## Immunogenicity of Biosimilars for Rheumatic Diseases, Plaque Psoriasis, and Inflammatory Bowel Disease: A Review from Clinical

## **Trials and Regulatory Documents**

Vibeke Strand, Joao Gonçalves, Timothy P. Hickling, Heather E. Jones, Lisa Marshall, John D. Isaacs

## **Electronic Supplementary Material**

BioDrugs, 2019

Table 1. Characteristics of ADAb and nAb assays

Biosimilar / Manufacturer	Study	ADAb Assay	nAb Assay	Immunogenicity blood sample collection	Differentiation between IgG subtypes?
Reference product: A	Adalimumab				
Healthy volunteers					
Cyltezo (BI 695501)  Boehringer Ingelheim	VOLTAIRE-PK (NCT02045979) [19]	Homogeneous ECL bridging assay (single assay, 3-tiered approach) with acid dissociation step	Inhibition of an in vitro functional activity in a cell-based format (TNFα-dependent ADCC)	Baseline (predose) and Days 1-9, 14, 21, 28, 35, 44, 56, and 71	n/a
Imraldi (SB5) Samsung Bioepis	SB5-G11-NHV (NCT02144714) [20]	ECL bridging assay (biotin and ruthenium), two-tiered approach	Competitive ligand-binding assay	Days 1 (predose), 15 (Week 2), and 71 (Week 10)	n/a
Solymbic (ABP 501, adalimumab-atto) Amgen	EudraCT 2012- 000785-37 [21]	ECL bridging assay that detects all antibody classes [93]	A cell-based assay using TNFα-induced phosphorylation of NFκB	Days 1 (predose), 16, 29, and 63 (Weeks 2, 4, and 9)	No  Both ADAb and nAb assays were expected to detect all antibody classes that inhibit biologic activity of the drug, including monovalent IgG4
Hulio (FKB327) Fujifilm Kyowa Kirin Biologics, Mylan	FKB327-001, EudraCT 2012- 005140-23 [22, 33]	ECL assay (insufficient drug tolerance limit; many inconclusive samples)	ECL competitive assay (insufficient drug tolerance limit; many inconclusive samples)	Baseline and Days 15 (Week 2), 29 (Week 4), and 64 (Week 9)	n/a
Hyrimoz (GP2017, adalimumab-adaz) Hexal/Sandoz	GP17-101 (EudraCT 2012- 004205-27), GP17- 104 (EudraCT 2015-000579-28) [23]	multi-tiered ECL bridging assay	Competitive ligand-binding assay	Days 1-10, 16, 23, 30, 44, 58, and 72	n/a

Biosimilar / Manufacturer	Study	ADAb Assay	nAb Assay	Immunogenicity blood sample collection	Differentiation between IgG subtypes?
MSB11022	EMR200588-001 (NCT03014947)	single ECL assay with acid dissociation	n/a	Day 1 (predose) and Days 15 (Week 2), 29	n/a
Merck	[24]			(Week 4), 43 (Week 6), and 71 (Week 10)	
Rheumatic diseases					
Cyltezo (BI 695501) Boehringer Ingelheim	VOLTAIRE-RA (NCT02137226) [30]	Homogeneous ECL bridging assay (single assay approach)	Inhibition of an in vitro functional activity in a cell-based format (TNFα-dependent ADCC)	Baseline (predose) and Weeks 1, 2, 4, 12, 24, 40, 48, and 58	n/a
Imraldi (SB5) Samsung Bioepis	SB5-G31-RA (NCT02167139) [31, 70]	Bridging ligand-binding ECL assay	Inhibition of TNFα binding to immobilized SB5 by circulating ADAbs	Baseline-Week 24: Baseline, Weeks 4, 8, 16, and 24	n/a
Solymbic (ABP 501, adalimumab-atto)	20120262 (NCT01970475) [32]	ECL bridging assay	Ligand-binding bioassay	Baseline and Weeks 4, 12, and 26	No The nAb assay was expected to detect all antibody classes that inhibit biologic activity of the drug, including monovalent IgG4.
Hulio (FKB327) Fujifilm Kyowa Kirin Biologics, Mylan	FKB327-002, ARABESC (NCT02260791) and FKB327-003, ARABESC-OLE (NCT02405780) [33]	n/a	n/a	FBK327-002: Baseline and Weeks 2, 4, 12, 24; FKB327-003: Weeks 36, 48, 54, 78, and 100	n/a
PF-06410293 Pfizer	REFLECTIONS B538-02 (NCT02480153) [34]	ECL assay	Cell-based assay	Baseline and weeks 2, 6, 12, and 26	n/a

Biosimilar / Manufacturer			nAb Assay	Immunogenicity blood sample collection	Differentiation between IgG subtypes?	
Exemptia (ZRC-3197)  Cadila Healthcare	[NOT REGISTERED AT ClinicalTrials.gov or EudraCT] [35]	and 12		Baseline and weeks 4 and 12	n/a	
Plaque psoriasis						
Solymbic (ABP 501, adalimumab-atto)	20120263 (NCT01970488) [54, 69]	2-tiered ECL bridging assay	n/a	Baseline, Weeks 4, 16, 20, 32, and 52	n/a	
Amgen						
Hyrimoz (GP2017)	GP17-301 (NCT02016105) [23, 55]	02016105) assay assay 7, 11, 17, 23, 29, 35,		n/a		
Hexal/Sandoz						
Reference product: I	Etanercept					
Healthy volunteers						
Benepali (SB4) Samsung Bioepis	SB4-G11-NHV (NCT01865552) [25]	ECL bridging assay	Cell-based assay	Predose in period 1 (Day 1) and predose in period 2 (Day 29)	n/a	
Erelzi (GP2015, etanercept-szzs) Hexal/Sandoz	Studies GP15-101, GP15-102, and GP15-104 [26]	Bridging ECL assay (screening, followed by confirmatory assay), including acid dissociation steps (acid dissociation inferred based on EGALITY trial [56])	Competitive ligand-binding assay	n/a	n/a	
LBEC0101 LG Chem	LG-ECCL003 (NCT01725620) [27]	Affinity capture elution assay, with acid dissociation step	n/a	Before the first dose and at 36 days after both the first and the second dose	n/a	
Rheumatic diseases						

Biosimilar / Manufacturer	Study	ADAb Assay	nAb Assay	Immunogenicity blood sample collection	Differentiation between IgG subtypes?
Benepali (SB4)	SB4-G31-RA (NCT01895309) [36, 79, 80]	ECL (single assay with SB4 tag), with acid dissociation step	Competitive ligand-binding assay	Weeks 0, 2, 4, 8, 12, 16, 24, and 52	n/a
CHS-0214 Coherus BioSciences	CHS-0214-02, Part 1 and Part 2 (NCT02115750) [37]	n/a	n/a	n/a	n/a
LBEC0101 LG Chem	LG-ECCL002 (NCT02357069) [38]	ECL, using biotinylated ETN-RP and SULFO-TAG labelled ETN-RP	RP and SULFO-TAG RP and SULFO-TAG		n/a
Plaque psoriasis					
Erelzi (GP2015, etanercept-szzs) Hexal/Sandoz	EGALITY, Study GP15- 302 (NCT01891864) [56, 81]	Bridging ECL assay (screening, followed by confirmatory assay), including acid dissociation steps	Competitive ligand-binding assay	n/a	n/a
Reference product:	Infliximab				
Healthy volunteers					
Flixabi/ Renflexis (SB2, infliximab- abda)	SB2-G11-NHV, NCT01922336 [28]	ECL	Cell-based assay	Days 1 (predose), 29 (Week 4), and 71 (Week 10)	n/a
Samsung Bioepis					
Inflectra (CT-P13, infliximab-dyyb)	CT-P13 1.4 (EudraCT 2013- 003173-10) [29, 67]	ECL; reanalysis using ELISA	Flow-through immunoassay (Gyros immunoassay platform)	Day 1, Week 8	n/a

Biosimilar / Manufacturer	Study	ADAb Assay	nAb Assay	Immunogenicity blood sample collection	Differentiation between IgG subtypes?
Celltrion					
Rheumatic diseases					
Flixabi/ Renflexis (SB2, infliximab- abda)	SB2-G31-RA (NCT01936181) [39, 77, 78]	ECL	Competitive ligand-binding assay	Baseline and Weeks 2, 6, 14, 22, 30, 38, 46, 54, 62, 70, and 78 (all predose)	n/a
Samsung Bioepis					
Inflectra (CT-P13, infliximab-dyyb) Celltrion	PLANETRA (CT-P13 3.1, NCT01217086) [44, 94] and PLANETRA OLEX (NCT01571219) [45]	ECL	Flow-through immunoassay (Gyros immunoassay platform)	Screening, and Weeks 14, 30, 54, 78, and 102	n/a
Inflectra, Remsima (CT-P13, infliximab-dyyb) Nippon Kayaku Co. Ltd. Celltrion	JAPIC Clinical Trials Information Center study JapicCTI-111620 [42]	ECL	Flow-through immunoassay (Gyros immunoassay platform)	Weeks 14, 30, and 54	n/a
Inflectra (CT-P13, infliximab-dyyb) Celltrion	PLANETAS (CT-P13 1.1, NCT01220518) [40, 74] and PLANETAS OLEX (NCT01571206) [41]	ECL	Flow-through immunoassay (Gyros immunoassay platform)	Screening, and Weeks 14, 30, 54, 78, and 102	n/a

Biosimilar / Manufacturer	Study	ADAb Assay	nAb Assay	Immunogenicity blood sample collection	Differentiation between IgG subtypes?
Inflectra (CT-P13, infliximab-dyyb)	BIO-SWITCH, Dutch Trial Register identifier NTR5297 [43]	RIA [95]	n/a	Baseline and Month 6	n/a
Ixifi (PF-06438179/ GP1111, infliximab-qbtx)	REFLECTIONS B537-02 (NCT02222493) [46]	ECL	Cell-based assay	Baseline and Weeks 2, 6, 14, and 30	n/a
Pfizer IBD					
Inflectra (CT-P13, infliximab-dyyb)	NOR-SWITCH (NCT02148640) performed) In-house inhibition assay n/a performed)		n/a		
Celltrion	0 15(1)	D'11' FILIGA		,	,
Inflectra (CT-P13, infliximab-dyyb)	Gecse et al [61], Gonczi et al [71, 72]	Bridging ELISA	Not performed	n/a	n/a
Celltrion					
Inflectra (CT-P13, infliximab-dyyb)	Farkas et al [60]	ELISA	Not performed	Week 14	n/a
Celltrion					
Inflectra (CT-P13, infliximab-dyyb)	Farkas et al [59]	ELISA	Not performed	Week 8	n/a
Celltrion Inflectra	Jahnsen et al [62]	Automated assay	Not performed	Week 14	n/a
ппеста	Jannsen et at [62]	(AutoDELFIA platform)	inoi periormed	week 14	п/а

Biosimilar / Manufacturer	Study	ADAb Assay	nAb Assay	Immunogenicity blood sample collection	Differentiation between IgG subtypes?
(CT-P13, infliximab-dyyb)					
Celltrion					
Inflectra (CT-P13, infliximab-dyyb)	Buer et al [58] and Høivik et al [73]	Automated assay (AutoDELFIA platform)	Not performed	At each infusion	n/a
Celltrion					
Inflectra, Remsima (CT-P13, infliximab-dyyb)	Smits et al [66, 75, 76]	RIA	Not performed	Baseline and Weeks 16, 52, and 104	n/a
Celltrion					
Inflectra/Remsima (CT-P13, infliximab-dyyb)	Ben-Horin et al [57]	Anti-human λ chain ELISA	Competitive ligand-binding assay	Baseline only (cross- sectional case-control study)	No
Celltrion					
Inflectra/Remsima (CT-P13, infliximab-dyyb)	Kolar et al [64]	ELISA	n/a	IFN to CT-P13 switch cohort (prospective): Weeks 0 and 56  TNFi-naïve CT-P13 cohort (retrospective):	n/a
		77.70		Weeks 14 and 46	,
Inflectra (CT-P13, infliximab-dyyb)	Razanskaite et al [65]	ELISA	n/a	Before switch and after 3-5 doses of CT- P13	n/a
Celltrion	D:/ • 1				
Reference product: Rheumatic diseases					

Biosimilar / Manufacturer	Study	ADAb Assay	nAb Assay	Immunogenicity blood sample collection	Differentiation between IgG subtypes?	
Truxima (CT-P10) Celltrion	Γ-P10) (NCT01534884) P10 tags (sulfo-tag [ruthenium] and biotin)		CDC assay: binding of RTX or CT-P10 to CD20 of B-cells activates the complement system – nAbs inhibit this effect	Weeks 0, 24, and 48	n/a	
Truxima (CT-P10) Celltrion	CT-P10 3.2 (NCT02149121) [47, 68]	Based on info for trial CT-P10 1.1 (see the row above): ECL bridging assay with CT-P10 tags (sulfo-tag [ruthenium] and biotin)  Screening assay: labelled CT-P10 Confirmation assay: labelled + non-labelled CT-P10	Based on info for trial CT-P10 1.1 (see the row above): CDC assay: binding of RTX or CT-P10 to CD20 of B-cells activates the complement system – nAbs inhibit this effect	Weeks 0, 24, and 48	n/a	
Rixathon (GP2013) Hexal/Sandoz	GP13-201 (NCT01274182) [50]	Affinity capture elution ELISA	CDC assay	Randomization and weeks 4, 16, 24, 38, and 52	n/a	
Hexal/Sandoz	GP13-302 (NCT02514772) [51]	Affinity capture elution ELISA (multi-tiered)	Cell-based assay	Each study visit and when any AE was considered immune system-related	n/a	
PF-05280586 Pfizer	REFLECTIONS B328-01 (NCT01526057) [52]	ECL assays (assay for dosed product followed by cross-reactivity assay)	CDC assay	Baseline and weeks 2, 4, 8, 12, and 24	n/a	

Biosimilar / Manufacturer	Study	ADAb Assay	nAb Assay	Immunogenicity blood sample collection	Differentiation between IgG subtypes?
PF-05280586	REFLECTIONS B328-04	ECL assays (assay for dosed product followed by cross-	Cell-based assay	Predose on Days 1, 15 (Week 2), 85 (Week	n/a
Pfizer	(NCT01643928) [53]	reactivity assay)		12), and 169 (Week 24) during each of Courses 1, 2, and 3	

ADAb, anti-drug antibody; ADA, adalimumab; ADCC, antibody-dependent cell-mediated cytotoxicity; AS, ankylosing spondylitis; BL, baseline; CDC, complement-dependent cytotoxicity; ECL, electrochemiluminescence; ELISA, enzyme-linked immunosorbent assay; ETN, etanercept; INF, infliximab; MTX, methotrexate; n/a, data not available; nAb, neutralizing antibody; RIA, radioimmunoassay; RP, reference product; RTX, rituximab; RA, rheumatoid arthritis.

