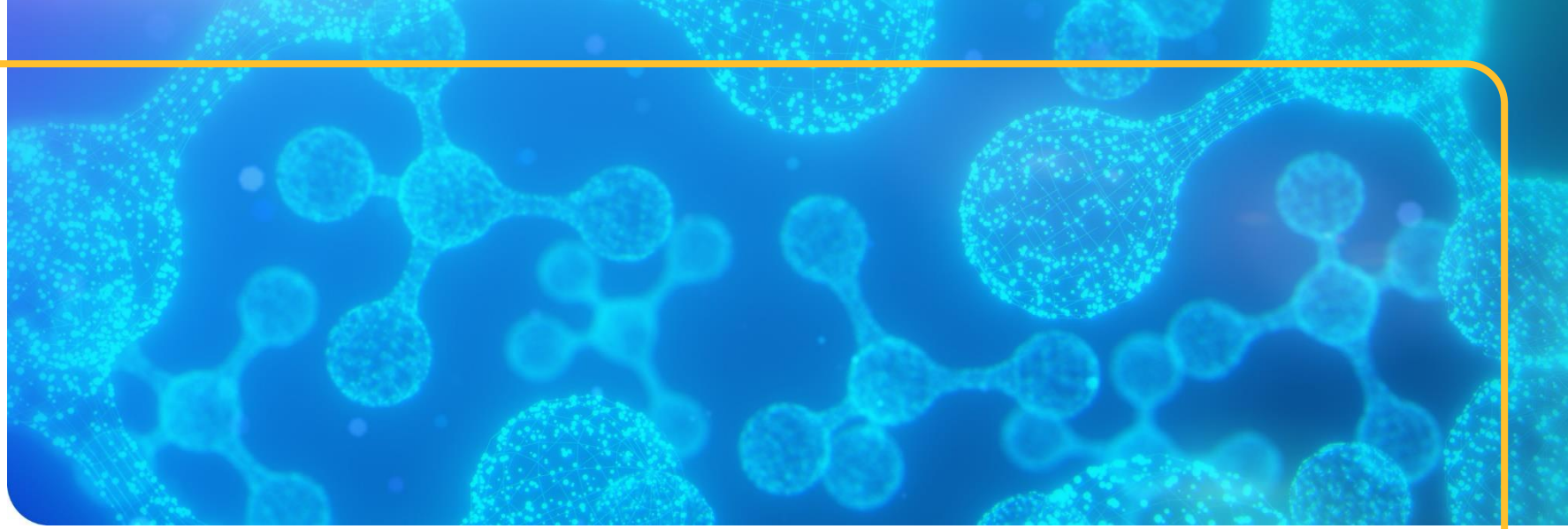

2022 Biosimilar Survey Results

August 2022

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Purpose and summary

Purpose

- From 2014-2022, 36 biosimilars have been approved with 20 marketed and $12.6 billion in savings in the U.S.
- Numerous adalimumab (Humira) biosimilars are expected to enter the market in 2023, providing an opportunity for savings for the costly therapeutic
- Biosimilar member survey conducted to assess biosimilar adoption of Humira and factors likely to guide the utilization of Humira competition products, once available

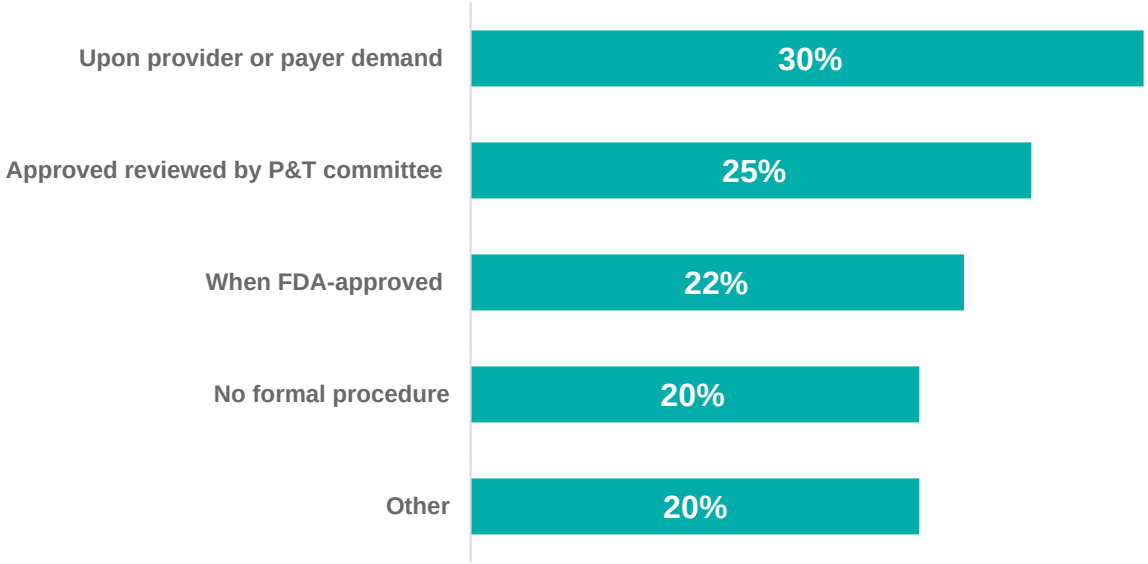
Summary of key findings:

- Outstanding adoptability questions remain between provider selection and payer coverage determination
- Interchangeability from Humira to a biosimilar
- Utilization and commonality in tracking
- Many have not prepared for upcoming patent expirations in 2023 and do not see potential impact until 2024

