# THARIMMUNE

Unlocking Immunology for a Better Tomorrow



**Announce Letter of Intent to Combine Companies** 

**September 30, 2024** 

Nasdaq: THAR | www.tharimmune.com

Intract Pharma, Ltd. | www.intractpharma.com



### **Forward Looking Statements**

Certain statements in this presentation are forward-looking within the meaning of the Private Securities Litigation Reform Act of 1995. All statements, other than statements of historical facts, contained in this press release, including statements regarding Tharimmune's or Intract's future financial or operating performance, the timing and design of Tharimmune's future Phase 2 trial, Tharimmune's and Intract's expectations with respect to the Merger, including the timing of entering into a definitive agreement, the timing of closing thereof, the pro forma ownership of the combined company, anticipated financing plans, the combined company's strategy, future operations, future financial position, projected costs, prospects, plans and objectives of management, are forward-looking statements. The words "anticipate," "believe," "continue," "could," "depends," "estimate," "expect," "intend," "may," "ongoing," "plan," "potential," "predict," "project," "target," "should," "will," "would," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Such forward-looking statements are based on the beliefs of management, as well as assumptions made by, and information currently available to, Tharimmune and Intract's management. Tharimmune may not actually achieve the plans, intentions, or expectations disclosed in these forward-looking statements, and you should not place undue reliance on these forwardlooking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in these forward-looking statements. Factors that may cause such differences, include, but are not limited to, those discussed under Risk Factors set forth in our Annual Report on Form 10-K for the year ended December 31, 2023 and other periodic reports filed by Tharimmune from time to time with the Securities and Exchange Commission. In addition, the forward-looking statements included in this press release represent Tharimmune's and Intract's views as of the date of this release. Subsequent events and developments may cause Tharimmune's views to change; however, Tharimmune does not undertake and specifically disclaims any obligation to update or revise any forward-looking statements to reflect new information, future events or circumstances or to reflect the occurrences of unanticipated events, except as may be required by applicable law. These forward-looking statements should not be relied upon as representing Tharimmune's views as of any date subsequent to the date of this release.

### Tharimmune (Nasdaq: THAR) + Intract Pharma (UK) Transaction Summary



### **Deal Terms**

- THAR signs non-binding LOI to acquire all outstanding shares of privately held Intract Pharma
- THAR remains in US (Bridgewater, NJ) and continues to trade on Nasdaq (THAR)
- Intract becomes wholly-owned subsidiary in UK (London)



### Ownership

- THAR shareholders own 51% of the combined company
- Intract shareholders own 49% of the combined company



### **Use of Capital**

- THAR: cash-on-hand as of 6/30 (~\$8 m); continue to develop TH104 + TH023)
- Intract: continue to develop high-value oral biologics platform technology and progress on pharma collaborations



### Leadership Team

- Management: Randy Milby (CEO); Thomas Hess (CFO) Vipul Yadav (President & CSO);
  - Sireesh Appajosyula (COO); Nir Barak (CMA)
- Board: Leonard Mazur (Independent); Kelly Anderson (Independent); Lynn Bui (independent)
  - Randy Milby (Chairman); Sireesh Appajosyula; Vipul Yadav

# A Transformative Combination Creates Best-in-Class Immunometabolic Company

# **THARIMMUNE**







NASDAQ-listed biotech company focused on immunology & oncology	Synergy of clinical assets and follow-on oral biologics/peptide platform	Private biotech company with oral biologic & peptide expertise
Phase 2 asset with near-term readouts with registrational trial potential in 2026	Diverse & differentiated portfolio across immuno-metabolic conditions	Best-in-class high-growth oral large molecule R & D (autoimmune mAbs & GLP-1s)
Opportunity for higher returns with expanded clinical indications	Strengthened regulatory, clinical, and drug development execution	Cost-efficiencies through shared & operational resources
Increased opportunities for funding and strategic alliances for clinical stage assets	Unlocks shareholder value through expanded pipeline and platform synergies	Potential for delivery platform licensing and partnership opportunities

