Atea Pharmaceuticals to Host Virtual HCV KOL Panel Event on November 13, 2025

October 22, 2025

BOSTON, Oct. 22, 2025 (GLOBE NEWSWIRE) -- Atea Pharmaceuticals, Inc. (Nasdaq: AVIR) (Atea or Company), a clinical-stage biopharmaceutical company engaged in the discovery and development of oral antiviral therapeutics for serious viral diseases, today announced that it will host a virtual key opinion leader (KOL) event on Thursday, November 13, 2025 at 10:00 AM ET to discuss a wide range of hepatitis C virus (HCV)-related topics including the current HCV patient population, the importance of early diagnosis and treatment, public policy initiatives including the test-and-treat model of care, whether HCV eradication in North America is an achievable goal, and what a new optimized HCV therapy could provide for prescribers and patients. To register, click here.

The virtual panel discussion will feature several HCV KOLs including:

- **Jordan Feld, MD, MPH –** University of Toronto, Toronto General Hospital, Canada
- **Eric Lawitz, MD –** Texas Liver Institute, University of Texas Health San Antonio, US
- **Anthony Martinez, MD –** University of Buffalo, Erie County Medical Center, US
- **Nancy Reau, MD –** Rush University Medical Center, Chicago, US

Company management will also discuss the HCV commercial market opportunity and Atea's global Phase 3 clinical development program evaluating the potential best-in-class regimen of bemnifosbuvir, a nucleotide analog polymerase inhibitor, and ruzasvir, an NS5A inhibitor.

A live question and answer session will follow the formal discussion.

About the KOLs

Jordan Feld, MD, MPH
Jordan Feld, MD, MPH is a Professor of Medicine at the University of Toronto, Section Head, Hepatology, Division of Gastroenterology and Hepatology, University Health Network and holds the Francis Family / Dr. Jenny Heathcote Chair in Liver Research and R. Phelan Chair in Translational Liver Research. Dr. Feld trained in GI and Hepatology at the University of Toronto and did post-doctoral training in the Liver Diseases Branch at the National Institutes of Health in laboratory and clinical research in viral hepatitis. After completing a Masters in Public Health at the Johns Hopkins Bloomberg School of Public Health, he returned to Toronto. Dr. Feld is a clinician-scientist at the Toronto Centre for Liver Disease in the Toronto General Hospital where he leads a large clinical and translational research program focused primarily on viral hepatitis and its complications.

Eric Lawitz, MD
Eric Lawitz, MD is the Medical Director and VP of Research and Development at the Texas Liver Institute and Clinical Professor of Medicine at the University of Texas Health San Antonio in San Antonio, Texas, USA. He began his career by achieving a BS from the University of Illinois and an MD from Rush Medical College, both in Chicago, before receiving postgraduate training in Gastroenterology and Hepatology at Brooke Army Medical Center in San Antonio, Texas, where he subsequently became Chief of Clinical Services. Dr. Lawitz has been awarded numerous awards including the William Beaumont Clinical Research Award. He is board certified in Gastroenterology/Hepatology and is internationally recognized for his research and teaching on liver disease, having presented his research findings at both national and international medical congresses. Dr. Lawitz is a Fellow of the American Association for the Study of Liver Diseases (AASLD), American Gastroenterological Association (AGA), and Academy of Physicians in Clinical Research and is a certified Principal Investigator. He serves as a reviewer for numerous journals. He has authored over 500 peer-reviewed publications resulting in more than 44,000 citations. He has published in numerous journals including New England Journal of Medicine, The Lancet, Gastroenterology, Hepatology, and Journal of Hepatology.

Anthony Martinez, MD
Anthony Martinez, MD is an associate professor of medicine at the University at Buffalo and medical director of hepatology at Erie County Medical Center. His clinic, "La Bodega," has been recognized nationally and internationally as a novel co-localized model for managing liver disease and addiction disorders. Since 2013, the clinic has treated thousands of individuals for hepatitis C and substance use disorder. It has been recognized twice with the New York State World AIDS Day Commissioner's Special Recognition Award. Dr. Martinez, who has been treating HCV since 2006, has lectured worldwide on Hepatitis C management among people with substance use disorders. His team's work has been presented at the annual liver meeting of the American Association for the Study of Liver Diseases (AASLD), the annual conference of the International Network on Viral Hepatitis in Substance Users, and the International Liver Congress. Dr. Martinez has been a primary and co-investigator on numerous clinical trials related to hepatitis C and fatty liver disease. He is board-certified by the American Board of Internal Medicine (ABIM) and the American Academy of HIV Medicine. He is a Fellow of the American Association for the Study of Liver Diseases, ambassador and co-chair of the Chronic Liver Disease Foundation HCV Committee, and an inductee in the Gold Humanism Honor Society. In 2024, Dr. Martinez was honored with a Hepatitis Elimination Champion recognition by the Coalition for Global Hepatitis Elimination.

