From policy to practice: pharmacist bridges regulatory intent and real-world biosimilar uptake

A pharmacist-driven model to boost biosimilar switching in hospital following the 2024 Swiss policy change

Marion Duwez[1], Yassine Dhif[1], Jean-Louis Frossard[2], Jörg D. Seebach[3], Pascal Bonnabry[1,4]
[1]Pharmacy, Geneva University Hospitals
[2]Gastroenterology, Geneva University Hospitals
[3]Division of Immunology and Allergy, Geneva University Hospitals
[4]Institute of Pharmaceutical Sciences of Western Switzerland, School of pharmaceutical sciences, University of Geneva

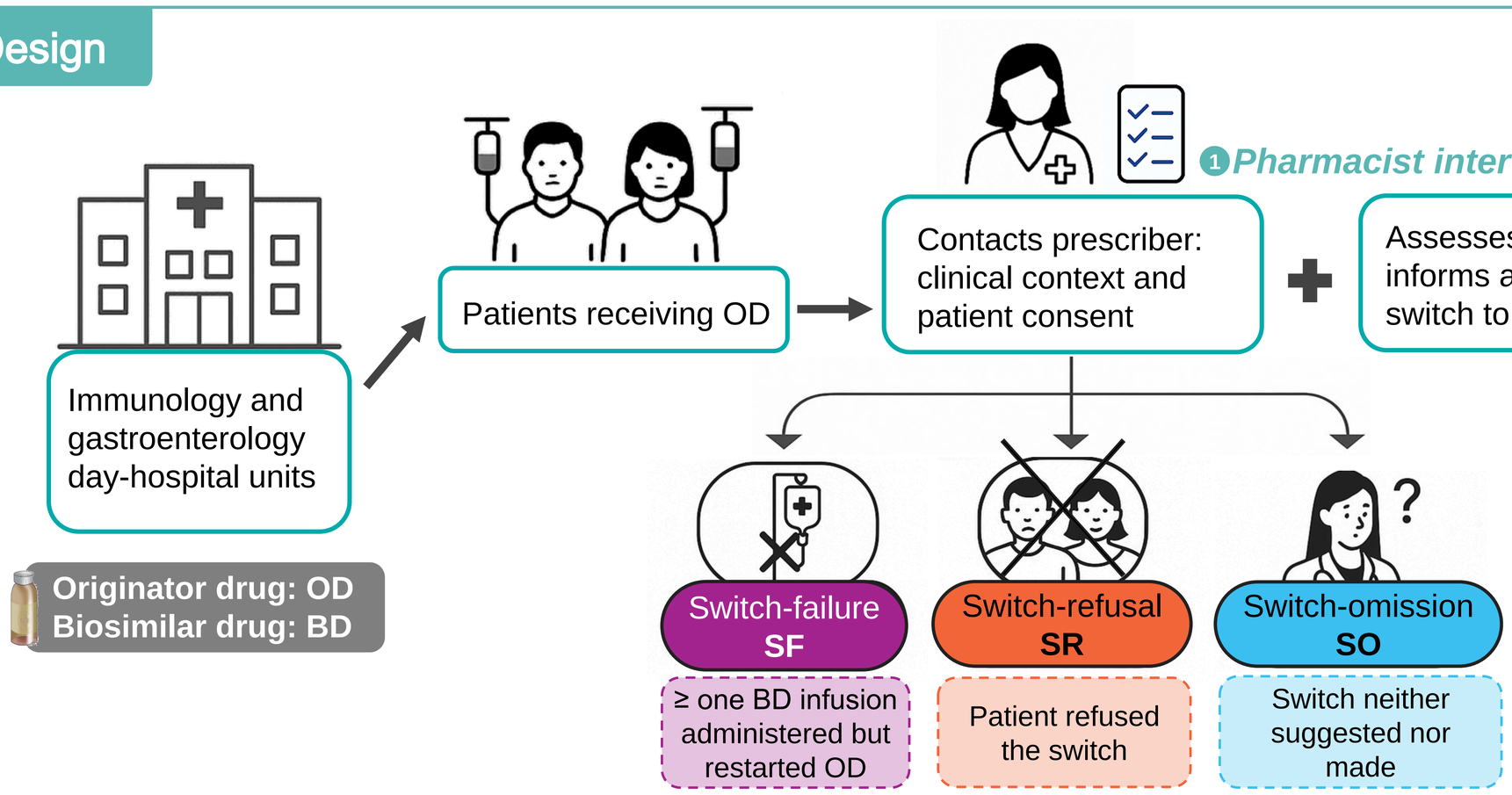
Objectives

- **Promoting the use of biosimilars** to reduce drug costs for healthcare system
- **Increasing the switch rate** for biosimilars in gastroenterology and immunology
- **Identifying and managing current barriers to switch**

