

Gastroenterology

- Use **Inflectra (infliximab-dyyb)** [biosimilar Remicade] or **Renflexis (infliximab-abda)** [biosimilar Remicade] as alternatives to **Remicade**.
The biosimilars are approximately 35% less expensive than brand Remicade

(Note: Inflectra and Renflexis are not approved for Pediatric Ulcerative Colitis – a patent expiration issue)

2020 Clinical Integration (CI) Pharmacy Program

The following are Key Recommendations to help increase Generic Prescribing:

- Reinforce the value of generics with patients!
- Prescribe 90 day supplies of maintenance (chronic use) medications
- Use generic CoLyte, generic GoLyteLy, generic NuLyteLy, or generic TriLyte. **Reserve MoviPrep, OsmoPrep, Prepopik, and Suprep as secondary options.**
- Use generic Asacol (mesalamine 800mg DR tab), generic Delzicol (mesalamine DR 400mg cap), or generic Lialda (mesalamine 1.2g DR tab). **Use Apriso, Asacol HD, and Pentasa as secondary options, where possible.**
- Use generic Colazal (balsalazide 750mg caps).
Use Dipentum as a secondary option, where possible.

Evaluate the need for ongoing PPI therapy!

- Use **Nexium 24HR OTC, Prevacid 24HR OTC, Prilosec OTC, or Zegerid OTC as therapeutic options for PPI-naïve or less severe cases.**
- Use generic AcipHex (rabeprazole), generic Nexium (esomeprazole), generic Prevacid (lansoprazole), generic Prilosec (omeprazole), or generic Protonix (pantoprazole). Consider maximizing the dose of the first agent before switching to another medication.

Reserve Dexilant for those patients who do not tolerate or respond to one of the OTC or generic PPIs.

Biosimilars – Key Takeaways

- Biosimilars are not exact copies of the brand products - **“Not generics.”**
 - They contain a similar protein/chemical structure and produce similar biological responses.
- The U.S FDA has a process in place to evaluate and approve biosimilars.
 - They **may have** different FDA approved indications compared with the brand.
 - The **“Interchangeable”** designation **will allow** for substitution – like generics
- Most major brand manufacturers will offer a line of biosimilar medications.
- They may be priced 10-20% or more below the brand.
- PBM and insurer formularies **may** or **may not** include the biosimilar **and** the brand.
- PBMs, insurers, and payers are “counting on” biosimilars to help ease the 15-20% year over year increase in specialty drug spend.
- Physicians will need to prescribe the “follow on” or biosimilar by its name i.e., **Inflectra (infliximab-dyyb)** etc. and to be aware of what indications the medication is approved for.
- Many biosimilars will have coupons and patient assistance (\$\$) programs just like the brands.

Reference:

<http://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/TherapeuticBiologicApplications/Biosimilars/>

The above applies to **outpatient** prescribing only!