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LETTER TO THE EDITOR

Letter to the editor: switching to biosimilars in ophthalmology: promise, pitfalls, and the path forward

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Dear Editor,

We read with great interest the paper entitled 'Switching to biosimilars in ophthalmology: promise, pitfalls, and the path forward' by Sharma and Kupperman [1]. The authors reported promises of biosimilar drugs, the challenges in implementation and the path to achieving safe and widespread acceptance. In the paper, remarkable hurdles, encountered in the decision-making process for switching to biosimilar drugs, were mentioned.

One such hurdle is interchangeability. The term interchangeability is defined as 'the possibility of replacing one drug with another that is expected to have the same clinical effect.' by the European Commission [2]. When it comes to biosimilar drugs, the term 'interchangeability' can be a source of confusion.

This regulatory designation exists in Turkey for lots of medications. This leads to the perception that biosimilars, which do not have interchangeability status, are of lower quality. For instance, there are several biosimilars for the biologic medicine bevacizumab (Avastin) like Mvasi, Zirabev and Avzivi etc.

While economic considerations primarily drive the development of biosimilar drugs, their therapeutic use should be based on scientific principles. Interchangeability should be accepted as a scientific concept. A scientific understanding can build trust among physicians prescribing biosimilar drugs to patients who have never used them before, making them feel more comfortable with the transition and further enhancing the positive effects of biosimilar drugs.

On the other hand, FDA's official statements support the idea that biosimilar drugs are safe and effective when directly compared to reference biological drugs. Maybe, local health authorities should either remove the interchangeability status or recognize all biosimilar drugs as interchangeable and allow pharmacists to substitute biosimilar drugs.

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