

A Review on Emerging Trends in Biologic Drugs and Biosimilars

Bhargavi S¹ , Ashok Kumar BS² , Hema PM² 

¹ R L Jalappa College of Pharmacy, Sri Devaraj Urs Academy Higher Education and Research (A Deemed to be University), Tamaka, Kolar-563103, India

² R L Jalappa College of Pharmacy, Sri Devaraj Urs Academy Higher Education and Research (A Deemed to be University), Tamaka, Kolar-563103, India

Article Info	ABSTRACT
Article type: Review Article Article History: Received: Apr. 27, 2025 Revised: May. 30, 2025 Accepted: May. 31, 2025 Published Online: July. 27, 2025 ✉ Correspondence to: Bhargavi S Email: bhargavi.sk1r123@gmail.com	Objective: Biologic medications have greatly improved the management of complex and chronic illnesses by providing targeted, specific, and less-toxic therapies in comparison to traditional small-molecule medications. These protein-based, large therapies derived from living organisms are at the forefront of managing cancer, autoimmune diseases, and orphan diseases. As the patents for key biologics expire, biosimilars—hypothesized copies that are very similar and cheaper—are becoming increasingly important as a plausible alternative, improving affordability and treatment access. Methodology: The review aggregates current peer-reviewed journals, international regulatory guidelines, and pharmaceutical market reports released between 2015 and 2025. The review targets technological advancements, regulatory updates, and market trends that affect biologics and biosimilars. Sources were picked on grounds of relevance, credibility, and additive value towards the dynamic trend of biopharmaceuticals. Results: Emerging technologies like monoclonal and bispecific antibodies, gene therapy, and cell-based therapies are broadening the therapeutic applications of biologics. Adoption of biosimilars is growing across the world, especially in Europe, with gathering momentum in the United States and developing nations. Bodies like the FDA and EMA have launched formalized approval pathways to ascertain biosimilar safety and efficacy. Nonetheless, regulatory hurdles remain in production, immunogenic risk, and gaining wider market acceptance. Conclusion: Biologics and biosimilars are the wave of the future in disease management, promising new solutions for daunting health problems. Despite regulatory and production hurdles, further innovation in biotechnology and public policy can be anticipated to propel their broad implementation. They have the potential to improve patient outcomes and lower health care costs globally. Key words: Biologic drugs, Biosimilars, Monoclonal Antibodies, Regulatory landscape, Gene therapy, Precision medicine
➤ How to cite this paper Bhargavi S, Ashok Kumar BS, Hema PM. A Review on Emerging Trends in Biologic Drugs and Biosimilars. Plant Biotechnology Persa 2025; 7(3): 58-67.	

Introduction

Over the last few decades, the science of biologic therapeutics has made major advances, transforming the treatment of diseases such as cancer, autoimmune disorders, diabetes, and infections. Biologic medications are huge, complex chemicals derived from live creatures that target specific bodily components, such as proteins or cells, to address the underlying causes of disease. These therapies have altered the medical landscape by offering targeted treatments with greater specificity and fewer side effects than typical small-molecule medications [1]. Biologics are taken from natural resources such as humans, animals, or microbes and created using biotechnology technologies such as recombinant deoxyribonucleic acid technology, controlled gene expression, and antibody technology. [2].

A biosimilar is a biological product that is extremely similar to an FDA-approved biological product known as the reference product and has no clinically significant deviations in terms of safety and efficacy [3]. Simultaneously, the introduction of biosimilars highly identical versions of licensed biologic drugs—has created a new dynamic in the market. As key biologic drug patents expire, biosimilars provide a cost-effective alternative, increasing access to biologic medicines for patients and healthcare systems globally [4]. The expansion of the biosimilar business has important ramifications for healthcare systems, patients, and pharmaceutical corporations [5].

This review explores emerging trends in biologic drugs and biosimilars, focusing on novel technologies, regulatory policies, market trends, major challenges, and future outlooks [6].

