



An evolution in treatment options

# UNDERSTANDING BIOSIMILARS IN THE US—

The development, approval, and potential impact of these biologics

The biosimilar approval pathway was established as a way to provide more treatment options, increase access to life-changing medicines, and potentially lower healthcare costs through price competition.<sup>1</sup>

# TABLE OF CONTENTS

## SECTION 1:

### Biologics 101 .....3

What are biologics?.....	3
What is a biosimilar?.....	5
Biosimilars are biologics highly similar to an existing product .....	6
A distinct approval process .....	7
Difference between biologic and biosimilar approval pathways.....	8
Extrapolation .....	9
Interchangeability .....	10

## SECTION 2:

### Development of Biologics ..... 11

Manufacturing and quality control .....	11
Biologic/biosimilar manufacturing process .....	12
Critical quality attributes of biologics .....	13
The impact of drift on the manufacturing process .....	15
What is evolution? .....	16
Manufacturing complexities of biologics .....	17
Manufacturing quality control.....	18

## SECTION 3:

### FDA and the Development of Biosimilars ..... 19

Ensuring biosimilarity.....	19
Biosimilar fingerprinting .....	20
Testing to reduce residual uncertainty.....	21
What is immunogenicity? .....	22
Pharmacovigilance .....	23
Naming convention to distinguish biosimilars.....	24

## SECTION 4:

### The Biosimilar Approval Process ..... 25

Biosimilars undergo rigorous evaluation.....	25
Biosimilar drug approval process .....	26
Biosimilar product application .....	27
Approval in multiple indications based on extrapolation .....	28
Extrapolation must be supported by scientific justification ...	29
Evidence of the safety and efficacy of a biosimilar.....	30
Varying approval processes for biologics, biosimilars, and generics .....	31

### Glossary ..... 32

### References ..... 33

# BIOLOGICS 101

## What are biologics?

To understand biosimilars, it's important to first understand biologics. Without biologics there would be no biosimilars. Biosimilars are developed to be highly similar to a specific reference biologic.<sup>2</sup>

In the United States, biological products are the fastest growing class of therapeutic products and account for a substantial and increasing proportion of healthcare costs.<sup>1</sup>

**Biologics are complex drugs of heterogeneous structure produced from living cells. For this reason, the manufacturing process for a biologic is very important and must be followed exactly.<sup>3-5</sup>**

### The Biologics Price Competition and Innovation Act of 2009 (BPCI Act)

created an abbreviated approval pathway for biological products demonstrated to be biosimilar to or interchangeable with an existing FDA-approved reference product in order to provide<sup>1,4</sup>:



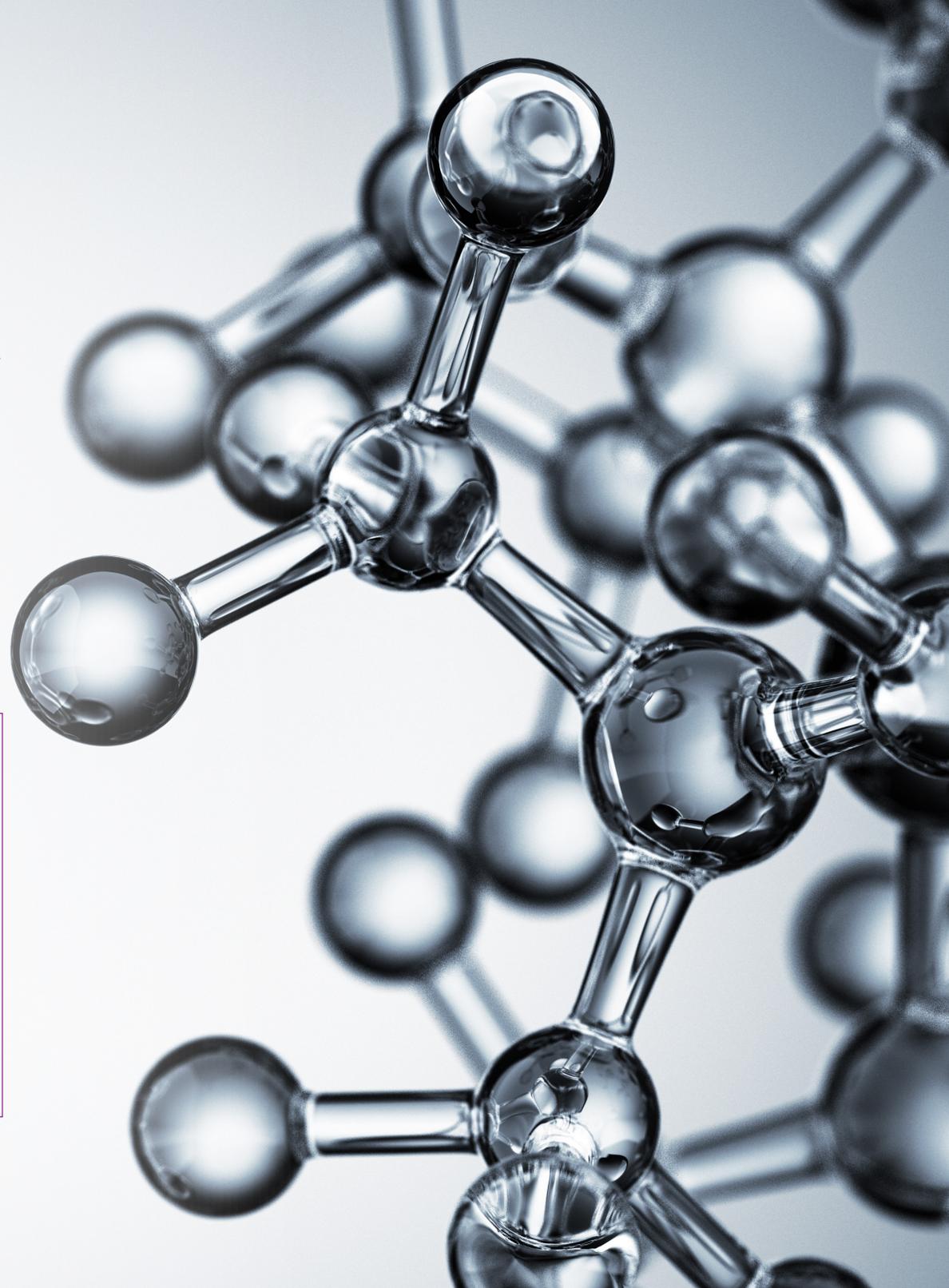
Greater access to life-saving medications



More treatment options



A potentially lower cost through price competition



## TO BETTER UNDERSTAND THE CHARACTERISTICS OF BIOLOGICS, LET'S COMPARE THEM TO CHEMICAL OR SMALL MOLECULE DRUGS



### BIOLOGIC/ BIOLOGICAL DRUG<sup>4,6</sup>

- Produced by **living cell cultures**
- **High** molecular weight
- **Complex, heterogeneous structure** and manufacturing process
- Strongly **process-dependent**
- **Impossible to fully characterize** molecular composition and heterogeneity
- **Unstable**, sensitive to external conditions



### CHEMICAL/SMALL MOLECULE DRUG<sup>2,6</sup>

- Produced by **chemical synthesis**
- **Low** molecular weight
- **Well-defined structure** and manufacturing process
- Mostly **process-independent**
- **Completely characterized** chemicals
- **Stable**

## What is a biosimilar?

The FDA defines a biosimilar as a **biological product that is highly similar to the reference product, notwithstanding minor differences in clinically inactive components.** There are no clinically meaningful differences between the biosimilar product and the reference product in terms of safety, purity, and potency.<sup>7</sup>

**To demonstrate biosimilarity, the manufacturer must provide sufficient data and information** to the FDA to prove that there are no clinically meaningful differences between the reference product and the proposed biosimilar.<sup>2</sup>



