Implementation of Biosimilars: The Good, the Bad, the Ugly

September 13, 2018

Monica Macik, PharmD, BCPS, BCOP Clinical Pharmacy Specialist – Hematology/Oncology Eskenazi Health Indianapolis, IN Karen Smethers, BS, PharmD, BCOP Vice President of Pharmacy, Clinical Integration The Resource Group St. Louis, MO



Learning Objectives



- Discuss how to effectively assess individual biosimilars for formulary addition
- Review approaches for building biosimilars into an electronic health record
- Discuss approaches to securing appropriate insurance approval and reimbursement
- List effective education methods for nursing, pharmacy, physician staff on implementation of biosimilars

Audience Response

What is the adoption rate of available biosimilar agents at your institution?

- A. NA, biosimilar agents are not used
- B. Less than 10%
- C. 10 25%
- D. 25 50%
- E. 50 75%
- F. Greater than 75%

سككس

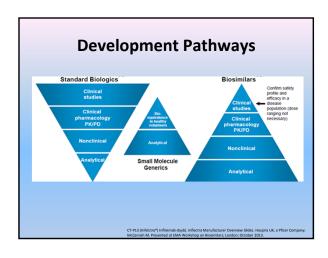
Biosimilar Background

- The Biologics Price Competition & Innovation Act of 2009 (BPCI Act)
 - Passed as part of health reform (Affordable Care Act)
 - President Obama signed into law on March 23, 2010
- BPCI Act creates an abbreviated licensure pathway for biological products shown to be:
 - Biosimilar (highly similar) to or
 - Interchangeable with an FDA- licensed reference product



mplementation of the Biologics Price Competition and Innovation Act of 2009. United States Food and Drug Administ

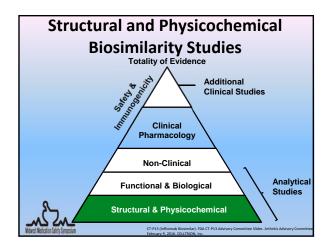
351 (k) Application Is biosimilar to a reference product Utilizes the same mechanism(s) of action for the proposed condition(s) of use Condition(s) of use proposed in labeling previously approved for reference product Has same route of administration, dosage form, and strength as reference product Is manufactured, processed, packed, or held in a facility that meets standards designed to assure biological product continues to be safe, pure, and potent Implementation of the Biological Product continues to be safe, pure, and potent Implementation of the Biological Product continues to be safe, pure, and potent

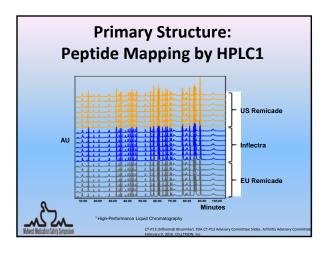


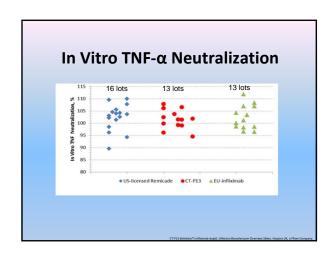
Biosimilar Background

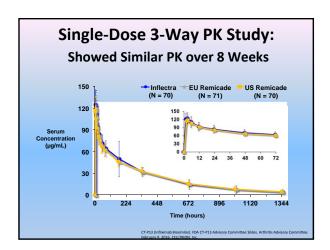
- A biosimilar medication is <u>highly similar</u>, but not identical, to a biologic innovator product
- There is no clinically meaningful difference between the biosimilar and innovator product and recognizes that the two molecules are in fact different, but exert highly similar effects
- Pre-clinical / clinical data must be submitted to provide justification for each indication sought

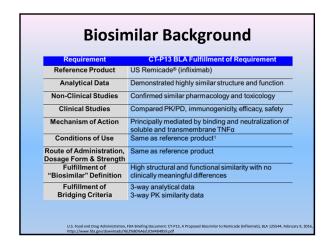












Biosimilar Indication Comparison Current Status Launch Date 11/2016 Infliximab-dyyb (Inflectra) 04/05/2016 Infliximab (Remicade) Infliximab-abda Launch Date 07/2017 04/21/2017 Infliximab Infliximab-qbtx 12/13/2017 Not Launched (Ixifi) (Remicade)

Audience Response

Biosimilars have the same indication listed in their package insert as the reference product?

