

ANNEX I
SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

STELARA 130 mg concentrate for solution for infusion

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each vial contains 130 mg ustekinumab in 26 mL (5 mg/mL).

Ustekinumab is a fully human IgG1 κ monoclonal antibody to interleukin (IL)-12/23 produced in a murine myeloma cell line using recombinant DNA technology.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Concentrate for solution for infusion.

The solution is clear, colourless to light yellow.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Crohn's Disease

STELARA is indicated for the treatment of adult patients with moderately to severely active Crohn's disease 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.

4.2 Posology and method of administration

STELARA concentrate for solution for infusion is intended for use under the guidance and supervision of physicians experienced in the diagnosis and treatment of Crohn's disease. STELARA concentrate for solution for infusion should only be used for the intravenous induction dose.

Posology

Crohn's Disease

STELARA treatment is to be initiated with a single intravenous dose based on body weight. The infusion solution is to be composed of the number of vials of STELARA 130 mg as specified in Table 1 (see section 6.6 for preparation).

Table 1 Initial intravenous dosing of STELARA

Body weight of patient at the time of dosing	Recommended dose ^a	Number of 130 mg STELARA Vials
≤ 55 kg	260 mg	2
> 55 kg to ≤ 85 kg	390 mg	3
> 85 kg	520 mg	4

^a Approximately 6 mg/kg

The first subcutaneous dose should be given at week 8 following the intravenous dose. For the posology of the subsequent subcutaneous dosing regimen, see section 4.2 of the STELARA solution for injection (vial) and solution for injection in pre-filled syringe SmPC.

Elderly (≥ 65 years)

No dose adjustment is needed for elderly patients (see section 4.4).

Renal and hepatic impairment

STELARA has not been studied in these patient populations. No dose recommendations can be made.

Paediatric population

The safety and efficacy of STELARA for the treatment of Crohn's disease in children less than 18 years have not yet been established. No data are available.

Method of administration

STELARA 130 mg is for intravenous use only. It should be administered over at least one hour. For instructions on dilution of the medicinal product before administration, see section 6.6.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

Clinically important, active infection (e.g. active tuberculosis; see section 4.4).

4.4 Special warnings and precautions for use

Infections

Ustekinumab may have the potential to increase the risk of infections and reactivate latent infections. In clinical studies, serious bacterial, fungal, and viral infections have been observed in patients receiving STELARA (see section 4.8).

Caution should be exercised when considering the use of STELARA in patients with a chronic infection or a history of recurrent infection (see section 4.3).

Prior to initiating treatment with STELARA, patients should be evaluated for tuberculosis infection. STELARA must not be given to patients with active tuberculosis (see section 4.3). Treatment of latent tuberculosis infection should be initiated prior to administering STELARA. Anti-tuberculosis therapy should also be considered prior to initiation of STELARA in patients with a history of latent or active tuberculosis in whom an adequate course of treatment cannot be confirmed. Patients receiving STELARA should be monitored closely for signs and symptoms of active tuberculosis during and after treatment.

Patients should be instructed to seek medical advice if signs or symptoms suggestive of an infection occur. If a patient develops a serious infection, the patient should be closely monitored and STELARA should not be administered until the infection resolves.

Malignancies

Immunosuppressants like ustekinumab have the potential to increase the risk of malignancy. Some patients who received STELARA in clinical studies developed cutaneous and non-cutaneous malignancies (see section 4.8).

No studies have been conducted that include patients with a history of malignancy or that continue treatment in patients who develop malignancy while receiving STELARA. Thus, caution should be exercised when considering the use of STELARA in these patients.

All patients, in particular those greater than 60 years of age, patients with a medical history of prolonged immunosuppressant therapy or those with a history of PUVA treatment, should be monitored for the appearance of non-melanoma skin cancer (see section 4.8).

Hypersensitivity reactions

Serious hypersensitivity reactions have been reported in the postmarketing setting, in some cases

several days after treatment. Anaphylaxis and angioedema have occurred. If an anaphylactic or other serious hypersensitivity reaction occurs, appropriate therapy should be instituted and administration of STELARA should be discontinued (see section 4.8).

Vaccinations

It is recommended that live viral or live bacterial vaccines (such as Bacillus of Calmette and Guérin (BCG)) should not be given concurrently with STELARA. Specific studies have not been conducted in patients who had recently received live viral or live bacterial vaccines. No data are available on the secondary transmission of infection by live vaccines in patients receiving STELARA. Before live viral or live bacterial vaccination, treatment with STELARA should be withheld for at least 15 weeks after the last dose and can be resumed at least 2 weeks after vaccination. Prescribers should consult the Summary of Product Characteristics for the specific vaccine for additional information and guidance on concomitant use of immunosuppressive agents post-vaccination.

Patients receiving STELARA may receive concurrent inactivated or non-live vaccinations.

Long term treatment with STELARA does not suppress the humoral immune response to pneumococcal polysaccharide or tetanus vaccines (see section 5.1).

Concomitant immunosuppressive therapy

In psoriasis studies, the safety and efficacy of STELARA in combination with immunosuppressants, including biologics, or phototherapy have not been evaluated. In psoriatic arthritis studies, concomitant MTX use did not appear to influence the safety or efficacy of STELARA. In Crohn's disease studies, concomitant use of immunosuppressants or corticosteroids did not appear to influence the safety or efficacy of STELARA. Caution should be exercised when considering concomitant use of other immunosuppressants and STELARA or when transitioning from other immunosuppressive biologics (see section 4.5).

Immunotherapy

STELARA has not been evaluated in patients who have undergone allergy immunotherapy. It is not known whether STELARA may affect allergy immunotherapy.

Serious skin conditions

In patients with psoriasis, exfoliative dermatitis has been reported following ustekinumab treatment (see section 4.8). Patients with plaque psoriasis may develop erythrodermic psoriasis, with symptoms that may be clinically indistinguishable from exfoliative dermatitis, as part of the natural course of their disease. As part of the monitoring of the patient's psoriasis, physicians should be alert for symptoms of erythrodermic psoriasis or exfoliative dermatitis. If these symptoms occur, appropriate therapy should be instituted. STELARA should be discontinued if a drug reaction is suspected.

Special populations

Elderly (≥ 65 years)

No overall differences in efficacy or safety in patients age 65 and older who received STELARA were observed compared to younger patients, however the number of patients aged 65 and older is not sufficient to determine whether they respond differently from younger patients. Because there is a higher incidence of infections in the elderly population in general, caution should be used in treating the elderly.

4.5 Interaction with other medicinal products and other forms of interaction

Live vaccines should not be given concurrently with STELARA (see section 4.4).

No interaction studies have been performed in humans. In the population pharmacokinetic analyses of the phase III studies, the effect of the most frequently used concomitant medicinal products in patients with psoriasis (including paracetamol, ibuprofen, acetylsalicylic acid, metformin, atorvastatin, levothyroxine) on pharmacokinetics of ustekinumab was explored. There were no indications of an interaction with these concomitantly administered medicinal products. The basis for this analysis was

that at least 100 patients (> 5% of the studied population) were treated concomitantly with these medicinal products for at least 90% of the study period. The pharmacokinetics of ustekinumab was not impacted by concomitant use of MTX, NSAIDs, 6-mercaptopurine, azathioprine and oral corticosteroids, or prior exposure to anti-TNF α agents, in patients with psoriatic arthritis or Crohn's disease.

The results of an *in vitro* study do not suggest the need for dose adjustments in patients who are receiving concomitant CYP450 substrates (see section 5.2).

In psoriasis studies, the safety and efficacy of STELARA in combination with immunosuppressants, including biologics, or phototherapy have not been evaluated. In psoriatic arthritis studies, concomitant MTX use did not appear to influence the safety or efficacy of STELARA. In Crohn's disease studies, concomitant use of immunosuppressants or corticosteroids did not appear to influence the safety or efficacy of STELARA. (see section 4.4).

4.6 Fertility, pregnancy and lactation

Women of childbearing potential

Women of childbearing potential should use effective methods of contraception during treatment and for at least 15 weeks after treatment.

Pregnancy

There are no adequate data from the use of ustekinumab in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonic/foetal development, parturition or postnatal development (see section 5.3). As a precautionary measure, it is preferable to avoid the use of STELARA in pregnancy.

Breast-feeding

It is unknown whether ustekinumab is excreted in human breast milk. Animal studies have shown excretion of ustekinumab at low levels in breast milk. It is not known if ustekinumab is absorbed systemically after ingestion. Because of the potential for adverse reactions in nursing infants from ustekinumab, a decision on whether to discontinue breast-feeding during treatment and up to 15 weeks after treatment or to discontinue therapy with STELARA must be made taking into account the benefit of breast-feeding to the child and the benefit of STELARA therapy to the woman.

Fertility

The effect of ustekinumab on human fertility has not been evaluated (see section 5.3).

4.7 Effects on ability to drive and use machines

Stelara has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

The most common adverse reactions (> 5%) in controlled periods of the adult psoriasis, psoriatic arthritis and Crohn's disease clinical studies with ustekinumab were nasopharyngitis and headache. Most were considered to be mild and did not necessitate discontinuation of study treatment. The most serious adverse reaction that has been reported for STELARA is serious hypersensitivity reactions including anaphylaxis (see section 4.4). The overall safety profile was similar for patients with psoriasis, psoriatic arthritis and Crohn's disease.

Tabulated list of adverse reactions

The safety data described below reflect exposure in adults to ustekinumab in 12 phase 2 and phase 3 studies in 5,884 patients (4,135 with psoriasis and/or psoriatic arthritis and 1,749 with Crohn's disease). This includes exposure to STELARA in the controlled and non-controlled periods of the clinical studies for at least 6 months or 1 year (4,105 and 2,846 patients respectively with psoriasis,

psoriatic arthritis or Crohn's disease) and exposure for at least 4 or 5 years (1,482 and 838 patients with psoriasis respectively).

Table 2 provides a list of adverse reactions from adult psoriasis, psoriatic arthritis and Crohn's disease clinical studies as well as adverse reactions reported from post-marketing experience. The adverse reactions are classified by System Organ Class and frequency, using the following convention: Very common ($\geq 1/10$), Common ($\geq 1/100$ to $< 1/10$), Uncommon ($\geq 1/1,000$ to $< 1/100$), Rare ($\geq 1/10,000$ to $< 1/1,000$), Very rare ($< 1/10,000$), not known (cannot be estimated from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.

Table 2 List of adverse reactions

System Organ Class	Frequency: Adverse reaction
Infections and infestations	Common: Upper respiratory tract infection, nasopharyngitis Uncommon: Cellulitis, dental infections, herpes zoster, viral upper respiratory tract infection, vulvovaginal mycotic infection
Immune system disorders	Uncommon: Hypersensitivity reactions (including rash, urticaria) Rare: Serious hypersensitivity reactions (including anaphylaxis, angioedema)
Psychiatric disorders	Uncommon: Depression
Nervous system disorders	Common: Dizziness, headache Uncommon: Facial palsy
Respiratory, thoracic and mediastinal disorders	Common: Oropharyngeal pain Uncommon: Nasal congestion
Gastrointestinal disorders	Common: Diarrhoea, nausea, vomiting
Skin and subcutaneous tissue disorders	Common: Pruritus Uncommon: Pustular psoriasis, skin exfoliation, acne Rare: Exfoliative dermatitis
Musculoskeletal and connective tissue disorders	Common: Back pain, myalgia, arthralgia
General disorders and administration site conditions	Common: Fatigue, injection site erythema, injection site pain Uncommon: Injection site reactions (including haemorrhage, haematoma, induration, swelling and pruritus), asthenia

Description of selected adverse reactions

Infections

In the placebo-controlled studies of patients with psoriasis, psoriatic arthritis and Crohn's disease, the rates of infection or serious infection were similar between ustekinumab-treated patients and those treated with placebo. In the placebo-controlled period of clinical studies of patients with psoriasis, patients with psoriatic arthritis and patients with Crohn's disease, the rate of infection was 1.38 per patient-year of follow-up in ustekinumab-treated patients, and 1.35 in placebo-treated patients. Serious infections occurred at the rate of 0.03 per patient-year of follow-up in ustekinumab-treated patients (27 serious infections in 829 patient-years of follow-up) and 0.03 in placebo-treated patients (11 serious infections in 385 patient-years of follow-up) (see section 4.4).

In the controlled and non-controlled periods of psoriasis, psoriatic arthritis and Crohn's disease clinical studies, representing 10,953 patient-years of exposure in 5,884 patients, the median follow up was 0.99 years; 3.2 years for psoriasis studies, 1.0 year for psoriatic arthritis studies and 0.6 year for Crohn's disease studies. The rate of infection was 0.91 per patient-year of follow-up in

ustekinumab-treated patients, and the rate of serious infections was 0.02 per patient-year of follow-up in ustekinumab-treated patients (178 serious infections in 10,953 patient-years of follow-up) and serious infections reported included anal abscess, cellulitis, pneumonia, diverticulitis, gastroenteritis and viral infections.

In clinical studies, patients with latent tuberculosis who were concurrently treated with isoniazid did not develop tuberculosis.

Malignancies

In the placebo-controlled period of the psoriasis, psoriatic arthritis and Crohn's disease clinical studies, the incidence of malignancies excluding non-melanoma skin cancer was 0.12 per 100 patient-years of follow-up for ustekinumab-treated patients (1 patient in 829 patient-years of follow-up) compared with 0.26 for placebo-treated patients (1 patient in 385 patient-years of follow-up). The incidence of non-melanoma skin cancer was 0.48 per 100 patient-years of follow-up for ustekinumab-treated patients (4 patients in 829 patient-years of follow-up) compared to 0.52 for placebo-treated patients (2 patients in 385 patient-years of follow-up).

In the controlled and non-controlled periods of psoriasis, psoriatic arthritis and Crohn's disease clinical studies, representing 10,935 patient-years of exposure in 5,884 patients, the median follow-up was 1.0 years; 3.2 years for psoriasis studies, 1.0 year for psoriatic arthritis studies and 0.6 year for Crohn's disease studies. Malignancies excluding non-melanoma skin cancers were reported in 58 patients in 10,935 patient-years of follow-up (incidence of 0.53 per 100 patient-years of follow-up for ustekinumab-treated patients). The incidence of malignancies reported in ustekinumab-treated patients was comparable to the incidence expected in the general population (standardised incidence ratio = 0.87 [95% confidence interval: 0.66, 1.14], adjusted for age, gender and race). The most frequently observed malignancies, other than non-melanoma skin cancer, were prostate, melanoma, colorectal and breast cancers. The incidence of non-melanoma skin cancer was 0.49 per 100 patient-years of follow-up for ustekinumab-treated patients (53 patients in 10,919 patient-years of follow-up). The ratio of patients with basal versus squamous cell skin cancers (4:1) is comparable with the ratio expected in the general population (see section 4.4).

Hypersensitivity and infusion reactions

In Crohn's disease induction studies, no events of anaphylaxis or other serious infusion reactions were reported following the single intravenous dose. In these studies, 2.4% of 466 placebo treated patients and 2.6% of 470 patients treated with the recommended dose of ustekinumab reported adverse events occurring during or within an hour of the infusion.

Immunogenicity

In psoriasis and psoriatic arthritis clinical studies less than 8% of ustekinumab-treated patients developed antibodies to ustekinumab. In Crohn's disease clinical studies, less than 3% of patients treated with ustekinumab developed antibodies to ustekinumab. No apparent association between the development of antibodies to ustekinumab and the development of injection site reactions was observed. The majority of patients who were positive for antibodies to ustekinumab had neutralizing antibodies. Efficacy tended to be lower in patients positive for antibodies to ustekinumab; however, antibody positivity did not preclude a clinical response.

Paediatric population

Undesirable effects in paediatric patients 12 years and older with plaque psoriasis
The safety of ustekinumab has been studied in a phase 3 study of 110 patients from 12 to 17 years of age for up to 60 weeks. In this study, the adverse events reported were similar to those seen in previous studies in adults with plaque psoriasis.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via **the national reporting system listed in [Appendix V](#)**.

4.9 Overdose

Single doses up to 6 mg/kg have been administered intravenously in clinical studies without dose-limiting toxicity. In case of overdose, it is recommended that the patient be monitored for any signs or symptoms of adverse reactions and appropriate symptomatic treatment be instituted immediately.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Immunosuppressants, interleukin inhibitors, ATC code: L04AC05.

Mechanism of action

Ustekinumab is a fully human IgG1 κ monoclonal antibody that binds with specificity to the shared p40 protein subunit of human cytokines interleukin (IL)-12 and IL-23. Ustekinumab inhibits the bioactivity of human IL-12 and IL-23 by preventing p40 from binding to the IL-12R β 1 receptor protein expressed on the surface of immune cells. Ustekinumab cannot bind to IL-12 or IL-23 that is already bound to IL-12R β 1 cell surface receptors. Thus, ustekinumab is not likely to contribute to complement- or antibody-mediated cytotoxicity of cells with IL-12 and/or IL-23 receptors. IL-12 and IL-23 are heterodimeric cytokines secreted by activated antigen presenting cells, such as macrophages and dendritic cells, and both cytokines participate in immune functions; IL-12 stimulates natural killer (NK) cells and drives the differentiation of CD4+ T cells toward the T helper 1 (Th1) phenotype, IL-23 induces the T helper 17 (Th17) pathway. However, abnormal regulation of IL 12 and IL 23 has been associated with immune mediated diseases, such as psoriasis, psoriatic arthritis and Crohn's disease.

By binding the shared p40 subunit of IL-12 and IL-23, ustekinumab may exert its clinical effects in psoriasis, psoriatic arthritis and Crohn's disease through interruption of the Th1 and Th17 cytokine pathways, which are central to the pathology of these diseases.

In patients with Crohn's disease, treatment with ustekinumab resulted in a decrease in inflammatory markers including C-Reactive Protein (CRP) and fecal calprotectin during the induction phase, which were then maintained throughout the maintenance phase.

Immunisation

During the long term extension of Psoriasis Study 2 (PHOENIX 2), adult patients treated with STELARA for at least 3.5 years mounted similar antibody responses to both pneumococcal polysaccharide and tetanus vaccines as a non-systemically treated psoriasis control group. Similar proportions of adult patients developed protective levels of anti-pneumococcal and anti-tetanus antibodies and antibody titers were similar among STELARA-treated and control patients.

Clinical efficacy

Crohn's Disease

The safety and efficacy of ustekinumab was assessed in three randomized, double-blind, placebo-controlled, multicenter studies in adult patients with moderately to severely active Crohn's disease (Crohn's Disease Activity Index [CDAI] score of ≥ 220 and ≤ 450). The clinical development program consisted of two 8-week intravenous induction studies (UNITI-1 and UNITI-2) followed by a 44 week subcutaneous randomized withdrawal maintenance study (IM-UNITI) representing 52 weeks of therapy.

The induction studies included 1409 (UNITI-1, n = 769; UNITI-2 n = 640) patients. The primary endpoint for both induction studies was the proportion of subjects in clinical response (defined as a reduction in CDAI score of ≥ 100 points) at week 6. Efficacy data were collected and analyzed

through week 8 for both studies. Concomitant doses of oral corticosteroids, immunomodulators, aminosalicylates and antibiotics were permitted and 75% of patients continued to receive at least one of these medications. In both studies, patients were randomised to receive a single intravenous administration of either the recommended tiered dose of approximately 6 mg/kg (see Table 1, section 4.2), a fixed dose of 130 mg ustekinumab, or placebo at week 0.

Patients in UNITI-1 had failed or were intolerant to prior anti-TNF α therapy. Approximately 48% of the patients had failed 1 prior anti-TNF α therapy and 52% had failed 2 or 3 prior anti-TNF α therapies. In this study, 29.1% of the patients had an inadequate initial response (primary non-responders), 69.4% responded but lost response (secondary non-responders), and 36.4% were intolerant to anti-TNF α therapies.

Patients in UNITI-2 had failed at least one conventional therapy, including corticosteroids or immunomodulators, and were either anti-TNF- α naïve (68.6%) or had previously received but not failed anti-TNF α therapy (31.4%).

In both UNITI-1 and UNITI-2, a significantly greater proportion of patients were in clinical response and remission in the ustekinumab treated group compared to placebo (Table 3). Clinical response and remission were significant as early as week 3 in ustekinumab treated patients and continued to improve through week 8. In these induction studies, efficacy was higher and better sustained in the tiered dose group compared to the 130 mg dose group, and tiered dosing is therefore the recommended intravenous induction dose.

Table 3: Induction of Clinical Response and Remission in UNITI-1 and UNITI 2

	UNITI-1*		UNITI-2**	
	Placebo N = 247	Recommended dose of ustekinumab N = 249	Placebo N = 209	Recommended dose of ustekinumab N = 209
Clinical Remission, week 8	18 (7.3%)	52 (20.9%) ^a	41 (19.6%)	84 (40.2%) ^a
Clinical Response (100 point), week 6	53 (21.5%)	84 (33.7%) ^b	60 (28.7%)	116 (55.5%) ^a
Clinical Response (100 point), week 8	50 (20.2%)	94 (37.8%) ^a	67 (32.1%)	121 (57.9%) ^a
70 Point Response, week 3	67 (27.1%)	101 (40.6%) ^b	66 (31.6%)	106 (50.7%) ^a
70 Point Response, week 6	75 (30.4%)	109 (43.8%) ^b	81 (38.8%)	135 (64.6%) ^a

Clinical remission is defined as CDAI score < 150; Clinical response is defined as reduction in CDAI score by at least 100 points or being in clinical remission

70 point response is defined as reduction in CDAI score by at least 70 points

* Anti-TNF α failures

** Conventional therapy failures

^a p < 0.001

^b p < 0.01

The maintenance study (IM-UNITI), evaluated 388 patients who achieved 100 point clinical response at week 8 of induction with ustekinumab in studies UNITI-1 and UNITI-2. Patients were randomized to receive a subcutaneous maintenance regimen of either 90 mg ustekinumab every 8 weeks, 90 mg ustekinumab every 12 weeks or placebo for 44 weeks (for recommended maintenance posology, see section 4.2 of the STELARA Solution for injection (vial) and Solution for injection in pre filled syringe SmPC).

Significantly higher proportions of patients maintained clinical remission and response in the ustekinumab treated groups compared to the placebo group at week 44 (see Table 4).

Table 4: Maintenance of Clinical Response and Remission in IM-UNITI (week 44; 52 weeks from initiation of the induction dose)

	Placebo*	90 mg ustekinumab every 8 weeks	90 mg ustekinumab every 12 weeks
	N = 131 [†]	N = 128 [†]	N = 129 [†]
Clinical Remission	36%	53% ^a	49% ^b
Clinical Response	44%	59% ^b	58% ^b
Corticosteroid-Free Clinical Remission	30%	47% ^a	43% ^c
Clinical Remission in patients:			
in remission at the start of maintenance therapy	46% (36/79)	67% (52/78) ^a	56% (44/78)
who entered from study CRD3002 [‡]	44% (31/70)	63% (45/72) ^c	57% (41/72)
who are Anti-TNF α naïve	49% (25/51)	65% (34/52) ^c	57% (30/53)
who entered from study CRD3001 [§]	26% (16/61)	41% (23/56)	39% (22/57)

Clinical remission is defined as CDAI score < 150; Clinical response is defined as reduction in CDAI of at least 100 points or being in clinical remission

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

[†] Patients who were in 100 point clinical response to ustekinumab at start of maintenance therapy

[‡] Patients who failed conventional therapy but not anti-TNF α therapy

[§] Patients who are anti-TNF α refractory/intolerant

^a p < 0.01

^b p < 0.05

^c nominally significant (p < 0.05)

In IM-UNITI, 29 of 129 patients did not maintain response to ustekinumab when treated every 12 weeks and were allowed to dose adjust to receive ustekinumab every 8 weeks. Loss of response was defined as a CDAI score \geq 220 points and a \geq 100 point increase from the CDAI score at baseline. In these patients, clinical remission was achieved in 41.4% of patients 16 weeks after dose adjustment.

Patients who were not in clinical response to ustekinumab induction at week 8 of the UNITI-1 and UNITI-2 induction studies (476 patients) entered into the non-randomized portion of the maintenance study (IM-UNITI) and received a 90 mg subcutaneous injection of ustekinumab at that time. Eight weeks later, 50.5% of the patients achieved clinical response and continued to receive maintenance dosing every 8 weeks; among these patients with continued maintenance dosing, a majority maintained response (68.1%) and achieved remission (50.2%) at week 44, at proportions that were similar to the patients who initially responded to ustekinumab induction.

Of 131 patients who responded to ustekinumab induction, and were randomized to the placebo group at the start of the maintenance study, 51 subsequently lost response and received 90 mg ustekinumab subcutaneously every 8 weeks. The majority of patients who lost response and resumed ustekinumab did so within 24 weeks of the induction infusion. Of these 51 patients, 70.6% achieved clinical response and 39.2% percent achieved clinical remission 16 weeks after receiving the first subcutaneous dose of ustekinumab.

Endoscopy

Endoscopic appearance of the mucosa was evaluated in 252 patients with eligible baseline endoscopic disease activity in a substudy. The primary endpoint was change from baseline in Simplified Endoscopic Disease Severity Score for Crohn's Disease (SES-CD), a composite score across 5 ileo-colonic segments of presence/size of ulcers, proportion of mucosal surface covered by ulcers, proportion of mucosal surface affected by any other lesions and presence/type of narrowing/strictures. At week 8, after a single intravenous induction dose, the change in SES-CD score was greater in the ustekinumab group (n = 155, mean change = -2.8) than in the placebo group (n = 97, mean change = -0.7, p = 0.012).

Fistula Response

In a subgroup of patients with draining fistulas at baseline (8.8%; n = 26), 12/15 (80%) of ustekinumab-treated patients achieved a fistula response over 44 weeks (defined as $\geq 50\%$ reduction from baseline of the induction study in the number of draining fistulas) compared to 5/11 (45.5%) exposed to placebo.

Health-related quality of life

Health-related quality of life was assessed by IBDQ and SF-36 questionnaires. At week 8, patients receiving ustekinumab showed statistically significantly greater and clinically meaningful improvements on IBDQ total score and SF-36 Mental Component Summary Score in both UNITI-1 and UNITI-2, and SF-36 Physical Component Summary Score in UNITI-2, when compared to placebo. These improvements were generally better maintained in ustekinumab-treated patients in the IM-UNITI study through week 44 when compared to placebo.

Paediatric population

The European Medicines Agency has deferred the obligation to submit the results of studies with ustekinumab in one or more subsets of the paediatric population in Crohn's Disease (see section 4.2 for information on paediatric use).

5.2 Pharmacokinetic properties

In patients with Crohn's disease, following the recommended intravenous induction dose, median peak serum ustekinumab concentration, observed 1 hour after the infusion, was 126.1 $\mu\text{g/mL}$.