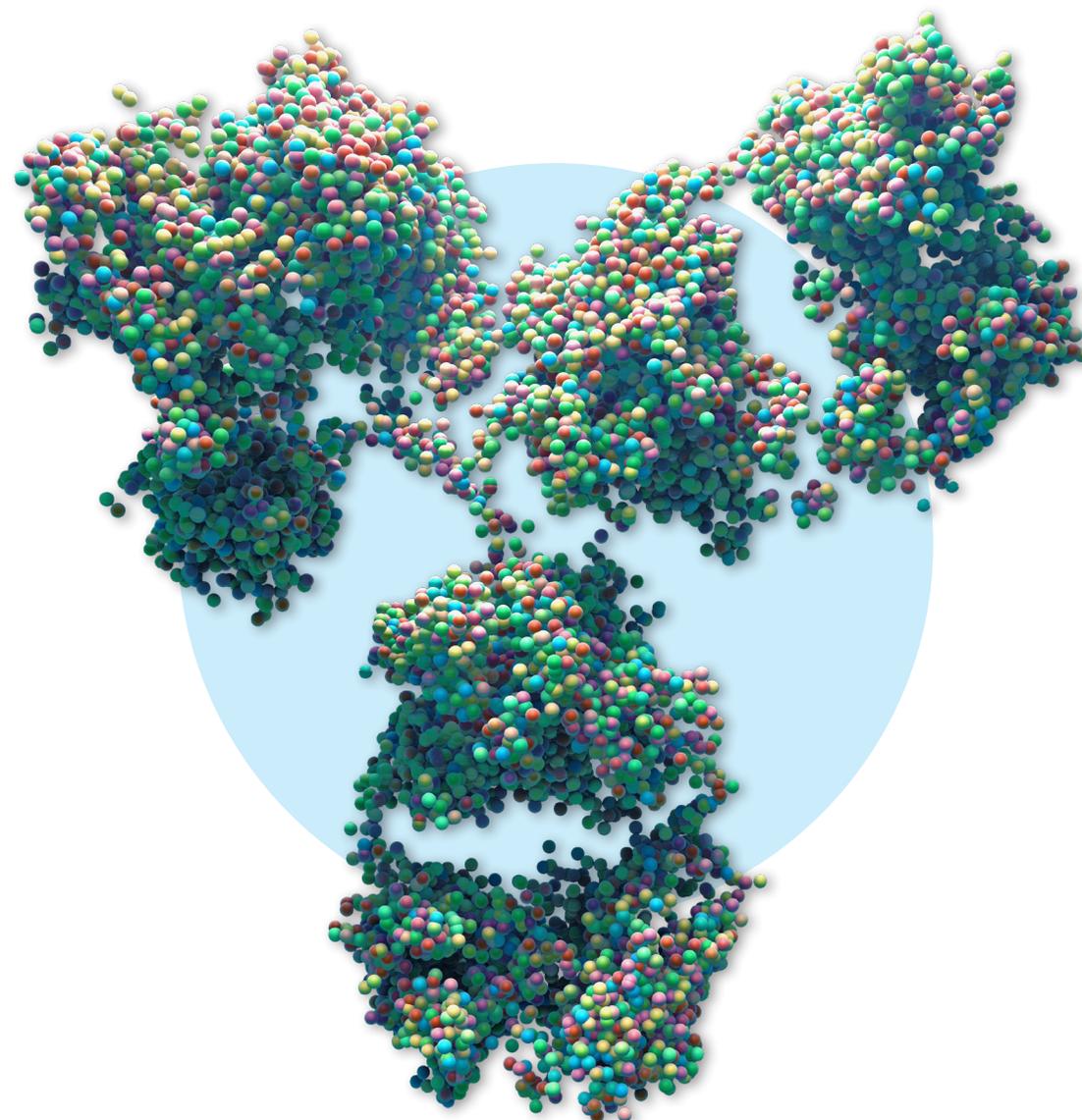
Safety



Purity



Potency

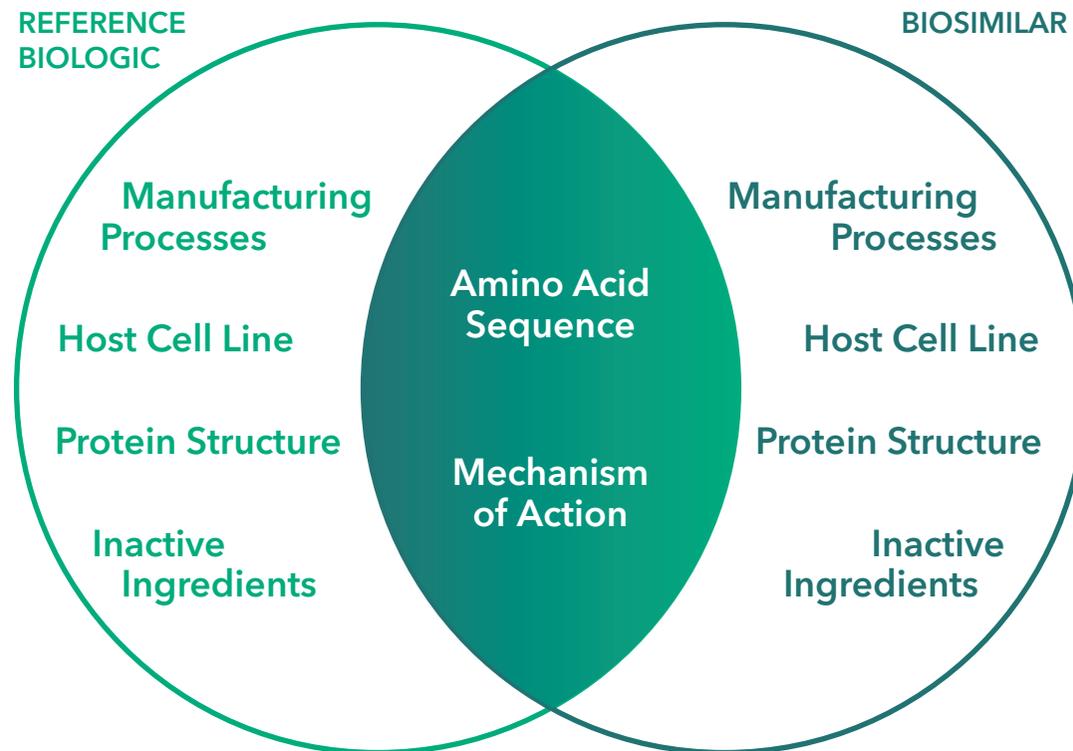


Biosimilars must be highly similar to a reference biologic.<sup>2</sup>

## Biosimilars are biologics highly similar to an existing product

There is natural variability in the manufacturing of all biologics. Quality control measures are therefore put in place to help ensure a high similarity between biologic products.<sup>8</sup>

### FEATURES SHARED BY A REFERENCE BIOLOGIC AND ITS BIOSIMILAR<sup>2,9-11</sup>



The amino acid sequence and the mechanism of action have no clinically meaningful differences.<sup>2,9</sup>

## A distinct approval process

The goal of a biosimilar development program for gaining FDA approval is **demonstrating high similarity between the proposed biosimilar product and the reference product**—not to independently establish the safety and efficacy of the proposed product. Biosimilars must demonstrate no clinically meaningful differences from the reference biologic in terms of safety, purity, and potency.<sup>12</sup>

The FDA reviews the totality of evidence supporting biosimilarity when deciding whether to approve a biosimilar product. Including<sup>2</sup>:



**Detailed analytics**  
(structural and functional characterization)



**Clinical pharmacology**  
(PK/PD data)



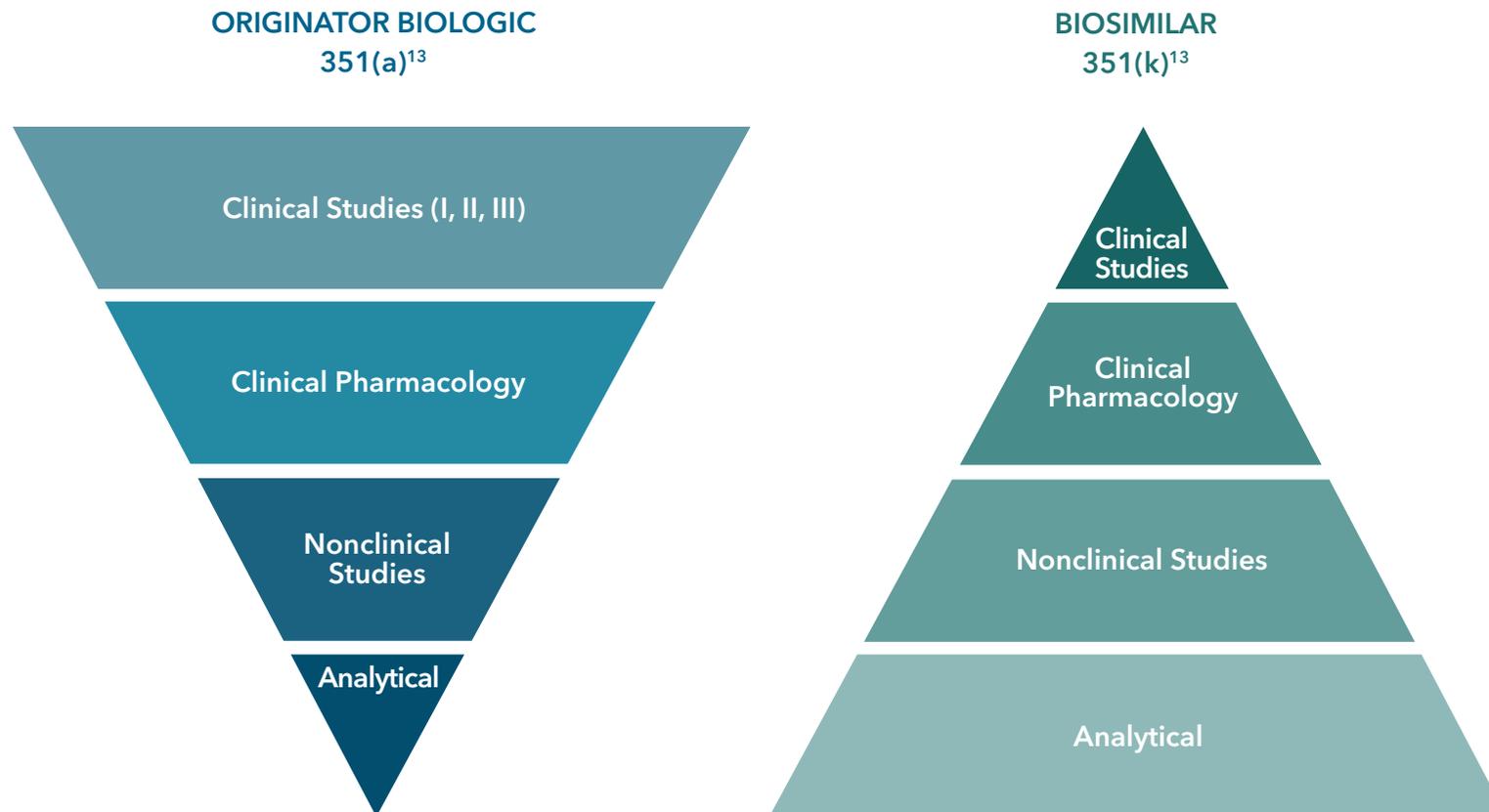
**Nonclinical evaluation**  
(animal studies)



