Pharmacist-led substitution as a tool for cost containment: Finnish nationwide register study

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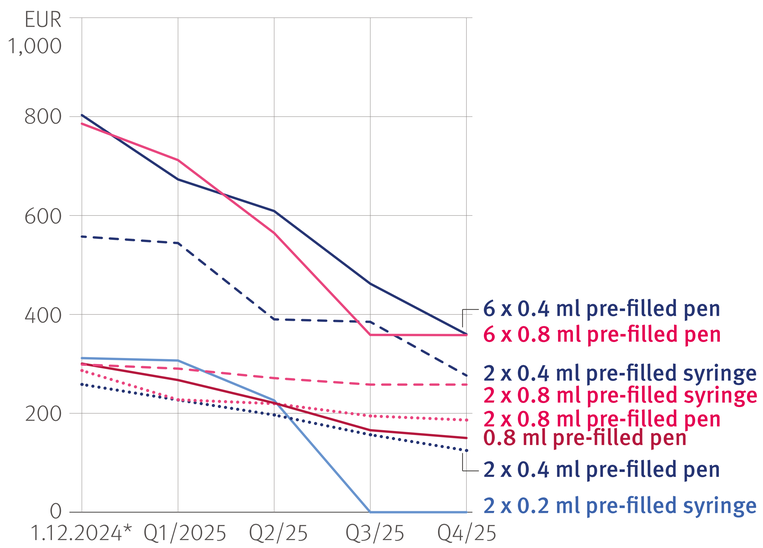
Background

Biologic medicines account for a substantial share of pharmaceutical expenditures, and their use continues to grow. 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. These policy measures, combined with the increased availability of biosimilars, aim to stimulate price competition and reduce reimbursement costs. Finland is the first European market to introduce measures to this extent, and also a trailblazer globally.

Purpose

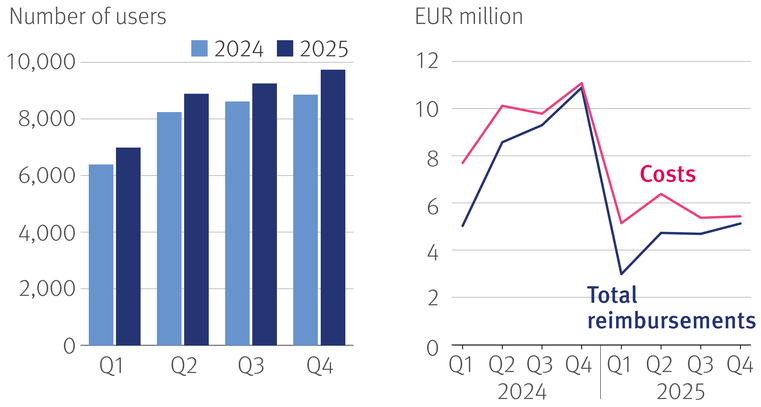
The aim of this study is to examine the costs of biologic medicines with available biosimilars before and after the implementation of policy measures.

Fig 1. Quarterly development of reference prices for adalimumab in 2025. Adalimumab prices have decreased substantially since the introduction of generic substitution.



*Calculated as the average retail price within the respective substitution group.

Fig 2. Costs, reimbursements and users of adalimumab. The costs and reimbursements of adalimumab have decreased despite an increase in the number of users.



Methods

Method of the study is a retrospective register study is conducted by using the statistics of the Social Insurance Institution of Finland (KELA). In this study, the costs in 2025 are compared with those in 2022, which is the most recent baseline year before policy measures were implemented. The analysis includes biologic medicines for which a biosimilar is available.

Results

National policy measures – namely prescriber guidance and the pharmacist-led substitution with the reference price system – have resulted in substantial savings. In our first analyses, we observe that reimbursement costs for biologic outpatient medicines with available biosimilars are projected to be €42 million lower in 2025 than in 2022, with total spending amounting to €171 million in 2025. Pharmacy-level substitution occurred at varying rates across medicines. For adalimumab, reimbursement costs fell by over €36 million during the observation period despite an increase in user numbers. Some costs, however, have increased, for example due to the shift in the focus of care from hospital settings to outpatient care.

Conclusions

Finland's policy package – prescriber guidance, reference pricing, and pharmacist-led substitution – effectively promotes biosimilar uptake and reduces spending on biologic medicines. The magnitude of savings depended on biosimilar entry, competitive pricing dynamics, and the medicine-specific uptake of substitution and lowest-price prescribing. Despite variation in substitution rates and some increases driven by shifts in care settings, the overall impact is substantial: competition activated by biosimilars delivers significant reductions in reimbursement costs. These findings highlight the value of comprehensive, system-wide measures for controlling biologic medicine expenditures.

Key findings

17
Biologic Outpatient Medicines with Biosimilars Available by the End of 2025

€171 million
Annual Expenditure on Biologic Medicines with Biosimilars Available

€42 million
Reduction in Reimbursement Expenditure Compared with 2022

National policy measures have led to substantial savings

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