Distribution

Median volume of distribution during the terminal phase (V_z) following a single intravenous administration to patients with psoriasis ranged from 57 to 83 mL/kg.

Biotransformation

The exact metabolic pathway for ustekinumab is unknown.

Elimination

Median systemic clearance (CL) following a single intravenous administration to patients with psoriasis ranged from 1.99 to 2.34 mL/day/kg. Median half-life ($t_{1/2}$) of ustekinumab was approximately 3 weeks in patients with Crohn's disease, psoriasis and/or psoriatic arthritis, ranging from 15 to 32 days across all psoriasis and psoriatic arthritis studies.

Dose linearity

The systemic exposure of ustekinumab (C_{max} and AUC) increased in an approximately dose-proportional manner after a single intravenous administration at doses ranging from 0.09 mg/kg to 4.5 mg/kg.

Special populations

No pharmacokinetic data are available in patients with impaired renal or hepatic function. No specific studies have been conducted with intravenous ustekinumab in elderly or paediatric patients.

In patients with Crohn's disease, variability in ustekinumab CL was affected by body weight, serum albumin level, CRP, TNF antagonist failure status, sex, race (Asian versus non-Asian), and antibody to ustekinumab status while body weight was the main covariate affecting the volume of distribution. Concomitant use of immunomodulators did not have a significant impact on ustekinumab disposition. The impact of these statistically significant covariates on the respective PK parameters was within $\pm 20\%$ when evaluated across a representative range of covariate values or categories in the data which is within the overall variability observed in the PK of ustekinumab.

Regulation of CYP450 enzymes

The effects of IL-12 or IL-23 on the regulation of CYP450 enzymes were evaluated in an *in vitro* study using human hepatocytes, which showed that IL-12 and/or IL-23 at levels of 10 ng/mL did not alter human CYP450 enzyme activities (CYP1A2, 2B6, 2C9, 2C19, 2D6, or 3A4; see section 4.5).

5.3 Preclinical safety data

Non-clinical data reveal no special hazard (e.g. organ toxicity) for humans based on studies of repeated-dose toxicity and developmental and reproductive toxicity, including safety pharmacology evaluations. In developmental and reproductive toxicity studies in cynomolgus monkeys, neither adverse effects on male fertility indices nor birth defects or developmental toxicity were observed. No adverse effects on female fertility indices were observed using an analogous antibody to IL-12/23 in mice.

Dose levels in animal studies were up to approximately 45-fold higher than the highest equivalent dose intended to be administered to psoriasis patients and resulted in peak serum concentrations in monkeys that were more than 100-fold higher than observed in humans.

Carcinogenicity studies were not performed with ustekinumab due to the lack of appropriate models for an antibody with no cross-reactivity to rodent IL-12/23 p40.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

EDTA disodium salt dihydrate
L-histidine
L-histidine monohydrochloride monohydrate
L-methionine
Polysorbate 80
Sucrose
Water for injection

6.2 Incompatibilities

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products. Stelara should only be diluted with sodium chloride 9 mg/mL (0.9%) solution. STELARA should not be administered concomitantly in the same intravenous line with other medicinal products.

6.3 Shelf life

3 years.
Do not freeze.

Chemical and physical in-use stability has been demonstrated for 4 hours at 15-25°C.

From a microbiological point of view, unless the method of dilution precludes the risk of microbial contamination, the product should be used immediately. If not used immediately, in-use storage times and conditions are the responsibility of user.

6.4 Special precautions for storage

Store in a refrigerator (2°C – 8°C). Do not freeze.
Keep the vial in the outer carton in order to protect from light.

For storage conditions after dilution of the medicinal product, see section 6.3

6.5 Nature and contents of container

26 mL solution in a type I glass 30 mL vial closed with a coated butyl rubber stopper. STELARA is available in a 1 vial pack.

6.6 Special precautions for disposal and other handling

The solution in the STELARA vial should not be shaken. The solution should be visually inspected for particulate matter or discoloration prior to administration. The solution is clear, colourless to light yellow. The medicinal product should not be used if the solution is discoloured or cloudy, or if foreign particulate matter is present.

Dilution

STELARA concentrate for solution for infusion must be diluted and prepared by a healthcare professional using aseptic technique.

1. Calculate the dose and the number of STELARA vials needed based on patient weight (see section 4.2, Table 1). Each 26 mL vial of STELARA contains 130 mg of ustekinumab. Only use complete vials of Stelara.
2. Withdraw and discard a volume of the sodium chloride 9 mg/mL (0.9%) solution from the 250 mL infusion bag equal to the volume of STELARA to be added. (discard 26 mL sodium chloride for each vial of STELARA needed, for 2 vials-discard 52 mL, for 3 vials- discard 78 mL, for 4 vials- discard 104 mL)
3. Withdraw 26 mL of STELARA from each vial needed and add it to the 250 mL infusion bag. The final volume in the infusion bag should be 250 mL. Gently mix.
4. Visually inspect the diluted solution before administration. Do not use if visibly opaque particles, discoloration or foreign particles are observed.
5. Administer the diluted solution over a period of at least one hour. Once diluted, the infusion solution may be stored for up to four hours prior to infusion.
6. Use only an infusion set with an in-line, sterile, non-pyrogenic, low protein-binding filter (pore size 0.2 micrometer).
7. Each vial is for single use only and any unused medicinal product should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Janssen-Cilag International NV
Turnhoutseweg 30
2340 Beerse
Belgium

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/08/494/005

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 16 January 2009

Date of latest renewal: 19 September 2013

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu/>

1. NAME OF THE MEDICINAL PRODUCT

STELARA 45 mg solution for injection
STELARA 90 mg solution for injection
STELARA 45 mg solution for injection in pre-filled syringe
STELARA 90 mg solution for injection in pre-filled syringe

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

STELARA 45 mg solution for injection

Each vial contains 45 mg ustekinumab in 0.5 mL.

STELARA 90 mg solution for injection

Each vial contains 90 mg ustekinumab in 1 mL.

STELARA 45 mg solution for injection in pre-filled syringe

Each pre-filled syringe contains 45 mg ustekinumab in 0.5 mL.

STELARA 90 mg solution for injection in pre-filled syringe

Each pre-filled syringe contains 90 mg ustekinumab in 1 mL.

Ustekinumab is a fully human IgG1 κ monoclonal antibody to interleukin (IL)-12/23 produced in a murine myeloma cell line using recombinant DNA technology.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

STELARA 45 mg solution for injection

Solution for injection.

STELARA 90 mg solution for injection

Solution for injection.

STELARA 45 mg solution for injection in pre-filled syringe

Solution for injection.

STELARA 90 mg solution for injection in pre-filled syringe

Solution for injection.

The solution is clear to slightly opalescent, colourless to light yellow.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Plaque psoriasis

STELARA is indicated 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 PUVA (psoralen and ultraviolet A) (see section 5.1).

Paediatric plaque psoriasis

STELARA is indicated for the treatment of moderate to severe plaque psoriasis in adolescent patients from the age of 12 years and older, who are inadequately controlled by, or are intolerant to, other

systemic therapies or phototherapies (see section 5.1).

Psoriatic arthritis (PsA)

STELARA, alone or in combination with MTX, is indicated for the treatment of active psoriatic arthritis in adult patients when the response to previous non-biological disease-modifying anti-rheumatic drug (DMARD) therapy has been inadequate (see section 5.1).

Crohn's Disease

STELARA is indicated for the treatment of adult patients with moderately to severely active Crohn's disease 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.

4.2 Posology and method of administration

STELARA is intended for use under the guidance and supervision of physicians experienced in the diagnosis and treatment of conditions for which STELARA is indicated.

Posology

Plaque psoriasis

The recommended posology of STELARA is an initial dose of 45 mg administered subcutaneously, followed by a 45 mg dose 4 weeks later, and then every 12 weeks thereafter.

Consideration should be given to discontinuing treatment in patients who have shown no response up to 28 weeks of treatment.

Patients with body weight > 100 kg

For patients with a body weight > 100 kg the initial dose is 90 mg administered subcutaneously, followed by a 90 mg dose 4 weeks later, and then every 12 weeks thereafter. In these patients, 45 mg was also shown to be efficacious. However, 90 mg resulted in greater efficacy. (see section 5.1, Table 4)

Psoriatic arthritis (PsA)

The recommended posology of STELARA is an initial dose of 45 mg administered subcutaneously, followed by a 45 mg dose 4 weeks later, and then every 12 weeks thereafter. Alternatively, 90 mg may be used in patients with a body weight > 100 kg.

Consideration should be given to discontinuing treatment in patients who have shown no response up to 28 weeks of treatment.

Elderly (≥ 65 years)

No dose adjustment is needed for elderly patients (see section 4.4).

Renal and hepatic impairment

STELARA has not been studied in these patient populations. No dose recommendations can be made.

Paediatric population

The safety and efficacy of STELARA in children with psoriasis less than 12 years of age or in children with psoriatic arthritis less than 18 years of age have not yet been established.

Paediatric plaque psoriasis (12 years and older)

The recommended dose of STELARA based on body weight is shown below (Tables 1 and 2). STELARA should be administered at Weeks 0 and 4, then every 12 weeks thereafter.

Table 1 Recommended dose of STELARA for paediatric psoriasis

Body weight at the time of dosing	Recommended Dose
< 60 kg	0.75 mg/kg ^a

≥ 60 - ≤ 100 kg	45 mg
> 100 kg	90 mg

^a To calculate the volume of injection (mL) for patients < 60 kg, use the following formula: *body weight* (kg) $\times 0.0083$ (mL/kg) or see Table 2. The calculated volume should be rounded to the nearest 0.01 mL and administered using a 1 mL graduated syringe. A 45 mg vial is available for paediatric patients who need to receive less than the full 45 mg dose.

Table 2 Injection volumes of STELARA for paediatric psoriasis patients < 60 kg

Body weight at time of dosing (kg)	Dose (mg)	Volume of injection (mL)
30	22.5	0.25
31	23.3	0.26
32	24.0	0.27
33	24.8	0.27
34	25.5	0.28
35	26.3	0.29
36	27.0	0.30
37	27.8	0.31
38	28.5	0.32
39	29.3	0.32
40	30.0	0.33
41	30.8	0.34
42	31.5	0.35
43	32.3	0.36
44	33.0	0.37
45	33.8	0.37
46	34.5	0.38
47	35.3	0.39
48	36.0	0.40
49	36.8	0.41
50	37.5	0.42
51	38.3	0.42
52	39.0	0.43
53	39.8	0.44
54	40.5	0.45
55	41.3	0.46
56	42.0	0.46
57	42.8	0.47
58	43.5	0.48
59	44.3	0.49

Consideration should be given to discontinuing treatment in patients who have shown no response up to 28 weeks of treatment.

Crohn's Disease

In the treatment regimen, the first dose of STELARA is administered intravenously. For the posology of the intravenous dosing regimen, see section 4.2 of the STELARA 130 mg Concentrate for solution for infusion SmPC.

The first subcutaneous administration of 90 mg STELARA should take place at week 8 after the intravenous dose. After this, dosing every 12 weeks is recommended.

Patients who have not shown adequate response at 8 weeks after the first subcutaneous dose, may receive a second subcutaneous dose at this time (see section 5.1).

Patients who lose response on dosing every 12 weeks may benefit from an increase in dosing

frequency to every 8 weeks (see section 5.1).

Patients may subsequently be dosed every 8 weeks or every 12 weeks according to clinical judgment (see section 5.1).

Consideration should be given to discontinuing treatment in patients who show no evidence of therapeutic benefit by week 16 or 16 weeks after switching to the 8-weekly dose.

Immunomodulators and/or corticosteroids may be continued during treatment with STELARA. In patients who have responded to treatment with STELARA, corticosteroids may be reduced or discontinued in accordance with standard of care.

If therapy is interrupted, resumption of treatment with subcutaneous dosing every 8 weeks is safe and effective.

Elderly (≥ 65 years)

No dose adjustment is needed for elderly patients (see section 4.4).

Renal and hepatic impairment

STELARA has not been studied in these patient populations. No dose recommendations can be made.

Paediatric population

The safety and efficacy of STELARA in treatment of Crohn's disease in children less than 18 years have not yet been established. No data are available.

Method of administration

STELARA 45 mg and 90 mg vials or pre-filled syringes are for subcutaneous injection only. If possible, areas of the skin that show psoriasis should be avoided as injection sites.

After proper training in subcutaneous injection technique, patients or their caregivers may inject STELARA if a physician determines that it is appropriate. However, the physician should ensure appropriate follow-up of patients. Patients or their caregivers should be instructed to inject the prescribed amount of STELARA according to the directions provided in the package leaflet. Comprehensive instructions for administration are given in the package leaflet.

For further instructions on preparation and special precautions for handling, see section 6.6.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

Clinically important, active infection (e.g. active tuberculosis; see section 4.4).

4.4 Special warnings and precautions for use

Infections

Ustekinumab may have the potential to increase the risk of infections and reactivate latent infections. In clinical studies, serious bacterial, fungal, and viral infections have been observed in patients receiving STELARA (see section 4.8).

Caution should be exercised when considering the use of STELARA in patients with a chronic infection or a history of recurrent infection (see section 4.3).

Prior to initiating treatment with STELARA, patients should be evaluated for tuberculosis infection. STELARA must not be given to patients with active tuberculosis (see section 4.3). Treatment of latent tuberculosis infection should be initiated prior to administering STELARA. Anti-tuberculosis therapy should also be considered prior to initiation of STELARA in patients with a history of latent or active

tuberculosis in whom an adequate course of treatment cannot be confirmed. Patients receiving STELARA should be monitored closely for signs and symptoms of active tuberculosis during and after treatment.

Patients should be instructed to seek medical advice if signs or symptoms suggestive of an infection occur. If a patient develops a serious infection, the patient should be closely monitored and STELARA should not be administered until the infection resolves.

Malignancies

Immunosuppressants like ustekinumab have the potential to increase the risk of malignancy. Some patients who received STELARA in clinical studies developed cutaneous and non-cutaneous malignancies (see section 4.8).

No studies have been conducted that include patients with a history of malignancy or that continue treatment in patients who develop malignancy while receiving STELARA. Thus, caution should be exercised when considering the use of STELARA in these patients.

All patients, in particular those greater than 60 years of age, patients with a medical history of prolonged immunosuppressant therapy or those with a history of PUVA treatment, should be monitored for the appearance of non-melanoma skin cancer (see section 4.8).

Hypersensitivity reactions

Serious hypersensitivity reactions have been reported in the postmarketing setting, in some cases several days after treatment. Anaphylaxis and angioedema have occurred. If an anaphylactic or other serious hypersensitivity reaction occurs, appropriate therapy should be instituted and administration of STELARA should be discontinued (see section 4.8).

Latex sensitivity

The needle cover on the syringe in the STELARA pre-filled syringe is manufactured from dry natural rubber (a derivative of latex), which may cause allergic reactions in individuals sensitive to latex.

Vaccinations

It is recommended that live viral or live bacterial vaccines (such as Bacillus of Calmette and Guérin (BCG)) should not be given concurrently with STELARA. Specific studies have not been conducted in patients who had recently received live viral or live bacterial vaccines. No data are available on the secondary transmission of infection by live vaccines in patients receiving STELARA. Before live viral or live bacterial vaccination, treatment with STELARA should be withheld for at least 15 weeks after the last dose and can be resumed at least 2 weeks after vaccination. Prescribers should consult the Summary of Product Characteristics for the specific vaccine for additional information and guidance on concomitant use of immunosuppressive agents post-vaccination.

Patients receiving STELARA may receive concurrent inactivated or non-live vaccinations.

Long term treatment with STELARA does not suppress the humoral immune response to pneumococcal polysaccharide or tetanus vaccines (see section 5.1).

Concomitant immunosuppressive therapy

In psoriasis studies, the safety and efficacy of STELARA in combination with immunosuppressants, including biologics, or phototherapy have not been evaluated. In psoriatic arthritis studies, concomitant MTX use did not appear to influence the safety or efficacy of STELARA. In Crohn's disease studies, concomitant use of immunosuppressants or corticosteroids did not appear to influence the safety or efficacy of STELARA. Caution should be exercised when considering concomitant use of other immunosuppressants and STELARA or when transitioning from other immunosuppressive biologics (see section 4.5).

Immunotherapy

STELARA has not been evaluated in patients who have undergone allergy immunotherapy. It is not

known whether STELARA may affect allergy immunotherapy.

Serious skin conditions

In patients with psoriasis, exfoliative dermatitis has been reported following ustekinumab treatment (see section 4.8). Patients with plaque psoriasis may develop erythrodermic psoriasis, with symptoms that may be clinically indistinguishable from exfoliative dermatitis, as part of the natural course of their disease. As part of the monitoring of the patient's psoriasis, physicians should be alert for symptoms of erythrodermic psoriasis or exfoliative dermatitis. If these symptoms occur, appropriate therapy should be instituted. STELARA should be discontinued if a drug reaction is suspected.

Special populations

Elderly (≥ 65 years)

No overall differences in efficacy or safety in patients age 65 and older who received STELARA were observed compared to younger patients, however the number of patients aged 65 and older is not sufficient to determine whether they respond differently from younger patients. Because there is a higher incidence of infections in the elderly population in general, caution should be used in treating the elderly.

4.5 Interaction with other medicinal products and other forms of interaction

Live vaccines should not be given concurrently with STELARA (see section 4.4).

No interaction studies have been performed in humans. In the population pharmacokinetic analyses of the phase III studies, the effect of the most frequently used concomitant medicinal products in patients with psoriasis (including paracetamol, ibuprofen, acetylsalicylic acid, metformin, atorvastatin, levothyroxine) on pharmacokinetics of ustekinumab was explored. There were no indications of an interaction with these concomitantly administered medicinal products. The basis for this analysis was that at least 100 patients (> 5% of the studied population) were treated concomitantly with these medicinal products for at least 90% of the study period. The pharmacokinetics of ustekinumab was not impacted by concomitant use of MTX, NSAIDs, 6-mercaptopurine, azathioprine and oral corticosteroids, or prior exposure to anti-TNF α agents, in patients with psoriatic arthritis or Crohn's disease.

The results of an *in vitro* study do not suggest the need for dose adjustments in patients who are receiving concomitant CYP450 substrates (see section 5.2).

In psoriasis studies, the safety and efficacy of STELARA in combination with immunosuppressants, including biologics, or phototherapy have not been evaluated. In psoriatic arthritis studies, concomitant MTX use did not appear to influence the safety or efficacy of STELARA. In Crohn's disease studies, concomitant use of immunosuppressants or corticosteroids did not appear to influence the safety or efficacy of STELARA. (see section 4.4).

4.6 Fertility, pregnancy and lactation

Women of childbearing potential

Women of childbearing potential should use effective methods of contraception during treatment and for at least 15 weeks after treatment.

Pregnancy

There are no adequate data from the use of ustekinumab in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonic/foetal development, parturition or postnatal development (see section 5.3). As a precautionary measure, it is preferable to avoid the use of STELARA in pregnancy.

Breast-feeding

It is unknown whether ustekinumab is excreted in human breast milk. Animal studies have shown excretion of ustekinumab at low levels in breast milk. It is not known if ustekinumab is absorbed

systemically after ingestion. Because of the potential for adverse reactions in nursing infants from ustekinumab, a decision on whether to discontinue breast-feeding during treatment and up to 15 weeks after treatment or to discontinue therapy with STELARA must be made taking into account the benefit of breast-feeding to the child and the benefit of STELARA therapy to the woman.

Fertility

The effect of ustekinumab on human fertility has not been evaluated (see section 5.3).

4.7 Effects on ability to drive and use machines

Stelara has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

The most common adverse reactions (> 5%) in controlled periods of the adult psoriasis, psoriatic arthritis and Crohn's disease clinical studies with ustekinumab were nasopharyngitis and headache. Most were considered to be mild and did not necessitate discontinuation of study treatment. The most serious adverse reaction that has been reported for STELARA is serious hypersensitivity reactions including anaphylaxis (see section 4.4). The overall safety profile was similar for patients with psoriasis, psoriatic arthritis and Crohn's disease.

Tabulated list of adverse reactions

The safety data described below reflect exposure in adults to ustekinumab in 12 phase 2 and phase 3 studies in 5,884 patients (4,135 with psoriasis and/or psoriatic arthritis and 1,749 with Crohn's disease). This includes exposure to STELARA in the controlled and non-controlled periods of the clinical studies for at least 6 months or 1 year (4,105 and 2,846 patients respectively with psoriasis, psoriatic arthritis or Crohn's disease) and exposure for at least 4 or 5 years (1,482 and 838 patients with psoriasis respectively).

Table 3 provides a list of adverse reactions from adult psoriasis, psoriatic arthritis and Crohn's disease clinical studies as well as adverse reactions reported from post-marketing experience. The adverse reactions are classified by System Organ Class and frequency, using the following convention: Very common ($\geq 1/10$), Common ($\geq 1/100$ to $< 1/10$), Uncommon ($\geq 1/1,000$ to $< 1/100$), Rare ($\geq 1/10,000$ to $< 1/1,000$), Very rare ($< 1/10,000$), not known (cannot be estimated from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.

Table 3 List of adverse reactions

System Organ Class	Frequency: Adverse reaction
Infections and infestations	Common: Upper respiratory tract infection, nasopharyngitis Uncommon: Cellulitis, dental infections, herpes zoster, viral upper respiratory tract infection, vulvovaginal mycotic infection
Immune system disorders	Uncommon: Hypersensitivity reactions (including rash, urticaria) Rare: Serious hypersensitivity reactions (including anaphylaxis, angioedema)
Psychiatric disorders	Uncommon: Depression
Nervous system disorders	Common: Dizziness, headache Uncommon: Facial palsy
Respiratory, thoracic and mediastinal disorders	Common: Oropharyngeal pain Uncommon: Nasal congestion

Gastrointestinal disorders	Common: Diarrhoea, nausea, vomiting
Skin and subcutaneous tissue disorders	Common: Pruritus Uncommon: Pustular psoriasis, skin exfoliation, acne Rare: Exfoliative dermatitis
Musculoskeletal and connective tissue disorders	Common: Back pain, myalgia, arthralgia
General disorders and administration site conditions	Common: Fatigue, injection site erythema, injection site pain Uncommon: Injection site reactions (including haemorrhage, haematoma, induration, swelling and pruritus), asthenia

Description of selected adverse reactions

Infections

In the placebo-controlled studies of patients with psoriasis, psoriatic arthritis and Crohn's disease, the rates of infection or serious infection were similar between ustekinumab-treated patients and those treated with placebo. In the placebo-controlled period of clinical studies of patients with psoriasis, patients with psoriatic arthritis and patients with Crohn's disease, the rate of infection was 1.38 per patient-year of follow-up in ustekinumab-treated patients, and 1.35 in placebo-treated patients. Serious infections occurred at the rate of 0.03 per patient-year of follow-up in ustekinumab-treated patients (27 serious infections in 829 patient-years of follow-up) and 0.03 in placebo-treated patients (11 serious infections in 385 patient-years of follow-up) (see section 4.4).

In the controlled and non-controlled periods of psoriasis, psoriatic arthritis and Crohn's disease clinical studies, representing 10,953 patient-years of exposure in 5,884 patients, the median follow up was 0.99 years; 3.2 years for psoriasis studies, 1.0 year for psoriatic arthritis studies and 0.6 year for Crohn's disease studies. The rate of infection was 0.91 per patient-year of follow-up in ustekinumab-treated patients, and the rate of serious infections was 0.02 per patient-year of follow-up in ustekinumab-treated patients (178 serious infections in 10,953 patient-years of follow-up) and serious infections reported included anal abscess, cellulitis, pneumonia, diverticulitis, gastroenteritis and viral infections.

In clinical studies, patients with latent tuberculosis who were concurrently treated with isoniazid did not develop tuberculosis.

Malignancies

In the placebo-controlled period of the psoriasis, psoriatic arthritis and Crohn's disease clinical studies, the incidence of malignancies excluding non-melanoma skin cancer was 0.12 per 100 patient-years of follow-up for ustekinumab-treated patients (1 patient in 829 patient-years of follow-up) compared with 0.26 for placebo-treated patients (1 patient in 385 patient-years of follow-up). The incidence of non-melanoma skin cancer was 0.48 per 100 patient-years of follow-up for ustekinumab-treated patients (4 patients in 829 patient-years of follow-up) compared to 0.52 for placebo-treated patients (2 patients in 385 patient-years of follow-up).

In the controlled and non-controlled periods of psoriasis, psoriatic arthritis and Crohn's disease clinical studies, representing 10,935 patient-years of exposure in 5,884 patients, the median follow-up was 1.0 years; 3.2 years for psoriasis studies, 1.0 year for psoriatic arthritis studies and 0.6 year for Crohn's disease studies. Malignancies excluding non-melanoma skin cancers were reported in 58 patients in 10,935 patient-years of follow-up (incidence of 0.53 per 100 patient-years of follow-up for ustekinumab-treated patients). The incidence of malignancies reported in ustekinumab-treated patients was comparable to the incidence expected in the general population (standardised incidence ratio = 0.87 [95% confidence interval: 0.66, 1.14], adjusted for age, gender and race). The most frequently observed malignancies, other than non-melanoma skin cancer, were prostate, melanoma, colorectal and breast cancers. The incidence of non-melanoma skin cancer was 0.49 per 100 patient-years of follow-up for ustekinumab-treated patients (53 patients in 10,919 patient-years of follow-up). The ratio of patients with basal versus squamous cell skin cancers (4:1) is comparable with

the ratio expected in the general population (see section 4.4).

Hypersensitivity reactions

During the controlled periods of the psoriasis and psoriatic arthritis clinical studies of ustekinumab, rash and urticaria have each been observed in < 1% of patients (see section 4.4).

Immunogenicity

In psoriasis and psoriatic arthritis clinical studies less than 8% of ustekinumab-treated patients developed antibodies to ustekinumab. In Crohn's disease clinical studies, less than 3% of patients treated with ustekinumab developed antibodies to ustekinumab. No apparent association between the development of antibodies to ustekinumab and the development of injection site reactions was observed. The majority of patients who were positive for antibodies to ustekinumab had neutralizing antibodies. Efficacy tended to be lower in patients positive for antibodies to ustekinumab; however, antibody positivity did not preclude a clinical response.

Paediatric population

Undesirable effects in paediatric patients 12 years and older with plaque psoriasis

The safety of ustekinumab has been studied in a phase 3 study of 110 patients from 12 to 17 years of age for up to 60 weeks. In this study, the adverse events reported were similar to those seen in previous studies in adults with plaque psoriasis.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via **the national reporting system** listed in [Appendix V](#).

