Biologic and Biosimilar Medicines

Their Purpose, Development, Structure, and Effects

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Introduction

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University of Arizona College of Pharmacy

- Previously directed the Pharmacy Residency program at Ohio State University, led an interprofessional program to improve the medication use system to reduce adverse drug events.
- Past president of the American Society of Health System Pharmacists (ASHP).
- Former Chairman of the Board of Pharmaceutical Practice of the International Pharmaceutical Federation (FIP), current Vice President and Fellow of FIP.
- Published more than 180 articles and abstracts in professional and scientific journals, 38 book chapters, edited seven books and given more than 500 contributed or invited presentations in 22 countries and the US.
- Recipient of Donald E. Francke Medal for significant international contributions to health-system pharmacy. (2006); Harvey A.K Whitney Award, known as health-system pharmacy's highest honor (2008).
- 2012 recognized as a Fellow of the American Society for Parenteral and Enteral Nutrition (FASPEN).
- 2014 Advisory Board Chair of the Alliance for Safe Biologic Medicines, a group of physicians, pharmacists, patient advocates and others which educates and advises policymakers working on biosimilar policy.

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Biosimilars Pop Quiz

How familiar are you with BIOLOGIC medicines?

1. Very Familiar-complete understanding,
2. Familiar-basic understanding,
3. I have heard of them but could not define
4. I have never heard of them

How familiar are you with BIOSIMILAR medicines?

1. Very Familiar-complete understanding,
2. Familiar-basic understanding,
3. I have heard of them but could not define
4. I have never heard of them

Have any biosimilars been approved by the FDA for use in the U.S.?

1. YES
2. NO

“Biosimilars are structurally identical to the reference biologic product upon which they are based.”

1. TRUE
2. FALSE

“A biosimilar is by definition interchangeable with its reference biologic product.”

1. TRUE
2. FALSE

Does a biosimilar having the same nonproprietary/ scientific name as its reference product imply **identical chemical structure?**

1. YES
2. NO
3. NOT SURE

Does a biosimilar having the same nonproprietary/ scientific name as its reference product imply **approval for the same indications?**

1. YES
2. NO
3. NOT SURE

Does a biosimilar having the same nonproprietary/scientific name as its reference product imply **that a patient can be safely switched between it and its reference product with the same result and no additional risks?**

1. YES
2. NO
3. NOT SURE

"As a pharmacist, I believe I will have a role in making decisions about the choice of biologics for specific indications."

1. YES
2. NO
3. NOT SURE

“I believe the safe use of biosimilars will reduce healthcare costs.”

1. YES
2. NO
3. NOT SURE

Which of the following tools will you use to realize the potential cost benefits of biosimilars:

1. The formulary system
2. Clinical practice guidelines that specify the choice of drugs
3. Therapeutic interchange policy
4. Patient-specific dialog with the prescriber on a case-by-case basis
5. All of the above

“I need and plan to learn more about biologics to prepare myself for a role in the safe use of biosimilars.”

1. TRUE
2. FALSE

Biologics and Biosimilars: Overview

What is a Biologic Medicine?

A **biologic medicine** is a **substance** that is made **from** a **living organism** or its products and is used in the prevention, diagnosis, treatment, or cure of a disease. Biologic medicines include:

- antibodies
- vaccines
- interleukins (these can regulate immune responses)
- hormones
- blood and blood products

At a molecular level, biologic medicines are often 200–1000 times the size of a chemical drug molecule and are far more complex structurally. They are highly sensitive to handling and their environment.

Biologics are more difficult to characterize and manufacture than chemical drugs.

Due to their size and sensitivity, biologic medicines are almost always injected into a patient's body.

What is a Biosimilar?

- Developing a biosimilar requires reverse-engineering an innovator biologic. **Biosimilars are often mistakenly referred to as "generic" biologics.**

- Unlike with generic copies of chemical medicines, the fact that they are made using living cells means biologic medicines **cannot be copied exactly. It can only ever be "similar" to its reference biologic.**

- FDA is in the process of drafting guidance on how similar a biosimilar must be to earn a designation of **"interchangeable"**, meaning that the biosimilar has the **same clinical effects in a patient without additional risks.** Bruce Babbitt of PAREXEL Consulting will present a regulatory overview later today.

- **"Interchangeable" biosimilars are those which pharmacists will potentially be able to substitute.** Biosimilar substitution will be discussed in more detail later today.

How Are Biologics Used?

Benefits of Biologic Medicines

- Biologic medicines have made a significant difference in the lives of patients with serious illnesses, including cancer, blood conditions, auto-immune disorders such as rheumatoid arthritis (RA) and psoriasis, and neurological disorders like multiple sclerosis (MS).

- By understanding the mechanisms of diseases, companies have developed biologic medicines to target and modify the underlying causes of disease, potentially altering the course of the disease rather than simply treating symptoms.

- The development of new biologic medicines may be the best hope for effectively treating diseases for which there are currently no cures.

Example: Rheumatoid Arthritis

- Advances in the understanding of RA over the last 20 years have led to a new treatment paradigm, where reducing disability and achieving remission are now possible goals.

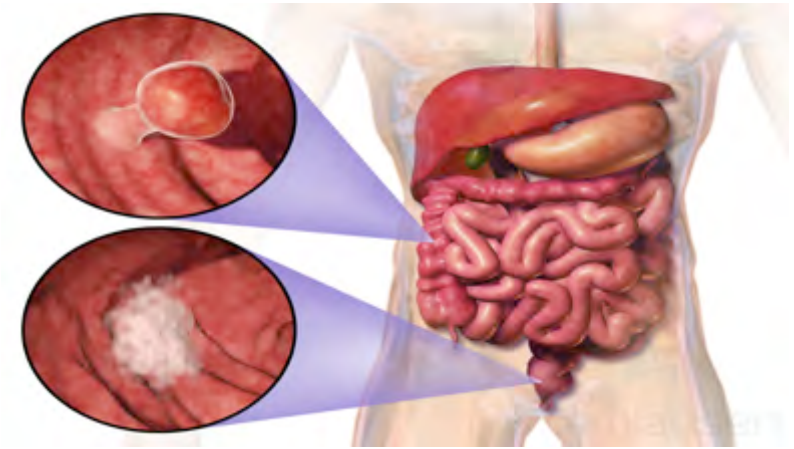
- Once researchers understood the underlying inflammatory mechanisms of RA, scientists developed disease-modifying biologic medicines to target the proteins that regulate inflammation. Biologic medicines have proved effective in slowing down disease progression and joint damage, helping to improve daily function.

Example: Colorectal Cancer

- Investigating cancer pathways and determining the molecular basis of cancer has led to the development of new targeted diagnostics and treatments. Traditionally, cancer has been treated with surgery, radiation, and chemotherapy. Biotechnology has contributed to significant advances in cancer treatment, including hormone therapies, biologics, and targeted therapies such as monoclonal antibodies.

- Some kinds of colorectal cancer are caused by the overexpression of epidermal growth factor receptors (EGFR), causing the overly rapid cell growth associated with most cancers. There are several EGFR inhibitors available to patients.

- Patient advocate Andrew Spiegel, executive director of the Global Colon Cancer Association, will provide a patient perspective on biologic medicines later today.



Two Sources of Biologic Medicines

NATURAL:

- Eggs
- Pigs
- Cows
- Humans

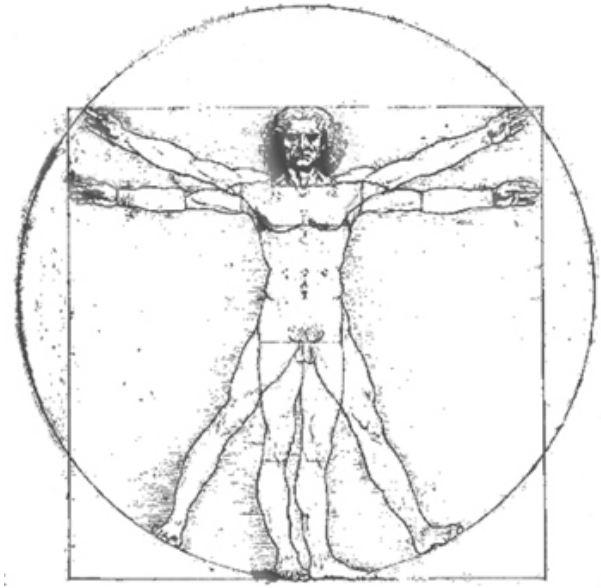
RECOMBINANT:

- Bacteria
- Yeast
- Mammalian Cells
- Transgenic Plants
- Transgenic Animals

Two Types of Biologic Therapy

REPLACEMENT therapy:
A patient is administered an *endogenous* (i.e., naturally occurring) protein or hormone to compensate for the loss, due to disease, genetic or otherwise, or surgery of a gland or tissue that would normally produce the substance

