

**DOCUMENT TITLE:****Maximising the opportunity presented by biosimilar medicines: A national strategy for Wales****CLOSING DATE: Wednesday 7 September 2022**

Please complete your personal details along with the Consultation Pro-forma **and** the Declaration of Interests form below. Please type directly into the forms and save with your initials (or other appropriate identifier) before returning to awttc@wales.nhs.uk.

Please note: Comments received during consultation are compiled in a report and considered by the development group. Each comment will be addressed and any changes to the document that are made as a result will be noted. The summary report including any comments submitted will be available upon request.

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Name	
Organisation/Company	Crohn's & Colitis UK

CONSULTATION PRO-FORMA**Is there anything you would like to see added to the strategy document?**

Adalimumab and infliximab are important treatment options for people living with Crohn's and Colitis, and with the potential of new biosimilars being approved, we welcome the National Strategy for Wales to maximise the opportunities they offer to patients. In particular, we welcome the section of the strategy focused on supporting adoption and uptake and the framework set out in Figure 5.

Whilst switching from originator to biosimilars has a clear benefit to the NHS, the benefits can be less clear to patients who have responded well to an originator. In a recent survey of 899 people who had switched from Humira to biosimilar adalimumab, a total of 34% of respondents reported poor overall satisfaction of their biosimilar after the switching process, with complaints focused on the lack of shared decision making, the scarcity of information provided, and the lack of training with the new injection device.¹

In the same survey, 1 in 2 respondents revealed that they had not been consulted about nor given their consent to switching to a biosimilar.² Whilst patients can be switched to biosimilar medicines, there may be key differences that have implications for patient's decision-making, including the method of delivery, the injection device, and the options for home delivery. Although patient consultation and involvement is referenced in the strategy,

¹ Kaneko K, Prieto-Alhambra D, Jacklin C, *et al.* Influence of information provided prior to switching from Humira to biosimilar adalimumab on UK patients' satisfaction: a cross sectional survey by patient organisations. *BMJ Open* 2022;**12**:e050949. doi:10.1136/bmjopen-2021-050949

² *Ibid*, p.3

we would welcome a stronger commitment to shared decision making. The IBD Standards highlights effective approaches to supporting shared decision making, including decision aids, question prompts to help people speak up in consultations, education to help patients become more engaged, and access to medical records.³ We would welcome the development of guidance for health care professionals and the sharing of best practice to support the adoption of shared decision making regarding switching to biosimilars, and believe this would have a positive impact on adoption and uptake. Patients shared the following experiences about how their experiences switching to biosimilar adalimumab could be improved:

“Human contact rather than a technical letter which was garbled and lengthy. I reread it twice but it still made little sense. I am a doctor and I had to find out about the drugs by my own means as the letter was appallingly bad. I was told by the healthcare at home pharmacist who I rang, that I had no choice in the matter and my delivery company would not deliver Humira any more to me”.

“Not setting up a pretence of a consultation. Why waste my time and that of my wife to consult with me when they in fact just impose it on me. Absolutely disgusted at the whole process”.

“It [would] have been nice to be told why and when by my consultant or nurse. I would not have declined the switch but I would have liked to have the option”

“Would have been nice to speak to IBD nurse in person, discuss which biosimilar would have been appropriate, been given training on how to use the new device and been consulted about the change. We were just told that the drug would be switching to a biosimilar and there was no option to discuss this and whether or not to switch.”

We know that providing high quality information to patients prior to switching has a positive impact on patient satisfaction, however we believe the strategy would be enhanced by including explicit recognition of the need to deliver training to both healthcare professionals and patients on new injection devices, alongside information provided prior to switching, as part of the resources set out in the Framework of national and local actions to support adoption and uptake (Figure 5).

Research into patient satisfaction amongst those switching from Humira to biosimilar adalimumab highlights the importance of clear, co-produced information, and appropriate training for patients of new injection devices.⁴ Over 1 in 5 respondents (22%) reported the ease of using the injection device to be worse after switching to the biosimilar, which could impact on medication adherence.⁵ On the other hand, those that reported satisfaction with training for the new injection device reported fewer side effects (37%

³ IBD UK, Shared Decision Making, <<https://ibduk.org/ibd-standards/newly-diagnosed/shared-decision-making>>

⁴ Kaneko K, Prieto-Alhambra D, Jacklin C, et al. ‘Influence of information provided prior to switching from Humira to biosimilar adalimumab on UK patients’ satisfaction’. *BMJ Open* 2022, p.4.

⁵ *Ibid*, p.6.

compared to 60%), and reported less pain when injecting (70% compared to 83%).⁶

Overall, we believe that the strategy should place a greater focus on the importance of shared decision making, and that the explicit inclusion of training for patients and healthcare professionals in the strategy would benefit the adoption of best practice and lead to better patient outcomes.

Is there anything you would like to see removed from the strategy document?

No

Any further comments you may have can be submitted using the table below.

Page number/section number/ line number	Comment

DECLARATION OF INTERESTS

Do you have any business or personal interests that might be material and relevant to the project/document under consideration?

Yes	
No	X

If **yes**, please give details below:

⁶ *Ibid*, p.4.