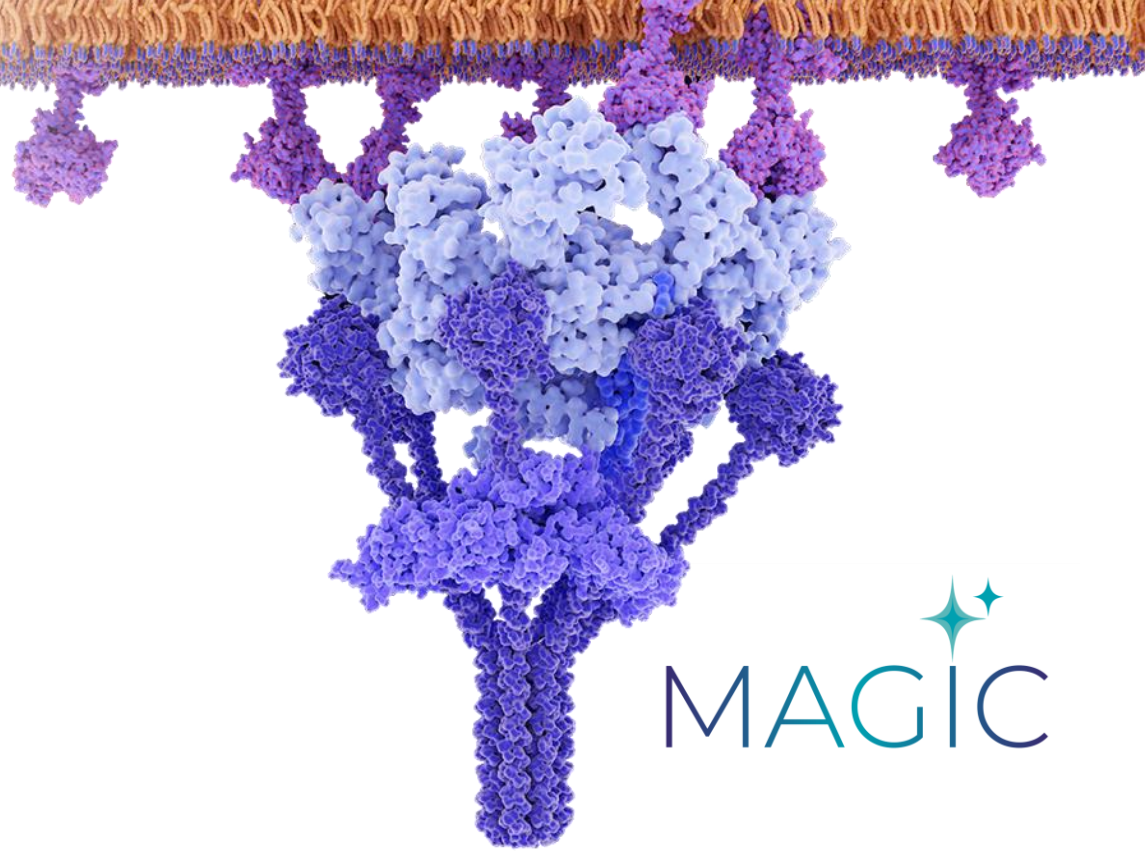
Presentation at the AAN Annual Meeting, April 18-22, 2026, Chicago, Illinois



Top-line Results for MaGic, a Phase 2 Trial of Claseprubart (DNTH103), an Active C1s Inhibitor, in Generalized Myasthenia Gravis

MAGIC

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Claseprubart is an investigational agent that is not approved as a therapy in any indication in any jurisdiction worldwide.

Disclosures

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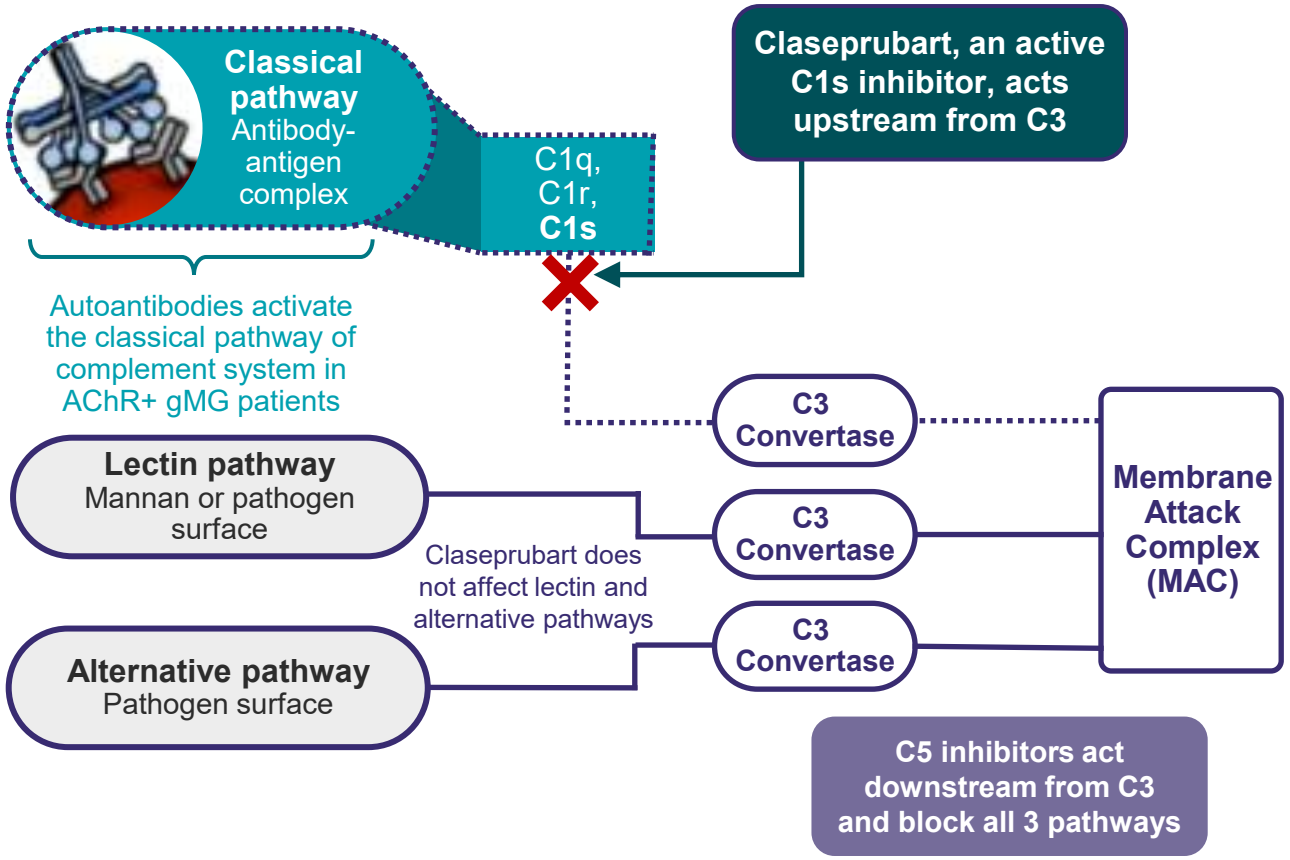
The authors would like to thank all MaGic Study patient participants and investigators.

