The Implementation of Biosimilars and Key Generic Medicines

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Accelerating Biosimilar uptake

What we want to do:

Our Aim
Position the UK as a global leader in biosimilar adoption.

Our Ambition
To realise up to £1 billion in savings for the NHS and tax-payers by using biosimilar medicines.

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Context

- 8 of the top 10 medicines prescribed in our hospitals by spend are biological medicines
- With some widely used biological medicines due to lose exclusivity between now and 2028, we have a substantial opportunity for early and widespread adoption of better value version and estimate that this could free up to **£1 billion in savings to reinvest in patient care.**
- The updated Commissioning framework for best value biological medicines sets out NHS England's ambitions to establish a best value first approach, by accelerating and widening the adoption of best value biological medicines across the NHS – emphasising the importance of a collaborative approach.
- The NHS has made considerable progress in embedding best value biological medicines use into routine clinical practice – but there remains considerable variation in uptake and more to do collectively.
- **To do so will need strong clinical leadership and national, regional and system level collaboration.**



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Previous success

- In 2017, NHS England set an objective that at least **90% of new patients** will be prescribed the best value biological medicine within 3 months of launch and at least **80% of existing patients within 12 months**, or sooner if possible.
- Since then, the NHS has successfully generated efficiencies of **£1.2 billion** total cost savings in the last 3 years - **£400 million** of which from adalimumab switches alone.

Accelerating uptake

- Given the success achieved to date and regulatory changes – NHS England has set new ambitions:
  - **100% of new patients** requiring biological medicines will be initiated on the best value biological, where clinically appropriate, **within 3 months** following its launch
  - at least **80% of existing patients** will be on the best value biological medicine **within 10 months** of its launch

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National prioritisation of biological medicines and system support

- NHS England has currently prioritised switching for 5 biological medicines

Biological medicine	Disease area	Spend in 2023/24
Ustekinumab	Crohn's, psoriatic arthritis, ulcerative colitis	£210 million
Aflibercept	Eye disorders	£300 million
Ocrelizumab	Multiple sclerosis	£120 million
Ipilimumab	Cancer	£70 million
Vedolizumab	Ulcerative colitis, Crohn's	£190 million

- Working with systems, NHS England will:
  - develop a national programme of work for each of these nationally prioritised medicines to reduce variation at a local level through national oversight.
  - co-created implementation plans 12–18 months in advance of the better value products coming to market – considering existing national guidance and other biological medicines in the same treatment pathway.
  - develop national reference prices for the nationally prioritised biological medicines

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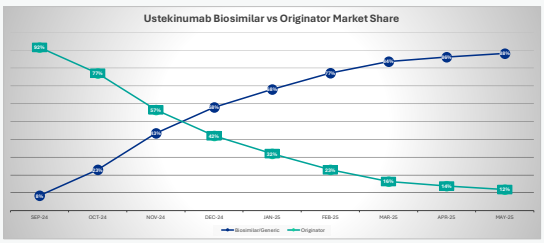
Ustekinumab - Quickest ever biosimilar adoption



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Aflibercept

Ophthalmology is the **highest volume (> 7.5 million) outpatient** specialty in the NHS

Main treatment used is **anti-VEGFs*** Spend + volume are **increasing annually**

£498m was spent in 2024/25 on Anti-VEGF medicines which is projected to increase further in 25/26.

*anti-VEGF: anti–vascular endothelial growth factor treatments injected into the eye.

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What will we do nationally to support?

Collaborative partnerships across the system to co-create the solution and encourage rapid uptake	Work together nationally with key stakeholders such as patient groups, Royal colleges and industry trade bodies
Position the UK as a global leader in biosimilar adoption	
Optimise tendering process to support uptake, including earlier and enhanced horizon scanning	Work closely with DHSC, NICE, MHRA, and other arm's length bodies to ensure all current processes enable a biosimilar first strategy.

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Regional Biosimilar Workshops

- Utilising significant experience of switching to biosimilars
- How local leaders can be supported to make best use of biosimilars
- Develop a shared understanding of barriers to switching

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Key questions

- Do we have access to relevant and timely datasets?
- Do the 'right' people have sight of the 'right' information?
- Are the right governance forums in place to review and drive performance?
- Does everyone understand their roles?
- How do we track progress?
- Can engagement be targeted to understand challenges?

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Medicines UK Joint Working Project
Maximising use of Biosimilars

Facilitate the safe, effective, and consistent adoption of biosimilar medicines

Minimise variation in implementation,

Accelerate the pace of biosimilar adoption

Ensure standardised value chain management and delivery

Enhance horizon scanning to optimise system readiness

Improve data availability and connectivity to support informed decision-making and optimise outcomes.

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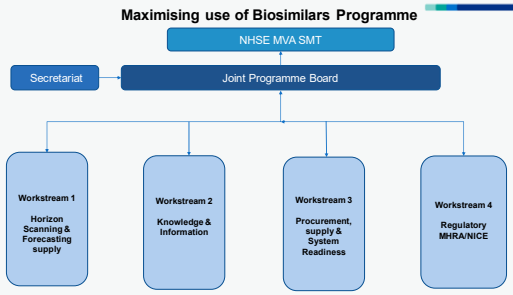
Maximising use of Biosimilars Programme



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Workstream Aims

Horizon Scanning
- UK Pharmascan – to assist with planned developments for launches
- NHSE/SPS workshops on pipeline opportunities
- Process & roadmap for Horizon scanning

Knowledge & Information
- Identify barriers and solutions for uptake
- Debunk myths & increase confidence
- Asset & resources with clear messages
- Training and awareness

Procurement
- Review with Industry problem areas & identify solutions
- Art of the possible thinking
- Training and awareness raising for NHS & industry
- Stakeholder engagement

Regulatory
- MHRA – faster approvals
- MHRA- position UK as 1st launch market in Europe
- MHRA -Provide NHS with rapid access to biosimilars
- NICE – increase population scale positive impacts by widening population use
- Having a united regulatory (end to end) system

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Thank You

NHS England

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