ENGINEERING MEDICINES
TO IMPROVE PATIENT CARE

VIRIDIAN

VRDN-008 Phase 1 Data Disclosure

November 9, 2026

Disclaimers

Disclosures

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This presentation contains forward-looking statements. These statements may be identified by the use of words such as, but not limited to, "anticipate," "believe," "become," "continue," "could," "design," "estimate," "expect," "intend," "may," "might," "on track," "plan," "potential," "predict," "project," "should," "target," "will," or "would" or other similar terms or expressions that concern our expectations, plans and intentions. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based on our current beliefs, expectations, and assumptions. Forward-looking statements include, without limitation, statements regarding: differentiation and clinical benefit of VRDN-008, including its potential to have a best-in-class profile, to be dosed every eight weeks, and to provide patients option for extended disease control and convenience; our clinical development and regulatory plans, strategies and timelines for VRDN-008, including the design, timing and initiation of a potential pivotal clinical trial of VRDN-008 in myasthenia gravis ("MG") in mid-2027, pending regulatory feedback; our plans to conduct at least one registrational clinical trial of VRDN-008 in 2027; our expectation that we will be able to rapidly advance VRDN-008 into registrational development; our plans to advance development of VRDN-008 with Q8W dosing; the potential for VRDN-008 and other product candidates to be best-in-class; our plans to expand VRDN-008 development into multiple autoimmune diseases; our plans to administer VRDN-008 using the Enable enFuse device; and our expectations regarding the potential commercialization, market size, and market opportunities of VRDN-008, if approved.

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Use of Estimates

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

Trademarks

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Agenda

CEO Opening Remarks



Steve Mahoney
President & Chief Executive Officer

VRDN-008 Phase 1 Clinical Data



Radhika Tripuraneni, MD
Chief Medical Officer

VRDN-008 Opportunity



Shan Wu, PhD
Chief Business Officer

Closing Remarks



Steve Mahoney
President & Chief Executive Officer

Analyst Q&A







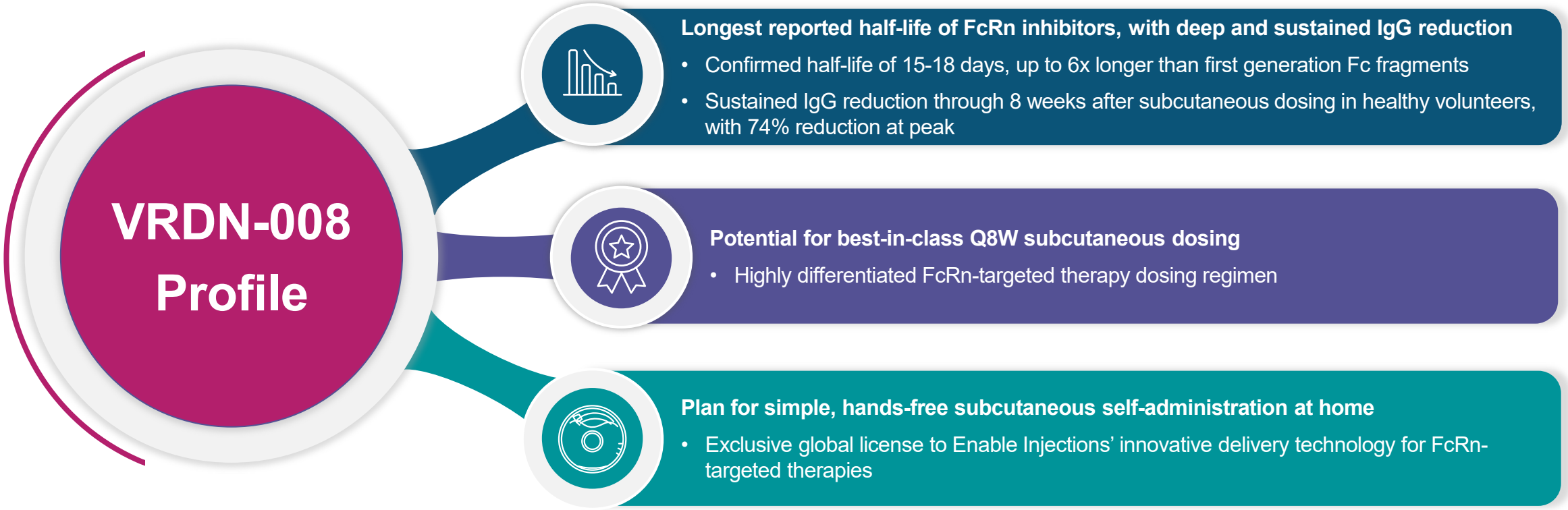
Steve Mahoney, President & Chief Executive Officer
Radhika Tripuraneni, MD, Chief Medical Officer
Shan Wu, PhD, Chief Business Officer

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CEO Opening Remarks

Steve Mahoney, Chief Executive Officer

Subcutaneous VRDN-008 HV data demonstrates a potential best-in-class profile among FcRn-targeted therapies



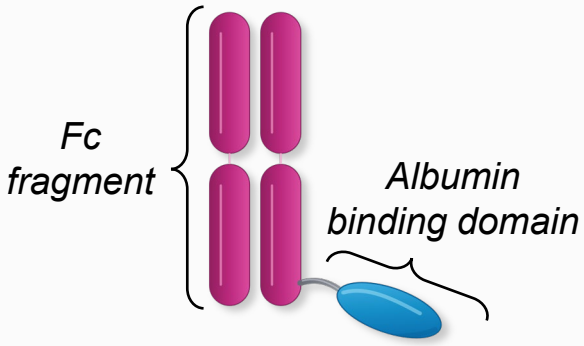
Viridian plans to progress rapidly to initiate at least one pivotal trial in 2027, starting with MG in mid-2027

Plans to initiate registrational trial pending regulatory feedback.
FcRn = neonatal Fc receptor, IgG = immunoglobulin G, MG = myasthenia gravis, Q8W = every 8 week, HV = healthy volunteer.

