Perception of Anti-TNF Biosimilars among Payer Stakeholders in the United Kingdom, France, Germany, Italy, and Spain

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KEY POINTS . . .

Perception of anti-TNF biosimilars among payer stakeholders in the United Kingdom, France, Germany, Italy, and Spain was positive, but variations existed between the countries and the majority of respondents from France were skeptical or indifferent.

Almost half of the payer stakeholders identified cost/savings or market factors (competition, sustainability) as key issues influencing their perception of anti-TNF biosimilars.

Safety and efficacy concerns, suboptimal level of comfort with extrapolation of clinical data, and some concerns over quality of clinical and economic data to support evaluation of novel compounds continue to linger in the minds of these payer stakeholders. Evidence generation and communication efforts addressing these payer perceptions may be paramount to the broader acceptance of biosimilars over the long term.

Tumor necrosis factor inhibitor class (anti-TNFs) represents the most widely prescribed biologic medications globally to manage chronic immunologic conditions, such as rheumatoid arthritis (RA). These medicines are expensive and their continued use over an extended period of time makes resource allocation at national or regional level challenging, especially in Europe.

Biosimilars are copies of original biological medicines. There are at least 17 biosimilars with a valid marketing authorization in the European Union (EU); these products represent different levels of structural complexity and are used in several therapeutic areas [1]. Following the approval of biological products for marketing within the EU by European Medicines Agency (EMA), each EU country employs different incentives—tied to their own unique reimbursement system—for the use of biosimilars. Rickwood and Lervolino reported the median retail price reduction as a result of biosimilar competition from 2006 to 2013 to be 35% [2]. It is estimated that from 2007 to 2020, biosimilars will have saved between 11.8 and 33.4 billion Euros in eight EU countries. Biosimilars for etanercept, rituximab, and trastuzumab could save up to 11.3 billion Euros or 14.9 percent of total expenditure [3]. Specifically in RA and certain other rheumatic conditions, the adoption of anti-TNF biosimilar (e.g., biosimilar infliximab) in several European nations has been projected to result in considerable cost savings [4,5].

Realization of these cost savings will be a function of payer stakeholder policies and the provider (physician) willingness to prescribe the biosimilars for suitable patients. The uptake of biosimilars among physicians has been very modest [1,6]. A survey of rheumatologists revealed moderate barriers to uptake of biosimilars, with 60% in key European countries (United Kingdom [UK], France, German, Italy, Spain) reporting definitely or highly likely to prescribe a biosimilar when available [7].

As provider use and experience with biosimilars (especially anti-TNF biosimilars) increases, payer perceptions and policies concerning biosimilar adoption is evolving. As such, this research sought to understand the perception of anti-TNF biosimilars among national, regional, and hospital payers in the EU.

Data Source

Data are from a multi-country, cross-sectional, online survey of payer stakeholders. The research was conducted in June/July 2015 in the Big-5 EU (EU5), namely, France, Germany, Italy, Spain, and the UK. Participants meeting the following inclusion criteria were invited to participate in an online survey: (1) possess a clinical background in immunology and play a role in influencing the approval of new drugs in that area; (2) have participated in a review of autoimmune diseases for reimbursement, funding, and/or formulary placement decisions within the last 24 months at national or regional level; (3) have a role (for 1-30 yrs.) that influences hospital formulary decisions for autoimmune diseases (within hospital payer category); and (4) not currently employed by a pharmaceutical manufacturer, health care company, advertising agency or a health care research firm.

A forty-minute online survey assessed the overall perception of anti-TNF biosimilars, including factors influencing those perceptions, criteria used for endorsing/choosing an anti-TNF biosimilar, rating of level of importance of place of biosimilar manufacturing, rating of level of comfort with extrapolation of clinical data, quality of clinical and economic data available for novel compound evaluations, and the suitable target population for biosimilars. The survey respondents were nominally compensated (per fair market value in the concerned geographies) for their participation. The survey was translated into local languages, where necessary, and programmed into a centralized online survey portal. Consecutive stakeholder responses obtained within the study data collection period across the geographies were collated for analysis.

