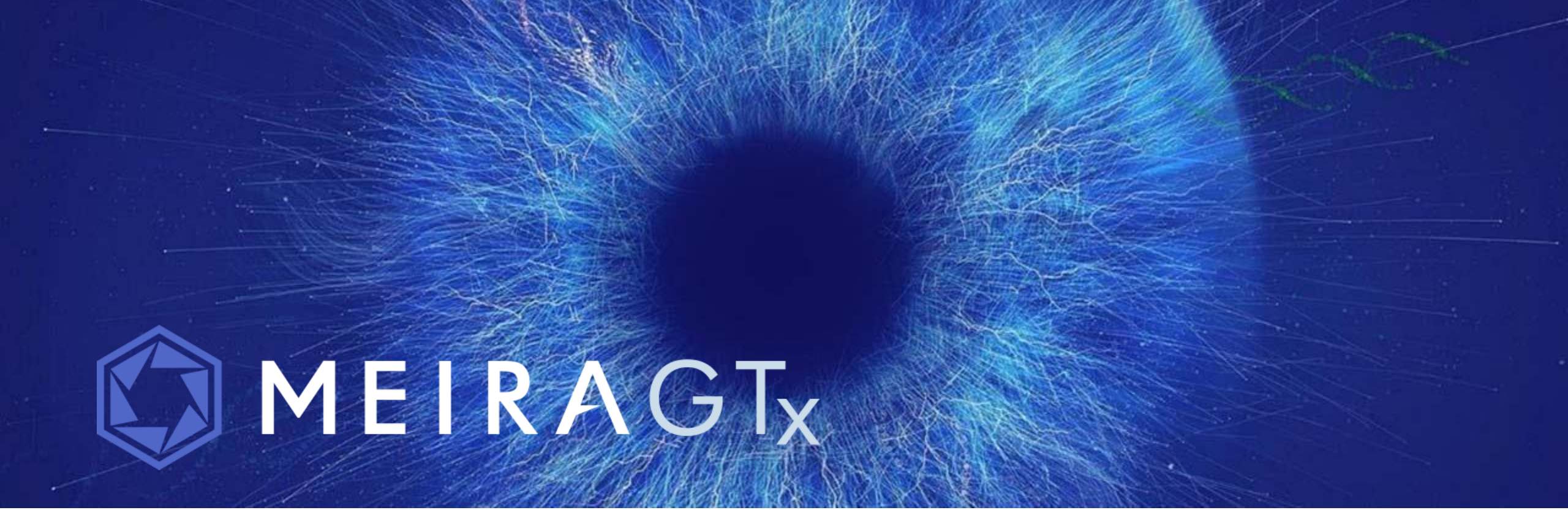

Goldman Sachs

45th Annual Global Healthcare Conference

Optimized End-to-End in Genetic Medicine

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Strong Industry Partnerships

Janssen

MeiraGTx entered into an asset purchase agreement with Janssen, for the remaining interests in bota-vec for the treatment of XLRP

MeiraGTx will receive a total of **up to $415 million:**

- $130 million in upfront and near-term milestone payments
- Additional $285 million upon first commercial sales of bota-vec in U.S. & EU and manufacturing technology transfer
- MeiraGTx will manufacture and supply commercial product for Janssen at MeiraGTx's cGMP facilities

- J&J will be responsible for any royalty or milestone amounts that become payable on bota-vec to UCL Business plc (University College London)

sanofi

In October 2023, MeiraGTx received a **$30 million strategic investment** from Sanofi through sale of 4 million ordinary shares at $7.50 per share

- Sanofi received a Right of First Negotiation (ROFN) for MeiraGTx's phase 2 Xerostomia program, as well as for the use of MeiraGTx's Riboswitch gene regulation technology in certain targets:
  - Immunology and Inflammation (I&I), including IL-4 and IL-13
  - GLP-1 and other gut peptides for metabolic disease and obesity
  - Central Nervous System (CNS)

AAV-AQP1: Large Patient Population with No Treatment Options

Patient Need:

- **Large Patient population with Severe, unmet need, no competition**
- **Readily accessible patients and engaged KOLs**
- **Low cost of goods and payor support for good pricing**

Prevalence (US)

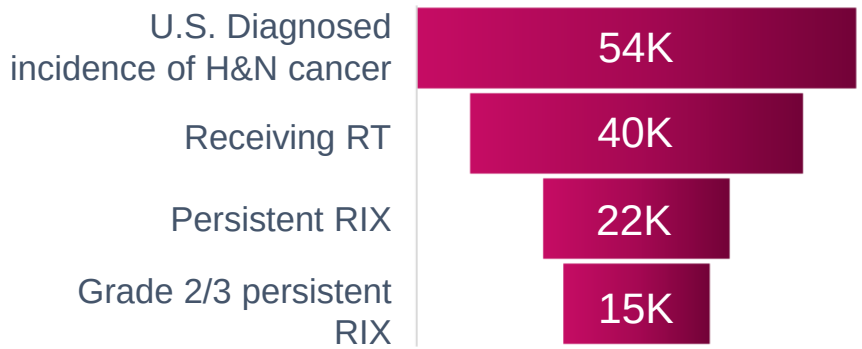
170K

Grade 2/3 RIX patients in the US

Incidence (US)

15K

New cases of grade 2/3 RIX annually in



Data:

- **Strong Phase 1 data presented AAOM April 2024**
- **Effect on all endpoints considered 'unprecedented' and 'transformative' by KOLs**
- **Pivotal Phase 2 enrolling (CMC)**

AAV-AQP1 pipeline in a product:

- **Sjogren's syndrome**
- **Radio-labeled Prostate cancer drugs**
- **Prevention of radiation induced Xerostomia**

Pivotal Phase 2 study currently enrolling
Potential Global Filings 2026

AAV-GAD for Parkinson's Disease: Phase 3 ready

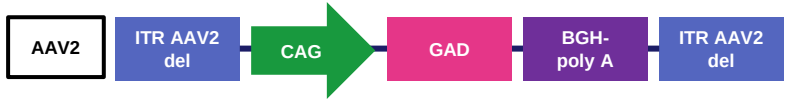
Parkinsion's Disease

10M
Parkinson's patients worldwide

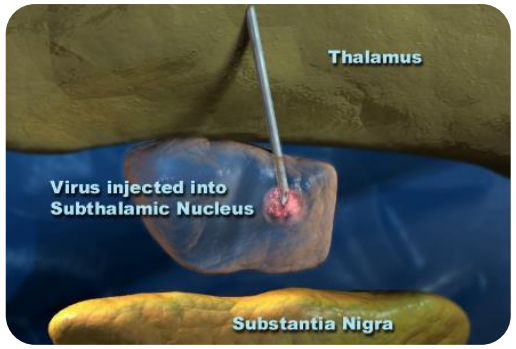
$52B
Estimated economic burden

Large Patient population in need of acceptable safe treatment

- **Single tiny dose to STN the target of DBS**
- **Well known routine intervention at most neurosurgery centers globally**
- **No general anesthesia**
- **Short time in surgery suite**
- **No in-dwelling hardware or associated safety concerns and off target side effects**
- **Strong efficacy vs sham control**
- **Small dose - very low CofG**

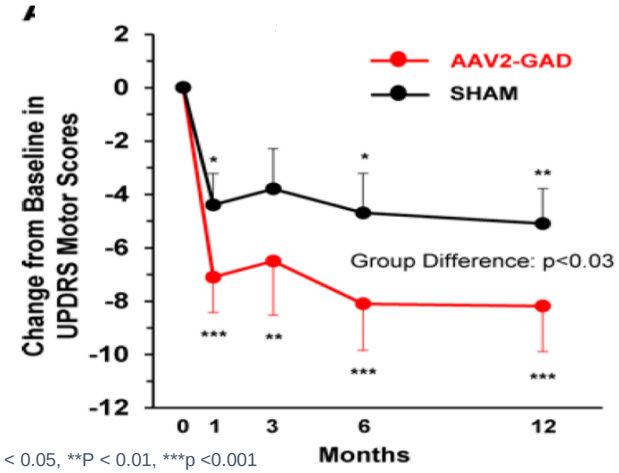


The Glutamic Acid Decarboxylase (GAD) gene is delivered locally to the STN to increase production of GABA only at the specific site that is required for alleviating PD related motor symptoms



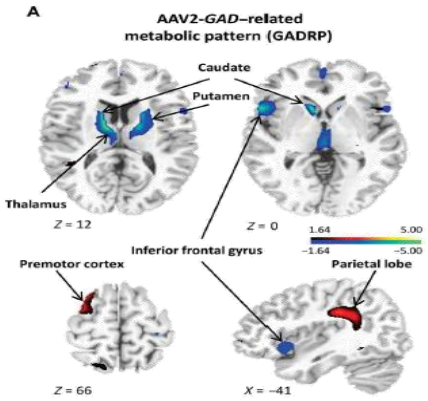
Phase 3 Ready
Disease Modifying in Patients no longer responding to Dopamine

Significant improvements in UPDRS motor scores vs Sham



*p < 0.05, **P < 0.01, ***p <0.001

FDG-PET shows treatment responsive rewiring of the gangion to motor cortex



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CofG: Lower

Valuation Floor:

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>3 log Improvements in potency

