UCB-sponsored Data on Cimzia® (certolizumab pegol) to be Highlighted at American College of Gastroenterology 2014 Annual Scientific Meeting

Presentations examine certain demographic and clinical disease characteristics that may be indicative of Cimzia® treatment response and remission for moderate to severe Crohn’s disease

Atlanta (US), October 22, 2014 – 12:00 p.m. (EDT) – UCB, a global biopharmaceutical company focusing on CNS and immunology treatment and research, is sponsoring several data presentations on Cimzia® (certolizumab pegol) at the American College of Gastroenterology’s (ACG) 2014 Annual Scientific Meeting in Philadelphia, PA, October 18-22. The posters present post-hoc analyses of the 7-year open-label extension PRECiSE 3 clinical trial of Cimzia® in Crohn’s disease, which examine certain demographic and clinical characteristics associated with treatment response and remission.

In the U.S., Cimzia® is approved 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.

Quotes:

William Sandborn, MD, investigator and Chief, Division of Gastroenterology, University of California San Diego:

- “These data, which are derived from post-hoc analyses of the PRECiSE 3 study, provide insight into the impact of patient characteristics on treatment outcomes over 7 years among adult patients receiving Cimzia® for Crohn’s disease.”

- “We are encouraged by these results, which provide valuable insights about demographic and clinical characteristics, such as baseline serum albumin as well as disease behavior and location, which may affect treatment response.”

Professor Dr. Iris Loew-Friedrich, Chief Medical Officer and Executive Vice President UCB:

- “The predictive factors examined in these analyses help us better understand the nature of Crohn’s disease, and the role that Cimzia® can play in improving patient outcomes.”
“At UCB we are committed to supporting research that optimizes patient outcomes. These results provide doctors with valuable information that can help them make the most informed treatment decisions for their Crohn’s patients.”

**Posters on Cimzia for Crohn’s Disease at ACG**

- Predictors of Maintenance of Long-Term Remission in Crohn’s Disease Patients Treated with Certolizumab Pegol: Multivariate and Univariate Analyses from the PRECiSE 3 Study
  - Date and Time: Sunday, October 19, 3:30 PM – 7:00 PM
  - Location: Poster Exhibit Hall
  - Poster Number: P476

- Crohn’s Disease Behavior as a Risk Factor for Loss of Maintenance of Remission in Patients Treated with Certolizumab Pegol: Results from the PRECiSE 3 Study
  - Date and Time: Tuesday, October 21, 10:30 AM – 4:00 PM
  - Location: Poster Exhibit Hall
  - Poster Number: P1671

- Disease activity as a Predictor of Long-term Outcomes of Treatment with Certolizumab Pegol for Active Crohn’s Disease: An Analysis of the PRECiSE 3 Study
  - Date and Time: Monday, October 20, 10:30 AM – 4:00 PM
  - Location: Poster Exhibit Hall
  - Poster Number: P1075

- Disease Location as a Risk Determinant for Maintenance of Remission in Crohn’s Disease Patients Treated with Certolizumab Pegol: Results of Analyses From the PRECiSE-3 Study
  - Date and Time: Tuesday, October 21, 10:30 AM – 4:00 PM
  - Location: Poster Exhibit Hall
  - Poster Number: P1684

- Serum Albumin as a Predictor of Long-Term Response and Remission with Certolizumab Pegol for Crohn’s Disease: Results from 7-Year Data from the PRECiSE 3 Study
  - Date and Time: Sunday, October 19, 3:30 PM – 7:00 PM
  - Location: Poster Exhibit Hall
  - Poster Number: P478

- Clinical Correlates and Pharmacokinetic Parameters of Certolizumab Pegol Predicted by Modeling in Patients with Crohn’s Disease
  - Date and Time: Tuesday, October 21, 10:30 AM – 4:00 PM
  - Location: Poster Exhibit Hall
  - Poster Number: P1689