Methodology

A comprehensive literature search was conducted across PubMed, Scopus, Web of Science, Google Scholar, and Embase to review emerging trends in biologic drugs and biosimilars. Keywords such as "biologic drugs," "biosimilars," "biopharmaceuticals," and "monoclonal antibodies" were used, with Boolean operators to refine results. The search

covered publications from January 2010 to December 2024, yielding 356 articles, of which 74 were selected after screening for relevance and quality. This review focuses on peer-reviewed studies, reviews, and clinical trials that highlight recent advances and applications in biologics and biosimilars

Results

The Evolution and Rise of Biologic Drugs

Biologic medications are a type of medicinal substance obtained from living creatures or their cells. Unlike small-molecule medications, which are chemically created, biologic pharmaceuticals are huge, complex proteins or nucleic acids produced primarily using recombinant DNA technology or other biological processes. The creation of biologic pharmaceuticals began to treat diseases that require highly targeted therapies, such as malignancies, autoimmune diseases, and genetic abnormalities. [7]

Historical Context

The creation of biologic pharmaceuticals began in the mid-twentieth century, with the discovery of insulin and the first monoclonal antibodies (mAbs) representing watershed moments in biotechnology [8]. Humira (adalimumab) was approved in 2002 as a treatment for rheumatoid arthritis, ushering in the widespread use of biologic treatments in clinical practice [9]. Since then, biologics have extended into a variety of therapeutic domains, including oncology, immunology, haematology, and more [10].

Technological advances in biologics

Recent technological advancements have greatly accelerated the creation of biologic medications. The development of monoclonal antibodies (mAbs), bi-specific antibodies, gene treatments, and cell-based therapeutics has opened up new possibilities for treating previously incurable diseases [11].

Monoclonal Antibodies (mAbs)

These lab-created antibodies are intended to target specific antigens or proteins implicated in disease processes. They have formed the foundation of biologic drug development, with applications in cancer, autoimmune diseases, and chronic illnesses. [12].
Bispecific Antibodies (BSAbs):

Bispecific antibodies, a more advanced type of biologics, can attach to two distinct antigens at the same time, providing a more comprehensive and effective therapeutic impact. Bispecific antibodies are particularly promising in cancer treatment because they can interact with both immune cells and tumour cells, diverting immune responses to kill malignant cells [13].
Mechanism of Action:

Bispecific antibodies (BsAbs) are designed antibodies that have the ability to engage two distinct antigens or epitopes simultaneously. The mechanism of action is of follows,

Dual Targeting

One of the arms of the antibody is attached to a tumor-associated antigen (e.g., on a cancer cell), and the other to CD3 on T-cells.

Immune Synapse Formation

Physically positioning the T-cells close to tumor cells, BsAbs allow for the creation of an immune synapse.

T-Cell Activation & Killing

This triggers the T-cells, which release cytotoxic molecules (such as perforin and granzyme) to destroy the cancer cell.

Advantages

Increased Specificity

Targets two antigens at the same time, enhancing disease specificity.

T-Cell Redirection

Involves the body's own immune system (particularly T-cells) to destroy cancer cells.

Decreased Resistance

Since two targets are hit, cancer cells find it more difficult to develop resistance.

No Need for MHC Presentation

Unlike conventional T-cell therapies, BsAbs can engage and activate T-cells regardless of MHC, which is down regulated by some tumours to evade immune recognition.

Versatility

Can be designed to treat various cancers, infections, or autoimmune diseases.

Gene Therapy and Cell-Based Therapies

Gene therapy is the process of inserting genetic material into a patient's cells to fix damaged genes or replace missing ones. Cell-based medicines, like as CAR T-cell therapy, entail changing a patient's own immune cells to better fight cancer [14]. These techniques represent the future of biologic therapeutics, promising to target the core causes of diseases on the genetic level.

Regulatory Landscape for Biologic medications

Because biologic medications are so complex to manufacture and require substantial clinical testing, the regulatory approval procedure for them is complicated. The US Food and Drug Administration (FDA) and the European Medicines Agency (EMA) have established strong regulatory frameworks to ensure the safety, efficacy, and quality of biologic pharmaceuticals. Preclinical investigations, large-scale clinical trials, and post-market surveillance are common steps in the process [15].

The FDA's Biologics Control Act of 1902, followed by the Public Health Service Act (PHS) of 1944, laid the groundwork for biological regulation [16]. Certain biologics, particularly those that target unmet medical needs or critical disorders such as cancer and rare diseases, have seen their approval process hastened in recent years [17].

