

Next-Generation Therapeutics In India: Bridging Innovation And Accessibility Through Biosimilars In The Precision Medicine Era



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Abstract

Biosimilars are an important milestone in the health care industry, particularly in the era of precision medicine, as they offer cost-effective alternatives to the complex and expensive originator biologics. Biologics are medications with active ingredients that are derived from biological molecules (such as proteins), and therefore, due to its high target specificity and biological compatibility. Biologics have had a major impact on the treatment of many diseases such as cancer, autoimmune diseases and genetic disorders. However, their high development and manufacturing costs tends to limit the access to these drugs, and can easily cost tens of thousands of dollars per patient per year. Biosimilars, which are developed to be similar in quality, safety and effectiveness

to reference biologic. India, in particular, has been positioned to be a giant in the global market of biosimilar products by leveraging its own strong pharmaceutical industry to enhance access to healthcare services with these technologies. This overview will explore the intricate biosimilar landscape in India, its regulatory and market aspects, as well as the role of biosimilars in innovation and accessibility in the era of precision medicine.

Keywords: Biosimilars, Precision medicine, Next-generation therapeutics

1. Introduction

Biologics, also known as biopharmaceutical products, have a history of clinical application, dating back more than 30 years, and offer considerable therapeutic advantages to degenerative and critical metabolic disorders (1). These advanced therapies accounted for nearly one-quarter of global drug spending in 2015, a fraction expected to grow further, especially for conditions like cancer, diabetes, and immune disorders (2). Biologics are successful due to their ability to be complex in terms of structure, which allows high levels of target specificity and biological compatibility (3). However, the high cost associated with their development, manufacturing, and procurement limits patient access, particularly in developing nations (4). Biosimilars have proven to be an important solution to these accessibility problems. They are biologic drugs, which are very similar to reference biologics, providing low-cost substitutes when the patents of originator drugs are out of date (5, 6, 7). The concept of precision medicine, which tailors medical treatment to individual patient characteristics, is increasingly integrating these advanced biological therapies. Such integration is especially required in India, where there is a large disparity in the provision of medical services and inequality in the spread of health benefits (8). This review aims to comprehensively analyze the role of biosimilars in bridging innovation and accessibility in India within the precision medicine era.

2. Biologics vs Biosimilars

Biologics are complex biological products derived from living organisms, including hormones, vaccines, monoclonal antibodies, and antibody-drug conjugates (8, 9). They differ in size, structure, and sensitivity to manufacturing conditions compared to chemically synthesized small-molecule drugs, which have a large molecular size, complexity, and sensitivity to their production processes (Figure 1) (9, 10). Such complexity implies that even minor changes in the manufacturing conditions can cause changes in the pattern of glycosylation, folding, and other post-translational

modifications of the final product, which may affect their immunogenicity, efficacy, and safety (4, 10).

Biosimilars are biological products highly resembling a prior approved reference biologic and have no clinically meaningful differences in regard to quality features, biological activity, safety, or efficacy (5, 11, 12). They are not the same as their reference products but are similar but not the same (9). This is their essential difference with generic drugs, which are the same chemical copies of small-molecule drugs and which normally only need bioequivalence studies to be approved (7, 10). The biosimilar approval routes necessitate deep analytical characterization, *in-vitro*, functional assessments, and comparative clinical testing to show biosimilarity, alternatively known as a totality of evidence strategy (Table 1) (5, 6).

