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Assessing Patient Views on Use of Originator vs Biosimilar TNFa Inhibitors in Treating Rheumatological Conditions

Declan O'Sullivan, Medical Student, UCD and Anne-Barbara Mongey, MD, DCH, MRCPI, Consultant Rheumatologist
Department of Rheumatology, St. Vincent's University Hospital

Introduction

In July 2019, the HSE requested that patients receiving Enbrel and Humira, as treatment of their conditions, be switched to one of their biosimilar counterparts.

These biosimilar TNFa inhibitors have been shown to be cost-effective alternatives to both Enbrel and Humira. Pursuant to the HSE request, patients attending the Department of Rheumatology at St. Vincent's University Hospital were invited to switch to one of these biosimilars.

Although many patients who make this switch are content with their biosimilar some patients are dissatisfied and request to be switched back to the originator and others do not wish to try switching to a biosimilar.

A brief review of existing literature on this topic revealed that biosimilars tend to be largely unknown to patients, and that improved communication of information may improve positive outcomes[1]. Acceptance rate of a switch from originator to a biosimilar appears to be high, with some studies citing 85% initially accepting invitation to switch[2].

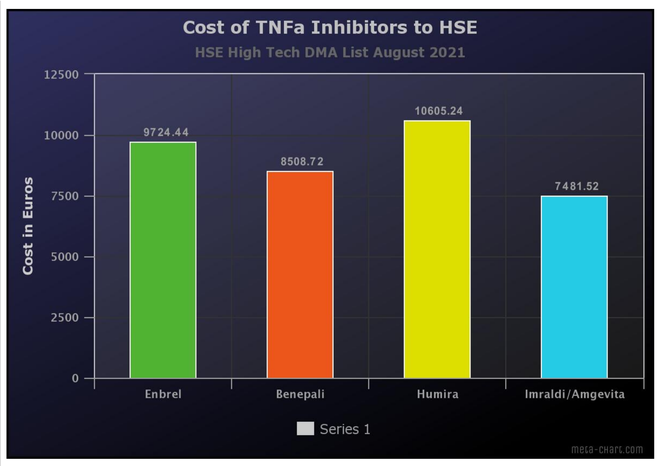
Aims

1: To assess what proportion of patients accept the switch to a biosimilar and remain on it

2. To evaluate the reasons and concerns of patients who were unhappy with their switch to biosimilars

3. To assess where patients obtain their information regarding biosimilars

4. To determine patients' levels of trust in their rheumatologist and other information sources



Methodology

Patients attending the rheumatology clinics in St. Vincent's University Hospital who were receiving either Enbrel or Humira and those who had previously been treated with these originators and who had switched to a biosimilars were invited to participate. After obtaining verbal consent these patients were interviewed face-to-face and their responses recorded.

Patients were also randomly selected from a database of patients being treated with TNFa inhibitors who attend the rheumatology clinics in SVUH. These patients were interviewed by telephone.
All patients were assured that their responses were anonymous and would not have any influence on their treatment.

For the purpose of statistical analysis participants were divided into one of four cohorts.

Cohort A: Those who switched from an originator to a biosimilar and are content with the biosimilar.

Cohort B: Those who switched from an originator to a biosimilar only to switch back to the originator again.

Cohort C: Those who refused the invitation to switch to a biosimilar.

Cohort D: Those who have never been asked to switch to a biosimilar.

The survey evaluated the patients' knowledge of what a biosimilar is and where they obtained their knowledge about biosimilars. They were asked if they had any concerns with biosimilars, and if so, what they were.

Patients were asked to rate their trust ,using a scale of 1-10, in their rheumatologist's advice, as well as advice from others and any online sources that they use .

Questionnaires

Audit Questionnaire (COHORT A)

Initials: Age:

1. Do you know what a biosimilar is? Y/N
2. If yes, where did you hear about biosimilars?
3. Rate on a scale of 1-10 how much you trust each of these sources regarding biosimilars. 1 = No Trust. 10 = Complete trust.
   a. Rheumatologist
   b. Other Patients
   c. Websites/Third Party Sources
4. Do you have any concerns with biosimilars?
5. Have you noticed any difference in the following since your change?
   a. Efficacy Y/N
   b. Side effects Y/N
   c. Injection Pen Y/N
   d. Other Y/N

Audit Questionnaire (COHORT B+C+D)

Initials: Age:

1. Do you know what a biosimilar is? Y/N
2. If yes, where did you hear about biosimilars?
3. Rate on a scale of 1-10 how much you trust each of these sources regarding biosimilars. 1 = No Trust. 10 = Complete trust.
   a. Rheumatologist
   b. Other Patients
   c. Websites/Third Party Sources
4. Have you ever been asked to switch to a biosimilar? Y/N
5. Do you have any concerns with biosimilars? Y/N
6. Where did your concerns lie with biosimilars?
   a. Different molecular structure Y/N
   b. Efficacy Y/N
   c. Safety Y/N
   d. Side effects Y/N
   e. Injection Pen Y/N
   f. Other Y/N