### **Expanded Leadership with Deep Pharmaceutical Experience**

### **Executive Team**



Randy Milby, RPh, MBA Chief Executive Officer









Sireesh Appajosyula, PharmD **Chief Operating Officer** 









Thomas Hess, CPA. Chief Financial Officer









Nir Barak, MD. Chief Medical Advisor







Vipul Yadav, PhD. President & Chief Scientific Officer





### **Expanded Board**

Leonard Mazur Independent Director **EITIUS PHARMA** AKRIMAX GENESIS **Kelly Anderson Independent Director** 





**Randy Milby** 

Chairman of the Board

Sireesh Appajosyula

Director

**Vipul Yadav** 

Director

## Synergy Through Clinical-Stage and Follow-On Oral Biologics Pipeline

Candidate	Indication(s)	Preclinical	Phase 1	Phase 2	Anticipated Milestones
<b>TH104</b> (nalmefene) Buccal Film	Moderate-to-Severe Chronic Pruritis in Primary Biliary Cholangitis	Pi	hase 2		<b>2025</b> : Ph2 Topline Readout
<b>TH023</b> (Oral anti-TNFα mAb)	Multiple Autoimmune Indications	Phase 1 Ready			2H 2025: Ph1 Topline Readout
Oral mAb and GLP-1 Peptide Programs  Several Ongoing Big Pharma/Biotech Partnerships  Next Gen Platform Development	Autoimmune and Metabolic Indications	Intract Pharma			2H 2025: Lead candidate selection
Antibodies/Knob Domains/ADCs	PD-1/HER2/HER3 + Oncology & Metabolic Targets				<b>2025:</b> Lead selection + IND enabling studies

<sup>\*</sup>pending discussions with FDA; †\*Partnered with Intract Pharma; Exclusive mAb supply by Celltrion Inc., Intract/Tharimmune has granted ROFR to Celltrion, Inc.

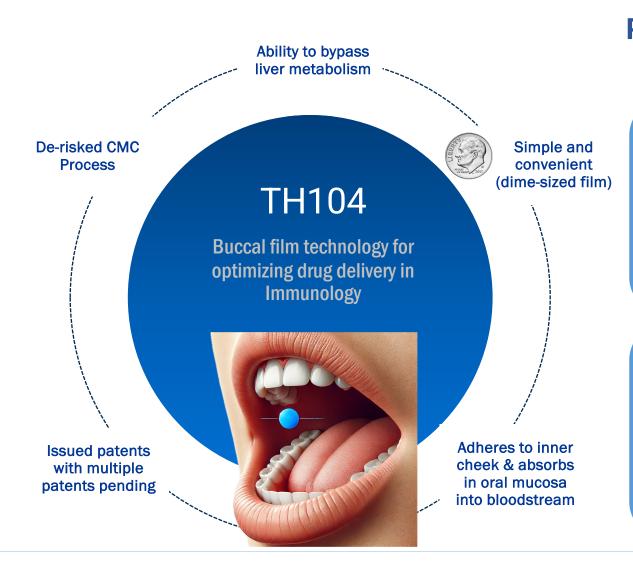


# **Lead Candidate:**

**TH104** 



## TH104: Proprietary Transmucosal Buccal Film Avoids First-Pass Liver Metabolism



# Phase 1 study demonstrated TH104 oral film had comparable safety and tolerability to IV

Drug embedded on proprietary transmucosal film

- ✓ Once-Daily Dosing
- ✓ Rapid Onset
- ✓ High Absorption

Designed to bypass liver

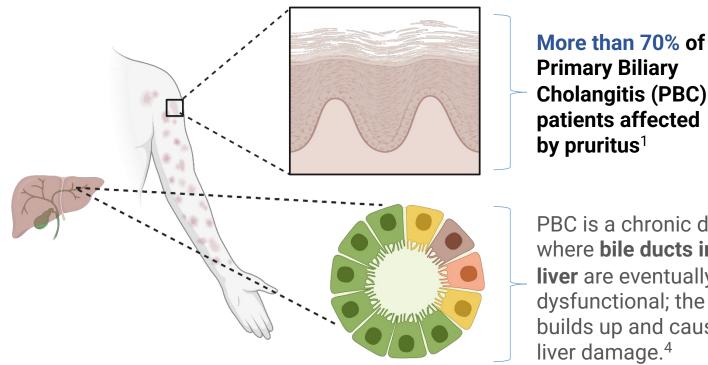
(no first-pass effect)

- ✓ Absorbs in oral mucosa & distributes to skin
- ✓ Designed for liver impaired conditions

## High Unmet Need: Moderate-to-Severe Chronic Pruritis (debilitating itching) in PBC

In patient testimonials, PBC itch is described as "the worst, most unimaginable itch", like bugs crawling under the skin".

