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CANADIAN RHEUMATOLOGY ASSOCIATION | SOCIÉTÉ CANADIENNE DE RHUMATOLOGIE

Canadian Rheumatology Association (CRA) Position Statement on Biosimilars

It is acknowledged that evidence for the risk/benefit ratio of the use of biosimilars in the management of rheumatic diseases is rapidly accruing. The CRA encourages rheumatologists to provide the best care for individual patients and be fiscally responsible for the benefit of society as a whole. Rheumatologists should consider choosing the most cost-effective product when there is a choice available between an originator biologic and a biosimilar and must be mindful of cost savings. It is imperative that any substitution or transition/change to an approved biosimilar should result in no additional cost to the patient. The CRA recognizes the administrative challenges that patients may experience in accessing a biologic agent and therefore strongly encourages industry to provide and/or maintain patient support programs.

1. Biologic naïve patients:
   For a patient new to a specific biologic, cost effectiveness should be considered when there is an available choice between an originator biologic and one or more biosimilars.

2. Transitioning and changing for patients on biologics:
   There must be a respectful and informed conversation between the rheumatologist and patient prior to any transitioning/changing from an originator biologic to a biosimilar.

3. Substitution by someone other than the prescriber:
   a. Notification of an intended substitution must be given to the prescribing rheumatologist and patient.

   b. There will be no substitution without an informed consultation by the patient with the prescribing rheumatologist prior to any treatment change. Thus, when a substitution is proposed, at least 6 months is required to allow sufficient time for a prescriber patient dialogue to occur.
   c. In the event of substitution, the originator biologic must continue to be provided until access to the biosimilar is confirmed and available, without any interruption in patient care.

d. The patient should be allowed by the payer to revert to the original biologic agent if there is a clinically relevant flare-up of the disease within the first 6 months after substitution.

4. Paediatric patients:
   There is currently limited safety data in the paediatric population for biosimilars. Therefore, the CRA supports substitution or transitioning/changing of biologic agents only for Health Canada approved indications for children at this time.

5. Extrapolation for use of biosimilars in various rheumatic diseases will be governed by Health Canada's decisions.

6. The naming of biosimilars should be clear to enable tracking and post-marketing surveillance of new originator biologics and biosimilars, especially as new products enter the market.

Terminology clarification

Bridges et al. The science behind biosimilars, entering a new era of biologic therapy. *Arthritis Rheum* 2018, 3;334-44.

1. **Substitution:** is the FDA-preferred term that refers to a change in treatment by someone other than the prescriber and may be regulated by the law. Substitution is also termed non-medical or administrative substitution.

2. **Transitioning and changing:** an intentional therapeutic alteration to a biosimilar initiated by the health care provider in partnership with the patient.

3. **Switching:** this term is used, according to the US Biologics Price Competition and Innovation (BPCI) Act of 2009, when transitioning to or from a biosimilar which has been designated interchangeable
4. **Interchangeability:** refers to a status that may be granted to a biosimilar that is "expected to produce the same clinical result as the reference product in any given patient". To date there is no product that has been designated interchangeable. This status can be achieved by results of post-marketing surveillance and at least one prospective controlled switching study requiring subjects to be switched over at least three times in the switching arm.

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Frequently Asked Questions for Members

1. Why did the CRA issue a new position statement?

Evidence for the benefits and risks of using biosimilars in the management of rheumatic diseases has accrued rapidly since their introduction. This updated position statement represents the status of evidence-based medicine based on the latest findings to ensure that Association members, and their patients, are in possession of up-to-date guidance regarding the use of such products so that informed and appropriate treatment decisions may be made.

2. What is the CRA's position regarding the use of biosimilars?

The CRA's position statement on biosimilars is available in full on our website.

To summarize:

- Rheumatologists should continue to provide the best care possible for individual patients while also being fiscally responsible for the benefit of society as a whole. As such, they should consider choosing the most cost-effective product when there is a choice available between a reference biologic and a biosimilar.
- It is imperative that a decision to prescribe a biosimilar, or a decision to substitute or transition/change treatment to a biosimilar, follows a respectful and informed discussion between the patient and their rheumatologist; does not result in any interruption in patient care and does not result in additional cost to the patient.
- The Canadian Rheumatology Association continues to monitor the data available regarding the safety and efficacy of biosimilars in the management of rheumatic diseases and will provide further updates to this position statement as needed.

3. How does this position statement differ from the previous version?

The previous position statement, released in May 2017, reflected the evidence available at that time. This new position statement, developed by a core group including various internal committees and advisors and reviewed and approved

by the CRA board of directors, represents the evolution in our understanding of the benefits and risks of biologics as new data has accrued.

4. What is the rationale for the change?

Data from numerous clinical trials in addition to global post-marketing surveillance have tempered many of the early concerns related to the substitution/transition/change of biosimilars for reference biologics. This is reflected in the updated position statement released by the CRA.

5. **Who was involved in the development of the position statement?**

The position statement was developed by a core group including various internal committees and advisors and reviewed and approved by the CRA board of directors. The position statement was developed and then circulated to the members of the therapeutics committee to provide input. The statement was modified according to this feedback and finally approved by the therapeutics committee before submission to the Board. This position statement was developed independently by the CRA for physicians so they can offer up-to-date guidance regarding the use – and potential benefits and risks – of all treatment options so informed and appropriate treatment decisions may be made.

6. Is there any ongoing research in Canada looking at the use of biosimilars in people living with rheumatic diseases?

There is one trial currently being conducted in Canada that is listed on clinicaltrials.gov, involving the use of biosimilars in patients naïve to or previously using a reference biologic. However, numerous trials have been undertaken elsewhere evaluating the safety and efficacy of biosimilars and this accrual of data is the main reason for the update to this position statement.

7. What is the difference between a guideline, a consensus statement and a position statement?

The CRA classifies its guidance into clinical practice guidelines and position statements. Clinical practice guidelines follow international standards for best

practice and provide recommendations for best practice based on the latest evidence. A Position Statement is a document that outlines CRA's stance on a topic relevant to its membership. They are generally developed as a quick response to emerging or controversial issues. Although there is usually insufficient time to adopt the same rigorous approach as Clinical Practice Guidelines, position statements still refer to appropriate evidence-based literature and must be approved by the CRA prior to being released.

8. **Will this position statement be included in new CRA guidelines when they are developed?**

   As our guidelines are updated, new information will always be considered as part of the review process.

9. **How often will you update this position statement?**

   The position statement will be updated when new information or clinical evidence becomes available.