Selatogrel (AMI)

Overview & Market Opportunity

November 2024

Forward Looking Statements

This presentation contains “forward-looking statements”. These statements are made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. Such forward-looking statements may include, without limitation, statements about ongoing clinical trials and studies, or the outcome of clinical trials and studies; selatogrel has the potential to shift the treatment paradigm in AMI as a potent, reversible and highly selective P2Y12 receptor antagonist, with rapid uptake and fast onset of action and short duration; FDA fast-track designation; potential blockbuster as the first and only patient administered AMI treatment; information on the slide labeled “Selatogrel US Market Opportunity”, including but not limited to, potential launch in 2027, potential loss of exclusivity in 2038, mid-single to low-double digit percentage royalty rate on annual net sales; product margins expected to be higher than Viatris average; the goals or outlooks with respect to the Company’s strategic initiatives, including but not limited to the Company’s two-phased strategic vision and potential, announced and completed divestitures, acquisitions or other transactions; the benefits and synergies of such divestitures, acquisitions, or other transactions, or restructuring programs; future opportunities for the Company and its products; and any other statements regarding the Company’s future operations, financial or operating results, capital allocation, dividend policy and payments, stock repurchases, debt ratio and covenants, anticipated business levels, future earnings, planned activities, anticipated growth, market opportunities, strategies, competitions, commitments, confidence in future results, efforts to create, enhance or otherwise unlock the value of our unique global platform, and other expectations and targets for future periods. Forward-looking statements may often be identified by the use of words such as “will”, “may”, “could”, “should”, “would”, “project”, “believe”, “anticipate”, “expect”, “plan”, “estimate”, “forecast”, “potential”, “pipeline”, “intend”, “continue”, “target”, “seek” and variations of these words or comparable words. Because forward-looking statements inherently involve risks and uncertainties, actual future results may differ materially from those expressed or implied by such forward-looking statements. 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Outline

- Summary and market opportunity
- Background on epidemiology, current treatment paths and unmet need
- How our product works and why it is differentiated
- Clinical data
- Phase 3 design

Summary and market opportunity

Selatogrel (AMI) Summary

- Acute Myocardial Infarction (AMI) accounts for ~1/3 of all deaths in developed nations and there is a dire need for early intervention, as ~30% of deaths occur prior to hospital admission
- Selatogrel has the potential to shift the treatment paradigm in AMI as a potent, reversible and highly selective $P2Y_{12}$ receptor antagonist, with rapid uptake & fast onset of action and short duration
- In the phase 2 trial, > 90% of participants had > 80% IPA[1] within 15 minutes after dosing, there was reduced off-target interference of hemostasis compared to other $P2Y_{12}$ inhibitors and no difference in major bleeds compared to placebo on top of standard of care on top of dual anti-platelet therapy
- Comprehensive phase 3 study design with Special Protocol Assessment was agreed to with FDA and includes a fast track designation
- Currently in phase 3, we are on schedule for full enrollment / study expected to readout in 2026
- Potential blockbuster as the first and only patient administered AMI treatment

Notes 1) Inhibition of platelet aggregation

Selatogrel US Market Opportunity

		US Opportunity Notes
Epidemiology	Prevalence Incidence	• Large prevalent patient base of ~5.6M Acute Myocardial Infarction (AMI) survivors[1] • ~800k Annual AMI incidents[1]
Demand	Penetration & Access Refills	• Potential transformative results with mortality & morbidity data • Leverage expertise in self-administered, acute rescue medications • Refills driven by product expiration (~18 months)
Value Proposition	Value Proposition	• Currently no treatments available for time between AMI onset and first medical contact • First and only patient administered AMI treatment • Potential for significant value proposition, similar to branded $P2Y_{12}$ therapies
Commercialization	Field Force Other SG&A	• Target specialty coverage across ~36k cardiologists (offices and hospitals) • Incremental sales, medical & marketing to support US launch • Leverage existing infrastructure across reimbursement & operations
Other Assumptions	Potential Launch & LOE* Partnership & Profitability	• Potential launch in 2027 • Potential loss of exclusivity (LOE) in 2038 • Mid-single to low-double digit percentage royalty rate on annual net sales • Product margins expected to be higher than VTRS average

