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District of Columbia Specialty Pharmacy Biosimilar Availability and Formulary Switching Survey

This survey is intended to understand how DC Specialty pharmacies manage formulary-mandated biosimilar switches, including operational practices, prescriber communication, and patient care impacts.

Responses will be used to analyze current processes and improve program effectiveness and patient outcomes.

1. **Interchangeability and Substitution Practices**

   How does your pharmacy manage formulary-mandated switches to biosimilars when the biosimilar does **NOT** have a Food and Drug Administration (FDA) interchangeability designation? (Check all that apply.)

   - [■] Automatic substitution allowed per protocol
   - [ ] Requires new prescription from prescriber
   - [ ] Requires prescriber authorization prior to dispensing
   - [ ] Case-by-case clinical review
   - [ ] Other (please specify): _____

2. **Drug Identification Processes**

   What processes are in place to ensure accurate identification and dispensing of biosimilars? (Check all that apply.)

   - [ ] Alerts for biosimilar vs. reference product substitution
   - [ ] Staff training on biosimilar naming conventions (suffixes)
   - [ ] Standard operating procedures specific to biosimilars
   - [ ] No formal process

3. **Prescriber Notification Process**

   How are prescribers informed when a formulary requires switching from a reference biologic to a biosimilar per published preferred drug list (PDL)? (Check all that apply.)

   - [ ] Proactive outreach (fax, phone, electronic medical record [EMR] notification)
   - [ ] Notification only after claim rejection, non-preferred prior authorization (PA) required
   - [ ] Payer communicates directly with prescriber via periodic notification
   - [ ] Pharmacy does not routinely notify prescriber

4. **Prescriber Awareness Level**

   How would you rate prescriber awareness and acceptance of biosimilar substitution within your network?

   - [ ] 1 – Very low awareness/resistance
   - [ ] 2 – Low awareness
   - [ ] 3 – Moderate awareness
   - [ ] 4 – High awareness/resistance

5. **Impact on Site of Care**

   When a biosimilar switch is mandated, how often does it result in a change in the patient's site of care (e.g., infusion center to home infusion or alternate facility)?

   - ☐ Frequently (more than 75% of cases)
   - ☐ Sometimes (25–75% of cases)
   - ☐ Rarely (less than 25% of cases)
   - ☐ Never

6. **Site of Care Challenges**

   What challenges are associated with site-of-care changes? (Check all that apply.)

   - ☐ Patient preference or resistance
   - ☐ Limited access to alternate sites
   - ☐ Scheduling delays
   - ☐ Provider network limitations

7. **Key Challenges with Biosimilar Switching**

   What are the most significant challenges associated with biosimilar formulary switching? (Check all that apply.)

   - ☐ Delays due to prescriber approval
   - ☐ Patient confusion or resistance
   - ☐ Inventory or product availability issues
   - ☐ Site-of-care coordination barriers
   - ☐ Prior authorization/reimbursement complexities
   - ☐ Staff training gaps
   - ☐ Other (please specify): _____

8. **Claim processing enhancement**

   What claims processing customized messages would most help in selecting the preferred agents? (Check all that apply.)

   - ☐ Include name of interchangeable biosimilar
   - ☐ Include applicable National Drug Code (NDC)
   - ☐ Best practice suggestion

Send form to DC FFS Provider Relations: DC-FFSProviderRelations@primetherapeutics.com.