



Ontario
Rheumatology
Association

A rheumatologist's decision to prescribe a biologic agent (biosimilar or innovator molecule) must be informed by the clinical need and must adhere to the principles of a sound therapeutic alliance. The Ontario Rheumatology Association (ORA) is aware that automatic (non-medical) switching from innovator to biosimilar molecule may achieve cost-savings to the health care system.

ORA Position on Non-Medical Switching:

The ORA recognizes that non-medical switching* from innovator to biosimilar biologic medications with approved indications for patients with rheumatic disease is safe and has the potential to save health care system resources. The ORA's support for non-medical switching is based on the following principles:

1. Switching results in no incremental cost borne by patients;
2. There are demonstrable cost savings to the health system

With respect to implementation of non-medical switching, the ORA makes the following recommendations:

1. To make the non-medical switch, a time period of no less than 6 months is permitted, recognizing that there are practical challenges involved in switching including counselling, additional clinic visits, and additional pharmacovigilance;
2. The payer should provide the option to switch back to the innovator biologic if criteria are met for disease flare within 6 months of switching.
3. A portion of the cost savings should be reinvested to support care for Rheumatology patients (examples include innovative technologies to improve and monitor quality of care for patients, team-based models of care, and access to specialists, medications, and currently non-funded laboratory tests such as ACPA, ANCA, or APAs).

*Also called administrative switching or transitioning