

# Biosimilars Substitution Impact

Market Insights

Situation Analysis

&

Strategic Options





## The purpose of this project is to help pharma companies define an optimal strategy considering the expected extension of biosimilars authorized to be substituted by retail pharmacists

#### Introduction

#### Context

- The art. 54 of LFFS 2024 published in December 2023 authorizes the substitution by retail pharmacists of biosimilars, two years after market entry, unless the ANSM gives a negative opinion
- This change in the retail market environment should have different impacts on the companies marketing biosimilars according to their product portfolio and their current presence at retail pharmacy level

### **Objective**

- The objective of this study is to evaluate:
  - The likely changes re. the substitution of biosimilars over the 2024 – 2027 period, on the retail market
  - The possible impacts on the behavior of involved stakeholders
  - The specific strategic implications for pharma companies depending on their competitive position and ambition

### Methodology

- Desk research re. the implementation of the law re. biosimilars substitution, stakeholders' opinion and behaviors
- Interviews of key stakeholders to gather information re. their vision, opinion and likely behavior:
  - Professional associations: Leem Gemme FSPF USPO Federgy CNGPO
  - 9 Pharma companies operating on the retail biosimilars market
- Market scenario building and strategic option development and evaluation for pharma companies operating on the retail biosimilar market



# So far, the development of the biosimilars retail market has been mostly driven by the prescription of hospital and office-based physicians which is encouraged by health authorities

#### Stakeholders involved in the French biosimilars market

#### Health Authorities & Payers<sup>1</sup>

 Health authorities and payers have introduced a series of measures to convince hospital and officebased physicians to prescribe more biosimilars, either as an initial treatment or as a switch







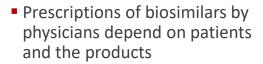
Rx

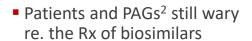












**Patients** 

- Retail pharmacists are divided re. the substitution of biological drugs...
- ... which is only allowed for filgrastim and pegfilgrastim as of April 2024



### The French retail biosimilars market requires from pharma companies, strategies, tactics and organizational models to succeed that are different from the hospital market segment ones

### Specificities of the retail biosimilars market

#### Definition

 Prescribed by hospital and/or office-based specialists, purchased and delivered by retail pharmacies only (e.g., follitropin alfa, somatropin) or by hospital pharmacies too (e.g., epoetin, filgrastim)

### Pricing

 Ex-factory price initially set by the CEPS at -40% below the price of the original biologic before its price is cut, following biosimilars entry

#### **Purchasing**

- The level of rebates to retail pharmacies is legally limited to a maximum of 2.5% of the ex-factory price which is in general granted by wholesalers<sup>1</sup>
- Limited price pressure on retail sales

### Medico marketing activities

- Medical activity carried out by MSLs to reassure prescribers about the quality of the biosimilars
- Promotional activity carried out by marketers and med reps to be prescribed to inand out-patients



### Substitution of biosimilars by retail pharmacists is yet allowed for filgrastim and pegfilgrastim, and should be extended to additional biologics, from 2024 onwards

### Regulations related to biosimilars

### Biosimilar drugs<sup>1</sup>

- A biosimilar drug is any biological drug that has the same qualitative and quantitative composition of active substance and the same pharmaceutical form as an original biologic...
- ... but does not fulfill the conditions for being regarded as a generic due to differences related to raw material variability or manufacturing processes requiring the achievement of additional preclinical and clinical data under regulatory conditions...
- ... demonstrating that the biosimilar:
  - Is similar to the original biologic
  - Does not differ significantly from the originator in terms of quality, efficacy and safety

### Interchangeability

 The ANSM has specified in May 2016 that inter-changeability was possible between biologic drugs belonging to the same similar biologic group

### Biosimilar register

 The ANSM<sup>2</sup> has created in 2017 similar biologic groups, each of them defined by an original biologic and its corresponding biosimilars, listed by brand name

