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): January 8, 2024

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** **(Address of principal executive offices)**	**94005** **(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 January 8, 2024, Vera Therapeutics, Inc. (the "Company") released an updated corporate presentation (the "Corporate Presentation"). The Corporate Presentation is available on the Company's website, and a copy of the Corporate Presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K. For important information about forward-looking statements, see the slide titled "Forward Looking Statements" in Exhibit 99.1 attached hereto.

The information set forth in this Item 7.01 and Exhibit 99.1 shall not be deemed "filed" for purposes of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section. The information contained in this Item 7.01 and in the accompanying exhibit shall not be incorporated by reference into any filing with the U.S. Securities and Exchange Commission made by the Company under the Exchange Act or the Securities Act of 1933, as amended, whether made before or after the date hereof, regardless of any general incorporation language in such filing.

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: January 8, 2024

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

Exhibit 99.1

vera therapeutics

Corporate Presentation

January 2024

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 best-in-class potential, the Company's ongoing Phase 3 clinical trial of atacicept for IgAN, 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

- **Atacicept** targets B cells and plasma cells, and has **pipeline-in-a-drug potential**
- Currently in Phase 3 pivotal trial for **IgA Nephropathy (IgAN)**, a large potential market
- Differentiation based on **disease-modifying MOA**, evident in long-term eGFR stabilization
- Phase 2b 72-week results **will be presented Jan 25**
- Phase 3 readout 1H 2025, potential **first-to-market** self-administered B-cell modulation therapy
- Strong financial profile, ~$160M cash, cash equivalents, and marketable securities as of 9.30.23,[1] plus $25M from credit facility drawn down in Dec 2023, together sufficient to **fund IgAN-focused operations to 2026**

1. Unaudited.

Atacicept: Potential Value Creation Over Next 18 Months

Catalyst	2024	2025	2026
Present 72-week **eGFR and proteinuria** data from ORIGIN Phase 2b	Jan 25		
Phase 3 estimated full enrollment	2H		
Present 96-week **eGFR and proteinuria** data from ORIGIN Phase 2b	4Q		
Present topline Phase 3 data		1H	
BLA submission		2H	
Projected launch			

Vera holds worldwide, exclusive rights to develop and commercialize atacicept

Based on management's current assumptions.

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

Robert Brenner, MD
Chief Medical Officer
- >25 years nephrology experience and biotech leadership overseeing multiple drug approvals

AMGEN amag

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

GILEAD LEERINK PARTNERS

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

William Turner
Chief Development Officer
- ~30 years drug dev and commercialization leadership in multiple therapeutic areas

DYNAVAX aimmune THERAPEUTICS

Kelly Rauber
VP, Head of HR
- >18 years in-depth HR experience from multiple industries

CYTOMX ORIC

vera therapeutics

Financial Position

~$160M
Cash, cash equivalents, and marketable securities
(unaudited as of 9.30.23)

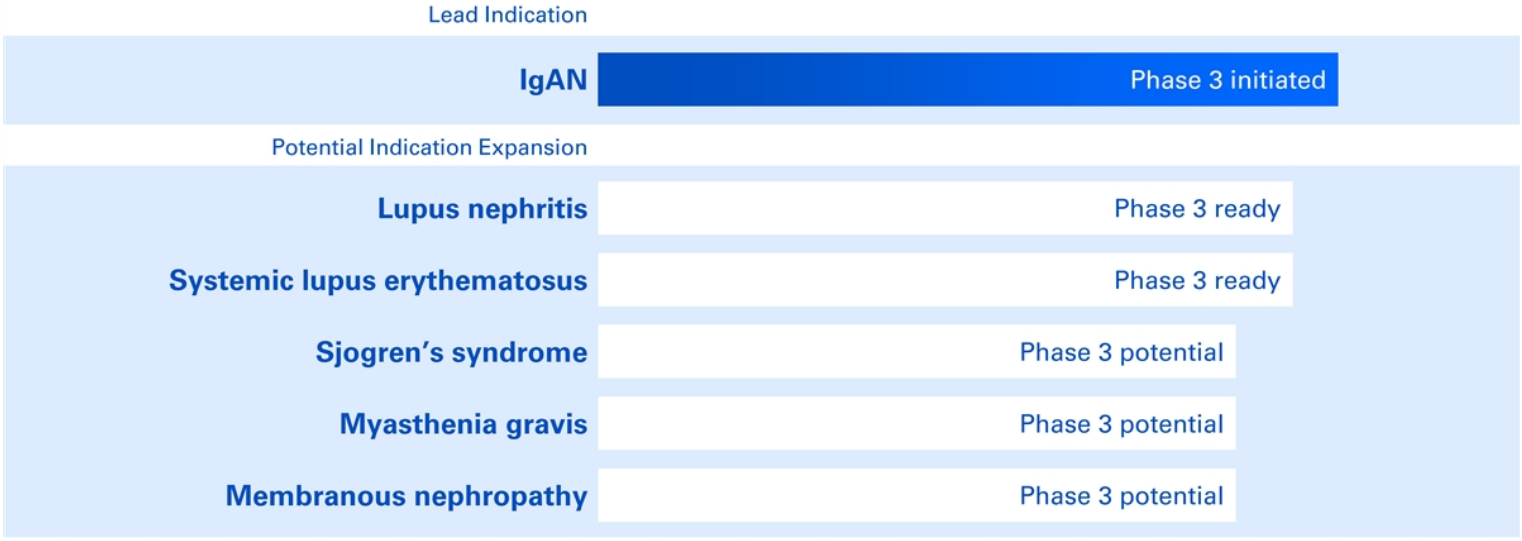
$25M
Drawdown of credit facility
(Dec 2023)

Current capital position sufficient to fund IgAN-focused operations to
2026

~44.4M
Shares outstanding
(as of 9.30.23)

