



## **XARELTO® (rivaroxaban) Demonstrates Comparable Efficacy to Standard of Care for the Treatment and Secondary Prevention of Venous Blood Clots in Patients with Symptomatic Pulmonary Embolism in Pivotal Phase 3 Study**

### **Rivaroxaban Showed Similar Safety Profile with Significantly Fewer Major Bleeds vs. Standard of Care Phase 3 Study Presented as Late-Breaker at the American College of Cardiology Annual Scientific Sessions and Published in the New England Journal of Medicine**

CHICAGO, March 26, 2012 /PRNewswire/ -- Janssen Research & Development, LLC, (Janssen), announced results of the EINSTEIN-PE study showing that the oral anticoagulant XARELTO® (rivaroxaban) was comparable to today's standard of care in treating patients with acute symptomatic pulmonary embolism (PE) and in preventing development of a secondary venous blood clot (known as venous thromboembolism or VTE). The study also found rivaroxaban had a similar safety profile and significantly lower risk of major bleeding versus the current standard regimen. These data were presented today as a late breaking clinical trial at the American College of Cardiology Annual Scientific Sessions, and published in the *New England Journal of Medicine*.

To view the multimedia assets associated with this release, please click: <http://www.multivu.com/mnr/54680-janssen-research-development-xarelto-rivaroxaban-venous-thromboembolism>

The EINSTEIN-PE study compared rivaroxaban to enoxaparin followed by vitamin K antagonist (VKA) in the treatment of 4,833 patients with acute symptomatic PE for the prevention of recurrent VTE. Patients received treatment for three, six or 12 months. In the study, rivaroxaban succeeded in demonstrating non-inferiority to standard therapy for the primary endpoint of recurrent symptomatic VTE, a composite of symptomatic deep vein thrombosis (DVT) and non-fatal or fatal PE [2.1% vs. 1.8%, respectively (p=0.003 for non-inferiority)]. Rivaroxaban also demonstrated similar results compared to standard of care for the principal safety outcome measuring a composite of major and non-major clinically relevant bleeding events [10.3% vs. 11.4% (p=0.23), respectively]. Rivaroxaban treatment also resulted in a significant reduction in major bleeding events [1.1% vs. 2.2% (p=0.003), respectively] compared to standard therapy.

The treatment of venous thromboembolism currently requires a two drug regimen: a rapidly acting, injectable anticoagulant followed by long-term treatment with an oral VKA such as warfarin. According to Jack E. Ansell, M.D., FACP, Professor of Medicine at New York University School of Medicine and Chairman of the Department of Medicine at Lenox Hill Hospital in New York, "these results demonstrate that a single-drug approach like oral rivaroxaban could be an important addition to our ability to simplify treatment by eliminating the need to transition to a different anticoagulant while preventing the occurrence of secondary blood clots in patients who have pulmonary emboli."

VTE is the collective term for both DVT and PE. DVT occurs when blood clots form in one of the large, deep veins in the legs. PE is a serious, clinical condition that most commonly occurs when part or all of a DVT dislodges and travels to the heart, where it can partially or completely block a branch of the pulmonary artery. When PE occurs with large clots, multiple clots, or when the patient already has pre-existing heart or lung disease, the event may be fatal. Each year an estimated 900,000 Americans experience an episode of VTE, resulting in an estimated 300,000 annual deaths.

"The average patient with venous thromboembolism carries the risk of recurrence for a year after the initial event and, for some patients, the risk can persist beyond that," said Paul Burton, M.D., Ph.D., Vice President, Cardiovascular Franchise Medical Leader at Janssen. "Based on the results seen in the EINSTEIN-PE study, rivaroxaban could provide an alternative, effective oral treatment that offers less risk of major bleeding for patients who have been diagnosed with a PE. Given that PE requires both acute management in a hospital setting and long-term treatment at home, an oral, single-drug treatment that does not require routine blood monitoring may be especially welcome."

The company plans to file the EINSTEIN studies in a supplemental New Drug Application with the Food and Drug Administration during the second quarter of this year.

#### **About the EINSTEIN Program**

EINSTEIN-PE is one of three Phase 3 studies in the global EINSTEIN program, evaluating the safety and efficacy of rivaroxaban in the treatment and prevention of a recurrent, symptomatic VTE in patients with acute symptomatic DVT or PE. Combined, these trials have enrolled more than 9,400 patients.

The EINSTEIN-PE study was an open-label, randomized, non-inferiority trial that compared oral rivaroxaban —15 mg twice daily

for three weeks, followed by 20 mg once daily — with the current standard of care of enoxaparin followed by a VKA in patients with acute symptomatic PE with or without symptomatic DVT. The multinational study was led by Janssen and Bayer HealthCare.

