

<December 2016>

<RENFLEXIS>

<Ministry of Food and Drug Safety>

<APPROVED>

PART A - ADMINISTRATIVE INFORMATION		
Entered by:	Biosimilar Product Information	
MAH	Name of the biosimilar medicinal product	Renflexis
MAH	MAH	Samsung Bioepis Co. Ltd., Yeonsu-gu Cheomdan-daero 107 Incheon, Republic of Korea
NRA	Authorisation / Licence number	Samsung Bioepis / 2
MAH / NRA	API manufacturing facilities and batch release site for the finished product (if applicable)	<p>Manufacturer of the biological active substance: Biogen (Denmark) Manufacturing ApS Biogen Allé 1 DK-3400 Hillerød Denmark</p> <p>Manufacturer responsible for batch release: Biogen (Denmark) Manufacturing ApS Biogen Allé 1 DK-3400 Hillerød Denmark</p>
MAH	Name of the active substance	Infliximab (INN)
MAH	Pharmaco-therapeutic group	ATC code: L04AB02. Immuno-suppressants, tumour necrosis factor alpha (TNF α) inhibitors
MAH	Substance category	Monoclonal antibody
MAH	Pharmaceutical form	Powder for concentrate for solution for infusion
MAH	Quantitative composition	100 mg / vial
MAH	Route of administration	Intravenous infusion
MAH	Packaging/material	Vial / glass
MAH	Package size(s)	1 vial / pack
MAH	Local legal basis	Pharmaceutical Affairs Act article 42 and Enforcement for drug safety article 4
MAH	Local biosimilar guidelines	“Guideline on the Evaluation of Biosimilar Products, Revision 1 (MFDS, Dec 2014)”
MAH	Date of authorisation/licensing of biosimilar	04 Dec 2015

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Reference Biotherapeutic Product (RBP) Information		
MAH	Name of the RBP	Remicade
MAH	Authorised indications for RBP	Adult Crohn's disease Paediatric Crohn's disease Ankylosing spondylitis Adult ulcerative colitis Paediatric ulcerative colitis Rheumatoid arthritis Psoriatic arthritis Plaque Psoriasis
MAH	Pharmaceutical form	Powder for concentrate for solution for infusion
MAH	Quantitative composition	100 mg / vial
MAH	Route of administration	Intravenous infusion
MAH	Packaging/material	Vial / glass
MAH	Package size(s)	1 vial / pack
MAH	Authorisation (Licence) number (of RBP)	81-5011
MAH	Date of authorisation (of RBP)	Aug 23, 2005
MAH	Authorisation (Licence) Holder (of RBP)	Janssen Korea Co. Ltd.,
MAH	Source of RBP (or other comparator) for comparability exercise	European Union United States Republic of Korea
MAH / NRA	Availability of the RBP assessment report (Korean)/link	Adult Crohn's disease, Ankylosing Spondylitis: http://www.mfds.go.kr/index.do?x=0&searchkey=product_nm&mid=1176&searchword=레미케이드&cd=191&y=0&pageNo=1&seq=6319&cmd=v Adult Ulcerative Colitis, Rheumatoid Arthritis: http://www.mfds.go.kr/index.do?x=0&searchkey=product_nm&mid=1176&searchword=레미케이드&cd=191&y=0&pageNo=1&seq=6367&cmd=v Psoriatic Arthritis ; http://www.mfds.go.kr/index.do?x=0&searchkey=product_nm&mid=1176&searchword=레미케이드&cd=191&y=0&pageNo=1&seq=6435&cmd=v Pediatric Crohn's disease: http://www.mfds.go.kr/index.do?x=0&searchkey=product_nm&mid=1176&searchword=레미케이드&cd=191&y=0&pageNo=1&seq=6435&cmd=v

