

Survey on biosimilar use

– A survey for persons who use a biological medicine

Firstly, please tell us more about the biological medicine you use

1. I currently use the following self-injected biological medicinal product:

*If a parallel-imported version of the product is available, you will see a more specific question concerning the Nordic Article Number (Vnr) of the product.

Accofil → B) Vnr
Amgevita
Benepali
Enbrel
Erelzi → B) Vnr
Fulphila → B) Vnr
Grasustek
Hulio → B) Vnr
Humira → B) Vnr
Hyrimoz → B) Vnr
Idacio → B) Vnr
Imraldi
Nepexto
Neulasta
Neupogen
Nivestim → B) Vnr
Pelgraz → B) Vnr
Ratiograstim → B) Vnr
Yuflyma
Zarzio → B) Vnr
Ziextenzo

1B) The Vnr number of the medicine is:

The Vnr number is a six-digit number shown on the medicine carton.

I could not find the number on the carton

I cannot check the number as I no longer have the medicine carton

Vnr number: -free-input field, 6 digits-

1C) The self-injected product I use was prescribed by a doctor to treat the following condition:

*The following options **only** open if the respondent has selected **adalimumab or etanercept***

Arthritis (joint inflammation)

Hidradenitis suppurativa (HS)

Crohn disease

Rheumatoid arthritis

Ankylosing spondylitis
Psoriatic arthritis
Psoriasis
Plaque psoriasis
Ulcerative colitis
Uveitis
Some other condition

2. Think about the biological medicine you use. Which of the following options best describes the way in which this product was chosen for you?

The doctor made the decision
The doctor made the decision alone even though I would have liked to participate in choosing the product
The doctor asked for my opinion but it was ignored
The doctor/nurse presented several options to me and let me choose
I researched the matter in advance and got a prescription for the product I wanted
I did not want to participate in choosing the product
I was not aware of the fact that similar products are available
I do not know

3. The self-injected biological product I currently use is:

The original product (originator) → 3B
A biosimilar (a product similar to the original product) → 4
I do not know → 3B

3B) I am already familiar with the term “biosimilar”.

Yes, I know what biosimilars are → 3C
No, I do not know what biosimilars are → 4
I have heard the term but I do not know what it means → 4
I am not sure → 4

3C) I am aware that a biosimilar is similar to the original product.

Yes
No
I do not know

4. How long have you been using a biological medicinal product – any such product – to treat this condition? (If you have switched medication, please indicate how long you have used such products in total.)

I am about to start my treatment
0 to 6 months
7 to 12 months
1 to 2 years

3 to 6 years
7 years or longer

5. How long have you injected the medicine yourself?

I do not inject the medicine myself → 5B
I am about to start my treatment
0 to 6 months
7 to 12 months
1 to 2 years
3 to 6 years
7 years or longer

5B) The person who gives me my injections is:

A health care professional
My partner, another family member or a friend

6. How long have you been using the biological medicinal product that you currently use?

I am about to start my treatment
0 to 6 months
7 to 12 months
1 to 2 years
3 to 6 years
7 years or longer

7. Are you satisfied with the product you currently use?

Very satisfied → 7B
Quite satisfied → 7B
I do not know
Quite dissatisfied → 7C
Very dissatisfied → 7C

7B) I am satisfied with the product that I currently use for the following reasons (please select the 1 to 3 options that you feel are the most important):

I believe that this option works best for me
The adverse effects of the medicine are low
The medicine is well available at the pharmacy
The medicine is administered with an easy-to-use device
I do not need to inject the medicine myself
The medicine has helped me
Some other reason

7C) I am not satisfied with the product that I currently use for the following reasons (please select the 1 to 3 options that you feel are the most important):

- I believe that other products are available
- It has not been suitable for me
- It is difficult to store and transport
- It is difficult to obtain the medicine from the pharmacy
- It is difficult to administer the medicine
- I would prefer not to inject the medicine myself
- The medicine is too expensive
- The medicine has not helped me
- The medicine has not worked as desired
- I would like to switch back to a product I previously used
- Some other

8. Have you previously used another biological medicinal product to treat the same condition?

- Yes, I have previously used one medicinal product → 8B
- Yes, I have previously used several medicinal products → 8E
- No
- I do not know

