EVEREST MEDICINES

Corporate Deck

December 2024

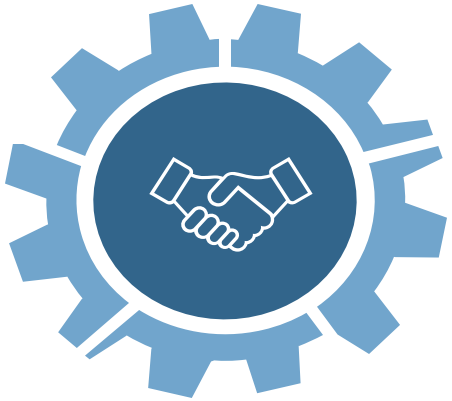
Disclaimer

This presentation has been prepared by Everest Medicines Limited (the "**Company**" and together with its subsidiaries, the "**Group**") solely for information purposes and does not constitute a recommendation regarding the securities of the Group or an offer to sell or issue or the solicitation of an offer to buy or acquire securities of the Group in any jurisdiction or an inducement to enter into investment activity, nor may it or any part of it form the basis of or be relied on in connection with any contract or commitment or investment decision whatsoever.

This document, any information therein and any oral information provided in connection with this presentation is highly confidential and has been prepared by the Company solely for use at this presentation. The information contained in this presentation has not been independently verified and cannot be guaranteed. 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. This presentation is based on the economic, regulatory, market and other conditions in effect on the date hereof. It should be understood that subsequent developments may affect the information contained in this presentation, which neither the Company nor any of its subsidiaries, affiliates, advisors or representatives are under any obligation to update, revise or affirm. None of the Company or any of its subsidiaries or affiliates, directors, officers, advisors or representatives will be liable (in negligence or otherwise) for any loss howsoever arising from any use of this presentation or its contents or otherwise arising from or in connection with this presentation.

This presentation contains statements that constitute forward-looking statements, including descriptions regarding the intent, belief or current expectations of the Company or its officers with respect to the business operations and financial condition of the Company, which can be identified by terminology such as "will," "expects," "anticipates," "future," "intends," "plans," "believes," "estimates," "confident" and words of similar import. Such forward-looking statements are not guarantees of future performance and involve risks and uncertainties, or other factors, some of which are beyond the control of the Company and are unforeseeable and actual results may differ from those in the forward-looking statements as a result of various factors and assumptions. The Company or any of its subsidiaries or affiliates, directors, officers, advisors or representatives has no obligation and does not undertake to revise forward-looking statements to reflect new information, future events or circumstances after the date of this presentation, except as required by law.

Fully Integrated Biopharma: Dual Engine Strategy to Value Creation



Commercial Platform

Leverage commercial platform to maximize synergies

Growth

Discovery Platform

Leverage clinically-validated mRNA platform

Differentiated portfolio drives commercial cash flow

- Drive organic revenue growth
- Expand pipeline in core therapeutic areas and increase scale and efficiency

In-housing R&D drives global value

Personalized cancer vaccines	TAA cancer vaccines
Immune-modulatory cancer vaccines	In vivo CAR-T

EVEREST MEDICINES

Pursuing Asian Leadership Position in "Blue Ocean" Therapeutic Areas

Vision To be a leading biopharma in Asia Pacific by 2030, we aim to create social impact through our innovative medicine portfolio and sustainable growth.

3 core therapeutic areas with 4 near term products aggregated peak sales potential of RMB 10B+

	Infectious Disease	Renal Disease	Autoimmune Disease
	Launched: XERAVA™ (eravacycline) for injection	Launched: NEFECON® budesonide delayed release capsules	Approved: Velsipity™ (etrasimod) tablets
Peak Sales	RMB 1.5B	RMB 5.0B	RMB 2.0B
	Cefepime-taniborbactam	EVER001 (BTKi)	
	RMB 1.5B		

Two clinical stage programs launching in 2026 and beyond

In-house mRNA platform, for therapeutic vaccines discovery

Broad Pipeline With Multiple First-in-class or Best-in-class Products in Our Focus Treatment Areas

NDA/BLA approval	Molecule (Modality)	Partner	Commercial Right	Indication	Everest Clinical Status	Global Clinical Status
2023	NEFECON®	AsahiKASEI	Greater China, Singapore, South Korea	IgA nephropathy	Approved in Taiwan, Macau, Hong Kong, Mainland China, South Korea and Singapore	Approved in US, EU
	XERAVA® (eravacycline)	INNOVIVA / TETRAPHASE	Greater China, South Korea, SE Asia	cIAI	Approved in Mainland China, Hong Kong, Taiwan and Singapore	Approved in US, EU, UK
2024-26	Velsipity™/Etrasimod	Pfizer	Greater China, South Korea, Singapore	Ulcerative Colitis	Approved in Macau and Singapore	Approved in US, EU
				CD, AD, AA, EoE (2025 and beyond)		Phase 2
	Cefepime-taniborbactam	Venatorx PHARMACEUTICALS	Greater China, South Korea, SE Asia	cUTI	Priority review for mainland China	Priority review granted in US
2027 and beyond	Zetomipzomib	KEZAR LIFE SCIENCES	Greater China, South Korea, SE Asia	Autoimmune Hepatitis		Phase 2a
	EVER001 (XNW1011)	EVOPOINT Biosciences / SINOMAB	Worldwide	Primary Membranous Nephropathy		Phase 1b/2a
	EVER206 (SPR206)	SPERO THERAPEUTICS	Greater China, South Korea, SE Asia	Gram negative infections		Phase 1
Discovery platform	Personalized cancer vaccine	Self-developed	Worldwide	Cancer		IIT initiated
	TAA cancer vaccine	Self-developed	Worldwide	Cancer		Pre-IND
	Immune-modulatory cancer vaccine	Self-developed	Worldwide	Cancer		Pre-IND
	In vivo CAR-T	Self-developed	Worldwide	Cancer		Pre-clinical

Abbreviations: IgA= immunoglobulin A; cIAI=complicated intra-abdominal infections; cUTI=complicated urinary tract infections; CD=crohn's disease; AD=atopic dermatitis; AA=alopecia areata; EoE=eosinophilic esophagitis; NDA=new drug application; SE Asia= Southeast Asia; US=United States; Greater China= PRC, Hong Kong SAR, Macau SAR and Taiwan.

