

# Pfizer to Present New Data on XELJANZ® (Tofacitinib Citrate) for Ulcerative Colitis at UEG Week 2016

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**“We know there is a significant unmet need in the UC community for additional treatment options and, if approved, tofacitinib may have the potential to offer patients and their physicians an oral treatment option that could address these unmet needs in the course of the disease.”**

Pfizer Inc. (NYSE:PFE) announced that three abstracts for XELJANZ® (tofacitinib citrate), being investigated in moderate to severe ulcerative colitis (UC), will be presented at the upcoming United European Gastroenterology Week (UEG Week 2016), October 15-19 in Vienna, Austria. The tofacitinib presentations will highlight new research results from the Phase 3 Oral Clinical Trials for tofacitinib in ulcerative colitis (OCTAVE) Induction trials, including one oral presentation looking at the effect of prior treatment with tumor necrosis factor inhibitors (TNFi) on efficacy endpoints. In addition, two abstracts have been accepted as poster presentations, highlighting results by endoscopic response, and onset of action, respectively.

“The new data to be presented at UEG Week deepen our understanding of the efficacy and safety profile of tofacitinib in ulcerative colitis,” said Michael Corbo, PhD, Chief Development Officer, Inflammation & Immunology, Pfizer Inc. “We know there is a significant unmet need in the UC community for additional treatment options and, if approved, tofacitinib may have the potential to offer patients and their physicians an oral treatment option that could address these unmet needs in the course of the disease.”

Tofacitinib is the first in a new class of medicines called Janus kinase (JAK) inhibitors under investigation for the treatment of moderate to severe UC. Tofacitinib is a small molecule taken as a pill. It acts on specific inflammatory responses thought to play a role in the inflammation associated with UC.

Tofacitinib data at UEG Week 2016 includes the following presentations:

## **Oral Presentation**

1. Tofacitinib has induction efficacy in moderately to severely active ulcerative colitis, regardless of prior TNF inhibitor therapy (#OP106, Session: 504 – Future drugs in IBD, Monday, October 17, 15:45 – 17:15, Room C)

## **Poster Presentations**

2. Tofacitinib for induction therapy in patients with active ulcerative colitis in two phase 3 clinical trials: results by local and central endoscopic assessments (#P0306, Poster Session: IBD I, Monday, October 17, 10:30 – 17:00, Poster Exhibition – Hall X4 & X5)

3. Onset of efficacy of tofacitinib for induction therapy in patients with active ulcerative colitis in two multinational, phase 3 clinical trials (#P0842, Poster Session: IBD II Tuesday, October 18, 09:00 – 17:00, Poster Exhibition – HALL X4 & X5)

## **About Ulcerative Colitis**

UC is a chronic, often debilitating inflammatory bowel disease that affects millions of people worldwide.<sup>a,b</sup> It is believed that UC is the result of complex interactions between multiple factors that include the environment, genetic predisposition, immune response, and the gut microbiome in the colon or intestines.<sup>c</sup> It can cause abdominal pain, fever, weight loss and chronic, bloody diarrhea.<sup>d</sup> UC can have a significant effect on work, family and social activities.<sup>e</sup> In up to one-third of patients with UC, treatment is not completely successful or complications may arise.<sup>f</sup> Under these circumstances, surgery to remove the colon (colectomy) may be considered.<sup>g,h</sup> Even after surgery, certain symptoms of UC may still persist.<sup>i</sup>

## **About the OCTAVE Clinical Development Program**

The OCTAVE global clinical development program includes three Phase 3 studies, OCTAVE Induction 1, OCTAVE Induction 2 and OCTAVE Sustain, as well as a long-term extension trial, OCTAVE Open. These four pivotal studies will form the core of a submission package to regulatory authorities for a potential UC indication.

OCTAVE Induction 1 and OCTAVE Induction 2 are two replicate Phase 3 placebo-controlled studies that evaluated induction of remission by oral tofacitinib 10 mg twice daily (BID) in adult patients with moderate to severe UC. Subjects must have failed or been intolerant to at least one prior UC treatment, including corticosteroids, thiopurines or TNFi. Positive results from OCTAVE Induction 1 and OCTAVE Induction 2 were presented at the Congress of European Crohn's and Colitis Organisation (ECCO) in March 2016.

OCTAVE Sustain is a Phase 3 placebo-controlled study that evaluated oral tofacitinib 5 mg and 10 mg BID as maintenance therapy in adult patients with moderately to severely active UC. Positive topline results were announced in July 2016.

OCTAVE Open is an ongoing open-label extension study designed to assess the safety and tolerability of tofacitinib 5 mg and 10 mg BID in patients who have completed or who have had treatment failure in OCTAVE Sustain or who were non-responders upon completing OCTAVE Induction 1 or 2.

*References available upon request*

## **About XELJANZ (tofacitinib citrate) and XELJANZ XR (tofacitinib citrate) extended-release**

XELJANZ<sup>®</sup>/XELJANZ XR<sup>®</sup> (tofacitinib citrate) is a prescription medicine called a Janus kinase (JAK) inhibitor. In the United States, XELJANZ XR 11 mg QD is the first and only once-daily oral JAK inhibitor approved for the treatment of moderate to severe rheumatoid arthritis (RA) after intolerance or inadequate response to methotrexate.