# Biosimilar substitution right

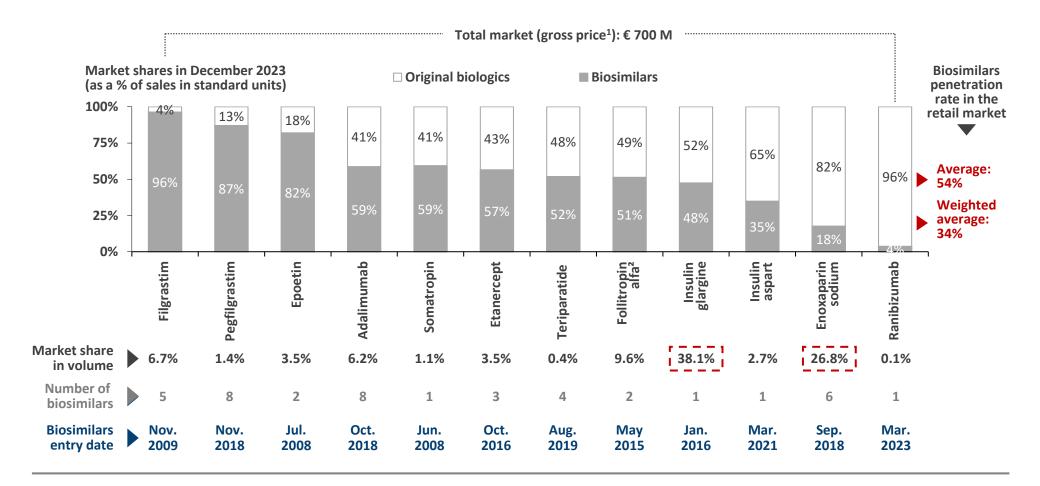
- France **allowed** the **substitution** of biosimilars, in **December 2013**, but in the absence of implementation decrees, this law has never been implemented
- After having been abrogated in 2020, the substitution right has been reintroduced in 2022, with a decree authorizing the substitution by retail pharmacists of 2 products: filgrastim and pegfilgrastim
- The Article 54 of the PLFSS 2024 stipulates that two years after the publication of the reimbursement listing of the first biosimilar, in a given group, a decree will authorize the substitution by retail pharmacists within this group, unless the ANSM issues an opinion to the contrary before the end of these two years
- **Substitution** is possible, provided:
  - The biological products belong to the same similar biologic group
  - The prescriber has not explicitly prohibited, in writing, the substitution of the prescribed drug
  - The retail pharmacist has informed the prescriber, the patient and recorded the details of the biosimilar delivered
  - The biological product delivered does not induce higher costs<sup>3</sup>

<sup>&</sup>lt;sup>1</sup> A specific legal framework for biosimilars was introduced in Europe on March 31<sup>st</sup>, 2004, and the first biosimilar was authorized by the European Commission in April 2006 – <sup>2</sup> "Agence nationale de sécurité du médicament": National Agency for the Safety of Medicines and Health Products – <sup>3</sup> For the National Health Insurance Fund



In December 2023, the weighted average retail biosimilars penetration rate was limited to ~34%, pulled down by insulin glargine and enoxaparin sodium which accounted for ~65% of the volumes

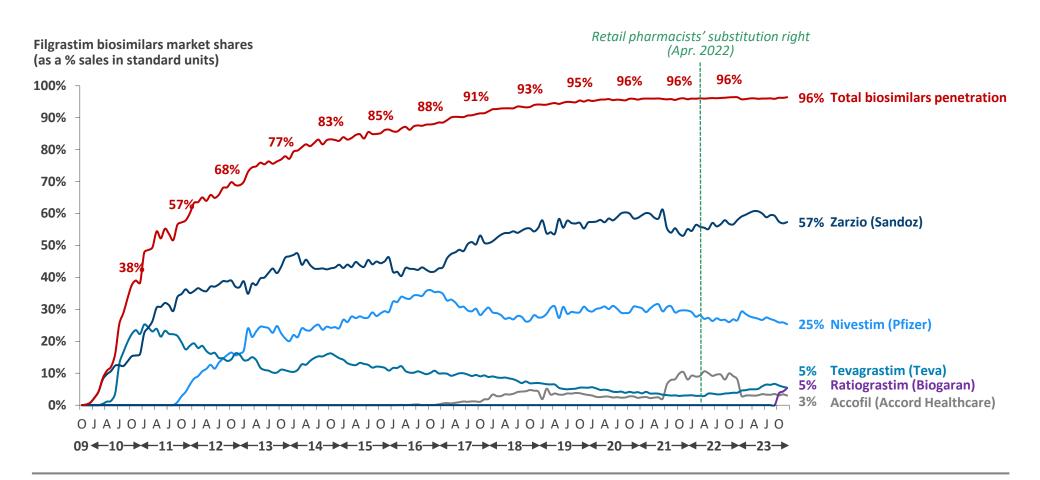
### Retail biosimilars penetration rate (2023)





Retail pharmacists' substitution right had no significant impact on both biosimilar penetration (which already reached ~96% before the authorization) and market shares amongst biosimilars

