BAH, BPI, AG Pro Biosimilars, vfa bio: Five good reasons against the automatic substitution of biopharmaceuticals

What's at stake?

What are biopharmaceuticals?

The drugs referred to as biopharmaceuticals (also called biological drugs, biologics[1], or biological medicinal products) are highly complex biological drugs with corresponding active ingredients whose characteristics are determined by the production process. They are usually manufactured using genetic engineering.

A biosimilar is a biopharmaceutical that is similar to an already licensed reference product regarding efficacy, tolerability, quality, and safety and that may become available after patent expiry of the reference product.[2]

What is automatic substitution?

According to the regulations of the GSAV (Law for More Safety in the Supply of Pharmaceuticals), the Federal Joint Committee (G-BA) will develop guidelines for automatic substitution of biopharmaceuticals in pharmacies without involving doctors. These guidelines should enter into force in August 2022 at the latest. This regulation has been overwhelmingly rejected by doctors, pharmacists, patients, and pharmaceutical companies.

How are biosimilars different from generics?

Biopharmaceuticals are not chemically synthesized drugs. Consequently, biosimilars are not comparable to generic drugs (generics). Production and supply are subject to entirely different framework conditions. The instruments that regulate the generics market cannot be applied to the market of biopharmaceuticals. Rather, they must be adapted accordingly to ensure the quality-assured use of biopharmaceuticals and maximum patient supply reliability.

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[1]The term biologic is used primarily in the context of social protection laws. However, in practice, it is often not specific enough and, therefore, could be misinterpreted as herbal medicine, for example. Therefore, the term biopharmaceutical is preferable.
[2]In this context, the G-BA refers to biopharmaceuticals that serve as reference products for biosimilars as biotechnologically manufactured biological reference drugs and biosimilars as essentially the same biotechnologically manufactured biological drugs.

1. Competition as such already generates extensive savings

Biosimilars are showing very strong growth in Germany and are already gaining significant market share. The biopharmaceutical market is competitive and has already allowed significant savings in the healthcare system. The current market share of biosimilars was high for many products in November 2021 (based on daily doses, overall pharmacy and hospital market): 70% for infliximab, 73% for adalimumab, 78% for trastuzumab, 80% for etanercept, 85% for bevacizumab, and even 87% for rituximab biosimilars[3]. Competition has, therefore, long been in full swing and should not be hindered by legislative or political interventions, such as automatic substitution in pharmacies.

2. Economically efficient prescription is already guaranteed

Due to open-house discount agreements, health insurance funds already receive substantial discounts from pharmaceutical companies and thus achieve substantial additional savings. Physicians are informed by health insurance funds about the existing contracts and take them into account when prescribing. Physicians also have to consider other requirements that have been agreed upon locally between the statutory health insurances and the Associations of Statutory Health Insurance Physicians, such as minimum quotas. These instruments leverage extensively the cost-reduction potential of biopharmaceuticals. Duplicate intervention by automatic substitution in the pharmacy is thus unnecessary.

3. Alignment between physicians and patients is essential for the success of therapy

Biopharmaceuticals are highly complex drugs often used to treat severe chronic diseases. For this reason, close medical monitoring is necessary for the success of the therapy, also to avoid nocebo effects[4]. Moreover, many of these drugs are developed for self-administration using special devices. Changing a product and a device simultaneously inevitably causes uncertainty due to a change in application. This is also pointed out by the Drug Commissions of the German Medical As-

[3] IQVIA Arzneimittelverbrauch (AMV) Datenbank: hospital market data from IQVIA DKM® (German hospital market), pharmacy market data from IQVIA PharmaScope® National

[4] Nocebo refers to unexplained, negative effects of a drug that may occur due to the patient's understanding and negative expectations regarding the harmful effects of therapy.

sociation and German Pharmacists. Patients must receive medical information to avoid medication errors and a decrease of adherence to therapy (see Drug Commission of the German Medical Association). This is key to the success of the therapy.

