NHS England logo

**CCG-COMMISSIONED BEST VALUE BIOLOGICAL MEDICINES**

**Assessment of the opportunity**

* Has an approach to biosimilar uptake been discussed and agreed with:
  + The CCG governing body (Y/N)
  + Area Prescribing Committee (Y/N)
  + Relevant local provider organisations (Y/N)
  + Relevant Sustainability and Transformation Partnerships (Y/N)
* Do you have a mechanism in place for identifying the date of patent expiry for originator biological medicines, and the possible launch date of individual biosimilar products? (Y/N)
* Have you identified the level of potential savings opportunity[[1]](#footnote-1) available to your health economy through the use of biosimilar medicines? (Y/N)
  + If yes, what is the value and what data source did you use?

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| --- | --- | --- | --- | --- |
| Biosimilar | 2017/18 | | 2018/19 | |
| Uptake % | £ Saving | Uptake % | £ Saving |
| Infliximab |  |  |  |  |
| Etanercept |  |  |  |  |
| Rituximab |  |  |  |  |
| Adalimumab |  |  |  |  |
| Total |  |  |  |  |

**Engagement**

* Do you have a specific communication strategy to inform the following stakeholders about your commissioning decisions for biosimilar medicines?
  + CCG contracts managers (Y/N)
  + Provider clinicians (Y/N)
  + Provider pharmacy team (Y/N)
  + Provider finance teams (Y/N)
  + Patients and carers (Y/N)
  + Suppliers (Y/N)

**Implementation**

* Have you developed specific plans (with agreed timelines) for commissioning each of the following medicines:

| **Medicines** | **New patients** | **Existing patients** |
| --- | --- | --- |
| Etanercept | (Y/N) | (Y/N) |
| Infliximab | (Y/N) | (Y/N) |
| Adalimumab | (Y/N) | (Y/N) |
| Others (please add below) |  |  |
|  | (Y/N) | (Y/N) |
|  | (Y/N) | (Y/N) |
|  | (Y/N) | (Y/N) |
|  | (Y/N) | (Y/N) |

* List any issues that you think will reduce or slow down the implementation of the NHSE biosimilar commissioning framework in your area?

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* Have you allocated additional resources to support the uptake of biosimilar medicines in your CCG? (Y/N)
* Have you agreed any incentives to support provider trusts to switch to biosimilar medicines as they become available? (Y/N)
  + If yes, please describe briefly below:

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* For the biosimilar medicines that you commission, will you be adhering to the NHSE Medicines Optimisation CQUIN? (i.e. 90% of new patients in first quarter after biosimilar launch and 80% of existing patients within 12 months)? (Y/N)
  + If “No”, please provide brief details below:

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**Monitoring and data collection**

* Do you operate a prior approval process that provides you with prescribing information at a detailed level? (Y/N)
  + If so, how does this operate?

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* Will you monitor the uptake of best-value biosimilar medicines that you commission to ensure that they are prescribed at scale and pace? (Y/N)
  + If yes, how will this be done?

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* Will you monitor patient outcomes for the medicines that you commission? (Y/N)
  + If yes, how will this be done?

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* If underachieving against expected savings, how will this be addressed?

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**Any additional comments**

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1. NHS England modelling calculates savings using the following method:

   1. Uses 2016/17 outturn in terms of activity and expenditure for each biosimilar and the originator. This is the ‘do-nothing’ position total spend on this area.
   2. For future periods, an assumption regarding uptake is applied to each year. This generates the switch volume from originator to biosimilar against a 2016/17 baseline and the total volume for that year of each originator and biosimilar.
   3. For each biosimilar and originator assumptions are applied relating to the expected price of the respective drug.
   4. Resultant volumes in 2. Above are then costed at the prices in 3. This gives the forecast spend in year following switches expected in that year.
   5. The potential saving is therefore total spend for the biosimilar and originator in the financial year modelled less the spend on biosimilar and originator in the ‘do nothing’ position (2016/17 outturn)

   [↑](#footnote-ref-1)