

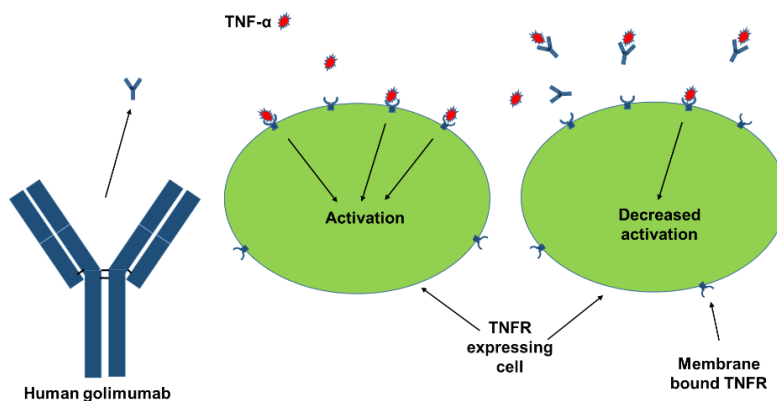
## Golimumab – Fact Sheet

### Molecule

Golimumab (Simponi®) is a fully human anti-tumor necrosis factor (TNF)- $\alpha$  IgG1 $\kappa$  monoclonal antibody. It was developed by immunizing genetically engineered mice with human TNF- $\alpha$ , has a molecular mass of approximately 150 kDa, and exhibits multiple glyco-variants (isoforms).

### Mode of Action

Golimumab is an anti-TNF antibody with affinity for both soluble and transmembrane TNF. TNF is a cytokine produced primarily by activated macrophages and T-cells. It normally binds to TNF- $\alpha$  receptors (TNFRs), leading to the inflammatory response of autoimmune diseases. By binding to TNF, golimumab is reducing the inflammatory response triggered via TNFR signaling pathways.



### Indication

Simponi® is indicated in adults as an adjunct to methotrexate treatment for rheumatoid arthritis, alone or as an adjunct to methotrexate treatment for active psoriatic arthritis and as a single agent for active ankylosing spondylitis and ulcerative colitis.

### Patent Situation

Patents for Simponi® will expire in 2024 in US as well as in EU. In 2011, Bayer accused Centocor of infringing a patent titled "Human anti-TNF antibodies", but this action was not successful.

### Market and Competitive Field

Starting from 2009, EMA and FDA have approved golimumab for its first indication under the trade name Simponi®. Simponi® was developed by J&J (Janssen/ Centocor). This company markets the product in North and South America, the Middle East, Africa and Asia Pacific (sales 2019: 2.01 billion €). In Europe, Russia and Turkey, Simponi® is distributed by MSD and in 2018 sales were 764 million €. Note: Mitsubishi Tanabe has distribution rights in Asian countries.

		Golimumab
		Simponi®
<b>Clone selection/ comparability</b>		
<b>HPLC</b>	Separation based on <b>size</b> (SE-HPLC)	
	Separation based on <b>hydrophobicity</b> (RP-HPLC)	
	Detection of <b>charge variants</b> (CEX-HPLC)	
<b>Binding</b>	Binding to <b>cell surface</b> expressed target (Flow cytometry)	
	Binding to <b>soluble target</b> (ELISA)	
	Binding to specific <b>antibody or antigen</b> (SPR-BIACORE, ELISA)	
	<b>Affinity/ kinetic</b> to recombinant target (SPR-BIACORE)	
<b>Effector function</b>	Binding to C1q, <b><sup>1</sup>CDC surrogate</b> (ELISA)	
	<b>Affinity</b> to recombinant Fc-receptors (SPR-BIACORE)	
	Reporter gene assays, <b><sup>2</sup>ADCC surrogate</b> (Luminescence)	c.l.d.
	<b><sup>1</sup>CDC</b> (Flow cytometry)	c.l.d.
	<b><sup>2</sup>ADCC</b> (DELFA, Fluorescence)	c.l.d.
	Additional <b>bioassays</b> (Luminescence, fluorescence)	
<b>Gly</b>	Glyco-pattern with <b>Lectin Microarray</b> (45 different lectins)	
<b>(Pre)clinical application</b>		
<b>Clinics</b>	Pharmacokinetics – <b>PK</b> (ECL, ELISA)	
	Pharmacodynamics – <b>PD</b> (ECL, ELISA, flow cytometry, bioassay)	
	Immunogenicity - <b><sup>3</sup>ADAs</b> (ECL, Biacore, ELISA, neutr. assay)	

<sup>1</sup>CDC = Complement Dependent Cytotoxicity  
<sup>2</sup>ADCC = Antibody Dependent Cellular Cytotoxicity  
<sup>3</sup>ADA = Anti-Drug Antibody

	VelaLabs portfolio
	VelaLabs planned
	c.l.d. = cell line dependent
	n.a. = not applicable
	In development