio-originators or other biosimilars should be assessed in registries.
- No switch to or among biosimilars should be initiated without the prior awareness of the patient and the treating healthcare provider.

EULAR (2015)

European League Against Rheumatism (EULAR) - Biosimilars – What do patients need to consider?
Available here

Summary:
Many patients consider that leaving open the possibility of switching, interchangeability and substitution would introduce unacceptable uncertainties into that decision-making process. The EMA makes no recommendations on whether a biosimilar should be used interchangeably with its reference medicine. So there is no certainty that it will not take place. Substitution policies are within the remit of the EU member states.

Eular recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying anti-rheumatic drugs: 2013 update
Available here

Summary:
TNF inhibitors (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and biosimilar), abatacept, tocilizumab and, under certain circumstances, rituximab are essentially considered to have similar efficacy and safety. When speaking of TNF inhibitors in its recommendations, EULAR listed the five presently approved agents (above) and decided also to mention biosimilars under the provision that they become approved in the USA and/or Europe.

ESPGHAN (2019) NEW!!!

European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPHGAN) - Use of Biosimilars in Pediatric Inflammatory Bowel Disease: An Updated Position Statement of the Pediatric IBD Porto Group of ESPGHAN
Available here

Summary:
This is an update of the 2015 position.
Biologic therapies have changed the outcome of both adult and pediatric patients with Inflammatory Bowel Disease (IBD). In September 2013, the first biosimilar of infliximab was introduced into the pharmaceutical market. In 2015, a first position paper on the use of biosimilars in pediatric IBD was published by the ESPGHAN IBD Porto group. Since then, more data have accumulated for both adults and children demonstrating biosimilars are an effective and safe alternative to the originator. In this updated position statement, we summarize current evidence and provide joint consensus statements regarding the recommended practice of biosimilar use in children with IBD.
1. A switch from the originator infliximab to CT-P13 may be considered in children with IBD in clinical remission, following at least 3 induction infusions.
2. Multiple switches (>1 switch) between biosimilars and reference drug or various biosimilars are not recommended in children with IBD, as data on interchangeability is limited and traceability of the drugs in case of loss of efficacy and/or safety signals may be compromised.
3. Physicians/institutions should keep records of brands and batch numbers of all biological medicines (including biosimilars) administered.

ESPGHAN (2015)

European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPHGAN) - Use of biosimilars in paediatric inflammatory bowel disease: a position statement of the ESPGHAN paediatric IBD Porto group
Available here

Summary:
ESPGHAN paediatric IBD Porto group advocates giving high priority to performing paediatric trials with long term follow-up to support this decision.
Treatment of a child with sustained remission on a specific medication should not be switched to a biosimilar until clinical trials in IBD are available to support the safety and efficacy of such a change.

IDF (2017)

International Diabetes Federation Europe (IDF Europe) – Position on biosimilars in the treatment of people with diabetes
Available here

Summary:
According to IDF Europe, there is a distinction between biosimilarity and interchangeability. Decisions on interchangeability and/or substitution should rely upon national authorities that have access to the scientific evaluation performed by the EMA, all submitted data, and use other expert opinions. Healthcare professionals should ensure that people with diabetes well managed on an existing insulin are not changed to another insulin formulation, including biosimilars, without good clinical reason and evidence of interchangeability. Comprehensive data on interchangeability in practice, pharmacovigilance and post-marketing surveillance should be provided.

Austria –Multiple relevant medical societies (2014)

Medical dialogue consensus statement – Biosimilars: current status
Available here (German only)

Summary:
No summary available.

Austria – APHAR (2014)

Austrian Pharmacological Society (APHAR) - Position paper of the Austrian Pharmacological Society
Available here (German only)

Summary:
No summary available

Belgium – BIRD (2015)

Belgian IBD Research & Development (BIRD) – Position document of BIRD Group
Available here

Summary:
We feel it is important that physicians maintain control over prescribing these products and financial pressure alone should never become the driver for the decision.
Meanwhile, we recommend to start with naïve patients but not to switch a patient who has a durable response on infliximab to the biosimilar-infliximab. It is likely that anti-TNF naïve patients will benefit equally from infliximab or infliximab-biosimilar but a large international study is underway to investigate this.

