ASBM Latin America Prescribers Survey

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Methodology

- 399 Prescribers were recruited from 4 countries in Latin America
  - Argentina (N=99)
  - Brazil (N=101)
  - Columbia (N=100)
  - Mexico (N=99)
- 15 minute web-based survey
- All surveys were administered in native languages
  - Argentina, Columbia, Mexico: Spanish
  - Brazil: Portuguese
- Open-ended responses were back-translated into English for analysis and reporting purposes

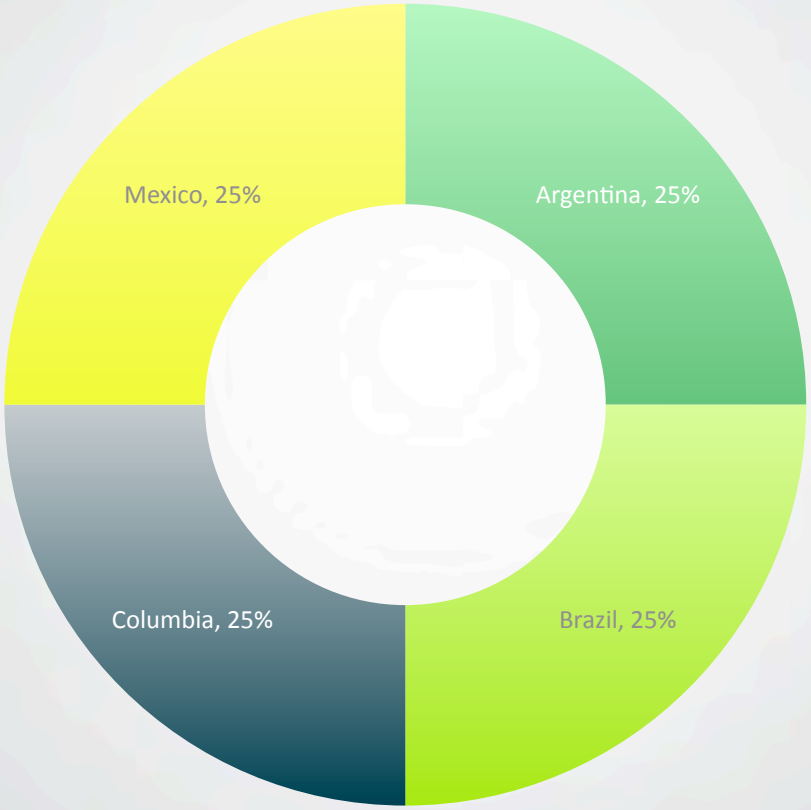
Demographic Data

SAMPLE CHARACTERISTICS

Geographic Representation

All Countries

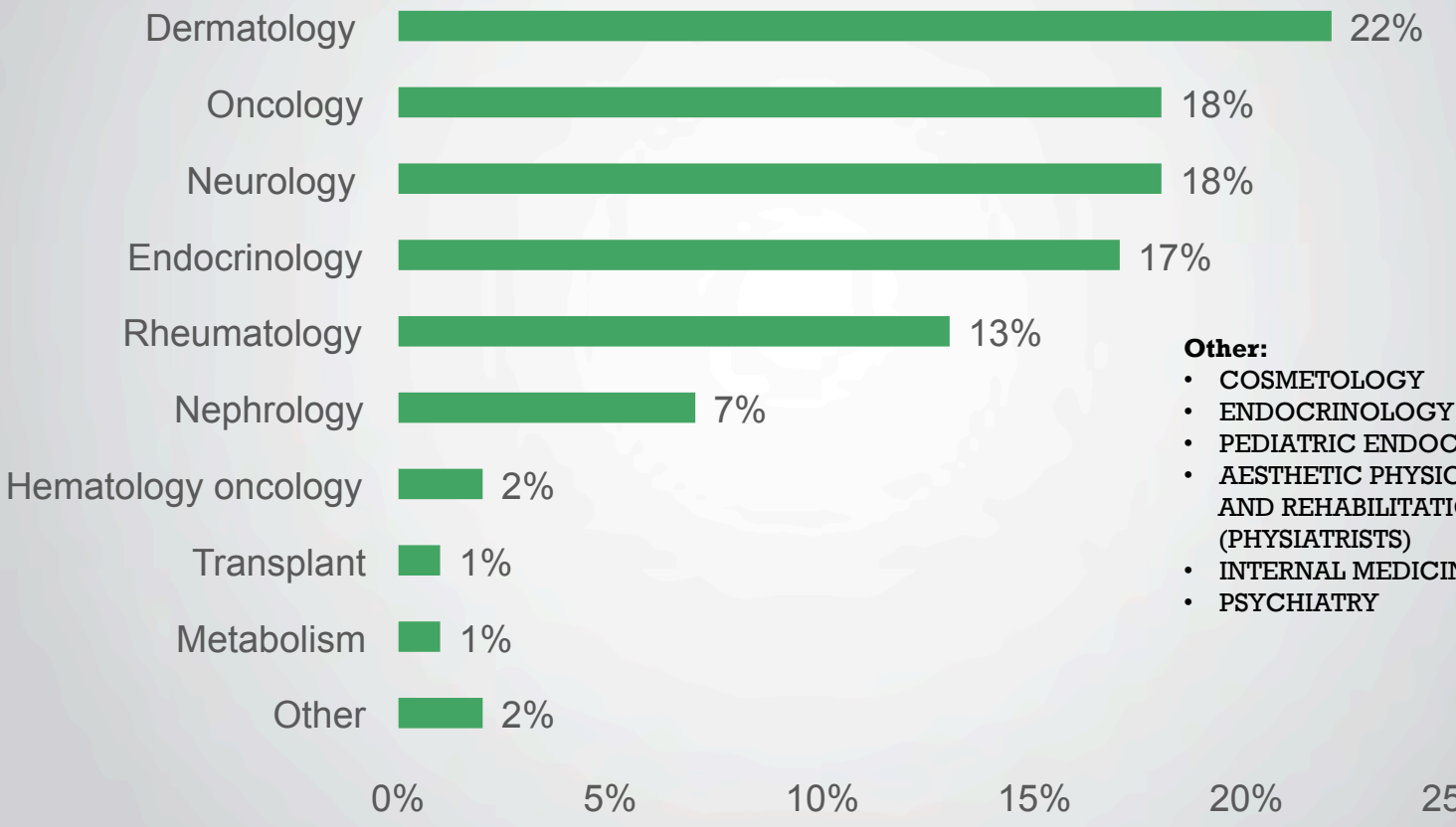
N=399



Primary therapeutic area

All Countries

"Please indicate your primary practice area or therapeutic area in which you practice?" (N=399)



Other:

- COSMETOLOGY
- ENDOCRINOLOGY METABOLISM
- PEDIATRIC ENDOCRINOLOGIST
- AESTHETIC PHYSICAL MEDICINE AND REHABILITATION (PHYSIATRISTS)
- INTERNAL MEDICINE (3)
- PSYCHIATRY

Primary therapeutic area

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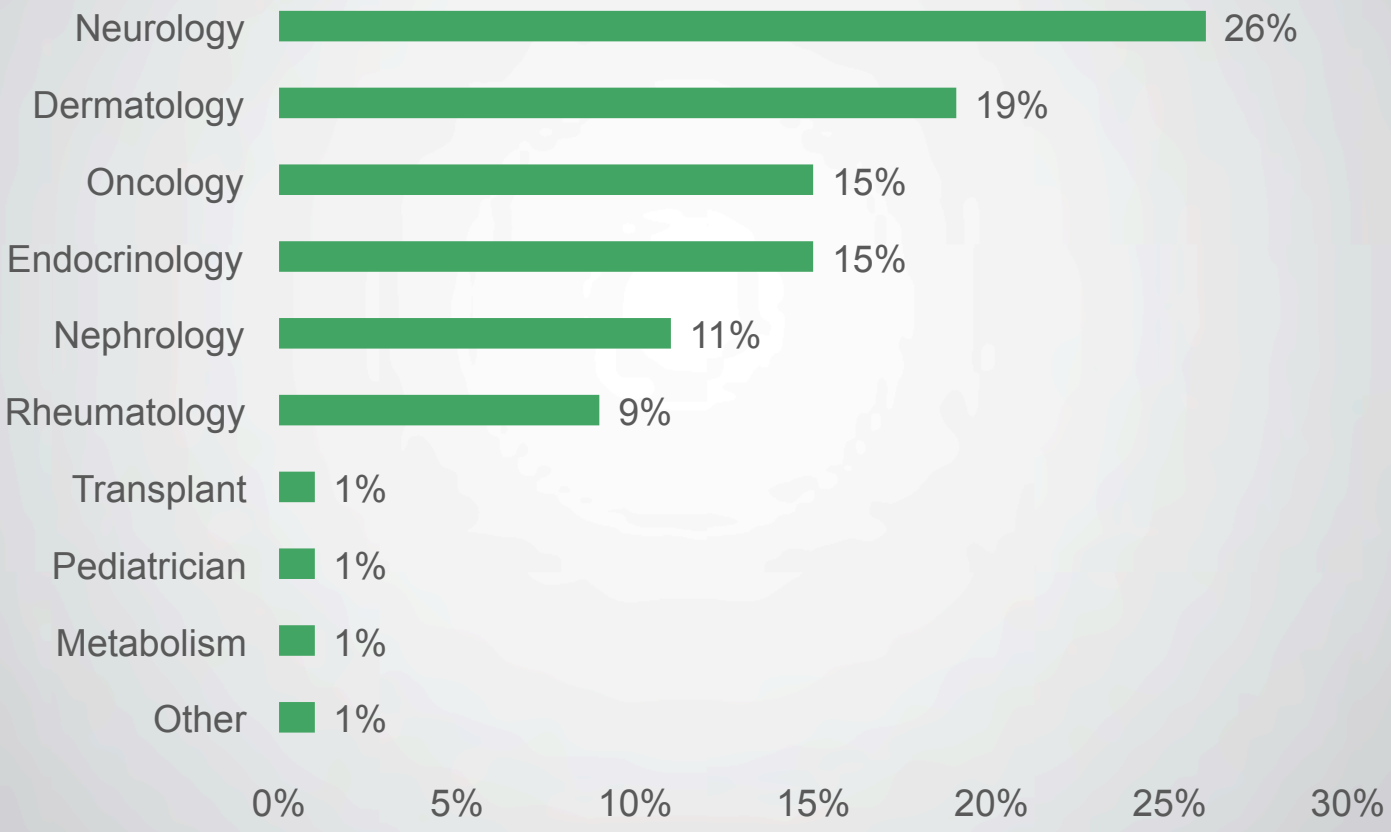
Argentina



Primary therapeutic area

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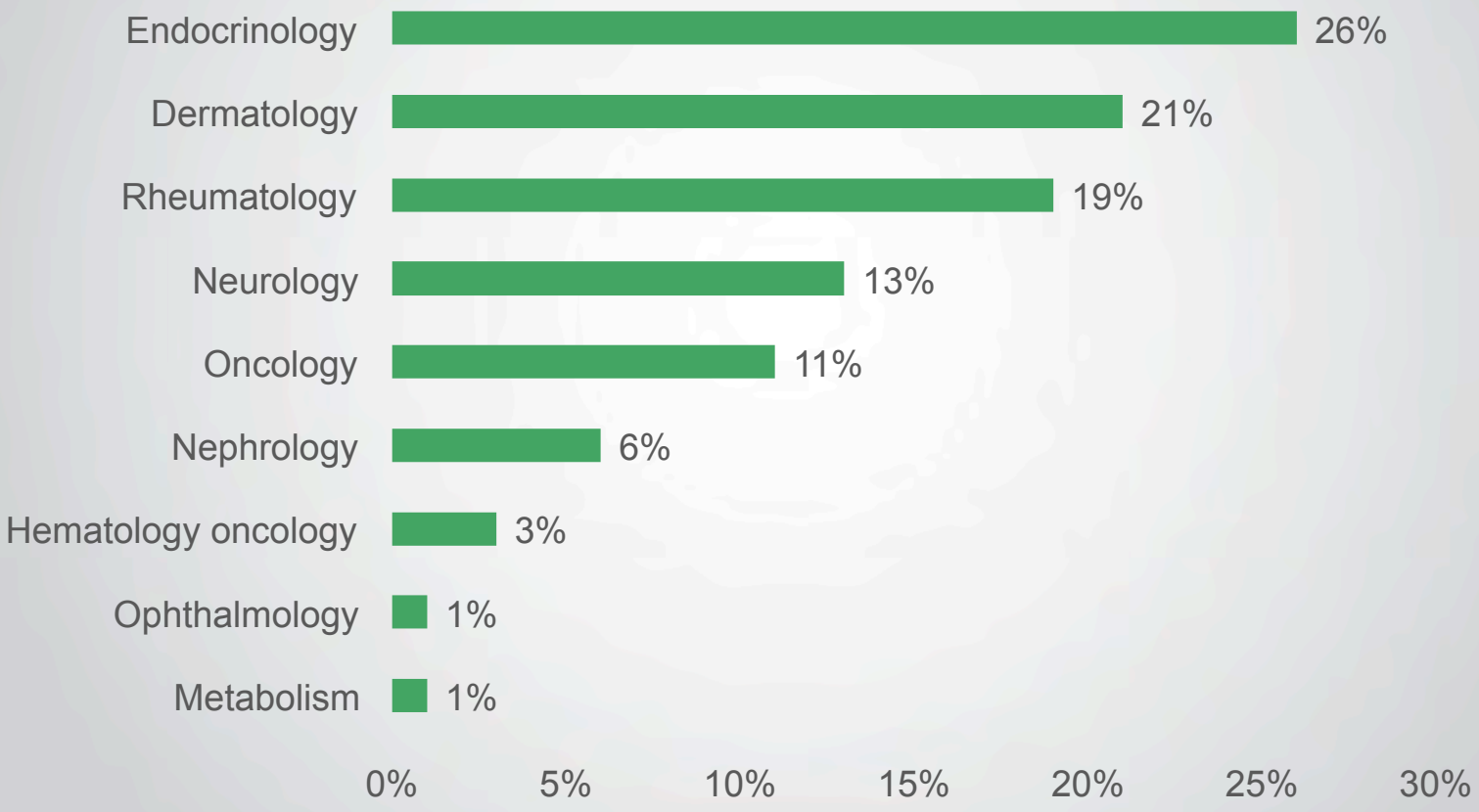
Brazil



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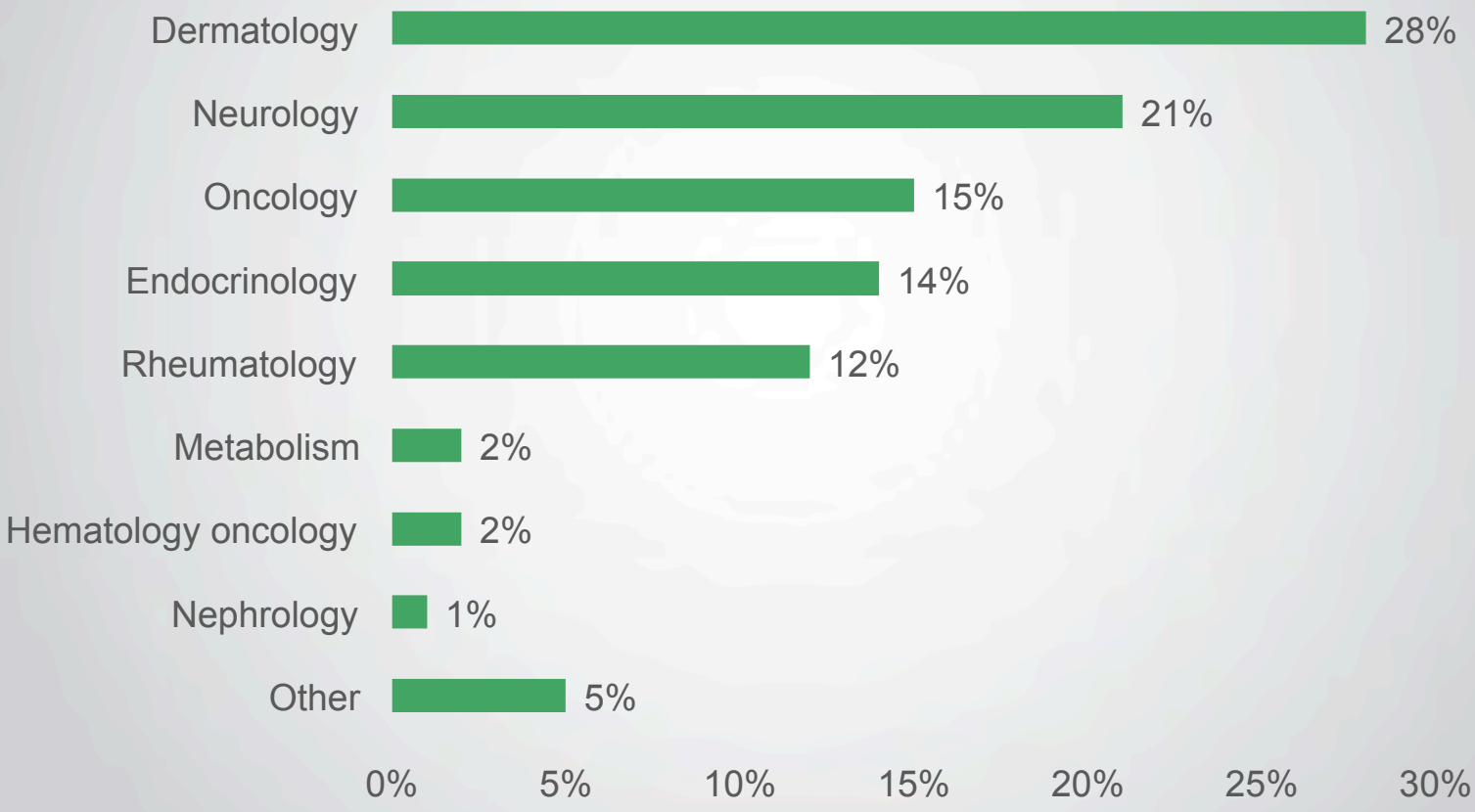
Columbia



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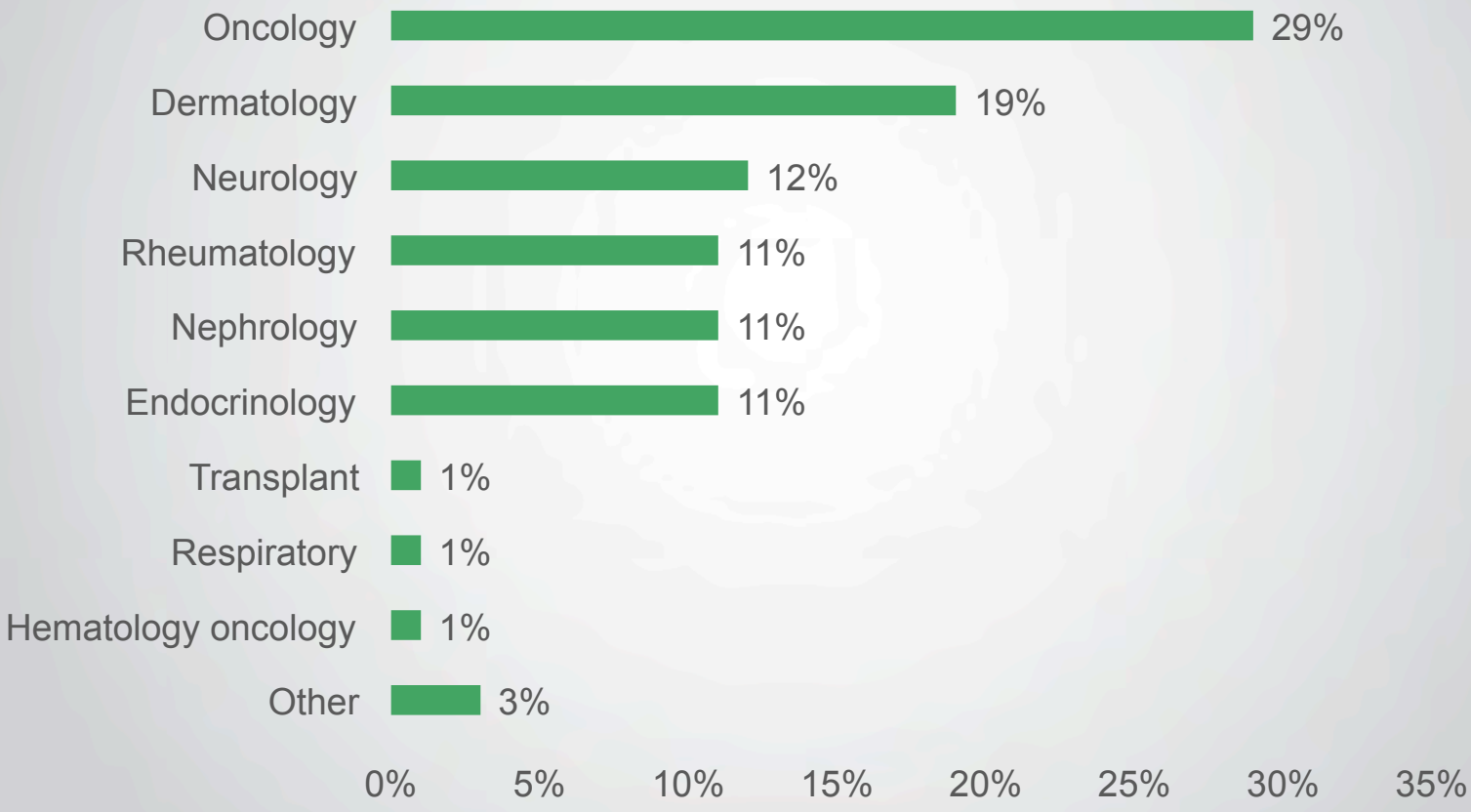
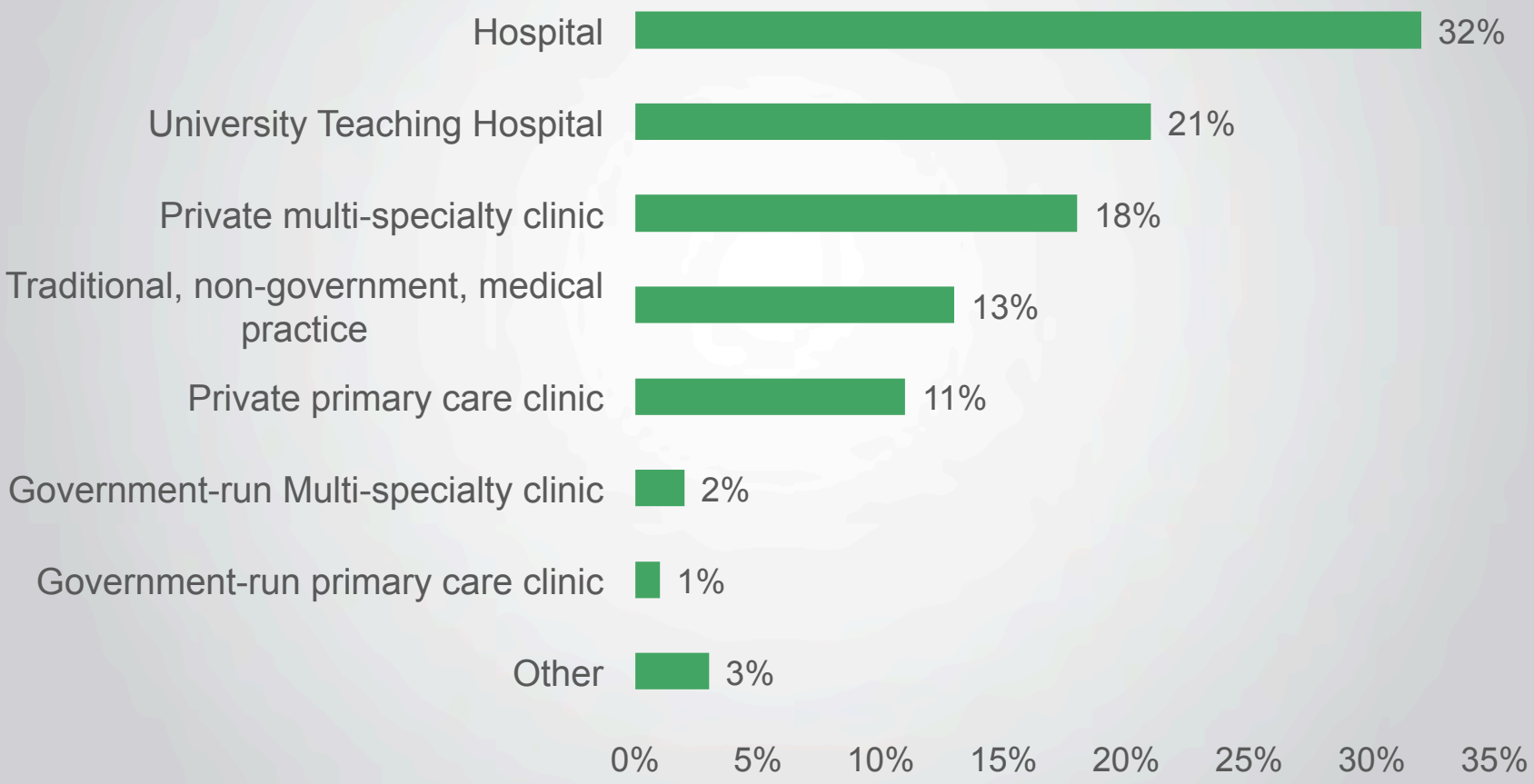


Practice setting

All Countries

"Which of the following best describes the type of practice in which you work?" (N=399)



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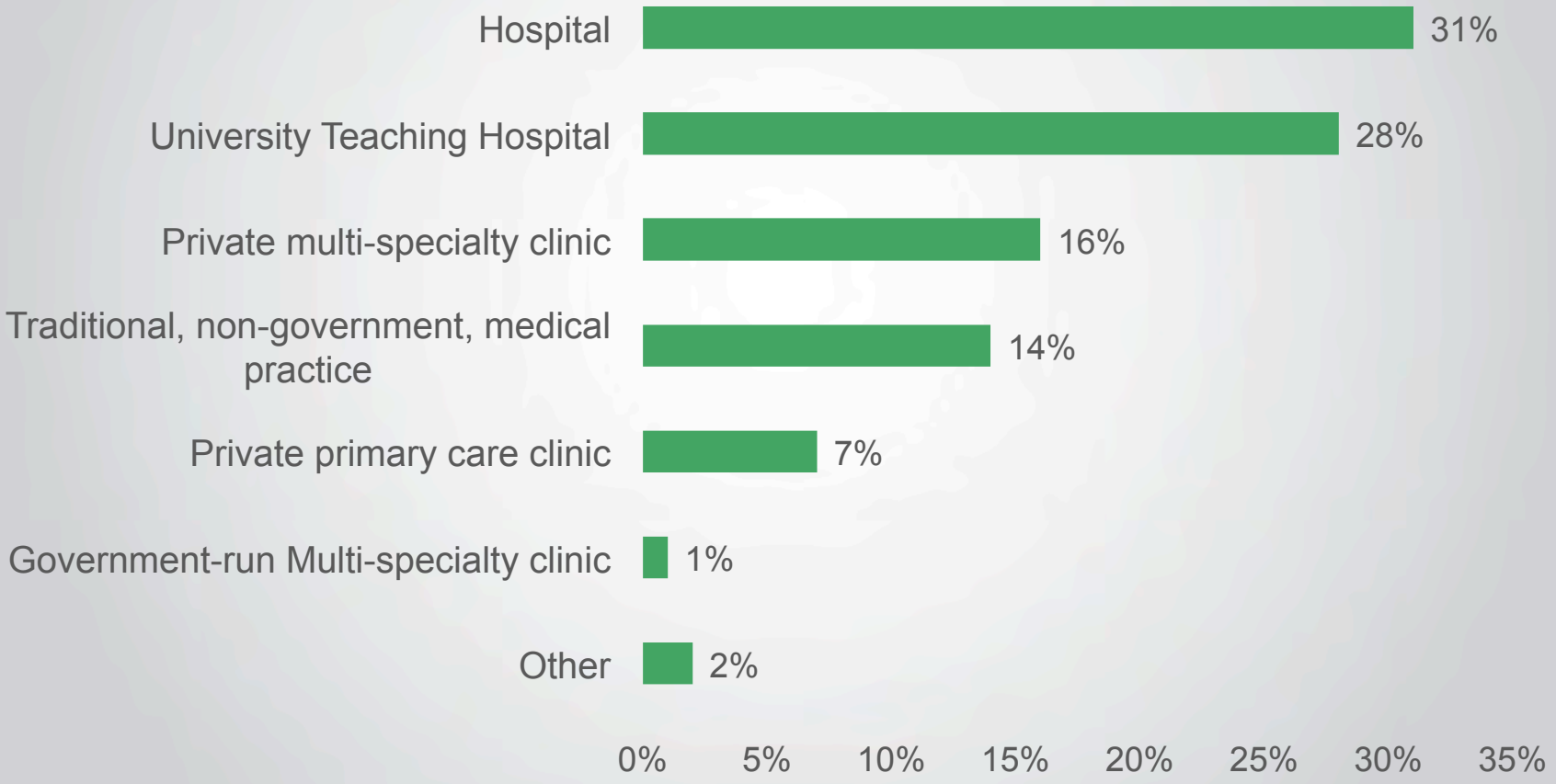

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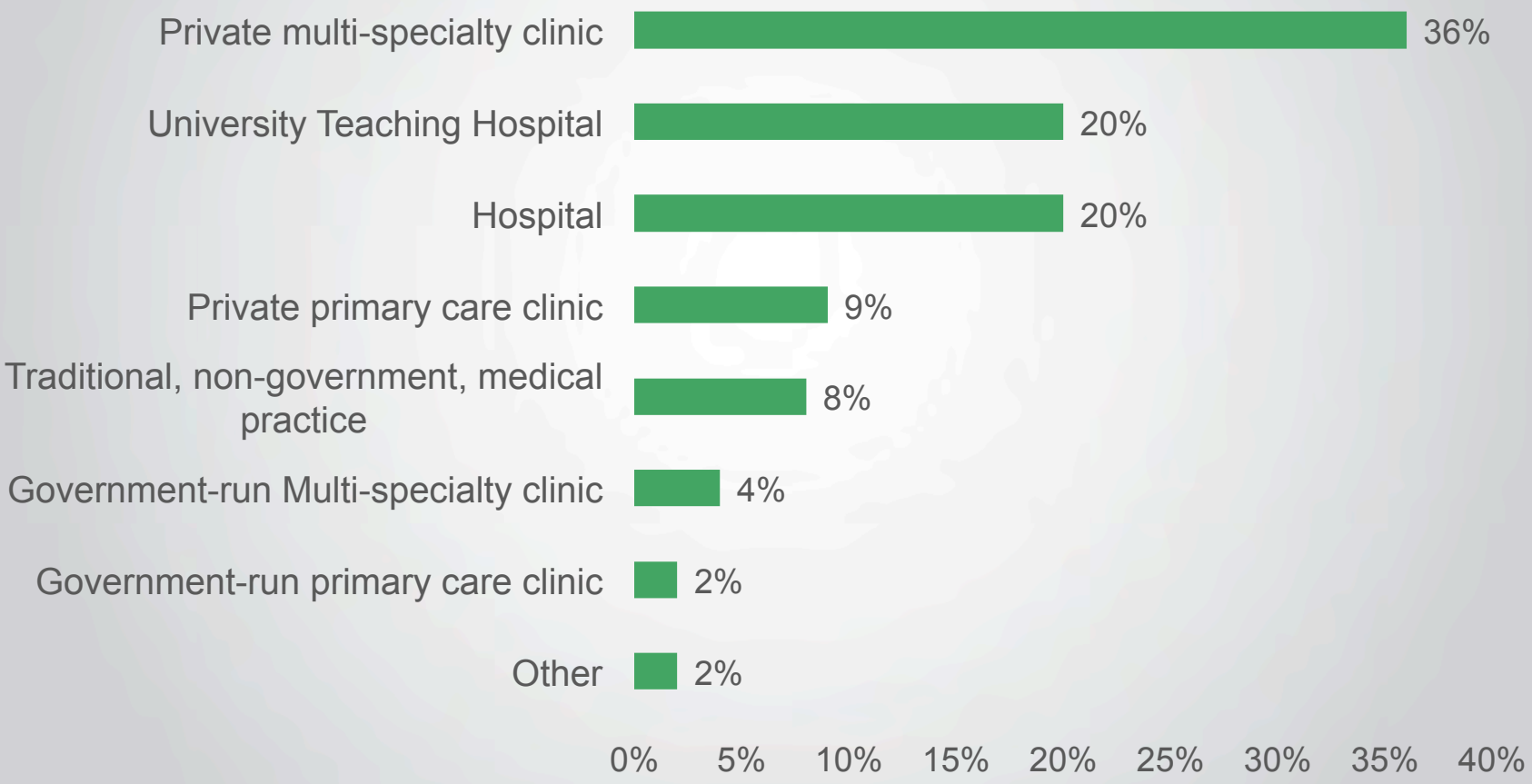

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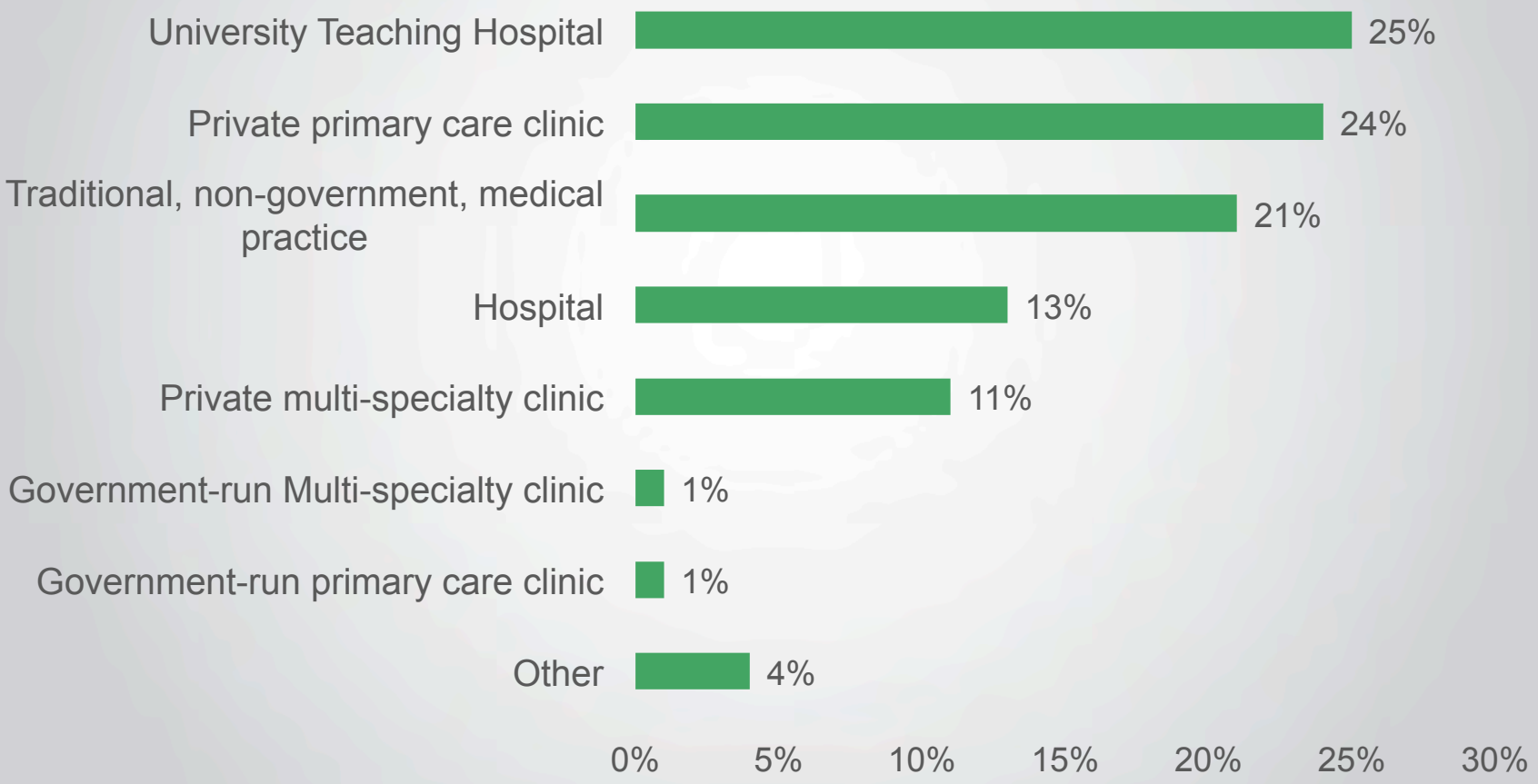

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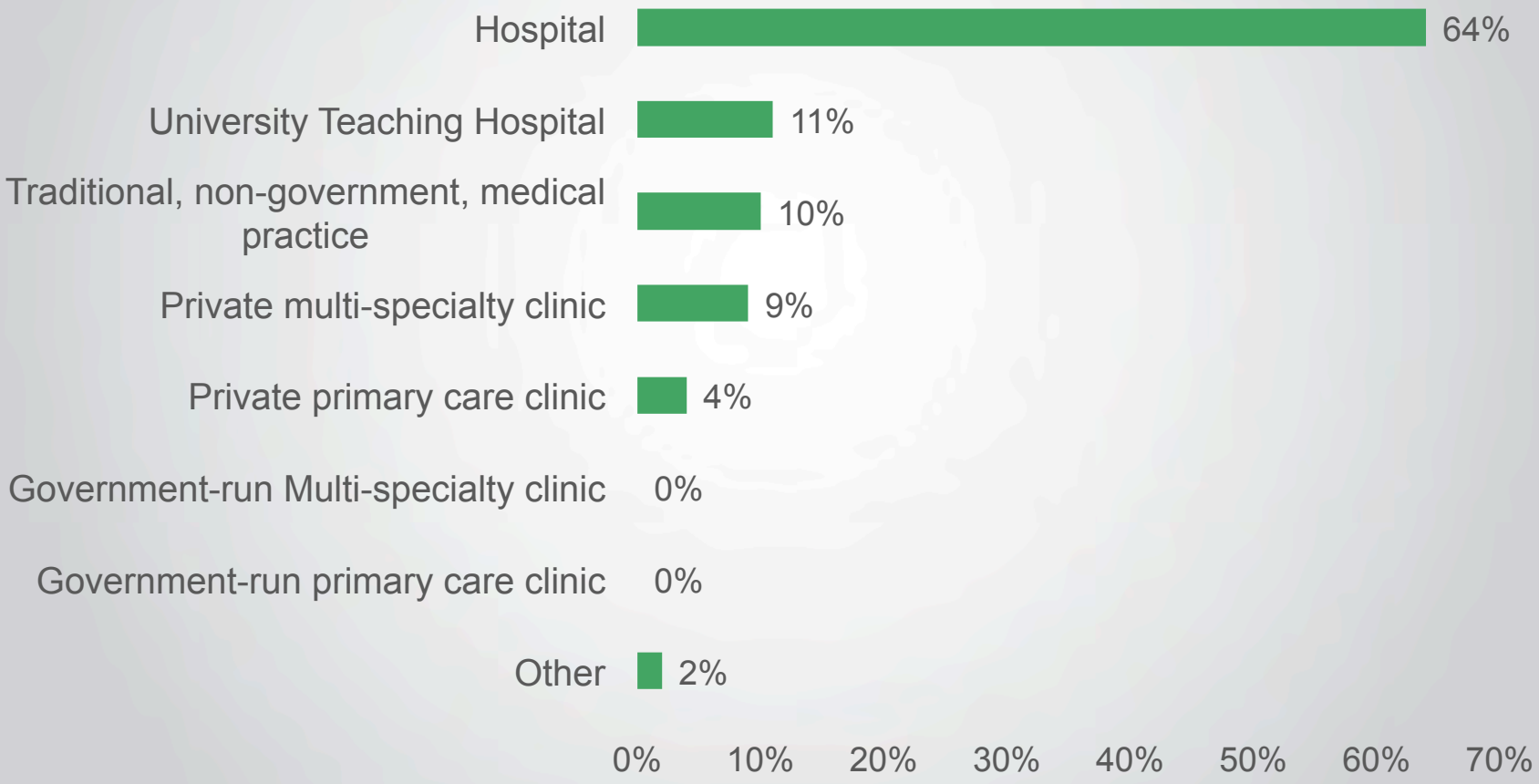
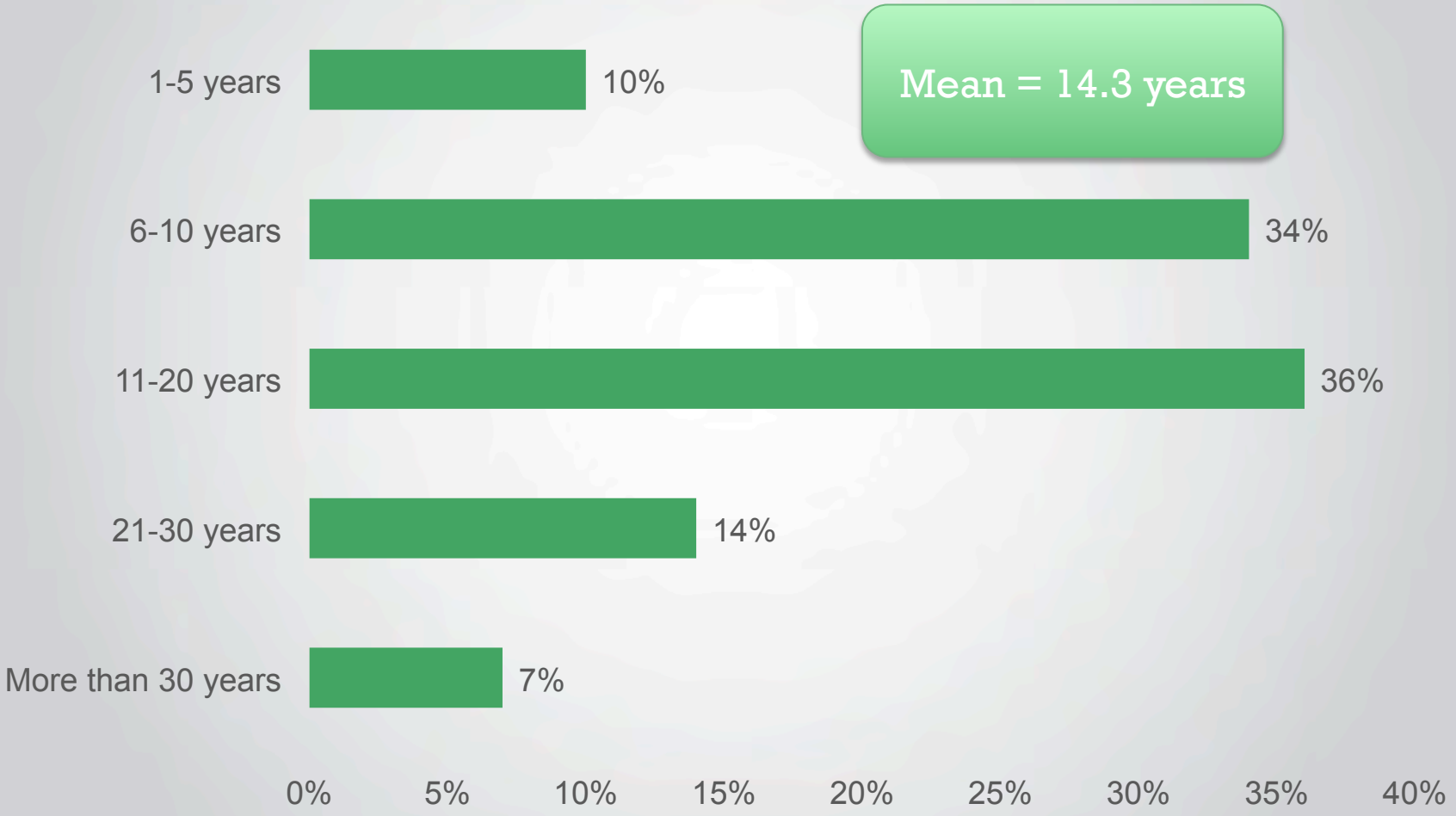


Length of time in healthcare sector

All Countries

"How long have you been in medical practice?" (N=399)



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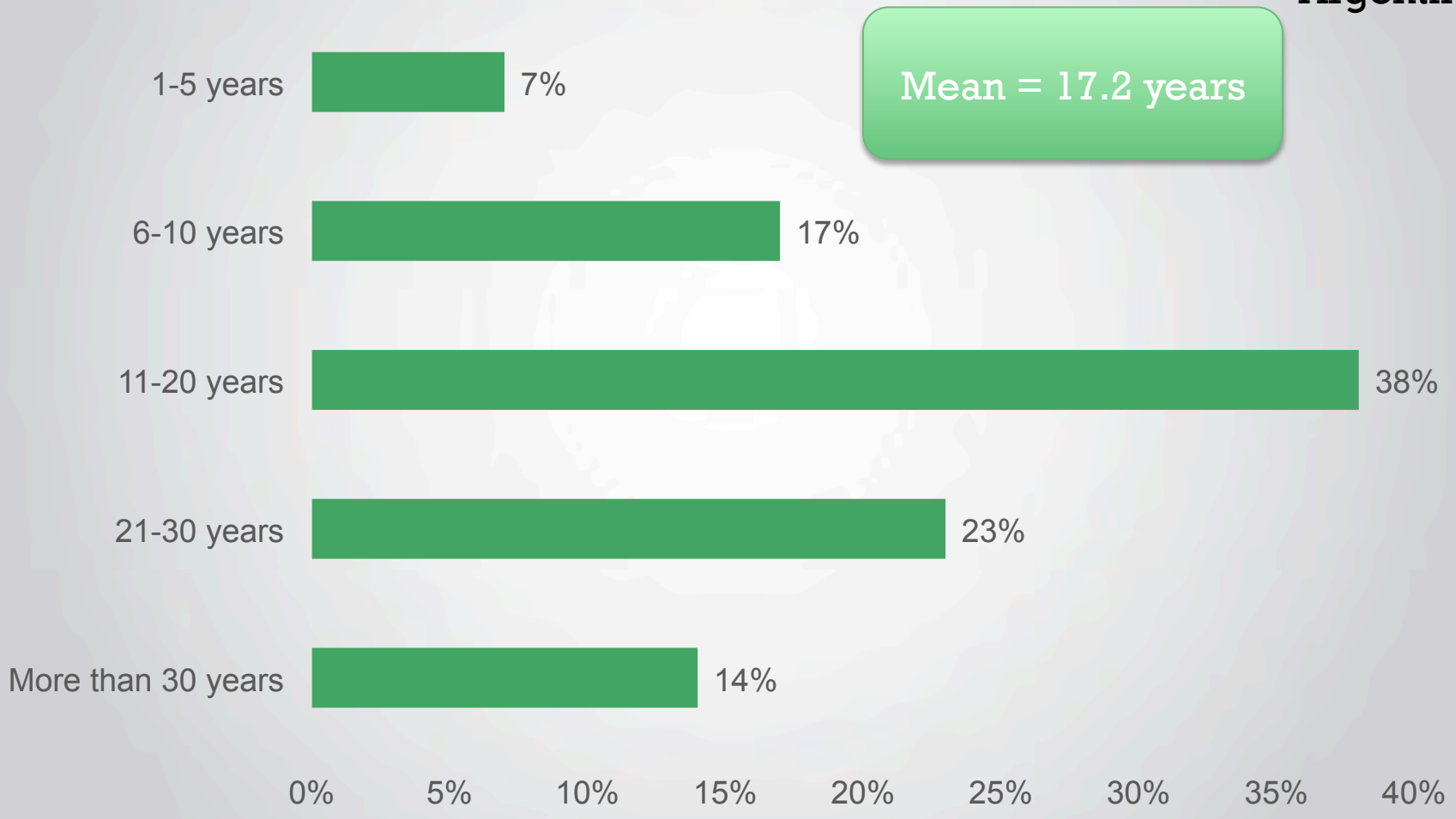

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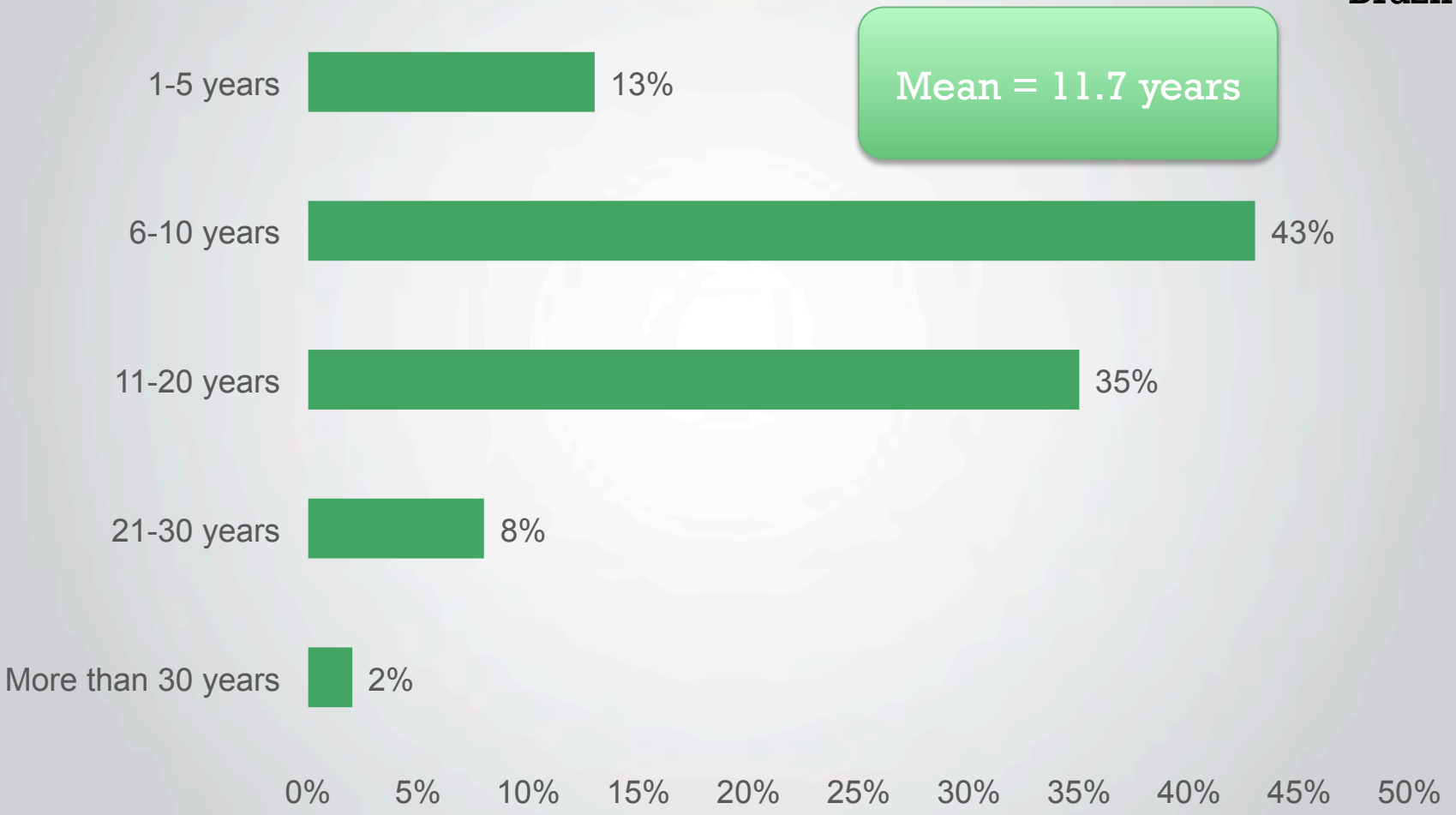

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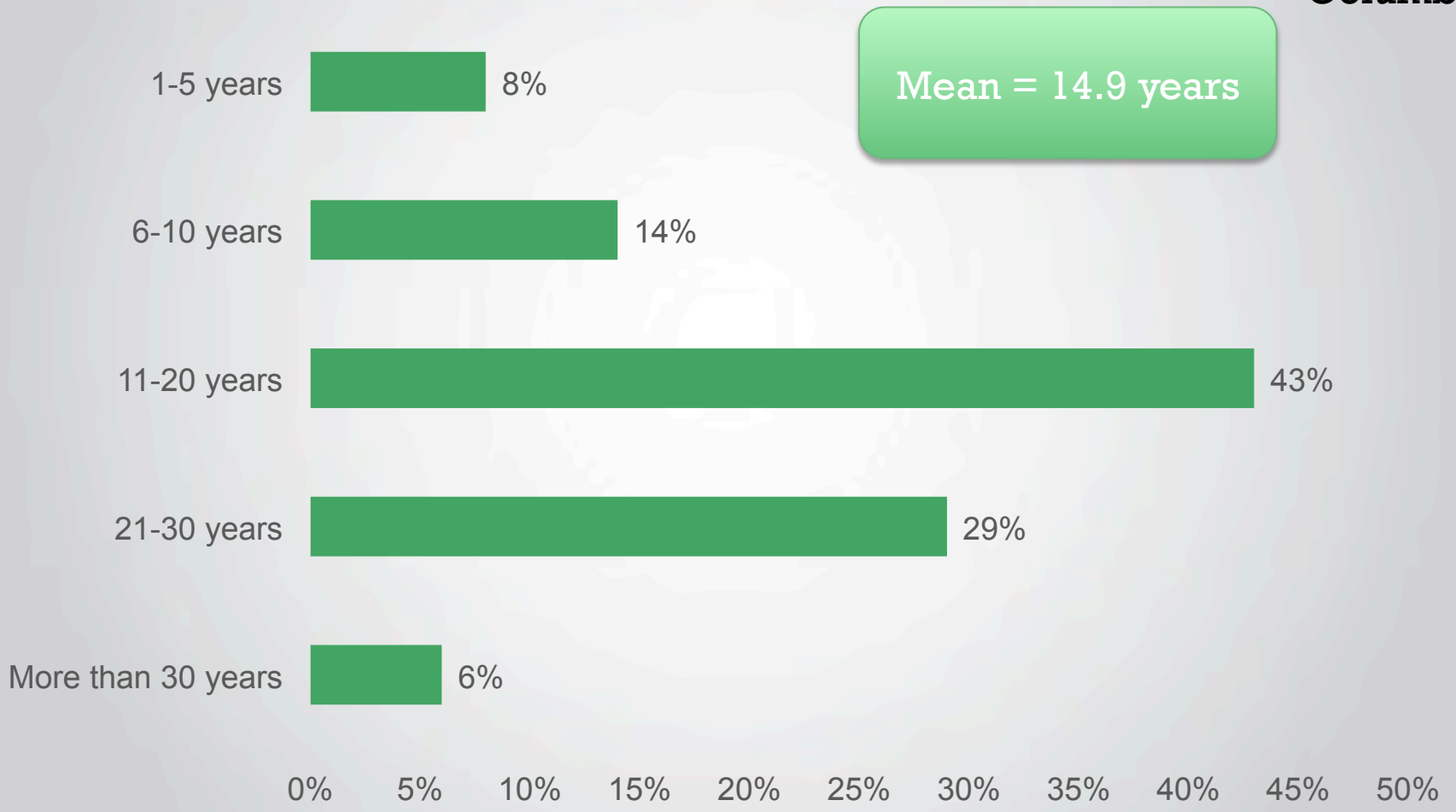

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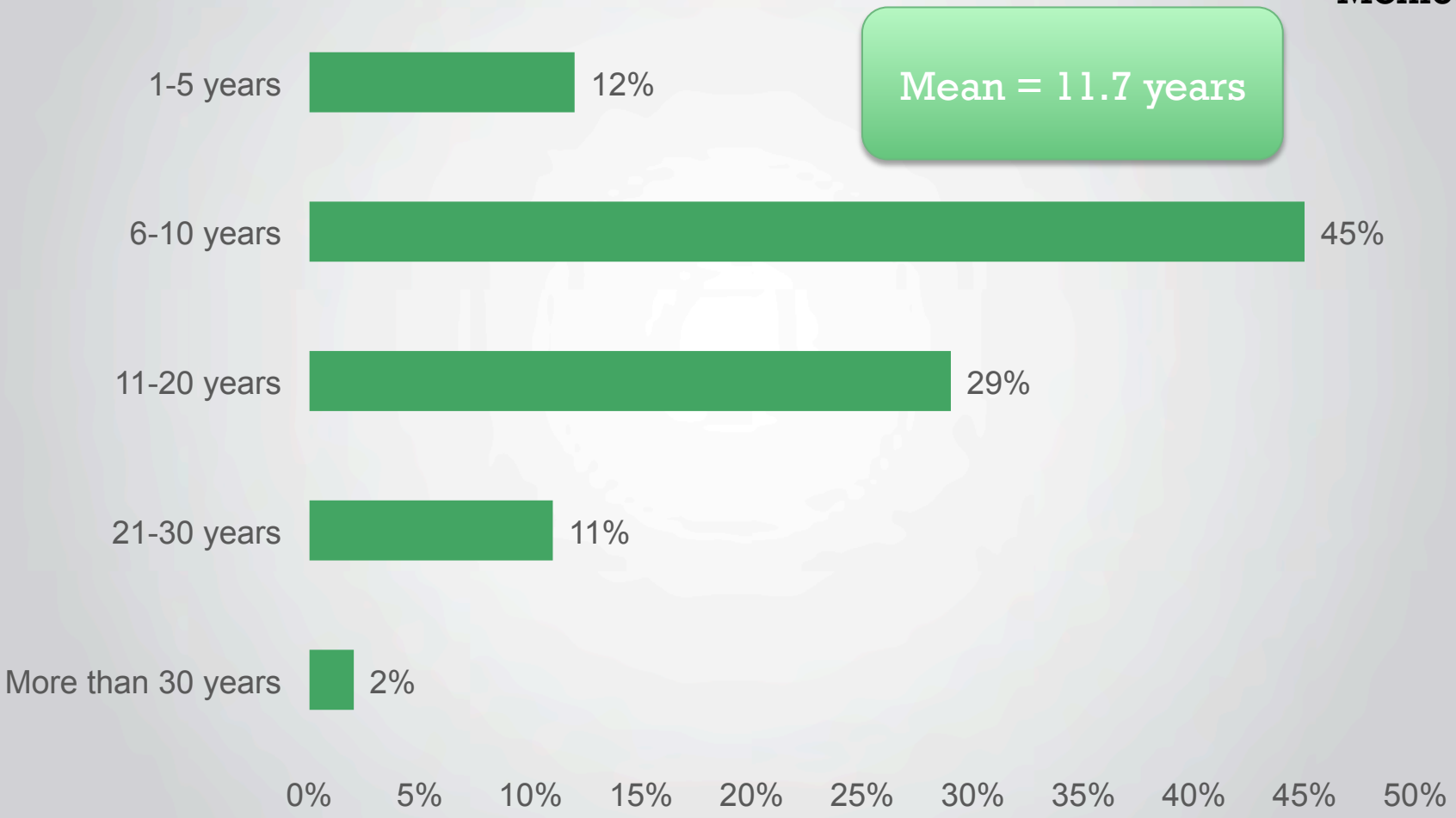
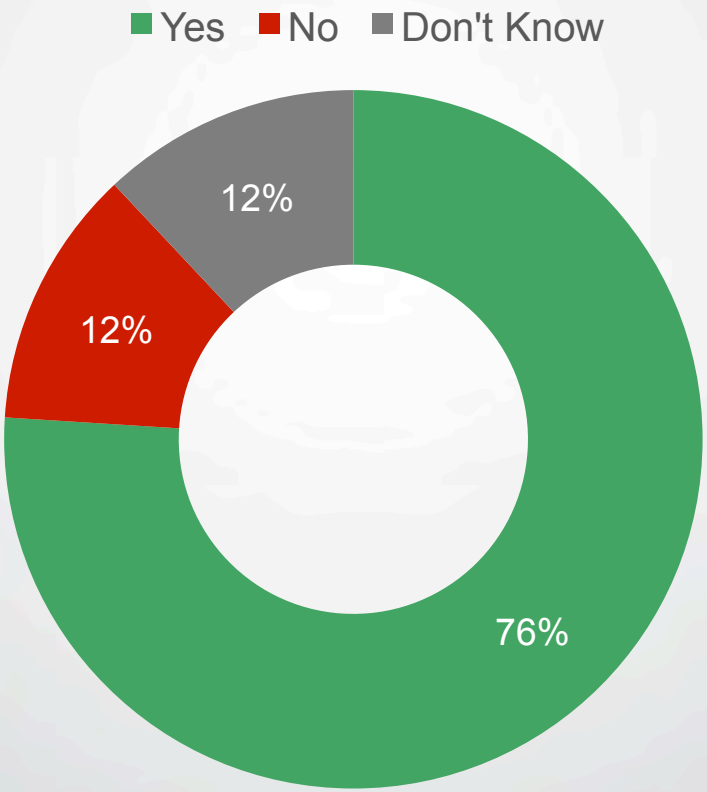


Treatment of patients prescribed biologics by others

All Countries

"Do you commonly treat patients who you are aware are being prescribed biologic medicines by another health care provider?" (N=399)



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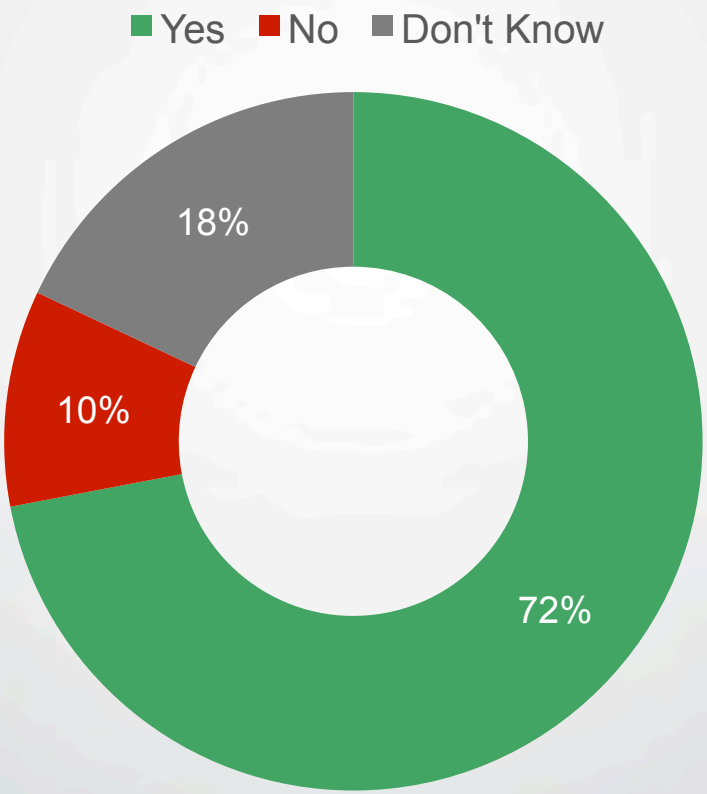

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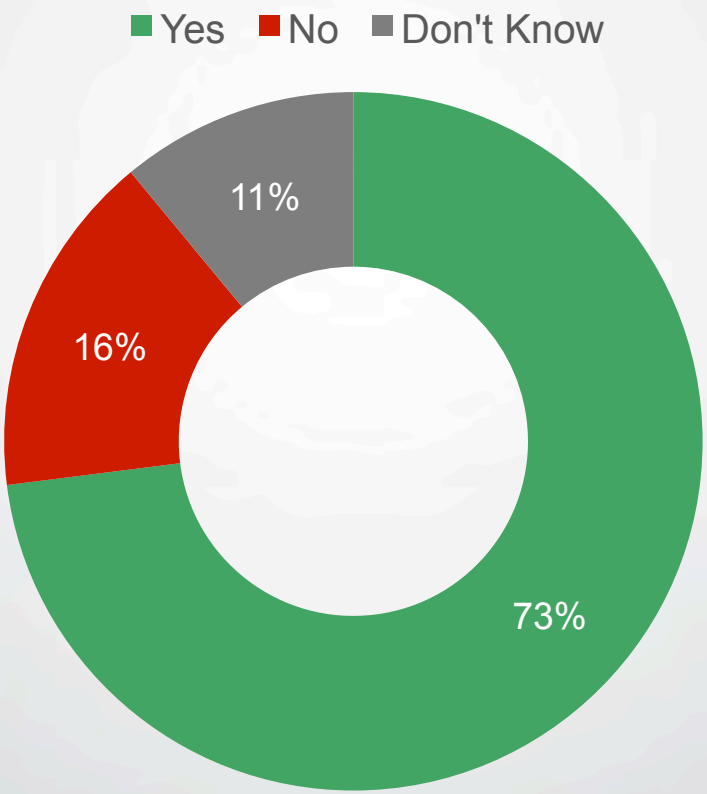

