



ASBM

US Biologics / Biosimilars Prescribers Study

Sept 2021 – Original

May 2022 – Therapeutic Specialty Analysis

Kevin Olson, CEO, Industry Standard Research



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 401 participants

All participants practice medicine in the United States

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

Research was conducted in Sept 2021

ASBM was not identified as the sponsor of the research

Participants were provided an honorarium for their time

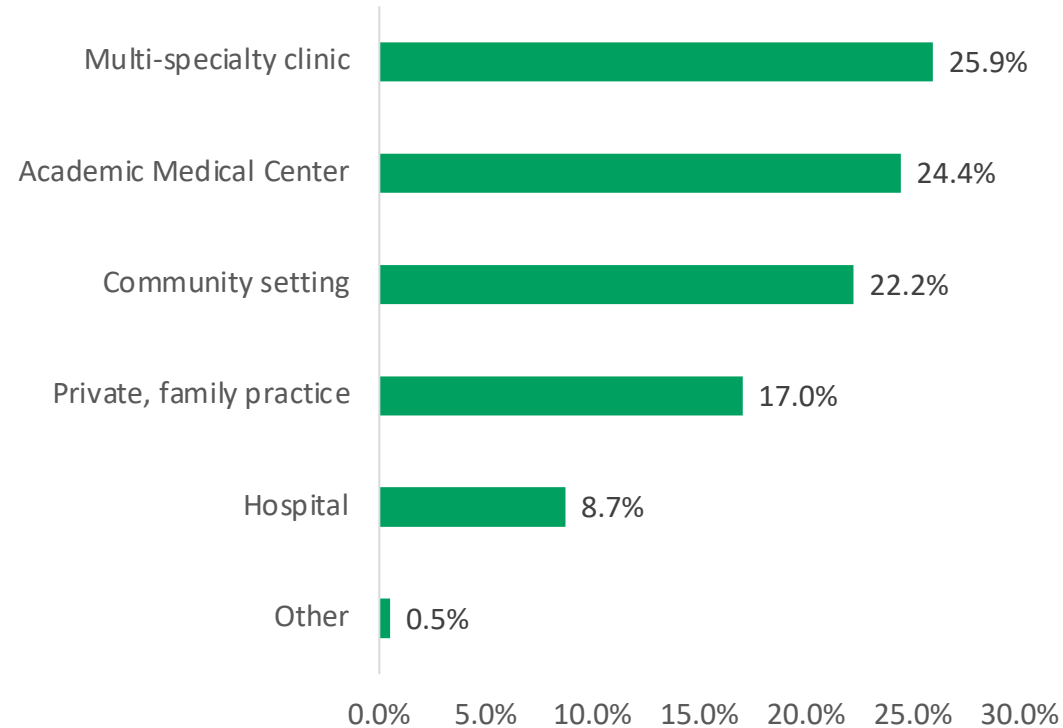


Respondent Profile

US State Representation

Alabama	2	Indiana	4	Nebraska	1	South Carolina	4
Alaska	0	Iowa	3	Nevada	2	South Dakota	0
Arizona	4	Kansas	1	New Hampshire	1	Tennessee	8
Arkansas	5	Kentucky	1	New Jersey	20	Texas	26
California	51	Louisiana	7	New Mexico	2	Utah	2
Colorado	5	Maine	0	New York	32	Vermont	0
Connecticut	10	Maryland	11	North Carolina	13	Virginia	8
Delaware	0	Massachusetts	11	North Dakota	0	Washington	6
Florida	36	Michigan	9	Ohio	23	West Virginia	1
Georgia	12	Minnesota	4	Oklahoma	1	Wisconsin	6
Hawaii	4	Mississippi	2	Oregon	1	Wyoming	0
Idaho	1	Missouri	14	Pennsylvania	20		
Illinois	24	Montana	0	Rhode Island	3		

