

USING TARGETED EDUCATION TO IDENTIFY AND ENHANCE the Role of Biosimilars in Value-Based Care

01

Background

- + The cost of drugs and biologics are the fastest-rising cost component of cancer care, with the highest increase in biologic chemotherapeutic drugs, which has risen by 335%.¹
- + The greatest source of inefficiency in the healthcare system is the underuse of generic drugs.²
- + Biosimilar drugs may provide an additional tool for providers participating in value-based care initiatives, resulting in cost savings and efficiencies as well as broader access for patients.³
- + Significant knowledge gaps exist in the awareness of biosimilars and their approval process, and is the primary reason for less-than-expected uptake of biosimilars in the US.

02

Objective

To educate physician leaders, pharmacists, and providers in the background and availability of biosimilars to enhance value-based care

03

Methods

- + A comprehensive educational program presented at a national conference convened to educate members, medical oncologists, hematologists, advanced practice providers, pharmacists and administrators who serve oncology patients across the country

- + Survey questions to assess changes in health care provider knowledge, competence, and understanding of the role of biosimilars in the Value-based Care Model

04

Results

- + All of the respondents had prescribed biosimilars prior to attending the program, and nearly all were interested in learning more about them.
- + All of the respondents saw a role for biosimilars in value-based care, and nearly all were aware of the impact of biosimilars on value-based care.
- + Nearly all respondents had at least some to a great deal of familiarity with biosimilars, and all were at least somewhat likely to very likely to prescribe them.

05

Conclusions

There is awareness and interest in biosimilars in general among some oncology care professionals, as well as the impact of biosimilars on value-based care. Some have prescribed or are likely to prescribe biosimilars and are interested in learning more about them.

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Limitations

Small sample limits generalizability. Respondents all had previous experience prescribing biosimilars.

07

References

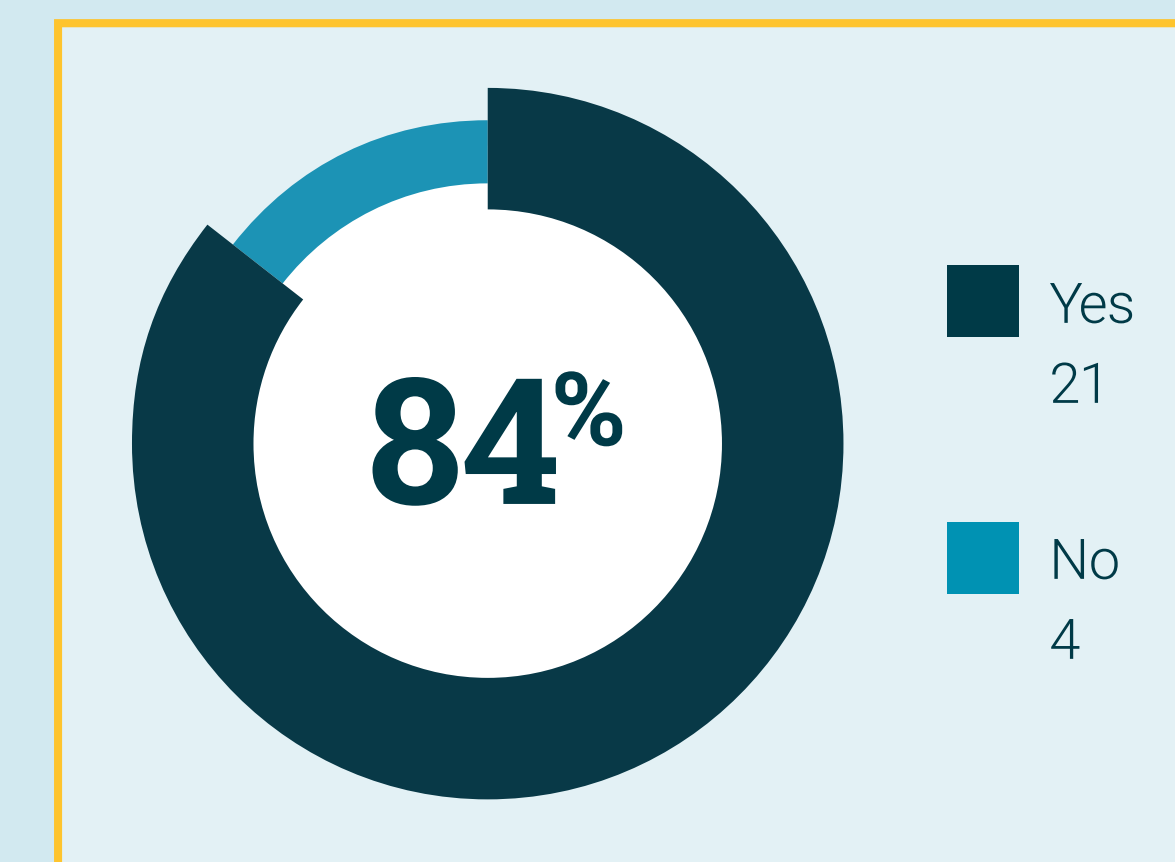
1. Pyenson BS, Fitch KV, Pelizzari PM. Cost drivers of cancer care: A retrospective analysis of Medicare and commercially insured population claim data 2004-2014. Milliman report commissioned by the Community Oncology Alliance.
2. World Health Organization. World Health Report 2010; Chapter 4: More health for the money. Retrieved from: http://www.who.int/whr/2010/10_chap04_en.pdf
3. Mulcahy AW, Hlavka JP, Case SR. Biosimilar Cost Savings in the United States: Initial Experience and Future Potential. *Rand Health Q.* 2018;7(4):3.