4.9 Overdose

Single doses up to 6 mg/kg have been administered intravenously in clinical studies without dose-limiting toxicity. In case of overdose, it is recommended that the patient be monitored for any signs or symptoms of adverse reactions and appropriate symptomatic treatment be instituted immediately.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Immunosuppressants, interleukin inhibitors, ATC code: L04AC05.

Mechanism of action

Ustekinumab is a fully human IgG1 κ monoclonal antibody that binds with specificity to the shared p40 protein subunit of human cytokines interleukin (IL)-12 and IL-23. Ustekinumab inhibits the bioactivity of human IL-12 and IL-23 by preventing p40 from binding to the IL-12R β 1 receptor protein expressed on the surface of immune cells. Ustekinumab cannot bind to IL-12 or IL-23 that is already bound to IL-12R β 1 cell surface receptors. Thus, ustekinumab is not likely to contribute to complement- or antibody-mediated cytotoxicity of cells with IL-12 and/or IL-23 receptors. IL-12 and IL-23 are heterodimeric cytokines secreted by activated antigen presenting cells, such as macrophages and dendritic cells, and both cytokines participate in immune functions; IL-12 stimulates natural killer (NK) cells and drives the differentiation of CD4⁺ T cells toward the T helper 1 (Th1) phenotype, IL-23 induces the T helper 17 (Th17) pathway. However, abnormal regulation of IL 12 and IL 23 has been associated with immune mediated diseases, such as psoriasis, psoriatic arthritis and Crohn's disease.

By binding the shared p40 subunit of IL-12 and IL-23, ustekinumab may exert its clinical effects in psoriasis, psoriatic arthritis and Crohn's disease through interruption of the Th1 and Th17 cytokine pathways, which are central to the pathology of these diseases.

In patients with Crohn's disease, treatment with ustekinumab resulted in a decrease in inflammatory markers including C-Reactive Protein (CRP) and fecal calprotectin during the induction phase, which were then maintained throughout the maintenance phase.

Immunisation

During the long term extension of Psoriasis Study 2 (PHOENIX 2), adult patients treated with STELARA for at least 3.5 years mounted similar antibody responses to both pneumococcal polysaccharide and tetanus vaccines as a non-systemically treated psoriasis control group. Similar proportions of adult patients developed protective levels of anti-pneumococcal and anti-tetanus antibodies and antibody titers were similar among STELARA-treated and control patients.

Clinical efficacy

Plaque psoriasis (Adults)

The safety and efficacy of ustekinumab was assessed in 1,996 patients in two randomised, double-blind, placebo-controlled studies in patients with moderate to severe plaque psoriasis and who were candidates for phototherapy or systemic therapy. In addition, a randomised, blinded assessor, active-controlled study compared ustekinumab and etanercept in patients with moderate to severe plaque psoriasis who had had an inadequate response to, intolerance to, or contraindication to ciclosporin, MTX, or PUVA.

Psoriasis Study 1 (PHOENIX 1) evaluated 766 patients. 53% of these patients were either non-responsive, intolerant, or had a contraindication to other systemic therapy. Patients randomised to ustekinumab received 45 mg or 90 mg doses at Weeks 0 and 4 and followed by the same dose every 12 weeks. Patients randomised to receive placebo at Weeks 0 and 4 crossed over to receive ustekinumab (either 45 mg or 90 mg) at Weeks 12 and 16 followed by dosing every 12 weeks. Patients originally randomised to ustekinumab who achieved Psoriasis Area and Severity Index 75 response (PASI improvement of at least 75% relative to baseline) at both Weeks 28 and 40 were re-randomised to receive ustekinumab every 12 weeks or to placebo (i.e., withdrawal of therapy). Patients who were re-randomised to placebo at week 40 reinitiated ustekinumab at their original dosing regimen when they experienced at least a 50% loss of their PASI improvement obtained at week 40. All patients were followed for up to 76 weeks following first administration of study treatment.

Psoriasis Study 2 (PHOENIX 2) evaluated 1,230 patients. 61% of these patients were either non-responsive, intolerant, or had a contraindication to other systemic therapy. Patients randomised to ustekinumab received 45 mg or 90 mg doses at Weeks 0 and 4 followed by an additional dose at 16 weeks. Patients randomised to receive placebo at Weeks 0 and 4 crossed over to receive ustekinumab (either 45 mg or 90 mg) at Weeks 12 and 16. All patients were followed for up to 52 weeks following first administration of study treatment.

Psoriasis Study 3 (ACCEPT) evaluated 903 patients with moderate to severe psoriasis who inadequately responded to, were intolerant to, or had a contraindication to other systemic therapy and compared the efficacy of ustekinumab to etanercept and evaluated the safety of ustekinumab and etanercept. During the 12-week active-controlled portion of the study, patients were randomised to receive etanercept (50 mg twice a week), ustekinumab 45 mg at Weeks 0 and 4, or ustekinumab 90 mg at Weeks 0 and 4.

Baseline disease characteristics were generally consistent across all treatment groups in Psoriasis Studies 1 and 2 with a median baseline PASI score from 17 to 18, median baseline Body Surface Area (BSA) ≥ 20 , and median Dermatology Life Quality Index (DLQI) range from 10 to 12. Approximately one third (Psoriasis Study 1) and one quarter (Psoriasis Study 2) of subjects had Psoriatic Arthritis (PsA). Similar disease severity was also seen in Psoriasis Study 3.

The primary endpoint in these studies was the proportion of patients who achieved PASI 75 response from baseline at week 12 (see Tables 4 and 5).

Table 4 Summary of clinical response in Psoriasis Study 1 (PHOENIX 1) and Psoriasis Study 2 (PHOENIX 2)

	Week 12 2 doses (week 0 and week 4)			Week 28 3 doses (week 0, week 4 and week 16)	
	PBO	45 mg	90 mg	45 mg	90 mg
Psoriasis Study 1					
Number of patients randomised	255	255	256	250	243
PASI 50 response N (%)	26 (10%)	213 (84%) ^a	220 (86%) ^a	228 (91%)	234 (96%)
PASI 75 response N (%)	8 (3%)	171 (67%) ^a	170 (66%) ^a	178 (71%)	191 (79%)
PASI 90 response N (%)	5 (2%)	106 (42%) ^a	94 (37%) ^a	123 (49%)	135 (56%)
PGA ^b of cleared or minimal N (%)	10 (4%)	151 (59%) ^a	156 (61%) ^a	146 (58%)	160 (66%)
Number of patients ≤ 100 kg	166	168	164	164	153
PASI 75 response N (%)	6 (4%)	124 (74%)	107 (65%)	130 (79%)	124 (81%)
Number of patients > 100 kg	89	87	92	86	90
PASI 75 response N (%)	2 (2%)	47 (54%)	63 (68%)	48 (56%)	67 (74%)
Psoriasis Study 2					
Number of patients randomised	410	409	411	397	400
PASI 50 response N (%)	41 (10%)	342 (84%) ^a	367 (89%) ^a	369 (93%)	380 (95%)
PASI 75 response N (%)	15 (4%)	273 (67%) ^a	311 (76%) ^a	276 (70%)	314 (79%)
PASI 90 response N (%)	3 (1%)	173 (42%) ^a	209 (51%) ^a	178 (45%)	217 (54%)
PGA ^b of cleared or minimal N (%)	18 (4%)	277 (68%) ^a	300 (73%) ^a	241 (61%)	279 (70%)
Number of patients ≤ 100 kg	290	297	289	287	280
PASI 75 response N (%)	12 (4%)	218 (73%)	225 (78%)	217 (76%)	226 (81%)
Number of patients > 100 kg	120	112	121	110	119
PASI 75 response N (%)	3 (3%)	55 (49%)	86 (71%)	59 (54%)	88 (74%)

^a p < 0.001 for ustekinumab 45 mg or 90 mg in comparison with placebo (PBO).

^b PGA = Physician Global Assessment

Table 5 Summary of clinical response at week 12 in Psoriasis Study 3 (ACCEPT)

	Psoriasis Study 3		
	Etanercept 24 doses (50 mg twice a week)	Ustekinumab 2 doses (week 0 and week 4)	
		45 mg	90 mg
Number of patients randomised	347	209	347
PASI 50 response N (%)	286 (82%)	181 (87%)	320 (92%) ^a
PASI 75 response N (%)	197 (57%)	141 (67%) ^b	256 (74%) ^a
PASI 90 response N (%)	80 (23%)	76 (36%) ^a	155 (45%) ^a
PGA of cleared or minimal N (%)	170 (49%)	136 (65%) ^a	245 (71%) ^a
Number of patients ≤ 100 kg	251	151	244
PASI 75 response N (%)	154 (61%)	109 (72%)	189 (77%)
Number of patients > 100 kg	96	58	103
PASI 75 response N (%)	43 (45%)	32 (55%)	67 (65%)

^a p < 0.001 for ustekinumab 45 mg or 90 mg in comparison with etanercept.

^b p = 0.012 for ustekinumab 45 mg in comparison with etanercept.

In Psoriasis Study 1 maintenance of PASI 75 was significantly superior with continuous treatment compared with treatment withdrawal ($p < 0.001$). Similar results were seen with each dose of ustekinumab. At 1 year (week 52), 89% of patients re-randomised to maintenance treatment were PASI 75 responders compared with 63% of patients re-randomised to placebo (treatment withdrawal) ($p < 0.001$). At 18 months (week 76), 84% of patients re-randomised to maintenance treatment were PASI 75 responders compared with 19% of patients re-randomised to placebo (treatment withdrawal). At 3 years (week 148), 82% of patients re-randomised to maintenance treatment were PASI 75 responders. At 5 years (week 244), 80% of patients re-randomised to maintenance treatment were PASI 75 responders.

In patients re-randomised to placebo, and who reinitiated their original ustekinumab treatment regimen after loss of $\geq 50\%$ of PASI improvement 85% regained PASI 75 response within 12 weeks after re-initiating therapy.

In Psoriasis Study 1, at week 2 and week 12, significantly greater improvements from baseline were demonstrated in the DLQI in each ustekinumab treatment group compared with placebo. The improvement was sustained through week 28. Similarly, significant improvements were seen in Psoriasis Study 2 at week 4 and 12, which were sustained through week 24. In Psoriasis Study 1, improvements in nail psoriasis (Nail Psoriasis Severity Index), in the physical and mental component summary scores of the SF-36 and in the Itch Visual Analogue Scale (VAS) were also significant in each ustekinumab treatment group compared with placebo. In Psoriasis Study 2, the Hospital Anxiety and Depression Scale (HADS) and Work Limitations Questionnaire (WLQ) were also significantly improved in each ustekinumab treatment group compared with placebo.

Psoriatic arthritis (PsA) (Adults)

Ustekinumab has been shown to improve signs and symptoms, physical function and health-related quality of life, and reduce the rate of progression of peripheral joint damage in adult patients with active PsA.

The safety and efficacy of ustekinumab was assessed in 927 patients in two randomised, double-blind, placebo-controlled studies in patients with active PsA (≥ 5 swollen joints and ≥ 5 tender joints) despite non-steroidal anti-inflammatory (NSAID) or disease modifying antirheumatic (DMARD) therapy. Patients in these studies had a diagnosis of PsA for at least 6 months. Patients with each subtype of PsA were enrolled, including polyarticular arthritis with no evidence of rheumatoid nodules (39%), spondylitis with peripheral arthritis (28%), asymmetric peripheral arthritis (21%), distal interphalangeal involvement (12%) and arthritis mutilans (0.5%). Over 70% and 40% of the patients in both studies had enthesitis and dactylitis at baseline, respectively. Patients were randomised to receive treatment with ustekinumab 45 mg, 90 mg, or placebo subcutaneously at Weeks 0 and 4 followed by every 12 weeks (q12w) dosing. Approximately 50% of patients continued on stable doses of MTX (≤ 25 mg/week).

In PsA Study 1 (PSUMMIT I) and PsA Study 2 (PSUMMIT II), 80% and 86% of the patients, respectively, had been previously treated with DMARDs. In Study 1 previous treatment with anti-tumour necrosis factor (TNF) α agent was not allowed. In Study 2, the majority of patients (58%, $n = 180$) had been previously treated with one or more anti-TNF α agent(s), of whom over 70% had discontinued their anti-TNF α treatment for lack of efficacy or intolerance at any time.

Signs and symptoms

Treatment with ustekinumab resulted in significant improvements in the measures of disease activity compared to placebo at week 24. The primary endpoint was the percentage of patients who achieved American College of Rheumatology (ACR) 20 response at week 24. The key efficacy results are shown in Table 6 below.

Table 6 Number of patients who achieved clinical response in Psoriatic arthritis Study 1 (PSUMMIT I) and Study 2 (PSUMMIT II) at week 24

	Psoriatic arthritis Study 1			Psoriatic arthritis Study 2		
	PBO	45 mg	90 mg	PBO	45 mg	90 mg
Number of patients randomised	206	205	204	104	103	105
ACR 20 response, N (%)	47 (23%)	87 (42%) ^a	101 (50%) ^a	21 (20%)	45 (44%) ^a	46 (44%) ^a
ACR 50 response, N (%)	18 (9%)	51 (25%) ^a	57 (28%) ^a	7 (7%)	18 (17%) ^b	24 (23%) ^a
ACR 70 response, N (%)	5 (2%)	25 (12%) ^a	29 (14%) ^a	3 (3%)	7 (7%) ^c	9 (9%) ^c
<i>Number of patients with ≥ 3% BSA^d</i>	146	145	149	80	80	81
PASI 75 response, N (%)	16 (11%)	83 (57%) ^a	93 (62%) ^a	4 (5%)	41 (51%) ^a	45 (56%) ^a
PASI 90 response, N (%)	4 (3%)	60 (41%) ^a	65 (44%) ^a	3 (4%)	24 (30%) ^a	36 (44%) ^a
Combined PASI 75 and ACR 20 response, N (%)	8 (5%)	40 (28%) ^a	62 (42%) ^a	2 (3%)	24 (30%) ^a	31 (38%) ^a
Number of patients ≤ 100 kg	154	153	154	74	74	73
ACR 20 response, N (%)	39 (25%)	67 (44%)	78 (51%)	17 (23%)	32 (43%)	34 (47%)
<i>Number of patients with ≥ 3% BSA^d</i>	105	105	111	54	58	57
PASI 75 response, N (%)	14 (13%)	64 (61%)	73 (66%)	4 (7%)	31 (53%)	32 (56%)
Number of patients > 100 kg	52	52	50	30	29	31
ACR 20 response, N (%)	8 (15%)	20 (38%)	23 (46%)	4 (13%)	13 (45%)	12 (39%)
<i>Number of patients with ≥ 3% BSA^d</i>	41	40	38	26	22	24
PASI 75 response, N (%)	2 (5%)	19 (48%)	20 (53%)	0	10 (45%)	13 (54%)

^a p < 0.001

^b p < 0.05

^c p = NS

^d Number of patients with ≥ 3% BSA psoriasis skin involvement at baseline

ACR 20, 50 and 70 responses continued to improve or were maintained through week 52 (PsA Study 1 and 2) and week 100 (PsA Study 1). In PsA Study 1, ACR 20 responses at week 100 were achieved by 57% and 64%, for 45 mg and 90 mg, respectively. In PsA Study 2, ACR 20 responses at week 52 were achieved by 47% and 48%, for 45 mg and 90 mg, respectively.

The proportion of patients achieving a modified PsA response criteria (PsARC) response was also significantly greater in the ustekinumab groups compared to placebo at week 24. PsARC responses were maintained through weeks 52 and 100. A higher proportion of patients treated with ustekinumab who had spondylitis with peripheral arthritis as their primary presentation, demonstrated 50 and 70 percent improvement in Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) scores compared with placebo at week 24.

Responses observed in the ustekinumab treated groups were similar in patients receiving and not receiving concomitant MTX, and were maintained through weeks 52 and 100. Patients previously treated with anti-TNF α agents who received ustekinumab achieved a greater response at week 24 than

patients receiving placebo (ACR 20 response at week 24 for 45 mg and 90 mg was 37% and 34%, respectively, compared with placebo 15%; $p < 0.05$), and responses were maintained through week 52.

For patients with enthesitis and/or dactylitis at baseline, in PsA Study 1 significant improvement in enthesitis and dactylitis score was observed in the ustekinumab groups compared with placebo at week 24. In PsA Study 2 significant improvement in enthesitis score and numerical improvement (not statistically significant) in dactylitis score was observed in the ustekinumab 90 mg group compared with placebo at week 24. Improvements in enthesitis score and dactylitis score were maintained through weeks 52 and 100.

Radiographic Response

Structural damage in both hands and feet was expressed as change in total van der Heijde-Sharp score (vdH-S score), modified for PsA by addition of hand distal interphalangeal joints, compared to baseline. A pre-specified integrated analysis combining data from 927 subjects in both PsA Study 1 and 2 was performed. Ustekinumab demonstrated a statistically significant decrease in the rate of progression of structural damage compared to placebo, as measured by change from baseline to week 24 in the total modified vdH-S score (mean \pm SD score was 0.97 ± 3.85 in the placebo group compared with 0.40 ± 2.11 and 0.39 ± 2.40 in the ustekinumab 45 mg ($p < 0.05$) and 90 mg ($p < 0.001$) groups, respectively). This effect was driven by PsA Study 1. The effect is considered demonstrated irrespective of concomitant MTX use, and was maintained through Weeks 52 (integrated analysis) and 100 (PsA Study 1).

Physical function and health-related quality of life

Ustekinumab-treated patients showed significant improvement in physical function as assessed by the Disability Index of the Health Assessment Questionnaire (HAQ-DI) at week 24. The proportion of patients achieving a clinically meaningful ≥ 0.3 improvement in HAQ-DI score from baseline was also significantly greater in the ustekinumab groups when compared with placebo. Improvement in HAQ-DI score from baseline was maintained through Weeks 52 and 100.

There was significant improvement in DLQI scores in the ustekinumab groups as compared with placebo at week 24, which was maintained through weeks 52 and 100. In PsA Study 2 there was a significant improvement in Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F) scores in the ustekinumab groups when compared with placebo at week 24. The proportion of patients achieving a clinically significant improvement in fatigue (4 points in FACIT-F) was also significantly greater in the ustekinumab groups compared with placebo. Improvements in FACIT scores were maintained through week 52.

Paediatric population

The European Medicines Agency has deferred the obligation to submit the results of studies with ustekinumab in one or more subsets of the paediatric population aged 6 to 11 years in moderate to severe plaque psoriasis and juvenile idiopathic arthritis (see section 4.2 for information on paediatric use).

Paediatric plaque psoriasis

Ustekinumab has been shown to improve signs and symptoms, and health related quality of life in paediatric patients 12 years and older with plaque psoriasis.

The efficacy of ustekinumab was studied in 110 paediatric patients aged 12 to 17 years with moderate to severe plaque psoriasis in a multicenter, Phase 3, randomised, double blind, placebo controlled study (CADMUS). Patients were randomised to receive either placebo ($n = 37$), or the recommended dose of ustekinumab (see section 4.2; $n = 36$) or half of the recommended dose of ustekinumab ($n = 37$) by subcutaneous injection at Weeks 0 and 4 followed by every 12 week (q12w) dosing. At week 12, placebo treated patients crossed over to receive ustekinumab.

Patients with PASI ≥ 12 , PGA ≥ 3 and BSA involvement of at least 10%, who were candidates for systemic therapy or phototherapy, were eligible for the study. Approximately 60% of the patients had

prior exposure to conventional systemic therapy or phototherapy. Approximately 11% of the patients had prior exposure to biologics.

The primary endpoint was the proportion of patients who achieve a PGA score of cleared (0) or minimal (1) at week 12. Secondary endpoints included PASI 75, PASI 90, change from baseline in Children’s Dermatology Life Quality Index (CDLQI), change from baseline in the total scale score of PedsQL (Paediatric Quality of Life Inventory) at week 12. At week 12, subjects treated with ustekinumab showed significantly greater improvement in their psoriasis and health related quality of life compared with placebo (Table 7).

All patients were followed for efficacy for up to 52 weeks following first administration of study agent. The proportion of patients with a PGA score of cleared (0) or minimal (1) and the proportion achieving PASI 75 showed separation between the ustekinumab treated group and placebo at the first post-baseline visit at week 4, reaching a maximum by week 12. Improvements in PGA, PASI, CDLQI and PedsQL were maintained through week 52 (Table 7).

Table 7 Summary of primary and secondary endpoints at week 12 and week 52

Paediatric psoriasis study (CADMUS)			
	Week 12		Week 52
	Placebo	Recommended dose of Ustekinumab	Recommended dose of Ustekinumab
	N (%)	N (%)	N (%)
Patients randomised	37	36	35
PGA			
PGA of cleared (0) or minimal (1)	2 (5.4%)	25 (69.4%) ^a	20 (57.1%)
PGA of Cleared (0)	1 (2.7%)	17 (47.2%) ^a	13 (37.1%)
PASI			
PASI 75 responders	4 (10.8%)	29 (80.6%) ^a	28 (80.0%)
PASI 90 responders	2 (5.4%)	22 (61.1%) ^a	23 (65.7%)
PASI 100 responders	1 (2.7%)	14 (38.9%) ^a	13 (37.1%)
CDLQI			
CDLQI of 0 or 1 ^b	6 (16.2%)	18 (50.0%) ^c	20 (57.1%)
PedsQL			
Change from baseline Mean (SD) ^d	3.35 (10.04)	8.03 (10.44) ^e	7.26 (10.92)

^a p < 0.001

^b CDLQI: The CDLQI is a dermatology instrument to assess the effect of a skin problem on the health-related quality of life in the paediatric population. CDLQI of 0 or 1 indicates no effect on child’s quality of life.

^c p = 0.002

^d PedsQL: The PedsQL Total Scale Score is a general health-related quality of life measure developed for use in children and adolescent populations. For the placebo group at week 12, N = 36

^e p = 0.028

During the placebo controlled period through week 12, the efficacy of both the recommended and half of the recommended dose groups were generally comparable at the primary endpoint (69.4% and 67.6% respectively) although there was evidence of a dose response for higher level efficacy criteria (e.g. PGA of cleared (0), PASI 90). Beyond week 12, efficacy was generally higher and better sustained in the recommended dose group compared with half of the recommended dosage group in which a modest loss of efficacy was more frequently observed toward the end of each 12 week dosing interval. The safety profiles of the recommended dose and half of the recommended dose were comparable.

Crohn’s Disease

The safety and efficacy of ustekinumab was assessed in three randomized, double-blind, placebo-controlled, multicenter studies in adult patients with moderately to severely active Crohn’s disease

(Crohn's Disease Activity Index [CDAI] score of ≥ 220 and ≤ 450). The clinical development program consisted of two 8-week intravenous induction studies (UNITI-1 and UNITI-2) followed by a 44 week subcutaneous randomized withdrawal maintenance study (IM-UNITI) representing 52 weeks of therapy.

The induction studies included 1409 (UNITI-1, n = 769; UNITI-2 n = 640) patients. The primary endpoint for both induction studies was the proportion of subjects in clinical response (defined as a reduction in CDAI score of ≥ 100 points) at week 6. Efficacy data were collected and analyzed through week 8 for both studies. Concomitant doses of oral corticosteroids, immunomodulators, aminosalicylates and antibiotics were permitted and 75% of patients continued to receive at least one of these medications. In both studies, patients were randomised to receive a single intravenous administration of either the recommended tiered dose of approximately 6 mg/kg (see section 4.2 of the STELARA 130 mg Concentrate for solution for infusion SmPC), a fixed dose of 130 mg ustekinumab, or placebo at week 0.

Patients in UNITI-1 had failed or were intolerant to prior anti-TNF α therapy. Approximately 48% of the patients had failed 1 prior anti-TNF α therapy and 52% had failed 2 or 3 prior anti-TNF α therapies. In this study, 29.1% of the patients had an inadequate initial response (primary non-responders), 69.4% responded but lost response (secondary non-responders), and 36.4% were intolerant to anti-TNF α therapies.

Patients in UNITI-2 had failed at least one conventional therapy, including corticosteroids or immunomodulators, and were either anti-TNF- α naïve (68.6%) or had previously received but not failed anti-TNF α therapy (31.4%).

In both UNITI-1 and UNITI-2, a significantly greater proportion of patients were in clinical response and remission in the ustekinumab treated group compared to placebo (Table 8). Clinical response and remission were significant as early as week 3 in ustekinumab treated patients and continued to improve through week 8. In these induction studies, efficacy was higher and better sustained in the tiered dose group compared to the 130 mg dose group, and tiered dosing is therefore the recommended intravenous induction dose.

Table 8: Induction of Clinical Response and Remission in UNITI-1 and UNITI 2

	UNITI-1*		UNITI-2**	
	Placebo N = 247	Recommended dose of ustekinumab N = 249	Placebo N = 209	Recommended dose of ustekinumab N = 209
Clinical Remission, week 8	18 (7.3%)	52 (20.9%) ^a	41 (19.6%)	84 (40.2%) ^a
Clinical Response (100 point), week 6	53 (21.5%)	84 (33.7%) ^b	60 (28.7%)	116 (55.5%) ^a
Clinical Response (100 point), week 8	50 (20.2%)	94 (37.8%) ^a	67 (32.1%)	121 (57.9%) ^a
70 Point Response, week 3	67 (27.1%)	101 (40.6%) ^b	66 (31.6%)	106 (50.7%) ^a
70 Point Response, week 6	75 (30.4%)	109 (43.8%) ^b	81 (38.8%)	135 (64.6%) ^a

Clinical remission is defined as CDAI score < 150; Clinical response is defined as reduction in CDAI score by at least 100 points or being in clinical remission

70 point response is defined as reduction in CDAI score by at least 70 points

* Anti-TNF α failures

** Conventional therapy failures

^a p < 0.001

^b p < 0.01

The maintenance study (IM-UNITI), evaluated 388 patients who achieved 100 point clinical response at week 8 of induction with ustekinumab in studies UNITI-1 and UNITI-2. Patients were randomized to receive a subcutaneous maintenance regimen of either 90 mg ustekinumab every 8 weeks, 90 mg ustekinumab every 12 weeks or placebo for 44 weeks (for recommended maintenance posology, see section 4.2).

Significantly higher proportions of patients maintained clinical remission and response in the ustekinumab treated groups compared to the placebo group at week 44 (see Table 9).

