



SISTEMA SANITARIO REGIONALE

AZIENDA OSPEDALIERO-UNIVERSITARIA
POLICLINICO UMBERTO I



SAPIENZA
UNIVERSITÀ DI ROMA

LE POSIZIONI DELLE SOCIETÀ MEDICO SCIENTIFICHE E INDUSTRIALI

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**SECOND POSITION
PAPER SUI BIOSIMILARI:
OPINIONI A CONFRONTO**

Roma, 24 Ottobre 2018



Società Italiana per Studi di Economia ed Etica sul Farmaco e
sugli Interventi Terapeutici

con il patrocinio



SOCIETÀ ITALIANA DI FARMACOLOGIA



American Society of Clinical Oncology

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Journal of oncology practice®

The Authoritative Resource
for Practicing Oncology

Preparing the Oncology Practice for the Biosimilars Revolution

Emerging Opportunities and Challenges
of Biosimilars in Oncology Practice

G.H. Lyman

When One Is a Hammer,
Everything Looks Like a Nail

S.J. Lemery

Science of Biosimilars
R.D. Horvey

Biosimilars: Reimbursement Issues
in Your Oncology Practice

R.M. Conti

Biosimilars: Implications
for Clinical Practice

R.M. Afkin and S.R. Peck

European Perspective on Biosimilars

H. Melstedt

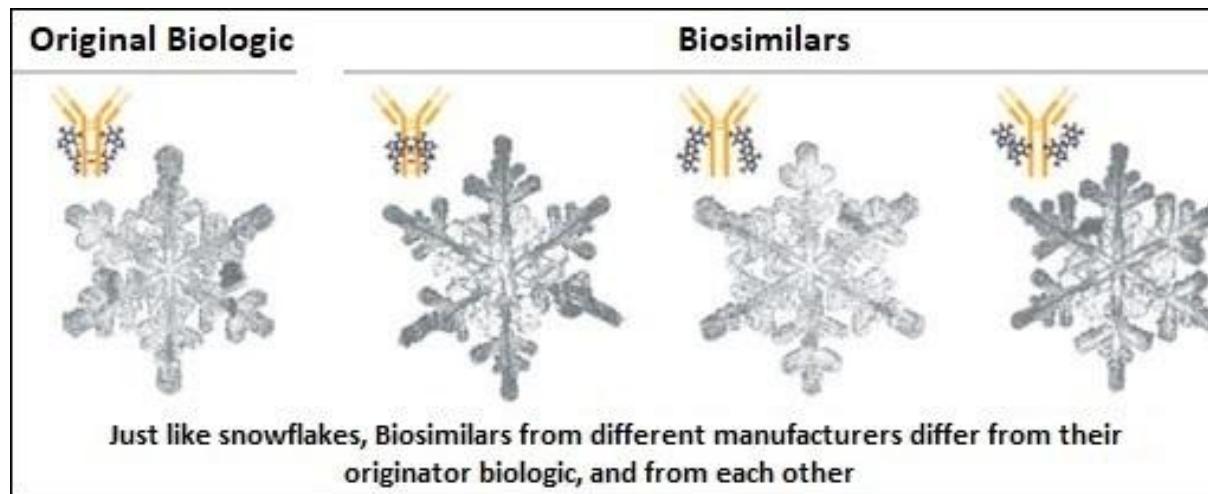


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This supplement provides
1.0 CREDIT/CONTACT HOUR

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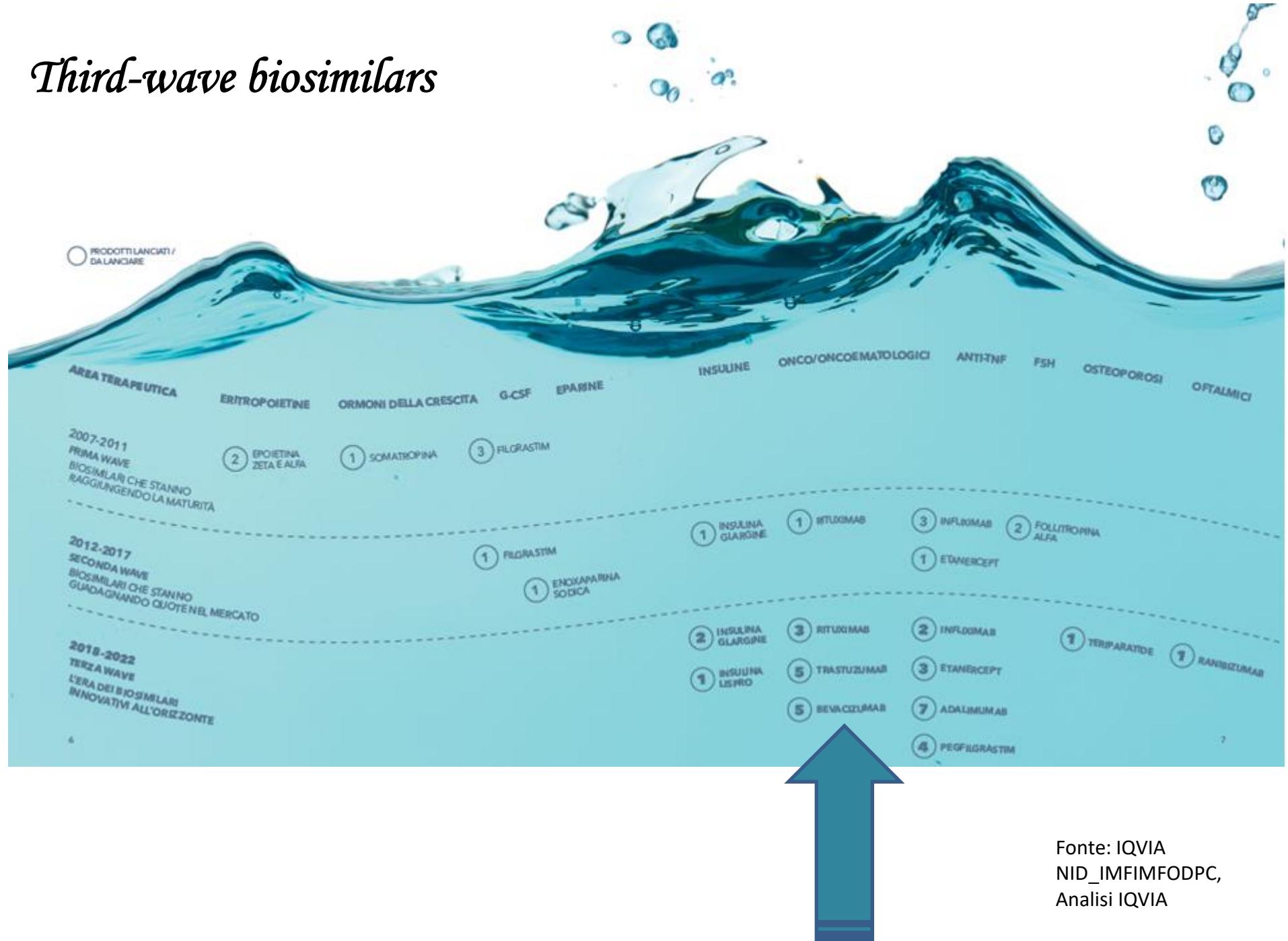
Secondo AIFA, “biosimilare” è un medicinale, autorizzato da EMA tramite procedura centralizzata, simile a un prodotto biologico di riferimento già autorizzato e per il quale sia scaduta la copertura brevettuale.



