

A photograph of chess pieces on a wooden board. In the center, a black knight and a white knight face each other. To the left, a line of black pawns is visible. To the right, a line of white pawns is visible. The background is a soft, out-of-focus light blue and white.

SKIM | Biosimilars

How to stay competitive against
a new wave of entrants?



SKIM

Topics for today

**Biosimilar
introductions**

1

**Success of
biosimilars**

2

**Factors
protecting
from
biosimilar
uptake**

3

**Influencers
on biosimilar
uptake**

4

**A case study
in the area of
rheumatology**

5

What are the differences between biologics and biosimilars?



What are biologics?

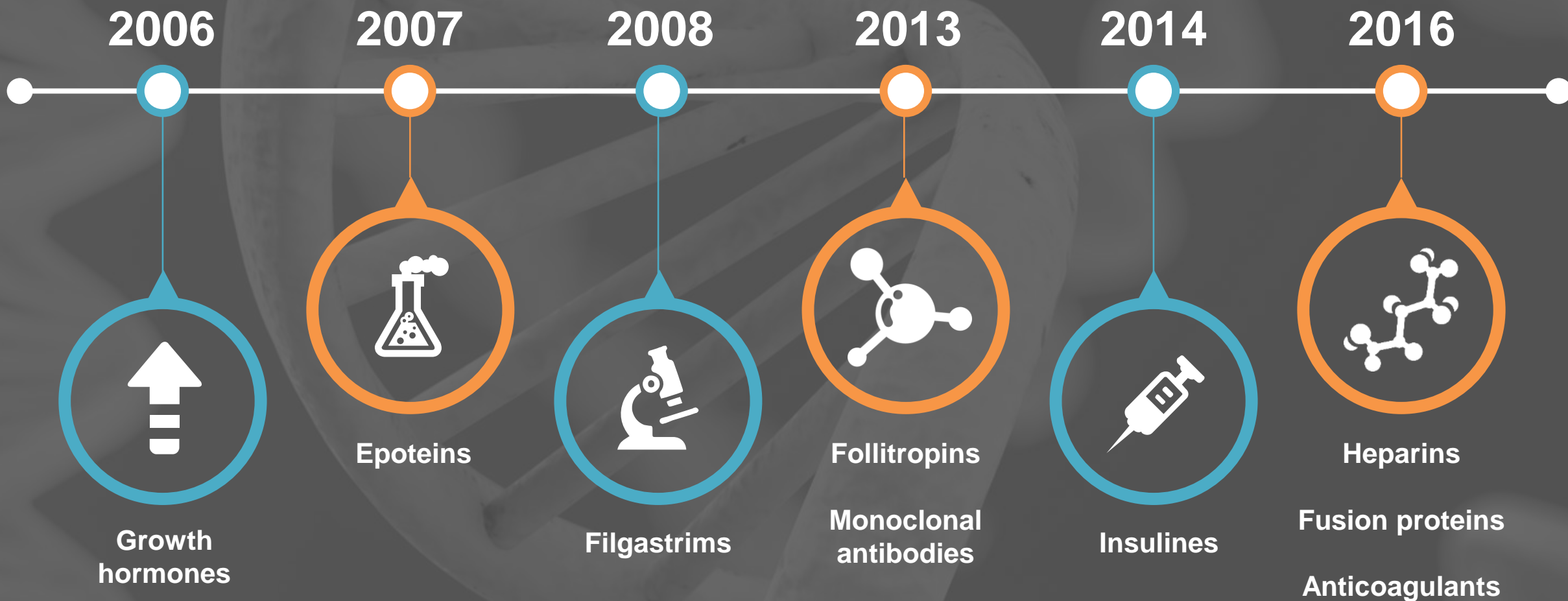


What are biosimilars?



Biosimilars are not generics

Biosimilar introductions



Why are biosimilars successful?



\$154bn

Global spending on
biologics



\$110bn

Global savings by
using biosimilars



30%

Price discounts
averaging around

How to protect for biosimilar uptake?