Cyprus – Cyprus League Against Rheumatism (2014)

The 10 commandments of access to biological treatments
Available here (Greek only)

Summary:
No summary available

Finland – Crohnjacolitis (2015)

Available here (Finish only)

Summary:
After a year of information and education, Crohnjacolitis understand the biosimilar concept from a regulatory perspective and know how to educate their members. Last year they were very hesitant towards switch and did not understand decision that was taken to switch patients when a tender was won and a biosimilar infliximab was recommended. So today they are positive towards biosimilars and see the possibilities in a switch and the long-term positive outcome. They feel more safe and secure.

France – SNFGE (2015)

French National Society of Gastroenterology (SNFGE) – Information on biosimilar infliximab
Available here (French only)

Summary:
In clinical practice, the prescriber gastroenterologist faces the choice of infliximab in two situations: at initiation of treatment in a new patient or a patient already infliximab treatment courses. In 2013, the ANSM issued recommendations in this regard which also echo those of several scientific societies and which we share. At initiation, the choice is clear between the originator and biosimilar infliximab. In a patient during treatment, it is recommended to treat, to the extent possible, with the same specialty without making any changes within a biosimilar family, so not to switch between infliximab. This is to apply as a precautionary principle. The switch of infliximab to another is not recommended but is nevertheless possible. It is understood that this must remain at the initiative of the prescriber which would otherwise be liable if any. In addition, it is important to remember that we must not give another infliximab if a first infliximab was not tolerated and that kits of infliximab assays and antibodies to infliximab seem suitable for all infliximabs. If additional information on the safety of biosimilar infliximab was brought to our attention, these recommendations may be revised.

Germany - ADKA (2017)

German Society of Hospital Pharmacists (ADKA) - Selection of biosimilars: The leading role of the hospital pharmacist
Available here

Summary:
- The German association of hospital pharmacists ADKA supports the use of biosimilars following their selection by hospital doctors and the implementation of a well-defined approach to prescribing.
- Biosimilars represent "equivalent alternatives to the corresponding reference drug in terms of efficacy and safety as defined by the European Medicines Agency (EMA)", but "the process of selecting biosimilars, their prescription and use and the process of switching" from originator drugs require a structured approach
- To support the use of biosimilars for in-patient care, ADKA demands an "evidence-based review" and selection of biosimilars by hospital doctors and drug commissions.
- Formal documentation at the time of prescription to ensure traceability (i.e. batch numbers), the establishment of a "safe and comprehensible" switching process from originator drug to biosimilars and the implementation of pharmacovigilance measures are further prerequisites
- The cost and revenue for hospitals should be considered

Germany - BÄK (2017)

Drug Commission (AkdÄ) of German Medical Association (BÄK) – Biosimilars
Available here

Summary:
Biosimilars are equivalent to their respective reference drugs "in all approved indications in terms of therapeutic efficacy, tolerability and safety," and can be similarly prescribed.
AkdÄ recommends prescribing the more cost-effective biosimilars in treatment initiation and supports changes between biosimilars for subsequent prescriptions.
The detailed information and advice provided by doctors to their patients is an essential prerequisite for the prescription and use of biosimilars. Without this, unfounded fears could lead to a reduction in adherence and compromise therapeutic success in patients. Automatic substitutions of biosimilars for reference medicinal products are therefore rejected.

Germany – German Rheumatism League (2014)

Deutsche Rheuma-Liga - Positioning of the German Rheumatism League Bundesverband on introducing biosimilars in Germany
Available here (German only)

Summary:
The Rheumatism League believes it is essential that patients with rheumatic diseases whose disease activity was brought under control with a biotechnologically manufactured drug will not be forced to change to another biotechnology drug due to cost-considerations. It is irrelevant whether this is a reference product or a biosimilar. And if a change should take place per se, only on the basis of medical considerations and justified in terms of patient welfare.
The Rheumatism League welcomes that biosimilars and reference products cannot be substituted at pharmacy level due to § 129 SGB V. Because the practice shows that often neither the patient nor the clinicians are informed about this exchange. Transparency and close monitoring of biosimilars is thus impossible.
In patients who start with a therapy of a biotechnologically manufactured drug, the security must be at the forefront. There are concerns when the biosimilar was not tested for the specific indication but was admitted by extrapolation. In this case studies must have shown that the safety profile for this specific indication does not differ from the reference product and no undesirable side effects for the indication occur. Only then the routine use of biosimilars should be possible.