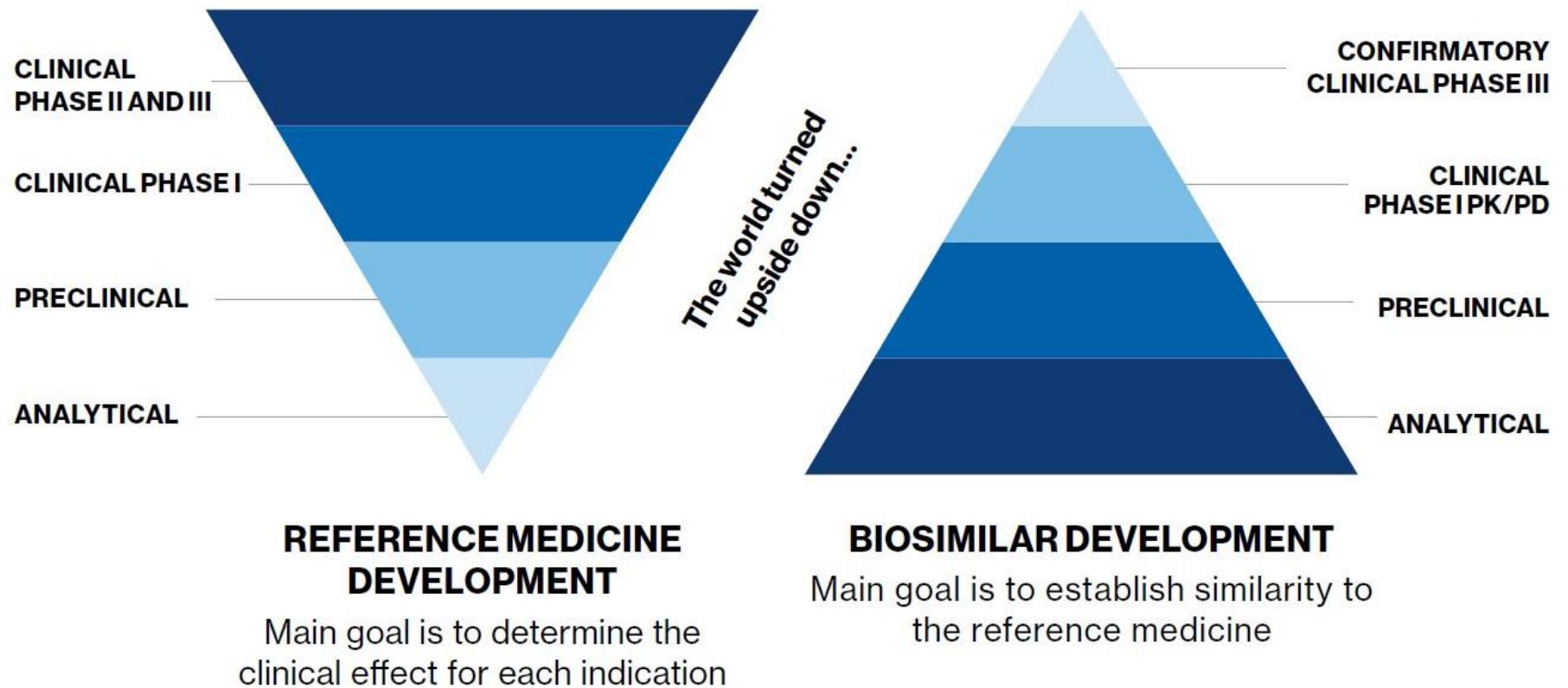
I medicinali biosimilari infatti, pur avendo come principio attivo la stessa sostanza biologica presente nel medicinale originatore, possono presentare **differenze minori** della loro conformazione molecolare, dovute alla complessità della loro struttura molecolare e delle tecniche di produzione.

Un biosimilare viene approvato quando viene dimostrato che tale variabilità naturale ed eventuali differenze rispetto al medicinale originatore non influiscono sulla sicurezza o sulla efficacia

Third-wave biosimilars



Evidence requirements for the approval of biologics and biosimilars: A different way of thinking



Science of Biosimilars

R. Donald Harvey

Winship Cancer Institute of Emory
University, Atlanta, GA

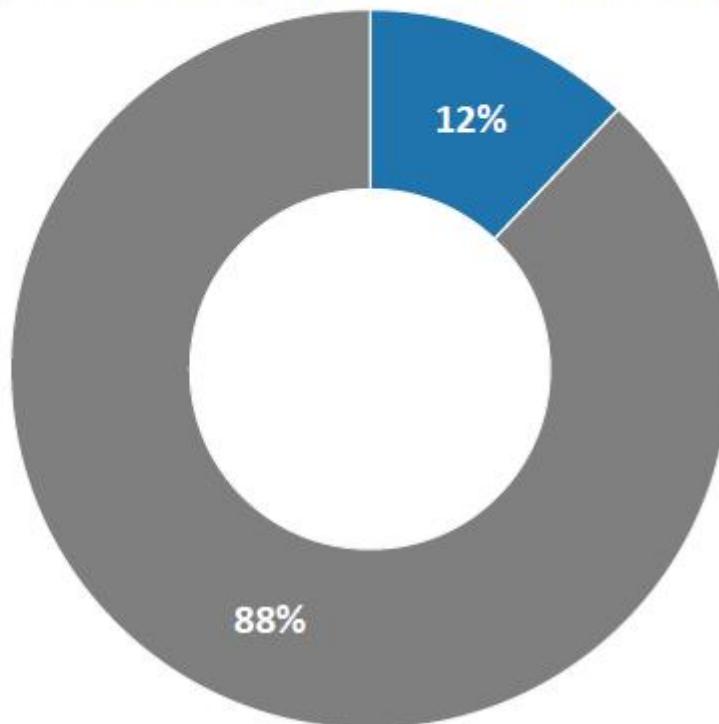
“The reason for the introduction of a biosimilar is to reduce cost, not to produce a better version of the biologic”