Detailed survey findings

Conditions under which a formal procedure is implemented to add biosimilar agents to institutional formulary

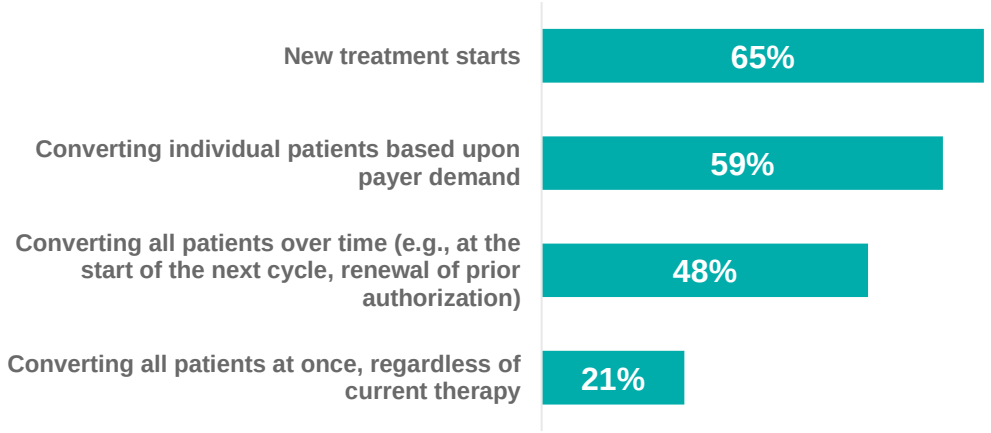
Most institutions add approved biosimilars upon provider or payer demand.



n=111

When do institutions convert to a biosimilar process

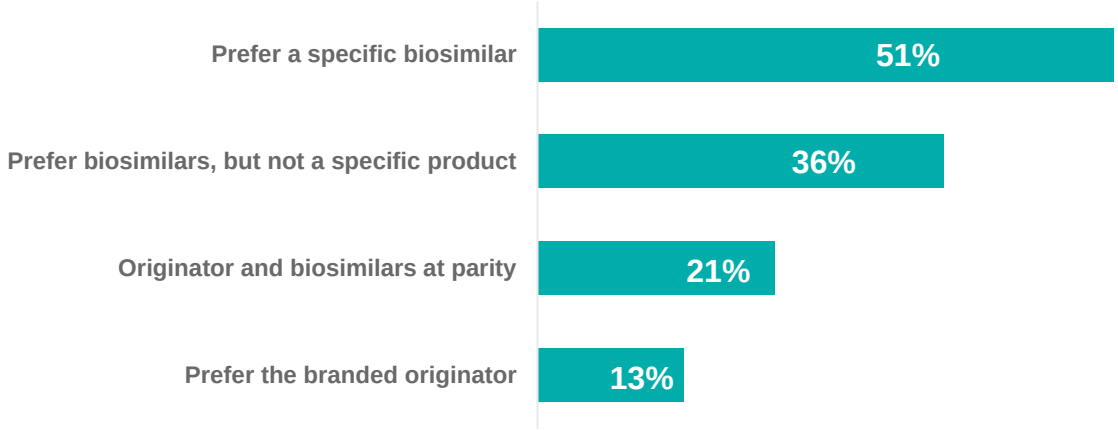
Most institutions move to a biosimilar agent when starting a new treatment.



n=82

Conditions under which payers determine biosimilar coverage

Most payers cite a preference for a specific biosimilar.



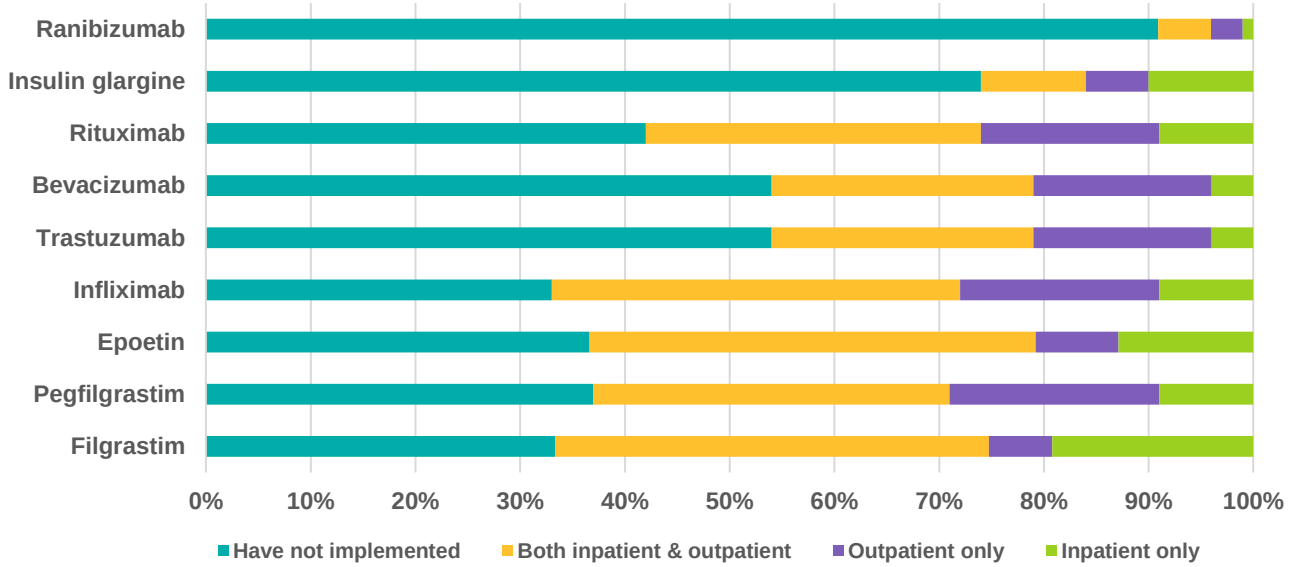
n=98

Setting(s) in which the institution has implemented automatic therapeutic substitution for the following medications

The least implemented biosimilar is ranibizumab.

