Omeros Corporation

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Analyst information

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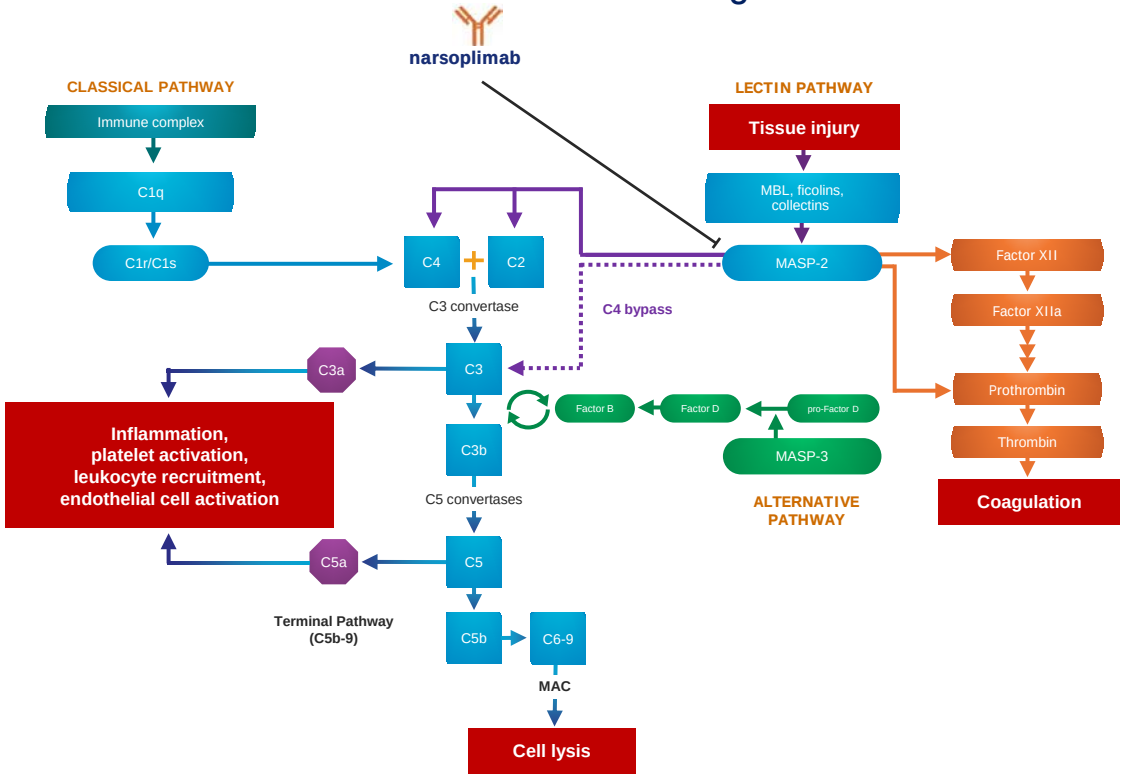
Narsoplimab and Regulatory Status

- Narsoplimab is a fully human IgG4 antibody against MASP-2, the effector enzyme of the lectin pathway of complement
- Completed pivotal clinical program in hematopoietic stem cell transplant-associated-TMA (HSCT-TMA). Rolling BLA for HSCT-TMA will be submitted soon.
- Enrolling 2 additional Phase 3 clinical programs – IgA nephropathy (IgAN) and atypical hemolytic uremic syndrome (aHUS)
- ~250 patients and healthy volunteers have been dosed with narsoplimab
- No significant safety concerns have been observed
- FDA has granted narsoplimab Breakthrough Therapy designation in both HSCT-TMA and IgAN
- Broad therapeutic areas for lectin pathway inhibition:
  - Endothelial injury syndromes
  - Proteinuric diseases
  - Ischemia-reperfusion injury
  - Dysregulation of inflammation (e.g., CNS)

Narsoplimab is a Potential Therapeutic for a Broad Range of Disorders, Including HSCT-TMA and COVID-19



