ASBM
Canadian Ophthalmologist Biologics / Biosimilars Study

November 2022 – Ophthalmology Specialty Analysis

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November. 2022

Goal:

- Understand prescribers' attitudes, beliefs, and intentions toward biosimilars medications

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Methodology & Demographics

Data Collection Methodology

On behalf of Alliance for Safe Biologic Medicines (ASBM), Industry Standard Research (ISR) conducted a web-based quantitative survey with 41 participants

All participants practice ophthalmology in Canada

A leading 3rd party physician panel was used to recruit research participants

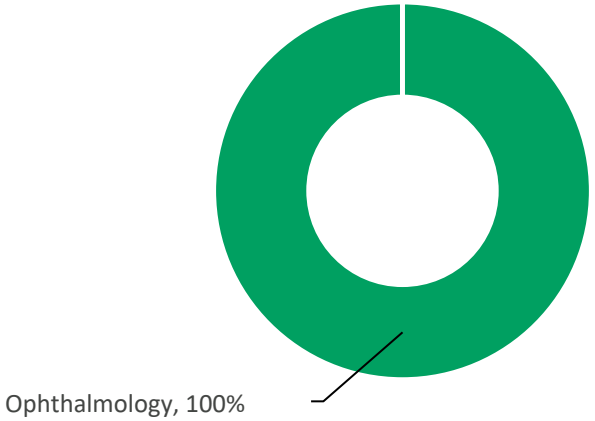
Research was conducted in October-November 2022

ASBM was not identified as the sponsor of the research

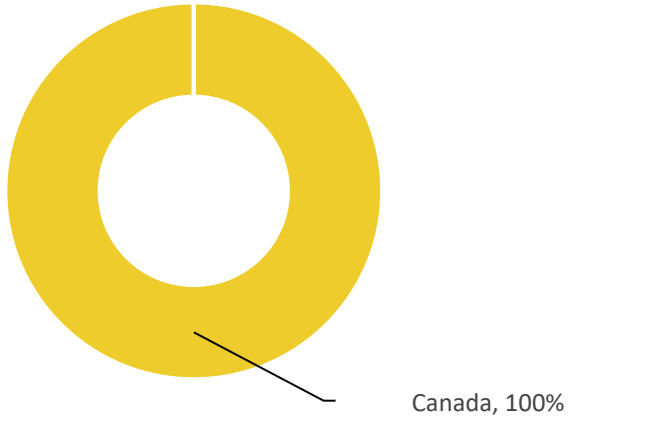
Participants were provided an honorarium for their time

Respondent Profile (n=41)

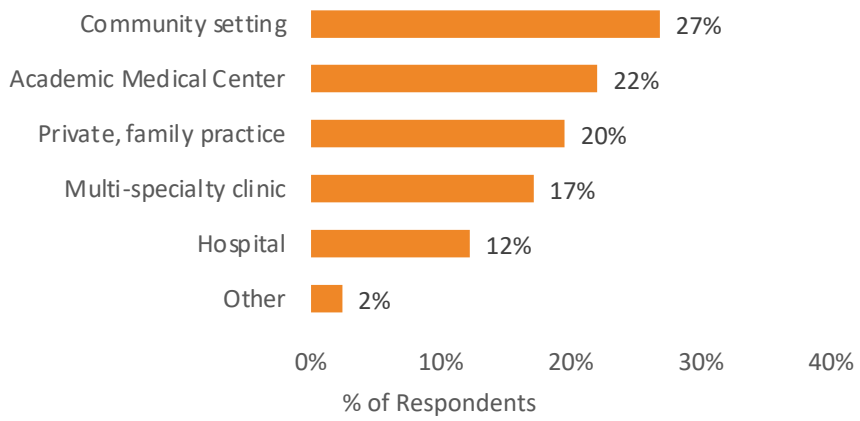
Therapeutic Specialty



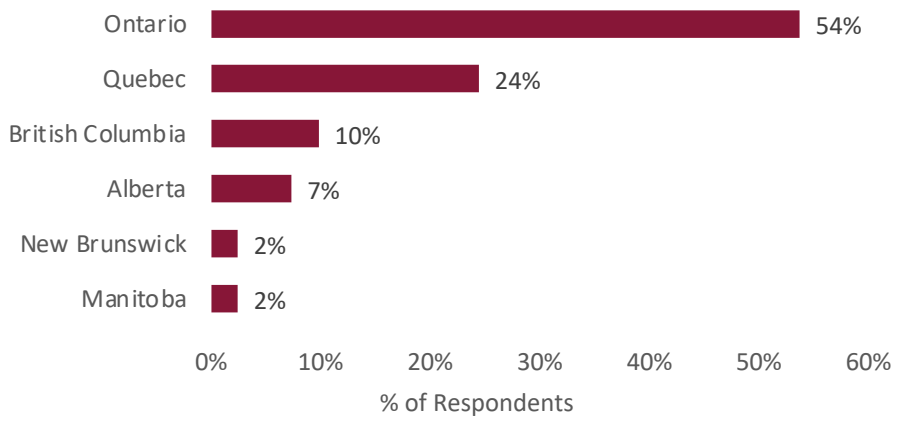
Country



Practice Type

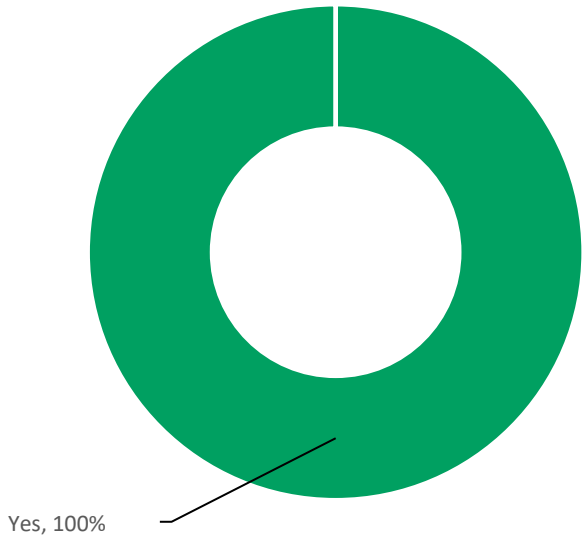


Canadian Territory/Province Representation

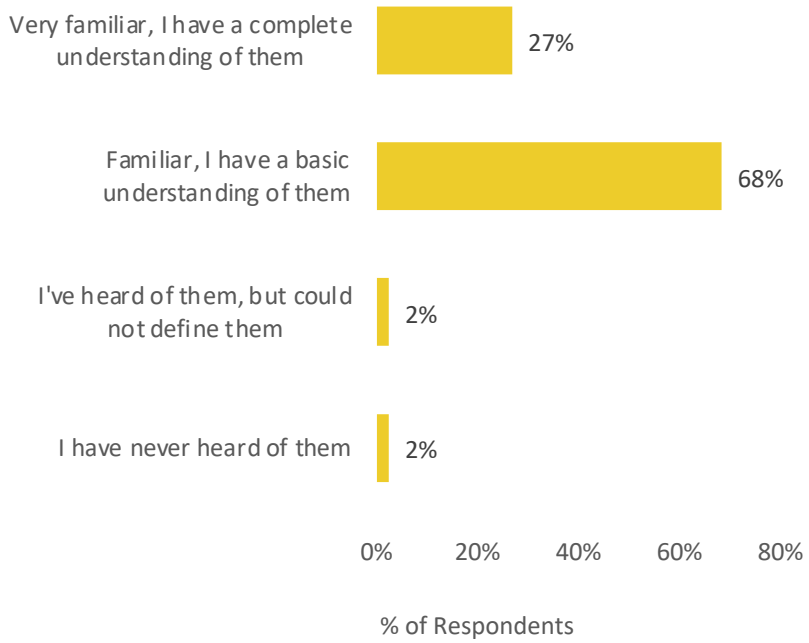


Respondent Profile (n=41)

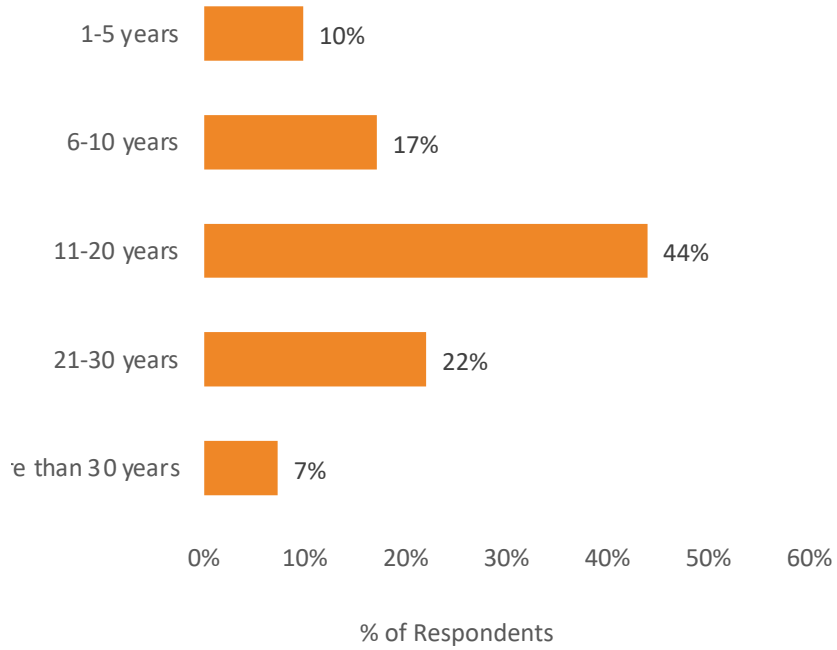
Prescribe Biologics In Your Practice?



