UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): June 17, 2023

Vera Therapeutics, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**001-40407**	**81-2744449**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

8000 Marina Boulevard, Suite 120
Brisbane, California **94005**
(Address of principal executive offices) **(Zip Code)**

(650) 770-0077
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, $0.001 par value per share	VERA	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On June 17, 2023, Vera Therapeutics, Inc. (the "Company") announced positive week 36 results from the Company's Phase 2b ORIGIN clinical trial evaluating its product candidate atacicept in patients with immunoglobulin A nephropathy ("IgAN"). In connection with the data release, the Company released an updated corporate presentation (the "Corporate Presentation") on its website that includes the week 36 data from the Phase 2b ORIGIN clinical trial referenced above. A copy of the Corporate Presentation is furnished as Exhibit 99.1. For important information about forward-looking statements, see the slide titled "Forward-Looking Statements" in Exhibit 99.1 attached hereto.

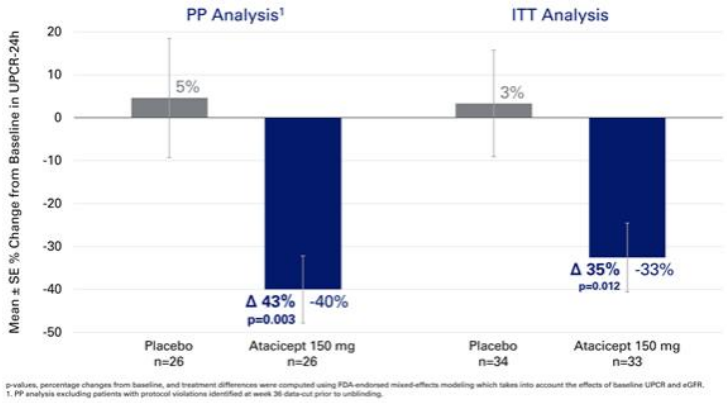
The information in this Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section or Sections 11 and 12(a)(2) of the Securities Act of 1933, as amended. The information contained in this Item 7.01, including Exhibit 99.1, shall not be incorporated by reference into any filing with the U.S. Securities and Exchange Commission ("SEC") made by the Company, whether made before or after the date hereof, regardless of any general incorporation language in such filing.

Item 8.01 Other Events.

As noted in Item 7.01, on June 17, 2023, the Company announced positive week 36 results from the Company's Phase 2b ORIGIN clinical trial evaluating its product candidate atacicept in patients with IgAN. Atacicept is the Company's potential best-in-class, disease-modifying dual inhibitor of the cytokines B lymphocyte stimulator and a proliferation-inducing ligand. ORIGIN is a multinational, randomized, double-blind, placebo-controlled clinical trial (n=116) evaluating the efficacy and safety of atacicept in patients with IgAN who continue to have persistent proteinuria and remain at high risk of disease progression despite available ACE or ARB therapy.

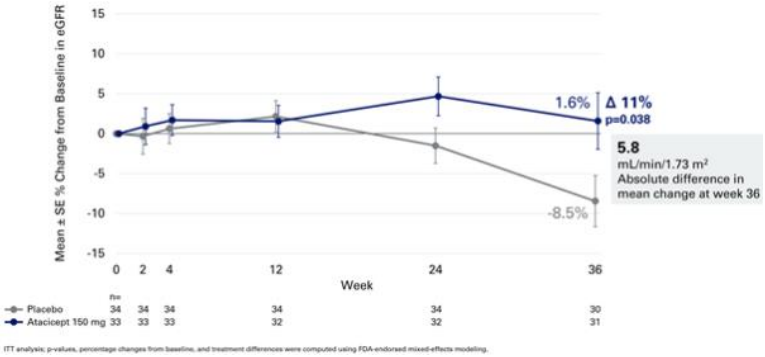
At week 36 in the prespecified per-protocol ("PP") analysis, the atacicept 150 mg dose group showed a 43% placebo-adjusted reduction from baseline in proteinuria (p=0.003), compared to 35% in the intent-to-treat ("ITT") analysis (p=0.012), as shown in Figure 1 below. In the ITT analysis of all randomized patients, patients receiving placebo had an expected decline in kidney function as measured by estimated glomerular filtration rate ("eGFR"), while patients receiving atacicept 150 mg had stable eGFR through week 36, as shown in Figure 2. This difference in eGFR was statistically significant (delta 11%, p=0.038) and clinically significant (5.8 mL/min/1.73 m2). In addition, the atacicept 150 mg group achieved a 64% reduction from baseline at week 36 in Gd-IgA1 ($p<0.0001$).

Figure 1. UPCR % Change With Atacicept 150 mg at Week 36



p-values, percentage changes from baseline, and treatment differences were computed using FDA-endorsed mixed-effects modeling which takes into account the effects of baseline UPCR and eGFR.
1. PP analysis excluding patients with protocol violations identified at week 36 data-cut prior to unblinding.

Figure 2. eGFR % Change With Atacicept 150 mg Through Week 36



ITT analysis; p-values, percentage changes from baseline, and treatment differences were computed using FDA-endorsed mixed-effects modeling.

Safety results indicated that atacicept was generally well-tolerated and were consistent with the previously observed safety profile of atacicept, with no increased rate of infections compared to placebo, a low rate (2%) of serious adverse events overall, and no drug discontinuations or interruptions due to hypogammaglobulinemia. Serious treatment-emergent adverse events were observed in 3% of patients receiving atacicept 150 mg and in 9% of placebo patients. These results build upon the prior integrated analysis of atacicept in randomized, double-blind, placebo-controlled clinical trials in over 1,500 patients to date across different indications - in which atacicept was well-tolerated.

Next Steps

Longer term results, including the ongoing eGFR data, from the Phase 2b ORIGIN clinical trial are planned for presentation later in 2023 and 2024. The Company is continuing to advance the pivotal Phase 3 development of atacicept 150 mg. The ORIGIN 3 clinical trial was initiated in June 2023. With the ongoing data from the Phase 2b trial through 2024 and Phase 3 topline results expected in the first half of 2025, if positive, the Company expects to submit a biologics license application ("BLA") for atacicept in IgAN to the U.S. Food and Drug Administration in the second half of 2025, with a projected commercial launch, if approved, in 2026.