Price



Brand power



**Value added
services**



Innovation

Who and what influences biosimilar uptake?

**COMPETITIVE
LANDSCAPE**



WHO?



WHAT?





Case Study

Measuring the uptake of biosimilars
in the rheumatoid arthritis market



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How to measure biosimilar impact?

Fixed part

Biosimilar product profile

Efficacy	Comparable to originator product
Safety	Comparable to originator product
QoL	Comparable to originator product
Dose regimen	Comparable to originator product
Mode of Action	Comparable to originator product
Expected indication	Comparable to originator product

Variable part

Biosimilar product profile

Price relative to originator product	10% cheaper	20% cheaper	30% cheaper	40% cheaper	50% cheaper	60% cheaper
Endorsement from health authorities	Use originator brand in any patients according to license	Use originator brand in any patient according to license – but reimbursement will ONLY at lowest price	Proactively identify patients stable on branded product who could be switched to the biosimilar	Use biosimilar only in new initiated patients	Use biosimilar in all patients	No endorsement in place
Clinical data	Phase I study to demonstrate equivalent pharmacokinetics and safety versus originator product Phase III study to demonstrate equivalent efficacy and safety compared with originator product in 1st line treatment only	Phase I study to demonstrate equivalent pharmacokinetics and safety versus originator product Phase III study to demonstrate equivalent efficacy and safety compared with originator product in 2nd line treatment only	Phase I study to demonstrate equivalent pharmacokinetics and safety versus originator product Phase III study to demonstrate equivalent efficacy and safety compared with originator product in 1st and 2nd line treatment			
Value added service	Home care services	Patient and HCP support program	No value added services			

Patient allocation with physicians

Measuring the uptake of biosimilars in the rheumatoid arthritis market in three steps:

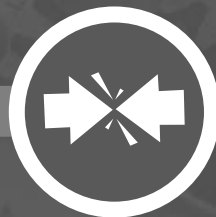
STEP 1

**Measure the current market
(including the existing
biosimilars on the market for
infliximab and etanercept)**



STEP 2

**Measure the impact of future
new products (including new
biologics and the new
biosimilar)**



STEP 3

**Measure the impact of the
different product
characteristics and price
levels**



How to measure stakeholder influence?



High influence of hospital pharmacist on physicians treatment decision



Choice exercise to set quota on proportion of patients receiving new biosimilar



Quota outcomes per price point tested for physician model

What minimum quota would you set, if any, for this biosimilar knowing the following about price and attitude of the physician in your hospital towards this?

Product profile biosimilar	
Price relative to originator biosimilar	60% cheaper
Physicians advocacy	Physicians advocate <u>for</u> usage of biosimilars

% of biosimilar each physician has to prescribe to their rheumatoid arthritis patients

☒ I would not apply a minimum quota

(1 of 6)