Most substitutions in both inpatient and outpatient settings is epoetin with infliximab following closely behind.

n=93



Top attributes for selecting a biosimilar adalimumab (Humira) preferred agent

Among respondents, the top three attributes are:

- Payer placement
- Acquisition price
- Interchangeability

Note: The lower the mean level, the more important the attribute

Mean	Attribute
1.7	Payer placement
1.8	Acquisition price
2.0	Interchangeability
2.1	Ease of use of autoinjector
2.3	Absence of citric acid
2.3	Strength (preference for higher concentration)
2.6	Autoinjector ease of use
2.7	Quality and extent of patient assistance program
1.5	Other

Biosimilars on formulary

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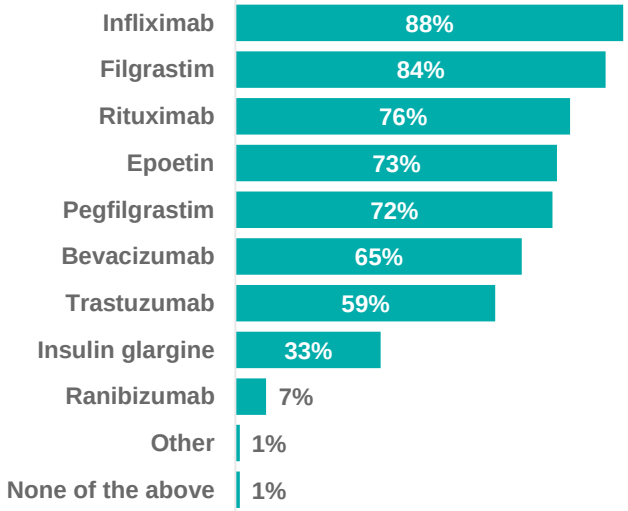
There is a strong correlation that when biosimilars are added to formularies, they are utilized

When added to formularies, infliximab is highly utilized.

