

Biologics for Plaque Psoriasis

Mind the Gap: Biosimilar Market Entry and Use of Biologics After Loss of Exclusivity

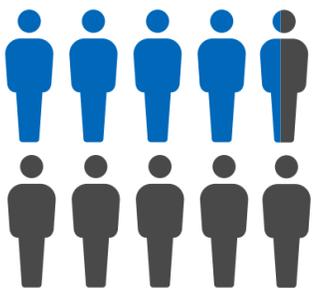
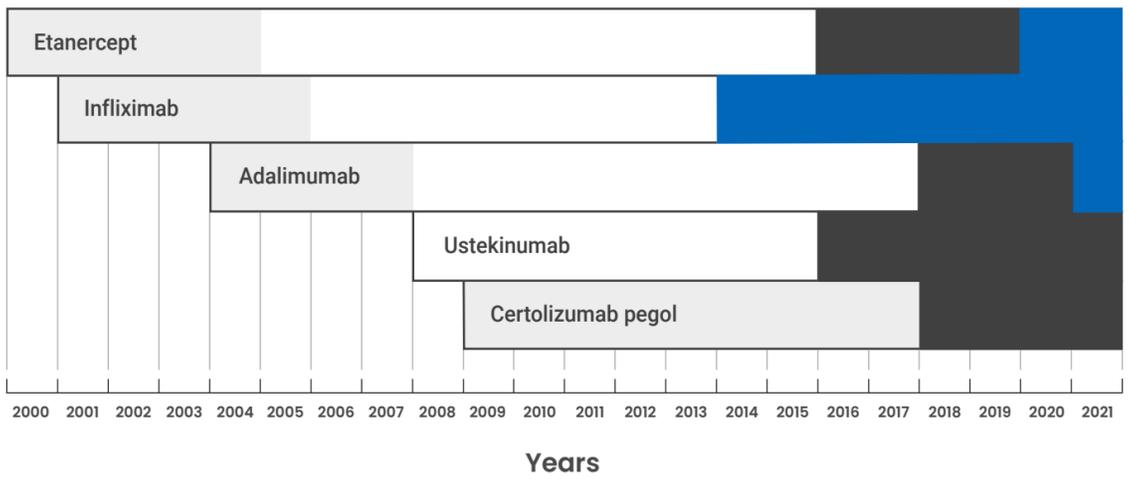
Numerous biologics for the treatment of plaque psoriasis (PsO) are reimbursed in Canada which can be broadly classified as old-generation (introduced before 2010) and new-generation (introduced after 2015) molecules. Biologics are among the highest and fastest-growing expenditures for drug plans. Evidence has also emerged on the improved efficacy of new- versus old-generation biologics in PsO. Given these dynamics, there was a need to assess the place in therapy of biologics for PsO.

Old-Generation Biologics

Most old-generation biologics pre-date any CADTH pan-Canadian Pharmaceutical Alliance (pCPA) agreements, and all have reached expiration of their exclusivity periods. There have also been delays, spanning multiple years, in the marketing of biosimilar versions of these drugs after loss of exclusivity (LoE) of the originator molecule. In some cases, no biosimilar version exists in Canada despite LoE (i.e., ustekinumab and certolizumab pegol).

Time to Biosimilar Market Entry in Canada

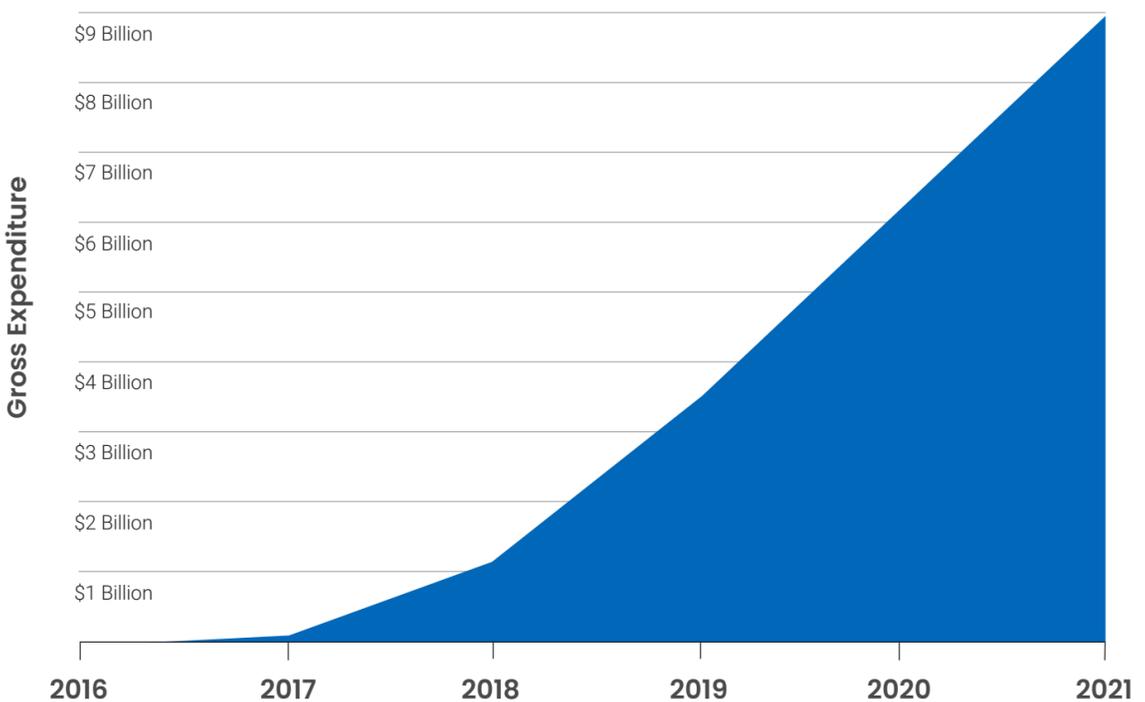
Pre-NOC for PsO Active exclusivity for PsO Biosimilar delay Biosimilar availability



44%

of new patients were prescribed **old-generation biologics** across public and private drug plans in 2020.

Gross Expenditure on Old-Generation Originator Biologics Indicated for PsO (2016 to 2021)



The delayed launch of biosimilars for old-generation biologics equates to:

\$9 Billion

Public and Private Drug Plan Expenditures

New-Generation Biologics

Clinical evidence directly comparing biologics for PsO has consistently demonstrated greater efficacy with the new-generation biologics compared to the old-generation molecules with no differences in the risk of side effects. Additionally, all new-generation biologics currently have active exclusivity status and have all undergone pCPA negotiations.

Policy Option

Promote the use of **new generation biologics**, which have:



Higher **Efficacy**



Lower Cost



pCPA Price **Negotiations**

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