Introduction

- **Claseprubart** (DNTH103) targets the classical complement pathway through **active C1s (aC1s)** inhibition.
- **Claseprubart** is the **first aC1s inhibitor** evaluated in **generalized myasthenia gravis (gMG)**.
- Unlike **C5 inhibition**, which blocks **all complement pathways** (classical, lectin, and alternative) downstream, **claseprubart aC1s inhibition specifically targets the classical pathway upstream**, offering a more focused approach, with the potential to reduce the activity of upstream components, including C3a and C3b
- **Claseprubart preserves lectin and alternative complement activity,** which may address MG disease pathology while reducing the risk of severe encapsulated bacterial infections seen with broad C5 inhibition.



gMG, generalized myasthenia gravis; AChR, acetylcholine receptor

MaGic is a global Phase 2 trial in AChR+ gMG patients

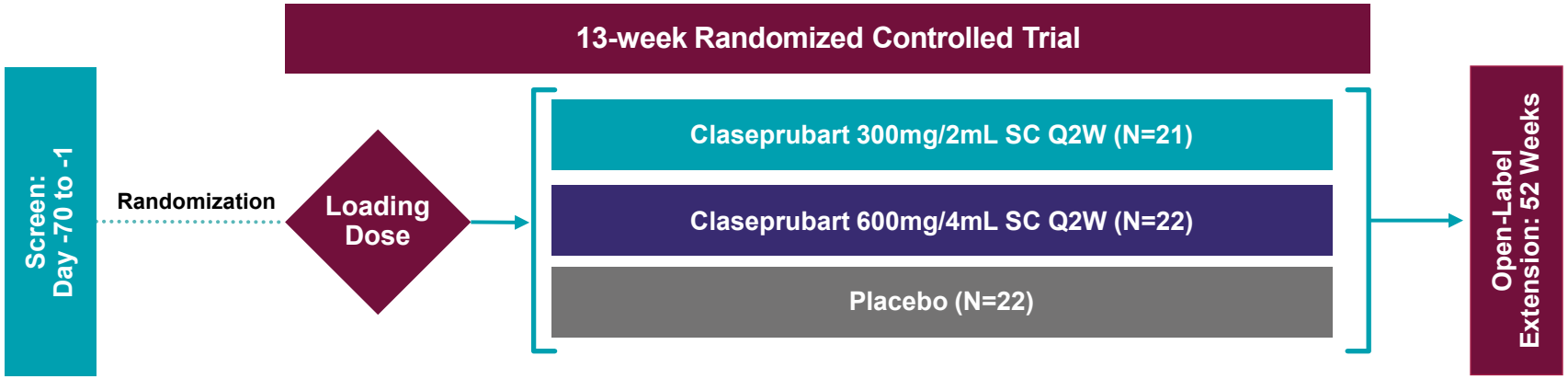
A global, multicenter, randomized, double-blind, placebo-controlled study to evaluate the safety, efficacy, and PK/PD of claseprubart administered subcutaneously following initial loading dose

Highlights

- **Design:** ~60 male and female subjects randomized to receive either claseprubart or placebo for 13 weeks
- **Inclusion:** ≥18 years old with AChR antibody + gMG, must be on an at least one immunosuppressant
- **Dosing:** IV Loading Dose followed by 300mg/2mL or 600mg/4mL SC Q2W starting Day 7

Endpoints

- **Primary:** Safety
- **Secondary / Exploratory:** Efficacy (MG-ADL, QMG, MSE, MGC, MG-QoL-15r)



MAGIC

Trial enrollment exceeded target, with 65 participants enrolled

MaGic Trial: https://clinicaltrials.gov/study/NCT06282159; PK, pharmacokinetics; PD, pharmacodynamics; SC, subcutaneous; IV, intravenous; Q2W, every 2 weeks; MG-ADL, Myasthenia Gravis Activities of Daily Living scale; QMG, Quantitative Myasthenia Gravis score; MSE, minimal symptom expression; MGC, Myasthenia Gravis Composite; MG-QOL-15r, Myasthenia Gravis quality of life 15 revised.