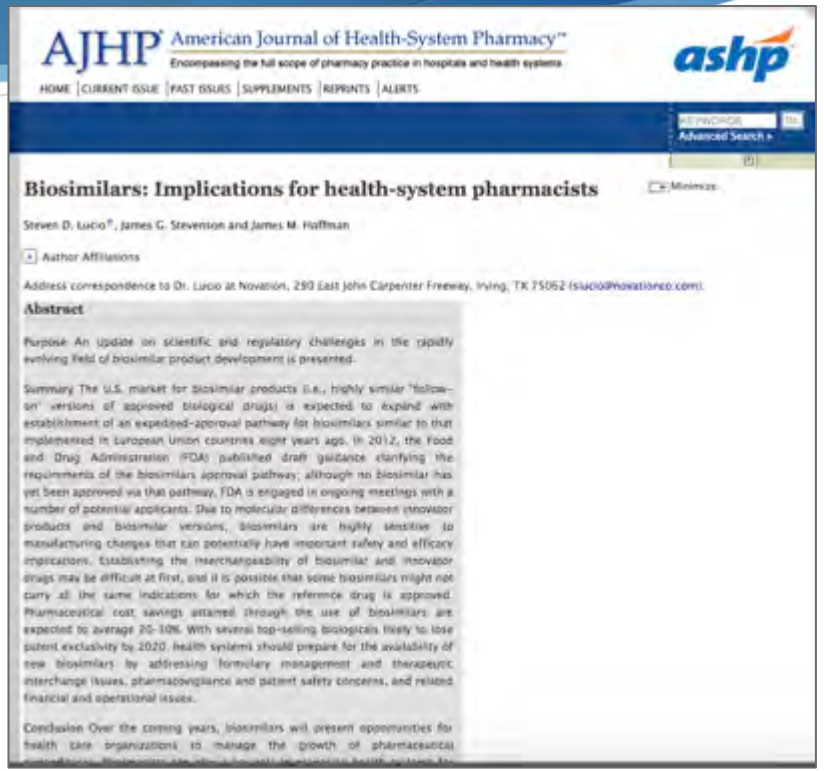
INTERVENTION therapy:
A novel biologic molecule is designed to specifically bind a chosen target.



Biologic Medicine Source and Therapy Types

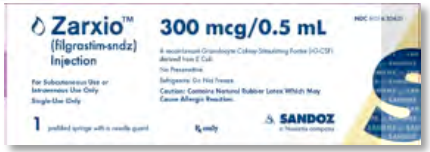
	NATURAL SOURCE	RECOMBINANT SOURCE
REPLACEMENT THERAPY	Insulin from pigs and cows Human blood for Factor VIII (clotting factor), Immunoglobulin G antibodies, and Albumin	Recombinant technology has made possible the synthesis of insulin and granulocyte colony-stimulating factor (used to assist in minimizing the immunosuppressive effects of chemotherapy) Yeast has also become a source of recombinant forms of insulin and human growth hormone (HGH). Factor VIII (used in the treatment of blood clotting disorder Hemophilia A) Erythropoietins (used to treat anemia due to cancer or kidney disease). "Enzyme replacement therapy," including Ceredase for the treatment of Gaucher disease.
INTERVENTION THERAPY	Flu Vaccine grown within egg	Treatment of myocardial infarction using tissue plasminogen activator Treatment of multiple sclerosis or Hepatitis C using interferons Treatment of cancer (trastuzumab, panitumumab, etc.) Treatment of rheumatoid arthritis (etanercept, adalimumab)

Education on Biosimilars is a Top Priority for Pharmacist Organizations



Four Biosimilars Currently Approved in U.S.

PRODUCT	APPROVED
Zarxio (filgrastim-sndz) *15% discount over reference product*	March 6, 2015
Inflectra (infliximab-dyyb)	April 6, 2016
Erelzi (etanercept-szzs)	August 30, 2016
Amjevita (adalimumab-atto)	September 27, 2016



inflectra®

Erelzi™
(etanercept-szzs)

AMJEVITA

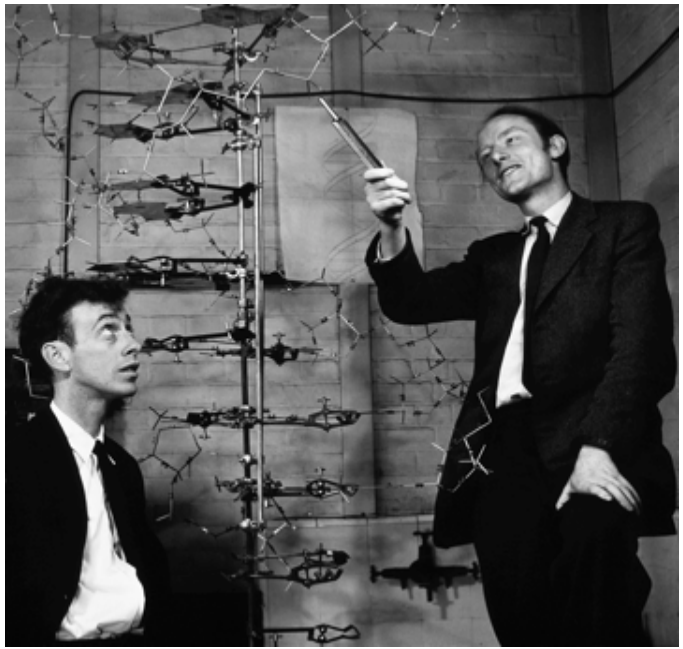
Evolution of Biologic Therapies

History of Biologic Medicines
Early 20th Century

- 1920s: Biologics derived from Animal Sources- insulin from cow and pig pancreas.
- 1940s: influenza vaccines manufactured within eggs.
- 1950: human blood-derived proteins used in treatment of hemophilia and primary immune deficiency.

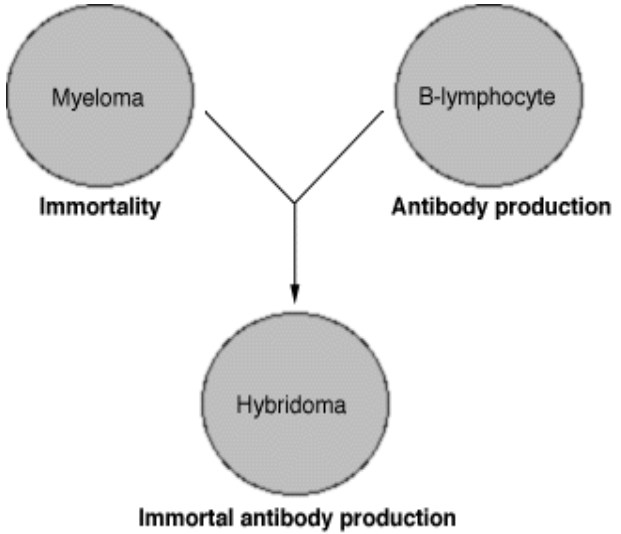
History of Biologic Medicines
Mid 20th Century

- 1953: Drs. Watson and Crick reveal structure of DNA, commencing era of modern biotechnology.
- 1960s: scientists fully understand the genetic code.
- 1973: Bacterial genes used to insert recombinant DNA into a cell for replication.
- 1973: "Southern blot" technique developed to study DNA structure.



History of Biologic Medicines
Late 20th Century

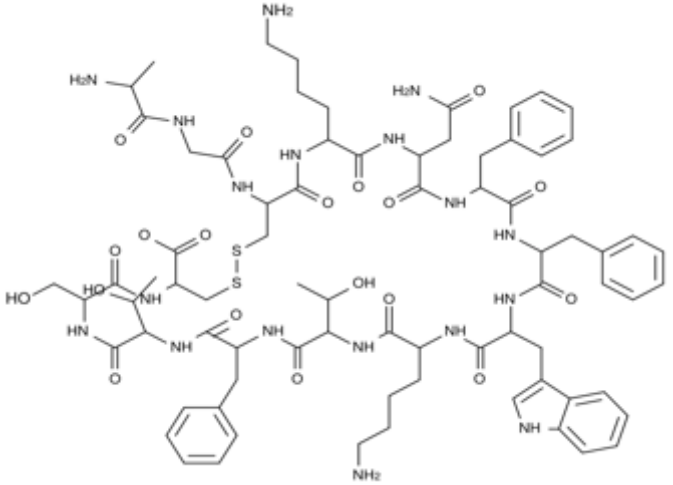
- 1975: Colony hybridization and Southern blotting developed for detecting specific DNA sequences.
- 1975: first **monoclonal antibody** developed by fusing immortal tumor cells with antibody-producing B-lymphocyte cells to produce hybrid cells (hybridomas) that synthesize identical (or "monoclonal") antibodies.



History of Biologic Medicines
Late 20th Century

- 1977: Long sequences of DNA can now be sequenced. Genetically engineered bacteria used to synthesize peptide hormone **somatostatin.**

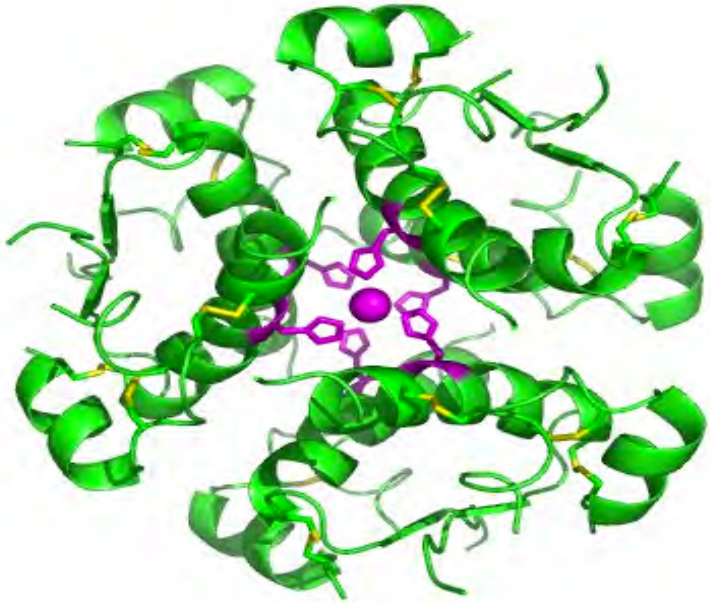
  For the first time a synthetic recombinant gene had been used to clone a protein. Many consider this the beginning of the Age of Biotechnology.