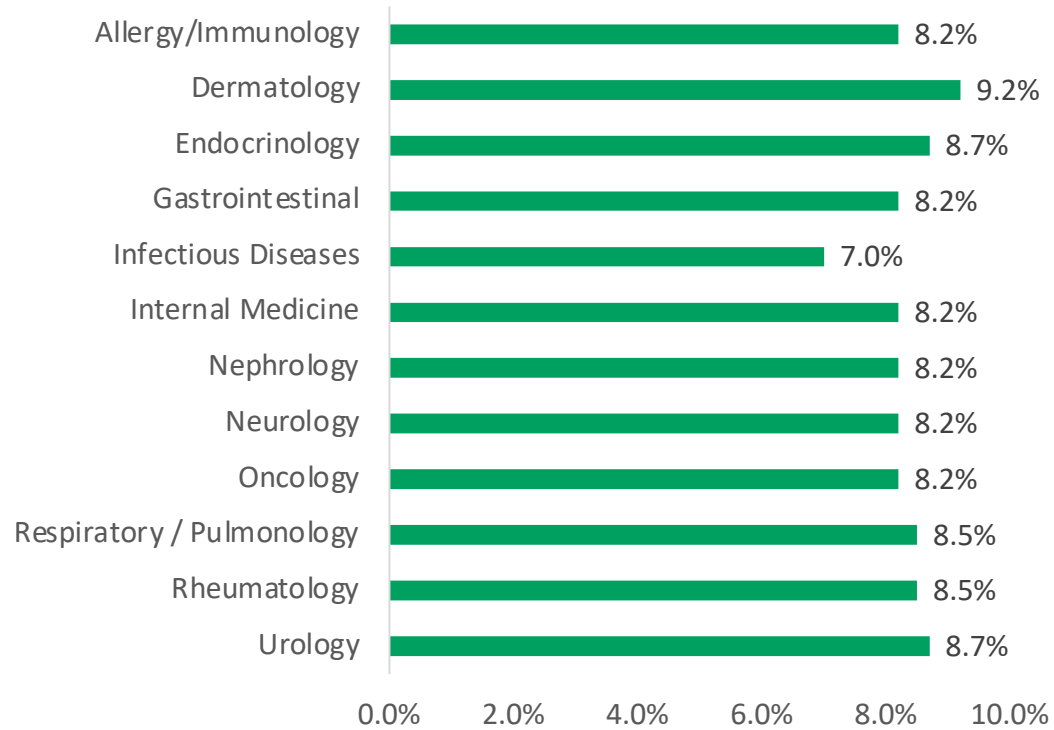
Practice Type



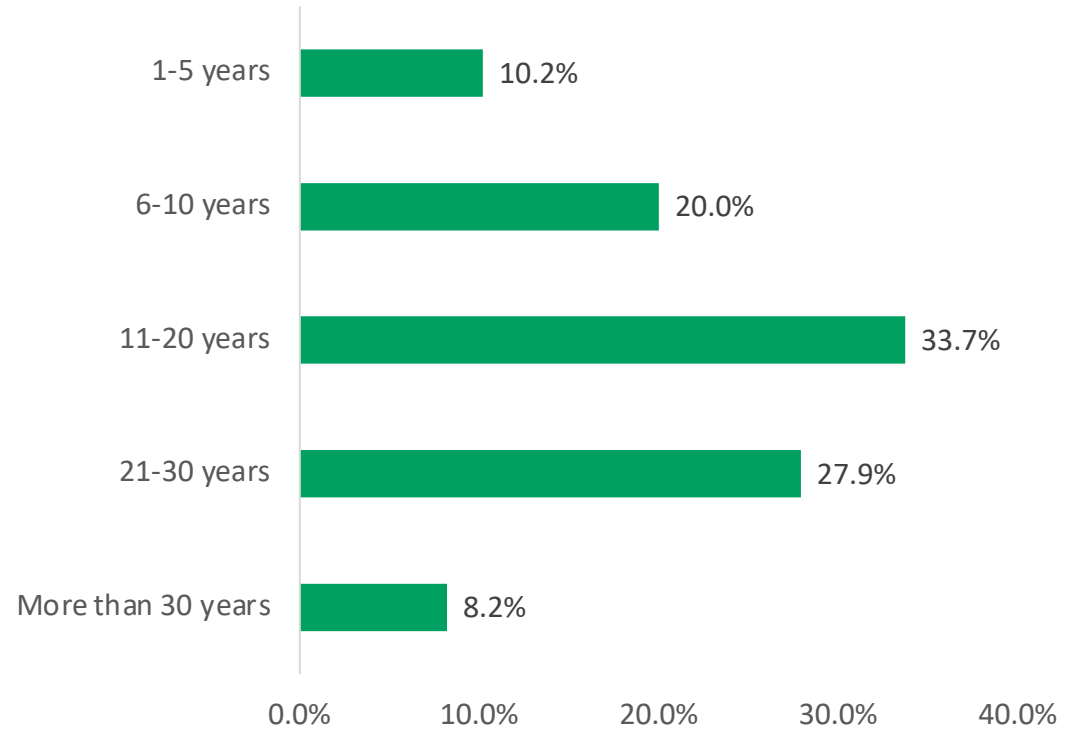


Respondent Profile

Therapeutic Specialty



Physician Tenure



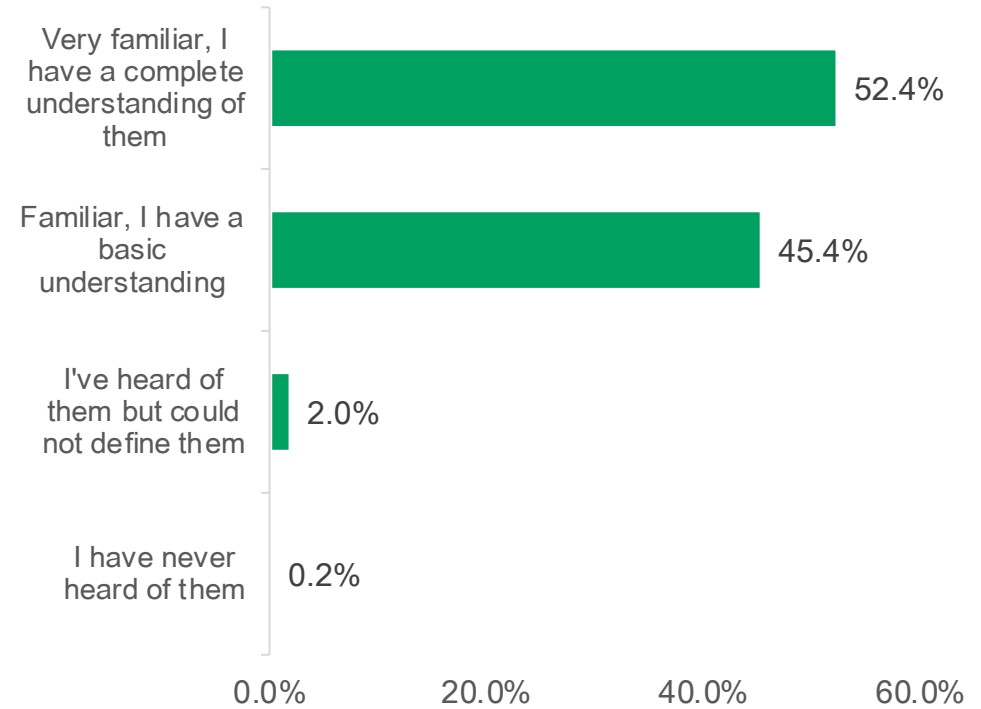


Respondent Profile

Prescribing Biologics



Familiarity with Biosimilars





Primary Findings – Prescribing Biologics & Biosimilars



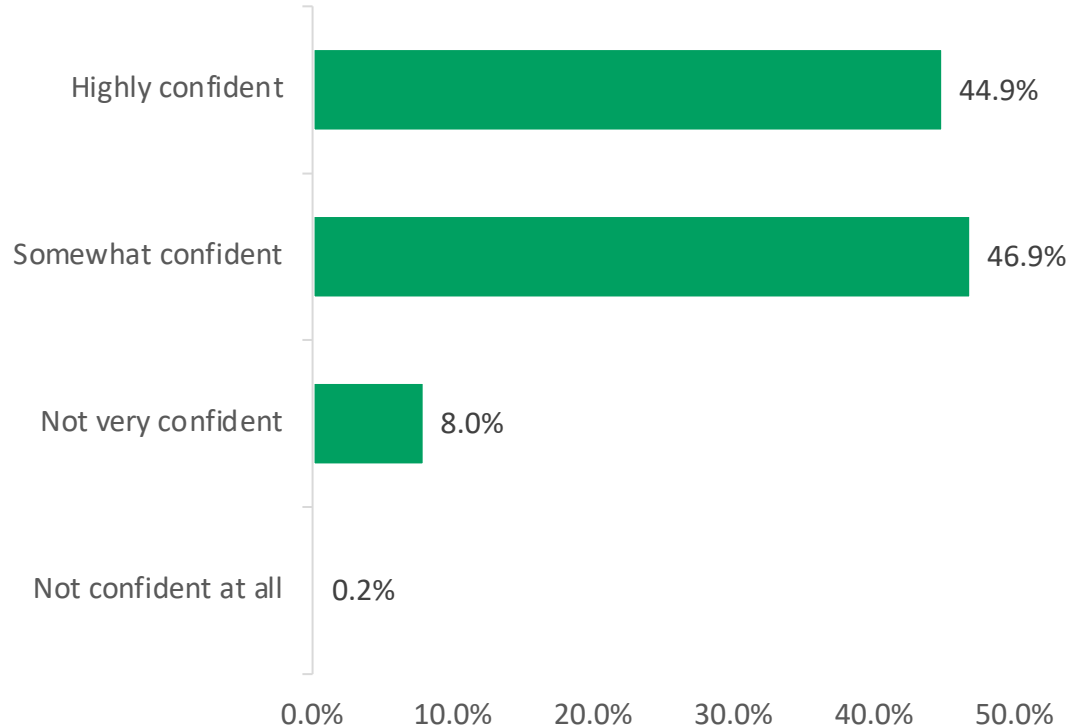
Explanatory Text

- Given immediately preceding Q1
 - 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 (i.e. “small molecule” drugs). A biosimilar medicine is a biological medicine that is developed to be highly similar to an existing biological medicine (the ‘reference product’). To be approved by the FDA, a biosimilar must demonstrate it has no clinically meaningful differences from an existing FDA-approved reference product in terms of safety, purity, and potency (safety and effectiveness).
- Given immediately preceding Q2
 - The FDA distinguishes biosimilars from older reference originator products by means of a unique four-letter suffix representing the biosimilar’s manufacturer. This suffix is appended to a non-proprietary name shared by the reference product and all its biosimilars. (e.g. examplemab-xxxx, examplemab-yyyy). While older products have not been renamed, this is the same approach used for all newly approved biologic products.

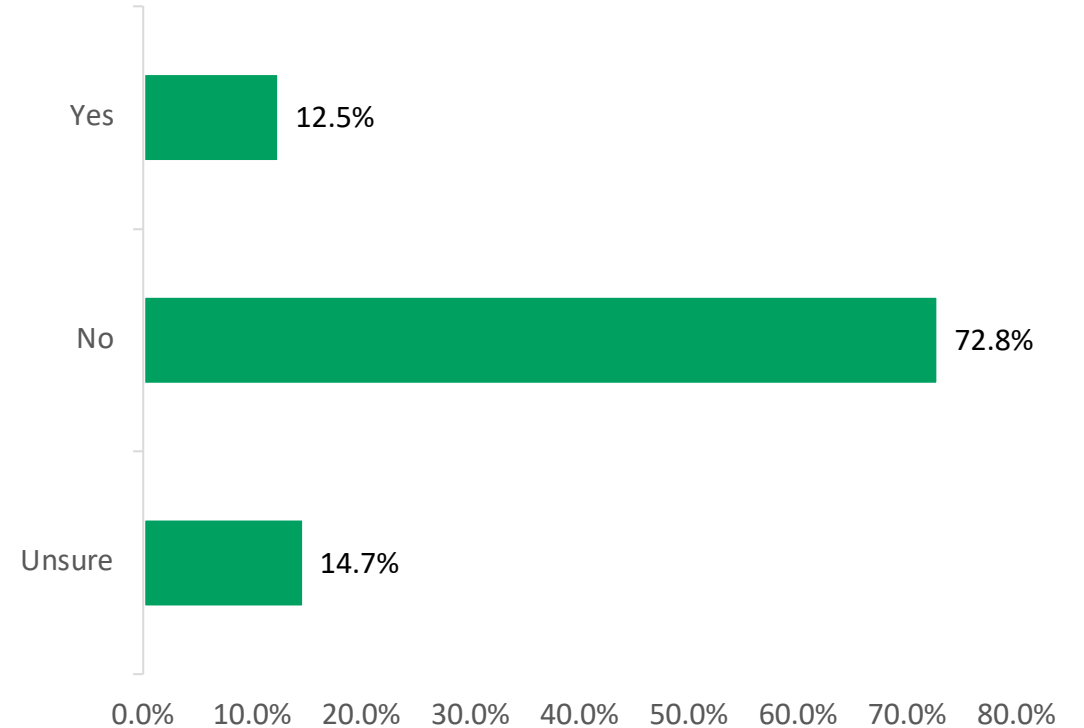


Prescribing Biologics & Biosimilars

Q1. How would you describe your personal confidence level in the safety and efficacy of biosimilars? (n=401)



Q2. In your opinion, does the use of an identifying suffix imply that a biosimilar is inferior to its reference product in terms of safety or efficacy? (n=401)





Prescribing Biologics & Biosimilars (by Therapeutic Specialty)

Q1. How would you describe your personal confidence level in the safety and efficacy of biosimilars? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Highly confident	44.6%	42.9% S	31.6% S	60.0% D, H, I, S	63.9% D, H, I, S	22.9%	33.3% S	55.9% D, H, S	52.9% H, S	54.3% D, H, S	41.7% S	65.7% D, H, I, P, S	11.4%
Somewhat confident	47.2%	53.6%	65.8%	40.0%	27.8%	65.7%	50.0%	44.1%	44.1%	42.9%	50.0%	25.7%	57.1%
Not very confident	7.9%	3.6%	2.6%	0.0%	8.3%	11.4%	13.9%	0.0%	2.9%	2.9%	8.3%	8.6%	31.4%
Not confident at all	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note: a capital letter under the % means that the number in that cell is significantly larger than the number in the cell indicated by the capital letter. For example, Infectious Disease specialists (column A) are significantly more likely to be “Highly confident” in the safety and efficacy of biosimilars than Urologists (column S).



Prescribing Biologics & Biosimilars (by Therapeutic Specialty)

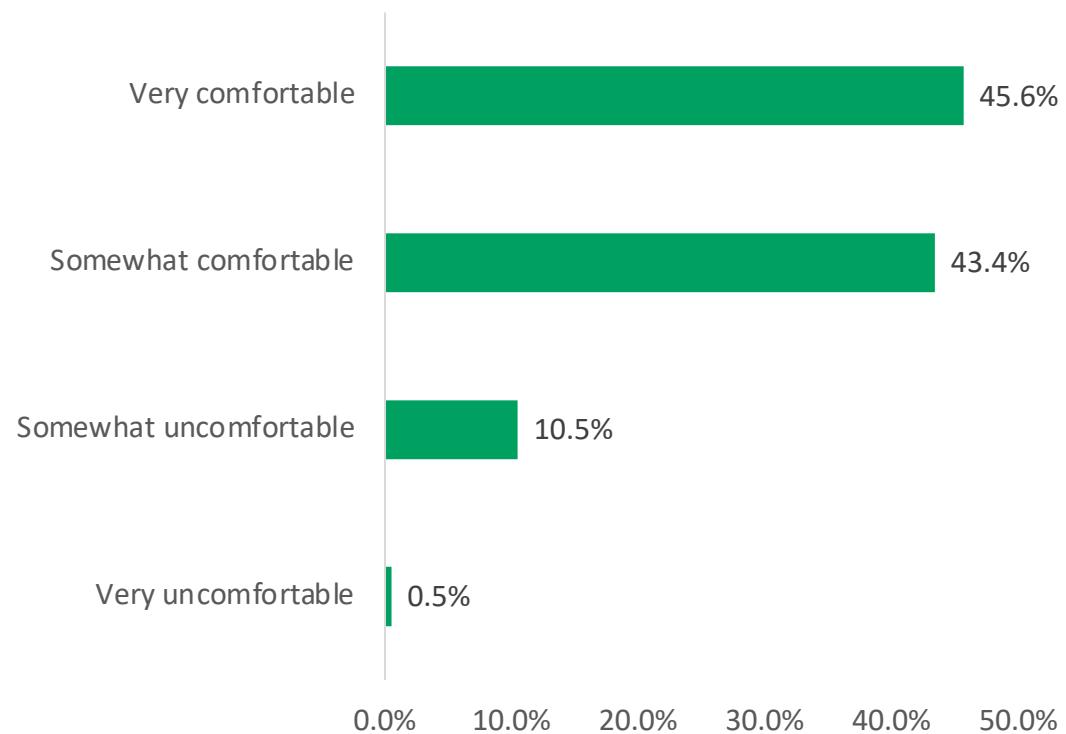
Q2. In your opinion, does the use of an identifying suffix imply that a biosimilar is inferior to its reference product in terms of safety or efficacy? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Yes	14.1%	7.1%	7.9%	5.7%	22.2%	11.4%	22.2%	17.6%	17.6%	14.3%	13.9%	5.7%	22.9%
No	71.0%	89.3%	65.8%	82.9%	63.9%	74.3%	52.8%	64.7%	67.6%	74.3%	80.6%	85.7%	54.3%
Unsure	14.9%	3.6%	26.3%	11.4%	13.9%	14.3%	25.0%	17.6%	14.7%	11.4%	5.6%	8.6%	22.9%

