
































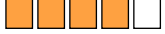














BIOSIMILAR SCORECARD 2020 **UK**

CONTRIBUTION OF BIOSIMILARS

 MOLECULE	 LEVEL OF COMPETITION	 PRICE EVOLUTION	 VOLUME DEVELOPMENT
	1=Low, 5=High	1=Low, 5=High	1=Low, 5=High
Anti-TNF			 5
Adalimumab	 5	 4	 3
Infliximab	 5	 5	 5
Etanercept	 4	 4	 3
Insulin Lispro	 N/A	 N/A	 N/A
Insulin Glargine	 2	 3	 1
Rituximab	 4	 4	 1
Trastuzumab	 4	 4	 1
	<i>Indicator of the amount of competition based on the number of competitors and their respective market shares</i>	<i>Net price reduction from average price of the countries in scope 1 year before first biosimilar entry</i>	<i>Change in biologic volume since biosimilar entry</i>

SUSTAINABILITY SCORECARD

POLICY AREA	SUSTAINABILITY MEASURE	CURRENT COUNTRY STATUS
		1=Low, 5=High
 Regulatory environment and clinical guidelines	Time from EMA approval to first biosimilars sales	 5
	Treatment guidelines for biosimilar use	 4
	Physician switching policies	 5
	No biologic pharmacy substitution	 5
 Awareness and education	Comprehensive training /education for patient	 5
	Comprehensive training /education for physician	 4
 Incentives	Patient incentives to promote biosimilar use	 3
	Prescription quotas or financial incentives for providers that do not restrict physician choice	 4
 Pricing rules and dynamics	Originator price not subject to mandatory price cuts	 5
	Molecule pricing not subject to reference price	 5
 Purchasing mechanisms	Length of contracts	 5
	Tender timing relative to biosimilar availability	 3
	Time from tender award to delivery	 5
	Number of winners	 5
	Winner decision criteria beyond price	 3



BIOSIMILAR SCORECARD: UK

POSITIVE POLICY ELEMENTS

1. A very clear policy with clear targets has been articulated by NHS in favour of competition and encouraging use of best value biologic medicines.
2. There is a long-term medicine strategy in place to positively support the development of a multi-player off-patent biosimilar manufacturer eco-system in the UK.
3. There have been a number of supportive publications and websites to reinforce key policy messages on the subject of biosimilars in the UK.
4. The multi-winner tenders in England contribute to creating a more sustainable market by maintaining competition while sharing total volume between several companies.

POLICY CHALLENGES

1. Some Trusts in England are showing low uptake of biosimilars.
2. Except for England and Wales, uptake is lower and no targets have been set.
3. While there is a mixed level of objections to biosimilars and switching, the use of national targets in England make it difficult for doctors to remain independent prescribers when it comes to biologics/biosimilars.
4. Tender winners are not assured of the volume expected at the time of tender submission and there is no systematic mechanism to expand treatment guidelines as prices decline.
5. In the retail setting, despite price erosion, there is low use of biosimilar medicines which does not ensure long-term sustainability.

POTENTIAL POLICY SOLUTIONS

1. Establishing more indirect incentives such as shared savings in hospitals could encourage physicians to switch patients when appropriate.
2. Consider review of patient access and care pathways and institute faster treatment guideline reviews, as medically appropriate. Timing the reviews to the availability of biosimilars would provide earlier access to transformative medicines, expand patient access and improve clinical care (e.g. NICE TA review).
3. Implementing molecule-specific educational programmes directed towards healthcare professionals and patients/patient associations would advance biosimilar acceptance.
4. Monitor the effectiveness and implementation of the multi-source framework for adalimumab in terms of adherence to the defined percentage quota, and make adjustments to this framework for future biosimilar procurement frameworks as necessary.

UK Biosimilar Scorecard prepared June 2020.

All analysis based on 12 months ending Q1 2020. In cases where information is unavailable, scores are left blank.

For information on methodology supporting the scorecard metrics and statements, please see the Appendix document at www.iqvainstitute.org/biosimilarscorecards

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