Baseline characteristics were generally well-balanced across treatment arms

	Placebo (N=22)	Claseprubart 300mg Q2W (N=21)	Claseprubart 600mg Q2W (N=22)
Age, mean (SD), years	52.2 (16.5)	57.1 (13.7)	55.3 (12.0)
Male, n (%)	13 (59%)	14 (67%)	10 (45%)
Weight, mean (SD), pounds	195.0 (48.0)	192.5 (35.5)	179.0 (35.4)
Duration of disease, median (range), years	7.7 (0.4–21.2)	3.0 (0.5–22.1)	7.6 (1.0–37.3)
MG-ADL score at baseline, mean (SD)	8.5 (2.9)	8.2 (2.2)	8.4 (2.6)
QMG score at baseline, mean (SD)	14.2 (5.8)	12.2 (2.7)	12.2 (3.6)
MG Composite score at baseline, mean (SD)	15.0 (7.8)	16.3 (4.5)	16.0 (5.3)
MG-QoL-15r score at baseline, mean (SD)	14.3 (7.0)	15.4 (6.6)	14.9 (5.9)
MGFA class at screening, n (%)			
II	7 (32%)	11 (52%)	12 (55%)
III	12 (55%)	10 (48%)	9 (41%)
IVa	3 (14%)	0 (0%)	1 (5%)
Prior thymectomy, n (%)	8 (36%)	6 (29%)	7 (32%)
Baseline corticosteroid use, n (%)	19 (86%)	17 (81%)	20 (91%)
Number of ISTs at baseline, n (%)			
1	11 (50%)	10 (48%)	12 (55%)
>1	11 (50%)	11 (52%)	10 (45%)
FcRn use in prior 24 months, n (%)	0 (0%)	1 (5%)	0 (0%)
Prior complement use, n (%)	0 (0%)	0 (0%)	0 (0%)

gMG, generalized myasthenia gravis; SD, standard deviation; MG-ADL, Myasthenia Gravis Activities of Daily Living scale; QMG, Quantitative Myasthenia Gravis score; MGFA, Myasthenia Gravis Foundation of America clinical classification; IST, immunosuppressive therapy; MGC, Myasthenia Gravis Composite; MG-QOL-15r, Myasthenia Gravis quality of life 15 revised.

Claseprubart was generally well tolerated

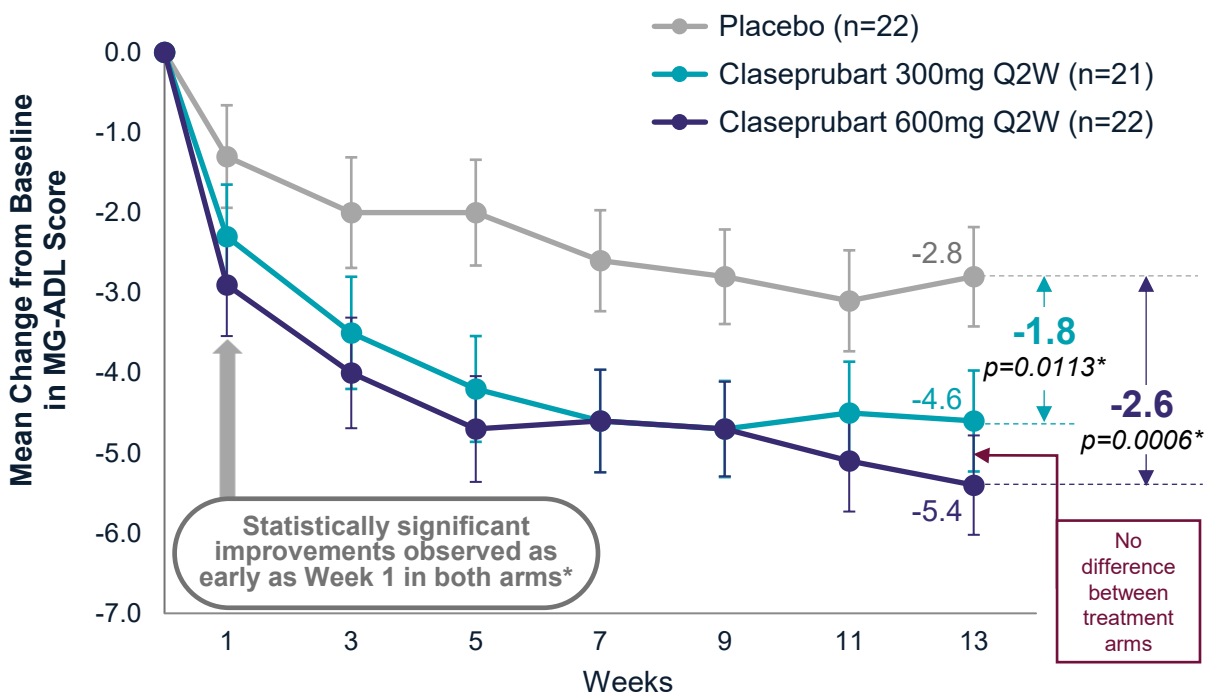
	Placebo (N=22)	Claseprubart 300mg Q2W (n=21)	Claseprubart 600mg Q2W (n=22)
Clinical adverse events (AEs)[1]	11 (50.0%)	13 (61.9%)	15 (68.2%)
Related serious AEs	1 (4.5%)	0 (0%)	0 (0%)
RCT discontinuation due to related AE	0 (0%)	0 (0%)	0 (0%)
Infections	10 (45.5%)	5 (23.8%)	6 (27.3%)
Related serious infections	1 (4.5%)	0 (0%)	0 (0%)
Injection site reactions[2]	0 (0%)	2 (9.5%)	2 (9.1%)
Newly positive for anti-nuclear antibodies (ANA)[3]	0 (0%)	1 (5.9%)	8 (36.4%)
Rashes	0 (0%)	0 (0%)	0 (0%)
Arthralgia	1 (4.5%)	1 (4.8%)	0 (0%)

Comparable clinical safety profile to placebo with remarkably benign administration, no infection signal and no symptoms indicative of autoimmune activation