History of Biologic Medicines
Late 20th Century

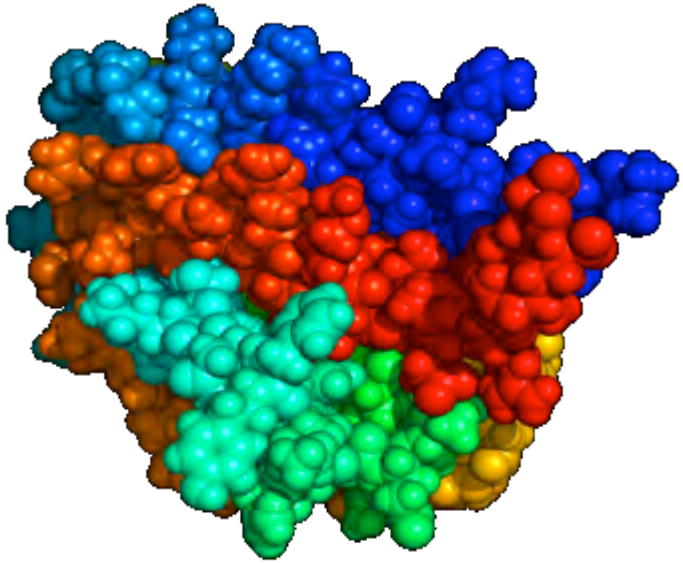
- 1982: **Insulin** becomes **first-ever approved human therapeutic manufactured using recombinant technology** in *E.coli* bacteria, rather than mammal cells.

  Today, recombinant insulin is made within both bacteria and yeast.



History of Biologic Medicines
Late 20th Century

- 1987: FDA approves genetically engineered plasminogen activator to treat heart attacks.
- 1989: FDA approves **Erythropoietin** (EPO), a complex glycoprotein used to treat anemia in patients with cancer or kidney damage.



History of Biologic Medicines
1990s-Present

- Nearly 200 biologic and recombinant biotechnology medicines are helping 800 million patients worldwide.
- 907 medicines and vaccines targeting more than 100 diseases are in human clinical trials or under FDA review.
- This includes 338 monoclonal antibodies, 250 vaccines, 93 recombinant proteins, 60 cell therapies, 46 gene therapies and 30 antisense medicines.

How Do Biologics Differ From Chemical Medicines?

Differences Between Biologic and Chemical Medicines

- **SIZE: Chemical compounds are generally much smaller in size than biologics and are generally unseen by the human immune system.**

- **STRUCTURE:** The structure and function of a chemical compound are simple and straightforward, but **a biologic protein has a complex three-dimensional structure.** Some of the proteins have post-translational modifications in the form of sugar attachments (called glycosylation) at specific sites, or they may have chemical modifications. Due to the structural complexity of biologics, the relationship between structure and function is often unclear (as explained on the subsequent slide under characterization).

Differences Between Biologic and Chemical Medicines
(Continued)

- **STABILITY:** Chemical drug structure is defined by rigid and stable covalent bonds, whereas a protein's structure is defined by the sequence (relatively stable covalent bonds) AND the three-dimensional folding into a structure stabilized by weak non-covalent bonds. The interactions of many weak bonds give proteins a three-dimensional structure and functional flexibility but also make it **sensitive to chemical and physical degradation.**

- **VARIABILITY:** While an active pharmaceutical ingredient of a drug consists of a single, well-defined structure, a biologic medicine exhibits a diversity of structures due to being prone to weak non-covalent bonds as well as the diversity of enzymatic and chemical modifications that can occur. **Consequently, a biologic medicine is a heterogeneous mixture of product and its related components as well as impurities from the manufacturing process.**

Differences Between Biologic and Chemical Medicines
(Continued)

- **MANUFACTURING:** Chemical compounds are manufactured using chemical reactions that are predictable and robustly reproducible, so an identical copy can be made. However, biotechnology medicines are made using living cells. **Therefore, an identical copy of a biologic medicine using a different cell line and/or different manufacturing process is not possible.**

- **CHARACTERIZATION:** Chemical compounds are easy to fully characterize. In addition, since the structure of the active ingredient in the chemical drug is precisely known, we can expect to see the same pharmaceutical function in vivo.

Differences Between Biologic and Chemical Medicines
(Continued)

- **CHARACTERIZATION (continued):** Characterization of biologic medicines requires multiple, orthogonal, advanced analytical methods. **While many biologic products have been well-characterized, complete characterization to the last atom is impossible.** In addition, correlating the diverse structures in a biologic medicine to function is quite difficult.

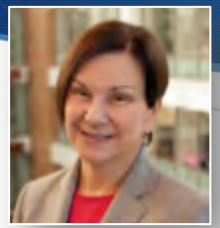
- **IMMUNOGENICITY**: Immunogenicity is the reaction of the body's immune system to a foreign substance. Chemical compounds have a lower potential while **biologics have higher potential for immunogenicity.**

Proteins: Size, Structure & Complexity

	Small Molecule Drug	Large Molecule Drug	Large Biologic
Size	Aspirin 21 atoms	hGH ~ 3000 atoms	IgG Antibody ~ 25,000 atoms
Complexity	Bike ~ 20 lbs	Car ~ 3000 lbs	F16 Jet ~ 25,000 lbs (without fuel)

Source: Genentech

Size and Complexity of Biologics

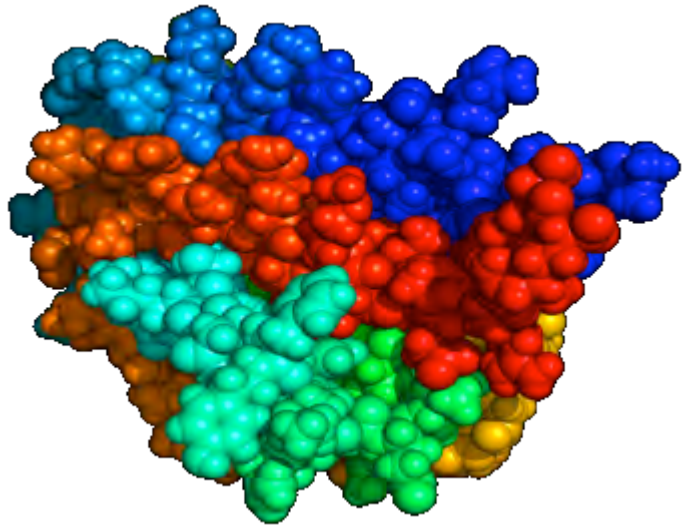


"Biologics [and biosimilars] are like the Empire State Building, compared to a regular drug, which is like a small house"

-Dr. Janet Woodcock,
Director of the Center for Drug Evaluation and Research (CDER), FDA
February 4, 2016

Advantages of Large Size/Complexity of Biologic Medicines

- **More precise fit to a large target (disease)**
- Can interact with multiple targets (such as binding to two receptors) simultaneously
- Large molecule can stay in body longer



One Disadvantage of Large Size/ Complexity: Immunogenicity

- **Biologics have provided new options in the prevention and treatment of diseases in which previous therapies treated only the symptoms.** However, because of their complexity, biologics are associated with additional risks. The most important of these risks is **the potential to cause immunogenicity.**

- Immunogenicity occurs when the immune system in the human body mounts an attack when a foreign substance enters the body. For example, when we catch a common cold (i.e. rhinovirus) or the flu (i.e., influenza virus), **our body responds by attacking these viruses, thereby neutralizing them.**

Potential for Immunogenicity is a Major Concern

- All biologic medicines are fairly large molecules, sometimes resembling a virus, and have the potential to induce unwanted antibody responses (i.e., be immunogenic).
- The unwanted immune response may be of no consequence for a patient or of serious consequence.
  - Immunogenicity may neutralize the medicine, minimizing or eliminating the intended effect of the medicine.
  - One of the main concerns is that the immune system may attack the endogenous protein, making the patient's condition worse than before the medicine was introduced.

Example of Immunogenic Response: PRCA

- Many biologic products are engineered and manufactured to be as similar as possible to an already existing endogenous protein in the body.

- However, if there is some small difference that allows the body to differentiate or discriminate between the drug and the endogenous protein, the immune system may develop an antibody or immunogenic response against that protein. In addition, that immunogenic response may broaden and actually cross-react with the endogenous protein.

- In many cases the presence of antibody may not cause clinical consequences, but in some cases it can result in significant consequences. One such example is a condition called **Pure Red Blood Cell Aplasia (PRCA)**, a syndrome characterized by severe anemia and absence of erythroblasts from an otherwise normal bone marrow.

- The immune reaction neutralizes the endogenous protein necessary for red blood cell product and the patient needs blood transfusions to address the anemia.

