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News Release

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New STELARA® (ustekinumab) Long-Term Data Support its Established Safety Profile in Inflammatory Bowel Disease and Durable Efficacy in Ulcerative Colitis

Final cumulative pooled IBD safety data support the longstanding safety profile of ustekinumab across all IBD approved indications

Additional long term extension data demonstrate more than half of ustekinumab-treated patients with ulcerative colitis achieved clinical remission, clinical response, and/or demonstrated endoscopic improvement at four years

CP-370804
February 2023

BEERSE, BELGIUM, 4 March, 2023 – The Janssen Pharmaceutical Companies of Johnson & Johnson today announced final pooled long-term safety results for STELARA® (ustekinumab) through five years in adults with moderately to severely active Crohn's disease (CD) and four years in adults with moderately to severely active ulcerative colitis (UC), as well as final four-year clinical and endoscopic outcomes from the UNIFI long-term extension (LTE) study evaluating the efficacy of ustekinumab for the treatment of adults with moderately to severely active UC.[1,2] These data are a part of Janssen's 22 oral and poster presentations at the 18th Congress of the European Crohn's and Colitis Organisation (ECCO), taking place in Copenhagen, Denmark, March 1-4.

"These data reinforce the known efficacy and safety profile of ustekinumab, and demonstrate it can be an effective long-term treatment option for patients living with moderately to severely active ulcerative colitis," said UNIFI study author Waqqas Afif, M.D., Associate Professor, Department of Medicine, Division of Experimental Medicine and Division of Gastroenterology at McGill University Health Centre in Montreal, Canada.[a] "Importantly, clinical and endoscopic outcomes reinforce the durable efficacy of ustekinumab, as we remain committed to developing therapies that provide patients with lasting remission."

Final ustekinumab long-term pooled safety analysis (Oral presentation OP39):[1]

A final pooled safety analysis of six Phase 2/3 IBD studies included 2,575 patients treated with ustekinumab and a total of 4,826 patient-years (PY) of follow-up.[1]

- **Overall safety profile:** Data continue to support a well-established safety experience in adult patients with moderately to severely active ulcerative colitis (UC) through up to four years, and in adult patients with moderately to severely active Crohn's disease (CD) through five years.[1]
- **Key safety events:** Key safety event rates adjusted per 100 PYs for adverse events (AEs), serious AEs, infections, serious infections, major

adverse cardiac events (MACE), and malignancies were similar between placebo and ustekinumab or lower for ustekinumab.[1]

- **Adverse events:** The most frequently occurring adverse events (AEs) per 100 PY of follow-up (excluding disease related AEs under study) were headache (11.60 ustekinumab versus 16.66 placebo), arthralgia (11.23 ustekinumab versus 15.91 placebo), abdominal pain (9.86 ustekinumab versus 13.79 placebo), nausea (7.13 ustekinumab versus 11.35 placebo), and pyrexia (5.91 ustekinumab versus 11.35 placebo). The most frequently reported serious infections of anal abscess, pneumonia, cellulitis, and abdominal abscess were similar between ustekinumab and placebo, except gastroenteritis (0.25 ustekinumab versus 0.11 placebo). The most frequently reported infections were nasopharyngitis (19.10 ustekinumab versus 17.82 placebo) and upper respiratory tract infection (9.80 ustekinumab versus 11.78 placebo).[1]

Final UNIFI LTE clinical and endoscopy outcomes through four years from ustekinumab treatment (Oral presentation OP15):[2] Results from the UNIFI LTE study, among 205 adult patients[b] with a history of moderate to severe UC who achieved clinical response to intravenous (IV) ustekinumab, were randomised to ustekinumab 90 mg maintenance every eight weeks (q8w) or every 12 weeks (q12w) at baseline of the maintenance study, and continued treatment in the LTE, showed that at week 200:[c]

- 58 percent (119/205) of patients were in clinical remission[d]
- 80 percent (164/205) of patients were in clinical response[e]
- 79.5 percent (163/205) of patients were in modified Mayo score response[f]
- 67 percent (138/205) of patients showed endoscopic improvement[g]

"These long-term studies underscore Janssen's commitment to developing novel therapies addressing unmet medical need," said Jan Wehkamp, M.D., Ph.D., Vice President, Gastroenterology Disease Area Leader, Janssen Research & Development, LLC. "Our findings reinforce our confidence in ustekinumab as a

therapy of choice for patients seeking lasting relief from inflammatory bowel disease."

