



Bimekizumab demonstrates impressive joint and skin responses for psoriatic arthritis patients

Positive top line results from the UCB Phase 2b BE ACTIVE study underscore the potential of bimekizumab to significantly improve joint and skin symptoms in PsA patients

- The study achieved a stringent primary endpoint, with up to 46% of psoriatic arthritis (PsA) patients who received bimekizumab experiencing at least 50% improvement in PsA joint symptoms (ACR50), versus 7% with placebo, at week 12. These results were achieved in a mixed patient population, both biologic naïve and previously biologic exposed patients
- Among patients with active skin lesions (BSA ≥ 3), up to 65% of patients who received bimekizumab also experienced at least 90% skin clearance (PASI90), a secondary endpoint, versus 7% of patients who received placebo, at week 12
- These data build on the highly positive clinical results recently reported with bimekizumab in psoriasis and ankylosing spondylitis

Brussels, Belgium – December 20, 2017, 7:00 AM CET – Regulated Information – Inside Information
– UCB today announced that the Phase 2b BE ACTIVE study met the primary objective of establishing dose response for bimekizumab with statistical significance. The study also demonstrated robust efficacy in psoriatic arthritis (PsA) signs and symptoms, as well as skin clearance measured by the PASI90 response, compared to placebo at Week 12.ⁱ

“The results observed with bimekizumab are impressive, especially because the study included ACR50 and PASI90, rigorous and meaningful efficacy endpoints. Even at 12 weeks, the results showed strong joint and skin responses, giving PsA patients the possibility of significant disease improvement in two major affected areas where they seek relief,” said Christopher T. Ritchlin, MD, MPH, University of Rochester Medical Center. “A complete and specific blockade of inflammation is key to achieving these compelling results. Preclinical research has shown that dual neutralization of IL-17A and IL-17F inhibits joint and skin inflammation to a greater extent than blocking IL-17A alone. Bimekizumab has the potential to be an important treatment option for PsA patients, many of whom do not respond to or tolerate current therapies.”

“BE ACTIVE confirms a previous proof of concept study in PsA and provides the first Phase 2b clinical efficacy and safety results in PsA with bimekizumab. With the strong results we have seen in psoriasis, ankylosing spondylitis and, now, psoriatic arthritis, UCB is delivering on our Patient Value Strategy to connect unmet patient needs to innovative science. We are committed to rapidly advancing our Phase 3 clinical programs,” said Emmanuel Caeymaex, Head of Immunology and Executive Vice President at UCB. “With bimekizumab, we tested the novel hypothesis that neutralizing both IL-17A and IL-17F can deliver superior outcomes for patients with inflammatory diseases. Based on the Phase 2b results in all three disease states, bimekizumab shows potential to bring significant, differentiated value to patients.”

The BE ACTIVE data build on the positive clinical results reported with bimekizumab in both psoriasis and ankylosing spondylitis. In the Phase 2b psoriasis study of moderate-to-severe patients, the dual neutralization of IL-17A and IL-17F with bimekizumab resulted in up to 60% of patients achieving complete skin clearance (PASI100) at week 12.ⁱⁱ A Phase 2b study of bimekizumab in ankylosing spondylitis also achieved the primary endpoint (ASAS40), with up to 47% of patients who received bimekizumab achieving at least 40% improvement in AS symptoms, versus 13% of patients on placebo, at week 12.ⁱⁱⁱ PsA and AS are both forms of spondyloarthritis, a family of pathophysiologically and clinically related rheumatic diseases that typically involve the axial skeleton as well as peripheral joints, and are clearly distinct from rheumatoid arthritis.^{iv}

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BE ACTIVE investigated the efficacy, safety, pharmacokinetics (PK), and pharmacodynamics (PD) of bimekizumab compared with placebo in adult patients with active PsA. The primary efficacy variable evaluated in the Phase 2b BE ACTIVE study was the percentage of PsA patients who achieved at least 50% disease improvement at week 12, as measured by the American College of Rheumatology (ACR50) response. The study had several secondary efficacy variables, including patients who achieved at least 90% psoriatic skin clearance at week 12 (PASI90).^v Bimekizumab achieved the primary and secondary clinical response thresholds for a significantly greater number of patients than placebo across multiple doses.ⁱ Additionally, bimekizumab was generally well tolerated and no new safety signals were observed. The common cold (nasopharyngitis) was the most frequently reported adverse event compared to placebo.ⁱ The BE ACTIVE study will continue for 36 weeks in a dose-blind manner to evaluate maintenance of efficacy and safety.^v

About Bimekizumab

Bimekizumab is a novel humanized monoclonal IgG1 antibody that potently and selectively neutralizes both IL-17A and IL-17F, two key cytokines driving inflammatory processes. IL-17A and IL-17F have overlapping pro-inflammatory functions and independently cooperate with other inflammatory mediators to drive chronic inflammation and damage across multiple tissues.