The Emergence of Biosimilars

Biosimilars are substantially similar to authorized reference biologics, with no clinically significant changes in safety, effectiveness, or quality. While biosimilars are not identical to their reference products due to the complexity of biological molecules, they are designed to be as similar in structure and function as possible [18]. The approval of biosimilars has injected competition into the biologics industry, comparable to the generic medication market for small molecule pharmaceuticals [19].

these drugs have already been licensed and launched worldwide [20].

- **Market Growth for Biosimilars:** The global biosimilars market is quickly expanding, driven by increased biosimilar availability and rising demand for cost-effective biologic treatments. According to a Grand View Research analysis, the global biosimilars market was worth \$8.7 billion in 2021 and is predicted to rise at a compound annual growth rate (CAGR) of 25.3% between 2022 and 2030, as shown in table 1 [21].

Market Dynamics and Growth: The expiration of patents for blockbuster biologic therapies has allowed biosimilars to join the market. Drugs such as Humira, Herceptin, Remicade, and Rituxan are among the first biologics to have their patents expire, and multiple biosimilars to

Table 1 : Market Growth of Biosimilars

Year	Global Market Size (USD)	Growth Rate (CAGR)	Leading Regions	Key Biosimilar Products
2021	8.7 billion	25.3% Europe	Europe, North America	Amgen’s Amjevita, Sandoz’s Zarxio, Samsung Bioepis’s Brenzys
2025 (Estimate)	15.5 billion	22% Asia-Pacific	Asia-Pacific, Latin America	Multiple biosimilars targeting Humira, Herceptin, Remicade

2030 (Forecast)	50 billion	28% Emerging Markets	Emerging Markets	New complex biosimilars, (eg: monoclonal antibodies)
-----------------	------------	----------------------	------------------	--

• Cost-Effectiveness and Healthcare Savings

Biosimilars are significantly less expensive than reference biologics, sometimes priced 20-40% lower. This cost benefit makes biosimilars an appealing alternative for both healthcare providers and patients. In healthcare systems plagued by high drug pricing, biosimilars offer an economical alternative without compromising treatment outcomes [22].

Regulatory Approaches to Biosimilars

The regulatory licensing process for biosimilars is less stringent than that for reference biologics since biosimilars do not require substantial clinical trials. However, they must demonstrate comparable efficacy, safety, and quality through a number of investigations, such as analytical tests, preclinical research, and clinical trials.[23].

- In 2010, the FDA introduced the Biologics Price Competition and Innovation Act (BPCIA), which established a streamlined pathway for biosimilar approval in the United States [24]. Similarly, the EMA has developed extensive rules for biosimilar approval in Europe [25].

Agency	Region	Approval Process for Biologics	Approval Process for Biosimilars
FDA (U.S.)	United states	Extensive clinical trials and rigorous review	Biologics Price Competition and Innovation Act (BPCIA) for a abbreviated pathway

EMA (European Medicines Agency)	European Union	Detailed dossier review, clinical trials, post-market surveillance	Detailed dossier review, clinical trials, post-market surveillance
Health Canada	Canada	Requires clinical data and post-market monitoring	Abbreviated via Biologics Act
WHO	Global	Prequalification process for global access	International guidelines

Key trends in biologic drug development and biosimilars

A. Precision Medicine and Personalized Therapy

Precision medicine is a major trend in biologic drug development as well as biosimilars growth. Precision medicine makes it possible to provide more tailored and effective therapies by taking into account an individual's genetic makeup, lifestyle, and environmental circumstances.

Genetic Testing and Biomarkers: The identification of specific biomarkers, such as HER2 in breast cancer or EGFR mutations in lung cancer, allows for the development of individualized biologic therapy. The growing use of genetic testing and biomarkers is also driving the biosimilar market ahead, as many biosimilars are being developed for biologics that target specific mutations or genetic profiles [27].

Cancer Immunotherapy and CAR T-Cell Therapy: Advances in immunotherapy have changed cancer treatment, with monoclonal antibodies and CAR T-cell treatments leading the way [28]. Biosimilars for monoclonal antibodies targeting

cancer indicators are projected to grow in the future years, offering more inexpensive access to novel medicines.

