

ECLIPSE 1 Pivotal Phase 3 Topline Results and SOLSTICE Phase 2 Finite Treatment Data

November 9, 2026

Vir Biotechnology™

2026 Vir Biotechnology, Inc.™

Legal Disclaimer

Forward-looking Statements
Statements in this presentation that are not statements of historical fact are forward-looking statements. Such forward-looking statements include, without limitation, statements regarding: the therapeutic and commercial potential of Vir Biotechnology's CHD program, as well as Vir Biotechnology's strategy, plans and expectations related thereto; the potential of and Vir Biotechnology's expectations for its other pipeline programs; Vir Biotechnology's plans and expectations for its clinical development programs, including protocols for and enrollment into ongoing and planned clinical studies, potential partnering opportunities, and data readouts and presentations, as well as anticipated timelines; the potential benefits, safety and efficacy of Vir Biotechnology's investigational therapies; and any assumptions underlying any of the foregoing. Words such as “aim,” “anticipate,” “believe,” “could,” “expect,” “goal,” “intend,” “may,” “plan,” “potential,” “promising,” “will,” and similar expressions are intended to identify forward-looking statements, though not all forward-looking statements necessarily contain these identifying words. These forward-looking statements are based on the beliefs of the management of Vir Biotechnology, as well as assumptions made by and information currently available to management. Such statements reflect the current views of Vir Biotechnology with respect to future events and are subject to known and unknown risks, including, without limitation: unexpected safety or efficacy data or results observed during clinical studies or in data readouts, including the occurrence of adverse safety events; risks of unexpected costs, delays or other unexpected hurdles; difficulties in collaborating with other companies, some of whom may be competitors of Vir Biotechnology or otherwise have divergent interests, and uncertainty as to whether the benefits of Vir Biotechnology's various collaborations can ultimately be achieved; challenges in accessing manufacturing capacity; clinical site activation rates or clinical enrollment rates that are lower than expected; the timing and outcome of Vir Biotechnology's planned interactions with regulatory authorities, as well as general difficulties in obtaining any necessary regulatory approvals; successful development and/or commercialization of alternative product candidates by Vir Biotechnology's competitors, as well as changes in expected or existing competition; Vir Biotechnology's use of AI and machine learning in its efforts to engineer next-generation proteins and in other research and development efforts; geopolitical changes or other external factors; and unexpected litigation or other disputes. In light of these risks and uncertainties, the events or circumstances referred to in the forward-looking statements may not occur. Drug development and commercialization involve a high degree of risk, and only a small number of research and development programs result in commercialization of a product. Results in early-stage clinical studies may not be indicative of full results or results from later stage or larger scale clinical studies and do not ensure regulatory approval. The actual results may vary from the anticipated results and the variations may be material. Other factors that may cause Vir Biotechnology's actual results to differ from current expectations are discussed in Vir Biotechnology's filings with the U.S. Securities and Exchange Commission, including the section titled “Risk Factors” contained therein. These forward-looking statements should not be taken as forecasts or promises nor should they be taken as implying any indication, assurance or guarantee that the assumptions on which such forward-looking statements have been made are correct or exhaustive or, in the case of the assumptions, fully stated in this presentation. You are cautioned not to place undue reliance on any scientific data presented or these forward-looking statements, which speak only as of the date of this presentation. Except as required by law, Vir Biotechnology undertakes no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise. Vir Biotechnology claims the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995 for all forward-looking statements.

Considerations and Limitations of the Finite Treatment Data
Product candidates included in this presentation are investigational and have not been approved by the U.S. Food and Drug Administration or other regulatory authorities. No representation is made or intended regarding their safety or efficacy or that of other investigational agents mentioned herein. Any comparative data presented are based on cross-trial comparisons and not head-to-head clinical studies; therefore, caution should be exercised in interpreting these data.

The SOLSTICE data presented are preliminary and represent an interim snapshot of the first 10 patients who meet protocol-specified eligibility criteria and consent to treatment discontinuation. The finite treatment analysis is exploratory and is based on interim data that have not undergone a formal data cut. Accordingly, the participants and outcomes presented may not be representative of the broader SOLSTICE study population or of results that may be observed with additional participants or longer follow-up. Follow-up remains ongoing and incomplete, including with respect to potential delayed hepatic flares following treatment discontinuation, and safety data have not been fully assessed. The data remain subject to ongoing data review, cleaning and analysis and may change as the study continues. These data should not be interpreted as a complete assessment of the safety or efficacy of the investigational regimen or as establishing a sustained treatment-free response or cure.

2026 Vir Biotechnology, Inc.™

Elebsiran and tobevibart: Best-in-disease data supporting a potentially transformative treatment for chronic hepatitis delta

ECLIPSE Phase 3: Met Primary and Key Secondary Endpoints

79%

Undetectable virus at 48 weeks (defined by HDV RNA TND)

- 100% virologic response[1] at Week 24
- 44% undetectable virus + ALT normalization at Week 48
- Generally well-tolerated with favorable safety profile

SOLSTICE Phase 2: Curative Potential

100%

Undetectable virus at 96 weeks in 28/28 patients[2]

10/10

Sustained Virologic Response (SVR) ranging from 12-48 weeks and ongoing

- Exploratory analysis of initial 10/10 patients who have discontinued treatment remain undetectable to date, supporting potential for finite treatment[3]

ECLIPSE 1 — Positive topline data

Q1 2027 — ECLIPSE 2 and 3 topline data

Mid 2027 — Expected FDA submission

[1] HDV RNA TND or ≥2 $\log_{10}$ reduction
[2] By Week 96, 4 patients in the elebsiran and tobevibart Q4W cohort had discontinued treatment and are counted as failures in analysis.
[3] Treatment duration amongst these patients ranged from 100 to 128 weeks. These preliminary, exploratory finite treatment data represent an interim snapshot of the first 10 SOLSTICE participants who meet protocol-specified eligibility criteria and consent to treatment discontinuation. The data have not undergone a formal data cut, and follow-up varies by participant and remains ongoing; thus, the results may change with additional follow-up and analysis. These data should not be interpreted as establishing a sustained treatment-free response or cure. See "Considerations and Limitations of the Finite Treatment Data" in the Legal Disclaimer.