Previous early Phase clinical studies in psoriasis and psoriatic arthritis have suggested that dual neutralization of both IL-17A and IL-17F with bimekizumab may provide a new targeted approach for the treatment of immune-mediated inflammatory diseases.^{vi,vii} Preclinical results in disease-relevant cells have shown that dual neutralization of both IL-17A and IL-17F reduces skin and joint inflammation, as well as pathological bone formation to an extent greater than inhibition of IL-17A or IL-17F alone.^{vii,viii,ix}

UCB is also studying bimekizumab in other disease areas, including psoriasis and ankylosing spondylitis. Bimekizumab is not approved by any regulatory authority worldwide.

About Psoriatic Arthritis (PsA)

PsA is a serious, highly heterogeneous, chronic systemic inflammatory condition affecting both the joints and skin, with a prevalence of 0.05% to 0.25% of the population and 6% to 41% of patients with psoriasis.^x Symptoms include joint pain and stiffness, skin plaques, swollen toes and fingers, and persistent inflammation of the sites where tendons or ligaments insert into the bone (enthesitis). Up to 40% of people with PsA can suffer from joint destruction and permanent physical deformity.^{xi,xii}

ABOUT BE ACTIVE

BE ACTIVE is a multi-center, randomized, double-blind, placebo-controlled, parallel-group, dose-ranging study of bimekizumab compared with placebo in adult patients with PsA. The study included a 12-week double-blind treatment period, after which patients continued to a 36-week dose-blind treatment period. The total duration of treatment is 48 weeks.^v

The study included 206 patients with PsA, defined as having symptoms for at least six months prior to study screening, three or more tender and swollen joint counts ≥ 3 at baseline. Subjects also had to have active psoriatic lesions or a documented history of psoriasis.^v

Patients were randomized into five dose regimens to receive either placebo or bimekizumab every four weeks subcutaneously for 12 weeks. They were then re-randomized to a dose-blind bimekizumab treatment group for 36 weeks. Patients are given the option to enter an extension study at week 48.^v

The primary efficacy variable evaluated in the Phase 2b BE ACTIVE study in patients with PsA was the percentage of patients who achieved at least 50% disease improvement at week 12, as measured by the ACR50 response. An ACR response is a standard measure of at least a 50% improvement in the number of tender and swollen joints and a 50% improvement in at least three of the following: the patient's global assessment of disease status; the patient's global assessment of pain; the physician's global assessment of disease status; health assessment questionnaire disability index; serum C-reactive protein levels.^v

The secondary efficacy variables assessed at week 12 in BE ACTIVE include ACR20 and ACR70, a 20% and 70% improvement, respectively, in the American College of Rheumatology criteria; PASI90 and PASI75, a 90% and 75% improvement, respectively, in the Psoriasis Area and Severity Index. Safety variables include incidence of adverse events (AEs), serious adverse events (SAEs), withdrawal due to AEs and change from baseline in clinical laboratory variables.^v

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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 7,500 people in approximately 40 countries, the company generated revenue of € 4.2 billion in 2016. UCB is listed on Euronext Brussels (symbol: UCB). Follow us on Twitter: @UCB_news

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.

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ⁱ UCB Data on File. December 2017.

ⁱⁱ UCB Data on File. July 2017.

ⁱⁱⁱ UCB Data on File. December 2017.

^{iv} American College of Rheumatology. *Spondyloarthritis*. Accessed at: <https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Spondyloarthritis>. November 27, 2017.

^v UCB Clinical Study Protocol. PROTOCOL PA0008 AMENDMENT 1. 16th December 2016.

^{vi} Glatt S, Helmer E, Haier B, et al. First-in-human randomized study of bimekizumab, a humanized monoclonal antibody and selective dual inhibitor of IL-17A and IL-17F, in mild psoriasis. *Br J Clin Pharmacol*. 2017 May;83(5):991-1001. doi: 10.1111/bcp.13185. Epub 2017 Jan 10.

^{vii} Glatt S, Baeten D, Baker T, et al. Dual IL-17A and IL-17F neutralisation by bimekizumab in psoriatic arthritis: evidence from preclinical experiments and a randomized placebo-controlled clinical trial that IL-17F contributes to human chronic tissue inflammation. *Ann Rheum Dis*. In Press.

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