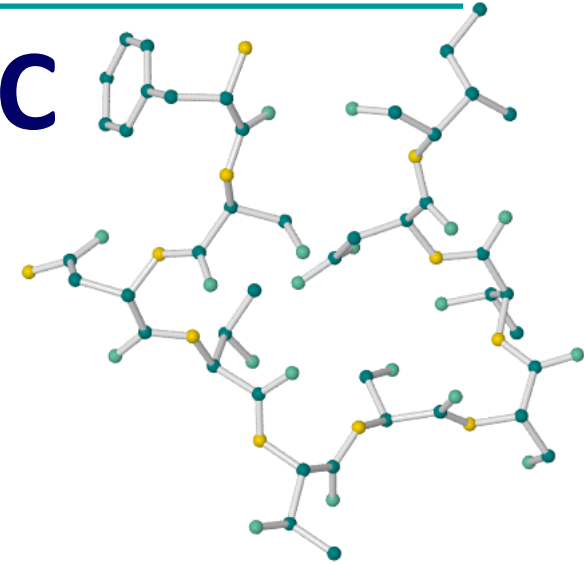


# Biosimilars Initiative – BC Experience



**May 10, 2023**

**ISPOR 2023**

**Dr. Tijana Fazlagic, Executive Director  
Pharmaceutical, Laboratory & Blood Services Division  
BC Ministry of Health**