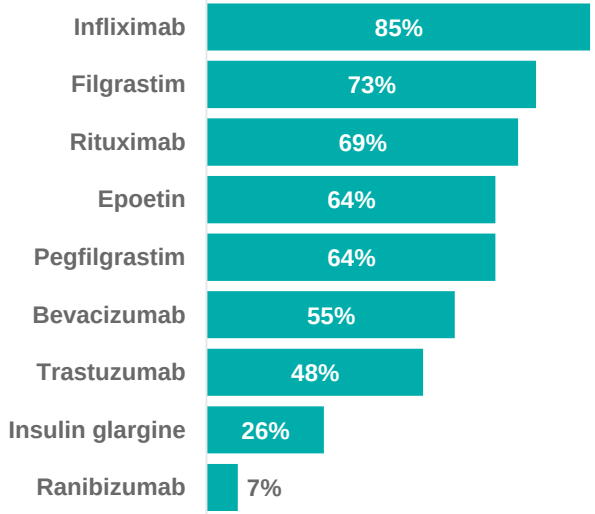
Biosimilars added to formulary: *n=85*

Biosimilars that are utilized: *n=107*

Biosimilars added to formulary



Biosimilars that are utilized

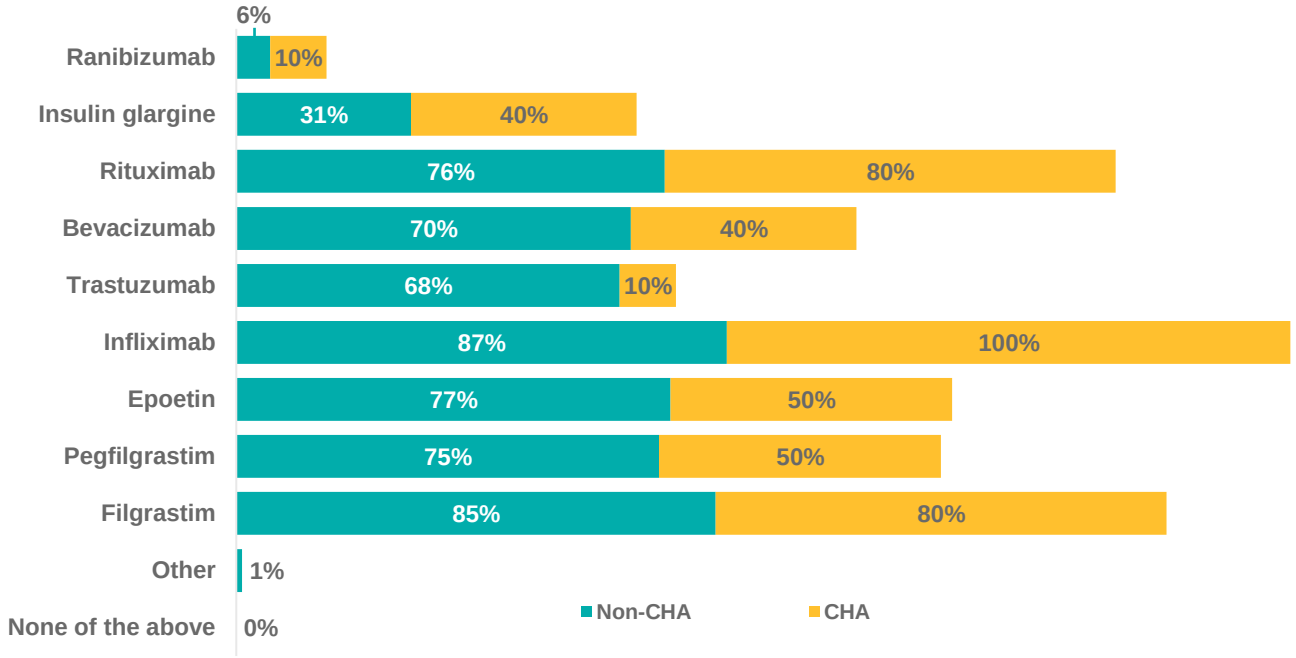


Biosimilars that have been added to institution formularies

Infliximab has the highest adoption among CHA institutions.

*Breakout of ‘unknown’ responses not included because less than five responses.

n= 85



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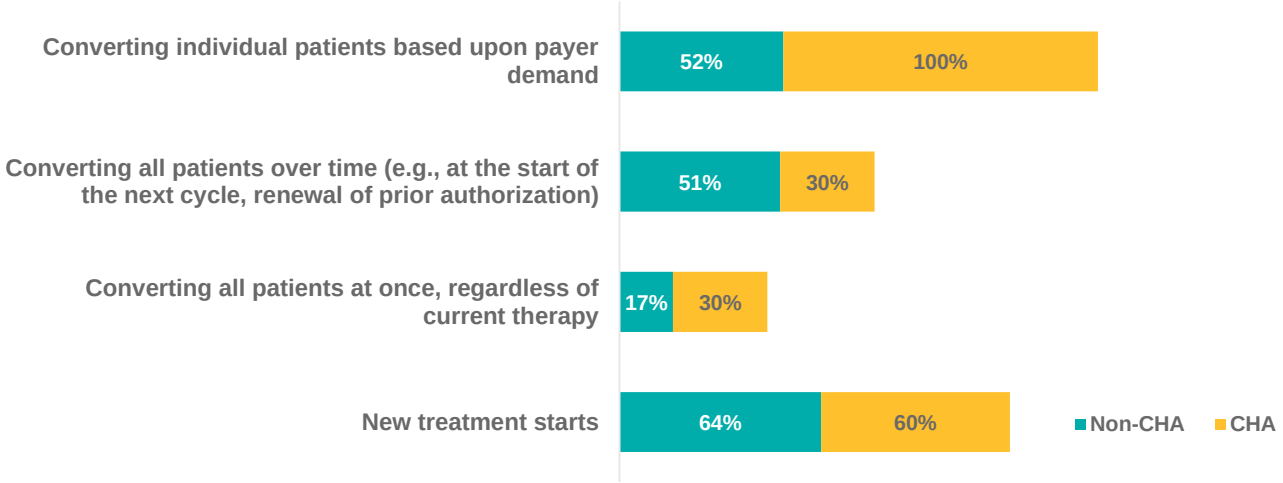
Conditions under which institutions convert to biosimilars

CHA institutions are more likely to convert patients to biosimilars due to payer demand. Conversion by a non-CHA institution is more likely to occur when a new treatment starts.

*Breakout of ‘unknown’ responses not included because less than five responses.

n= 82



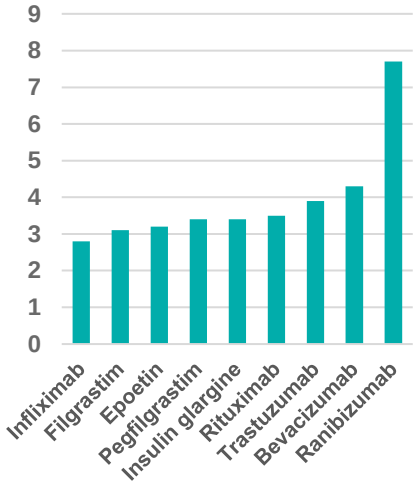
Most utilized biosimilars by mean*

Infliximab is the most utilized biosimilar by mean overall and for non-CHA survey respondents. However, it is not the most use in terms of number of doses.

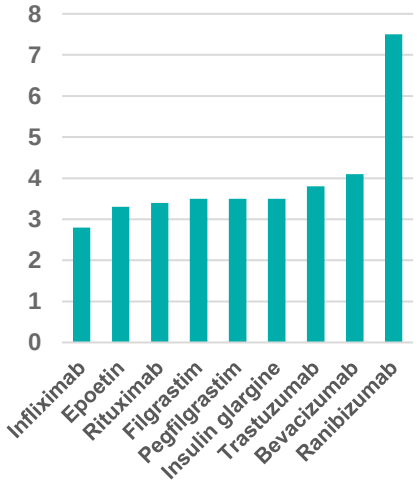
For CHA respondents, filgrastim is the most utilized

*Please note: the lower the mean, the greater the utilization.

