

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): September 15, 2026

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

Delaware
(State or other jurisdiction
of incorporation)

2000 Sierra Point Parkway, Suite 1200
Brisbane, California
(Address of principal executive offices)

001-40407
(Commission
File Number)

81-2744449
(I.R.S. Employer
Identification No.)

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 September 15, 2026, Vera Therapeutics, Inc. (the “Company”) announced that TRUTAKNA™ (atacept-vymj) met all prespecified endpoints of the final efficacy analysis of the ORIGIN 3 trial in adults with primary IgA nephropathy (“IgAN”) at risk for disease progression. A copy of the press release is furnished as Exhibit 99.1. In connection with the data release, the Company updated its corporate presentation (the “Corporate Presentation”) to include the final efficacy analysis of the ORIGIN 3 trial referenced above. A copy of the Corporate Presentation is furnished as Exhibit 99.2. For important information about forward-looking statements, see the slide titled “Forward-Looking Statements” in Exhibit 99.2 attached hereto.

The information in this Item 7.01 of this Current Report on Form 8-K, including Exhibits 99.1 and 99.2, 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 Exhibits 99.1 and 99.2, 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 September 15, 2026, the Company announced that TRUTAKNA met all prespecified endpoints of the final efficacy analysis of the ORIGIN 3 trial in adults with primary IgAN at risk for disease progression. Topline results from the final analysis set of 428 patients are presented below.

	TRUTAKNA	Placebo	Treatment effect	p-value
Mean eGFR change from baseline at 52 weeks, mL/min/1.73m ²	-0.1 (95% CI -1.4, 1.2)	-5.7 (95% CI -7.0, -4.4)	5.6 (95% CI 3.7, 7.5)	<0.0001
Annualized eGFR slope through 104 weeks, mL/min/1.73m ² /year	-0.6 (95% CI -1.6, 0.4)	-5.6 (95% CI -6.6, -4.6)	5.0 (95% CI 3.6, 6.5)	<0.0001
Composite kidney disease progression event through 104 weeks, n	11	38	Hazard ratio 0.24 (95% CI 0.12, 0.48) 76% risk reduction	<0.0001
Dialysis ≥30 days, transplant, or death through 104 weeks, n	0	8		

These estimated glomerular filtration rate (“eGFR”) results align with the KDIGO treatment goal to reduce the rate of kidney function decline to the physiologic rate (<1 mL/min/1.73m²/year). TRUTAKNA also achieved statistically significant reductions in the hierarchically tested endpoints of proteinuria, galactose-deficient IgA1, and hematuria. TRUTAKNA was well tolerated with a favorable safety profile generally comparable to placebo, consistent with previous results from the ORIGIN program. Rates of overall adverse events and infections or infestations were similar between the TRUTAKNA and placebo groups, and there were no opportunistic infections or clinically relevant hypogammaglobulinemia.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Press Release of Vera Therapeutics, Inc., dated September 15, 2026
99.2	Corporate Presentation, dated September 15, 2026
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.

Dated: September 15, 2026

Vera Therapeutics, Inc.

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

Vera Therapeutics Announces TRUTAKNA™ (atacept-vymj) Stabilized eGFR and Prevented Kidney Disease Progression Through Two Years in ORIGIN 3 Final Efficacy Analysis in IgA Nephropathy

- *TRUTAKNA, the first and only FDA-approved BAFF and APRIL inhibitor, met all prespecified endpoints, including unprecedented placebo-adjusted estimated glomerular filtration rate (eGFR) and composite kidney disease progression benefits.*
- *Favorable safety profile, and generally comparable to placebo.*
- *Strong commercial launch momentum with over 350 patient start forms generated in the first ten weeks.*
- *Plan to submit supplemental BLA to the U.S. Food and Drug Administration (FDA) for full approval in Q4 2026.*

BRISBANE, Calif., September 15, 2026 – Vera Therapeutics, Inc. (Nasdaq: VERA), a commercial-stage biotechnology company, today announced that TRUTAKNA met all prespecified endpoints of the final efficacy analysis of the ORIGIN 3 trial in adults with primary IgA nephropathy (IgAN) at risk for disease progression. Topline results from the final analysis set of 428 patients are presented below.

	TRUTAKNA	Placebo	Treatment effect	p-value
Mean eGFR change from baseline at 52 weeks, mL/min/1.73m ²	-0.1 (95% CI -1.4, 1.2)	-5.7 (95% CI -7.0, -4.4)	5.6 (95% CI 3.7, 7.5)	<0.0001
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Composite kidney disease progression event through 104 weeks, n	11	38	Hazard ratio 0.24 (95% CI 0.12, 0.48)	<0.0001
Dialysis ≥30 days, transplant, or death through 104 weeks, n	0	8	76% risk reduction	<0.0001

These eGFR results align with the KDIGO treatment goal to reduce the rate of kidney function decline to the physiologic rate (<1 mL/min/1.73m²/year).¹ TRUTAKNA also achieved statistically significant reductions in the hierarchically tested endpoints of proteinuria, galactose-deficient IgA1 (Gd-IgA1), and hematuria. TRUTAKNA was well tolerated with a favorable safety profile generally comparable to placebo, consistent with previous results from the ORIGIN program.² Rates of overall adverse events and infections or infestations were similar between the TRUTAKNA and placebo groups, and there were no opportunistic infections or clinically relevant hypogammaglobulinemia. Detailed results from the final efficacy analysis will be shared at an upcoming scientific congress.

“The ORIGIN 3 final analysis, demonstrating a significant reduction in risk of composite kidney disease progression, true stabilization of eGFR, and a favorable safety profile through two years, marks a milestone in IgAN treatment,” said Richard Lafayette, M.D., F.A.C.P., Professor of Medicine, Nephrology and Director of the Glomerular Disease Center at Stanford University Medical Center, and a principal investigator for ORIGIN 3.

“Prevention of kidney failure or kidney-related death is the ultimate goal. We now have evidence suggesting that TRUTAKNA may help patients avoid dialysis, transplantation, or kidney-related death over the long term.”

“We believe that upstream inhibition of BAFF and APRIL with TRUTAKNA achieves results that reflect the potential for comprehensive disease modification in IgAN. ORIGIN 3 is the first reported Phase 3 IgAN trial to reach alignment with the FDA on an earlier final efficacy analysis, offering patients randomized to placebo an earlier opportunity to transition to open-label TRUTAKNA. The final results support this alignment and we plan to submit the supplemental BLA in the fourth quarter of this year. We look forward to the potential full approval of TRUTAKNA in 2027,” said Marshall Fordyce, M.D., Founder and CEO of Vera Therapeutics. “We reiterate our gratitude to the patients, investigators, employees, and collaborators who have helped us to deliver a transformative therapy to patients in need.”

“We are excited for the upcoming supplemental BLA submission based on the ORIGIN 3 final analysis. Since receiving accelerated approval, we have seen significant interest from the IgAN community. In the first ten weeks, we have generated over 350 patient start forms. We are seeing paid claims and are pleased with initial payer policies. The early momentum of the TRUTAKNA launch is very encouraging,” said Matt Skelton, Chief Commercial Officer of Vera Therapeutics.

About IgAN

IgAN is a serious, progressive, immune-mediated kidney disease and a leading cause of chronic kidney disease and kidney failure worldwide.^{3,4} Approximately 2.5 adults per 100,000 worldwide are diagnosed with IgAN each year, most often between 30 and 40 years of age.^{5,6} Over time, IgAN can lead to irreversible kidney damage and may ultimately require dialysis or kidney transplantation. At least 50% of patients may progress to kidney failure or death within 10 to 20 years of diagnosis.⁴

About TRUTAKNA (atacept-vymj)

TRUTAKNA, a B-cell activating factor (BAFF) and A proliferation-inducing ligand (APRIL) inhibitor, is a soluble recombinant fusion protein containing the human transmembrane activator and calcium-modulating cyclophilin ligand interactor (TACI) receptor that binds to the cytokines BAFF and APRIL.⁷ BAFF and APRIL are key cytokines that activate B cells and drive IgAN pathophysiology. In IgAN, activated B cells produce both the antigen and associated antibodies that result in the production of damaging IgA immune complexes. The overlapping roles of BAFF and APRIL in activating B cells support the potential for TRUTAKNA as a disease-modifying therapy.³ TRUTAKNA is self-administered as an at-home, small-volume (1 ml), 150 mg once-weekly autoinjector.

Indication

TRUTAKNA (atacept-vymj) is indicated to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk for disease progression.

This indication is approved under accelerated approval based on reduction of proteinuria. It has not been established whether TRUTAKNA slows kidney function decline over the long-term in patients with IgAN. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory clinical trial.

Important Safety Information

Contraindications: TRUTAKNA is contraindicated in patients with serious hypersensitivity to atacept-vymj or any excipients of TRUTAKNA.

Warnings and Precautions

Immunosuppression and Increased Risk of Infections: TRUTAKNA suppresses the immune system by reducing antibody production, which may increase the risk of infections. Patients with chronic infection or recurring infections may have an increased risk of serious infection. In clinical trials, infections were reported in 32% of TRUTAKNA patients compared with 28% of placebo patients.

Before initiating TRUTAKNA, assess patients for active infections. Delay TRUTAKNA administration in patients with active infection until the infection resolves or is adequately treated. Monitor patients for signs and symptoms of infection during treatment with TRUTAKNA. If a serious infection develops, consider interrupting TRUTAKNA until the infection is controlled.

