UCB News

UCB advances immunology leadership with 27 abstracts across portfolio at EULAR 2026

- **BE BOLD head-to-head trial results:** Bimekizumab demonstrates superior efficacy over risankizumab in psoriatic arthritis at Week 16. UCB will present BE BOLD data in an oral presentation on Saturday 6 June at 12:00 in Room N3
- **Long-term data on BIMZELX®(bimekizumab) in PsA and axSpA:** New *post-hoc* analyses show early and sustained inflammation control with bimekizumab improves long-term patient-reported outcomes and limits disease progression
- **Dapirolizumab pegol efficacy in systemic lupus erythematosus:** Dapirolizumab pegol demonstrates reduction in flare rates and steroid use whilst maintaining disease control in systemic lupus erythematosus
- **CIMZIA®(certolizumab pegol) efficacy in rheumatoid arthritis:** Certolizumab pegol demonstrates consistent efficacy in rheumatoid arthritis, regardless of rheumatoid factor (RF) levels

Brussels (Belgium), June 3, 2026 – 07:00 (CEST) – UCB, a global biopharmaceutical company, will present data from 27 abstracts at the European Alliance of Associations for Rheumatology (EULAR) 2026 Annual Meeting. The data cover the breadth of UCB's immunology portfolio assets in psoriatic arthritis, psoriasis, axial spondyloarthritis, rheumatoid arthritis, and systemic lupus erythematosus.

"UCB's footprint at EULAR 2026 underscores the strength and range of our immunology portfolio and attests to our leadership in clinical research and scientific excellence," said Donatello Crocetta, Chief Medical Officer, UCB. "We are committed to delivering evidence-based innovations to advance care for people living with chronic inflammatory diseases."

Please see here for the press release on long-term data on bimekizumab in PsA and axSpA at EULAR: UCB will issue a press release on the dapirolizumab pegol data on Thursday 4 June and a press release for the data on certolizumab pegol on Friday 5 June.

Key abstracts presented by UCB at EULAR include:

GL-BK-2600190
Date of preparation: June 2026

Asset/disease state	Abstract title	Abstract number/presentation details
Bimekizumab/psoriatic arthritis	Bimekizumab efficacy and safety versus risankizumab in patients with active psoriatic arthritis: 16-week results from a head-to-head, multicentre, randomised, phase 3b study	LB0001 Room N3 Saturday 6 June, 12:00–12:10 BST
Bimekizumab/psoriatic arthritis	Bimekizumab treatment resulted in rapid response that was associated with clinically important improvements in patient-reported outcomes up to 3 years in patients with psoriatic arthritis	POS0498
Bimekizumab/psoriatic arthritis	Bimekizumab inhibited radiographic progression regardless of baseline characteristics in bDMARD-naïve patients with active psoriatic arthritis: 3-year results from a phase 3 study and its open-label extension	POS0048
Bimekizumab/psoriatic arthritis/axial spondyloarthritis	Bimekizumab treatment resulted in low long-term uveitis rates in patients with axial spondyloarthritis or psoriatic arthritis: updated 3-year results from pooled phase 2b and phase 3 studies	POS0445
Bimekizumab/axial spondyloarthritis	Bimekizumab demonstrated sustained improvements in pain and fatigue following early control of inflammation in patients with axial spondyloarthritis over 3 years: results from 2 phase 3 studies and their open-label extension	AB1033
Bimekizumab/axial spondyloarthritis	Impact of bimekizumab on MRI inflammatory and structural lesions in the sacroiliac joints of patients with non-radiographic axial spondyloarthritis: 2-year results from a phase 3 study and its open-label extension	POS0205
Certolizumab pegol/rheumatoid arthritis	Rheumatoid factors (RFs) do not bind Fc-free certolizumab pegol, but do bind to Fc-containing biological DMARDs, driving immune complex formation which induce cytokine	POS0903

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	release from peripheral blood mononuclear cells (PBMC) in vitro	
Dapirolizumab pegol/systemic lupus erythematosus	Glucocorticoid-sparing maintenance of disease control in patients with systemic lupus erythematosus: 48-week results from a phase 3 trial of dapirolizumab pegol	POS0730
Dapirolizumab pegol/systemic lupus erythematosus	Dapirolizumab pegol treatment and improvement in laboratory markers of disease activity in patients with systemic lupus erythematosus: 48-week results from a phase 3 trial	POS1364

CIMZIA® (certolizumab pegol) EU/EEA Important Safety Information
Cimzia® was studied in 4,049 patients with rheumatoid arthritis (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 zoster, papillomavirus, influenza), bacterial infections (including abscess), rash, headache (including migraine), asthenia, leukopenia (including lymphopenia, neutropenia), 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 (including miliary, disseminated and extrapulmonary), 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 was initially studied in 325 patients with active axial spondyloarthritis (including ankylosing spondylitis and non-radiographic axial spondyloarthritis) in the AS001 clinical study for up to 4 years, which includes a 24-week placebo-controlled phase followed by a 24-week dose-blind period and a 156-week open-label treatment period. Cimzia was subsequently studied in 317 patients with non-radiographic axial spondyloarthritis in a placebo-controlled study for 52 weeks (AS0006). Cimzia was also studied in patients with axial spondyloarthritis (including ankylosing spondylitis and non-radiographic axial spondyloarthritis) in a clinical study for up to 96 weeks, which included a 48-week openlabel run-in phase (N=736) followed by a 48-week placebo-controlled phase (N=313) for patients in sustained remission (C-OPTIMISE). Cimzia was also studied in a 96-week openlabel study in 89 axSpA patients with a history of documented anterior uveitis flares. In all 4 studies, the safety profile for these patients was consistent with the safety profile in rheumatoid arthritis and previous experience with Cimzia. Cimzia® was studied in 409 patients with psoriatic arthritis (PsA) in a clinical study for up to 4 years which included a 24-week placebo-controlled phase followed by a 24-week dose-blind period and a 168-week open-label treatment period. The safety profile for axSpA and PsA patients treated with Cimzia® was consistent with the safety profile in RA and previous experience with Cimzia®.

Cimzia® was studied in 1112 patients with psoriasis in controlled and open-label studies for up to 3 years. In the Phase III program, the initial and maintenance periods were followed by a 96-week open-label treatment period. The long-term safety profile of Cimzia® 400 mg every 2 weeks and Cimzia® 200 mg every 2 weeks was generally similar and consistent with previous experience with Cimzia.

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, and moderate to severe heart failure.

Serious infections including sepsis, tuberculosis and opportunistic infections (e.g. histoplasmosis, nocardia, candidiasis) have been reported in patients receiving Cimzia®. Some of these events have been fatal. 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

GL-BK-2600190
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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®.
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 including multiple sclerosis; of formation of autoantibodies and uncommonly of the development of a lupuslike 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 haematologic system, including medically significant cytopenia, have been 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® shouldnot 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 April 2026.
https://www.ema.europa.eu/en/documents/product-information/cimzia-epar-productinformation_en.pdf

* EU/EEA means European Union/European Economic Area

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