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		1&y=0&pageNo=1&seq=9456&cmd=v
	Summary of outcomes	
MAH	Comparability exercise to demonstrate similarity to RBP	Physicochemical and biological characterisation study Comparative <i>in vitro</i> and <i>in vivo</i> non-clinical studies (PK/PD study) Comparative clinical studies (PK, efficacy, safety and immunogenicity)
NRA	Availability of full assessment report (Korean)/link	http://www.mfds.go.kr/index.do?x=0&searchkey=product_nm&mid=1176&searchword=렌플렉시스&cd=191&y=0&pageNo=1&seq=24099&cmd=v
MAH	Indications applied for (if different to RBP)	The indications applied for were all authorised for RBP (see section “Authorised indications” for further details)
NRA	Authorised indications for biosimilar	Adult Crohn’s disease Paediatric Crohn’s disease Ankylosing spondylitis Adult ulcerative colitis Paediatric ulcerative colitis Rheumatoid arthritis Psoriatic arthritis Plaque Psoriasis

MAH (Marketing Authorisation Holder) or Sponsor

NRA (National Regulatory Authority) i.e. CA (Competent Authority)

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PART B - SUBMITTED DATA AND REVIEWER SUMMARY											
Procedure: <Initial Application>											
MAH	Quality data. Composition of the biosimilar product(s)										
	Infliximab 100 mg Sucrose polysorbate 80 monobasic sodium phosphate monohydrate dibasic sodium phosphate heptahydrate										
MAH	Quality data. State-of-the-art methods										
	<table border="1"> <thead> <tr> <th>Category</th> <th>Analytical Methods used for Characterisation</th> </tr> </thead> <tbody> <tr> <td>Structural characteristics</td> <td>Amino acid sequencing, N-terminal/C-terminal sequencing & peptide mapping (HPLC, LC-MS, LC-MS/MS), molecular weight (LC-MS), deamidation/oxidation (LC-MS), N-linked glycosylation site (LC-MS/MS), disulphide bonds, free thiol analysis, FTIR, intrinsic/extrinsic fluorescence spectroscopy, CD, HDX-MS, DSC, SEC-MALLS, SV-AUC, DLS, MFI</td> </tr> <tr> <td>Physicochemical characteristics</td> <td>SEC-HPLC, CE-SDS (reduced/non-reduced), icIEF, IEC-HPLC, N-glycan structure (LC-MS/MS), oligosaccharide profiling (HILIC-UPLC), protein concentration (UV280), absorption coefficient</td> </tr> <tr> <td>Biological activity</td> <td>1) Fab related evaluations hTNF-α binding, hTNF-α neutralisation assay, transmembrane TNFα binding, apoptosis assay, hTNFβ binding 2) Fc related evaluations FcγRIa binding, FcγRIIa/FcγRIIb/FcRn binding, FcγRIIIa binding, FcγRIIIb binding, C1q binding, CDC, ADCC using modified NK cell line/human PBMC, regulatory macrophage function by mixed lymphocytes reaction, cytokine release profiling in <i>in vitro</i> IBD model, inhibitory activity of apoptosis in <i>in vitro</i> IBD model</td> </tr> <tr> <td>Degradation characteristics</td> <td>Temperature stresses (25°C, 40°C), photostability, oxidation induction, freeze-thaw cycling</td> </tr> </tbody> </table>	Category	Analytical Methods used for Characterisation	Structural characteristics	Amino acid sequencing, N-terminal/C-terminal sequencing & peptide mapping (HPLC, LC-MS, LC-MS/MS), molecular weight (LC-MS), deamidation/oxidation (LC-MS), N-linked glycosylation site (LC-MS/MS), disulphide bonds, free thiol analysis, FTIR, intrinsic/extrinsic fluorescence spectroscopy, CD, HDX-MS, DSC, SEC-MALLS, SV-AUC, DLS, MFI	Physicochemical characteristics	SEC-HPLC, CE-SDS (reduced/non-reduced), icIEF, IEC-HPLC, N-glycan structure (LC-MS/MS), oligosaccharide profiling (HILIC-UPLC), protein concentration (UV280), absorption coefficient	Biological activity	1) Fab related evaluations hTNF- α binding, hTNF- α neutralisation assay, transmembrane TNF α binding, apoptosis assay, hTNF β binding 2) Fc related evaluations Fc γ RIa binding, Fc γ RIIa/Fc γ RIIb/FcRn binding, Fc γ RIIIa binding, Fc γ RIIIb binding, C1q binding, CDC, ADCC using modified NK cell line/human PBMC, regulatory macrophage function by mixed lymphocytes reaction, cytokine release profiling in <i>in vitro</i> IBD model, inhibitory activity of apoptosis in <i>in vitro</i> IBD model	Degradation characteristics	Temperature stresses (25°C, 40°C), photostability, oxidation induction, freeze-thaw cycling
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Degradation characteristics	Temperature stresses (25°C, 40°C), photostability, oxidation induction, freeze-thaw cycling										
NRA	Quality data assessment outcome										
	<p>All major structural, physicochemical characteristics and biological activities of Renflexis were comparable to those of Remicade.</p> <p>However, there were observed quantitative and qualitative differences in the relative content of C-terminal Lys, charge profile, afucosylation and %charged glycan level, binding affinity to specific Fc receptors and ADCC activities using sensitive system of NK cells and tmTNFα Jurkat cells.</p> <p>Specifically, Renflexis has a slightly higher level of % afucosylation, a slightly higher binding affinity to specific Fc receptors and a slightly higher NK cell-mediated ADCC activity as compared to those of Remicade. The sponsor performed biological assays using additional batches of reference product and orthogonal studies such as ADCC assay using PBMC regarded as more relevant to the physiological conditions in patients. Based on the additional results of the physicochemical and <i>in vitro</i> biological analyses, the observed minor differences in NK-mediated ADCC activities did not affect clinical safety and efficacy.</p>										

