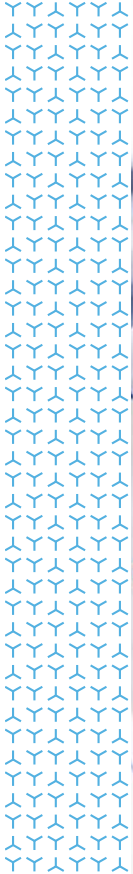
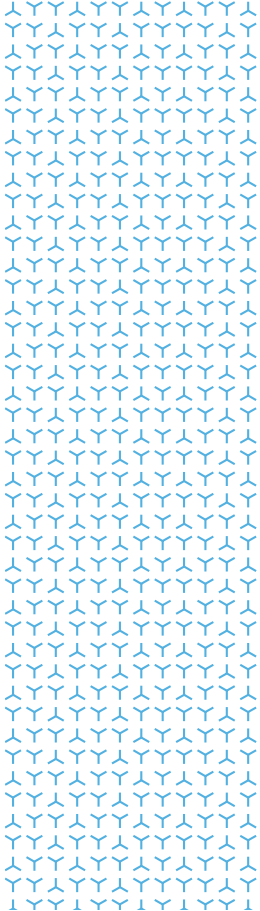


Sandoz
Biopharmaceuticals



From concept to reality

Sandoz Biosimilars



SANDOZ A Novartis
Division

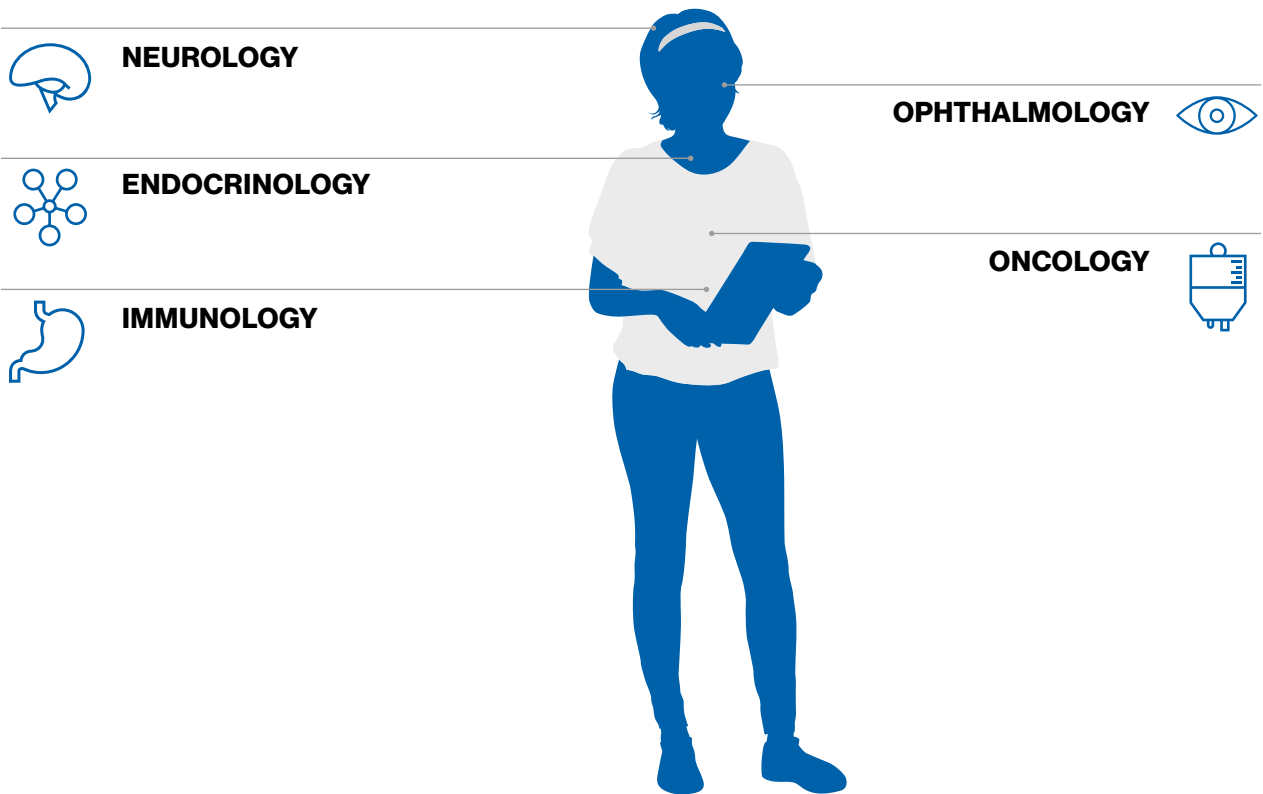
The basics of biosimilars

Biosimilars explained

Biologic medicines are developed using a complex process, as they are made by or extracted from living organisms, tissues, or cells.¹

These medicines have revolutionized the treatment and prevention of many disabling and life-threatening diseases.¹

A biosimilar is a successor to a biological medicine (also known as 'reference medicine') for which the patent has expired, and exclusivity has been lost. Biosimilars match the reference medicines in terms of quality, safety and efficacy.^{2,3}



Did you know?