***MERCATO ITALIANO
DEI FARMACI BIOSIMILARI
GENNAIO-GIUGNO 2018***

CONSUMI GENNAIO-GIUGNO 2018 BIOSIMILARE VS ORIGINATOR (Consumi in CU)

% CONSUMI (espressi in CU)
Molecole con biosimilare in commercio Gennaio-Giugno 2018



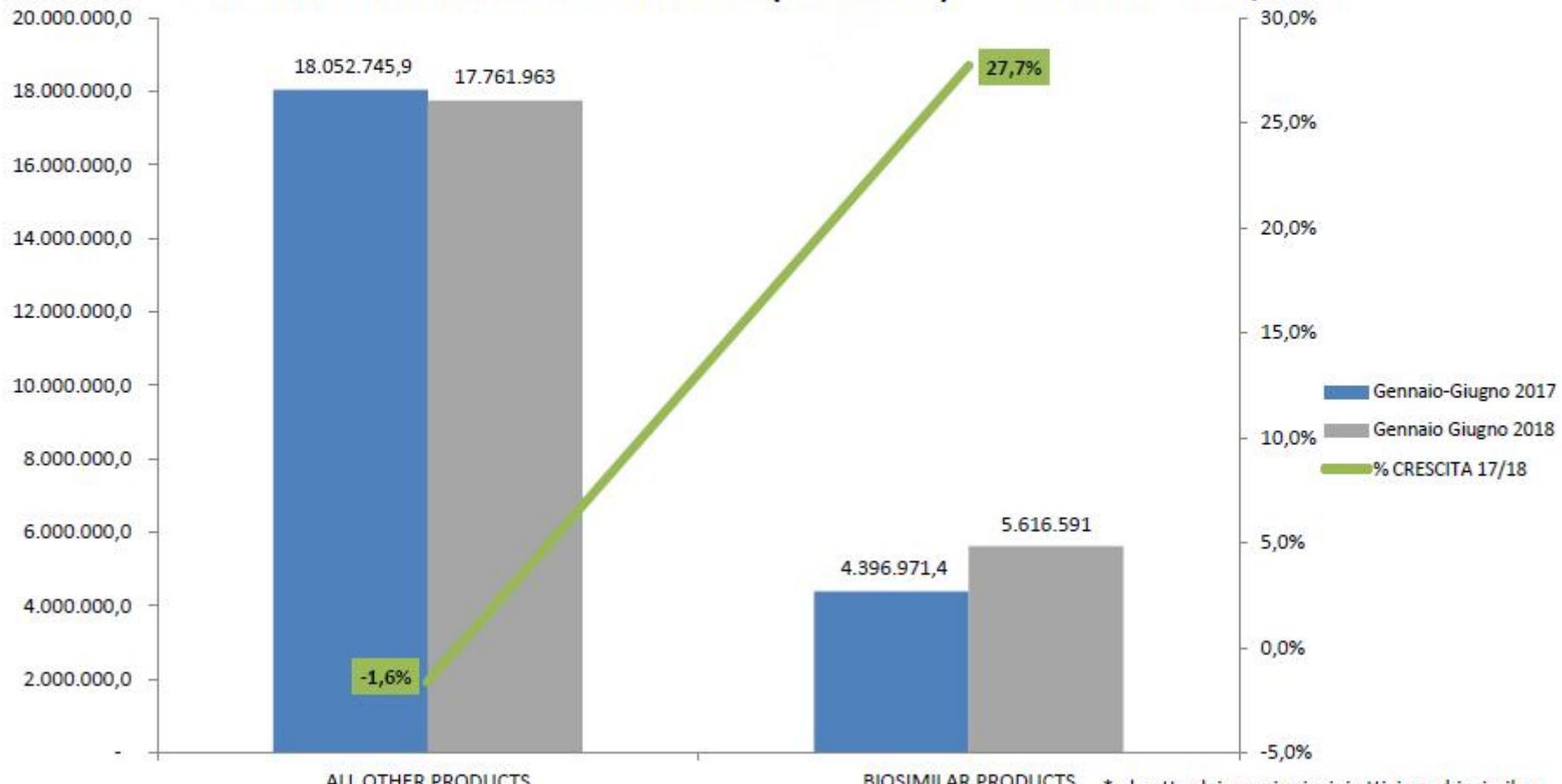
■ (Epoetina, Filgrastim, Somatropina, Follitropina Alfa, Infliximab; Insulina Glargine, Etanercept, Rituximab, Enoxaparina, Insulina Lispro) BIOSIMILAR PRODUCTS

■ (Epoetina, Filgrastim, Somatropina, Follitropina Alfa, Infliximab; Insulina Glargine, Etanercept, Rituximab, Enoxaparina, Insulina lispro) ALL OTHER PRODUCTS

CU: Counting Unit-= è una misura ottenuta moltiplicando il numero delle confezioni (unità) per il peso delle stesse confezioni, sia questo espresso in ml, mg etc.

CONSUMI BIOSIMILARI 2017/2018

BIOSIMILARI: Confronto Consumi (Sell In CU) 1° Semestre 2018/2017*



CU: Counting Unit-= è una misura ottenuta moltiplicando il numero delle confezioni (unità) per il peso delle stesse confezioni, sia questo espresso in ml, mg etc.

