Significant savings secured by biosimilars
How facilitating a switch from originator biologic drugs to biosimilars via a national programme yielded substantial cost benefits

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Aim
The use of biologic drugs has changed the practice of rheumatology and gastroenterology, resulting in good disease control and a better quality of life\(^1\). However, these benefits come with a significant price tag. Biosimilars are drugs which are similar but not identical to their originator drug. The aim of this project was to improve the use of biosimilar drugs in rheumatology and gastroenterology units across NHSScotland and make financial savings.

Methods
The expiry of patents for the originator biologics and the availability of biosimilar agents provided an opportunity for greater market competition, delivering ongoing clinical benefit at reduced cost.

The Effective Prescribing Programme Board, part of the NHS Scotland transformational change programme, established a biologics project group with stakeholders from across the health sector.

It collated monthly data from the hospital medicines utilisation database to demonstrate the potential savings for each Health Board if they switched to biosimilar agents. Publication of case studies, demonstrating successful switching programmes and business cases, were developed and shared.

Clinical leads promoted change to biosimilar drugs, and liaised with biologic leads in each Health Board to understand any barriers to change. A business case was made for monitoring serum levels of drugs, and building minimum datasets. A framework of quality improvement work to determine deliverables was also established.

Results/ outcome
Biosimilar drugs for Infliximab, Etanercept and Rituximab, were introduced which are used to treat inflammatory conditions such as rheumatoid arthritis and Crohn’s disease. The introduction of these agents has provided £10.1m savings to Health Boards, with an additional saving of £5.4m forecast.

Business cases were developed by rheumatology and gastroenterology units across NHSScotland, with investment in local nursing and pharmacy support agreed for the roll-out of these biosimilar agents. A gastroenterology minimum dataset was agreed and a business case for therapeutic monitoring of biologic drugs was accepted by all Boards. This is now fully operational, with additional savings anticipated up to £3M pa.

Conclusions

References