Lectin Pathway Disorders

- COVID-19
- HSCT and TMA-related EIS
  - aGVHD
  - CLS
  - DAH
  - IPS
  - SOS/VOD
  - HELLP/CAPS
- Chronic nephrology/proteinuria diseases
  - IgAN
  - MGN
  - Lupus nephritis
- Oncology
  - Colorectal Cancer
  - Cervical Cancer
  - ESCC
- Acute transplant & surgery-related conditions
  - Delayed Graft Function-solid organ transplant

Endothelial Injury Plays a Major Role in Pathogenesis of a Wide Range of Diseases

Endothelial injury plays a role in the pathogenesis of:

Stroke	Viral infections (e.g. COVID-19)	Chronic kidney disease
Peripheral vascular disease	Stem cell transplant-related complications (e.g., TMA, aGVHD, VOD, DAH, IPS, CLS)	Venous thrombosis
Cancer	Heart disease	Diabetes

Injury to endothelial cells occurs in many ways: physically, chemically, and immunologically

Damage to the vascular endothelium results in a procoagulant state and complement pathway activation

- Lectin pathway is a pattern-recognition system
- Lectin pathway is activated by carbohydrate patterns on microbes and surfaces of damaged cells

Role of Endothelial Injury in COVID-19 Published Across Numerous Peer-reviewed Journals

Endothelial Injury with Complement Activation is Central to Pathophysiology of HSCT-TMA and COVID-19

- Once endothelial injury occurs, pathophysiology of HSCT-TMA and COVID-19 are similar
- Endothelial injury activates the lectin pathway of complement
- In HSCT-TMA, endothelial injury is caused by conditioning regimen, immunosuppressants, GVHD and infection
- In COVID-19, endothelial injury is caused by direct viral infection
- MASP-2, the lectin pathway's effector enzyme, binds the nucleocapsid protein of SARS-CoV-2 and activates the lectin pathway, leading to amplification of underlying cellular injury and inducing cytokine response (e.g., IL-6)
- Viral load has no correlation in COVID-19 patients to clinical status or disease severity

Components of COVID-19:

- ***Complement activation***
- ***Inflammation***
- ***Coagulation***

Narsoplimab inhibits all 3

Parallels Between COVID-19 and HSCT-TMA

Comparator	COVID-19	HSCT-TMA
Lectin-Pathway Activation from Endothelial Damage	✓	✓
Cause of Endothelial Injury	Viral	Conditioning regimen, Immunosuppressants, GVHD, infection
MASP-2 Activation	✓	✓
Multi-Organ TMA	✓	✓

- **Approximately 50 patients have been dosed with narsoplimab across the two EIS**
- **Marked improvement seen in narsoplimab-treated patients in these studies**

Compassionate Use of Narsoplimab for COVID-19 Patients in Bergamo, Italy

- 6 patients treated with narsoplimab, each included for presence of ARDS requiring mechanical ventilation (4 on CPAP, 2 intubated)
- Dosing IV twice weekly for 2 to 4 weeks
- All patients fully recovered, survived and were discharged
- 2 patients with massive bilateral pulmonary thromboses that resolved after narsoplimab treatment
- Temporal patterns of laboratory markers (CEC, IL-6, IL-8, CRP, LDH, AST and D-dimer) were consistent with the observed clinical improvement; in particular, CEC counts appear to be a reliable tool to evaluate endothelial damage and treatment response
- All patients received routine supportive care (prophylactic enoxaparin, azithromycin, hydroxychloroquine, darunavir/cobicistat) and, during the study, steroids (patient #1 did not receive steroids and patients 2 and 3 likely received no benefit from steroids given timing of initiation)
- Two control groups with similar entry criteria and baseline characteristics were selected for retrospective comparison showing substantial mortality rates of 32 percent and 53 percent
- Manuscript published in peer-reviewed *Immunobiology*