4. Transparency contributes to drug safety

Clear identification and traceability of the prescribed and used biopharmaceuticals serve the safe medical treatment as well as the patient safety. If the drug is substituted in the pharmacy, it is no longer reliably possible to attribute side effects especially when they arise later during treatment. Currently, physicians do not receive information about substitutions in pharmacies, and thus about the drugs that are actually dispensed. The required transmission via telematics infrastructure is not available. The documentation legally required by physicians would come to nothing. Liability issues resulting from automatic substitution have not been clarified.

5. Security of delivery and supply must be ensured in the long term

A strong production location is an essential prerequisite for supply and supply reliability as well as for investments and innovations. The resources and know-how available in Germany for this purpose must not be recklessly weakened by short-term cost-cutting measures. In the case of generics, the consequences of these cost-cutting measures and multiple regulations have been a migration of production capacities and know-how and a considerable narrowing of the market at all production levels. However, this is what the automatic substitution of biopharmaceuticals in pharmacies, as provided for in the German Social Code, Book Five (SGB V) and that will take effect from August 2022, will bring about. These undesirable developments must not be repeated for biopharmaceuticals and related patient care. This would also contradict the German government and the EU's declared goal for greater autonomy as well as the intention of the current German government to make Germany a leading international biotechnology location.

A Europe that focuses on technological progress and high environmental standards during production must continue to establish itself as a high-tech production location of pharmaceuticals while strengthening supply chains. The German government also speaks to this effect in its coalition agreement "Dare more progress": *„We shall ensure the supply of innovative medicines and vaccines. We shall resolutely combat supply bottlenecks. We shall take steps to relocate the production of pharmaceuticals, including active ingredients and excipients, back to Germany or the EU."*

Conclusion

The central role of physicians is essential for safe medical treatment and supply reliability, especially in the sensitive therapeutic context of serious chronic diseases. Together with their patients, physicians must select, explain, and monitor the therapy and device application. For successful treatment, physicians must retain their therapeutic freedom and sovereignty. In this context, automatic substitution in the pharmacy is neither necessary nor beneficial.

Competition in the biopharmaceutical market is already in full swing and does not need further policy interventions, such as automatic pharmacy substitution. Instead, sustainable, safe and affordable care should be the common goal of all stakeholders to benefit patients and the healthcare system.

Consequently, the corresponding passage in the GSAV (the German Law for More Safety in the Supply of Pharmaceuticals) should be deleted from the law:

- → To maintain the physician's therapeutic freedom!
- → To ensure a resilient high-tech production location in Germany and Europe!
- → To provide the maximum supply reliability of biopharmaceuticals for patients!

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Sources:

BAG Selbsthilfe, https://www.bag-selbsthilfe.de/aktuelles/nachrichten/detail/news/patientenvertretung-im-g-ba-unklares-risiko-fr-patientinnen-und-patienten-g-ba-ebnet-weg-fr-austausc/?L=0&cHash=115b1b52d27fa532ade19699bb5b171f

Biosimilars in Zahlen: https://probiosimilars.de/publikationen/biosimilars-in-zahlen/

The German League Against Rheumatism, https://www.rheuma-liga.de/aktuelles/detailansicht/arzneimittelrichtlinie-austausch-von-biologika-und-biosimilars

"Leitfaden Biosimilars" of the Drug Commission of the German Medical Association, https://www.akdae.de/Arzneimitteltherapie/LF/Biosimilars/index.html

"Medical Biotechnology in Germany 2021", Boston Consulting Group and vfa bio, https://www.vfa-bio.de/biotech2021

"Mehr Fortschritt wagen – Bündnis für Freiheit, Gerechtigkeit und Nachhaltigkeit", coalition agreement between the SPD, Bündnis 90/Die Grünen and the FDP, https://www.bundesregierung.de/resource/blob/974430/1990812/04221173eef9a6720059cc353d759a2b/2021-12-10-koav2021-data.pdf?download=1

Statement of the Drug Commission of German Pharmacists (AMK) on the draft Law for More Safety in the Supply of Pharmaceuticals (GSAV), AMK_Apotheker.pdf (bundesgesundheitsministerium.de)