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HEALTH SERVICES

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Pharmacy in Focus: The biosimilar breakthrough in adoption and affordability

INTRODUCTION

Unlocking the promise of biosimilars: A new chapter in drug affordability

As we stand at a critical inflection point in the evolution of pharmaceutical care, biosimilar medications offer an opportunity to transform how we manage drug affordability in the U.S. health care system. These therapies hold the potential to expand access, reduce costs and create much-needed competition in the specialty drug market.

With the growing number of biosimilars approved in the U.S. and growing confidence in their clinical effectiveness, we are beginning to see long-promised benefits come into sharper focus. These therapies are poised to address some of the most complex and high-cost conditions, from cancer to autoimmune diseases. As stakeholders across the health care ecosystem—from regulators and providers to payers and patients—continue to embrace these treatments, we have a rare chance to reshape the specialty drug landscape.

This report explores the current state of biosimilars, the barriers to broader adoption, and the strategic levers available to unlock their full value. If we continue to act with urgency and collaboration, the promise of biosimilars may not only be realized, but accelerated.

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In good health,

Evernorth Research Institute

Specialty medications are driving the future of pharmaceutical innovation

Specialty medications have become the cornerstone of pharmaceutical innovation, accounting for nearly 75% of new drug approvals over the past five years—a trend that continues to grow as scientific focus shifts toward complex, high-burden diseases.[1] These treatments, particularly in oncology and rare diseases, reflect breakthroughs in areas such as immunotherapy and gene-based therapies.

Cancer drugs dominate the specialty pipeline, with biologics and cell-based therapies driving an increase in U.S. Food and Drug Administration (FDA) approvals.[2] These treatments often target specific parts of the immune system or genetic pathways. Unlike traditional small-molecule drugs synthesized chemically, biologics are derived from living organisms and often require special handling, storage, and administration.

Figure 1: How specialty prescription claims are paid

Specialty medications are at the center of the U.S. drug affordability challenge

While medically transformative, specialty drugs also represent a growing share of the U.S. drug spend. These high-cost therapies are used to treat chronic, complex, and rare conditions, such as rheumatoid arthritis, multiple sclerosis, Crohn's disease, cancer, and inherited genetic disorders.

Depending on how they are administered, specialty drugs may be covered under the medical or pharmacy benefit. Medications administered by a health care professional in clinical settings—like infusion centers, physician offices, or hospitals—are typically reimbursed through the medical benefit. In contrast, drugs that are self-administered, such as oral therapies or injectable medications, are generally covered under the pharmacy benefit.

A disproportionate driver of total health care costs

According to an analysis by the Evernorth Research Institute, specialty medications—whether billed under the medical or pharmacy benefit—represented approximately 2% of all claims in 2024 yet accounted for nearly 20% of total health care spending in a commercially insured population of 9.7 million.

This imbalance highlights the urgent need for stakeholders to rethink benefit design, improve care coordination, and invest in value-based strategies to ensure affordability and access while maintaining momentum in therapeutic innovation.

Biosimilars: A new chapter in specialty medication access

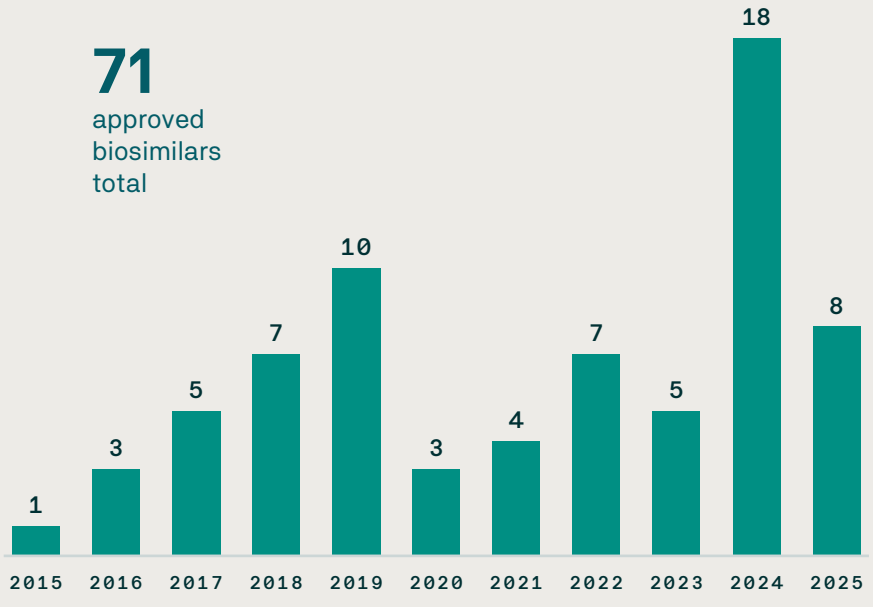
As pressure mounts to make specialty medications more affordable, biosimilars have emerged as a key enabler to lower costs. Each biosimilar is highly similar to, and has no clinically meaningful differences from, its FDA-approved biologic, known as the reference or originator product. Like their originators, biosimilars are used to treat a range of serious and complex conditions, including cancer and inflammatory diseases.[3]

Before receiving approval, biosimilars undergo a rigorous FDA review process to confirm their safety. Some biosimilars are designated as "interchangeable" and can be substituted for their reference product at the pharmacy—subject to individual state laws governing substitution.

As of June 1, 2025, the U.S. FDA has approved 71 biosimilars for 19 originator biologics, and 53 of these biosimilars have launched across 14 reference products. By 2030, biosimilars or specialty generic alternatives are expected to be available for many of the top specialty drugs in the U.S. market.[4] These therapies aim to improve patient access, lower costs, and increase competition in a category long dominated by high-cost brand-name biologics.

However, while the first FDA-approved biosimilar launched in 2015, U.S. adoption still lags behind other developed nations.[5] This presents an important opportunity to examine whether biosimilars are achieving their promise—and to better understand the market- and system- level factors influencing their trajectory and uptake.