Forward-looking Statements

Statements contained in this Current Report on Form 8-K regarding matters, events or results that may occur in the future are "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Such forward-looking statements include statements regarding, among other things, atacicept's potential to be a transformational treatment for patients with IgAN and a best-in-class therapy, the therapeutic potential of atacicept's dual inhibitor approach to treating the cause of IgAN, the Company's plans to enroll and complete the pivotal Phase 3 ORIGIN 3 trial, and expectations regarding reporting longer term results from the Company's Phase 2b ORIGIN clinical trial, submitting a BLA and projected commercial launch. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Words such as "could," "expects," "will," "potential," "project," "plan," and similar expressions are intended to identify forward-looking statements. These forward-looking statements are based upon the Company's current expectations and involve assumptions that may never materialize or may prove to be incorrect. Actual results could differ materially from those anticipated in such forward-looking statements as a result of various risks and uncertainties, which include, without limitation, risks related to the regulatory approval process, results of earlier clinical trials may not be obtained in later clinical trials, risks and uncertainties associated with the Company's business in general, the impact of macroeconomic and geopolitical events, including the COVID-19 pandemic, and the other risks described in the Company's filings with the SEC. All forward-looking statements contained in this press release speak only as of the date on which they were made and are based on management's assumptions and estimates as of such date. The Company undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made, except as required by law.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Slide presentation entitled "Corporate Presentation".
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Vera Therapeutics, Inc.

Dated: June 20, 2023

By: /s/ Marshall Fordyce, M.D.
Marshall Fordyce, M.D.
Chief Executive Officer

Exhibit 99.1

vera therapeutics

Corporate Presentation

June 2023

Forward Looking Statements

Disclaimer

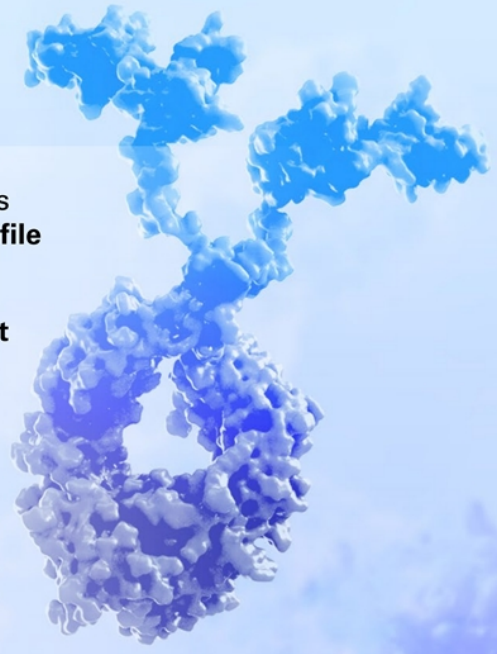
This material has been made available to you with the consent of Vera Therapeutics, Inc. ("we", "us", "our", or the "Company"). Statements in this presentation that are not statements of historical fact are forward-looking statements. Such forward-looking statements include, without limitation, statements regarding atacicept's potential to be a transformational treatment for patients with IgAN and a best-in-class therapy, the Company's plans to advance atacicept into pivotal Phase 3 development in the first half of 2023, and regulatory matters, including the timing and likelihood of success in obtaining drug approvals and atacicept's projected launch. Words such as "believe," "anticipate," "plan," "expect," "intend," "will," "may," "goal," "project," "estimate," "potential" and similar expressions are intended to identify forward-looking statements, though not all forward-looking statements necessarily contain these identifying words. These forward-looking statements are based on the beliefs of the Company's management as well as assumptions made by and information currently available to the Company. Such statements reflect the current views of the Company with respect to future events and are subject to known and unknown risks, including business, regulatory, economic and competitive risks, uncertainties, contingencies and assumptions about the Company, including, without limitation, risks related to the regulatory approval process, the potential that results of earlier clinical trials may not be obtained in later clinical trials, risks and uncertainties associated with the Company's business in general, the impact of macroeconomic and geopolitical events, including the COVID-19 pandemic, and the other risks described in the Company's filings with the Securities and Exchange Commission. In light of these risks and uncertainties, the events or circumstances referred to in the forward-looking statements may not occur. The actual results may vary from the anticipated results and the variations may be material. These forward-looking statements should not be taken as forecasts or promises nor should they be taken as implying any indication, assurance or guarantee that the assumptions on which such forward-looking statements have been made are correct or exhaustive or, in the case of the assumptions, fully stated in this presentation. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this presentation, and are based on management's assumptions and estimates as of such date. The Company undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made, except as required by law.

This presentation does not constitute an offer to sell or the solicitation of an offer to buy any securities, or a solicitation of any vote or approval, nor shall there be any sale of securities in any jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such jurisdiction. Investment in any securities described herein has not been approved or disapproved by the Securities and Exchange Commission or any other regulatory authority nor has any authority passed upon or endorsed the merits of the offering or the accuracy or adequacy of the information contained herein. Any representation to the contrary is a criminal offense.

This presentation discusses product candidates that are under clinical study and which have not yet been approved for marketing by the U.S. Food and Drug Administration. No representation is made as to the safety or effectiveness of these product candidates for the use for which such product candidates are being studied.

The trademarks included herein are the property of the owners thereof and are used for reference purposes only. Such use should not be construed as an endorsement of such products.