2026 Vir Biotechnology, Inc.™

Chronic hepatitis delta, a devastating liver disease, significantly underserved with high mortality and morbidity

>50%

LIVER-RELATED DEATH IN 10 YEARS[1]

5 Years

AVERAGE PROGRESSION TO CIRRHOSIS AND LIVER FAILURE[2]

3x

RISK OF LIVER CANCER (HCC) VS. HBV ALONE[3]



~61K

Active viremic patients[4] in U.S.



~113K

Active viremic patients[5] in total EU (27 member states) and UK



~7M

Active viremic patients[6] worldwide

[1] Negro F. (2023). Hepatitis D: A Review. *JAMA*. 330(24):2376–2387
[2] Pan C, (2023). Diagnosis and Management of Hepatitis Delta Virus Infection. Dig Dis Sci. Aug;68(8):3237-3248
[3] Sagnelli C, et al. (2021) HBV/HDV Co-Infection: Epidemiological and Clinical Changes, Recent Knowledge and Future Challenges. Life,11(2):169. https://doi.org/10.3390/life11020169
[4] U.S. sources include Wong 2024, Polaris 2024, Stockdale 2020, Gish 2024
[5] EU sources include Polaris 2024, Delmas 2014, Wong 2024, Heidrich 2009, Reinheimer 2012, Stockdale 2020, Stroffolini 2020, Brancaccio 2019, Annual England Sentinel System 2020, Tseneva-Damyanova 2023, Papatheodoridis 2023, Parames 2016, Genne 2011, Hirzel 2015
[6] Stockdale A, et al. (2020). The global prevalence of hepatitis D virus infection: Systematic review and meta-analysis. J Hepatol, 73, 523-32
CHD: chronic hepatitis delta; HBV: hepatitis B virus; HCC: hepatocellular carcinoma

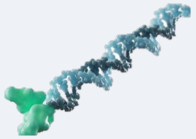
2026 Vir Biotechnology, Inc.™

Positive Phase 3 ECLIPSE 1 Topline Data

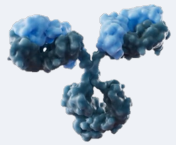
2026 Vir Biotechnology, Inc.™

Mechanism of action and ECLIPSE 1 study design

Two-Pronged Approach: Elebsiran and Tobevibart



Elebsiran (siRNA)
Degrades HBV RNA
Reduces HBsAg production



Tobevibart (mAb)
Neutralizes HDV and HBV virions
Inhibits viral entry

Q4W **Monthly subcutaneous dosing**
Elebsiran 200 mg and tobevibart 300 mg



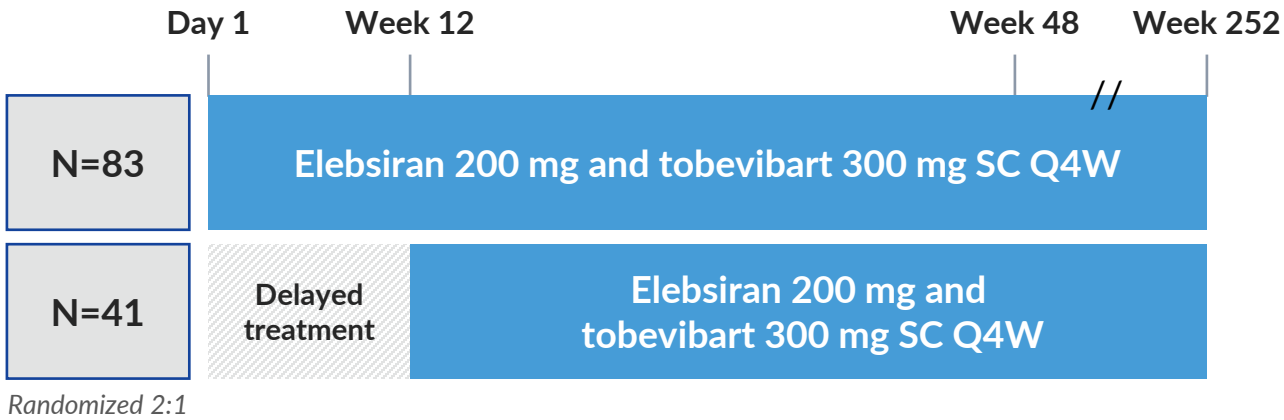
Flexible administration setting
At-home or physician administration, including for 20% of CHD patients who cannot self-administer[2]

ECLIPSE 1 Phase 3 Study Design

Primary Endpoint
HDV RNA TND + ALT normalization
Week 48 (Q4W) vs Week 12 (delayed treatment)

Key Secondary Endpoint
HDV RNA TND

Key eligibility: HDV RNA >500 IU/mL; ALT >ULN and <5×ULN; on NRTI; ~50% cirrhotic (CPT-A)[1]
Across 10 Countries



[1] Compensated cirrhotic: liver biopsy with METAVIR F4, OR liver stiffness ≥15 kPa and ≤25 kPa, OR cirrhotic liver disease based on investigator assessment within 12 months of screening, and a CPT score of 5 or 6, inclusive at screening and at the start of the study.
[2] Trinity commercial and access market research, July 2024, n=18 U.S. HCP
ALT: alanine aminotransferase; CPT: Child-Turcotte-Pugh; HBsAg: hepatitis B surface antigen; HBV: hepatitis B virus; HDV: hepatitis D virus; NRTI: nucleos(t)ide reverse transcriptase inhibitor; Q4W: once every 4 weeks; SC: subcutaneous; TND: target not detected; ULN: upper limit of normal
HDV RNA was measured using RoboGene 2.0 with manual RNA extraction; HDV RNA LLOQ = 63 IU/mL; LLOQ, lower limit of quantification
ECLIPSE 1 ClinicalTrials.gov Identifier: NCT06903338.