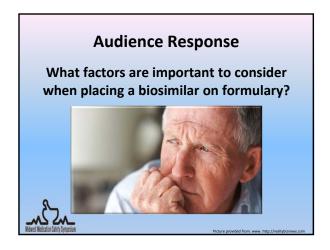
A. TrueB. False

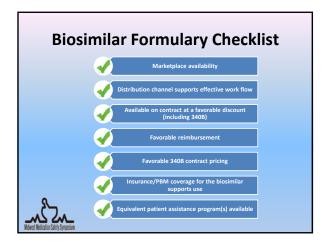


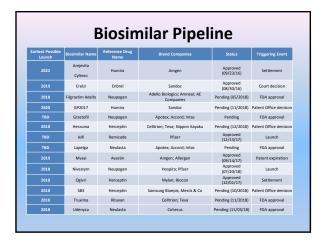
Biosimilar Indication Comparison Disease State Infliximab Infliximab-dyyb Infliximab-abda (Renflexis) Crohn's Disease Pediatric Crohn's Disease Ulcerative Colitis Pediatric Ulcerative Colitis Rheumatoid Arthritis Psoriatic Arthritis Plaque psoriasis Remicate [garlage insert]. Horcham, PA. Jasseen Biotech, Inc. 2018. Infliction Services (Services). States No. 2018. Remicate [garlage insert]. Horcham, PA. Jasseen Biotech, Inc. 2018. Infliction Control Services (Services). States No. 2018. Remicate [garlage insert]. Horcham, PA. Jasseen Biotech, Inc. 2018. Remicate [garlage insert]. Horcham, PA. Jasseen Biotech, Inc. 2018. Remicate [garlage insert]. Horcham, PA. Jasseen Biotech, Inc. 2018. Remicate [garlage insert]. Horcham, PA. Jasseen Biotech, Inc. 2018. Remicate [garlage insert]. Horcham, PA. Jasseen Biotech, Inc. 2018. Remicate [garlage insert]. Horcham, PA. Jasseen Biotech, Inc. 2018. Remicate [garlage insert]. Horcham, PA. Jasseen Biotech, Inc. 2018.

Biosimilar Clinical Trial Comparison: Infliximab Infliximab (Remicade) Inflximab-dyyb (Inflectra) Indication Rheumatoid arthritis (RA) Rheumatoid arthritis (RA) Phase III, multi-center, randomized, double-blind Phase III, multi-center, multi-national, randomized, double blind, parallel-group Study Design N = 428 Patients N = 606 Clinically and statistically significant Improvement in signs and symptoms of RA per ACR20* Clinically similar efficacy with similar adverse events to reference product Results

		100mg Vial	AWP Cost per 600mg Dose
nfliximab Remicade)	100mg	\$1,401.38	\$8,408.28
nfliximab-dyyb Inflectra)	100mg	\$1,135.54	\$6,813.24
nfliximab-abda Renflexis)	100mg	\$904.07	\$5,424.42

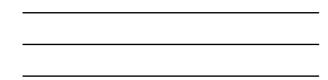






Electronic Health Record (EHR) Build

- Strategy #1
 - Build out all formulations (reference products and all biosimilars) in order sets
 - Wait until insurance approval to determine product dispensed
 - Remove orders for other formulations not covered by insurance
- Strategy #2
 - Build out separate ordersets
 - Review insurance formulary for covered product, then provider enters the order



The second control of the control of	EHR Strategy #1							
The second section of the sec	+							
Section of the Conference of		the extra data management as poles sorting the eff () represent on a fact.	a. Surry our mount, Fa 1 sun					
The content of the		or Library (CMCON) (16 mg in such as design (16 mg 16 Mg). Million and the Million (16 mg in 16 mg) and the Million (16 mg) a		transmi,	besides		No. o	
See Section 1 - Section 1 - Section 2 - Section 2 - Section 2 - Section 3 - Se	D	of Liferage (FPACACE) (Milling to quity or (Milling) (MIP). Milling combined (Milling) if a play of the Life of the party of the Life of		04.0104	to econe		*	
But speciment with the control of th	G.	The state of the s		Promoting	0	1	he x	
Compare the Comp		ori, Minako EPPE (MPE) ETAN, ETAN ng in natura Persona (14) or, 1978 Bit ng manahan Arina i Angay (16) ng manahan (14) ori, 16 manaha na 17 man, 1 Bit ng manahan natura na natura na natura na natura na na natura na na na natura na		17 analog	No. DECEMBE		No. 1	
State	0	of State 275 (455) No. 10 ray is subject than 10 or, 976. Miles appropriate the state of the st		11 animg	No. (COMM)		No. 1	
State Contract State Contract State Contract State Sta		of these 274 (00) \$150 (00) as the region and an extreme \$10 on \$100. This properties \$10 on \$10 on \$10 on all and \$10 on \$10 o		-	Ser account		20. 1	
(2) of the action of the first control of the body of	0	Entertainment of the state of t		transing	0		36. 1	
See all case and see a	O.	AND THE RESIDENCE OF THE PARTY		17 anging	As MITTER		No. 1	
The second of th	C	of these side at the last of the second states at the last of the		11 anyong	No electric		No. 1	