The concomitant use of TRUTAKNA and other immune-modulating therapies has not been evaluated. Concomitant use of TRUTAKNA with drugs that affect the immune system, including systemic corticosteroids, may increase the risk of infection.

Immunosuppression and Immunization Risk: TRUTAKNA may interfere with the immune response to vaccines and increase the risk of infection from live vaccines. Prior to initiating treatment with TRUTAKNA, complete all age-appropriate immunizations. Live vaccines are not recommended within 30 days prior to initiation or during treatment with TRUTAKNA as safety of coadministration has not been established.

Adverse Reactions: The most common adverse reactions ($\geq 5\%$) in patients treated with TRUTAKNA and placebo, respectively, were infections (32% vs 28%) and local administration reactions (30% vs 5%). The most common infection was upper respiratory tract infection (12% vs 9%), and the most common local administration reactions were injection site reaction (19% vs 2%) and injection site erythema (6% vs 1%).

Use in Specific Populations

Pregnancy: Available data on TRUTAKNA used in pregnant women exposed during clinical trials are insufficient to evaluate for a drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes.

Based on the mechanism of action, TRUTAKNA may cause immunosuppression in the in utero-exposed infant. Consider the potential clinical impact of TRUTAKNA exposure in infants exposed in utero. Pregnant women exposed to TRUTAKNA, or their healthcare provider, should report TRUTAKNA exposure by calling 1-833-633-8372.

Pediatric Use: The safety and effectiveness of TRUTAKNA in pediatric patients have not been established.

You may report side effects to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Vera Therapeutics at 1-833-MED-VERA or medinfo@veratx.com.

Please see full Prescribing Information for additional Important Safety Information.

TRUTAKNA TRU SUPPORT™ Patient Support Program

We are dedicated to ensuring that eligible IgAN patients can access the first approved therapy that targets both BAFF and APRIL. TRUTAKNA TRU SUPPORT, our patient support program, offers insurance coverage assistance, financial assistance options for eligible patients, and educational resources designed to support patient access and care. Eligible commercially insured patients may pay as little as \$0 out of pocket through our copay assistance program. More information will be available on www.veratx.com.

About Vera Therapeutics

Vera Therapeutics is a commercial-stage biotechnology company focused on the pursuit of truth in science to transform medicine in autoimmune disease, starting with the kidney. Vera Therapeutics' flagship commercial product is TRUTAKNA (atacipept-vymj), a BAFF and APRIL inhibitor indicated to reduce proteinuria in adults with primary IgA nephropathy at risk for disease progression. Beyond IgAN, Vera Therapeutics is evaluating additional diseases where the reduction of autoantibodies through inhibition of BAFF and APRIL may prove clinically meaningful. Vera Therapeutics was founded in 2016 and is based in Brisbane, California. To learn more, visit www.veratx.com.

Forward-looking Statements

Statements contained in this press release 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, the ability of TRUTAKNA to stabilize eGFR and prevent kidney disease progression; the strength of Vera Therapeutics' commercial launch momentum for TRUTAKNA; the plan to submit a supplemental BLA to the FDA in the fourth quarter of 2026 for full approval; the timing for the detailed results from the final efficacy analysis to be shared at an upcoming scientific congress; the ability of the ORIGIN 3 final analysis to mark a milestone in IgAN treatment; the ability for the upstream inhibition of BAFF and APRIL with TRUTAKNA to achieve results that reflect comprehensive disease modification in IgAN; the ability of TRUTAKNA to help patients avoid dialysis, transplantation, or kidney-related death over the long term; the potential for the FDA to grant full approval to TRUTAKNA and the timing of such approval; the interest the IgAN community has in TRUTAKNA; the potential success of the TRUTAKNA launch; and the plans, commitments, aspirations and goals under the caption “About Vera Therapeutics”. Words such as “anticipate,” “believe,” “expect,” “may,” “plan,” “potential,” “will” and similar expressions are intended to identify forward-looking statements. These forward-looking statements are based upon Vera Therapeutics' 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, risks related to commercial launch, market acceptance, and payer coverage, results of earlier clinical trials may not be obtained in later clinical trials,

preliminary results may not be predictive of topline results, risks and uncertainties associated with Vera Therapeutics' business in general, the impact of macroeconomic and geopolitical events, and the other risks described in Vera Therapeutics' filings with the U.S. Securities and Exchange Commission. 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. Vera Therapeutics 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.

References

1. Kidney Disease: Improving Global Outcomes (KDIGO) IgAN and IgAV Work Group. KDIGO 2025 Clinical Practice Guideline for the Management of Immunoglobulin A Nephropathy (IgAN) and Immunoglobulin A Vasculitis (IgAV). *Kidney Int.* 2025;108(4S):S1-S71.
2. Lafayette R, Barbour SJ, Brenner RM, et al. A Phase 3 Trial of Atacicept in Patients with IgA Nephropathy. *N Engl J Med.* 2026;394(7):647-657. doi:10.1056/NEJMoa2510198
3. Cheung CK, Barratt J, Liew A, Zhang H, Tesar V, Lafayette R. The role of BAFF and APRIL in IgA nephropathy: pathogenic mechanisms and targeted therapies. *Front Nephrol.* 2024;3:1346769. Published 2024 Feb 1. doi:10.3389/fneph.2023.1346769
4. Pitcher D, Braddon F, Hendry B, et al. Long-Term Outcomes in IgA Nephropathy. *Clin J Am Soc Nephrol.* 2023;18(6):727-738. doi:10.2215/CJN.0000000000000135
5. McGrogan A, Franssen CF, de Vries CS. The incidence of primary glomerulonephritis worldwide: a systematic review of the literature. *Nephrol Dial Transplant.* 2011;26(2):414-430. doi:10.1093/ndt/gfq665
6. Jarrick S, Lundberg S, Welander A, et al. Mortality in IgA Nephropathy: A Nationwide Population-Based Cohort Study. *J Am Soc Nephrol.* 2019;30(5):866-876. doi:10.1681/ASN.2018101017
7. TRUTAKNA™ [Prescribing Information]. Brisbane, CA: Vera Therapeutics, Inc; July 2026

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Corporate Presentation

September 2026

Truth in science.
Transformation in medicine.

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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" within the meaning of the Private Securities Litigation Reform Act of 1995. Such forward-looking statements include, without limitation, TRUTAKNA™'s ability to transform treatment of autoimmune disease; the expected timing of sBLA submission for TRUTAKNA; the potential for TRUTAKNA to offer precision modulation of B cells and autoantibodies; the timing of and potential for the U.S. FDA to grant full approval of TRUTAKNA; the ability for TRUTAKNA to achieve results that reflect comprehensive disease modification in IgAN; the estimated IgAN epidemiology in 2032; the potential for TRUTAKNA to achieve the KDIGO Clinical Practice Guidelines; the potential market opportunity in pipeline autoimmune diseases; the commercial opportunity of IgAN and TRUTAKNA; and the Company's expectations regarding the timing of clinical trial results for EXTEND and PIONEER trials. Words such as "anticipate," "plan," "expect," "will," "may," "potential," "projected," "promise" 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, and the other risks described in the Company's filings with the U.S. Securities and Exchange Commission, including those described under the caption "Risk Factors" in our most recent Annual Report on Form 10-K and Quarterly Report on Form 10-Q. 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 discusses product candidates that are under clinical study and which have not yet been fully 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 to the extent it has not yet been approved.

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.

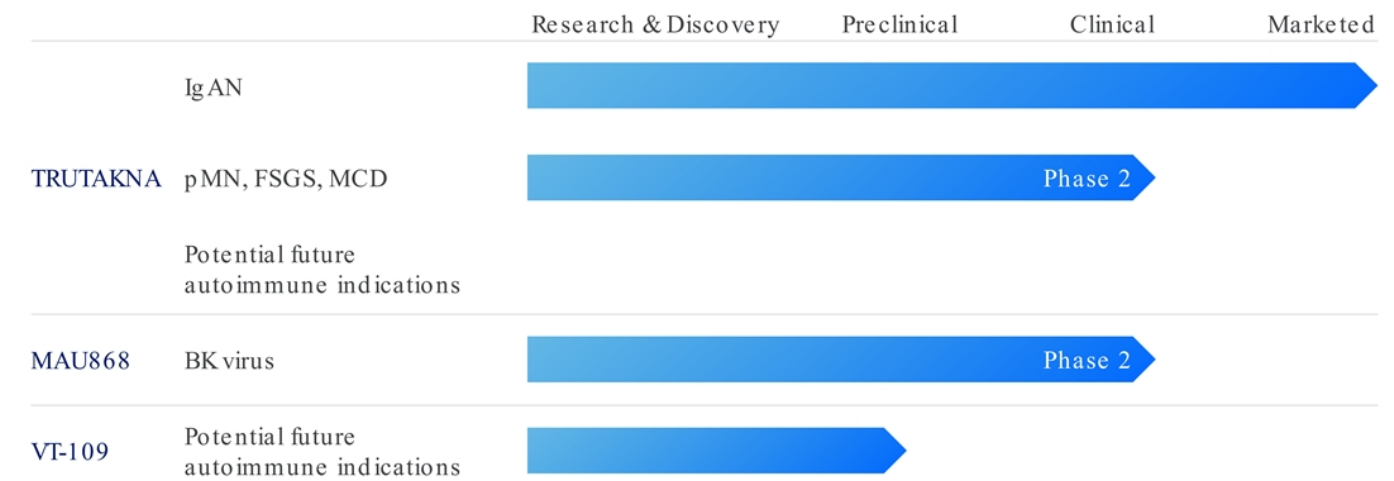


- VERA (Nasdaq) is a San Francisco-based biotechnology company with world-class development and commercialization leadership
- First commercial product: TRUTAKNA™ (atacept-vymj), a first-in-class BAFF and APRIL inhibitor that could transform treatment of autoimmune disease
- FDA granted accelerated approval in IgAN
- Phase 3 final analysis results support sBLA submission in Q4 2026

APRIL, A proliferation-inducing ligand; BAFF, B-cell activating factor, also known as B lymphocyte stimulator (BLyS); eGFR, estimated glomerular filtration rate; IgAN, immunoglobulin A nephropathy; sBLA, supplemental Biologics License Application.