Corporate Highlights



- **Lead clinical-stage asset, atacicept,** targets B cells and plasma cells with **pipeline-in-a-drug potential** and **well-characterized safety profile**
  - Phase 2b program in **IgA Nephropathy (IgAN):** clinical data in hand support **best-in-class potential,** with **positive data read-out in June 2023**
  - **Phase 3 initiated June 2023** based on feedback obtained from FDA and the ability to leverage multinational ORIGIN clinical sites from the Phase 2b trial
- **~$197M cash, cash equivalents,** and **marketable securities as of 3.31.23**[1] and **access to a $25M credit facility** sufficient to fund IgAN-focused operations **through topline Phase 3 data into 2026**

1. Unaudited.

Atacicept: Potential Value Creation Over Next 18 Months

Catalyst	2023	2024	2025	2026
Initiated Phase 3 trial	✓ Q2			
Presented 36-week data from ORIGIN trial	✓ Q2			
Present additional data from ORIGIN trial	2H	Q2, Q4		
Present topline Phase 3 data			1H	
BLA submission			2H	
Projected launch				

Vera holds worldwide, exclusive rights to develop and commercialize atacicept

Anticipated; based on management's current assumptions and beliefs.

Management Team: Successful Clinical and Commercial Track Record

Marshall Fordyce, MD
President and CEO
- >15 years drug dev leadership
- 7 new drug approvals, Project Lead for tenofovir alafenamide program

GILEAD

Celia Lin, MD
Chief Medical Officer
- >10 years drug dev in Clinical Development and Medical Affairs
- Led Ph3 global trial execution in various therapeutics areas

Genentech AMGEN

Sean Grant, MBA
Chief Financial Officer
- >15 years in corporate strategy, finance, and capital raising
- Former healthcare banker with capital raising and M&A experience

CareDx Your Partner in Transplant Care™ citi

Joanne Curley, PhD
Chief Development Officer
- >20 years drug dev, former VP project and portfolio management

GILEAD

Lauren Frenz, MBA
Chief Business Officer
- 15 years industry experience, including global commercial planning and multiple blockbuster launches at Gilead
- Strategic advisory at SVB Leerink

GILEAD SVBLEERINK

Joe Young, CPA, MBA
Chief Accounting Officer
- Leader of accounting & finance operations for public and private biotech companies, >20 years
- Big 4 audit background

Plexxikon EY cerus

Tom Doan
SVP, Clinical Operations
- >20 years of clinical operations experience
- Former Clinical Operations Therapeutic Area Head of Inflammation at Gilead

GILEAD Genentech

Neeraj Pakala, PhD, MBA
SVP, Prod Dev and Manufacturing
- >20 years CMC experience including tech transfer and managing contract manufacturing organizations

aimmune THERAPEUTICS Alexza™

Board and Select Investors

ABINGWORTH Longitude CAPITAL SOFINNOVA INVESTMENTS
KLEINER PERKINS Octagon
Fidelity INVESTMENTS G/ MERCK

vera therapeutics

Financial Position

Large Unmet Medical Need and Significant Commercial Opportunity

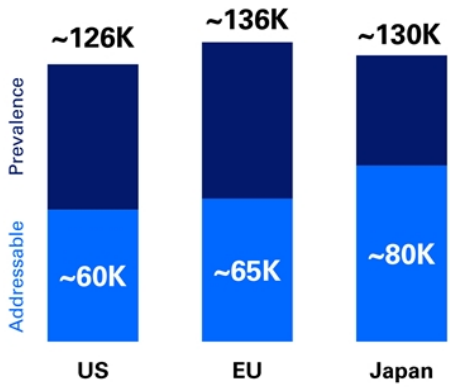
Serious and progressive autoimmune disease of the kidney; average age of diagnosis 30 years old, severely impacting quality of life

Orphan disease indication in the US and EU[1]

Up to 50% of IgAN patients progress to **ESRD**, resulting in need for **dialysis or transplant**

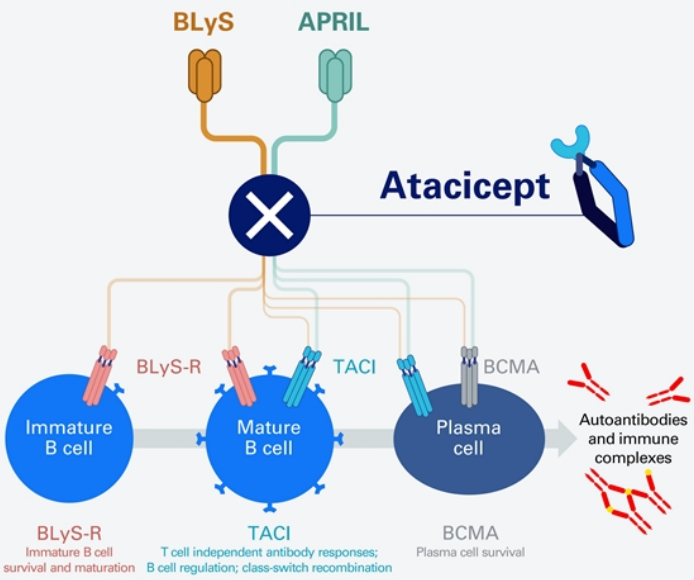
~$6–10B Annual Market Opportunity in US, EU, and Japan for Novel IgAN Therapeutics[2]

IgAN Diagnosed Prevalence



ESRD = end-stage renal disease.
1. Orphan Disease Designation not yet obtained for atacicept in IgAN; 2. ClearView Healthcare Partners Analysis. Prevalence and addressable population estimates based on peak year forecast.

Rationale for *Dual* Inhibition of BLyS (BAFF) + APRIL with Atacicept for Patients with IgAN