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Table 1: Payer stakeholder characteristics

	EU5 (84)	UK (15)	France (20)	Germany (15)	Italy (15)	Spain (19)
Reviewed the clinical and cost advantages and disadvantages of autoimmune disease medications and voted on formulary decisions at drug and therapeutic formulary committee or subcommittee meetings	59%	67%	63%	21%	71%	67%
Reviewed the clinical and cost advantages and disadvantages of autoimmune disease medications and made recommendations for formulary inclusion	34%	33%	21%	64%	29%	28%
Has a clinical* background in immunology arena	9%	0%	15%	7%	7%	10%
Was in a role influencing local hospital formulary decisions for automimmune disease	58%	27%	65%	53%	73%	68%

**Rheumatology or internal medicine background; EU5 indicates Big-5 EU; UK, United Kingdom.*

Table 2: Patient sub-populations expected to benefit from the approval of biosimilars

	EU5 (84)	UK (15)	France (20)	Germany (15)	Italy (15)	Spain (19)
Biological-naïve patients (no prior biological)	94%	87%	95%	100%	93%	95%
Patients losing response on a biological	4%	7%	5%	0%	7%	0%
Patients stable on a biological	2%	7%	0%	0%	0%	5%

EU5 indicates Big-5 EU; UK, United Kingdom.

What We Found

Eighty four payer stakeholders across EU5 (France: 20, Spain: 19, UK:15, Germany:15, and Italy:15) participated in the survey research; they represented a diverse geographic area within the respective countries. Overall, 58 percent (range: 27 percent [UK] – 73 percent [Italy]) were in a role influencing hospital formulary decisions for autoimmune disease; 59 percent (range: 21 percent [Germany] – 71 percent [Italy]) reviewed the clinical and cost advantages and disadvantages of autoimmune disease medications and voted on formulary decisions at drug and therapeutic formulary committee or subcommittee meetings; 34 percent (range: 21 percent [France] – 64 percent [Germany]) reviewed the clinical and cost advantages and disadvantages of autoimmune disease medications and made recommendations for formulary inclusion; 9 percent (range: 0 percent [UK] – 15 percent [France]) of the stakeholders had a clinical background in immunology arena (Table 1).

Overall, 61 percent (range: 20% [France] – 100 percent [UK]) reported highly or very favorable perception/opinion of anti-TNF biosimilars (Figure 1). Factors influencing their overall perception were: cost-benefit opportunities (23 percent), efficacy proved clinically and scientifically (23 percent), healthy market competition (13 percent), and efficacy and safety concerns (12 percent); 11 percent reported saving opportunity and long-term sustainability. These varied dramatically across the countries (Figure 2).

Some verbatim quotes from payer stakeholders from respective countries include:

UK – *"Biosimilars offer a cost-effective alternative to widely used medicines, thus releasing money for investment elsewhere."*

France - *"There are publications that show that you shouldn't switch a patient from biologics to biosimilars because they're not exactly the same molecule."*

Germany - *"The clinical use of biosimilars is sufficiently proven regarding efficacy, quality, and safety. Hence, these products can be used for treatment without any concerns. However, regarding the switch to a biosimilar, there should be continuous control of the patients (hence, not the highest score)."*

Italy - *"The study and production of these medications is very complicated, and the raw materials are also important. Undoubtedly, the initial scepticism on the part of clinicians will have to be overcome, so the data published and trials carried out, including pharmacoeconomic studies, are very important. "*

Spain - *"They bring competitiveness to the market. [Biosilimars help the sustainability of the health system, promote R+D+innovation, and provide access to very expensive treatments easier for more patients."*

Payer stakeholders assessed the criteria important to them when endorsing/choosing an anti-TNF biosimilar and identified the following as the top 5 attributes of interest (across EU5): safety data, efficacy data, similar clinical response rate over time for biosimilar versus originator drug, biosimilar product quality/manufacturing quality, and reliability of product supply.

Approximately half of the payer stakeholders (48 percent; range: 40 percent [France] – 58 percent [Spain]) reported that their national/regional/local guidelines for use of anti-TNF biosimilars mirrored EMA guidelines.

On a scale of 1-7 (1=not at all important; 7=very important), payer stakeholders rated the importance of place of manufacturing of anti-TNF biosimilars to be the same as the originator drug was 4.3 (range: 3.0 [Germany] – 5.6 [Italy]); rating of level of comfort on a scale of 1-7 (1=not at all comfortable; 7=very comfortable) with extrapolation of clinical data permitting approval of a biosimilar for a therapeutic indication in which it has not been clinically evaluated, but for which an originator is approved was rated as 4.8 (range: 4.3 [France] – 5.4 [Spain]).

