

CLINICAL AND ECONOMIC IMPACT OF MULTISWITCHING FROM ORIGINAL ADALIMUMAB TO BIOSIMILARS.

L04--INMUNOSUPPRESSANTS

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Background and Importance

As the access to biosimilars at competitive prices increases, it is necessary to evaluate multiple switches to provide data on their interchangeability.

Recently, the European Medicines Agency (EMA) has notified that medicines approved as biosimilars in the EU may be prescribed interchangeably.

Aim and Objectives

The objective is to assess the efficiency and safety of switching from innovator adalimumab (Humira®) to biosimilar adalimumab (Imraldi®) and successive to another biosimilar (Hyrimoz®) in a real-life setting.

Material and Methods

SPAIN

1 September 2019– 31 March 2022

Retrospective observational study.

We included all patients who had been treated with the innovator and switched to two adalimumab biosimilars.

Variables analysed: clinical prescribing service, disease, patients who discontinued treatment with biosimilar and reason.

Clinical and economic data were obtained from electronic medical records and management programs.

Results



First switch



114 patients



PRESCRIBING DEPARTMENT

47.4% rheumatology

28.0% digestive

24.6% dermatology

DIAGNOSTICS

26.3% rheumatoid arthritis

23.7% Crohn's disease

17.5% psoriasis

13.2% psoriatic arthritis

The percentage of patients that discontinued the first biosimilar was 15.8% (61.1% of patients discontinued due to inefficacy and 38.9% had adverse effects).



Second switch



96 patients



The retention rate after the second switch was **96.9%**.

No major changes in disease activity were observed.

In the first switch (January 2019), the acquisition cost in our hospital of one unit of the original drug was €431.1, while that of the biosimilar (Imraldi®) was €176.8.

In the second switch (August 2019) the price of Imraldi® was the same and for Hyrimoz® was €158.0. If we consider the most frequent posology in our patients (a dosage every two weeks), the first switch resulted in annual savings of €753,745.20 and the second switch resulted in €46,949.76. The multiswitching of 96 patients resulted in a total saving of €681,682.56.

Conclusion and Relevance

The retention rate after multiple switches from innovator adalimumab to adalimumab biosimilars is high. Considering this multiswitching successful experience with biosimilars regarding safety and economic impact, interchangeability between biological medicinal products should be common in clinical practice.



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