Vera pipeline



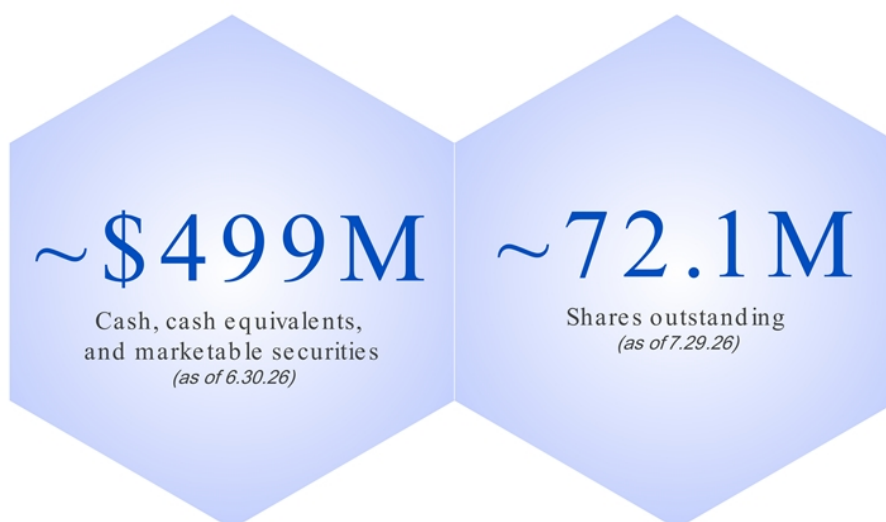
Vera holds world wide, exclusive rights to develop and commercialize TRUTAKNA, VT-109, and MAU868

FSGS, focal segmental glomerulosclerosis; MCD, minimal change disease; pMN, primary membranous nephropathy.

Management team: Successful clinical and commercial track record

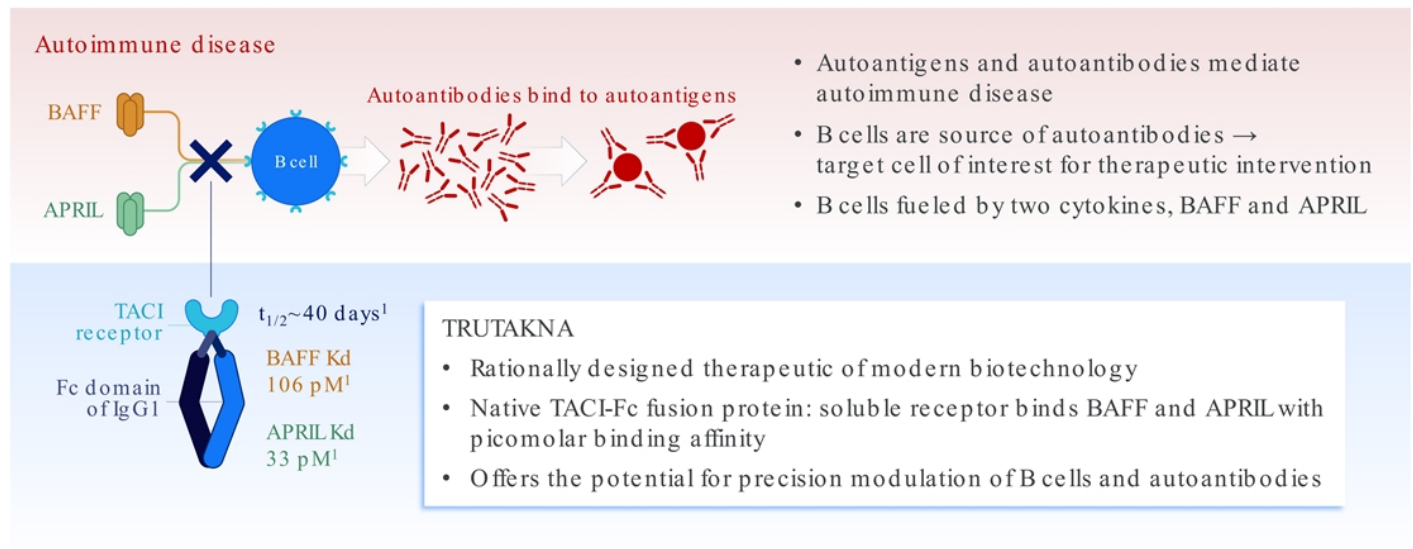
 Marshall Fordyce, MD Founder and CEO GILEAD	 Nancy Boman, MD, PhD Chief Regulatory Officer NOVARTIS kyverna	 Robert Brenner, MD Chief Medical Officer AMGEN amag	 Lauren Frenz, MBA Chief Business Officer GILEAD LEERINK PARTNERS
 Sean Grant, MBA Chief Financial Officer CareDx citi	 David Johnson, MBA Chief Operating Officer GILEAD GSK	 Matt Skelton Chief Commercial Officer Seagen AMGEN	 Jane Wright-Mitchell Chief Legal Officer VAXCYTE

Strong financial position



Additional \$425M non-dilutive capital available through Oxford Facility,
subject to satisfaction of certain conditions

B cell modulation via dual BAFF and APRIL inhibition represents a potential paradigm shift in how patients with autoimmunity may be treated



Fc, fragment crystallizable; IgG1, immunoglobulin G1; Kd, dissociation constant; TACI, transmembrane activator and calcium-modulator and cyclophilin ligand.
 1. TRUTAKNA™ [Prescribing Information]. Brisbane, CA: Vera Therapeutics, Inc; July 2026 .

IgAN: Most common primary glomerular disease world wide



Estimated worldwide incidence of **2.5/100,000** cases per year in adults¹



Predominantly diagnosed in **young adults**, with most patients presenting with demonstrable CKD at time of diagnosis²⁻⁵



At least **50%** of patients progress to **kidney failure or death within 10 to 20 years** of diagnosis^{2,3}



2025 KDIGO Guideline recommends treatment goal of **reducing rate of loss of kidney function** to the physiological state (<1 mL/min/year for most adults)⁶

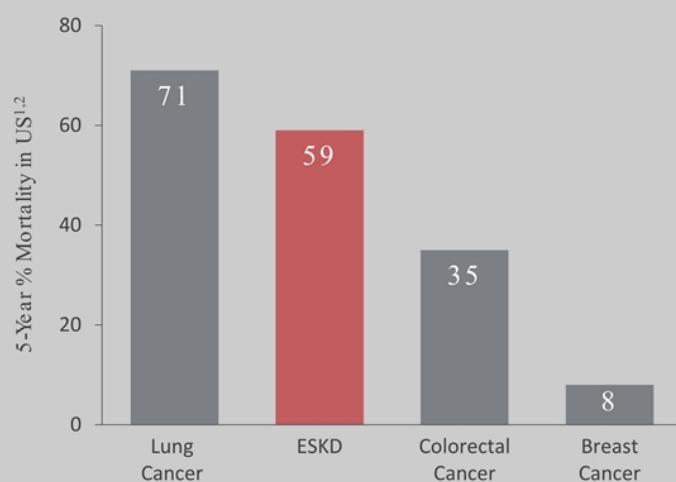


A **disease-modifying therapy** capable of stabilizing kidney function is an unmet need

CKD, chronic kidney disease.

1. McGrogan A, et al. Nephrol Dial Transplant 2011; 2. Kwon CS, et al. J Health Econ Outcomes Res 2021; 3. Pitcher D, et al. Clin J Am Soc Nephrol 2023; 4. Jarrick S, et al. J Am Soc Nephrol 2019; 5. Caster DJ, et al. Kidney Int Rep. 2023; 6. KDIGO IgAN and IgAV Work Group. Kidney Int. 2025.