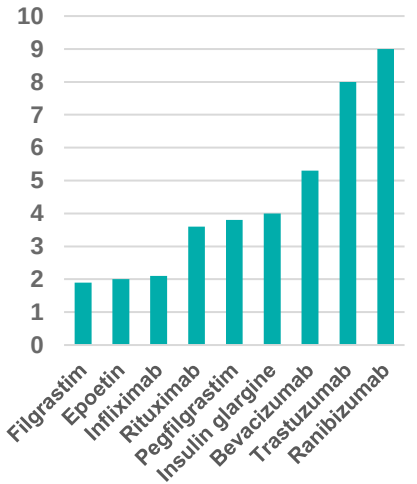
Overall respondents



Non-CHA respondents



CHA respondents



Payer coverage and product selection

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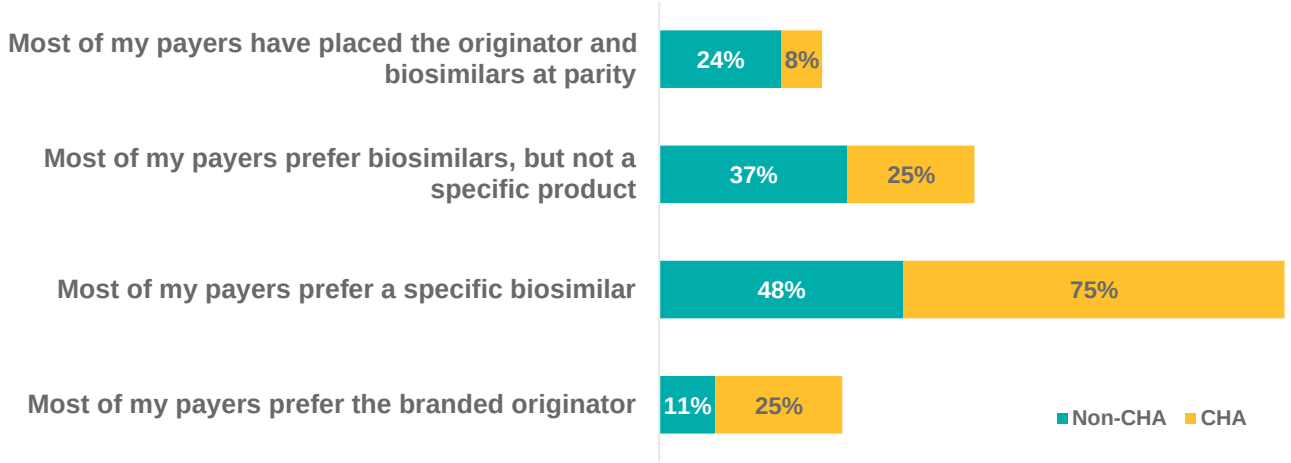
Payer coverage determinations related to biosimilars

For CHA and non-CHA institutions, most payers prefer a specific biosimilar.

*Breakout of ‘unknown’ responses not included because less than five responses.

n= 98



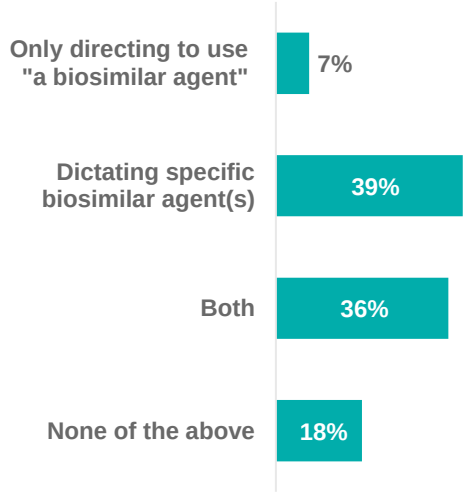
Conditions under which payers are dictating product selection for biosimilars

Payers are dictating usage of specific agents.

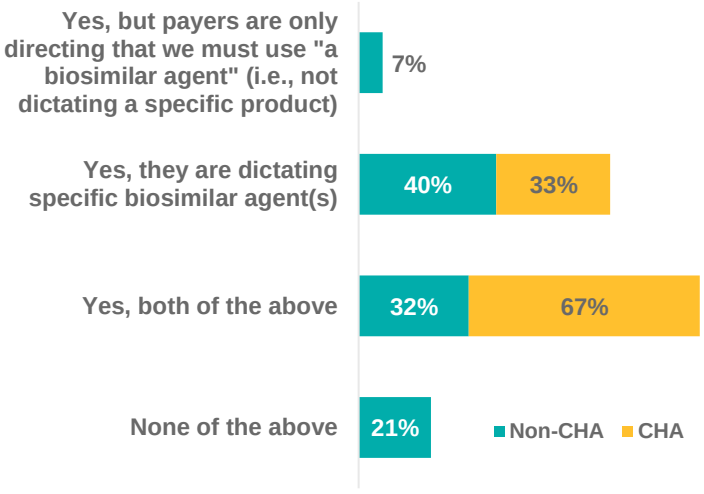
However, almost 20% of the respondents noted a different reason than the options provided.

