

# EVIDENCE & VALUE SUMMARY: STELARA® (ustekinumab)

## Moderate to severe Crohn's disease & ulcerative colitis

### STELARA® is a human IL-12/IL-23 antagonist indicated for the treatment of<sup>1</sup>:

Adult and pediatric patients 6 years and older with:

- Moderate to severe plaque PsO who are candidates for phototherapy or systemic therapy
  - Active PsA
- Adult patients with:
- Moderately to severely active CD and UC

- The only FDA-approved biologic for CD and UC that **targets IL-12 and IL-23<sup>1</sup>**

- **1 induction dose and 6 maintenance doses per year<sup>1a</sup>**

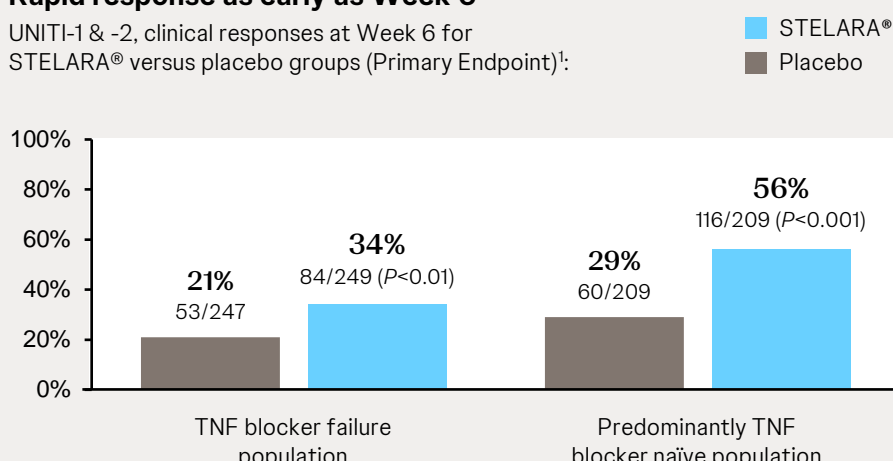
## STELARA® has demonstrated clinical efficacy in CD and UC

### Crohn's disease

UNITI clinical trial program consisted of three phase 3, multicenter, double-blind, placebo-controlled trials in adults with moderately to severely active CD. The program included two induction studies of STELARA® IV (6 mg/kg) (N=741, TNF-blocker failure or intolerant population and N=627, predominantly TNF-blocker naïve population who failed conventional therapy) versus placebo and one maintenance study of STELARA® subQ q8w (90 mg) versus placebo (N=388). The primary endpoint of the induction studies was clinical response at Week 6<sup>b</sup>, and the primary endpoint of the maintenance study was clinical remission one year after induction dose.<sup>1c</sup>

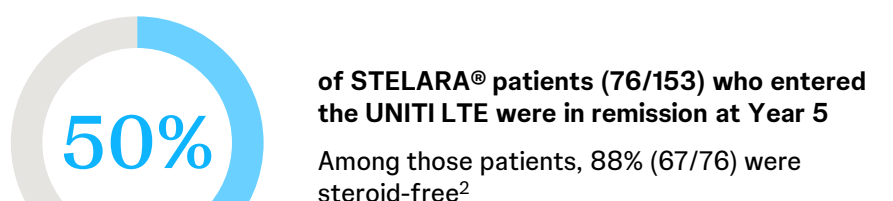
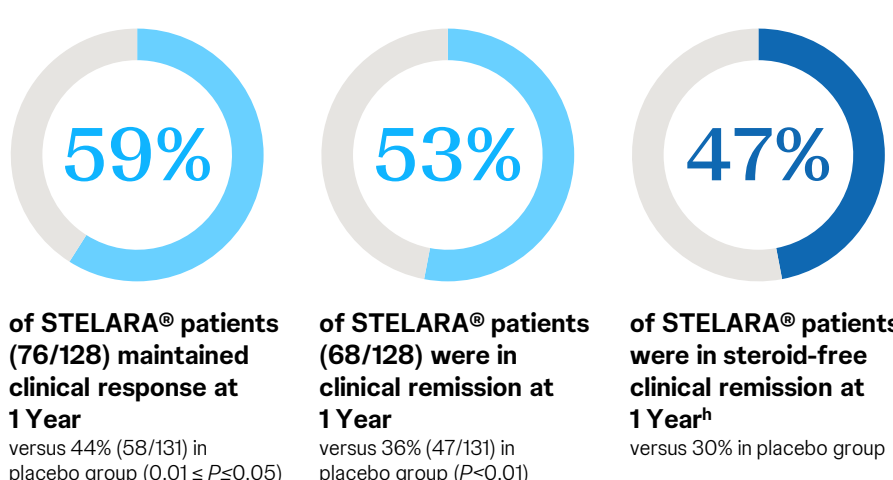
#### Rapid response as early as Week 6