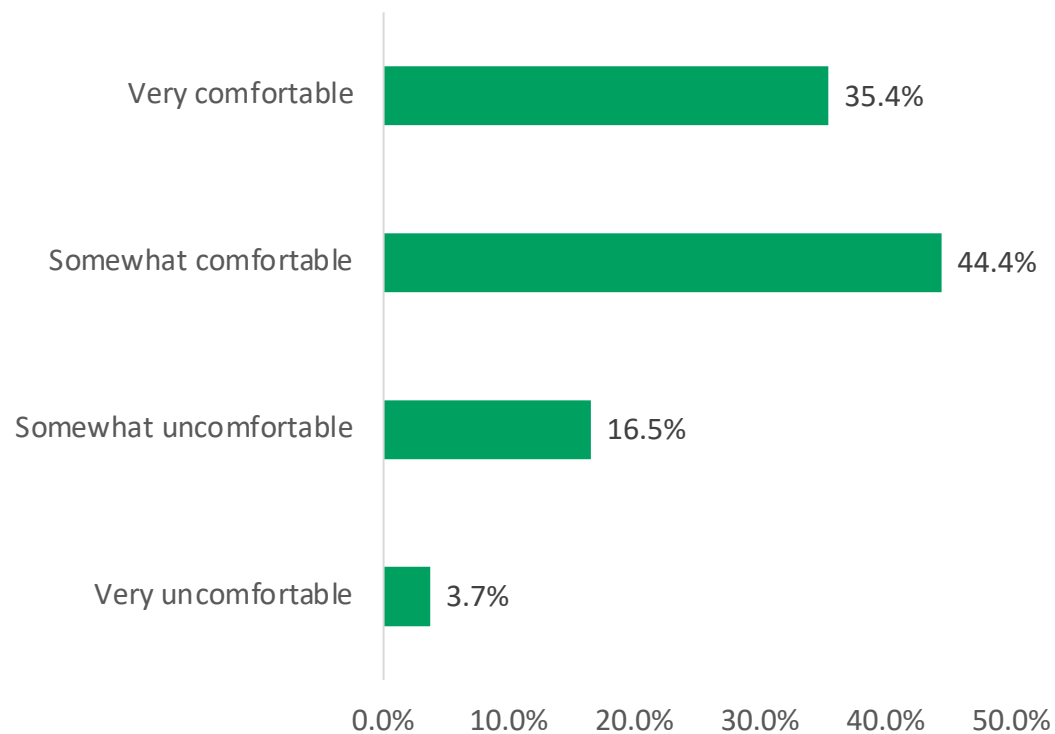


Prescribing Biologics & Biosimilars

Q3. How comfortable are you prescribing a biosimilar to a “treatment-naïve” (new) patient? (n=401)



Q4. How comfortable are you with switching a stable patient from an originator medicine to a biosimilar? (n=401)





Prescribing Biologics & Biosimilars (by Therapeutic Specialty)

Q3. How comfortable are you prescribing a biosimilar to a “treatment-naïve” (new) patient? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Very comfortable	45.0%	53.6% D, S	28.9%	65.7% D, H, I, S	61.1% D, H, I, S	31.4%	34.3%	52.9% D, S	44.1% S	54.3% D, S	44.4% S	57.1% D, H, S	14.3%
Somewhat comfortable	43.8%	46.4%	52.6%	28.6%	27.8%	54.3%	45.7%	41.2%	44.1%	40.0%	50.0%	31.4%	62.9%
Somewhat uncomfortable	10.8%	0.0%	18.4%	5.7%	11.1%	14.3%	17.1%	5.9%	8.8%	5.7%	5.6%	11.4%	22.9%
Very uncomfortable	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	2.9%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%



Prescribing Biologics & Biosimilars (by Therapeutic Specialty)

Q4. How comfortable are you with switching a stable patient from an originator medicine to a biosimilar? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Very comfortable	35.1%	57.1% D, H, I, Q, S	7.9%	60.0% D, H, I, M, P, Q, S	38.9% D, S	22.9%	25.7% D	52.9% D, H, I, Q, S	35.3% D, S	57.1% D, H, I, P, Q, S	33.3% D, S	25.7% D	11.4%
Somewhat comfortable	45.2%	32.1%	50.0%	34.3%	36.1%	62.9%	54.3%	35.3%	50.0%	25.7%	38.9%	54.3%	65.7%
Somewhat uncomfortable	16.1%	10.7%	36.8%	5.7%	16.7%	11.4%	14.3%	8.8%	11.8%	14.3%	19.4%	17.1%	22.9%
Very uncomfortable	3.6%	0.0%	5.3%	0.0%	8.3%	2.9%	5.7%	2.9%	2.9%	2.9%	8.3%	2.9%	0.0%



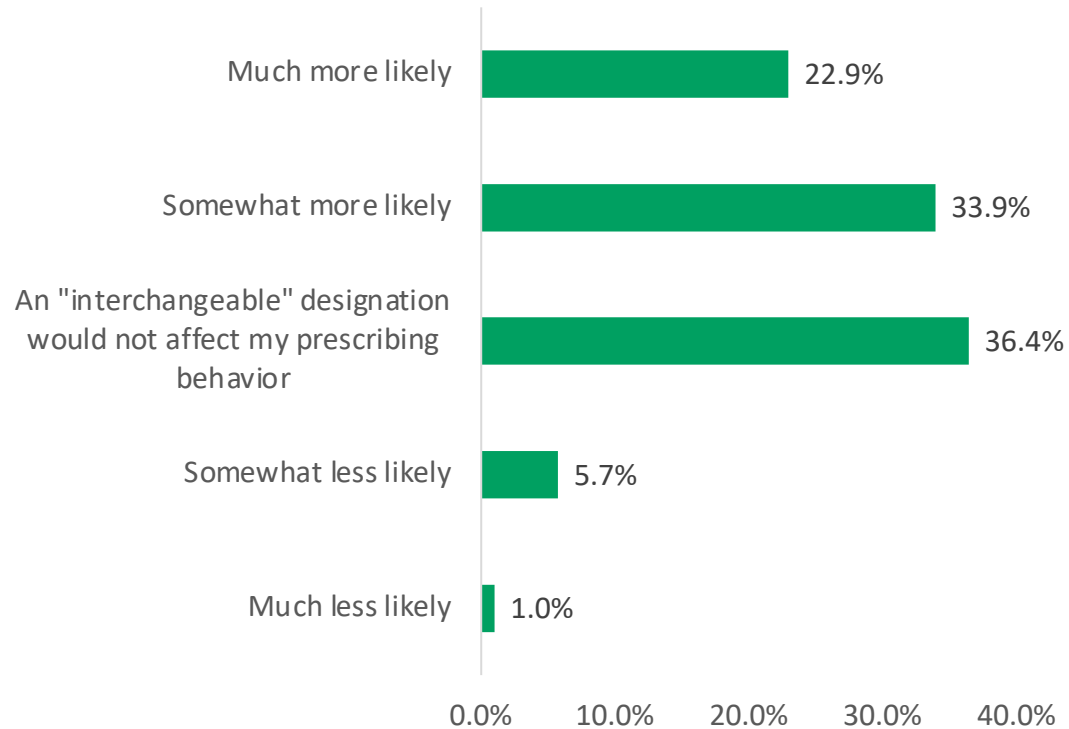
Explanatory Text

- Given immediately preceding Q5
 - The FDA recently granted the first “interchangeable” designation to an insulin glargine biosimilar. This means the biosimilar’s manufacturer has provided additional data to FDA demonstrating that a patient repeatedly switched between the biosimilar and the originator can expect the same clinical results, without additional risks, as a patient who remained on the originator. Thus, it can be substituted at the pharmacy level without prior approval from the prescribing physician, unless he/she expressly prevents substitution when prescribing.

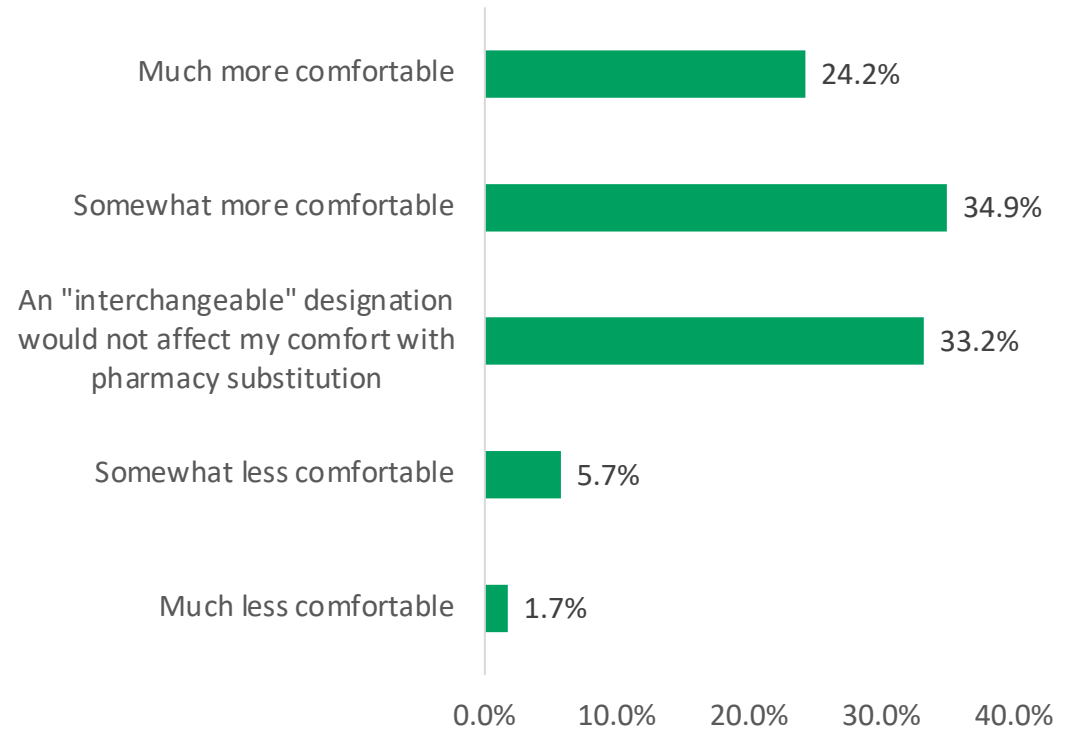


Prescribing Biologics & Biosimilars

Q5. Does a biosimilar carrying an interchangeable designation make you more or less likely to prescribe it? (n=401)