**Clinical immunogenicity data** and other comparative clinical studies of biosimilarity

## DIFFERENCE BETWEEN BIOLOGIC AND BIOSIMILAR APPROVAL PATHWAYS

The image on the left depicts the pathway of approval for a biologic. In contrast, the image on the right shows that biosimilar development must include data demonstrating biosimilarity to the reference product. The FDA reviews the totality of evidence supporting biosimilarity including detailed analytics (structural and functional characterization), non-clinical evaluation (animal studies), clinical pharmacology (PK/PD data), clinical immunogenicity data, and other comparative clinical studies in making this decision.<sup>2</sup> The goal of a biosimilar program is to demonstrate biosimilarity, not to independently establish the safety and efficacy of the proposed product.<sup>12</sup>



## BIOSIMILAR TERMINOLOGY:

Important terms to consider about biosimilars—**extrapolation** and interchangeability

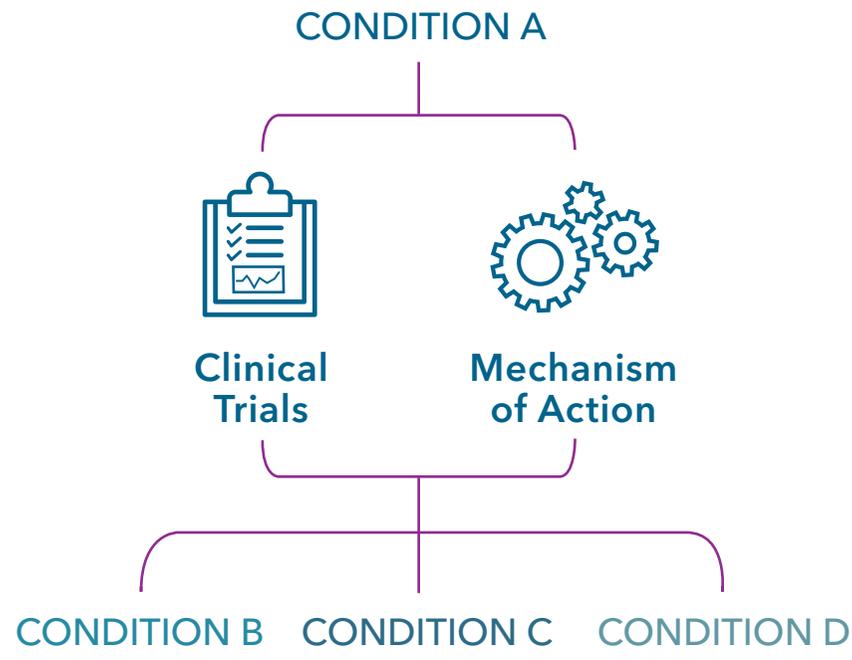
### Extrapolation

Extrapolation is based on<sup>2</sup>:

- All available data and information in the biosimilar application
- The FDA's previous findings of safety and efficacy for the reference product
- Knowledge and consideration of various scientific factors for each condition

A biosimilar can be approved if there is sufficient scientific justification for extrapolating clinical data. Along with other factors, this may include<sup>2</sup>:

- **The mechanism of action** in each condition for which approval is being sought
- **The pharmacokinetic and pharmacodynamic properties** of the product in different patient populations
- **Differences in expected toxicities** in each condition of use and patient population



## BIOSIMILAR TERMINOLOGY:

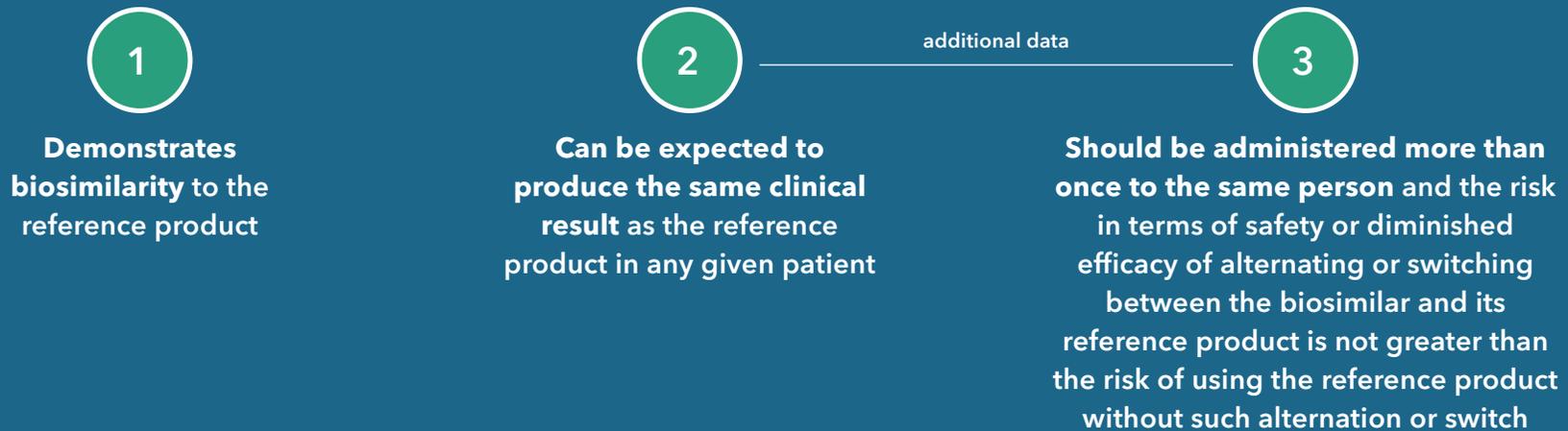
Important terms to consider about biosimilars—extrapolation and **interchangeability**

### Interchangeability

Interchangeability is when a biosimilar may be substituted for the reference product without the intervention of the healthcare provider who prescribed the reference product.<sup>14</sup>

#### BIOLOGICAL PRODUCT INTERCHANGEABILITY

For a biosimilar product to be designated interchangeable, in addition to demonstrating biosimilarity, data must be submitted to show that it<sup>14</sup>:



# DEVELOPMENT OF BIOLOGICS

## Manufacturing and quality control

Biologics are developed using living cells or organisms, such as bacteria, yeasts, viruses, or other animal cells.<sup>4,15</sup> Some degree of variation in batches of active ingredient is a normal part of the manufacturing process.<sup>8</sup> Biologics are typically more complex and are unlikely to be shown to be structurally identical to a reference product. Many potential differences in protein structure can arise.<sup>2</sup>

### Manufacturing biologics is quite different than small-molecule drugs

Small-molecule drugs are manufactured using predictable chemical synthesis processes to yield a final structure that is always the same and is easily verified.<sup>2,4</sup> Quality measures that are sufficient for small-molecule drugs are inadequate for biologics, which have complex molecules that are sensitive to even small changes in the manufacturing process.<sup>16</sup>

**It is important to understand that biosimilars are biologics and therefore are measured by the same FDA standards of Good Manufacturing Practices (GMP).<sup>18</sup>**

## BIOLOGIC MANUFACTURING CRITICAL STEPS INCLUDE<sup>17</sup>:

- **Expanding** the host cell population
- **Production of the biologic product** by host cells in bioreactors
- **Recovery**
- **Purification** of the product