UNITI-1 & -2, clinical responses at Week 6 for STELARA® versus placebo groups (Primary Endpoint)<sup>1</sup>:

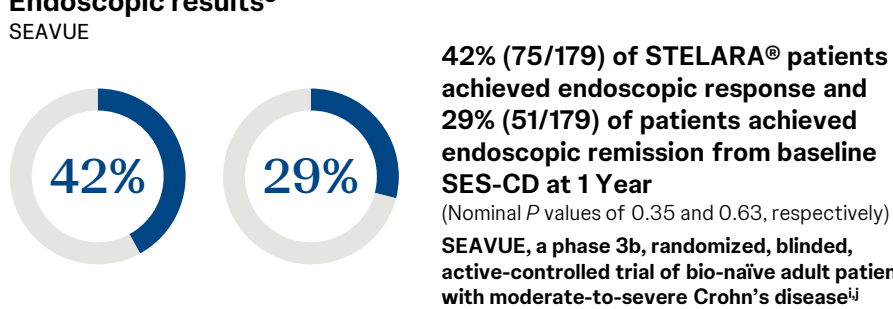


#### Sustained responses at Year 1 and clinical remission at Year 5<sup>1f,g</sup>

UNITI

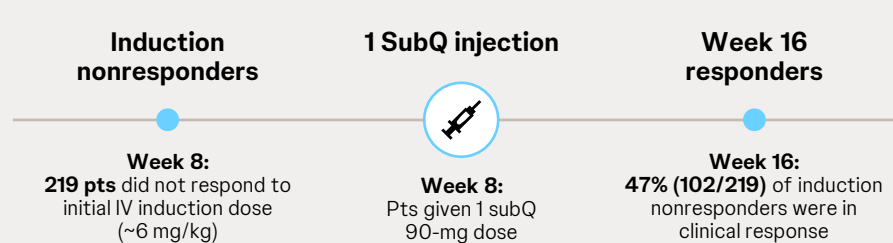


#### Endoscopic results<sup>3</sup>



#### Clinical response among induction non-responders at Week 16

Nearly half of CD patients who did not respond to STELARA® induction achieved response after a single subQ maintenance dose<sup>1</sup>

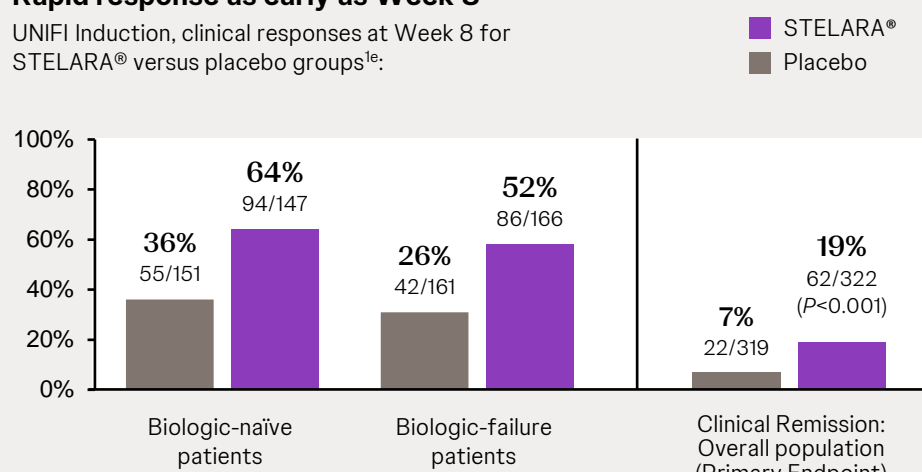


### Ulcerative colitis

UNIFI clinical trial program consisted of two phase 3, multicenter, double-blind, placebo-controlled trials in adults with moderately to severely active UC who had an inadequate response to or failed to tolerate a biologic (i.e., TNF blocker and/or vedolizumab), corticosteroids, and/or 6-MP or AZA therapy. The program included one induction study of STELARA® IV (6 mg/kg) versus placebo (N=961) and one maintenance study of STELARA® subQ q8w (90 mg) versus placebo (N=523). The primary endpoint of the induction study was clinical remission at Week 8, and the primary endpoint of the maintenance study was clinical remission one year after induction dose.<sup>1d</sup>