Maximize outcome for patients

CofG : 3 log lower dose, 3 log lower cost of goods

Affordable therapies increasing access to effective treatments in common diseases

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Metabolic disease: leapfrogs current approaches addressing current problems:

- **Efficacy and Tolerability**
- **Muscle Loss**
- **Fat regain**
- **Manufacturing barrier to entry**

Next generation Cell Therapy transforms:

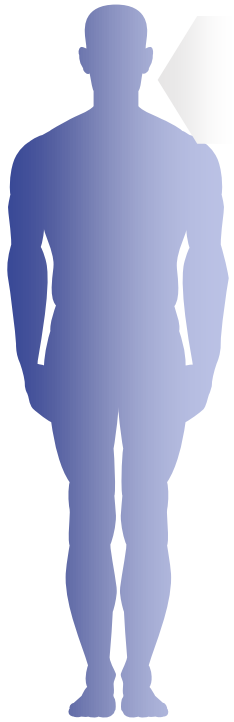
- **Exhaustion, Durability, Potency, Safety**
- **Manufacturing**

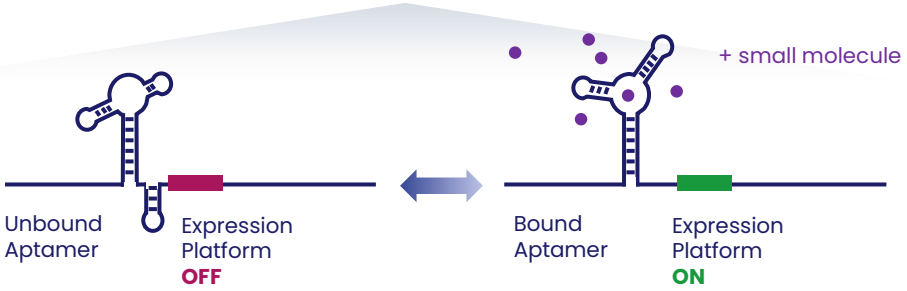
Riboswitch Platform: Allows Precise *in vivo* Dosing of Therapeutic Proteins and Peptides in a Physiological Timeframe using Oral Small Molecule Inducers

MEIRAGTx

1 DNA template with control platform, one time injection

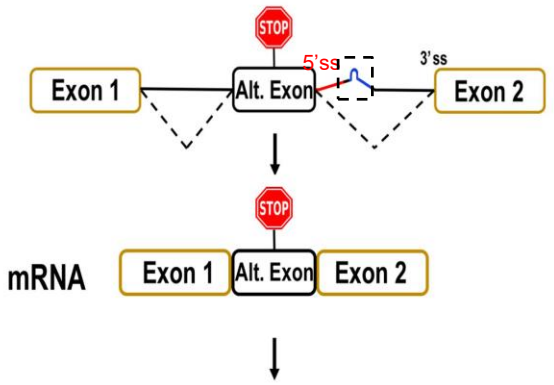
2 Oral pill induces precise production of the peptide or protein therapeutic





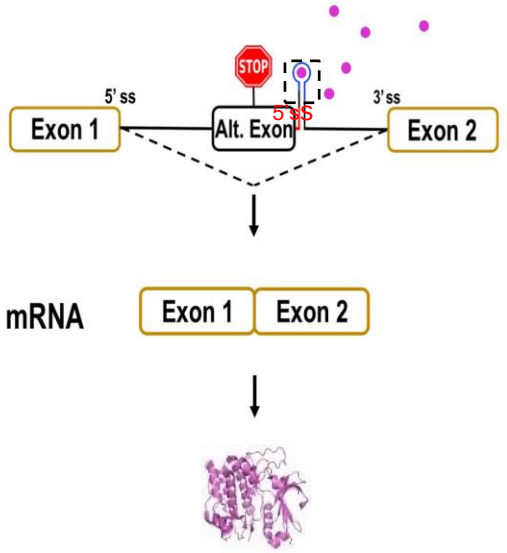
- **mRNA formation is controlled by alternative splicing cassette via aptamer : small molecule ligand binding**
- **1 small molecule binding leads to the irreversible formation of 1 stable mRNA**

No Small molecule (OFF state)



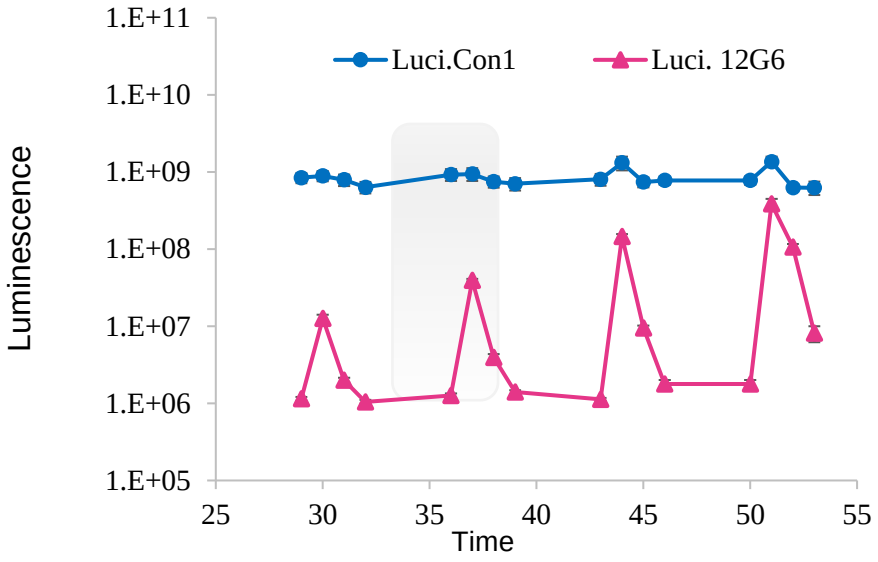
no protein

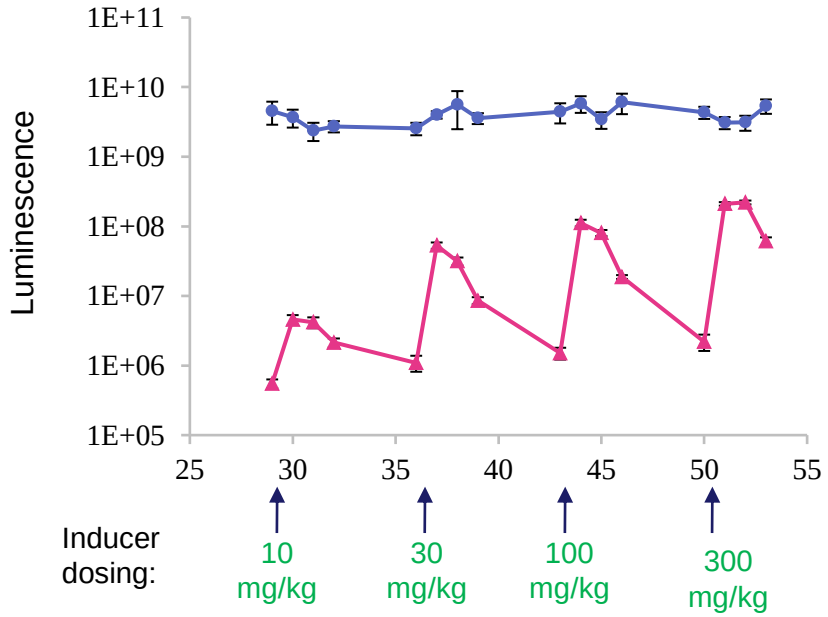
+ Small molecule (ON state)