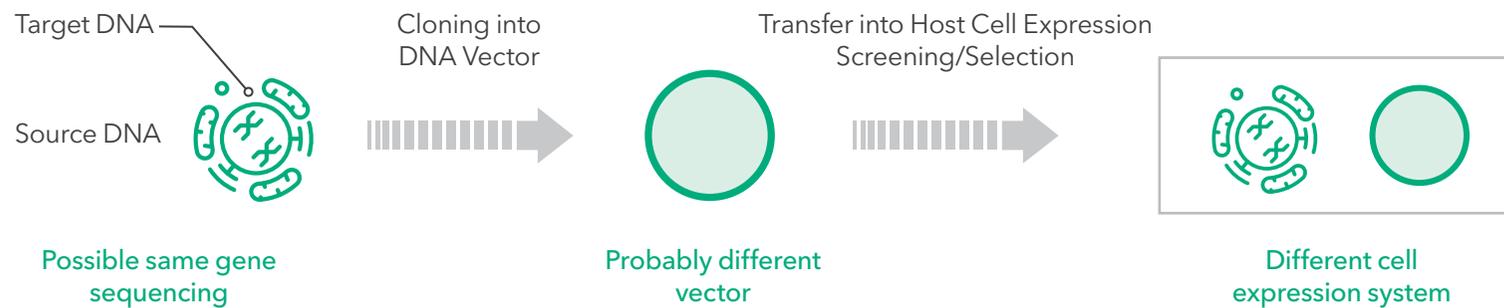


These critical steps must be followed to ensure integrity between batches.

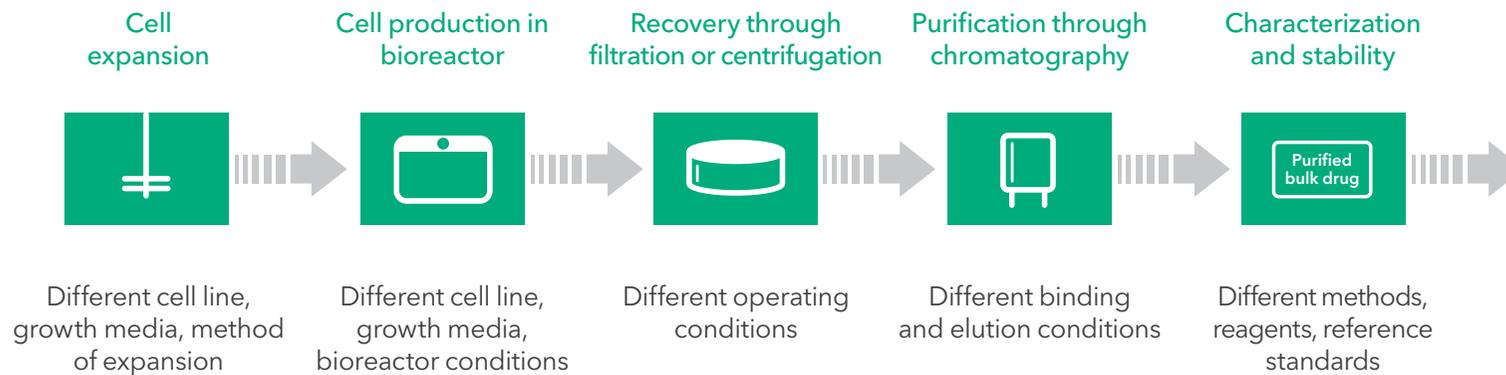
## Biologic/biosimilar manufacturing process

The manufacturing process begins with isolation of DNA for the biological product. It is then attached to a vector (such as a virus), and transferred to a host cell, which will make the biologic product.<sup>17</sup>

### CLONING AND PROTEIN EXPRESSION<sup>17</sup>



### PROTEIN PRODUCTION, PURIFICATION, AND VALIDATION<sup>17</sup>

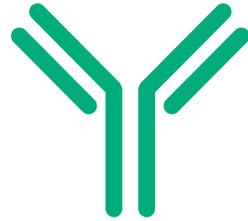




## Critical quality attributes of biologics

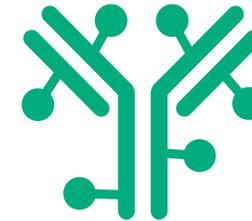
During production of biologics, the manufacturer monitors several Critical Quality Attributes (COAs), or characteristics to ensure that they fall within a range of normal variability of the drug product.<sup>8</sup>

## Some of the manufacturing issues that could impact CQAs include<sup>19</sup>:



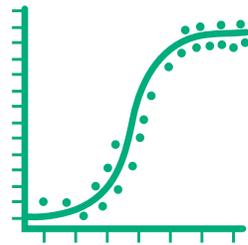
STRUCTURE

Includes not only the linear amino acid sequence, but also protein folding and 3-dimensional structure. Incorrect protein structure can lead to efficacy that is reduced or more variable



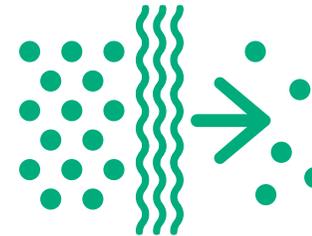
GLYCOSYLATION

The binding of carbohydrate molecules to a protein is common with proteins that are secreted by cells.<sup>20</sup> Variations in glycosylation can affect properties such as the drug half-life or how likely it is that the drug will cause an immune response



BIOLOGICAL  
ACTIVITY

Includes the ability to bind to its molecular target



MANUFACTURING  
PROCESS IMPURITIES

These include contamination with DNA or protein from the host cells that were used to grow the biological drug, as well as other chemical contaminants from the manufacturing process

## The impact of drift on the manufacturing process

Over time, changes can take place in either the manufacturing process or the quality attributes of biologics. This can cause what is known as drift.<sup>8</sup>

### What is drift?

**Drift refers to unintended, unexplained, or unexpected change in either manufacturing process parameters or the final product over the product's lifetime.** Drift may be gradual or sudden and occurs in any biologic drug and therefore would be expected to occur with its respective biosimilar.<sup>8,16</sup>

All manufacturing processes have inherent variability. Although some variability is normal between batches during the manufacturing process of biologics, any changes must be rigorously investigated and controlled through robust quality systems.

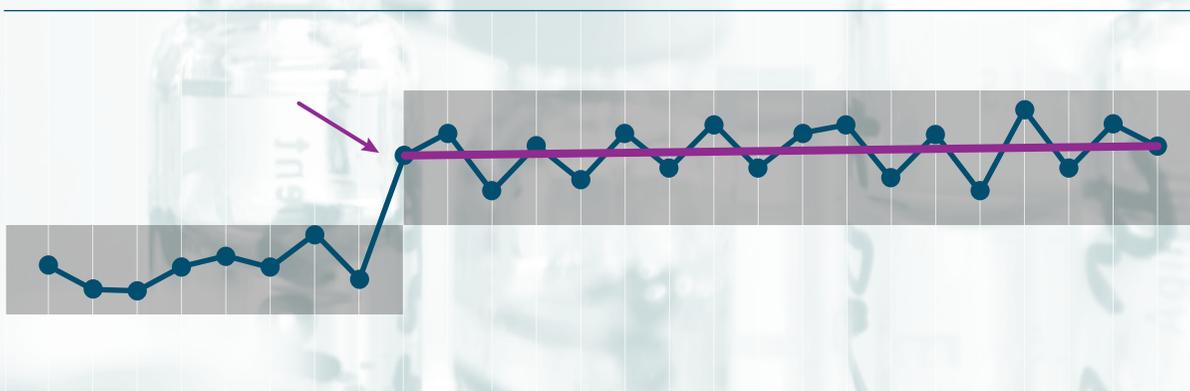
Drifts and shifts in biologics are highly regulated by International Guidance and batches of reference products after a manufacturing change must demonstrate they are "highly similar" to pre-change batches.<sup>8</sup> The FDA reviews confidence intervals on the biosimilars to be sure they are in range.<sup>16</sup>

## GRADUAL UPWARD TREND IN PROTEIN CONCENTRATION



Arbitrary quality attributes

## ABRUPT SHIFT TO NEW BASELINE



Arbitrary quality attributes

Simulated protein concentrations in different drug batches over time. The top image shows a gradual drift toward a higher protein concentration, while the bottom image shows an abrupt change.<sup>16</sup>

Gradual drift is also known as evolution

## What is evolution?

The term evolution is used to refer to deliberate process changes implemented by the manufacturer.

