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Determinantes, barreiras e facilitadores da utilização de medicamentos biossimilares nos hospitais públicos em Portugal

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ASSOCIAÇÃO PORTUGUESA DE MEDICAMENTOS GENÉRICOS E BIOSSIMILARES

PERCEPTIONS OF BIOSIMILARS AMONG CLINICAL DECISION MAKERS – STUDY 2

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DATA

- Survey to all CFT and pharmaceutical services directors of all public Portuguese hospitals, June-July 2021
- 50 answers out of 93 participants **(53.7%)**.

  Higher participation among pharmacists **(64% vs 43% among physicians)**

Occupation

- Physicians
- Pharmacists

CFT experience

- Over 10 years *vs* bellow

Number of requests to CFT (previous 6 months)

- Over 20 *vs* bellow

DATA

- **Distribution**: majority older than 45 **(78%)**, women (61%), 51% with more than 20 years of professional experience, but 49% with less than 10 year experience at CFT

- 56% report at least one CFT meeting per month, but 10% less than once a month

KEY FINDINGS

- Low communication between CFT and CA (68%), and between CFT and hospital service directors (47% previous 6 months)
- **Key aspects for biosimilars approval**: health economics studies (93%), price **(91%)**, CNFT recommendations **(89%)** and clinical trials **(82%)**
- 83% considered to have enough information concerning biosimilars

- More information is requested from:
  - Independent publications (89%)
  - Ministry of Health (INFARMED, CNFT) (83%)
  - Clinical societies (68%)
  - Pharmaceutical industry (23%)

KEY FINDINGS

- There is still **no full agreement** about the identical efficacy and safety of biosimilars **(90% have doubts)**, and there is a perception of patients' non preference of biosimilars or doubts **(91%, 77%)**.
- This lack of agreement is more present among physicians and low-experienced respondents, compared to experienced respondents and pharmacists.
- Those experienced (*vs* low-experienced)

  - consult more information sources (73% *vs* 56%)
  - higher concordance on similarity (73% *vs* 41%)
  - higher full agreement on equal safety (81% *vs* 39%)
  - higher full agreement on release of funds (52% *vs* 30%)
  - less tendency to consider interchangeability and extrapolation as obstacles (65% *vs* 48%)

KEY FINDINGS

- **Biosimilar adoption**: high importance of therapeutic switch norms (98%) and workshops and training (85%) by the Ministry of Health

- By contrast, quotas and incentives are not considered as relevant **(43%)** , and automatic substitution by the pharmacist (47%) is rejected by physicians and low-experienced people

- Those who are more confortable with biosimilars safety and efficacy:
  - **pharmacists** vs physicians (73% *vs* 35%)
  - **experienced** vs low-experienced (81% *vs* 39%)

IMPLICATIONS

- Less experienced people and physicians: **focus for educational activities**
- Reinforce the role of the **Ministry of Health, CNFT, DGS and independent studies**

Thank you!

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DETERMINANTS OF BIOSIMILAR UPTAKE IN PORTUGAL – STUDY 1

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RELEVANCE OF THE TOPIC

- **Health system objectives:** Access, Equity, Quality, Responsiveness

  Sustainability: if the health system is not sustainable

    Tax increases: sacrifice other consumptions

    Debt increases: sacrifice the consumption of future generations

- **Rationing:** sacrifice access to care

- **Biossimilars:** free resources to avoid sacrifices

RATIONALIZING, NOT RATIONING!

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INTERNATIONAL STUDIES

- Cross-country differences (from 9% to 94%): guidelines; quotas and incentives; independent information; limitations on discounts; availability

Within-country variation?