Immunogenicity: Causes and Monitoring

- Antibody reactions cannot be predicted via other means (e.g., animal studies), which is why **clinical data are necessary.**
- Processes and conditions could influence molecular structures in unexpected ways, leading to an unwanted immunogenic reaction.
- **Monitoring patients for an immune reaction to the biologic is important both before and after regulatory approval.**

Approval Process of Biologics

Approval: Pre-Clinical Phase

- Researchers look for potential new compounds to treat targeted diseases.
- Toxicology is tested in animals and living tissue.
- During this phase researchers look for:
  - a correct dosage level
  - appropriate frequency of administration
  - the best delivery system (oral, topical, intravenous, etc.)
  - short- and long-term survival of animals
- Following animal testing, manufacturer files an Investigational New Drug Application (IND) or Clinical Trials Application (CTA) with FDA.

Approval Process: Phase I Human Testing

- After the approval of the IND/CTA, the experimental drug then moves into Phase I: human testing.
- **In this phase, the drug is tested in a small number (under 100) of healthy participants.**
- Researchers look to see how well the drug is tolerated, how it is processed by the human body, and what the correct dosing is.

Approval Process: Phase II Human Testing

- Once determined to be tolerated by healthy individuals, the medicine is **tested in (100-300) patients** to determine if it actually works.

- Manufacturer conducts dose range finding studies to estimate patient response for dose given to analyze safety/efficacy.

Approval Process: Phase III Large Scale Human Testing

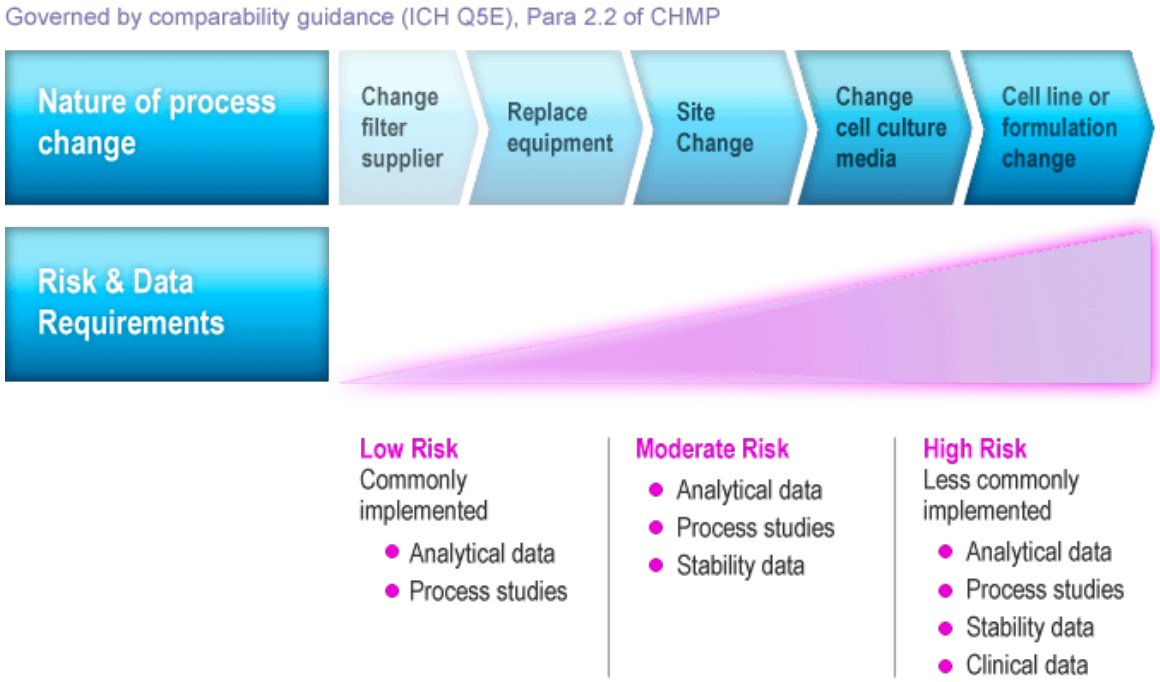
- A large-scale study of effectiveness and side effects is conducted, medicine is **tested in larger population (1000-3000) patients.**
- FDA looks at these data to determine safety and efficacy.
- Manufacturer tests the biologic medicine's viability and determines the logistics of scaling up to a large supply.
- Following Phase III a **Biologics License Application (BLA)** or **Marketing Authorization** are filed with FDA. These are typically 100,000 pages long and contain animal and human trial results and manufacturing data. Approval typically takes 1-2 years.

Approval Process: Phase IV Post-Market Surveillance

- Once approved, a biologic medicine is then marketed to the general population.
- Short- and long-term side effects are monitored.
- This can result in revision of labeling or manufacturing changes

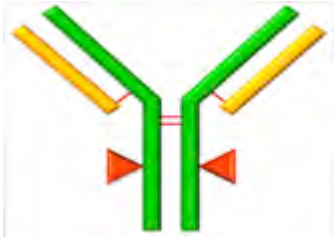
Approval of Post-Marketing Changes

- Risk to product quality, safety, and efficacy vary based on the nature of the process change.
- Major changes to the process may require additional clinical studies.



Sensitivity of Biologics to Structural Modifications can Result in Immunogenicity

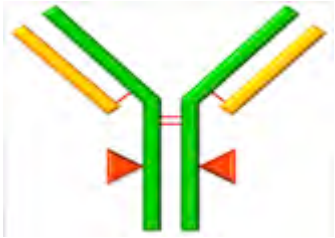
Biologics: Common Structural Modifications



UNALTERED lgG MOLECULE
(simplified model of desired product)

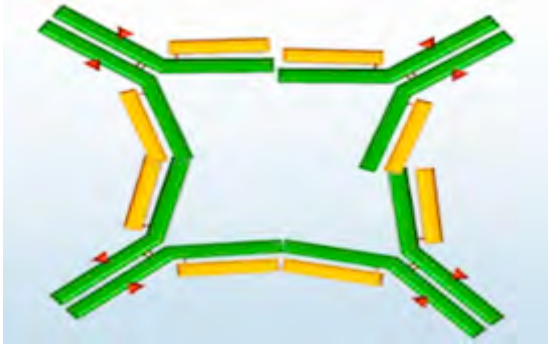
- Several modifications will always occur in production of the protein.
- Manufacturing conditions can have an impact on the molecule's structure.

Structural Modification: Aggregation



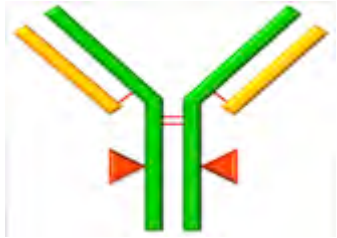
UNALTERED lgG MOLECULE
(simplified model of desired product)

AGGREGATION



- When two or more protein molecules (monomers) bind together.
- Considered undesirable because small aggregates may cause immunogenic reaction, while larger particulates may cause adverse events on administration.

Structural Modification: Fragmentation

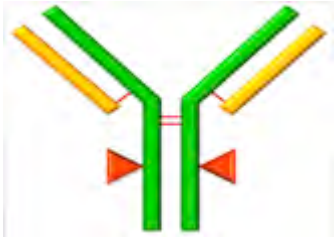


UNALTERED lgG MOLECULE
(simplified model of desired product)

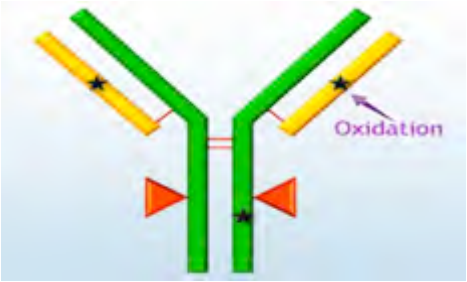
FRAGMENTATION

- When an intact protein breaks apart due to manufacturing, processing, or handling conditions.
- Fragments can cause immunogenic reaction since part of protein that is normally unexposed when intact is exposed. Incomplete molecule impacts efficacy.

Structural Modification: Oxidation



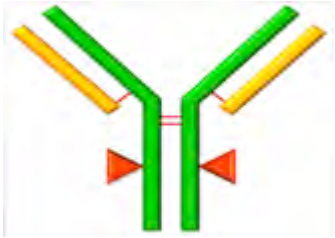
OXIDATION



UNALTERED lgG MOLECULE
(simplified model of desired product)

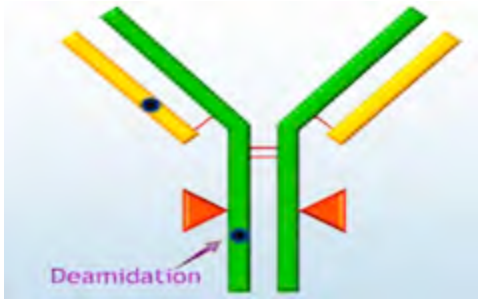
- Specific amino acids in the protein molecule can become oxidized.
- Oxidized products may result in loss of efficacy, or aggregation (which in turn may lead to immunogenic reactions, or adverse events upon administration).