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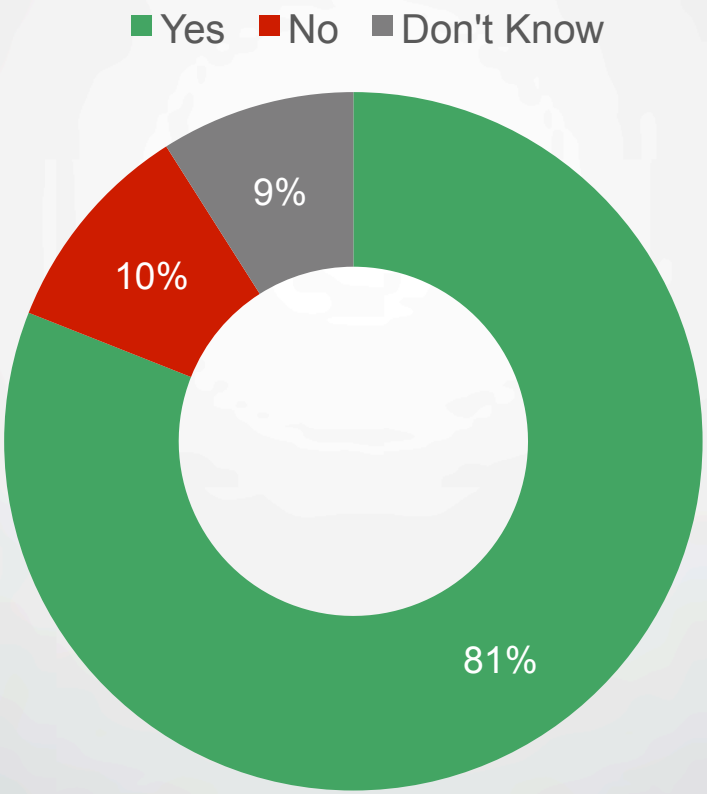

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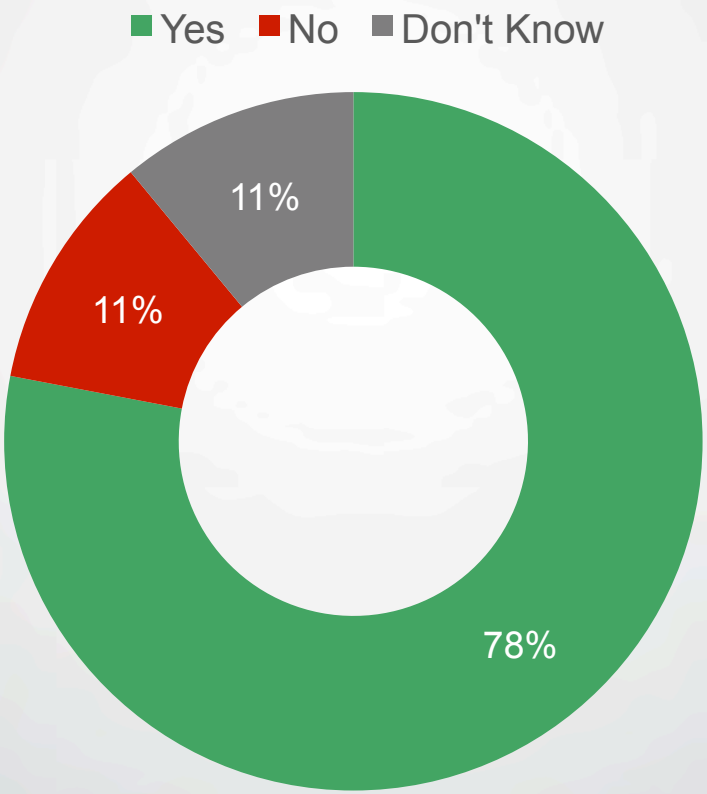
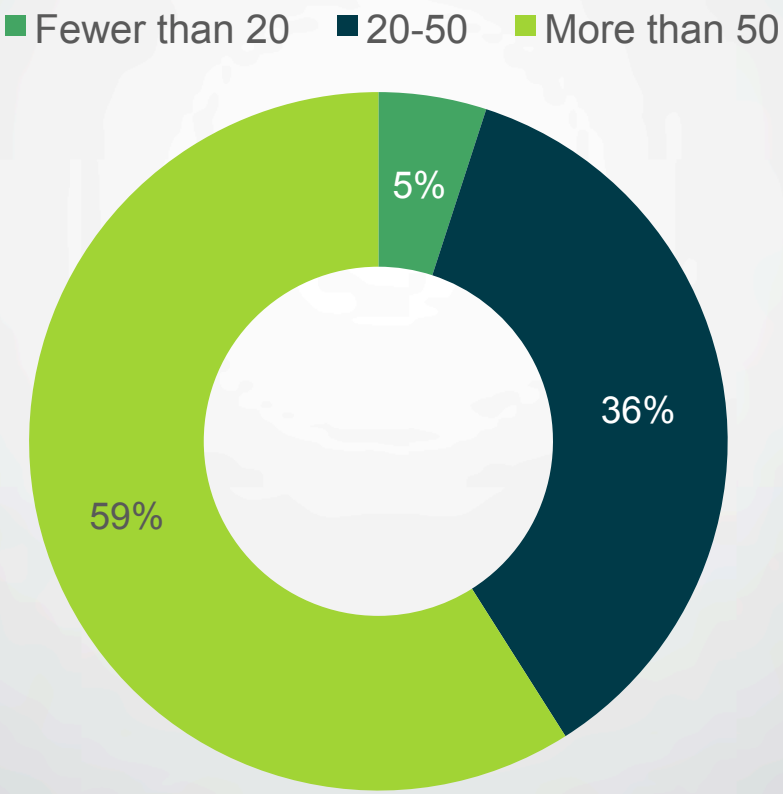


Patient appointments per week

All Countries

"On average, about how many patient appointments do you conduct per week?" (N=399)



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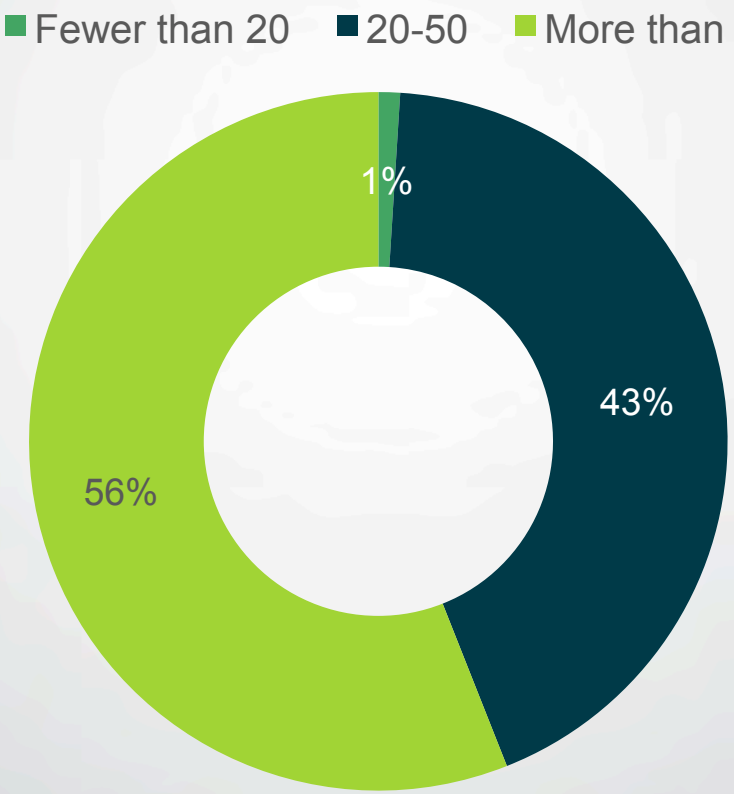

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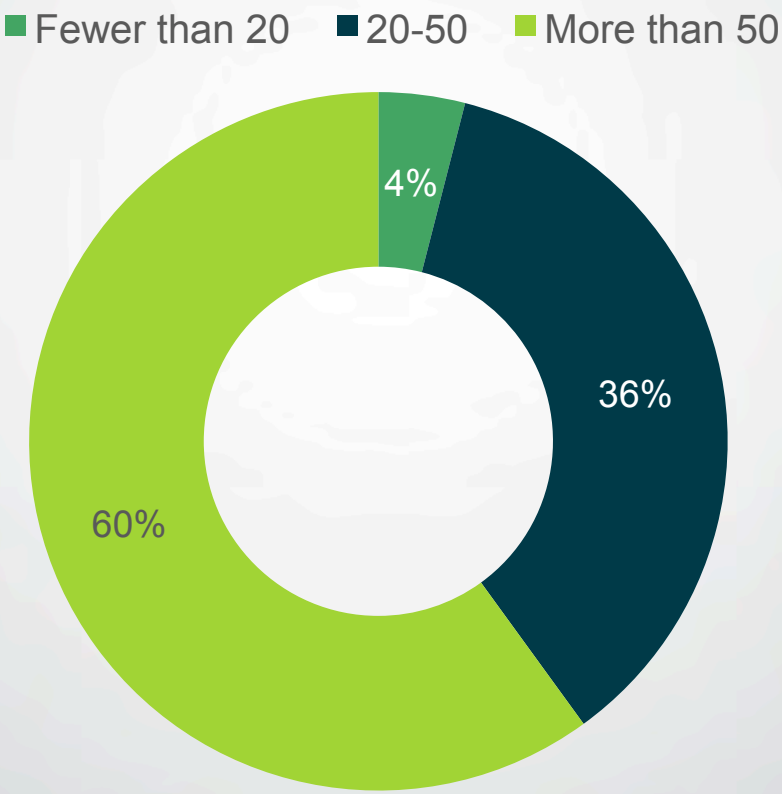

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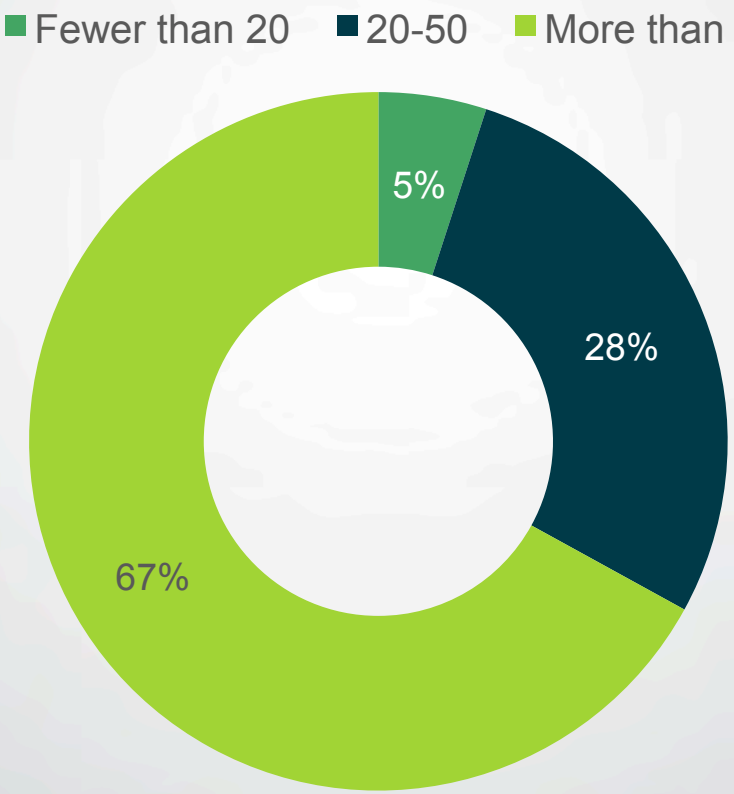

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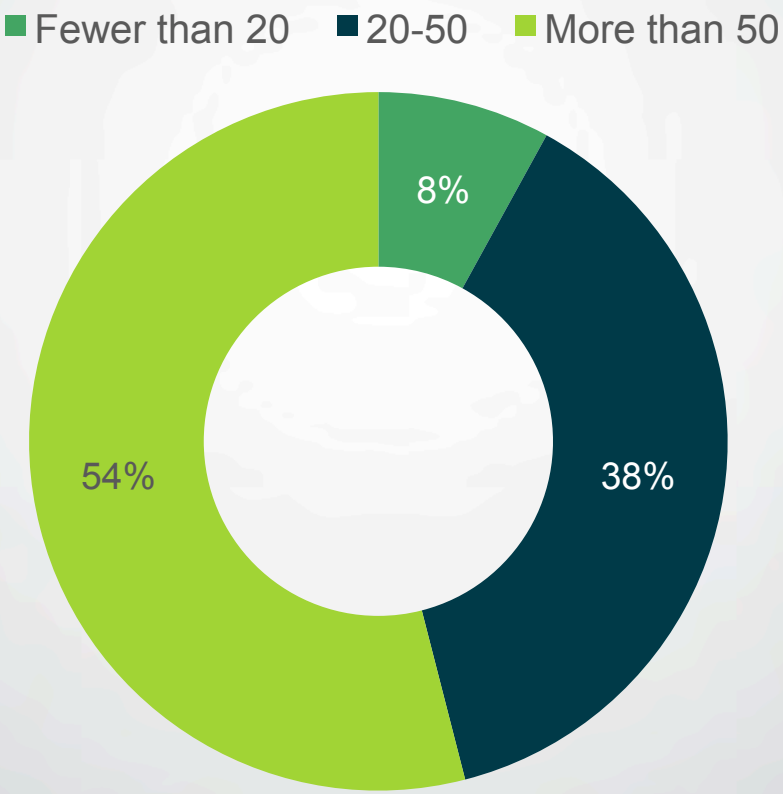

Prescribing biologics

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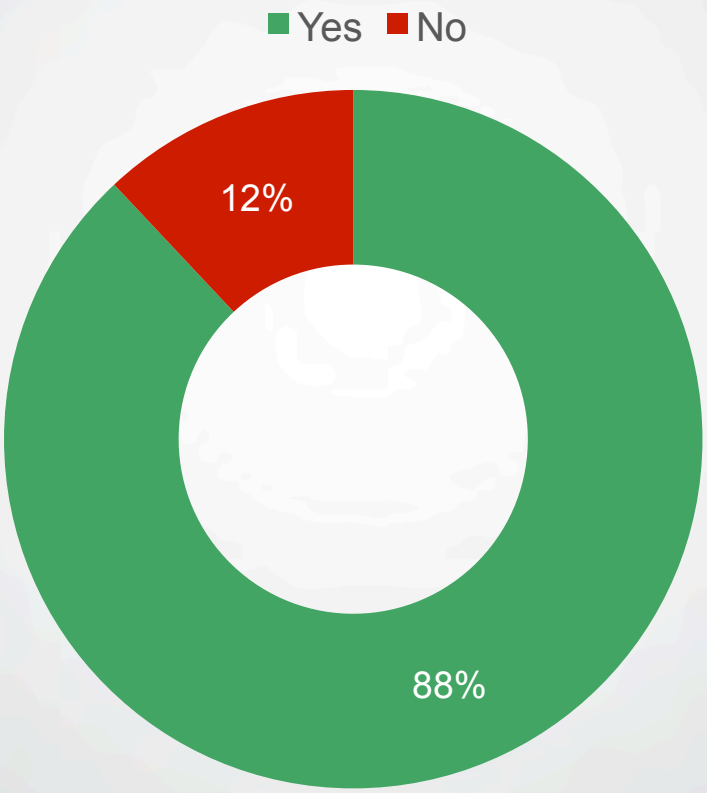

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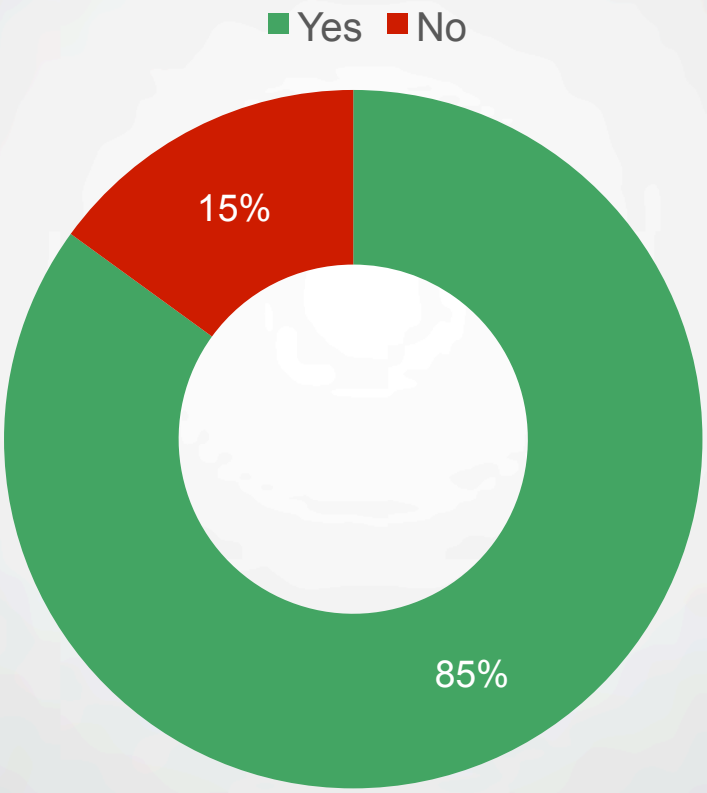

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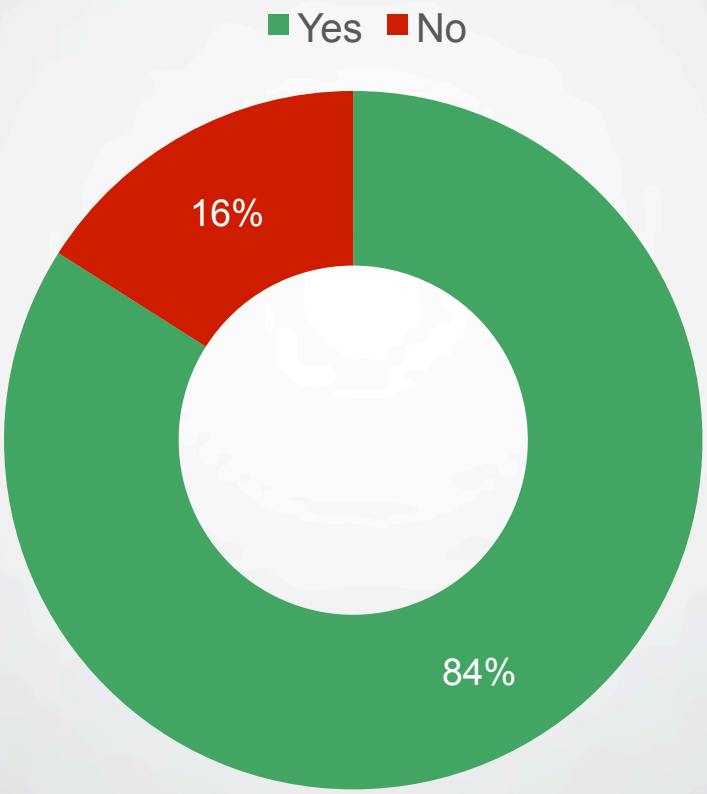

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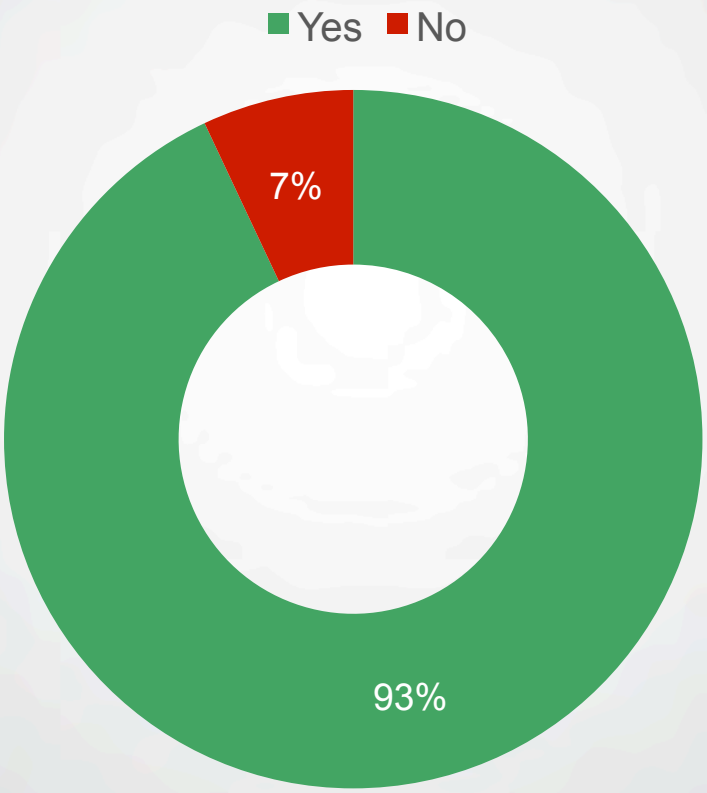

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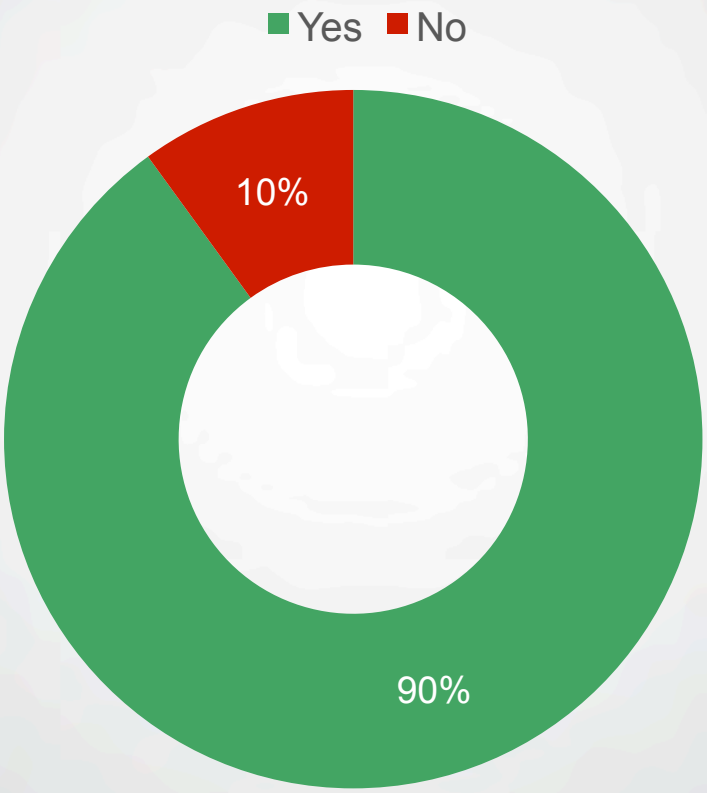
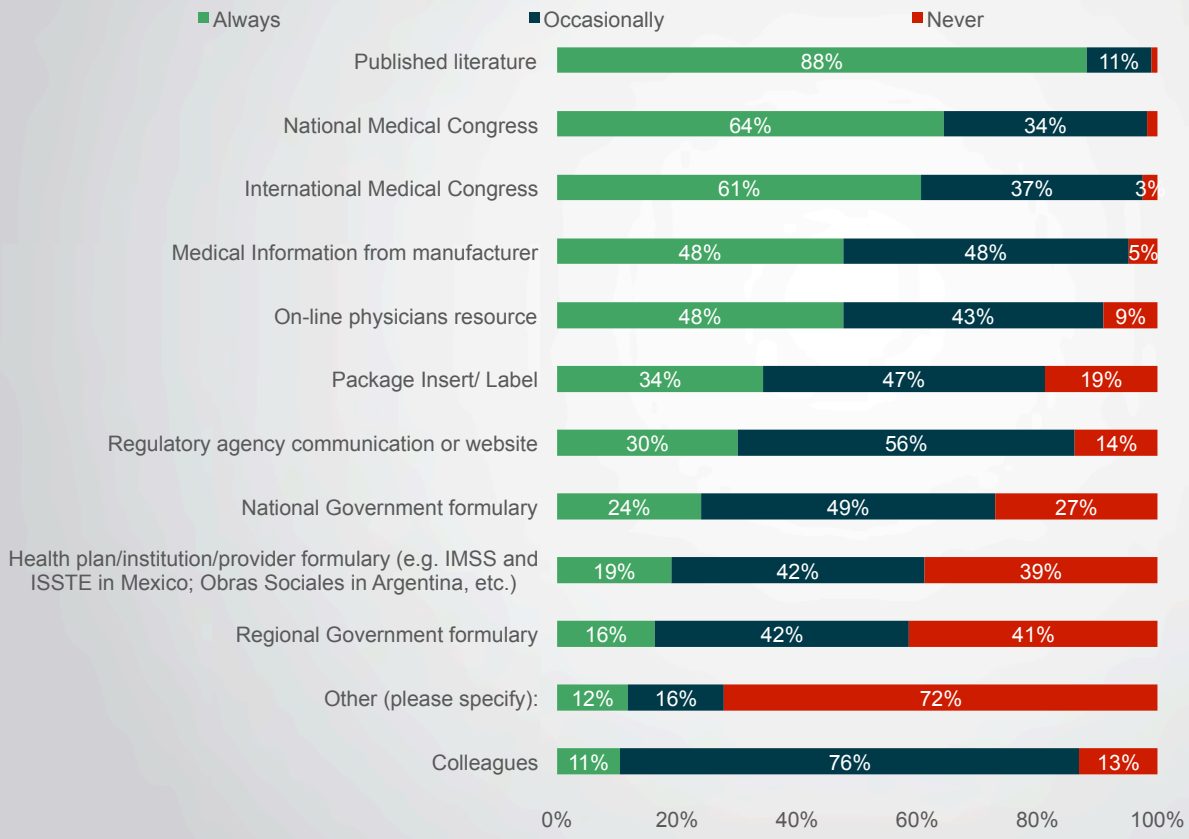


Means of learning prescribing details

All Countries

"By what means do you learn about the details of a medicine for prescribing and monitoring" (N=399)



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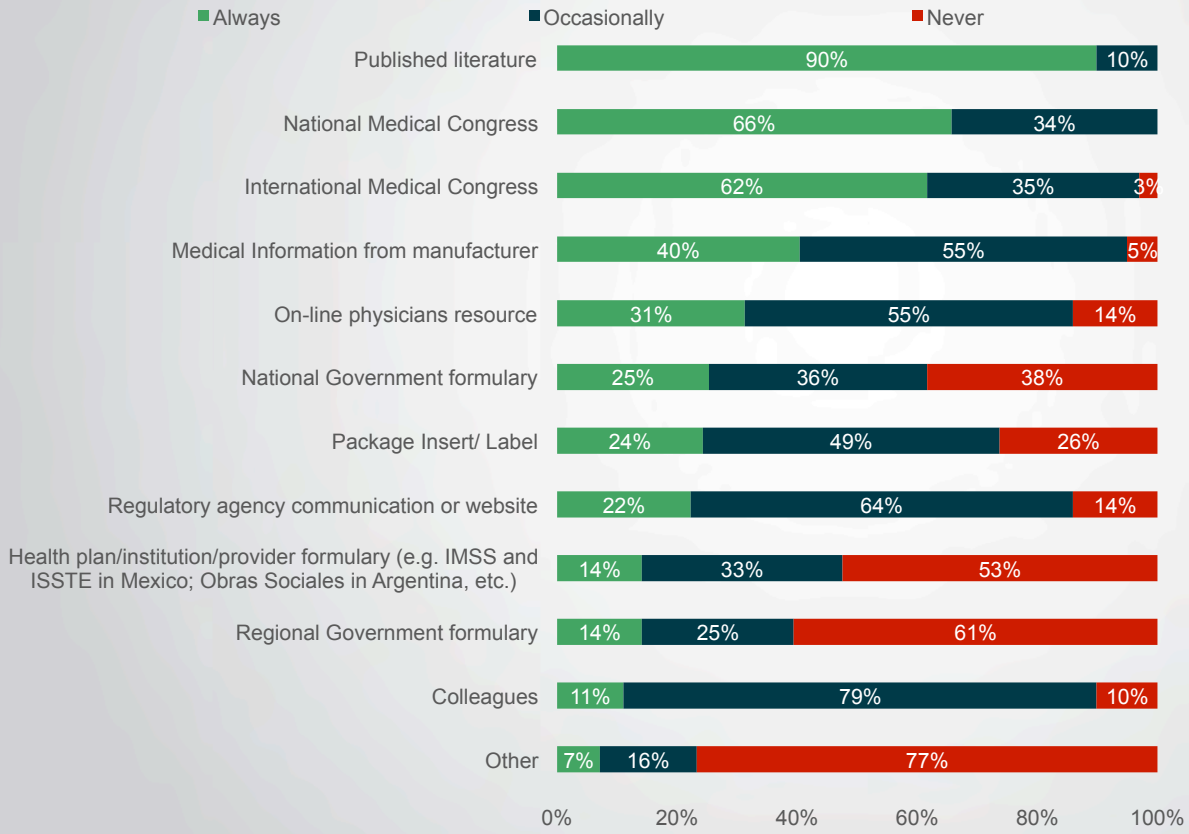

Other:

- NATIONAL SYMPOSIA
- COURSES
- HANDBOOKS
- MANUFACTURER WEBSITES
- NCCN
- PHARMACOLOGY BOOKS
- ASSISTANT MEDICAL ADVERTISING
- INTERNET
- MAGAZINES
- ANMAT
- INTERNET
- BOOKS
- USER EXPERIENCE

Means of learning prescribing details

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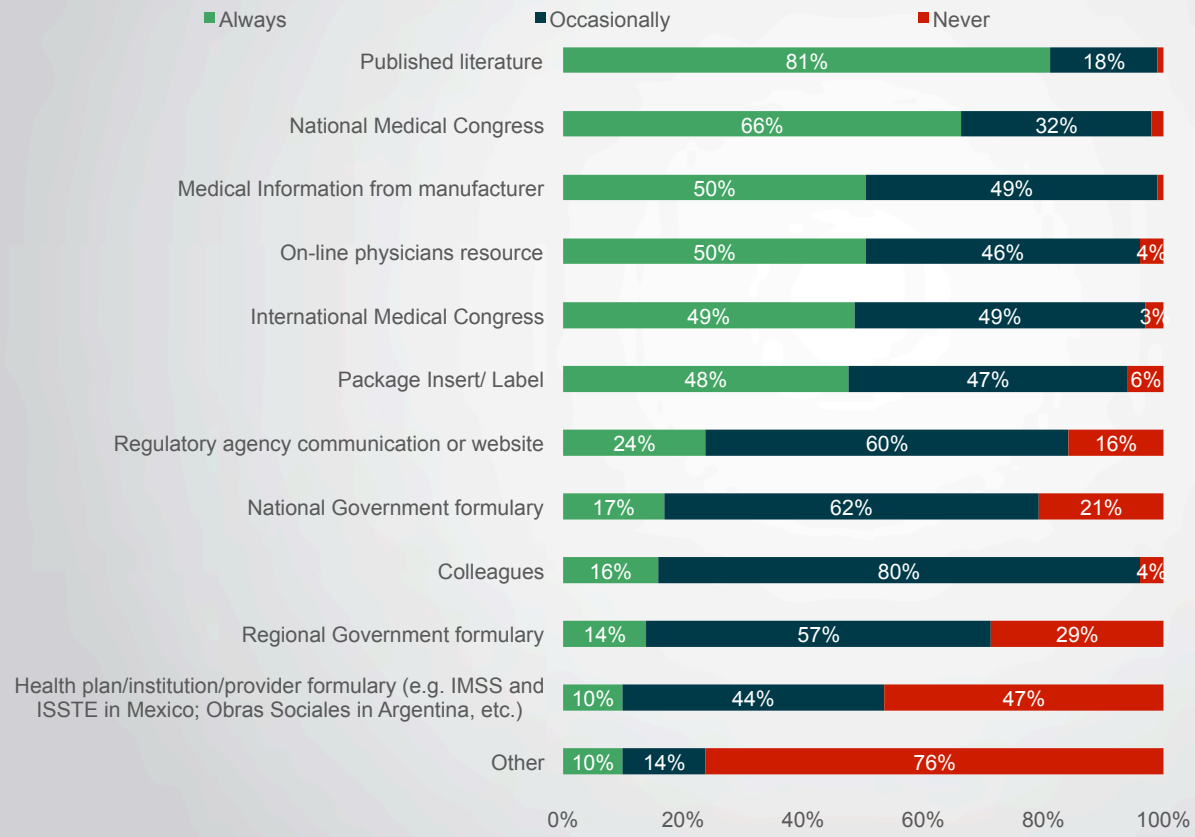


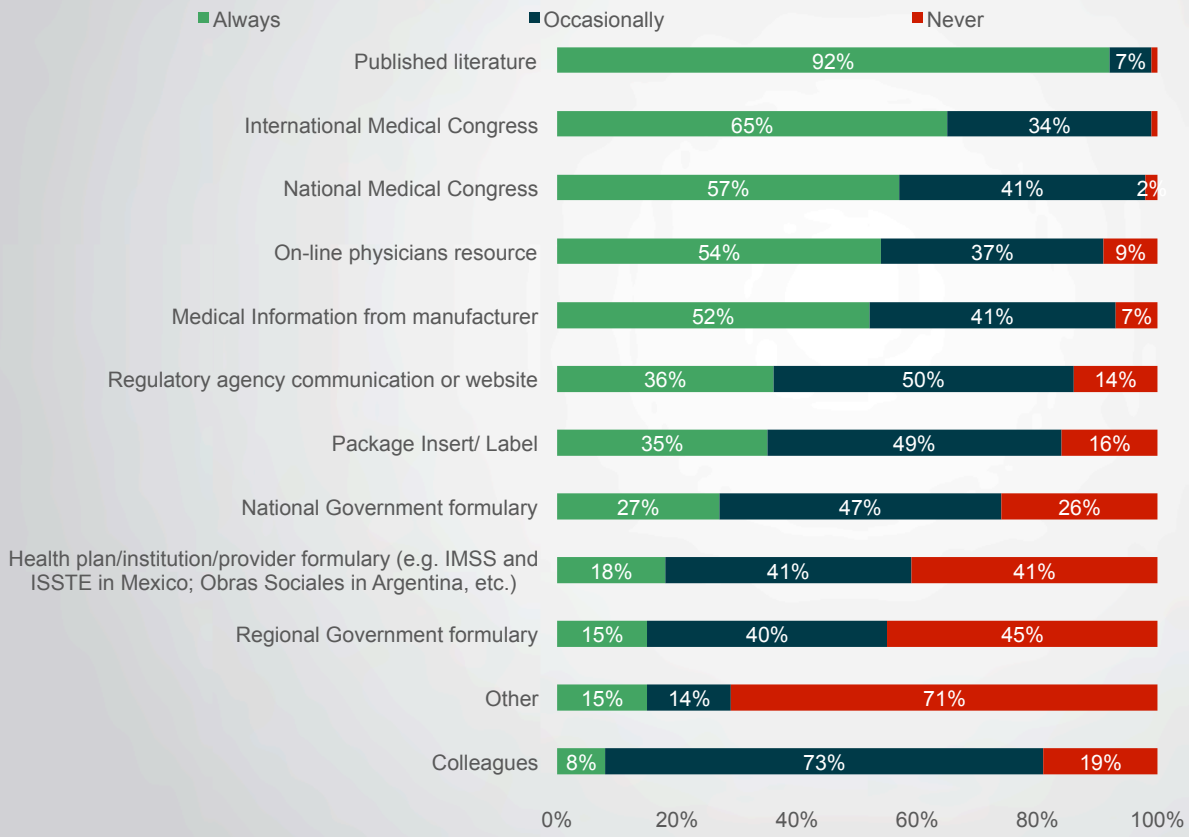
Other:

- SITES
- REPRESENTATIVES
- EVENTS
- WEB MEETINGS
- ONLINE
- GUIDELINES
- INTERNET
- REGISTER PRONTUARIO
- CLASSES
- INTERNET (3)
- CELLULAR
- LECTURES

Means of learning prescribing details

"By what means do you learn about the details of a medicine for prescribing and monitoring" (N=100)

Columbia



Other:

- SYMPOSIA
- UP TO DATE
- ARTICLES
- CLINICAL PRACTICE GUIDELINES WHEN THERE
- MONOGRAPHS
- RESIDENTS
- BOOKS
- CLINICAL TRIALS
- GUIDES
- INTERNET
- FLYERS INDUSTRY
- VISITOR
- BOOKS
- INVESTIGSCIONES
- COCHRANE
- MY OWN SEARCH
- ITEM REVIEWS

Means of learning prescribing details

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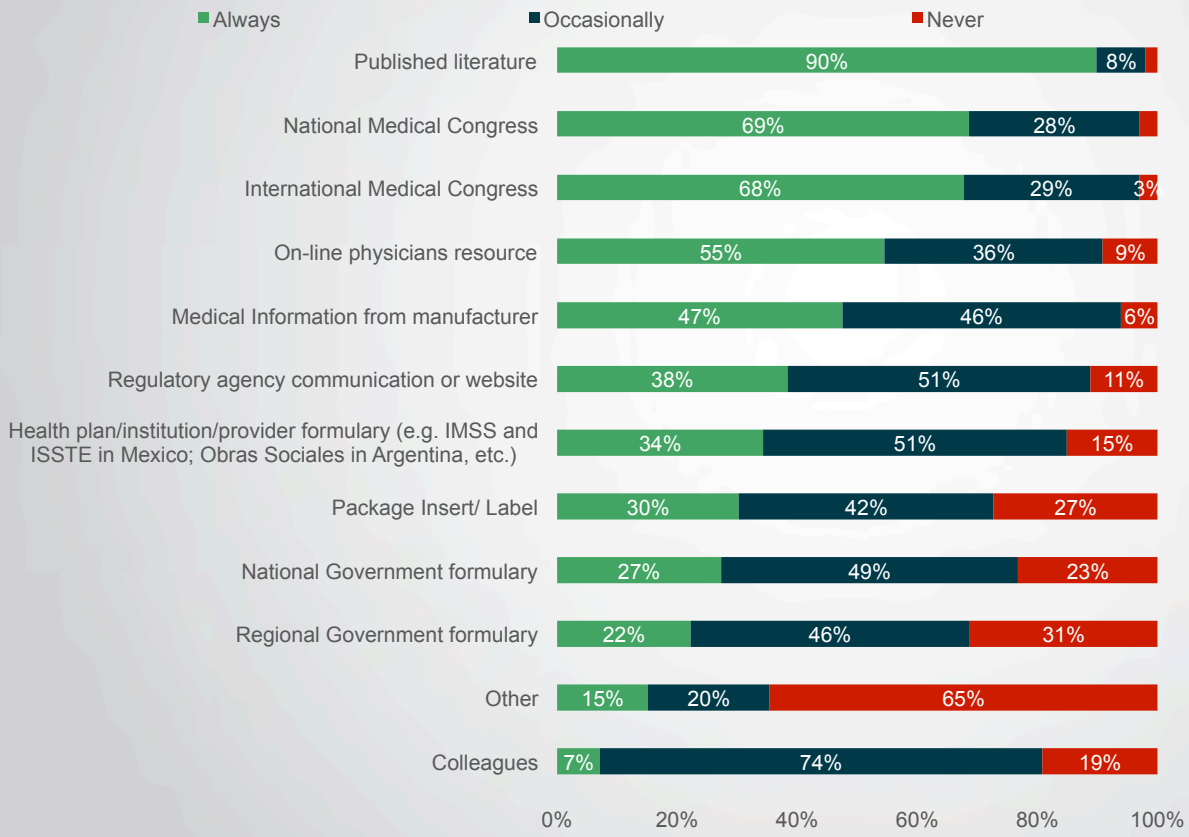
Mexico



Other:

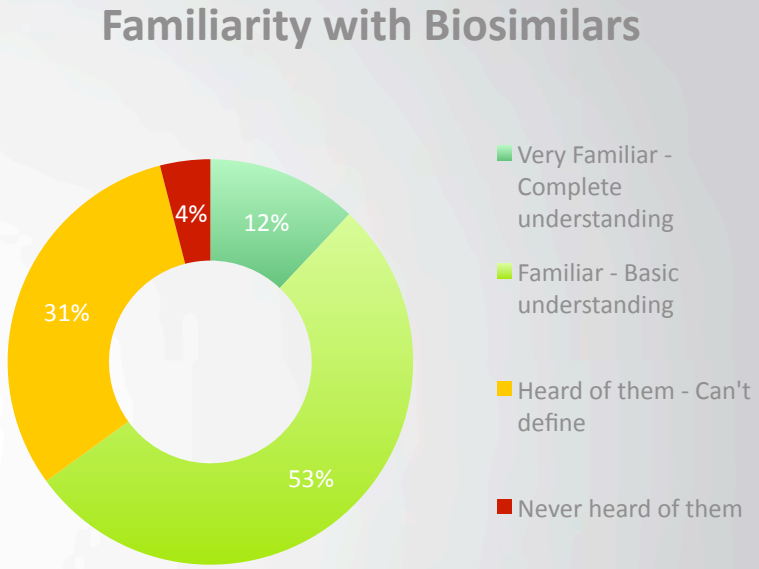
- MEDICAL REPRESENTATIVE (3)
- CLINICAL TRIAL
- MAGAZINE
- INTERNET UPDATE
- SEARCH HEALTH MAGAZINES
- MEDICAL REPRESENTATIVES
- BIBLIOGRAPHIC REVIEW ARTICLES
- NONE
- MEDICAL CONSENSUS
- NCCN
- MAGAZINES
- PATIENT INFORMATION
- BOOKS
- WEB
- LINEA
- NATIONAL CONFERENCES
- MEDSCAPE
- INTERNATIONAL MEDICAL GUIDELINES
- ADVERTISING AND MEDICAL ARTICLES

EXECUTIVE SUMMARY

Executive Summary

Biosimilars Knowledge

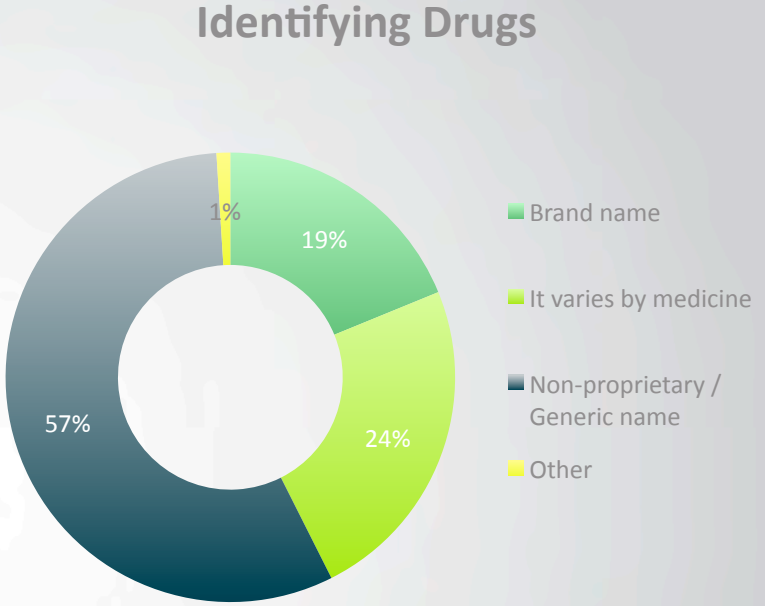
- A need for SEB education is evident - 35% of prescribers do not consider themselves familiar with these medicines.
  - Argentina prescribers are the least familiar of all countries included.
  - Brazil was the most familiar.
- 30% of all prescribers are unaware that clinical trials for a single indication lead to approval for multiple indications.



Executive Summary

Identifying the Drug

- Over half (57%) report identifying drugs in patient records by their non-proprietary / generic name.
  - Brazil is significantly less likely to do so than other countries measured.
- When reporting AEs, the number drops to 41% who use brand names. The remainder either report non-proprietary names (28%) or report both equally (32%).



Executive Summary

Naming

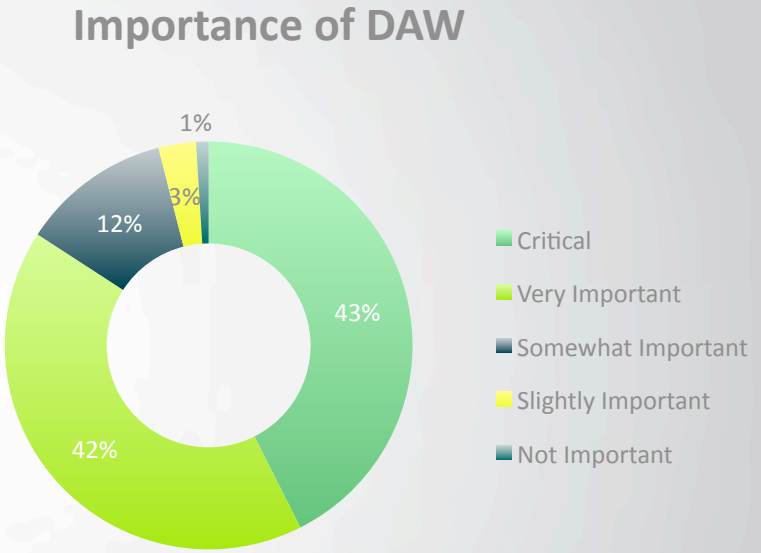
"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply…

- Structurally identical – Yes = 54% (significantly less in Columbia)
- Receive either with the same results – Yes = 50% (significantly less in Columbia)
- Safely switch during treatment, with the same results – Yes = 44% (significantly less in Columbia)
- Safely switch with no safety or efficacy impact – Yes = 34% (significantly less in Columbia)

Executive Summary

Pharmacy Substitution

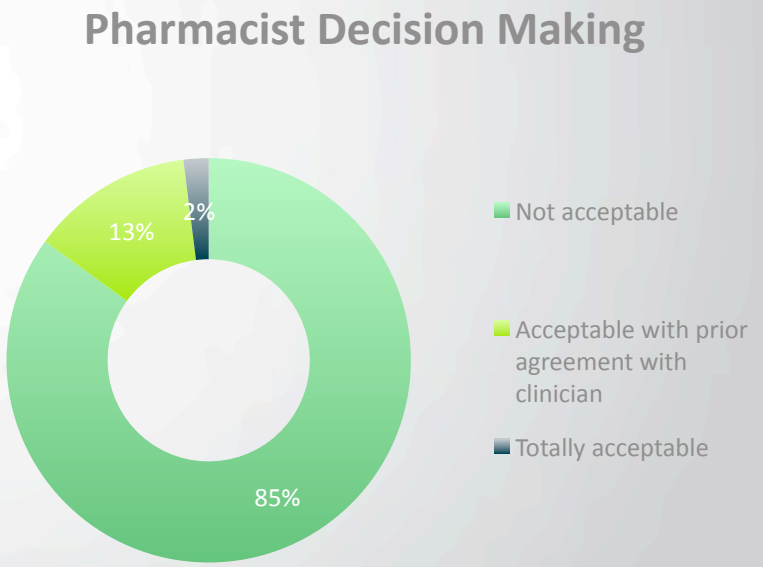
- 85% regard DAW authority as "Critical" or "Very Important."



Executive Summary

Notification

- 87% consider it "Critical" or "Very Important" to receive notification of a switch.
- 2% consider pharmacy level substitution totally acceptable.
- 13% consider switching to a biosimilar acceptable, pending agreement of the prescriber.



Study Data

FAMILIARITY

Understanding Statistical Significance

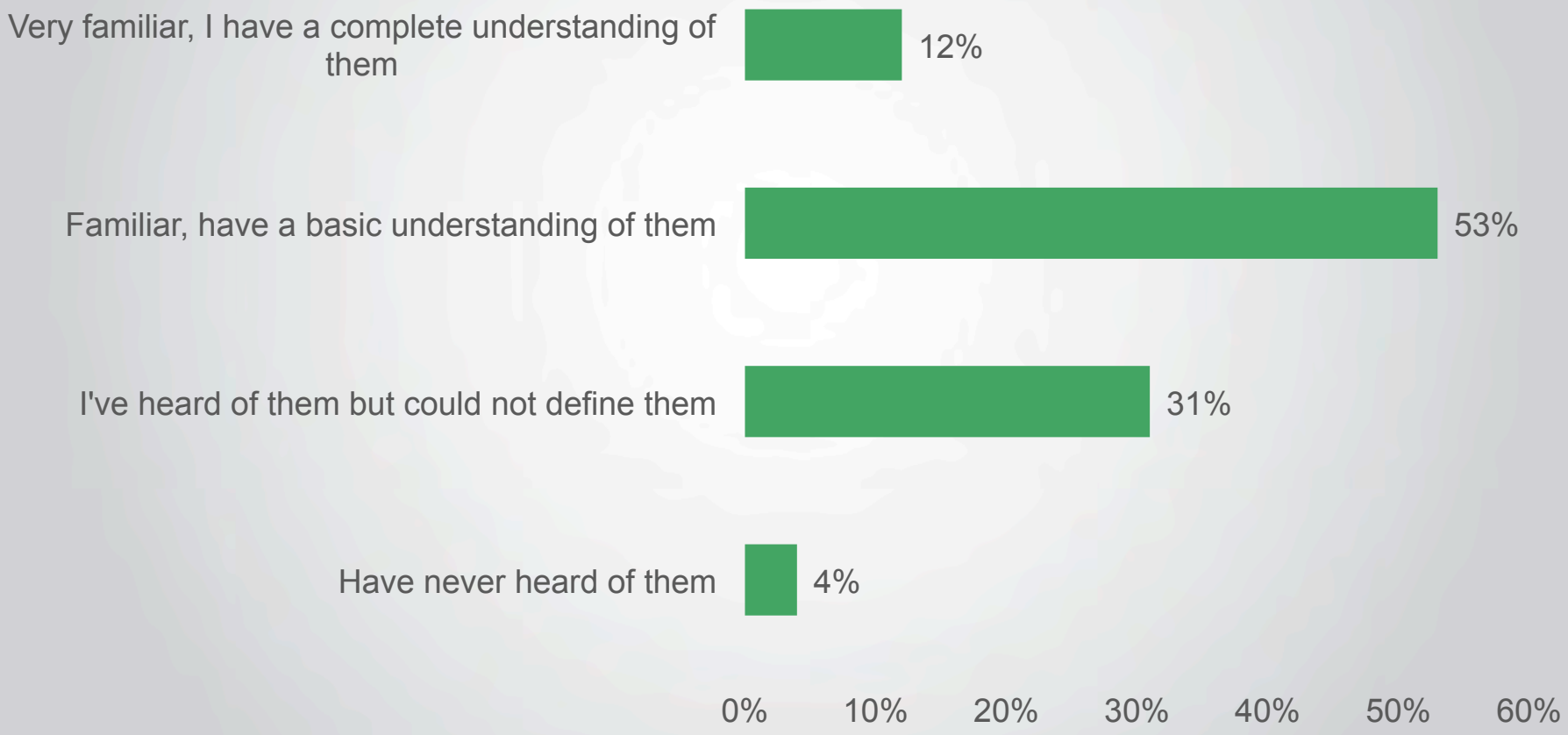
- ISR has provided regional statistical significance tests for each question.
- When highlighting the existence of segment differences, ISR uses the following format: Each column (country) has been assigned a letter (A thru D) and when a statistically significant difference occurs between segments, it is noted by one of these letters.
- Below are the regional statistical significance results of the opinion of physicians of whether or not pharmacists should be allowed to switch patients to biosimilars.
  - How to read table: Physicians in Mexico (D: 12%) are more likely to answer "Yes" than physicians in Argentina (A: 2%).

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	6%	**2%**	6%	5%	**12% A**
No	88%	**95% B,D**	**82%**	**94% B,D**	**82%**
Not sure	6%	**3%**	**12% A,C**	**1%**	6%

Familiarity with biosimilars

All Countries

"How familiar are you with biosimilar medicines?" (N=399)



Familiarity with biosimilars

All Countries

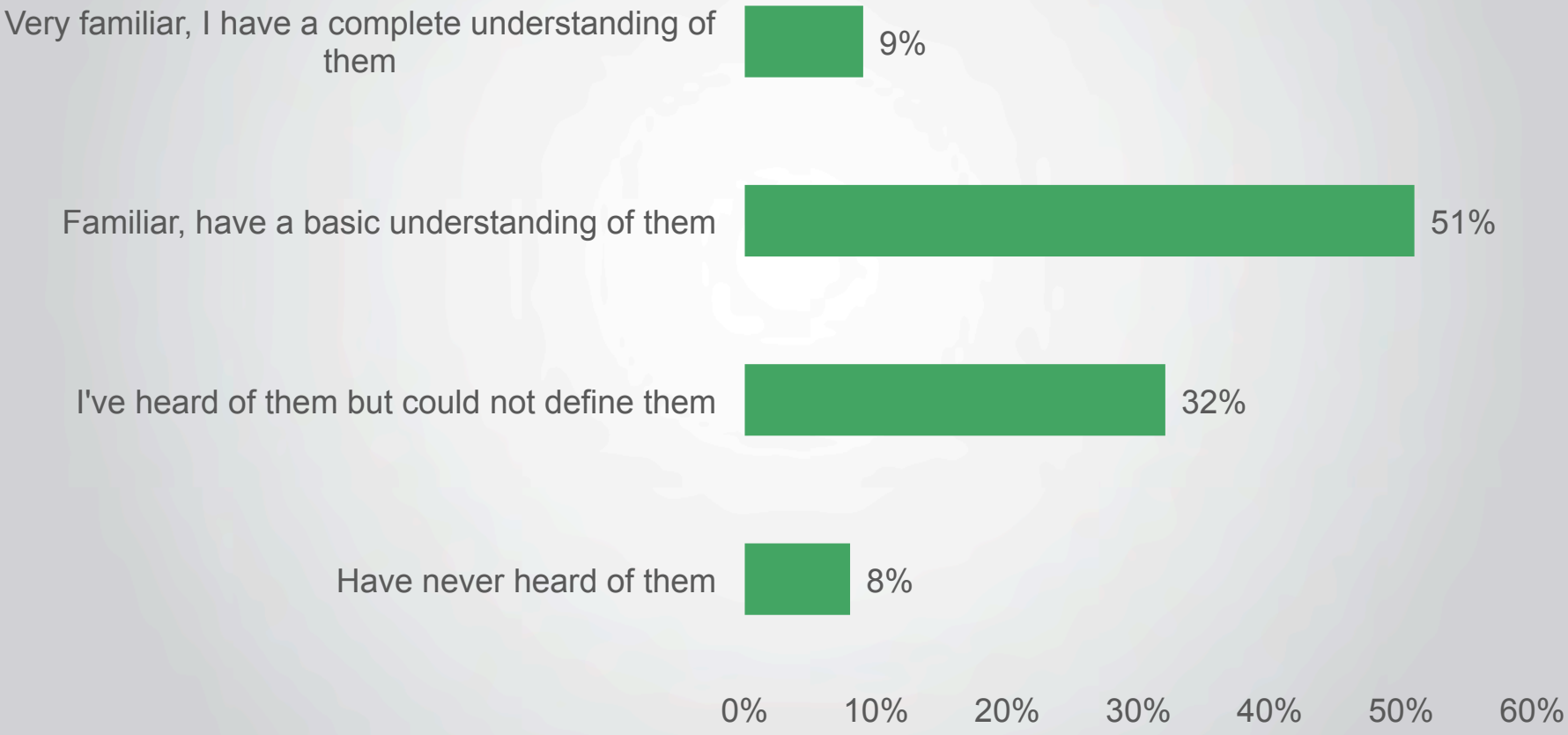
"How familiar are you with biosimilar medicines?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Very familiar, I have a complete understanding of them	12%	**9%**	**20% A,C**	**9%**	11%
Familiar, have a basic understanding of them	53%	51%	52%	55%	54%
I've heard of them but could not define them	31%	32%	26%	35%	31%
Have never heard of them	4%	**8% C**	2%	**1%**	4%

Familiarity with biosimilars

"How familiar are you with biosimilar medicines?" (N=99)

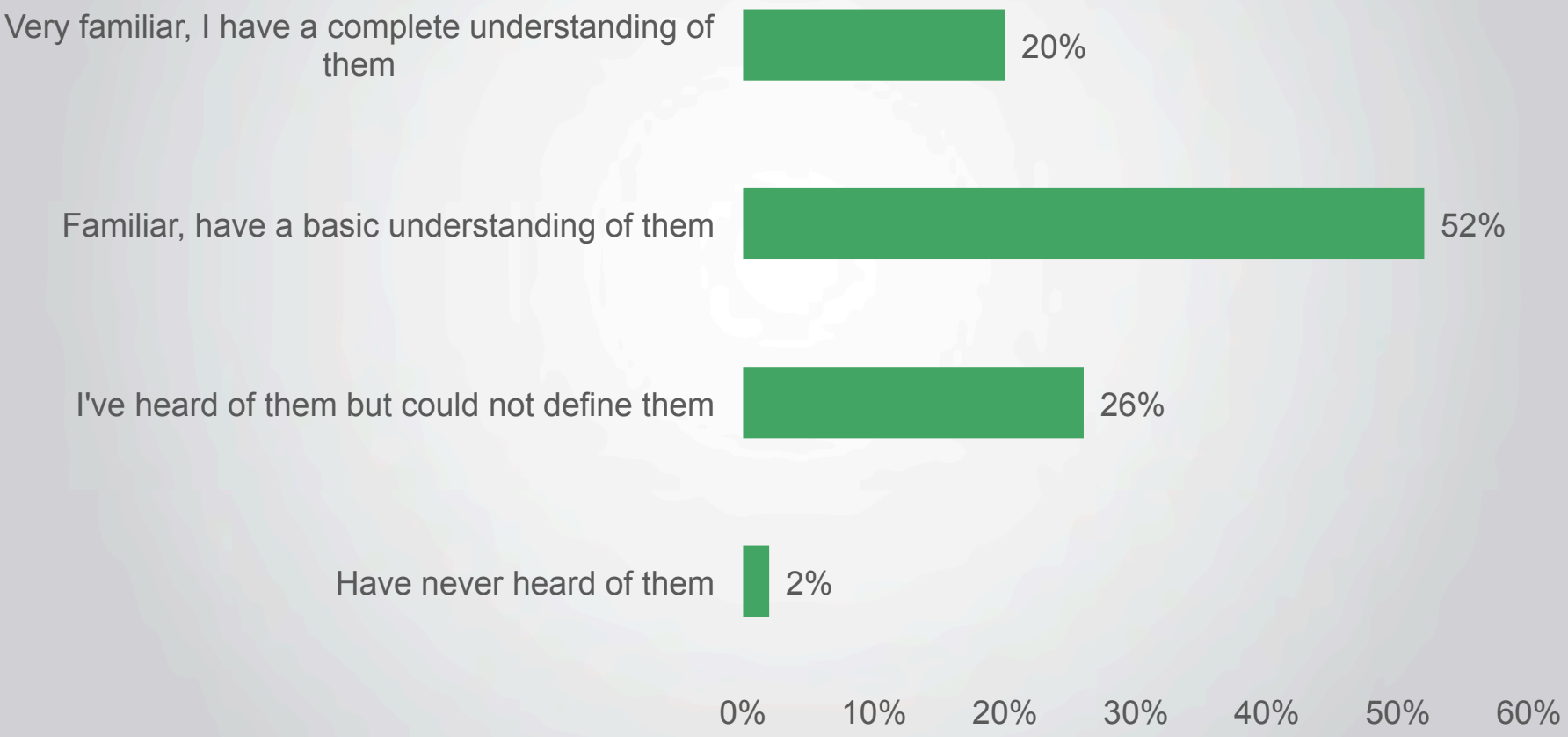
Argentina



Familiarity with biosimilars

"How familiar are you with biosimilar medicines?" (N=101)

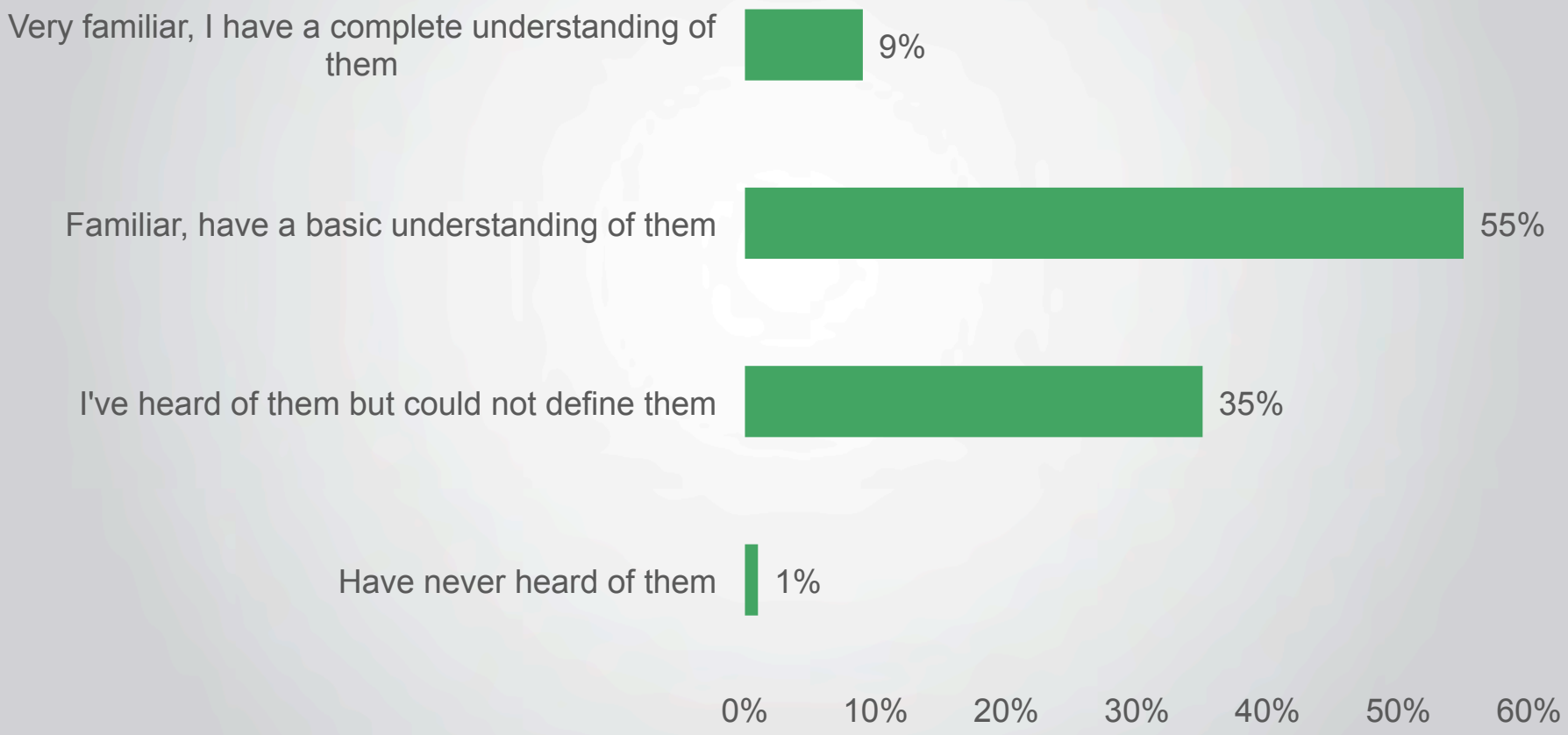
Brazil



Familiarity with biosimilars

"How familiar are you with biosimilar medicines?" (N=100)