Q6. How does knowing a biosimilar carries an “interchangeable” designation affect your comfort level with pharmacy substitution of the biosimilar? (n=401)





Prescribing Biologics & Biosimilars (by Therapeutic Specialty)

Q5. Does a biosimilar carrying an interchangeable designation make you more or less likely to prescribe it? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Much more likely	22.8%	39.3% D, E, P, S	15.8%	17.1%	25.0%	25.7%	25.7%	29.4% S	23.5%	28.6% S	13.9%	25.7%	8.6%
Somewhat more likely	34.9%	25.0%	47.4%	17.1%	38.9%	31.4%	37.1%	23.5%	32.4%	45.7%	36.1%	42.9%	37.1%
An "interchangeable" designation would not affect my prescribing behavior	35.6%	32.1%	28.9%	62.9%	30.6%	42.9%	28.6%	32.4%	38.2%	22.9%	38.9%	25.7%	42.9%
Somewhat less likely	5.8%	3.6%	5.3%	2.9%	2.8%	0.0%	5.7%	14.7%	5.9%	0.0%	11.1%	5.7%	11.4%
Much less likely	1.0%	0.0%	2.6%	0.0%	2.8%	0.0%	2.9%	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%



Prescribing Biologics & Biosimilars (by Therapeutic Specialty)

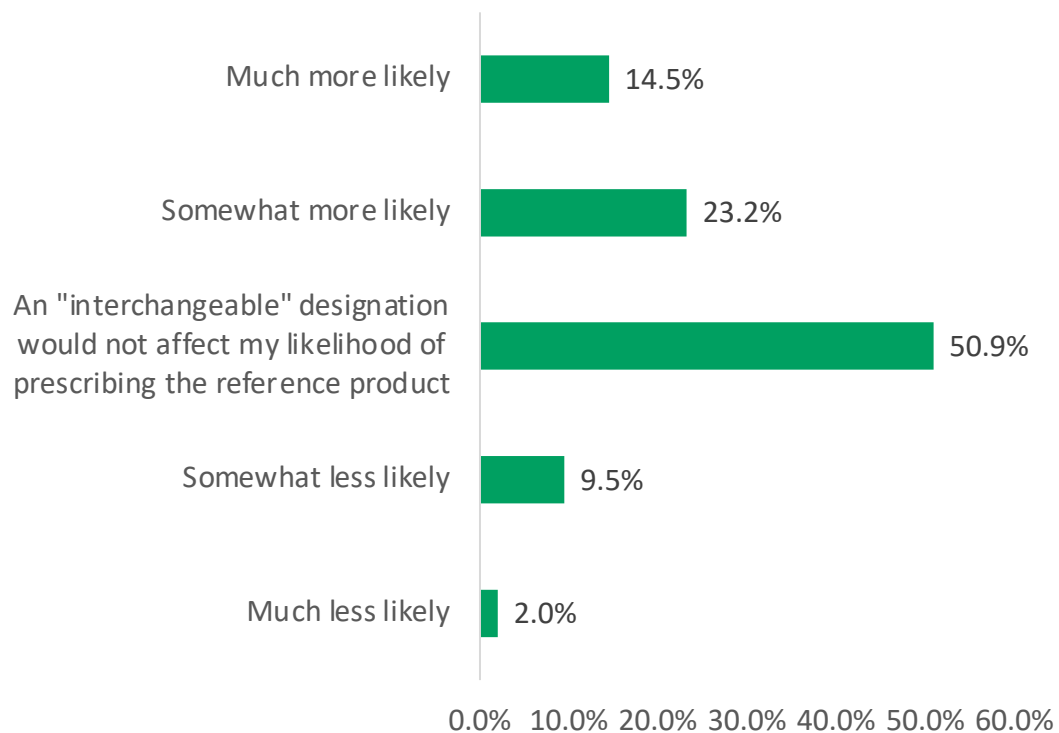
Q6. How does knowing a biosimilar carries an “interchangeable” designation affect your comfort level with pharmacy substitution of the biosimilar? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Much more comfortable	24.3%	39.3% P, S	18.4%	22.9%	27.8% S	31.4% S	25.7%	23.5%	20.6%	31.4% S	16.7%	28.6% S	8.6%
Somewhat more comfortable	35.6%	25.0%	44.7%	8.6%	33.3%	40.0%	34.3%	35.3%	35.3%	54.3%	41.7%	20.0%	51.4%
An “interchangeable” designation would not affect my comfort with pharmacy substitution	32.7%	32.1%	26.3%	54.3%	36.1%	28.6%	28.6%	29.4%	35.3%	11.4%	33.3%	42.9%	34.3%
Somewhat less comfortable	5.8%	3.6%	5.3%	11.4%	0.0%	0.0%	8.6%	8.8%	8.8%	0.0%	8.3%	8.6%	5.7%
Much less comfortable	1.7%	0.0%	5.3%	2.9%	2.8%	0.0%	2.9%	2.9%	0.0%	2.9%	0.0%	0.0%	0.0%

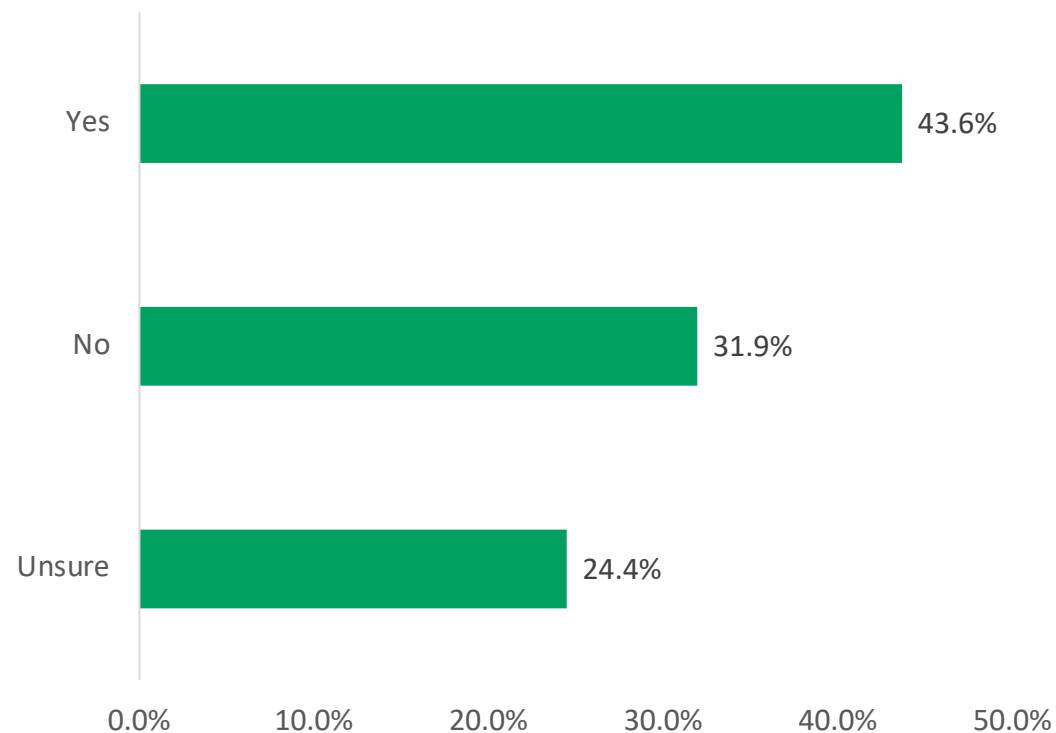


Prescribing Biologics & Biosimilars

Q7. Does a biosimilar carrying an interchangeable designation make you more or less likely to prescribe **its reference product**, knowing that an interchangeable biosimilar may be automatically substituted? (n=401)



Q8. If a biosimilar is approved as interchangeable for one indication of its reference product, should it automatically be approved (through extrapolation) as interchangeable for all indications of the reference product? (n=401)





Prescribing Biologics & Biosimilars (by Therapeutic Specialty)

Q7. Does a biosimilar carrying an interchangeable designation make you more or less likely to prescribe **its reference product**, knowing that an interchangeable biosimilar may be automatically substituted? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Much more likely	14.7%	14.3%	5.3%	5.7%	25.0% D, E, P	17.1% P	17.1% P	23.5% D, E, P	14.7%	25.7% D, E, P	2.8%	17.1% P	8.6%
Somewhat more likely	23.6%	21.4%	21.1%	14.3%	19.4%	31.4%	20.0%	23.5%	17.6%	31.4%	27.8%	25.7%	28.6%
An "interchangeable" designation would not affect my likelihood of prescribing the reference product.	50.5%	39.3%	57.9%	62.9%	50.0%	45.7%	48.6%	44.1%	55.9%	34.3%	58.3%	48.6%	57.1%
Somewhat less likely	9.4%	21.4%	13.2%	17.1%	5.6%	5.7%	8.6%	8.8%	8.8%	2.9%	8.3%	8.6%	5.7%
Much less likely	1.9%	3.6%	2.6%	0.0%	0.0%	0.0%	5.7%	0.0%	2.9%	5.7%	2.8%	0.0%	0.0%



Prescribing Biologics & Biosimilars (by Therapeutic Specialty)

Q8. If a biosimilar is approved as interchangeable for one indication of its reference product, should it automatically be approved (through extrapolation) as interchangeable for all indications of the reference product? (n=401)