Nancy Reau, MD
Nancy Reau, MD, is Professor of Internal Medicine, Richard B. Capps Chair of Hepatology, Associate Director of Solid Organ Transplantation, and Section Chief of Hepatology at Rush University Medical Center in Chicago, IL. She received her medical degree from The Ohio State University College of Medicine in Columbus, where she completed a residency and fellowship in gastroenterology/hepatology followed by a second fellowship in

advanced transplant hepatology at Johns Hopkins Hospital in Baltimore, MD. Her primary research interests focus on viral hepatitis – from both a drug development and a clinical perspective - liver transplantation, and complications of chronic liver disease. Prof. Reau has been an invited lecturer at numerous presentations focused on viral hepatitis, fatty liver disease, cirrhosis, and liver transplantation. Prof. Reau is a fellow of the American Gastroenterological Association and American Association for the Study of Liver Diseases (AASLD). She was editor in chief of CLD (Clinical Liver Disease) and was an author of the AASLD/IDSA hepatitis C guidance document. She previously served as committee chair of the AASLD public policy committee and was a member of the AASLD practice guideline committee for four years. Prof. Reau has authored or coauthored more than 100 peer-reviewed articles that have been published in journals such as Hepatology, Hepatitis Research and Treatment, and Clinics in Liver Disease. She is currently on the governing board as an AASLD counselor and will become AASLD president in 2029.

About the Phase 3 C-BEYOND and C-FORWARD Trials in Adults with Chronic HCV

Atea's HCV Phase 3 development program includes two open-label Phase 3 trials, C-BEYOND being conducted in the US and Canada, and C-FORWARD being conducted outside of North America. Each Phase 3 trial is enrolling approximately 880 treatment-naïve patients, including those with or without compensated cirrhosis. The trials compare the fixed-dose combination (FDC) regimen of bemnifosbuvir and ruzasvir to the FDC regimen of sofosbuvir and velpatasvir. The regimen of bemnifosbuvir and ruzasvir is administered orally once-daily for eight weeks (in patients without cirrhosis) or 12 weeks (in patients with compensated cirrhosis) while the regimen of sofosbuvir and velpatasvir is administered orally once-daily for 12 weeks to all patients, with or without compensated cirrhosis.

The primary endpoint for each trial is HCV RNA < lower limit of quantitation (LLOQ) at 24 weeks from the start of treatment and encompasses sustained virologic response 12 weeks post-treatment (SVR12) in each arm. Measurement at 24 weeks from the start of treatment is to ensure the primary endpoint occurs at the same relative timepoint from the start of treatment in all patients.

About Hepatitis C Virus (HCV)

HCV is a blood-borne, positive-sense, single-stranded (ss) RNA virus that primarily infects liver cells. HCV is a leading cause of chronic liver disease and liver transplants, spreading via blood transfusion, hemodialysis and needle sticks, with approximately 240,000 deaths occurring each year. Despite the availability of direct-acting antivirals, HCV continues to be a significant global healthcare issue. An estimated 50 million people worldwide are chronically infected with HCV and there are approximately one million new infections each year. In the US, between 2.4 and 4.0 million people are estimated to have HCV with annual new infections outpacing treatment rates. HCV infections in the US predominate in patients in the age group between 20-49 years old, and it is estimated that less than 10% of HCV-infected patients in the US have cirrhosis. Chronic HCV infection is the leading cause of liver cancer in the US, Europe and Japan.

About Bemnifosbuvir and Ruzasvir for HCV

Results from the Phase 2 study (n=275) evaluating the regimen of bemnifosbuvir and ruzasvir for 8 weeks showed a 98% SVR12 rate (210/215) with the regimen in the "Per-Protocol Treatment-Adherent Population." The SVR12 rate was 95% (245/259) in the "Per-Protocol Regardless of Adherence Population" (also referred to as the "efficacy evaluable population"), which included patients who were not treatment adherent (17%).