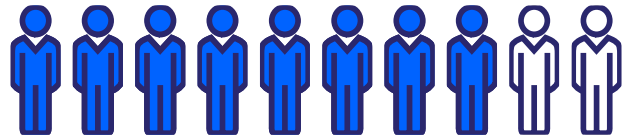
*International opportunities: EU4 + UK: prevalence -7.8M incidence - 606k potential launch year 2028, LOE 2038, China: potential launch year - 2029, LOE - 2035
Notes: 1) per epiH data
Sources: epiH (Epidemiology and Health), British Heart Foundation Fact Sheet, Prevalence of myocardial infarction and coronary heart disease in adults aged 40–79 years in Germany, PubMed: Multivessel Disease

Background on epidemiology, current treatment paths and unmet need

Epidemiology of Acute Myocardial Infarctions (AMI)

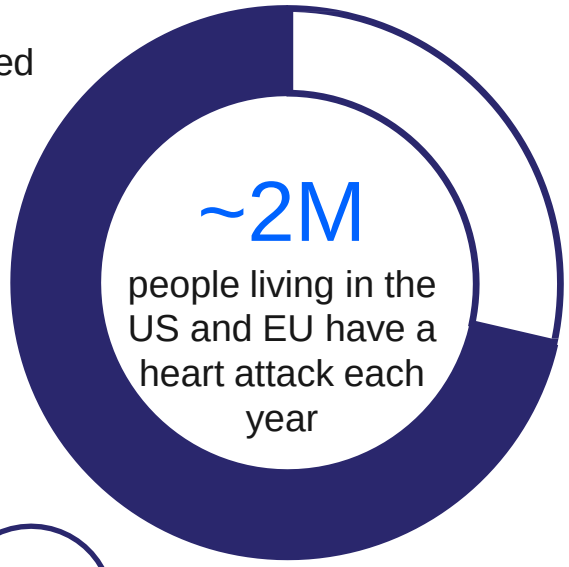
Heart attacks can occur in:
All ages, races, ethnicities, and sexes.

1/3 of deaths in developed nations can be attributed to heart attack



80% of deaths caused by cardiovascular disease are due to heart attack and stroke

1st Heart Attack



Recurring Heart Attack

Patients with history of MI are at significantly higher risk of recurrent MI

66

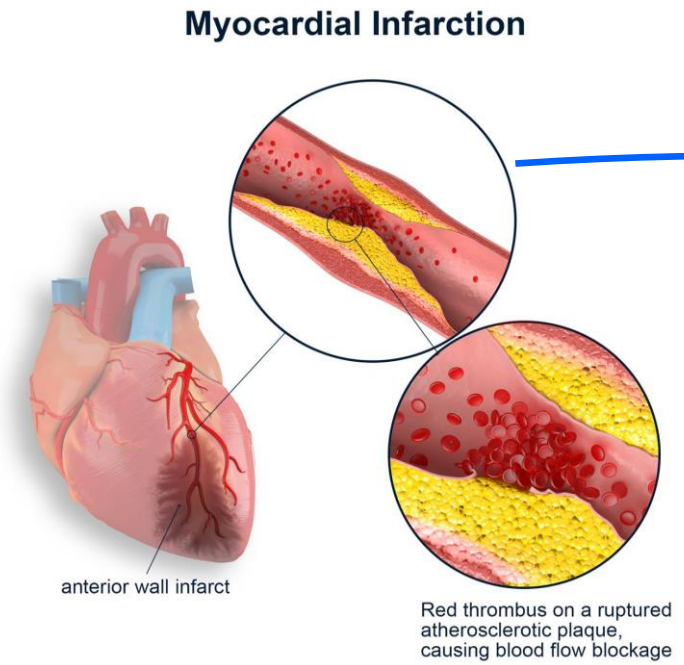
Average age at first heart attack – risk increases with age

