UCB Announces Data on Cimzia® (certolizumab pegol) for Patients with Moderate to Severe Rheumatoid Arthritis at American College of Rheumatology 2012 Congress

- A post hoc analysis of the DOSEFLEX study demonstrated efficacy in maintenance of clinical response versus placebo for two doses of certolizumab pegol in patients with and without prior anti-TNF therapy
- Findings from a five-year open label study of certolizumab pegol demonstrated improvement in household productivity and increased participation in social activities
- A post-hoc analysis from a five-year open-label extension study provided safety and efficacy data on certolizumab pegol
- A safety update for certolizumab pegol showed that no new safety signals were identified during long-term treatment in this study population

ATLANTA – November 13th, 2012 – UCB, a global biopharmaceutical company focusing on immunology treatment and research, today announced findings from studies that evaluated the long-term outcomes, dosing, safety and impact on daily living of Cimzia® (certolizumab pegol) for adults with moderate to severe rheumatoid arthritis (RA). The data were presented at the American College of Rheumatology’s (ACR) 2012 Annual Scientific Meeting in Washington, D.C., November 10-14, 2012.

“Because RA is a chronic disease that requires ongoing management, it is important to evaluate anti-TNF therapy in the long-term clinical setting. Studying this can help us to better understand long-term outcomes for patients who wish to maintain their health-related quality of life and ability to participate in daily activities,” said Dr. Roy Fleischmann, Clinical Professor, Department of Internal Medicine, University of Texas Southwestern Medical Center.

In the US, Cimzia® is indicated for the treatment of adult patients with moderately-to-severely active RA. In the European Union, Cimzia® in combination with methotrexate (MTX) is indicated for the treatment of moderate-to-severe active RA in adult patients inadequately responsive to disease-modifying anti-rheumatic drugs (DMARDs) including MTX. Cimzia® can be given as monotherapy in case of intolerance to MTX or when continued treatment with MTX is inappropriate.

An Analysis of Two Maintenance Dosing Regimens: The DOSEFLEX Trial

Presentation Title: Certolizumab Pegol Plus Methotrexate is Similarly Effective in Active Rheumatoid Arthritis Patients With or Without Secondary Non-Response to TNF Inhibitors: Post-hoc Analysis of a Phase IIIIB Trial
- Monday, November 12, 2012, from 9:00 AM - 6:00 PM.
- Location: Walter E. Washington Convention Center (WCC): Poster Hall (Hall B)
Results from the DOSEFLEX trial showed that in a population of adult patients with active moderate to severe RA, two dosing regimens of certolizumab pegol (200 mg every two weeks and 400 mg every four weeks*) plus methotrexate (MTX) showed comparable efficacy versus placebo and MTX in maintaining clinical response.

DOSEFLEX was a 34 week, phase 3b study, with a 16 week open label run-in phase, followed by randomization into a double-blind, placebo controlled phase that was designed to compare the clinical efficacy of two maintenance dosing regimens of certolizumab pegol (200 mg every two weeks versus placebo and 400 mg every four weeks versus placebo) in combination with weekly MTX.

The study enrolled 333 patients with active RA who had experienced an incomplete response to MTX. Patients entered a 16-week open-label study, with a run-in period where in addition to their baseline MTX medication they received 400 mg certolizumab pegol at weeks 0, 2 and 4, and 200 mg certolizumab pegol every two weeks to week 16. At week 18, the ACR20 responders were randomized 1:1:1 to receive either 200 mg certolizumab pegol every two weeks with MTX, 400 mg certolizumab pegol every four weeks with MTX, or placebo with MTX for a further period of 16 weeks. The primary efficacy endpoint was ACR20 response at week 34. ACR20 indicates a 20 percent improvement in tender joint count or swollen joint count, as well as a 20 percent improvement in three of five other criteria, including patient and physician assessment of disease activity, patient assessment of pain and physical function, and levels of acute phase reactant (either the C-reactive protein level or the erythrocyte sedimentation rate).

At week 34, ACR20/50/70 response rates for the 200 mg every two weeks and the 400 mg every four weeks dosing regimens were 67.1%/50.0%/30.0% and 65.2%/52.2%/37.7%, respectively, and were significantly higher than placebo (44.9%/30.4%/15.9%, p<0.05 for 200 mg ACR20/50 and 400 mg ACR20/50/70).

