

Biosimilar Policies in European Countries

Peter Schneider

Austrian National Public Health Institute

Stakeholder Event on Biosimilar Medicinal Products
Brussels, 13 December 2022

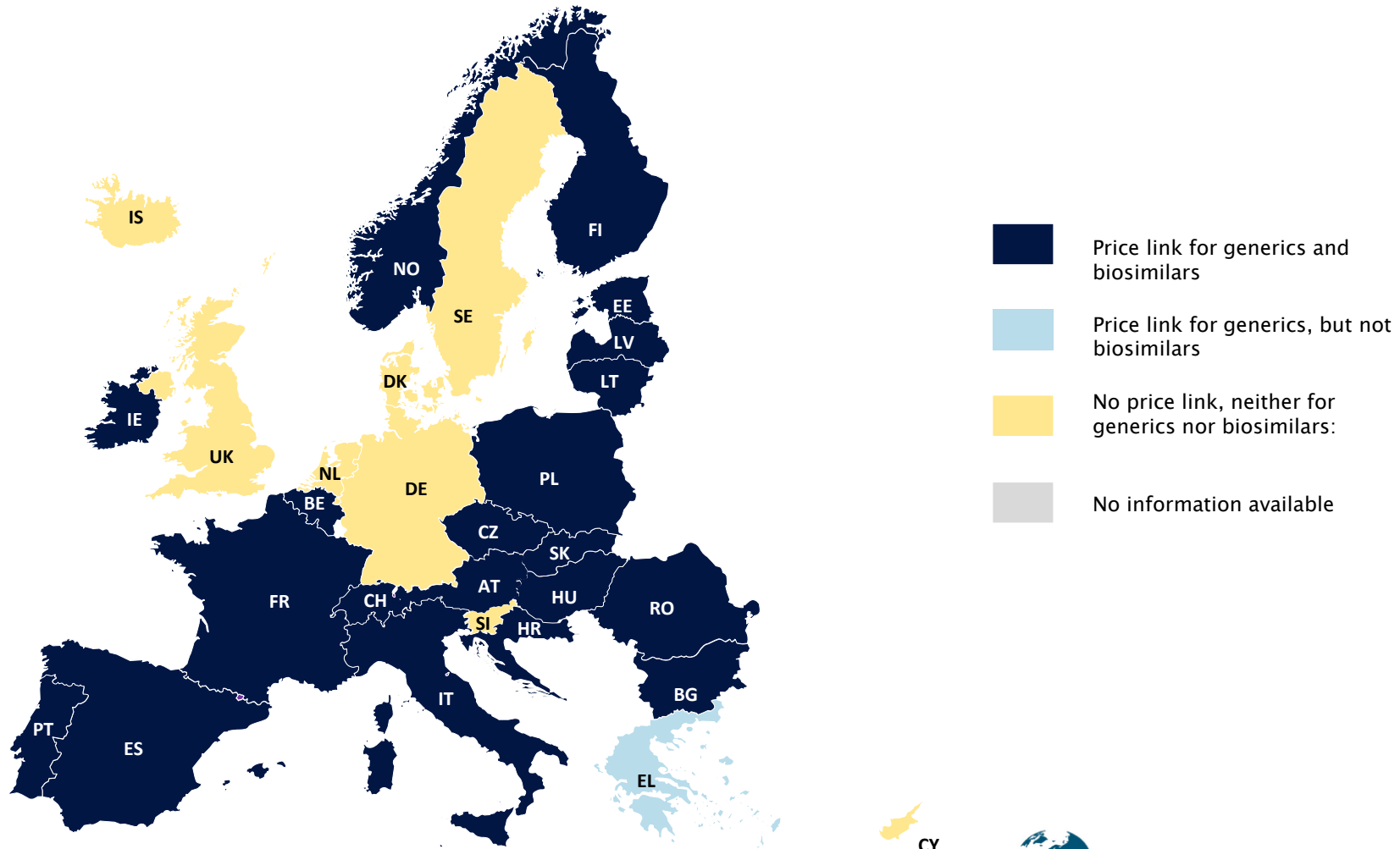
Gesundheit Österreich
GmbH 

Methods

- Query within the Pharmaceutical Pricing and Reimbursement Information (PPRI) Network
 - 26 EU MS (all except LU)
 - IC, NO, CH and UK
 - Brazil, Canada, Israel & Saudi-Arabia
- Prefilled survey on biosimilar policies
- Launched in May 2022
- Response rate: 24 countries
 - For those countries which did not participate in this data was obtained from previous queries/studies

