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# Biosimilars Regulatory Considerations in Saudi Arabia

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

10 October 2018

# Biosimilars Regulatory Considerations in Saudi Arabia

Aws Alshamsan, BPharm, RPh, PhD

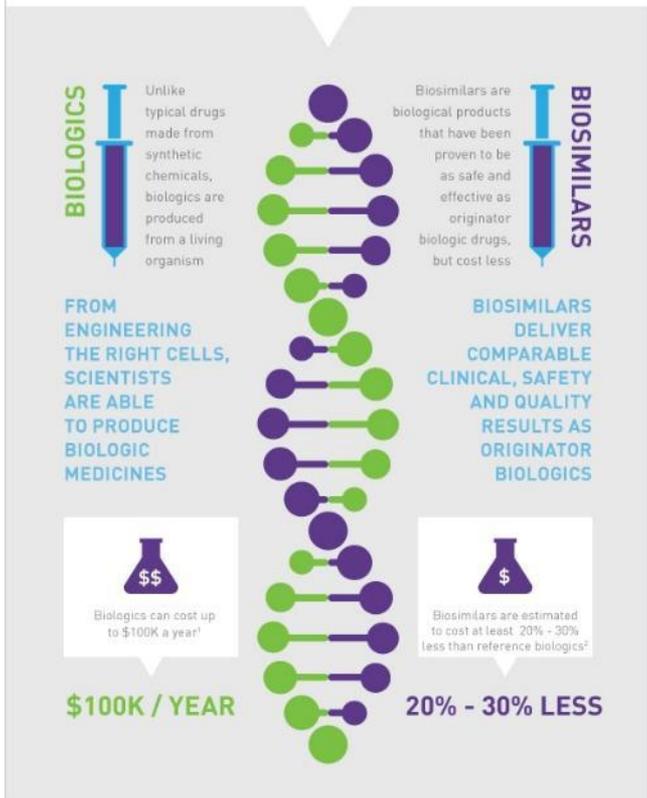
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# BIOSIMILARS

## WHAT ARE BIOSIMILARS?



**BIOLOGICS**

Unlike typical drugs made from synthetic chemicals, biologics are produced from a living organism

**BIOSIMILARS**

Biosimilars are biological products that have been proven to be as safe and effective as originator biologic drugs, but cost less

FROM ENGINEERING THE RIGHT CELLS, SCIENTISTS ARE ABLE TO PRODUCE BIOLOGIC MEDICINES

BIOSIMILARS DELIVER COMPARABLE CLINICAL, SAFETY AND QUALITY RESULTS AS ORIGINATOR BIOLOGICS

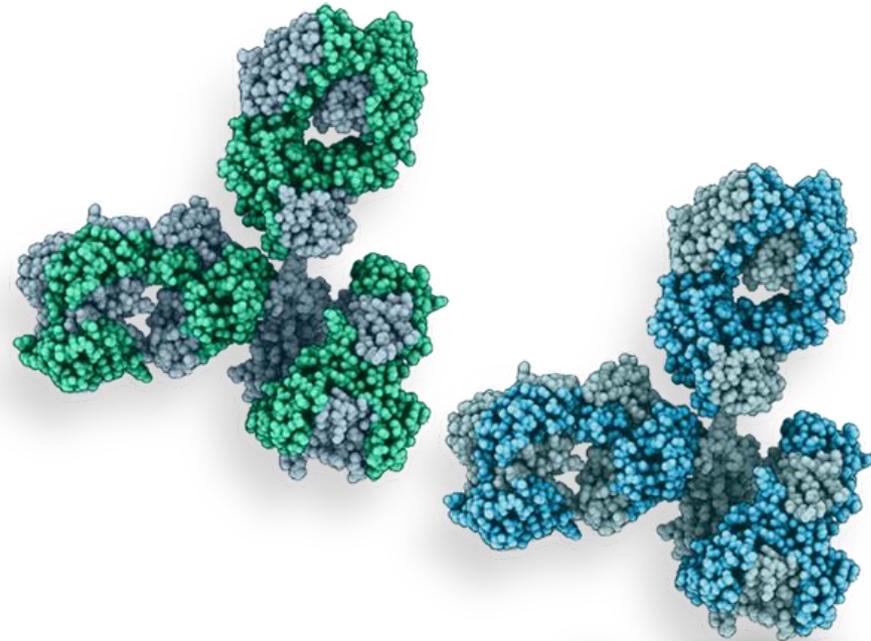
Biologics can cost up to \$100K a year!

Biosimilars are estimated to cost at least 20% - 30% less than reference biologics<sup>2</sup>

**\$100K / YEAR**

**20% - 30% LESS**

Biological medicinal product that is highly similar to another biological medicine that has already been approved for use



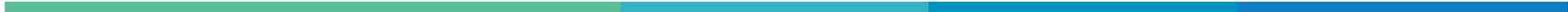
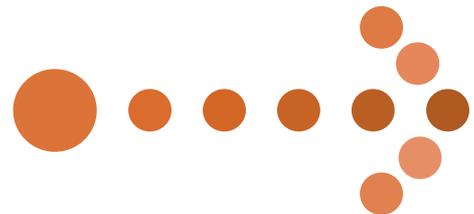
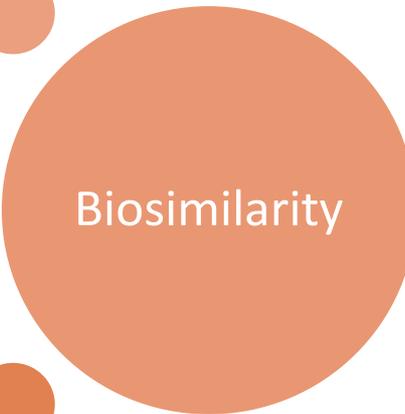
Manufacturing  
Process