The EINSTEIN-DVT study compared the safety and efficacy of oral rivaroxaban — administered at 15 mg twice daily for three weeks followed by 20 mg once daily — with standard therapy. More than 3,400 patients with acute symptomatic DVT in the deep veins of the knee or thigh, but without any symptoms of PE, were enrolled and received treatment for three, six or 12 months of therapy. Results from [EINSTEIN-DVT](#) were presented at the annual European Society of Cardiology Congress in August 2010.

EINSTEIN-EXT evaluated 1,197 patients who had previously completed six to 12 months of treatment with a VKA for an acute episode of VTE or have participated in the Phase 3 EINSTEIN-DVT or EINSTEIN-PE trials, in which they were treated with either rivaroxaban or a VKA, for the same time duration. Upon enrolling in EINSTEIN-EXT, patients were randomized to receive either 20 mg of rivaroxaban dosed once-daily or placebo and were evaluated for an additional six or 12 months. Results from [EINSTEIN-EXT](#) were presented at the annual meeting of the American Society of Hematology in December 2009. Data from EINSTEIN-DVT and EINSTEIN-EXT were published together in the *New England Journal of Medicine* in December 2010 ([n engl j med 363:26](#)).

### **About XARELTO® (rivaroxaban)**

XARELTO® belongs to a group of medicines called anticoagulants, and works by blocking the blood clotting Factor Xa, thereby reducing the tendency to form clots. In the U.S., XARELTO® is indicated to reduce the risk of blood clots in the legs and lungs of people who have just had knee or hip replacement surgery and to reduce the risk of stroke and blood clots in people with atrial fibrillation, not caused by a heart valve problem. There is limited information on how XARELTO® compares to a medicine called warfarin in reducing the risk of stroke when the blood levels of warfarin are well-controlled. The blood levels of warfarin often vary in patients.

The extensive program of clinical trials evaluating rivaroxaban makes the compound the most studied oral, Factor Xa inhibitor in the world today. Rivaroxaban is being developed jointly by Janssen Research & Development, LLC and Bayer HealthCare. U.S. marketing rights for XARELTO® are held by Janssen Pharmaceuticals, Inc.

### **About Janssen Research & Development, LLC**

At Janssen, we are dedicated to addressing and solving some of the most important unmet medical needs of our time in oncology, immunology, neuroscience, infectious diseases and vaccines, and cardiovascular and metabolic diseases. Driven by our commitment to patients, we develop innovative products, services and healthcare solutions to help people throughout the world. Janssen Research & Development, LLC and Janssen Pharmaceuticals, Inc., are part of the Janssen Pharmaceutical Companies of Johnson & Johnson. Please visit <http://www.janssenrnd.com> for more information.

### **Important Safety Information**

#### **WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT XARELTO®?**

##### **For people taking XARELTO® for atrial fibrillation:**

People with atrial fibrillation (an irregular heart beat) are at an increased risk of forming a blood clot in the heart, which can travel to the brain, causing a stroke, or to other parts of the body. XARELTO® lowers your chance of having a stroke by helping to prevent clots from forming. If you stop taking XARELTO®, you may have an increased risk of forming a clot in your blood.

- **Do not stop taking XARELTO® without talking to the doctor who prescribes it for you. Stopping XARELTO® increases your risk of having a stroke or forming blood clots in other parts of your body.**

If you have to stop taking XARELTO®, your doctor may prescribe another blood thinner medicine to prevent a blood clot from forming.

##### **For all people taking XARELTO®:**

- XARELTO® can cause bleeding which can be serious, and rarely may lead to death. This is because XARELTO® is a blood thinner that reduces blood clotting. While you take XARELTO® you are likely to bruise more easily and it may take longer for bleeding to stop.

You may have a higher risk of bleeding if you take XARELTO® and take other medicines that increase your risk of bleeding including:

- aspirin or aspirin containing products,
- non-steroidal anti-inflammatory drugs (NSAIDs)
- warfarin sodium (Coumadin<sup>®</sup>, Jantoven<sup>®</sup>)
- any medicine that contains heparin
- clopidogrel (Plavix<sup>®</sup>)
- prasugrel (Effient<sup>®</sup>)
- ticagrelor (Brilinta<sup>®</sup>)

Tell your doctor if you take any of these medicines. Ask your doctor or pharmacist if you are not sure if your medicine is one listed above.

