Inflammation & Immunology
Our discussions during Pfizer’s Investor Day include forward-looking statements about our anticipated future operating and financial performance, business plans and prospects; expectations for our product pipeline, in-line products and product candidates, including anticipated regulatory submissions, data read-outs, study starts, approvals, revenue contribution, growth, performance, timing of exclusivity and potential benefits; manufacturing and product supply; our efforts to respond to COVID-19, including our investigational vaccine candidate against SARS-CoV-2 and our investigational protease inhibitor, and our expectations regarding the impact of COVID-19; our ability to successfully capitalize on growth opportunities and prospects; plans for and prospects of our acquisitions and other business development activities, including our proposed transaction with Mylan N.V. (Mylan) to combine Upjohn and Mylan to create a new global pharmaceutical company; plans relating to share repurchases and dividends; and other statements about our business, operations and financial results that are each subject to substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. Among other things, statements regarding revenue and earnings per share growth; the development or commercial potential of our product pipeline, in-line products, product candidates and additional indications, including expected clinical trial protocols, the timing of the initiation and progress of clinical trials and data read-outs from trials; the timing for the submission of applications for and receipt of regulatory approvals; expected breakthrough, best or first-in-class status, blockbuster status of our medicines or vaccines; and the impact of anticipated improvements to our clinical operation performance are forward-looking and are estimates that are subject to change and clinical trial and regulatory success. These statements are subject to risks, uncertainties and other factors that may cause actual results to differ materially from past results, future plans and projected future results. Additional information regarding these and other factors can be found in Pfizer’s Annual Report on Form 10-K for the fiscal year ended December 31, 2019 and in our 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 our 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. Potential risks and uncertainties also include the impact of COVID-19 on our sales and operations, including impacts on employees, manufacturing, supply chain, marketing, research and development and clinical trials. The forward-looking statements in these presentations speak only as of the original date of the presentation and we undertake no obligation to update or revise any of these statements. Today’s discussions and presentations are intended for the investor community only; they are not intended to promote the products referenced herein or otherwise influence healthcare prescribing decisions. All trademarks in today’s presentations are the property of their respective owners.
Inflammation & Immunology Leadership

Richard Blackburn
Global President, Inflammation & Immunology

Mike Corbo
Chief Development Officer, Inflammation & Immunology

Mike Vincent
Chief Scientific Officer, Inflammation & Immunology
### Unmet Need in Chronic Inflammatory Disease is Enormous

Addressing patient needs depends on matching the right treatment to the right condition.

<table>
<thead>
<tr>
<th>Gastroenterology</th>
<th>Rheumatology</th>
<th>Medical Dermatology</th>
</tr>
</thead>
<tbody>
<tr>
<td>2M patients in the U.S. living with inflammatory bowel disease (IBD)(^{(1)})</td>
<td>3M patients in the U.S. living with rheumatoid arthritis (RA)(^{(3)})</td>
<td>32M patients in the U.S. living with atopic dermatitis (AD)(^{(5)})</td>
</tr>
<tr>
<td>Up to 50% of IBD patients can lose response to TNF inhibitors within 1 year(^{(2)})</td>
<td>Approx. 80% of treated moderate-to-severe RA patients do not achieve remission with TNF inhibitors(^{(4)})</td>
<td>60% of AD patients on biologic therapy do not reach “clear” or “almost clear” skin at 16 weeks(^{(6)})</td>
</tr>
</tbody>
</table>

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Alopecia Areata (AA) is an Autoimmune Disease Characterized by Hair Loss with Substantial Impact on Patients’ Quality of Life

- No approved treatments
- Off-label treatment options (e.g. scalp steroid injections) not appropriate for long term management

1.1M patients in the U.S. living with moderate-to-severe alopecia areata

- Patchy or total hair loss
- Some patients lose eyebrows, and/or eyelashes
- More than half of patients with AA experience poor health-related quality of life
- Can lead to psychological consequences, including depression and anxiety