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VRDN-008 data exceeded goals for target product profile

Molecule Design



Licensed from Paragon Therapeutics

Inhibition of FcRn reduces IgGs, including pathogenic autoantibodies[1]

VRDN-008 binds to **albumin** and **FcRn** for a more sustained reduction of pathogenic autoantibodies

Goal: Establish **optimized PK profile** which outperforms half-life of first-gen Fc fragments

☑ **EXCEEDED**

Demonstrated half life of ~15-18 days, up to **6x longer** than first-generation Fc fragments[2]

Goal: Demonstrate **deep and sustained** reduction of IgG

☑ **EXCEEDED**

Deep and sustained IgG reduction through **8 weeks after dosing**, with **74% reduction at peak**

Goal: Confirm and maintain a tolerable **Fc fragment safety profile**

☑ **ACHIEVED**

Generally well tolerated, **LDL and albumin sparing** profile; no serious adverse events or dose-limiting toxicities

Goal: Deliver FcRn in a **monthly, self-administered,** subcutaneous injection

☑ **EXCEEDED**

Potential Q8W dosing via subcutaneous self-administration at home

Source: [1] Pyzik M et al. *Nat Rev Immunol.* 2023;23:415–432. [2] Efgartigimod Prescribing information describes the half-life as 3-5 days.
Fc = fragment crystallizable, FcRn = neonatal Fc receptor, IgG = immunoglobulin G, LDL = low density lipoprotein, PK = pharmacokinetics, Q8W = every 8 week.
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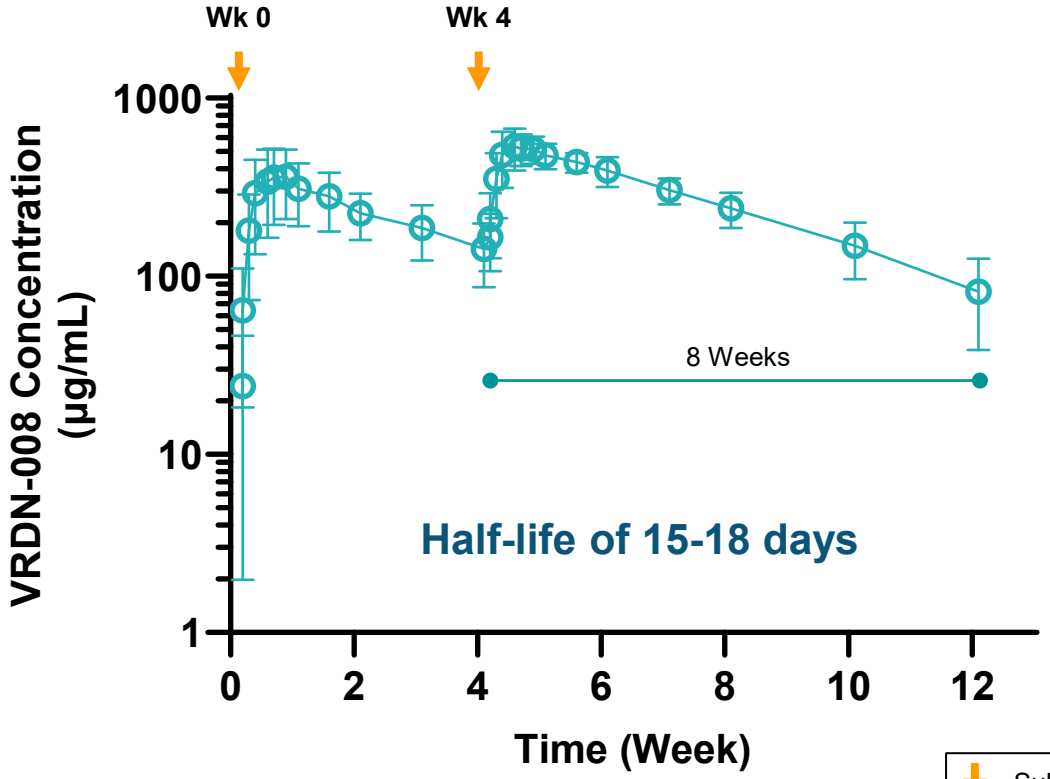
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VRDN-008 Phase 1 Clinical Data

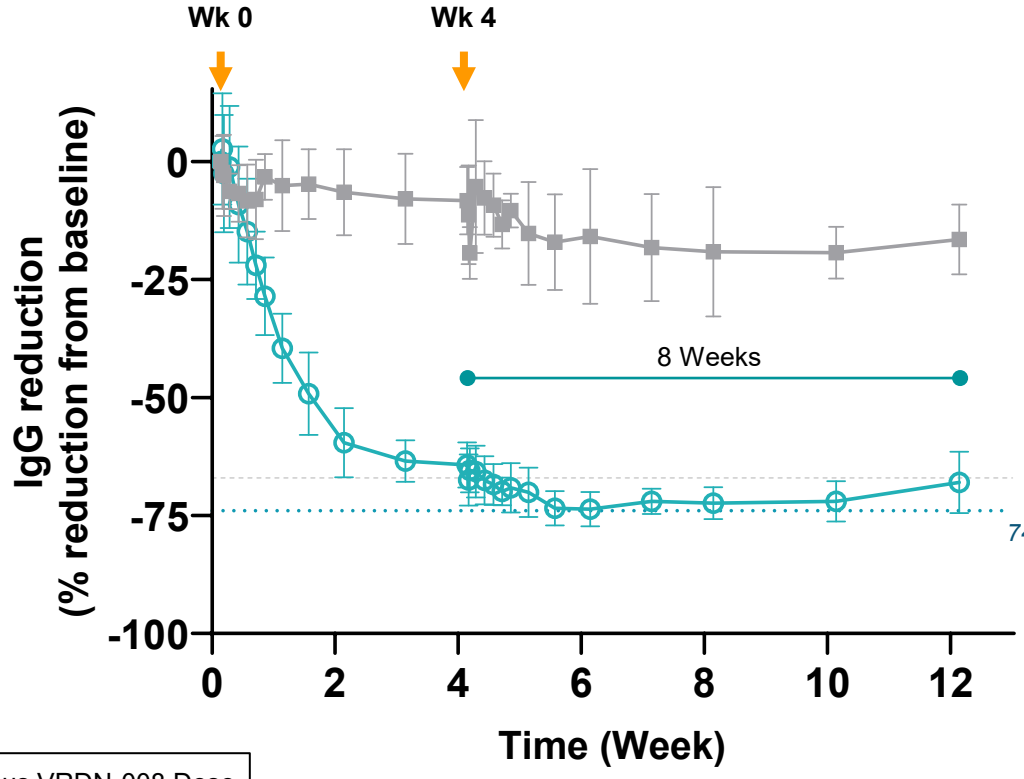
Radhika Tripuraneni, Chief Medical Officer

VRDN-008 demonstrated sustained IgG reduction through 8 weeks after dosing in healthy volunteers, with 74% reduction at peak

VRDN-008 Concentration (PK)



VRDN-008 IgG Reduction (PD)



*~67% Vyvgart Hytrulo **peak** IgG reduction in HV and P3 MG studies*[1]

74% VRDN-008 SC peak

Subcutaneous VRDN-008 Dose
3,000 mg VRDN-008 (n = 6)
Placebo (n =4)

Subcutaneous VRDN-008 doses were administered at Week 0 and Week 4 (2 total doses administered over the study period). Placebo is pooled across two cohorts.