Table 9: Maintenance of Clinical Response and Remission in IM-UNITI (week 44; 52 weeks from initiation of the induction dose)

	Placebo* N = 131 [†]	90 mg ustekinumab every 8 weeks N = 128 [†]	90 mg ustekinumab every 12 weeks N = 129 [†]
Clinical Remission	36%	53% ^a	49% ^b
Clinical Response	44%	59% ^b	58% ^b
Corticosteroid-Free Clinical Remission	30%	47% ^a	43% ^c
Clinical Remission in patients:			
in remission at the start of maintenance therapy	46% (36/79)	67% (52/78) ^a	56% (44/78)
who entered from study CRD3002 [‡]	44% (31/70)	63% (45/72) ^c	57% (41/72)
who are Anti-TNF α naïve	49% (25/51)	65% (34/52) ^c	57% (30/53)
who entered from study CRD3001 [§]	26% (16/61)	41% (23/56)	39% (22/57)

Clinical remission is defined as CDAI score < 150; Clinical response is defined as reduction in CDAI of at least 100 points or being in clinical remission

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

[†] Patients who were in 100 point clinical response to ustekinumab at start of maintenance therapy

[‡] Patients who failed conventional therapy but not anti-TNF α therapy

[§] Patients who are anti-TNF α refractory/intolerant

^a p < 0.01

^b p < 0.05

^c nominally significant (p < 0.05)

In IM-UNITI, 29 of 129 patients did not maintain response to ustekinumab when treated every 12 weeks and were allowed to dose adjust to receive ustekinumab every 8 weeks. Loss of response was defined as a CDAI score \geq 220 points and a \geq 100 point increase from the CDAI score at baseline. In these patients, clinical remission was achieved in 41.4% of patients 16 weeks after dose adjustment.

Patients who were not in clinical response to ustekinumab induction at week 8 of the UNITI-1 and UNITI-2 induction studies (476 patients) entered into the non-randomized portion of the maintenance study (IM-UNITI) and received a 90 mg subcutaneous injection of ustekinumab at that time. Eight weeks later, 50.5% of the patients achieved clinical response and continued to receive maintenance dosing every 8 weeks; among these patients with continued maintenance dosing, a majority maintained response (68.1%) and achieved remission (50.2%) at week 44, at proportions that were similar to the patients who initially responded to ustekinumab induction.

Of 131 patients who responded to ustekinumab induction, and were randomized to the placebo group at the start of the maintenance study, 51 subsequently lost response and received 90 mg ustekinumab subcutaneously every 8 weeks. The majority of patients who lost response and resumed ustekinumab did so within 24 weeks of the induction infusion. Of these 51 patients, 70.6% achieved clinical response and 39.2% percent achieved clinical remission 16 weeks after receiving the first subcutaneous dose of ustekinumab.

Endoscopy

Endoscopic appearance of the mucosa was evaluated in 252 patients with eligible baseline endoscopic disease activity in a substudy. The primary endpoint was change from baseline in Simplified Endoscopic Disease Severity Score for Crohn's Disease (SES-CD), a composite score across 5 ileo-colonic segments of presence/size of ulcers, proportion of mucosal surface covered by ulcers, proportion of mucosal surface affected by any other lesions and presence/type of narrowing/strictures. At week 8, after a single intravenous induction dose, the change in SES-CD score was greater in the

ustekinumab group (n = 155, mean change = -2.8) than in the placebo group (n = 97, mean change = -0.7, p = 0.012).

Fistula Response

In a subgroup of patients with draining fistulas at baseline (8.8%; n = 26), 12/15 (80%) of ustekinumab-treated patients achieved a fistula response over 44 weeks (defined as $\geq 50\%$ reduction from baseline of the induction study in the number of draining fistulas) compared to 5/11 (45.5%) exposed to placebo.

Health-related quality of life

Health-related quality of life was assessed by IBDQ and SF-36 questionnaires. At week 8, patients receiving ustekinumab showed statistically significantly greater and clinically meaningful improvements on IBDQ total score and SF-36 Mental Component Summary Score in both UNITI-1 and UNITI-2, and SF-36 Physical Component Summary Score in UNITI-2, when compared to placebo. These improvements were generally better maintained in ustekinumab-treated patients in the IM-UNITI study through week 44 when compared to placebo.

Paediatric population

The European Medicines Agency has deferred the obligation to submit the results of studies with ustekinumab in one or more subsets of the paediatric population in Crohn's Disease (see section 4.2 for information on paediatric use).

5.2 Pharmacokinetic properties

Absorption

The median time to reach the maximum serum concentration (t_{\max}) was 8.5 days after a single 90 mg subcutaneous administration in healthy subjects. The median t_{\max} values of ustekinumab following a single subcutaneous administration of either 45 mg or 90 mg in patients with psoriasis were comparable to those observed in healthy subjects.

The absolute bioavailability of ustekinumab following a single subcutaneous administration was estimated to be 57.2% in patients with psoriasis.

Distribution

Median volume of distribution during the terminal phase (V_z) following a single intravenous administration to patients with psoriasis ranged from 57 to 83 mL/kg.

Biotransformation

The exact metabolic pathway for ustekinumab is unknown.

Elimination

Median systemic clearance (CL) following a single intravenous administration to patients with psoriasis ranged from 1.99 to 2.34 mL/day/kg. Median half-life ($t_{1/2}$) of ustekinumab was approximately 3 weeks in patients with psoriasis, psoriatic arthritis or Crohn's disease, ranging from 15 to 32 days across all psoriasis and psoriatic arthritis studies. In a population pharmacokinetic analysis, the apparent clearance (CL/F) and apparent volume of distribution (V/F) were 0.465 l/day and 15.7 l, respectively, in patients with psoriasis. The CL/F of ustekinumab was not impacted by gender. Population pharmacokinetic analysis showed that there was a trend towards a higher clearance of ustekinumab in patients who tested positive for antibodies to ustekinumab.

Dose linearity

The systemic exposure of ustekinumab (C_{\max} and AUC) increased in an approximately dose-proportional manner after a single intravenous administration at doses ranging from 0.09 mg/kg to 4.5 mg/kg or following a single subcutaneous administration at doses ranging from approximately 24 mg to 240 mg in patients with psoriasis.

Single dose versus multiple doses

Serum concentration-time profiles of ustekinumab were generally predictable after single or multiple subcutaneous dose administrations. In patients with psoriasis, steady-state serum concentrations of ustekinumab were achieved by week 28 after initial subcutaneous doses at Weeks 0 and 4 followed by doses every 12 weeks. The median steady-state trough concentration ranged from 0.21 µg/mL to 0.26 µg/mL (45 mg) and from 0.47 µg/mL to 0.49 µg/mL (90 mg). There was no apparent accumulation in serum ustekinumab concentration over time when given subcutaneously every 12 weeks.

In patients with Crohn's disease, following an intravenous dose of ~6 mg/kg, starting at week 8, subcutaneous maintenance dosing of 90 mg ustekinumab was administered every 8 or 12 weeks. Steady state ustekinumab concentration was achieved by the start of the second maintenance dose. Median steady-state trough concentrations ranged from 1.97 µg/mL to 2.24 µg/mL and from 0.61 µg/mL to 0.76 µg/mL for 90 mg ustekinumab every 8 weeks or every 12 weeks respectively. The steady-state trough ustekinumab levels resulting from 90 mg ustekinumab every 8 weeks were associated with higher clinical remission rates as compared to the steady-state trough levels following 90 mg every 12 weeks.

Impact of weight on pharmacokinetics

In a population pharmacokinetic analysis using data from patients with psoriasis, body weight was found to be the most significant covariate affecting the clearance of ustekinumab. The median CL/F in patients with weight > 100 kg was approximately 55% higher compared to patients with weight ≤ 100 kg. The median V/F in patients with weight > 100 kg was approximately 37% higher as compared to patients with weight ≤ 100 kg. The median trough serum concentrations of ustekinumab in patients with higher weight (> 100 kg) in the 90 mg group were comparable to those in patients with lower weight (≤ 100 kg) in the 45 mg group. Similar results were obtained from a confirmatory population pharmacokinetic analysis using data from patients with psoriatic arthritis.

Special populations

No pharmacokinetic data are available in patients with impaired renal or hepatic function. No specific studies have been conducted in elderly patients.

The pharmacokinetics of ustekinumab were generally comparable between Asian and non-Asian patients with psoriasis.

In patients with Crohn's disease, variability in ustekinumab CL was affected by body weight, serum albumin level, CRP, TNF antagonist failure status, sex, race (Asian versus non-Asian), and antibody to ustekinumab status while body weight was the main covariate affecting the volume of distribution. Concomitant use of immunomodulators did not have a significant impact on ustekinumab disposition. The impact of these statistically significant covariates on the respective PK parameters was within ± 20% when evaluated across a representative range of covariate values or categories in the data which is within the overall variability observed in the PK of ustekinumab.

In the population pharmacokinetic analysis, there were no indications of an effect of tobacco or alcohol on the pharmacokinetics of ustekinumab.

Serum ustekinumab concentrations in paediatric psoriasis patients 12 to 17 years of age, treated with the recommended weight-based dose were generally comparable to those in the adult psoriasis population treated with the adult dose, while serum ustekinumab concentrations in paediatric psoriasis patients treated with half of the recommended weight-based dose were generally lower than those in adults.

Regulation of CYP450 enzymes

The effects of IL-12 or IL-23 on the regulation of CYP450 enzymes were evaluated in an *in vitro* study using human hepatocytes, which showed that IL-12 and/or IL-23 at levels of 10 ng/mL did not alter human CYP450 enzyme activities (CYP1A2, 2B6, 2C9, 2C19, 2D6, or 3A4; see section 4.5).

5.3 Preclinical safety data

Non-clinical data reveal no special hazard (e.g. organ toxicity) for humans based on studies of repeated-dose toxicity and developmental and reproductive toxicity, including safety pharmacology evaluations. In developmental and reproductive toxicity studies in cynomolgus monkeys, neither adverse effects on male fertility indices nor birth defects or developmental toxicity were observed. No adverse effects on female fertility indices were observed using an analogous antibody to IL-12/23 in mice.

Dose levels in animal studies were up to approximately 45-fold higher than the highest equivalent dose intended to be administered to psoriasis patients and resulted in peak serum concentrations in monkeys that were more than 100-fold higher than observed in humans.

Carcinogenicity studies were not performed with ustekinumab due to the lack of appropriate models for an antibody with no cross-reactivity to rodent IL-12/23 p40.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

L-histidine
L-histidine monohydrochloride monohydrate
Polysorbate 80
Sucrose
Water for injections

6.2 Incompatibilities

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.

6.3 Shelf life

2 years.

6.4 Special precautions for storage

Store in a refrigerator (2°C – 8°C). Do not freeze.
Keep the vial or pre-filled syringe in the outer carton in order to protect from light.

6.5 Nature and contents of container

STELARA 45 mg solution for injection

0.5 mL solution in a type I glass 2 mL vial closed with a coated butyl rubber stopper.

STELARA 90 mg solution for injection

1 mL solution in a type I glass 2 mL vial closed with a coated butyl rubber stopper.

STELARA 45 mg solution for injection in pre-filled syringe

0.5 mL solution in a type I glass 1 mL syringe with a fixed stainless steel needle and a needle cover containing dry natural rubber (a derivative of latex). The syringe is fitted with a passive safety guard.

STELARA 90 mg solution for injection in pre-filled syringe

1 mL solution in a type I glass 1 mL syringe with a fixed stainless steel needle and a needle cover containing dry natural rubber (a derivative of latex). The syringe is fitted with a passive safety guard.

STELARA is available in a 1 vial pack or a pack of 1 pre-filled syringe.

6.6 Special precautions for disposal and other handling

The solution in the STELARA vial or pre-filled syringe should not be shaken. The solution should be visually inspected for particulate matter or discoloration prior to subcutaneous administration. The solution is clear to slightly opalescent, colourless to light yellow and may contain a few small translucent or white particles of protein. This appearance is not unusual for proteinaceous solutions. The medicinal product should not be used if the solution is discoloured or cloudy, or if foreign particulate matter is present. Before administration, STELARA should be allowed to reach room temperature (approximately half an hour). Detailed instructions for use are provided in the package leaflet.

STELARA does not contain preservatives; therefore any unused medicinal product remaining in the vial and the syringe should not be used. STELARA is supplied as a sterile, single-use vial or single-use pre-filled syringe. The syringe, needle and vial must never be re-used. Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Janssen-Cilag International NV
Turnhoutseweg 30
2340 Beerse
Belgium

8. MARKETING AUTHORISATION NUMBER(S)

STELARA 45 mg solution for injection
EU/1/08/494/001

STELARA 90 mg solution for injection
EU/1/08/494/002

STELARA 45 mg solution for injection in pre-filled syringe
EU/1/08/494/003

STELARA 90 mg solution for injection in pre-filled syringe
EU/1/08/494/004

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 16 January 2009
Date of latest renewal: 19 September 2013

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu/>

ANNEX II

- A. MANUFACTURERS OF THE BIOLOGICAL ACTIVE SUBSTANCE AND MANUFACTURER RESPONSIBLE FOR BATCH RELEASE**
- B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**
- C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**
- D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

A. MANUFACTURERS OF THE BIOLOGICAL ACTIVE SUBSTANCE AND MANUFACTURER RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturers of the biological active substance

Patheon Biologics LLC
4766 LaGuardia Drive
St. Louis, MO 63134
USA

Janssen Biologics B.V.
Einsteinweg 101
NL-2333 CB Leiden
The Netherlands

Janssen Sciences Ireland UC
Barnahely
Ringaskiddy
Co. Cork
Ireland

Name and address of the manufacturer responsible for batch release

Janssen Biologics B.V.
Einsteinweg 101
NL-2333 CB Leiden
The Netherlands

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to restricted medical prescription (see Annex I: Summary of Product Characteristics, section 4.2).

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

• **Periodic Safety Update Reports**

The requirements for submission of periodic safety update reports for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

• **Risk Management Plan (RMP)**

The MAH shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the Marketing Authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the European Medicines Agency:

- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.
- **Additional risk minimisation measures**

The Marketing authorisation Holder (MAH) shall ensure that prior to launch of Stelara, all healthcare professionals who are expected to prescribe/use Stelara are provided with educational materials containing the following:

- Healthcare professional educational pack
- Patient information pack

The key messages and components included in the Healthcare Professional educational pack are defined as follows:

- Summary of product characteristics
- Local guidance for tuberculosis screening;
- Risk of serious infections, including salmonella, tuberculosis, and other mycobacterial infections;
- Risk of hypersensitivity reactions, including allergy to latex present in the needle cover of the pre-filled syringe;
- Risk of malignancies.

The key messages in the patient information pack are defined as follows:

- Package leaflet
- Risk of reactivation of latent tuberculosis and information about the screening for tuberculosis according to the local guidance;
- Risk of serious infections, including salmonella, tuberculosis, and other mycobacterial infections;
- Risk of hypersensitivity reactions, including allergy to latex present in the needle cover of the pre-filled syringe;
- Potential risk of malignancies;
- Appropriate techniques for self administration of Stelara, including use of the prefilled syringes.

ANNEX III
LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON (130 mg)

1. NAME OF THE MEDICINAL PRODUCT

STELARA 130 mg concentrate for solution for infusion
ustekinumab

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 130 mg of ustekinumab in 26 mL.

3. LIST OF EXCIPIENTS

Excipients: EDTA disodium salt dihydrate, L-histidine, L-histidine monohydrochloride monohydrate, L-methionine, polysorbate 80, sucrose, water for injection.

4. PHARMACEUTICAL FORM AND CONTENTS

Concentrate for Solution for infusion
130 mg/26 mL
1 vial

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Do not shake.
Read the package leaflet before use.
For single use only.
Intravenous use after dilution.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.
Do not freeze.

Keep the vial in the outer carton in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Janssen-Cilag International NV
Turnhoutseweg 30
2340 Beerse
Belgium

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/08/494/005

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Justification for not including in Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC:
SN:
NN:

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

VIAL LABEL TEXT (130 mg)

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

STELARA 130 mg concentrate for solution for infusion
Ustekinumab

2. METHOD OF ADMINISTRATION

For IV use after dilution.
Do not shake.

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

130 mg/26 mL

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

VIAL CARTON TEXT (45 mg)

1. NAME OF THE MEDICINAL PRODUCT

STELARA 45 mg solution for injection
ustekinumab

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 45 mg of ustekinumab in 0.5 mL.

3. LIST OF EXCIPIENTS

Excipients: Sucrose, L-histidine, L-histidine monohydrochloride monohydrate, polysorbate 80, water for injections.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection
45 mg/0.5 mL
1 vial

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Do not shake.
Subcutaneous use
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.
Do not freeze.

Keep the vial in the outer carton in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Janssen-Cilag International NV
Turnhoutseweg 30
2340 Beerse
Belgium

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/08/494/001

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

STELARA 45 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC:
SN:
NN:

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

VIAL LABEL TEXT (45 mg)

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

STELARA 45 mg solution for injection
ustekinumab
SC

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

45 mg/0.5 mL

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

VIAL CARTON TEXT (90 mg)

1. NAME OF THE MEDICINAL PRODUCT

STELARA 90 mg solution for injection
ustekinumab

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 90 mg of ustekinumab in 1 mL.

3. LIST OF EXCIPIENTS

Excipients: Sucrose, L-histidine, L-histidine monohydrochloride monohydrate, polysorbate 80, water for injections.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection
90 mg/1 mL
1 vial

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Do not shake.
Subcutaneous use
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.
Do not freeze.

Keep the vial in the outer carton in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Janssen-Cilag International NV
Turnhoutseweg 30
2340 Beerse
Belgium

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/08/494/002

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

STELARA 90 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC:
SN:
NN:

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

VIAL LABEL TEXT (90 mg)

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

STELARA 90 mg solution for injection
ustekinumab
SC

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

90 mg/1 mL

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

PRE-FILLED SYRINGE CARTON TEXT (45 mg)

1. NAME OF THE MEDICINAL PRODUCT

STELARA 45 mg solution for injection in pre-filled syringe
ustekinumab

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled syringe contains 45 mg of ustekinumab in 0.5 mL.

3. LIST OF EXCIPIENTS

Excipients: Sucrose, L-histidine, L-histidine monohydrochloride monohydrate, polysorbate 80, water for injections. The container of this medicinal product contains latex rubber. See the package leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection in pre-filled syringe
45 mg/0.5 mL
1 pre-filled syringe

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Do not shake.
Subcutaneous use
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Do not freeze.

Keep the pre-filled syringe in the outer carton in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Janssen-Cilag International NV
Turnhoutseweg 30
2340 Beerse
Belgium

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/08/494/003

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

STELARA 45 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC:
SN:
NN:

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

PRE-FILLED SYRINGE LABEL TEXT (45 mg)

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

STELARA 45 mg injection
ustekinumab
SC

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

45 mg/0.5 mL

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

PRE-FILLED SYRINGE CARTON TEXT (90 mg)

1. NAME OF THE MEDICINAL PRODUCT

STELARA 90 mg solution for injection in pre-filled syringe
ustekinumab

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled syringe contains 90 mg of ustekinumab in 1 mL.

3. LIST OF EXCIPIENTS

Excipients: Sucrose, L-histidine, L-histidine monohydrochloride monohydrate, polysorbate 80, water for injections. The container of this medicinal product contains latex rubber. See the package leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection in pre-filled syringe
90 mg/1 mL
1 pre-filled syringe

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Do not shake.
Subcutaneous use
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Do not freeze.

Keep the pre-filled syringe in the outer carton in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Janssen-Cilag International NV
Turnhoutseweg 30
2340 Beerse
Belgium

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/08/494/004

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

STELARA 90 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC:
SN:
NN:

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

PRE-FILLED SYRINGE LABEL TEXT (90 mg)

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

STELARA 90 mg injection
ustekinumab
SC

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

90 mg/1 mL

6. OTHER

B. PACKAGE LEAFLET

Package leaflet: Information for the user

STELARA 130 mg concentrate for solution for infusion Ustekinumab

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

This leaflet has been written for the person taking the medicine.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Stelara is and what it is used for
2. What you need to know before you use Stelara
3. How Stelara will be given
4. Possible side effects
5. How to store Stelara
6. Contents of the pack and other information

1. What Stelara is and what it is used for

What Stelara is

Stelara contains the active substance ‘ustekinumab’, a monoclonal antibody. Monoclonal antibodies are proteins that recognise and bind specifically to certain proteins in the body.

Stelara belongs to a group of medicines called ‘immunosuppressants’. These medicines work by weakening part of the immune system.

What Stelara is used for

Stelara is used to treat moderate to severe Crohn’s disease in adults.

Crohn’s disease

Crohn’s disease is an inflammatory disease of the bowel. If you have Crohn’s disease you will first be given other medicines. If you do not respond well enough or are intolerant to these medicines, you may be given Stelara to reduce the signs and symptoms of your disease.

2. What you need to know before you use Stelara

Do not use Stelara:

- **If you are allergic to ustekinumab** or any of the other ingredients of this medicine (listed in section 6).
- **If you have an active infection** which your doctor thinks is important.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Stelara.

Warnings and precautions

Talk to your doctor or pharmacist before using Stelara. Your doctor will check how well you are before treatment. Make sure you tell your doctor about any illness you have before treatment. Also tell your doctor if you have recently been near anyone who might have tuberculosis. Your doctor will examine you and do a test for tuberculosis, before you have Stelara. If your doctor thinks you are at

risk of tuberculosis, you may be given medicines to treat it.

Look out for serious side effects

Stelara can cause serious side effects, including allergic reactions and infections. You must look out for certain signs of illness while you are taking Stelara. See ‘Serious side effects’ in section 4 for a full list of these side effects.

Before you use Stelara tell your doctor:

- **If you ever had an allergic reaction to Stelara.** Ask your doctor if you are not sure.
- **If you have ever had any type of cancer** – this is because immunosuppressants like Stelara weaken part of the immune system. This may increase the risk of cancer.
- **If you have or have had a recent infection or if you have any abnormal skin openings (fistulae).**
- **If you have any new or changing lesions** within psoriasis areas or on normal skin.
- **If you are having any other treatment for psoriasis and/or psoriatic arthritis** – such as another immunosuppressant or phototherapy (when your body is treated with a type of ultraviolet (UV) light). These treatments may also weaken part of the immune system. Using these therapies together with Stelara has not been studied. However it is possible it may increase the chance of diseases related to a weaker immune system.
- **If you are having or have ever had injections to treat allergies** – it is not known if Stelara may affect these.
- **If you are 65 years of age or over** – you may be more likely to get infections.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Stelara.

Children and adolescents

Stelara is not recommended for use in children under 18 years of age with Crohn’s disease because it has not been studied in this age group.

Other medicines, vaccines and Stelara

Tell your doctor or pharmacist:

- If you are taking, have recently taken or might take any other medicines.
- If you have recently had or are going to have a vaccination. Some types of vaccines (live vaccines) should not be given while using Stelara.

Pregnancy and breast-feeding

- It is preferable to avoid the use of Stelara in pregnancy. The effects of Stelara in pregnant women are not known. If you are a woman of childbearing potential, you are advised to avoid becoming pregnant and must use adequate contraception while using Stelara and for at least 15 weeks after the last Stelara treatment.
- Talk to your doctor if you are pregnant, think you may be pregnant or are planning to have a baby.
- Talk to your doctor if you are breast-feeding or are planning to breast-feed. You and your doctor should decide if you should breast-feed or use Stelara - do not do both.

Driving and using machines

Stelara has no or negligible influence on the ability to drive and use machines.

3. How Stelara will be given

Stelara is intended for use under the guidance and supervision of a doctor experienced in the diagnosis and treatment of Crohn’s disease.

Stelara 130 mg concentrate for solution for infusion will be given to you by your doctor, through a drip in the vein of your arm (intravenous infusion) over at least one hour. Talk to your doctor about when you will have your injections and follow-up appointments.

How much Stelara is given

Your doctor will decide how much Stelara you need to receive and for how long.

Adults aged 18 years or older

- The doctor will work out the recommended intravenous infusion dose for you based on your body weight.

Your body weight	Dose
≤ 55 kg	260 mg
> 55 kg to ≤ 85 kg	390 mg
> 85 kg	520 mg

- After the starting intravenous dose, you will have the next dose of 90 mg Stelara by an injection under your skin (subcutaneous injection) 8 weeks later, and then every 12 weeks thereafter.

How Stelara is given

- The first dose of Stelara for treatment of Crohn's disease is given by a doctor as a drip in the vein of an arm (intravenous infusion).

Talk to your doctor if you have any questions about receiving Stelara.

If you forget to use Stelara

If you forget or miss the appointment for receiving the dose, contact your doctor to reschedule your appointment.

If you stop using Stelara

It is not dangerous to stop using Stelara. However, if you stop, your symptoms may come back.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Serious side effects

Some patients may have serious side effects that may need urgent treatment.

Allergic reactions – these may need urgent treatment. Tell your doctor or get emergency medical help straight away if you notice any of the following signs.

- Serious allergic reactions ('anaphylaxis') are rare in people taking Stelara (may affect up to 1 in 1,000 people). Signs include:
 - difficulty breathing or swallowing
 - low blood pressure, which can cause dizziness or light-headedness
 - swelling of the face, lips, mouth or throat.
- Common signs of an allergic reaction include skin rash and hives (these may affect up to 1 in 100 people).

If you have a serious allergic reaction, your doctor may decide that you should not use Stelara again.

Infections – these may need urgent treatment. Tell your doctor straight away if you notice any of the following signs.

- Infections of the nose or throat and common cold are common (may affect up to 1 in

- 10 people)
- Inflammation of tissue under the skin ('cellulitis') is uncommon (may affect up to 1 in 100 people)
- Shingles (a type of painful rash with blisters) are uncommon (may affect up to 1 in 100 people)

Stelara may make you less able to fight infections, and some infections could become serious. You must look out for signs of infection while you are using Stelara. These include:

- fever, flu-like symptoms, night sweats
- feeling tired or short of breath; cough which will not go away
- warm, red and painful skin, or a painful skin rash with blisters
- burning when passing water
- diarrhoea.

Tell your doctor straight away if you notice any of these signs of infection. Tell your doctor if you have any kind of infection that will not go away or keeps coming back. Your doctor may decide that you should not use Stelara until the infection goes away. Also tell your doctor if you have any open cuts or sores as they might get infected.

Shedding of skin – increase in redness and shedding of skin over a larger area of the body may be symptoms of erythrodermic psoriasis or exfoliative dermatitis, which are serious skin conditions. You should tell your doctor straight away if you notice any of these signs.