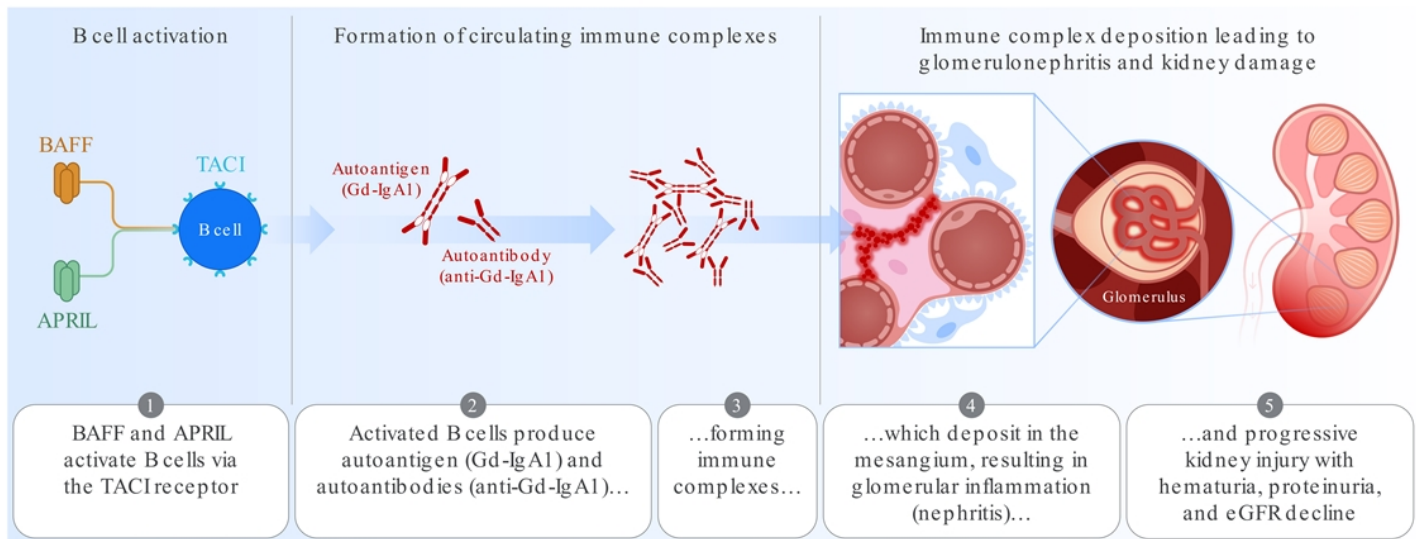
Inhibition of immune complex formation in IgAN may offer the potential to avoid end-stage kidney disease during a patient's lifetime



ESKD, end stage kidney disease.

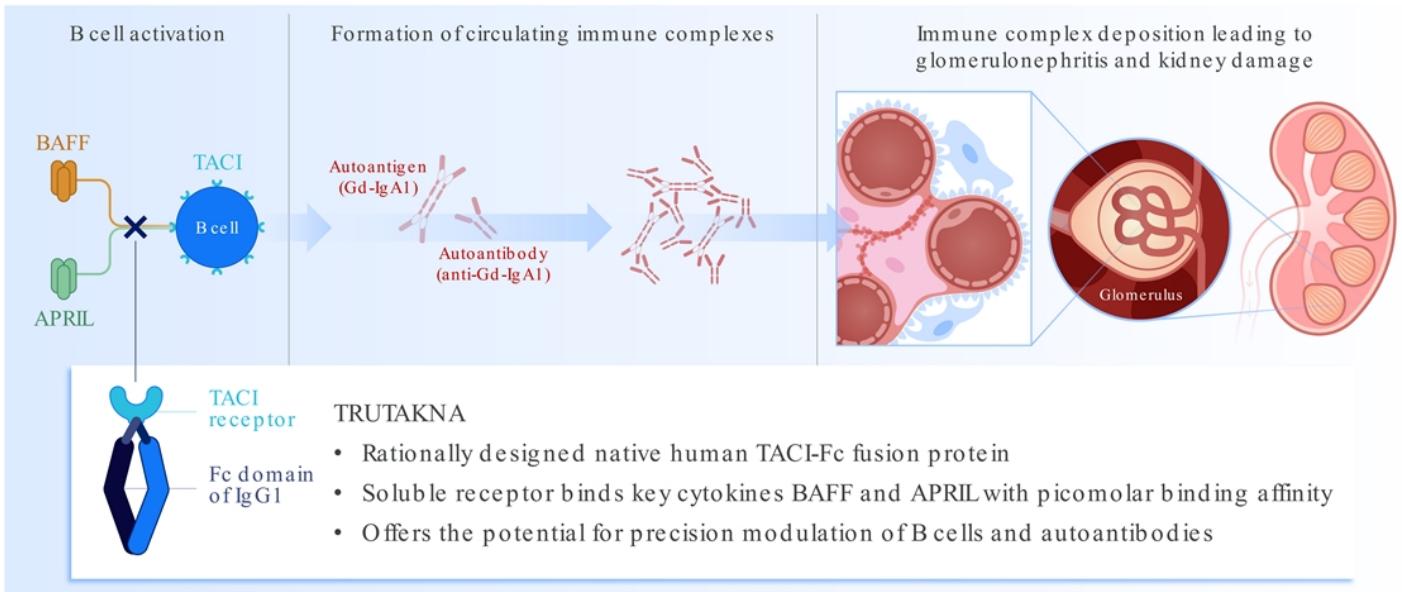
1. US CDC Cancer Statistics based on cancers diagnosed from 2015 to 2021 and follow-up of patients through Dec 31, 2021; 2. Thurlow JS, et al. Am J Nephrol 2021 (data for ESKD resulting from all kidney disease).

IgAN is a disease of B cell origin with kidney pathology

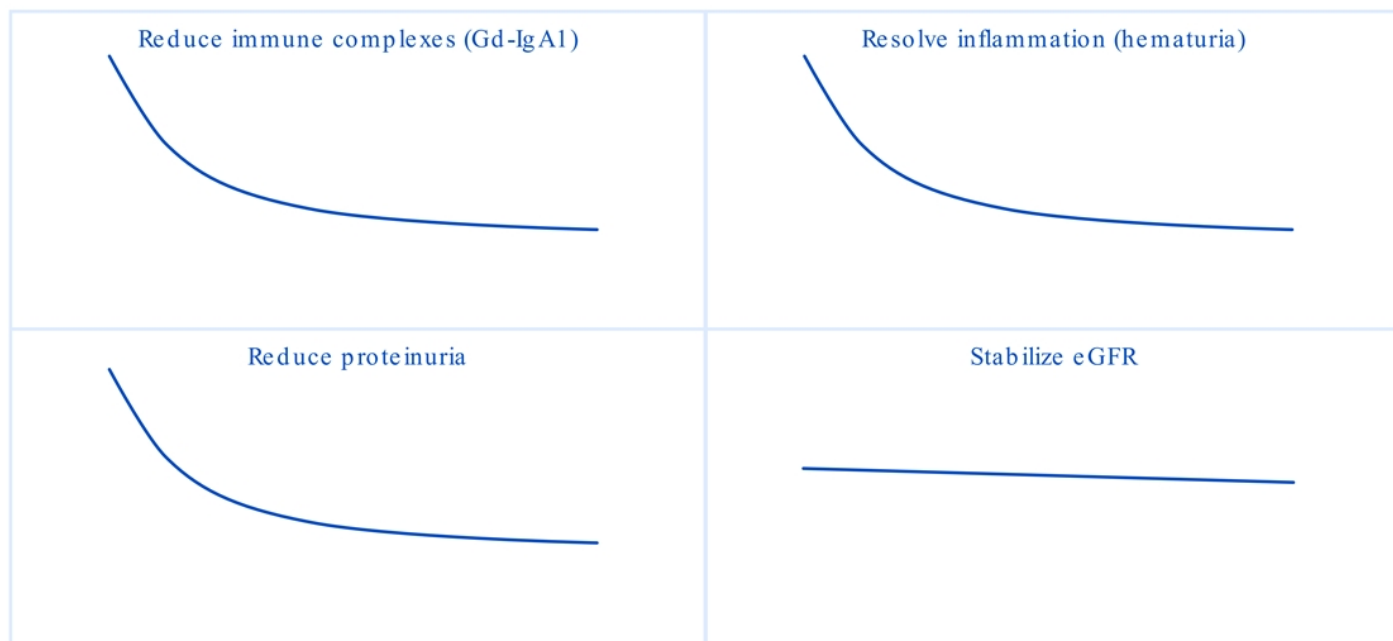


eGFR, estimated glomerular filtration rate; Gd-IgA1, galactose-deficient immunoglobulin A1.

TRUTAKNA: Rationally designed fusion protein conceived in the era of modern biotechnology

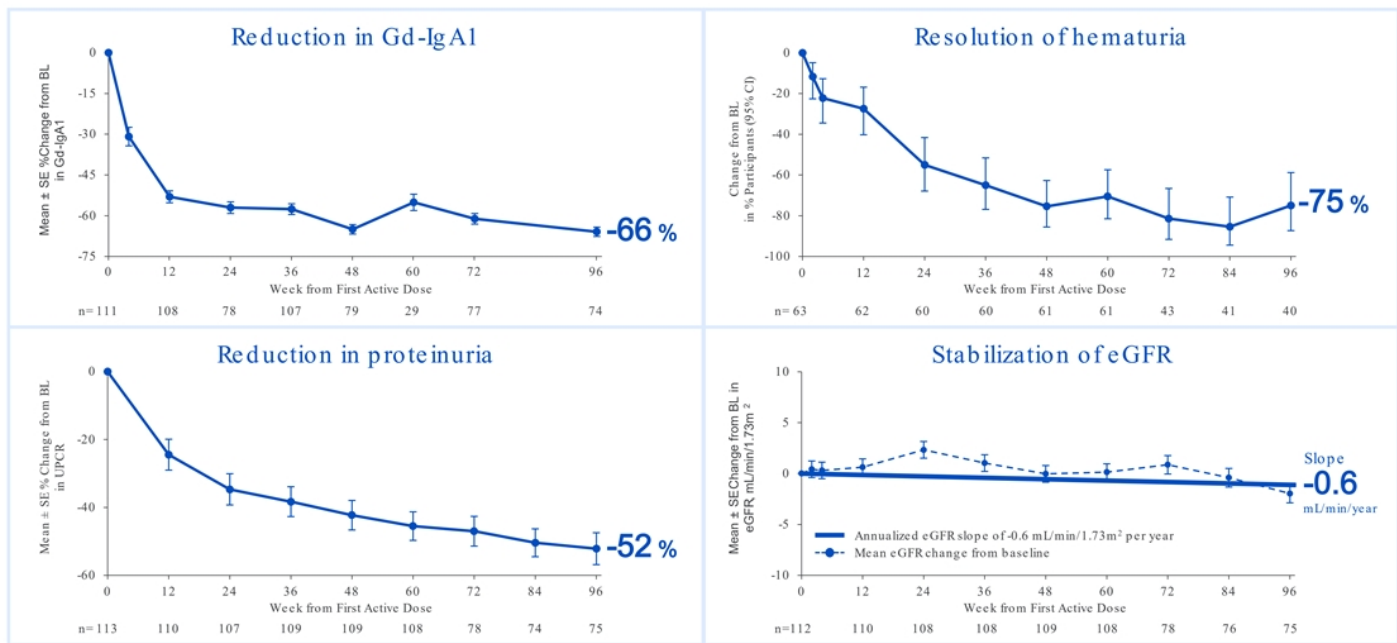


A therapy that comprehensively addresses KDIGO treatment goals would...



