Disclaimer: We kindly ask to acknowledge that due to the diverse and heterogeneous nature of the questions and dynamic situations they pertain to, some of the information might be incomplete or only correct for the time being. Thus, please consider the date and date of last update with the below information. All available information was provided by a country representative from the PHIRI network during or in connection to the respective meeting.

Date: 03.07.2023 Last Update: 19.09.2023

Table 1: Country responses – Biosimilar medicines

Country	Topic: Biosimilar medicines • **Interchangeability:** Does your country have a legal arrangement in place such that once a biosimilar is approved in the EU (or through some other mechanism) it is interchangeable, which means the biosimilar can be used instead of its reference product (or vice versa) or one biosimilar can be replaced with another biosimilar of the same reference product? If so, please briefly describe the arrangement? • **Substitution at point of issuing medicine:** Can a pharmacist / dispenser substitute biological medicines with biosimilars at the point of dispensing (e.g., at a pharmacy/hospital)? - If so, is it a requirement of State-funded schemes / social health insurance reimbursement to substitute with the available medicine of lowest costs or medicines within a lower cost bracket? (i.e., only reimburse the preferred biosimilar) - If so, does the pharmacist/dispenser receive training or specific payment from the Government or insurer? - Has the above approach encountered criticism in your country? • **Influencing clinical prescribing of biosimilar medicines**: How is this done (e.g., incentives as in Best Value Biologics Programme (BvB), described below)? • **Broad process of choosing preferred biosimilars**: What is the overall process to determine preferred biosimilars for prescribing over their reference biological medicine? For instance, what broad criteria are used, and what organisation has responsibility for this? • **Response to the EMA September statement**: Following the September statement from the European Medicines Agency (EMA) (presented below) on the interchangeability of biosimilars, is your country planning any changes to increase biosimilar penetration/uptake?
Austria	• Interchangeability: There is no specific legal arrangement in place. • Substitution at point of issuing medicine: Biosimilar substitution (=a pharmacist in a community pharmacy to dispense a biosimilar instead of the prescribed reference medicine) is not allowed in Austria. There are no financial incentives / disadvantages for pharmacists to dispense a biosimilar medicine in a community pharmacy. • Influencing clinical prescribing: Doctor may prescribe biosimilar for naive patients and may also switch. Doctors have to prescribe the most economically medicine out of several therapeutic equivalent (this is also valid for biosimilars); there are no prescribing target (budgets). Prescribing is monitored. In case of prescribing not in line with prescribing guidelines, sickness funds will approach doctors for justification. • Broad process of choosing preferred biosimilars: There is no process to determine preferred biosimilars for prescribing over their reference biological medicine in Austria. As mentioned above, doctors have to prescribe the most economically medicine out of several therapeutic equivalent (this is also valid for biosimilars); there are no prescribing target (budgets). Prescribing is monitored. In case of prescribing not in line with prescribing guidelines, sickness funds will approach doctors for justification. • Response to the EMA September statement: Unknown. See further informations: https://www.frontiersin.org/articles/10.3389/fphar.2021.625296/full?&utm_source=Email_to_authors_&utm_medium=Email&utm_content=T1_11.5e1_author&utm_campaign=Email_publication&field=&journalName=Frontiers_in_Pharmacology&id=625296 (article on "policies to encourage the use of biosimilars in European countries and their potential impact on pharmaceutical expenditure") https://ppri.goeg.at/sites/ppri.goeg.at/files/inline-files/PPRI%20Report2018_final.pdf (PPRI Report 2018 providing a graphical overview of biosimilar policies in countries of the WHO European Region (e.g. pp 30, 61).)