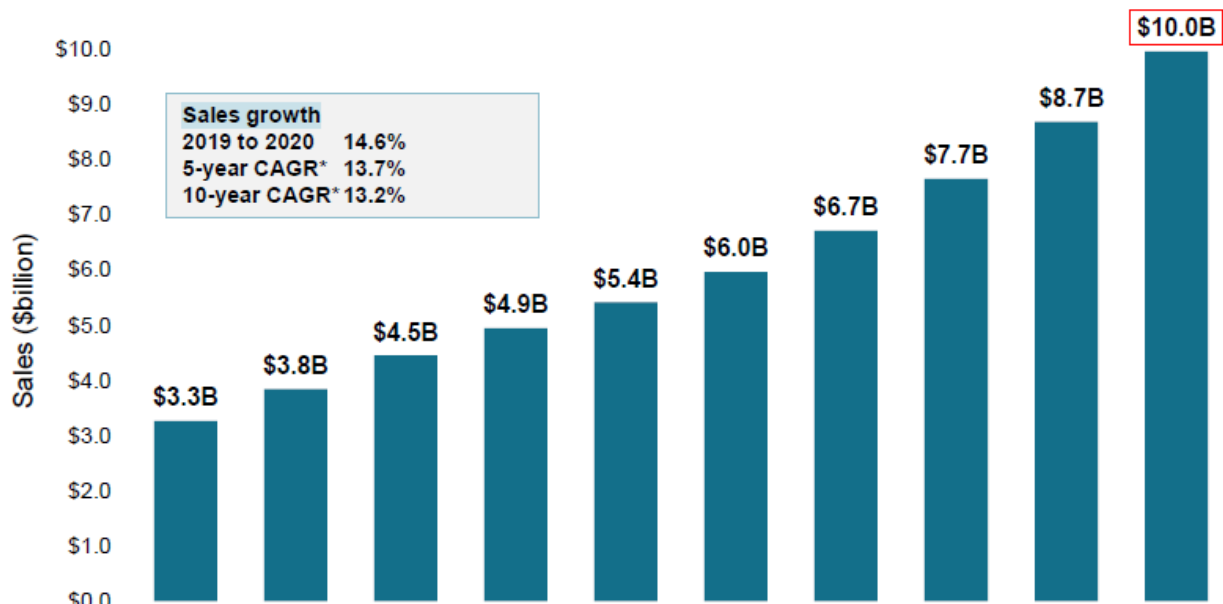
---

# Outline

1. Biologics and Biosimilars
2. Biosimilar Policy
3. Policy Impact to Date
4. Summary

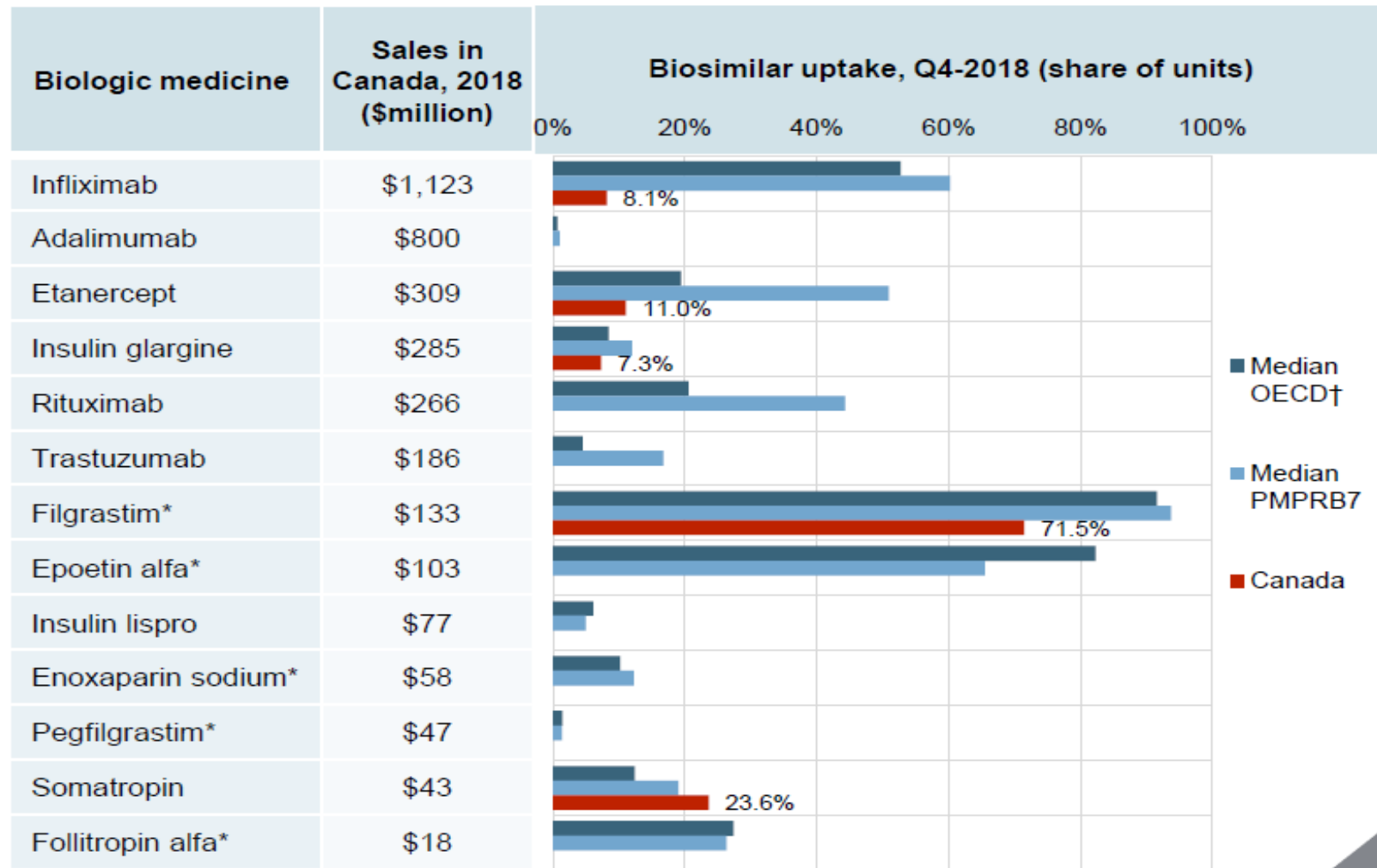
# Biologics Sales in Canada

Sales of biologic medicines in Canada, 2011 to 2020

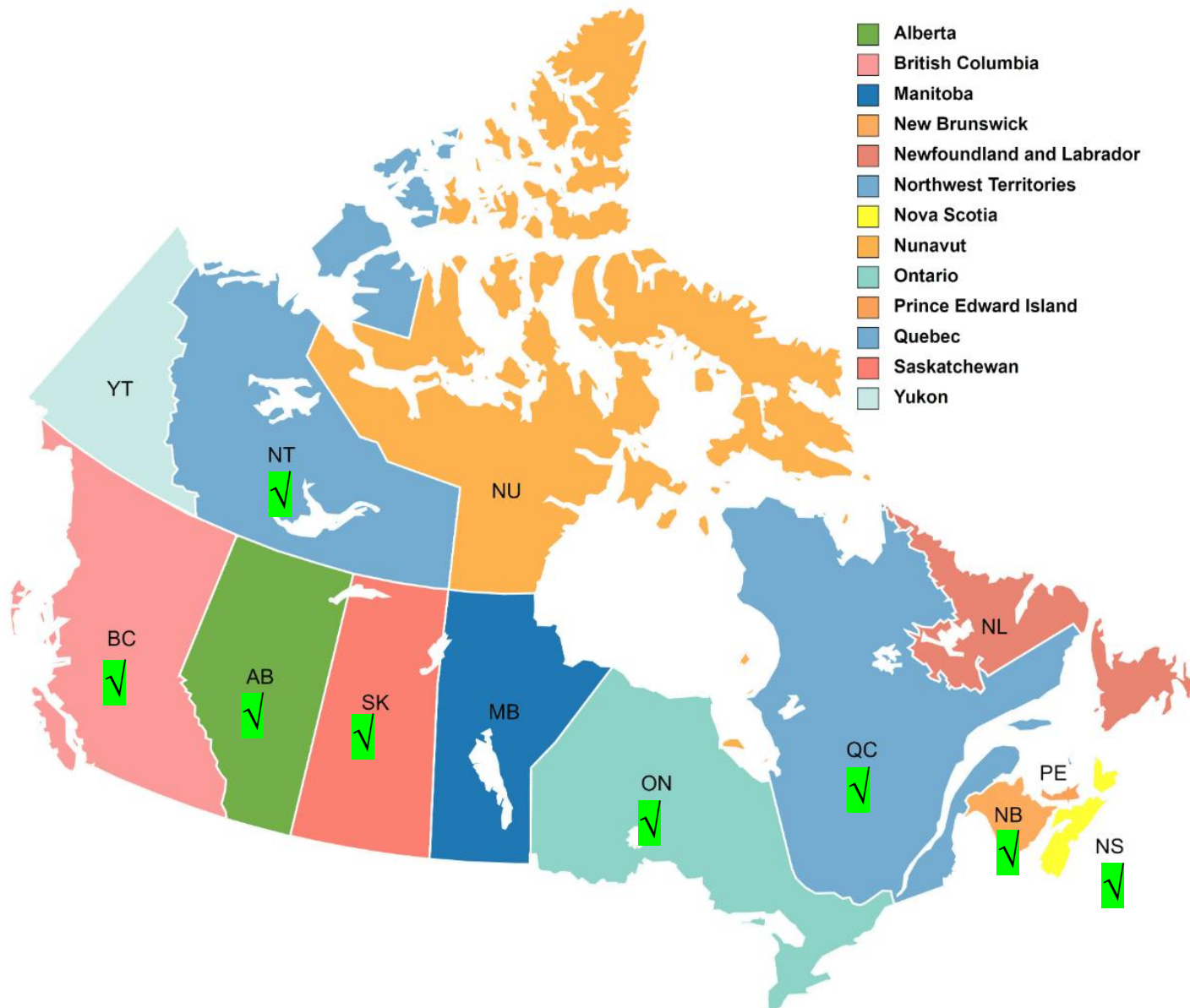


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Biologic share of pharmaceutical sales	17.2%	19.9%	22.7%	24.1%	24.7%	25.9%	27.5%	30.1%	32.2%	33.9%
Biologic sales per capita	\$96	\$112	\$129	\$141	\$153	\$167	\$185	\$208	\$233	\$262

# Biosimilars Uptake in Canada in 2018



# Biosimilar Initiatives in Canada



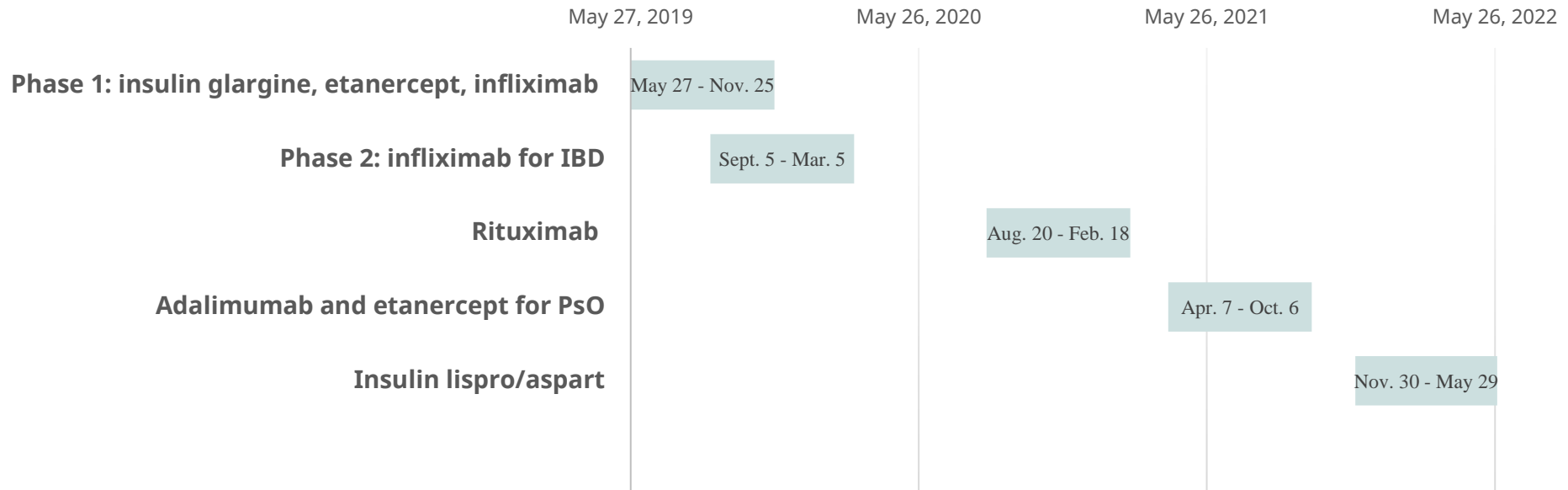
BC – 2019  
AB – 2019  
NB – 2021  
QC – 2021  
NT – 2021  
NS – 2022  
SK – 2022  
ON – 2023

# Biosimilars Initiative in BC

- Key features of biosimilar coverage policy
  - ❑ 6-month transition period to switch from biologic to biosimilars to maintain PharmaCare coverage
  - ❑ New prescription from a prescriber required to transition patients
  - ❑ Prescriber and pharmacist fee to support patients in a transition journey
  - ❑ Monitoring
  - ❑ Exceptional coverage
  - ❑ Delisting of biologic after the transition period