Germany – DCCV (2015)

Deutsche Morbus Crohn/Colitis ulcerosa Vereinigung (DCCV) – DCCV e.V. biosimilars position paper
Available here (German only)

Summary:
The availability of biosimilars is appreciated and they are considered as equal options for new patients. Switches have to be the responsibility of the treating physician while a general substitution is rejected. Long-term safety data are requested

Germany – DGRh (2014)

German Society of Rheumatology (DGRh) - Introduction and use of biosimilars in the treatment of inflammatory rheumatic diseases – Statement of DGRh
Available here (German only)

Summary:
The availability of biosimilars is appreciated and they are considered as equal options for new patients. Switches have to be the responsibility of the treating physician while a general substitution is rejected. Long-term safety data are requested

Italy - SIR

Italian Society of Rheumatology (SIR) – Position paper Biosimilari
Available here (Italian only)

Summary:
The overall position of SIR is that the use of most of biosimilars should be limited to the indications for which you ran the "comparability test". Any claim must be validated with specific clinical trials. This applies for example to the extent of use of biosimilars effective in the forms of inflammatory arthritis in patients with spondylo-arthritis and, especially, to those suffering from entero-artritis and paediatric patients. Validation should be conducted by comparing the results of the innovative product with those obtained with the original treatment.
Although greater access to appropriate use of biological therapies for entero-artritis paediatric reumopatie is a potential, for significant savings in direct costs, the strict test of a controlled clinical trial is required to ensure that the effectiveness and safety standards are met.
The final clinical decisions should always be made on an individual basis, taking into account both the characteristics of the individual patient and the prescription of the doctor

Italy – SIF (2014)

Italian Society of Pharmacology (SIF) – Review of the Italian Society of Pharmacology's position on biosimilar drugs: working paper 2014
Available here

Summary:
We believe that, from a clinical standpoint, the biosimilar drugs of these 3 products (epoetin, G-CSF and growth hormone) can be considered as therapeutic equivalents of the reference biological products in all respects.
We believe that the assertion that biosimilar epoetin alpha should only be used to treat naive patients might be limiting. We therefore believe that a debate should be opened in this case as well in order to evaluate the possibility of changing the scientific community's position on this subject.

Italy – IG-IBD (2014)

Italian Group for the Study of IBD (IG-IBD) - Use of biosimilars in inflammatory bowel disease: Statements of the IG-IBD
Available here

Summary:
An IBD patient being effectively controlled with an original biopharmaceutical should not be switched to a drug claimed to be that drug's biosimilar until preliminary data supporting such changes have been reported. In addition, the change must be approved by the specialist prescribing the original biologic and be implemented after obtaining the patient's written informed consent.
The IB-IBD favours the use of biosimilar agents, provided that they meet appropriate quality standards and that their safety and efficacy has been specifically verified in IBD patients.

Italy – SIR_SIDeMaST_IG-IBD (2014)

The use of biosimilars in immune-mediated disease: A joint Italian Society of Rheumatology (SIR), Italian Society of Dermatology (SIDeMaST), and Italian Group of Inflammatory Bowel Disease (IG-IBD) position paper
Available here

Summary:
Biosimilars cannot be considered interchangeable or simple substitutes of originator, until recent and preliminary data will be confirmed. The complexity of the molecule, dosing, and immunogenicity issues needs careful investigation on these aspects.
Interchangeability cannot be automatic, unless its effectiveness and safety will be exhaustively demonstrated. It should be currently left to the clinician's responsibility to choose whether to switch from an originator to a biosimilar, based on patients' characteristics. Neither other paramedical characters nor Healthcare payers should be allowed to change the prescription or impose the use of biosimilars instead of their originator.

Italy – Expert view (2015)

Biosimilar infliximab – An expert view
Available here

Summary:
CT-P13 can be considered an effective alternative to the originator product in clinical practice, in the same patient and with the same modalities of use as the originator molecule.
In order to allow a further reduction of healthcare costs, patients on originator infliximab may be switched to CT-P13. Current evidence suggests that switching to and from different biopharmaceuticals does not lead to safety concerns, and the efficacy and safety of a switch from originator to CT-P13 were confirmed in the extension phases of the PLANETAS and PLANETRA study.
The switch may be considered only in patient who respond to infliximab treatment; despite the encouraging results obtained to date, the possibility that neutralizing antibodies directed against the originator molecule would diminish the efficacy of cT-P13 cannot be ruled out and therefore switching may be considered with caution.