Table 2. Incidence of ADAb and nAb and the Effects of ADAb Formation on PK, PD, Efficacy, and Safety

Biosimilar / Manufacturer	nufacturer    D or		l patients per oup, [n <sub>1</sub> /N]x100)	(% of ADAb-p per treatm [n <sub>2</sub> /n1	vith nAbs ositive patients ent group, ]x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety		
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
Reference produ	uct: Adalimum	ıab							
Healthy volunteers									
Cyltezo (BI 695501) Boehriner Ingelheim	Healthy volunteers	n/a	VOLTAIRE-PK (NCT02045979) [19] N=327 Single-dose, randomized (1:1:1) trial of BI 695501, US-ADL, and EU- ADL with 10-week follow-up	Baseline ADA-EU: 3.7% (4/108)  ADA-US: 2.8% (3/108)  Week 4 ADA-EU: 37.4% (40/107)  ADA-US:	Baseline 3.7% (4/108) Week 4 46.7% (50/107)	Baseline ADA-EU: 50.0% (2/4)  ADA-US: 33.3% (1/3)  Week 4 ADA-EU: 22.5% (9/40)  ADA-US: 31.7% (19/60)	Baseline 75.0% (3/4) Week 4 24.0% (12/50)	A decrease in AUC <sub>0-inf, pred</sub> was observed for patients with high titer values for ADAbs	n/a (healthy volunteers)
				56.1% (60/107) Week 10 ADA-EU: 84.3% (91/108) ADA-US: 88.0% (95/108) denominator N calculated	Week 10 92.5% (99/107)  denominator N calculated based on n and % values	Week 10 ADA-EU: 69.2% (63/91) ADA-US: 72.6% (69/95)	Week 10 64.6% (64/99)		

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	(% of tota treatment gro	with ADAbs l patients per oup, [n1/N]x100)	(% of ADAb-p per treatm [n <sub>2</sub> /n1	with nAbs ositive patients nent group, ]x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
				based on n and % values					
Imraldi (SB5)	Healthy volunteers	n/a	SB5-G11-NHV (NCT02144714)	Overall:	Overall:	Overall:	Overall:	98% of participants	n/a (healthy
Samsung Bioepis			Randomized (1:1:1), single- blind, single-dose, 3-arm trial of ADA-EU, ADA- US, and SB5 N=189  ADAb tests were performed at days 1 (predose), 15 (Week 2), and 71 (Week 10)	ADA-EU: 95.2% (60/63) ADA-US: 100% (63/63)	98.4% (62/63)	ADA-EU: 80.0% (48/60) ADA-US: 82.5% (52/63)	79.0% (49/62)	were ADAb- positive; higher ADAb titre was associated with lower AUC <sub>inf</sub> and AUC <sub>last</sub> , but also with higher drug clearance, in a way that was comparable between SB5 and the reference	volunteers)
Solymbic (ABP 501, adalimumab- atto) Amgen	Healthy volunteers	-	EudraCT 2012- 000785-37 [21] Randomized (1:1:1), single- blind, single-dose, 3-arm, parallel- group trial of ADA-US, ADA- EU, or ABP 501 N=203	Overall: ADA-EU: 67.2% (45/67)  ADA-US: 55.1% (38/69)	Overall: 53.7% (36/67)	Overall: ADA-EU: 31.1% (14/45) ADA-US: 39.5% (15/38)	Overall: 33.3% (12/36)	products  AUC <sub>inf</sub> 20- 30% lower in ADAb- positive than ADAb- negative patients  t <sub>1/2</sub> 50% shorter in ADAb-	n/a (healthy volunteers)

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs  (% of ADAb-positive patients per treatment group,  [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			ADAb tests were performed at day 1 (predose), and at Weeks 2, 4, and 9			•		positive than ADAb- negative patients	
Hulio (FKB327) Fujifilm Kyowa Kirin Biologics, Mylan	Healthy volunteers		FKB327-001, EudraCT 2012- 005140-23 [22, 33] N=180 Randomized (1:1:1), double- blind, single-dose trial of ADA-EU, ADA-US, and FKB327 with a follow-up of 9 weeks	Baseline: ADA-EU 5.0% (3/60)  ADA-US 5.0% (3/60)  Week 2: ADA-EU 31.7% (19/60)  ADA-US 25.0% (15/60)  Week 4: ADA-EU 31.7% (19/60)  ADA-US 30.0% (18/60)	Baseline: 5.0% (3/60)  Week 2: 35.0% (21/60)  Week 4: 33.9% (20/60)  Week 9: 69.5% (41/59)	Baseline: ADA-EU 0  ADA-US 0  Week 2: ADA-EU 0  ADA-US 0  Week 4: ADA-EU 52.6% (10/19)  ADA-US 55.6% (10/18)  Week 9: ADA-EU 81.8% (36/44)	Week 2: 0  Week 4: 10.0% (2/20)  Week 9: 85.4% (35/41)	In all groups, higher ADAb titre was associated with lower AUC <sub>0-∞</sub> and shorter t <sub>1/2</sub> There was no clear relationship between ADAb titre and C <sub>max</sub>	n/a (healthy volunteers)
				<b>Week 9:</b> ADA-EU		ADA-US 81.0% (34/42)			

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs  (% of ADAb-positive patients per treatment group, [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
Hyrimoz (GP2017, adalimumab- adaz) Hexal/Sandoz	Healthy volunteers	n/a	GP17-101, GP17-104 [23]  Double-blind, parallel-group studies in healthy men (GP17-104) or men and women (GP17-101) randomized to receive GP2017, ADA-US, or ADA-	73.3% (44/60)  ADA-US 70.0% (42/60)  (insufficient drug tolerance limit; many inconclusive samples)  n/a	(insufficient drug tolerance limit; many inconclusive samples)  n/a	(insufficient drug tolerance limit; many inconclusive samples)	(insufficient drug tolerance limit; many inconclusive samples)	Smaller AUC <sub>0</sub> . last and AUC <sub>0</sub> . inf in patients in ADAb- positive vs ADAb- negative participants	n/a (healthy volunteers)
MSB11022 Merck	Healthy volunteers	-	EU for 72 days EMR200588-001 (NCT03014947) [24] N=237	Week 10: ADA-EU: 83.5% (66/79)	Week 10: 82.1% (64/78)	n/a	n/a	ADAb- positive patients had 34-45% lower AUC <sub>0-inf</sub> , 13- 25% lower	n/a (healthy volunteers)

Biosimilar / Manufacturer	D or and Design (% of total patients previous Therapy		al patients per oup, [n <sub>1</sub> /N]x100)	(% of ADAb-p per treatm [n <sub>2</sub> /n1	with nAbs ositive patients nent group, ]x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety		
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			Randomized (1:1:1), double- blind, single-dose trial of ADA-EU, ADA-US, and MSB11022 with a follow-up of 10 weeks	ADA-US: 81.3% (65/80)				$C_{max}$ , and 44-57% shorter $t_{1/2}$	
Rheumatic diseases									
Cyltezo (BI 695501)  Boehriner Ingelheim	RA	MTX	VOLTAIRE-RA (NCT02137226) [30] N=645  Randomized (1:1) double-blind treatment with BI 695501 or ADA  At Week 24, ADA- treated patients were re- randomized (1:1) for an additional 24 weeks of treatment with BI 695501 or ADA (follow-up to week 58)	Baseline: 6.5% (21/321)  Week 24: 47.8% (144/301)  Week 48: ADA/ADA 49.6% (69/139)  Week 58: ADA/ADA 58.3% (21/36)	Baseline: 3.4% (11/324)  Week 24: 43.2% (127/294)  Week 48: 695501/ 695501 41.8% (118/282)  ADL/ 695501 36.2% (50/138)  Week 58: 695501/ 695501 44.7% (21/47)  ADA/	Baseline: 76.2% (16/21)  Week 24: 42.4% (61/144)  Week 48: ADA/ADA 43.5% (30/69)  Week 58: ADA/ADA 66.7% (14/21)	Baseline: 81.8% (9/11) Week 24: 37.8% (48/127) Week 48: 695501/ 695501 45.8% (54/118) ADA/ 695501 42.0% (21/50) Week 58: 695501/ 695501 76.2% (16/21)	ADAb- positive patients had lower drug plasma concentration than ADAb- negative ones	At Week 24, ADAb-positive patients had a lower ACR20 response rate than ADAb- negative ones: BI 695501: 69.3% vs 78.4%  ADA: 64.6% vs 71.3% In both treatment groups, ACR20 response rate decreased with the higher ADAb titre

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs  (% of ADAb-positive patients per treatment group, [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
				,	695501 41.2% (14/34)	,	ADA/ 695501 71.4% (10/14)		
Imraldi (SB5) Samsung Bioepis	RA	MTX	SB5-G31-RA (NCT02167139) [31, 70] N=544  Randomized (1:1) double-blind treatment with SB5 or ADA  At Week 24, ADA- treated patients were re- randomized 1:1 for an additional 28 weeks of treatment with SB5 or ADA	Weeks 1-24 (emergent): 31.4% (82/261) Weeks 1-24 (boosted): 50.0% (4/8) Weeks 25-52 (emergent): ADA/ADA 12.6% (11/87) Weeks 25-52 (boosted): ADA/ADA 30.8% (12/39)	Weeks 1-24 (emergent): 32.4% (80/247) Weeks 1-24 (boosted): 42.1% (8/19) Weeks 25-52 (emergent): SB5/SB5 5.6% (9/160) ADLADA/SB5 6.3% (5/80) Weeks 25-52 (emergent): SB5/SB5 33.0% (31/94) ADA/SB5 35.6% (16/45)	Weeks 1-24 (overall): ~50% Weeks 1-24 (emergent): 14.6% Weeks 25-52: n/a	Weeks 1-24 (overall): ~50% Weeks 1-24 (emergent): 13.6% Weeks 25-52: n/a	Lower C <sub>trough</sub> in ADAb- positive than ADAb- negative patients, regardless of treatment assignment	Weeks 1-24: Comparable ACR20 responses between ADAb-positive and –negative patients, according to Weinblatt et al [31], but there was a significant difference in Week 24 ACR20 according to SB5 EPAR (ADA, 71%; SB5, 58%).  There was no significant difference in ACR20 responses in patients with nAbs (EPAR).