Familiarity With Biosimilars



Tenure In Medical Practice



Primary Findings –

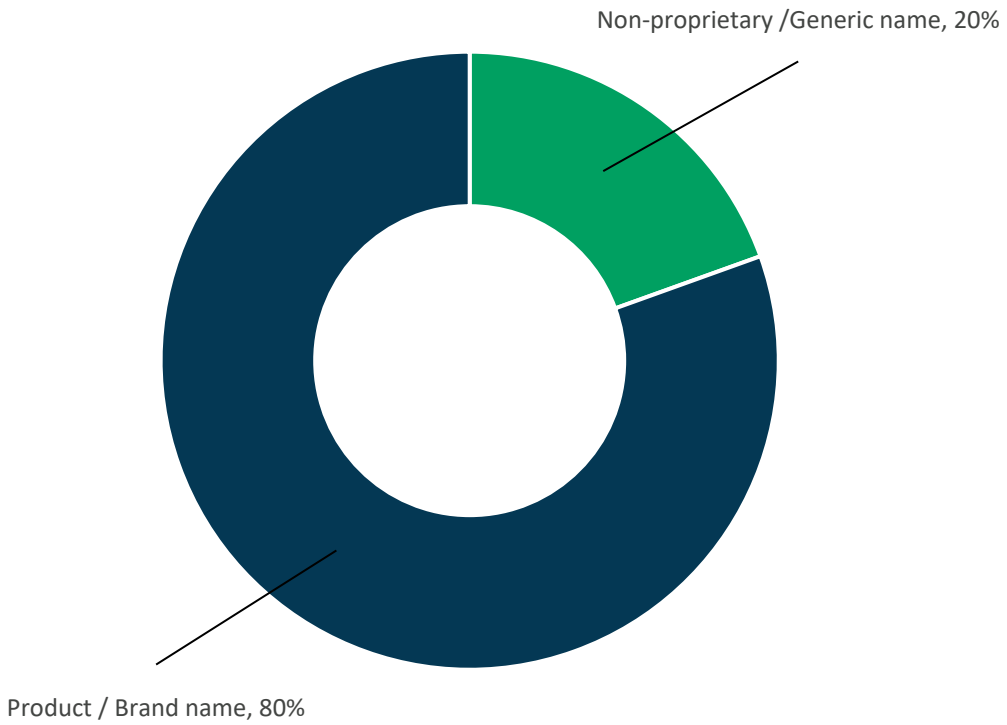
Product Identification

Explanatory Text

- Given immediately preceding Q7
  - Biologic medicines are therapeutic proteins produced using living cells. The active substances of biological medicines are larger and more complex than those of non-biological medicines. A biosimilar medicine is a biological medicine that is developed to be similar to an existing biological medicine (the 'reference product'). Biosimilars are not the same as generics, which have simpler chemical structures and are considered to be identical to their reference medicines.
  - In Canada biologics and biosimilars are approved nationally by Health Canada under the New Drug Submission pathway. As a result of patent expiry on the originator products, biosimilars are increasingly becoming available in Canada. Unique to Canada, the patient support program (PSP) for a biologic is paid for by the manufacturer and a change in biologic medications means a change in PSP if the manufacturer is different.

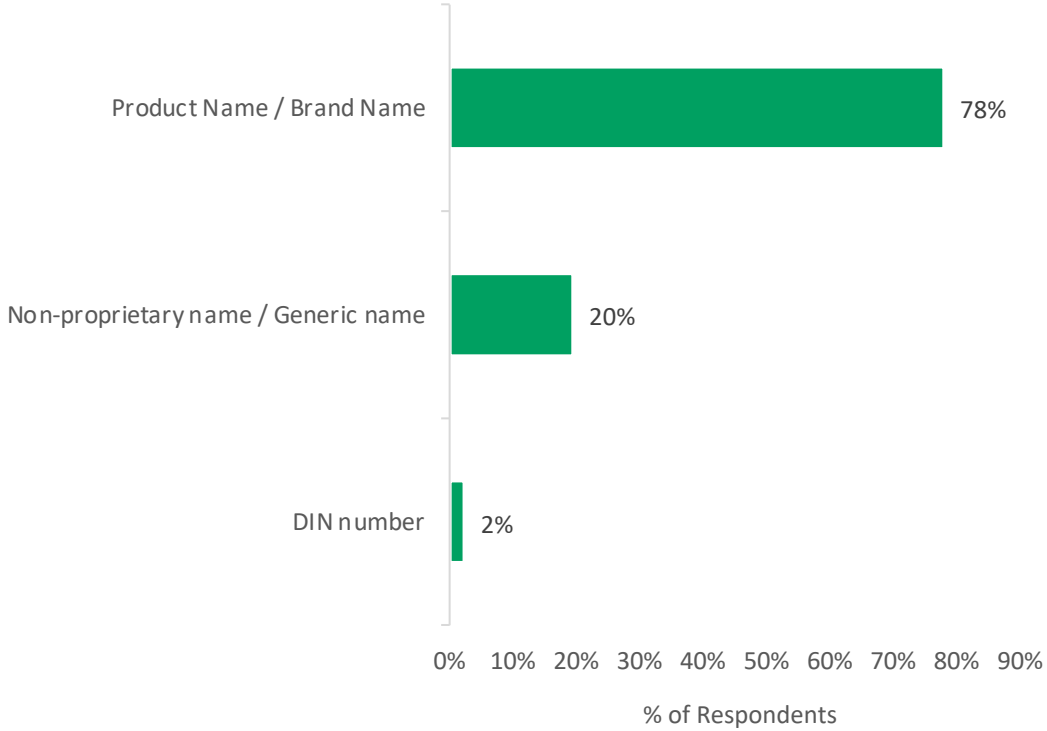
Product Identification

Q7. When you identify the prescription of a biologic drug in your patient record, are you likely to identify the medicine by: (n=41)



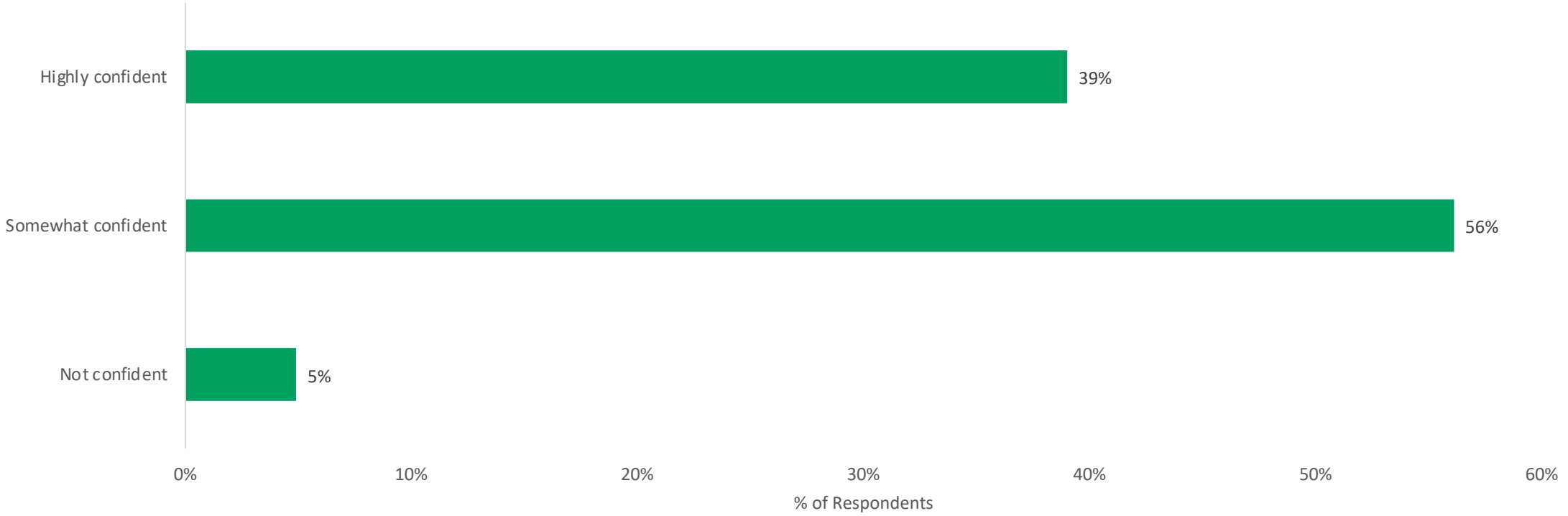
Q8. Physicians play an important role in the identification and reporting of unexpected or serious adverse events to Health Canada and manufacturers.

