Incyte Data at the European Academy of Dermatology and Venereology (EADV) Congress Underscore the Breadth of Incyte's Inflammation and Autoimmunity Portfolio

September 22, 2026

WILMINGTON, Del.--(BUSINESS WIRE)--Sep. 22, 2026-- Incyte (Nasdaq:INCY) today announced that data from across its Inflammation and Autoimmunity (IAI) portfolio will be presented at the European Academy of Dermatology and Venereology (EADV) 2026, held September 30 - October 3, 2026, in Vienna, Austria.

"The breadth of research being presented at EADV 2026 highlights the strength of our Inflammation and Autoimmunity portfolio," said Pablo J. Cagnoni, M.D., President, Incyte and Global Head of Research and Development. "Data presentations in hidradenitis suppurativa, atopic dermatitis and prurigo nodularis demonstrate our commitment to advancing innovation across immune-mediated skin diseases and deepening our understanding of the patient experience."

Details on key Incyte data presentations at EADV include:

Oral Presentations

Atopic Dermatitis

Atopic Dermatitis and Life Course Disruption: Evidence From a Multidimensional International Survey (TOPiQAL)
(Session: Free Communication 1: Atopic dermatitis/Eczema. Thursday, October 1, 2:50-3:00 a.m. ET [8:50-9:00 a.m. CEST]. Abstract #FC01.1C)

Poster Presentations

Atopic Dermatitis

Comparative Efficacy of 1.5% Ruxolitinib Cream Versus Systemic Therapies in Moderate Atopic Dermatitis
(Session: Atopic dermatitis/Eczema - Part II. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P0196.)

Long-Term Safety and Pharmacokinetics of Ruxolitinib Cream in Adults With Moderate Atopic Dermatitis Eligible for Systemic Therapy: 24-Week Results From the TRuE-AD4 Study
(Session: Atopic dermatitis/Eczema - Part III. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P1544.)

Patient Profile and Multidimensional Burden of Atopic Dermatitis: Results From an International Survey (TOPiQAL)
(Session: Atopic dermatitis/Eczema - Part III. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P1543.)

Patient Treatment Preferences in Atopic Dermatitis: Best–Worst Scaling Results From an International Study (TOPiQAL)
(Session: Atopic dermatitis/Eczema - Part III. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P1615.)

Ruxolitinib Cream in Moderate Atopic Dermatitis Across Disease Severity Thresholds: Insights From Randomized Trials and Real-World Data
(Session: Atopic dermatitis/Eczema Part - III. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P1617.)

Ruxolitinib Cream Maintains Improvements in Patient-Reported Symptom and Quality of Life Outcomes When Used As Needed in Adults With Moderate Atopic Dermatitis Eligible for Systemic Therapy: Long-Term Results From the TRuE-AD4 Study
(Session: Atopic dermatitis/Eczema - Part III. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P1618.)

Ruxolitinib Cream Reduced High Symptom and Quality-of-Life Burden in Adults With Moderate Atopic Dermatitis After Failure of Topical Corticosteroids and Topical Calcineurin Inhibitors: Item-Level Patient-Reported Outcome Results From TRuE-AD4
(Session: Atopic dermatitis/Eczema - Part III. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P1547.)

Ruxolitinib Cream Use to Delay or Prevent Treatment Escalation in Adults With Moderate Atopic Dermatitis Eligible for Systemic Therapy: Results From the TRuE-AD4 Study
(Session: Atopic dermatitis/Eczema - Part III. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P1614.)

Hidradenitis Suppurativa

Characterization of Acne in Pooled STOP-HS1/STOP-HS2 Phase 3 Studies of Povorcitinib in Patients With Moderate to Severe Hidradenitis Suppurativa
(Session: Acne and related disorders, hidradenitis suppurativa - Part II. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P1374.)

Effect of Povorcitinib on Clinical, Patient-Reported, and Biomarker Outcomes in Patients With High Disease Burden: Results of Pooled STOP-HS1/STOP-HS2 Phase 3 Studies in Hidradenitis Suppurativa
(Session: Acne and related disorders, hidradenitis suppurativa - Part II. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P1343.)

Real-World Treatment Challenges and Unmet Needs in Biologic-Experienced European Patients With Hidradenitis Suppurativa: Insights From the HERALD Survey
(Session: Acne and related disorders, hidradenitis suppurativa - Part II. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P1394.)

Prurigo Nodularis

A Real-World, Claims-Based Algorithm for Identifying Moderate to Severe Prurigo Nodularis
(Session: Inflammatory skin diseases - Part II. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P2314.)

Incidence, Prevalence, Treatment Patterns, and Healthcare Resource Utilization of Prurigo Nodularis in the US and Germany
(Session: Inflammatory skin diseases - Part II. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P2279.)