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SURVEY Results:

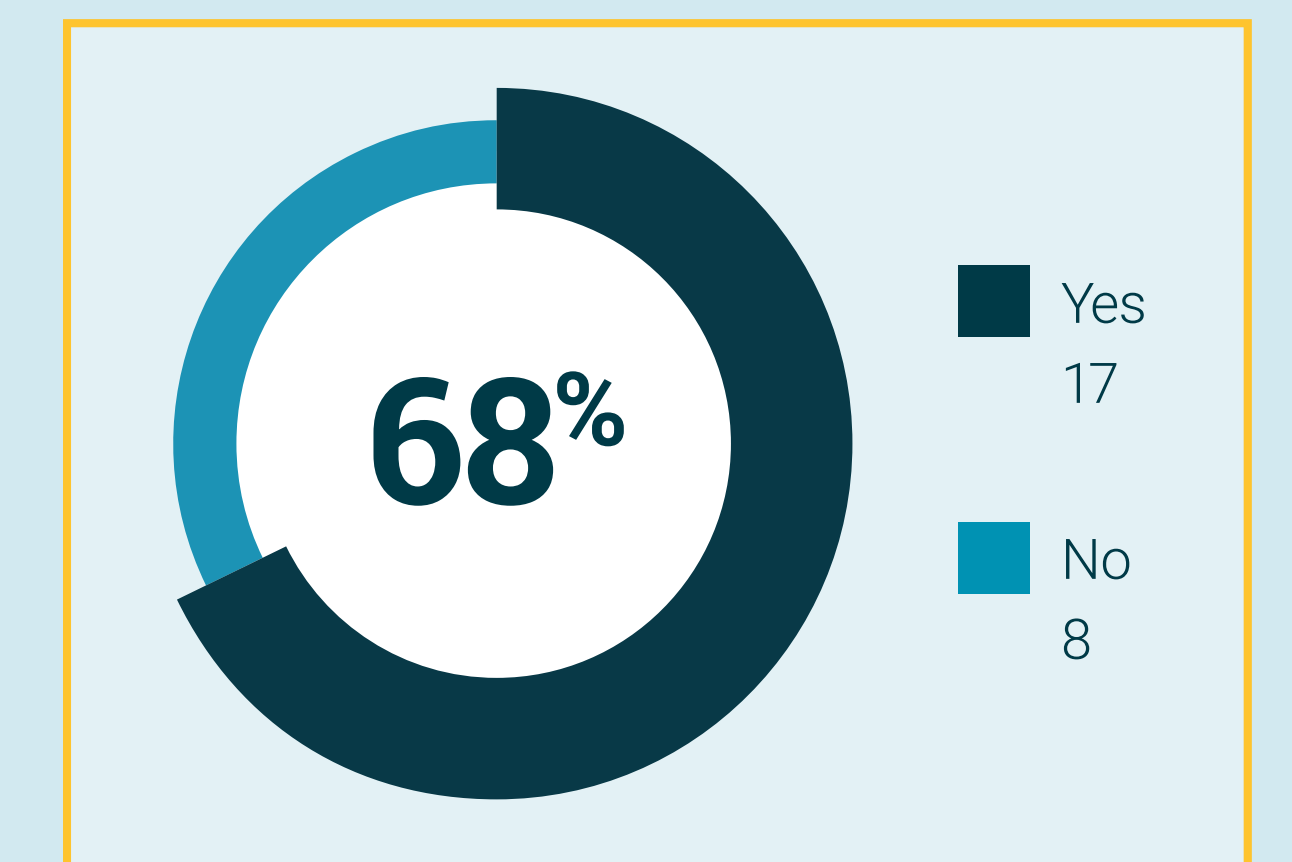
Q.