2026 Vir Biotechnology, Inc.™

ECLIPSE 1 baseline characteristics: Broad and diverse CHD patient population, including patients with advanced disease

	Elebsiran and Tobevibart Q4W N = 83	Delayed Treatment N = 41
Cirrhotic patients[1], n (%)	**46 (55.4)**	**23 (56.1)**
Liver stiffness, kPa	13.3 ± 5.5	13.7 ± 5.6
ALT, U/L	94.0 ± 42.3	112.6 ± 65.6
HDV RNA, log_{10} IU/mL	5.4 ± 1.2	5.7 ± 0.9
HBsAg, log_{10} IU/mL	3.7 ± 0.6	3.7 ± 0.8
Age, y	43.8 ± 11.6	46.4 ± 10.9
Male, n (%)	55 (66.3)	27 (65.9)

Mean ± SD unless otherwise noted; SD, standard deviation.

2026 Vir Biotechnology, Inc.™

ECLIPSE 1 met all study endpoints: Elebsiran and tobevibart demonstrates potential for best-in-disease efficacy

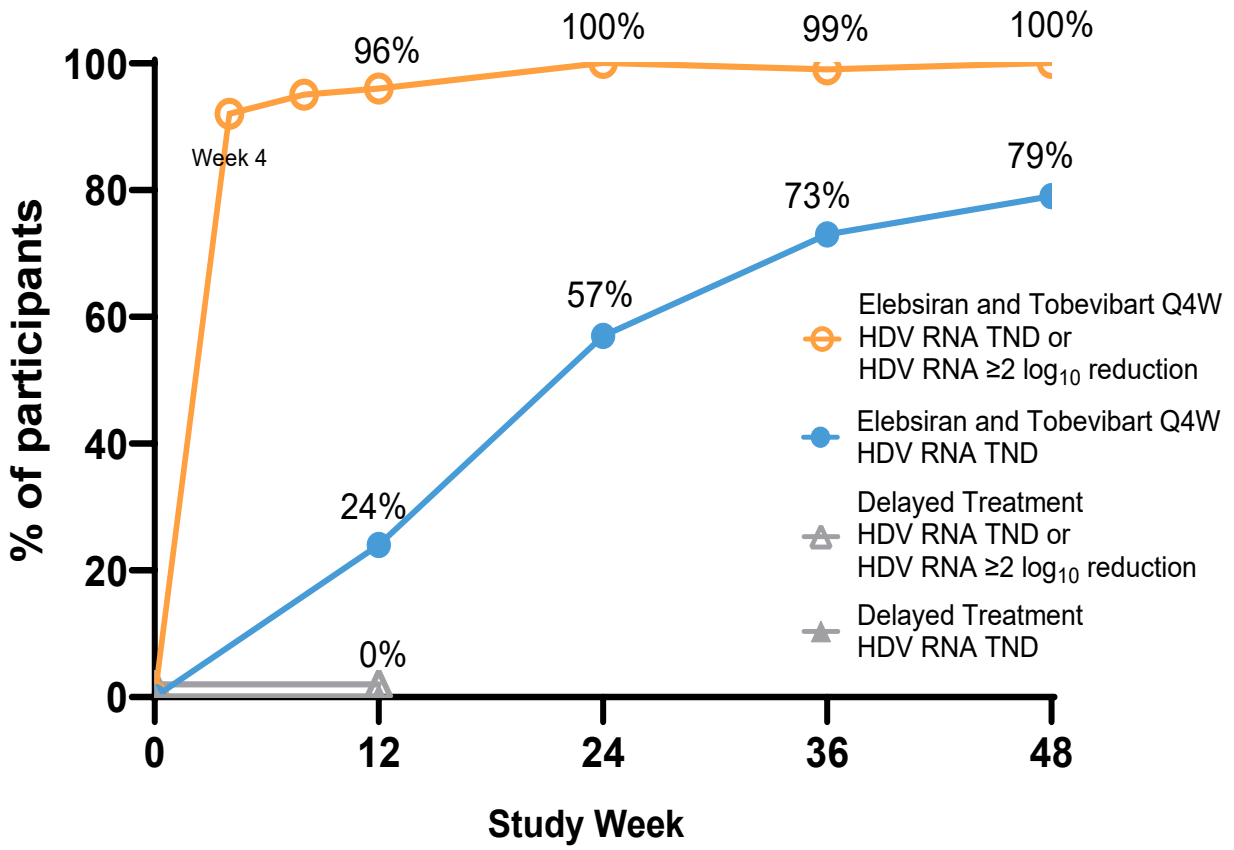
	Elebsiran and Tobevibart Q4W at Week 48 (N = 83)	Delayed Treatment at Week 12 (N = 41)
Primary endpoint: Undetectable virus (HDV RNA TND) + ALT normalization, (%) p-value <0.0001	44.1	0.0
Key secondary: Undetectable virus (HDV RNA TND), (%) p-value <0.0001	79.2	0.0
Virologic Response HDV RNA TND or ≥2 $\log_{10}$ reduction, (%)	100	0
ALT normalization (≤ULN), (%)	53.0	4.9
HBsAg <10 IU/mL (exploratory), (%)	95.2	0