**Poster on Cimzia and Pregnancy**

- Pregnancy Outcomes after Exposure to Certolizumab Pegol: Results from Safety Surveillance
About the PRECiSE Clinical Trial Program
PRECiSE (PEGylated antibody fragment evaluation in Crohn’s disease: safety and efficacy), one of the largest, most comprehensive development programs for an anti-TNF for moderate to severe Crohn’s disease, is composed of two placebo-controlled studies (PRECiSE 1 and 2) and two open-label safety follow-up studies. In these pivotal clinical trials, the primary efficacy endpoints of clinical response were evaluated using the Crohn’s Disease Activity Index (CDAI) and defined as a decrease in CDAI score of ≥ 100 points. CDAI is a weighted, composite index of eight items, which requires daily completion of a diary card and calculation of various weighting factors for one week. In 2007, the two former studies were published in the *New England Journal of Medicine* (NEJM). The studies demonstrated that patients with moderate to severe Crohn’s disease achieved and maintained clinical response with CIMZIA® for up to 6 months, compared to placebo. In a follow-up open-label extension study (PRECiSE 3), patients continued to receive CIMZIA® every 4 weeks for up to 7 years. The Harvey-Bradshaw Index (HBI), which only requires scoring from the day before the study visit and involves a lower number of components, was used to evaluate Crohn’s disease activity in PRECiSE 3.1,2,3,4,5,6

About Crohn’s Disease
Crohn’s disease is a type of inflammatory bowel disease (IBD), which is chronic, progressive, and often destructive. It causes inflammation of the gastrointestinal (GI) tract, most commonly affecting the end of the small intestine (the ileum) and the beginning of the large intestine (the colon). Crohn’s disease has been estimated to affect as many as 700,000 Americans. Symptoms of Crohn’s disease often include diarrhea, abdominal pain, and weight loss. People with Crohn’s can experience an ongoing cycle of flare-up and remission throughout their lives. If not effectively treated, it may result in the need for surgery and hospitalization.7

About CIMZIA®
CIMZIA® is the only Fc-free, PEGylated anti-TNF (Tumor Necrosis Factor). CIMZIA® has a high affinity for human TNF-alpha, selectively neutralizing the pathophysiological effects of TNF-alpha.

About CIMZIA® in the US8
In the US, CIMZIA® is approved 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. In addition, it is approved for the treatment of adults with moderately to severely active rheumatoid arthritis, adults with active psoriatic arthritis (PsA) and adults with active ankylosing spondylitis (AS).

Important Safety Information about CIMZIA® in the US

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.

Postmarketing cases of hepatosplenic T-cell lymphoma (HSTCL), a rare type of T-cell lymphoma that has a very aggressive disease course and is usually fatal, have been reported in patients treated with TNF blockers, including CIMZIA®. The majority of reported TNF blocker cases occurred in adolescent and young adult males with Crohn’s disease or ulcerative colitis. Almost all of these patients had received treatment with the immunosuppressants azathioprine and/or 6-mercaptopurine (6-MP) concomitantly with a TNF blocker at or prior to diagnosis. Carefully assess the risks and benefits of treatment with CIMZIA®, especially in these patient types.

Periodic skin examinations are recommended for all patients, particularly those with risk factors for skin cancer.

**Heart Failure**
Cases of worsening congestive heart failure (CHF) and new onset CHF have been reported with TNF blockers, including CIMZIA®. 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. Some of these reactions occurred after the first administration of CIMZIA®. If such reactions occur, discontinue further administration of CIMZIA® and institute appropriate therapy.

**Hepatitis B Reactivation**

Use of TNF blockers, including CIMZIA®, has been associated with reactivation of hepatitis B virus (HBV) in patients who are chronic carriers of this virus. Some cases have been fatal. Test patients for HBV infection before initiating treatment with CIMZIA®. 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 antiviral 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-Barré 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® 400 mg as monotherapy every 4 weeks in RA controlled clinical trials had similar adverse reactions to those patients receiving CIMZIA® 200 mg 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.

The safety profile for patients with Psoriatic Arthritis (PsA) treated with CIMZIA® was similar to the safety profile seen in patients with RA and previous experience with CIMZIA®.

The safety profile for AS patients treated with CIMZIA® was similar to the safety profile seen in patients with RA.

For full prescribing information, please visit www.ucb.com
References


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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 8500 people in approximately 40 countries, the company generated revenue of € 3.4 billion in 2013. UCB is listed on Euronext Brussels (symbol: UCB).

Forward looking statements- UCB
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.