Atopic Dermatitis (AD) has a Large and Growing Global Prevalence with Significant Unmet Need

Global AD Burden of Disease\(^{(1),(2)}\)

<table>
<thead>
<tr>
<th>Affects up to</th>
<th>Affects up to</th>
</tr>
</thead>
<tbody>
<tr>
<td>10% of adults</td>
<td>20% of children</td>
</tr>
</tbody>
</table>

Global Moderate-to-Severe AD Prevalence\(^{(3)}\)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 3 patients have moderate-to-severe disease</td>
<td></td>
</tr>
</tbody>
</table>

U.S. Moderate-to-Severe AD Prevalence\(^{(3)}\)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.5M adults</td>
<td>3.2M children under 18</td>
</tr>
</tbody>
</table>

AD Patients’ Most Problematic Symptoms\(^{(4)}\)

- Itching: 79%
- Red, inflamed skin: 47%
- Sleep disturbance: 29%
- Dry, sensitive skin: 23%
- Rough, leathery or scaly patches of skin: 20%
- Oozing or crusting: 19%
- Peeling or flaking: 19%
- Pain: 16%
- Anxiety: 11%
- Depression: 9%

\(^{(2)}\) Nutten S. Atopic dermatitis: global epidemiology and risk factors. Ann Nutr Metab. 2015;66(suppl 1):8-16
\(^{(3)}\) Silverberg, Public Health Burden and Epidemiology of Atopic Dermatitis, Dermatol Clin 35 (2017) 283–289

n=1,508 AD patients
# Broader and More Diverse I&I Pipeline and a Leader in Immunological Mechanisms

### Approved Medicines

<table>
<thead>
<tr>
<th>Medecine</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enbrel</td>
<td>Ankylosing spondylitis</td>
</tr>
<tr>
<td>Xeljanz</td>
<td>Ankylosing spondylitis, Juvenile idiopathic arthritis</td>
</tr>
<tr>
<td>Eucrisa/Staquis</td>
<td>Mild-to-moderate atopic dermatitis (pediatric/infant)</td>
</tr>
</tbody>
</table>

### Potential New Indications

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<th>Medicine</th>
<th>Indications</th>
</tr>
</thead>
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<tr>
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</table>

### New Molecular Entities

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Indications</th>
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<tbody>
<tr>
<td>Abrocitinib (PF-04965842)</td>
<td>Moderate-to-severe atopic dermatitis</td>
</tr>
<tr>
<td>Ritlecitinib (PF-06651600)</td>
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<tr>
<td>Ritlecitinib (JAK3/TEK)</td>
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<tr>
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</tr>
<tr>
<td>Brepocitinib-Oral (TYK2/TEK)</td>
<td>Ulcerative colitis</td>
</tr>
<tr>
<td>Brepocitinib-Oral (TYK2/TEK)</td>
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</tr>
<tr>
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</tr>
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<td>Lupus</td>
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<tr>
<td>Brepocitinib-Oral (TYK2/TEK)</td>
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</tr>
<tr>
<td>Ritlecitinib (JAK1)</td>
<td>Ulcerative colitis</td>
</tr>
<tr>
<td>Ritlecitinib (JAK1)</td>
<td>Psoriatic arthritis</td>
</tr>
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</table>

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(1) Indicates FDA Breakthrough Therapy Designation

---

(2) Pfizer owns exclusive rights to Enbrel outside the U.S. and Canada.
**Broadest and Most Diverse I&I Pipeline and a Leader in Immunological Mechanisms**

### Approved Medicines

**XELJANZ (tofacitinib)**
- Ankylosing spondylitis
- Juvenile idiopathic arthritis

**Eucrisa/Staquis**
- Mild-to-moderate atopic dermatitis (pediatric/infant)

**ADALIMUMAB-AFZB**
- Adalimumab biosimilar

### New Molecular Entities

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- Moderate-to-severe atopic dermatitis