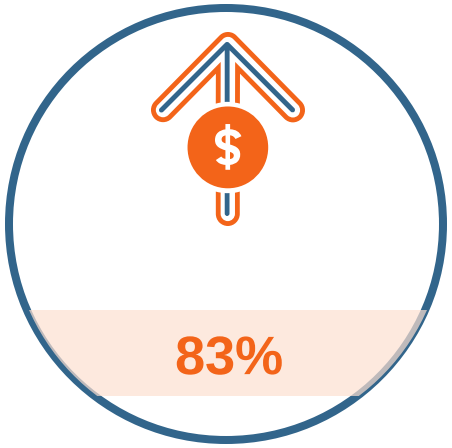
EVEREST MEDICINES

1H 2024: Solid Revenue Growth with Focus on Operating Efficiency and Strong Balance Sheet

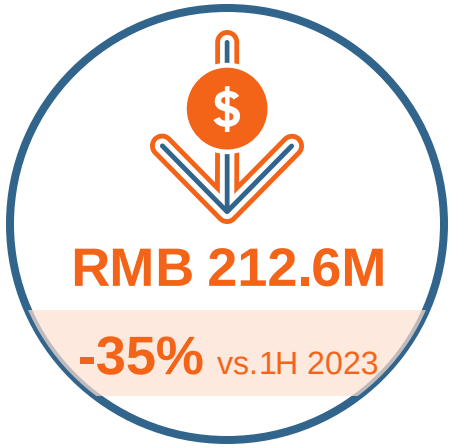
Substantial revenue growth

High gross margin[1]

as % of revenue



Significantly narrowed non-IFRS net loss[2]



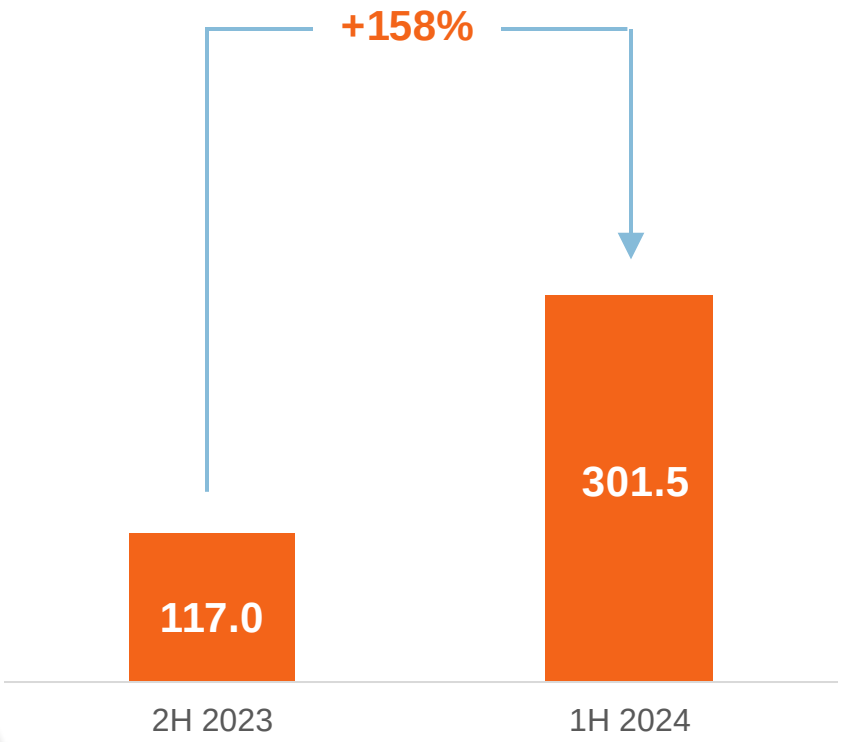
Strong cash balance

Achieved commercial level profitability[3]

1. *Gross margin is adjusted for Intangible Asset amortization*
2. *Non-IFRS net loss represents the loss for the period attributable to the equity holders of the Company excluding the effect of certain non-cash items and one-time events, namely the loss on fair value changes of preferred shares (noncurrent financial liabilities measured at fair value through profit or loss), share-based compensation loss, loss on impairment of an intangible asset and intangible assets amortization.*
3. *Commercial level profit = Gross margin – distribution and selling expenses*

Strong Sales Growth Driven by NEFECON® and XERAVA®, Reiterate Our Full Year Revenue Guidance

Product revenue (RMB M)



NEFECON®
budesonide delayed release capsules

Launched in May 2024

167.3M

XERAVA™
(eravacycline) for injection

Continued revenue ramp up

134.2M

On track for the full year revenue guidance of 700M RMB

Significant Unmet Medical Needs in IgAN Addressed by NEFECON®

Substantial unmet medical needs in China

5M
IgAN Patients

1M
diagnosed IgAN Patients

100K
newly diagnosed IgAN patients each year

- Most diagnosed patients **are young and at their peak working age** (under 45 years old)[1]
- **Rapid disease progression** to ESRD if not treated, especially in **Chinese** patients

No approved therapy prior to NEFECON®

- Current treatment options, such as RAS inhibitors, are non-targeted and used off-label
- Current treatment options do not alter disease progression

NEFECON®
budesonide delayed release capsules

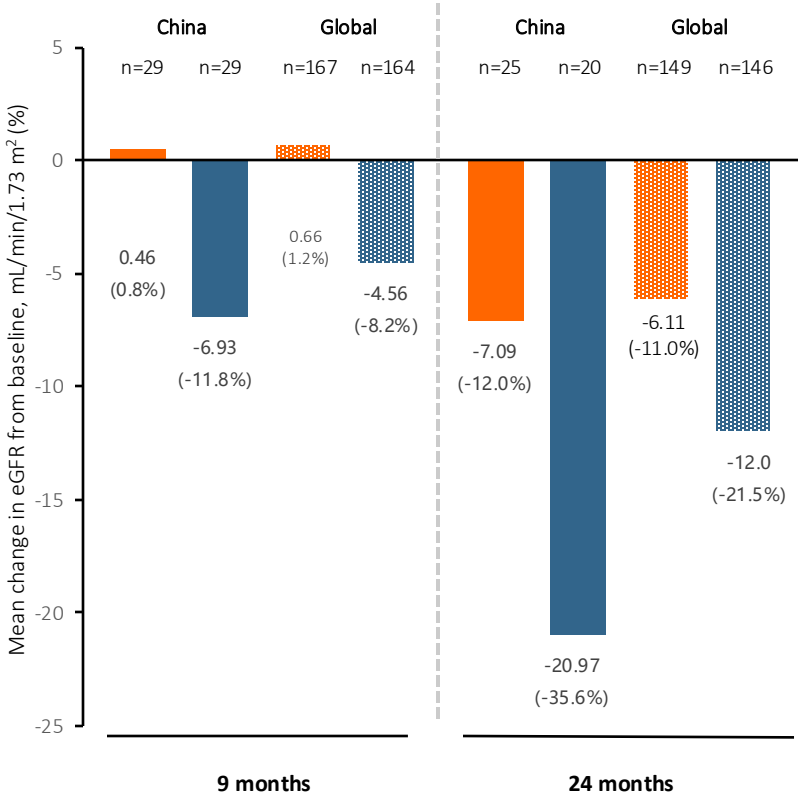
- **FIRST** IgAN therapy to receive full approval in US and EU
- The **ONLY** approved IgAN therapy in China
- **66% less deterioration** in kidney function; expected to delay progression to end stage renal disease **by 12.8 years**
- Designed to **specifically target B-cells at the origin** of the disease; Intestinal mucosal immunity plays a key role in the pathogenesis of IgAN