At week 34, the post-hoc analysis showed that ACR20 scores in patients with and without prior anti-TNF exposure were 74.4% compared with 55.6% in the 200 mg every two weeks group, and 61.5% compared with 70.0% in the 400 mg every four weeks group.

Adverse events (AE) were comparable among the three groups and the most common serious AEs belonged to the system organ class infections and infestations (4.3% in 200 mg every two week group and none in 400 mg every four week or placebo groups).

*Certolizumab pegol in combination with methotrexate is approved in the European Union as a maintenance regimen of 200 mg every two weeks. The certolizumab pegol dosing regimen of 400 mg every four weeks is not approved in the European Union.
Improved Long-Term Household Productivity and Increased Participation in Family, Social and Leisure Activities

**Presentation Title:** Long-term Benefits of 4-Weekly Certolizumab Pegol and Monotherapy on Household Productivity and Social Participation in Rheumatoid Arthritis: 5 year Results from an Open Label Extension Study

- Monday, November 12, 2012: 9:00 AM-6:00 PM
- Location: WCC: Poster Hall (Hall B)

Five year results from an open-label extension study of patients originally enrolled in two pivotal trials demonstrated improved household productivity and increased participation in social activities in RA patients treated with certolizumab pegol who continued from baseline over the five years of the study period. The study examined 235 patients taking 400 mg* of certolizumab pegol once every four weeks, as a monotherapy or in combination with MTX or DMARDs, over five years. Household productivity and social participation were assessed through the validated RA-specific Work Productivity Survey.

In both populations analyzed, a reduction in the number of days missed of household work per month was observed over 24 weeks and continued to decrease over time (from baseline 7.4 and 11.1 mean days in the combination and monotherapy groups, respectively, to 1.2 and 1.4 mean days, respectively). Increased participation in social activities was reported in both populations, with a decrease in the number of days missed per month (from baseline 4.4 and 6.2 mean days in the combination and monotherapy groups, respectively, to 0.4 and 0.2 days, respectively).

*Certolizumab pegol in combination with methotrexate is approved in the European Union as a maintenance regimen of 200 mg every two weeks. The certolizumab pegol dosing regimen of 400 mg every four weeks is not approved in the European Union.

Two presentations provided findings on the safety and efficacy profile of certolizumab pegol

**Presentation Title:** Long-Term Safety and Efficacy of 4-Weekly Certolizumab Pegol in Combination with Methotrexate and as Monotherapy in Rheumatoid Arthritis: 5 Year Results from an Open Label Extension Study

- Monday, November 12, 2012, from 9:00 AM - 6:00 PM.
- Location: WCC: Poster Hall (Hall B)

A post-hoc analysis provided additional five-year safety and efficacy data on certolizumab pegol as monotherapy or combination therapy with non-biologic DMARDs. The open label extension study enrolled patients who withdrew from or completed two pivotal trials. A total of 402 patients were administered 400 mg of certolizumab pegol every four weeks*, either as monotherapy (126 patients) or in combination (276 patients), over five years. The post-hoc analysis found that certolizumab pegol administered as monotherapy or combination therapy is associated with improvement in disease activity and physical function. The event rates for all adverse events (AEs) and injection site reactions, serious adverse events, and serious neoplasms were lower among the monotherapy population than for all patients examined in the study. The event rates for serious infections, adverse events leading to withdrawal, and adverse
events leading to death were low and similar between populations. Additionally, certolizumab pegol monotherapy patients had a similar retention rate to the overall study population.

*Certolizumab pegol in combination with methotrexate is approved in the European Union as a maintenance regimen of 200 mg every two weeks. The certolizumab pegol dosing regimen of 400 mg every four weeks is not approved in the European Union.*

**Presentation Title:** Safety Update on Certolizumab Pegol in Patients with Active Rheumatoid Arthritis with Long-Term Exposure

- Sunday, November 11, 2012, from 9:00 AM - 6:00 PM.
- Location: WCC: Poster Hall (Hall B)

A long-term safety update of certolizumab pegol in patients with active moderate to severe RA showed that no new safety signals were associated with treatment during the duration of the analysis. The update included 4,049 patients who received certolizumab pegol with a mean exposure of 2.1 years. The pooled analysis included 10 completed randomized controlled trials (RCTs) and their open-label extensions of certolizumab pegol in patients with RA. The cutoff date was November 30, 2011. Serious infectious events were the most common serious adverse events. In total, 43 tuberculosis infections occurred in 43 patients, 58 deaths occurred in certolizumab pegol patients (incidence rate [IR]: 0.63/100 PY) as a result of 19 cardiovascular events, 13 infections, 13 malignancies, and 18 other causes. Sixty-five certolizumab pegol patients in all studies developed malignancies (event rate: 0.72/100 PY), with 60 patients developing solid tumors (event rate: 0.67/100 PY) and five patients developing lymphoma (event rate: 0.05/100 PY). The safety profile of certolizumab pegol in this long-term safety analysis was consistent with previous experience, with no new safety signals identified.