Other side effects

Common side effects (may affect up to 1 in 10 people):

- Diarrhoea
- Nausea
- Vomiting
- Feeling tired
- Feeling dizzy
- Headache
- Itching ('pruritus')
- Back, muscle or joint pain
- Sore throat
- Redness and pain where the injection is given

Uncommon side effects (may affect up to 1 in 100 people):

- Tooth infections
- Vaginal yeast infection
- Depression
- Blocked or stuffy nose
- Bleeding, bruising, hardness, swelling and itching where the injection is given
- Feeling weak
- Drooping eyelid and sagging muscles on one side of the face ('facial palsy' or 'Bell's palsy'), which is usually temporary
- A change in psoriasis with redness and new tiny, yellow or white skin blisters, sometimes accompanied by fever (pustular psoriasis)
- Peeling of the skin (skin exfoliation)
- Acne

Rare side effects (may affect up to 1 in 1000 people)

- Redness and shedding of skin over a larger area of the body, which may be itchy or painful (exfoliative dermatitis). Similar symptoms sometimes develop as a natural change in the type of psoriasis symptoms (erythrodermic psoriasis)

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Stelara

- Stelara 130 mg concentrate for solution for infusion is given in a hospital or clinic and patients should not need to store or handle it.
- Keep this medicine out of the sight and reach of children.
- Store in a refrigerator (2°C–8°C). Do not freeze.
- Keep the vial in the outer carton in order to protect from light.
- Do not shake the Stelara vials. Prolonged vigorous shaking may damage the medicine.

Do not use this medicine:

- After the expiry date which is stated on the label and the carton after 'EXP'. The expiry date refers to the last day of that month.
- If the liquid is discoloured, cloudy or you can see other foreign particles floating in it (see section 6 'What Stelara looks like and contents of the pack').
- If you know, or think that it may have been exposed to extreme temperatures (such as accidentally frozen or heated).
- If the product has been shaken vigorously.
- If the seal is broken.

Stelara is for single use only. Any diluted infusion solution or unused product remaining in the vial and the syringe should be thrown away in accordance with local requirements.

6. Contents of the pack and other information

What Stelara contains

- The active substance is ustekinumab. Each vial contains 130 mg ustekinumab in 26 mL.
- The other ingredients are EDTA disodium salt dihydrate, L-histidine, L-histidine monohydrochloride monohydrate, L-methionine, polysorbate 80, sucrose and water for injection.

What Stelara looks like and contents of the pack

Stelara is a clear, colourless to light yellow concentrate for solution for infusion. It is supplied as a carton pack containing 1 single-dose, glass 30 mL vial. Each vial contains 130 mg ustekinumab in 26 mL of concentrate for solution for infusion.

Marketing Authorisation Holder

Janssen-Cilag International NV
Turnhoutseweg 30
2340 Beerse
Belgium

Manufacturer

Janssen Biologics B.V.
Einsteinweg 101
2333 CB Leiden
The Netherlands

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

België/Belgique/Belgien

JANSSEN-CILAG NV
Antwerpseweg 15-17
B-2340 Beerse
Tel/Tél: + 32 14 649 411

Lietuva

UAB "JOHNSON & JOHNSON"
Geležinio Vilko g. 18A
LT-08104 Vilnius
Tel: +370 5 278 68 88

България

„Джонсън & Джонсън България” ЕООД
ж.к. Младост 4
Бизнес Парк София, сграда 4
София 1766
Тел.: +359 2 489 94 00

Luxembourg/Luxemburg

JANSSEN-CILAG NV
Antwerpseweg 15-17
B-2340 Beerse
Belgique/Belgien
Tél/Tel: +32 14 649 411

Česká republika

JANSSEN-CILAG s.r.o.
Karla Engliše 3201/06
CZ-15000 Praha 5 - Smíchov
Česká republika
Tel: +420 227 012 227

Magyarország

JANSSEN-CILAG Kft.
Nagyenyed u. 8-14
H-Budapest, 1123
Tel.: +36 1 884 2858

Danmark

JANSSEN-CILAG A/S
Bregnerødvej 133
DK-3460 Birkerød
Tlf: +45 45 94 82 82

Malta

A.M. Mangion Ltd.
Mangion Building, Triq ġdida fi triq Valletta
MT-Ħal-Luqa LQA 6000
Malta
Tel: +356 2397 6000

Deutschland

JANSSEN-CILAG GmbH
Johnson & Johnson Platz 1
D-41470 Neuss
Tel: +49 2137-955-955

Nederland

JANSSEN-CILAG B.V.
Graaf Engelbertlaan 75
NL-4837 DS Breda
Tel: +31 76 711 1111

Eesti

UAB "JOHNSON & JOHNSON" Eesti filiaal
Lõdtsa 2
EE-11415 Tallinn
Tel: +372 617 7410

Norge

JANSSEN-CILAG AS
Postboks 144
NO-1325 Lysaker
Tlf: + 47 24 12 65 00

Ελλάδα

JANSSEN-CILAG Φαρμακευτική Α.Ε.Β.Ε.
Λεωφόρος Ειρήνης 56
GR-151 21 Πεύκη
Αθήνα
Τηλ: +30 210 80 90 000

Österreich

JANSSEN-CILAG Pharma GmbH
Vorgartenstraße 206B
A-1020 Wien
Tel: +43 1 610 300

España

JANSSEN-CILAG, S.A.
Paseo de las Doce Estrellas, 5-7
E-28042 Madrid
Tel: +34 91 722 81 00

Polska

JANSSEN-CILAG
POLSKA Sp. z o.o.
ul. Hżeczka 24
PL-02-135 Warszawa
Tel.: + 48 22 237 60 00

France

JANSSEN-CILAG
1, rue Camille Desmoulins
TSA 91003
F-92787 Issy Les Moulineaux
Cedex 9
Tél: 0800 25 50 75 / +33 (0)1 55 00 40 03

Hrvatska

Johnson & Johnson S.E. d.o.o.
Oreškovićeva 6h
10010 Zagreb
Tel: +385 1 6610 700

Ireland

JANSSEN-CILAG Ltd.
50 -100 Holmers Farm Way,
High Wycombe,
Buckinghamshire, HP12 4EG - UK
Tel: +44 1 494 567 444

Ísland

JANSSEN-CILAG AB
c/o Vistor hf.
Hörgatúni 2
IS-210 Garðabær
Sími: +354 535 7000

Italia

JANSSEN-CILAG SpA
Via M.Buonarroti, 23
I-20093 Cologno Monzese MI
Tel: +39 02 2510 1

Κύπρος

Βαρνάβας Χατζηπαναγής Λτδ
Λεωφόρος Γιάννου Κρανιδιώτη 226
Λατσιά
CY-2234 Λευκωσία
Τηλ: +357 22 20 77 00

Latvija

UAB "JOHNSON & JOHNSON" filiāle
Latvijā
Mūkusalas iela 101
Rīga, LV-1004
Tel: +371 678 93561

Portugal

JANSSEN-CILAG FARMACÊUTICA, LDA.
Estrada Consiglieri Pedroso, 69 A
Queluz de Baixo
PT-2734-503 Barcarena
Tel: +351 21 43 68 835

România

Johnson & Johnson România S.R.L.
Str. Tipografilor nr. 11-15,
Clădirea S-Park,
Corp B3-B4, Etaj 3
013714 București - RO
Tel: +40 21 207 18 00

Slovenija

Johnson & Johnson d.o.o.
Šmartinska cesta 53
SI-1000, Ljubljana
Tel: +386 1 401 18 30

Slovenská republika

Johnson & Johnson, s.r.o.
CBC III, Karadžičova 12
SK-821 08 Bratislava
Tel: +421 232 408 400

Suomi/Finland

JANSSEN-CILAG OY
Vaisalantie/Vaisalavägen 2
FI-02130 Espoo/Esbo
Puh/Tel: +358 207 531 300

Sverige

JANSSEN-CILAG AB
Box 4042
SE-16904 Solna
Tel +46 8 626 50 00

United Kingdom

JANSSEN-CILAG Ltd.
50 -100 Holmers Farm Way
High Wycombe
Buckinghamshire, HP12 4EG - UK
Tel: +44 1 494 567 444

This leaflet was last revised in {MM/YYYY}.

Detailed information on this medicine is available on the European Medicines Agency web site:
<http://www.ema.europa.eu/>.

The following information is intended for healthcare professionals only:

Instructions for dilution:

STELARA concentrate for solution for infusion must be diluted, prepared and infused by a healthcare professional using aseptic technique.

1. Calculate the dose and the number of STELARA vials needed based on patient weight (see section 3, Table 1). Each 26 mL vial of STELARA contains 130 mg of ustekinumab.
2. Withdraw and then discard a volume of the sodium chloride 9 mg/mL (0.9%) solution from the 250 mL infusion bag equal to the volume of STELARA to be added (discard 26 mL sodium chloride for each vial of STELARA needed, for 2 vials- discard 52 mL, for 3 vials discard 78 mL, for 4 vials- discard 104 mL).
3. Withdraw 26 mL of STELARA from each vial needed and add it to the 250 mL infusion bag. The final volume in the infusion bag should be 250 mL. Gently mix.
4. Visually inspect the diluted solution before infusion. Do not use if visibly opaque particles, discoloration or foreign particles are observed.
5. Infuse the diluted solution over a period of at least one hour. Once diluted, the infusion solution may be stored for up to four hours prior to infusion.
6. Use only an infusion set with an in-line, sterile, non-pyrogenic, low protein-binding filter (pore size 0.2 micrometer).
7. Each vial is for single use only and any unused medicinal product should be disposed of in accordance with local requirements.

Storage

If necessary, the infusion solution may be stored for up to four hours at room temperature. Do not freeze.

Package leaflet: Information for the user

STELARA 45 mg solution for injection Ustekinumab

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

This leaflet has been written for the person taking the medicine. If you are the parent or caregiver who will give Stelara to a child, please read this information carefully.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Stelara is and what it is used for
2. What you need to know before you use Stelara
3. How to use Stelara
4. Possible side effects
5. How to store Stelara
6. Contents of the pack and other information

1. What Stelara is and what it is used for

What Stelara is

Stelara contains the active substance ‘ustekinumab’, a monoclonal antibody. Monoclonal antibodies are proteins that recognise and bind specifically to certain proteins in the body.

Stelara belongs to a group of medicines called ‘immunosuppressants’. These medicines work by weakening part of the immune system.

What Stelara is used for

Stelara is used to treat the following inflammatory diseases:

- Plaque psoriasis - in adults and children aged 12 years and older
- Psoriatic arthritis - in adults
- Moderate to severe Crohn’s disease - in adults

Plaque psoriasis

Plaque psoriasis is a skin condition that causes inflammation affecting the skin and nails. Stelara will reduce the inflammation and other signs of the disease.

Stelara is used in adults with moderate to severe plaque psoriasis, who cannot use ciclosporin, methotrexate or phototherapy, or where these treatments did not work.

Stelara is used in children aged 12 years and older with moderate to severe plaque psoriasis who are unable to tolerate phototherapy or other systemic therapies or where these treatments did not work.

Psoriatic arthritis

Psoriatic arthritis is an inflammatory disease of the joints, usually accompanied by psoriasis. If you have active psoriatic arthritis you will first be given other medicines. If you do not respond well enough to these medicines, you may be given Stelara to:

- Reduce the signs and symptoms of your disease.

- Improve your physical function.
- Slow down the damage to your joints.

Crohn's disease

Crohn's disease is an inflammatory disease of the bowel. If you have Crohn's disease you will first be given other medicines. If you do not respond well enough or are intolerant to these medicines, you may be given Stelara to reduce the signs and symptoms of your disease.

2. What you need to know before you use Stelara

Do not use Stelara:

- **If you are allergic to ustekinumab** or any of the other ingredients of this medicine (listed in section 6).
- **If you have an active infection** which your doctor thinks is important.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Stelara.

Warnings and precautions

Talk to your doctor or pharmacist before using Stelara. Your doctor will check how well you are before each treatment. Make sure you tell your doctor about any illness you have before each treatment. Also tell your doctor if you have recently been near anyone who might have tuberculosis. Your doctor will examine you and do a test for tuberculosis, before you have Stelara. If your doctor thinks you are at risk of tuberculosis, you may be given medicines to treat it.

Look out for serious side effects

Stelara can cause serious side effects, including allergic reactions and infections. You must look out for certain signs of illness while you are taking Stelara. See 'Serious side effects' in section 4 for a full list of these side effects.

Before you use Stelara tell your doctor:

- **If you ever had an allergic reaction to Stelara.** Ask your doctor if you are not sure.
- **If you have ever had any type of cancer** – this is because immunosuppressants like Stelara weaken part of the immune system. This may increase the risk of cancer.
- **If you have or have had a recent infection.**
- **If you have any new or changing lesions** within psoriasis areas or on normal skin.
- **If you are having any other treatment for psoriasis and/or psoriatic arthritis** – such as another immunosuppressant or phototherapy (when your body is treated with a type of ultraviolet (UV) light). These treatments may also weaken part of the immune system. Using these therapies together with Stelara has not been studied. However it is possible it may increase the chance of diseases related to a weaker immune system.
- **If you are having or have ever had injections to treat allergies** – it is not known if Stelara may affect these.
- **If you are 65 years of age or over** – you may be more likely to get infections.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Stelara.

Children and adolescents

Stelara is not recommended for use in children with psoriasis under 12 years of age, or for use in children under 18 years of age with psoriatic arthritis or Crohn's disease because it has not been studied in this age group.

Other medicines, vaccines and Stelara

Tell your doctor or pharmacist:

- If you are taking, have recently taken or might take any other medicines.
- If you have recently had or are going to have a vaccination. Some types of vaccines (live vaccines) should not be given while using Stelara.

Pregnancy and breast-feeding

- It is preferable to avoid the use of Stelara in pregnancy. The effects of Stelara in pregnant women are not known. If you are a woman of childbearing potential, you are advised to avoid becoming pregnant and must use adequate contraception while using Stelara and for at least 15 weeks after the last Stelara treatment.
- Talk to your doctor if you are pregnant, think you may be pregnant or are planning to have a baby.
- Talk to your doctor if you are breast-feeding or are planning to breast-feed. You and your doctor should decide if you should breast-feed or use Stelara - do not do both.

Driving and using machines

Stelara has no or negligible influence on the ability to drive and use machines.

3. How to use Stelara

Stelara is intended for use under the guidance and supervision of a doctor experienced in treating conditions for which STELARA is intended.

Always use this medicine exactly as your doctor has told you. Check with your doctor if you are not sure. Talk to your doctor about when you will have your injections and follow-up appointments.

How much Stelara is given

Your doctor will decide how much Stelara you need to use and for how long.

Adults aged 18 years or older

Psoriasis or Psoriatic Arthritis

- The recommended starting dose is 45 mg Stelara. Patients who weigh more than 100 kilograms (kg) may start on a dose of 90 mg instead of 45 mg.
- After the starting dose, you will have the next dose 4 weeks later, and then every 12 weeks. The following doses are usually the same as the starting dose.

Crohn's disease

- During treatment, the first dose of approximately 6 mg/kg Stelara will be given by your doctor through a drip in a vein in your arm (intravenous infusion). After the starting dose, you will receive the next dose of 90 mg Stelara after 8 weeks, then every 12 weeks thereafter by an injection under the skin ('subcutaneously').
- In some patients, after the first injection under the skin, 90 mg Stelara may be given every 8 weeks. Your doctor will decide when you should receive your next dose.

Children and adolescents aged 12 years or older

Psoriasis

- The doctor will work out the right dose for you, including the amount (volume) of Stelara to be injected to give the right dose. The right dose for you will depend on your body weight at the time each dose is given.
- If you weigh less than 60 kg, the recommended dose is 0.75 mg of Stelara per kg body weight.
- If you weigh 60 kg to 100 kg, the recommended dose is 45 mg Stelara.
- If you weigh more than 100 kg, the recommended dose is 90 mg Stelara.
- After the starting dose, you will have the next dose 4 weeks later, and then every 12 weeks.

How Stelara is given

- Stelara is given as an injection under the skin ('subcutaneously'). At the start of your treatment, medical or nursing staff may inject Stelara.
- However, you and your doctor may decide that you may inject Stelara yourself. In this case you will get training on how to inject Stelara yourself.
- For instructions on how to inject Stelara, see 'Instructions for administration' at the end of this leaflet.

Talk to your doctor if you have any questions about giving yourself an injection.

If you use more Stelara than you should

If you have used or been given too much Stelara, talk to a doctor or pharmacist straight away. Always have the outer carton of the medicine with you, even if it is empty.

If you forget to use Stelara

If you forget a dose, contact your doctor or pharmacist. Do not take a double dose to make up for a forgotten dose.

If you stop using Stelara

It is not dangerous to stop using Stelara. However, if you stop, your symptoms may come back.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Serious side effects

Some patients may have serious side effects that may need urgent treatment.

Allergic reactions – these may need urgent treatment. Tell your doctor or get emergency medical help straight away if you notice any of the following signs.

- Serious allergic reactions ('anaphylaxis') are rare in people taking Stelara (may affect up to 1 in 1,000 people). Signs include:
 - difficulty breathing or swallowing
 - low blood pressure, which can cause dizziness or light-headedness
 - swelling of the face, lips, mouth or throat.
- Common signs of an allergic reaction include skin rash and hives (these may affect up to 1 in 100 people).

If you have a serious allergic reaction, your doctor may decide that you should not use Stelara again.

Infections – these may need urgent treatment. Tell your doctor straight away if you notice any of the following signs.

- Infections of the nose or throat and common cold are common (may affect up to 1 in 10 people)
- Inflammation of tissue under the skin ('cellulitis') is uncommon (may affect up to 1 in 100 people)
- Shingles (a type of painful rash with blisters) are uncommon (may affect up to 1 in 100 people)

Stelara may make you less able to fight infections, and some infections could become serious. You must look out for signs of infection while you are using Stelara. These include:

- fever, flu-like symptoms, night sweats
- feeling tired or short of breath; cough which will not go away

- warm, red and painful skin, or a painful skin rash with blisters
- burning when passing water
- diarrhoea.

Tell your doctor straight away if you notice any of these signs of infection. Tell your doctor if you have any kind of infection that will not go away or keeps coming back. Your doctor may decide that you should not use Stelara until the infection goes away. Also tell your doctor if you have any open cuts or sores as they might get infected.

Shedding of skin – increase in redness and shedding of skin over a larger area of the body may be symptoms of erythrodermic psoriasis or exfoliative dermatitis, which are serious skin conditions. You should tell your doctor straight away if you notice any of these signs.

Other side effects

Common side effects (may affect up to 1 in 10 people):

- Diarrhoea
- Nausea
- Vomiting
- Feeling tired
- Feeling dizzy
- Headache
- Itching ('pruritus')
- Back, muscle or joint pain
- Sore throat
- Redness and pain where the injection is given

Uncommon side effects (may affect up to 1 in 100 people):

- Tooth infections
- Vaginal yeast infection
- Depression
- Blocked or stuffy nose
- Bleeding, bruising, hardness, swelling and itching where the injection is given
- Feeling weak
- Drooping eyelid and sagging muscles on one side of the face ('facial palsy' or 'Bell's palsy'), which is usually temporary
- A change in psoriasis with redness and new tiny, yellow or white skin blisters, sometimes accompanied by fever (pustular psoriasis)
- Peeling of the skin (skin exfoliation)
- Acne

Rare side effects (may affect up to 1 in 1000 people)

- Redness and shedding of skin over a larger area of the body, which may be itchy or painful (exfoliative dermatitis). Similar symptoms sometimes develop as a natural change in the type of psoriasis symptoms (erythrodermic psoriasis)

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Stelara

- Keep this medicine out of the sight and reach of children.

- Store in a refrigerator (2°C–8°C). Do not freeze.
- Keep the vial in the outer carton in order to protect from light.
- Do not shake the Stelara vials. Prolonged vigorous shaking may damage the medicine.

Do not use this medicine:

- After the expiry date which is stated on the label and the carton after ‘EXP’. The expiry date refers to the last day of that month.
- If the liquid is discoloured, cloudy or you can see other foreign particles floating in it (see section 6 ‘What Stelara looks like and contents of the pack’).
- If you know, or think that it may have been exposed to extreme temperatures (such as accidentally frozen or heated).
- If the product has been shaken vigorously.
- If the seal is broken.

Stelara is for single use only. Any unused product remaining in the vial and the syringe should be thrown away. Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Stelara contains

- The active substance is ustekinumab. Each vial contains 45 mg ustekinumab in 0.5 mL.
- The other ingredients are L-histidine, L-histidine monohydrochloride monohydrate, polysorbate 80, sucrose and water for injections.

What Stelara looks like and contents of the pack

Stelara is a clear to slightly opalescent (having a pearl-like shine), colourless to light yellow solution for injection. The solution may contain a few small translucent or white particles of protein. It is supplied as a carton pack containing 1 single-dose, glass 2 mL vial. Each vial contains 45 mg ustekinumab in 0.5 mL of solution for injection.

Marketing Authorisation Holder

Janssen-Cilag International NV
Turnhoutseweg 30
2340 Beerse
Belgium

Manufacturer

Janssen Biologics B.V.
Einsteinweg 101
2333 CB Leiden
The Netherlands

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

België/Belgique/Belgien

JANSSEN-CILAG NV
Antwerpseweg 15-17
B-2340 Beerse
Tel/Tél: + 32 14 649 411

Lietuva

UAB "JOHNSON & JOHNSON"
Geležinio Vilko g. 18A
LT-08104 Vilnius
Tel: +370 5 278 68 88

България

„Джонсън & Джонсън България” ЕООД
ж.к. Младост 4
Бизнес Парк София, сграда 4
София 1766
Тел.: +359 2 489 94 00

Česká republika

JANSSEN-CILAG s.r.o.
Karla Engliše 3201/06
CZ-15000 Praha 5 - Smíchov
Česká republika
Tel: +420 227 012 227

Danmark

JANSSEN-CILAG A/S
Bregnerødvej 133
DK-3460 Birkerød
Tlf: +45 45 94 82 82

Deutschland

JANSSEN-CILAG GmbH
Johnson & Johnson Platz 1
D-41470 Neuss
Tel: +49 2137-955-955

Eesti

UAB "JOHNSON & JOHNSON" Eesti filiaal
Lõdtsa 2
EE-11415 Tallinn
Tel: +372 617 7410

Ελλάδα

JANSSEN-CILAG Φαρμακευτική Α.Ε.Β.Ε.
Λεωφόρος Ειρήνης 56
GR-151 21 Πεύκη
Αθήνα
Τηλ: +30 210 80 90 000

España

JANSSEN-CILAG, S.A.
Paseo de las Doce Estrellas, 5-7
E-28042 Madrid
Tel: +34 91 722 81 00

France

JANSSEN-CILAG
1, rue Camille Desmoulins
TSA 91003
F-92787 Issy Les Moulineaux
Cedex 9
Tél: 0800 25 50 75 / +33 (0)1 55 00 40 03

Luxembourg/Luxemburg

JANSSEN-CILAG NV
Antwerpseweg 15-17
B-2340 Beerse
Belgique/Belgien
Tél/Tel: +32 14 649 411

Magyarország

JANSSEN-CILAG Kft.
Nagyenyed u. 8-14
H-Budapest, 1123
Tel.: +36 1 884 2858

Malta

A.M. Mangion Ltd.
Mangion Building, Triq ġdida fi triq Valletta
MT-Ħal-Luqa LQA 6000
Malta
Tel: +356 2397 6000

Nederland

JANSSEN-CILAG B.V.
Graaf Engelbertlaan 75
NL-4837 DS Breda
Tel: +31 76 711 1111

Norge

JANSSEN-CILAG AS
Postboks 144
NO-1325 Lysaker
Tlf: + 47 24 12 65 00

Österreich

JANSSEN-CILAG Pharma GmbH
Vorgartenstraße 206B
A-1020 Wien
Tel: +43 1 610 300

Polska

JANSSEN-CILAG
POLSKA Sp. z o.o.
ul. Hżeczka 24
PL-02-135 Warszawa
Tel.: + 48 22 237 60 00

Portugal

JANSSEN-CILAG FARMACÊUTICA, LDA.
Estrada Consiglieri Pedroso, 69 A
Queluz de Baixo
PT-2734-503 Barcarena
Tel: +351 21 43 68 835

Hrvatska

Johnson & Johnson S.E. d.o.o.
Oreškovićeve 6h
10010 Zagreb
Tel: +385 1 6610 700

Ireland

JANSSEN-CILAG Ltd.
50 -100 Holmers Farm Way,
High Wycombe,
Buckinghamshire, HP12 4EG - UK
Tel: +44 1 494 567 444

Ísland

JANSSEN-CILAG AB
c/o Vistor hf.
Hörgatúni 2
IS-210 Garðabær
Sími: +354 535 7000

Italia

JANSSEN-CILAG SpA
Via M.Buonarroti, 23
I-20093 Cologno Monzese MI
Tel: +39 02 2510 1

Κύπρος

Βαρνάβας Χατζηπαναγής Λτδ
Λεωφόρος Γιάννου Κρανιδιώτη 226
Λατσιά
CY-2234 Λευκωσία
Τηλ: +357 22 20 77 00

Latvija

UAB "JOHNSON & JOHNSON" filiāle
Latvijā
Mūkusalas iela 101
Rīga, LV-1004
Tel: +371 678 93561

România

Johnson & Johnson România S.R.L.
Str. Tipografilor nr. 11-15,
Clădirea S-Park,
Corp B3-B4, Etaj 3
013714 București - RO
Tel: +40 21 207 18 00

Slovenija

Johnson & Johnson d.o.o.
Šmartinska cesta 53
SI-1000, Ljubljana
Tel. +386 1 401 18 30

Slovenská republika

Johnson & Johnson, s.r.o.
CBC III, Karadžičova 12
SK-821 08 Bratislava
Tel: +421 232 408 400

Suomi/Finland

JANSSEN-CILAG OY
Vaisalantie/Vaisalavägen 2
FI-02130 Espoo/Esbo
Puh/Tel: +358 207 531 300

Sverige

JANSSEN-CILAG AB
Box 4042
SE-16904 Solna
Tel +46 8 626 50 00

United Kingdom

JANSSEN-CILAG Ltd.
50 -100 Holmers Farm Way
High Wycombe
Buckinghamshire, HP12 4EG - UK
Tel: +44 1 494 567 444

This leaflet was last revised in {MM/YYYY}.

Detailed information on this medicine is available on the European Medicines Agency web site:
<http://www.ema.europa.eu/>.

Instructions for administration

At the start of treatment, your healthcare provider will assist you with your first injection. However, you and your doctor may decide that you may inject Stelara yourself. If this happens, you will get training on how to inject Stelara. Talk to your doctor if you have any questions about giving yourself an injection.

- Do not mix Stelara with other liquids for injection
- Do not shake Stelara vials. This is because strong shaking may damage the medicine. Do not use the medicine if it has been shaken strongly.

1. Check the number of vials and prepare the materials:

Take the vial(s) out of the refrigerator. Let the vial stand for about half an hour. This will let the liquid come to a comfortable temperature for injection (room temperature).