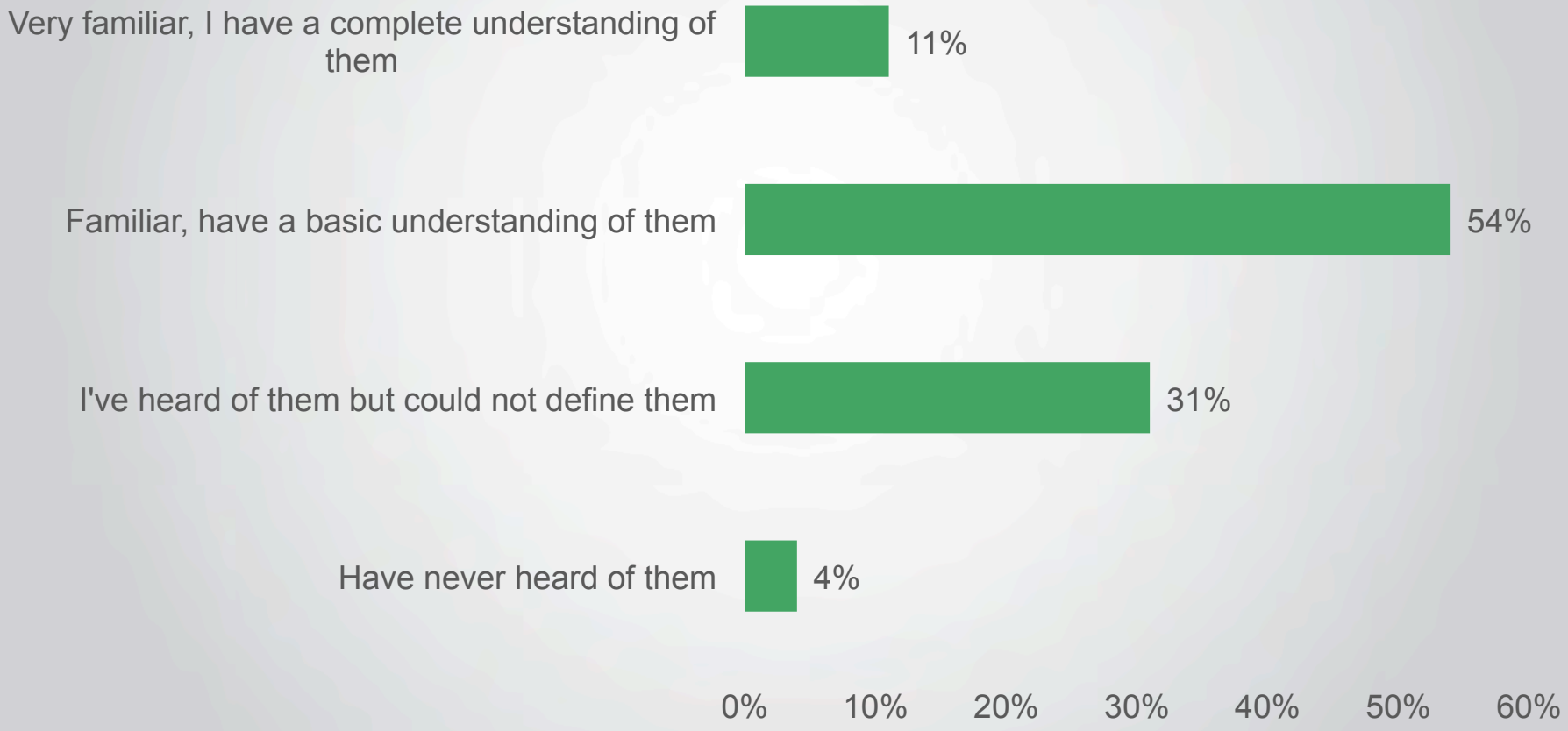
Columbia



Familiarity with biosimilars

"How familiar are you with biosimilar medicines?" (N=99)

Mexico



Source of familiarity

All Countries

"How did you become familiar with biosimilar medicines. Choose all that apply." (N=260)

Source of familiarity

All Countries

"How did you become familiar with biosimilar medicines. Choose all that apply." (N=260)

	Total N=260	Argentina N=59 A	Brazil N=73 B	Columbia N=64 C	Mexico N=64 D
Self study	55%	**39%**	**60% A**	**64% A**	55%
Biosimilar company sponsored education	32%	**53% B,C,D**	**11%**	**33% B**	**34% B**
Seminar and conference attendance	71%	**81% B,D**	**64%**	**78% D**	**61%**
Clinical trial participation	18%	**29% B**	**12%**	17%	17%
Other	4%	2%	4%	2%	8%

Source of familiarity

Argentina

"How did you become familiar with biosimilar medicines. Choose all that apply." (N=59)

Other:

- USE IN DAILY PRACTICE OF RESIDENCE

Source of familiarity

"How did you become familiar with biosimilar medicines. Choose all that apply." (N=73)

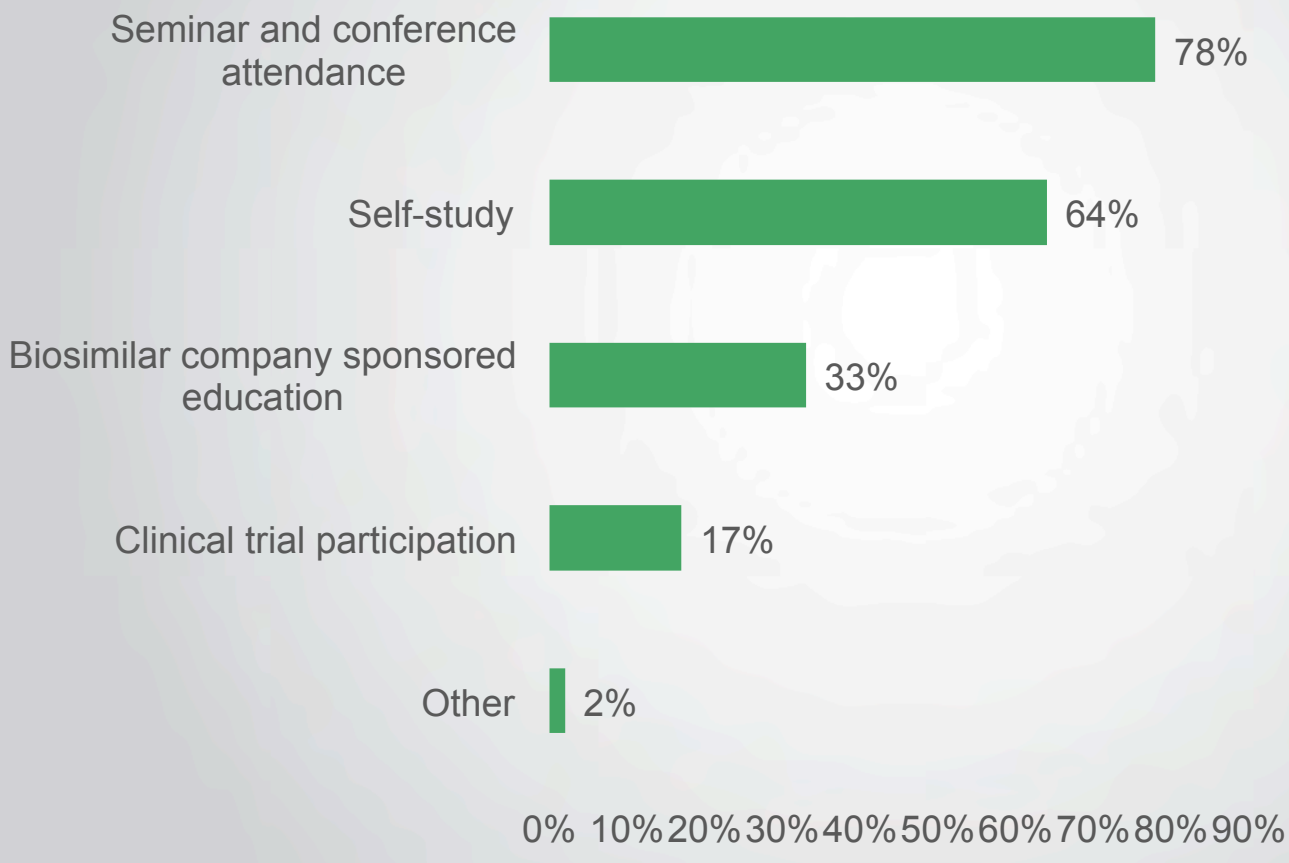
Brazil

Other:
- INFO FROM COLLEAGUES
- FROM MANUFACTURERES

Source of familiarity

"How did you become familiar with biosimilar medicines. Choose all that apply." (N=64)

Columbia



Other:
- BOOKS

Source of familiarity

"How did you become familiar with biosimilar medicines. Choose all that apply." (N=64)

Mexico

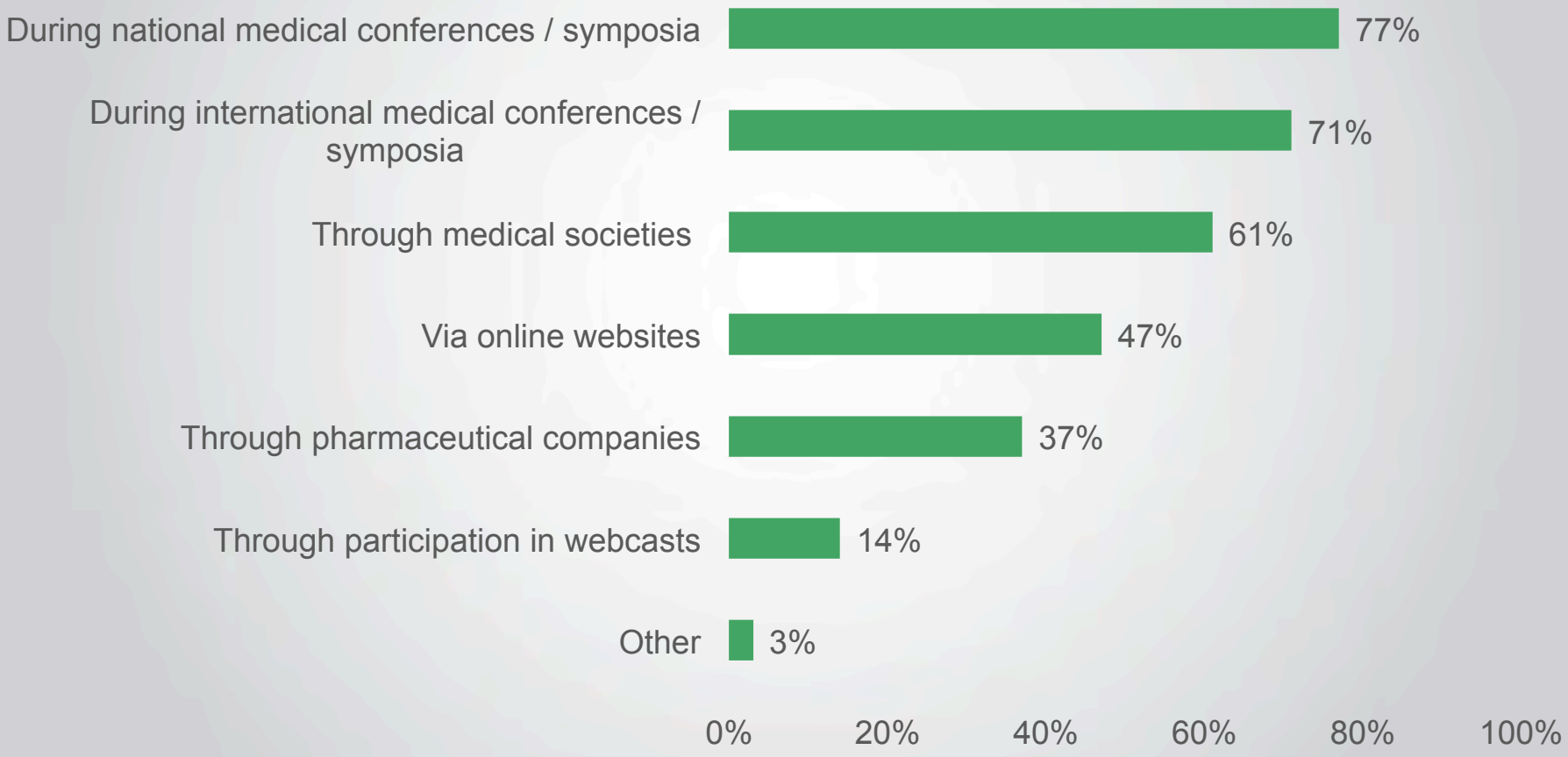
Other:

- INTERNET
- PATIENTS COME TO THE PHARMACY AND ASK FOR THEM
- IN PRACTICE AT HOSPITAL
- REPRESENTATIVE VISIT
- DURING STUDIES IN A ROTATION WHERE THESE DRUGS WERE USED DAILY

Preference for learning about biosimilars

All Countries

"How would you prefer to learn about biosimilars. Choose all that apply." (N=139)



Preference for learning about biosimilars

All Countries

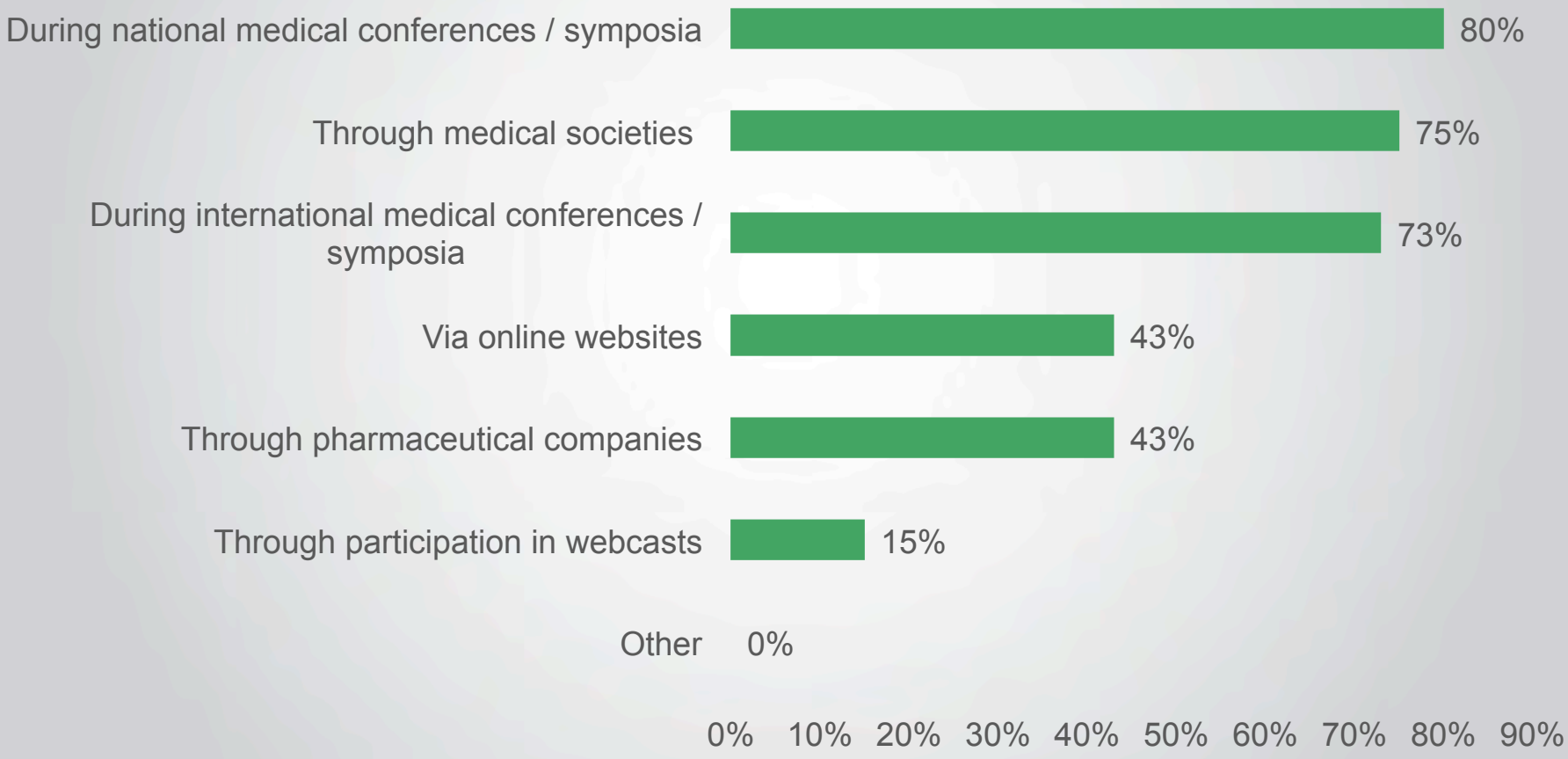
"How would you prefer to learn about biosimilars. Choose all that apply." (N=139)

	Total N=139	Argentina N=40 A	Brazil N=28 B	Columbia N=36 C	Mexico N=35 D
Through medical societies	61%	**75% C,D**	68%	**53%**	**49%**
During national medical conferences/ symposia	77%	80%	89%	69%	71%
During international medical conferences/ symposia	71%	73%	61%	67%	80%
Through pharmaceutical companies	37%	43%	29%	31%	43%
Through participation in webcasts	14%	15%	14%	17%	11%
Via online websites	47%	43%	46%	53%	49%
Other	3%	0%	4%	6%	3%

Preference for learning about biosimilars

"How would you prefer to learn about biosimilars. Choose all that apply." (N=40)

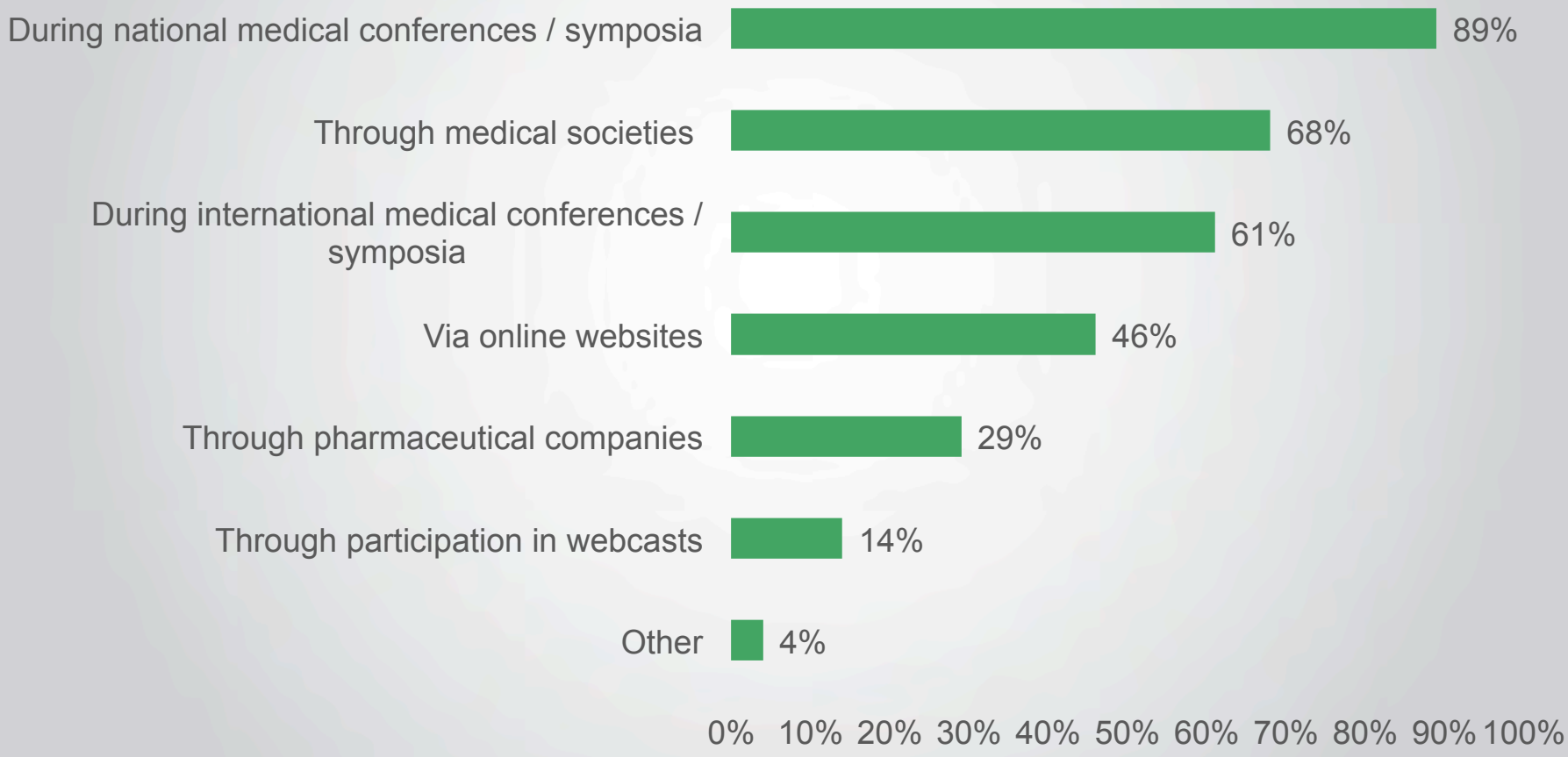
Argentina



Preference for learning about biosimilars

"How would you prefer to learn about biosimilars. Choose all that apply." (N=28)

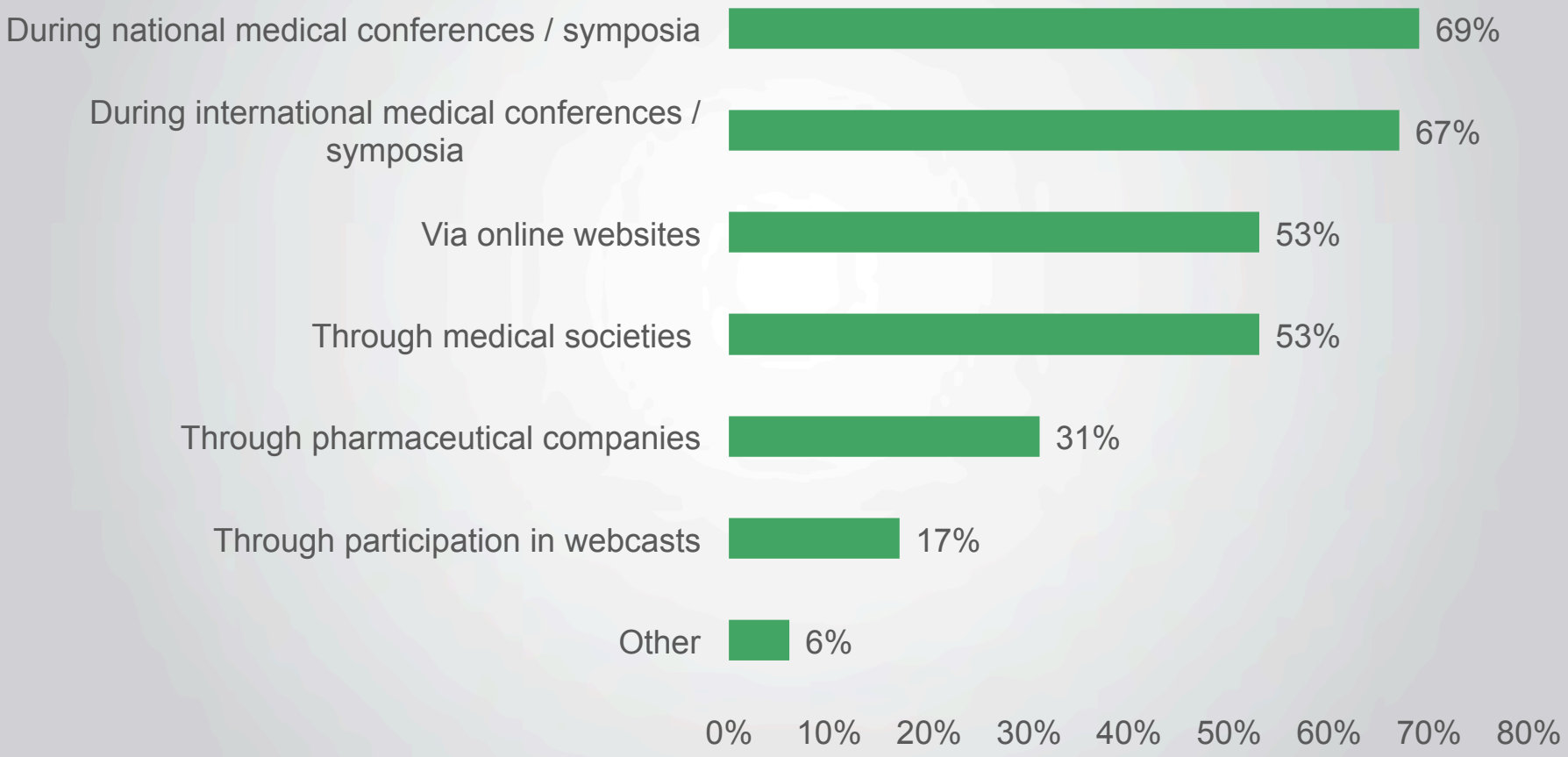
Brazil



Preference for learning about biosimilars

"How would you prefer to learn about biosimilars. Choose all that apply." (N=36)

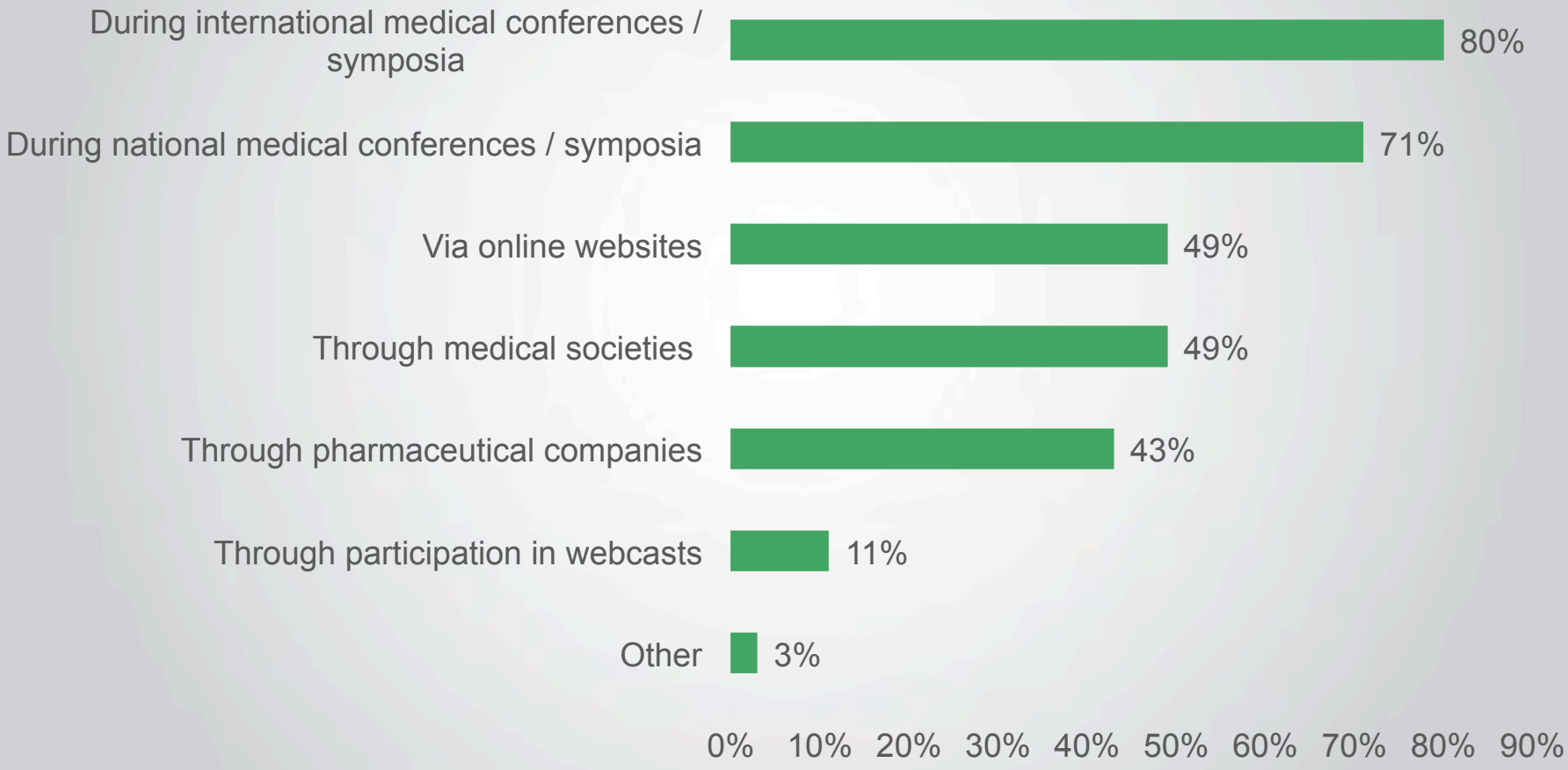
Columbia



Preference for learning about biosimilars

"How would you prefer to learn about biosimilars. Choose all that apply." (N=35)

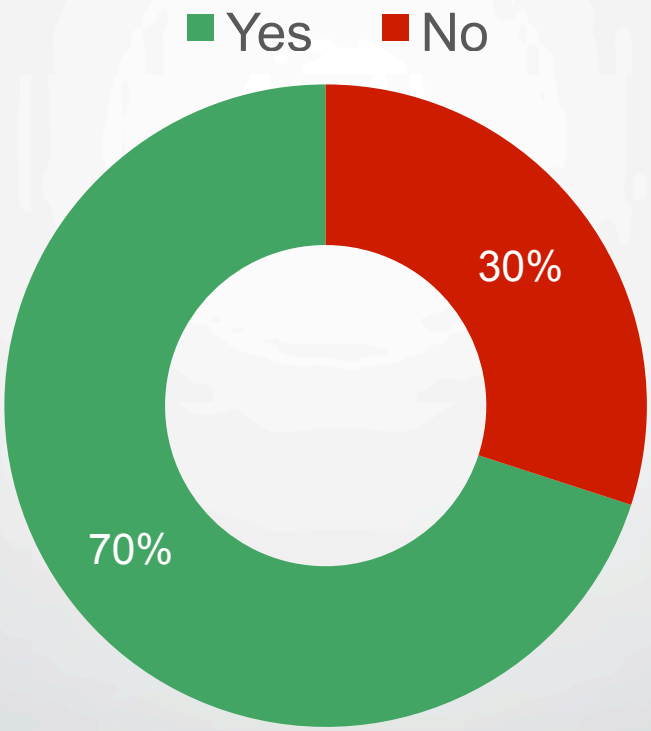
Mexico



Biosimilar approval awareness

All Countries

"Are you aware that a biosimilar may be approved for all indications of the innovator product on the basis of clinical trials in only one or a limited number of those indications?" (N=399)



Biosimilar approval awareness

All Countries

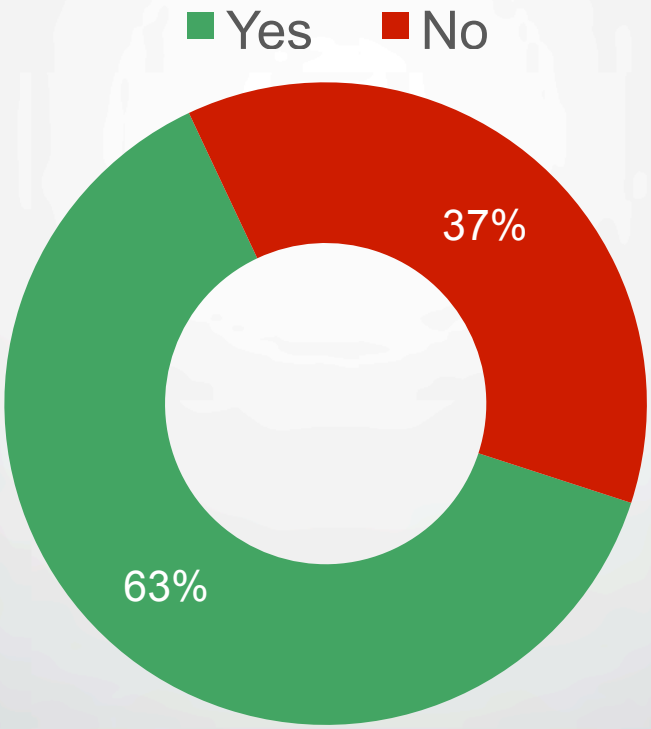
"Are you aware that a biosimilar may be approved for all indications of the innovator product on the basis of clinical trials in only one or a limited number of those indications?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	70%	**63%**	**77% A**	67%	72%
No	30%	**37% B**	**23%**	33%	28%

Biosimilar approval awareness

Argentina

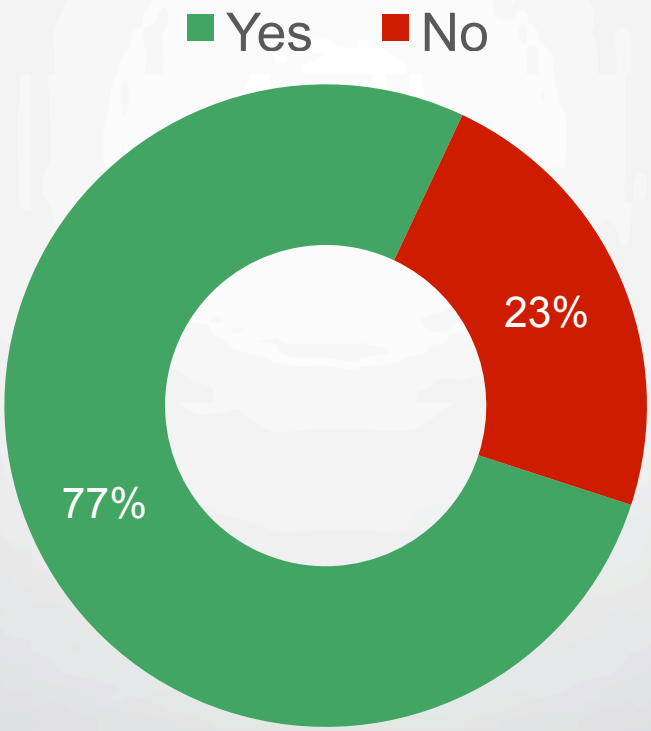
"Are you aware that a biosimilar may be approved for all indications of the innovator product on the basis of clinical trials in only one or a limited number of those indications?" (N=99)



Biosimilar approval awareness

Brazil

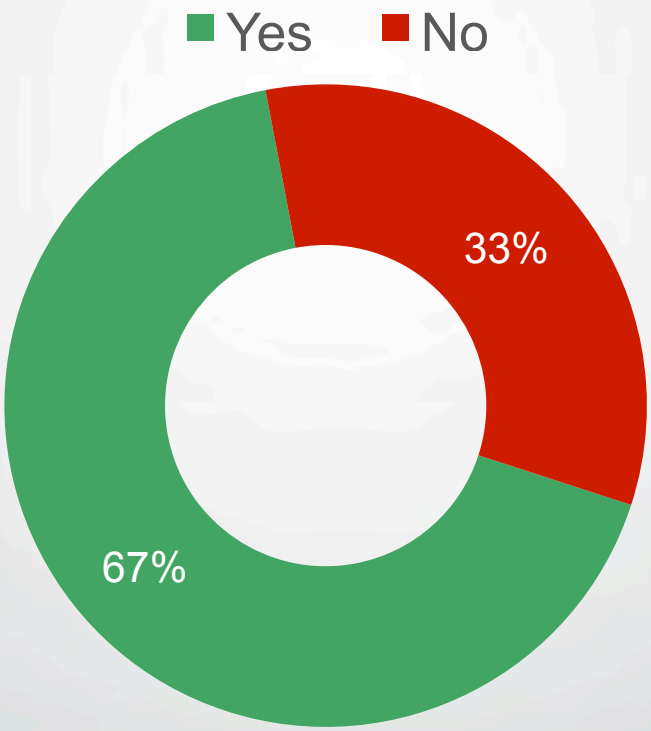
"Are you aware that a biosimilar may be approved for all indications of the innovator product on the basis of clinical trials in only one or a limited number of those indications?" (N=101)



Biosimilar approval awareness

"Are you aware that a biosimilar may be approved for all indications of the innovator product on the basis of clinical trials in only one or a limited number of those indications?" (N=100)

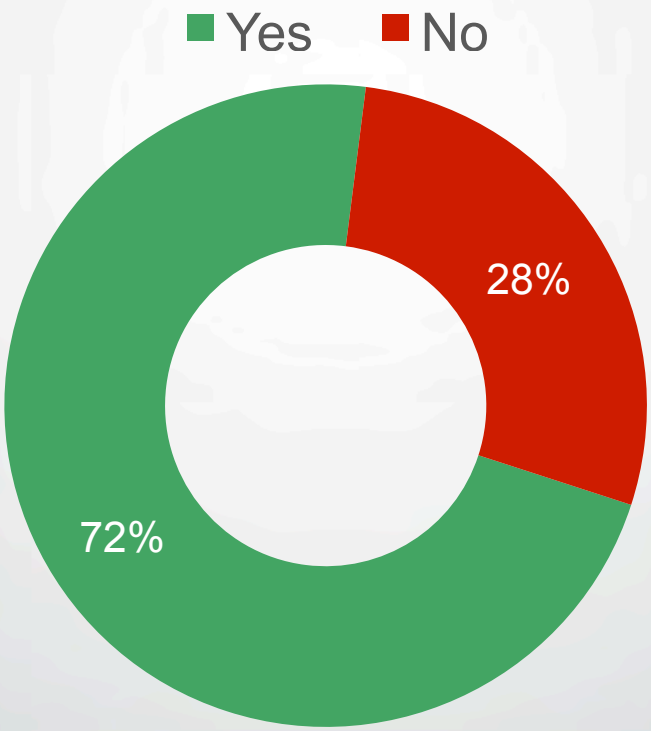
Columbia



Biosimilar approval awareness

Mexico

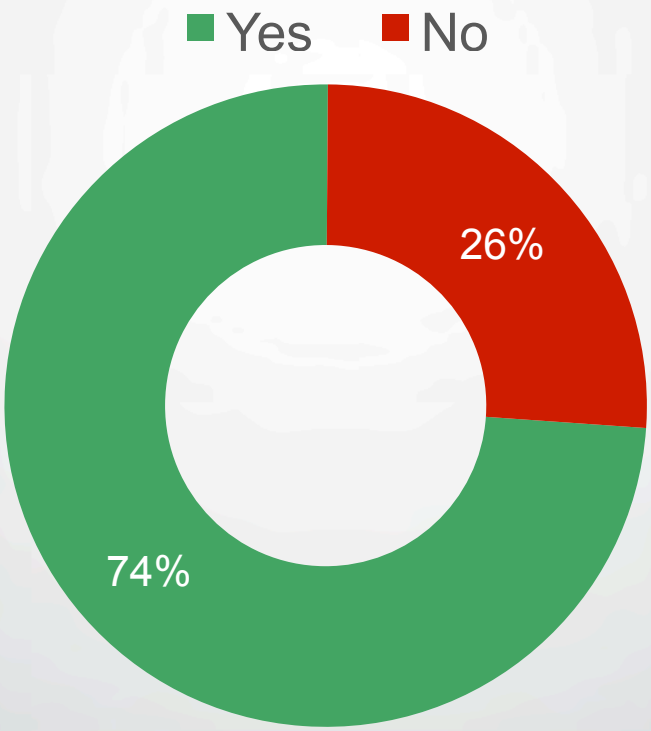
"Are you aware that a biosimilar may be approved for all indications of the innovator product on the basis of clinical trials in only one or a limited number of those indications?" (N=99)



Approval of follow on products

All Countries

"Would you assume that a follow-on product which has the same non-proprietary name (e.g., infliximab, trastuzumab) as the innovator product, is approved for all the same indications as the innovator product?" (N=399)



Approval of follow on products

All Countries

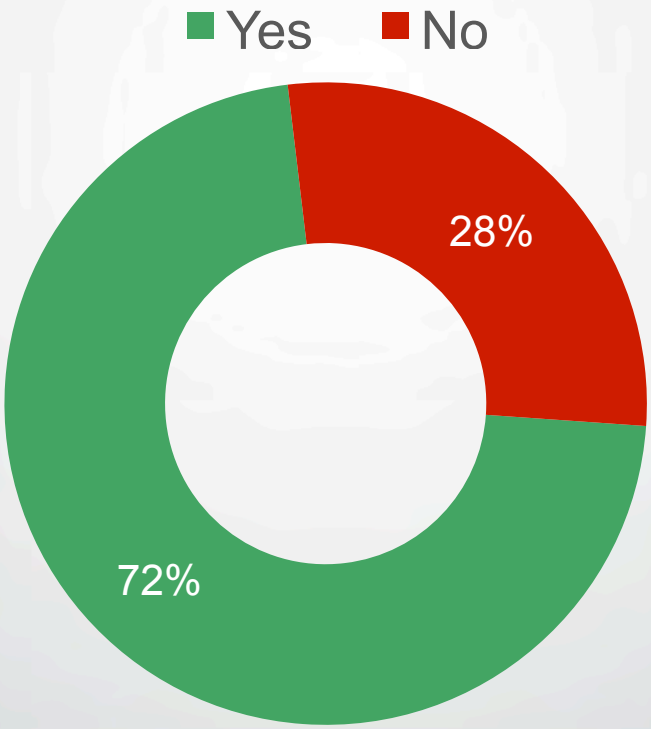
"Would you assume that a follow-on product which has the same non-proprietary name (e.g., infliximab, trastuzumab) as the innovator product, is approved for all the same indications as the innovator product?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	74%	72%	**79% C**	**65%**	**80% C**
No	26%	28%	**21%**	**35% B,D**	**20%**

Approval of follow on products

Argentina

"Would you assume that a follow-on product which has the same non-proprietary name (e.g., infliximab, trastuzumab) as the innovator product, is approved for all the same indications as the innovator product?" (N=99)



Approval of follow on products

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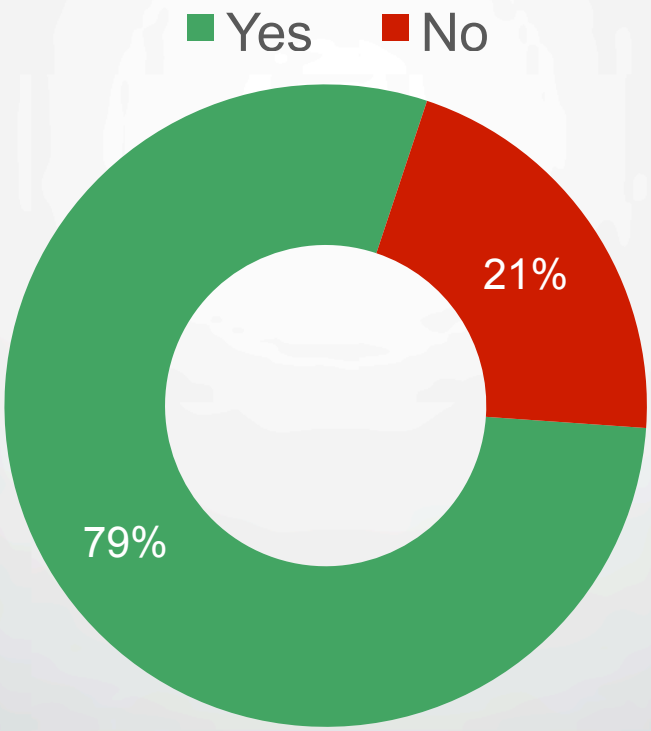

Approval of follow on products

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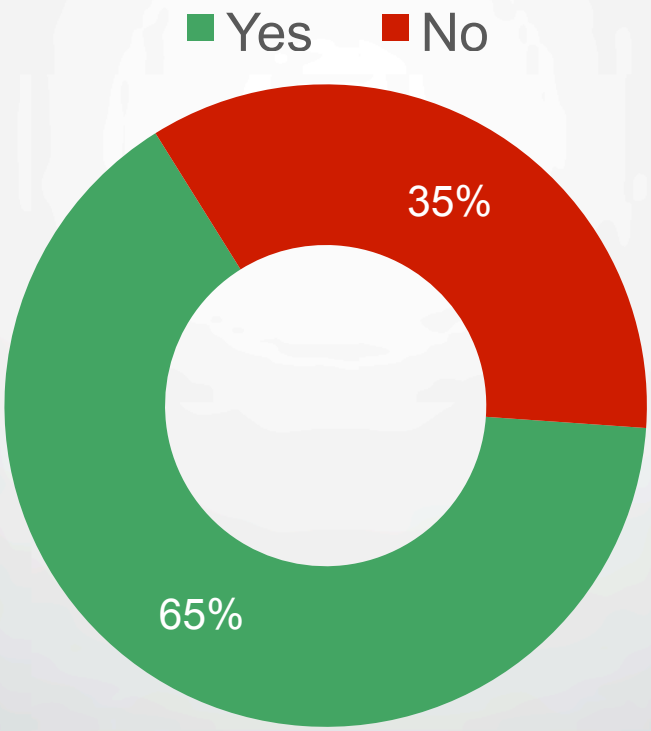
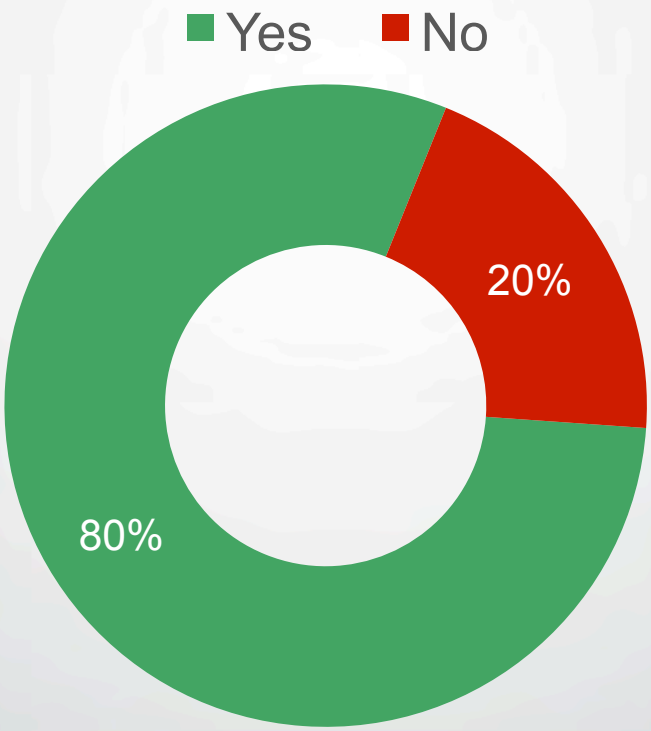


Approval of follow on products

Mexico

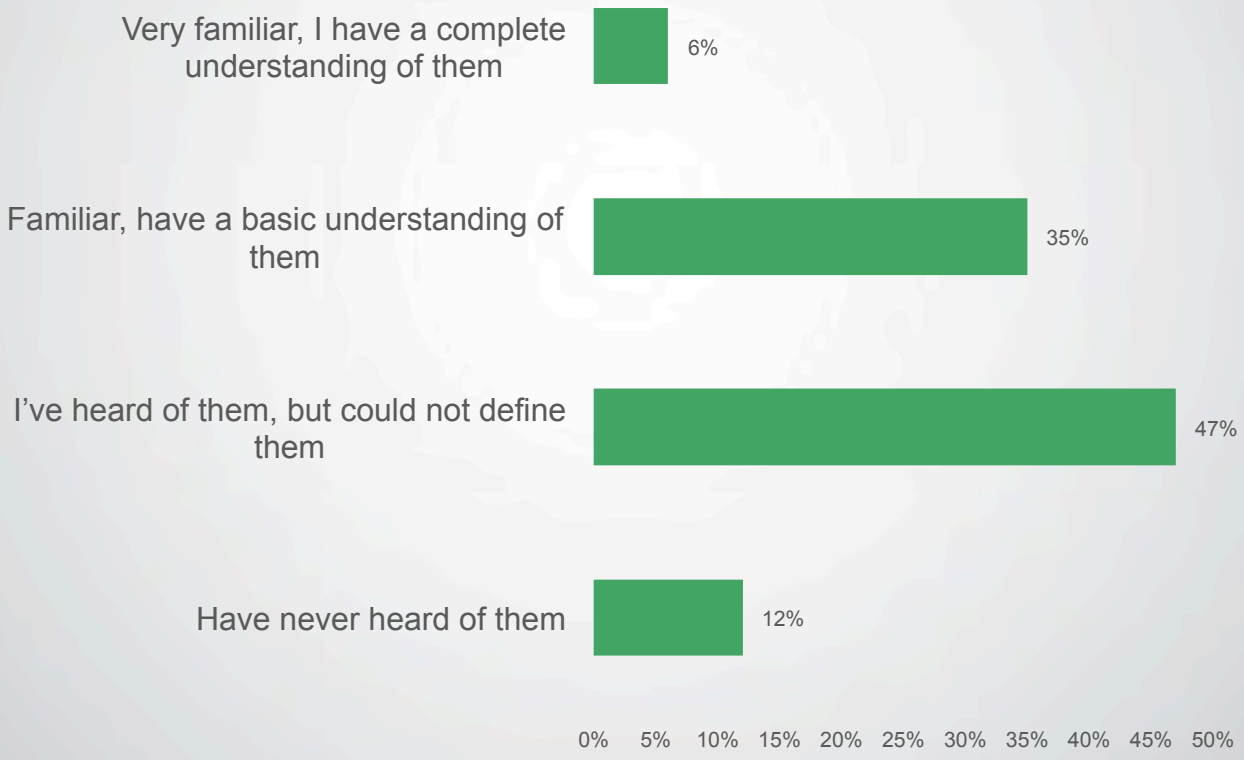
"Would you assume that a follow-on product which has the same non-proprietary name (e.g., infliximab, trastuzumab) as the innovator product, is approved for all the same indications as the innovator product?" (N=99)



Familiarity with non-comparable biologics

All Countries

"How familiar are you with "non-comparable biologics"?" (N=399)



Familiarity with non-comparable biologics

All Countries

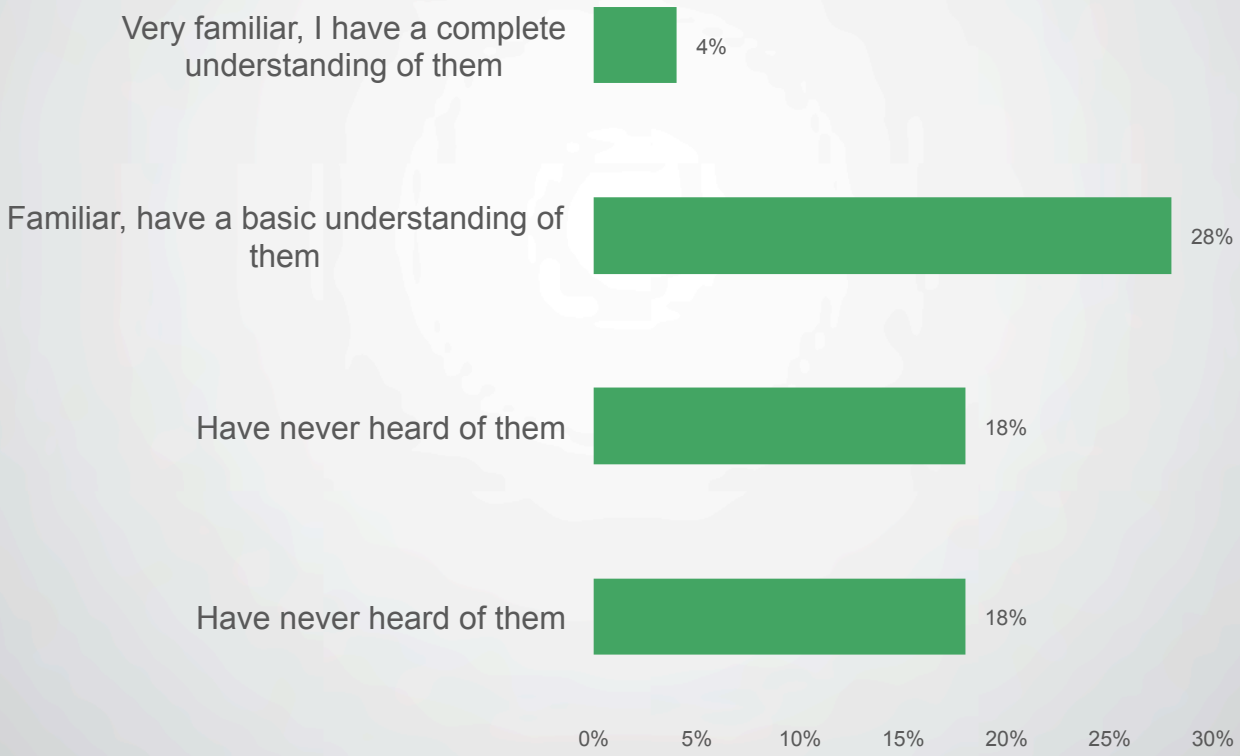
"How familiar are you with "non-comparable biologics"?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Very familiar, I have a complete understanding of them	6%	4%	12%	4%	4%
Familiar, have a basic understanding of them	35%	28%	38%	39%	33%
I've heard of them but could not define them	47%	**49% B**	**32%**	**51% B**	**57% B**
Have never heard of them	12%	**18% C,D**	**19% C,D**	**6%**	**6%**

Familiarity with non-comparable biologics

"How familiar are you with "non-comparable biologics"?" (N=99)

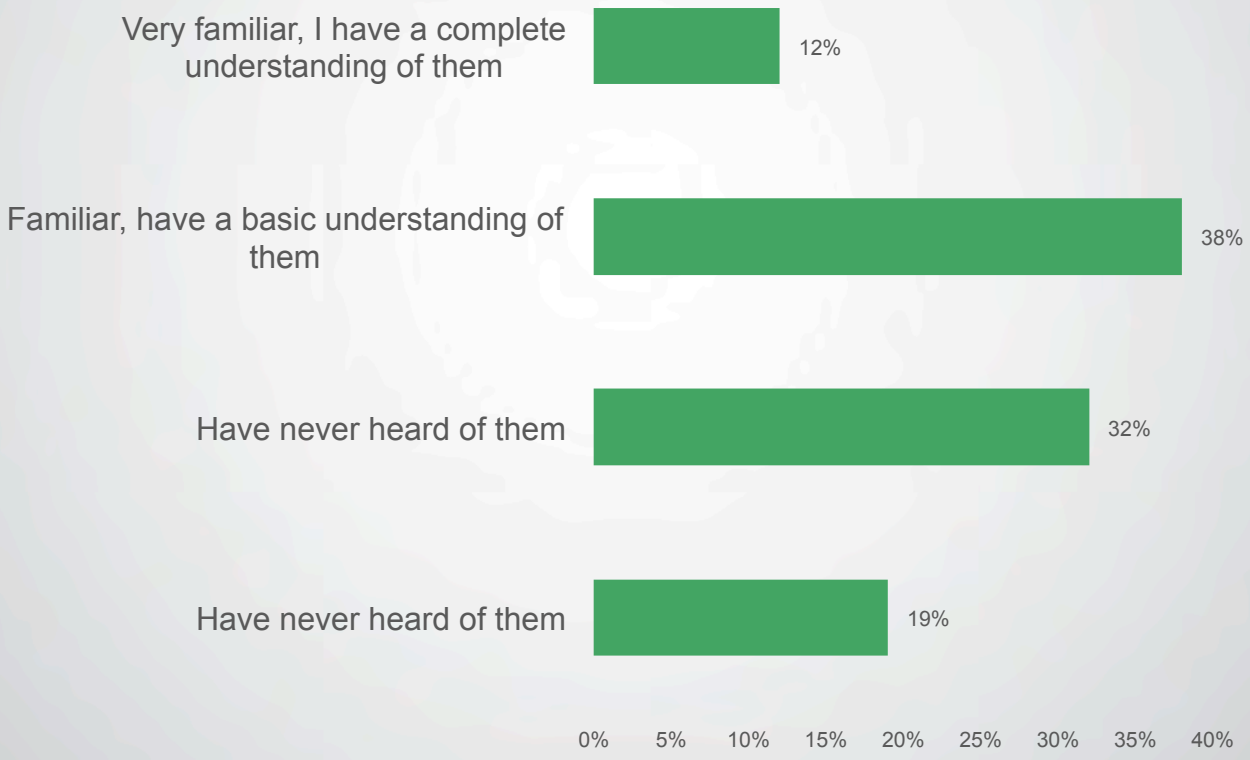
Argentina



Familiarity with non-comparable biologics

"How familiar are you with "non-comparable biologics"?" (N=101)

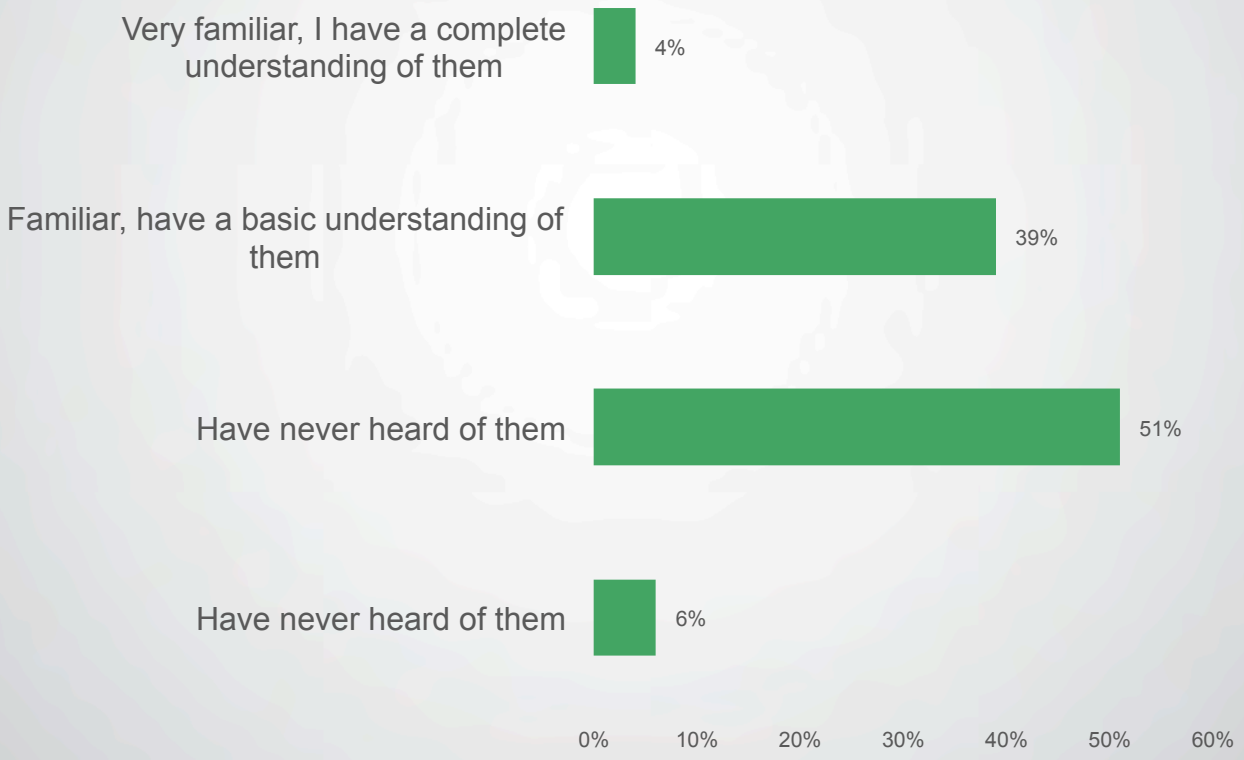
Brazil



Familiarity with non-comparable biologics

"How familiar are you with "non-comparable biologics"?" (N=100)

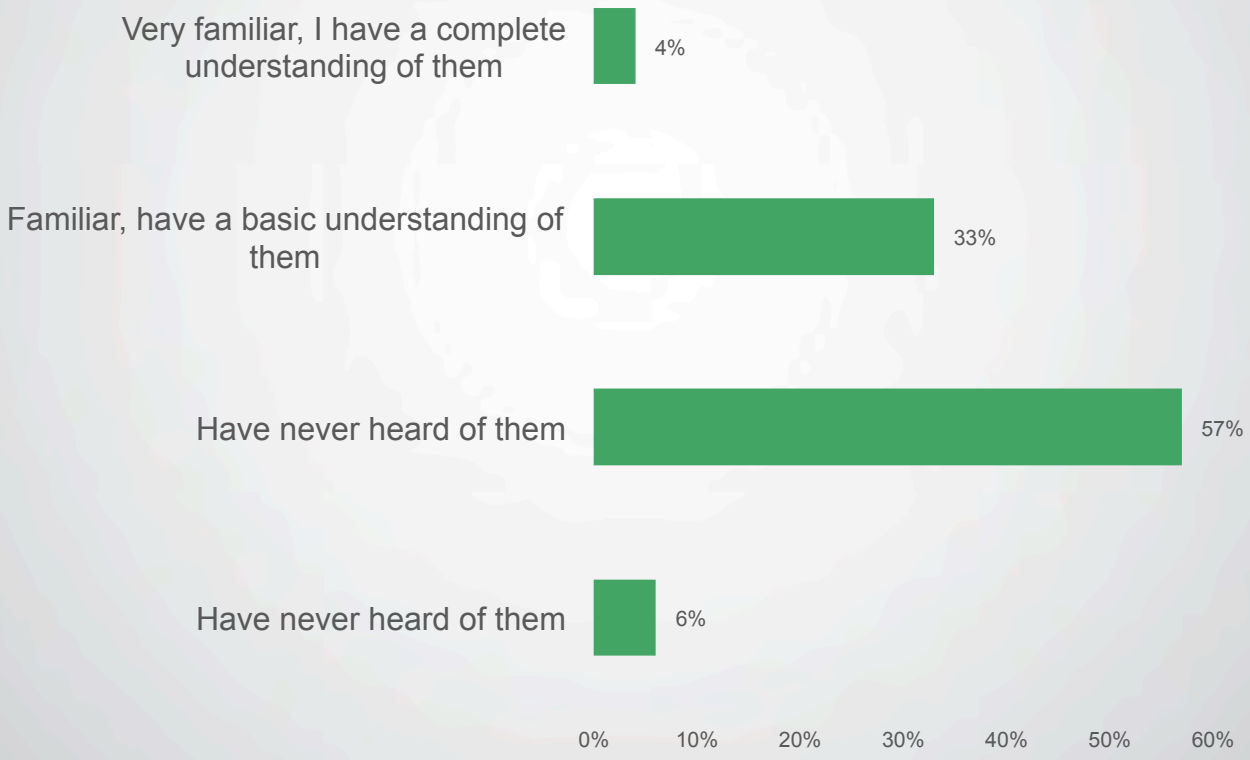
Columbia



Familiarity with non-comparable biologics

Mexico

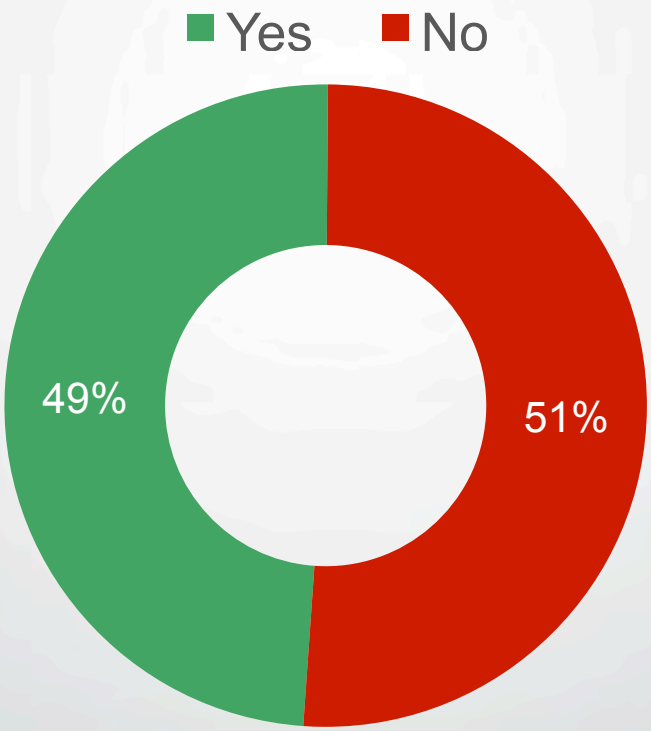
"How familiar are you with "non-comparable biologics"?" (N=99)



Awareness of difference: biologics, biosimilars

All Countries

"Are you aware of the difference between biologics, biosimilars and non-comparable biologics? " (N=399)