Strategic Vision: Develop Transformative Therapeutics for Immunologic Diseases

Lead indications with large markets and validated clinical data



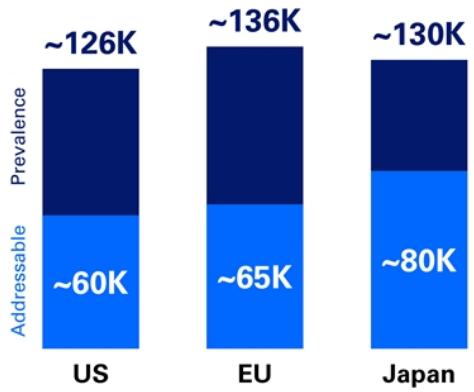
IgAN: Large Unmet Need and Significant Commercial Opportunity

Serious and progressive autoimmune disease of the kidney; average age of diagnosis 30 years old, severely impacting quality of life[1]

Orphan disease indication in the US and EU[2]

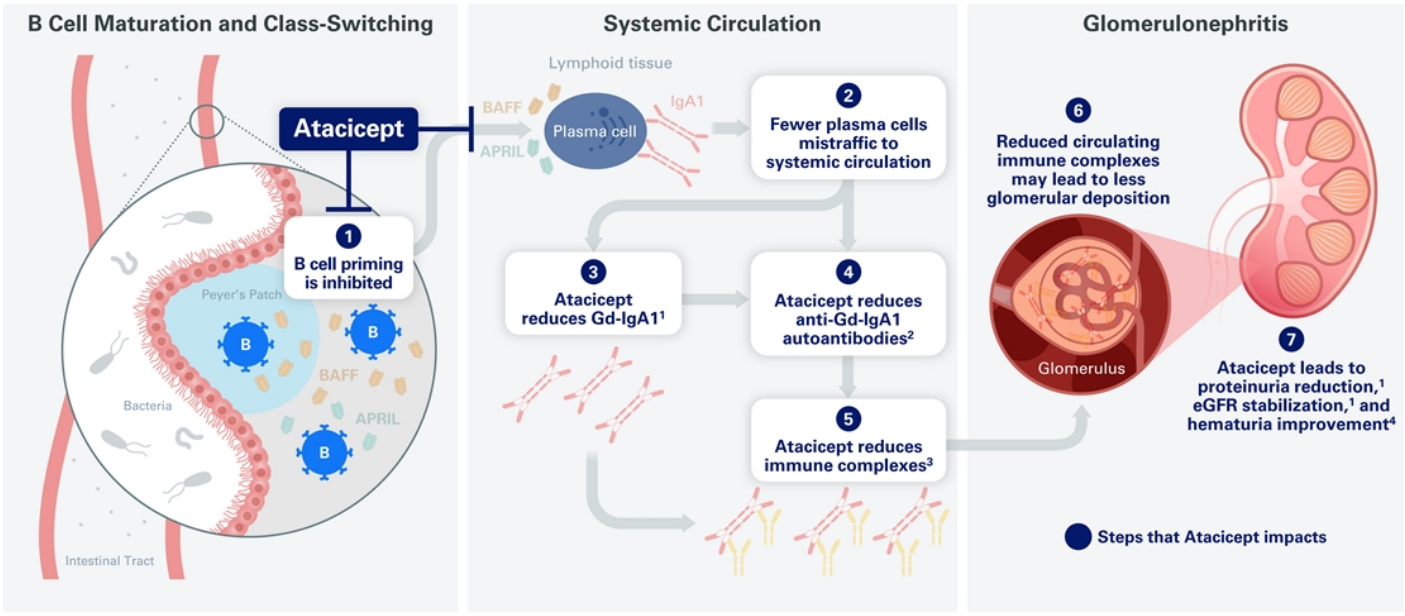
Up to 50% of IgAN patients progress to **ESKD**, resulting in need for **dialysis or transplant**[3,4]

~$6–10B Annual Market Opportunity in US, EU, and Japan for Novel IgAN Therapeutics[5]



ESKD = end-stage kidney disease.
1. Jarrick S, et al. J Am Soc Nephrol 2019; 2. Orphan Disease Designation not yet obtained for atacicept in IgAN; 3. Kwon CS, et al. J Health Econ Outcomes Res 2021; 4. Pitcher D, et al. Clin J Am Soc Nephrol 2023; 5. ClearView Healthcare Partners Analysis. Prevalence and addressable population estimates based on peak year forecast.

Atacicept Targets All Upstream Hits of IgAN Pathogenesis, Leading to Downstream Improvements



1. Lafayette R, et al. ERA 2023 late breaking clinical trial oral presentation, June 17 2023; 2. Barratt J, et al. Nephrol Dial Transplant 2022;3 suppl 3, abstr FC051; 3. Barratt J, et al. ASN Kidney Week 2022, SA-PO655; 4. Barratt J, et al. ASN Kidney Week 2023, SA-PO887.

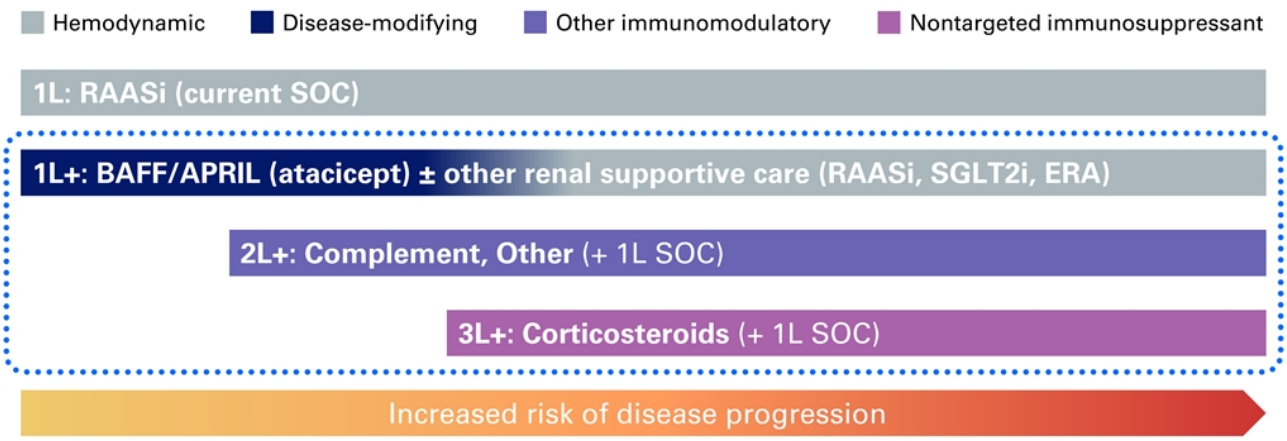
Atacicept: Favorable MOA for Potential Disease Modifying Therapy

+ Dual blockade reduces long-term risk of single pathway intervention escape

Based on clinical trial results of atacicept for IgAN to date.

