Better Health, Brighter Future

News Release

Takeda's Zasocitinib Delivered Rapid and Durable Skin Clearance in a Convenient Once-Daily Pill, Affirming Promise to Reshape Psoriasis Care

OSAKA Japan AND CAMBRIDGE, Massachusetts, March 30, 2026 – Takeda (TSE:4502/NYSE:TAK) announced on March 28, 2026 (MDT), new data from the two pivotal Phase 3 studies of zasocitinib (TAK-279), a next-generation, highly selective oral tyrosine kinase 2 (TYK2) inhibitor, in adults with moderate-to-severe plaque psoriasis (PsO), presented at the 2026 American Academy of Dermatology (AAD) Annual Meeting. For further details, please refer to the attached press release and presentation.

The topline results of these studies were announced on December 18, 2025, in "Takeda's Zasocitinib Landmark Phase 3 Plaque Psoriasis Data Show Promise to Deliver Clear Skin in a Once-Daily Pill, Catalyzing a New Era of Treatment".

Results from these studies have no significant impact on the full-year consolidated forecast for the fiscal year ending March 31, 2026.

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News Release

Takeda's Zasocitinib Delivered Rapid and Durable Skin Clearance in a Convenient Once-Daily Pill, Affirming Promise to Reshape Psoriasis Care

- About 70% of patients treated with zasocitinib achieved clear or almost clear skin (sPGA 0/1) at week 16 in Phase 3 plaque psoriasis studies
- A significantly greater PASI 75 response rate versus placebo was observed as early as week 4
- Safety profile consistent with Phase 2b studies with no new safety signals identified

OSAKA, Japan and CAMBRIDGE, Massachusetts, March 28, 2026 – Takeda (TSE:4502/NYSE:TAK) today announced new data from the two pivotal Phase 3 studies of zasocitinib (TAK-279), a next-generation, highly selective oral tyrosine kinase 2 (TYK2) inhibitor, in adults with moderate-to-severe plaque psoriasis (PsO).[1] Presented as a late-breaking abstract at the 2026 American Academy of Dermatology (AAD) Annual Meeting, these data show that convenient once-daily oral zasocitinib demonstrated rapid and durable skin clearance with a safety profile consistent with Phase 2b studies.[1,2]

"Our goal in psoriasis treatment is clear or almost clear skin, and previously this has been achieved primarily with injectable therapies," said Melinda Gooderham, MSc, MD, FRCPC, dermatologist, SKiN Centre for Dermatology, Peterborough, Ontario, Canada, principal investigator for the Latitude PsO studies and presenting author. "These efficacy and safety results show it's possible for a once-daily pill to deliver rapid, lasting skin clearance, highlighting the potential of zasocitinib to become a leading oral treatment option for plaque psoriasis."

In the Phase 3 randomized, multicenter, double-blind, placebo- and active comparator-controlled Latitude PsO 3001 and 3002 studies, more than half of patients treated with zasocitinib achieved clear or almost clear skin at week 16, a key measure of treatment success:[1,2]

- 71.4% and 69.2% of patients treated with zasocitinib achieved a static Physician Global Assessment (sPGA) score of 0/1 versus placebo (10.7% and 12.6%) and apremilast (32.1% and 29.7%) at week 16 (p<0.001).[2]
- 61.3% and 51.9% of patients treated with zasocitinib achieved Psoriasis Area and Severity Index (PASI) 90 versus placebo (5.0% and 4.0%) and apremilast (16.8% and 15.9%) at week 16 (p<0.001).[2]

Zasocitinib also demonstrated statistically significant improvements in complete skin clearance, an increasingly important treatment goal for patients with plaque psoriasis:[1,2]

- 39.9% and 33.7% of patients treated with zasocitinib achieved an sPGA score of 0 versus placebo (0.7% and 1.4%) and apremilast (8.0% and 6.5%) at week 16 (p<0.001).[2]
- 33.4% and 25.2% of patients treated with zasocitinib achieved a PASI 100 versus placebo (0.7% and 1.1%) and apremilast (2.9% and 4.3%) at week 16 (p<0.001).[2]
- Responses for co-primary and key secondary endpoints continued to increase through week 24 in both studies.[2]

In Latitude PsO 3002, rapidity of response was demonstrated as early as week 4 versus placebo (PASI 75: 16.8% for zasocitinib vs 4.3% for placebo, p<0.001).[2] Among patients who achieved a PASI 75, PASI 90 or sPGA 0/1 response at week 40 and continued on zasocitinib throughout the study, over 90% maintained their response at week 60.[2]

Zasocitinib was generally well-tolerated.[1,2] The safety and tolerability profile of zasocitinib in the Phase 3 studies remained consistent with prior studies. [1,2] Key findings across the two studies include:

- Treatment-emergent adverse events (TEAEs) through week 16 were 62.1% for zasocitinib, 46.9% for placebo and 50.5% for apremilast.[2]
- The most common adverse events for zasocitinib treated patients through week 16 (≥5%) were upper respiratory tract infection (10.1%), nasopharyngitis (6.2%) and acne (6.5%), with no new safety signals identified.[2]
- Serious TEAEs through week 16 were 3.0% for zasocitinib, <1% for placebo and 1.5% for apremilast.[2]

“Our Phase 3 results demonstrate that highly selective TYK2 inhibition can offer many people with moderate-to-severe plaque psoriasis the potential for clear or nearly clear skin,” said Chinwe Ukomadu, MD, PhD, senior vice president and head, Gastrointestinal & Inflammation Therapeutic Area Unit at Takeda. “The positive data also underscore zasocitinib’s potential to deliver rapid and durable results with a favorable safety profile consistent with Phase 2b studies. We are working as quickly as possible with regulators to advance a potential new therapeutic option for patients seeking a safe, effective and convenient oral treatment.”

Takeda is on track to submit a New Drug Application with the United States Food and Drug Administration and other regulatory authorities starting in fiscal year 2026.

Results from the Phase 3 studies have no significant impact on the full-year consolidated forecast for the fiscal year ending March 31, 2026.

Takeda Investor Conference Call and Webcast Details

Takeda will host an investor call to discuss the Phase 3 data and market opportunity for zasocitinib on March 28 at 6:30 p.m. MDT / 8:30 p.m. EDT / March 29 at 9:30 a.m. JST. Presentation slides and a virtual meeting registration link will be available here. An on-demand replay of the webcast will be made available on Takeda's website after the conclusion of the event.

About Plaque Psoriasis

Psoriasis is a chronic immune-mediated inflammatory disease in which the body's immune system causes inflammation which results in skin cells that multiply too quickly.[3] Plaque psoriasis, the most common form of psoriasis, is characterized by raised, red, gray or purple patches of skin that are itchy, painful and covered by scales.[4-6] Psoriatic plaques can cover any part of the skin surface but are mostly found on the scalp, face, arms and elbows, legs, knees, torso, genitals, nails and in skin folds.[3,7] Many people living with psoriasis experience intense itching and burning from their psoriasis plaques that disrupt their daily lives.[5,6] Patients also report that their symptoms negatively impact their mental health and quality of life and can lead to social isolation.[8] Globally, an estimated 64 million people are living with psoriasis and about 80-90% of those have plaque psoriasis.[9,10]

About Zasocitinib (TAK-279)

Zasocitinib is an investigational, next-generation, highly selective oral TYK2 inhibitor that maintains 24-hour inhibition of IL-23 plus other core disease-driving immune pathways.[11,12] It has the potential to be a leading oral treatment option for people living with immune-mediated inflammatory diseases. Zasocitinib has more than 1-million-fold greater selectivity for TYK2 compared to other JAK enzymes, which could maximize TYK2 inhibition without impacting JAK1, 2 and 3 signaling, based on *in vitro* data.[11,13] Takeda is currently evaluating the safety and efficacy of zasocitinib in a head-to-head study against deucravacitinib in plaque psoriasis and in Phase 3 studies in psoriatic arthritis.[14-16] In addition, Phase 2 studies are ongoing in Crohn's disease, ulcerative colitis, vitiligo and hidradenitis suppurativa (HS).[17-20] Zasocitinib is an investigational compound that has not been approved for use by any regulatory authority.

About the LATITUDE Psoriasis Phase 3 Studies

The Latitude Phase 3 psoriasis studies (NCT06088043 and NCT06108544) are global, multicenter, randomized, double-blind, placebo- and active comparator-controlled studies to evaluate the efficacy, safety and tolerability of zasocitinib in adult patients with moderate-to-severe plaque psoriasis.[21,22] The studies were conducted in 21 countries and enrolled 693 and 1,108 participants, respectively. The co-primary endpoints were the proportion of zasocitinib-treated patients achieving sPGA 0/1 and PASI 75 response compared to placebo at week

16.[21,22] Ranked (key) secondary endpoints included comparisons versus placebo (week 16) and apremilast (week 16 and week 24).[21,22]

About Tyrosine Kinase 2 (TYK2) Inhibitors

TYK2 is an intracellular enzyme and member of the Janus kinase (JAK) protein family.[13,23,24] However, TYK2 is distinct from JAK1, 2 and 3 as it primarily regulates immune responses, whereas JAK1, 2 and 3 regulate broader biological processes. [13,23,24] TYK2 mediates IL-23 plus other immune and inflammatory signaling pathways that are fundamental to psoriasis, psoriatic arthritis and other immune-mediated inflammatory diseases.[25] Highly selective allosteric inhibition of TYK2, with minimal inhibition of JAK1, 2 and 3, may be a promising therapeutic approach to target immune-mediated inflammation while potentially avoiding risks associated with inhibition of other members of the JAK family. [26]

About Takeda

Takeda is focused on creating better health for people and a brighter future for the world. We aim to discover and deliver life-transforming treatments in our core therapeutic and business areas, including gastrointestinal and inflammation, rare diseases, plasma-derived therapies, oncology, neuroscience and vaccines. Together with our partners, we aim to improve the patient experience and advance a new frontier of treatment options through our dynamic and diverse pipeline. As a leading values-based, R&D-driven biopharmaceutical company headquartered in Japan, we are guided by our commitment to patients, our people and the planet. Our employees in approximately 80 countries and regions are driven by our purpose and are grounded in the values that have defined us for more than two centuries. For more information, visit www.takeda.com.

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This press release and any materials distributed in connection with this press release may contain forward-looking statements, beliefs or opinions regarding Takeda's future business, future position and results of operations, including estimates, forecasts, targets and plans for Takeda. Without limitation, forward-looking statements often include words such as "targets", "plans", "believes", "hopes", "continues", "expects", "aims", "intends", "ensures", "will", "may", "should", "would", "could", "anticipates", "estimates", "projects", "forecasts", "outlook" or similar expressions or the negative thereof. These forward-looking statements are based on assumptions about many important factors, including the following, which could cause actual results to differ materially from those expressed or implied by the forward-looking statements: the economic circumstances surrounding Takeda's global business, including general economic conditions in Japan and the United States and with respect to international trade relations; competitive pressures and developments; changes to applicable laws and regulations, including tax, tariff and other trade-related rules; challenges inherent in new product development, including uncertainty of clinical success and decisions of regulatory authorities and the timing thereof; uncertainty of commercial success for new and existing products; manufacturing difficulties or delays; fluctuations in interest and currency exchange rates; claims or concerns regarding the safety or efficacy of marketed products or product candidates; the impact of health crises, like the novel coronavirus pandemic; the success of our environmental sustainability efforts, in enabling us to reduce our greenhouse gas emissions or meet our other environmental goals; the extent to which our efforts to increase efficiency, productivity or cost-savings, such as the integration of digital technologies, including artificial intelligence, in our business or other initiatives to restructure our operations will lead to the

expected benefits; and other factors identified in Takeda's most recent Annual Report on Form 20-F and Takeda's other reports filed with the U.S. Securities and Exchange Commission, available on Takeda's website at: https://www.takeda.com/investors/sec-filings-and-security-reports/ or at www.sec.gov. Takeda does not undertake to update any of the forward-looking statements contained in this press release or any other forward-looking statements it may make, except as required by law or stock exchange rule. Past performance is not an indicator of future results and the results or statements of Takeda in this press release may not be indicative of, and are not an estimate, forecast, guarantee or projection of Takeda's future results.

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Zasocitinib IR Event

Phase 3 Psoriasis Data Presented at AAD

March 28th, 2026 ET / March 29th, 2026 JST

Photo: IFPA | All the Colors We Are

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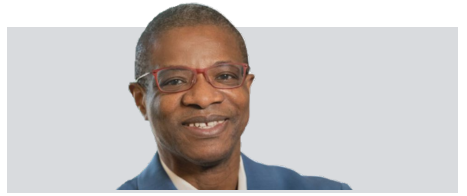
AGENDA

1. **Opening Remarks**
   Julie Kim, CEO-Elect

2. **Phase 3 Psoriasis Results**
   Chinwe Ukomadu, Head of GI&I Therapeutic Area

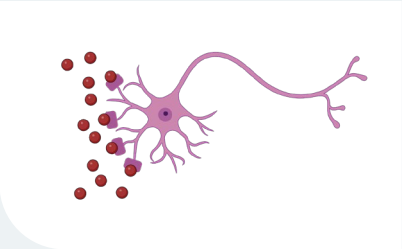


3. **Market Opportunity**
   Rhonda Pacheco, President, U.S. Business Unit;
   U.S. Country Head

4. **Question & Answer Session**

Preparing to launch 3 transformative medicines in the next 15 months setting Takeda on a new growth trajectory

Oveporexton
Narcolepsy Type 1

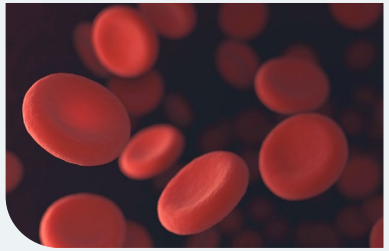


First orexin agonist to NDA submission with compelling efficacy across the broad spectrum of NT1 symptoms

Primed to trigger a paradigm shift in the treatment of NT1

Expected launch
2026 (H2)

Rusfertide
Polycythemia Vera

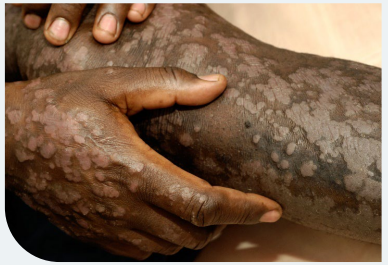


Hepcidin mimetic delivering durable & sustained hematocrit control addressing major unmet need

Set to revolutionize outcomes at each step in the treatment landscape

Expected launch
2026 (H2)

Zasocitinib
Psoriasis



Next-generation, highly selective oral TYK2 inhibitor delivering rapid and durable skin clearance in a convenient once-daily pill

Poised to be a leading oral option in an expanding oral market

Expected launch
2027 (H1)

Estimated launch timings are all pending regulatory approval.

● *Breakthrough Designation* ● *Fast Track Designation* ● *Orphan Drug Designation*

Zasocitinib: Poised to be a leading oral treatment option for patients with psoriasis – significantly expanding the oral market

1

Rapid and durable skin clearance, with no new safety signals

2

Convenient once-daily pill without fasting restrictions

3

Next-generation, highly selective oral TYK2 inhibitor

Zasocitinib U.S. and global filings on track to start in FY26

Zasocitinib

Phase 3 Psoriasis Results

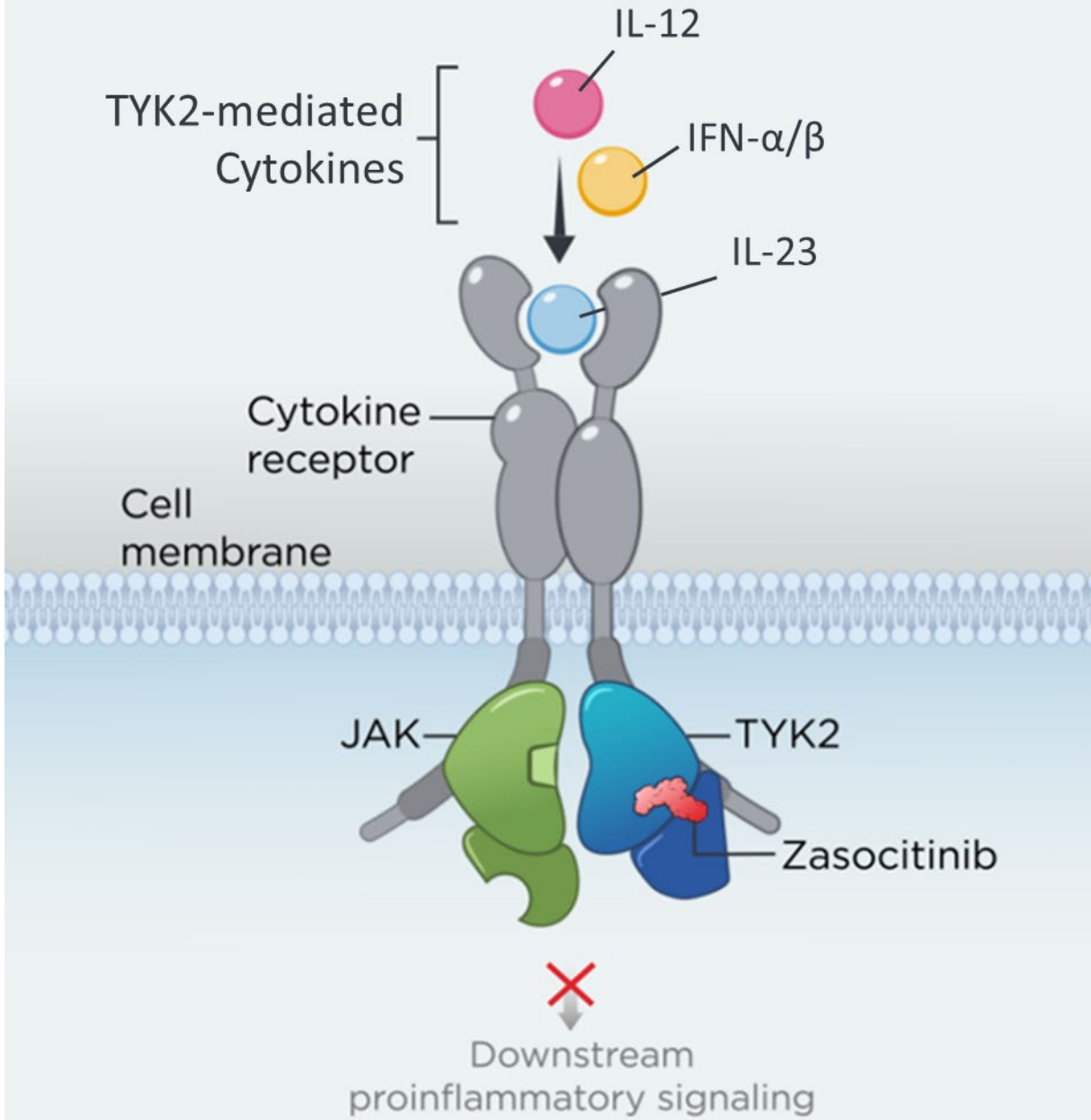
Better Health, Brighter Future

Zasocitinib: Next-generation, highly selective oral TYK2 inhibitor[1,2]

