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27 March 2026

National Stock Exchange of India Limited
Scrip Symbol: SUNPHARMA

BSE Limited
Scrip Code: 524715

Intimation under Regulation 30 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 – Press Release

Enclosed herewith is a copy of the press release titled "Sun Pharma Highlights Advances in Alopecia Areata, Psoriasis, and Acne Research at 2026 AAD Annual Meeting," which shall be released after this intimation.

For **Sun Pharmaceutical Industries Limited**

Anoop Anjanikumar Deshpande

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(Anoop Deshpande)
Company Secretary and Compliance Officer
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FOR IMMEDIATE RELEASE

Sun Pharma Highlights Advances in Alopecia Areata, Psoriasis, and Acne Research at 2026 AAD Annual Meeting

Data presentations underscore category leadership and expertise in dermatology and immunology

MUMBAI, India and PRINCETON, N.J., March 27, 2026 – Sun Pharmaceutical Industries Limited (Reuters: SUN.BO, Bloomberg: SUNP IN, NSE: SUNPHARMA, BSE: 524715 (together with its subsidiaries and/or affiliated companies, "Sun Pharma") today announced the company will present 14 abstracts during the 2026 American Academy of Dermatology (AAD) Annual Meeting on March 27-31, 2026 in Denver, Colorado. The breadth of data reinforces the company's expertise across dermatology and immunology, and reflects the ongoing commitment to safe, effective medications that advance care for patients living with psoriasis, alopecia areata and acne.

"The data we are presenting at AAD underscore our commitment to advancing dermatology and immunology through meaningful science – spanning not only clinical efficacy and safety, but also how these therapies perform over time and in real-world practice," said Ahmad Naim, MD, Senior Vice President and North American Chief Medical Officer, Sun Pharma. "Behind every data point is a person, and our responsibility is to continue investment in science that translates into clinically meaningful outcomes for people living with these chronic conditions."

The podium and poster presentations span psoriasis, alopecia areata and acne. Notable presentations include:

- Data evaluating ILUMYA® (tildrakizumab-asmn) included a Phase 3b study in moderate-to-severe psoriasis affecting the nails showing sustained efficacy and safety over 52 weeks, as well as documented real-world evidence demonstrating that ILUMYA delivers holistic disease management achieving sustained disease control on skin and beyond, across diverse patient populations worldwide. These data are significant, as ILUMYA is indicated for moderate-to-severe plaque psoriasis in several countries, including the U.S., Australia and Japan, and Europe, where it is marketed under the brand name ILUMETRI®.
- Pooled data from THRIVE-AA1 and THRIVE-AA2 pivotal trials of LEQSELVI™ (deuruxolitinib) in severe alopecia areata demonstrated significant scalp hair regrowth as early as Week 8 and Week 12, with continuous improvements over time. A landmark survey of both patient and clinician perspectives in alopecia areata further revealed meaningful gaps in perceptions of disease burden and treatment goals, underscoring the need for stronger communication and better alignment to support patient-centered care.
- An open-label, 52-week study evaluating WINLEVI® (clascoterone cream 1%) demonstrated significant and progressive reduction in casual facial sebum production and acne severity, further reinforcing its ability to directly target the androgen-sebum pathway. Additionally, pilot combination therapies showed that WINLEVI may provide benefit in multimodal acne therapies,

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signaling broader applicability in clinical use.

At AAD, Sun Pharma will also offer hands-on, immersive engagement opportunities for clinicians at its booth exhibit (Booth #2915), bringing the science behind the portfolio to life. Attendees will be able to explore interactive experiences that highlight the full dermatology and immunology portfolio.

The 2026 AAD Annual Meeting e-Posters are available here. All abstracts accepted for presentation by the company are outlined below.