To the question of how they would evaluate the quality of clinical and economic data that they have access to from the pharma industry and that they would require for a correct evaluation of novel compounds in the immunology area, 29 percent of payer stakeholders (range: 20 percent [UK/France] – 42 percent [Spain]) reported

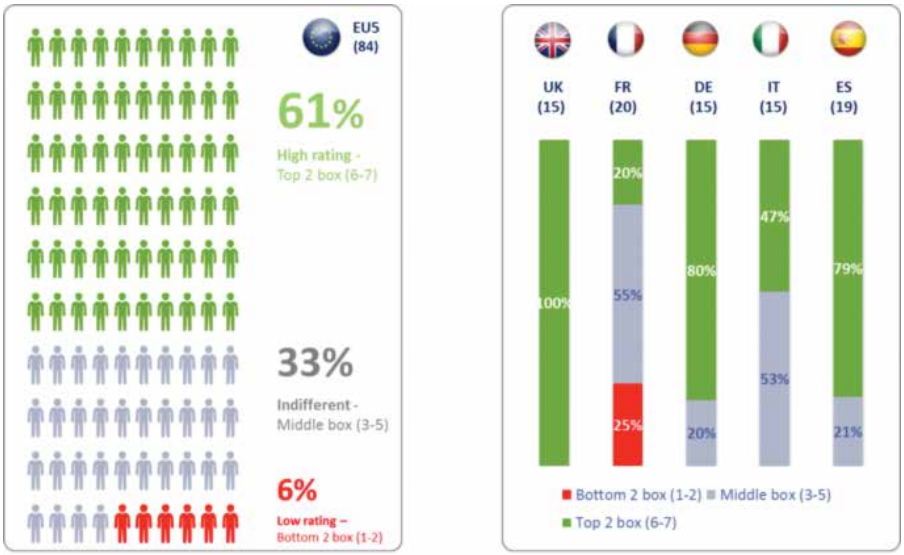
the quality of clinical and economic data they have access to and would require to evaluate biosimilars to be very or extremely high (Figure 3). Majority (94 percent; range: 87 percent [UK] – 100 percent [Germany]) expected biological-naïve patients to benefit the most from anti-TNF biosimilars (Table 2).

Conclusion & Implications

Globally, health care systems are taking austerity measures to make significant and sustained reductions in health care cost, and this is especially the case in Europe. In their quest for cost reductions, payer stakeholders are increasingly aggressive in price negotiations and conservative in the inclusion of drugs in national (or regional/hospital) drug lists or formularies. Costly biologics, especially the anti-TNF class, are now under close scrutiny owing the recent introduction of anti-TNF biosimilars in Europe, and the adoption of these biosimilars is increasing gradually [3,8]. In this context, assessing payer perceptions of anti-TNF biosimilars following their introduction into the European market is critical, and our finding that slightly less than two-thirds of the payer stakeholders (in EU5) reported a favorable perception/opinion of anti-TNF biosimilars assumes importance.

Almost half (47 percent) of study participants identified cost/savings or market factors (competition, sustainability) as key issues influencing their perception of anti-TNF biosimilars. Safety and efficacy concerns and the degree of comfort with extrapolation of clinical data permitting approval of a biosimilar for a therapeutic indication in which it has not been clinically evaluated, but for which an originator is approved continues to linger in the minds of these payer stakeholders. There is also some room for improvement in the quality of clinical and economic data that is currently available for the payer stakeholders to make informed decisions. These issues mirror the concerns physician/health care provider community had expressed over biosimilars in the past research [1,6,7]. With less than half of the payer stakeholders reporting that their national/regional/local guidelines for anti-TNF biosimilars mirror EMA guidelines, there is some room for variability in guidance (in respective geographies) for use of these biosimilars, thereby influencing future uptake.