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		(% of ADAb-I per treatm [n2/n1	with nAbs positive patients nent group, []x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
									Switching phase (Weeks 25-52): ACR response rate (ACR20, ACR50, and ACR70), EULAR response rate (good and moderate), and proportions of patients with LDA or remission (DAS28, SDAI, or CDAI) had a trend toward decreased efficacy in ADAb-positive patients, versus ADAb-negative patients Post-switch (weeks 24-52), mean DAS28, SDAI, and CDAI values tended to improve in

Biosimilar / Manufacturer	Participants	cDMAR D or and Design Previous Therapy	(% of tota treatment gr	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs  (% of ADAb-positive patients per treatment group, [n2/n1]x100)		Effect of ADAbs on PD, efficacy, and safety	
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
									ADAb-negative patients and worsen in ADAb-positive patients
Solymbic (ABP 501, adalimumab- atto) Amgen	RA	MTX	20120262 (NCT01970475) [32] N=526 Randomized (1:1) double-blind treatment with ABP 501 or ADA for 24 weeks, with follow-up until Week 26	Baseline: 2.3% (6/262)  Week 4: 17.2% (45/262)  Week 12: 23.7% (62/262)  Week 26:	Baseline: 1.9 (5/264)  Week 4: 18.9% (50/264)  Week 12: 23.5% (62/264)  Week 26: 31.8% (84/264)	Baseline: 0 Week 4: 8.9% (4/45) Week 12: 16.1% (10/62) Week 26: 28.3% (26/92)	Baseline: 0 Week 4: 10.0% (5/50) Week 12: 12.9% (8/62) Week 26: 22.6% (19/84)	n/a	In both treatment groups, similar proportions of ADAb-positive and –negative patients achieved ACR20 response
				35.1% (92/262) <b>Overall</b> : 38.2% (100/262)	Overall: 38.3% (101/264)	Overall: 29.0% (29/100)	Overall: 23.8% (24/101)		
Hulio (FKB327) Fujifilm Kyowa Kirin Biologics, Mylan	RA, inadequate response to MTX	MTX	FKB327-002, ARABESC (NCT02260791) [33] N=728	Baseline: 5.3% (17/321) Week 2: 12.1% (39/321)	Baseline: 3.7% (12/324) Week 2: 9.9% (32/324) Week 4:	Baseline: 82.4% (14/17) Week 2: 76.9% (30/39) Week 4:	Baseline: 66.7% (8/12) Week 2: 84.4% (27/32) Week 4:	n/a	For both ADA and FKB327, there was a decrease in efficacy associated with an increase in

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs  (% of ADAb-positive patients  per treatment group,  [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			Randomized (1:1), double-blind, 24- week trial of ADA- US and FKB327	Week 4: 35.6% (114/320)  Week 12: 52.5% (168/320)  Week 24: 59.4% (190/320)	38.8% (125/322)  Week 12: 57.2% (183/320)  Week 24: 62.0% (201/324)	93.0% (106/114) Week 12: 98.2% (165/168) Week 24: 99.5% (189/190)	93.6% (117/125) Week 12: 98.9% (181/183) Week 24: 98.5% (198/201)		ADAb/nAb incidence  For both ADA and FKB327, presence of ADAbs/nAbs was associated with a slight increase in treatment-emergent hypersensitivity adverse events (with very low overall incidence)
Hulio (FKB327) Fujifilm Kyowa Kirin Biologics, Mylan	RA, inadequate response to MTX	MTX	FKB327-003, ARABESC-OLE (NCT02405780) [33] N=645 Open-label extension of FKB327-002; in Period 1, patients in each treatment group were re- randomized (2:1) to continue or switch treatments; in Period 2, all	Period 1  Week 36: 50.5% (102/202)  Week 48:	Period 1  Week 36: FKB327/ FKB327 54.0% (109/202)  FKB327/ADA 58.3% (60/103)  ADA/FKB327 52.4% (54/103)  Week 48: FKB327/ FKB327	Period 1  Week 36: 100% (102/102)	Period 1  Week 36: FKB327/ FKB327 99.1% (108/109)  FKB327/ADA 100% (60/60)  ADA/FKB327 98.1% (53/54)  Week 48: FKB327/	n/a	Presence of ADAbs/nAbs was associated with a slight increase in treatment- emergent hypersensitivity adverse events (with very low overall incidence)

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs (% of ADAb-positive patients per treatment group, [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			patients received FKB327 for an additional 48 weeks	50.8% (101/199)	50.8% (100/197)  FKB327/ADA 58.0% (58/100)  ADA/FKB327 49.0% (47/96)  Period 2 (includes sequences FKB327/ FKB327/ FKB327,  FKB327,  FKB327/ADA/ FKB327,	98.0% (99/101)	FKB327 100% (100/100) FKB327/ADA 98.3% (57/58) ADA/FKB327 100% (47/47) Period 2 (includes sequences FKB327/ FKB327/ FKB327,		
					ADA/ FKB327/ FKB327, and ADA/ADA/FKB 327) Week 54: 52.5% (299/569) Week 78: 49.8% (271/544) Week 100: 48.4% (252/521)		FKB327/ADA / FKB327, ADA/ FKB327/ FKB327, and ADA/ADA/F KB327) Week 54: 99.0% (296/299)		

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs  (% of ADAb-positive patients per treatment group, [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
		- •		Reference product	Biosimilar	Reference product	Biosimilar		parameters
				•			Week 78: 98.2% (266/271)		
							Week 100: 99.2% (250/252)		
PF-06410293 Pfizer	RA, inadequate response to MTX	MTX	REFLECTIONS B538-02 (NCT02480153) [34] N=597  Period 1 (Weeks 0-26): Randomized (1:1) double-blind treatment with ADA (EU) or PF-06410293 Period 2 (Weeks 27-52): Patients treated with PF-06410293 in Period 1 continue treatment; patients initially randomized to ADA-EU are re- randomized (1:1) to PF-06410293 or ADA-EU Period 3 (Weeks 53-78): All patients	Week 26: 43.5% (130/299) Overall: 50.5% (151/299)	Week 26: 37.7% (112/297) Overall: 44.4% (132/297)	Week 26: 23.1% (30/130)  Overall: 27.8% (42/151)	Week 26: 25.9% (29/112)  Overall: 31.1% (41/132)	For both ADA-EU and PF-06410293, ADAb- positive patients had approx. 60% lower serum drug concentration than ADAb- negative patients	n/a

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	treatment group, [n <sub>1</sub> /N]x100)		(% of ADAb-p per treatm [n <sub>2</sub> /n1	with nAbs ositive patients ent group, [x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			receive PF- 06410293 Follow-up period: Weeks 79-92			•			
Exemptia (ZRC-3197) Cadila Healthcare	Moderate to severe RA	MTX	[NOT REGISTERED AT ClinicalTrials.gov or EudraCT] [35] N=120	<b>Week 12:</b> 1.6% (1/60)	Week 12: 3.3% (2/60)	n/a	n/a	n/a	n/a
			Randomized (1:1) double-blind study patients treated with ADA (US) or ZRC-3197 for 12 weeks						
Plaque psoriasis									
Solymbic (ABP 501, adalimumab- atto)	Moderate to severe plaque psoriasis	Non- biologic: 75%	20120263 (NCT01970488) N=350 [54, 69]	Week 16: 63.6% (110/173)	Week 16: 55.2% (96/174) Week 20:	Week 16: 21.8% (24/110)	Week 16: 17.7% (17/96) Week 20:	n/a	n/a
Amgen		Biologic: 18%	Randomized (1:1) double-blind treatment with ABP 501 or ADL for 16 weeks	Week 20: ADL/ADL 59.5% (47/79)	ABP 501/ ABP 501 54.6% (83/152)	Week 20: ADL/ADL 19.1% (9/47)	ABP 501/ ABP 501 13.3% (11/83) ADL/		
			After Week 16, patients with ≥50% improvement in		ABP 501 64.9% (50/77) Week 52:		ABP 501 20.0% (10/50) Week 52:		
			PASI were eligible		ABP 501/	Week 52:	ABP 501/		

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	treatment group, [n <sub>1</sub> /N]x100)		(% of ADAb-p per treatm	Patients with nAbs (% of ADAb-positive patients per treatment group, [n <sub>2</sub> /n1]x100)		Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			to continue treatment until week 48 - those initially randomized ABP 501 continued their regimen and those randomized to ADL were re- randomized (1:1) to ADL or ABP 501; follow-up was to Week 52	Week 52: ADL/ADL 74.7% (59/79) Week 17-52 (emergent): ADL/ADL 35.5% (11/31)	ABP 501 68.4% (104/152)  ADL/ ABP 501 72.7% (56/77)  Week 17-52 (emergent): ABP 501/ ABP 501 35.6% (26/73)  ADL/ ABP 501 28.6% (8/28)	ADL/ADL 27.1% (16/59) Week 17-52 (emergent): ADL/ADL 0	ABP 501 20.2% (21/104)  ADL/ ABP 501 33.9% (19/56)  Week 17-52 (emergent): ABP 501/ ABP 501 0  ADL/ ABP 501 0		
Hyrimoz (GP2017, adalimumab- adaz) Hexal/Sandoz	Moderate to severe plaque psoriasis	Topical: 76% Biologic: 21%	GP17-301 (NCT02016105) [23, 55] N=465 Treatment Period 1 (Weeks 1-16): Randomized (1:1) double-blind treatment with GP2017 or ADL for 15 weeks (Period 1)	Weeks 1-17: 34.1% (75/220)  Weeks 17- 51: ADL/ADL 45.1% (55/122)	Weeks 1-17: 36.8% (81/220) Weeks 17-51: ADL/GP2017 39.3% (24/61) GP2017/GP2017 35.8% (44/123) GP2017/ADL 46.7% (28/60)	Weeks 1-17: 80.0% (60/75) Weeks 17-51: ADL/ADL 85.4% (47/55)	Weeks 1-17: 80.2% (65/81) Weeks 17-51: ADL/GP2017 100% (24/24) GP2017/GP20 17 86.4% (38/44) GP2017/ADL 75.0% (21/28)	n/a	PASI75 response at Week 16: ADL ADAb-positive: 39% ADAb- negative: 72%  GP2017 ADAb-positive: 43%

Reference product    Reference product   Reference product	Biosimilar / Manufacturer		Trial Registration and Design	treatment group, [n <sub>1</sub> /N]x100)		(% of ADAb-p per treatm	vith nAbs ositive patients ent group, ]x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
Treatment Period 2 (Weeks 17-35): At Week 17, patients with ≥50% improvement in PASI were eligible to continue treatment until week 35, after re- randomization (2:1) to continued treatment with GP2017 or ADL or to 3 alternating 6- week periods (ADL-GP2017- ADL or GP2017- ADL or GP2017 ADL-GP2017, respectively)  Extension period					Biosimilar		Biosimilar	1	parameters
(Weeks 36-32): All patients received treatment assigned in Period 1		(W) Wi wi im PA to tre we rai (2: tre GH to we (A AI AI res  Ex (W) pa tre	(Weeks 17-35): At Week 17, patients with ≥50% improvement in PASI were eligible to continue treatment until week 35, after re- randomization (2:1) to continued treatment with GP2017 or ADL or to 3 alternating 6- week periods (ADL-GP2017- ADL or GP2017- ADL or GP2017, respectively)  Extension period (Weeks 36-52): All patients received treatment assigned						ADAb- negative: 74%  PASI score change, Baseline to Week 16: ADL ADAb-positive: -47 ADAb- negative: -65  GP2017 ADAb-positive: -51 ADAb- negative: -63

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	treatment group, [n <sub>1</sub> /N]x100)		(% of ADAb-p per treatm [n <sub>2</sub> /n1	vith nAbs ositive patients ent group, ]x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
Benepali (SB4) Samsung Bioepis	Healthy volunteers		SB4-G11-NHV (NCT01865552) [25] N=138 Randomized, 3- part, 2-period (21 days each), cross- over study of ETN- EU, ETN-US, and SB4	ETN-EU (Parts A, C): 15.6% (7/45)  ETN-US (Parts B, C): 22.7% (10/44)  Numbers of available samples for ETN-EU and ETN-US were calculated based on the percentages and the numbers patients with ADAbs	Parts (A, B): 0	ETN-EU (Parts A, C): 14.3% (1/7)  ETN-US (Parts B, C): 0	Parts (A, B): 0	n/a	n/a
Erelzi (GP2015, etanercept-szzs) Hexal/Sandoz	Healthy volunteers	n/a	Studies GP15-101, GP15-102, and GP15-104 [26] Randomized, 12- week, double- blind, 2-way cross- over studies of GP2015 and ETN- EU (G15-101, and GP15-104) or	n/a	n/a	n/a	n/a	Not assessed, because of only 3 patients with ADAbs across all three studies (Study GP15-104, EU-ETN arm); all were near the detection limit and none	n/a