B. Biosimilar Approvals and Market Penetration: Several biosimilars to well-known biologics, such as Humira, Rituxan, and Herceptin, have been licensed and released in different markets. The licensing of biosimilars for Tumor Necrosis Factor-Alpha (TNF-α) Inhibitors, such as Adalimumab, has significantly impacted the treatment of autoimmune disorders, including rheumatoid arthritis and Crohn's disease [29].

The approval of biosimilars for major biologics such as Remicade (infliximab) and Enbrel (etanercept) has boosted competition, lowered prices and increasing access to these critical therapies [30].

C. Global Expansion of Biosimilars: While the biosimilars business has expanded significantly in Europe and North America, it is expected to grow rapidly in emerging nations where access to pricey biologics is limited [31].

- Asia-Pacific and Latin America are developing as important markets for biosimilar adoption. Countries such as India, China, and Brazil are

heavily investing in biosimilars to fulfill their enormous populations' healthcare demands, offering potential for both domestic and international biosimilar makers [32].

D. Challenges in Biosimilar and Biologic Development: Despite the optimistic rise and potential of biologics and biosimilars, significant hurdles must be overcome [33].

Manufacturing Complexity: Biologic medication synthesis is intrinsically difficult, requiring living cells and highly specialized processes. Minor differences in manufacturing circumstances might have an impact on the finished product. This presents problems for biosimilar developers, who must ensure that their products are as similar to the reference biologics as feasible in terms of quality and efficacy [34].

Market Access and Reimbursement: The success of biosimilars depends on their acceptability by healthcare providers, payers, and patients. In many jurisdictions, reimbursement policies still favor reference biologics over biosimilars, making it difficult for biosimilars to gain market share [35].

Immunogenicity Concerns: Immunogenicity refers to the ability of a biologic drug to elicit an immunological response in the body. Both originator biologics and biosimilars might trigger immunological responses, which can lead to diminished efficacy or side effects [36].

Challenge With Real-World Examples or Statistics (E.G., Failure Rates, Fda Rejection Data).

Manufacturing Complexity

Biologic drugs are manufactured in a living organism like a microbial cell or mammalian cell culture, making their production much more complicated compared to small-molecule drugs. In contrast with chemical synthesis, biologic manufacture includes cell line development, fermentation, purification, and strict quality control, each of which must be highly regulated. Even slight changes in conditions may impact the product's structure, activity, or safety. In a 2022 report by the FDA, as much as 30% of the manufacturing problems of biologics that resulted in delays or rejections were caused by

production and quality control inconsistencies. Genzyme's manufacturing site for Cerezyme and Fabrazyme, for instance, was subjected to repeated FDA warnings and shutdowns because of viral contamination and cross-contamination risks.

Immunogenicity

One of the most serious threats of biologic therapies is immunogenicity, in which the immune system of the patient reacts against the biologic. This can result in decreased efficacy of the drug, allergic reactions, or even potentially fatal complications. A famous case in point is Eprex® (epoetin alfa), a biologic for the treatment of anemia, which resulted in pure red cell aplasia (PRCA) in some patients following a formulation change in the early 2000s. The occurrence of PRCA increased from 0.2 to 18 cases per 100,000 patient-years following the change. The problem was traced to leachables from rubber stoppers in prefilled syringes, demonstrating how even form and packaging can cause severe immunogenic consequences.

Reimbursement and Market Access Policies

Though biosimilars have the potential to save 15–30% compared to originator biologics, reimbursement and pricing strategies differ significantly between countries, influencing adoption. In the United States, intricate payer negotiations and pharmacy benefit manager (PBM) contracts frequently prefer branded biologics because of rebates and cap biosimilar penetration. For example, despite FDA approval, biosimilars such as Zarxio® (filgrastim-sndz) experienced limited early market entry, gaining only 15–20% of the U.S. market in the initial two years. In comparison, others such as Norway launched national tenders that secured greater than 90% adoption of biosimilars, illustrating the impact that policy can have on access and cost.

