

# BIOADOPTION

## A ROUTE TO BIOSIMILARS

Based on the experience at a major health care institution.  
The adoption process and roles may vary by institution.

DECIDING

IMPLEMENTING

MONITORING

# 1

## DECIDING TO ADOPT A BIOSIMILAR

Electing to adopt a biosimilar should begin by building knowledge about the product, followed by gaining a general agreement among stakeholders in the organization.

### Building knowledge

- Evaluating the clinical and financial implications of pursuing a biosimilar switch, including obtaining input from physicians, the supply chain, and other stakeholders
- Investigating the clinical evidence
  - Examining the available information/data
  - Reviewing the Prescribing Information
- Assessing the possibility of long-term savings to the organization, specifically for pharmacy directors, procurement and supply chain specialists, and finance directors

WHO MAY BE INVOLVED AT THIS STEP:



Physicians



Supply Chain



Pharmacy Director or Change Leader



Finance Director



Pharmacy and Therapeutics Committee



Department Chairs

### Assessing the payer landscape

- Getting an initial understanding of the payer landscape

WHO MAY BE INVOLVED AT THIS STEP:



Coverage & Reimbursement



Pharmacy Director or Change Leader



Finance Director



Supply Chain



Health Care Professionals

### Building a consensus

- Presenting recommendations to the pharmacy and therapeutics (P&T) committee for their buy-in
- Obtaining endorsements from department chairs

WHO MAY BE INVOLVED AT THIS STEP:



Pharmacy and Therapeutics Committee



Department Chairs

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# IMPLEMENTING A BIOSIMILAR

Once the organization has decided to pursue the adoption of a biosimilar, certain steps should be followed to begin the transition to implementation. Communicating with stakeholders and educating patients about switching to a biosimilar can be instrumental to overall success.

### Updating systems

- Optimizing the electronic health record (EHR) system
- Streamlining order sets and protocols

WHO MAY BE INVOLVED AT THIS STEP:



### Addressing the payer landscape and reimbursement

- Identifying appropriate patients
- Reviewing billing requirements
- Assessing the payer formulary
- Evaluating payer utilization management criteria
- Researching patient support programs

WHO MAY BE INVOLVED AT THIS STEP:



### Educating and communicating key information

- Determining the implementation date
- Outlining possible changes to the EHR system
- Addressing insurance information
- Communicating to patients that they are being switched to a biosimilar that has shown no clinically meaningful differences in terms of safety, purity, and potency

WHO MAY BE INVOLVED AT THIS STEP:



### Going live

- Supporting patients through patient access programs
- Providing physicians, nurses, pharmacists, and patients with a resource that includes consistent contact information for questions

WHO MAY BE INVOLVED AT THIS STEP:



### Additional considerations

- Inventory control
  - Stocking of new product
  - Handling of mixed inventory
- Prescribing
  - Approved indications
  - Dosing and frequency
  - Route of administration
- Reimbursement team and payer
- Possible reassignment of staff to identify patients and convert existing orders
  - What can be done for naïve patients?
  - Who will convert orders for non-naïve patients?
- Proactive patient communication

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### Measuring and proving success

- Regularly reporting (eg, quarterly) to department chairs, the hospital administration, and the organization's pharmacy and therapeutics committee

WHO MAY BE INVOLVED AT THIS STEP:



Pharmacy Director  
or Change Leader



Pharmacy and  
Therapeutics Committee



Department  
Chairs

### Possible reporting data

- Access and issues
- Drug use evaluations
  - Adverse drug reactions
  - Efficacy and patient outcomes
- Overall patient experience
- Conversion rate
- Inventory control
- Stocking of new product
- Handling of mixed inventory

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