Pharmacokinetic Similarity and Comparative Pharmacodynamics, Safety, Efficacy, and Immunogenicity of DRL_RI With Reference Rituximab in Biologics-Naïve Patients With Moderate-to-Severe Rheumatoid Arthritis: A Double-blind, Randomized, 3-arm Study

Author names (Full names, address, and affiliations of all authors)

Vikram Muralidhar Haridas,¹ Rahul Katta,² Ajit Nalawade,³ Sandeep Kharkar,⁴ Vyacheslav Zhdan,⁵ Olena Garmish,⁶ Luis Lopez-Lazaro,⁷ Sonica Sachdeva Batra,⁸ Suresh Kankanwadi⁹

¹Sushruta Multispeciality Hospital, Hubballi, India <u>haridasvikram@yahoo.co.in</u> ORCID ID: 0000-0003-2607-2013

²Katta Hospital, S.R. Kalla Memorial General Hospital, Jaipur, India <rahulkatta@hotmail.com>
³Inamdar Multispecialty Hospital, Pune, India <drajitnalawade1975@gmail.com>

⁴CARE Hospital, Panchasheel, India <drsandeep2k@yahoo.com>

⁵M.V.Sklifosovskyi Poltava Regional Hospital, Poltava, Ukraine <vyacheslav.zhdan@i.ua>

⁶SI NSC M.D. Strazhesko Inst.Cardiology, NAMSU, Kiev, Ukraine <garmish.elena@gmail.com>

⁷ Head, Clinical Sciences, Dr. Reddy's Laboratories Ltd., Elisabethenanlage 11, Basel 4051, Switzerland <u>llopezlazaro@drreddys.com</u>; ORCID-ID 0000-0003-0620-6133

⁸Head, Medical Sciences, Dr. Reddy's Laboratories Ltd., Bachupally, Hyderabad 500090, India Hyderabad, India <u>sonicabatra@drreddys.com</u>; ORCID ID 0000-0003-3220-6567 ⁹Head, Development, Biologics, Dr. Reddy's Laboratories Ltd., Elisabethenanlage 11, Basel 4051, Switzerland <u>sureshkankanwadi@drreddys.com</u>; ORCID ID 0000-0002-2267-2778

Name, Contact number, and email of corresponding author:

Luis Lopez-Lazaro, +41 61 271 4754<llopezlazaro@drreddys.com>

Detailed List Exclusion Criteria

Table S1Exclusion Criteria

- Prior therapy with alkylating agents or azathioprine; other biologics including rituximab and biologic disease modifying anti-rheumatic drugs (DMARDs); or leflunomide therapy within 3 months of screening
- Patients receiving double/triple DMARDs with azathioprine, Leflunomide, or any agent requiring more than 4 weeks washout
- Patients taking high potency opioid analgesics (e.g. methadone, hydromorphone, morphine)
- Patients who have had any therapy with intra-articular injections (e.g. corticoids) required for a flare up and up to 4 weeks prior to screening
- Any investigational drug within 30 days or 5 times half-life, whichever was longer, prior to screening
- Patients requiring vaccination or who were vaccinated at least 4 weeks prior to administration of the study drugs
- Patients with underlying metabolic, hematologic, renal, hepatic, pulmonary, neurologic, endocrine, infectious, or gastrointestinal conditions, which in the opinion of the Investigator immunocompromised the patient
- Infection requiring hospitalization, parenteral, antimicrobial therapy, or judged clinically significant by the Investigator within 3 months prior to first dose of study drug
- Patients with history of or current clinical fibromyalgia or juvenile idiopathic arthritis
- Patients with secondary Sjogren's syndrome
- Patients with the laboratory abnormalities in white blood cells, platelets, neutrophils, hemoglobin; serum IgG, IgM, IgA below lower limit of normal (LLN); abnormal liver and renal function tests and any clinically relevant abnormality detected on screening history, physical examination, clinical laboratory, chest X-ray, or electrocardiogram (ECG)
- Patients with systemic manifestations of rheumatoid arthritis (RA) and RA patients with Functional Status Class IV classified according to the ACR 1991 revised criteria
- Patients with other inflammatory diseases which might confound the evaluation of the efficacy (e.g. Crohn's disease, ulcerative colitis)
- Any current illness requiring antibiotics, or symptoms of a resolving illness, within 2 weeks prior to screening
- Patients with evidence of active, suspected, or inadequately treated tuberculosis, positive serological test for hepatitis B or C or HIV
- History of cardiovascular disease with New York Heart Association Functional Class II or significant cardiac disease arrhythmias, or history of stroke, or uncontrolled hypertension (systolic blood pressure [BP] ≥ 160 mmHg and diastolic BP ≥ 95 mmHg)
- History of lymphoproliferative disease, or organ allograft
- History of cancer
- History of allergy or hypersensitivity to any of the compounds used in the study
- Patients who lost or donated \geq 400 mL blood in the 8 weeks prior to randomization
- Pregnant or lactating women, or women planning to become pregnant during the study
- Any condition that prevented compliance, such as history of chronic alcohol or drug abuse, significant mental or nervous disorder or other illness that would, in the Investigators opinion, interfere with compliance with the study requirements or be detrimental to patient safety