79% of patients achieved undetectable virus (HDV RNA TND) at Week 48

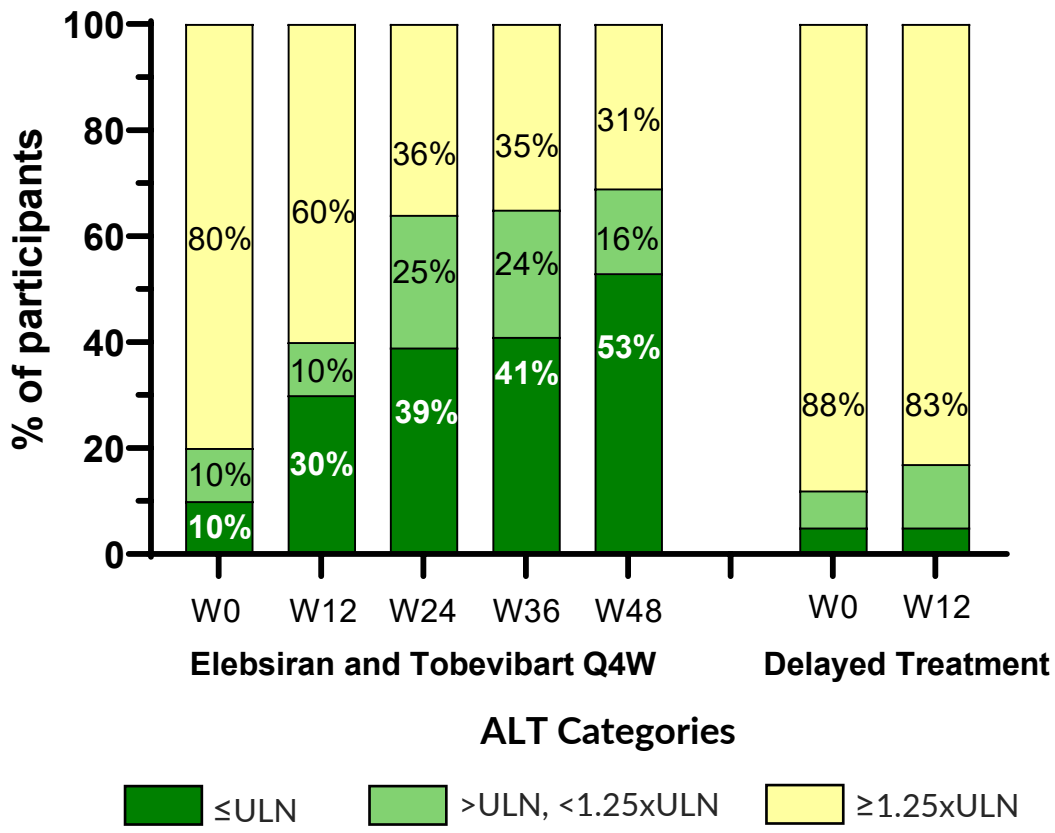
2026 Vir Biotechnology, Inc.™

Rapid and deepening virologic response and ALT normalization increasing through Week 48

HDV RNA



ALT normalization



OAll participants had ALT >ULN at time of screening

2026 Vir Biotechnology, Inc.™

Viral responses and ALT normalization were similar in noncirrhotic and compensated cirrhotic patients at Week 48

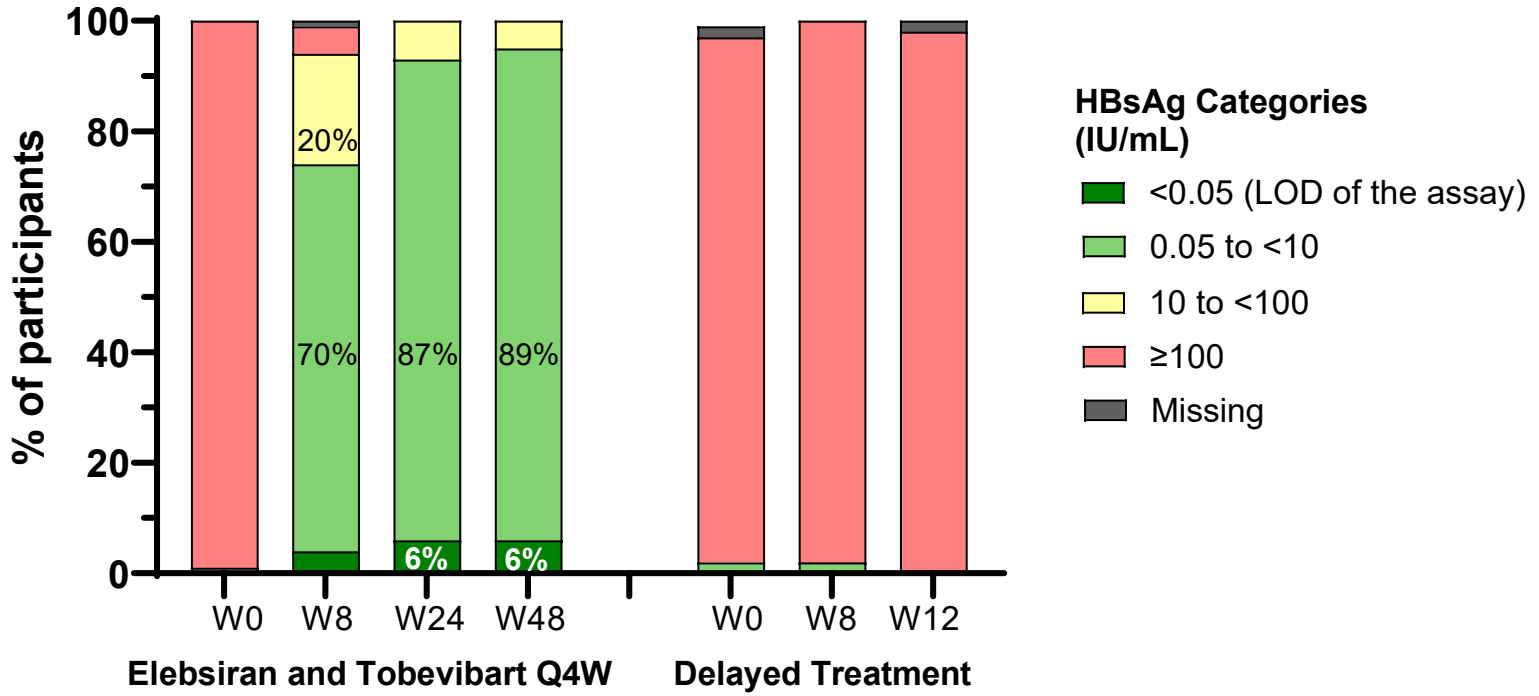
	Elebsiran and Tobevibart Q4W N = 83	
	Noncirrhotic N = 37	Compensated Cirrhotic N = 46
Undetectable virus (HDV RNA TND) + ALT normalization, (%)	45.9	43.5
Undetectable virus (HDV RNA TND), (%)	73.0	84.8
ALT normalization, (%)	59.5	47.8

HDV RNA TND was achieved in 73% of noncirrhotic and 85% of compensated cirrhotic patients

2026 Vir Biotechnology, Inc.™

Hepatitis B surface antigen is a critical component of the delta virus life cycle: Suppression of HBsAg deepens over time

Changes in HBsAg with elebsiran and tobevibart



Rapid decline in HBsAg increases over time
95% of patients receiving elebsiran and tobevibart Q4W achieved HBsAg values <10 IU/mL