1. The pathological types and epidemiology analysis in 36379 Chinese glomerular disease patients (2012)

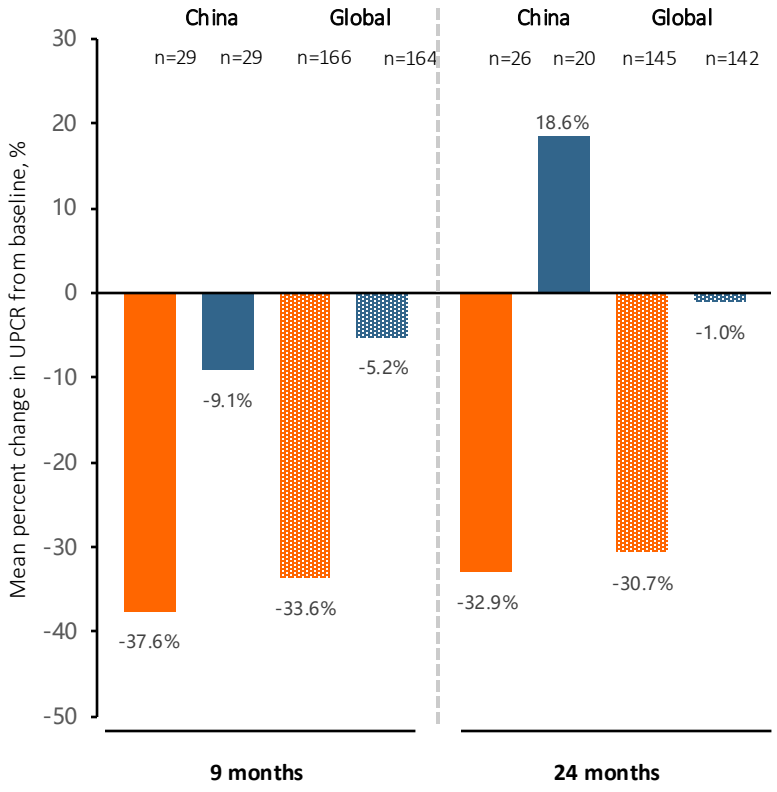
Results from China Subpopulation Showed Numerically Greater NEFECON® Treatment Effect in Kidney Function, Proteinuria and Microhematuria Compared with Global Data

✓ Chinese subpopulation in control group (RAS inhibitor) showed more rapid deterioration in eGFR and UPCR than global population

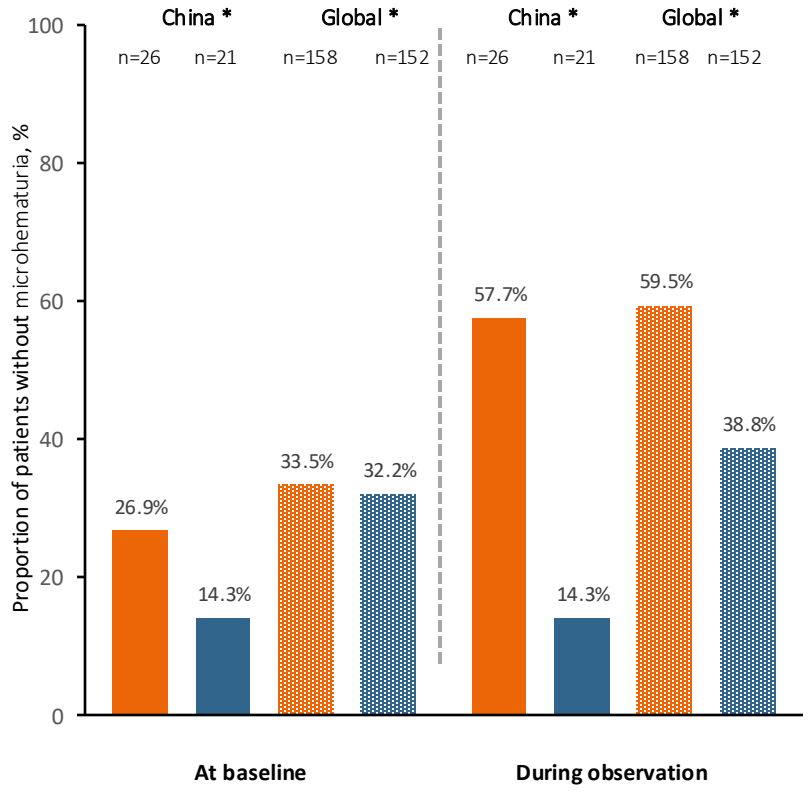
Mean change in eGFR at 9 and 24 months



Mean percent change in UPCR at 9 and 24 months



Proportion of patients without microhematuria



NEFECON 16 mg/day Control group

eGFR, estimated glomerular filtration rate.;UPCR, urine protein-to-creatinine ratio.
**n represents the number of patients with 2 or more valid urine dipstick results during the observational period.*

EVEREST MEDICINES

Successful Commercial Launch of NEFECON® in China

Successful commercial launch in China by leveraging online and offline innovative approaches

Focused and highly efficient commercial organization

~150 sales representatives by year end

500-700 hospitals

>60% of market potential

Innovative programs

Patient EAP & PAP and innovative channels to enhance patient access

Medical affairs

Publications & **IgAN guidelines inclusion** to increase physicians' and patients' awareness

Market access

Hospital listing and **NRDL negotiation** to improve accessibility and affordability

Integrated ecosystem

Establishing an integrated ecosystem of **diagnosis and treatment** in kidney diseases

KDIGO 2024 Guideline (Public Review Draft) : IgAN Treatment

- The focus of management in most patients should be to simultaneously:
  - **Prevent or reduce IgA immune complex formation and immune complex-medicated glomerular injury**
  - **In parallel, manage the consequences of existing IgAN-induced nephron loss**

Treatment targets in IgAN and available to-date approved treatment options

IgAN at risk of progressive kidney function loss

Drivers for nephron loss	**Manage the IgAN-specific drivers for nephron loss**	In all patients these should be addressed simultaneously	**Manage the generic response to IgAN-induced nephron loss**
Treatment goals	Reduce pathogenic forms of IgA and IgA immune complex formation Reduce glomerular inflammation		Blood pressure control Reduce glomerular hyperfiltration and the impact of proteinuria on the tubulointerstitum Cardiovascular risk reduction
Interventions wit efficacy reported in clinical trials across populations	NEFECON® budesonide delayed release capsules Systemic glucocorticoids		Lifestyle modification RASi SGLT2i Sparsentan
Geographic practice variation	Mycophenolate mofetil Hydroxychloroquine Tonsillectomy		

A single 9-month treatment course of NEFECON® is unlikely to produce a sustained clinical response in terms of proteinuria reduction or stabilization of eGFR and it is likely that many patients will need **either repeated 9-month treatment cycles or a reduced-dose maintenance regimen**

IgA: immunoglobulin A; RASi: renin-angiotensin system inhibitor; SGLT2i: sodium-glucose cotransporter-2 inhibition/inhibitors

EVEREST MEDICINES

Significant Unmet Clinical Needs and Limited Therapeutic Options for MDR Infections

Substantial unmet medical needs in China

High carbapenem resistance rates

- ~80% CRAB
  A. baumannii
- ~30% CRKP
  K. Pneumoniae

High detection rate of metallo-beta-lactamases

- 94% in *E.Coli*
  (carbapenem-resistant)
- 22% in CRKP

Current treatment options cannot fully meet clinical needs

Tigecycline	Low tissue concentration, adverse events, Black Box warning (all-cause mortality)
Zavicefta (RMB 4000/day)	Narrow spectrum of coverage (e.g. metallo-beta-lactamases not covered)
Colistin (RMB 2000-3000/day)	Low tissue concentration, nephrotoxicity and neurotoxicity

