IQVIA INSTITUTE FOR HUMAN DATA SCIENCE

BIOSIMILAR SCORECARD 2020
POLAND

CONTRIBUTION OF BIOSIMILARS

MOLECULE	LEVEL OF COMPETITION	PRICE EVOLUTION	VOLUME DEVELOPMENT
	1=Low, 5=High	*1=Low, 5=High*	*1=Low, 5=High*
Anti-TNF			5
Adalimumab	4	5	5
Infliximab	5	N/A	5
Etanercept	5	5	5
Insulin Lispro	4	4	5
Insulin Glargine	4	3	5
Rituximab	1	N/A	1
Trastuzumab	4	N/A	2
	Indicator of the amount of competition based on the number of competitors and their respective market shares	*Net price reduction from average price of the countries in scope 1 year before first biosimilar entry*	*Change in biologic volume since biosimilar entry*

SUSTAINABILITY SCORECARD

POLICY AREA	SUSTAINABILITY MEASURE	CURRENT COUNTRY STATUS
		1=Low, 5=High
Regulatory environment and clinical guidelines	Time from EMA approval to first biosimilars sales	2
	Treatment guidelines for biosimilar use	1
	Physician switching policies	3
	No biologic pharmacy substitution	5
Awareness and education	Comprehensive training /education for patient	1
	Comprehensive training /education for physician	1
Incentives	Patient incentives to promote biosimilar use	3
	Prescription quotas or financial incentives for providers that do not restrict physician choice	3
Pricing rules and dynamics	Originator price not subject to mandatory price cuts	1
	Molecule pricing not subject to reference price	1
Purchasing mechanisms	Length of contracts	5
	Tender timing relative to biosimilar availability	3
	Time from tender award to delivery	1
	Number of winners	3
	Winner decision criteria beyond price	2

Most biosimilar use is reimbursed via tender procedures, the Sustainability Scorecard scores does not consider retail segment. Other sections of the document include considerations for all the biosimilar segment.

BIOSIMILAR SCORECARD: POLAND

POSITIVE POLICY ELEMENTS

1. Poland has succeeded in achieving widespread acceptance of biosimilars by payers, provider and patients, allowing switching to biosimilars at the physician's discretion while also considering patient preference and compliance.
2. Multiple tenders at the hospital level provide many opportunities for manufacturers to participate in the market.
3. Biosimilar penetration levels and the total market size can support multiple competitors.

POLICY CHALLENGES

1. Automatic listing on the reimbursement list does not occur for biosimilars despite mechanistic price reduction of 25% versus originator, forcing rebates to be negotiated.
2. Mandatory price cuts for the originator when patent expires and price referencing policy in place at the molecule level reduce the attractiveness of the market for manufacturers.
3. Current policies mostly maintain the restricted access to biologic treatments and do not support increased patient use of biologics after loss of exclusivity.
4. The requirement to have the biologic in the market before being able to apply for reimbursement delays the time to reimbursement and full launch.

POTENTIAL POLICY SOLUTIONS

1. Removing reference pricing policies would enable price to be set based on competition and therefore improve long-term sustainability.
2. Multiple tenders rather than a single tender with a single winner can result in more manufacturers bidding in tenders and therefore intensifying the level of competition.
3. Consider expanding or granting earlier access for patients to biosimilars within the existing medicines access schemes.
4. Consider creating provisions to allocate savings generated by biosimilar competition to be reinvested in a given therapeutic area e.g. by increasing the length of treatment courses or treating more patients.

Poland Biosimilar Scorecard prepared June 2020.

All analysis based on 12 months ending Q1 2020. In cases where information is unavailable, scores are left blank.

For information on methodology supporting the scorecard metrics and statements, please see the Appendix document at www.iqviainstitute.org/biosimilarscorecards

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