Incyte Announces Results from SCRATCH-AD Trial Demonstrating Substantial and Rapid Itch Reduction in Patients with Mild-Moderate Atopic Dermatitis Treated with Opzelura® (ruxolitinib) Cream

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– Adult patients with atopic dermatitis treated with Opzelura experienced rapid and substantial improvement in itch, which was sustained through Day 28

WILMINGTON, Del.--(BUSINESS WIRE)--May 1, 2023-- Incyte (Nasdaq:INCY) today announced new data from the Phase 2 SCRATCH-AD trial evaluating the short-term clinical benefits of Opzelura® (ruxolitinib) cream 1.5% to control pruritus (itching) and reduce disease severity in adult patients with atopic dermatitis (AD), the most common type of eczema. These data were featured in a poster presentation (Poster #396) at the Revolutionizing Atopic Dermatitis (RAD) Conference, held from April 29-May 1 in Washington, D.C.

Results showed that patients with AD treated with Opzelura experienced a rapid and substantial improvement in itch, which was sustained and further improved through 28 days of treatment. Specifically, the study met its primary endpoint with Opzelura-treated patients experiencing a mean (SE) –3.4 (0.28) reduction in itch from baseline at Day 2 as measured by the peak pruritus numerical rating scale (PP-NRS; an 11-point scale evaluating the peak intensity of itch over the course of 24 hours). Itch reduction was observed beginning as early as 15 minutes (2.3 [0.35]) as measured by modified PP-NRS (a measurement for the current intensity of itch), and the change from baseline, observed at four hours after the first application of Opzelura, was 4.2 mPP-NRS [0.31].

"AD is a chronic, immune-mediated skin condition that can be difficult to manage and causes disruptive and persistent symptoms like itch that can greatly affect patients' everyday lives," said Jim Lee, M.D., Ph.D., Group Vice President, Inflammation & AutoImmunity, Incyte. "We are pleased that the SCRATCH-AD results further emphasize the rapid impact of Opzelura on itch reduction and reinforce its profile as an effective, well-tolerated topical non-steroidal treatment for AD."

Additional key findings from SCRATCH-AD include:

- At 12 hours post-Opzelura application, improvement in itch was sustained, with a mean (SE) change from baseline in mPP-NRS of –3.1 (0.31).
- Further improvement in itch was seen with continued Opzelura treatment, as evidenced by the mean (SE) change from baseline in PP-NRS increasing through Day 29 (–5.7 [1.60]).
- Overall improvement in AD symptoms reported with Opzelura treatment increased over time. The mean (SE) change from baseline in Investigator's Global Assessment (IGA) score – a five-point scale measuring the overall severity of AD – on Days 8, 15 and 29 were –1.4 (0.11), –2.0 (0.13) and –2.2 (0.14), respectively.

Opzelura was well tolerated with no serious treatment-emergent adverse events (TEAEs) during the 28-day study period (n=49). All TEAEs were mild or moderate, with the most common being COVID-19 (6.1%), back pain (4.1%), headache (4.1%), nasopharyngitis (4.1%) and upper respiratory tract infection (4.1%). One patient presented with a treatment-related TEAE (grade 1 application site acne). No patients discontinued treatment due to a TEAE.

"The intense itch caused by AD can lead to an itch-scratch cycle which increases inflammation, further damages the skin barrier and worsen symptoms," said Robert Bissonnette, M.D., FRCPC, lead investigator of the SCRATCH-AD study and Chief Executive Officer and Medical Director at Innovaderm Research. "I am encouraged by these results showing rapid and substantial itch reduction among AD patients treated with Opzelura, and its potential to quickly alleviate this burdensome symptom for patients."

More information regarding the 8th RAD Conference can be found at https://revolutionizingad.com/conference.

About Atopic Dermatitis

Atopic dermatitis (AD) – the most common type of eczema – is a chronic skin disease affecting more than 21 million people aged 12 years and older in the U.S. and is characterized by inflammation and itch[1]. Signs and symptoms include irritated and itchy skin that can cause red lesions that may ooze and crust. People with AD are also more susceptible to bacterial, viral and fungal infections[2].

