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Primary Care Reimbursement Service
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Marc McSharry, T.D.
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.

4th November, 2020

PQ: 31976/20

To ask the Minister for Health if his Department has set targets for increasing the use of biosimilars medicine within the medicines market here; if so, the targets; the extent to which Ireland compares to other EU countries in the use of biosimilar medicines; the estimated extra saving envisaged in 2021 by the increased use; and if he will make a statement on the matter. -Marc MacSharry

Dear Deputy McSharry,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question (Reference 31976/20), which you submitted to the Minister for Health for response.

The National Service Plan 2019 and 2020 reduced the funding to the Primary Care Reimbursement Service by €63.5m in lieu of biosimilar savings to be delivered.

A substantial programme of Biosimilar reform is ongoing supported by Clinical Leadership. In early 2019, biosimilar usage was 1.42% which increased to 16.68% by December 2019. Since the publication of the Best Value Biologic (BVB) recommendations in May 2019, there has been a significant increase in the prescribing of the BVB medicines. In September 2020, 52.3% of patients in receipt of adalimumab 40 mg pre-filled pen or syringe, and 55% of patients in receipt of etanercept 25/50 mg pre-filled pen or syringe were prescribed a BVB medicine. As of September 2020, at least €42.5m of biosimilar savings are expected to be delivered in 2020 (based on switches to date). This will align to a full year impact of €50m in 2021.

In 2021, a further €16.5m of savings is expected in the existing BVB space. There is also additional savings of €4m estimated in new BVBs for 2021.

In Europe over 30% of all drug spend is on biological medicines of which 1.5% are biosimilars. This figure has increased by 3.4% over the last 5-years for all biologic medicines, and by 1.2% since 2014 for biosimilars (*The Impact of Biosimilar Competition in Europe,* October 2019).

Biosimilar etanercept market shares between Swedish counties ranged from 40% to 82% in 2017 even though prices are coordinated nationally. A Danish national guideline issued in April 2016 stated that all patients with inflammatory arthritis treated with originator etanercept must switch to the biosimilar for economic reasons. Despite national mandatory guidelines, ≈20% of Danish patients treated with originator etanercept did not switch to the biosimilar.

In Belgium, market shares for most biosimilars were in 2019 still below 20%.

There would be additional substantial savings in the Hospitals through biosimilar usage. Many of the biosimilars approved for reimbursement have been approved with commercially confidential price discounts in place. Therefore, resulting efficiencies would be greater than those calculated using list prices.

The above figures only encompass those efficiencies delivered through Primary Care Reimbursement Service.

Yours sincerely,

Suzanne Doyle
Primary Care Eligibility & Reimbursement Service

The Health Service Executive operates the General Medical Services Scheme, which includes Medical Cards and GP Visit Cards, under the Health Act 1970, as amended. It has established a dedicated contact service for members of the Oireachtas specifically for queries relating to the status of Medical Cards and GP Visit Cards applications, which the Deputy / Senator may wish to use for an earlier response. Tel: 01-8647180 / email: Oireachtas.pcrs@hse.ie