XERAVA™ (eravacycline) for injection

RMB 5500/day

- **Attractive** market opportunity, and **urgent needs** multidrug-resistant infection treatment
- Since the launch in July 2023, XERAVA® achieved revenue of RMB **233.2M** by June 2024

Source: CHINET

XERAVA® Revenue Continues to Grow by Expanding and Deepening Hospital Coverage

Sales reps	~120	Target hospitals	~300
Medical publications	5	New guideline inclusions	3[1]
Treated patients increased by	~300% vs. 2023 2H		
Hospital listing increased by	~75% vs. 2023 2H		

CSO partnerships initiated **2**

1. *The Surgical Infection Society Guidelines on the Management of Intra-Abdominal Infection: 2024 Update and China's Clinical Diagnosis and Treatment Guidelines for Multidrug-resistant Bacterial Infections in Renal Transplantation, Infectious Disease Society of America 2024 Guidance on the Treatment of Antimicrobial-Resistant Gram-Negative Infections.*

Complementary Products in Our Therapeutic Area Focus of MDR Infection Treatment

XERAVA™ (eravacycline) for injection

Bacteria spectrum coverage		(Eravacycline)	Cefepime-taniborbactam	EVER206 (SPR206)
		First-in-class fluorocycline antibiotic, broad spectrum coverage of gram+, gram-, anaerobic pathogens and atypical pathogens	Best-in-class BL/BLI, with potent and selective inhibitory activity against both serine and metallo-β-lactamases	A novel polymyxin derivative with significantly reduced renal toxicity
β-lactamases producing bacteria	Class A (ESBL, KPC)	✓	✓	✓
	Class B (NDM, VIM)	✓	✓	✓
	Class C (AmpC)	✓	✓	✓
	Class D (OXA)	✓	✓	✓
Entero-bacteriaceae	*E. coli*	✓	✓	✓
	K. pneumoniae	✓	✓	✓
	Enterobacter spp.	✓	✓	✓
P. aeruginosa			✓	✓
A. baumannii		✓		✓
Atypical pathogens (mycoplasma, chlamydia, legionella, etc)		✓		✓
		The foundation for empirical treatment of MDR infections	Best-in-class BL/BLI for empirical treatment of MDR infections	Best-in-class, safe and effective polymyxin for treatment of MDR infections

ESBL=Extended-Spectrum β-Lactamases;KPC= Klebsiella pneumoniae carbapenemase; NDM=New Delhi metallo-beta-lactamase;VIM= Verona integron-mediated metallo-β-lactamase; AmpC:=AmpCβ; OXA= (oxacillinase) group of β-lactamases.

EVEREST MEDICINES

Etrasimod: Approved in Macau and Expected to Launch in Greater Bay Area in 2H 2024

Velsipity™ (etrasimod)

Effective, oral advanced UC treatment well-suited to first-line use

No secondary loss of response mechanistically

Favourable safety profile

Convenience of one pill, once daily

19 Designated medical institutions in Guangdong approved to use clinically urgently needed drugs that have been marketed in Hong Kong and Macau

Large medical needs in UC in China

~600k UC patients nationwide in 2022, Guangdong province accounts for **~10%**, **60k** patients.

High diagnosis and treatment level of inflammatory bowel disease in Guangdong

~100 IBD centers nationwide, **14 in Guangdong**. There are **4 IBD centers** among the 19 designated medical institutions under the preferential policies.

To be launched in Macau first, benefit shared by Greater Bay Area

- Etrasimod was approved in Macau on **30 April 2024**
- Expect to benefit UC patients in Greater Bay Area in **2H2024** by leveraging preferential policies

Everest's Approach to Building Differentiated Future Pipeline

In-licensing

- Focus on core therapeutic areas
- Focus on late-stage and commercial-stage assets
- Focus on commercial and clinical synergies and value creation

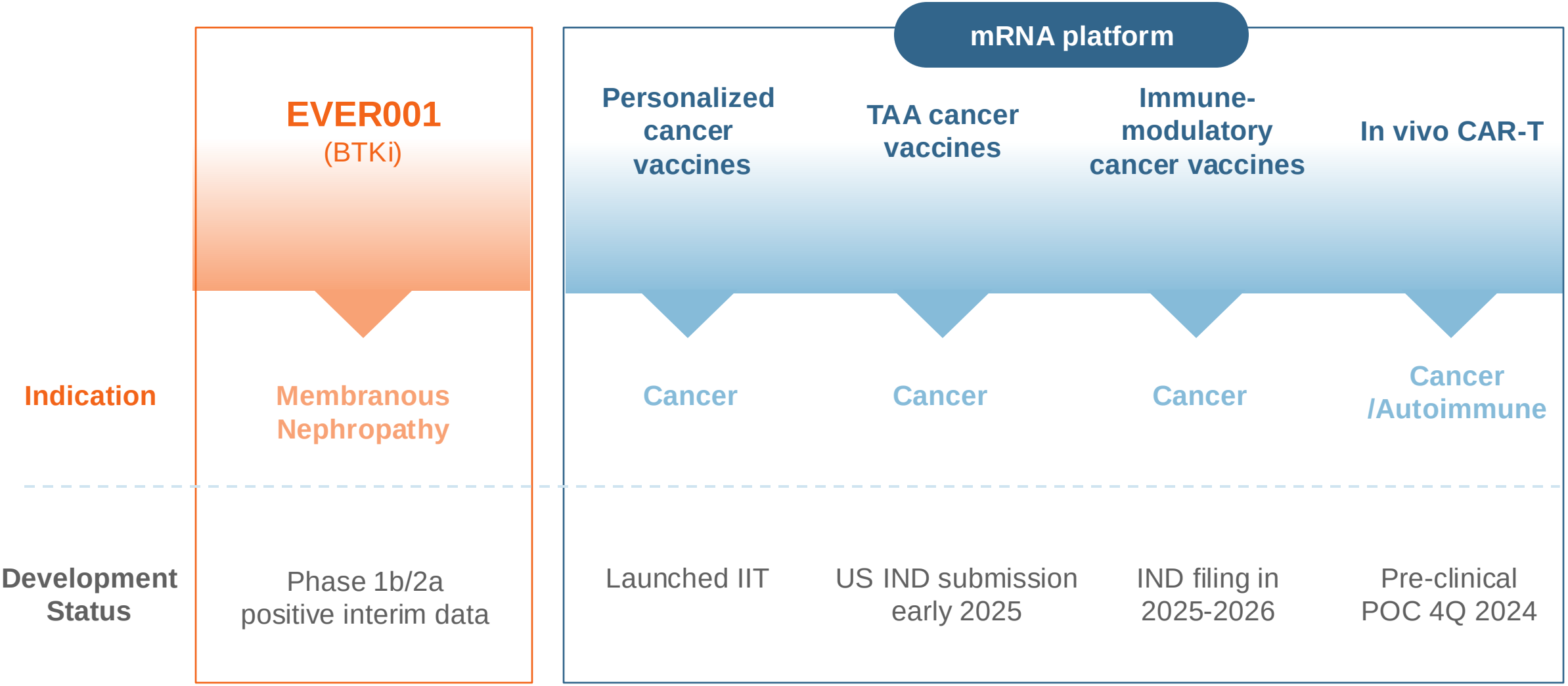
Expand pipeline in core therapeutic areas and increase scale and efficiency