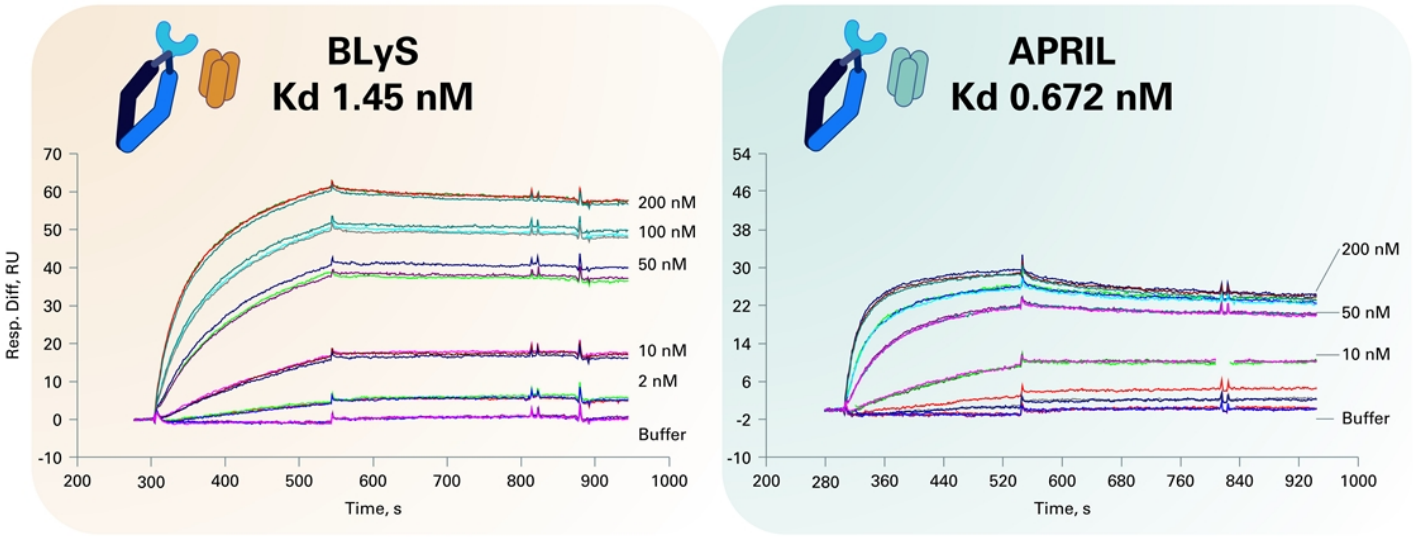


- Elevated BLyS plays **key role in IgAN pathogenesis**
  - BLyS and APRIL levels are both elevated in patients with IgAN and are each associated with clinical severity[1-3]
  - In preclinical models, overexpression of BLyS alone can lead to the development of kidney IgA deposits and IgA-like nephritis[4]
  - BLyS can directly increase the expression of factors associated with fibrosis and inflammation in mesangial cells[2]
  - Dual blockade of BLyS and APRIL decreased renal damage in an immunologic animal model more than individual blockade of either pathway alone[5]
- Dual inhibition may be **necessary for maximal and sustained clinical efficacy**
  - BLyS or APRIL alone are each capable of independently supporting plasma cell survival, indicating dual blockade may be necessary for maximal and sustained clinical efficacy[5,6]
  - Blocking both biologic targets may avoid compensatory increase in parallel signal[7]
  - Blocking APRIL alone may lead to upregulation of BLyS signaling with potential consequences on efficacy[8]
- Dual inhibition **enables lower dose, simpler product**
  - Atacicept 150 mg is self-administered as a single, small volume (1 mL) injection, potentially optimizing patient experience

APRIL = a proliferation-inducing ligand; BLyS = B lymphocyte stimulator, also known as BAFF; TACI = transmembrane activator and CAML interactor.

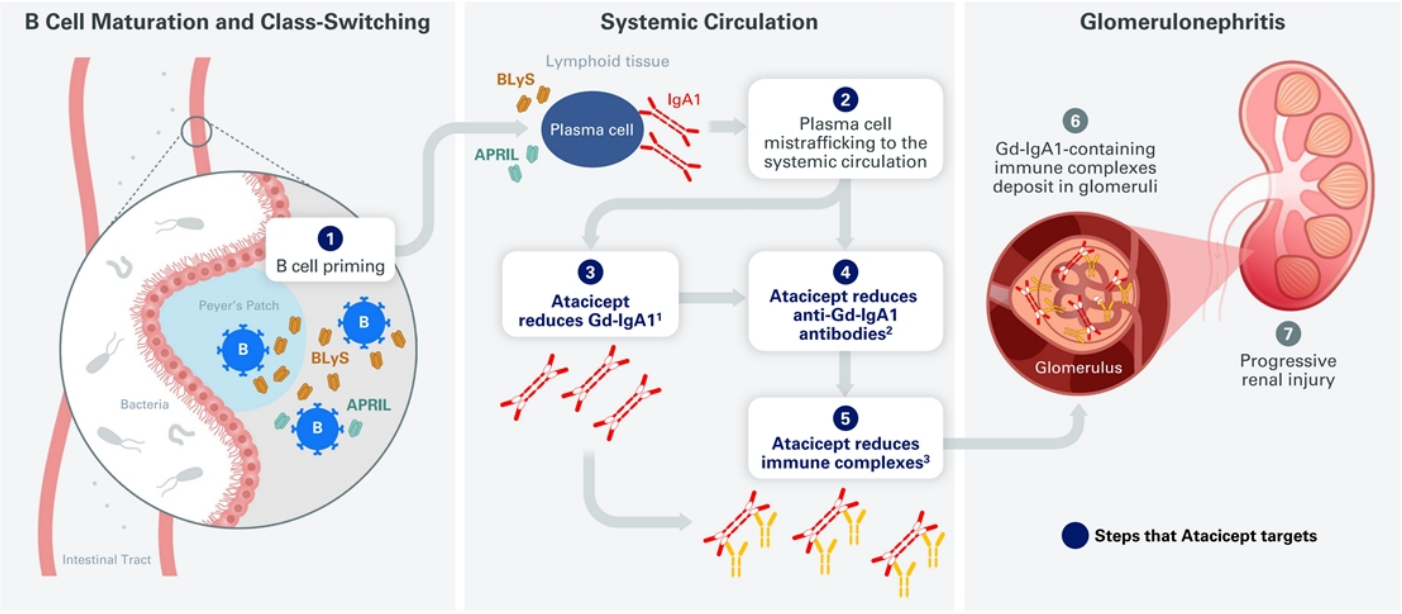
1. Xin G, et al. J Nephrol 2013; 2. Cao Y, et al. Mol Med Rep 2020; 3. Zhai Y, et al. Medicine (Baltimore) 2016; 4. McCarthy D, et al. J Clin Invest 2011; 5. Haselmayer P, et al. Eur J Immunol 2017; 6. Benson M, et al. J Immunol 2008; 7. Yeh T, et al. J Allergy Clin Immunol 2020; 8. Vallerskog T, et al. Arthritis Res Ther 2006. Atacicept is investigational and has not been approved by any regulatory authorities for any use.