In the context of identifying a biologic for purposes of reporting an adverse event, how do you identify the medication? (n=41)



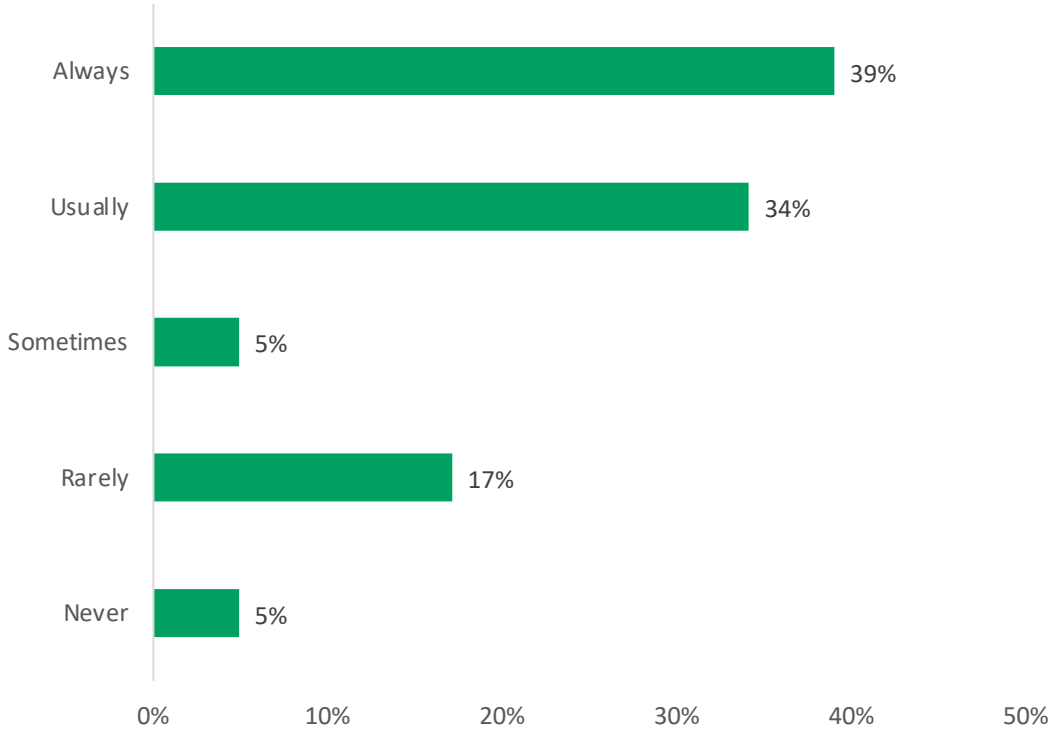
Product Identification

Q9. How confident are you in the Canadian pharmacovigilance system's ability to accurately identify the specific product, at the brand name level, that might be responsible for an adverse drug reaction? (n=41)

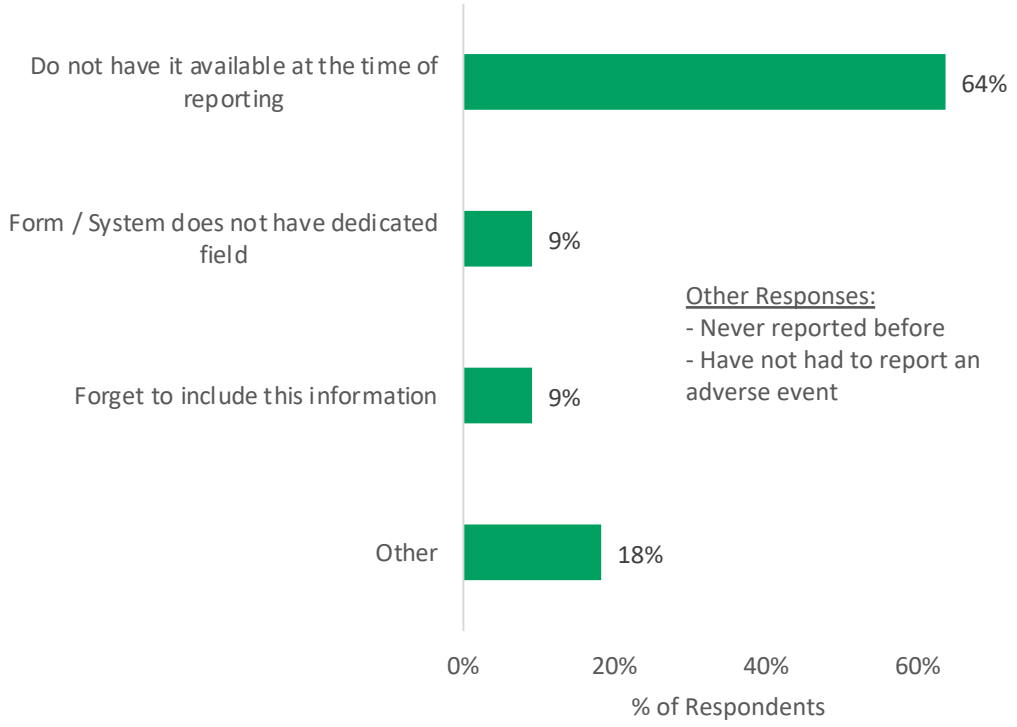


Product Identification

Q10. How often do you include the lot/batch number when reporting adverse events? (n=41)



Q11. What is the main reason for not reporting the batch number? (n=11, displayed only respondents who sometimes, rarely, or never include the batch number))



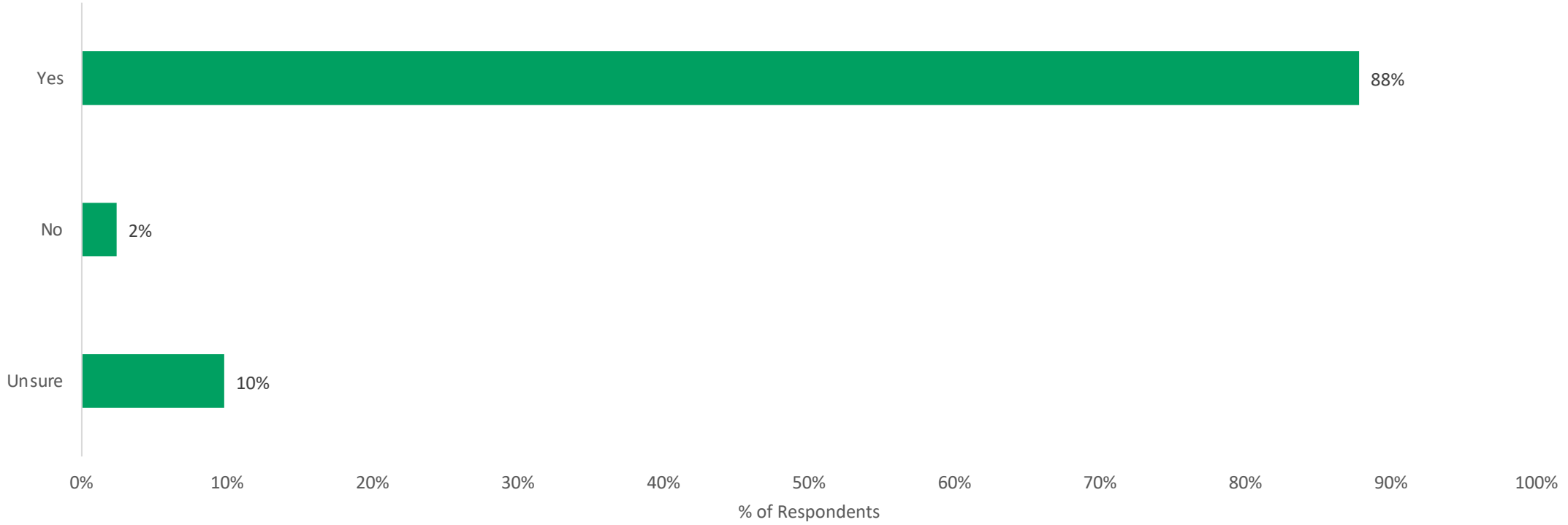
Explanatory Text

- Given immediately preceding Q12
  - In 2015, the World Health Organization's International Nonproprietary Names (INN) Programme proposed that a distinguishing suffix be appended to all biologic medicines, including biosimilars, that share an INN to clearly differentiate them from each other and improve global pharmacovigilance. Health Canada was an early supporter of this proposal, and has indicated it would harmonize with the WHO if this system were made available.

  - Health Canada has also held talks about harmonizing nomenclature with the United States, which uses suffix system similar to that proposed by the WHO. Health Canada currently relies on self-reporting of brand name and Drug Identification Number (DIN) to differentiate similar products from one another.

Product Identification

Q12. Would you support Health Canada harmonizing internationally by adopting a distinct suffix system? (n=41)