Discovery

- Clinically validated mRNA platform
- Therapeutic cancer vaccines
- Focus on delivering pre-clinical and clinical proof-of-concept

Proprietary discovery platform with global rights to create optionality for partnering and value creation opportunities

A Growing Pipeline of Assets with Global Rights



Strategic Focus on Renal Diseases with Products Covering Multiple Diseases

Indication	IgA Nephropathy (IgAN)	Primary Membranous Nephropathy (pMN)	Minimal Change Disease (MCD)	Focal Segmental Glomerulosclerosis (FSGS)	Lupus Nephritis (LN)
Prevalence in China	4-5M	~2M	1-2M	500K-1M	400-600K
Prevalence in US	130-150K	80-100K	20K	40K	40K
Prevalence in EU & Japan	~360K[1]	~120K	The prevalence data for EU and Japan are similar to US.		
Pipeline	Launched NEFECON® budesonide delayed release capsules		No approved therapy globally		
	EVER001				

Note: IgAN=IgA nephropathy; pMN =primary membranous nephropathy; LN=lupus nephritis; MCD=minimal change disease; FSGS=focal segmental glomerulosclerosis

Source for prevalence: KOL and company internal estimate.

1： Willey, C.J., et al. NDT (2023) Nephrology Dialysis Transplantation; Nephrology. 2024;29(Suppl. 2):65–67.

EVEREST MEDICINES

Disease Overview and Significant Unmet Medical Needs of Primary Membranous Nephropathy

Disease Overview

- **Membranous nephropathy** (MN) is among the **more common nephrotic syndromes** in adults without diabetes with an idiopathic **primary form (~80% cases)** and a secondary form (~20% cases) associated with an underlying disorder (e.g. infections, drugs, cancers, etc).[1]

- **~80% patients show nephrotic syndrome**, symptoms include **high proteinuria (common range 3.5g-20g/24h), decrease in serum albumin levels causing severe swelling**
- Mean diagnosis age between 40-60

- **Half of the patients continue to have nephrotic syndrome** despite treatment
- **One-third of patients progress to end-stage renal disease (ESRD)** with current treatment options

Significant Unmet Medical Needs

- **No treatment** has been approved for pMN. **Current treatment options** (e.g. cyclophosphamide, calcineurin inhibitor, rituximab) **are used off label**
- **More than 30%** of patients **do not respond to current treatment options**, and around **30%** patients who achieve remission will **relapse**
- Current treatment options are associated with **substantial side effects** and there is need for safer treatment.

Note:

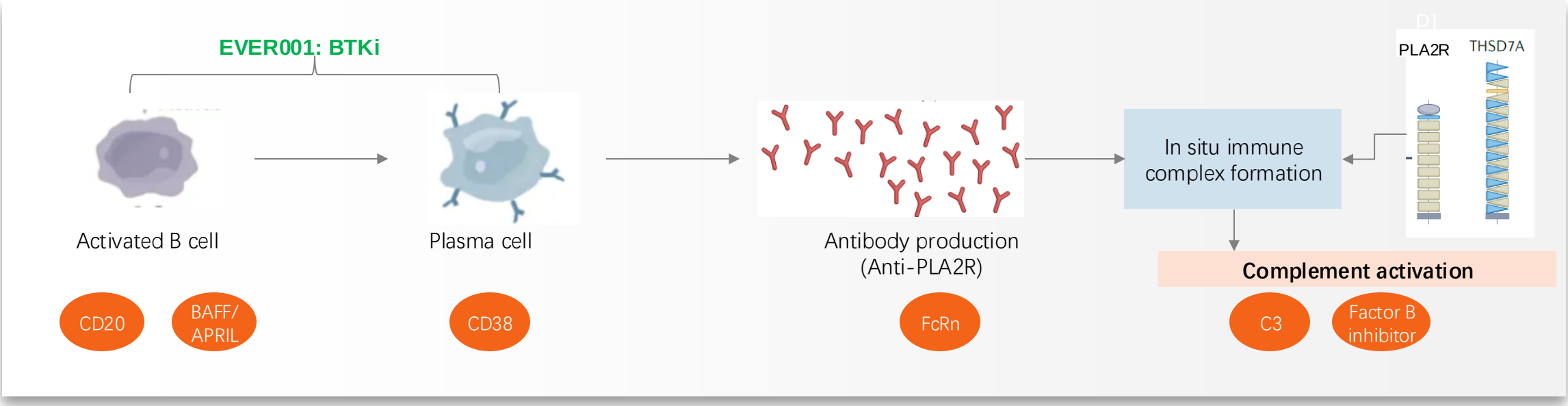
1. Guggenheim Securities, LLC research and analysis
2. Clin J Am Soc Nephrol 12: 983–997, 2017.
3. Am J Kidney Dis 2021. 77(3):440-453

EVER001: A Potent Covalent Reversible BTK inhibitor Suitable for Autoimmune Renal Indications

Compared with covalent and irreversible BTK inhibitors, EVER001 is potentially BIC with high selectivity and high potency

1. Reversible covalency
2. Excellent selectivity
3. Potent target binding
4. Potential lower toxicity

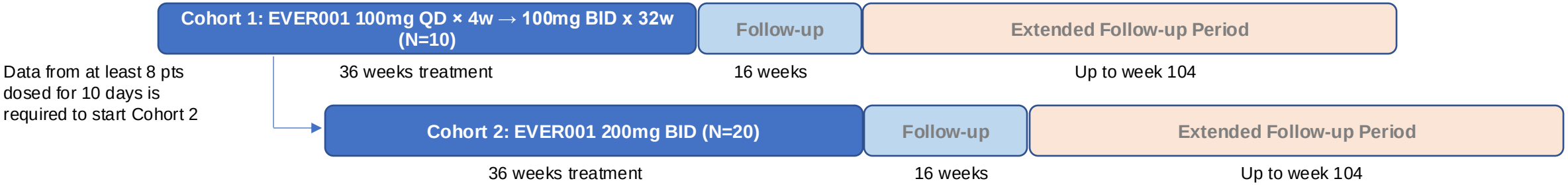
BTK inhibitor targets multiple key nodes in the pathogenesis of membranous nephropathy



EVER001: Phase 1b/2a Clinical Proof-of-Concept Trial Ongoing

Phase 1b/2a study in Chinese pMN patients with positive anti-PLA2R autoantibody

- 31 subjects were enrolled in the study in total



Eligible subjects were adults with biopsy proven pMN, anti-PLA2R autoantibody level > 20RU/mL and 24h, and proteinuria>3.5g/24h