Biosimilar / Manufacturer	Participants	cipants cDMAR D or Previous Therapy	Trial Registration and Design	(% of tota treatment gr	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs  (% of ADAb-positive patients per treatment group, [n2/n1]x100)		Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			ETN-US (GP15- 102)					were neutralizing.	
LBEC0101 LG Chem	Healthy volunteers	-	LG-ECCL003 (NCT01725620) [27] N=48 Randomized, double-blind, single-dose, 2- period, 2-sequence (LBEC0101-ETN and ETN- LBEC0101), cross- over study of ETN or LBEC0101	Anti-ETN antibodies Week 5, After 1 <sup>st</sup> dose in ETN- LBEC0101 sequence: 16.7% (4/24)	Anti-ETN antibodies  Week 5, After 1 <sup>st</sup> dose in LBEC0101- ETN sequence: 4.5% (1/22)	n/a	n/a	C <sub>max</sub> and AUC <sub>inf</sub> after ETN or LBEC0101 administration did not differ significantly between ADAbpositive and ADAbnegative participants	n/a (healthy volunteers)
Rheumatic diseases			or EBECOTOT						
Benepali (SB4) Samsung Bioepis	RA	MTX	SB4-G31-RA (NCT01895309) [36, 79, 80, 96] N=596  Randomized (1:1) double-blind treatment with SB4 or ETN for 52 weeks  OL treatment with SB4 in patients who completed the	Week 0: 0 Week 4: 11.0% (32/291) <sup>a</sup> Week 8: 2.1% (6/288) <sup>a</sup> Week 52: 0.7% (2/296)	Week 0: 0 Week 4: 0.3% (1/299) Week 8: 0.3% (1/298) <sup>a</sup> Week 52: 0.3% (1/299) Weeks 53-100:	Week 0: 0 Week 4: 0 Week 8: 2.6% (1/38) Week 52: 0	Week 0: 0 Week 4: 0 Week 8: 0 Week 52: 0 Weeks 53-100:	No data	At Week 24, ADAb-positive patients had lower ACR20 rate than ADAb-negative patients in the ETN group (72.4% vs 81.5%), but not in the SB4 group (100% vs 78.0%) [there were only 2

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs (% of ADAb-positive patients per treatment group, [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			double-blind phase for additional 48 weeks		SB4/SB4: 0.8% (1/126)		SB4/SB4: 0		patients with ADAbs in the SB4 group]
					ETN/SB4: 0.9% (1/117)		ETN/SB4:		
CHS-0214 Coherus	RA	MTX	CHS-0214-02, Part 1 and Part 2 (NCT02115750)	Week 1-24: 4.7%	Week 1-24: 1.3%	n/a	n/a	n/a	n/a
BioSciences			[37] N=512		Week 25-52: CHS-0214/ CHS-0214				
			Part 1: Randomized (1:1) double-blind		1.4% Week 25-52:				
			treatment with CHS-0214 or ETN for 24 weeks		ETN/ CHS-0214 0.7%				
			Part 2: ACR20 achievers in both groups received CHS-0214 for an						
			additional 24 weeks						
LBEC0101	RA	MTX	LG-ECCL002 (NCT02357069)	Week 12: 4.3% (8/187)	Week 12: 0.5% (1/187)	Week 12:	Week 12:	Not determined,	Not determined, because of the
LG Chem			[38] N=374	4.3% (8/18/) Week 24:	0.5% (1/18/) Week 24:	Week 24:	Week 24:	because of the low number of	now number of ADAb-positive
				2.1% (4/187)	0.5% (1/187)	0	0	ADAb-	patients in the
			Randomized (1:1) treatment with LBEC0101 or ETN	Week 52: 3.7% (7/187)	Week 52: 0.5% (1/187)	Week 52:	Week 52:	positive patients in the	LBEC0101 group

Biosimilar / Manufacturer	Participants	ants cDMAR D or Previous Therapy	D or and Design	(% of tota	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs (% of ADAb-positive patients per treatment group, [n2/n1]x100)		Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			for 52 weeks (Period 1, weeks 1-24 [primary assessment]; Period 2, weeks 25-52 [secondary assessment]), with follow-up to week 54	Overall: 9.6% (18/187)	<b>Overall</b> : 1.6% (3/187)	Overall: 0	Overall: 0	LBEC0101 group	
Plaque									
psoriasis  Erelzi (GP2015, etanercept-szzs)  Hexal/Sandoz	Chronic plaque-type psoriasis	None: 68.9% Any: 30.1% TNFi (not ETN): 0.9%	EGALITY, Study 302 (NCT01891864) [56, 81] N=531  Treatment period 1 (Weeks 1-12): Randomized (1:1), double-blind treatment with GP2015 or ETN for 12 weeks  Treatment period 2 (Weeks 13-30): Patients with ≥PASI 50 at week 12 were rerandomized 1:1 to continue existing	Week 12: 1.9% (5/267) Weeks 13- 30: ETN/ETN 0 GP2015/ETN	Week 12: 0 Weeks 13-30: GP2015/GP2015 0 ETN/GP2015 0	Week 12: 0 Weeks 13-30: ETN/ETN 0 GP2015/ETN 0	Week 12: 0 Weeks 13-30: GP2015/GP20 15 0 ETN/GP2015 0	n/a	Not assessed, because of only 3 patients with ADAbs

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	D or and Design Previous	(% of tota treatment gr	with ADAbs Il patients per oup, [n1/N]x100)	(% of ADAb-p per treatm [n <sub>2</sub> /n1	with nAbs ositive patients nent group, ]x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety parameters
				Reference product	Biosimilar	Reference product	Biosimilar		
			treatment for 18 weeks or undergo three 6-week switches			•			
			Extension Period (Weeks 31-52): Patients continued treatment from the end of period 2 for an additional 22 weeks						
Reference prod	uct: Infliximab								
Healthy volunteers									
Flixabi/ Renflexis (SB2, infliximab- abda) Samsung	Healthy volunteers	n/a	SB2-G11-NHV, NCT01922336 [28] N=159 Randomized (1:1:1), single- blind, single-dose	Predose: INF-EU: 0 INF-US: 0	Predose:	Predose: INF-EU: 0 INF-US: 0	Predose:	Compared with ADAb- negative individuals, ADAb- positive ones had approx.	n/a (healthy volunteers)
Bioepis			study of INF (US), INF (EU), and SB2 with a follow-up of 10 weeks	Week 4: INF-EU: 0 INF-US: 1.9% (1/53)	Week 4: 3.8% (2/53)	Week 4: INF-EU: 0 INF-US: 0	Week 4: 50.0% (1/2)	30% lower AUC <sub>inf</sub> , 35- 40% higher clearance, 40- 50% lower t <sub>1/2</sub> , and similar C <sub>max</sub>	
				Week 10: INF-EU:	Week 10: 47.2% (25/53)	Week 10: INF-EU: 70.0% (14/20)	Week 10: 56.0% (14/25)	Cmax	

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	D or and Design Previous Therapy	(% of tota treatment gr	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs  (% of ADAb-positive patients per treatment group, [n2/n1]x100)		Effect of ADAbs on PD, efficacy, and safety
				Reference product 37.7% (20/53) INF-US: 37.7% (20/53)	Biosimilar	Reference product INF-US: 35.0% (7/20)	Biosimilar		parameters
Inflectra (CT-P13, infliximab- dyyb) Celltrion	Healthy volunteers	n/a	CT-P13 1.4 (EudraCT 2013- 003173-10) [29, 67] N=213  Randomized (1:1:1) trial evaluating PK, PD, and immunogenicity of single-dose INF- EU, INF-US, and CT-P13 for 8 weeks	Week 8 INF-EU 25.4% (18/71) INF-US 11.4% (8/70) (p-value for difference between INF- EU and INF- US: 0.15)	Week 8 27.1% (19/70)	Week 8 INF-EU 100% (18/18) INF-US 100% (8/8)	Week 8 100% (19/19)	In ADAbpositive patients, AUCinf was 15-23% lower than in ADAbnegative patients	n/a (healthy volunteers)
Rheumatic diseases									
Flixabi/ Renflexis (SB2, infliximab- abda)	RA	MTX	SB2-G31-RA (NCT01936181) [39, 77, 78, 97] N=584 Randomized (1:1)	Week 0: 2.4% (7/293) Week 6: 5.6%	Week 0: 1.7% (5/290) Week 6: 7.4%	Week 0: 0 Week 6: 43.8%	Week 0: 0 Week 6: 52.4%	n/a	In both treatment groups, there was a lower ACR20 response rate
Samsung Bioepis			double-blind treatment with SB2	(16/286)	(21/282)	(7/16)	(11/21)		and higher rate of IRRs among

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	or and Design	(% of tota	with ADAbs l patients per oup, [n1/N]x100)	Patients with nAbs (% of ADAb-positive patients per treatment group, [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			or INF for 54 weeks  At week 54, INF- treated patients were re- randomized (1:1) to switch to SB2 or continue on INF until week 70 (assessment continued until week 78)	Week 14: 22.5% (63/280)  Week 30: 43.9% (116/264)  Week 54: 40.1% (89/222) <sup>b</sup> Weeks 54-78: INF/INF° 14.9% (7/47)	Week 14:     26.6%     (73/274)  Week 30:     53.0%     (133/251)  Week 54:     52.9%     (118/223) <sup>b</sup> Weeks     54-78:     INF/SB2 <sup>c</sup> 14.6% (6/41)  SB2/SB2 <sup>c</sup> 14.1% (11/78)	Week 14: 95.2% (60/63)  Week 30: 94.0% (109/116)  Week 54: 87.6% (78/89) <sup>b</sup> Weeks 54-78: INF/INF° 100% (7/7)	Week 14: 95.9% (70/73)  Week 30: 97.0% (129/133)  Week 54: 83.9% (99/118) <sup>b</sup> Weeks 54-78: INF/SB2 <sup>c</sup> 100% (36/6)  SB2/SB2 <sup>c</sup> 100% (11/11)		ADAb-positive vs ADAb-negative patients  ACR20 Week 30: INF: 58.7% vs 73.6% SB2: 56.7% vs 73.1%  Week 54: INF: 68.1% vs 70.8% SB2: 58.7% vs 76.3%  IRR INF: 6.5% vs 3.2% SB2: 8.4% vs 1.9%
Inflectra, Remsima (CT-P13, infliximab- dyyb) Celltrion	RA	MTX	PLANETRA (CT- P13 3.1, NCT01217086) [44, 94] N=606 Randomized (1:1) double-blind	Week 14: 25.8% (70/271) Week 30: 48.2% (122/253) Week 54:	Week 14: 25.4% (69/272) Week 30: 48.4% (122/252) Week 54:	Week 54: ∼100%	<b>Week 54</b> : ∼100%	In ADAb- positive patients, C <sub>max</sub> was 12-16% lower and C <sub>min</sub> was 67-68% lower than in ADAb-	Efficacy responses were generally lower in ADAb- positive than ADAb-negative patients

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	Patients with ADAbs  (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		(% of ADAb-p per treatn	Patients with nAbs (% of ADAb-positive patients per treatment group, [n2/n1]x100)		Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			treatment with CT-P13 or IFN for 54 weeks	36.0% (108/300) denominator N calculated based on n and % values	41.1% (124/302)  denominator N calculated based on n and % values	n/N data not available	n/N data not available	negative patients	ADAb-positive vs ADAb-negative:  ACR20 INF: 64.5% vs 75.2% CT-P13: 64.8% vs 81.7%  ACR50 INF: 33.9% vs 47.3% CT-P13: 29.5% vs 54.8%  ACR70 INF: 13.2% vs 22.5% CT-P13: 7.4% vs 32.5%  EULAR-CRP (mod-good) INF: 82.5% vs 91.4% CT-P13: 79.5% vs 91.9%
									EULAR-ESR (mod-good) INF: 75.0% vs 89.1%

Biosimilar / Manufacturer	Participants	pants cDMAR D or Previous Therapy	and Design	(% of tota	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		with nAbs ositive patients nent group, ]x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
									CT-P13: 77.1% vs 91.9%
Inflectra, Remsima (CT-P13, infliximab- dyyb) Celltrion	RA	MTX	PLANETRA OLEX (NCT01571219) [45] N=302 Single-arm, OL treatment with CT- P13 in patients who completed PLANETRA	Week 102: INF/CT-P13 44.8% (64/143)	Week 102: CT-P13/CT-P13 40.3% (64/159)	Week 102: INF/CT-P13 100% (64/64)	Week 102: CT-P13/CT- P13 100% (64/64)	n/a	At weeks 54 and 102, in both maintenance and switch groups, there was a comparable change from baseline in CRP and ESR between ADAb-positive and ADAb- negative patients  The proportions of ADAb- positive and — negative patients achieving ACR20 at weeks 54 and
									102 were also similar
Inflectra, Remsima	RA	MTX	JAPIC Clinical Trials Information	Week 14: 15.1%	<b>Week 14:</b> 19.6%			$AUC_{\tau}$ and $C_{max}$ were	n/a