Check the vial(s) to make sure:

- the number of vials and strength is correct
 - If your dose is 45 mg or less, you will get one 45 mg vial of Stelara
 - If your dose is 90 mg you will get two 45 mg vials of Stelara and you will need to give yourself two injections. Choose two different sites for these injections (for example one injection in the right thigh and the other injection in the left thigh), and give the injections one right after the other. Use a new needle and syringe for each injection.
- it is the right medicine
- it has not passed its expiry date
- the vial is not damaged and the seal is not broken
- the solution in the vial is clear to slightly opalescent (having a pearl-like shine) and colourless to light yellow
- the solution is not discoloured or cloudy and does not contain any foreign particles
- the solution is not frozen.

Children weighing less than 60 kg need a dose lower than 45 mg. Make sure you know the proper amount (volume) to remove from the vial and type of syringe needed for dosing. If you don't know the amount or type of syringe needed, contact your healthcare provider for further instruction.

Get everything together that you need and lay out on a clean surface. This includes a syringe, needle, antiseptic wipes, a cotton ball or gauze, and a sharps container (see Figure 1).

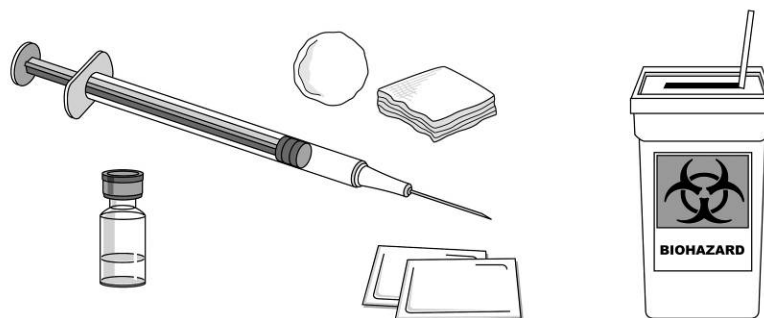


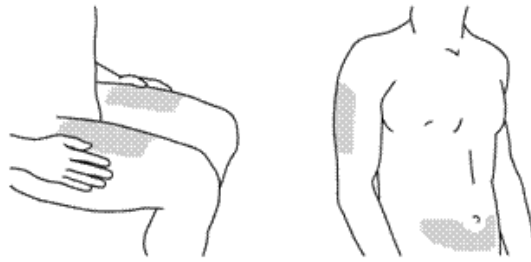
Figure 1

2. Choose and prepare the injection site:

Choose an injection site (see Figure 2)

- Stelara is given by injection under the skin (subcutaneously)
- Good places for the injection are the upper thigh or around the belly (abdomen) at least 5 cm away from the navel (belly button)

- If possible, do not use areas of skin that show signs of psoriasis
- If someone will assist in giving you the injection, then he or she may also choose the upper arms as an injection site



*Areas in gray are recommended injection sites.

Figure 2

Prepare the injection site

- Wash your hands very well with soap and warm water
- Wipe the injection site on the skin with an antiseptic wipe
- Do not touch this area again before giving the injection

3. Prepare the dose:

- Take the cap off the top of the vial (see Figure 3)

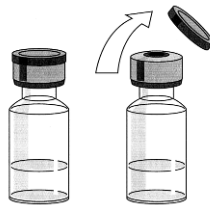


Figure 3

- Do not remove the stopper
- Clean the stopper with an antiseptic swab
- Put the vial on a flat surface.
- Pick up the syringe and remove the needle cover
- Do not touch the needle or let the needle touch anything
- Push the needle through the rubber stopper
- Turn the vial and the syringe upside down
- Pull on the syringe plunger to fill the syringe with the amount of liquid prescribed by your doctor
- It is important that the needle is always in the liquid. This stops air bubbles forming in the syringe (see Figure 4)

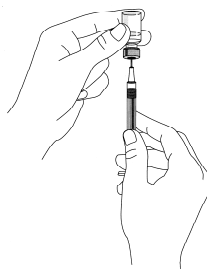


Figure 4

- Remove the needle from the vial
- Hold the syringe with the needle pointing up to see if it has any air bubbles inside
- If there are air bubbles, tap the side gently until the air bubbles go to the top of the syringe (see Figure 5)

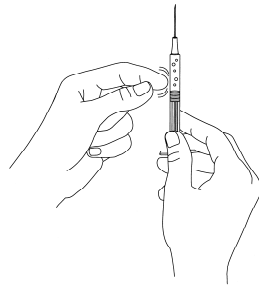


Figure 5

- Then press the plunger until all of the air (but none of the liquid) has been removed
- Do not lay the syringe down or allow the needle to touch anything.

4. Inject the dose:

- Gently pinch the cleaned skin between your thumb and index finger. Do not squeeze it tightly
- Push the needle into the pinched skin
- Push the plunger with your thumb as far as it will go to inject all of the liquid. Push it slowly and evenly, keeping the skin gently pinched
- When the plunger is pushed as far as it will go, take out the needle and let go of the skin

5. After the injection:

- Press an antiseptic wipe over the injection site for a few seconds after the injection
- There may be a small amount of blood or liquid at the injection site. This is normal
- You can press a cotton ball or gauze over the injection site and hold for 10 seconds
- Do not rub the skin at the injection site. You may cover the injection site with a small adhesive bandage, if necessary.

6. Disposal:

- Used syringes and needles should be placed in a puncture-resistant container, like a sharps container. Never re-use needles and syringes, for your safety and health, and for the safety of others. Dispose of your sharps container according to your local regulations
- Empty vials, antiseptic wipes, and other supplies can be disposed of in your garbage.

Package leaflet: Information for the user

STELARA 90 mg solution for injection Ustekinumab

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

This leaflet has been written for the person taking the medicine. If you are the parent or caregiver who will give Stelara to a child, please read this information carefully.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Stelara is and what it is used for
2. What you need to know before you use Stelara
3. How to use Stelara
4. Possible side effects
5. How to store Stelara
6. Contents of the pack and other information

1. What Stelara is and what it is used for

What Stelara is

Stelara contains the active substance ‘ustekinumab’, a monoclonal antibody. Monoclonal antibodies are proteins that recognise and bind specifically to certain proteins in the body.

Stelara belongs to a group of medicines called ‘immunosuppressants’. These medicines work by weakening part of the immune system.

What Stelara is used for

Stelara is used to treat the following inflammatory diseases:

- Plaque psoriasis - in adults and children aged 12 years and older
- Psoriatic arthritis - in adults
- Moderate to severe Crohn’s disease - in adults

Plaque psoriasis

Plaque psoriasis is a skin condition that causes inflammation affecting the skin and nails. Stelara will reduce the inflammation and other signs of the disease.

Stelara is used in adults with moderate to severe plaque psoriasis, who cannot use ciclosporin, methotrexate or phototherapy, or where these treatments did not work.

Stelara is used in children aged 12 years and older with moderate to severe plaque psoriasis who are unable to tolerate phototherapy or other systemic therapies or where these treatments did not work.

Psoriatic arthritis

Psoriatic arthritis is an inflammatory disease of the joints, usually accompanied by psoriasis. If you have active psoriatic arthritis you will first be given other medicines. If you do not respond well enough to these medicines, you may be given Stelara to:

- Reduce the signs and symptoms of your disease.

- Improve your physical function.
- Slow down the damage to your joints.

Crohn's disease

Crohn's disease is an inflammatory disease of the bowel. If you have Crohn's disease you will first be given other medicines. If you do not respond well enough or are intolerant to these medicines, you may be given Stelara to reduce the signs and symptoms of your disease.

2. What you need to know before you use Stelara

Do not use Stelara:

- **If you are allergic to ustekinumab** or any of the other ingredients of this medicine (listed in section 6).
- **If you have an active infection** which your doctor thinks is important.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Stelara.

Warnings and precautions

Talk to your doctor or pharmacist before using Stelara. Your doctor will check how well you are before each treatment. Make sure you tell your doctor about any illness you have before each treatment. Also tell your doctor if you have recently been near anyone who might have tuberculosis. Your doctor will examine you and do a test for tuberculosis, before you have Stelara. If your doctor thinks you are at risk of tuberculosis, you may be given medicines to treat it.

Look out for serious side effects

Stelara can cause serious side effects, including allergic reactions and infections. You must look out for certain signs of illness while you are taking Stelara. See 'Serious side effects' in section 4 for a full list of these side effects.

Before you use Stelara tell your doctor:

- **If you ever had an allergic reaction to Stelara.** Ask your doctor if you are not sure.
- **If you have ever had any type of cancer** – this is because immunosuppressants like Stelara weaken part of the immune system. This may increase the risk of cancer.
- **If you have or have had a recent infection.**
- **If you have any new or changing lesions** within psoriasis areas or on normal skin.
- **If you are having any other treatment for psoriasis and/or psoriatic arthritis** – such as another immunosuppressant or phototherapy (when your body is treated with a type of ultraviolet (UV) light). These treatments may also weaken part of the immune system. Using these therapies together with Stelara has not been studied. However it is possible it may increase the chance of diseases related to a weaker immune system.
- **If you are having or have ever had injections to treat allergies** – it is not known if Stelara may affect these.
- **If you are 65 years of age or over** – you may be more likely to get infections.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Stelara.

Children and adolescents

Stelara is not recommended for use in children with psoriasis under 12 years of age, or for use in children under 18 years of age with psoriatic arthritis or Crohn's disease because it has not been studied in this age group.

Other medicines, vaccines and Stelara

Tell your doctor or pharmacist:

- If you are taking, have recently taken or might take any other medicines.
- If you have recently had or are going to have a vaccination. Some types of vaccines (live vaccines) should not be given while using Stelara.

Pregnancy and breast-feeding

- It is preferable to avoid the use of Stelara in pregnancy. The effects of Stelara in pregnant women are not known. If you are a woman of childbearing potential, you are advised to avoid becoming pregnant and must use adequate contraception while using Stelara and for at least 15 weeks after the last Stelara treatment.
- Talk to your doctor if you are pregnant, think you may be pregnant or are planning to have a baby.
- Talk to your doctor if you are breast-feeding or are planning to breast-feed. You and your doctor should decide if you should breast-feed or use Stelara - do not do both.

Driving and using machines

Stelara has no or negligible influence on the ability to drive and use machines.

3. How to use Stelara

Stelara is intended for use under the guidance and supervision of a doctor experienced in treating conditions for which STELARA is intended.

Always use this medicine exactly as your doctor has told you. Check with your doctor if you are not sure. Talk to your doctor about when you will have your injections and follow-up appointments.

How much Stelara is given

Your doctor will decide how much Stelara you need to use and for how long.

Adults aged 18 years or older

Psoriasis or Psoriatic Arthritis

- The recommended starting dose is 45 mg Stelara. Patients who weigh more than 100 kilograms (kg) may start on a dose of 90 mg instead of 45 mg.
- After the starting dose, you will have the next dose 4 weeks later, and then every 12 weeks. The following doses are usually the same as the starting dose.

Crohn's disease

- During treatment, the first dose of approximately 6 mg/kg Stelara will be given by your doctor through a drip in a vein in your arm (intravenous infusion). After the starting dose, you will receive the next dose of 90 mg Stelara after 8 weeks, then every 12 weeks thereafter by an injection under the skin ('subcutaneously').
- In some patients, after the first injection under the skin, 90 mg Stelara may be given every 8 weeks. Your doctor will decide when you should receive your next dose.

Children and adolescents aged 12 years or older

Psoriasis

- The doctor will work out the right dose for you, including the amount (volume) of Stelara to be injected to give the right dose. The right dose for you will depend on your body weight at the time each dose is given.
- A 45 mg vial is available if you need to receive less than the full 45 mg dose.
- If you weigh less than 60 kg, the recommended dose is 0.75 mg of Stelara per kg body weight.
- If you weigh 60 kg to 100 kg, the recommended dose is 45 mg Stelara.
- If you weigh more than 100 kg, the recommended dose is 90 mg Stelara.
- After the starting dose, you will have the next dose 4 weeks later, and then every 12 weeks.

How Stelara is given

- Stelara is given as an injection under the skin ('subcutaneously'). At the start of your treatment, medical or nursing staff may inject Stelara.
- However, you and your doctor may decide that you may inject Stelara yourself. In this case you will get training on how to inject Stelara yourself.
- For instructions on how to inject Stelara, see 'Instructions for administration' at the end of this leaflet.

Talk to your doctor if you have any questions about giving yourself an injection.

If you use more Stelara than you should

If you have used or been given too much Stelara, talk to a doctor or pharmacist straight away. Always have the outer carton of the medicine with you, even if it is empty.

If you forget to use Stelara

If you forget a dose, contact your doctor or pharmacist. Do not take a double dose to make up for a forgotten dose.

If you stop using Stelara

It is not dangerous to stop using Stelara. However, if you stop, your symptoms may come back.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Serious side effects

Some patients may have serious side effects that may need urgent treatment.

Allergic reactions – these may need urgent treatment. Tell your doctor or get emergency medical help straight away if you notice any of the following signs.

- Serious allergic reactions ('anaphylaxis') are rare in people taking Stelara (may affect up to 1 in 1,000 people). Signs include:
 - difficulty breathing or swallowing
 - low blood pressure, which can cause dizziness or light-headedness
 - swelling of the face, lips, mouth or throat.
- Common signs of an allergic reaction include skin rash and hives (these may affect up to 1 in 100 people).

If you have a serious allergic reaction, your doctor may decide that you should not use Stelara again.

Infections – these may need urgent treatment. Tell your doctor straight away if you notice any of the following signs.

- Infections of the nose or throat and common cold are common (may affect up to 1 in 10 people)
- Inflammation of tissue under the skin ('cellulitis') is uncommon (may affect up to 1 in 100 people)
- Shingles (a type of painful rash with blisters) are uncommon (may affect up to 1 in 100 people)

Stelara may make you less able to fight infections, and some infections could become serious. You must look out for signs of infection while you are using Stelara. These include:

- fever, flu-like symptoms, night sweats
- feeling tired or short of breath; cough which will not go away

- warm, red and painful skin, or a painful skin rash with blisters
- burning when passing water
- diarrhoea.

Tell your doctor straight away if you notice any of these signs of infection. Tell your doctor if you have any kind of infection that will not go away or keeps coming back. Your doctor may decide that you should not use Stelara until the infection goes away. Also tell your doctor if you have any open cuts or sores as they might get infected.

Shedding of skin – increase in redness and shedding of skin over a larger area of the body may be symptoms of erythrodermic psoriasis or exfoliative dermatitis, which are serious skin conditions. You should tell your doctor straight away if you notice any of these signs.

Other side effects

Common side effects (may affect up to 1 in 10 people):

- Diarrhoea
- Nausea
- Vomiting
- Feeling tired
- Feeling dizzy
- Headache
- Itching ('pruritus')
- Back, muscle or joint pain
- Sore throat
- Redness and pain where the injection is given

Uncommon side effects (may affect up to 1 in 100 people):

- Tooth infections
- Vaginal yeast infection
- Depression
- Blocked or stuffy nose
- Bleeding, bruising, hardness, swelling and itching where the injection is given
- Feeling weak
- Drooping eyelid and sagging muscles on one side of the face ('facial palsy' or 'Bell's palsy'), which is usually temporary
- A change in psoriasis with redness and new tiny, yellow or white skin blisters, sometimes accompanied by fever (pustular psoriasis)
- Peeling of the skin (skin exfoliation)
- Acne

Rare side effects (may affect up to 1 in 1000 people)

- Redness and shedding of skin over a larger area of the body, which may be itchy or painful (exfoliative dermatitis). Similar symptoms sometimes develop as a natural change in the type of psoriasis symptoms (erythrodermic psoriasis)

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Stelara

- Keep this medicine out of the sight and reach of children.

- Store in a refrigerator (2°C–8°C). Do not freeze.
- Keep the vial in the outer carton in order to protect from light.
- Do not shake the Stelara vials. Prolonged vigorous shaking may damage the medicine.

Do not use this medicine:

- After the expiry date which is stated on the label and the carton after ‘EXP’. The expiry date refers to the last day of that month.
- If the liquid is discoloured, cloudy or you can see other foreign particles floating in it (see section 6 ‘What Stelara looks like and contents of the pack’).
- If you know, or think that it may have been exposed to extreme temperatures (such as accidentally frozen or heated).
- If the product has been shaken vigorously.
- If the seal is broken.

Stelara is for single use only. Any unused product remaining in the vial and the syringe should be thrown away. Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Stelara contains

- The active substance is ustekinumab. Each vial contains 90 mg ustekinumab in 1 mL.
- The other ingredients are L-histidine, L-histidine monohydrochloride monohydrate, polysorbate 80, sucrose and water for injections.

What Stelara looks like and contents of the pack

Stelara is a clear to slightly opalescent (having a pearl-like shine), colourless to light yellow solution for injection. The solution may contain a few small translucent or white particles of protein. It is supplied as a carton pack containing 1 single-dose, glass 2 mL vial. Each vial contains 90 mg ustekinumab in 1 mL of solution for injection.

Marketing Authorisation Holder

Janssen-Cilag International NV
Turnhoutseweg 30
2340 Beerse
Belgium

Manufacturer

Janssen Biologics B.V.
Einsteinweg 101
2333 CB Leiden
The Netherlands

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

België/Belgique/Belgien

JANSSEN-CILAG NV
Antwerpseweg 15-17
B-2340 Beerse
Tel/Tél: + 32 14 649 411

Lietuva

UAB "JOHNSON & JOHNSON"
Geležinio Vilko g. 18A
LT-08104 Vilnius
Tel: +370 5 278 68 88

България

„Джонсън & Джонсън България” ЕООД
ж.к. Младост 4
Бизнес Парк София, сграда 4
София 1766
Тел.: +359 2 489 94 00

Česká republika

JANSSEN-CILAG s.r.o.
Karla Engliše 3201/06
CZ-15000 Praha 5 - Smíchov
Česká republika
Tel: +420 227 012 227

Danmark

JANSSEN-CILAG A/S
Bregnerødvej 133
DK-3460 Birkerød
Tlf: +45 45 94 82 82

Deutschland

JANSSEN-CILAG GmbH
Johnson & Johnson Platz 1
D-41470 Neuss
Tel: +49 2137-955-955

Eesti

UAB "JOHNSON & JOHNSON" Eesti filiaal
Lõdtsa 2
EE-11415 Tallinn
Tel: +372 617 7410

Ελλάδα

JANSSEN-CILAG Φαρμακευτική Α.Ε.Β.Ε.
Λεωφόρος Ειρήνης 56
GR-151 21 Πεύκη
Αθήνα
Τηλ: +30 210 80 90 000

España

JANSSEN-CILAG, S.A.
Paseo de las Doce Estrellas, 5-7
E-28042 Madrid
Tel: +34 91 722 81 00

France

JANSSEN-CILAG
1, rue Camille Desmoulins
TSA 91003
F-92787 Issy Les Moulineaux
Cedex 9
Tél: 0800 25 50 75 / +33 (0)1 55 00 40 03

Luxembourg/Luxemburg

JANSSEN-CILAG NV
Antwerpseweg 15-17
B-2340 Beerse
Belgique/Belgien
Tél/Tel: +32 14 649 411

Magyarország

JANSSEN-CILAG Kft.
Nagyenyed u. 8-14
H-Budapest, 1123
Tel.: +36 1 884 2858

Malta

A.M. Mangion Ltd.
Mangion Building, Triq ġdida fi triq Valletta
MT-Ħal-Luqa LQA 6000
Malta
Tel: +356 2397 6000

Nederland

JANSSEN-CILAG B.V.
Graaf Engelbertlaan 75
NL-4837 DS Breda
Tel: +31 76 711 1111

Norge

JANSSEN-CILAG AS
Postboks 144
NO-1325 Lysaker
Tlf: + 47 24 12 65 00

Österreich

JANSSEN-CILAG Pharma GmbH
Vorgartenstraße 206B
A-1020 Wien
Tel: +43 1 610 300

Polska

JANSSEN-CILAG
POLSKA Sp. z o.o.
ul. Hżdecka 24
PL-02-135 Warszawa
Tel.: + 48 22 237 60 00

Portugal

JANSSEN-CILAG FARMACÊUTICA, LDA.
Estrada Consiglieri Pedroso, 69 A
Queluz de Baixo
PT-2734-503 Barcarena
Tel: +351 21 43 68 835

Hrvatska

Johnson & Johnson S.E. d.o.o.
Oreškovićeve 6h
10010 Zagreb
Tel: +385 1 6610 700

Ireland

JANSSEN-CILAG Ltd.
50 -100 Holmers Farm Way,
High Wycombe,
Buckinghamshire, HP12 4EG - UK
Tel: +44 1 494 567 444

Ísland

JANSSEN-CILAG AB
c/o Vistor hf.
Hörgatúni 2
IS-210 Garðabær
Sími: +354 535 7000

Italia

JANSSEN-CILAG SpA
Via M.Buonarroti, 23
I-20093 Cologno Monzese MI
Tel: +39 02 2510 1

Κύπρος

Βαρνάβας Χατζηπαναγής Λτδ
Λεωφόρος Γιάννου Κρανιδιώτη 226
Λατσιά
CY-2234 Λευκωσία
Τηλ: +357 22 20 77 00

Latvija

UAB "JOHNSON & JOHNSON" filiāle
Latvijā
Mūkusalas iela 101
Rīga, LV-1004
Tel: +371 678 93561

România

Johnson & Johnson România S.R.L.
Str. Tipografilor nr. 11-15,
Clădirea S-Park,
Corp B3-B4, Etaj 3
013714 București - RO
Tel: +40 21 207 18 00

Slovenija

Johnson & Johnson d.o.o.
Šmartinska cesta 53
SI-1000, Ljubljana
Tel. +386 1 401 18 30

Slovenská republika

Johnson & Johnson, s.r.o.
CBC III, Karadžičova 12
SK-821 08 Bratislava
Tel: +421 232 408 400

Suomi/Finland

JANSSEN-CILAG OY
Vaisalantie/Vaisalavägen 2
FI-02130 Espoo/Esbo
Puh/Tel: +358 207 531 300

Sverige

JANSSEN-CILAG AB
Box 4042
SE-16904 Solna
Tel +46 8 626 50 00

United Kingdom

JANSSEN-CILAG Ltd.
50 -100 Holmers Farm Way
High Wycombe
Buckinghamshire, HP12 4EG - UK
Tel: +44 1 494 567 444

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Instructions for administration

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- Do not mix Stelara with other liquids for injection
- Do not shake Stelara vials. This is because strong shaking may damage the medicine. Do not use the medicine if it has been shaken strongly.

1. Check the number of vials and prepare the materials:

Take the vial(s) out of the refrigerator. Let the vial stand for about half an hour. This will let the liquid come to a comfortable temperature for injection (room temperature).

Check the vial(s) to make sure:

- the number of vials and strength is correct
 - If your dose is 90 mg you will get one 90 mg vial of Stelara.
- it is the right medicine
- it has not passed its expiry date
- the vial is not damaged and the seal is not broken
- the solution in the vial is clear to slightly opalescent (having a pearl-like shine) and colourless to light yellow
- the solution is not discoloured or cloudy and does not contain any foreign particles
- the solution is not frozen.

Get everything together that you need and lay out on a clean surface. This includes a syringe, needle, antiseptic wipes, a cotton ball or gauze, and a sharps container (see Figure 1).

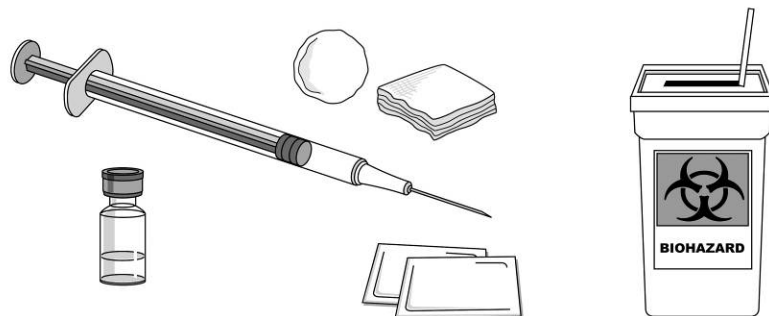
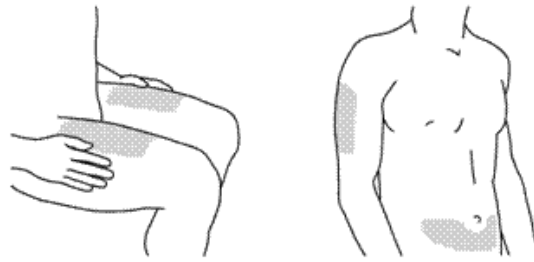


Figure 1

2. Choose and prepare the injection site:

Choose an injection site (see Figure 2)

- Stelara is given by injection under the skin (subcutaneously)
- Good places for the injection are the upper thigh or around the belly (abdomen) at least 5 cm away from the navel (belly button)
- If possible, do not use areas of skin that show signs of psoriasis
- If someone will assist in giving you the injection, then he or she may also choose the upper arms as an injection site.



*Areas in gray are recommended injection sites.

Figure 2

Prepare the injection site

- Wash your hands very well with soap and warm water
- Wipe the injection site on the skin with an antiseptic wipe
- Do not touch this area again before giving the injection.

3. Prepare the dose:

- Take the cap off the top of the vial (see Figure 3)

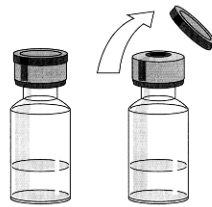


Figure 3

- Do not remove the stopper
- Clean the stopper with an antiseptic swab
- Put the vial on a flat surface.
- Pick up the syringe and remove the needle cover
- Do not touch the needle or let the needle touch anything
- Push the needle through the rubber stopper
- Turn the vial and the syringe upside down
- Pull on the syringe plunger to fill the syringe with the amount of liquid prescribed by your doctor
- It is important that the needle is always in the liquid. This stops air bubbles forming in the syringe (see Figure 4)

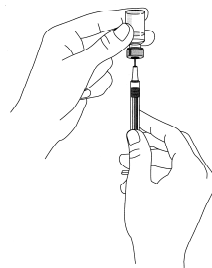


Figure 4

- Remove the needle from the vial

- Hold the syringe with the needle pointing up to see if it has any air bubbles inside
- If there are air bubbles, tap the side gently until the air bubbles go to the top of the syringe (see Figure 5)

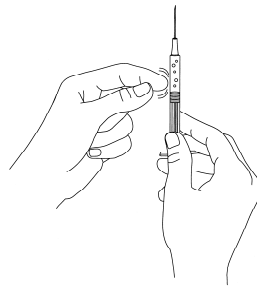


Figure 5

- Then press the plunger until all of the air (but none of the liquid) has been removed
- Do not lay the syringe down or allow the needle to touch anything.

