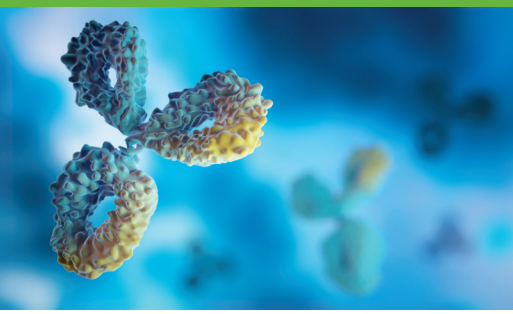
Common questions about biosimilar medications



What is a *biologic*?

A *biologic* medication is made from living cells. Biologics are used to treat various inflammatory conditions, including rheumatoid arthritis, psoriasis, and inflammatory bowel disease (like Crohn's disease).

What is a *biosimilar*?

A *biosimilar* is *very close* to an available biologic medication (therefore a bio*similar*). They are tested thoroughly to ensure they are just as **safe and effective** as the original biologic and usually treat the same conditions.

Are biosimilars identical to the original biologic?

Not exactly. Biologics are complex—no two batches are identical. However, any small differences between a biosimilar and the original biologic are like those between batches of the original biologic. These small differences are carefully tested to make sure they don't affect safety or effectiveness.

Biosimilars are often made in the **same manufacturing facilities** as other biologic medications.

Is it safe to switch from biologics to biosimilars?

Yes. Rigorous testing of thousands of patients and real-world evidence from millions of patients has shown that patients with many different conditions taking a biologic medication can **safely switch to biosimilars** without causing any problems.

Is a biosimilar medication safe and effective for my condition?

Some biologic medications are used to treat multiple conditions. Biosimilars are only required to be tested in patients with one or a few of these conditions. Even if the biosimilar was not tested for your condition, it is still safe and effective for all FDA-approved conditions.

What is the cost difference between biologics and biosimilars?

Biosimilars can cost up to 90% less than the original biologic medication. Out-of-pocket costs depend on your insurance. If you have a deductible, or if you pay a percent of your medication costs, you might pay less if you use a lower-priced biosimilar.

Alosa Health

Bringing unbiased evidence to clinical care

These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition. Alosa's work on disseminating information about the evidence-based use of medications is supported by internal funds, the Pennsylvania Department of Aging, the Kaiser Permanente Institute for Health Policy, the Division of Pharmacoepidemiology and Pharmacoeconomics of the Brigham and Women's Hospital and Harvard Medical School, and Humana.

AH-003-0022 Oct 2025