As the developer of XELJANZ/XELJANZ XR, Pfizer is a leader in JAK innovation. XELJANZ is approved in 50 countries around the world for the treatment of moderate to severe RA as a second-line therapy after failure of one or more disease-modifying antirheumatic drugs (DMARDs).

Pfizer is committed to advancing the science of JAK inhibition and enhancing understanding of XELJANZ through a robust clinical development program. The efficacy and safety profile of XELJANZ has been studied in approximately 6,300 patients with moderate to severe RA, amounting to more than 21,900 patient-years of drug

exposure in the global clinical development program.

XELJANZ is not approved for use by the European Medicines Agency (EMA). A marketing authorization application for XELJANZ 5 mg BID is currently under review by the EMA for the treatment of patients with moderate to severe RA who have had an inadequate response or intolerance to methotrexate.

XELJANZ is being investigated for the treatment of moderate to severe UC and is not approved for this indication.

*References available upon request*

## **XELJANZ/XELJANZ XR U.S. Label Information**

XELJANZ (tofacitinib citrate)/XELJANZ XR (tofacitinib citrate) extended-release is a prescription medicine called a Janus kinase (JAK) inhibitor. XELJANZ/XELJANZ XR is used to treat adults with moderately to severely active rheumatoid arthritis in which methotrexate did not work well. XELJANZ/XELJANZ XR may be used as a single agent or in combination with methotrexate (MTX) or other non-biologic disease-modifying antirheumatic drugs (DMARDs). Use of XELJANZ/XELJANZ XR in combination with biologic DMARDs or potent immunosuppressants, such as azathioprine and cyclosporine, is not recommended.

- It is not known if XELJANZ/XELJANZ XR is safe and effective in people with hepatitis B or C.
- XELJANZ/XELJANZ XR is not for people with severe liver problems.
- It is not known if XELJANZ/XELJANZ XR is safe and effective in children.

## **Important Safety Information**

- **XELJANZ/XELJANZ XR can lower the ability of the immune system to fight infections. Some people can have serious infections while taking XELJANZ/XELJANZ XR, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections. Healthcare providers should test patients for TB before starting XELJANZ/XELJANZ XR, and monitor them closely for signs and symptoms of TB and other infections during treatment. People should not start taking XELJANZ/XELJANZ XR if they have any kind of infection unless their healthcare provider tells them it is okay.**
- **People may be at a higher risk of developing shingles.**
- **XELJANZ/XELJANZ XR may increase the risk of certain cancers by changing the way the immune system works. Lymphoma and other cancers, including skin cancers, can happen in patients taking XELJANZ/XELJANZ XR.**
- The risks and benefits of treatment should be considered prior to initiating XELJANZ/XELJANZ XR in patients with chronic or recurrent infection; who have been exposed to tuberculosis; with a history of a serious or an opportunistic infection; who have resided or traveled in areas of endemic tuberculosis or endemic mycoses; or with underlying conditions that may predispose them to infection.
- Viral reactivation, including cases of herpes virus reactivation (e.g., herpes zoster), was observed in clinical studies with XELJANZ.
- Use of live vaccines should be avoided concurrently with XELJANZ/XELJANZ XR. Update immunizations in agreement with current immunization guidelines prior to initiating XELJANZ/XELJANZ XR therapy.
- Some people who have taken XELJANZ with certain other medicines to prevent kidney transplant rejection have had a problem with certain white blood cells growing out of control (Epstein Barr virus-associated post-transplant lymphoproliferative disorder).

- Some people taking XELJANZ/XELJANZ XR can get tears in their stomach or intestines. This happens most often in people who also take nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, or methotrexate.
- XELJANZ/XELJANZ XR should be used with caution in patients who may be at increased risk for gastrointestinal perforation (e.g., patients with a history of diverticulitis), or who have a narrowing within their digestive tract. Patients should tell their healthcare provider right away if they have fever and stomach-area pain that does not go away or a change in bowel habits.
- XELJANZ/XELJANZ XR can cause changes in certain lab test results including low blood cell counts, increases in certain liver tests, and increases in cholesterol levels. Healthcare providers should do blood tests before starting patients on XELJANZ/XELJANZ XR and while they are taking XELJANZ/XELJANZ XR, to check for these side effects. Normal cholesterol levels are important to good heart health. Healthcare providers may stop XELJANZ/XELJANZ XR treatment because of changes in blood cell counts or liver test results.
- Use of XELJANZ/XELJANZ XR in patients with severe hepatic impairment is not recommended.
- Patients should tell their healthcare providers if they plan to become pregnant or are pregnant.

It is not known if XELJANZ/XELJANZ XR will harm an unborn baby. To monitor the outcomes of pregnant women exposed to XELJANZ/XELJANZ XR, a registry has been established. Physicians are encouraged to register patients and pregnant women are encouraged to register themselves by calling 1-877-311-8972.