Abstract Titles	INVESTIGATOR(S)	Abstract Number
ILUMYA (TILDRAKIZUMAB): PLAQUE PSORIASIS		
Real-World Tildrakizumab Effectiveness in the US by Biologic Experience and Geographic Region in the PPD™ CorEvitas™ Psoriasis Registry	Lockshin B, Beeghly A, et al	Poster Podium # 71091 *Presentation on March March 27 @ 2:40-2:45 PM*
Efficacy and safety of tildrakizumab in patients with moderate-to-severe psoriasis affecting the nails: A multicenter, randomized, double-blind, placebo-controlled, Phase 3b trial	Yamauchi P, Kerdel F, et al	Poster Podium # 74582 *Presentation on March March 28 @ 8:35-8:40 AM*
Real-World Tildrakizumab Persistence in the US by Biologic Experience and Insurance Coverage in the PPD CorEvitas Psoriasis Registry	Lockshin B, Beeghly A, et al	Poster # 73014
Regional Differences in Patient Characteristics Among US Biologic Initiators from the PPD CorEvitas Psoriasis Registry	Prajapati V, Blachley T, et al	Poster # 73017
Sustained effectiveness of tildrakizumab in patients with moderate-to-severe psoriasis overall and in high-impact areas: 2-year results from the POSITIVE study*	Augustin M, et al	Poster # 71092
Beyond skin clearance: Tildrakizumab improves high burdensome symptoms and psychological well-being in moderate-to-severe psoriasis patients – 2-year POSITIVE study results*	Mrowietz U, et al	Poster # 75192
LEQSELVI (DEURUXOLITINIB): ALOPECIA AREATA		
Early improvement in scalp hair regrowth with deuruxolitinib in patients with severe alopecia areata: Pooled analysis of the THRIVE-AA1 and THRIVE-AA2 Phase 3 trials	Mostaghimi A, Senna MM, et al	Poster Podium # 74582 *Presentation on March 27 @ 9:35-9:40 AM*

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Deuruxolitinib improves scalp hair regrowth over time in patients with severe alopecia areata: Pooled analysis of the THRIVE-AA1 and THRIVE-AA2 Phase 3 trials	Mesinkovska NA, Mostaghimi A, et al	Poster # 74643
Efficacy of deuruxolitinib across subgroups of patients with severe alopecia areata by demographic and baseline characteristics: Pooled analysis of the THRIVE-AA1 and THRIVE-AA2 Phase 3 trials	Senna MM, King B, et al	Poster # 74609
Landmark survey of clinician perspectives, preferences, and challenges in the care of alopecia areata	Mesinkovska NA, Mostaghimi A, et al	Poster # 74665
Landmark survey of patient and clinician perspectives on the impact and treatment priorities in alopecia areata	Mesinkovska NA, Mostaghimi A, et al	Poster # 74686
WINLEVI (CLASCOTERONE CREAM 1%): ACNE		
Reduction in facial sebum production following treatment with clascoterone cream 1% for 52 weeks in patients with acne vulgaris	Draelos ZD, et al	Poster #73913
Efficacy and safety of combination treatment with clascoterone cream 1% and clindamycin 1.2%/benzoyl peroxide 5% gel for 16 weeks in patients with acne	Kircik L, et al	Poster # 73022
Efficacy and safety of combination treatment with clascoterone cream 1% and adapalene gel 0.3% for 16 weeks in patients with acne	Kircik L, et al	Poster # 73019

** Indicates data generated by Almirall; Sun Pharma and Almirall operate under a licensing agreement on the development and commercialization of tildrakizumab for psoriasis in Europe*

About ILUMYA®

ILUMYA (tildrakizumab-asmn) is a humanized lgG1/k monoclonal antibody designed to selectively bind to the p19 subunit of interleukin-23 (IL-23) and inhibit its interaction with the IL-23 receptor, leading to inhibition of the release of pro-inflammatory cytokines and chemokines. ILUMYA is indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy, in the United States. ILUMYA has also been approved for moderate-to-severe plaque psoriasis in Australia and Japan, and under the brand name ILUMETRI® in Europe, where it is marketed by Almirall.

INDICATIONS AND USAGE

ILUMYA (tildrakizumab-asmn) is indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

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CONTRAINDICATIONS

ILUMYA is contraindicated in patients with a previous serious hypersensitivity reaction to tildrakizumab or to any of the excipients.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hypersensitivity
Cases of angioedema and urticaria occurred in ILUMYA-treated subjects in clinical trials. If a serious allergic reaction occurs, discontinue ILUMYA immediately and initiate appropriate therapy.

