

Biosimilars

Unit: Extended Benefits	Effective date:
Branch: Insured Health Services	Last updated:
Policy number: EB021	Review date:

Purpose

This policy outlines which clients are required to transition from biologic originators to biosimilars and which are exempt from this transition. This policy applies to clients under Insured Health Services' Chronic Disease and Disability Benefits program and Pharmacare program (the Programs).

Policy

1. The Programs are the benefit of last resort. Clients must first access benefits from any other benefits plan for which they are eligible.
2. Biosimilars are safe, similar and effective alternatives to biologic originators.
3. Clients currently taking biologic originators must transition to biosimilars in accordance with the transition schedule located on Yukon government's biosimilar webpage (Yukon.ca/changing-biosimilar-medication), unless otherwise specified in this policy.
4. Clients must transition from biologic originators to biosimilars within six calendar months from the date on which the drug transition is announced.
5. The Director has the authority to approve or deny claims for biosimilar drugs based on emerging evidence and best practices.
6. The Programs will only cover biologic originators if the client meets one or more exception criteria (see Exception criteria below).

Exceptions

7. Pediatric clients with conditions for which there are no approved biosimilars will receive full coverage for biologic originators until they turn 18 years of age.
 - o At 18 years of age, the client will have six months from their birth date to transition to a biosimilar to maintain full coverage. Refer to yukon.ca/changing-biosimilar-medication for information on which conditions are applicable.
8. Pregnant clients will receive full coverage for biologic originators until they are no longer pregnant.
 - o Beginning on the date the pregnancy ends – whether through birth, miscarriage, or abortion – the client has six months to transition to a biosimilar to maintain full coverage.

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9. Clients that move to the Yukon and are enrolled into one of the Programs will receive full coverage for biologic originators for their first six months in the Programs.
- After six months in the Programs, the client must transition to a biosimilar to maintain full coverage.
10. Clients who are unable to take biosimilars for medical reasons may have their prescriber submit a Request for Exception Drug Coverage form to the Programs for coverage of a biologic originator.
- Clients must trial the biosimilar before requesting exception coverage. The trial must be documented by the prescriber and the request for exception must identify the results of the trial and why the patient cannot switch.
 - The Programs will review exception requests within five business days of receiving the request. Requests should be submitted as soon as possible to avoid uninterrupted coverage.

Definitions

Biologics: Drugs made in, taken from, or partly-made from living cells through a complex manufacturing process.

Biologic originators: The first versions of a biologic drug.

Biosimilars: Biologic drugs that are similar to but less expensive than the biologic originator drug. Biosimilars become available after the patent on the biologic originator drug expires. There are no expected efficacy and safety differences between a biosimilar and the biologic originator drug.

Client: A person eligible for and entitled to insured health services as defined in the *Health Care Insurance Plan Act*.

Director: The Director of the Yukon Health Care Insurance Plan, appointed as per section 4(1) of the *Health Care Insurance Plan Act*.

Pediatric clients: Clients under 18 years of age. Beginning on a client's 18th birthday, clients will be treated as adults.

Prescriber: A physician, nurse practitioner, or any other health care provider authorized to practice medicine and prescribe drugs in Canada.

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Program officer: Yukon government employees who specialize in one or more of the Programs and help clients through the application and claims process.

Authorities

- Health Act
- Health Care Insurance Plan Act
- Regulations Respecting Health Care Insurance Services
- Chronic Disease and Disability Benefits Regulations
- Pharmacare Plan Regulation

Related policies and other documents

- Extended Benefits for Clients with Outside Insurance

APPROVED BY:		Director, Insured Health Services
DATE:	yyyy/mm/dd	2022/6/10