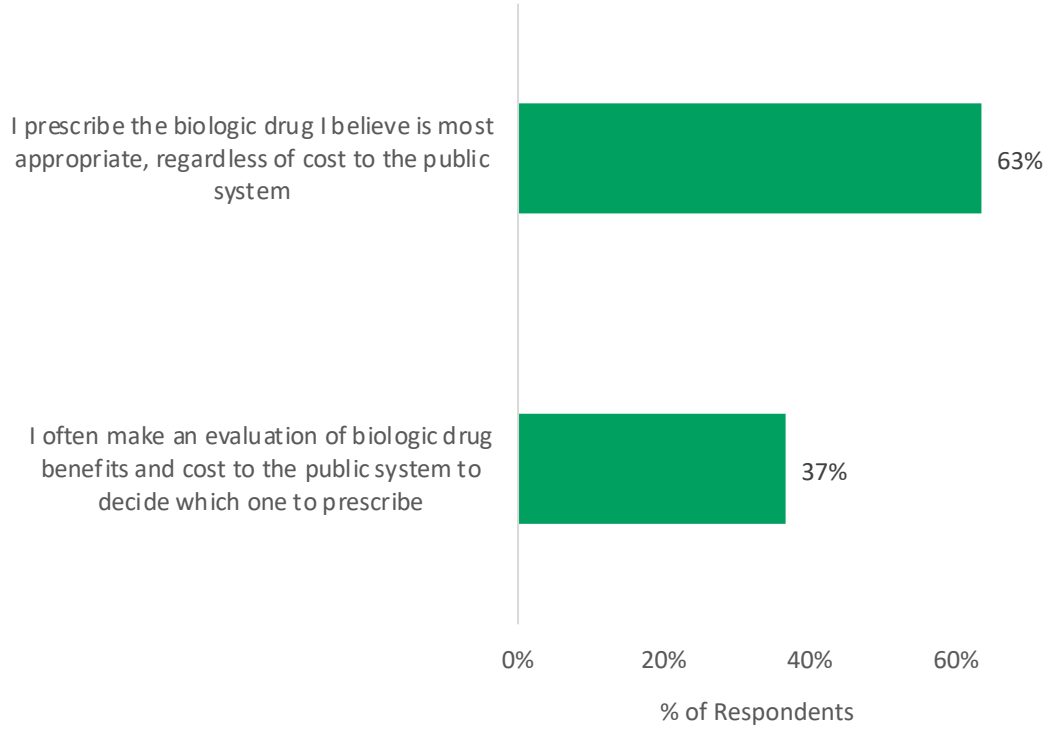


Primary Findings –

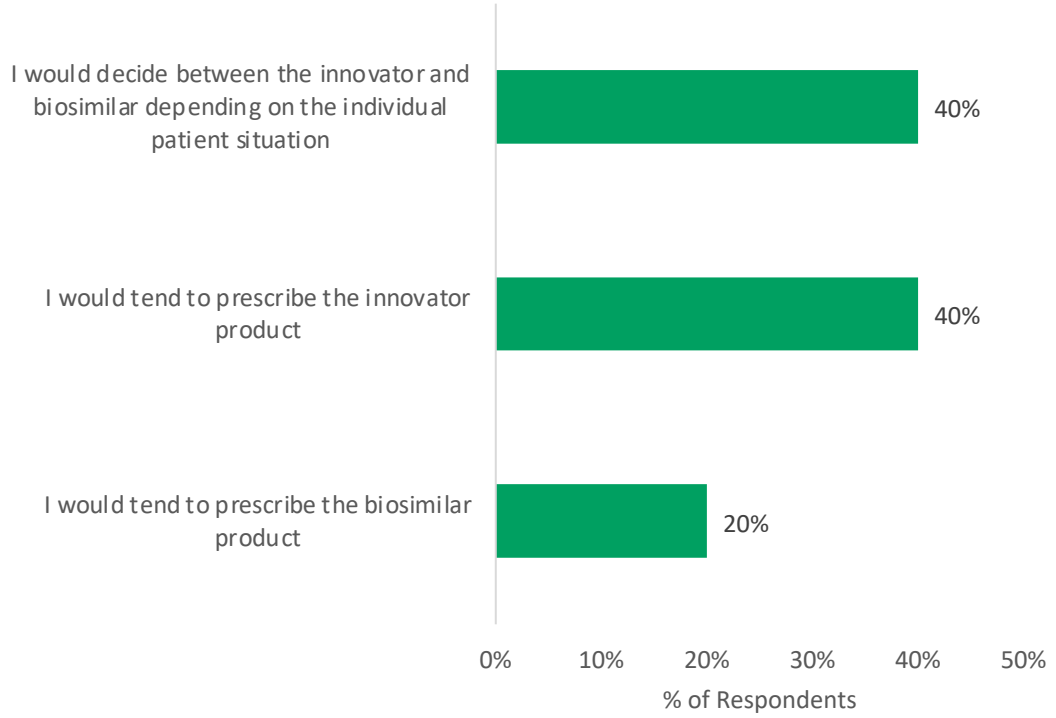
Prescribing Biologics

Prescribing Biologics

Q13. How do costs to the public system impact which biologic drug you prescribe? (n=41)

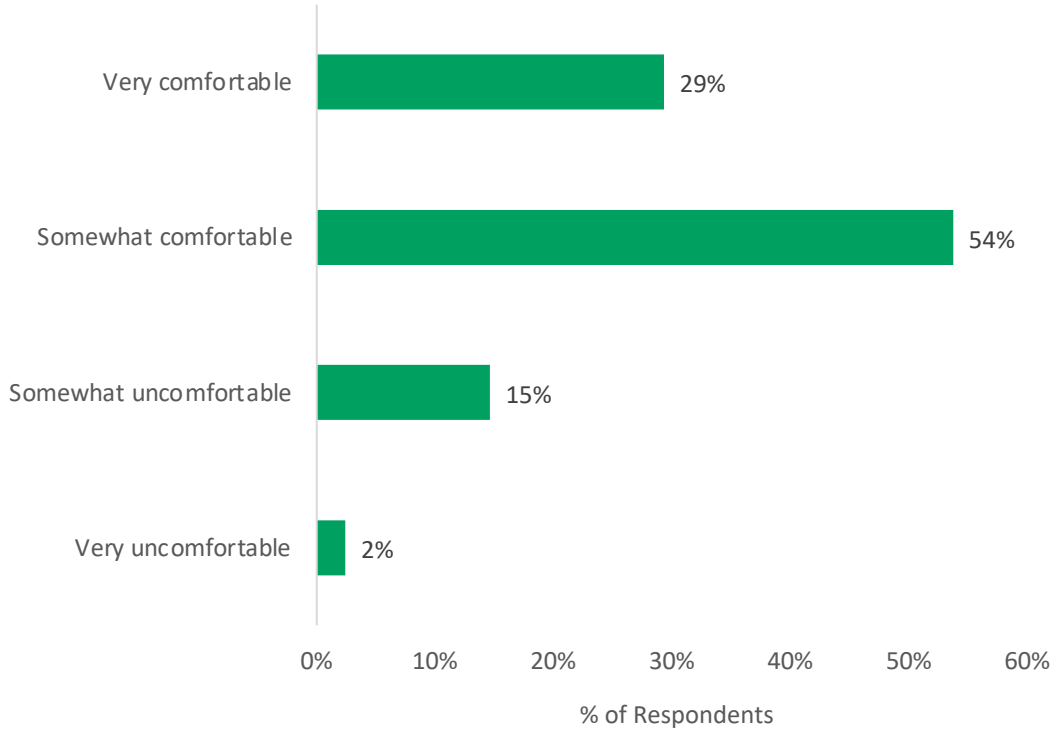


Q14. If cost to the public system were not a factor, how would that impact your choice of originator biologic vs. biosimilar prescription? (n=15, displayed to respondents who often make an evaluation of drug benefits and cost, or who usually prescribe the lowest cost biologic drug in Q13)

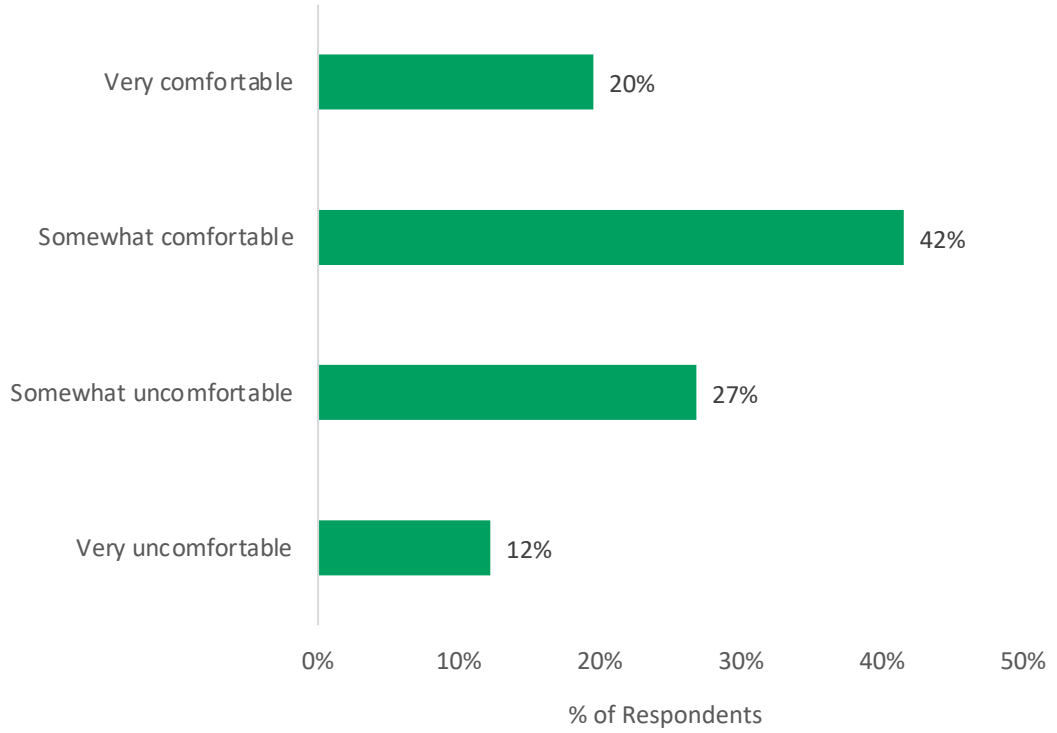


Prescribing Biologics

Q15. How comfortable are you in prescribing a biosimilar to a "treatment-naïve" patient? (n=41)