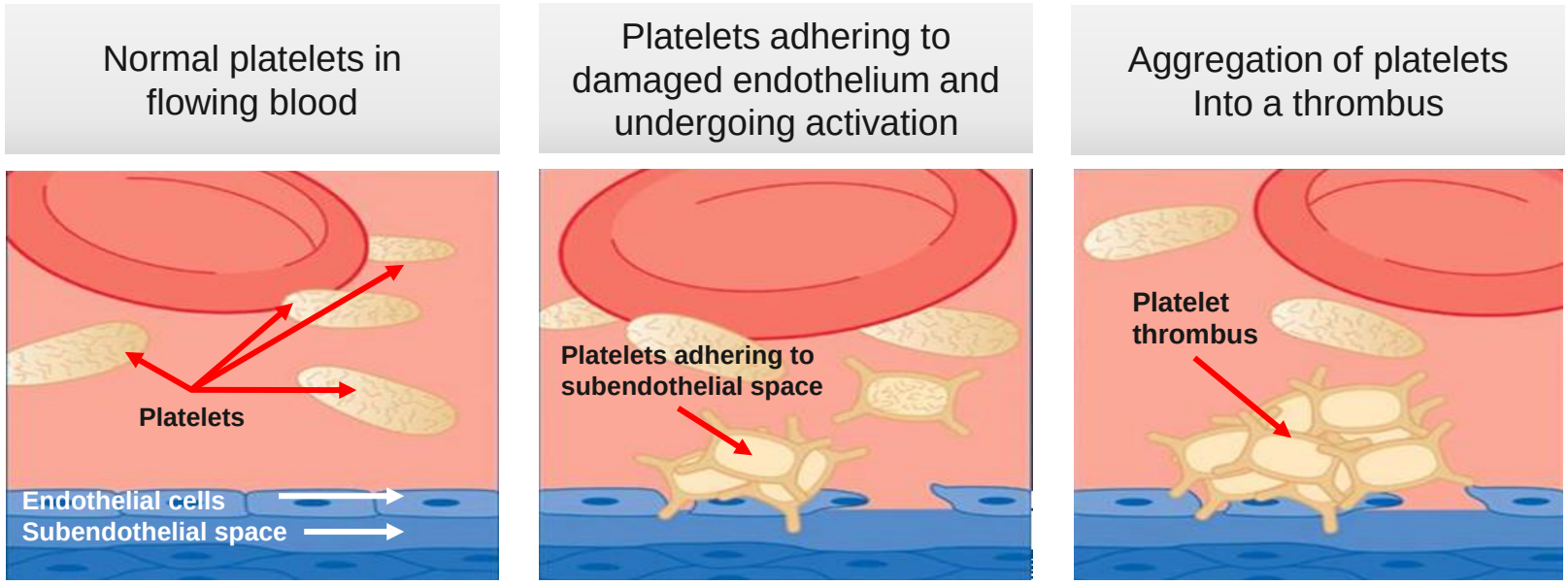
72

9-10M

Patients in US and EU have history of AMI within past 10 years

Major Role of Platelets in Acute MI



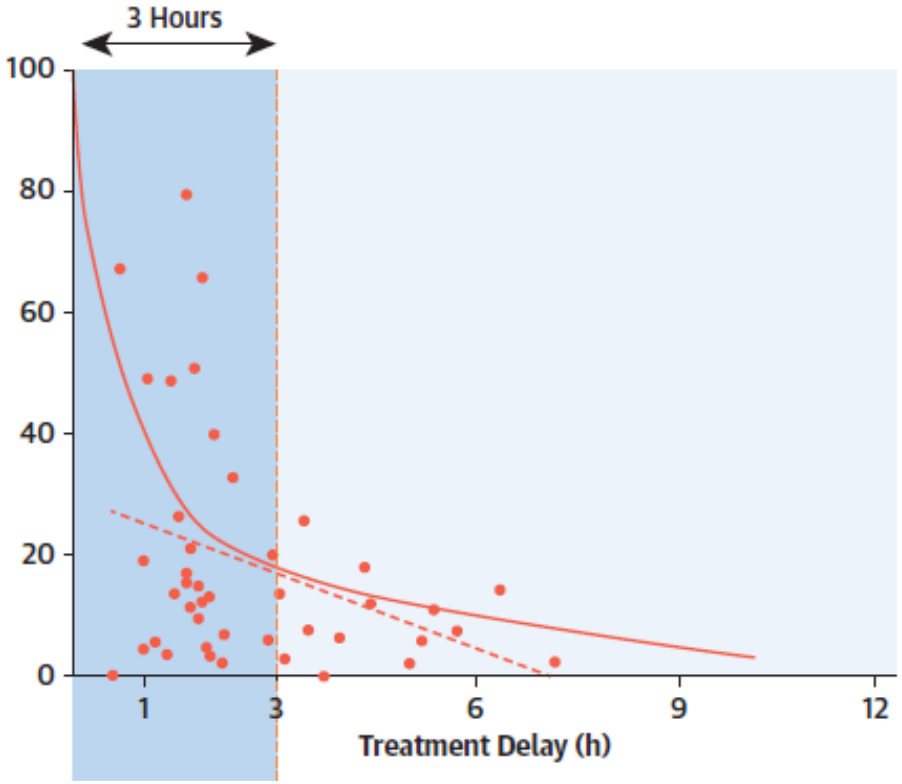


Adapted from: Ferguson JJ. In: Ferguson JJ, Chronos N, Harrington RA (Eds). *Antiplatelet Therapy in Clinical Practice*. London: Martin Dunitz; 2000: 15–35.

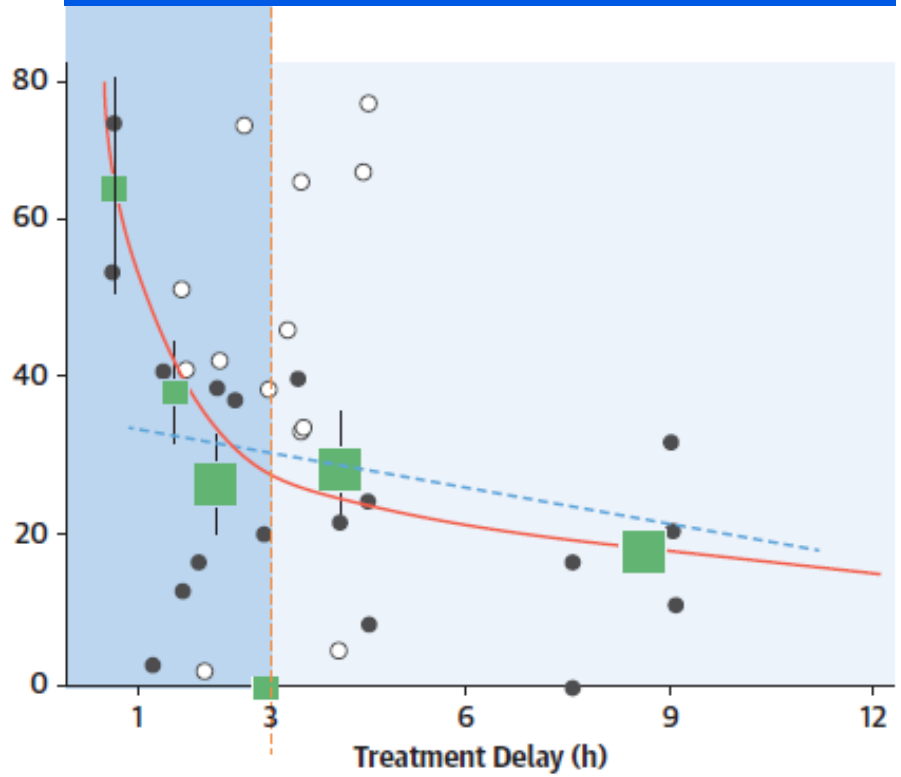
“Time is Muscle!” - Early Intervention is an Opportunity for Myocardial Salvage

Early Coronary Thrombus is Platelet-rich, Early Treatment is Key

Platelet Content in Coronary Thrombus (%)



Mortality Benefit per 1,000 Treated Patients



- Thrombus compositions changes over time from **platelet-rich to fibrin-rich**[1]
- Beneficial effect of therapy in mortality reduction is **substantially higher in the first hours of symptom onset**[2]

