





The treatment they need. The life they choose.

Consider ^{Pr}CIMZIA[®] (certolizumab pegol) for your patients with:¹

- RA Rheumatoid arthritis (RA) Adult patients with moderate to severe active rheumatoid arthritis.
- PSA Psoriatic arthritis (PsA) Adult patients with moderate to severe active psoriatic arthritis.
- AS Ankylosing spondylitis (AS) Adult patients with active ankylosing spondylitis.
- Pso Psoriasis (PsO) Adult patients with moderate to severe plaque psoriasis.

Full indications can be found on the back cover.



CIMZIA[®] (certolizumab pegol)

CIMZIA[®] dosing options for patients with RA, PsA or AS¹

PsA AS			11
Week O	Week 2	Week 4	Every two weeks
2 injections	2 injections	2 injections	1 injection
2 x 200 mg)	(2 x 200 mg)	(2 x 200 mg)	(1 x 200 mg)
400 mg matively, CIMZ idered for Main PsA AS	400 mg IA® 400 mg every 4 tenance	400 mg weeks may be	200 mg
natively, CIMZ idered for Main	IA® 400 mg every 4	-	200 mg
natively, CIMZ idered for Main PsA AS Week O	IA® 400 mg every 4 tenance Week 2	weeks may be Week 4	
natively, CIMZ idered for Main PsA AS	IA® 400 mg every 4 tenance	weeks may be	Every four weeks



Administration designed with patients in mind

CIMZIA® gives your patients the option to choose their preferred administration method



Pre-filled syringe designed for comfort and control in partnership with Pen designed for comfort and ease-of-use in partnership with



59% of patients preferred CIMZIA® autoinjector overall vs. other originator anti-TNF autoinjectors^{2*†}

etanercept autoinjector:	25%
golimumab autoinjector:	15%
adalimumab autoinjector:	1%

Indications and Clinical Use:

Rheumatoid arthritis (RA):

PrCIMZIA® (certolizumab pegol) in combination with methotrexate (MTX) is indicated for:

 reducing signs and symptoms, including major clinical response, and reducing the progression of joint damage as assessed by X-ray, in adult patients with moderately to severely active rheumatoid arthritis (RA)

CIMZIA® may be used alone for reducing signs and symptoms in adult patients with moderately to severely active rheumatoid arthritis (RA) who do not tolerate MTX.

Psoriatic arthritis (PsA):

CIMZIA® alone or in combination with MTX is indicated for:

reducing signs and symptoms and inhibiting the progression of structural damage as assessed by X-ray, in adult
patients with moderately to severely active psoriatic arthritis (PsA) who have failed one or more disease-modifying
anti-rheumatic drugs (DMARDs)

Ankylosing spondylitis (AS):

CIMZIA® is indicated for:

 reducing signs and symptoms in adult patients with active ankylosing spondylitis (AS) who have had an inadequate response to conventional therapy

Psoriasis (PsO):

CIMZIA® is indicated for:

- the treatment of adult patients with moderate to severe plaque psoriasis who are candidates for systemic therapy Geriatrics (≥ 65 years of age): Specific clinical studies have not been performed in elderly subjects.
- Pediatrics (< 18 years of age): Safety and efficacy of CIMZIA® in pediatric patients have not been established.

Contraindications:

- Hypersensitivity to CIMZIA® (certolizumab pegol) or any of its components
- · Active tuberculosis or other severe infections such as sepsis, abscesses and opportunistic infections
- Moderate to severe heart failure (NYHA Class III/IV)

Most Serious Warnings and Precautions:

Serious infections: serious infections, sepsis, tuberculosis (including miliary disseminated and extrapulmonary disease), invasive fungal infections (such as histoplasmosis) and other opportunistic infections, some of which have been fatal, have been reported in patients receiving TNF blocking agents including CIMZIA®. Many of these occurred in patients on concomitant immunosuppressive therapy that, in addition to their underlying disease, could predispose them to infections. CIMZIA® should not be given to patients with a clinically important infection including chronic or localized infections. Physicians should exercise caution when considering the use of CIMZIA® in patients with a history of recurring infection. Patients should be monitored for signs and symptoms of infection while on and after treatment with CIMZIA®.

Any new infection that develops while on CIMZIA®, or after recent treatment, should be closely monitored. CIMZIA® should be discontinued if a patient develops a serious infection.

Malignancy: lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, of which CIMZIA® is a member, CIMZIA® is not indicated for use in pediatric patients.

Other Relevant Warnings and Precautions:

- · Worsening congestive heart failure and new onset CHF
- Hepatitis B virus reactivation
- Hematological reactions: pancytopenia (including aplastic anemia); cytopenia (leukopenia, pancytopenia, thrombocytopenia)
- Neurologic reactions (new onset or exacerbation of CNS demyelinating disease, including multiple sclerosis and PNS demyelinating disease, including Guillain-Barré syndrome)
- Use in combination with other biologic medicines is not recommended
- \cdot Use caution when switching between biologic DMARDs and in surgery
- A patient who requires surgery while on CIMZIA® should be closely monitored for infections, and appropriate actions should be taken
- Hypersensitivity
- Latex sensitivity
- Formation of autoantibodies
- · Administration of live or live-attenuated vaccines is not recommended
- Use in patients with severe immunosuppression
- May cause erroneously elevated activated partial thromboplastin time (aPTT) assay results in patients without coagulation abnormalities
- Use in women of childbearing potential, pregnant women and nursing women

For more information:

Consult the product monograph at https://www.ucb-canada.ca/en/Our-Medicines/overview for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The product monograph is also available through Medical Information Services at 1-866-709-8444.

* Results from a comparative, head-to-head, usability study in which 76 patients with moderate to severe RA with no prior experience of using anti-TNF pens, simulated injections with 4 autoinjectors (CIM2IA® autoinjector, entanercept autoinjector, adalimumab autoinjector and golimumab autoinjector) using artificial skin injection pads. Patients were provided with instructions for use (IFU) for each device. All brand and manufacturer's identification were removed or redacted from the devices. Assigned testing orders were determined so that each patient tested the 4 devices in a randomized, consecutive sequence. After completing an injection, patients were asked by study moderators (face-to-face) to provide feedback on the usability of that device. This process was repeated for each of the four devices. + The preference of the CIMZIA® autoinjector over each of the comparator devices was statistically significant (p<0.001) for each pairwise comparison.

References: 1. CIMIZA® Product Monograph, December 2018. UCB Canada Inc. 2. Domańska B, VanLunen B, Peterson L, et al, Comparative usability study for a certolizumab pegol autoinjection device in patients with rheumatoid arthritis. Expert Opin Drug Deliv 2017;14:15-22.



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