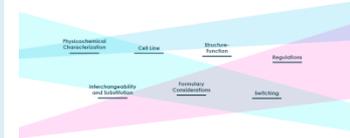


20 November 2017, Holiday Inn Izdihar Riyadh, Saudi Arabia

Professor Aws Alshamsan, BPharm, RPh, PhD, Saudi Arabia

- Professor of Pharmaceutics, King Saud University, Saudi Arabia
- Dean, King Abdullah Institute for Nanotechnology, King Saud University, Saudi Arabia
- Dean (2014-2017), College of Pharmacy, King Saud University, Saudi Arabia
- Consultant, Saudi Food and Drug Authority



Interchangeability for biosimilars: considerations and concerns

Professor Aws Alshamsan, BPharm, RPh, PhD
20 November 2017

INTERCHANGEABILITY FOR BIOSIMILARS

Considerations and Concerns

AWS ALSHAMSAN B.Pharm, RPh, PhD

Dean

College of Pharmacy, King Saud University

SFDA Consultant for Biologics

GaBi

GENERICS AND BIOSIMILARS INITIATIVE



Saudi Pharmaceutical Society
الجمعية الصيدلانية السعودية

INTERCHANGEABILITY

“The possibility of **exchanging one medicine for another medicine** that is expected to achieve the same clinical effect. This could mean replacing a reference product with a biosimilar (**or vice versa**) or **replacing one biosimilar with another.**”

- European Medicines Agency -

“Section 351(i) of the PHS Act states that the term *interchangeable* or *interchangeability*, in reference to a biological product that is shown to meet the standards described in section 351(k)(4) of the PHS Act, means that ‘the biological product may be **substituted** for the reference product **without the intervention** of the health care provider **who prescribed** the reference product.’”

- US Food and Drug Administration -

“It is generally viewed that **changing or substituting** a protein medicine produced by rDNA technology, whether original (innovator) or a biosimilar, is **the decision of the physician and the patient** when the **treating doctor explains to the stakeholder** the possibility of such substitution and examine the risks versus benefits. **Physicians and pharmacist should discuss** the issue before talking to the patient to prevent inappropriate substitution.”

- Saudi Food and Drug Authority -

SWITCHING

“When the **prescriber decides** to exchange one medicine for another medicine with the same therapeutic intent.”

- European Medicines Agency -

“For a biological product that is **administered more than once** to an individual, the risk in terms of **safety or diminished efficacy** 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.**”