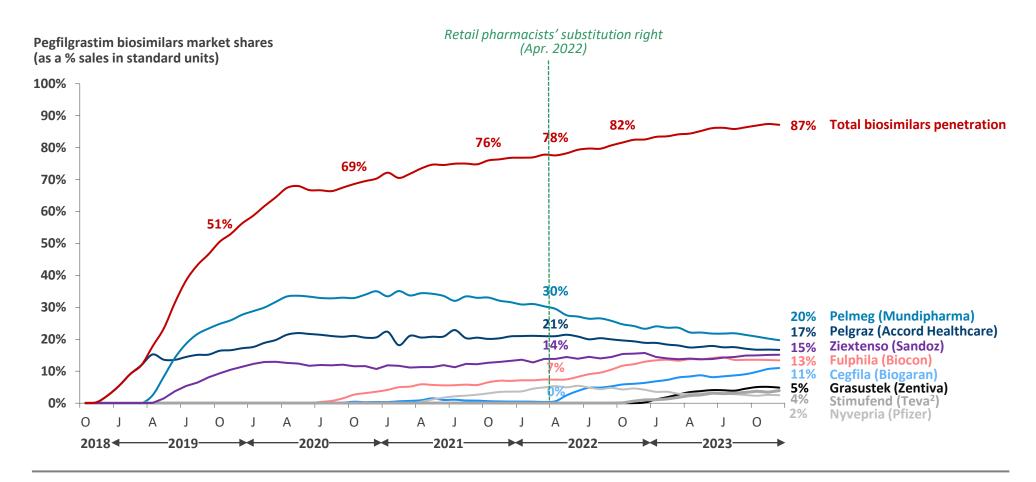
Filgrastim biosimilars penetration in volume (retail market)





# Retail pharmacists' substitution right led to a strong uptake of Biogaran (+11 pts MS) and Biocon<sup>1</sup> (+6 pts MS) to the detriment of Mundipharma (-10 pts MS) and Accord Healthcare (-4 pts MS)

Pegfilgrastim biosimilars penetration in volume (retail market)



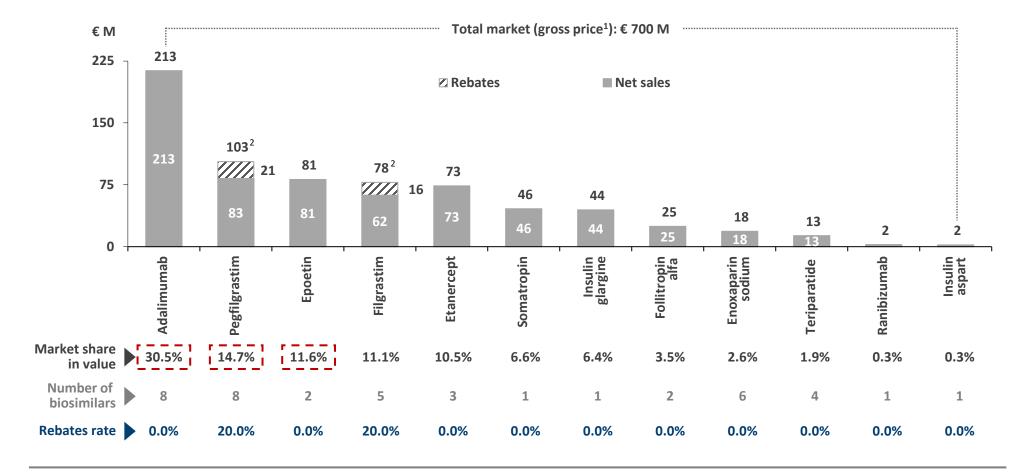
Sources: ANSM – GERS (December 2023) – Smart Pharma Consulting analyses

<sup>&</sup>lt;sup>1</sup> Since December 2023. Previously marketed by Viatris – <sup>2</sup> Belonging to Fresenius Kabi but marketed by Teva



### In 2023, adalimumab, pegfilgrastim and epoetin led the French biosimilars retail market, accounting together for ~57% of the market in value

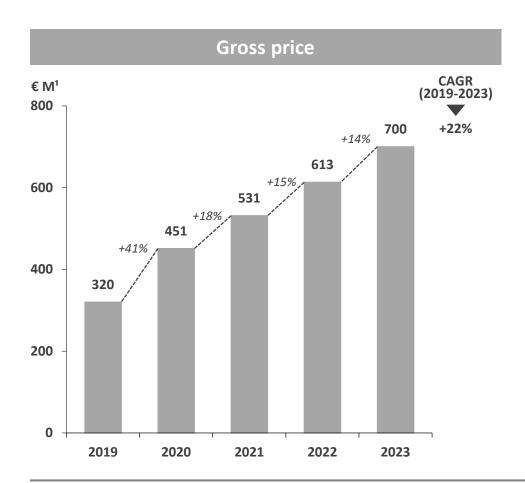
### Retail biosimilars market size (2023)

