UCB announces start of the EXXELERATE™ clinical study in rheumatoid arthritis

Head-to-head study to compare the relative efficacy of Cimzia® (certolizumab pegol) and Humira® (adalimumab) in the treatment of moderate to severe rheumatoid arthritis

Slough, England, 16th January 2012 – UCB announces the start of the EXXELERATE™ study which will evaluate the short- and long-term efficacy of Cimzia® (certolizumab pegol) plus methotrexate (MTX) compared with that of Humira®* (adalimumab) plus MTX in the treatment of moderate to severe rheumatoid arthritis (RA). The start of this study confirms previously announced plans.

"This head-to-head study is an important milestone. We believe that EXXELERATE™ should help to provide additional evidence to support early, informed management decisions for people living with this chronic, progressive disease," said Professor Dr Iris Loew-Friedrich, Chief Medical Officer and Executive Vice President UCB.

The primary objectives of the study are to compare the relative efficacy of the two anti-TNF therapies during short- and long-term treatment (12 and 104 weeks respectively).

"While meta-analyses from placebo controlled trials suggest differences in efficacy among anti-TNFs in RA, results from the EXXELERATE™ study should help to provide additional insights to support the current lack of head-to-head data and to guide treatment decisions.” said Roy Fleischmann, MD, Clinical Professor of Medicine, The University of Texas South Western Medical Centre, Dallas, Texas, US. "As recent guidelines on biological agents recommend rapid treatment to target for RA patients, it is also timely for EXXELERATE™ to explore the comparative long term benefits of anti-TNF therapies, related to early response-driven treatment decisions.”

The European League Against Rheumatism (EULAR) and the international Treat-to-Target Expert Committee recommend appropriate therapeutic adaptation of disease-modifying anti-rheumatic drugs to reach targets of remission or low disease activity within three to six months of starting treatment.1-2 Persistent active disease is a predisposing factor of subsequent disease severity, such as progressive joint damage, irreversible disability and increased mortality.3-6 Therefore, stopping inflammation rapidly can be an important therapeutic goal and studies have shown that achieving control of disease activity, in less than 3 months, has led to improved long-term outcomes for patients with RA.7,8

EXXELERATE™ is a multi-centre, single-blind, randomized, parallel-group study which will randomise patients to either certolizumab pegol plus MTX or adalimumab plus MTX. After 12 weeks, patients who respond will continue their initial treatment whereas non-responders will switch to the alternative treatment arm until study end at 104 weeks. By including a week 12 response-based therapeutic decision, EXXELERATE™ aims to assess the impact of early response-driven treatment on long-term (104 weeks) clinical and patient outcomes. The study aims to enroll approximately 900 adult patients with
moderate-to-severe RA in multiple geographies including USA, Canada and Europe, who have inadequately responded to MTX and who have not previously received anti-TNF treatment. The headline results from the study are expected in 2016.

* Humira® is a registered trademark of Abbott

**About CIMZIA® (certolizumab pegol)**
Certolizumab pegol is the first PEGylated anti-TNF (Tumour Necrosis Factor alpha) to be launched for the treatment of moderate to severe active RA, in combination with methotrexate (MTX), in adult patients when the response to disease-modifying antirheumatic drugs (DMARDs) including methotrexate, has been inadequate. Certolizumab pegol has also been approved for use alone as monotherapy in case of intolerance to MTX or when continued treatment with MTX is inappropriate, in the same patient population.

Certolizumab pegol is a monoclonal antibody with high specificity for human TNF-alpha, selectively neutralising 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 inflammation, and excess TNF-alpha production has been directly implicated in a wide variety of diseases. Cimzia® is a registered trademark of UCB PHARMA S.A.

**Cimzia® (certolizumab pegol) in European Union/ 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. Serious adverse reactions include sepsis, opportunistic infections, tuberculosis, herpes zoster, lymphoma, leukaemia, solid organ tumours, angioneurotic edema, cardiomopathies (includes heart failure), ischemic coronary artery disorders, pancytopaenia, 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, moderate to severe heart failure.

Before initiation of therapy with Cimzia®, all patients must be evaluated for both active and inactive (latent) tuberculosis infection. Monitor patients closely for signs and symptoms of infections including tuberculosis before, during and after treatment with Cimzia®. If an infection develops, monitor carefully and stop Cimzia® if infection becomes serious. 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®. For patients who test positive for HBV infection, consultation with a physician with expertise in the treatment of hepatitis B is recommended. Carriers of HBV who require treatment with Cimzia® should be closely monitored for signs and symptoms of active HBV infection throughout therapy and for several months following termination of therapy. In patients who develop 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 haematological 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 or attenuated 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 November 2011.


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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 2010. UCB is listed on Euronext Brussels (symbol: UCB).

Forward looking statements
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


8. Van der Heijde D, Schiff M, Keystone E, et al. Time to and level of initial DAS28 change with certolizumab pegol predicts the likelihood of having low disease activity at years 1 and 2 in patient with rheumatoid arthritis. Ann Rheum Dis (2010);69(Suppl3):S05