



INTERNATIONAL GENERIC AND
BIOSIMILAR MEDICINES ASSOCIATION

IGBA Reflection on Regulatory System Strengthening for Biosimilar Medicines

The International Generic and Biosimilar medicines Association (IGBA) welcomes this opportunity to contribute to work of the National Academy of Sciences' Committee on Stronger Food and Drug Regulatory Systems Abroad. The IGBA represents the global generic and biosimilar medicines industry and appreciates the initiative of the NAS Committee to evaluate opportunities to strengthen global medical product regulatory systems.

Despite tremendous global progress in strengthening regulatory systems for medicines, discrepancies remain in development and implementation of frameworks regulating certain types of products. Substantial progress has been made in regulatory frameworks for chemical drugs, including widespread establishment of dedicated pathways for originator and generic versions of these drugs. Progress is less robust in developing and implementing regulatory frameworks for biologic medicines, particularly biosimilar medicines. The IGBA would like to take this opportunity to provide perspectives on elements of a successful regulatory system for biosimilar medicines.

Biologic medicines represent the gold standard in treatment for many conditions, including in the fields of oncology, rheumatology, endocrinology and others. Biosimilar medicines offer off-patent competitive alternatives to reference biologic medicines, in many cases expanding the availability of these important medicines and improving patient access to treatment. Biologic medicines, including biosimilar medicines, are complex products that require robust regulatory systems to successfully evaluate, approve and monitor these medicines; regulatory pathways for small-molecule chemical drugs are not appropriate for biologic, including biosimilar medicines.

There are several elements that work in concert to form a successful regulatory system for biosimilar medicines. IGBA positions towards these various elements are summarized below.

Biosimilarity / Comparability

Regulatory system approach to biosimilar evaluation and approval should be compliant with the WHO Similar Biotherapeutic Product (SBP) guideline and adhere to a 'totality of evidence' approach, which ensures adequate comparison of the candidate biosimilar to its reference product and consequently confirms product safety. Scientific principles for establishing biosimilarity are the same as those for demonstrating comparability, i.e. the same comparability standard used for regulating originator biologic manufacturing changes.

For further detail: [IGBA Education Module: Biosimilar medicines – a commitment to scientific excellence](#)

Global Comparator Product / Bridging Studies

Regulatory systems should recognize the concept of a Global Comparator Product, since in many cases there is effectively only a single comparator for a given substance approved using the same data globally. Recognition of the Global Comparator Product would allow for waiver of clinical bridging studies currently used to re-confirm that the local and foreign reference products match. To avoid unnecessary, and therefore unethical, clinical bridging studies, IGBA proposes that a bridge between the foreign and local reference products be established without any additional bridging studies as long as certain criteria are met.

About IGBA

The International Generic and Biosimilar medicines Association (IGBA) was founded to strengthen cooperation between associations representing manufacturers of generic and biosimilar medicines from around the world. The IGBA is at the forefront of preserving sustainable competition within our industry, by stimulating competitiveness and innovation in the pharmaceutical sector; thereby, ensuring millions of patients around the world have access to high quality, pro-competitive medicines. For more details, regarding IGBA and its member associations, see the IGBA website at: www.igbamedicines.org.

The biosimilar sponsor can establish that the local reference and foreign reference products are the same using public information already available for both and use this to minimize additional studies with the regulatory authority in the jurisdiction where the biosimilar application is made. Regulators have non-public sources of additional information that they may wish to use to confirm the veracity of the application, but this is not *a priori* necessary. No access to confidential information regarding the reference product is needed by the biosimilar sponsor. Nonetheless, where useful, the existing US FDA, European Commission DG Santé and EMA confidentiality commitment could serve as a template for confidentiality arrangements among regulatory agencies. Such commitments to confidentiality enable the limited exchange of confidential information related to approved products between regulatory authorities. This can further support convergence of regulatory practices for all medicines.

For further detail: [IGBA Reflection Paper on Waiving Bridging Studies for Biosimilar Medicines Applications](#)

Clinical Trials

Regulatory evaluation and approval should follow a ‘totality of evidence’ approach, with a solid foundation in analytical characterization and recognition that clinical trials are confirmatory. Regulatory system should support extrapolation of indications, which is a well-established regulatory and scientific principle, recognizing that confirmatory clinical trials are not needed for all indications. In some cases, confirmatory clinical trials may not be needed at all based on the certainty provided by analytical data. Regulatory systems should not impose localized clinical trial requirements.