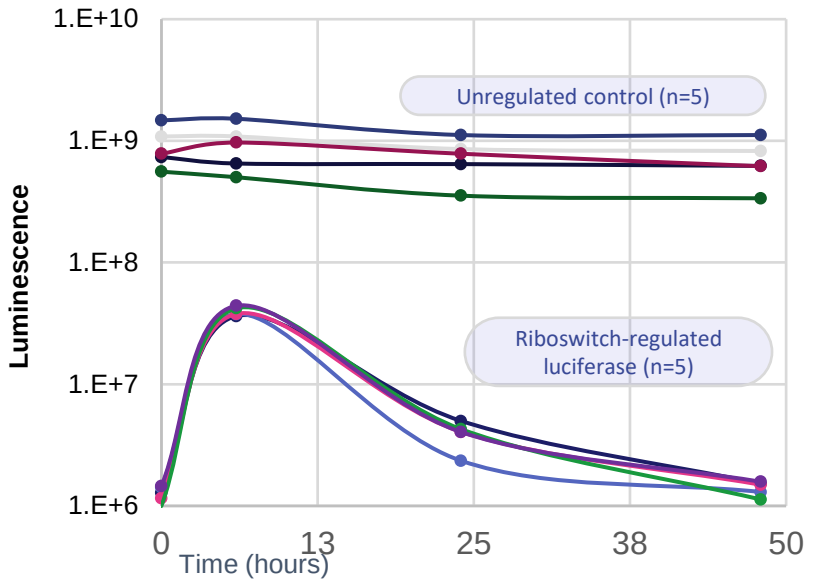


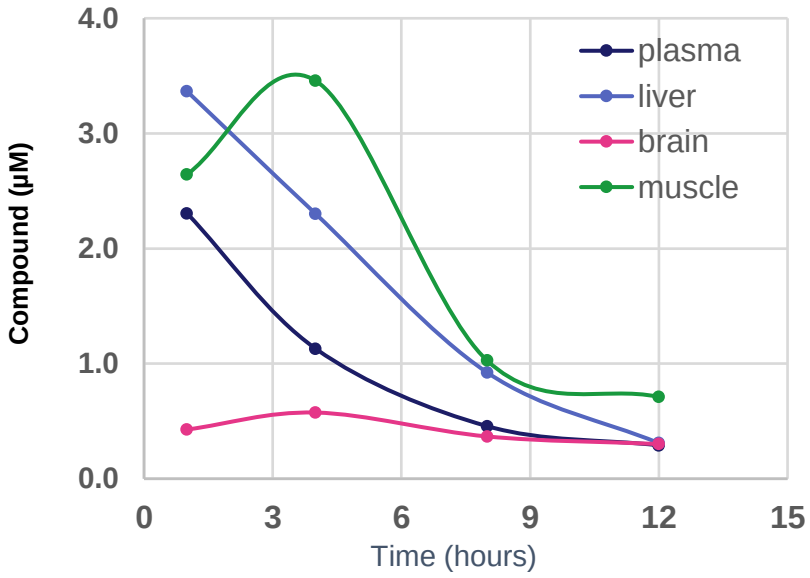
protein expressed

Exquisite Accuracy of *in vivo* Dosing:









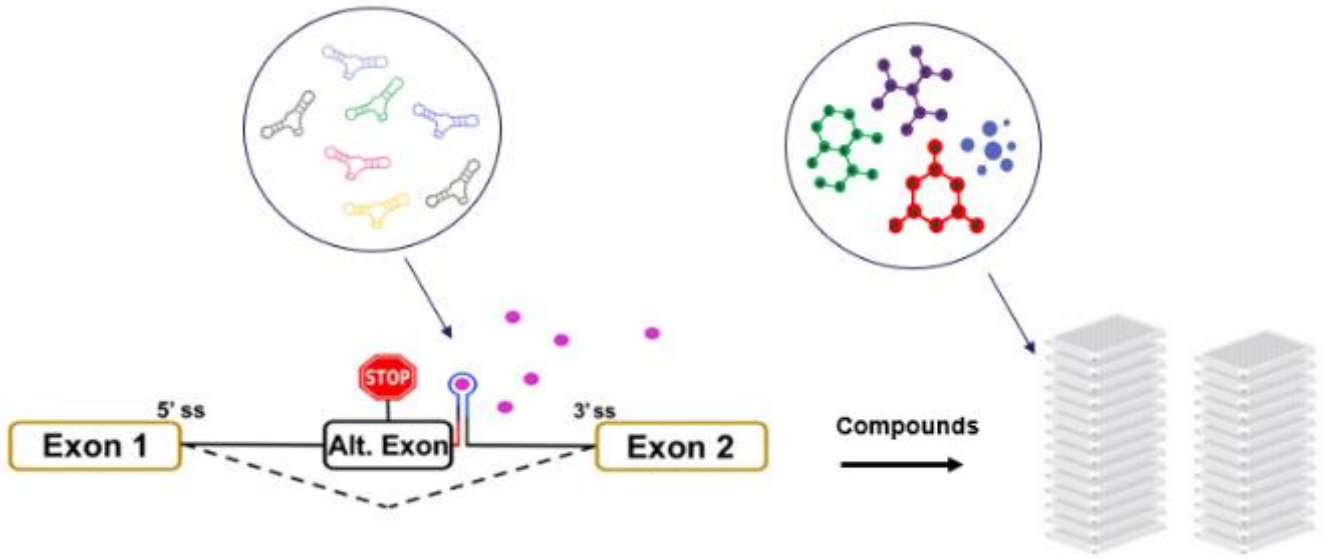
High Dynamic Range Regulation Cassette Allows Screening for RNA-Small Molecule Functional Binding in Mammalian Cells

MEIRAGTx

Large aptamer libraries screened expression cassette

- Randomized aptamer sequence
- Site directed mutagenesis

Small molecule libraries screened against selected aptamer containing riboswitches



Mammalian cell culture

The gene is expressed **ONLY** when a small molecule binds an aptamer and drives hairpin formation and splicing

↓

Assay readout: gene expression ON

Current status of small-molecule screening:

- Small libraries designed to improve potency and pharmaceutical properties
- ~350 Compounds have been screened
- 42 compounds demonstrated high potencyy; >30 compounds tested demonstrated good ADMET/PK properties
- 10 Compounds have gone or are going through rodent non-GLP tox studies.
- 2 compounds were identified to be BBB penetrant, with a brain:plasma ratio > 3 and desired ADMET/PK properties. additional BBB-penetrant compounds have been identified and are being evaluated.
- 5 compounds demonstrated high eye exposure levels when dosed orally
- 3 compounds are in pre-clinical development: one compound completed GLP tox studies, and two others will complete GLP tox in 2024. All showed good PK/safety profile in non-GLP rat, dog, and NHP studies.
- **Most advanced candidate entering IND enabling studies in 2024**

Riboswitch Unlocks the Potential of Genetic Medicine

Vectorized Biologics, Gene Replacement
Safety and Consistency of any genetic medicines

CNS expression of biologics – across the BBB
Gene Therapy delivered 1x within the BBB and activated using a small molecule that crosses the BBB

Cell Therapy
Controlled expression of CAR, cytokines, integrated ‘kill switch’

Short-lived Therapeutic Hormones and Peptides
Precise activation of naturally short-lived peptides and hormones; combinations of natural peptides regulated together

Ocular expression of therapeutic proteins
Tight control of expression in the eye with eye drop formulation

Tight regulation of Gene Editing
DNA or RNA editing e.g., Cas9 and CasRx

Passive Vaccines with built-in capacity for Oral Small Molecule Driven Persistance

Riboswitch Drives *in vivo* Efficacy: Vectorized Antibodies, Peptides and Hormones, Receptors in Cell Therapy and DNA and RNA targeting Nucleases

MEIRAGTx

Therapeutic Antibodies

- Anti-PCSK9
- Anti-VEGFR2 (eye)
- Anti-Amyloid
- Anti-IL-17
- Anti-PD1
- Anti-HER2
- Anti-IL4Ra
- Anti-Myostatin

Cell Therapy

- Ribo-CAR:
  - Anti-CD19
  - Anti-PSMA
  - Anti-mesothelin
  - Anti-HER2

Therapeutic Hormones / Cytokines / Peptides

- Epo
- hGH
- PTH
- Insulin
- GLP-1R agonists
- Gut peptide combinations:
  GLP1- GIP;
  GLP1, GIP, PYY, Glucagon, Amylin, Oxyntomodulin
- Myokines
- Adipokines eg: leptin
- Orexin

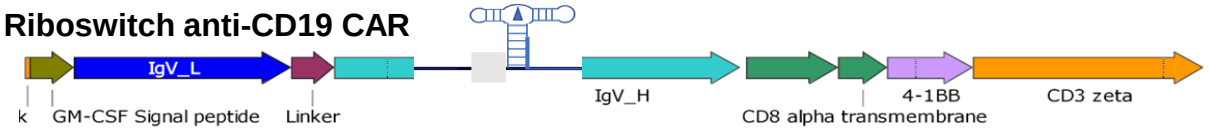
Gene/RNA Editing Nucleases

- Cas9
- CasRx

Jurkat T cells TRAC locus knock in: Riboswitch-Regulated Chimeric Antigen Receptor Induces CAR-T Activation in Response to Antigen