Primary endpoint

- Safety and tolerability

Secondary endpoints

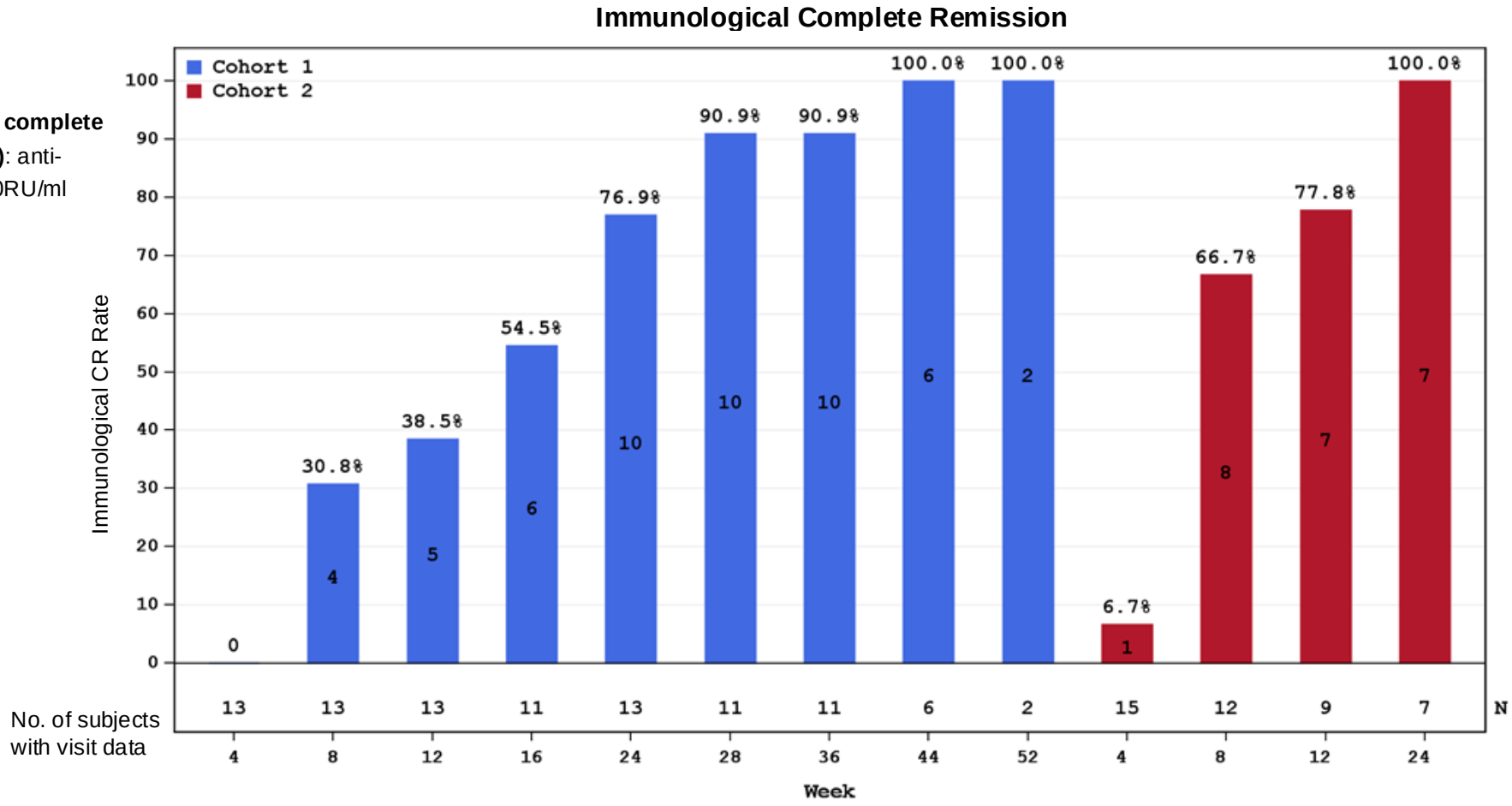
- Percentage change from baseline of 24h proteinuria, anti-PLA2R autoantibody level, UPCR and eGFR
- Complete or partial remission of 24h proteinuria
- Remission of anti-PLA2R autoantibody

* As data cutoff date of September 13, 2024, 11 subjects in Cohort 1 have completed 36 weeks of treatment. 7 subjects in Cohort 2 have completed 24 weeks of treatment

Most Subjects Experienced Immunological Complete Remission by 8-16 Weeks

- Observed immunological complete remission (ICR) rate increased with treatment in both cohorts. As early as week 4-8, ICR was observed.
- In Cohort 1, 6 of 11 (54.5%) subjects experienced ICR at week 16, and as high as 90.9% (10/11) of subjects achieved ICR at week 28
- In Cohort 2, 8 of 12 (66.7%) subjects experienced ICR at week 8, and all the subjects (7/7) reached ICR at week 24

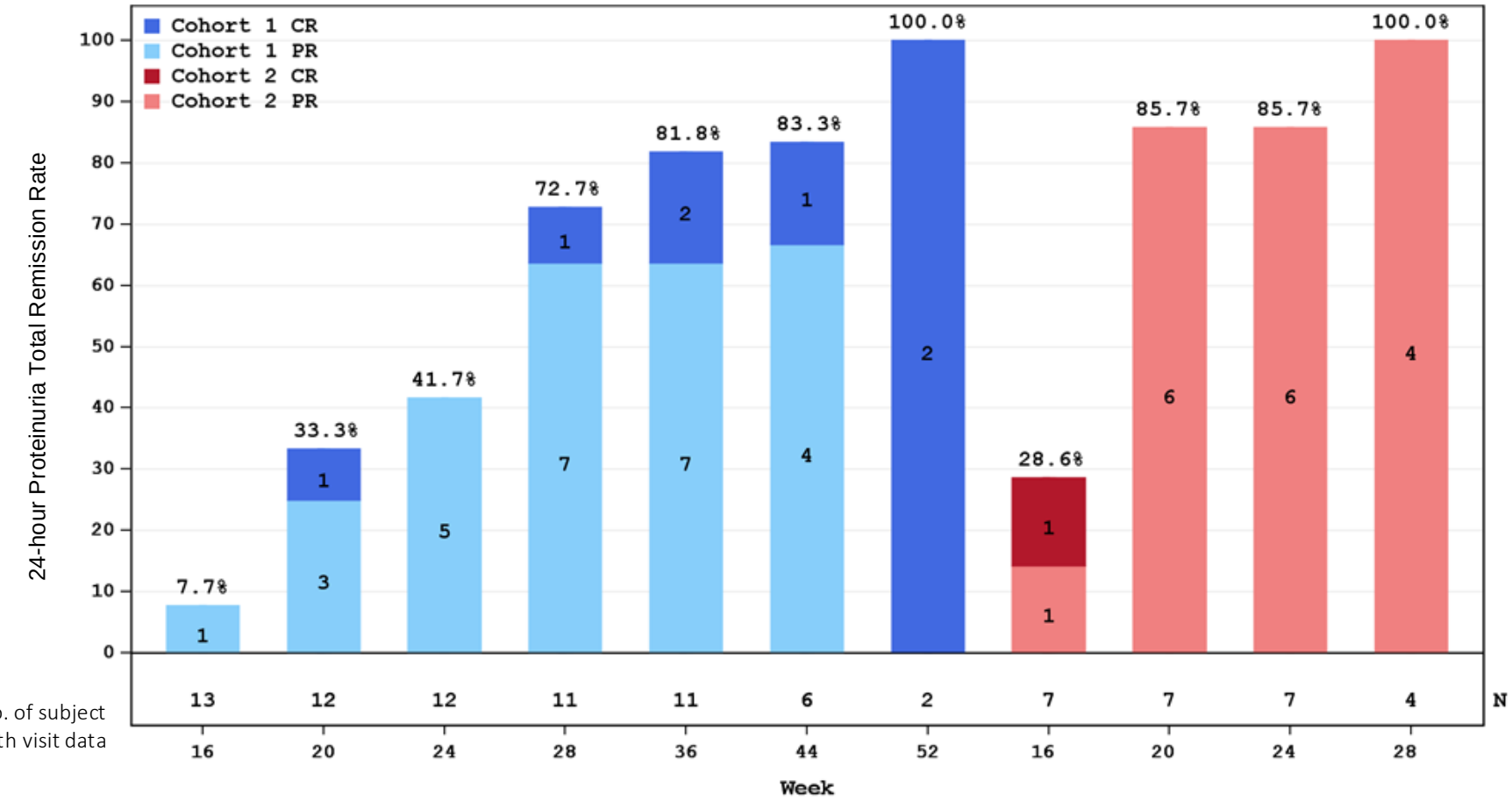
Immunological complete remission (ICR): anti-PLA2R titer < 20RU/ml (negative).