n=97

Overall



CHA versus non-CHA



Interchangeability responses

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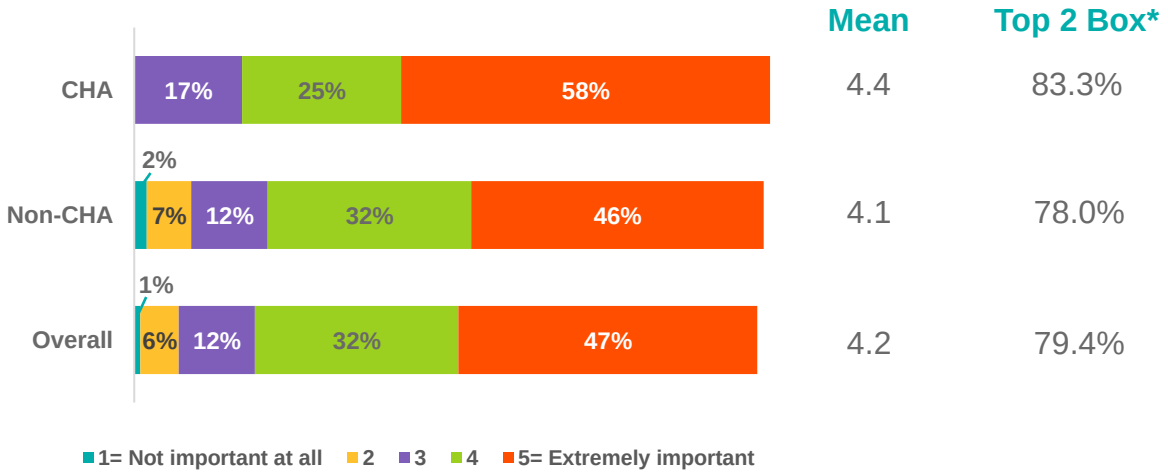
Importance of the interchangeability designation for biosimilar adoption process across all therapeutic indications

Respondents note that it is extremely important to have an interchangeability designation for biosimilars, regardless of whether a CHA or non-CHA institution.

*Please note: Top 2 Box represents rating of 4 and 5 combined

n=97

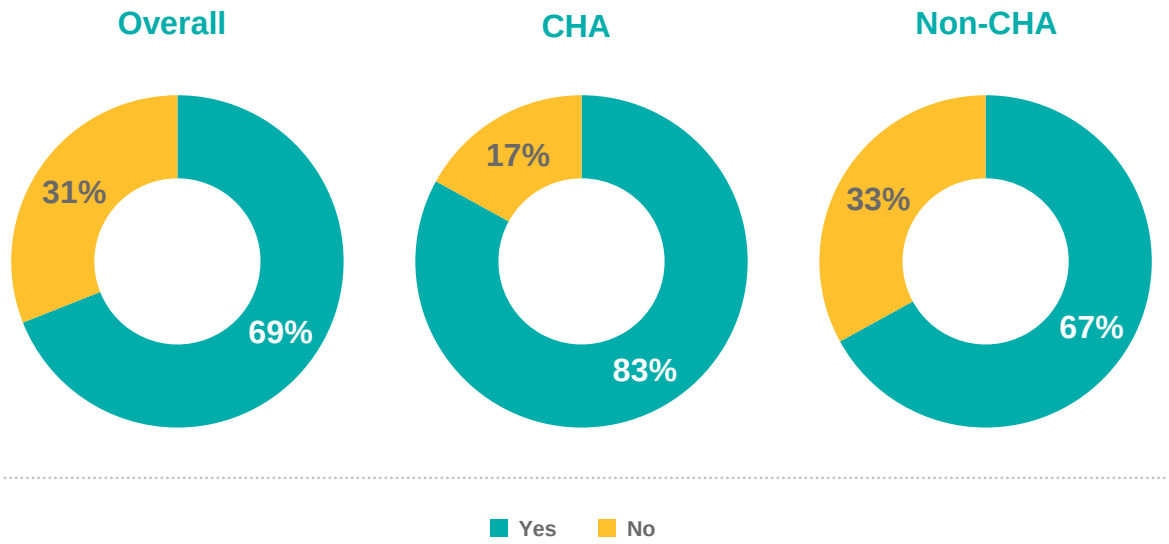


Institutional conversion of individual patients to biosimilar agents based on payer preference

Most institutions are converting individual patients to biosimilar agents based upon payer preference

More CHA than non-CHA are converting individual patients to biosimilars

n=96

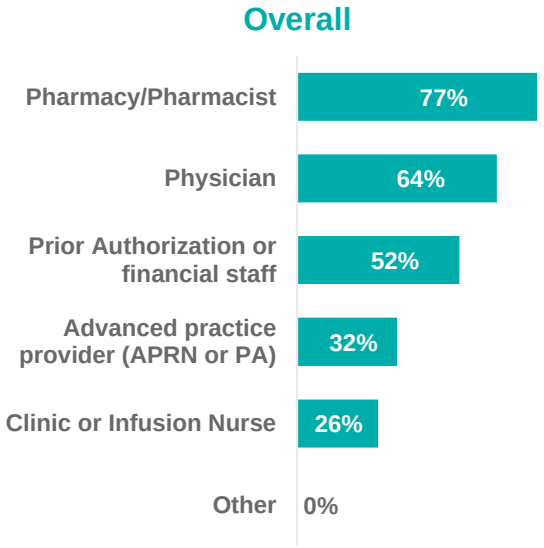


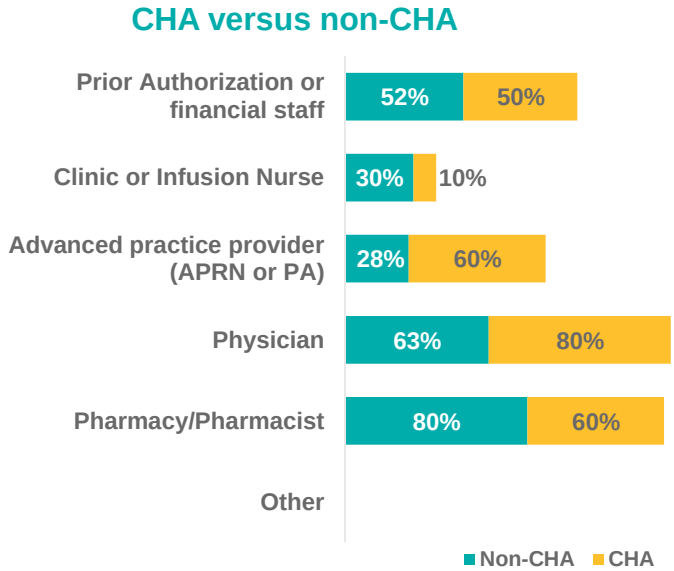
Departments or personnel that are primarily involved in making the switch in the orders