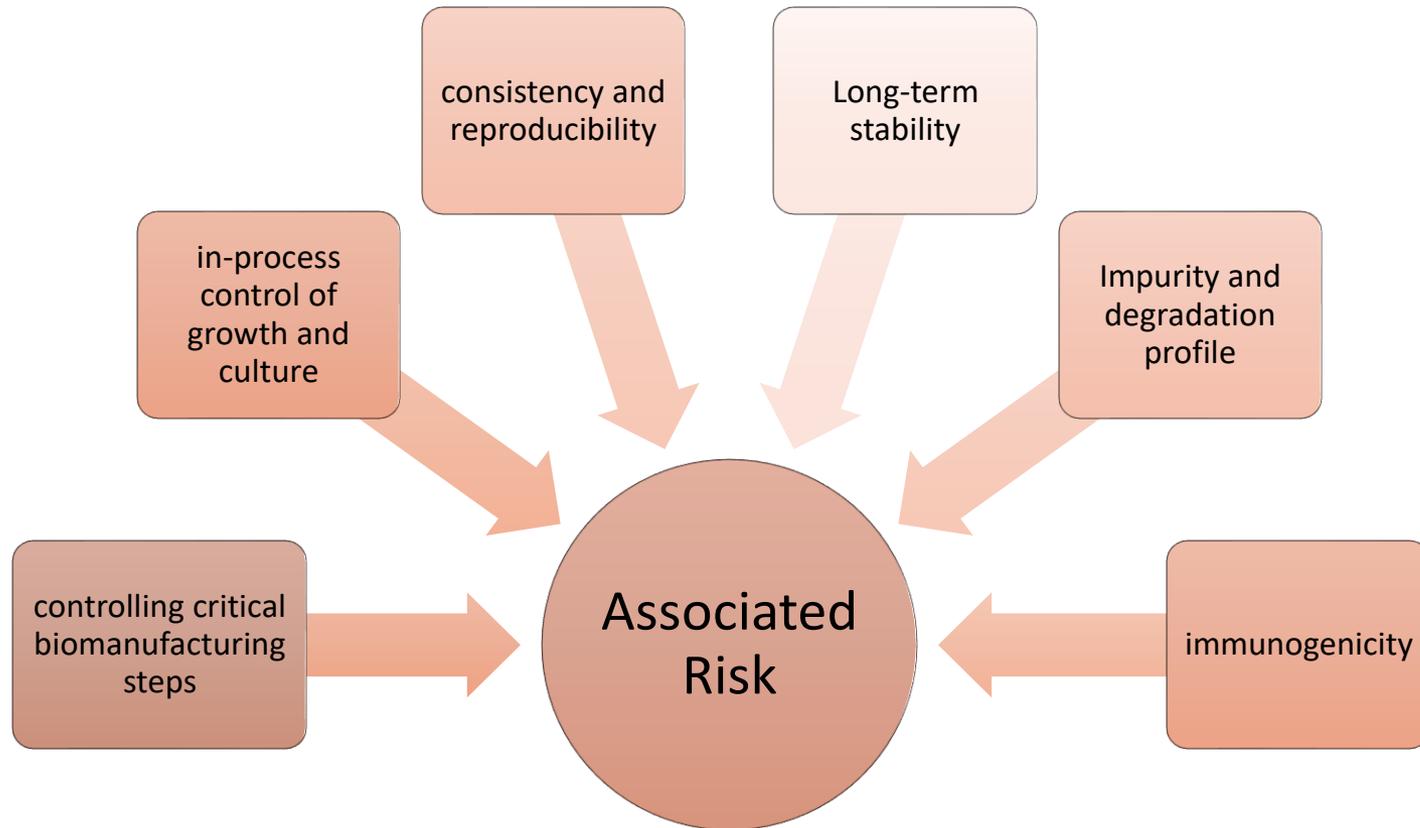
Quality  
Attributes



Clinical  
Outcome



# Associated Risk



# BIOSIMILARS

## Pre-clinical assessments

- Analytical characterisation
- Structural
- In vitro functional
- Pharmacokinetic/ pharmacodynamic (animal)
- Toxicology

## Clinical assessments

- Pharmacokinetic
- Efficacy
- Safety

Amount of data required



# Reference Product

Quality	Nonclinical	Clinical
<ul style="list-style-type: none"><li>• Drug substance<ul style="list-style-type: none"><li>• Manufacture</li><li>• Characterisation</li><li>• Control</li><li>• Reference standard</li><li>• Container</li><li>• Stability</li></ul></li><li>• Drug product<ul style="list-style-type: none"><li>• Description</li><li>• Development</li><li>• Manufacture</li><li>• Control</li><li>• Reference standard</li><li>• Container</li><li>• Stability</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Pharmacology<ul style="list-style-type: none"><li>• Primary pharm.</li><li>• Secondary pharm.</li><li>• Safety pharm.</li><li>• Interactions</li></ul></li><li>• Pharmacokinetics<ul style="list-style-type: none"><li>• ADME</li><li>• Interactions</li></ul></li><li>• Toxicology<ul style="list-style-type: none"><li>• Single dose</li><li>• Repeat dose</li><li>• Genotoxicity</li><li>• Carcinogenicity</li><li>• Reproduction</li><li>• Local tolerance</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Pharmacology</li><li>• Pharmacokinetics<ul style="list-style-type: none"><li>• Single dose</li><li>• Repeat dose</li><li>• Special populations</li></ul></li><li>• Efficacy and safety<ul style="list-style-type: none"><li>• Dose finding</li><li>• Schedule finding</li><li>• Pivotal<ul style="list-style-type: none"><li>• Indication 1</li><li>• Indication 2</li><li>• Indication 3</li><li>• Indication 4</li></ul></li></ul></li><li>• Post-marketing studies</li></ul>

# BIOSIMILARS

Quality	Nonclinical	Clinical
<ul style="list-style-type: none"> <li>Drug substance                             <ul style="list-style-type: none"> <li>Manufacture</li> <li>Characterisation</li> <li>Control</li> <li>Reference standard</li> <li>Container</li> <li>Stability</li> </ul> </li> <li>Drug product                             <ul style="list-style-type: none"> <li>Description</li> <li>Development</li> <li>Manufacture</li> <li>Control</li> <li>Reference standard</li> <li>Container</li> <li>Stability</li> </ul> </li> <li>Comparability data                             <ul style="list-style-type: none"> <li>Analytical comparison with reference product</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Pharmacology                             <ul style="list-style-type: none"> <li>Primary pharm.</li> <li>Secondary pharm.</li> <li>Safety pharm.</li> <li>Interactions</li> </ul> </li> <li>Pharmacokinetics                             <ul style="list-style-type: none"> <li>ADME</li> <li>Interactions</li> </ul> </li> <li>Toxicology                             <ul style="list-style-type: none"> <li>Single dose</li> <li>Repeat dose</li> <li>Genotoxicity</li> <li>Carcinogenicity</li> <li>Reproduction</li> <li>Local tolerance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Pharmacology</li> <li>Pharmacokinetics                             <ul style="list-style-type: none"> <li>Single dose</li> <li>Repeat dose</li> <li>Special populations</li> </ul> </li> <li>Efficacy and safety                             <ul style="list-style-type: none"> <li>Dose finding</li> <li>Schedule finding</li> <li>Pivotal                                     <ul style="list-style-type: none"> <li>Indication 1</li> <li>Indication 2</li> <li>Indication 3</li> <li>Indication 4</li> </ul> </li> </ul> </li> <li>Post-marketing studies                             <ul style="list-style-type: none"> <li>Safety in larger population</li> <li>Efficacy in other indications</li> <li>Immunogenicity</li> </ul> </li> </ul>