[1] Phase 3 ADAPT-SC clinical trial of efgartigimod PH20 SC in MG (Study 1) and efgartigimod PH20 SC healthy volunteer data presented at AAN 2023 (Study 2). Peak IgG reductions were 66.4% and 65.7% - 67.5% in Study 1 and 2, respectively.

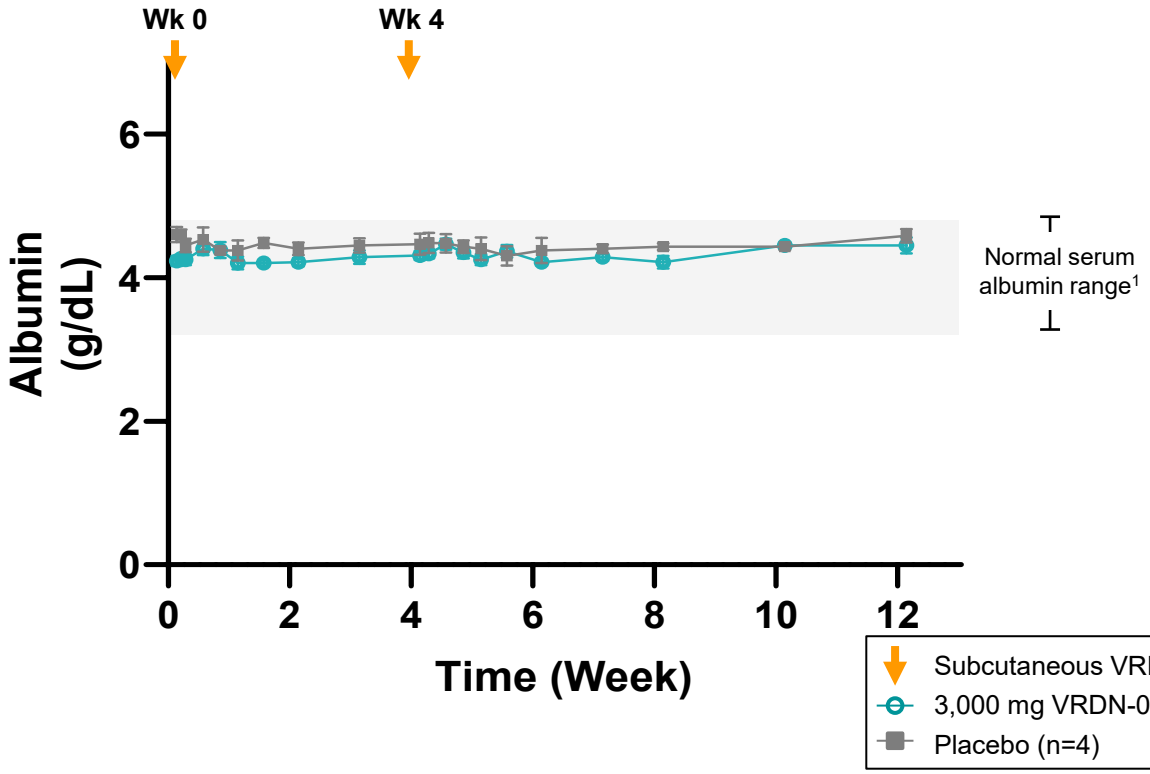
IgG = immunoglobulin G, Wk = week, HV = healthy volunteer, P3 = phase 3, SC = subcutaneous, PK = pharmacokinetic, PD = pharmacodynamic.

These data were generated in separate studies and should not be interpreted as a direct comparison between efgartigimod PH20-SC and VRDN-008. Cross-study comparisons are subject to important limitations, including differences in study design, populations, assessments, and analytical methods.

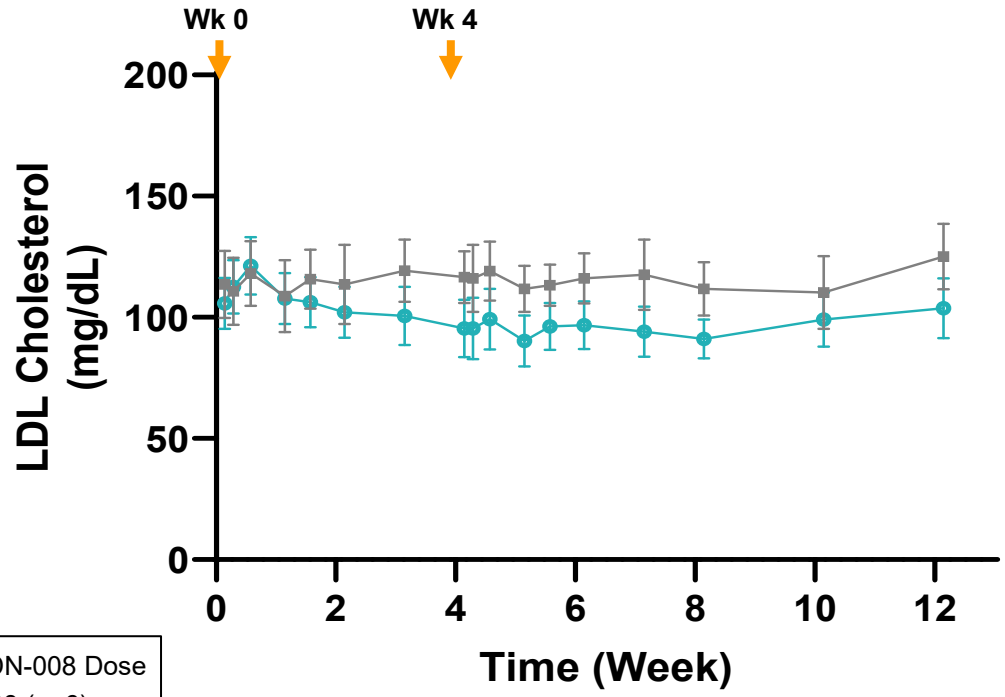
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VRDN-008 demonstrated a safety profile that spared albumin and LDL and was generally well tolerated