Are you aware of the FDA approval process for biosimilars?



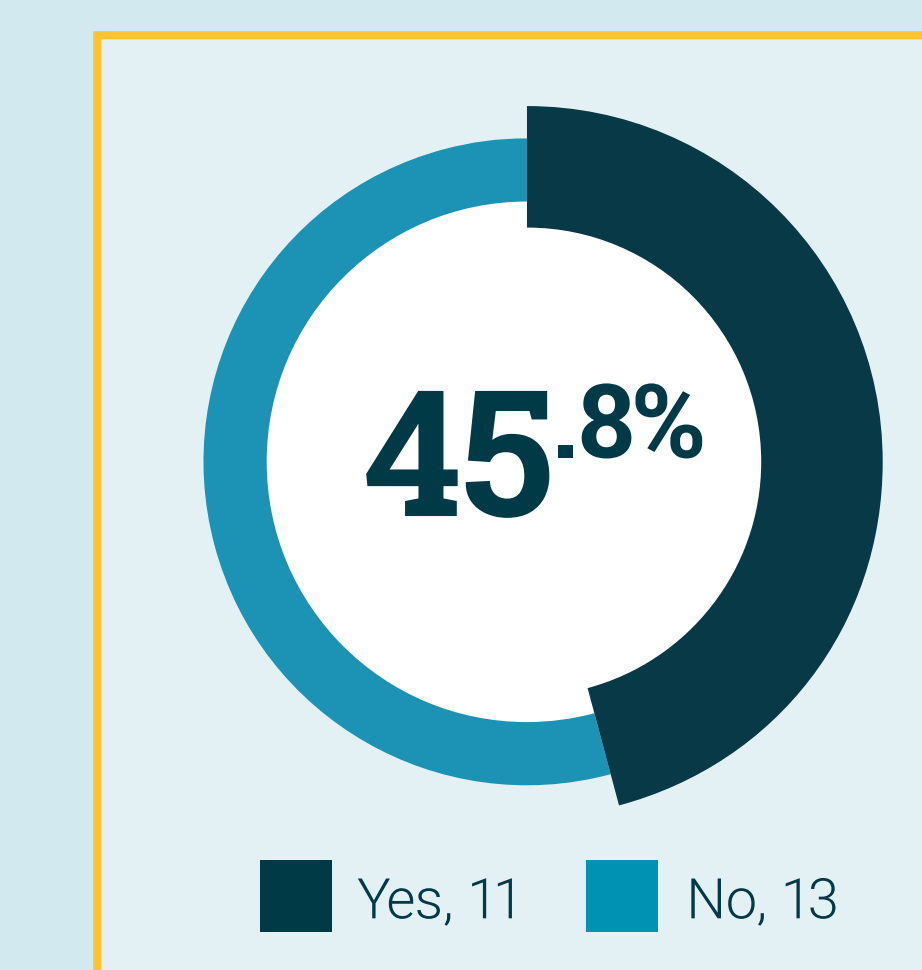
Q.

Are you familiar with "interchangeability designation"?