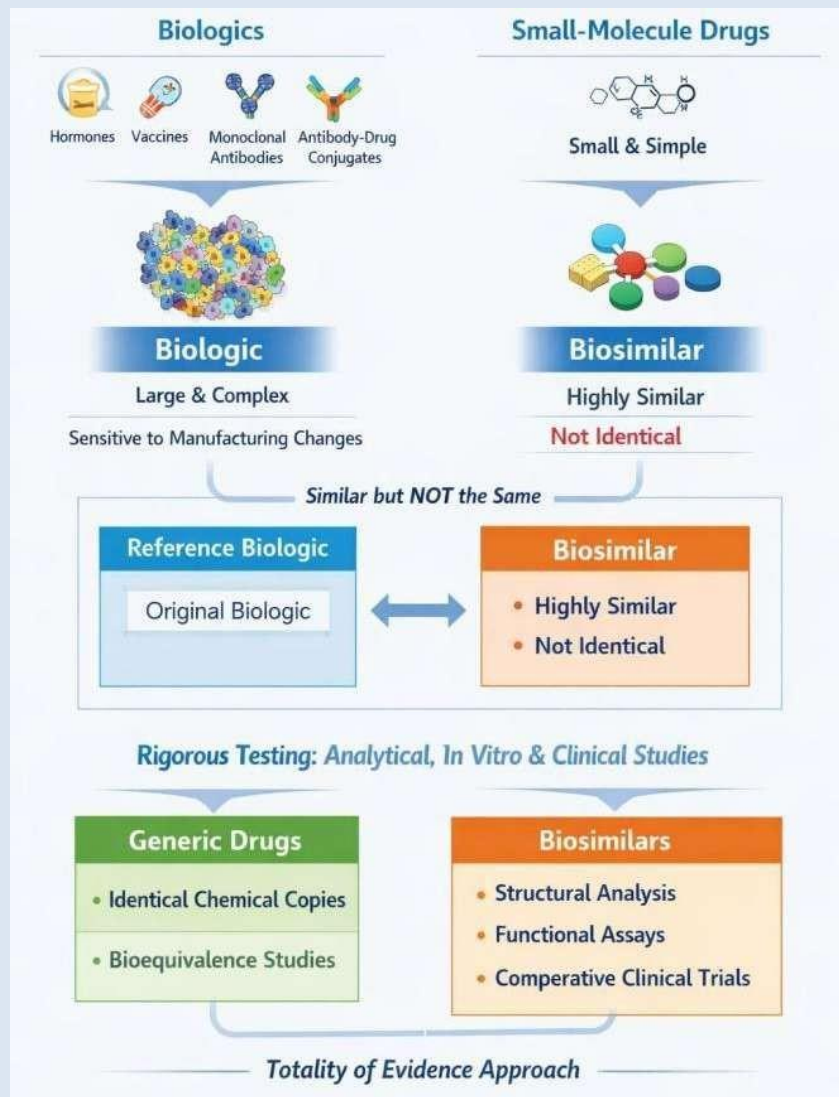


Figure 1. Biologics Vs Small molecule drug

Table 1. Comparative overview of generics, biosimilars, and reference biologics (3, 4)

S. No.	Feature	Generics (Small Molecule)	Biosimilars (Biologic)	Reference Biologics
1	Nature	Chemically synthesized, simple structure	Biologically derived, complex structure	Biologically derived, complex structure
2	Similarity	Identical copy to originator	Highly similar, but not identical	Original, innovator product
3	Manufacturing	Straightforward chemical synthesis	Complex biological processes	Complex biological processes
4	Approval pathway	Bioequivalence studies	Totality of evidence (analytical, functional, clinical)	Full clinical development (novel drug approval)
5	Cost	Significantly lower than originator	Lower than reference biologic, higher than generics	Very high due to R&D and manufacturing
6	Interchangeability	Generally interchangeable with originator	Interchangeability requires specific regulatory designation	Nil

3. Precision Medicine and Next-Generation Therapeutics

Precision medicine is proposed to tailor medical therapy according to the individual differences in genes, environment, and lifestyle (6). Biologics are central to this paradigm because they are very specific in their mechanism of action, which makes it possible to conduct a targeted therapy that engages specific disease pathways or cell targets (3). Indicatively, monoclonal antibodies may be engineered to block certain growth factor receptors in cancer or quench inflammatory cytokines in autoimmune diseases, resulting in better and less toxic therapies against certain patient groups (Figure 2) (6, 9).

