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Physician Views: CMS Guidance on Biosimilar Reimbursement – What Do Oncologists and Rheumatologists Think?

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Abstracts

Recent FDA approval of the first US biosimilar product has spurred the Centers for Medicare and Medicaid Services (CMS) to publish new guidance relating to biosimilar reimbursement and usage (ViewPoints: New CMS documents should grease the wheels of adoption for biosimilars).

Under Medicare Part B, where products are administered by physicians, the CMS has provided clarification on how biosimilars will be reimbursed: at the average sales price (ASP) of the biosimilar in question plus 6 percent of the ASP of the equivalent branded reference product. This guidance is designed to remove a disincentive for a physician to prescribe a biosimilar. As a result, biosimilars and equivalent branded products will have separate billing codes under Medicare Part B.

Under Part D schemes – for pharmacy administered products – new CMS guidance considers a biosimilar and its equivalent branded reference product to be the same, meaning that a branded product could effectively be replaced with a biosimilar (assuming the plan in question maintains access to two products within a drug class). It has been suggested that this decision implies potential 'de facto' interchangeability status for biosimilars.

To help provide FirstWord Pharma PLUS readers a unique analysis of this development, this week we are polling US-based oncologists and rheumatologists in two separate polls to ascertain initial physician sentiment to the CMS guidance.

In our first poll, focused on Part B reimbursement, we are asking oncologists…

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How effective they expect the CMS reimbursement guidance to be in incentivising physicians to use biosimilars

Whether the decision not to use shared billing codes will have any impact on biosimilar adoption

How likely they will be to accept payer pressure to use biosimilars outside of the Medicare setting

What presence they expect biosimilars to have on the US cancer treatment landscape in five years' time

Whether they agree with the view that adoption of biosimilars is necessary to reduce limitations placed by payers on novel cancer therapies

In our second poll, focused on Part D reimbursement, we are asking rheumatologists…

Whether CMS guidance that branded reference biologics and biosimilars "will not be considered as different drugs" will have a positive impact on their adoption of biosimilars

Their assessment of 'de-facto' interchangeability via CMS guidance

Their view on interchangeability status for biosimilars in general

How likely they will be to accept payer pressure to use biosimilars outside of the Medicare setting

What presence they expect biosimilars to have on the US rheumatology/inflammation treatment landscape in five years' time

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