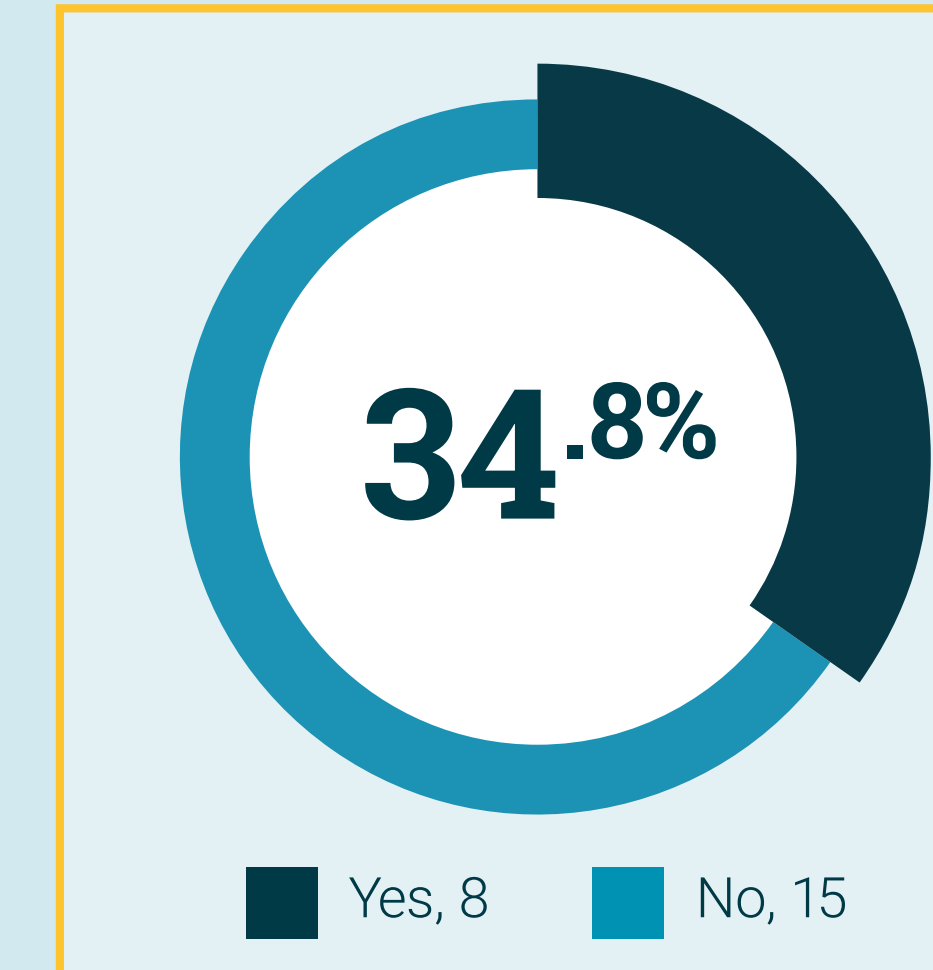


Biosimilar drugs may provide a value-based care tool for providers, resulting in cost savings/efficiencies and broader access for patients.

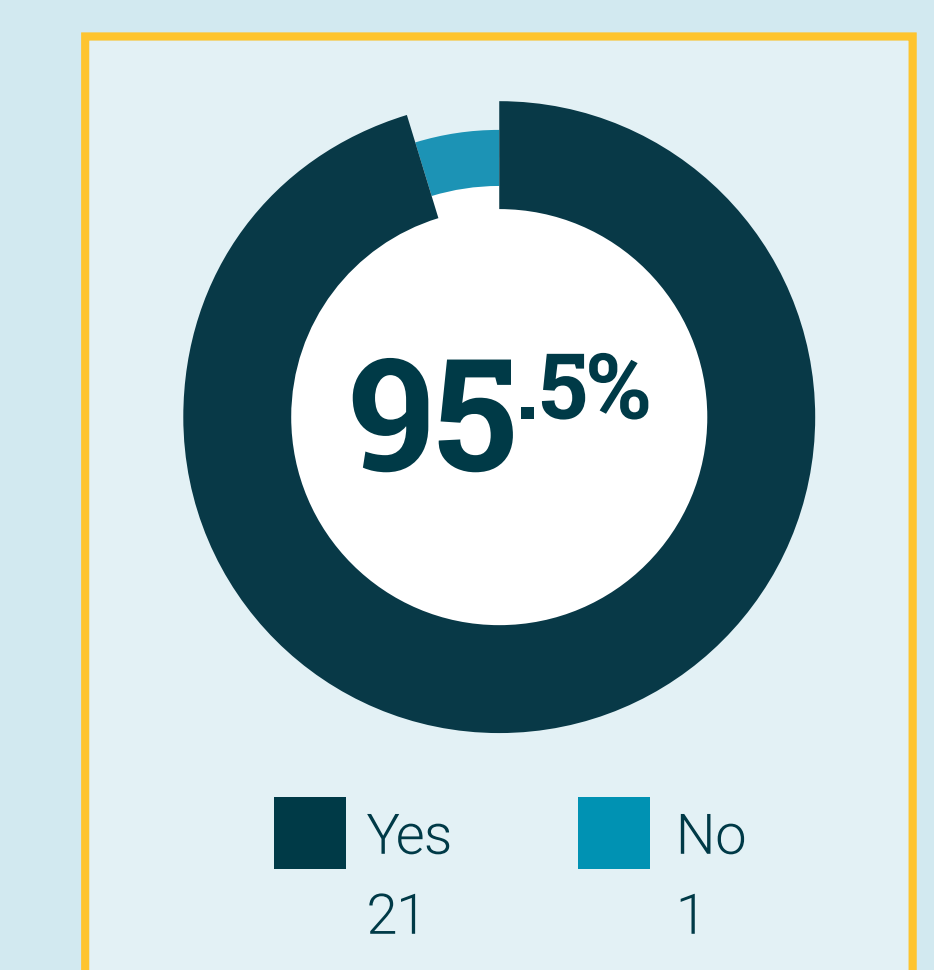
Q. Are you familiar with extrapolation in biosimilars?