Atacicept Binds BLyS and APRIL with Low Nanomolar Potency



Vera data on file.

Atacicept Targets Upstream Hits of IgAN Pathogenesis



Gd-IgA1 = galactose-deficient immunoglobulin A1.
1. Vera Therapeutics Jan 30 2023 press release; 2. Barratt J, et al. Nephrol Dial Transplant 2022;3 suppl 3, abstr FC051; 3. Barratt J, et al. ASN Kidney Week 2022, abstr SA-PO655.

Summary of Positive Phase 2b Week 36 Results

Met primary endpoint, with statistically significant UPCR reductions on atacicept 150 mg

PP Analysis: Δ 43%*
ITT Analysis: Δ 35%*
*p<0.05

Stable eGFR observed for patients on atacicept, with clinically meaningful and statistically significant difference vs placebo

Mean eGFR % change with atacicept 150 mg vs placebo was **11% (p=0.038)**, approximating to an absolute difference of **5.8 mL/min/1.73 m²**

Gd-IgA1 reduction of 64% from baseline with atacicept 150 mg

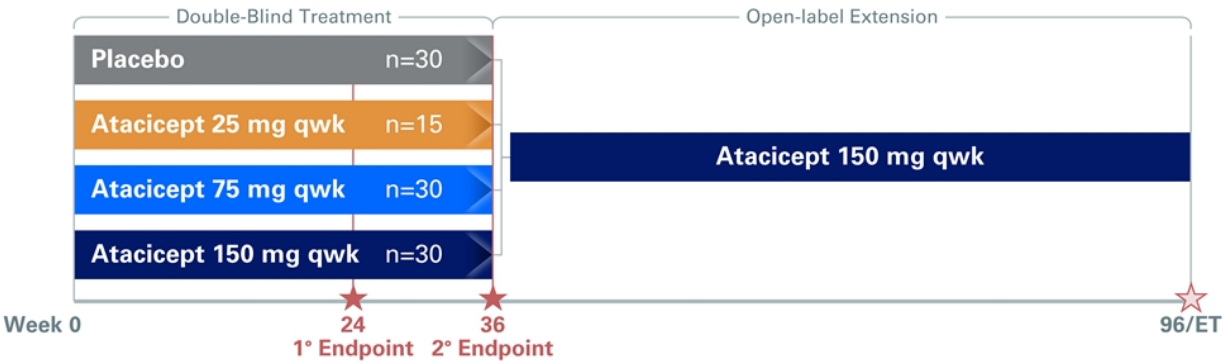
Clinical safety profile similar between atacicept and placebo

Atacicept 150 mg dose selected for Phase 3 clinical trial, initiated in June 2023

eGFR = estimated glomerular filtration rate; ITT = intent to treat; PP = per-protocol; UPCR = urine protein:creatinine ratio.

ORIGIN Phase 2b IgAN Trial: Study Design and Objectives

Multinational, randomized, placebo-controlled trial



Inclusion Criteria

- Patients ≥18 years old with IgAN on renal biopsy and high risk of disease progression
- Stable and optimized RAASi for 12 weeks
- Use of SGLT2i allowed
- UPCR-24h >0.75 g/g or UP >0.75 g per 24h
- eGFR ≥30 mL/min/1.73 m^2
- Blood pressure ≤150/90 mmHg

Endpoints

- Primary efficacy: UPCR-24h at week 24 ★
- Key secondary: UPCR-24h at week 36 ★
- eGFR change up to week 96 ☆
- Gd-IgA1 change
- Safety

ET = end of treatment; RAASi = renin-angiotensin-aldosterone system inhibitor; SGLT2i = sodium-glucose cotransporter-2 inhibitor.

30% Placebo-Adjusted Reduction in Proteinuria Known to be Clinically Meaningful in IgAN Patients

- 30% placebo-adjusted reduction in proteinuria at week 36 is associated with improvement of renal function in IgAN as measured by eGFR slope[1]
- Placebo-adjusted reduction of 30% could delay ESRD by over 10 years[2]

- Early change in proteinuria at week 36 is an approvable surrogate endpoint for FDA accelerated approval, based on precedents set by Calliditas' Tarpeyo (Δ 31%[3]) and Travere's Filspari (Δ 35%[4])
- eGFR slope at 2 years is the key confirmatory endpoint for full approval

1. Inker LA, et al. Am J Kidney Dis 2021;78:340-9.E1; 2. Barratt Lab, University of Leicester; 3. Tarpeyo [package insert]. Calliditas Therapeutics AB; 2021. 4. Filspari [package insert]. Travere Therapeutics, Inc.; 2023.
ESRD = end stage renal disease.