Figures are illustrative only.

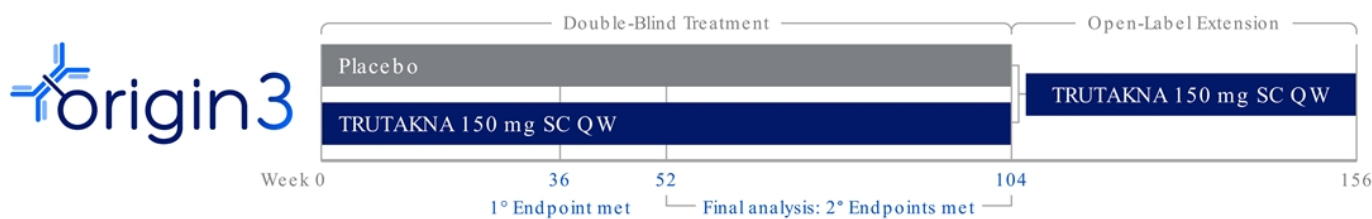
ORIGIN Phase 2b long-term results consistent with disease modification



Data includes all participants receiving any active dose at any time point, with baseline (BL, week 0) defined as last available measurement prior to first active dose. CI, confidence interval; UPCR, urine protein creatinine ratio. Barratt J, et al. J Am Soc Nephrol 2025.

Phase 3 trial design

Multinational, randomized, placebo-controlled trial of TRUTAKNA, self-administered at home via weekly 1-mL SC injection



Key Inclusion Criteria

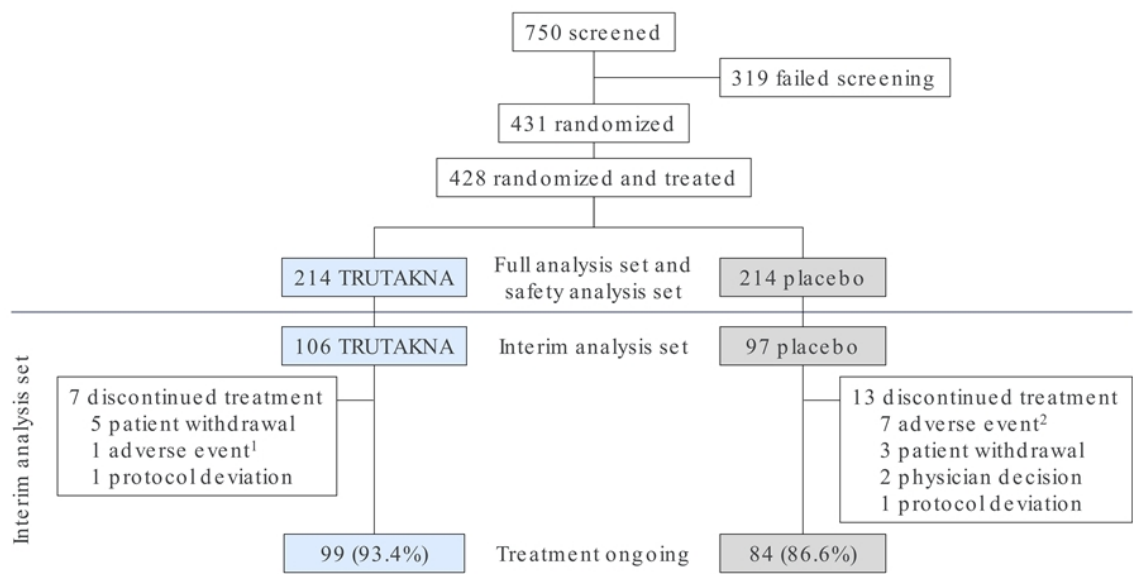
- Patients ≥ 18 years old with biopsy-proven IgAN and high risk of disease progression
- Stable and optimized RASi for ≥ 12 weeks, use of SGLT2i allowed
- UPCR-24h ≥ 1.0 g/g or UP ≥ 1.0 g per 24h
- eGFR ≥ 30 mL/min/1.73m²
- Blood pressure $\leq 150/90$ mmHg

Endpoints

- Primary: UPCR-24h % change at 36 weeks
- Key secondary: eGFR change from baseline at 52 weeks
- Secondary:
 - eGFR slope through 104 weeks
 - UPCR change at 52 weeks
 - Hematuria resolution at 52 weeks
 - Time to composite kidney disease progression endpoint
- Safety

RASi, renin-angiotensin system inhibitor; SGLT2i, sodium-glucose cotransporter-2 inhibitor.

ORIGIN 3 interim analysis set participant disposition

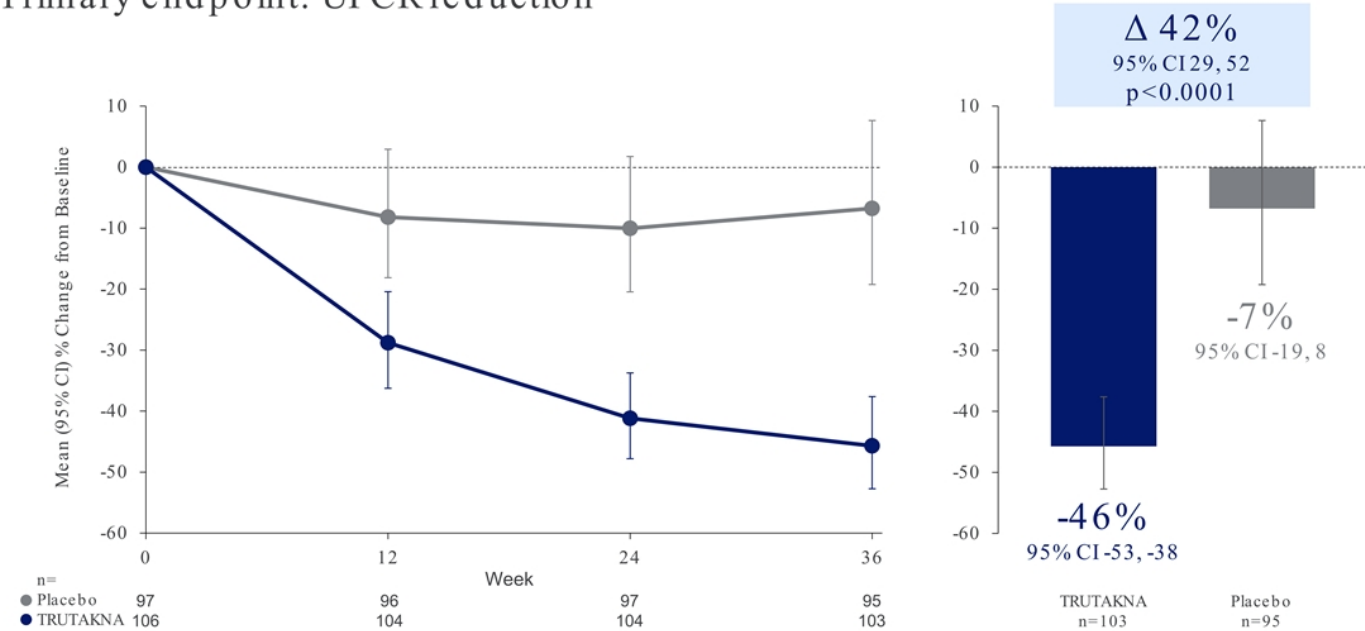


1. Rash.
2. Proteinuria, chronic kidney disease, IgAN, parophthalmia, pneumonia, pyelonephritis, osteonecrosis, carotid artery aneurysm.