Infections
ILUMYA may increase the risk of infection. Treatment with ILUMYA should not be initiated in patients with a clinically important active infection until the infection resolves or is adequately treated.

Consider the risks and benefits of treatment prior to prescribing ILUMYA in patients with a chronic infection or a history of recurrent infection. Instruct patients receiving ILUMYA to seek medical help if signs or symptoms of clinically important chronic or acute infection occur. If a patient develops a clinically important or serious infection, or is not responding to standard therapy, closely monitor and consider discontinuation of ILUMYA until the infection resolves.

Pretreatment Evaluation for Tuberculosis

Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with ILUMYA. Do not administer ILUMYA to patients with active TB infection. Initiate treatment of latent TB prior to administering ILUMYA. Consider anti-TB therapy prior to initiation of ILUMYA in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Patients receiving ILUMYA should be monitored closely for signs and symptoms of active TB during and after treatment.

Immunizations

Prior to initiating therapy with ILUMYA, consider completion of all age-appropriate immunizations according to current immunization guidelines. Patients treated with ILUMYA should not receive live vaccines.

Adverse Reactions

The most common (≥1%) adverse reactions associated with ILUMYA treatment that were more frequent than in the placebo group are upper respiratory infections, injection-site reactions, and diarrhea.

Please see Full Prescribing Information.

About LEQSELVI™

LEQSELVI (deuruxolitinib) 8 mg tablets is an oral selective inhibitor of Janus kinases JAK1 and JAK2 approved for the treatment of adults with severe alopecia areata. Alopecia areata is an autoimmune disease in which the immune system attacks hair follicles, resulting in partial or complete

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loss of hair on the scalp and body. Alopecia areata may affect up to 2.5% of the United States and global population during their lifetime. The scalp is the most commonly affected area, but any hair-bearing site can be affected alone or together with the scalp. Onset of the disease can occur throughout life and affects both women and men. Alopecia areata can be associated with serious psychological consequences, including anxiety and depression. There are currently limited approved treatment options available for alopecia areata.

LEQSELVI Important Safety Information

Please click here for full Prescribing Information Including BOXED WARNING and Medication Guide.

Indications and Usage
LEQSELVI (deuruxolitinib) is a Janus kinase (JAK) inhibitor indicated for the treatment of adults with severe alopecia areata.

Limitations of Use
LEQSELVI is not recommended for use in combination with other JAK inhibitors, biologic immunomodulators, cyclosporine or other potent immunosuppressants.

Contraindications
LEQSELVI is contraindicated in patients who are CYP2C9 poor metabolizers or who are using moderate or strong CYP2C9 inhibitors.

Warnings

Serious Infections

Increased risk of serious bacterial, fungal, viral and opportunistic infections including tuberculosis (TB) that may lead to hospitalization or death. Interrupt treatment with LEQSELVI if a serious infection occurs until the infection is controlled. Test for latent TB before and during therapy; treat latent TB prior to use. Monitor all patients for active TB during treatment, even patients with initial negative, latent TB test.

Mortality

Higher rate of all-cause mortality, including sudden cardiovascular death with another Janus kinase inhibitor (JAK) vs. TNF blockers in rheumatoid arthritis (RA) patients. LEQSELVI is not approved for use in RA patients.

Malignancy
Malignancies have occurred in patients treated with LEQSELVI. Higher rate of lymphomas and lung cancers with another JAK inhibitor vs. TNF blockers in RA patients.

Major Adverse Cardiovascular Events

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Higher rate of MACE (defined as cardiovascular death, myocardial infarction, and stroke) with another Janus kinase inhibitor (JAK) vs. TNF blockers in rheumatoid arthritis (RA) patients.

Thrombosis

Thrombosis, including PE, DVT & CVT, has occurred in patients treated with LEQSELVI. Increased incidence of pulmonary embolism, venous and arterial thrombosis with another JAK inhibitor vs. TNF blockers.

Increased risk of serious adverse reactions in CYP2C9 poor metabolizers or with concomitant use of moderate or strong CYP2C9 inhibitors

Do not treat patients who are CYP2C9 poor metabolizers or patients taking a moderate or strong CYP2C9 inhibitor with LEQSELVI.

