

Adalimumab biosimilars: Why aren't we seeing the savings yet?

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The arrival of biosimilars for adalimumab, a cornerstone therapy for numerous autoimmune conditions, was widely anticipated to usher in substantial cost reductions across European healthcare systems. Policymakers and payers projected significant savings, envisioning a rapid shift from the originator product to more affordable alternatives. But the reality has been a more gradual, less dramatic fiscal impact than initially forecast.

KEY TAKEAWAYS

- **The Pivot:** Adalimumab biosimilar uptake and associated cost savings have been slower than initial projections, challenging expectations for rapid market penetration.
- **The Data:** While specific numbers vary by market, the overall reduction in drug expenditure has not matched the anticipated scale, with originator strategies playing a key role.
- **The Action:** Clinicians should remain informed about local formulary changes and engage in discussions about biosimilar adoption, understanding the broader economic implications for healthcare systems.

Adalimumab, marketed as Humira by AbbVie, has been a dominant force in the treatment of chronic inflammatory diseases for two decades. Its efficacy across a spectrum of conditions, including rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, ulcerative colitis, and psoriasis, established it as a critical therapeutic option. The drug functions as a monoclonal antibody that specifically binds to tumor necrosis factor alpha (TNF- α), a cytokine involved in systemic inflammation. By neutralizing TNF- α , adalimumab reduces inflammatory responses, alleviating symptoms and preventing disease progression in affected patients. This mechanism of action has made it indispensable for patients who have failed conventional disease-modifying antirheumatic drugs (DMARDs) or other immunosuppressants. The patent expiration for adalimumab in Europe in 2018, followed by the US in 2023, opened the door for biosimilar versions. These are biological products highly similar to an approved reference biological product, with no clinically meaningful differences in terms of safety, purity, and potency.¹ Regulatory bodies like the European Medicines Agency (EMA) rigorously assess biosimilars to ensure they meet stringent quality, safety, and efficacy standards before approval.¹ The expectation was that these approvals would lead to robust competition, driving down prices and expanding patient access to effective biologic therapies, mirroring the impact seen with small-molecule generics.^{1,2,3,5}

Market Dynamics and Pricing Strategies

The initial wave of adalimumab biosimilars entered the European market with considerable fanfare, showing a potential for a new era of cost-effectiveness for biologics.³ But the anticipated rapid market penetration and substantial price erosion did not materialize uniformly across all European countries.^{2,3,4,6} Several factors contributed to this

slower-than-expected uptake and the subsequent tempering of savings.² One primary reason was the strategic response from AbbVie, the originator company. Rather than ceding market share entirely, AbbVie implemented aggressive pricing strategies, including significant rebates and discounts, to retain its existing patient base and even attract new prescriptions for Humira. These confidential rebate agreements often made the originator product financially competitive with, or even more attractive than, some biosimilars, particularly in markets where tendering processes were less transparent or robust. But the pricing was only one part of the equation. The complexity of biologic manufacturing and distribution also played a role. Unlike small-molecule generics, biosimilars require sophisticated manufacturing processes and cold chain logistics, which can limit the number of viable manufacturers and increase production costs. This inherent complexity means that the cost differential between an originator biologic and its biosimilar is often not as stark as between a brand-name small molecule and its generic equivalent. The sheer number of adalimumab biosimilars approved in Europe, with multiple companies vying for market share, created a crowded market. While theoretically beneficial for competition, it also led to a fragmentation of demand and, in some cases, made it harder for individual biosimilar manufacturers to achieve economies of scale necessary for deeper price cuts.

Prescriber and Patient Perceptions

Prescriber inertia also proved to be a significant hurdle. Many clinicians, having years of positive experience with the originator adalimumab, expressed a degree of reluctance to switch stable patients to a biosimilar, even with assurances of equivalence from regulatory bodies.¹ This hesitancy stemmed from various concerns, including perceived differences in efficacy or safety, potential for immunogenicity, and the practicalities of managing patient transitions. While regulatory agencies have consistently affirmed the interchangeability of biosimilars, the psychological barrier for prescribers to change a successful treatment regimen for a patient doing well on the originator product remained considerable.¹ This is particularly true in chronic conditions where patients often develop strong relationships with their specific medication and may express anxiety about switching.

Patient perception also played a role. Despite extensive educational campaigns, some patients harbored concerns about biosimilars, sometimes fueled by misinformation or a general distrust of 'generic' versions of complex medications. The concept of 'biosimilarity' is inherently more complex than 'genericity,' requiring a deeper understanding of biological products and their manufacturing. This educational gap, both for clinicians and patients, contributed to a slower adoption rate.³ The broader debate around professional titles and scope of practice in healthcare also reflects a similar underlying tension regarding trust and established norms, which can subtly influence the acceptance of new therapeutic paradigms like biosimilars.

Procurement and Policy Challenges

The procurement landscape across Europe is highly fragmented, with each country, and sometimes even individual regions or hospitals, adopting different approaches to biosimilar integration. Some countries implemented aggressive tendering processes, mandating biosimilar use or setting strict quotas, which led to more rapid uptake and greater savings.³ Others adopted a more cautious, gradual approach, allowing for physician discretion and slower transitions. This heterogeneity meant that the impact of biosimilars varied significantly from one market to another.⁶ In some regions, the tendering process itself became a battleground, with originator companies leveraging their market power and established relationships to secure favorable terms, sometimes at the expense of biosimilar penetration.