- More than 1 millionfold greater binding selectivity for TYK2 versus JAK1, JAK2 and JAK3[1,2]
- Maintains 24-hour inhibition of IL-23 plus other core disease-driving immune pathways without any inhibition of JAK1, JAK2 and JAK3 pathways.[2,3]
- Well tolerated and efficacious in a phase 2b trial in patients with moderate-to-severe plaque psoriasis[4]

Objective:

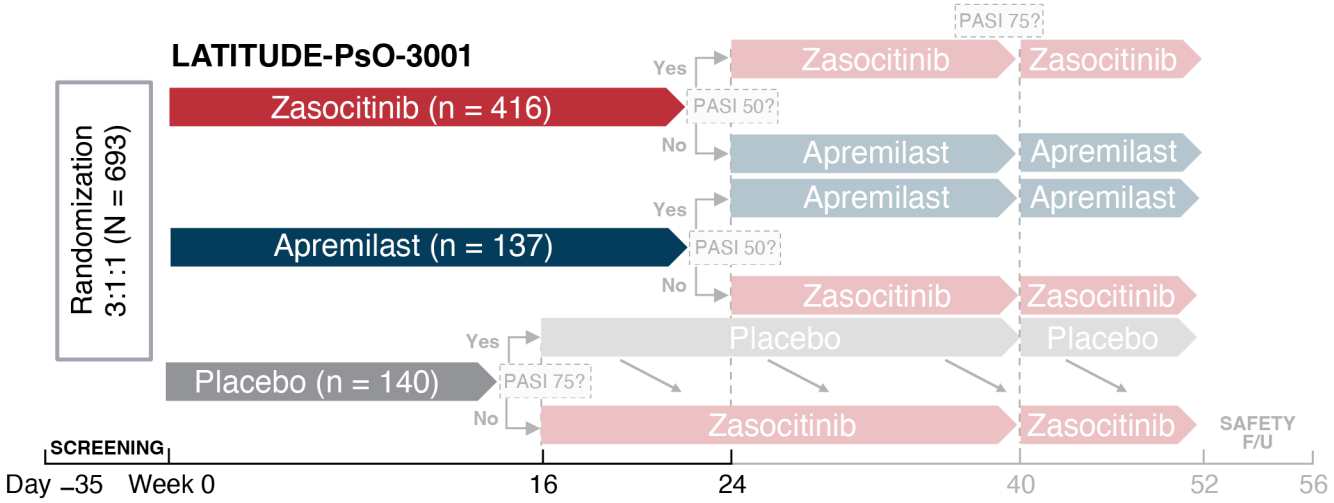
To evaluate the efficacy and safety of zasocitinib in adults with moderate-to-severe plaque psoriasis in two pivotal phase 3 studies: LATITUDE-PsO-3001 (NCT06088043) and LATITUDE-PsO-3002 (NCT06108544)

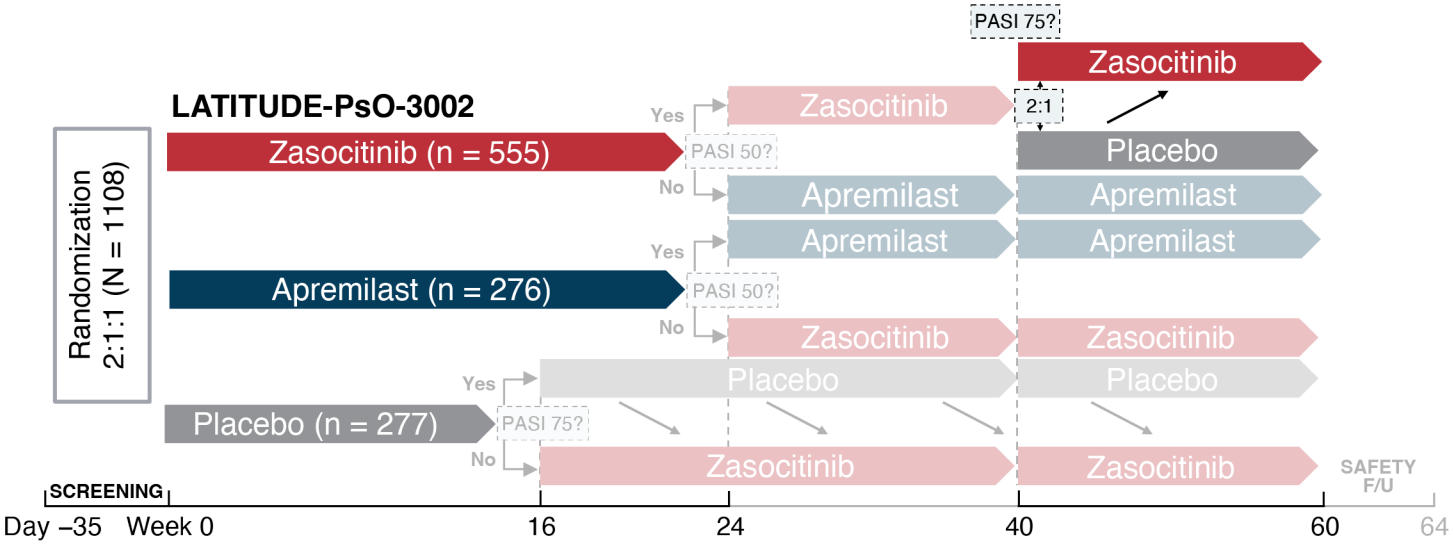


IFN, interferon; IL, interleukin; JAK, Janus kinase; TYK, tyrosine kinase

1. Leit S *et al*. *J Med Chem* 2023;66:10473–96; 2. Mehrotra S et al. *J Invest Dermatol* 2025;146:214–22;
3. Rusiñol L and Puig L. *Int J Mol Sci* 2023;24:3391. 4. Armstrong A *et al. JAMA Dermatol* 2024;160:1066–74.

LATITUDE-PsO-3001 and 3002 were randomized, multicenter, double-blind, placebo- and apremilast-controlled phase 3 trials





Eligibility

- Adults (≥ 18 years)
- Plaque psoriasis diagnosis for ≥ 6 months prior to screening
- PASI ≥ 12, sPGA ≥ 3, ≥ 10% BSA
- Candidate for phototherapy or systemic therapy

Endpoints

Co-primary endpoints at Week 16 (versus placebo):

- **sPGA 0/1**[a]
- **PASI 75**

Key secondary endpoints (versus placebo or apremilast) included:

- PASI 75 at Week 4
- sPGA 0, PASI 75/90/100 or DLQI 0/1[b] at Week 16/24
- sPGA 0/1 or PASI 75 maintenance at Week 60

Safety endpoints included:

- TEAEs; laboratory parameters

[a]With a ≥ 2-point decrease from baseline. [b]With a baseline DLQI score ≥2.
BSA, body surface area; DLQI, Dermatology Life Quality Index; F/U, follow-up; PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment; TEAE, treatment-emergent adverse events.

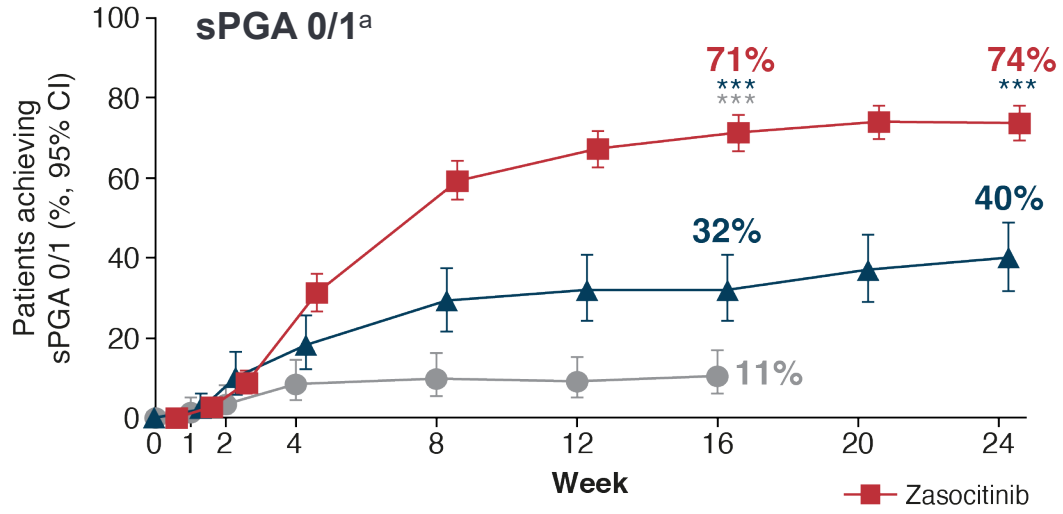
Baseline demographics and characteristics were generally similar across treatment arms in each study

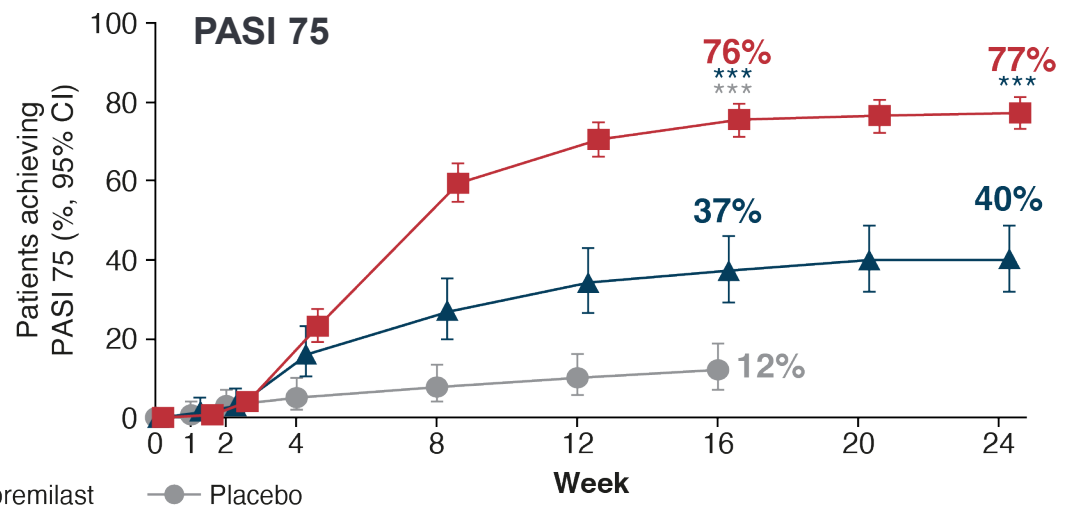
	LATITUDE-PsO-3001			LATITUDE-PsO-3002		
	Zasocitinib (n = 416)	Apremilast (n = 137)	Placebo (n = 140)	Zasocitinib (n = 555)	Apremilast (n = 276)	Placebo (n = 277)
Age, years	43.8 (13.26)	46.0 (14.10)	45.3 (13.54)	45.8 (13.33)	46.1 (13.37)	46.5 (13.19)
Sex, male, n (%)	295 (70.9)	95 (69.3)	93 (66.4)	367 (66.1)	187 (67.8)	188 (67.9)
Race, White, n (%)	255 (61.3)	88 (64.2)	87 (62.1)	472 (85.0)	233 (84.4)	240 (86.6)
BMI, kg/m^2	29.7 (6.8)	28.5 (6.3)	28.2 (6.5)	30.2 (6.8)	30.1 (6.5)	30.4 (7.2)
Psoriasis duration, median (range) years[a]	13.6 (0.6–62.4)	14.0 (0.6–71.3)	12.5 (0.6–59.3)	15.1 (0.5–69.2)	16.5 (0.6–60.5)	15.1 (0.6–65.9)
PASI score	19.7 (7.5)	20.5 (9.0)	20.3 (7.4)	21.3 (9.3)	21.4 (8.6)	21.1 (8.5)
sPGA score						
3 (moderate), n (%)	329 (79.1)	116 (84.7)	112 (80.0)	473 (85.2)	237 (85.9)	228 (82.3)
4 (severe), n (%)	85 (20.4)	21 (15.3)	28 (20.0)	80 (14.4)	39 (14.1)	48 (17.3)
BSA, %	24.0 (14.0)	25.8 (15.9)	24.2 (14.4)	27.9 (17.9)	27.8 (16.5)	27.0 (16.3)
DLQI score[b]	12.7 (7.2)	11.1 (6.5)	12.2 (7.3)	11.6 (7.2)	11.5 (6.7)	12.2 (7.4)
Bio-experienced, n (%)	141 (33.9)	40 (29.2)	45 (32.1)	155 (27.9)	80 (29.0)	83 (30.0)

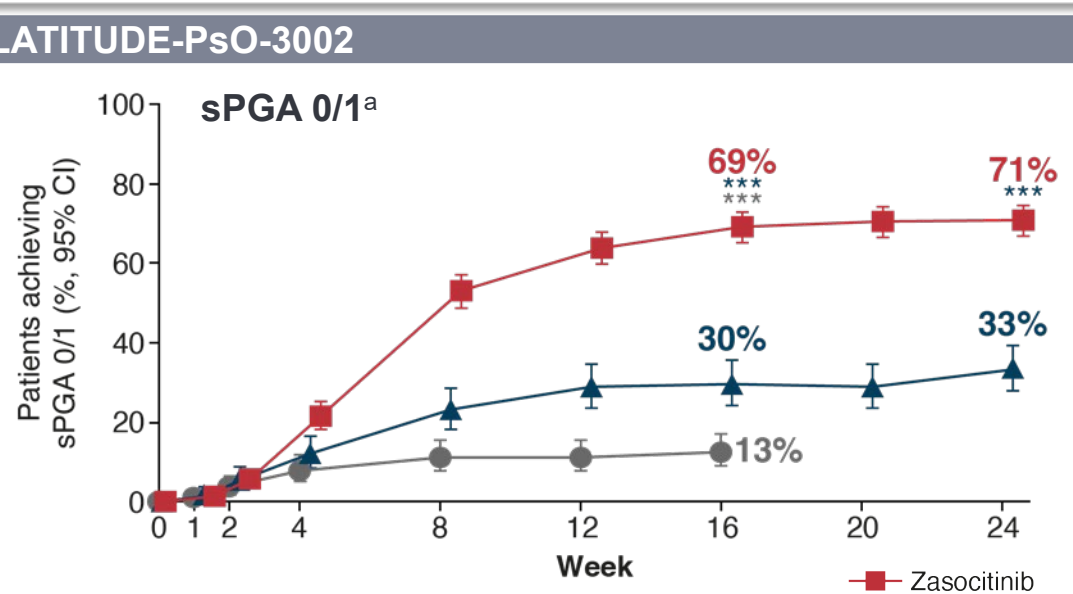
Data are mean (SD) unless otherwise stated. [a]Data missing for one patient receiving zasocitinib (LATITUDE-PsO-3002). [b]Data missing for three patients receiving zasocitinib and one receiving apremilast (LATITUDE-PsO-3001), and for three patients receiving zasocitinib, one patient receiving apremilast, and four patients receiving placebo (LATITUDE-PsO-3002).
BMI, body mass index; BSA, body surface area; DLQI, Dermatology Life Quality Index; PASI, Psoriasis Area and Severity Index; SD, standard deviation; sPGA, static Physician's Global Assessment.

