

Supplementary Information

Mirikizumab Pharmacokinetics in Patients With Moderately-to-Severely Active Ulcerative Colitis: Results From Phase III LUCENT Studies

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Online Resource 2: Table 1 PK sampling schedule for AMAC, LUCENT 1, and LUCENT 2

AMAC primary study			AMAC extension study			LUCENT 1			
W	V	S	W	V	S	W	V	S	
Screening	V1		W0	V1	✓ ^b		V0		
Baseline	V2	✓ ^b	W2	V2	✓	W0	V1	✓ ^g	
Induction	W2	V3	✓	W4	V3	✓ ^b	W2	V2	
	W4	V4	✓ ^b	W6	V4	✓	W4	V3	✓ ^g
	W6	V5	✓	W8	V5	✓ ^b	W8	V4	✓ ^h
	W8	V6	✓ ^b	W11–12	V6 ^e	✓	W12	V5	✓
	W11–12	V7 ^c	✓	W12–13	V7	✓	ETV ⁱ		✓
	W12–13	V8	✓	W16	V8	✓	V997 (UV)		✓
W16	V9	✓	W20	V9	✓	Follow-up	LV +4	V801	
W20	V10	✓	W24	V10	✓	±4	V802	✓	
W24	V11	✓	W28	V11					
W28	V12	✓	W32	V12	✓				
W32	V13	✓	W36	V13					
W36	V14		W40	V14	✓				
W40	V15	✓	W44–45	V15					
W44	V16	✓	W48	V16	✓				
W48	V17	✓	W52	V17					
W52	V18		W56	V18	✓				
W56	V19	✓	W60	V19					
W60	V20	✓	W64	V20	✓				
W64	V21	✓	W68	V21					
W68	V22	✓	W72	V22	✓				
W72	V23	✓	W76	V23					
W76	V24		W80	V24	✓				
W80	V25	✓	W84	V25					
W84	V26		W88	V26					
W88	V27	✓	W92	V27	✓				
W92	V28		W96	V805					
W96	V29	✓	W100	V806	✓				
W100	V30		W104	V807					
W104	V31	✓	W108	V808 ^f	✓				
W108	V801								
W112	V802	✓							
W116	V803								
W120	V804 ^d	✓							

LUCENT 2		
W	V	S
W0	V1	✓ ^j
W4	V2	✓
W8	V3	
W12	V4	✓
W16	V5	✓ ^k
W20	V6	✓ ^k
W24	V7	✓
W28	V8	✓ ^k
W32	V9	✓ ^k
W36	V10	✓ ^k
40 LV	V11	✓
ETV	N/A	✓
UV	V997	✓ ^k
Follow-up	LV or ETV +4	801
	LV or ETV +12/16 ^l	802
		✓

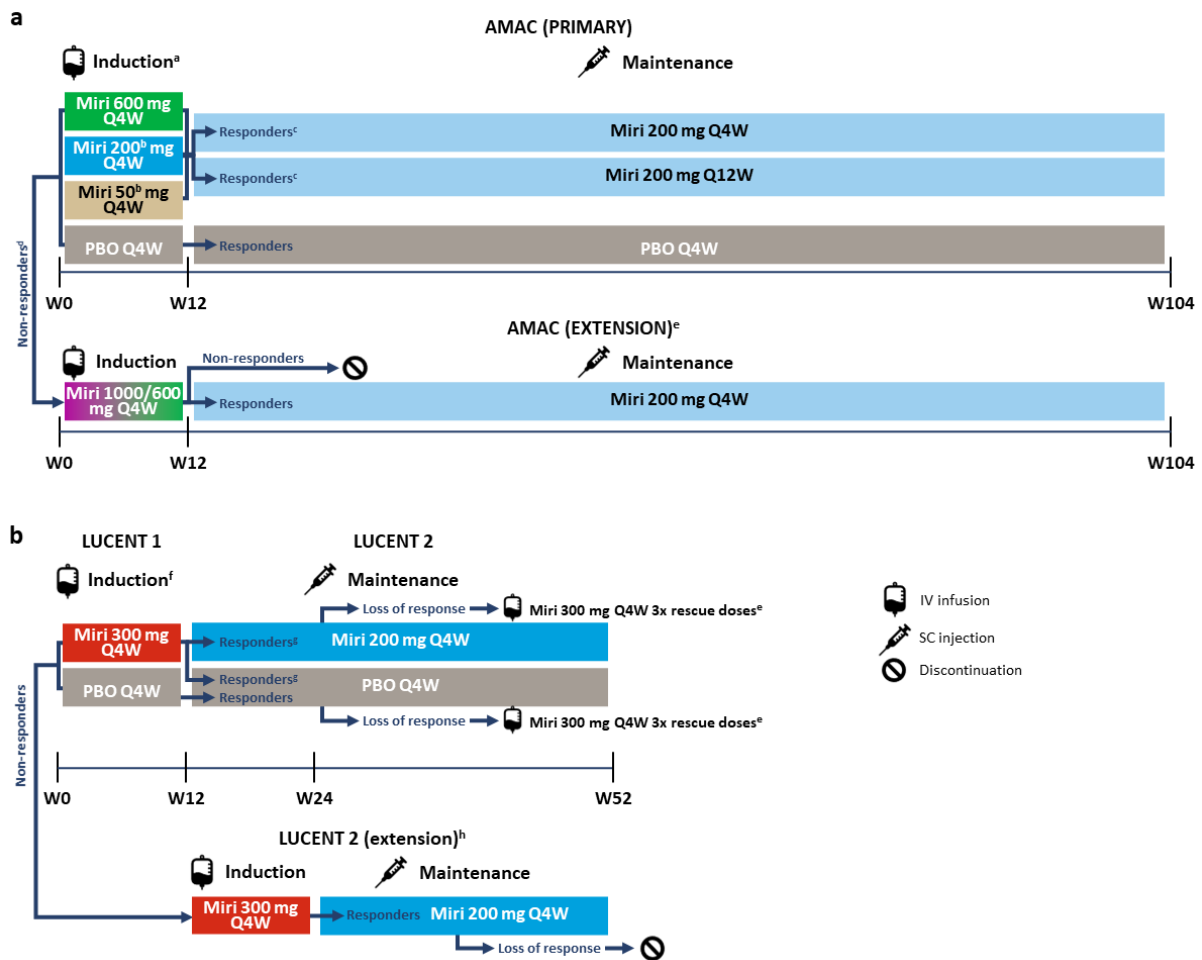
C_{max} maximum concentration, *ETV* early termination visit, *IV* intravenous(ly), *LOR* loss of response, *LV* last visit, *N/A* not applicable, *PK* pharmacokinetic, *S* sampling for PK analysis, *SC* subcutaneously, *UV* unscheduled visit, *V* Visit, *W* Week