Abbreviations:

BP: blood pressure DMARDs disease modifying anti-rheumatic drugs HIV Human immunodeficiency virus LLN Lower limit of normal mL: milliliter RA: rheumatoid arthritis

Sampling Schedule

Infusion	Time Point†	
Infusion 1	Pre-infusion	
	3 hours after starting infusion)	
	End of infusion	
	1 hour after end of infusion	
	6 hour after end of infusion	
	Day 2	
	Day 3	
	Day 8	
Infusion 2*	Pre-infusion	
	3 hours after starting infusion	
	End of infusion	
	1 hour after end of infusion	
	6 hour after end of infusion	
	Day 2	
	Day 3	
	Day 8	
	Day 15	
	Week 4	
	Week 6	
	Week 8	
	Week 10	
	Week 14	
*Day 15 after first infusion		
† Time points are relative to infusion		

Table S2 Pharmacokinetic Sampling Schedule for Rituximab Infusion

Infusion	Time Point†
Infusion 1	Pre-infusion
	3 hours after starting infusion
	End of infusion
	6 hour after end of infusion
	Day 2
Infusion 2*	Pre-infusion
	6 hour after end of infusion
	Day 2
	Day 15
	Week 6
	Week 10
	Week 14
	Week 18
	Week 22
*Day 15 after first infusion	
† Time points are relative to infusion	

Table S3 Sampling Schedule for CD 19+ Cell Recovery

Treatment Compliance

Table S4	Summary of Rituxim	ab Treatment Con	npliance (Safety Ar	alysis Population)
Compliance	$DRL_RI (N = 91)$	RTX-US (N = 92)	RTX-EU (N =93)	Total (N = 276)
≤25%, n (%)	0	3 (3.3)	1 (1.1)	4 (1.4)
>75%, n (%)	91 (100.0)	89 (96.7)	92 (98.9)	272 (98.6)
≥95%, n (%)	91 (100.0)	89 (96.7)	92 (98.9)	272 (98.6)

Abbreviations: RTX-EU = MabThera[®]; RTX-US = Rituxan[®].

Percentages are based on number of patients within each treatment group under Safety Analysis Population (N). Total volume infused are categorized.

Analysis Population

Table 55 Patient Analysis Population	Table S5	Patient Analy	sis Population
--------------------------------------	----------	---------------	----------------

	DRL_RI	RTX-US	RTX-EU	Total
Category	(N=91)	(N=92)	(N=93)	(N=276)
	n (%)	n (%)	n (%)	n (%)
ITT Population-Efficacy ^a	88 (96.7)	87 (94.6)	87 (93.5)	262 (94.9)
Per-Protocol Population-Efficacy	82 (90.1)	81 (88.0)	79 (84.9)	242 (87.7)
Per-Protocol Population (ACR)	82 (90.1)	81 (88.0)	79 (84.9)	242 (87.7)
Per-Protocol Population (DAS28 – CRP)	81 (89.0)	81 (88.0)	79 (84.9)	241 (87.3)
Per-Protocol Population (HAQ-DI)	82 (90.1)	81 (88.0)	79 (84.9)	242 (87.7)
Safety Analysis Population	91 (100)	92 (100)	93 (100)	276 (100)
PK Population(excluding ADA-positive) ^b	79 (86.8)	73 (79.3)	78 (83.9)	230 (83.3)
PK Population Sensitivity Analysis 1 ^c	88 (96.7)	87 (94.6)	85 (91.4)	260 (94.2)
PK Population Sensitivity Analysis 2 ^d	73 (80.2)	72 (78.3)	75 (80.6)	220 (79.7)
PD Population for DAS28 - CRP	86 (94.5)	86 (93.5)	85 (91.4)	257 (93.1)
PD Population for B-cell analysis	86 (94.5)	87 (94.6)	86 (92.5)	259 (93.8)

Abbreviations: ACR = American College of Rheumatology; ADA = Anti-drug antibody; CRP = C-reactive protein; DAS = Disease activity score; HAQ-DI = Health Assessment Questionnaire Disability Index; ITT = intent-to-treat; LOCF = Last observation carried forward; PD = Pharmacodynamic; PK = Pharmacokinetic; PP = per-protocol; RTX-EU = MabThera[®]; RTX-US = Rituxan[®].

Percentages were based on the number of randomized patients in the study (N).