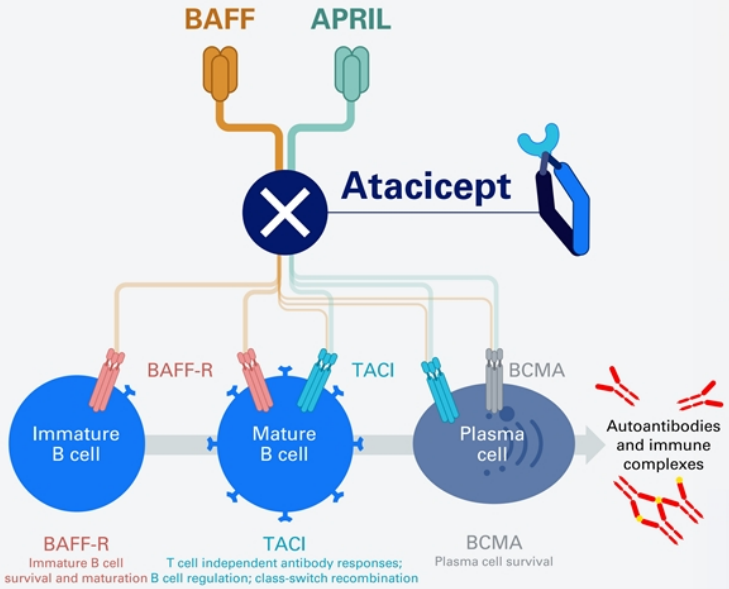
Prospective IgAN Treatment Paradigm

B cell modulators have potential as front-line plus treatment based on unique eGFR stabilization



APRIL = A proliferation-inducing ligand; BAFF = B-cell activating factor; ERA = endothelin receptor antagonist; RAASi = renin-angiotensin-aldosterone system inhibitor; SGLT2i = sodium-glucose cotransporter 2 inhibitor; SOC = standard of care.

Rationale for Dual Inhibition of BAFF + APRIL with Atacicept

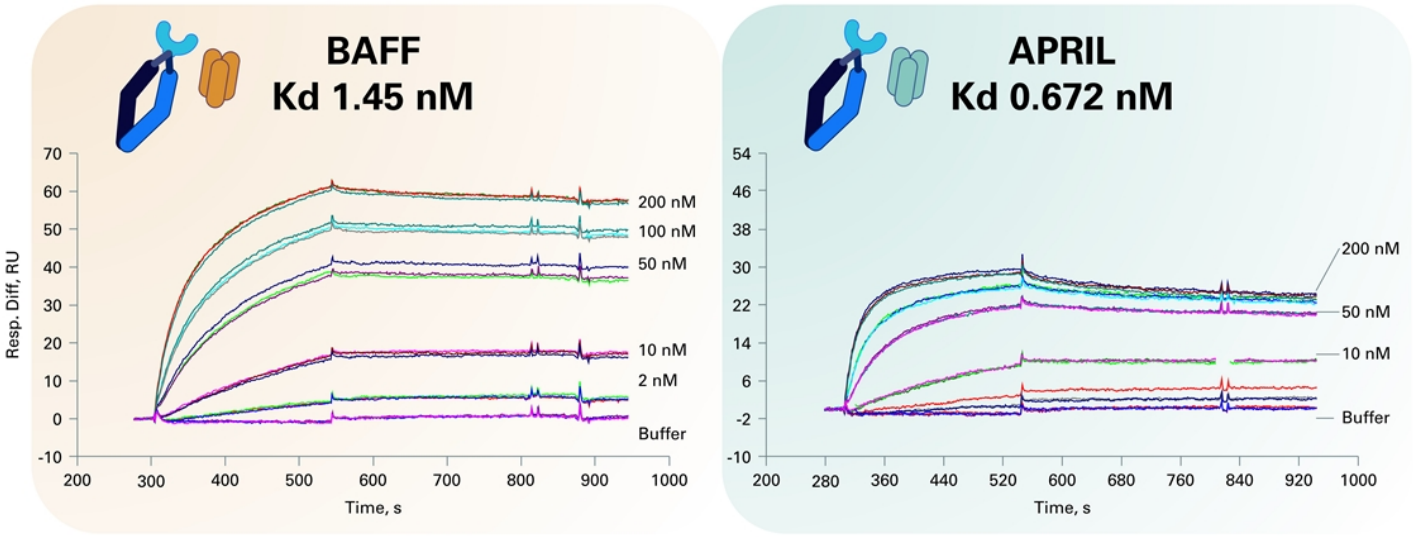


- Elevated BAFF plays **key role in IgAN pathogenesis**
  - BAFF and APRIL levels are both elevated in patients with IgAN and are each associated with clinical severity[1-3]
  - In preclinical models, overexpression of BAFF alone can lead to the development of kidney IgA deposits and IgA-like nephritis[4]
  - BAFF can directly increase the expression of factors associated with fibrosis and inflammation in mesangial cells[2]
  - Dual blockade of BAFF 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**
  - BAFF or APRIL alone are each capable of independently supporting plasma cell survival[5,6]
  - Blocking both biologic targets may avoid compensatory increase in parallel signal[7,8]
  - Blocking APRIL alone may lead to upregulation of BAFF signaling with potential consequences on efficacy[9]
- 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; BAFF = B-cell activating factor; 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. Tsiantoulas et al. Nature 2021; 9. 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 BAFF and APRIL with Low Nanomolar Potency



Vera data on file.