Innovation in scientific discovery and detection processes have enabled greater precision and sensitivity – for example, sensitivity for detection of peptides with mass spectrometry increased by 10 million-fold between 1990 and 2011 alone. Today's mass spectrometry capabilities enable complete amino acid sequencing of a monoclonal antibody preparation by one laboratory within days. These advancements have made it possible to develop biosimilars with identical amino acid sequences as the reference medicine at a more rapid rate.

References:

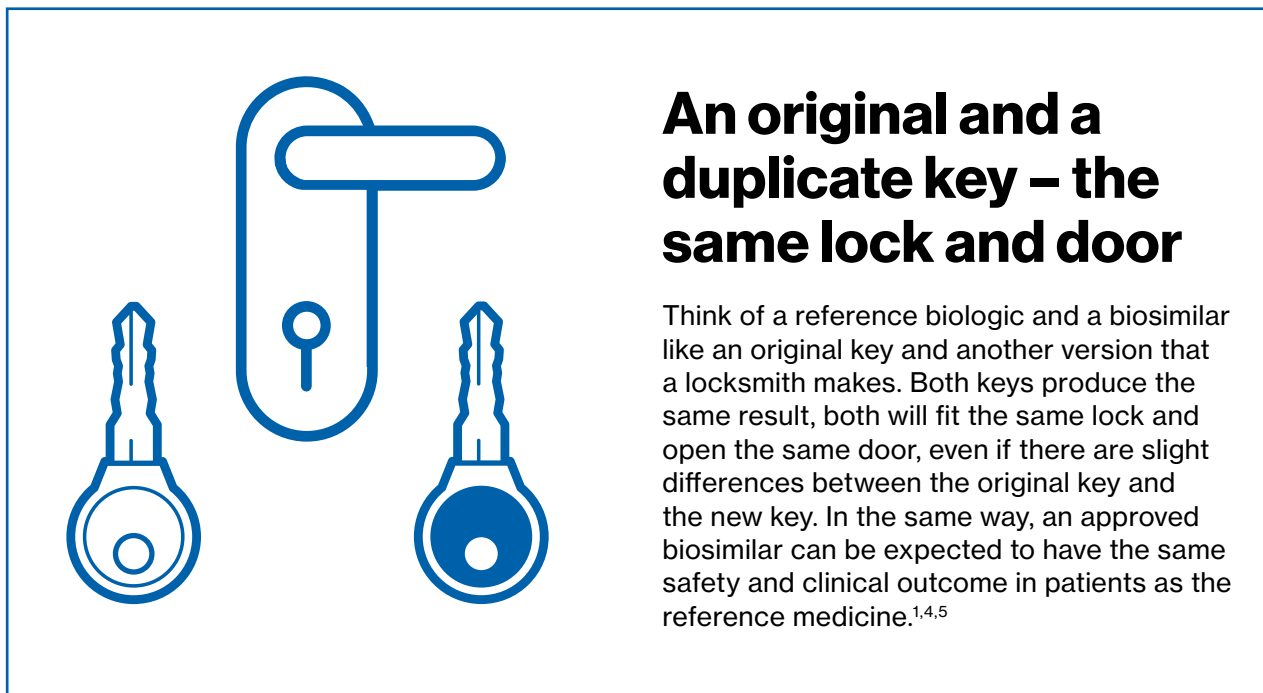
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2. Weise M, et al. Biosimilars: what clinicians should know. *Blood* 2012;120:5111-7.
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Biologics: reference medicines and biosimilars