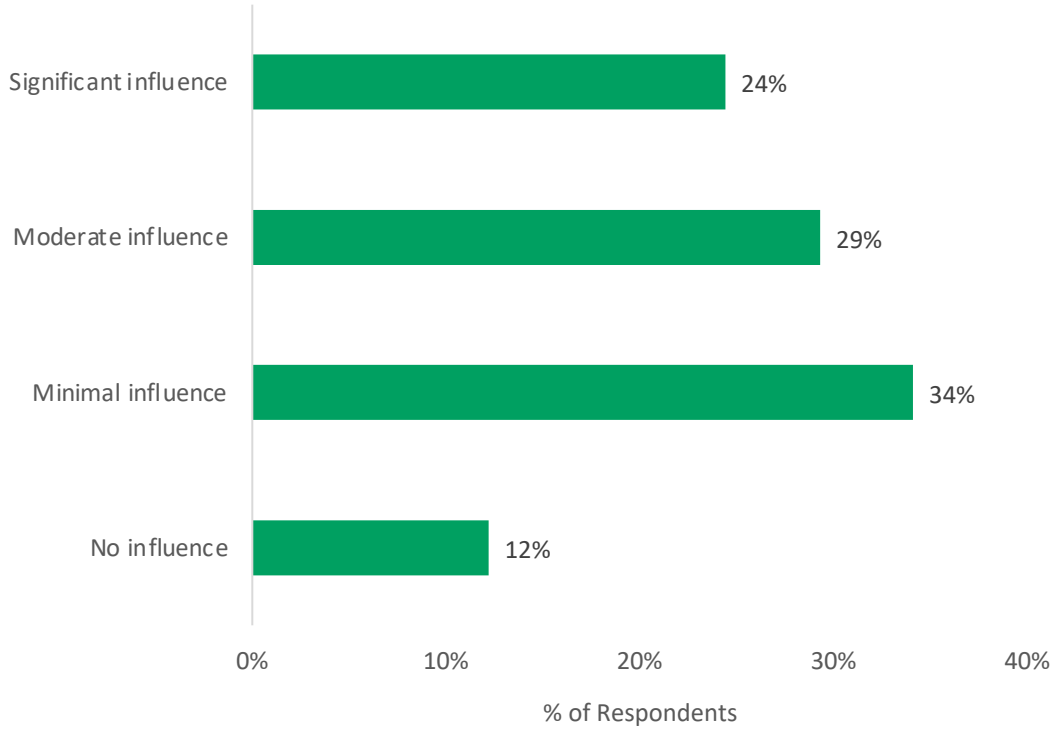


Q16. How comfortable are you with switching a stable patient from one medicine to a biosimilar? (n=41)

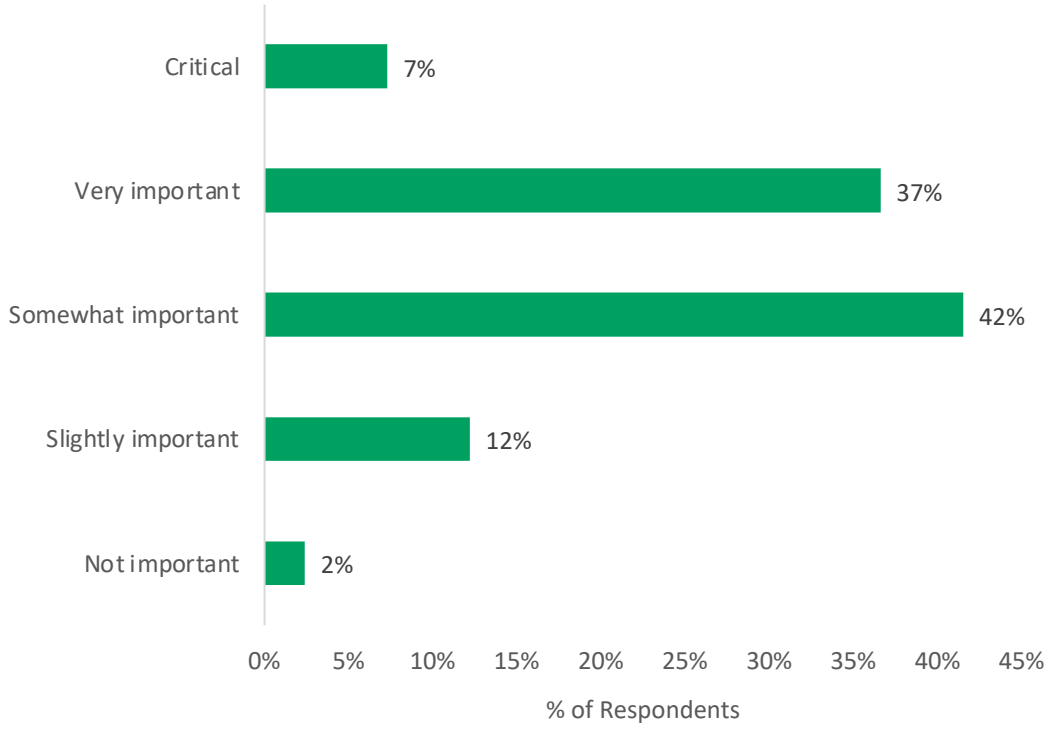


Prescribing Biologics

Q17. Does the quality of a biologic's patient support program have an influence on which biologic you prescribe? (n=41)



Q18. In your opinion, how important is patient education on biosimilars prior to switching a patient to a biosimilar? (n=41)



Primary Findings –

Biosimilar Substitution

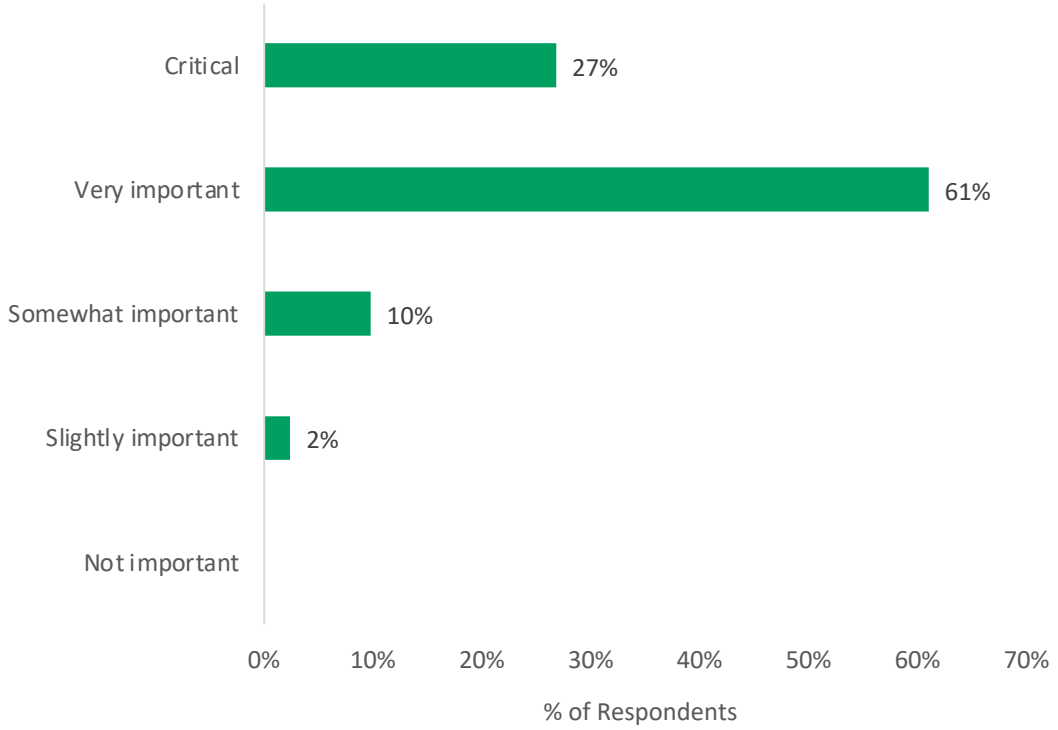
Explanatory Text

- Given immediately preceding Q19
  - Health Canada has stated, biosimilars are not “generic biologics”… authorization of a biosimilar is not a declaration of pharmaceutical equivalence, bioequivalence or clinical equivalence to the reference biologic drug. – Health Canada Biosimilar Guidance Document, November 2019.

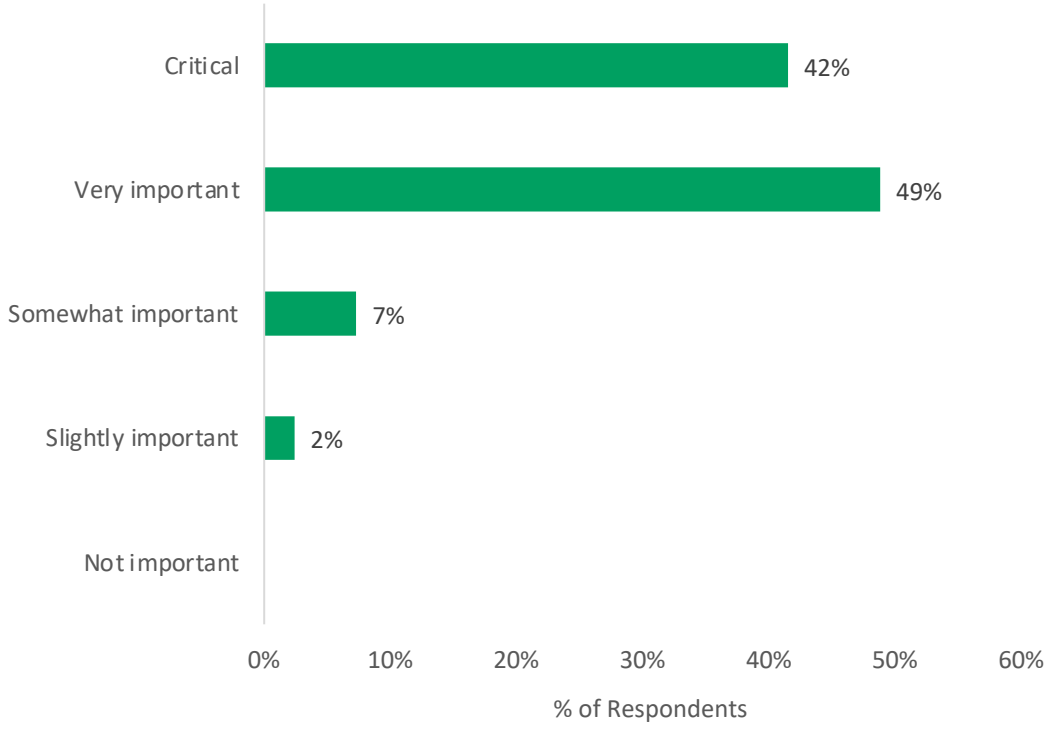
  - In Canada, the term "interchangeability" often refers to the ability for a patient to be changed from one drug to another equivalent drug, by a pharmacist, without the intervention of the prescriber who wrote the prescription. The authority to declare two products interchangeable rests with each province/territory according to its own rules and regulations.