DATA

- Portal da Transparência do SNS
- Completed with data on RCTs (Infarmed), public contracts (Portal Base), and GDH (casemix index)
- Period January 2015-July 2021, 45 SNS hospitals, monthly data
- Selected drugs: adalimumab, etanercept, infliximab, rituximab, and trastuzumab

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Renwick et al. Lancet Oncology 2016; Moorkens et al. Plos One 2017; Hakim et al. JAMA 2017; Remuzat et al. 2017

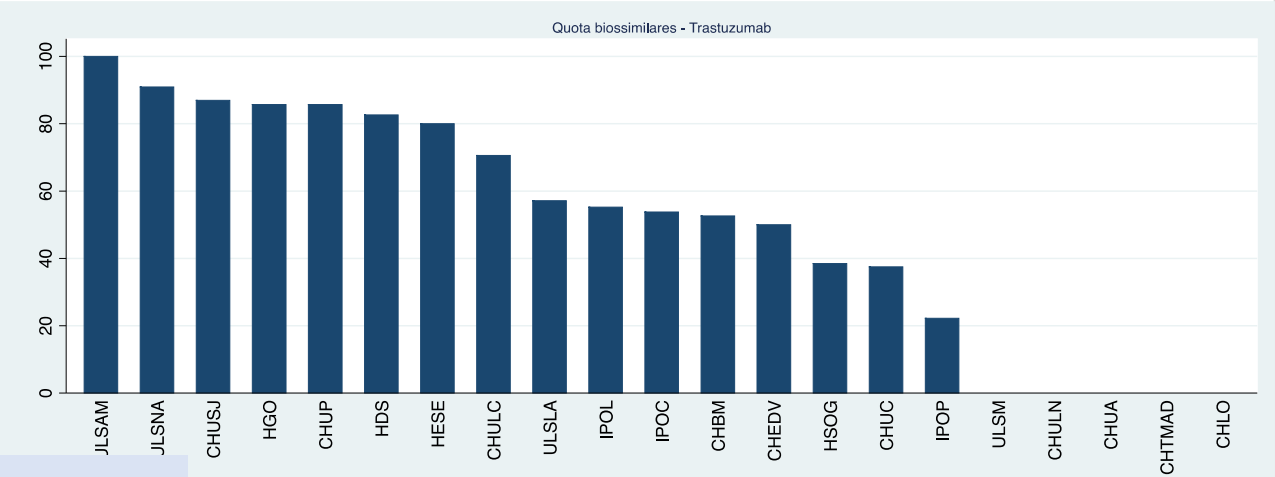
OBJECTIVE: UNDERSTAND THE HIGH HETEROGENEITY ACROSS SNS HOSPITALS

50% of the hospitals

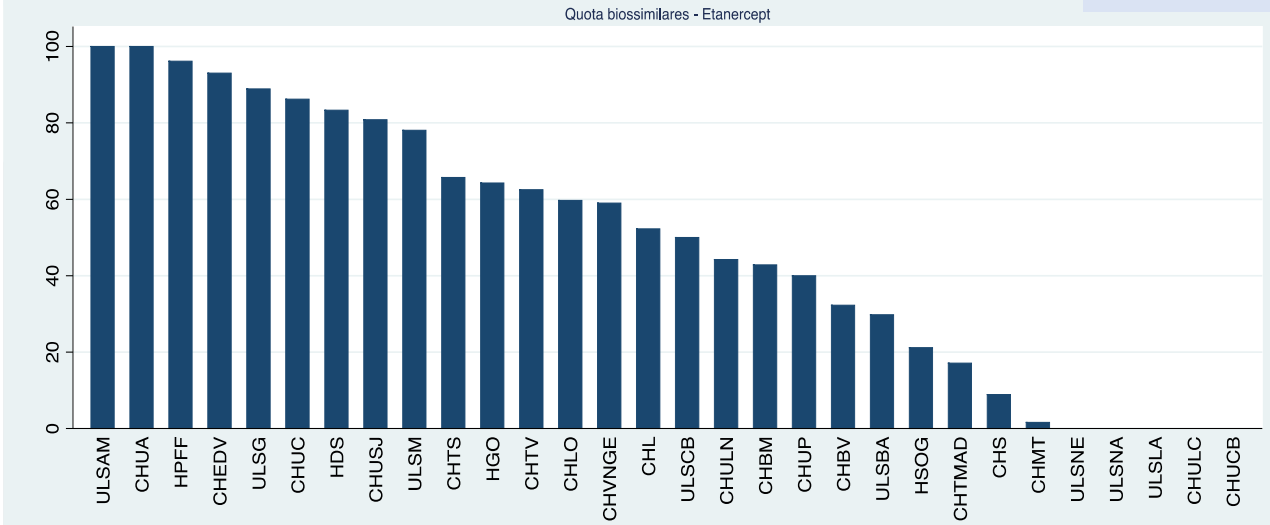
>2.5 year to adopt etanercept biosimilar