For example, changes may be introduced to<sup>16</sup>:

- Meet regulatory requirements
- Increase production
- Improve efficiency

Other **changes over time** to the manufacturing process may be due to<sup>16,19</sup>:

- Modification to production materials
- Change in site
- Change in technology

## Manufacturing complexities of biologics

Due to evolution and drift during the manufacturing process, biologics that have been on the market for a while are no longer necessarily identical to the original drugs.<sup>21</sup>

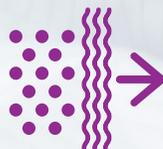
Some potential changes to the biologic or biosimilar manufacturing process that may affect the activity of the drug include differences in<sup>21</sup>:



Fermentation temperature



pH level



Filtration and purification



Inactive ingredients  
(stabilizers, solubilizers,  
buffers, pH, bulking agents)

Quality control is never complete—it continues throughout the lifetime of the product with regular assessment of batch-to-batch variability.<sup>22</sup> It is a dynamic and iterative process that involves quality systems that are internal to each manufacturer, with oversight of the product and manufacturing process by regulatory authorities.<sup>16</sup>

## Manufacturing quality control

Although approved by different pathways, biosimilars and the reference biologic drug are held to the same high-quality manufacturing standards by the FDA, and both undergo post-approval monitoring to ensure that safety and efficacy remain equivalent throughout the life cycle of the product.<sup>18</sup> Manufacturers use various quality control systems to ensure consistency of the product across the life cycle. The quality oversight process monitors<sup>16</sup>:



Quality system\*



Materials system



Facilities and  
equipment system



Production system



Laboratory control system



Packaging and labeling

\*Ensures overall compliance with current good manufacturing practice and internal requirements.

# FDA AND THE DEVELOPMENT OF BIOSIMILARS

## Ensuring biosimilarity

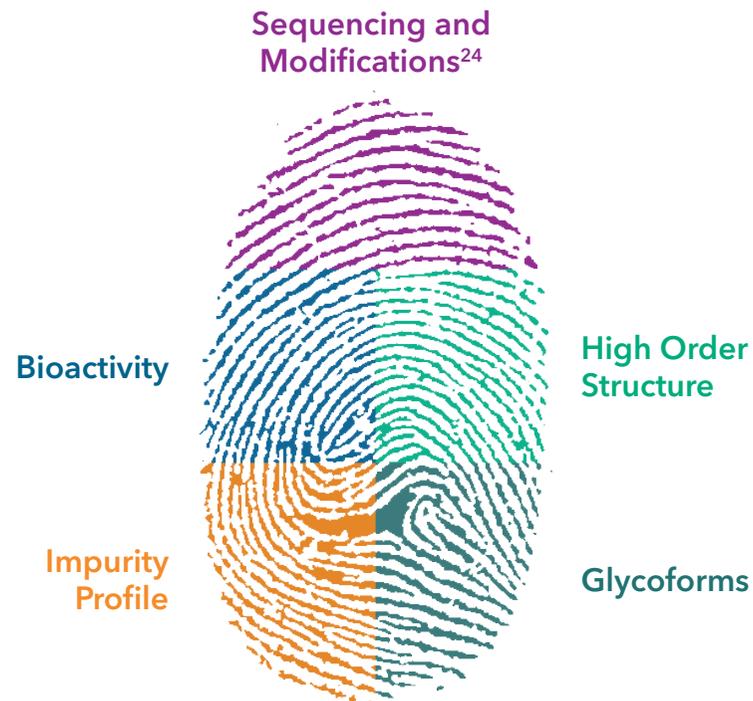
The FDA recommends a specific process for developing, characterizing, and comparing a biosimilar and its reference biologic. To make certain that the proposed biosimilar is highly similar to the approved reference product, a rigorous system is needed to characterize the two products and compare them with one another.<sup>8,23</sup>

This process is similar to quality control measures that monitor the consistency of an approved biologic after changes in the manufacturing process, and it also includes ongoing evaluation of product safety, or pharmacovigilance, after the biosimilar has been approved.<sup>8</sup>

**By definition, a biosimilar needs to demonstrate that it is highly similar to the reference product and that there are no clinically meaningful differences between the biosimilar product and the reference product in terms of safety, purity, and potency of the product.<sup>2</sup>**

## BIOSIMILAR FINGERPRINTING

To evaluate similarity, the FDA recommends that biosimilar manufacturers use a “fingerprint-like” process that examines a large number of attributes of the product. This involves more than just comparing the two compounds on individual analytical tests to evaluate how the two products are similar and how they are different.<sup>5</sup>



### BIOSIMILAR FINGERPRINTING IS<sup>5</sup>:

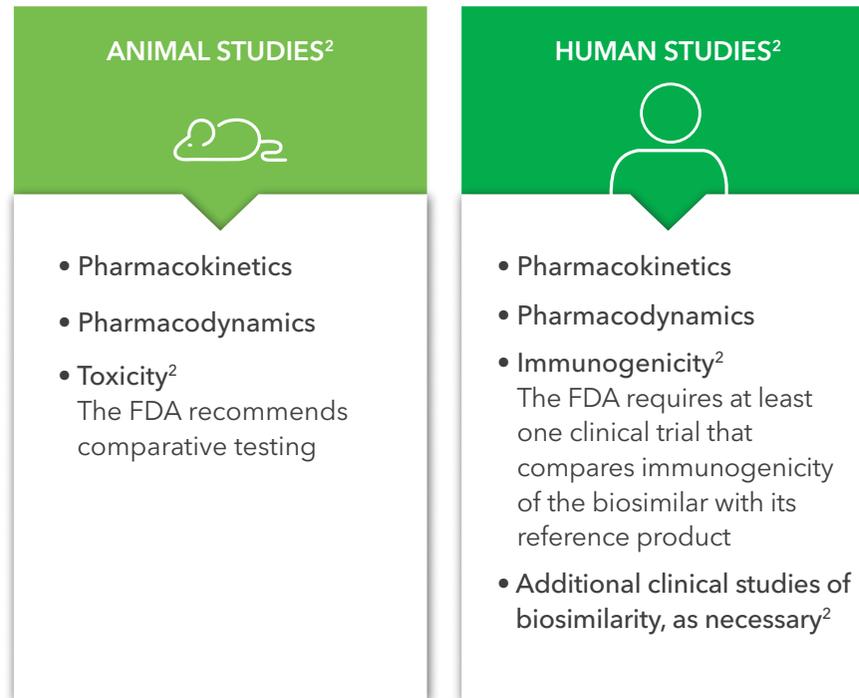
Above & beyond risk-based comparative characterization

Evaluation of overall pattern of similarity

**An assessment of many product attributes together allows an extremely sensitive approach to identifying differences between the proposed biosimilar and the reference product.<sup>5</sup> As many as 100 different attributes may be compared between the biosimilar and the reference drug.<sup>25</sup>**

## Testing to reduce residual uncertainty

The amount and type of animal and clinical studies is determined after analytical testing to resolve uncertainties that remain about the safety and similarity of the proposed product.<sup>2</sup>



### Pharmacokinetics<sup>26</sup>

*/ fār-mə-kō-kə-'ne-tiks (noun, plural in form but singular in construction)*

measures factors such as absorption and elimination of the drug.

### Pharmacodynamics<sup>26</sup>

*/ fār-mə-kō-dī-'na-miks (noun, plural in form but singular in construction)*

measures the effects of the drug on its biological target.

## What is immunogenicity?

A concern with biologics is the potential to elicit an immune response in the patient receiving treatment that can have a negative effect on safety and efficacy.<sup>27</sup>

According to the FDA, **immunogenicity is defined as the propensity of the therapeutic protein product to generate immune responses to itself and to related proteins or to induce immunologically related adverse clinical events.**<sup>27</sup>

Immunogenicity occurs when a patient develops antibodies against the product. Antibodies can bind to and neutralize the biologic agent, which may reduce drug concentration and efficacy. Antibodies can also elicit immune responses that contribute to adverse effects.<sup>27</sup>

The biosimilar development process includes a careful comparison of immune responses, or immunogenicity, between the proposed biosimilar and the reference compound.<sup>2</sup>

## Factors that influence immunogenicity<sup>28</sup>



Both the reference drug and the biosimilar are proteins that contain the same primary sequence of amino acids. However, they are produced from different cell lines and using different manufacturing processes, which contributes to some natural variability between the two.<sup>25</sup> This product variability can contribute to unwanted immunogenicity and requires careful evaluation.<sup>29</sup>



## Pharmacovigilance: ongoing post-approval safety monitoring

Although the safety of biological products is rigorously assessed before approval, there is also an ongoing process of post-approval safety monitoring, or pharmacovigilance, to allow the FDA and the manufacturer to track adverse events.<sup>14,16,23,30</sup>