Zasocitinib met the co-primary endpoints in both studies (sPGA 0/1 and PASI 75 versus placebo at Week 16)

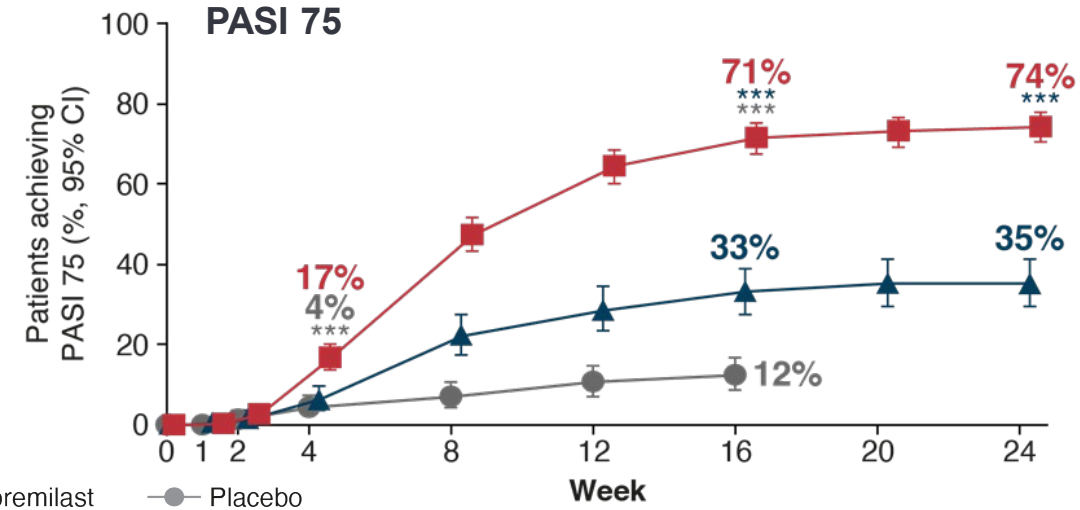
LATITUDE-PsO-3001







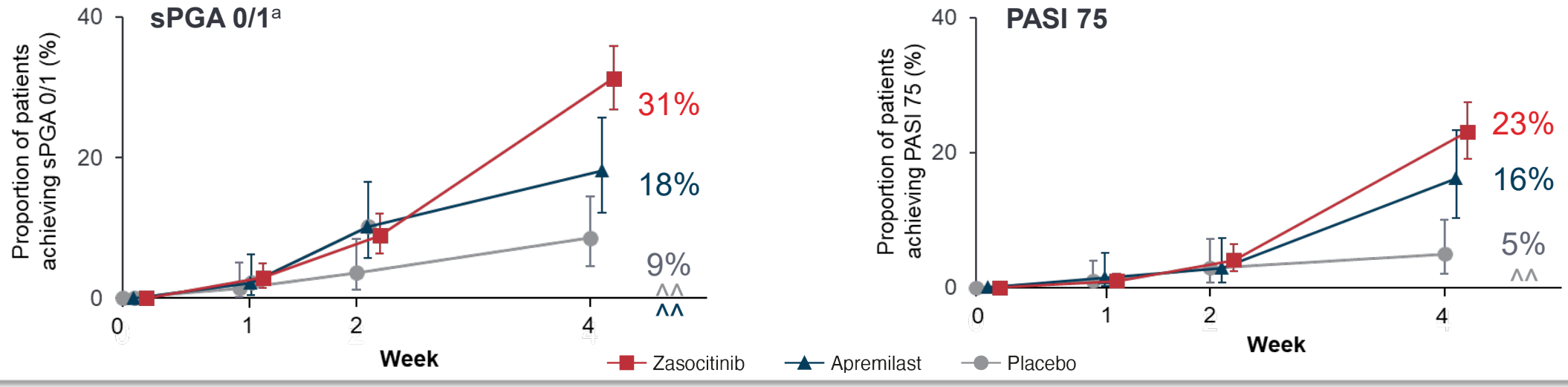
LATITUDE-PsO-3002



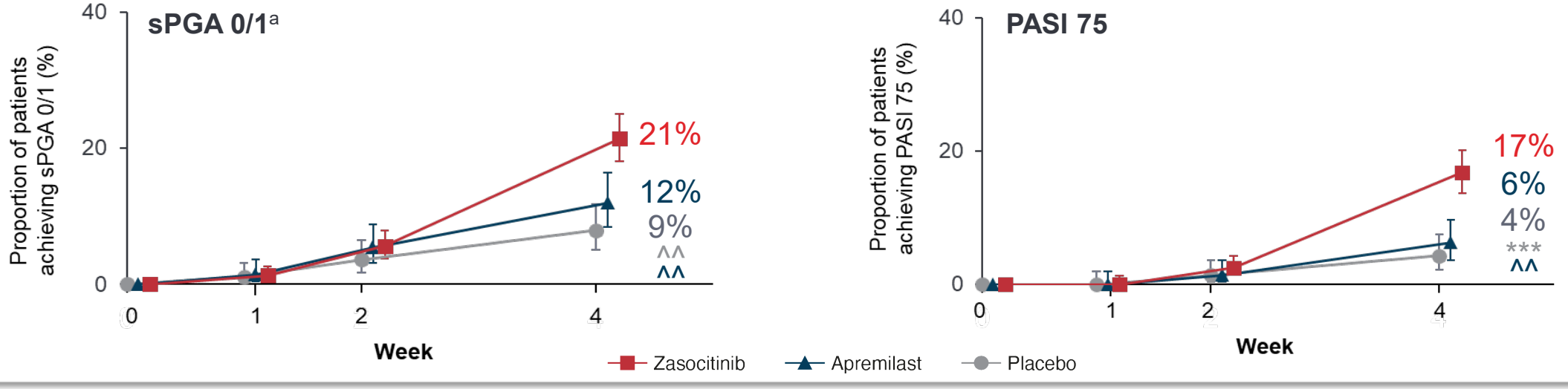
aWith a ≥ 2-point decrease from baseline. Number of patients based on the full analysis set with non-responder imputation. LATITUDE-PsO-3001: Zasocitinib (n = 416), apremilast (n = 137), placebo (n = 140). LATITUDE-PsO-3002: Zasocitinib (n = 555), apremilast (n = 276), placebo (n = 277). P values for comparison versus apremilast (in blue) and versus placebo (in gray) based on a stratified Cochran–Mantel–Haenszel test: ***$p < 0.001$. CI, confidence interval; PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment.

Rapid skin clearance as early as week 4 with zasocitinib

LATITUDE-PsO-3001



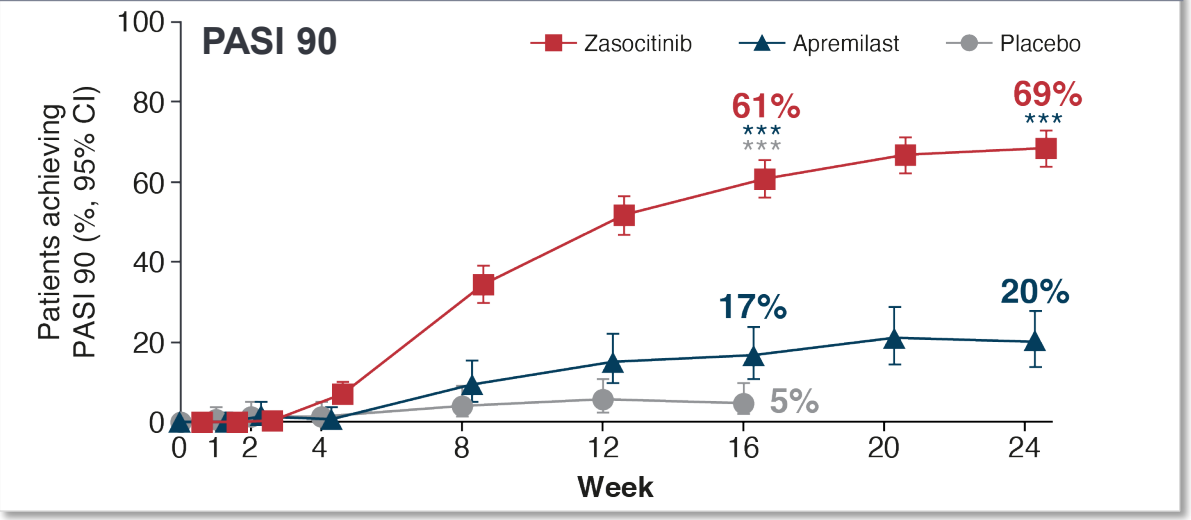
LATITUDE-PsO-3002



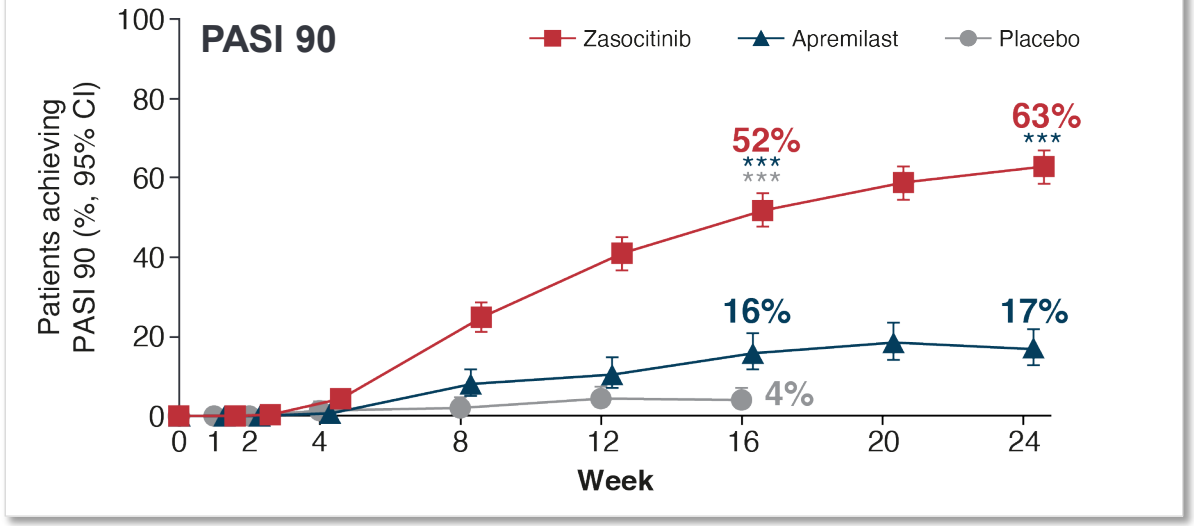
[a]With a ≥ 2-point decrease from baseline. Number of patients based on the full analysis set with non-responder imputation. LATITUDE-PsO-3001: Zasocitinib (n = 416), apremilast (n = 137), placebo (n = 140). LATITUDE-PsO-3002: Zasocitinib (n = 555), apremilast (n = 276), placebo (n = 277). P values for comparison versus apremilast (in blue) and versus placebo (in gray) based on a stratified Cochran–Mantel–Haenszel test: ***p < 0.001, ^^ nominal p<0.01 CI, confidence interval; PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment.

Zasocitinib led to greater proportions of patients achieving PASI 90 than apremilast or placebo as early as Week 4

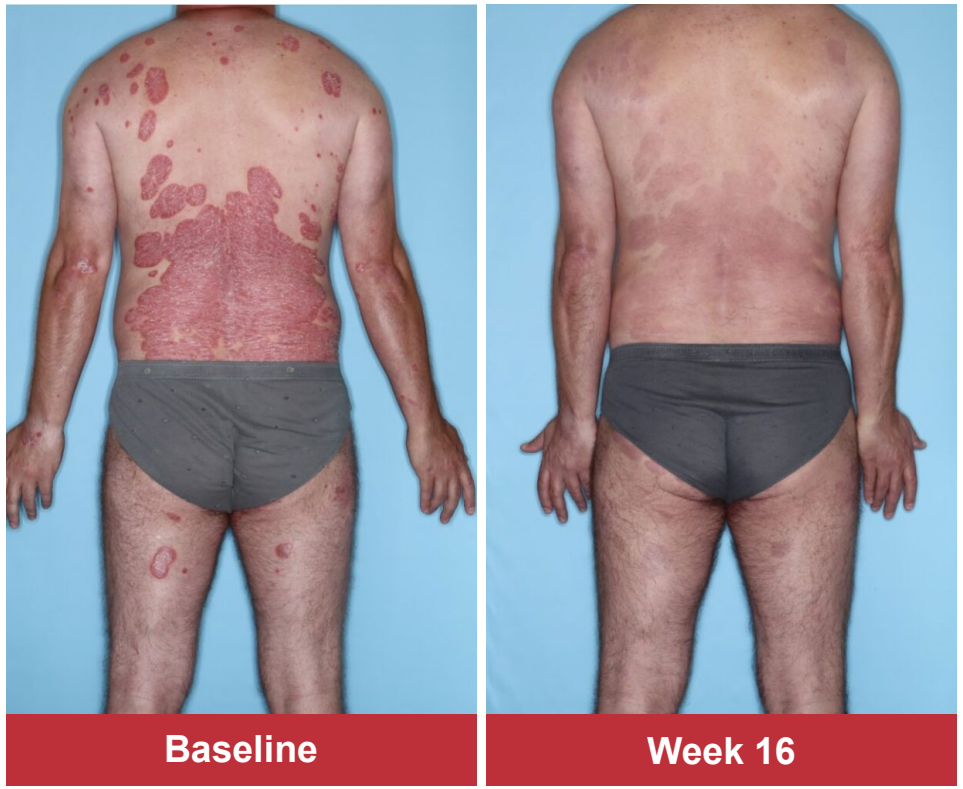
LATITUDE-PsO-3001



LATITUDE-PsO-3002



PASI 90 Responder: Baseline BSA 25%



Baseline

PASI: 15.8

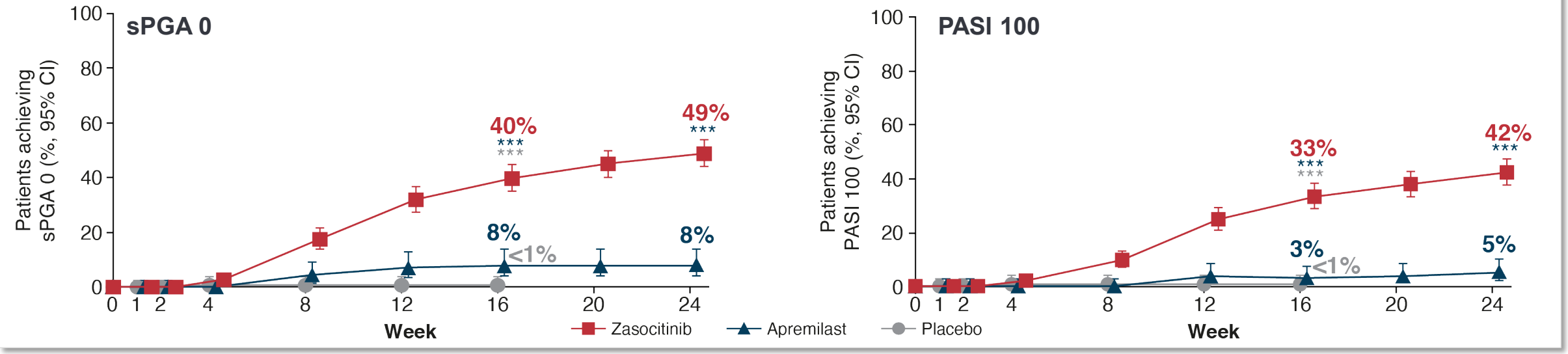
Week 16

PASI: 0.7 (CfB 95.6%)

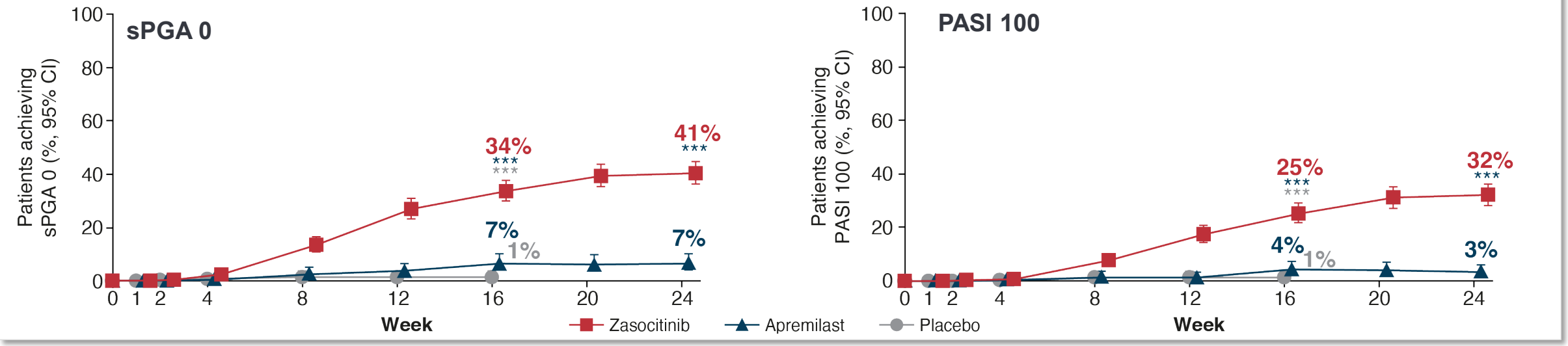
Number of patients based on the full analysis set with non-responder imputation. LATITUDE-PsO-3001: Zasocitinib (n = 416), apremilast (n = 137), placebo (n = 140). LATITUDE-PsO-3002: Zasocitinib (n = 555), apremilast (n = 276), placebo (n = 277).
P values for comparison versus apremilast (in blue) and versus placebo (in gray) based on a stratified Cochran–Mantel–Haenszel test: ***$p < 0.001$.
CfB, change from baseline; CI, confidence interval; PASI, Psoriasis Area and Severity Index; BSA, body surface area.

Zasocitinib led to greater proportions of patients achieving clear skin versus apremilast or placebo as early as Week 8

LATITUDE-PsO-3001



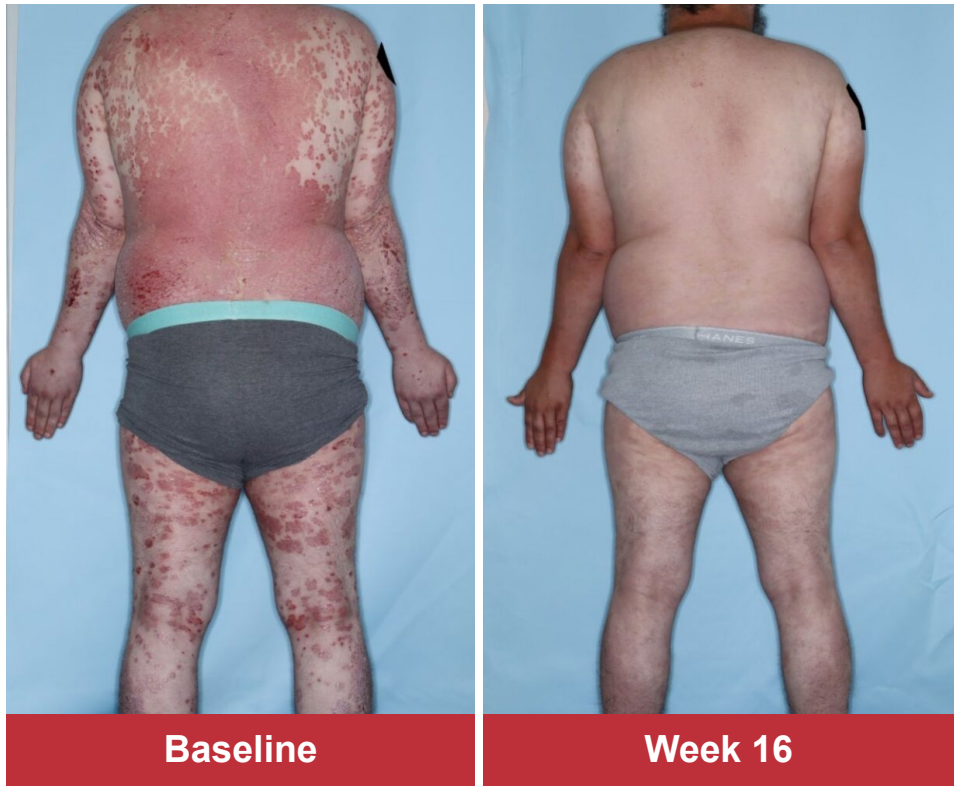
LATITUDE-PsO-3002



Number of patients based on the full analysis set with non-responder imputation. LATITUDE-PsO-3001: Zasocitinib (n = 416), apremilast (n = 137), placebo (n = 140). LATITUDE-PsO-3002: Zasocitinib (n = 555), apremilast (n = 276), placebo (n = 277). *P* values for comparison versus apremilast (in blue) and versus placebo (in gray) based on a stratified Cochran–Mantel–Haenszel test: ***$p < 0.001$. CI, confidence interval; PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment.