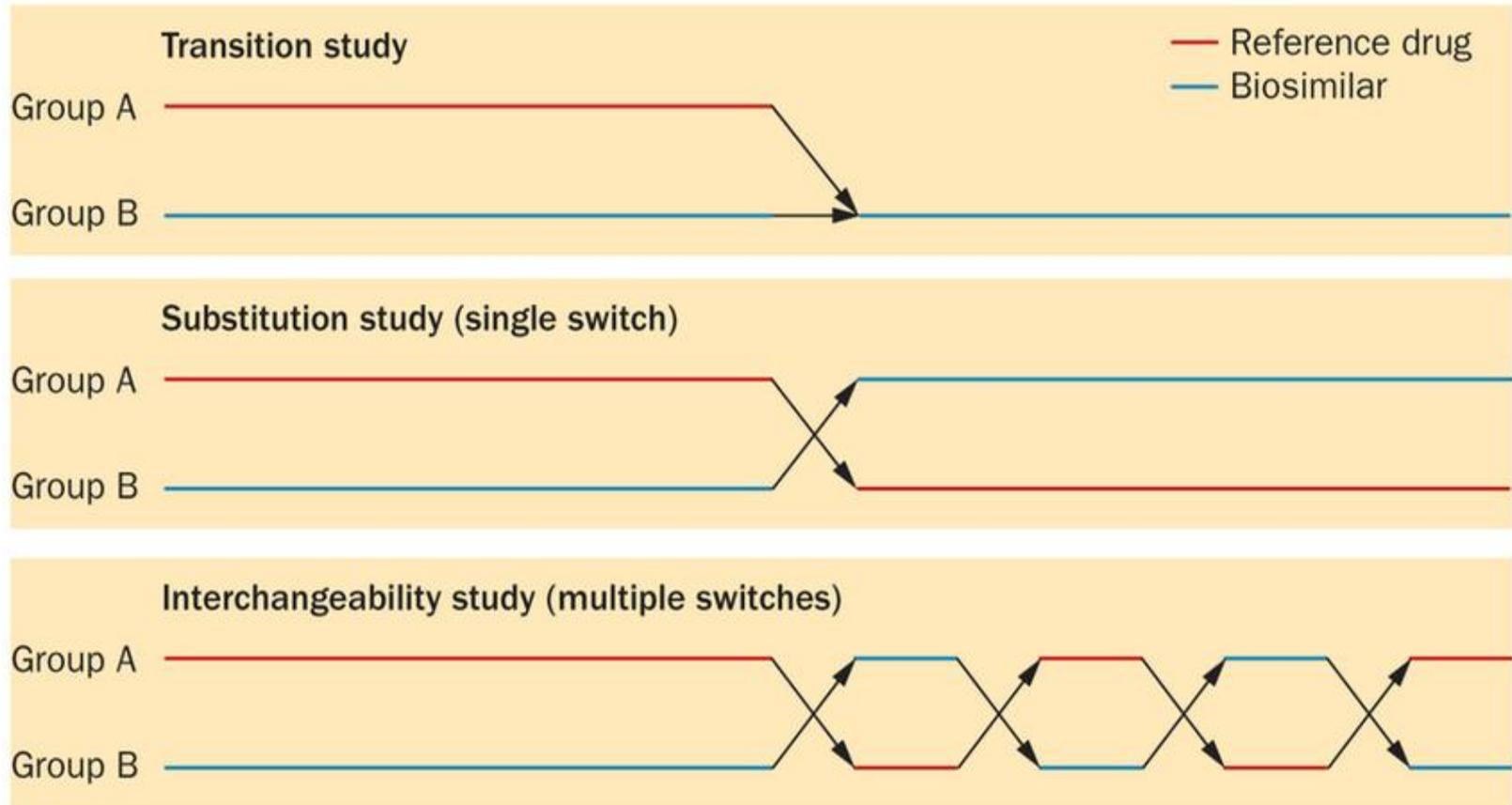
- US Food and Drug Administration -

“(1) Changing **from an innovator drug to a biosimilar drug** which used that **same innovator drug as its RMP** for comparability (**or vice versa**) can be accepted after physician and patient discussion.

(2) Changing **from a biosimilar drug to another same biosimilar drug** from a different manufacturer can be accepted **after physician and patient discussion** only if they both used **the same RMP** for comparability purposes.”

- Saudi Food and Drug Authority -

SWITCHING



Nature Reviews | Rheumatology

Biosimilars in rheumatology: current perspectives and lessons learnt.

Thomas Dörner, Jonathan Kay

Nat Rev Rheumatol. 2015 Dec; 11(12): 713–724

SUBSTITUTION

“The practice of dispensing one medicine instead of another equivalent and interchangeable medicine at pharmacy level **without consulting the prescriber.**”

- *European Medicines Agency* -

“An interchangeable product may be **substituted** for the reference product **without the intervention** of the health care provider **who prescribed** the reference product.”

- *US Food and Drug Administration* -

“Pharmacists **cannot substitute** biosimilars without [...] consultations with **treating physicians.**”