Summary of Positive Phase 2b Week 36 Results

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

PP Analysis	ITT Analysis	
Δ 43%*	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**

Hematuria resolution in 80% of patients on atacicept 150 mg vs 5% on placebo

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

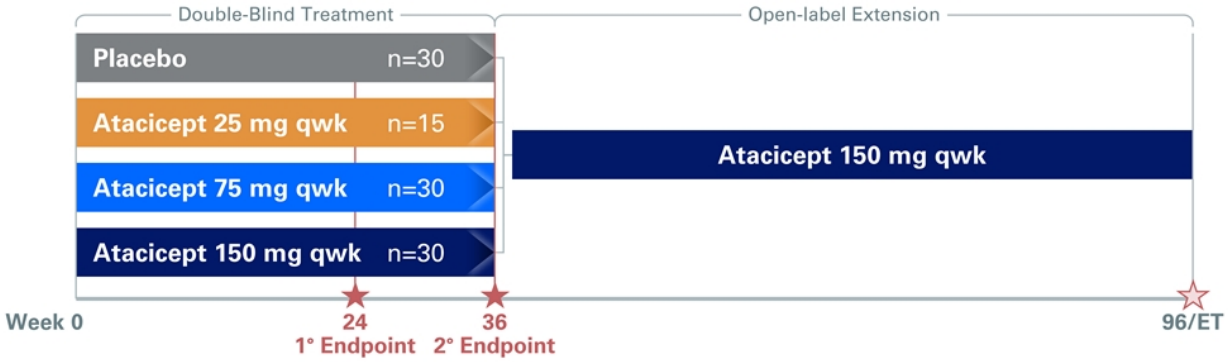
Clinical safety profile similar between atacicept and placebo

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.
Lafayette R, et al. ERA 2023 late breaking clinical trial oral presentation, June 17 2023.

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.

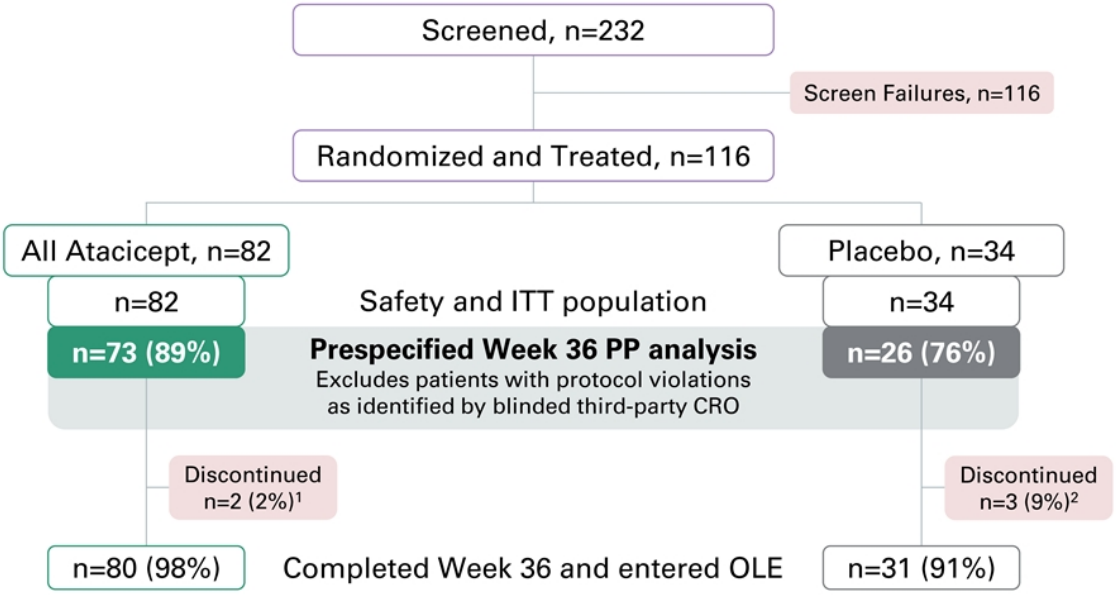
30% Placebo-Adjusted Reduction in Proteinuria Known to be Clinically Meaningful in IgAN Patients

- 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 ESKD 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. Carroll K, et al. Nephrol Dial Transplant 2021;36 suppl 1;gfab104.004; 3. Tarpeyo [package insert]. Calliditas Therapeutics AB; 2021. 4. Filspari [package insert]. Travere Therapeutics, Inc.; 2023.

Patient Disposition



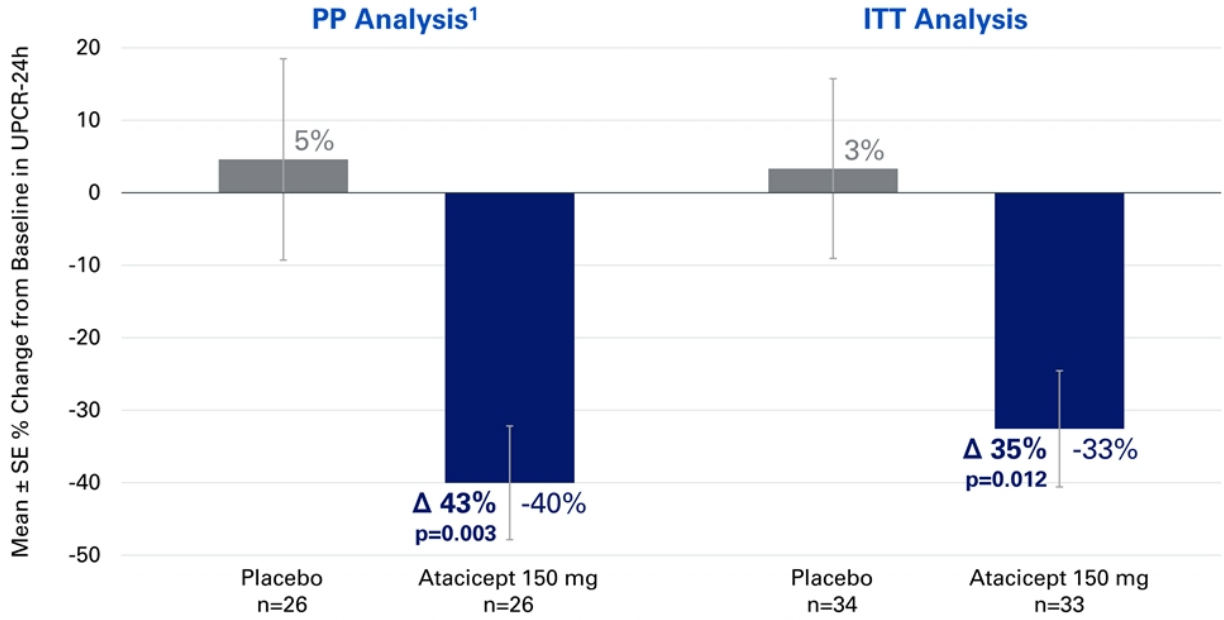
ITT = intent to treat; PP = per protocol; OLE = open label extension.
1. Discontinued to pursue elective surgery (1), discontinued due to positive hepatitis B DNA and adverse event (1).
2. Initiated prohibited medication for concomitant disease (1), discontinued due to plan to start prohibited medication for concomitant disease (1) and adverse event (1).
Lafayette R, et al. ERA 2023 late breaking clinical trial oral presentation, June 17 2023.

