

## **Q3** Clinical and Financial Update

November 11, 2021

### NASDAQ: AVIR

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#### Forward-Looking Statements

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#### Industry Information

Market data and industry information used throughout this presentation are based on management's knowledge of the industry and the good faith estimates of management. We also relied, to the extent available, upon management's review of independent industry surveys and publications and other publicly available information prepared by a number of third-party sources. All of the market data and industry information used in this presentation involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. Although we believe that these sources are reliable, we cannot guarantee the accuracy or completeness of this information, and we have not independently verified this information. While we believe the estimated market position, market opportunity and market size information included in this presentation are generally reliable, such information, which is derived in part from management's estimates and beliefs, is inherently uncertain and imprecise. No representations or warranties are made by the Company or any of its affiliates as to the accuracy of any such statements or projections. Projections, assumptions and estimates of our future performance and the future performance of the industry in which we operate are necessarily subject to a high degree of uncertainty and risk due to a variety of factors, including those described above. These and other factors could cause results to differ materially from those expressed in our estimates and beliefs and in the estimates prepared by independent parties.



## AT-527 AT-527 Addresses Key Challenges of COVID-19: Oral Pill with MOA Designed to Inhibit Viral Replication

- Oral direct-acting antivirals (DAAs) are complementary to vaccines, easy to access with a prescription
- Targets viral RNA polymerase, a highly conserved enzyme critical to viral replication
- Unique differentiated mechanism with **dual targets**:
  - Chain termination (RdRp) without introducing mutations in the virus
  - NiRAN inhibition
    - Potentially creating a high barrier to resistance with broad antiviral coverage to coronaviruses and different variants of SARS-CoV-2
- Non-mutagenic in mammalian cells *in vitro*, no effect on reproductive toxicology and non-teratogenic; no changes to the SARS-CoV-2 genome
- *Minimal drug-drug interaction,* AT-527 is a weak inhibitor of CYP3A & no dose adjustment expected for co-administration of drugs that are CYP3A substrates
- Global collaboration with Roche with multiple clinical trials advancing in parallel, including global Phase 3 MORNINGSKY trial



#### Nsp12 Functional Domains SARS-Cov-2

 N NRAN
 RdRp
 N

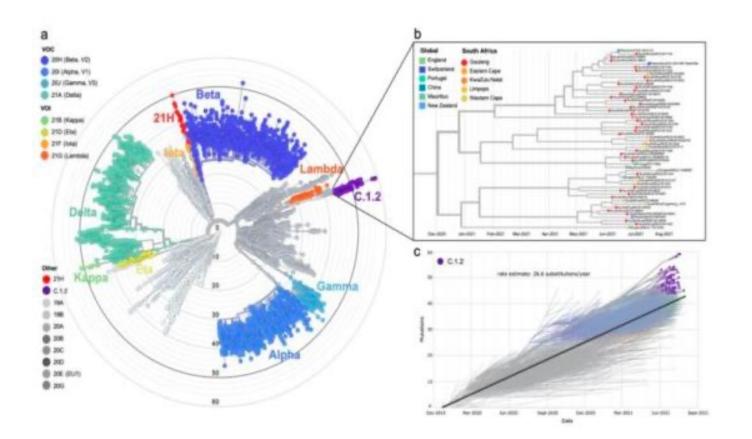
 932
 249
 249
 51
 0

RdRp = RNA-dependent RNA polymerase NIRAN = Nidovirus RdRp-Associated Nucleotidyltransferase





## **COVID-19** COVID-19 Continues to Evolve with New Variants and Viral Kinetics



- Almost 6,000 variants have been sequenced
- New variants associated with increased transmissibility, neutralization resistance and disease severity
- Delta Plus (AY.4.2) is a subvariant of the Delta variant
  - Mutation associated with increased risk of transmission and reinfection
  - Leading to new COVID-19 surge in Europe and other areas worldwide





## In Vitro Activity Against COVID-19 Variants of Concern and/or of Interest



AT-527 AT-511 (free base of AT-527) is Potent *In Vitro* Against Major SARS-CoV-2 New Data Variants of Concern and/or of Interest, Including Delta