ORIGIN 3 and ORIGIN 2b demographics and baseline characteristics

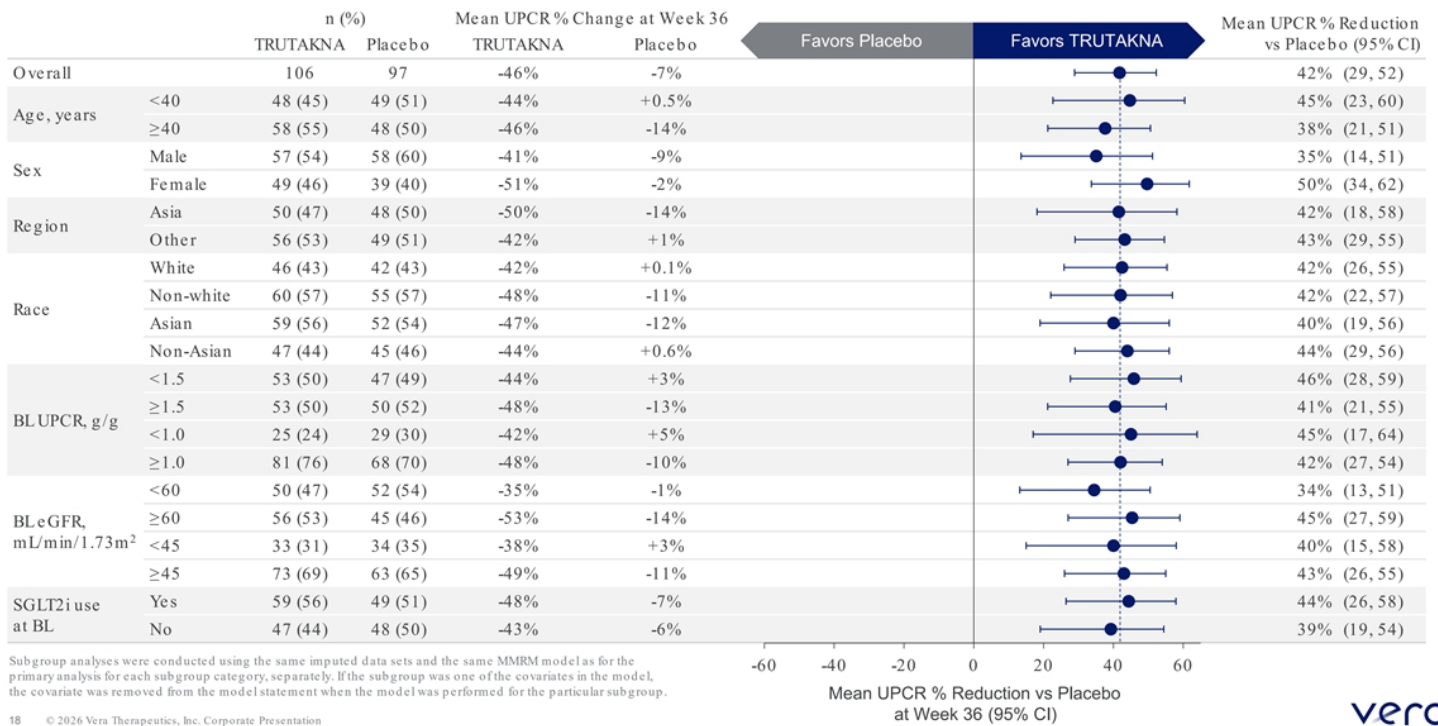
	ORIGIN 3 Interim Analysis Set			ORIGIN 2b
	TRUTAKNA n=106	Placebo n=97	Total n=203	Total N=116
Age, median (range), years	40 (18, 72)	39 (19, 70)	40 (18, 72)	37 (18, 67)
Male sex, n (%)	57 (54)	58 (60)	115 (57)	69 (59)
Race, n (%)				
White	46 (43)	42 (43)	88 (43)	62 (53)
Asian	59 (56)	52 (54)	111 (55)	51 (44)
Black or African American	0	1 (1)	1 (0.5)	0
Native Hawaiian or other Pacific Islander	0	1 (1)	1 (0.5)	1 (1)
Other/not reported	1 (1)	1 (1)	2 (1)	2 (2)
Hispanic/Latino ethnicity, n (%)	14 (13)	6 (6)	20 (10)	4 (3)
eGFR, mean $\pm$ SD, mL/min/1.73 m ²	65 $\pm$ 28	65 $\pm$ 29	65 $\pm$ 28	63 $\pm$ 27
UPCR by 24h urine, mean $\pm$ SD, g/g	1.7 $\pm$ 0.9	1.8 $\pm$ 1.2	1.7 $\pm$ 1.0	1.6 $\pm$ 0.9
Time since biopsy, mean $\pm$ SD, years	2.5 $\pm$ 2.6	2.5 $\pm$ 2.4	2.5 $\pm$ 2.5	2.8 $\pm$ 2.8
SGLT2i use, n (%)	59 (56)	49 (51)	108 (53)	16 (14)

Primary endpoint: UPCR reduction

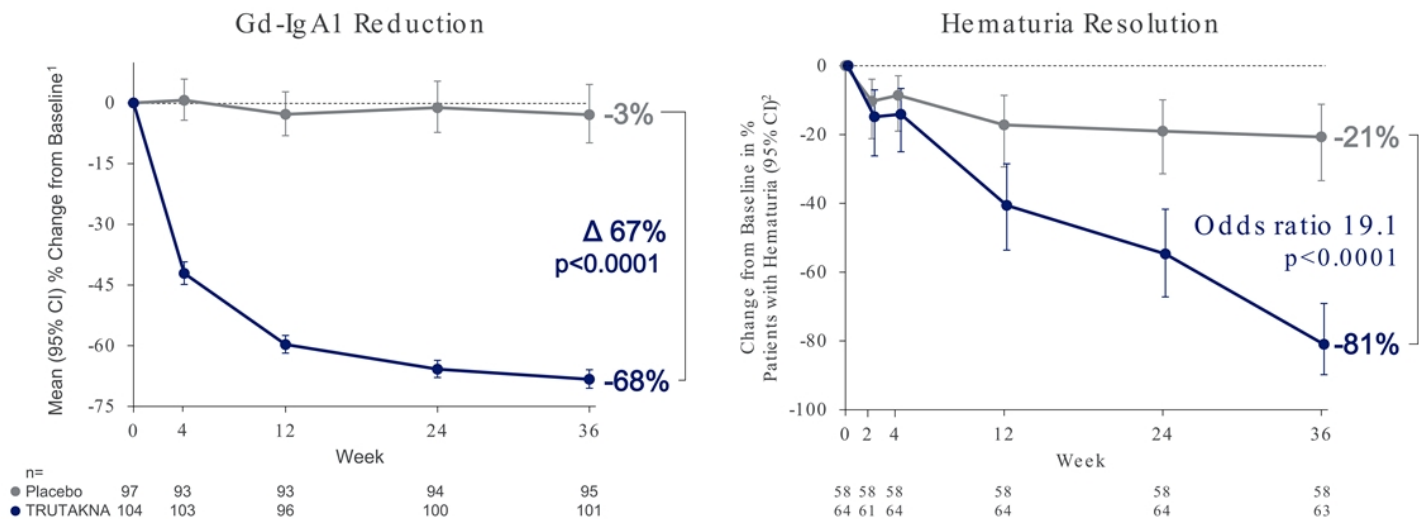


Interim Analysis Set (IAS) included the first 203 randomized participants who received ≥ 1 dose of trial drug. Change from baseline in natural-log transformed UPCR at Week 36 was analyzed using a mixed-effects model with repeated measurement (MMRM), including fixed effects for treatment group, visit as a categorical variable, treatment-by-visit interaction, baseline natural-log transformed UPCR, baseline eGFR category, SGLT2i use at baseline, and region, with participant as a random effect. log-transformed change from baseline in UPCR was estimated with use of least-squares means. To facilitate interpretation of the result, the least-squares means estimate was back-exponentiated to obtain the equivalent geometric mean percentage change. MMRM analysis included double-blind period data up to Week 36, regardless of treatment discontinuation or initiation of rescue treatment for IgAN or prohibited therapy; missing values after study withdrawal were imputed with jump to reference (placebo) approach for 100 times. The Rubin rule was used to combine results estimated from each of 100 imputation datasets by MMRM analysis.

UPCR efficacy consistent across prespecified subgroups



Gd-IgA1 reduction and hematuria resolution



Analysis included all data up to Week 36 analyzed according to treatment policy strategy. Missing data were handled implicitly by statistical model. Nominal p-values are presented.
1. Change from baseline in natural log-transformed Gd-IgA1 was analyzed using MMRM similar to that for the primary endpoint. 2. Percentages represent change from baseline in number of participants with hematuria (urine dipstick blood $\geq 1+$) at each visit divided by number of participants with baseline hematuria shown on the lower axis; resolution defined as urine dipstick blood of trace or negative. Odds ratio is calculated from a logistic regression model adjusted for covariates.

TRUTAKNA was generally well tolerated in ORIGIN 3 interim analysis

Participants, %	TRUTAKNA n=214	Placebo n=214
Most common adverse events (≥5%)		
Infections	32	28
Upper respiratory tract infection	12	9
Local administration reactions	30	5
Injection site reaction	19	2
Injection site erythema	6	1
Serious adverse events ¹	0.5	5
Adverse events leading to drug discontinuation ²	1	4
Serious or severe infections	0	1
Opportunistic infections	0	0
Hypersensitivity reactions	4	7
Adverse events leading to death	0	0

- Most adverse events were mild or moderate in severity and resolved without treatment interruption or discontinuation
- Rate of serious adverse events was lower in the atacicept group compared with placebo
- No clinically relevant hypogammaglobulinemia
- No clinically significant effect of anti-drug antibodies on PK, PD, safety or efficacy
- No deaths occurred

Analysis of safety population (all participants randomized and treated) as of interim data cut on 15-May-2025.