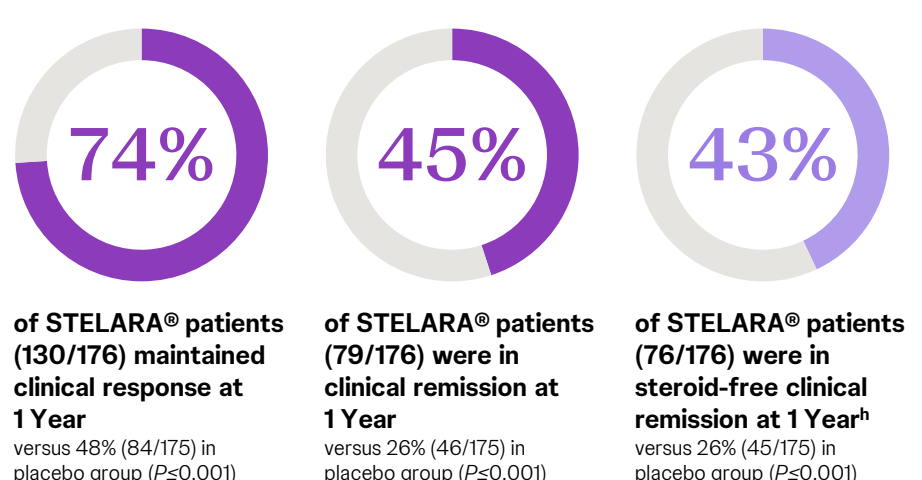
#### Rapid response as early as Week 8

UNIFI Induction, clinical responses at Week 8 for STELARA® versus placebo groups<sup>1e</sup>:

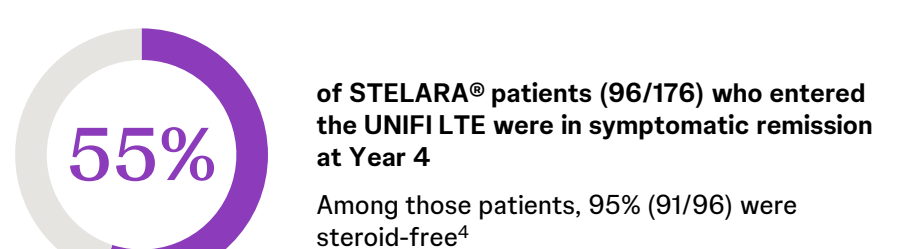


Response rate for overall population, STELARA® vs placebo: 58% (186/322) vs 31% (99/319)<sup>1</sup>

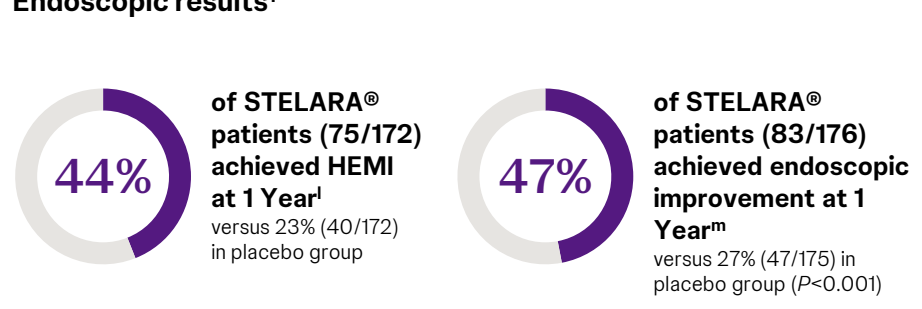
#### Sustained responses at ~Year 1 and symptomatic remission at Year 4<sup>1f</sup>



#### STELARA® demonstrated high clinical response and remission rates at 1 Year regardless of prior biologic exposure (see footnote for clinical data)<sup>1k</sup>

