1 Need for Biosimilar Education

At the time of the needs assessment (July ‘16)

- The first biosimilar for patients with rheumatic disease had just been approved, yet1
  - Guidance for naming and labeling conventions had not yet been finalized
  - Biosimilars were not mentioned in treatment guidelines

- Providers lack knowledge regarding biosimilars2-4
  - 90% of rheumatologists, yet only 23% of RA patients, report good provider-patient communication

Program Goals

Address knowledge gaps and assess attitudes toward the use of biosimilars in rheumatology via:

- Patient surveys
- Clinical simulations

2 Participant Demographics

<table>
<thead>
<tr>
<th>Degree</th>
<th>Rheumatology</th>
<th>Internal Medicine</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/DO</td>
<td>22%</td>
<td>59%</td>
<td>19%</td>
</tr>
<tr>
<td>NP/APN</td>
<td>10%</td>
<td>8%</td>
<td>2%</td>
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<tr>
<td>PA</td>
<td>10%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>PharmD/PhR</td>
<td>5%</td>
<td>8%</td>
<td>2%</td>
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<table>
<thead>
<tr>
<th>Specialty</th>
<th>Rheumatology</th>
<th>Internal Medicine</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA</td>
<td>59%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>22%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>PhD</td>
<td>5%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>RN/BSN/MSN</td>
<td>5%</td>
<td>8%</td>
<td>2%</td>
</tr>
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N=2,001

3 Knowledge of Biosimilars and Regulation

How would you rate your understanding of the differences between biosimilars and their reference products?

- Overall, N=621
  - Poor: 15%
  - Fair: 34%
  - Good: 42%
  - Excellent: 9%

Specialty Breakout

- Rheumatology: N=161
  - Poor: 28%
  - Fair: 15%
  - Good: 31%
  - Excellent: 6%

- Pharmacy: N=226
  - Poor: 52%
  - Fair: 12%
  - Good: 6%
  - Excellent: 2%

- Overall, nearly 50% lack understanding of the differences between biosimilars and their reference products
- Knowledge gap is more striking among pharmacists

4 Attitudes Toward Biosimilars

Likelihood of Use

How likely are you to prescribe or administer biosimilars to patients with RA?

- Extremely Likely: 8%
- Very Likely: 19%
- Likely: 26%
- Unsure: 13%
- Unlikely: 19%

N=584

Interchangeability & Pharmacy-level Substitution

Which of the following statements reflects your belief regarding pharmacy-level substitution of biosimilars?

- Pharmacy-level substitution of a biosimilar should:
  - Be dealt with on a case-by-case basis: 21%
    - Rheums, N=86
    - Pharm, N=125
  - Never be permitted: 22%
    - Rheums, N=163
    - Pharm, N=107
  - Only be permitted if the prescriber is notified: 42%
  - Be allowed without restriction if the biosimilar product has received an interchangeable designation from the FDA: 30%
  - Rheumatologists want to be notified of switch to biosimilar, pharmacists would rely on FDA discretion: 55%

5 Patient Insights

About 50% of patients are doing well on their biologic and do not want to change to a biosimilar. Then, there’s probably 50% who aren’t on a biologic that is working or cannot afford it, and are eager to be able to try the new biosimilars.

- RA Patient Influencer

Providers and patients were asked about patient main concerns regarding starting or switching to biosimilars

- Rheumatologists and patients share concerns regarding switching to biosimilars: 46%
  - Rheums: 55%
  - Pharm: 39%
  - Pharm, N=107
  - Patient Influencers, N=17
- More adverse effects: 39%
- Being forced to switch by insurance company: 27%
- Less efficacious: 22%

6 Impact of CME & Conclusions

Educational Efficacy

Overall there was an 84% relative increase in knowledge and competence

17% relative increase regarding differences between biosimilars and reference biologics

Conclusions

As more biosimilars become available, providers will require continued education on how to incorporate these agents into practice while meeting patient goals and preferences

References


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