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Biosimilars in Ophthalmology: Is there a big change on the horizon?

Vision Health Panel Executive Summary

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The vision health landscape in Canada is rapidly evolving, with ophthalmology biosimilars on the horizon. Given that about 2 million older Canadians experience irreversible vision loss due to retinal diseases and the number of people globally living with blindness is forecast to triple by 2050, biosimilars may present an important and growing treatment regime.

Insights into the evolution of biosimilars in other therapeutic areas such as rheumatology have shown that evidence on safety and efficacy of biosimilars increases awareness and in effect confidence of health care providers and patients. In rheumatology, consultation of the lived experiences of patients has led to responsive biosimilar policies that allow exemptions to mandated switching from the originator biologic to biosimilar medicines built upon patient needs. Patient and professional education has been a cornerstone of policy development and provided a foundation to address stakeholder concerns.

An essential concern for people living with vision loss due to retinal diseases such as diabetic retinopathy and age-related macular degeneration is the effective management of their condition through follow-ups and treatment monitoring. Particularly in the current COVID-19 environment, missed clinic appointments and new treatment protocols pose an additional challenge for people with vision loss.

With the emergence of ophthalmology biosimilars, an educational framework is critical to ensuring information is available and accessible to patients and their caregivers to support informed patient-centred decision-making. Some individuals have reported awareness of biosimilars given their use in therapeutic areas outside of ophthalmology. A collaborative campaign among patient organizations to raise awareness of emerging biosimilar policies in Canada may be an effective way to support patients and their caregivers to ask the right questions and make informed decisions about biosimilar treatment options.

Improving and / or maintaining the functional abilities of Canadians must be at the core of vision care, treatments and technologies, and emerging policies must be aligned with this goal. Based on the experiences of people living with vision loss, several considerations must be embedded in ophthalmology biosimilar policies, including:

1. Education is foundational to the era of biosimilars in ophthalmology. Appropriate and updated evidence-based resources must be accessible to health care professionals, patients and their families.
2. Universal biosimilar policies are neither appropriate nor effective. Biosimilar treatment policies for retinal diseases must be tailored to patient needs, which should be informed by clinical evidence on the appropriate uses of ophthalmology biosimilars.
3. Monitoring patient outcomes is an essential component of the long-term evaluation of biosimilar medicine safety and effectiveness. Patient support programs to track patient outcomes in ophthalmology can be collaboratively developed and implemented by patient associations, professional organizations, and government.

While Health Canada provides assurance of the safety and efficacy of biosimilars entering the Canadian market, a significantly more robust argument is needed to assuage stakeholder concerns about evolving provincial biosimilar policies. An educational framework aimed at people living with vision loss and their health care professionals is essential to the implementation of effective biosimilar policies for 2 million older Canadians living with retinal diseases.

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