# BC PharmaCare Biosimilar Coverage Policy

## BIOLOGIC-EXPERIENCED TO BIOSIMILARS 6-MONTH TRANSITION PHASES



**Uses: Phase 1 - All indicated uses, except infliximab for IBD and etanercept for plaque psoriasis (PsO)**

**Phase 2 - Infliximab for IBD**

**Rituximab – Granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA), relapsing-remitting multiple sclerosis (RRMS), rheumatoid arthritis (RA)**

**Adalimumab – All indicated uses, except uveitis and Etanercept – For PsO**

**Insulin lispro/aspart – Type 1 diabetes, type 2 diabetes**

# Monitoring of Biosimilar Policy

- Therapeutics Initiative (TI) provided monitoring of medication dispensation patterns and healthcare utilization
- Historical cohorts e.g., 2016, 2017, 2018, were constructed to serve as comparators for biosimilar (policy) cohorts
- Data sources: BC Ministry of Health (PharmaNet, client registry, and Medical Services Plan payment information) and the Canadian Institute for Health Information (National Ambulatory Care Reporting System and Discharge Abstract Database)
- Outcomes investigated:
  - Adoption patterns
  - Refill patterns
  - Healthcare utilization: physician visits, ED visits, hospitalizations
  - Policy-specific outcomes, e.g. use of pulse steroids, NSAIDs, switch to other long-acting insulins
  - Disposition of non-switchers



# Assessment of Biosimilar Policy

## Biosimilar switching/new starts amongst PharmaCare patients

After 24 months:

- **Phase 1** Etanercept: 2863/3049 (94%)  
Infliximab: 714/777 (92%)  
Insulin glargine: 26,738/29,385 (91%)
- **Phase 2** Infliximab for IBD: 3205/3325 (96%)

After 18 months:

- **Rituximab** GPA/MPA/RRMS/RA: 1544/1632 (95%)

After 18 months:

- **Adalimumab** : All indications, except uveitis: 6817/7405 (92%)
- **Total: ~41,881 PharmaCare patients switched to or started on a biosimilar**

(based on claims data May 27/19- May 25/21 for phase 1 and Sep 5/19 – Sep 3/21 for phase 2, Aug 20/20 – Feb 19/22 for rituximab, Apr 7 – Oct 6/22 for adalimumab)

# Assessment of Biosimilar Policy

## Biosimilar switching/new starts amongst BC patients

After 24 months:

- **Phase 1** Etanercept: 2918/3174 (92%)  
Infliximab: 787/976 (81%)  
Insulin glargine: 35,761/44,136 (81%)
- **Phase 2** Infliximab for IBD: 3621/4354 (83%)

After 18 months:

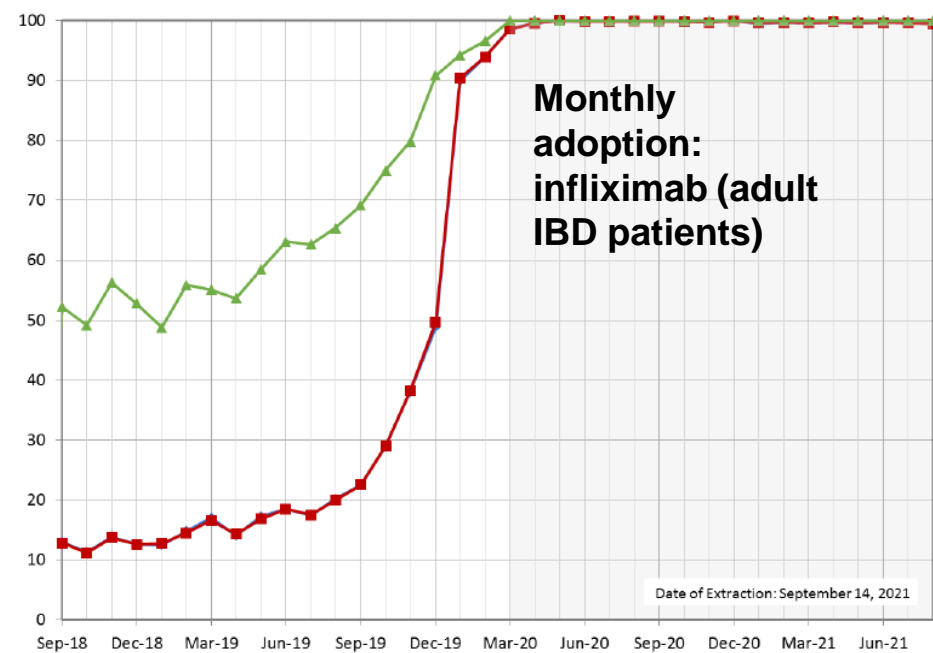
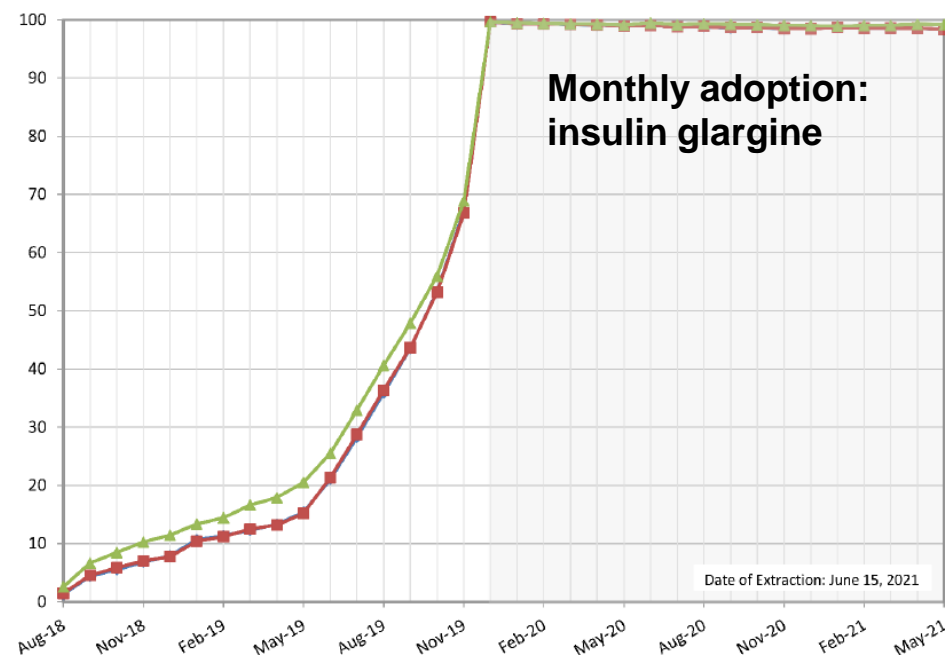
- **Rituximab** GPA/MPA/RRMS/RA: 1860/2143 (87%)

After 18 months:

- **Adalimumab** : All indications, except uveitis: 7212/8015 (90%)
- **Total: ~52,159 BC patients switched to or started on a biosimilar**

