ORA Position on Biosimilar Switching – Updated June 23, 2022

A rheumatologist's decision to prescribe a biologic agent (biosimilar or innovator molecule) must be informed by clinical need and must adhere to the principle of shared decision making between the patient and their physician. The Ontario Rheumatology Association (ORA) is aware that switching from an innovator to biosimilar molecule may achieve cost-savings to the health care system.

Support for switching is based on the following principles:

1. Switching to a biosimilar is as effective and safe as the innovator molecule; and
2. Switching results in no incremental cost to patients;

With respect to implementation of a provincial non-medical switch program, the ORA makes the following recommendations:

1. A time period of no less than 6 - 9 months is provided, recognizing that there are practical challenges involved in switching including counselling, additional clinic visits, and additional pharmacovigilance;
2. The switch may be done either at an in person or virtual visit, with a designated OHIP fee code for the switch visit.
3. The payer should provide the option to switch back to the innovator biologic if a disease flare or other adverse event occurs within 6 months of switching.
4. 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 APLAs).

This document will be reviewed and updated regularly