For USA-WA-1 (original strain), AT-511  $EC_{90} = 0.53 \pm 0.23 \mu M$  (n=14) (0.15-0.90  $\mu M$ )

Variant	Lineage	Strain	Relative Potency AT-511 EC <sub>90</sub> [variant/USA-WA-1]*
-	А	hCoV-19/USA-WA1/2020 (original strain)	1
Alpha	B.1.1.7	hCoV-19/England/204820464/2020	2.8 (n=3)
Gamma	P.1	hCoV-19/Japan/TY7-503/2021	3.2 (n=3)
Epsilon	B.1.427	hCoV-19/USA/CA/VRLC009/2021	1.0 (n=2)
Delta	B.1.617.2	hCoV-19/USA/PHC658/2021	1.2 (n=1)**

\*\*Preliminary data

\*Differences for all variants were within *in vitro* assay-to-assay variability (5-fold or less)





**Clinical Development Update** 

Additional Analysis from Phase 2 MOONSONG Trial and Phase 3 MORNINGSKY Update



AT-527

## COVID-19: Multiple Clinical Trials Active & Reporting Results in 2021 & 2022



TRIAL	DESCRIPTION	TIMING		
Phase 1 Healthy Volunteers	PK safety study, clinical pharmacology, standard drug-drug interaction trials & dosing up to 1,100 mg BID	Ongoing studies		
<b>Phase 2</b> Hospitalized Patients with Moderate COVID-19	Safety, tolerability, and virology	Ongoing; 2Q 2021 reported positive interim virology results 1H 2022 anticipated results for 1,100 mg BID		
Phase 2 MOONSONG Outpatient Trial Mild or Moderate Patients +/- Risk Factors	Antiviral activity of AT-527 compared with placebo in outpatients Safety, PK, PK/PD	Completing analysis with no additional cohorts planned		
Phase 3 MORNINGSKY Outpatient Global Trial*	Protocol modifications: patient population, primary endpoint and dose	2H 2022 data anticipated		
Phase 3 Follow-on MEADOWSPRING Long-Term Follow-on Study*	Evaluate AT-527's impact on long COVID in patients previously enrolled in MORNINGSKY	Ongoing 2Q 2021 initiated		
<b>Supplemental Phase 3 MARJORAM</b> Prophylaxis Study*	Evaluate efficacy of AT-527 for preventing infection following SARS-CoV-2 exposure	1H 2022 anticipated initiation		

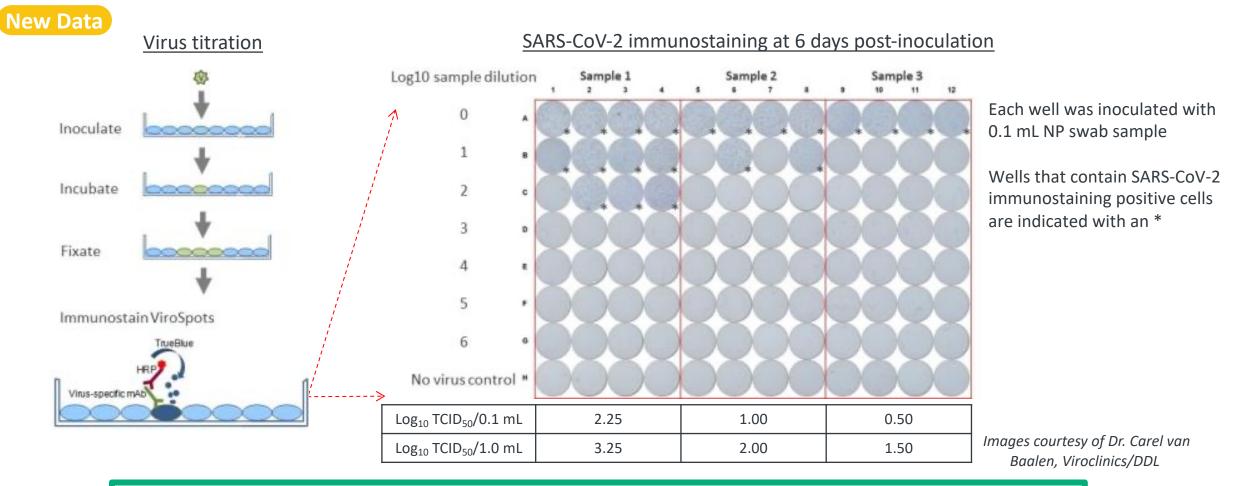
\*Country-by-country specific details to be finalized following consultation with applicable regulatory authorities.