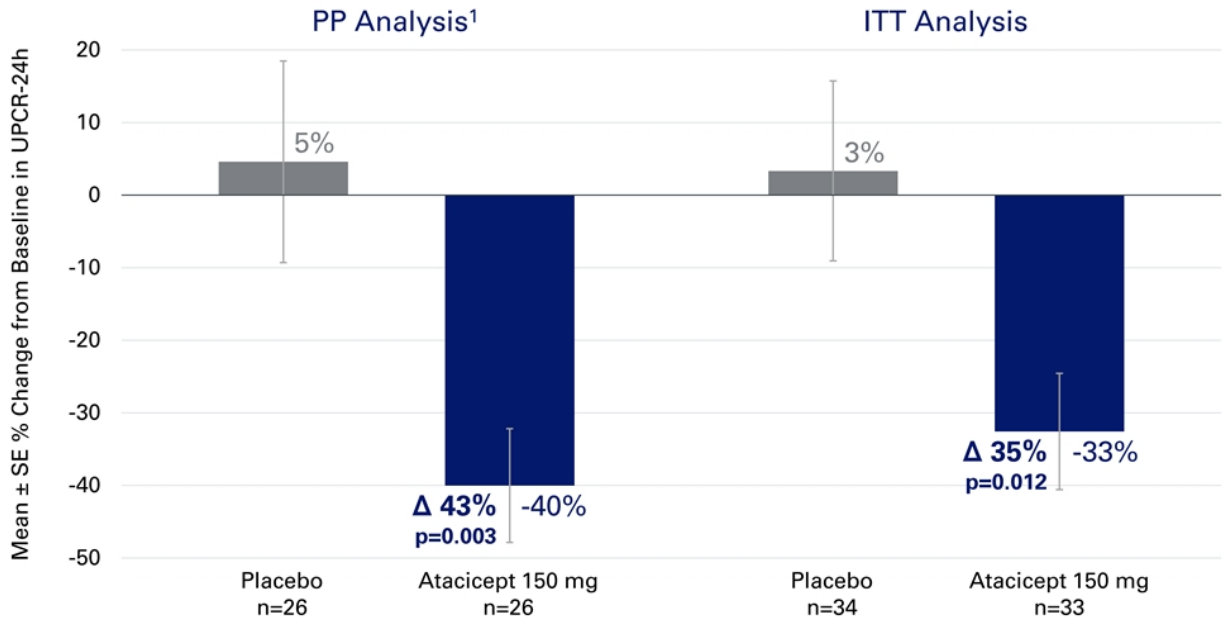
Patient Disposition

Safety data includes all post-week 36 visits available at data-cut March 09, 2023. ITT = intent to treat; PP = per protocol; OLE = open label extension.
1. Discontinued to pursue elective surgery (1), discontinued due to positive hepatitis B DNA and adverse event (1).
2. Initiated prohibited medication for concomitant disease (1), discontinued due to plan to start prohibited medication for concomitant disease (1) and adverse event (1).

Demographics and Baseline Characteristics

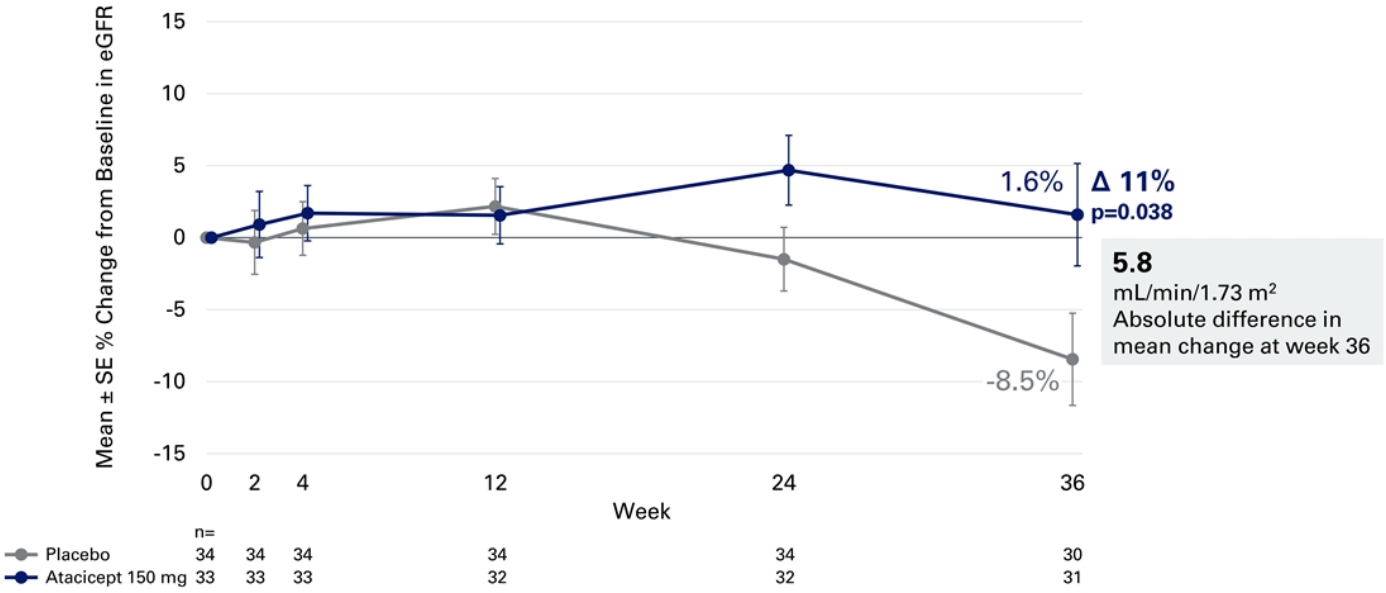
Mean ± SD or n (%)	Overall n=116	Atacicept 25 mg n=16	Atacicept 75 mg n=33	Atacicept 150 mg n=33	Placebo n=34
Age, y	39	40	41	38	39
Male sex	69 (59)	9 (56)	19 (58)	22 (67)	19 (56)
Race					
White	62 (53)	7 (44)	12 (36)	17 (52)	26 (76)
Asian	51 (44)	7 (44)	20 (61)	16 (48)	8 (24)
Other	3 (3)	2 (12)	1 (3)	0	0
eGFR, mL/min/1.73 m^2	63 ± 27.3	71 ± 28.7	64 ± 25.4	56 ± 22.7	66 ± 31.7
UPCR by 24h urine, g/g	1.6 ± 0.9	1.6 ± 0.8	1.7 ± 0.9	1.7 ± 1.0	1.6 ± 0.8
SGLT2i use	16 (14)	3 (19)	3 (9)	4 (12)	6 (18)