VRDN-008 Albumin Levels



VRDN-008 LDL Levels



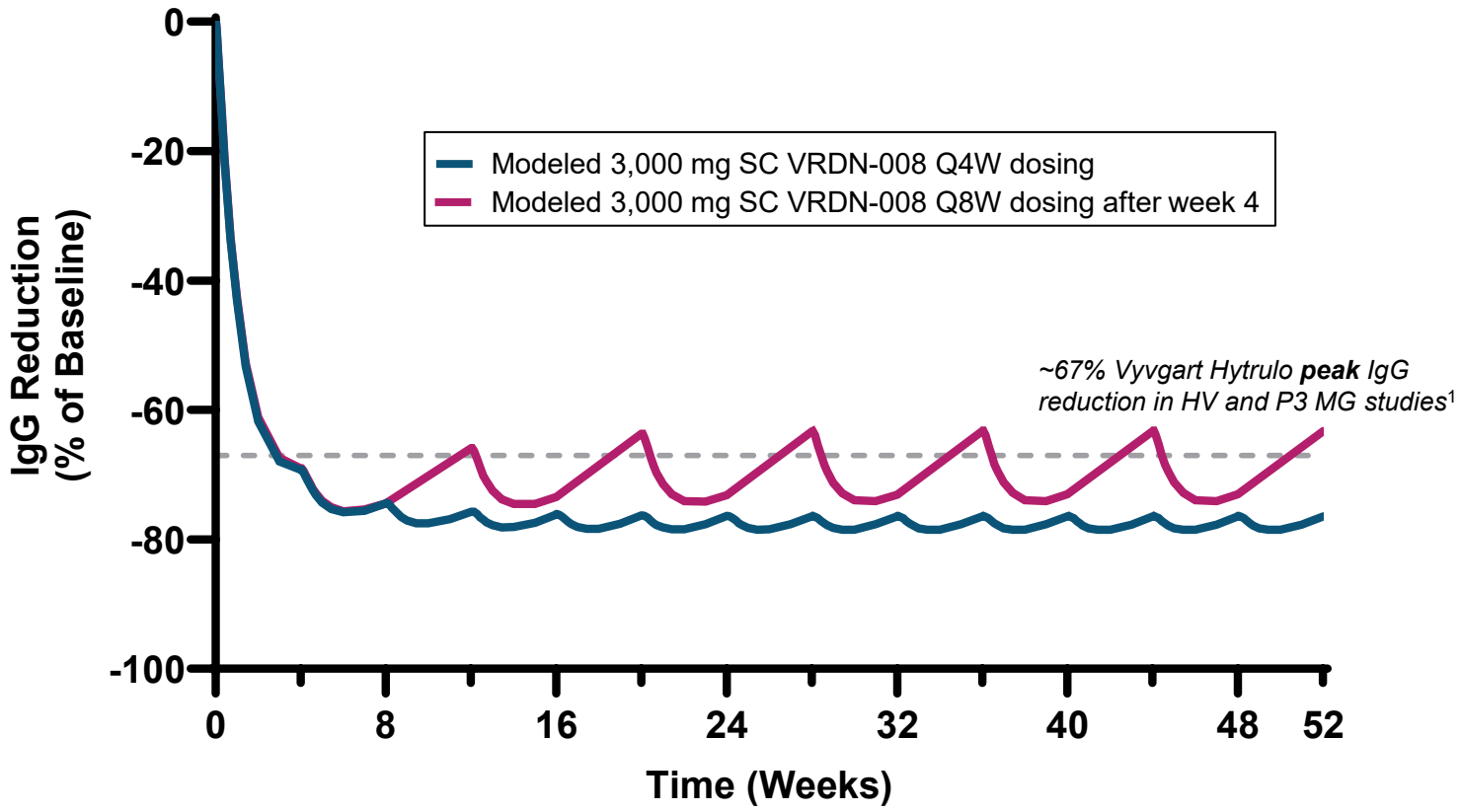
No serious adverse events or dose-limiting toxicities in healthy volunteers

LDL = low density lipoprotein.
[1]Normal serum albumin range: 3.2 - 4.8 g/dL.
Subcutaneous VRDN-008 doses were administered at Week 0 and Week 4 (2 total doses administered over the study period).
Placebo is pooled across two cohorts.

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VRDN-008 IgG modeling reinforces the potential for transformative Q8W subcutaneous dosing

Modeled Subcutaneous VRDN-008 IgG Reduction



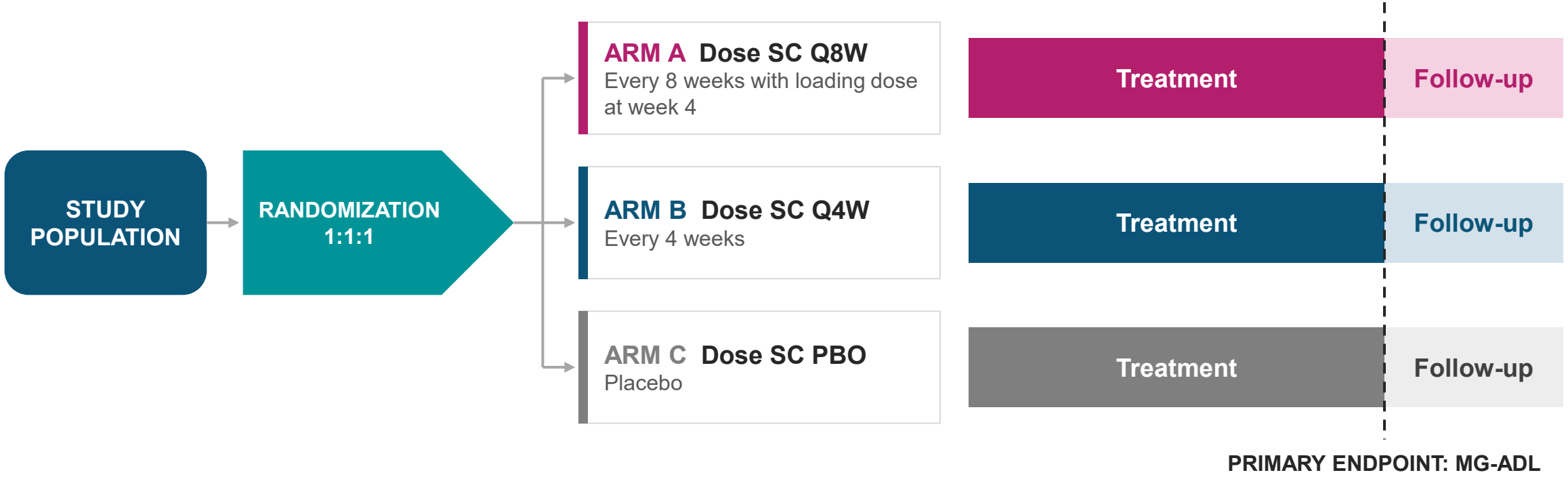
- Modeling results demonstrate sustained IgG reductions with Q8W subcutaneous dosing
- Clinical IgG reduction data and modeling evidence support advancing subcutaneous Q8W VRDN-008 to registrational development