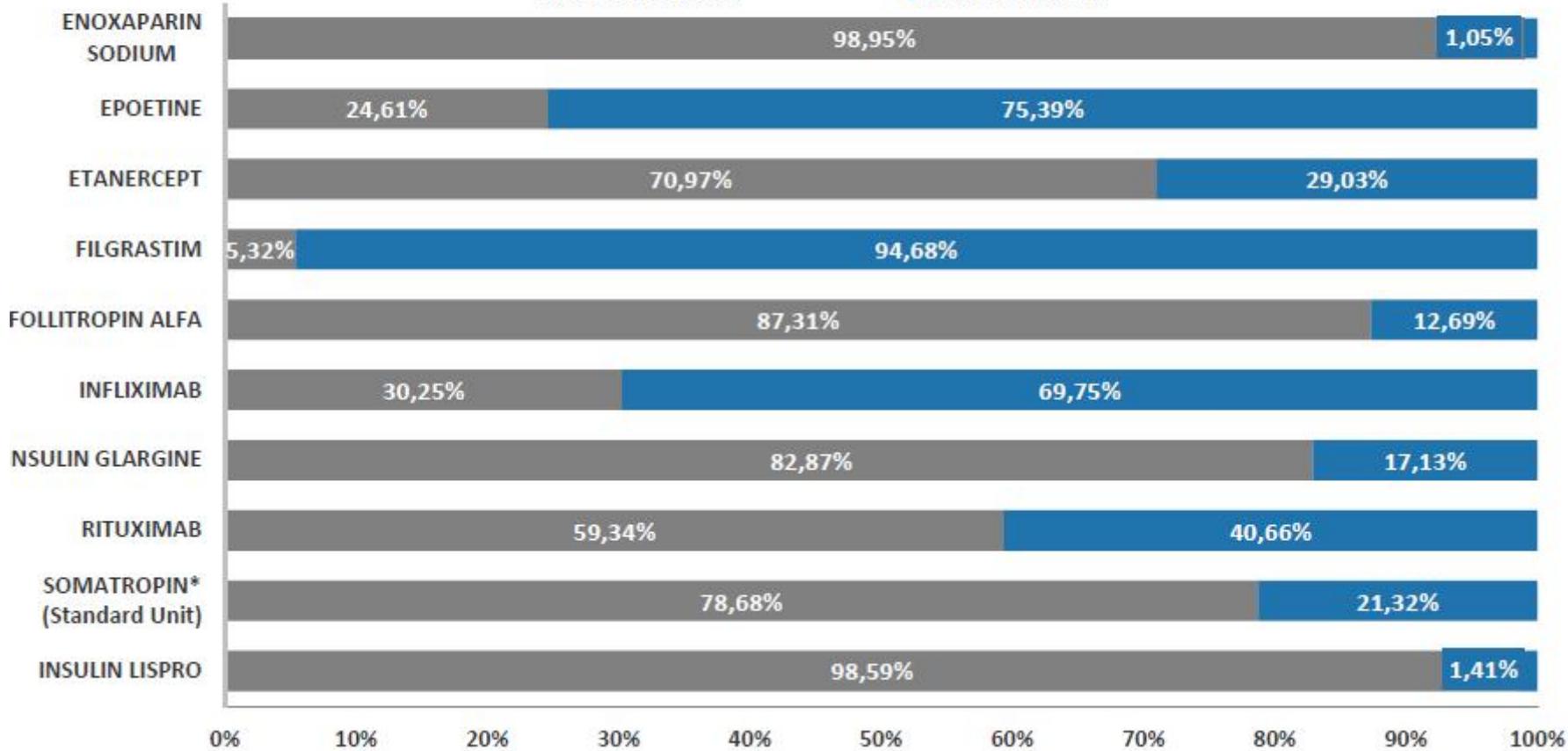
CONSUMI GEN – GIU 2018 INCIDENZA % CONSUMO BIOSIMILARE

% INCIDENZA BIOSIMILARI SU TOTALE MOLECOLA

Gennaio-Giugno 2018 SELL IN CU

■ ALL OTHER PRODUCTS

■ BIOSIMILAR PRODUCTS



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

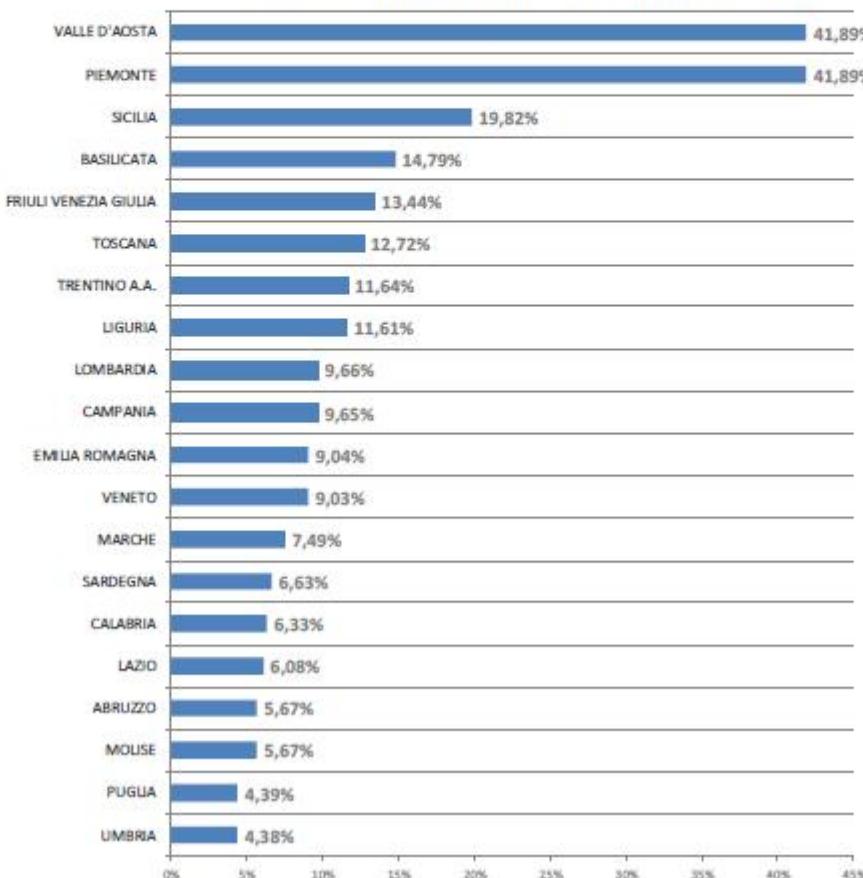
Elaborazione Centro Studi IBG su dati IQVIA

