

UCB Pharmaceuticals: Promotion Accountability and the Reliability of Access Information

Research checked: 9 September 2026. Publication date: 9 September 2026. New research edition.

1. Executive assessment: compliance history and present-day transparency

UCB is a Brussels-based biopharmaceutical group with medicines in neurology and immunology. Its current reporting identifies a portfolio that includes Cimzia, Bimzelx, Briviact, Fintepla, and other products.¹ This report examines two distinct matters: the documented 2011 Keppra promotion resolution and the quality of information available to people evaluating present-day affordability. It does not infer current misconduct from a historical case.

The 2011 record is unusually clear about legal status. UCB Inc., a United States subsidiary, pleaded guilty to a misdemeanor involving misbranding of Keppra and entered a separate civil settlement. DOJ announced more than \$34 million in combined financial obligations.² Unlike a settlement of disputed civil allegations alone, this matter included an actual corporate guilty plea. The report preserves the distinction between the criminal count and the civil claims rather than describing the entire payment as one fine.

Present-day access information requires a different standard of review. UCB publishes a Cimzia list-price explanation, a savings-program page, and broader access and pricing materials.^{3,4,5} These disclosures are useful starting points. However, a working link does not establish that every statement on the linked page is current, applicable to the reader, or supported by independently reproducible data.

During this review, UCB's Cimzia pricing page still described Medicare Part D in a footnote using four benefit phases, including a coverage gap. Current CMS instructions describe the redesigned standard benefit using three phases and a \$2,100 out-of-pocket threshold for covered Part D drugs in 2026.^{3,6} This is a specific content discrepancy, not an accusation of intentional deception. It demonstrates why access tools should cross-check manufacturer explanations against current program authorities.

Our assessment is that UCB's record supports both historical accountability and a practical contemporary transparency audit. Accurate promotional evidence matters; so do correct units, eligibility terms, and benefit-year information. A public report should not use the 2011 plea to characterize unrelated products or convert a conditional savings offer into a universal price guarantee.

This document is a new research edition prepared in September 2026. It is not a recovered historical Foundation report or evidence of past volunteer contributions. It provides no individualized treatment, insurance-selection, or legal advice. Its purpose is to make the underlying record understandable and identify questions that need better evidence.

2. Historical context and documented sequence

DOJ's June 9, 2011 announcement identified UCB Inc. as the United States subsidiary of Belgium's UCB and described a misdemeanor guilty plea concerning Keppra promotion. The agency said promotional materials presented migraine findings from purportedly independent studies without appropriate disclosure of sponsorship or the contrary result of the company's own trial.² These are historical facts about the enforcement record; they do not establish current clinical recommendations.

A later UCB prospectus independently acknowledges the guilty plea and monetary resolution. It describes a corporate integrity agreement involving education, training, disclosure, monitoring, and auditing, and says the company had expanded its compliance program.⁷ The prospectus is important because it records the company's own account, rather than leaving the narrative entirely dependent on the government's announcement.

The reviewed contemporary materials address a different portfolio and period. UCB's access website says it began publishing a United States sustainable-access and pricing-transparency report in 2021 and links a 2025 edition.⁵ Its current integrated annual-report site provides 2025 reporting materials.⁸ These publications indicate an ongoing disclosure effort; they are not independent certification that every access outcome meets the company's objectives.

Date or period	Documented event	Relevant interpretation
June 2011	Keppra misdemeanor plea and civil resolution	Historical legal outcome
September 2013	Prospectus describes resolution and controls	Company acknowledgment
2021 onward	U.S. access/transparency reporting	Ongoing disclosure program
2025-2026	Medicare Part D redesign	Benefit descriptions require updating
July 2026	UCB half-year results	Current corporate and portfolio context

In July 2026, UCB reported first-half revenue of €4.27 billion and described growth across several newer medicines.¹ Revenue provides scale and portfolio context, not a measure of what a patient pays or the value received from a particular prescription. It should not be compared directly with a historical enforcement payment as if both measured profit from the same activity.

The sequence highlights a research challenge: an old compliance event may remain accurately documented while an apparently current access page contains aging information. Research should therefore use two clocks. The date of the historical event determines how it is described; the latest verification date determines whether an access instruction is fit for current use. Updating one does not require rewriting the other.

3. Principal evidence: a plea is different from a civil allegation

The federal resolution separated a \$7.55 million criminal fine, approximately \$1.078 million in forfeiture, and a civil payment described by DOJ as \$25.7 million. The civil component addressed allegations that promotion caused government programs to receive claims for uses that were not medically accepted indications for reimbursement.² The rounded amounts should not be forced into a spurious exact total. The government's and company's summaries use slightly different rounding conventions.

