September 6, 2024

Senator Mike Lee
363 Russell Senate Office Building
Washington, D.C. 20510

Cc: Senator Mike Braun
Senator Ben Ray Lujan
Senator Rand Paul
Senator J.D. Vance

Re: S.2305 - Biosimilar Red Tape Elimination Act, 118th Congress (OPPOSE)

Dear Senator Lee,

On behalf of the Alliance for Safe Biologic Medicines (ASBM), and as a former Associate Deputy Secretary under U.S. Department of Health and Human Services (HHS) Secretary Mike Leavitt, I write to strongly urge you to **reconsider your sponsorship of S.2305 – the Biosimilar Red Tape Elimination Act.** ASBM is an organization of patient advocates, physicians, pharmacists, and manufacturers of both originator and biosimilar products, working together since 2010 to promote the safe use of biosimilars as an important tool to control healthcare costs. We share your goals of achieving savings for the health system through the safe use of biosimilars. **However, it remains an indisputable scientific fact that while safe and effective, biosimilars are not generics and should not be substituted like generics (i.e., by third parties without physician involvement). We believe the FDA should continue to have the flexibility to require and consider data from switching studies when making a determination of interchangeability. Removing this authority would dangerously lower the interchangeable standard and risk undermining the confidence it has engendered among physicians.**

This is not merely our organization's opinion; it is the opinion of the U.S. physicians most familiar with the clinical use of biologic medicines and biosimilars. Since our letter of September 27, 2023 we have conducted a large-scale multi-specialty survey[1] of 270 U.S. physicians who prescribe biologic medicines. These specialists were drawn from nine practice areas: rheumatology, oncology, gastroenterology, immunology, dermatology, ophthalmology, neurology, endocrinology, and nephrology. The findings unequivocally confirm the importance to these practitioners of maintaining the FDA's current robust interchangeable biosimilar approval standard:

- 87% of physicians are more comfortable switching a patient from an originator biologic to a biosimilar if that medicine has been specifically evaluated for the impact of switching on safety and efficacy.

[1] https://safebiologics.org/wp-content/uploads/2024/09/ASBM-US-Physician-Survey-IC-Biosims.pdf

- 88% of respondents believe each interchangeable biosimilar should be individually evaluated specifically for the impact of switching on safety and efficacy.

- 85% of respondents agreed that only biosimilars that have been individually evaluated specifically for the impact of switching on safety and efficacy should be deemed interchangeable.

U.S. Physicians Overwhelmingly Oppose Key Provisions of S.2035

Most notably, while S.2305 would severely restrict the use of switching studies in FDA determinations of interchangeability, *U.S. physicians overwhelmingly find these studies highly valuable*[2]*:*

- **88% of respondents agreed that biosimilar switching studies increase their confidence in the safety of moving their patients from an originator medicine to the interchangeable biosimilar. Only 4% disagreed. 7% neither agreed nor disagreed.**

- **Similarly, while S.2305 would deem ALL biosimilars interchangeable (i.e. substitutable by a pharmacist in the manner of generics) only 11% of physicians believe that all biosimilars should be deemed interchangeable.**

Misinformation About Interchangeable Biosimilars is Undermining U.S. Biosimilar Policy

In our September 27, 2023 letter, we pointed out the common misconception underpinning efforts to deem all FDA-approved biosimilars interchangeable: that "all biosimilars are interchangeable in Europe." To recap:

- In the U.S., interchangeable means "substitutable by a pharmacist without prescriber involvement, in the manner of generics"). In Europe however, the EMA's use of the term "interchangeable" refers to **physician substitution** during prescribing, not generic-style automatic substitution at the pharmacy level. (Notably, this practice is extremely rare in Europe. In nearly every European country, physicians choose freely among many products including the originator and its biosimilars, all of which are reimbursed.)

- ***As in Europe, all U.S. biosimilars are substitutable by the prescribing physician.*** Additionally, to date the FDA has approved 13 interchangeables that may be substituted at the pharmacy level due to providing rigorous data; sometimes including switching studies.

Since our previous letter, we have published a whitepaper[3] reiterating this and addressing other misinformation and misconceptions about interchangeable biosimilars that are currently misleading the

[2] https://safebiologics.org/wp-content/uploads/2024/09/ASBM-US-Physician-Survey-IC-Biosims.pdf

[3] https://gabi-journal.net/misinformation-about-interchangeable-biosimilars-undermines-us-health-policy-physician-confidence-and-patient-health.html

public and undermining U.S. biosimilar policy. For example:

The Calls For Elimination Of Switching Studies And The Distinction Between Biosimilar And Interchangeable Products Are Not Supported By Data.