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317

	In May 2022, within the PPRI Network, we have launched a query on biosimilar policies in PPRI Network countries (50 countries, of which 26 have responded to the query with country specific information). We collated the information and shared the compilation with the network members. In September 2022, the PPRI Secretariat organized a webinar to present the results of the PPRI Network query and to provide an overview on biosimilar policies in the PPRI network countries. Documentation is available. DoH Ireland and HSE CPU are members of the PPRI network. Please contact ppri@goeg.at if you need further information.
Estonia	• Interchangeability: In Estonia it is not differentiated between generic products and biosimilar products. The interchangeability rules are the same. The physician has to prescribe using INN and the pharmacist has to suggest the cheapest alternative to the patient. The patient can opt for a more expensive brand; thus it is not obligatory to dispense the cheapest alternative. As said, this is similar for chemical and biologic preparations. • Substitution at point of issuing medicine: The pharmacist may dispense any product with the same active substance and dosage form if the physician has prescribed using INN. The physician can, in extraordinary circumstances prescribe by brand name but they have to provide a medically relevant explanation on the prescription why they are doing so. If brand name is used to prescribe the pharmacist cannot substitute the product. The hospitals use tenders to procure medical products thus they buy from the wholesaler who makes the cheapest offer and use that product for the duration of the tender. The INN prescribing scheme took criticism when first introduced to generics but the addition of biosimilars to the system has not created a new wave of criticism. • Influencing clinical prescribing: Prescribers and patients are motivated to use them, because it results in lower co-payment. The Health Insurance Fund only reimburses up to the reference price of the cheapest product and if the brand preferred by the patient exceeds the price they have to pay out of pocket. • Broad process of choosing preferred biosimilars: There is no process of choosing preferred biosimilars in Estonia. All biosimilars with a marketing authorization are treated equally and the choice is left up to the patient with the pharmacist explaining there is no difference to the products except for the price. Health Insurance Fund either procures these medicines for hospitals (lower priced product wins the tender), or if they are used in out-patient setting, then reference price is put in place according to lowest or second lowest product. • Response to the EMA September statement: As biosimilars were treated as interchangeable also before the statement no particular measures were taken following the statement.
Finland	Situation in Finland from the website of Finnish Medical Agency: https://www.fimea.fi/web/en/pharmaceutical_safety_and_information/biosimilars
Hungary	This is the website of the National Institute of Pharmacy and Nutrition: https://ogyei.gov.hu/biohasonlo_keszitmenyek You can find information about biosimilar medicine, interchangeability, biological medicine etc. The legal background is also indicated.
Ireland	• Interchangeability: No. • Substitution at point of issuing medicine: No. • Influencing clinical prescribing: The Best Value Biologics Programme: In Ireland, the Health Service Executive's Medicines Management Programme operates several 'Best-value Biologics' initiatives. Each initiative identifies a preferred biosimilar for a reference biologic medicine. Clinicians are encouraged to prescribe the preferred biosimilar rather than the reference biologic through a gainshare incentive, whereby their hospital group is awarded funds for each patient prescribed the preferred biosimilar. • Broad process of choosing preferred biosimilars: In Ireland, the HSE's Medicines Management Programme (MMP) has responsibility for this. They consider: - Acquisition cost - Therapeutic indications - Formulation considerations - Product range including pack sizes and strengths available - Product stability including storage requirements - Administration devices - Patient factors - Expenditure in the therapeutic area and potential for cost efficiencies

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317

	- Clinical guidelines - Security of supply to the Irish Market - Utilisation and clinical experience with the biological medicine - Any other relevant factors with respect to the particular INN • Response to the EMA September statement: A Working Group has been established to first reinforce clinician-led substitution. The first phase of the working group will develop legislative proposals to clarify the EMA statement, while the second phase will investigate the feasibility to develop a framework for automatic substitution of Biologic / Biosimilar medicines at pharmacy level.
Italy	Website of the Italian Medicine Agency where requested information, related to the Topic questions on BIOSIMILAR MEDICINES regarding the situation in Italy, are available: https://www.aifa.gov.it/en/farmaci-equivalenti1 https://www.aifa.gov.it/en/domande-e-risposte-su-farmaci-equivalenti.
Malta	In the past it was achieved that each new patient could be treated with the version of the biosimilar that was being purchased by the public sector. Nevertheless, work was ongoing on a switching protocol for providing the right setup for monitoring the patient during the switch to minimize the burden on the public procurement system of different brands of the same drug, as this would have meant even fewer economies of scale.
Norway	The Storting (Norwegian Parliament) has decided to amend Section 6-6 of the Pharmacy Act so that biosimilar medicines can be exchanged in pharmacies. Since 2001, pharmacies have been able to switch between original and generic for synthetic drugs. A unanimous Storting recently decided to amend the Pharmacy Act so that switching in pharmacies is also possible for biosimilar medicines. The change in law entered into force on 1 July 2021. Changing medicines in pharmacies saves patients and the National Insurance Scheme around NOK 2 billion each year - while the patient receives equally good treatment. The amendment to the law allows for lower prices to be achieved for biological medicines as well. Insulins are examples of biological medicines that are reimbursed by the National Insurance. A biosimilar medicine is a copy of an already approved biological medicine (original). In 2006, the EU/EEA regulations opened up for biosimilar medicinal products to be granted marketing authorisation. This meant that biological medicines could also be subject to price competition after patent expiry, in the same way as synthetic medicines. For many years, healthcare organizations have used tenders to reduce the price of biological medicines, but in order for blue-prescription and white-prescription customers to also benefit from lower medicine prices, it is necessary that biosimilar medicines can be exchanged in pharmacies. The use of biosimilar medicines in Norway has increased since 2006, this particularly applies to medicines reimbursed by health institutions (H-prescription medicines) and medicines given to patients in hospital. There is therefore long experience that switching between original biological and biosimilar medicines is safe. The Norwegian Medicines Agency is now considering biosimilar medicines, in line with synthetic medicines, for exchange in pharmacies. The Norwegian Medicines Agency assesses whether it is safe to put the medicines on the exchange list when taking into account: disease/patient group, differences in administrative equipment and problems related to patient differences in drug absorption https://legemiddelverket.no/nyheter/biotilsvarende-legemidler-kan-byttes-i-apotek
Romania	Links to the requested informations: https://www.anm.ro/_/ORDINE/Ordin%20551-2021.pdf https://www.colegfarm.ro/userfiles/file/OMS%201295_2015_autorizatia%20de%20fabricatie.pdf https://legislatie.just.ro/Public/DetaliiDocument/202864 Substitution at the pharmacy level without doctor's consultation is not allowed for biological drugs, including biosimilars.
Slovenia	• Interchangeability: See https://www.jazmp.si/humana-zdravila/podobna-bioloska-zdravila • Substitution at point of issuing medicine: No. See https://www.jazmp.si/humana-zdravila/podobna-bioloska-zdravila/vprasanja-in-odgovori-pbz • Influencing clinical prescribing: Question for Slovenian Medicine Agency (JAZMP, www.jazmp.si). Not possible to get reply before the meeting. • Broad process of choosing preferred biosimilars: Question for Slovenian Medicine Agency (JAZMP, www.jazmp.si). Not possible to get reply before the meeting. • Response to the EMA September statement: Question for Slovenian Medicine Agency (JAZMP, www.jazmp.si). Not possible to get reply before the meeting.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317