UCB's 2013 prospectus reports approximately \$8.6 million for the criminal resolution and \$25.8 million for the civil settlement. It also identifies the guilty plea and the integrity agreement.⁷ These descriptions broadly corroborate the nature of the resolution. The difference in presentation does not support a claim that one source conceals a separate payment; a precise financial reconciliation would require the final agreements and payment records.

The legal lesson is that status labels matter. “Pleaded guilty to a misdemeanor” accurately describes the admitted criminal count in the official record. “Resolved civil allegations” accurately describes the separate civil component. “Every alleged use was proven fraudulent” would go beyond that record. The report also distinguishes manufacturer promotion from a clinician's individual treatment decision; it does not claim that every use outside a label is itself unlawful or inappropriate.

The access-information findings have a different evidentiary basis. UCB's Cimzia page reports a specific list price and describes patient-payment patterns using an identified commercial claims source and observation period.³ Those statistics are company-reported summaries. This review did not obtain the underlying claims dataset, reproduce its inclusion criteria, or determine whether the observed population represents all patients who were prescribed the medicine.

Selection matters because people whose prescriptions were never filled, who lost coverage, or who could not begin treatment may appear differently in a claims dataset than continuing users. An affordability statement based on observed transactions can be informative while missing important barriers before a transaction occurs. That is a methodological limitation to investigate, not evidence that the disclosed statistic is fabricated.

The Medicare discrepancy is verifiable by comparing two opened documents: the four-phase footnote on the company page and CMS's three-phase 2026 instructions.^{3,6} This report identifies the mismatch narrowly. It does not infer the cause, how many users saw it, or whether anyone made a decision because of it. Those additional claims would require evidence the present review does not have.

4. Pricing and access: units, eligibility, and benefit years

UCB's checked Cimzia page lists \$6,299.40 for two prefilled syringes and identifies the amount as wholesale acquisition cost. Its notes define the presentation and a four-week supply and cite pricing information accessed in December 2025.³ This is a dated manufacturer disclosure, not a verified September 2026 pharmacy quote. A report should retain the presentation and cited date instead of labeling the figure simply “the current monthly price.”

The separate CIMplicity page advertises that eligible commercially insured patients may pay as little as \$0 per dose. It also says restrictions apply, programs can change, and the prescription savings card does not cover ordinary medical copays such as office visits.⁴ The phrase “as little as” describes a possible conditional outcome, not the median cost or a guarantee for every person prescribed the medicine.

Measure	Unit or eligibility	Why the label matters
\$6,299.40	Published WAC for two prefilled syringes	Not necessarily patient payment
As little as \$0	Eligible commercial savings-program use	Conditions and limits apply
\$2,100	2026 Part D annual out-of-pocket threshold	Applies to covered Part D spending
Three benefit phases	2026 standard Part D design	Replaces older four-phase description

CMS's instructions describe deductible, initial coverage, and catastrophic phases. For 2026, the standard benefit's out-of-pocket threshold is \$2,100; covered Part D drugs have no enrollee cost sharing in the catastrophic phase.⁶ Medicare's public explanation confirms the three-stage structure and distinguishes premiums, deductibles, copayments, and coinsurance.⁹ These program facts should not be generalized to Part B drugs, uninsured purchases, or products a plan does not cover.

Our analysis is that a credible access page needs more than a large-font price. It must show the applicable benefit year, formulation, insurance category, eligibility conditions, and whether the amount concerns medication, administration, or both. The page should link to its controlling terms and identify when a summary was last reviewed. A price table that omits those details may mislead even if every number was accurate in its original context.

For future Foundation analysis, the relevant outcomes are filled prescriptions, abandonment, patient payments, time to coverage approval, and continuity. The materials reviewed do not provide a complete longitudinal dataset for those measures. Accordingly, this report does not estimate how much a particular assistance program reduced national spending or how many people remained unable to obtain treatment.

5. Company position and current status

UCB's historical response, as recorded in its prospectus, was to acknowledge the Keppra resolution and describe strengthened compliance arrangements.⁷ That is evidence of the response the company reported. It does not establish that a historical integrity agreement remains active in 2026 or that every control has been independently tested by this review. No such ongoing agreement is asserted here.

Current company access materials describe a commitment to affordability, patient assistance, copay support, and value-based approaches.⁵ These are relevant corporate positions, but measuring whether they succeed requires outcomes and eligibility data. A program's existence can be verified without concluding that it reaches everyone who needs assistance. Conversely, the absence of a guaranteed benefit for every visitor does not by itself establish wrongdoing.

The July 2026 results release describes UCB as an operating Belgium-based group and reports continued activity in immunology and neurology. It also distinguishes medicines facing loss of exclusivity from products driving growth.¹ These distinctions matter for access research because an expired patent does not automatically establish launched competition, and a growing product's revenue does not establish its price trend. This report does not independently audit every patent or forecast in the company's release.