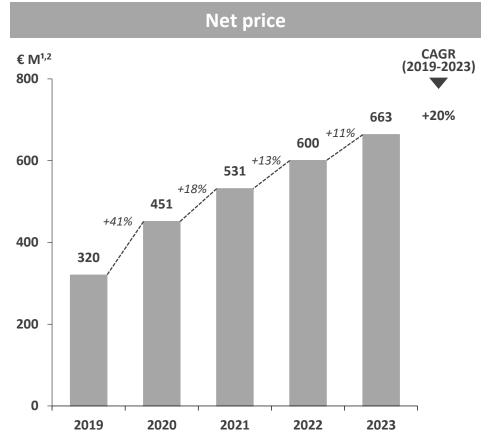




In 2023, biosimilars retail sales reached € 700 M in gross value and an estimated € 663 M in net value, representing a +22% and a +20% CAGR between 2019 and 2023, respectively

Retail biosimilars market evolution (2019 – 2023)





Sources: GERS (December 2023) – Smart Pharma Consulting analyses

<sup>&</sup>lt;sup>1</sup> Ex-factory prices before taxes − <sup>2</sup> Assuming the following discounts on biologics substitutable (i.e., filgrastim and pegfilgrastim): 10% from April 2022 to December 2022 and 20% in 2023



### In April 2024, the price difference between original biologics and their biosimilars ranges from -32.9% (for pegfilgrastim) to +11.9% (for epoetin)

Price differences between retail original biologics and biosimilars (2024)

INN	Original biologics	Date of 1 <sup>st</sup> biosimilar commercialization	Original biologic price¹ in € (April 24)	Biosimilar price¹ in € (April 24)	Price difference (April 24)
Pegfilgrastim	Neulasta (Amgen)	November 2018	594.78	399.13 - <b>32.9</b> %	
Follitropin alfa	Gonal-F (Merck)	May 2015	194.88	139.49	-28.4%
Ranibizumab	Lucentis (Novartis)	March 2023	377.78	283.34	-25.0%
Tocilizumab	Roactmera (Roche)	Feb. 2024	589.72	442.29	-25.0%
Insulin aspart	Novorapid (NovoNordisk)	March 2021	12.27	9.60	-21.8%
Adalimumab	dalimumab Humira (AbbVie) Octob		438.96	367.95	-16.2%
Somatropin	Genotonorm (Pfizer) June 2008 1,290.5		1,290.57	1,134.04	-12.1%
Filgrastim	Neupogen (Amgen)	November 2009	54.58	50.49	-7.5%
Enoxaparin	Lovenox (Sanofi)	September 2018	22.98	22.06	-4.0%
Insulin glargine	Lantus (Sanofi)	January 2016	32.44	31.51	-2.9%
Teriparatide	Forsteo (Lilly)	August 2019	176.18	172.73	-2.0%
Etanercept	tanercept Enbrel (Pfizer) October 2010		466.85	457.76	-1.9%
Epoetin	Eprex (Janssen)	July 2008	153.21	171.42	+11.9%



### The ANSM has established a provisional timetable of the similar biologic groups they have to assess and give an opinion regarding their substitutability at retail pharmacy level

Assessment of biosimilars' substitutability by the ANSM – 2024 Timetable<sup>1</sup>

Timetable	INN	Indications	Original Biologics	Biosimilars
	Teriparatide	Osteoporosis	Forsteo (Lilly)	Livogiva – Movymia – Sondelbay – Terrosa
Q1	Eculizumab*	PNH <sup>2</sup>	Soliris (Alexion)	Bekemv – Epysqli
	Ranibizumab	AMD <sup>3</sup>	Lucentis (Novartis)	Ranivisio – Byooviz – Ximluci
Q1 / Q2	Enoxaparin	Angina – infarction – DVT <sup>4</sup>	Lovenox (Sanofi)	Enoxaparin Arrow – Enoxaparin Becat – Enoxaparin Biogaran – Enoxaparin Crusia – Enoxaparin Teva – Inhixa
	Adalimumab	RA <sup>5</sup> – Psoriasis – IBD <sup>6</sup>	Humira (AbbVie)	Amgevita – Amsparity – Hukyndra – Hulio – Hyrimoz – Idacio – Imraldi – Yuflyma
	Etanercept	RA – Psoriasis	Enbrel (Pfizer)	Benepali – Erelzi – Nepexto
	Rituximab*	Rheumatoid arthritis	MabThera (Roche)	Rixathon – Ruxience – Truxima
Q2 / Q3	Insulin aspart		Novorapid (NN <sup>7</sup> )	Insulin aspart Sanofi
	Insulin glargine	Diabetes	Lantus (Sanofi)	Abasaglar
	Insulin lispro		Humalog (Lilly)	No Bx launched
	Epoetin	Cancer – CKD <sup>8</sup>	Eprex (Janssen)	Binocrit – Retacrit
	Follitropin $\alpha$	Functional anovulation	Gonal-F (Merck)	Bemfola – Ovaleap

