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# The European Biosimilar Quality Experience

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## Disclosures

- speakers' fee for lectures for various pharmaceutical companies
- honoraria for (non-product specific) advisory board meetings for various pharmaceutical companies

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## Learning Objectives

- Gain detailed insight in the **concept of biosimilarity**
- Gain insight in the **challenges** of the evaluation and approval process of a biosimilar
- Acquire knowledge on the **current European experience** with respect to the quality evaluation of biosimilars

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## Biological medicinal product

A well-defined **biological** product prepared by the **use of living systems**, such as organisms, tissue cultures or cells.

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## Molecular basis of heterogeneity

- Glycosylation
- Phosphorylation
- Sulfation
- Methylation
- N-acylation
- S-Nitrosylation
- ....
- Cell type and culture conditions
- Deamidation (e.g. Asn to Asp)
- Racemization (L to D)
- Oxidation ( Met, Tyr, His, Trp)
- Disulfide exchange
- .....
- External conditions (pH, additives, temperature....)

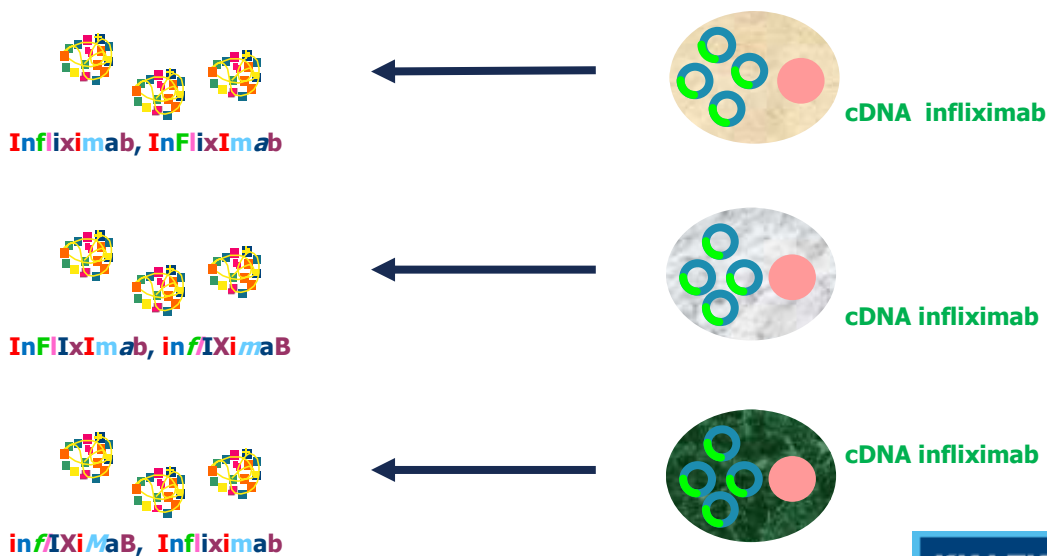
> 10<sup>8</sup> variants

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## The process determines the product



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## Guidelines

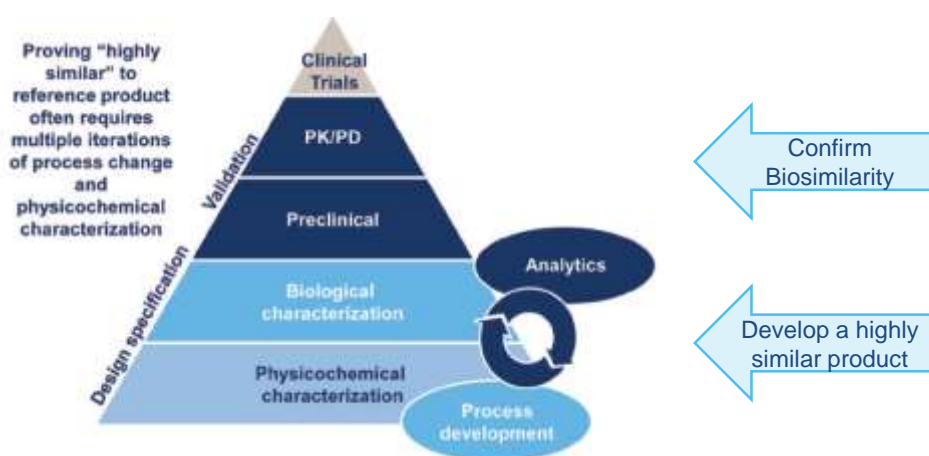
- Biosimilars (EMA, 2006)
- Similar biotherapeutic products (WHO, 2010)
- Biosimilars (Australia, Canada, Japan, Korea, ...; FDA 2015)
- Quality, safety and efficacy
- Extensive comparison with authorised reference product

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## Concept of biosimilar development



McCamish. MAbs. 2011;3(2):209-17

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## Registration requirements (Biosimilar)