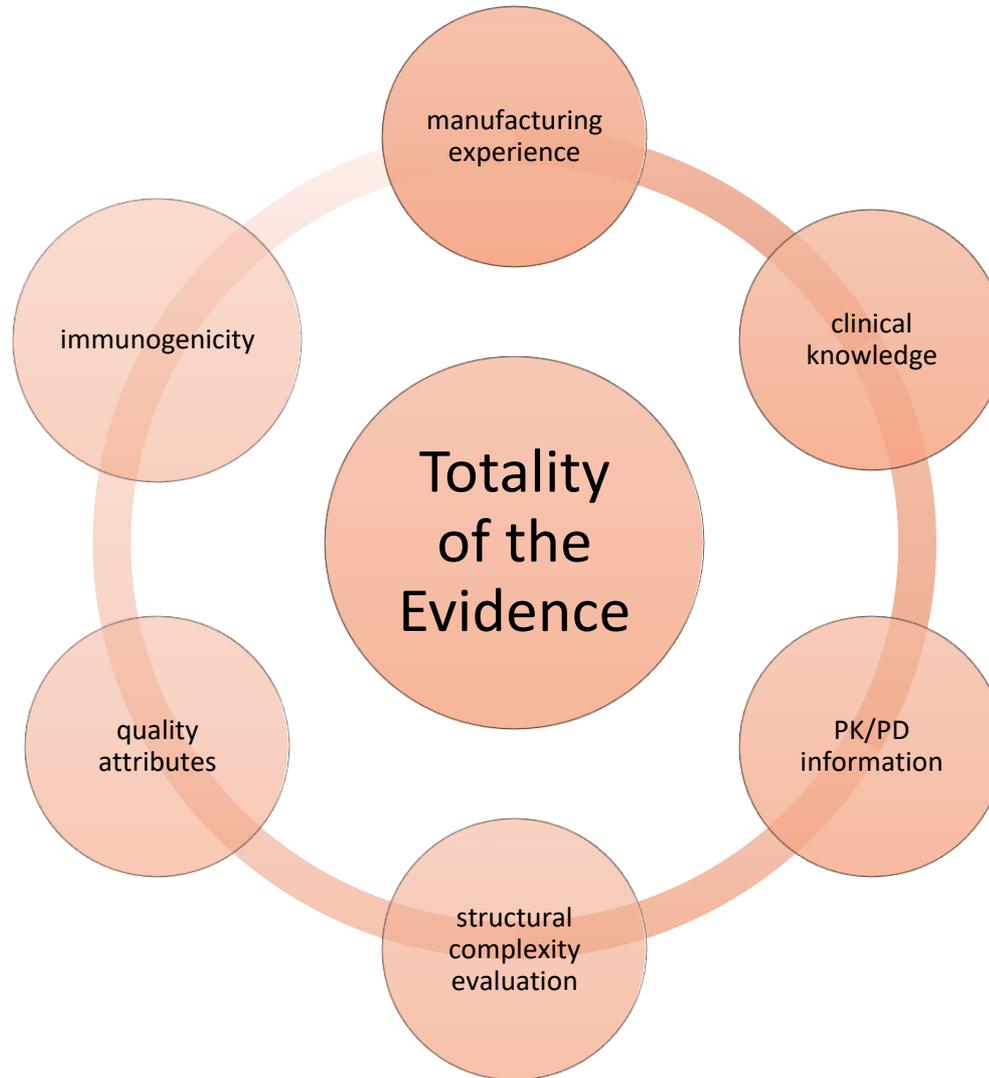
الهيئة العامة للغذاء والدواء  
Saudi Food & Drug Authority