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	and Design	(% of total treatment gro	with ADAbs I patients per oup, [n <sub>1</sub> /N]x100)	Patients with nAbs  (% of ADAb-positive patients per treatment group, [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
(CT-P13, infliximab- dyyb)			Center study JapicCTI-111620 [42] N=101	Week 30: 26.4%	Week 30: 25.5%	•		higher among ADAb- negative patients than in	
Nippon Kayaku Corp. Celltrion			Randomized (1:1) double-blind	Week 54: 32.1%	Week 54: 25.5%	Week 54: 100%	Week 54: 100%	the entire study sample	
			treatment with CT-P13 or IFN for 54 weeks	n/N data not available	n/N data not available	n/N data not available	n/N data not available		
Inflectra, Remsima (CT-P13, infliximab- dyyb) Celltrion	AS		PLANETAS (CT-P13 1.1, NCT01220518) [40, 74] N=250  Randomized (1:1) double-blind treatment with CT-P13 or IFN for 54 weeks	Week 14: 10.7% (13/122) Week 30: 20.5% (25/122) Week 54: 23.0% (28/122)	Week 14: 8.6% (11/128) Week 30: 25.0% (32/128) Week 54: 19.5% (25/128)	Week 14: 100% (13/13) Week 30: 96.0% (24/25) Week 54: 100% (28/28)	Week 14: 90.9% (10/11)  Week 30: 96.9% (31/32)  Week 54: 100% (25/25)	At week 30, in both treatment groups, there was a trend toward lower $C_{max,ss}$ and $AUC_{\tau}$ with higher ADAb titre.  In both treatment groups, ADAb-positive patients had 14% lower $C_{max}$ than ADAb-negative patients	At week 30, efficacy responses were generally lower in ADAb-positive than ADAb-negative patients  ASAS20 IFN: 65.4% vs 74.4% CT-P13: 50.0% vs 77.4%  ASAS40 IFN: 38.5% vs 50.0% CT-P13: 42.9% vs 54.8%

iosimilar / Ianufacturer	]	cDMAR D or Previous Therapy	Trial Registration and Design	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		(% of ADAb-p per treatm	with nAbs ositive patients ent group, ]x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
nflectra, emsima CT-P13, nfliximab- yyb)	AS -	-	PLANETAS OLEX (NCT01571206) [41] N=174  Single-arm, openlabel treatment with CT-P13 in patients who completed PLANETAS	Week 102: INF/CT-P13 27.4% (23/84)	Week 102: CT-P13/CT-P13 23.3% (21/90)	Week 102: INF/CT-P13 100% (23/23)	Week 102: CT-P13/CT- P13 100% (23/23)	n/a	At weeks 54 and 102, in both maintenance and switch groups, there was a greater decline baseline in CRP and ESR in ADAb- negative than ADAb-positive patients  At weeks 54 and 102, in both maintenance and switch groups, there was a higher ASAS20 response rate in ADAb-negative than ADAb- positive patients:  Week 54 Maintenance:

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	D or and Design	(% of tota treatment gr	with ADAbs Il patients per oup, [n1/N]x100)	Patients with nAbs  (% of ADAb-positive patients per treatment group, [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
									Week 102 Maintenance: 83.9% vs 70.0% Switch: 84.6% vs 62.5%
									The proportions of ADAb- positive and – negative patients achieving ACR20 at weeks 54 and 102 were also similar
Inflectra, Remsima (CT-P13, infliximab- dyyb) Celltrion	AS, PsA, RA	csDMAR Ds, MTX	BIO-SWITCH, Dutch Trial Register identifier NTR5279 [43] N=192  Multicenter, prospective, cohort study of INF- treated patients who switched to CT-P13 for 6 months	n/a	Anti-INF antibodies <b>Baseline</b> : 10.3% (14/136) <b>Month 6</b> : 6.6% (9/136)	n/a	n/a	n/a	n/a

Biosimilar / Manufacturer	Participants	D or Previous Therapy and Design	(% of tota	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs  (% of ADAb-positive patients per treatment group, [n2/n1]x100)		Effect of ADAbs on PD, efficacy, and safety	
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
Ixifi (PF-06438179/GP1111, infliximab-qbtx) Pfizer	Moderate to severe RA	MTX	REFLECTIONS (B537-02, NCT02222493) [46] N=650  Randomized (1:1) DB treatment with IFN-EU or PF-06438179/ GP1111 for 30 weeks	Baseline: 2.8% (9/323)  Week 14: 31.8% (100/314)  Week 30: 49.5% (144/291)  Overall: 51.4% (167/325)	Baseline: 2.8% (9/322)  Week 14: 31.8% (96/302)  Week 30: 48.2% (136/282)  Overall: 49.1% (157/320)	Baseline: 11.1% (1/9)  Week 14: 78.0% (78/100)  Week 30: 83.3% (120/144)  Overall: 85.6% (143/167)	Baseline: 11.1% (1/9)  Week 14: 76.0% (73/96)  Week 30: 77.2% (105/136)  Overall: 79.0% (124/157)	In ADAb- positive patients, C <sub>max</sub> was 10-18% lower than in ADAb- negative patients	At Week 14, a greater proportion of ADAb-negative than ADAb-positive patients achieved ACR20:  PF-06438179/GP1111: 69.1% vs 51.0%  INF-EU: 71.2% vs 49.5%
IBD									
Inflectra, Remsima (CT-P13, infliximab- dyyb) Celltrion	IBD, 51.6% Rheumatic diseases, 41.2% Psoriasis, 7.3%	21.8%	NOR-SWITCH (NCT02148640) [63] N=481  In this double-blind trial, patients receiving stable INF for ≥6 months were randomized (1:1) to continue their INF treatment or be switched to CT-P13, for 52weeks	Only nAbs were assessed	Only nAbs were assessed	Week 52 (all): 10.8% (26/241)  Week 52 (emergent): 7.1% (17/241)  Due to study design, nAb incidence was presented as % of all patients,	Week 52 (all): 12.5% (30/240)  Week 52 (emergent): 7.9% (19/240)  Due to study design, nAb incidence was presented as % of all patients,	n/a	n/a

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	and Design	(% of tota treatment g	with ADAbs al patients per roup, [n <sub>1</sub> /N]x100)	(% of ADAb-p per treatn [n <sub>2</sub> /n1	with nAbs positive patients nent group, ]x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
				· ·		not those who were ADAb- positive	not those who were ADAb- positive		
Inflectra (CT-P13, infliximab- dyyb) Celltrion	CD, UC	21.8%	Gecse et al [61] N=210 (Week 14)  Gonczi et al [71] N=353 (Weeks 14, 30, 54 – updated data set)  Gonczi et al [72] N=291 (Week 54, predictor analysis)  Prospective, nation-wide Hungarian trial of patients receiving CT-P13; those with clinical remission at Week 14 continued receiving treatment until Week 30 (follow-up until Week 54)	n/a	Baseline All: CD: 8.9% (15/169) UC: 11.3% (11/97)  TNFi-naive: CD: 3.7% (5/134) <sup>d</sup> UC: 5.1% (4/79) <sup>c</sup> TNFi-experienced: CD: 28.6% (10/35) <sup>d</sup> UC: 38.9% (7/18) <sup>e</sup> Week 14 All: CD: 16.8% (32/190) UC: 21.3% (26/122)  TNFi-naive: CD: 11.5% (17/148) <sup>d</sup>	n/a	n/a	n/a	UC Compared with ADAb-negative patients, ADAb-positive patients at Week 14 did not have significantly lower rates of clinical remission at Week 14 (62.5% vs 66.1%, P=0.79) or Week 30 (41.7% vs 56.5%, P=0.36  CD Compared with ADAb-negative patients, ADAb-positive patients at Week 14 had significantly lower rates of clinical remission at

Biosimilar / Manufacturer	D or and Design		Trial Registration and Design	(% of tota treatment gr	with ADAbs l patients per oup, [n <sub>1</sub> /N]x100)	Patients with nAbs (% of ADAb-positive patients per treatment group, [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
				product	UC: 18.8% (13/101)  TNFi- experienced: CD: 35.7% (15/42) <sup>d</sup> UC: 33.3% (7/21)  Week 30 All:	product			Week 14 (48.5% vs 66.9%, P=0.04), but not at Week 30 (46.2% vs 64.2%, P=0.09) or Week 54 (45.5% vs 60.4%, P=0.24)
					CD: 22.9% (39/170) UC: 25.8% (31/120)				
					TNFi-naive: CD: 19.1% (25/131) <sup>d</sup> UC: 23.2% (23/99)				
					TNFi- experienced: CD: 35.9% (14/39) <sup>d</sup> UC: 38.1% (8/21)				
					<u>Week 54</u> All:				

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	or and Design	(% of tota	with ADAbs al patients per oup, [n <sub>1</sub> /N]x100)	Patients with nAbs (% of ADAb-positive patients per treatment group, [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
				product	CD: 30.6% (38/124) UC: 34.4% (33/96)  TNFi-naive: CD: 25.5% (24/94) <sup>d</sup> UC: 32.1% (26/81)  TNFi-experienced: CD: 46.7% (14/30) <sup>d</sup>	product			
					UC: 46.7% (7/15)				
Inflectra (CT-P13, infliximab- dyyb) Celltrion	UC	7.9%	Farkas et al [60] N=63  14-week, prospective, multicenter, Hungarian and Czech trial of inpatients with acute relapse and outpatients with chronic, steroid- dependent and/or immunodulatory- refractory disease receiving CT-P13	n/a	Week 14 (all TNFi- naïve): 11.1% (7/63)	n/a	n/a	n/a	n/a

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	(% of tota treatment gr	with ADAbs al patients per oup, [n <sub>1</sub> /N]x100)	Patients with nAbs  (% of ADAb-positive patients per treatment group, [n2/n1]x100)		PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
Inflectra (CT-P13, infliximab- dyyb) Celltrion	CD, UC	10.3%	Farkas et al [59] N=39 8-week, prospective, single- center, Hungarian trial of patients receiving CT-P13	n/a	Week 8: 19.0% (4/21)	n/a	n/a	Mean serum IFX levels were significantly lower in ADAb- positive than ADAb- negative patients (1.7 mg/L vs 12.8 mg/L, P=0.005)	n/a
Inflectra (CT-P13, infliximab- dyyb) Celltrion	CD, UC	28.2%	Jahnsen et al [62] N=78 14-week, prospective, single- center Norwegian trial of patients receiving CT-P13	n/a	Week 14: n=8 (denominator value n/a)	n/a	n/a	All 8 patients with trough levels of CT- P13 of 0 mg/L had detectable ADAbs	n/a
Inflectra (CT-P13, infliximab- dyyb) Celltrion	CD, UC	n/a	Buer et al [58] and Høivik et al [73] N=143  In a single-center Norwegian trial, all patients with IBD treated with INF were switched to CT-P13 and	n/a	Baseline: 1.4% (2/143)  Month 6 (emergent): 2.1% (3/143)  Month 18 (overall): 5.6% (8/143)	n/a	n/a	n/a	n/a

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	(% of tota treatment gr	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		with nAbs positive patients nent group, []x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			followed up for 18 months						
Inflectra (CT-P13, infliximab- dyyb) Celltrion	CD, UC	TNFi: 62.7%	Smits et al [66, 75, 76] N=83  In a single-center Dutch trial, all patients with IBD treated with INF were switched to CT-P13 and followed up for 2 years	n/a	Baseline: 6.0% (5/83) Weeks 1-52 (emergent): 2.4% (2/83) Weeks 53-104 (emergent): 0	n/a	n/a	6 out of 7 patients with ADAb had CT-P13 trough levels of 0 mg/L	n/a
Inflectra (CT-P13, infliximab- dyyb) Celltrion	CD, UC	n/a	Kolar et al [64] Switch cohort: N=74 TNFi-naive cohort: N=119 Single-center Czech study, consisting of a switch cohort (patients switched from INF to CT- P13 and evaluated prospectively for 56 weeks) and a TNFi-naive cohort (patients initiated on CT-P13	n/a	Switch cohort Week 0: 9.5% Week 56: 6.0%  TNFi-naïve cohort Week 14: 2.8%  Week 46: 11.7%	n/a	n/a	n/a	n/a

Biosimilar / Manufacturer	Participants	D or And Design Previous Therapy	(% of tota	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs (% of ADAb-positive patients per treatment group, [n2/n1]x100)		Effect of ADAbs on PD, efficacy, and safety	
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			treatment and evaluated retrospectively at Weeks 14 and 46).						
Inflectra (CT-P13, infliximab- dyyb) Celltrion	CD, UC, IBD unclassifie d	18.9%	Razanskaite et al [65] N=143 (switched patients)  Prospective cohort from a UK managed-switch program (ADAb evaluations performed after 3-5 infusions in 70 patients)	n/a	Before switch: 40.0% (28/70) After switch: 40.0% (28/70)	n/a	n/a	n/a	n/a
Reference prod	uct: Rituximal		patronies)						
Rheumatic diseases									
Truxima (CT-P10) Celltrion	RA, poor response to TNFi	MTX	CT-P10 1.1 (NCT01534884) [49, 82] N=154 Randomized (2:1) double-blind treatment with CT- P10 or RTX (course 1: i.v. infusions at weeks 0 and 2); based on	Weeks 1-24 (1 <sup>st</sup> course): 17.6% (9/51) Weeks 25-48 (2 <sup>nd</sup> course): 21.7% (5/23)	Weeks 1-24 (1st course): 17.6% (18/102) Weeks 25-48 (2nd course): 20.0% (12/60)	Weeks 1-24 (1 <sup>st</sup> course): 11.1% (1/9) Weeks 25-48 (2 <sup>nd</sup> course): 20.0% (1/5)	Weeks 1-24 (1 <sup>st</sup> course): 11.1% (2/18) Weeks 25-48 (2 <sup>nd</sup> course): 8.3% (1/12)	ADAb-positive patients had a 20-30% lower AUC <sub>0-last</sub> and 12-21% lower C <sub>max</sub> (mg/L) than ADAb-negative patients	ADAb-positive vs ADAb-negative:  Week 24 ACR20 RTX: 62.5% vs 75.0% CT-P10: 61.1% vs 67.5%