Consumo biosimilari su base regionale per tutte le molecole con biosimilare in commercio (%)

SPESA FARMACEUTICA REGIONALE (HOSP + TERR)
(Milioni di €) GEN-MAR 2018 - SCOSTAMENTO VS TETTO

-593	
	34.813
	21.791
	8.226
	12.819
	52.107
-18.869	
	24.460
	69.184
	106.908
	34.487
	16.545
	22.678
	36.705
	34.512
	86.273
	28.936
976	
	103.820
	30.881

% CONSUMO TOTALE BIOSIMILARI (GEN-GIU 2018) (Epoetina, Filgrastim, Somatropina, Infliximab, Etanercept, Follitropin Alfa, Insulina Glargine, Rituximab)
SU TOTALE DI TUTTE LE MOLECOLE CON BIOSIMILARE IN COMMERCIO



PIANI DI RIENTRO AGG_06_2018	DELIBERA PRESCRITTIVA PREFERENZA SCELTA BIOLOGICO A MINOR COSTO
-	SI
-	SI
SI	SI
-	SI (P.A. BOLZANO)
-	-
-	SI
SI	SI
-	-
-	SI
-	SI
SI	SI
SI	SI
-	SI
SI	SI
SI	SI
-	-
SI	SI
SI	SI
-	SI

Secondo Position Paper AIFA (2018)

La differenza sostanziale, rispetto alla versione precedente del 2013, consiste nella possibilità di **intervenire i farmaci biosimilari con gli originator anche nei pazienti già in cura**.

AIFA considera i biosimilari come **prodotti intercambiabili con i corrispondenti originatori di riferimento**. Tale considerazione vale tanto per i pazienti naïve quanto per i pazienti già in cura.

Position Paper AIOM, SIF,SIFO, CIPOMO sottolinea che la scelta di trattamento con un farmaco biologico di riferimento o con un biosimilare rimane una decisione clinica affidata al medico prescrittore.

Tale considerazione vale anche per i pazienti già in cura, nei quali l'opportunità dello switch resta affidata al giudizio clinico.



Enhancing Biosimilar Adoption With Real-World Evidence

Sarah Ronnebaum, Chris Atzinger, Pharmerit International, Bethesda, MD, USA

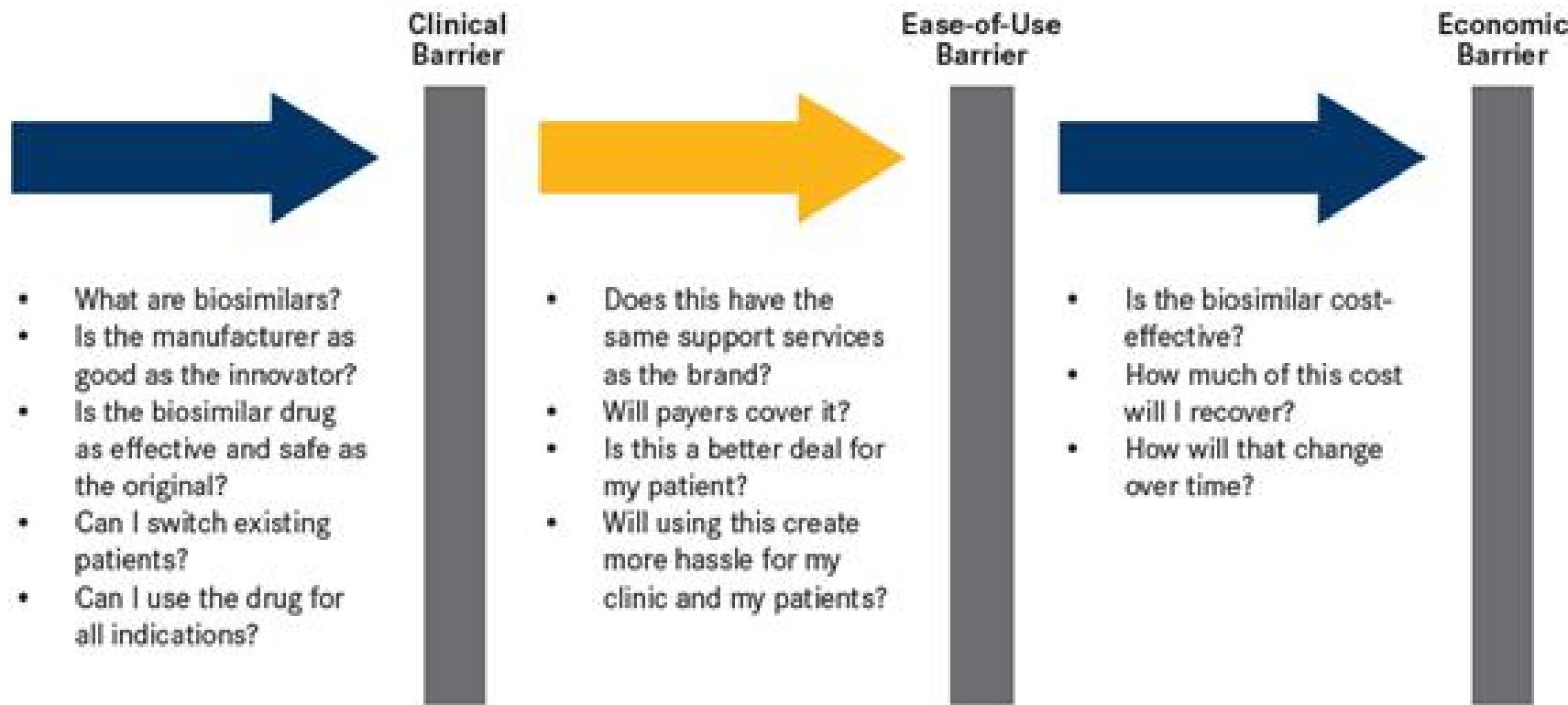


ATTITUDES TOWARDS BIOSIMILARS AMONG PHYSICIANS

“Some physicians believe the abbreviated approval process for biosimilars suggests reduced product safety, and many physicians are hesitant to switch patients from originator products to biosimilars without evidence from switching studies”

“la scelta di trattamento con un farmaco biologico di riferimento o con un biosimilare rimane una decisione clinica affidata al medico prescrittore...”

