Crohn's and Colitis Canada
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Summary: Patient and Health Care Provider Input – Non-Medical Biosimilar Switch Policy for Patients with Inflammatory Bowel Disease

Crohn's and Colitis Canada undertook a study of the perspectives of key stakeholders including patients, gastroenterologists and inflammatory bowel disease (IBD) nurses on biosimilars and related policy, including non-medical switch policy. We conducted a series of surveys and were very pleased to hear from 82 gastroenterologists, 45 IBD nurses and 796 patients and caregivers.

BACKGROUND

In 2016, it was generally agreed amongst the IBD scientific and medical community that patients in remission being treated with an innovator biologic should not be forced to switch to its biosimilar. Most considered that there wasn't enough scientific evidence to show that patients responded as well to a biosimilar when switched from the biologic. Since then, new international evidence that may or may not be applicable to the Canadian environment has accumulated and provincial jurisdictions (and private payers) are considering policy changes that will affect patients with IBD. Crohn's and Colitis Canada set out to find out what has changed and the perspectives of our key stakeholders.

WHAT WE HEARD

Gastroenterologists and IBD nurse participants agreed (over 80%) that biosimilars are a safe and effective treatment for patients with IBD. That said, support for a one-time switch from a biologic to its biosimilar was markedly less with just over 50% supporting this policy intervention. The remainder was split between disagreement with a one-time switch and requiring further information. Even amongst those who agreed that a one-time switch may be acceptable for some patients, an overwhelming number suggested necessary exemptions, with the most frequently cited exemption for patients with difficult to treat disease.

Patients were vehement in their objection to a one-time switch with over 70% of participants disapproving of a switch from a biologic to its biosimilar. Reasons that patients offered were compelling and relatable.

Participants from all stakeholder groups indicated that further information and education on biosimilars is necessary.

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KEY POINTS FOR CONSIDERATION

Biosimilars are a safe and effective treatment for patients with IBD.

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Roughly half of health care practitioners agree that a one-time non-medical switch from a biologic to its biosimilar may be acceptable, but this agreement is qualified with significant exemptions.

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Roughly half of health care practitioners are split between disagreement with a one-time non-medical switch policy and requiring further information.

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Patients with IBD and their caregivers are vehemently opposed to a non-medical switch policy and have tremendous fear and anxiety over such an intervention. A huge gap exists between patients and policy makers considering a non-medical switch policy.

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Exemptions for pregnant, breast-feeding, and paediatric patients should be applied.

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Educational gaps are significant across all stakeholders and should be addressed prior to policy change.