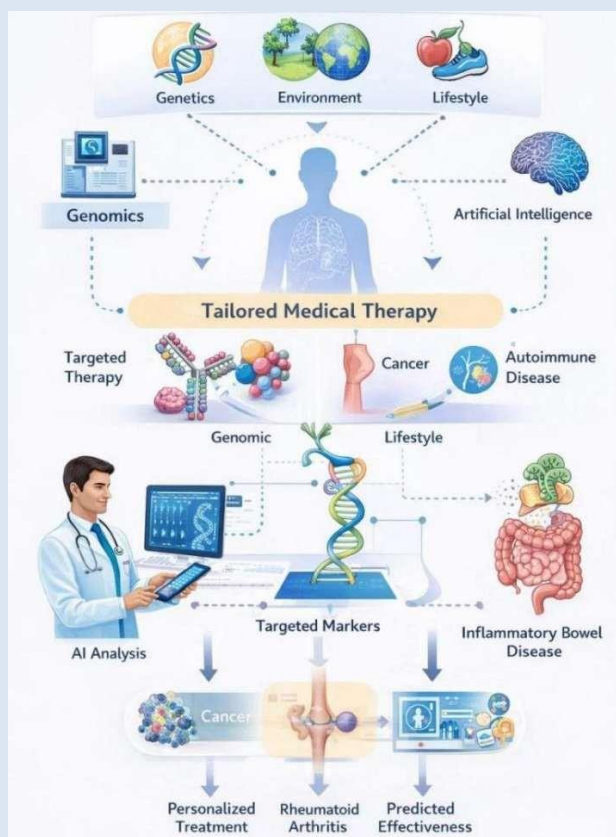


Figure 2. Precision Medicine & Next Generation Therapeutics

The convergence of genomics and artificial intelligence (AI) is also contributing to the accuracy of the approach to precision medicine further (13). Genomic information can also be used to determine genetic markers of susceptibility to disease, disease progression, and response to particular biologics which can be used by clinicians to decide the most appropriate treatment to be used on a particular patient (14). Artificial intelligence algorithms have the potential to process large volumes of patient data, such as genetic data, clinical outcomes, and imaging data, and extract patterns, predicting the effectiveness of treatment and thus personalizing therapy (13). This is especially important in treating chronic and complex conditions, including different types of cancer, rheumatoid arthritis, and inflammatory bowel diseases, in which patient responses to traditional therapies may be highly variable (6, 15).

4. Indian Biosimilar Landscape

India has established itself as a leader in the biosimilar industry, showing impressive growth in its development, production, and distribution of these complex biologics (12, 16). The pharmaceutical industry of India, which is already a large producer of generic drugs and vaccines around the world, has used their strong manufacturing capacities to

play a major role in the biosimilar market (16). India has the unique distinction of having the biggest number of approved biosimilars globally (12). Major Indian corporations, including Biocon and Dr. Reddy's Laboratories, have led this growth, making investments in process innovation to strengthen their competitiveness (17). An example is Biocon, which has managed to commercially produce biosimilar trastuzumab, which has greatly enhanced access to treatment by the patients of HER2+ breast cancer in India (18). Likewise, in 2015, India became the first country in the world to license a ranibizumab biosimilar, Razumab (Intas Pharmaceuticals Limited), long before the expiration of the patent on the innovator product in key Western markets (29). It has proactively caused an influx of new drug filings and biosimilar ranibizumab approval in India in particular, to the point that the country already has the highest number of approved ranibizumab biosimilars in the country (29). Three of these market trends show that there is a robust domestic potential in the development and production of biosimilars in India with an aim of overcoming the high cost and accessibility challenges related to the use of the originator biologics, thus contributing to the growth of healthcare accessibility in India (Figure 3) (8, 12).