Results from Phase 1 studies have demonstrated that the combination of bemnifosbuvir and ruzasvir has a low risk of drug-drug interactions (DDIs) and can be taken with or without food. Importantly, Phase 1 results showed no interaction between bemnifosbuvir and ruzasvir and a standard human immunodeficiency virus (HIV) treatment, supporting its potential use in HCV patients co-infected with HIV, and the safety of bemnifosbuvir in healthy volunteer participants with hepatic or renal impairment with no need for dose adjustments.

Bemnifosbuvir has been shown in *in vitro* studies to be approximately 10-fold more active than sofosbuvir (SOF) against a panel of laboratory strains and clinical isolates of HCV GT 1–5. *In vitro* studies have also demonstrated bemnifosbuvir remained fully active against SOF resistance-associated substitutions (S282T), with up to 58-fold more potency than SOF. Bemnifosbuvir has been administered to over 2,300 subjects and has been well-tolerated at doses up to 550 mg for durations up to 12 weeks in healthy subjects and patients.

Ruzasvir has demonstrated highly potent and pan-genotypic antiviral activity in preclinical (picomolar range) and clinical studies. Ruzasvir has been administered to over 2,100 subjects at daily doses of up to 180 mg for 12 weeks and has demonstrated a favorable safety profile.

About Atea Pharmaceuticals

Atea is a clinical-stage biopharmaceutical company focused on discovering, developing and commercializing oral antiviral therapies to address the unmet medical needs of patients with serious viral infections. Leveraging Atea's deep understanding of antiviral drug development, nucleos(t)ide chemistry, biology, biochemistry and virology, Atea has built a proprietary nucleos(t)ide prodrug platform to develop novel product candidates to treat single stranded ribonucleic acid, or ssRNA, viruses, which are a prevalent cause of serious viral diseases. Atea plans to continue to build its pipeline of antiviral product candidates by augmenting its nucleos(t)ide platform with other classes of antivirals that may be used in combination with its nucleos(t)ide product candidates. Atea's lead program is the regimen of bemnifosbuvir, a nucleotide analog polymerase inhibitor, and ruzasvir, an NS5A inhibitor, to treat HCV. For more information, please visit www.ateapharma.com.

Forward-Looking Statements

This press release includes "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements in this press release include but are not limited to statements regarding the development of the regimen of bemnifosbuvir and ruzasvir for the treatment of HCV and the potential best in class profile of the regimen. When used herein, words including "expected," "should," "anticipated," "believe," "will," "plans," and similar expressions are intended to identify forward-looking statements. In addition, statements regarding the planned date, time, topics for discussion and participants in the KOL event and any other statements or information that refer to expectations, beliefs, plans, projections, objectives, performance or other characterizations of future events or circumstances, including any underlying assumptions, are forward-looking. All forward-looking statements are based upon Atea's current expectations and various assumptions. Atea believes there is a reasonable basis for its expectations and beliefs, but they are inherently uncertain. Atea may not realize its expectations, and its beliefs may not prove correct. Actual results could differ materially from those described or implied by such forward-looking statements as a result of various important factors, including, without limitation. Atea's dependence on the success of its most advanced product candidate the regimen of bemnifosbuvir and ruzasvir for the treatment of HCV; as well as the other important factors discussed under the caption "Risk Factors" in Atea's Annual Report on Form 10-K for the year ended December 31, 2024 as such factors may be updated from time to time in its other filings with the SEC, which are accessible on the SEC's

website at www.sec.gov. These and other important factors could cause actual results to differ materially from those indicated by the forward-looking statements made in this press release. Any such forward-looking statements represent management's estimates as of the date of this press release. While Atea may elect to update such forward-looking statements at some point in the future, except as required by law, it disclaims any obligation to do so, even if subsequent events cause our views to change. These forward-looking statements should not be relied upon as representing Atea's views as of any date subsequent to the date of this press release.

Contacts

Jonae Barnes
SVP, Investor Relations and Corporate Communications
617-818-2985
barnes.jonae@ateapharma.com

Joyce Allaire
LifeSci Advisors
Jallaire@lifesciadvisors.com