**About Rheumatoid Arthritis**

RA affects more than 1.3 million Americans, and it is estimated that 5 million people suffer from RA globally. Prevalence is not split evenly between genders, since women are three times more likely to be affected than men. Although RA can affect people of all ages, the onset of the disease usually occurs between 40-60 years of age.

**About Cimzia®**

Cimzia® is the only PEGylated anti-TNF (Tumor Necrosis Factor). Cimzia® has a high affinity for human TNF-alpha, selectively neutralizing the pathophysiological effects of TNF-alpha. Over the past decade, TNF-alpha has emerged as a major target of basic research and clinical investigation. This cytokine plays a key role in mediating pathological inflammation, and excess TNF-alpha production has been directly implicated in a wide variety of diseases. The U.S. Food and Drug Administration (FDA) has approved Cimzia® for reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy and for the treatment of adults with moderately to severely active rheumatoid arthritis. Cimzia® in combination with MTX, is approved in the EU for the treatment of moderate to severe active RA in adult patients inadequately responsive to disease-modifying antirheumatic drugs (DMARDs) including MTX. Cimzia® can be given as monotherapy in case of intolerance to MTX or when
continued treatment with MTX is inappropriate. UCB is also developing Cimzia® in other autoimmune disease indications. Cimzia® is a registered trademark of UCB PHARMA S.A. Please visit www.cimzia.com for full prescribing information for CIMZIA®.

IMPORTANT SAFETY INFORMATION

Risk of Serious Infections and Malignancy

Patients treated with CIMZIA are at an increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids. CIMZIA should be discontinued if a patient develops a serious infection or sepsis. Reported infections include:

- Active tuberculosis, including reactivation of latent tuberculosis. Patients with tuberculosis have frequently presented with disseminated or extrapulmonary disease. Patients should be tested for latent tuberculosis before CIMZIA use and during therapy. Treatment for latent infection should be initiated prior to CIMZIA use.
- Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Empiric anti-fungal therapy should be considered in patients at risk for invasive fungal infections who develop severe systemic illness.
- Bacterial, viral and other infections due to opportunistic pathogens, including Legionella and Listeria.

The risks and benefits of treatment with CIMZIA should be carefully considered prior to initiating therapy in patients with chronic or recurrent infection. Patients should be closely monitored for the development of signs and symptoms of infection during and after treatment with CIMZIA, including the possible development of tuberculosis in patients who tested negative for latent tuberculosis infection prior to initiating therapy.

Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, of which CIMZIA is a member. CIMZIA is not indicated for use in pediatric patients.

Patients treated with CIMZIA are at an increased risk for developing serious infections involving various organ systems and sites that may lead to hospitalization or death. Opportunistic infections due to bacterial, mycobacterial, invasive fungal, viral, parasitic, or other opportunistic pathogens including aspergillosis, blastomycosis, candidiasis, coccidioidomycosis, histoplasmosis, legionellosis, listeriosis, pneumocystosis and tuberculosis have been reported with TNF blockers. Patients have frequently presented with disseminated rather than localized disease.

Treatment with CIMZIA should not be initiated in patients with an active infection, including clinically important localized infections. CIMZIA should be discontinued if a patient develops a serious infection or sepsis. Patients greater than 65 years of age, patients with co-morbid conditions, and/or patients taking concomitant immunosuppressants (e.g. corticosteroids or methotrexate) may be at a greater risk of infection. Patients who develop a new infection during treatment with CIMZIA should be closely monitored, undergo a prompt and complete diagnostic workup appropriate for
immunocompromised patients, and appropriate antimicrobial therapy should be initiated. Appropriate empiric antifungal therapy should also be considered while a diagnostic workup is performed for patients who develop a serious systemic illness and reside or travel in regions where mycoses are endemic.

