
Supplemental material S3 – Post-implementation review pro forma

Switch from Originator Etanercept (Enbrel) to biosimilar (Benepali)

Patient ID

DOB

Sex

Diagnosis RA

 PsA

 SpA

Duration of biologic therapy

Date of switch

1. Did you receive written information about the switch? Yes No
2. Did you have the opportunity to discuss the switch with your doctor or nurse at clinic? Y N
3. Did you have any concerns about switching? Yes No
4. If YES to Qs. 3- what were the concerns?
 - a. Safety
 - b. Effectiveness
 - c. Other (please specify)
5. How confident did you feel about the biosimilar?
0= not confident at all
10=very confident
6. Did you have any problems with the switch in medication? Yes No
7. If YES to Qs. 6:
 - a. Delivery of medication
 - b. Side effects of medication
 - c. Effectiveness of medication
 - d. Other (please specify)