Figure 2: Biosimilar approvals in the U.S. market, 2015-2025



Source: FDA Biosimilar approvals
https://www.fda.gov/drugs/biosimilars/biosimilar-product-information

14 brand biologics with a biosimilar launched:

+ Actemra (tocilizumab)
+ Avastin (bevacizumab)
+ Epogen/Procrit (retacrit)
+ Eylea (aflibercept)
+ Herceptin (trastuzumab)
+ Humira (adalimumab)*
+ Lantus (insulin glargine)*
+ Lucentis (ranibizumab)*
+ Neulasta (pegfilgrastim)
+ Neupogen (filgrastim)
+ Remicade (infliximab)
+ Rituxan (rituximab)
+ Soliris (eculizumab)*
+ Stelara (ustekinumab)*

*Interchangeable biosimilar

Signals of savings: Biosimilars begin to impact the specialty pharmacy drug trend

To understand how biosimilars are reshaping specialty trends, the Evernorth Research Institute examined pharmacy data in the context of more than a decade of drug policy evolution, benefit design, and market transformation.

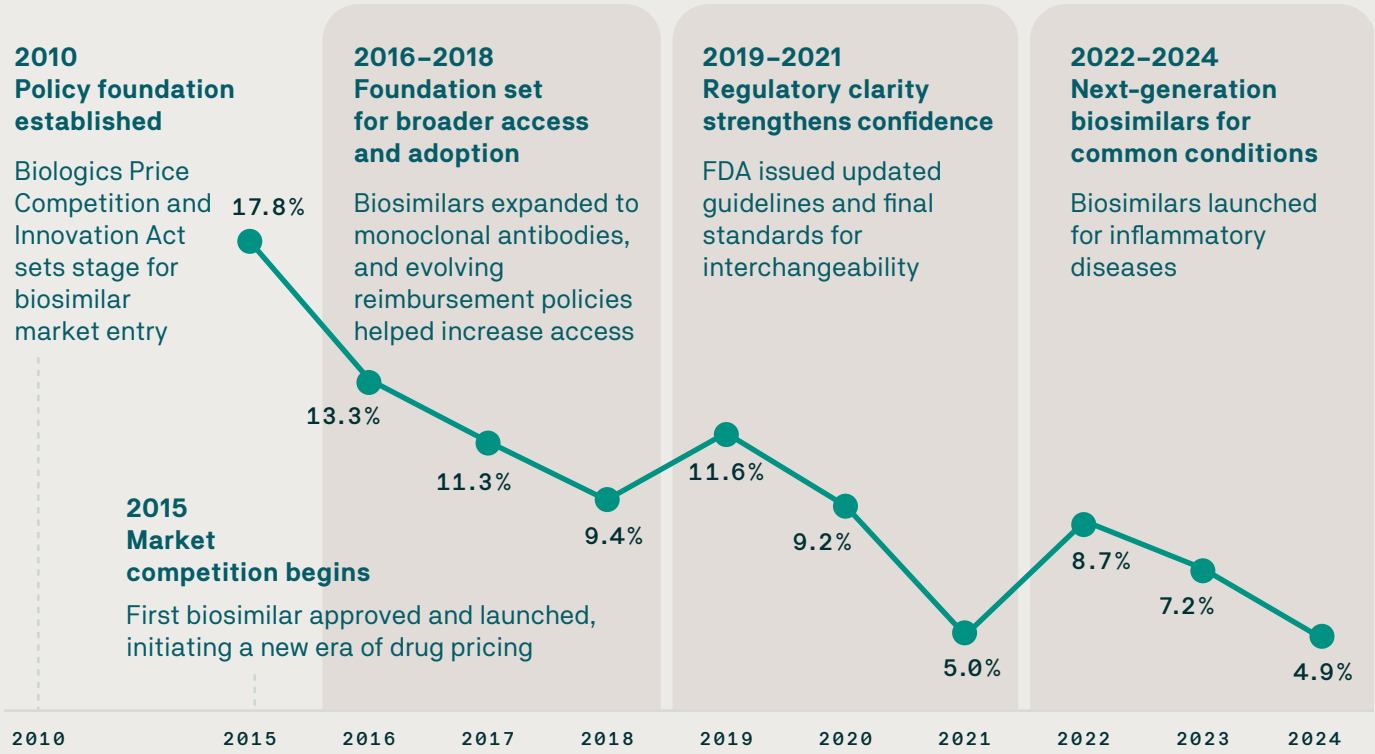
Since the first FDA-approved biosimilar launched in 2015, the growth rate of specialty drug spending has begun to moderate. While total spend continues to rise, recent trends reveal a meaningful slowdown in growth, primarily driven by unit cost reductions, even as utilization rose by 5.8%.

This inflection reflects not only innovation at the product level, but also system-level actions, including:

+ The Biologics Price Competition and Innovation Act (BPCIA), which opened the market to biosimilar competition[6]
+ FDA interchangeability guidance, enabling pharmacy-level substitution
+ Efforts to boost patient access and education

These developments are beginning to moderate specialty pharmacy trend growth, demonstrating the early impact of biosimilars. However, sustained progress will require deeper integration across policy, practice, and payment.

Figure 3: From policy to practice: Tracking specialty drug trend through the biosimilar era



This Evernorth Research Institute report offers insights into this complex landscape. We examined biosimilar utilization patterns and the influence of market forces, drawing from:

+ National pharmacy claims data from a commercially insured population
+ Medical claims data from an integrated commercial population
+ Scientific literature and industry reports
+ Survey data from commercially insured consumers, providers, pharmacists, health plans, and employers

Our findings reveal key trends shaping the future of biosimilars and offer actionable strategies that can advance health, strengthen patient trust, and unlock broader value for individuals, employers, and communities.

	INSIGHT	ACTION
01	Biosimilars are reshaping drug spend in the inflammatory conditions category, delivering real-world savings and bending the cost curve.	Expand real-world evaluation efforts that measure biosimilar value across costs, outcomes, and community benefits—fueling smarter, value-based decisions.
02	The growing biosimilar pipeline offers a critical lever to expand treatment options, lower costs, and improve outcomes for patients and communities.	Accelerate biosimilar access by addressing practices that delay biosimilars from launching in the market, streamlining the approval process for interchangeable biosimilars, optimizing formularies, and ensuring equity.
03	Gaps in patient experiences and provider concerns can influence biosimilar adoption, highlighting the need to improve these areas.	Prioritize investments in tailored patient and provider education, shared decision-making support, and trust-building strategies.