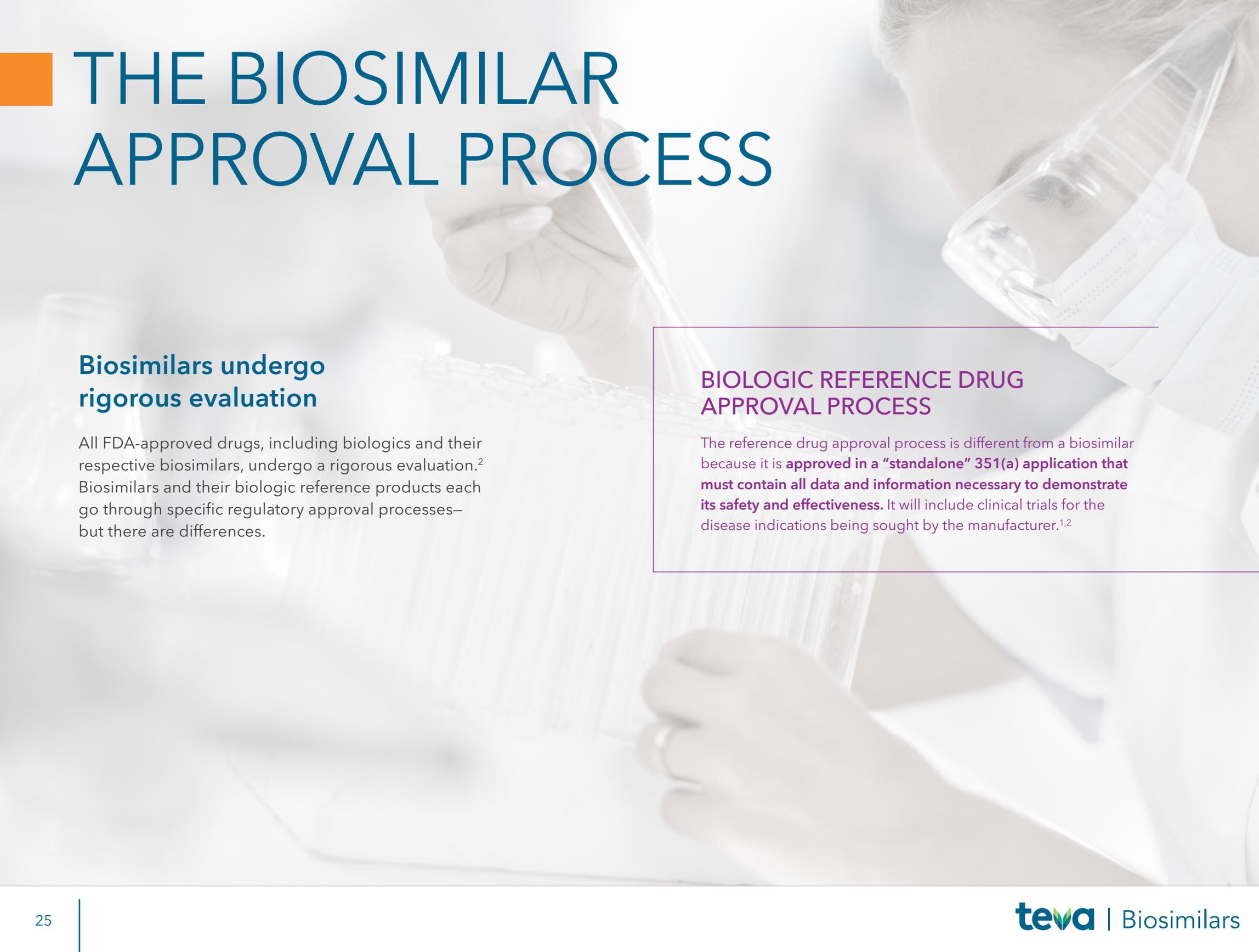
The FDA requires manufacturers to conduct post-marketing pharmacovigilance surveillance after any manufacturing change for all biologic agents, including both the reference biologic and its biosimilars.<sup>14</sup>

-abcd | -efgh | -ijkl

## Naming convention to distinguish biosimilars

Pharmacovigilance requires that all products within the same category be distinguishable from each other. However, with the approval of a growing number of biosimilars derived from the same reference product, it may become increasingly complex to attribute adverse events to the correct agent and manufacturer.<sup>30,31</sup>

To help overcome this problem, the FDA has developed **a naming convention for biosimilar drugs that includes a unique random 4-letter suffix after the product's non-proprietary name**. Suffixes serve as a key element to identify specific products for adverse event reporting.<sup>30</sup>



# THE BIOSIMILAR APPROVAL PROCESS

## Biosimilars undergo rigorous evaluation

All FDA-approved drugs, including biologics and their respective biosimilars, undergo a rigorous evaluation.<sup>2</sup> Biosimilars and their biologic reference products each go through specific regulatory approval processes—but there are differences.

## BIOLOGIC REFERENCE DRUG APPROVAL PROCESS

The reference drug approval process is different from a biosimilar because it is **approved in a “standalone” 351(a) application that must contain all data and information necessary to demonstrate its safety and effectiveness.** It will include clinical trials for the disease indications being sought by the manufacturer.<sup>1,2</sup>



## Biosimilar drug approval process

In contrast, **the 351(k) biosimilar development program aims to demonstrate biosimilarity between the proposed biosimilar product and the reference product.** It does not independently demonstrate the safety and effectiveness of a proposed biosimilar.<sup>12</sup> The manufacturer of a proposed biosimilar product generates an array of data comparing the proposed product to the FDA-approved reference product to demonstrate biosimilarity.<sup>2</sup>

Clinical data is generated and evaluated in a stepwise fashion that begins with a foundation of detailed analytical (structural and functional) characterization and comparison of the products, and if necessary, moving on to animal studies and again if necessary, on to clinical studies.<sup>12</sup>

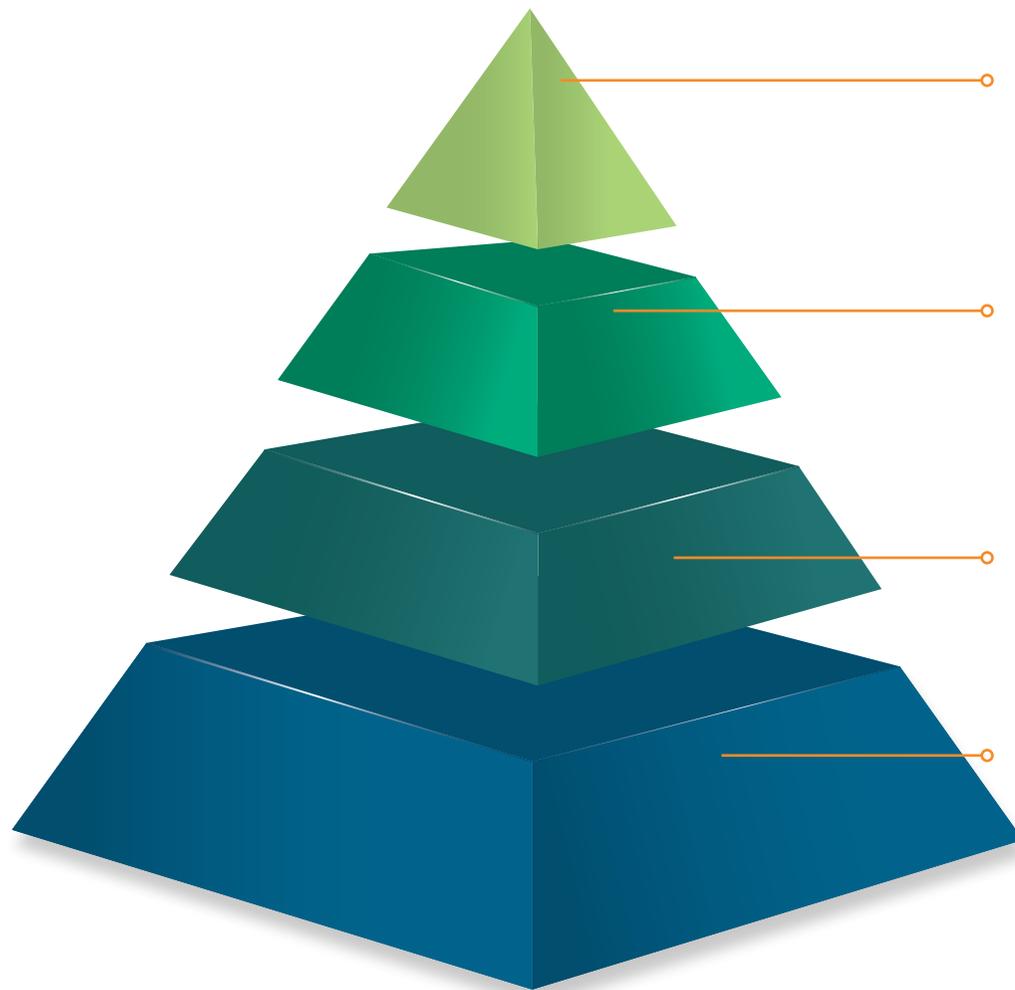
Consequently, rather than generating the same full profile of nonclinical and clinical data as a reference product, a manufacturer that shows its proposed biosimilar product is highly similar to and has no clinically meaningful differences from the FDA-approved reference product may rely in part on the FDA's previous determination of safety and effectiveness for the reference product for biosimilar approval.<sup>2,12</sup>