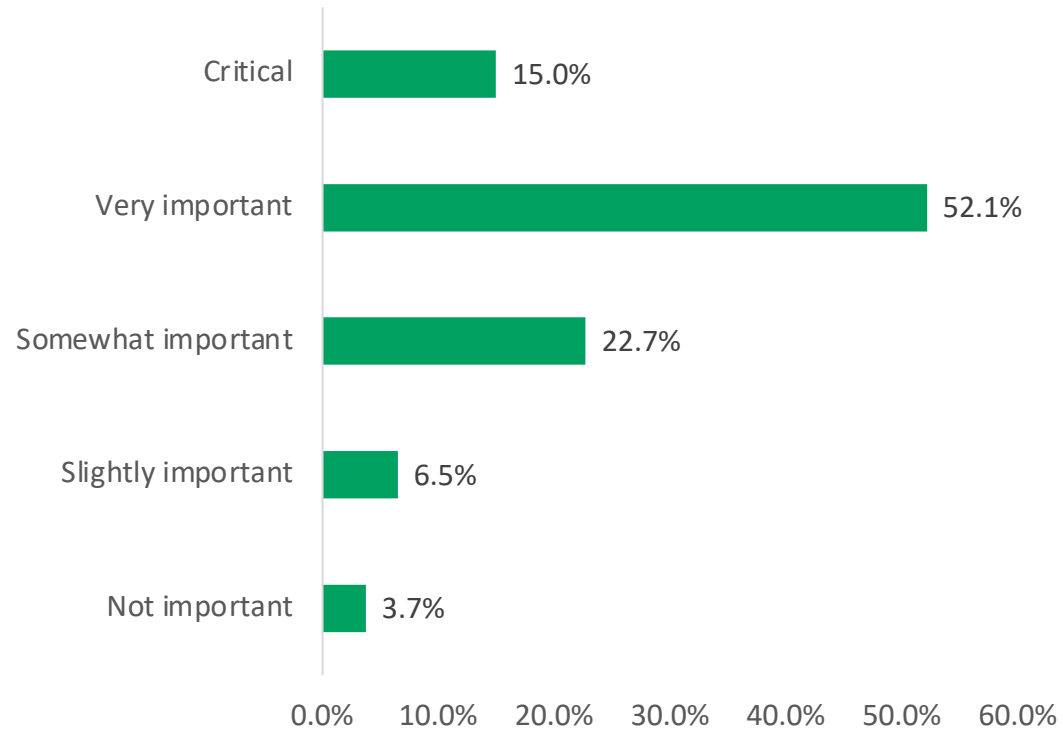
	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Yes	44.0%	46.4%	26.3%	54.3% D	50.0% D	37.1%	48.6% D	47.1%	35.3%	57.1% D	41.7%	42.9%	42.9%
No	31.5%	32.1%	44.7%	25.7%	38.9%	34.3%	25.7%	20.6%	35.3%	20.0%	38.9%	31.4%	28.6%
Unsure	24.5%	21.4%	28.9%	20.0%	11.1%	28.6%	25.7%	32.4%	29.4%	22.9%	19.4%	25.7%	28.6%

Primary Findings – Biosimilar Substitution

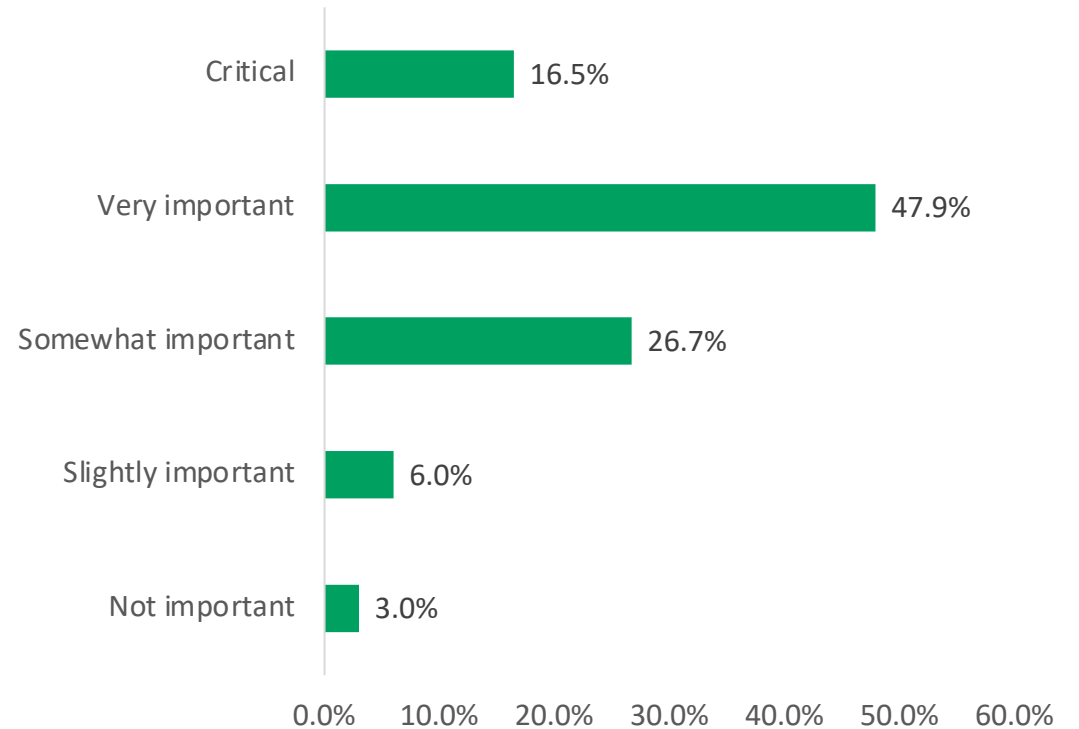


Biosimilar Substitution

Q9. In a situation where substitution by a pharmacist is an option, how important would it be to you to have the authority to designate a biologic medicine as "DISPENSE AS WRITTEN" or "DO NOT SUBSTITUTE"? (n=401)



Q10. In a situation where it is permissible for payer (public or private) to require a patient who is stable on their current biologic to switch to a biosimilar, how important would it be to you to have the authority to designate a biologic medicine as "DISPENSE AS WRITTEN" or "DO NOT SUBSTITUTE"? (n=401)





Biosimilar Substitution (by Therapeutic Specialty)

Q9. In a situation where substitution by a pharmacist is an option, how important would it be to you to have the authority to designate a biologic medicine as "DISPENSE AS WRITTEN" or "DO NOT SUBSTITUTE"? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Critical	14.9%	10.7%	18.4%	11.4%	22.2%	8.6%	17.1%	8.8%	17.6%	20.0%	14.3%	20.0%	8.6%
Very important	52.3%	46.4%	57.9%	54.3%	41.7%	68.6%	51.4%	55.9%	50.0%	37.1%	60.0%	48.6%	54.3%
Somewhat important	22.7%	28.6%	21.1%	20.0%	30.6%	20.0%	17.1%	20.6%	29.4%	28.6%	11.4%	22.9%	22.9%
Slightly important	6.5%	7.1%	0.0%	11.4%	5.6%	2.9%	14.3%	8.8%	0.0%	8.6%	5.7%	5.7%	8.6%
Not important	3.6%	7.1%	2.6%	2.9%	0.0%	0.0%	0.0%	5.9%	2.9%	5.7%	8.6%	2.9%	5.7%



Biosimilar Substitution (by Therapeutic Specialty)

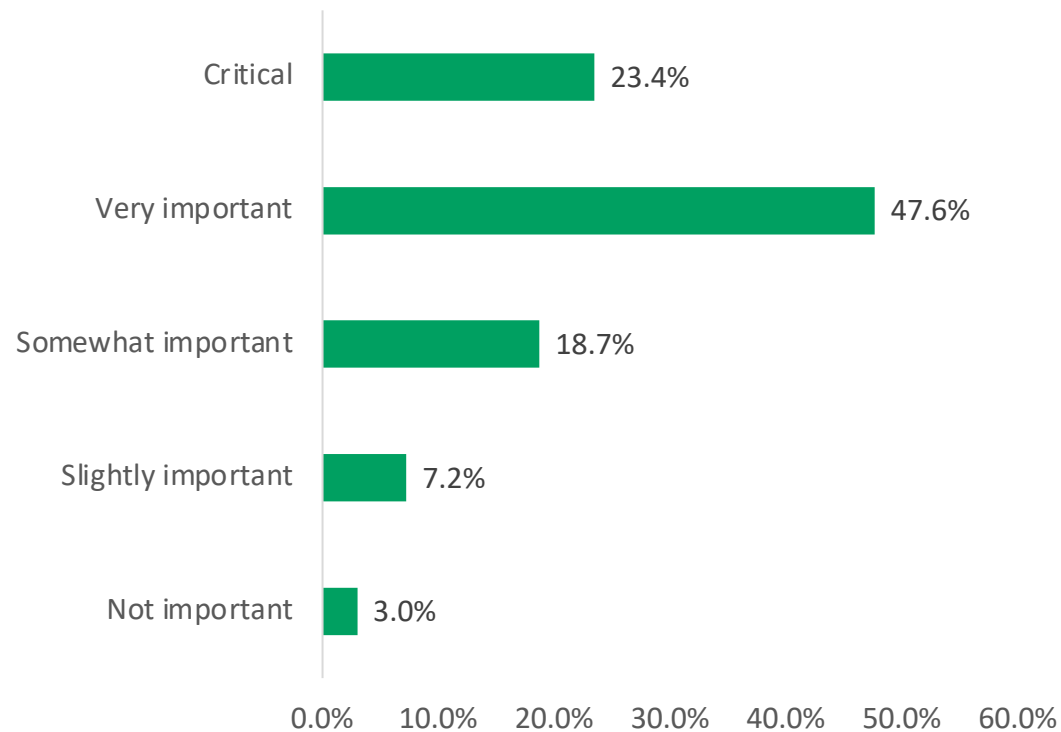
Q10. In a situation where it is permissible for payer (public or private) to require a patient who is stable on their current biologic to switch to a biosimilar, how important would it be to you to have the authority to designate a biologic medicine as "DISPENSE AS WRITTEN" or "DO NOT SUBSTITUTE"? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Critical	16.1%	10.7%	18.4%	20.0%	25.0%	11.4%	17.1%	8.8%	23.5%	22.9%	8.6%	8.6%	17.1%
Very important	48.7%	42.9%	63.2%	42.9%	38.9%	62.9%	34.3%	52.9%	41.2%	37.1%	57.1%	60.0%	48.6%
Somewhat important	26.5%	32.1%	13.2%	25.7%	33.3%	22.9%	37.1%	23.5%	32.4%	22.9%	25.7%	22.9%	28.6%
Slightly important	5.8%	7.1%	2.6%	8.6%	2.8%	2.9%	11.4%	8.8%	0.0%	14.3%	2.9%	5.7%	2.9%
Not important	2.9%	7.1%	2.6%	2.9%	0.0%	0.0%	0.0%	5.9%	2.9%	2.9%	5.7%	2.9%	2.9%