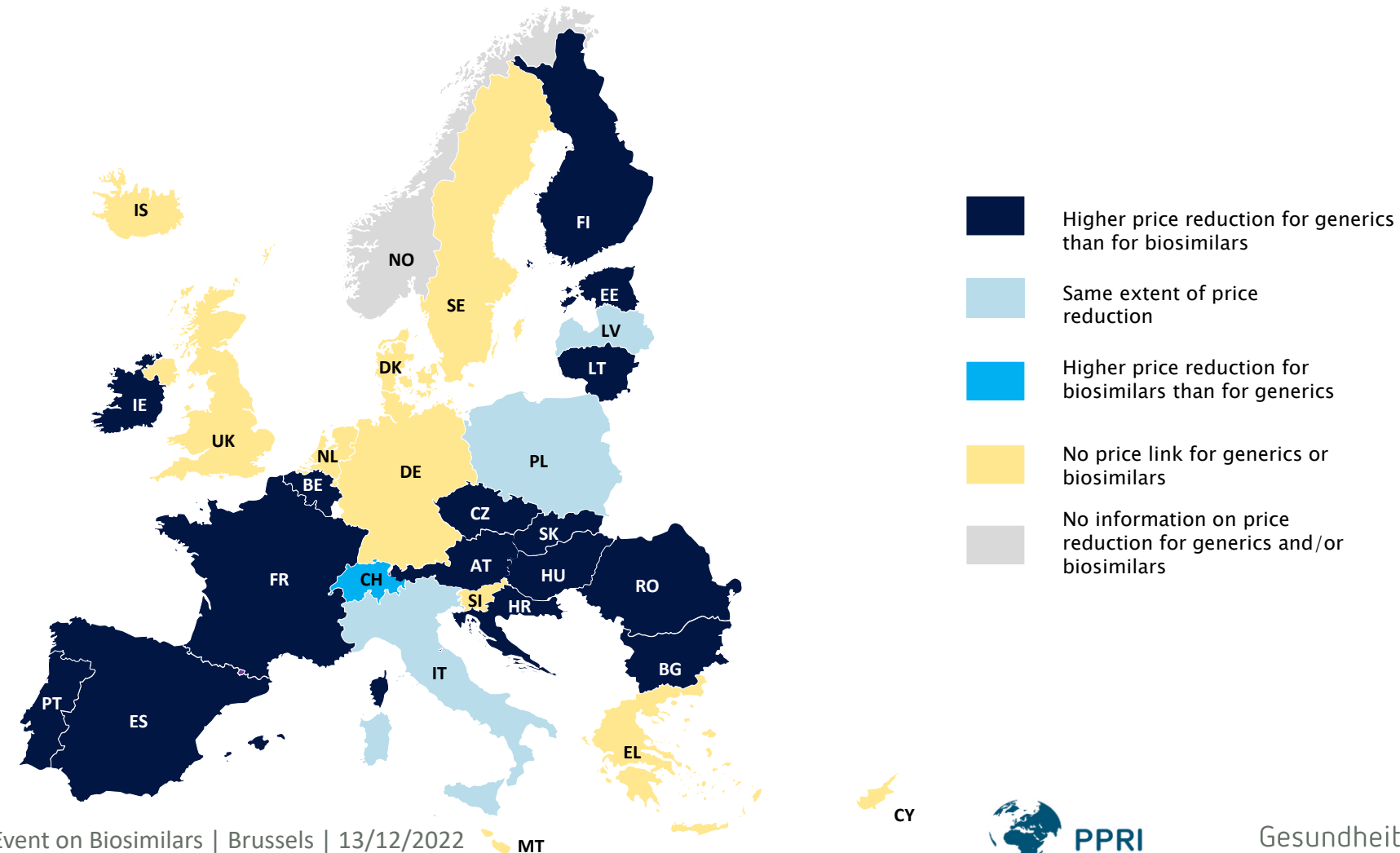
(Selected) Biosimilar Policies in European Countries

