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BACKGROUND

Since biosimilar infliximab arrival on the market in 2015, health authorities promote their prescription. The question of the medico-economic interest of the switch from an originator to its biosimilar in patients already treated arises. The NOR-Switch study gives us an answer in showing non-inferiority of biosimilar CT-P13 against originator (effectiveness and tolerance). Since biosimilar (**Inflextra®**) referencing in our hospital in 2015, all treatment initiation are done with biosimilar and a switch is proposed to patients already treated with originator (**Remicade®**).

PURPOSE : To evaluate the economic impact of introducing biosimilar infliximab in our hospital

METHOD

Evaluation between 2015 (biosimilar arrival) and June 2018 to measure the economic impact of this referencing. To achieve this, we use a prospective database which records all infliximab (**Remicade®** + **Inflextra®**) injections (patients, indications, number of vials per injection, costs) since 2014.

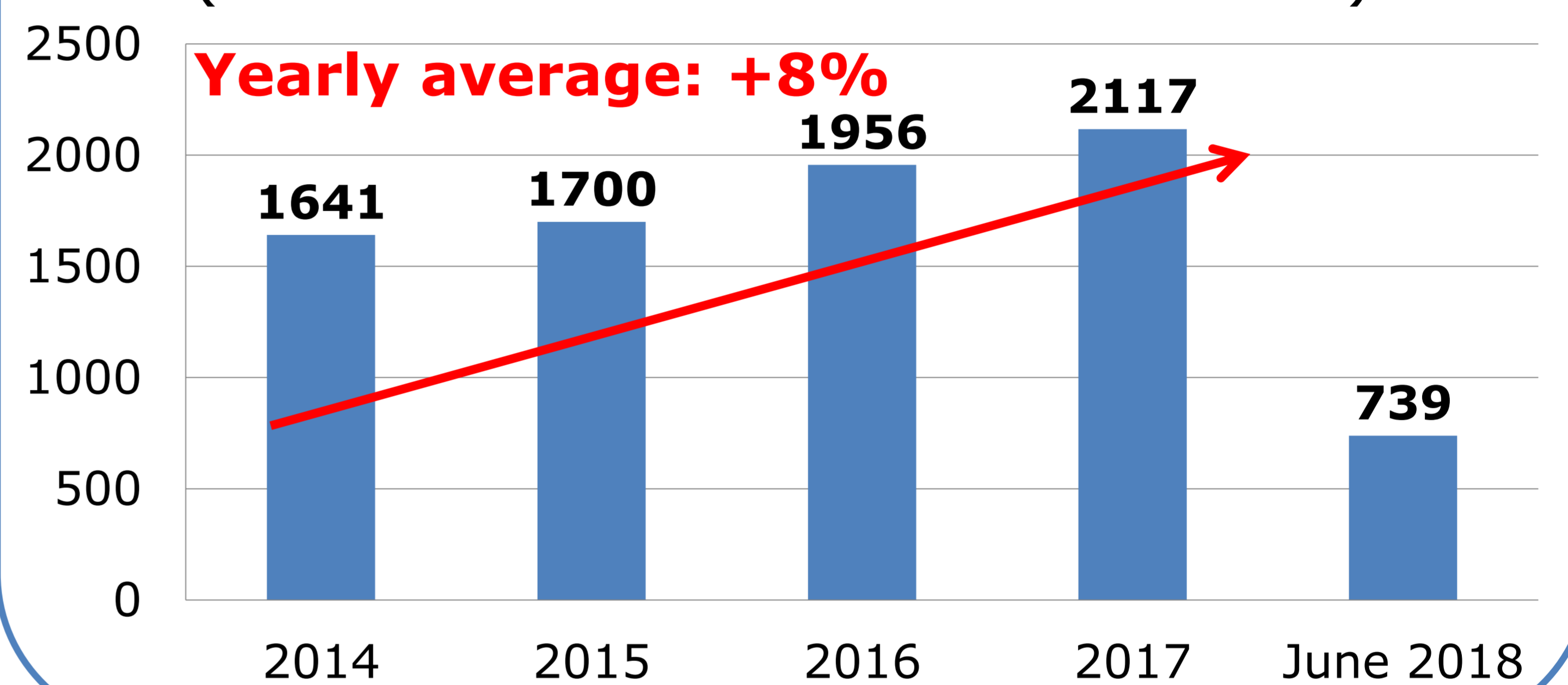


Indication of infliximab :