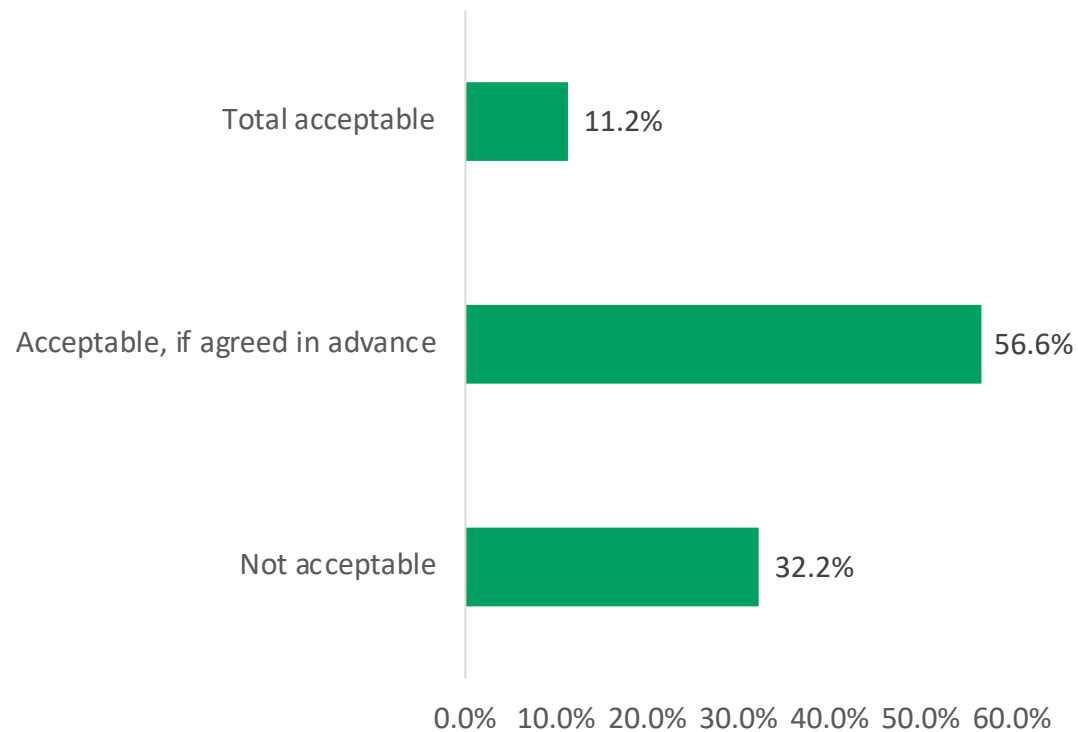


Biosimilar Substitution

Q11. 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=401)



Q12. 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=401)





Biosimilar Substitution (by Therapeutic Specialty)

Q11. 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=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Critical	23.1%	14.3%	44.7% A, E, H, L, Q, S	14.3%	27.8%	11.4%	25.7%	14.7%	23.5%	28.6%	31.4% H	22.9%	14.3%
Very important	47.2%	46.4%	39.5%	42.9%	44.4%	65.7%	57.1%	50.0%	35.3%	37.1%	42.9%	51.4%	54.3%
Somewhat important	19.5%	14.3%	13.2%	20.0%	22.2%	22.9%	8.6%	26.5%	32.4%	17.1%	20.0%	17.1%	20.0%
Slightly important	7.2%	14.3%	0.0%	20.0%	5.6%	0.0%	8.6%	5.9%	2.9%	17.1%	2.9%	5.7%	5.7%
Not important	2.9%	10.7%	2.6%	2.9%	0.0%	0.0%	0.0%	2.9%	5.9%	0.0%	2.9%	2.9%	5.7%



Biosimilar Substitution (by Therapeutic Specialty)

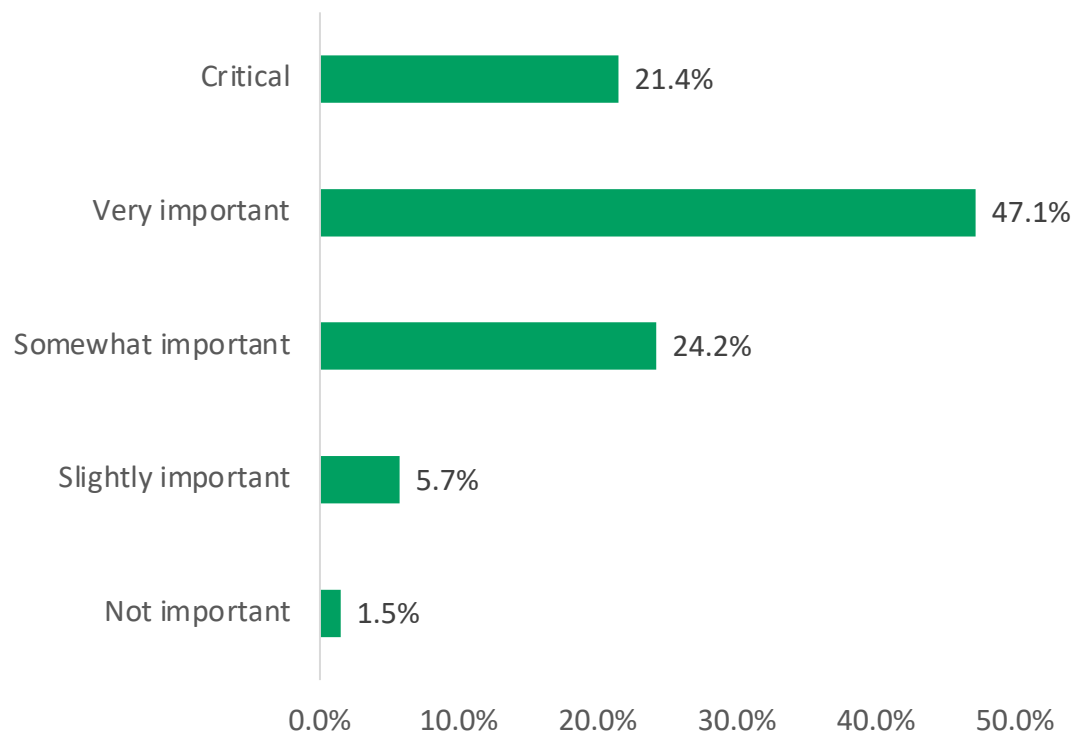
Q12. How acceptable would it be for you if the pharmacist made the determination which biologic (innovator or biosimilar) to dispense to your patient on initiation of treatment? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Totally acceptable	11.8%	17.9% I	5.3%	11.4%	8.3%	11.4%	2.9%	17.6% I	11.8%	20.0% I	8.6%	17.1% I	11.4%
Acceptable if agreed in advance	56.6%	53.6%	26.3%	62.9%	52.8%	60.0%	51.4%	52.9%	61.8%	68.6%	62.9%	62.9%	65.7%
Not acceptable	31.6%	28.6%	68.4%	25.7%	38.9%	28.6%	45.7%	29.4%	26.5%	11.4%	28.6%	20.0%	22.9%

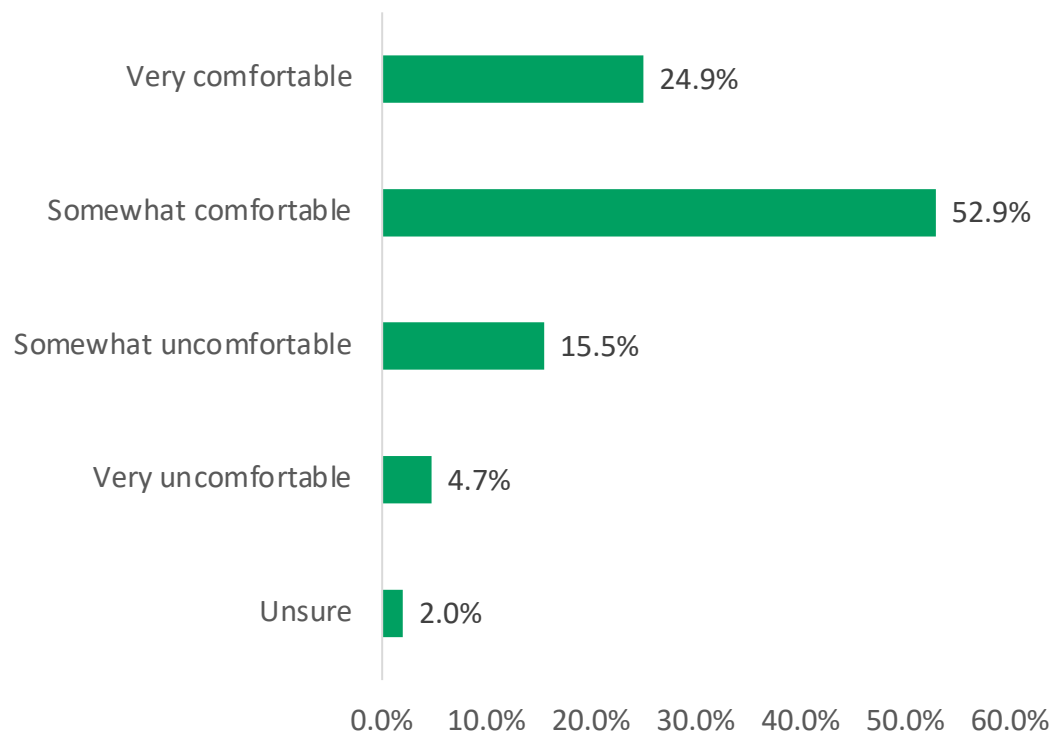


Biosimilar Substitution

Q13. 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=401)



Q14. How comfortable are you with switching your patient to a biosimilar for non-medical reasons (i.e., cost or coverage)? (n=401)





Biosimilar Substitution (by Therapeutic Specialty)

Q13. 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=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Critical	21.0%	14.3%	42.1% A, E, H, L, N, P, Q, S	14.3%	36.1% A, E, H, P, Q, S	11.4%	31.4% H, S	17.6%	20.6%	20.0%	14.3%	14.3%	11.4%
Very important	47.2%	42.9%	50.0%	42.9%	41.7%	45.7%	51.4%	47.1%	44.1%	51.4%	45.7%	60.0%	42.9%
Somewhat important	24.6%	32.1%	5.3%	25.7%	16.7%	34.3%	14.3%	26.5%	32.4%	17.1%	37.1%	20.0%	37.1%
Slightly important	5.8%	10.7%	0.0%	14.3%	2.8%	8.6%	2.9%	8.8%	0.0%	11.4%	2.9%	2.9%	5.7%
Not important	1.4%	0.0%	2.6%	2.9%	2.8%	0.0%	0.0%	0.0%	2.9%	0.0%	0.0%	2.9%	2.9%



Biosimilar Substitution (by Therapeutic Specialty)

