

**NLM Citation:** Drugs and Lactation Database (LactMed) [Internet]. Bethesda (MD): National Library of Medicine (US); 2006-. Golimumab.

[Updated 2019 Jul 20].

**Bookshelf URL:** https://www.ncbi.nlm.nih.gov/books/



# Golimumab

Revised: July 20, 2019.

CASRN: 476181-74-5

## **Drug Levels and Effects**

## **Summary of Use during Lactation**

Little information is available on the clinical use of golimumab during breastfeeding. Because golimumab is a large protein molecule with a molecular weight of about 150,000, the amount in milk is likely to be very low and absorption is unlikely because it is probably destroyed in the infant's gastrointestinal tract. Until more data become available, golimumab should be used with caution during breastfeeding, especially while nursing a newborn or preterm infant. Most experts feel that the drug is probably safe during nursing.[1][2][3][4][5][6]

Golimumab is a human immunoglobulin G1 (IgG1) kappa antibody. Holder pasteurization (62.5 degrees C for 30 minutes) decreases the concentration of endogenous immunoglobulin G by up to 79%.[7][8] A study of 67 colostrum samples that underwent Holder pasteurization found that IgG amounts decreased by 34 to 40%. Specific IgG subclasses decreased by different amounts, with IgG1 activity decreasing by about 37%.[9] None of the studies measured IgG activity.

## **Drug Levels**

Maternal Levels. In a multi-center study of women with inflammatory bowel disease in pregnancy (the PIANO registry), 1 woman receiving golimumab provided milk samples at 1, 12, 24, 48, 72, 96, 120, and 168 hours after drug administration. Golimumab was not detected in any of the samples.[4]

*Infant Levels.* Relevant published information was not found as of the revision date.

### **Effects in Breastfed Infants**

In a multi-center study of women with inflammatory bowel disease in pregnancy (the PIANO registry), 1 woman received a golimumab while breastfeeding her infant. Among those who received golimumab or another biologic agent while breastfeeding, infant growth, development or infection rate was no different from infants whose mothers received no treatment. An additional 68 women received a biologic agent plus a thiopurine. Infant outcomes were similar in this group.[4]

**Disclaimer:** Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site .

#### **Effects on Lactation and Breastmilk**

Relevant published information was not found as of the revision date.

## **Alternate Drugs to Consider**

(Inflammatory Bowel Disease) Adalimumab, Certolizumab Pegol, Infliximab; (Rheumatoid Arthritis) Adalimumab, Certolizumab Pegol, Etanercept, Infliximab

#### References

- 1. Nielsen OH, Maxwell C, Hendel J. IBD medications during pregnancy and lactation. Nat Rev Gastroenterol Hepatol. 2014;11:116-27. PubMed PMID: 23897285.
- 2. Nguyen GC, Seow CH, Maxwell C et al. The Toronto Consensus Statements for the Management of IBD in Pregnancy. Gastroenterology. 2016;150:734-57. PubMed PMID: 26688268.
- 3. van der Woude CJ, Ardizzone S, Bengtson MB et al. The second European evidenced-based consensus on reproduction and pregnancy in inflammatory bowel disease. J Crohns Colitis. 2015;9:107-24. PubMed PMID: 25602023.
- 4. Matro R, Martin CF, Wolf D et al. Exposure concentrations of infants breastfed by women receiving biologic therapies for inflammatory bowel diseases and effects of breastfeeding on infections and development. Gastroenterology. 2018;155:696-704. PubMed PMID: 29857090.
- 5. Mahadevan U , Robinson C, Bernasko N et al. Inflammatory bowel disease in pregnancy clinical care pathway: A report from the American Gastroenterological Association IBD Parenthood Project Working Group. Gastroenterology. 2019;156:1508-24. PubMed PMID: 30658060.
- 6. Picardo S, Seow CH. A pharmacological approach to managing inflammatory bowel disease during conception, pregnancy and breastfeeding: Biologic and oral small molecule therapy. Drugs. 2019;79:1053-63. PubMed PMID: 31183768.
- 7. Koenig A, de Albuquerque Diniz EM, Barbosa SF et al. Immunologic factors in human milk: The effects of gestational age and pasteurization. J Hum Lact. 2005;21:439-43. PubMed PMID: 16280560.
- 8. Adhisivam B, Vishnu Bhat B, Rao K et al. Effect of Holder pasteurization on macronutrients and immunoglobulin profile of pooled donor human milk. J Matern Fetal Neonatal Med. 2018;1-4. PubMed PMID: 29587541.
- 9. Rodriguez-Camejo C, Puyol A, Fazio L et al. Antibody profile of colostrum and the effect of processing in human milk banks: Implications in immunoregulatory properties. J Hum Lact. 2018;34:137-47. PubMed PMID: 28586632.

## **Substance Identification**

### **Substance Name**

Golimumab

## **CAS Registry Number**

476181-74-5

## **Drug Class**

**Breast Feeding** 

Lactation

Golimumab 3

Antirheumatic Agents

Antibodies, Monoclonal, Humanized