INSIGHT

01

Biosimilars are reshaping drug spend in the inflammatory conditions category, delivering real-world savings and bending the cost curve.

A series of of system-wide improvements is behind the recent drop in specialty drug costs. Together, actions spanning policy, regulatory guidance, benefit design, and broader provider and patient engagement have enabled meaningful progress in bending the cost curve for inflammatory conditions.

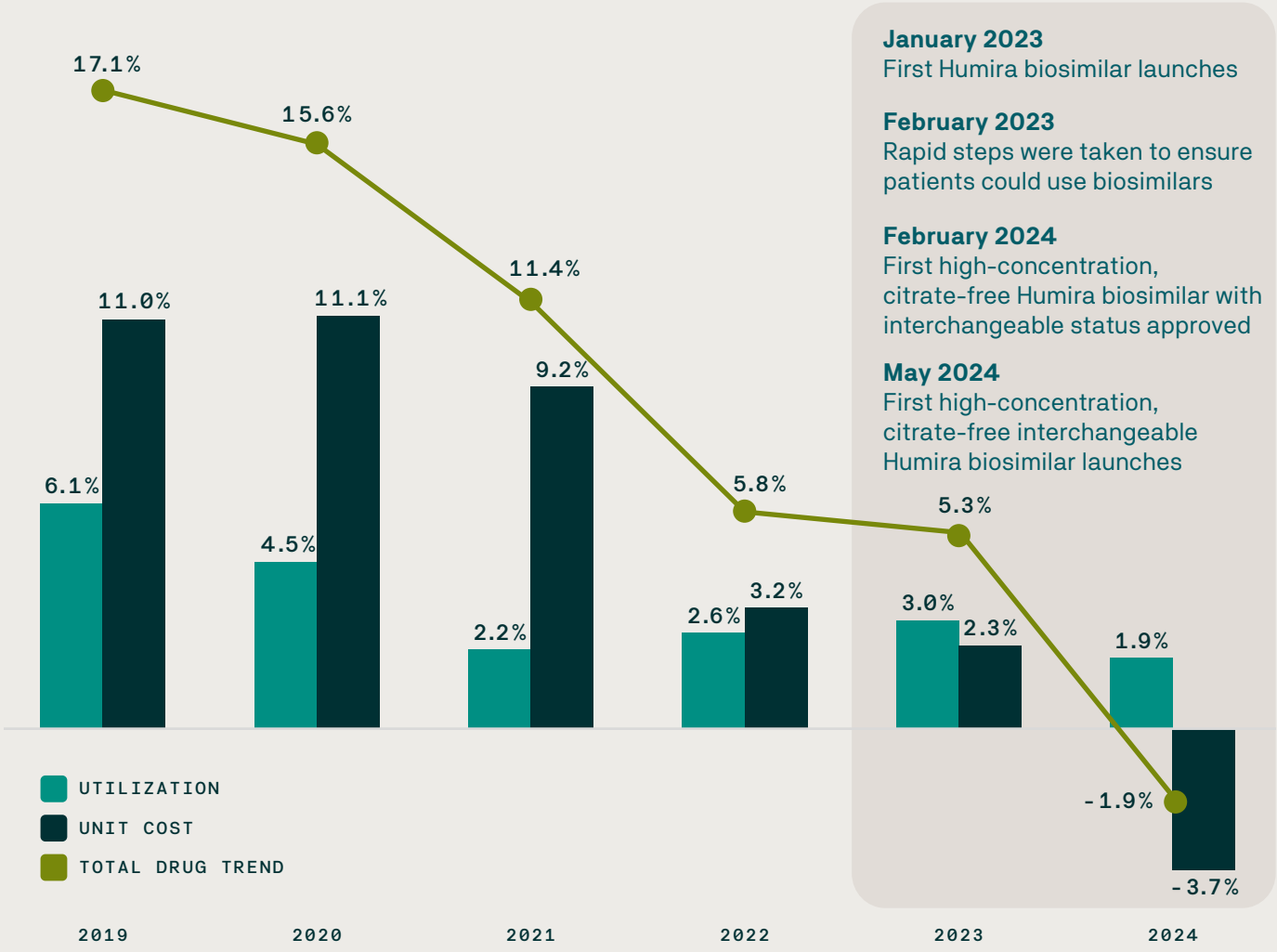
A turning point in savings: Biosimilars bend the cost curve in the inflammatory conditions category

This marks the first sustained downward inflammatory conditions drug trend in years—offering evidence that biosimilars are bending the cost curve.

Data from Evernorth Research Institute shows a reversal in inflammatory conditions category drug trend—falling from 17.1% in 2019 to -1.9% in 2024. This turning point was driven by unit cost reductions, despite a 1.9% increase in utilization. It also marks the first sustained reversal in drug trend for inflammatory conditions in years, offering evidence that biosimilars are delivering on their promise of real-world savings.

While multiple factors influence drug spending, this shift closely aligns with the introduction of biosimilars for inflammatory conditions and new benefit strategies to increase biosimilar access and affordability. Key milestones include the January 2023 launch of Amjevita (adalimumab-atto), the first biosimilar for Humira (adalimuamab), and the February 2024 approval of the first high-concentration, citrate-free biosimilar for Humira with interchangeable status. These approvals were followed by a swift response from stakeholders, who adapted their coverage policies and implemented programs aimed at supporting biosimilar adoption. Together, these efforts underscore the role of system levers in generating real savings. With lower prices and smarter benefit strategies, the market is finally seeing a meaningful impact in one of the costliest therapeutic areas.

Figure 4: Inflammatory conditions category drug trend declines as biosimilars gain traction



Biosimilars for Humira drive price competition and accelerate cost savings

This is what happens when market dynamics are allowed to work—competition increases, prices drop, and value is unlocked for the system.

An Evernorth Research Institute analysis of pharmacy claims data from 21 million commercially insured members confirms that biosimilars for Humira have accelerated price competition and are delivering meaningful cost savings. Unit costs for Humira dropped by 34.4% from the first quarter to the fourth quarter of 2024. Furthermore, biosimilars for Humira generated over $200 million in savings for that population in just 15 months (from January 2024 through March 2025). In 2024 alone, savings from Humira biosimilars averaged $4,505 per patient per year (PPPY).