Many efforts to de-emphasize or eliminate the role of switching studies inappropriately rely upon the conclusions of a review and meta-analysis conducted by FDA (Herndon, et al)[4]. Proponents of lowering approval standards and/or deeming all biosimilars interchangeable (so they many be substitutable like generics by third parties such as insurers) **are misrepresenting the findings of this study to support their preferred policy.**

For example, the meta-analysis was inappropriately cited to support the assertion in FDA Draft Guidance[5] that 'the risk in terms of safety ***or diminished efficacy is insignificant following single or multiple switches*** between a reference product and a biosimilar product'. The meta-analysis **only examined safety and did not evaluate any efficacy impacts of switching.** Moreover, the substantial majority of the studies evaluated- 64%- were single-switch, leading to an inappropriate extrapolation of multi-switch safety based predominantly on single-switch studies.

Switching Studies Support Biosimilar Uptake in the U.S.

Physicians have repeatedly stated their increased confidence in biosimilars that underwent switching studies. According to a 2021 survey[6]:

- 89% of US prescribers are confident in the safety and efficacy of biosimilars.
- However, 58% of these prescribers oppose switching of a patient's biological medicine for non-medical (e.g. cost, coverage) reasons or without the consent of the prescribing physician (as S.2305 would permit).
- **69% of physicians consider it very important or critical that patients and physicians decide which biological product is the most suitable.**

This is because treatment plans are not one-size-fits-all. Patients often try many safe and effective medicines before finding one that works best for them. For this reason, physicians are reluctant to switch patients' medicine unnecessarily or inappropriately.

Interchangeable biosimilars effectively address these concerns by providing additional data to the FDA showing that safety and efficacy do not diminish if the interchangeable is substituted in place of the originator. Physicians were clear in their support of the current interchangeability standard:

[4] https://pubmed.ncbi.nlm.nih.gov/37788264/
[5] https://www.fda.gov/media/179456/download
[6] McKibbin RD, Reilly MS. US prescribers' attitudes and perceptions about biosimilars. Generics and Biosimilars Initiative Journal (GaBI Journal). 2022;11(3):96-103. doi:10.5639/gabij.2022.1103.016

- **57% are more likely to prescribe an interchangeable biosimilar; and**

- **59% of physicians feel more comfortable with pharmacy-level substitution of an interchangeable biosimilar.**

Biosimilar adoption in the U.S. is at least as robust in the U.S. as in Europe, and often more so. Looking at Europe for a baseline, we can see that biosimilar uptake there ranges between 20% and 80%, varying by country and product[7]. In the US, filgrastim, trastuzumab, and bevacizumab biosimilars have an uptake rate of more than 80%; Rituximab biosimilars more than 60%, and infliximab, pegfilgrastim, and erythropoietin-stimulating agent biosimilars have achieved 40% market share[8]. Adalimumab biosimilars, after a slow uptake in their first year, recently achieved 36% market share[9]. Given the faster rate of biosimilar adoption relative to Europe, if the robust data standards under the current US interchangeable standard have any net effect on biosimilar uptake rates, it would appear to be a positive rather than a negative one [10]

In summary, S. 2305 "The Biosimilar Red Tape Elimination Act" would inappropriately weaken without scientific justification or evidence the data standards for biosimilar interchangeability, which would risk undermining the data-driven confidence physicians have developed in interchangeable biosimilars. Furthermore, by deeming all biosimilars interchangeable upon approval, it would inappropriately open the floodgates to broad third-party substitution of all biosimilars in the manner of generics; something strongly opposed by U.S. physicians. Finally, the FDA's interchangeable biosimilar standard is working well. It has been instrumental in driving physician and patient confidence in biosimilars. It is critical that we do not undermine these successes.

We urge you to reconsider your sponsorship of this bill and to stand with patients, physicians, and manufacturers who are all invested in the responsible use of biosimilars.

Thank for the opportunity to voice our concerns on this critical matter.

Sincerely,

Michael S. Reilly

Michael S. Reilly, Esq.
Executive Director, Alliance for Safe Biologic Medicines

[7] Schneider PJ, Reilly MS. Policy recommendations for a sustainable biosimilars market: lessons from Europe Generics and Biosimilars Initiative Journal (GaBI Journal). 2020;9(2):76-83. doi:10.5639/gabij.2020.0902.013
8 Amgen Biosimilars. 2022 Biosimilar trends report [homepage on the Internet]. [cited 2024 May 9]. Available from: https://www.amgenbiosimilars.com/commitment/2022-Biosimilar-Trends-Report
9 Humira biosimilar scripts take off. Axios. 16 April 2024.
10 Caffrey M. Report biosimilar uptake accelerates in US and so do the savings. Am J Manag Care. 13 July 2022.

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[1] http://gabi-journal.net/us-prescribers-attitudes-and-perceptions-about-biosimilars.html
[2] https://www.gabionline.net/biosimilars/research/Sustainable-biosimilar-policies-in-Europe
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[4] https://www.amgenbiosimilars.com/commitment/2022-Biosimilar-Trends-Report