^aAll patients in the ITT Population were included in the PP Population, except for those patients excluded because of major protocol deviations having significant impact on the patient safety, data integrity, and efficacy endpoints.

^bPatients with major protocol deviations (e.g. incomplete study drug administration, missed samples for critical time points, or with confirmed antibodies to study drug) were not included in the PK Population.

^cSensitivity Analysis 1 PK Population: This population includes all patients having confirmed ADA positive results and patients only randomized between the two products available at the site at the time

^dSensitivity Analysis 2 PK Population: This population excludes both patients only randomized between the two products available at the site at the time and patients having confirmed ADA positive results.

Prior, Concomitant, and Pre-medication

ATC Level 1	DRL_RI	RTX-US	RTX-EU	Total
ATC Level 3	(N=91)	(N=92)	(N=93)	(N=276)
Preferred term	n (%)	n (%)	n (%)	n (%)
Number of patients with at least 1	91 (100)	92 (100)	93 (100)	276 (100)
medication reported)1 (100)	<i>)</i> ² (100)	95 (100)	270 (100)
Antineoplastic and	91 (100)	92 (100)	93 (100)	276 (100)
Immunomodulating agents	<i>(100)</i>)2(100)	<i>y</i> (100)	270 (100)
Antimetabolites	91 (100)	92 (100)	93 (100)	276 (100)
Methotrexate	90 (98.9)	91 (98.9)	93 (100)	274 (99.3)
Methotrexate sodium	2 (2.2)	1 (1.1)	1 (1.1)	4 (1.4)
Immunosuppressants	7 (7.7)	6 (6.5)	3 (3.2)	16 (5.8)
Leflunomide	6 (6.6)	6 (6.5)	3 (3.2)	15 (5.4)
Hydroxychloroquine	1 (1.1)	0	0	1 (0.4)
Musculo-skeletal system	52 (57.1)	54 (58.7)	60 (64.5)	166 (60.1)
Anti-inflammatory and anti-				
rheumatic products, non-	52 (57.1)	54 (58.7)	60 (64.5)	166 (60.1)
steroidal				
Hydroxychloroquine	35 (38.5)	28 (30.4)	29 (31.2)	92 (33.3)
Hydroxychloroquine sulfate	17 (18.7)	20 (21.7)	21 (22.6)	58 (21.0)
Sulfasalazine	4 (4.4)	4 (4.3)	5 (5.4)	13 (4.7)
Nimesulide	0	2 (2.2)	4 (4.3)	6 (2.2)
Algiril	2 (2.2)	2 (2.2)	1 (1.1)	5 (1.8)
Aiacerein	1 (1.1)	1 (1.1)	0	2 (0.7)
Glucosamin sulfate/msm	1 (1.1)	0	1 (1.1)	2 (0.7)
Glucosamine sulfate	1 (1.1)	1 (1.1)	0	2 (0.7)
Glucosamine	0	0	1 (1.1)	1 (0.4)
Joint ache dn	0	1 (1.1)	0	1 (0.4)
Methylsulfonylmethane	1 (1.1)	0	0	1 (0.4)
Rejoint	0	0	1 (1.1)	1 (0.4)
Anti-inflammatory/anti-	1(11)	1(11)	0	2(0.7)
rheumatic agents in combination	1 (1.1)	1 (111)	0	2 (0.7)
Enzoflam /03538601/	0	1 (1.1)	0	1 (0.4)
Moviz-3d	1 (1.1)	0	0	1 (0.4)
Systemic hormonal preparations,	19 (20.9)	9 (9.8)	10 (10.8)	38 (13.8)
excl. sex hormones	17 (20.7)	> (>.0)	10 (10.0)	20 (12.0)
Corticosteroids for systemic use,	19 (20 9)	9 (98)	10 (10.8)	38 (13.8)
plain	17 (20.7)	,,,,,,,	10 (10.0)	-
Methylprednisolone acetate	14 (15.4)	6 (6.5)	4 (4.3)	24 (8.7)
Methylprednisolone	3 (3.3)	2 (2.2)	5 (5.4)	10 (3.6)
Prednisolone	2 (2.2)	1 (1.1)	0	3 (1.1)
Hydrocortisone	0	0	1 (1.1)	1 (0.4)
Alimentary tract and metabolism	13 (14.3)	11 (12.0)	10 (10.8)	34 (12.3)
Intestinal anti-inflammatory	13 (14 3)	11 (12 0)	10 (10.8)	34 (12 3)
agents	15 (14.5)	11 (12.0)	10 (10.0)	5+ (12.5)
Sulfasalazine	13 (14.3)	11 (12.0)	10 (10.8)	34 (12.3)

Table S6Summary of Rheumatoid Arthritis Medications-(Safety Analysis Population)Analysis Population

Abbreviations; ATC = Anatomical Therapeutic Chemical Classification; RTX-EU = MabThera[®]; RTX-US = Rituxan[®].

