

A new decade of disruption:

# Meeting the challenges of biosimilars

## Part 2: Influencers

### Who's influencing who?

Biosimilars may be a market governed largely by price but for biologics manufacturers with an eye on brand share, there are many other complex factors to consider in determining future impact. Understanding their role in influencing uptake, and how this may evolve over time, will be essential to building effective strategies across therapy areas, settings and countries.

Following our introduction article, this brief is the second of SKIM's trilogy of biosimilar briefs, in which we address three key questions in developing successful strategies for biologics manufacturers:

1. What price has success?

2. Who's influencing who?

3. What's driving physician behavior?

**As the raison d'être for biosimilars their lower price is a compelling motivation for use, potentially enabling more patients to benefit from biologic medicines while also contributing to lower health system costs. Despite this, their adoption has been mixed, both across and within different countries. Even in the presence of higher than anticipated discounts, this variance continues to demonstrate that price, while pivotal, is not the sole influencer of uptake or switching.**

## Five steps to a deeper understanding

For manufacturers with biologics facing competition from an anticipated influx of new MAb biosimilars, experience shows that preparation will be key in setting up a comprehensive demand model. This groundwork should ensure that all relevant internal activities (e.g., ongoing studies to generate further safety and efficacy data) and external dynamics that could impact biosimilar use at national, regional and local level, are accounted for in a future market perspective.

Learnings to date demonstrate the importance of efforts to:



### 1. Map the competitor landscape

Map the competitor landscape leveraging in-house competitive intelligence capabilities, to determine how the market is likely to evolve with new entrants. This should be a continuous process and include not only biosimilar launches but also next-generation biologics and other new products in the pipeline/approaching launch that could impact treatment paradigms, biosimilars uptake and brand share.



### 2. Clarify the role of stakeholders

Clarify the role of stakeholders within health systems, specifically their viewpoint, policies or recommendations on biosimilars, and relative influence in encouraging or hindering adoption. Such stakeholders include payers, purchasers, insurers, HTA bodies/government organizations, KOLs and physicians, but also hospital administrators and hospital pharmacists, as well as patients and their advocacy support groups.

### Key questions to address include:

- > To what extent are payers mandating and/or advancing the use of biosimilars?
- > Where are the pockets of greatest influence?
- > How important are usage endorsements and by whom?
- > How do national recommendations translate into local policies?
- > Where is the power of influence in specific healthcare settings such as hospitals?
- > How strong is the role of patients and how does this vary?



### 3. Determine new or emerging influencers

Determine new or emerging influencers such as specialized clinics. An example is St Maartens in the Netherlands which in June 2016 became the first hospital clinic to make a complete and large-scale switch to biosimilar etanercept for all 800 of its rheumatoid arthritis (RA) patients, both new and existing. Their hope is that other hospitals and therapists will follow their example<sup>1</sup> and this could indeed prove a precedent.



### 4. Identify country-specific mechanisms

Identify country-specific mechanisms designed to influence, incentivize or support biosimilar usage. These include but are not limited to:

**Prescribing/utilization quotas**, which can make a significant difference to uptake. In the case of erythropoietin, for example, researchers have reported that the use of such measures in one area of Germany resulted in a 70% market share for biosimilar versions compared to 16% in another region where they had not been applied.<sup>2</sup>

**Gainshare agreements** as employed in the UK to incentivize prescribing of biosimilars by allowing cost savings generated to be shared between commissioners and providers. If these offer specific benefits in terms of releasing funds to spend on other projects, such arrangements can be expected to drive physician behavior more in the future. In some regions of Italy, similar agreements allow for the reallocation of savings to support the budget for covering innovative medicines.<sup>3</sup>

**National/regional guidelines and recommendations**, an example of which can be seen in Scandinavia with the uptake of biosimilar infliximab. In countries where rheumatologists, hospitals and/or regulatory agencies have recommended switching, supported by financial incentives, the biosimilar has achieved between 88–96% market share. Conversely in Sweden, where switching is neither widely encouraged nor endorsed by the drug authority, market share is only around 33%.<sup>4</sup>

**Evidence generation** as seen in Norway, where the government is funding a clinical trial of patients switched from the original biologic to biosimilar infliximab to build confidence in usage.



### 5. Capture shifts in influence

Health insurers, for example, are gaining momentum as a force, working more closely together to reduce the price of expensive drugs – a trend that may see their role expanding into procurers of hospital medicines. There are already signs of this in the Netherlands, where a cooperative purchasing structure proposed by the insurance company Achmea/Zilveren Kruis specifically for anti-TNFs, has been widely discussed. While now of less importance for these particular products, there is nevertheless government support for the stronger purchasing power of insurers through collaboration, given the potential to significantly lower costs. This view may be shared by authorities elsewhere as they look to find savings in their own health system.

# Accelerating strategies for success

**Gathering knowledge of influencers at all levels is essential to ensuring a robust and inclusive demand model for reliably assessing brand impact across multiple scenarios. It also serves to accelerate understanding of the ever expanding network of stakeholders and the complex interactions between them. This is critical at a time when success is increasingly dependent on building strategies that embrace stronger engagement with these players. The insights afforded will enable biologics manufacturers to strengthen their strategic positioning, with the ability to identify collaborative opportunities for driving and sustaining appropriate originator usage.**

## Sources

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3. IMS Institute for Healthcare Informatics. Delivering on the potential of biosimilar medicines. March, 2016
4. Welsh AR. The Norwegian biosimilar phenomenon: From biosimilar to "biogeneric". Biosimilar Development. 26 July, 2016 [www.biosimilardevelopment.com/doc/the-norwegian-biosimilar-phenomenon-from-biosimilar-to-biogeneric-0001](http://www.biosimilardevelopment.com/doc/the-norwegian-biosimilar-phenomenon-from-biosimilar-to-biogeneric-0001)

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