NEW SUPPORTING CLINICAL DATA AND FURTHER STUDIES WITH MIV-818

SEPTEMBER 16, 2021



Today's presenters



Magnus Christensen Interim CEO and Chief Financial Officer



Fredrik Öberg Chief Scientific Officer



Tom Morris Chief Medical Officer



Important notice

You must read the following before continuing. The following applies to this document and the information provided in this presentation by Medivir AB (publ) (the "Company") or any person on behalf of the Company and any other material distributed or statements made in connection with such presentation (the "Information"), and you are therefore advised to carefully read the statements below before reading, accessing or making any other use of the Information. In accessing the Information, you agree to be bound by the following terms and conditions.

The Information does not constitute or form part of, and should not be construed as, an offer of invitation to subscribe for, underwrite or otherwise acquire, any securities of the Company or a successor entity or any existing or future subsidiary or affiliate of the Company, nor should it or any part of it form the basis of, or be relied on in connection with, any contract to purchase or subscribe for any securities of the Company or any of such subsidiaries or affiliates nor shall it or any part of it form the basis of or be relied on in connection with any contract or commitment whatsoever. Specifically, this presentation does not constitute a "prospectus" within the meaning of the U.S. Securities Act of 1933, as amended.

The Information may not be reproduced, redistributed, published or passed on to any other person, directly or in directly, in whole or in part, for any purpose. The Information is not directed to, or intended for distribution to or use by, any person or entity that is a citizen or resident of, or located in, any locality, state, country or other jurisdiction where such distribution or use would be contrary to law or regulation or which would require any registration or licensing within such jurisdiction. The Information is not for publication, release or distribution in the United States, Australia, Canada or Japan, or any other jurisdiction in which the distribution or release would be unlawful.

All of the Information herein has been prepared by the Company solely for use in this presentation. The Information contained in this presentation has not been independently verified. No representation, warranty or undertaking, express or implied, is made as to, and no reliance should be placed on, the fairness, accuracy, completeness or correctness of the Information or the opinions contained herein. The Information contained in this presentation should be considered in the context of the circumstances prevailing at that time and will not be updated to reflect material developments which may occur after the date of the presentation. The Company may alter, modify or otherwise change in any manner the content of this presentation, without obligation to notify any person of such revision or changes.

This presentation may contain certain forward-looking statements and forecasts which relate to events and depend on circumstances that will occur in the future and which, by their nature, will have an impact on the Company's operations, financial position and earnings. The terms "anticipates", "assumes", "believes", "can", "could", "estimates", "expects", "forecasts", "intends", "may", "might", "plans", "should", "projects", "will", "would" or, in each case, their negative, or other variations or comparable terminology are used to identify forward-looking statements. There are a number of factors that could cause actual results and developments to differ materially from those expressed or implied in a forward-looking statement or affect the extent to which a particular projection is realized. Factors that could cause these differences include, but are not limited to, implementation of the Company's strategy and its ability to further grow, risks associated with the development and/or approval of the Company's potential market and industry, the ability to develop new products, the impact of competition, changes in general economy and industry conditions and legislative, regulatory and political factors. While the Company always intends to express its best judgment when making statements are not a guarantee of its performance, and you should not place undue reliance on such statements. Forward-looking statements are subject to many risks, uncertainties and other variable circumstances. Many of these risks are outside of the Company's control and could cause its actual results to differ materially from those it thought would occur. The forward-looking statements included in this presentation are made only as of the date hereof. The Company does not undertake, and specifically decline, any obligation to update any such statements or to publicly announce the results of any revisions to any of such statements to reflect future events or developments.



New and supporting MIV-818 clinical data presented today at ESMO

MEDIVIR

Executive Summary

- Today new clinical data from our phase 1b study with MIV-818 monotherapy was presented as a poster at ESMO, the leading oncology conference in Europe
- The safety, tolerability and signs of efficacy further supports our development of MIV-818 in hepatocellular carcinoma (HCC)
- We look forward to start the recruitment in the planned combination study later this year

MIV-818 – Introduction

- Novel nucleotide prodrug inhibiting DNAreplication of tumor cells, targeting cancer cells in the liver
- Once daily oral dosing
- Orphan Drug Designation has been granted in HCC by the FDA and EMA



Designed to deliver high levels of active metabolite, troxacitabine-triphosphate (TRX-TP) to the liver while minimizing systemic exposure

MIV-818 – Medivir's new unique tool for HCC

MIV-818 represents a unique mechanism to treat HCC that selectively targets tumor cells in the liver

- Despite recent advances in treatment of HCC, there is still a large group of patients that do not respond to or are intolerant of current treatments
- A large number of phase 3 studies are currently active in advanced HCC*. However, the vast majority of these studies are investigating a narrow range of Mechanisms of Actions:



*ClinicalTrials.gov 10 Sept 2021



MIV-818 - Phase 1b monotherapy study

Population studied

- advanced inoperable HCC (5), intrahepatic bile duct cancer (iCCA, 2) and liver metastatic disease (LM, 3) from solid tumors in the gastrointestinal tract
- adult patients that had exhausted all approved therapies

