

Finland as a trailblazer in the uptake of less expensive biologic medicines

Kati Sarnola, Klaudia Kaustiala, Hanna Koskinen
Research at Kela, The Social Insurance Institution of Finland (Kela), Helsinki, Finland



Introduction

The use of biologic therapies has vastly increased. Due to their high costs, biologic medicines significantly contribute to pharmaceutical expenditure. Thus, the uptake of less expensive biologic medicines, often biosimilars, is encouraged globally. Finland is taking on extensive measures to support the uptake of less expensive biologic medicines: steering of prescribing was introduced in 2023 and the pharmacist-led substitution of all biologic medicines but short-acting insulins is introduced in stages during 2024–2026. Finland will be the first European market to introduce measures to this extent, and also a trailblazer globally.

Aims and method

The aims of this study are to study: 1) the effects of steering of prescribing of individual physicians conducted by the Social Insurance Institution of Finland (KELA), and 2) the effects of pharmacist-led substitution of biologic medicines, especially to the use and costs of biologic medicines. Method of the study is a retrospective register study is conducted by using the statistics of the Social Insurance Institution of Finland (KELA).

This study will provide internationally unique information on the steering of prescribing of, and on the extensive pharmacist-led substitution of biologic medicines. The study is part of a large consortium study on the pharmacist-led substitution of biologic medicines with a total of eight national research organizations and universities and two patient organizations involved.

Results

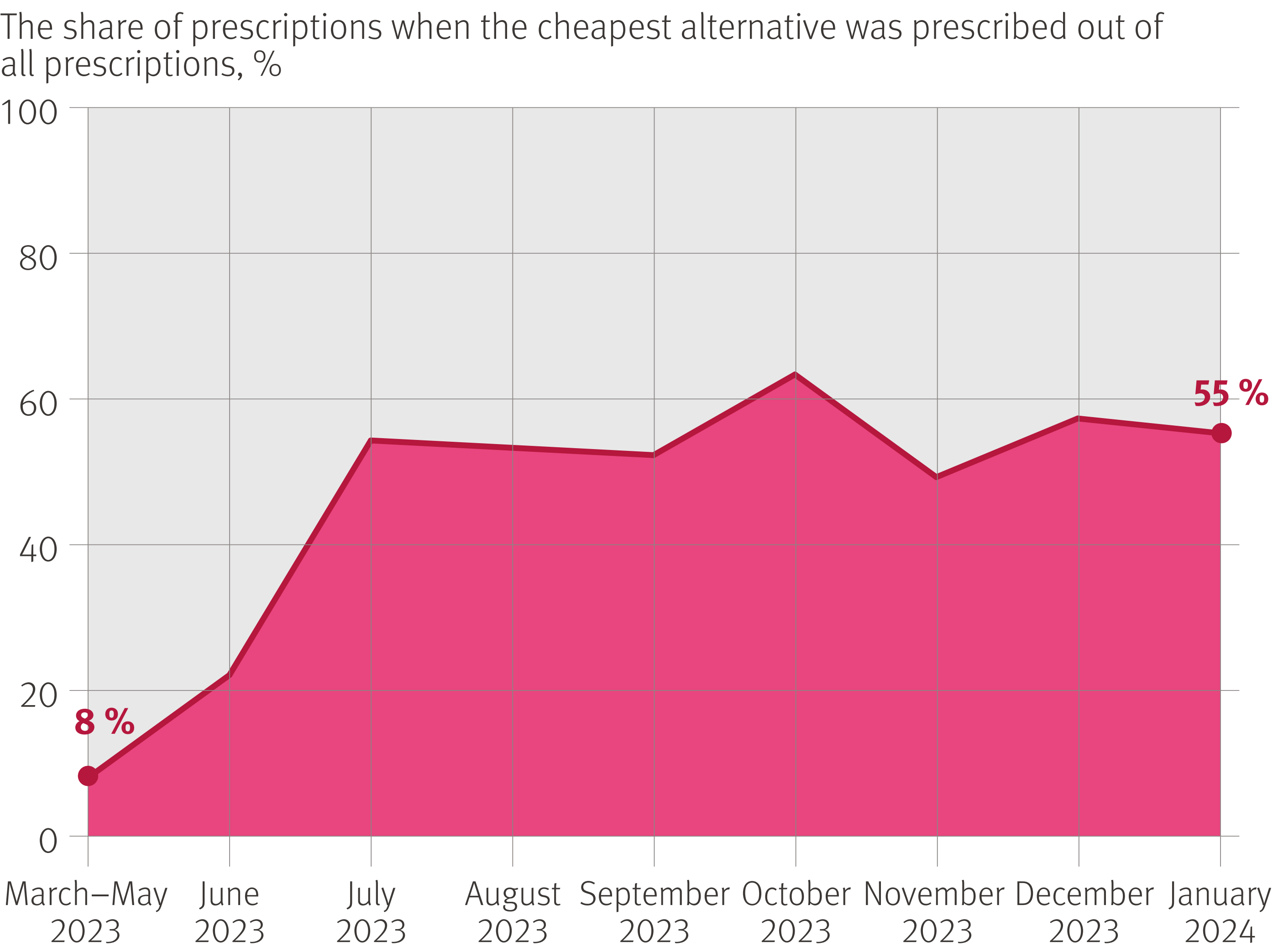
In a one example in the steering of prescribing, a total of 2,413 prescriptions, in which one biologic active ingredient were price differences between products existed, were observed from March 2023 to January 2024. At the very beginning of the observation period in March 2023, the least expensive product was prescribed in 8% of the cases, while after the steering took place, the share of the least expensive rose to 55% by January 2024 (**Figure 1**). Throughout the whole observation period, the least expensive biologic medicine was prescribed in average of 51% (n=1,230) of the cases. Furthermore, other than the

least expensive medicine was prescribed with a justified reason, that could be related to the use of a specific dispenser, for example, in 7% (n=169) of the cases. The effects of pharmacist-led substitution will be reported after the introduction of the substitution in April 2024. Savings of 20M€ annually for reimbursement expenditure are expected.

Conclusions

The steering appears to have an effect on the share of the least expensive product prescribed at least in some active ingredients. This study will contribute by providing insight on the effects of both steering of prescribing and pharmacist-led substitution and whether expected savings are met.

Fig 1. Example of the development in prescribing of the cheapest alternative in one biologic active ingredient in Finland in 2023–2024



Key findings

The uptake of less expensive biologic medicines, often biosimilars, is encouraged globally. In Finland:



2023

Steering of prescribing is introduced

The steering appears to have an effect on the share of the least expensive product prescribed: Prior to steering, the least expensive biologic medicine was – in a one example in the steering of prescribing – prescribed in 8% in March 2023. At the end of the observation period in January 2024, the share had risen to 55%.



2024–2026

Pharmacist-led substitution of all biologic medicines but short-acting insulins is introduced in stages in 2024–2026

The effects of pharmacist-led substitution will be reported after the introduction of the entire substitution: Savings of 20M€ annually for reimbursement expenditure are expected from the pharmacist-led substitution of biologic medicines.

Contact information

Kati Sarnola, Senior Researcher, Associate Professor, PhD, Research at Kela, kati.sarnola@kela.fi