## AT-527 Phase 2 MOONSONG Infectious Virus Assay New Data Highly Sensitive Quantification of Viral Replication

- Two methods to evaluate drug antiviral activity by measuring viral load
  - RT-PCR measures all viral RNA pieces, regardless of whether it is from intact, replicating virus, or from non-viable or fragments of virus
  - Recently optimized infectivity assay for SARS-CoV-2 quantifies viable replicating virus
- Infectious virus is a relevant biological marker since it quantifies ongoing viral infectivity
- Infection and transmission are due to the **presence of live virus**



## AT-527 Infectious Virus Assay: Quantitative Highly Sensitive SARS-CoV-2 Live Virus Assay



- Quantifies infectious virus (vs. RT-qPCR which may detect small RNA fragments)
- Quantitative, highly sensitive (LLOQ =  $1 \log_{10} \text{TCID}_{50}/\text{mL}$ , LOD = 0.75  $\log_{10} \text{TCID}_{50}/\text{mL}$ )
- 71% baseline positivity rate for all patients in MOONSONG Cohort A and B

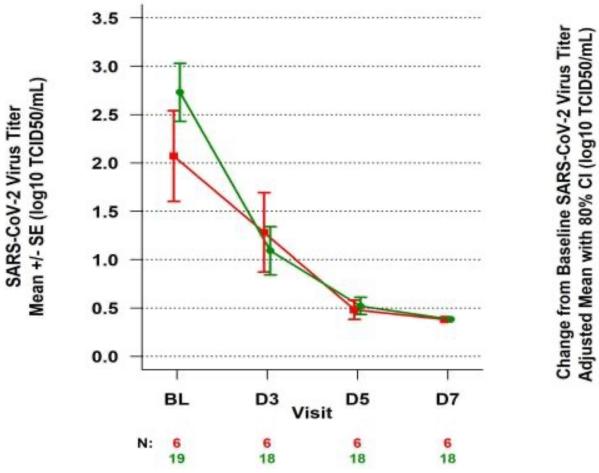


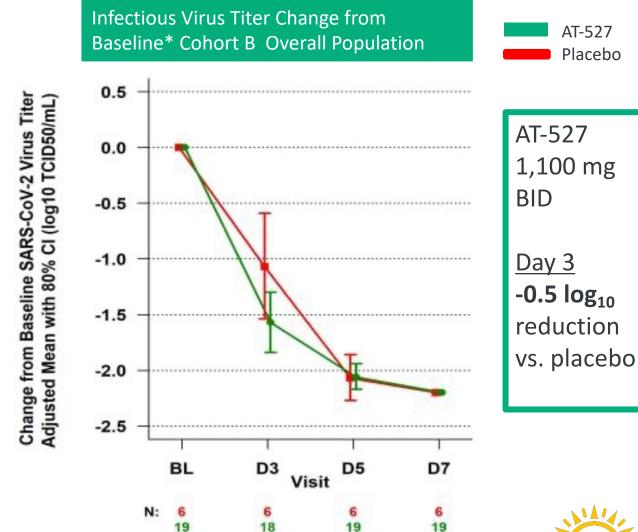
LLOQ = Lower Limit of Quantification, LOD = Limit of Detection,  $TCID_{50} = 50\%$  Tissue Culture Infectious Dose

### AT-527 Phase 2 MOONSONG Exploratory Analyses of Infectious Virus

New Data Rapid and Potent Reduction in Infectious Virus Observed in Cohort B Patients (High & Low Risk, Majority Seropositive)