On 31 August 2026, UCB announced an agreement with the U.S. government covering participation in the GENEROUS program, a future-launch pricing approach across developed countries, and continued U.S. manufacturing investment. It separately announced a planned donation of Keppra active ingredient and tablets to the national stockpile. Specific agreement terms remain confidential.¹⁰ These commitments add relevant current context, but the release does not supply product-level negotiated prices, verified delivery totals, or measured patient savings. The agreement should therefore be described as an announced framework, not a demonstrated reduction in every UCB prescription price.

At the research date, the checked Cimzia savings page remained a live route to program information, with commercial-insurance conditions and separate directions for uninsured people.⁴ The report does not reproduce contact information as a guaranteed assistance entitlement, nor does it submit personal information or test enrollment. Verifying that a page loads and that a program promises to assess eligibility is different from demonstrating that a particular application would be approved.

The identified Medicare footnote differs from CMS's current benefit-year description. The CMS guidance establishes the applicable general benefit structure; an individual payment cannot be calculated without actual plan details. This discrepancy is a dated observation because the source page can change. A subsequent correction could resolve the mismatch without altering what was displayed when the source was checked.

Our status finding is limited to the sources reviewed: the historical criminal and civil resolution is documented; current corporate and access materials exist; and a specific outdated benefit description was observed. This is not a certification that all UCB litigation is closed, that all pricing statements are current, or that all prescriptions are affordable.

6. Methodology, implications, and limits

This report used ten primary or first-party records spanning enforcement, company acknowledgment, current corporate reporting, assistance terms, and government benefit guidance. Sources were opened and compared; search snippets were not used as substitutes for central evidence. The review included fresh 2026 searches, including UCB's July half-year announcement and its 31 August U.S. agreement announcement, to establish current context beyond the 2011 case.

The central methodological distinction is between a statement's provenance and its truth conditions. A company page is authoritative for what the company offers or says, subject to its terms. CMS is the stronger source for current Medicare program rules. DOJ is the source for its enforcement announcement. A prospectus can corroborate how the issuer records a liability, but it is not an independent patient-outcomes study. Those differences are preserved throughout.

For an ongoing transparency project, each access record should store the source URL, source publication date, observation period behind any statistic, benefit year, last checked date, product presentation, eligibility, and exclusions. The record should also distinguish a stable PDF from a live page that may be overwritten. This makes it possible to detect an expired offer or stale program description before it reaches someone using the Foundation's tools.

The comparison of the Cimzia footnote with CMS guidance is original documentary analysis. It is reproducible by opening the two cited sources and comparing their benefit-phase descriptions. It is not an empirical estimate of harm, intent, or website readership. The conclusion is limited to the page wording observed on the research date and could be superseded by a later UCB update.

Further research could examine whether savings programs reduce prescription abandonment among eligible people, and whether those excluded face different outcomes. That would require a defined population, a comparison group, transparent handling of denied or reversed claims, and safeguards for personal information. The present report contains no patient-level records, interviews, or confidential payer contracts and cannot answer those questions quantitatively.

The strongest practical conclusion is that pricing transparency depends on maintenance as much as publication. UCB's historical plea requires clear reporting, and its current access disclosures require careful interpretation. Accurate dates, units, and eligibility conditions enable both fair accountability and useful public information. Neither a historical penalty nor a modern zero-dollar headline can replace that work.

References

1. UCB. *UCB Delivers Strong Results, Raises 2026 Guidance and Positions for Next Growth Phase*. July 30, 2026. [Open source](#)
2. U.S. Department of Justice. *U.S. Subsidiary of Belgian Pharmaceutical Manufacturer Pleads Guilty to Off-Label Promotion; Company to Pay More Than \$34 Million*. June 9, 2011. [Open source](#)
3. UCB U.S. *How much should I expect to pay for Cimzia (certolizumab pegol)?* Undated; checked September 9, 2026. [Open source](#)
4. UCB / Cimzia. *The CIMplicity Savings Program*. Undated; checked September 9, 2026. [Open source](#)
5. UCB U.S. *Access to Medicines*. Undated; checked September 9, 2026. [Open source](#)
6. Centers for Medicare & Medicaid Services. *Final Calendar Year (CY) 2026 Part D Redesign Program Instructions*. 2025. [Open source](#)
7. UCB. *Prospectus*. September 3, 2013; section on U.S. Department of Justice investigation, page 118. [Open source](#)
8. UCB. *Integrated Annual Report 2025*. February 26, 2026. [Open source](#)
9. Medicare.gov. *How much does Medicare drug coverage cost?* Current 2026 information; checked September 9, 2026. [Open source](#)
10. UCB. *UCB Comes to Agreement with U.S. Government to Lower the Cost of Medicine and Strengthen U.S. Manufacturing*. 31 August 2026. [Open source](#)