Italy – SIR_GISEA_APMAR (2014)

Italian Society of Rheumatology (SIR); Italian Group for the Study of Early Arthritis (GISEA; and Association of Patients with Rheumatic Diseases (APMAR) - Position paper of Italian rheumatologists on the use of biosimilar drugs
Available here

Summary:
Replacement (i.e. the possibility for a pharmacist to dispense one drug instead of the other without the physicians' consent) should be agreed with a specialist physician and patients should give their informed consent.
Patients should be adequately informed about the advantages and the possible adverse effects of biotechnological therapy before starting treatment. In the same way, they should be informed about any drug change.
Clinically well controlled patients should not be switched from an original drug to its biosimilar, or vice versa.

Portugal – Psoriasis (2016)

Portuguese College of Dermatology & Portuguese Society of Dermatology and Venerology – Portuguese position paper on the use of biosimilars in psoriasis Position paper
Available here

Summary:
- Biosimilars are welcomed in the treatment of psoriasis and psoriatic arthritis if they are able to reduce medical costs and increase access to biologic therapy, improving patient's care and providing saving and efficiency for health care systems, therefore releasing resources for others important aspects of health care.
- In patients' best interest, the development of biosimilars must be critically evaluated. Medical and immunological considerations, including high-quality evidence of bioequivalence, quality, efficacy and safety of each developed biosimilar should always take priority over any economic or financial benefit.
- Many of the concerns raised regarding extrapolation may in the future prove to have no practical impact. However, since several biosimilars are being evaluated in psoriasis patients, these agents should be chosen to treat psoriasis patients instead of biosimilars studied in other conditions.
- There is no evidence to support switching between a reference biologic agent and a biosimilar and vice-versa, so this should not be recommended.
- Any decision to substitute a biosimilar product should only be made by the prescribing physician and automatic substitution is strongly objected. Moreover, patients should be kept informed about their treatment agent, and should not be transitioned for other agent without their knowledge and informed consent.
- Biosimilars should be subjected to the same standards of pharmacovigilance as do the reference biological agents. Post-marketing surveillance, mainly through national registers, is crucial to permanently assess safety and increase confidence in the use of biosimilars.
- These opinions may change with time. Daily clinical experience and new data will be of critical importance.

Portugal – APFH (2015)

Portuguese Association of Hospital Pharmacists (APFH) - Position of APFH on biosimilars for therapeutic antibodies
Available here

Summary:
Acceptance of biosimilars but they mention the need to have in the hospitals. They are against the interchangeability for periods shorter than 9 months (to allow monitoring the ADAs, that as you know take an average of 6-9 months to be developed).

Portugal – SPR (2014)

Portuguese Society of Rheumatology (SPR) - The Portuguese Society of Rheumatology position paper on the use of biosimilars
Available here

Summary:
Briefly, this position statement is contrary to automatic substitution of the originator by the biosimilar, defends either a different INN or the prescription by brand name, supports that switching between biosimilars and the originator molecule should be done after at least 6 months of treatment and based on the attending physician decision and after adequate patient information, recommends the registration of all biosimilar treated patients in Reuma.pt for efficacy, safety and immunogenicity surveillance, following the strategy already ongoing for originators, and opposes to extrapolation of indications approved to the originator to completely different diseases and/or age groups without adequate pre-clinical, safety or efficacy data.