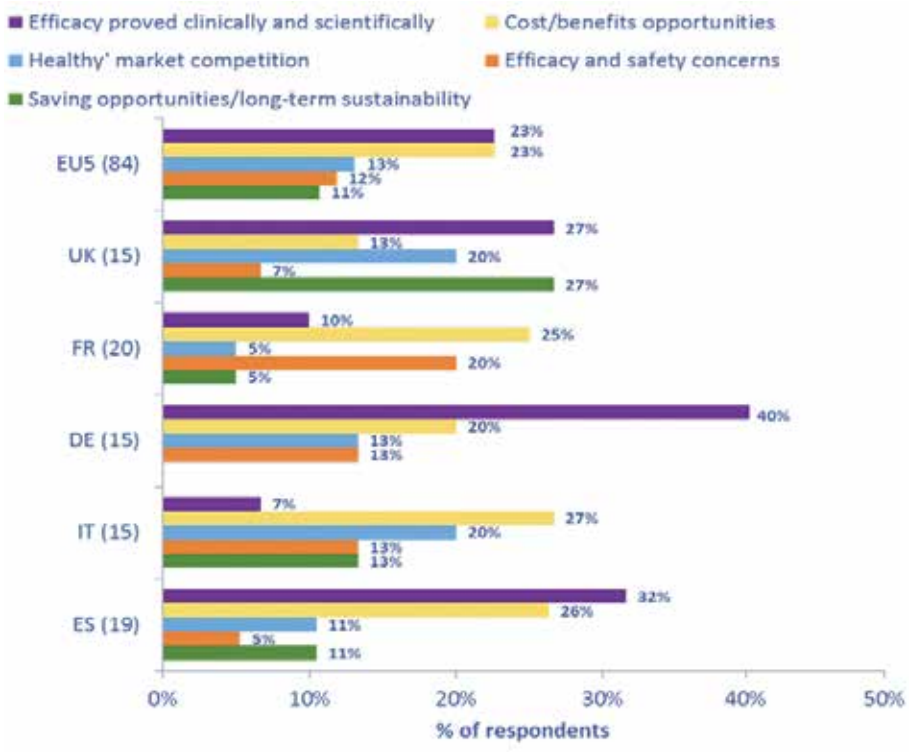
Figure 1. Overall perception/opinion about anti-TNF biosimilars.



Note: The original question was: "What is your overall perception / opinion about anti-TNF biosimilars?" Response scale was 1 to 7, with 1 = not favorable at all, 7 = very favorable.

DE indicates Germany; EU5, Big-5 EU; FR, France; IT, Italy; ES, Spain; and UK, United Kingdom.

Figure 2. Reasons for perceptual rating of anti-TNF biosimilars.



Note: The original question was: "What is your overall perception / opinion about anti-tnf biosimilars? Please explain why".

DE indicates Germany; EU5, Big-5 EU; FR, France; IT, Italy; ES, Spain; and UK, United Kingdom.

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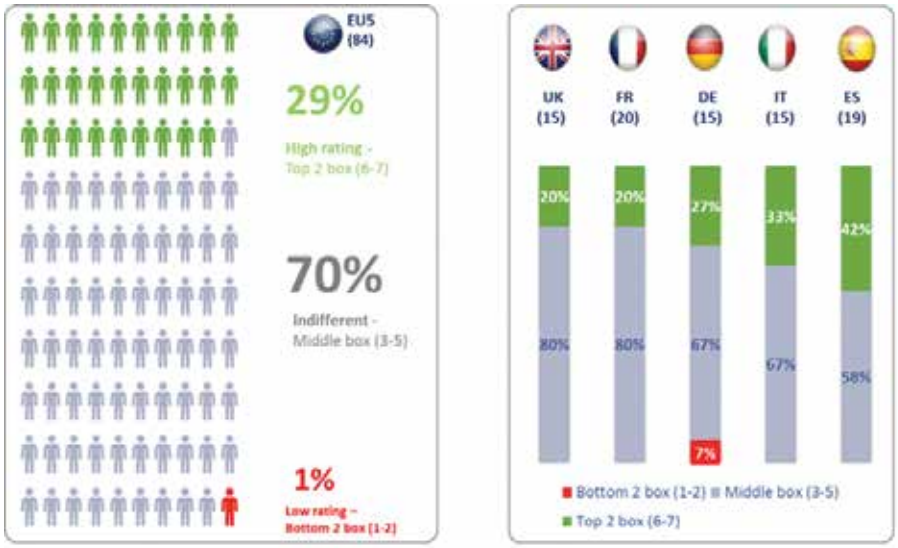
Interestingly, overwhelming majority of payer stakeholders identified biologically-naïve patients as the primary target benefiting from biosimilars. However, a good part of realization of cost savings in the market could come from switching patients from originator drugs (biologics) to their biosimilars (besides the contribution from price erosion of originator drugs); evolution of this dynamic is likely to be influenced by the nature and robustness of evidence generated in the real world.

In summary, payer stakeholders in the Big-5 EU countries reported positive perceptions towards biosimilars, while expressing some concerns towards product attributes. Evidence generation and communication efforts addressing these payer perceptions may be paramount to the broader acceptance of biosimilars over the long term.

Figure 3. Overall perception/opinion about anti-TNF biosimilars.



Note: The original question was: "Based on your experience, how would you evaluate the quality of the clinical and economic data that you have access to from the pharma industry and that you would require for a correct evaluation of novel compounds in the immunology area?" Response scale was 1 to 7, with 1 = extremely low, 7 = extremely high.

DE indicates Germany; EU5, Big-5 EU; FR, France; IT, Italy; ES, Spain; and UK, United Kingdom.

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