4. Inject the dose:

- Gently pinch the cleaned skin between your thumb and index finger. Do not squeeze it tightly
- Push the needle into the pinched skin
- Push the plunger with your thumb as far as it will go to inject all of the liquid. Push it slowly and evenly, keeping the skin gently pinched
- When the plunger is pushed as far as it will go, take out the needle and let go of the skin

5. After the injection:

- Press an antiseptic wipe over the injection site for a few seconds after the injection
- There may be a small amount of blood or liquid at the injection site. This is normal
- You can press a cotton ball or gauze over the injection site and hold for 10 seconds
- Do not rub the skin at the injection site. You may cover the injection site with a small adhesive bandage, if necessary.

6. Disposal:

- Used syringes and needles should be placed in a puncture-resistant container, like a sharps container. Never re-use needles and syringes, for your safety and health, and for the safety of others. Dispose of your sharps container according to your local regulations
- Empty vials, antiseptic wipes, and other supplies can be disposed of in your garbage.

Package leaflet: Information for the user

STELARA 45 mg solution for injection in pre-filled syringe Ustekinumab

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

This leaflet has been written for the person taking the medicine. If you are the parent or caregiver who will give Stelara to a child, please read this information carefully.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Stelara is and what it is used for
2. What you need to know before you use Stelara
3. How to use Stelara
4. Possible side effects
5. How to store Stelara
6. Contents of the pack and other information

1. What Stelara is and what it is used for

What Stelara is

Stelara contains the active substance ‘ustekinumab’, a monoclonal antibody. Monoclonal antibodies are proteins that recognise and bind specifically to certain proteins in the body.

Stelara belongs to a group of medicines called ‘immunosuppressants’. These medicines work by weakening part of the immune system.

What Stelara is used for

Stelara is used to treat the following inflammatory diseases:

- Plaque psoriasis - in adults and children aged 12 years and older
- Psoriatic arthritis - in adults
- Moderate to severe Crohn’s disease - in adults

Plaque psoriasis

Plaque psoriasis is a skin condition that causes inflammation affecting the skin and nails. Stelara will reduce the inflammation and other signs of the disease.

Stelara is used in adults with moderate to severe plaque psoriasis, who cannot use ciclosporin, methotrexate or phototherapy, or where these treatments did not work.

Stelara is used in children aged 12 years and older with moderate to severe plaque psoriasis who are unable to tolerate phototherapy or other systemic therapies or where these treatments did not work.

Psoriatic arthritis

Psoriatic arthritis is an inflammatory disease of the joints, usually accompanied by psoriasis. If you have active psoriatic arthritis you will first be given other medicines. If you do not respond well enough to these medicines, you may be given Stelara to:

- Reduce the signs and symptoms of your disease.

- Improve your physical function.
- Slow down the damage to your joints.

Crohn's disease

Crohn's disease is an inflammatory disease of the bowel. If you have Crohn's disease you will first be given other medicines. If you do not respond well enough or are intolerant to these medicines, you may be given Stelara to reduce the signs and symptoms of your disease.

2. What you need to know before you use Stelara

Do not use Stelara:

- **If you are allergic to ustekinumab** or any of the other ingredients of this medicine (listed in section 6).
- **If you have an active infection** which your doctor thinks is important.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Stelara.

Warnings and precautions

Talk to your doctor or pharmacist before using Stelara. Your doctor will check how well you are before each treatment. Make sure you tell your doctor about any illness you have before each treatment. Also tell your doctor if you have recently been near anyone who might have tuberculosis. Your doctor will examine you and do a test for tuberculosis, before you have Stelara. If your doctor thinks you are at risk of tuberculosis, you may be given medicines to treat it.

Look out for serious side effects

Stelara can cause serious side effects, including allergic reactions and infections. You must look out for certain signs of illness while you are taking Stelara. See 'Serious side effects' in section 4 for a full list of these side effects.

Before you use Stelara tell your doctor:

- **If you ever had an allergic reaction to Stelara.** Ask your doctor if you are not sure.
- **If you have ever had any type of cancer** – this is because immunosuppressants like Stelara weaken part of the immune system. This may increase the risk of cancer.
- **If you have or have had a recent infection.**
- **If you have any new or changing lesions** within psoriasis areas or on normal skin.
- **If you have ever had an allergic reaction to latex or Stelara injection** – the container of this medicinal product contains latex rubber, which may cause severe allergic reactions in people who are sensitive to latex. See 'Look out for serious side effects' in section 4 for the signs of an allergic reaction.
- **If you are having any other treatment for psoriasis and/or psoriatic arthritis** – such as another immunosuppressant or phototherapy (when your body is treated with a type of ultraviolet (UV) light). These treatments may also weaken part of the immune system. Using these therapies together with Stelara has not been studied. However it is possible it may increase the chance of diseases related to a weaker immune system.
- **If you are having or have ever had injections to treat allergies** – it is not known if Stelara may affect these.
- **If you are 65 years of age or over** – you may be more likely to get infections.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Stelara.

Children and adolescents

Stelara is not recommended for use in children with psoriasis under 12 years of age, or for use in children under 18 years of age with psoriatic arthritis or Crohn's disease because it has not been studied in this age group.

Other medicines, vaccines and Stelara

Tell your doctor or pharmacist:

- If you are taking, have recently taken or might take any other medicines.
- If you have recently had or are going to have a vaccination. Some types of vaccines (live vaccines) should not be given while using Stelara.

Pregnancy and breast-feeding

- It is preferable to avoid the use of Stelara in pregnancy. The effects of Stelara in pregnant women are not known. If you are a woman of childbearing potential, you are advised to avoid becoming pregnant and must use adequate contraception while using Stelara and for at least 15 weeks after the last Stelara treatment.
- Talk to your doctor if you are pregnant, think you may be pregnant or are planning to have a baby.
- Talk to your doctor if you are breast-feeding or are planning to breast-feed. You and your doctor should decide if you should breast-feed or use Stelara - do not do both.

Driving and using machines

Stelara has no or negligible influence on the ability to drive and use machines.

3. How to use Stelara

Stelara is intended for use under the guidance and supervision of a doctor experienced in treating conditions for which STELARA is intended.

Always use this medicine exactly as your doctor has told you. Check with your doctor if you are not sure. Talk to your doctor about when you will have your injections and follow-up appointments.

How much Stelara is given

Your doctor will decide how much Stelara you need to use and for how long.

Adults aged 18 years or older

Psoriasis or Psoriatic Arthritis

- The recommended starting dose is 45 mg Stelara. Patients who weigh more than 100 kilograms (kg) may start on a dose of 90 mg instead of 45 mg.
- After the starting dose, you will have the next dose 4 weeks later, and then every 12 weeks. The following doses are usually the same as the starting dose.

Crohn's disease

- During treatment, the first dose of approximately 6 mg/kg Stelara will be given by your doctor through a drip in a vein in your arm (intravenous infusion). After the starting dose, you will receive the next dose of 90 mg Stelara after 8 weeks, then every 12 weeks thereafter by an injection under the skin ('subcutaneously').
- In some patients, after the first injection under the skin, 90 mg Stelara may be given every 8 weeks. Your doctor will decide when you should receive your next dose.

Children and adolescents aged 12 years or older

Psoriasis

- The doctor will work out the right dose for you, including the amount (volume) of Stelara to be injected to give the right dose. The right dose for you will depend on your body weight at the time each dose is given.

- A 45 mg vial is available for children who need to receive less than the full 45 mg dose.
- If you weigh less than 60 kg, the recommended dose is 0.75 mg of Stelara per kg body weight.
- If you weigh 60 kg to 100 kg, the recommended dose is 45 mg Stelara.
- If you weigh more than 100 kg, the recommended dose is 90 mg Stelara.
- After the starting dose, you will have the next dose 4 weeks later, and then every 12 weeks.

How Stelara is given

- Stelara is given as an injection under the skin ('subcutaneously'). At the start of your treatment, medical or nursing staff may inject Stelara.
- However, you and your doctor may decide that you may inject Stelara yourself. In this case you will get training on how to inject Stelara yourself.
- For instructions on how to inject Stelara, see 'Instructions for administration' at the end of this leaflet.

Talk to your doctor if you have any questions about giving yourself an injection.

If you use more Stelara than you should

If you have used or been given too much Stelara, talk to a doctor or pharmacist straight away. Always have the outer carton of the medicine with you, even if it is empty.

If you forget to use Stelara

If you forget a dose, contact your doctor or pharmacist. Do not take a double dose to make up for a forgotten dose.

If you stop using Stelara

It is not dangerous to stop using Stelara. However, if you stop, your symptoms may come back.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Serious side effects

Some patients may have serious side effects that may need urgent treatment.

Allergic reactions – these may need urgent treatment. Tell your doctor or get emergency medical help straight away if you notice any of the following signs.

- Serious allergic reactions ('anaphylaxis') are rare in people taking Stelara (may affect up to 1 in 1,000 people). Signs include:
 - difficulty breathing or swallowing
 - low blood pressure, which can cause dizziness or light-headedness
 - swelling of the face, lips, mouth or throat.
- Common signs of an allergic reaction include skin rash and hives (these may affect up to 1 in 100 people).

If you have a serious allergic reaction, your doctor may decide that you should not use Stelara again.

Infections – these may need urgent treatment. Tell your doctor straight away if you notice any of the following signs.

- Infections of the nose or throat and common cold are common (may affect up to 1 in 10 people)
- Inflammation of tissue under the skin ('cellulitis') is uncommon (may affect up to 1 in 100 people)

- Shingles (a type of painful rash with blisters) are uncommon (may affect up to 1 in 100 people)

Stelara may make you less able to fight infections, and some infections could become serious.

You must look out for signs of infection while you are using Stelara. These include:

- fever, flu-like symptoms, night sweats
- feeling tired or short of breath; cough which will not go away
- warm, red and painful skin, or a painful skin rash with blisters
- burning when passing water
- diarrhoea.

Tell your doctor straight away if you notice any of these signs of infection. Tell your doctor if you have any kind of infection that will not go away or keeps coming back. Your doctor may decide that you should not use Stelara until the infection goes away. Also tell your doctor if you have any open cuts or sores as they might get infected.

Shedding of skin – increase in redness and shedding of skin over a larger area of the body may be symptoms of erythrodermic psoriasis or exfoliative dermatitis, which are serious skin conditions. You should tell your doctor straight away if you notice any of these signs.

Other side effects

Common side effects (may affect up to 1 in 10 people):

- Diarrhoea
- Nausea
- Vomiting
- Feeling tired
- Feeling dizzy
- Headache
- Itching ('pruritus')
- Back, muscle or joint pain
- Sore throat
- Redness and pain where the injection is given

Uncommon side effects (may affect up to 1 in 100 people):

- Tooth infections
- Vaginal yeast infection
- Depression
- Blocked or stuffy nose
- Bleeding, bruising, hardness, swelling and itching where the injection is given
- Feeling weak
- Drooping eyelid and sagging muscles on one side of the face ('facial palsy' or 'Bell's palsy'), which is usually temporary
- A change in psoriasis with redness and new tiny, yellow or white skin blisters, sometimes accompanied by fever (pustular psoriasis)
- Peeling of the skin (skin exfoliation)
- Acne

Rare side effects (may affect up to 1 in 1000 people)

- Redness and shedding of skin over a larger area of the body, which may be itchy or painful (exfoliative dermatitis). Similar symptoms sometimes develop as a natural change in the type of psoriasis symptoms (erythrodermic psoriasis)

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects

not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Stelara

- Keep this medicine out of the sight and reach of children.
- Store in a refrigerator (2°C–8°C). Do not freeze.
- Keep the pre-filled syringe in the outer carton in order to protect from light.
- Do not shake Stelara pre-filled syringes. Prolonged vigorous shaking may damage the medicine.

Do not use this medicine:

- After the expiry date which is stated on the label and the carton after ‘EXP’. The expiry date refers to the last day of that month.
- If the liquid is discoloured, cloudy or you can see other foreign particles floating in it (see section 6 ‘What Stelara looks like and contents of the pack’).
- If you know, or think that it may have been exposed to extreme temperatures (such as accidentally frozen or heated).
- If the product has been shaken vigorously.

Stelara is for single use only. Any unused product remaining in the syringe should be thrown away. Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Stelara contains

- The active substance is ustekinumab. Each pre-filled syringe contains 45 mg ustekinumab in 0.5 mL.
- The other ingredients are L-histidine, L-histidine monohydrochloride monohydrate, polysorbate 80, sucrose and water for injections.

What Stelara looks like and contents of the pack

Stelara is a clear to slightly opalescent (having a pearl-like shine), colourless to light yellow solution for injection. The solution may contain a few small translucent or white particles of protein. It is supplied as a carton pack containing 1 single-dose, glass 1 mL pre-filled syringe. Each pre-filled syringe contains 45 mg ustekinumab in 0.5 mL of solution for injection.

Marketing Authorisation Holder

Janssen-Cilag International NV
Turnhoutseweg 30
2340 Beerse
Belgium

Manufacturer

Janssen Biologics B.V.
Einsteinweg 101
2333 CB Leiden
The Netherlands

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

België/Belgique/Belgien

JANSSEN-CILAG NV
Antwerpseweg 15-17
B-2340 Beerse
Tel/Tél: + 32 14 649 411

България

„Джонсън & Джонсън България” ЕООД
ж.к. Младост 4
Бизнес Парк София, сграда 4
София 1766
Тел.: +359 2 489 94 00

Česká republika

JANSSEN-CILAG s.r.o.
Karla Engliše 3201/06
CZ-15000 Praha 5 - Smíchov
Česká republika
Tel: +420 227 012 227

Danmark

JANSSEN-CILAG A/S
Bregnerødvej 133
DK-3460 Birkerød
Tlf: +45 45 94 82 82

Deutschland

JANSSEN-CILAG GmbH
Johnson & Johnson Platz 1
D-41470 Neuss
Tel: +49 2137-955-955

Eesti

UAB "JOHNSON & JOHNSON" Eesti filiaal
Lõdtsa 2
EE-11415 Tallinn
Tel: +372 617 7410

Ελλάδα

JANSSEN-CILAG Φαρμακευτική Α.Ε.Β.Ε.
Λεωφόρος Ειρήνης 56
GR-151 21 Πεύκη
Αθήνα
Τηλ: +30 210 80 90 000

España

JANSSEN-CILAG, S.A.
Paseo de las Doce Estrellas, 5-7
E-28042 Madrid
Tel: +34 91 722 81 00

Lietuva

UAB "JOHNSON & JOHNSON"
Geležinio Vilko g. 18A
LT-08104 Vilnius
Tel: +370 5 278 68 88

Luxembourg/Luxemburg

JANSSEN-CILAG NV
Antwerpseweg 15-17
B-2340 Beerse
Belgique/Belgien
Tél/Tel: +32 14 649 411

Magyarország

JANSSEN-CILAG Kft.
Nagyenyed u. 8-14
H-Budapest, 1123
Tel.: +36 1 884 2858

Malta

A.M. Mangion Ltd.
Mangion Building, Triq ġdida fi triq Valletta
MT-Hal-Luqa LQA 6000
Malta
Tel: +356 2397 6000

Nederland

JANSSEN-CILAG B.V.
Graaf Engelbertlaan 75
NL-4837 DS Breda
Tel: +31 76 711 1111

Norge

JANSSEN-CILAG AS
Postboks 144
NO-1325 Lysaker
Tlf: + 47 24 12 65 00

Österreich

JANSSEN-CILAG Pharma GmbH
Vorgartenstraße 206B
A-1020 Wien
Tel: +43 1 610 300

Polska

JANSSEN-CILAG
POLSKA Sp. z o.o.
ul. Hżecka 24
PL-02-135 Warszawa
Tel.: + 48 22 237 60 00

France

JANSSEN-CILAG
1, rue Camille Desmoulins
TSA 91003
F-92787 Issy Les Moulineaux
Cedex 9
Tél: 0800 25 50 75 / +33 (0)1 55 00 40 03

Hrvatska

Johnson & Johnson S.E. d.o.o.
Oreškovićeva 6h
10010 Zagreb
Tel: +385 1 6610 700

Ireland

JANSSEN-CILAG Ltd.
50 -100 Holmers Farm Way,
High Wycombe,
Buckinghamshire, HP12 4EG - UK
Tel: +44 1 494 567 444

Ísland

JANSSEN-CILAG AB
c/o Vistor hf.
Hörgatúni 2
IS-210 Garðabær
Sími: +354 535 7000

Italia

JANSSEN-CILAG SpA
Via M.Buonarroti, 23
I-20093 Cologno Monzese MI
Tel: +39 02 2510 1

Κύπρος

Βαρνάβας Χατζηπαναγής Λτδ
Λεωφόρος Γιάννου Κρανιδιώτη 226
Λατσιά
CY-2234 Λευκωσία
Τηλ: +357 22 20 77 00

Latvija

UAB "JOHNSON & JOHNSON" filiāle
Latvijā
Mūkusalas iela 101
Rīga, LV-1004
Tel: +371 678 93561

Portugal

JANSSEN-CILAG FARMACÊUTICA, LDA.
Estrada Consiglieri Pedroso, 69 A
Queluz de Baixo
PT-2734-503 Barcarena
Tel: +351 21 43 68 835

România

Johnson & Johnson România S.R.L.
Str. Tipografilor nr. 11-15,
Clădirea S-Park,
Corp B3-B4, Etaj 3
013714 București - RO
Tel: +40 21 207 18 00

Slovenija

Johnson & Johnson d.o.o.
Šmartinska cesta 53
SI-1000, Ljubljana
Tel: +386 1 401 18 30

Slovenská republika

Johnson & Johnson, s.r.o.
CBC III, Karadžičova 12
SK-821 08 Bratislava
Tel: +421 232 408 400

Suomi/Finland

JANSSEN-CILAG OY
Vaisalantie/Vaisalavägen 2
FI-02130 Espoo/Esbo
Puh/Tel: +358 207 531 300

Sverige

JANSSEN-CILAG AB
Box 4042
SE-16904 Solna
Tel +46 8 626 50 00

United Kingdom

JANSSEN-CILAG Ltd.
50 -100 Holmers Farm Way
High Wycombe
Buckinghamshire, HP12 4EG - UK
Tel: +44 1 494 567 444

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Detailed information on this medicine is available on the European Medicines Agency web site:
<http://www.ema.europa.eu/>.

Instructions for administration

At the start of treatment, your healthcare provider will assist you with your first injection. However, you and your doctor may decide that you may inject Stelara yourself. If this happens, you will get training on how to inject Stelara. Talk to your doctor if you have any questions about giving yourself an injection.

- Do not mix Stelara with other liquids for injection
- Do not shake Stelara pre-filled syringes. This is because strong shaking may damage the medicine. Do not use the medicine if it has been shaken strongly.

Figure 1 shows what the pre-filled syringe looks like.

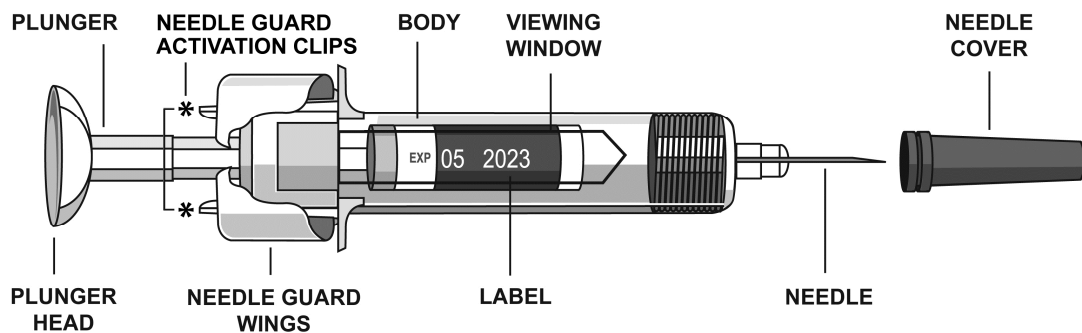


Figure 1

1. Check the number of pre-filled syringes and prepare the materials:

Preparing for use of the pre-filled syringe

- Take the pre-filled syringe(s) out of the refrigerator. Let the pre-filled syringe stand outside the box for about half an hour. This will let the liquid come to a comfortable temperature for injection (room temperature). Do not remove the syringe's needle cover while allowing it to reach room temperature
- Hold the pre-filled syringe by the body of the syringe with the covered needle pointing upward
- Do not hold by the plunger head, plunger, needle guard wings, or needle cover
- Do not pull back on the plunger at any time
- Do not remove the needle cover from the pre-filled syringe until instructed to do so
- Do not touch the needle guard activation clips (as indicated by asterisks * in Figure 1) to prevent prematurely covering the needle with the needle guard.

Check the pre-filled syringe(s) to make sure

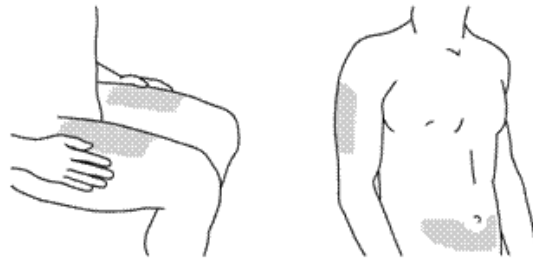
- the number of pre-filled syringes and strength is correct
 - If your dose is 45 mg you will get one 45 mg pre-filled syringe of Stelara
 - If your dose is 90 mg you will get two 45 mg pre-filled syringes of Stelara and you will need to give yourself two injections. Choose two different sites for these injections (e.g. one injection in the right thigh and the other injection in the left thigh), and give the injections one right after the other.
- it is the right medicine
- it has not passed its expiry date
- the pre-filled syringe is not damaged
- the solution in the pre-filled syringe is clear to slightly opalescent (having a pearl-like shine) and colourless to light yellow
- the solution in the pre-filled syringe is not discoloured or cloudy and does not contain any foreign particles
- the solution in the pre-filled syringe is not frozen.

Get everything together that you need and lay out on a clean surface. This includes antiseptic wipes, a cotton ball or gauze, and a sharps container.

2. Choose and prepare the injection site:

Choose an injection site (see Figure 2)

- Stelara is given by injection under the skin (subcutaneously)
- Good places for the injection are the upper thigh or around the belly (abdomen) at least 5 cm away from the navel (belly button)
- If possible, do not use areas of skin that show signs of psoriasis
- If someone will assist in giving you the injection, then he or she may also choose the upper arms as an injection site



*Areas in gray are recommended injection sites.

Figure 2

Prepare the injection site

- Wash your hands very well with soap and warm water
- Wipe the injection site on the skin with an antiseptic wipe
- **Do not** touch this area again before giving the injection

3. Remove the needle cover (see Figure 3):

- The needle cover should **not** be removed until you are ready to inject the dose
- Pick up the pre-filled syringe, hold the body of the syringe with one hand
- Pull the needle cover straight off and throw it away. Do not touch the plunger while you do this

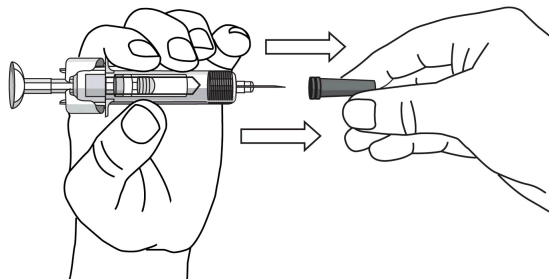


Figure 3

- You may notice an air bubble in the pre-filled syringe or a drop of liquid at the end of the needle. These are both normal and do not need to be removed
- Do not touch the needle or allow it to touch any surface
- Do not use the pre-filled syringe if it is dropped without the needle cover in place. If this happens, please contact your doctor or pharmacist
- Inject the dose promptly after removing the needle cover.

4. Inject the dose:

- Hold the pre-filled syringe with one hand between the middle and index fingers and place the thumb on top of the plunger head and use the other hand to gently pinch the cleaned skin between your thumb and index finger. Do not squeeze it tightly
- Do not pull back on the plunger at any time
- In a single and swift motion, insert the needle through the skin as far as it will go (see Figure 4)

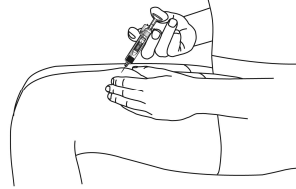


Figure 4

- Inject all of the medication by pushing in the plunger until the plunger head is completely between the needle guard wings (see Figure 5)

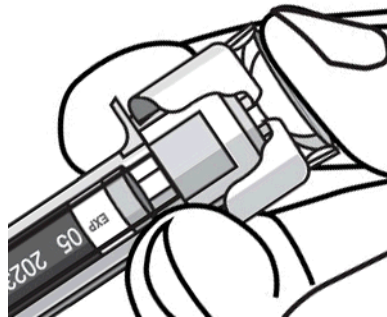


Figure 5

- When the plunger is pushed as far as it will go, continue to keep the pressure on the plunger head, take out the needle and let go of the skin (see Figure 6)

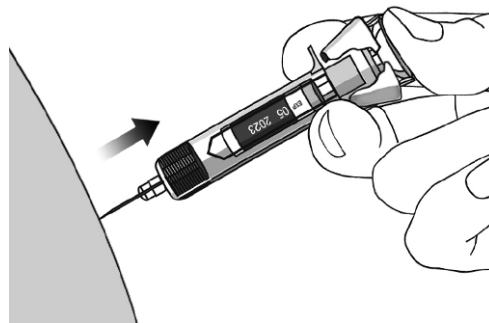


Figure 6

- Slowly take your thumb off the plunger head to allow the empty syringe to move up until the entire needle is covered by the needle guard, as shown by Figure 7:

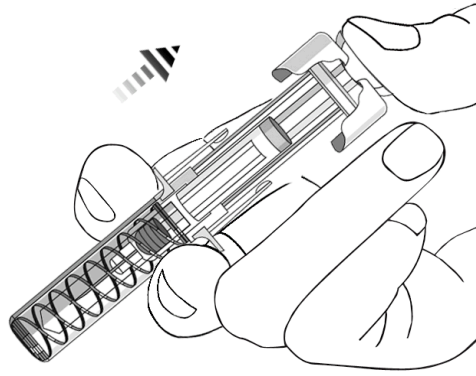


Figure 7

5. After the injection:

- Press an antiseptic wipe over the injection site for a few seconds after the injection.
- There may be a small amount of blood or liquid at the injection site. This is normal.
- You can press a cotton ball or gauze over the injection site and hold for 10 seconds.
- Do not rub the skin at the injection site. You may cover the injection site with a small adhesive bandage, if necessary.