- PBC is an orphan disease in the USA and Europe, with 178k patients in US.
- Affects men & women (rate higher) in women: ~ 1 in 1,000 > 40 years  $old)^2$
- 65% of patients have "worse nocturnal pruritus" with 71% of patients stating a disturbance in their sleep<sup>3</sup>

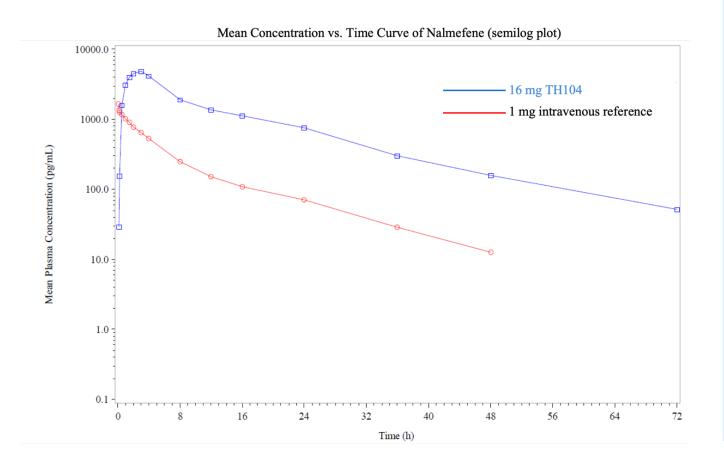


**Cholangitis (PBC)** patients affected by pruritus<sup>1</sup> PBC is a chronic disease

where bile ducts in the **liver** are eventually dysfunctional; the bile builds up and causes liver damage.<sup>4</sup>

- 1. Gungabissoon U, et al. BMJ Open Gastro 2022;9:e000857. doi:10.1136/bmjgast-2021-000857
- 2. https://www.healthywomen.org/condition/primary-biliary-cholangitis-pbc
- 3. Rishe et. al. Itch in Primary Biliary Cholangitis: A Patients' Perspective Acta Derm Venereol 2008; 88: 34-37
- 4. https://www.niddk.nih.gov/health-information/liver-disease/primary-biliary-cholangitis/definition-facts

### TH104 Demonstrated Favorable Pharmacokinetic Profile Compared to IV Dosing



# Pharmacokinetic profile of oral transmucosal delivery of TH104 comparable to IV delivery

#### **PK Profile:**

- Primary endpoint of the absolute bioavailability\*: 0.459 (45.9%)
- Median time to maximum concentration (C<sub>max</sub>): 2.0 hours
- Mean half-life (T<sub>1/2</sub>): 14 hours

#### **AE Profile:**

- Treatment emergent adverse events (TEAEs) reported in 8 subjects (40.0%) in TH104 group; 7 subjects (36.8%) in IV
- All reported TEAEs were considered mild in severity
- Most frequently reported TEAE in both groups was dizziness (4 TH104 group; 7 intravenous)
- TEAEs reported in at least 2 subjects in any treatment group were nausea (3 in each group) and somnolence (3 in each group).

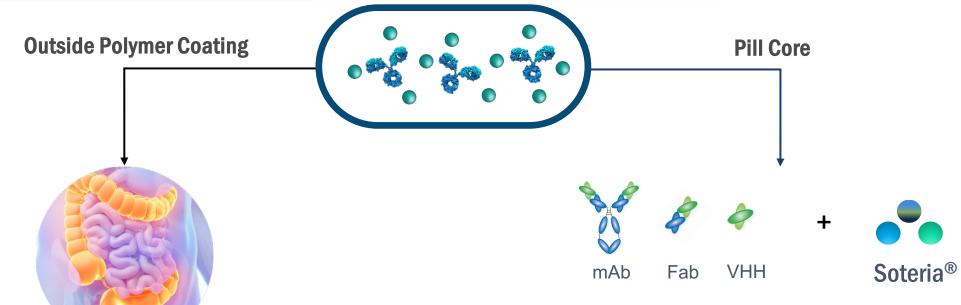
\*fraction (or percentage) of the administered dose absorbed into the systemic circulation compared to an equivalent intravenous dose of nalmefene



