

Health Economic Evaluation of the Mandatory Switching Policy for Biosimilars in Patients with RA

By Nick Bansback, MSc, PhD

About the Study

The prices of biologics for rheumatoid arthritis (RA) have continued to increase over time and are one of the top expenditures for drugs across the Canadian healthcare system. It was hoped that biosimilars — effectively near-copies of biologics — would reduce prices, but their uptake has been low. This study, funded by CIORA, aimed to understand the effectiveness of new policies implemented in British Columbia (BC) (called the Biosimilars Initiative) to increase the uptake of biosimilars. We used administrative data from BC and payor-level data across Canada to see how the “new starts” policy, and later “mandatory switch” policy changed prescribing (in both policies, BC Pharmacare would only cover a biosimilar if one was available, unless there was a medical reason to provide coverage of the originator on an exceptional basis).

How Did the “New Starts” Policy Compare to the “Mandatory Switch” Policy?

Our analysis found that the “new starts” policy (whereby patients prescribed a new biologic where a biosimilar was available would only be covered for the biosimilar) was working, albeit very slowly. Since many patients remain on the same biologic for a long time, even after 3 years only approximately 30% of infliximab prescribing was for a biosimilar. However, the “mandatory switch” policy (whereby patients already using a biologic which had a biosimilar that was available had to switch to maintain coverage) increased the uptake to close to 90% within 6 months. A similar result was seen for etanercept.

How Did BC Compare to Other Provinces?

Of course, it was possible that other factors might have influenced the uptake of the biosimilars at this time, other than the policies themselves. To address this, we used payor-level data from across Canada to compare the uptake of biosimilars at this time. We found that the only increases in biosimilar use happened in BC during this time,



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giving us confidence that it was the policies that influenced these changes.

Implications

Our study has given other provinces and jurisdictions evidence that a “mandatory switch” policy will quickly transition patients to biosimilars. By giving market share to biosimilars, it will enable provinces to negotiate better prices, and save the healthcare system considerable costs — making the system more sustainable. We are continuing to review the longer-term data, and the impact of the switch for the adalimumab biosimilars.

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References:

Biosimilars Initiative for health professionals. Available at <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/prescribers/biosimilars-initiative-health-professionals>. Accessed June 11, 2023.

Our results papers:

McClean AR, Cheng L, Bansback N, Clement F, et al. Uptake and Spending on Biosimilar Infliximab and Etanercept After New Start and Switching Policies in Canada: An Interrupted Time Series Analysis. *Arthritis Care & Research*. 2023. In Press — available online.

McClean AR, Law MR, Harrison M, et al. Uptake of biosimilar drugs in Canada: analysis of provincial policies and usage data. *CMAJ*. 2022 Apr 19; 194(15):E556-60.

You are invited to submit abstracts for presentation during the 2024 CRA & AHPA Annual Scientific Meeting! The deadline for submissions is October 6, 2023. Details will be available at asm.rheum.ca.