

Biosimilars: Expanding Options for Cancer Care



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Biosimilars are increasing the number of safe, effective treatments for cancer. How can policies ensure that they're accessible for oncologists to personalize cancer care?

Biosimilars are just one part of a wave of new treatment options for cancer. Advances include precision medicine, where cancer treatment is customized for a patient's individual genetics and personal history. Another breakthrough is immunotherapy, drugs that stimulate a patient's immune system to recognize and kill cancer cells.

Immunotherapy and other innovative cancer treatments are examples of biologic medicines, drugs derived from living organisms. In some cases, biologics can be more effective and less toxic than traditional chemotherapy, and pose fewer side effects.

Now oncologists and patients benefit from an expanding number of biologics with the addition of biosimilars. These FDA-approved drugs are "highly similar" to, and have "no clinically meaningful differences," from existing reference products.¹

Like innovator biologics, biosimilars treat a range of chronic diseases. They offer particular value for cancer patients.

How Biosimilars Support Patient-Centered Care

By increasing treatment options, biosimilars stand to benefit both physicians and patients. More treatments mean more opportunities to tailor care.

Cost savings is one obvious benefit. Biosimilars generally have a lower price than innovator products. For patients for whom out-of-pocket costs are a deterrent to care, having a lower-priced biosimilar treatment can be crucial. An edge in cost can also allow for resources to be reallocated to other areas of care. Moreover, cost can be a factor in how accessible a medication is under a patient's health plan. Quicker access could lead to earlier intervention, saving precious time in a patient's overall course of treatment.²

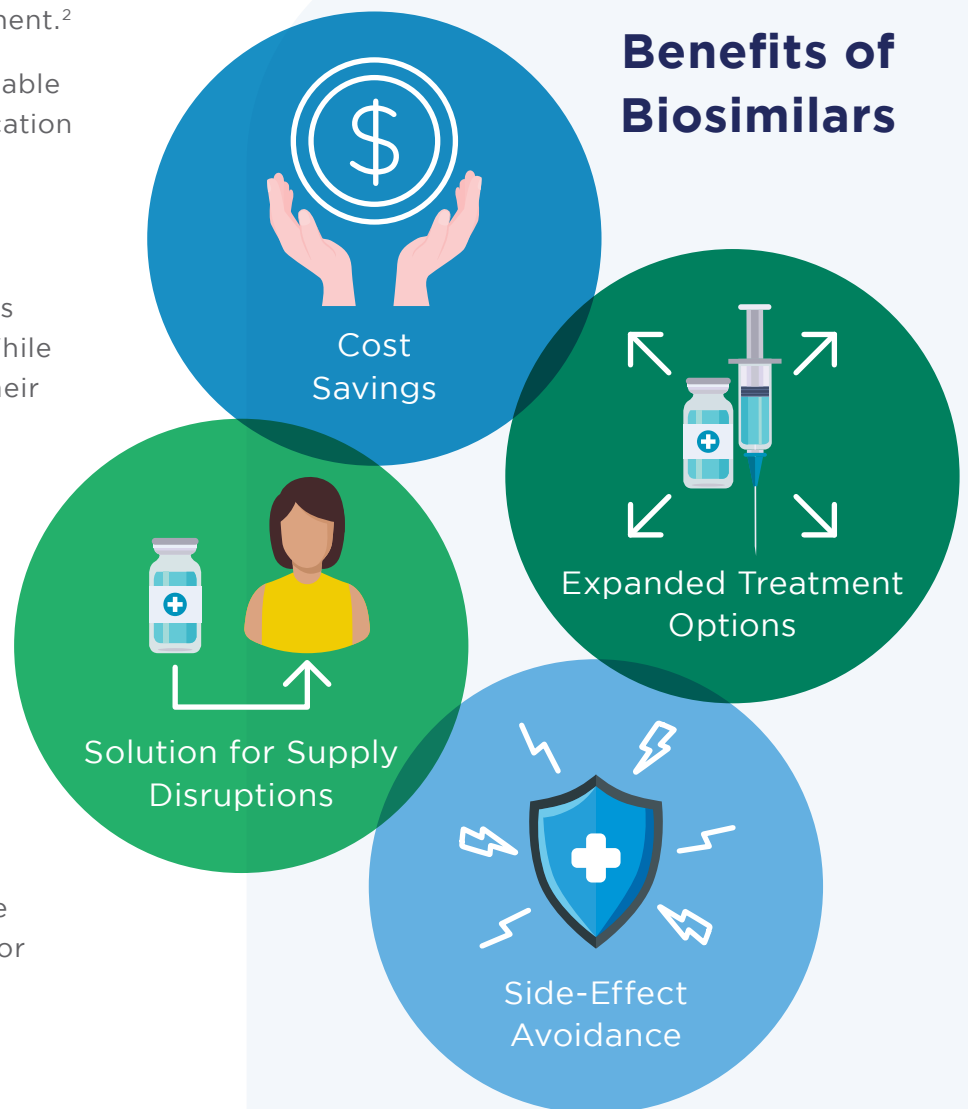
Biosimilars can also provide valuable alternatives when another medication isn't working for a given patient.