Figure 3. Indian Biosimilar Landscape

5. Regulatory Framework

A regulatory control on biosimilars exists in India that is largely controlled by the Department of and Central Drugs Standard Control Organization (CDSCO) (20, 21). All these organizations have worked together to create an extensive regulatory framework that incorporates the guidelines on similar biologics, which were introduced on August 15, 2012 (20). According to such guidelines, manufacturers must demonstrate similarity to an approved reference biologic in India or one licensed and marketed for at least four years in a regulated market (20). The approval process in India relies on rigorous test requirements such as the analytical characterization, functional assays, non-clinical studies, and comparative clinical trials to establish biosimilarity in terms of quality, safety, and efficacy (21). A comparative study of the regulatory system of India and those of the US Food and Drug Administration (FDA) and the European Medicines Agency (EMA) shows some similarities and differences. Each of the three regulatory bodies uses a totality of evidence approach and would need extensive data packages to prove the existence of biosimilarity (11, 22). There are, however, some major differences. The regulatory environment in India has some of the most restrictive provisions like compulsory local trials, which may be a major impediment to market entry (22). Also, interchangeability guidelines and pricing controls differ as compared to the US FDA and EMA (24). Although the international trend is to harmonize regulation to enable the development and approval process of biosimilars, especially in vaccines and immunotherapeutics, existing differences among countries pose problems to developers (Figure 4) (23).



Figure 4. Regulatory framework for Biosimilars

6. Biosimilar Adoption challenges

Although the benefits are markedly evident, the mass adoption of biosimilars is associated with a number of serious challenges. One of the major concerns is regulatory challenges. The international market entry and acceptance of biosimilars is complicated by divergent approval pathways and different needs of various countries (23). For instance, India's requirement for mandatory local clinical trials can add to the time and cost of development (22). The other significant impediment is the complexity of manufacturing. Biologics and biosimilars are big, complex molecular structures generated in biological systems, which complicates their production processes and renders them complex and delicate to manufacture (4, 17). This involves highly skilled biotechnological applications, high-quality control, and intense investment, which adds to the long development cycles and high expenses (17, 24). Developing a biosimilar in India, for example, can demand an investment of approximately 65-70 million USD and nearly a decade from inception to post-market studies (24).

Biological products have immunogenicity issues that are imperative. Biologics consisting of proteins are capable of eliciting an immune response and lead to the production of anti-drug antibodies (ADAs) (4). These ADAs can reduce the effectiveness of medications, slow the rate of clearance, or cause adverse events (4). Evidence that a biosimilar has no clinically significant differences in immunogenicity from its reference product is a difficult but a critical part of the approval process (Figure 5) (4).

Physician and patient awareness and perceptions also significantly influence adoption rates (25, 26). Concerns regarding the efficacy, safety, and reliability of biosimilar data, even when robust evidence supports their similarity to originator biologics, can limit their acceptance in clinical practice (26, 27). Studies in India show that while clinicians generally agree on the importance of biosimilars for increasing access and reducing costs, concerns about efficacy and safety persist (26). These perceptions need to be addressed through effective educational programs and open communication strategies to promote trust (25). Lastly, stringent pharmacovigilance and post-marketing surveillance are essential to constantly check the safety and effectiveness of biosimilars in real-world conditions in the long term (4).