Editor's Notes:

a. Dr. Afif received grant support from Janssen. He has not been compensated for any media work.
b. Patients were randomised to ustekinumab at maintenance baseline and continued treatment in the LTE, who either had Mayo score data (including endoscopy) at week 200 or had experienced treatment failure[2]
c. Patients who had treatment failure (i.e., had ostomy or colectomy or discontinued ustekinumab due to lack of therapeutic effect or worsening UC) before week 200 were also included, and were imputed as nonresponders.[2]
d. Clinical remission is defined as a Mayo score ≤2 points and no individual subscore >1[2]
e. Clinical response is defined as a decrease in Mayo score of ≥30% and ≥3 points from induction baseline with either a decrease in rectal bleeding subscore of ≥1 from induction baseline or a rectal bleeding subscore of 0 or 1[2]
f. Modified Mayo score (without Physician's Global Assessment subscore) response is defined as a decrease in modified Mayo score of ≥30% and ≥2 points from induction baseline with either a decrease in rectal bleeding subscore of ≥1 from induction baseline or a rectal bleeding subscore of 0 or 1[2]
g. Endoscopic improvement, endoscopic healing, or mucosal healing is defined as an endoscopy subscore of 0 or 1[2]

About UNIFI (NCT02407236;[3] EudraCT 2014-005606-38[4])

UNIFI was a Phase 3 protocol designed to evaluate the safety and efficacy of ustekinumab induction and maintenance dosing for the treatment of moderately to severely active ulcerative colitis in adults who demonstrated an

inadequate response to or were unable to tolerate conventional (i.e., corticosteroids, immunomodulators) or biologic (i.e., one or more TNF blockers or vedolizumab) therapies.[3] Both the induction and maintenance studies were randomised, double-blind, placebo-controlled, parallel group, multi-centre studies.[2,3]

The induction study was of at least 8 weeks duration for each participant.[3] Participants achieving clinical response in the induction study were eligible for the maintenance study.[3] The maintenance study was 44 weeks in duration. The primary endpoint of the induction study was clinical remission at week 8, and the primary endpoint for the maintenance study was clinical remission at week 44 among responders to a single intravenous (IV) ustekinumab infusion (130 mg or ~6 mg/kg).[3] Overall, 523 IV ustekinumab induction responders were randomised to subcutaneous (SC) maintenance therapy (175 SC placebo; 172 ustekinumab 90 mg q12w; 176 ustekinumab 90 mg q8w).[2] 284 ustekinumab patients who completed week 44 entered the LTE.[2] Placebo patients were discontinued after week 44 unblinding.[2] The long-term extension of UNIFI followed eligible participants for an additional three years upon completion of the maintenance study.[3]

Starting at week 56, randomised patients with UC worsening could adjust to q8w dosing. Outcomes based on the Mayo score (including endoscopy assessed by a local reader) were evaluated in the final efficacy visit at week 200. Patients who had treatment failure (i.e., had ostomy or colectomy, or discontinued ustekinumab due to lack of therapeutic effect or worsening UC) before week 200 were also included, and were imputed as non-responders.[2]

About Ulcerative Colitis

UC affects up to 2.6 million people in Europe.[5] It is a chronic disease of the large intestine, also known as the colon, in which the lining of the colon becomes inflamed and develops tiny open sores or ulcers, that produce pus and mucus.[6] UC

is the result of an abnormal response by the body's immune system.[6] Symptoms vary, but may include loose and more urgent bowel movements, persistent diarrhoea, abdominal pain, bloody stool, loss of appetite, weight loss and fatigue.[7]