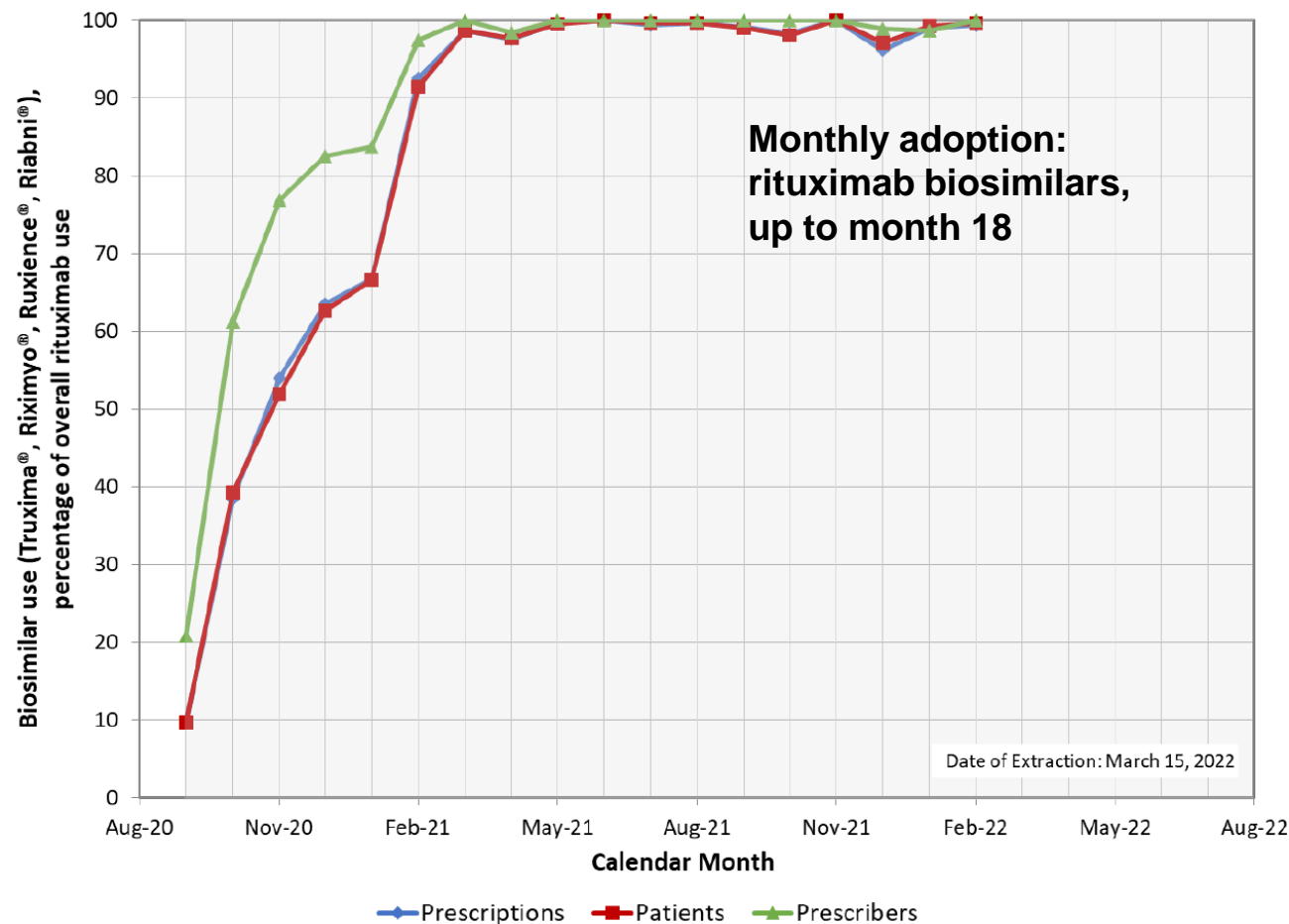
# Adoption Patterns

- Large and rapid adoption of biosimilars by PharmaCare patients and prescribers
  - > 98% of PharmaCare patients adopted biosimilars after 6-month transition period for both phase 1 and 2



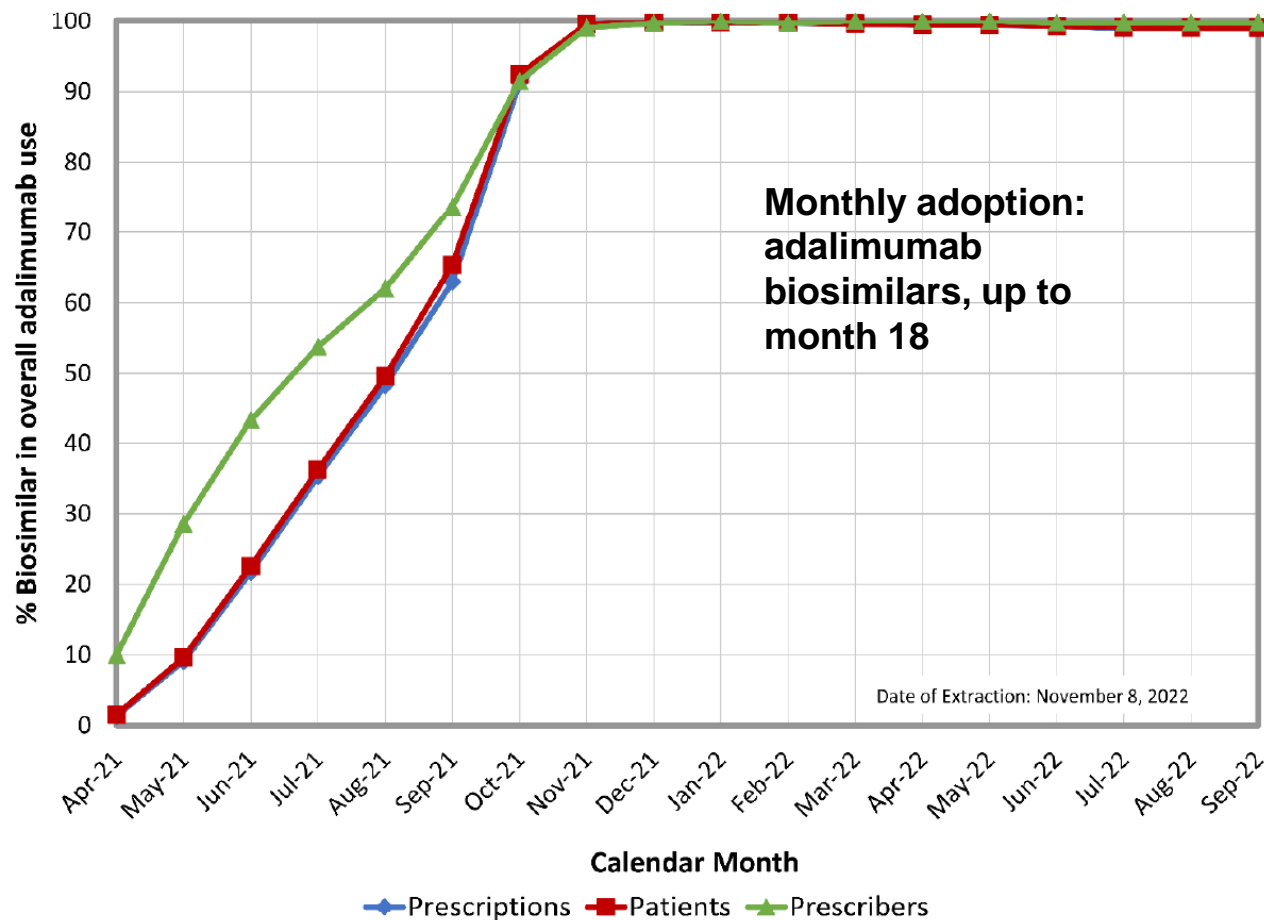
# Adoption Patterns

- Rituximab: proportion of biosimilar prescription dispensations, patients and prescribers accepted by PharmaCare, all indications