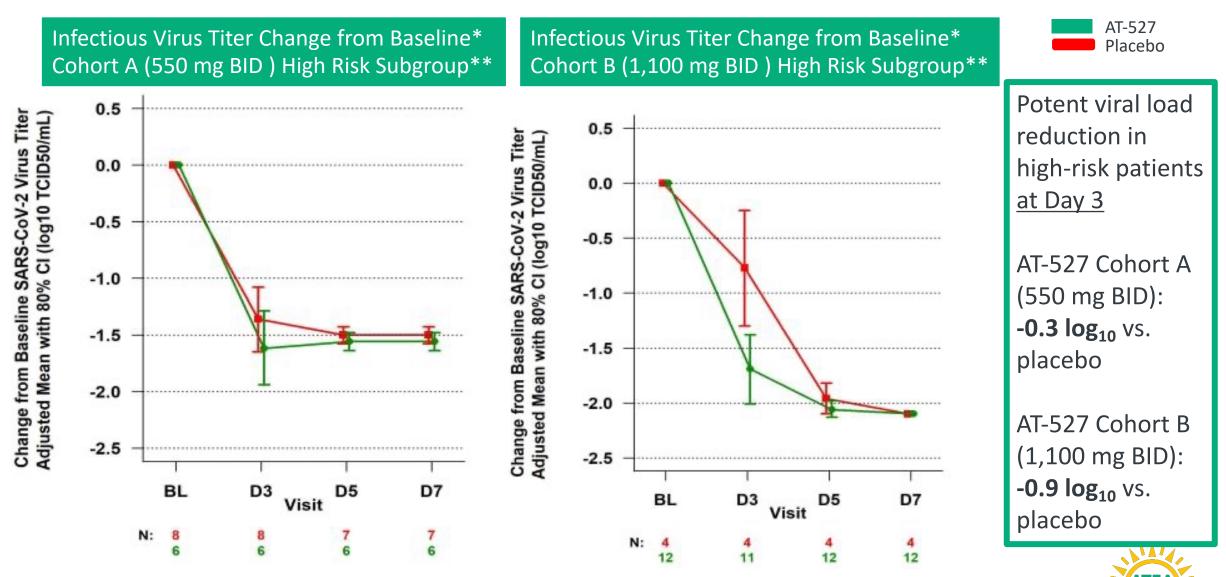
Infectious Virus Titer Over Time Cohort B Overall Population





\*Baseline adjusted (ANCOVA) considering differences in baseline virus titer between active/placebo.

# AT-527Phase 2 MOONSONG Exploratory Analyses of Infectious Virus: High-Risk PatientsNew DataPotent and Rapid Antiviral Activity Suggesting Dose Response between Cohort A and B



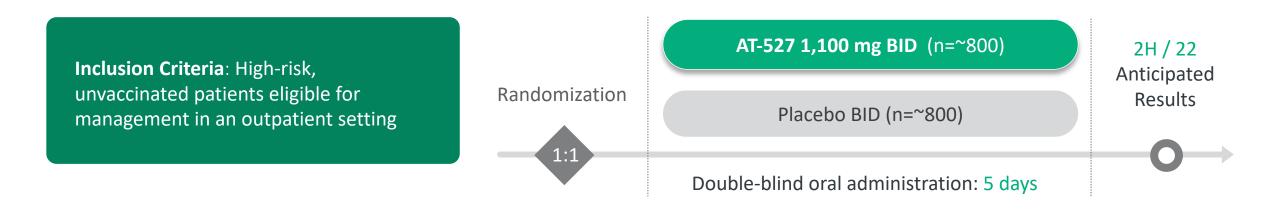
<sup>12</sup> \*Baseline adjusted (ANCOVA) considering differences in baseline virus titer between active/placebo. \*\*Exploratory subgroup analysis.