[1]Silavail J et al JACC 2011, [2]Boersma et al Lancet 1996
Adapted from: Silvain J et al JACC 2020

How our product works and why it is differentiated

Dire Need for Early Intervention at Onset of Acute Myocardial Infarctions

Onset of
AMI symptoms

Admission to
hospital for treatment

**Proportion of AMI Death
(pre-hospital admission)**

~30% Prior to Admission

~10% During Admissions

HEART ATTACK IN PROGRESS

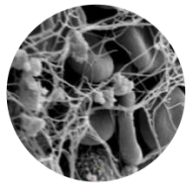
Selatogrel aims to fulfill the medical gap at pre-hospital phase

Early intervention leads to better short- and long-term outcomes

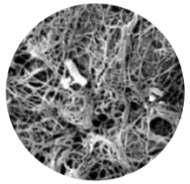
THROMBOSIS

< 3 Hours Platelet rich

3-6 Hours Mixed: Platelet & Fibrin



> 6 Hours Fibrin rich



Multiple P2Y12 Inhibitors are Already Approved, But Only Selatogrel is Suitable for Emergency Treatment

Name	Clopidogrel	Prasugrel	Ticagrelor	Cangrelor	Selatogrel
Group	Thienopyridine	Thienopyridine	ATP-analog	ATP-analog	2-phenylpyrimidine-4-carboxamides
Administration	Oral (qd)	Oral (qd)	Oral (bid)	Intravenous	subcutaneous
Receptor Blockdade	irreversible	irreversible	reversible	reversible	reversible
Prodrug	yes	yes	no	no	no
Suitable for subcutaneous injection	no	no	no[1]	no[2]	yes
Time to peak effect	2-6 h	2-4 h	2 h	2 min	15-30 min
Offset for effect	5-10 d	7-10 d	3-5 d	~0.5 h	~24 h
Preclinical profile					
Potency IPA (20 µM ADP	na	na	398 nM[3]	45 nM[4]	14 nM
Off-target effects	yes	yes	yes	yes	no
Efficacy/Safety window	**	**	***	***	****

ADP: Adenosine diphosphate, ATP: Adenosine triphosphate, IPA: Inhibition of platelet aggregation

[1] Solubility in water limited to 10 ug/ml, [2] Stability in aqueous solution limited to 12 h
[3] Nylander and Schulz, 2016, PMID: 26758983, [4] NDA 204958 Cangrelor

Selatogrel Has the Potential to Shift Treatment Paradigm in AMI

Selatogrel

Potent, reversible and highly selective $P2Y_{12}$ receptor antagonist

- With reduced off target interference of hemostasis compared to other $P2Y_{12}$ in preclinical setting

Rapid uptake and fast onset of action

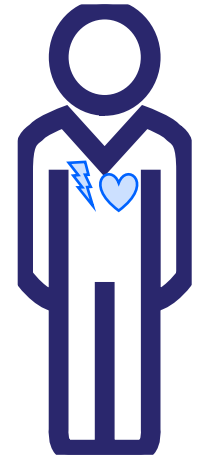
- In phase 2 trial, > 90% of participants have > 80% inhibition of platelet aggregation (IPA) 15 minutes after dosing

Short duration of action

- IPA effect lasted about 6 to 8 hours, with platelet recovery within 24 hours

Suitable safety profile

- No difference in major bleeds compared to placebo on top of standard of care in phase 2 trial