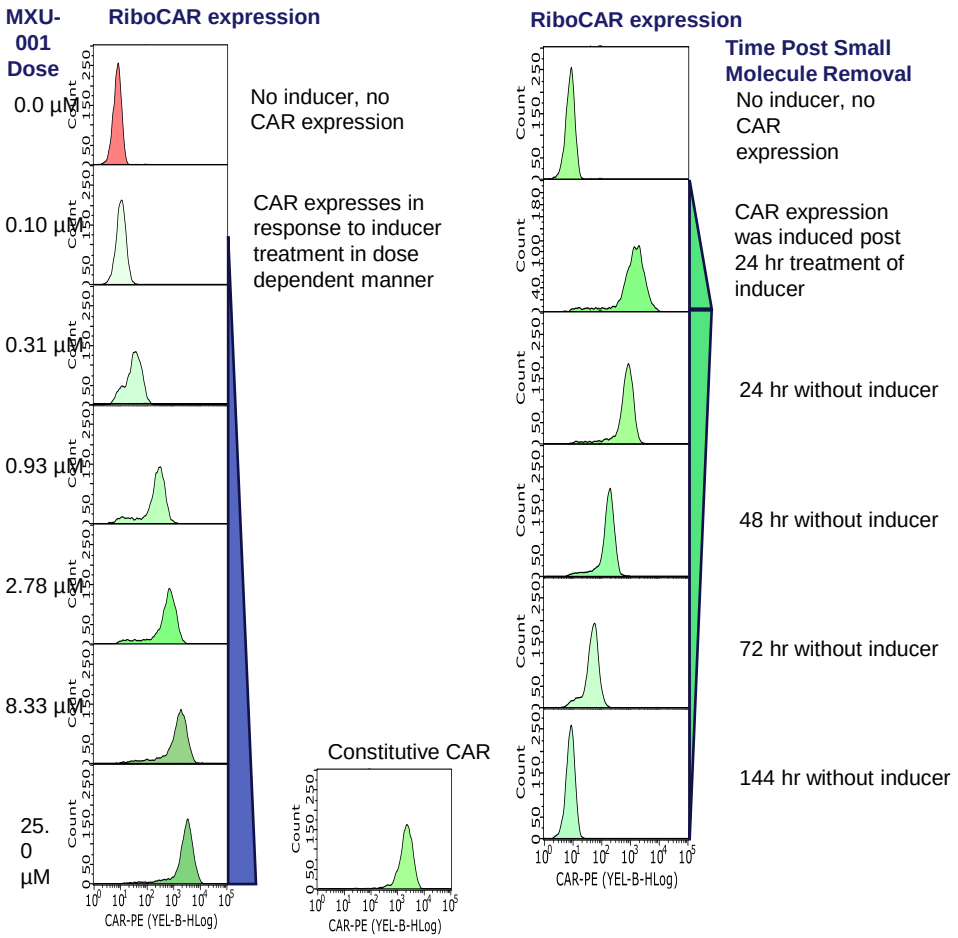
MEIRAGTx

Riboswitch anti-CD19 CAR

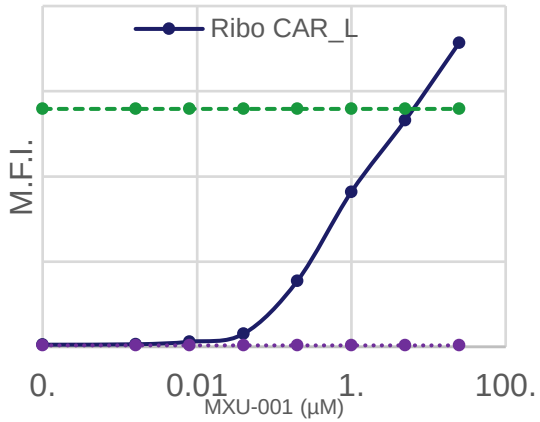


Constitutive anti-CD19 CAR

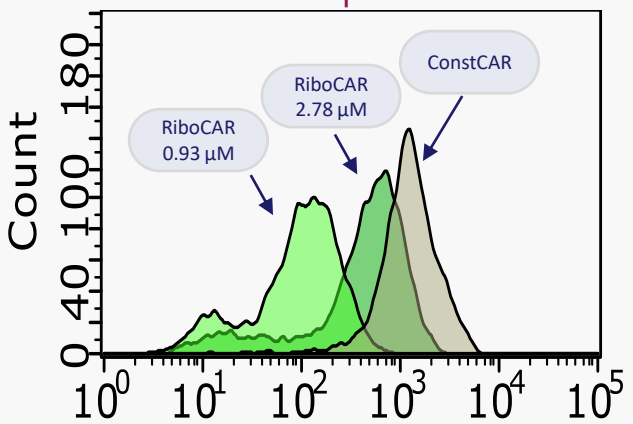
CAR activated in response to small molecule



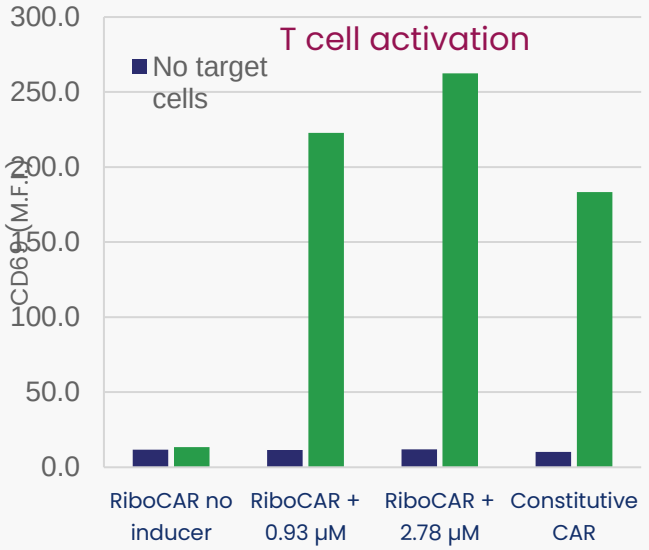
CAR off when small molecule removed



CAR expression



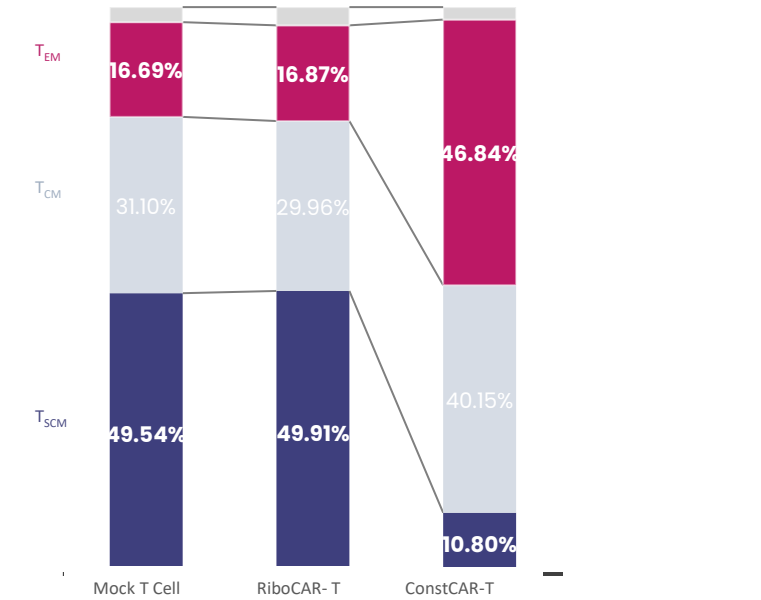
T cell activation

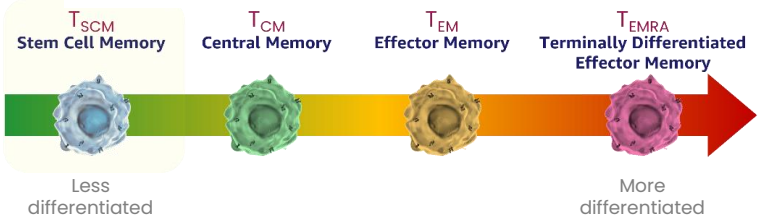


Primary human T-cells: Riboswitch Controlled CAR-T Cells Are Enriched in Naïve/Stem Cell-Like Memory Phenotype, Display Reduced Exhaustion Markers, Increased Cytotoxicity and increased proliferation capacity

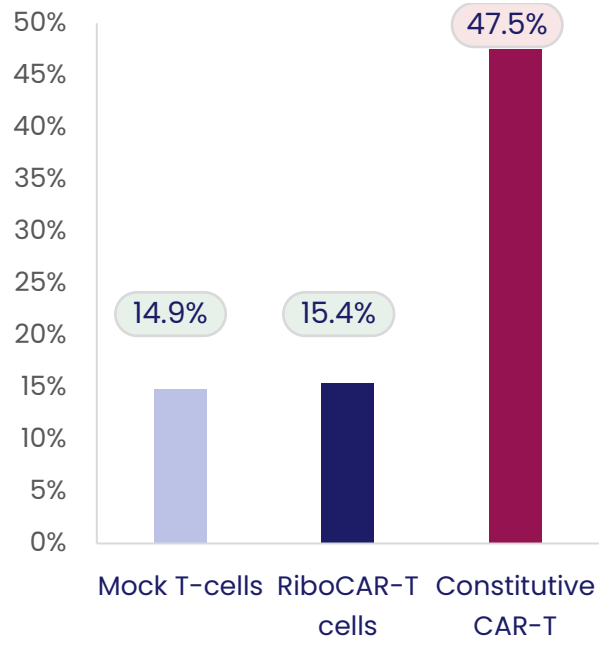
MEIRAGTx

Primary Human RiboCAR-T cells have a significantly higher proportion of naïve/Stem cell-like phenotype



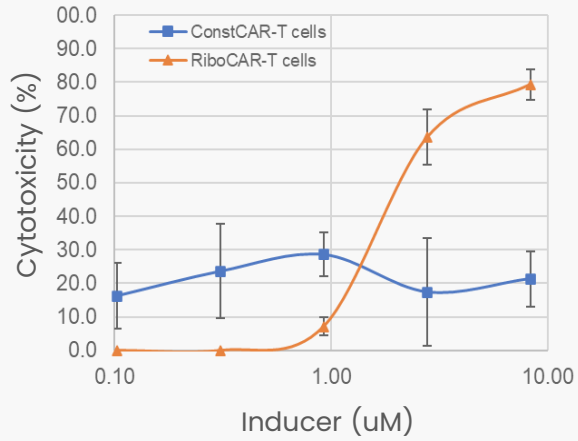


Induced primary RiboCAR-T cells exhibit reduced exhaustion markers (CD39) vs. ConstCAR-T (25µM MXU-001 inducer)