6. Disposal:

- Used syringes should be placed in a puncture-resistant container, like a sharps container (see Figure 8). Never re-use a syringe, for your safety and health and for the safety of others. Dispose of your sharps container according to your local regulations
- Antiseptic wipes and other supplies can be disposed of in your garbage.

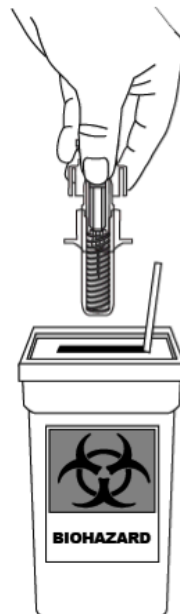


Figure 8

Package leaflet: Information for the user

STELARA 90 mg solution for injection in pre-filled syringe Ustekinumab

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

This leaflet has been written for the person taking the medicine. If you are the parent or caregiver who will give Stelara to a child, please read this information carefully.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Stelara is and what it is used for
2. What you need to know before you use Stelara
3. How to use Stelara
4. Possible side effects
5. How to store Stelara
6. Contents of the pack and other information

1. What Stelara is and what it is used for

What Stelara is

Stelara contains the active substance ‘ustekinumab’, a monoclonal antibody. Monoclonal antibodies are proteins that recognise and bind specifically to certain proteins in the body.

Stelara belongs to a group of medicines called ‘immunosuppressants’. These medicines work by weakening part of the immune system.

What Stelara is used for

Stelara is used to treat the following inflammatory diseases:

- Plaque psoriasis - in adults and children aged 12 years and older
- Psoriatic arthritis - in adults
- Moderate to severe Crohn’s disease - in adults

Plaque psoriasis

Plaque psoriasis is a skin condition that causes inflammation affecting the skin and nails. Stelara will reduce the inflammation and other signs of the disease.

Stelara is used in adults with moderate to severe plaque psoriasis, who cannot use ciclosporin, methotrexate or phototherapy, or where these treatments did not work.

Stelara is used in children aged 12 years and older with moderate to severe plaque psoriasis who are unable to tolerate phototherapy or other systemic therapies or where these treatments did not work.

Psoriatic arthritis

Psoriatic arthritis is an inflammatory disease of the joints, usually accompanied by psoriasis. If you have active psoriatic arthritis you will first be given other medicines. If you do not respond well enough to these medicines, you may be given Stelara to:

- Reduce the signs and symptoms of your disease.

- Improve your physical function.
- Slow down the damage to your joints.

Crohn's disease

Crohn's disease is an inflammatory disease of the bowel. If you have Crohn's disease you will first be given other medicines. If you do not respond well enough or are intolerant to these medicines, you may be given Stelara to reduce the signs and symptoms of your disease.

2. What you need to know before you use Stelara

Do not use Stelara:

- **If you are allergic to ustekinumab** or any of the other ingredients of this medicine (listed in section 6).
- **If you have an active infection** which your doctor thinks is important.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Stelara.

Warnings and precautions

Talk to your doctor or pharmacist before using Stelara. Your doctor will check how well you are before each treatment. Make sure you tell your doctor about any illness you have before each treatment. Also tell your doctor if you have recently been near anyone who might have tuberculosis. Your doctor will examine you and do a test for tuberculosis, before you have Stelara. If your doctor thinks you are at risk of tuberculosis, you may be given medicines to treat it.

Look out for serious side effects

Stelara can cause serious side effects, including allergic reactions and infections. You must look out for certain signs of illness while you are taking Stelara. See 'Serious side effects' in section 4 for a full list of these side effects.

Before you use Stelara tell your doctor:

- **If you ever had an allergic reaction to Stelara.** Ask your doctor if you are not sure.
- **If you have ever had any type of cancer** – this is because immunosuppressants like Stelara weaken part of the immune system. This may increase the risk of cancer.
- **If you have or have had a recent infection.**
- **If you have any new or changing lesions** within psoriasis areas or on normal skin.
- **If you have ever had an allergic reaction to latex or Stelara injection** – the container of this medicinal product contains latex rubber, which may cause severe allergic reactions in people who are sensitive to latex. See 'Look out for serious side effects' in section 4 for the signs of an allergic reaction.
- **If you are having any other treatment for psoriasis and/or psoriatic arthritis** – such as another immunosuppressant or phototherapy (when your body is treated with a type of ultraviolet (UV) light). These treatments may also weaken part of the immune system. Using these therapies together with Stelara has not been studied. However it is possible it may increase the chance of diseases related to a weaker immune system.
- **If you are having or have ever had injections to treat allergies** – it is not known if Stelara may affect these.
- **If you are 65 years of age or over** – you may be more likely to get infections.

If you are not sure if any of the above applies to you, talk to your doctor or pharmacist before using Stelara.

Children and adolescents

Stelara is not recommended for use in children with psoriasis under 12 years of age, or for use in children under 18 years of age with psoriatic arthritis or Crohn's disease because it has not been studied in this age group.

Other medicines, vaccines and Stelara

Tell your doctor or pharmacist:

- If you are taking, have recently taken or might take any other medicines.
- If you have recently had or are going to have a vaccination. Some types of vaccines (live vaccines) should not be given while using Stelara.

Pregnancy and breast-feeding

- It is preferable to avoid the use of Stelara in pregnancy. The effects of Stelara in pregnant women are not known. If you are a woman of childbearing potential, you are advised to avoid becoming pregnant and must use adequate contraception while using Stelara and for at least 15 weeks after the last Stelara treatment.
- Talk to your doctor if you are pregnant, think you may be pregnant or are planning to have a baby.
- Talk to your doctor if you are breast-feeding or are planning to breast-feed. You and your doctor should decide if you should breast-feed or use Stelara -do not do both.

Driving and using machines

Stelara has no or negligible influence on the ability to drive and use machines.

3. How to use Stelara

Stelara is intended for use under the guidance and supervision of a doctor experienced in treating conditions for which STELARA is intended.

Always use this medicine exactly as your doctor has told you. Check with your doctor if you are not sure. Talk to your doctor about when you will have your injections and follow-up appointments.

How much Stelara is given

Your doctor will decide how much Stelara you need to use and for how long.

Adults aged 18 years or older

Psoriasis or Psoriatic Arthritis

- The recommended starting dose is 45 mg Stelara. Patients who weigh more than 100 kilograms (kg) may start on a dose of 90 mg instead of 45 mg.
- After the starting dose, you will have the next dose 4 weeks later, and then every 12 weeks. The following doses are usually the same as the starting dose.

Crohn's disease

- During treatment, the first dose of approximately 6 mg/kg Stelara will be given by your doctor through a drip in a vein in your arm (intravenous infusion). After the starting dose, you will receive the next dose of 90 mg Stelara after 8 weeks, then every 12 weeks thereafter by an injection under the skin ('subcutaneously').
- In some patients, after the first injection under the skin, 90 mg Stelara may be given every 8 weeks. Your doctor will decide when you should receive your next dose.

Children and adolescents aged 12 years or older

Psoriasis

- The doctor will work out the right dose for you, including the amount (volume) of Stelara to be injected to give the right dose. The right dose for you will depend on your body weight at the time each dose is given.

- A 45 mg vial is available for children who need to receive less than the full 45 mg dose.
- If you weigh less than 60 kg, the recommended dose is 0.75 mg of Stelara per kg body weight.
- If you weigh 60 kg to 100 kg, the recommended dose is 45 mg Stelara.
- If you weigh more than 100 kg, the recommended dose is 90 mg Stelara.
- After the starting dose, you will have the next dose 4 weeks later, and then every 12 weeks.

How Stelara is given

- Stelara is given as an injection under the skin ('subcutaneously'). At the start of your treatment, medical or nursing staff may inject Stelara.
- However, you and your doctor may decide that you may inject Stelara yourself. In this case you will get training on how to inject Stelara yourself.
- For instructions on how to inject Stelara, see 'Instructions for administration' at the end of this leaflet.

Talk to your doctor if you have any questions about giving yourself an injection.

If you use more Stelara than you should

If you have used or been given too much Stelara, talk to a doctor or pharmacist straight away. Always have the outer carton of the medicine with you, even if it is empty.

If you forget to use Stelara

If you forget a dose, contact your doctor or pharmacist. Do not take a double dose to make up for a forgotten dose.

If you stop using Stelara

It is not dangerous to stop using Stelara. However, if you stop, your symptoms may come back.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Serious side effects

Some patients may have serious side effects that may need urgent treatment.

Allergic reactions – these may need urgent treatment. Tell your doctor or get emergency medical help straight away if you notice any of the following signs.

- Serious allergic reactions ('anaphylaxis') are rare in people taking Stelara (may affect up to 1 in 1,000 people). Signs include:
 - difficulty breathing or swallowing
 - low blood pressure, which can cause dizziness or light-headedness
 - swelling of the face, lips, mouth or throat.
- Common signs of an allergic reaction include skin rash and hives (these may affect up to 1 in 100 people).

If you have a serious allergic reaction, your doctor may decide that you should not use Stelara again.

Infections – these may need urgent treatment. Tell your doctor straight away if you notice any of the following signs.

- Infections of the nose or throat and common cold are common (may affect up to 1 in 10 people)
- Inflammation of tissue under the skin ('cellulitis') is uncommon (may affect up to 1 in 100 people)

- Shingles (a type of painful rash with blisters) are uncommon (may affect up to 1 in 100 people)

Stelara may make you less able to fight infections, and some infections could become serious. You must look out for signs of infection while you are using Stelara. These include:

- fever, flu-like symptoms, night sweats
- feeling tired or short of breath; cough which will not go away
- warm, red and painful skin, or a painful skin rash with blisters
- burning when passing water
- diarrhoea.

Tell your doctor straight away if you notice any of these signs of infection. Tell your doctor if you have any kind of infection that will not go away or keeps coming back. Your doctor may decide that you should not use Stelara until the infection goes away. Also tell your doctor if you have any open cuts or sores as they might get infected.

Shedding of skin – increase in redness and shedding of skin over a larger area of the body may be symptoms of erythrodermic psoriasis or exfoliative dermatitis, which are serious skin conditions. You should tell your doctor straight away if you notice any of these signs.

Other side effects

Common side effects (may affect up to 1 in 10 people):

- Diarrhoea
- Nausea
- Vomiting
- Feeling tired
- Feeling dizzy
- Headache
- Itching ('pruritus')
- Back, muscle or joint pain
- Sore throat
- Redness and pain where the injection is given

Uncommon side effects (may affect up to 1 in 100 people):

- Tooth infections
- Vaginal yeast infection
- Depression
- Blocked or stuffy nose
- Bleeding, bruising, hardness, swelling and itching where the injection is given
- Feeling weak
- Drooping eyelid and sagging muscles on one side of the face ('facial palsy' or 'Bell's palsy'), which is usually temporary
- A change in psoriasis with redness and new tiny, yellow or white skin blisters, sometimes accompanied by fever (pustular psoriasis)
- Peeling of the skin (skin exfoliation)
- Acne

Rare side effects (may affect up to 1 in 1000 people)

- Redness and shedding of skin over a larger area of the body, which may be itchy or painful (exfoliative dermatitis). Similar symptoms sometimes develop as a natural change in the type of psoriasis symptoms (erythrodermic psoriasis)

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects

not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Stelara

- Keep this medicine out of the sight and reach of children.
- Store in a refrigerator (2°C–8°C). Do not freeze.
- Keep the pre-filled syringe in the outer carton in order to protect from light.
- Do not shake Stelara pre-filled syringes. Prolonged vigorous shaking may damage the medicine.

Do not use this medicine:

- After the expiry date which is stated on the label and the carton after 'EXP'. The expiry date refers to the last day of that month.
- If the liquid is discoloured, cloudy or you can see other foreign particles floating in it (see section 6 'What Stelara looks like and contents of the pack').
- If you know, or think that it may have been exposed to extreme temperatures (such as accidentally frozen or heated).
- If the product has been shaken vigorously.

Stelara is for single use only. Any unused product remaining in the syringe should be thrown away. Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Stelara contains

- The active substance is ustekinumab. Each pre-filled syringe contains 90 mg ustekinumab in 1 mL.
- The other ingredients are L-histidine, L-histidine monohydrochloride monohydrate, polysorbate 80, sucrose and water for injections.

What Stelara looks like and contents of the pack

Stelara is a clear to slightly opalescent (having a pearl-like shine), colourless to light yellow solution for injection. The solution may contain a few small translucent or white particles of protein. It is supplied as a carton pack containing 1 single-dose, glass 1 mL pre-filled syringe. Each pre-filled syringe contains 90 mg ustekinumab in 1 mL of solution for injection.

Marketing Authorisation Holder

Janssen-Cilag International NV
Turnhoutseweg 30
2340 Beerse
Belgium

Manufacturer

Janssen Biologics B.V.
Einsteinweg 101
2333 CB Leiden
The Netherlands

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

België/Belgique/Belgien

JANSSEN-CILAG NV
Antwerpseweg 15-17
B-2340 Beerse
Tel/Tél: + 32 14 649 411

България

„Джонсън & Джонсън България” ЕООД
ж.к. Младост 4
Бизнес Парк София, сграда 4
София 1766
Тел.: +359 2 489 94 00

Česká republika

JANSSEN-CILAG s.r.o.
Karla Engliše 3201/06
CZ-15000 Praha 5 - Smíchov
Česká republika
Tel: +420 227 012 227

Danmark

JANSSEN-CILAG A/S
Bregnerødvej 133
DK-3460 Birkerød
Tlf: +45 45 94 82 82

Deutschland

JANSSEN-CILAG GmbH
Johnson & Johnson Platz 1
D-41470 Neuss
Tel: +49 2137-955-955

Eesti

UAB "JOHNSON & JOHNSON" Eesti filiaal
Lõõtsa 2
EE-11415 Tallinn
Tel: +372 617 7410

Ελλάδα

JANSSEN-CILAG Φαρμακευτική Α.Ε.Β.Ε.
Λεωφόρος Ειρήνης 56
GR-151 21 Πεύκη
Αθήνα
Τηλ: +30 210 80 90 000

España

JANSSEN-CILAG, S.A.
Paseo de las Doce Estrellas, 5-7
E-28042 Madrid
Tel: +34 91 722 81 00

Lietuva

UAB "JOHNSON & JOHNSON"
Geležinio Vilko g. 18A
LT-08104 Vilnius
Tel: +370 5 278 68 88

Luxembourg/Luxemburg

JANSSEN-CILAG NV
Antwerpseweg 15-17
B-2340 Beerse
Belgique/Belgien
Tél/Tel: +32 14 649 411

Magyarország

JANSSEN-CILAG Kft.
Nagyenyed u. 8-14
H-Budapest, 1123
Tel.: +36 1 884 2858

Malta

A.M. Mangion Ltd.
Mangion Building, Triq ġdida fi triq Valletta
MT-Hal-Luqa LQA 6000
Malta
Tel: +356 2397 6000

Nederland

JANSSEN-CILAG B.V.
Graaf Engelbertlaan 75
NL-4837 DS Breda
Tel: +31 76 711 1111

Norge

JANSSEN-CILAG AS
Postboks 144
NO-1325 Lysaker
Tlf: + 47 24 12 65 00

Österreich

JANSSEN-CILAG Pharma GmbH
Vorgartenstraße 206B
A-1020 Wien
Tel: +43 1 610 300

Polska

JANSSEN-CILAG
POLSKA Sp. z o.o.
ul. Hżecka 24
PL-02-135 Warszawa
Tel.: + 48 22 237 60 00

France

JANSSEN-CILAG
1, rue Camille Desmoulins
TSA 91003
F-92787 Issy Les Moulineaux
Cedex 9
Tél: 0800 25 50 75 / +33 (0)1 55 00 40 03

Hrvatska

Johnson & Johnson S.E. d.o.o.
Oreškovićeva 6h
10010 Zagreb
Tel: +385 1 6610 700

Ireland

JANSSEN-CILAG Ltd.
50 -100 Holmers Farm Way,
High Wycombe,
Buckinghamshire, HP12 4EG - UK
Tel: +44 1 494 567 444

Ísland

JANSSEN-CILAG AB
c/o Vistor hf.
Hörgatúni 2
IS-210 Garðabær
Sími: +354 535 7000

Italia

JANSSEN-CILAG SpA
Via M.Buonarroti, 23
I-20093 Cologno Monzese MI
Tel: +39 02 2510 1

Κύπρος

Βαρνάβας Χατζηπαναγής Λτδ
Λεωφόρος Γιάννου Κρανιδιώτη 226
Λατσιά
CY-2234 Λευκωσία
Τηλ: +357 22 20 77 00

Latvija

UAB "JOHNSON & JOHNSON" filiāle
Latvijā
Mūkusalas iela 101
Rīga, LV-1004
Tel: +371 678 93561

Portugal

JANSSEN-CILAG FARMACÊUTICA, LDA.
Estrada Consiglieri Pedroso, 69 A
Queluz de Baixo
PT-2734-503 Barcarena
Tel: +351 21 43 68 835

România

Johnson & Johnson România S.R.L.
Str. Tipografilor nr. 11-15,
Clădirea S-Park,
Corp B3-B4, Etaj 3
013714 București - RO
Tel: +40 21 207 18 00

Slovenija

Johnson & Johnson d.o.o.
Šmartinska cesta 53
SI-1000, Ljubljana
Tel: +386 1 401 18 30

Slovenská republika

Johnson & Johnson, s.r.o.
CBC III, Karadžičova 12
SK-821 08 Bratislava
Tel: +421 232 408 400

Suomi/Finland

JANSSEN-CILAG OY
Vaisalantie/Vaisalavägen 2
FI-02130 Espoo/Esbo
Puh/Tel: +358 207 531 300

Sverige

JANSSEN-CILAG AB
Box 4042
SE-16904 Solna
Tel +46 8 626 50 00

United Kingdom

JANSSEN-CILAG Ltd.
50 -100 Holmers Farm Way
High Wycombe
Buckinghamshire, HP12 4EG - UK
Tel: +44 1 494 567 444

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Detailed information on this medicine is available on the European Medicines Agency web site:
<http://www.ema.europa.eu/>.

Instructions for administration

At the start of treatment, your healthcare provider will assist you with your first injection. However, you and your doctor may decide that you may inject Stelara yourself. If this happens, you will get training on how to inject Stelara. Talk to your doctor if you have any questions about giving yourself an injection.

- Do not mix Stelara with other liquids for injection
- Do not shake Stelara pre-filled syringes. This is because strong shaking may damage the medicine. Do not use the medicine if it has been shaken strongly.

Figure 1 shows what the pre-filled syringe looks like.

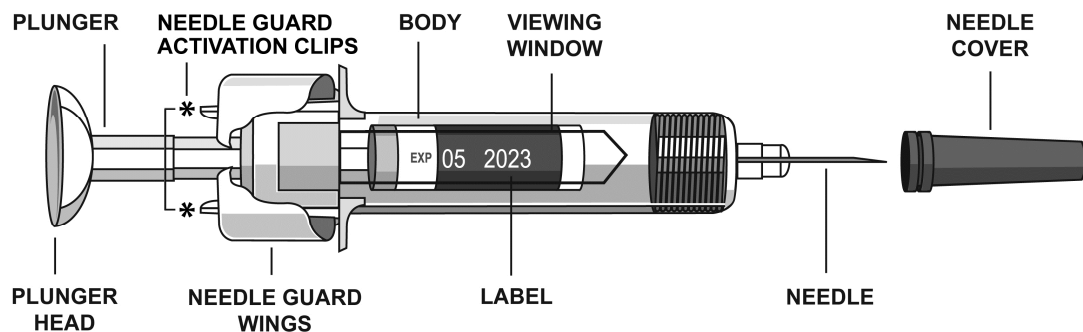


Figure 1

1. Check the number of pre-filled syringes and prepare the materials:

Preparing for use of the pre-filled syringe

- Take the pre-filled syringe(s) out of the refrigerator. Let the pre-filled syringe stand outside the box for about half an hour. This will let the liquid come to a comfortable temperature for injection (room temperature). Do not remove the syringe's needle cover while allowing it to reach room temperature
- Hold the pre-filled syringe by the body of the syringe with the covered needle pointing upward
- Do not hold by the plunger head, plunger, needle guard wings, or needle cover
- Do not pull back on the plunger at any time
- Do not remove the needle cover from the pre-filled syringe until instructed to do so
- Do not touch the needle guard activation clips (as indicated by asterisks * in Figure 1) to prevent prematurely covering the needle with the needle guard.

Check the pre-filled syringe(s) to make sure

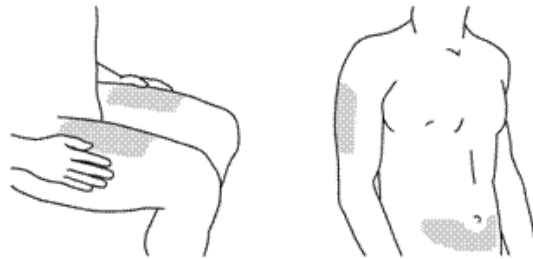
- the number of pre-filled syringes and strength is correct
 - If your dose is 90 mg you will get one 90 mg pre-filled syringe of Stelara.
- it is the right medicine
- it has not passed its expiry date
- the pre-filled syringe is not damaged
- the solution in the pre-filled syringe is clear to slightly opalescent (having a pearl-like shine) and colourless to light yellow
- the solution in the pre-filled syringe is not discoloured or cloudy and does not contain any foreign particles
- the solution in the pre-filled syringe is not frozen.

Get everything together that you need and lay out on a clean surface. This includes antiseptic wipes, a cotton ball or gauze, and a sharps container.

2. Choose and prepare the injection site:

Choose an injection site (see Figure 2)

- Stelara is given by injection under the skin (subcutaneously)
- Good places for the injection are the upper thigh or around the belly (abdomen) at least 5 cm away from the navel (belly button)
- If possible, do not use areas of skin that show signs of psoriasis
- If someone will assist in giving you the injection, then he or she may also choose the upper arms as an injection site.



*Areas in gray are recommended injection sites.

Figure 2

Prepare the injection site

- Wash your hands very well with soap and warm water
- Wipe the injection site on the skin with an antiseptic wipe
- **Do not** touch this area again before giving the injection.

3. Remove the needle cover (see Figure 3):

- The needle cover should **not** be removed until you are ready to inject the dose
- Pick up the pre-filled syringe, hold the body of the syringe with one hand
- Pull the needle cover straight off and throw it away. Do not touch the plunger while you do this

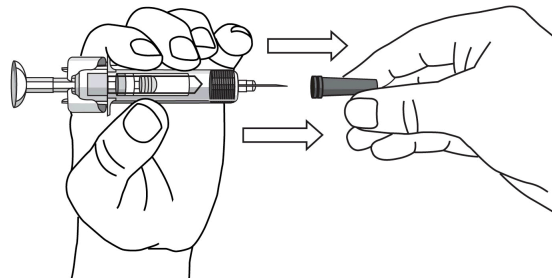


Figure 3

- You may notice an air bubble in the pre-filled syringe or a drop of liquid at the end of the needle. These are both normal and do not need to be removed
- Do not touch the needle or allow it to touch any surface
- Do not use the pre-filled syringe if it is dropped without the needle cover in place. If this happens, please contact your doctor or pharmacist
- Inject the dose promptly after removing the needle cover.

4. Inject the dose:

- Hold the pre-filled syringe with one hand between the middle and index fingers and place the thumb on top of the plunger head and use the other hand to gently pinch the cleaned skin between your thumb and index finger. Do not squeeze it tightly
- Do not pull back on the plunger at any time
- In a single and swift motion, insert the needle through the skin as far as it will go (see Figure 4)

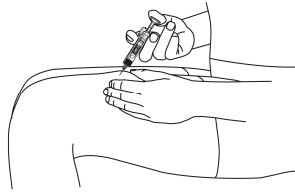


Figure 4

- Inject all of the medication by pushing in the plunger until the plunger head is completely between the needle guard wings (see Figure 5)

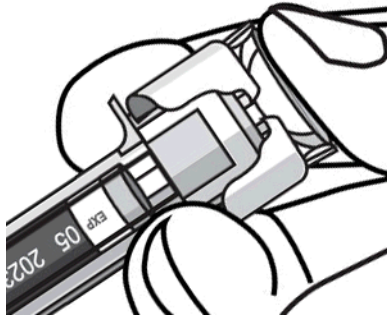


Figure 5

- When the plunger is pushed as far as it will go, continue to keep the pressure on the plunger head, take out the needle and let go of the skin (see Figure 6)

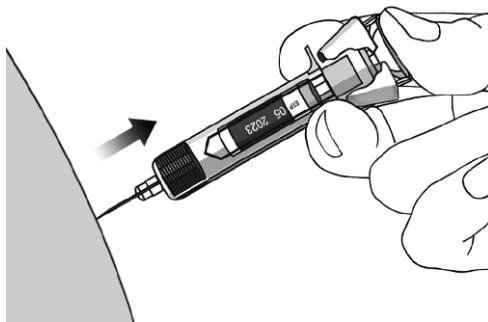


Figure 6

- Slowly take your thumb off the plunger head to allow the empty syringe to move up until the entire needle is covered by the needle guard, as shown by Figure 7:

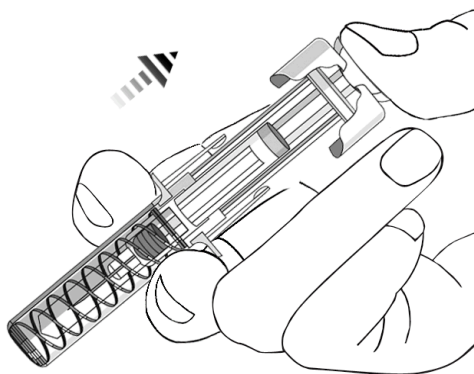


Figure 7

5. After the injection:

- Press an antiseptic wipe over the injection site for a few seconds after the injection.
- There may be a small amount of blood or liquid at the injection site. This is normal.
- You can press a cotton ball or gauze over the injection site and hold for 10 seconds.
- Do not rub the skin at the injection site. You may cover the injection site with a small adhesive bandage, if necessary.

6. Disposal:

- Used syringes should be placed in a puncture-resistant container, like a sharps container (see Figure 8). Never re-use a syringe, for your safety and health and for the safety of others. Dispose of your sharps container according to your local regulations
- Antiseptic wipes and other supplies can be disposed of in your garbage.

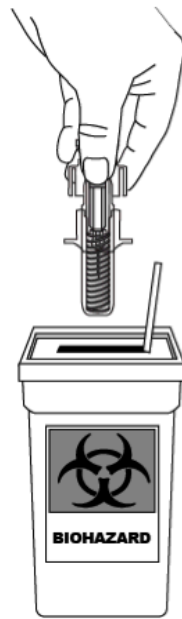


Figure 8