UPCR % Change with Atacicept 150 mg at Week 36



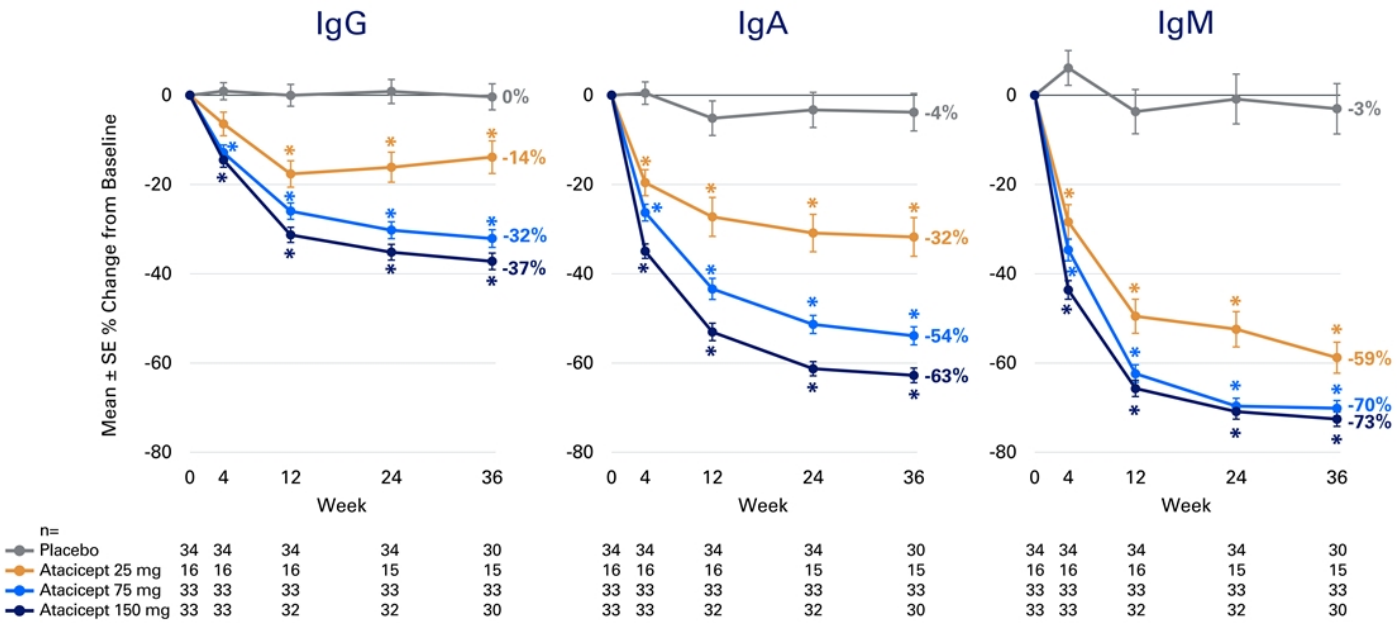
p-values, percentage changes from baseline, and treatment differences were computed using FDA-endorsed mixed-effects modeling which takes into account the effects of baseline UPCR and eGFR.
1. PP analysis excludes patients with protocol violations identified at week 36 data-cut prior to unblinding.

eGFR Change with Atacicept 150 mg Through Week 36



ITT analysis; p-values, percentage changes from baseline, and treatment differences were computed using FDA-endorsed mixed-effects modeling.

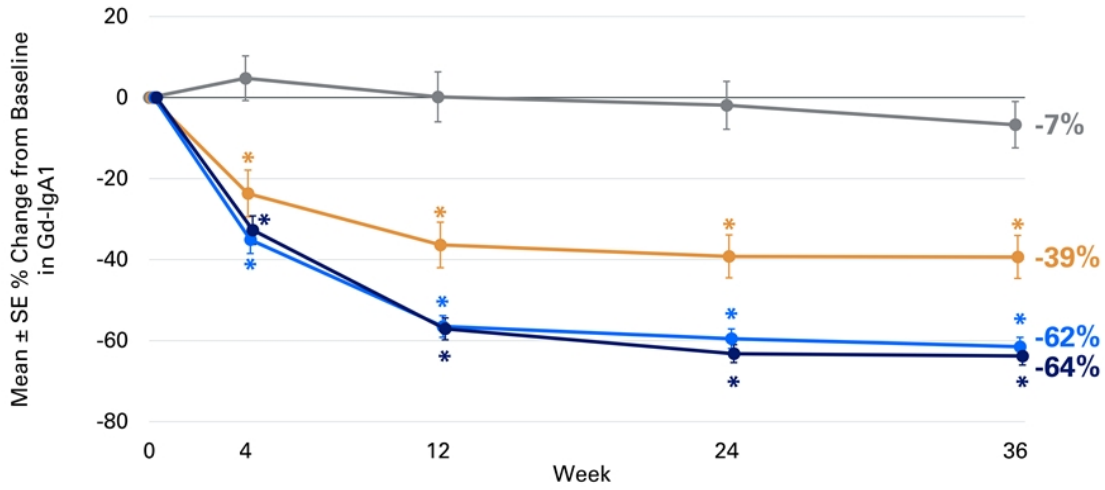
Dose-dependent Reductions Observed in Serum IgG, IgA, and IgM Through Week 36



n=														
Placebo	34	34	34	34	30	34	34	34	34	30	34	34	34	34	30
Atacicept 25 mg	16	16	16	15	15	16	16	16	15	15	16	16	16	15	15
Atacicept 75 mg	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33
Atacicept 150 mg	33	33	32	32	30	33	33	32	32	30	33	33	32	32	30

ITT analysis; *p<0.001. p-values, percentage changes from baseline, and treatment differences were computed using FDA-endorsed mixed-effects modeling.

Gd-IgA1 % Change Through Week 36



n=					
Placebo	33	33	33	33	29
Atacicept 25 mg	16	16	16	15	15
Atacicept 75 mg	33	33	33	33	33
Atacicept 150 mg	32	32	30	30	30

ITT analysis; *p<0.001 vs placebo. p-values, percentage changes from baseline, and treatment differences were computed using FDA-endorsed mixed-effects modeling.

