



**“Biosimilars:
European Biosimilar Legislation:
EuropaBio’s Perspective”**

George Washington University

Washington, 24 September 2007

Andrea Rappagliosi
Chair, EuropaBio HealthCare Council
VicePresident EuropaBio
Merck Serono International

EuropaBio cornerstones

- ▶ That **any product that patients are given – whether an original, a copy or similar – is safe and works** under the approved conditions of use defined in the labelling of the product concerned;
- ▶ That **patient safety should be paramount to any regulatory decisions** (no trade-off with economic considerations);
- ▶ That **science should drive** regulatory decisions and these should be taken **on a case-by-case basis evaluation**;
- ▶ A **well-defined regulatory framework** that can be built up based on experience and increasing scientific knowledge; and
- ▶ That **patients and their physicians will be informed in the case of a substitution** of an original product by a similar biological product to allow for appropriate post-marketing surveillance.

EU Legislation pillars

Following the expiry of the data protection period (EU 8+2+1):

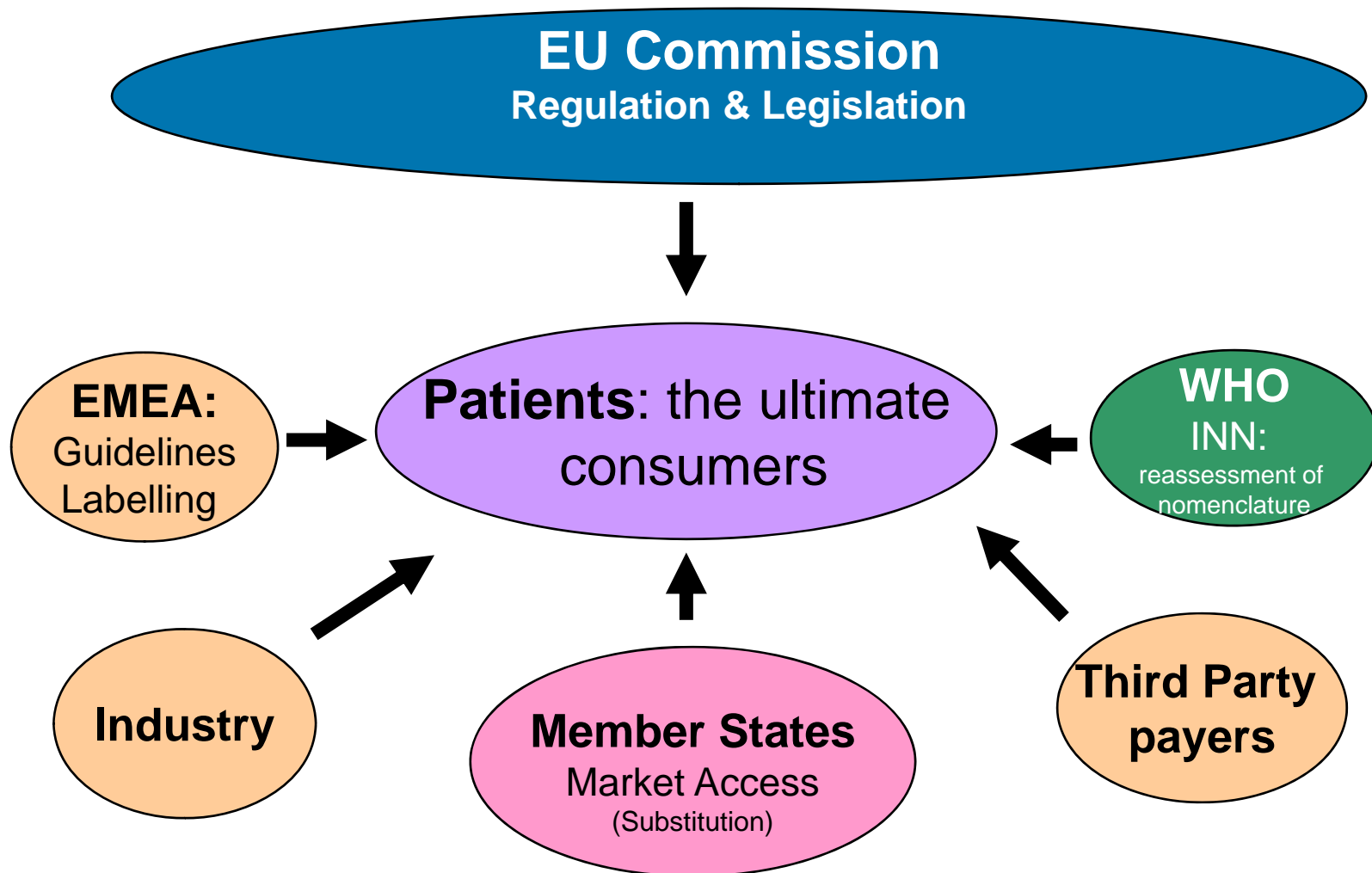
- ▶ The **results of appropriate pre-clinical tests or clinical trials must be provided**;
- ▶ The type and amount of additional data (*i.e.*, toxicological and other non-clinical and appropriate clinical data) shall be determined on a **case-by-case basis** in accordance with relevant scientific guidelines;
- ▶ The need for identified studies are required to take into account the **specific characteristic of each individual medicinal product**;
- ▶ The efficacy and safety of the medicinal product claimed to be similar has to be justified or, **demonstrated for at least 1 indication, and if necessary, for the other indications**;
- ▶ The **type and quantity of supplementary data** to be provided must comply with the relevant criteria stated in the Annex and the related **detailed guidelines**.