Vitiligo

Application of Exposure-Response Modeling to Inform the Phase 3 Dose Selection of Povorcitinib in Nonsegmental Vitiligo
(Session: Biologics, immunotherapy, targeted therapy. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P1780.)

Development of a Prospective, Regulatory-Grade Disease Registry to Characterize Real-World Nonsegmental Vitiligo Care
(Session: Pigmentary disorders. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P2463.)

Quality-of-Life Impairment and Impact of Treatment in an Open-Label, Phase 2 Study of Ruxolitinib Cream in Patients With Genital Vitiligo
(Session: Pigmentary disorders. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P2467.)

General

Integrated Mixed-Effects Analysis of Pharmacokinetics of Ruxolitinib Cream and Implications on Safety Profile in Patients With Inflammatory Skin Diseases
(Session: Inflammatory skin diseases - Part II. Wednesday, September 30, 1:00 a.m. ET [7:00 a.m. CEST]. Abstract #P2288.)

More information regarding the EADV Congress 2026 can be found at: www.eadv.com/programme

About Opzelura® (ruxolitinib) Cream
Opzelura® (ruxolitinib) cream, a novel cream formulation of Incyte's selective JAK1/JAK2 inhibitor ruxolitinib, approved by the U.S. FDA 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 AD in non-immunocompromised patients 2 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 and in adult patients with moderate atopic dermatitis (AD) for whom topical corticosteroids (TCSs) and topical calcineurin inhibitors (TCIs) are inadequate or inappropriate.

Incyte has worldwide rights for the development and commercialization of Opzelura. To date, more than one million patients globally have been treated with Opzelura.

Opzelura is a registered trademark of Incyte.

About Povorcitinib
Povorcitinib (INCB54707) is an oral small-molecule JAK1 selective inhibitor currently being investigated in Phase 3 clinical trials for moderate to severe HS (STOP-HS1, STOP-HS2, STOP- HS LTE), nonsegmental vitiligo (STOP-V1, STOP-V2) and prurigo nodularis (PN; STOP-PN1, STOP-PN2), as well as a Phase 2 trial for moderate to severe asthma. The New Drug Application (NDA) and Marketing Authorization Application (MAA) for povorcitinib as a potential treatment for patients with moderate to severe HS are under review by the U.S. Food and Drug Administration and European Medicines Agency, respectively.

About Vitiligo
Vitiligo is a chronic autoimmune disease characterized by depigmentation of skin that results from the loss of pigment-producing cells known as melanocytes. Overactivity of the JAK signaling pathway is believed to drive inflammation involved in the pathogenesis and progression of vitiligo. In the United States, more than 1.5 million people are diagnosed with vitiligo.[1] The overall prevalence of the condition is estimated to be approximately 2-3 million,[2] with the majority of patients (approximately 85%) suffering from nonsegmental vitiligo.[3] Vitiligo can occur at any age, although many patients with vitiligo will experience initial onset before the age of 30.[4]

About Atopic Dermatitis
AD – the most common type of eczema – is a chronic, recurring, inflammatory and highly pruritic skin condition that affects up to 25% of children and up to 12% of adults worldwide, with an estimated prevalence of 4.4% - 7.1% of adults in Europe.[5,6] Signs and symptoms include irritated and itchy skin that can cause red lesions that may ooze and crust.[7]

About Hidradenitis Suppurativa
Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition characterized by painful nodules and abscesses that can lead to irreversible tissue destruction and scarring.[8,9] Over-activity of the JAK/STAT signaling pathway is believed to drive inflammation involved in the pathogenesis and progression of HS.[10] More than 150,000 patients in the U.S. are estimated to have moderate to severe HS.[10] Given the debilitating nature of the condition, it can have a profoundly negative effect on patients' quality of life. [11]

About Prurigo Nodularis
Prurigo nodularis (PN) is a chronic inflammatory skin disease characterized by an intense itch and thickened red bumps on the arms, legs and trunk.[12] There are approximately 200,000 individuals in the U.S. living with PN.[13] It can affect people of any age, though is most common among those 40-69 years old.[14,15,16,17] Due to the result of persistent, intense scratching and rubbing of the skin, PN results in itchy bumps on the skin called "nodules," these often have a substantial impact on a patient's sleep and overall quality of life.[12,18]

About Incyte®
Incyte is redefining what's possible in biopharmaceutical innovation. Through deep scientific expertise and a relentless focus on patients, we have built an established portfolio of first-in-class medicines and an extensive portfolio of next-generation medicines across our key franchises: Hematology, Oncology and Inflammation and Autoimmunity.

To learn more, visit Incyte.com and Investor.Incyte.com. Follow us on social media: LinkedIn, X and Instagram.