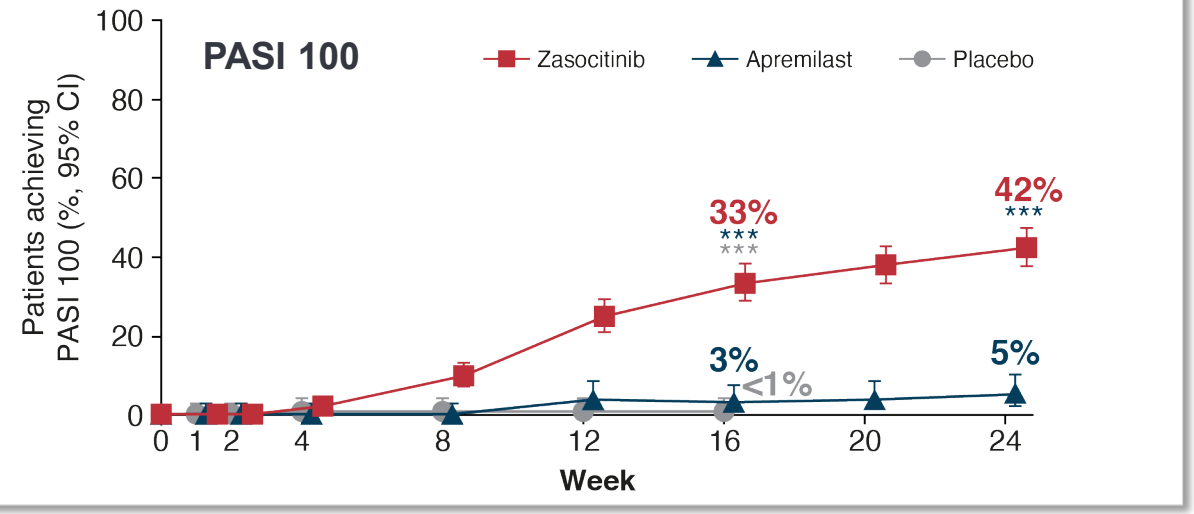
Zasocitinib led to greater proportions of patients achieving clear skin versus apremilast or placebo as early as Week 8

PASI 100 Responder: Baseline BSA 62%

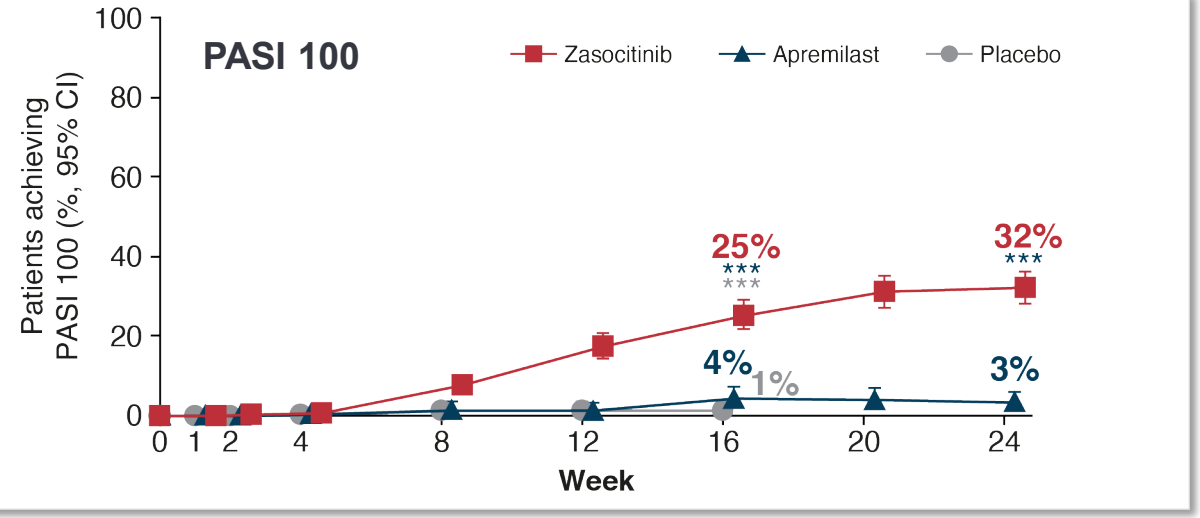


Baseline	Week 16
PASI: 31.3	**PASI:** 0

LATITUDE-PsO-3001



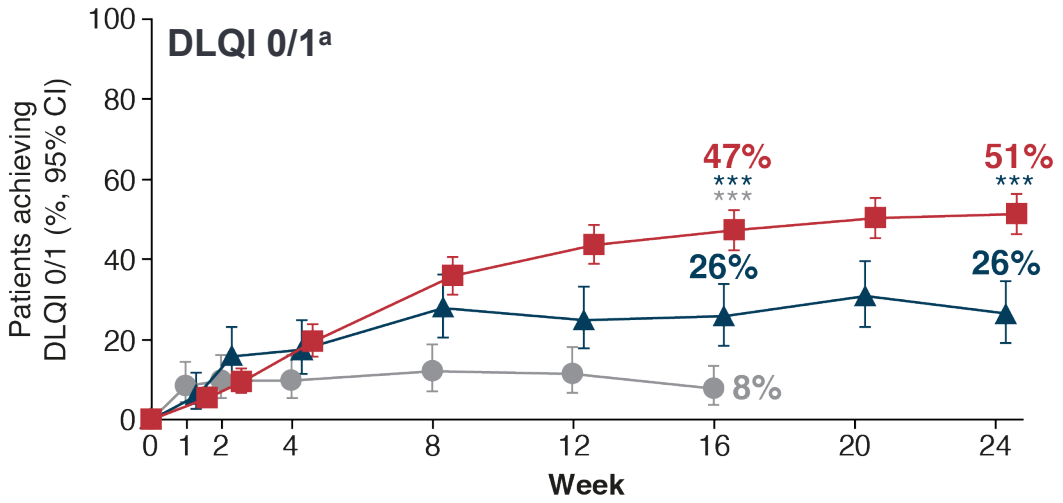
LATITUDE-PsO-3002



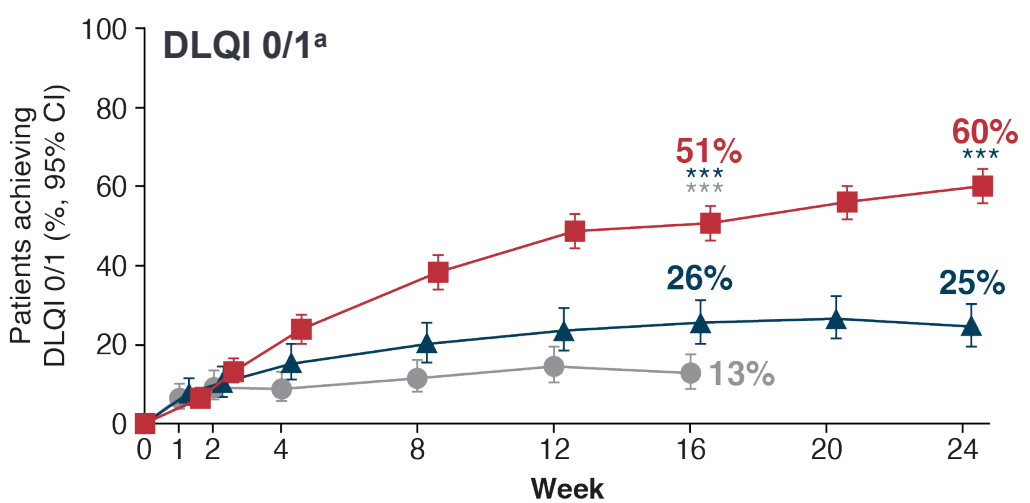
Number of patients based on the full analysis set with non-responder imputation. LATITUDE-PsO-3001: Zasocitinib (n = 416), apremilast (n = 137), placebo (n = 140). LATITUDE-PsO-3002: Zasocitinib (n = 555), apremilast (n = 276), placebo (n = 277). *P* values for comparison versus apremilast (in blue) and versus placebo (in gray) based on a stratified Cochran–Mantel–Haenszel test: ***$p < 0.001$. CI, confidence interval; PASI, Psoriasis Area and Severity Index; BSA, body surface area.

Zasocitinib demonstrated superior improvement in DLQI versus apremilast or placebo as early as Week 4

LATITUDE-PsO-3001



LATITUDE-PsO-3002



Zasocitinib Apremilast Placebo

[a]Based on evaluable patients defined as a subset of full analysis set with a baseline DLQI score ≥2 (with nonresponder imputation). Number of evaluable patients for LATITUDE-PsO-3001: zasocitinib (n = 406), apremilast (n = 133), placebo (n = 133). Number of evaluable patients for LATITUDE-PsO-3002: zasocitinib (n = 525), apremilast (n = 263), placebo (n = 260). *P* values for comparison versus apremilast (in blue) and versus placebo (in gray) based on a stratified Cochran–Mantel–Haenszel test: ***$p < 0.001$. CI, confidence interval, DLQI, Dermatology Life Quality Index.

Zasocitinib was well tolerated with no new safety signals identified through Week 16

Day 0 to Week 16

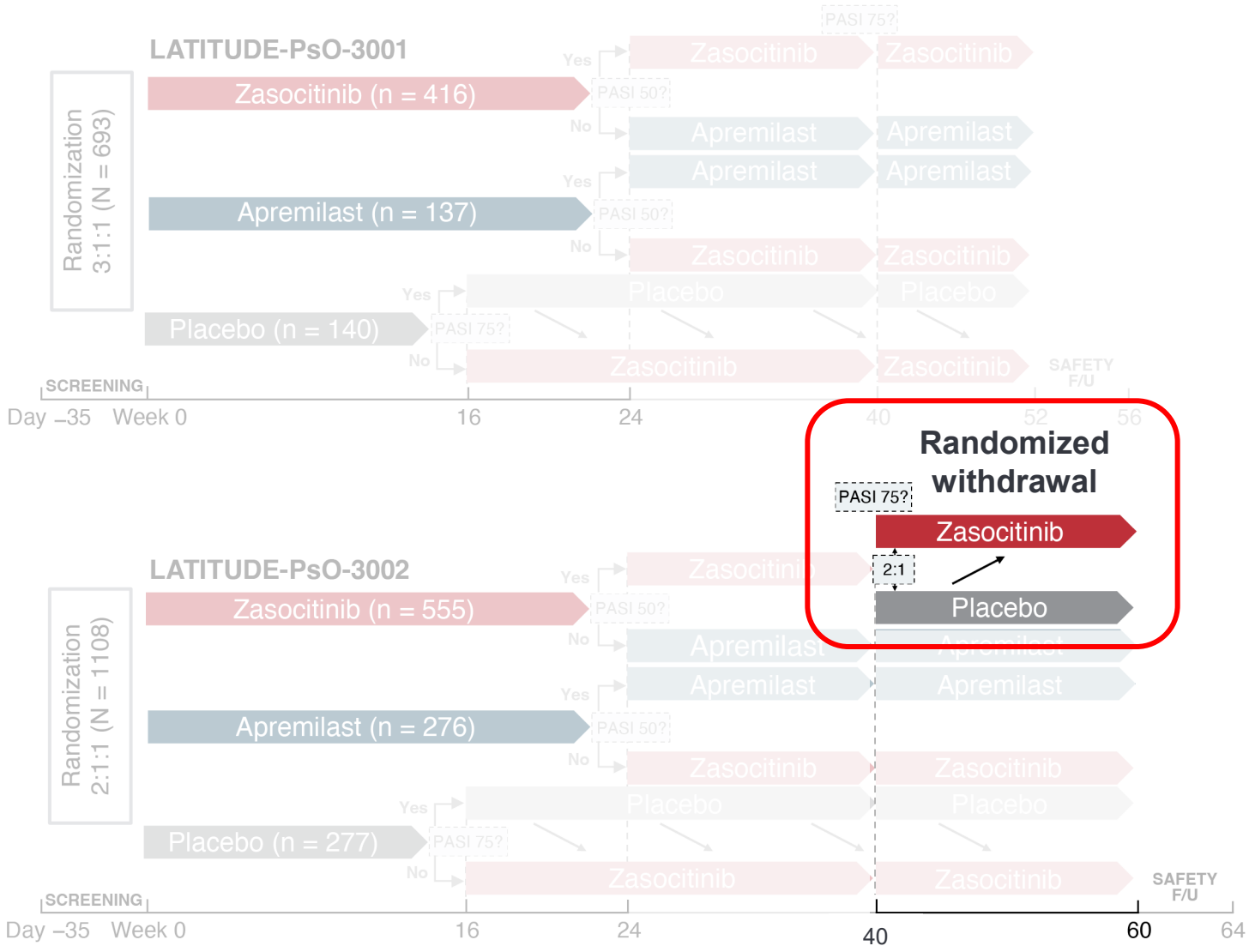
TEAEs from LATITUDE-PsO-3001 and 3002[a]	Zasocitinib (n = 970)		Apremilast (n = 412)		Placebo (n = 417)	
	n	%[b], (95% CI)[c]	n	%[b], (95% CI)[c]	n	%[b], (95% CI)[c]
Any TEAE	605	**62.1** (59.0–65.1)	207	**50.5** (45.7–55.4)	196	**46.9** (42.0–51.7)
Leading to discontinuation	31	**3.2** (2.1–4.3)	11	**2.6** (1.1–4.2)	3	**< 1** (0.0–1.6)
SAE	29	**3.0** (1.9–4.1)	6	**1.5** (0.3–2.7)	2	**< 1** (0.1–1.7)
Death	1[d]	**< 1** (0.0–0.6)[d]	0	**0** (0.0–0.9)	0	**0** (0.0–0.9)
Most frequent TEAE (≥ 5%)[e]						
URTI	100	**10.1** (8.2–12.0)	24	**6.0** (3.7–8.3)	13	**3.2** (1.5–4.8)
Acne	62	**6.5** (5.0–8.1)	3	**< 1** (0.0–1.7)	1	**< 1** (0.0–1.3)
Nasopharyngitis	60	**6.2** (4.7–7.7)	23	**5.4** (3.2–7.5)	20	**4.7** (2.7–6.6)
Diarrhea	30	**3.1** (2.0–4.2)	33	**8.2** (5.5–10.9)	8	**1.8** (0.6–3.1)
Headache	27	**2.8** (1.8–3.9)	26	**6.3** (4.0–8.7)	8	**1.9** (0.6–3.2)
Nausea	20	**2.1** (1.2–3.0)	23	**5.5** (3.3–7.8)	5	**1.2** (0.1–2.2)

- **No new safety signals** observed through **week 24**
- Most TEAEs were **mild** or **moderate**
- **Laboratory parameters** (e.g. lymphocytes, liver enzymes, lipids) demonstrated **no clinically meaningful trends** over time in both studies

TEAEs were coded using MedDRA v28.1.

[a]Events starting while on initial treatment are included. [b]Sample size adjusted incidence rate x 100. [c]95% Wald CI unless 0 events occur in either trial, in which case a 95% exact binomial CI is used. [d]Death occurred 1 day after first dose date (unrelated to treatment). [e]Most frequently reported adverse events occurring in ≥ 5% of patients in any treatment group. CI, confidence interval; MedDRA, Medical Dictionary for Regulatory Activities; TEAE, treatment-emergent adverse event; SAE, serious adverse event; URTI, upper respiratory tract infection.

