South East Regional Medicines Optimisation Group (SERMOG) policy recommendation

Title:	Overarching policy on switching between biosimilars
Number:	SERMOG-03
Category:	Overarching commissioning policy recommendation
Date determined by SERMOG:	September 2024

Policy recommendation:

The South East Regional Medicines Optimisation Group (SERMOG) considered national and professional society guidance, the baseline position, other integrated care board (ICB) policies, equality and equity issues and the potential impact of a new policy.

All decisions were made with reference to the South East Region Policy Recommendation Committees' Ethical Framework. Taking these into account, the SERMOG recommends:

- The following overarching recommendations should be followed when switching from one biosimilar treatment to another:
    - Switching from one biosimilar treatment to another biosimilar treatment can be appropriate so that the product of lowest acquisition cost is being used. When multiple brands of a recommended clinical treatment exist, clinicians must prescribe the biological/ biosimilar that ensures best value. The exception is where there is clinical exceptionality, or if the standard treatment course is less than 6 months.
    - Biosimilars should be added to local formularies for their licensed indications at the time of their launch (or soon after) to maximise the financial savings available.
    - Substitution at the point of dispensing without consulting the prescriber is not permitted for biological medicines, including biosimilars.
    - Although patients should be given the opportunity to make an informed choice regarding their treatment with prescribers, they should not be given the option to choose from different brands of a selected medication (i.e., patients cannot choose which biosimilar medication is selected for treatment).
    - For stability and to foster patient confidence in the use of biosimilar medicines, it is recommended that, barring any changes in clinical circumstances, a biosimilar of best value should be continued for a minimum period of one year before contemplating further switches for economic reasons. This approach also helps to manage the workload for healthcare professionals and organisations engaged in switching schemes. It is important to note that there is no stipulated maximum number of switches between biologicals and biosimilars.

Version control:
Final version 1.0 – Circulated to ICBs for ratification on 9 October 2024
Notes:
This policy recommendation will be reviewed when new information becomes available that is likely to have a material effect on the current recommendation. South East region ICBs will always consider appropriate individual funding requests (IFRs) through their IFR processes.