Combination with Intract
Oral Biologics & Peptides



### Intract Utilizes Potential Best-in-Class Proprietary Oral Antibody Delivery Platform



**Phloral**®

Dual-Trigger Enteric Coating for Targeted Drug Delivery to Lower GI

Precision Drug Release in Ileum/Colon





TH023 utilizes approved monoclonal antibody infliximab sourced from Celltrion

(Library of Amino-acids)

Stabilizes antibody against proteases

Natural intestinal transcytosis via active and passive transport

# Phloral®: Multiple Clinical Studies Executed Including a Commercial Product in UC











### **Inflammatory Bowel Disease**

- ✓ EMA approved novel small molecule product (mesalamine) launched for first line treatment for UC in 2019.
- ✓ Passed Phase 3 trial in 817 UC patients¹.

- 1. D'Haens et al., *Aliment Pharmacol Ther.* 2017;1-11
- 2. Allegretti et al., Digestive Diseases and Sciences. 2018.
- 3. Peiris et al., Gut 2021;0-1.

#### Clostridium difficile infection

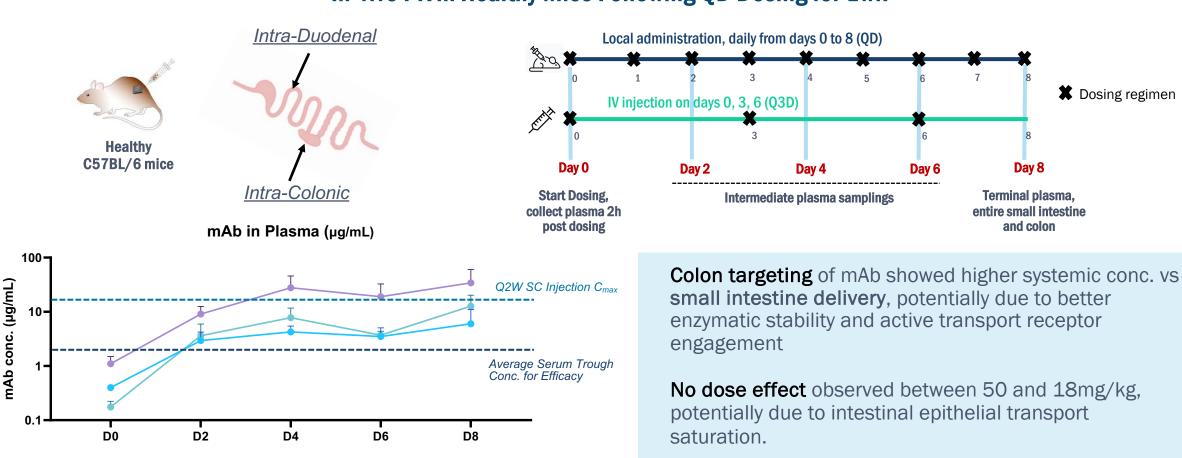
- Phloral® coated capsules used for FMT trial to test efficacy in 51 C.diff patients².
- ✓ Positive efficacy data shown with Phloral® capsules targeting FMT to the colon

### Obesity/T2D

- Phloral® coated capsules of MCFA dosed to 20 subjects with a BMI of 30-40kg/m².
- ✓ Significant decrease in calorific intake and increase in PYY hormone was demonstrated<sup>3</sup>.