Biosimilar Substitution

Q19. In a situation where substitution by a pharmacist is an option in your province, how important would it be for you to have the authority to designate a biologic medicine as "DISPENSE AS WRITTEN" or "DO NOT SUBSTITUTE"? (n=41)

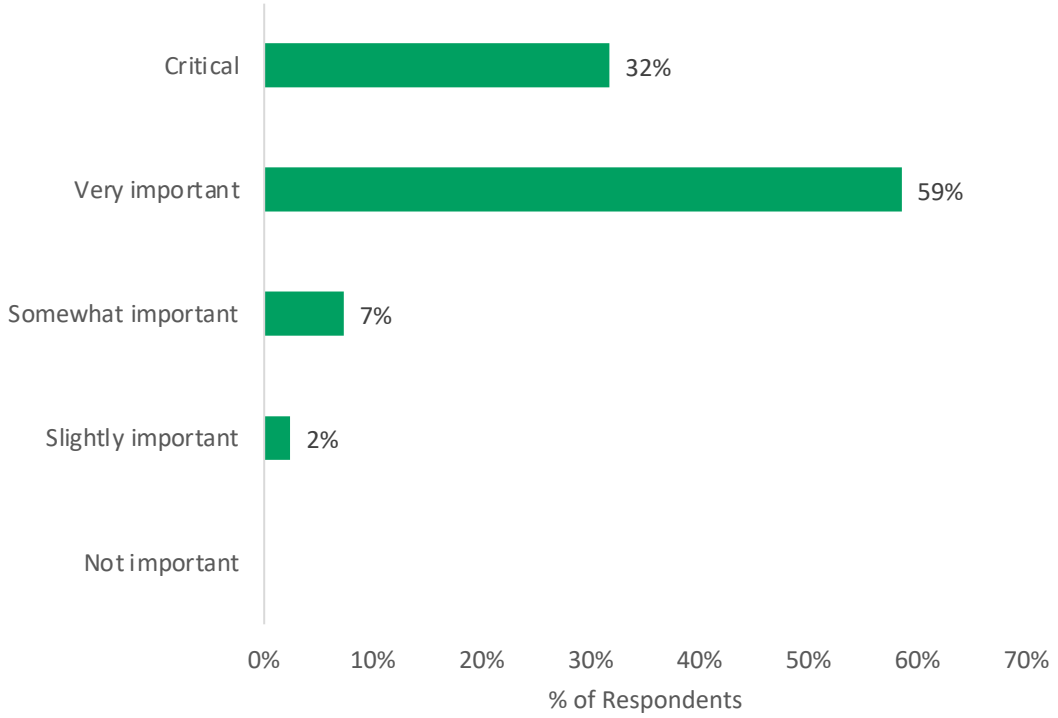


Q20. In a situation where a payer (public or private) has the authority to require a patient who is stable on their current biologic to switch to a biosimilar, how important would it be for you to have the authority to designate a biologic medicine as "DISPENSE AS WRITTEN" or "DO NOT SUBSTITUTE"? (n=41)

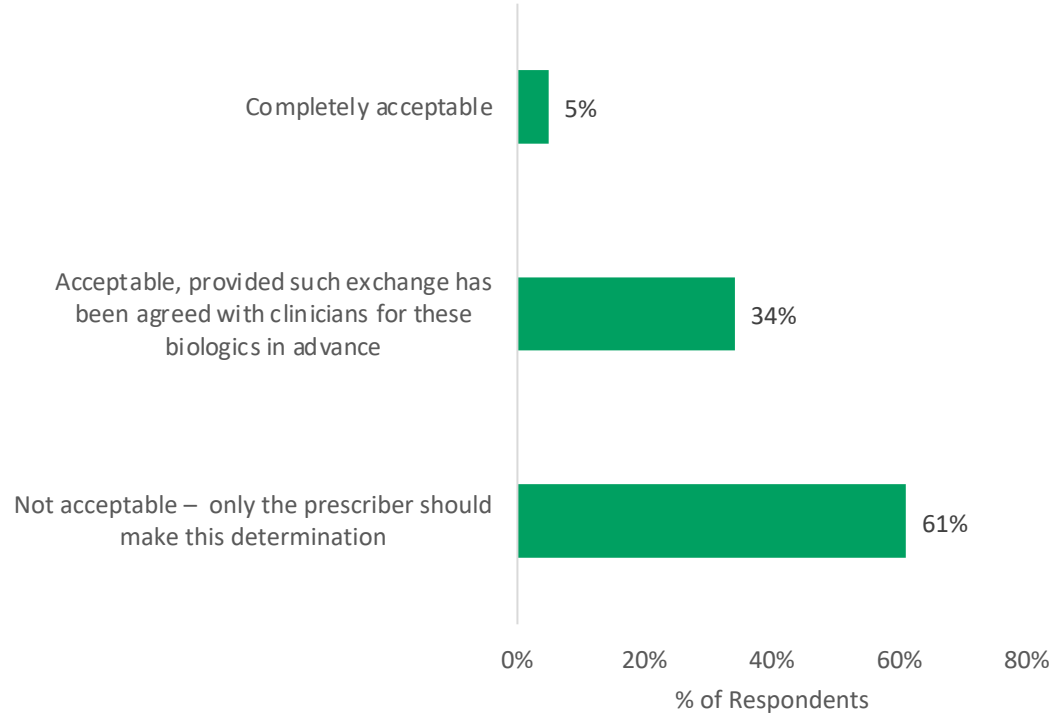


Biosimilar Substitution

Q21. 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, if the patient was receiving chronic (repeated) treatment? (n=41)

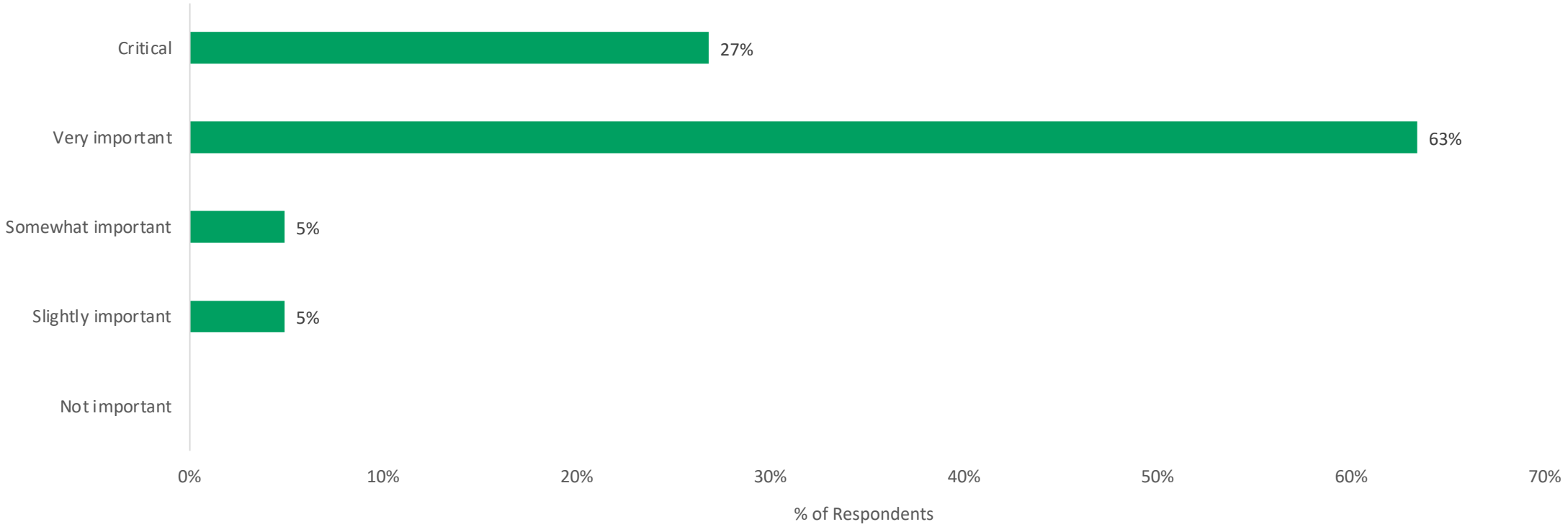


Q22. How acceptable would it be for you if the pharmacist made the determination which biologic (originator or biosimilar) to dispense to your patient on initiation of treatment? (n=41)