Data from the COVID-19 Study in Italy

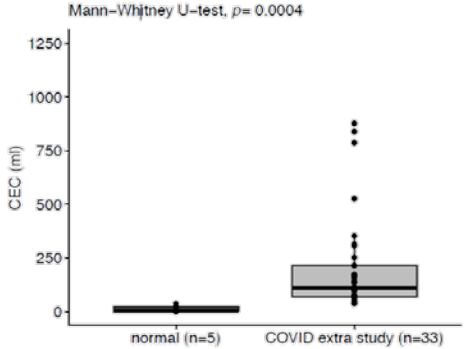
Demographics and Treatment Summary

Demographic	Median (range) or n (%)
Age	57 years (47-63)
Male sex	5 (83%)
Weight	86 Kg (82-100 Kg)
Comorbidities	Diabetes (n=1); Hypertension (n=1); Dyslipidemia (n=2); Obese/Overweight (n=6)

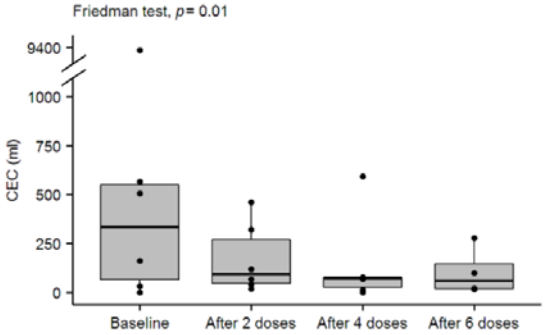
Treatment Summary	n (%) or Median (range)
Timing of narsoplimab treatment from start of CPAP oxygen support	
Within 24 hours	4 (67%)
Within 48 hours	2 (33%)
Time from hospital admission to treatment	2 days (1-4)
Duration of follow-up (to date) after first dose	27 days (16-90)

Data from the COVID-19 Study in Italy

Evidence of Endothelial Damage (CEC Counts) in COVID-19

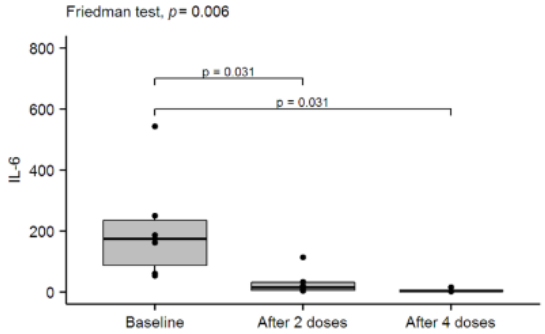


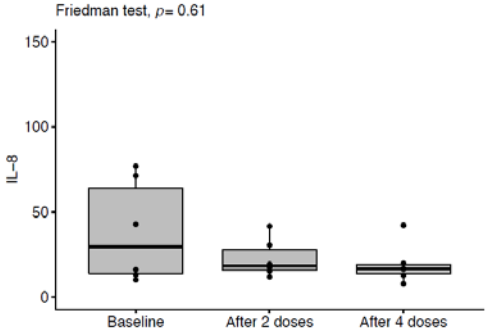
5 normal (uninfected) and 33 infected patients without



6 infected patients treated with Narsoplimab

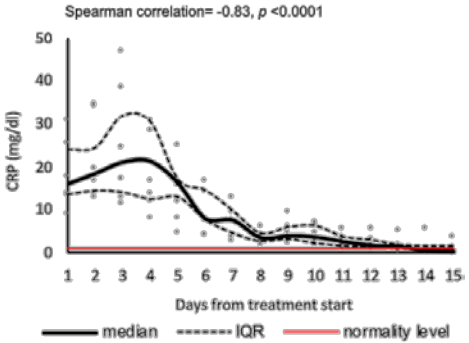
IL-6 / IL-8 Levels Improved in 6 Patients Treated with Narsoplimab



