Early Impact of Expanding Generic Glatiramer Acetate Options Confined to Payer-Driven Conversion/Competition Within Glatiramer Acetate Class

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Background
Quarterly survey fielded by an independent market intelligence agency which specializes in tracking the US disease-modifying therapy (DMT) market, including benchmarking new launch metrics, in multiple sclerosis (MS).

Objective
Characterize the impact of additional glatiramer acetate (GA) generics on the MS market in the United States.

Methods
Last fielded in February 2018, US neurologists provided responses to a quarterly online survey. Compared to submitted abstract, methods, results, and conclusions have been updated as needed based upon most recent data.

Results
In Q3 2017, use of the only available generic once-daily GA 20mg represented 14% of the GA class (3.4% of DMT-treated patients) driven by a 46% prescriber base. Following the early October launch of two additional GA generics, the generic share of the GA class increased to 26% (6.7% of DMT-treated patients) with a 55% prescriber base. Over the same time period, shares of branded GA 40mg and the first-to-market generic GA 20mg have decreased. However, reported use of the most recent GA generics, including the more preferred three-times-weekly GA 40mg dose, offsets those losses, resulting in a GA class share of DMT-treated patients up 3 percentage points compared to one year ago (Figs. 1 and 2). Two out of five neurologists report being pressured by managed care organizations to switch their branded GA patients to a generic GA (Figs. 4 and 6). Indeed, 74% of generic GA 40mg initiations were due to managed care plan or pharmacy contacts advising a switch from branded GA 40mg (Fig 5). Over the next six months, neurologists anticipate that the GA class will begin to constrict due to a significant draw on branded GA share by non-GA DMTs (Fig. 7) that is not fully offset by the expected increase in generic GA 40mg share (Figs. 2 and 3). Generic GA is projected to represent 32% of the GA class with a 57% prescriber base.

Conclusion
The impact of expanding generic GA share, driven by managed care and pharmacy pressure, has been restricted to conversion and competition within the GA class. However, the anticipated decrease in GA share of DMT-treated patients, even with the increased number of GA agents, suggests that some neurologists anticipate choosing non-GA DMTs, such as teriflunomide, to use in place of generic GA.

Note: Sphero Global Insights is an independent healthcare market analytics company. All studies are independently funded and fielded by the organization. Final reports are developed from these studies which are then made available for purchase. For more information, contact info@spheroiglobalinsights.com

Figure 1
Brand vs. Generic Share of GA Class (non-weighted, all MS types)

Figure 2
GA Agent Share and Prescriber Base Trends Since Mylan GA Launches (non-weighted, all MS types)

Figure 3
Perceived Change in Agent Use in Past Three Months / Next Three Months

Figure 4
Statement Agreement

Figure 5
Starting Patients on GA 40mg Generic (Respondents who reported generic GA 40mg use, n=60)

Figure 6
Percent of recent Copaxone 40mg prescriptions that resulted in a contact suggesting generic GA 40mg instead

Figure 7
Reasons for Recent Decreased GA Use (Respondents with decreased use, n=3)

Conclusion
The impact of expanding generic GA share, driven by managed care and pharmacy pressure, has been restricted to conversion and competition within the GA class.