	N	%	N	%	
Clinical Remission*	**22**	**7%**	**62**	**19%**	12% (7%, 18%) [b]
Bio-naïve[ɻ]	14/151	9%	36/147	24%	
Prior biologic failure	7/161	4%	24/166	14%	
Endoscopic Improvement[§]	**40**	**13%**	**80**	**25%**	12% (6%, 19%) [b]
Bio-naïve[ɻ]	28/151	19%	43/147	29%	
Prior biologic failure	11/161	7%	34/166	20%	
Clinical Response[†]	**99**	**31%**	**186**	**58%**	27% (18%, 35%) [b]
Bio-naïve[ɻ]	55/151	36%	94/147	64%	
Prior biologic failure	42/161	26%	86/166	52%	
Histologic-Endoscopic Mucosal Improvement[‡]	**26**	**8%**	**54**	**17%**	9% (3%, 14%) [b]
Bio-naïve[ɻ]	19/151	13%	30/147	20%	
Prior biologic failure	6/161	4%	21/166	13%	

† Infusion dose of STELARA® using the weight-based dosage regimen specified in Table 4.

ɻ An additional 7 patients on placebo and 9 patients on STELARA® (6 mg/kg) had been exposed to, but had not failed, biologics.

* Clinical remission was 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).

§ Endoscopic improvement was defined as Mayo endoscopy subscore of 0 or 1 (modified so that 1 does not include friability).

† Clinical response was 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.

‡ Histologic-endoscopic mucosal improvement was defined as combined endoscopic improvement (Mayo endoscopy subscore of 0 or 1) and histologic improvement of the colon tissue (neutrophil infiltration in <5% of crypts, no crypt destruction, and no erosions, ulcerations, or granulation tissue).

a Adjusted treatment difference (97.5% CI)

b $p < 0.001$

The relationship of histologic-endoscopic mucosal improvement, as defined in UC-1, at Week 8 to disease progression and long-term outcomes was not evaluated during UC-1.

Rectal Bleeding and Stool Frequency Subscores

Decreases in rectal bleeding and stool frequency subscores were observed as early as Week 2 in STELARA®-treated patients.

Trial UC-2

The maintenance trial (UC-2) evaluated 523 patients who achieved clinical response 8 weeks following the intravenous administration of either induction dose of STELARA® in UC-1. These patients were randomized to receive a subcutaneous maintenance regimen of either 90 mg STELARA® every 8 weeks, or every 12 weeks (a lower dose than recommended), or placebo for 44 weeks.

The primary endpoint was the proportion of patients in clinical remission at Week 44. The secondary endpoints included the proportion of patients maintaining clinical response at Week 44, the proportion of patients with endoscopic improvement at Week 44, the proportion of patients with corticosteroid-free clinical remission at Week 44, and the proportion of patients maintaining clinical remission at Week 44 among patients who achieved clinical remission 8 weeks after induction.

Results of the primary and secondary endpoints at Week 44 in patients treated with STELARA® at the recommended dosage (90 mg every 8 weeks) compared to the placebo are shown in Table 16.

Table 16: Efficacy Endpoints of Maintenance at Week 44 in UC-2 (52 Weeks from Initiation of the Induction Dose)

Endpoint	**Placebo*** N = 175†		**90 mg STELARA® every 8 weeks** N = 176		**Treatment difference and 95% CI**
	N	**%**	**N**	**%**	
Clinical Remission**	**46**	**26%**	**79**	**45%**	19% (9%, 28%) [a]
Bio-naïve‡	30/84	36%	39/79	49%	
Prior biologic failure	16/88	18%	37/91	41%	
Maintenance of Clinical Response at Week 44†	**84**	**48%**	**130**	**74%**	26% (16%, 36%) [a]
Bio-naïve‡	49/84	58%	62/79	78%	
Prior biologic failure	35/88	40%	64/91	70%	
Endoscopic Improvement§	**47**	**27%**	**83**	**47%**	20% (11%, 30%) [a]
Bio-naïve‡	29/84	35%	42/79	53%	
Prior biologic failure	18/88	20%	38/91	42%	
Corticosteroid-free Clinical Remission‡	**45**	**26%**	**76**	**43%**	17% (8%, 27%) [a]
Bio-naïve‡	30/84	36%	38/79	48%	
Prior biologic failure	15/88	17%	35/91	38%	
Maintenance of Clinical Remission at Week 44 in patients who achieved clinical remission 8 weeks after induction	**18/50**	**36%**	**27/41**	**66%**	31% (12%, 50%) [b]
Bio-naïve‡	12/27	44%	14/20	70%	
Prior biologic failure	6/23	26%	12/18	67%	

‡ An additional 3 patients on placebo and 6 patients on STELARA® had been exposed to, but had not failed, biologics.

* The placebo group consisted of patients who were in response to STELARA® and were randomized to receive placebo at the start of maintenance therapy.

** Clinical remission was 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).

† Clinical response was 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.

§ Endoscopic improvement was defined as Mayo endoscopy subscore of 0 or 1 (modified so that 1 does not include friability).

‡ Corticosteroid-free clinical remission was defined as patients in clinical remission and not receiving corticosteroids at Week 44.

[a] p =<0.001

[b] p=0.004

Other Endpoints

Week 16 Responders to Ustekinumab Induction

Patients who were not in clinical response 8 weeks after induction with STELARA® in UC-1 were not included in the primary efficacy analyses for trial UC-2; however, these patients were eligible to receive a 90 mg subcutaneous injection of STELARA® at Week 8. Of these patients, 55/101

(54%) achieved clinical response eight weeks later (Week 16) and received STELARA® 90 mg subcutaneously every 8 weeks during the UC-2 trial. At Week 44, there were 97/157 (62%) patients who maintained clinical response and there were 51/157 (32%) who achieved clinical remission.

Histologic-Endoscopic Mucosal Improvement at Week 44

The proportion of patients achieving histologic-endoscopic mucosal improvement during maintenance treatment in UC-2 was 75/172 (44%) among patients on STELARA® and 40/172 (23%) in patients on placebo at Week 44. The relationship of histologic-endoscopic mucosal improvement, as defined in UC-2, at Week 44 to progression of disease or long-term outcomes was not evaluated in UC-2.

Endoscopic Normalization

Normalization of endoscopic appearance of the mucosa was defined as a Mayo endoscopic subscore of 0. At Week 8 in UC-1, endoscopic normalization was achieved in 25/322 (8%) of patients treated with STELARA® and 12/319 (4%) of patients in the placebo group. At Week 44 of UC-2, endoscopic normalization was achieved in 51/176 (29%) of patients treated with STELARA® and in 32/175 (18%) of patients in placebo group.

15 REFERENCES

[1] Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Incidence - SEER 6.6.2 Regs Research Data, Nov 2009 Sub (1973-2007) - Linked To County Attributes - Total U.S., 1969-2007 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released April 2010, based on the November 2009 submission.

16 HOW SUPPLIED/STORAGE AND HANDLING

STELARA® (ustekinumab) injection is a sterile, preservative-free, colorless to light yellow solution and may contain a few small translucent or white particles. It is supplied as individually packaged, single-dose prefilled syringes or single--dose vials.

For Subcutaneous Use

Prefilled Syringes

- 45 mg/0.5 mL (NDC 57894-060-03)
- 90 mg/mL (NDC 57894-061-03)

Each prefilled syringe is equipped with a 27-gauge fixed ½ inch needle, a needle safety guard, and a needle cover that contains dry natural rubber.

Single-dose Vial

- 45 mg/0.5 mL (NDC 57894-060-02)