EVALUATION OF SUBSTITUTION AND SWITCH TO ETANERCEPT BIOSIMILAR AND RELATED COST SAVINGS

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Background

Etanercept is a biological drug that treats autoimmune diseases by inhibiting tumour necrosis factor (TNF) with a considerable economic impact on the hospital annual budget. Biosimilar therapies are expected to be less costly for healthcare systems.

Purpose

The primary endpoint was to analyse treatment costs with etanercept biosimilar (EB) vs etanercept reference product (ERP) as initial treatment and the potential economic impact of switching to EB for maintenance therapy.

Material and methods

Retrospective observacional study including all patients treated with etanercept from March to September 2017. Data on prescription details, number of prescriptions, and costs, were retrieved from Farmatools® management tool (Outpatients clinical module). The Pharmacy and Therapeutics Committee included EB as a cost-effective alternative and in the light of available scientific data, prescribers agreed with the Pharmacy Staff to use it as initial therapy. Regarding switching maintenance therapy from ERP to EB, prescribers were responsible for individualizing the decision according to patients medical records.

Results

During the study period 190 patients were treated with etanercept. Seventy-eight percent were Rheumatology patients, 22% Dermatology patients. EB was prescribed as initial treatment in 100% of cases (25 new treatments in Rheumatology, 9 in Dermatology). No switching to EB was prescribed in maintenance therapy. A total of 256 doses of EB 50mg were dispensed, which generated savings of 43.491€, when compared to ERP best offer. Regarding the potential economic impact of switching maintenance therapy, we estimated that this strategy would mean savings of 339.012€ to our centre. No adverse effects or low efficacy data were reported with EB treatments.

Conclusion

Introducing EB as initial therapy for Rheumatology and Dermatology patients has resulted in a modest reduction in drug spending in our centre. Potential savings justify the urgent need to implement agreed protocols for switching to EB in maintenance therapy as well. This would mean significant cost savings and improved access for patients to these highly effective therapies. A cross-sectoral collaboration among prescribers, pharmacists, and nurses facilitate pharmacovigilance activities, in order to assure quality, safety and efficacy of EB.