Indistinguishable structure, same outcome

To be approved for use, a biosimilar must have equivalent efficacy and comparable safety and immunogenicity in patients as the reference medicine. Therefore, physicians and patients can expect the same clinical outcome.¹

Biosimilars are approved via stringent regulatory pathways by the same regulatory authorities, such as the European Medicines Agency (EMA) or the US Food and Drug Administration (FDA) that approve reference medicines. They are manufactured with the same quality standards that are used for reference medicines.^{2,3}



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3. European Medicines Agency. Biosimilar medicines: Overview. Available from: <https://www.ema.europa.eu/en/human-regulatory/overview/biosimilar-medicines-overview> [Accessed October 2022]
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Understanding biosimilar development

Variability of biologics

All biologics, whether reference medicine or biosimilar, are produced in living organisms. As a result of this and the complex manufacturing process, all biologics have a certain degree of inherent variability — no two batches are ever 100% identical.¹

To manage this, any variation has to stay within precise ranges to maintain clinical safety and efficacy. These ranges are set and tightly controlled by both the regulatory authorities and

the pharmaceutical company to ensure that all batches of any one biologic are delivering the same clinical outcome.^{2,6}

Regulatory bodies such as the EMA and the US FDA will only approve a biosimilar if it is demonstrated that the biosimilar matches the reference medicine in terms of quality, safety and efficacy and that there are no clinically meaningful differences.^{3,4}

EMA

“Comparable safety and efficacy of a biosimilar to its reference product has to be demonstrated or otherwise justified in accordance with the data requirements laid down in Directive 2001/83/EC”⁵

US FDA

“All FDA-approved biologics undergo a rigorous evaluation to ensure their safety, effectiveness, and quality.”

“The approval process provides assurance that biosimilars provide the same treatment benefits as their respective reference products.”⁶

Did you know?

Biologics may slightly change over time due to modifications made to the manufacturing process, as long as those changes do not affect clinical safety or efficacy. All biologics, whether reference medicines or biosimilars, are required to go through similarity testing whenever there is such a change in the manufacturing process to ensure that the new process yields a product that falls within the acceptable range of variability.⁷

References:

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Robust development process

Demonstrating biosimilarity

The main goal in biosimilar development is to confirm biosimilarity, which means to confirm that the proposed biosimilar is therapeutically equivalent to its reference medicine.¹

Therefore, analytical, functional and clinical studies are performed to demonstrate that the **biosimilar medicine** matches the reference medicine in terms of quality, safety and efficacy.

The stages of biosimilar development generate the totality of evidence, tailored to each molecule:

This is different to the development of reference medicines which focuses on establishing and proving clinical benefit.

Both approaches provide the same level of confidence with regard to safety and efficacy of the biologic.

Did you know?

A biosimilar has an identical amino acid sequence to the reference medicine.

Stages of the biosimilar development program^{1,2}:

Analytical

Extensive physicochemical characterization to establish 'sameness' of the biosimilar to the reference molecule e.g. in terms of molecular structure.

Functional

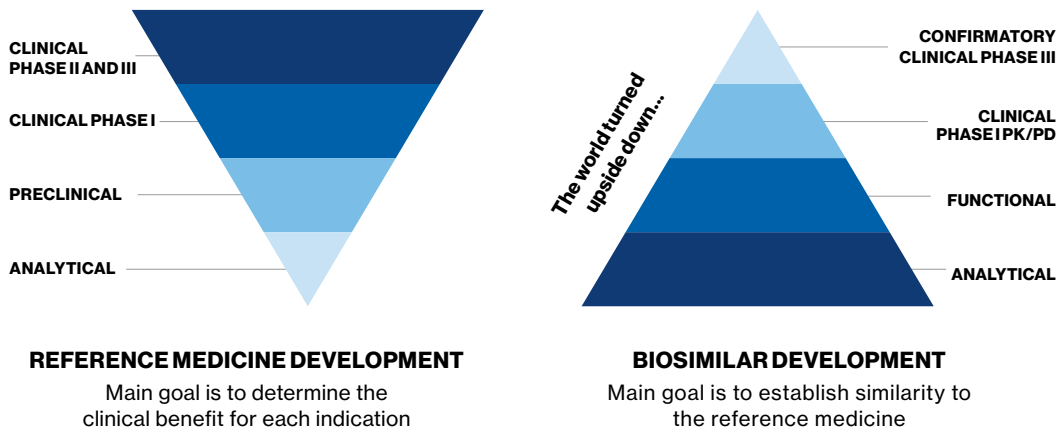
Extensive in vitro (cell culture) testing and biological characterization to demonstrate functional comparability of the biosimilar with the reference molecule.