About SCRATCH-AD (NCT04839380)

SCRATCH-AD is a single-site Phase 2 open-label, single-arm study evaluating the safety and efficacy of Opzelura® (ruxolitinib) cream 1.5% in adult patients (age 18 to 65 years) with atopic dermatitis (AD), with a particular focus on understanding the short-term clinical benefits of Opzelura to control pruritus (itching) and reduce AD severity.

The study enrolled 49 patients diagnosed with AD for ≥6 months, and with chronic itch related to AD for ≥3 months, who had 1%–20% affected body surface area (BSA; excluding palms, soles, scalp, genitals, and folds), an Investigator Global Assessment (IGA) of ≥2, and a peak pruritus numerical rating scale (PP-NRS) score ≥4 at baseline. The primary analysis included 46 patients in the modified intent-to-treat (mITT) population. For 28 days, patients applied Opzelura 1.5% cream twice daily (BID) approximately 12 hours apart to all lesions identified at baseline and any new lesions.

The primary endpoint is change from baseline in PP-NRS on Day 2 (24 hours after the first application of Opzelura). Secondary endpoints included change from baseline in modified PP-NRS (mPP-NRS; current itch intensity) at 15 and 30 minutes and at 1-, 2-, 4-, 6- and 12-hours post-treatment on

Day 1, as well as change from baseline in PP-NRS from Days 3 through 29, change from baseline in IGA at Days 8, 15, and 29, and safety.

For more information about this Phase 2 study, please visit: https://clinicaltrials.gov/ct2/show/NCT04839380.

About Opzelura® (ruxolitinib) Cream 1.5%

Opzelura, a novel cream formulation of Incyte's selective JAK1/JAK2 inhibitor ruxolitinib, approved by the U.S. Food & Drug Administration for the topical treatment of nonsegmental vitiligo in patients 12 years of age and older, is the first and only treatment for repigmentation approved for use in the United States. Opzelura is also approved in the U.S. for the topical short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis (AD) in non-immunocompromised patients 12 years of age and older whose disease is not adequately controlled with topical prescription therapies, or when those therapies are not advisable. Use of Opzelura in combination with therapeutic biologics, other JAK inhibitors, or potent immunosuppressants, such as azathioprine or cyclosporine, is not recommended.

In Europe, Opzelura (ruxolitinib) cream 15mg/g is approved for the treatment of non-segmental vitiligo with facial involvement in adults and adolescents from 12 years of age.

Incyte has worldwide rights for the development and commercialization of ruxolitinib cream, marketed in the United States as Opzelura.

Opzelura and the Opzelura logo are registered trademarks of Incyte.

IMPORTANT SAFETY INFORMATION

OPZELURA is for use on the skin only. Do not use OPZELURA in your eyes, mouth, or vagina.

OPZELURA may cause serious side effects, including:

Serious Infections: OPZELURA contains ruxolitinib. Ruxolitinib belongs to a class of medicines called Janus kinase (JAK) inhibitors. JAK inhibitors are medicines that affect your immune system. JAK inhibitors can lower the ability of your immune system to fight infections. Some people have had serious infections while taking JAK inhibitors by mouth, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have been hospitalized or died from these infections. Some people have had serious infections of their lungs while taking OPZELURA. Your healthcare provider should watch you closely for signs and symptoms of TB during treatment with OPZELURA.

OPZELURA should not be used in people with an active, serious infection, including localized infections. You should not start using OPZELURA if you have any kind of infection unless your healthcare provider tells you it is okay. You may be at a higher risk of developing shingles (herpes zoster) while using OPZELURA.

Increased risk of death due to any reason (all causes): Increased risk of death has happened in people 50 years of age and older who have at least 1 heart disease (cardiovascular) risk factor and are taking a medicine in the class of medicines called JAK inhibitors by mouth.