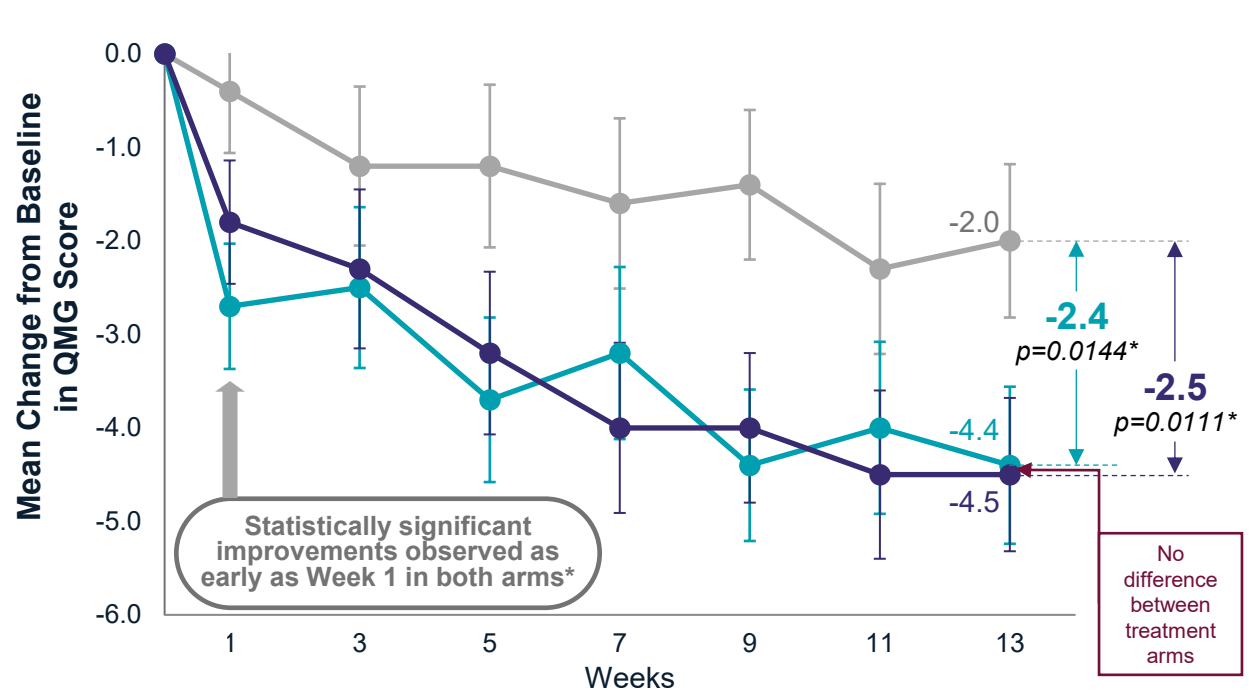
1. Excludes events in the investigations System Organ Class (MedDRA).
2. All injection site reactions were mild to moderate.
3. Represents participants who were ANA negative at baseline and tested positive at ≥1:320 at any point during RCT (percentages calculated from n=17 for 300mg arm and n=22 for 600mg arm). An ANA titer of ≥1:320 was an exclusion criterion for the clinical trial protocol. At end of RCT (Week 13), 2 of the 8 patients in 600mg arm tested negative for ANA, 2 of the 8 patients in 600mg arm remained positive but at <1:320.

Claseprubart arms demonstrated rapid, sustained, and clinically meaningful improvements in MG-ADL and QMG scores

Mean Change in MG-ADL Score



Mean Change in QMG Score

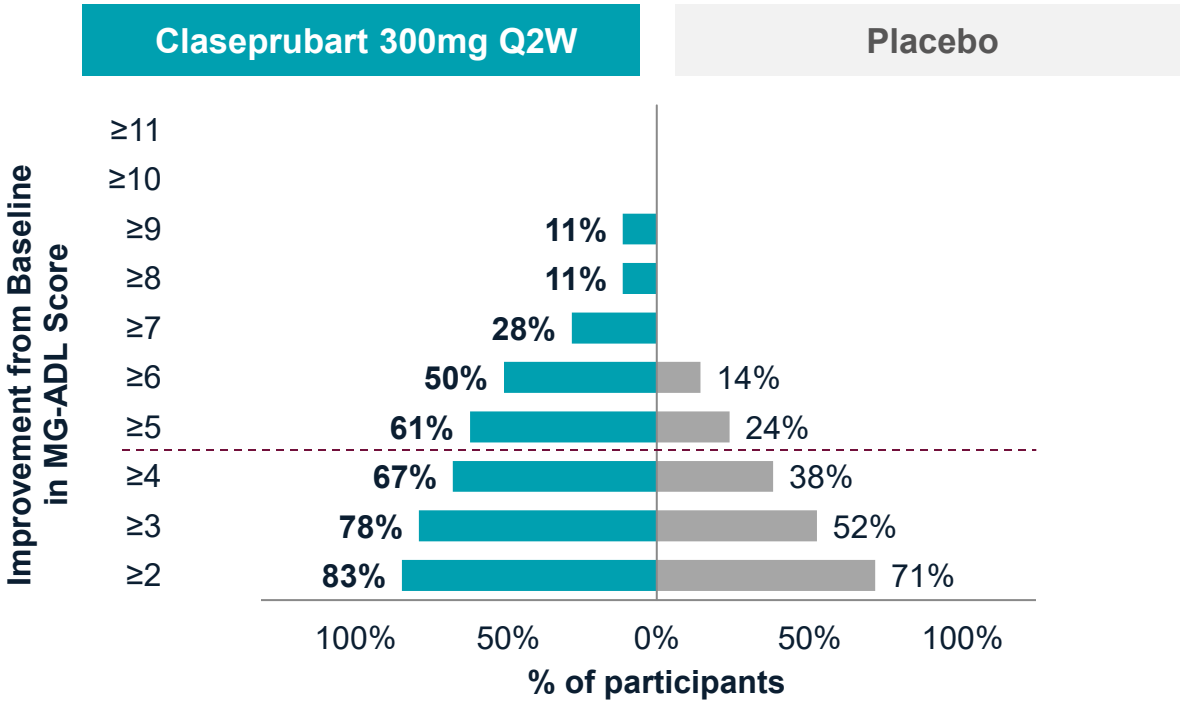


MG-ADL and QMG improvements for patients treated with claseprubart were rapid, sustained, clinically meaningful and statistically significant as early as Week 1