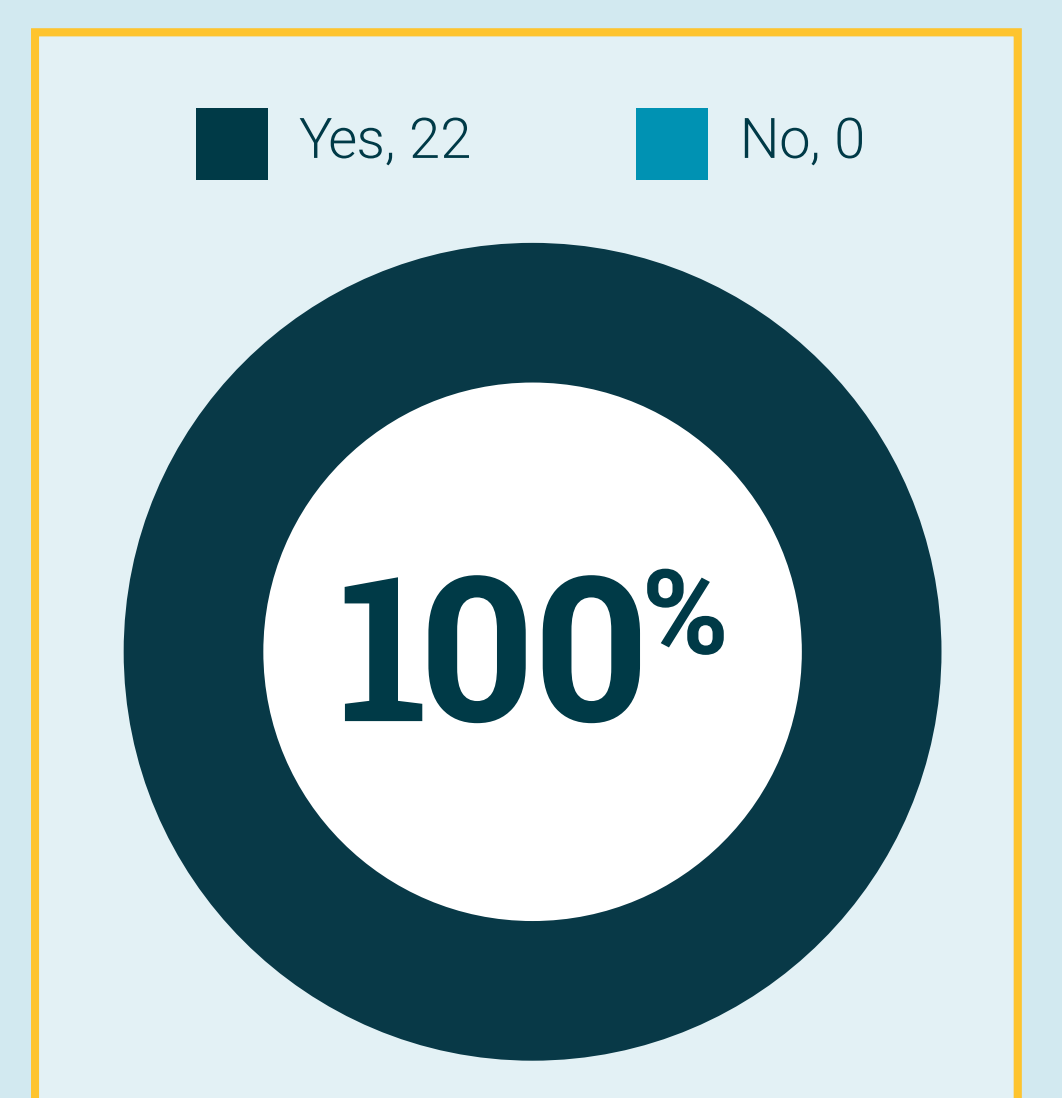
Q. Are you familiar with totality of evidence?