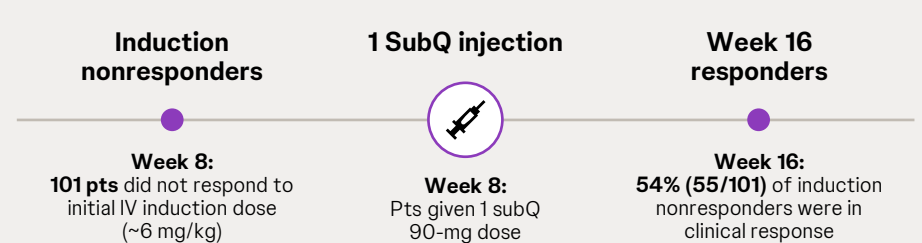


#### Endoscopic results<sup>1</sup>



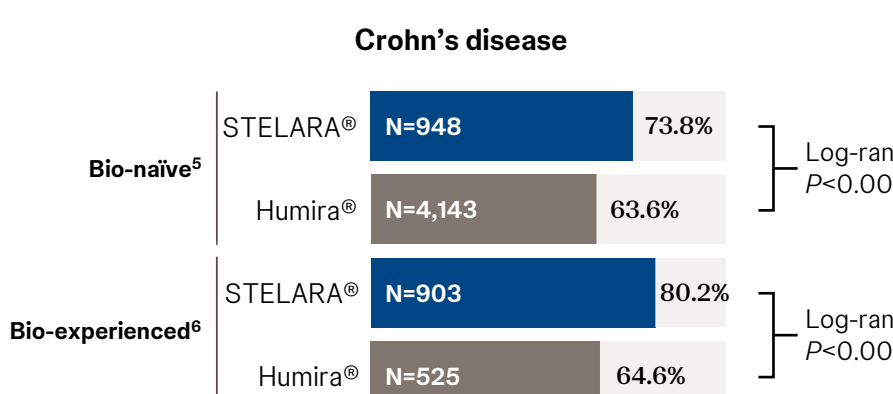
#### Clinical response among induction non-responders at Week 16

More than half of UC patients who did not respond to STELARA® induction achieved response with a single subQ maintenance dose<sup>1</sup>

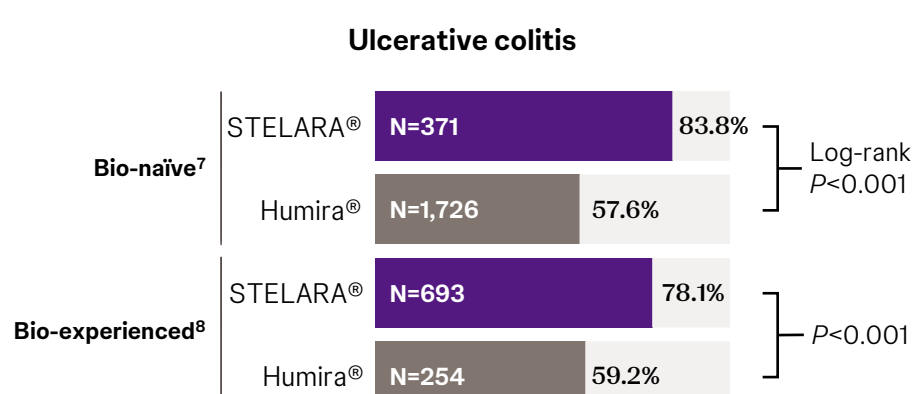


## STELARA® demonstrated higher persistency versus comparator in real-world studies across CD and UC

### STELARA® exhibited higher persistency when compared to Humira® (adalimumab) at 12 months



Based on de-identified health claims data from IQVIA (bio-naïve) and MarketScan (bio-experienced). Not a head-to-head comparison. Results may not be generalizable to patients without health insurance or without commercial health insurance. There may be residual confounding due to unmeasured confounders.



Based on de-identified health claims data from IQVIA Pharmetrics® Plus database. Not a head-to-head comparison. Results may not be generalizable to patients without health insurance or without commercial health insurance. There may be residual confounding due to unmeasured confounders.

## STELARA® has a consistent safety profile through 5 years for CD and 4 years for UC

### Selected safety profile

#### Consistent safety profile across all indications through 1 year, with and low immunogenicity rates (<5%) in CD and UC<sup>1</sup>

Please refer to the full Prescribing Information for a complete listing of all adverse events for all indications, including other serious adverse events.

	AEs in UNITI trials, STELARA® vs PBO <sup>1,9</sup>	AEs in UNIFI trials, STELARA® vs PBO <sup>1,10</sup>	
Week 8	Any AE	66% vs 65%, UNITI-1 56% vs 54%, UNITI-2	51% vs 48%
	Common ARs <sup>n</sup>	Vomiting 4% vs 3%	Nasopharyngitis 7% vs 4%
Week 44	Any AE	82% vs 84%	77% vs 79%
	Common ARs <sup>n</sup>	Nasopharyngitis 11% vs 8%	Nasopharyngitis 24% vs 20%
		Injection site erythema 5% vs 0%	Headache 10% vs 4%
		Vulvovaginal candidiasis/mycotic infection 5% vs 1%	Abdominal pain 7% vs 3%
		Bronchitis 5% vs 3%	Influenza 6% vs 5%
		Pruritus 4% vs 2%	Fever 5% vs 4%
		Urinary tract infection 4% vs 2%	Diarrhea 4% vs 1%
		Sinusitis 3% vs 2%	Sinusitis 4% vs 1%
			Fatigue 4% vs 2%
		Nausea 3% vs 2%	