<sup>\*</sup> Have been included by error since they are hospital-only drug, not sold by retail pharmacists

The French Retail Biosimilars Market - Situation Analysis & Strategic Options



### All the biologics assessed by the ANSM should become substitutable but with restrictions for some of them, while certain prescribers will write "No substitution" on their prescription

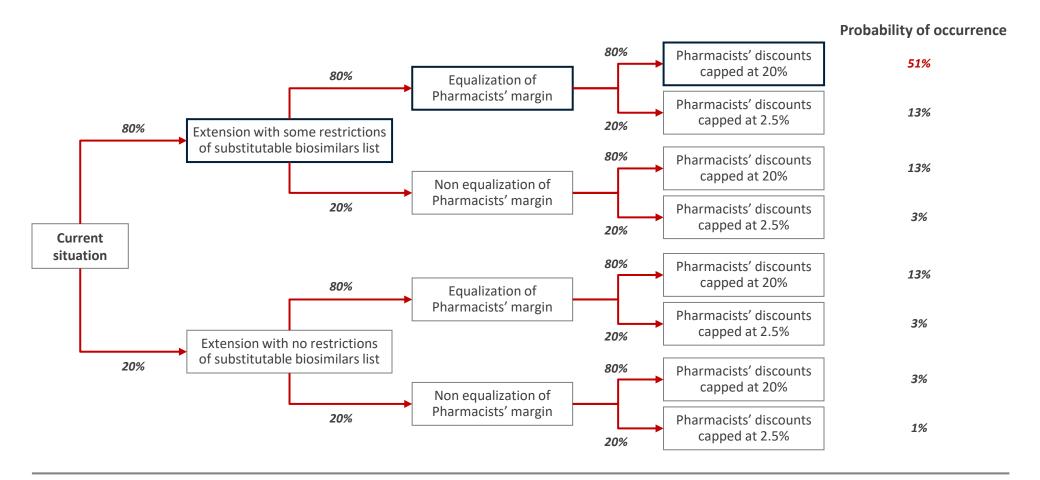
### Retail market: Estimates of substitutability barriers

INN	Treatment duration	Forms / dosages differences	Physicians	' positions	ANSM position	Bx penetration dynamics
			Bx prescription <sup>1</sup>	Substitution	re. substitutability	
Adalimumab	2-3 years	Different dosages / pack size / excipients	59%	At initiation	Restricted to initiations	Limited acceleration
Enoxaparin	5 to 35 days	Not all dosages	18%	No objection	Allowed	High acceleration
Epoetin	≥ 4 months	Similar injector Same dosage	82%	Not in nephrology	Allowed	Limited acceleration
Etanercept	2-3 years	Different dosages	57%	At initiation	Restricted to initiations	Limited acceleration
Follitropin $\alpha$	4 months	Different injectors Different dosages	51%	Not favorable <sup>3</sup>	Restricted to initiations	No acceleration
Insulin aspart	Life-long	Different injectors (pen – cartridge)	35%	No objection	Allowed	Medium acceleration
Insulin glargine	Life-long	Similar injector Same dosage	48%	No objection	Allowed	Medium acceleration
Insulin lispro	Life-long	NA	Bx not marketed	No objection	Allowed	Medium acceleration
Ranibizumab	Several years	Different injectors (PFS – injectable solution)	4%²	If as convenient <sup>4</sup>	Allowed	Limited acceleration
Teriparatide	≤ 18 months	Pen with or without cartridge	52%	No objection	Allowed	Medium acceleration



Based on market research and analysis, we assume that most of biosimilars, with restrictions for some of them will be substitutable, margins will be equalized, and discount capped at ~20%

Market changes driven by health authorities – Scenario building (2024 – 2027)

