The benefits of biosimilar medicines

Biosimilar medicines have demonstrated similarity with reference biologicals in terms of structure, function, safety and efficacy, but what are their benefits?
Europe was the pioneer of biosimilar medicines and has the largest clinical experience

Since 2006, EU-approved biosimilar medicines have generated more than 4.5 billion patient days of clinical experience\(^1\)

Between 2006 and 2013, patient access rose by 44% following the launch of filgrastim\(^3\)

The first worldwide biosimilar medicine (somatropin) was approved in the EU in 2006\(^2\)

The first biosimilar monoclonal antibody (infliximab) was approved in the EU in 2013\(^2\)

EU approved biosimilar medicines are available in over 60 countries around the world\(^1\)

Europe and U.S. uptake accounts for over 90% of the global biosimilar medicines market\(^3\)

There is over 15 years worth of real-world evidence demonstrating the benefits that biosimilar medicines offer to patients and healthcare systems\(^1\)

Biosimilar medicines offer benefits to patients, healthcare professionals, and payers

**Patients**
- More patients gain access to biologic treatments, and at earlier stages of the therapy cycle
- Improved access drives better outcomes for patients

**Healthcare professionals**
- Access to a wider spectrum of treatment options and opportunities for treatment pathways evolution
- Development of value-added services for patients via benefit-sharing models
- Reduced pressure on the prescribers’ budget

**Payers**
- Creation of a more competitive market with a broader range of cost-effective treatment options
- Generation of savings across healthcare systems, supporting their sustainability
- Creation of opportunities for re-investment into workforce, other medicines or healthcare services

Biosimilar medicines increase the available treatment options available to patients, healthcare professionals, and payers

Availability of biosimilar medicines increases patient access to biologic therapies

- According to WHO, biosimilar medicines provide a good opportunity to expand access and to become a game-changer for access to medicines for certain complex conditions\(^1\)

- In Europe, access to biologic therapies is increasing in all countries following biosimilar medicines entry, signalling progress\(^2\)

- Using anti-TNF class as an example, prescribing of anti-TNF molecules has increased an average of 11% across Europe (~0.5 treatment days per capita) since the entry of biosimilars.

Abbreviations: G-CSF, granulocyte-colony stimulating factor; HGH, human growth hormone; TNF, tissue necrosis factor; WHO, World Health Organisation.


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Swedish launch of biosimilar filgrastim led to improved patient access

Initiation of treatment with filgrastim reference medicine required the formal approval of three physicians.

Following the launch of biosimilar filgrastim:

- Treatment costs for granulocyte colony-stimulating factor (G-CSF) treatment of febrile neutropenia were reduced.
- Regional authorities relaxed restrictions on the prescribing of G-CSF treatments.
- Prescriptions do not need additional authorization.

Driven by the use of biosimilar filgrastim, clinical use of G-CSF increased five fold in the Southern Healthcare region.

Biosimilar medicines allow access for more patients, and at earlier stages in the treatment cycle.

Biosimilar medicines make biotherapeutics a cost-effective option, broadening treatment choice

- Biosimilar medicines are often able to reach an acceptable incremental cost-effectiveness ratio (ICER) in situations where reference products are not supplementary.
- In the UK, biosimilar medicines have introduced new treatment options for ankylosing spondylitis, and for treatment-induced anaemia in patients with cancer.

### Ankylosing spondylitis

According to 2008 UK National Institute for Health and Clinical Excellence (NICE) guidelines, *infliximab* (originator) should not be used at all.

2015 NICE guidance recommends use of *infliximab biosimilar medicines* in adults with non-radiographic axial spondyloarthritis.

### Cancer-treatment-induced anemia

According to 2008 NICE guidelines, *epoetin* is clinically effective for cancer treatment-induced anaemia, but is not cost-effective.

According to 2014 NICE guidelines, *epoetin* is both clinically effective and cost-effective.

**Abbreviations:** NICE, The National Institute for Health and Care Excellence.

Biosimilar medicines make biotherapeutics a cost-effective option, broadening treatment choice

- In the UK, the National Institute of Health and Clinical Excellence (NICE) has partially revised their guidelines and expanded the use of biologic therapies to a broader range of patients further to biosimilar competition and its positive impact on treatment cost efficiency.

- Beyond the current pool of patients treated with a biologic medicines, **around 25,000 people with moderate rheumatoid arthritis** – who have not responded to conventional therapies – will now benefit from the recommendations.