Auto Injector

Designed for emergency use

Safe

Easy to use, carry and store

- Storage at room temperature

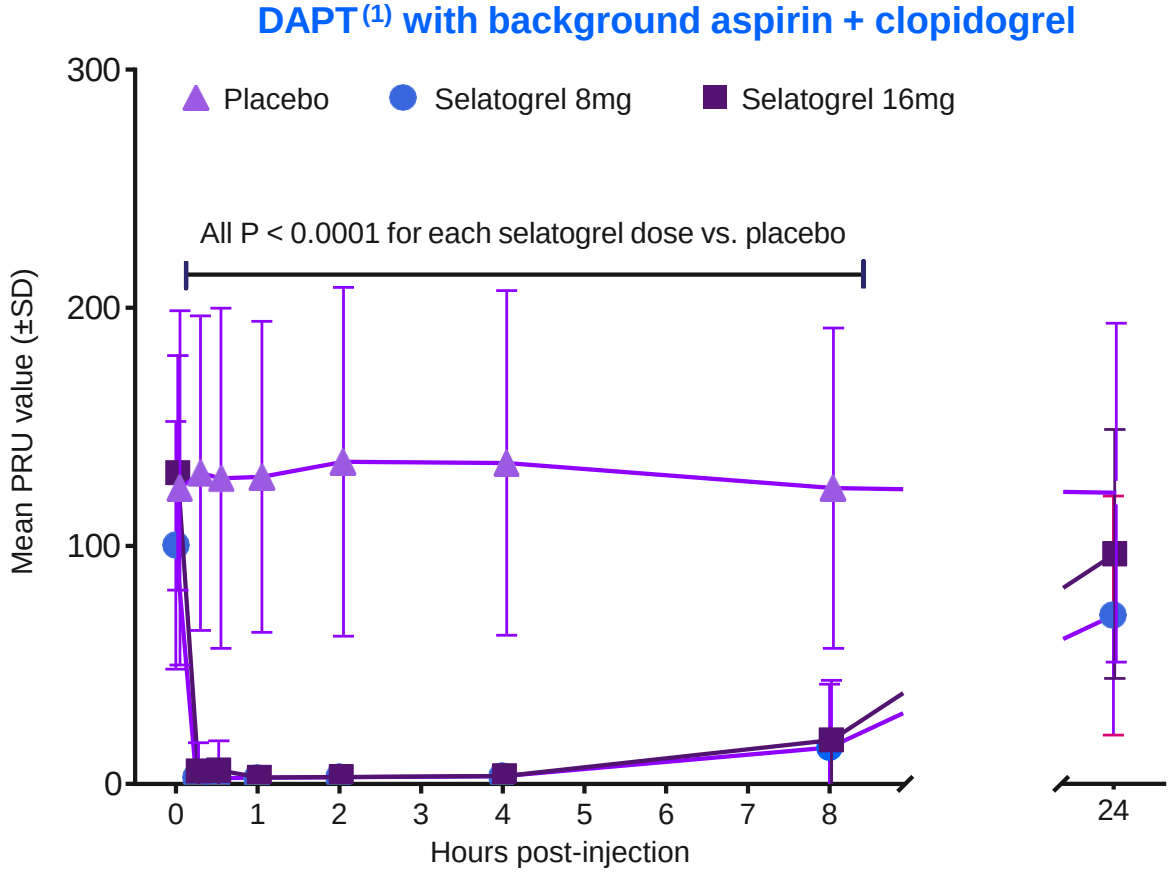
Insights into commercialization of injectors for emergency treatment

Clinical data

Robust and Rapid Effect Observed in Phase 2 Program in Acute Coronary Syndrome (N=345) and Acute MI (N=47)

Differentiated Profile vs Other P2Y12 Inhibitors

- **Robust and rapid effect**: >80% IPA **within 15 minutes**
- **Short Duration:** Height of IPA effect **extended over 8 hours**, with **platelet recovery within 24 hours**
- **IPA** was **faster, more pronounced, and more consistent with 16 mg**
- **Effect** also obtained **on top of background dual anti-platelet therapy (P2Y12 inhibitor + aspirin)**



Data from chronic coronary syndrome study – consistent with results from AMI study

(1) DAPT: dual anti-platelet therapy

Selatogrel: Reduced Off-target Interference of Hemostasis Compared to Other P2Y12 Inhibitors

No Off-Target Effects Interfering with Hemostasis due to Selatogrel High Selectivity