These figures represent actual cost savings after accounting for utilization, discounts, and reimbursement levels. The competitive pressure from biosimilars has forced down the price of the original biologic, generating value and making it more affordable for health plans and patients.

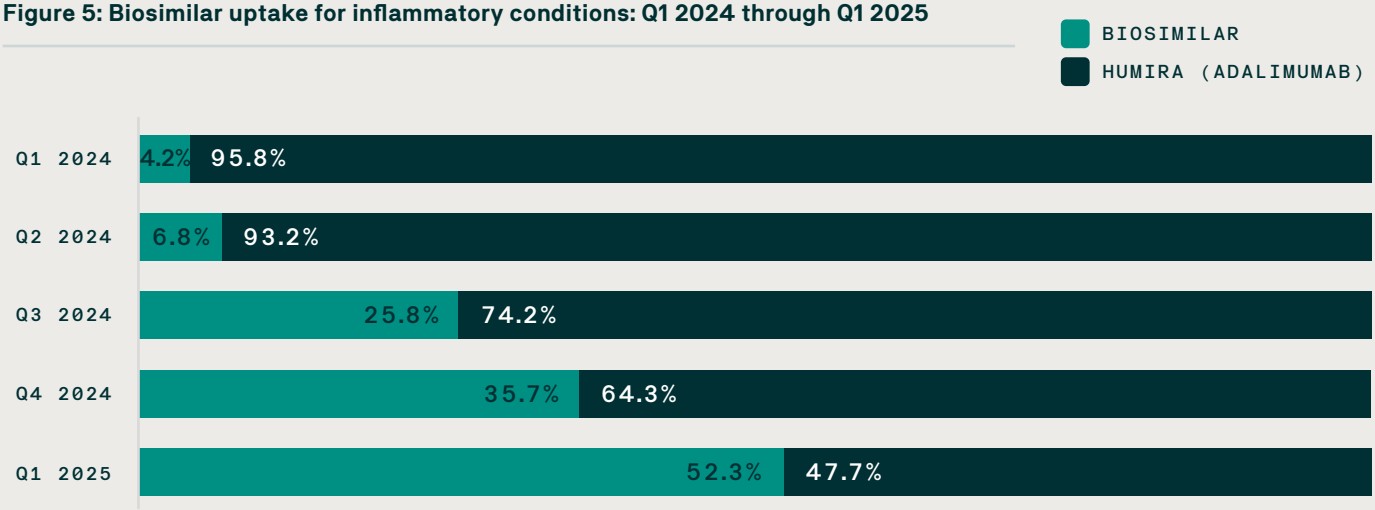
Consumers being treated with biosimilars also benefited directly, with lower prices and new programs to reduce out-of-pocket costs.

These milestones reinforce the broader value of biosimilars—not just in accelerating price competition and generating savings but also by providing access to more affordable options to patients.

Biosimilar adoption surges as additional formulations enter the market

The launch of a high-concentration, citrate-free, interchangeable Humira biosimilar aligned with what both patients and providers were looking for: improved usability, product familiarity, and confidence in interchangeability. This alignment marked a turning point in market adoption—the number of biosimilar claims rose from just 4.2% in the first quarter of 2024 to 35.7% in the last quarter of 2024. That momentum carried into 2025, with biosimilar claims increasing another 46.5% from the last quarter of 2024 through the first quarter of 2025, surpassing the number of Humira claims for the first time.

Figure 5: Biosimilar uptake for inflammatory conditions: Q1 2024 through Q1 2025



Together, these findings provide evidence that biosimilars are realizing their promise of affordability and access in this critical category.

Achieving lasting affordability requires addressing not just drug prices but the root causes of chronic diseases driving the demand for therapies.

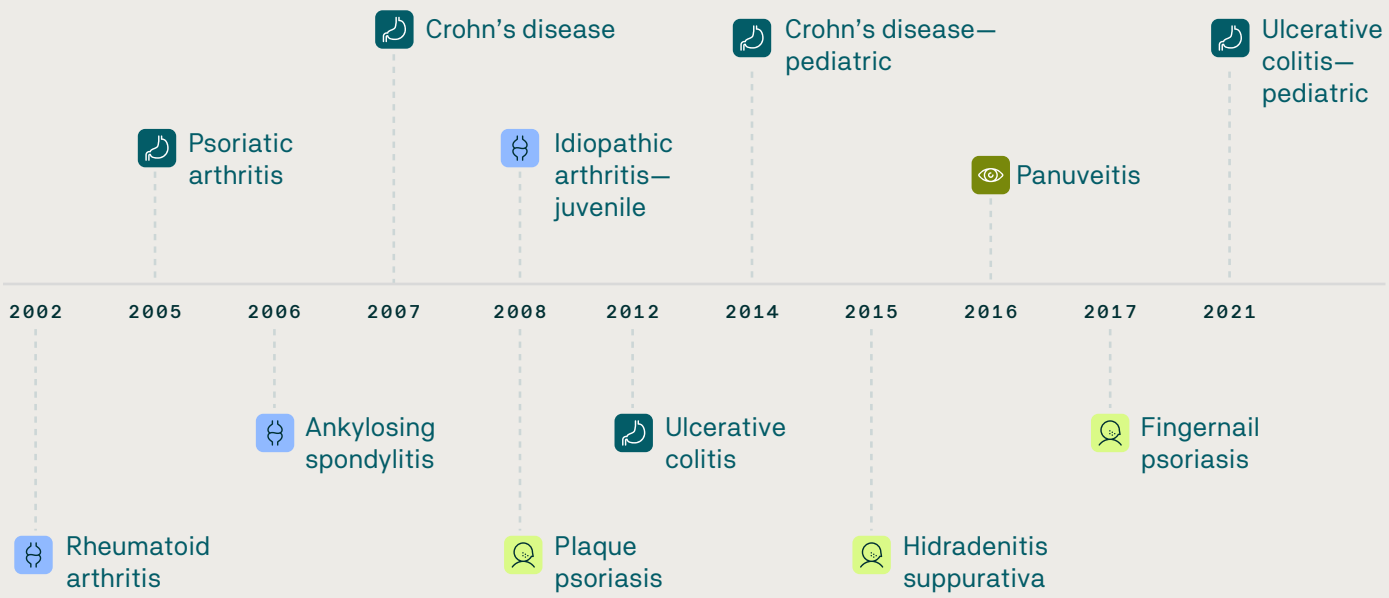
While biosimilars are bending the cost curve, achieving lasting affordability will also require bending the chronic condition prevalence curve

As the prevalence of chronic conditions rises,[7] inflammatory diseases become more common across various organ systems, and the demand for therapies increases, savings can be quickly offset unless paired with upstream investments to prevent chronic conditions, improve care coordination, and address social drivers of health.