1. TRUTAKNA: cholecystitis, determined by site investigator to be unrelated to treatment; Placebo (n=1 each): gastroenteritis, lower respiratory tract infection, pneumonia, pyelonephritis, IgA nephropathy, renal impairment, acute myocardial infarction, transplant rejection, hyponatremia, osteonecrosis, ovarian epithelial cancer, carotid artery aneurysm, hypertension, acute cholecystitis. 1 placebo serious adverse event was deemed related to study drug.

2. Discontinuations in the 2 TRUTAKNA participants were due to eczema and erythema.

Vera Therapeutics Announces Alignment with U.S. FDA on Earlier ORIGIN Phase 3 Analysis to Support Potential Full Approval for Atacicept in Adults with IgA Nephropathy

- Revised ORIGIN 3 eGFR analysis now planned for Q3 2026, pulled forward from 2027
- Pending positive eGFR analysis, plans to submit a supplemental Biologics License Application (sBLA) in Q4 2026, with potential full approval in 2027

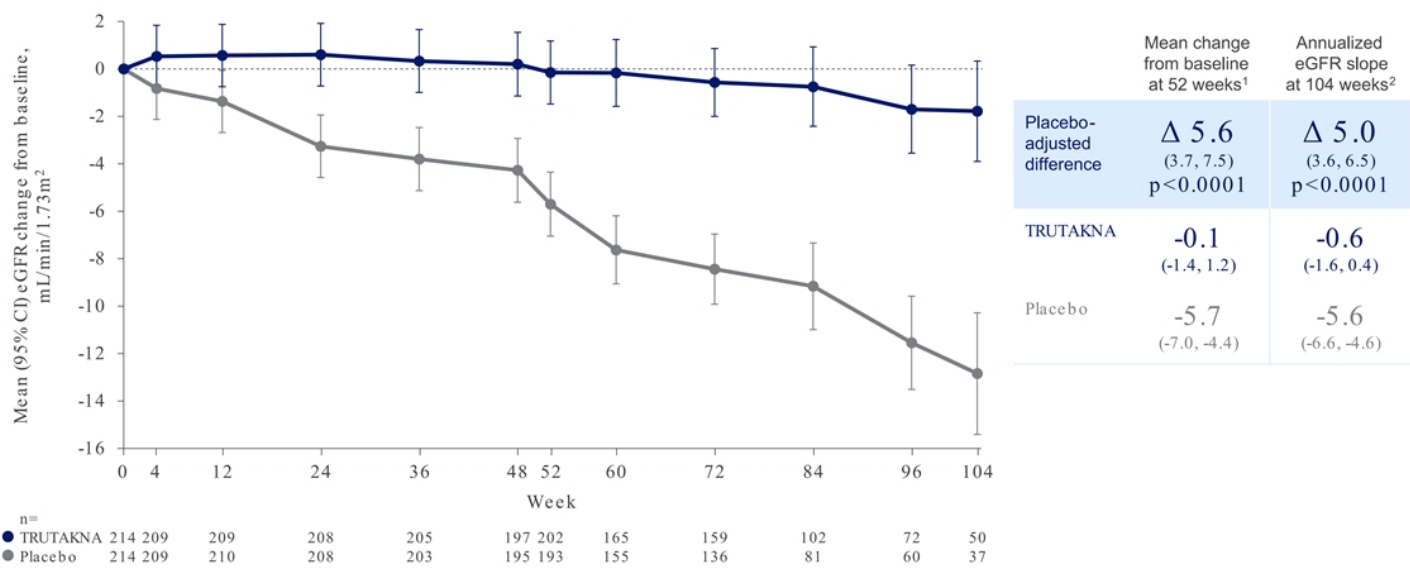
BRISBANE, Calif., June 02, 2026 (GLOBE NEWSWIRE) -- Vera Therapeutics, Inc. (Nasdaq: VERA), a biotechnology company focused on developing and commercializing transformative treatments for patients with serious immunological diseases, today announced it has aligned with the U.S. Food and Drug Administration (FDA) on a revised, earlier ORIGIN 3 eGFR analysis plan to support full approval for atacicept in adults with IgAN. The eGFR results are now expected in the third quarter of 2026. Pending these results, Vera Therapeutics plans to submit an sBLA for full approval in the fourth quarter of 2026.

Alignment with the FDA on a revised eGFR analysis plan follows a recent workshop hosted by the National Kidney Foundation which included clinicians, researchers, regulators, and patient advocates. In addition, the alignment with the FDA has been supported by the eGFR results from the ORIGIN Phase 2b trial of atacicept in IgAN.

ORIGIN 3 final efficacy analysis: demographics and baseline characteristics

	TRUTAKNA n=214	Placebo n=214	Total n=428
Age, median (range), years	41 (18, 74)	41 (18, 70)	41 (18, 74)
Male sex, n (%)	122 (57)	132 (62)	254 (59)
Race, n (%)			
Asian	117 (55)	114 (53)	231 (54)
White	94 (44)	95 (44)	189 (44)
Other	3 (1)	5 (2)	8 (2)
eGFR, mean $\pm$ SD, mL/min/1.73 m ²	65 $\pm$ 27	63 $\pm$ 27	64 $\pm$ 27
UPCR by 24h urine, mean $\pm$ SD, g/g	1.6 $\pm$ 0.9	1.6 $\pm$ 1.0	1.6 $\pm$ 1.0
Time since biopsy, mean $\pm$ SD, years	2.6 $\pm$ 2.6	2.3 $\pm$ 2.4	2.4 $\pm$ 2.5
SGLT2i use, n (%)	134 (63)	129 (60)	263 (61)

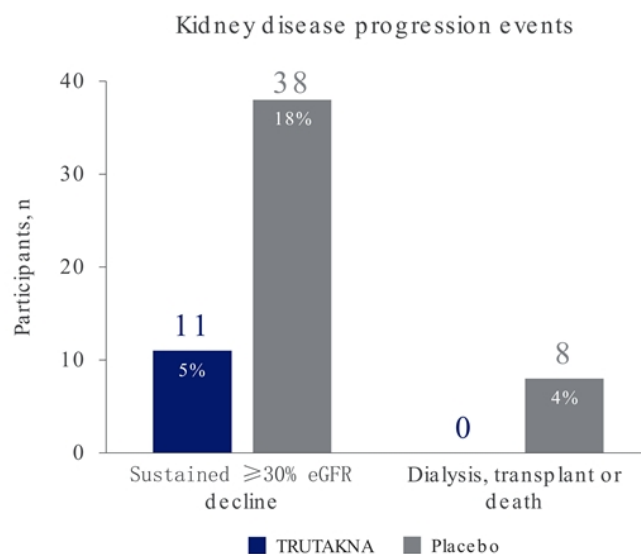
TRUTAKNA stabilized eGFR compared to placebo through 104 weeks



1. Change from baseline in eGFR was analyzed using a mixed model for repeated measures (MMRM).
2. Annualized eGFR slope was analyzed using a mixed model with random intercept and random slope.

TRUTAKNA achieved unprecedented kidney protection with a 76% risk reduction in the composite kidney endpoint

- The hazard ratio for composite kidney disease progression was 0.24 (95% CI 0.12, 0.48; $p < 0.0001$), resulting in a 76% risk reduction through 104 weeks
- A composite kidney disease progression event was defined as the first occurrence of ≥ 1 of the following:
 - Death
 - Kidney transplant
 - Chronic dialysis ≥ 30 days
 - eGFR < 15 mL/min/1.73m², sustained for ≥ 30 days
 - $\geq 30\%$ eGFR decline sustained for ≥ 30 days



Hazard ratio, 95% CI, and the likelihood ratio test p-value are calculated based on Cox proportional hazard model.

TRUTAKNA was well tolerated with a favorable safety profile, and generally comparable to placebo

Participants, n (%)	TRUTAKNA n=214	Placebo n=214	
Adverse events	160 (75)	167 (78)	• Most adverse events were mild or moderate in severity and resolved without treatment interruption or discontinuation
Serious adverse events ¹	15 (7)	33 (15)	
Adverse events leading to drug discontinuation	4 (2)	22 (10)	• Injection site reactions were mild or moderate
Adverse events of infections and infestations	110 (51)	112 (52)	
Serious or severe infections and infestations	6 (3)	8 (4)	• Rate of serious adverse events was lower in the TRUTAKNA group compared with placebo
Opportunistic infections	0	0	
Study drug related adverse events ²	75 (35)	38 (18)	• No clinically relevant hypogammaglobulinemia
Adverse events associated with injection site reactions ³	54 (25)	16 (7)	
Hypersensitivity reactions	21 (10)	23 (11)	• No opportunistic infections
Adverse events leading to death	0	1 (0.5)	

- No deaths occurred in the TRUTAKNA group
- No clinically significant effect of anti-drug antibodies on PK, PD, safety or efficacy

Analysis of safety population (all participants randomized and treated) as of data cut on 10-Jun-2026.

1. In the placebo patients with serious adverse events, 7 had events characterized as kidney and urinary disorders. Additional laboratory-related events included decreased eGFR in 2 patients and increased blood creatinine in 1. There were no kidney/urinary or kidney-related laboratory serious adverse events in the atacicept group.

2. Majority of study drug related adverse events were mild to moderate injection site reactions that did not lead to discontinuation.

