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**STELARA® (USTEKINUMAB) NOW LICENCED IN THE UK FOR THE TREATMENT OF MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITIS**

*Ustekinumab is the first interleukin (IL)-12/23 inhibitor licensed for ulcerative colitis*

**High Wycombe, UK, 06 September 2019** – The Janssen Pharmaceutical Companies of Johnson & Johnson announced today that the European Commission (EC) has approved the expanded use of ustekinumab for the treatment of adult patients with moderately to severely active ulcerative colitis (UC), who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a biologic or have medical contraindications to such therapies.<sup>1</sup>

Ustekinumab is the first biologic therapy for UC that targets interleukin (IL)-12 and IL-23 cytokines, known to play a key role in inflammatory and immune responses and an important therapeutic target in UC.<sup>2</sup>

“Ulcerative colitis can have a devastating impact on the lives of those living with this long-term condition. A flare up of symptoms can be incredibly debilitating, preventing people getting on with normal day-to-day life and work. We welcome the availability of this important biologic treatment in ulcerative colitis, which has the potential to reduce symptoms and help patients achieve disease remission and a greater quality of life,”

commented Professor James Lindsay\*, Consultant Gastroenterologist, Barts Health NHS Trust, London.

UC is a chronic immune-mediated inflammatory disease of the rectum and large intestine, affecting approximately 146,000 people in the UK, for which there is currently no cure.<sup>3</sup> The symptoms of UC can vary greatly from person to person and can be painful, embarrassing and debilitating, placing a significant burden on people with the condition.<sup>4,5</sup> For up to two-thirds of people with UC, current treatments are not completely successful or complications arise.<sup>6,7,8,9</sup>

“The symptoms of ulcerative colitis, amongst them frequent diarrhoea, abdominal pain and fatigue, alongside their unpredictable nature, can have a profound and devastating impact on all aspects of a person’s life including emotional wellbeing and coping with day to day life,” commented Elaine Steven\*\*, Health Service Programme Manager, Crohn’s & Colitis UK. “Medicines are vital to managing and treating the symptoms of ulcerative colitis, as well as any extra intestinal symptoms and complications. Being able to access the widest and most innovative range of evidenced-based drug treatments is therefore fundamental to people living with and managing their condition.”

The EC approval is based on data from the pivotal Phase 3 UNIFI trial programme – a programme that was split into an initial Induction study (UNIFI-I) of eight weeks, followed by a Maintenance study (UNIFI-M) of 44 weeks – both of which demonstrated ustekinumab’s safety and efficacy as a treatment option for patients with moderately to severely active UC who demonstrated an inadequate response to or were unable to tolerate conventional (i.e. corticosteroids or immunomodulators) or biologic (i.e. one or more tumour necrosis factor [TNF]-alpha antagonists and/or vedolizumab) therapies.<sup>10,11</sup>

“We are very pleased to announce the approval of ustekinumab in ulcerative colitis. We know that the impact of living with a chronic, debilitating condition such as ulcerative colitis can go far beyond physical symptoms; isolation, stigma, psychological and social challenges,” commented Dr Bernardo Soares, Medical Director, Janssen UK. “The availability of this treatment will provide clinicians with a new biologic therapy option to help address unmet needs that remain for people living with ulcerative colitis in the UK.”

Ustekinumab has demonstrated a favourable safety profile in UC where trials show the treatment is generally well tolerated.<sup>10,11</sup> In the primary randomised population of the induction and maintenance studies, a similar proportion of patients in the ustekinumab and placebo groups experienced adverse events (AE), serious AEs, infections and serious infections through to week 44. During the induction phase, one death from an oesophageal varices haemorrhage was reported, and no malignancies, opportunistic infections or tuberculosis were reported. During the maintenance phase, no deaths and two malignancies other than non-melanoma skin cancer (NMSC) were reported (90 mg ustekinumab q8w: colon cancer [n=1]; 90 mg ustekinumab q12w: papillary renal cell carcinoma [n=1]). There was one patient-reported NMSC in the 90 mg ustekinumab q12w group (2 squamous cell carcinoma events).<sup>10,11</sup>

Marketing authorisation follows a positive opinion from the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA), issued on 25 July 2019.<sup>12</sup>

## **ENDS**

\*Professor Lindsay is a paid consultant for Janssen. He has not been compensated for any media work.

\*\*Janssen has provided Crohn's & Colitis UK with core funding for disease awareness and membership engagement activities. Crohn's & Colitis UK has not been compensated for any media work.