LOD, limit of detection

2026 Vir Biotechnology, Inc.™

Combination regimen is well tolerated with a favorable safety profile

Safety or tolerability measure, n (%)[1]	Elebsiran and Tobevibart Q4W[2] through Week 48, N = 83	Delayed treatment through Week 12, N = 41
Any AE	**69 (83.1)[3]**	**13 (31.7)**
Any treatment-related TEAE	59 (71.1)	0
Grade 3 treatment-related TEAE	1 (1.2)[4]	0
Grade 4 treatment-related TEAE	0	0
Flu-like symptoms[5]	**36 (43.4)**	NA
Only 1 episode while on treatment	30 (36.1)	NA
With first dose	31 (37.3)	NA
TEAE leading to study drug interruption	0	0
TEAE leading to study drug discontinuation	0	0
Serious AE	0	0

- **Majority of adverse events were mild-moderate in severity**
- **No drug interruptions or discontinuation**
- **No serious adverse events**
- **Flu-like symptoms only occurred within the first dose in majority of patients and resolved within 24-48 hours**

[1] A participant with multiple events within a category is counted only once in that category.
[2] All available treatment-emergent data up until the data cutoff date of 30Sep2026, inclusive of 48 weeks of elebsiran and tobevibart treatment.
[3] The most frequently reported AEs (≥5% of participants) include influenza-like illness, headache, pyrexia, fatigue, injection site pain, myalgia, chills, injection site erythema, neutrophil count decreased, nausea, upper respiratory tract infection, injection site swelling and nasopharyngitis.
[4] Neutrophil count decrease, which resolved in 15 days and the patient did not interrupt treatment.
[5] Flu-like symptoms are defined as "Influenza like illness" OR "Chills" OR any 2 of "Headache, Myalgia, Pyrexia, Fatigue, Arthralgia" reported within 7 days after study dosing.
AE: adverse event; TEAE: treatment-emergent adverse event

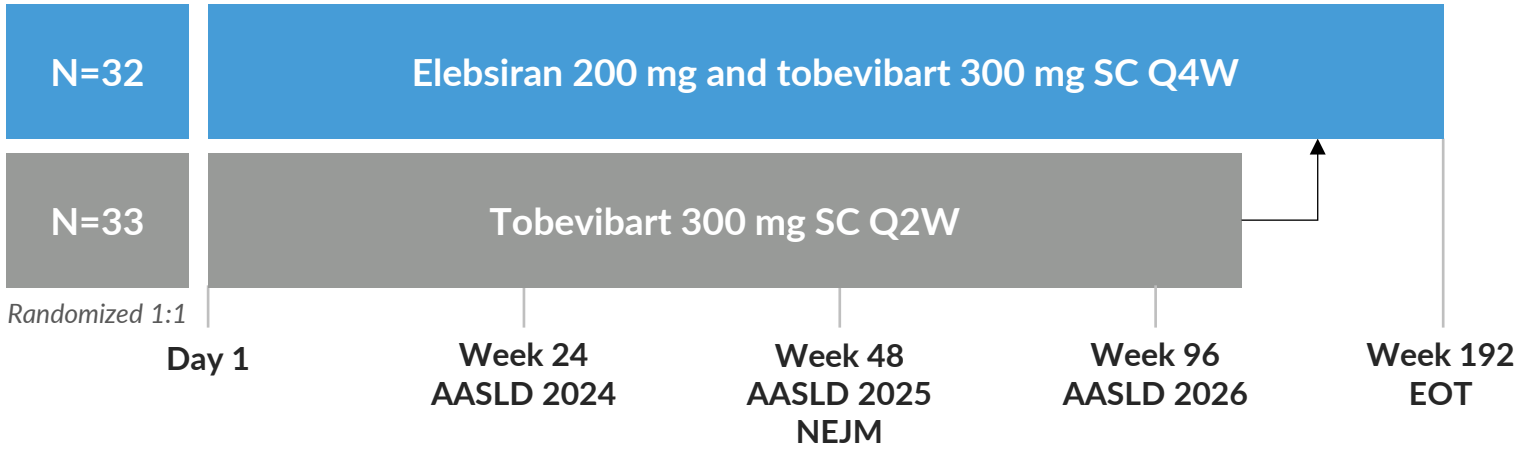
2026 Vir Biotechnology, Inc.™

Updated Phase 2 SOLSTICE Week 96 Data

2026 Vir Biotechnology, Inc.™

Phase 2 SOLSTICE study design

Key eligibility: HDV RNA >500 IU/mL; ALT >ULN and <5×ULN; on NRTI; non-cirrhotic[1] or cirrhotic (CPT-A)[2]



