Pfizer Announces Positive Top-Line Results from JADE TEEN Trial of Abrocitinib in Adolescents with Moderate-to-Severe Atopic Dermatitis

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-Observed improvements in skin clearance, disease extent, and severity among patients 12 to <18-

-Safety profile consistent with other pivotal studies of abrocitinib reported to date-

NEW YORK--(BUSINESS WIRE)-- Pfizer Inc. (NYSE: PFE) announced today positive top-line results from the Phase 3 JADE TEEN study of abrocitinib, an investigational oral once-daily Janus kinase 1 (JAK1) inhibitor, in patients 12 to <18 years of age with moderate to severe atopic dermatitis (AD) who were also on background topical therapy. Both doses of abrocitinib met the co-primary endpoints and were generally well tolerated.

“Up to twenty percent of children are affected by atopic dermatitis and there remains a significant unmet need for new treatment options that may improve their care,” said Michael Corbo, PhD, Chief Development Officer, Inflammation & Immunology, Pfizer Global Product Development. “For children and adolescents, these findings build on the positive results of our companion Phase 3 monotherapy trials that included patients twelve years and older.”

JADE TEEN Top-Line Results

Results showed that the percentage of patients achieving each co-primary efficacy endpoint at Week 12 was statistically significantly higher with both doses of abrocitinib

than with placebo.

As a key secondary endpoint, the percentage of patients who had a clinically significant reduction in itch by Weeks 2, 4, and 12 of treatment was statistically significantly higher at each time point for the 200mg abrocitinib dose, and at Week 2 for the 100mg abrocitinib dose, compared to placebo. As the 100mg dose did not achieve a significant difference at Week 4, despite having achieved it at Week 2, no further testing for key secondary endpoints were performed. As such, improvement in the other key secondary endpoint, Pruritus and Symptoms Assessment for Atopic Dermatitis (PSAAD), cannot be inferred. The PSAAD is a patient-reported measurement scale developed by Pfizer.

The safety profile seen with abrocitinib was consistent with previous studies. Safety results showed that a higher percentage of patients receiving either the 100mg or 200mg dose of abrocitinib experienced adverse events compared to placebo (56.8%, 62.8%, and 52.1%, respectively). The percentage of patients who experienced serious adverse events or adverse events leading to study discontinuation were similar across the placebo (2.1% each), abrocitinib 100mg (0% and 1.1%, respectively), and abrocitinib 200mg (1.1% and 2.1%, respectively) treatment arms.

JADE TEEN Trial Design

The co-primary endpoints in the study were the proportion of patients who achieved an Investigator's Global Assessment (IGA) of clear (0) or almost clear (1) and a two-point or greater reduction from baseline at Week 12; and the proportion of patients who achieved at least a 75% or greater change from baseline in their Eczema Area and Severity Index (EASI) score at Week 12.

The key secondary endpoints were the proportion of patients achieving a four-point or larger reduction in itch severity from baseline measured with the Peak Pruritus Numerical Rating Scale (PP-NRS) at Weeks 2, 4, and 12; and the magnitude of decrease in the PSAAD score at Week 12.

JADE TEEN is the fourth trial in the JAK1 Atopic Dermatitis Efficacy and Safety (JADE) global development program. Pfizer recently announced complete results from the second trial in the program, JADE MONO-2. Additional data from other studies in the JADE program will be available later this year.

Full results from JADE TEEN will be submitted for presentation at a future scientific meeting and publication in a medical journal.

Additional Details About the JADE TEEN Study

JADE TEEN was a randomized, double-blind, placebo-controlled, parallel group study. A total of 285 subjects 12 to <18 years of age with moderate to severe atopic dermatitis were randomized to receive once-daily abrocitinib 200mg, abrocitinib 100mg, or placebo for 12 weeks while also on background topical therapy.