- *Saudi Food and Drug Authority* -

COMPLEXITY

Host cell type

a

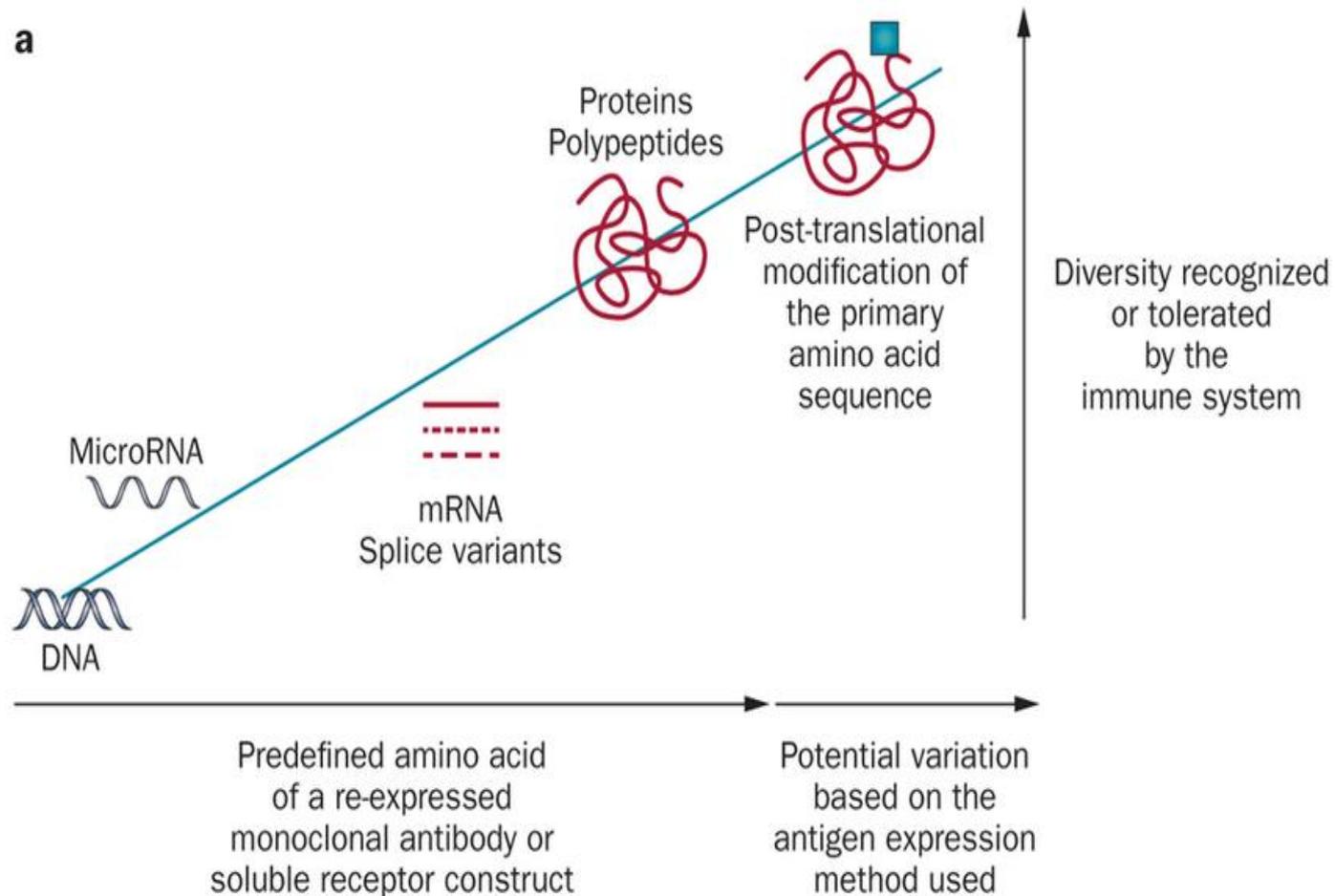
Process applied

Material used

Separation and purification

Impurities

Stability



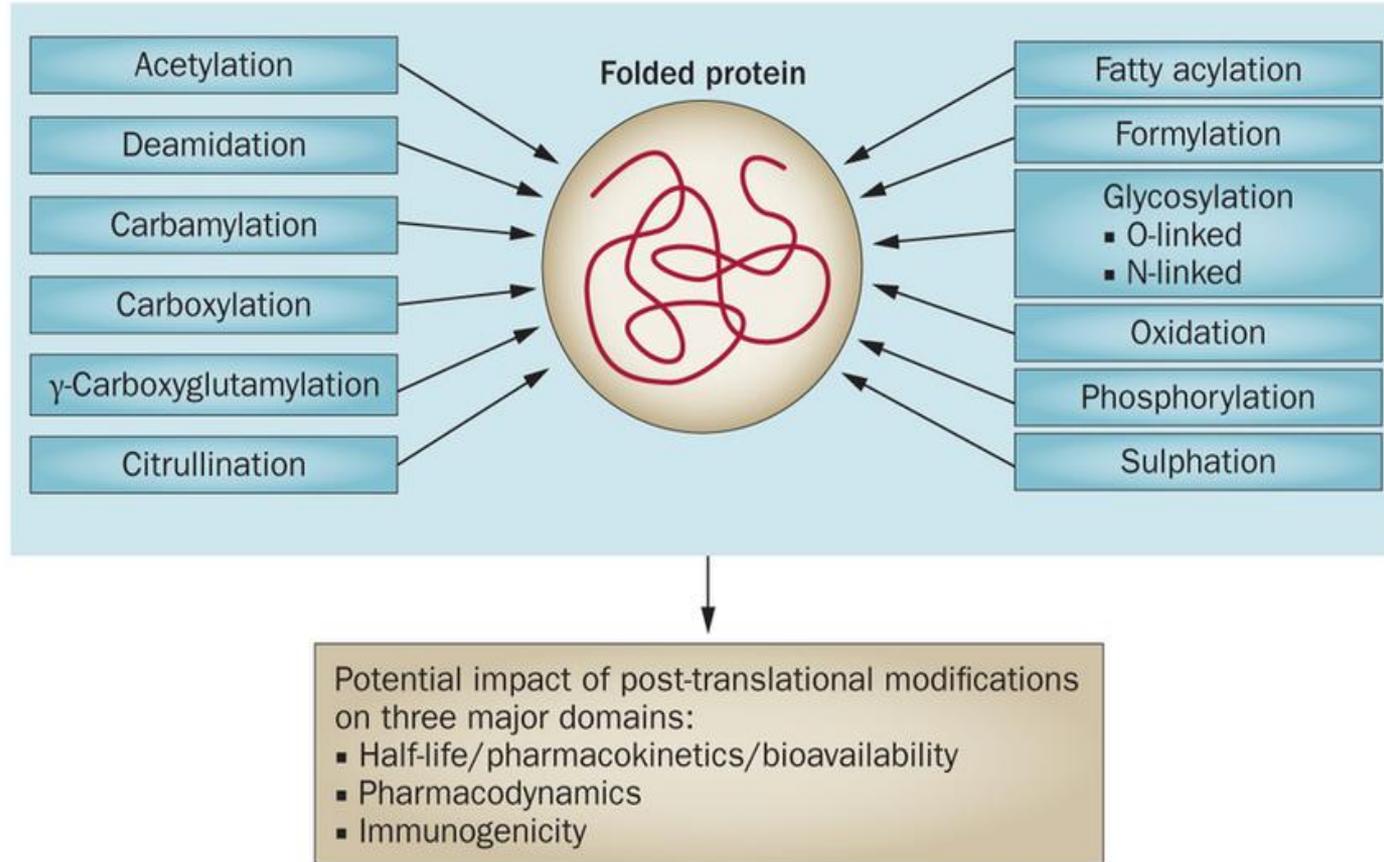
Biosimilars in rheumatology: current perspectives and lessons learnt.

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b



“The decision on whether to allow interchangeable use and substitution of the reference biological medicine and the biosimilar is **taken at national level.**”