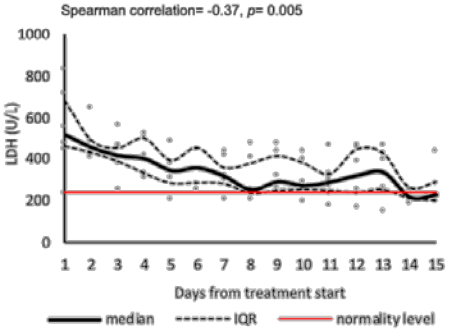


Data from Narsoplimab-treated COVID-19 Patients

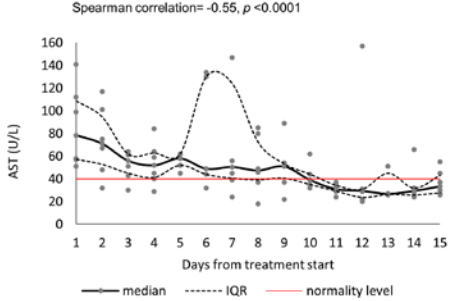
C-Reactive Protein
Improved in all 6 Patients



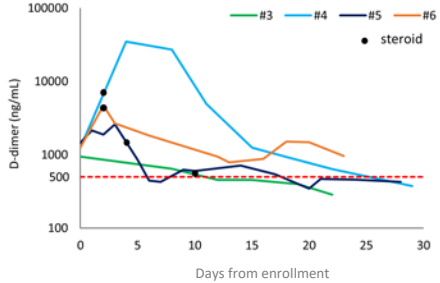
Lactate Dehydrogenase
Improved in all 6 Patients



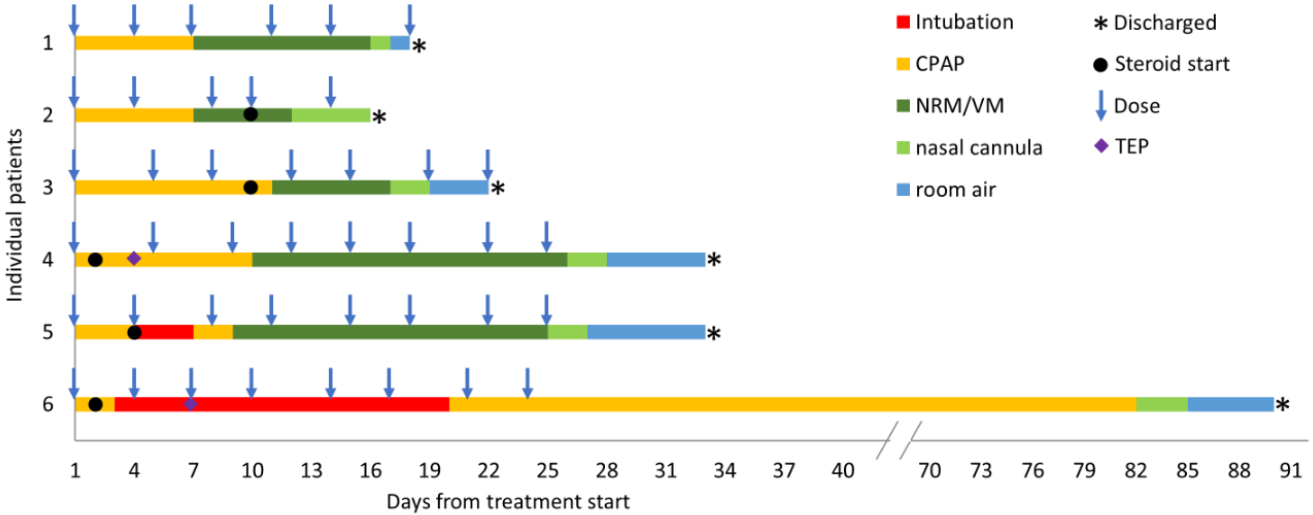
Aspartate Aminotransferase (AST)
Improved in all 6 Patients