Cancer and immune system problems: OPZELURA may increase your risk of certain cancers by changing the way your immune system works. Lymphoma and other cancers have happened in people taking a medicine in the class of medicines called JAK inhibitors by mouth. People taking JAK inhibitors by mouth have a higher risk of certain cancers including lymphoma and lung cancer, especially if they are a current or past smoker. Some people have had skin cancers while using OPZELURA. Your healthcare provider will regularly check your skin during your treatment with OPZELURA. Limit the amount of time you spend in the sunlight. Wear protective clothing when you are in the sun and use a broad-spectrum sunscreen.

Increased risk of major cardiovascular events: Increased risk of major cardiovascular events such as heart attack, stroke, or death have happened in people 50 years of age and older who have at least 1 heart disease (cardiovascular) risk factor and taking a medicine in the class of medicines called JAK inhibitors by mouth, especially in current or past smokers.

Blood clots: Blood clots in the veins of your legs (deep vein thrombosis, DVT) or lungs (pulmonary embolism, PE) can happen in some people taking OPZELURA. This may be life-threatening. Blood clots in the vein of the legs (deep vein thrombosis, DVT) and lungs (pulmonary embolism, PE) have happened more often in people who are 50 years of age and older and with at least 1 heart disease (cardiovascular) risk factor taking a medicine in the class of medicines called JAK inhibitors by mouth.

Low blood cell counts: OPZELURA may cause low platelet counts (thrombocytopenia), low red blood cell counts (anemia), and low white blood cell counts (neutropenia). If needed, your healthcare provider will do a blood test to check your blood cell counts during your treatment with OPZELURA and may stop your treatment if signs or symptoms of low blood cell counts happen.

Cholesterol increases: Cholesterol increase has happened in people when ruxolitinib is taken by mouth. Tell your healthcare provider if you have high cholesterol or triglycerides.

Before starting OPZELURA, tell your healthcare provider if you:

- have an infection, are being treated for one, or have had an infection that does not go away or keeps coming back
- have diabetes, chronic lung disease, HIV, or a weak immune system
- have TB or have been in close contact with someone with TB
- have had shingles (herpes zoster)
- have or have had hepatitis B or C
- live, have lived in, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance for getting certain kinds of fungal infections. These infections may happen or become more severe if you use OPZELURA. Ask your healthcare provider if you do not know if you have lived in an area where these infections are common.
- think you have an infection or have symptoms of an infection such as: fever, sweating, or chills, muscle aches, cough or shortness of breath, blood in your phlegm, weight loss, warm, red, or painful skin or sores on your body, diarrhea or

stomach pain, burning when you urinate or urinating more often than usual, feeling very tired
- have ever had any type of cancer, or are a current or past smoker
- have had a heart attack, other heart problems, or a stroke
- have had blood clots in the veins of your legs or lungs in the past
- have high cholesterol or triglycerides
- have or have had low white or red blood cell counts
- are pregnant or plan to become pregnant. It is not known if OPZELURA will harm your unborn baby. There is a pregnancy exposure registry for individuals who use OPZELURA during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. If you become exposed to OPZELURA during pregnancy, you and your healthcare provider should report exposure to Incyte Corporation at 1-855-463-3463.
- are breastfeeding or plan to breastfeed. It is not known if OPZELURA passes into your breast milk. Do not breastfeed during treatment with OPZELURA and for about 4 weeks after the last dose.

After starting OPZELURA:

- Call your healthcare provider right away if you have any symptoms of an infection. OPZELURA can make you more likely to get infections or make worse any infections that you have.
- Get emergency help right away if you have any symptoms of a heart attack or stroke while using OPZELURA, including:
    - discomfort in the center of your chest that lasts for more than a few minutes, or that goes away and comes back
    - severe tightness, pain, pressure, or heaviness in your chest, throat, neck, or jaw
    - pain or discomfort in your arms, back, neck, jaw, or stomach
    - shortness of breath with or without chest discomfort
    - breaking out in a cold sweat
    - nausea or vomiting
    - feeling lightheaded
    - weakness in one part or on one side of your body
    - slurred speech
- Tell your healthcare provider right away if you have any signs and symptoms of blood clots during treatment with OPZELURA, including: swelling, pain, or tenderness in one or both legs, sudden, unexplained chest or upper back pain, or shortness of breath or difficulty breathing.
- Tell your healthcare provider right away if you develop or have worsening of any symptoms of low blood cell counts, such as: unusual bleeding, bruising, tiredness, shortness of breath, or fever.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

The most common side effects of OPZELURA in people treated for atopic dermatitis include: common cold (nasopharyngitis), diarrhea, bronchitis, ear infection, increase in a type of white blood cell (eosinophil) count, hives, inflamed hair pores (folliculitis), swelling of the tonsils (tonsillitis), and runny nose (rhinorrhea).