Composition of Biologic Medicine: Structural Modification: Deamidation



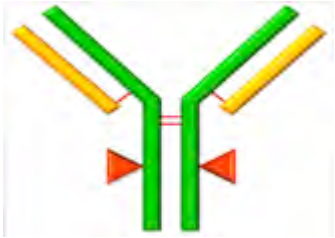
UNALTERED lgG MOLECULE
(simplified model of desired product)

DEAMIDATION



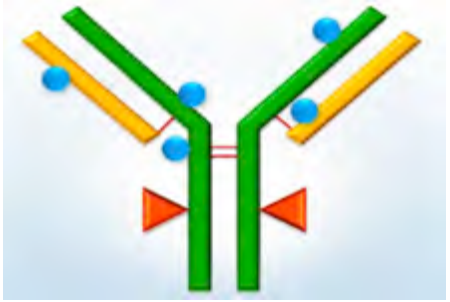
- Protein molecules could lose an amine group ($-NH_3$) due to enzymes or due to manufacturing conditions (such as heat), resulting in a deamidated protein, and reduced efficacy.

Composition of Biologic Medicine: Structural Modification: Glycation



UNALTERED lgG MOLECULE
(simplified model of desired product)

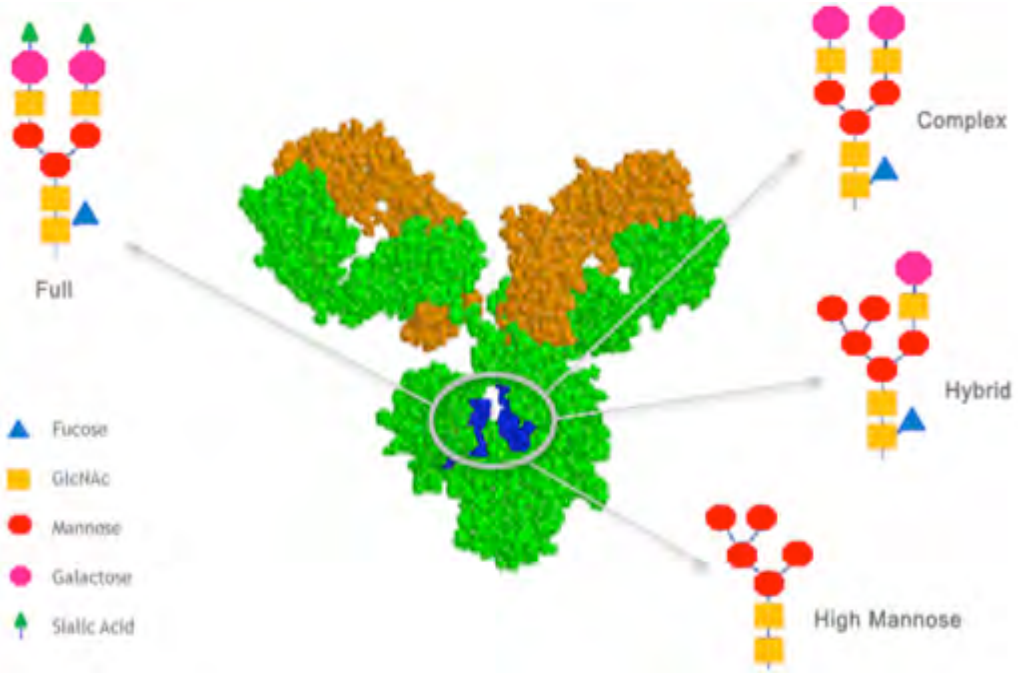
GLYCATION



- Uncontrolled or random addition of sugars (e.g., glucose or fructose) to a protein.
- Can cause aggregation (which in turn may lead to immunogenic reactions, or adverse events upon administration) or reduced efficacy.

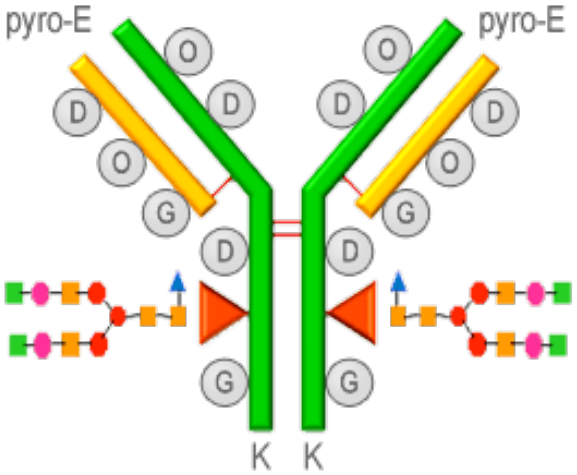
Glycosolation

- Many different types of sugars get linked to a protein during **glycosolation,** a common post-translational modification to improve therapeutic efficacy.
- Even minor changes in these structures can have major impact on safety and efficacy.
- **On occasions, some sugars not natural to humans (e.g., galactose-alpha,1, 3 galactose) that can be found in therapeutic proteins have been reported to cause anaphylaxis.**



Modifications Result in a Heterogenous Product

These modifications (see list below) can occur at multiple sites on protein, for example this **lgG molecule** has 9600 possible variations. **Unlike a chemical drug, a biologic medicine will contain many of these variations.**

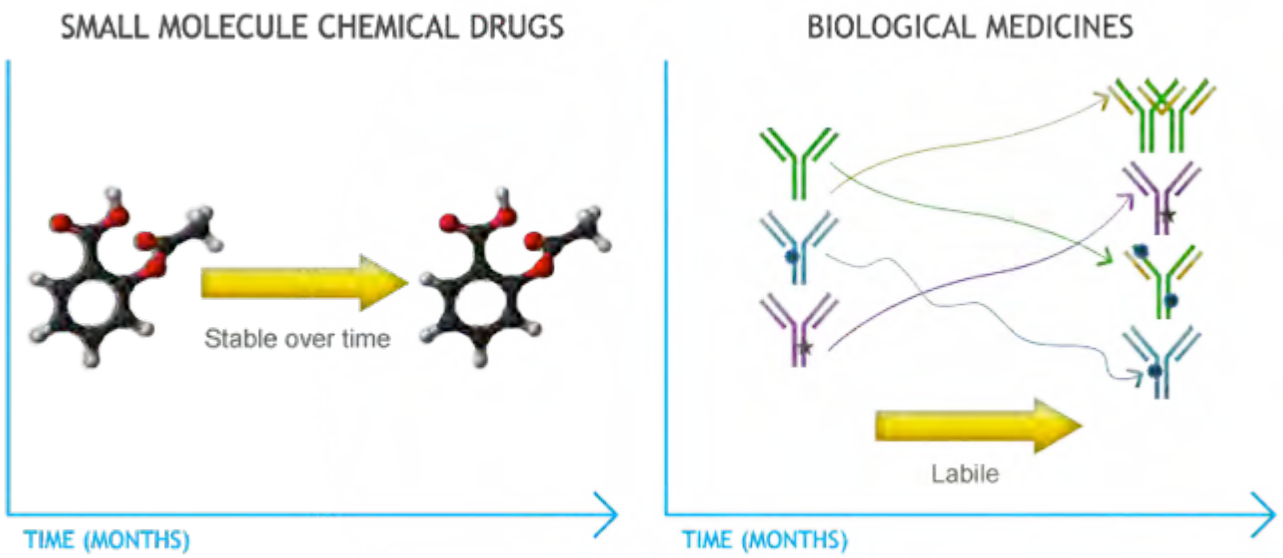


- Pyro-Glu (2)
- Deamidation (3 x 2)
- Methionine oxidation (2 x 2)
- Glycation (2 x 2)
- High mannose G0, G1, G1, G2 (5)
- Sialylation (5)
- C-term Lys (2)

- $(9600)^2 \approx 10^8$
- 2 x 6 x 4 x 4 x 5 x 5 x 2 = 9600

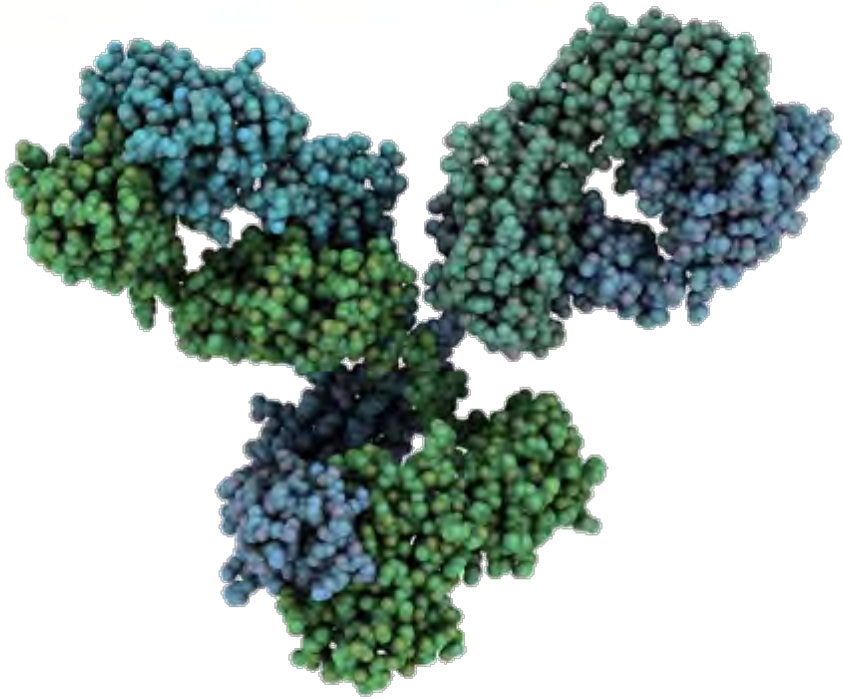
Stability of Biologics

- While chemical medicines are relatively stable, biologics can undergo many modifications during storage, and their composition (which of the molecule's variations are present) will change over time.