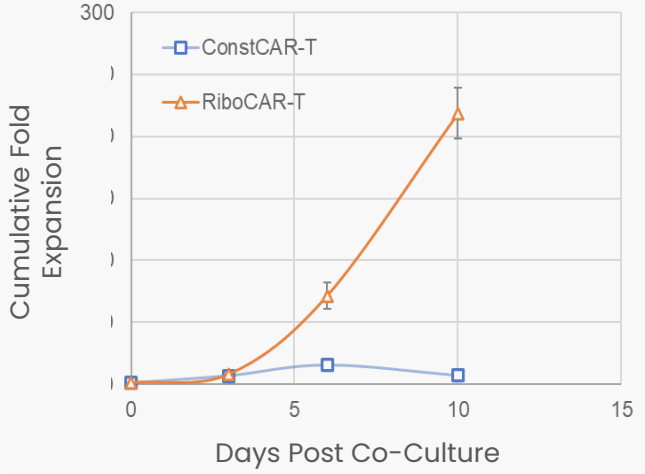


- Exhausted CAR-T cells exhibit decreased proliferative capacity, impaired anti-tumor activity, and attenuated persistence[1].
- RiboCAR T-cells exhibit significantly lower levels of the exhaustion marker, CD39, vs. constitutive CAR

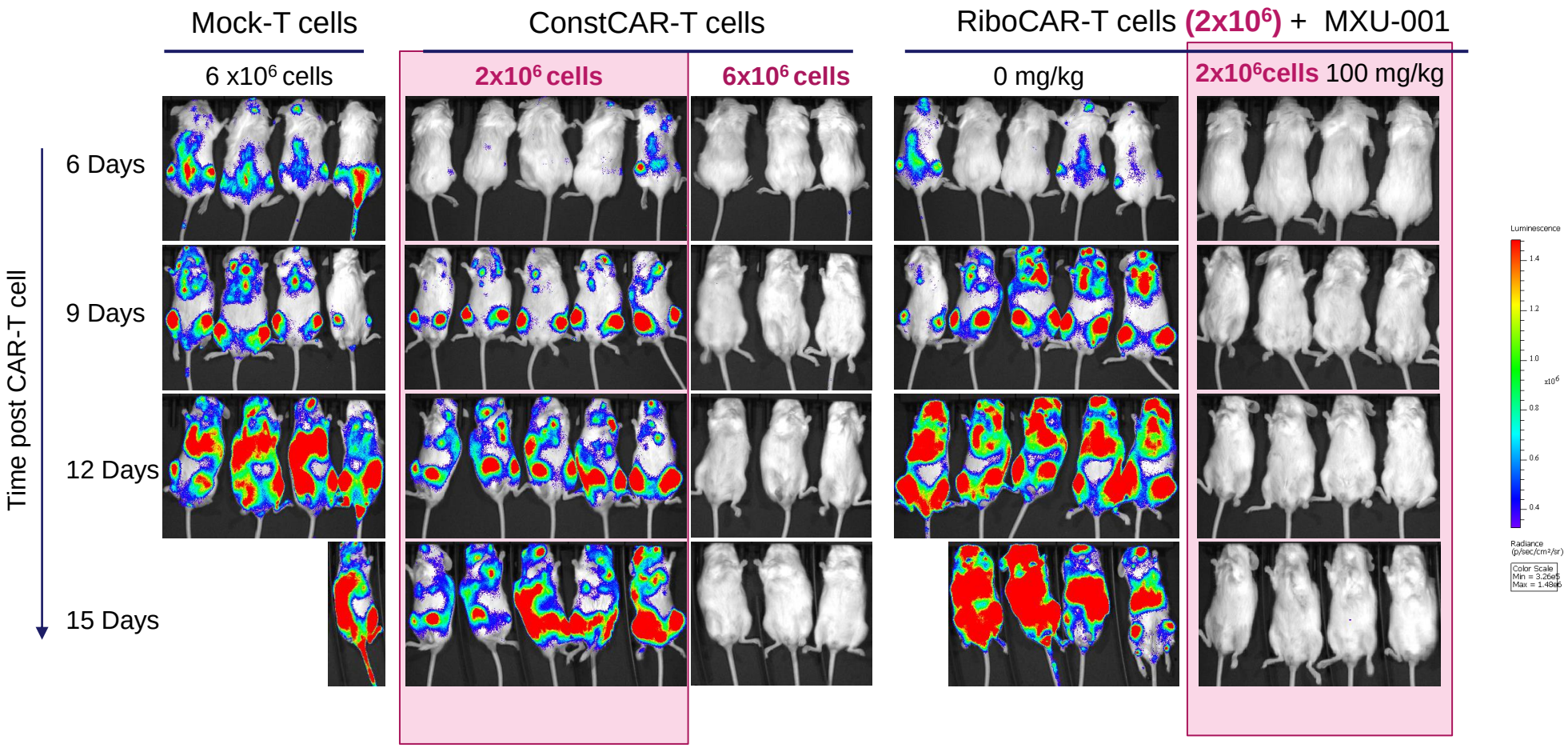
RiboCAR-T cells exhibit superior cytotoxic activity in a dose-dependent manner



RiboCAR-T cells exhibit superior expansion capacity following repeated tumor cell stimulation



Primary human T cells: *in vivo* Riboswitch-Controlled RiboCAR-T Cells Outperform ConstCAR-T Cells in anti-Tumor Activity



- 1x10^6 Raji-ffLuc cells were injected into NSG mice.
- 4 days after Raji-ffLuc cell injection, the indicated CAR-T cells were injected into mice.
- Mice were dosed with the small molecule inducer with the indicated doses orally and daily starting the day before CAR-T cells injection.
- Tumor growth was monitored every 3 days using bioluminescence imaging.

Riboswitch Drives *in vivo* Efficacy: Vectorized Antibodies, Peptides and Hormones, Receptors in Cell Therapy and DNA and RNA targeting Nucleases

MEIRAGTx

Therapeutic Antibodies

- Anti-PCSK9
- Anti-VEGFR2
- Anti-Amyloid
- Anti-IL-17
- Anti-PD1
- Anti-HER2
- Anti-IL4Ra
- Anti-Myostatin

Cell Therapy

- Ribo-CAR:
  - Anti-CD19
  - Anti-PSMA
  - Anti-mesothelin
  - Anti-HER2

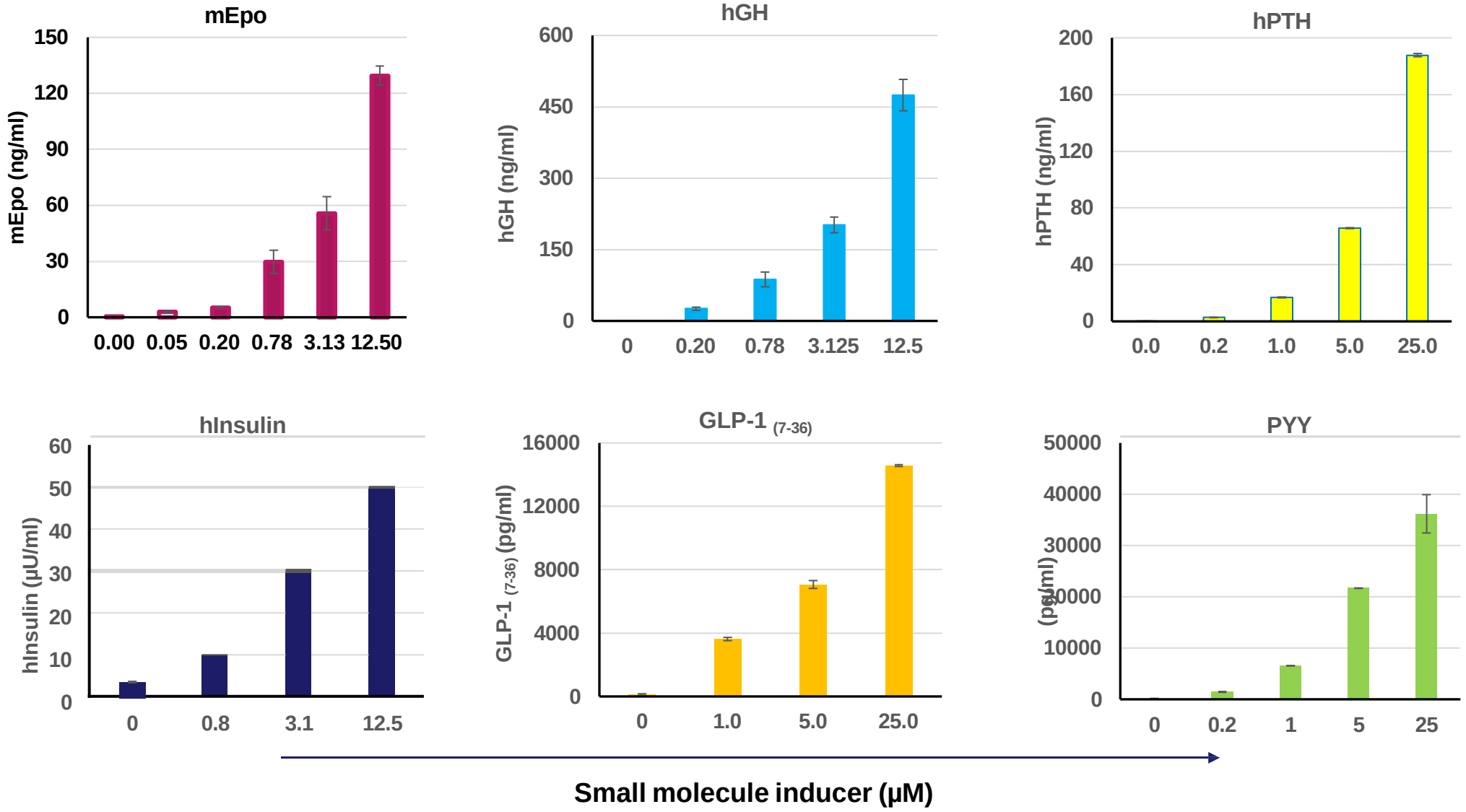
Therapeutic Hormones / Cytokines / Peptides