**Malignancies**

During controlled and open-labeled portions of CIMZIA studies of Crohn’s disease and other diseases, malignancies (excluding non-melanoma skin cancer) were observed at a rate of 0.5 per 100 patient-years among 4,650 CIMZIA-treated patients versus a rate of 0.6 per 100 patient-years among 1,319 placebo-treated patients. In studies of CIMZIA for Crohn’s disease and other investigational uses, there was one case of lymphoma among 2,657 CIMZIA-treated patients and one case of Hodgkin lymphoma among 1,319 placebo-treated patients. In CIMZIA RA clinical trials (placebo-controlled and open label) a total of three cases of lymphoma were observed among 2,367 patients. This is approximately 2-fold higher than expected in the general population. Patients with RA, particularly those with highly active disease, are at a higher risk for the development of lymphoma. The potential role of TNF blocker therapy in the development of malignancies is not known.

Malignancies, some fatal, have been reported among children, adolescents, and young adults who received treatment with TNF-blocking agents (initiation of therapy ≤18 years of age), of which CIMZIA is a member. Approximately half of the cases were lymphoma (including Hodgkin’s and non-Hodgkin’s lymphoma, while the other cases represented a variety of different malignancies and included rare malignancies associated with immunosuppression and malignancies not usually observed in children and adolescents. Most of the patients were receiving concomitant immunosuppressants.

Cases of acute and chronic leukemia have been reported with TNF-blocker use. Even in the absence of TNF-blocker therapy, patients with RA may be at a higher risk (approximately 2-fold) than the general population for developing leukemia.

**Heart Failure**

Cases of worsening congestive heart failure (CHF) and new onset CHF have been reported with TNF blockers. CIMZIA has not been formally studied in patients with CHF. Exercise caution when using CIMZIA in patients who have heart failure and monitor them carefully.

**Hypersensitivity**

Symptoms compatible with hypersensitivity reactions, including angioedema, dyspnea, hypotension, rash, serum sickness, and urticaria, have been reported rarely following CIMZIA administration. If such reactions occur, discontinue further administration of CIMZIA and institute appropriate therapy.

**Hepatitis B Reactivation**

Use of TNF blockers, including CIMZIA, may increase the risk of reactivation of hepatitis B virus (HBV) in patients who are chronic carriers of this virus. Some cases have been
fatal. Evaluate patients at risk for HBV infection for prior evidence of HBV infection before initiating CIMZIA therapy. Exercise caution in prescribing CIMZIA for patients identified as carriers of HBV, with careful evaluation and monitoring prior to and during treatment. In patients who develop HBV reactivation, discontinue CIMZIA and initiate effective anti-viral therapy with appropriate supportive treatment.

**Neurologic Reactions**
Use of TNF blockers, including CIMZIA, has been associated with rare cases of new onset or exacerbation of clinical symptoms and/or radiographic evidence of central nervous system demyelinating disease, including multiple sclerosis, and with peripheral demyelinating disease, including Guillain-Barre syndrome. Rare cases of neurological disorders, including seizure disorder, optic neuritis, and peripheral neuropathy have been reported in patients treated with CIMZIA. Exercise caution in considering the use of CIMZIA in patients with these disorders.

**Hematologic Reactions**
Rare reports of pancytopenia, including aplastic anemia, have been reported with TNF blockers. Medically significant cytopenia (e.g., leukopenia, pancytopenia, thrombocytopenia) has been infrequently reported with CIMZIA. Advise all patients to seek immediate medical attention if they develop signs and symptoms suggestive of blood dyscrasias or infection (e.g., persistent fever, bruising, bleeding, pallor) while on CIMZIA. Consider discontinuation of CIMZIA therapy in patients with confirmed significant hematologic abnormalities.

**Drug Interactions**
An increased risk of serious infections has been seen in clinical trials of other TNF blocking agents used in combination with anakinra or abatacept. Formal drug interaction studies have not been performed with rituximab or natalizumab; however because of the nature of the adverse events seen with these combinations with TNF blocker therapy, similar toxicities may also result from the use of CIMZIA in these combinations. Therefore, the combination of CIMZIA with anakinra, abatacept, rituximab, or natalizumab is not recommended. Interference with certain coagulation assays has been detected in patients treated with CIMZIA. There is no evidence that CIMZIA therapy has an effect on in vivo coagulation. CIMZIA may cause erroneously elevated aPTT assay results in patients without coagulation abnormalities.

**Autoimmunity**
Treatment with CIMZIA may result in the formation of autoantibodies and, rarely, in the development of a lupus-like syndrome. Discontinue treatment if symptoms of lupus-like syndrome develop.

