Enanta Pharmaceuticals

Great Chemistry Cures

Corporate Presentation

May 6, 2024

Forward Looking Statements Disclaimer

This presentation contains forward-looking statements concerning our business, operations and financial performance and condition, as well as our plans, objectives and expectations for our research and development programs, our business and the industry in which we operate. Any statements contained herein that are not statements of historical facts may be deemed to be forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as “aim,” “anticipate,” “assume,” “believe,” “contemplate,” “continue,” “could,” “due,” “estimate,” “expect,” “goal,” “intend,” “may,” “objective,” “plan,” “predict,” “potential,” “positioned,” “seek,” “should,” “target,” “will,” “would,” and other similar expressions that are predictions of or indicate future events and future trends, as well as other comparable terminology. These forward-looking statements include, but are not limited to, statements about overall trends, royalty revenue trends, research and clinical development plans and prospects, liquidity and capital needs and other statements of expectations, beliefs, future plans and strategies, anticipated events or trends, and similar expressions. These forward-looking statements are based on our management’s current expectations, estimates, forecasts and projections about our business and the industry in which we operate and our management’s beliefs and assumptions. These forward-looking statements are not guarantees of future performance or results and involve known and unknown risks, uncertainties and other factors that are in some cases beyond our control. As a result, any or all of our forward-looking statements in this presentation may turn out to be inaccurate.

Please refer to the risk factors described or referred to in “Risk Factors” in Enanta’s most recent Annual Report on Form 10-K, and other periodic reports filed with the Securities and Exchange Commission. Enanta cautions investors not to place undue reliance on the forward-looking statements contained in this presentation. These statements speak only as of the date of this presentation, and Enanta undertakes no obligation to update or revise these statements, except as may be required by law.

A Proven Approach to Drug Discovery

Using a proven, chemistry-driven approach to develop best-in-class small molecule drugs for virology and immunology indications

Robust Pipeline

Virology: Phase 2 in pediatric patients with RSV (RSVPEDs)

Phase 2 in high-risk adults with RSV (RSVHR)

Phase 2 challenge study with second RSV candidate

Phase 2 in COVID-19 complete (SPRINT)