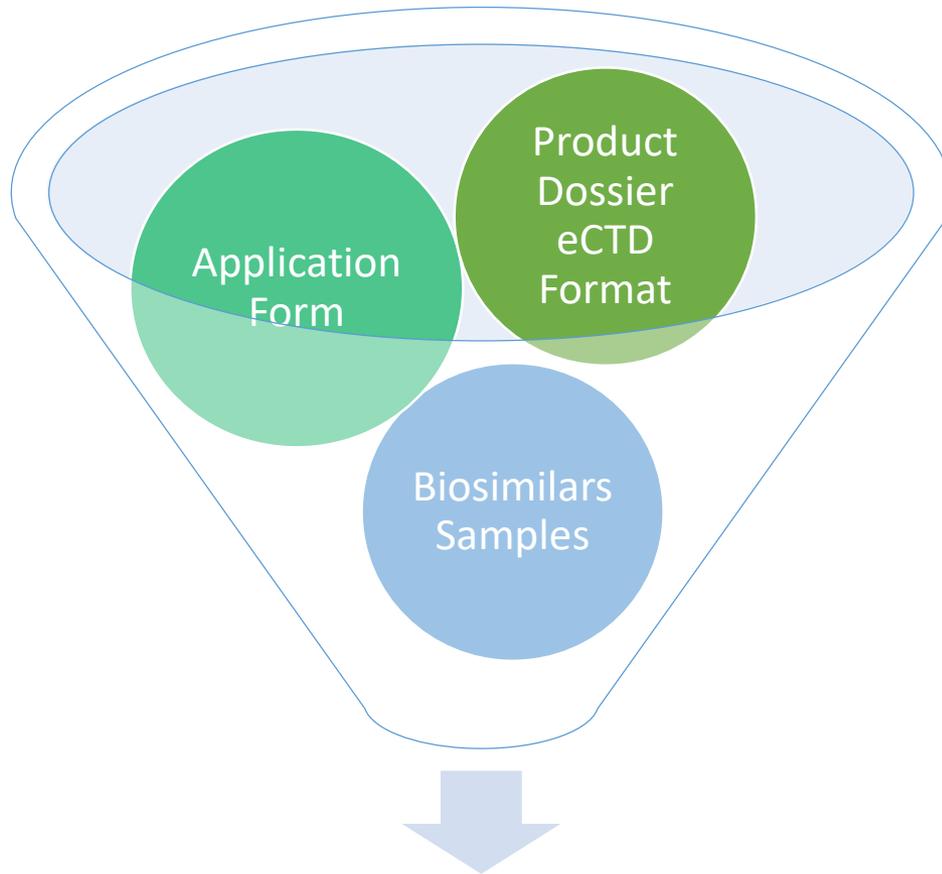
## Guideline on Biosimilar Products

*Quality Considerations*

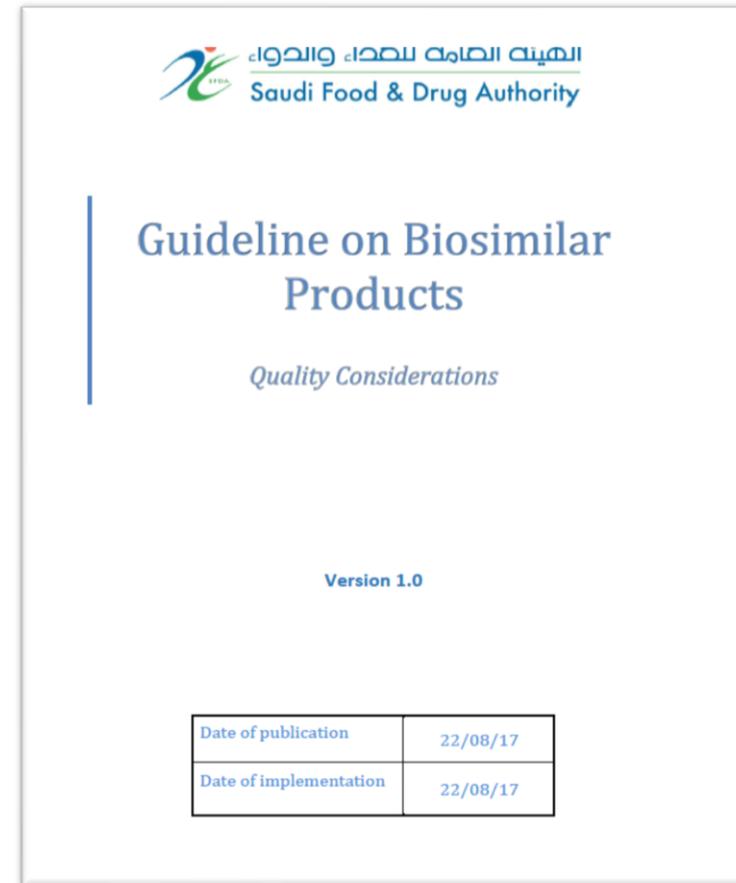
Version 1.0

Date of publication	22/08/17
Date of implementation	22/08/17

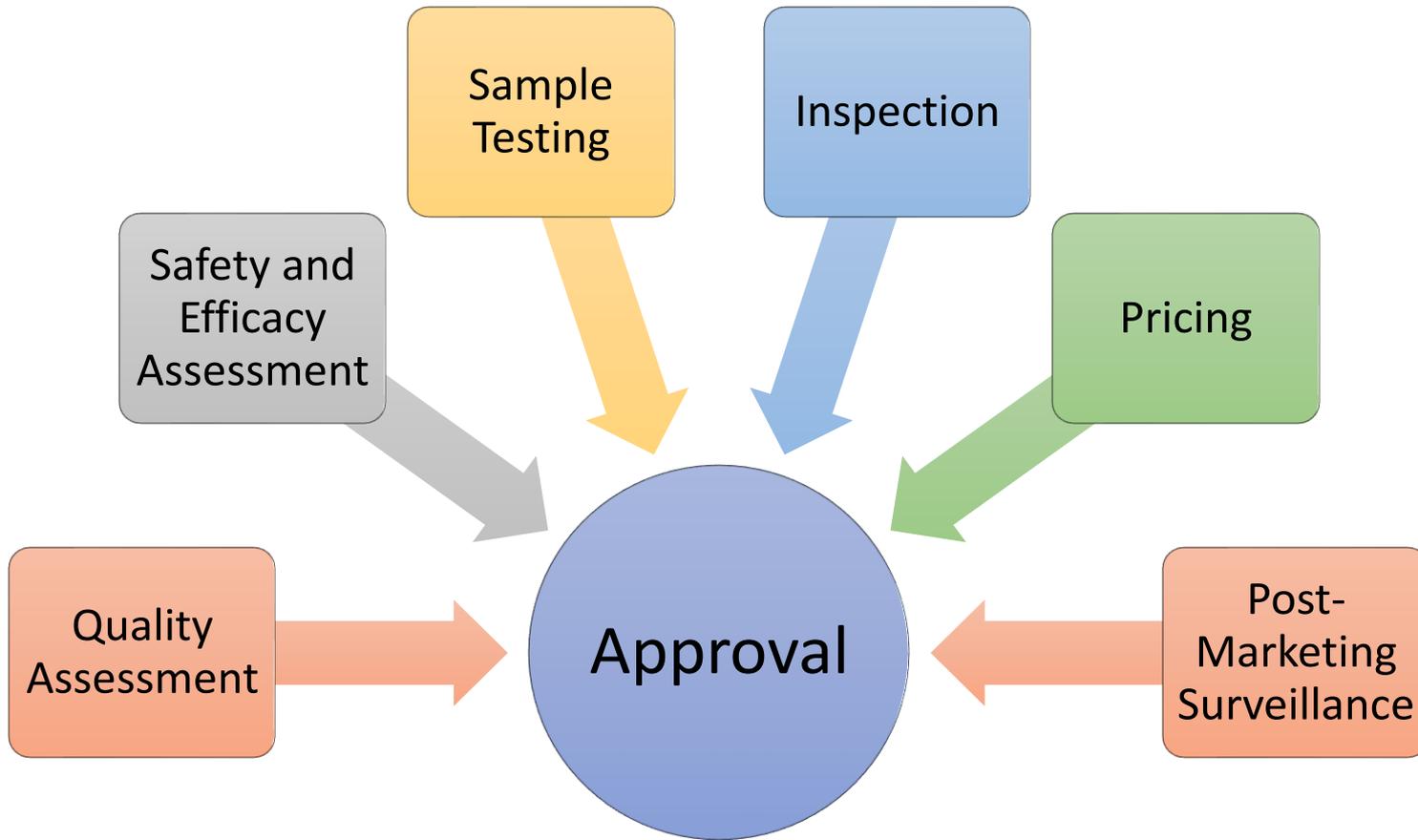




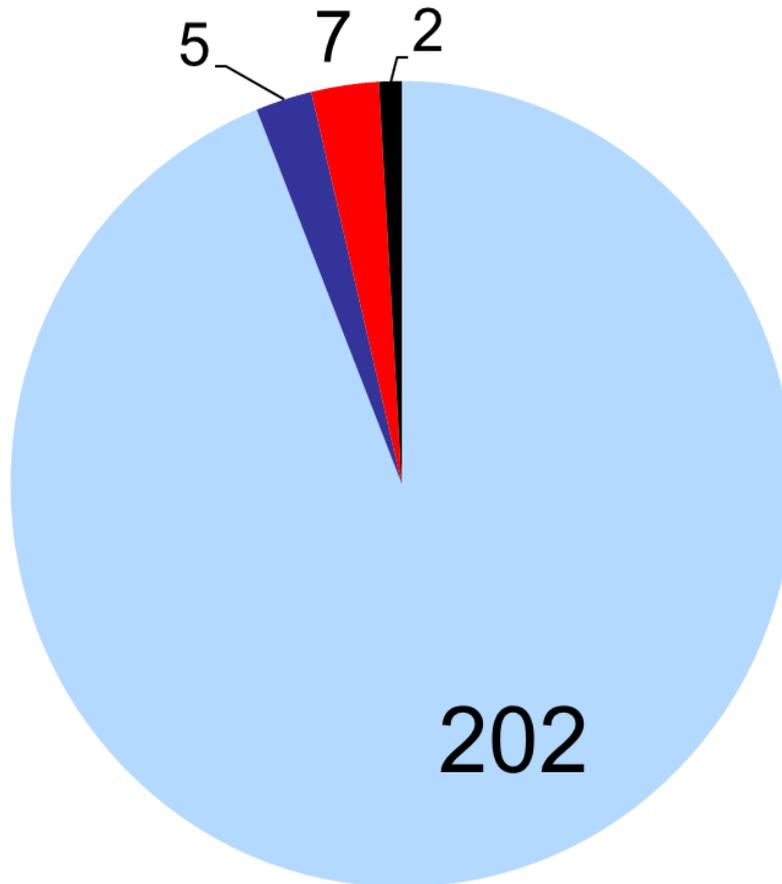
**Complete Drug Application**



# Department-Centric Evaluation



**290 days**



- Biologics
- Biosimilars