[1] Phase 3 ADAPT-SC clinical trial of efgartigimod PH20 SC in MG (Study 1) and efgartigimod PH20 SC healthy volunteer data presented at AAN 2023 (Study 2). Peak IgG reductions were 66.4% and 65.7% - 67.5% in Study 1 and 2, respectively.
IgG = immunoglobulin G, HV = healthy volunteer, P3 = phase 3, PD = pharmacodynamic, Q8W = every 8 week, SC = subcutaneous.
These data were generated in separate studies and should not be interpreted as a direct comparison between efgartigimod PH20-SC and VRDN-008. Cross-study comparisons are subject to important limitations, including differences in study design, populations, assessments, and analytical methods.

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Viridian plans to initiate a subcutaneous VRDN-008 registrational trial in myasthenia gravis (MG) in mid-2027

Planned VRDN-008 Registrational Trial Design in MG



Designed to enable potential approval of VRDN-008 as the first Q8W FcRn inhibitor in MG

Planned registrational trial design pending alignment with regulatory authorities.
Q8W = every 8 weeks, Q4W = every 4 weeks, MG-ADL = Myasthenia Gravis Activities of Daily Living, PBO = placebo, FcRn = neonatal Fc receptor, MG = myasthenia gravis, SC = subcutaneous.

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VRDN-008 Opportunity

Shan Wu, Chief Business Officer

Subcutaneous VRDN-008: potential best-in-class FcRn inhibitor

VRDN-008

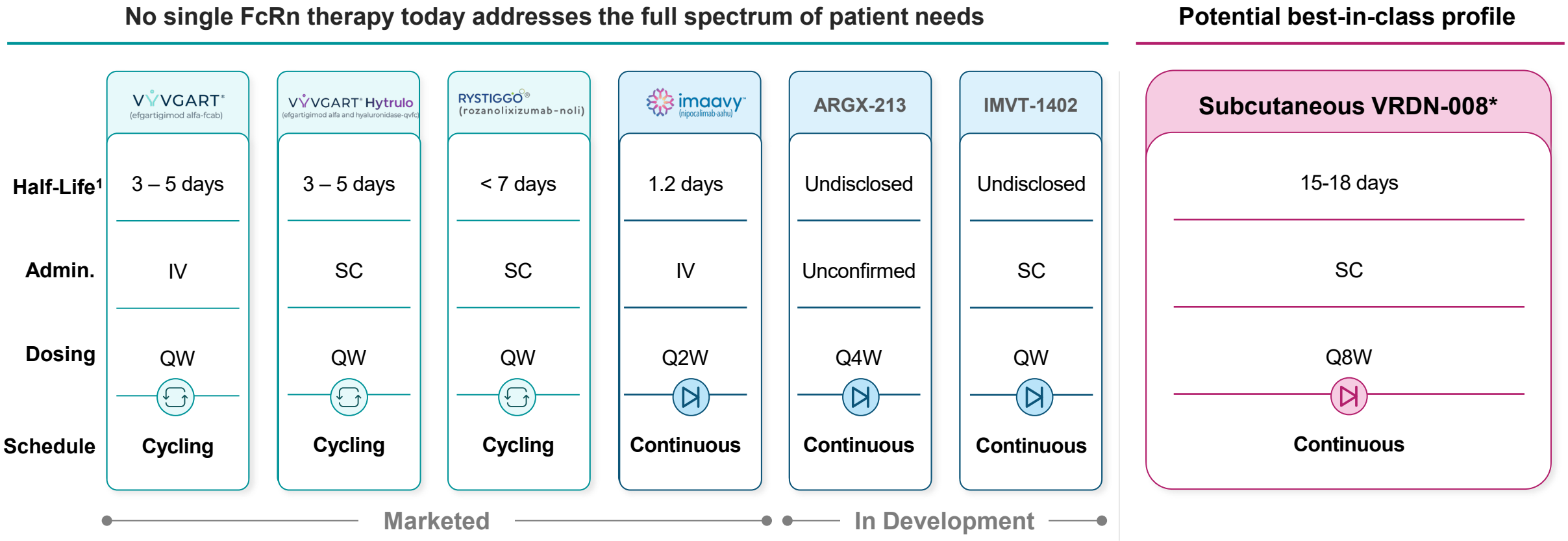


- ✓ **Half-life extended bifunctional** FcRn inhibitor
- ✓ Demonstrated **deep and sustained IgG reduction**
- ✓ Potential for **best-in-class Q8W** dosing
- ✓ Anticipated **simple, subcutaneous, at-home self-administration**
- ✓ Planned **rapid development** across a broad range of autoantibody-mediated **autoimmune diseases**

FcRn = neonatal Fc receptor, IgG = immunoglobulin G, Q8W = every 8 weeks.

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Current FcRn-targeted therapeutic options do not adequately address patient unmet needs



VRDN-008 dosed Q8W is potential best-in-class, with the opportunity to transform treatment for patients