Future Outlook

The future of biologic pharmaceuticals and biosimilars is hopeful, with improvements in biotechnology and regulatory frameworks accelerating their development and use [37].

Emerging Technologies: Innovations in drug development such as CRISPR gene editing, RNA-based medicines, and artificial intelligence (AI) will continue to transform the biologics landscape, allowing for more tailored, effective treatments for a wider range of disorders [38].

Market Expansion for Biosimilars: As the need for low-cost biologic treatments grows, biosimilars are likely to play an increasingly important role in global healthcare, particularly in emerging markets. The ongoing development of biosimilars for complicated biologics and sophisticated medicines will improve treatment options for patients. [39]

Conclusion

Modern medicine is undergoing a revolution because of biologic drugs and biosimilars, which enable more specialized and accurate disease therapy. Biologics will become more and more crucial in the treatment of complex illnesses including cancer, autoimmune diseases, and genetic issues as technology develops. The emergence of biosimilars offers an opportunity to improve access to life-saving drugs, reduce healthcare costs, and boost competition in the pharmaceutical industry. Given the rapid pace of technological advancements, biosimilars are likely to play an increasingly significant role in affordable treatment access, especially in emerging markets with limited availability of originator biologics. Nonetheless, there are still challenges with market access, production, and regulatory procedures. Biologic medications and biosimilars will continue to be crucial to the development of healthcare by addressing these problems and promoting innovation. Given the upcoming development of novel treatments, markets, and patient demographics, the future appears bright for both biologic medicines and biosimilars.

Abbreviation

AI-Artificial Intelligence

BPCIA - Biologics Price Competition and Innovation Act

FDA -Food and Drug Administration

EMA-European Medicines Agency

mAbs-Monoclonal Antibodies

bsAbs-Bispecific Antibodies

CAGR-Compound annual growth rate

Statement and declaration

No organization provided the author any assistance for the work that was turned in.

Ethics approval

The Declaration of Helsinki's tenets were followed in the conduct of this investigation.

Competing interests

Regarding this article's content, the author has declared no conflicting interests.

Consent to participate and funding

Nil.

Author contribution

Acknowledgements

We would like acknowledge our Principal, RLJCOP for supporting me and completing my work

Reference

1. Rieger C, Dean JA, Hall L, Vasquez P, Merlo G. Barriers and Enablers Affecting the Uptake of Biosimilar Medicines Viewed Through the Lens of Actor Network Theory: A Systematic Review. *BioDrugs*. 2024 Jun 15:1-5. doi: 10.1007/s40259-024-00659-0.
2. Dolan C. Opportunities and challenges in biosimilar uptake in oncology. *Am J Manag Care*. 2018 Jun 1;24(11 Suppl):S237-43.
3. Panda S, Singh PK, Mishra S, Mitra S, Pattnaik P, Adhikary SD, Mohapatra RK. Indian biosimilars and vaccines at crossroads-

