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# STOP THE START

of classical complement-driven diseases

## Positive Topline Data from Real-World Evidence in Guillain-Barré Syndrome

**December 16, 2024**

# Forward-Looking Statements

This presentation contains “forward-looking” statements about Annexon, Inc. and our industry that involve substantial risks and uncertainties. All statements other than statements of historical facts, including statements regarding our clinical and preclinical programs, timing and commencement of future nonclinical studies and clinical trials and research and development programs, timing of clinical results, anticipated timing of submission of a Biologics Licensing Application, the adequacy and sufficiency of the RWE data to support marketing application, strategic plans for our business and product candidates, including additional indications which we may pursue, our financial position, runway and anticipated milestones, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as “aim,” “anticipate,” “assume,” “believe,” “contemplate,” “continue,” “could,” “design,” “due,” “estimate,” “expect,” “focus,” “goal,” “intend,” “may,” “objective,” “plan,” “positioned,” “potential,” “predict,” “seek,” “should,” “target,” “will,” “would” and other similar expressions that are predictions of or indicate future events and future trends, or the negative of these terms or other comparable terminology.

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# ANX005 Has the Potential to Be the First Targeted Therapy for Guillain-Barré Syndrome (GBS)

## ANX005 TARGETED IMMUNOTHERAPY

- Anti-C1q therapy rapidly blocks classical complement mediated neuroinflammation in a single dose to halt ongoing nerve damage
- Annexon portfolio opens a new era of complement medicines to treat neuroinflammatory disease

## GBS IS A SEVERE UNMET NEED

- Rapid and acute neurological disease with no FDA-approved treatment
- 22,000 patients hospitalized in US and Europe annually
- Involves common underlying pathophysiology worldwide

## ADVANCING ANX005 FOR GBS WORLDWIDE

- Phase 3 trial demonstrated significant benefit with ANX005 over placebo
- Real-world evidence shows ANX005 benefit over IVIg/PE, strengthening body of evidence for ANX005 in GBS
- Company plans to submit U.S. BLA in 1H 2025

# Phase 3 Demonstrated ANX005 30 mg/kg Single Dose Led to Rapid, Robust, and Consistent Benefit Across Multiple Endpoints

**MET PRIMARY ENDPOINT**

## 2.4x more likely of being better on GBS-DS at Week 8 relative to placebo ($p$ = 0.0058)

- FDA-agreed primary endpoint
- Multiple sensitivity analyses of the primary endpoint show consistent improvements
- Larger effect in sub-group with western baseline characteristics

**DURABLE TREATMENT EFFECT**

## Maintained improvement over placebo at all timepoints across multiple measures

- Less time on ventilation
- Less overall disability
- Higher proportion of patients returning to normal (GBS-DS = 0) at week 26 vs. placebo

**GENERALLY WELL TOLERATED**

## Safety data was similar to placebo

- No new safety signals
- No increased infection rate while not requiring vaccination or prophylactic antibiotics
- No difference in all-cause mortality

Topline Results Subject to Change



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# Real-World Matched Cohort Study Showed Early and Greater Benefits of ANX005 30 mg/kg Single Dose over IVIg/PE

**PH3 PATIENTS MATCHED WITH IGOS PATIENTS**

## ANX005 Phase 3 patients matched 1:1 with IGOS on prespecified criteria

- ✓ Propensity score matching based on key prognostic factors of muscle strength and GBS disability
- ✓ Matched cohorts demonstrate Phase 3 population is represented within global GBS patient spectrum

**IMPROVED OUTCOMES OVER IVIG/PE**

## Faster, more complete recovery with ANX005 vs IVIg/PE at multiple timepoints

- ✓ Rapid gain in muscle strength by week 1 ($p$ <0.0001)
- ✓ Twice as likely to be in better state of health on GBS disability, including week 8 ($p$ = 0.0459)
- ✓ Half as many patients required mechanical ventilation ($p$ = 0.022)
- ✓ Trend toward fewer mechanical ventilation and ICU days (12 fewer days for each measure)

**RWE REINFORCES ANX005 EFFICACY**

## Potential of ANX005 to be first targeted immunotherapy for GBS

- ✓ Study strengthens the body of evidence supporting ANX005 for treatment of GBS
- ✓ Study provides the first insights on how ANX005 may improve upon current standard of care

Preliminary Topline Results Subject to Change



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# Phase 3 ANX005 30mg/kg Patients Matched 1:1 with IGOS Patients Treated with IVIg/PE

**1:1 Match to Compare ANX005 vs. IGOS IVIg/PE***


## WIDELY ACCEPTED MATCHING METHODOLOGY APPLIED

- Propensity score matching process blinded to outcomes
- Balanced cohorts based on prespecified key prognostic factors of muscle strength and GBS disability[1]
- Literature[2] and IGOS analysis indicate baseline MRC and GBS-DS are most prognostic to disability outcomes