Biosimilar / Manufacturer	Participants	D or and Design Previous Therapy	(% of tota	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs  (% of ADAb-positive patients per treatment group, [n2/n1]x100)		Effect of ADAbs on PD, efficacy, and safety	
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			disease activity, patients could receive a course 2, between weeks 24 and 48, with a max. follow-up until Week 72						
Truxima (CT-P10) Celltrion	RA, poor response to TNFi	MTX	Extension study CT-P10 1.3 (NCT01873443) [48] N=87  Patients from trial CT-P10 1.1 who had responded to treatment, but whose disease activity or B cell/IgM levels then worsened received 1 or 2 courses of CT-P10, with a follow-up of up to 56 weeks; ADAbs and nAbs were assessed at Week 24 (post- course 1 only)	n/a	Week 24: CT-P10/ CT-P10 13.2% (5/38) RTX/ CT-P10 15.0% (3/20)	n/a	Week 24: CT-P10/ CT-P10 20.0% (1/5) RTX/ CT-P10 0	n/a	n/a

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	Trial Registration and Design	(% of tota	with ADAbs al patients per oup, [n <sub>1</sub> /N]x100)	(% of ADAb-I per treatm [n2/n1	with nAbs positive patients nent group, 1]x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
Truxima (CT-P10) Celltrion	RA, poor response to TNFi	MTX	CT-P10 3.2 (NCT02149121) [47, 68] N=372  Part 1 - PK evaluation (n=189): randomized (1:1:1) to US-RTX, EU- RTX, and CT-P10) Part 2 - efficacy, safety, PD, immunogenicity (n=372): 183 newly randomized patients (1:1 to CT- P10 and US-RTX) plus all patients from Part 1 for 24 weeks  Extension period (n=295): patients initially randomized to receive CT-P10		Baseline: 11.8% (19/161)  Week 24: 14.9% (24/161)  7 patients were ADAb-positive at both Baseline and Week 24  Week 48: 4.3% (7/161)  Week 72: CT-P10/CT-P10 4.1% (5/122)  RTX/CT-P10 10.3% (11/107)  1 patient newly	Week 24: 2.0% (1/49)  Week 48: 5.5% (1/18)  Week 72: RTX/RTX 0	Baseline: 5.3% (1/19) Week 24: 0  Week 48: 14.3% (1/7) Week 72: CT-P10/CT- P10 0  RTX/CT-P10 0	n/a	Trial CT-P10 3.2  ADAb-positive vs ADAb-negative:  IRR, 1st treatment course RTX: 6.1% vs 8.7% CT-P10: 16.7% vs 14.9%  IRR, 2nd treatment course RTX: 4.1% vs 4.1% CT-P10: 11.5% vs 7.8%
			continued with their treatment; those randomized to EU-RTX were switched to CT- P10 and those		ADAb-positive				

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	or and Design	(% of tota treatment gr	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		with nAbs positive patients nent group, []x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			initially randomized to receive US-RTX were re- randomized (1:1) to continue treatment or switch to CT-P10 (follow- up until Week 72)	•					
Rixathon (GP2013) Hexal/Sandoz	RA, poor response to TNFi	MTX	GP13-201 (NCT01274182) [50] N=312 Part 1: Randomized (1:1) to receive GP2013 or RTX-EU Part 2: Randomized (1:2) to receive GP2013 or RTX-US	Overall post-BL (Week 24): 15.1% (25/166)	Overall post-BL (Week 24): 16.5% (21/127)	Overall post-BL (Week 24): 4.0% (1/25)	Overall post-BL (Week 24): 23.8% (5/21)	ADAb- positive patients had a 21-37% lower AUC <sub>0-inf</sub> than ADAb- negative patients	n/a
Rixathon (GP2013) Hexal/Sandoz	RA, receiving RTX	MTX	GP13-302 (NCT02514772) [51] N=107	Week 24: RTX/RTX 1.9% (1/53)	Week 24: RTX/GP2013 0	Week 24: RTX/RTX 0	Week 24: RTX/GP2013 0	n/a	n/a
			RTX-treated patients were randomized (1:1) to continue with						

Biosimilar / Manufacturer	Participants	cDMAR D or Previous Therapy	D or and Design Previous		Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		Patients with nAbs  (% of ADAb-positive patients per treatment group, [n2/n1]x100)		Effect of ADAbs on PD, efficacy, and safety
				Reference product	Biosimilar	Reference product	Biosimilar		parameters
			RTX or switch to GP2013 (follow-up 24 weeks)	•	Wook 24				
PF-05280586 Pfizer	RA, poor response to TNFi	MTX	REFLECTIONS B328-01 (NCT01526057) [52] N=220  Randomized (1:1:1) for DB treatment with RTX-EU, RTX- US, and PF- 05280586 at days 1	Week 24: RTX-EU: 13.5% (10/74) RTX-US: 12.3% (9/73)	Week 24: 9.6% (7/73)	Week 24: RTX-EU 0 RTX-US 0	Week 24: 0	ADAb- positive patients had lower AUC <sub>0-∞</sub> and higher clearance rate than ADAb- negative patients	No
			and 15 (follow-up 24 weeks)						
PF-05280586 Pfizer	RA, poor response to TNFi	MTX	REFLECTIONS B328-04 (NCT01643928) [53] N=185  Extension of REFLECTIONS B238-01  All patients were offered 3 courses of treatment, each course divided into 2 infusions 2 weeks	n/N data are not available	Courses 1-3: 10.0% n/N data are not available	Courses 1-3:	Courses 1-3:	ADAb- positive patients had slightly lower drug concentrations, but data should be interpreted with caution due to a small number of patients with ADAbs	n/a

Biosimilar / Manufacturer	Participants	Trial Registration and Design	Patients with ADAbs (% of total patients per treatment group, [n <sub>1</sub> /N]x100)		(% of ADAb-p per treatm	with nAbs positive patients nent group, ]x100)	PK by ADAb Status	Effect of ADAbs on PD, efficacy, and safety
			Reference product	Biosimilar	Reference product	Biosimilar		parameters
		apart and separated from the next course by 24 ± 8 weeks  Course 1: Patients initially randomized to PF-05280586 remained on that treatment; those randomized to RTX-EU or RTX-US were rerandomized (1:1) to continue treatment or receive PF-05280586  Courses 2-3: All patients who	product		product			
		continued treatment after Course 1 received PF-05280586						

<sup>&</sup>lt;sup>a</sup>Drug tolerance level of the ADA assay was close to the mean trough concentrations at Weeks 4 and 8. Therefore, an observed difference in between-group concentrations at Weeks 4 and 8 may have caused a bias in the ADAb results.

<sup>&</sup>lt;sup>b</sup>ADAb/Nab prevalence higher than that of historic controls probably due to a higher-sensitivity assays.

<sup>&</sup>lt;sup>c</sup>ADAb Occurrence in patients who were ADA-negative during weeks 1-54.

<sup>&</sup>lt;sup>d</sup>For patients with CD, there was a significant difference in the occurrence of ADAbs at Baseline (*P*<0.001), Week 14 (*P*<0.001), Week 30 (*P*=0.03), and Week 54 (*P*=0.03) <sup>e</sup>For patients with UC, there was a significant difference in the occurrence of ADAbs at Baseline (*P*<0.001)

Biosimilar /	<b>Participants</b>	cDMAR	Trial Registration	Patients with ADAbs		Patients with nAbs		PK by ADAb	Effect of
		D or	and Design	(% of total patients per		(% of ADAb-positive patients		Status	ADAbs on PD,
Manufactu	rer	Previous		treatment group, [n <sub>1</sub> /N]x100)		per treatment group,			efficacy, and
		Therapy				$[n_2/n_1]x_100)$			safety
				Reference	Biosimilar	Reference	Biosimilar		parameters
				product		product			

ACR, American College of Rheumatology; ADAb, anti-drug antibody; ADA, adalimumab; AS, ankylosing spondylitis; ASAS, Assessment of Spondyloarthritis International Society; AUC, area under the curve; BL, baseline; CD, Crohn's disease; CDAI, Clinical Disease Activity Index; C<sub>max</sub>, maximum concentration; CRP, C-reactive protein; DAS28, 28-joint Disease Activity Score; EPAR, European Public Assessment Report; ESR, erythrocyte sedimentation rate; EULAR, European League Against Rheumatism; ETN, etanercept; IBD, inflammatory bowel disease; INF, infliximab; IRR, incidence rate ratio; LDA, low disease activity; MTX, methotrexate; n/a, data not available; nAb, neutralizing antibody; PD, pharmacodynamics; PK, pharmacokinetics; RTX, rituximab; RA, rheumatoid arthritis; SDAI, Simple Disease Activity Index; TNFi, tumor necrosis factor α inhibitor; UC, ulcerative colitis.

## 1. REFERENCES (greyed out items pertain to manuscript text, but not supplementary tables)

- 1. Dörner T, Strand V, Castaneda-Hernandez G, Ferraccioli G, Isaacs JD, Kvien TK, et al. The role of biosimilars in the treatment of rheumatic diseases. Ann Rheum Dis. 2013 Mar;72(3):322-8.
- 2. Dörner T, Strand V, Cornes P, Goncalves J, Gulacsi L, Kay J, et al. The changing landscape of biosimilars in rheumatology. Ann Rheum Dis. 2016 Jun;75(6):974-82.
- 3. Strand V, Kimberly R, Isaacs JD. Biologic therapies in rheumatology: lessons learned, future directions. Nat Rev Drug Discov. 2007 Jan;6(1):75-92.
- 4. Ellis AG, Flohr C, Drucker AM. Network meta-analyses of systemic treatments for psoriasis: a critical appraisal: Original Articles: Jabbar-Lopez ZK, Yiu ZZN, Ward V et al. Quantitative evaluation of biologic therapy options for psoriasis: a systematic review and network meta-analysis. J Invest Dermatol 2017; 137:1646-54. Sbidian E, Chaimani A, Garcia-Doval I et al. Systemic pharmacological treatments for chronic plaque psoriasis: a network meta-analysis. Cochrane Database Syst Rev 2017; 12:CD011535. Br J Dermatol. 2019 Feb;180(2):282-8.
- 5. Rawla P, Sunkara T, Raj JP. Role of biologics and biosimilars in inflammatory bowel disease: current trends and future perspectives. J Inflamm Res. 2018;11:215-26.
- 6. Singh JA, Saag KG, Bridges SL, Jr., Akl EA, Bannuru RR, Sullivan MC, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. Arthritis Care Res (Hoboken). 2016 Jan;68(1):1-25.

- 7. Smolen JS, Landewe R, Bijlsma J, Burmester G, Chatzidionysiou K, Dougados M, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. Ann Rheum Dis. 2017 Jun;76(6):960-77.
- 8. Guidelines on Evaluation of Similar Biotherapeutic Products (SBPs). 2009 [cited; Available from: <a href="http://www.who.int/biologicals/areas/biological">http://www.who.int/biologicals/areas/biological</a> therapeutics/BIOTHERAPEUTICS FOR WEB 22APRIL2010.pdf
- 9. Guideline on similar biological medicinal products containing biotechnology-derived proteins as active substance: non-clinical and clinical issues (EMEA/CHMP/BMWP/42832/2005 Rev1). 2014 [cited; Available from:

http://www.ema.europa.eu/docs/en\_GB/document\_library/Scientific\_guideline/2015/01/WC500180219.pdf

- 10. Scientific Considerations in Demonstrating Biosimilarity to a Reference Product. Guidance for Industry. 2015 [cited; Available from: <a href="https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM291128.pdf">https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM291128.pdf</a>
- 11. Krieckaert C, Rispens T, Wolbink G. Immunogenicity of biological therapeutics: from assay to patient. Curr Opin Rheumatol. 2012 May;24(3):306-11.
- 12. Guideline on Immunogenicity assessment of therapeutic proteins (EMEA/CHMP/BMWP/14327/2006 Rev 1). 2017 [cited; Available from: http://www.ema.europa.eu/docs/en\_GB/document\_library/Scientific\_guideline/2017/06/WC500228861.pdf
- 13. Immunogenicity Testing of Therapeutic Protein Products Developing and Validating Assays for Anti-Drug Antibody Detection.