Clinical PK/PD

Robust, comparative Clinical Phase I PK/PD studies in humans to determine bioequivalence i.e. that the biosimilar and the reference medicine will work in the body the same way.

Clinical Phase III

Clinical Phase III confirmatory safety and efficacy study conducted in a sensitive patient population to confirm that the safety and efficacy of the biosimilar matches the reference medicine.



References:

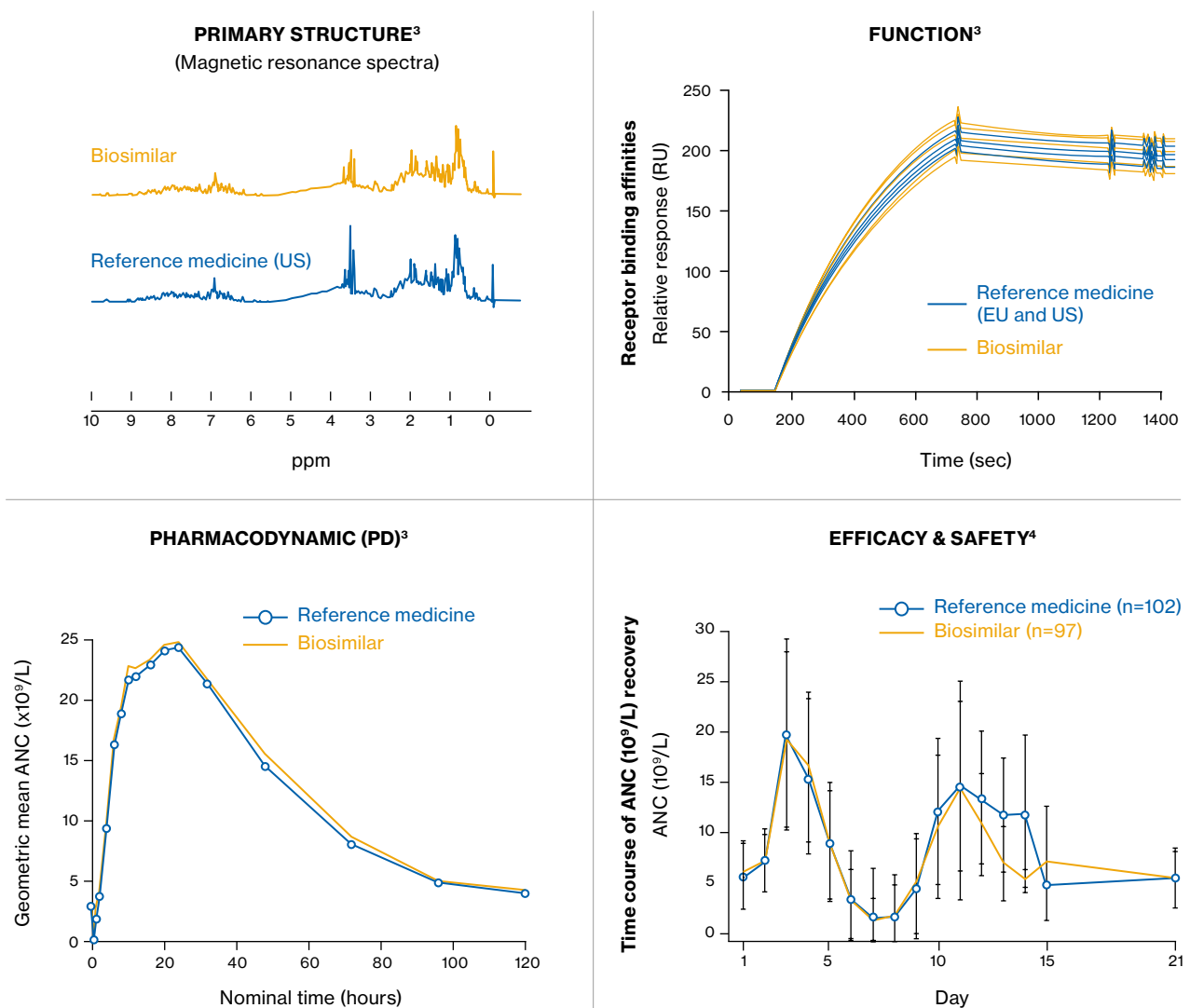
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Totality of evidence