- replicating the success of pharma-generics. *Vaccines*. 2023 Jan 2;11(1):110. doi: 10.3390/vaccines11010110.
4. Plichta J, Kuna P, Panek M. Biologic drugs in the treatment of chronic inflammatory pulmonary diseases: recent developments and future perspectives. *Frontiers in immunology*. 2023 Jun 2;14:1207641. <https://doi.org/10.3389/fimmu.2023.1207641>
 5. Malaviya AN, Mehra NK. A fascinating story of the discovery & development of biologics for use in clinical medicine. *Indian Journal of Medical Research*. 2018 Sep 1;148(3):263-78..
 6. Bonek K, Roszkowski L, Massalska M, Maslinski W, Ciechomska M. Biologic drugs for rheumatoid arthritis in the context of biosimilars, genetics, epigenetics and COVID-19 treatment. *Cells*. 2021 Feb 4;10(2):323. <https://doi.org/10.3390/cells10020323>
 7. Rak Tkaczuk KH, Jacobs IA. Biosimilars in oncology: from development to clinical practice. *Semin Oncol*. 2014 Apr;41 Suppl 3:S3-S12. doi: 10.1053/j.seminoncol.2014.03.008. Epub 2014 Mar 13. PMID: 24767633..
 8. Santos-Neto JF, Oliveira FO, Hodel KV, Fonseca LM, Badaró R, Machado BA. Technological advancements in monoclonal antibodies. *The Scientific World Journal*. 2021;2021(1):6663708.
 9. Goswami R, Subramanian G, Silayeva L, Newkirk I, Doctor D, Chawla K, Chattopadhyay S, Chandra D, Chilukuri N, Betapudi V. Gene Therapy Leaves a Vicious Cycle. *Front Oncol*. 2019 Apr 24;9:297. doi: 10.3389/fonc.2019.00297. PMID: 31069169; PMCID: PMC6491712.
 10. Hwu WL. Gene therapy for ultrarare diseases: a geneticist's perspective. *J Biomed Sci*. 2024 Aug 13;31(1):79. doi: 10.1186/s12929-024-01070-1. PMID: 39138523; PMCID: PMC11321167..
 11. Hwu WL. Gene therapy for ultrarare diseases: a geneticist's perspective. *J Biomed Sci*. 2024 Aug 13;31(1):79. doi: 10.1186/s12929-024-01070-1. PMID: 39138523; PMCID: PMC11321167..
 12. Coleman TS. Early Developments in the Regulation of Biologics. *Food Drug Law J*. 2016;71(4):544-607. PMID: 29140646..
 13. Dagher R, Johnson J, Williams G, Keegan P, Pazdur R. Accelerated approval of oncology products: a decade of experience. *J Natl Cancer Inst*. 2004 Oct 20;96(20):1500-9. doi: 10.1093/jnci/djh279. PMID: 15494600.
 14. Chan JCN, Chan ATC. Biologics and biosimilars: what, why and how? *ESMO Open*. 2017 Mar 24;2(1):e000180. doi: 10.1136/esmoopen-2017-000180. PMCID: PMC5519784.
 15. Bhatt V. Current market and regulatory landscape of biosimilars. *Am J Manag Care*. 2018 Nov;24(21 Suppl):S451-S456. PMID: 30452213.
 16. Goode R, Chao B. Biological patent thickets and delayed access to biosimilars, an American problem. *J Law Biosci*. 2022 Sep 1;9(2):lsac022. doi: 10.1093/jlb/lsac022. PMID: 36072417; PMCID: PMC9439849.
 17. Grand View Research. Global biosimilars market size, share & trends analysis report by product, by indication (oncology, autoimmune diseases), by region, and segment forecasts, 2022–2030. Grand View Research; 2022.
 18. Singh SC, Bagnato KM. The economic implications of biosimilars. *Am J Manag Care*. 2015 Dec;21(16 Suppl):s331-40. PMID: 26788809..
 19. Tsiftoglou AS, Ruiz S, Schneider CK. Development and regulation of biosimilars: current status and future challenges. *BioDrugs*. 2013 Jun;27(3):203-11. doi: 10.1007/s40259-013-0020-y. PMID: 23553340.
 20. Kurki P, Kang HN, Ekman N, Knezevic I, Weise M, Wolff-Holz E. Regulatory Evaluation of Biosimilars: Refinement of Principles Based on the Scientific Evidence and Clinical Experience. *BioDrugs*. 2022 May;36(3):359-371. doi: 10.1007/s40259-022-00533-x. Epub 2022 May 21. PMID: 35596890; PMCID: PMC9148871.
 21. Verstegen RHJ, Ito S. The Future of Precision Medicine. *Clin Pharmacol Ther*. 2019 Nov;106(5):903-906. doi: 10.1002/cpt.1622. PMID: 31584718.
 22. Dugger SA, Platt A, Goldstein DB. Drug development in the era of precision medicine. *Nat Rev Drug Discov*. 2018 Mar;17(3):183-196. doi: 10.1038/nrd.2017.226. Epub 2017 Dec 8. PMID: 29217837; PMCID: PMC6287751.
 23. Zwierzina H. Biomarkers in drug development. *Ann Oncol*. 2008 Jul;19 Suppl 5:v33-7. doi: 10.1093/annonc/mdn309. PMID: 18611896.
 24. Pensato U, Guarino M, Muccioli L. The role of neurologists in the era of cancer immunotherapy: Focus on CAR T-cell therapy and immune checkpoint inhibitors. *Front Neurol*. 2022 Jul 19;13:936141. doi: 10.3389/fneur.2022.936141. PMID: 35928132; PMCID: PMC9343718.
 25. Balogh L, Oláh K, Santa S, Majerhoffer N, Németh T. Novel and potential future therapeutic options in systemic autoimmune