Awareness of difference: biologics, biosimilars

All Countries

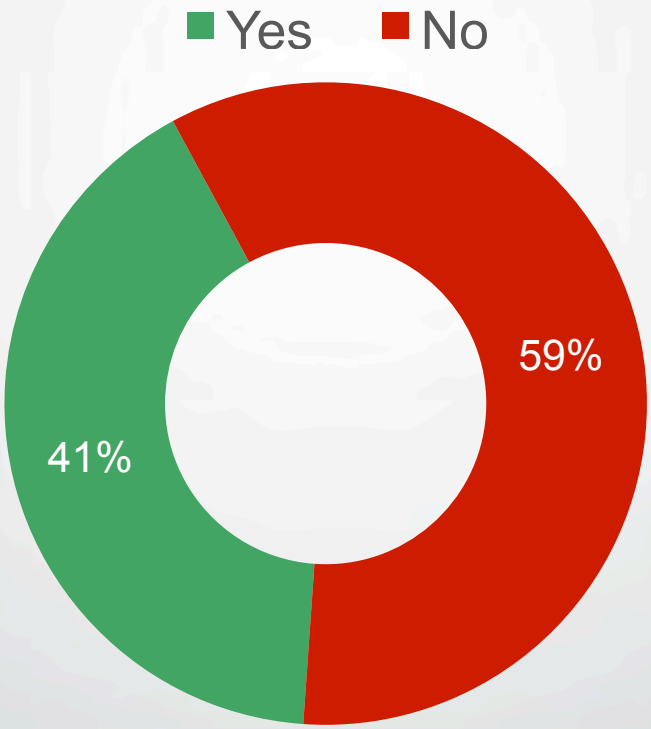
"Are you aware of the difference between biologics, biosimilars and non-comparable biologics? " (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	49%	41%	45%	55%	55%
No	51%	59%	55%	45%	45%

Awareness of difference: biologics, biosimilars

Argentina

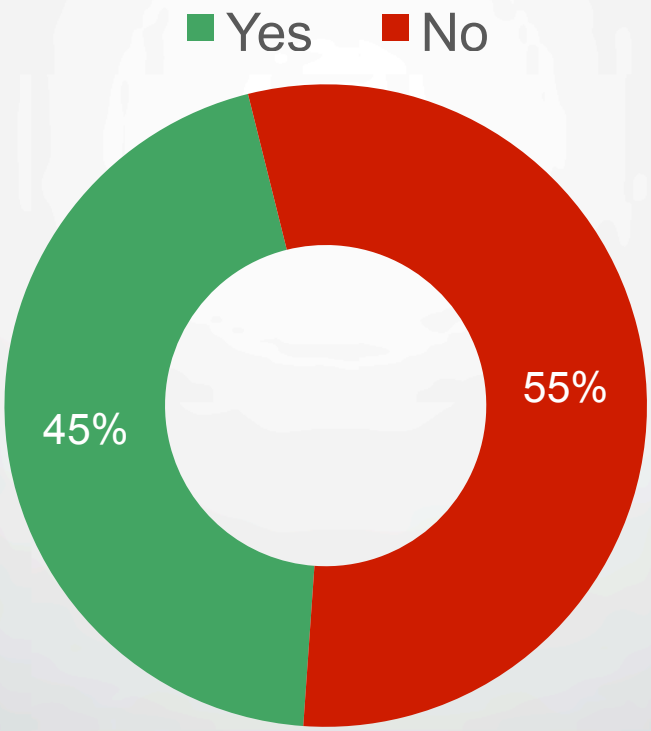
"Are you aware of the difference between biologics, biosimilars and non-comparable biologics? " (N=99)



Awareness of difference: biologics, biosimilars

Brazil

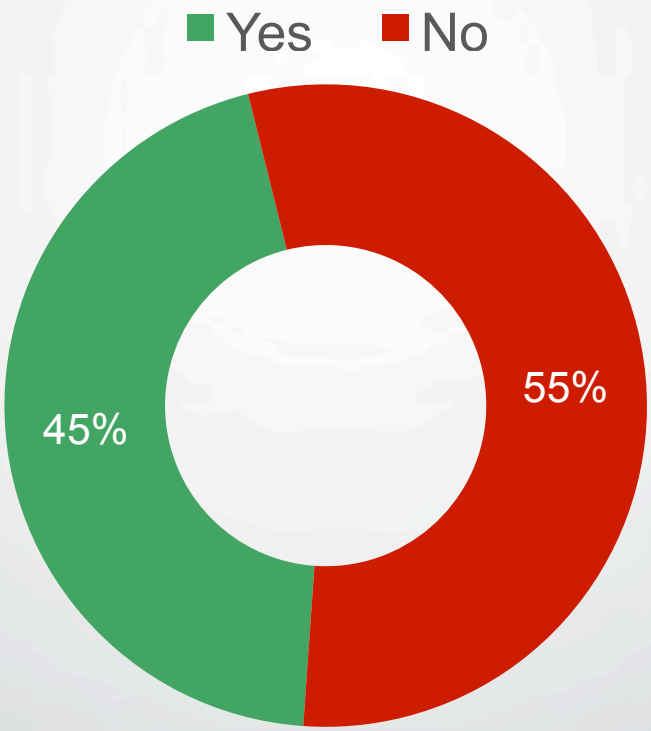
"Are you aware of the difference between biologics, biosimilars and non-comparable biologics? " (N=101)



Awareness of difference: biologics, biosimilars

"Are you aware of the difference between biologics, biosimilars and non-comparable biologics? " (N=100)

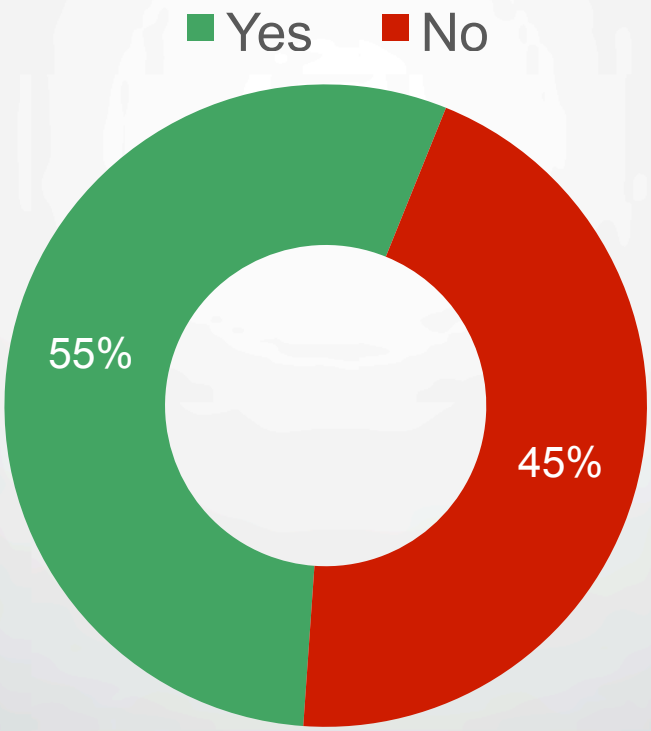
Columbia



Awareness of difference: biologics, biosimilars

Mexico

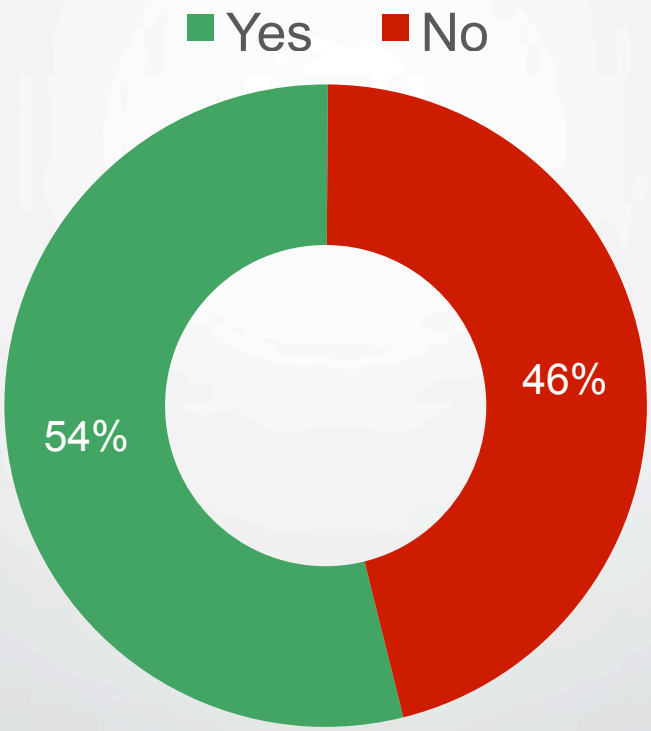
"Are you aware of the difference between biologics, biosimilars and non-comparable biologics? " (N=99)



Understanding of biosimilar approval process

All Countries

"Do you assume that all biosimilars go through the same regulatory process for approval as the original biologic products?" (N=399)



Understanding of biosimilar approval process

All Countries

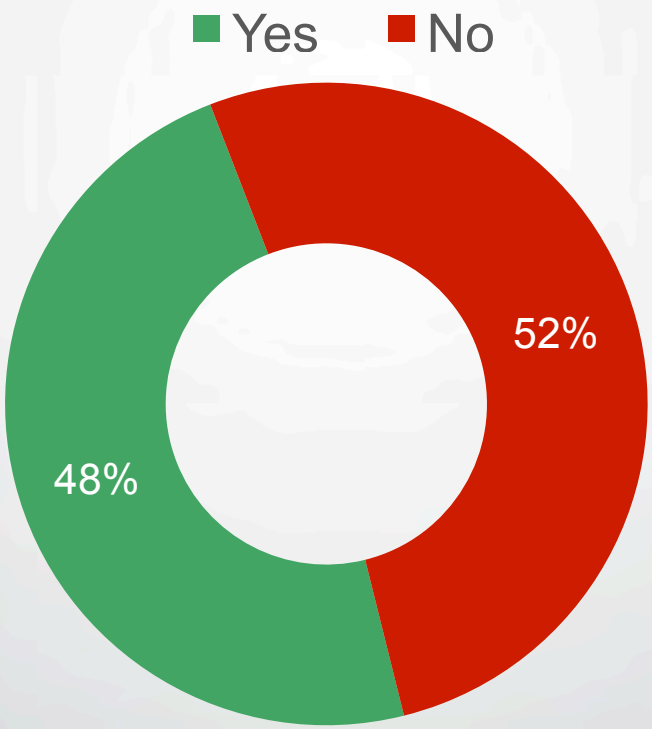
"Do you assume that all biosimilars go through the same regulatory process for approval as the original biologic products?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	54%	**48%**	**62% A,C**	**38%**	**67% A,C**
No	46%	**52% B.D**	**38%**	**62% B,D**	**33%**

Understanding of biosimilar approval process

Argentina

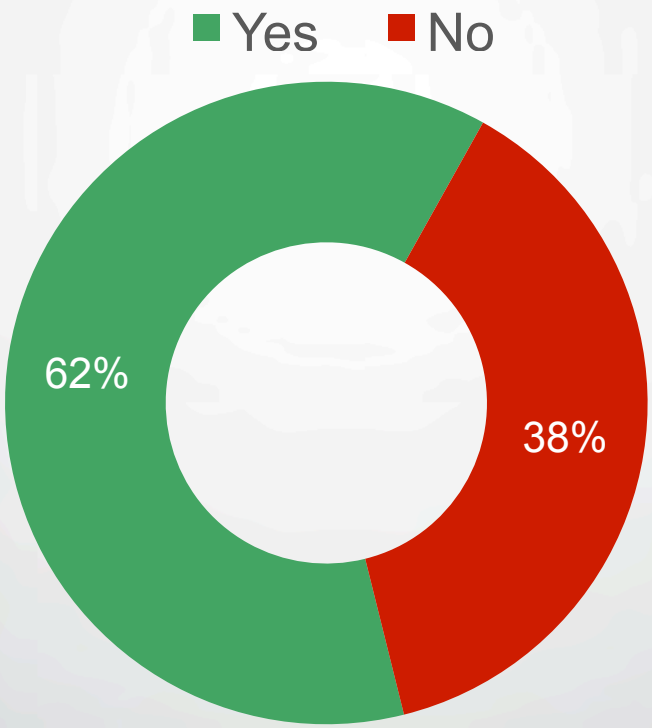
"Do you assume that all biosimilars go through the same regulatory process for approval as the original biologic products?" (N=99)



Understanding of biosimilar approval process

Brazil

"Do you assume that all biosimilars go through the same regulatory process for approval as the original biologic products?" (N=101)



Understanding of biosimilar approval process

Columbia

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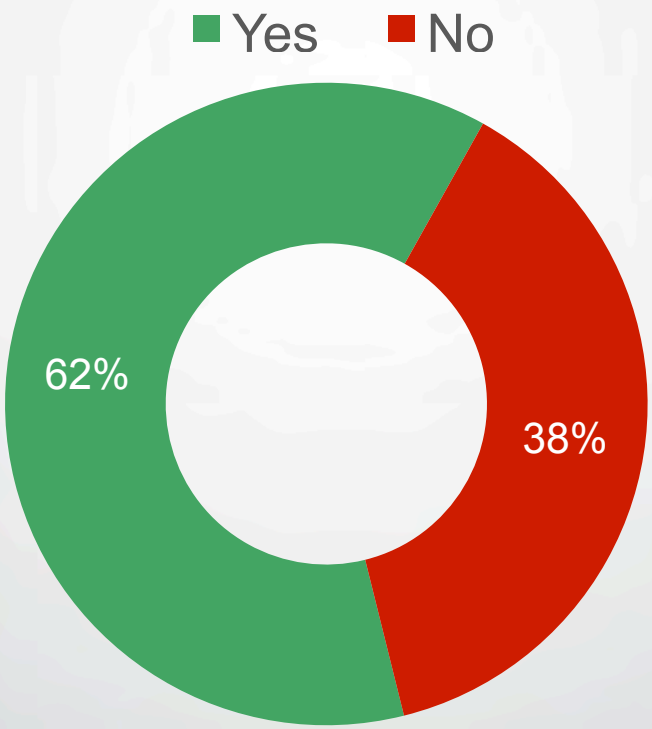
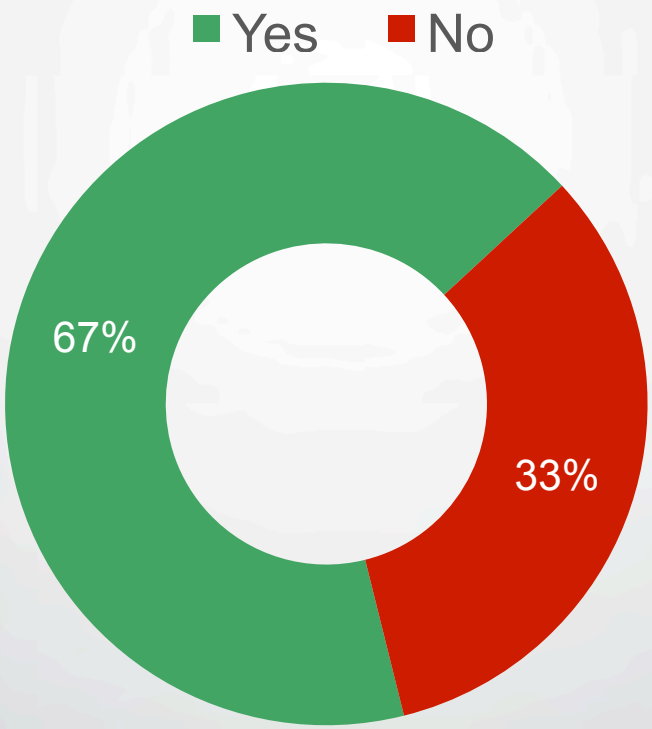


Understanding of biosimilar approval process

Mexico

"Do you assume that all biosimilars go through the same regulatory process for approval as the original biologic products?" (N=99)



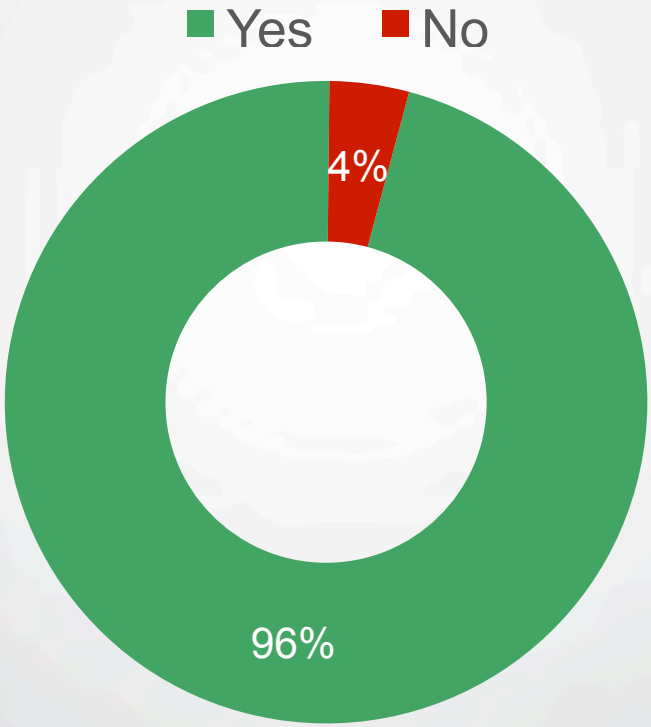
Study Data

PRESCRIBING, RECORDING, & REPORTING

Identifying patient records

All Countries

"When you prescribe medicine, including biologics, do you identify the medicine in the patient record?" (N=399)



Identifying patient records

All Countries

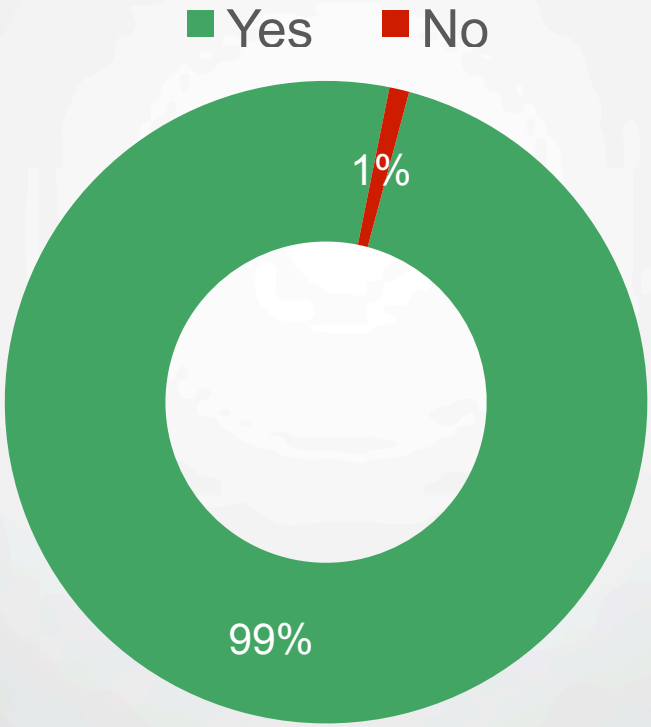
"When you prescribe medicine, including biologics, do you identify the medicine in the patient record?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	96%	99%	97%	96%	94%
No	4%	1%	3%	4%	6%

Identifying patient records

"When you prescribe medicine, including biologics, do you identify the medicine in the patient record?" (N=99)

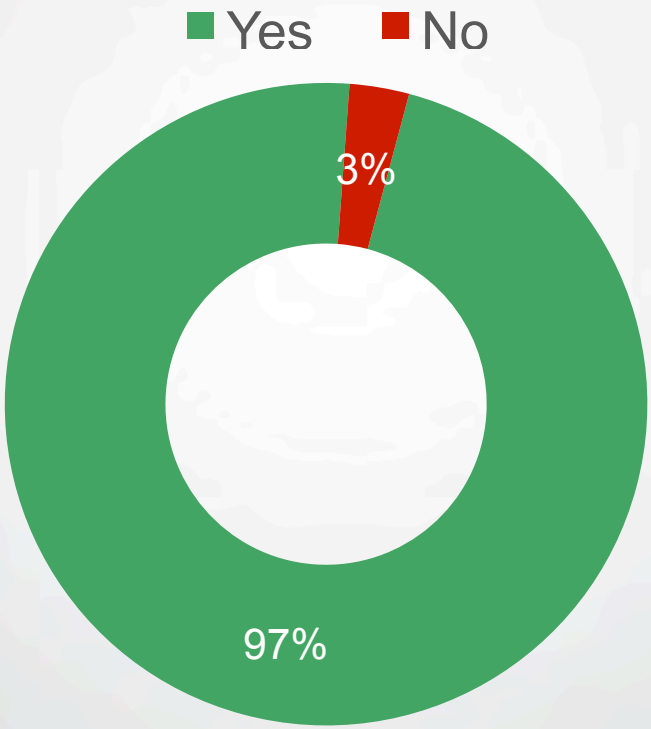
Argentina



Identifying patient records

"When you prescribe medicine, including biologics, do you identify the medicine in the patient record?" (N=101)

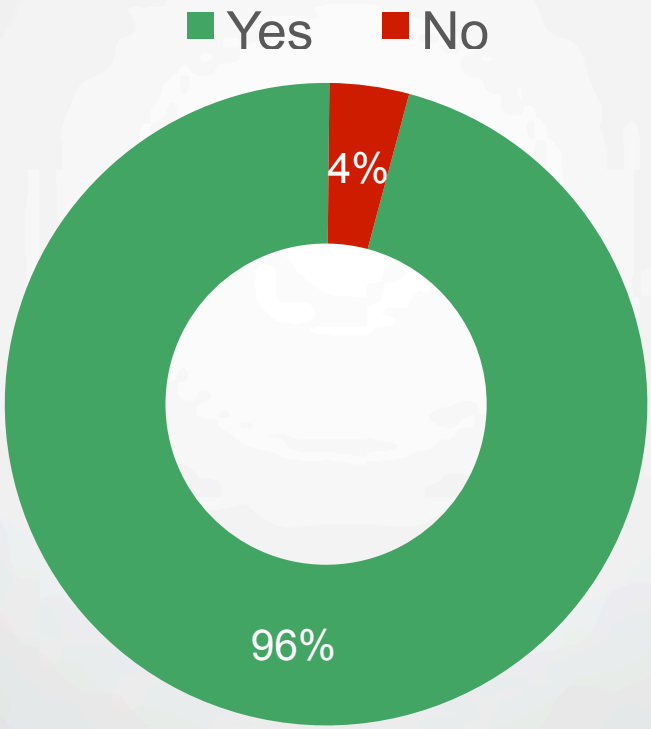
Brazil



Identifying patient records

"When you prescribe medicine, including biologics, do you identify the medicine in the patient record?" (N=100)

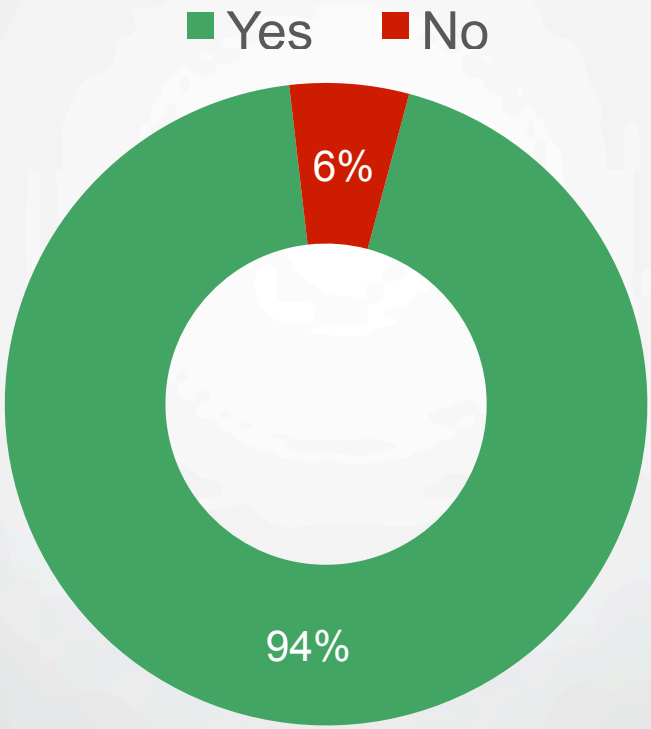
Columbia



Identifying patient records

"When you prescribe medicine, including biologics, do you identify the medicine in the patient record?" (N=99)

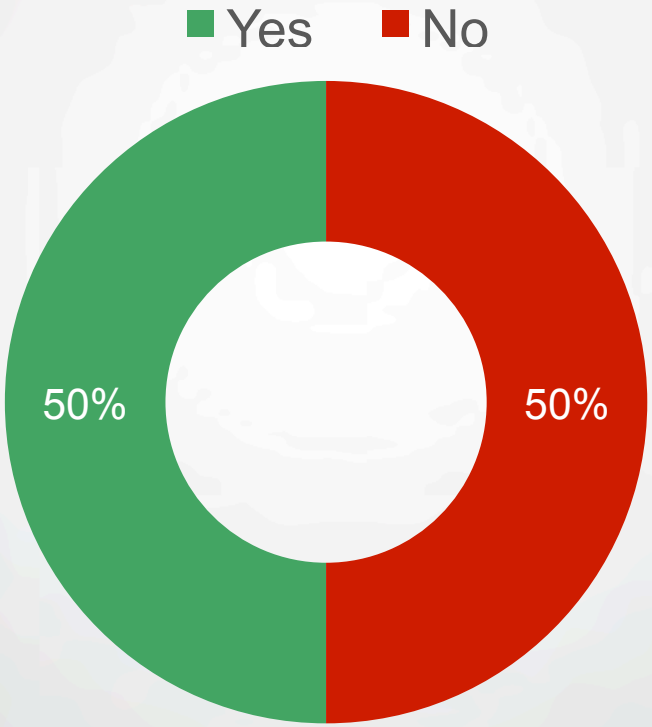
Mexico



Identifying patient records – taking biologics

All Countries

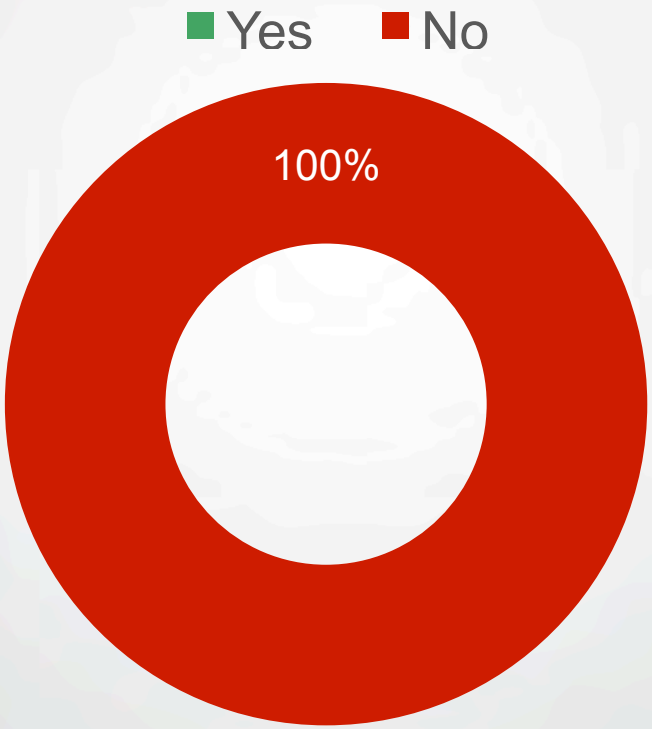
"When you treat a patient receiving a biologic medicine prescribed by another health care provider, do you identify the medicine in the patient record?" (N=14; Asked only of those who do not record)



Identifying patient records – taking biologics

Argentina

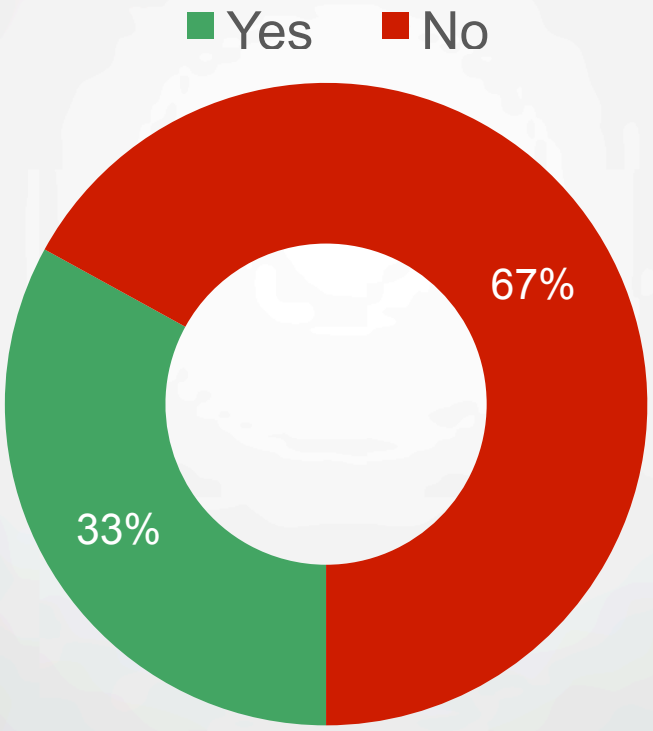
"When you treat a patient receiving a biologic medicine prescribed by another health care provider, do you identify the medicine in the patient record?" (N=1)



Identifying patient records – taking biologics

Brazil

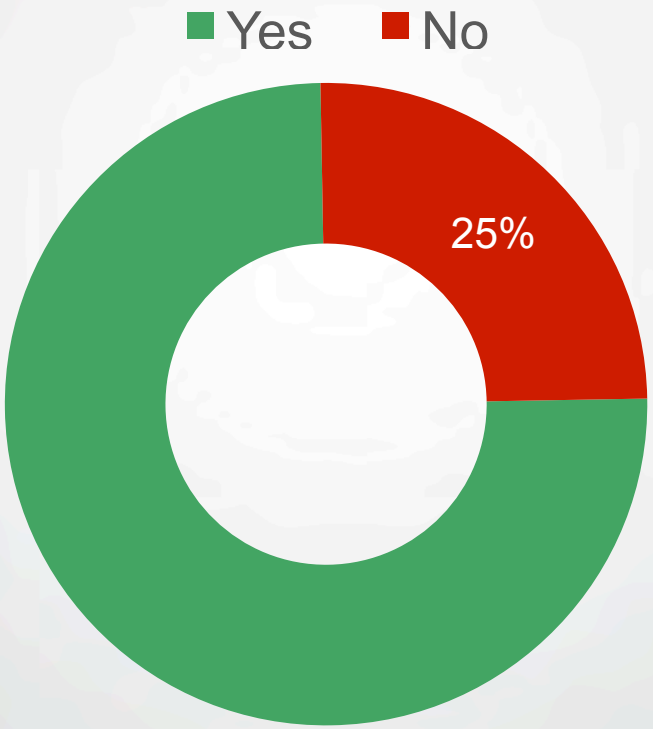
"When you treat a patient receiving a biologic medicine prescribed by another health care provider, do you identify the medicine in the patient record?" (N=3)



Identifying patient records – taking biologics

Columbia

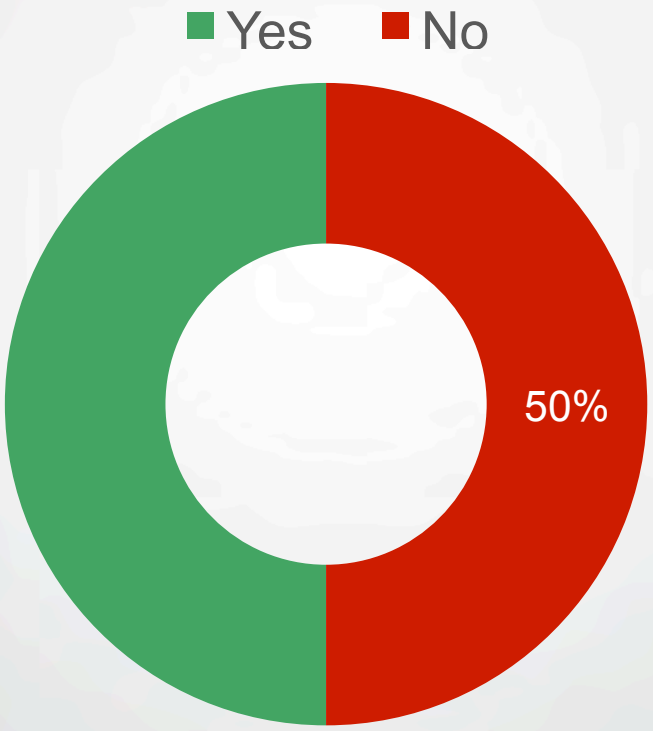
"When you treat a patient receiving a biologic medicine prescribed by another health care provider, do you identify the medicine in the patient record?" (N=4)



Identifying patient records – taking biologics

Mexico

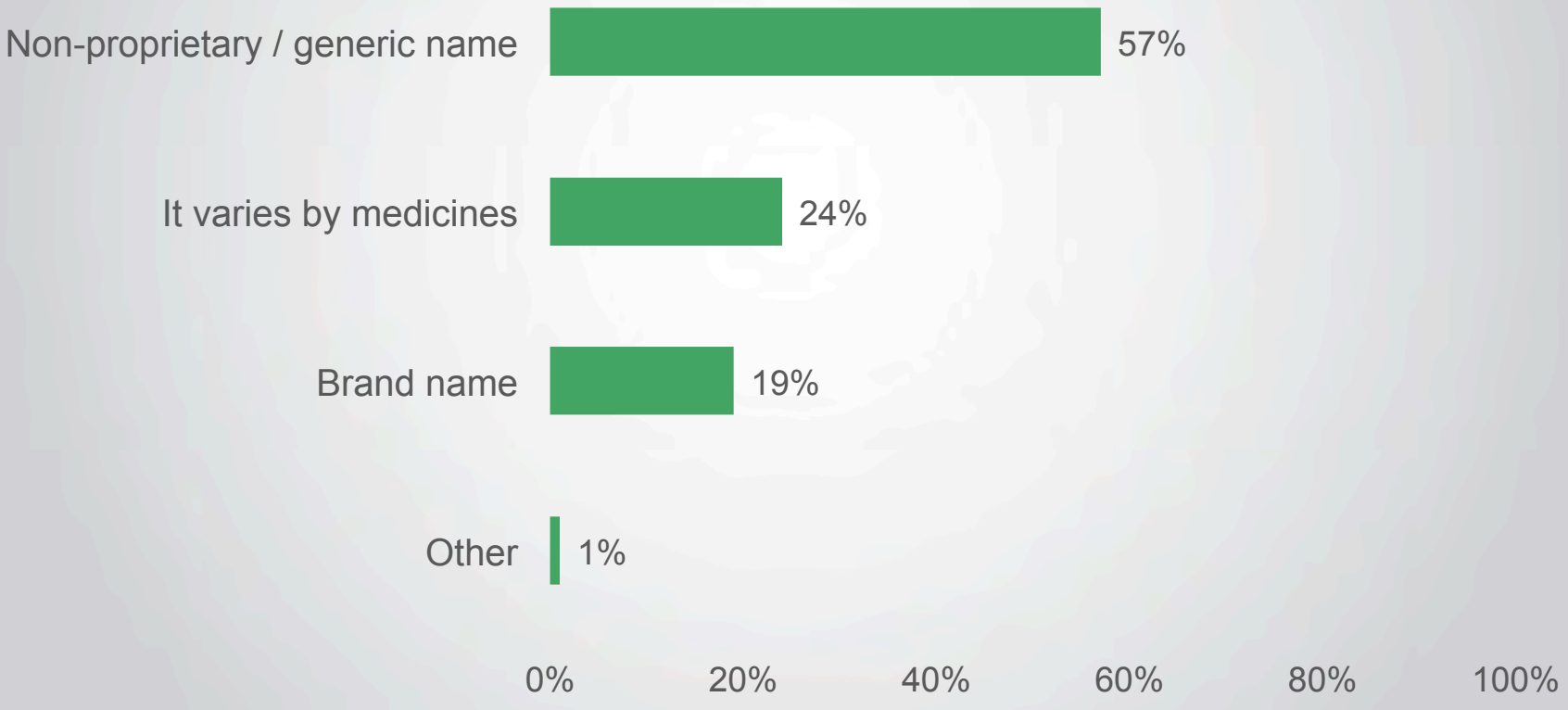
"When you treat a patient receiving a biologic medicine prescribed by another health care provider, do you identify the medicine in the patient record?" (N=6)



Medicine identification

All Countries

"When you identify a prescription in a patient record, are you more likely to identify the medicine by brand name (e.g., Remicade, Herceptin) or non-proprietary name (e.g., infliximab, trastuzumab)?" (N=392)



Medicine identification

All Countries

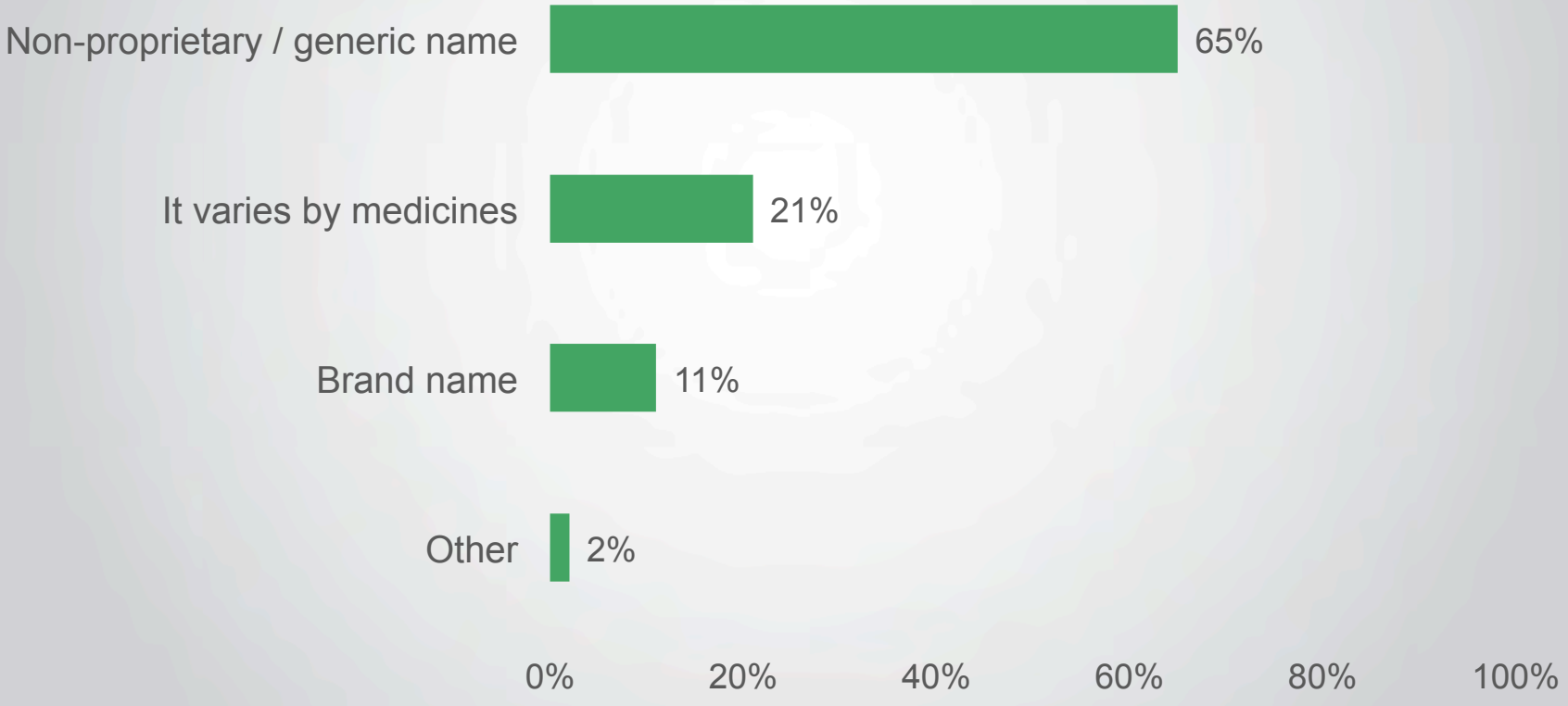
"When you identify a prescription in a patient record, are you more likely to identify the medicine by brand name (e.g., Remicade, Herceptin) or non-proprietary name (e.g., infliximab, trastuzumab)?" (N=392)

	Total N=399	Argentina N=98 A	Brazil N=99 B	Columbia N=99 C	Mexico N=96 D
Brand name	19%	**11%**	**28% A,D**	20%	**16%**
It varies by medicines	24%	**21%**	**39% A.D.D**	**21%**	**14%**
Non-proprietary/generic name	57%	**65% B**	**32%**	**59% B**	**71% B**
Other	1%	2%	0%	0%	0%

Medicine identification

Argentina

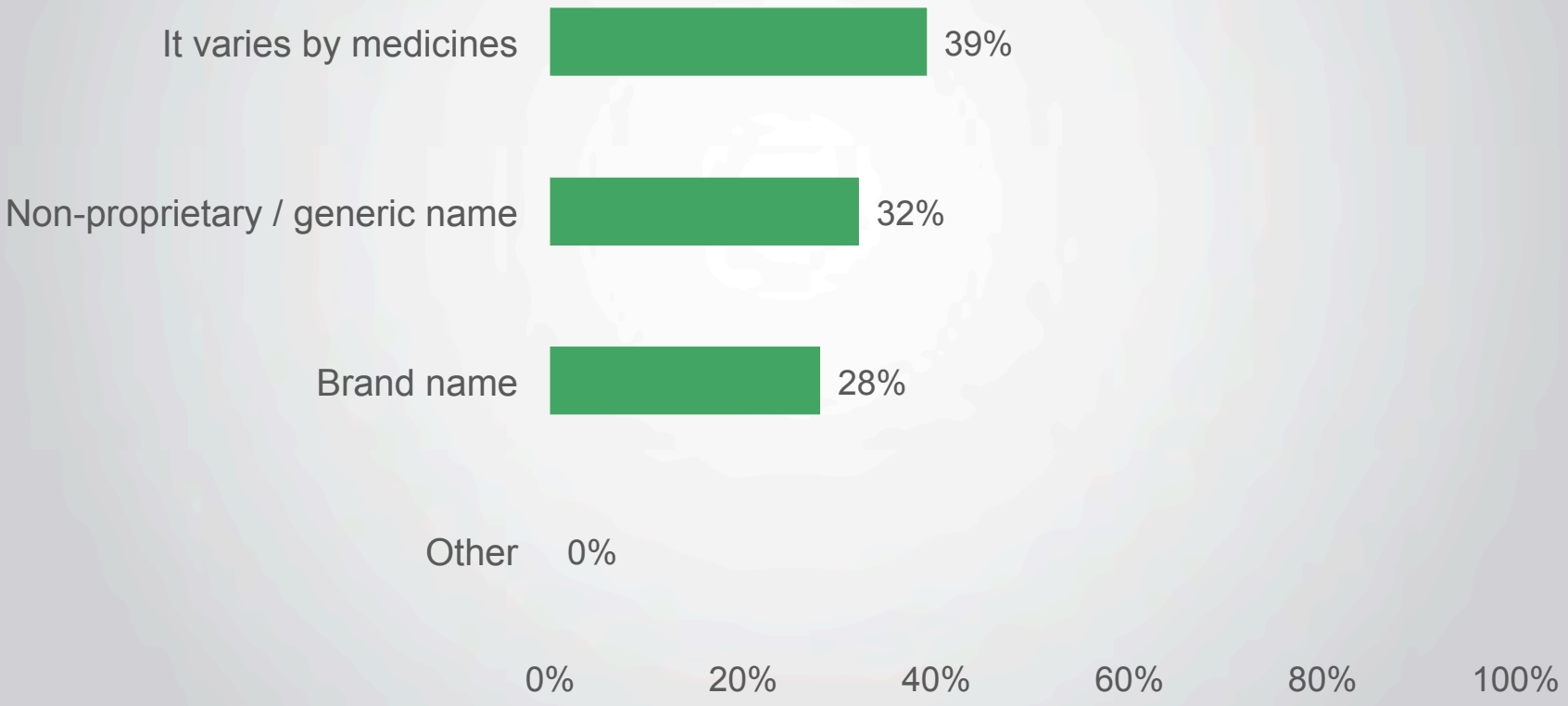
"When you identify a prescription in a patient record, are you more likely to identify the medicine by brand name (e.g., Remicade, Herceptin) or non-proprietary name (e.g., infliximab, trastuzumab)?" (N=98)



Medicine identification

Brazil

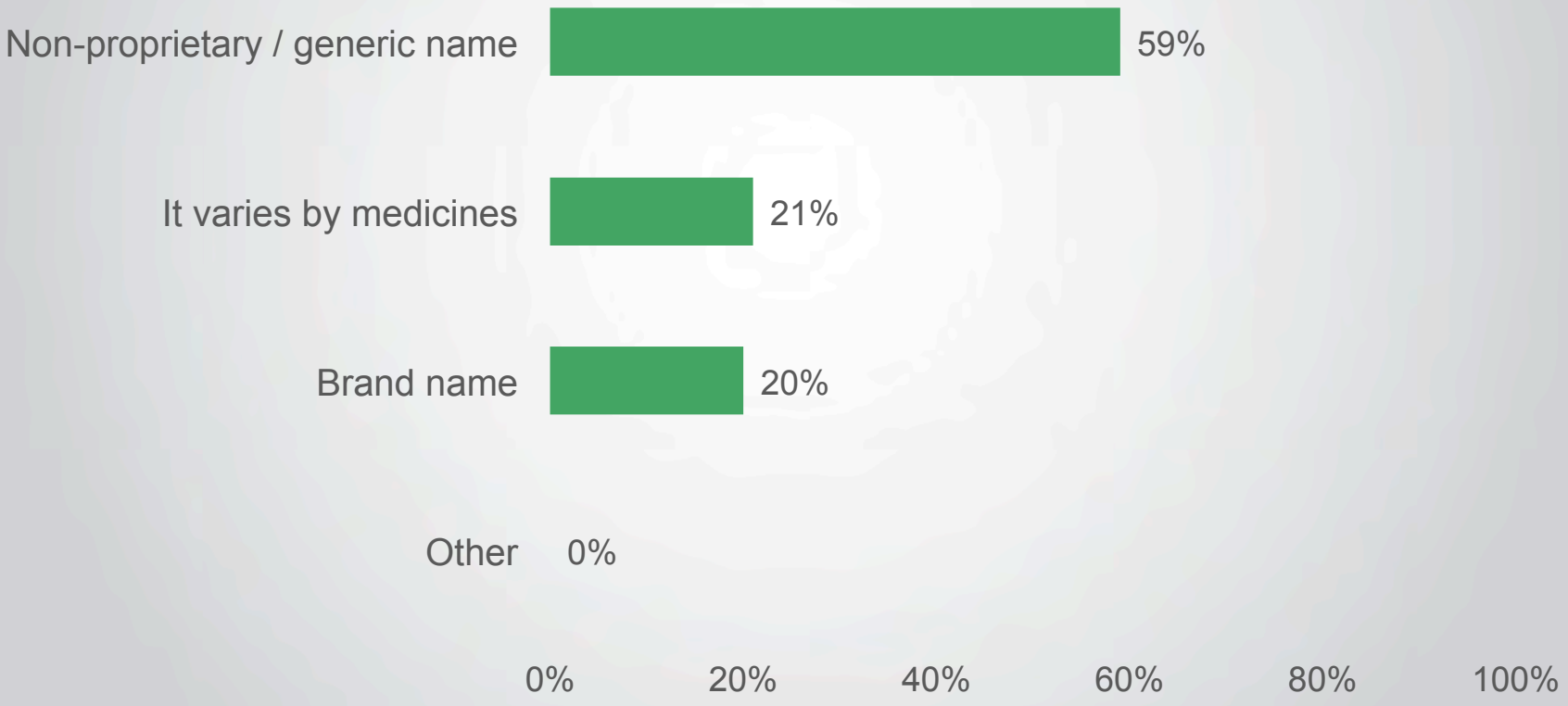
"When you identify a prescription in a patient record, are you more likely to identify the medicine by brand name (e.g., Remicade, Herceptin) or non-proprietary name (e.g., infliximab, trastuzumab)?" (N=99)



Medicine identification

Columbia

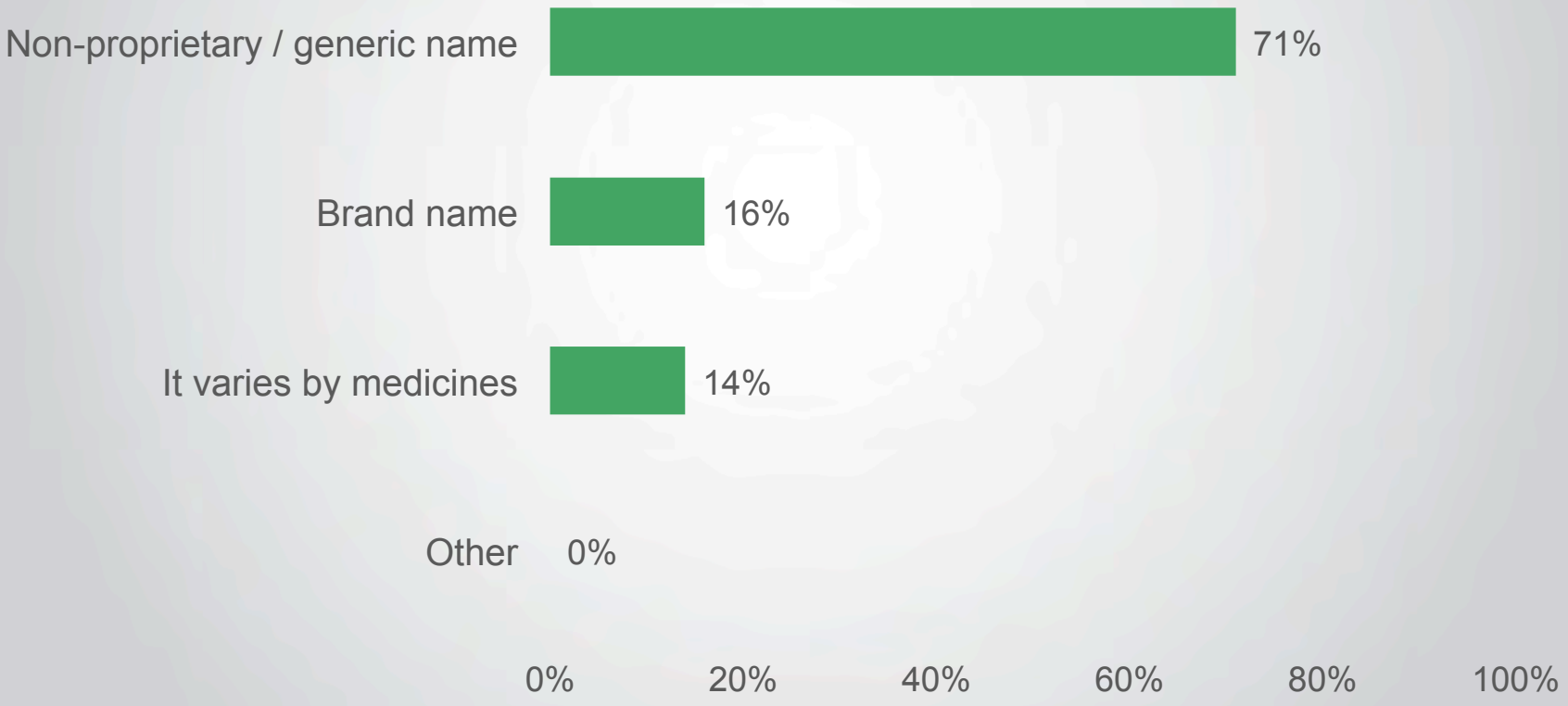
"When you identify a prescription in a patient record, are you more likely to identify the medicine by brand name (e.g., Remicade, Herceptin) or non-proprietary name (e.g., infliximab, trastuzumab)?" (N=99)



Medicine identification

Mexico

"When you identify a prescription in a patient record, are you more likely to identify the medicine by brand name (e.g., Remicade, Herceptin) or non-proprietary name (e.g., infliximab, trastuzumab)?" (N=96)



Medicine identification – follow up

All Countries

"How does this vary by medicine?" (N=94)

- ACCORDING TO THE CLINICAL INDICATION
- ACCORDING TO THE COMMERCIAL NAME
- ADD INSULIN OR GROWTH HORMONE PREPARATIONS, IT CAN BE EASIER FOR THE PATIENT TO REMEMBER THE BRAND NAME
- ALWAYS KNOW THE ACTIVE SUBSTANCE. VERY FEW TIMES IN THE TREATMENTS OF THIS NATURE ARE WE FAMILIAR WITH THE GENERIC DRUGS
- BASED ON ITS ACTION
- BASED ON NAME AND FREQUENCY
- BECAUSE SOME TRADE NAMES ARE BETTER KNOWN BY THIS, THAT BY ITS ACTIVE SUBSTANCE
- CLINICAL EXPERIENCE AND COMPARISON STUDIES OF THE SAME MEDICATION, WITH THE BRAND NAME OR GENERIC AND DIFFERENT ANSWERS/ADVERSE EFFECTS IN PRACTICE
- DEPENDS ON DISCLOSURE OF TRADE NAME
- DEPENDS ON THE FAMILIARITY WITH THE DRUG (2)
- DEPENDS ON THE ROUTING OF PRESCRIBER
- DRUGS THAT HAVE GENERICII USUALLY IDENTIFY THE TRADE NAME OF THE SAME
- FAMILIARITY WITH THE SAME
- GENERIC DRUG AVAILABLE IN THE HOSPITAL
- HAVE SOME THAT DO NOT HAVE GENERIC
- I PUT BOTH
- I TRUST ON THE ORIGINAL
- I USUALLY RECORD THE ACTIVE PRINCIPLE NOT THE TRADE NAME. THERE ARE MEDICINES THAT ARE ALREADY "ESTABLISHED" AND ARE ON AUTOMATIC
- IF I KNOW MUCH OF THE COMMERCIAL USE, IF IT IS THROUGH EPS I USED THE GENERIC
- IF I USUALLY PRESCRIBE THE BRAND, WRITE THE NAME OF THE TAG. IF I PRESCRIBE GENERIC OR MANIPULATED, WRITE THE NAME OF THE SUBSTANCE
- IF THE GOVERNMENT PUTS NAME
- IF THERE ARE BIOSIMILAR DRUGS USE THE TRADE NAME. IF THERE ARE NO BIOSIMILAR PRODUCTS, USE THE NAME "GENERIC"
- IF THERE IS GENERIC
- IF THERE IS NO MARK, I PUT THE TRADE NAME. IF THERE IS BIOEQUIVALENCE, I PUT THE GENERIC NAME
- IF THERE IS NO POSSIBLE REPLACEMENTS I HAVE ONLY THE BRAND
- IF THIS IS THE ONLY THING THAT IS AVAILABLE IN THE COUNTRY IT IS SOMETIMES REFERRED TO BY THE COMMERCIAL
- IF YOU HAVE SIMILAR OR NOT
- IN GENERAL GOES GENERIC, AND IN SOME COMMERCIAL OPPORTUNITIES CLARIFIED
- IN SOME MEDICINES, THE BRAND NAME IS MORE WIDELY KNOWN
- INDIVIDUALIZING THE TREATMENT
- KNOWLEDGE OF PHARMACEUTICAL NAME
- NAME ENSHRINED IN MEDICAL PRACTICE OR KNOWLEDGE OF THE PATIENT
- NORMALLY USE BOTH NAMES
- SIZE AND SPELLING OF THE COMPOUND
- SOME HAVE BEEN CODIFIED BY MEDIUM AND OTHERS BY PRODUCT
- SOME MEDICATIONS ARE KNOWN TO THE DRUGS BECAUSE THEY ARE VERY WELL KNOWN AND ARE USUALLY HAVE MORE OPTIONS IN THE MARKET, WITH GOOD COMPETITION. ARE GENERALLY KNOWN VARIOUS TRADEMARKS OF THE SAME GRODA PALACE. THOSE THAT HAVE LESS COMPETITION IN THE MARKET ARE MORE KNOWN FOR THEIR TRADEMARK
- SOME MEDICATIONS I WRITE THE NAME OF THE SUBSTANCE IN PUBLIC SERVICE
- SOMETIMES I WRITE SUMMARIZED
- SOMETIMES IT IS NECESSARY TO DO A SEARCH FOR CLARIFICATION ON THE ACTIVE PRINCIPLE
- SOMETIMES PRESCRIBE AS THE GENERIC NAME AND OTHER WITH THE ORIGINAL NAME
- SOMETIMES, TRADE NAME, SOMETIMES NAME OF THE SUBSTANCE IS
- THERE ARE MEDICATIONS THAT ARE ONLY IN THE PATENT
- USE MORE USUAL, KNOWLEDGE
- USUALLY I WRITE THE GENERIC NAME AND IN PARENTHESIS THE TRADEMARK WITH THE INNOVATIVE THAT STUDIES ARE CARRIED OUT
- VARIES THE POINT-OF-CARE
- WHEN THE COMMERCIAL NAME IS WIDESPREAD, I CHOOSE TO USE THIS NAME. IF IT IS MORE NEW, I USE THE GENERIC NAME

Medicine identification – follow up

All Countries

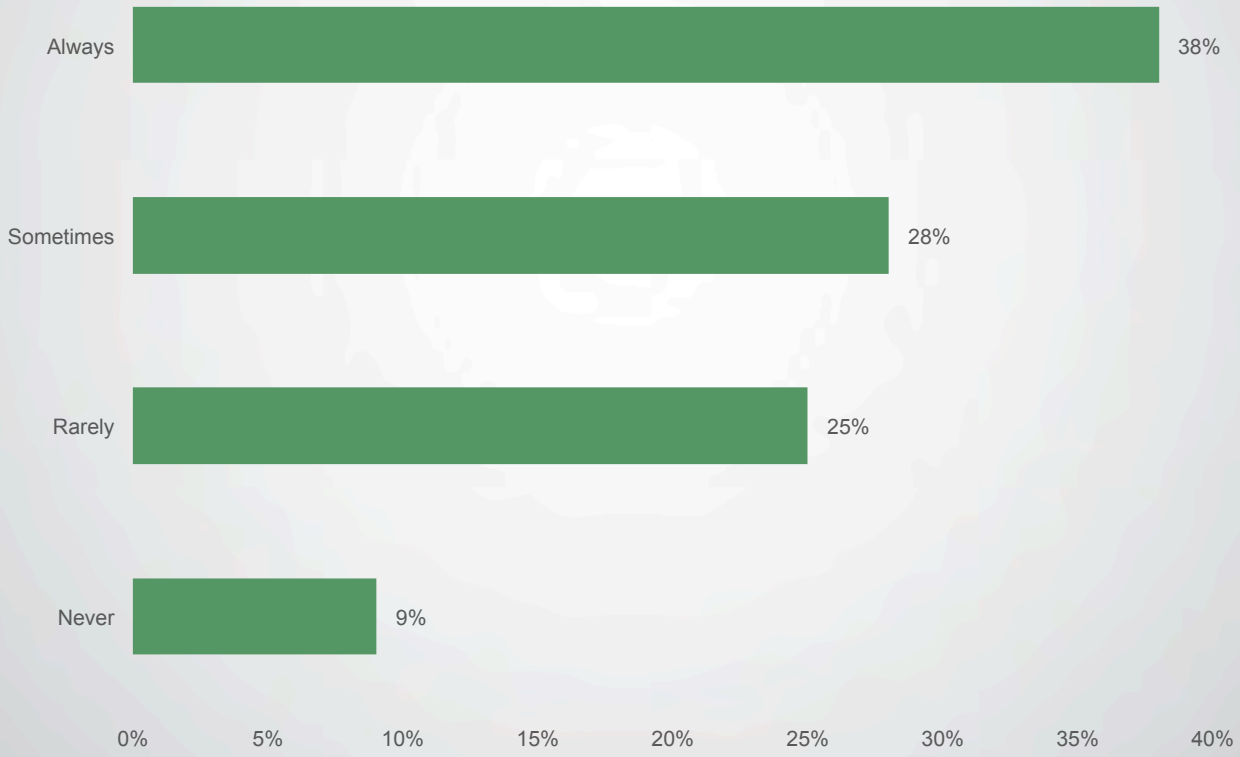
"How does this vary by medicine?" (N=94)

- ACCORDING TO NEED OF SPECIFICATION BY SEVERITY OF PATHOLOGY
- BY THEIR FAMILIARITY OF USE
- CALLED BY THE TRADE NAME TO THE BIO-PHARMACEUTICALS - USED MOST OFTEN
- CAN IDENTIFY THEM OF BOTH FORMS
- DEPENDS ON THE DRUG TO USE
- DEPENDS ON THE MOLECULE (2)
- DEPENDS ON THE TIME
- DEPENDS ON THE POPULARITY AMONG THE MEDICAL PROFESSION
- DRUGS WITH ONLY 1 NAME IN COMMERCIAL CHANGE SINCE EVENTUALLY THERE WILL BE GENERICS
- I AM WRITING THE TWO. WILL ONLY WRITE THE GENERIC IF THERE IS ONLY THE INNOVATOR PRODUCT
- IF I BELIEVE THAT THE USE OF A MEDICATION OR OTHER COULD INFLUENCE THE OUTCOMES SOUGHT
- IF ONLY VERSION, TRADE NAME
- IF THE PATIENT IS ALREADY TAKING A SIMILAR OR GENERIC, PRESCRIBED BY ANOTHER DOCTOR - I NOTE THE NAME OF THE PRODUCT THAT IS TAKING
- IF THERE IS MORE OF A TRADEMARK IN SPECIFIC MARKET THE BRAND
- IN SOME MEDICATIONS THAT WRITE THE ACTIVE SUBSTANCE AND IN OTHERS WRITE THE TRADE NAME
- IN THE MARKET IT IS RECOGNIZED MORE BY THE TRADE NAME
- KNOWN BY THE TRADE NAME, ESPECIALLY IN THE EARLY YEARS OF PATENT AS IT WAS THE RITUXIMAB WITH MAPTERA
- MEDICINE PROVED NOT TO BE GOOD IN
- ON THE BASIS OF CLINICAL EXPERIENCE AND PATIENT ACCESS
- SOME DRUGS HAVE VARIOUS TRADE NAMES. IF NOT, I USE THE TRADE NAME
- SOME KNOW MORE THAN ONE WAY THAN THE OTHER
- SOME USE THEIR TRADE NAME, OTHER I WRITE THE NAME OF THE BIOLOGICAL, IN MY FILE
- SOME USE TRADE NAME, NAME OF THE OTHER SALT IF THERE IS A SINGLE TRADEMARK OF THAT DRUG
- SOMETIMES NOT COMMERCIAL NAME, USE TRADE NAME
- SOMETIMES THE TRADE NAMES, SOMETIMES THE NAME OF THE COMPONENT
- THERE ARE MOLECULES THAT BY BEING INNOVATIVE ARE MORE COMMERCIAL AND MORE ARE USED BY THE SCIENTIFIC EVIDENCE WHICH MAKES REMEMBERING THEM BETTER AND USE THEM AS FIRST CHOICE OF MANAGEMENT
- THERE ARE NAMES THAT CAN MORE EASILY EVOKE A PRODUCT
- TRADE NAMES SOUND SHORT AND
- USE BOTH
- USE TRADE NAME WHEN REQUESTED BY THE COVERAGE
- VARIES ACCORDING TO THE INSTITUTION WHERE I WORK. SOME ADOPT THE BIOLOGICAL, OTHERS, THE BIOSIMILAR.
- WHEN EASY, I PUT GENERIC AND COMMERCIAL
- WHEN I THINK THAT MAKES A DIFFERENCE TO MARK I RECORD BY THE BRAND NAME
- WITH MANAGEMENT USUALLY USE A COMMERCIAL, THE OTHERS IDENTIFIED BY THE GENERIC

Frequency of reporting adverse events

All Countries

"It is acknowledged that physicians play an important role in the identification and reporting of unexpected or serious adverse events to their national regulatory agencies and manufacturers. How often do you report adverse events?" (N=399)