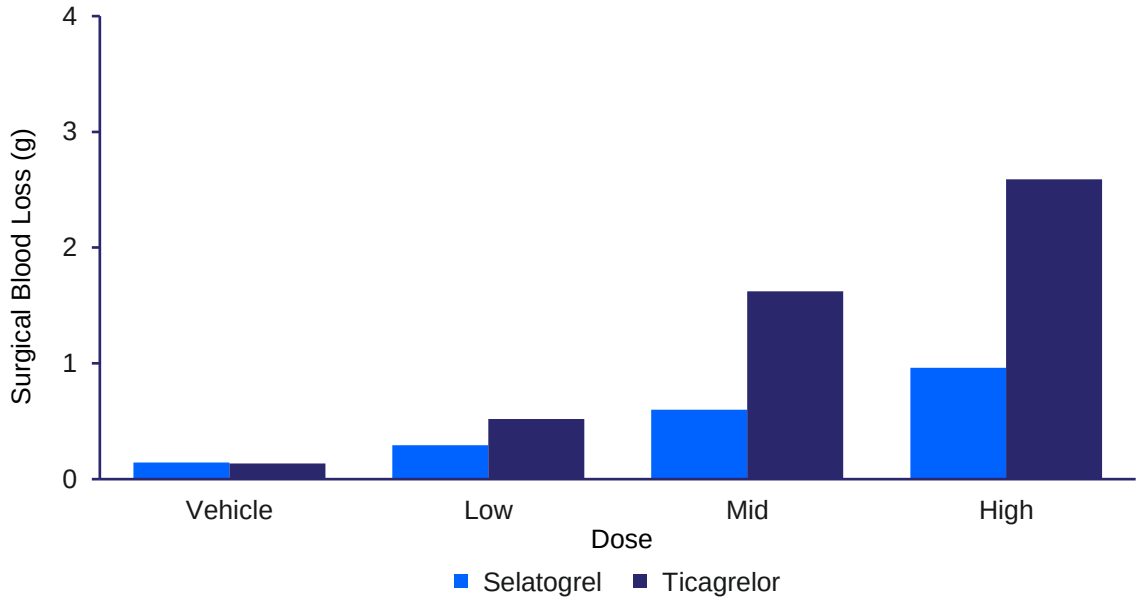
No activity on multiple signaling pathways (including P2Y1)[1]

Impact on key-elements of hemostasis at same anti-thrombotic effect level	Control	Selatogrel	Ticagrelor	Clopidogrel
Calcium signaling in endothelial cells	Functional	No decrease	Partial decrease	N/D
Vasoconstriction	Functional	No decrease	Partial decrease	N/D
Neutrophil adhesion	Functional	No decrease	Decrease	Decrease
Fibrin generation	Functional	No decrease	Partial decrease	Decrease
Stability of platelet-seal	Functional	No decrease	Partial decrease	Decrease

Data summarized from: Crescence et al. 2021; Rey et al. 2012

(1) No activity on 120 GPCRs (incl. P2Y1) @10 mM
No effect on: ENT1, A3, PDE5, GPR17, P2Y1

Selatogrel Causes Less Blood Loss than Ticagrelor at Equivalent Efficacy in Anesthetized Wistar Rats



Rat thrombosis model. Dose dependent surgical blood loss after standardized punch biopsy of the spleen. Drugs administered by continuous infusion to achieve low-, intermediate-, and high-level inhibition of platelet aggregation. Selatogrel doses; 0.06, 0.2, 0.6 µg/kg/min. Ticagrelor doses; 2, 6, 20 µg/kg/min. After surgical wounding of the spleen, blood was collected for 30 min and the weight of lost blood determined. Data are presented as means ± SEM, n = 9-35. *P < 0.05. **P < 0.01.

Differentiated Safety Profile and No Difference in Major Bleeds Compared to Placebo on Top of Standard of Care