- Rejected biosimilars
- Under process

## Examples of Approved Products

- Omnitrope: Recombinant Somatropin 2014
- Remsima: Infliximab 2015
- Zarzio: Filgrastim 2015
- Grastofil: Filgrastim 2017
- Binocrit: Erythropoietin 2017
- The biosimilar on average is 37% cheaper
- Biosimilar Uptake

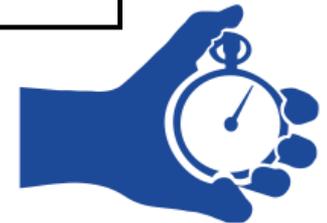
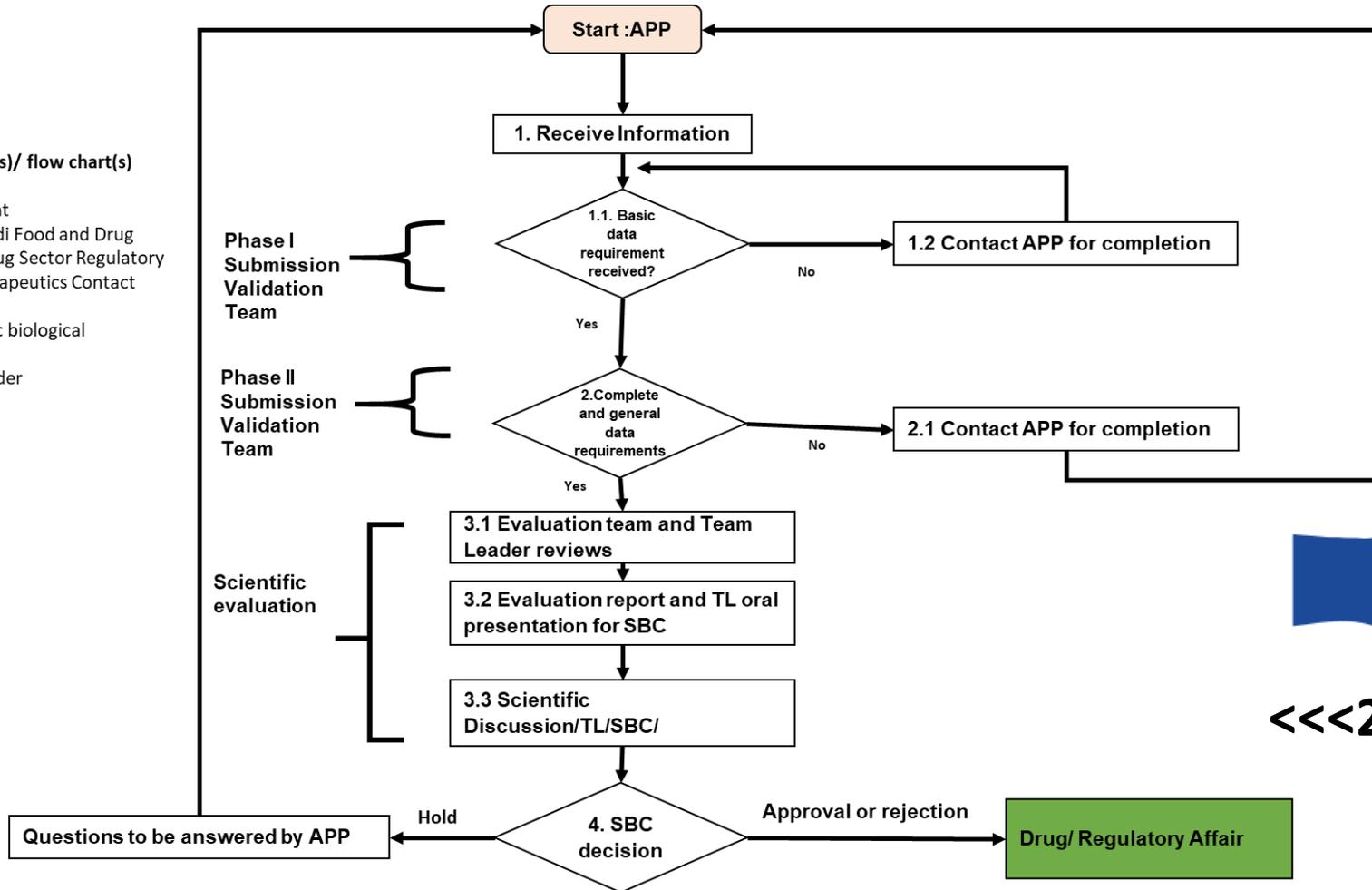
## Examples of Rejected Products