Phase 1b in HBV patients complete

Immunology: New program in Chronic Spontaneous Urticaria

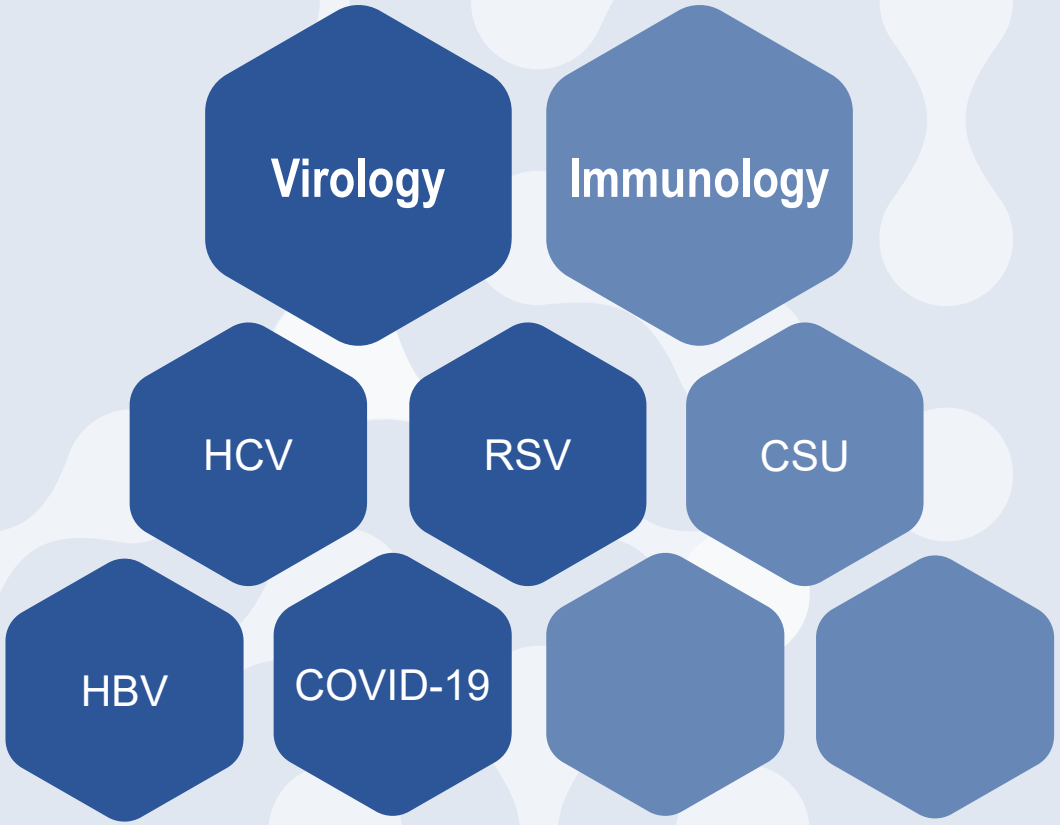
Proven Track Record of Success

Glecaprevir: HCV protease inhibitor in MAVYRET®/MAVIRET®

Strong Balance Sheet

Strong balance sheet and royalties to support robust pipeline

$300M in cash at March 31, 2024



Our Therapeutic Focus

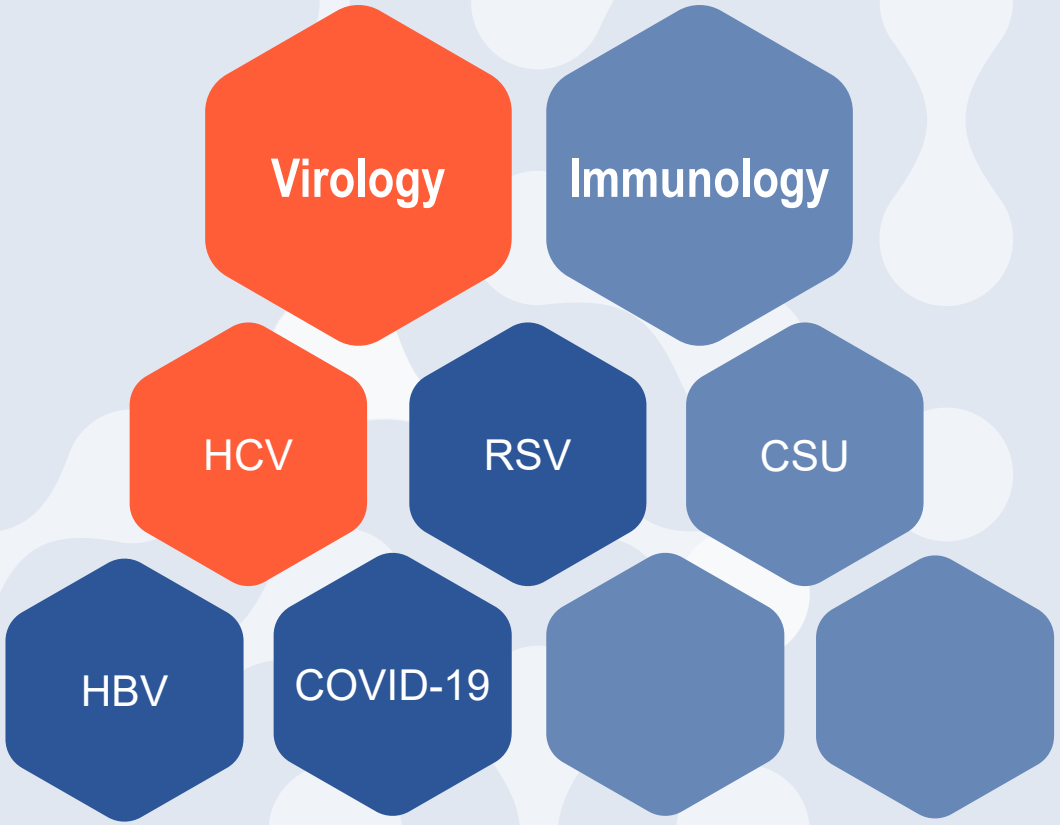
Leveraging our core strength in small molecule drug discovery to develop treatments for high unmet needs

Enanta Pharmaceuticals

Enanta Pipeline

	PRODUCT CANDIDATE		DISCOVERY	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	MARKET
Virology: Liver	HCV	Protease Inhibitor	Glecaprevir*					MAVYRET glecaprevir/pibrentasvir
	HBV	Core Inhibitor	EDP-514**					
Virology: Respiratory	RSV	N-Protein Inhibitor	Zelicapavir (EDP-938) *RSVPEDs*					
			Zelicapavir (EDP-938) *RSVHR*					
		L-Protein Inhibitor	EDP-323 *(challenge study)*					
	COVID-19	3CL Protease Inhibitor	EDP-235** *SPRINT*					
Immunology	CSU	KIT Inhibitor						
	Various	Undisclosed						

*Fixed-dose antiviral combination contains glecaprevir and AbbVie's NS5A inhibitor, pibrentasvir. Marketed by AbbVie as MAVYRET® (U.S.) and MAVIRET® (ex-U.S.).
**Continued development dependent on a future collaboration.



