



Artificial Intelligence in the Generic & Biosimilar Medicines Industry

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disclaimer

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What is AI and how does it work?

AI is the practice (through science and engineering) of making machines perform tasks that typically require human intelligence.

AI works by learning patterns from massive amounts of data using algorithms that mimic how humans process information.

What can AI do and why use it?



learn from data

like how Netflix recommends shows



understand language

like chatbots or voice assistants



recognize patterns

e.g., as in fraud detection or medical diagnoses



make decisions

e.g., self-driving cars, smart thermostats



create content

text, images, music, video



use AI to help us solve problems and do things better



speed, consistency, accuracy (fewer errors), compliance

types of AI

1

Narrow AI

focused on one task

(e.g., facial
recognition)



General AI

hypothetical future AI
that can understand,
learn, and apply
knowledge across any
domain, like a human

(e.g., conducting
scientific research)



Machine Learning

a subset of AI where
systems learn from data



Deep Learning

a more advanced form
of machine learning
using neural networks

What is an algorithm?

al·go·rithm (n): a step-by-step set of instructions used to solve a problem or perform a task

example: sock-sorting algorithm

goal: organize socks into matching pairs

steps:

- (1) lay all socks flat on a surface
- (2) pick one sock
- (3) search for a sock with the same color and pattern
- (4a) if found, place them together as a pair
- (4b) if not, set the sock aside
- (5) repeat until all socks are paired or sorted



Where are we today?

**content
generation,
formatting &
publishing**



**deficiency
analysis &
submission
improvement**



labeling



translations



quality checks



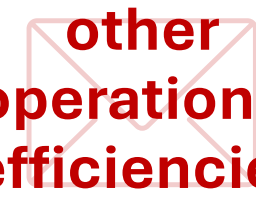
**document
summaries**



**intelligence
analysis**



**other
operational
efficiencies**



pharmacovigilance use case: finding signals

How long would it take a human who reads at average speed to review 1,000 pages of scientific literature?

Advanced scientific/technical material is read at ~6 pages/hour¹

1,000 pages @ 6 pages/hour = 167 hours

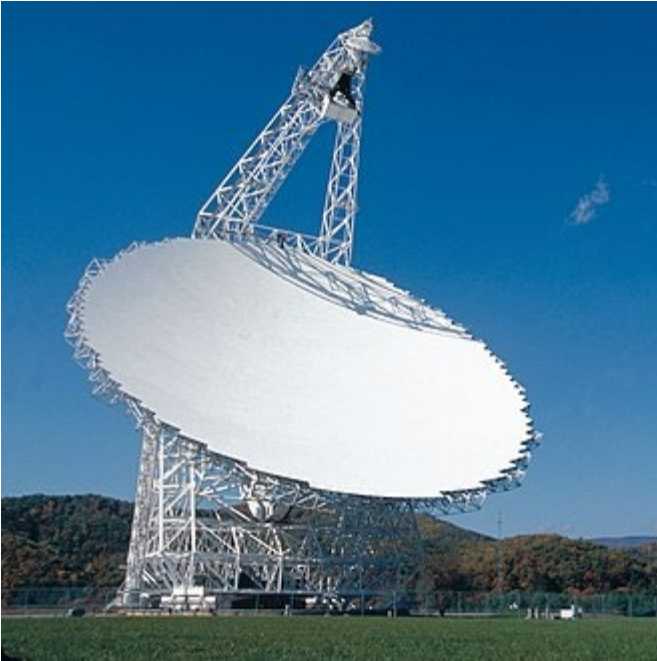
At 8 hours/day (no breaks) = 21 days

How long would it take AI? Minutes to summarize, a couple hours for more critical review

1. [Reading Speed Statistics – WordsRated](#)

pharmacovigilance prompt

pharmacovigilance prompt for AI (simplified):



- (1) find and read all articles that reference adverse events involving patients who took drug X
- (2) provide details on what happened to each patient who used drug X who experienced an adverse event
- (3) indicate if patients were using any other drugs or had other comorbidities
- (4) indicate disposition of patient

future state: how is the drug connected to the adverse event, if at all?

(currently evaluated using human intelligence)

Where can we go tomorrow?