Policy decisions regarding reimbursement and formulary placement were also critical. In many systems, biosimilars were not automatically granted preferred status, requiring additional steps or justifications for their use. This administrative burden, coupled with the aforementioned prescriber and patient concerns, created friction in the adoption pathway. The lack of a unified European approach to biosimilar adoption, despite the EMA's centralized approval process, meant that national policies often dictated the pace and extent of market transformation. The complex relationship between policy and market outcomes is a recurring theme in healthcare economics, and adalimumab biosimilars are a prime example.

The Long-Term Outlook

Despite the initial slower-than-predicted trajectory, the long-term impact of adalimumab biosimilars is still expected to be substantial. As healthcare systems gain more experience with biosimilar integration and as educational efforts continue to address prescriber and patient concerns, uptake is likely to accelerate. The competitive pressure from biosimilars has already led to significant price reductions for the originator product, even if not always translating into direct biosimilar market share. These price adjustments, whether through direct biosimilar sales or through originator rebates, ultimately contribute to overall cost containment.⁴ For clinicians managing patients with chronic inflammatory conditions, access to a wider range of affordable options is a net positive, allowing for more flexible prescribing decisions within budget constraints. The recent approval of other biosimilars, such as golimumab biosimilars, suggests a continuing trend towards increased competition in the biologic market, which will eventually yield greater savings.

The experience with adalimumab biosimilars serves as a lesson for future biologic patent expirations, highlighting that the path to biosimilar integration is not merely a scientific or regulatory one, but also a complex relationship of economic incentives, market strategies, prescriber behavior, and public perception. While the clinical equivalence of biosimilars is well-established, their real-world uptake depends on overcoming these challenges. The initial projections for savings were perhaps overly optimistic, underestimating the resilience of originator strategies and the inherent complexities of biologic markets.^{2,3} Still, the presence of biosimilars has fundamentally altered the market for adalimumab, pushing prices down and setting a precedent for future biologic competition. This ongoing evolution requires continuous monitoring and adaptive policy responses to ensure that the full benefits of biosimilar competition are realized for patients and healthcare systems alike. For a comprehensive overview of rheumatological conditions and their management, clinicians often consult resources like the Oxford Handbook of Rheumatology, which provides practical guidance on these complex therapeutic decisions.

CLINICAL IMPLICATIONS

The slow burn of adalimumab biosimilar uptake has been a frustrating reality for health economists and payers. The expectation was a swift, decisive market shift, but the reality has been a protracted negotiation where originator companies have proven adept at defending market share through aggressive pricing and rebate schemes. This means that while some savings have accrued, they are not the windfall initially envisioned, forcing a re-evaluation of how biosimilar markets are structured and incentivized.

For clinicians, the situation presents a challenge. While the scientific evidence for biosimilar equivalence is robust, the practicalities of switching stable patients, coupled with varying formulary mandates and patient anxieties, create friction. It shows the need for clear, consistent communication from health authorities and institutions to build confidence in biosimilars, ensuring that cost-saving opportunities do not compromise

patient trust or perceived quality of care.

The industry, particularly biosimilar manufacturers, must contend with a market that is less predictable than anticipated. The investment in developing and bringing these complex biologics to market is substantial, and a slow return on that investment can deter future innovation. This dynamic highlights the critical balance between fostering competition and ensuring a sustainable market for both originator and biosimilar products, a balance that Europe is still actively seeking.

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REFERENCES

1. Fiorino G, Gilardi D, Correale C, et al. Biosimilars of adalimumab: the upcoming challenge in IBD. *Expert Opin Biol Ther*. 2019;19(10):1023-1030. doi:10.1080/14712598.2019.1564033
2. Axelsen K, Courmier D, Bai G, Maini L. Savings from biosimilars and Medicare formulary access. *Health Aff Sch*. 2025;3(11):qxaf214. doi:10.1093/haschl/qxaf214
3. Baker J, Kalb R. Biosimilars in Dermatology Review. *J Psoriasis Psoriatic Arthritis*. 2024;9(1):28-35. doi:10.1177/24755303231212154
4. Jarrion Q, Azzouz B, Robinson J, Jolly D, Vallet C, Trenque T. Penetration rate of anti-TNF biosimilars and savings at 5 years after their introduction in French hospitals. *Therapie*. 2022;77(4):467-475. doi:10.1016/j.therap.2021.10.012
5. Woo H, Shin G, Lee D, Kwon HY, Bae S. Is the Availability of Biosimilar Adalimumab Associated with Budget Savings? A Difference-in-Difference Analysis of 14 Countries. *BioDrugs*. 2024;38(1):133-144. doi:10.1007/s40259-023-00636-z
6. Duggan B, Smith A, Barry M. Uptake of biosimilars for TNF-inhibitors adalimumab and etanercept following the best-value biological medicine initiative in Ireland. *Int J Clin Pharm*. 2021;43(5):1251-1256. doi:10.1007/s11096-021-01243-0

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