8B) Name of the medicinal product

list of products with a marketing authorisation (the same as the one at the start of the survey)

I do not remember the name of the product

8C) My medication was switched for the following reasons (you may select more than one option):

- It was not suitable for me
- It did not help
- I was transferred from inpatient to outpatient care / I started to administer my medicine myself
- It was too difficult to administer/use it
- The doctor suggested another product
- I personally wanted to try another product
- Someone else recommended that I switch products
- It was never available at the pharmacy
- It was too expensive
- Another similar product was launched on the market (either another medicinal agent or a biosimilar)
- My treatment was switched to another clinic/doctor and my medicine was switched in connection with this
- Some other reason

8D) The decision to switch my medicine was made as follows:

- The doctor made the decision
- The doctor made the decision alone even though I would have liked to participate in choosing the product

The doctor asked for my opinion but it was ignored
The doctor/nurse presented several options to me and let me choose
I researched the matter in advance and got a prescription for the product I wanted
I did not want to participate in choosing the product
I was not aware of the fact that similar products are available
I do not know

8E) The number of products I have previously used (please indicate how many biological products you have previously used):

asking for information on previous products

2
3
4
5

8F) Name of the medicinal product

list of products with a marketing authorisation (the same as the one at the start of the survey)

I do not remember the name of the product

8G) My medication was switched for the following reasons (you may select more than one option):

It was not suitable for me
It did not help
I was transferred from inpatient to outpatient care / I started to administer my medicine myself
It was too difficult to administer/use it
The doctor suggested another product
I personally wanted to try another product
Someone else recommended that I switch products
It was never available at the pharmacy
It was too expensive
Another similar product was launched on the market (either another medicinal agent or a biosimilar)
My treatment was switched to another clinic/doctor and my medicine was switched in connection with this
Some other reason

8H) The decision to switch my medicine was made as follows:

The doctor made the decision
The doctor made the decision alone even though I would have liked to participate in choosing the product
The doctor asked for my opinion but it was ignored
The doctor/nurse presented several options to me and let me choose
I researched the matter in advance and got a prescription for the product I wanted

I did not want to participate in choosing the product
I was not aware of the fact that similar products are available
I do not know

9. I wish the pharmacy could suggest a lower-cost alternative for the self-injected biological medicine I use.

Yes → 9B

No → 9C

I do not know / not important

9B) I wish the medicine could be switched for the following reasons:

I would like to choose a lower-cost option

I would like to choose a lower-cost medicinal product and thus reduce the cost of medicines to society

I would like a medicinal product that would be more easily available at my pharmacy

I would like to try other similar medicines

Some other reason, please specify -free-input field- (restricted number of characters)

9C) I do not want to switch products for the following reasons:

I want to use the medicine that the doctor prescribed for me

I worry it will be more expensive for me

I worry that another product will not be suitable for me even though it has similar characteristics

I worry that it will not be as effective

I worry that the administration device will be difficult to use

I am not convinced that other products are as easily available at my pharmacy

I had a bad experience with a previous medication switch

I want to use a product with which I am familiar

Some other reason

Now, we would like to hear about your experiences and views on using a self-injected medicine and on the instruction you received regarding its use

10. Do you feel you were given sufficient instruction (for example written instructions, verbal instructions, or face-to-face instruction) on using your self-injected biological medication when you started using it (the product that you currently use)?

Yes

No

I do not know / not important

11. I received instruction on how to use and administer my self-injected medicine (you may select several options):

From a doctor

From a public health nurse or a nurse

From the pharmacy

I studied the matter on my own, for example by reading the instructions in the medicine package

I did not receive any instruction

I do not know

Other, please specify -free-input field- (restricted number of characters)

12. I was given the following types of instruction (please select the 1 to 3 options that you feel are the most important):

A printed instruction sheet

An instruction video

A digital guide

A website

Face-to-face verbal instruction

Face-to-face instruction, for example practicing how to inject or how to use the administration device

I did not receive any instruction

Other, please specify -free-input field- (restricted number of characters)

13. I am satisfied with the level of instruction I received:

Very satisfied

Quite satisfied

I do not know

Not very satisfied

Not satisfied at all

14. I received the most important instruction on the use and administration of my self-injected medicine:

From a doctor

From a public health nurse or a nurse

From the pharmacy

I did not receive any instruction

I do not know

Other, please specify -free-input field- (restricted number of characters)

15. I would have liked to receive more instruction on the use of my self-injected medicine

Yes

No

I do not know

16. Are there topics on which would you have needed more information/help when you started using your self-injected medicine? (You may select more than one option if you wish.)