**Biosimilar manufacturers do not need to conduct as many expensive and lengthy clinical trials, potentially leading to faster access to these products, additional therapeutic options, and cost competition.<sup>1</sup>**

## Biosimilar product application

A biosimilar product application must include data demonstrating biosimilarity to the reference product.<sup>12</sup>

THIS USUALLY INCLUDES<sup>12</sup>:



### 04 | Additional Clinical Studies

#### Clinical Pharmacology Studies

A clinical study or studies sufficient to demonstrate there are no clinically meaningful differences in safety, purity, and potency of the proposed biosimilar product

- Typically includes assessing immunogenicity, pharmacokinetics (PK), and, in some cases, pharmacodynamics (PD)

### 02 | Nonclinical Studies

Animal studies, including an assessment of toxicity

### 01

#### Analytical Characterization (the foundation)

Analytical studies demonstrating that the biologic is highly similar to the reference product, notwithstanding minor differences in clinically inactive components

## Approval in multiple indications based on extrapolation

A biosimilar product may be approved for a condition without direct studies of the biosimilar in that condition.<sup>2</sup>

If the totality of evidence in the biosimilar application supports a demonstration of biosimilarity for at least one of the reference product's conditions, then it is possible for the biosimilar manufacturer to use data and information to scientifically justify approval for other conditions that were not directly studied by the biosimilar manufacturer. This is known as extrapolation.<sup>2</sup>

Extrapolation allows for the approval of a biosimilar for use in a condition held by the reference product but not directly studied in clinical trials by the biosimilar manufacturer.<sup>4</sup>

### EXTRAPOLATION IS BASED ON<sup>2</sup>:

- All available data and information in the biosimilar application
- The FDA's previous findings of safety and efficacy for the reference product
- Knowledge and consideration of various scientific factors for each condition

## EXTRAPOLATION MUST BE SUPPORTED BY SCIENTIFIC JUSTIFICATION

For each condition of the reference product, the biosimilar manufacturer must provide scientific justification to support extrapolation. These scientific justification factors include knowledge of<sup>2</sup>:



Mechanism(s)  
of action



Pharmacokinetics



Pharmacodynamics



Efficacy  
and safety



Immunogenicity

The FDA works with biosimilar manufacturers during product development to determine what data is needed to support extrapolation. Moreover, the FDA decides on a case-by-case basis if extrapolation is granted for a given biosimilar.<sup>1</sup>

## Evidence of the safety and efficacy of a biosimilar

The FDA recommends that the biosimilar product label include safety and efficacy data from the reference product. The data from the reference product will provide HCPs with the essential scientific information needed to treat patients.<sup>12</sup>

---

**It is the FDA's view that biosimilar product labeling will not include a description of data directly from the development of the biosimilar. A clinical study supporting the licensure of the biosimilar product generally will not be designed to independently demonstrate the safety and efficacy of the product.<sup>12</sup>**

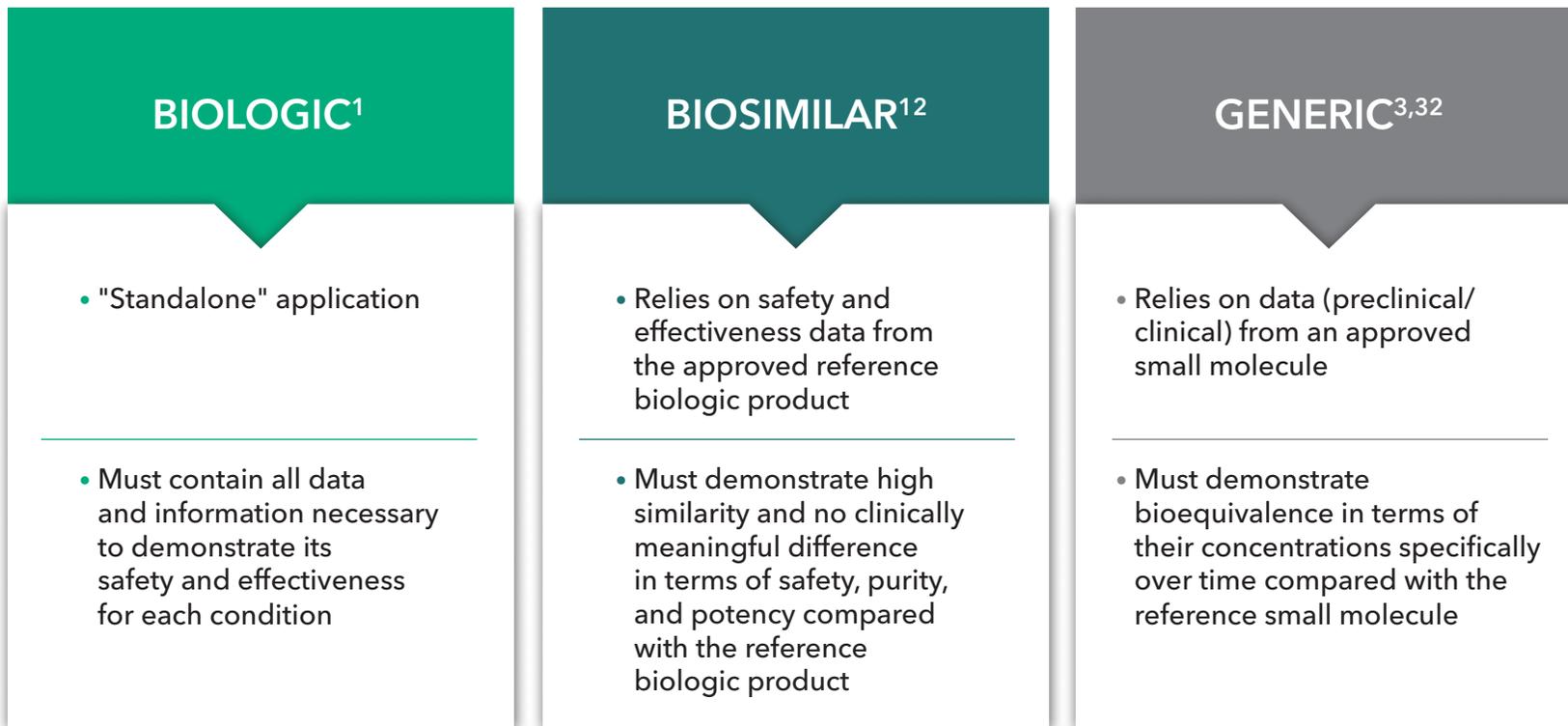
---

Instead, adequate data is provided to support the demonstration that there are no clinically meaningful differences between the proposed biosimilar product and the reference product for the relevant condition in the biosimilar label. **Therefore, only the reference product data will be included in the label.<sup>12</sup>**



## VARYING APPROVAL PROCESSES FOR BIOLOGICS, BIOSIMILARS, AND GENERICS

The process and required data are different for biologics, biosimilars, and generics.



## GLOSSARY

**351a approval pathway** - a standalone application for the FDA approval of a biologic drug, which must contain all data and information necessary to demonstrate its safety and effectiveness. It will include clinical trials for the disease indications being sought by the manufacturer<sup>2</sup>

**351k approval pathway** - process for the FDA approval of a biosimilar drug, with the goal of demonstrating biosimilarity between the proposed biosimilar product and the reference product, not independently establishing the safety and effectiveness of the proposed product<sup>2</sup>

**Biologic** - a complex drug of heterogeneous structure produced from living cells<sup>3-5</sup>

**Biosimilar** - a biological product that is highly similar to—and has no clinically meaningful differences in terms of safety, purity, and potency from—an existing FDA-approved reference product, notwithstanding minor differences in clinically inactive components<sup>7</sup>

**Biosimilar fingerprinting** - a “fingerprint-like” process used during manufacturing that examines a large number of attributes of the product<sup>5</sup>

**Drift** - unintended, unexplained, or unexpected change in either manufacturing process parameters or the final product over the product’s lifetime<sup>8,16</sup>

**Evolution** - deliberate process changes implemented by a biologics manufacturer<sup>16</sup>

**Extrapolation** - the approval of a biosimilar based on the totality of evidence for a given condition held by the reference product but is not directly studied in comparative trials with a biosimilar<sup>2</sup>

**Immunogenicity** - the propensity of the therapeutic protein product to generate immune responses to itself and to related proteins or to induce immunologically related adverse clinical events<sup>27</sup>

**Interchangeability** - when a biosimilar may be substituted for the reference product without the intervention of the healthcare provider who prescribed the reference product; has demonstrated the same clinical results as the reference product. For a biological product that is administered more than once to an individual, the risk of alternating or switching between use of the biological product and the reference product is not greater than the risk of using the reference product without such alternation or switch.<sup>14</sup>

**Pharmacodynamics** - measures the effects of the drug on its biological target<sup>26</sup>

**Pharmacokinetics** - measures factors such as absorption and elimination of the drug<sup>26</sup>

**Pharmacovigilance** - an ongoing process of post-approval safety monitoring to allow the FDA and the manufacturer to track adverse events<sup>14,16,23,30</sup>