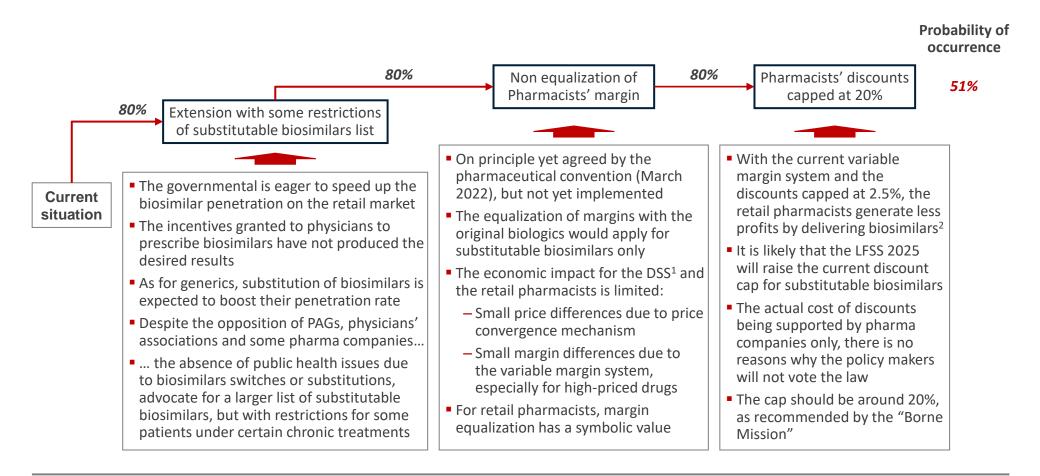


Sources: Stakeholders interviews – Smart Pharma Consulting analyses



### Based on market research and analysis, we assume that most of biosimilars, with restrictions for some of them will be substitutable, margins will be equalized, and discount capped at ~20%

Retail market: Rationale supporting the most likely market scenario



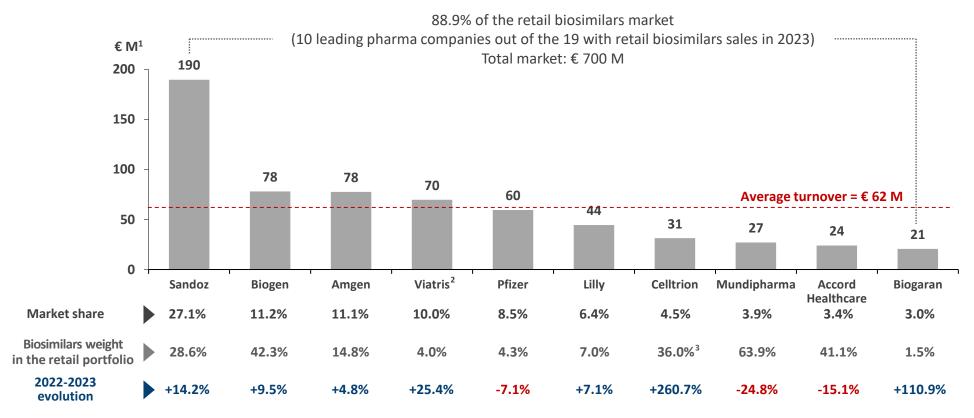
Sources: Stakeholders interviews – Smart Pharma Consulting analyses

<sup>&</sup>lt;sup>1</sup> Directorate of the Social Security – <sup>2</sup> Officially. Currently, pharma companies offer rebates of 20-25% for pegfilgrastim and filgrastim



### In 2023, Sandoz, Biogen, Amgen and Viatris generated individually € 70 M or more retail sales and represented together ~59% of the French retail biosimilars market in value

Top 10 companies on the retail biosimilars market – In value (2023)



Note: Other companies operating on the French biosimilars market as of April 2024: Arrow, EG Labo, Fresenius Kabi, Gedeon Richter, Rovi, Samsung Bioepis, Sanofi, Teva, Theramex and Zentiva

The French Retail Biosimilars Market – Situation Analysis & Strategic Options

<sup>&</sup>lt;sup>1</sup> Ex-factory price, before taxes and discounts – <sup>3</sup> Company founded in November 2020 by the merger of Mylan, Mylan Medical and Pfizer Upjohn activities. In December 2023, Viatris transferred its biosimilars portfolio to Biocon Biologics (excluding Inhixa, its biosimilar of enoxaparin sodium) – <sup>3</sup> Remsima SC, which accounted for 64% of Celltrion retail sales in 2023, does not have the biosimilar status, unlike its IV form available at hospital



# 14 of the biosimilars players have a weak competitive position at retail pharmacies, the two best established ones have a limited portfolio, while Sandoz and Teva have well balanced position

Mapping of pharma companies marketing biosimilars in the retail market

Number of proposed Biosimilars <sup>1</sup>	6			Sa	ndoz	
	5					
	4	Pfize	er	Т	ēva	
	3	Accord Healthca				Biogaran
	2	Fresenii Sanofi	us Kabi Theramex	Arrow	EG Labo	
	1	Amgen Celltrior Mundipharma Rovi	n Gedeon Richter Lilly Samsung Bioepis	Ze	ntiva	Viatris

Competitive position at retail pharmacy level

Weak

Sources: Smart Pharma Consulting analyses

Medium

R&D-based companies – Generics and/or biosimilars companies – Mature brand companies

Strong



### The development of the substitutable biosimilars market segment will lead to important challenges irrespective of the group the pharma companies belong to