Primary Endpoint

- HDV RNA TND + ALT normalization at Week 24
- TEAEs and serious TEAEs

Secondary Endpoints

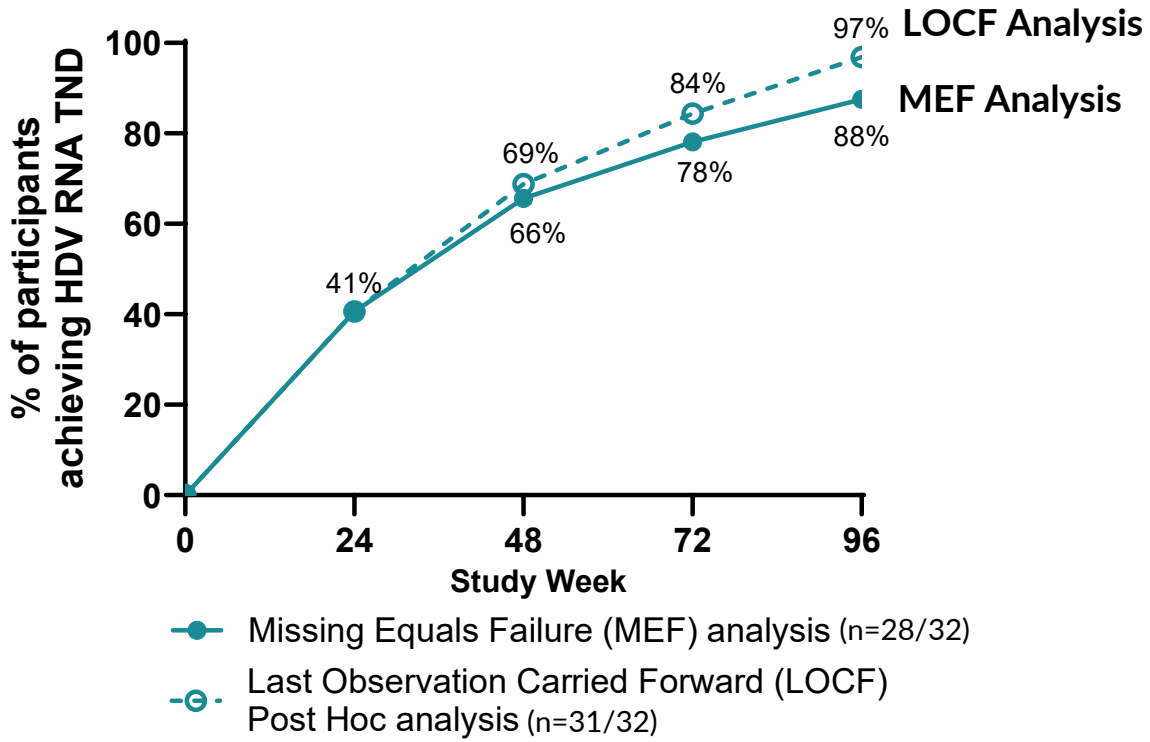
- HDV RNA TND
- HBsAg and ALT reductions
- Liver stiffness measurements

[1] Non-cirrhotic: liver biopsy with METAVIR F0 to F3 or liver stiffness <12 kPa within 12 months of screening and platelet count >150 × 10^3/μL
[2] Compensated cirrhotic patients: liver biopsy with METAVIR F4 or liver stiffness ≥12 kPa within 12 months of screening, a platelet count >90 × 10^3/μL, and a CTP score of 5 or 6, inclusive at screening and at the start of the study
SOLSTICE ClinicalTrials.gov Identifier: NCT05461170.

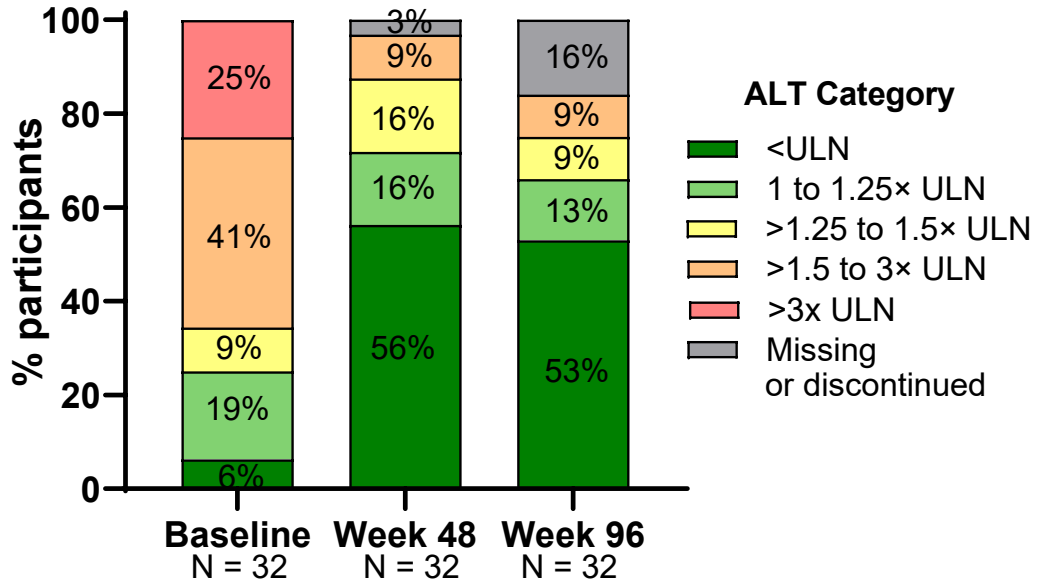
2026 Vir Biotechnology, Inc.™

High rates of undetectable virus deepen over time and increasing rates of ALT normalization through Week 96

HDV RNA TND



ALT

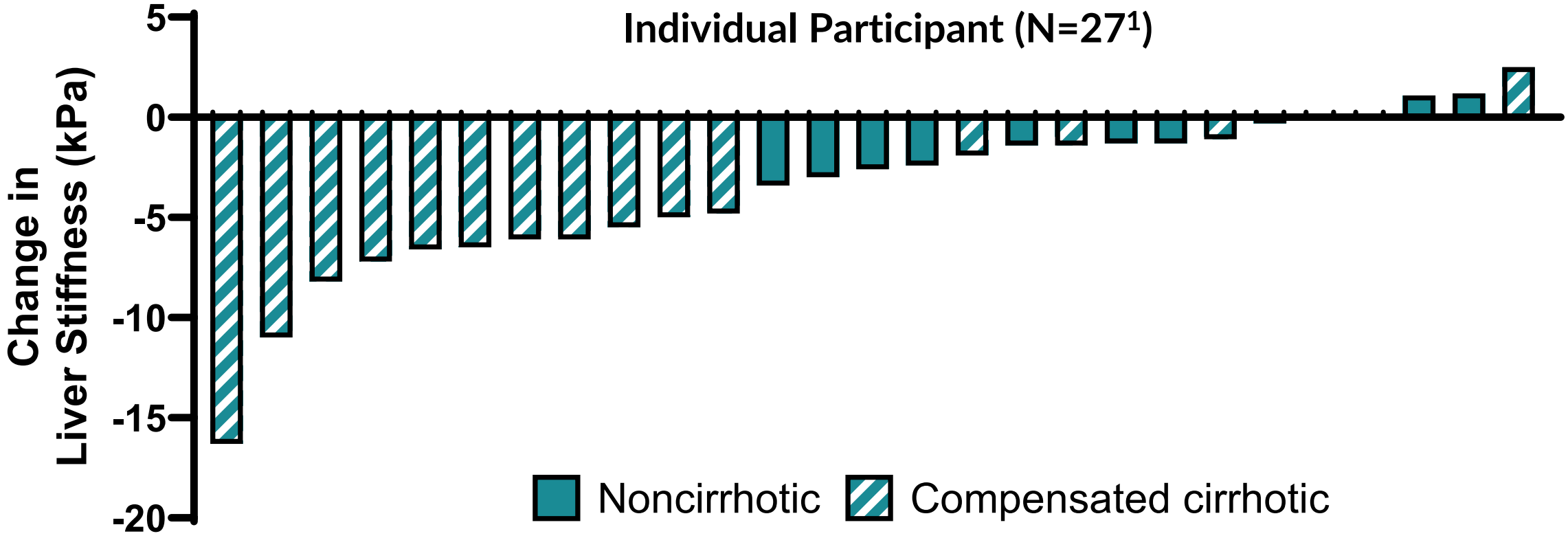


100% (28/28) patients who stayed on treatment for 96 weeks achieved undetectable virus*