◀ Previous 0% 100% Next ▶

Applying weights

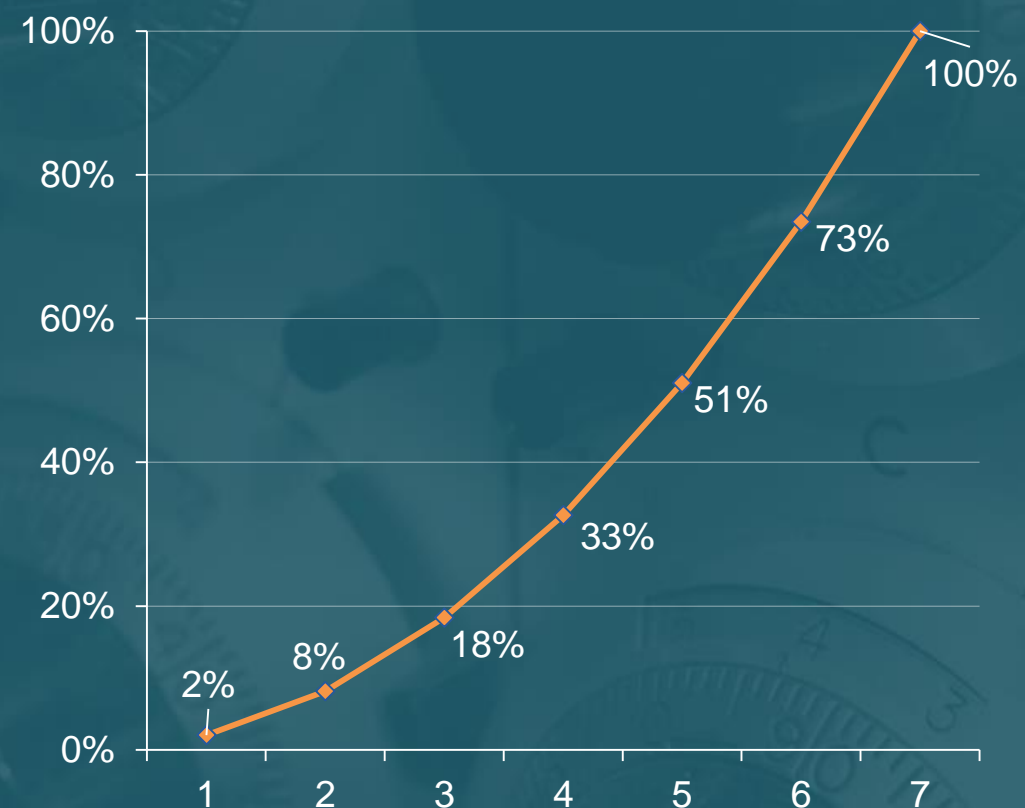


Physicians often overestimate the proportion of patients they would prescribe to that new product.

