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Improving biosimilars uptake: experience gained in Madrid, Spain

How to improve the uptake of biosimilars is a question that many countries are finding a challenge. Researchers from the Madrid Health Service investigate how initiatives in Spain have affected biosimilars use.

Keywords: Biological, biosimilar, Spain, uptake

As is the case with other European countries, biosimilars of somatropin, filgrastim, erythropoietin and infliximab have recently been marketed in Spain. According to IMS MIDAS MAT 09/2012 data, the uptake of biosimilars in the Spanish market has been traditionally lower to that reported in other European countries such as Austria, Germany, Greece or Romania (20% vs 50–70%). Ainhoa Aranguren Oyarzábal and colleagues from the Madrid Health Service, Spain investigated how efforts to improve the uptake of biosimilars in the country have been working.

To try and address this situation, the Assistance Direction of Pharmaceutical Management (ADPM) introduced a strategic approach in 2010. This initiative, along with other approaches, monitors the use of biosimilars with the aim of trying to improve the uptake of biosimilars in the region. Biosimilars use was monitored via the use of indicators, which were included in the Contract Plan – an agreement signed between the Madrid Health Service (MHS) and hospitals in the region. In 2014, the indicator %Biosimilar Drugs Cost Value, was included and in

2016 the percentage of patients on infliximab biosimilar (new patients) was added.

%Biosimilar Drugs Cost Value = Purchase cost of biosimilars of somatropin, erythropoietin or filgrastim/Purchase cost of all brands of somatropin, all brands or erythropoiesis stimulating agents or all brands of colony stimulating factors

The %Biosimilar Drugs Cost Value for the main hospitals in Madrid was 15.72% in 2014 and 20.07% in 2015. This indicator shows wide variation between different hospitals. Several hospitals had no patients using biosimilars in 2014 (0%) compared to other hospitals with use of biosimilars around 60–70%, see Table 1.

For the infliximab indicator, more than half of the patients that started an infliximab therapy in 2015 received a biosimilar (290 out of 536 or 54.10%). Considering all patients with an infliximab prescription, 12.83% (343 out of 2,673) were treated with a biosimilar, see Table 2.

Table 1: %Biosimilar Drugs Cost Value for hospitals in Madrid in 2014 and 2015

		2014 (price including discounts)	2014 (price excluding discounts)	2015 (price excluding discounts)
Large Hospitals	Hospital 1	28.03%	37.47%	43.49%
	Hospital 2	3.17%	6.14%	6.19%
	Hospital 3	0.00%	0.00%	0.90%
	Hospital 4	6.28%	11.43%	22.03%
	Hospital 5	0.00%	0.00%	1.72%
	Hospital 6	3.69%	7.93%	14.97%
	Hospital 7	0.00%	0.00%	4.97%
	Hospital 8	9.99%	12.70%	12.38%
	All Large Hospitals	3.73%	8.69%	13.15%
Medium Size I Hospitals	Hospital 9	19.53%	24.45%	20.61%
	Hospital 10	75.38%	74.65%	66.96%
	Hospital 11	38.31%	27.19%	55.62%
	Hospital 12	37.39%	65.76%	70.63%
	Hospital 13	2.35%	1.32%	10.75%
	Hospital 14	39.51%	56.67%	60.05%
	Hospital 15	6.40%	11.23%	13.42%
	All Medium Size I Hospitals	19.86%	27.59%	29.51%

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Table 1: %Biosimilar Drugs Cost Value for hospitals in Madrid in 2014 and 2015 (Continued)

		2014 (price including discounts)	2014 (price excluding discounts)	2015 (price excluding discounts)
Medium Size II Hospitals	Hospital 16	56.88%	69.22%	62.75%
	Hospital 17	23.97%	16.52%	29.54%
	Hospital 18	61.29%	74.21%	69.13%
	Hospital 19	15.94%	19.40%	17.03%
	Hospital 20	0.00%	–	11.61%
	Hospital 21	15.13%	22.89%	30.65%
	Hospital 22	22.25%	36.05%	47.90%
	Hospital 23	0.00%	0.00%	9.03%
	Hospital 24	4.63%	7.05%	28.31%
	Hospital 25	0.00%	0.00%	29.85%
		All Medium Size II Hospitals	23.33%	34.15%

Table 2 shows the percentage of biosimilar patients on infliximab, in the two scenarios (as a % of new patients and as a % of all patients) for the most relevant hospitals in the region.

In the experience of the authors, the Contract Plan has been an effective way to transfer the Regional Health System’s objectives to the hospitals. In addition, the indicators have been a useful tool to track usage, to compare different hospitals to each other, to evaluate trends over time and to obtain results.

A more detailed discussion of the methods used in the strategic approach, other approaches and the results and conclusions obtained by the ADPM is presented in several *GaBI Online* articles [1-5].

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Table 2: Percentage of biosimilar patients on infliximab for hospitals in Madrid

		% Patients with biosimilar/Patients starting on infliximab	% Patients with biosimilar/All patients on infliximab therapy
Large Hospitals	Hospital 1	60.00%	8.44%
	Hospital 2	70.00%	7.27%
	Hospital 3	42.86%	8.82%
	Hospital 4	18.42%	3.68%
	Hospital 5	37.50%	3.13%
	Hospital 6	48.00%	8.34%
	Hospital 7	31.58%	8.00%
	Hospital 8	85.00%	29.82%
		All Large Hospitals	48.90%
Medium Size I Hospitals	Hospital 9	0.00%	0.00%
	Hospital 10	10.00%	3.57%
	Hospital 11	70.00%	9.21%
	Hospital 12	45.00%	9.00%
	Hospital 13	47.62%	13.70%
	Hospital 14	89.19%	39.29%
	Hospital 15	100.00%	37.50%
		All Medium Size I Hospitals	54.31%

(Continued)

Table 2: Percentage of biosimilar patients on infliximab for hospitals in Madrid (Continued)

		% Patients with biosimilar/Patients starting on infliximab	% Patients with biosimilar/All patients on infliximab therapy
Medium Size II Hospitals	Hospital 16	84.62%	22.03%
	Hospital 17	90.00%	16.07%
	Hospital 18	70.00%	27.45%
	Hospital 19	6.67%	23.81%
	Hospital 20	100.00%	10.00%
	Hospital 21	50.00%	15.00%
	Hospital 22	81.00%	62.00%
	Hospital 23	85.71%	28.57%
	Hospital 24	100.00%	100.00%
	Hospital 25	90.00%	90.00%
	All Medium Size II Hospitals	69.90%	35.23%

experience of Madrid, Spain' by Aranguren Oyarzábal A, López Centeno B, Alonso Castro V, Calvo Alcántara MJ, Cruz Martos E, Assistance Direction of Pharmaceutical Management, Madrid Health Service, Spain; internally peer reviewed.

Michelle Derbyshire, PhD, *GaBI Online* Editor

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