



# Thijs J Giezen, MSc, PharmD, PhD, The Netherlands

- Hospital Pharmacist, Foundation Pharmacy for Hospitals in Haarlem, The Netherlands
- Member of the Biosimilar Medicinal Product Working Party of European Medicines Agency



# Safety assessment and risk management of biosimilars

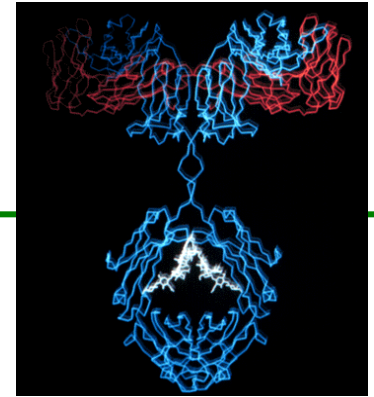
Thijs J Giezen, MSc, PharmD, PhD  
12 January 2016

SAHZ

Stichting  
Apotheek der  
Haarlemse  
Ziekenhuizen



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH



# Safety assessment and risk management of biosimilars

Thijs J. Giezen, PhD, PharmD, MSc

Hospital Pharmacist, Foundation Pharmacy for Hospitals in Haarlem

Member Biosimilar Working Party, European Medicines Agency

*"I attend this conference as an individual expert, and do not represent the CHMP/BMWP. The views expressed here are my personal views, and may not be understood or quoted as being made on behalf of the CXMP/WP/SAG or reflecting the position of the CHMP/BMWP."*

# **Safety of biologicals: a classification**

# Safety of biologicals: a classification

- **Exaggerated pharmacology:**
  - TB with TNF-alfa inhibitors
  - PML with natalizumab
  - High HB with epoetines
- **Immunological reactions:**
  - Neutralizing antibodies
  - Hypersensitivity reactions
  - Anaphylactic reactions

# **Safety assessment during clinical biosimilar development**

## **Collection of safety data pre-approval**

***Safety data should be collected during the complete clinical development program  
and  
should be comparable between biosimilar and reference product***

***However, clinical trials contain a limited number of patients***

## Exaggerated pharmacology

- Safety data should be comparable
- Differences might preclude approval as a biosimilar
- Safety profile of the reference product is the basis
- **Highly unlikely that “new” adverse events will emerge for the biosimilar**
- Compare adverse events in terms of type, severity and frequency



## Exaggerated pharmacology: an example

- Higher incidence of serious infections in pivotal clinical trial biosimilar infliximab
- Difference assessed as chance finding:
  - No adequate diagnosis and/ or had pre-existing lesions in 4 cases
  - Total rate of infections was similar
  - No mechanistic explanation

## **Immunogenicity assessment (I)**

- Starts already during quality assessment
- Important during clinical development program
- Studied in a comparative manner in a sensitive population

## **Immunogenicity assessment (II)**

- Number of data based on experience with reference product and/ or product class
- Generally one year for chronically administered products
- Assessed in relation to clinical efficacy and safety

## Immunogenicity: an exemption

- Lower immunogenicity for biosimilar might be acceptable
  - Could erroneously suggest more efficacy for biosimilar
  - Subgroup analysis is advised to preclude higher efficacy

# Pharmacovigilance of biosimilars

# Pharmacovigilance of biosimilars

***Same rules apply to biosimilars as to all biologicals and new chemical entities***

- Biosimilar companies should:
  - Submit a risk management plan as part of the marketing application
  - Collect spontaneously reported adverse events
  - Submit Periodic Safety Update Reports

## Risk management plan of a biosimilar

***RMP of biosimilar should be based on knowledge and experience obtained with the reference product***

Immunogenicity and infusion-related reactions should specifically be included as either a potential or identified risk

# Safety specification infliximab biosimilar

## ***Important identified risks:***

- HBV reactivation
- Haematological reactions
- Tuberculosis
- Paediatric leukaemia
- Leukaemia

## ***Important potential risks:***

- Colon carcinoma
- Skin cancer
- Pregnancy exposure

## ***Missing information:***

- Long term safety in children
- Lack of efficacy



## Pharmacovigilance plan of a biosimilar

***Post-marketing studies not only to compare safety profile but also to learn from rare adverse events***

- Additional immunogenicity studies if considered necessary
- Participate in already existing studies; e.g. rheumatology registries
- Initiate studies at companies own discretion