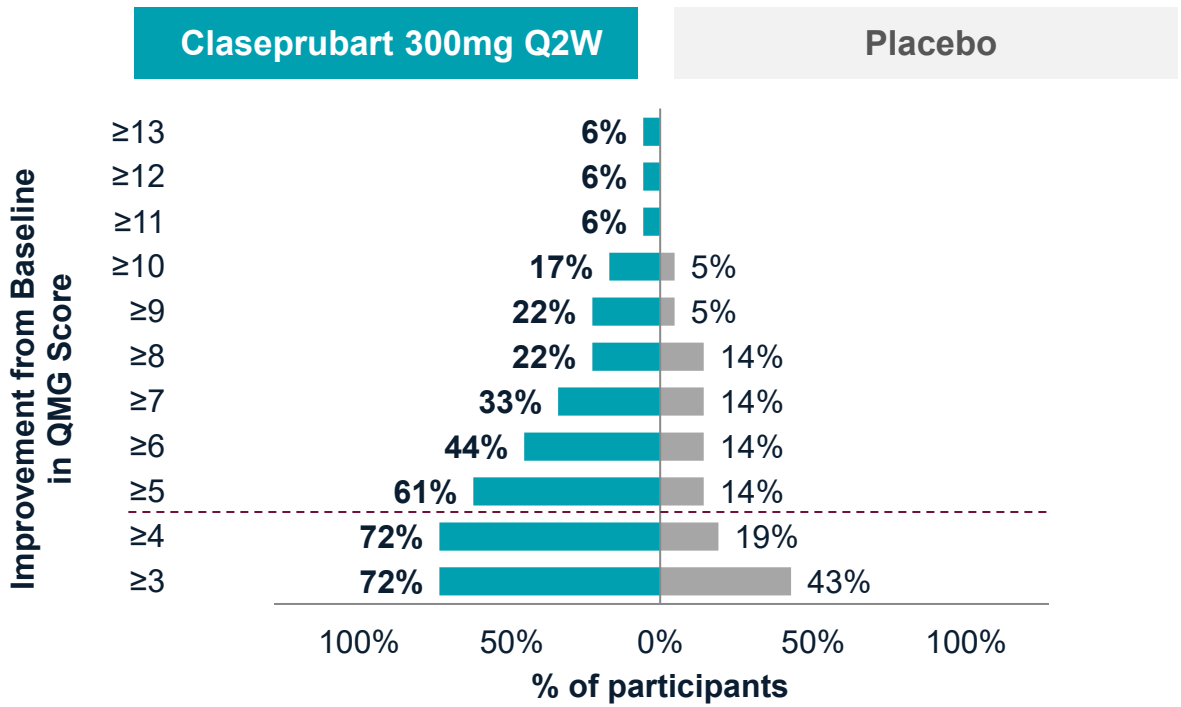
The change from baseline in MG-ADL and QMG were analyzed using a mixed effect model for repeated measures (MMRM) with treatment group, visit, treatment by visit interaction, stratification factors, and baseline measure included. Bars represent standard error of the mean. *One-sided p-values are presented for comparisons of claseprubart vs placebo, with any p-value below 0.1 considered nominally statistically significant.

>60% of patients on claseprubart 300mg achieved ≥5 point improvement in MG-ADL and QMG