At the same time, the therapeutic landscape has evolved to meet this growing demand. Humira exemplifies this evolution, with its indications expanding to more than five conditions affecting bowel, skin and eyes.[8]

As specialty drugs enter the market or expand into new indications, volatility in specialty spending is likely to persist. The Evernorth Research Institute forecasts a pharmacy specialty drug trend increase of approximately 12% over the next three years, as demand for these therapies grows. Achieving lasting affordability requires addressing not just drug prices, but also the root causes of chronic disease fueling the demand for specialty medications.

Figure 6: Humira indications approval timeline



INSIGHT

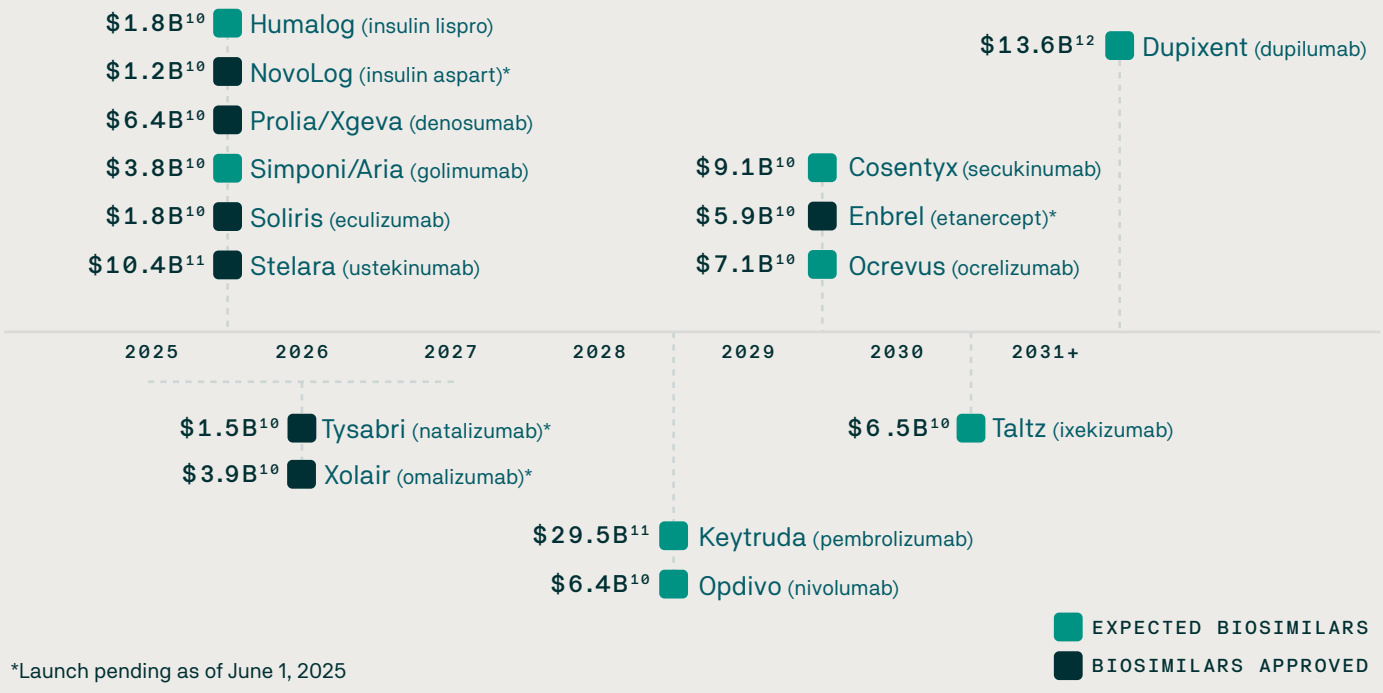
02

The growing biosimilar pipeline offers a critical lever to expand treatment options, lower costs, and improve outcomes for patients and communities.

The expanding biosimilar pipeline: Unlocking a new era of access and savings

Over the next decade, 118 biologics are expected to lose patent protection, unlocking a significant opportunity for biosimilars to generate savings through increased competition.[9] The high annual sales for the reference products highlight what is at stake and the potential financial impact. An example is Keytruda (pembrolizumab), a leading immunotherapy for cancer that generates $29.5 billion in annual sales. Approved in 2014, it remains protected by multiple patents that are set to expire by 2028.

Figure 7: Estimated annual sales of reference brand biologics with biosimilars on the horizon