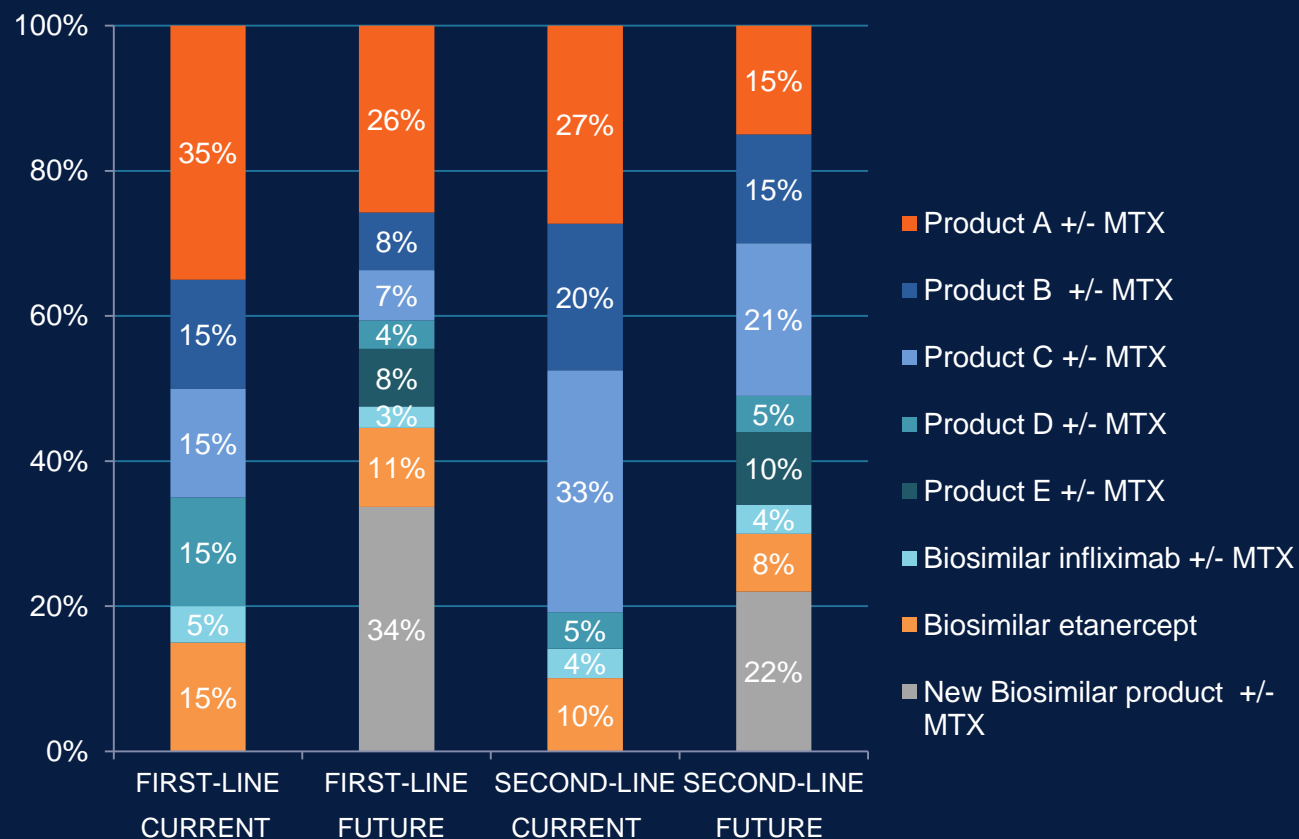


We will use the respondent's answer to a 7-point "likelihood to Rx" Likert scale for each the new biosimilar to calibrate for overstatement

Reduction Factor
(to be multiplied by patient share)



Outcomes of forecast data



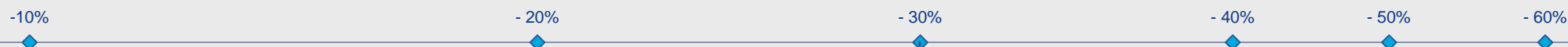
Scenario modeled

- Biosimilar price: 30% cheaper compared to originator product
- Endorsement: use biosimilars in all patients
- Phase I study to demonstrate equivalent pharmacokinetics and safety versus originator product, Phase III study to demonstrate equivalent efficacy and safety compared with originator product in 2nd line treatment only
- No value added services in place

Outcomes of importance data

FIRST-LINE patients on a biosimilar

Price ▲ = 19.4%



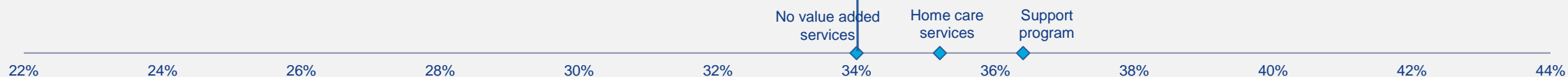
Clinical data ▲ = 6.0%



Endorsement ▲ = 4.1%



Value added services ▲ = 2.2%



Market simulator as key deliverable

press here to restore a particular scenario

Biosimilar	
Price relative to originator product	40% cheaper ▼
Endorsement from health authorities	Use biosimilar in all patients ▼
Clinical data	Phase I study to demonstrate equivalent pharmacokinetics and safety versus originator drug ▼
	Phase III study to demonstrate equivalent efficacy and safety compared with originator drug in 1st line treatment ▼
Value added services	No value added services in place ▼

Physicians advocate for or against usage of biosimilars

for ▼

% of biosimilar each physician has to prescribe to their RA patients

38.0%

calibration: TRUE ▼
weights: TRUE ▼

figures: preference share under currently defined scenario & (▲ from current)	FIRST-LINE biologic	SECOND-LINE biologic + later
Product A +/- MTX	26% (▲-9%)	15% (▲-12%)
Product B +/- MTX	8% (▲-7%)	15% (▲-5%)
Product C +/- MTX	7% (▲-8%)	21% (▲-12%)
Product D +/- MTX	4% (▲-11%)	5%
Product E +/- MTX	8%	10%
Biosimilar infliximab	3% (▲-2%)	4%
Biosimilar etanercept	11% (▲-4%)	8% (▲-2%)
New Biosimilar	33%	22%

Key take-aways



Know who your competitors are and will be in the future



Know who and what influences biosimilar prescription



Price is the main driver of biosimilar prescription, but not the only driver



Use price as percentage of standard of care

Contact Us



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