*By Week 96, 4 patients in the elebsiran and tobevibart Q4W cohort had discontinued treatment. These patients are counted as failures in the missing equals failure [MEF] analysis or their last observed HDV RNA value was carried forward [LOCF] in the post hoc analysis.

2026 Vir Biotechnology, Inc.™

Reduced liver stiffness is consistent with a potential reduction in fibrosis



Among patients with paired liver stiffness measurements (LSM), 89% showed improved or stable LSM results after 96 weeks

[1]Categorization of non cirrhotic versus compensated cirrhotic was assessed at baseline. At Week 96, 2 patients did not have paired LSM, and 3 patients discontinued without a Week 96 LSM. Liver stiffness measures (LSM), a marker of hepatic inflammation and fibrosis, was measured by Fibroscan.

Vir Biotechnology™
2026 Vir Biotechnology, Inc.™

SOLSTICE Finite Treatment Exploratory Analysis

2026 Vir Biotechnology, Inc.™

SOLSTICE finite treatment: Exploratory analysis study design

Finite Treatment Eligibility

96+ WEEKS

HDV RNA TND

while on combination therapy

10 patients

7/10 CPT-A

Currently in Treatment Discontinuation[1]

Exploratory Endpoint
Optional Treatment Discontinuation

Patients may discontinue treatment once eligibility criteria are met resulting in variable treatment durations