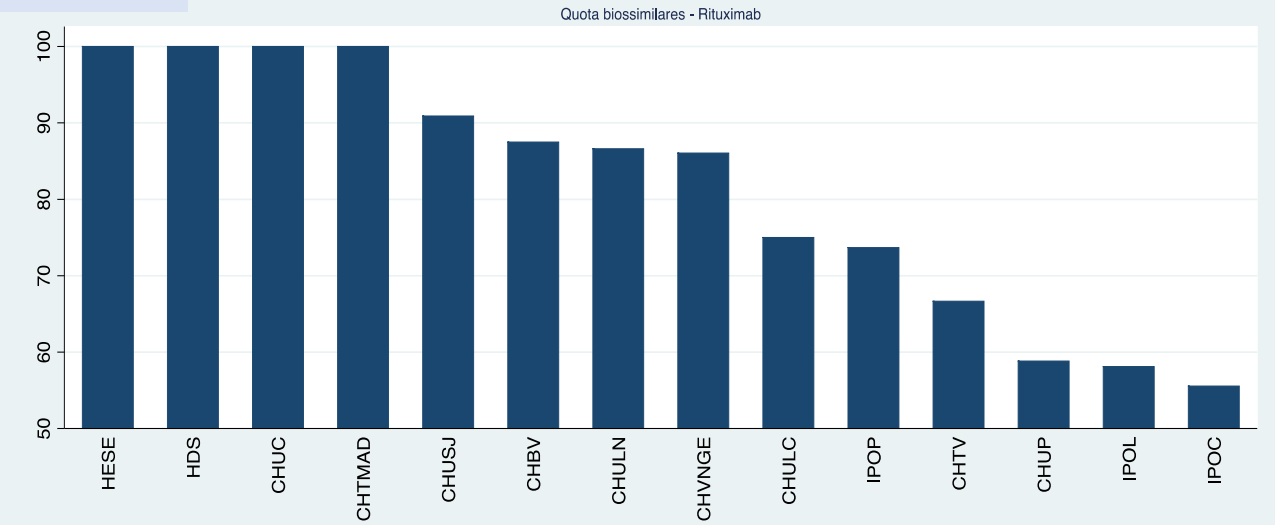
> 3.5 year for rituximab biosimilar

almost two years for trastuzumab biosimilar



December 2020





KEY FINDINGS

"FIRST BIOLOGICS UPTAKERS" HYPOTHESIS

- **Academic hospitals:** quicker uptake in some cases, but lower quotas

  Quicker uptake may lead to more difficult switch

  Compulsory delivery to privately followed patients

- **Higher consumption:** lower quota (except rituximab)

  Possibility to get larger rebates for originator drugs

  Unobserved higher casemix

KEY FINDINGS

"SAVINGS FOR INNOVATION" HYPOTHESIS

- **More RCTs:** quicker uptake, higher quota
- **Hospitals with higher portfolios of originator company:** quicker adoption and higher quotas in some cases

Stronger interest in adopting new costly therapies

Greater need to produce savings for such investment

Greater link also to biosimilar firms

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POTENTIAL UPTAKE

- Potential savings if all hospitals behaved as best performers:

  5.443 million for adalimumab (26% savings)

  1.499 million euros for etanercept (7%)

  2.766 million euros for infliximab (13%)

  28,448 euros for rituximab (9%)

  4.194 million euros for trastuzumab (32%)

- Potential savings of 13.9 millions per year, out of 76.7 million, for these 5 drugs

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