

LONG-TERM REMISSION up to 4 Years

in patients with moderately to severely active UC with OmvohTM¹

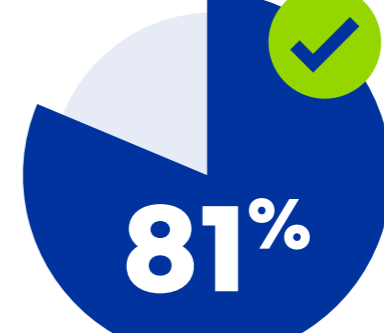
THE LONG-TERM DATA FROM LUCENT-3

showed that amongst patients who were Week 52 remitters^{1†}:



of patients maintained **CLINICAL REMISSION** at 4 years, as observed^{1†}

● Omvoh 200 mg SC Q4W (N=103)



of patients achieved **ENDOSCOPIC REMISSION** at 4 years, as observed^{1†}

● Omvoh 200 mg SC Q4W (N=112)

Over 40%

of patients with UC experience **CORTICOSTEROID DEPENDENCY OR EXCESS**^{3,†}



CAN OMVOH HELP PATIENTS FIND LONG-TERM RELIEF FROM BOWEL URGENCY?

In patients with UC, **bowel urgency is one of the top reasons for treatment dissatisfaction** and one of the symptoms patients most want improved⁴

100%

of Omvoh patients who maintained **CLINICAL REMISSION** up to 4 years were **FREE OF CORTICOSTEROIDS FOR AT LEAST 12 WEEKS PRIOR TO WEEK 52**^{1†}



of patients achieved **BOWEL URGENCY REMISSION** at 4 years, as observed^{1†}

● Omvoh 200 mg SC Q4W (N=106)

HOW DOES OMVOH HELP WITH MUCOSAL INFLAMMATION?

Omvoh demonstrated long-term HEMR[†] at 4 years (Week 212) indicating absence of neutrophils[†]



of patients achieved **HISTOLOGIC-ENDOSCOPIC MUCOSAL REMISSION** at 4 years, as observed^{1†}

● Omvoh 200 mg SC Q4W (N=106)

Omvoh is the first IL-23p19i to demonstrate a durable response in **CLINICAL, ENDOSCOPIC, and HISTOLOGIC ENDPOINTS OVER 4 YEARS OF CONTINUOUS TREATMENT IN UC**^{1,2}

Key takeaways

Over 4 years of continuous treatment, Omvoh achieves¹:



Early and sustained improvement in **bowel urgency**^{1,5}



Long-term clinical, endoscopic, and histologic remission up to **4 years**¹



In-label **flexible dosing** with extended induction and re-induction⁶



Consistent safety profile with no new safety signals up to **4 years**^{1,5}



“I believe that this data reinforces the LONG-TERM BENEFIT OF CONTINUOUS OMVOH TREATMENT FOR UP TO 4 YEARS in both biologic-failed and bio-naïve patients.”

Prof. Jimmy Limdi

Prof. Jimmy Limdi highlights how Omvoh helps achieve LONG-TERM OUTCOMES



INDICATIONS

Ulcerative colitis

Omvoh is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a biologic treatment.²

Crohn's disease

Omvoh 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 biologic treatment.⁵

SAFETY INFORMATION

Ulcerative colitis

The safety of Omvoh was evaluated in three Phase 3 trials. The most common adverse events (occurring in ≥5% of patients) were COVID-19, ulcerative colitis, nasopharyngitis, headache, pyrexia, and arthralgia.^{2,5}

Crohn's disease

The safety of Omvoh was evaluated in two Phase 3 clinical trials. The most common adverse events (occurring in ≥5% of patients) were diarrhoea, COVID-19, anaemia, arthralgia, headache, upper respiratory tract infection, and nasopharyngitis.^{7,8}

FOOTNOTES

†Maintenance remitters: Induction responders who were then LUCENT-2 W40 (52 weeks of continuous Omvoh treatment) clinical remitters; **Clinical remission:** SF=0 or SF=1 with ≥1-point decrease in MMS from baseline; RB=0; and ES=0 or 1 (excluding friability); **Endoscopic remission:** ES=0 or 1 (excluding friability);

Bowel urgency remission: Urgency NRS=0 or 1; **Histologic-endoscopic mucosal remission:** Geboes ≤2.0 + ES=0 or 1 (excluding friability).¹

[†]UK prospective, multicentre study | Patients with moderate or severe UC (N=101).³

ABBREVIATIONS

ES, endoscopic subscore; **HCP**, healthcare professional; **HEMR**, histologic-endoscopic mucosal remission; **IL-23p19i**, interleukin-23 subunit p19 inhibitor; **MMS**, modified Mayo score; **NRS**, numeric rating scale; **Q4W**, every 4 weeks; **RB**, rectal bleeding; **SC**, subcutaneous; **SF**, stool frequency; **UC**, ulcerative colitis; **W**, week; **Y**, year.

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