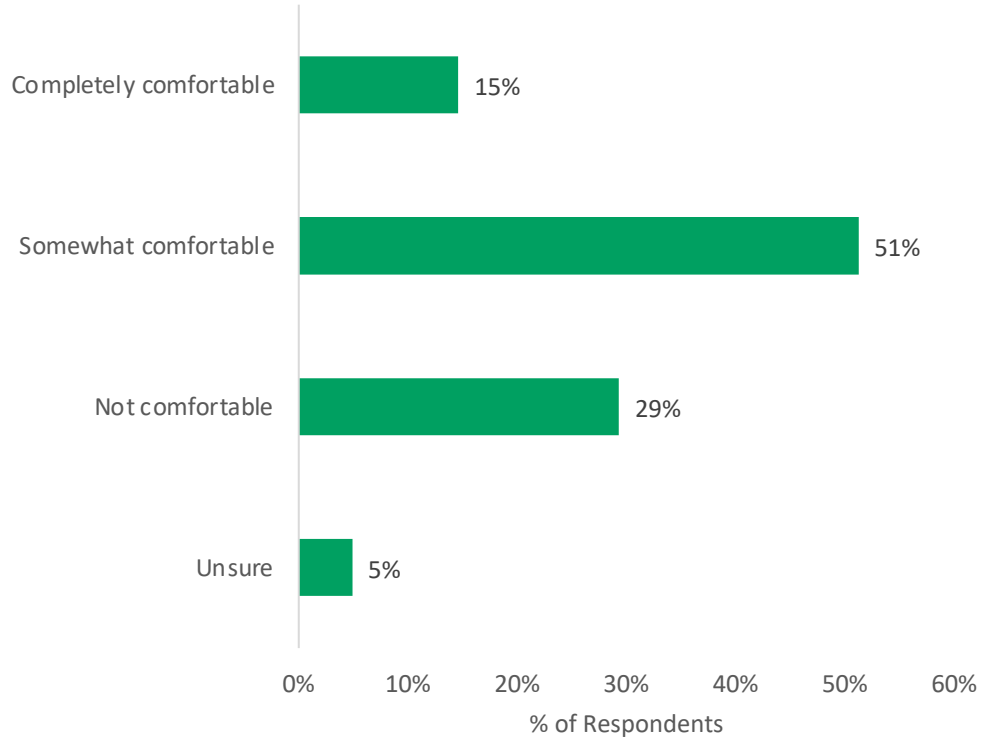
Biosimilar Substitution

Q23. How important is it to you to have the sole authority to decide, together with your patients, the most suitable biologic medicine for their disease? (n=41)

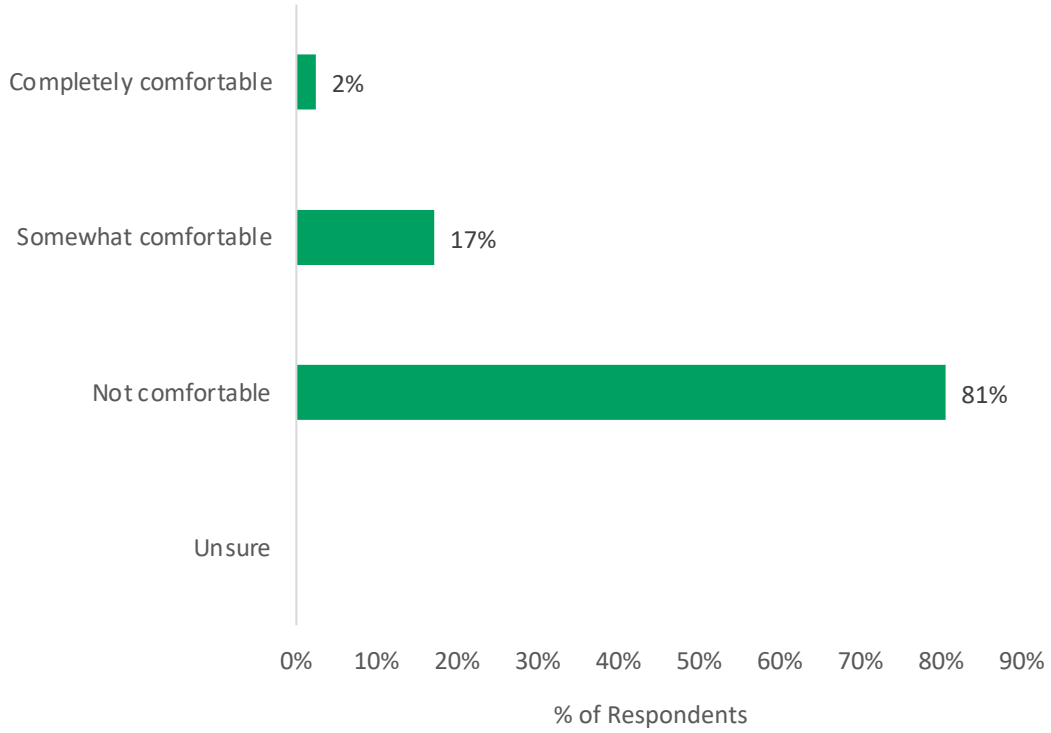


Biosimilar Substitution

Q24. How comfortable are you with personally switching your patient to a biosimilar for non-medical reasons (i.e., coverage)? (n=41)

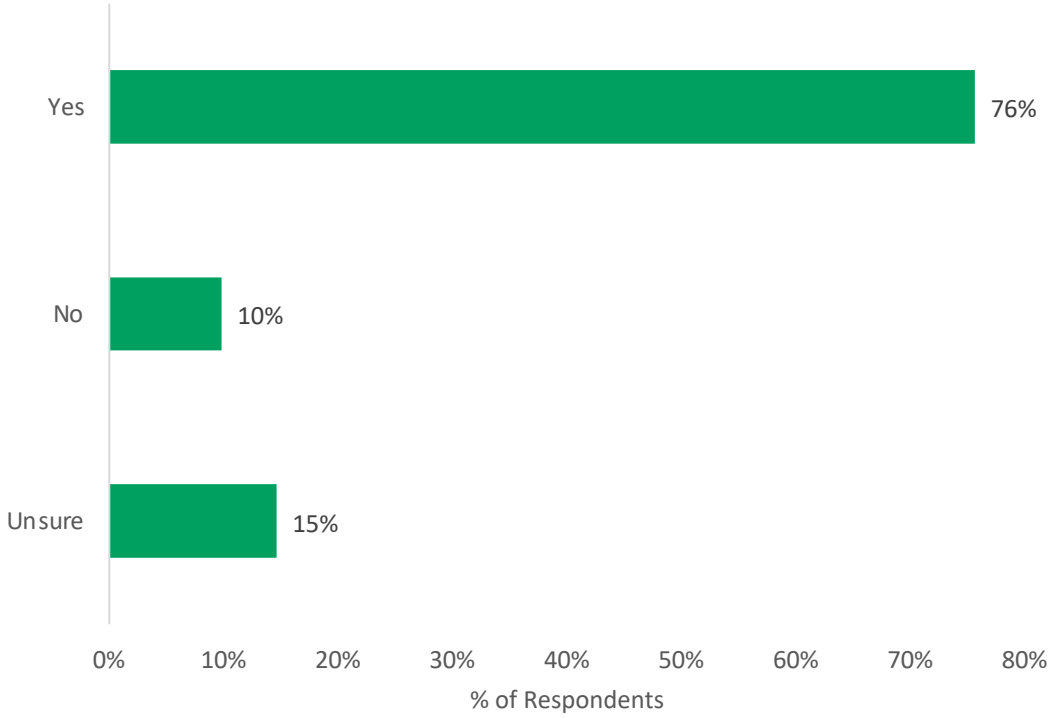


Q25. How comfortable are you with a third party switching your patient to a biosimilar for non-medical reasons (i.e., coverage)? (n=41)

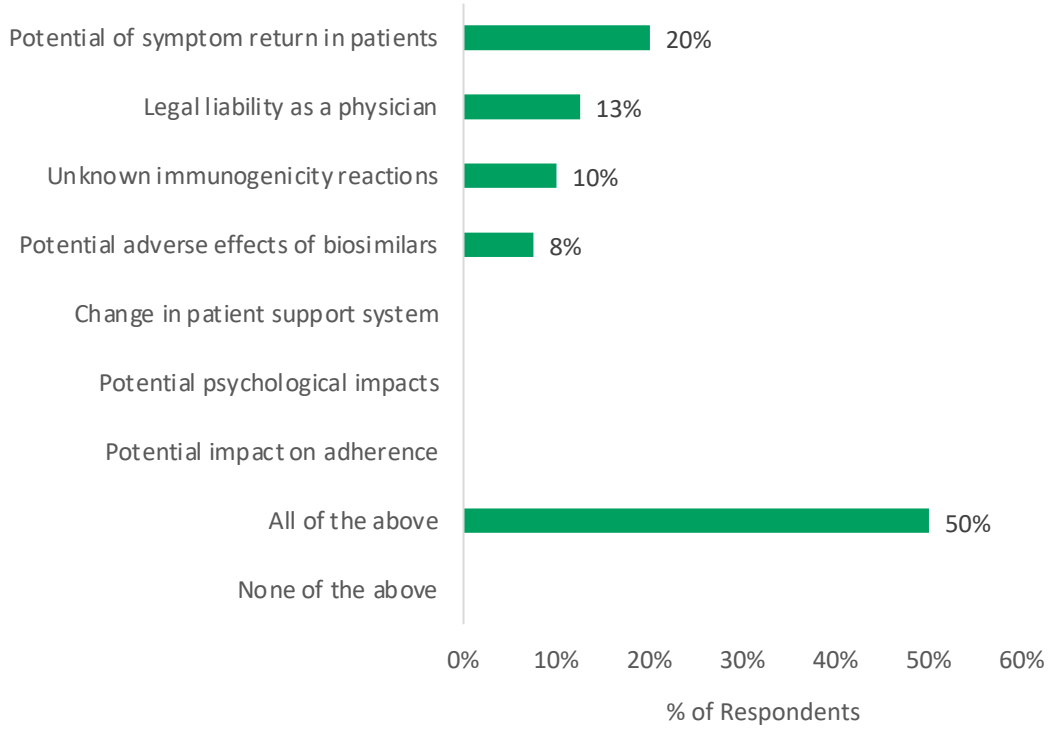


Biosimilar Substitution

Q26. If a patient's treatment gains were risked by switching to a biosimilar, would you be supportive of a patient's right to choose the appropriate treatment for their individual circumstance? (n=41)