Results

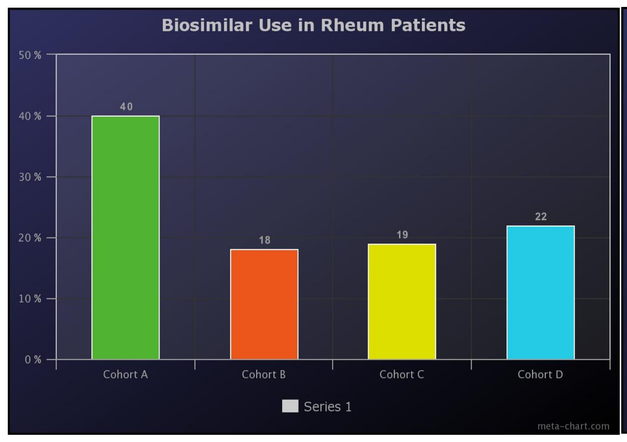
A total of 67 patients completed the survey, with the majority being interviewed over the telephone.

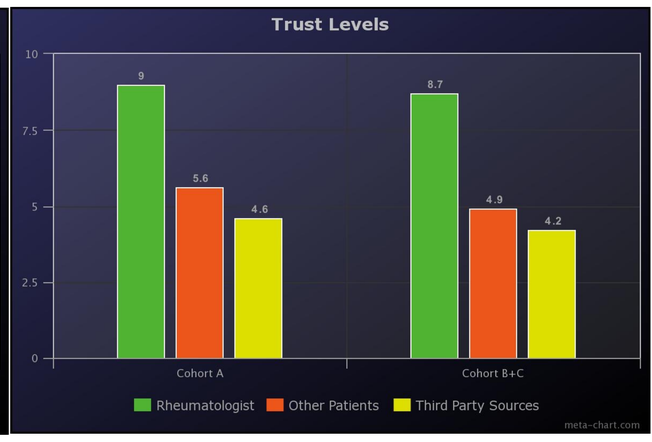
Of these, 27 (40%) switched to a biosimilar and were content to remain on the biosimilar (Cohort A);
12 patients (18%) initially switched to a biosimilar but subsequently switched back to the originator (Cohort B),
13 patients (19%) declined the switch to a biosimilar (Cohort C) ; and 15 (22%) could not recall being asked to switch to a biosimilar (Cohort D).

28 (42%) patients reported that they knew what was a biosimilar medication : - these consisted of 12 of the 27 patients (44%) who switched to a biosimilar and 16 of the 40 patients (40%) who were receiving the originator.
The majority 19 (68%) patients reported learning about biosimilars in the outpatient clinic. Other sources included family, friends, work and through the media.

Patients who reported having a good outcome with their switch to their biosimilar had higher trust levels in their rheumatologist (9), fellow patients (5.6) and third-party sources (4.6) than those who reported having a bad outcome or declined invitation to switch (8.7, 4.9 & 4.2 respectively)

Six of the 27 (22%) patients who were content with their switch reported concerns with biosimilars: 4 of these involved the injection device, while efficacy and safety were each cited twice.
25 of the 26 (96%) who were unhappy with the switch to biosimilars or declined switching cited concerns. The most frequent concern was possible lack of efficacy (n=21), followed by side effects (n=17) and concerns with the injection device (n=13). Less common concerns were the safety of the biosimilar (n=7) and the non-similar molecular structure of the biosimilar (n=8).





Conclusion

A large proportion (41%) of patients requiring anti-TNFa therapy for rheumatic conditions agreed to switch to a biosimilar and were satisfied with its effects.

Some patients (22%) did not recall being asked to switch - hence it maybe worthwhile discussing switch to biosimilars at follow up visits.

A significant number of patients (37%) were either unhappy with their experience of biosimilars or were unwilling to switch. Possible differences in efficacy, side effects and injection device were the primary concerns cited by these patients. Improved discussion and discussion of these concerns with patients may increase their willingness to switch.

Patients who experienced a good outcome with biosimilars appeared to have slightly higher trust ratings in their rheumatologist, other patients and third-party sources that they may use.

Discussion

This remains a subject where more extensive research is needed. Relationships between patient satisfaction with biosimilars and a number of demographic variables could be explored. These include but are not limited to age, gender and ethnicity.

Furthermore, it would be ideal to categorically analyse the outcomes of those with various rheumatological and other conditions to see if those with specific illnesses are more vulnerable to poor outcomes.

It would also be interesting to evaluate whether treatment duration has any effect on the opinion of these medications, and whether biosimilars tend to be more satisfactory after a period of adjustment or with a more settled pattern of disease.

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