Biosimilar Substitution

A Collaborative Approach to Pharmacovigilance

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Background

- **Responsible use of biologic and biosimilar medicines is complicated**
  - Efficacy/effectiveness gap
  - Safety/preventable adverse drug events
  - Innovation/affordability conflicts
- **Medication-use is a team effort**
  - The greatest value from an investment in pharmacotherapy results from collaboration among health care professionals and patients
- **Accountability**
  - Health care professionals -> their patient (regulated by the States)
  - Pharma -> innovations for patients (regulated by the Federal government)
  - Insurance companies/PBMs -> Saving money (Regulated???)

Benefits of Biosimilar Medicines

- Increased therapeutic options
  - Put U.S. patients on par with patients in Europe and Canada.
  - More treatment choices for physician and patient.
- Potential for cost savings
  - Unlike generics, which save 40-80%, due to higher development costs, biosimilars are expected to save payers 15-30%[1]

1 Generics and Biosimilars Initiative Journal (GaBI Journal). 2012;1(3-4).120-6. DOI: 10.5639/gabij.2012.0103-4.036

Issues Surrounding Biosimilar Substitution

- Under what circumstances may a pharmacist substitute a biosimilar (approved by FDA as interchangeable) without the involvement of the physician?
- What communication is required between pharmacist and:
  - Physician
  - Patient
- What records must be kept of the substitution?
- This is the purview of state government: Legislatures, Boards of Pharmacy

Why are these Concerns Important?

- Patient always needs to be informed about the medicine he/she is receiving in order to make informed choices and be an effective partner in care.
- Physician needs to be aware of what medicine patient is receiving to provide proper care.
- Accurate patient record must be kept for pharmacovigilance/post-market monitoring for adverse events and efficacy
- Physicians and pharmacists have a responsibility to the patient and to the larger community (other healthcare providers, regulators, manufacturers) to work collaboratively together—that includes **clear, timely communication.**

Perspective on Biosimilar Substitution in Europe and Canada

- The European Medicines Agency advises that **the physician should be in charge of the decision to switch** between the reference and biosimilar, or vice versa.[1]
- "Health Canada **does not support automatic substitution** of a Subsequent Entry Biologic for its reference biologic drug and recommends that physicians make only well-informed decisions regarding therapeutic interchange."[2]

1 European Medicines Agency. Questions and Answers on Biosimilar Medicines (Similar Biological Medicinal Products). London: European Medicines Agency; 2012. Available from: http://www.ema.europa.eu/docs/en_GB/document_library/Medicine_QA/2009/12/WC500020062.pdf. Accessed November 6, 2012.

2 http://www.hc-sc.gc.ca/dhp-mps/brgtherap/applic-demande/guides/seb-pbu/01-2010-seb-pbu-qa-qr-eng.php

Limited Pharmacy Substitution Recently Authorized (but not implemented) in France

- In 2014, France broke new ground by providing for **very limited substitution**
- Substitution law **recognizes that biosimilars are not identical to their reference products.**
- Patient must be initiating course of treatment (patients may not be switched from innovator to biosimilar, or biosimilar to innovator).
- **Physician may block substitution** by writing "non-substitutable" on prescription.
- Pharmacist must **record substitution** and **inform physician.**
- **Implementation has stalled because they have no practical means of ensuring the patient is initiating treatment.**

ansm
Agence nationale de sécurité du médicament et des produits de santé

Communication/Record Keeping Requirement Legislation in 2013

- 28 bills were introduced in 18 states
- In 10 states (AZ, AR, CA (vetoed), CO, DE, IN, MD, MS, TX, WA) the proposal did not move forward (for various reasons)
- Enacted in 5 states (FL, ND, OR, UT, VA)
  - OR, UT, and FL with sunset provisions expiring 2015/2016
- Carried over in 3 states (IL, MA, PA)

Communication/Record Keeping Requirements: 2014-2015

- In 2014-2015, INDIANA, COLORADO, DELAWARE, GEORGIA, MASSACHUSETTS, NORTH CAROLINA, TENNESSEE, UTAH, and WASHINGTON passed bills with communication and record-keeping requirements
- Similar bills being debated this year in CALIFORNIA, NEW JERSEY, TEXAS, and elsewhere.