Spain – SEPD (2018)

Spanish Society of Gastroentrology (SEPD) - Update of the SEPD position statement on the use of biosimilars for inflammatory bowel disease.
Available here [Epub ahead of print][2]

Summary:
In 2013, the European Medicines Agency (EMA) approved the biosimilar infliximab (CT-P13) for the full range of indications of the originator product, based on data from two trials conducted in rheumatoid arthritis and ankylosing spondylitis. The same year, SEPD published a position statement that was later reviewed as many studies in inflammatory bowel disease (IBD) have been published. In light of this new evidence and advice from other societies, the SEPD has approved the following statements with respect to biosimilar medicines[1]:
1. A biosimilar is a medicine that, using molecular biology techniques, is intended to provide an action equivalent to that of the product it attempts to copy and requires a complex process based on all the preclinical and clinical trials demanded by European Law.
2. A licence obtained for the management of a certain disease allows an extrapolation of results to a different disorder, if the European Medicine Agency considers it based on the results of trials mentioned previously.
4. The product label should clearly show the name of the biosimilar so that the drug a patient is taking may always be identified.
5. Based on the data published, the biosimilar CT-P13 is safe and effective in IBD, both in naïve and switched patients.
6. The appropriate use of the biosimilar always requires an interaction of physicians and patients with the aim of favouring the right of the health of the patient by offering quality, effective and safe products.
7. This task force favours the development of biosimilar drugs and therefore, their approval by regulatory agencies.

Spain – SEPD_SEF (2013)

Spanish Society of Gastroentrology (SEPD) and Spanish Society of Pharmacology (SEF) - Joint position statement by "Sociedad Española de Patología Digestiva" and Sociedad Española de Farmacología" on biosimilar therapy for inflammatory bowel disease
Available here

Summary:
In no case does a license obtained for the management of a certain disease allow an extrapolation of results to a different disorder. In this way, results obtained from studies in RA should not be extrapolated to IBD because the above-mentioned biological and manufacturing variability that characterizes these complex structures does not guarantee an absence of noticeable changes in efficacy and safety.
Substituting a biosimilar for the original drug cannot be an accepted practice.

Spain – SEFH (2018)

Spanish Society of Hospital Pharmacy position paper on biosimilar medicines
Available here

Summary:
Biosimilar medicines contain a version of an active substance already authorized as an original biotechnological medicine, whose patent has expired, and they comply with the guidelines published by the European Medicines Agency. These guidelines, where biosimilarity criteria are established, guarantee comparability between biosimilar product and reference one. Biosimilars' authorization is carried out through a centralized procedure based on clinical, non-clinical and quality studies. These studies allow the extrapolation of indications, frequently, without carrying out additional analyses. In several European countries, switching between original and biosimilar medicine is considered safe.

[1]Please see reference here.

Spain – SER

Sociedad Espanole de Reumatologia (SER) - Position statement of the Spanish society of Rheumatology on biosimilar drugs
Available here

Summary:
The Spanish Society of Rheumatology (SER) hereby expresses its unequivocal commitment to the sustainability of the health system in our country and our steadfast alignment with all measures designed to ensure continuity without reducing the quality of care. In this sense, we believe that the advent of biosimilar drugs (BSs) will facilitate the access of rheumatic patients to biological therapies.
In an era when promising new biological therapies are increasingly available, SER considers essential to preserve physicians' freedom to prescribe the drug(s) best suited to the characteristics and circumstances of each patient, while responsibly bearing in mind the economic costs at hand.
Biosimilars cannot be equated to generic drugs of their reference drugs, as they are not substitutable. The exchange of a biological drug with its biosimilar is an act only physicians should performed, with the consent of the patient.

Spain – Psoriasis group of AEDV (2015)

Psoriasis group of Spanish Academy of Dermatology and Venereology (AEDV) - The use of biosimilar drugs in psoriasis: A position paper.
Available here

Summary:
Decisions about which drug to prescribe should not be based on economic considerations alone, but rather on scientific evidence. We therefore recommend that dermatologists, pharmacists, managers, and other stakeholders be involved in decisions about how biosimilars are introduced into our health care system.
We believe that the decision to prescribe a biosimilar should be assessed on a case-by-case basis and that the patient must agree with the choice. Switching from a biologic to a biosimilar should also be decided by the physician with the patient's consent.

United Kingdom – ABCD (2018) NEW!!!

Association of British Clinical Diabetologists (ABCD) - Position statement on the use of biosimilar insulin
Available here

Summary:
ABCD acknowledges the benefit from the development of biosimilar insulins predicated upon potential cost savings to the NHS without compromising either efficacy or safety. Biosimilar insulins could be considered for all newly diagnosed patients with type 1 diabetes who have not been exposed to the reference drug and in patients who require a review of their therapy due to poor control. When patients are established on a current insulin regimen, those achieving their target HbA1c without hypoglycaemia should not be automatically switched to a biosimilar insulin. Following the switch to a biosimilar insulin, it is recommended that provision for review and ongoing supervision by a specialist team is provided. With the advent of an increasingly complex portfolio of insulin therapy, it is imperative that all healthcare staff receive education about safe insulin prescribing which specifically includes information on biosimilar insulin.