- Follitropin alfa: Failure in Clinical comparability
- 6 Insulins: Failures in quality, safety, and efficacy

# Product-Centric Evaluation

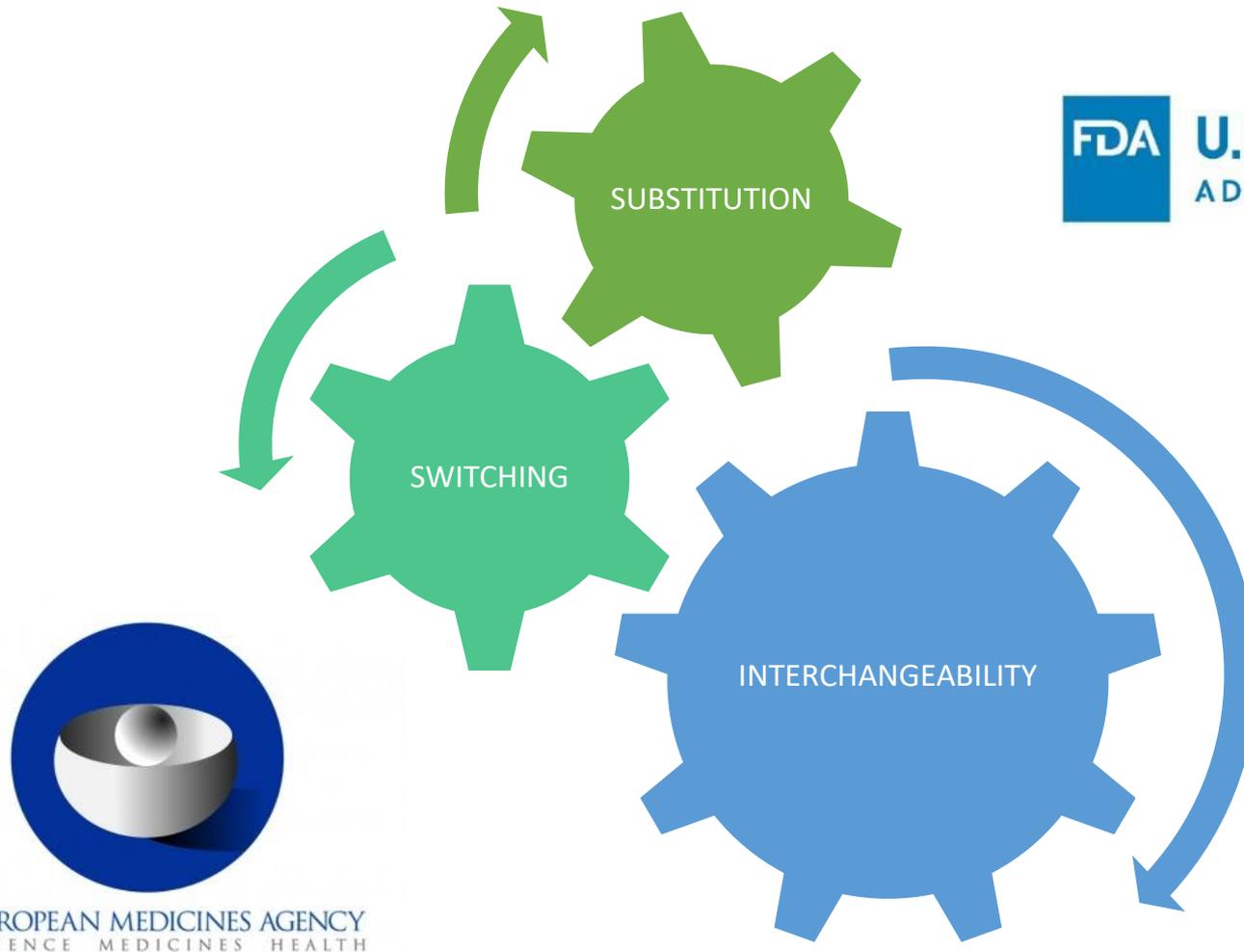
Process map(s)/ flow chart(s)

APP: Applicant  
RA\_BCP: Saudi Food and Drug Authority, Drug Sector Regulatory  
Affair Biotherapeutics Contact  
Person  
SBC: Scientific biological  
committee  
TL: Team Leader