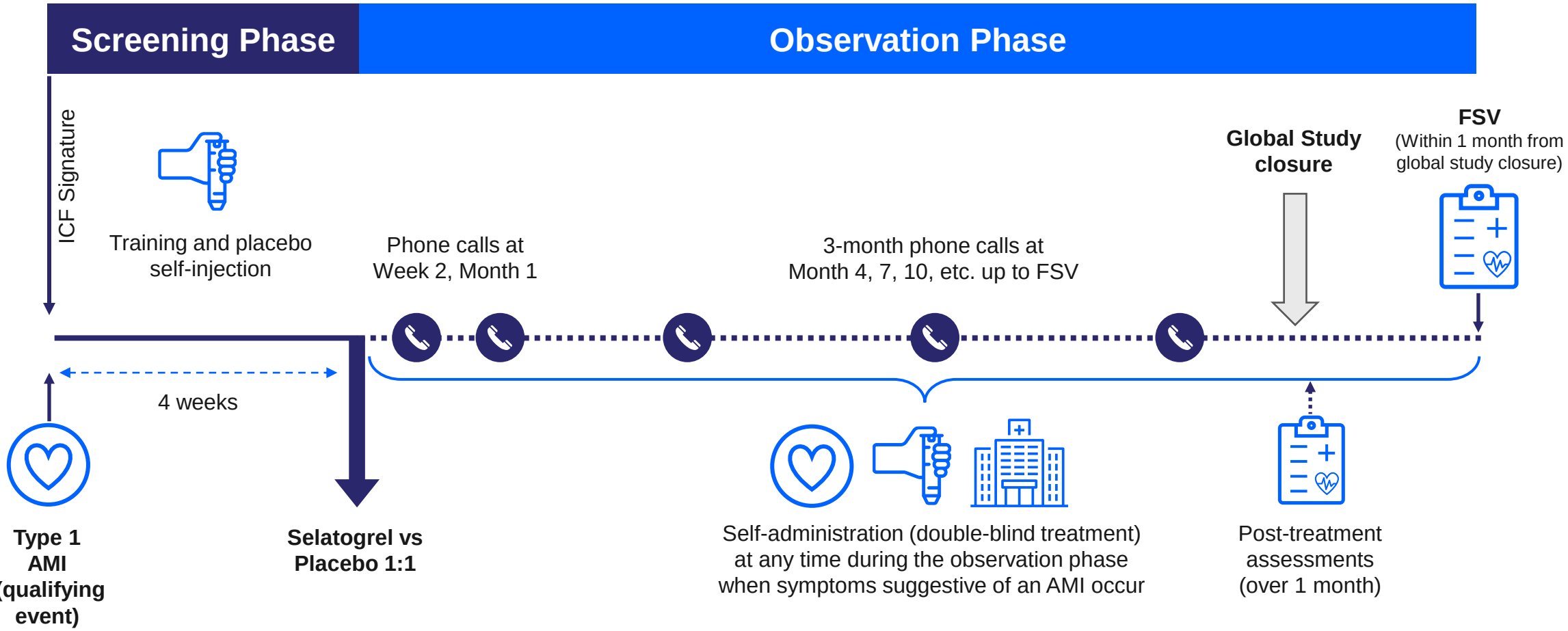
Treatment-emergent AEs[1], n (%)	8 mg selatogrel (N=114)	16 mg selatogrel (N=115)	Placebo (N=116)
Patients with ≥1 AE	36 (32)	26 (23)	25 (22)
Patients with serious AEs	0	0	0
Most frequent AEs (≥3 subjects)			
Dyspnoea	6 (5)	10 (9)	0
Median duration, h	*2.4*	*0.8*	-
Dizziness	5 (4)	4 (4)	1 (1)
Headache	3 (3)	3 (3)	5 (4)
Injection site bruising	3 (3)	2 (2)	0
Diarrhea	4 (4)	1 (1)	0
Vessel puncture site bruise	4 (4)	0	3 (3)
Contusion	1 (1)	1 (1)	3 (3)
Patients with ≥1 bleeding event	11 (10)	5 (4)	8 (7)
Major bleeding events	0	0	0

Data from chronic coronary syndrome study – consistent with results from AMI study

(1) Treatment-emergent was defined as any AE occurring up to 48 h after treatment administration

Phase 3 design

Phase 3 Study Design



FDA

- Special protocol assessment
- "Fast-track" designation

Phase 3 Assumptions & Key Endpoints

Special Protocol Assessment in coordination with KOLs and the FDA to develop a composite endpoint

- Event Driven Study: ~4,500 Events Needed (Patients Treated)
- Relative Risk Reduction ~20%; Type I Error Set to 5%