**Immunizations**
Do not administer live vaccines or live-attenuated vaccines concurrently with CIMZIA.

**Adverse Reactions**
In controlled Crohn’s clinical trials, the most common adverse events that occurred in ≥5% of CIMZIA patients (n=620) and more frequently than with placebo (n=614) were upper respiratory infection (20% CIMZIA, 13% placebo), urinary tract infection (7% CIMZIA, 6% placebo), and arthralgia (6% CIMZIA, 4% placebo). The proportion of patients who discontinued treatment due to adverse reactions in the controlled clinical studies was 8% for CIMZIA and 7% for placebo.

In controlled RA clinical trials, the most common adverse events that occurred in ≥3% of patients taking CIMZIA 200 mg every other week with concomitant methotrexate (n=640) and more frequently than with placebo with concomitant methotrexate (n=324) were upper respiratory tract infection (6% CIMZIA, 2% placebo), headache (5% CIMZIA, 4% placebo), hypertension (5% CIMZIA, 2% placebo), nasopharyngitis (5% CIMZIA, 1% placebo), back pain (4% CIMZIA, 1% placebo), pyrexia (3% CIMZIA, 2% placebo), pharyngitis (3% CIMZIA, 1% placebo), rash (3% CIMZIA, 1% placebo), acute bronchitis (3% CIMZIA,1% placebo), fatigue (3% CIMZIA, 2% placebo). Hypertensive adverse reactions were observed more frequently in patients receiving CIMZIA than in controls. These adverse reactions occurred more frequently among patients with a baseline history of hypertension and among patients receiving concomitant corticosteroids and non-steroidal anti-inflammatory drugs. Patients receiving CIMZIA 400mg as monotherapy every 4 weeks in RA controlled clinical trials had similar adverse reactions to those patients receiving CIMZIA 200mg every other week. The proportion of patients who discontinued treatment due to adverse reactions in the controlled clinical studies was 5% for CIMZIA and 2.5% for placebo. For full prescribing information, please go to: http://www.cimzia.com/pdf/Prescribing_Information.pdf

Cimzia® (certolizumab pegol) in EU/ EEA important safety information
Cimzia® was studied in 2367 patients with RA in controlled and open label trials for up to 57 months. The commonly reported adverse reactions (1-10%) in clinical trials with Cimzia® and post-marketing were viral infections (includes herpes, papillomavirus, influenza), bacterial infections (including abscess), rash, headache (including migraine), asthenia, leukopaenia (including lymphopaenia, neutropaenia), eosinophilic disorder, pain (any sites), pyrexia, sensory abnormalities, hypertension, pruritis (any sites), hepatitis (including hepatic enzyme increase), injection site reactions and nausea. Serious adverse reactions include sepsis, opportunistic infections, tuberculosis, herpes zoster, lymphoma, leukaemia, solid organ tumours, angioneurotic edema, cardiomyopathies (includes heart failure), ischemic coronary artery disorders, pancytopenia, hypercoagulation (including thrombophlebitis, pulmonary embolism), cerebrovascular accident, vasculitis, hepatitis/hepatopathy (includes cirrhosis), and renal impairment/nephropathy (includes nephritis). In RA controlled clinical trials, 5% of patients discontinued taking Cimzia® due to adverse events vs. 2.5% for placebo. Cimzia® is contraindicated in patients with hypersensitivity to the active substance or any of the excipients, active tuberculosis or other severe infections such as sepsis or opportunistic infections or moderate to severe heart failure.

Serious infections including sepsis, tuberculosis and opportunistic infections have been reported in patients receiving Cimzia®. Some of these events have been fatal. Monitor patients closely for signs and symptoms of infections including tuberculosis before,
during and after treatment with Cimzia®. Treatment with Cimzia must not be initiated in patients with a clinically important active infection. If an infection develops, monitor carefully and stop Cimzia® if infection becomes serious. Before initiation of therapy with Cimzia®, all patients must be evaluated for both active and inactive (latent) tuberculosis infection. If active tuberculosis is diagnosed prior to or during treatment, Cimzia® therapy must not be initiated and must be discontinued. If latent tuberculosis is diagnosed, appropriate anti-tuberculosis therapy must be started before initiating treatment with Cimzia®. Patients should be instructed to seek medical advice if signs/symptoms (e.g. persistent cough, wasting/weight loss, low grade fever, listlessness) suggestive of tuberculosis occur during or after therapy with Cimzia®.