Percentages are based on number of patients in each treatment group under Safety Analysis Population (N). Patients with multiple usage of the same medication within the same preferred term are counted only once.

PK Parameters in the Sensitivity analysis populations

Table S7Summary of Key PK Parameters and its Comparison between Treatment
Groups (PK Sensitivity Population 1 -including ADA-positive patients-
N = 260)

Parameter (units)	Treatment	CI S Meen	Statistical Cor Ratio	nparisons GLS (91% CI) (%)	Mean
Taraneter (units)			DRL_RI/ RTX-US	DRL_RI/ RTX-EU	RTX-US/ RTX-EU
PK Population – Prin	nary Endpoir	nts			
AUC	DRL_RI	39480	00.62	05.11	05.47
$(\mu g.h/mL)$	RTX-US	39630	99.02 (02.96 105.72)	95.11	95.47
	RTX-EU	41510	(93.80, 105.73)	(89.55, 101.05)	(89.88, 101.41)
	DRL_RI	142200	00.02	02.14	04.05
$AUC_{0-\infty, \text{ entire course}}$	RTX-US	143900	98.82	93.14	94.25
(µg·h/mL)	RTX-EU	152700	(91.43, 100.82)	(85.96, 100.93)	(87.00, 102.11)
	DRL_RI	102000	00.21	02.00	04.50
AUC _{0-t, second infusion}	RTX-US	102700	99.31	93.88	94.53
(µg·h/mL)	RTX-EU	108600	(91.10, 108.27)	(86.01, 102.46)	(86.59, 103.20)
PK Population – Seco	ondary Endpo	oints			
	DRL_RI	141500	00.10	00.41	04.05
$AUC_{0-t, entire course}$	RTX-US	142800	99.12	93.41	94.25
(µg·n/mL)	RTX-EU	151500	(91.82, 106.99)	(80.35, 101.05)	(87.17, 101.90)
C	DRL_RI	330.958	102.00	100.10	06.06
C _{max} , first infusion	RTX-US	318.600	103.88	100.10	96.36
$(\mu g/mL)$	RTX-EU	330.621	(97.80, 110.33)	(94.15, 106.43)	(90.65, 102.44)
a	DRL_RI	408.550			
C _{max} , second infusion	RTX-US	401.621	101.73	101.50	99.78
$(\mu g/mL)$	RTX-EU	402.517	(95.75, 108.07)	(95.46, 107.92)	(93.81, 106.13)

Abbreviations: ANOVA = Analysis of variance; $AUC_{0-14 \text{ days}}$ = area under the plasma concentration-time curve from time 0 to day 14; AUC_{0-t} = area under the plasma concentration-time curve from time 0 to last quantifiable concentration; $AUC_{0-\infty}$ = area under the plasma concentration-time curve from time 0 extrapolated to infinite time CI: Confidence interval; C_{max} = peak plasma concentration; GLS: Geometric least-squares; PK: Pharmacokinetic; RTX-EU = MabThera[®]; RTX-US = Rituxan[®].

PK Sensitivity Population-1, N = 260 (DRL_RI, n = 88; RTX-US, n = 87; RTX-EU, n = 85). The values are back transformed from the log scale.

Results based on an ANOVA model with treatment (DRL_RI, RTX-US and RTX-EU), ADA status, region, and gender being considered as fixed effects.

Table S8Summary of Key PK Parameters and its Comparison between Treatment
Groups (PK Sensitivity Population 2 –excluding ADA-positive and patients
only randomized between the two products available at the site at the time -,
N = 220)

Donomotor (unita)	Treatment	CISMoon	Statistica	l Comparisons ((91% CI) (GLS Mean Ratio %)
	Heatment	Intent GLS Mean I		DRL_RI/ RTX-EU	RTX-US/ RTX-EU
PK Population – Primary	^r Endpoints				
AUC _{0-14 days, first infusion}	DRL_RI	44330	104.14	98.94	95.01
$(\mu g.h/mL)$	RTX-US RTX-EU	42570 44810	(98.14, 110.50)	(93.21, 105.03)	(89.56, 100.79)
AUC _{0-∞, entire course}	DRL_RI	168400	103.06	96.24	93.38
$(\mu g.h/mL)$	RTX-US RTX-EU	175000	(94.71, 112.14)	(88.32, 104.87)	(85.76, 101.68)
AUC _{0-t, second infusion}	DRL_RI RTX-US	121500 117200	103.69	96.93	93.48
(µg.h/mL)	RTX-EU	125400	(94.45, 113.83)	(88.29, 106.41)	(85.12, 102.66)
PK Population – Seconda	ry Endpoints				
$AUC_{0-t, entire course}$	DRL_RI RTX-US	165700 160800	103.00	96.55 (88.78, 105.01)	93.74 (86.26, 101.86)
(µg.n/mL)	RTX-EU	171600	(94.03, 111.00)	(88.78, 105.01)	(80.20, 101.80)
$C_{max, first infusion}$	RTX-US	333.380	108.41	103.17	95.16 (89.35, 101.36)
(μg/mL)	RTX-EU	350.327	(101.70, 115.50)	(90.80, 109.93)	(89.33, 101.30)
C _{max} , second infusion	RTX-US	405.430	107.79	105.16	97.56
(μg/mL)	RTX-EU	415.577	(101.23, 114.78)	(98.76, 111.97)	(91.60, 103.91)