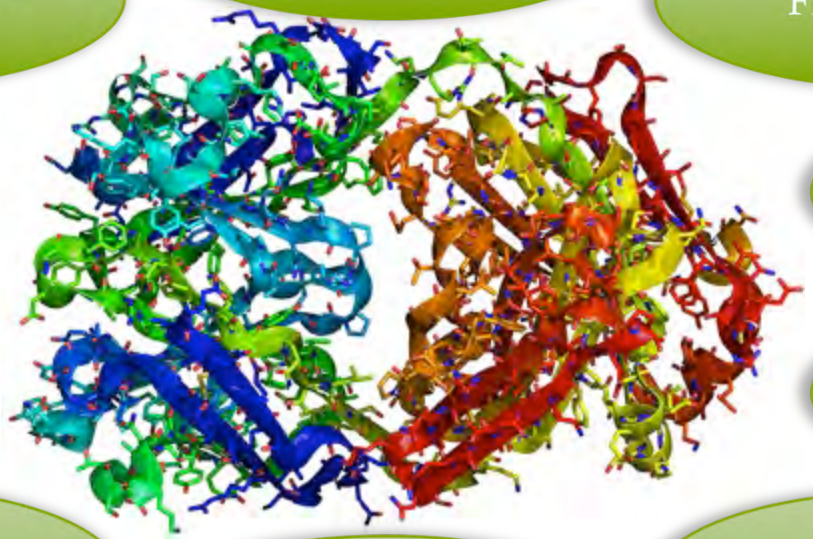
Complete Characterization is Impossible

- The complexity and sensitivity of biologics, their heterogenous nature, and their propensity to change over time, make characterization to the last atom impossible with current scientific knowledge and tools.



Degradation During Storage, Handling, and Preparation of Biologic Medicines

Contributing Factors to Degradation During Storage and Handling of Biologics



- DILUTION
- FILTRATION
- ADSORPTION
- LEACHING
- SILICON EXPOSURE
- METAL EXPOSURE
- OXYGEN EXPOSURE
- SHEARING FORCES
- SHAKING
- TEMPERATURE CHANGE

Potential for Degradation During Preparation

- **TEMPERATURE CHANGE**:
  Removing product from refrigeration can cause aggregation, precipitation.

- **ADDING DILUTENT:**
  Introduction of metal ions, silicon, oxygen can result in oxidation, catalysis, aggregation.

- **RECONSTITUTING:**
  Shaking, interaction with container, shearing forces can result in denaturing, unfolding, aggregation, hydrolysis, deamination.

- **INTRODUCTION TO INFUSION BAG:**
  Absorption, exposure to oxygen, silicon, and metal ions, leaching, shearing forces, etc., can result in denaturing, unfolding, aggregation, hydrolysis, deamination.

Minimizing Degradation of Biologics

- Avoid rapid temperature change- increase temperature gradually.
- Avoid multiple temperature cycles.
- Avoid excess force (shaking, shearing forces).
- Be aware of device composition (needle gauge, potential for contamination).
- Consult manufacturer stability data.

Biosimilars:
How Close is “Close Enough”?

All Biologics Contain Minor Differences

- **Biosimilars cannot be, and thus are not expected to be, direct copies of originator (also known as "reference") biologics.**
- FDA defines a biosimilar as **"a biological product that is highly similar to the reference product notwithstanding minor differences in clinically inactive components."**
- Minor differences are expected and permitted but must be demonstrated not to be **"clinically meaningful"** in regards to safety, purity, or potency.

So, Aren't All Biologics Biosimilars, Then?

- No. A biologic will be grown from the same cell line, but will have **a natural range of variability** from lot to lot.

- By contrast, a biosimilar to that reference product is a **new molecule, made from a different cell line**, grown through different processes, that has **a starting point well outside this range.**

So, Aren't All Biologics Biosimilars, Then?

- How close it can get to the range- and performance- of the reference product will determine whether it is a different biologic, a biosimilar (highly similar), or an interchangeable (same results expected, no additional risks if switched).

- In 2009, a manufacturer scaled up production of a biologic, Myozyme, and though it was grown from the same cell line, the differences took it outside its expected range**. It was required to file a Biologics License Application as a new product,** and was only approved for same indications as Myozyme in 2014.

Myozyme becomes Lumizyme after biologics scale-up

By Nick Taylor, 16-Feb-2009

Related tags: Genzyme, Myozyme, FDA

Genzyme will launch the same biologic under two different names in the US after the FDA decided the drug produced at 2000L was considerably different to the 160L version.

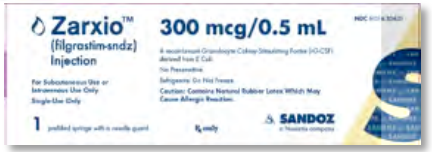
US Food and Drug Administration (FDA) approval is now imminent, according to Genzyme, which would draw a line under a challenging 10 months for the company's Myozyme.

In an effort to scale up production of Myozyme Genzyme built a facility housing a 2000L bioreactor, which offered considerably more capacity than the 160L site.

However, the FDA ruled that in the process of scaling up from 160L to 2000L the product had changed sufficiently to require a new Biologics License Application (BLA).

Of the Four Biosimilars Currently Approved in U.S., None are "Interchangeable"

PRODUCT	APPROVED
Zarxio (filgrastim-sndz) *15% discount over reference product*	March 6, 2015
Inflectra (infliximab-dyyb)	April 6, 2016
Erelzi (etanercept-szzs)	August 30, 2016
Amjevita (adalimumab-atto)	September 27, 2016



inflectra®

Erelzi™
(etanercept-szzs)

AMJEVITA

What Does "Interchangeable" Mean?

A higher regulatory standard to meet. More data is required.

An "INTERCHANGEABLE" :

1) Must be **biosimilar** ("highly similar" to reference product).
2) Must have **same clinical result expected** as with reference product.
3) Must create **no additional risk** to patient when switching back and forth between itself and reference product.
4) **May be substituted for the reference product without the intervention of the health care provider who prescribed the reference product.**

FDA Biosimilar Approval Pathway

- The U.S. is still in the process of developing its Biosimilar Approval Pathway.
- Existing and upcoming FDA Guidance on biosimilar approval will be discussed in more detail later today.

Biosimilar Naming

Biosimilar Naming

- Biologic medicines, like other medicines, are assigned an **International Nonproprietary Name (INN)** by the World Health Organization.
- In the US, the nonproprietary name is the "USAN" United States Adopted Name. It is often, but not always, the same as the INN.
- Since an innovator biologic and its biosimilar are different medicines, and minor differences may cause adverse effects in patients, **nonproprietary names must be distinguishable from one another.**

World Health Organization

Advantages of Distinguishable Naming

- CLEAR PRODUCT IDENTIFICATION - Distinguishable from reference product, and other approved biosimilars.
- CLEAR COMMUNICATION - between physician, patient and pharmacist
- CLEAR PRESCRIBING & DISPENSING - Helps prevent inadvertent and inappropriate substitution.
- BETTER PHARMACOVIGILANCE - proper attribution of adverse events.
- INCREASED MANUFACTURER ACCOUNTABILITY - differentiating suffixes (preferably tied to manufacturer or marketing authorization holder name) will accomplish this.

Pharmacists and Distinct Naming

- Pharmacists have a long history of avoiding look-alike, or sound-alike names for medicines.
- Yet a disconnect remains between practicing pharmacists and their professional associations.
- U.S. Pharmacist Associations (APhA and ASHP)have opposed distinct nonproprietary names, including the WHO and FDA proposals.
- **<u>Yet we found through our continuing education courses, that pharmacists were very supportive.</u>**

May 25, 2015
Chapman University College of Pharmacy; Irvine, CA
40 pharmacists, 93% support for distinct naming

Pharmacists and Distinguishable Naming

SOME SUGGESTED WAYS OF DISTINGUISHING BIOSIMILARS:

Unique USAN/INN?

Shared USAN/INN + Suffix?

Shared USAN/INN + NDC Code

Prefix + Shared USAN/INN?

Distinguishable Naming: ASHP Position

- The American Society of Health-System Pharmacists (ASHP) **is not opposed to the addition of a suffix, but opposes to use of prefixes, which it feels can lead to medication error.**

- Breast cancer medication KADCYLA® (ado-trastuzumab) is **dosed differently from its reference biologic** HERCEPTIN® (trastuzumab). Cases have occurred wherein a prescribing **physician has mistakenly omitted the distinguishing prefix**, resulting in a patient receiving the **wrong medication at the wrong dose**.

- ASHP is **not opposed to adding the National Drug Code (NDC) to the USAN as a suffix**, but the NDC not being used to track a product in all settings, reuse of NDCs by manufacturers, and other concerns may make this approach problematic.

ashp
pharmacists advancing healthcare

"…**We do not oppose the addition of suffixes** to the INN name if experts believe this approach is needed to facilitate pharmacovigilance,"

- Christopher Topoleski, ASHP Director of Federal Regulatory Affairs.