Eligible subjects completing the 12-week treatment period of the study had the option to enter a long-term extension (LTE) study, B7451015. Subjects discontinuing early from treatment, or who were otherwise ineligible for the LTE study, entered a 4-week follow up period in this study.

For additional information about JADE TEEN, please visit https://www.clinicaltrials.gov.

About Abrocitinib

Abrocitinib is an oral small molecule that selectively inhibits Janus kinase (JAK) 1. Inhibition of JAK1 is thought to modulate multiple cytokines involved in pathophysiology of atopic dermatitis, including interleukin (IL)-4, IL-13, IL-31, IL-22, and thymic stromal lymphopoietin (TSLP).

Abrocitinib received Breakthrough Therapy designation from the FDA for the treatment of patients with moderate to severe AD in February 2018. Breakthrough Therapy designation was initiated as part of the Food and Drug Administration Safety and Innovation Act (FDASIA) signed in 2012. As defined by the FDA, a breakthrough therapy is a drug intended to be used alone or in combination with one or more other drugs to treat a serious or life-threatening disease or condition, and preliminary clinical evidence indicates that the drug may demonstrate improvement over existing therapies on one or more clinically significant endpoints, such as substantial treatment effects observed early in clinical development. If a drug is designated as a Breakthrough Therapy, the FDA will expedite the development and review of such drug.1

About Atopic Dermatitis

AD is a chronic skin disease characterized by inflammation of the skin and skin barrier defects.2,3 Lesions of AD are characterized by erythema (redness), itching, induration (hardening)/papulation (formulation of papules), and oozing/crusting.3,4

AD is one of the most common, chronic, relapsing childhood dermatoses, affecting up to 10% of adults and up to 20% of children worldwide.4,5

About Pfizer’s Immunokinase Inhibitor Leadership

The JAK pathways are believed to play an important role in inflammatory processes as they are involved in signaling for over 50 cytokines and growth factors, many of which drive immune-mediated conditions.6 JAK inhibition may offer patients with these conditions a potential new advanced treatment option.7

Pfizer’s leading JAK biology and chemistry expertise combined with our research experience, has uniquely enabled the company to take a different R&D approach to that of other companies involved in JAK research, resulting in one of the broadest immunokinase inhibitor pipelines. Instead of studying a single molecule for all its potential uses, where it may not be optimal for some, Pfizer’s candidates with unique selectivity profiles are purposefully matched to the conditions where we believe they have the greatest potential to, if approved, address unmet need. Pfizer has five unique immunokinase inhibitors in late-stage clinical trials for the potential treatment of ten immune-mediated diseases:

Abrocitinib: A JAK1 inhibitor in phase 3 clinical trials for the potential treatment of moderate-to-severe AD among adolescents and adults PF-06651600: An oral, JAK3/TEC family kinase inhibitor in a phase 3 clinical trial for the potential treatment of alopecia areata (AA) and in phase 2 for vitiligo, Crohn’s disease (CD), and ulcerative colitis (UC) PF-06700841: A tyrosine kinase 2 (TYK2)/JAK1 inhibitor in phase 2 clinical trials for the potential treatment of psoriasis and AD in topical formulation, and, in oral formulation for psoriatic arthritis, CD, UC, vitiligo, systemic lupus erythematosus (SLE), AA and hidradenitis suppurativa (HS) PF-06826647: A TYK2 inhibitor under investigation in phase 2 clinical trials for the potential treatment of psoriasis and HS PF-06650833: An IL-1 receptor associated kinase 4 (IRAK4) inhibitor under investigation for the potential treatment of rheumatoid arthritis and HS in phase 2 clinical trials
Pfizer Inc.: Breakthroughs that Change Patients’ Lives

At Pfizer, we apply science and our global resources to bring therapies to people that extend and significantly improve their lives. We strive to set the standard for quality, safety and value in the discovery, development and manufacture of health care products, including innovative medicines and vaccines. Every day, Pfizer colleagues work across developed and emerging markets to advance wellness, prevention, treatments and cures that challenge the most feared diseases of our time. Consistent with our responsibility as one of the world's premier innovative biopharmaceutical companies, we collaborate with health care providers, governments and local communities to support and expand access to reliable, affordable health care around the world. For more than 150 years, we have

worked to make a difference for all who rely on us. We routinely post information that may be important to investors on our website at www.pfizer.com. In addition, to learn more, please visit us on www.pfizer.com and follow us on Twitter at @Pfizer and @Pfizer_News, LinkedIn, YouTube and like us on Facebook at Facebook.com/Pfizer.