Proteinuria Remission Achieved in Most Subjects Within 24~28 weeks

- In Cohort 1, 72.7% of subjects experienced proteinuria remission at week 28 with 1 subject (9.1%) achieved complete remission (CR); then 81.8% of subjects experienced proteinuria remission at week 36 with 2 subjects (18.2%) achieved CR. The median time to proteinuria remission was 19.7 weeks
- In Cohort 2, as early as week 20, 85.7% of subjects experienced proteinuria partial remission (PR); then all 4 subjects achieved 100% proteinuria PR at week 28. The median time to proteinuria remission was 16.1 weeks

24-hour Proteinuria Total Remission (CR and PR)



24h proteinuria complete remission (CR): 24h proteinuria < 0.3g/24 h;
24h proteinuria partial remission (PR): 24h proteinuria < 3.5g/24h, but ≥0.3g/24 h, and reduction > 50%, regardless of eGFR or the serum albumin level from baseline.

EVEREST MEDICINES

Positive Results from Ongoing Phase 1b/2a Study

EVER001 induced early onset and high rates of immunological and clinical responses

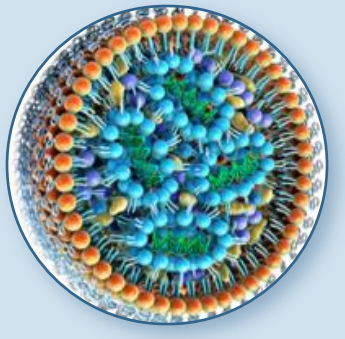
- ✓ Immunological response
  - In Cohort 1, as high as 90.9% (10/11) of the subjects achieved ICR at week 36
  - In Cohort 2, all (7/7) of the subjects reached ICR at week 24
  - Close to 100% reductions in both cohorts by the data cutoff date
- ✓ Clinical response
  - In Cohort 1, 81.8% of subjects experienced proteinuria remission at week 36
  - In Cohort 2, 85.7% of subjects experienced proteinuria remission at week 24
- ✓ Serum albumin levels returned to normal or near normal range at week 36 in cohort 1 and at week 24 in cohort 2

EVER001 treatment at both dose levels were well-tolerated and safe

- ✓ 58% of the subjects experienced treatment-related AEs. **Most were of Grade 1 or 2** and transient.
- ✓ **No clinically meaningful AEs** typically associated with BTK inhibitors, such as neutropenia, hemorrhage, cardiac arrythmia, have been observed.

A Fully Integrated and Clinically Validated mRNA Platform

Proprietary antigen design algorithm ensures high expression of target antigen



Proprietary LNP delivery system leads to enhanced T cell immunity

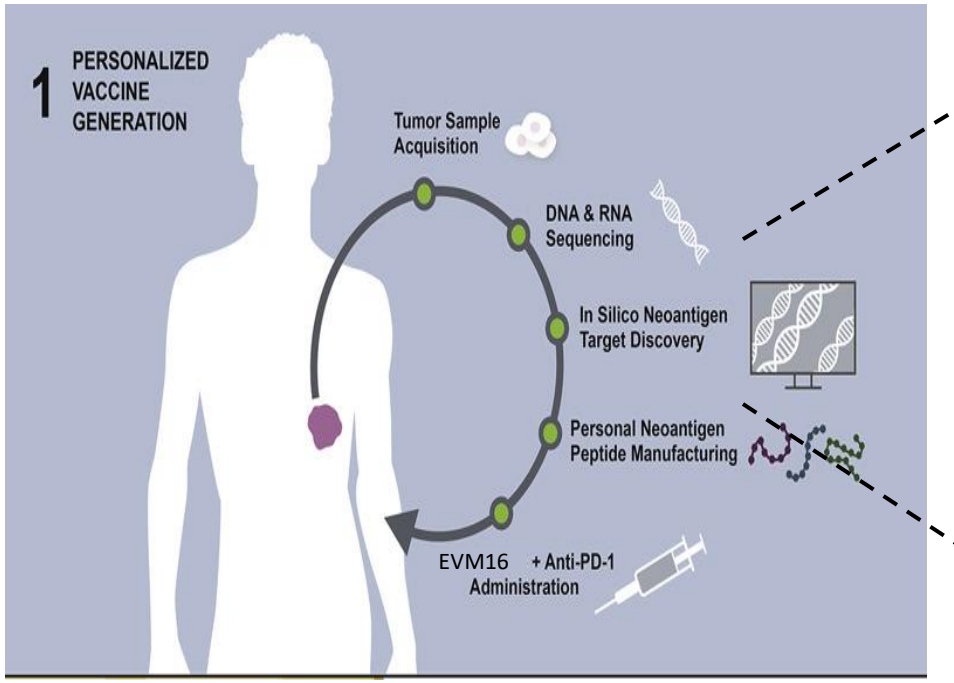
CMC process development ensures robust mRNA DS/DP production

Self-owned manufacturing facility (Jiashan, Zhejiang) successfully produced GMP material

Proven mRNA platform with comparable data from Phase 2 trial of Everest's mRNA COVID vaccine candidate against Comirnaty®

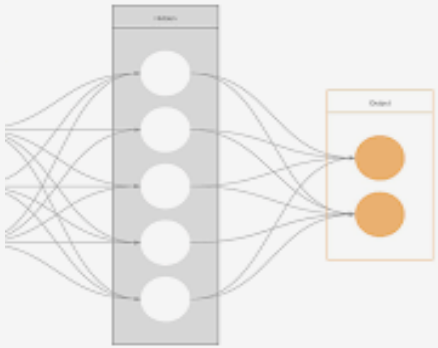
End-to-end capabilities across the whole value chain of mRNA platform