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	The heterogeneity of C-terminal Lys residues is known that it has no clinical impact. Therefore these uncertainties were not considered clinically meaningful and demonstrated to be comparable to Remicade.			
MAH	Mechanism of action			
	Infliximab is a chimeric human-murine monoclonal antibody that binds with high affinity to both soluble and transmembrane forms of TNF α . Infliximab prevents TNF α receptor activation by binding to TNF α , thereby neutralising the biological activity of TNF α .			
MAH	Nonclinical data. <i>In vitro</i> studies Comparison of biological activity including binding/specificity to TNF- α (refer to biological assays performed for quality analyses)			
MAH	Nonclinical data. <i>In vivo</i> studies			
	<ul style="list-style-type: none"> • <i>In vivo</i> efficacy study to demonstrate pharmacodynamic (PD) similarity using Tg197 transgenic mouse model of arthritis • Single and repeated dose PK studies in Sprague Dawley (SD) rats and the Tg197 mouse model of arthritis, and the evaluation of potential anti-drug antibody (ADA) formation performed to demonstrate PK and immunogenic similarities between Renflexis and Remicade 			
NRA	Nonclinical data assessment outcome			
	All comparative <i>in vitro</i> primary PD studies results were presented and discussed in the quality section of this report and the difference observed in binding affinity to specific Fc receptor and ADCC activities were further discussed and analysed (see quality data assessment outcome section). In <i>in vivo</i> efficacy study and PK study, Overall, the PK and PD of Renflexis and Remicade are considered similar.			
	CLINICAL STUDIES - include relevant study data from the following (not all may be required) which have been included to demonstrate biosimilarity. <ul style="list-style-type: none"> • Pharmacokinetic, PK • Pharmacodynamic, PD • Efficacy, • Safety, • Immunogenicity. 			
MAH	Clinical data. PK studies			
	Study	Study Objectives	Design	Study Population
				Primary Endpoints

