

Abstract Submission Form

TITLE	<i>Implementing a Biologic Switch pathway to facilitate transition to biosimilar.</i>
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ABSTRACT DETAILS:	
Background:	Biosimilar switches are likely to become a common scenario across specialties, can deliver significant savings, but can present a logistical dilemma. We implemented a Biologic Switch pathway focused on group Patient Education Sessions (PES), devised by rheumatology colleagues, to facilitate a rapid patient-centred switch to biosimilar adalimumab in our IBD service.
Method:	Adalimumab users were identified from IBD service excel spreadsheet of recorded users, Lloyds Pharmacy dispensing records and review of Clinic letters. Clerical support set up a 1 hour PES 'clinics' on the hospital patient management system (Trakcare); 10 patients per group session. Each patient was asked to record their preferences in an information letter explaining the switch and an <i>optional</i> invitation to attend the PES. A Registered General Nurse with no specialist knowledge of IBD was seconded for 10 weeks as a Biologics Switch nurse to deliver PES. On attendance, patients could ask the Biologic Switch Nurse questions about biosimilar, received pen device demonstration and tuition, a copy of manufacturers booklet, Biologics Alert Card.
Results:	138 patients were identified of which 132 were <i>verified</i> as receiving Humira and invited to attend a PES. 32 (24%) patients were happy to switch without PES, 43 (33%) patients accepted PES appointment but did not attend. 14 PES were delivered over 6 weeks. Groups were observed to discuss individual experiences of their IBD, and how adalimumab had changed their lives for the better. Their main concerns were that the biosimilar might be less effective and whether they could they "switch" back in that scenario. Those patients happy to switch without attending PES and those who Did Not Attend PES were called by the Nurse to confirm current frequency and device used. 125/132 patients completed the switch. New prescriptions were completed, a database of biosimilar patients was set up, the old database was archived, and GP letters were dictated. 7 patients did not switch; 2 discontinued biologic (remission) 2 had surgical resection 2 switched to an alternative biologic and one refused to switch on principle and remains on Humira.
Conclusions:	PES can facilitate biosimilar switch in a rapid patient-centred fashion. Many patients are happy to switch without attendance. Extending the notice period may improve attendance of patients who would like to attend. PES could be extended to biologic 'new starts' too.
References:	