[1] Half-life information for marketed FcRn therapies are described within their respective Prescribing Information.
*Planned VRDN-008 profile, if approved.
SC = subcutaneous, IV = intravenous, FcRn = neonatal Fc receptor, Admin. = administration, Q2W = every 2 weeks, Q8W = every 8 weeks, Q4W = every 4 weeks, QW = every week,
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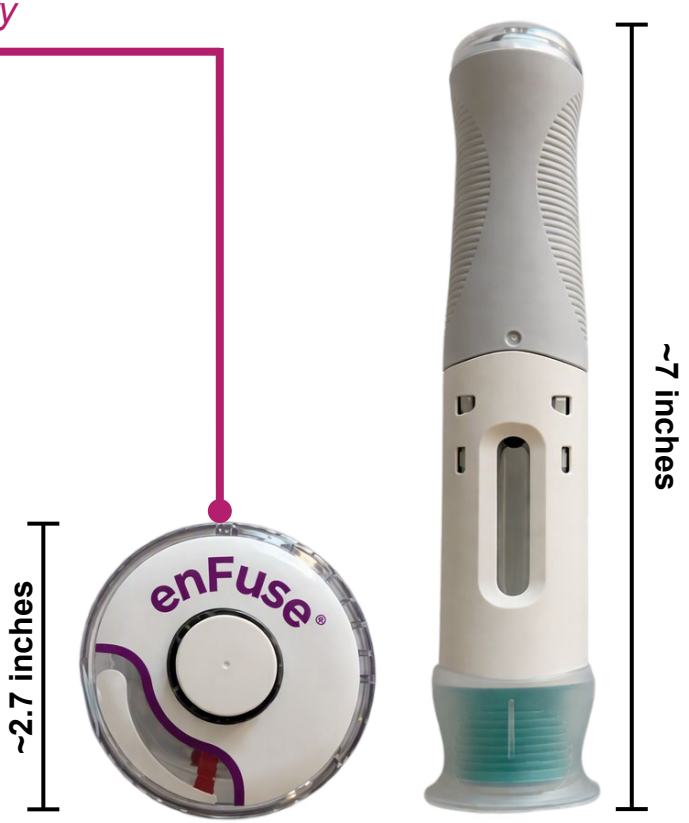
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Viridian is developing subcutaneous VRDN-008 using enFuse, a commercially validated device

Enable enFuse®

The next generation of drug delivery

- ✓ Expected **Q8W subcutaneous** delivery
- ✓ **Hands-free** self-administration
- ✓ Designed for **at-home** use
- ✓ **20mL capacity**
- ✓ **FDA approved**, including Sarclisa Escena® (Sanofi) and in development with Ocrevus® (Roche)



Large volume autoinjectors

Potential limitations

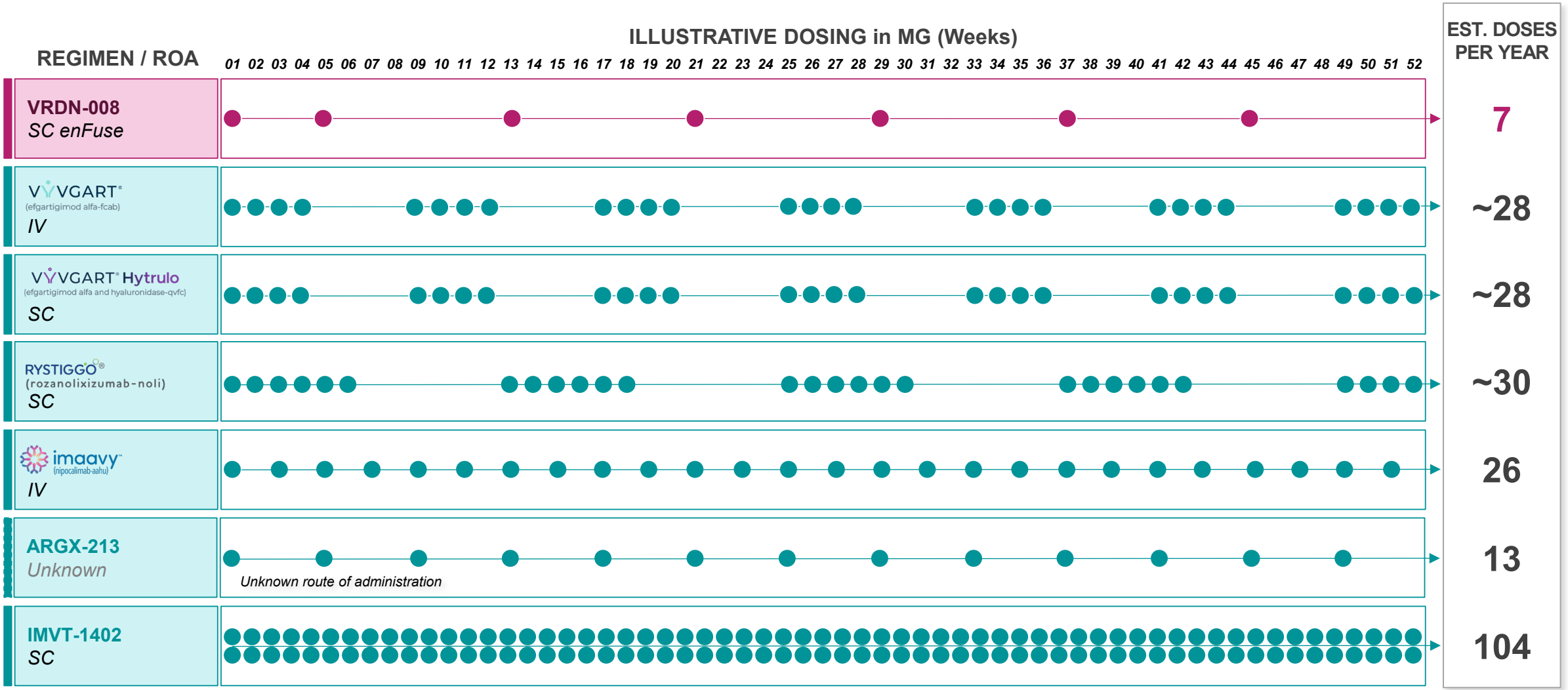
- Expected **once weekly** use
- **Large** form factor
- Must **manually hold in place** during administration
  - May be **difficult for patients** with muscle weakness
- **5.5mL max volume** per administration

Viridian has exclusive global rights to use the enFuse device with FcRn-targeted therapies