Primary objective

- to assess safety and tolerability of MIV-818 as monotherapy
- to determine the recommended phase 2 dose for monotherapy

Secondary objective

• to evaluate tumor response rate based on RECIST v1.1

Exploratory objective

• to assess pharmacokinetics and pharmacodynamic effects of MIV-818



MIV-818 - Safety summary phase 1b monotherapy

- Overall safety and tolerability profile in line with expectations for this type of advanced cancer patients
 - Decreases in blood counts were seen frequently with MIV-818 but resolved rapidly and are easily monitored
- Supports evaluating MIV-818 in combination with other drugs in next phase of development



Summary of efficacy

- Four HCC patients showed stable disease in the liver over an extended period of time
- Based on objective response (RECIST v1.1) data, 4/7 primary liver cancers (HCC, iCCA) had stable disease as best overall response
- One HCC patient remained on treatment for 8 months
- Two patients with liver metastatic disease showed a rapid increase in tumor volume

Supports our decision to study HCC in upcoming combination study



*Out of 10 enrolled pts, one did not complete safety follow up and one lacked independent radiologist assessment



Summary of pharmacokinetics and pharmacodynamics

- Further supports that MIV-818 is absorbed and that the active compound is formed in the liver
- Clear signs observed that MIV-818 induces desired DNA-damage in tumor tissue
 - observed across different types of liver cancer
- No DNA damage observed in normal liver tissue

Conclusions

- Safety profile to date supports moving forward with development. Decreases in blood cell counts were the most common side effects, these resolved quickly
- Four patients out of seven with primary liver cancer (e.g. HCC, iCCA) had stable disease as best overall response; one stayed on treatment for eight months
- Liver biopsy data demonstrated delivery of MIV-818 to the liver, and a selective effect of MIV-818 on cancer cells vs normal liver tissue, across different types of cancer

The clinical data from phase 1b, supports continued development of MIV-818

Next step will be to explore MIV-818 in combination with two other mechanism of actions,

- checkpoint inhibition Keytruda®
- anti-angiogenic Lenvima[®]

Next step in our development of MIV-818



Combination with Keytruda[®] enhances efficacy in tumor models

- Combination of MIV-818 and Keytruda[®] results in stronger inhibition of tumor growth than either drug alone
- Signs of enhanced immune activity in tumors observed

Scientific rationale:

- MIV-818 induces DNA damage and tumor cell death, potentially leading to increased tumor antigen presentation and increased immune response
- Single agent aPD1 therapy have shown limited efficacy in HCC

MIV-818 + Keytruda[®] (tumor model)





Combination with Lenvima[®] enhances efficacy in tumor models

Addition of MIV-818 to Lenvima[®] in a preclinical model significantly enhances tumor growth inhibition

Scientific rationale:

- The enzyme PKG1 mediates the last step in generating the MIV-818 active metabolite.
 PGK1 expression is increased by lack of oxygen, leading to higher levels of active metabolite
- Tyrosine kinase inhibitors such as Lenvima[®] induce lack of oxygen in tumors



+ Lenvim a[®] (Tum or model)

Dosing:

- MIV-818 30mg/kg BID 5 days
- Lenvima 3mg/kg QD 21 days



The combination study will be conducted in two steps

- First step is a dose-escalating phase to decide which dose of MIV-818 is safe and tolerable in combination with the approved drugs
- The next step is a dose expansion phase, with the objective to explore preliminary clinical efficacy





Phase 1b and phase 2a combination study

Patient population to be studied

- advanced inoperable HCC
- must have progressed on or are intolerant of first line standard therapy for HCC and are candidates for Keytruda[®] or Lenvima[®] treatment

Primary objective

- to assess safety and tolerability of MIV-818 in combination with Keytruda® or Lenvima®
- to determine recommended phase 2 dose for MIV-818 in combination with Keytruda[®] or Lenvima[®]

Secondary objective

• to evaluate tumor response rate based on RECIST v1.1

We intend to initiate the study in 2021 as planned

- As previously communicated, the clinical study has been approved in UK, where additional sites will be opened
- We also plan to open sites in Spain and South Korea
- The sites in South Korea will be beneficial from patient recruitment perspective as HCC is much more common in Asia
- Asia is an important future market and exposure in Asian population will aid in finding potential future partners

Hepatocellular carcinoma (HCC) is a growing market



- Liver cancer incidence and mortality are increasing in the US, and 5-year survival for those with advanced disease is less than 3%
- New combination therapies (especially immuno-oncology combinations) are expected to drive market growth in HCC
- Increased use of systemic treatments in earlier disease stages



Executive Summary

- Today new clinical data from our phase 1b study with MIV-818 monotherapy was presented as a poster at ESMO, the leading oncology conference in Europe
- The safety, tolerability and signs of efficacy further supports our development of MIV-818 in HCC

• We look forward to start the recruitment in the planned combination study later this year



Q&A

-

•

•