LATITUDE-PsO-3001 and 3002 were randomized, multicenter, double-blind, placebo- and apremilast-controlled phase 3 trials



Eligibility

- Adults (≥ 18 years)
- Plaque psoriasis diagnosis for ≥ 6 months prior to screening
- PASI ≥ 12, sPGA ≥ 3, ≥ 10% BSA
- Candidate for phototherapy or systemic therapy

Endpoints

Co-primary endpoints at Week 16 (versus placebo):

- **sPGA 0/1**[a]
- **PASI 75**

Key secondary endpoints (versus placebo or apremilast) included:

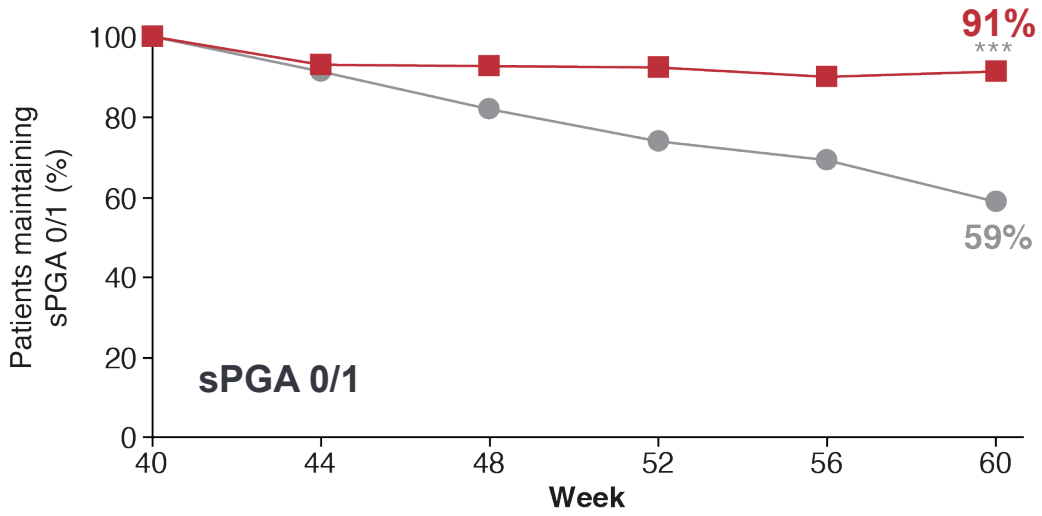
- PASI 75 at Week 4
- sPGA 0, PASI 75/90/100 or DLQI 0/1[b] at Week 16/24
- sPGA 0/1 or PASI 75 maintenance at Week 60

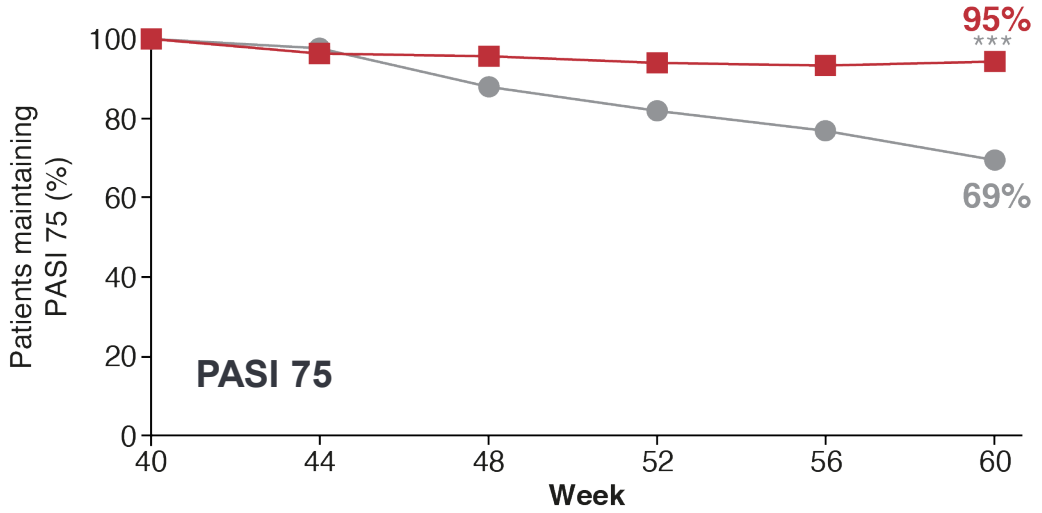
Safety endpoints included:

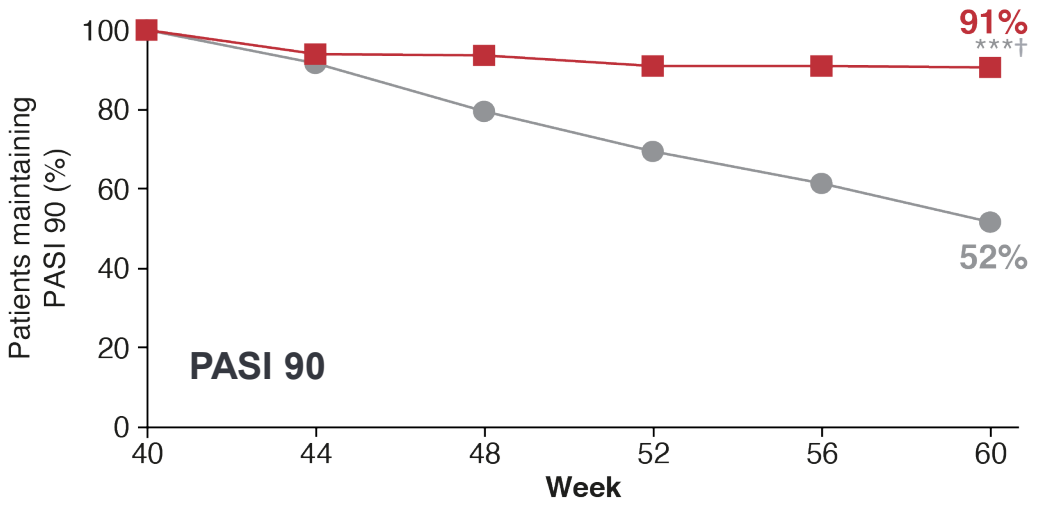
- TEAEs; laboratory parameters

[a]With a ≥ 2-point decrease from baseline. [b]With a baseline DLQI score ≥2.
BSA, body surface area; DLQI, Dermatology Life Quality Index; F/U, follow-up; PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment; TEAE, treatment-emergent adverse events.

More than 90% of patients continuing zasocitinib at Week 40 maintained sPGA 0/1, PASI 75 and PASI 90 through Week 60







LATITUDE-PsO-3002 randomized withdrawal

Most (59%, 69% and 52%) patients re-randomized from zasocitinib to placebo at Week 40 maintained sPGA 0/1, PASI 75, and PASI 90, respectively, for an additional ~5 months

Zasocitinib–zasocitinib Zasocitinib–placebo

Evaluable patients based on the full analysis set for randomized withdrawal with nonresponder imputation. Number of patients for sPGA 0/1: zasocitinib–zasocitinib (n = 255), zasocitinib–placebo (n = 126). Number of patients for PASI 75: zasocitinib–zasocitinib (n = 273), zasocitinib–placebo (n = 134). Number of patients for PASI 90: zasocitinib–zasocitinib (n = 238), zasocitinib–placebo (n = 122) . *P* values for comparison versus zasocitinib–placebo (in gray) based on a stratified Cochran–Mantel–Haenszel test: ***$p < 0.001$; ***† nominal $p < 0.001$. PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment.

Zasocitinib: Enabling expansion with focused LCM programs

Latitude	PHASE 2 START	PHASE 2b READOUT	PHASE 3 START	PHASE 3 READOUT	FILING
Psoriasis		March 2023 ✓	Nov 2023 ✓	Dec 2025 ✓	Target FY2026
Psoriasis H2H vs deucravacitinib			July 2025 ✓	Target FY2026	
Psoriasis Pediatric			Dec 2025 ✓		
Psoriatic Arthritis		Sept 2023 ✓	March 2024 ✓		Target FY2027
Crohn's Disease	March 2024 (Ph2b) ✓	Target FY2026			
Ulcerative Colitis	June 2024 (Ph2b) ✓	Target FY2026			
Vitiligo	Dec 2025 (Ph2b) ✓				
Hidradenitis Suppurativa	Feb 2026 (Ph2a) ✓				

✓ Milestone achieved

All timelines are approximate estimates as of March 28, 2026 are subject to change and are subject to clinical and regulatory success. Table is not comprehensive. For full glossary of abbreviations please refer to appendix.

Zasocitinib: Rapid and durable skin clearance in a convenient once-daily pill

Zasocitinib demonstrated rapid and durable skin clearance

- 49% of patients achieved clear skin, sPGA 0, by week 24
- **Rapid response**, demonstrated by early separation for PASI 75 and sPGA 0/1 at week 4
- **Durable response**, >90% of patients continuing zasocitinib at week 40 maintained sPGA 0/1 and PASI 90 through week 60
- **Improved quality of life** was observed by week 4, with responses continuing to increase over time, reaching up to 60% of patients reporting no impact of psoriasis on daily life (DLQI 0/1) at week 24

Week 24	3001 Study	3002 Study
sPGA 0/1	74%	71%
PASI 90	69%	63%
sPGA 0	49%	41%
PASI 100	42%	32%

Zasocitinib was generally well-tolerated

- The safety profile of zasocitinib was consistent with that previously reported[1]
- No observed trends in labs over time such as cholesterol or lipids increases[2]

1. Armstrong AW, Gooderham M, Lynde C, et al. Tyrosine Kinase 2 Inhibition With Zasocitinib (TAK-279) in Psoriasis: A Randomized Clinical Trial. *JAMA Dermatol*. 2024;160(10):1066-1074. doi:10.1001/jamadermatol.2024.2701
2. Increases in lipids such as cholesterol and triglycerides are known to be associated with JAK inhibition

Zasocitinib

Market Opportunity & Commercialization

Transformational efficacy with next-generation orals can give patients an opportunity to achieve clear skin without proceeding to biologics

Today many moderate-to-severe psoriasis patients are sub-optimally treated with only ~50% on advanced therapies

Patients often delay initiating biologic therapy due to concerns about injections, safety, and lifestyle impact, resulting in prolonged use of ineffective conventional treatments[1]

Next-generation orals can provide efficacious options positioned to drive significant growth of the oral segment

~3x the number of patients treated with an oral therapy over the next decade (~100K to ~300K)[2]

US Psoriasis Market Growth
Moderate-to-Severe (M2S) Treated Patients

1. Conventional therapies include Oral + Topical Steroid, DMARD, & Retinoid 2. US Claim Data (IQVIA SOB Report) and Takeda Forecasting Insights

Zasocitinib: Meeting patient needs with a treatment that fits effortlessly into daily life

It's very exciting for our community to have a potential new oral systemic option to treat their psoriasis. ***People living with psoriasis deserve treatment options that help them manage this disease so that they can maintain a high quality of life.*** *It's great for them and their health care provider to have another option to turn to.*

Leah M. Howard, J.D.
President and CEO of the National Psoriasis Foundation

This transition towards oral therapies could lead to ***more convenient treatment*** *regimens for patients,* ***enhancing adherence*** *and* ***improving their quality of life.***[1]

Orhan Yilmaz
College of Medicine, University of Saskatchewan

Rapid and Durable Skin Clearance in a Convenient Once-Daily Pill, No Fasting Restrictions[2]

Zasocitinib delivered clear to almost clear skin for ~70% of patients by week 16

- Rapid onset
- Durable skin clearance
- No new safety signals

Fits effortlessly into daily life

- Once daily oral dosing
- Can be taken any time; no fasting restrictions

2. Profile based on Ph3 data

Photos: IFPA | All the Colors We Are

1. Yilmaz O, Pinto JP, Torres T. New and emerging oral therapies for psoriasis. *Drugs Context.* 2024;13:2024-5-6.

Takeda's proven immunology leadership positions it to execute a successful zasocitinib launch

Demonstrated success in an adjacent, highly competitive autoimmune market with Entyvio – #1 prescribed IBD treatment (UC and Crohn's combined)[1]

In-depth knowledge and experience of payer dynamics to drive effective market access strategies and pull-through

Early external engagement with KOLs & patient advocacy as well as continuing to build awareness of the strong safety profile consistent with selective TYK2 inhibition

Continued investment to maximize zasocitinib's commercial impact and market potential

1. Source: US IBD Patient Share – IQVIA

Zasocitinib is positioned to transform and expand the oral advanced therapy market in psoriatic disease

Poised to Lead Among Oral Options in the Growing Psoriasis Market

PsO

US Pso Market Evolution Over the Next Decade

1.0M → 1.3M Moderate to Severe Psoriasis treated patients growing at low single digits

10% → 22% Significant expansion of the oral market driven by next-gen oral entrants

~3x more patients treated with an oral therapy

\+

Rapidly Expanding Within Psoriatic Disease

PsA

Ph3 Psoriatic Arthritis (PsA) data expected in FY27

=

Global Peak Revenue Potential For PsO + PsA

PsO
PsA

$3-6B[1]

Enabling Expansion with Focused LCM Programs that Unlock Significant Future Upside

\+

Dermatology →

- **Vitiligo** *Ph2 started FY25*
- **Hidradenitis Suppurativa** *Ph2 started FY25*

Gastroenterology →

- **Crohn's Disease** *Ph2 data expected FY26*
- **Ulcerative Colitis** *Ph2 data expected FY26*

1. Please refer to the Important Notice at the start of this presentation for more information about peak revenue estimates.

Zasocitinib: Poised to be a leading oral treatment option for patients with psoriasis – significantly expanding the oral market

1

Rapid and durable skin clearance, with no new safety signals

2

Convenient once-daily pill without fasting restrictions

3

Next-generation, highly selective oral TYK2 inhibitor

Zasocitinib U.S. and global filings on track to start in FY26

Q&A Session

JULIE KIM
CEO Elect

RHONDA PACHECO
President, U.S. Business Unit;
U.S. Country Head

CHINWE UKOMADU
Head of GI&I Therapeutic
Area Unit

Appendix

Once-daily Oral Zasocitinib Demonstrates Rapid and Reproducible Skin Clearance with a Consistent Safety Profile in Moderate-to-Severe Plaque Psoriasis: Results from Two Randomized Phase 3 Trials (LATITUDE-PsO-3001 and 3002)

Melinda Gooderham, Vivian Laquer, Jianzhong Zhang, Joanna Narbutt, Akimichi Morita, Paula Luna, Wenwen Zhang, Warren Winkelman, Edith Angellotti, Kim Papp, April Armstrong

Presenting author: Dr Melinda Gooderham

SKiN Centre for Dermatology, Queen's University and Probity Medical Research, Peterborough, Ontario, Canada

Presented at the 2026 AAD Annual Meeting, 27–31 March 2026, Denver, Colorado, USA
Presentation #79730

Disclosures

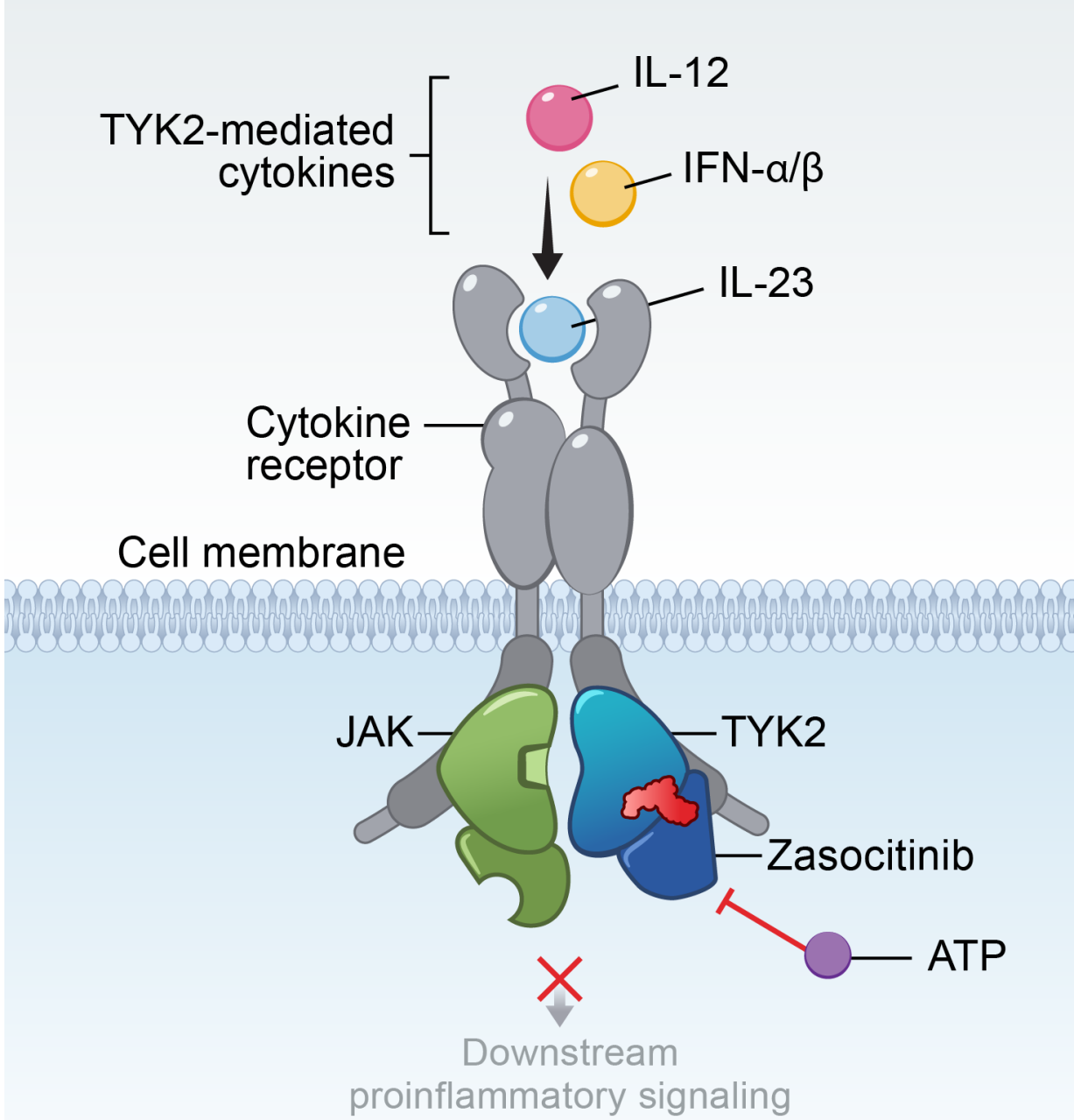
Dr Melinda Gooderham has been an investigator, speaker and/or advisor for: AbbVie, Acelyrin, Akros, Alumis, Amgen, AnaptysBio, Apogee, Arcutis, Aristea, Bausch Health, Bristol Myers Squibb, Boehringer Ingelheim, Dermavant, Dermira, Eli Lilly, Galderma, GSK, Incyte, Inmagene, JAMP Pharma, Janssen, L'Oreal, LEO Pharma, MedImmune, Meiji, Moonlake, Nektar, Nimbus, Novartis, Organon, Oruka, Pfizer, Q32 Bio, Regeneron, Sanofi Genzyme, Sun Pharma, Takeda, Tarsus, UCB, Union, Ventyx and Vyne

Zasocitinib is an investigational, oral, allosteric, highly selective and potent TYK2 inhibitor[1,2]

- More than 1 millionfold greater binding selectivity for TYK2 versus JAK1, JAK2 and JAK3[1,2]
- Maintains 24-hour inhibition of IL-23 plus other core disease-driving immune pathways[2,3]
- Well tolerated and efficacious in a phase 2b trial in patients with moderate-to-severe plaque psoriasis[4]

Objective:

