SKIM

decision behavior experts

A new decade of disruption:

Meeting the challenges of biosimilars

Part 3: Physicians

What's driving physician behavior?

Marking a new competitive era for biologics, the entry of MAb biosimilars raises questions and expectations for all stakeholders. But as the ultimate prescribers, what is top of mind for physicians as they anticipate these lower-cost treatment options? To close our trilogy of biosimilar briefs we share first-hand insights from Key Opinion Leaders (KOLs) in Europe, which underscore the concerns and uncertainties at play in this challenging landscape.

1. What price has success?

2. Who's influencing who?

3. What's driving physician behavior?

The pivotal role of physicians

Situated at the front line of care delivery, physicians have been rated as the most important influence on the final choice of treatment[1]. As such, their attitudes to MAb biosimilars will play a key role in uptake across a range of high profile disease areas including cancer. No longer just clinicians but also budget custodians, more accountable than ever for their healthcare expenditure, and under pressure to meet financial targets, their focus on cost-effective prescribing has never been greater. How, then, do they view these lower priced alternatives to biologics? And what will drive their preference for originator vs. molecule?

What do KOLs think?

To answer these questions and help biologics manufacturers understand the mindset of treating physicians, experts from SKIM have engaged with KOLs working in oncology and hematology across leading EU markets. Exploring their perceptions and intentions to use MAb biosimilars in future, these discussions reveal broad alignment on a number of key issues that will impact their behavior going forward.

Cost is a key driver but safety comes first:

Their lower price is considered the primary reason to use biosimilars, which "are constantly on our minds to save money" (UK). "You get better value for your money. There are no other advantages" (France). However, safety comes first. "What do I need to start biosimilars? Information on safety and side-effects" (Germany). "I have long-term safety concerns. Herceptin has been around for 12-13 years. Biosimilars are new drugs; we don't have the same data for them. It makes me more doubting." (UK)

Evidence of bioequivalence is a primary concern:

Reflecting reservations about the approval process for biosimilars, physicians seek more robust clinical data showing equivalence in efficacy to the originator product before considering use. "Non-inferior clinical studies to prove you provide the optimal treatment" (UK). "They need to prove it within patients" (France). "Biosimilars are not the same; clinical trials will give me more confidence to prescribe" (Germany).

Curious but cautious:

Physicians are receptive to the opportunities presented by biosimilars, particularly from an economic perspective. However, their interest is tempered by caution. "I am open to the new possibilities, but cautious. I need more information about these products. I am working in a high risk environment for patients and myself" (Germany).

Provenance and product availability are important:

Even with proven safety and efficacy, the origins of some biosimilars raise questions. Many companies (e.g., from Asia) are unknown, their delivery capability is uncertain, and the lack of safety legislation creates trust issues. "Some companies avoid the EU safety regulations and buy biosimilars through a third company from China, so we would get these products via the back door with low quality levels. That is a concern" (Germany). "You want to know there are no issues with supplies. Do I trust those companies the same? I don't know" (UK).

Gradual conversion starting with new patients:

In terms of usage, and given the lack of established experience with biosimilars in oncology, physicians anticipate building knowledge over time, beginning with new patients.

- The preference is to avoid switching patients already receiving biologics. "I would be concerned about existing patients switching – patients treated for a long time on one preparation – that we would trigger an immune reaction" (Germany). "It would be more difficult to switch existing patients than new patients" (UK).
- A potentially stronger role for biosimilars within the metastatic setting is possible, "If you are not compromising the long-term chances of the patient to recover from the disease" (UK).
- Physicians are sensitive to faults; if they hear one case which did not go well, they will likely stop using biosimilars immediately.

No turning back

Despite expressing doubts and a general preference for the trusted originator biologics, physicians recognize that biosimilars are part of the future. Their use "will not be a single decision" and the belief is that they will gain significant market share with endorsement from national bodies like NICE (UK), HAS (France) and AIFA (Italy), and influential independent organizations such as ESMO, which recently published a paper supporting biosimilars in cancer treatment. Failure to consider them in strategies for biologics thus runs the risk of missing opportunities to demonstrate the preferential value of the originator products.

What do KOLs expect from originator manufacturers?

Against this background, physicians anticipate a range of defense strategies by biologics manufacturers, from "a cost reduction" or "new drugs with inferior efficacy" to "inflammatory advertisements". But what do they think these companies should do? And what will convince them to retain originator usage? Their feedback suggests the value of investing to:

1. Educate and utilize counter messaging to reinforce trust by emphasizing the superior long-term safety and efficacy of biologics, more robust data, reliability in terms of availability and country of manufacture, and longstanding expertise in this field.

   "Trust and safety are super important. Who has introduced the new biosimilar and where, are very important in the consideration" (Germany).

2. Address unmet patient needs based on knowledge of their treatment journey, to understand what added-value services can be provided.

   "The patient and clinician are more directly involved in treatment. Offer the opportunity to guide physicians more. Counteract side-effects with better assistance. The fact that you will get somehow a closer involvement of the manufacturer when it comes to the patient journey. Originator manufacturers are involved more and more in the patient journey and starting a service role" (UK).

3. Keep innovating and build a portfolio to strengthen trust among physicians by demonstrating a long-term commitment to moving medicine and treatments forward.

   "Certainly the credibility of the pipeline relates to the perceived willingness of the company to develop more and invest in the development of better medication. This adds value and trust in the company" (UK).

   "Originators should start innovating to bring new indications of the molecule. Maybe the trouble is that they have the authorization in an organ so that brings restrictive ways to prescribe their molecule. If they enhance the indication by building trials in other indications, perhaps it could help for prescribing the original molecule more" (France).

Succeed with the right focus

As previously discussed and echoed in these insights from leading physicians, staying ahead and competitive in a market where MAb biosimilars will inevitably find their place, requires a focus on what is possible to influence and change. The opportunities exist and can be met with an informed, well-planned and effective strategy.

Sources

1. Lamers RRED, Cuypers M, de Vries M, van de Poll-Franse LV, Bosch JLHR, Kil PJM
Doctors' influence on patients' treatment choice in localized prostate cancer. 2nd Biennial Asia-Pacific Conference, Hong Kong, 8–10 January 2016.

About SKIM

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