D-Dimer
Improved in all Assessed Patients



Clinical Outcomes of COVID-19 Patients Treated with Narsoplimab



- The bar colors indicate the different oxygen support (CPAP = yellow; mechanical ventilation with intubation = red; non-rebreather oxygen mask/Venturi mask = green; low-flow oxygen by nasal cannula = light green; room air = blue)
- Narsoplimab doses are marked by blue arrows
- Black circle indicates the beginning of steroid treatment
- CPAP = continuous positive airway pressure; NRM = non-rebreather oxygen mask; VM = Venturi mask; TEP = pulmonary thromboembolism

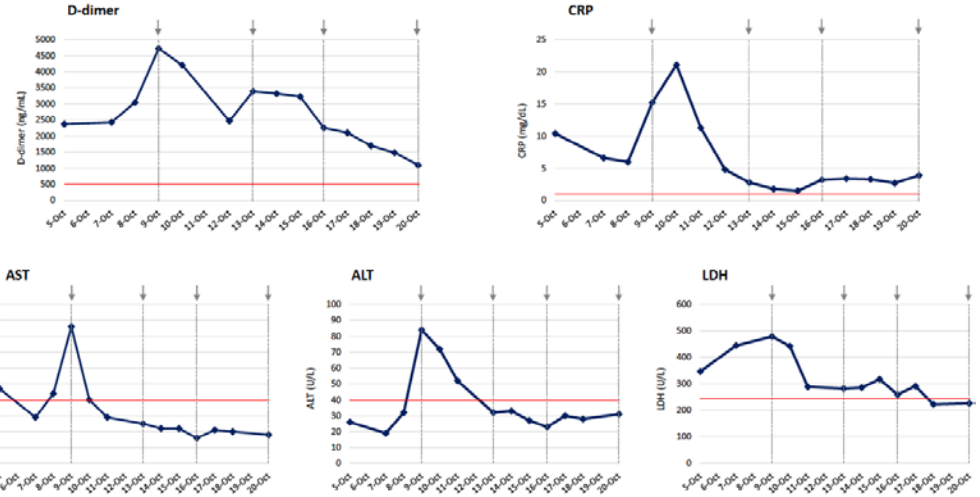
At 5-6 Month Follow-Up, All 6 Patients Without Clinical or Laboratory Evidence of Sequelae

Laboratory Findings	Baseline	Last Evaluation (5-6 Mos. Post-Discharge)
White cell count - per mm^3, median (range)	8335 (6420-10,120)	7320 (3200-8770)
> 10,000 per mm^3 - no. (%)	2 (33)	0 (0)
< 4000 per mm^3 - no. (%)	0 (0)	1 (17)
Lymphocyte count - per mm^3, median (range)	875 (410-1290)	2815 (810-3780)
Platelet count - x 10^3 per mm^3, median (range)	282 (199 -390)	238 (170-354)
Hemoglobin - g/dL, median (range)	13.4 (13.2-14.1)	14.8 (13.4-15.8)
Distribution of other findings (laboratory reference ranges)		
C-reactive protein (0.0-1.0 mg/dL)	14 (9.5-31.3)	0.15 (0-0.5)
Lactate dehydrogenase (120/246 U/L)	518.5 (238-841)	212 (119-249)
Aspartate aminotransferase (13-40 U/L)	78.5 (51-141)	18 (12-29)
Alanine aminotransferase (7-40 U/L)	73 (37-183)	22.5 (20-67)
Creatinine (0.3-1.3 mg/dL)	0.85 (0.38-1.33)	0.94 (0.51-1.07)
D-dimer (< 500 ng/mL)		
< 190 - no. (%)	0 (0)	3 (50)
> 190 - median (range)	1250.5 (943-1454)	324 (202-390)

- Clinical status at last evaluation of all 6 patients – no evidence of post-COVID sequelae

Bergamo Patient #7 Undergoing Narsoplimab Treatment

- 74-year-old man
- High-risk: diabetic, obese, long history of smoking/COPD, prostate cancer
- Rapidly deteriorating pulmonary status: nasal cannula → mask → CPAP → intubation
- Began treatment with narsoplimab following intubation; extubated around the 2nd dose



* Gray arrows denote dosing; Red lines denote normal value threshold