Introducing biosimilar versions of Infliximab: NICE insights from the NHS

Dear BSPGHAN Members

I am getting in touch to let you know that NICE has published a new adoption resource to support the introduction of biosimilar versions of infliximab: Inflectra and Remsima. This resource has been developed for both clinical and non-clinical staff to help them manage the introduction of these biosimilar medicines into their care pathways safely and effectively. It will be particularly relevant and useful to gastroenterology; rheumatology, pharmacy and nursing staff, as well as to other clinical areas that are planning for the introduction of biosimilar medicines and their commissioners. I’d be very grateful if you could help us spread the word about this important new resource through your networks and communication channels.

A biosimilar medicine is a biological medicine that is developed to be highly similar to an existing biological medicine in physicochemical and biological terms. NICE’s position statement on evaluating biosimilar medicines was published in January 2015. This states that biosimilars notified to the NICE topic selection process for referral to the Technology Appraisal programme will usually be considered in the context of a Multiple Technology Appraisal, in parallel with their reference products in the indication under consideration. The Department of Health has confirmed that a technology appraisal remit referred to NICE enables NICE to decide to apply the same remit, and the resulting guidance, to relevant licensed biosimilar products which subsequently appear on the market.

Infliximab is used to treat a number of autoimmune and inflammatory disorders, including: adult rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and psoriasis, and adult and paediatric Crohn’s disease and ulcerative colitis. Its biosimilar versions have the potential to offer the NHS considerable savings, especially when used to treat long-term conditions. Our latest adoption resource looks at how NHS organisations can safely and effectively transition from Infliximab to Inflectra or Remsima. It provides real-life insights from NHS clinicians who have already switched to these new technologies, providing:

- Practical advice on how to effectively introduce biosimilars into the care pathway, taken from case studies carried out in two NHS Foundation trusts
- Important advice on possible barriers to implementation and how to overcome these
- Information on the opportunities for cost-savings and re-investment
- A process to implement a well-managed safe switching programme to biosimilars.

For more information and to access our adoption resource, please visit the NICE website.

I’d be very grateful if you could let me know whether you’d be able to help NICE spread the word about this new resource by doing any of the following,

1. Include a short announcement about our new adoption resource in relevant news bulletins, newsletters and on your website.
2. Cascade this information to relevant senior staff and encourage them to cascade to staff within their teams.
3. If you have a twitter account, tweet and retweet about our new adoption resource.

Thanks for your help and if you have any queries, please let me know.
With kind regards,

Louise Tempia  
Communication Executive – External Engagement  
National Institute for Health and Care Excellence  
Level 1A, City Tower | Piccadilly Plaza | Manchester M1 4BT | United Kingdom  
Tel: 0161 870 3141  
Fax: 44 (0)300 323 0149  
Web: http://www.nice.org.uk