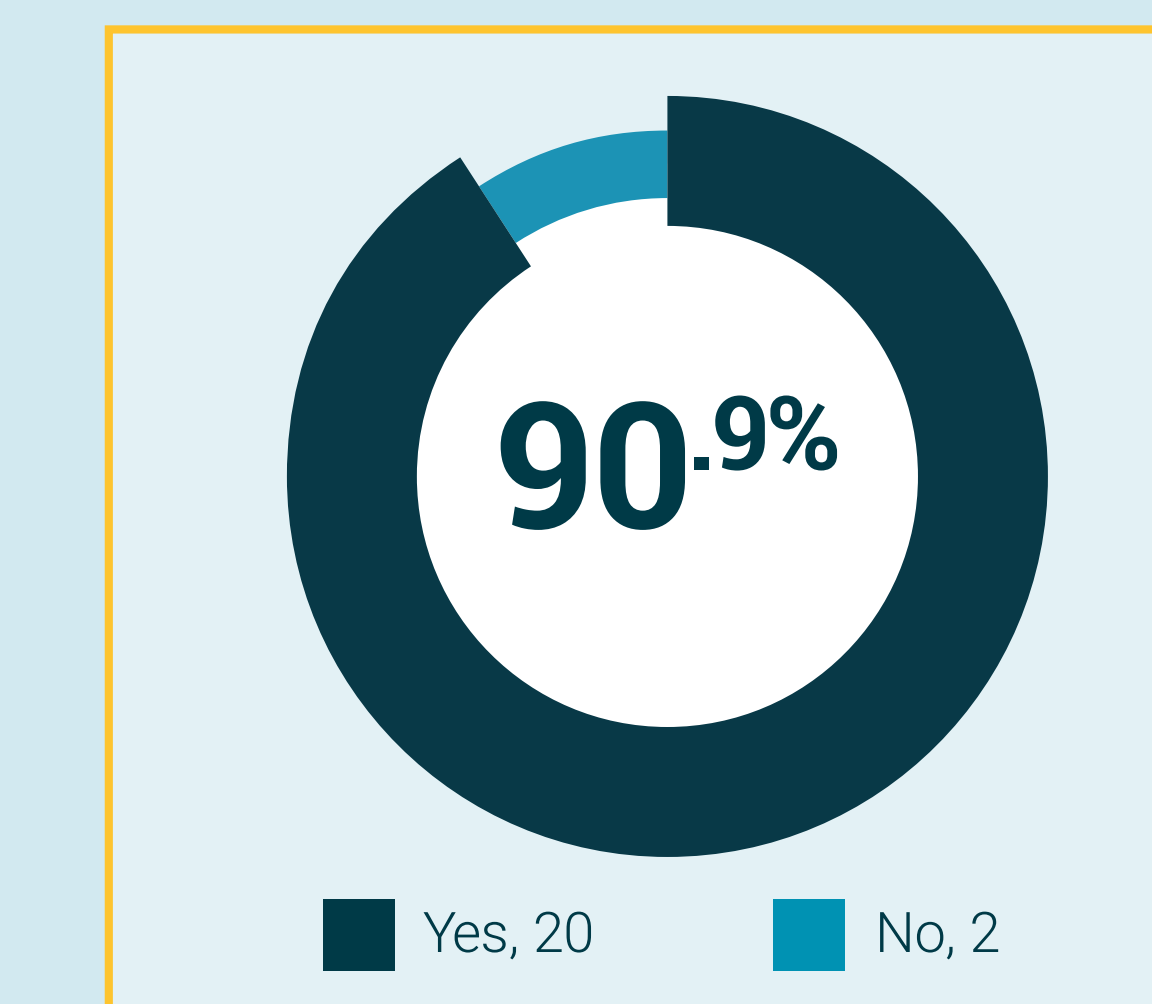
Q. Are you aware of the impact of biosimilars in value-based care?