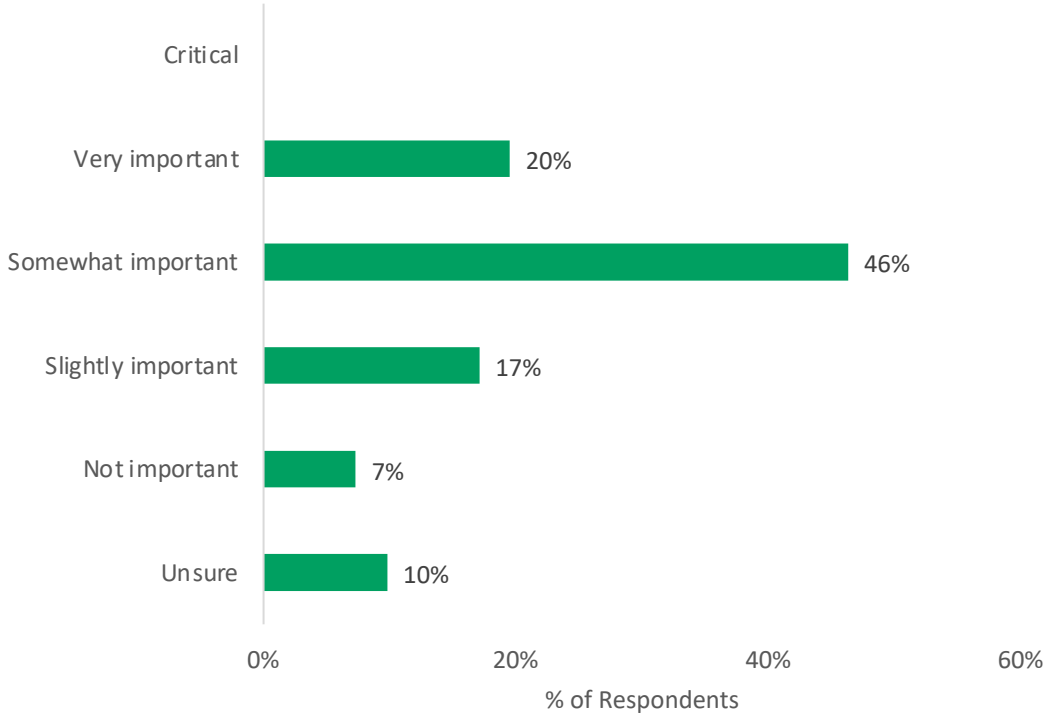


Q27 What is your main concern about non-medical switching to a biosimilar? (n=40, those unsure or uncomfortable in Q24 and Q25)

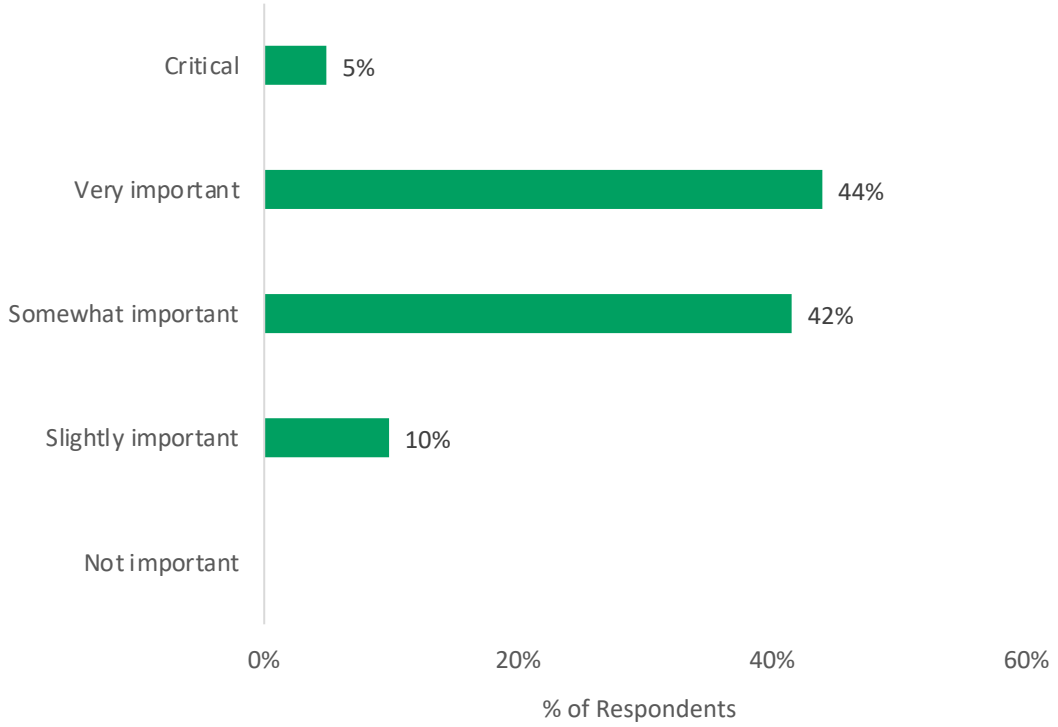


Biosimilar Substitution

Q28. From your perspective, how important is it for government tenders for biosimilars to be awarded to multiple suppliers? (n=41)



Q29. From your perspective, how important is it for factors besides price to be taken into account in national tender offers (e.g. reliability of supply, patient support services, manufacturer reputation)? (n=41)



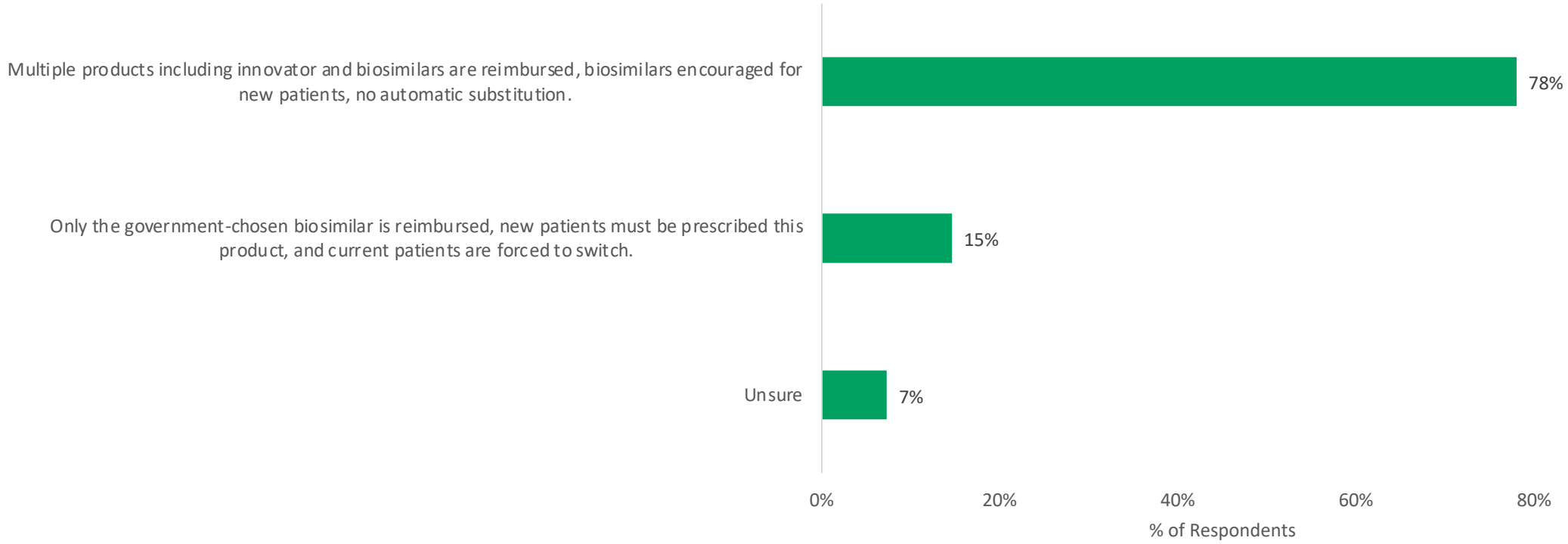
Explanatory Text

- Given immediately preceding Q30
  - In nearly every Western European country, physicians are encouraged to prescribe lower-cost biosimilars to new patients, but ultimately retain the authority to choose between multiple products when prescribing – all of which will to be reimbursed by the payer. Automatic or forced substitution is strongly discouraged and cost savings are achieved through competition between multiple reimbursed products.

  - In contrast, some Canadian provinces are adopting the approach used in Eastern Europe: all patients, both treatment-naïve and those who are stable on their current biologic, will be switched to the preferred, government-chosen biosimilar in order to achieve cost savings.

Biosimilar Substitution

Q30. From your perspective, which system would better serve patients in your province? (n=41)



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