- ^aA single sample was drawn prior to study drug administration, if occurring on a dosing day
- ^bOn the day of dosing, PK samples were drawn before each IV infusion (trough) and at the end of each IV infusion (C_{max})
- ^cFor patients who discontinued during the induction period, V7 (W12) served as the ETV
- ^dV804 (W120) served as the end-of-study visit or ETV if a patient prematurely discontinued from the study at any time during the maintenance or follow-up periods
- ^eFor patients who were non-responders at the end of the induction phase, V6 (W12) served as the end-of-study visit
- ^fV808 (W108) served as the end-of-study visit or ETV if a patient prematurely discontinued from the study at any time during the maintenance phase or follow-up period
- ^gPre-dose and post-dose sampling
- ^hPre-dose sampling only
- ⁱETV could occur on any day without regard to visit interval
- ^jResults from W12 of the LUCENT 1 study were used for W0 of this study
- ^kPatients with confirmed secondary LOR should have samples taken prior to mirikizumab IV rescue dosing and 4 and 12 weeks after rescue initiation
- ^lPatients who discontinued study drug with last dose administered IV returned for a last visit + 16-week post-treatment follow-up visit without a 12-week follow-up. Patients who discontinued study drug with last dose administered SC returned for a last visit + 12-week post-treatment follow-up visit without a 16-week follow-up

Online Resource 4: Table 2 List of covariates tested with the model generated using the AMAC and LUCENT 1+2 results for their impact on mirikizumab PK

	AMAC	LUCENT 1+2
Age	✓	✓
Sex	✓	✓
Race		✓
Ethnic origin	✓	
Baseline body weight	✓	✓
Baseline body mass index	✓	✓
Prior biologic therapy		✓
Smoking		✓
Cockcroft-Gault creatinine clearance		✓
Baseline albumin		✓
Time-varying albumin	✓	✓
Baseline C-reactive protein	✓	✓
Time-varying C-reactive protein		✓
Baseline bilirubin		✓
Baseline fecal calprotectin	✓	✓
Duration of disease		✓
Extent of disease	✓	
SC injection site		✓
Baseline modified Mayo score	✓	✓
Baseline stool frequency Mayo subscore		✓
Baseline rectal bleeding Mayo subscore	✓	✓
Baseline endoscopic findings Mayo subscore		✓
Baseline corticosteroid or immunomodulator use		✓
Baseline ASA use		✓
Baseline ASA and similar agents		✓
Immunogenicity (ADA+/-, TE-ADA+/-, ADA titer, neutralizing ADA+/-)	✓	✓

ADA antidrug antibody, ASA aminosalicylic acid, PK pharmacokinetics, SC subcutaneous, TE-ADA treatment-emergent antidrug antibody