Reactivation of hepatitis B has occurred in patients receiving a TNF-antagonist including Cimzia® who are chronic carriers of the virus (i.e. surface antigen positive). Some cases have had a fatal outcome. Patients should be tested for HBV infection before initiating treatment with Cimzia®. Carriers of HBV who require treatment with Cimzia® should be closely monitored and in the case of HBV reactivation Cimzia® should be stopped and effective anti-viral therapy with appropriate supportive treatment should be initiated. TNF antagonists including Cimzia® may increase the risk of new onset or exacerbation of clinical symptoms and/or radiographic evidence of demyelinating disease; of formation of autoantibodies and uncommonly of the development of a lupus-like syndrome; of severe hypersensitivity reactions. If a patient develops any of these adverse reactions, Cimzia® should be discontinued and appropriate therapy instituted. With the current knowledge, a possible risk for the development of lymphomas, leukaemia or other malignancies in patients treated with a TNF antagonist cannot be excluded. Rare cases of neurological disorders, including seizure disorder, neuritis and peripheral neuropathy, have been reported in patients treated with Cimzia®. Adverse reactions of the hematologic system, including medically significant cytopenia, have been infrequently reported with Cimzia®. Advise all patients to seek immediate medical attention if they develop signs and symptoms suggestive of blood dyscrasias or infection (e.g., persistent fever, bruising, bleeding, pallor) while on Cimzia®. Consider discontinuation of Cimzia® therapy in patients with confirmed significant hematological abnormalities.

The use of Cimzia® in combination with anakinra or abatacept is not recommended due to a potential increased risk of serious infections. As no data are available, Cimzia® should not be administered concurrently with live vaccines. The 14-day half-life of Cimzia® should be taken into consideration if a surgical procedure is planned. A patient who requires surgery while on Cimzia® should be closely monitored for infections. Please consult the full prescribing information in relation to other side effects, full safety and prescribing information. European SmPC date of revision June 2012. http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Product_Information/human/001037/WC500069763.pdf

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About UCB
UCB, Brussels, Belgium (www.ucb.com) is a global biopharmaceutical company focused on the discovery and development of innovative medicines and solutions to transform the lives of people living with severe diseases of the immune system or of the central nervous system. With more than 8,500 people in about 40 countries, the company generated revenue of EUR 3.2 billion in 2011. UCB is listed on Euronext Brussels (symbol: UCB).

Forward looking statement
This press release contains forward-looking statements based on current plans, estimates and beliefs of management. All statements, other than statements of historical fact, are statements that could be deemed forward-looking statements, including estimates of revenues, operating margins, capital expenditures, cash, other financial information, expected legal, political, regulatory or clinical results and other such estimates and results. By their nature, such forward-looking statements are not guarantees of future performance and are subject to risks, uncertainties and assumptions which could cause actual results to differ materially from those that may be implied by such forward-looking statements contained in this press release. Important factors that could result in such differences include: changes in general economic, business and competitive conditions, the inability to obtain necessary regulatory approvals or to obtain them on acceptable terms, costs associated with research and development, changes in the prospects for products in the pipeline or under development by UCB, effects of future judicial decisions or governmental investigations, product liability claims, challenges to patent protection for products or product candidates, changes in laws or regulations, exchange rate fluctuations, changes or uncertainties in tax laws or the administration of such laws and hiring and retention of its employees. UCB is providing this information as of the date of this press release and expressly disclaims any duty to update any information contained in this press release, either to confirm the actual results or to report a change in its expectations.

There is no guarantee that new product candidates in the pipeline will progress to product approval or that new indications for existing products will be developed and approved. Products or potential products which are the subject of partnerships, joint ventures or licensing collaborations may be subject to differences between the partners. Also, UCB or others could discover safety, side effects or manufacturing problems with its products after they are marketed.

Moreover, sales may be impacted by international and domestic trends toward managed care and health care cost containment and the reimbursement policies imposed by third-party payers as well as legislation affecting biopharmaceutical pricing and reimbursement.

###

References
2. Abstract 1316: R. Fleischmann, R. van Vollenhoven, J. Vencovsky, et al. Safety and Efficacy of 4-Weekly Certolizumab Pegol in Combination with Methotrexate and as Monotherapy in Rheumatoid Arthritis: 5 Year Results from an Open
Label Extension Study. Presented at the Annual Scientific Meeting of the American College of Rheumatology (ACR) 2012.