Rheumatoid arthritis

According to 2016 UK National Institute for Health and Clinical Excellence (NICE) guidelines, anti-TNF medicines should be used only for **severe rheumatoid arthritis**

2021 NICE partially revised guidance now recommends use of adalimumab*, etanercept*, infliximab*, certolizumab pegol, golimumab, tocilizumab and abatacept **for moderate rheumatoid arthritis** after conventional DMARDs only have failed.

Biosimilar medicines empower physicians and healthcare systems to treat more patients, often earlier in the disease course.

*Available biosimilar medicines

According to 2019 NICE guidance, Pertuzumab, with intravenous trastuzumab and chemotherapy, is recommended for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)-positive early stage breast cancer in adults. Prior to that recommendation, the combination (pertuzumab + trastuzumab + chemotherapy) was not considered cost-effective.

Breast Cancer

According to 2019 NICE guidance, Pertuzumab, with intravenous trastuzumab and chemotherapy, is recommended for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)-positive early stage breast cancer in adults. Prior to that recommendation, the combination (pertuzumab + trastuzumab + chemotherapy) was not considered cost-effective.

Biosimilar medicines empower physicians and healthcare systems to treat more patients with innovative therapies when used in combination with a biosimilar medicine.¹

Biosimilar medicines allow freeing up re-investment in better care thanks to benefit-sharing

- In Cardiff, rituximab intravenous formulation biosimilar medicines were predicted to save one hospital £300,000 - £335,000 a year over the subcutaneous reference biologic.

- An additional consideration related to getting the treatment i.e. lymphoma chemotherapy and subcutaneous biologic therapy.

In concertation with patients, feedback underlined:
- The shorter administration time of the subcutaneous administration would be a benefit.
- However, the overall travel times across town through large urban areas to reach the infusion centres would outset the time gains from administration.

To ensure shared benefits for both patients and the healthcare budget, decision was made to re-invest the financial savings from intravenous rituximab biosimilar utilisation to develop jointly with patients and advocates, and staff new infusion clinics closer to patients’ homes in the city outskirts.

Biosimilar medicines empower healthcare communities to deliver more care: more patient accessing medicines and beyond, answering specific patient needs along their treatment pathway.

Globally, biosimilar medicines have the potential to offer healthcare systems huge savings for the same or better outcomes.

**Canada - $94 million CAD**
Combined savings from use of etanercept, filgrastim, infliximab and insulin glargine biosimilars in 2018.

**U.S.A – 12,6 billion USD**
Biosimilars 10-year system savings: 12,6 billion USD in 2021 Biosimilars projected system savings by 2025: 133 billion USD.

**Europe – >30 billion EUR**
between 2006 and 2022

**Japan – 46 billion JPY**
between 2017 and 2019 with CAGR 61%

**South Africa – 6.4 million USD**
(84.5 million Rand) per annum
A 50% price reduction following the introduction of the biosimilar trastuzumab would translate into 670 more patients being treated (2016).

Biosimilar medicines represent a cost-effective alternative to the reference products.

Sharing the benefits of clinical use of biosimilar medicines

- In Germany, the medical association KV Westfalen-Lippe, and the statutory health insurance provider Barmer GEK, agreed a contract geared towards improving care of patients with inflammatory bowel disease.
- Under the contract, patients with ulcerative colitis or Crohn’s disease will be primarily treated with infliximab biosimilars.
- Absolute savings generated from prescribing infliximab biosimilar were equally split between the treating physician and Barmer GEK.

Summary: The benefits of biosimilar medicines

The use of biosimilar medicines has been successfully implemented within Europe since 2006\(^1\)

**Benefit sharing models** involve all stakeholders and help to demonstrate the cost benefits associated with biosimilar medicine adoption\(^3\)

Biosimilar medicines improve the treatment options available to:\(^2\)–\(^4\)

- **Patients**: Biosimilar medicines allow access for more patients, and at earlier stages in the treatment cycle where medically appropriate
- **Healthcare professionals**: Biosimilar medicines empower physicians, providing cost-effective treatment options
- **Payers**: Globally, biosimilar medicines introduce competition by representing a cost-effective alternative to reference biologicals, and generate savings

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**Biosimilar medicine policies are necessary to drive uptake and provide the benefits of biosimilar use**