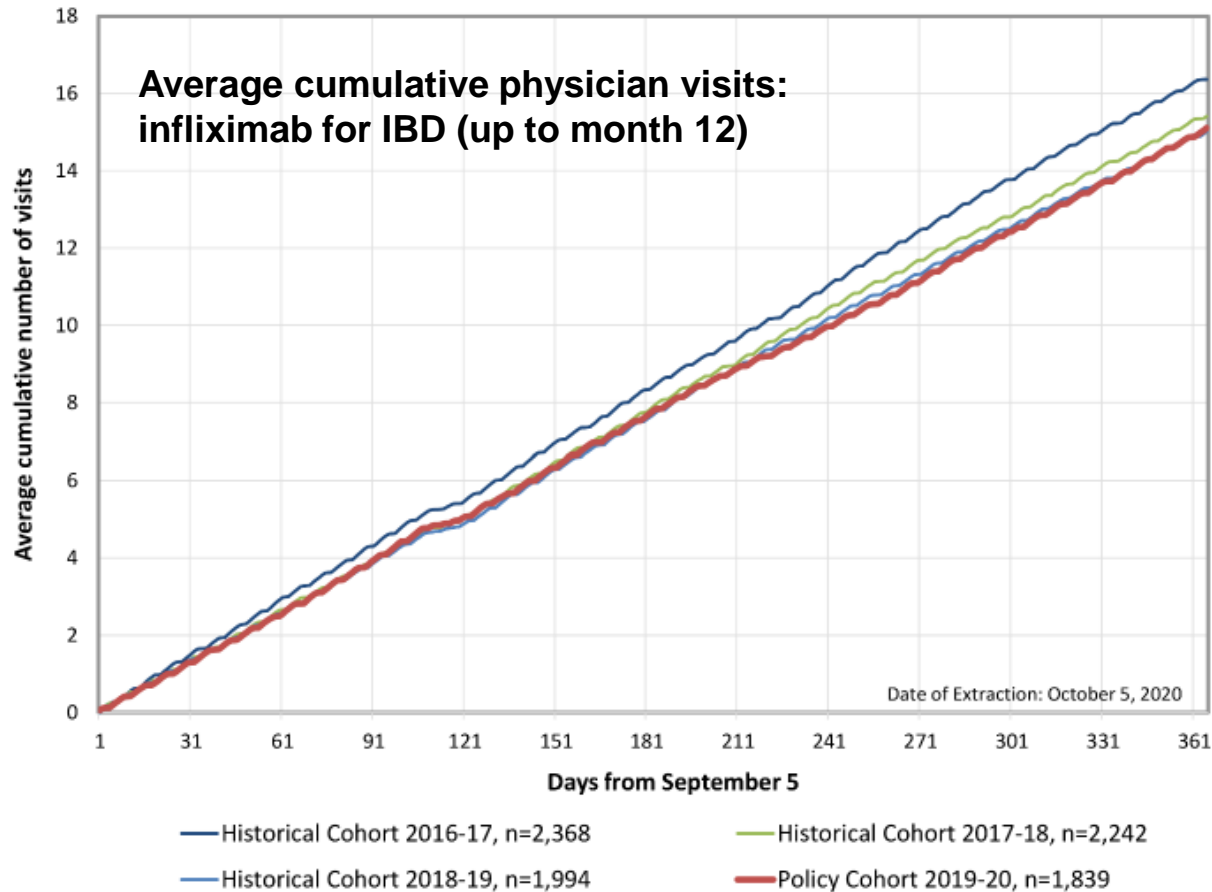
# Adoption Patterns

- Adalimumab: proportion of biosimilar prescription dispensations, patients and prescribers accepted by PharmaCare, all indications



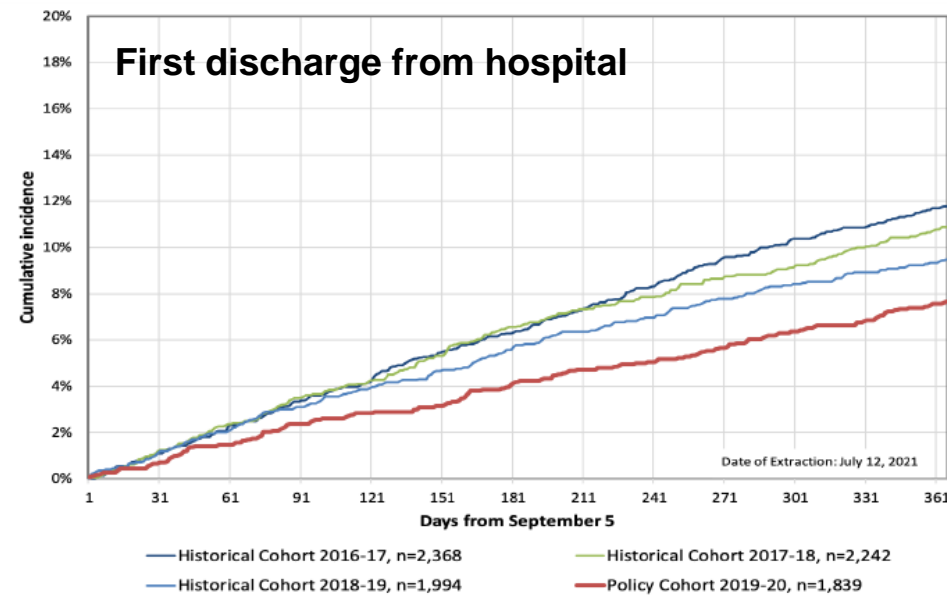
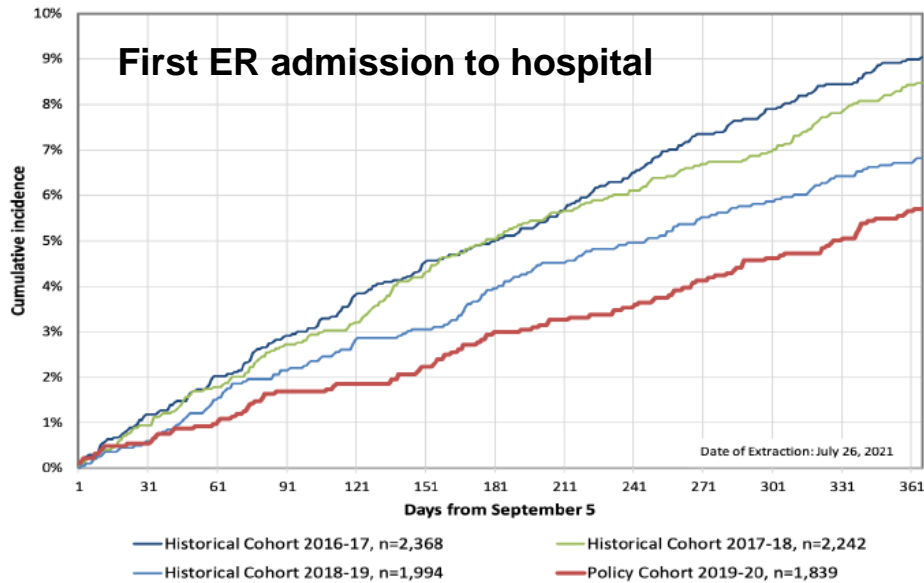
# Healthcare utilization: infliximab for IBD

- No difference in outpatient physician visits observed when compared to historical cohorts at year 1 following policy