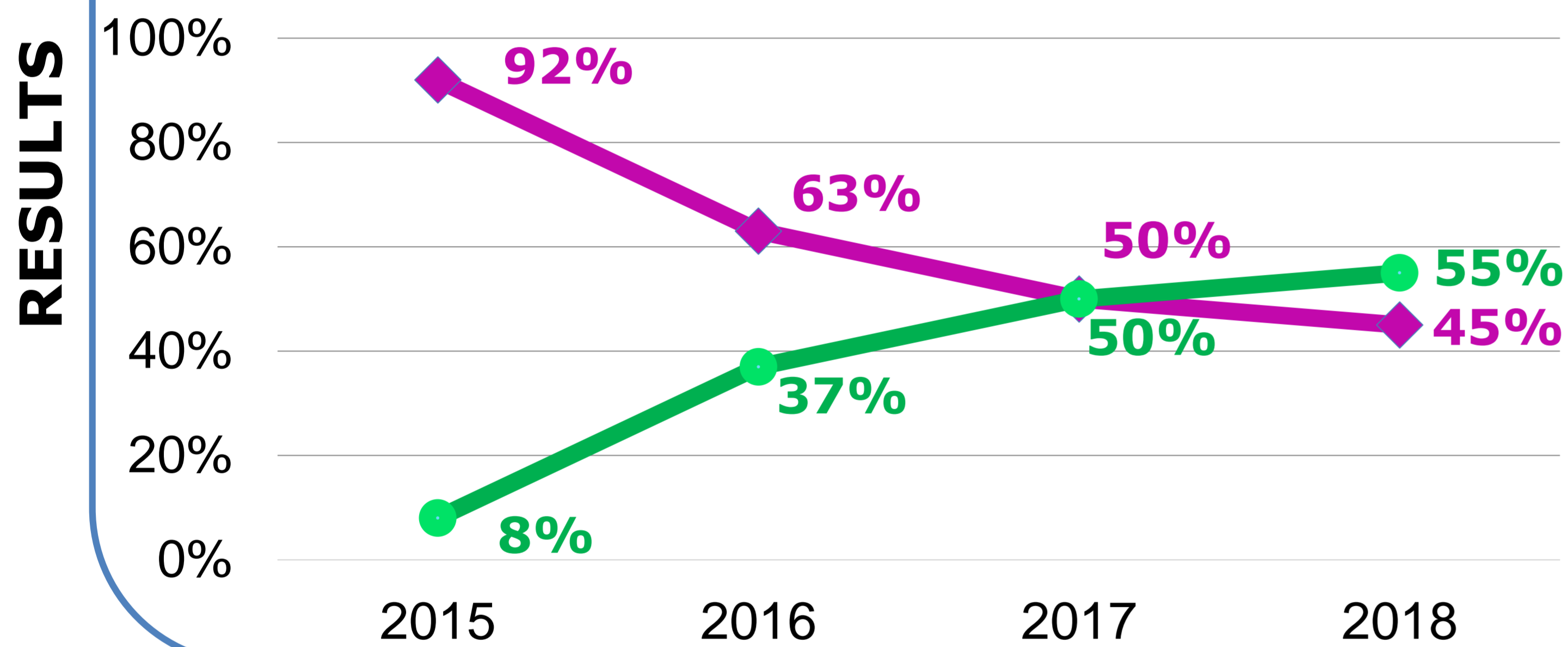
- **83% rheumatology**
- (Rheumatoid arthritis, Ankylosing spondylitis)
- **17% gastrology**
- (Crohn's disease, Hemorrhagic rectocolitis)