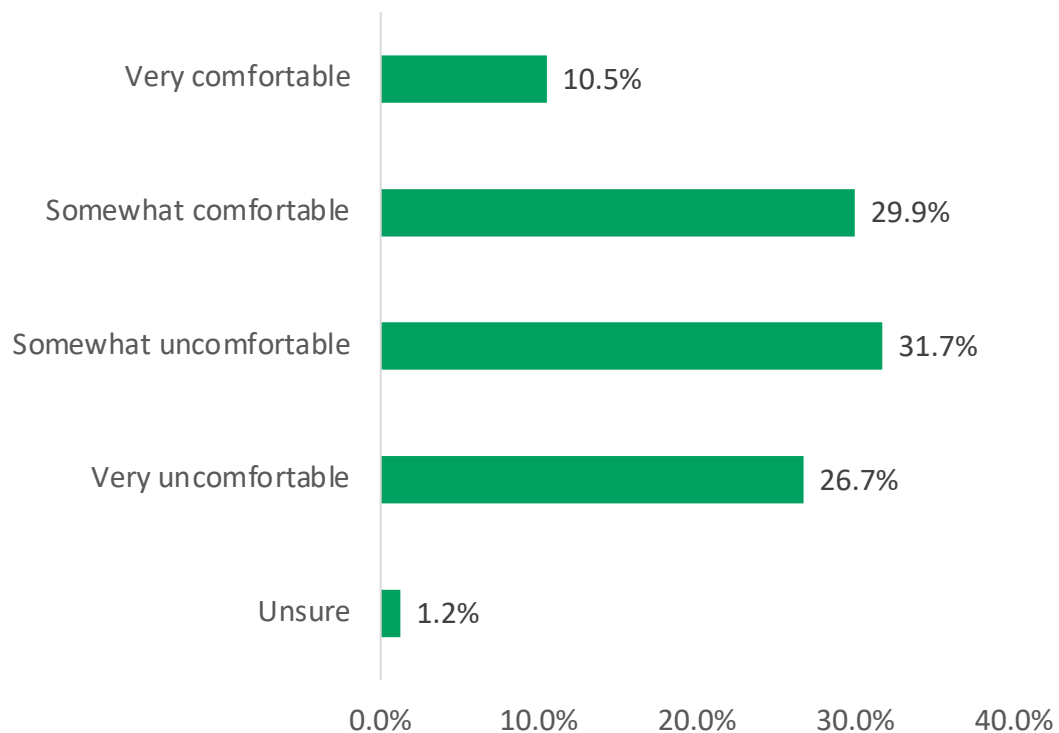
Q14. How comfortable are you with switching your patient to a biosimilar for non-medical reasons (i.e., cost or coverage)? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Very comfortable	24.8%	39.3% D, I, S	10.5%	40.0% D, I, S	27.8% S	20.0%	11.4%	29.4% D, S	20.6%	42.9% D, H, I, M, S	22.9%	28.6% S	8.6%
Somewhat comfortable	52.5%	32.1%	50.0%	42.9%	41.7%	74.3%	62.9%	50.0%	52.9%	42.9%	57.1%	54.3%	65.7%
Somewhat uncomfortable	15.9%	21.4%	28.9%	17.1%	13.9%	2.9%	17.1%	17.6%	23.5%	11.4%	14.3%	8.6%	14.3%
Very uncomfortable	4.6%	3.6%	2.6%	0.0%	13.9%	2.9%	5.7%	2.9%	0.0%	2.9%	5.7%	5.7%	8.6%
Unsure	2.2%	3.6%	7.9%	0.0%	2.8%	0.0%	2.9%	0.0%	2.9%	0.0%	0.0%	2.9%	2.9%

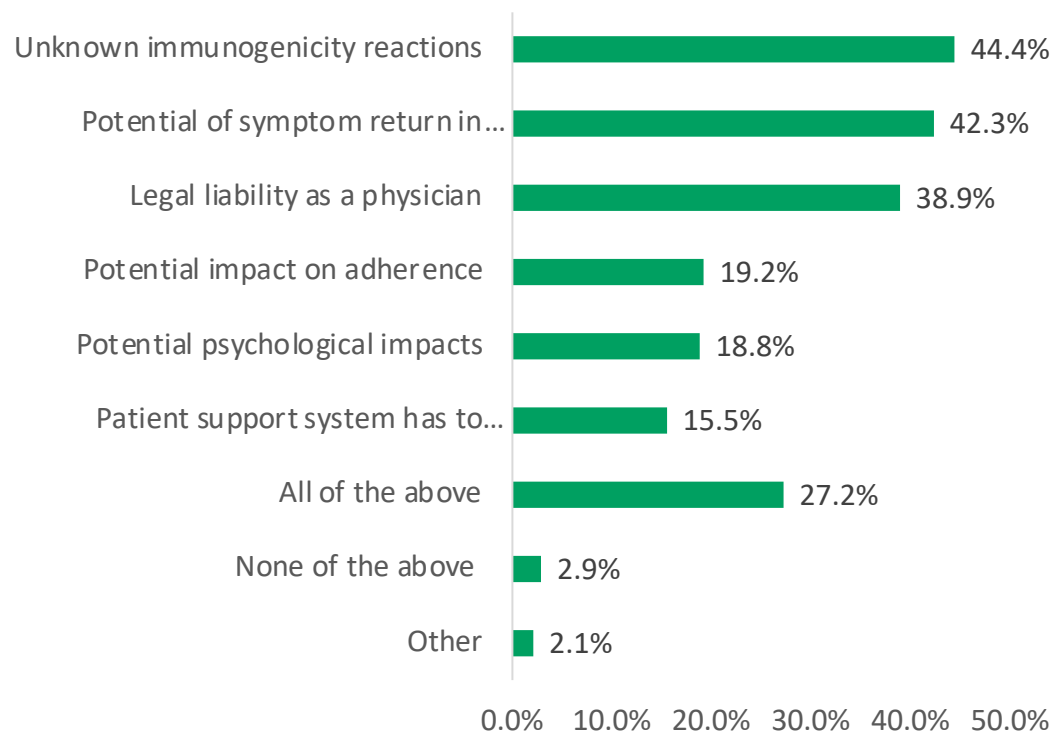


Biosimilar Substitution

Q15. How comfortable are you with a third party switching your patient to a biosimilar for non-medical reasons (i.e., cost or coverage)? (n=401)



Q16. What concerns you about non-medical switching to a biosimilar? (n=239, those unsure or uncomfortable in Q14 or Q15)





Biosimilar Substitution (by Therapeutic Specialty)

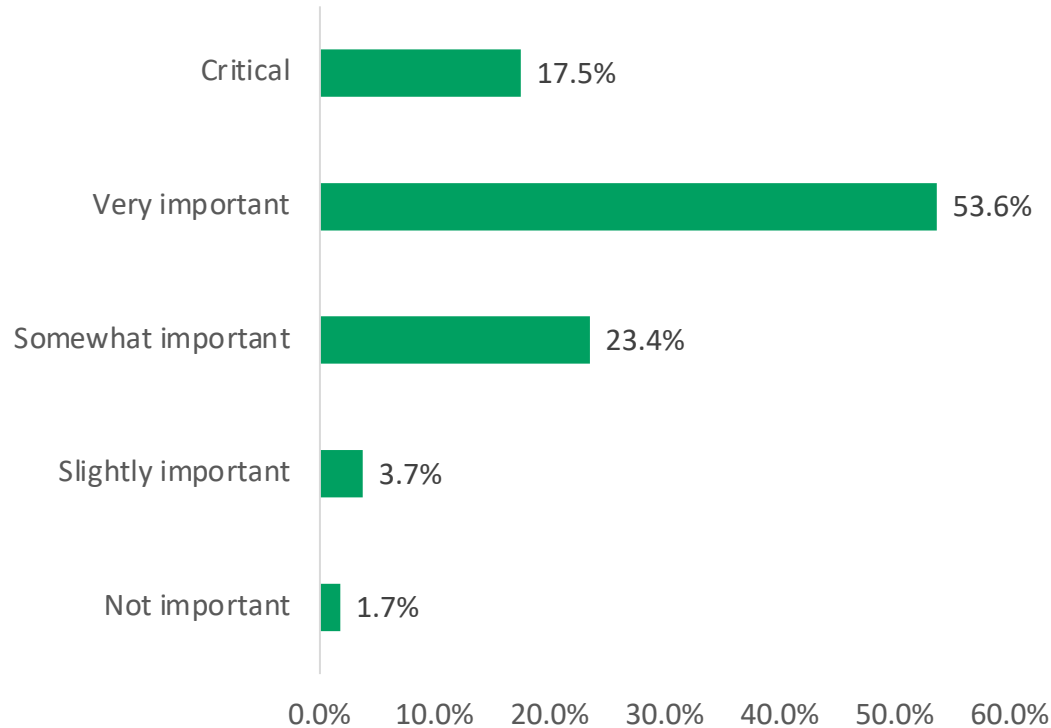
Q15. How comfortable are you with a third party switching your patient to a biosimilar for non-medical reasons (i.e., cost or coverage)? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Very comfortable	10.8%	17.9% D, P, S	2.6%	25.7% D, I, P, S	13.9% S	8.6%	5.7%	14.7% S	11.8% S	14.3% S	2.9%	14.3% S	0.0%
Somewhat comfortable	30.4%	25.0%	7.9%	25.7%	30.6%	42.9%	25.7%	29.4%	29.4%	42.9%	28.6%	42.9%	34.3%
Somewhat uncomfortable	31.3%	32.1%	39.5%	34.3%	27.8%	25.7%	34.3%	38.2%	29.4%	20.0%	42.9%	20.0%	31.4%
Very uncomfortable	26.3%	25.0%	44.7%	14.3%	25.0%	22.9%	34.3%	17.6%	29.4%	20.0%	25.7%	22.9%	31.4%
Unsure	1.2%	0.0%	5.3%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	2.9%	0.0%	0.0%	2.9%