If a patient experiences side effects with a certain reference product, for example, biosimilars may offer a timely substitute. While generic drugs are identical to their reference products in chemical composition, there are subtle differences between biosimilars and their reference biologics because they are developed from living organisms.³ These differences, while not clinically meaningful, can be an asset if a patient experiences an adverse reaction to the reference product. Instead of stopping the medication altogether, the doctor

can prescribe the biosimilar, targeting the same therapeutic pathway but potentially without the same side effect response.⁴

Finally, having access to biosimilars can be useful in situations where unforeseen circumstances limit access to medication. In the case of shortages or supply chain disruptions, as observed during the COVID-19 pandemic, having more options available can allow patients to continue treatment without interruption.⁵

Benefits of Biosimilars



Confidence in Biosimilars is Key to Prescribing

The potential benefits of biosimilars are meaningless if the medications are not utilized. Yet there has been some hesitancy among oncologists, especially early on.

Initially, questions about the equal efficacy and rigor of clinical trials for biosimilars slowed uptake. Oncologists are natural skeptics, perhaps because they've faced disappointments in past innovations – and because the stakes for their patients are high. Oncologists may have only one shot at making a difference for their patient. In short, they are intrinsically risk averse when considering an unfamiliar medication.


Confusion can also hamper adoption. The rapidly increasing number of biosimilars, while good news, can be challenging for a busy oncologist to follow. It is difficult to keep up with which biosimilars are from which manufacturers, which biologic innovator product they are connected to, which studies led to which approvals, and in which cases the approved uses vary. Oncologists may also hesitate to introduce new biosimilar therapies when using multiple agents.

Oncologists' hesitancy can be contagious. If an oncologist is not comfortable with a biosimilar because he or she hasn't seen enough data, that hesitancy may undermine patient confidence too.

Today, however, the level of confidence in biosimilars is rising, as are physicians' experiences with these medications.

Survey results from the American Society of Clinical Oncology, for example, found that oncologists increased their prescriptions for the rituximab biosimilar from a paltry 7% to a solid 35% over the first 15 months following approval.⁶ More recently, research published in the *Journal of Clinical Oncology* suggested that oncologists are comfortable prescribing or transitioning patients to the first FDA-approved anti-cancer biosimilar.⁷

Physician education and robust data are also key. Sharing data and other information that led to FDA approval is reassuring. Ongoing real-world data also must be collected and relayed to physicians regularly.⁸



Real-world data must be collected and supplied to clinicians regularly.

Switching Among Biosimilars and Biologics

While biosimilars are expanding the number of treatment options in oncology, not every option is made equally available to patients.

When there is more than one treatment option, health plans typically select their preferred agent, the one that meets their financial interests. That can lead to tension if the drug the patient and physician have selected is not the health plan's preferred drug. If a provider and patient finally make a treatment decision but the insurer overrides it, this loss of control can cause the patient to feel uncertain, powerless or resentful. Meanwhile, if a patient switches insurance, the new plan may have a different preferred drug than the one the patient had been taking.

Health plans may also change their preferred agents periodically, or alter their formulary of approved drugs to exclude certain medications. These changes can require patients to switch or pay more out of pocket to stay on their current treatment. Insurer-directed changes in treatment are known as non-medical switching.

While biologics and biosimilars should provide similar medical outcomes, non-medical switching can affect patient attitudes, possibly undermining the course of treatment. For

example, one survey examining attitudes on switching from biologics to biosimilars found that 85% of surveyed patients were concerned that biosimilars wouldn't treat their disease as well. Additionally, 83% were concerned that switching may cause more side effects.⁹

It should not be discounted, particularly in the case of a lengthy battle with cancer, that patients also may have an emotional attachment to medication that's working for them and not want to change.

On the physician's side, non-medical switching often presents extra administrative burdens, and not all clinics have the personnel to handle it. Physicians and patients who want to challenge the insurer-directed switch must fill out forms, send letters and make calls. Patients may need to sign a new consent form with the clinic for the change in treatment, which could undermine patient confidence and possibly create a perception of increased risk.

Because cancer can be deadly, decisions about treatment must be made with the utmost precision. Whether in determining the initial course of treatment or navigating changes along the way, the best care stems from shared decision-making between a patient and a trusted clinician.

The best care comes from shared decision-making between a patient and clinician.



Conclusion

A proliferation of biosimilars is good news for oncologists and patients. These medications can provide more treatment alternatives and more individualized care for cancer patients. They can also be cost effective, which can allow for better allocation of resources.

To make the most of these options, physicians need a steady stream of data to support their confidence in different biosimilars. Patients, meanwhile, need to be empowered through education and awareness. Physicians and patients both benefit when policies support access to multiple treatment options and allow shared decision-making about which treatments work best for each individual patient.

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