Pricing of Biosimilars | Price link policies



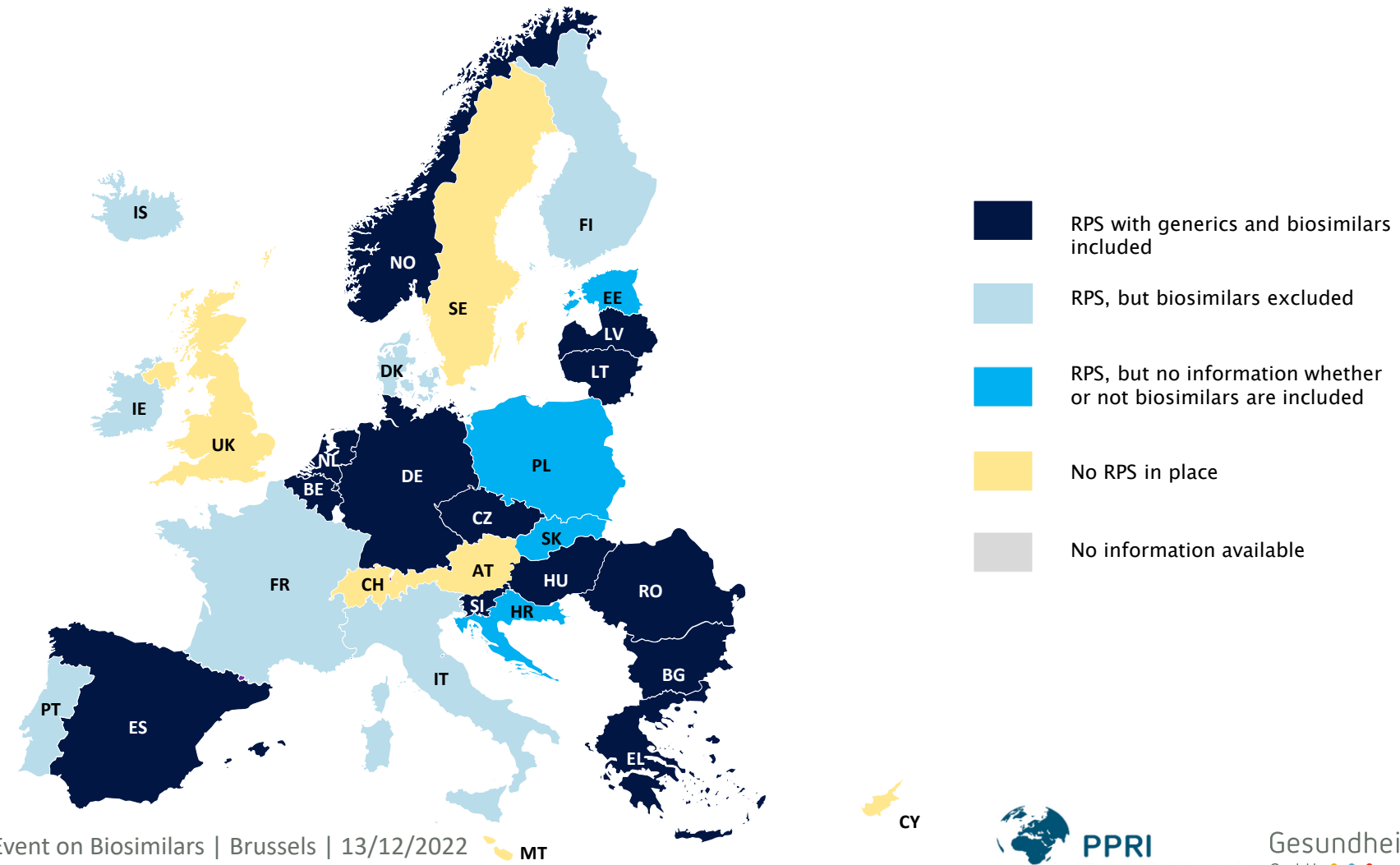
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