## Study

Study CT-P13 1.2: A randomized, double-blind, parallel-group, Phase 1 study to evaluate the initial pharmacokinetics, efficacy, and safety of CT-P13 compared with Remicade when co-administered with methotrexate in patients with active rheumatoid arthritis (Philippines)

Study CT-P13 1.3: An open-label, single-arm, extension study to demonstrate long-term efficacy and safety of CT-P13 in patients with ankylosing spondylitis who were treated with Infliximab (Remicade or CT-P13) in Study CT-P13 1.1 (Global)

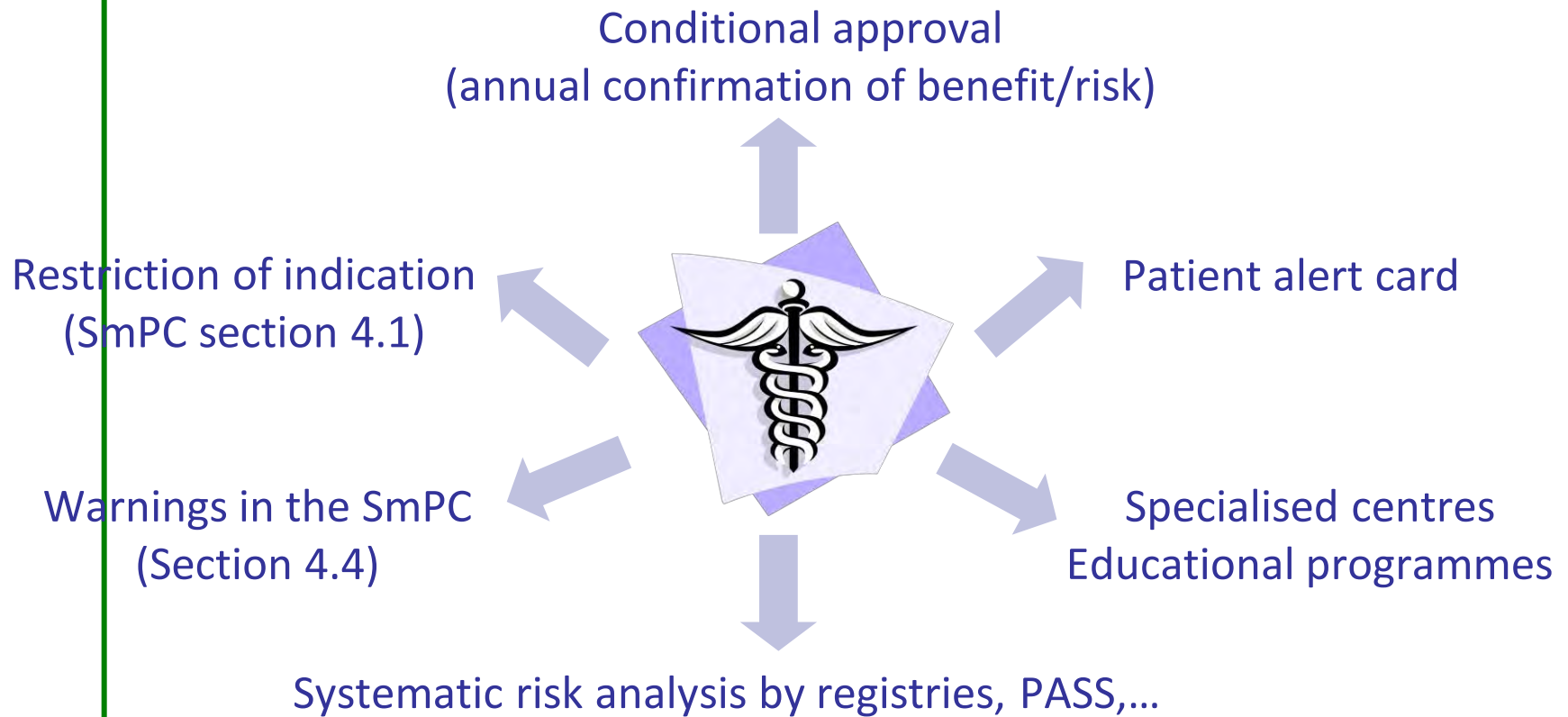
Study CT-P13 3.2: An open-label, single-arm, extension study to demonstrate long-term efficacy and safety of CT-P13 when co-administered with methotrexate in patients with rheumatoid arthritis who were treated with infliximab (Remicade or CT-P13) in Study CT-P13 3.1 (Global)

