# UCB receives positive CHMP opinion for BIMZELX® ▼ (bimekizumab) for the treatment of adults with moderate to severe hidradenitis suppurativa

- Positive CHMP opinion is supported by data from the two Phase 3 studies, BE HEARD I and BE HEARD II, where bimekizumab showed clinically meaningful improvements vs. placebo at Week 16 which were sustained to Week 48
- If approved by the European Commission, bimekizumab would be the first biologic for moderate to severe hidradenitis suppurativa to target IL-17F in addition to IL-17A
- Hidradenitis suppurativa is one of the most burdensome, chronic, inflammatory skin
  diseases that has a profound impact on patients' health-related quality of life, and for
  which there are currently few approved treatment options

**Brussels (Belgium), 22 March 2024 – 07:00 (CET)** – UCB, a global biopharmaceutical company, today announced that the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA) has issued a positive opinion recommending granting marketing authorization for BIMZELX® (bimekizumab) in the European Union (EU)/European Economic Area (EEA) for the treatment of active moderate to severe hidradenitis suppurativa (HS; acne inversa) in adults with an inadequate response to conventional systemic HS therapy. If approved by the European Commission (EC), bimekizumab will be the first IL-17A and IL-17F inhibitor approved in the EU for the treatment of adults with moderate to severe HS.

"The positive opinion from the CHMP represents a significant milestone toward bringing bimekizumab to people living with moderate to severe hidradenitis suppurativa, a chronic, painful inflammatory skin disease with limited treatment options," said Emmanuel Caeymaex, Executive Vice President, Immunology Solutions, and Head of U.S., UCB. "If approved by the European Commission, this would represent the fourth marketing authorization for bimekizumab in three years, adding to the existing indications in moderate to severe plaque psoriasis, active psoriatic arthritis and active axial spondyloarthritis."

HS is a chronic inflammatory skin disease that manifests as nodules, abscesses and pus-discharging fistulas, i.e., channels leading out of the skin, typically in the armpits, groin, and buttocks.<sup>1</sup> HS affects approximately one percent of the population in most studied countries with those affected experiencing flare-ups of the disease as well as severe pain.<sup>1,2,3</sup> People living with HS also experience social stigma, social isolation and low self-esteem, all of which have a major impact on their quality of life.<sup>2,3</sup>

The CHMP positive opinion for bimekizumab is based on findings from the Phase 3 BE HEARD I and BE HEARD II studies which evaluated the efficacy and safety of bimekizumab in the treatment of adults with moderate to severe HS.<sup>4,5</sup> Data showed that bimekizumab treatment resulted in statistically significant and clinically meaningful improvements over placebo in the signs and symptoms of HS, as measured by HiSCR50 at Week 16, the primary endpoint, with responses sustained to Week 48.<sup>4,5</sup> Bimekizumab treatment also resulted in





improvements over placebo in the high threshold endpoint, HiSCR75 at Week 16, a key ranked secondary endpoint, with responses sustained to Week 48.<sup>4,5</sup> In both studies the safety profile of bimekizumab was consistent with data seen in previous studies with no new observed safety signals.<sup>4,5</sup>

The CHMP positive opinion on bimekizumab in moderate to severe HS will be referred to the EC for its final decision. The marketing authorization would be applicable to all EU member states as well as countries of the EEA.

#### Notes to editors:

#### **About BE HEARD I and BE HEARD II**

BE HEARD I and BE HEARD II are randomized, double-blind, placebo-controlled, parallel group, multicenter, Phase 3 studies designed to evaluate the efficacy and safety of bimekizumab in adults with moderate to severe hidradenitis suppurativa (HS).<sup>4,5</sup> The two studies had a combined enrolment of 1,014 participants with a diagnosis of moderate to severe HS. The primary endpoint in both studies was HiSCR50 at Week 16.<sup>4,5</sup> A key ranked secondary endpoint was HiSCR75 at Week 16.<sup>4,5</sup> HiSCR50 and HiSCR75 are defined as at least either a 50 or 75 percent reduction from baseline in the total abscess and inflammatory nodule count, with no increase from baseline in abscess or draining tunnel count.<sup>4,5</sup>