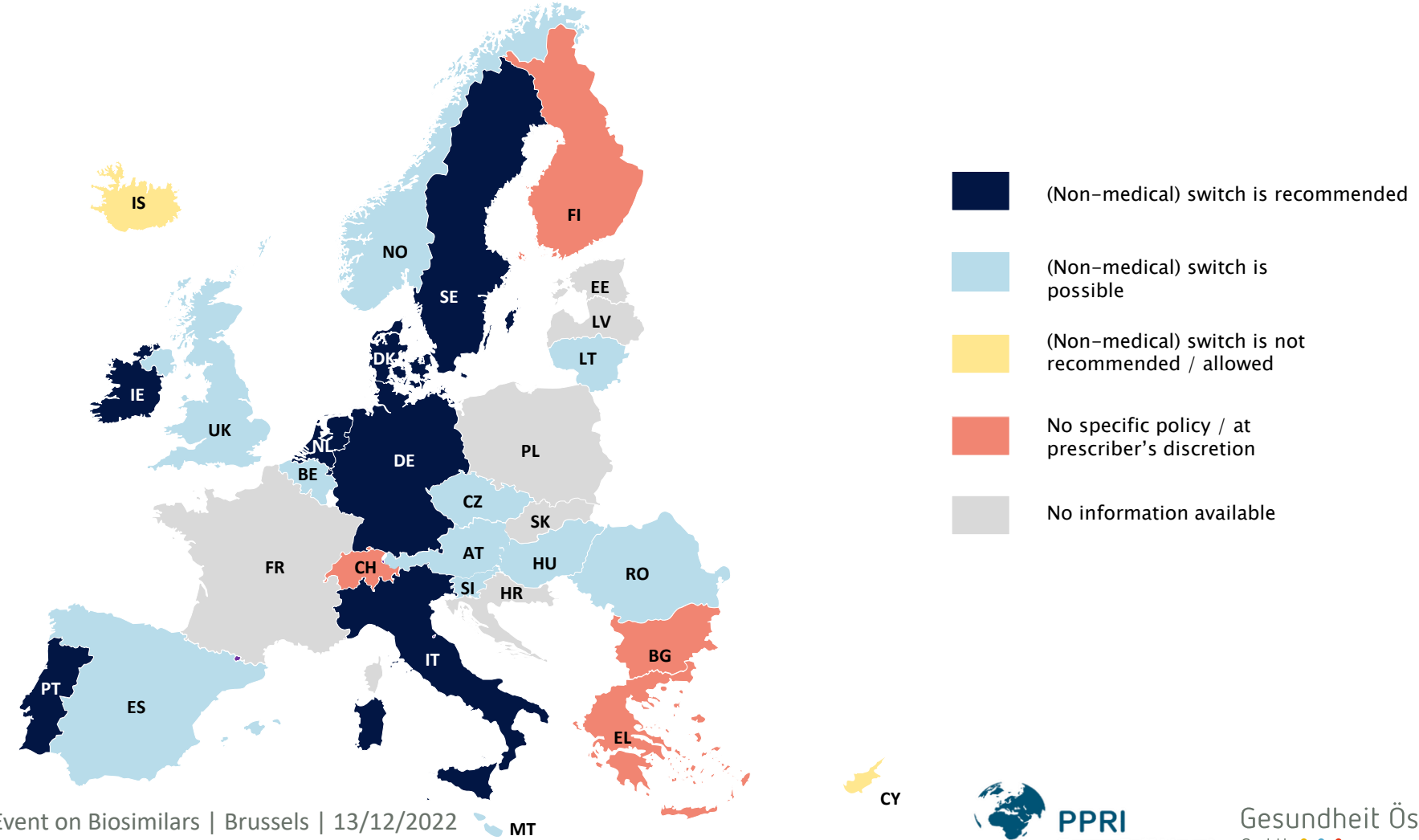
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Reimbursement | Reference Price System (RPS)



