

Future trends on the biosimilar uptake in the EU5 and the US

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BACKGROUND

Biosimilar use creates an opportunity for increased patient access, drug competition and cost-savings, especially in a landscape driven by imminent patent-expiration of costly biologics.

The continued growth of biosimilar in the market share is expected and according to 2016 estimation, biosimilars could lead to savings up to €100 billion by the year 2020 in the United States and Europe's big five (EU5: France, Germany, Italy, Spain, the UK)¹ while the magnitude of savings will be dependent on the implementation of biosimilar policies in each country².

Currently, there are divergencies in the adoption of biosimilars which utilisation remain greater among the EU5 countries than in the US²⁻⁴, while the most important difference is the degree of governmental involvement in price setting and other aspects of the marketplace⁴.

OBJECTIVES

The objective of this study was to assess anticipated trends and incentives to enhance biosimilar uptake in the EU5 and the US.

METHODS

A targeted literature review was conducted in September 2019 to identify relevant publications on the biosimilar trends across the EU5 countries and the US. The main source of information included medical database (Medline/Embase via Ovid) and search results were complemented with hand search through regulatory and health technology assessment bodies, conference websites, sources dedicated to biosimilar topic (i.e. GaBi), pharma blogs and news.

RESULTS

Differences in supply- and demand-side policies for biosimilars are impacting global market uptake. Successive policy shifts are seen following collection of biosimilar switching evidence and continuous debate to support further penetration of biosimilars to generate more economic savings.

EUROPE

- In Europe, the uptake of biosimilars has been more successful than in the US, with 63 products being currently approved by the European Medicines Agency (EMA)^{4,5} and the centralised legal framework (2004) for marketing authorisation of biosimilars being in place. Government price regulations are common among member states (i.e. reference pricing, physician incentives to prescribe biosimilars)⁴, yet local uptake differs across countries influenced by heterogeneous initiatives and policies. Attention should be put to increase still low knowledge on safety, effectiveness of biosimilars, provide competitive and sustainable pricing, solve issues with switching and biosimilar substitution and promote prescribing incentives¹.


THE US

- Despite the regulatory pathway for biosimilars (2010), still only 23 products came to the market and biosimilar entry remains slow. As some drugs are expected to lose patent protection in coming years, a unique opportunity for biosimilars exists, yet poses substantial hurdles for reference product manufacturers (lifecycle management strategies, rebate practices) and biosimilar manufacturers (immature and uncertain biosimilar market, limited discounting), issues related with policies (late-stage patents and related litigations) or stakeholder awareness (limited prescribing experience)⁴.

