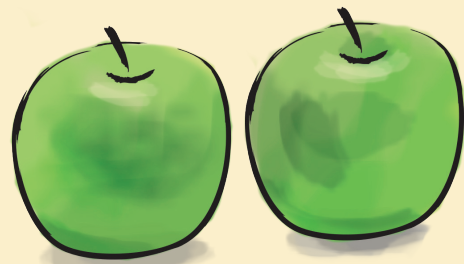
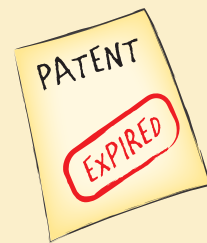


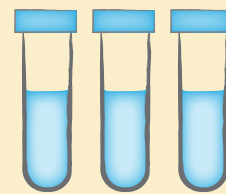
Biosimilars in Canada



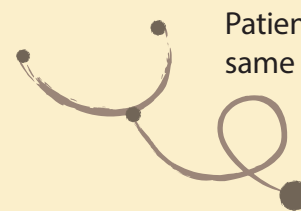
A biologic “biosimilar” is highly similar to its biologic “originator”



After an originator’s patent expires, other companies are allowed to produce their own biosimilar version of it



There is no clinically, meaningful difference in safety, efficacy or quality



Patients experience the same therapeutic benefits



Biosimilars can improve access to biologics and produce significant savings for public and private healthcare systems



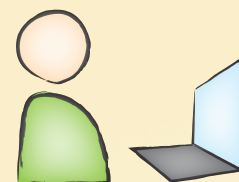
Savings from biosimilars use can modernize “special access criteria,” removing the need for patients to fail on older therapies before approving reimbursement for biosimilars



Savings from biosimilars use can be reinvested into public and private drug formulary budgets making it possible to add new medications coming into the market place



Savings from biosimilars can be invested into non-medication elements of care that patients need, such as specialized nursing, counselling, physio- and occupational therapy



Patients have multiple sources for fact-based information on biosimilars



Your rheumatologist or rheumatology nurse or support staff



Public or private drug plan web sites

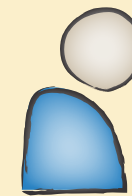


Patient organizations such as Arthritis Consumer Experts



Patient created and led websites such as the Biosim•Exchange.
<http://biosim.jointhehealth.org>

Transitioning to a biosimilar



“Medical transition” occurs when a patient, not doing well on their current biologic originator or biosimilar, is transitioned to another biologic originator or biosimilar to regain maximum disease control

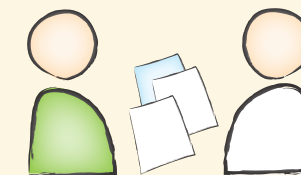


“Policy transition” occurs when a public or private drug plan’s reimbursement policy change necessitate patients to move from their biologic originator to its biologic biosimilar, usually because it is significantly less expensive

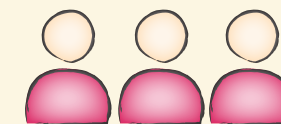
Transitioning is safe and effective



More than 100 research studies exist on patients with inflammatory arthritis, gastrointestinal and skin disease who have successfully policy transitioned from a TNF inhibitor biologic originator to its TNF inhibitor biologic biosimilar



Prior to transitioning, both rheumatologists and their patients must be fully informed about the policy requiring the transition and have all available information about the biosimilar



Research on transitioning to a biosimilar from an originator shows no health differences between patients

Transition should not affect how patients fill biologic prescriptions or receive patient support



Patients will obtain their medication in the same or similar way as their previous biologic



Biosimilars patient support program coordinator will help organize reimbursement and with other patient needs



Rheumatologist and patient will monitor the safety and effectiveness of biosimilar as part of routine care