- Epo
- hGH
- PTH
- Insulin
- GLP-1R agonists
- Gut peptide combinations:
  GLP1- GIP;
  GLP1, GIP, PYY, Glucagon, Amylin, Oxyntomodulin
- Myokines
- Adipokines eg: leptin
- Orexin

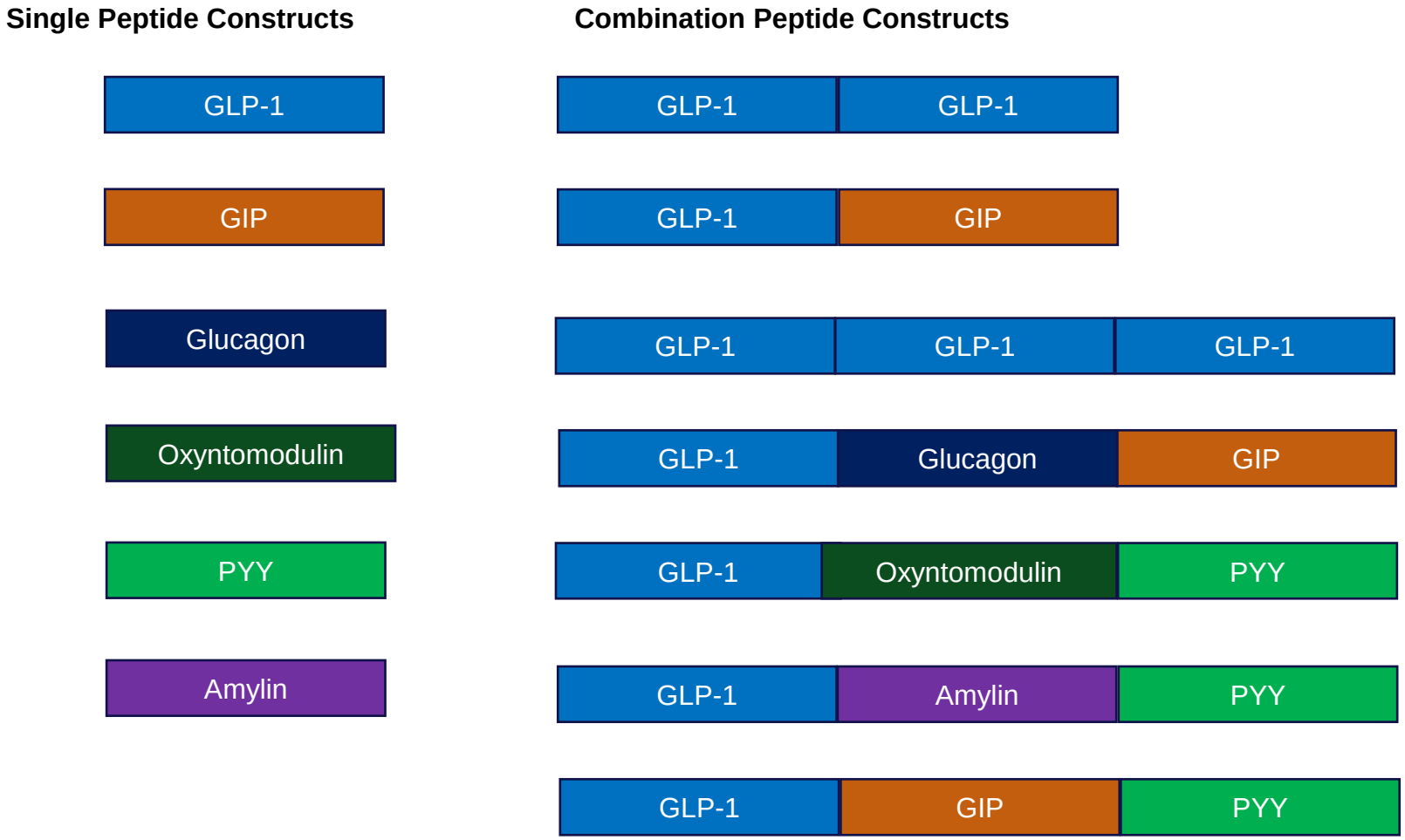
Gene/RNA Editing Nucleases

- Cas9
- CasRx

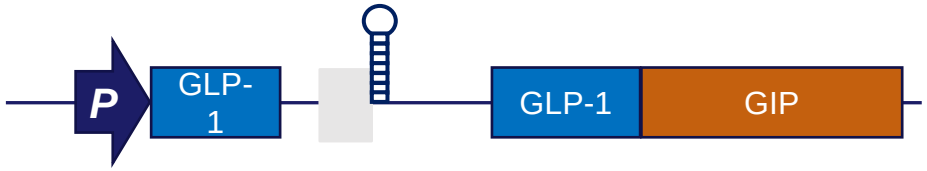
Riboswitch Gene Control Cassette Provides Tight Control of Expression of Multiple Vectorized Peptides and Hormones via Oral Small Molecules in a Dose Dependent Manner

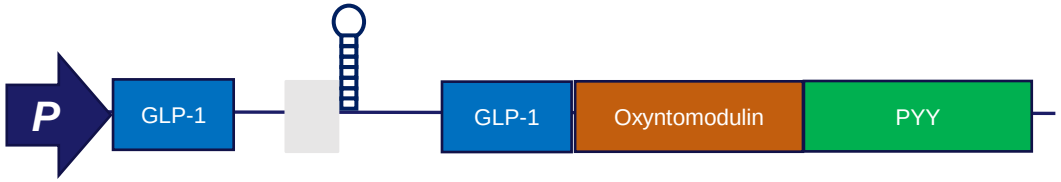


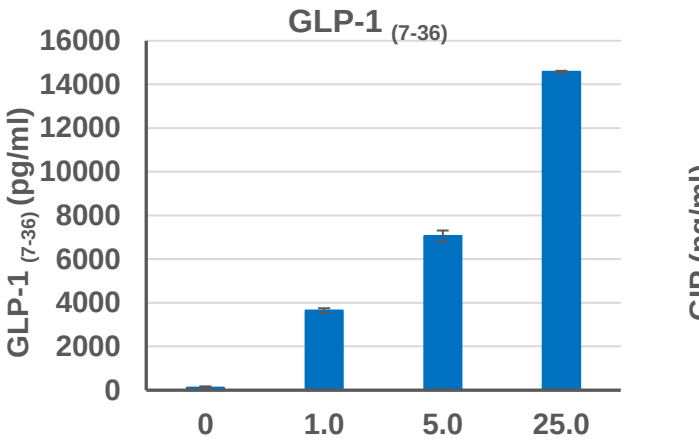
Gene Regulation Cassette Controls the Expression of Combinations of Gut Peptides, GLP-1 plus GIP and PYY

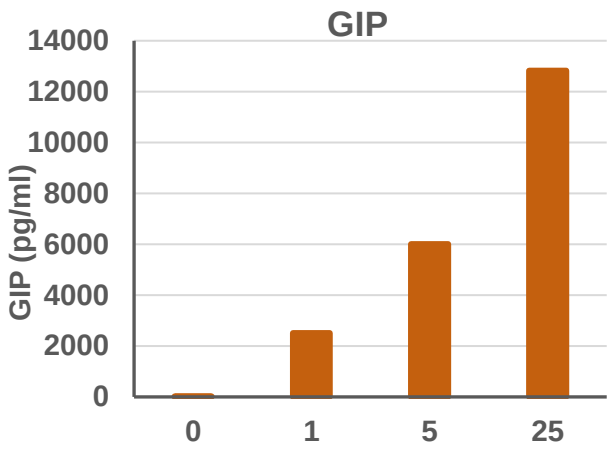


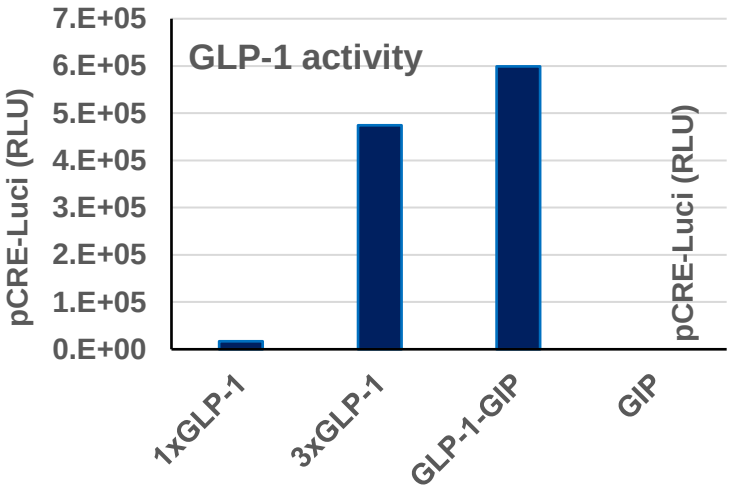
Gene Regulation Cassette Controls the Expression of Combinations of Gut Peptides, GLP-1 plus GIP and PYY