**Reference product** - an existing FDA-approved biologic drug that is used as the originator for the development of a biosimilar drug<sup>12</sup>

**Totality of evidence** - the spectrum of support reviewed by the FDA when evidence supporting biosimilarity is reviewed by the FDA when deciding whether to approve a biosimilar product. Includes detailed analytics (structural and functional characterization), non-clinical evaluation (animal studies), clinical pharmacology (PK/PD data), clinical immunogenicity data, and other clinical studies.<sup>2</sup> The goal of a biosimilar program is to demonstrate biosimilarity, not to independently establish the safety and effectiveness of the proposed product.<sup>12</sup>

## REFERENCES

- References:** 1. US Food and Drug Administration. Biosimilar product regulatory review and approval. <https://www.fda.gov/downloads/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/approvalapplications/therapeuticbiologicapplications/biosimilars/ucm581309.pdf>. Accessed July 20, 2018. 2. US Food and Drug Administration. Scientific considerations in demonstrating biosimilarity to a reference product. *Guidance for Industry*. April 2015. <https://www.fda.gov/downloads/drugs/guidances/ucm291128.pdf>. Accessed June 14, 2018. 3. US Food and Drug Administration. Biological product definitions. <https://www.fda.gov/downloads/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/approvalapplications/therapeuticbiologicapplications/biosimilars/ucm581282.pdf>. Accessed August 2, 2018. 4. US Food and Drug Administration. Biosimilars: Additional questions and answers regarding implementation of the biologics price competition and innovation act of 2009. *Draft Guidance for Industry*. May 2015. <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-drugs-gen/documents/document/ucm273001.pdf>. Accessed June 15, 2018. 5. US Food and Drug Administration. Clinical pharmacology data to support a demonstration of biosimilarity to a reference product. *Guidance for Industry*. December 2016. <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm397017.pdf>. Accessed August 3, 2018. 6. Declerck, PJ. Biologicals and biosimilars: a review of the science and its implications. *GaBI J*. 2012;1(1):13-16. <http://gabi-journal.net/wp-content/uploads/GaBIJ-2012-1-p13-16-ReviewArticle-Declerck.pdf>. Accessed January 18, 2018. 7. US Food and Drug Administration. Quality considerations in demonstrating biosimilarity of a therapeutic protein product to a reference product. *Guidance for Industry*. April 2015. <https://www.fda.gov/ucm/groups/fdagov-public/@fdagov-drugs-gen/documents/document/ucm291134.pdf>. Accessed May 14, 2018. 8. US Food and Drug Administration. Q5E comparability of biotechnological/biological products subject to changes in their manufacturing process. *Guidance for Industry*. June 2005. <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm073476.pdf>. Accessed August 3, 2018. 9. Lucio SD, Stevenson JG, Hoffman JM. Biosimilars: primer for the health system pharmacist. *Am J Health Syst Pharm*. 2013;70(22):2004-2017. 10. Weise M, Bielsky MC, De Smet K, et al. Biosimilars: what clinicians should know. *Blood*. 2012;120(26):5111-5117. 11. Li E, Ramanan S, Green L. Pharmacist substitution of biological products: issues and considerations. *J Manag Care Spec Pharm*. 2015;21(7):532-539. 12. US Food and Drug Administration. Labeling for biosimilar products. *Guidance for Industry*. July 2018. <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm493439.pdf>. Accessed August 2, 2018. 13. US Food and Drug Administration. Overview of the regulatory framework and FDA's guidance for the development and approval of biosimilar and interchangeable products in the US. <https://www.fda.gov/downloads/aboutfda/workingatfda/fellowshipinternshipgraduatefacultyprograms/pharmacystudentexperientialprogramcder/ucm587522.pdf>. Accessed September 7, 2018. 14. US Food and Drug Administration. Considerations in demonstrating interchangeability with a reference product. *Draft Guidance for Industry*. January 2017. <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm537135.pdf>. Accessed June 14, 2018. 15. Zelenetz AD, Ahmed I, Braud EL, et al. NCCN biosimilars white paper: regulatory, scientific, and patient safety perspectives. *J Natl Compr Canc Netw*. 2011;9(suppl 4):S1-S22. 16. Ramanan S, Grampp G. Drift, evolution, and divergence in biologics and biosimilars manufacturing. *BioDrugs*. 2014;28(4):363-372. 17. Mellstedt H, Niederwieser D, Ludwig H. The challenge of biosimilars. *Ann Oncol*. 2008;19(3):411-419. 18. Lamanna WC, Holzmann J, Cohen HP, et al. Maintaining consistent quality and clinical performance of biopharmaceuticals. *Expert Opin Biol Ther*. 2018;1-11. 19. Vulto AG, Jaquez OA. The process defines the product: what really matters in biosimilar design and production? *Rheumatology (Oxford)*. 2017;56(suppl 4):iv14-iv29. 20. Berg JM, Tymoczko JL, Stryer L. *Biochemistry*. 5th edition. New York, NY: W H Freeman; 2002. <https://www.ncbi.nlm.nih.gov/books/NBK22521>. Accessed February 14, 2018. 21. Mehr SR, Zimmerman MP. Is a biologic produced 15 years ago a biosimilar of itself today? *Am Health Drug Benefits*. 2016;9(9):515-518. 22. Ahmed I, Kaspar B, Sharma U. Biosimilars: impact of biologic product life cycle and European experience on the regulatory trajectory in the United States. *Clin Ther*. 2012;34(2):400-419. 23. Rugo HS, Linton KM, Cervi P, Rosenberg JA, Jacobs I. A clinician's guide to biosimilars in oncology. *Cancer Treat Rev*. 2016;46:73-79. 24. Annenberg Center for Health Sciences. Narrowing the gaps: understanding biosimilars. 2017. <http://www.annenberg.net/Understanding-Biosimilars-CME>. Accessed August 3, 2018. 25. Pillai G, Malcom DR, Cox A. A primer on biosimilars: FDA-approved and those in the pipeline. *SOJ Pharm Sci*. 2017;4(4):1-8. 26. Pacey S, Workman P, Sarker D. Pharmacokinetics and pharmacodynamics in drug development. In: Schwab M, ed. *Encyclopedia of Cancer*. Berlin: Springer; 2011. 27. US Food and Drug Administration. Assay development and validation for immunogenicity testing of therapeutic protein products. *Draft Guidance for Industry*. <https://www.fda.gov/downloads/drugs/guidances/ucm192750.pdf>. Accessed March 8, 2018. 28. Chirmule N, Jawa V, Meibohm B. Immunogenicity to therapeutic proteins: impact on PK/PD and efficacy. *AAPS J*. 2012;14(2):296-302. 29. Kuriakose A, Chirmule N, Nair P. Immunogenicity of biotherapeutics: causes and association with posttranslational modifications. *J Immunol Res*. 2016;2016:1298473. doi: 10.1155/2016/1298473. Epub 2016 Jun 29. 30. US Food and Drug Administration. Nonproprietary naming of biological products. *Guidance for Industry*. January 2017. <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm459987.pdf>. Accessed August 2, 2018. 31. Camacho LH, Frost CP, Abella E, Morrow PK, Whittaker S. Biosimilars 101: considerations for U.S. oncologists in clinical practice. *Cancer Med*. 2014;3(4):889-899. 32. US Food and Drug Administration. ANDA submissions—content and format of abbreviated new drug applications. *Draft Guidance for Industry*. June 2014. <https://www.fda.gov/downloads/drugs/guidances/ucm400630.pdf>. Accessed August 22, 2018.

# BIOSIMILARS AND THE CHANGING HEALTHCARE MARKETPLACE

This brochure is designed to provide an overview of biosimilars and to help you understand how they can play a key role in choosing an appropriate treatment option for your patients across a wide range of diseases and conditions.

- Biosimilars are biologic drugs that are developed to be highly similar to an existing FDA-approved reference biologic, with no clinically meaningful differences in safety, purity, and potency<sup>7</sup>
- The FDA affirms that biosimilars are expected to produce the clinical results of the reference product<sup>14</sup>
- To evaluate similarity, the FDA recommends that biosimilar manufacturers use a “fingerprint-like” process that compares as many as 100 attributes between the proposed biosimilar and the reference drug<sup>5,25</sup>
- The process for gaining FDA-approval for a biosimilar drug is called the 351k biosimilar development program, with the goal of demonstrating biosimilarity between the proposed biosimilar product and the reference product, not independently establishing the safety and effectiveness of the proposed product<sup>2,5</sup>
  - Not needing many expensive and lengthy clinical trials potentially leads to faster access to these products, additional therapeutic options, and cost competition
- Extrapolation is approval of a biosimilar based on the totality of evidence for a given condition held by the reference product but is not directly studied in comparative trials with a biosimilar<sup>2</sup>

