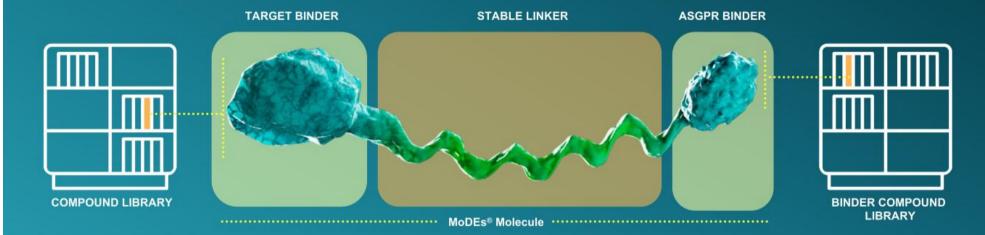
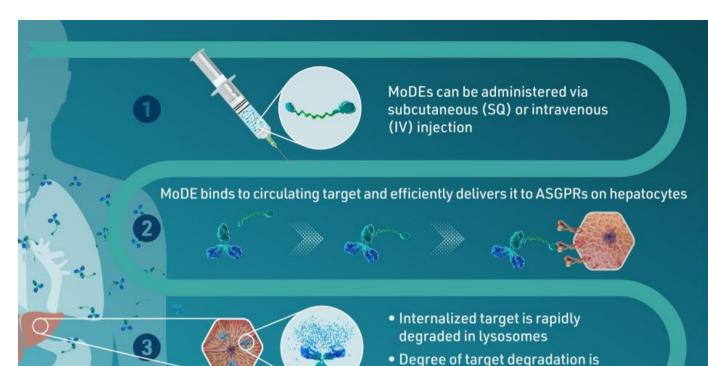


MoDE™ PLATFORM

MOLECULAR DEGRADERS OF EXTRACELLULAR PROTEINS



TRANSFORMATIONAL DRUG PLATFORM



EXTRACELLULAR
MoDEs® DEGRADER
REDIRECTS
PATHOGENIC
PROTEINS TO THE
LIVER FOR TARGETED,
EFFICIENT AND
EFFECTIVE REMOVAL



precisely controlled

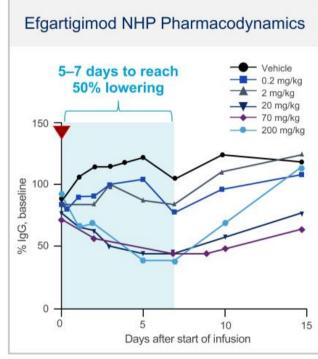
 Optimized safety and efficacy is achieved through balancing of relative affinities for ASGPR and target protein

Stylistic representation of IgG binding site

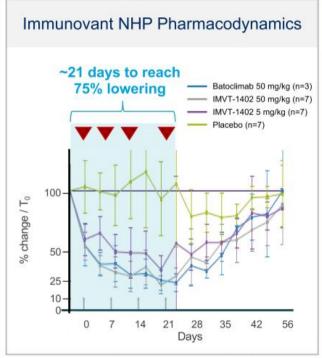
BHV-1300: SHOWS POTENTIAL FOR SUPERIORITY OVER FCRn INHIBITORS

KEY DATA

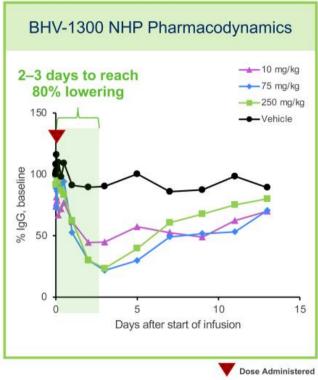
BHV-1300 demonstrated faster IgG lowering in non-human primates





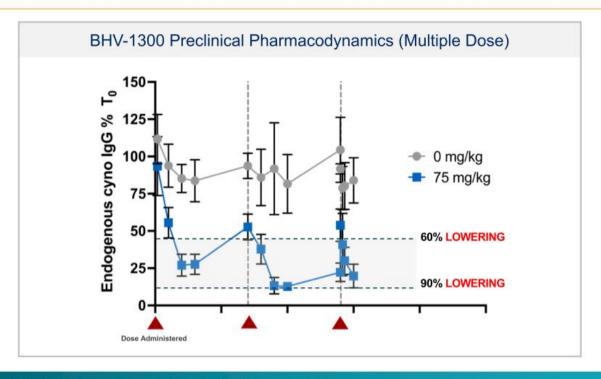






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BHV-1300: UNIQUE PROPERTIES MATCHED TO CHRONIC INDICATIONS





- Depth of lowering reaches 90% after second dose
- · Depth of lowering is tunable: easily adjusted by frequency of administration
- Adaptable to suit ideal target product profiles for different indications

BHV-1300: PHARMACODYNAMIC DATA SUPPORTS ABILITY TO CO-ADMINISTER WITH mAbs REPRESENTING A POTENTIAL ADVANCEMENT TO FcRn INHIBITORS

Frequently Administered Fc-containing Biologics

Adalimumab (Humira)

