

How has biosimilar prescribing evolved?

Register study on the changes in prescribing in 2018–2023

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Introduction

In Finland in 2022, seven out of ten medicines with highest reimbursement expenditure were biologic. Furthermore, biologic medicines for which one or more biosimilars existed, accounted for 12% of all reimbursement costs. Thus, the uptake of less expensive biologic medicines, that are often biosimilars, is encouraged globally.

Aim

The aim of this study was to study how biosimilar prescribing has evolved in Finland from 2018 to 2023. More specifically, the aims were to study biosimilar prescribing in treatment initiations and in all prescriptions incl. renewing an ongoing medication.

Method

There were 13 biologic outpatient medicines for which one or more biosimilars were available in Finland during the study period. Data on prescriptions was collected from the centralized national Prescription Centre in February 2024, and analyzed with descriptive statistics.

Results

From 2018 to 2023, an average of 257,403 prescriptions (0.9% of all outpatient care prescriptions in Finland) for biologic medicines for which biosimilars were available were written annually. Treatment initiations consisted of 77.1% and renewals 22.9% of all prescriptions. The share of biosimilars in treatment initiations rose from 11.9% in 2018 to 50.6% in 2023, and in all prescriptions from 13.1% in 2018 to 50.8% in 2023 (**Figure 1**). However, there is a great variation in the uptake among therapeutic groups. The prescribing of biosimilars has been high in filgrastim and somatropin, which may be affected by a higher number of biosimilar players on the market, the market exit of the product, and the exclusion of the originator from the reimbursement scheme (**Table 1**). On the contrary, low biosimilar prescribing is seen in insulins glargin and aspart which may be due to evergreening phenomena and the uptake of concentrated versions of insulins. Increase in the prescribing of biosimilars in all prescriptions is seen in adalimumab, etanersept and pegfilgrastim, for example.

Conclusions

Prescribing of biosimilars has become more common in both treatment initiations and in all prescriptions in Finland in 2018–2023. However, especially insulins are different from other groups of medicines, as the biosimilar uptake appears slow. In the future, more measures to support the uptake of less expensive biologic medicines and active price competition are still needed.

Figure 1. The shares of biosimilar treatment initiations of all initiations and biosimilar prescriptions of all prescriptions in biologic medicines for which biosimilars were available in Finland in 2018–2023