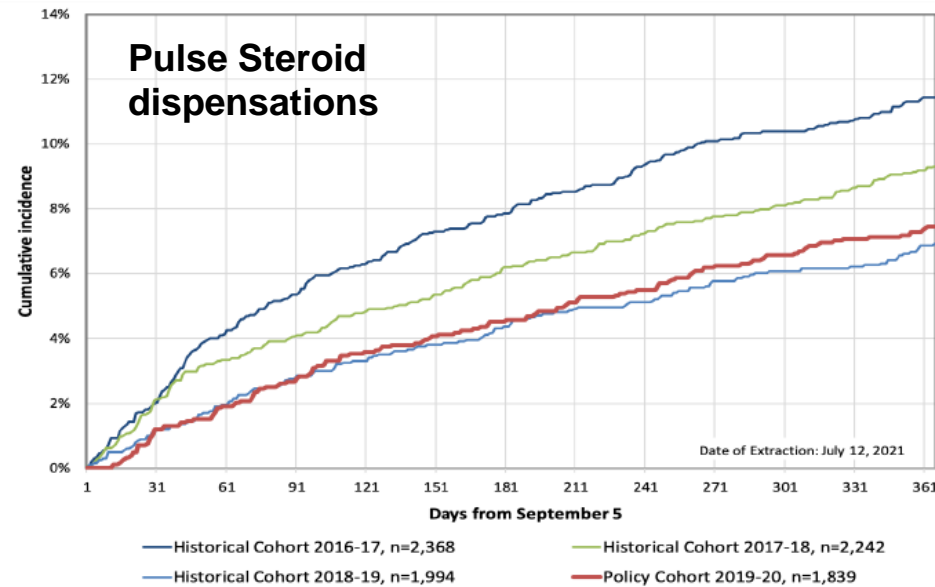
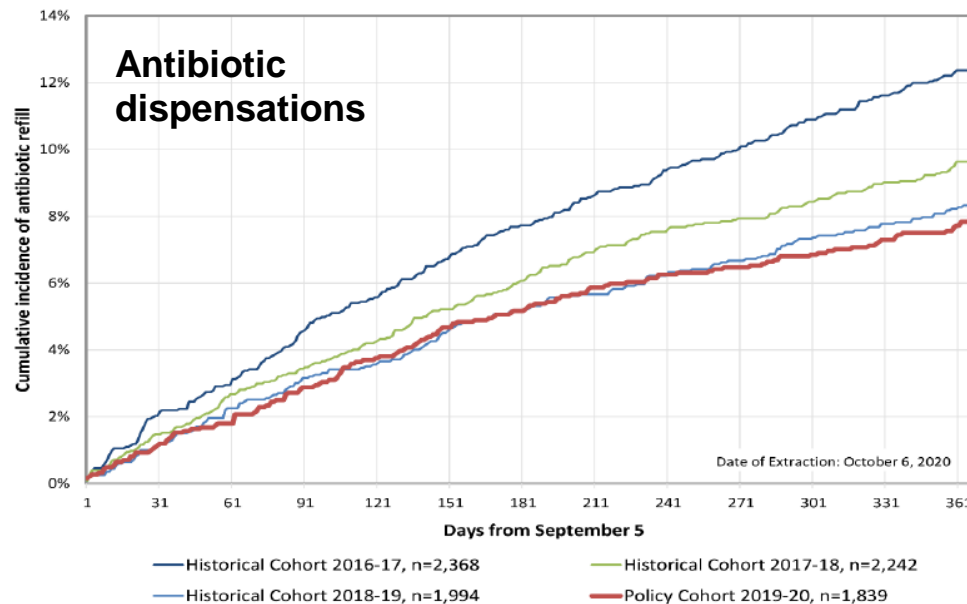
# Healthcare utilization: infliximab for IBD

- Lower cumulative incidence of emergency admission to hospital and first discharge from hospital (month 12).



# Policy-specific outcomes: infliximab for IBD

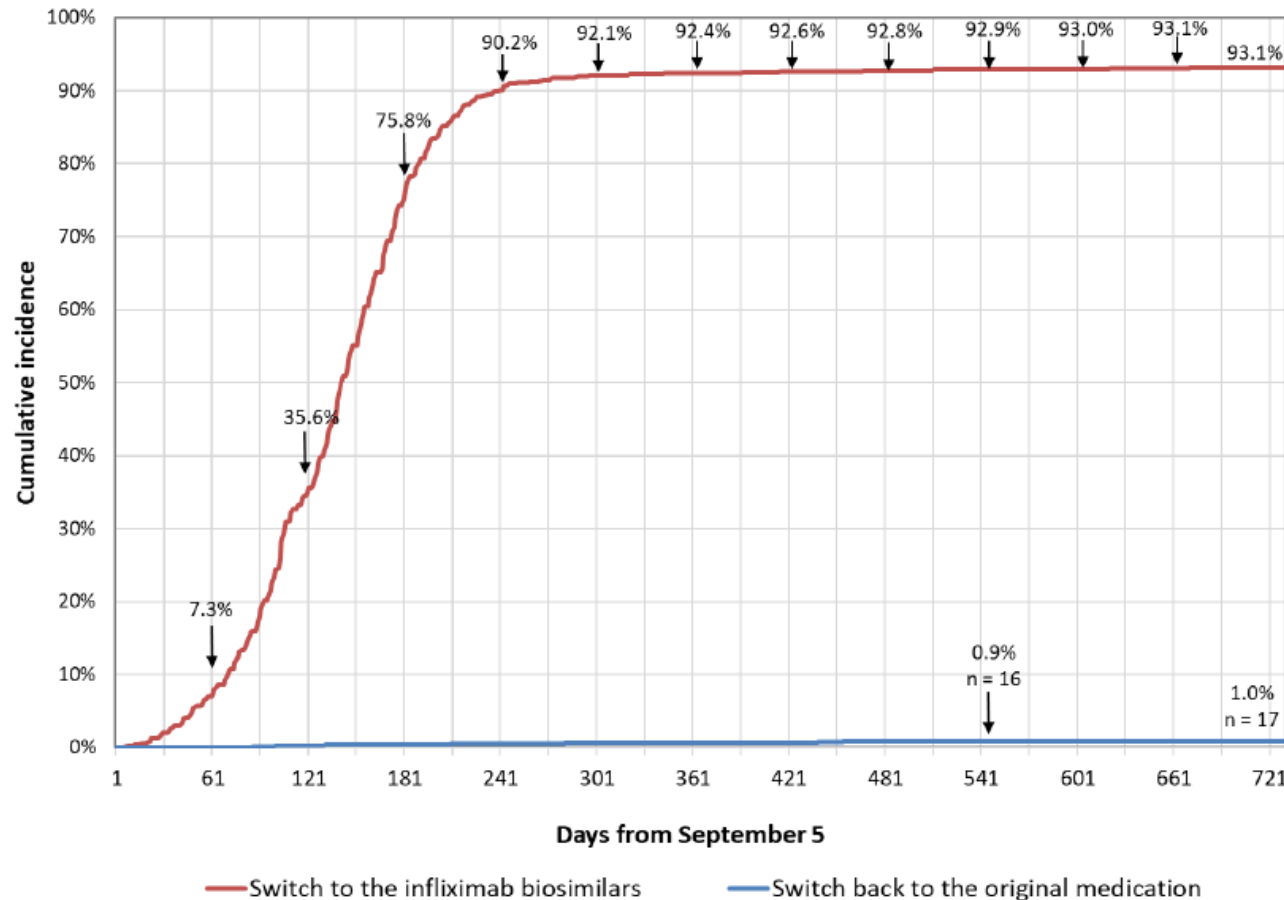
- No difference in cumulative dispensations of antibiotics or pulse steroid treatments (month 12) between biosimilar and historical cohorts of infliximab for IBD