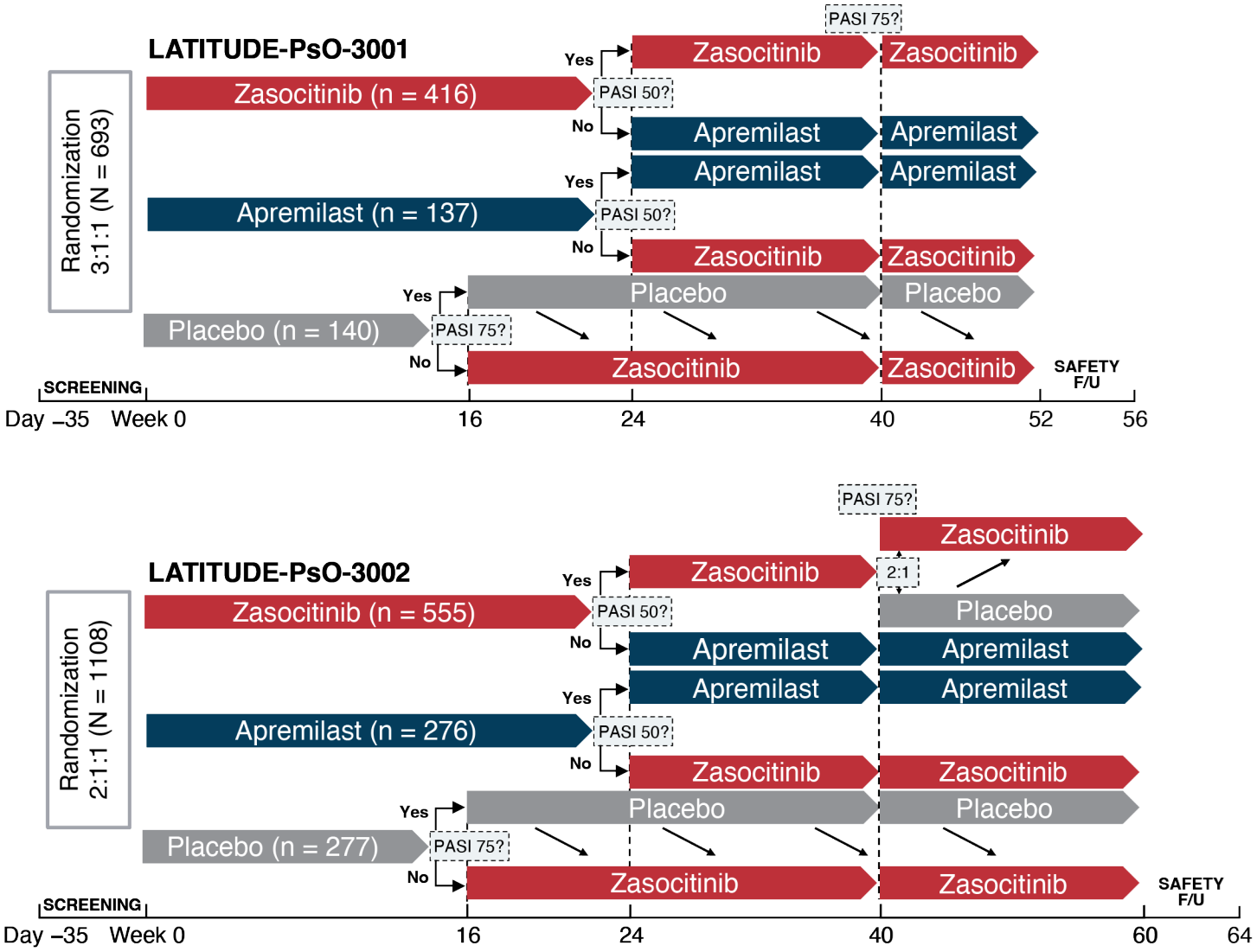
To evaluate the efficacy and safety of zasocitinib in adults with moderate-to-severe plaque psoriasis in two pivotal phase 3 studies: LATITUDE-PsO-3001 (NCT06088043) and LATITUDE-PsO-3002 (NCT06108544)



ATP, adenosine triphosphate; IFN, interferon; IL, interleukin; JAK, Janus kinase; TYK, tyrosine kinase.

1. Leit S *et al*. *J Med Chem* 2023;66:10473–96; 2. Mehrotra S et al. *J Invest Dermatol* 2025;146:214–22; 3. Rusiñol L and Puig L. *Int J Mol Sci* 2023;24:3391. 4. Armstrong A *et al. JAMA Dermatol* 2024;160:1066–74.

LATITUDE-PsO-3001 and 3002 were randomized, multicenter, double-blind, placebo- and apremilast-controlled phase 3 trials



Eligibility

- Adults (≥ 18 years)
- Plaque psoriasis diagnosis for ≥ 6 months prior to screening
- PASI ≥ 12, sPGA ≥ 3, ≥ 10% BSA
- Candidate for phototherapy or systemic therapy

Endpoints

Co-primary endpoints at Week 16 (versus placebo):

- **sPGA 0/1**[a]
- **PASI 75**

Key secondary endpoints (versus placebo or apremilast) included:

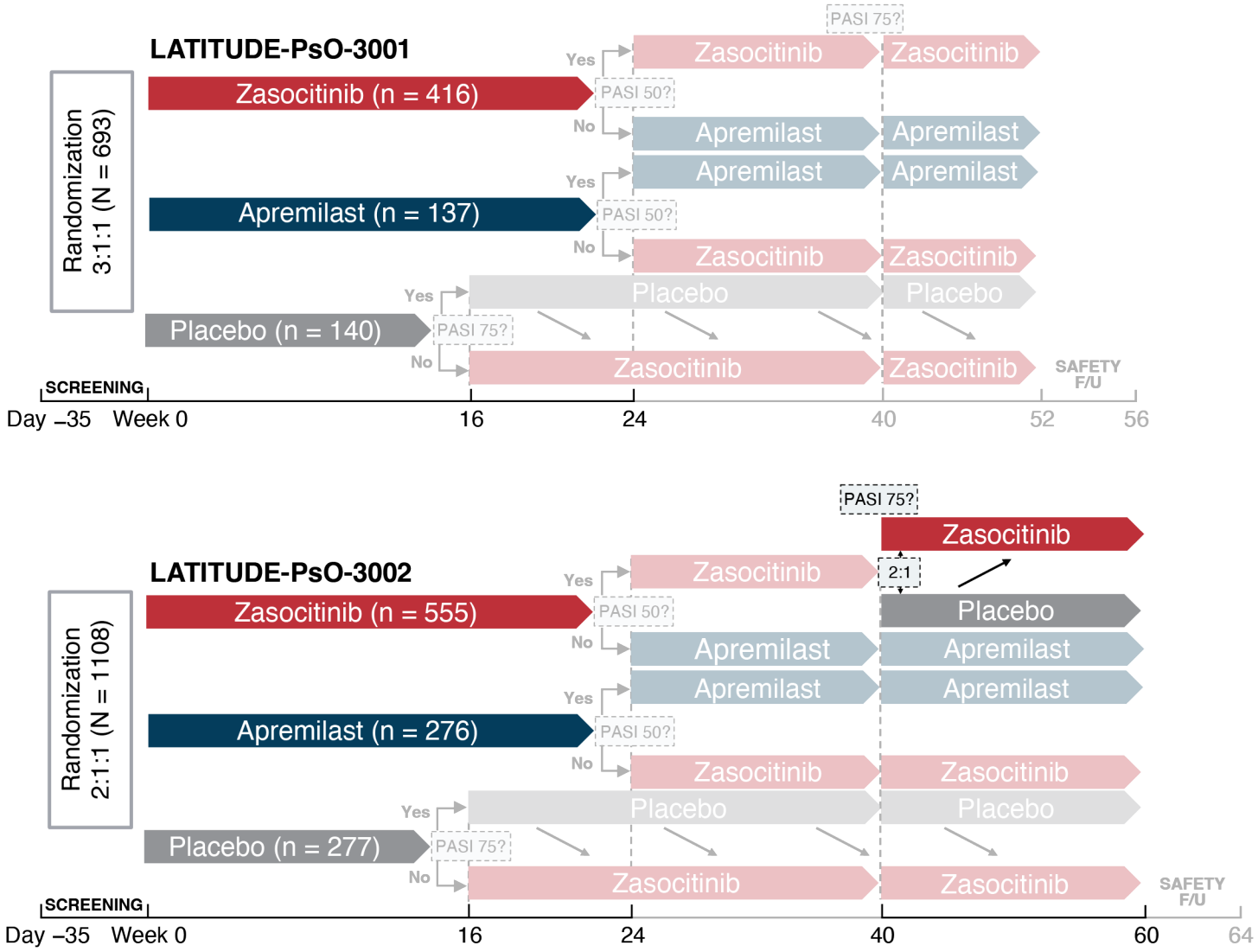
- PASI 75 at Week 4
- sPGA 0, PASI 75/90/100 or DLQI 0/1[b] at Week 16 or 24
- sPGA 0/1 or PASI 75 maintenance at Week 60

Safety endpoints included:

- TEAEs; laboratory parameters

[a]With a ≥ 2-point decrease from baseline. [b]With a baseline DLQI score ≥2.
BSA, body surface area; DLQI, Dermatology Life Quality Index; F/U, follow-up; PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment; TEAE, treatment-emergent adverse events.

LATITUDE-PsO-3001 and 3002 were randomized, multicenter, double-blind, placebo- and apremilast-controlled phase 3 trials



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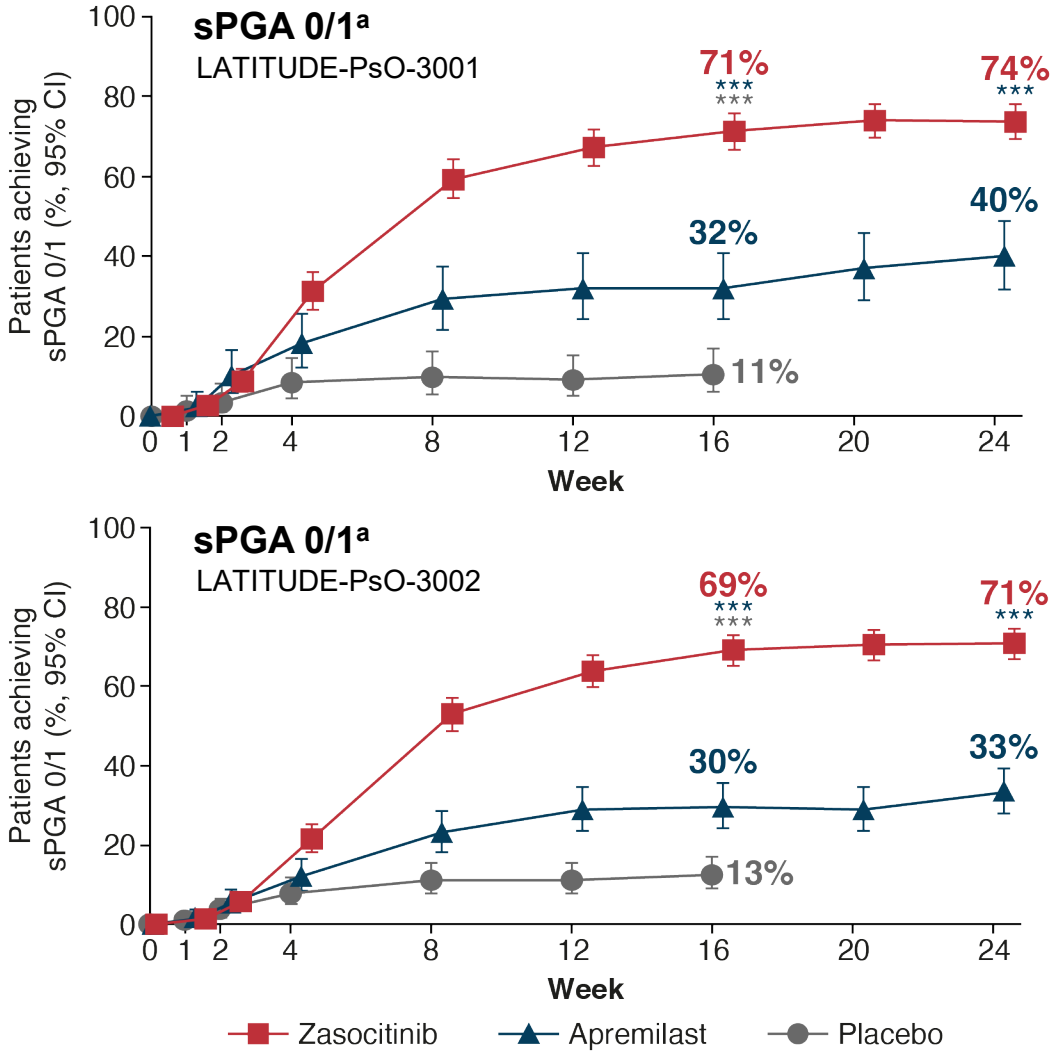
BSA, body surface area; DLQI, Dermatology Life Quality Index; F/U, follow-up; PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment; TEAE, treatment-emergent adverse events.

Baseline demographics and characteristics were generally similar across treatment arms in each study

	LATITUDE-PsO-3001			LATITUDE-PsO-3002		
	Zasocitinib (n = 416)	Apremilast (n = 137)	Placebo (n = 140)	Zasocitinib (n = 555)	Apremilast (n = 276)	Placebo (n = 277)
Age, years	43.8 (13.26)	46.0 (14.10)	45.3 (13.54)	45.8 (13.33)	46.1 (13.37)	46.5 (13.19)
Sex, male, n (%)	295 (70.9)	95 (69.3)	93 (66.4)	367 (66.1)	187 (67.8)	188 (67.9)
Race, White, n (%)	255 (61.3)	88 (64.2)	87 (62.1)	472 (85.0)	233 (84.4)	240 (86.6)
BMI, kg/m^2	29.7 (6.8)	28.5 (6.3)	28.2 (6.5)	30.2 (6.8)	30.1 (6.5)	30.4 (7.2)
Psoriasis duration, median (range) years[a]	13.6 (0.6–62.4)	14.0 (0.6–71.3)	12.5 (0.6–59.3)	15.1 (0.5–69.2)	16.5 (0.6–60.5)	15.1 (0.6–65.9)
PASI score	19.7 (7.5)	20.5 (9.0)	20.3 (7.4)	21.3 (9.3)	21.4 (8.6)	21.1 (8.5)
sPGA score						
3 (moderate), n (%)	329 (79.1)	116 (84.7)	112 (80.0)	473 (85.2)	237 (85.9)	228 (82.3)
4 (severe), n (%)	85 (20.4)	21 (15.3)	28 (20.0)	80 (14.4)	39 (14.1)	48 (17.3)
BSA, %	24.0 (14.0)	25.8 (15.9)	24.2 (14.4)	27.9 (17.8)	27.8 (16.5)	27.0 (16.3)
DLQI score[b]	12.7 (7.2)	11.1 (6.5)	12.2 (7.3)	11.6 (7.2)	11.5 (6.7)	12.2 (7.4)
Bio-experienced, n (%)	141 (33.9)	40 (29.2)	45 (32.1)	155 (27.9)	80 (29.0)	83 (30.0)

Data are mean (SD) unless otherwise stated. [a]Data missing for one patient receiving zasocitinib (LATITUDE-PsO-3002). [b]Data missing for three patients receiving zasocitinib and one receiving apremilast (LATITUDE-PsO-3001), and for three patients receiving zasocitinib, one patient receiving apremilast, and four patients receiving placebo (LATITUDE-PsO-3002).
BMI, body mass index; BSA, body surface area; DLQI, Dermatology Life Quality Index; PASI, Psoriasis Area and Severity Index; SD, standard deviation; sPGA, static Physician's Global Assessment.

Zasocitinib met the co-primary endpoints in both studies (sPGA 0/1 and PASI 75 versus placebo at Week 16)



[a]With a ≥ 2-point decrease from baseline. Number of patients based on the full analysis set with non-responder imputation. LATITUDE-PsO-3001: zasocitinib (n = 416), apremilast (n = 137), placebo (n = 140). LATITUDE-PsO-3002: zasocitinib (n = 555), apremilast (n = 276), placebo (n = 277). *P* values for comparison versus apremilast (in blue) and versus placebo (in gray) based on a stratified Cochran–Mantel–Haenszel test: ***$p < 0.001$.
CI, confidence interval; PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment.

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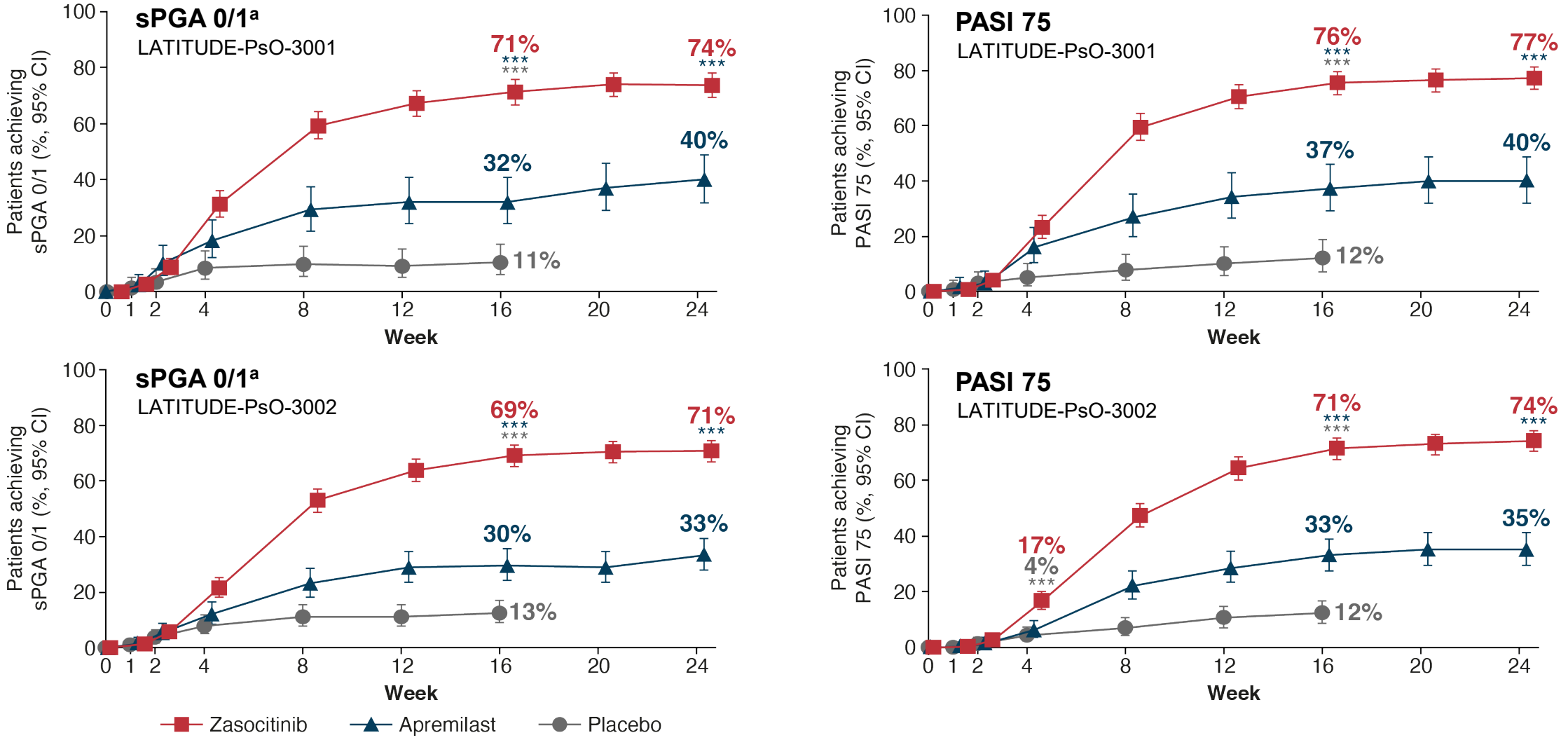

