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We don't need no 'education': ARA takes aim at biosimilar 'promotion'

By David Rowley

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The Australian Rheumatology Association (ARA) has labelled an upcoming government-funded, industry-driven biosimilars initiative for clinicians as 'promotional' rather than educational.

The ARA's Biosimilars Working Group Co-chair Dr Mona Marabani told *the limbic* that its advice to rheumatologists around the Generic and Biosimilar Medicines Association (GBMA) Biosimilars Week "was what we would give to any member when going to an event funded by any pharmaceutical company – there may be some conflict of interest"

"I think people need to look at it through the prism of it being exactly what it is – a promotional piece – albeit a very well-funded one," – and from an industry body that is the "generic equivalent of Medicines Australia," she said.

The GBMA initiative begins at the end of April 2019 with a Biosimilars Week, followed by activities such as education sessions at teaching hospitals and online events.

The biosimilar education program is funded by the Federal government, which gave $5 million to the GBMA to develop activities aimed at medical specialists and hospital pharmacists.

Dr Marabani said she had doubts about whether the campaign would gain the attention of rheumatologists, noting there was already biosimilar "fatigue" with "people in rheumatology particularly …well across the issues".

Though the ARA was invited to participate in the planning for the GBMA initiative "we felt that it was not appropriate for the ARA to endorse or be involved in the work of any industry group," she said.

It was hard to imagine there would be anything new in the GBMA education campaign because "the evidence is the evidence and it's out there," she added.

Data around safety and efficacy for biosimilars "is largely there and increasing all the time" with the only remaining issue around swapping, and "particularly recurrent and random swaps".

"We're absolutely in favour of cheaper drugs. But we don't want to see the risks [from switching biosimilars] – which we don't know – transferred to the patient. That's our only issue".

“So it will be a case of how the existing evidence is presented and what is emphasised or de-emphasised”.

Dr Marabani was also critical of the claim that biosimilars were cheaper than the originators. This, combined with a continued governmental approach to biosimilars as if they were generics, was problematic.

“In our market they are not [cheaper]. What it says about both [biologics and biosimilars] is that, in my opinion, they are more expensive than they need to be.”

Australia probably needed “a different framework” for pricing biosimilars, alluding to Norway’s drug tender system and its extremely high biosimilar uptake of more than 90% for infliximab after just two years.

“They negotiate the cheapest price with infliximab and they can procure discounts of up to 70%. That tells us that it’s still viable to sell a drug at that price”.

“But it isn’t going to work if we insist on treating biosimilars like generics and I don’t think doing a really expensive promotional campaign is going to do that,” she concluded.