The Long-awaited Launch of Oncology Biosimilars: Evaluating the Impact of Payer and Provider Strategies on Early Adoption

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Magellan Rx Management • Scottsdale, AZ

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Background

- From 2012 to 2018, average annual expenditures for the 3 reference biologics to bevacizumab (Avastin), trastuzumab (Herceptin) and rituximab (Rituxan) finished at $8.6 billion in the United States (U.S.).

- Nine years elapsed between the establishment of the FDA biosimilar approval pathway (351k) and the launch of the first therapeutic oncology biosimilar agent in the U.S.

- Finally, in July 2019, the launch of biosimilar trastuzumab (Herceptin) and biosimilar rituximab (Rituxan) occurred followed by the launch of biosimilar bevacizumab (Avastin) in November 2019.

- Cost of oncology reference products and biosimilars at time of launch (based on WAC):
  - Reference 56.18% $845.55 (10 mL vial)
  - Biosimilar 12.00% $49.04
  - Biosimilar 43.64% $677.40 (4 mL vial)

- Now that biosimilars are available, the question remains as to how payers should manage, or even encourage, uptake in their use compared to the reference products.

- Surveys have identified educational gaps of U.S. oncologists regarding biosimilars, including perceived barriers around provider acceptance, lack of interchangeability, and “skinny labels” where the biosimilar is not approved for all the reference product indications.

- For the biologics that have biosimilars currently available on the market, there may be an opportunity for managed care organizations to encourage use of biosimilars.

- Step therapy requirements can influence prescribing habits and drive utilization towards less expensive treatment with biosimilars.

- Criteria can be leveraged to place a step therapy requirement asking providers to first prescribe a biosimilar to treatment-naive members when the biosimilar is approved for the same indication as the reference biologic.

Objective

- Evaluate the impact of utilization management strategies as a means for payers to address emerging oncology biosimilars.

Methods

Interventions to Impact Biosimilars Strategy

- During the latter half of 2018 and beginning of 2019, Magellan Rx created an oncology biosimilar action team.

- The team carefully researched and examined all critical and business aspects related to these medications in order to advise our health plan clients regarding a proactive management strategy.

- Prior to launch of these agents, the Magellan Rx biosimilar action team identified key areas of focus to equip clients with a proactive management strategy.

- Key Areas:
  - Biosimilar and reference product indication similarity and issues of interchangeability
  - Cost saving opportunities based on historical utilization
  - Need for key opinion leaders (KOLs)
  - Manufacturer access strategies
  - Provider education and alignment of provider payment models

- Magellan Rx proactively developed a provider educational webinar and worked with health plans to identify the target audience of key oncology providers in their network.

- Utilization management policies were drafted in advance and clients were given the opportunity to review these with their 2019 commentaries prior to biosimilar drug launch.

Inclusion-Criteria

- At least one prior authorization approved determination for either the oncology reference product or a biosimilar during the measurement period.

- The oncology reference products and biosimilars included in the study were for bevacizumab (Avastin, Mvasi) and trastuzumab (Herceptin, Kanjinti).

- Oncology biosimilar products launched after December 1, 2019 were excluded from this analysis.

Proactive utilization management of oncology drugs via step therapy increases use of less expensive biosimilars.

Results

Sub-Analytic: Comparison Determinations by Plan Post-Conversions to a Step Therapy Policy

<table>
<thead>
<tr>
<th>Plan</th>
<th>Before-Adopting ST</th>
<th>After-Adopting ST</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>15.26%</td>
<td>16.00%</td>
<td>0.74%</td>
</tr>
<tr>
<td>Avastin</td>
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Discussion

- A total of 3,105 determinations met the inclusion criteria from baseline through the measurement period.

- Payers selecting management with step therapy were successfully able to implement this strategy with minimal to no disruption.

- In payers who opted for step therapy requirements, authorizations for biosimilars made up 49% of approvals. By comparison, 11.5% of approvals among payer without step therapy requirements were for biosimilars.

- This increase was observed for each individual biosimilar.

- Despite the lack of interchangeability designation, voluntarily switching from the reference biologic to the biosimilar for individual patients in the middle of their course of therapy was observed.

- Payers also emerged with regard to the type of provider classes voluntarily moving utilization to biosimilars.

Conclusions

- Payers equipped with proactive utilization management strategies for oncology biosimilars were able to capitalize on early utilization shifts to the less expensive biosimilars.

- Step therapy policy requirements increased use of biosimilars and were implemented successfully with minimal to no disruption.

- Data also indicates that some providers are proactively switching patients to oncology biosimilars even without step therapy requirement.

- Longer follow-up and corresponding claims analysis may provide further insights on the true uptake in biosimilar use and cost savings being achieved.

References


Disclosures

This abstract was submitted to Magellan Rx Management, Scottsdale, AZ, without external funding.

Methods cont.

Inclusion-Criteria cont.

- Health plan clients either chose to implement step therapy for all patients who had not previously received the reference product ("new clients") or chose to manage oncology biosimilars at their discretion.

- There were 2 payer identification measurement periods using a step therapy approach but date implemented mandated step therapy on October 1, 2019 and January 1, 2020, respectively.

- The results from these payers have been divided between comparator groups based on date of conversion, and also broken out in a sub analysis.

- Statistical analysis

- Descriptive statistics were generated to describe categorical data (count and percentage).

- Statistical significance was calculated using a chi square test to compare proportions of biosimilar use for each group.

Effect on Biosimilar Use: Proportion of Requests by Product (all authorizations)

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</table>

Sub-Analytic: Biosimilar Use by Plan Post-Conversions

Paper Step Therapy Strategy | % Matched | % Complete | % Biosimilar
---|---|---|---
Before-Adopting ST | 15.26% | 16.00% | 0.74%
After-Adopting ST | 15.33% | 16.00% | 0.67%
Difference | -0.07% | -0.00% | -0.74%

The payer step therapy policy was limited to “new start” patients.