Cimzia® (certolizumab pegol) approved in the EU for the treatment of adults with severe active axial spondyloarthritis

- European Commission approval extends Cimzia® (certolizumab pegol) indication to include adult patients with severe active axial spondyloarthritis (axSpA)

- Label extension offers new treatment option for adults with severe active axSpA comprising severe active ankylosing spondylitis (AS) and severe active axSpA without radiographic evidence of AS*

- Approval based on RAPID™-axSpA study which is the first phase 3 study of an anti-TNF to include patients with and without radiographic evidence of AS

- Approval means that certolizumab pegol is one of only two licensed medicines in the EU for the treatment of severe active axSpA without radiographic evidence of AS

Slough, UK, 23rd October 2013 – UCB announced today that the European Commission has approved an extension to the indication for Cimzia® (certolizumab pegol) to include the treatment of adult patients with severe active axial spondyloarthritis (axSpA) comprising severe active ankylosing spondylitis (AS) and severe active axSpA without radiographic evidence of AS.*1 This new indication for certolizumab pegol follows the positive opinion received from the European Medicines Agency (EMA) Committee for Human Medicinal Products (CHMP) in September this year.

"Axial spondyloarthritis which includes ankylosing spondylitis and non-radiographic axial spondyloarthritis is a debilitating disease that deserves and warrants new treatments," said Dr Karl Gaffney, Consultant Rheumatologist and Clinical Director, Norfolk & Norwich University Hospital NHS Trust, Medical Advisor and Trustee of the National Ankylosing Spondylitis Society. "With this new indication for certolizumab pegol an important milestone has been achieved for people living with severe active axial spondyloarthritis in Europe. Rheumatologists treating these patients now have a treatment option that embraces the complete spectrum of the disease."

Since 2009 certolizumab pegol has been approved in the EU in combination with methotrexate (MTX) for the treatment of moderate to severe active rheumatoid arthritis in adult patients, inadequately responsive to disease-modifying anti-rheumatic drugs, including MTX.1

AxSpA is a form of spondyloarthritis that affects mainly the spine and sacroiliac joints, and comprises both ankylosing spondylitis (AS) and axSpA without X ray evidence of AS (non-radiographic axSpA [nr-axSpA]) sub-groups.2

"The RAPID™-axSpA study supporting the EU approval of Cimzia® for severe active axSpA was the first randomized, controlled, phase 3 study of an anti-TNF to include patients with and
without radiographic evidence of AS,” said Dr. Wienia Czarlewski, Medical Director, Immunology, British & Irish Isles, UCB. “This new label extension marks a new and broader indication for Cimzia® in countries of the European Union and underscores UCB’s commitment to supporting many more people living with debilitating rheumatologic conditions.”

The primary endpoint of the RAPID™-axSpA study was ASAS20 at week 12 and was achieved with clinical and statistically significant improvements in ASAS20 responses in both dosing arms (200 mg every 2 weeks and 400 mg every 4 weeks) vs. placebo (p≤0.004) for the overall study population. Similar results were achieved in both the AS and nr-axSpA subpopulations.

The safety profile for axSpA patients treated with certolizumab pegol was consistent with the safety profile in rheumatoid arthritis and previous experience with certolizumab pegol.

* Cimzia is indicated for the treatment of adult patients with severe active axial spondyloarthritis, comprising:
  - AS - Adults with severe active ankylosing spondylitis who have had an inadequate response to, or are intolerant to non-steroidal anti-inflammatory drugs (NSAIDs).
  - Axial spondyloarthritis without radiographic evidence of AS - Adults with severe active axial spondyloarthritis without radiographic evidence of AS but with objective signs of inflammation by elevated CRP and/or MRI, who have had an inadequate response to, or are intolerant to NSAIDs.

About RAPID™-axSpA study

The RAPID™-axSpA study is an ongoing phase 3, multicenter, randomized, double-blind, placebo-controlled study designed to evaluate the efficacy and safety of certolizumab pegol in patients with active axSpA. Patients (n=325) were randomized 1:1:1 to placebo, or 400 mg certolizumab pegol at week 0, 2 and 4 loading dose followed by either 200 mg certolizumab pegol every two weeks or 400 mg certolizumab pegol every four weeks. Patients enrolled in the study must have active disease and failed at least one non-steroidal anti-inflammatory drug (NSAID). Overall 16% of patients had prior TNF-antagonist exposure. Within the placebo arm, patients who failed to achieve an ASAS20 response at weeks 14 and 16 were re-randomized at week 16 to receive certolizumab pegol 200 mg every 2 weeks or 400 mg every 4 weeks, following the loading dose.

About axSpA

Spondyloarthritis (SpA) can affect the spine, peripheral joints, ligaments, tendons and other extraarticular tissues such as the eyes, skin and gut. SpA can be divided into peripheral and axial spondyloarthritis (axSpA), depending on the location of the predominant features. While axSpA mostly affects the spine and sacroiliac joints, peripheral SpA predominantly affects the peripheral joints. axSpA can be further divided into ankylosing spondylitis (AS) and axSpA without radiographic evidence of AS.

Ankylosing Spondylitis

Ankylosing Spondylitis, or AS, is a chronic inflammatory rheumatic disease of the spine and is the most well-recognized subset of axSpA. The symptoms of AS can vary, but most people experience back pain and stiffness due to inflammation which can proceed to fusion of the sacroiliac joints. The condition usually begins between 15 and 35 years of age, with prevalence estimated to be 0.1-1.1% of the general population. AS is more common in men than in women. AS has a genetic component and is associated with the HLA-B27 gene.

axSpA without radiographic evidence of AS

Patients with no definite sacroiliitis on conventional radiographs but similar clinical features to AS patients and showing either sacroiliitis on MRI or who are HLA-B27 positive may be classified as having axSpA without x ray evidence of AS (nr-axSpA).

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-alfa. 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. Cimzia® is a registered trademark of UCB PHARMA S.A.

Cimzia® (certolizumab pegol) EU/EAA Important Safety Information

Cimzia® was studied in 4,049 patients with RA in controlled and open label trials for up to 92 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, pruritus (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 oedema, 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, 4.4% of patients discontinued taking Cimzia® due to adverse events vs. 2.7% 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...
products will be developed and approved. Products or potential products which are the subject of partnerships, joint ventures or licensing
there is no guarantee that new product candidates in the pipeline will progress to product approval or that new indications for existing
results or to report a change in its expectations.
other than statements of historical fact, are statements that could be deemed forward-looking statements, including estimates of
development by UCB, effects of future judicial decisions or governmental investigations, product liability claims, challenges to patent
subject to risks, uncertainties and assumptions which could cause actual results to differ materially from those that may be implied by such
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.

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