Preliminary Topline Results Subject to Change

[1]Measured by Medical Research Council (MRC) sumscore and GBS-Disability Scale (GBS-DS); [2]Walgaard 2011
* Caliper = 0.8; similar results in a subset cohort with caliper 0.2



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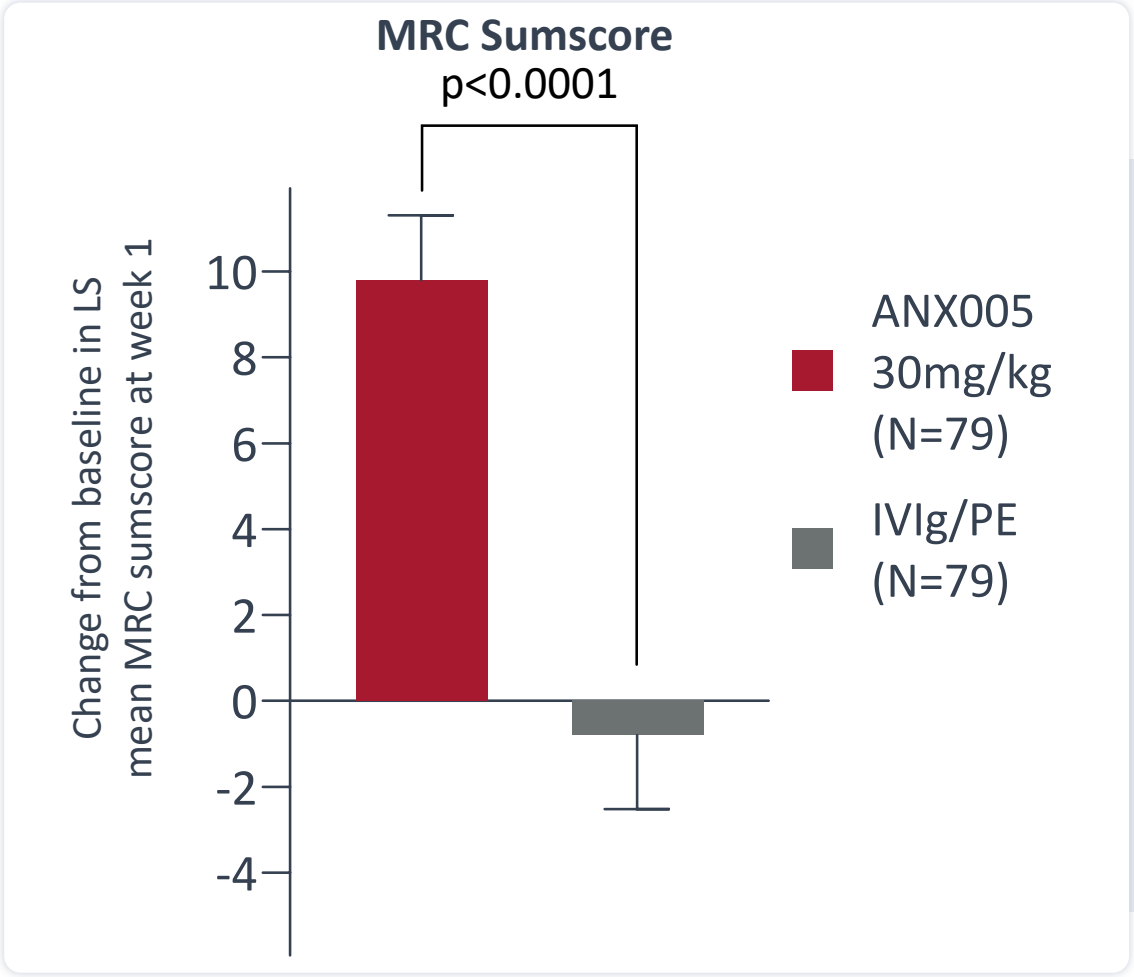
# At Week 1, ANX005 Treated Patients Improved in Muscle Strength While IVIg/PE Treated Patients Continued to Decline

## Consistent with Single Infusion and Rapid MOA




**MORE THAN A 10-POINT IMPROVEMENT IN MRC SUMSCORE[1] OVER IVIG/PE**

### Muscle weakness is a hallmark of GBS

MRC at week 1 is a sensitive measure of the 'acute disease process' of neuroinflammation, nerve damage and destruction[2]

### Time is Nerve

Early improvement in muscle strength is important for halting disease progression and highly prognostic of functional improvement on disability, ICU and ventilation