**Ritlecitinib (PF-06651600)**
- Moderate-to-severe alopecia areata

**Ritlecitinib (PF-06651600) (JAK3/TEK)**
- Vitiligo
- Rheumatoid arthritis
- Ulcerative colitis
- Crohn’s disease

**Brepocitinib-Oral (PF-06700841 (TYK2/JAK1))**
- Ulcerative colitis
- Crohn’s Disease
- Psoriatic arthritis
- Hidradenitis suppurativa
- Vitiligo
- Alopecia areata

**Brepocitinib-Topical (PF-06700841 (TYK2/JAK1))**
- Atopic dermatitis
- Psoriasis

**TYK2 (PF-06826647)**
- Vitiligo
- Hidradenitis suppurativa
- Ulcerative colitis

**IRAK4 (PF-06650833)**
- Rheumatoid arthritis
- Hidradenitis suppurativa

**IL-10 (PF-06687234 (Dekavil))**
- Ulcerative colitis
- Rheumatoid arthritis

**TL1A (PF-06480605)**
- Ulcerative colitis

### Potential New Indications

**Xeljanz**
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- Juvenile idiopathic arthritis

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  - Ulcerative colitis

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** Indicates FDA Breakthrough Therapy Designation

Highlighted in today’s presentation
Aim to Purposefully Match Candidates with Unique Selectivity Profiles with the Greatest Potential to Address Unmet Need

<table>
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<tr>
<th>Abrocitinib</th>
<th>Ritlecitinib</th>
<th>Brepocitinib</th>
<th>PF-06826647</th>
<th>PF-06650833</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>JAK1</em></td>
<td><em>JAK3/TEC</em></td>
<td><em>TYK2/JAK1</em></td>
<td><em>TYK2</em></td>
<td><em>IRAK4</em></td>
</tr>
<tr>
<td>Inhibits IL-4, IL-13 &amp; IL-31</td>
<td>Inhibits IL-15 &amp; CD-8</td>
<td>Inhibits IL-12, IL-23, and Th2 cytokines</td>
<td>Inhibits IL-12, IL-23</td>
<td>No overlap with JAK cytokines</td>
</tr>
<tr>
<td>IL-31 believed to be a key cytokine that mediates itch</td>
<td>Both cytokines believed to be key drivers of immune system attack of hair follicles</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Differentiated approach based on our expertise in immuno-kinase discovery and development
RITLECITINIB (JAK3/TEC Inhibitor)

Potential First-Ever Treatment for Alopecia Areata
A Phase 2a randomized, placebo-controlled study to evaluate efficacy and safety of ritlecitinib in alopecia areata: 24-week results

Primary Efficacy Endpoint: SALT Mean Change from Baseline Over Time

** P<0.01, *** P<0.001 vs. placebo

Data originally presented at European Academy of Dermatology and Venereology Annual Congress 2018.

Pivotal data anticipated in third-quarter 2021; Potential for regulatory filings by early 2022
Potential Novel Topical Treatment Option for Patients with Mild-to-Moderate Atopic Dermatitis
Topical Brepocitinib: Phase 2 Data Indicate Strong Dose-Dependent Efficacy; 42% of Patients in the 3% Once-Daily Cohort Achieved EASI-90 Response by Week 6

**Proportion of patients achieving EASI-90 response at week 6**

<table>
<thead>
<tr>
<th>Dose</th>
<th>n/N=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veh</td>
<td>4/37</td>
</tr>
<tr>
<td>0.1%</td>
<td>5/37</td>
</tr>
<tr>
<td>0.3%</td>
<td>10/36</td>
</tr>
<tr>
<td>1.0%</td>
<td>14/37</td>
</tr>
<tr>
<td>3.0%</td>
<td>15/36</td>
</tr>
</tbody>
</table>

Inhibition of TYK2 blocks the Th17 axis which is important in psoriasis and some forms of atopic dermatitis.

Inhibition of JAK1 blocks the Th2 axis, which is important in atopic dermatitis.