Distinguishable Naming: APhA Position

- **APhA does not support Unique nonproprietary names on the grounds that** it may interfere with current pharmacy safety alert systems and complicate the collection of global safety information.
- As with Human Growth Hormone and Insulin, the same nonproprietary name will not necessarily denote interchangeability, but rather be used to categorize a similar therapeutic drug.
- **APhA supports a unique identifier, such as an NDC code** that pharmacies already use to track products for identifying or tracking track the specific drug that a patient is prescribed.

"**…a unique identifier, such as an NDC code that pharmacies already use to track products, can be used to track the specific drug that a patient is prescribed.** We recognize that non-pharmacy dispensing settings may not currently track by NDC number. "

-APhA Letter to FDA, May 2012.

Distinguishable Naming: HOPA Position

- Prefers prefix, but supports suffix.
- Wants Suffix to be meaningful/ manufacturer based, not random.

Hematology/Oncology Pharmacy Association

"HOPA's preferred naming convention would include using the current nonproprietary name associated with the reference product and modifying it **with a prefix rather than a suffix.**

'firmly believe that the 4-character suffix proposed should be meaningful and not "devoid of meaning" for biosimilars that are not interchangeable…In theory and lacking interchangeability guidance, HOPA's position is that interchangeable products do not have to be differentiated with a suffix."

"For safety/medication error concerns as well as pharmacovigilance, this approach would make it much easier to differentiate between the biosimilar and the innovator."

-HOPA Comments on FDA Draft Naming Guidance, Oct. 27, 2015

Distinguishable Naming: HOPA Position

- **Supports all biosimilars- interchangeable and non-interchangeable- sharing a nonproprietary name with their reference products.** Opposes FDA and WHO suffix proposals.

AMCP Academy of Managed Care Pharmacy®

"We believe that it is critically important to patients, providers, and both public and private payers that these **substantial cost savings** [of biosimilars] are not lost. By changing the established nonproprietary name of these products, these **savings are put at significant risk due to the potential for reductions in utilization."**

"**Changes will need to be made to existing software** in order to account for the addition of a suffix to INNs…These changes will add greater costs to the health care system by treating biosimilar and interchangeable biosimilar products differently from their reference products."

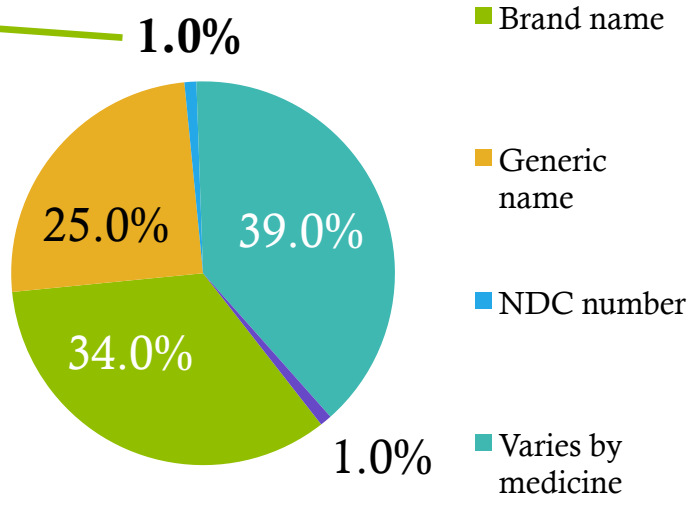
"FDA should abandon its current proposal, and instead adopt the use of standard INNs for all biosimilar and interchangeable biosimilar products."

-AMCP Comments on FDA Draft Naming Guidance, Oct. 27, 2015

Is the NDC Code an Adequate Solution?

- ASBM 2015 Survey of 400 U.S. physicians who prescribe biologics showed that NDC codes were **not used by physicians to identify in patient record (1%).**
- NDC codes are not routinely used in billing systems. Thus the identifier is missing in many circumstances where product-specific identification is important.
- Additionally, NDC code is fundamentally an attempt at **a LOCAL solution to what is essentially a GLOBAL problem.**

When you identify a medicine for prescription or recording in a patient record, are you more likely to identify the medicine by brand name, non-proprietary / generic name, or NDC number?



Distinguishable Naming: WHO Proposal

- The WHO has proposed adding **a unique, random 4-letter code called a Biological Qualifier (BQ) to the INN of all biologics, including biosimilars,** to differentiate them.
- Adherence to the BQ System is voluntary. A similar system is already in place in Japan. The U.S. FDA, Health Canada, and the Australian Therapeutic Goods Administration have all been supportive.
- **ASBM has participated in the the past 8 WHO's INN Consultations including last month's.**
- ASBM Director Michael Reilly will discuss in more detail ASBM's work with the WHO in developing this international naming standard.

World Health Organization

INN Working Doc. 14.302
Revised draft July 2014
Distr.: UNRESTRICTED
ENGLISH ONLY

Biological Qualifier
An INN Proposal

Programme on International Nonproprietary Names (INN)

Technologies Standards and Norms (TSN)
Regulation of Medicines and other Health Technologies (RHT)
Essential Medicines and Health Products (EMP)
World Health Organization, Geneva

Page 1 of 6

2015 U.S. Pharmacist Survey: Distinguishable Naming

23%
OPPOSE
FDA issuing distinguishable names

68%
SUPPORT
FDA issuing distinguishable names

8%
No Opinion

15%
PREFER RANDOM SUFFIX

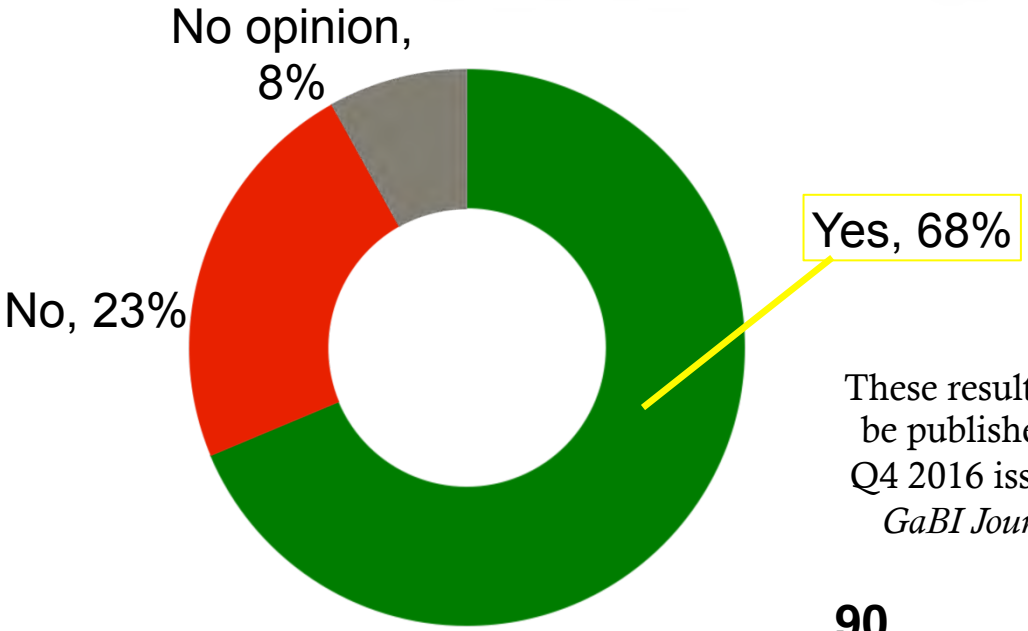
77%
PREFER MANUFACTURER-BASED SUFFIX

8%
No Opinion

ASBM Survey of 401 U.S. Pharmacists, September 2015

ASBM's 2015 Survey of U.S. Pharmacists Confirmed Strong Support for Distinct Names

Should the FDA Require Distinguishable Names for All Biologics, Including Biosimilars? (n= 401)



These results will be published in Q4 2016 issue of *GaBI Journal*


GaBIJournal
Generics and Biosimilars Initiative Journal

ORIGINAL RESEARCH

Naming and labelling of biologicals – the perspective of hospital and retail pharmacists

Professor Philip Schneider, PharmD; Michael S Reilly, Esq

Introduction: To date, the Food and Drug Administration (FDA) has offered only draft guidance on the naming of biosimilar medicines. The Alliance for Safe Biologic Medicines (ABSM) has asked pharmacists for their views on the labelling and naming of biosimilar medicines.

Study objectives: To determine the opinions of pharmacists about labelling and naming of biosimilars.

Methods: A total of 3,525 pharmacists in the US were invited to complete a survey on the naming and labelling of biologicals. Responses were received from 849 pharmacists, of which 401 completed the survey. Of the pharmacists who completed the survey, 60% worked in hospitals or the healthcare system, 40% worked in retail. Pharmacists were asked for their feedback on a recent FDA non-proprietary biologicals naming proposal. They were also asked what information they would like to see included in a biological product label in order to choose between multiple biosimilars and their reference products.

Results: Of the 401 pharmacists who completed the survey, 68% responded by them. A total of 77% of respondents thought that scientific name for every biological product – originator or biosimilar – approved by the FDA should require a distinct non-proprietary a manufacturer-specific suffix should be included in the name of each biological product. Respondents considered the following as very important for label inclusion: clinical data to support whether or not the product was a biosimilar and whether or not it was interchangeable was slightly less important. Noting that the drug was a biosimilar was considered the most important; whether or not similar and originator are interchangeable.