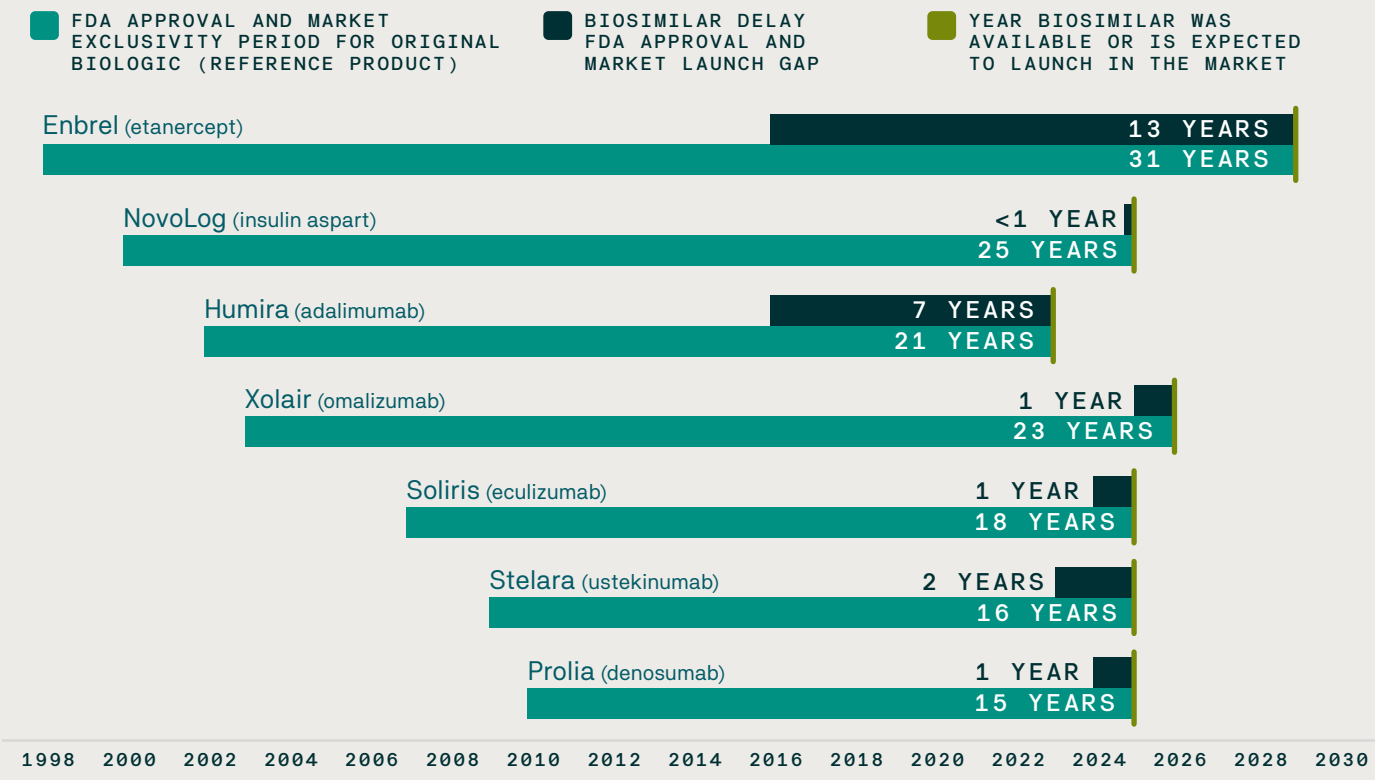


*Launch pending as of June 1, 2025

While the biosimilar pipeline expands, patient access continues to be shaped by regulatory, legal, and commercial market dynamics

As the pipeline expands, however, regulatory, legal, and commercial market dynamics continue to affect access to biosimilars. For example, manufacturers of brand-name biologics can limit competition and defer cost savings by utilizing patent protections and exclusivity periods, significantly lengthening the time biosimilars require to reach the market. The figure below illustrates several biosimilars that have experienced substantial delays between FDA approval and market launch—as long as 13 years—limiting market competition and delaying savings.

Figure 8: From approval to access: Mapping delays in biosimilar availability and reference product exclusivity[13]



If we've learned anything from Humira, it's that the cost of delayed competition is too great to ignore.

Fortunately, the landscape is changing fast. The launch of Stelara (ustekinumab) biosimilars in early 2025,[4] marked another key milestone in the treatment of inflammatory conditions. Among the biosimilars that launched in the first quarter of 2025, one received an interchangeable designation, which positioned it for more rapid uptake and greater potential to expand patient access. Shortening the time from biosimilar approval to market access must remain a top priority if we are to fully realize their promise.

Employers and health plans are on board

A survey conducted by the Evernorth Research Institute found that 78% of health plans and employers view biosimilars as tools to lower costs for their organization and 79% as tools to lower costs for their employees. Furthermore, 70% say their organization is working to add more biosimilars to their formularies.

Figure 9: Employers and health plans embrace biosimilars

Looking ahead, we see opportunities to further reshape the specialty landscape.

Looking ahead over the next 10 years, biosimilars on the horizon for other widely used, high-cost specialty medications—such as Keytruda—offer a significant savings opportunity.

To better understand the economic impact of delayed biosimilar access, Evernorth Research Institute modeled various discount scenarios assuming a 5-year biosimilar launch delay on a commercial plan covering 100,000 members. The analysis estimated that delays in access to a Keytruda biosimilar could cost up to $20.1 million in lost savings.

When scaled to the 226 million Americans covered by commercial insurance, these delays could represent as much as $45.3 billion in missed savings. Beyond the commercial sector, savings could be realized in public programs, including Medicare and Medicaid.

These findings highlight the significant financial burden that patent protections delaying biosmilar market entry impose on payers and underscore the opportunity to drive affordability through earlier biosimilar adoption.

As we've learned from Humira, a focus on removing systemic barriers that delay access to biosimilars is essential to making the most of this opportunity. This is because the cost of delayed access to a biosimilar is too great to ignore.

INSIGHT
03

Gaps in patient experiences and provider concerns can influence biosimilar adoption, highlighting the need to improve these areas.

As access to biosimilars expands, the next challenge is no longer just regulatory or economic—it's human. Driving long-term biosimilar adoption will depend on reaching those behind the prescriptions: patients seeking clarity and trust as well as providers navigating new expectations and clinical realities. Realizing the full value of biosimilars requires more than availability; it demands trust, education, and patient and provider shared decision-making at every step of care.

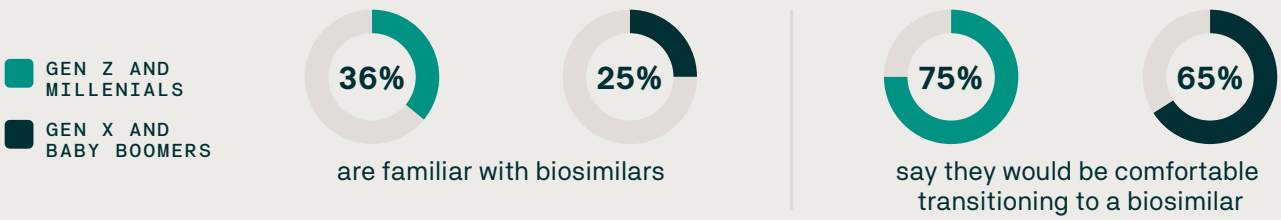
Consumer awareness of biosimilars lags, underscoring the pivotal role of providers

Evernorth Research Institute survey data shows that only 31% of patients living with a chronic condition are aware of biosimilars, compared to 64% of health care providers. This awareness gap underscores the crucial role providers play in introducing biosimilars and educating patients about this therapeutic option. Sustaining biosimilar adoption will require strengthening education, building trust, and ensuring that patients and providers feel confident navigating this new era of treatment options.