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	SB2-G11-NHV (Phase I study)	Comparative PK, safety, tolerability, immunogenicity To investigate and compare the PK profiles of Renflexis (SB2) and EU Remicade® in healthy subjects.	Randomised, single-blind, three-arm, parallel group, single-dose study; Total duration: 10 weeks Single dose <i>i.v.</i> infusion of 5 mg/kg either SB2, EU or US Remicade®	159 healthy subjects (53/arm)	AUC _{inf}										
NRA	Clinical data. PK data assessment outcome														
	The 90% CIs of the geometric LSmean ratio for AUC _{inf} lied between 89.7% and 108.3% , well contained within the standard bioequivalence interval of 80-125%; this demonstrates that the PK of infliximab is equivalent between Renflexis and Remicade at the dose of 5 mg/kg. Furthermore, equivalent PK was also shown in the antibody-negative and antibody-positive subset of the healthy subject population.														
MAH	Clinical data. PD studies														
	The clinical development programme for Renflexis aimed to demonstrate the similarity between Renflexis and the reference product Remicade and therefore further clinical studies on the pharmacodynamics of Renflexis were not conducted.														
NRA	Clinical data. PD data assessment outcome														
	Not applicable														
MAH	Clinical data. Efficacy studies														
	<table border="1"> <thead> <tr> <th>Study</th> <th>Study Objectives</th> <th>Design</th> <th>Study Population</th> <th>Primary Endpoints</th> </tr> </thead> <tbody> <tr> <td>SB2-G31-RA (Phase III studies)</td> <td>Safety, efficacy, immunogenicity, and PK To demonstrate the equivalence of Renflexis (SB2) to EU Remicade® at Week 30, in terms of the ACR20 response rate in subjects with moderate to severe RA despite methotrexate (MTX) therapy</td> <td>Randomised, double-blind, parallel group, multicentre study; Total duration: 78 weeks Randomised, Double- Blind period: 54 weeks Transition-Extension period: 24 weeks</td> <td>584 RA subjects (291 for SB2, 293 for EU-Remicade)</td> <td>Efficacy: ACR20 at Week 30</td> </tr> </tbody> </table>	Study	Study Objectives	Design	Study Population	Primary Endpoints	SB2-G31-RA (Phase III studies)	Safety, efficacy, immunogenicity, and PK To demonstrate the equivalence of Renflexis (SB2) to EU Remicade® at Week 30, in terms of the ACR20 response rate in subjects with moderate to severe RA despite methotrexate (MTX) therapy	Randomised, double-blind, parallel group, multicentre study; Total duration: 78 weeks Randomised, Double- Blind period: 54 weeks Transition-Extension period: 24 weeks	584 RA subjects (291 for SB2, 293 for EU-Remicade)	Efficacy: ACR20 at Week 30				
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NRA	Clinical data. Efficacy data assessment outcome																																																											
	The efficacy and safety trial in RA patients achieved its primary endpoint since the 95% confidence interval for the difference in the ACR20 response rate at Week 30 was contained within the predefined equivalence margin ($\pm 15\%$) in the Per Protocol populations (95% CI: -10.13, 6.78). At week 30, the results of the secondary endpoints (in particular ACR50 and ACR70, DAS28, EULAR response) were all consistent with the results of the primary endpoint. These data were further supported by comparable response rates at Week 54.																																																											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Treatment</th> <th style="width: 10%;">n/N</th> <th style="width: 10%;">(%)</th> <th style="width: 20%;">Adjusted Difference Rate(%)</th> <th style="width: 30%;">95% CI</th> </tr> </thead> <tbody> <tr> <td>Renflexis</td> <td>148/229</td> <td>(64.6%)</td> <td rowspan="2" style="text-align: center;">-1.67</td> <td rowspan="2" style="text-align: center;">(-10.13, 6.78)</td> </tr> <tr> <td>Remicade (EU)</td> <td>159/241</td> <td>(66.0%)</td> </tr> </tbody> </table>						Treatment	n/N	(%)	Adjusted Difference Rate(%)	95% CI	Renflexis	148/229	(64.6%)	-1.67	(-10.13, 6.78)	Remicade (EU)	159/241	(66.0%)																																									
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MAH	Clinical data. Safety/ Immunogenicity studies (specify population, dose used, length of the study and comparability margins)																																																											
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	<p><u>Safety.</u> ADRs were observed. The ADRs were equivalent to the ADRs observed with the RBP.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Treatment</th> <th colspan="3" style="width: 30%;">Renflexis N=290</th> <th colspan="3" style="width: 30%;">Remicade N=293</th> </tr> <tr> <th>Number of subject experiencing</th> <th>n</th> <th>(%)</th> <th>E</th> <th>n</th> <th>(%)</th> <th>E</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">TEAE</td> <td style="text-align: center;">167</td> <td style="text-align: center;">(57.6)</td> <td style="text-align: center;">499</td> <td style="text-align: center;">170</td> <td style="text-align: center;">(58.0)</td> <td style="text-align: center;">529</td> </tr> </tbody> </table> <p>* E: frequency of treatment-emergent adverse events</p> <p><u>Immunogenicity.</u> Antibody formation in Renflexis was considered to be comparable to that in the RBP, using appropriately validated methods.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 10%;">Time point</th> <th rowspan="2" style="width: 10%;">ADA result</th> <th colspan="3" style="width: 30%;">Renflexis N=290</th> <th colspan="3" style="width: 30%;">Remicade N=293</th> <th rowspan="2" style="width: 10%;">p-value</th> </tr> <tr> <th>N</th> <th>n</th> <th>(%)</th> <th>N</th> <th>n</th> <th>(%)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Week 30</td> <td style="text-align: center;">Positive</td> <td style="text-align: center;">287</td> <td style="text-align: center;">158</td> <td style="text-align: center;">(55.1)</td> <td style="text-align: center;">292</td> <td style="text-align: center;">145</td> <td style="text-align: center;">(49.7)</td> <td style="text-align: center;">0.212</td> </tr> <tr> <td style="text-align: center;">Week 54</td> <td style="text-align: center;">Positive</td> <td style="text-align: center;">287</td> <td style="text-align: center;">169</td> <td style="text-align: center;">(58.9)</td> <td style="text-align: center;">292</td> <td style="text-align: center;">161</td> <td style="text-align: center;">(55.1)</td> <td style="text-align: center;">0.401</td> </tr> </tbody> </table>						Treatment	Renflexis N=290			Remicade N=293			Number of subject experiencing	n	(%)	E	n	(%)	E	TEAE	167	(57.6)	499	170	(58.0)	529	Time point	ADA result	Renflexis N=290			Remicade N=293			p-value	N	n	(%)	N	n	(%)	Week 30	Positive	287	158	(55.1)	292	145	(49.7)	0.212	Week 54	Positive	287	169	(58.9)	292	161	(55.1)	0.401
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MAH	Additional information about the comparability exercise			Not applicable																																																								
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	<p>Post-marketing surveillance study of Renflexis in Korea</p> <ul style="list-style-type: none"> - Period: Dec 04, 2015 to Dec 03, 2019 - Number of subjects (600) 																																																											