Conclusion: A total of 401 pharmacists (11.4% of all those invited) completed the survey. The respondents comprised 241 hospital pharmacists (60%) and 160 retail pharmacists (40%). Of these the majority of total respondents (68%) think that originator biological and biosimilars should have distinguishable non-proprietary scientific names and 77% think the name should include a unique, distinguishing suffix specific to the manufacturer for future product approval.

Keywords: ASBM, biologicals, biosimilars, labelling, naming, US FDA

Introduction

The market uptake of biosimilars in the US and worldwide will depend on regulatory policies [1], for which an agreed naming and labelling system will be important [2]. A survey of the views of European physicians on familiarity of biosimilar medicines demonstrated the need for distinguishable non-proprietary names to be given to all biologicals [3]. This has been supported by a number of discussions surrounding the development of clear regulation in this area [4-7], and a number of countries across the globe from Latin America [8, 9], Australia [10] and beyond; have called for specific nomenclature to be developed. The results of these surveys reinforce the value of a global naming policy for biologicals and the importance of the World Health Organization (WHO) moving forward with its biological

non-approved indications; data source; and whether or not it was interchangeable/substitutable.

FDA has proposed a new policy that would require every biological – whether originator or biosimilar – to have a distinct non-proprietary scientific name. Both pharmacists and prescribers concluded that FDA was right to require a distinct non-proprietary scientific name for every biological product – originator or biosimilar – that FDA had approved.

Methodology

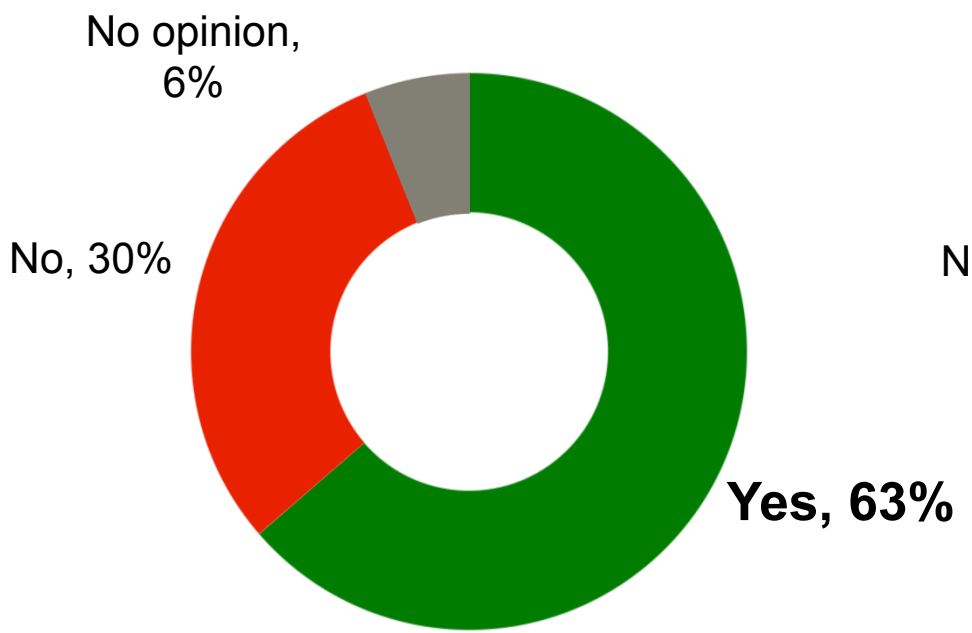
In 2015, the ASBM invited 3,525 pharmacists in the US to com plete a survey on the naming of biological medicines and bi similar labelling [15], including feedback on FDA draft guidan on non-proprietary biologicals naming [11]. A total of 849 pha macists replied (a response rate of 24%). Of these, 448 phar cists screened our predominately for their lack of knowle on biologicals or did not complete the survey. A total of pharmacists (11.4% of all those invited) completed the su ively termed 'respondents'. Pharmacists

These results will be published in Q4 2016 issue of *GaBI Journal*

ASBM U.S. Pharmacist Survey: Does a Shared INN Imply…

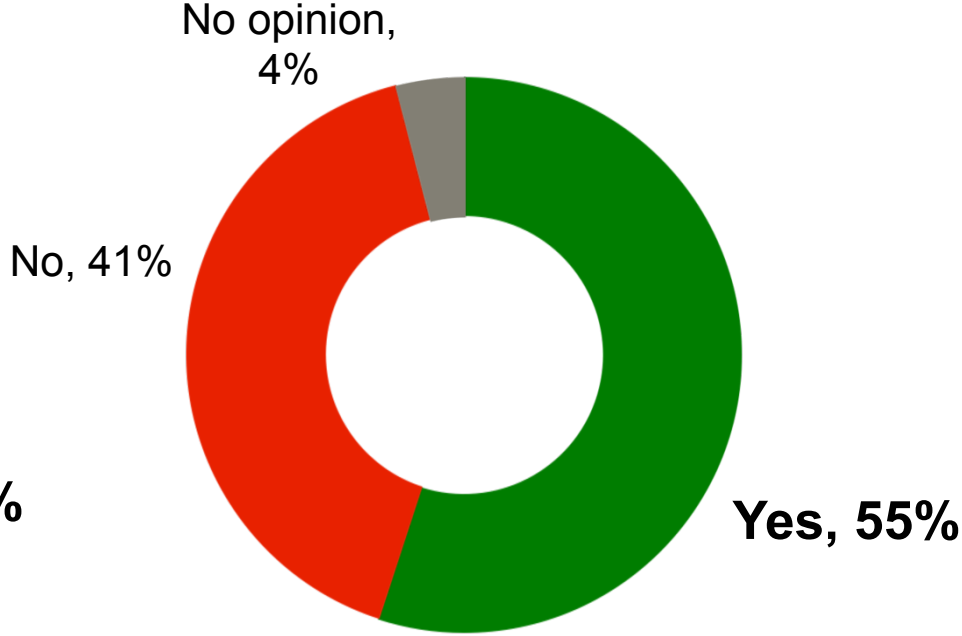
…Structural Identicality?

(this is not possible)



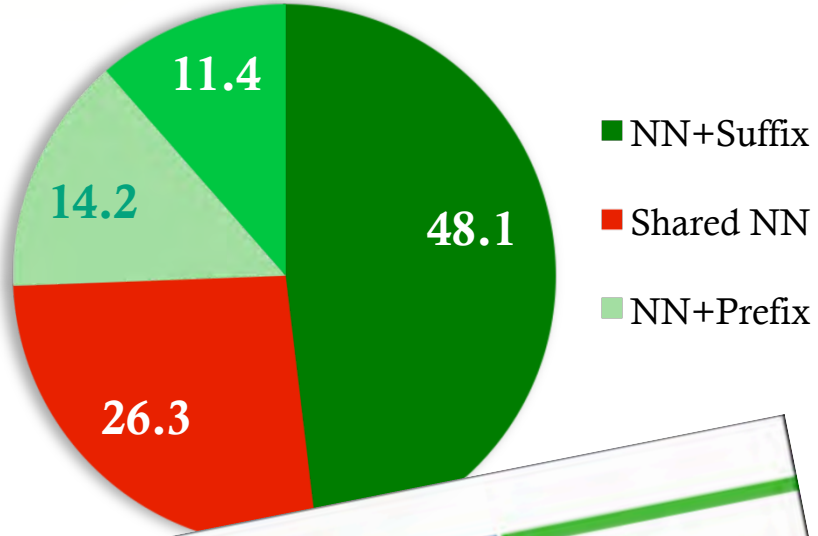
…Approval for the Same Indications?

(this may or may not be the case)



New Data Confirms ASBM's Results

- Published August 2016 in *Journal of Managed Care and Specialty Pharmacy, Vol. 22 (8). Author, Dr. Daniel Tomaszewski, will present later today.*
- Funded by Academy of Managed Care Pharmacy (AMCP); Surveyed 781 members of AMCP the and the Hematology/Oncology Pharmacy Association (HOPA)
- Again we see a disconnect between the professional organizations and the rank-and-file pharmacists… *While AMCP does not support distinct naming, their constituents do.*
- ***74% support distinct naming, 48% support distinguishing suffixes.***




RESEARCH

Biosimilar Naming Conventions: Pharmacist Perceptions and Impact on Confidence in Dispensing Biologics

Daniel Tomaszewski, PharmD, PhD

Findings from 2016 Educational Forums

ASBM has conducted many educational forums this year, including several at Colleges of Pharmacy in RI, NY, OH, PA, with more scheduled.

Informal polls are showing an increase in support for distinct names among pharmacists.

Newport, RI March 31st, 2016
Univ. of Rhode Island College of Pharmacy
97% in favor of distinct names, (n=150)

Preference: Meaningful vs. Random Suffixes

<u>Newport, RI March 31st</u>
<u>University or Rhode Island College of Pharmacy</u>
n=150
77% support meaningful suffixes, 21% random.

<u>Philadelphia, PA September 14th</u>
University of the Sciences, College of Pharmacy
n=50
One hand goes up in support of random suffixes.

Thank You
For Your Attention