Source: argenx Q3 2026 earnings presentation, Ypsomed and Enable Injections specifications, Sarclisa Escena website, Roche 2026 Pharma Day presentation.
FDA = U.S. Food and Drug Administration, mL = milliliter, Q8W = every 8 weeks.
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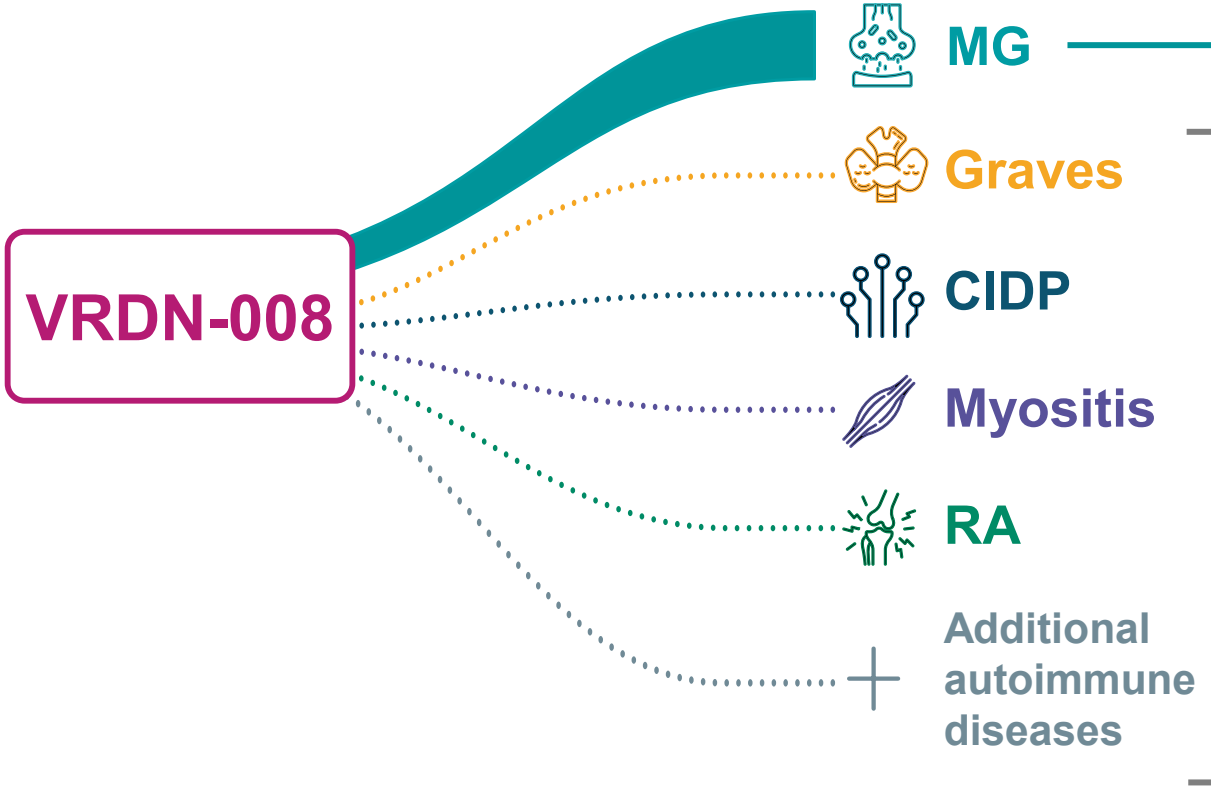
Subcutaneous VRDN-008 Q8W dosing has the potential to be best-in-class



Note: Dosing schedules reflect sample MG patient dosing schedule. Diagram reflects 4 week gap between cycles for Vyvgart and Vyvgart Hytrulo ("Assessing Efgartigimod Dosing Patterns and MG-ADL Outcomes in Clinical Practice: Results From a Large Patient Support Program Database in the United States", presented at AAN 2026) and 6 week gap between cycles for Rystiggo ("Characteristics of patients with generalized myasthenia gravis initiating rozanolixizumab treatment in the United States" presented at MGFA Scientific Session at AANEM 2025). Trademarks used are the property of their respective owners.
ROA = route of administration, IV = intravenous, MG = myasthenia gravis, Q8W = every 8 weeks, SC = subcutaneous, EST = estimated.

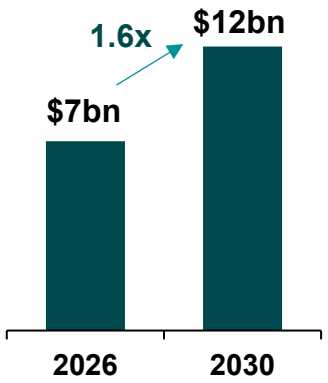
Potential for subcutaneous VRDN-008 in MG and a broad range of autoantibody-mediated autoimmune diseases

$50bn[1] potential addressable market for VRDN-008 across multiple autoimmune diseases



Direct-to-registrational development path

FcRn Sales in MG[1]



- ✓ **Large MG market**, with **40%** LTM growth of FcRn inhibitors[1]
- ✓ FcRn inhibition is **clinically validated in MG**
- ✓ Significant opportunity for the **differentiated** VRDN-008 profile

Potential for VRDN-008 to deliver **transformative patient impact** across autoantibody-mediated diseases

Viridian plans to develop VRDN-008 broadly in **multiple autoantibody-mediated autoimmune diseases**

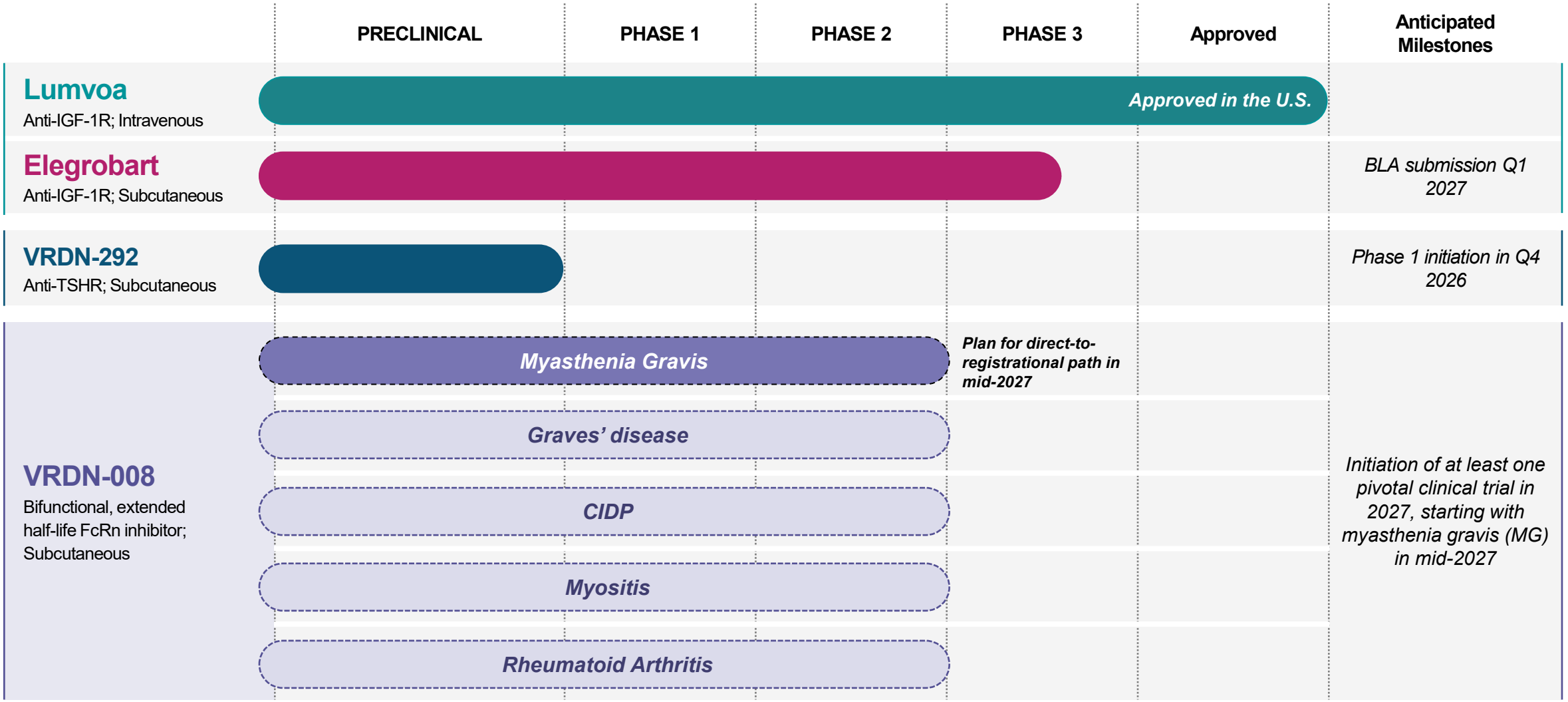
[1]Evaluate Pharma estimates for listed indications as of November 2026.
bn = billion, MG = myasthenia gravis, CIDP = Chronic Inflammatory Demyelinating Polyneuropathy, Graves = Graves' disease, RA = rheumatoid arthritis, FcRn = neonatal Fc receptor, LTM = last twelve months.

