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Sept. 19–21, 2022

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Froedtert & Medical College of Wisconsin

The Importance, Implementation and Optimization of Biosimilars: Proven Strategies

Panelists

Alexander Quesenberry, PharmD, BCOP

Director of Pharmacy

Baptist Memorial Health Care Corp/Baptist Cancer Center Memphis, TN

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Nilay Pradhan, PharmD, BCACP

Senior Specialist, Pharmacy Contracts

Susan Sachs, PharmD,

Manager of Pharmacy Finance and Regulatory Compliance

Sharp HealthCare, San Diego, CA

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Shannon Werner, PharmD

Coordinator, Center for Medication Utilization

Adam Biggs, PharmD

Pharmacist, Center for Medication Utilization

Froedtert Health, Milwaukee, WI

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Learning Objectives

- Describe how to design a process for biosimilar implementation and utilization across the health system.
- Explain the barriers to and challenges of implementing a biosimilar conversion process within an integrated health care system.
- List various metrics needed to maintain and monitor success of the biosimilar conversion process.

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Panel Discussion

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Getting Started

Establishing Value – "The Why"

- Assess your patient population, formulary, and payer mix
- Collect baseline biosimilar data
  - Utilization
  - Costs
  - Expected reimbursement
- Summarize missed financial opportunities
- ***Key!*** Gain leader and clinician sponsorship and justify resource needs

Establishing Our Team – "The Who"

- Drug policy
- Pharmacy contracting
- Managed care contracting
- Informatics
- Prior authorization
- Pharmacy "end users"
- Physicians/Nurses/Pharmacist
- Patient assistance & financial services
- Revenue cycle
- Medical groups PBM

Policy Considerations

Establishing Our Framework – "The What"

- ***Expedite*** formulary inclusion of newly approved or nonformulary biosimilars when drug molecule is already on formulary
- ***Prefer*** your formulary biologic and incorporate within a therapeutic interchange (TI) approved by the Pharmacy and Therapeutics Committee
  - Cost and expected reimbursement
  - Common private insurance preferences
- ***Create*** a structure for a workflow which allows easy transition to the most financially advantageous formulary product when faced with insurance mandates
- ***Increase*** provider buy-in
  - Preferred product changes no more frequent than every 2 years
  - Incorporate exclusion criteria for unique situations

Financial Considerations

Cost and revenue

- Define philosophy: cost vs margin
- The product review should include payer coverage & mix, reimbursement, patient assistance and operational impact across all settings.
- Report total estimated savings and net margin

Managed Care Contracting

- Payer Relations
- Monitoring payer formularies
- Negotiating for preferred biosimilars
- Negotiating for site of care
- Preventing white bagging

Patient Assistance Program

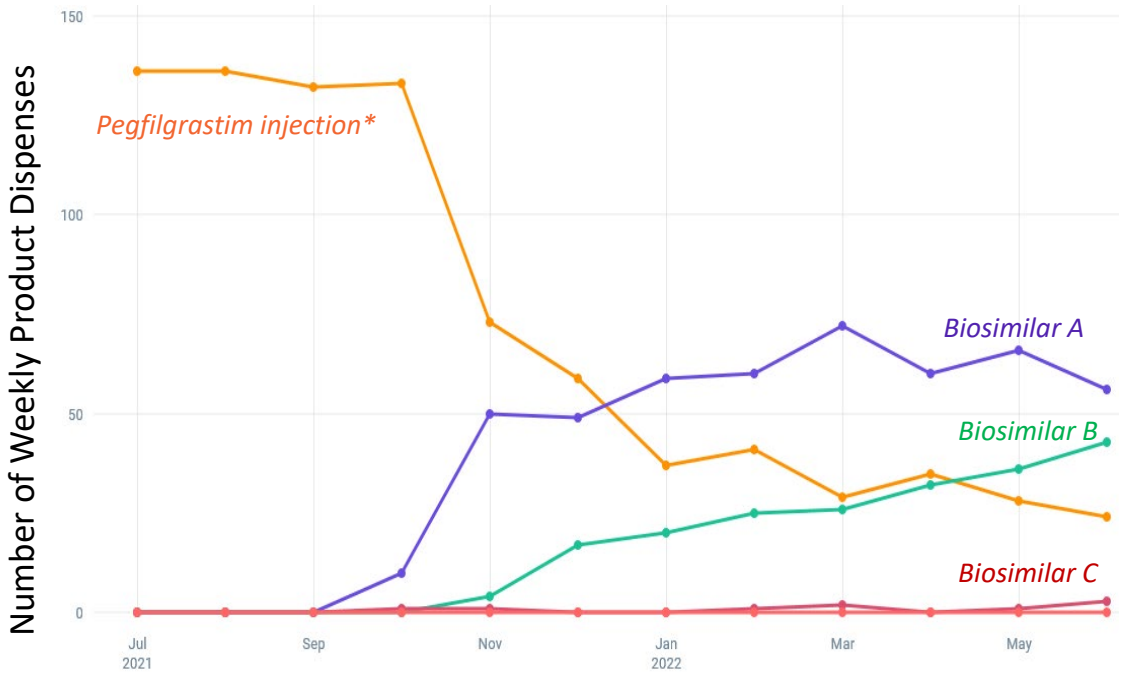
- Dedicated centralized team
- Goal – to reduce the financial burden for patients
  - Copay assistance
  - Manufacturer programs
  - Foundation grants