### **About the UNIFI Programme**

UNIFI is a Phase 3 programme, designed to evaluate the safety and efficacy of ustekinumab induction and maintenance dosing for the treatment of moderately to severely active UC in adults who demonstrated an inadequate response to, or were unable to tolerate, conventional (i.e. corticosteroids, immunomodulators) or biologic (i.e. one or TNF-alpha antagonists and/or vedolizumab) therapies. Both the induction and maintenance studies were randomised, double-blind, placebo-controlled, parallel group, multicentre studies. The induction study was of 8 weeks duration for participants, who were each administered a single IV ustekinumab infusion.<sup>10,11</sup>

Participants achieving clinical response in the induction study were eligible to enter into the maintenance study. The maintenance study was 44 weeks in duration, representing a total treatment duration of 1 year. 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. After completion of the maintenance study, eligible participants are continuing in a long-term extension study for an additional three years.<sup>10,11</sup>

In the induction study, for the recommended dose of ustekinumab (6 mg / kg), 61.8 percent of patients were found to have achieved clinical response<sup>a</sup> compared with 31.3 percent of patients receiving placebo ( $p < 0.001$ ) at week 8.<sup>11</sup> Full results of the induction study were previously shared during a plenary session at the American College of Gastroenterology Annual Scientific Meeting and in a [press release](#) on 9 October, 2018.<sup>13</sup>

All patients who were randomised into the 44-week maintenance study were induction responders to IV ustekinumab. Among patients subsequently randomised to receive subcutaneous ustekinumab (q8w or q12w) a significantly greater percentage achieved clinical remission vs initial responders randomised to placebo. The sustained effect of ustekinumab was also observed in the ustekinumab q8w and q12w groups compared to placebo (57.4 percent and 48.3 percent respectively, vs 35.4 percent,  $p < 0.001$  and  $p = 0.010$ , respectively), as measured by durable partial Mayo remission<sup>b</sup> (partial Mayo remission at  $\geq 80$  percent of all visits and at the last visit).<sup>14</sup> Full results of the maintenance study were previously presented during a plenary session at 14th Congress of the European Crohn's and Colitis Organisation and shared in a [press release](#) on 11 March, 2019.<sup>15</sup>

### **About ulcerative colitis (UC)**

It is a chronic disease of the large intestine, also known as the colon, and the rectum, in which the lining becomes inflamed and develops tiny open sores, or ulcers, that produce pus and mucous. UC is the result of an abnormal response by the body's immune system. Symptoms vary, but may include loose and more urgent bowel movements, persistent diarrhoea, abdominal pain, bloody stools, loss of appetite, weight loss and fatigue.<sup>5</sup>

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<sup>a</sup> Clinical response was defined as a decrease from baseline in the Mayo score by  $\geq 30$  percent and  $\geq 3$  points, with either a decrease from baseline in the rectal bleeding subscore  $\geq 1$  or a rectal bleeding subscore of 0 or 1.

<sup>b</sup> Partial Mayo remission = Mayo score  $\leq 2$ . The partial Mayo score includes stool frequency, rectal bleeding, and physician's global assessment subscores and ranges from 0 to 9.

## **About STELARA® (ustekinumab)**<sup>16</sup>

### Plaque psoriasis

In the EU, ustekinumab is approved for the treatment of moderate to severe plaque psoriasis in adults who failed to respond to, or who have a contraindication to, or are intolerant to other systemic therapies including ciclosporin, methotrexate (MTX) or psoralen plus ultraviolet A, and is also indicated for the treatment of moderate to severe plaque psoriasis in adolescent patients aged 12 years and older who are inadequately controlled by or are intolerant to other systemic therapies or phototherapies.

### Psoriatic arthritis

In addition, ustekinumab is approved alone or in combination with MTX for the treatment of active psoriatic arthritis in adult patients when the response to previous non-biological disease-modifying antirheumatic drug therapy has been inadequate.

### Crohn's disease

In November 2016, the European Commission approved ustekinumab for the treatment of adult patients with moderate to severe Crohn's disease who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a TNF-alpha antagonist or have medical contraindications to such therapies.

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

## **Important safety information**

Please refer to the full Summary of Product Characteristics for full prescribing information for ustekinumab: <https://www.medicines.org.uk/emc/product/7638/smpc>.

## **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, Immunology, Infectious Diseases & Vaccines, Neuroscience, Oncology, and Pulmonary Hypertension.

Learn more at [www.janssen.com/UK](http://www.janssen.com/UK). Follow us at [www.twitter.com/JanssenUK](https://www.twitter.com/JanssenUK).

Janssen-Cilag International NV, the marketing authorisation holder for STELARA® in the EU, and Janssen Research & Development, LLC, are part of the Janssen Pharmaceutical Companies of Johnson & Johnson.

### **Cautions Concerning Forward-Looking Statements**

*This press release contains "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995 regarding regulatory approvals and benefits of a new treatment option for STELARA® (usektinumab). 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 materialise, actual results could vary materially from the expectations and projections of Janssen-Cilag International NV, and 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 behaviour 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 30 December, 2018, including in the sections captioned "Cautionary Note Regarding Forward-Looking Statements" and "Item 1A. Risk Factors," and in the company's most recently filed Quarterly Report on Form 10-Q, and the company's subsequent filings with the Securities and Exchange Commission. Copies of these filings are available online at [www.sec.gov](http://www.sec.gov), [www.jnj.com](http://www.jnj.com) or on request from Johnson & Johnson. None of 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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