Conclusions

- **Administrative burdens under Art. 71ad, OAMal continue to impede biosimilar adoption**, resulting in continued originator prescriptions without clinical justification or patient refusal
- **Pharmacists play a pivotal role** in improving switch rates by guiding prescribers, managing insurer approvals, and addressing patient concerns through targeted education

Design

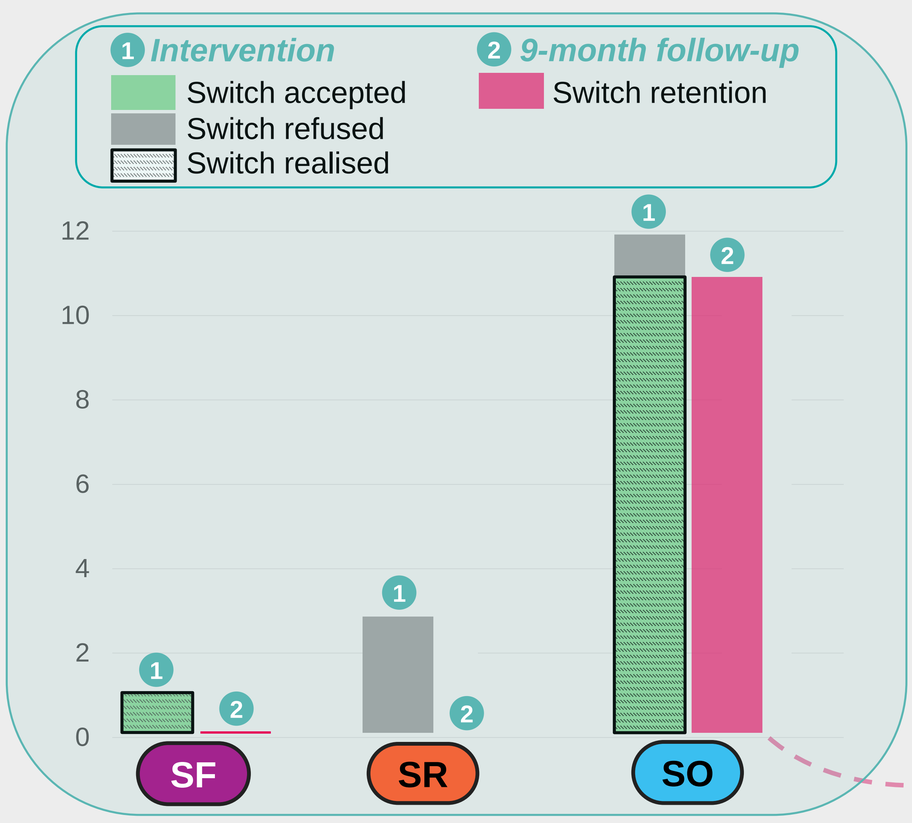


Results

Study period: 8.02.2024 to 20.12.2024

n=17 OD patients scheduled (n=1 initiation)
n=1 excluded (missing data)

- ♀: 10 / 17 (19-85 Y.O.)
- OD treatment for 1 to >10 years
- OD molecules: n=8 infliximab; n=8 rituximab; n=1 adalimumab
- Infusion every 2 to 52 weeks
- Disease: n=10 immunology; n=7 gastroenterology
- N=2 patient interviews: n=1 SF and n=1 SO
- **Switch accepted: 75%**



Switch refused:

N=3: patient or physician refused switch discussion
N=1: previous perceived loss of efficacy

Delayed switches before pharmacist intervention:

N=3 transition from pediatric or community care
N=4 unexplained delays
N=3 insurance approval issues resolved by pharmacist
N=1 prescription error corrected by pharmacist

Switchback:

N=1 (SF): perceived loss of efficacy after 2 BD infusions (nocebo effect?)

Retention rate: 92%
↗ of hospital cost savings: CHF 50,000 / year

Hôpitaux Universitaires Genève
ISPSO INSTITUT DES SCIENCES PHARMACEUTIQUES DE SUISSE OCCIDENTALE
SCHWEIZER APOTHEKERKONGRESS CONGRÈS SUISSE DES PHARMACIENS BERNEXPO | 20. – 21.11.2025

F-LOG-6

This study was supported by IQONE®

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