Are You Optimizing the Diversity of Your Biosimilar Inventory?

Adopting Biosimilars Into Practice[1]

The National Comprehensive Cancer Network (NCCN) developed a position paper based on a biosimilar survey completed by the NCCN Pharmacy Directors Forum representing a variety of institutions to discuss the specific challenges when adopting biosimilar medications into practice.

The survey results identified 5 areas of focus:

- Patient safety
- Payer restrictions to specific products
- Leveraging the electronic health record (EHR)
- Storage of multiple products
- Coordination with the revenue cycle team

These areas of focus are interlinked, and the following pages concentrate on the storage of multiple biosimilar products for each originator, or multi-stocking biosimilars, while taking into consideration patient safety, payer restrictions, and leveraging the EHR.

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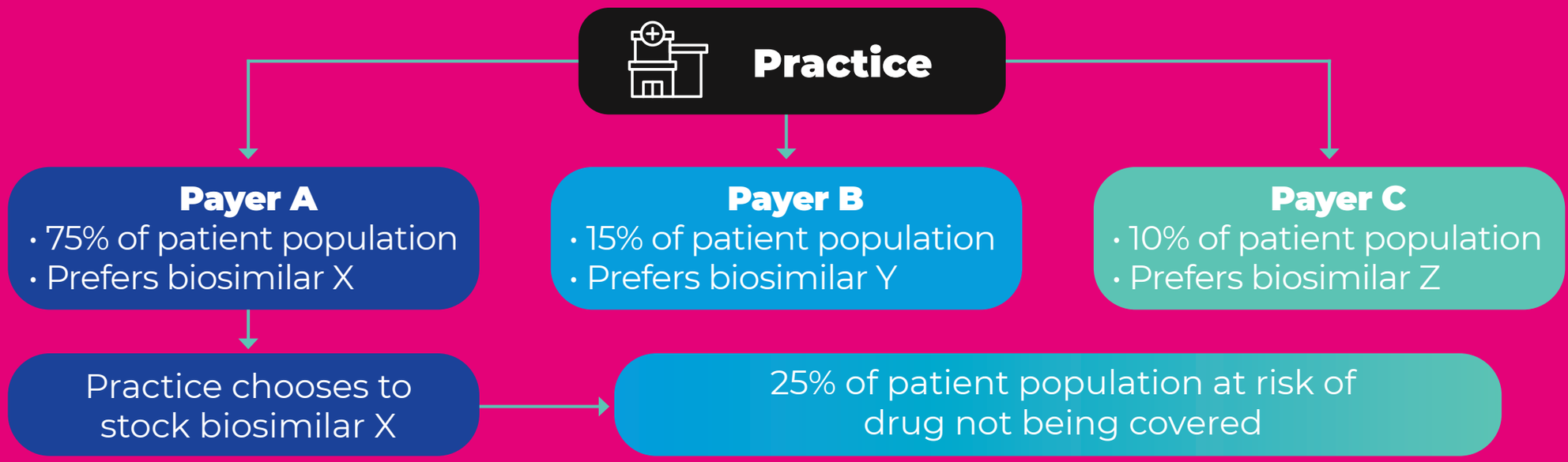
Why Stock Multiple Biosimilars?

Current Payer Management of Biosimilars[1]

Payer access may vary among biosimilars in a class, resulting in the need to stock multiple biosimilars for practices that serve patients with different payer plans.

EXAMPLE



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Key Challenges in Stocking Multiple Biosimilars[1,2]

Increased carrying costs | **Storage limitations** | **Medication errors**

For these reasons, many practices only stock a single, preferred biosimilar product. However, current payer management of biosimilars makes this challenging and can delay patient care.

Stocking multiple biosimilars can be supported with proper inventory management, allowing practices to enable patient access within the current payer landscape.

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We Care About Supporting You With a Multi-stocking Approach

Inventory management of multi-stocking can be achieved through[1,2]:

- Regular internal biosimilar education and review of relevant payer requirements
- Engaging the full team
- Improving inventory and storage management technology
- Ensuring patient safety in internal processes
- Optimizing system efficiencies, including leveraging EHR

To learn more about these best practices, see the next 4 pages.