	EHR Str	ategy	#1				
0	inFUOmab-DYNE SREECTAAI 400 mg in sodium chloride 250 ml, NYE 400 mg inmedia byn 250 mg is 1 mg/mg i 126 kg, chloridensa is 15 ml/m, Alland Mandra bland personsa of appropsil of from a promote plan politica, and in size	e of less.	1/1 remaining () farling when nilear		Đ	Sign	×
0	Case a No.CANCOCC melocation in sociation in sociation children children. PM 8410 mg (munded from 399 mg + 5 mg/hg + 79 8 kg, mmwemous, at 145 ms/hr. Admini Usa an in-han, shinki, noisyyngania, bei prakim bedolg filter with 1.2 micron year sociation of the soci	e or lend.		Sun 929/2019 ed. For 1 0004	.03	Sign	×
0	HIRLDINGS-DIYES SHILECTEAN 400 mg in sodium chloride 290 mL NYE. 481 mg /ounded trun 399 mg = 5 mg/sg = 79 E kgi, intravenous, at 145 mL/lr. Admir Use an in line, sterile, tone yn ngyme, on protein-bedrig Blanc with 1.2 micron pore size. Cast A HAZAROOCH Inductions of enfounce, 30 microlar site relation, on on on com-	e or less.		Sun 8/25/2018 ed. For 1 done	15	Sign	×
Mids	AS 200. est Melicidio Safrij Syngolia						

Insurance Reimbursement

- Increase in biosimilars being preferred product on insurance formularies
- Many insurance providers still require precertification/prior authorization prior to use
- Ensure precertification approval for determined formulary agent (institutional or insurance)



Insurance Reimbursement

- Ideal to have dedicated staff member or well established process to complete precertifications
 - Automate precertification requests via EHR
 - Manually request precertifications and track manually
- Pharmacy staff to ensure precertification approval obtained prior to dispensing



Pharmacy Logistics

- Storage of multiple formulations for product
 - Example Infliximab
 - Reference product:
 - Infliximab (Remicade)
 - Biosimilars
 - Infliximab-dyyb (Inflectra)
 - Infliximab-abda (Renflexis)
- Medication Safety Concerns
 - Ordering correct product covered by insurance
 - Dispensing correct product ordered



Biosimilar Policy

- Institutional policy on Biosimilars
 - Ensure your institution has a policy to address stance on biosimilars
 - Are they considered interchangeable?
 - Does physician have to be notified prior to interchanging?
 - Discuss patient notification of biosimilar use vs reference product



Resources

- Biosmilar Policy Components
 - Background
 - Robust FDA approval process
 - Disease state specific Drug Advisory Committee approvals
 Many times phase III efficacy trials
 - Definitions: reference product vs biosimilar
 - Highly similar vs interchangeable
 - Stance of interchangeability at institution
 - Outline physician and/or patient notification of biosimilar use



Audience Response

Who are the important stakeholders to engage when introducing a biosimilar?

Successful Implementation

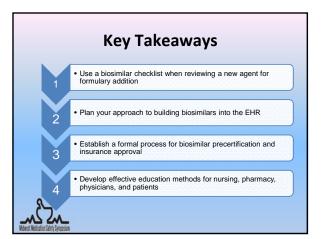
- Identify Key Stakeholders:
 - Senior Leadership
 - Chief Medical Officer
 - Chief Nursing Officer
 - Chief Pharmacy Officer Director of Pharmacy
 - Pharmacy & Therapeutics Chair
 - Clinicians
 - Pharmacy Team (Supervisors and Front line staff)
 - Nursing Team (Manager, Educators, Front line staff) **Patients**



Evidence based SBAR, White Paper	<u> </u>
Executive Summary Slides	
Elevator Speech	
Internal Talking Points for Managers	
Frequently Asked Questions (FAQs)	
Key patient stories	
Executive Memo	
Letter to Referring Clinicians	
Letter to Patients	

Implementation Education

- Clinical Staff Education
 - Physicians
 - Pharmacists
 - Nurses and Nurse Practitioners
- Handout
 - Biosimilar background
 - Clinical trial comparisons
 - Dosing, admixture, and administration comparisons
 - Cost savings data



- Key References

 Weise M, Bielsky MC, DeSmet K, et al. Biccimilars-why terminology matters. Nat Biotechnol. 2011; 29:690-3.

 Zelenetz AD, Ahmeel J, Braud EL, et al. BCCI. Bosimilars White Paper, regulatory, scientific, and patient safety perspectives. J Native 2014; 15(19):611-613.

 Bahatagar S. Biosimilars: unpacking complex issues. Alliance of Healthcare reform bolkit. August 2015.

 Bhathagar S. Biosimilars: unpacking complex issues. Alliance of Healthcare reform bolkit. August 2015.

 Bakatground Information: Lists of Licensed Biological Products with Reference Product Exclusivity and Biosimilarity or Interchangeability Evaluations (Furple Book). Food and Drug Administration.

 Background Information: Lists of Licensed Biological Products with Reference Product Exclusivity and Biosimilarity or Interchangeability Evaluations (Furple Book). Food and Drug Administration.

 Bright J, William (Sept. Drug Debengiument Approally roses) Intervals (Purple Book). Food and Drug Administration.

 Bright J, William (Sept. Sept. Sep



Questions?