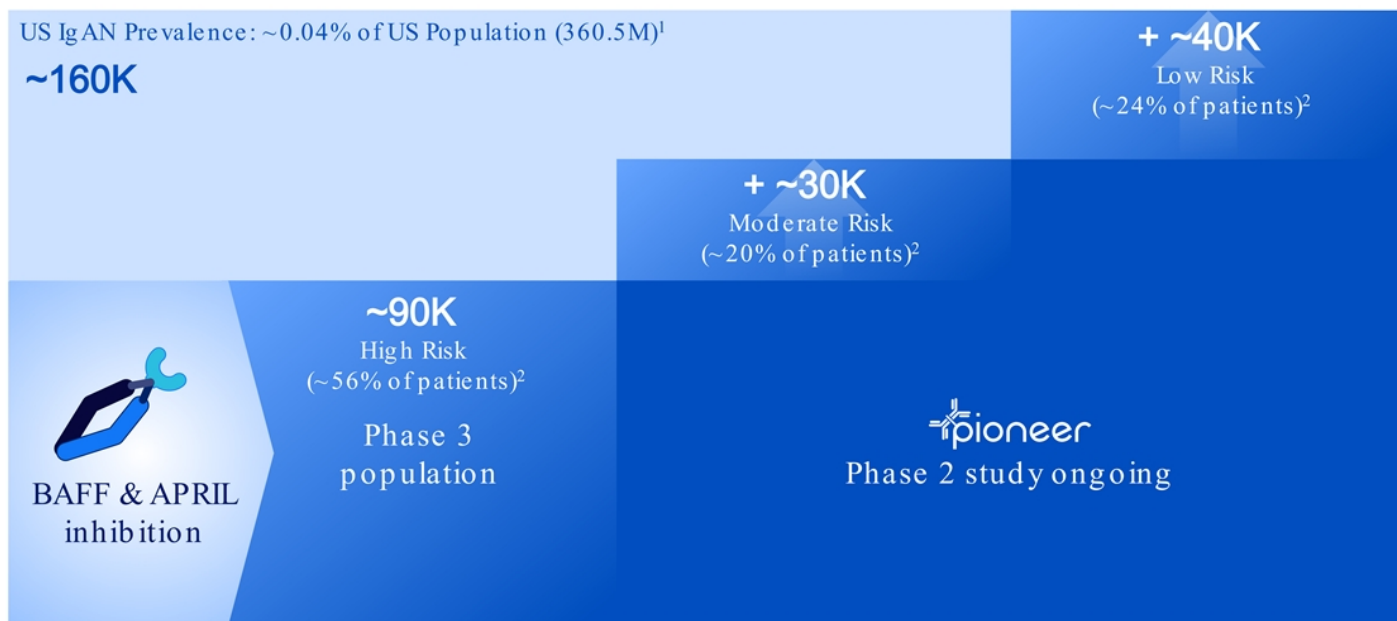
3. Injection site reactions among atacicept recipients were largely characterized by injection site erythema, hematoma, and pruritis.

ORIGIN 3 final efficacy analysis summary

- TRUTAKNA has demonstrated that upstream inhibition of BAFF and APRIL achieves results that reflect the potential for comprehensive disease modification in IgAN
- Met all predefined endpoints, including unprecedented placebo-adjusted eGFR and composite kidney progression benefits
 - Placebo-adjusted difference in mean eGFR change from baseline of 5.6 mL/min/1.73m² at 52 weeks
 - Placebo-adjusted difference of 5.0 mL/min/1.73m²/year in annualized eGFR slope through 104 weeks
 - 76% risk reduction in the composite kidney progression endpoint
 - Statistically significant reductions in UPCR, Gd-IgA1 and hematuria
- TRUTAKNA was well tolerated with a favorable safety profile, and generally comparable to placebo

These results support the rationale for the alignment between FDA and Vera to pull forward the timing of the final ORIGIN 3 efficacy analysis, offering patients on placebo an earlier opportunity to transition to open-label TRUTAKNA for the remainder of the trial

Estimated IgAN epidemiology in 2032



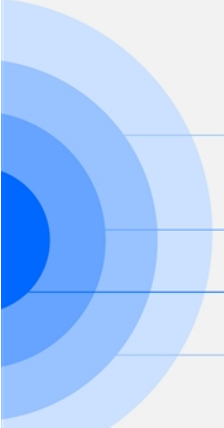
Patient counts rounded to nearest 1,000.

1. Clearview Healthcare Partners Analysis 2021; 2. Pitcher D, et al. Clin J Am Soc Nephrol 2023. Low risk assumed to be $0 < 0.44$ g/g UPCR, moderate risk assumed to be $0.44 - 0.88$ g/g, high risk assumed to be > 0.88 g/g; percentage of patients per proteinuria category in study population 1 applied to estimated US IgAN prevalence.

Clinical practice guidelines encourage proactive treatment of IgAN to minimize nephron loss

Treatment guidelines¹

Biopsy and treatment initiation threshold of ≥ 0.5 g/day proteinuria

- 
- Prevention of IgA-IC formation
 - Anti-inflammation/anti-fibrosis
 - <0.3 — <0.5 g/d proteinuria
 - <1 mL/min/year eGFR loss
 - Management of generic responses to IgAN-induced nephron loss

TRUTAKNA may hit the mark

- ✓ Potentially disease-modifying, dual-inhibition MoA
- ✓ 68% Gd-IgA1 reduction²
- ✓ 81% hematuria resolution²
- ✓ 46% UPCR reduction²
- ✓ -0.6 mL/min/year eGFR slope
- ✓ Generally well tolerated²

IC, immune complex.

1. Kidney Disease: Improving Global Outcomes (KDIGO) IgAN and IgAV Work Group. KDIGO 2025 Clinical Practice Guideline for the Management of IgAN and IgAV. Kidney Int. 2025;108(4S):S1–S71.

2. Interim results from Lafayette R, et al. N Engl J Med 2025.

Ig AN market and TRUTAKNA have many hallmarks of an attractive commercial opportunity

Ig AN Market



- We believe the nephrology market is ripe for disruption due to limited adoption of approved therapies
- Large market with unmet need
- Growing Ig AN population¹
- Favorable payer mix²

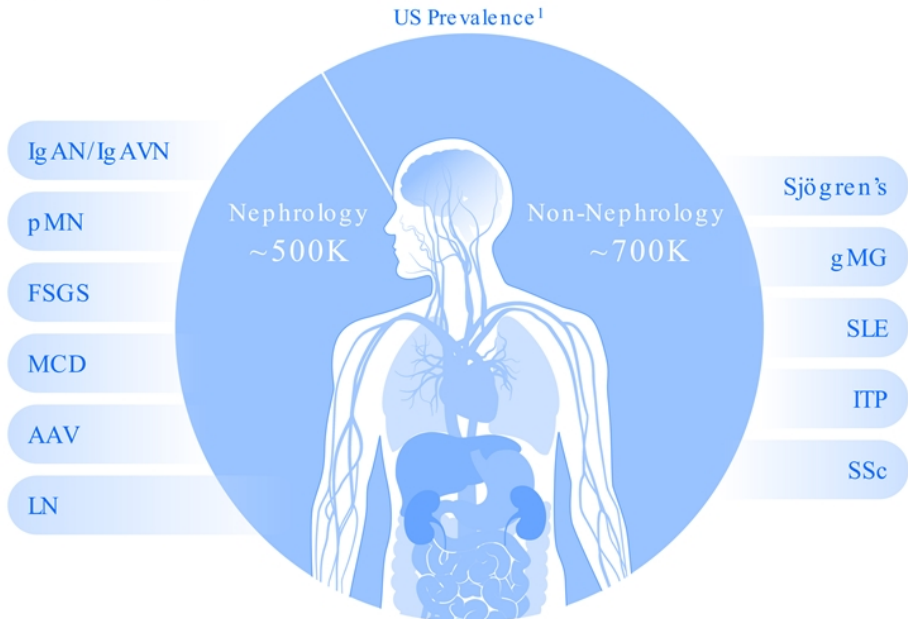
TRUTAKNA



- Potentially differentiating product attributes
- Phase 2b eGFR data highly valued with enthusiastic support from therapeutic experts and insights captured at advisory boards³
- Experienced commercial team actively promoting in the field
- Exciting lifecycle opportunities

1. ClearView Healthcare Partners Analysis; 2. Bluepath Solutions research conducted in Q4 2024; 3. Spherix Realtime Dynamix US IgAN independent survey conducted in Q4 2024 and advisory boards conducted by Vera Therapeutics.

Potential \$10B+ U.S. market opportunity in Ig AN and pipeline autoimmune diseases¹
LCM for BAFF and APRIL inhibition



1. Vera Therapeutics corporate estimates for peak year market opportunity and prevalence based on ClearView Healthcare Partners Analysis 2025.
AAV, anti-neutrophil cytoplasmic antibody-associated vasculitis; FSGS, focal segmental glomerulosclerosis; gMG, generalized myasthenia gravis; IgAVN, IgA vasculitis nephritis; ITP, immune thrombocytopenia; LCM, lifecycle management; LN, lupus nephritis; MCD, minimal change disease; pMN, primary membranous nephropathy; SLE, systemic lupus erythematosus; SSc, systemic sclerosis.

TRUTAKNA projected catalysts

Catalyst			2026	2027	2028
 origin3	Ig AN	US launch	✓		
		Phase 3 final efficacy analysis	✓		
		Projected full approval ¹		●	
 origin extend	Ig AN	Clinical results	●	●	●
 pioneer	Ig AN, pMN, FSGS, MCD	Clinical results	●	●	●

Vera holds world wide, exclusive rights to develop and commercialize TRUTAKNA

1. Subject to U.S. FDA review of full clinical dataset and approval.