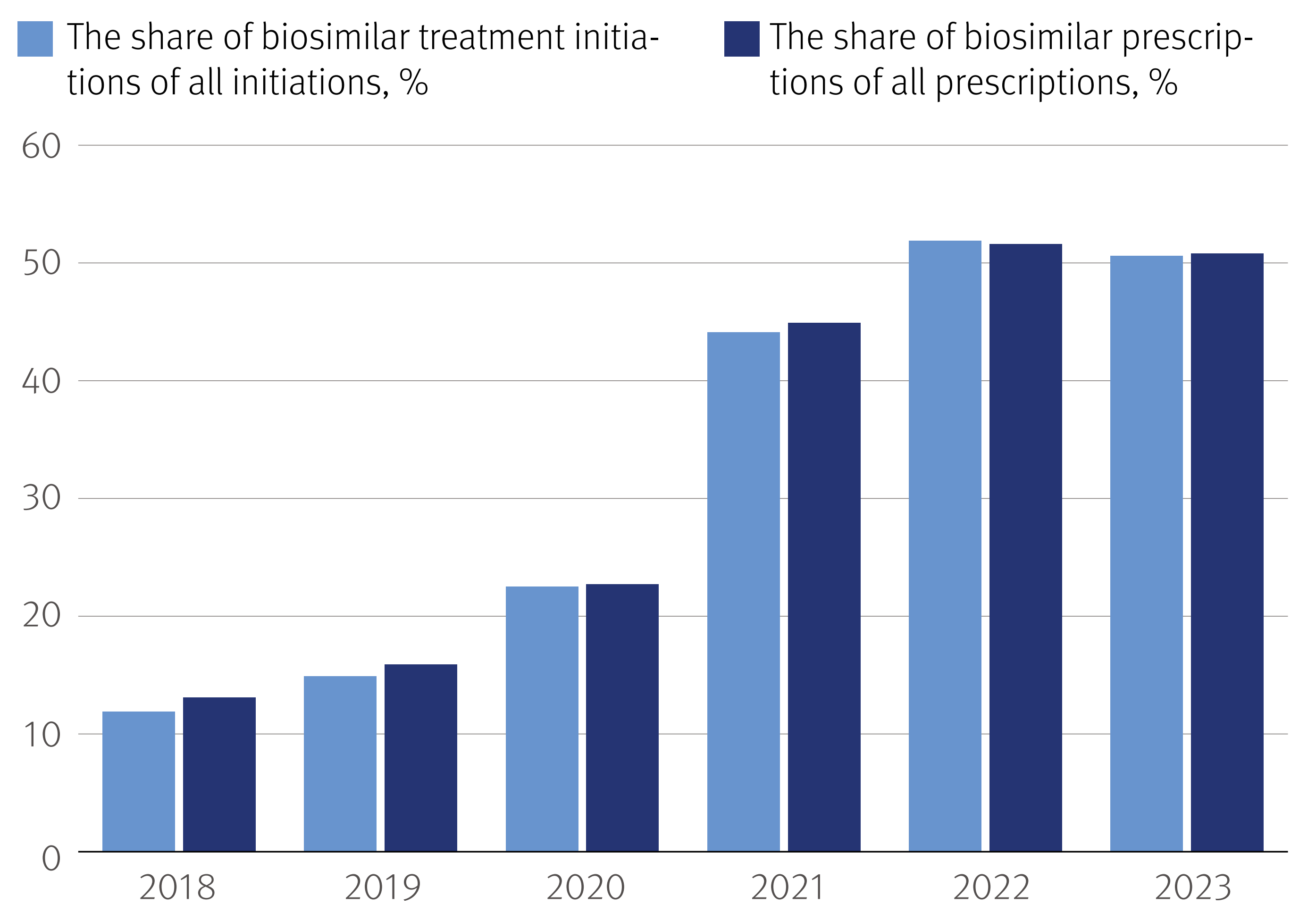
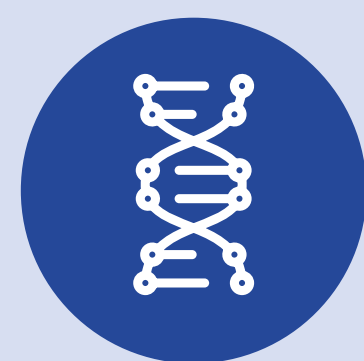


Table 1. The share of biosimilar prescriptions of all prescriptions for biological medicines for which biosimilars were available in Finland in 2018–2023 by active ingredient, %.

	2018	2019	2020	2021	2022	2023
Adalimumab	2.4	27.6	47.5	59.4	70.6	83.0
Enoxaparin	0.2	0.5	13.7	79.2	89.2	93.5
Epoetin	68.5	78.6	81.1	86.8	83.0	87.7
Etanercept	11.7	23.6	36.3	45.1	58.9	69.3
Filgrastim	99.1	99.5	99.5	99.7	99.8	99.9
Follitropin alfa	19.1	19.9	21.1	18.2	14.2	14.6
Infliximab	50.0	37.5	71.4	99.9	100.0	100.0
Insulin aspart	30.1	27.8	32.2	30.3	32.8	33.8
Insulin glargin	5.4	5.0	5.1	4.5	4.3	4.1
Insulin lispro	33.1	72.5	89.2	97.2	99.3	99.9
Pegfilgrastim	0.2	26.2	41.3	50.4	65.6	90.5
Somatropin	95.2	97.0	97.6	98.2	98.6	99.9
Teriparatide	0.0	0.7	7.3	11.5	25.0	44.1

Key findings



0.9% of all outpatient prescriptions in Finland were for biological medicines for which biosimilars were available. In 2023, they accounted for 8.7% of reimbursement costs.



The share of biosimilar prescriptions has increased from 2018 to 2023: from 11.9% to 50.6% in treatment initiations and from 13.1% to 50.8% in all prescriptions



There is a great variation in the uptake of biosimilars among therapeutic groups

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