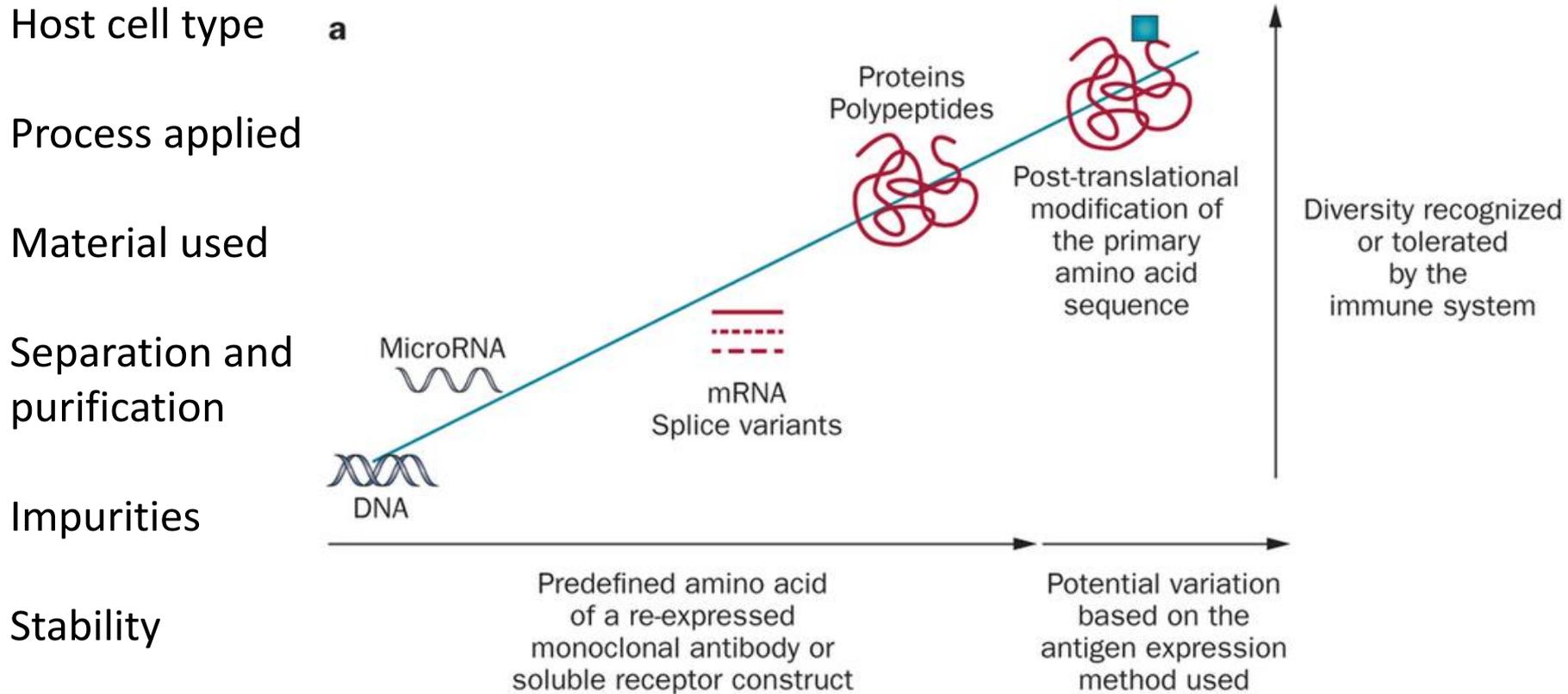


<<<290 days

# INTERCHANGEABILITY



# COMPLEXITY



Biosimilars in rheumatology: current perspectives and lessons learnt.

Thomas Dörner, Jonathan Kay

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



REVIEW ARTICLE

## Immunogenicity of therapeutic proteins: Influence of aggregation

Kirsty D. Ratanji, Jeremy P. Derrick, Rebecca J. Dearman, and Ian Kimber

Faculty of Life Sciences, University of Manchester, Manchester, UK

### Abstract

The elicitation of anti-drug antibodies (ADA) against biotherapeutics can have detrimental effects on drug safety, efficacy, and pharmacokinetics. The immunogenicity of biotherapeutics is, therefore, an important issue. There is evidence that protein aggregation can result in enhanced immunogenicity; however, the precise immunological and biochemical mechanisms responsible are poorly defined. In the context of biotherapeutic drug development and safety assessment, understanding the mechanisms underlying aggregate immunogenicity is of considerable interest. This review provides an overview of the phenomenon of protein aggregation, the production of unwanted aggregates during bioprocessing, and how the immune response to aggregated protein differs from that provoked by non-aggregated protein. Of particular interest is the nature of the interaction of aggregates with the immune system and how subsequent ADA responses are induced. Pathways considered here include 'classical' activation of the immune system involving antigen presenting cells and, alternatively, the breakdown of B-cell tolerance. Additionally, methods available to screen for aggregation and immunogenicity will be described. With an increased understanding of aggregation-enhanced immune responses, it may be possible to develop improved manufacturing and screening processes to avoid, or at least reduce, the problems associated with ADA.