Criticisms of U.S. Substitution Legislation

- Legislation premature? There are NO biosimilars in the United States marketplace.
  - First biosimilar approved March 6th.
- Premature laws create confusing patchwork of state substitution laws.
  - Pharmacists, physicians need to work together to educate lawmakers, and create a standard for these laws that works for all.
- Could legislation undermine public confidence in biosimilar medicines?
  - Physicians defaulting to "do not substitute" as only means of knowing what patient is receiving would also undermine biosimilar adoption.

Why is there Disagreement Between Physicians and Pharmacists on Substitution of Biosimilars?

- Pharmacist often seen as playing a secondary role
- Notification requirements in some biosimilar substitution legislation have been viewed by some as too burdensome:
  - How many days will pharmacist have to notify physician?
  - What information must be recorded?
  - For how long must these records be retained?
- Health system pharmacists and retail chain pharmacists may view regulations differently.

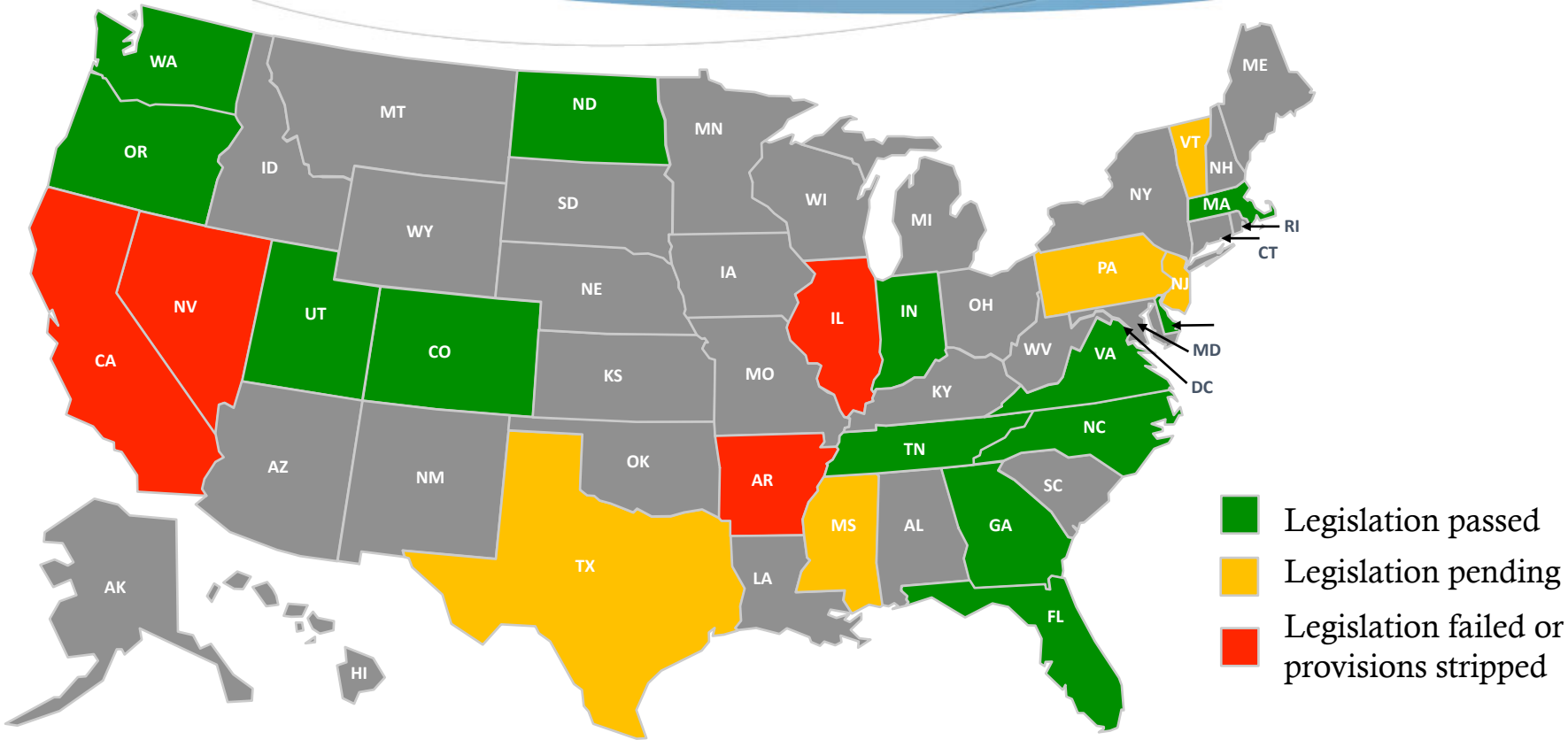
Physician/Pharmacist Collaboration is Key