Most pharmacists are primarily involved in switching to biosimilar orders. This is particularly true at non-CHA institutions with physicians in CHA more involved in order changes.

*Breakout of 'unknown' responses not included because less than five responses.

n=66

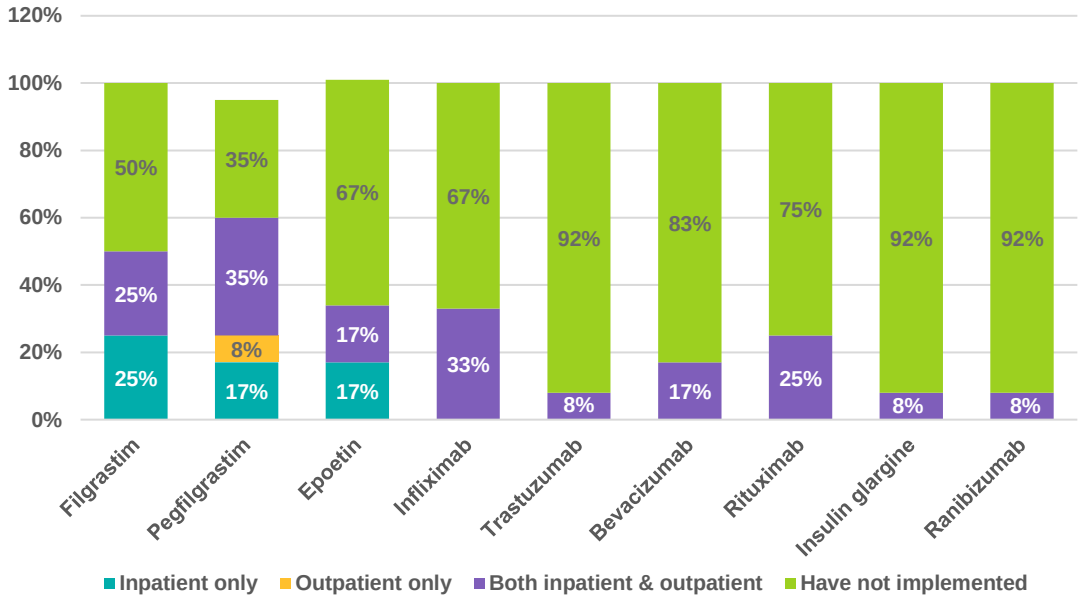




For CHA institutions, settings where automatic therapeutic substitution occur for the following medications

Most substitutions for CHA institutions have not been implemented. However, for the noted medications, pegfilgrastim has been implemented for both in and outpatient settings.

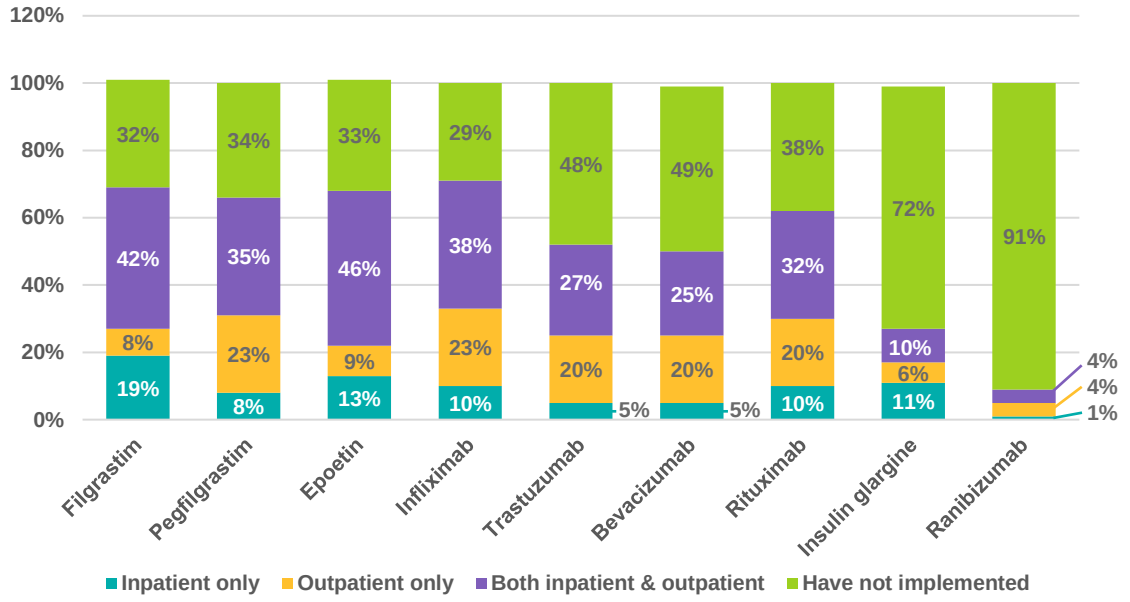
n=93



For non-CHA institutions, settings where automatic therapeutic substitution occur for the following medications

More non-CHA institutions have implemented automatic therapeutic substitutions than CHA institutions. Pegfilgrastim has the highest level of adoptions for in and out patients for these institutions.

n=93



Barriers to automatic substitution policies

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Top barriers institutions face to implement automatic therapeutic substitution policies for biosimilars

The top 3 barriers for CHA institutions are:

- Supporting clinical data
- Payer demands for specific products
- Gaining formulary approval

For non-CHA respondents, the mean results are the same as it is for overall survey respondents, with slightly varying means.

