

Biosimilar and originator infliximab and etanercept – influence of local policy measures and practices on market dynamics in the United Kingdom

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BACKGROUND and OBJECTIVE

Due to decentralization of healthcare budgets and local guidelines, regional variation in biosimilar use can occur within a particular country, for example between regions in the United Kingdom (UK).

The **aim** of this study is to analyse **market dynamics** of **biosimilar and originator infliximab and etanercept** in **regions within England, Scotland and Wales**, and examine how **local policy** measures and practices, in addition to national policy, influence market dynamics.

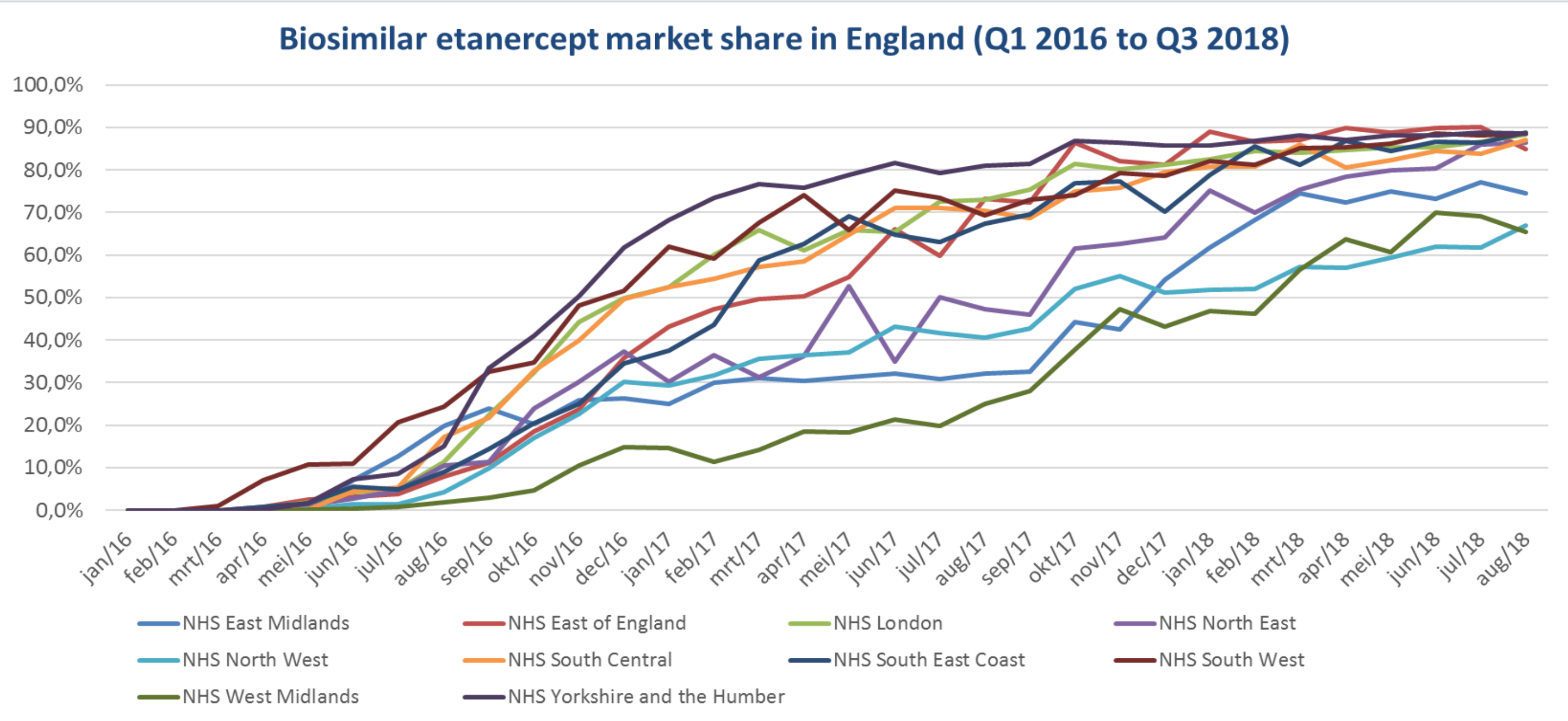
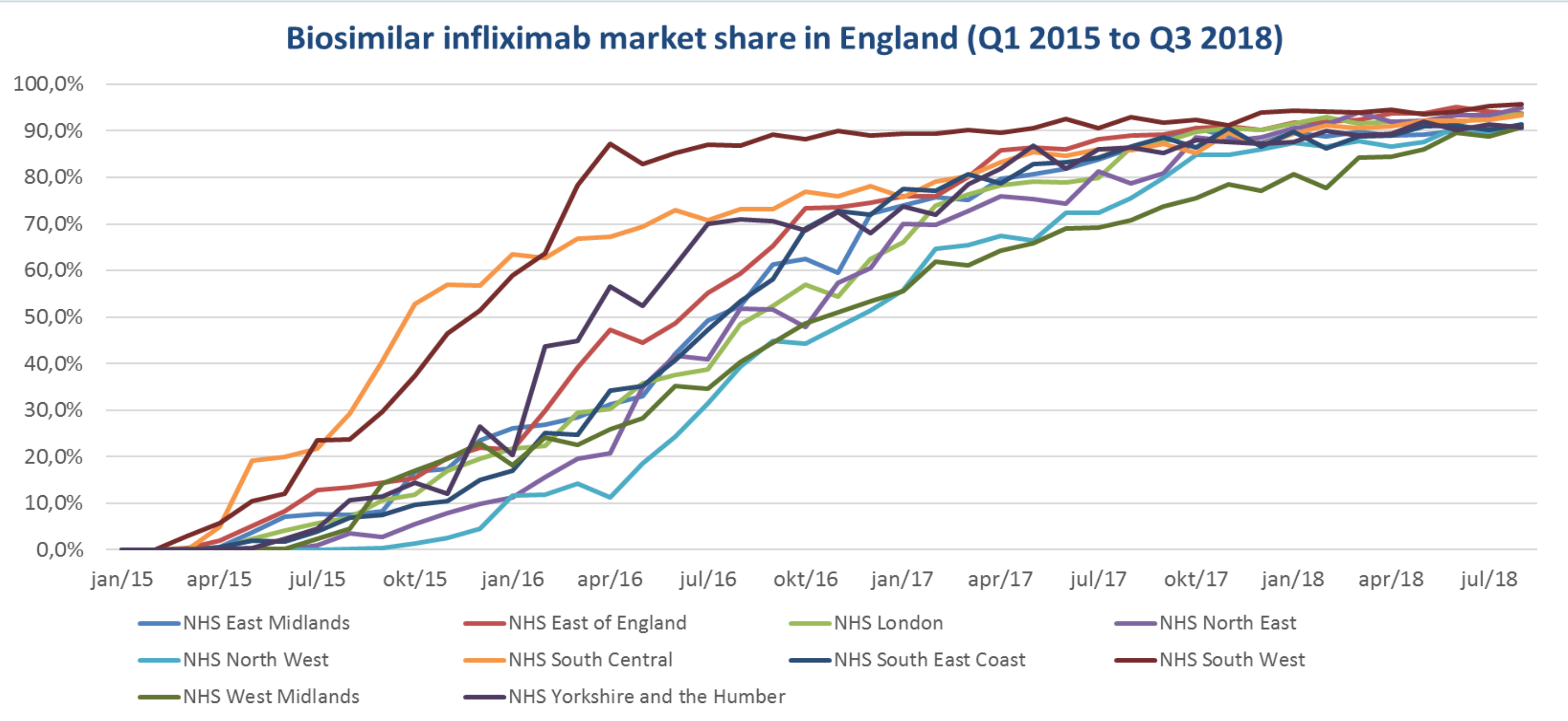
METHODS