  Guidance for Industry. 2019 [cited; Available from: <a href="https://www.fda.gov/media/119788/download">https://www.fda.gov/media/119788/download</a>

- 14. Shankar G, Arkin S, Cocea L, Devanarayan V, Kirshner S, Kromminga A, et al. Assessment and reporting of the clinical immunogenicity of therapeutic proteins and peptides-harmonized terminology and tactical recommendations. AAPS J. 2014 Jul;16(4):658-73.
- 15. Pineda C, Castaneda Hernandez G, Jacobs IA, Alvarez DF, Carini C. Assessing the Immunogenicity of Biopharmaceuticals. BioDrugs. 2016 Jun;30(3):195-206.
- 16. Gorovits B, Baltrukonis DJ, Bhattacharya I, Birchler MA, Finco D, Sikkema D, et al. Immunoassay methods used in clinical studies for the detection of anti-drug antibodies to adalimumab and infliximab. Clin Exp Immunol. 2018 Jun;192(3):348-65.
- 17. Wang YM, Wang J, Hon YY, Zhou L, Fang L, Ahn HY. Evaluating and Reporting the Immunogenicity Impacts for Biological Products-a Clinical Pharmacology Perspective. AAPS J. 2016 Mar;18(2):395-403.
- 18. Rup B, Pallardy M, Sikkema D, Albert T, Allez M, Broet P, et al. Standardizing terms, definitions and concepts for describing and interpreting unwanted immunogenicity of biopharmaceuticals: recommendations of the Innovative Medicines Initiative ABIRISK consortium. Clin Exp Immunol. 2015 Sep;181(3):385-400.
- 19. Wynne C, Altendorfer M, Sonderegger I, Gheyle L, Ellis-Pegler R, Buschke S, et al. Bioequivalence, safety and immunogenicity of BI 695501, an adalimumab biosimilar candidate, compared with the reference biologic in a randomized, double-blind, active comparator phase I clinical study (VOLTAIRE(R)-PK) in healthy subjects. Expert Opin Investig Drugs. 2016 Dec;25(12):1361-70.
- 20. Shin D, Lee Y, Kim H, Kornicke T, Fuhr R. A randomized phase I comparative pharmacokinetic study comparing SB5 with reference adalimumab in healthy volunteers. J Clin Pharm Ther. 2017 Dec;42(6):672-8.

- 21. Kaur P, Chow V, Zhang N, Moxness M, Kaliyaperumal A, Markus R. A randomised, single-blind, single-dose, three-arm, parallel-group study in healthy subjects to demonstrate pharmacokinetic equivalence of ABP 501 and adalimumab. Ann Rheum Dis. 2017 Mar;76(3):526-33.
- 22. Puri A, Niewiarowski A, Arai Y, Nomura H, Baird M, Dalrymple I, et al. Pharmacokinetics, safety, tolerability and immunogenicity of FKB327, a new biosimilar medicine of adalimumab/Humira, in healthy subjects. Br J Clin Pharmacol. 2017 Jul;83(7):1405-15.
- 23. Assessment Report: Hyrimoz (Procedure No. EMEA/H/C/004320/0000). 2018 [cited; Available from: https://www.ema.europa.eu/documents/assessment-report/hyrimoz-epar-public-assessment-report en.pdf
- 24. Hyland E, Mant T, Vlachos P, Attkins N, Ullmann M, Roy S, et al. Comparison of the pharmacokinetics, safety, and immunogenicity of MSB11022, a biosimilar of adalimumab, with Humira((R)) in healthy subjects. Br J Clin Pharmacol. 2016 Oct;82(4):983-93.
- 25. Lee YJ, Shin D, Kim Y, Kang J, Gauliard A, Fuhr R. A randomized phase l pharmacokinetic study comparing SB4 and etanercept reference product (Enbrel(R)) in healthy subjects. Br J Clin Pharmacol. 2016 Jul;82(1):64-73.
- 26. Assessment Report: Erelzi (EMA/CHMP/302222/2017). 2017 [cited; Available from: <a href="https://www.ema.europa.eu/documents/assessment-report/erelzi-epar-public-assessment-report\_en.pdf">https://www.ema.europa.eu/documents/assessment-report/erelzi-epar-public-assessment-report\_en.pdf</a>
- 27. Lee H, Chung H, Lee S, Lee H, Yang SM, Yoon SH, et al. LBEC0101, A Proposed Etanercept Biosimilar: Pharmacokinetics, Immunogenicity, and Tolerability Profiles Compared with a Reference Biologic Product in Healthy Male Subjects. BioDrugs. 2017 Aug;31(4):349-55.

- 28. Shin D, Kim Y, Kim YS, Kornicke T, Fuhr R. A Randomized, Phase I Pharmacokinetic Study Comparing SB2 and Infliximab Reference Product (Remicade((R))) in Healthy Subjects. BioDrugs. 2015 Dec;29(6):381-8.
- 29. Park W, Lee SJ, Yun J, Yoo DH. Comparison of the pharmacokinetics and safety of three formulations of infliximab (CT-P13, EU-approved reference infliximab and the US-licensed reference infliximab) in healthy subjects: a randomized, double-blind, three-arm, parallel-group, single-dose, Phase I study. Expert Rev Clin Immunol. 2015;11 Suppl 1:S25-31.
- 30. Cohen SB, Alonso-Ruiz A, Klimiuk PA, Lee EC, Peter N, Sonderegger I, et al. Similar efficacy, safety and immunogenicity of adalimumab biosimilar BI 695501 and Humira reference product in patients with moderately to severely active rheumatoid arthritis: results from the phase III randomised VOLTAIRE-RA equivalence study. Ann Rheum Dis. 2018 Jun;77(6):914-21.
- 31. Weinblatt ME, Baranauskaite A, Niebrzydowski J, Dokoupilova E, Zielinska A, Jaworski J, et al. Phase III Randomized Study of SB5, an Adalimumab Biosimilar, Versus Reference Adalimumab in Patients With Moderate-to-Severe Rheumatoid Arthritis. Arthritis Rheumatol. 2018 Jan;70(1):40-8.
- 32. Cohen S, Genovese MC, Choy E, Perez-Ruiz F, Matsumoto A, Pavelka K, et al. Efficacy and safety of the biosimilar ABP 501 compared with adalimumab in patients with moderate to severe rheumatoid arthritis: a randomised, double-blind, phase III equivalence study. Ann Rheum Dis. 2017 Oct;76(10):1679-87.
- 33. Assessment Report: Hulio (EMEA/H/C/004429/0000). 2018 [cited; Available from: https://www.ema.europa.eu/documents/assessment-report/hulio-epar-public-assessment-report en.pdf

- 34. Fleischmann RM, Alten R, Pileckyte M, Lobello K, Hua SY, Cronenberger C, et al. A comparative clinical study of PF-06410293, a candidate adalimumab biosimilar, and adalimumab reference product (Humira(R)) in the treatment of active rheumatoid arthritis. Arthritis Res Ther. 2018 Aug 15;20(1):178.
- 35. Jani RH, Gupta R, Bhatia G, Rathi G, Ashok Kumar P, Sharma R, et al. A prospective, randomized, double-blind, multicentre, parallel-group, active controlled study to compare efficacy and safety of biosimilar adalimumab (Exemptia; ZRC-3197) and adalimumab (Humira) in patients with rheumatoid arthritis. Int J Rheum Dis. 2016 Nov;19(11):1157-68.
- 36. Emery P, Vencovsky J, Sylwestrzak A, Leszczynski P, Porawska W, Baranauskaite A, et al. A phase III randomised, double-blind, parallel-group study comparing SB4 with etanercept reference product in patients with active rheumatoid arthritis despite methotrexate therapy. Ann Rheum Dis. 2017 Jan;76(1):51-7.
- 37. O'Dell J, Takeuchi T, Tanaka Y, Louw I, Tiabut T, Kai M, et al. OP0226 Randomized, Double-Blind Study Comparing Chs-0214 with Etanercept in Patients with Active Rheumatoid Arthritis (RA) despite Methotrexate (MTX) Therapy. Annals of the Rheumatic Diseases. 2016;75(Suppl 2):143.1-.
- 38. Matsuno H, Tomomitsu M, Hagino A, Shin S, Lee J, Song YW. Phase III, multicentre, double-blind, randomised, parallel-group study to evaluate the similarities between LBEC0101 and etanercept reference product in terms of efficacy and safety in patients with active rheumatoid arthritis inadequately responding to methotrexate. Ann Rheum Dis. 2018 Apr;77(4):488-94.

- 39. Choe JY, Prodanovic N, Niebrzydowski J, Staykov I, Dokoupilova E, Baranauskaite A, et al. A randomised, double-blind, phase III study comparing SB2, an infliximab biosimilar, to the infliximab reference product Remicade in patients with moderate to severe rheumatoid arthritis despite methotrexate therapy. Ann Rheum Dis. 2017 Jan;76(1):58-64.
- 40. Park W, Hrycaj P, Jeka S, Kovalenko V, Lysenko G, Miranda P, et al. A randomised, double-blind, multicentre, parallel-group, prospective study comparing the pharmacokinetics, safety, and efficacy of CT-P13 and innovator infliximab in patients with ankylosing spondylitis: the PLANETAS study. Ann Rheum Dis. 2013 Oct;72(10):1605-12.
- 41. Park W, Yoo DH, Miranda P, Brzosko M, Wiland P, Gutierrez-Urena S, et al. Efficacy and safety of switching from reference infliximab to CT-P13 compared with maintenance of CT-P13 in ankylosing spondylitis: 102-week data from the PLANETAS extension study. Ann Rheum Dis. 2017 Feb;76(2):346-54.
- 42. Takeuchi T, Yamanaka H, Tanaka Y, Sakurai T, Saito K, Ohtsubo H, et al. Evaluation of the pharmacokinetic equivalence and 54-week efficacy and safety of CT-P13 and innovator infliximab in Japanese patients with rheumatoid arthritis. Mod Rheumatol. 2015;25(6):817-24.
- 43. Tweehuysen L, van den Bemt BJF, van Ingen IL, de Jong AJL, van der Laan WH, van den Hoogen FHJ, et al. Subjective Complaints as the Main Reason for Biosimilar Discontinuation After Open-Label Transition From Reference Infliximab to Biosimilar Infliximab. Arthritis Rheumatol. 2018 Jan;70(1):60-8.

- 44. Yoo DH, Hrycaj P, Miranda P, Ramiterre E, Piotrowski M, Shevchuk S, et al. A randomised, double-blind, parallel-group study to demonstrate equivalence in efficacy and safety of CT-P13 compared with innovator infliximab when coadministered with methotrexate in patients with active rheumatoid arthritis: the PLANETRA study. Ann Rheum Dis. 2013 Oct;72(10):1613-20.
- 45. Yoo DH, Prodanovic N, Jaworski J, Miranda P, Ramiterre E, Lanzon A, et al. Efficacy and safety of CT-P13 (biosimilar infliximab) in patients with rheumatoid arthritis: comparison between switching from reference infliximab to CT-P13 and continuing CT-P13 in the PLANETRA extension study. Ann Rheum Dis. 2017 Feb;76(2):355-63.
- 46. Cohen SB, Alten R, Kameda H, Rehman MI, Schumacher K, Schmitt S, et al. A Randomized, Double-Blind Study Comparing PF-06438179/GP1111, a Potential Infliximab Biosimilar, and Infliximab, Both in Combination with MTX, As Treatment for Patients with Moderate to Severe Active RA Who Have Had an Inadequate Response to MTX Therapy

  [abstract]. Arthritis Rheumatol. 2017;69 (suppl 10).
- 47. Park W, Bozic-Majstorovic L, Milakovic D, Berrocal Kasay A, El-Khouri EC, Irazoque-Palazuelos F, et al. Comparison of biosimilar CT-P10 and innovator rituximab in patients with rheumatoid arthritis: a randomized controlled Phase 3 trial. MAbs. 2018 Aug/Sep;10(6):934-43.
- 48. Park W, Suh CH, Shim SC, Molina FFC, Jeka S, Medina-Rodriguez FG, et al. Efficacy and Safety of Switching from Innovator Rituximab to Biosimilar CT-P10 Compared with Continued Treatment with CT-P10: Results of a 56-Week Open-Label Study in Patients with Rheumatoid Arthritis. BioDrugs. 2017 Aug;31(4):369-77.

- 49. Yoo DH, Suh CH, Shim SC, Jeka S, Cons-Molina FF, Hrycaj P, et al. A multicentre randomised controlled trial to compare the pharmacokinetics, efficacy and safety of CT-P10 and innovator rituximab in patients with rheumatoid arthritis. Ann Rheum Dis. 2017 Mar;76(3):566-70.
- 50. Smolen JS, Cohen SB, Tony HP, Scheinberg M, Kivitz A, Balanescu A, et al. A randomised, double-blind trial to demonstrate bioequivalence of GP2013 and reference rituximab combined with methotrexate in patients with active rheumatoid arthritis. Ann Rheum Dis. 2017 Sep;76(9):1598-602.
- Tony HP, Kruger K, Cohen SB, Schulze-Koops H, Kivitz AJ, Jeka S, et al. Brief Report: Safety and Immunogenicity of Rituximab Biosimilar GP 2013 After Switch From Reference Rituximab in Patients With Active Rheumatoid Arthritis. Arthritis Care Res (Hoboken). 2019 Jan;71(1):88-94.
- 52. Cohen S, Emery P, Greenwald M, Yin D, Becker JC, Melia LA, et al. A phase I pharmacokinetics trial comparing PF-05280586 (a potential biosimilar) and rituximab in patients with active rheumatoid arthritis. Br J Clin Pharmacol. 2016 Jul;82(1):129-38.
- 53. Cohen SB, Burgos-Vargas R, Emery P, Jin B, Cronenberger C, Vazquez-Abad MD. Extension Study of PF-05280586, a Potential Rituximab Biosimilar, Versus Rituximab in Subjects With Active Rheumatoid Arthritis. Arthritis Care Res (Hoboken). 2018 Nov;70(11):1598-606.