For further detail: [IGBA Education Module: Biosimilar medicines – a commitment to scientific excellence](#)

Quality

All biologic medicines, including biosimilar medicines, should be held to the same high-quality standard by regulatory agencies.

For further detail: [IGBA Education Module: Biosimilar medicines – a commitment to scientific excellence](#)

Transparency

Regulatory agencies should systematically publish public assessment reports, following the harmonised template, developed by the International Pharmaceutical Regulators Programme (IPRP, former IPRF), called Public Assessment Summary Information for Biosimilar (PASIB). Several global geographies have adopted a transparent approach to publishing public assessment reports, such as the European Medicines Agency (EMA) European Public Assessment Report (EPAR) and the U.S. FDA Summary Basis of Approval (SBA).

For further detail: [IPRP PASIB Information](#)

All new regulations should be subject to a transparent, consultative process, including any regulations affecting the authorisation of biosimilar medicines determined through trade agreements.

For further detail: [IGBA Paper on Fostering International Trade in Generic and Biosimilar Medicines](#)

Naming / Identification

Biosimilar medicines should be identified by a unique brand name and using a shared International Non-Proprietary name (INN) with its respective reference product, or by a shared INN and market authorization holder name when brand names are not allowed or available. Unique, product-specific suffixes should not be used for biologic naming, including for biosimilar medicines, as there is no evidence that a suffix-based naming system provides greater assurance of patient safety and public health, and on the contrary introduces confusion and uncertainty. Investment in strong



pharmacovigilance systems is important for successful identification and traceability of all biologic medicines.

For further detail: [IGBA Position on Identification of Biological, including Biosimilar Medicines](#)

Labelling

Biosimilar labelling should mirror the reference biologic medicine label, in line with the ‘same-label’ approach practiced in Europe and the U.S. Additional data related to the biosimilar application is not useful in the biosimilar label, as the purpose of analytical and clinical data generated for a biosimilar application are to confirm biosimilarity with the reference product, not to generate ‘new’ data relevant for stakeholders. So-called ‘hybrid’ labels requiring addition of clinical data specific to the biosimilar application undermine the scientific concept of biosimilarity. As the U.S. FDA articulates in its Guidance on Labeling for Biosimilar Products, “[because] clinical studies conducted to support a demonstration of biosimilarity generally are not designed to support an independent demonstration of safety or effectiveness, such studies may be misinterpreted in the context of drug labelling...[and] should not be included in biosimilar product labelling.” IGBA supports international convergence on labelling along these lines.

For further detail: [IGBA Submission to U.S. FDA Draft Guidance on Labelling for Biosimilar Products](#) ; [U.S. FDA Guidance on Labeling for Biosimilar Products](#)

“Authorized Biologics”

IGBA recognizes that various global geographies have pathways allowing originator biologic manufacturers to register alternative copies of their own reference biologic product. Depending on geography, these products are referred to as ‘duplicates,’ ‘clones,’ ‘own biosimilars’ or ‘authorized biologics.’ IGBA believes that this practice can undermine biosimilar competition and should be discouraged. If an originator manufacturer chooses to file for authorization of an alternative copy or biosimilar referencing its own originator product, it cannot make any claims of superior quality, safety, efficacy/effectiveness or ‘sameness’ as compared to biosimilar medicines approved for the same reference product.

Product Exchange

Product exchange, or transition between reference biologic and biosimilar medicine, or between biosimilar medicines of the same reference biologic, is safe when conducted under the supervision of the prescribing healthcare provider. Only patients responding as expected and stable on treatment should transition between reference biologic and biosimilar, or between biosimilars of the same reference biologic.

For further detail: [IGBA Education Module: Building on the experience and success of biosimilar medicines](#)

Education

Regulatory agencies play an important role in education about biologic medicines, including biosimilar medicines. Education is preferably accomplished through multi-stakeholder initiatives that promote engagement and buy-in from various healthcare stakeholders. The European Medicines Agency and European Commission collaborative work to develop patient and healthcare provider education materials through a multi-stakeholder process and the Australian Department of Health initiative on biosimilar education are examples of this type of initiative.

For further detail: [EMA News Improving understanding of biosimilars in the EU](#) ; [Australia Department of Health Biosimilar Awareness Initiative](#)