Frequency of reporting adverse events

All Countries

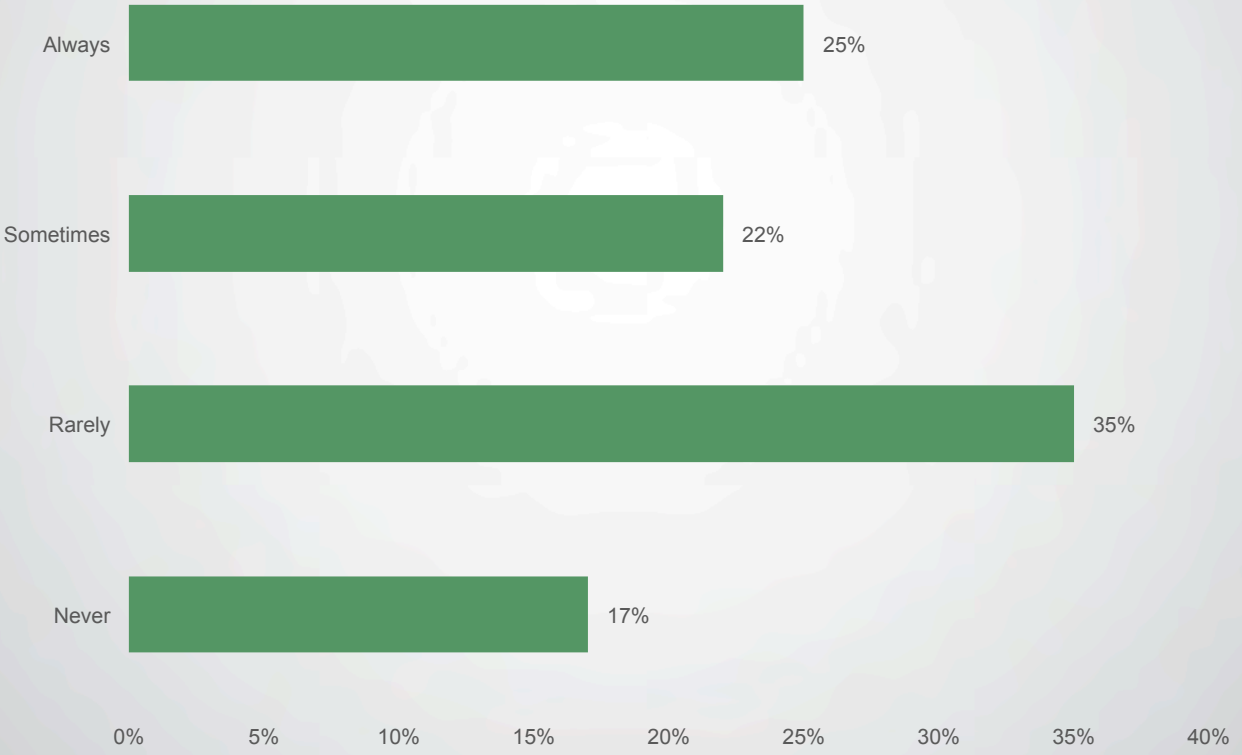
"It is acknowledged that physicians play an important role in the identification and reporting of unexpected or serious adverse events to their national regulatory agencies and manufacturers. How often do you report adverse events?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Always	38%	**25%**	**33%**	**49% A,B**	**44% A**
Sometimes	28%	**22%**	26%	**36% A**	29%
Rarely	25%	**35% C,D**	**32% C**	**14%**	**20%**
Never	9%	**17% C,D**	**10% C**	**1%**	**6%**

Frequency of reporting adverse events

Argentina

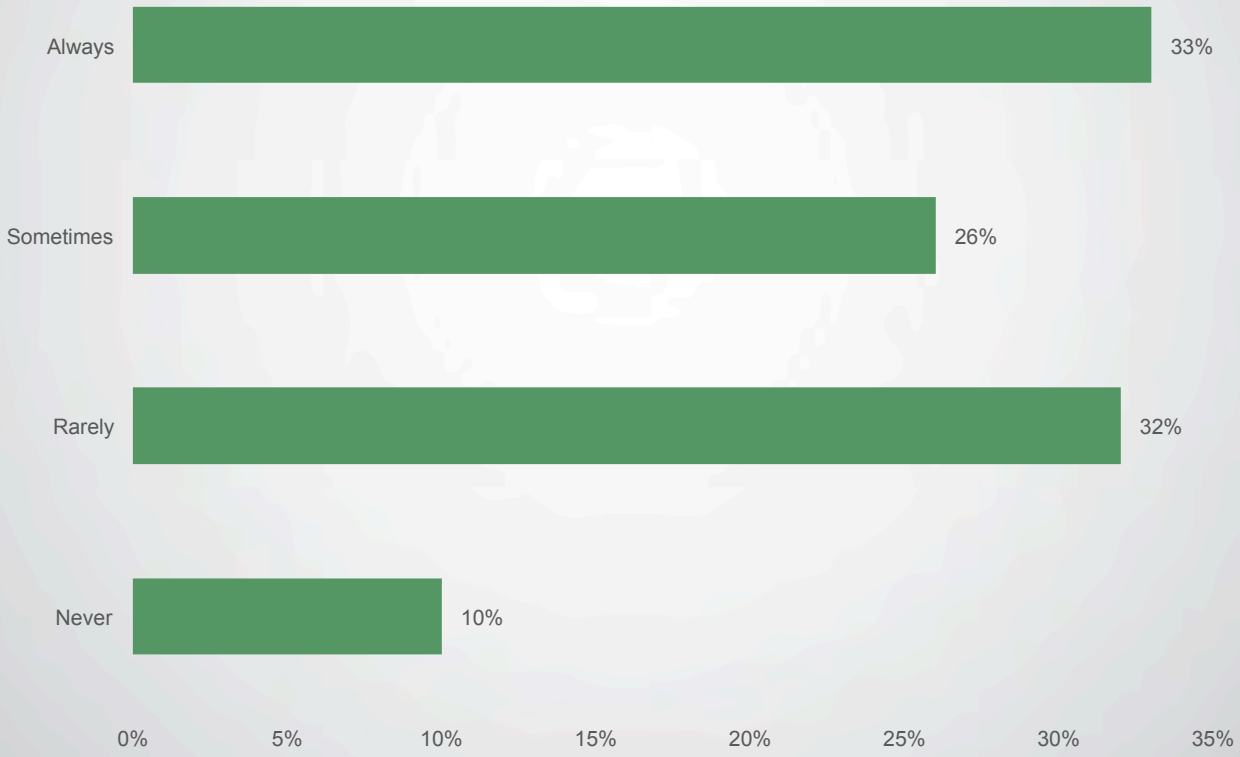
"It is acknowledged that physicians play an important role in the identification and reporting of unexpected or serious adverse events to their national regulatory agencies and manufacturers. How often do you report adverse events?" (N=99)



Frequency of reporting adverse events

Brazil

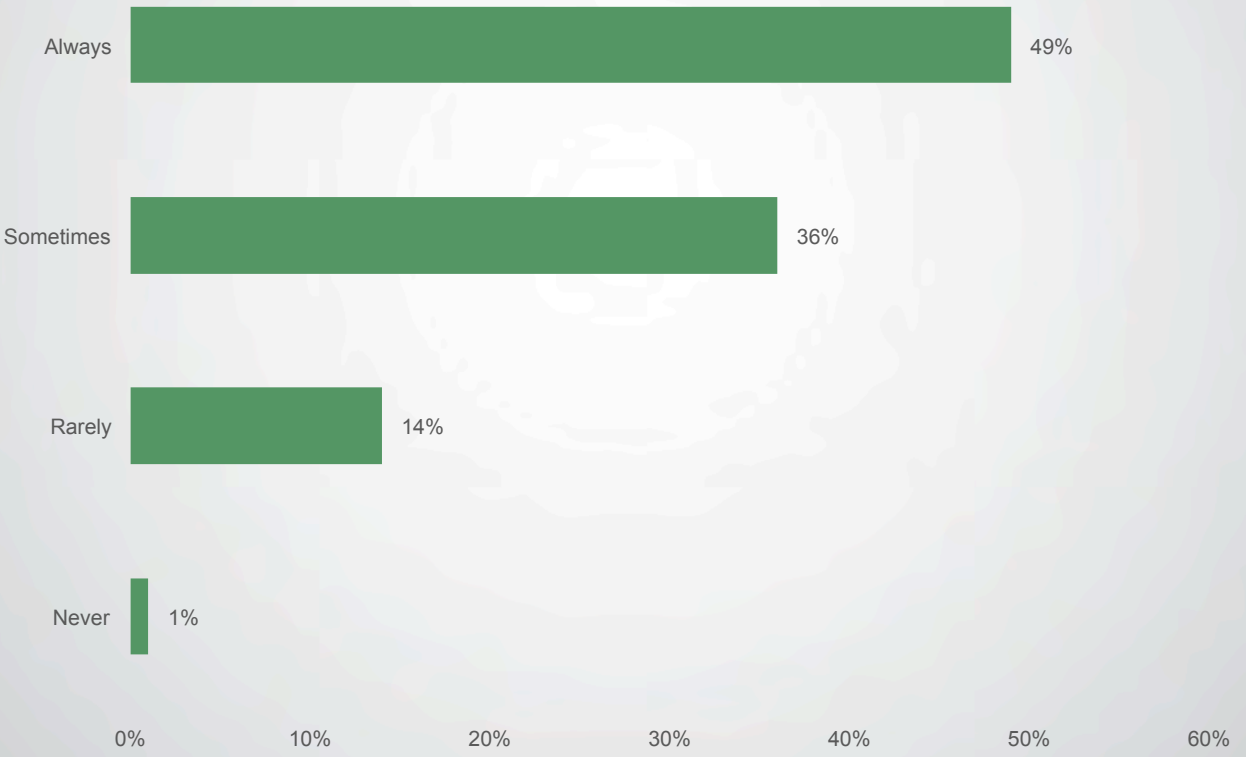
"It is acknowledged that physicians play an important role in the identification and reporting of unexpected or serious adverse events to their national regulatory agencies and manufacturers. How often do you report adverse events?" (N=101)



Frequency of reporting adverse events

Columbia

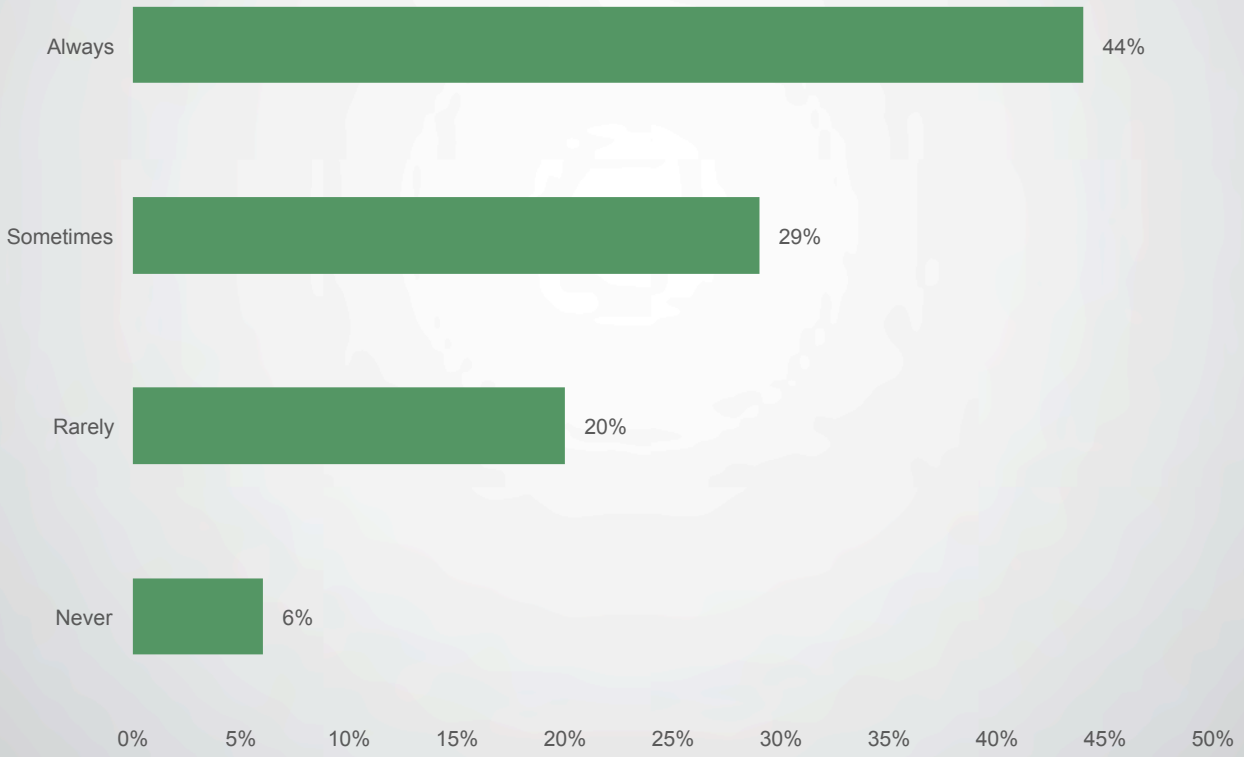
"It is acknowledged that physicians play an important role in the identification and reporting of unexpected or serious adverse events to their national regulatory agencies and manufacturers. How often do you report adverse events?" (N=100)



Frequency of reporting adverse events

Mexico

"It is acknowledged that physicians play an important role in the identification and reporting of unexpected or serious adverse events to their national regulatory agencies and manufacturers. How often do you report adverse events?" (N=99)



Reason for not reporting adverse events

All Countries

"Why do you not regularly report adverse events?" (N=135)

Reason for not reporting adverse events

All Countries

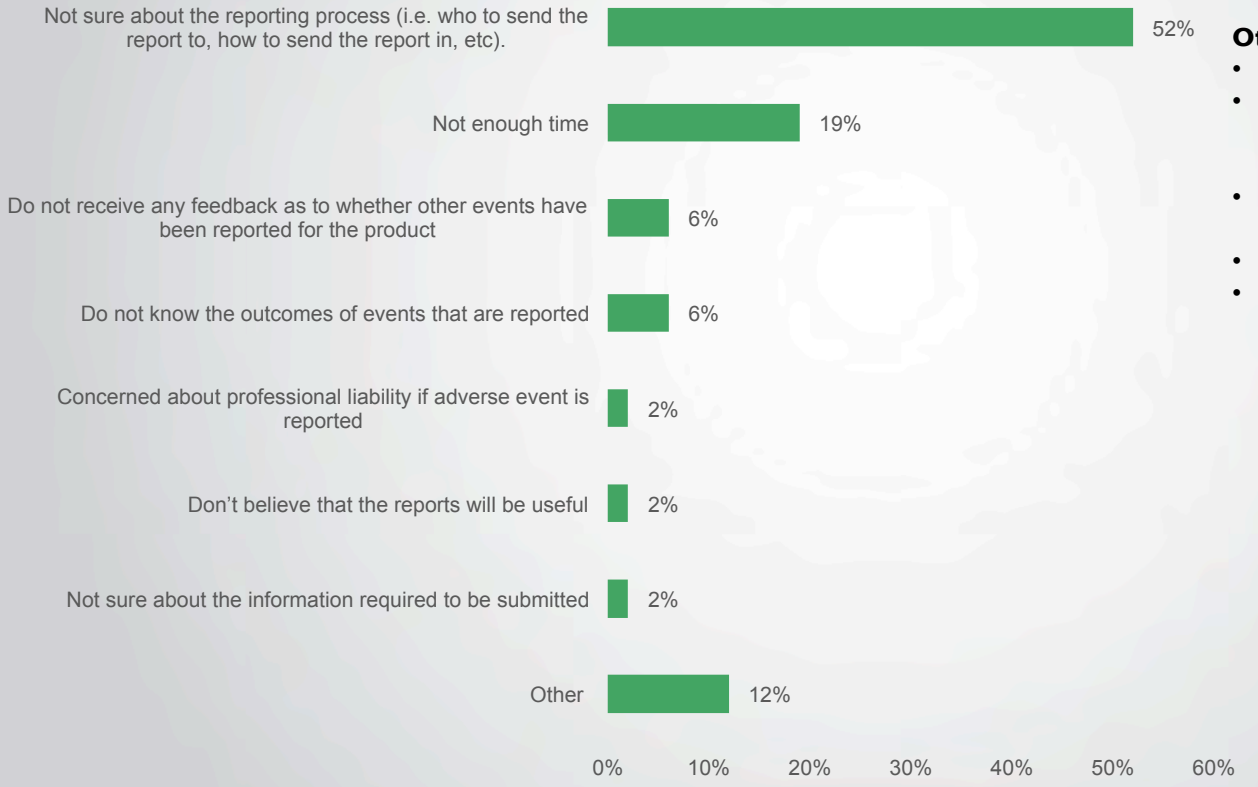
"Why do you not regularly report adverse events?" (N=135)

	Total N=135	Argentina N=52 A	Brazil N=42 B	Columbia N=15 C	Mexico N=26 D
Concerned about professional liability if adverse event is reported	2%	2%	2%	7%	0%
Do not know the outcomes of events that are reported	4%	6%	0%	7%	4%
Do not receive any feedback as to whether other events have been reported for the product	10%	6%	17%	0%	15%
Don't believe that the reports will be useful	3%	2%	2%	13%	0%
Not enough time	15%	19%	7%	27%	12%
Not sure about the information required to be submitted	7%	**2%**	**17% A**	7%	4%
Not sure about the reporting process (i.e. who to send the report to, how to send the report in, etc).	48%	52%	43%	40%	54%
Other	10%	12%	12%	0%	12%

Reason for not reporting adverse events

Argentina

"Why do you not regularly report adverse events?" (N=52)



Other:

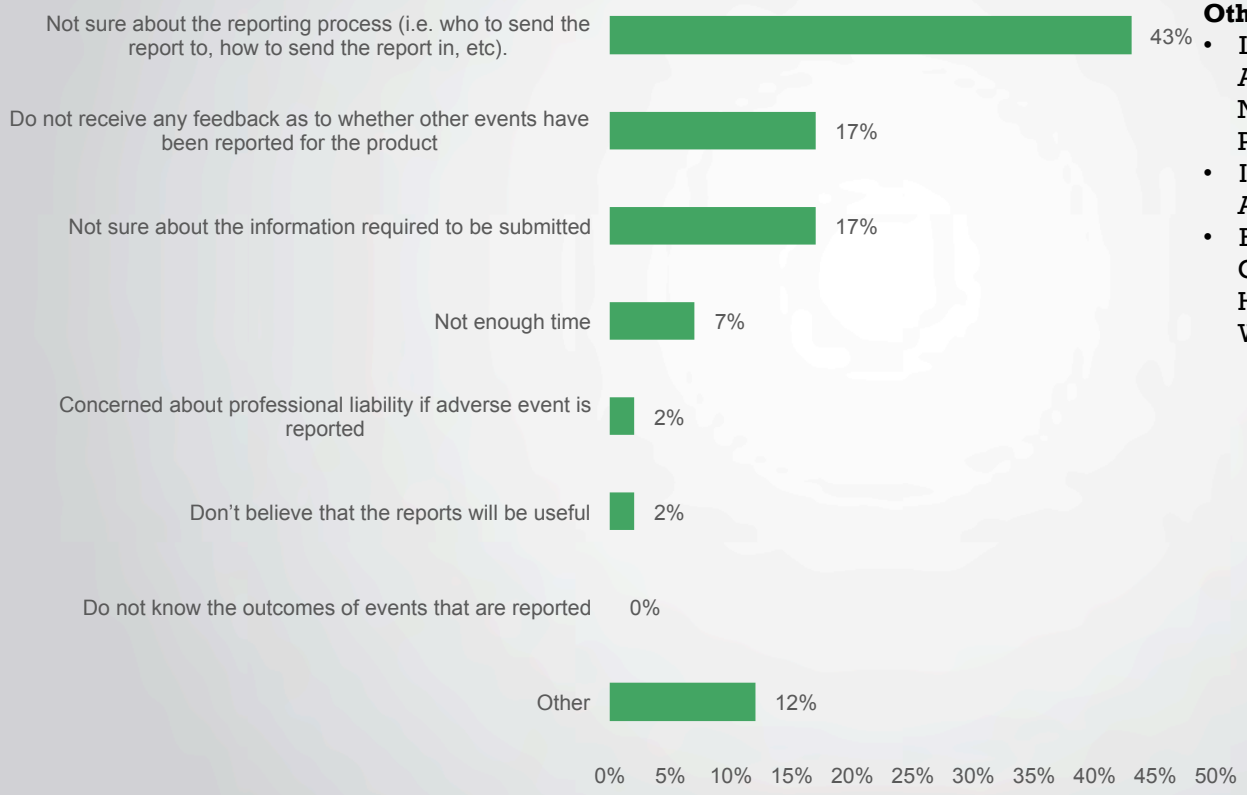
- INTERNET
- ONLY SERIOUS ADVERSE EVENTS REPORTED
- TELLING WHEN THERE
- DOUBTS
- I HAD NO CASES

TO REPORT

Reason for not reporting adverse events

"Why do you not regularly report adverse events?" (N=42)

Brazil



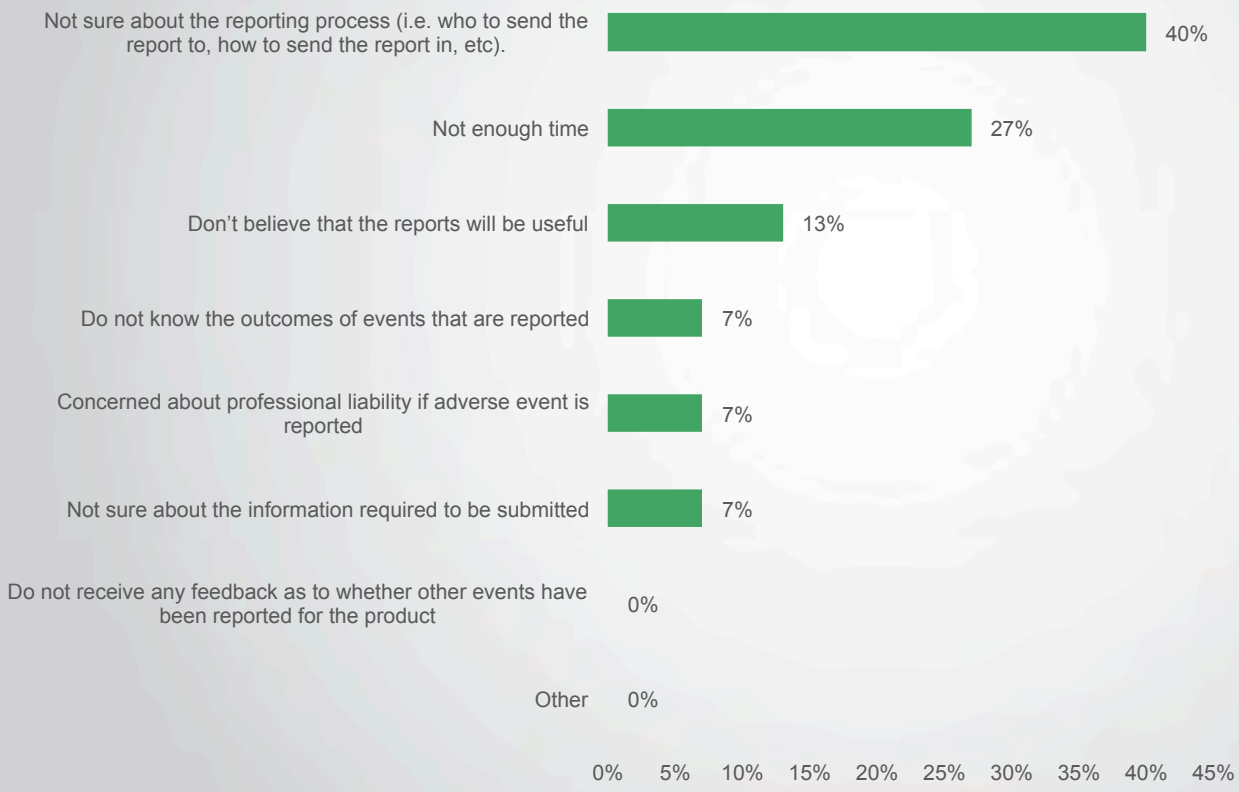
Other:

- LOW FREQUENCY AND SMALL NUMBER OF PATIENTS
- I HAVE NO ADVERSE EVENTS
- BY LUCK AND BY CHANCE I NEVER HAD PATIENTS WITH ADVERSE EFFECTS
- FEW ADVERSE EFFECTS
- I DID NOT RECOGNIZE EVENT THAT COULD BE REPORTED

Reason for not reporting adverse events

"Why do you not regularly report adverse events?" (N=15)

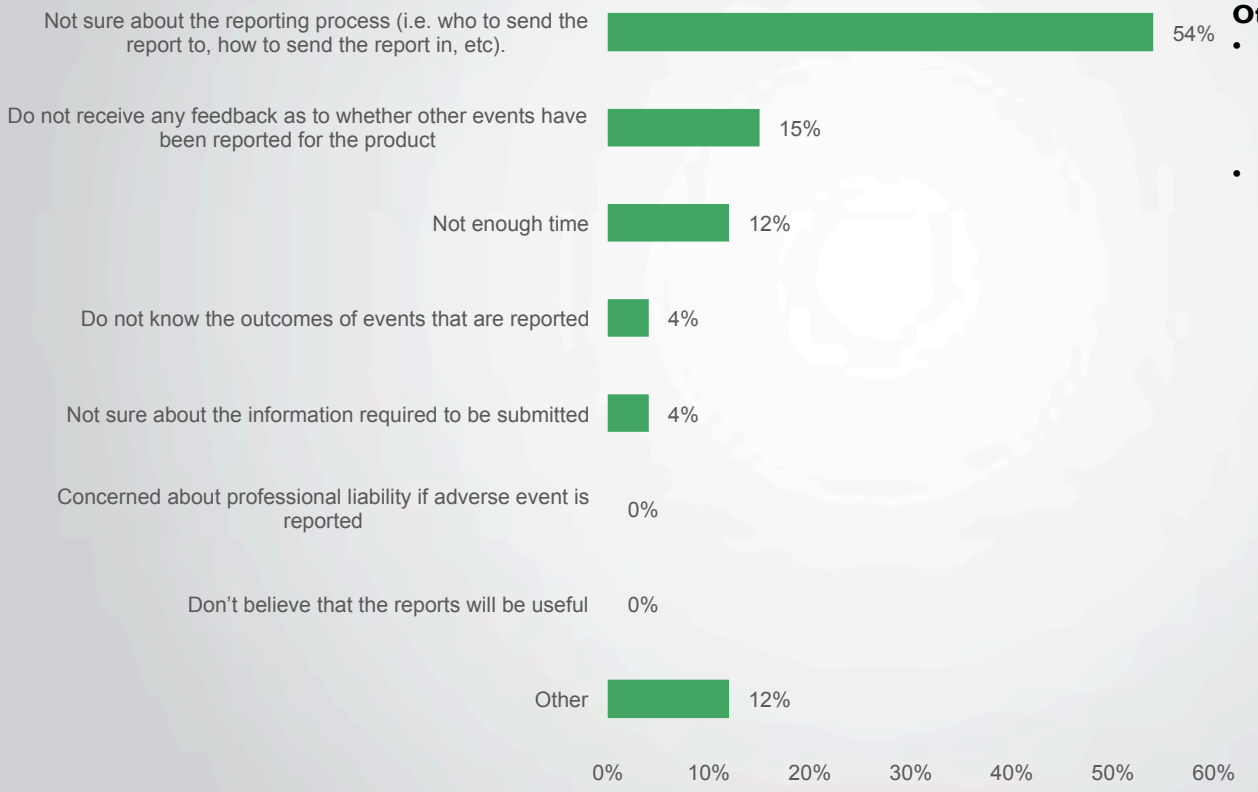
Columbia



Reason for not reporting adverse events

"Why do you not regularly report adverse events?" (N=26)

Mexico



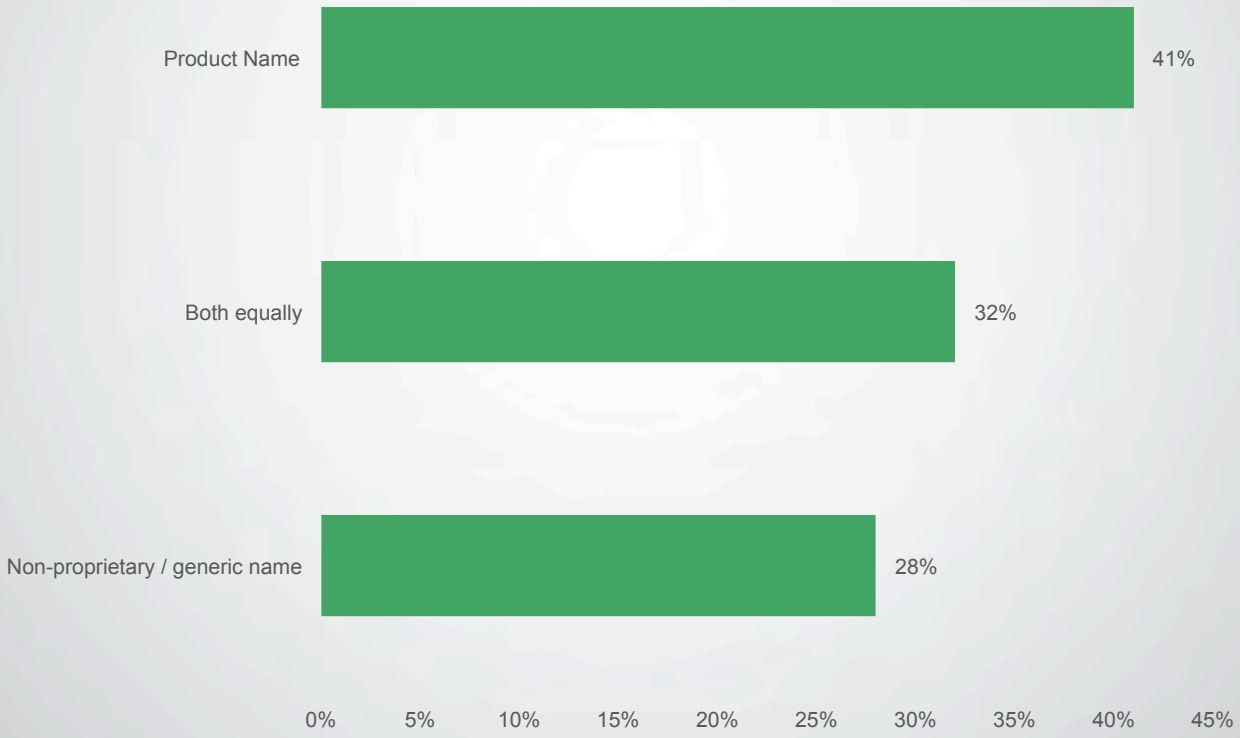
Other:

- BECAUSE IN PARTICULAR HAVE NOT APPEARED AS I'D EXPECTED
- I HAVE NO WHERE TO REPORT
- I HAVE NOT HAD ADVERSE EFFECTS

Brand name vs. proprietary name identification

All Countries

"In the context of identifying a biologic (or, if you don't prescribe biologics, any other drug) for purposes of reporting an adverse event, would you identify the medicine by brand name or non-proprietary/ generic name?" (N=399)



Brand name vs. proprietary name identification

All Countries

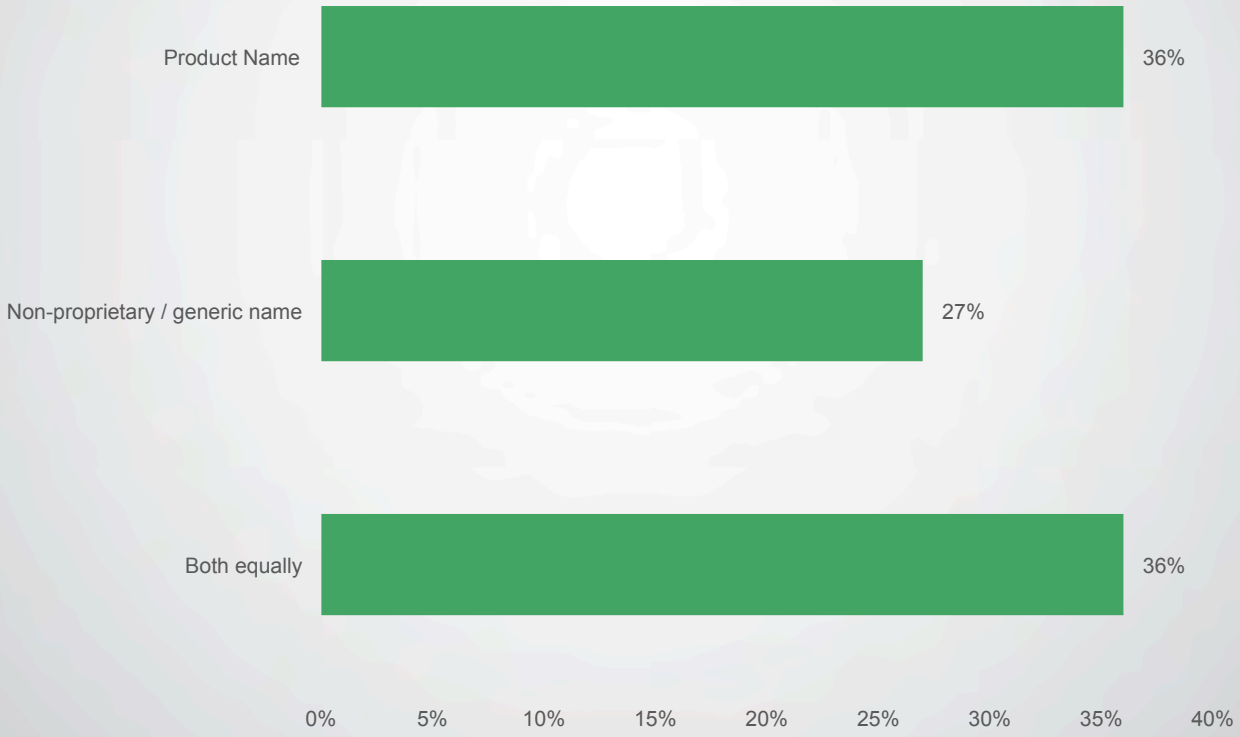
"In the context of identifying a biologic (or, if you don't prescribe biologics, any other drug) for purposes of reporting an adverse event, would you identify the medicine by brand name or non-proprietary/ generic name?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Product Name	41%	36%	**47% D**	**49% D**	**30%**
Non-proprietary / generic name	28%	**27%**	**17%**	**23%**	**43% A,B,C**
Both equally	32%	36%	37%	28%	26%

Brand name vs. proprietary name identification

Argentina

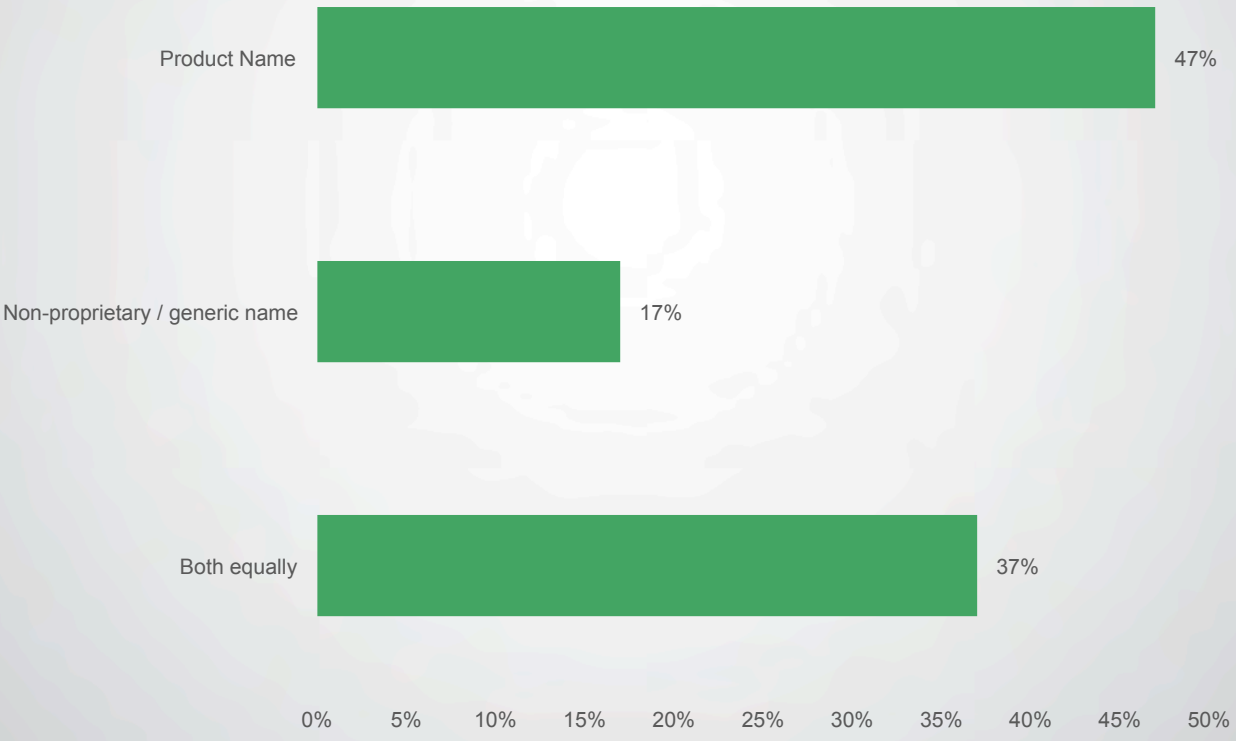
"In the context of identifying a biologic (or, if you don't prescribe biologics, any other drug) for purposes of reporting an adverse event, would you identify the medicine by brand name or non-proprietary/ generic name?" (N=99)



Brand name vs. proprietary name identification

Brazil

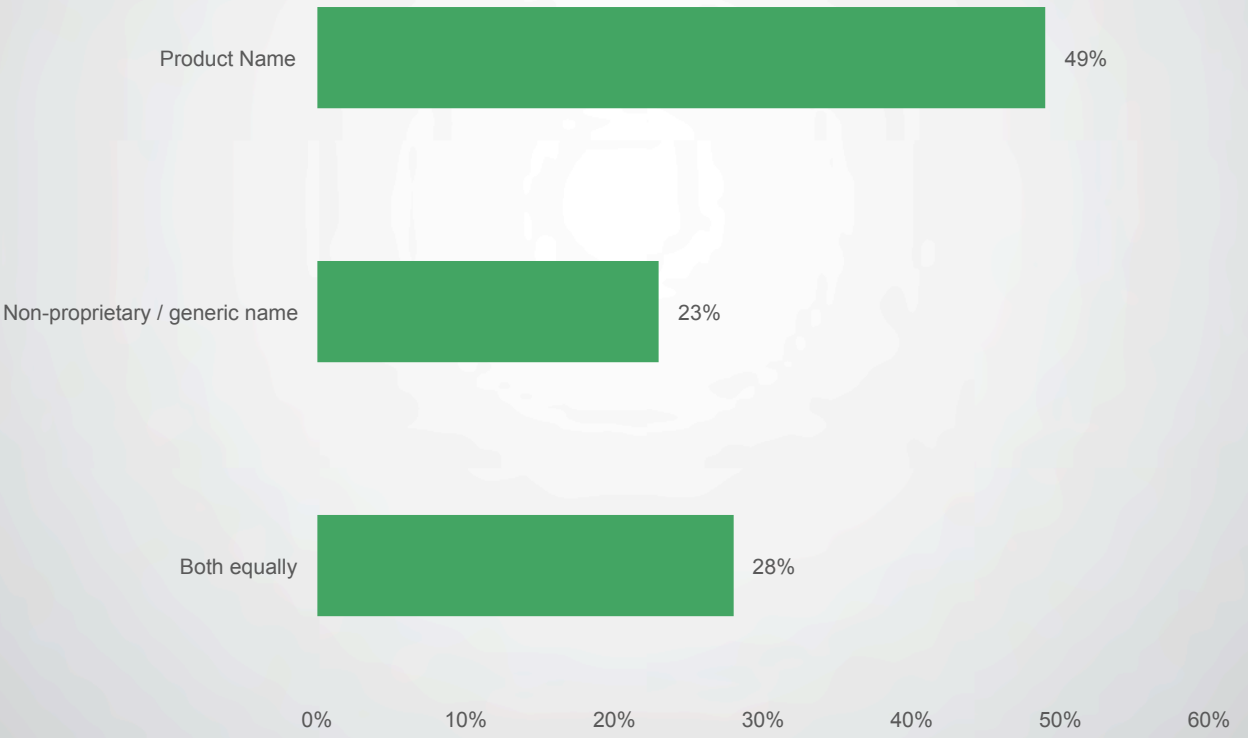
"In the context of identifying a biologic (or, if you don't prescribe biologics, any other drug) for purposes of reporting an adverse event, would you identify the medicine by brand name or non-proprietary/ generic name?" (N=101)



Brand name vs. proprietary name identification

Columbia

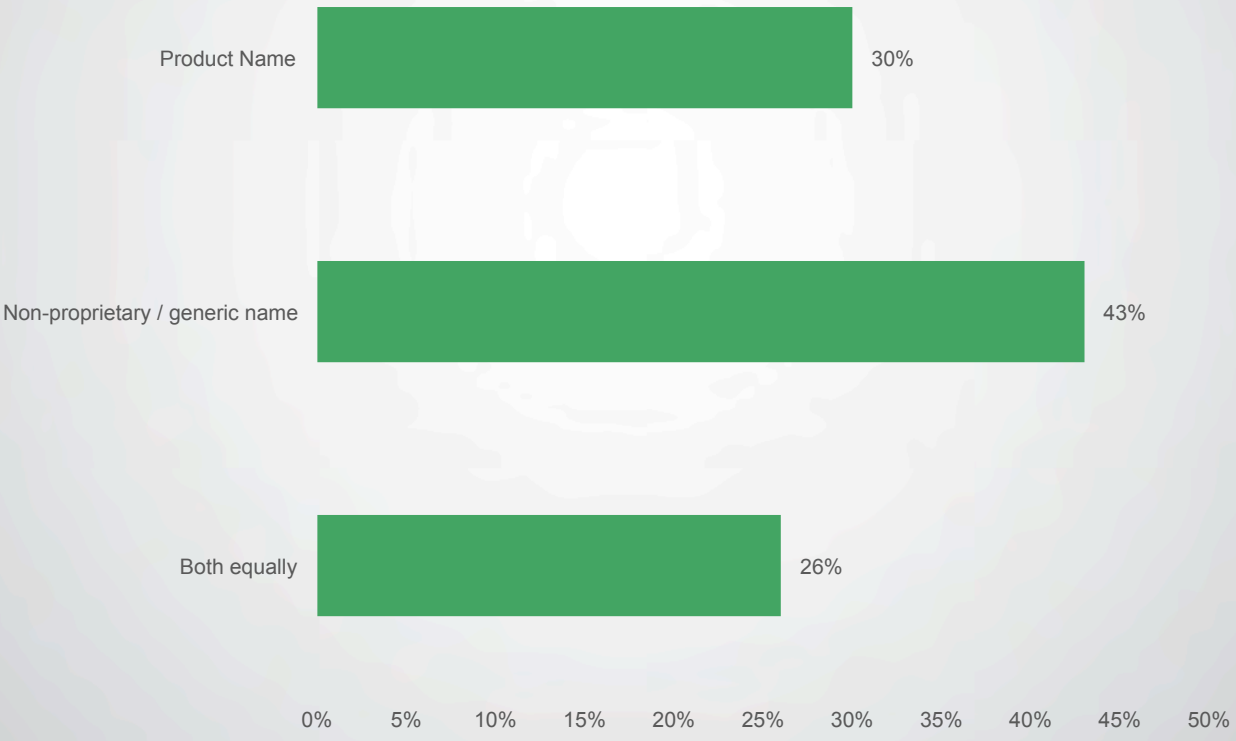
"In the context of identifying a biologic (or, if you don't prescribe biologics, any other drug) for purposes of reporting an adverse event, would you identify the medicine by brand name or non-proprietary/ generic name?" (N=100)



Brand name vs. proprietary name identification

Mexico

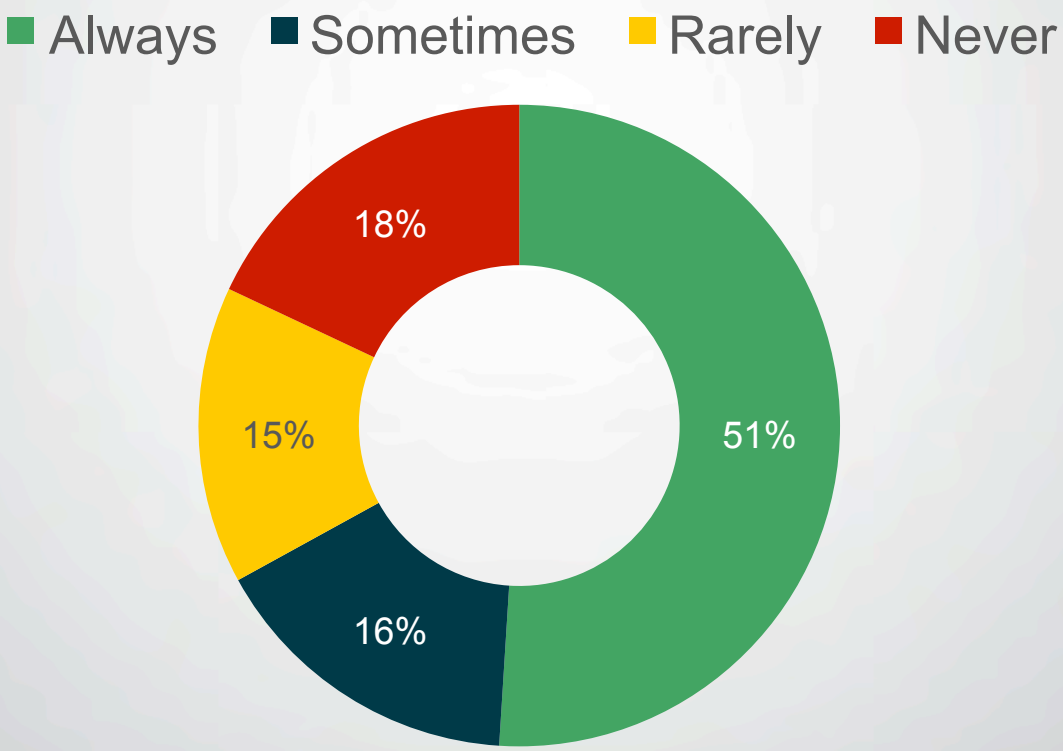
"In the context of identifying a biologic (or, if you don't prescribe biologics, any other drug) for purposes of reporting an adverse event, would you identify the medicine by brand name or non-proprietary/ generic name?" (N=99)



Batch number inclusion

All Countries

"When reporting adverse events, how frequently do you use the batch number?" (N=399)



Batch number inclusion

All Countries

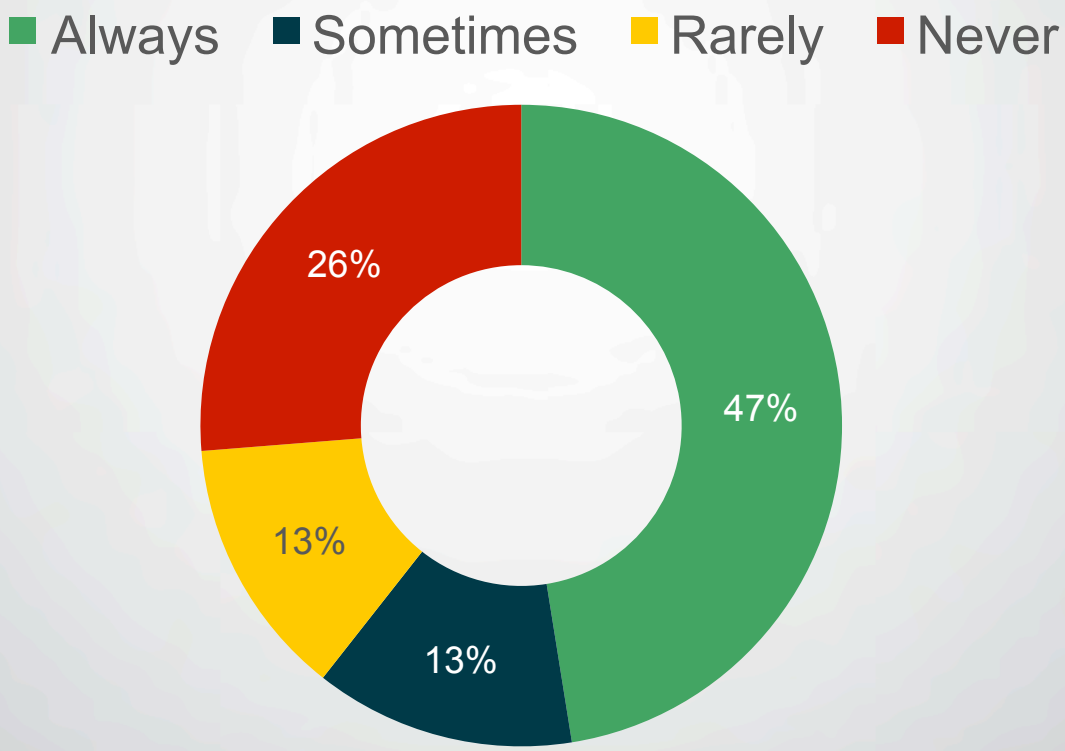
"When reporting adverse events, how frequently do you use the batch number?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Always	51%	**47%**	49%	**46%**	**62% A,C**
Sometimes	18%	**26% D**	19%	16%	**12%**
Rarely	15%	13%	17%	14%	16%
Never	16%	**13%**	16%	**24% A,D**	**10%**

Batch number inclusion

Argentina

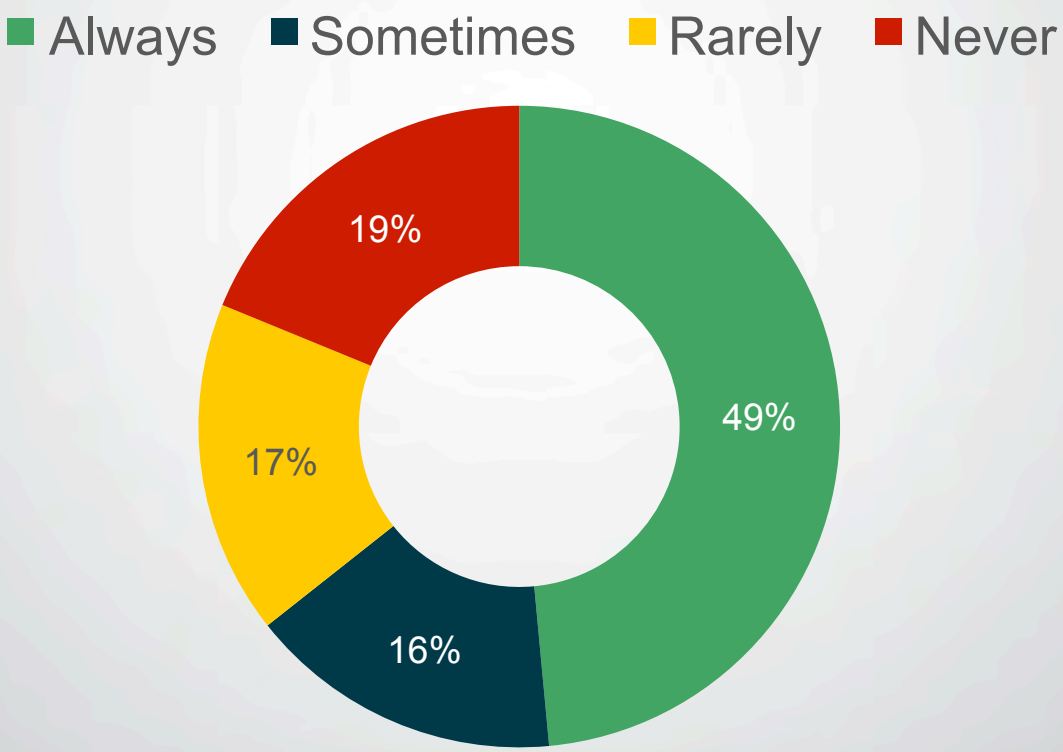
"When reporting adverse events, how frequently do you use the batch number?" (N=99)



Batch number inclusion

Brazil

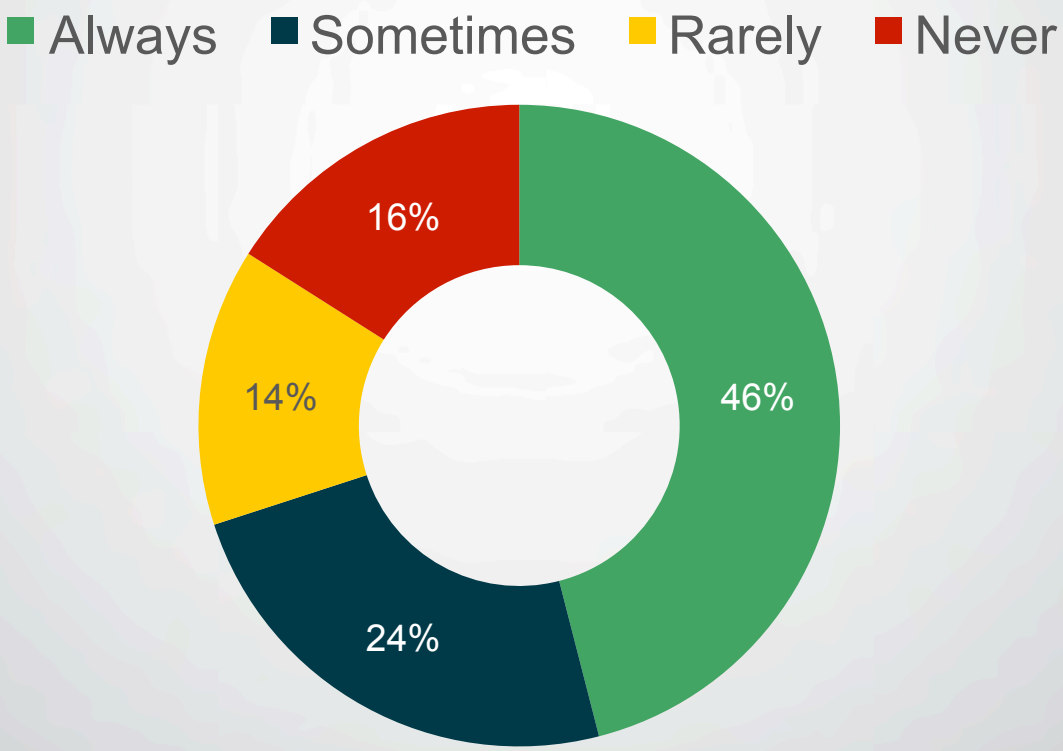
"When reporting adverse events, how frequently do you use the batch number?" (N=101)



Batch number inclusion

Columbia

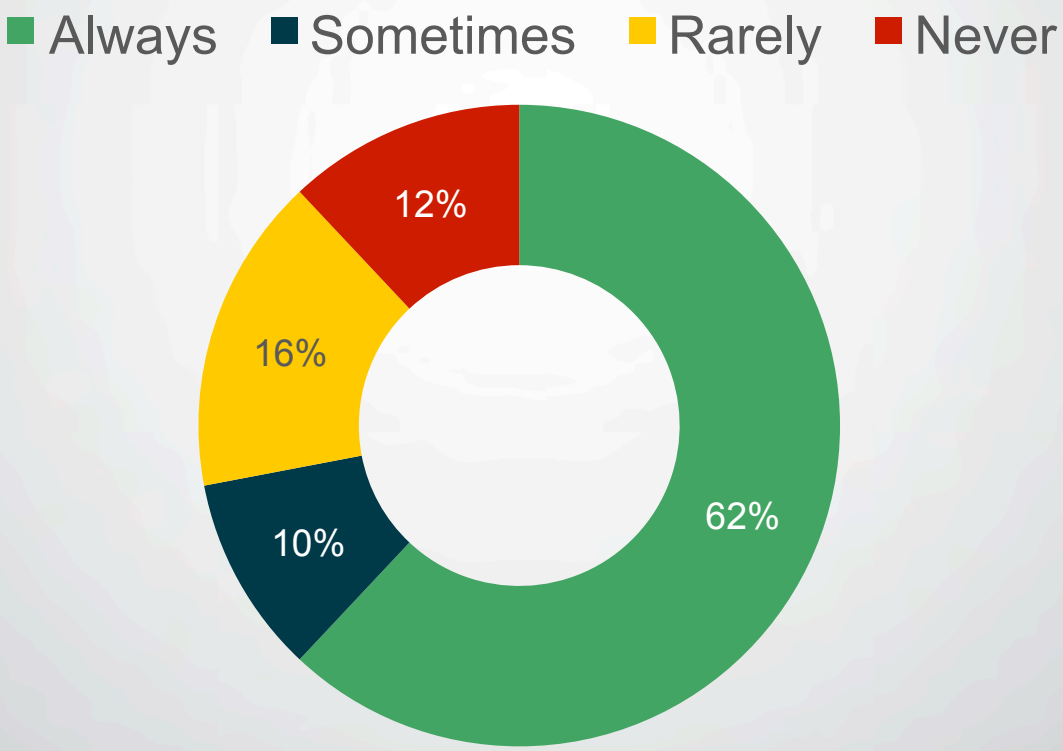
"When reporting adverse events, how frequently do you use the batch number?" (N=100)



Batch number inclusion

Mexico

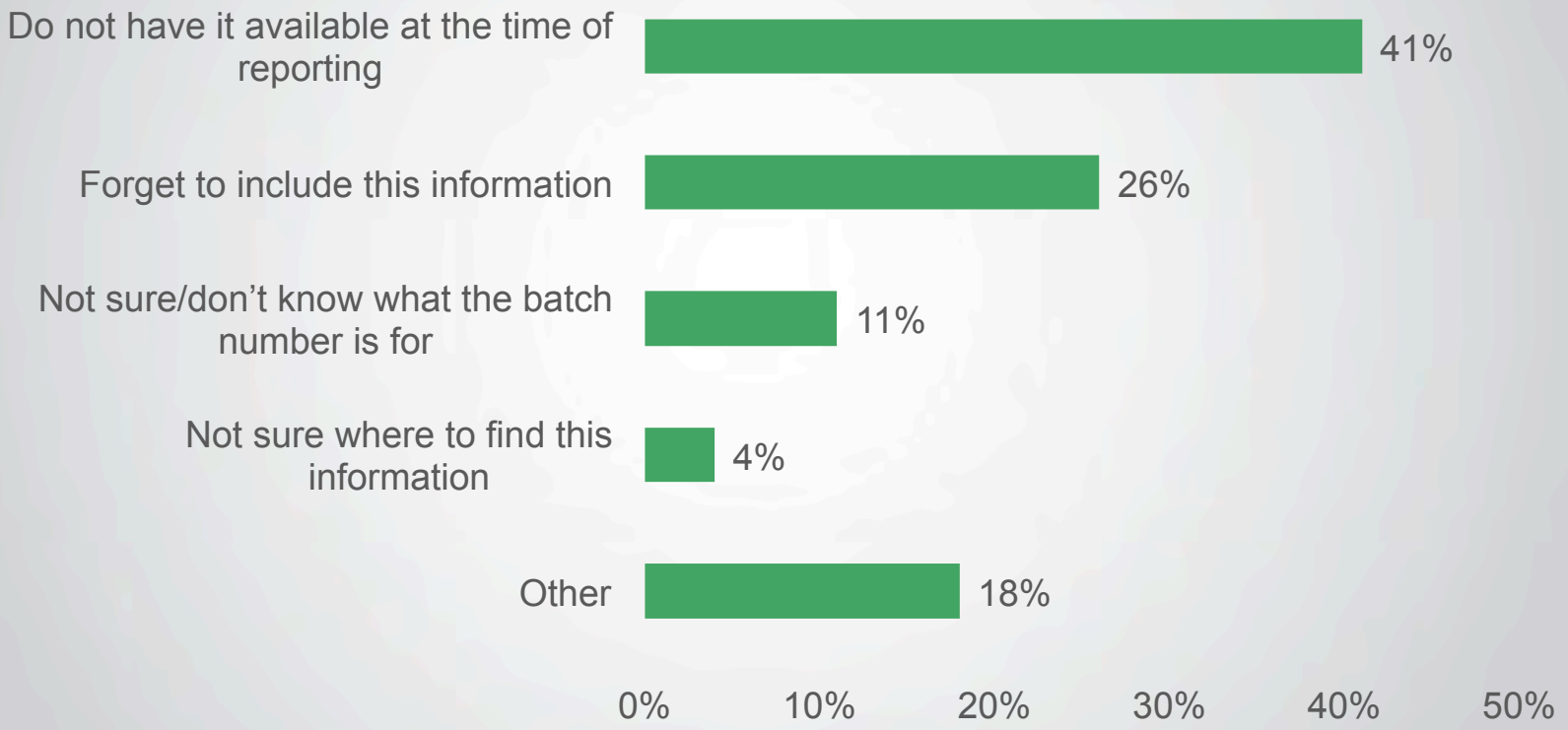
"When reporting adverse events, how frequently do you use the batch number?" (N=99)



Reason for not including batch number

All Countries

"What are the main reasons for not reporting the batch number?" (N=73)



Reason for not including batch number

All Countries

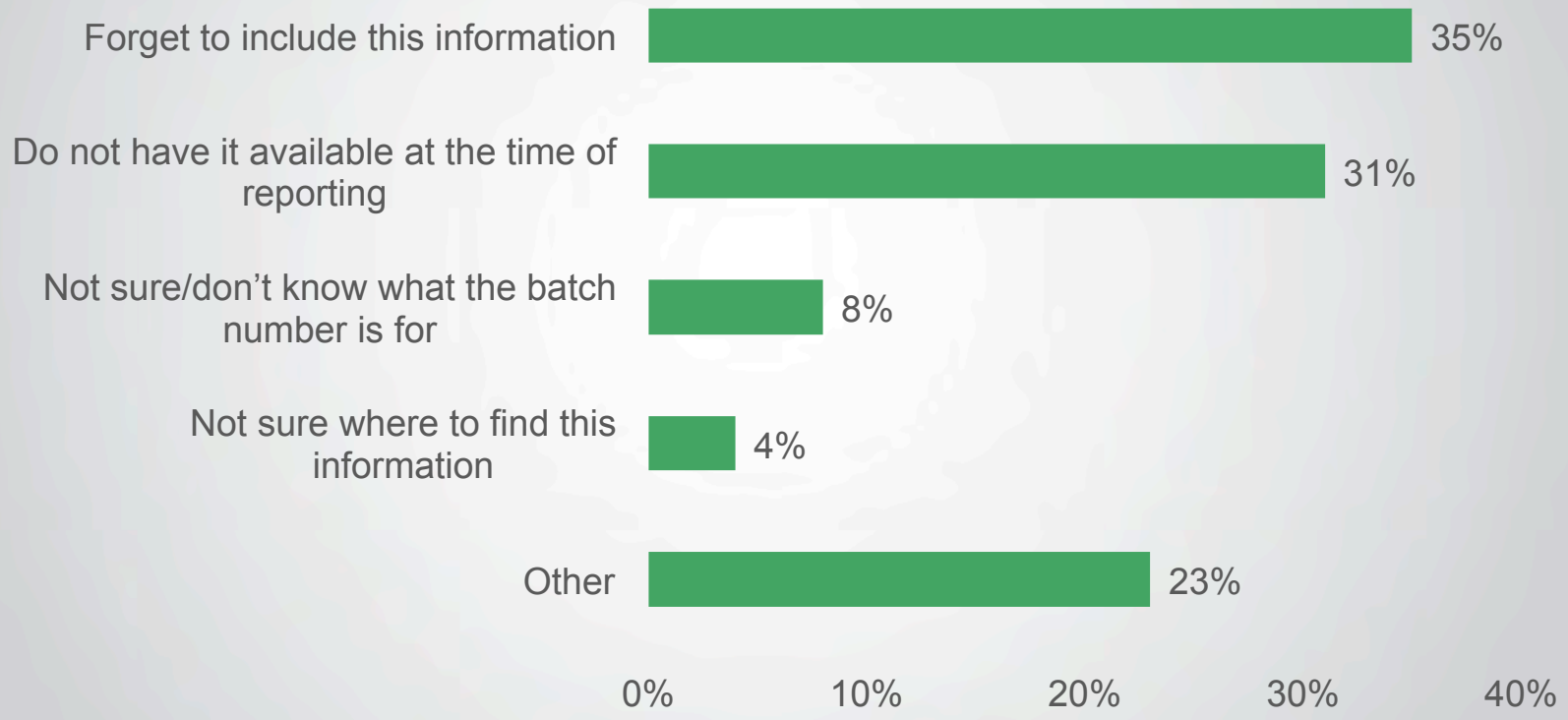
"What are the main reasons for not reporting the batch number?" (N=73)

