

Biosimilars Documentation Form

Date

Patient Information	
Last Name	First Name
OHN	DOB
Address	
Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Phone

Primary Care Provider Information	
Name	
Fax	Phone
Consent obtained from: <input type="checkbox"/> Patient <input type="checkbox"/> Patient's Agent:	

Prescription Information by Prescriber		
Originator Biologic that the Patient Must Stop	Biosimilar that has been Prescribed to Start	Indication
<input type="checkbox"/> Humira (Adalimumab)	<input type="checkbox"/> Abrilada® <input type="checkbox"/> Amgevita® <input type="checkbox"/> Hadlima® <input type="checkbox"/> Hulio® <input type="checkbox"/> Hyrimoz® <input type="checkbox"/> Idacio® <input type="checkbox"/> Simlandi® <input type="checkbox"/> Yuflyma®	<input type="checkbox"/> Ankylosing Spondylitis <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Hidradenitis Suppurativa <input type="checkbox"/> Plaque Psoriasis <input type="checkbox"/> Polyarticular Juvenile Idiopathic Arthritis <input type="checkbox"/> Psoriatic Arthritis <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Uveitis
<input type="checkbox"/> Enbrel (Etanercept)	<input type="checkbox"/> Brenzys® <input type="checkbox"/> Erelzi®	<input type="checkbox"/> Ankylosing Spondylitis <input type="checkbox"/> Plaque Psoriasis <input type="checkbox"/> Polyarticular Juvenile Idiopathic Arthritis <input type="checkbox"/> Psoriatic Arthritis <input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Copaxone (Glatiramer acetate)	<input type="checkbox"/> Glatect™	<input type="checkbox"/> Relapsing Remitting Multiple Sclerosis (RRMS)
<input type="checkbox"/> Remicade (Infliximab)	<input type="checkbox"/> Avsola® <input type="checkbox"/> Inflectra® <input type="checkbox"/> Renflexis®	<input type="checkbox"/> Ankylosing Spondylitis <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Plaque Psoriasis <input type="checkbox"/> Psoriatic Arthritis <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Ulcerative Colitis
<input type="checkbox"/> NovoRapid (Insulin aspart)	<input type="checkbox"/> Kirsty® <input type="checkbox"/> Trurapi®	<input type="checkbox"/> Diabetes (Type 1 and 2)
<input type="checkbox"/> Lantus (Insulin glargine)	<input type="checkbox"/> Basaglar® <input type="checkbox"/> Semglee®	<input type="checkbox"/> Diabetes (Type 1 and 2)
<input type="checkbox"/> Humalog (Insulin lispro)	<input type="checkbox"/> Admelog®	<input type="checkbox"/> Diabetes (Type 1 and 2)
<input type="checkbox"/> Rituxan (Rituximab)	<input type="checkbox"/> Riabni® <input type="checkbox"/> Riximyo® <input type="checkbox"/> Ruxience™ <input type="checkbox"/> Truxima™	<input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Granulomatosis with Polyangiitis (GPA or Wegener's Granulomatosis) <input type="checkbox"/> Microscopic Polyangiitis (MPA)

Prescription Information by Prescriber

Date Last Dispensed for the Stopped Originator Biologic Drug (if available)

Affix old prescription label (with the old prescription #, strength, quantity, directions for use, refills visible) (if available)

Affix new prescription label (with the new prescription #, strength, quantity, directions for use, refills visible)

Summary of Discussion with Patient

Check all that apply:

- Confirmed validity of prescription by prescriber
- Rationale for transition to biosimilar due to the implementation of the Biosimilar Initiative Policy in Ontario discussed with the patient
- Mentioned stopping originator biologic medication and to begin biosimilar medication with the patient
- Storage of medication and other related counselling points reviewed with the patient
- Patient informed to report any adverse events right away to pharmacist, prescriber, or seek medical help

Additional Notes:

Follow Up Plan (if applicable)

Date Scheduled for Follow-up Consultation (YY/MM/DD)

Method of Contact: **In Pharmacy** **Telephone:** **Other:**

Actual Date of Follow-up

Results from Follow-up Consultation and Next Steps

(including assessing adherence, control and management of condition, any adverse effects)

Pharmacist Information	
Name	OCP #
Pharmacist Signature:	
Pharmacy Information (A pharmacy stamp is suitable)	
<p>Billing Support Patient Support Fee PINs can only be claimed for transitioning ODB recipients between March 31, 2023, and December 28, 2023, subject to certain exceptions. Note: for more information on additional exceptions to claiming a fee, please refer to the Executive Officer Notice.</p>	
Drug Product	Biosimilar Patient Support Fee PINs
Adalimumab	<input type="checkbox"/> 09858133
Etanercept	<input type="checkbox"/> 09858104
Glatiramer acetate	<input type="checkbox"/> 09858107
Infliximab	<input type="checkbox"/> 09858105
Insulin aspart	<input type="checkbox"/> 09858238
Insulin glargine	<input type="checkbox"/> 09858108
Insulin lispro	<input type="checkbox"/> 09858132
Rituximab	<input type="checkbox"/> 09858106

Disclaimer

This tool was developed by the Ontario Pharmacists Association (OPA). This resource is provided to pharmacy professionals for informational purposes only and is intended to assist pharmacy professionals during discussions with patients about switching from Biologic drugs to Biosimilar drugs but does not replace professional judgment and responsibilities. It is provided without warranty of any kind by OPA and OPA assumes no responsibility for any errors, omissions or inaccuracies therein. The decision for use and application of this document is the responsibility of the user. OPA assumes no liability for such use and application or any resulting outcomes. It is the responsibility of the pharmacy professional to use professional judgment in evaluating this material in light of any relevant clinical or situational data. It is intended to supplement materials provided by regulatory authorities, and should there be any discrepancies, municipal, provincial, and federal laws, policies and guidelines shall prevail. This information is up to date as at the date of publication. Pharmacy professionals are encouraged to confirm information with additional resources.

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