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Multi-stocking Best Practices

EHR Build[1,2]

- Include the National Drug Code (NDC), Healthcare Common Procedure Coding System (HCPCS) code, generic name with 4-letter suffix, and brand name associated with each unique product in each biosimilar electronic medication administration record (eMAR)
- Monitor notices and alerts from the Institute for Safe Medication Practices (ISMP) to identify and prevent potential look-alike, sound-alike (LASA) medication errors
- A preferred formulary biosimilar may be set as the default agent in a treatment plan or order set designed to accommodate multiple payers' preferences

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Multi-stocking Best Practices (*continued*)

Storage and Dispensing Technology[1,2]

01 Utilize barcode scanning to differentiate between biosimilars and reference products as soon as medications enter the pharmacy

02 Store by brand name but be searchable and labeled with both brand and generic name and 4-letter suffix

03 Assign biosimilar products to segregated locations to avoid confusion during stocking and picking of physical inventory

04 Utilize barcode scanning, image capturing, and dose compounding verification technology to minimize preparation errors

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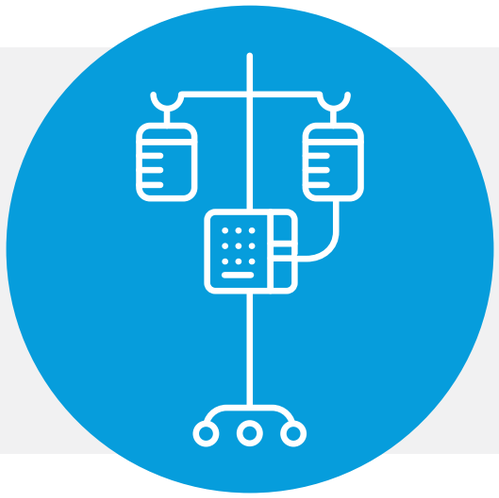
Multi-stocking Best Practices (*continued*)

Medication Administration Technology[1,2]

Utilize barcodes and smart infusion pumps to reduce errors that may come with multiple product options



Minimize build and maintenance work for smart pump libraries by using a single entry under a generic name to address both reference and biosimilar products with identical administration instructions

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Multi-stocking Best Practices (*continued*)

Biosimilar Education and Full Team Involvement[2]

Clinicians

A physician should be identified to champion biosimilar use

Pharmacists

Pharmacists must have a fundamental understanding of biosimilars to be able to facilitate education of the full team

Patients

Given the potential for changing payer and practice formularies, introduce the term “biosimilar” early in treatment and explain key concepts of switching to a biosimilar, safety, immunogenicity, and production

Support Staff

- **Staff involved in patient access and prior authorization:** Educate on care plan changes, emphasize changes in preferred products, and provide clinical rationales for biosimilar prior authorizations
- **Pharmacy technicians:** Educate on LASA errors to minimize risk during compounding and dispensing

To get help implementing a multi-stocking approach, request a call back from an Organon representative.*

OrganonBiosimilars.com

*Representatives are available Monday through Friday, 8 AM to 5 PM ET, excluding US holidays.

1. Handel E, Koh W, Ray L. NCCN Pharmacy Directors Forum recommendations on operationalizing the safe and efficient use of biosimilars in the clinical setting. NCCN. January 26, 2021. Accessed September 8, 2022. https://www.nccn.org/docs/default-source/clinical/nccn-pharmacy-directors-forum-white-paper-operationalizing-the-safe-and-efficient-use-of-biosimilars.pdf **2.** Hackenyos D. Practical considerations for implementation of biosimilars in oncology. *Pharm Pract News*. December 23, 2020. Accessed September 8, 2022. https://www.pharmacypracticenews.com/review-articles/article/10-17/Practical-Considerations-for-Implementation-of-Biosimilars-in-Oncology/61247

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