- Physicians have the authority to specify **"do not substitute"** for biological products and that specification overrides any policy – e.g. by payers or state law – that would have substitution be the standard or default practice.
- Physicians and pharmacists should **work collaboratively** to ensure that the treating physician is aware of the exact biologic – by manufacturer – given to a patient in order to facilitate patient care and accurate attribution of any adverse events that may occur.

Common Ground Between Physicians and Pharmacists

- Both healthcare providers who share concern for our patients
- Both experienced with, and knowledgeable about, medications
- Both incentivized to perform good pharmacovigilance
- Both want a good track-and-trace system for adverse events
- Both support good record keeping.

Communication Requirements by State



Rev. 5/18/15

Collaboration among Pharmacists, Physicians, Manufacturers on substitution bills has resulted in improved legislation

2013 Bill Language		2014 Bill Language
"Notification"	→	**"Communication"**
Notification **only if biosimilar substituted**	→	Communication of which biologic was was dispensed – **innovator/biosimilar**
72 hours to notify	→	**10 days** to communicate
Must retain records for **5 years**	→	Must retain records for **2 years**

Timing of Communication

- The timing of the communication process must not impose an undue burden on the pharmacist
- Communication of a substitution is after dispensing
- Must be timely enough to facilitate **accurate record keeping** and **attribution of adverse events** by the physician.

Medication-use system

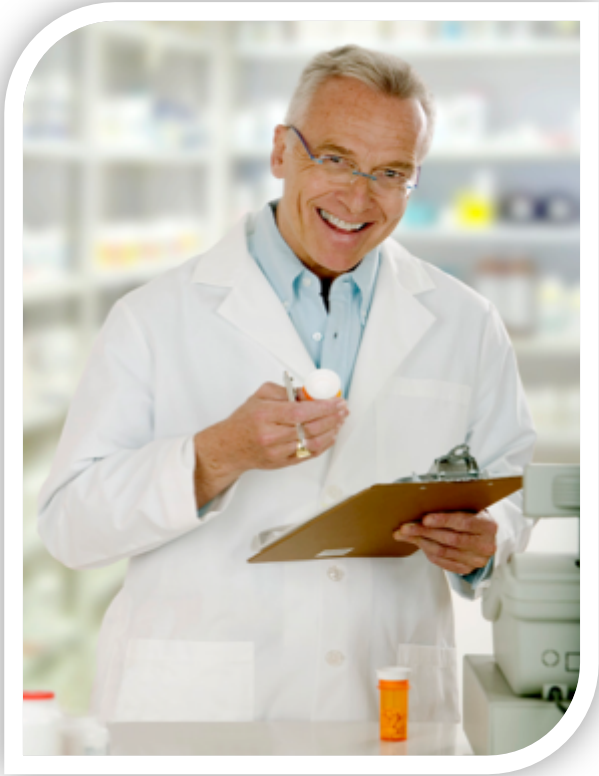
- Prescribing
- Preparation
- Dispensing
- Administration
- Monitoring

Strategies for Improving Prescribing

- Collaborative practice that includes a pharmacist
- The formulary system
- Therapeutic interchange (NOT substitution)
- Evidence-based clinical practice guidelines
- Clinical decision support systems
- Metrics and performance management
  - Effectiveness
  - Safety
  - Cost

Added Value of Pharmacists

- Prudent purchasing
- Inventory control
- Managing waste
- Managing utilization
- “Balanced scorecard” (pharmacoeconomics)
- Proactive awareness



Conclusions

- The pharmacist's responsibility does not end with the patient.
- As with vaccinations, it is a matter of responsibility to a larger community.
- Pharmacists have a larger responsibility to work collaboratively with physicians, regulators, manufacturers and others to create a strong pharmacovigilance system to protect everyone.
- Clear communication is essential for the successful rollout of biosimilars – not only in their naming, but also when they are substituted.

Thank You
For Your Attention