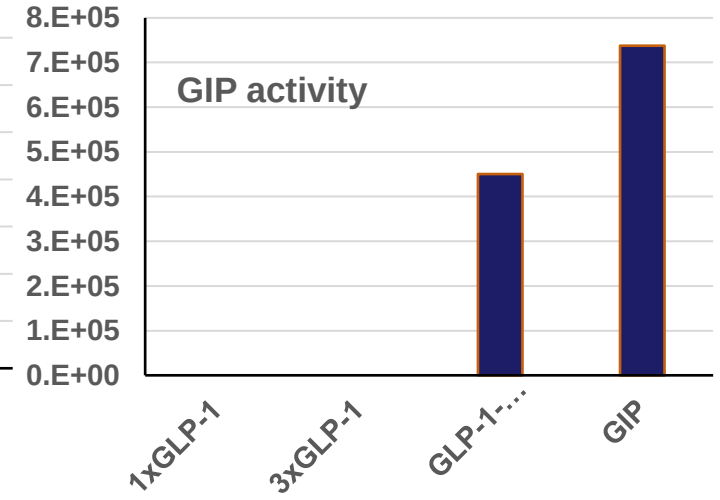


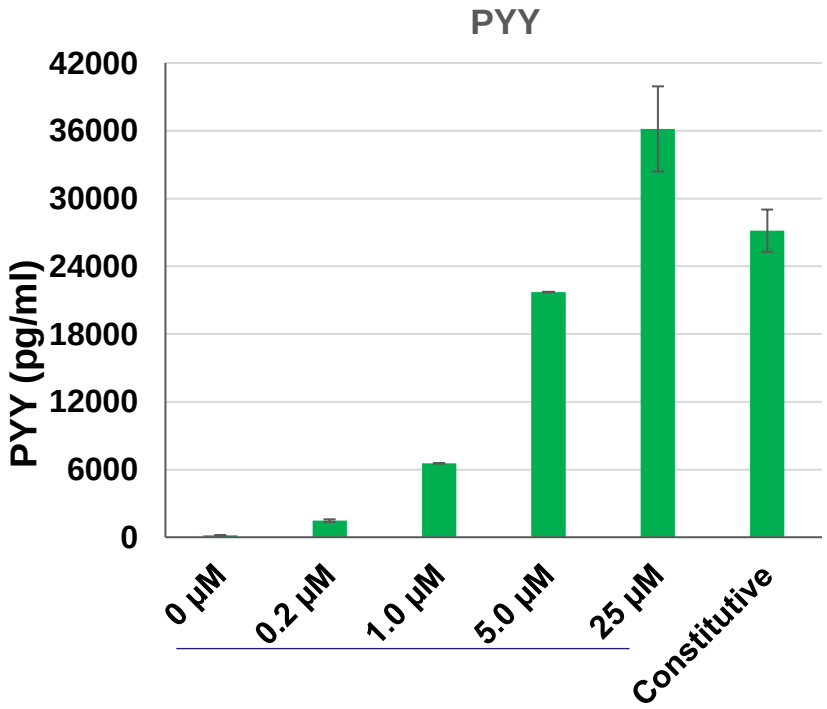








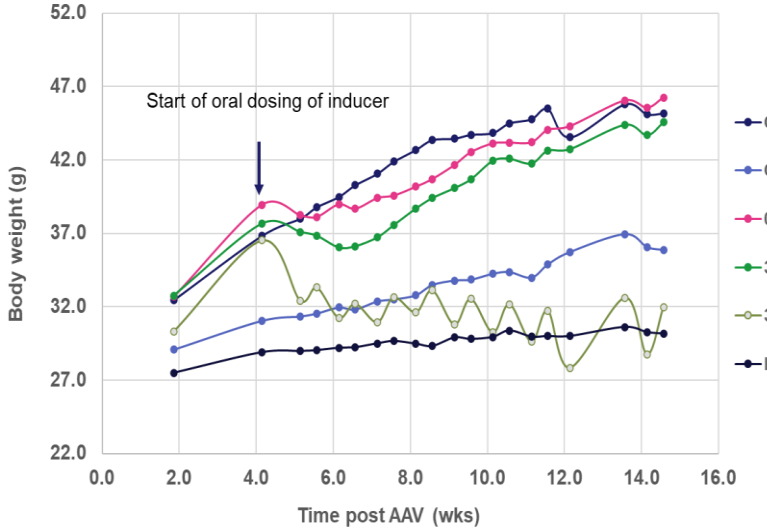


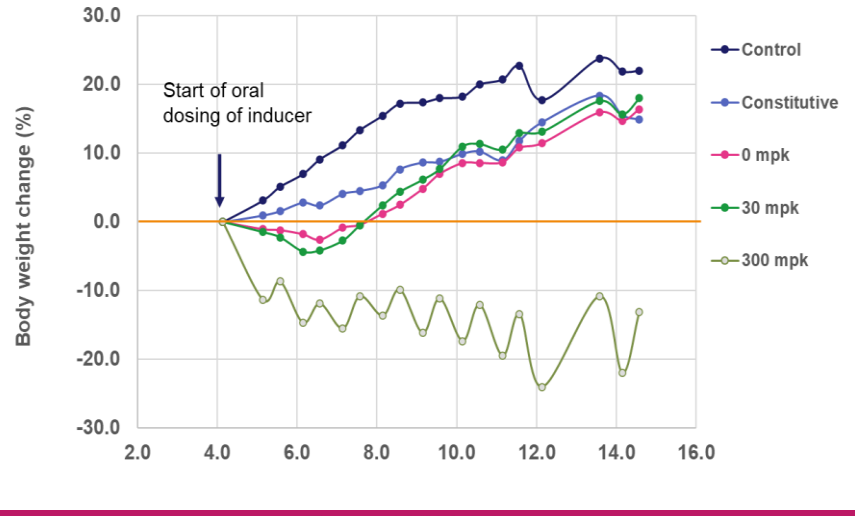


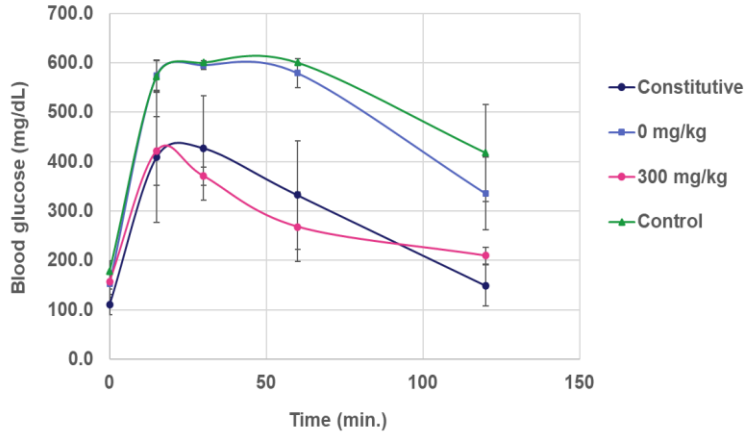
In vivo delivery of short-lived form of incretins in a more physiological time frame works much better than the same combinations active all the time