Treatment-Emergent Adverse Events Through Week 36

Patients, n (%)	Atacicept 25 mg n=16	Atacicept 75 mg n=33	Atacicept 150 mg n=33	Placebo n=34
TEAEs	11 (69)	24 (73)	25 (76)	27 (79)
Study drug-related TEAEs[1]	6 (38)	17 (52)	19 (58)	14 (41)
Serious TEAEs	0	1 (3)[2]	1 (3)[3]	3 (9)[4]
TEAEs leading to study drug discontinuation	0	0	1 (3)[5]	1 (3)[6]
Deaths	0	0	0	0

1. Majority of study drug-related TEAEs were injection site reactions; one contributed to drug discontinuation.
2. Multiple fractures, resolved, unrelated to study treatment.
3. Gastroenteritis norovirus, resolved, unrelated to study treatment.
4. Anaphylactic reaction resolved (n=1); forearm fracture resolved (n=1); flank pain not resolved and ulnar nerve paralysis resolved with sequelae (n=1); all unrelated to study treatment.
5. Discontinued after 3 injections due to injection site reaction and positive hepatitis B DNA that resolved without treatment 3 weeks later, normal liver function throughout.
6. Discontinued after 31 injections due to worsening flank pain that was not resolved; unrelated to study treatment.

Summary of Clinical Safety Data Through Week 36

- Atacicept was generally well tolerated in IgAN patients, with no reported deaths, low rate (2%) of serious AEs overall, and 1 patient (1%) discontinued atacicept due to AE
- Infections were balanced between atacicept and placebo
- No study drug-related serious AE in atacicept 150 mg group
- No patient had study drug discontinuation or interruption due to hypogammaglobulinemia

Atacicept for IgAN

Regulatory Update	FDA Type C meeting Q4'22 & written feedback received Q2'23 enabled alignment on Ph3 protocol to accelerate Ph3 trial start in early June
Rapidly Advance Phase 3	Ability to leverage ORIGIN worldwide sites Investigator familiarity with Ph2 dosing administration Multi-part study design streamlining Ph2b sites for Ph3
Atacicept 150 mg Dose Selection	UPCR and eGFR met statistical significance and were clinically meaningful for atacicept 150 mg at week 36 in ORIGIN Ph2b
Derisked Phase 3	Same SC formulation and dose as used in ORIGIN Ph2b, similar study design as ORIGIN Ph2b

ORIGIN Subgroup Analyses Informed Phase 3 Design to Maximize Competitive Positioning

origin

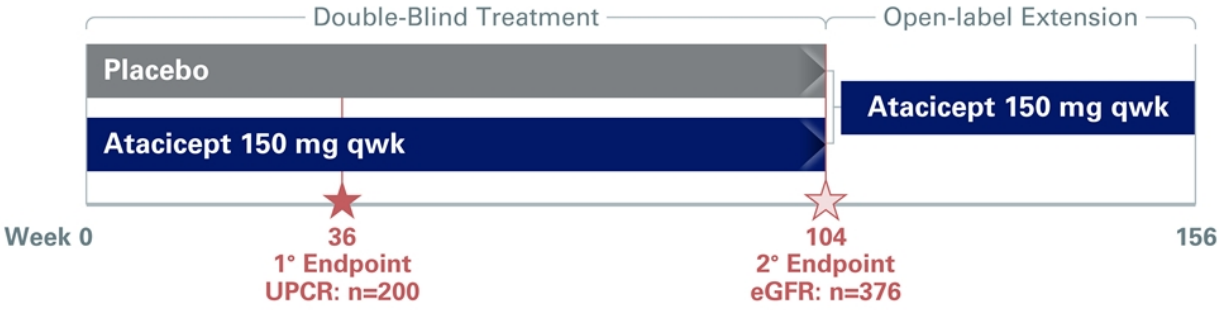
- Tested atacicept's anticipated commercial formulation and setting (at home SC self administration) in patients with wide-spectrum disease severity and racially diverse backgrounds
- Incorporated evolving SOC SGLT2i use in a multinational RCT

Proprietary subgroup analyses that informed Phase 3 design and management included:

vera therapeutics

Initiated Phase 3 Pivotal Trial in June 2023

Atacicept Once Weekly SC Injection Formulation in Phase 3, Same as Phase 2b



Inclusion Criteria

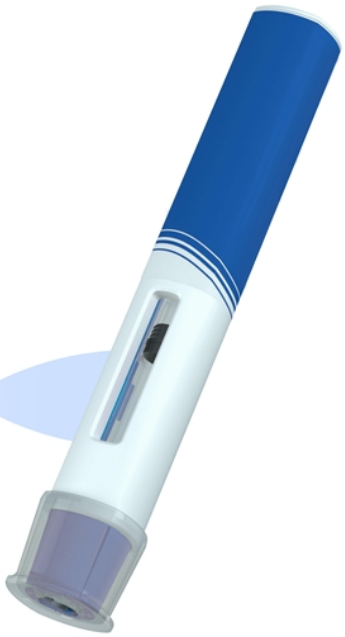
- Patients ≥18 years old with IgAN on renal biopsy and high risk of disease progression
- Stable and optimized RASi for 12 weeks
- Use of SGLT2i allowed
- UPCR-24h ≥1.0 g/g or UP ≥1.0 g per 24h
- eGFR ≥30 mL/min/1.73 m^2
- Blood pressure ≤150/90 mmHg

Endpoints

- Primary efficacy: UPCR-24h at week 36 ★ to support potential accelerated approval
- Key secondary: eGFR change up to week 104 ☆
- Safety

Attractive Commercial Drug Product Profile

- Self-administration of small volume (1 mL) via autoinjector at commercial launch
- Smallest volume among B-cell modifying drugs in development (2–4 mL with APRIL-only)
- Large subcutaneous injection volumes are associated with pain and may affect tolerability and adherence[1]



1. Usach I, et al. Adv Ther 2019;36(11):2986-2996.

Atacicept: Potential Value Creation Over Next 18 Months

Catalyst	2023	2024	2025	2026
Initiated Phase 3 trial	✓ Q2			
Presented 36-week data from ORIGIN trial	✓ Q2			
Present ongoing data from ORIGIN 2 trial	2H	Q2, Q4		
Present topline Phase 3 data			1H	
BLA submission			2H	
Projected launch				

Vera holds worldwide, exclusive rights to develop and commercialize atacicept

Anticipated; based on management's current assumptions and beliefs.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