- 54. Papp K, Bachelez H, Costanzo A, Foley P, Gooderham M, Kaur P, et al. Clinical similarity of biosimilar ABP 501 to adalimumab in the treatment of patients with moderate to severe plaque psoriasis: A randomized, double-blind, multicenter, phase III study. J Am Acad Dermatol. 2017 Jun;76(6):1093-102.
- 55. Blauvelt A, Lacour JP, Fowler JF, Jr., Weinberg JM, Gospodinov D, Schuck E, et al. Phase III randomized study of the proposed adalimumab biosimilar GP2017 in psoriasis: impact of multiple switches. Br J Dermatol. 2018 Sep;179(3):623-31.
- 56. Griffiths CEM, Thaci D, Gerdes S, Arenberger P, Pulka G, Kingo K, et al. The EGALITY study: a confirmatory, randomized, double-blind study comparing the efficacy, safety and immunogenicity of GP2015, a proposed etanercept biosimilar, vs. the originator product in patients with moderate-to-severe chronic plaque-type psoriasis. Br J Dermatol. 2017 Apr;176(4):928-38.
- 57. Ben-Horin S, Yavzori M, Benhar I, Fudim E, Picard O, Ungar B, et al. Cross-immunogenicity: antibodies to infliximab in Remicade-treated patients with IBD similarly recognise the biosimilar Remsima. Gut. 2016 Jul;65(7):1132-8.
- 58. Buer LC, Moum BA, Cvancarova M, Warren DJ, Medhus AW, Hoivik ML. Switching from Remicade(R) to Remsima(R) is well Tolerated and Feasible: A Prospective, Open-label Study. J Crohns Colitis. 2017 Mar 1;11(3):297-304.
- 59. Farkas K, Rutka M, Balint A, Nagy F, Bor R, Milassin A, et al. Efficacy of the new infliximab biosimilar CT-P13 induction therapy in Crohn's disease and ulcerative colitis experiences from a single center. Expert Opin Biol Ther. 2015;15(9):1257-62.
- 60. Farkas K, Rutka M, Golovics PA, Vegh Z, Lovasz BD, Nyari T, et al. Efficacy of Infliximab Biosimilar CT-P13 Induction Therapy on Mucosal Healing in Ulcerative Colitis. J Crohns Colitis. 2016 Nov;10(11):1273-8.

- 61. Gecse KB, Lovasz BD, Farkas K, Banai J, Bene L, Gasztonyi B, et al. Efficacy and Safety of the Biosimilar Infliximab CT-P13 Treatment in Inflammatory Bowel Diseases: A Prospective, Multicentre, Nationwide Cohort. J Crohns Colitis. 2016 Feb;10(2):133-40.
- 62. Jahnsen J, Detlie TE, Vatn S, Ricanek P. Biosimilar infliximab (CT-P13) in the treatment of inflammatory bowel disease: A Norwegian observational study. Expert Rev Gastroenterol Hepatol. 2015;9 Suppl 1:45-52.
- 63. Jørgensen KK, Olsen IC, Goll GL, Lorentzen M, Bolstad N, Haavardsholm EA, et al. Switching from originator infliximab to biosimilar CT-P13 compared with maintained treatment with originator infliximab (NOR-SWITCH): a 52-week, randomised, double-blind, non-inferiority trial. Lancet. 2017 Jun 10;389(10086):2304-16.
- 64. Kolar M, Duricova D, Bortlik M, Hruba V, Machkova N, Mitrova K, et al. Infliximab Biosimilar (Remsima) in Therapy of Inflammatory Bowel Diseases Patients: Experience from One Tertiary Inflammatory Bowel Diseases Centre. Dig Dis. 2017;35(1-2):91-100.
- 65. Razanskaite V, Bettey M, Downey L, Wright J, Callaghan J, Rush M, et al. Biosimilar Infliximab in Inflammatory Bowel Disease:
  Outcomes of a Managed Switching Programme. J Crohns Colitis. 2017 Jun 1;11(6):690-6.
- 66. Smits LJ, Derikx LA, de Jong DJ, Boshuizen RS, van Esch AA, Drenth JP, et al. Clinical Outcomes Following a Switch from Remicade(R) to the Biosimilar CT-P13 in Inflammatory Bowel Disease Patients: A Prospective Observational Cohort Study. J Crohns Colitis. 2016 Nov;10(11):1287-93.
- 67. CT-P13 (infliximab biosimilar). Briefing Document for the Arthritis Advisory Committee. 2016 [cited; Available from: <a href="https://www.fda.gov/downloads/advisorycommittees/committe

- 68. CTP-10 A Proposed Biosimilar to Rituxan(R) FDA Advisory Committee Meeting Briefing Document. 2018 [cited; Available from: <a href="https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/OncologicDrugsAdvisoryCommittee/UCM622647">https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/OncologicDrugsAdvisoryCommittee/UCM622647</a>.

  pdf
- 69. Papp K, Bachelez H, Costanzo A, Foley P, Gooderham M, Kaur P, et al. Clinical similarity of the biosimilar ABP 501 compared with adalimumab after single transition: long-term results from a randomized controlled, double-blind, 52-week, phase III trial in patients with moderate-to-severe plaque psoriasis. Br J Dermatol. 2017 Dec;177(6):1562-74.
- 70. Weinblatt ME, Baranauskaite A, Dokoupilova E, Zielinska A, Jaworski J, Racewicz A, et al. Switching From Reference Adalimumab to SB5 (Adalimumab Biosimilar) in Patients With Rheumatoid Arthritis: Fifty-Two-Week Phase III Randomized Study Results. Arthritis Rheumatol. 2018 Jun;70(6):832-40.
- 71. Gonczi L, Gecse KB, Vegh Z, Kurti Z, Rutka M, Farkas K, et al. Long-term Efficacy, Safety, and Immunogenicity of Biosimilar Infliximab After One Year in a Prospective Nationwide Cohort. Inflamm Bowel Dis. 2017 Nov;23(11):1908-15.
- 72. Gonczi L, Vegh Z, Golovics PA, Rutka M, Gecse KB, Bor R, et al. Prediction of Short- and Medium-term Efficacy of Biosimilar Infliximab Therapy. Do Trough Levels and Antidrug Antibody Levels or Clinical And Biochemical Markers Play the More Important Role? J Crohns Colitis. 2017 Jun 1;11(6):697-705.
- 73. Høivik ML, Buer LCT, Cvancarova M, Warren DJ, Bolstad N, Moum BA, et al. Switching from originator to biosimilar infliximab real world data of a prospective 18 months follow-up of a single-centre IBD population. Scand J Gastroenterol. 2018 Jun;53(6):692-9.

- 74. Park W, Yoo DH, Jaworski J, Brzezicki J, Gnylorybov A, Kadinov V, et al. Comparable long-term efficacy, as assessed by patient-reported outcomes, safety and pharmacokinetics, of CT-P13 and reference infliximab in patients with ankylosing spondylitis: 54-week results from the randomized, parallel-group PLANETAS study. Arthritis Res Ther. 2016 Jan 20;18:25.
- 75. Smits LJT, Grelack A, Derikx L, de Jong DJ, van Esch AAJ, Boshuizen RS, et al. Long-Term Clinical Outcomes After Switching from Remicade((R)) to Biosimilar CT-P13 in Inflammatory Bowel Disease. Dig Dis Sci. 2017 Nov;62(11):3117-22.
- 76. Smits LJT, van Esch AAJ, Derikx L, Boshuizen R, de Jong DJ, Drenth JPH, et al. Drug Survival and Immunogenicity After Switching From Remicade to Biosimilar CT-P13 in Inflammatory Bowel Disease Patients: Two-year Follow-up of a Prospective Observational Cohort Study. Inflamm Bowel Dis. 2019 Jan 1;25(1):172-9.
- 77. Smolen JS, Choe JY, Prodanovic N, Niebrzydowski J, Staykov I, Dokoupilova E, et al. Comparing biosimilar SB2 with reference infliximab after 54 weeks of a double-blind trial: clinical, structural and safety results. Rheumatology (Oxford). 2017 Oct 1;56(10):1771-9.
- 78. Smolen JS, Choe JY, Prodanovic N, Niebrzydowski J, Staykov I, Dokoupilova E, et al. Safety, immunogenicity and efficacy after switching from reference infliximab to biosimilar SB2 compared with continuing reference infliximab and SB2 in patients with rheumatoid arthritis: results of a randomised, double-blind, phase III transition study. Ann Rheum Dis. 2018 Feb;77(2):234-40.
- 79. Emery P, Vencovsky J, Sylwestrzak A, Leszczynski P, Porawska W, Baranauskaite A, et al. 52-week results of the phase 3 randomized study comparing SB4 with reference etanercept in patients with active rheumatoid arthritis. Rheumatology (Oxford). 2017 Dec 1;56(12):2093-101.

- 80. Emery P, Vencovsky J, Sylwestrzak A, Leszczynski P, Porawska W, Stasiuk B, et al. Long-term efficacy and safety in patients with rheumatoid arthritis continuing on SB4 or switching from reference etanercept to SB4. Ann Rheum Dis. 2017 Aug 9.
- 81. Gerdes S, Thaçi D, Griffiths CEM, Arenberger P, Poetzl J, Wuerth G, et al. Multiple switches between GP2015, an etanercept biosimilar, with originator product do not impact efficacy, safety and immunogenicity in patients with chronic plaque-type psoriasis: 30-week results from the phase 3, confirmatory EGALITY study. J Eur Acad Dermatol Venereol. 2018 Mar;32(3):420-7.
- 82. Yoo DH, Suh CH, Shim SC, Jeka S, Molina FFC, Hrycaj P, et al. Efficacy, Safety and Pharmacokinetics of Up to Two Courses of the Rituximab Biosimilar CT-P10 Versus Innovator Rituximab in Patients with Rheumatoid Arthritis: Results up to Week 72 of a Phase I Randomized Controlled Trial. BioDrugs. 2017 Aug;31(4):357-67.
- 83. Girolomoni G, Feldman SR, Emery P, Ghil J, Keum JW, Cheong SY, et al. Comparison of injection-site reactions between the etanercept biosimilar SB4 and the reference etanercept in patients with rheumatoid arthritis from a phase III study. Br J Dermatol. 2018 Mar;178(3):e215-e6.
- 84. Reinisch W, Jahnsen J, Schreiber S, Danese S, Panes J, Balsa A, et al. Evaluation of the Cross-reactivity of Antidrug Antibodies to CT-P13 and Infliximab Reference Product (Remicade): An Analysis Using Immunoassays Tagged with Both Agents. BioDrugs. 2017

  Jun;31(3):223-37.
- 85. Ruiz-Arguello MB, Maguregui A, Ruiz Del Agua A, Pascual-Salcedo D, Martinez-Feito A, Jurado T, et al. Antibodies to infliximab in Remicade-treated rheumatic patients show identical reactivity towards biosimilars. Ann Rheum Dis. 2016 Sep;75(9):1693-6.

- 86. Goncalves J, Santos M, Acurcio R, Iria I, Gouveia L, Matos Brito P, et al. Antigenic response to CT-P13 and infliximab originator in inflammatory bowel disease patients shows similar epitope recognition. Aliment Pharmacol Ther. 2018 Sep;48(5):507-22.
- 87. Benucci M, Gobbi FL, Bandinelli F, Damiani A, Infantino M, Grossi V, et al. Safety, efficacy and immunogenicity of switching from innovator to biosimilar infliximab in patients with spondyloarthritis: a 6-month real-life observational study. Immunol Res. 2017 Feb;65(1):419-22.
- 88. Strand V, Balsa A, Al-Saleh J, Barile-Fabris L, Horiuchi T, Takeuchi T, et al. Immunogenicity of Biologics in Chronic Inflammatory Diseases: A Systematic Review. BioDrugs. 2017 Aug;31(4):299-316.
- 89. Moots RJ, Curiale C, Petersel D, Rolland C, Jones H, Mysler E. Efficacy and Safety Outcomes for Originator TNF Inhibitors and Biosimilars in Rheumatoid Arthritis and Psoriasis Trials: A Systematic Literature Review. BioDrugs. 2018 Jun;32(3):193-9.
- 90. Kim JS, Kim SH, Kwon B, Hong S. Comparison of immunogenicity test methods used in clinical studies of infliximab and its biosimilar (CT-P13). Expert Rev Clin Immunol. 2015;11 Suppl 1:S33-41.
- 91. Talotta R, Berzi A, Doria A, Batticciotto A, Ditto MC, Atzeni F, et al. The Immunogenicity of Branded and Biosimilar Infliximab in Rheumatoid Arthritis According to Th9-Related Responses. Int J Mol Sci. 2017 Oct 12;18(10).
- 92. Schulz KF, Altman DG, Moher D, Group C. CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials. BMC Med. 2010 Mar 24;8:18.