Younger generations show strong interest in biosimilars, but adoption lags

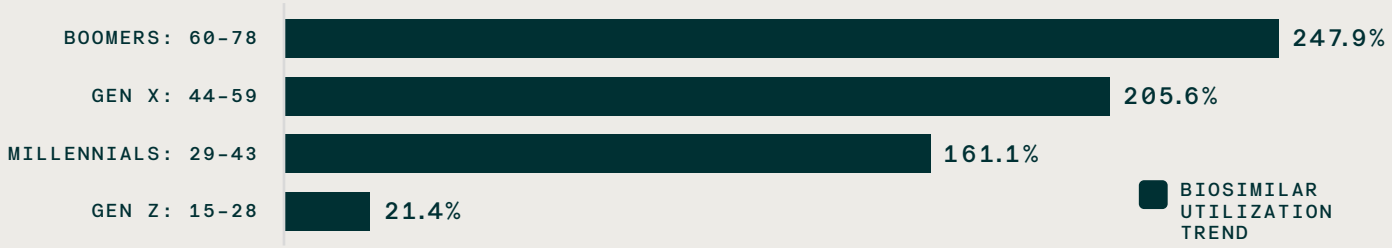
Evernorth survey research shows that Gen Z and millennials living with a chronic condition are more aware of biosimilars than older generations. In fact, 36% of this group are familiar with biosimilars, compared to just 25% of Gen X and baby boomers. This younger cohort is also more open to using them: 75% of Gen Z and millennials say they would be comfortable transitioning to a biosimilar, compared with 65% of older adults.

Figure 10: Awareness and openness to biosimilars by generation



But the real-world data tells a different story. Despite strong interest, younger adults aren't using biosimilars as much as older generations—at least not yet. When looking at actual pharmacy trends in the inflammatory category, biosimilar utilization trend for Gen Z and millennials lags far behind Gen X and boomers, despite leading the relative utilization growth in the inflammatory conditions category, 5.9% vs. 2.7%, respectively. This may be due to several factors, including provider prescribing patterns, patient preferences, and experiences with the health care system.

Figure 11: Inflammatory conditions biosimilar utilization growth by generation, 2023–2024



Closing the biosimilar gap means tackling clinical concerns and patient experiences—especially among younger generations.

The drivers behind this adoption gap are multifaceted

Evernorth survey research reveals two potential drivers of the biosimilar adoption gap: providers' clinical concerns and generational differences in patient experience with the health care system.

Providers cite moving patients who are stable with their existing therapy (46%), not enough real-world evidence (38%), patient out-of-pocket costs (37%), and too few patient experience and support programs (33%) as key concerns to prescribing biosimilars. Providers also report that their patients would benefit from understanding costs of treatment options (53%), navigating treatment options (51%), education on biosimilars (40%), and access to relevant mental/behavioral health treatment (20%). These findings highlight the need for education on the financial value of biosimilars and tools to facilitate a better patient experience.

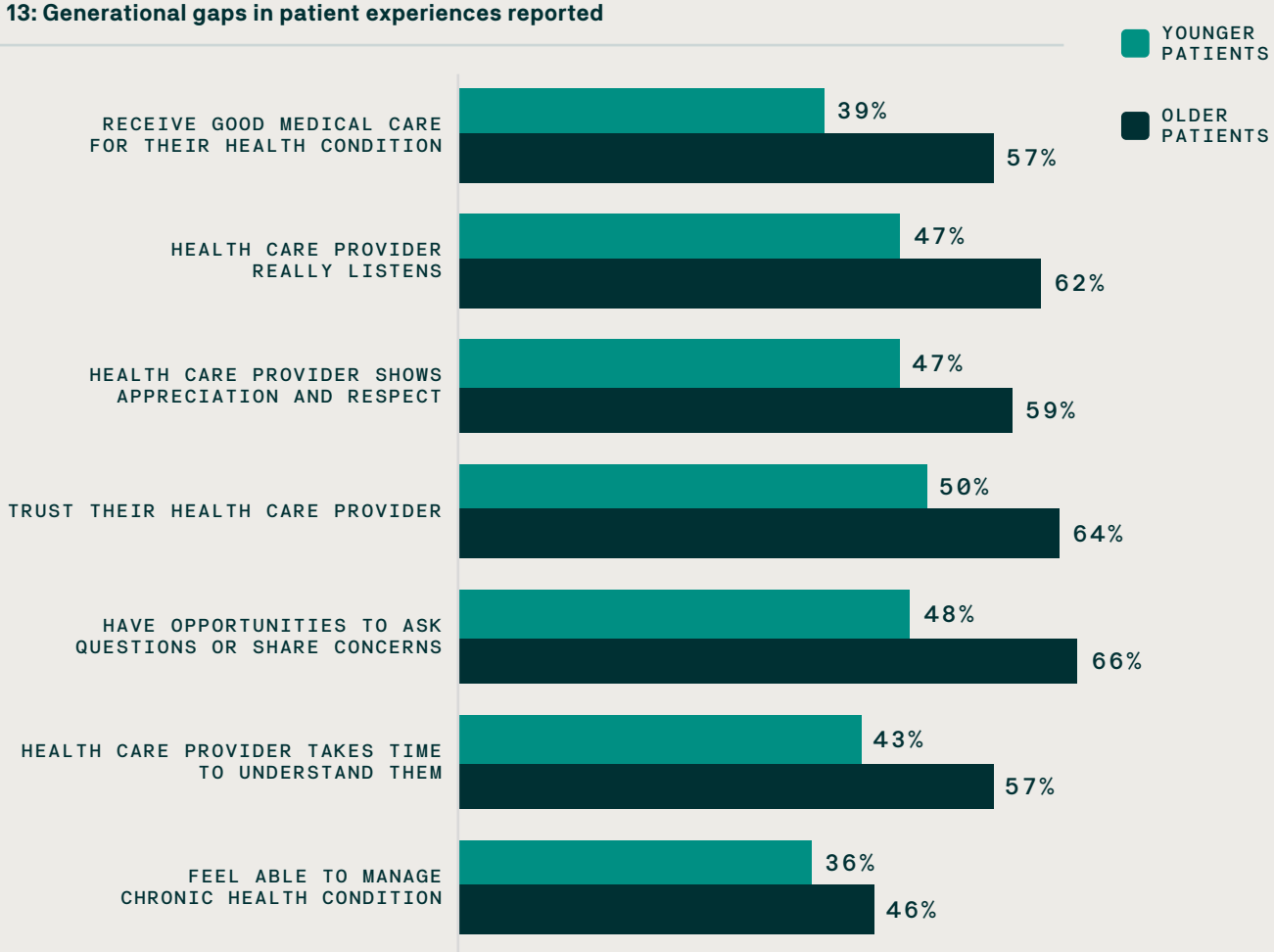
Figure 12: Provider concerns about prescribing biosimilars