EVM16: A Personalized Neoantigen Cancer Vaccine Based on Specific Mutations of Cancer Patients



Everest Proprietary Neoantigen Prediction Algorithm

- MHC binding strength/number
- Differential binding
- Pathogen seq similarity
- WT/MT seq change distance



MHC I and II epitope scoring models

→ Epitope/peptide immunogenicity score

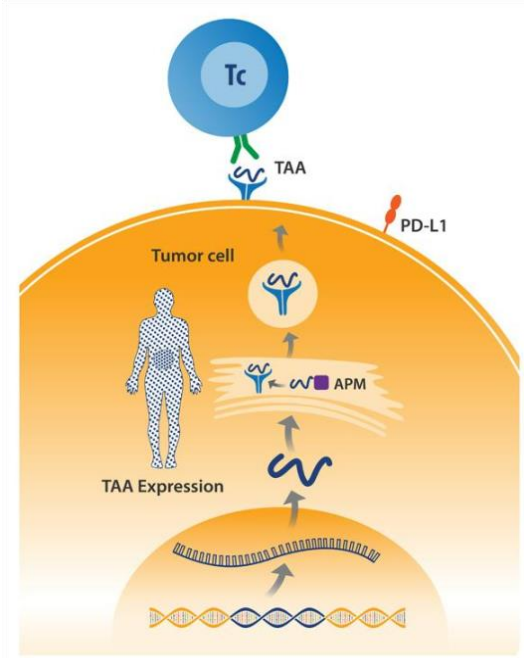
- Self-developed algorithm has found multiple known and previously unreported tumor antigens in preclinical animal models, and has comparable or better than industry-leading algorithms in predictions, in multiple independent validation studies.
- Preclinical data also demonstrated that the combination of EVM16 and a PD-1 antibody has synergistic effects, which supports the clinical application of combining EVM16 with checkpoint inhibitors.

IIT study launched in two top cancer hospitals in China

复旦大学附属肿瘤医院
Fudan University Shanghai Cancer Center

北京大学肿瘤医院
BEIJING CANCER HOSPITAL

EVM14: An Off-the-Shelf Tumor Associated Antigen (TAA) Vaccine



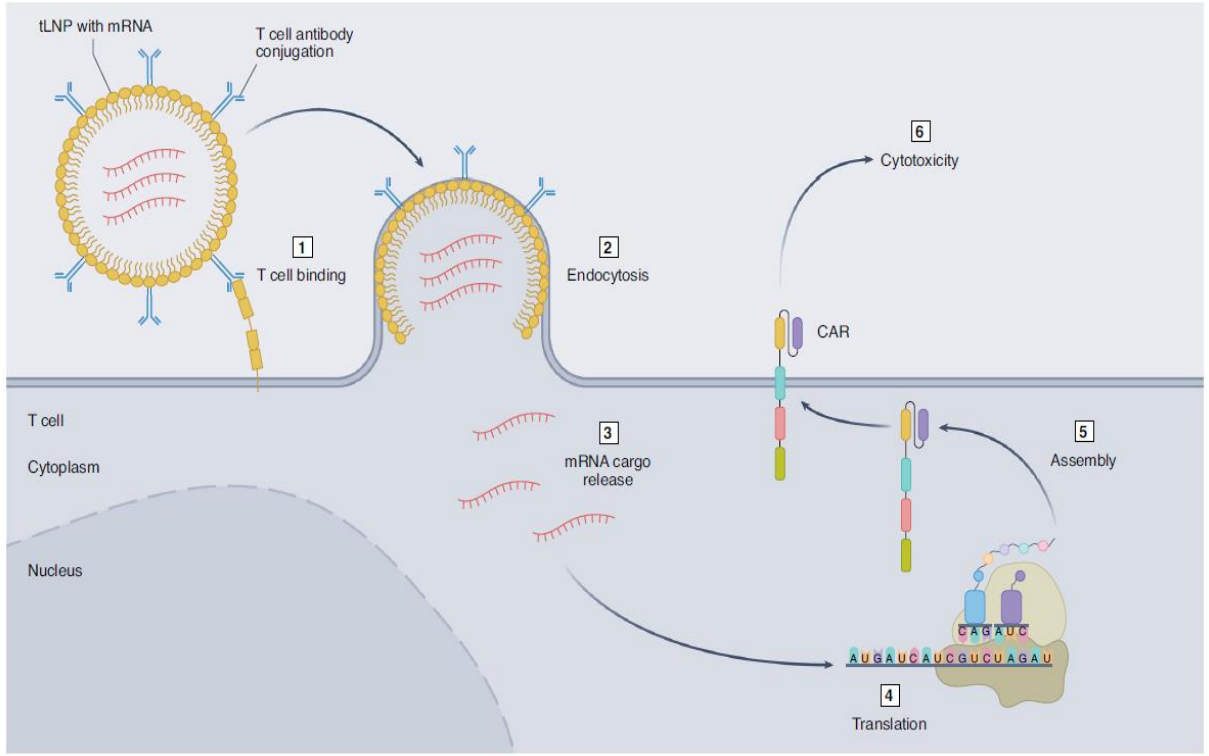
Advantages of TAA cancer vaccine

- Good tumor specificity (tumor vs. normal)
- More T cell epitopes and no HLA restriction
- Off-the-shelf, well suited for advanced disease
- Reduced manufacture costs (vs. PCV)
- Potential for multiple cancer indications (depending on TAA expression)

IND enabling studies ongoing, US IND filing anticipated in early 2025

How in Vivo mRNA CAR-T Works and its Advantages

- ✓ Targeted LNPs (tLNPs) loaded with modified mRNAs encoding a CAR are decorated with antibodies targeted to T cells and when bound will be endocytosed and release their cargo.
- ✓ mRNA is subsequently directly translated in the cytoplasm and CAR proteins are localized to the cell membrane, thus producing a CAR T cell in the body.



NATURE METABOLISM | VOL 4 | FEBRUARY 2022 | 163–169

Advantages of mRNA in vivo CAR-T over autologous CAR T therapy

- Off-the-shelf scalable
- No lymphodepletion conditioning
- Hospitalization may not be needed
- Tunable exposure & predictable PK/PD
- Cell free & controllable quality

EVEREST MEDICINES

2025 Catalyst

	Program	Milestone	Status
Renal Disease	NEFECON® budesonide delayed release capsules	Global IgAN treatment guideline (KDIGO) and China IgAN treatment guideline update	○
		Full approval from CDE	○
		Commercial launch in Taiwan and South Korea	○
	EVER001	Phase 1b/2a trial 1-year follow up data available	○
Autoimmune Disease	Velsipity™ (etrasimod) tablets	Continue to improve the accessibility in Greater Bay Area	○
		NDA approval in UC in Hong Kong	○
		NDA submission in UC in Taiwan and South Korea	○
Infectious Disease	Cefepime-taniborbactam	China NDA submission in cUTI	○
Discovery – mRNA platform	EVM16 (PCV)	Completed enrollment of IIT study Phase1a part	○
	EVM14 (TAA cancer vaccine)	IND approval in US and China	○

EVEREST MEDICINES

Q&A

CONTACT US:
IR@everestmedicines.com