	Total N=73	Argentina N=26 A	Brazil N=19 B	Columbia N=16 C	Mexico N=12 D
Do not have it available at the time of reporting	41%	**31%**	**32%**	**75% A,B**	33%
Forget to include this information	26%	35%	**42% C**	**6%**	8%
Not sure where to find this information	4%	4%	5%	6%	0%
Not sure/don't know what the batch number is for	11%	8%	16%	6%	17%
Other	18%	23%	**5%**	6%	**42% B**

Reason for not including batch number

Argentina

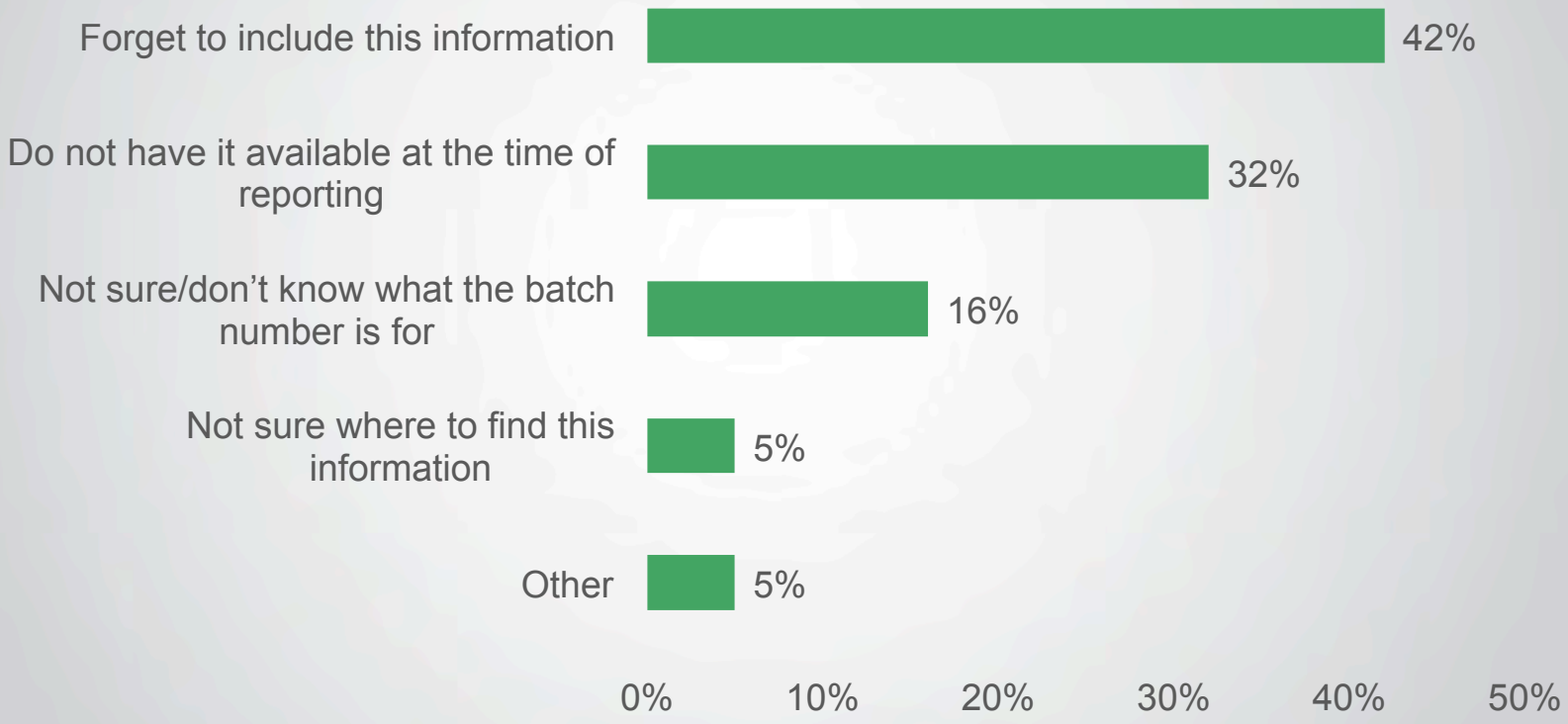
"What are the main reasons for not reporting the batch number?" (N=26)



Reason for not including batch number

Brazil

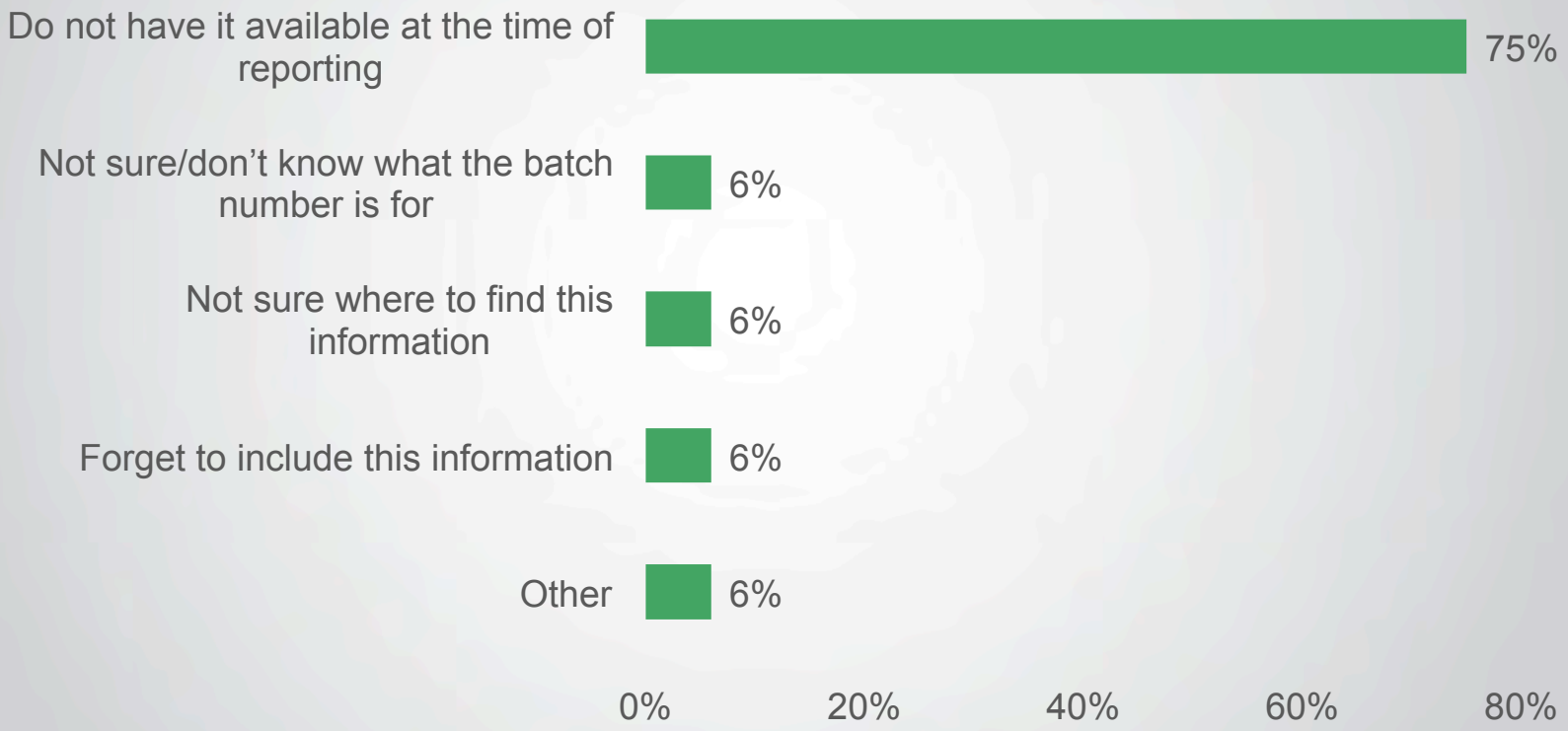
"What are the main reasons for not reporting the batch number?" (N=19)



Reason for not including batch number

Columbia

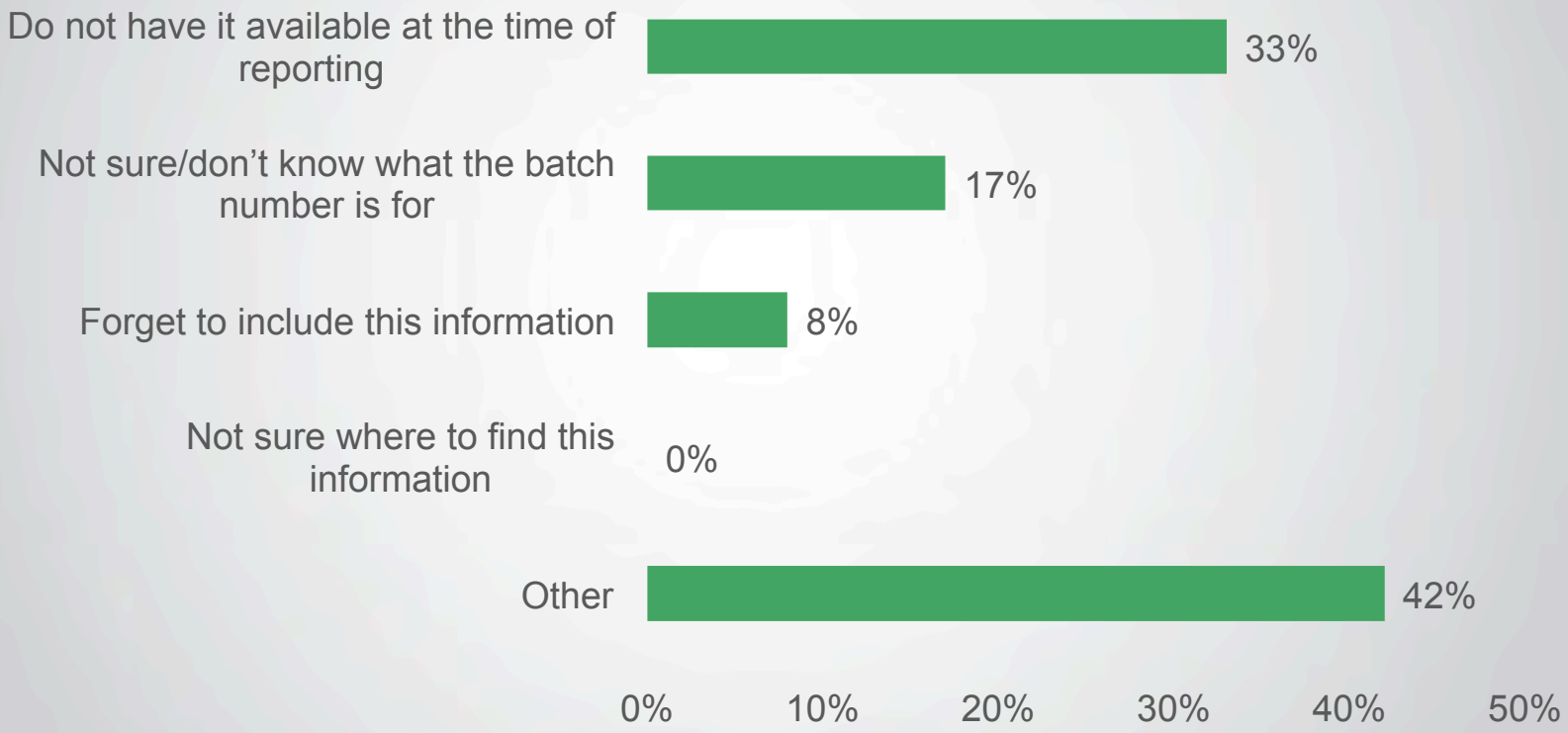
"What are the main reasons for not reporting the batch number?" (N=16)



Reason for not including batch number

Mexico

"What are the main reasons for not reporting the batch number?" (N=12)



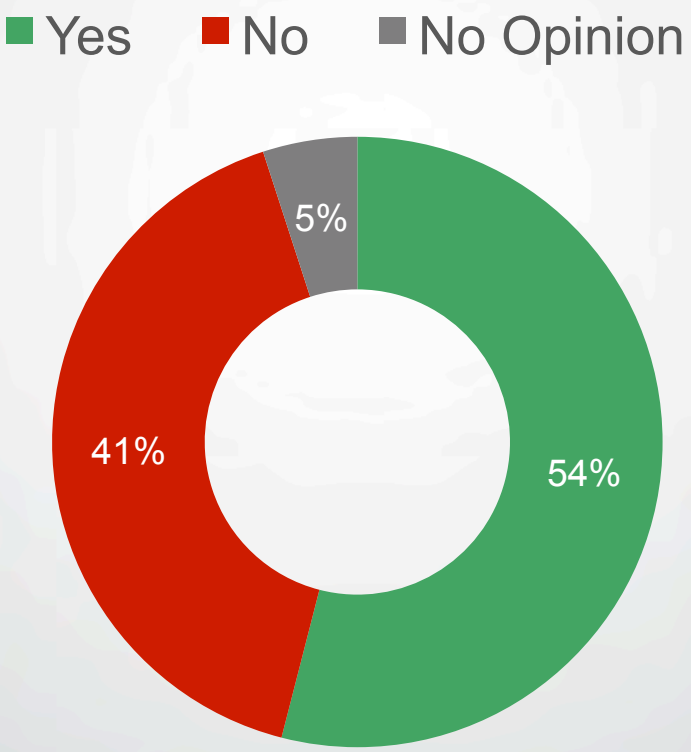
Study Data

NON-PROPRIETARY NAME

Non-proprietary name implications – Structurally Identical?

All Countries

"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that the medicines are structurally identical?" (N=399)



Non-proprietary name implications – Structurally Identical?

All Countries

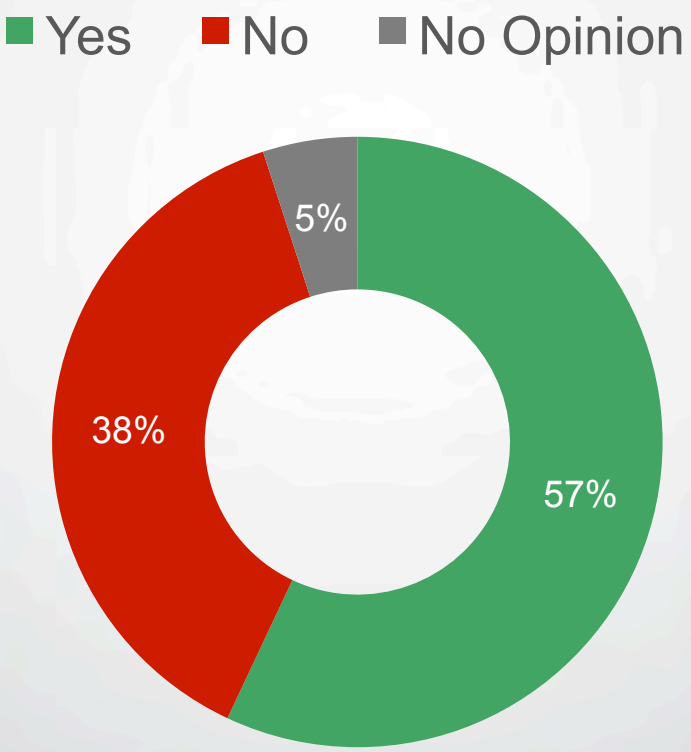
"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that the medicines are structurally identical?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	54%	**57% C**	53%	**40%**	**67% C**
No	41%	**38%**	**36%**	**58% A,B,D**	**32%**
No Opinion	5%	5%	**11% C,D**	**2%**	**1%**

Non-proprietary name implications – Structurally Identical?

Argentina

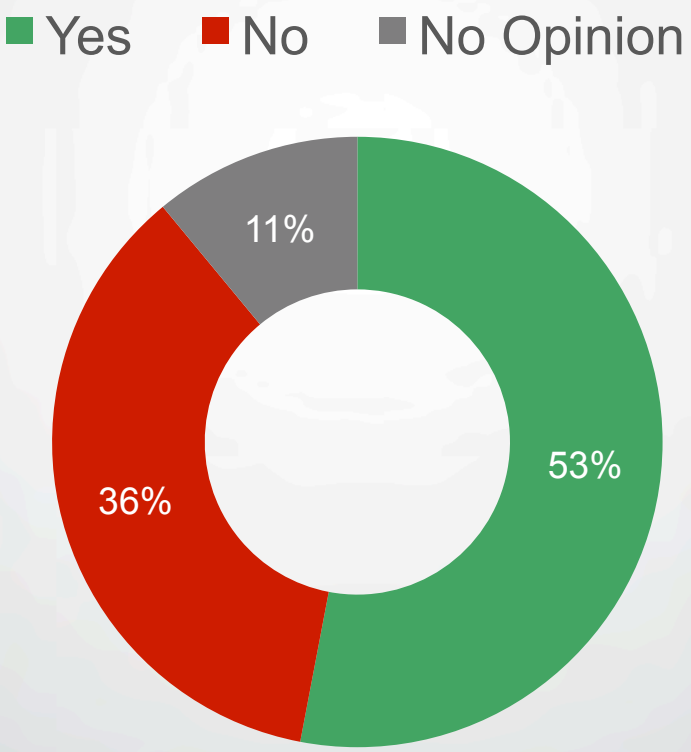
"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that the medicines are structurally identical?" (N=99)



Non-proprietary name implications – Structurally Identical?

Brazil

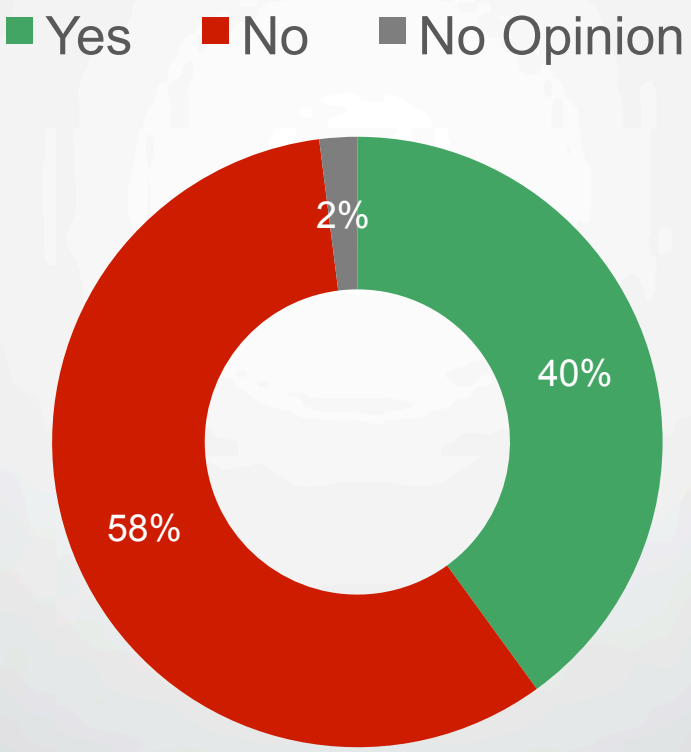
"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that the medicines are structurally identical?" (N=101)



Non-proprietary name implications – Structurally Identical?

Columbia

"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that the medicines are structurally identical?" (N=100)



Non-proprietary name implications – Structurally Identical?

Mexico

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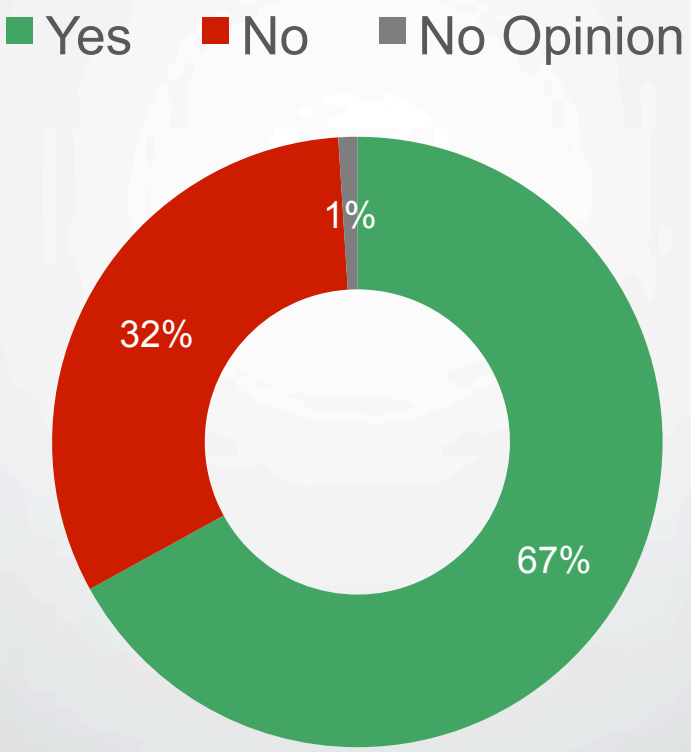
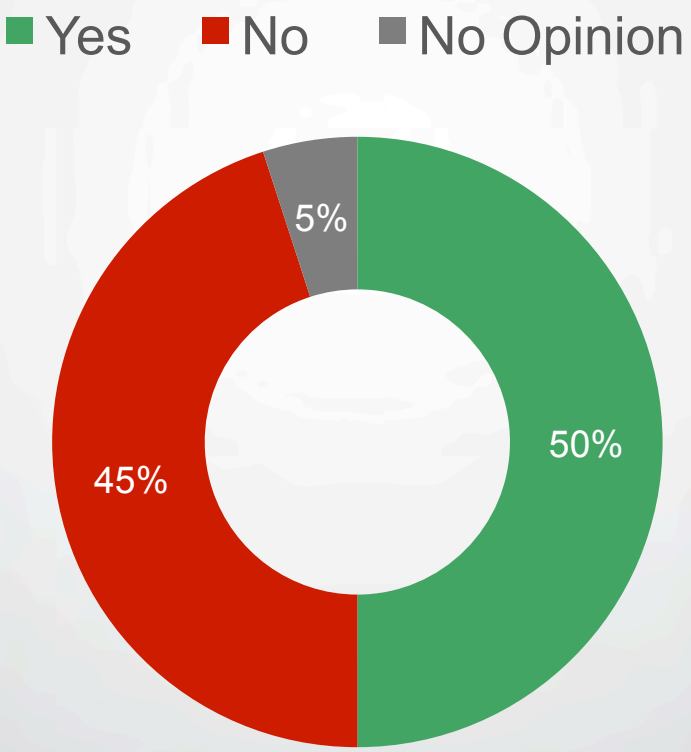


Non-proprietary name implications – Same results?

All Countries

"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that a patient could receive either biologic product and expect the same result?" (N=399)



Non-proprietary name implications – Same results?

All Countries

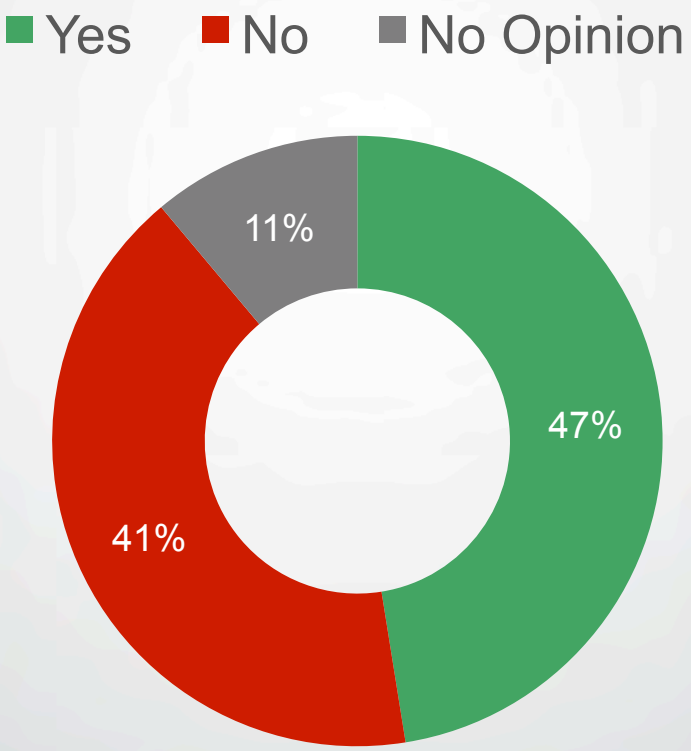
"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that a patient could receive either biologic product and expect the same result?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	50%	**47% C**	**52%**	**34%**	**67% A,B,C**
No	45%	**41%**	**42%**	**64% A,B,D**	**31%**
No Opinion	5%	**11% C,D**	6%	**2%**	**2%**

Non-proprietary name implications – Same results?

Argentina

"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that a patient could receive either biologic product and expect the same result?" (N=99)



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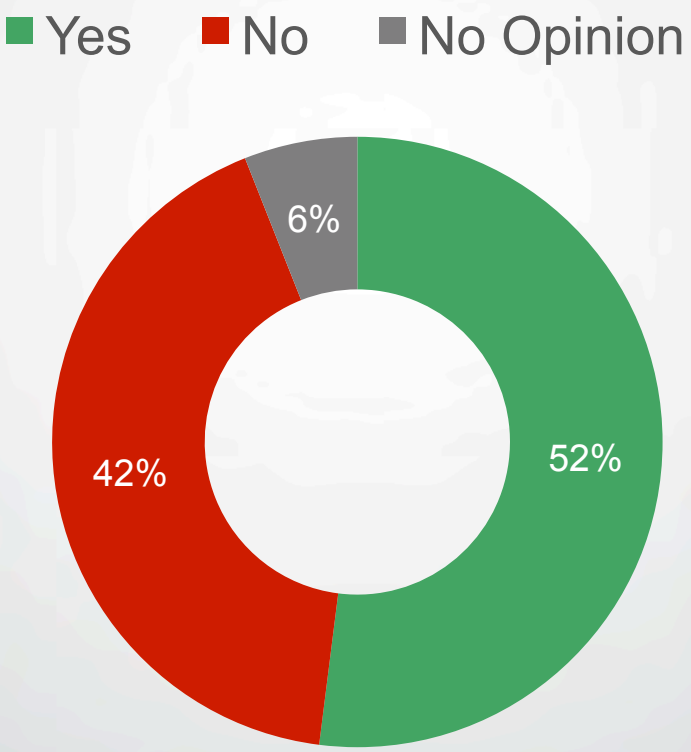
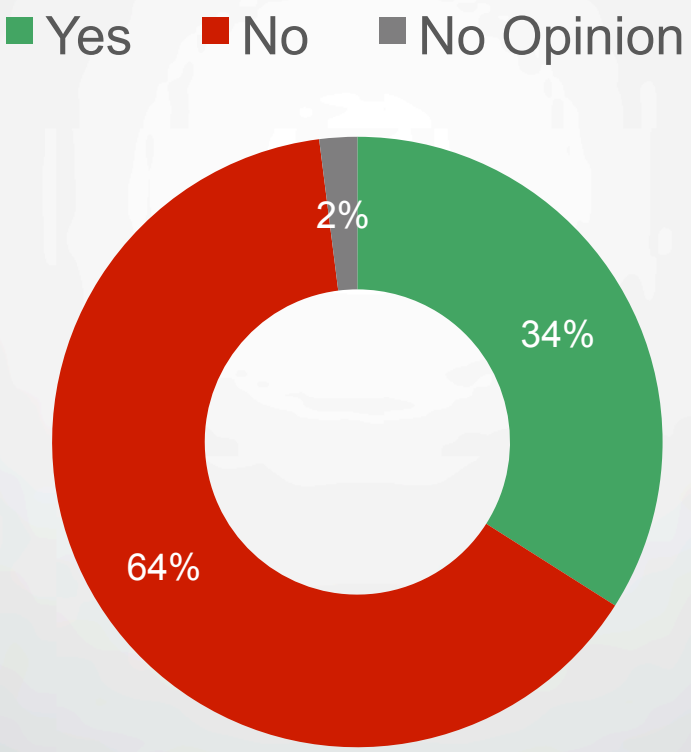


Non-proprietary name implications – Same results?

"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that a patient could receive either biologic product and expect the same result?" (N=100)

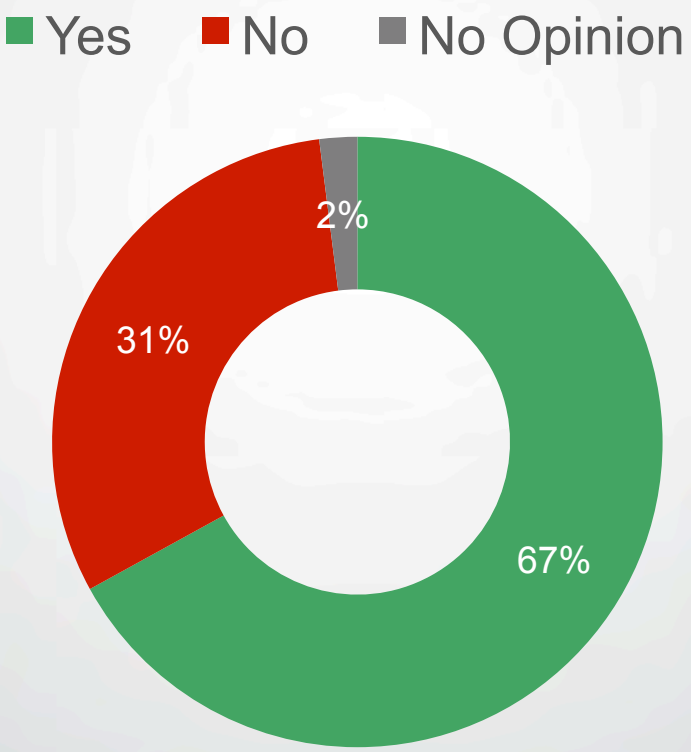
Columbia



Non-proprietary name implications – Same results?

Mexico

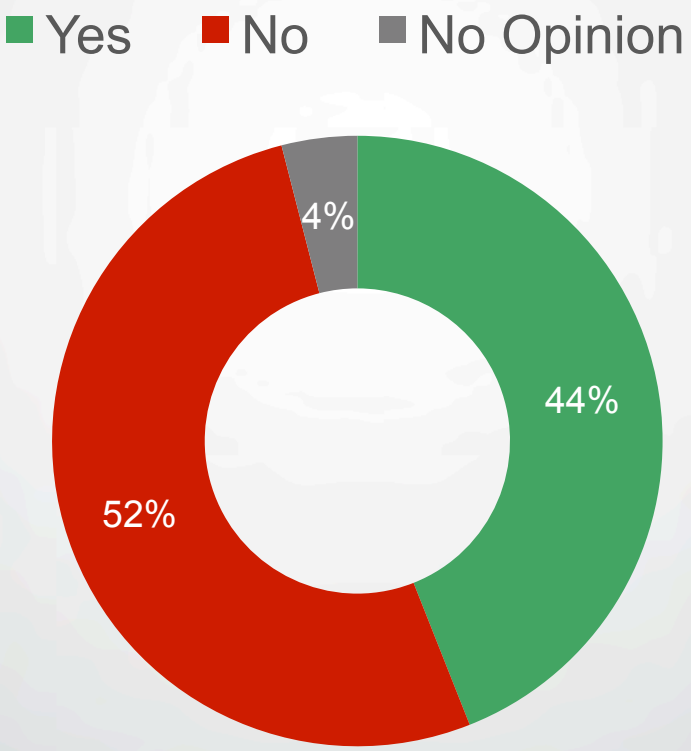
"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that a patient could receive either biologic product and expect the same result?" (N=99)



Non-proprietary name implications – Substitution during course of treatment

All Countries

"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that a patient could be safely switched between the products during a course of treatment and expect the same result?" (N=399)



Non-proprietary name implications – Substitution during course of treatment

All Countries

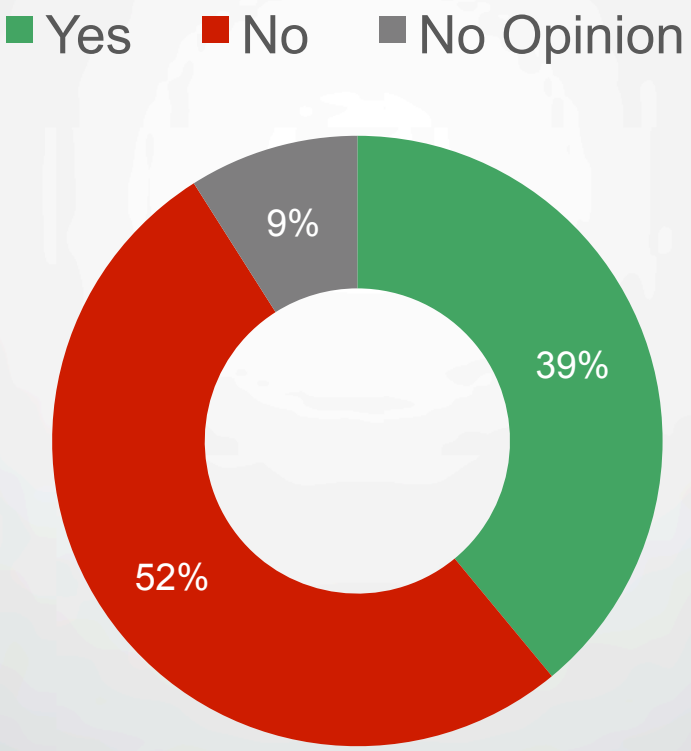
"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that a patient could be safely switched between the products during a course of treatment and expect the same result?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	44%	**39%**	**50% C**	**27%**	**59% A,C**
No	52%	**52%**	**46%**	**72% A,B,D**	**40%**
No Opinion	4%	**9% C,D**	5%	**1%**	**1%**

Non-proprietary name implications – Substitution during course of treatment

Argentina

"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that a patient could be safely switched between the products during a course of treatment and expect the same result?" (N=99)



Non-proprietary name implications – Substitution during course of treatment

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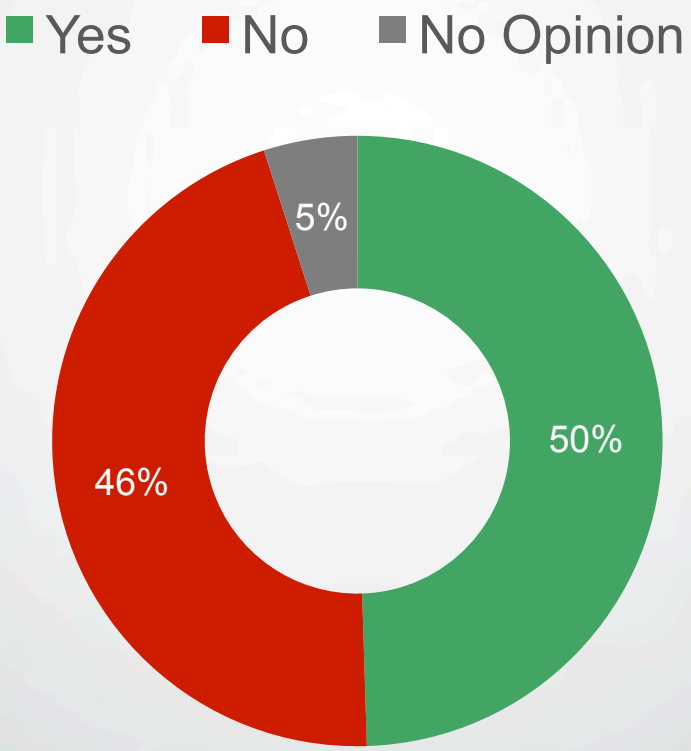

Non-proprietary name implications – Substitution during course of treatment

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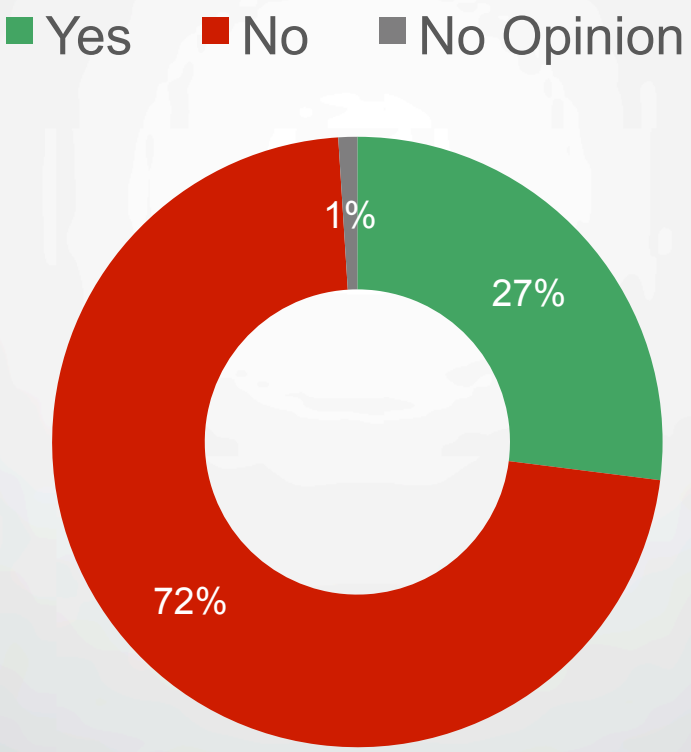

Non-proprietary name implications – Substitution during course of treatment

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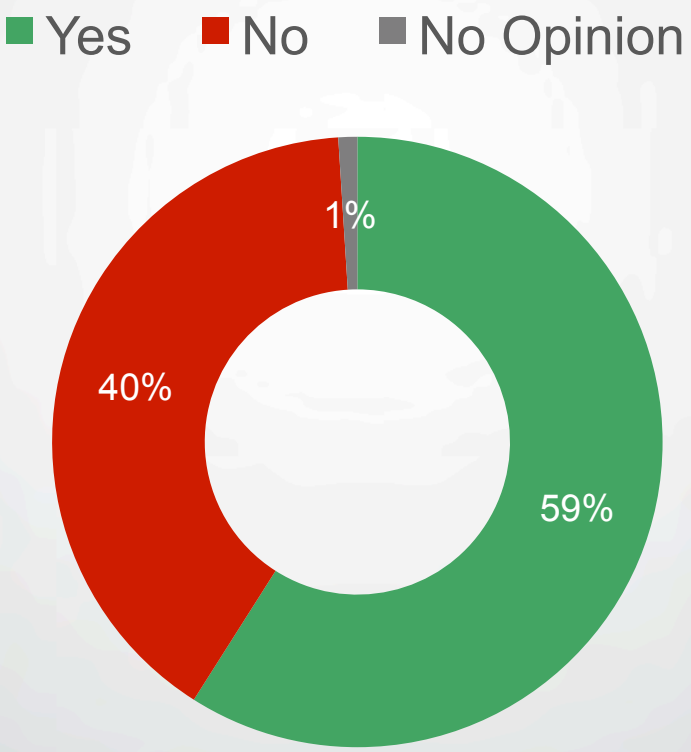
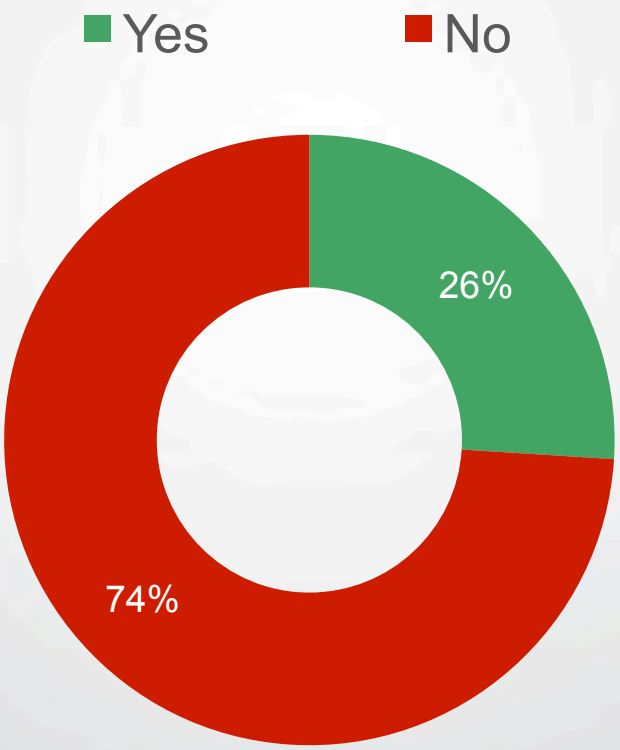


Awareness of "Biologic qualifier"

All Countries

"Are you aware that the WHO is currently proposing to add a "biologic qualifier" to the non-proprietary scientific name in order to help distinguish between the originator biologic product and the biosimilar?" (N=399)



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All Countries

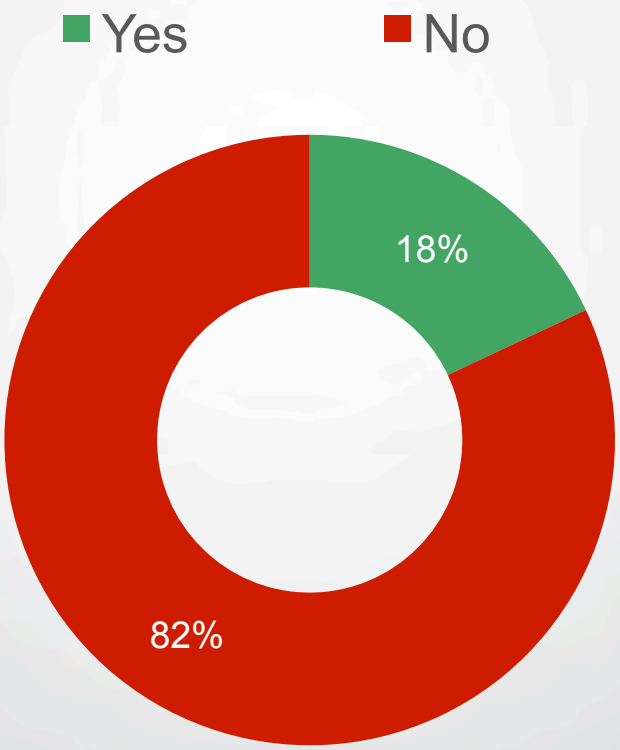
"Are you aware that the WHO is currently proposing to add a "biologic qualifier" to the non-proprietary scientific name in order to help distinguish between the originator biologic product and the biosimilar?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	26%	**18%**	24%	**33% A**	**30% A**
No	74%	**82% C,D**	76%	**67%**	**70%**

Awareness of "Biologic qualifier"

Argentina

"Are you aware that the WHO is currently proposing to add a "biologic qualifier" to the non-proprietary scientific name in order to help distinguish between the originator biologic product and the biosimilar?" (N=99)



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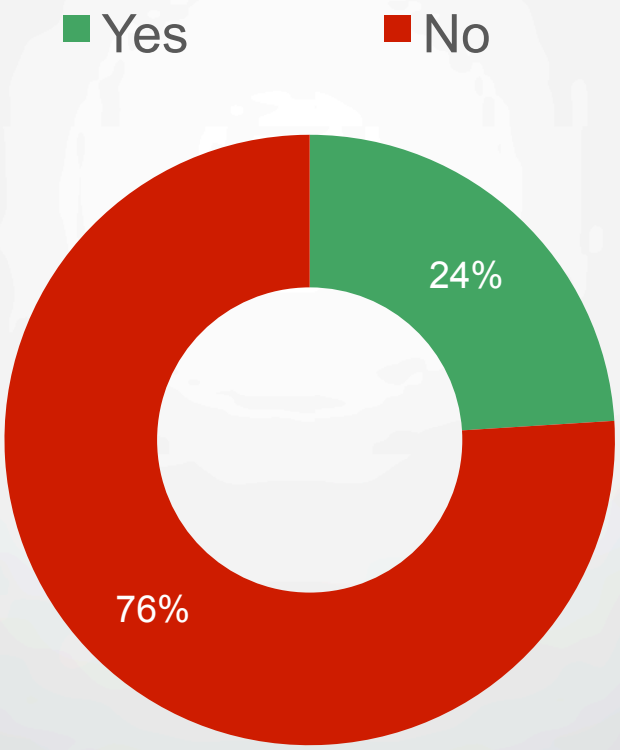

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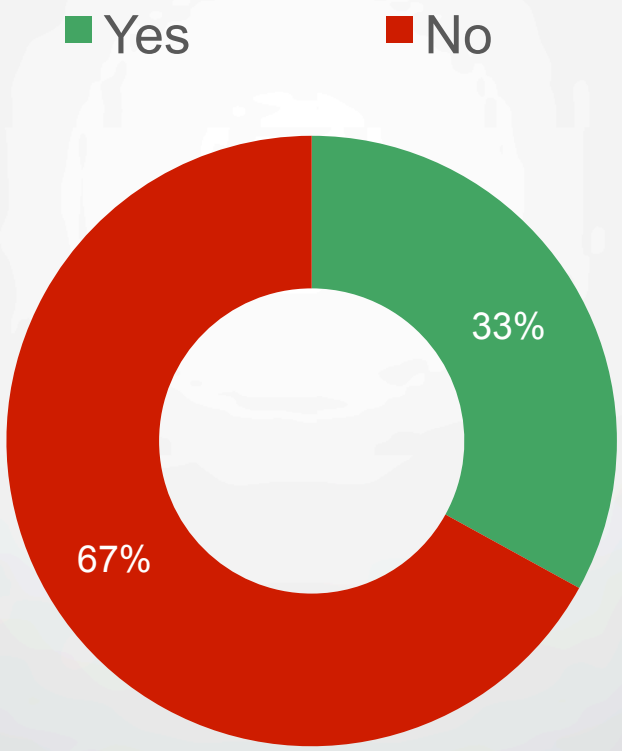
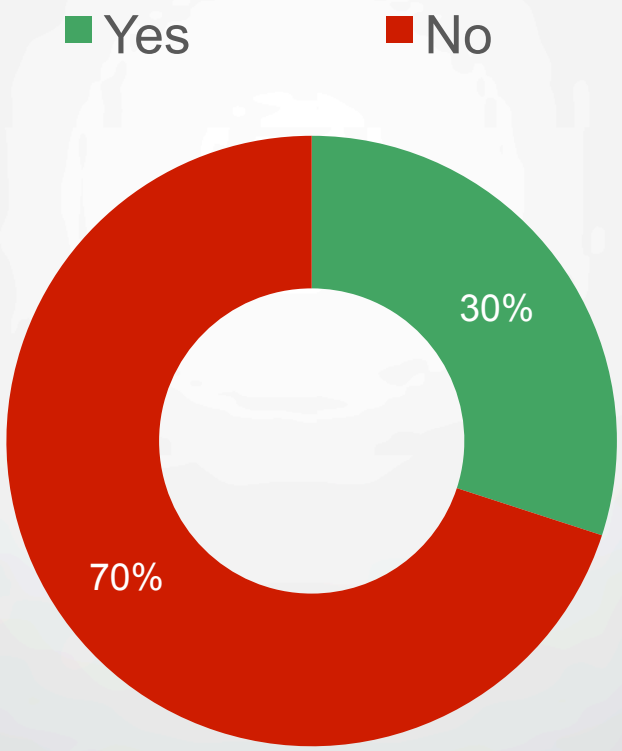


Awareness of "Biologic qualifier"

Mexico

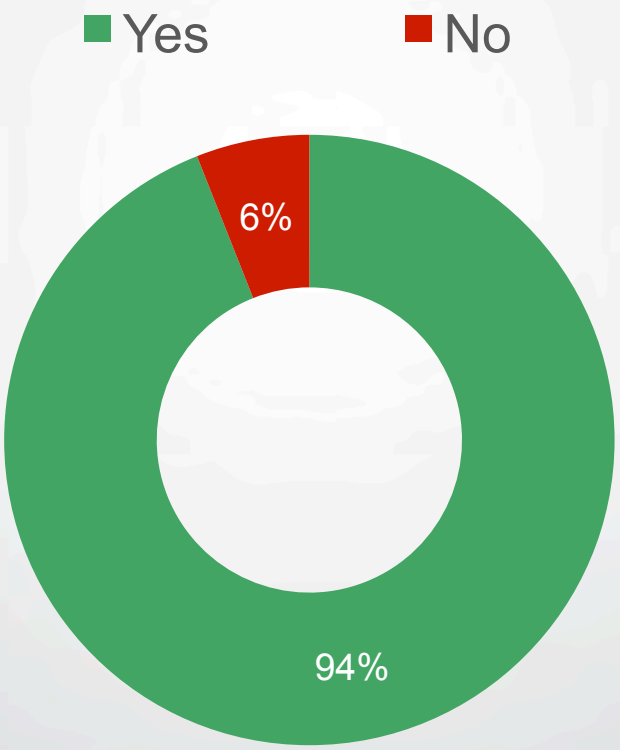
"Are you aware that the WHO is currently proposing to add a "biologic qualifier" to the non-proprietary scientific name in order to help distinguish between the originator biologic product and the biosimilar?" (N=99)



Usefulness of "Biologic qualifier"

All Countries

"Do you think this "biologic qualifier" would be useful to you to help you ensure that your patients receive the right medicine that you have prescribed for them?" (N=399)



Usefulness of "Biologic qualifier"

All Countries

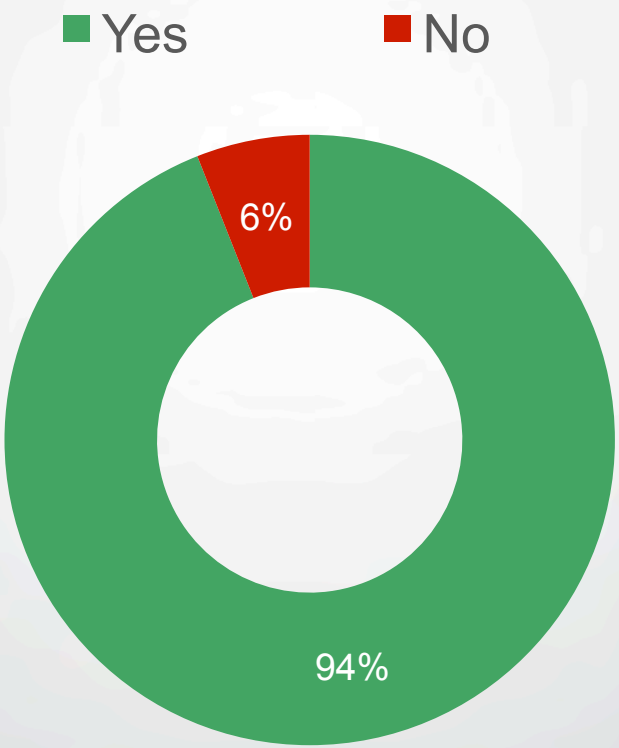
"Do you think this "biologic qualifier" would be useful to you to help you ensure that your patients receive the right medicine that you have prescribed for them?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	94%	94%	97%	**89% B,D**	97%
No	6%	6%	3%	11%	3%

Usefulness of "Biologic qualifier"

Argentina

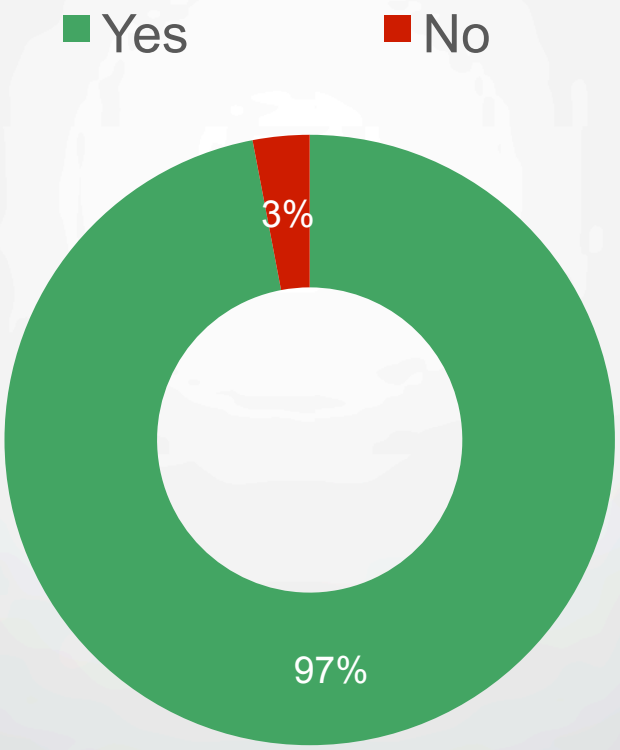
"Do you think this "biologic qualifier" would be useful to you to help you ensure that your patients receive the right medicine that you have prescribed for them?" (N=99)



Usefulness of "Biologic qualifier"

Brazil

"Do you think this "biologic qualifier" would be useful to you to help you ensure that your patients receive the right medicine that you have prescribed for them?" (N=101)



Usefulness of "Biologic qualifier"

Columbia

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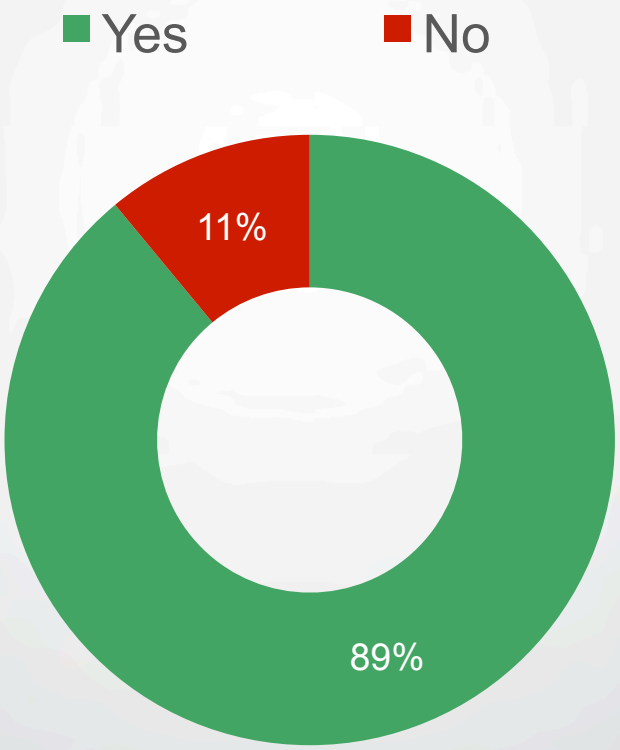
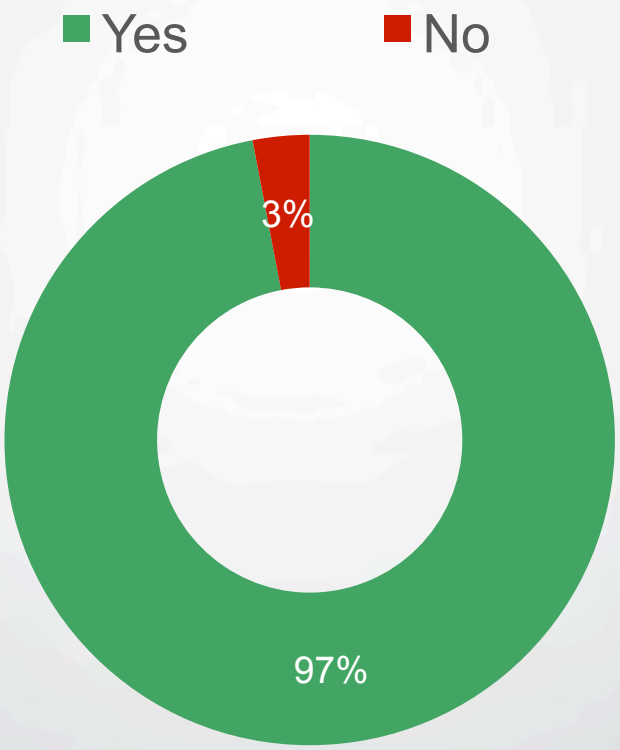


Usefulness of "Biologic qualifier"

Mexico

"Do you think this "biologic qualifier" would be useful to you to help you ensure that your patients receive the right medicine that you have prescribed for them?" (N=99)



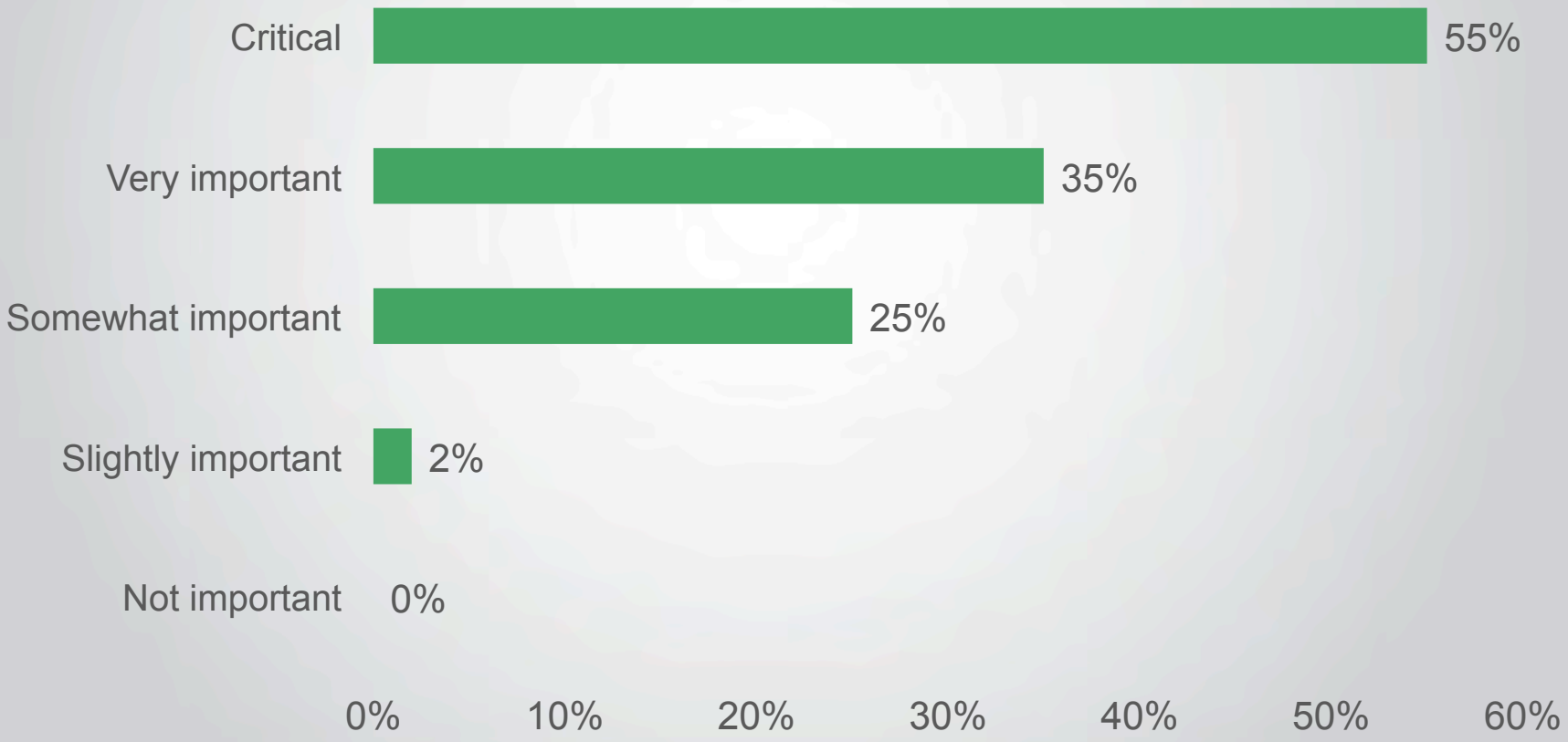
Study Data

PHARMACY SUBSTITUTION

Importance of soul authority in prescribing

All Countries

"How important is it for you, as a doctor, to have the sole authority to decide, together with your patients, the most suitable biologic medicine for their disease?" (N=399)



Importance of soul authority in prescribing

All Countries

"How important is it for you, as a doctor, to have the sole authority to decide, together with your patients, the most suitable biologic medicine for their disease?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Critical	55%	**63% B**	**35%**	**63% B**	**60% B**
Very important	35%	**34%**	**53% A.C.D**	**30%**	**23%**
Somewhat important	8%	**2%**	7%	7%	**14% A**
Slightly important	2%	1%	5%	0%	3%

Importance of soul authority in prescribing

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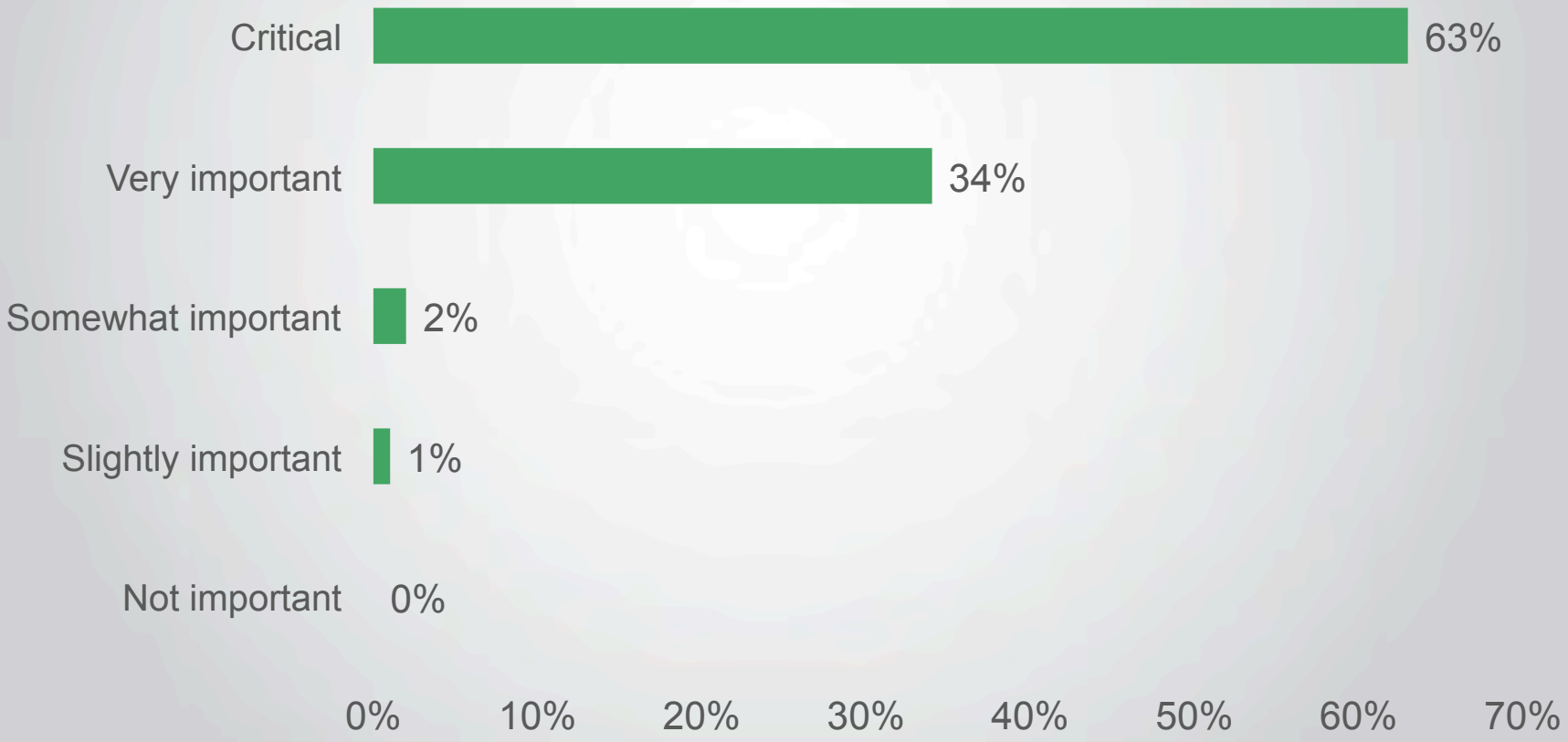
Argentina