- (1) **Literature review** on (biosimilar) policies in the UK.
- (2) Analysis of **NHS market data** on biosimilar and originator infliximab and etanercept, for the 10 historical regions of England, 14 health boards in Scotland and 7 health boards in Wales (Q1 2015 to Q3 2018).
- (3) **Ten interviews** with regional level NHS employees in England (6), Scotland (1) and Wales (1), a representative of a Trust in England, and an industry representative.

RESULTS – MARKET DATA

Early and late biosimilar adopters are seen, with overall convergence towards high biosimilar market shares. (Please note a difference in scale for figure 1&2.)

Figure 1 and 2: Biosimilar market shares are presented here for regions in England, but similar trends are observed for Scotland and Wales.



RESULTS – INTERVIEWS

Interviewees reported that **biosimilars** were the **least expensive product** for infliximab and etanercept in England, Scotland and Wales. With the already gained experience with biosimilar infliximab, you would expect a quicker uptake for biosimilar etanercept. However, competition by the originator company was reported to be more fierce in the case of etanercept than for infliximab, resulting in a similar rate of uptake for biosimilar etanercept compared to biosimilar infliximab.

From the interviews, we learned that biosimilar uptake in the UK is positively influenced by:

- a **good relationship** between commissioner and provider in England resulting in gainsharing agreements;
- a **price difference** between biosimilar and originator product, making it worth to switch patients;
- leadership** on biosimilars in regional NHS offices in England or Scottish and Welsh health boards;
- key opinion leaders** or leading hospitals that start using biosimilars early and gain experience.

Even if no gainsharing agreement is in place (Scotland, Wales), high biosimilar market shares are reached, emphasizing the role of demand-side policies like guidelines and educational initiatives.

CONCLUSION

This study has shown that the savings potential drives biosimilar use. Some regions adopted biosimilars more quickly, but over time most regions reached high biosimilar market shares. Any differences in biosimilar market shares arose from multiple factors.

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