Barriers Prevent Physician Adoption of Biosimilars



Unless physicians truly understand both the clinical and economic implications of biosimilars, they are unlikely to prescribe them for their patients.



EXISTING CHALLENGES FOR UPTAKE OF ONCOLOGY BIOSIMILARS

ESMO Survey Results

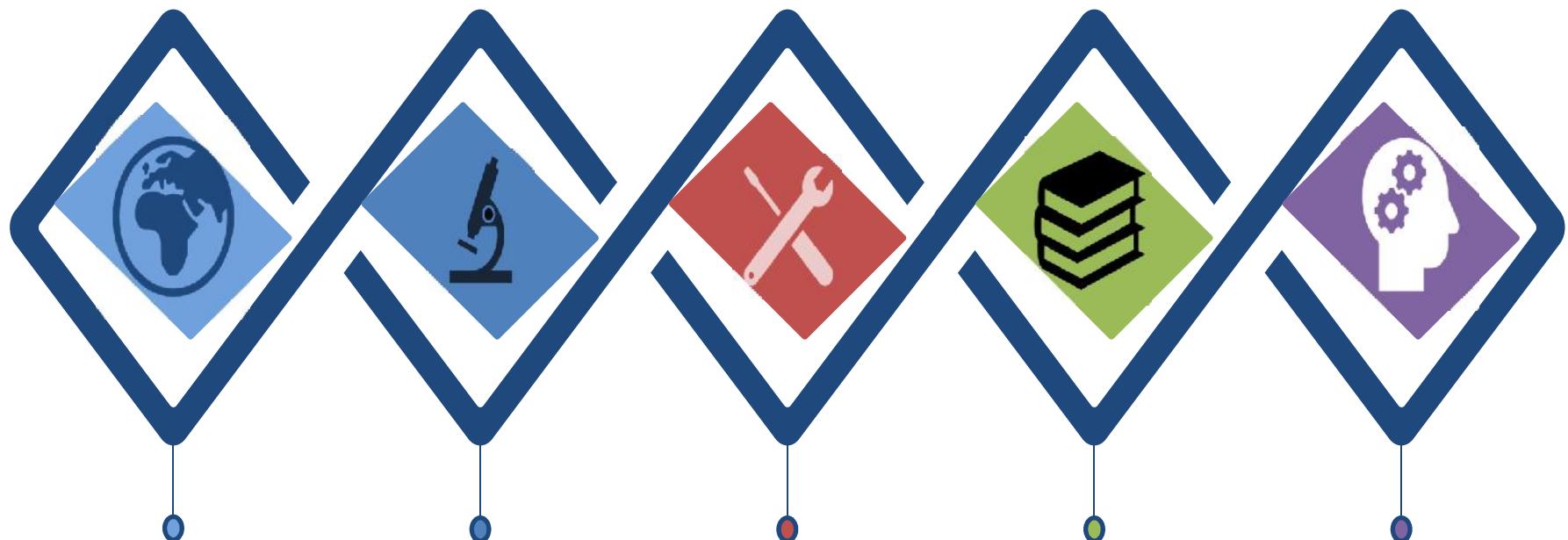
Malvika Vyas

Head of Public Policy
European Society for Medical Oncology

Sunday 21 October, 2018

esmo.org

OVERVIEW



Rationale for
the survey

Methodology

Results

ESMO's
educational
efforts

Conclusion

RATIONALE

Why did ESMO conduct a survey (focusing on prescribers)?

To assess the **existing level of knowledge** on biosimilars in oncology (prescribers)

To assess the **understanding** of biosimilar development

To assess the **level of comfort** concerning **biosimilar use** in oncology (eg Extrapolation & switching)

To **tailor ESMO's future activities** in the area of biosimilars to the needs of the prescribers



19 question survey
over 2 months in
2017
(September/October
)

ESMO Survey on Biosimilars in Oncology

We would very much appreciate if you took 10 minutes of your time to complete the following survey.

Background

Are you a prescribing physician: Yes No

ESMO member: Yes No

Country of practice: _____

Q1. What is your area of specialty? Oncology Hematology

Q2. Overall, how would you rate your knowledge of biosimilars? (1 = very low; 5 = very high)? _____

Q3. Which of the following most accurately describes a biosimilar?