# Switch back to originator: infliximab adult IBD

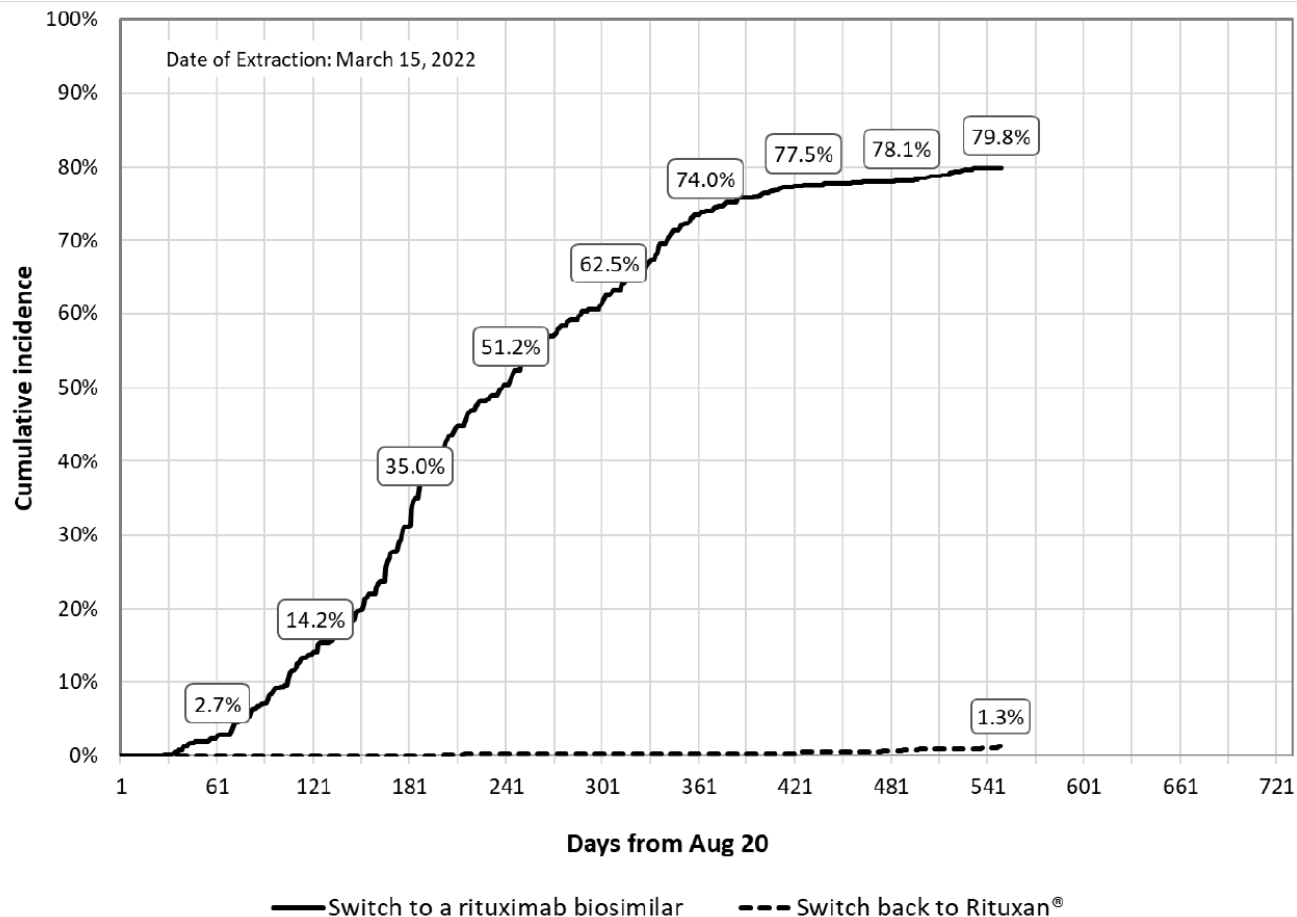
- At month 24, 1599 of 1717 (93%) of Remicade® users (≥ 18 y.o.) with a GI condition switched to a biosimilar. Only 17 (1%) of patients switched back to the originator.



Date of Extraction: September 14, 2021

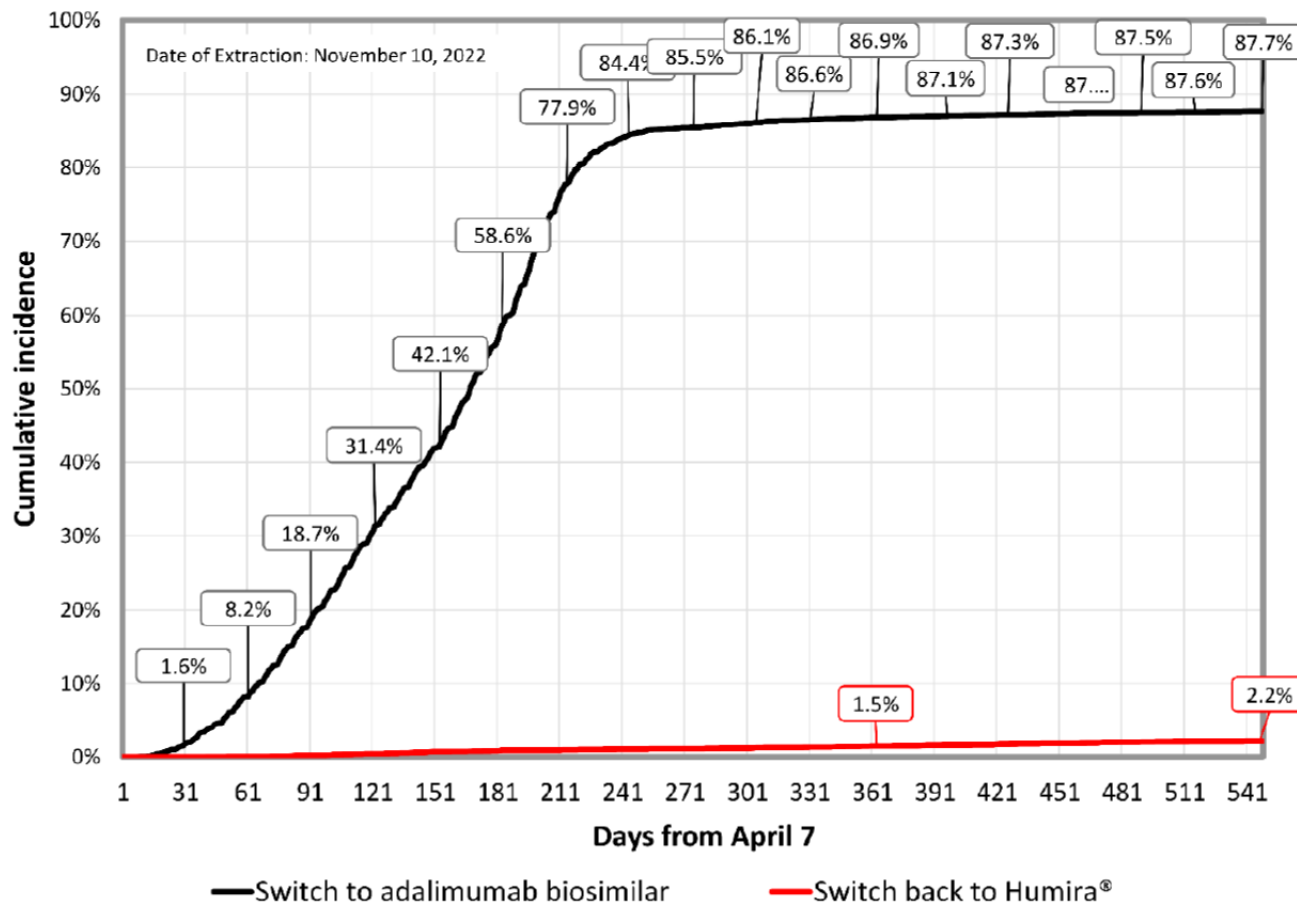
# Switch back to originator: rituximab for RA

- At month 18, 507 of 635 (79.8%) of Rituxan<sup>®</sup> users with RA switched to a biosimilar. Only 8 (1.3%) patients switched back to the originator.