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)
Time from biopsy, y	2.8 ± 2.8	1.7 ± 1.6	3.5 ± 2.8	3.3 ± 3.4	2.1 ± 2.4

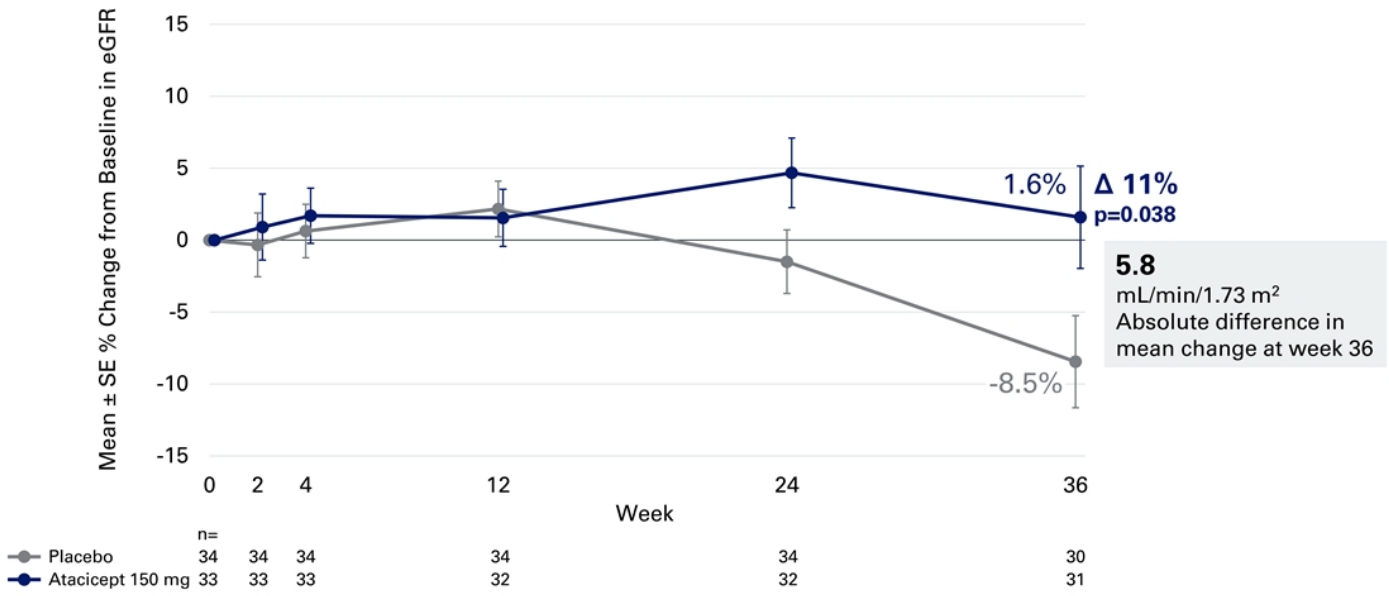
Lafayette R, et al. ERA 2023 late breaking clinical trial oral presentation, June 17 2023.

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.
Lafayette R, et al. ERA 2023 late breaking clinical trial oral presentation, June 17 2023.

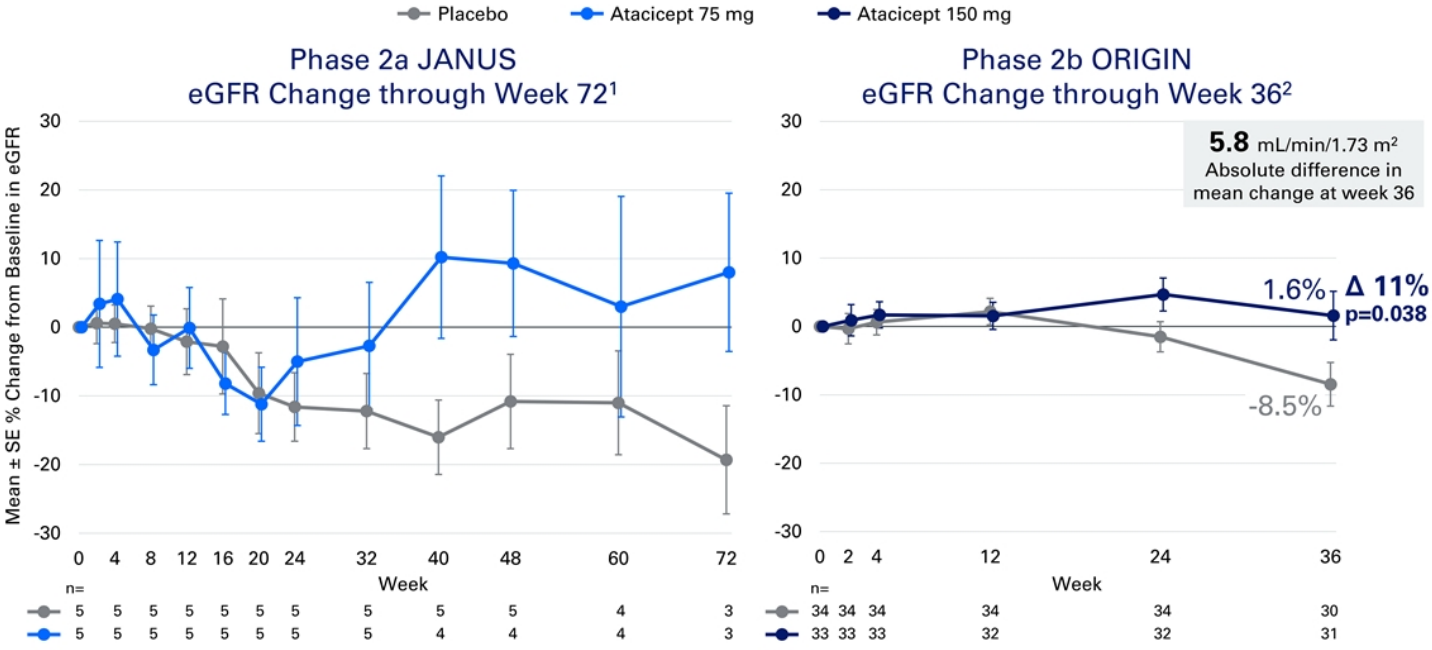
eGFR Change with Atacicept 150 mg Through Week 36