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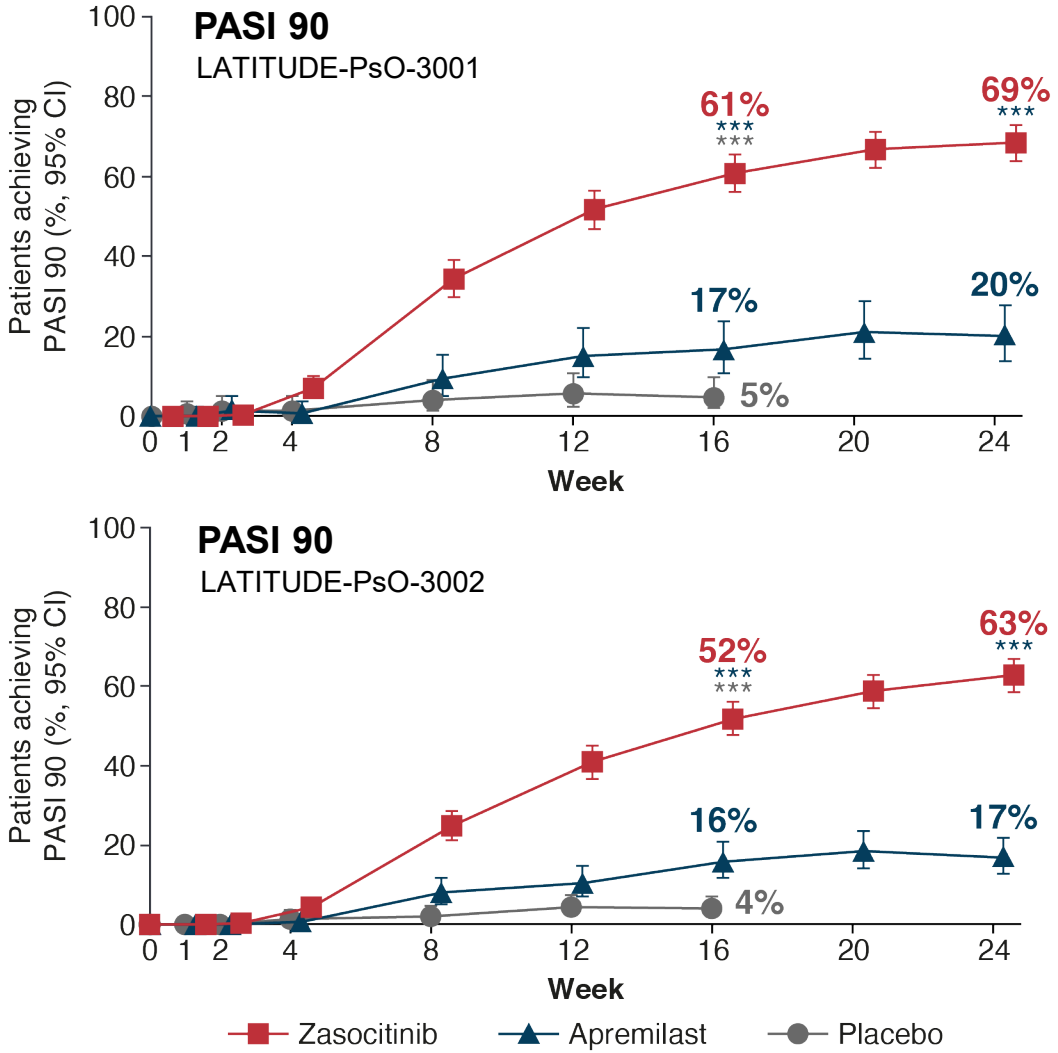
Zasocitinib led to greater proportions of patients achieving PASI 90 than apremilast or placebo as early as Week 4



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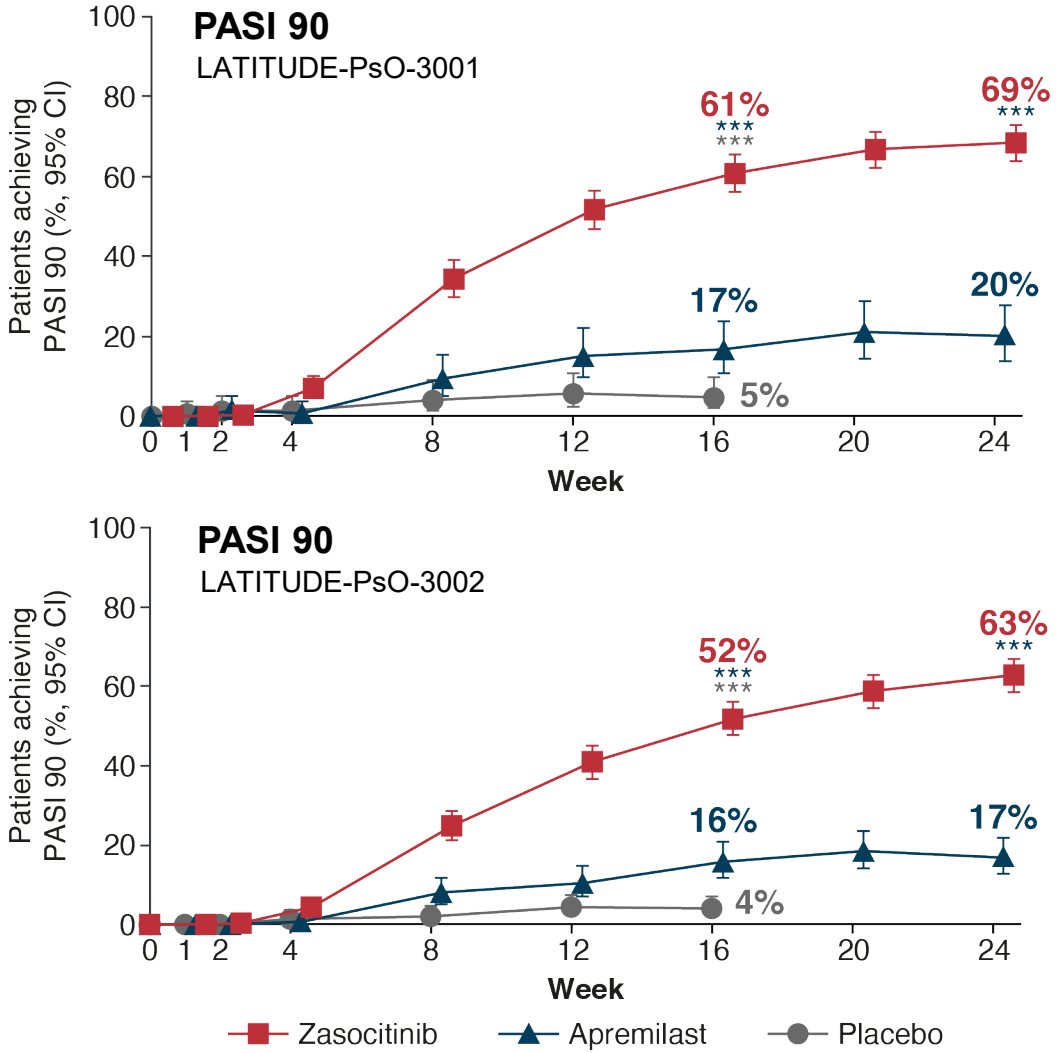
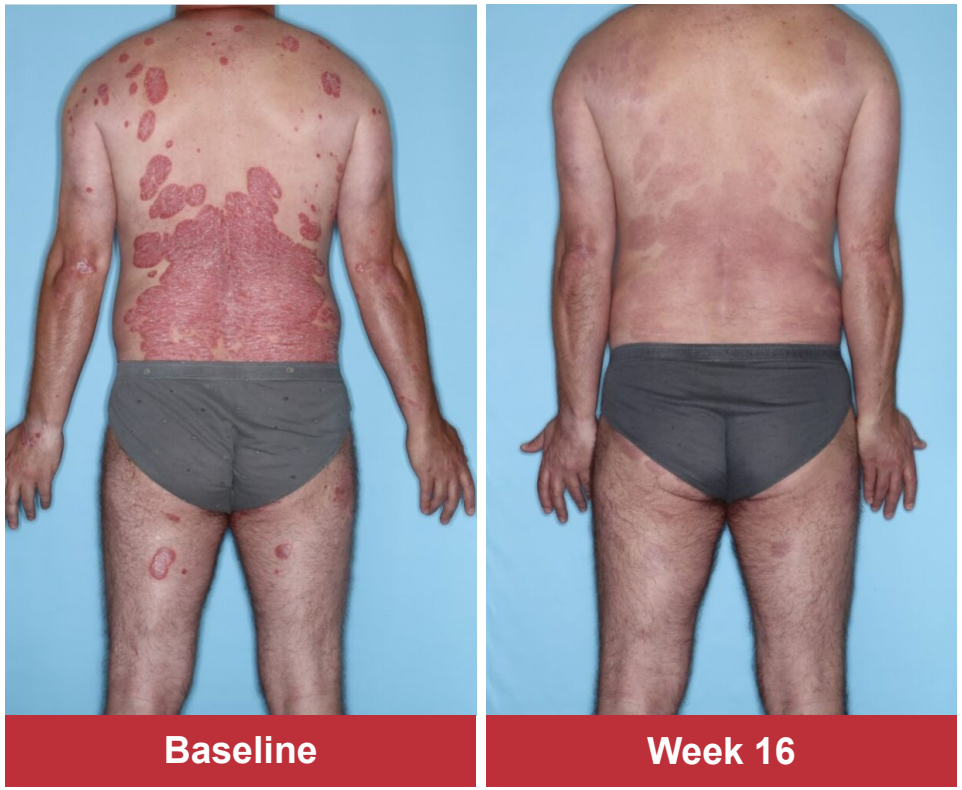
CfB, change from baseline; CI, confidence interval; PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment.

Zasocitinib led to greater proportions of patients achieving PASI 90 than apremilast or placebo as early as Week 4



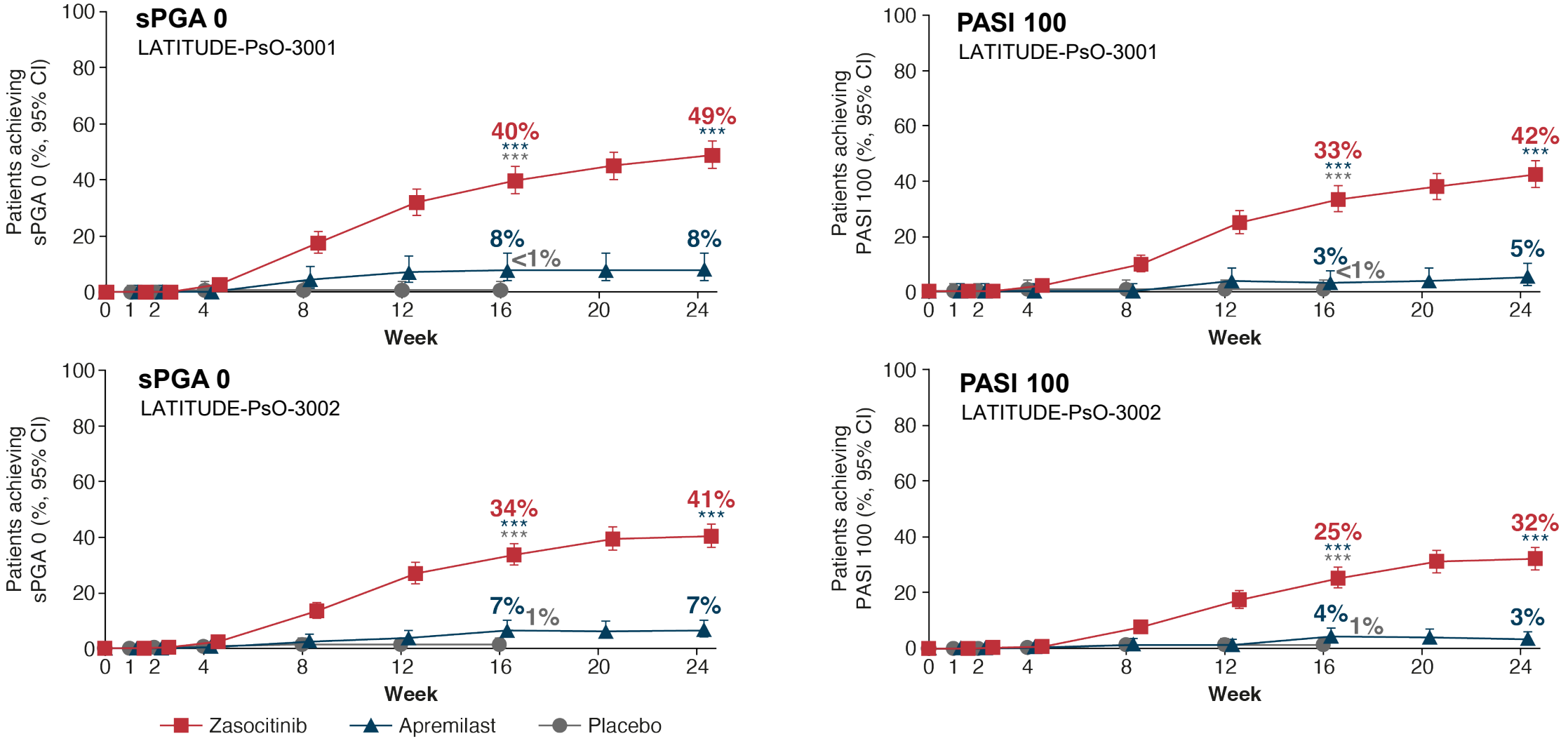


PASI: 15.8
sPGA: 3

PASI: 0.7 (CfB 95.6%)
sPGA: 0

Number of patients based on the full analysis set with non-responder imputation. LATITUDE-PsO-3001: zasocitinib (n = 416), apremilast (n = 137), placebo (n = 140). LATITUDE-PsO-3002: zasocitinib (n = 555), apremilast (n = 276), placebo (n = 277). *P* values for comparison versus apremilast (in blue) and versus placebo (in gray) based on a stratified Cochran–Mantel–Haenszel test: ***$p < 0.001$.
CfB, change from baseline; CI, confidence interval; PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment.

Zasocitinib led to greater proportions of patients achieving clear skin versus apremilast or placebo as early as Week 8



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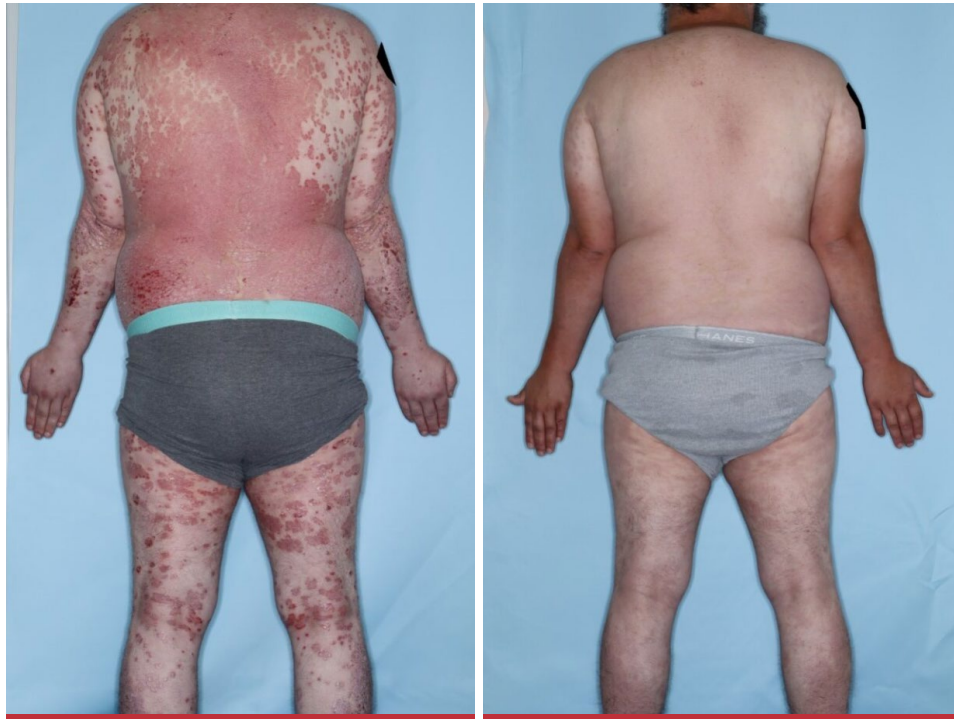
Zasocitinib led to greater proportions of patients achieving clear skin versus apremilast or placebo as early as Week 8



