biosimilar medicines

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Integrated approaches

Investing in efficient IBD treatment, enabling innovation in patient care delivery

#HealthierTogether

Biological medicines are a major contributor to easing the economic burden of IBD

Inflammatory Bowel Disease (IBD) is a chronic condition of important prevalence in the global and European population. It is often debilitating and can significantly impact patients' **quality of life**.

Biological medicines have helped improve the overall disease management, becoming the major contributor to the economic burden of IBD. As long as only the originator medicine was available, providers, prescribers and patients saw a number of restrictions to use these therapeutic options, notably through payer coverage and reimbursement policies.

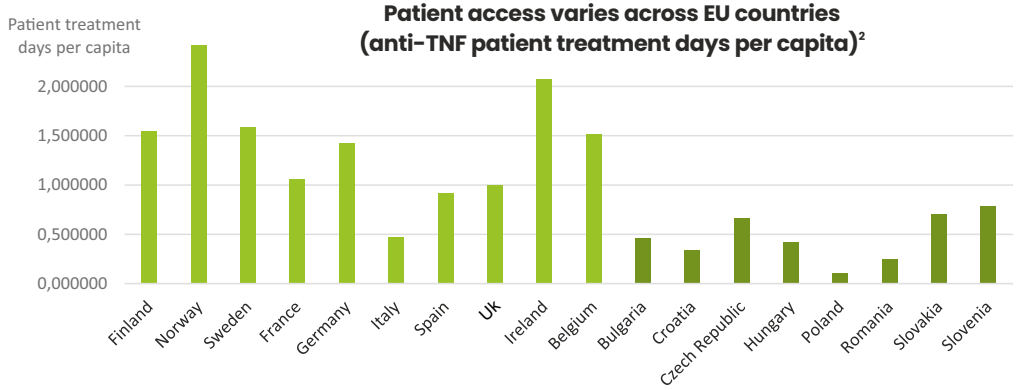
Almost 1 in 3 Inflammatory Bowel Disease Patients eligible for biological therapy are not receiving it

Since the start of biosimilar competition (2013; anti-TNF alfa), treatment costs have significantly decreased but this has not systematically translated into more patient access or more efficiency in the treatment paradigm.

Today, in **Italy**, almost **one third (28%) of Inflammatory Bowel Disease (IBD) patients eligible for biological therapy are not receiving it**[1]. While disease incidence is relatively similar, use patterns vary greatly across Europe, highlighting that undertreatment may not be an exception.

The current focus on biological medicines cost-containment implies that there also remains untapped therapeutic potential and unexplored clinical value for biological therapeutic agents.

Patient access varies across EU countries (anti-TNF patient treatment days per capita)[2]



1. Stima dei pazienti con psoriasi, artrite reumatoide o malattie infiammatorie intestinali potenzialmente eleggibili alle terapie biologiche, CliCon: https://bit.ly/3ymGaq1
2. IQVIA MIDAS MAT Q4 2020

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Solutions

Integrated approaches

Smart biosimilar medicines policies need to focus on translating biosimilar medicines availability into greater efficiency in IBD care and care delivery for better outcomes

Benefit-sharing models provide a very efficient way to improve care delivery via collaborative frameworks. They enable the **re-investment of savings** derived from biosimilar medicines use in areas of **unmet needs**, improved disease management or health outcomes.

- In 2017, in the UK, The Southampton Hospital[3] introduced a managed switching programme from originator infliximab to biosimilar infliximab in IBD, using a gainshare agreement. This delivered significant cost savings and allowed **investment in clinical services (hiring of nursing staff)** while maintaining similar patient-reported outcomes, biochemical response, drug persistence, and adverse event profile[4].
- **Expanding access to and reimbursement of diagnostics** (e.g. faecal calprotectin test) essential to apply treat-to-target approaches such as initiated by Canada[5].
- **Enable new treatment paradigms to emerge** by supporting research in alternative patient treatment strategies. The advent of biosimilar medicines in IBD has opened up opportunities for **earlier disease intervention or 'treat-to-target' approaches** in achieving better disease management and patient outcomes[6].

Calls for action

Biological medicines have changed the lives of patients living with chronic diseases who can access them in time. Experience has shown that:

- With **biosimilar uptake and procompetitive policies**, policy makers can achieve equal or greater access, while overcoming cost-containment restrictions.
- With **smart biosimilar use policies** in place, significant public health advances can be achieved with better outcomes for more patients while contributing to healthcare system sustainability and resilience.

3. Razanskaite V, et al. Biosimilar Infliximab in Inflammatory Bowel Disease: Outcomes of a Managed Switching Programme. J Crohns Colitis. 2017 Jun 1;11(6):690-696. doi: 10.1093/ecco-jcc/jjw216. PMID: 28130330.
4. Taylor NS, Bettey M, Wright J, et al. Frontline Gastroenterology 2016;7:283–288
5. British Columbia Biosimilar Initiative launch in 2019 https://bit.ly/3zKyi2J
6. Peyrin-Biroulet L, Sandborn WJ, Panaccione R, et al. Tumour necrosis factor inhibitors in inflammatory bowel disease: the story continues. Therapeutic Advances in Gastroenterology. January 2021. doi:10.1177/17562848211059954 https://bit.ly/39DXZY5

Want to know more?

Barcina Lacosta, T., et al. Qualitative Analysis of the Design and Implementation of Benefit-Sharing Programs for Biologics Across Europe. https://bit.ly/3xT3lrY