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Closing Remarks

Steve Mahoney, Chief Executive Officer

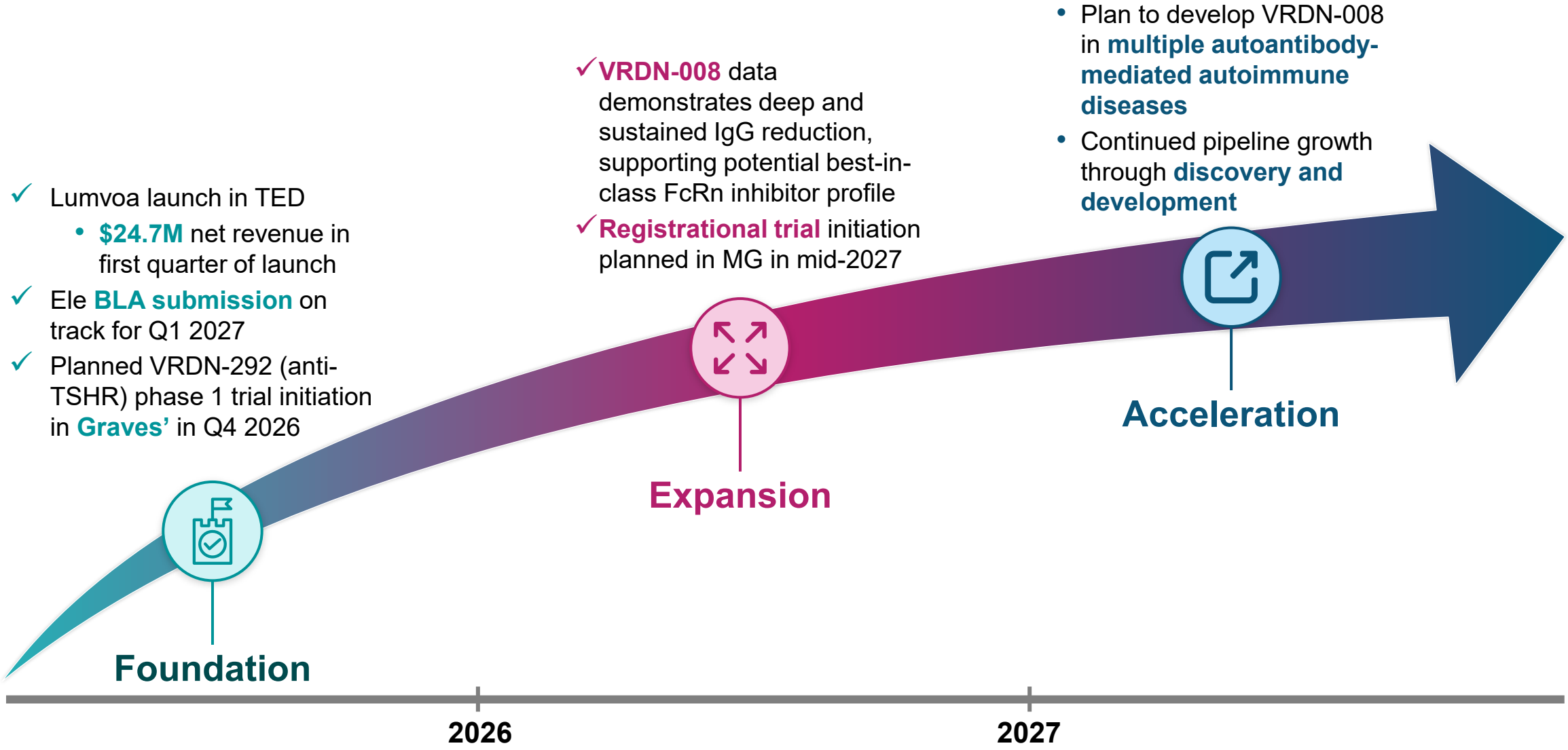
Subcutaneous VRDN-008 unlocks a new franchise for Viridian in a broad set of autoantibody-mediated autoimmune diseases



Plans to initiate registrational trial pending regulatory feedback.
BLA = Biologics License Application; FcRn = neonatal Fc receptor; IGF-1R = insulin-like growth factor-1 receptor; TED = thyroid eye disease; TSHR = thyroid-stimulating hormone receptor; MG = myasthenia gravis, CIDP = Chronic Inflammatory Demyelinating Polyneuropathy.

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Building on Viridian's foundation in TED, Viridian aspires to lead across autoimmune diseases



BLA = Biologics License Application; Ele = elegrobart; Graves' = Graves' disease; TED = thyroid eye disease; TSHR = thyroid stimulating hormone receptor; MG = myasthenia gravis.

Q&A

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