Abbreviations: $AUC_{0-14 \text{ days}}$ = area under the plasma concentration-time curve from time 0 to day 14; AUC_{0-t} = area under the plasma concentration-time curve from time 0 to last quantifiable concentration; $AUC_{0-\infty}$ = area under the plasma concentration-time curve from time 0 extrapolated to infinite time. Abbreviations: CI: Confidence interval; C_{max} = peak plasma concentration; GLS: Geometric least-squares; PK: Pharmacokinetic; RTX-EU = MabThera[®]; RTX-US = Rituxan[®].

PK Sensitivity Population-2, N = 260 (DRL_RI, n = 73; RTX-US, n = 72; RTX-EU, n = 75).

The values are back transformed from the log scale.

Results based on an ANOVA model with treatment (DRL_RI, RTX-US and RTX-US), region, and gender being considered as fixed effects.

Table S9 Proportion of Patients with B-cell Depletion (PD Population)							
Visit	DRL_RI	RTX-US	RTX-EU				
	(N=86)	(N=87)	(N=86)				
20% Below the LLN							
48 hours Post Infusion 1, N evaluable	80	82	82				
48 Hours Post Infusion 1,%	98.8	100	100				
Difference (95% CI)		-1.3 (-6.75, 3.34)	-1.3 (-6.75, 3.34)				
Week 16, N evaluable	78	81	79				
Week 16, %	96.2	95.1	100				
Difference (95% CI)		1.1 (-6.40, 8.61)	-3.8 (-10.71, 1.44)				
Week 24, N evaluable	79	81	79				
Week 24, %	67.1	69.1	78.5				
Difference (95% CI)		-2.0 (-16.22, 12.19)	-11.4 (-24.73, 2.50)				
Below the LOD							
48 hours Post Infusion 1, N evaluable	82	83	82				
48 Hours Post Infusion 1, %	4.9	2.4	3.7				
Difference (95% CI)		2.5 (-4.19, 9.69)	1.2 (-5.97, 8.62)				
Week 16, N evaluable	80	82	79				
Week 16, %	10.0	4.9	10.1				
Difference (95% CI)		5.1 (-3.39, 14.13)	-0.1 (-10.00, 9.70)				
Week 24, N evaluable	81	81	79				
Week 24, %	0.0	3.7	1.3				
Difference (95% CI)		-3.7 (-10.33, 1.44)	-1.3 (-6.83, 3.38)				
Abbreviations: CI = Confidence	ce intervalLOD = Li	mit of detection; LLN = Low	ver limit of normal; PD =				

Pharmacodynamic; RTX-EU = MabThera[®]; RTX-US = Rituxan[®]

B-cell depletion is defined as peripheral B-cell recovery to B-cell counts < LLN or LOD The LLN for B-cell counts in this study is 107.0 cells/ μ L.

N evaluable Patients with available data for the visit

Proportion (%) = (number of patients with depletion/number of evaluable patients for the visit)*100.

Difference (95% CI) = Difference in proportion of patients with depletion in DRL_RI group and RTX-US or RTX-EU.

Table S10Mean DAS28-CRP values from Baseline to Week 24 (PP population)

	Mean ± SD values						
	Baseline	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24
DRL-RI (N)	$\begin{array}{c} 6.03 \pm 0.68 \\ (82) \end{array}$	5.03± 0.98 (82)	$\begin{array}{c} 4.67 \pm 1.04 \\ (82) \end{array}$	$\begin{array}{c} 4.41 \pm 1.14 \\ (80) \end{array}$	$\begin{array}{c} 4.15\pm1.12\\(81)\end{array}$	$\begin{array}{c} 4.08 \pm 1.13 \\ (81) \end{array}$	$\begin{array}{c} 4.05\pm1.11\\(81)\end{array}$
RTX-US (N)	$5.69 \pm 0.77 \\ (81)$	4.81± 0.91 (80)	$\begin{array}{c} 4.47 \pm 0.96 \\ (80) \end{array}$	$\begin{array}{c} 4.25 \pm 1.08 \\ (80) \end{array}$	$\begin{array}{c} 4.19 \pm 1.07 \\ (81) \end{array}$	4.02 ± 1.13 (80)	$\begin{array}{c} 3.96 \pm 1.12 \\ (81) \end{array}$
RTX-EU (N)	$5.75 \pm 0.72 \tag{79}$	$\begin{array}{c} 4.76 \pm 1.01 \\ (77) \end{array}$	$\begin{array}{c} 4.33 \pm 1.15 \\ (77) \end{array}$	4.01 ± 1.17 (77)	3.90 ± 1.17 (79)	3.83 ± 1.12 (79)	3.82 ± 1.13 (79)