United Kingdom – BOPA (2017)

British Oncology Pharmacy Association (BOPA) – Position statement on implementation of biosimilar monoclonal antibodies
Available here

Summary:
- BOPA's position is that biosimilar monoclonal antibodies (MABs) are therapeutically equivalent to the originator molecules and can and should be used for all commissioned indications, provided pharmacovigilance safeguards are in place, e.g. branded prescribing.
- BOPA acknowledges that biosimilar MABS cannot be automatically substituted. However switching from originator to biosimilar (or biosimilar to biosimilar) is acceptable and can be recommended as part of a medicines optimisation strategy.
- BOPA believes biological medicines in general are safe and well tolerated, with the potential for immunogenicity the main safety concern and that adverse reactions are likely to be batch related and not product related (12). Biosimilar MABs will be black triangle drugs so all adverse events must be reported in line with organisational policy and the MHRA Yellow Card Scheme.
- Switching must be undertaken with the involvement of pharmacy to ensure patients and prescribers are involved in deciding to switch and any concerns about the efficacy and safety as result of switching are addressed by discussion with patients on the benefits and evidence of biosimilars.

United Kingdom – BSR (2015)

British Society for Rheumatology (BSR) - British Society for Rheumatology position statement on biosimilar medicines
Available here

Summary:
In the event that the branded biologic or biosimilar prescribed by the clinician is unavailable, the dispensing pharmacist must contact the prescribing clinician to seek advice as to appropriate short-term alternatives. Until further data become available, these products should not be considered globally interchangeable. The patient must be kept informed at all times of the discussions taking place in regard to their medicine. Patients should feel empowered to check with both the prescribing clinician and the pharmacist that the medicine dispensed is the same as the prescribed.

United Kingdom – NRAS (2014)

National Rheumatoid Arthritis Society (NRAS) - NRAS position paper on biosimilar medicines
Available here

Summary:
NRAS cautiously welcomes the introduction of biosimilars to the UK, as they could help to increase the choice of treatments available in the NHS and provide further opportunities to help patients get their disease under control.
However, it is important that biosimilars are prescribed purely for clinical reasons and not simply as a quick cost saving alternative to biologics, just because they may be priced more cheaply.
Unless adequate safeguards are introduced, it is possible that some patients could be inappropriately switched from a biologic to a biosimilar even though they may be responding well to their existing medicine. Switching a patient for non-medical reasons could compromise their health and long term prognosis.

United Kingdom – BSG (2016)

British Society of Gastroenterology (BSG) - BSG Guidance on the Use of Biosimilar Infliximab CT-P13 in IBD
Available here

Summary:
There is sufficient data from observational studies to show that safety and clinical efficacy of CT-P13 are comparable to the originator drug, with similar immunogenicity.
1. Infliximab must be prescribed by brand name (ie Remicade, Remsima or Inflectra) and not by International Non-proprietary Name (INN).
2. For patients starting infliximab: Remicade, Remsima or Inflectra can be prescribed, taking into account the evidence showing similar clinical effectiveness. There is evidence that monitoring of patients, including measurement of drug and anti-drug antibody levels, is no different for the biosimilar drugs compared to Remicade. The choice of preparation should take into account the cost of the drug and its administration.
3. There is sufficient evidence to recommend that patients who are in a stable clinical response or remission on Remicade therapy can be switched to Remsima or Inflectra at the same dose and dose interval. This should be done after discussion with individual patients, with explanation of the reason for switching (which is usually on the grounds of benefit to the overall service by reduction in costs of the drug and its administration).
4. Automatic substitution, (dispensing one medicine instead of another equivalent and interchangeable medicine at the pharmacy level without consulting the prescriber), is not appropriate.
5. Pharmacovigilance is essential for any new biological medicine, and patients prescribed Remsima or Inflectra should be followed for safety, in a registry such as the UK National IBD Registry.