

Competition in the off-patent biological market: Policies for biosimilars in Europe



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PhD researcher Market access biosimilars

Promotors: prof. I Huys, prof A Vulto, prof P Declerck



Barriers to entry and use of biosimilars

Lack of incentives

IP rights

Lack of
knowledge



Innovator's reach

No substitution

Complex
development

Market potential incentivized companies and countries



Supply side:
Investment by companies

Demand side:
European countries implemented various policies

No country has high penetration in all biosimilars

Europe, Japan, US & Canada- Biosimilar share of molecule treatment days

Country	Biosimilar treatment day share (Oct 2017)			
	infliximab	insulin glargine	etanercept	rituzimab
UK	84.1%	5.0%	69.5%	38.5%
France	39.8%	5.4%	6.8%	-
Germany	48.7%	7.3%	41.8%	-
Italy	58.3%	15.6%	17.7%	2.9%*
Spain	44.9%	8.2%	5.3%	4.0%*
Finland	92.0%	4.3%	-	-
Norway	97.7%	3.4%	84.9%	-
Poland	100.0%	24.6%	23.8%	-
Denmark	98.1%	5.6%	86.0%	-
Japan	5.8%	35.6%	-	-
Canada	3.6%	0.5%	1.6%	-
US	2.6%	14.6%	-	-

Moorkens *et al.* (2017). The Market of Biopharmaceutical Medicines: A Snapshot of a Diverse Industrial Landscape. *Frontiers in Pharmacology*
Per Troein (2018). Trends in the development of the biosimilar market. 16th Biosimilar Medicines Conference.

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MARKET REVIEW – BIOSIMILAR ME

Payers' price & market access policies supporting a sustainable biosimilar medicines market

Final report:

Supply-side and demand-side policies for biosimilars: an overview in 10 European member states

Cécile Rémuzat, Anna Kapušniak, Radošević, Cyril Mendoza & Mondher Toumi

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RESEARCH ARTICLE

Policies for biosimilar uptake in Europe: An overview

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Pricing of off-patent biologicals – List prices

Pricing of biosimilars:

- % below price of originator
 - Maximum price
 - ...
- often combination of **different pricing mechanisms**

Pricing of off-patent biologicals/reference products:

- Price cuts for originators
- E.g. Iceland: -20% on original ex-factory price after entry of biosimilar

Influence of mandatory price cuts on originator for sustainability of biosimilar market?



List prices vs actual prices after discounts and rebates

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Moorkens *et al.* (2017). Policies for biosimilar uptake in Europe: An overview. *PLoS ONE*

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Pricing of off-patent biologicals – Tendering

Often by **INN** → no difference between treatment-naïve patients and on treatment

Sustainability considerations:

National – regional – hospital level
Multiple winners – single winner



Sweden

21 county councils



Norway

National tender



England

4 supra regions

Rotation system:

- Next region every 6 months
- Tender duration 2 year

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Moorkens *et al.* (2017). Policies for biosimilar uptake in Europe: An overview. *PLoS ONE*

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Reimbursement of biosimilars

Approximately half of European countries use internal reference pricing

Limited information on methodology and process from authorities and literature

→ **Questions**

Economic evaluation	Budget impact analysis
Need?	Need?
Technique?	Budget affected?
What if reference product not reimbursed?	Consider volume evolution?
What if 2 nd -generation products enter?	Consider price evolution?
Which comparator for 2 nd -generation products?	Consider market entry of new products?

Process often delays market entry of biosimilar




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Medicines for Europe. The 2017 Market Review – European Biosimilar Medicines Markets – Policy Overview
Moorkens et al. The design of economic evaluation and budget impact analysis of biosimilars (in preparation)

Demand-side policies

Incentives for physicians

- **Quotas** on biosimilars:
 -  Belgium: 20% biosimilars for treatment-naïve patients (Covenant)
 -  Germany: Target agreements per region
- **Recommendations:**
 -  Sweden: Use most cost-effective product (e.g., for etanercept)
- **Economic prescribing:**
 -  Germany: Prescribing budgets

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Moorkens et al. (2017). Policies for biosimilar uptake in Europe: An overview. *PLoS ONE*

Demand-side policies

Switching policies

- Mostly at discretion of physician
- Some countries issued a position statement e.g., Norway, Sweden

Different approaches possible: discussion with patient, letter to inform patient

Substitution policies

- (Restricted) pharmacist substitution in Estonia, Latvia, Poland and Russia



France: Legislation introduced for treatment-naïve patients, not implemented

Germany: Groups of bio-identicals

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Moorkens *et al.* (2017). Policies for biosimilar uptake in Europe: An overview. *PLoS ONE*

Demand-side policies

Education

- Varies at country level, but tends to target physicians
- Initiatives of the European Commission and EMA



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Moorkens *et al.* (2017). Policies for biosimilar uptake in Europe: An overview. *PLoS ONE*
Website EMA. *Biosimilar medicines*

Impact of policies?

Important to create competition, not just uptake of biosimilars as originator might be the least expensive treatment option. However, biosimilars need to have market share to exert competitive pressure.

Potential drivers for implementation:

- Price difference between originator and biosimilar (Savings!)
- Attitude of key opinion leaders
- Local guidelines/recommendations/quota
- Gainsharing arrangements

→ Need for **multi-stakeholder approach, communication** on decisions, and **education** of stakeholders to make policy decision work!

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Moorkens *et al.* (2018) Poster presentation ISPOR Barcelona

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Conclusions

Policies targeting price not sustainable in the long term

Focus on demand-side policies

Guidelines and recommendations

Quota

Gainsharing arrangements

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Moorkens *et al.* (2017). Policies for biosimilar uptake in Europe: An overview. *PLoS ONE*
Rémuzat *et al.* (2017). Supply-side and demand-side policies for biosimilars: an overview in 10 European member states. *Journal of Market Access & Health Policy*

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Thank you!

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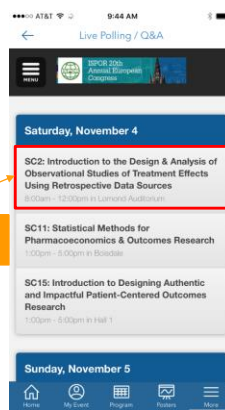
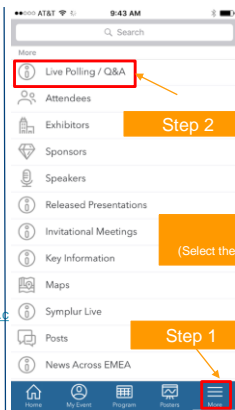
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Poll: To what extent is your healthcare system unlocking the biosimilar value proposition and fully utilizing biosimilars to enable broad access?