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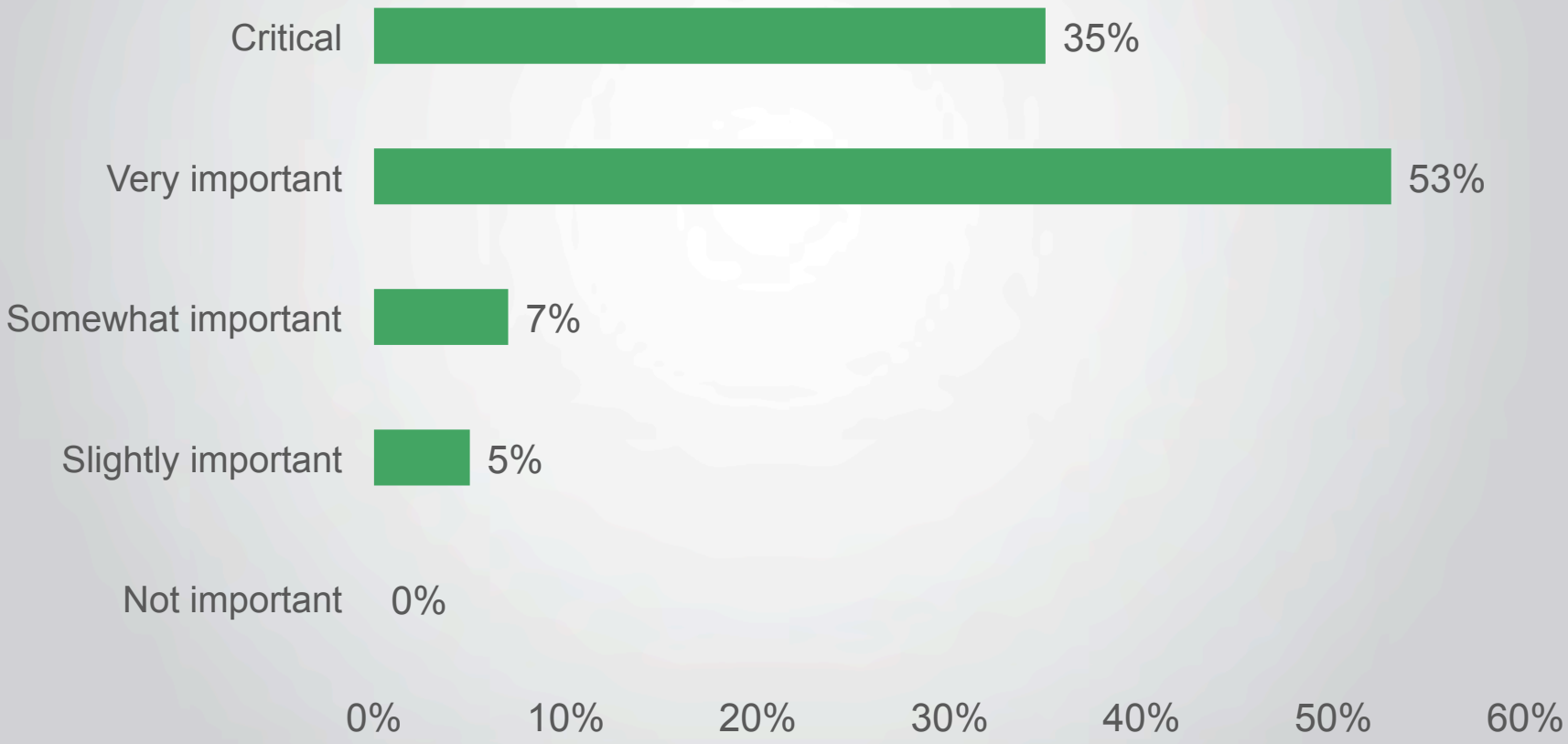

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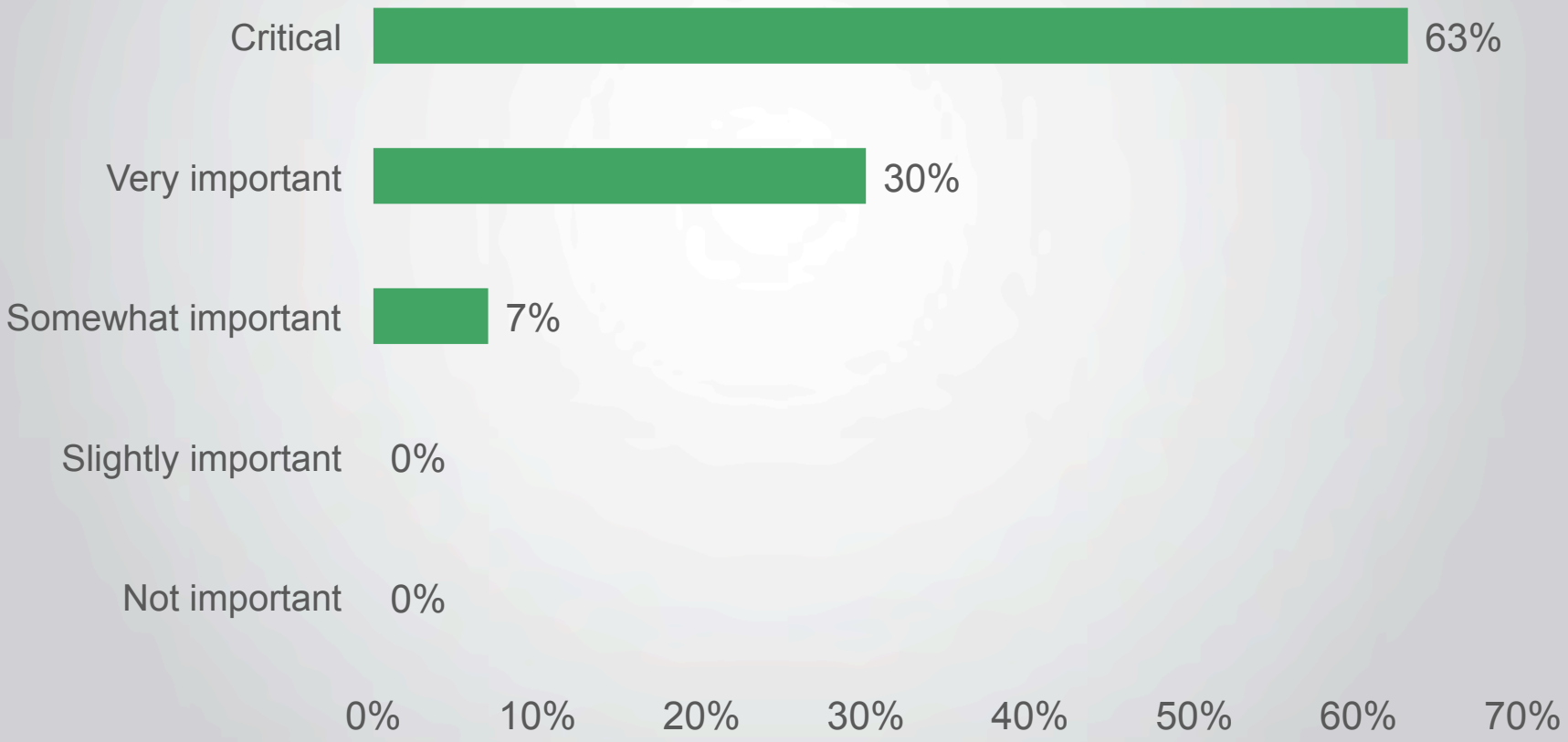

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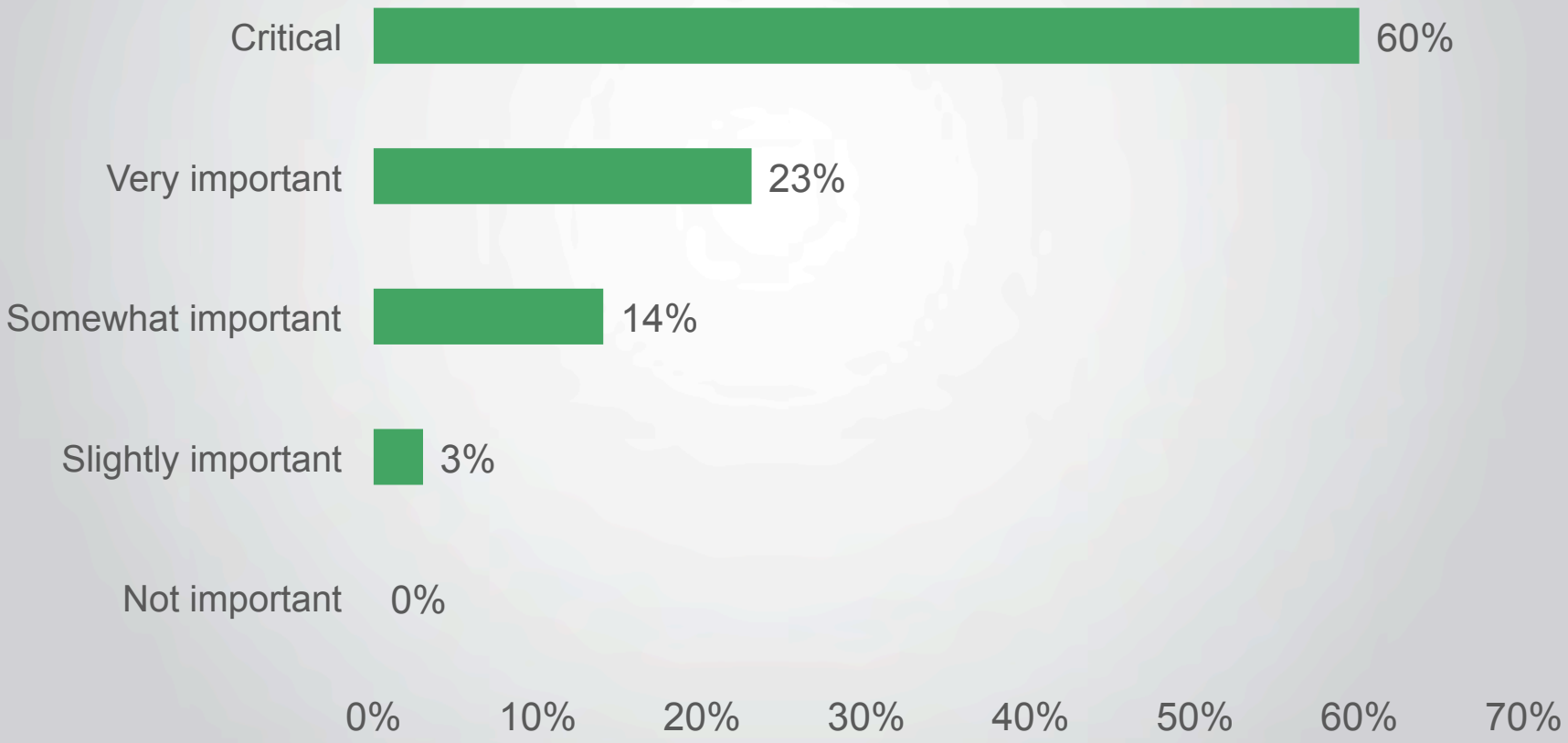
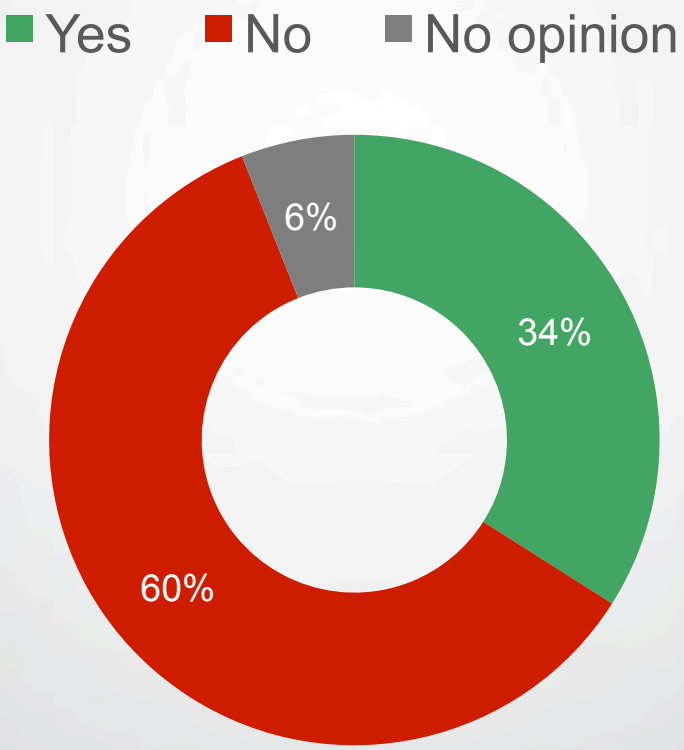


Interpreting non-proprietary scientific names

All Countries

"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that a patient's biologic could be safely switched between the biosimilar and originator biologic without any impact on safety or efficacy?" (N=399)



Interpreting non-proprietary scientific names

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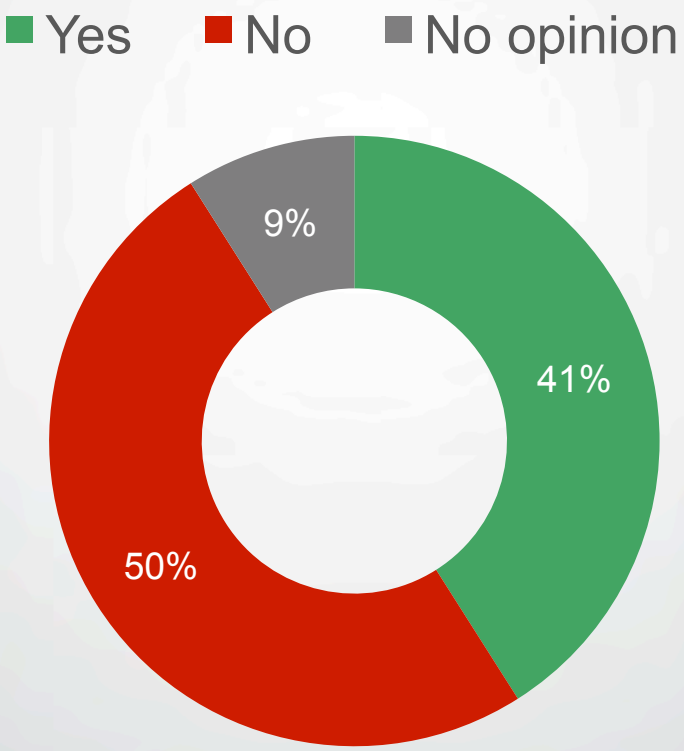
"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that a patient's biologic could be safely switched between the biosimilar and originator biologic without any impact on safety or efficacy?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	34%	**31% C**	**41% C**	**18%**	**47% A,C**
No	60%	**59%**	**50%**	**82% A,B,D**	**48%**
No Opinion	6%	**10% C**	**9% C**	**0%**	4%

Interpreting non-proprietary scientific names

Brazil

"If two medicines have the same non-proprietary scientific name, does this suggest to you or imply that a patient's biologic could be safely switched between the biosimilar and originator biologic without any impact on safety or efficacy?" (N=101)



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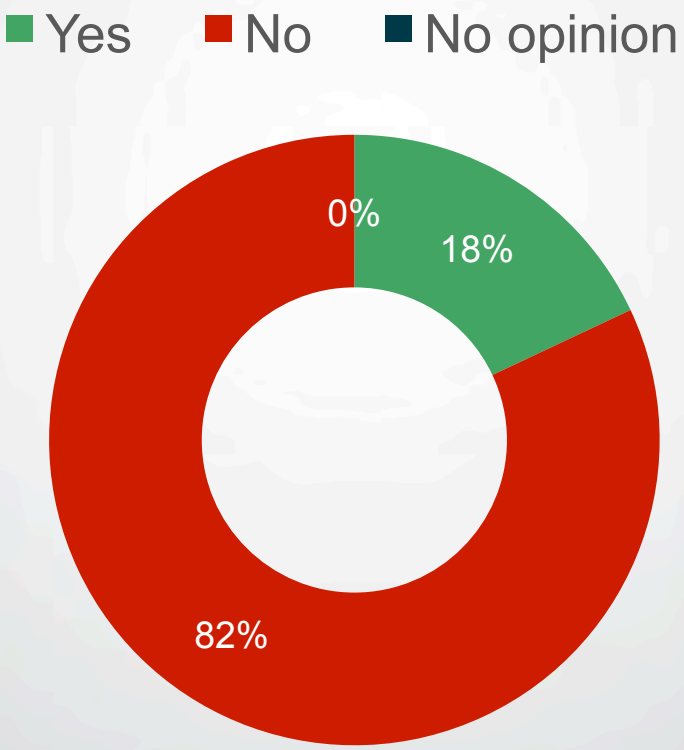

Interpreting non-proprietary scientific names

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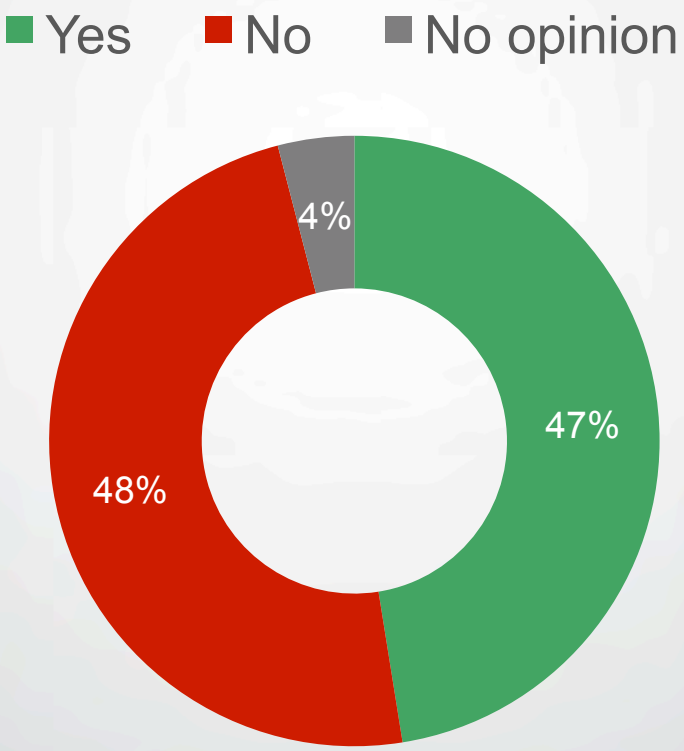
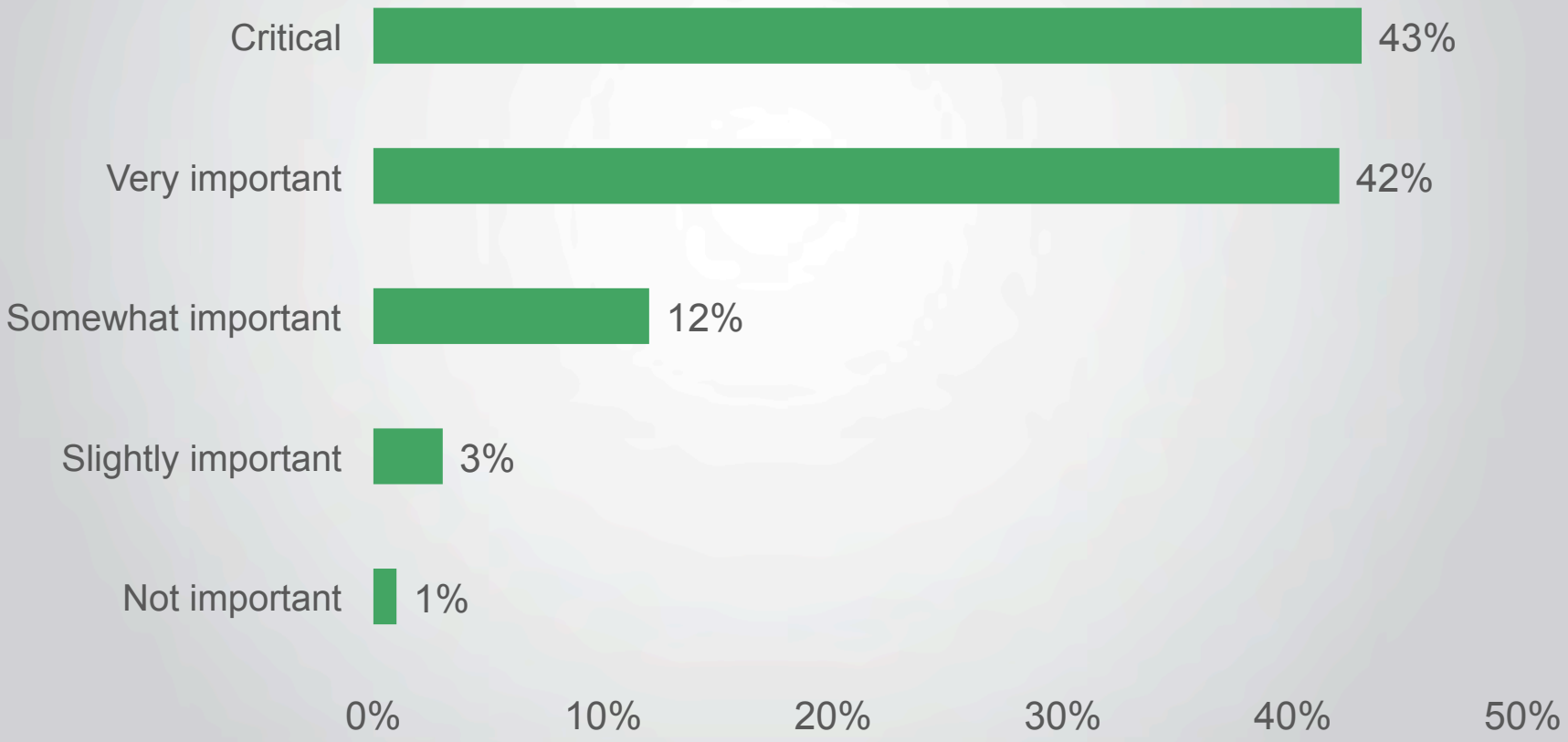


Importance of DAW

All Countries

"In a situation where substitution by a pharmacist were an option in your country, how important would it be to you to have the authority to prevent pharmacist substitution and ensure the patient receives the prescription you intended to prescribe?" (N=399)



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	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Critical	43%	**51% B**	**32%**	**51% B**	39%
Very important	42%	**37%**	**53% A,C,D**	**39%**	**36%**
Somewhat important	12%	9%	11%	**8%**	**18% C**
Slightly important	3%	1%	4%	2%	6%
Not important	1%	2%	0%	0%	0%

Importance of DAW

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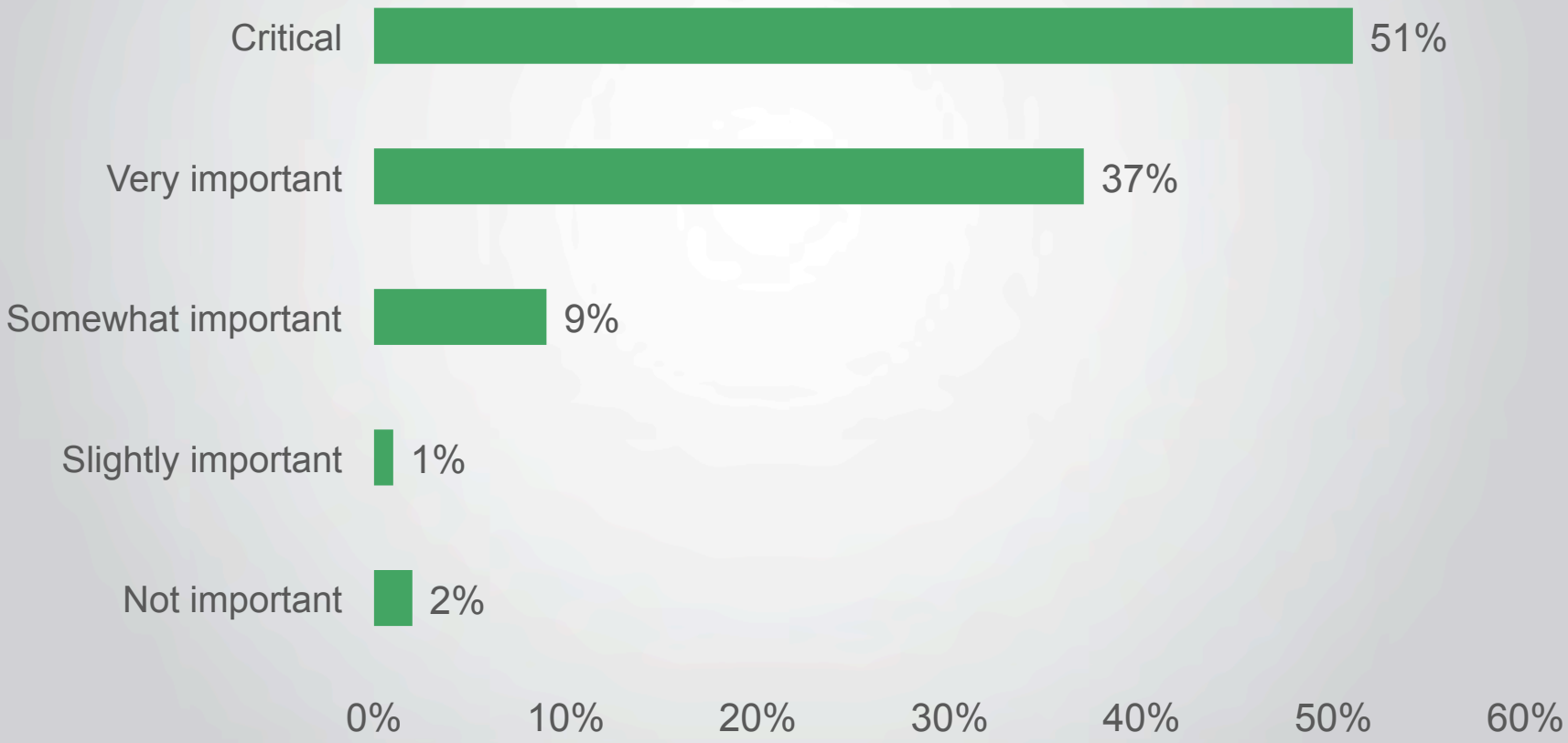
Argentina



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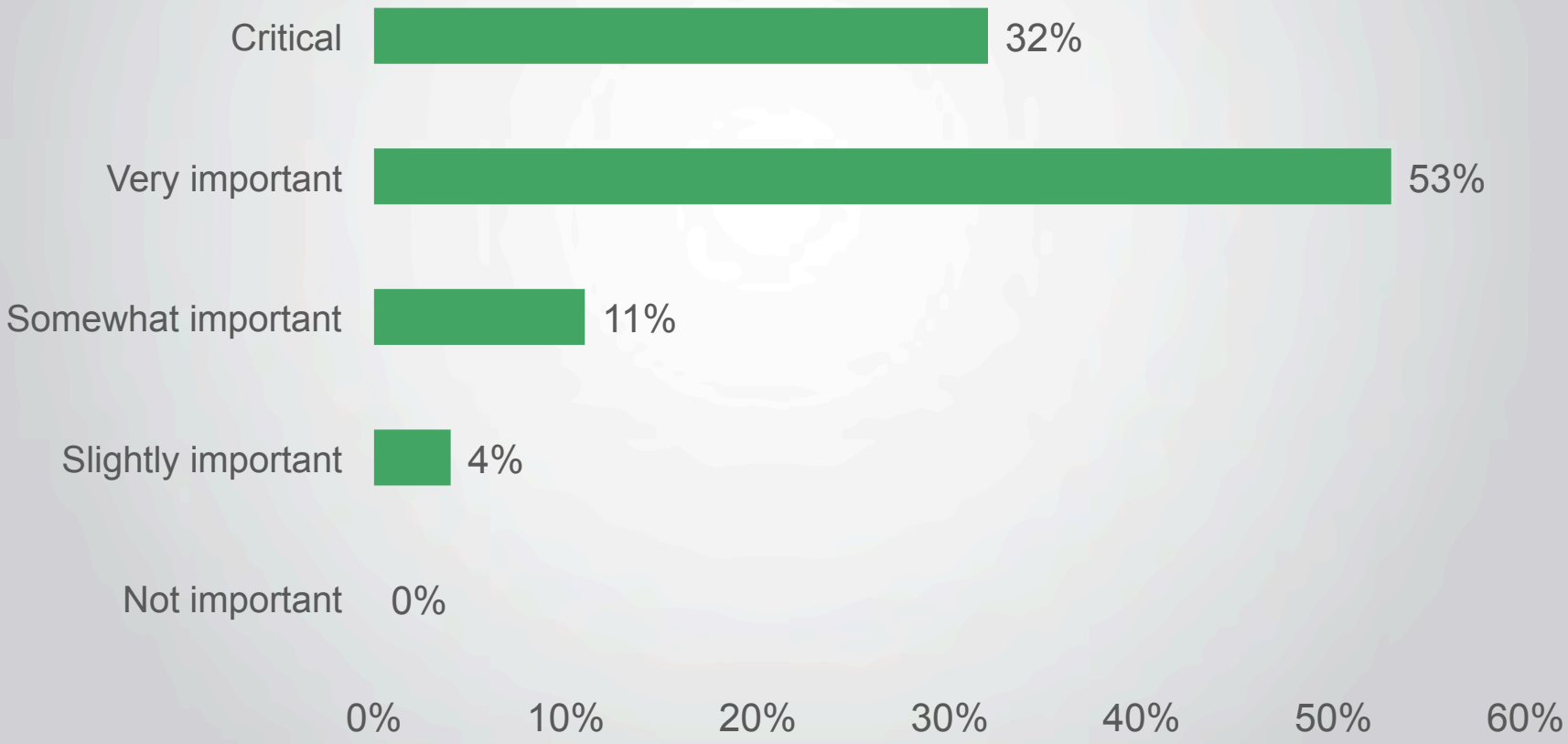

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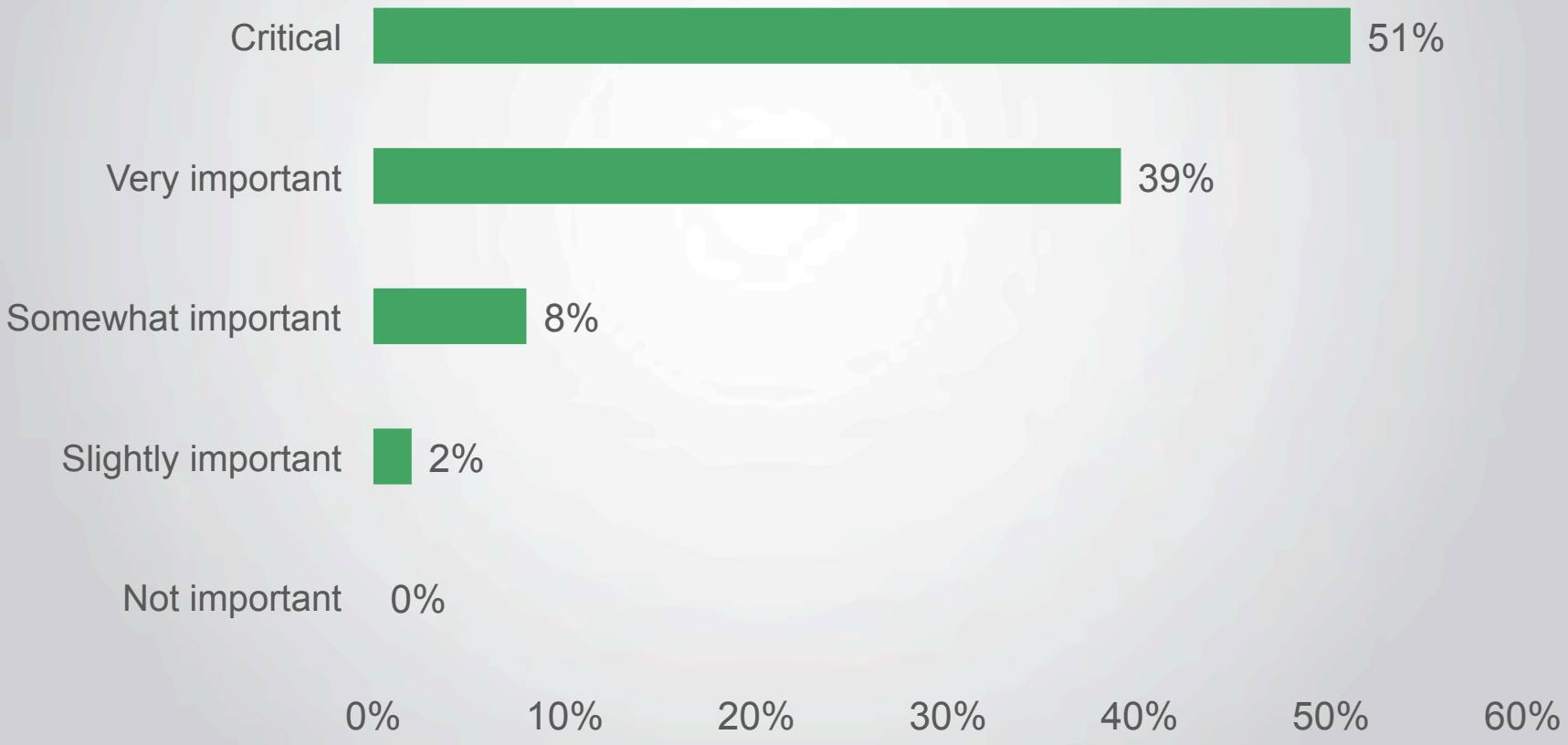

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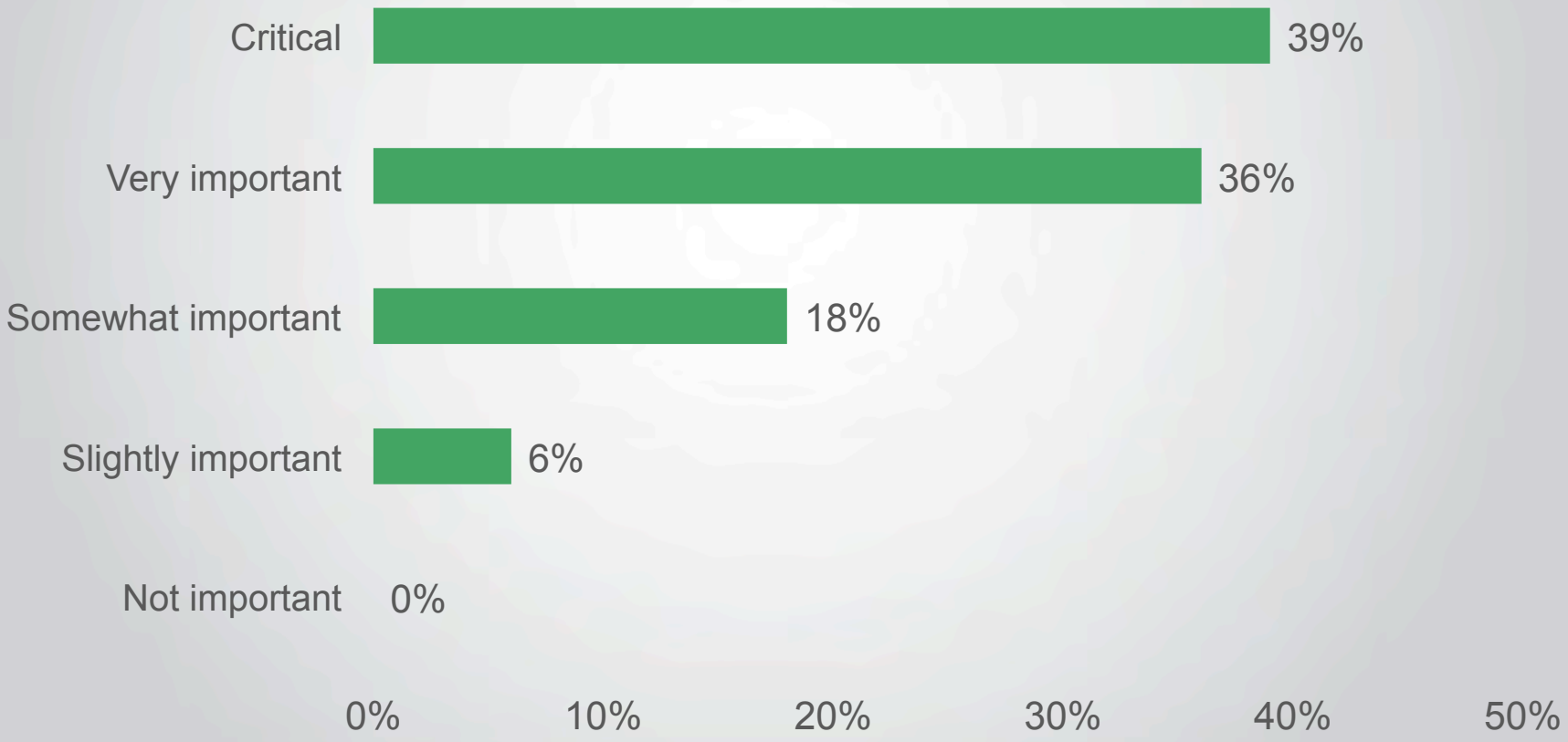
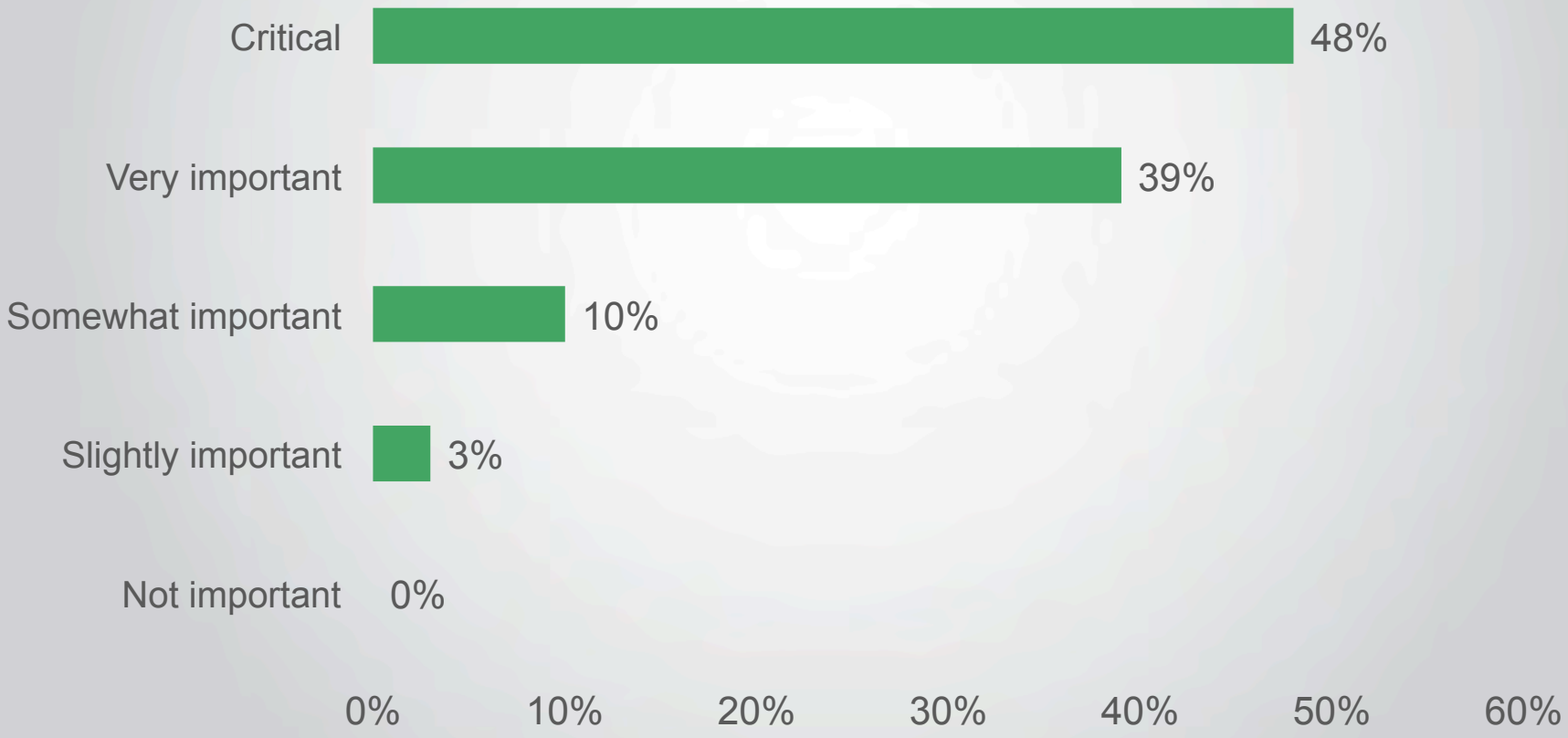
Mexico



Importance of substitution notification

All Countries

"How important would it be for you to be notified by the pharmacist that your patient has received a biologic other than the one you prescribed?" (N=399)



Importance of substitution notification

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	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Critical	48%	51%	**39%**	**55% B**	46%
Very important	39%	**40%**	**54% A,C,D**	**30%**	**30%**
Somewhat important	10%	**6%**	**5%**	**14% B**	**16% A,B**
Slightly important	3%	3%	2%	**1%**	**7% C**

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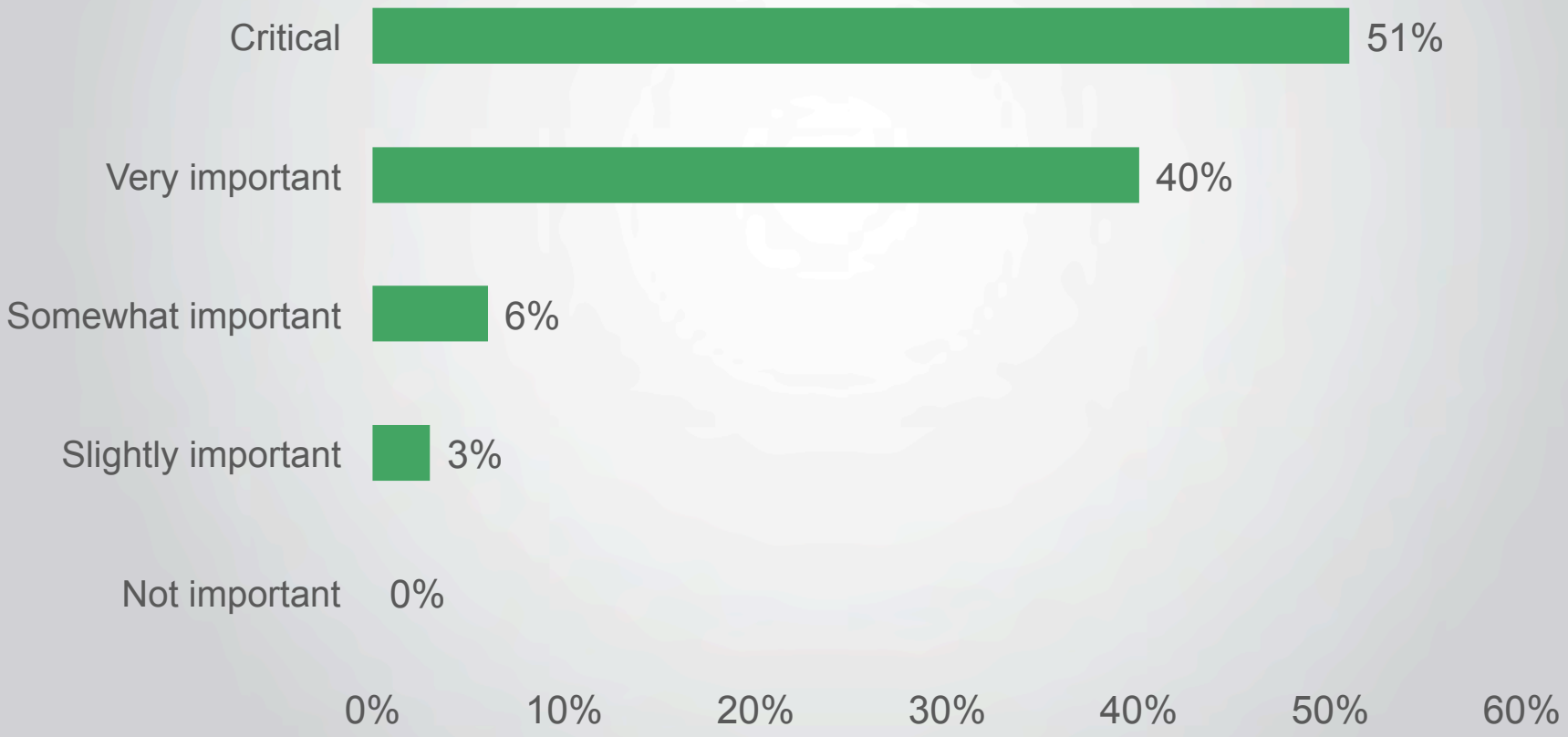

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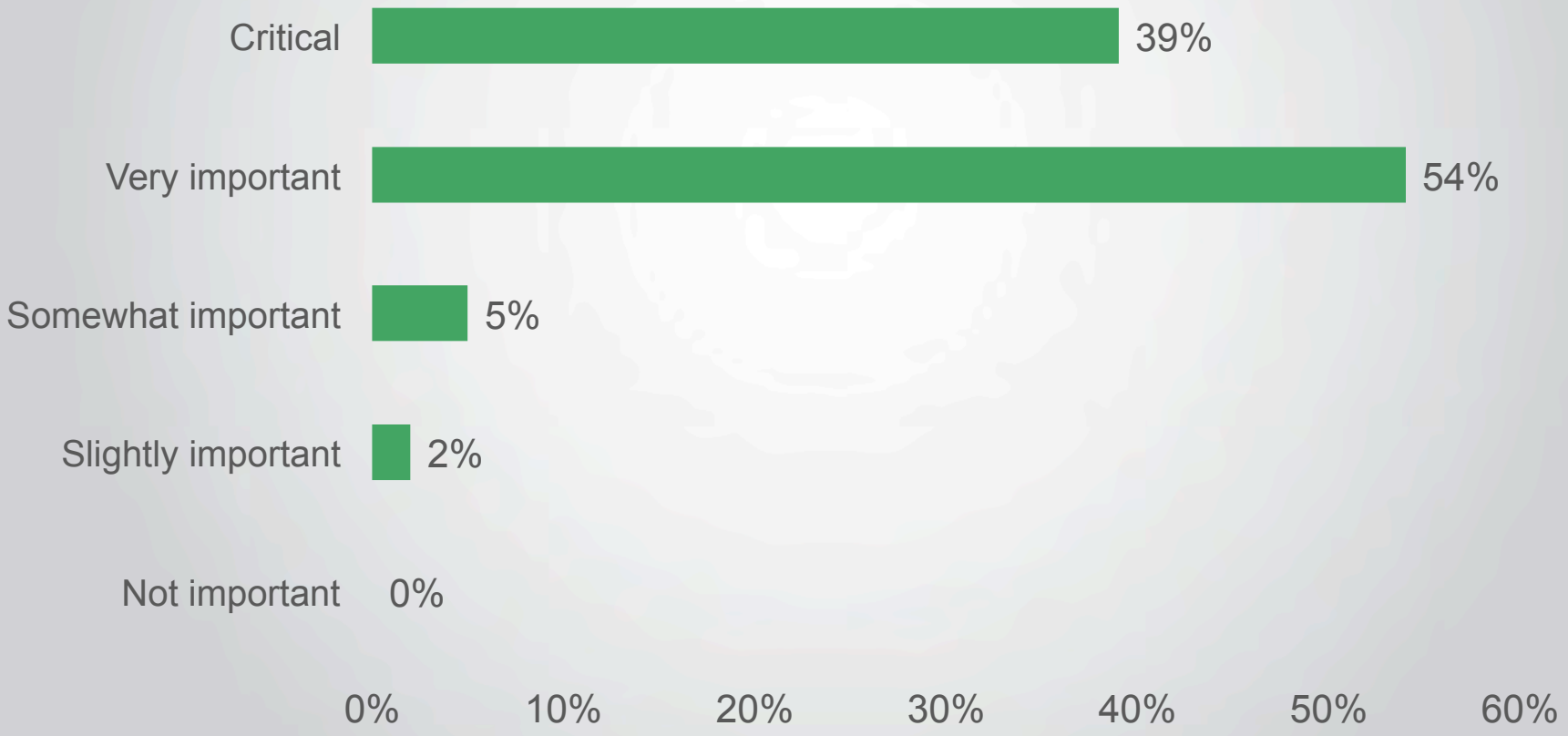

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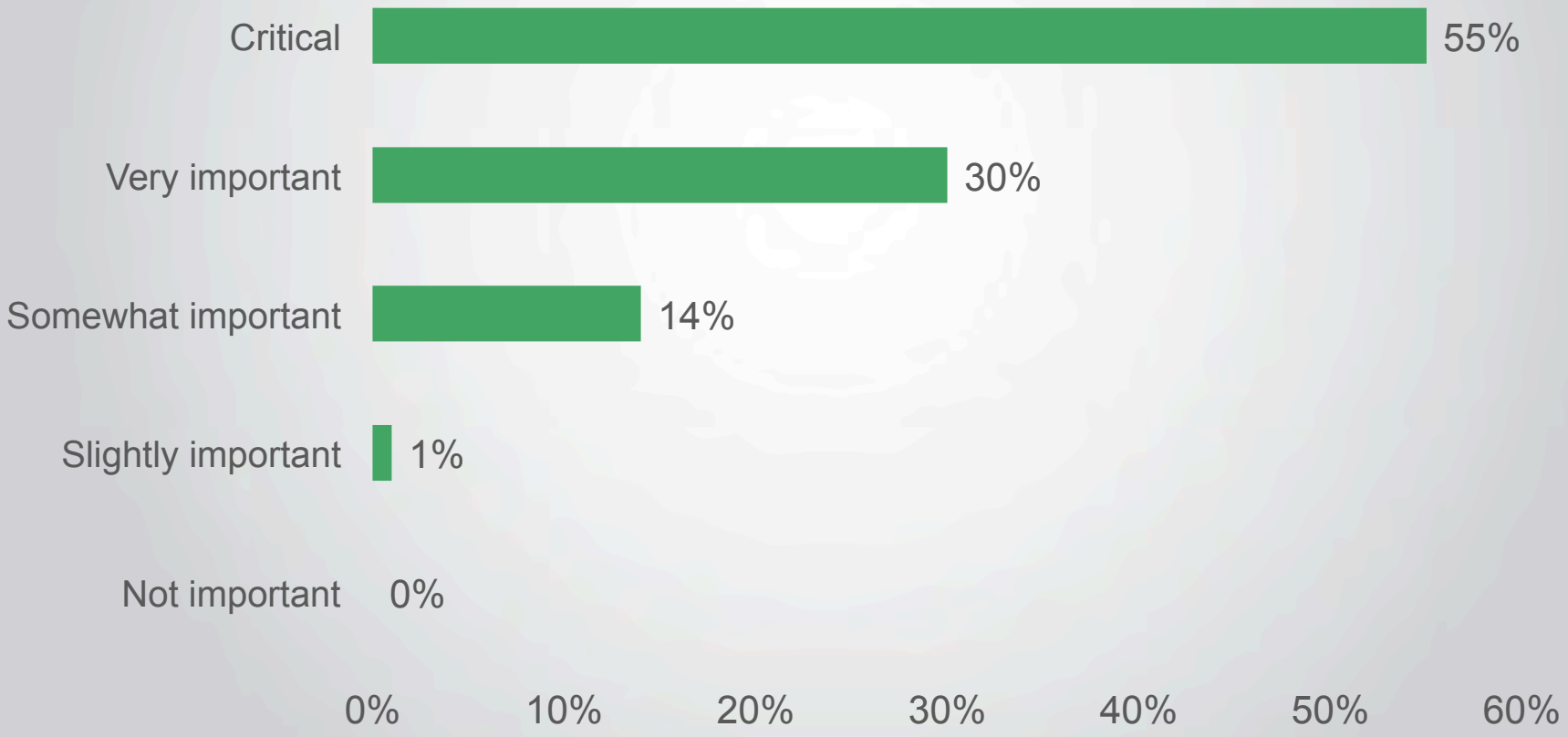

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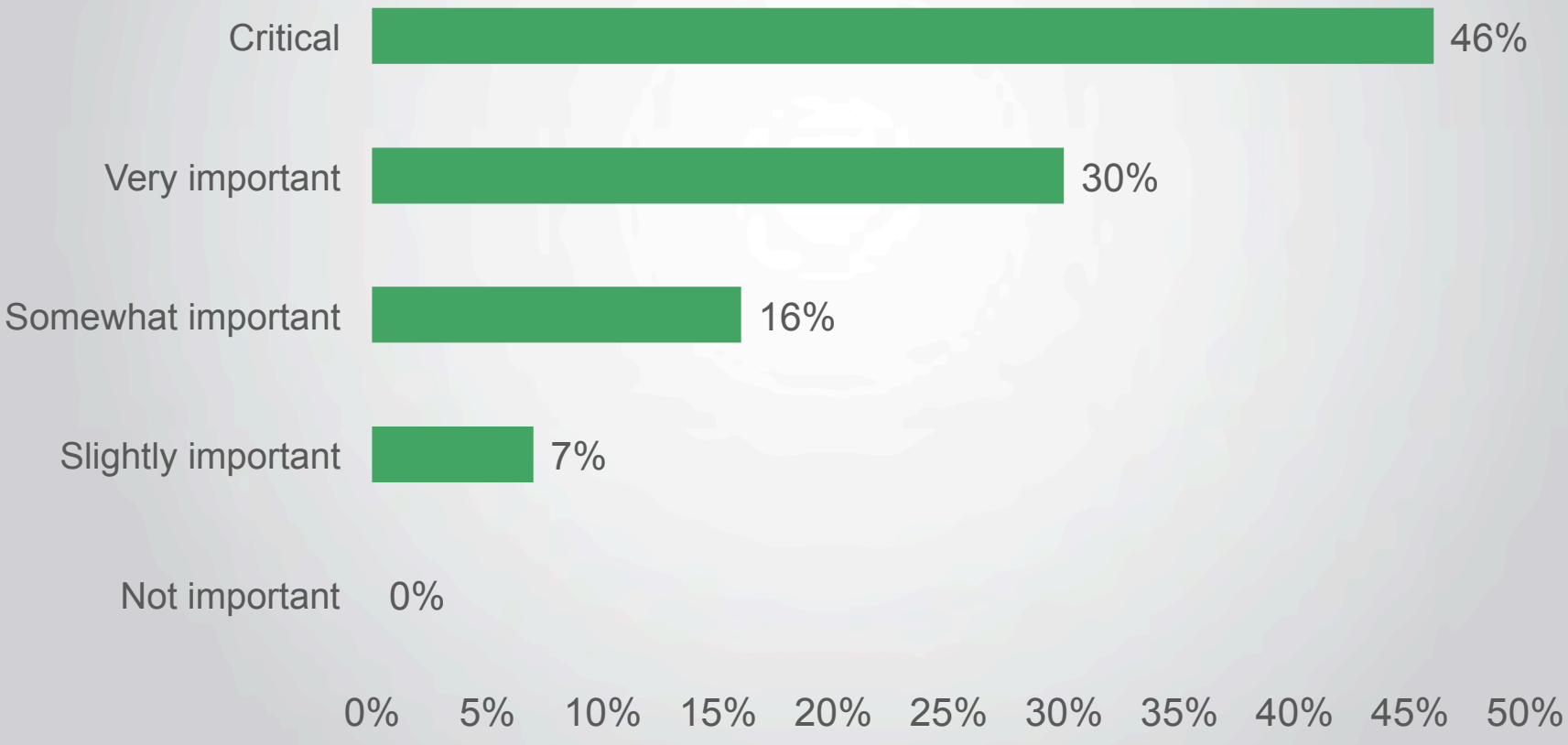
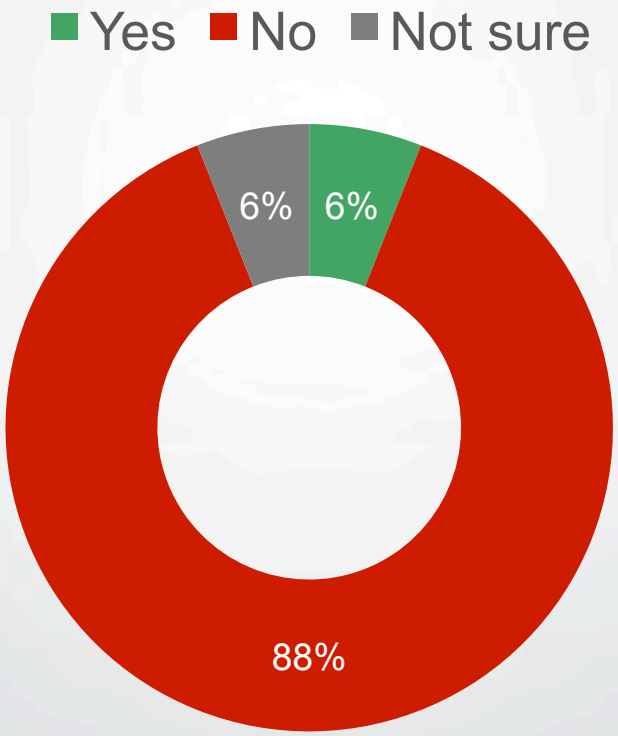


Pharmacist authority to switch to biosimilar

All Countries

"Should the pharmacist have the authority to automatically switch a patient to a biosimilar without certainty that the switch would not cause an unwanted immune response or that small differences between products would not have clinical implications for patients?" (N=399)



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All Countries

"Should the pharmacist have the authority to automatically switch a patient to a biosimilar without certainty that the switch would not cause an unwanted immune response or that small differences between products would not have clinical implications for patients?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	6%	**2%**	6%	5%	**12% A**
No	88%	**95% B,D**	**82%**	**94% B,D**	**82%**
Not sure	6%	**3%**	**12% A,C**	**1%**	6%

Pharmacist authority to switch to biosimilar

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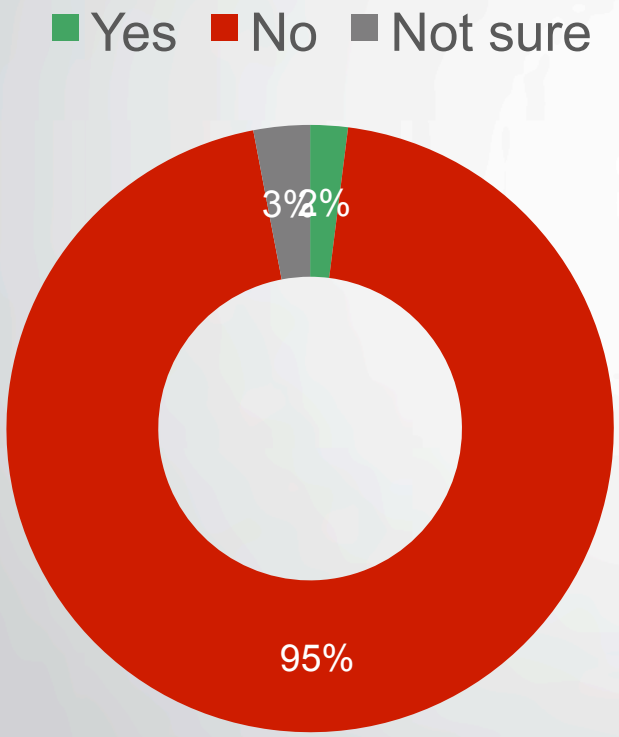
"Should the pharmacist have the authority to automatically switch a patient to a biosimilar without certainty that the switch would not cause an unwanted immune response or that small differences between products would not have clinical implications for patients?" (N=99)



"If yes, why?" (N=2)

Other:

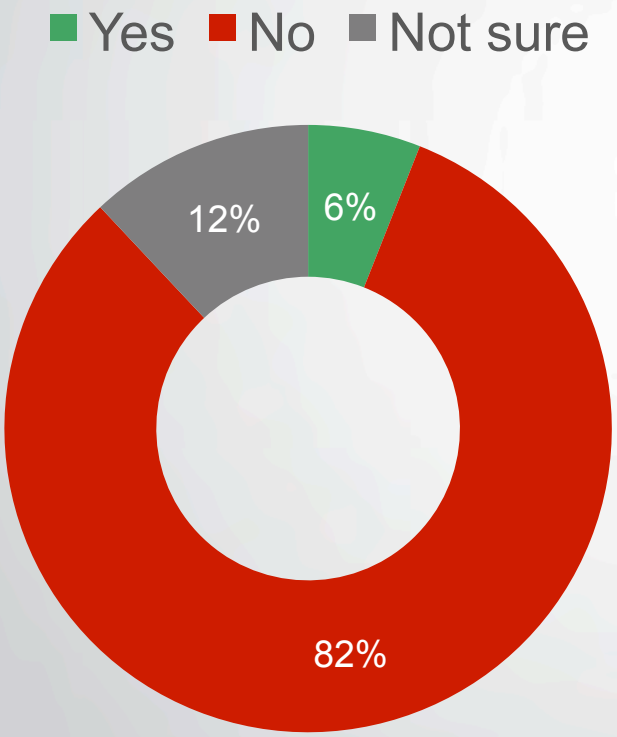
- BECAUSE NECESSARY TO ESTABLISH THE EFFICACY OF THE INTERVENTION
- THE PHARMACIST MUST BE ABLE TO PROVIDE THAT INFORMATION, AND PRACTICE THE PROFESSION

BASED ON THEIR PROFESSIONAL ETHICS

Pharmacist authority to switch to biosimilar

Brazil

"Should the pharmacist have the authority to automatically switch a patient to a biosimilar without certainty that the switch would not cause an unwanted immune response or that small differences between products would not have clinical implications for patients?" (N=101)



"If yes, why?" (N=6)

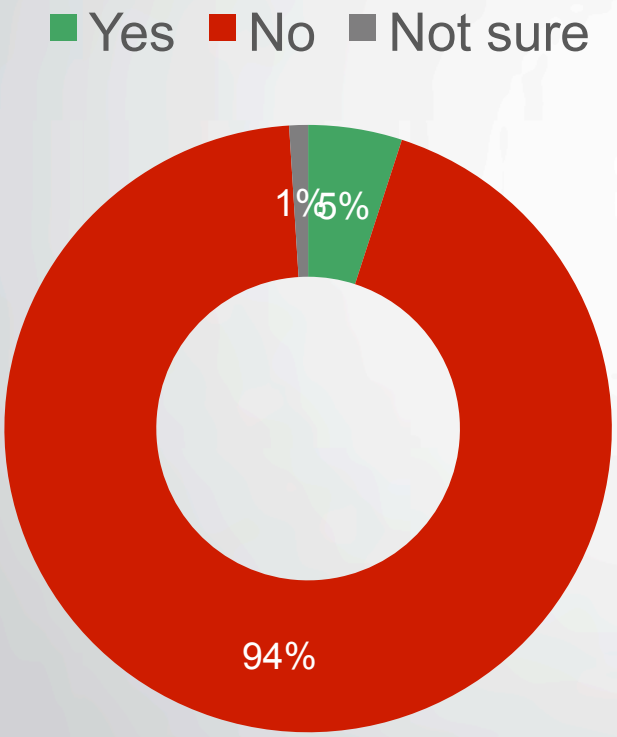
Other:

- COMPETENCE
- PROFESSIONAL QUALIFICATION, AND SUITABILITY OF TREATMENT
- VARIATION OF SPECIFIC MECHANISM
- COMPATIBILITY
- BECAUSE THE GUIDANCE TO THE PATIENT SHOULD BE DONE
- BECAUSE OF THE EASE

Pharmacist authority to switch to biosimilar

Columbia

"Should the pharmacist have the authority to automatically switch a patient to a biosimilar without certainty that the switch would not cause an unwanted immune response or that small differences between products would not have clinical implications for patients?" (N=100)



"If yes, why?" (N=5)

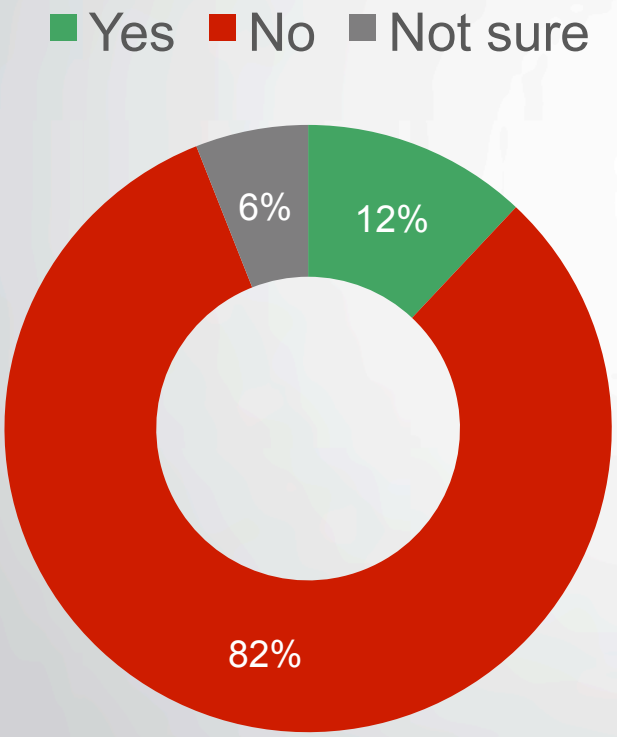
Other:

