HIGH COST DRUGS SUBGROUP

GMMMG Greater Manchester Medicines Management Group

NHS

November 2019

Teriparatide Biosimilar Uptake Recommendation

The High Cost Drugs Operational Group discussed the above at its meeting on 23rd October 2019. The recommendation of this subgroup is as follows:

Drug/Indication	Biosimilar teriparatide for the treatment of osteoporosis in postmenopausal women as per NICE TA161
Summary of recommendations	**The group recommends the early adoption of biosimilar teriparatide across the Greater Manchester Health Economy.** The uptake of teriparatide should be in line with the GMMMG commissioning framework for biologic medicines: defining best value, however HCDOG do not recommend a switch of existing patients. New patients should be offered biosimilar teriparatide as either Terrosa® or Movymia®, and existing patients should continue to be prescribed Forsteo® until the end of the course. The biosimilar products are licensed for the same indications as the originator Forsteo®. All biological medicines, including biosimilar products, should be prescribed by brand.
Background	Teriparatide (Forsteo®, Eli Lilly) is a recombinant fragment of human parathyroid hormone which, as an anabolic agent, stimulates formation of new bone and increases resistance to fracture. It is administered daily as a subcutaneous injection for up to 24 months. The UK marketing authorisation includes treatment of osteoporosis in postmenopausal women and in men at increased risk of fracture, and osteoporosis associated with sustained systemic glucocorticoid therapy in women and men at increased risk for fracture. In 2017 NICE approved use of teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women (TA161) Two biosimilar products of teriparatide have now received a UK marketing authorisation: • Movymia® ▼20 micrograms solution for injection (Thornton & Ross) • Terrosa® ▼ 20 microgram solution for injection (Gedeon Richter) Due to lower acquisition costs of the biosimilars, there is an opportunity to reduce the per patient cost of teriparatide within GM.

	Teriparatide is commissioned either by the CCG or NHSE dependent on the clinical indication. CCGs are the responsible commissioner for treatment of postmenopausal women with osteoporosis in line with NICE TA161. NHSE are the responsible commissioner where the treatment is for osteoporosis in men and children.
Efficacy and Safety	All biosimilars introduced to the UK market are currently authorised by the European Medicines Agency (EMA) which evaluates biosimilars according to the same standards of pharmaceutical quality, safety and efficacy that apply to all biological medicines approved in the EU.
Cost Effectiveness/ Affordability	The CCG commissioned spend on teriparatide across GM in the last 12 months was approximately £300,000. Using NHS list price this equates to a potential saving of £30,000 in year one and up to £60,000 in year two. At the time of writing there is no national reference price for this product, therefore the GMMMG principles of GM biosimilar gainshare agreement may be used where applicable.
Monitoring	In line with the GM commissioning framework for biosimilar medicines it is expected that: • at least 90% of new patients will be prescribed the best value biological medicine within 3 months of launch of the biosimilar product(s) • The target uptake at 12 months is 40% of total teriparatide prescribing and 80% at 24 months. A biosimilar tracker has been added to current reporting via IMPACT and HCDOG will monitor the rate of biosimilar teriparatide uptake as part of the biosimilar assurance report.
Patient perspective	The pharmaceutical form of the two biosimilars varies from the originator. Forsteo® is available as a pre-loaded disposable pen, whereas Movymia®▼ and Terrosa®▼ are supplied as cartridges. Starter packs are available with reusable pens that must be loaded with a cartridge each month. The use of biosimilar agents reduces the biologic drugs cost per patient, which in turn results in savings which can be reinvested into the GM health economy.

▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.

References available on request