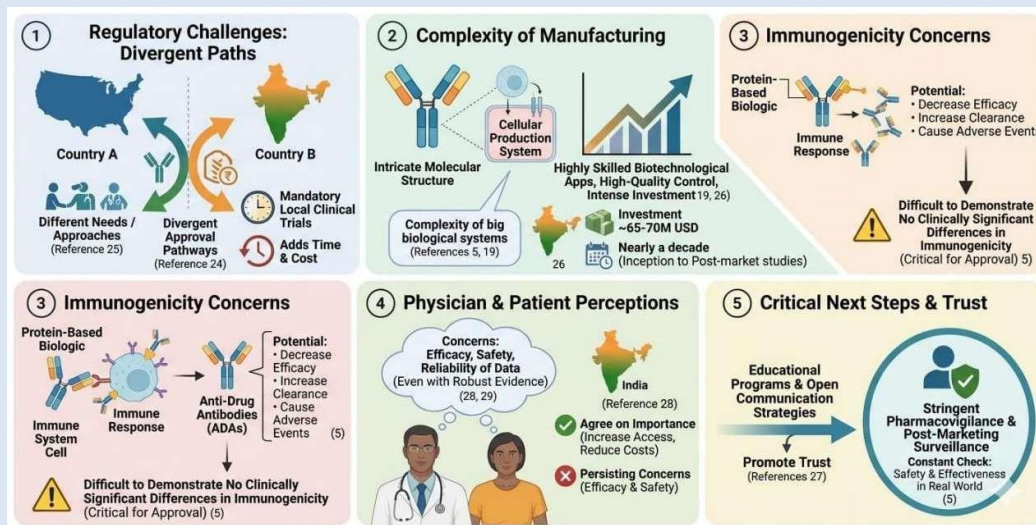


Figure 5. Overcoming Critical Challenges in Biosimilar Adoption

7. Economic and Healthcare Impact

Biosimilars are promising a significant saving opportunity, which is the most important factor to relieve the financial stress on health systems and increase access to more advanced treatment options among patients (6, 29). The prohibitive price of originator biologics has traditionally posed a strong obstacle to care, especially in resource-limited environments (14). Biosimilars create a competitive force in the market and are usually associated with a decline in price (6). These cuts may be less significant (approximately 20 percent to 40 percent) than the 70 percent to 90 percent of big-molecule generics, but the savings that biologics will create will still be enormous owing to their high initial price (29). The enhanced patient access that biosimilars provide can be translated into earlier and more regular treatment of various chronic and life-threatening illnesses, including cancer, diabetes, rheumatoid arthritis, and other immune-related diseases (6, 15, 28). This increased access may result in improved health outcomes, quality of life, and decreased disease progression (6). Biosimilars play a crucial role in India in filling the current disparity in medical services provision and enhancing more equal health provisions to the populace (8). Biosimilars can be crucial in the transition to universal healthcare objectives and in the provision of advanced treatment to a larger portion of the population by making biological therapies more affordable and accessible (12).

8. Future Perspectives

The future of biosimilars is likely to be characterized by sustained innovation and growth, which will be greatly affected by technological advances. Artificial intelligence (AI) is expected to become more significant in different steps of biosimilar

development (13). This involves speeding up research and discovery, streamlining complex manufacturing, and improving clinical trial design by anticipating patient reactions and finding optimal study parameters (13). The combination of AI has the potential to create so-called personalized biosimilars, i.e., biosimilar therapies that are further customized to patient features, thus taking the precision medicine agenda a step further. With its existing manufacturing capabilities and biosimilar market leadership, India is poised to exploit a huge export opportunity (16, 17). India can further the cause of global affordable healthcare solutions by still innovating with the process development and not compromising on the quality of production (17). In order to achieve this potential to the fullest, further policy enhancements are necessary. These involve the simplification of regulatory routes, the creation of a welcoming atmosphere to innovation, and improved market accessibility to biosimilars within the country and abroad (22, 24). The alignment of global regulations is especially important because harmonized standards may lead to a considerable decrement in the cost of development and speed up the global accessibility of these vital medicines (23).

9. Conclusion

Biosimilars play a crucial role in overcoming the barrier between game-changing and expensive biologics and accessibility by patients, particularly in the changing age of precision medicine (3, 6). India has shown to be a global pioneer in this field, with its strong pharmaceutical sector being used to make it a global center in producing and distributing biosimilar products and services (12, 16). Although some still struggle to overcome issues like harmonization of regulations, the complexity of the manufacturing process, stringent testing of immunogenicity, and improving clinician and patient acceptance, the overall financial and healthcare value of biosimilars cannot be denied (23, 24, 26). Biosimilars facilitate patient access to life-altering therapeutic options, better patient outcomes, and lower healthcare access goals by offering cost-effective treatments that help patients and contribute to universal healthcare goals (6, 8, 12). Further development of artificial intelligence and adoption of progressive, proactive policy frameworks will further cement India as a key player in the future of next-generation therapeutics and equitable availability of these essential biological medicines worldwide.

