Biosimilars switch: do doctors and patients revert back after switching?

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Background

Biosimilars are a great opportunity to improve health systems efficiency. Their quality is certified by Regulatory Agencies and high quality clinical trials. However some reluctance about switching between originals and biosimilars still remains between doctors and patients because of different reasons.

Purpose

To determine if doctors or patients go back to initial treatment after switching between biologic originals and biosimilars in real life.

Material and methods

OBSERVATIONAL, RETROSPECTIVE STUDY

- ❑ **Electronic prescriptions** were used to identify all patients under biologic treatment which had a biosimilar available.
- ❑ **Patients switched** from original to biosimilar or vice versa were selected for evaluation.
- ❑ If **treatment remained unchanged** after switch until the time of evaluation it was considered **successful**, understanding that both the patient and the doctor were satisfied enough.
- ❑ If the **change was reverted** the clinical file was reviewed to **assess the reason**.

Biosimilars considered*	
Rituximab	Mabthera Rixathon
Etanercept	Enbrel Benepali Erelzi
Infliximab	Remicade Inflectra Remsima
Filgrastim	Neupogen Accofil

*Darbepoetin (Aranesp), peg-eritropoetin beta (Mircera) and biosimilar eritropoetin alpha (Binocrit) were considered despite they are not biosimilars because the hospital Formulary Committee agreed the switch between them.

Results

5.909 patients treated with mentioned biologics.
874 received a biosimilar but only 250 had a switch.

Between September 2015 (first biosimilar prescription) and September 2018

Switch description

ETANERCEPT

41 Enbrel to Erelzi
4 Enbrel to Benepali
3 Benepali to Erelzi

→ no switch reverted ☺

INFLIXIMAB

34 Remicade to Infectra
1 Inflectra to Remicade

→ no switch reverted ☺

FILGRASTIM

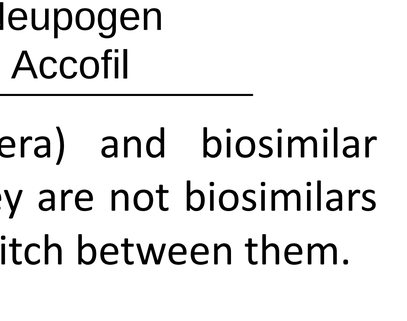
116 Neupogen to Accofil (74,4%)
12 Accofil to Neupogen (7,7%)
26 patients had more than one switch (16,7%): most times because drug shortages; only 2 (1,3%) patients switched because patient (fatigue) or doctor (inefficacy) decision

ERITROPOETINS

12 Aranesp to Binocrit

→ no switch reverted ☺

Conclusions



✓ Despite initial reluctance to switch, **no significant problems were identified**.

✓ **Monitoring switch reversion** is a useful tool to monitor problems when introducing biosimilars and may help to **implement early actions if problems detected**.

✓ **Deeper analysis** should be considered **to evaluate changes** from biosimilars to different drugs after switch.

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