The Netherlands	• In the Netherlands, there is no legal arrangement in place for the use of biosimilars. Instead, recommendations have been given. An EU-approved biosimilar might be interchanged with the reference product, but only if adequate clinical monitoring takes place and the patient is well informed. One biosimilar can be replaced with another biosimilar of the same reference product. When a patient is treated with a biological medicine, detailed information (product and batch) should be recorded in the patient file, so that the product can be traced should any problems arise. New patients can be treated with a biosimilar without issues. Patients who are already using a biological medicine can, if properly supervised, be transferred to a biosimilar. (refs: CBG, IBN, IVM, KNMP) • In general, this is not legally allowed. A pharmacist /dispenser may only switch between a biological medicine and a biosimilar in agreement with the prescriber. However, there is an exception for insulin where substitution is enforced by health insurers. Insulin is one of the few biologicals that is reimbursed by the Dutch Drug Reimbursement System and many health insurers have now set up a preference policy for insulin (by selecting a preferred insulin product following tender procedures), which ends up resulting in substitution. • The Dutch Initiative Biosimilars Nederland (IBN) stimulates the prescription of biosimilars via training/education of healthcare professionals and patients. The minister of Medical Care and Sport awarded IBN and an independent charity IVM (Instituut Verantwoord Medicijngebruik) in 2018 a grant for the Biosimilars op Maat-program, which aims to increase the knowledge of healthcare providers about biosimilars. There are no incentives such as in the Best Value Biologics Programme in the Netherlands. However, health insurers also influence the prescribing of biosimilar medicines. As soon as biosimilars become available on the market, the purchase price that hospitals pay for the biological decreases due to competition. As a consequence, health insurers lower the reimbursement price. If the originator does not lower the price, hospitals are forced to use biosimilars to ensure that they do not suffer any financial loss. • The physician is mainly responsible for choosing the biosimilar to be prescribed. The NVZA (Netherlands Association of Hospital Pharmacists) and the Federation of Medical Specialists developed the Toolbox Biosimilars to support professionals in prescribing biosimilars. The Dutch Medicine Evaluation Board CBG-MEB has issued a national statement for the prescription of biosimilars: New patients can be treated with a biosimilar without issues. Patients who are already using a biological medicine can, if properly supervised, be transferred to a biosimilar. When a patient is treated with a biological medicine, detailed information (product and batch) should be recorded in the patient file, so that the product can be traced should any problems arise. Most biologicals are now reimbursed from the hospital budget. Once biosimilars become available, the hospital pharmacist starts a purchasing tender in which various pharmaceutical companies are asked to submit a quotation. The hospital pharmacist will make a choice based on several criteria (including price, delivery reliability, excipients in the formulation, delivery device, etc.) and will coordinate this with the prescribers. If a choice has been made for a specific biosimilar, this product will be preferred in the given hospital (or group of hospitals). • The Dutch Medicine Evaluation Board (CBG-MEB) is currently updating its statement on the prescription of biosimilars. No further changes are foreseen to increase uptake of biosimilars.
UK	• Interchangeability: The UK does have an approval scheme – see https://www.gov.uk/government/publications/guidance-on-the-licensing-of-biosimilar-products/guidance-on-the-licensing-of-biosimilar-products It refers to European Medicines Agency criteria so some of it precedes BREXIT. It contains the following: For a Great Britain-only application, RP means a product: - authorised under Regulation 49(1)(a) of the HMRs, in accordance with the provisions of Regulation 50 of the HMRs; or - where an EU Marketing Authorisation (MA) was in force on Implementation Period (IP) completion day for EU Exit on 31 December 2020 (IP completion day), but no UK MA is in force because the EU MA was not converted; or - where a EU MA had ceased to be in force on or before IP completion day but not for reasons to do with efficacy, safety or quality. Data and Market Exclusivity (DME) for Great Britain-only applications are aligned with Directive 2001/83, with 8 years data exclusivity and a further 2 years market exclusivity. • Substitution at point of issuing medicine: Substitution at the pharmacy level without consulting the prescriber is not permitted for biological medicines, including biosimilars.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317