

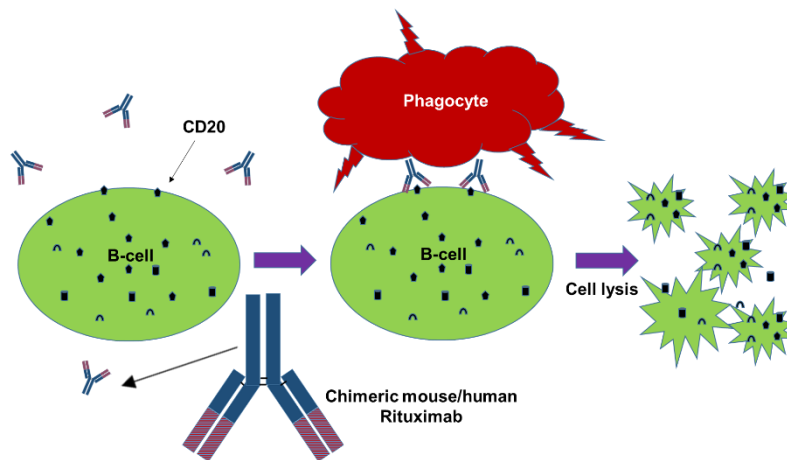
## Rituximab – Fact Sheet

### Molecule

Rituximab (Rituxan®, MabThera®) is a chimeric IgG1/kappa monoclonal antibody targeting CD20, which is primarily detected on the surface of B-cells.

### Mode of Action

Rituximab binds to amino acids 170-173 and 182-185 on CD20 protein. CD20 is widely expressed on B-cells, from early pre B-cells to later in differentiation, but it is absent on terminally differentiated plasma cells. CD20 may play a role in  $Ca^{2+}$  influx across plasma membranes, maintaining intracellular  $Ca^{2+}$  concentration and activation of B-cells. Rituximab destroys both normal and malignant B-cells that have CD20 on their surfaces, and is therefore used to treat diseases, which are characterized by having too many overactive or dysfunctional B-cells.



### Indication

Rituxan® is applied for treatment of many lymphomas and leukemias, transplant rejection and some autoimmune disorders. Rituxan® is also used off-label to treat difficult cases of multiple sclerosis, systemic lupus erythematosus and autoimmune anemias.

### Patent Situation

Rituxan® patents expired in 2013 in EU and in 2016 in US. Several biosimilars are already marketed without triggering any patent litigation.

### Market and Competitive Field

Roche's Rituxan®, the originator product, was approved by FDA in November 1997 and MabThera® by EMA in June 1998. In 2019, Rituxan® had sales of 6.13 billion € (6.07 billion € in 2018). In respect of these blockbuster sales, many companies are developing or marketing biosimilars of the drug, e.g. Celltrion, Hospira, Amgen, Pfizer, Sandoz. Rixathon® and Truxima® are already approved.

		Rituximab
		MabThera® Rituxan®
		e.g. Rixathon® Truxima®
	<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)	n.a.
	Binding to specific <b>antibody or antigen</b> (SPR-BIACORE, ELISA)	
	<b>Affinity/ kinetic</b> to recombinant target (SPR-BIACORE)	n.a.
<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)	
	<b><sup>1</sup>CDC</b> (Flow cytometry)	
	<b><sup>2</sup>ADCC</b> (DELFI, Fluorescence)	
	Additional <b>bioassays</b> (Luminescence, fluorescence)	Apoptosis
<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
	n.a. = not applicable