Brepocitinib: A single molecule designed to target two distinct mechanisms.
Topical Brepocitinib Impact: A Patient Journey
20 Year-Old White Male from 1% Arm of the Phase 2a study

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Week 2</th>
<th>Week 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>EASI</td>
<td>15.6</td>
<td>7.8 (50% improvement from baseline)</td>
<td>2.6 (83% improvement from baseline)</td>
</tr>
<tr>
<td>IGA</td>
<td>Moderate</td>
<td>Mild</td>
<td>Almost clear</td>
</tr>
</tbody>
</table>

EASI: Erythemato-Scale-Index, IGA: Investigator's Global Assessment
ABROCITINIB (JAK1 Inhibitor)

Novel, Orally-Administered Potential New Treatment Option for Patients with Moderate-to-Severe Atopic Dermatitis
JADE MONO-1, JADE MONO-2 and JADE COMPARE
Support Our Initial Regulatory Filings for Abrocitinib

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONO-1 (NCT03349060)</td>
<td>12-Week Monotherapy 100mg &amp; 200mg vs. placebo N = 377 (Age: 12+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MONO-2 (NCT03575871)</td>
<td>12-Week Monotherapy 100mg &amp; 200mg vs. placebo N = 391 (Age: 12+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPARE (NCT03720470)</td>
<td>16-Week (all patients on background TCS) 100mg &amp; 200mg vs. placebo &amp; vs. dupilumab N = 837 (Age: 18+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEEN (NCT03796676)</td>
<td>12-Week (all patients on background TCS) 100mg &amp; 200mg vs. placebo N = 285 (Age: 12 to &lt;18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGIMEN (NCT03627767)</td>
<td>52-Week Monotherapy (option for rescue treatment in flaring patients) 12-week 200mg lead-in followed by 100mg &amp; 200mg vs. placebo N = 1,231 (Age: 12+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DARE (NCT04345367)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26-Week (all patients on background TCS) 200mg vs. dupilumab N = 600 (Age: 18+)</td>
</tr>
</tbody>
</table>

TCS represents topical therapy, including topical corticosteroids.
Eligible subjects in the trials listed above that completed the treatment period of a 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 off-treatment follow up period.
NOTE: JADE is an acronym for JAK1 topic Dermatitis Efficacy and Safety global development program.

U.S. regulatory filing for abrocitinib submitted in August 2020; Potential U.S. approval in first-half 2021
Pooled JADE MONO-1 & MONO-2 Results Demonstrated Statistically Significant Proportion of Patients Achieved EASI-90 with Both Doses of Abrocitinib at 12 Weeks

- Phase 3
- Weeks 12
- Dosed once-daily

Graph showing the percentage of patients achieving EASI-90 over 12 weeks with Placebo, Abrocitinib 100 mg QD, and Abrocitinib 200 mg QD.
Peak Pruritis Numerical Rating Scale: Pooled Results of JADE MONO-1 & MONO-2 Demonstrated Both Doses of Abrocitinib Decreased Itch in First 2 Weeks

Least Squares Mean (95% CI)

Days

Phase

Weeks

Dosed once-daily

Placebo

Abrocitinib 100 mg QD

Abrocitinib 200 mg QD
Pooled JADE MONO-1 & MONO-2 Adverse Events Related to Tolerability Were Primarily Mild or Moderate in Nature, Transient and Occurred Early in Treatment

<table>
<thead>
<tr>
<th></th>
<th>Placebo</th>
<th>Abrocitinib Once-Daily</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 211</td>
<td>N = 370</td>
<td>N = 364</td>
</tr>
<tr>
<td>Nausea</td>
<td>2 (2.4%)</td>
<td>27 (7.3%)</td>
<td>61 (16.8%)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>2 (0.9%)</td>
<td>8 (2.2%)</td>
<td>16 (4.4%)</td>
</tr>
<tr>
<td>Headache</td>
<td>6 (2.8%)</td>
<td>26 (7.0%)</td>
<td>31 (8.5%)</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1 (0.5%)</td>
<td>7 (1.9%)</td>
<td>10 (2.7%)</td>
</tr>
<tr>
<td>Acne</td>
<td>0 (0.0%)</td>
<td>3 (0.8%)</td>
<td>13 (3.6%)</td>
</tr>
<tr>
<td>Elevated CPK(1)</td>
<td>2 (0.9%)</td>
<td>7 (1.9%)</td>
<td>10 (2.7%)</td>
</tr>
<tr>
<td>Herpes simplex</td>
<td>2 (0.9%)</td>
<td>5 (1.4%)</td>
<td>9 (2.5%)</td>
</tr>
</tbody>
</table>