About Crohn's Disease

CD is one of the two main forms of IBD, which affects up to two million people across Europe.[5] CD is a chronic inflammatory condition of the gastrointestinal tract with no known cause, but the disease is associated with abnormalities of the immune system that could be triggered by a genetic predisposition, diet or other environmental factors.[8] Symptoms of CD can vary, but often include abdominal pain and tenderness, frequent diarrhoea, rectal bleeding, weight loss and fever.[9]

About STELARA® (ustekinumab)

Ustekinumab is a fully human monoclonal antibody and is the first biologic treatment to selectively inhibit the IL-12 and IL-23 pathways.[10,11] In the EU, ustekinumab is approved for the treatment of adult patients with moderate to severe CD who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a TNF-α antagonist, or have medical contraindications to such therapies.[10] Ustekinumab is also approved for the treatment of adults with moderately to severely active UC who have had an inadequate response with, or lost response to, or were intolerant to either conventional therapy or a biologic, or have medical contraindications to such therapies.[10] In addition to CD and UC, ustekinumab has been approved for the treatment of two further immune-mediated conditions in the EU: plaque psoriasis (Pso) and psoriatic arthritis (PsA).[10]

The Janssen Pharmaceutical Companies of Johnson & Johnson maintain exclusive worldwide marketing rights to STELARA®.

USTEKINUMAB IMPORTANT SAFETY INFORMATION

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The most common adverse events (AEs) (>5%) in controlled periods of clinical studies with ustekinumab were nasopharyngitis and headache.[10] Most were considered to be mild and did not necessitate discontinuation of study treatment.[10] The most serious adverse reaction that has been reported for ustekinumab is serious hypersensitivity reactions, including anaphylaxis. The overall safety profile is similar for adult patients with CD, UC, Pso, and PsA.[10]

Please refer to the Summary of Product Characteristics for full prescribing information for ustekinumab: https://www.ema.europa.eu/en/documents/product-information/stelara-epar-product-information_en.pdf.

Adverse drug reactions (ADRs) should be reported.

About the Janssen Pharmaceutical Companies of Johnson & Johnson

At Janssen, we're creating a future where disease is a thing of the past. We're the Pharmaceutical Companies of Johnson & Johnson, working tirelessly to make that future a reality for patients everywhere by fighting sickness with science, improving access with ingenuity, and healing hopelessness with heart. We focus on areas of medicine where we can make the biggest difference: Cardiovascular, Metabolism & Retina; Immunology; Infectious Diseases & Vaccines; Neuroscience; Oncology; and Pulmonary Hypertension.

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Cautions Concerning Forward-Looking Statements

This press release contains "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995 regarding product development of STELARA® (ustekinumab). The reader is cautioned not to rely on these forward-looking

statements. These statements are based on current expectations of future events. If underlying assumptions prove inaccurate or known or unknown risks or uncertainties materialize, actual results could vary materially from the expectations and projections of Janssen Research & Development, LLC, any of the other Janssen Pharmaceutical Companies, and/or Johnson & Johnson. Risks and uncertainties include, but are not limited to: challenges and uncertainties inherent in product research and development, including the uncertainty of clinical success and of obtaining regulatory approvals; uncertainty of commercial success; [manufacturing difficulties and delays;] competition, including technological advances, new products and patents attained by competitors; challenges to patents; [product efficacy or safety concerns resulting in product recalls or regulatory action;] changes in behavior and spending patterns of purchasers of health care products and services; changes to applicable laws and regulations, including global health care reforms; and trends toward health care cost containment. A further list and descriptions of these risks, uncertainties and other factors can be found in Johnson & Johnson's Annual Report on Form 10-K for the fiscal year ended January 1, 2023, including in the sections captioned "Cautionary Note Regarding Forward-Looking Statements" and "Item 1A. Risk Factors," and in Johnson & Johnson's subsequent Quarterly Reports on Form 10-Q and other filings with the Securities and Exchange Commission. Copies of these filings are available online at www.sec.gov, www.jnj.com or on request from Johnson & Johnson. None of Janssen Research & Development, LLC, the Janssen Pharmaceutical Companies nor Johnson & Johnson undertakes to update any forward-looking statement as a result of new information or future events or developments.

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