Study CT-P13 3.3: Phase 3 study to demonstrate equivalence in efficacy and safety of CT-P13 Compared With Remicade when co-administered with methotrexate in patients with active rheumatoid arthritis (Russia)

Study B1P13101: Double-blind, Parallel-group, Comparative study of CT-P13 and Remicade in Treatment of Patients with Rheumatoid Arthritis (Japan)

British Society for Rheumatology Biologics Register – Rheumatoid Arthritis (BSRBR-RA): A longitudinal observational study of patients with rheumatoid arthritis treated with biologic and other new advanced targeted therapies (UK)

# Risk minimisation activities



## **Risk minimisation activities for a biosimilar**

***Risk minimization activities in place for the reference product also applies to the biosimilar***

Unless:

Risk minimisation activity is related to the device by which the reference product/ biosimilar is administered

## Risk minimisation

Safety concern	Proposed risk minimisation activities (routine and additional)
Important Identified risks	
HBV reactivation	Routine: Labelling Additional: -Patient Alert Card -Educational material for HCPs.
Opportunistic infections	Routine: Labelling Additional: -Patient Alert Card -Educational material HCPs.
Serious infections – including sepsis (excluding opportunistic infection and TB)	Routine: Labelling Additional: -Patient Alert Card -Educational material HCPs.

## Labels have a black triangle in the EU



***„This medicinal product is subject to additional monitoring“***

Medicines with a black triangle are under more stringent control

***The black triangle does not mean that biosimilars are less safe***

# Traceability of biologicals

# Traceability of biologicals

***Traceability is of high importance for all biologicals***

Adverse events should be reported based on brand name and batch number

- (e) ensure, through the methods for collecting information and where necessary through the follow-up of suspected adverse reaction reports, that all appropriate measures are taken to identify clearly any biological medicinal product prescribed, dispensed, or sold in their territory which is the subject of a suspected adverse reaction report, with due regard to the name of the medicinal product, in accordance with Article 1(20), and the batch number;



## Traceability: current situation

	FAERS	EV
<i>Total # ADR reports</i>	2,028,600	2,108,742
<i># ADR reports biopharmaceuticals suspected</i>	487,065	356,293
<i>% reports batch numbers available</i>	24%	21.1%
<i># ADR biosimilar approved</i>	NA	9,759
<i>% reports brand name available</i>	NA	96.2%
<i>% reports brand name and batch # available</i>	NA	5.7%

## Traceability: current situation in the EU

- Drugs prepared by the hospital pharmacy => information on brand name and batch number is collected on the protocol
- Prefilled syringes administered in the hospital => barcode controlled administration
- Prefilled syringes administered by the patient at home => barcode controlled delivery to the patient

Effect of Bar-Code Technology on the Safety  
of Medication Administration

Eric G. Poon, M.D., M.P.H., Carol A. Keohane, B.S.N., R.N.,  
Catherine S. Yoon, M.S., Matthew Ditmore, B.A., Anne Bane, R.N., M.S.N.,  
Osnat Levitzion-Korach, M.D., M.H.A., Thomas Moniz, Pharm.D.,  
Jeffrey M. Rothschild, M.D., M.P.H., Allen B. Kachalia, M.D., J.D.,  
Judy Hayes, R.N., M.S.N., William W. Churchill, M.S., R.Ph., Stuart Lipsitz, Sc.D.,  
Anthony D. Whittemore, M.D., David W. Bates, M.D.,

# Traceability: barcode controlled administration

- Current barcodes are linear barcodes and hold information on the National Trade Item Number (NTIM)
- NTIM is unique to manufacturer, dosage form and strength of a product
- However, batch number is not included in NTIM

Vermeer et al. Expert Opin Drug Saf 2015;14(1): 63-72

# Concluding remarks

## Concluding remarks

- Safety assessment is important and should be comparable
- Immunogenicity is of special importance
- Differences might question biosimilarity
- Pharmacovigilance is important as for all drugs
- Traceability is of specific importance for all biologicals