Incyte Forward-Looking Statements
This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 and other federal securities laws, including statements regarding the data to be presented by Incyte at the EADV Congress 2026 and Incyte's expectations regarding the significance of such data, the strength of Incyte's Inflammation and Autoimmunity portfolio, the potential presented by Incyte's investigational and approved therapies such as povorcitinib and ruxolitinib cream and Incyte's aspirations and goals as set forth under the heading "About Incyte".

Actual results may differ materially from those indicated in the forward-looking statements as a result of various important factors, including Incyte's ability to demonstrate the efficacy and safety of its products and product candidates; the sufficiency of clinical trial data to meet applicable regulatory standards or warrant continued development; the ability to enroll sufficient numbers of subjects in clinical trials; actions of regulatory agencies, which may affect the initiation, timing and progress of clinical trials and marketing approval; Incyte's ability to achieve commercial success for its marketed products and product candidates, if approved; Incyte's ability to obtain and maintain protection of intellectual property for its products and technology; Incyte's reliance on third parties and partners; the acceptance of Incyte's products in the marketplace; market competition, sales, marketing, manufacturing and distribution requirements; and those risks and uncertainties discussed in greater detail in Incyte's reports filed with the U.S. Securities and Exchange Commission, including its annual report on Form 10-K for the year ended December 31, 2025 and its quarterly report on Form 10-Q for the quarter ended June 30, 2026. Incyte disclaims any intent or obligation to update these forward-looking statements.

[1] Bergqvist C, Ezzedine K. Vitiligo: A Review. *Dermatology*. 2020;236:571-592.

[2] Gandhi K, et al. Prevalence of vitiligo among adults in the United States. *J Am Acad Dermatol*. 2022;158(1):43-50.

[3] Ezzedine K, et al. Seminar: Vitiligo. *Lancet*. 2015;386:74–84.

[4] Frisoli M, et al. Vitiligo: mechanisms of pathogenesis and treatment. *Annu. Rev. Immunol*. 2020;38(1):621-648.

[5] Global Atopic Dermatitis Atlas. Global report on atopic dermatitis 2022. Available at: https://www.eczemacouncil.org/assets/docs/global-report-on-atopic-dermatitis-2022.pdf. Accessed April 2026

[6] Eckert L, Gupta S, Gadkari A, et al. Burden of illness in adults with atopic dermatitis: Analysis of national health and wellness survey data from France, Germany, Italy, Spain, and the United Kingdom. *J Am Acad Dermatol.*

[7] Boguniewicz M, Fonacier L, Guttman-Yassky E, et al. Atopic dermatitis yardstick: practical recommendations for an evolving therapeutic landscape. *Ann Allergy Asthma Immunol.* 2018;120(1):10-22.e2. Link to source (https://pubmed.ncbi.nlm.nih.gov/29273118/)

[8] McCarthy, S. (2025) Hidradenitis suppurativa. Annu Rev Med. 76(1):69-80. Link to source (https://pubmed.ncbi.nlm.nih.gov/39869430/)

[9] Kirby J.S., et al. (2024) Efficacy and safety of the oral Janus kinase 1 inhibitor povorcitinib (INCB054707) in patients with hidradenitis suppurativa in a phase 2, randomized, double-blind, dose-ranging, placebo-controlled study. *J Am Acad Dermatol*. 90(3):521-529. Link to source (https://pubmed.ncbi.nlm.nih.gov/37871805/)

[10] Maronese C.A., et al. (2024) Biologics for Hidradenitis suppurativa: evolution of the treatment paradigm. Expert Rev Clin Immunol. 20(5), 525-545. Link to source (https://pubmed.ncbi.nlm.nih.gov/38130204/)

[11] McMillan K. (2014) Hidradenitis suppurativa: number of diagnosed patients, demographic characteristics, and treatment patterns in the United States. *J Am Acad Dermatol*. 179(12):1477-83. Link to source (https://pubmed.ncbi.nlm.nih.gov/24812161/)

[12] National Organization for Rare Disorders. Prurigo Nodularis. https://rarediseases.org/rare-diseases/prurigo-nodularis/. Accessed on January 28, 2025.

[13] Huang AH, et al. *JID*. 2020;140:480-483

[14] Huang AH, et al. *J Am Acad Dermatol*. 2020;83:1559-1565

[15] Wongvibulsin S, et al. *J Invest Dermatol*. 2021;141:2530-2533

[16] Boozalis E, et al. *J Am Acad Dermatol*. 2018;79:714-719

[17] Whang KA, et al. *Medicines (Basel)*. 2019;6:88

[18] Yale Medicine. Prurigo Nodularis. https://www.yalemedicine.org/conditions/prurigo-nodularis-overview. Accessed January 28, 2025.

View source version on businesswire.com: https://www.businesswire.com/news/home/20260922373347/en/

Media
media@incyte.com

Investors
ir@incyte.com

Source: Incyte