BRIEFING

Op-ed: The case for an Ontario biosimilar switching policy

By Jim Keon, president of Biosimilars Canada

With Ontario's fall economic statement on Nov. 4, it is clear that the impacts of COVID-19 on Ontario's health-care system and economy will be long-lasting and require the Government of Ontario to be a strong fiscal manager despite growing demands on limited resources.

For Ontario's public drug program, cost effectiveness and value for money will need to be even more at the forefront of drug reimbursement decision-making to ensure the government can continue to provide Ontario patients with coverage for innovative new therapies as they become available. It is also needed to contribute to the future sustainability of the drug program.

The rising cost and use of biologic drugs was already putting a major strain on Ontario's public drug program prior to the pandemic. According to data from IQVIA, the world's leading source for prescription drug sales information, biologics account for 26.7 per cent of prescription drug costs for the Ontario drug benefit program, but just 1.3 per cent of prescriptions.

Unfortunately, the Government of Ontario is spending $3 million more than it needs to on biologic drugs every single week — money that could instead be used to provide coverage for other drugs Ontario patients need, including those who live with rare diseases.

But there is a solution. The well-controlled switching of patients from original biologic drugs to available biosimilars would save Ontario more than $161 million annually once fully implemented. These savings would continue to grow as new biosimilar versions of other biologic medicines become available.

Such policies have already been adopted by public drug plans in B.C, Alberta, Quebec and New Brunswick and by some private insurers. Hundreds of millions of dollars in savings have been reinvested into new drug coverage and health-care systems.

A biosimilar is a biologic drug that is highly similar to a biologic drug that was already authorized for sale. Health Canada authorizes biosimilars for sale using the same rigorous regulatory standards for quality, efficacy and safety as for all other biologic drugs.

Biosimilar medicines cost between 15 per cent and 48 per cent less than their reference biologics, according to a recent study by the federal government's Patented Medicine Prices Review Board.

Biosimilar switching policies ensure patient access to quality treatments and services while controlling health-care costs. Patients are supervised in the transition to a biosimilar by their treating physician.

Patients can and should feel confident in the use of biosimilar medicines. Health Canada is unequivocal in its public statements: "There are no expected clinically meaningful differences in efficacy and safety between a biosimilar and the biologic drug" and "No differences are expected in efficacy and safety following a change in routine use between a biosimilar and its reference biologic drug in an authorized indication."

Experience in other provinces demonstrates that the transitioning of patients to biosimilars can be done safely during COVID-19. Some provinces have introduced virtual care options, so patients may not need to be physically present in a physician's office.

A biosimilar switching policy would allow the Government of Ontario to stretch its dollars further without impacting patient care. It would be a win-win for taxpayers and patients alike.

The current scenario has created an uncertain investment environment for life sciences companies seeking to make investments in innovating Ontario's biosimilars sector.

At a time when the demands on limited government resources are stretched like never before, wasting $3 million each week is irresponsible. It is fiscal waste that Ontario taxpayers simply cannot afford.

Ontario needs to make the switch to biosimilars without delay.

Biosimilars Canada
The Voice of Biosimilar Medicines in Canada