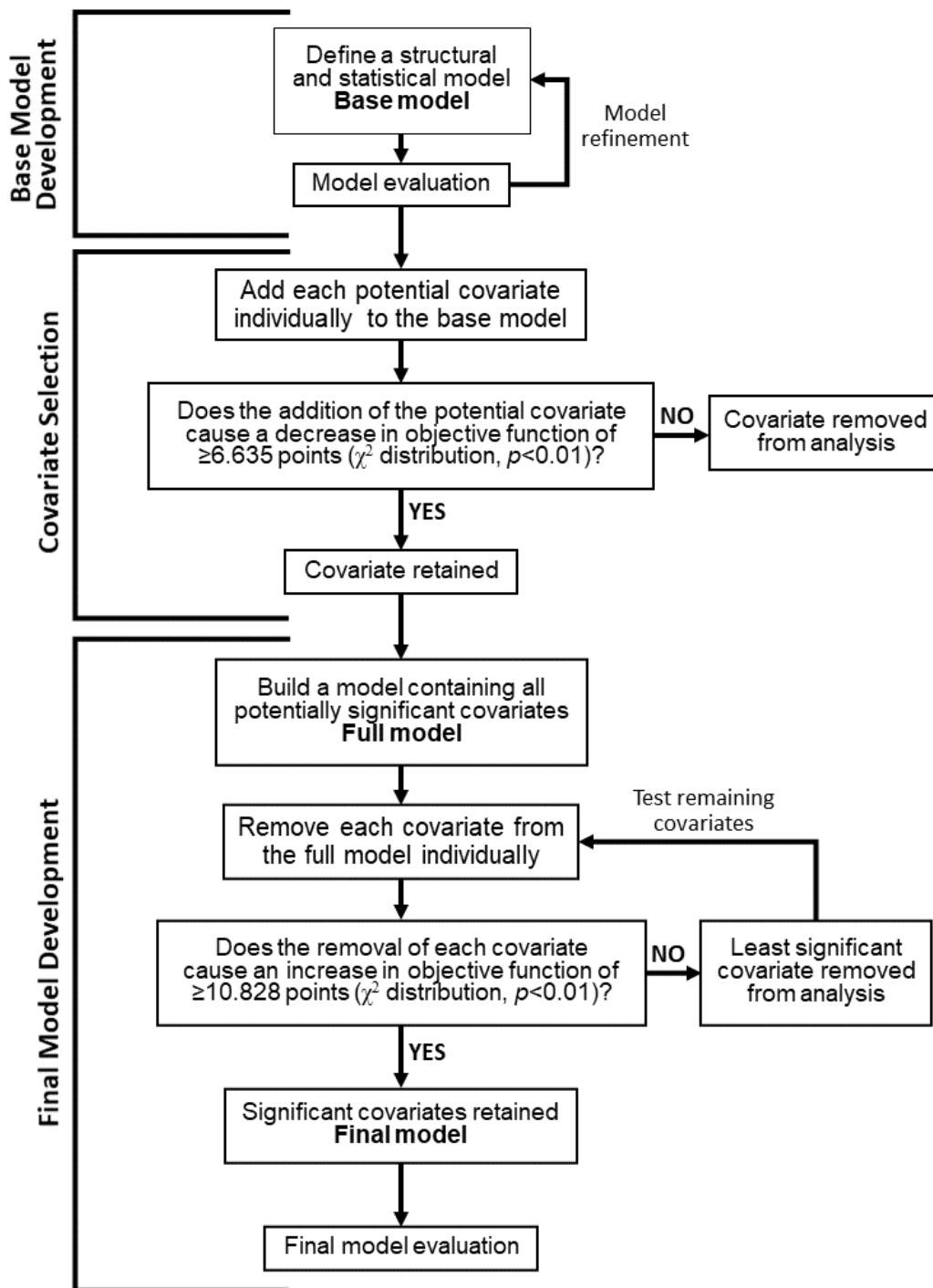


Online Resource 1: Fig. 1 Design of AMAC, LUCENT 1, and LUCENT 2 trials

Response was characterized by a decrease in MMS of ≥ 2 points and a $\geq 30\%$ (AMAC) or $\geq 30\%$ (LUCENT 1+2) decrease from baseline, and a decrease of ≥ 1 point in the RB subscore from baseline or an RB subscore of 0 or 1. Loss of response was defined as a ≥ 2 -point increase from maintenance baseline in the combined SF+RB scores and a combined SF+RB score of ≥ 4 on two consecutive visits, confirmed by an endoscopic subscore of 2 or 3

^a1:1:1:1 randomization; ^bdoses after the first one were adjusted based on exposure, resulting in an average group dose of Miri 250 mg and 100 mg for the 200-mg and 50-mg groups, respectively; ^c1:1 randomization; ^dnon-responders to induction regimens had the option to discontinue from the study or enter the open-label extension period; ^eopen-label; ^f3:1 randomization to Miri 300 mg or PBO IV Q4W; ^g2:1 randomization to Miri 200 mg or PBO SC Q4W; ^hopen-label

IV intravenous, Miri mirikizumab, MMS modified Mayo score, PBO placebo, Q4W every 4 weeks, Q12W every 12 weeks, RB rectal bleeding, SC subcutaneous, SF stool frequency, W Week, LUCENT 1+2



Online Resource 3: Fig. 2 General process for PK modeling. *PK* pharmacokinetic