Gastrointestinal Perforations

GI perforations have occurred in patients treated with LEQSELVI. Monitor patients who may be at increased risk for gastrointestinal perforation. Evaluate promptly patients presenting with new onset abdominal symptoms.

Lipid elevations, anemia, neutropenia, and lymphopenia

Monitor for changes in lipids, hemoglobin, neutrophils, and lymphocytes.

Immunizations

Avoid use of live vaccines during or immediately prior to LEQSELVI treatment. Prior to initiating LEQSELVI, it is recommended that patients be brought up to date with all immunizations.

Dosage

The recommended dosage of LEQSELVI for the treatment of severe alopecia areata is 8 mg orally twice daily, with or without food.

Before treatment with LEQSELVI, perform the following evaluations:

- CYP2C9 genotype & use of moderate or strong CYP2C9 inhibitors;
- Active and latent tuberculosis evaluation;
- Viral hepatitis screening;
- Complete blood count (LEQSELVI treatment is not recommended in patients with an absolute lymphocyte count (ALC) <500 cells/mm3 absolute neutrophil count (ANC) <1,000 cells/mm3, or hemoglobin level <8 g/dl).

Adverse Reactions

Most common adverse reactions (≥1%) are headache, acne, nasopharyngitis, blood creatine phosphokinase increased, hyperlipidemia, fatigue, weight increased, lymphopenia, thrombocytosis, anemia, skin and soft tissue infections, neutropenia, and herpes.

Use in Specific Populations

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Based on animal studies, LEQSELVI may cause fetal harm during pregnancy. Pregnant women should be advised of a risk to the fetus. Consider pregnancy planning and prevention for women of reproductive potential. LEQSELVI should not be used by women who are breastfeeding until one day after the last dose.

LEQSELVI should not be used by patients with severe renal impairment or severe hepatic impairment.

To report SUSPECTED ADVERSE REACTIONS, contact Sun Pharmaceutical Industries, Inc. at 1- 800-818-4555 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch*.

About WINLEVI®

INDICATION
WINLEVI (clascoterone) cream 1% is an androgen receptor inhibitor indicated for the topical treatment of acne vulgaris in patients 12 years of age and older.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS:
None.

WARNINGS AND PRECAUTIONS

Local Irritation: Pruritus, burning, skin redness or peeling may be experienced with WINLEVI cream. If these effects occur, discontinue or reduce the frequency of application of WINLEVI cream.

Hypothalamic-pituitary-adrenal (HPA) axis suppression may occur during or after treatment with WINLEVI. In the pharmacokinetics (PK) trial, HPA axis suppression was observed in 1/20 (5%) of adult subjects and 2/22 (9%) of adolescent subjects at Day 14. All subjects returned to normal HPA axis function at follow-up 4 weeks after stopping treatment. Conditions which augment systemic absorption include use over large surface areas, prolonged use, and the use of occlusive dressings. Attempt to withdraw use if HPA axis suppression develops.

Pediatric patients may be more susceptible to systemic toxicity. Hyperkalemia: Elevated potassium levels were observed in some subjects during the clinical trials. Shifts from normal to elevated potassium levels were observed in 5% of WINLEVI-treated subjects and 4% of vehicle-treated subjects.

ADVERSE REACTIONS

Most common adverse reactions occurring in 7 to 12% of patients are erythema/reddening, pruritus and scaling/dryness. Additionally, edema, stinging, and burning occurred in >3% of patients and were reported in a similar percentage of subjects treated with vehicle.

About Sun Pharmaceutical Industries Limited. (CIN - L24230GJ1993PLC019050)

Sun Pharma is the world's leading specialty generics company with a presence in specialty, generics and consumer healthcare products. It is the largest pharmaceutical company in India and is a leading

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generic company in the U.S. as well as global emerging markets. Sun Pharma's high-growth global specialty portfolio spans innovative products in dermatology, ophthalmology, and oncodermatology and accounts for over 18% of company sales. The company's vertically integrated operations deliver high-quality medicines, trusted by physicians and consumers in over 100 countries. Its manufacturing facilities are spread across six continents. Sun Pharma is proud of its multicultural workforce drawn from over 50 nations. For further information, please visit www.sunpharma.com and follow us on LinkedIn & X.

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