Biosimilars offer substantial savings to healthcare systems. In Ireland, however, prescriber hesitance remains an obstacle to their introduction.

In June 2013, biosimilar infliximab was licensed by the EMA. Despite being one of the first European countries with commercial availability, penetration of the Irish market was only 25% in April 2018.

In a Dublin acute hospital, a novel system for infliximab reimbursement exists across the primary and secondary care interface. This presented further challenges to implementing a biosimilar switch programme due to the lack of perceivable incentives for key stakeholders.

This descriptive review aims to outline the development of a Trans-Interface Gain Sharing (TIGS) Programme catalysing the introduction of biosimilar infliximab in an Irish acute hospital.

Trans-interface engagement with key stakeholders began in 2017.

In September 2018, the parameters of the TIGS Programme were finalised, projecting cost saving for primary care and creating an income stream for secondary care, to be used for service development and enhancement.

Achievement of procurement savings was the primary outcome of this study, with the impacts of income generation within the acute hospital as secondary outcomes.

In its first year, the TIGS Programme stimulated successful introduction of biosimilar infliximab with projected procurement savings of almost €1m.

The front-loading of savings to front-line services will continue for a further 12-18 months, with recalibration of the gain-share arrangement in 2021.

References available on request