#### Year 5 in CD and Year 4 in UC

In a pooled analysis of 2,575 patients with CD or UC across 6 phase 2/3 trials, overall rates of adverse events, serious adverse events, infections, and serious infections were not higher in the STELARA® group compared to placebo<sup>11</sup>

- Rates in patient years, placebo versus STELARA® group across IBD:
  - AEs: 482.41 versus 347.47
  - SAEs: 29.39 versus 18.85
  - Infections: 108.64 versus 88.87
  - Serious Infections: 5.52 versus 3.71

### For additional information, please see the full Prescribing Information for STELARA® here.

<sup>a</sup>Weight-based (6 mg/kg) induction IV dose per Prescribing Information; SC 90mg dose 8 weeks following induction dose and every 8 weeks thereafter. <sup>b</sup>Defined as reduction in CDAI score of ≥100 points or CDAI score of 150. <sup>c</sup>Defined as CDAI score of <150. <sup>d</sup>Defined as Mayo stool frequency subscore of 0 or 1, Mayo rectal bleeding subscore of 0, and Mayo endoscopy subscore of 0 or 1 (modified so that 1 does not include friability). <sup>e</sup>Defined as a decrease from baseline in the modified Mayo score by ≥30% and ≥2 points, with either a decrease from baseline in the rectal bleeding subscore ≥1 or a rectal bleeding subscore of 0 or 1. <sup>f</sup>The placebo group consisted of patients who were in response to STELARA® and were randomized to receive placebo at the start of maintenance therapy. <sup>g</sup>The STELARA® group was composed of patients who achieved clinical response to STELARA® at the end of the induction study. <sup>h</sup>Steroid-free remission was defined as patients in clinical remission and not receiving corticosteroids. <sup>i</sup>Endoscopic response defined as ≥50% reduction in SES-CD score from baseline or SES-CD score of 3 or 0 in patients with a baseline SES-CD score of 3, 12. <sup>j</sup>Endoscopic remission defined as SES-CD ≤3, or SES-CD =0 for patients with baseline SES-CD 3. <sup>k</sup>Maintenance of clinical response at 1 year, STELARA® versus placebo, prior biologic failure patients: 70% (64/91) versus 40% (35/88); biologic-naïve patients: 78% (62/79) versus 58% (49/84). Clinical remission at 1 year, STELARA® versus placebo, prior biologic failure patients: 41% (37/91) versus 18% (16/88); biologic-naïve patients: 49% (39/79) versus 36% (30/84). <sup>l</sup>Defined as neutrophil infiltration in <5% of crypts, no crypt destruction, and no erosions, ulcerations, or granulation tissue. <sup>m</sup>Defined as Mayo endoscopy subscore of 0 or 1. <sup>n</sup>Occurring in ≥3% of STELARA®-treated subjects and higher than placebo.

6-MP, 6-mercaptopurine; AE, adverse event; AZA, azathioprine; CD, Crohn's Disease; CDAI, Crohn's Disease Activity Index; HEMI, histo-endoscopic mucosal improvement; IBD, inflammatory bowel disease; IL-12, interleukin-12; IL-23, interleukin-23; IV, intravenous; LTE, long-term extension; PBO, placebo; PPPY, per-patient-per-year; PsA, psoriatic arthritis; PsO, psoriasis; pts, patients; q8w, every 8 weeks; SES-CD, Simple Endoscopic Score for Crohn's Disease; subQ, subcutaneous; TNF, tumor necrosis factor; UC, ulcerative colitis; WW, week.

1. STELARA® [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc. 2. Sandborn WJ, et al. *Clin Gastroenterol Hepatol*. 2022;20:578-590. 3. Sands B, et al. *Lancet*. 2022;399:2200-2211.4. Afif W, et al. *Am J Gastroenterol*. 2023; ePub. 5. Pilon D, et al. Poster presented at ACG 2021; October 22-27, 2021; Las Vegas, NV. 6. Zhdanava M, et al. Poster presented at Digestive Disease Week 2022; May 21-24, 2022; San Diego, CA. 7. Zhdanava M, et al. Poster presented at ACG 2023; October 23-25, 2023; Vancouver, CAN. 8. Zhdanava M, et al. Poster presented at Crohn's & Colitis Congress 2024; January 25-27, 2022; Las Vegas, NV. 9. Feagan B, et al. *NEJM*. 2016; 375:1946-1960. 10. Sands B, et al. *NEJM*. 2019; 381(13):1201-1214. 11. Ghosh S, et al. *Journal of Crohn's & Colitis*. 2024; ePub.12. Sands B, et al. *Lancet*. 2022; 399: Supplement.

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