Preliminary Topline Results Subject to Change

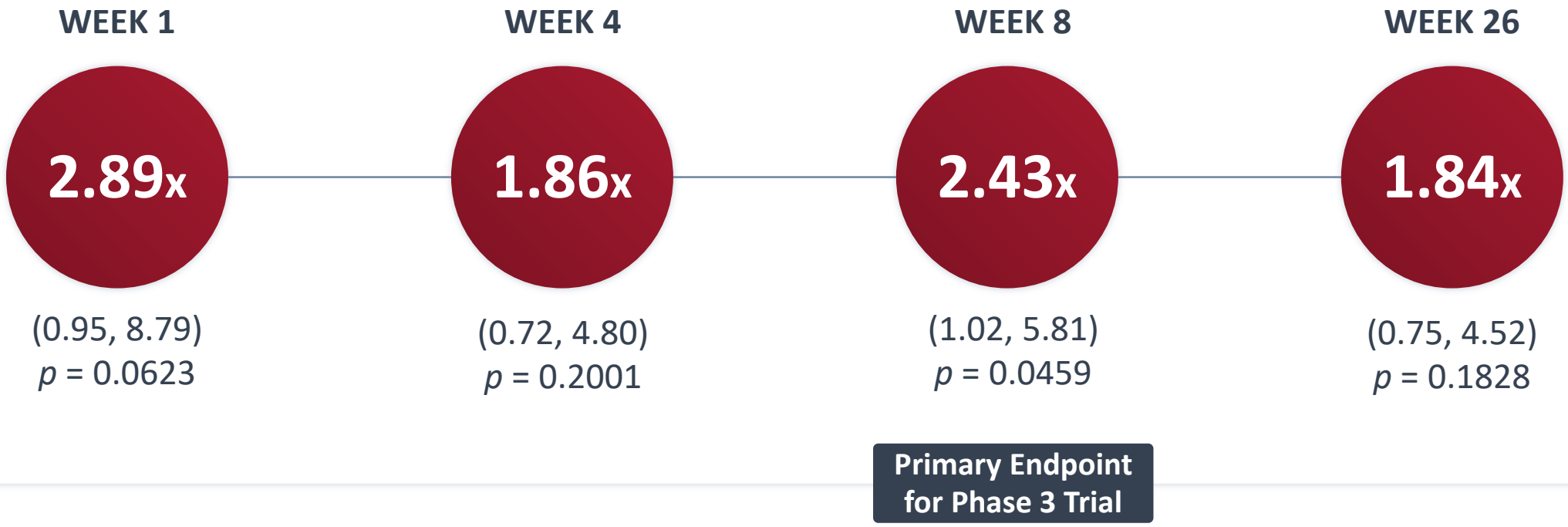
[1]MRC results are adjusted for Age, Onset, and Baseline MRC

[2]Walgaard, et al., 2011. Early recognition of poor prognosis in Guillain-Barré syndrome. Neurology 76:968.

# ANX005 30mg/kg Patients Improved on Disability vs. IVIg/PE

## ~2x more likely to be in a better state of health

GBS-DS Odds Ratios (OR)




Preliminary Topline Results Subject to Change



[1]Odds Ratios (OR) – likelihood of being in a better state of health, adjusted for Age, Onset, and Baseline MRC

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# Fewer ANX005 Patients Required Ventilation and Trended to Less Ventilation Time and ICU: Measures of Decreased Burden of Care

**FEWER SUBJECTS VENTILATED**

Half as many patients, $p = 0.022$

**ANX005 30mg/kg**
N = 15 of 79 — **19%**

**IGOS IVIG/PE**
N = 32 of 79 — **40.5%**

**FEWER DAYS ON VENTILATION**

Median 12 fewer days, $p$ = n.s.

**ANX005 30mg/kg**
N =15 — **20 Days**

**IGOS IVIG/PE**
N = 32 — **32 Days**

**FEWER DAYS IN ICU**

Median 12 fewer days, $p$ = n.s.

**ANX005 30mg/kg**
N =18 — **25 Days**

**IGOS IVIG/PE**
N = 36 — **37 Days**

Preliminary Topline Results Subject to Change



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# Consistent, Robust Effects Across Phase 3 Trial and Real-World Study Strengthen Body of Evidence for ANX005

## ANX005 HELPED PATIENTS WITH GBS GET BETTER SOONER

**Phase 3 results showed early and durable recovery with ANX005 vs. placebo**

- Rapidly suppressed neuroinflammation via C1q inhibition during the active phase of GBS
- Statistically significant improvements across multiple endpoints and over multiple timepoints

**Real-world study showed consistent ANX005 benefit over IVIg/PE across multiple measures**

- Rapid week 1 gain in muscle strength
- Twice as likely to be in better state of health on GBS disability scale
- Half as many patients required mechanical ventilation

**Engaging with US and EU regulators in preparation for planned BLA Submission in 1H 2025**

Preliminary Topline Results Subject to Change



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# Closing Remarks & Q&A Session

# Participants in Q&A Discussion

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A bold mission to enable **MILLIONS** of **PATIENTS** impacted by complement-mediated diseases of the body, brain and eye **LIVE THEIR BEST LIVES**