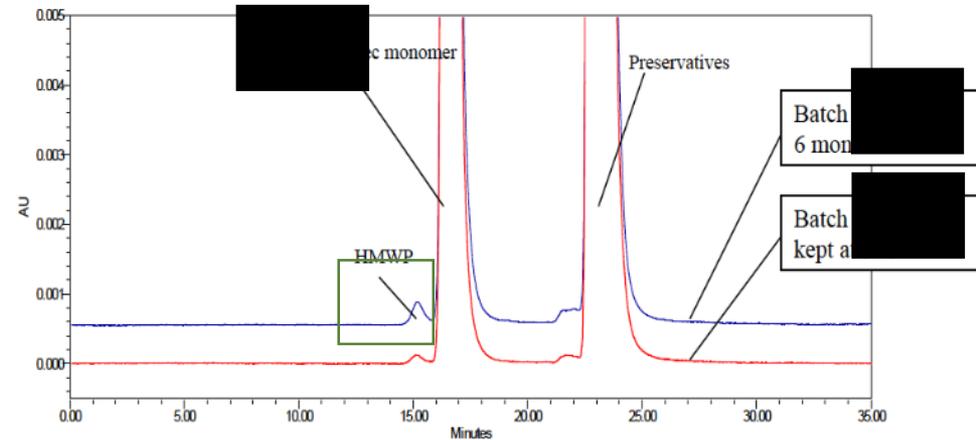
### Keywords

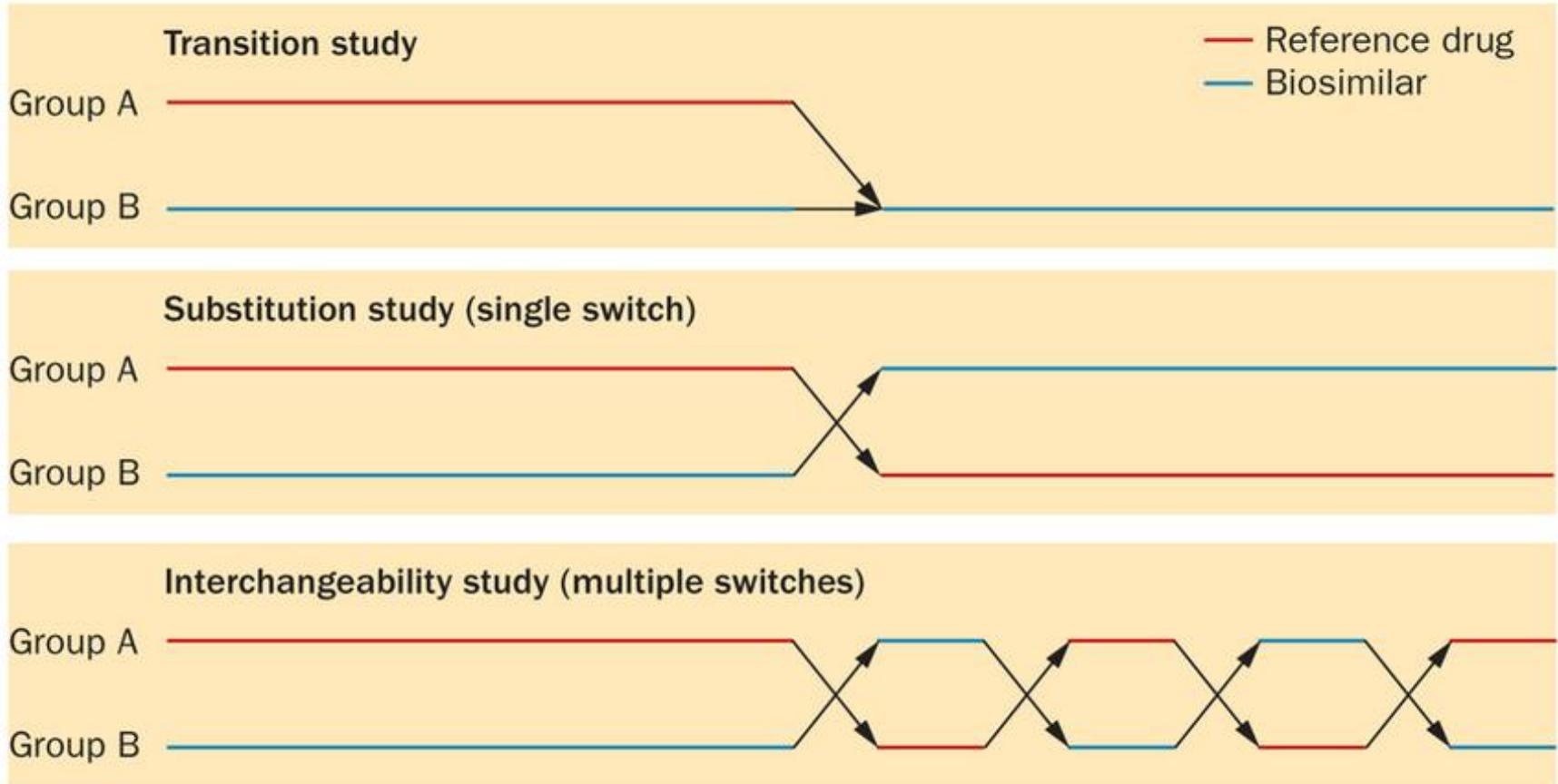
Aggregation, anti-drug antibodies, bioprocessing, biotherapeutic, immunogenicity

### History

Received 30 May 2013  
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Published online 6 August 2013

## Section 3.2.S.3 Characterization of Impurities





Biosimilars in rheumatology: current perspectives and lessons learnt.  
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Nature Reviews | Rheumatology

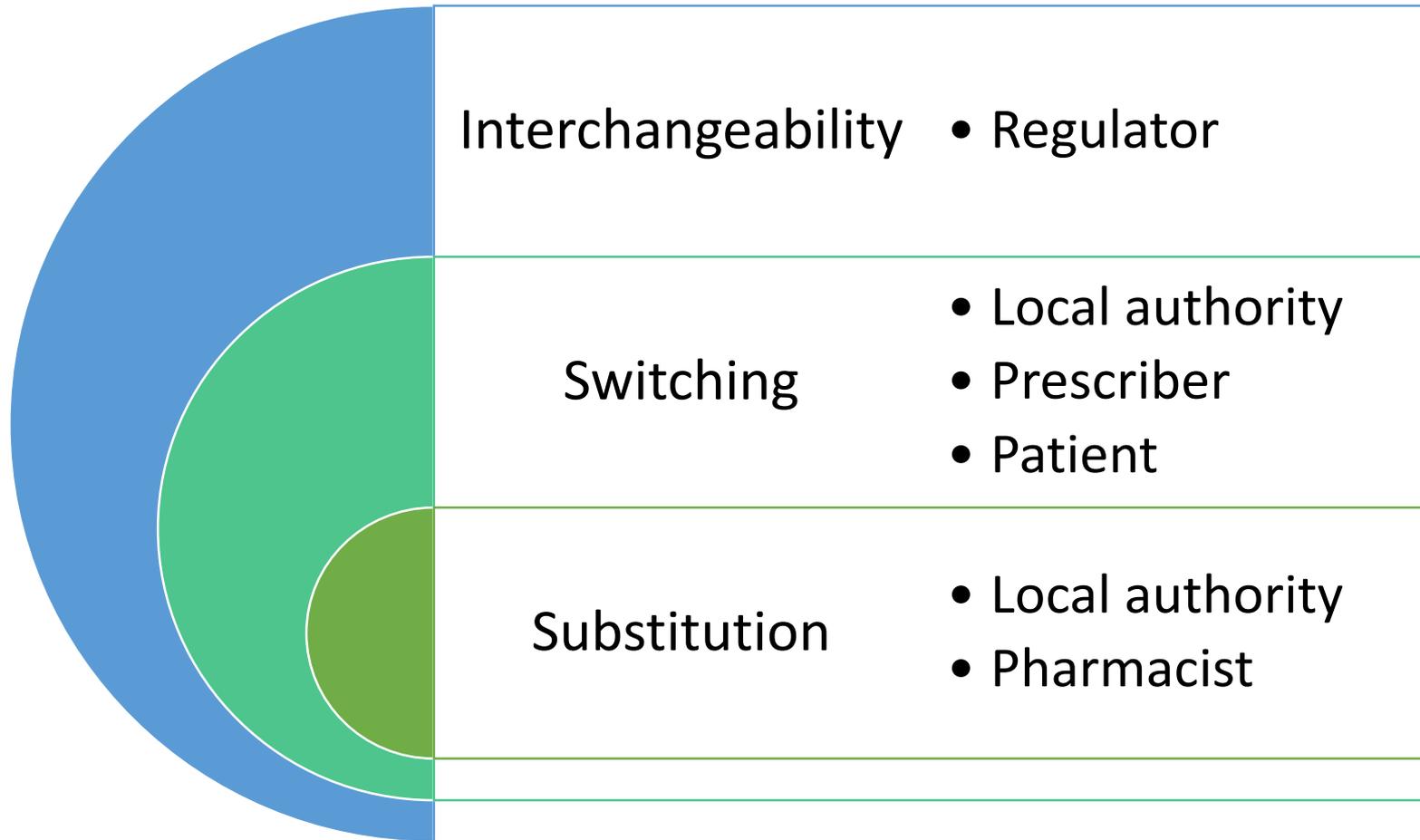
(1) Changing from an innovator drug to a biosimilar drug which used that same innovator drug as its RMP for comparability (or vice versa) can be accepted after physician and patient discussion.

(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.”

(3) Pharmacists cannot substitute biosimilars without [...] consultations with treating physicians

- Saudi Food and Drug Authority-

# LEVELS



# Biosimilar Celebrities