5.8
mL/min/1.73 m²
Absolute difference in mean change at week 36

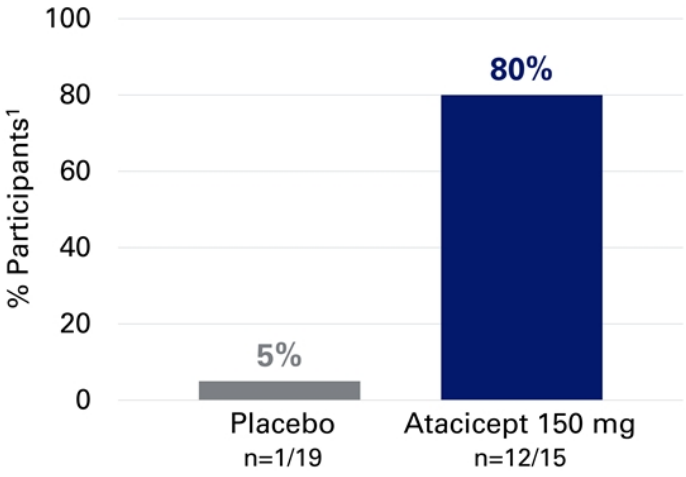
ITT analysis; p-values, percentage changes from baseline, and treatment differences were computed using FDA-endorsed mixed-effects modeling.
Lafayette R, et al. ERA 2023 late breaking clinical trial oral presentation, June 17 2023.

Atacicept Has Shown Stable and Persistent eGFR Trends in Multiple RCTs



1. Safety analysis set; descriptive statistics. 2. ITT analysis; p-values, percentage changes from baseline, and treatment differences were computed using FDA-endorsed mixed-effects modeling.

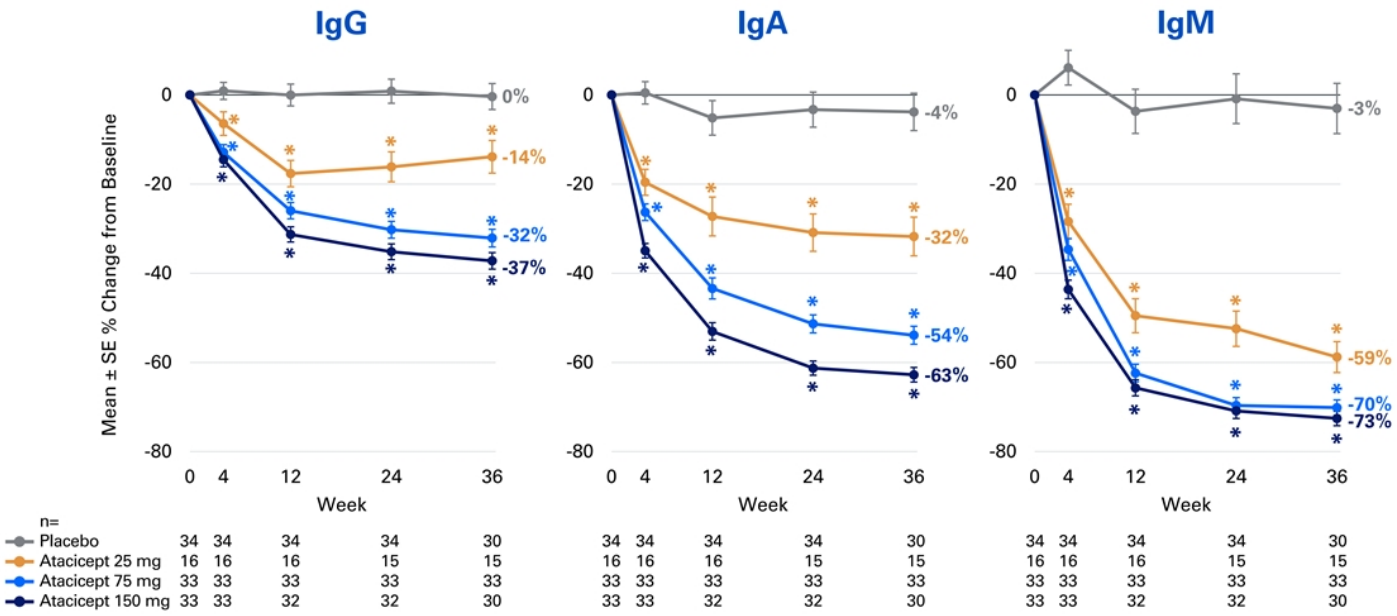
Hematuria Resolved in 80% of Patients on Atacicept 150 mg vs 5% on Placebo at Week 36