Quality	Nonclinical	Clinical
<ul style="list-style-type: none"> <li>Drug substance               <ul style="list-style-type: none"> <li>Manufacture</li> <li>Characterisation</li> <li>Control</li> <li>Reference standard</li> <li>Container</li> <li>Stability</li> </ul> </li> <li>Drug product               <ul style="list-style-type: none"> <li>Description</li> <li>Development</li> <li>Manufacture</li> <li>Control</li> <li>Reference standard</li> <li>Container</li> <li>Stability</li> </ul> </li> <li>Comparability data               <ul style="list-style-type: none"> <li>Analytical comparison with reference product</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Pharmacology               <ul style="list-style-type: none"> <li>Primary pharm.</li> <li>Secondary pharm.</li> <li>Safety pharm.</li> <li>Interactions</li> </ul> </li> <li>Pharmacokinetics               <ul style="list-style-type: none"> <li>ADME</li> <li>Interactions</li> </ul> </li> <li>Toxicology               <ul style="list-style-type: none"> <li>Single dose</li> <li>Repeat dose</li> <li>Genotoxicity</li> <li>Carcinogenicity</li> <li>Reproduction</li> <li>Local tolerance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Pharmacology</li> <li>Pharmacokinetics               <ul style="list-style-type: none"> <li>Single dose</li> <li>Repeat dose</li> <li>Special populations</li> </ul> </li> <li>Efficacy and safety               <ul style="list-style-type: none"> <li>Dose finding</li> <li>Schedule finding</li> <li>Pivotal                   <ul style="list-style-type: none"> <li>Indication 1</li> <li>Indication 2</li> <li>Indication 3</li> <li>Indication 4</li> </ul> </li> </ul> </li> <li>Post-marketing studies               <ul style="list-style-type: none"> <li>Safety in larger population</li> <li>Efficacy in other indications</li> <li>Immunogenicity</li> </ul> </li> </ul>

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## Registration of biosimilars (Europe)

- 2 **refused** by the EU commission:
  - Interferon alpha-2a* (2006)
  - Insulin human* (2015)
- 9 **withdrawn** during evaluation procedure:
  - Insulin* (2008)
    - Insulin Rapid
    - Insulin Long
    - Insulin 30/70 Mix
  - Insulin* (2012)
    - Solumarv
    - Isomarv medium
    - Combimarv
  - "2" *Pegfilgrastim* (2016)
  - Pegfilgrastim* (2017)

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## Why refused?

### Solumarv (human insulin)

- Insufficient details on manufacturing **process**
- Insufficiently demonstrated whether **clinical** study batches are representative for market batches
- Insufficiently shown that **quality** of proposed biosimilar is comparable to the reference product

From European Public Assessment Report Solumarv®

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## Why refused?

### Pegfilgrastim (RGB-02)

- Study results had **not shown** that RGB-02 was handled by the body in the same way as the reference medicine (EMA/822769/2016)

### Pegfilgrastim (LA-EP2006)

- Study results were **not able to show** that the concentrations of pegfilgrastim in blood were the same after taking LA-EP2006 and reference medicine (EMA/47326/2017)
- **Lack of a certificate** of Good Manufacturing Practice (GMP) for the medicine's manufacturing site (EMA/47326/2017)

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## Registration of biosimilars (Europe)

- 31 **approved** in Europa (02/2017)

- 2 *Human growth hormone* (2006)
- 3 *Epoietin alfa* (2007)
- 2 *Epoietin zeta* (2007)
- 4 *Filgrastim* (2008)
- 2 *Filgrastim* (2009)
- 1 *Filgrastim* (2010)
- 2 *Infliximab* (2013)
- 1 *Filgrastim* (2013)
- 1 *Follitropin alfa* (2013)
- 1 *Follitropin alfa* (2014)
- 2 *Insulin glargine* (2014, 2016)
- 1 *Filgrastim* (2014)
- 1 *Etanercept* (2016)
- 1 *Infliximab* (2016)
- 2 *Enoxaparin* (2016)
- 2 *Teriparatide* (2016)
- 1 *Rituximab* (2017)
- 2 *Adalimumab* (2017)
- 1 *Pegfilgrastim* (2015) (“bio-identical”)
- 1 *Etanercept* (2017) (“bio-identical”)

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## Registration of biosimilars (Europe)

- 14 **under review** (02/2017)
- 1 *Etanercept*
- 2 *Rituximab*
- 2 *Pegfilgrastim*
- 2 *Adalimumab*
- 1 *Insulin glargine*
- 3 *Trastuzumab*
- 1 *Insulin Lispro*
- 2 *Bevacizumab*

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## Physicochemical Comparability Tests: Analytics Set the Foundation (AS, DP, RMP)