Patients will be monitored for 96 weeks

Treatment → **Follow-up**

100 - 128

weeks of combination treatment prior to discontinuation

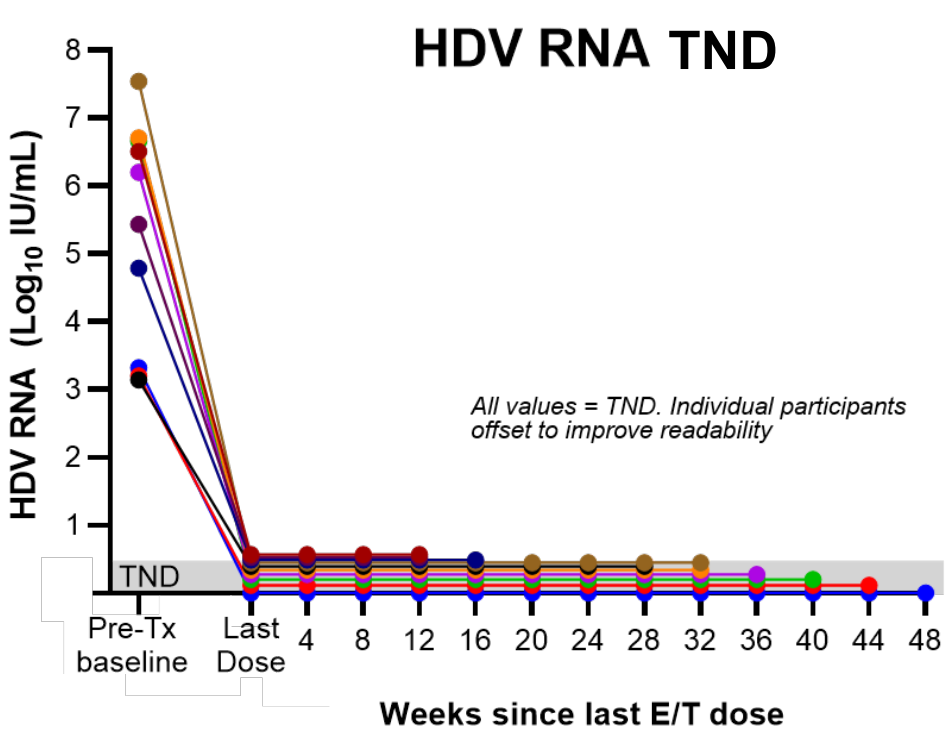
12 - 48

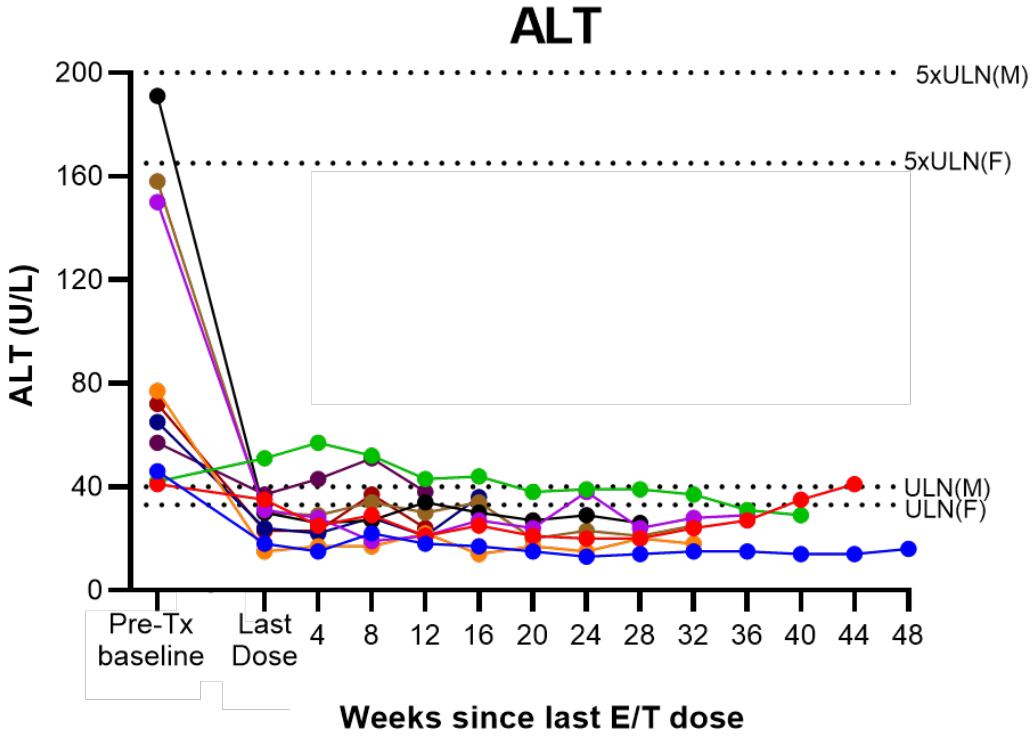
weeks of follow-up after the last dose

[1]Of the 10 patients, 3 patients were non-cirrhotic and 7 patients were CPT A: Child-Turcotte-Pugh A representing compensated cirrhosis with normal liver function
[2]Eligibility assessments for treatment discontinuation are ongoing. These 10 patients are the first to meet eligibility criteria and consent to discontinuation; additional patients have upcoming eligibility reviews.

2026 Vir Biotechnology, Inc.™

Sustained viral response (SVR) after stopping treatment suggests curative potential in hepatitis delta[1]





	Pt. 1[2]	Pt. 2[3]	Pt. 3	Pt. 4	Pt. 5[3]	Pt. 6[3]	Pt. 7[3]	Pt. 8[3]	Pt. 9[3]	Pt. 10[3]
TND duration on treatment[4]	100 wks	108 wks	96 wks	96 wks	96 wks	96 wks	96 wks	100 wks	96 wks	104 wks
SVR follow up	48 wks	44 wks	40 wks	36 wks	32 wks	28 wks	32 wks	16 wks	12 wks	12 wks

[1] These preliminary, exploratory finite treatment data represent an interim snapshot of the first 10 SOLSTICE participants who meet protocol-specified eligibility criteria and consent to treatment discontinuation. The data have not undergone a formal data cut, and follow-up varies by participant and remains ongoing; thus, the results may change with additional follow-up and analysis. These data should not be interpreted as establishing a sustained treatment-free response or cure. See "Considerations and Limitations of the Finite Treatment Data" in the Legal Disclaimer.
[2] Cohort 2c rollover participant received 3 doses of elebsiran monotherapy (Q4W) prior to transitioning to combination therapy starting at week 16 (total treatment duration is 132wks); study baseline is reported in the graphs
[3] CPT-A at baseline
[4] Treatment duration amongst these patients ranged from 100 to 128 weeks

Data as of Oct 26th, 2026

Vir Biotechnology™

2026 Vir Biotechnology, Inc.™

Next Steps

2026 Vir Biotechnology, Inc.™

ECLIPSE 1 positive topline data, ECLIPSE 2 and 3 topline data in Q1 2027

- FDA breakthrough designation
- FDA Fast Track designation
- EMA PRIME designation
- EMA Orphan Drug designation

ECLIPSE 1

PRIMARY ENDPOINT AT

Week 48

Primary endpoint: HDV RNA TND + ALT normalization

Elebsiran and tobevibart vs. delayed treatment

n=124, 2:1

★ Positive Topline Data

ECLIPSE 2

PRIMARY ENDPOINT AT

Week 24

Primary endpoint: HDV RNA TND

Elebsiran and tobevibart vs. bulevirtide switch[1]

n=150, 2:1

Topline Data in Q1 2027

ECLIPSE 3

PRIMARY ENDPOINT AT

Week 48

Primary endpoint: HDV RNA TND

Elebsiran and tobevibart vs. bulevirtide naïve

n=100, 2:1

Topline Data in Q1 2027

Comprehensive regulatory filing package planned for U.S. FDA submission mid-2027

Vir Biotechnology™

[1]Defined as failure to achieve HDV RNA < 500 IU/mL with bulevirtide.
ClinicalTrials.gov Identifiers: ECLIPSE 1 NCT06903338; ECLIPSE 2 NCT07128550; ECLIPSE 3 NCT07142811

2026 Vir Biotechnology, Inc.™

Elebsiran and tobevibart: Best-in-disease data supporting a potentially transformative treatment for chronic hepatitis delta

ECLIPSE Phase 3: Met Primary and Key Secondary Endpoints

79%

Undetectable virus at 48 weeks (defined by HDV RNA TND)

- 100% virologic response[1] at Week 24
- 44% undetectable virus + ALT normalization at Week 48
- Generally well-tolerated with favorable safety profile

SOLSTICE Phase 2: Curative Potential

100%

Undetectable virus at 96 weeks in 28/28 patients[2]

10/10

Sustained Virologic Response (SVR) ranging from 12-48 weeks and ongoing

- Exploratory analysis of initial 10/10 patients who have discontinued treatment remain undetectable to date, supporting potential for finite treatment[3]

ECLIPSE 1 — Positive topline data

Q1 2027 — ECLIPSE 2 and 3 topline data

Mid 2027 — Expected FDA submission

[1] HDV RNA TND or ≥2 $\log_{10}$ reduction
[2] By Week 96, 4 patients in the elebsiran and tobevibart Q4W cohort had discontinued treatment and are counted as failures in analysis.
[3] Treatment duration amongst these patients ranged from 100 to 128 weeks. These preliminary, exploratory finite treatment data represent an interim snapshot of the first 10 SOLSTICE participants who meet protocol-specified eligibility criteria and consent to treatment discontinuation. The data have not undergone a formal data cut, and follow-up varies by participant and remains ongoing; thus, the results may change with additional follow-up and analysis. These data should not be interpreted as establishing a sustained treatment-free response or cure. See "Considerations and Limitations of the Finite Treatment Data" in the Legal Disclaimer.

2026 Vir Biotechnology, Inc.™

PATIENTS ARE WAITING



Vir Biotechnology

2026 Vir Biotechnology, Inc.™