Hertz Is Using AI to Scan Your Rental Car for Damage

The technology uses cameras and machine learning algorithms to comb over the vehicle's body, glass, tires, and undercarriage for damage and maintenance issues. The scanners replace the need for manual inspections



CAR AND DRIVER



<https://www.caranddriver.com/news/a65176049/hertz-ai-scan-rental-car-damage/>

FDA exploring AI tools for sameness evaluations

August 2025 | \$250,000 FDA → DigiM Solution LLC



[https://sam.gov/
workspace/contr
act/opp/a86bf7e
e18214db2afec6
966682a4814/vie
w](https://sam.gov/workspace/contract/opp/a86bf7ee18214db2afec6966682a4814/view)

To explore advanced imaging technologies and AI assisted image analysis to facilitate product development and ANDA assessment of complex generics.

Goals of the project include:

- development of an AI-assisted image analysis tool
- development of a database “containing data on microstructure of various complex formulations with the potential to serve as virtual references for supporting generic development and approval
- to use the models to predict generic drug performance

if you give a mouse a cookie



FDA should apply an enhanced benefit-risk framework to evaluations aided by AI. Any tools used should only be looking for and FDA potentially acting on *clinically meaningful* differences.

Enhanced benefit-risk means taking into account whether information is truly needed to support approval, and with consideration for patient access to medicines.

benefit-risk-based approach

Good news!

FDA is thinking about a benefit-risk-based approach for AI

Selections from FDA draft guidance *Considerations for the Use of Artificial Intelligence To Support Regulatory Decision-Making for Drug and Biological Products*

- Evaluating the credibility of an AI model for a particular **context of use**
- Assessing the AI model's **risk**
- Explicitly does not address the use of AI models (1) in drug discovery or (2) when used for operational efficiencies that **do not impact patient safety, drug quality**, or the reliability of results from a nonclinical or clinical study

Considerations for the Use of Artificial Intelligence to Support Regulatory Decision-Making for Drug and Biological Products

Guidance for Industry and Other Interested Parties

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only. Comments regarding this draft document should be submitted within 90 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the document title and include a contact person and telephone number, e-mail address, or other means of communication that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER) Tala Fakhouri, 301-837-7407; (CBER) Office of Communication, Outreach and Development, 800-835-4709 or 240-402-8010; or (CDRH) Digital Health Center of Excellence, digitalhealth@fda.hhs.gov.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Center for Devices and Radiological Health (CDRH)
Center for Food Safety (CFS)
Center for Medicines Research (CMR)
Center for Veterinary Medicine (CVM)
Office of Combination Products (OCP)
Office of Inspections and Investigations (OI)

Artificial Intelligence

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other potential R&D applications

connect CMC, biologic structure, and clinical effect for biosimilars

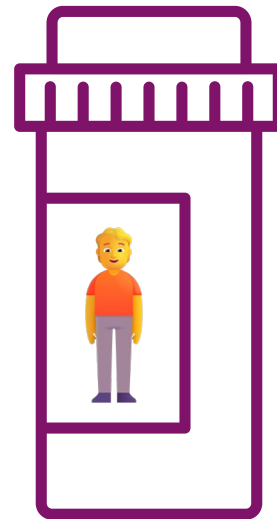
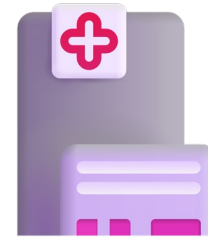
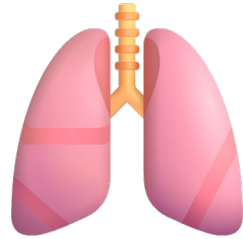
determining whether and how small differences in molecules have a clinical impact

virtual interviewers to minimize bias from humans

clinical site selection

personalized labels

potential future use



challenges



data in
proprietary
databases that
companies may
not want to
share; privacy
implications



oversimplification
of complex
scientific and
technical matters



data integrity &
hallucination

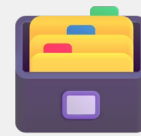
conclusion



benefits &
risks



still early



more &
better data



regulate
only where
value
added

teva