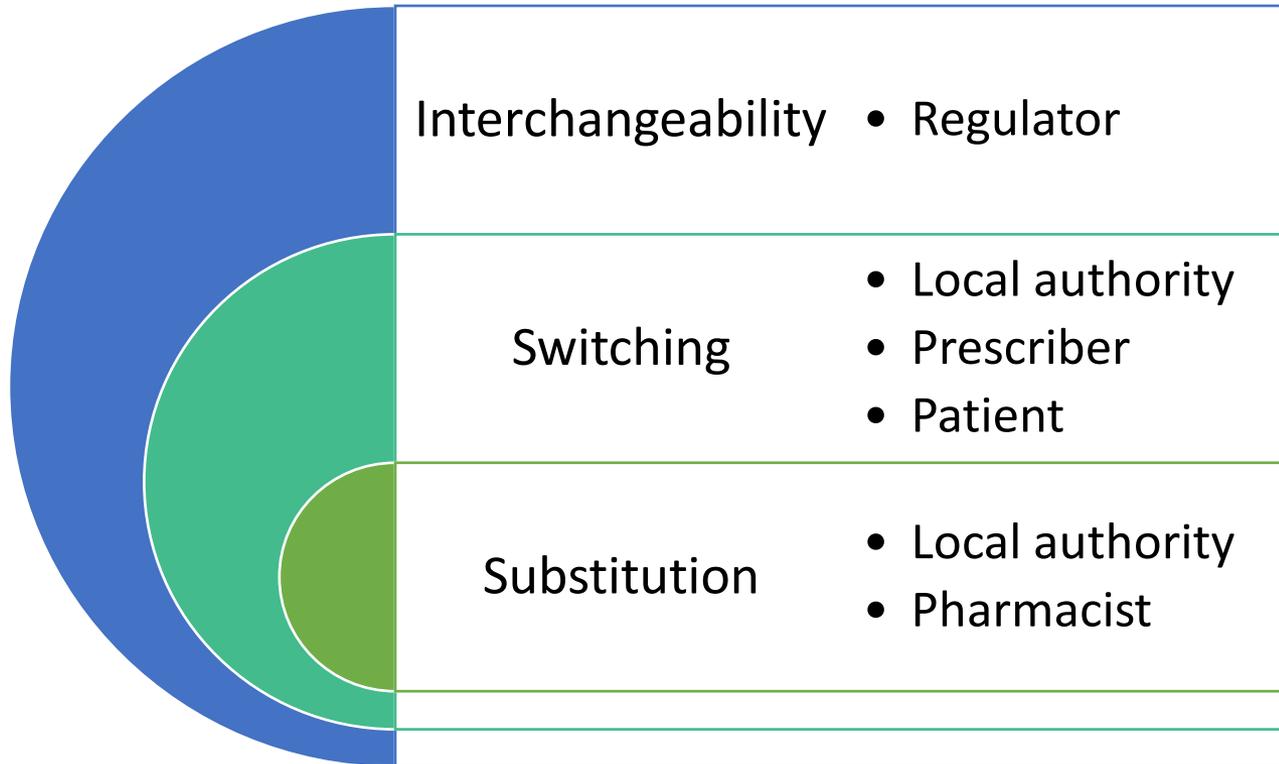
- *European Medicines Agency* -

“Once interchangeable biological products are available in the United States, some **states may permit** an **interchangeable product to be substituted** for the reference product – a practice commonly called pharmacy-level substitution..”

- *US Food and Drug Administration* -

“Pharmacists **cannot substitute** biosimilars without [...] consultations with **treating physicians.**”

- *Saudi Food and Drug Authority* -





The biosimilar product has been determined by the United States Food and Drug Administration to be **interchangeable** with the prescribed product **for the specified indicated use**.

The prescribing practitioner **does not specifically indicate** in the practitioner's own handwriting "brand medically necessary" on a written prescription, does not expressly indicate that an oral prescription is to be dispensed as communicated, or has not taken a specific overt action to include the "brand medically necessary" language with an electronically transmitted prescription.

The **pharmacist informs the individual** receiving the biological product that the biological product may be substituted with a biosimilar product and that the **individual has a right to refuse** the biosimilar product selected by the pharmacist and the individual chooses not to refuse.

The **pharmacist notifies the prescribing practitioner** in writing or via electronic transmission within 24 hours of the substitution.



Physicians have the **authority to specify “do not substitute”** for biological products and that specification overrides any policy – e.g. by payers or state law – that would have substitution be the standard or default practice.

Physicians and pharmacists should **work collaboratively** to ensure that the treating physician is aware of the exact biologic – by manufacturer – given to a patient in order to facilitate patient care and accurate attribution of any adverse events that may occurs.

The **timing of the notification** process must not impose an undue burden on the pharmacist and **need not be in advance of a substitution** being made but must be timely enough to facilitate accurate record keeping and attribution of adverse events by the physician.

CONCERNS

“**Experience** with manufacturing changes of biological medicines suggests that switching from pre- to post-manufacturing change versions will **very rarely trigger adverse reactions.**”

“**There are no studies** on sources of variance in comparative studies investigating biosimilars and their reference products. However, it seems likely that, as for generics, **intra-subject variability** rather than product-related variation plays a crucial and decisive role in the variation of drug exposure.”

“Biosimilars are **highly similar** to their reference products, and the active substance of most currently approved biosimilars **mimic closely or at least partly endogenous substances of the body to which there is an immunological tolerance.** Therefore, **it is not unexpected** that the licensed biosimilars were shown to exhibit immunogenicity comparable with their reference products.”

“The **observations** that switching between products containing structurally different active substances, even between high-risk products, or in ADA-positive/susceptible patients did not enhance immune responses suggest that the risk of exaggerated immune reactions as a result of switching between a biosimilar and its reference products is **substantially overrated.**”

Interchangeability of Biosimilars: A European Perspective. Pekka Kurki, Leon van Aerts, Elena Wolff-Holz, Thijs Giezen, Venke Skibeli, Martina Weise. BioDrugs. 2017 Jan 24

- Extrapolation of indications to diseases only studied for the reference drug
- Ethical and medical-legal aspects
- Strategies for adequate pharmacovigilance to monitor biosimilars after marketing approval
- Effective pricing policy that distinguish high-quality products

Thank you!