# Soteria® Platform: mAb Serum Conc. Exceeds Trough and Matches SQ Injection Conc.

### In-vivo PK in Healthy Mice Following QD Dosing for 1wk



mAb (50mg/kg) + Soteria via Colon

mAb (50mg/kg) + Soteria via Small Intestine

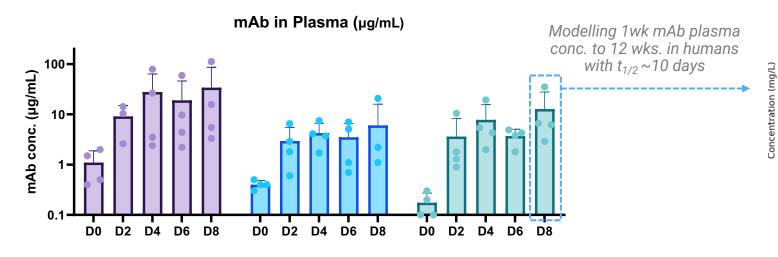
mAb (18mg/kg) + Soteria via Small Intestine

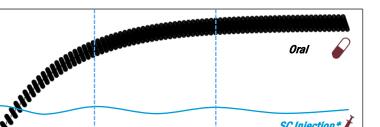
No dose effect observed between 50 and 18mg/kg, potentially due to intestinal epithelial transport

**QD dosing** of antibody enables build-up in plasma levels due to  $t_{1/2}$  of ~3-4 days in mouse.

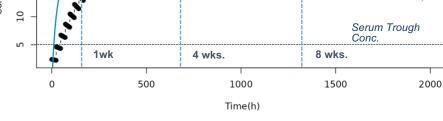
# Soteria® Platform: Serum Conc. Can Exceed Injection Trough and Cmax with QD Dosing







The time course of concentrations



- mAb (50mg/kg) + Soteria via Colon
- mAb (50mg/kg) + Soteria via Small Intestine
- mAb (18mg/kg) + Soteria via Small Intestine
  - All arms reached > therapeutic serum trough concentration for injectable mAbs in humans.
  - When 1wk plasma conc. is modelled in humans with a  $t_{1/2}$  of 10days, the mAb concentration surpasses Q2W 240mg SC injection PK profile.

<sup>\*</sup>Schreiber et al., Gastroenterology, 2021; 160:2340-2353

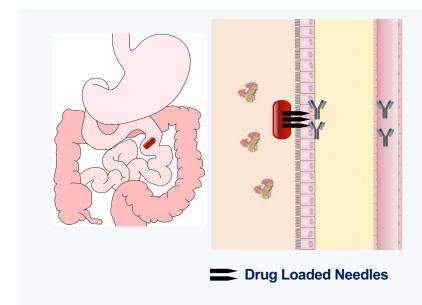
### **Intract Platform Compared to Other Technologies in Development**

### **Orally Ingestible Devices**





**BIO-GRAIL** 

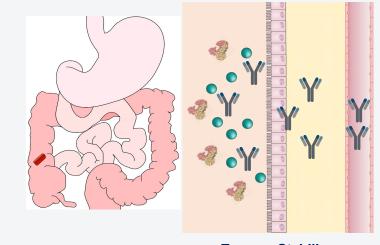


- No enzyme protection if deployment fails
- CMC/COGS/Safety challenges
- Injection into tissue for systemic delivery hampered by deployment failures

### **Oral Antibody Platform Technology**

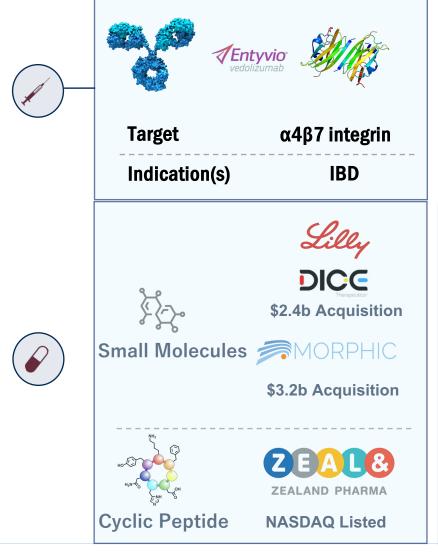


+ THARIMMUNE



- Enzyme Stabilizer + Amino Acids
- Enzyme protection for high local tissue exposure
- CMC/COGS
- Modest permeation enhancement

## High Pharma Interest in Oral Therapies Against Traditional Injectable Biologics











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