10. References

1. Aggarwal G, Nagpal M, Sharma A, Puri V, Dhingra GA. Upcoming drifts in bio-similars. *Curr Rev Clin Exp Pharmacol.* 2021;16(1):39–51. <https://doi.org/10.2174/1574884715666200507131943>
2. Eisenstein M. Bring on the biosimilars. *Nature.* 2019;569(7755):S2–S3. <https://doi.org/10.1038/d41586-019-01401-5>
3. Kalaw San Pascual JC, Kangsamaksin T. Biologics, biosimilars, and biobetters: therapeutic innovations reshaping modern medicine. *Adv Biol.* 2025;9(12). <https://doi.org/10.1002/adbi.202500326>
4. Kaur S, Yadav S, Sahu V, Sharma N, Shukla VK. Biosimilar regulations: current framework and future prospects. *Curr Drug Saf.* 2025;20. <https://doi.org/10.2174/0115748863360017250509063745>
5. Kim H, Alten R, Avedano L, Dignass A, Gomollón F, Greveson K, et al. The future of biosimilars: maximizing benefits across immune-mediated inflammatory diseases. *Drugs.* 2020;80(2):99–113. <https://doi.org/10.1007/s40265-020-01256-5>
6. Kajale M, Kakuste S, Raut H, Kakad A, Shaikh MRN. Biosimilars: an emerging therapeutic approach. *Int J Pharm Biomed Sci.* 2023;3(9). <https://doi.org/10.47191/ijpbms/v3-i9-08>
7. Singh P, Desai PN, Dutta V. Rising biosimilars in the Indian biopharmaceutical industry: emerging challenges and way forward. *Technol Anal Strateg Manag.* 2021;35(9):1145–60. <https://doi.org/10.1080/09537325.2021.1994139>
8. Sinha S, Raphael R. Developing biosimilars: challenges and opportunities. *Pharm Med.* 2025;39(5):341–52. <https://doi.org/10.1007/s40290-025-00578-7>
9. Mehra A, Kaur H, Fatima A, Noor A, Gupta K, Shukla A, et al. Biosimilars: novel emerging field of biomedicine. *Int J Pharm Sci Nanotechnol.* 2021;14(5):5588–93. <https://doi.org/10.37285/ijpsn.2021.14.5.2>
10. Kute N, Mankar SD, Bhawar SB. Biosimilar and its current perspective – a review. *Res J Pharmacol Pharmacodyn.* 2022;84–88. <https://doi.org/10.52711/2321-5836.2022.00015>
11. Hammoodi R, Khalaf M. The current status of regulation of biosimilars in India, the United States of America, and Europe. *J Soc Sci Humanit.* 2025;7(4):112–17. [https://doi.org/10.53469/jssh.2025.7\(04\).19](https://doi.org/10.53469/jssh.2025.7(04).19)
12. Varghese D, Karbelkar S. Current state of regulatory oversight of biosimilars in India and its implications on the quality of drugs: a comparative assessment with EU and FDA regulations. *J Biotechnol Bioinform Res.* 2021;1–7. [https://doi.org/10.47363/jbbr/2021\(3\)140](https://doi.org/10.47363/jbbr/2021(3)140)
13. Wu Y, Xi S, Yao Y, Xu F, Tong H, Lu J. Guiding supervised topic modeling for content based tag recommendation. *Neurocomputing.* 2018;314:479–89. <https://doi.org/10.1016/j.neucom.2018.07.011>
14. Si C, Yang D, Hashimoto T. Can LLMs generate novel research ideas? A large-scale human study with 100+ NLP researchers. *arXiv.* 2024. <https://doi.org/10.48550/ARXIV.2409.04109>
15. Priyarega S, Natarajan R. An overview of biosimilars for cancer, diabetes mellitus, rheumatoid arthritis and other immune-mediated diseases approved between 2016 and 2021. *Results Chem.* 2022;4:100356. <https://doi.org/10.1016/j.rechem.2022.100356>
16. Panda S, Singh PK, Mishra S, Mitra S, Pattnaik P, Adhikary SD, et al. Indian biosimilars and vaccines at crossroads—replicating the success of pharma-generics. *Vaccines.* 2023;11(1):110. <https://doi.org/10.3390/vaccines11010110>
17. Rathore A, Shereef F. Innovating manufacturing technology in emerging economies. *Nat Biotechnol.* 2022;40(12):1714–16. <https://doi.org/10.1038/s41587-022-01499-5>
18. Ramanjinappa N, Upveja KH, Agarwal J. Shifting trends in the usage of trastuzumab with its biosimilar inception in India. *J Clin Oncol.* 2023;41(16 Suppl):e13037. https://doi.org/10.1200/jco.2023.41.16_suppl.e13037
19. Sharma A, Kumar N, Parachuri N, Bandello F, Loewenstein A, Kuppermann BD. Biosimilar ranibizumab in India: overview of phase 3 clinical trial designs. *Eye.* 2024;38(10):1796–98. <https://doi.org/10.1038/s41433-024-03001-8>