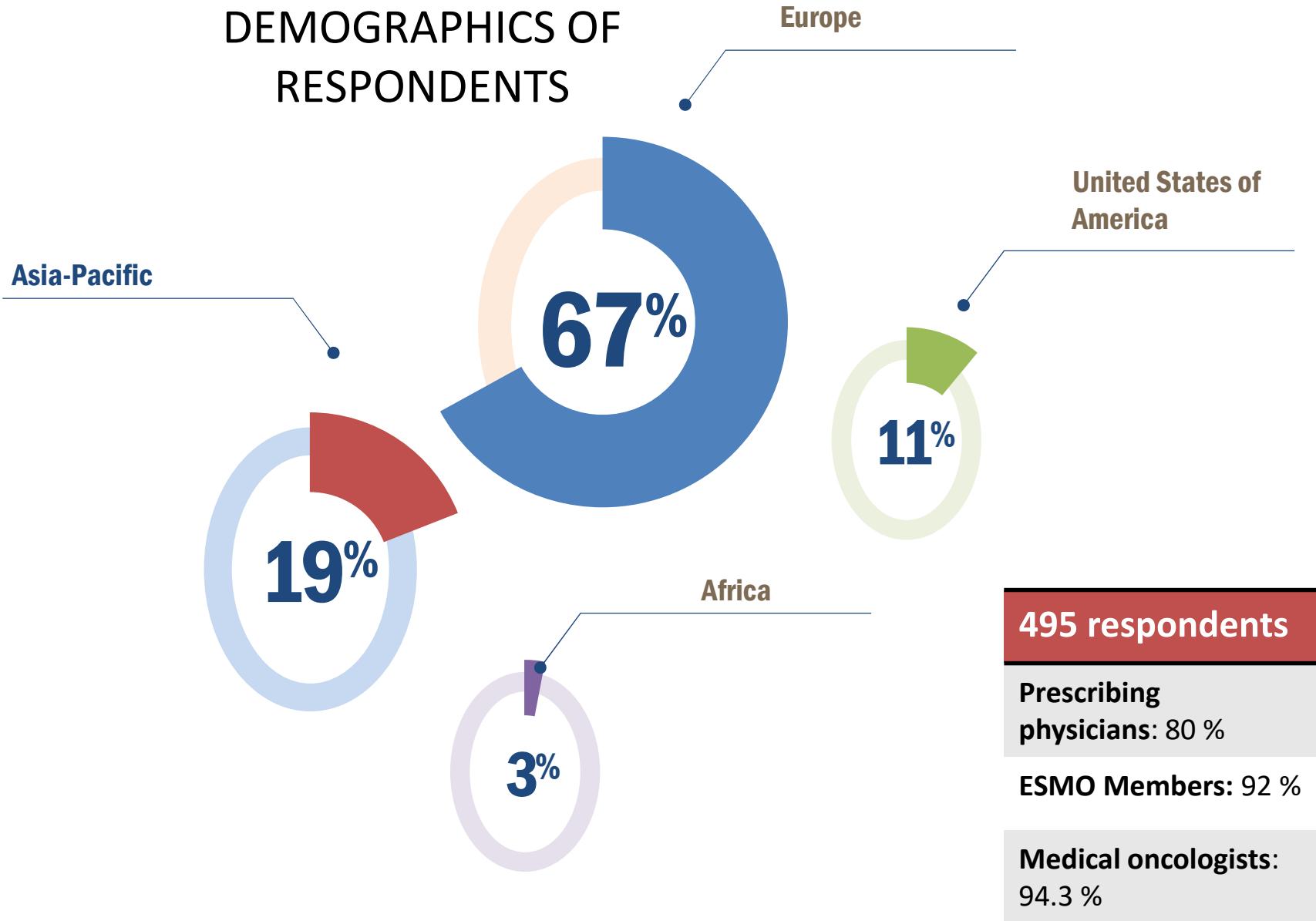
- A biological medicine that is identical to an approved biological medicine, with identical safety and efficacy
- A biological medicine that is highly similar to an approved biological medicine, with no clinically meaningful differences in safety and efficacy profile
- A biological medicine that is similar to an approved biological medicine, but with an improved safety and efficacy profile
- A biological medicine that is similar to an approved biological medicine, but with more uncertain safety and efficacy profile

Q4. Do you routinely use a biosimilar in your clinical practice to treat patients (excluding in clinical trials)?

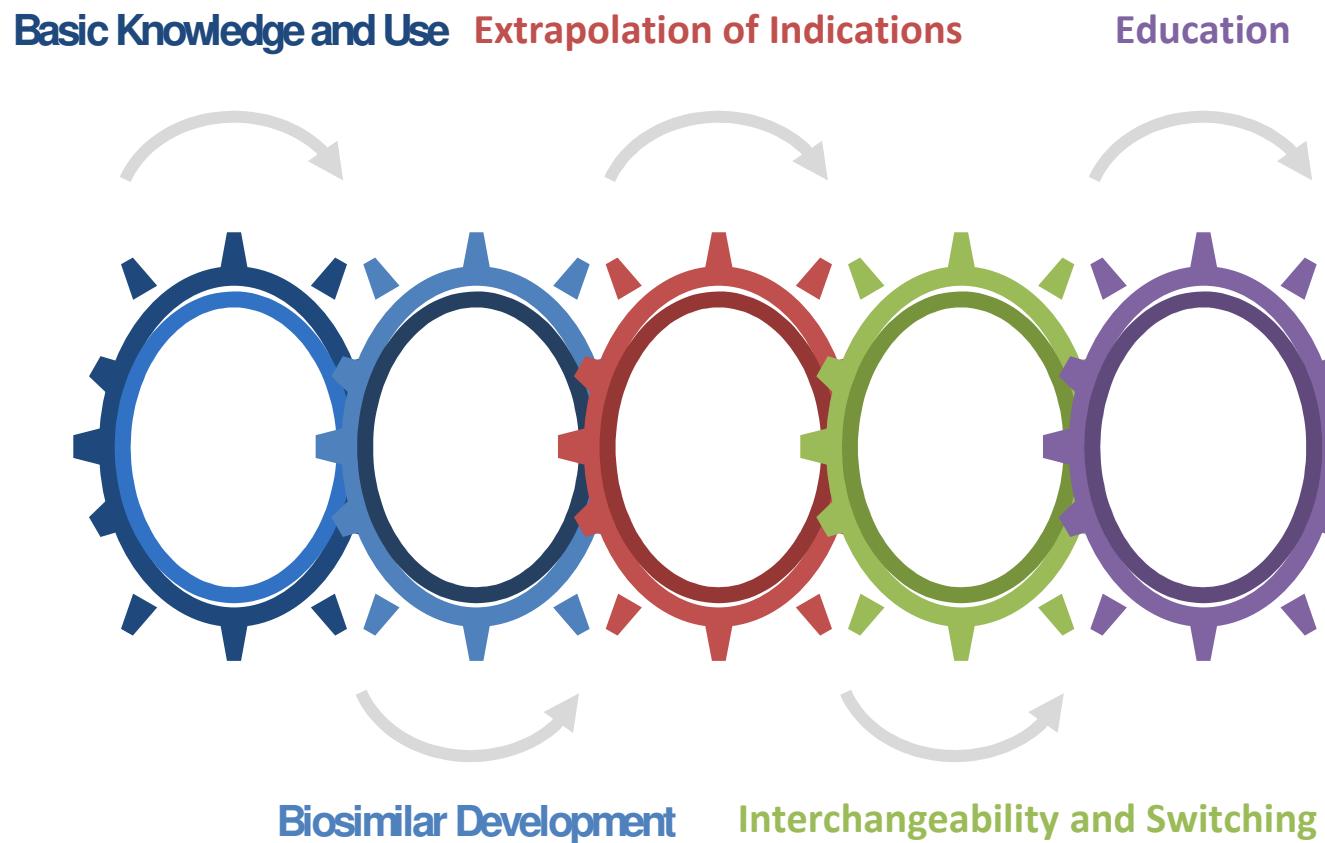
Yes No No, because biosimilars are not approved/reimbursed yet in my country

Q5. In principle, how comfortable are you with the concept of using a biosimilar, approved by EMA, to treat a patient suitable for the reference biologic? (1 = not at all comfortable; 5 = very comfortable) _____