Improvement in MG-ADL Score at Week 13



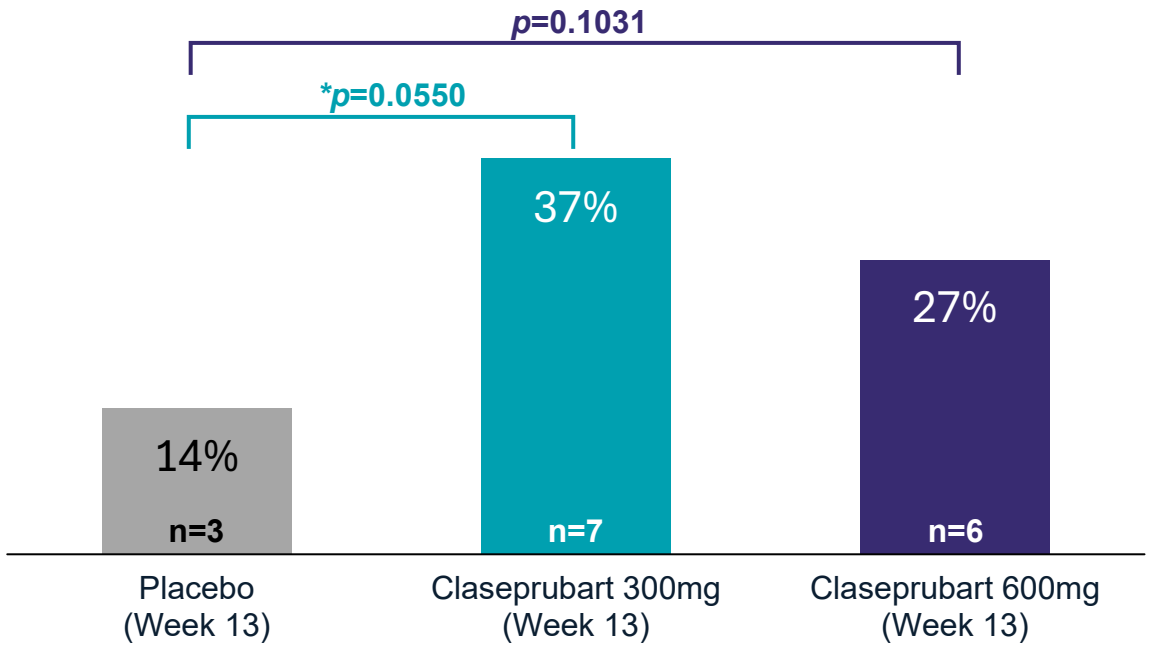
Improvement in QMG Score at Week 13



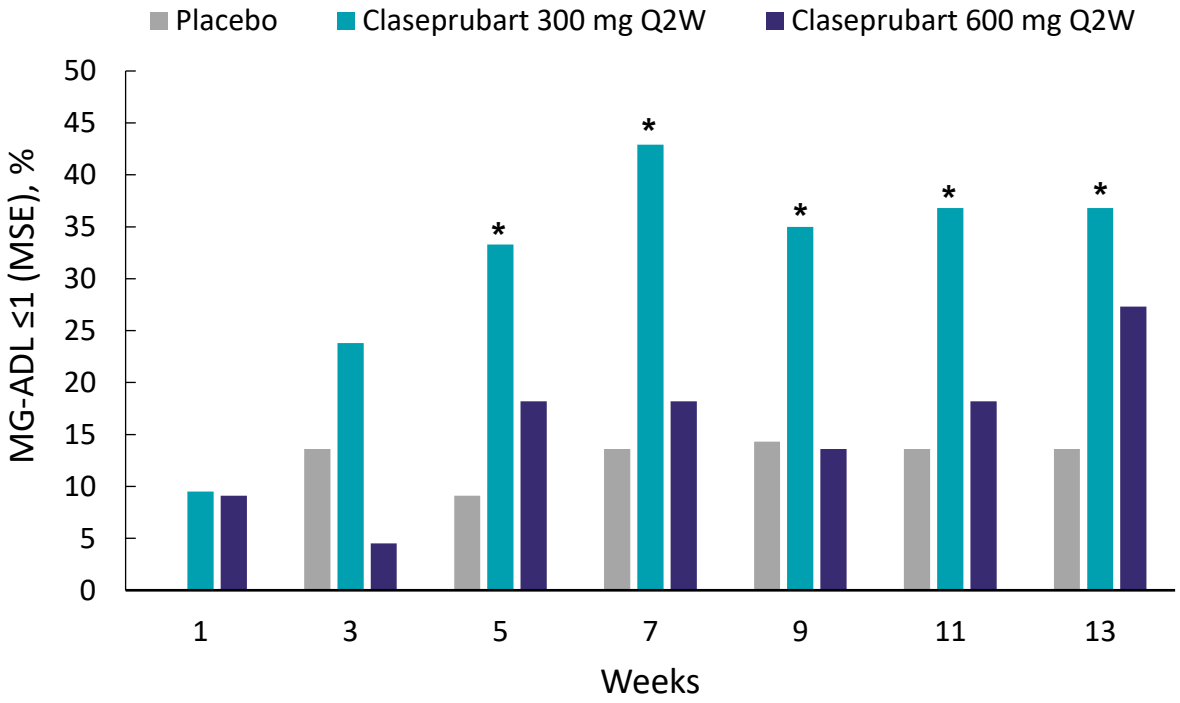
Patients across both treatment arms achieved robust improvements in MG-ADL and QMG at Week 13

Claseprubart 300mg arm more likely to achieve MG-ADL minimal symptom expression vs. placebo

MG-ADL-MSE at Week 13



MG-ADL-MSE by Week



300mg claseprubart-treated patients were more likely to achieve minimal symptom expression; median time to MSE was 3 weeks

MG-ADL-MSE was defined as achieving an MG-ADL score of ≤1. Adjusted odds ratio (OR) analysis uses a logistic regression model with terms for treatment group, baseline and stratification factors. *One-sided p-values are presented for comparisons of claseprubart vs placebo, with any p-value below 0.1 considered nominally statistically significant.

Across key efficacy measures, claseprubart delivered clinically meaningful responses

	Placebo	Claseprubart 300mg Q2W		Claseprubart 600mg Q2W	
		Absolute	Placebo-adjusted	Absolute	Placebo-adjusted
MG-ADL mean change from baseline at Week 13	-2.8	-4.6	-1.8 *(P=0.0113)**	-5.4	-2.6 *(P=0.0006)**
QMG mean change from baseline at Week 13	-2.0	-4.4	-2.4 *(P=0.0144)**	-4.5	-2.5 *(P=0.0111)**
MSE at Week 13	14%	37%	23% *(P=0.0550)**	27%	13% *(P=0.1031)*
MGC mean change from baseline at Week 13	-3.1	-8.7	-5.6 *(P=0.0008)**	-8.6	-5.5 *(P=0.0008)**
MG-QoL-15r mean change from baseline at Week 13	-3.9	-6.1	-2.2 *(P=0.0414)**	-5.4	-1.5 *(P=0.1122)*

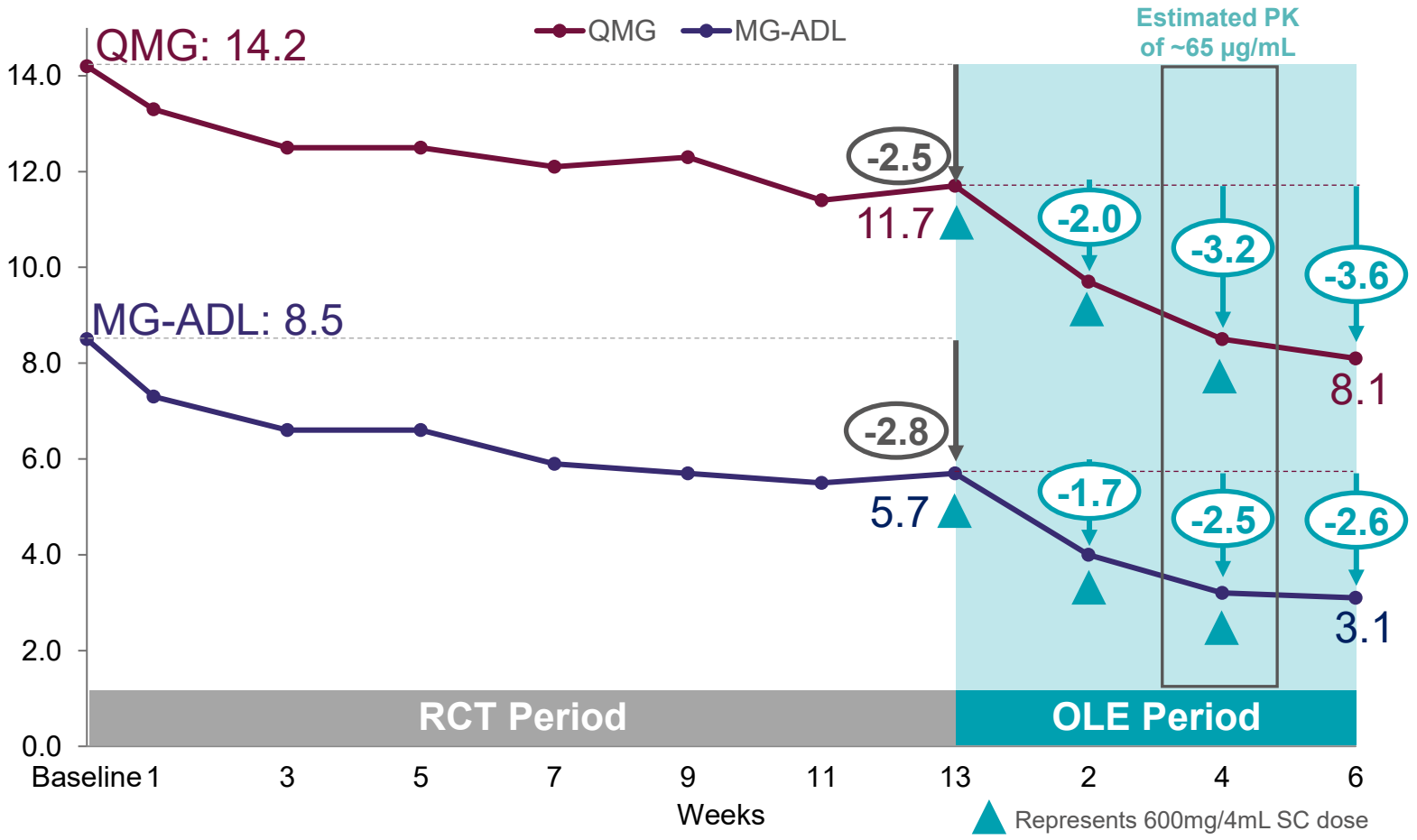
Claseprubart 300mg Q2W treatment arm achieved statistical significance vs. placebo across all five key efficacy measures