Completeness in data generated through biosimilar development

The totality of evidence is the data package generated from the biosimilar development program to show that the biosimilar matches the reference medicine in terms of structure, function, PK/PD profile, efficacy and safety.^{1,2}

Totality of the evidence: Required to conclude whether a proposed biosimilar is approvable as a biosimilar



Schematic diagram showing the different levels of comparison of biosimilar and reference medicine, which form the 'totality of the evidence'. The examples shown here are from the development of biosimilar filgrastim. ANC, absolute neutrophil count; ppm, parts per million; RU, resonance units.

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Extrapolation

A well-established scientific principle

Extrapolation is the scientific and regulatory process of granting a clinical indication to a medicine without conducting a clinical safety and efficacy study to support that indication.¹⁻³ It is regularly applied to maintain approval after major changes in the manufacturing process for any biologic or to introduce and approve new formulations.

From molecule to molecule

- Through its development program, the safety and efficacy of the reference medicine is assessed in every indication for which it is subsequently approved.¹
- The biosimilar molecule matches the reference molecule. This is demonstrated through all the information generated in the biosimilar development program i.e. the totality of evidence.^{4,5}
- Therefore, the biosimilar molecule can be expected to behave the same way as the reference molecule in all indications and patient populations that the reference medicine is approved in.¹

Basic principle of extrapolation – The same molecule will behave the same way in all indications



Did you know?

Extrapolation to all approved indications of the reference medicine became typically a default characteristic of biosimilar medicines, based on the experiences in Europe and US.^{4,5}

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Real-world evidence

Biosimilars have consistently shown to work as expected



Over 2 billion patient days

of experience in Europe alone.¹



More than

30 biosimilars approved in the US.²

80 biosimilars approved in Europe.³



The EMA's Information Guide for Healthcare Professionals states:⁴

“Over the last 10 years, the EU monitoring system for safety concerns has not identified any relevant difference in the nature, severity or frequency of adverse effects between biosimilars and their reference medicines.”

All studies have shown that there is no increase in immunogenicity of biosimilars when compared to their reference medicines.^{5,6}

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Realizing the potential

Biosimilars benefit patients, payors and healthcare professionals

Biologics have revolutionized the treatment of many serious, life-threatening, and chronic diseases; however their high costs place a significant burden on healthcare systems and sometimes hinder patient access.¹

Biosimilar medicines have the potential to improve access for patients, contribute to healthcare systems

sustainability, increase treatment options for healthcare professionals and stimulate innovation in development of next-generation biologics.

The benefits biosimilars can bring to healthcare systems depend on policies and systems implemented by countries' healthcare authorities.

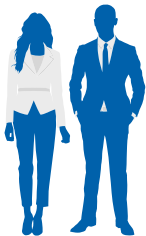


Benefit to patients

The introduction of affordable, high-quality biosimilars can expand access to potentially life-changing medicines for patients worldwide.²

Innovation

Biosimilars introduce competition, which leads to innovation such as enhancements of existing medicines and development of new treatments.³



Benefit to payors

Biosimilars introduce competition, increasing affordability of biologics which delivers savings for healthcare systems, helping to liberate resources that can be used to improve care and fund next-generation medicines.

Up to \$215 billion savings

Estimated to lead to cumulative savings over five years (2021-2026) worldwide.⁴



Benefit to HCPs

Introduction of biosimilars drives competition, resulting in increased treatment options and value-added services to support patient care and the healthcare community.⁵

120 new substances

Between 2021 and 2029, more than 120 biologic medicines will lose exclusivity—twice the number of biologics that have come off patent over the past decade.⁶

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