# Switch back to originator: adalimumab

- At month 18, 4430 of 5052 (88%) of Humira® users switched to a biosimilar, of which 111 (2.2%) patients switched back to the originator.



# Policy-specific outcomes: infliximab adult IBD

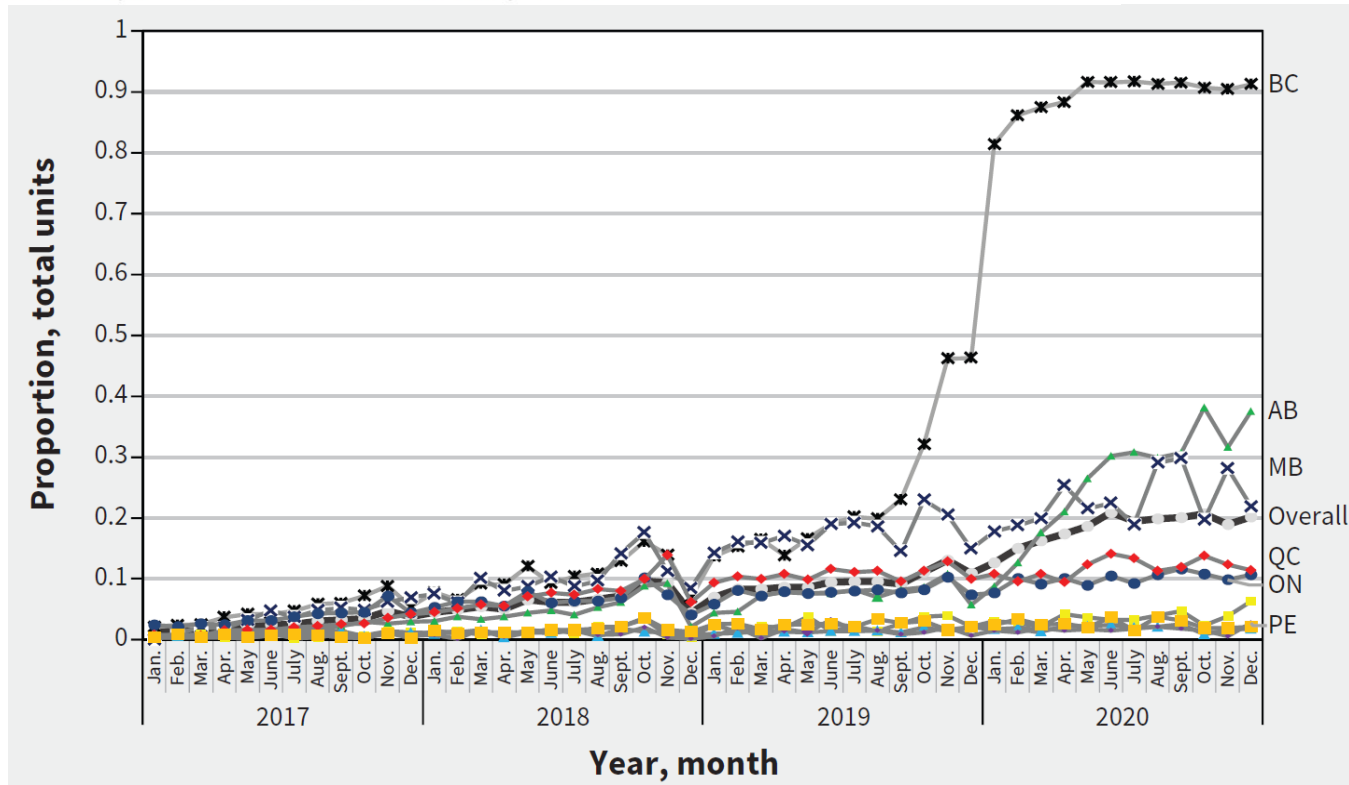
- By month 24, 118 patients in the policy cohort (7%) have not switched to biosimilar. Status of non-switchers:

Patients who switched away from infliximab to a different biologic DMARD or targeted synthetic medication	N = 58 (3.4% of policy cohort)
Patients who continued to fill Remicade® (with or without PharmaCare coverage)	N = 28 (1.6% of policy cohort)
Patients whose MSP enrolment ended (death, emigration etc.)	N = 3 (0.2%)
Patients who discontinued infliximab without switching to a different biologic DMARD	N = 29 (1.7%)

# Uptake of biosimilar drugs in Canada: analysis of provincial policies and usage data

Alison R. McClean PharmD, Michael R. Law PhD, Mark Harrison PhD, Nick Bansback PhD, Tara Gomes PhD, Mina Tadrous PharmD PhD

■ Cite as: *CMAJ* 2022 April 19;194:E556-60. doi: 10.1503/cmaj.211478



Proportion of total units of infliximab biosimilar purchases from 2017 to 2020 across provinces in Canada using data from IQVIA Canadian Drugstore and Hospital Purchases Audit

# Impact of Biosimilar Coverage policy

- Majority of patients transitioned from biologics to biosimilars
- Savings from biosimilars continue to be reinvested into new treatment options and improvements in patient care
- Recent examples of improved access to drug coverage:
  - **Coverage for continuous glucose monitors**
  - **Improved access to inhalers for Chronic Obstructive Pulmonary Disease**
  - **Change in coverage for rapid acting insulins from partial to full**
  - **Dapagliflozin for heart failure**
  - **Trikafta for cystic fibrosis**

---

# Biosimilars Initiative Resources

[www.gov.bc.ca/biosimilars/prescribers](http://www.gov.bc.ca/biosimilars/prescribers)

[www.gov.bc.ca/biosimilars/pharmacy](http://www.gov.bc.ca/biosimilars/pharmacy)

**Biosimilars.Initiative@gov.bc.ca**

**1 844 915-5005 (Monday to Friday,  
8:30 AM — 4:30 PM)**

# References

Biosimilars Initiative for health professionals. BC Ministry of Health. [Accessed online 3 Mar 2023](#).

Fisher A, Kim JD, Carney G, Dormuth C. Rapid monitoring of health services use following a policy switch to patients from originator to biosimilar etanercept – a cohort study in British Columbia. [BMC Rheumatol 2022;6:5](#).

Fisher A, Kim JD, Dormuth C. Mandatory nonmedical switching from originator to biosimilar infliximab in patients with inflammatory arthritis and psoriasis in British Columbia: a cohort study. [CMAJ Open 2022;10\(1\):e109-e118](#).

Fisher A, Kim JD, Dormuth C. The Impact of Mandatory Nonmedical Switching From Originator to Biosimilar Insulin Glargine. [Clin Ther 2022;21\(10\):1-11](#).

Fisher A, Kim JD, Dormuth CR. Monitoring a Mandatory Nonmedical Switching Policy from Originator to Biosimilar Infliximab in Patients with Inflammatory Bowel Diseases: A Population-Based Cohort Study. [Gastroenterol Res Pract 2023 Article ID 2794220](#).

McClellan AR, Law MR, Harrison M, et al. Uptake of biosimilar drugs in Canada: analysis of provincial policies and usage data. [CMAJ 2022 April 19;194:E556-60](#).