*One-sided p-values are presented for comparisons of claseprubart vs placebo, with any p-value below 0.1 considered nominally statistically significant.

OLE data support addition of lower dose of 300mg Q4W in Ph. 3

PK levels approximately half of 300mg Q2W steady state resulted in robust reductions on MG-ADL & QMG

Mean Change in Placebo Patients' MG-ADL and QMG Score from RCT Baseline to OLE Week 6



PBO Patients Entering OLE Received 600mg/4mL Q2W w/ No Loading Dose

- PK of ~65 µg/mL at week 4 after only two 600mg/4mL doses is substantially lower than steady state seen with 300mg/2mL dosing of ~100-120 µg/mL
- Robust reductions in MG-ADL and QMG are achieved by week 4, after just two 600mg/4mL doses and remain stable in subsequent weeks
- Growing external evidence further supports that lower levels of complement inhibition (<90%) may be sufficient for efficacy in gMG[1]

The change from RCT baseline in MG-ADL and QMG were separately analyzed using a mixed effect model for repeated measures (MMRM) with randomized treatment group, visit, randomized treatment by visit interaction, stratification factors, and baseline measure included. All patients received claseprubart in OLE. PK, pharmacokinetics; RCT, randomized controlled trial; OLE, open label extension.

1. https://newsroom.regeneron.com/node/31216/pdf

EMERGE is a global Ph. 3 trial evaluating Q4W and Q2W S.C. claseprubart in AChR+ gMG; top-line data 2H'28

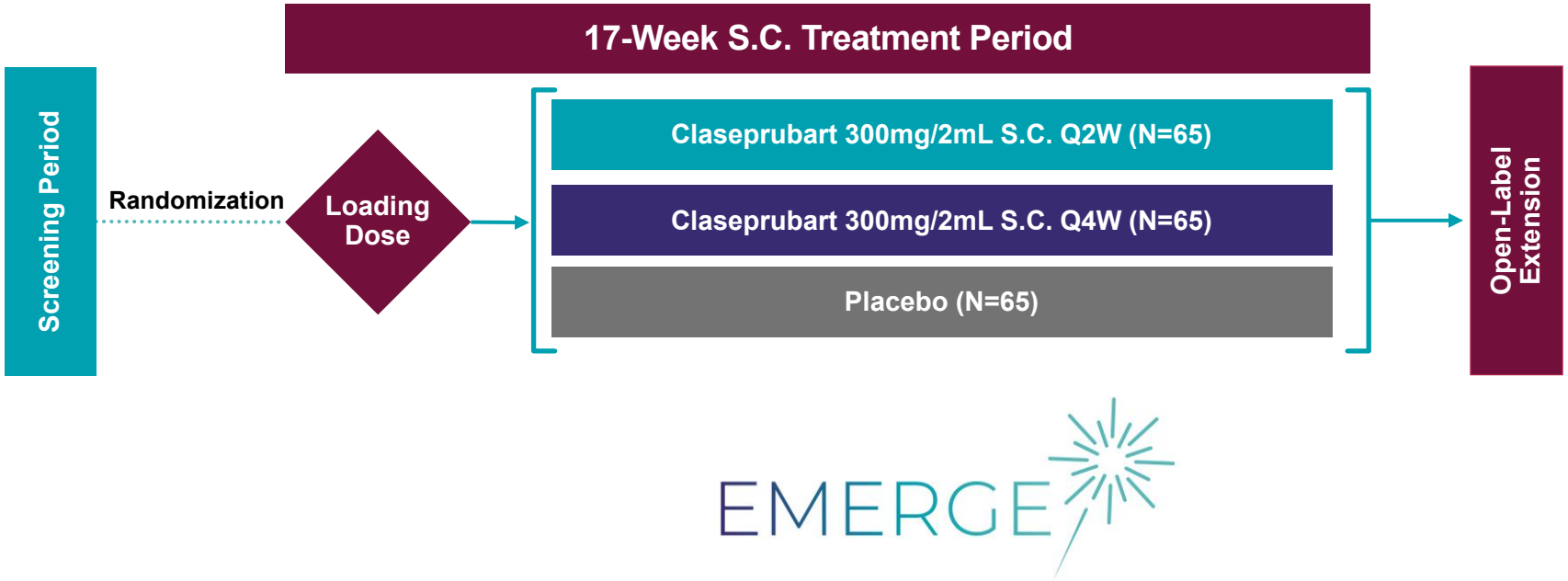
No ANA screening exclusion criteria or routine ANA testing during RCT or OLE, inclusion criteria of MG-ADL of ≥6 and QMG of ≥10, and 17-week S.C. treatment period per alignment with FDA