*Please note: the lower the mean, the greater the barrier.

Mean	Barrier
1.66	Payer demands for specific products
1.92	Provider acceptance
1.94	Managing the prior authorization process
2.19	Financial issue such as contracting and rebates
2.23	Supporting clinical data
2.33	Gaining formulary approval
2.43	Building efficient workflows for prescribing/ordering

Top attributes for selecting the biosimilar adalimumab (Humira)

Both CHA and non-CHA institutions note payer placement and interchangeability in their top three attributes.

*Please note: the lower the mean, the more important the attribute.

CHA

Mean	Attributes
1.3	Payer placement
1.8	Interchangeability
2.0	Autoinjector ease of use
2.0	Ease of use of autoinjector
2.3	Absence of citric acid
2.5	Quality and extent of patient assistance program
2.9	Acquisition price
2.0	Other

Non-CHA

Mean	Attributes
1.7	Acquisition price
1.8	Payer placement
2.1	Interchangeability
2.1	Ease of use of autoinjector
2.3	Strength (preference for higher concentration)
2.3	Absence of citric acid
2.7	Autoinjector ease of use
2.7	Quality and extent of patient assistance program
1.5	Other

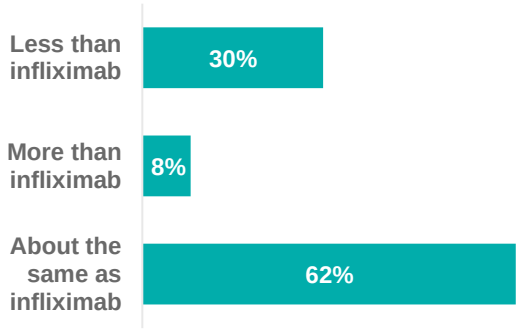
Expectation that uptake of adalimumab biosimilar will be similar to infliximab biosimilars

Whether or not an institution is CHA or non-CHA, respondents reported that adoption of adalimumab would be a challenging adoption, similar to that of infliximab biosimilars

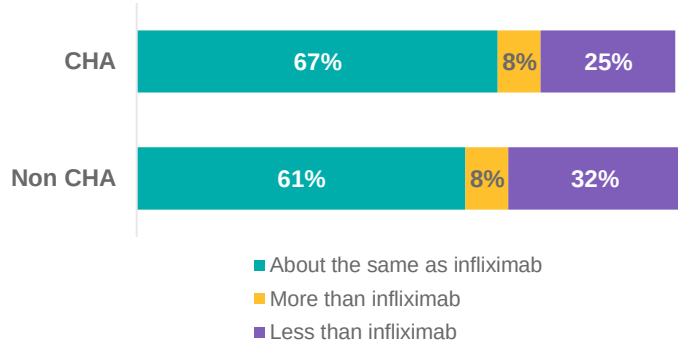
*Breakout of 'unknown' responses not included because less than five responses.

n=92

Responses overall



CHA compared to Non-CHA*



Wrap-up: What this means to your system

- Although awareness and use of biosimilars have increased, there is still a lot of work to do in advance of biosimilar Humira competition
- Members must understand current prescribing and inventory to assess future opportunities for savings
- Engage with your payers to assess which approaches to biosimilars they will adopt so that you can move forward with planning for conversion

Additional pharmacy resources

Pharmacy resources

From inpatient to outpatient care, we deliver solutions that optimize your pharmacy for high-quality patient care and financial growth.

Biosimilar resources

With a comprehensive portfolio of contracted biosimilars as well as resources and templates to manage biosimilar uptake, education and market insights, Vizient is committed to helping members through the successful adoption of biosimilars.

Pharmacy consulting

Our Vizient pharmacy advisory experts utilize analytic insights to benchmark your biosimilar conversion progress and deliver formulary management through contract maximization and standardized utilization of biosimilars of high-cost biologic agents. Capture quantifiable savings through cost reduction, revenue enhancement, and reimbursement optimization.

Pharmacy analytics

With real-time visibility into expense management across all care settings, organizations rely on Vizient Pharmacy Analytics to redefine pharmacy as a strategic contributor in a hospital's ability to reduce pharmaceutical spend while improving outcomes. Utilize Vizient Savings Actualyzer to access biosimilar tracker analytics to help you maximize and track opportunities specific to your organization.

Biosimilar calculator (login required)

Compare savings for multiple products.

Let’s work together

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Appendix

Methodology

- 1,907 surveys were distributed from March 30 to April 28, 2022 to pharmacy executives and professionals
- Survey distributed to Vizient members with titles of Director of Pharmacy, Chief Pharmacy Officer and Chief Pharmacy Executive
- 124 surveys were received for a response rate of 6.5%.

Response breakout	Count
Unknown	12
CHA	12
Non-CHA	100
Overall	**124**