Future and anticipated biosimilar trends in the EU5 countries

 France	<ul style="list-style-type: none"> Promotion of the biosimilar use became a part of the National Health Strategy (2018-2022), defined by the French government, aiming to achieve 80% of biosimilar penetration by the year 2022. While this document does not provide information on how this goal will be achieved, development of i.e. digital tools to support prescribers was mentioned as well as switching patients who are already managed with reference drugs to biosimilars.^{5,6} Although automatic substitution was introduced by law in this strongly supporting biosimilar use country (2014), it is still not implemented due to the lack of a published decree. When implemented, this would allow biosimilar substitution at treatment initiation or while not prohibited by the prescriber.⁵ The Directorate of Health Care Supply published an instruction to promote biosimilar switching in retail sector and at the hospital. The document encourages interchangeability during treatment and initiation of treatment with biosimilar rather biologics, as well as to promote competitiveness of medicinal products and to suggest actions to promote biosimilar use.⁷ The French Medicines Agency has recently published the first version of the list with biosimilar medicine groups to be regularly updated and to facilitate pharmacy-level switching.⁸ Also, it is expected that removal of originators and biosimilars from the <i>liste en sus</i> may benefit the biosimilar uptake, while biosimilars could be reimbursed through the diagnosis-related group, yet it is not expected in the near future.⁹
 Germany	<ul style="list-style-type: none"> From the EU5, adoption of biosimilars was not very successful in Germany, mostly due to concerns of physicians on their quality, efficacy, safety or interchangeability, thus informational and educational incentives are the key.¹⁰ A bill providing a legal framework to allow biosimilar substitution by pharmacists came into force on 16th of August 2019. As it represents a significant change in German practice, implementation of this reform will go under 3-year transition period until the year 2022. Two substitution lists are expected, one for a physician (informing on how to switch biosimilars) and one for a pharmacist (indicating biosimilars eligible for substitution).¹¹ Meanwhile, the Federal Joint Committee (G-BA) was mandated to introduce a list of interchangeable biosimilars to support physician-authorized switching before the bill enactment.¹² The German Drug Commission has also stated to develop practical guidance for the therapeutic use of biosimilars to educate clinicians and to impact the integration of biosimilars in the treatment practice.¹⁰
 Italy	<ul style="list-style-type: none"> In Italy, usage of biosimilars is considered on the regional level, yet the Ministry of Health has recently funded a 4-year project aimed to create database network. It provides real-world evidence on biosimilar patterns of use, showing the increasing trend for biosimilar usage with great variability among regions, as well as switching patterns and the clinical consequences of switching.¹³
 Spain	<ul style="list-style-type: none"> The Spanish Ministry of Health has updated the national health plan on biosimilar medicines. Among proposed actions, informative and training activities for healthcare professionals and patients are planned on interchangeability, as well as health educating campaign to inform on the safety and efficacy of biosimilars.¹³ Moreover, this health plan aims at the competitiveness increase for biosimilars and agreement on dynamic process based on the volume of sales of biosimilar products, which means price revisions based on the increase in sales.¹⁴ In Spain, due to decentralised healthcare system, drugs are purchased through local hospital-based tenders, while in the future, it is anticipated that this process might start on the institutional level (i.e. by the Carlos III Health Institute which currently covers 70% of Catalonia, yet do not govern the whole region) to, for instance, purchase the same drugs for all hospitals. Also, purchasing by hospital groups could give the opportunity for a greater negotiating powers for the manufacturer.⁹ It is expected that in the future, hospitals will not stock multiple versions of the same biologic, brand and biosimilar, moving to stocking of one preferred agent for a 1-year contract.⁹
 The UK	<ul style="list-style-type: none"> The National Health Service (NHS) in England has recently updated its „What is a biosimilar medicine?“ document aimed to support safe, effective and consistent use of biosimilar products. The key messages include allowed prescriber switching from reference product to biosimilar or prescribing of biosimilar or reference medicine in joint decision-making process between physician and patient.¹⁵ Similar trend as for Spain is expected to go away from stocking both, biosimilars and reference products, along as the acceptance of biosimilar grows, to stock a single biologic brand of each molecule and minimise the likelihood of errors and administrative proceedings. Current situation is caused by the need to maintain patients on originator brand.⁹

Future and anticipated biosimilar trends in the US

 The US	<ul style="list-style-type: none"> Despite infancy in the US biosimilar uptake, the US Food and Drug Administration (FDA) released the Biosimilars Action Plan (2018) outlining 11 key actions to boost the biosimilar industry and facilitate access, with a guideline for demonstrating interchangeability (2019).¹⁶ FDA launched educational campaign to educate on biosimilars and released the „Purple Book“ to list the licensed biologicals products, biosimilars and interchangeable biosimilar products.¹⁷
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Even though most of physicians and payers consider biosimilar as an opportunity to reduce costs, incentives to increase the knowledge on biosimilars are needed to facilitate prescribing practices which currently widely vary between countries.

- In France, in order to reach the ambitious objective of 80% biosimilar penetration, specific actions need to be in order to reach this aim. Decision is to be made by regional health agencies and may include informational campaigns for healthcare professionals and insurance bodies, or to provide hospitals with tools for calculating saving potential associated with biosimilars.⁹
- In Germany, the implementation of approved legislative is in a 3-year transition period and will allow for a biosimilar switch. This bill will likely have an impact on manufacturers of reference products who could be exposed to lower sales and increased pricing pressure. The government is in need to collect more evidence on interchangeability or stability of the biosimilar supply chain before pharmacists are authorised to make decision on substitution.¹² Actions were taken to increase educational incentives and to inform prescribers on biosimilars.¹⁰
- Despite generation of real-world data to monitor biosimilar use in Italy, no future or anticipated trends were identified regarding biosimilar use nor planned policies.¹³
- In Spain, educational activities are planned to increase the biosimilar uptake, as well as some shifts in purchasing mechanisms are expected to move from local hospital-based tenders to purchasing on institutional level.⁹
- In the UK, education of stakeholders on biosimilar products continues to facilitate further prescriber switching. Similarly as in Spain, stocking rules are expected to change with the growing acceptance of biosimilars.^{9,15}

- Despite infancy in the biosimilar uptake in the US, recent regulatory changes aim to encourage the biosimilar use⁴. The US has initiated actions to boost their use through the implementation of the Biosimilar Action Plan and the release of the Purple Book by FDA. Critical role of FDA includes also educational incentives for clinicians, payers and patients to create more competitive market.^{16,18}

CONCLUSIONS

Even though market share of biosimilars remains low, with except to some drug-tendering processes to maximise the potential benefits of biosimilars, regulations are evolving rapidly and a number of tools should be implemented to boost the biosimilar uptake in the following years.

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