TRANS-INTERFACE GAIN SHARE PROGRAMME FOR BIOSIMILAR INFLIXIMAB

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Background

Biosimilars offer substantial savings to healthcare systems. In Ireland, however, prescriber hesitance remains an obstacle to their introduction.

In June 2013, biosimilar infliximab was licensed by the EMA. Despite being one of the first European countries with commercial availability, penetration of the Irish market was only 25% in April 2018.

In a Dublin acute hospital, a novel system for infliximab reimbursement exists across the primary and secondary care interface. This presented further challenges to implementing a biosimilar switch programme due to the lack of perceivable incentives for key stakeholders.

Aim

This descriptive review aims to outline the development of a Trans-Interface Gain Sharing (TIGS) Programme catalysing the introduction of biosimilar infliximab in an Irish acute hospital.

Methods

Trans-interface engagement with key stakeholders began in 2017.

In September 2018, the parameters of the TIGS Programme were finalised, projecting cost saving for primary care and creating an income stream for secondary care, to be used for service development and enhancement.

Achievement of procurement savings was the primary outcome of this study, with the impacts of income generation within the acute hospital as secondary outcomes.

Results

Over a 12 month period

Infliximab Patients receiving Biosimilar Infliximab

25% **INCREASED** 95%

Total Infliximab Procurement Cost

-45.4%

(despite a 3.5% increase in infliximab usage)

Projected Full Year **Saving** for 2019

€859,372

•To stimulate rapid uptake, the TIGS programme apportioned 80% of savings to the acute hospital for at least the first 2 years.

•Savings were invested in front-line services and provided the budgetary headroom to support increased access to alternative biologic therapies in Gastroenterology (51.6% growth in access to vedolizumab).

Conclusion

In its first year, the TIGS Programme stimulated successful introduction of biosimilar infliximab with projected procurement savings of almost €1m.

The front-loading of savings to front-line services will continue for a further 12-18 months, with recalibration of the gain-share arrangement in 2021.

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References available on request

https://www.eahp.eu/25-2SPD-011