Biosimilars

Biologic treatments have been used in severe psoriasis and psoriatic arthritis since the mid-2000s. You can read more about biologics on our leaflet called Biologics for Psoriasis and Psoriatic Arthritis.

A number of the first biologic treatments for psoriasis and psoriatic arthritis are coming 'out of patent', meaning that the company that makes them no longer has exclusivity. This means that other companies are now free to make their own version of that particular medication. This is common in pharmaceuticals – we are all used to seeing lots of different brands of paracetamol, aspirin and ibuprofen for sale in a pharmacy, for example.

Generic Vs Similar

For many medications, the versions that are made when their patent runs out are known as 'generics'. They are usually an identical copy of the original medication, although in some cases there may be differences in the 'carrier' ingredients (the ingredients needed to make it into a pill format, for example). Biologics, however, are very complex medications to make. So complex, in fact, that it is impossible to create an exact copy.

Because of this, copies of biologic medications are known as 'biosimilars' rather than 'generics'. The term 'generic' would suggest that the new version was exactly the same as the original biologic medication, which is not the case. Whilst the new manufacturers will have based the biosimilar on the original biologic and got it as close as possible, they will be 'similar' rather than exactly the same.

Biosimilars will follow the same dosing schedule and have the same monitoring requirements as their original biologic counterparts.

What are the possible benefits of biosimilars?

When the patent runs out on a particular medication, it allows other companies to start making it, meaning that there are alternative manufacturers for the NHS to source the medication from. The initial manufacturer often charges high prices for a medication, partly because they are trying to recoup some of the research and development, clinical trials and marketing costs.

The Psoriasis Association, Dick Coles House, Queensbridge, Northampton, NN4 7BF
Registered Charity No. 257414 and SC039886
01604 251620/ www.psoriasis-association.org.uk /mail@psoriasis-association.org.uk

After the patent has run out, subsequent manufacturers do not have the same costs, and so may be able to be more competitive with pricing, offering the NHS a better deal.

In theory, if biosimilars are cheaper then it could mean that more people with psoriasis and psoriatic arthritis are able to access this treatment through the NHS. However, even without some of the costs listed above, biosimilars are complicated and difficult-to-make, and so they are still likely to be expensive. Biosimilars are only just beginning to be used in psoriasis and psoriatic arthritis, and so it is likely to be a while before we can see what the real impact has been.

Another benefit of biosimilars is that they increase the variety of medications that are available to people with psoriasis and/or psoriatic arthritis. People with these conditions see very individual responses to medication, and what works for one person will not necessarily work for another. Therefore, the widest possible range of treatments – with even the most subtle differences – can be beneficial.

What are the concerns regarding biosimilars?

Many of the concerns regarding biosimilars are to do with the fact that they are *similar*, but not exactly the same. Therefore, some experts argue that we cannot know the true effect of these medications, both in terms of effectiveness in treating the intended conditions, and also in terms of side effects and long term safety.

The British Association of Dermatologists states that, '…it cannot be assumed that biosimilars will have identical efficacy and safety as the reference biologic. Biosimilars should therefore be treated as new drugs and data collected regarding their efficacy and safety in clinical practice'. Additionally, the BAD recommends that:

- Biosimilars should be referred to by their brand name to avoid confusion with the original biologic.
- Biosimilars and original biologics not considered interchangeable. If a particular product is not immediately available when the prescription is given, the dispensing Pharmacist must discuss appropriate action with the Dermatologist who has prescribed the treatment. A biosimilar should not automatically be offered as an alternative to an original biologic, and vice versa.
- People who are responding to a particular product (original or biosimilar) should not be switched to an alternative.

Biosimilars available for psoriasis and/or psoriatic arthritis:

Below is a list of the biosimilars that are currently available in the UK for psoriasis and/or psoriatic arthritis, listed by original biologic counterpart. There may be information on the internet about other biosimilars that are currently available in other countries or still being clinically trialed. Unless they have been granted UK Marketing Authorisation, these will not be available in the UK. The table below is correct at time of printing.

	Original Brand Name	**Biosimilar Brand Names**
Infliximab	Remicade	Flixabi, Inflectra, Remsima
Etanercept	Enbrel	Benepali, Erelzi

Before starting a new biologic treatment, ask your Dermatologist or Rheumatologist to confirm which brand name they are prescribing. This will allow you to ensure that you continue receiving the same brand, as per the British Association of Dermatologist recommendations.

The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor and **always read the patient information leaflet** to make sure you are using it correctly.

The Psoriasis Association is committed to producing good quality information, and our information processes are certified by the NHS Information Standard. The content of this information sheet is currently going through the testing phase of the Psoriasis Association's Information Production Process, and as such the content of this resource may be subject to change. If you have any feedback to give us on this resource, please contact us on the details listed below.

May 2018 (Review Date: 06/20)

The Psoriasis Association, Dick Coles House, Queensbridge, Northampton, NN4 7BF
Registered Charity No. 257414 and SC039886
01604 251620/ www.psoriasis-association.org.uk /mail@psoriasis-association.org.uk