Annual infliximab consumption

(nb of vials **Remicade®** + **Inflextra®**)

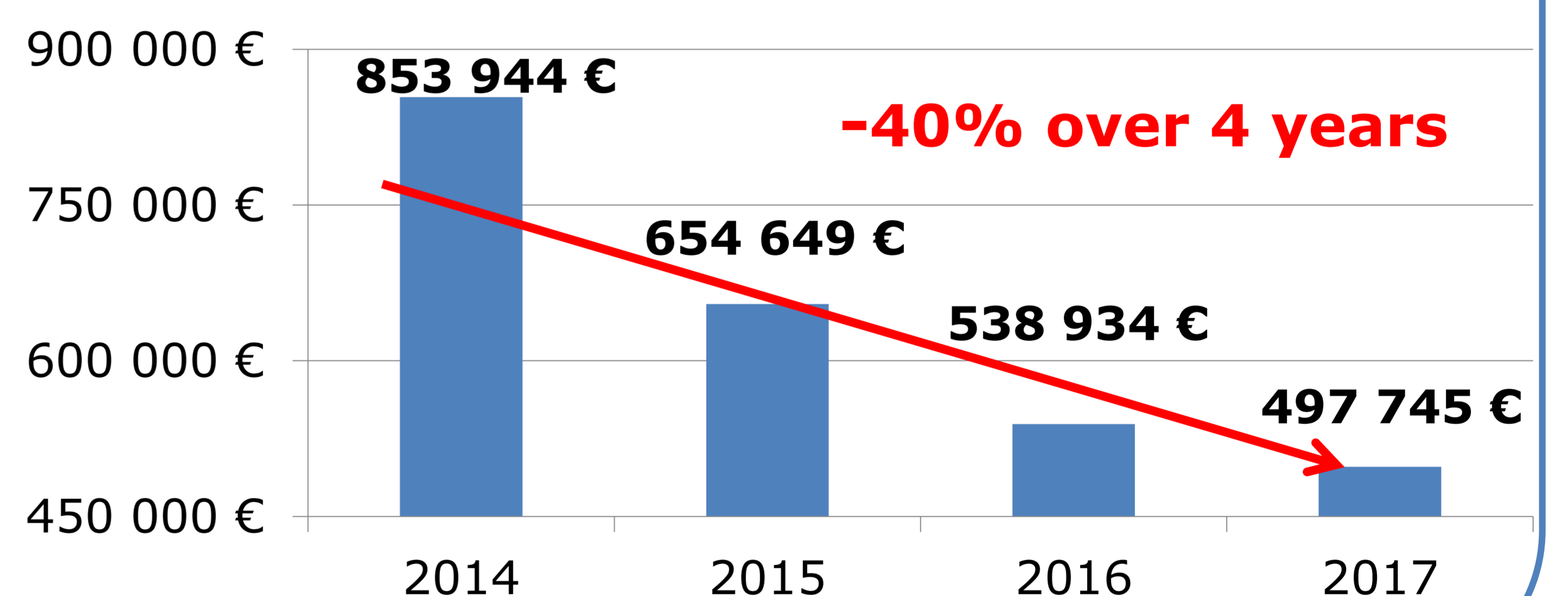


Annual repartition between **Remicade®** and **Inflextra®**



Annual cost of Infliximab (€)

(**Remicade®** + **Inflextra®**)



In 2015, **Inflextra®** introduction price = **-36%** **Remicade®** price.

Since 2015, both vial cost ↓ **-40%**.

Compared to **Remicade®**, **Inflextra®** showed an estimated **cost-saving of 1.1M€ in 3 years.**

CONCLUSION

Despite increase of infliximab consumption, the annual cost decrease. This is allowed thanks to :

- ✓ Promotion to prescribe biosimilar by Health authorities and cost reduction of infliximab vials (-40% since 2015)
- ✓ Willingness of prescriptors to initiate naïve patients with biosimilar and to propose patients already treated by originator to switch

So, infliximab biosimilar has a favorable pharmaco-economic profil : **less money spent on more treated patients**