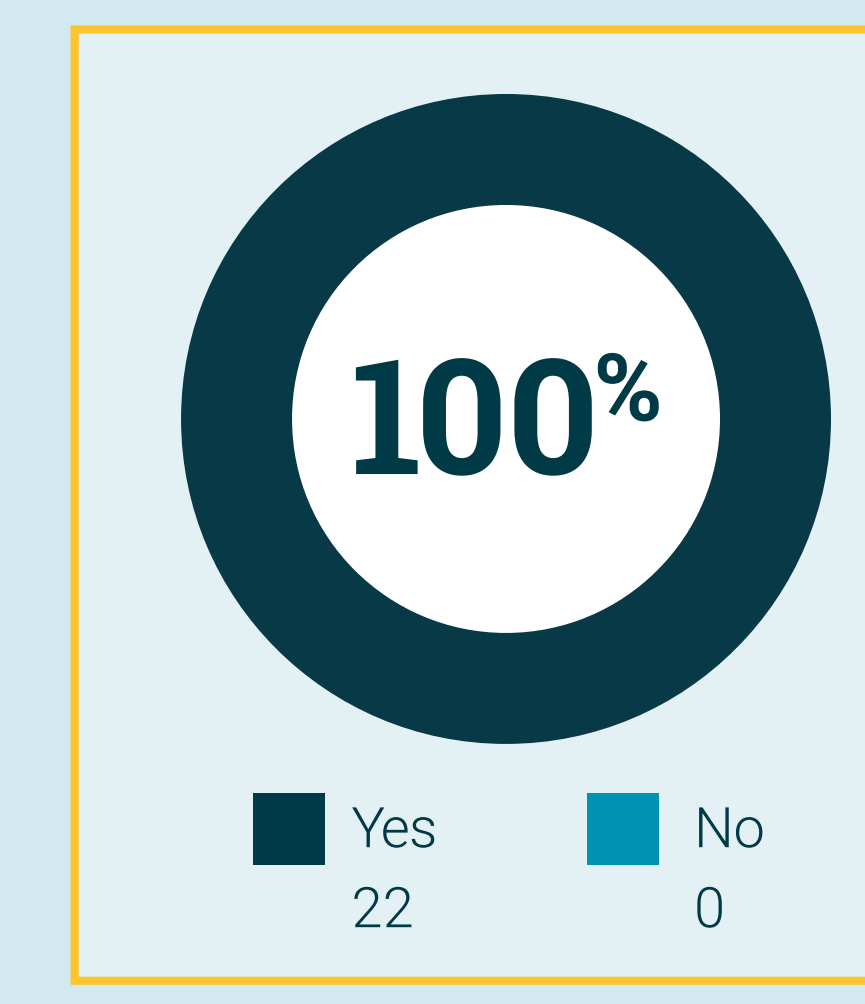
Q. Have you used biosimilars?