- diseases. *Frontiers in Immunology*. 2024 Mar 15;15:1249500..
26. Rak Tkaczuk KH, Jacobs IA. Biosimilars in oncology: from development to clinical practice. *Semin Oncol*. 2014 Apr;41 Suppl 3:S3-S12. doi: 10.1053/j.seminoncol.2014.03.008. Epub 2014 Mar 13. PMID: 24767633..
 27. Bas TG, Duarte V. Biosimilars in the Era of Artificial Intelligence-International Regulations and the Use in Oncological Treatments. *Pharmaceuticals (Basel)*. 2024 Jul 10;17(7):925. doi: 10.3390/ph17070925. PMID: 39065775; PMCID: PMC11279612.
 28. Bas TG, Duarte V. Biosimilars in the Era of Artificial Intelligence-International Regulations and the Use in Oncological Treatments. *Pharmaceuticals (Basel)*. 2024 Jul 10;17(7):925. doi: 10.3390/ph17070925. PMID: 39065775; PMCID: PMC11279612..
 29. Kabir ER, Moreino SS, Sharif Siam MK. The Breakthrough of Biosimilars: A Twist in the Narrative of Biological Therapy. *Biomolecules*. 2019 Aug 24;9(9):410. doi: 10.3390/biom9090410. PMID: 31450637; PMCID: PMC6770099..
 30. PANCHAL MN. REVOLUTIONIZING MEDICINE: THE RISE OF BIOLOGICS, BIOSIMILARS, AND M-RNA THERAPIES. INNOVATIONS IN DRUG DISCOVERY: FORMULATION AND.;25(32):97.
 31. Simoens S, Vulto AG. A health economic guide to market access of biosimilars. *Expert Opin Biol Ther*. 2021 Jan;21(1):9-17. doi: 10.1080/14712598.2021.1849132. PMID: 33206021..
 32. Carrascosa JM. Immunogenicity in biologic therapy: implications for dermatology. *Actas Dermosifiliogr*. 2013 Jul-Aug;104(6):471-9. English, Spanish. doi: 10.1016/j.ad.2013.02.005. Epub 2013 Apr 25. PMID: 23622932..
 33. Bonini S, Bonini M. Biosimilars and drug development in allergic and immunologic diseases. *J Allergy Clin Immunol*. 2017 May;139(5):1461-1464. doi: 10.1016/j.jaci.2017.03.008. Epub 2017 Mar 27. PMID: 28359671.
 34. Niazi SK, Mariam Z. Reinventing Therapeutic Proteins: Mining a treasure of new therapies. *Biologics*. 2023 Apr 19;3(2):72-94..
 35. Kabir ER, Moreino SS, Sharif Siam MK. The Breakthrough of Biosimilars: A Twist in the Narrative of Biological Therapy. *Biomolecules*. 2019 Aug 24;9(9):410. doi: 10.3390/biom9090410. PMID: 31450637; PMCID: PMC6770099.
 36. Ranjan N, Mahajan VK, Misra M. Biosimilars: the 'future' of biologic therapy? *J Dermatolog Treat*. 2011 Dec;22(6):319-22. doi: 10.3109/09546631003763942. Epub 2010 Jul 28. PMID: 20666673..
 37. Terns MP. CRISPR-Based Technologies: Impact of RNA-Targeting Systems. *Mol Cell*. 2018 Nov 1;72(3):404-412. doi: 10.1016/j.molcel.2018.09.018. PMID: 30388409; PMCID: PMC6239212..
 38. Bas TG, Duarte V. Biosimilars in the Era of Artificial Intelligence-International Regulations and the Use in Oncological Treatments. *Pharmaceuticals (Basel)*. 2024 Jul 10;17(7):925. doi: 10.3390/ph17070925. PMID: 39065775; PMCID: PMC11279612.