20. Kumar A, Jha A. Biosimilars: present status, challenges and future prospects. 2021. <https://doi.org/10.9734/jpri/2024/v36i127639>
21. Ashok Kumar P, Nayana GU, Nithin N, Sharath Kumar N, Sharvari B, Yashaswini PR. Regulatory requirements for biosimilars as per CDSCO in India in comparison with Yemen. *World J Adv Res Rev.* 2024;23(3):2292–303. <https://doi.org/10.30574/wjarr.2024.23.3.2830>
22. S JG, Ramachandran V. Navigating regulatory complexities in biosimilar approvals and imports for autoimmune disorder management: a comparative analysis of FDA (US), EMA (EU), and CDSCO (India) guidelines. *Recent Adv Drug Deliv Formul.* 2025;19. <https://doi.org/10.2174/0126673878360952250715031025>
23. Jarab AS, Abu Heshmeh SR, Al Meslamani AZ. Bridging the gap: the future of biosimilars regulations. *Hum Vaccin Immunother.* 2024;20(1). <https://doi.org/10.1080/21645515.2024.2362450>
24. Gandhi S, Patankar D, Kashiramka S, Rathore AS. The economics of translating a biosimilar from lab to market in India. *Ann N Y Acad Sci.* 2024;1541(1):219–29. <https://doi.org/10.1111/nyas.15252>
25. Patel PK, King CR, Feldman SR. Inertia in adaptation of healthcare system to biologics and biosimilars. *J Assoc Physicians India.* 2023. <https://doi.org/10.59556/japi.71.0278>
26. Ramesh A. Clinicians' perceptions and adoption of oncology biosimilars in India: results from a national survey. *Indian J Med Paediatr Oncol.* 2025;47(2):150–54. <https://doi.org/10.1055/s-0045-1811566>
27. Thongpooswan S, Das A, Patil P, Latymer M, Llamado L, Wee J. Physicians' and patients' perception of biosimilars and factors affecting biosimilar prescribing in selected Asian countries: a survey study. *Expert Opin Biol Ther.* 2024;24(10):1171–82. <https://doi.org/10.1080/14712598.2024.2400523>
28. Shubow S, Sun Q, Nguyen Phan AL, Hammell DC, Kane M, Lyman GH, et al. Prescriber perspectives on biosimilar adoption and potential role of clinical pharmacology: a workshop summary. *Clin Pharmacol Ther.* 2022;113(1):37–49. <https://doi.org/10.1002/cpt.2765>
29. Herndon K, Braithwaite J, Berry B, Bourget K. Biosimilar perceptions among healthcare professionals and commercial medical benefit policy analysis in the United States. *BioDrugs.* 2021;35(1):103–12. <https://doi.org/10.1007/s40259-020-00463-6>

WORD SCRAMBLER: Indian Biologics Companies

1. SCOBION GLOCIBOLOSI
2. SANTIT PARACEUMHALSCIT
3. RSD EDYD'S LOTBARAOERSI
4. SUYDZ LCESEIFINESC
5. PINUL LITDEMI
6. DRHATCKWO
7. OERTHE SDRUG
8. ECURME PARACEUMHALSCIT
9. EACNRIEL FIEL CSECSNIE
10. EACNAPEA TECIBOT