

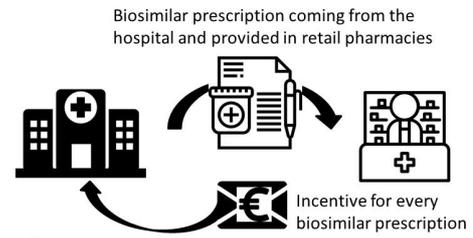


Background and importance

In order to ensure sustainability of the French healthcare system, the government launched in August 2018 **two incentives to increase biosimilar use**, within the framework of Social Security funding law.

For every biosimilar prescription coming from the hospital and provided in retail pharmacies :

1. The 1st one redirects **20% of the price difference** between the reference product and its biosimilar **to the hospital direction (general case)**
2. The 2nd one (called "article 51") is an experimentation where **40 hospitals** were selected after a call for proposal. Their **clinical units received 30% of the price difference** between the reference product and its biosimilar (**experimentation**)



- 1 General case:
 $\text{€} = 20\% \text{ of the price difference between the reference product and its biosimilar} \times \text{quantity of biosimilar}$
- 2 Experimentation in 40 hospitals:
 $\text{€} [\text{specifically addressed to the clinical units}] = 30\% \text{ of the price difference between the reference product and its biosimilar} \times \text{quantity of biosimilar}$

Aim and objectives

The aim of the study: to compare the efficacy of both incentives 10 months after the experimentation implementation in October 2018 focusing on the main drug targeted: etanercept

Material and methods

Data source

IQVIA Xponent data: data based on a 14 000 retail pharmacies panel (60% of the French retail pharmacies) and that allows the observation of the number of boxes delivered in retail pharmacies linked to the hospital initial prescription

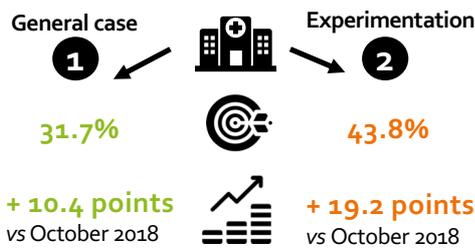
Indicators

1. Monthly dispensing of etanercept biosimilars and the reference product coming from public hospital prescriptions between October 2018 and July 2019
2. Etanercept biosimilar market penetration in order to compare the two incentives (the 40 hospitals selected in the experimentation versus the non-experimental hospitals)
3. Savings that could be done if the experimentation was extended to every hospital

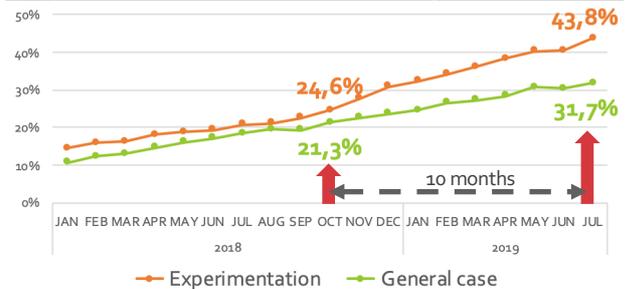
Results*

*Since the abstract submission, data have been consolidated, explaining slight differences without changing the main results and conclusions

Figure 1: Use of etanercept biosimilar in July 2019

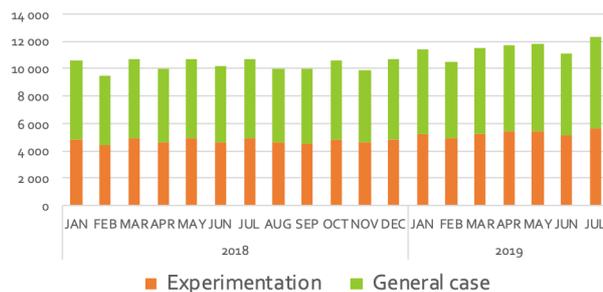


Graph 1: Biosimilar market share according to the incentive



After 10 months of experimentation, there were **12.1 points difference between the two incentives** (Graph 1) while government expected to reach 15 points difference to prove the efficacy of this measure after 3 years of experimentation.

Graph 2: Etanercept market share (number of boxes delivered) according to the hospital type of incentive



The 40 selected hospitals represent about 46% of the etanercept potential prescriptions (Graph 2).

If all the hospitals have reached the 43.8% of biosimilar use, the savings should have been doubled from 650k€ to 1.4M€.

Conclusion and relevance

The first results of this experimentation show that **service incentivize to prescribe etanercept biosimilars seems to have an impact** on biosimilar use in France.