- **Hematuria represents active glomerulonephritis** (inflammation of glomeruli), and resolution is associated with improved renal outcomes[2,3]
- Most patients receiving atacicept 150 mg with hematuria at baseline had **resolution at week 36**[4]

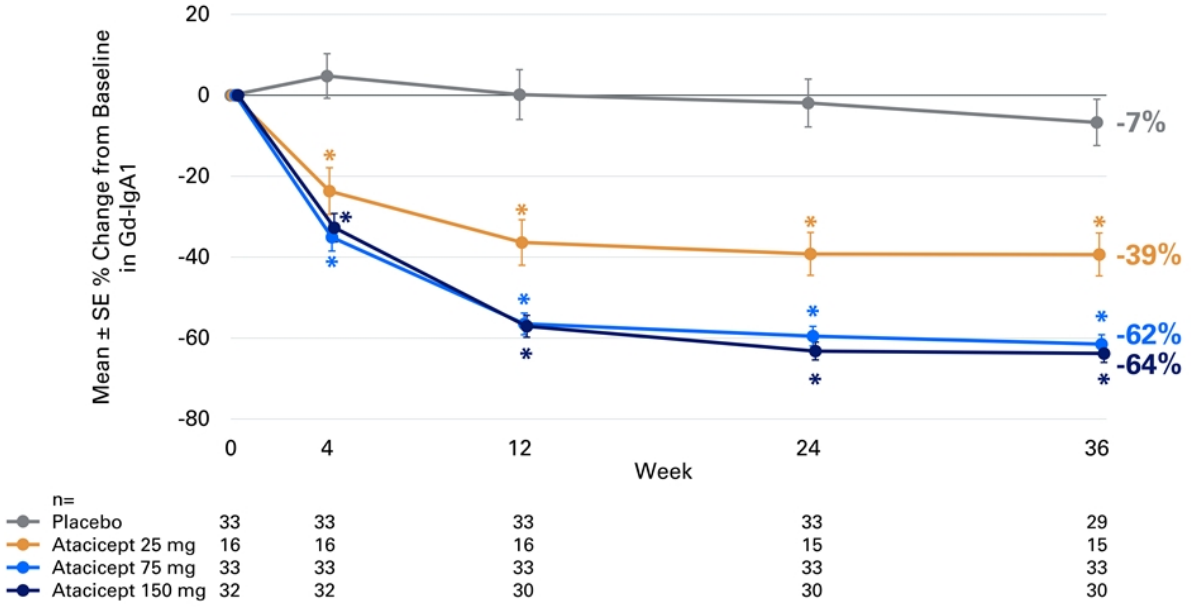
1. Participants with baseline hematuria (≥0.06 mg/dL) who resolved to negative or trace (≤0.03 mg/dL) at week 36.
2. Sevillano AM, et al. J Am Soc Nephrol 2017;28:3089-99; 3. Yu G, et al. Am J Kidney Dis 2020;76:90-9; 4. Barratt J, et al. ASN Kidney Week 2023; abstr SA-PO887.

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



ITT analysis; *p<0.05 vs placebo. p-values, percentage changes from baseline, and treatment differences were computed using FDA-endorsed mixed-effects modeling.
Lafayette R, et al. ERA 2023 late breaking clinical trial oral presentation, June 17 2023.

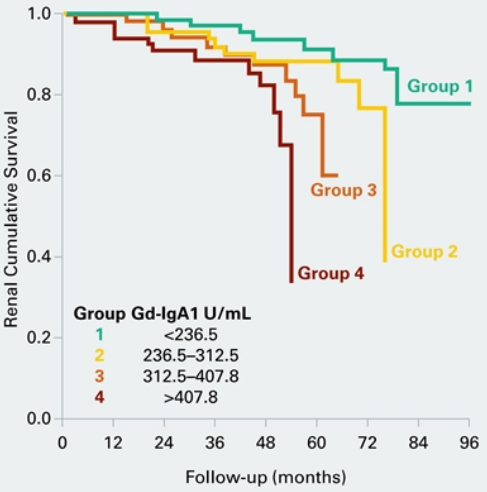
Gd-IgA1 % Change Through Week 36



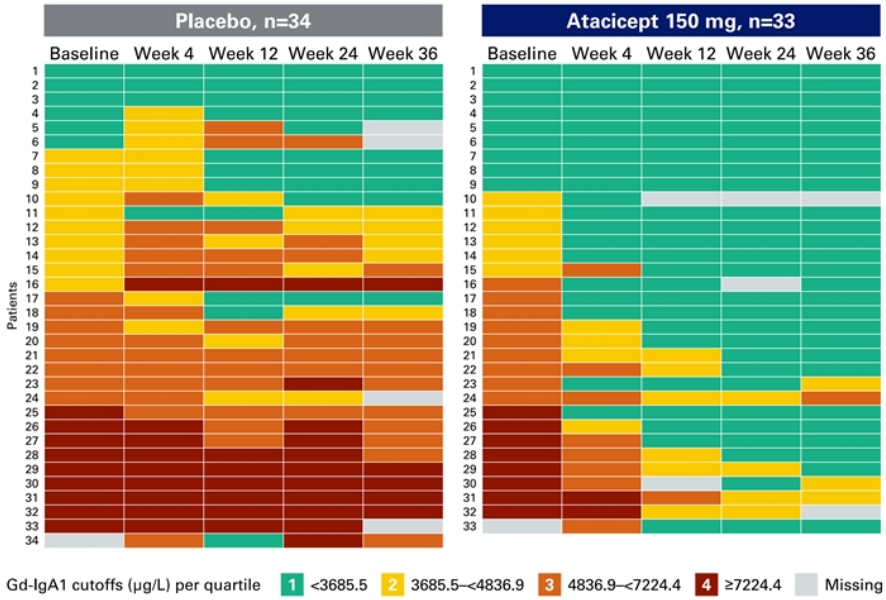
n=					
Placebo	33	33	33	33	29
Atacicept 25 mg	16	16	16	15	15
Atacicept 75 mg	33	33	33	33	33
Atacicept 150 mg	32	32	30	30	30

ITT analysis; *p<0.05 vs placebo. p-values, percentage changes from baseline, and treatment differences were computed using FDA-endorsed mixed-effects modeling.
Lafayette R, et al. ERA 2023 late breaking clinical trial oral presentation, June 17 2023.