Choosing the injection site

Using the administration device

Storing and transporting the medicinal product

Patient support – where to find help in the event of any problems

Patient organisations and other support groups

Adverse effects

Safety of the product

Disposal of the product

Information on biological medicinal products

Information on biosimilars

Support for coping with a new condition

More information on my condition and its treatment

Other, please specify -free-input field- (restricted number of characters)

17. In the future, I would like to receive instruction in the following format:

A printed instruction sheet

An instruction video

A digital guide

A website

A mobile application

Face-to-face instruction and advice by a doctor

Face-to-face instruction and advice by a nurse

Instruction and advice at the pharmacy

Other, please specify -free-input field- (restricted number of characters)

18. In addition to treatment efficacy, what do you think are the most important factors that make it easy to carry out or maintain a new treatment? (Please select the 1 to 3 options that you feel are the most important.)

Support for treatment; receiving help in matters related to my treatment if I need it

Reminders on administering the medicine

Easy use of the administration device of the medicine

Aids to make it easier to use and transport the medicine

Easy storage of the medicine

Low adverse effects of the medicine

Low cost of the medicine to me

Low cost of the medicine to society

Some other reason, please specify -free-input field- (restricted number of characters)

19. In your opinion, what kind of instruction is optimal when starting the use of a biological medicinal product? (You may select more than one option if you wish.)

Face-to-face instruction and practice on injecting and on using the administration device

Instruction on choosing the injection site

Advice on storing and transporting the medicinal product
Patient support – where to find help in the event of any problems
Information on patient organisations
Information on adverse effects
Information on product safety
Information on product disposal
Information on biological medicinal products
Information on biosimilars
Support for coping with a new condition
More information on my condition and its treatment
Other, please specify -free-input field- (restricted number of characters)

Finally, please give us some background information

20. Gender

Female

Male

Other

I do not want to answer

21. Age

free-input field (allowed number of characters: 2 digits – 18 to 99 years)

22. Of the options below, please select your highest level of education:

Comprehensive school / elementary school (compulsory education only)

Secondary education (upper secondary school / high school / vocational education)

Master's degree (University of Applied Sciences)

University

Another qualification

23. My condition is currently treated in the following hospital district (please select the option indicating the hospital district where you mainly receive treatment for your condition):

Helsinki University Hospital specific catchment area (Helsinki and Uusimaa, South Karelia, Kymenlaakso, Päijät-Häme)

Kuopio University Hospital specific catchment area (North Savo, South Savo, East Savo, Central Finland, North Karelia)

Oulu University Hospital specific catchment area (North Ostrobothnia, Kainuu, Central Ostrobothnia, Lapland, Länsi-Pohja)

Tampere University Hospital specific catchment area (Pirkanmaa, South Ostrobothnia, Kanta-Häme)

Turku University Hospital (Southwest Finland, Satakunta, Vaasa, Åland)

I do not know

24. Other chronic medical conditions diagnosed by a doctor (you may select more than one option if you wish):

Diabetes

Cardiovascular disease (diseases of the heart and blood vessels)

Cerebrovascular disorder (stroke)

Respiratory condition (such as asthma or chronic obstructive pulmonary disease [COPD])

Neurological condition (such as chronic pain, migraine, epilepsy)

Mental health problem

Condition involving the digestive system

Condition involving the musculoskeletal system

Skin condition

Cancer

None of the above

I do not want to answer

Other, please specify -free-input field- (restricted number of characters)

25. Other medication you currently use (you may select more than one option if you wish):

Painkillers

Medicines to treat diabetes

Medicines for the cardiovascular system (heart medication, cholesterol-lowering medication, blood pressure medication)

Medicines affecting blood coagulation

Medicines for the respiratory tract

Medicines for the digestive tract

Medicines for the central nervous system (such as medication to treat psychiatric conditions, epilepsy, Parkinson disease and Alzheimer disease)

Medicines to treat cancer

I do not use any other medication

I do not want to answer

Other, please specify -free-input field- (restricted number of characters)