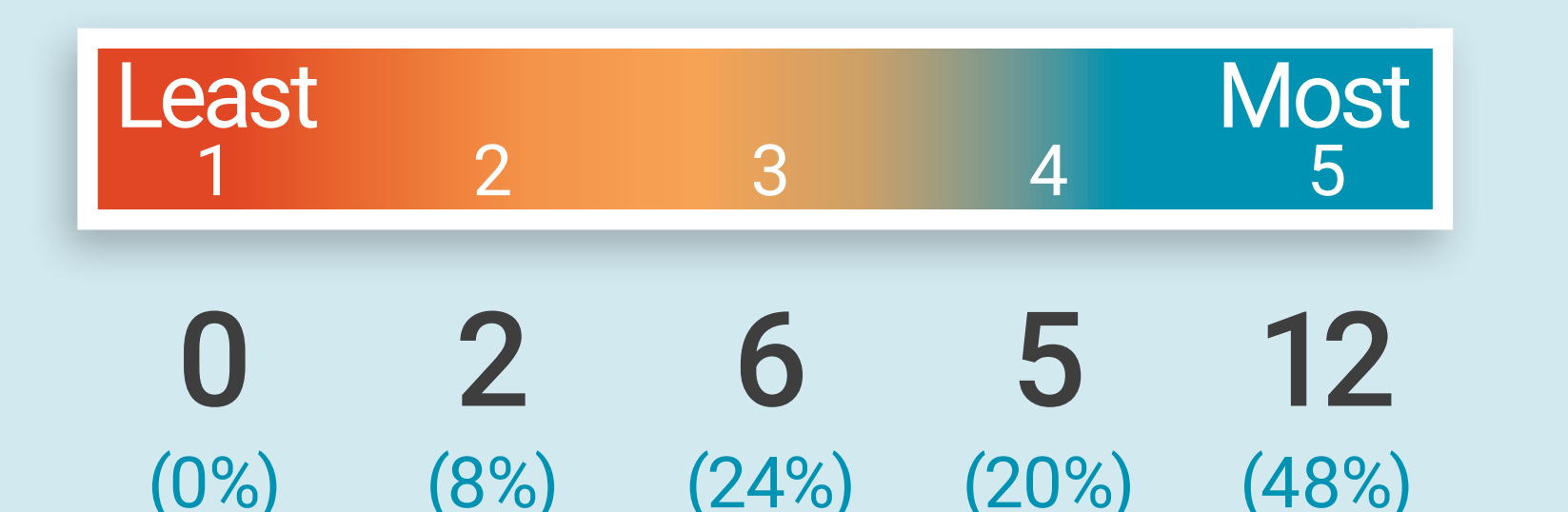
Q. Are you interested in learning more about biosimilars?



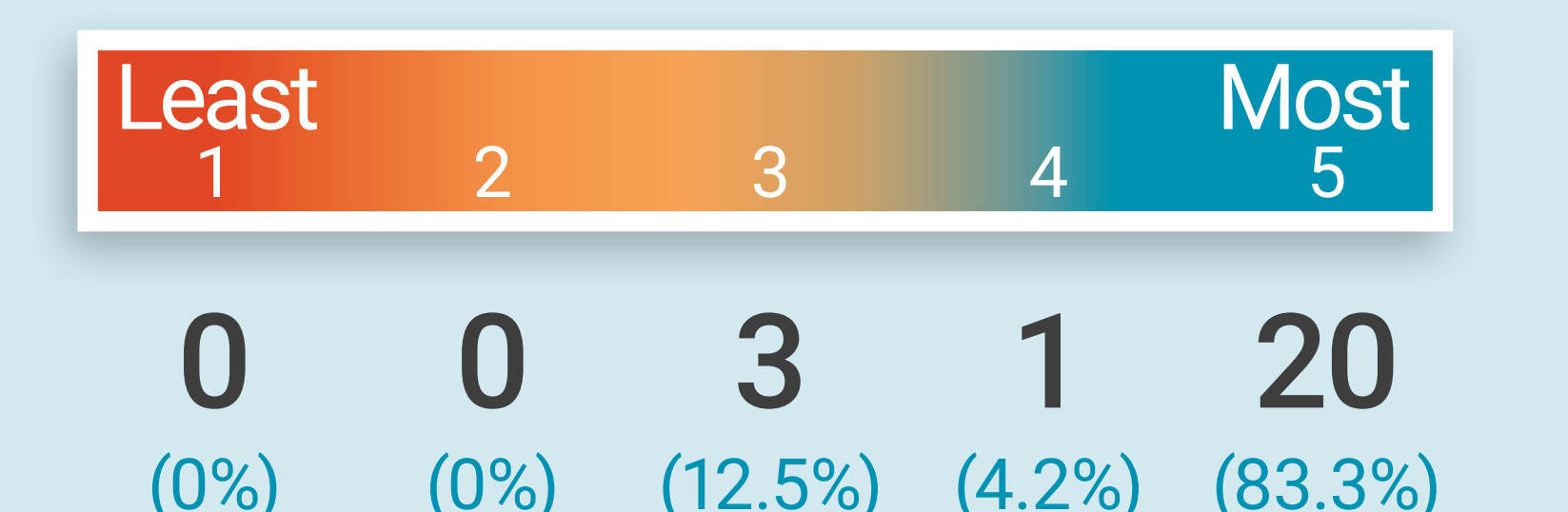
Q. Do you see a role for biosimilars in value-based care?



Q. How familiar are you with biosimilars?



Q. How likely are you to use biosimilars?



Possible Avenues of Cost Savings (PROJECTED)