Our Therapeutic Focus

Leveraging our core strength in small molecule drug discovery to develop treatments for high unmet needs

Enanta Pharmaceuticals

Glecaprevir: Our Licensed Protease Inhibitor for Hepatitis C Virus

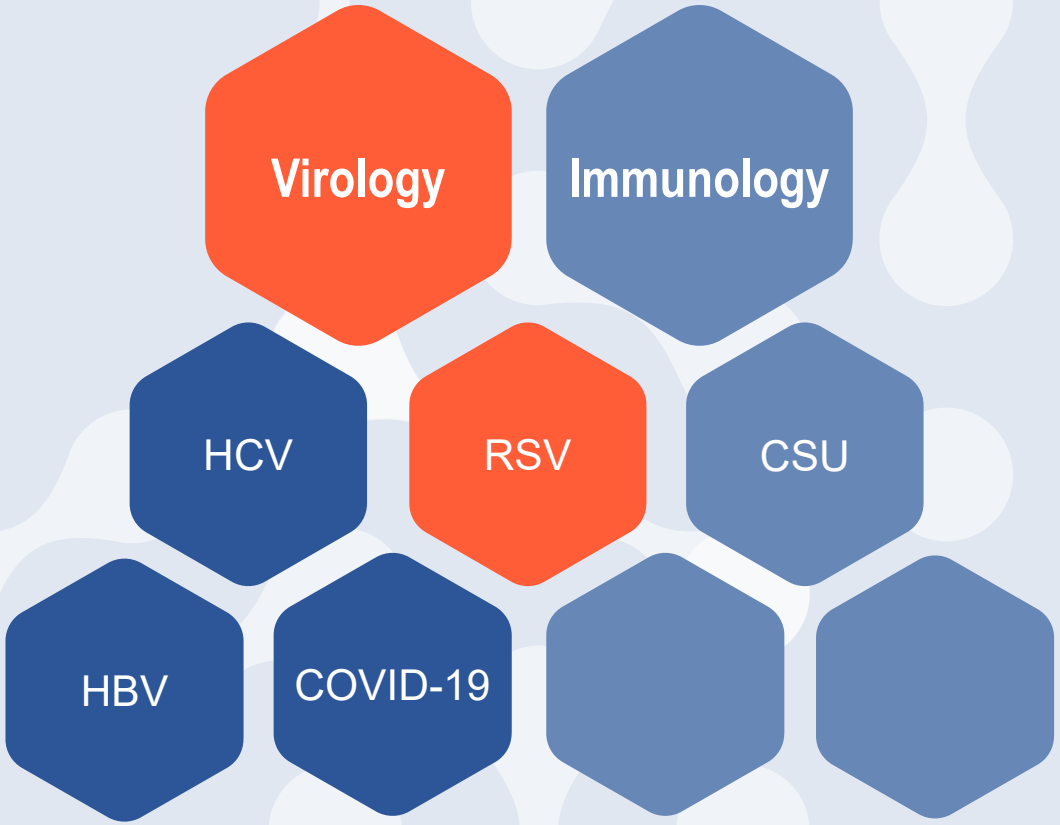
Product
MAVYRET® glecaprevir/pibrentasvir 100 mg/40 mg tablets
Regimen 2-DAA (AbbVie)
Enanta Asset Glecaprevir (protease inhibitor)

- Glecaprevir (licensed to AbbVie) is key ingredient in MAVYRET®
- Fiscal 2024 GAAP Royalty Revenue (in millions)

Q1	Q2	Q3	Q4	Total
$18.0	$17.1	$--	$--	$35.1

- Effective Q4 2023, Enanta sold 54.5% of future royalty cash payments for $200M cash payment
- After royalty sale, Enanta will:
  - continue to record 100% of royalty revenue earned in its GAAP reporting*
  - receive only 45.5% of the royalty cash payments

* Royalty sale is accounted for as debt because royalty buyer gets up to a total cap of 1.42 x the $200M sale price



Our Therapeutic Focus

Leveraging our core strength in small molecule drug discovery to develop treatments for high unmet needs

Enanta Pharmaceuticals

Respiratory Syncytial Virus (RSV)

Causes severe lung infections, including bronchiolitis (infection of small airways in the lungs) and pneumonia (an infection of the lungs). No safe and effective treatments.