### Typology of pharma companies marketing biosimilars

ati	1117	12	

**Players** 

Kev

challenges

### **Group 1**

Weak competitive position at retail pharmacy level

- Amgen Biogen Lilly Pfizer Sanofi
- Accord Biocon Celltrion Gedeon Richter – Rovi – Samsung Bioepis – Theramex
- Fresenius Kabi Mundipharma
- If prescribed by physicians, they would probably be substituted in favor of biosimilars marketed by company having a medium / strong competitive position at retail pharmacies' level
- They will not benefit from the substitution of original biologics

#### Group 2

Medium competitive position at retail pharmacy level

- Arrow
- EG Labo
- Sandoz
- Teva
- Zentiva
- The companies with a broader portfolio (e.g., Sandoz, Teva) are well-positioned to reinforce their competitive positive at retail pharmacies' level
- Those with a narrow portfolio will be at risk on both their generics and biosimilars businesses

#### **Group 3**

Strong competitive position at retail pharmacy level

- Biogaran
- Viatris
- They cannot take advantage of their strong position due to their limited biosimilars portfolio
- Could be "attacked" on the generics business by companies with a medium competitive position but a broader biosimilars portfolio

R&D-based companies – Generics and/or biosimilars companies – Mature brand companies



### To keep on playing on the retail substitutable biosimilars market, Group 1 pharma companies should partner with retail pharmacies, through third parties

### **Group 1: Strategic options**

**Features** 

Players

Key challenges

#### Group 1

Weak competitive position at retail pharmacy level

- Amgen Biogen Lilly Pfizer Sanofi
- Accord Biocon Celltrion Gedeon Richter – Rovi – Samsung Bioepis – Theramex
- Fresenius Kabi Mundipharma
- If prescribed by physicians, they would probably be substituted in favor of biosimilars marketed by company having a medium / strong competitive position
- They will not benefit from the substitution of original biologics

**Strategic options** 

Stop marketing biosimilars that are substitutable or likely to be substituted



Milk biosimilars once they become substitutable



Partner with a CSO, a generics or an OTC company well-established at retail pharmacy level

Stand alone

R&D-based companies – Generics and/or biosimilars companies – Mature brand companies



The strategy of Group 2 pharma companies will depend on the size of their portfolio, and their ability and willingness or not to be a leading player on the substitutable biosimilars market

Group 2: Strategic options

**Group 2 Strategic options** Medium competitive position **Features** at retail pharmacy level Do nothing Teva Arrow **Players** EG Labo Zentiva Sandoz In-license and/or sell substitutable biosimilars on behalf of pharma companies having a weak position The companies with a broader portfolio (e.g., Sandoz, Teva) are well-positioned to reinforce their competitive positive Kev Out-license and/or subcontract the challenges Those with a narrow portfolio will be at sale of substitutable biosimilars to risk on both their generics and pharma companies with a narrow portfolio but a strong position biosimilars businesses R&D-based companies – Generics and/or biosimilars companies – Mature brand companies



### To remain competitive on the retail substitutable biosimilars market, Group 3 pharma companies should either sell on behalf of, or in-license from, biosimilars manufacturers

**Group 3: Strategic options** 

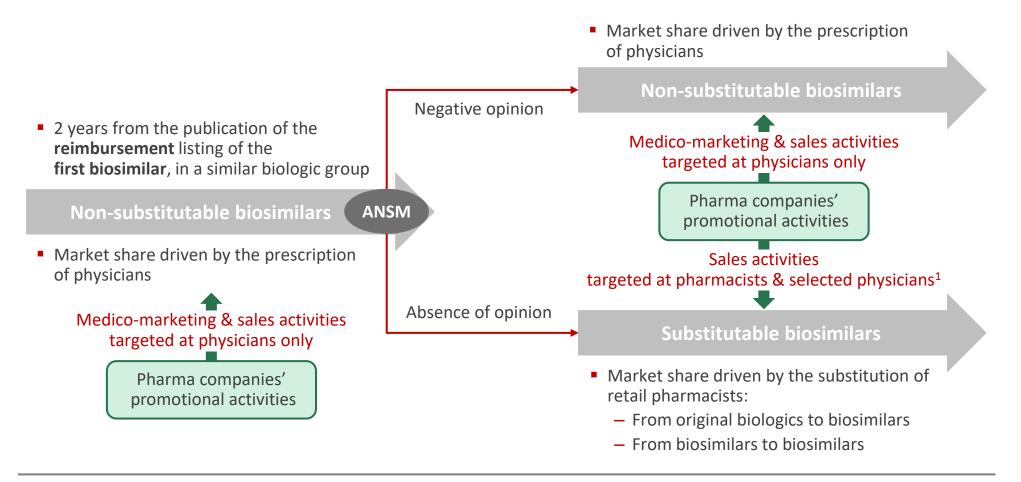
**Group 3 Strategic options** Strong competitive position **Features** at retail pharmacy level Do nothing Biogaran **Players** Viatris Sell substitutable biosimilars on behalf of pharma companies having a Cannot take advantage of their strong weak competitive position position due to their limited biosimilars portfolio Kev challenges Could be "attacked" on the generics Build up a broad / broader business by companies with a medium portfolio of substitutable biosimilars competitive position but a broader through BD&L initiatives biosimilars portfolio

