

Plain Language Summary

What do patients and health care providers still need to know about biosimilar medicines?

Date of summary: November 2022

- This summary talks about article 2 in the supplement *Biosimilars for Immune-Mediated Inflammatory Diseases: 2022 Update*, a collection of articles written for managed care professionals.
- The medicines in this summary are approved to treat many diseases that are mediated by the immune system.



How to say:

Ankylosing spondylitis = an-kee-loh-zing
spon-dee-ly-tiss

Arthritis = are-thry-tiss

Biologic = bye-oh-lo-jik

Biosimilar = bye-oh-sim-e-lar

Crohn = crone

Interchangeable = in-ter-change-a-bull

Immune = imm-yoon

Psoriatic = saw-ree-a-tik

Psoriasis = saw-ry-a-siss

Rheumatoid = roo-muh-toyd

Rheumatologist = room-a-toll-uh-jist

Ulcerative colitis = ul-ser-a-tiv

col-ly-tiss

What did this article look at?



- This article looks at what health care providers and patients in the United States still need to know about the use of biosimilar medicines for diseases of the immune system. These include certain diseases of the joints (eg, rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis), skin disease (eg, plaque psoriasis), and diseases affecting the intestines (eg, Crohn disease and ulcerative colitis).

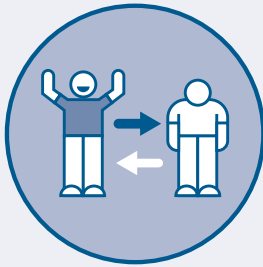


- Biosimilars are a group of medicines that are highly similar to already approved biologic medicines (also known as reference biologics or reference products). For more information on biosimilars and how they are used, see the article 1 plain language summary: <https://www.ajmc.com/view/BiosimilarsSuppl-CurrentEvidence-PLS>



- The authors of this article looked at the results of health care provider and patient surveys about biosimilar use published from 2016 to 2021.

What concerns do patients have about biosimilars?



- Some patients worry that a biosimilar may cause more side effects and will not treat their disease as well as the reference biologic.



- A 2019 survey showed that 85% of patients would not want to switch to a biosimilar if their current treatment with a reference biologic is working.
- A different survey in 2021 showed that 25% of patients would not want to switch to a biosimilar of their current treatment, 44% would accept a switch, and 31% were unsure.

What do health care providers think about nonmedical switching?

- Nonmedical switching is when a patient is switched from one medicine to another, in this case from a reference biologic to a biosimilar, for reasons unrelated to patient care.
- Nonmedical reasons for switching can include treatment cost, insurance coverage, or availability.
- Some health care providers are worried about the potential impact of nonmedical switching to a biosimilar, especially if a patient's condition is already well controlled by the biologic.



One survey showed that rheumatologists are more likely to prescribe biosimilars to patients who were never treated with the reference biologic than to switch a patient who is doing well on reference biologic treatment.

What do health care providers know about interchangeable biosimilars?

- Not all biosimilars are interchangeable biosimilars.
- Biosimilars must meet additional requirements to be considered interchangeable by the FDA – see the article 1 plain language summary for more details: <https://www.ajmc.com/view/BiosimilarsSuppl-CurrentEvidence-PLS>
- In all US states except Alabama, Indiana, North Carolina, and Washington, an interchangeable biosimilar can be substituted for the reference biologic by a pharmacist without asking the health care provider who prescribed it.
 - This is called pharmacy-level substitution or auto-substitution.
- See the article 1 plain language summary for more information on interchangeable biosimilars: <https://www.ajmc.com/view/BiosimilarsSuppl-CurrentEvidence-PLS>



When surveyed, most rheumatologists knew that all approved biosimilars cannot automatically be interchanged with a reference biologic.



Surveys show that pharmacists would benefit from more education about interchangeable biosimilars.

What do health care providers think about cost savings with biosimilars?

Results from a survey show:



- Rheumatologists are reluctant to switch to biosimilars because they believe that the apparent cost savings are limited.



- **2 in 3** health care providers would be more likely to prescribe biosimilars if they knew that a patient's out-of-pocket costs would be lower.



- The burden of paperwork on the prescribing physician and possible pause in a patient's treatment also deters health care providers from switching to biosimilars if the cost savings are not high.

What are the key take-home points of this article?

- Health care providers and patients want to know more about the effects of switching from a reference biologic to a biosimilar.
- Decisions about treatment changes should be discussed by and agreed to by the health care provider and patient to increase acceptance of biosimilars.
- Cost savings from switching to biosimilars need to be passed on to patients.
- Removing or reducing administrative barriers could simplify switching for health care providers.
- Patients need reassurance that a biosimilar will work as well as their reference biologic.
- Now that we know what health care providers and patients still need to know about biosimilars, ongoing education can focus on addressing these knowledge gaps.

Where can I find more information about biosimilars?

- FDA, Biosimilars, Patient materials: <https://www.fda.gov/drugs/biosimilars/patient-materials>
- A Patient's Guide to Understanding Biosimilars: https://creakyjoints.org/wp-content/uploads/2018/12/GHLF_Biosimilars_Patient_Guidelines_2018.pdf

The full title of the article is: Provider and Patient Knowledge Gaps on Biosimilars: Insights From Surveys. You can find the full article here: <https://www.ajmc.com/view/BiosimilarsSuppl-InsightsSurveys>

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