Test Method	Compares...	Test Method	Compares...
Amino acid analysis	Amino acid composition	SEC-HPLC	<b>Purity/Impurity</b> Aggregate content and monomeric purity
Peptide mapping (LC-MS) in combination with MS/MS	Peptide coverage and chemical modifications	CE-SDS (reduced/nonreduced)	Electrophoretic mobility and purity under nonreducing and reducing conditions
Peptide mapping (HPLC)	Tryptic peptide map by visual inspection	<b>Charged Isoforms</b>	
N-terminal sequencing	N-terminal sequences	IEF	Isoelectric point(s)
C-terminal sequencing	C-terminal sequences	IEC-HPLC	Charge variant distribution
Reduced mass	Molecular weights by mass spectrometry	<b>Glycosylation</b>	
Disulfide bonds	Disulfide bonds location	Sialic acid analysis	Sialic acid content
Free thiol analysis	Amount of free sulfhydryl groups	Monosaccharide analysis	Neutral and amino sugar composition
FTIR	Secondary structures	Oligosaccharide profiling	Glycosylation pattern (eg, G0F, G1F, G2F)
CD	Secondary structure	N-linked glycan analysis	Oligosaccharide structures, attachment sites, and distribution
DSC	Thermal stability; also determines thermal transition temperatures	<b>Content</b>	
		UV <sub>280</sub>	Protein concentration
		ELISA	API content

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## How similar are biosimilars ?

### Biosimilar ESA (\*)

- “**Differences** were observed at the **glycosylation level**”
- “Phosphorylated high mannose type structures were detected at **higher levels** than in Reference ESA”
- “**Lower values** on N-glycolyl-neuramic acid and diacetylated neuramic acids as compared to Reference ESA”
- “Peptide map showed differences ... in O-linked glycan due to a **higher sialylation** and **lower content** of the **oxidized variant**”

### Biosimilar hGH (\*)

- “The results of this study ... demonstrate that Biosimilar rhGH produced at full scale is **comparable** to Reference Product”
- “The **impurity profile** of Biosimilar hGH shares some similarity with Reference hGH; however the profiles are **not identical**”
- “ ... impurities, ... , are present in the Biosimilar hGH batches and are not in any Reference hGH batches”
- “Additionally, there appears to be a **higher level of deamidated variants** in the Biosimilar hGH samples”

### Biosimilar IFX (\*)

- “..... all major physicochemical characteristics and biological activities of biosimilar IFX were **comparable** to those of the reference product”
- “.....**difference** in the amount of **afucosylated** infliximab, translating into a **lower binding** affinity towards FcγR11a receptors and a **lower ex vivo** antibody-dependent cellular cytotoxicity (ADCC) activity....”
- “... **less intact IgG** .... , mainly due to a higher proportion of non-assembled form. .... unlikely to impact its biological activity”
- “a **higher level of C-terminal lysine** variability”
- “...slightly **higher level of aggregates** ...”

Biosimilars are Similar, not identical

⊞ Based upon European Public Assessment Report on respective biosimilars.

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## How similar are biosimilars ?

### Immunological events

#### SB2 versus Infliximab reference

- Higher incidence of ADA formation in patients (47 % vs. 38 % at day 71)
- Impact of ADA on efficacy is not clear (CHMP: Divergent opinion 14/36 negative)
- Data from studies in presence of MTX → extrapolation of immunogenicity to other indications?

From European Public Assessment Report Flixabi®

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## How similar are biosimilars ?

### Immunological events

#### SB4 versus Etanercept reference

- Significantly lower incidence of ADA formation in patients (overall 1 % vs. 13 %)
- Impact of assay methodology –low drug tolerance: data affected by trough levels, the latter were different at wk 4/8, thus reanalysis after excluding ADA data at wk 4/8
- Reanalysis excluding wk 4 and 8: 0.3 vs. 0.7%
- “.... it is *premature* to conclude that SB4 is less immunogenic than reference ....”

From European Public Assessment Report Benepali®

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# How similar are biosimilars ?

Physicochemical / Immunological events

## XM17 versus FSH reference

- *Quality evaluation*: more non-human sialic acid (Neu5Gc) in XM17
- "...The absolute quantity of Neu5Gc in Ovaleap is negligible compared to the dietary intake of this non-human sialic acid..."

From European Public Assessment Report Ovaleap®

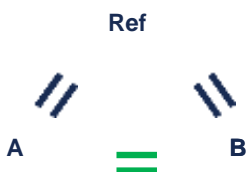
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## Chemical drugs

generic A and B



## Biological drugs

Biosimilar A and B



***Biosimilarity does not automatically imply Interchangeability***

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## Conclusions

- The concept for biosimilar development is **well-defined**
- The process for approval is **rigorous**
- Pharmaceutical **quality** of approved biosimilar is guaranteed
- **Differences** in quality attributes are always present
- Major **challenges** include the identification of the potential clinical relevance of differences in quality attributes and non-clinical properties

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## Conclusions

- **Residual uncertainties** (scientifically or statistically) have so far always been deemed to have no impact on safety and efficacy
- EPARs contain some but **limited information** to judge the final outcome of the approval process
- EPARs contain **heterogenous information** not consistent between different biosimilars for the same reference product

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