Comments:
- Nausea most frequent in 1st week of treatment; median duration ~2 weeks
- May be mitigated by dosing with food
- All events were mild or moderate
- Median duration: 4 days
- 59% of 1st events reported in first 2 weeks
- No SAEs, severe events or events that led to discontinuation
- No events that led to discontinuation
- No rhabdomyolysis
- All events were mild or moderate

(1) CPK = Creatine Phosphokinase
JADE COMPARE Investigated the Safety and Efficacy of Abrocitinib and Dupilumab Compared to Placebo in Adults on Background Topical Therapy

Eligibility Criteria:
- Adult patients (≥18 years)
- Diagnosed with moderate-to-severe AD for ≥ 1 year
  - IGA ≥3
  - EASI ≥16
  - %BSA ≥10
  - PP-NRS ≥4
- Inadequate response or intolerance to topical medication, or requirement for systemic therapy to control AD

Treatment Period:
- Oral Abrocitinib 100 mg QD + Placebo Injection (N=238)
- Oral Abrocitinib 200 mg QD + Placebo Injection (N=211)
- Dupilumab Per Label + Oral Placebo (N=242)
- Placebo Injection + Oral Placebo (N=130)

Weeks:
- Week 1
  - Key Secondary Endpoint: PP-NRS ≥4 vs. Placebo
- Week 2
  - Primary Endpoints: IGA Response EASI-75 vs. PBO
- Week 12
  - Key Secondary Endpoints: IGA Response EASI-75 vs. PBO
- Week 16
- Week 20
- Week 24
- End of Treatment
- End of Study Follow-Up

Option to enroll in long-term extension study
Both doses of abrocitinib met the co-primary endpoints of IGA and EASI-75 at 12 weeks.

Both doses of abrocitinib met the key secondary endpoints of IGA and EASI-75 at 16 weeks.

Abrocitinib 200 mg demonstrated statistically superior improvement in severity of pruritus (itch) compared to dupilumab at week 2, a key secondary endpoint.
Exploratory Analysis: Percentage of Patients with Pruritis Numerical Rating Scale Score of 0 or 1 at Two Weeks

15% of patients on abrocitinib 200 mg reported no or low itch after just two weeks of therapy

(1) Dupilumab dosed per FDA dosing instructions for adult atopic dermatitis patients. The recommended dose is an initial dose of 600 mg (two 300 mg injections in different injection sites), followed by 300 mg given every other week (Q2W).
Exploratory Analysis: Percentage of EASI-90 Responders Through Week 16

Nearly half of patients in the abrocitinib 200 mg arm reached EASI-90 by week 16

Abrocitinib dosed once-daily
Dupilumab dosed bi-weekly

Placebo
Abrocitinib 100 mg QD
Abrocitinib 200 mg QD
Dupilumab 300 mg Q2W

Weeks 0 2 4 6 8 10 12 14 16
Patients, % 0 10 20 30 40 50

(1) Dupilumab dosed per FDA dosing instructions for adult atopic dermatitis patients. The recommended dose is an initial dose of 600 mg (two 300 mg injections in different injection sites), followed by 300 mg given every other week (Q2W).
JADE COMPARE Safety Data Consistent with Prior Abrocitinib Monotherapy Studies

Rates of serious adverse events and adverse events leading to discontinuation were similar across all study arms.