#### **About BIMZELX® (bimekizumab)**

Bimekizumab is a humanized monoclonal IgG1 antibody that is designed to selectively inhibit both interleukin 17A (IL-17A) and interleukin 17F (IL-17F), two key cytokines driving inflammatory processes. <sup>6</sup> The therapeutic indications in the European Union are: <sup>7</sup>

- **Plaque psoriasis:** Bimekizumab is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy.<sup>7</sup>
- **Psoriatic arthritis:** Bimekizumab, alone or in combination with methotrexate, is indicated for the treatment of active psoriatic arthritis in adults who have had an inadequate response or who have been intolerant to one or more disease-modifying antirheumatic drugs (DMARDs).<sup>7</sup>
- **Axial spondyloarthritis**: Bimekizumab is indicated for the treatment of adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation as indicated by elevated C-reactive protein (CRP), and/or magnetic resonance imaging (MRI) who have responded inadequately or are intolerant to non-steroidal anti-inflammatory drugs (NSAIDs), and for the treatment of adults with active ankylosing spondylitis who have responded inadequately or are intolerant to conventional therapy.<sup>7</sup>

#### BIMZELX® (bimekizumab) EU/EEA\* Important Safety Information<sup>7</sup>

The most frequently reported adverse reactions with bimekizumab were upper respiratory tract infections (14.5%, 14.6%, 16.3% in plaque psoriasis (PSO), psoriatic arthritis (PsA) and axial spondyloarthritis (axSpA), respectively) and oral candidiasis (7.3%, 2.3%, 3.7% in PSO, PsA and axSpA, respectively). Common adverse reactions (≥1/100 to <1/10) were oral candidiasis, tinea infections, ear infections, herpes simplex infections, oropharyngeal candidiasis, gastroenteritis, folliculitis, headache, rash, dermatitis and eczema, acne, injection site reactions and fatigue. Elderly individuals may be more likely to experience certain adverse reactions such as oral candidiasis, dermatitis and eczema when using bimekizumab.

Bimekizumab is contraindicated in patients with hypersensitivity to the active substance or any of the excipients and in patients with clinically important active infections (e.g. active tuberculosis). Bimekizumab may increase the risk of infections. Treatment with bimekizumab must not be initiated in patients with any clinically important active infection. Patients treated with bimekizumab should be instructed





to seek medical advice if signs or symptoms suggestive of an infection occur. If a patient develops an infection the patient should be carefully monitored. If the infection becomes serious or is not responding to standard therapy, treatment should be discontinued until the infection resolves. Prior to initiating treatment with bimekizumab, patients should be evaluated for tuberculosis (TB) infection. Bimekizumab should not be given in patients with active TB. Patients receiving bimekizumab should be monitored for signs and symptoms of active TB.

Cases of new or exacerbations of inflammatory bowel disease have been reported with bimekizumab. Bimekizumab is not recommended in patients with inflammatory bowel disease. If a patient develops signs and symptoms of inflammatory bowel disease or experiences an exacerbation of pre-existing inflammatory bowel disease, bimekizumab should be discontinued and appropriate medical management should be initiated. Serious hypersensitivity reactions including anaphylactic reactions have been observed with IL-17 inhibitors. If a serious hypersensitivity reaction occurs, administration of bimekizumab should be discontinued immediately and appropriate therapy initiated.

Live vaccines should not be given in patients treated with bimekizumab.

Please consult the <u>Summary of Product Characteristics</u> in relation to other side effects, full safety and prescribing information.<sup>7</sup>

European SmPC date of revision: November 2023.

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\*EU/EEA means European Union/European Economic Area

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

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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 approximately 9,000 people in approximately 40 countries, the company generated revenue of €5.3 billion in 2023. UCB is listed on Euronext Brussels (symbol: UCB). Follow us on Twitter: @UCB\_news.





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#### References

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- <sup>5</sup> Zouboulis C. 2023 EADV. Session S042-45981.
- <sup>6</sup> 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;83(5):991–1001.
- <sup>7</sup> BIMZELX® (bimekizumab) EU SmPC. <a href="https://www.ema.europa.eu/en/documents/product-information/bimzelx-epar-product-informa