R&D-based companies – Generics and/or biosimilars companies – Mature brand companies



### Pharma companies will require medical reps only to promote non-substitutable biosimilars to physicians and pharmacy reps only to sell substitutable biosimilars to retail pharmacists

Biosimilars substitutability: Implications for pharma companies (1/2)



¹ Physicians who are reluctant to biosimilars' substitution and who will be inclined to indicate "Non substitutable" on their prescriptions of biosimilars



### The sales activities of pharma companies at retail pharmacists should not start before the biosimilars become substitutable

Biosimilars substitutability: Implications for pharma companies (2/2)

### Non substitutable phase

### Substitutable phase

### **Physicians**

- Promotional activity at targeted physicians...
- ... to strengthen physicians' preference for the marketed biosimilars
- Promotional activity stopped...
- ... or restricted to physicians who are opposed to biosimilars' substitution...
- ... and willing to prevent substitution by indicating on their prescription, next to the name of the biologic<sup>1</sup> prescribed, "Non-substitutable"

#### **Pharmacists**

#### **NO ACTION**

- Sales activity to get the biosimilar listed...
- ... and preferentially substituted at the expense of the original biologic or of another biosimilar

<sup>&</sup>lt;sup>1</sup> Either the original biologic or a biosimilar



### The optimal strategies of pharma companies marketing biosimilars would depend on their competitive position at retail pharmacies, each product status and the diseases it addresses

### **Key Takeaways**

#### 1. Regulatory environment

- Filgrastim and pegfilgrastim are substitutable since April 2022
- From 2024 onwards, expansion of the list with existing drugs<sup>1</sup>
- For new biosimilars, a period of 2 years will precede the possibility to substitute biologics<sup>1</sup>

#### 3. Pharmacists' behavioral trends

- Pharmacists do not anticipate difficulties to substitute biologics for naïve patients
- For patients under a chronic therapy, they will substitute depending on each patient
- If opportunities to substitute are rare, pharmacists should not be very pro-active



#### 2. Physicians' behavioral trends

- Physicians, especially hospital-based, are used to initiate treatments with biosimilars...
- ... but are more reserved regarding switching and substituting chronic treatments when patients' disease is well controlled<sup>2</sup>

#### 4. Patients' behavioral trends

- Naïve patients should in large proportion accept biosimilar substitution, but...
- ... if yet treated and well-controlled, they will have to be convinced by pharmacists
- Even if they accept, they may have trouble to adjust if the delivery device is different

#### 5. Pharma companies' strategic options & recommendations

- During the two years before biosimilars become substitutable, they should be promoted to physicians<sup>3</sup>
- Certain substitutable biosimilars should still be promoted<sup>3</sup>
- Agreements with retail pharmacists and VTOs<sup>4</sup> they belong to, are essential to succeed on the biosimilar substitutable market
- To do so, company marketing biosimilars strategies would depend on their competition position at retail pharmacies:

- If weak: partner with a company yet well-established, a CSO<sup>5</sup> or leave the market
- If medium: in-license or sell biosimilars of companies having a weak position or out-license / subcontract to a 3<sup>rd</sup> party having a strong position
- If strong: pharma companies should either sell on behalf of, or in-license from, biosimilars manufacturers

¹ Unless the ANSM issues a negative opinion. The ANSM can also restrict the substitutability (e.g., to naïve patients only) – ² In this case they can and should prevent substitution by indicating on their prescription "Non-Substitutable" – ³ Especially for chronic disease treatments – ⁴ Voluntary Trade Organizations (pharmacy groups) – ⁵ Contract Sales Organization



Consulting firm dedicated to the pharmaceutical sector operating in the complementary domains of strategy, management and organization

### **Market Insights Series**

- The Market Insights Series has in common to:
  - Be well-documented with recent facts and figures
  - Highlight key points to better understand the situations
  - Determine implications for key stakeholders
- Each issue is designed to be read in 15 to 20 minutes and not to exceed 24 pages

### **Biosimilars Substitution Impact**

Situation Analysis & Strategic Options

This position paper analyzes the current market segment situation and estimates its perspectives of evolution

Thus, the following topics are covered:

- Regulatory framework
- Key stakeholders' analysis (health authorities healthcare professionals – pharma companies)
- Scenario building and likely impacts
- Strategic options assessment
- Recommendations

### **Smart Pharma Consulting Editions**



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Best regards

Jean-Michel Peny