MEIRAGTx

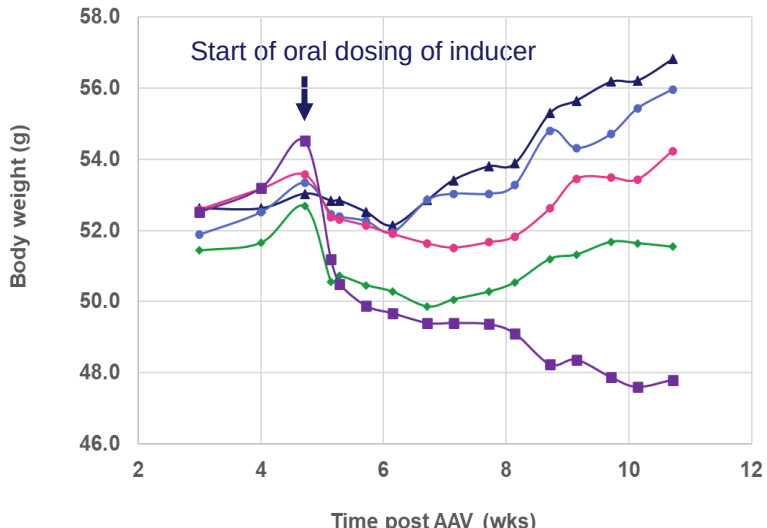
GLP1-GIP

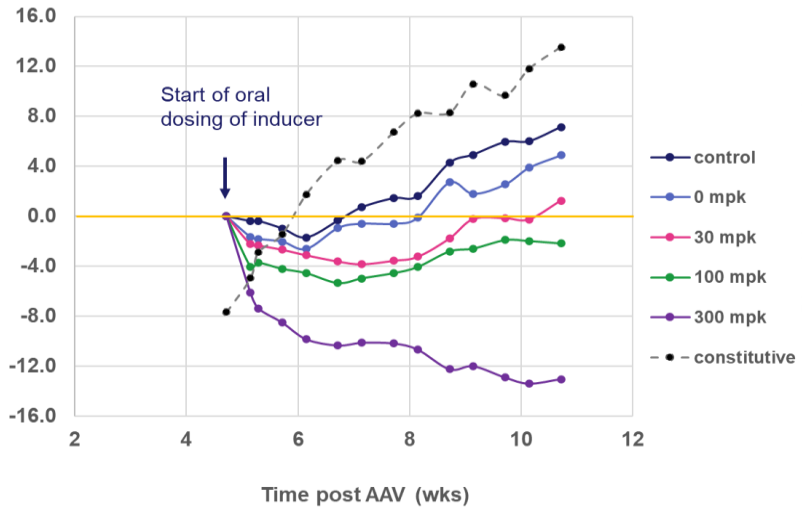


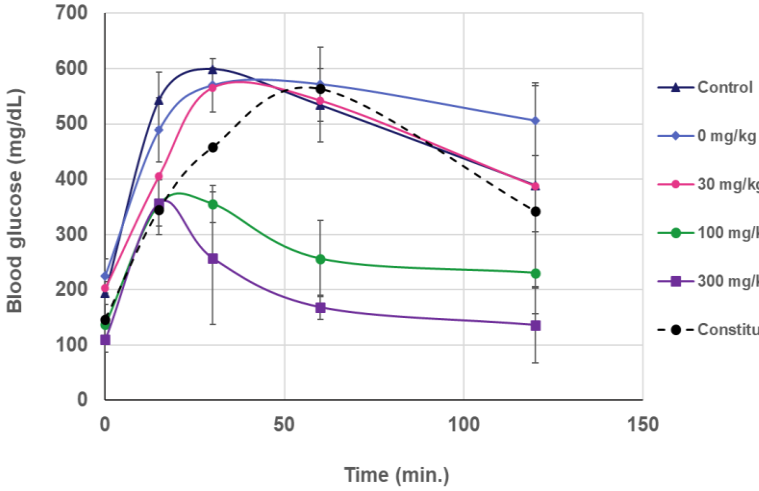




GLP1-GIP-Glucagon







In vivo delivery of peptide therapeutics address many issues in current pharmacological treatment of metabolic disorders

Precise *in vivo* delivery of native short acting agonist peptides and hormones:

- **Efficacy:** any combination of native short acting peptides can be delivered with dose and timing precisely controlled by oral small molecule activator. Data demonstrates delivery short acting agonist peptides results in significantly improved efficacy than higher levels of constitutively active peptides.
- **Tolerability**: lower dose of periodically delivered short acting peptides have significantly better efficacy than higher doses of persistently active - which improves tolerability
- **Muscle loss:** delivery of native myokines that drive improved muscle strength, fat metabolism, mood etc. eg: key myokines
- **Neurodegenerative and Psychiatric diseases of Aging / Obesity:** deliver the myokines, peptides hormones that have CNS impact – particularly in aging and as muscle mass declines
- **Fat re-gain** – can deliver natural Leptin – avoiding the disastrous consequences of immune response to injected metreleptin
- **Manufacturing & COGS:** the body makes the peptides, circumvents the peptide manufacturing barrier to entry
- **Cell Engineering for *in vivo* delivery:** control system for *in vivo* delivery works best for cell therapy – the control cassette can be knocked into any transgene within the engineered cell rendering that gene precisely controllable by oral small molecule ligand – in this way the production of biologic therapeutics by the therapeutic engineered cell can be precisely controlled in time and does by the oral drug

Optimized End-to-End in Genetic Medicine

Future focus on *in vivo* delivery of biologic therapeutics for large indications and unmet needs

Diverse Clinical Pipeline

3 late stage clinical programs pivotal/Phase 3

- **Retinitis Pigmentosa: Phase 3 dosing complete.** Collaboration with JNJ recently sold back.
- Commercial manufacturing agreement

For prevalent non-inherited indications

- **Radiation Induced Xerostomia: pivotal**
- **Parkinson's Disease: Phase 3 ready**

Potential Global Filings: 2025, 2026, 2027

- **Large patient populations**
- **Unmet need**
- **Strong data**
- **Low cost of goods**

Deep pre-IND pipeline:

- **ALS**
- **MC4R obesity**
- **Metabolic Disease**

End-to-end GMP manufacturing

Flexible and Scalable

- **2 GMP facilities,** commercial scale.
- **Plasmid production** for GMP
- **QC facility** with commercial license
- **Fill and Finish**, warehouse, supply chain
- **Specials License**
- **Proprietary manufacturing process** – industry leading
- **Global Regulatory CMC experience**
- AI driven improvements based on 20 vectors and >50 GMP runs

Speed:

- **New vector to tech transfer 2-3 months;**
- **Significantly reduced development timeline for all products**
- **Beat competition and increases ROI on every product**

CofG: Lower

Valuation Floor:

Next Generation Vector Optimization

Potency, safety, dose, CofG

- **Capsids:**, Muscle, CNS, Eye, Liver,
- **Promoters**: Muscle, CNS, Liver, eye
- **Proprietary Vectorization Technology:** Peptides and Antibodies increases potency 2-10x from same promoter
- **DATA** fed into **AI driven in silico cloning**
- **Organoid testing for HUMAN function**

>3 log Improvements in potency

Maximize outcome for patients

CofG : 3 log lower dose, 3 log lower cost of goods

Affordable therapies increasing access to effective treatments in common diseases

Transformative RiboswitchTechnology

In vivo delivery via oral small molecule

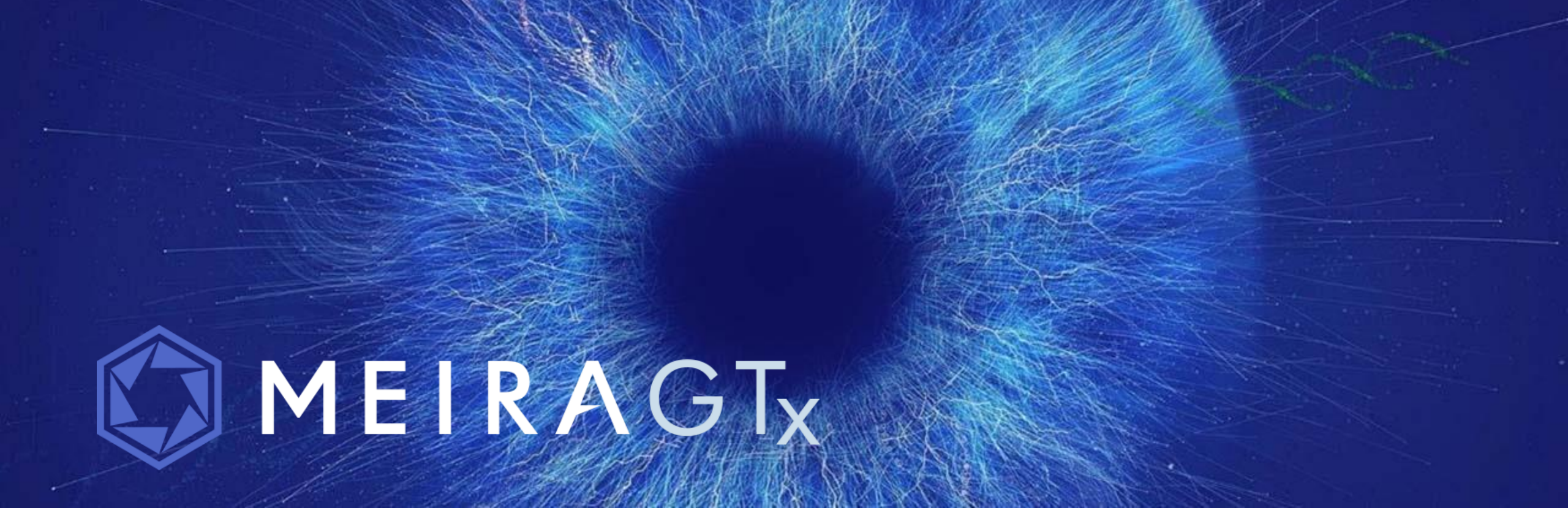
- **in vivo delivery** of any biologic therapeutic
- **Precise dose response** of protein production to oral small molecule
- in vivo efficacy for antibodies, peptides, hormones and cell therapy
- **GLP1, GLP1-GIP, GLP1-GIP-Glucagon, Amylin, PYY combinations**
- **CAR-T:** for liquid and solid tumors and autoimmune disease

Metabolic disease: leapfrogs current approaches addressing current problems:

- **Efficacy and Tolerability**
- **Muscle Loss**
- **Fat regain**
- **Manufacturing barrier to entry**

Next generation Cell Therapy transforms:

- **Exhaustion, Durability, Potency, Safety**
- **Manufacturing**



Goldman Sachs

45th Annual Global Healthcare Conference