Abbreviations: DAS28-CRP = Disease activity score (28 joints) – C-reactive protein; RTX-EU = MabThera[®]; RTX-US = Rituxan[®]; SD = standard deviation

N = number of patients with available assessment in each treatment arm and visit under PP population.

SOC	DRL_RI	$\mathbf{RTX} - \mathbf{US}$	RTX-EU	Total
Preferred Term	(N = 91) n (%)	(N = 92) n (%)	(N = 93) n (%)	(N = 270) n (%)
Number of Patients with at least 1 AE	33 (36.3)	30 (32.6)	37 (39.8)	100 (36.2)
Infections and infestations				
Upper respiratory tract infection	4 (4.4)	3 (3.3)	5 (5.4)	12 (4.3)
Nasopharyngitis	2 (2.2)	4 (4.3)	1 (1.1)	7 (2.5)
Urinary tract infection	2 (2.2)	2 (2.2)	2 (2.2)	6 (2.2)
Gastrointestinal disorders				
Nausea	1 (1.1)	2 (2.2)	1 (1.1)	4 (1.4)
Mouth ulceration	2 (2.2)	1 (1.1)	0	3 (1.1)
Abdominal pain upper	2 (2.2)	0	0	2 (0.7)
Investigations				
Alanine aminotransferase increased	1 (1.1)	2 (2.2)	1 (1.1)	4 (1.4)
Aspartate aminotransferase increased	0	2 (2.2)	0	2 (0.7)
Musculoskeletal and connective tissue disorders				
Rheumatoid arthritis	3 (3.3)	1 (1.1)	2 (2.2)	6 (2.2)
Back Pain	0	0	2 (2.2)	2 (0.7)
General disorders and administration site conditions				
Pyrexia	2 (2.2)	4 (4.3)	3 (3.2)	9 (3.3)
Respiratory, thoracic and mediastinal disorders				
Cough	3 (3.3)	3 (3.3)	3 (3.2)	9 (3.3)
Throat irritation	0	2 (2.2)	1 (1.1)	3 (1.1)
Blood and lymphatic system disorders				
Anaemia	1 (1.1)	5 (5.4)	1 (1.1)	7 (2.5)
Neutropenia	1 (1.1)	2 (2.2)	1 (1.1)	4 (1.4)
Eosinophilia	0	1 (1.1)	2 (2.2)	3 (1.1)
Skin and subcutaneous tissue disorders				
Pruritus	0	2 (2.2)	1 (1.1)	3 (1.1)
Rash	0	1 (1.1)	2 (2.2)	3 (1.1)
Injury, poisoning and procedural complications				
Infusion related reaction	1 (1.1)	2 (2.2)	1 (1.1)	4 (1.4)
Nervous system disorders				
Headache	1(1.1)	1 (1.1)	2 (2.2)	4 (1.4)
Vascular disorders				
Hypertension	1 (1.1)	0	2 (2.2)	3 (1.1)

Table S11Incidence of Adverse Events Reported in ≥ 2% of Patients in any Treatment
Group up to Week 24 (Safety Analysis Population)

SOC Preferred Term	DRL_RI	RTX-US	RTX-EU	Total
	(N = 91) n (%)	(N = 92) n (%)	(N = 93) n (%)	(N =276) n (%)
Abbreviations: $AE = Adverse even$	t; RTX-EU = MabThera [®] ; 1	RTX-US = Rituxa	n [®] ; SOC = Systen	n organ class.

Patients experiencing multiple events with the same preferred term were counted only once. Percentages are based on number of patients within each treatment group under safety analysis population (N).