Any Adverse Event

- Placebo: 53.4%
- Abrocitinib 100 mg QD: 50.8%
- Abrocitinib 200 mg QD: 61.9%
- Dupilumab 300 mg Q2W: 50.0%

Serious Adverse Event(s)

- Placebo: 3.8%
- Abrocitinib 100 mg QD: 2.5%
- Abrocitinib 200 mg QD: 0.9%
- Dupilumab 300 mg Q2W: 0.8%

Adverse Event(s) Leading to Study Discontinuation

- Placebo: 3.8%
- Abrocitinib 100 mg QD: 2.5%
- Abrocitinib 200 mg QD: 4.4%
- Dupilumab 300 mg Q2W: 3.3%

(1) Dupilumab dosed per FDA dosing instructions for adult atopic dermatitis patients. The recommended dose is an initial dose of 600 mg (two 300 mg injections in different injection sites), followed by 300 mg given every other week (Q2W).
Abrocitinib Impact: A Patient Journey
Male from the 200 mg Abrocitinib Arm of the JADE MONO-2 Study

Baseline:
29 May 2019
Abrocitinib Impact: A Patient Journey

Male from the 200 mg Abrocitinib Arm of the JADE MONO-2 Study

Baseline: 29 May 2019

21 February 2020 (~9 months from baseline)
Abrocitinib Efficacy and Dosing Flexibility has the Potential to Control the Signs and Symptoms that Matter Most to Patients with Moderate-to-Severe AD

| Convenient once-daily oral administration | Rapid, durable itch relief and skin clearance seen consistently in robust Phase 3 program | Substantial proportion of patients reach EASI-90, suggesting near complete skin clearance |
| % of patients with significant reduction in itch by Week 2 was superior for 200mg abrocitinib compared to dupilumab (key secondary endpoint) | Substantial improvements in patient reported AD quality-of-life measures (1) | Abrocitinib was well tolerated across all four completed Phase 3 studies |
## Significant Potential for New Entrants Even Using Conservative Market Assumptions for Peak Annual Revenues

<table>
<thead>
<tr>
<th>Abrocitinib in Atopic Dermatitis</th>
<th>Ritlecitinib in Alopecia Areata</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>32M</strong></td>
<td><strong>3.5M</strong></td>
</tr>
<tr>
<td><strong>27M</strong></td>
<td><strong>1.1M</strong></td>
</tr>
<tr>
<td>&gt;50% treated with a prescription therapy</td>
<td><strong>80-90%</strong> diagnosed</td>
</tr>
<tr>
<td>20-25% treated with a systemic treatment</td>
<td><strong>35-40%</strong> receive an advanced treatment</td>
</tr>
<tr>
<td>8-12% Abrocitinib global market share</td>
<td><strong>10-20%</strong> Ritlecitinib global market share</td>
</tr>
<tr>
<td><strong>&gt;$3B</strong> Potential global annual peak revenues</td>
<td><strong>&gt;$1B</strong> Potential global annual peak revenues</td>
</tr>
</tbody>
</table>

2. Adelphi DSP, 2019, 53% sought treatment; Truven & Optum, 2020, 53% switched treatment
3. IQVIA, June 2020 MAT, 16% systemic share; PFE projections for peak.
One of the Industry’s Leading I&I Pipelines with Potential to Deliver Several Breakthroughs by 2025 to Address Unmet Patient Needs

5 New immuno-kinases across 10 diseases

2 Phase 3 NMEs(1) with FDA Breakthrough Therapy Designation

3 First-in-class biologics in Phase 2

Abrocitinib, Ritlecitinib

4 Proof-of-Concept Readouts in 2020

Brepocitinib-Topical
Atopic Dermatitis

Ritlecitinib
Vitiligo

TYK2
Psoriasis

Brepocitinib-Oral
Psoriatic Arthritis

10 Unique molecules in Phase 2 and Phase 3

TL1A, INFβ, Chemokine Inhibitor

(1) New Molecular Entity
Thank You