BIOLOGICS SAVINGSPartnership™

An innovative solution to the rising cost of drug-benefit plans

INTRODUCED BY

janssen

CANADIAN DRUG PLAN SPENDING ON SPECIALTY DRUGS, INCLUDING BIOLOGICS, CONTINUES TO INCREASE[1,2]

Biologic drugs accounted for 3 of the top 5 drug classes in terms of public drug program spending in 2018[1]

BIOLOGIC DRUGS[3]

- Come from living organisms or from their cells
- Treat various medical conditions including anemia, diabetes, inflammatory bowel disease, psoriasis, rheumatoid arthritis, hormone deficiencies and some forms of cancer
- Biologic drugs are generally larger and more complex than chemically produced pharmaceutical drugs

BIOSIMILAR DRUGS[3]

- A biosimilar biologic drug, or biosimilar, is a drug demonstrated to be highly similar to a biologic drug that was already authorized for sale (known as the reference biologic drug)
- They may enter the market after the expiry of reference drug patents and data protection
- There are no expected clinically meaningful differences in efficacy and safety between a biosimilar and the biologic drug that was already authorized for sale

SPECIALTY DRUGS*, including brand name biologics and biosimilars, **ACCOUNTED FOR 29% OF DRUG COSTS** on private plans in 2018[2]

*Defined as drugs costing >$10,000 per year.

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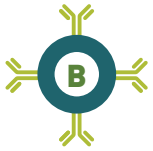
NOT ALL BRAND NAME BIOLOGICS AND BIOSIMILARS WORK IN THE SAME WAY

DID YOU KNOW...

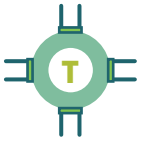
- The **"mechanism of action"** of a brand name biologic or biosimilar is what the drug does inside the body to treat a disease – in other words, how it works[4]
- There are multiple **"classes"** of brand name biologics and biosimilars for chronic immunological diseases (e.g., plaque psoriasis, Crohn's disease, ulcerative colitis, and rheumatoid arthritis)[5]
- Each class is categorized by what the biologic treatments target within the body[5]

Some of the targets that brand name biologics and/or biosimilars may interact with include:[6]

Tumour necrosis factor alpha (TNFα)



B cells (Anti-CD20)



T cells (T cell activation inhibitors/ co-stimulation modulators)

Interleukins (IL-6, IL-12/23, IL-17, and IL-23)

Not all **BRAND-NAME BIOLOGICS** have a corresponding **BIOSIMILAR**

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CHRONIC IMMUNOLOGICAL DISEASES AND TREATMENT FAILURE

Chronic immunological diseases require treatment over an extended period of time. After a while, the brand name biologic or biosimilar treatment might stop working for a particular patient – this is called a **"treatment failure"**.[7]

Clinical trials have shown that a substantial proportion of patients experience treatment failure. This can result from patients:[6]

- **Failing** to respond to treatment or having an inadequate response (called "primary failure")
- **Losing** response to treatment over time (called "secondary failure")
- **Developing** an adverse event

Treatment failure often results in patients switching to a different biologic therapy.[8]

For example, in rheumatoid arthritis, international treatment guidelines recommend that a new biologic therapy be considered after treatment failure, either from the same biologic class (i.e. the same target) or a different class (i.e. a new target) altogether.[8]

After treatment failure, patients may be **SWITCHED TO A BIOLOGIC TREATMENT OPTION** that has a **DIFFERENT TARGET**[8]

Patients may require **MULTIPLE BRAND NAME BIOLOGICS AND BIOSIMILARS** over the course of their disease

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BIOSIMILARS ALONE MAY NOT BE THE ANSWER TO DRUG PLAN SUSTAINABILITY.
Given the chronic nature of inflammatory diseases, patients may require multiple biosimilar and/or brand name biologic therapies over time to treat their disease.[7,9]

With the BIOLOGICS SAVINGS PARTNERSHIP™, **BRAND NAME BIOLOGICS** are included at a **SIMILAR PRICE AS BIOSIMILARS**

Working with an insurance carrier that offers the **BIOLOGICS SAVINGS PARTNERSHIP™** presents an option to help with plan sustainability, delivering both **immediate- and long-term cost savings** for Plan Sponsors and their employees.

Along with potential savings from biosimilars, the **BIOLOGICS SAVINGS PARTNERSHIP™** enables **access to savings** across a breadth of **brand name biologics** in **different classes** and with **different targets**. This provides broader access to a range of biologic treatment options, including newer biologics, without an additional cost burden.

To complement savings from biosimilars, the **BIOLOGICS SAVINGS PARTNERSHIP™** includes brand name biologics that work against a variety of different targets

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Introducing the

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An innovative solution to the rising cost of drug-benefit plans

- The cost of drug benefit plans is being driven up by the **increasing number of claims** for innovative, specialty medicines – which include **biologics**[2,9]
- People with chronic inflammatory diseases may require a number of different brand name biologics and/or biosimilars over the course of their disease[7,8]
- Savings from **biosimilars alone may not be able to offset rising costs**[9]
- The **BIOLOGICS SAVINGS PARTNERSHIP™** provides access to a variety of **brand name biologics** at a **similar price as biosimilars**

Ask your Insurer if they have the **BIOLOGICS SAVINGS PARTNERSHIP™** agreement

References: 1. Canadian Institute for Health Information. *Prescribed Drug Spending in Canada 2019: A Focus on Public Drug Programs*. Ottawa, ON: CIHI; 2019. **2.** 2019 TELUS Health Drug Data Trends & National Benchmarks. **3.** Biosimilar biologic drugs in Canada: Fact sheet. Health Canada. Accessed December 4, 2019 at https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/dhp-mps/alt_formats/pdf/brgtherap/applic-demande/guides/Fact-Sheet-EN-2019-08-23.pdf. **4.** Mechanism of action. *Segen's Medical Dictionary*. 2012. Farlex, Inc. Available at: https://medical-dictionary.thefreedictionary.com/mechanism+of+action. Accessed May 12, 2020. **5.** WebMD. *What are the different types of biologics?* Available at: www.webmd.com/rheumatoid-arthritis/qa/what-are-the-different-types-of-biologics. Accessed May 12, 2020. **6.** Strand V, et al. Immunogenicity of biologics in chronic inflammatory diseases: A systematic review. *BioDrugs* 2017;31:299–316. **7.** Lin RJ. The biologic response to biologics. *Sci Transl Med* 2011;3(80):80ec61. Available at: http://stm.sciencemag.org/content/3/80/80ec61. Accessed May 12, 2020. **8.** Smolen JS, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2019 update. *Ann Rheum Dis* 2020;0:1–15. doi:10.1136/annrheumdis-2019-216655. **9.** Private Drug Plan Drug Cost Forecast (2017–2019), 3rd edition: Based on analysis by IQVIA. Innovative Medicines Canada. Available at: http://innovativemedicines.ca/wp-content/uploads/2018/10/20180174_IMC_AnnualReport_V19_FINAL.pdf. Accessed May 12, 2020.

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