Biosimilars Advisory Service: U.S. and EU Payer Perspectives on Biosimilars

Payers will be instrumental in determining the future commercial opportunity for biosimilars in the United States and across Europe. We conducted primary market research with surveyed MCO pharmacy and medical directors in the United States and interviewed key payer advisers in Europe to understand their perspectives on biosimilars and their expectations for biosimilar market access and reimbursement. Through our market research, we uncovered payer biosimilar pricing expectations and the likely strategies payers will adopt to drive the uptake of biosimilars in order to deliver healthcare saving. Plus we gained insight into the resulting impact on reimbursement of the reference brand and the opinion of payers on indication extrapolation, automatic substitution, and clinical data requirements. This payer perspectives report is part of the Biosimilars Advisory Service. The Biosimilars Advisory Service provides insight and analysis that is vital to successful business planning in the rapidly evolving biosimilars space. Quarterly webinars detailing major developments, analyst insight addressing key market changes, therapeutic-area-specific primary research, and forecasting modules are all included in a subscription to the Biosimilars Advisory Service. Rely on Decision Resources Group to keep you up-to-date on the biosimilars landscape and poised to maximize opportunities for your business.

Questions Answered in This Report:

- Understand the current level of awareness of biosimilars among surveyed payers. What methods do surveyed payers report are most frequently used and most valuable in controlling reimbursement of biologics? Which biologic drug classes do payers perceive as presenting the greatest cost burden? How similar are biosimilars and branded biologics according to surveyed payers? What sources of information on biosimilars do payers believe are most reliable?

- Understand the expected pricing and reimbursement strategies for biosimilars according to payers. What level of clinical trial data do payers in the United States want to see for reimbursement decisions? What are US payers' perspectives on interchangeable biosimilars, and how do payers view automatic substitution? What do payers think of indication extrapolation? What strategies do surveyed payers expect to see to stimulate uptake of biosimilars? How long will it take for biosimilars to be accepted according to payers? What price discounts do payers expect for biosimilars compared with branded biologics? Which reimbursement strategies will payers use for biosimilars associated with various discounts compared with the brand? Do payers expect these strategies to be applied to other biologics in the same class, promoting potential cross-brand erosion?
• Understand the drivers and constraints of biosimilar use. According to payers, which factors stimulate uptake of biosimilars? What factors most constrain biosimilar uptake? How important is the manufacturer of the biosimilar with respect to gaining payer trust? Which types of company gain greatest trust with payers? Respectively, how comfortable do payers believe physicians and patients will be in prescribing and taking biosimilars?

Scope:

Markets covered: United States and Europe.

Primary research: Online quantitative survey of 61 MCO pharmacy and medical directors in the United States and interviews with 10 European payer advisers (from France, Germany, Italy, Spain, and the United Kingdom).

To qualify for participation, surveyed MCO Pharmacy and Medical Directors had to meet the following criteria:

- Worked in pharmacy and therapeutics committees or formulary management for a minimum of 2 years and a maximum of 30 years.
- Work for an MCO that manages more than 50,000 covered lives.
- Be directly involved in reimbursement decisions.
- Be familiar with the following biologic agents: TNF-alpha inhibitors: Enbrel, Remicade, and Humira; Monoclonal antibodies in oncology: Rituxan and Herceptin; Erythropoiesis-stimulating agents (ESAs): Epogen, Procrit, and Aranesp; Granulocyte colony-stimulating factors (G-CSFs): Neupogen and Neulasta; Interferon-alfas: Intron A, Roferon A, Pegasys, and PegIntron; Somatropin (hGH): Humatrope, Genotropin, and Omnitrope; Insulins: Lantus, Humalog, NovoLog, and Levemir; Interferon–beta: Avonex, Rebif, Betaseron, and Extavia; Follitropin-alfa/beta – Gonal-F and Puregon/Follistim.

Report Details

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