DEMOGRAPHICS OF RESPONDENTS



SURVEY RESULTS FOCUSED ON 5 AREAS



BASIC KNOWLEDGE & USE

(Survey key: 1 being very low – 5 very high)



79%

Have have a moderate to high level of knowledge of biosimilars



**78% (Eur)
65% (Asia-P)**

Knew the correct definition of a biosimilar



49%

Use biosimilars in routine practice.
Use is higher in Asia – Pacific than Europe



50%

Felt moderately to very comfortable with biosimilar use

Prescribers have a good basic knowledge of what biosimilars are, however, most are not using biosimilars routinely in their practices

BIOSIMILAR DEVELOPMENT PROCESS



38%

Have an average to moderate level of knowledge of the development process
(higher in Asia-Pacific)



28%

Believe that “**comparative efficacy and safety should be studied in every indication of the reference biologic**” where it has multiple indications

There is a need for more education on the biosimilar development process, especially around the concept of extrapolation of indications

EXTRAPOLATION OF INDICATIONS



62%

Correctly define extrapolation as “authorisation of a biosimilar in indications of the reference biologic in the absence of specific clinical trial data for the biosimilar in those indications” (82 skipped)



39%

Have a below average understanding of extrapolation (88 skipped)



17 % (Eur)

Most feel comfortable in using a biosimilar in an extrapolated indication (lower in Europe) (17% chose option 2- Europe) (22% chose option 4 – Asia-Pacific)

In spite of understanding the theory behind extrapolated indications, there is a lack of comfort with using them in practice

INTERCHANGEABILITY AND SWITCHING

Most prescribers **understand** the concepts of interchangeability, switching and substitution

Immunogenicity: equal levels of concern were expressed for the potential for adverse events and the potential for increased risk of immune reactions when switching a patient from a reference biologic to a biosimilar or vice-versa

Prescribers from **Europe** were mainly concerned about the **increased risk of immune reactions**, despite a high level of agreement with not anticipating additional adverse events upon a switch in a previous question.

Respondents indicated a need for additional information about the concept of immunogenicity & switching

EDUCATION

86.7% of respondents indicated that they would like ESMO to provide more educational activities concerning biosimilars (82.9% from Europe and 97.9% from Asia-Pacific)

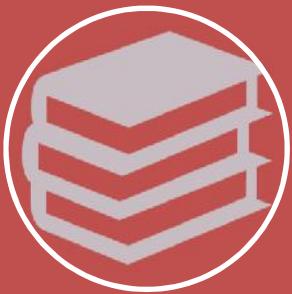
Examples of topics for future educational activities ranged from **basic concepts of biosimilars to more specific concepts**

Channels of **communication** requested: face-to-face activities (eg **congress sessions**, workshops etc) to online educational activities and materials

European respondents expressed an interest in receiving **training** on efficacy and safety of biosimilars while Asia-Pacific were more concerned with receiving training for developing countries

CONCLUSION

Education & data are key for the successful uptake of biosimilars



Education

There is an encouraging level of prescriber use and general knowledge of biosimilars – but huge need for education among all healthcare professionals- physician, nurses, patient and payers too.



Immunogenicity & switching:

There is a need for data on the effects of switching patients from the reference biologic to a biosimilar, biosimilar to a biosimilar and biosimilar to the reference biologic



Extrapolation:

More efforts are needed to improve knowledge about extrapolation of indications



EVIDENCE



Physicians need more evidence of biosimilar safety and effectiveness—including the effects of switching and effects on extrapolated populations—in high-quality studies reported in peer reviewed publications.

POST-MARKETING SURVEILLANCE



In light of the limited clinical studies required for regulatory approval, **postmarketing evidence** to confirm the overall safety and efficacy of biosimilars is needed

EDUCATION



But even in mature markets such as Europe, few countries provide biosimilar education specifically targeting physicians. **Education and training must be available to the clinical care team** and patients to build confidence in biosimilars

INFORMAZIONE

L'informazione riveste un ruolo essenziale anche nei confronti dei pazienti



Le Società scientifiche hanno il compito di realizzare iniziative educazionali e di formazione al fine di aumentare la conoscenza sull'argomento da parte degli specialisti.

Fondamentale è anche l'educazione dei pazienti, che devono essere adeguatamente informati e rassicurati sulla sicurezza ed efficacia dei biosimilari

LA POSIZIONE DEI PAZIENTI ONCOLOGICI

- ❖ I pazienti ritengono inoltre che **il medico prescrittore**, sul quale ricade la scelta finale del trattamento più idoneo per il paziente, dovrà conoscere ed essere **libero di scegliere** tra i farmaci originatori e biosimiliari **senza subire condizionamenti di natura economica**
- ❖ Per le associazioni dei pazienti sarebbe quindi **auspicabile la continuità terapeutica** quando i risultati sono soddisfacenti per il paziente, pur accettando la sostituibilità del farmaco originatore con un biosimilare su **indicazione del medico** e solo con il **consenso informato** del paziente **e non** per mere motivazioni di carattere economico.
- ❖ Le **associazioni dei pazienti** ritengono importante una attenta valutazione degli eventuali effetti collaterali dei biosimilari nella fase post-marketing, enfatizzando l'aspetto della **farmacovigilanza**



UNDERSTANDING BIOSIMILARS

For Cancer Patients

This infographic explains what 'biosimilars' are and what kind of opportunities they may bring for cancer patients and their treatment.

Please note that this infographic is only for educational purposes. It does not replace the advice of your doctor.



**PATIENT
ADVOCACY**

An ESMO Priority

Available at <https://www.esmo.org/Policy>

Prescrittori: punti di discussione

- **Consapevolezza** su biosimilari, opportunità e farmacoeconomia
- **Libertà ma obbligo** di giustificare la prescrizione di un originator, se a maggiore costo
- **Comunicazione** e rassicurazioni alla utenza circa sicurezza ed efficacia biosimilari
- **Società Scientifiche**: iniziative educazionali per prescrittori e pazienti
- **Regioni, ASL, A.O.**: incentivi, anche economici, per i Centri prescrittori più attenti e sensibili
- **Farmacie Ospedaliere**: coordinamento per una politica/strategia della corretta prescrizione
- **Scontistiche** nazionali/regionali/aziendali:maggiore chiarezza sul risultato finale delle procedure