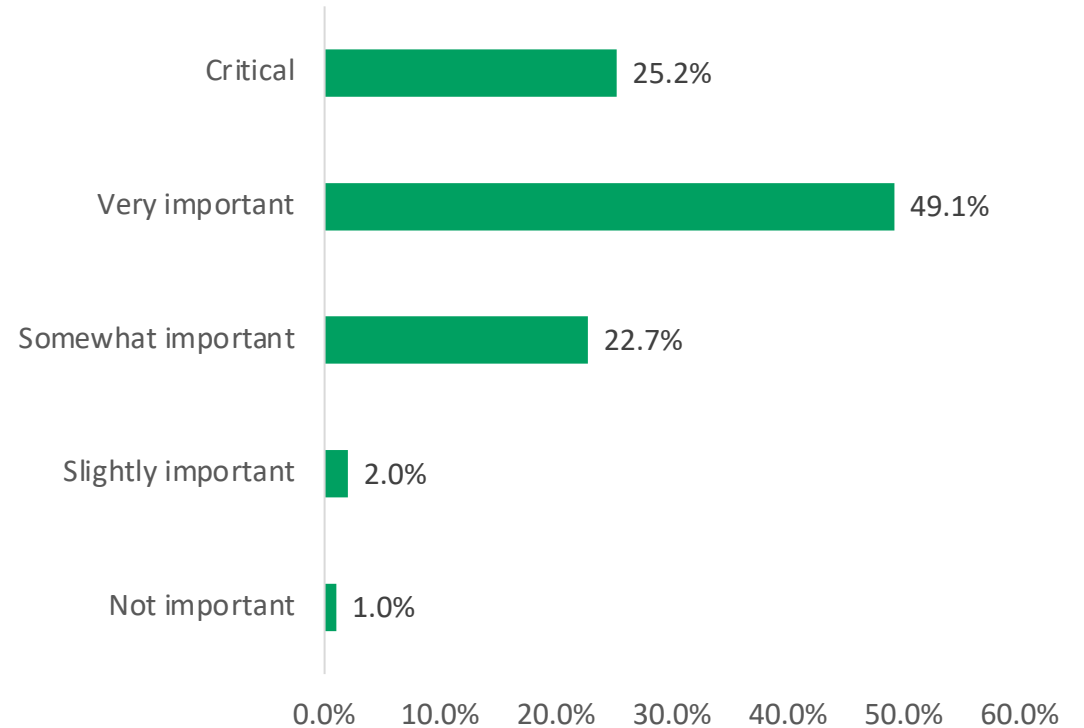


Biosimilar Substitution

Q17. How important is it that payers such as health insurers and government agencies have the formulary flexibility to reimburse multiple products in a particular class, including originator products and biosimilars? (n=401)



Q18. How important is it that payers such as health insurers and government agencies consider factors other than cost when determining coverage? (n=401)





Biosimilar Substitution (by Therapeutic Specialty)

Q17. How important is it that payers such as health insurers and government agencies have the formulary flexibility to reimburse multiple products in a particular class, including originator products and biosimilars? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Critical	17.3%	21.4%	18.4%	5.7%	25.0% E	8.6%	25.7% E	14.7%	20.6%	20.0%	20.0%	17.1%	11.4%
Very important	53.7%	53.6%	42.1%	62.9%	44.4%	62.9%	45.7%	58.8%	50.0%	57.1%	54.3%	57.1%	57.1%
Somewhat important	23.4%	17.9%	31.6%	25.7%	25.0%	28.6%	20.0%	23.5%	23.5%	20.0%	25.7%	17.1%	20.0%
Slightly important	3.6%	3.6%	5.3%	2.9%	2.8%	0.0%	2.9%	0.0%	5.9%	2.9%	0.0%	8.6%	8.6%
Not important	1.9%	3.6%	2.6%	2.9%	2.8%	0.0%	5.7%	2.9%	0.0%	0.0%	0.0%	0.0%	2.9%



Biosimilar Substitution (by Therapeutic Specialty)

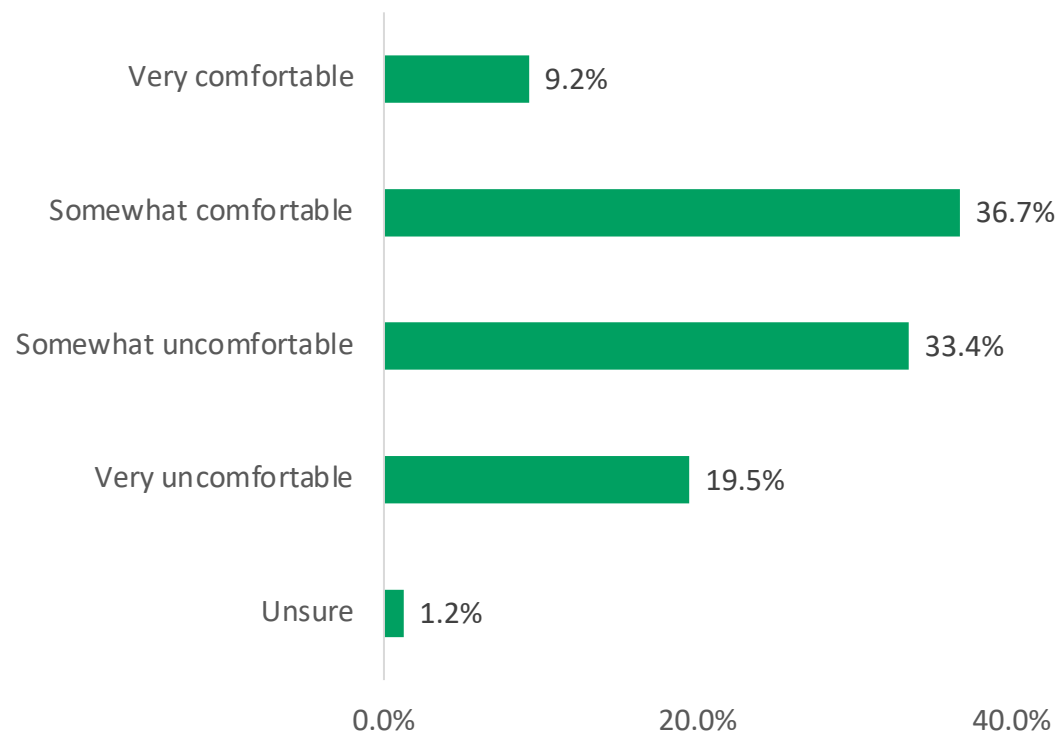
Q18. How important is it that payers such as health insurers and government agencies consider factors other than cost when determining coverage? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Critical	24.8%	32.1%	28.9%	17.1%	36.1% H	14.3%	34.3%	17.6%	38.2% E, H, S	20.0%	20.0%	22.9%	17.1%
Very important	48.7%	39.3%	47.4%	51.4%	36.1%	62.9%	51.4%	41.2%	32.4%	48.6%	60.0%	54.3%	57.1%
Somewhat important	23.4%	25.0%	18.4%	25.7%	27.8%	22.9%	11.4%	35.3%	29.4%	28.6%	20.0%	17.1%	20.0%
Slightly important	2.2%	3.6%	2.6%	0.0%	0.0%	0.0%	2.9%	2.9%	0.0%	2.9%	0.0%	5.7%	5.7%
Not important	1.0%	0.0%	2.6%	5.7%	0.0%	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	0.0%

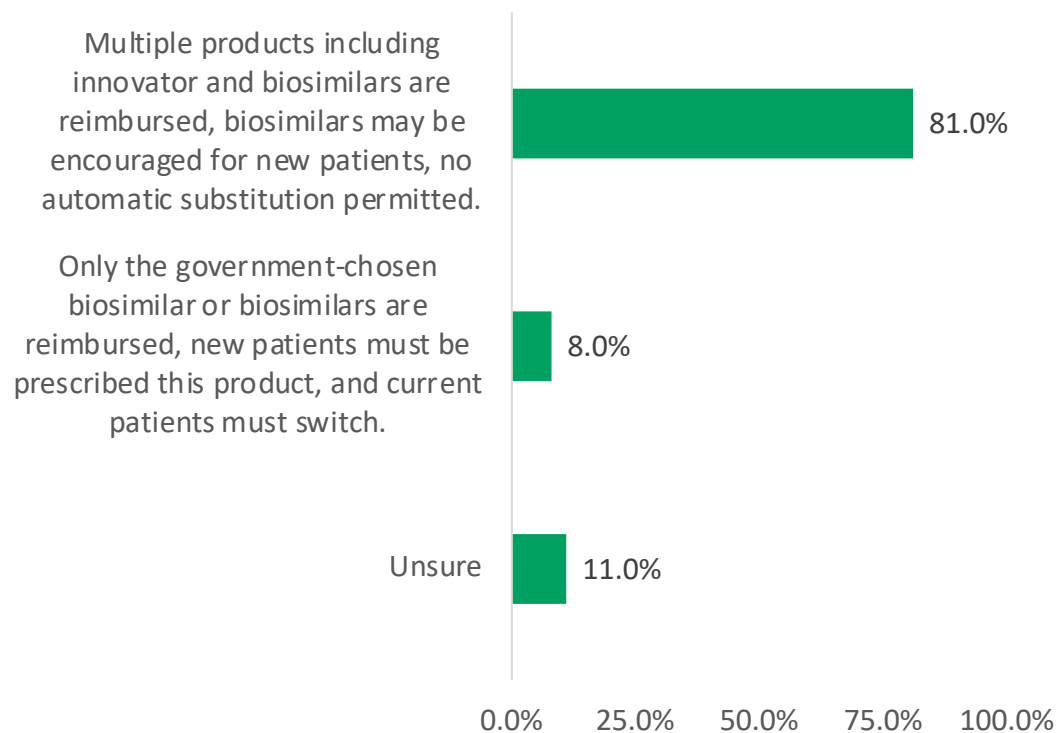


Biosimilar Substitution

Q19. How comfortable would you be with a payer requiring that you switch a patient who is stable on their current biologic onto their preferred biologic or biosimilar product? (n=401)



Q20. From your perspective, which type of access scenario would better serve your patients? (n=401)





Biosimilar Substitution (by Therapeutic Specialty)

Q19. How comfortable would you be with a payer requiring that you switch a patient who is stable on their current biologic onto their preferred biologic or biosimilar product? (n=401)

	Total Sample	Infectious Diseases	Dermatology	Endocrinology	Gastro Intestinal	Internal Medicine	Allergy / Immunology	Nephrology	Neurology	Oncology	Respiratory / Pulmonology	Rheumatology	Urology
		A	D	E	F	H	I	L	M	N	P	Q	S
Very comfortable	9.9%	17.9% D, H, S	0.0%	17.1% D, H, S	19.4% D, H, S	2.9%	11.4% D	5.9%	8.8%	14.3% D	11.4% D	8.6%	2.9%
Somewhat comfortable	37.0%	35.7%	13.5%	45.7%	36.1%	40.0%	31.4%	44.1%	35.3%	45.7%	34.3%	45.7%	37.1%
Somewhat uncomfortable	32.9%	28.6%	43.2%	22.9%	25.0%	31.4%	31.4%	41.2%	32.4%	31.4%	37.1%	31.4%	37.1%
Very uncomfortable	19.1%	14.3%	37.8%	14.3%	19.4%	25.7%	25.7%	5.9%	23.5%	8.6%	17.1%	14.3%	20.0%
Unsure	1.2%	3.6%	5.4%	0.0%	0.0%	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	2.9%

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