## AT-527 Phase 2 MOONSONG Infectious Virus Data Summary New Data Additional Data Support Rapid and Potent Antiviral Effect of AT-527

- Additional data from Phase 2 MOONSONG support *rapid and potent antiviral effect* of AT-527 as measured by an infectious virus assay (detects live virus capable of replication)
  - Rapid and potent reduction in viral load of -0.5 log<sub>10</sub> observed in overall patient population (high and low risk, with majority seropositive) in Cohort B (1,100 mg BID) versus placebo at Day 3
  - Rapid and potent reduction in viral load of -0.9 log<sub>10</sub> observed in high-risk patient subgroup\* in Cohort B (1,100 mg BID) versus placebo at Day 3 with dose response suggested between Cohort A and Cohort B
- These results support the findings observed in the Phase 2 high risk hospitalized patient population



AT-527 Amendment to Global Phase 3 MORNINGSKY Trial Protocol: Plan to Accelerate New Info Completion by Leveraging Existing Global Infrastructure Plus Footprint Expansion



#### Amendment to Phase 3 MORNINGSKY Trial Protocol:

- Refine population: unvaccinated patients with risk factors for COVID-19 progression
- Update primary endpoint: hospitalization or death
- Increase dosage: 1,100 mg BID
- Increase sample size (n): ~1,600 with 1:1 randomization
- Interim analysis at 50% enrollment

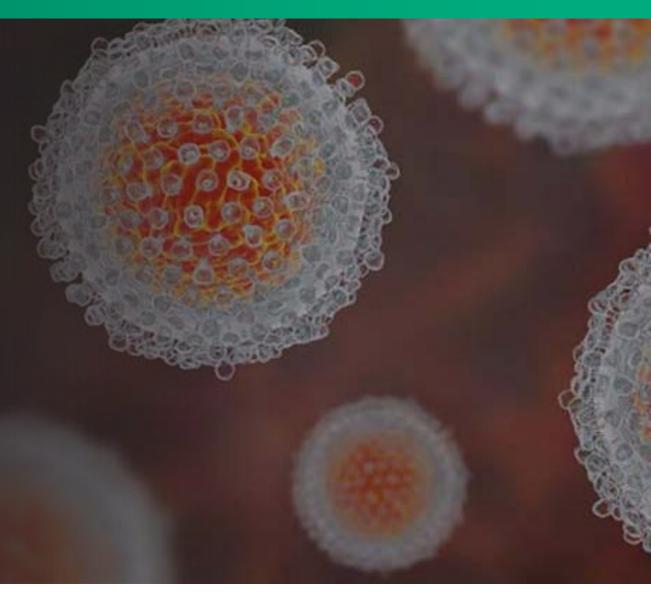
#### **Action Plan:**

- Continue to expand in countries/regions with limited access/uptake of vaccines
  - Rapid expansion to ~300 clinical sites
- Submit amended MORNINGSKY trial protocol to health authorities outside US; feedback to be obtained from US FDA
- Patients have option to roll over to Phase 3 MEADOWSPRING follow-on study to evaluate AT-527 impact on long-COVID