Highlights

- **Design:** Male and female subjects randomized to receive either claseprubart or placebo for 17 weeks
- **Inclusion:** ≥18 years old with AChR antibody + gMG, **MG-ADL of ≥6 and QMG of ≥10**
- **Dosing:** I.V. Loading Dose followed by 300mg/2mL S.C. Q2W or **Q4W** starting Day 7
- **No ANA screening exclusion criteria or routine ANA testing** during the RCT or OLE

Endpoints

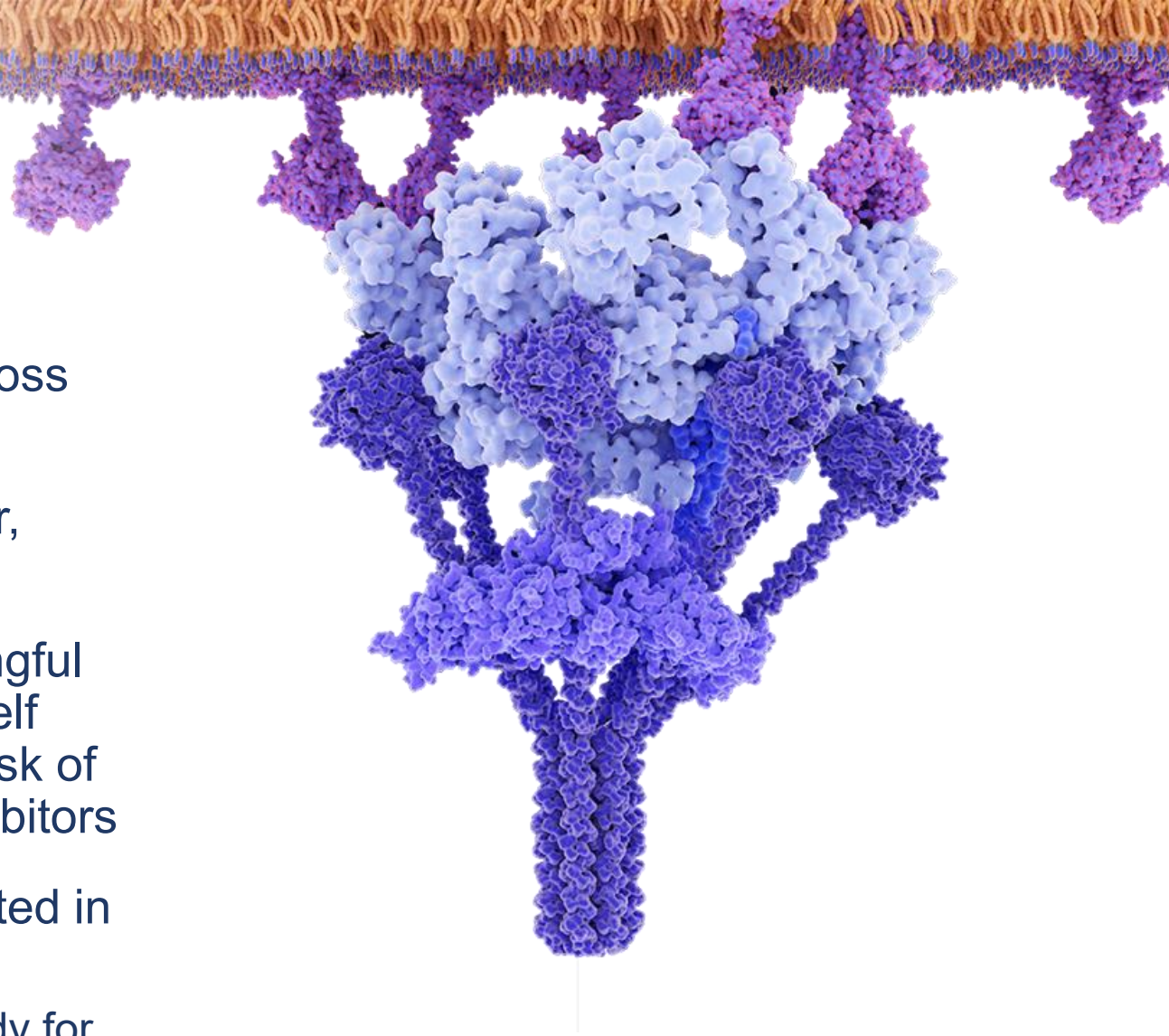
- **Primary:** MG-ADL change from baseline
- **Secondary / Exploratory:** Efficacy (QMG, MSE, MGC, MG-QoL-15r)



Potential to further enhance best-in-class differentiation on efficacy and dosing convenience with QMG screening criteria and 300mg/2mL Q4W dosing

Study design pending regulatory approval.

Conclusions



- Claseprubart treatment was well tolerated and resulted in clinically meaningful and statistically significant improvements in the 300 mg arm across key assessments
- The benefit/risk profile of both doses was similar, supporting research focus on the lower dose
- Claseprubart has the potential to deliver meaningful benefit to AChR+ gMG patients via infrequent self administered SC injections and likely reduced risk of encapsulated bacterial infections versus C5 inhibitors
- Claseprubart 300 Q2W and Q4W will be evaluated in an upcoming Phase 3 gMG trial
  - Claseprubart is also advancing in a Phase 3 study for CIDP (CAPTIVATE) and a Phase 2 study for MMN (MOMENTUM).

CAPTIVATE: https://clinicaltrials.gov/study/NCT06858579; MOMENTUM: https://clinicaltrials.gov/study/NCT06537999;
CIDP, chronic inflammatory demyelinating polyneuropathy; MMN, multifocal motor neuropathy