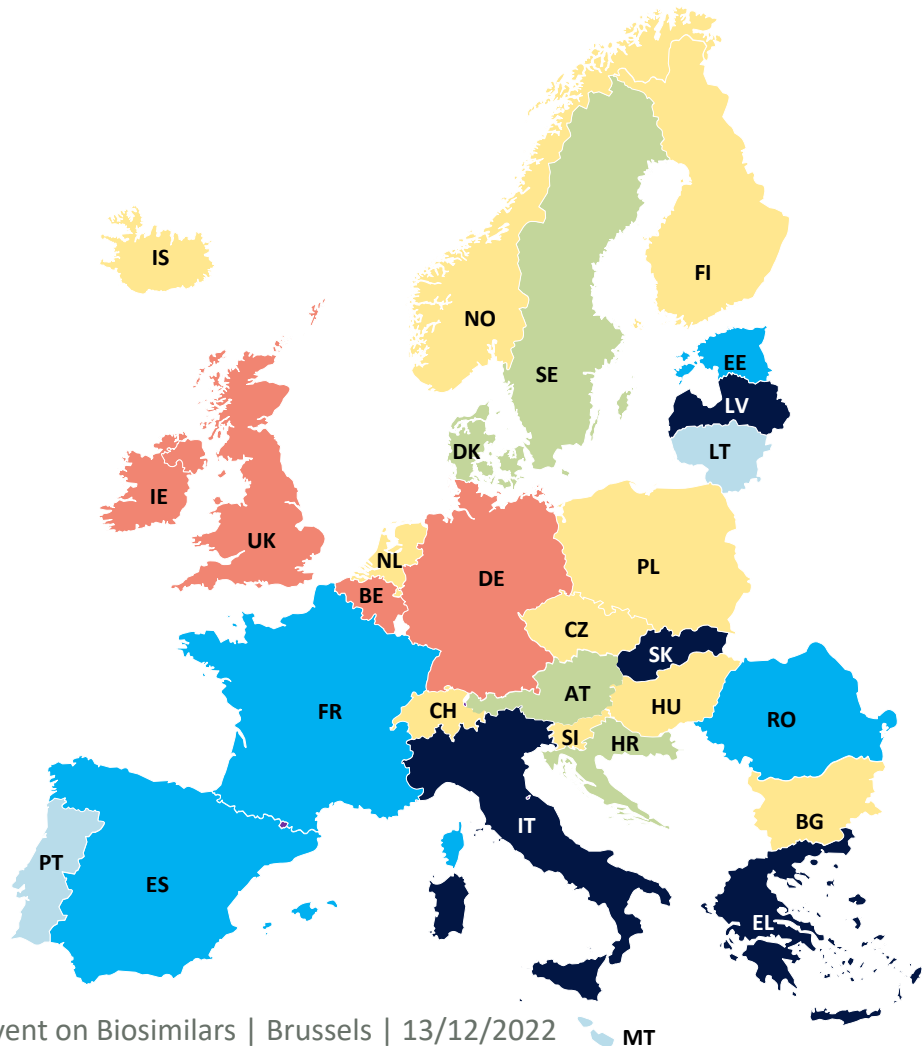
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Switching to / between biosimilars (2022)



(Selected) Biosimilar Policies in European Countries

Prescribing by INN



- INN prescribing is mandatory, including for biosimilars
- INN prescribing is mandatory, but not allowed for biosimilars
- INN prescribing is mandatory, but indicative for biosimilars
- INN prescribing is indicative, including for biosimilars
- INN prescribing is indicative, but not allowed for biosimilars
- INN prescribing not allowed
- No information available



Discussion

- Classification of policies
 - Policies on medicines are embedded within the respective national pharmaceutical system
 - Interpretation against the backdrop of this regulatory framework
- Supply side measures vs. Demand side measures
 - Supply side measures are easier to implement, but full potential seems to be untapped (differences in scope of the measures)
 - Demand side measures are more heterogenous even more difficult to assess/classify
- Point of administration pose a challenge on regulations
 - Several biosimilars are administered at the interface between in-patient and outpatient sector;
 - Existing regulatory framework do have difficulties to capture them

Thank you for your attention

Peter Schneider

Researcher

WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies

Pharmacoeconomics Department

Gesundheit Österreich GmbH | Austrian National Public Health Institute

Stubenring 6

1010 Wien

T: +43 1 515 61 - 116

M: +43 676 848 191 - 169

peter.schneider@goeg.at

www.goeg.at

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