The most common side effects of OPZELURA in people treated for nonsegmental vitiligo include: acne at the application site, itching at the application site, common cold (nasopharyngitis), headache, urinary tract infection, redness at the application site, and fever.

These are not all of the possible side effects of OPZELURA. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. You may also report side effects to Incyte Corporation at 1-855-463-3463.

Please see the Full Prescribing Information, including Boxed Warning, and Medication Guide for OPZELURA.

INDICATIONS AND USAGE

OPZELURA is a prescription medicine used on the skin (topical) for:

- short-term and non-continuous chronic treatment of mild to moderate eczema (atopic dermatitis) in non-immunocompromised adults and children 12 years of age and older whose disease is not well controlled with topical prescription therapies or when those therapies are not recommended
- the treatment of a type of vitiligo called nonsegmental vitiligo in adults and children 12 years of age and older

The use of OPZELURA along with therapeutic biologics, other JAK inhibitors, or strong immunosuppressants such as azathioprine or cyclosporine is not recommended.

It is not known if OPZELURA is safe and effective in children less than 12 years of age with atopic dermatitis or nonsegmental vitiligo.

About Incyte Dermatology

Incyte's science-first approach and expertise in immunology has formed the foundation of the company. Today, we are building on this legacy as we discover and develop innovative dermatology treatments to bring solutions to patients in need.

Our research and development efforts in dermatology are initially focused on leveraging our knowledge of the JAK-STAT pathway. We are exploring

the potential of JAK inhibition for a number of immune-mediated dermatologic conditions with a high unmet medical need, including atopic dermatitis, vitiligo, hidradenitis suppurativa, lichen planus, lichen sclerosus and prurigo nodularis.

To learn more, visit the Dermatology section of Incyte.com.

About Incyte

Incyte is a Wilmington, Delaware-based, global biopharmaceutical company focused on finding solutions for serious unmet medical needs through the discovery, development and commercialization of proprietary therapeutics. For additional information on Incyte, please visit Incyte.com and follow @Incyte.

Forward-Looking Statements

Except for the historical information set forth herein, the matters set forth in this press release, including statements regarding the SCRATCH-AD trial and the potential for Opzelura to provide itch reduction in patients with AD, contain predictions, estimates and other forward-looking statements.

These forward-looking statements are based on Incyte's current expectations and subject to risks and uncertainties that may cause actual results to differ materially, including unanticipated developments in and risks related to: unanticipated delays; further research and development and the results of clinical trials possibly being unsuccessful or insufficient to meet applicable regulatory standards or warrant continued development; the ability to enroll sufficient numbers of subjects in clinical trials; the effects of the COVID-19 pandemic and measures to address the pandemic on Incyte and its partners' clinical trials, supply chain, other third-party providers and development and discovery operations; determinations made by the U.S. FDA and other regulatory authorities outside of the United States; the efficacy or safety of Incyte and its partners' products; the acceptance of Incyte and its partners' products in the marketplace; market competition; sales, marketing, manufacturing and distribution requirements; and other risks detailed from time to time in Incyte's reports filed with the Securities and Exchange Commission, including its annual report for the year ended December 31, 2022. Incyte disclaims any intent or obligation to update these forward-looking statements.

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[1] U.S. Census Bureau (2020). 2020 Decennial Census. Retrieved from https://data.census.gov/cedsci/table?q=Populations%20and%20People&tid=DECENNIALPL2020.P1 [data.census.gov].

[2] Boguniewicz M, et al. *Ann Allergy Asthma Immunol.* 2018;120(1):10-22.

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