Younger consumers feel disconnected from the system, which may undermine biosimilar adoption

Younger consumers with chronic conditions are less likely to feel seen, heard, and supported within the health care system—a disconnect that could influence their willingness to utilize new treatments like biosimilars. Only 50% of Gen Z and millennials report trusting their health care provider, compared to 64% of older adults. Fewer younger adults say their provider really listens to them (47% vs. 62%), appreciates and respects them (47% vs. 59%), or takes time to understand them (43% vs. 57%).

These gaps matter—trust and provider connection are essential for patients to feel confident in the safety and effectiveness of new treatment options.[14] Adding to this challenge, younger patients also face more obstacles to care—38% of Gen Z and millennials diagnosed with a chronic condition said they skipped necessary care due to cost and 37% missed appointments due to transportation issues. That's more than double the rates observed for Gen X and baby boomers (18% and 15%, respectively).

Figure 13: Generational gaps in patient experiences reported

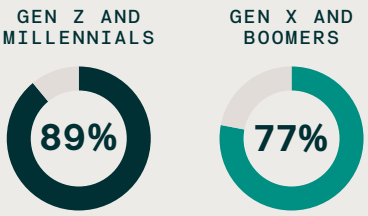


Together, these insights paint a clear picture: Younger generations are experiencing a system that feels less accessible and less personal, reducing confidence in their care and creating downstream implications for adherence, utilization, and health outcomes.

Evernorth survey research also shows that these younger adults are not disengaged from their health care—they are engaging differently. Faced with friction, they are adopting more self-directed and digitally enabled strategies.

Younger generations are demanding a system that listens, respects them, and embraces whole-person care.

Gen Z and millennials are more likely than Gen X and boomers to:



Independently research medications by reading online, consulting peers, reviewing insurance coverage, and exploring options such as compound or online pharmacies.

Actively manage health care costs through strategies like using coupons, searching for discounts, talking to doctors about using lower-cost options, and adjusting budgets to afford medications.

Embrace digital health options, including a preference for virtual care.

Adopt a holistic approach to health, reflected in their higher awareness and use of employer-sponsored benefits such as wellness coaching, mental health support, and financial guidance.

These evolving expectations from younger generations signal a broader call to action—one that demands health systems move beyond traditional models to embrace a more holistic, prevention-centered, and patient-centered future.

CALL TO ACTION

Unlocking long-term value through patient-centered system transformation

The next frontier goes beyond sustaining adoption or decreasing costs—it's about unlocking comprehensive value through prevention, trust, and system-wide accountability.

The promise of biosimilars is no longer theoretical—it's unfolding. From lowering drug costs to expanding access through a growing pipeline, biosimilars are creating momentum for a more sustainable health care system.

Affordability is essential, but no longer enough. Converting this momentum into long-lasting value requires a shift toward whole-person care, prevention-first strategies, and a system built on trust and accountability. True value is not only measured by cost savings but by positive outcomes for patients, workplaces, and communities.

Patients, particularly younger generations, are demanding more of health care: **timely access, authentic and empathetic relationships, and being seen as whole people.** Fully realizing the potential of biosimilars requires strategies that build trust, reinforce shared decision-making, and address key social drivers of health such as education, economic stability, community conditions, and access to quality health care.

To fully realize the potential of biosimilars as catalysts for a more sustainable health care system, stakeholders should align on three strategic fronts:

1. **Promote evidence-based assessments.** Expanding real-world evaluation efforts that measure biosimilar value across costs, outcomes, and community benefits could fuel smarter, value-based decisions.
2. **Accelerate biosimilar adoption with purpose.** Accelerate biosimilar access by addressing practices that delay biosimilars, by optimizing formularies, and by educating patients and providers about biosimilars.
3. **Drive systemic transformation through trust-centered design.** Prioritizing investments in tailored patient and provider education, shared decision-making support, and trust-building strategies are foundational to a sustainable health care system.

The next frontier isn't just about access and affordability; it's about building a system that is patient centered, future ready, and committed to advancing health and vitality for all.

Acknowledgements

Evernorth Research Institute extends our sincere gratitude to the individuals and teams whose hard work, insights, expertise, and support made this publication possible. Their shared commitment to advancing health, value and patient-centered care continues to inspire and inform our work.

Methodology

The methodology for this report is based on data collected from scientific literature, pharmacy and medical claims, industry reports, and stakeholder surveys. The survey was developed to enhance understanding of pharmacy behaviors and trends. The survey sample consisted of pharmacists who have been working in a relevant role for at least three years, providers (physicians, nurse practitioners, and physician assistants) who have been working in a relevant health care facility for at least two years, pharmacy benefit decision-makers at health plans with at least 25,000 members, human resources and pharmacy benefit decision-makers at companies with 1,000 or more employees that offer medical and pharmacy benefits, and individuals with private health insurance, including prescription drug coverage, who had filled a prescription within the past six months. Claims analysis included 27.3 million members with commercial insurance coverage.

Utilization refers to the rate of change in the total days' supply of medication per member across prescriptions. Unit cost reflects the rate of change in costs influenced by inflation, discounts, drug mix and member contributions. Utilization and cost were determined on a per-member-per-year basis. Metrics were calculated by dividing total costs or utilizations by the number of member months multiplied by the number of months per period.

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