**Call your doctor or get medical help right away if you develop any of these signs or symptoms of bleeding:**

- tingling, numbness or muscle weakness, especially in your legs. This is particularly important if you had a procedure called spinal or epidural puncture as part of your anesthesia during surgery.
- any unexpected bleeding, or bleeding that lasts a long time (such as nose bleeds that happen often, unusual bleeding from gums, or menstrual bleeding that is heavier than normal or vaginal bleeding)
- bleeding that is severe or that you cannot control
- red, pink or brown urine
- bright red or black stools (look like tar)
- cough up blood or blood clots
- vomit blood or your vomit looks like "coffee grounds"
- headaches, feeling dizzy or weak
- pain, swelling, or new drainage at wound sites

**WHO SHOULD NOT TAKE XARELTO<sup>®</sup>?**

Do not take XARELTO<sup>®</sup> if you:

- currently have abnormal or unusual bleeding
- are allergic to rivaroxaban or any of the ingredients of XARELTO<sup>®</sup>

**WHAT SHOULD I TELL MY DOCTOR BEFORE OR WHILE TAKING XARELTO<sup>®</sup>?**

Before taking XARELTO<sup>®</sup> tell your doctor if you:

- Have ever had bleeding problems
- Have liver or kidney problems
- Have any other medical condition
- Are pregnant or planning to become pregnant
- Are breastfeeding or plan to breastfeed

Tell all of your doctors and dentists that you are taking XARELTO<sup>®</sup>. They should talk to the doctor who prescribed XARELTO<sup>®</sup> for you before you have any surgery, medical or dental procedure.

**Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements.** Some of your other medicines may affect the way XARELTO<sup>®</sup> works. Certain medicines may increase your risk of bleeding.

Especially tell your doctor if you take:

- ketoconazole (Nizoral<sup>®</sup>)
- itraconazole (Onmel<sup>™</sup>, Sporanox<sup>®</sup>)
- ritonavir (Norvir<sup>®</sup>)
- lopinavir/ritonavir (Kaletra<sup>®</sup>)
- indinavir (Crixivan<sup>®</sup>)
- carbamazepine (Carbatrol<sup>®</sup>, Equetro<sup>®</sup>, Tegretol<sup>®</sup>, Tegretol<sup>®</sup>-XR, Teril<sup>™</sup>, Epitol<sup>®</sup>)

- phenytoin (Dilantin-125<sup>®</sup>, Dilantin<sup>®</sup>, Phenobarbital, Solfoton<sup>™</sup>)
- rifampin (Rifater<sup>®</sup>, Rifamate<sup>®</sup>, Rimactane<sup>®</sup>, Rifadin<sup>®</sup>)
- St. John's wort (*Hypericum perforatum*)

Ask your doctor if you are not sure if your medicine is one listed above. Know the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

## HOW SHOULD I TAKE XARELTO<sup>®</sup>?

Take XARELTO<sup>®</sup> exactly as prescribed by your doctor. **Do not change your dose or stop taking XARELTO<sup>®</sup> unless your doctor tells you to.**

For people who have:

- **atrial fibrillation:** Take XARELTO<sup>®</sup> 1 time a day **with your evening meal. Stopping XARELTO<sup>®</sup> may increase your risk of having a stroke or forming blood clots in other parts of your body.**
- **hip or knee replacement surgery:** Take XARELTO<sup>®</sup> 1 time a day **with or without food.**
- Your doctor may stop XARELTO<sup>®</sup> for a short time before any surgery, medical or dental procedure. Your doctor will tell you when to start taking XARELTO<sup>®</sup> again after your surgery or procedure.
- Do not run out of XARELTO<sup>®</sup>. Refill your prescription for XARELTO<sup>®</sup> before you run out. When leaving the hospital following a hip or knee replacement, be sure that you will have XARELTO<sup>®</sup> available to avoid missing any doses.
- If you miss a dose of XARELTO<sup>®</sup>, take it as soon as you remember on the same day.
- If you take too much XARELTO<sup>®</sup>, go to the nearest hospital emergency room or call your doctor right away.

## WHAT ARE THE POSSIBLE SIDE EFFECTS OF XARELTO<sup>®</sup>?

XARELTO<sup>®</sup> can cause bleeding which can be serious, and rarely may lead to death. *Please see "What is the most important information I should know about XARELTO<sup>®</sup>?"*

Tell your doctor if you have any side effect that bothers you or that does not go away.

**Discuss any side effects with your doctor. You are also encouraged to report side effects to the FDA: visit <http://www.fda.gov/medwatch> or call 1-800-FDA-1088.** You may also report side effects to Janssen Pharmaceuticals, Inc. at 1-800-JANSSEN (526-7736).

Please click [here](#) for full prescribing information, **including Boxed Warnings** and the [Medication Guide](#).

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competitors; challenges inherent in new product development, including obtaining regulatory approvals; challenges to patents; changes in behavior and spending patterns or financial distress of purchasers of healthcare products and services; changes to governmental laws and regulations and domestic and foreign health care reforms; trends toward health care cost containment; and increased scrutiny of the healthcare industry by government agencies. A further list and description of these risks, uncertainties and other factors can be found in Exhibit 99 of Johnson & Johnson's Annual Report on Form 10-K for the fiscal year ended January 1, 2012. Copies of this Form 10-K, as well as subsequent filings, are available online at [www.sec.gov](http://www.sec.gov), [www.jnj.com](http://www.jnj.com) or on request from Johnson & Johnson. Neither Janssen Research & Development, LLC nor Johnson & Johnson undertake to update any forward-looking statements as a result of new information or future events or developments.)

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