At Week 36, 82% of Patients on Atacicept 150 mg Had Gd-IgA1 Reductions to the Lowest Risk Quartile[1]



- High Gd-IgA1 levels are associated with greater risk of renal function deterioration, ESRD, and death[2]



At baseline, 4, 12, 24, and 36 weeks, serum Gd-IgA1 values were assessed and classified into intra-study quartiles using cutoffs derived from baseline Gd-IgA1 values from the ORIGIN population.

1. Barratt J, et al. ASN Kidney Week 2023; abstr SA-PO887; 2. Zhao N et al. Kidney Int 2012; 3. Barratt J, et al. ASN Kidney Week 2023; abstr SA-PO887.

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.

Lafayette R, et al. ERA 2023 late breaking clinical trial oral presentation, June 17 2023.

No Significant Change in Lymphocyte Counts at Week 36

Mean ± SD Lymphocyte counts, 10^9/L	Atacicept 25 mg n=16	Atacicept 75 mg n=33	Atacicept 150 mg n=33	Placebo n=34
Baseline	1.83 ± 0.66	1.76 ± 0.64	1.77 ± 0.58	1.7 ± 0.52
Week 36	1.93 ± 0.64 n=13	1.68 ± 0.60 n=30	2.00 ± 0.75 n=31	1.62 ± 0.36 n=29
Change at week 36	0.08 ± 0.60	-0.07 ± 0.36	0.22 ± 0.69	0.003 ± 0.36

Balanced Infections with Atacicept vs Placebo

Infections through Week 36 in ORIGIN Patients, n (%)	Atacicept 25 mg n=16	Atacicept 75 mg n=33	Atacicept 150 mg n=33	Placebo n=34
Infections[1]	6 (38)	16 (48)	13 (39)	11 (32)
Occurring in >1 patient				
COVID-19	4 (25)	9 (27)	8 (24)	6 (18)
Upper respiratory tract infection	0	3 (9)	2 (6)	0
Nasopharyngitis	0	1 (3)	3 (9)	1 (3)
Urinary tract infection	2 (13)	1 (3)	1 (3)	0
Viral infection	0	2 (6)	0	2 (6)
Influenza	0	1 (3)	0	1 (3)
Tonsillitis	1 (6)	1 (3)	0	0

- Infections balanced overall and similar COVID-19 positive rates between atacicept and placebo groups
- No increase in incidence or severity of COVID-19 infections with atacicept vs placebo[2]
- In the Phase 2a JANUS study, no patients changed from protective to nonprotective status for diphtheria toxoid or tetanus toxoid[2]

1. One severe infection (gastroenteritis norovirus, resolved and not related to study treatment); all others were mild or moderate; 2. Barratt J, et al. ASN Kidney Week 2023; abstr SA-PO884; titer ≥0.1 IU/mL required to maintain immunity for both diphtheria toxoid and tetanus toxoid.

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, including COVID
- ✓ Low rates of serious AEs and AEs leading to discontinuation for atacicept
- ✓ No patient had study drug discontinuation or interruption due to hypogammaglobulinemia

Lafayette R, et al. ERA 2023 late breaking clinical trial oral presentation, June 17 2023.

Enrolling Phase 3 Trial of Atacicept for IgAN

Regulatory Feedback	FDA Type C meeting Q4'22 & written feedback received Q2'23 enabled alignment on Ph3 protocol to accelerate Ph3 trial start in early June
Operational Efficiency	Ability to leverage ORIGIN worldwide sites and experience Attractive trial with self-administration and supportive Ph2b results
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

Phase 2b Subgroup Analyses Informed Phase 3 Design

origin

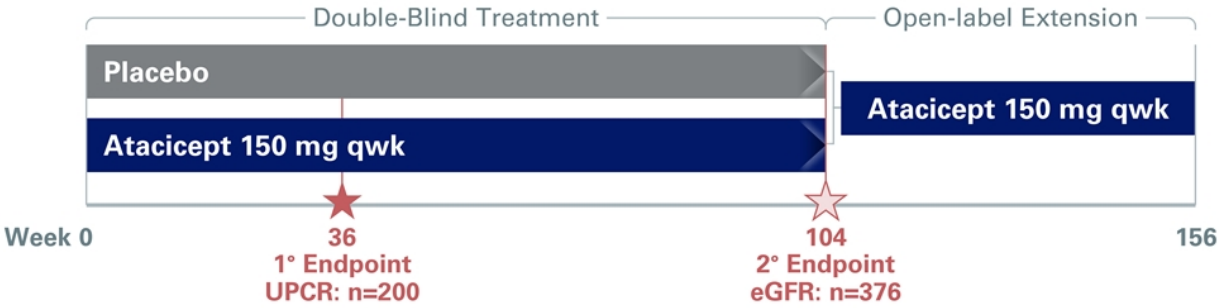
- Tested atacicept's anticipated commercial formulation and setting (at home SC self administration) in patients with wide-spectrum disease severity and racially diverse backgrounds
- Incorporated evolving SOC SGLT2i use in a multinational RCT

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
  - >90% power at week 36
- Key secondary: eGFR change up to week 104 ☆
  - 90% power for eGFR Δ 4 mL/min at week 104
- Safety

Target 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]

Monthly dosing possible and currently under exploration as LCM opportunity

1. Usach I, et al. Adv Ther 2019;36:2986-96.

Atacicept: Potential Value Creation Over Next 18 Months

Catalyst	2024	2025	2026
Present 72-week **eGFR and proteinuria** data from ORIGIN Phase 2b	Jan 25		
Phase 3 estimated full enrollment	2H		
Present 96-week **eGFR and proteinuria** data from ORIGIN Phase 2b	4Q		
Present topline Phase 3 data		1H	
BLA submission		2H	
Projected launch			

Vera holds worldwide, exclusive rights to develop and commercialize atacicept

Based on management's current assumptions.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