	DRL_RI	RTX-US	RTX-EU	Total
SUC Preferred Term	(N = 91)	(N = 92)	(N = 93)	(N =276)
	n (%)	n (%)	n (%)	n (%)
Number of Patients with at least 1 AE	27 (29.7)	28 (30.4)	29 (31.2)	84 (30.4)
Investigations				
B-lymphocyte count decreased	7 (7.7)	5 (5.4)	8 (8.6)	20 (7.2)
Alanine aminotransferase increased	0	2 (2.2)	1 (1.1)	3 (1.1)
Aspartate aminotransferase increased	0	2 (2.2)	1 (1.1)	3 (1.1)
Infections and infestations				
Upper respiratory tract infection	1 (1.1)	3 (3.3)	1 (1.1)	5 (1.8)
Body tinea	1 (1.1)	0	2 (2.2)	3 (1.1)
Musculoskeletal and connective tissue disorders				
Rheumatoid arthritis	3 (3.3)	1 (1.1)	4 (4.3)	8 (2.9)
Gastrointestinal disorders				
Mouth Ulceration	2 (2.2)	0	1 (1.1)	3 (1.1)
Respiratory, thoracic and mediastinal disorders				
Cough	0	2 (2.2)	4 (4.3)	6 (2.2)
General disorders and administration site conditions				
Pyrexia	3 (3.3)	1 (1.1)	2 (2.2)	6 (2.2)
Blood and lymphatic system disorders				
Anaemia	0	2 (2.2)	1 (1.1)	3 (1.1)
Vascular disorders				
Hypertension	1 (1.1)	0	2 (2.2)	3 (1.1)
Abbreviations: $AE = Adverse event; RTX-E$	U = MabThera [®] ;	RTX-US = Rituxa	n [®] ; SOC = Syster	n organ class.

Table S12	Incidence of Adverse Events Reported in $\geq 2\%$ of Patients in any Treatment
	Group up to Week 52 (Safety Analysis Population)

rga Patients experiencing multiple events with the same preferred term were counted only once. Percentages are based on number of patients within each treatment group under safety analysis population (N).

SOC	DRL_RI	RTX-US	RTX-EU	Total
Preferred Term	(N = 91) n (%)	(N = 92) n (%)	(N = 93) n (%)	(N = 2/6) n (%)
Number of patients with at least 1 SAE	3 (3.3)	5 (5.4)	10 (10.8)	18 (6.5)
Infections and infestations	~ /		. ,	
H1N1 influenza			1 (1.1)	1 (0.4)
Pneumonia	1 (1.1)			1 (0.4)
Urinary tract infection			1 (1.1)	1 (0.4)
Cellulitis			1 (1.1)	1 (0.4)
Gastroenteritis viral			1 (1.1)	1 (0.4)
Pyelonephritis acute			1 (1.1)	1 (0.4)
Injury, poisoning and procedural complications				
Femoral neck fracture			1 (1.1)	1 (0.4)
Forearm fracture			1 (1.1)	1 (0.4)
Humerus fracture		1 (1.1)		1 (0.4)
Infusion related reaction		1 (1.1)		1 (0.4)
Spinal cord compression fracture		1 (1.1)		1 (0.4)
Blood and lymphatic system disorders				
Febrile neutropenia		1 (1.1)		1 (0.4)
Neutropenia		1 (1.1)		1 (0.4)
Cardiac disorders				
Atrial fibrillation			1 (1.1)	1 (0.4)
Cardio-respiratory arrest			1 (1.1)	1 (0.4)
General disorders and administration site conditions				
Pyrexia			1 (1.1)	1 (0.4)
Sudden death	2 (2.2)			2 (2.2)
Gastrointestinal disorders				
Intestinal obstruction		1 (1.1)		1 (0.4)
Respiratory, thoracic and mediastinal disor	ders			
Interstitial lung disease			1 (1.1)	1 (0.4)
Musculoskeletal and connective tissue disor	der			
Spondylolisthesis			1 (1.1)	1 (0.4)
Abbreviations: SAE = Serious adverse event; class.	RTX-EU = Mat	oThera [®] ; RTX-US	= Rituxan [®] ; SOC	= System organ

Table S13Incidence of Serious Adverse Events up to Week 52 (Safety Analysis
Population)

Patients experiencing multiple events with the same preferred term were counted only once.

Percentages are based on number of patients within each treatment group under safety analysis population (N).

DRL_RI	RTX-US	RTX-EU
81	81	79
4.9	7.4	0
	-2.5	4.9
	(-10.85, 5.65)	(-0.59, 12.02)
60	56	59
33.3	23.2	23.7
	10.1	9.6
	(-6.31, 25.68)	(-6.59, 25.12)
eline		
81	78	78
1.2	3.9	0
	-2.6	1.2
	(-9.55, 3.38)	(-3.57, 6.67)
60	56	59
21.7	14.3	6.8
	7.4	14.9
	(-6.91, 21.17)	(2.19, 27.53)
	DRL_RI 81 4.9 60 33.3 eline 81 1.2 60 21.7	$\begin{array}{c c c c c c c c } \hline \textbf{DRL}_\textbf{RI} & \textbf{RTX-US} \\ \hline & & & & & & \\ \hline & & & & & & \\ \hline & & & &$

 Table S14
 Proportion of Patients with B-cell Repletion (PD Population)

Abbreviations: LLN = Lower limit of normal; PD = Pharmacodynamic; $RTX-EU = MabThera^{@}$; $RTX-US = Rituxan^{@}$

B-cell repletion is defined as peripheral B-cell recovery to B-cell counts \geq LLN or achievement of a B-cell counts at least 80% of the patient's baseline B-cell counts. The LLN for B-cell counts in this study is 107.0 cells/µL N evaluable Patients with available data for the visit

Proportion (%) = (number of patients with repletion/number of evaluable patients for the visit)*100.