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NRA	Post-authorization risk measures: assessment outcome.	
	Post-marketing surveillance study (re-examination study) plan was considered to be acceptable. Number of subjects of Renflexis for re-examination study met the MFDS criteria (over 600).	
MAH	Availability of additional relevant information in the local language/ link	Not applicable

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PART C - REVIEWER CONCLUSIONS

NRA

Conclusions on biosimilarity, approval

The data provided by the Applicant were in line with the local legislation and guidelines.

Quality

All major physicochemical characteristics and biological activities of Renflexis were comparable to those of the reference biotherapeutic product Remicade.

Nonclinical

No major differences in nonclinical data were observed for Renflexis compared to the reference biotherapeutic product Remicade.

Clinical Studies

The PK and efficacy studies to demonstrate biosimilarity conducted in healthy subjects and Rheumatoid Arthritis patients provided robust evidence there are no clinically meaningful differences versus the reference biotherapeutic product Remicade.

Safety: The ADRs observed with Renflexis were in the same range as the ADRs observed with the reference biotherapeutic product Remicade.

Immunogenicity: The proportion of patients who developed anti-drug antibodies (ADA) with Renflexis was generally similar for the reference biotherapeutic product Remicade.

Extrapolation of indications: Based on the totality of evidence, all indications requested for Renflexis (see Section A, summary of outcomes) were considered to be approvable.

Risk Management

The risk management plan (or equivalent) was considered to be acceptable.

Overall Conclusion

Satisfactory assurance of biosimilarity was demonstrated using an appropriate comparability exercise. The biosimilar product Renflexis was considered approvable.