## AT-752

## Clinical Proof-of-Concept Program for Dengue Fever



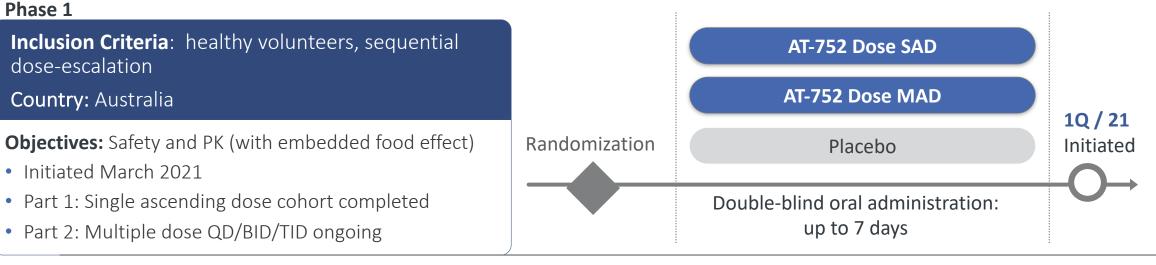


#### AT-752

New Info

Phase 1 and Phase 2 Clinical Studies for the Treatment of Dengue Fever

Phase 1: SAD and Two MAD Cohorts Completed; Third & Last MAD Cohort Initiated

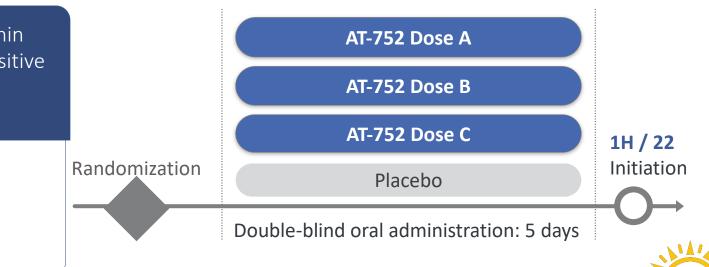


#### Phase 2

Inclusion Criteria: adults with fever (≥38°C) within
48 hour with probable dengue infection and positive
result on NS1 antigen test or RT-PCR assay
Location: Asia, South America

**Objectives:** Antiviral activity, safety, PK

**Primary endpoint**: Change in DENV viral load from baseline



## Financial Summary and Closing Remarks



## **Financial Update**

## Consolidated Statement of Operations and Comprehensive Income (in thousands, except share and per share data) (Unaudited)

	Three Months Ended September 30,			Nine Months Ended September 30,				
	2021		2020		2021		2020	
Collaboration revenue	\$	32,811	\$		\$	159,187	\$	_
Operating expenses								
Research and development		43,019		13,601		109,394		24,177
General and administrative		11,939		4,028		32,597		7,500
Total operating expenses		54,958		17,629		141,991		31,677
Income (loss) from operations		(22,147)	_	(17,629)		17,196		(31,677)
Interest income and other, net		53		7		162		74
Income (loss) before income taxes	\$	(22,094)	_	(17,622)		17,358	_	(31,603)
Income tax expense		(6,100)		_		(13,300)		
Net Income (loss) and comprehensive income (loss) Net income (loss) per share attributable to common stockholders	\$	(28,194)	\$	(17,622)	\$	4,058	\$	(31,603)
Basic	\$	(0.34)	\$	(1.74)	\$	0.05	\$	(3.13)
Diluted	\$	(0.34)	\$	(1.74)	\$	0.05	\$	(3.13)
Weighted-average shares outstanding								
Basic	82	,815,636	10,109,847		82,727,268		10,099,134	
Diluted	82	,815,636	10	0,109,847	8	8,462,074	10	0,099,134



### **Financial Update**

### Selected Condensed Consolidated Balance Sheet Data (Unaudited)

	Septem	nber 30, 2021	December 31, 2020		
Cash and cash equivalents	\$	839,660	\$	850,117	
Total assets		843,504		863,632	
Total liabilities		262,052		315,831	
Total stockholders' equity		581,452		547,801	



### Proprietary Platform Generates Deep Antiviral Pipeline

ssRNA VIRUS	THERAPEUT	IC INDICATION	DISCOVERY	PHASE 1	PHASE 2	PHASE 3
Coronaviridae	COVID-19	<b>AT-527</b> <sup>1</sup>				Roche ex-US
Flaviviridae	Dengue	<b>AT-752</b> <sup>2</sup>				
	Hepatitis C (HCV)	AT-787 <sup>3</sup> (fixed-dose combo of AT-527&777)				
		AT-527 (NS5B inhibitor)				
		<b>AT-777</b> (NS5A inhibitor)				
Paramyxoviridae	RSV	Product candidates				

#### HIGHLIGHTS

- AT-527 efficacy results 2021-2022
- Projected near-term launch of AT-527, an oral DAA for COVID-19
- Multiple value-driving milestones over the next 18-months in several therapeutic indications
- \$839.7 million in cash & cash equivalents as of 9/30/21
- Cash runway through 2023

 <sup>1</sup> Ex-US development and commercialization rights (other than for certain hepatitis C virus uses) licensed to Roche.
 <sup>2</sup> Rights to develop and manufacture globally and to commercialize in the US for Dengue, among other viruses, retained. Ex-US commercialization subject to agreement with Roche.

ATEA

<sup>20</sup> <sup>3</sup> AT-787 is our selected product candidate for the treatment of HCV.



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