Biosimilar Uptake and Cost Savings Analysis Before and After Implementation of a Pharmacist-driven Substitution Program within a National Community Oncology Network

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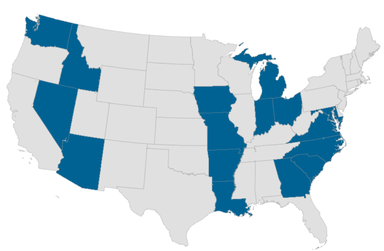
Introduction & Objectives

- As of December 2022, more than 22 biosimilar agents have been approved in the United States for the treatment of patients with cancer.
- The American Oncology Network (AON) represents over 107 physicians and 85 advanced practitioners in community oncology practices at 76 locations across 17 states.
- Since 2018, AON clinics have administered >85,000 doses of biosimilar products to more than 10,000 patients, using 18 unique products.
- Due to the complexities of biosimilar selection and reimbursement related to a diverse payor mix across multiple states, AON utilizes regional clinical pharmacists (RCPs) to assist with the selection of the most cost-effective biosimilar products.
- No published data to date outline the economic impact of non-medically necessary biosimilar switches to payers, patients, and providers in the community oncology practice setting in the US.
- The purpose of this project is to describe our biosimilar switch model and insights from our experience to encourage clinicians and administrators to improve biosimilar switching at their own institutions.

Figure 1: **American Oncology Network Locations**



Methods

- All AON-preferred biosimilar products are embedded into treatment regimens in the electronic health record (EHR) once approved by the Pharmacy & Therapeutics Committee. These EHR updates only impact newly-ordered treatment.
- In October 2021, the RCP-driven biosimilar substitution program established RCPs as the coordinator between pharmacy, providers, administrators, and financial teams at each practice.
- Microsoft PowerBI® reports are used to generate a close to real-time patient list with existing orders for non-preferred biosimilars.
- Biosimilar switch requests are communicated between RCPs and financial teams within the EHR and are confirmed with providers.
- Network-preferred biosimilar product uptake and associated cost-savings data were evaluated from 4/1/21 to 12/31/22 for bevacizumab, trastuzumab, rituximab, pegfilgrastim, and filgrastim.
- Payor Savings is defined as the difference of the calculated 80% Medicare ASP+6% for the administered biosimilar compared to the originator.
- Patient Savings is defined as the difference of the calculated 20% Medicare ASP+6% co-insurance for the administered biosimilar compared to the originator.
- Provider Savings is defined as the difference between the invoiced cost of the biosimilar compared to the originator.

Results

Figure 2: **Biosimilar uptake based on administered doses**

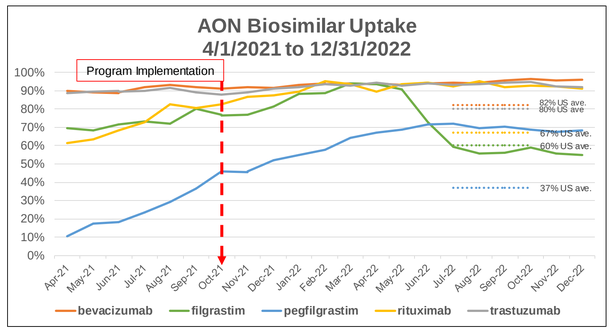


Figure 3: **6 months pre- and post-implementation of program**

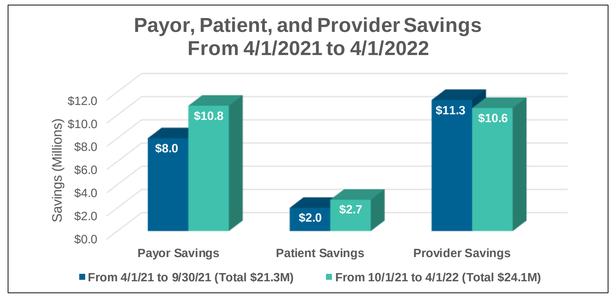
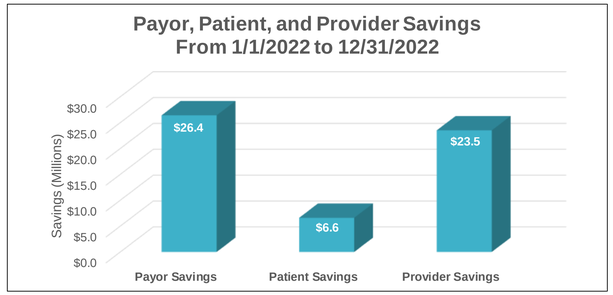


Figure 4: **Total savings in 2022**



Conclusion

- Uptake of all biosimilar products increased after implementation of the RCP-driven biosimilar substitution program, except for filgrastim due to trending ASP.
- Use of originator pegfilgrastim products remains high due to patient and provider preference for the on-body delivery system, particularly in clinics serving a rural patient population.
- Significant cost savings were noted for payors, patients, and providers.
- Elements leading to successful conversions include leveraging EHR for newly-ordered treatment, report systems and automation to identify switching opportunities, and biosimilar education for clinicians and patients.
- Barriers for switching to AON-preferred products included payor-specific biosimilar selection requirements, patient assistance and compassionate drug programs, and patient/provider preferences.
- Because of our diverse payor mix, our experience with biosimilar substitution is broadly applicable and can impact many community oncology practices across the country.

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