- Patients should tell their healthcare providers if they plan to breastfeed or are breastfeeding. Patients and their healthcare provider should decide if they will take XELJANZ/XELJANZ XR or breastfeed. They should not do both.
- In carriers of the hepatitis B or C virus (viruses that affect the liver), the virus may become active while using XELJANZ/XELJANZ XR. Healthcare providers may do blood tests before and during treatment with XELJANZ/XELJANZ XR.
- Common side effects include upper respiratory tract infections (common cold, sinus infections), headache, diarrhea, and nasal congestion, sore throat, and runny nose (nasopharyngitis).

Please click the direct link to the full prescribing information for XELJANZ/XELJANZ XR, including boxed warning and Medication Guide: <http://labeling.pfizer.com/ShowLabeling.aspx?id=959>.

### **Pfizer Inc.: Working together for a healthier world®**

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 healthcare products. Our global portfolio includes medicines and vaccines as well as many of the world's best-known consumer healthcare products. 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, Pfizer has worked to make a difference for all who rely on us. For more information, please visit us at [www.pfizer.com](http://www.pfizer.com). In addition, to learn more, follow us on Twitter at [@Pfizer](https://twitter.com/Pfizer) and [@Pfizer\\_News](https://twitter.com/Pfizer_News), [LinkedIn](https://www.linkedin.com/company/pfizer), [YouTube](https://www.youtube.com/pfizer) and like us on Facebook at [Facebook.com/Pfizer](https://www.facebook.com/Pfizer).

**DISCLOSURE NOTICE:** The information contained in this release is as of October 15, 2016. 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 potential new indication for XELJANZ for the treatment of adult patients with moderate to severe UC (the “potential indication”), including its 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 trial commencement and completion dates and regulatory submission dates, as well as the possibility of unfavorable clinical trial results, including unfavorable new clinical data and additional analyses of existing clinical data; uncertainties regarding the commercial success of XELJANZ and XELJANZ XR; whether and when any applications for the potential indication may be filed with regulatory authorities in any jurisdictions; whether and when regulatory authorities in any jurisdictions may approve such applications and/or any other applications that are pending (including the marketing authorization application currently under review by the EMA for the treatment of patients with moderate to severe RA who have had an inadequate response or intolerance to methotrexate) or may be filed for XELJANZ or XELJANZ XR, which will depend on the assessment by such regulatory authorities of the benefit-risk profile suggested by the totality of the efficacy and safety information submitted; decisions by regulatory authorities regarding labeling and other matters that could affect the availability or commercial potential of XELJANZ and XELJANZ XR, including the potential indication; 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, 2015 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](http://www.sec.gov) and [www.pfizer.com](http://www.pfizer.com).

<sup>1</sup> Loftus E. Clinical Epidemiology of Inflammatory Bowel Disease: Incidence, Prevalence, and Environmental Influences. *Gastroenterology*. 2004;126:1504–1517.

<sup>2</sup> Kappelman MD, et al. Recent Trends in the Prevalence of Crohn’s Disease and Ulcerative Colitis in a Commercially Insured US Population. *Dig Dis Sci*. 2013;58:519–525 [p519/col2/par1/ln1-2].

<sup>3</sup> Molodecky NA, et al. *Gastroenterol*. 2012;142(1):46-54.

<sup>4</sup> Burisch J, et al. The burden of inflammatory bowel disease in Europe. *Journal of Crohn’s and Colitis*. 2013;7:322-337.

<sup>5</sup> Louis E, Roughly A, Thakkar R, et al. Impact of ulcerative colitis on patient quality of life in a real-world clinical setting. Presented at ECCO Congress 2013, Vienna, Austria. P180. <https://www.ecco-ibd.eu/index.php/publications/congress-abstract-s/abstracts-2013/item/p180-impact-of-ulcerative-colitis-on-patient-quality-of-life-in-a-real-world-clinical-setting.html>. [p1/results/ln7-9].

<sup>6</sup> Triantafillidis J, Merikas E, Georgopoulos F. Current and emerging drugs for the treatment of inflammatory bowel disease. *Drug Design, Development and Therapy*. 2011. Available at: <http://www.researchgate.net/publication/51107773>. Accessed August 11, 2015.

<sup>7</sup> Landy J, Hart AL. Commentary: short-term efficacy of tacrolimus in steroid-refractory ulcerative colitis. *Alimentary Pharmacology Therapeutics*. 2013 Feb. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/23336680>. Accessed August 8, 2015. [P493/Col1/Par1/Ln3-6].

<sup>8</sup> Travis SP, Farrant JM, et al. Predicting outcome in severe ulcerative colitis. *Gut*. 1996. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/8984031>. Accessed August 8 2015. [P909/Col1/Par4/Ln 1-4].

<sup>9</sup> Crohn's and Colitis Foundation of America. Surgery for Crohn's Disease & Ulcerative Colitis. Potential long-term complications. Available at: <http://www.ccfa.org/resources/surgery-for-crohns-uc.html?referrer=https://www.google.com/>. Accessed September 7, 2016.

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