DISCLOSURE NOTICE: The information contained in this release is as of June 10, 2020. Pfizer assumes no obligation to update forward-looking statements contained in this release as the result of new information or future events or developments.

This release contains forward-looking information about a product candidate, abrocitinib, and Pfizer's ongoing investigational programs in kinase inhibitor therapies, including their potential benefits, that involves substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. Risks and uncertainties include, among other things, the uncertainties inherent in research and development, including the ability to meet anticipated clinical endpoints, commencement and/or completion dates for our clinical trials, regulatory submission dates, regulatory approval dates and/or launch dates, as well as the possibility of unfavorable new clinical data and further analyses of existing clinical data; the risk that clinical trial data are subject to differing interpretations and assessments by regulatory authorities; whether regulatory authorities will be satisfied with the design of and results from our clinical studies; whether and when drug applications may be filed in any jurisdictions for any potential indication for abrocitinib or any other investigational kinase inhibitor therapies; whether and when any such applications may be approved by regulatory authorities, which will depend on myriad factors, including making a determination as to whether the product's benefits outweigh its known risks and determination of the product's efficacy and, if approved, whether abrocitinib or any such other investigational kinase inhibitor therapies will be commercially successful; decisions by regulatory authorities impacting labeling, manufacturing processes, safety and/or other matters that could affect the availability or commercial potential of abrocitinib or any other investigational kinase inhibitor therapies; the impact of COVID-19 on our business, operations and financial results; and competitive developments.

A further description of risks and uncertainties can be found in Pfizer's Annual Report on Form 10-K for the fiscal year ended December 31, 2019 and in its subsequent reports on Form 10-Q, including in the sections thereof captioned "Risk Factors" and "Forward-Looking Information and Factors That May Affect Future Results", as well as in its subsequent reports on Form 8-K, all of which are filed with the U.S. Securities and Exchange Commission and available at www.sec.gov and www.pfizer.com.

1 U.S. Food and Drug Administration. Fact Sheet: Breakthrough Therapies at https://www.fda.gov/RegulatoryInformation/LawsEnforcedbyFDA/SignificantA... accessed on August 16, 2019. 2 Hanifin JM, Reed ML. A population-based survey of eczema in the United States. Dermatitis. 2007;18(2):82-91. 3 Bieber T. Atopic dermatitis. Dermatology. 2012;1(3):203-217. 4 Oszukowska M, Michalak I, Gutfreund K, et al. Role of primary and secondary prevention in atopic dermatitis. Postep Derm Alergol. 2015:32(6):409-420. 5 Nutten S. Atopic dermatitis: global epidemiology and risk factors. Ann Nutr Metab. 2015;66(suppl 1):8-16. 6 Banerjee, S., Biehl, A., Gadina, M. et al. JAK–STAT Signaling as a Target for Inflammatory and Autoimmune Diseases: Current and Future Prospects. Drugs. 2017;77: 521. https://doi.org/10.1007/s40265-017-0701-9. 7 Telliez JB, Dowty ME, Wang L, Jussif J, Lin T, Li L, et al. Discovery of a JAK3-selective inhibitor: functional differentiation of JAK3-selective inhibition over pan-JAK or JAK1-selective inhibition. ACS Chem Biol. 2016;11(12):3442–51. doi:10.1021/acschembio.6b00677.

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