Difference (95% CI) = Difference in proportion of patients with depletion in DRL_RI group and RTX-US or RTX-EU.

Table S15Summary of Other Secondary PK Parameters (Main PK Population,
N = 230)

Parameter*	DRL_RI (N = 79)	RTX-US (N = 73)	RTX-EU (N = 78)
T _{max} . first infusion, median (minimum, maximum) (hours)	5.25 (3.00, 10.25)	5.25 (4.25, 10.33)	5.25 (3.00, 29.05)
$T_{max \cdot second infusion}$, median (minimum, maximum) (hours)	5.25 (3.00, 10.33)	5.25 (3.08, 52.00)	5.25 (3.00, 27.25)
t _{1/2;} (hours)	374 (30.1)	378 (25.0)	391 (23.9)
Cl (L/day)	0.254 (33.2)	0.254 (33.9)	0.238 (30.0)
Vz (L)	5.69 (26.3)	5.76 (23.1)	5.55 (26.4)

Abbreviations: Cl = total body clearance after second infusion; PK = Pharmacokinetic; RTX-EU = MabThera[®]; RTX-US = Rituxan[®]; $t_{1/2}$ = terminal elimination half-life after second infusion; T_{max} = time to peak plasma concentration; Vz = volume of distribution after second infusion.

*Values for secondary endpoints parameters are geometric means with geometric coefficient of variation expressed as a percent in parentheses except where indicated otherwise.

		Median (minimum - maximum) ADA Titer			
-	Baseline	Week 4	Week 16	Week 24	Week 52
DRL_RI (N=82)	1.0 (1 - 1)	NR	8.0 (8 - 8)	4.0 (1 - 8)	2.0 (1 - 2)
RTX-US (N=81)	NR	NR	1.0 (1 - 1)	1.0 (1 - 16)	2.0 (1 - 16)
RTX-EU (N=79)	NR	NR	8.0 (8 - 8)	9.0 (1 - 256)	1.0 (1 - 8)
Abbreviations: ADA = antidrug antibody; NR = not reported (as ADA titer values of less than 1);					
$PP = per-protocol; RTX-US = Rituxan^{\text{(0)}}; RTX-EU = MabThera^{\text{(0)}}.$					

Table S16ADA Titers up to Week 52 (PP Population)



Fig S1 Kaplan-Meier Analysis of Time to B-cell Depletion (Below 20% of LLN) (PD Population)

Abbreviations: LLN = Lower limit of normal; PD = Pharmacodynamic; RTX-EU = Mabthera[®]; RTX-US = Rituxan[®].

The confidence intervals are estimated based on the Kaplan-Meier estimation method. Patients who did not experience depletion are censored.

Peripheral blood B-cell recovery ≥ LLN or at least 80% of baseline B-cell Population



Fig S2a Proportion of Patients with B-cell Repletion Above or Equal to the Lower Limit of Normal



Fig S2b Proportion of Patients with B-cell Repletion Above or Equal to 80% of Baseline

Abbreviations: LLN = Lower limit of normal; RTX-EU = Mabthera[®]; RTX-US = Rituxan[®].

B-cell repletion is defined as peripheral B-cell recovery to B-cell counts \geq LLN B-cell count at least 80% of the patient's baseline B-cell counts. The LLN for B-cell counts in this study is 107.0 cells/µL.

Infusion 1-0 (h): week 0 Day 1 Pre-infusion; Infusion 2-0 (h): week 2 Day 1 pre-infusion, 3700 (h): week 22 respect to infusion 2, Week 24 respect to infusion 1

Upper and lower bounds indicated the 95% confidence interval.



Figure S3 Change in Mean DAS28-CRP Score from Baseline up to Week 16 (PD population)

Abbreviations: DAS28-CRP = disease activity score (28 joints) - C-reactive protein; PD = pharmacodynamic; RTX-EU = MabThera[®]; RTX-US = Rituxan[®]; SD = standard deviation. The geometric mean calculation for change from baseline columns are based on the ratio of visit value to baseline value.



Figure S4 Mean HAQ-DI Score over 24 Weeks from Baseline (PP Population)

Abbreviations: HAQ-DI = Health Assessment Questionnaire Disability Index; PP = per-protocol; RTX-EU = MabThera[®]; RTX-US = Rituxan[®]; SD = standard deviation. The geometric mean calculation for change from baseline columns is based on the ratio of visit value to baseline value.