Dialogue: the basis for a science-driven process

- ▶ **Consultations at the level of the European Commission:**
Consultation on New Pharmaceutical Legislation **2003/ 2004**
- ▶ **Consultations at the level of the EMEA :**
EMEA / DIA Workshop on Biosimilars **Dec. '05**
EMEA Guidelines: Overarching, Quality, Non-Clinical & Clinical, Product-specific Annexes **March '06 & ongoing**
EMEA Q&A **Dec. '06-April '07**
- ▶ **Consultations at the level of the WHO:**
WHO Meeting on Naming & Labelling **July '06**
WHO Stakeholder Meeting **November '06**
WHO Stakeholder Meetings **2007 & ongoing**

A multi-stakeholder approach





Overarching principles of EU Legislation

- ▶ **Patient-centered**
- ▶ **Science-driven**
- ▶ **Based on open consultation**
- ▶ **Springboard to enhance competitiveness**

Four open issues need clarification to ensure patient safety in clinical practice

✓ **Legal and regulatory framework established and applied successfully**

Ensure appropriate introduction into clinical practice: prevent inappropriate substitution* and facilitate pharmacovigilance

Substitution

Label

Name

Pharmacovigilance

Automatic or generic substitution should not apply to biotech products, including biosimilars
Inappropriate substitution* should be prevented by law or through appropriate prescription rules

The label should be transparent and provide clear guidance for healthcare professionals and patients re interchangeability/substitutor

Naming convention should ensure clear identification
Recommend approach with common stem and unique qualifier for each biotech product

Pharmacovigilance systems should differentiate between originator and biosimilar products to enhance traceability

Issues apply not only to biosimilars, but to all biotech medicines

*Inappropriate substitution = the physician is not involved in the decision-making process

EMA on Automatic Substitution



London, 19 April 2007
Doc. Ref. EMEA/74562/2006

Questions and Answers on biosimilar medicines (similar biological medicinal products)

What is a biosimilar medicine?

A biosimilar medicine is a medicine which is similar to a biological medicine that has already been authorised (the 'biological reference medicine'). The active substance of a biosimilar medicine is similar to the one of the biological reference medicine. Biosimilar and biological reference medicines are used in general at the same dose to treat the same disease. Since biosimilar and biological reference medicines are similar but not identical, the decision to treat a patient with a reference or a biosimilar medicine should be taken following the opinion of a qualified healthcare professional.

The name, appearance and packaging of a biosimilar medicine differ to those of the biological reference medicine.

- Attached to individual Biosimilar Medicine's European Public Assessment Reports (EPARs)
- Sent to all Regulatory Agencies
- On the EMA website



EU legislation: moving forward

- ▶ Continue to **support EU regulatory framework** as a legal reference for the registration of biosimilars
- ▶ Continued advocacy for action to ensure **full adherence** to regulatory requirements
- ▶ Continued advocacy of **coherent legislation implementation** at Member State level
- ▶ Continued **input into the implementation** of EMEA Q&A and further Guidelines
- ▶ Continued **direct participation** in WHO review initiative on the nomenclature of biologicals, biotechnology products and biosimilars



Cornerstones to ensuring an optimal environment

- ▶ Need of a **predictable environment** → limit changes to Guidelines to evolution of science
- ▶ Ensure that **patients are fully aware of** the characteristics of the product that they are receiving
- ▶ Ensure a **transparent and adequate traceability, pharmacovigilance** and **data collection** for this new class of products
- ▶ Need of strict measures to avoid the circulation in EU of biosimilars which do not comply with current EU Legislation & Guidelines (**Substandards**)
- ▶ Maintain an **open dialogue** amongst Health Authorities, patients, scientists, clinicians and industry