Good Biosimilars Policy in Canada



Biosimilar policies should not force patients who are currently stable on their medications to switch to another medication for no medical reason, called **non-medical switching (NMS)**.

It is unnecessary to force chronic disease patients to switch to a biosimilar when the patent expires on an originator biologic they are currently taking.

In fact, scientific evidence does not support NMS.

Policies that Protect Patients and Continuity of Care

We can achieve significant budget savings while ensuring continuity of care and access to medications for people living with chronic disease, without implementing a non-medical switch policy. **How?**

set one price for reimbursement for all originator biologics AND biosimilars companies with originator biologics can lower their prices to compete decision-makers already use this effective pricing policy across Canada for brand name and generic drugs, called "lowest cost alternative"

Is Your Province or Territory Next?

Public drug plans are rapidly adopting NMS across the country. Provinces with NMS: BC, AB; Provinces considering NMS: ON, QC, NB, NS. For an overview of the current status of policies across the country, visit <u>badgut.org/biosimilars</u>.

Public drug plans looking to implement non-medical switching should consider these exceptions:

- pregnant women
- those with mental health conditions
- those with severe disease and high-risk patients*
- provide a longer time frame for switching children
- those transferring from pediatric to adult care
- elderly patients
- geographic and logistical considerations in accessing care

If patients fail on a biosimilar after switching, a good policy will allow them to **return to their previous originator biologic** therapy – instead of switching them to a different biosimilar.

Non-medical switching during the COVID-19 pandemic increases patients' risk of exposure and may contribute to an already strained healthcare system.



^{*} Current evidence outlines high-risk patient populations in inflammatory bowel disease as those who are receiving induction therapy, have perianal disease or extra-intestinal manifestations, have obesity, or are active smokers.