Education Considerations

Who	• Providers • Pharmacists • Patients • Nurses • Prior authorization team • Procurement team • Revenue integrity team
What	• Biosimilars have no clinically meaningful differences from an existing FDA-approved biologic in safety, purity, or efficacy • Extrapolation of results: biosimilars do not require clinical studies for all reference product FDA indications • Extensive biosimilar post-marketing experience from Europe nearly 10 years before US • Financial opportunities • KPIs: utilization, cost avoidance, enhanced revenue
How	• Patient education materials and healthcare provider handouts • Inservice, rounds, team huddles, performance boards & scorecards • P&T, medical staff, nursing newsletters • Personal communication with department chairs, service line leads, specialists
When	• Routine education is most effective; should start several weeks-to-months before implementation • Finalize electronic health record build first • Start sending reminder notifications several weeks leading up to go-live

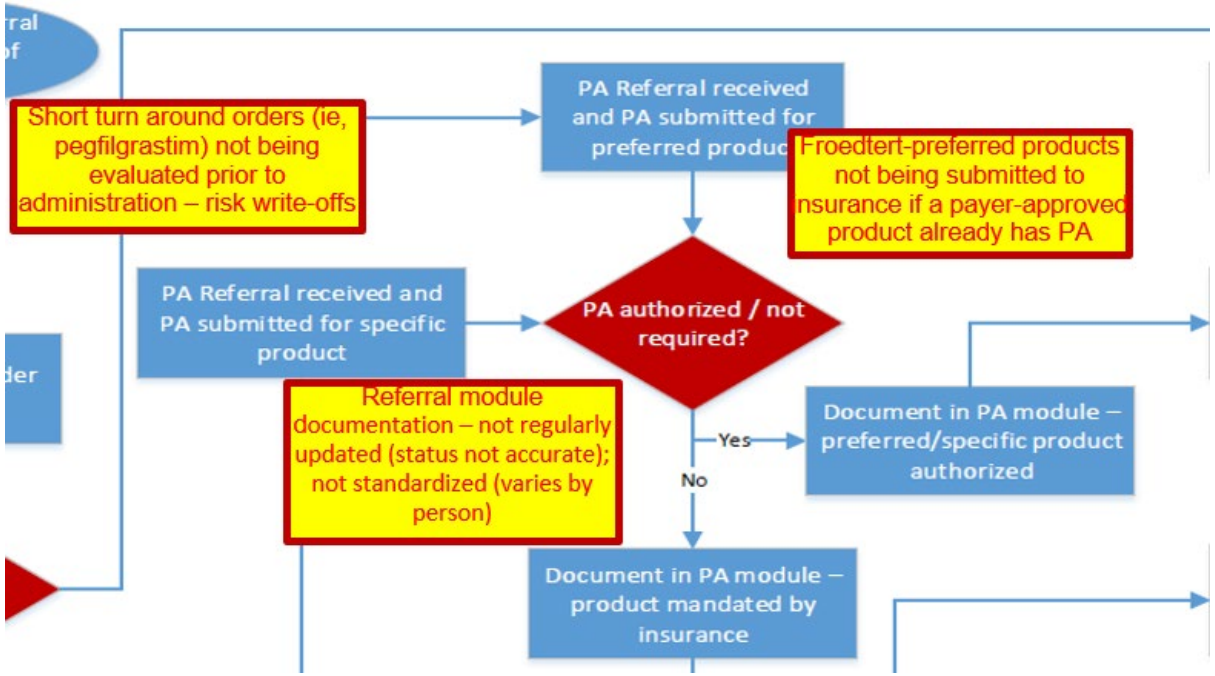
Optimization

Track conversion frequently – share success and opportunities with end users

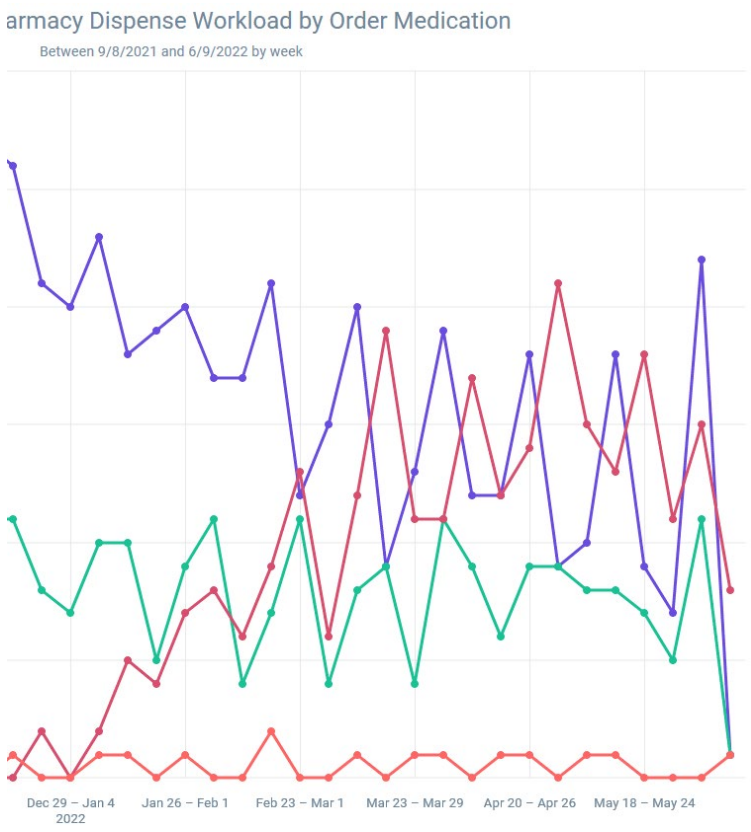


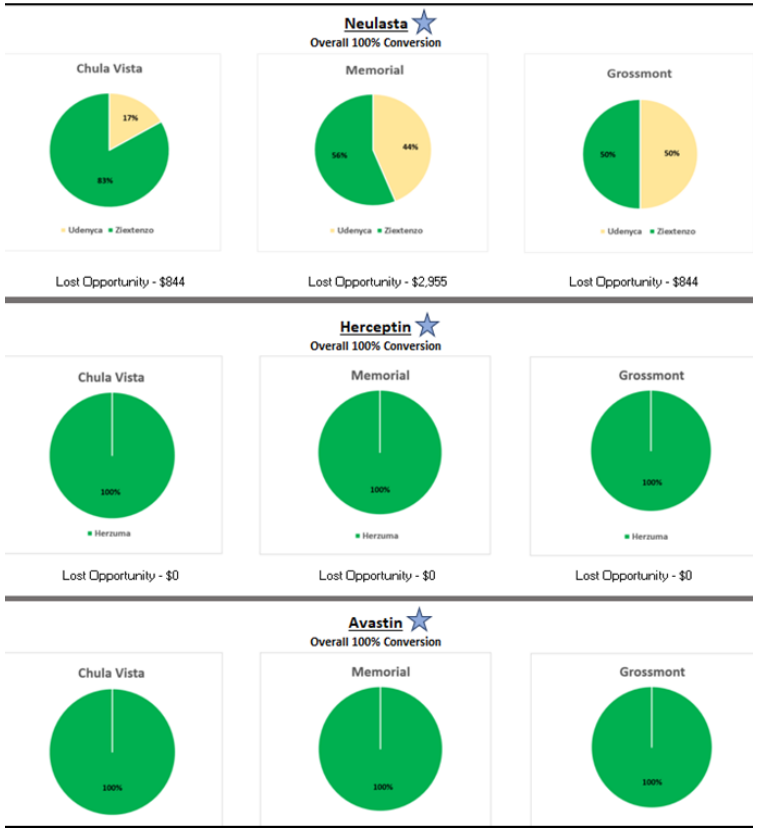
* Past preferred formulary product; excludes on-body injector

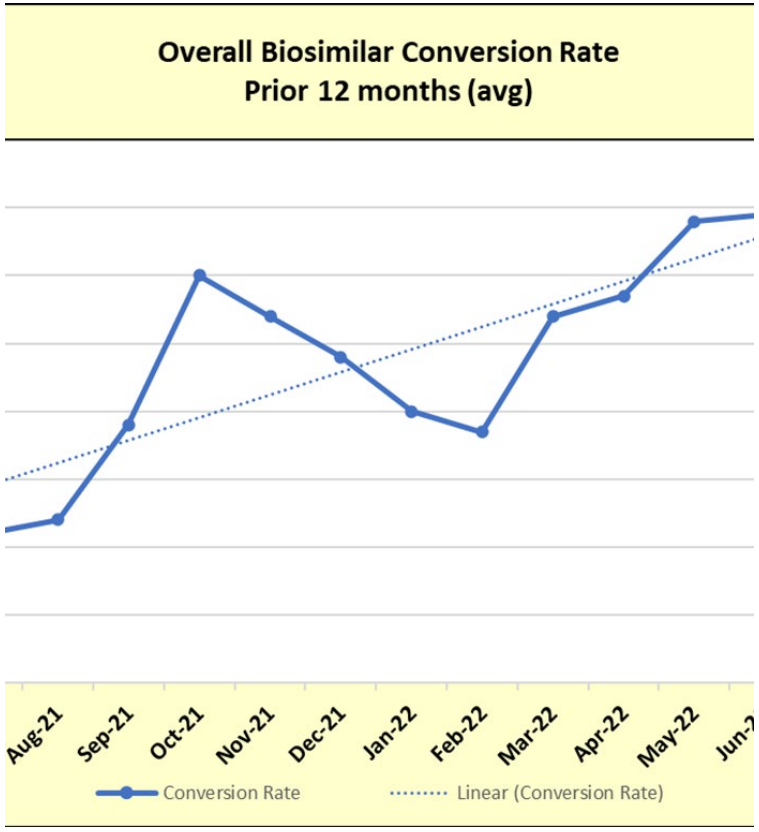
Identify and ***prioritize*** the "pain points" – feedback from end users



Monitoring Progress: Example Dashboards







Lessons Learned

Do not rush. Engage early. Allow sufficient time to collect comprehensive feedback from key stakeholders.

Learn workflows and tools being used by your end users

Explore and understand the pros, cons, and **limitations of EHR** decision support

Education across the system and stakeholders

Lack of clinical education can promote doubt

Closely **monitor the conversion process** post go-live to identify any unforeseen barriers

Communicate any newly identified barriers, their respective solutions, and successes with key stakeholders

Key Takeaways

- Establish the value – “Your Why”
- Payer mix influences and impacts biosimilar conversion strategies
- Payer changes will challenge optimization
- Education needs to be broad, consistent and ongoing
- Post-conversion efforts are crucial for optimal and continued success

Questions?

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