Ravulizumab

Eculizumab

Inebilizumab

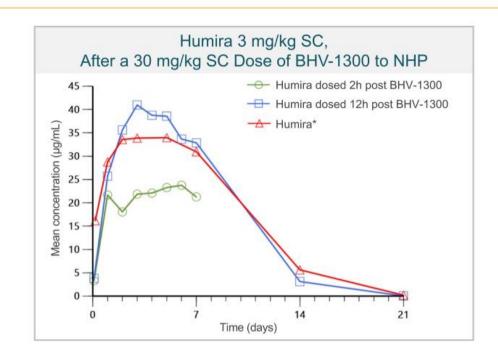
Ocrelizumab

Ofatumumab

Rituximab

Satralizumab

Tocilizumab



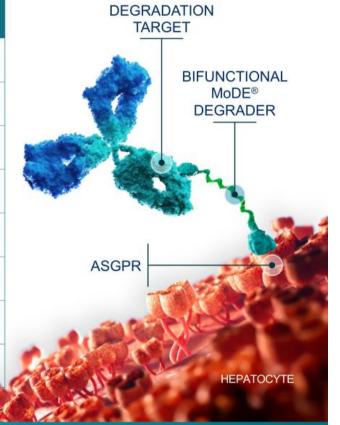


- First NHP data to show that BHV-1300 does not alter PK of Humira® when dosed 12 hours earlier
- Allows for same-day dosing with biologics
- · FcRn inhibitors reduce effectiveness of Fc-containing biologics and should not be used together

^{*} Adapted from BLA 761154, IND 116471, Study no. r-fkb327-01.

IgG LOWERING WITH BHV-1300 OFFERS SIGNIFICANT POTENTIAL BENEFITS OVER FcRn INHIBITORS

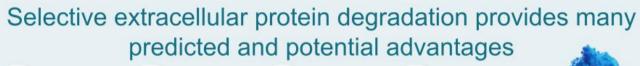
	FcRn Inhibitors	BHV-1300 MoDE™
No Impact on AEs of Interest	Hypoalbuminemia, dyslipidemia, headache	None expected
No Impact on Host Defense (IgG ₃)	Lowers IgG ₃	lgG₃-sparing
Accelerated Time to Peak Effect (IgG lowering)	5–22 days	24-48 hours
Advantageous drug exposure window	Continuous	Only ~ 24 hours (BHV-1300 is rapidly cleared)
Immunogenicity	Emerging issue	None expected
Ability to dose on demand for disease flares or deeper IgG Lowering	Mechanistically impossible	Allowed
Convenient & Preferred Dosing	SC/IV infusion by health professional	Anticipated SC self-administration
Ability to administer with Fc-containing biologics	Precluded per label/MOA	Allowed (BHV-1300 is rapidly cleared)



FcRn, neonatal Fc receptor; IgG, immunoglobulin; IV, intravenous; SC, subcutaneous.

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A FIRST-IN-CLASS PLATFORM TO ADDRESS UNMET NEED IN ANTIBODY-MEDIATED DISEASES





Rapid onset of IgG lowering



Depth of IgG lowering



Lower risk of infection



Ability to co-administer with biologics



Potential to develop numerous clinical drug candidates for targeted degradation of pathogenic antibodies and other extracellular proteins to treat a broad range of diseases

NOVEL IgG LOWERING DRUG CANDIDATES: BHV-1300 & BHV-1310

Exemplify a first-in-human MOA for efficient removal of pathogenic IgG species in multiple immune-mediated disorders

FcRn, neonatal Fc receptor; IgG, immunoglobulin.

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Biohaven's Study BHV1300-101:

PRELIMINARY FIRST-IN-HUMAN SINGLE ASCENDING DOSE (SAD) STUDY UPDATE

STATUS: 16 Subjects Completed Two Dosing Cohorts to Date

- Sentinel dosing paradigm: 1 sentinel subject treated with BHV-1300 in each cohort prior to dosing other subjects
- Given novel MOA, robust data collection with standard Safety Review Committee meeting to review at least two weeks of follow-up data for each cohort before next dose group; review includes cumulative safety, PK and pharmacodynamic data
- · All cohorts have proceeded as initially planned without any cohort expansion or interruption

SAFETY: BHV-1300 Has Been Safe and Well-Tolerated to Date

- No SAEs
- No moderate or severe AEs; only mild AEs observed, judged not related to BHV-1300 with most resolving spontaneously
- No clinically significant laboratory abnormalities (including LFTs, albumin) or ECG changes

IGG LOWERING: Preliminary Data Consistent With Modeling Based on Nonclinical Experience

- · Dose- and time-dependent IgG lowering observed even in initial low dose cohorts
- Reductions were greater for IgG1, IgG2 and IgG4 subclasses compared to IgG3**; BHV-1300 was designed to spare IgG3



- First-in-human dosing of BHV-1300 well tolerated with no clinically significant laboratory abnormalities to date
- Preliminary dose- and time-dependent IgG lowering observed; with IgG1, IgG2 and IgG4 lowering > IgG3
- Further updates planned at the Company's R&D Day on May 29, 2024

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Preliminary data from Study 1300-101 is from an ongoing study and subject to change (database not yet cleaned or locked) **IgG1-4 analyzed at Mayo Clinic Laboratories, Rochester MI

THANK YOU!



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