- IN THEORY THEY SHOULD BE JUST AS EFFECTIVE
- I PREFER IT MADE
- NO CHANGE
- PATIENT SAFETY AND SIDE EFFECTS

Pharmacist authority to switch to biosimilar

Mexico

"Should the pharmacist have the authority to automatically switch a patient to a biosimilar without certainty that the switch would not cause an unwanted immune response or that small differences between products would not have clinical implications for patients?" (N=99)



"If yes, why?" (N=5)

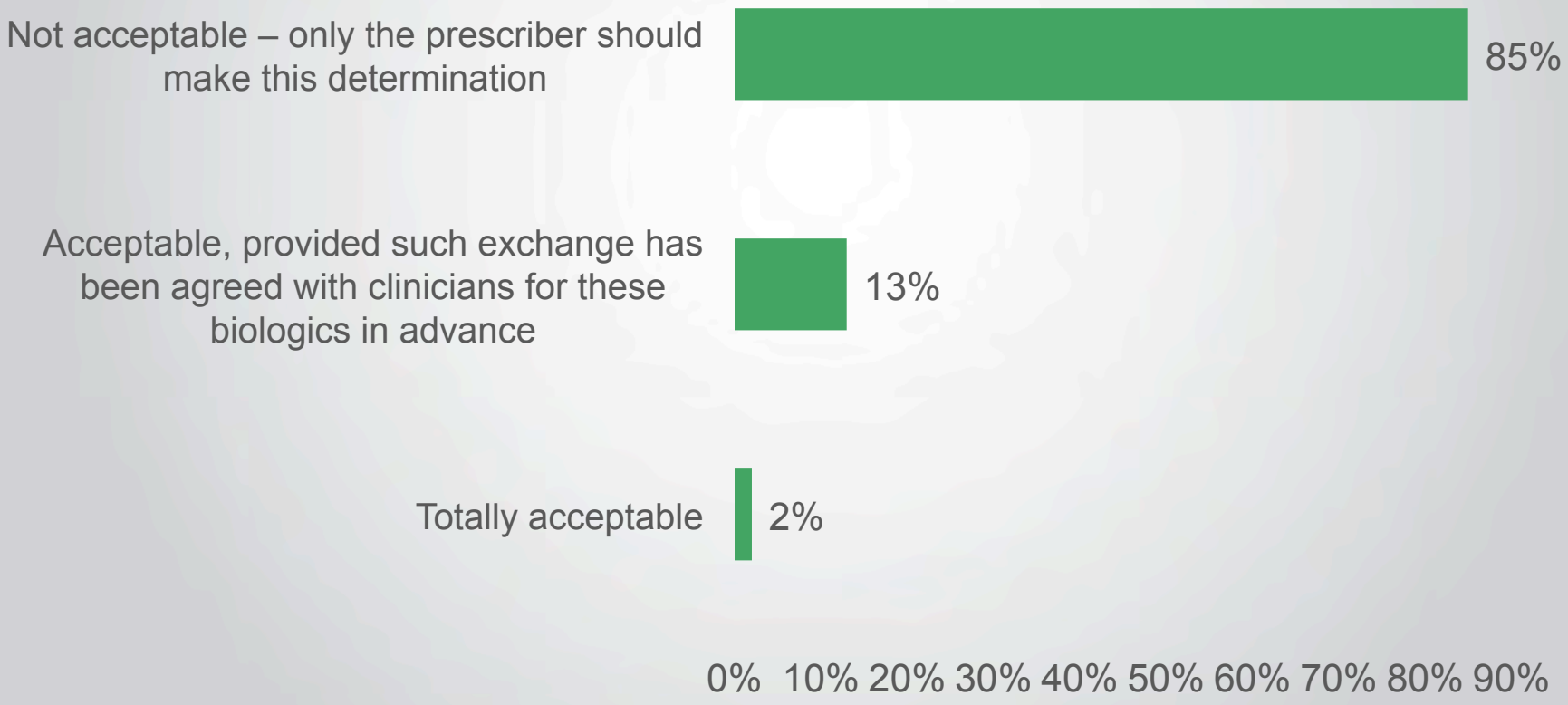
Other:

- REPORTING DRUG EFFECTS
- RESPONSIBILITY
- THE EFFECTS
- FOR SAFETY
- IT IS IMPORTANT FOR THE PATIENT AND THE DOCTOR
- BECAUSE HAVING A COUPLE OF BIOSIMILAR DRUGS I EXPECT TO FIND SUCH ANSWERS, REGARDLESS OF THE LABORATORY
- TO ASSESS EFFECTIVENESS AND RESPONSE
- IT IS ESSENTIAL
- THERE MAY BE LESS RESPONSIVE TO TREATMENT OR DIFFERENT SIDE MAINTAINS AUTONOMY PRESCRIPTION
- SEARCH STRATEGIES

Acceptableness of pharmacist authority

All Countries

"How acceptable would it be for you if the pharmacist made the determination which biologic (innovator or biosimilar) to dispense to your patient on initiation of treatment?" (N=399)



Acceptableness of pharmacist prescribing power

All Countries

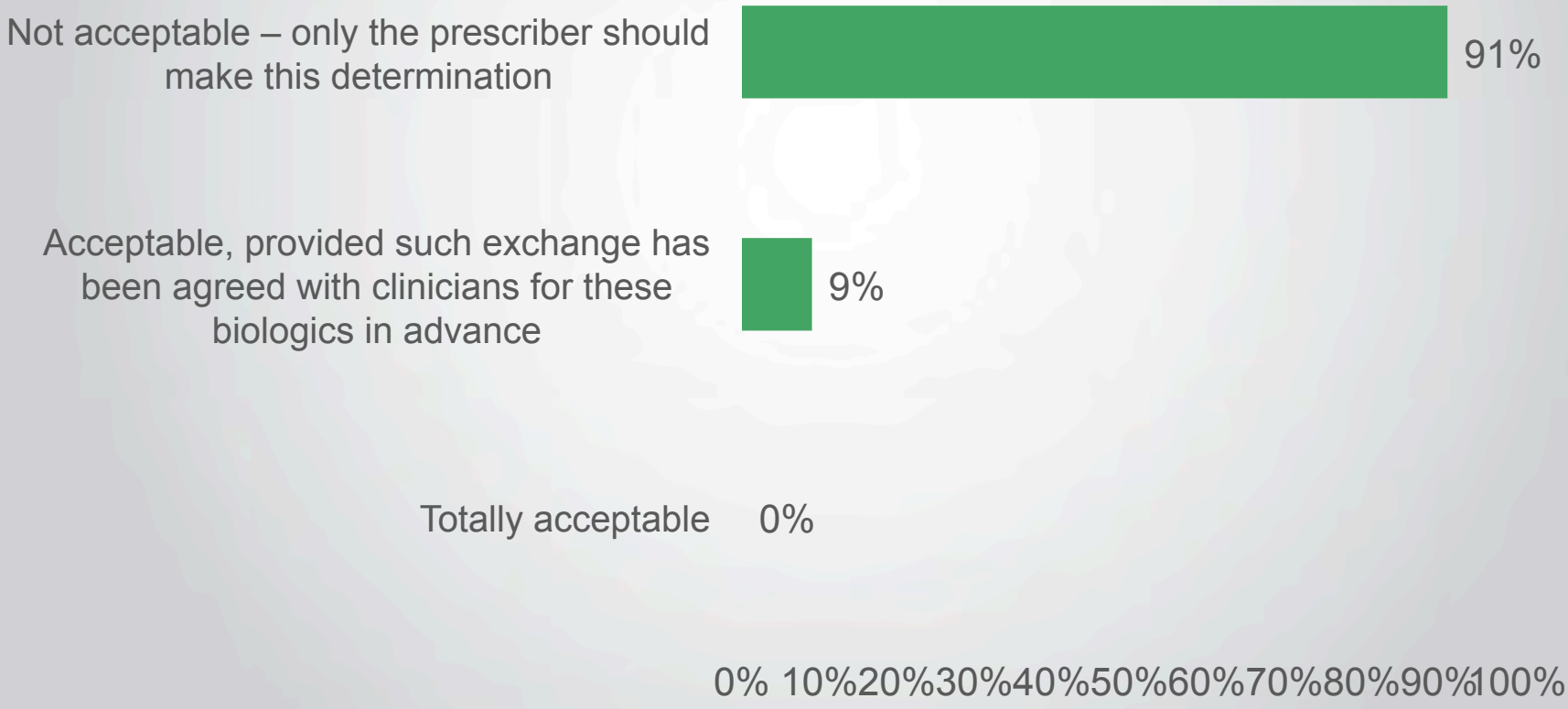
"How acceptable would it be for you if the pharmacist made the determination which biologic (innovator or biosimilar) to dispense to your patient on initiation of treatment?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Totally acceptable	2%	**0%**	**0%**	**0%**	**6% A,B,C**
Acceptable, provided such exchange has been agreed with clinicians for these biologics in advance	13%	**9%**	**25% A,C,D**	**11%**	**8%**
Not acceptable – only the prescriber should make this determination	85%	**91% B**	**75%**	**89% B**	86%

Acceptableness of pharmacist prescribing power

Argentina

"How acceptable would it be for you if the pharmacist made the determination which biologic (innovator or biosimilar) to dispense to your patient on initiation of treatment?" (N=99)



Acceptableness of pharmacist prescribing power

Brazil

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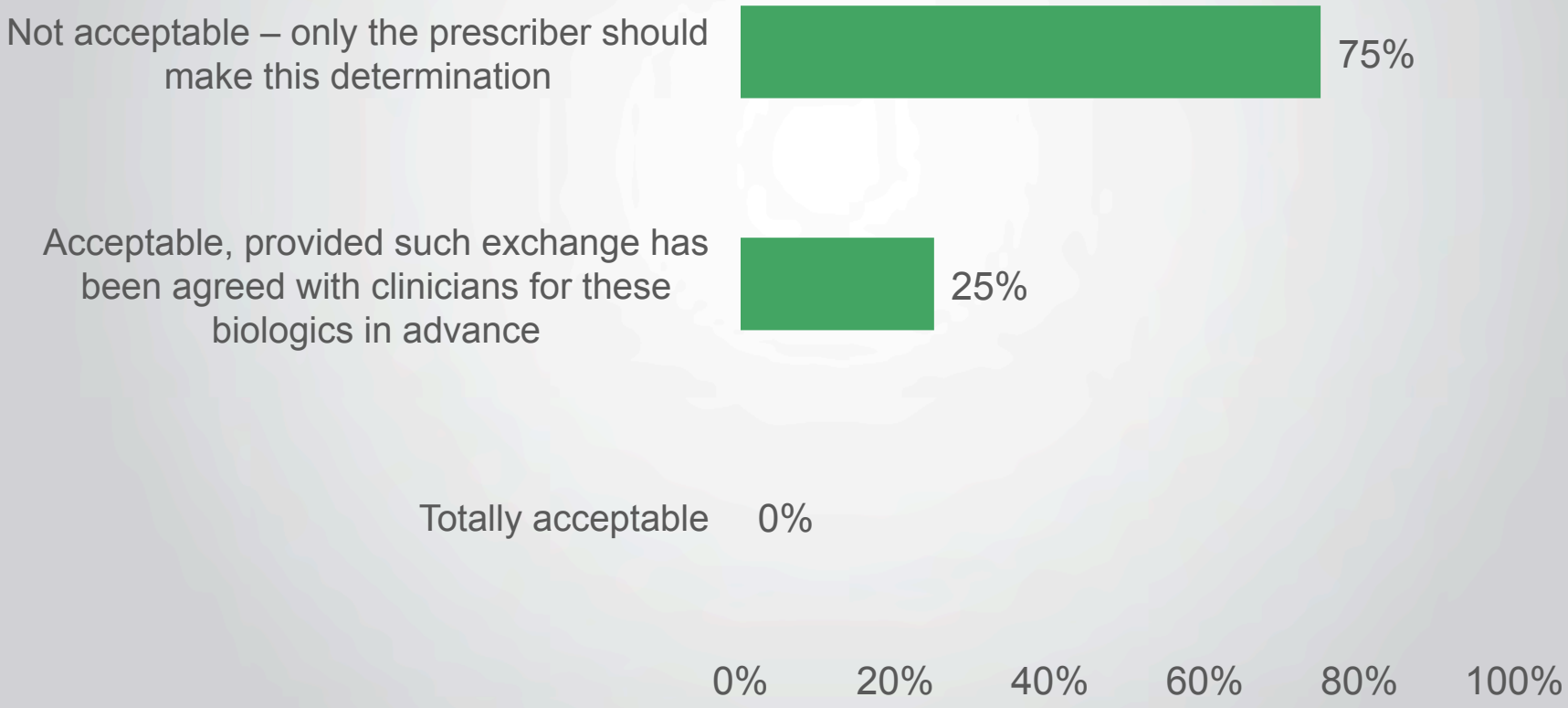

Acceptableness of pharmacist prescribing power

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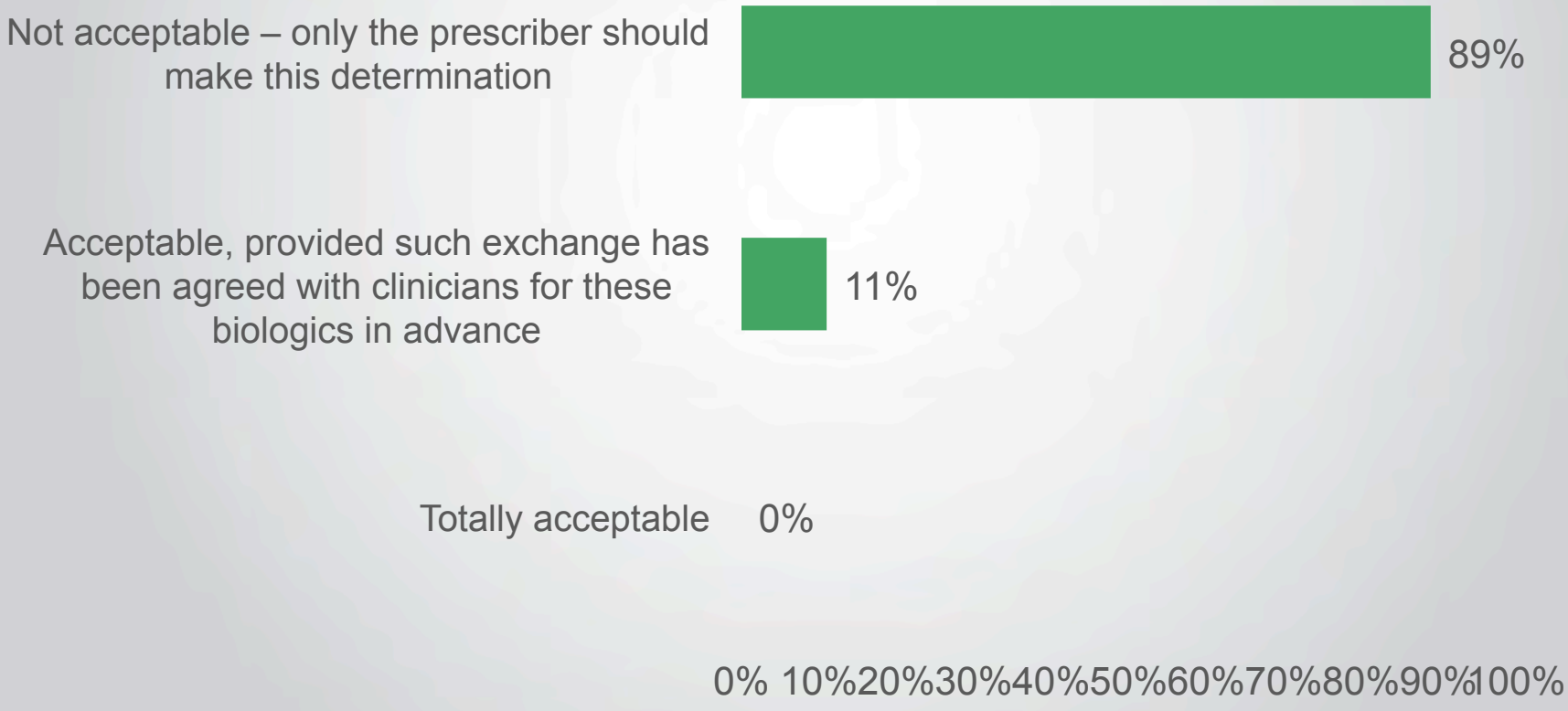

Acceptableness of pharmacist prescribing power

Mexico

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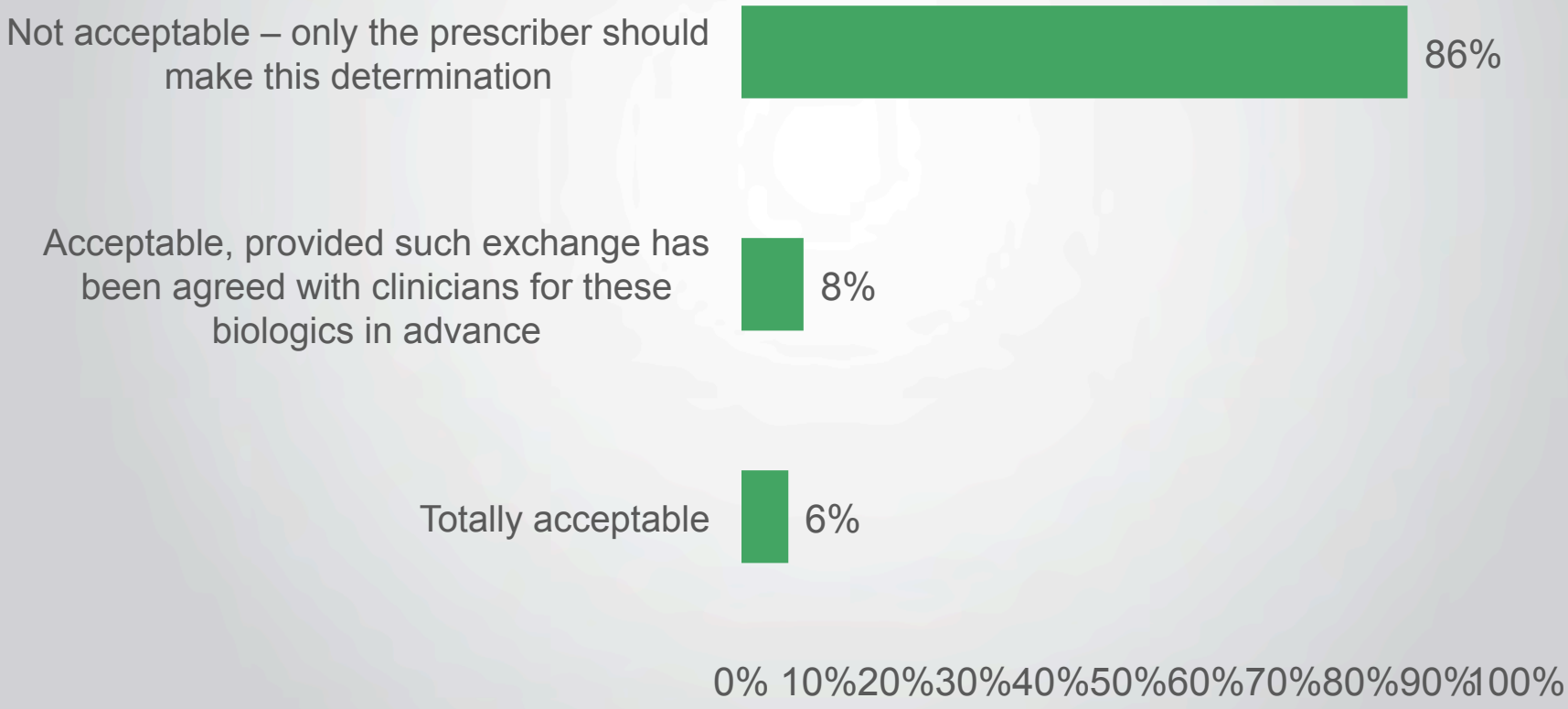
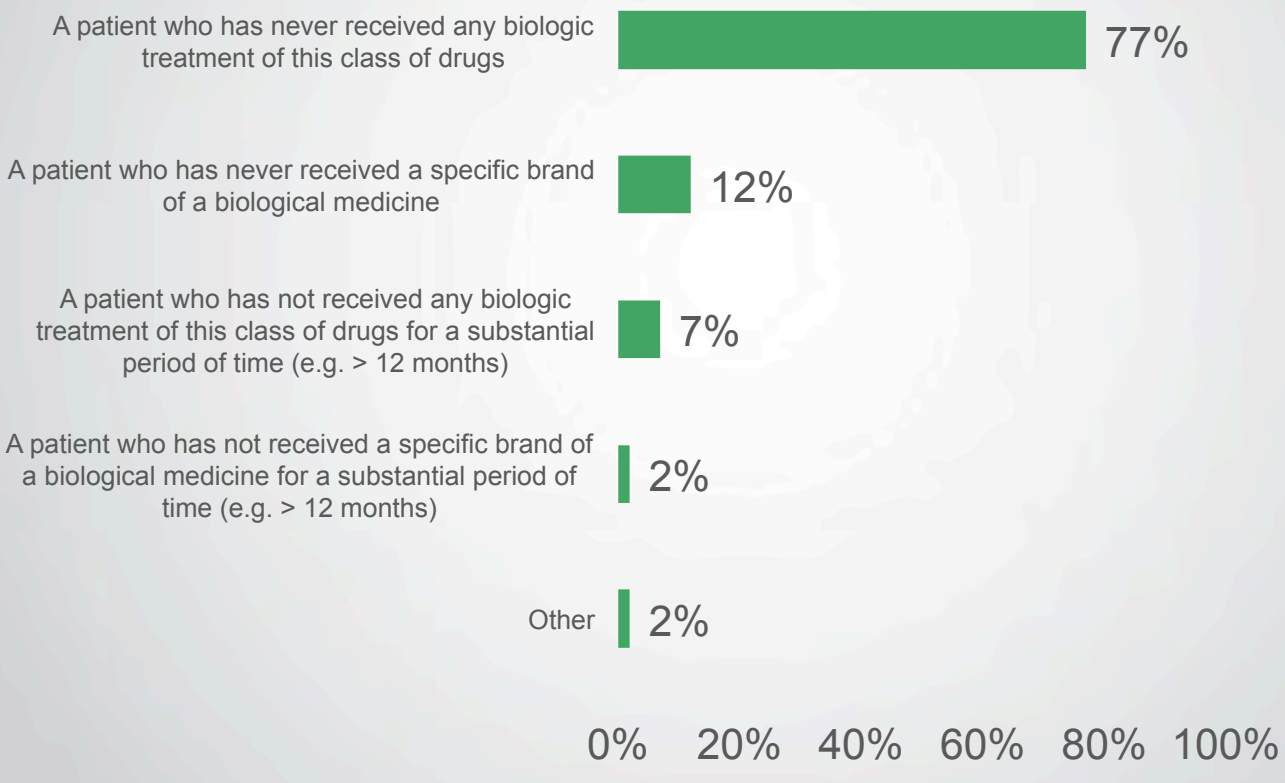


Defining "bio-naive"

All Countries

"How do you define "bio-naïve" patients with respect to biologics?" (N=399)



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All Countries

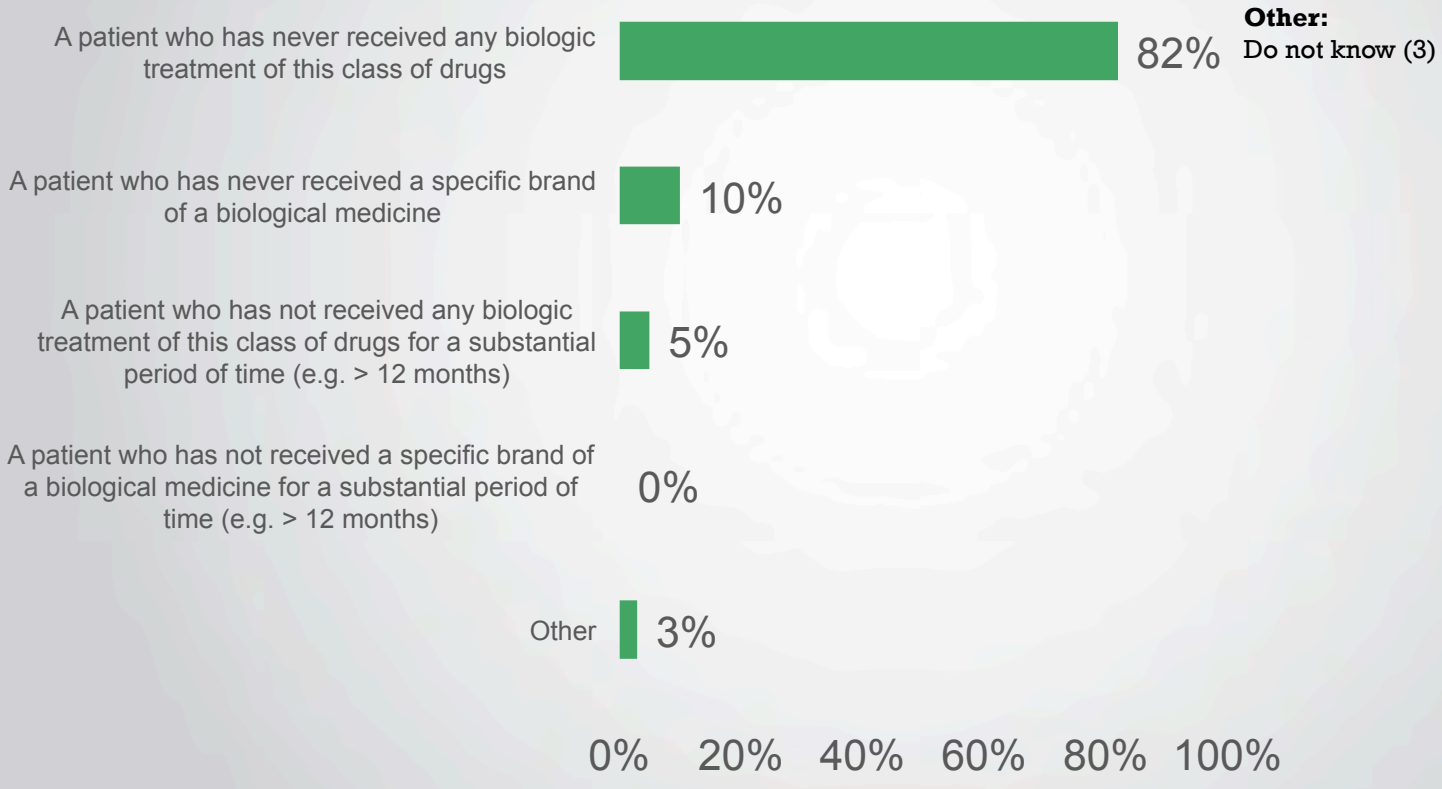
"How do you define "bio-naïve" patients with respect to biologics?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
A patient who has never received a specific brand of a biological medicine	12%	10%	9%	13%	15%
A patient who has never received any biologic treatment of this class of drugs	77%	**82% D**	81%	77%	**70%**
A patient who has not received a specific brand of a biological medicine for a substantial period of time (e.g. > 12 months)	2%	0%	2%	3%	4%
A patient who has not received any biologic treatment of this class of drugs for a substantial period of time (e.g. > 12 months)	7%	5%	8%	4%	10%
Other	2%	3%	0%	3%	1%

Defining "bio-naive"

"How do you define "bio-naïve" patients with respect to biologics?" (N=99)

Argentina

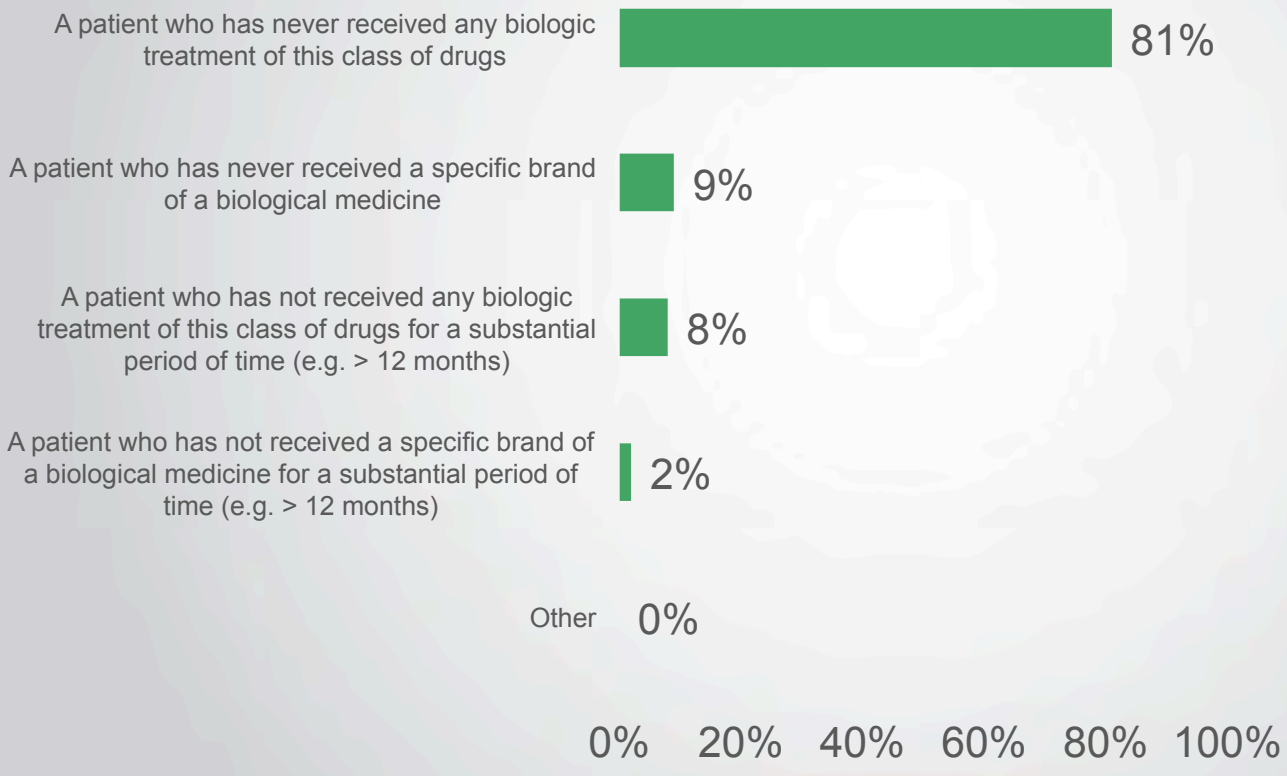


Other:
Do not know (3)

Defining "bio-naive"

"How do you define "bio-naïve" patients with respect to biologics?" (N=101)

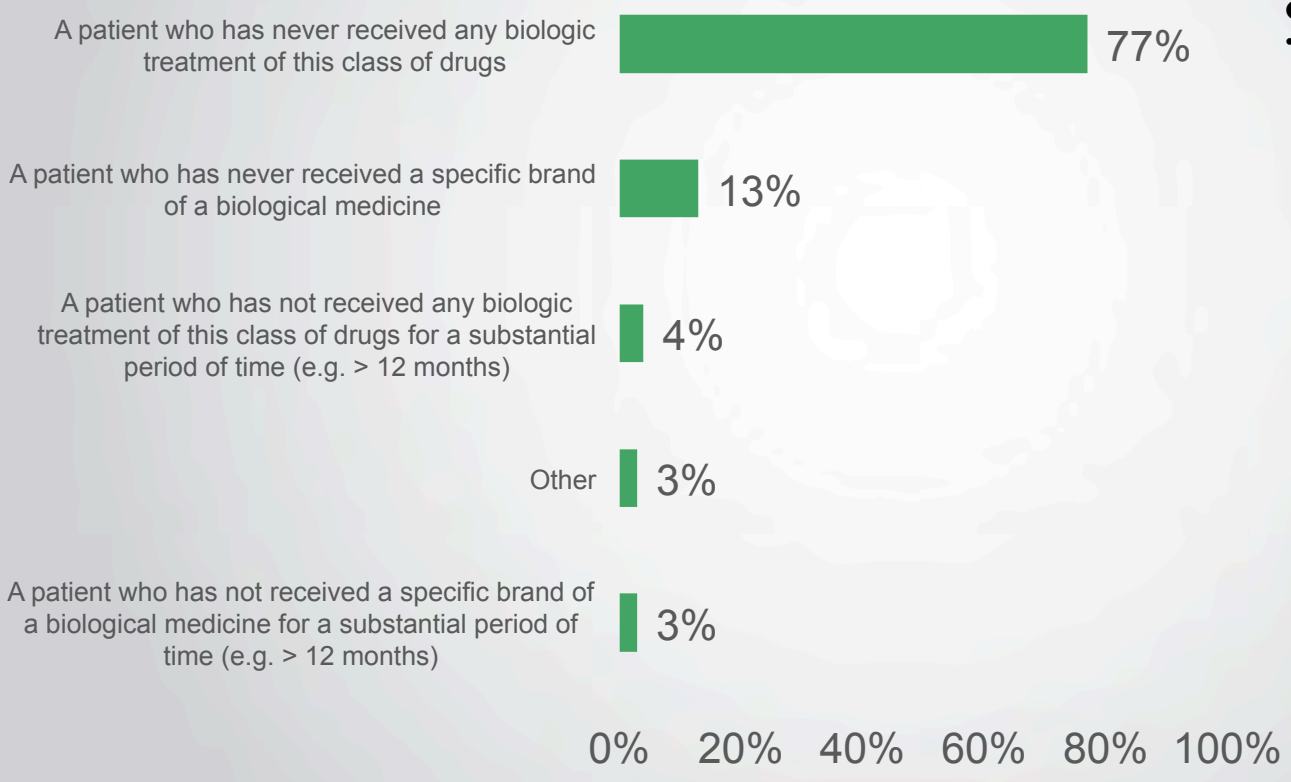
Brazil



Defining "bio-naive"

"How do you define "bio-naïve" patients with respect to biologics?" (N=100)

Columbia



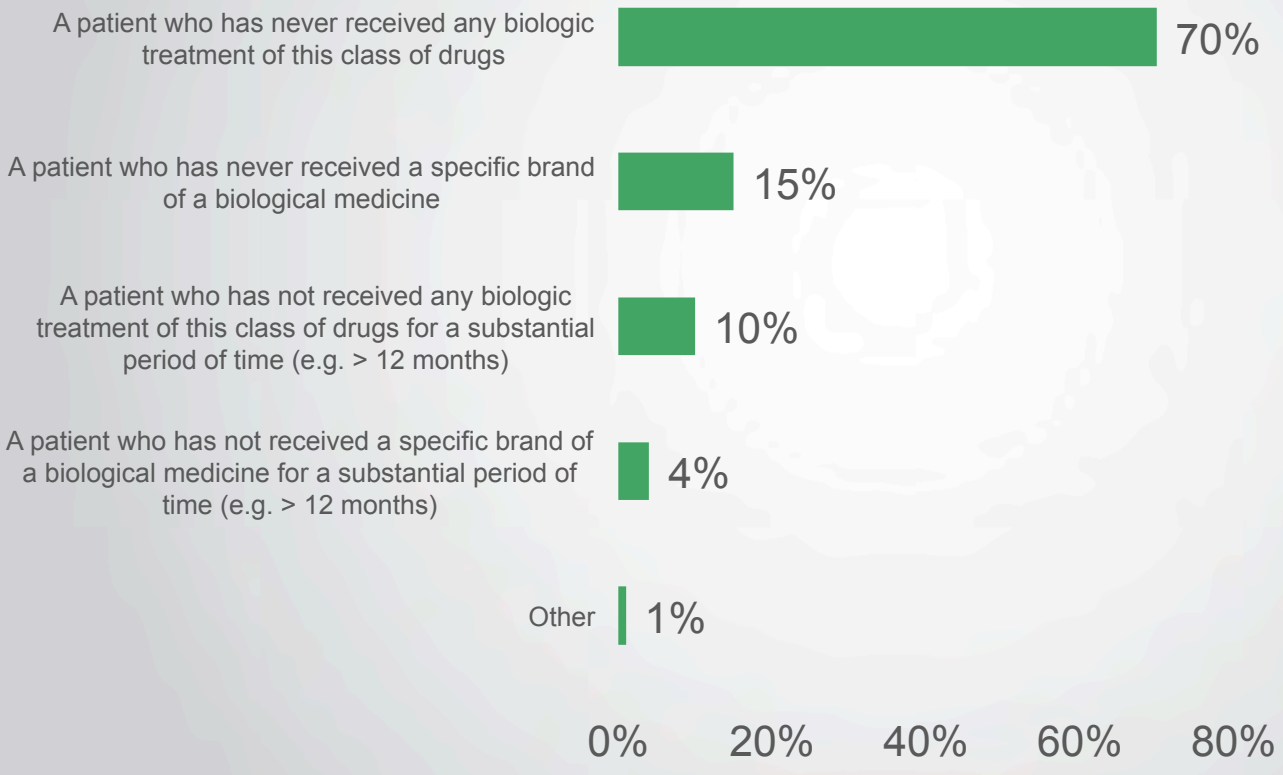
Other:

- DO NOT KNOW (3)

Defining "bio-naive"

"How do you define "bio-naïve" patients with respect to biologics?" (N=99)

Mexico

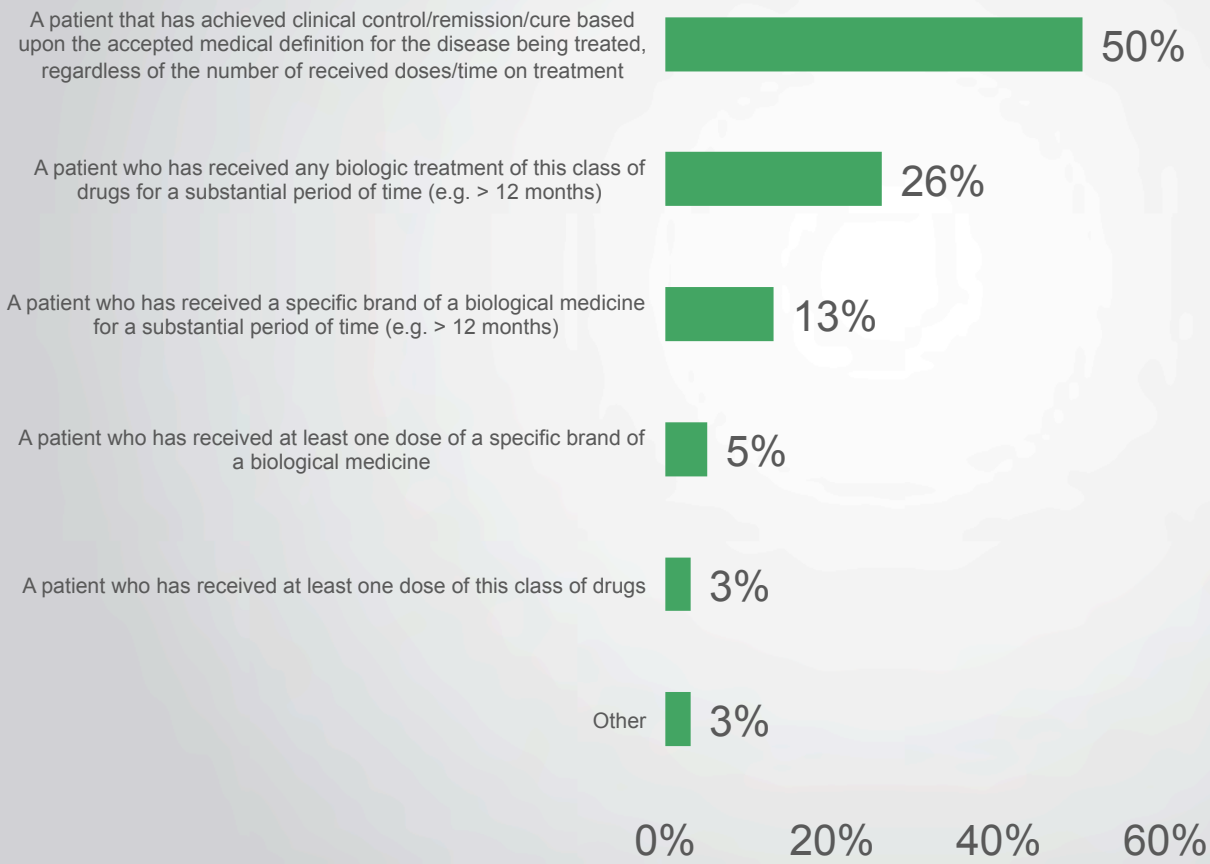


Other:
DO NOT KNOW

Defining "stable patients"

All Countries

"How do you define a "stable" patient with respect to biologics? " (N=399)



Other:

- A PATIENT WHO HAS RECEIVED SUCH TREATMENT AND THE DISEASE HAS NOT WORSENED
- I DO NOT KNOW (8)
- IN THE NEUROLOGICAL PATIENTS, THE EVIDENCE GETS THE DESIRED EFFECT WITHIN ONE YEAR

Defining "stable patients"

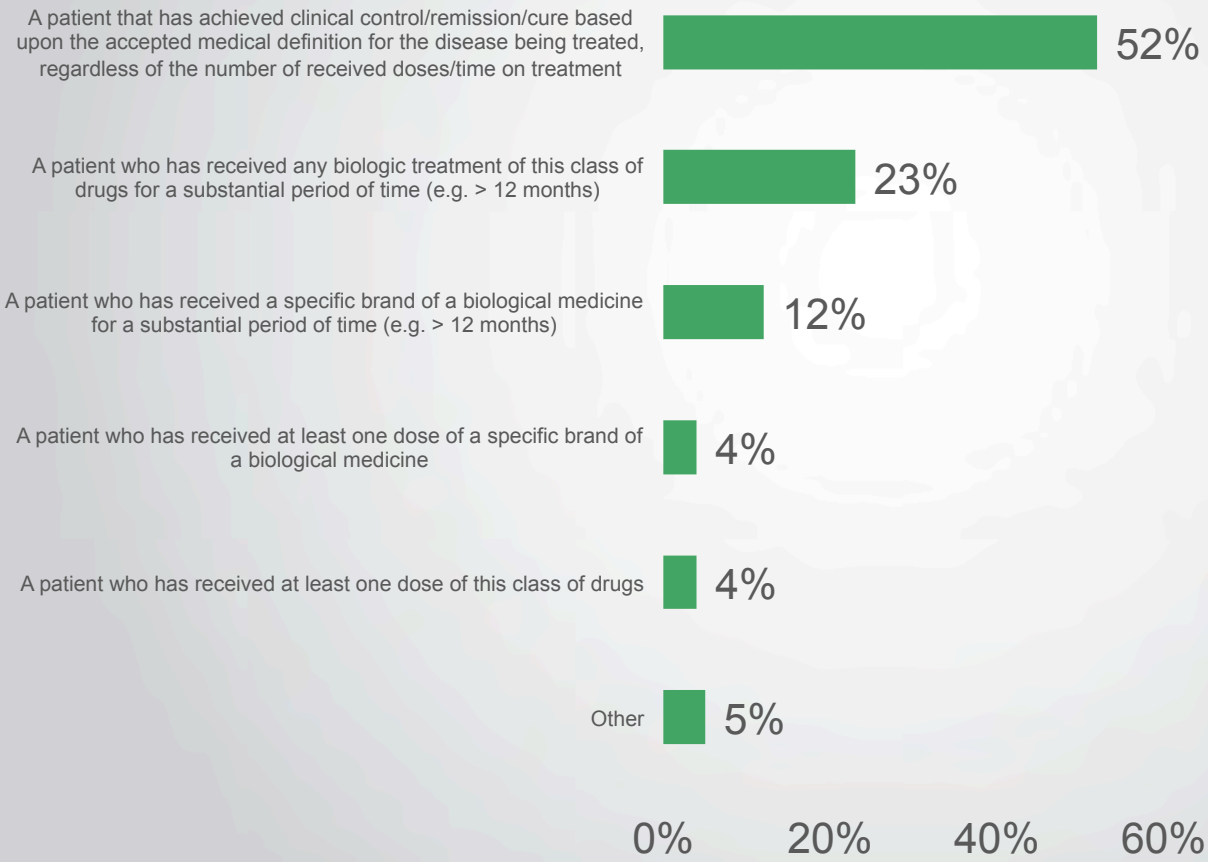
All Countries

"How do you define a "stable" patient with respect to biologics? " (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
A patient that has achieved clinical control/ remission/cure based upon the accepted medical definition for the disease being treated, regardless of the number of received doses/time on treatment	50%	52%	**41%**	**59% B**	48%
A patient who has received a specific brand of a biological medicine for a substantial period of time (e.g. > 12 months)	13%	12%	16%	14%	8%
A patient who has received any biologic treatment of this class of drugs for a substantial period of time (e.g. > 12 months)	26%	23%	32%	20%	30%
A patient who has received at least one dose of a specific brand of a biological medicine	5%	4%	8%	2%	6%
A patient who has received at least one dose of this class of drugs	3%	4%	3%	1%	5%
Other	3%	5%	1%	4%	2%

Defining “stable patients”

“How do you define a “stable” patient with respect to biologics? ” (N=99)



Other:

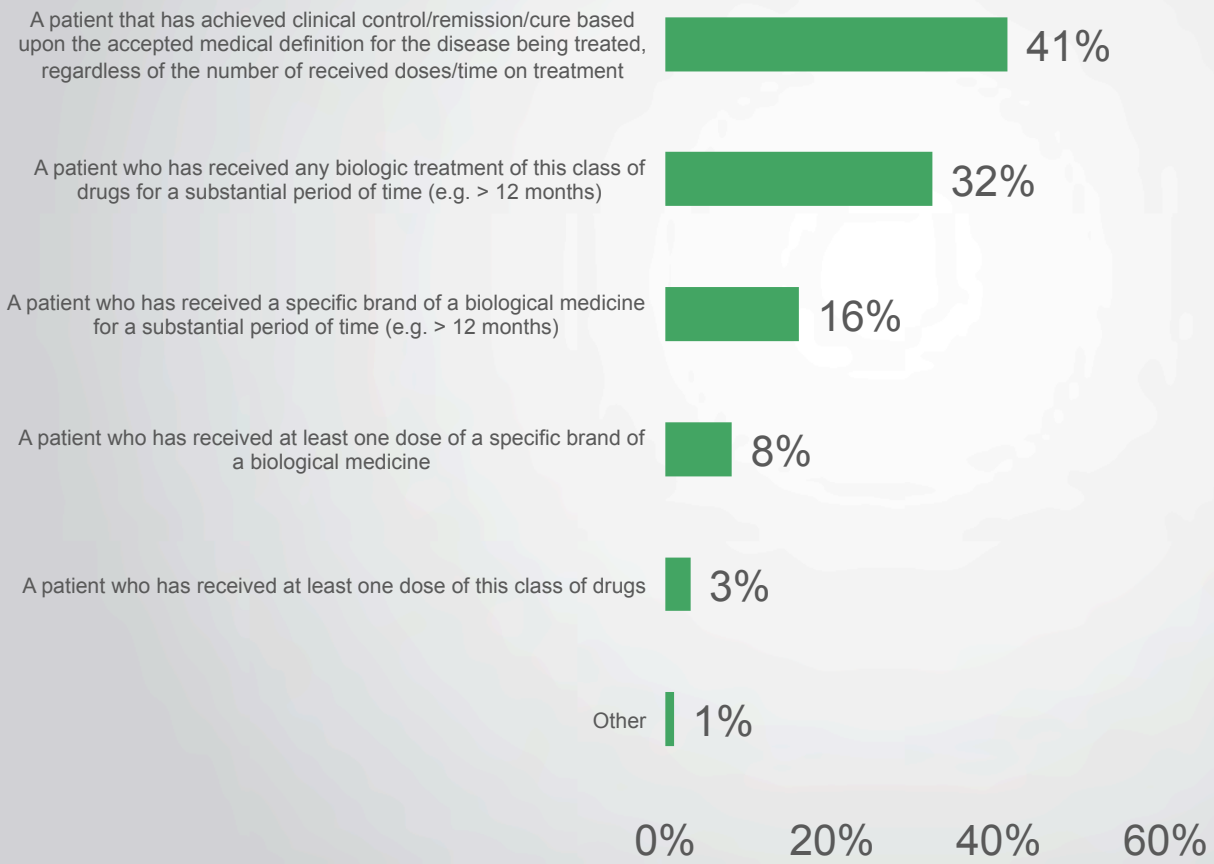
- I DO NOT KNOW (4)
- A PTIENT WHO HAS RECEIVED SUCH TREATMENT AND THEIR CONDITION HAS NOT WORSENED

Argentina

Defining "stable patients"

"How do you define a "stable" patient with respect to biologics? " (N=101)

Brazil



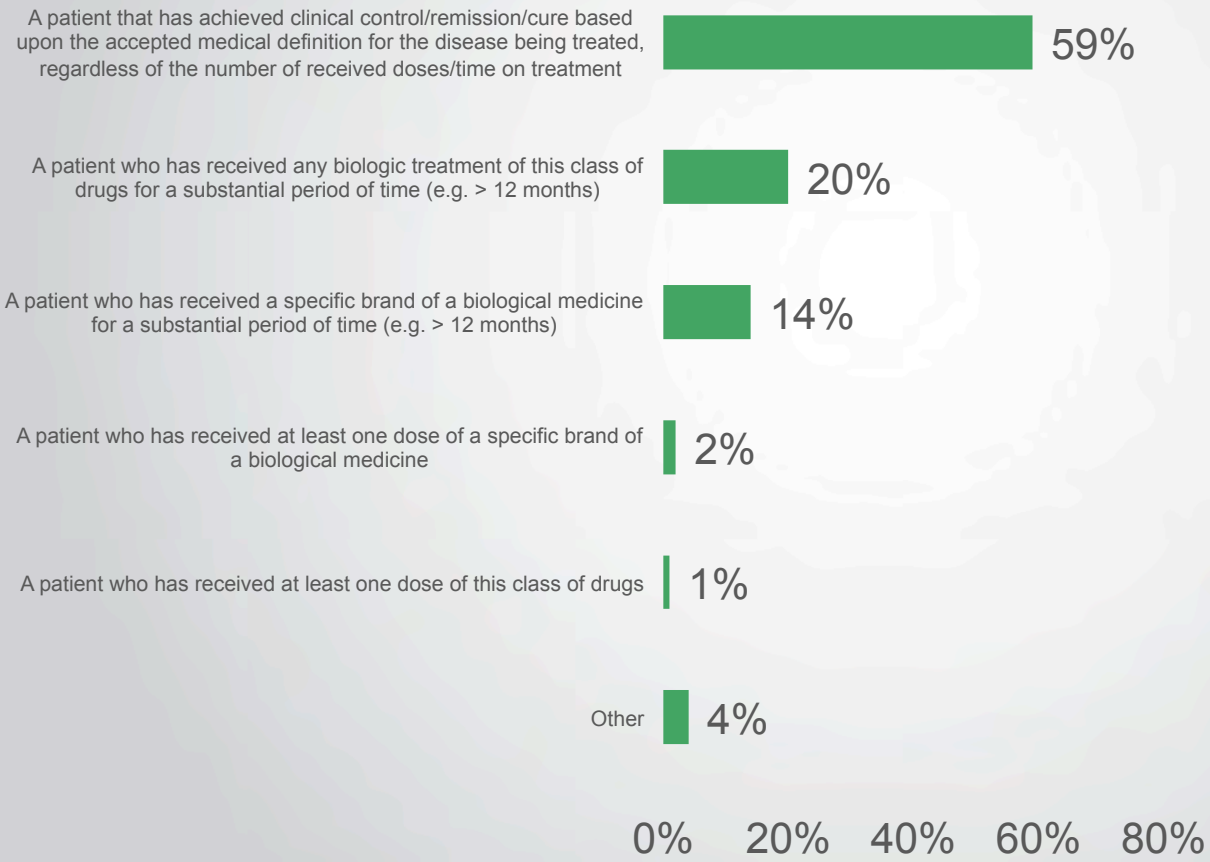
Other:

- NEVER HEARD OF THIS TERM

Defining "stable patients"

"How do you define a "stable" patient with respect to biologics? " (N=100)

Columbia



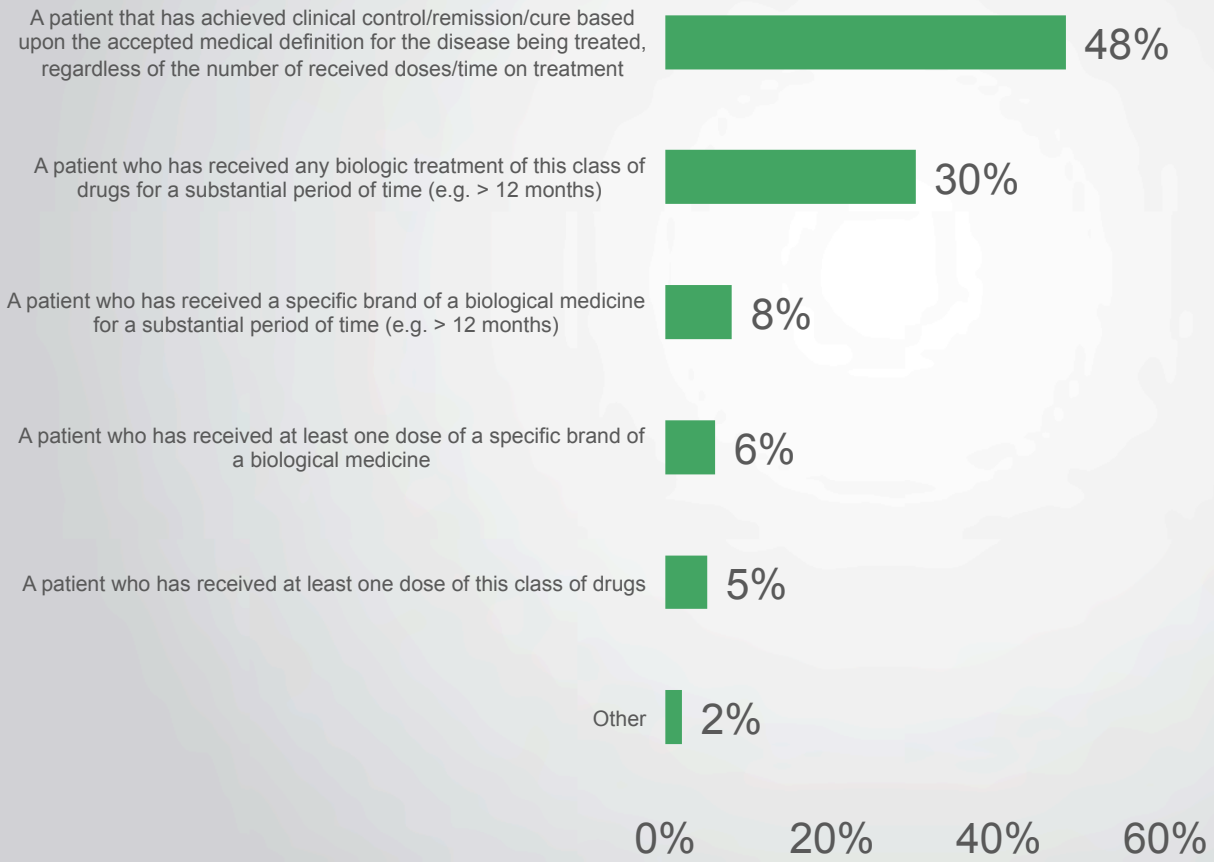
Other:

- DO NOT KNOW (3)
- EVIDENCE THAT THE DESIRED EFFECT IS REACHED AT LEAST 1 YEAR

Defining "stable patients"

"How do you define a "stable" patient with respect to biologics? " (N=99)

Mexico



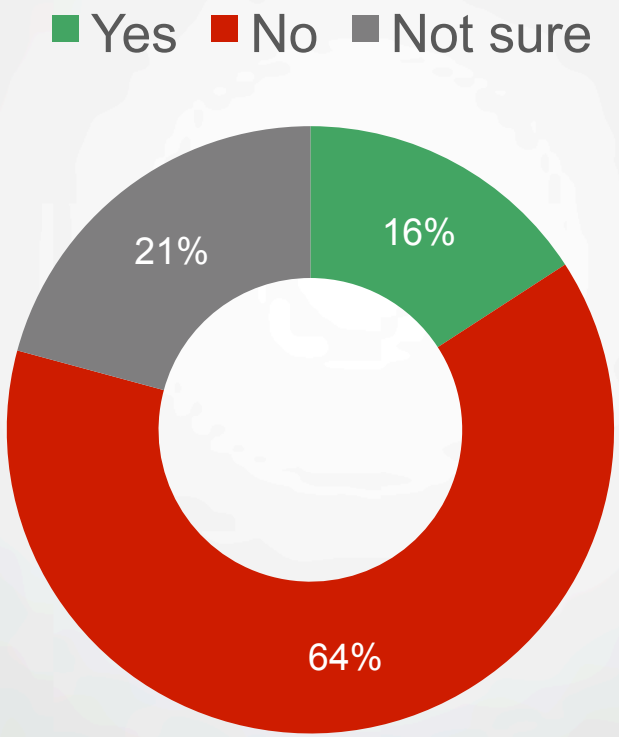
Other:

- DO NOT KNOW (2)

Switching to biologic for cost reasons

All Countries

"Would you currently be comfortable with switching a patient on a biologic to another biologic for cost, not medical, reasons?" (N=399)



Switching to biologic for cost reasons

All Countries

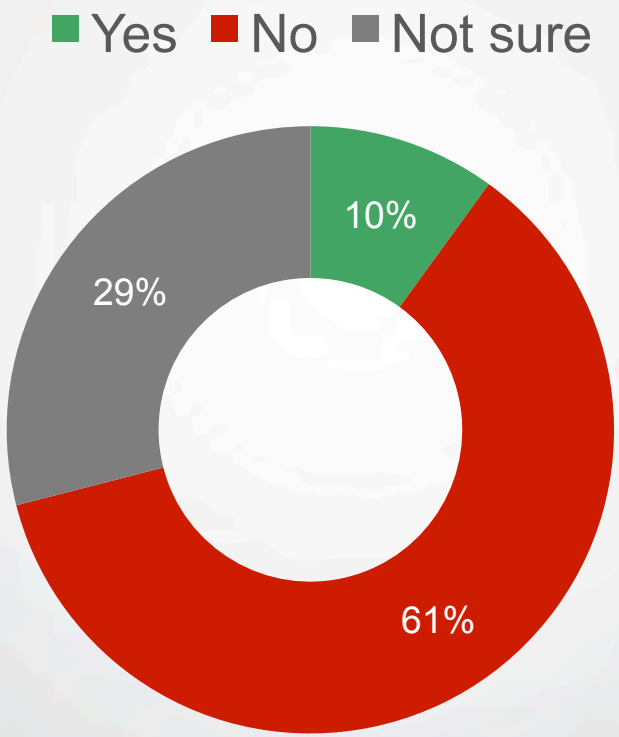
"Would you currently be comfortable with switching a patient on a biologic to another biologic for cost, not medical, reasons?" (N=399)

	Total N=399	Argentina N=99 A	Brazil N=101 B	Columbia N=100 C	Mexico N=99 D
Yes	16%	**10%**	**24% A,C**	**7%**	**22% A,C**
No	64%	**61%**	**53%**	**88% A,B,D**	**53%**
Not sure	21%	**29% C**	**23% C**	**5%**	**25% C**

Switching to biologic for cost reasons

Argentina

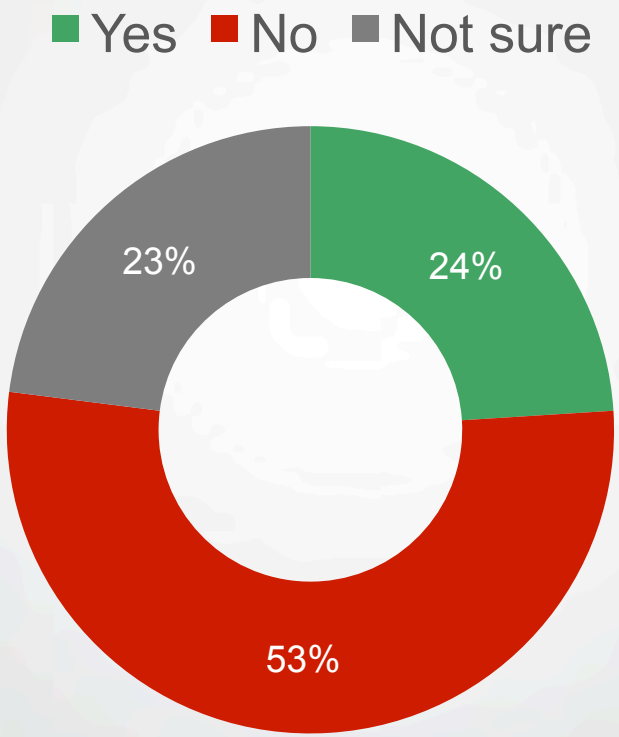
"Would you currently be comfortable with switching a patient on a biologic to another biologic for cost, not medical, reasons?" (N=99)



Switching to biologic for cost reasons

"Would you currently be comfortable with switching a patient on a biologic to another biologic for cost, not medical, reasons?" (N=101)

Brazil



Switching to biologic for cost reasons

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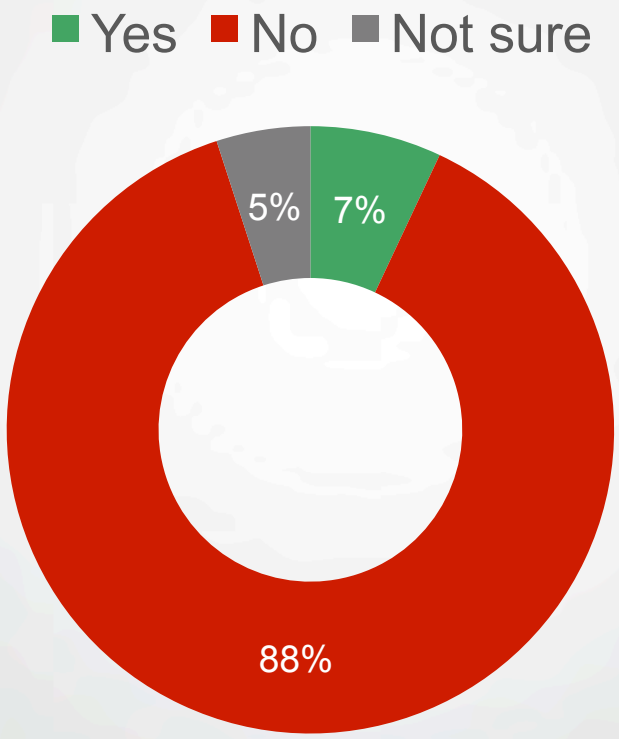
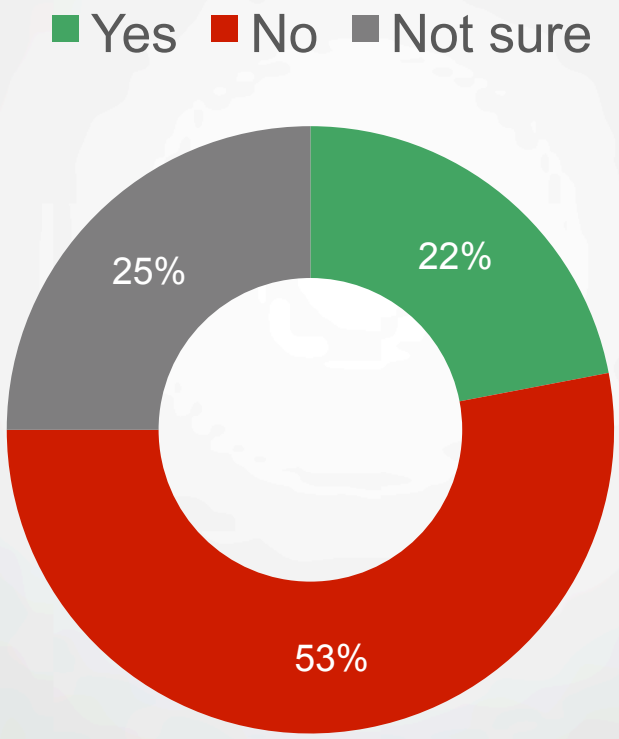
Columbia



Switching to biologic for cost reasons

"Would you currently be comfortable with switching a patient on a biologic to another biologic for cost, not medical, reasons?" (N=99)

Mexico