Baseline

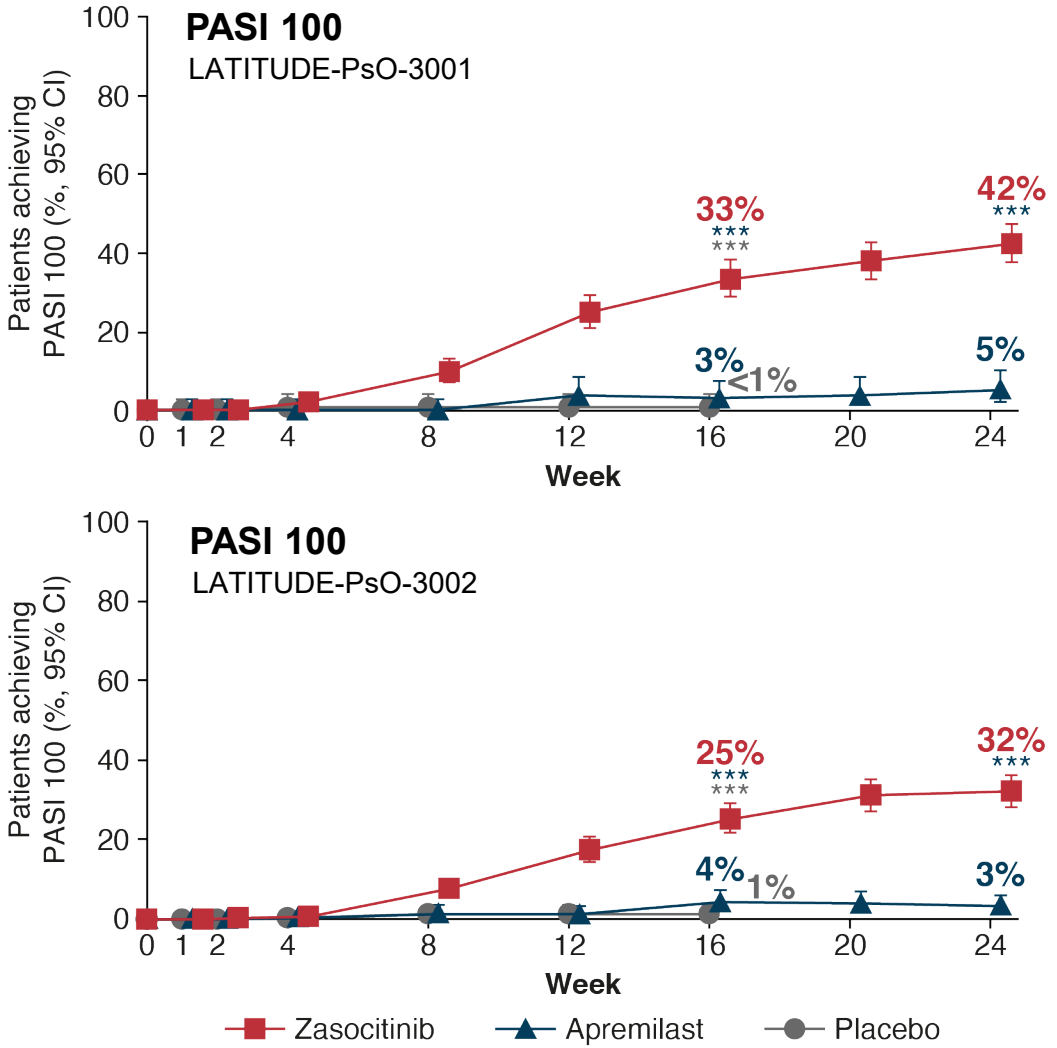
PASI: 31.3

sPGA: 3

Week 16

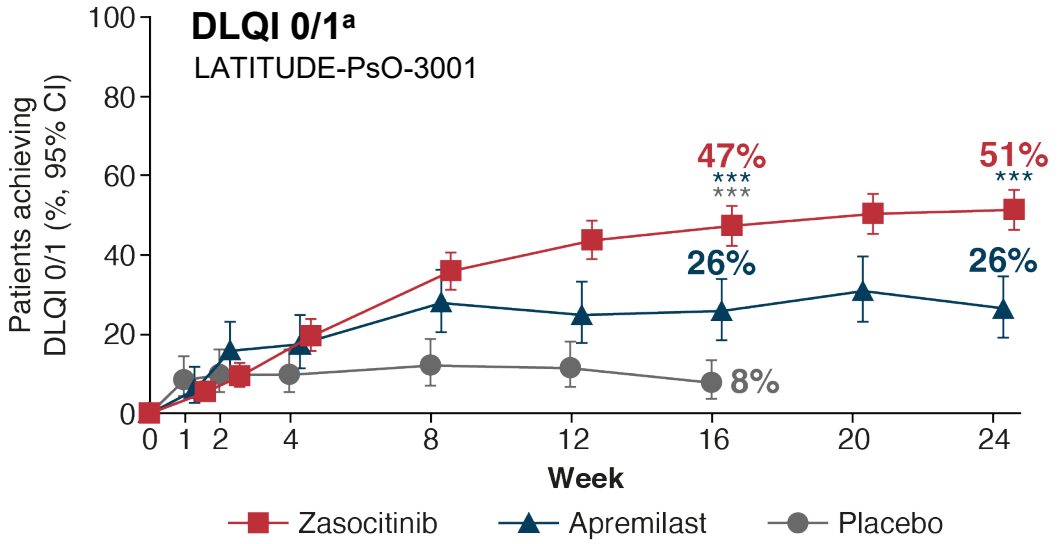
PASI: 0

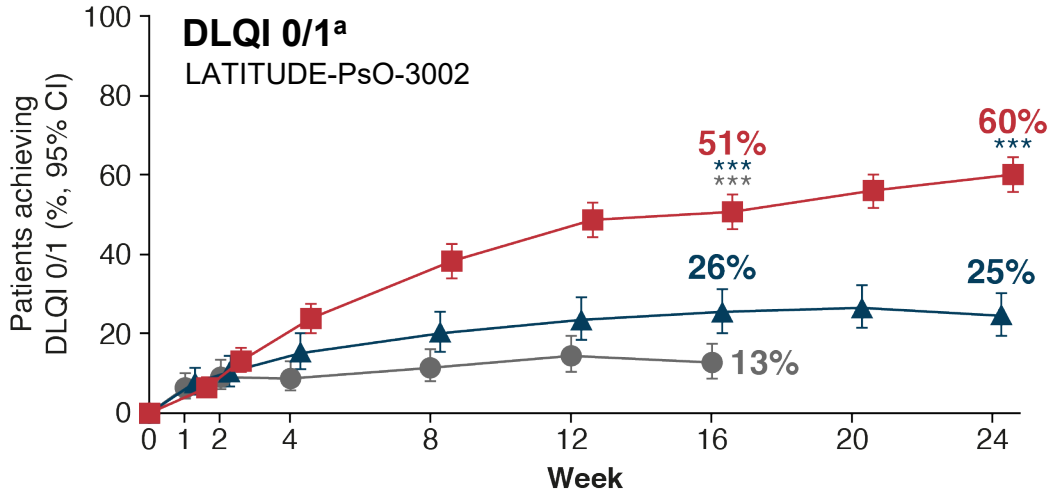
sPGA: 0



Number of patients based on the full analysis set with non-responder imputation. LATITUDE-PsO-3001: zasocitinib (n = 416), apremilast (n = 137), placebo (n = 140). LATITUDE-PsO-3002: zasocitinib (n = 555), apremilast (n = 276), placebo (n = 277). *P* values for comparison versus apremilast (in blue) and versus placebo (in gray) based on a stratified Cochran–Mantel–Haenszel test: ***$p < 0.001$.
CI, confidence interval; PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment.

Zasocitinib demonstrated superior improvement in DLQI versus apremilast or placebo as early as Week 4





[a]Based on evaluable patients defined as a subset of full analysis set with a baseline DLQI score ≥2 (with nonresponder imputation). Number of evaluable patients for LATITUDE-PsO-3001:zasocitinib (n = 406), apremilast (n = 133), placebo (n = 133). Number of evaluable patients for LATITUDE-PsO-3002: zasocitinib (n = 525), apremilast (n = 263), placebo (n = 260). *P* values for comparison versus apremilast (in blue) and versus placebo (in gray) based on a stratified Cochran–Mantel–Haenszel test: ***$p < 0.001$. CI, confidence interval; DLQI, Dermatology Life Quality Index.

Zasocitinib was well tolerated with no new safety signals identified through Week 24

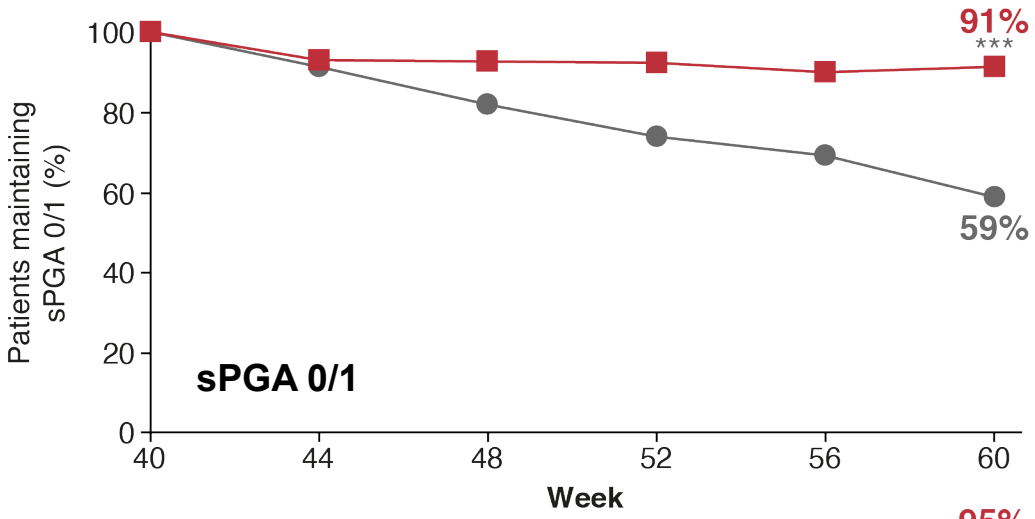
TEAEs from LATITUDE-PsO-3001 and 3002[a]	Day 0 to Week 16						Day 0 to Week 24			
	Zasocitinib (n = 970)		Apremilast (n = 412)		Placebo (n = 417)		Zasocitinib (n = 970)		Apremilast (n = 412)	
	n	%[b] (95% CI)[c]	n	%[b] (95% CI)[c]	n	%[b] (95% CI)[c]	n	%[b] (95% CI)[c]	n	%[b] (95% CI)[c]
Any TEAE	605	**62.1** (59.0–65.1)	207	**50.5** (45.7–55.4)	196	**46.9** (42.0–51.7)	674	**69.3** (66.4–72.2)	232	**56.5** (51.7–61.4)
Leading to discontinuation	31	**3.2** (2.1–4.3)	11	**2.6** (1.1–4.2)	3	**< 1** (0.0–1.6)	36	**3.7** (2.5–4.9)	13	**1.3** (1.4–4.7)
SAE	29	**3.0** (1.9–4.1)	6	**1.5** (0.3–2.7)	2	**< 1** (0.1–1.7)	35	**3.6** (2.4–4.8)	7	**1.7** (0.5–3.0)
Death	1[d]	**< 1** (0.0–0.6)[d]	0	**0** (0.0–0.9)	0	**0** (0.0–0.9)	1[d]	**< 1** (0.0–0.6)[d]	0	**0** (0.0–0.9)
Most frequent TEAE (≥ 5%)[e]										
URTI	100	**10.1** (8.2–12.0)	24	**6.0** (3.7–8.3)	13	**3.2** (1.5–4.8)	123	**12.5** (10.4–14.6)	29	**7.4** (4.8–10.0)
Acne	62	**6.5** (5.0–8.1)	3	**< 1** (0.0–1.7)	1	**< 1** (0.0–1.3)	70	**7.3** (5.6–8.9)	3	**< 1** (0.0–1.7)
Nasopharyngitis	60	**6.2** (4.7–7.7)	23	**5.4** (3.2–7.5)	20	**4.7** (2.7–6.6)	80	**8.3** (6.5–10.0)	34	**7.9** (5.4–10.5)
Diarrhea	30	**3.1** (2.0–4.2)	33	**8.2** (5.5–10.9)	8	**1.8** (0.6–3.1)	36	**3.7** (2.5–4.9)	33	**8.2** (5.5–10.9)
Headache	27	**2.8** (1.8–3.9)	26	**6.3** (4.0–8.7)	8	**1.9** (0.6–3.2)	32	**3.3** (2.2–4.5)	28	**6.8** (4.4–9.3)
Nausea	20	**2.1** (1.2–3.0)	23	**5.5** (3.3–7.8)	5	**1.2** (0.1–2.2)	23	**2.4** (1.4–3.4)	24	**5.8** (3.5–8.1)

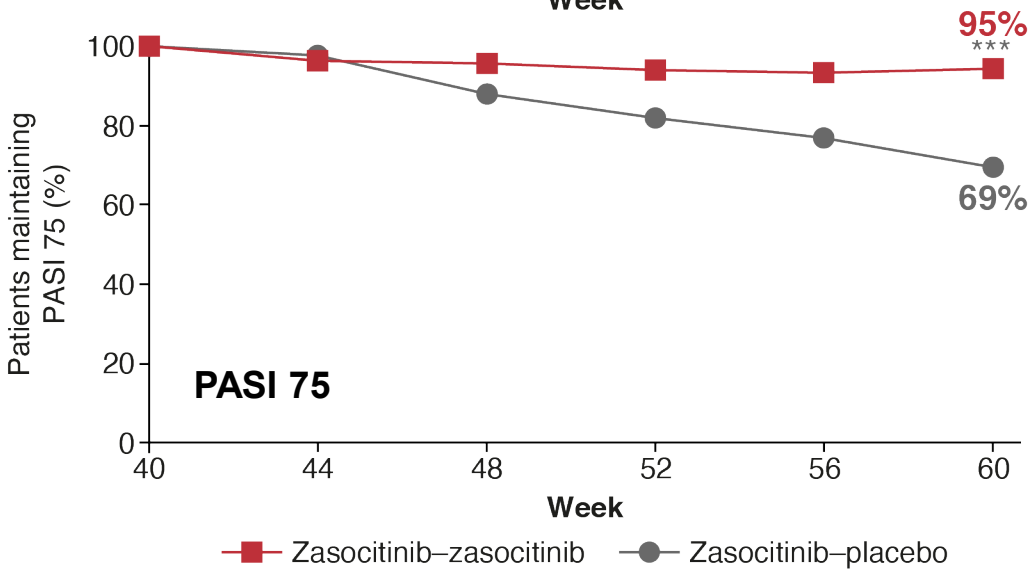
- Most TEAEs were **mild** or **moderate**
- **Laboratory parameters (e.g. lymphocytes, liver enzymes, lipids) demonstrated no clinically meaningful trends over time in both studies**

TEAEs were coded using MedDRA v28.1.

[a]Events starting while on initial treatment are included. [b]Sample size adjusted incidence proportion x 100. [c]95% Wald CI unless 0 events occur in either trial, in which case a 95% exact binomial CI is used. [d]Death occurred 1 day after first dose date (unrelated to treatment). [e]Most frequently reported adverse events occurring in ≥ 5% of patients in any treatment group, based on individual preferred term. CI, confidence interval; MedDRA, Medical Dictionary for Regulatory Activities; SAE, serious adverse event; TEAE, treatment-emergent adverse event; URTI, upper respiratory tract infection.

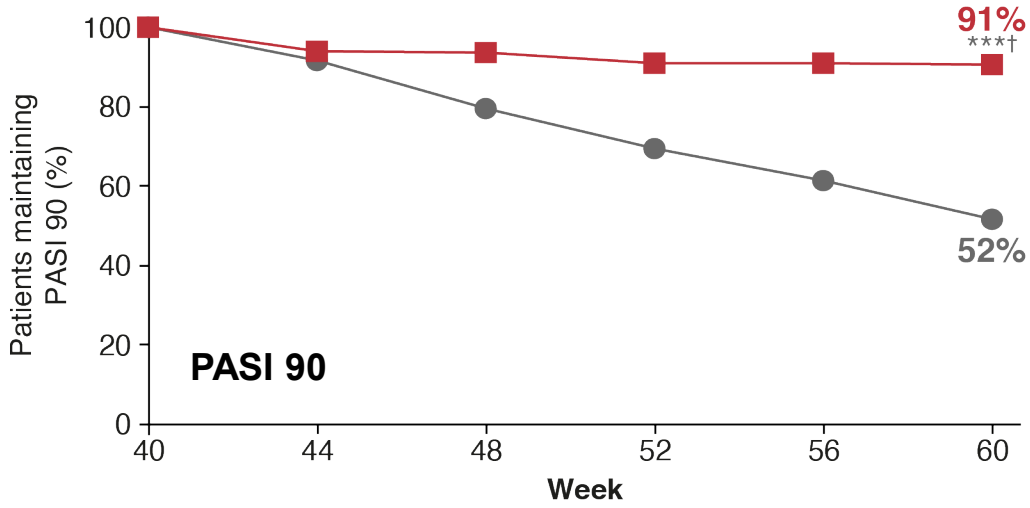
More than 90% of patients continuing zasocitinib at Week 40 maintained sPGA 0/1, PASI 75 and PASI 90 through Week 60





LATITUDE-PsO-3002 randomized withdrawal

Most (59%, 69% and 52%) patients re-randomized from zasocitinib to placebo at Week 40 maintained sPGA 0/1, PASI 75, and PASI 90, respectively, for an additional ~5 months



Evaluable patients based on the full analysis set for randomized withdrawal with nonresponder imputation. Number of patients for sPGA 0/1: zasocitinib–zasocitinib (n = 255), zasocitinib–placebo (n = 126). Number of patients for PASI 75: zasocitinib–zasocitinib (n = 273), zasocitinib–placebo (n = 134). Number of patients for PASI 90: zasocitinib–zasocitinib (n = 238), zasocitinib–placebo (n = 122) . *P* values for comparison versus zasocitinib–placebo (in gray) based on a stratified Cochran–Mantel–Haenszel test: ****p* < 0.001; ***† nominal *p* <0.001. PASI, Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment.

Conclusions

Once-daily oral zasocitinib demonstrated rapid reproducible and durable skin clearance, and a consistent safety and laboratory parameter profile, across two pivotal phase 3 trials

- Clear skin was achieved by ~one-third of zasocitinib-treated patients by Week 16
- More than 90% of patients continuing zasocitinib at Week 40 maintained sPGA 0/1, PASI 75 and PASI 90 through Week 60
- Zasocitinib demonstrated superior improvement in QoL versus placebo or apremilast
- Zasocitinib was generally well tolerated with no new safety signals identified

Zasocitinib efficacy and safety will be further evaluated in patients with moderate-to-severe plaque psoriasis in a 3-year long-term extension study (NCT06550076) and an ongoing head-to-head trial versus deucravacitinib (NCT06973291)

PASI, Psoriasis Area and Severity Index; QoL, quality of life; sPGA, static Physician's Global Assessment.

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Zasocitinib-related presentations at AAD 2026

Oral presentation slides:
LATITUDE-PsO-3001 and 3002 phase 3 topline results

ePoster:
Phase 2b study early onset of response correlated to biomarkers

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