POSITION PAPER

Access to Medication: Biosimilars

THE ARTHRITIS SOCIETY POSITION ON BIOSIMILARS

It is the Arthritis Society's position that:

- biosimilars have shown efficacy and safety and have a role to play in the care and management of those living with inflammatory arthritis;
- biosimilars provide additional choices for those living with inflammatory diseases and have the potential to lower health care costs and increase access to treatment; and
- consistent, universal, unique biosimilar naming practices should be implemented to facilitate tracking of what specific medication is received by a patient.

In terms of how biosimilars are implemented in the Canadian health care system, it is imperative that patient support and care needs are addressed. In particular, the Arthritis Society recommends that:

1. Patients on biosimilars and their physicians should have access to equivalent patient and physician support programs as those provided within existing originator drug programs. These include bridge funding, copayment, sharps disposal, information lines and others.
2. Appropriate education and support materials must be developed and disseminated to ensure that patients and their healthcare professionals are well-informed about biosimilars.
3. A robust process for post-market surveillance and a registry of real-world data that includes patient-reported and medical outcomes should be developed to follow and assess patients on all biologics. This requires coordinated action between governments, healthcare professionals, patient organizations, payers and pharmaceutical manufacturers.

4. If public or private payers adopt policies that preferably support biosimilars, rheumatologists should be able to identify and seek exemptions for patients who should not be switched to biosimilars based on medical criteria.
5. Before a patient is switched from an originator biologic to a biosimilar, an informed two-way consultation must take place between physician and patient and appropriate time be provided to allow for the conversation to occur (i.e. six months).
6. If a patient is changed to a biosimilar due to a payer policy change and has a flare-up within a specific period of time after the change, the patient should be able to return to the originator biologic with the same level of coverage as before.
7. Savings resulting from the adoption of biosimilars be re-invested to improve access to treatments and/or to models of care for inflammatory arthritis.

GUIDING PRINCIPLES

- Safety is paramount, and a patient-centered approach is crucial.
- People living with arthritis should have access to appropriate and effective treatment without financial hardship.
- People living arthritis and their physicians need to be armed with the right information to make an informed and shared decision about treatments.

THE ARTHRITIS SOCIETY'S ROLE

- The Arthritis Society will fulfill its mission by educating individuals affected by arthritis about the complex and unique characteristics of biologics and biosimilars, so that they can make the most appropriate and informed choice of therapy in consultation with their prescribing physician.
- The Arthritis Society is committed to ensuring that government decision makers have a clear understanding of the impact of biosimilars on patients, and that public policy is implemented to support individuals affected by arthritis.