Populations at higher risk for severe illness:

- Pediatrics (infants and children)
- High-risk adults (>65 yrs, COPD, asthma, CHF)
- Immunocompromised (e.g. HIV, transplant)

RSV at a Glance	
Children < 5 years[1]	**Adults > 65 years[2]**
33M global cases	
3M global hospitalizations	177K U.S. hospitalizations
101K global deaths	14K U.S. deaths

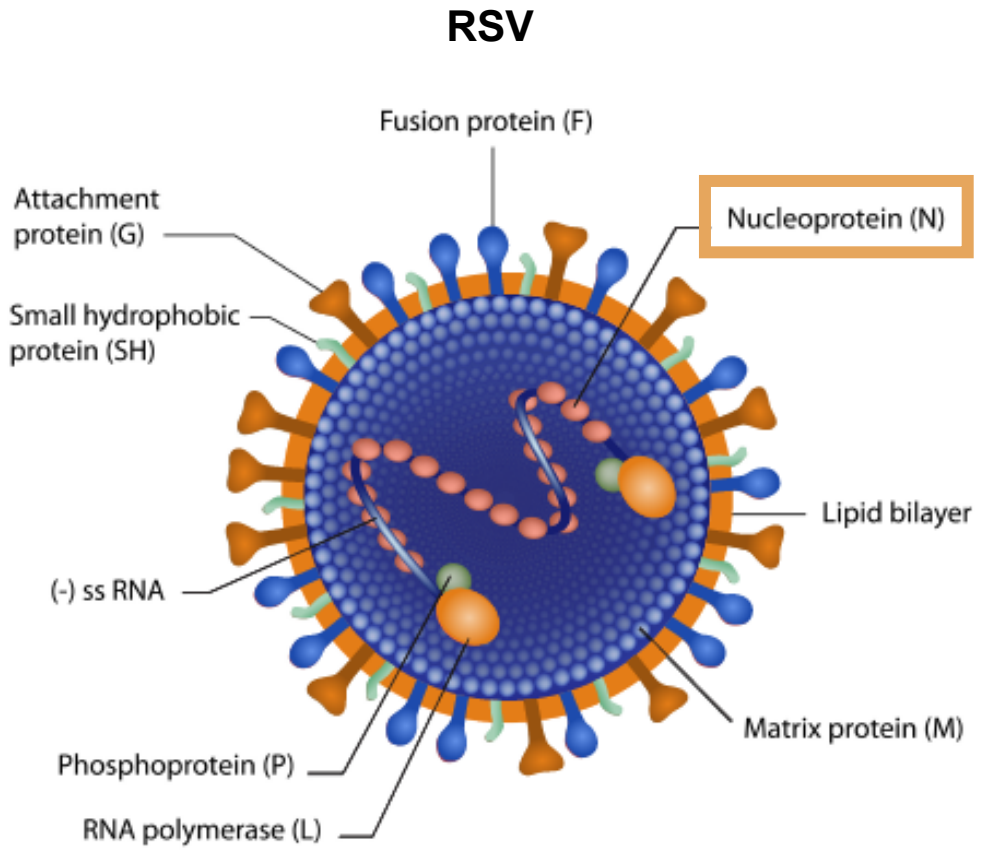
Significant unmet need for antiviral treatment despite availability of prophylaxis:

- Adoption of prophylactic approaches with shared clinical decision-making likely to be sub-optimal
  - Peak adoption of universally recommended vaccines for elderly range from ~35% (shingles[3]) to ~55% (flu[4])
- Pediatric prophylaxis approaches provide passive immunity; will shift first infection to next season
  - Antibody approach has a low barrier to resistance
- Even with adoption, breakthrough infections will still occur

Sources: 1. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00478-0/fulltext 2. https://pubmed.ncbi.nlm.nih.gov/15858184/
3. https://www.cdc.gov/nchs/products/databriefs/db370.htm: 33.4% in 2016 & 34.5% in 2018 for Age 60+
4. https://www.cdc.gov/flu/fluvaxview/dashboard/vaccination-coverage-adults-65-over.htm: 54% 2021-2022; 58% 2020-2021; 56% 2019-2020 for age 65+

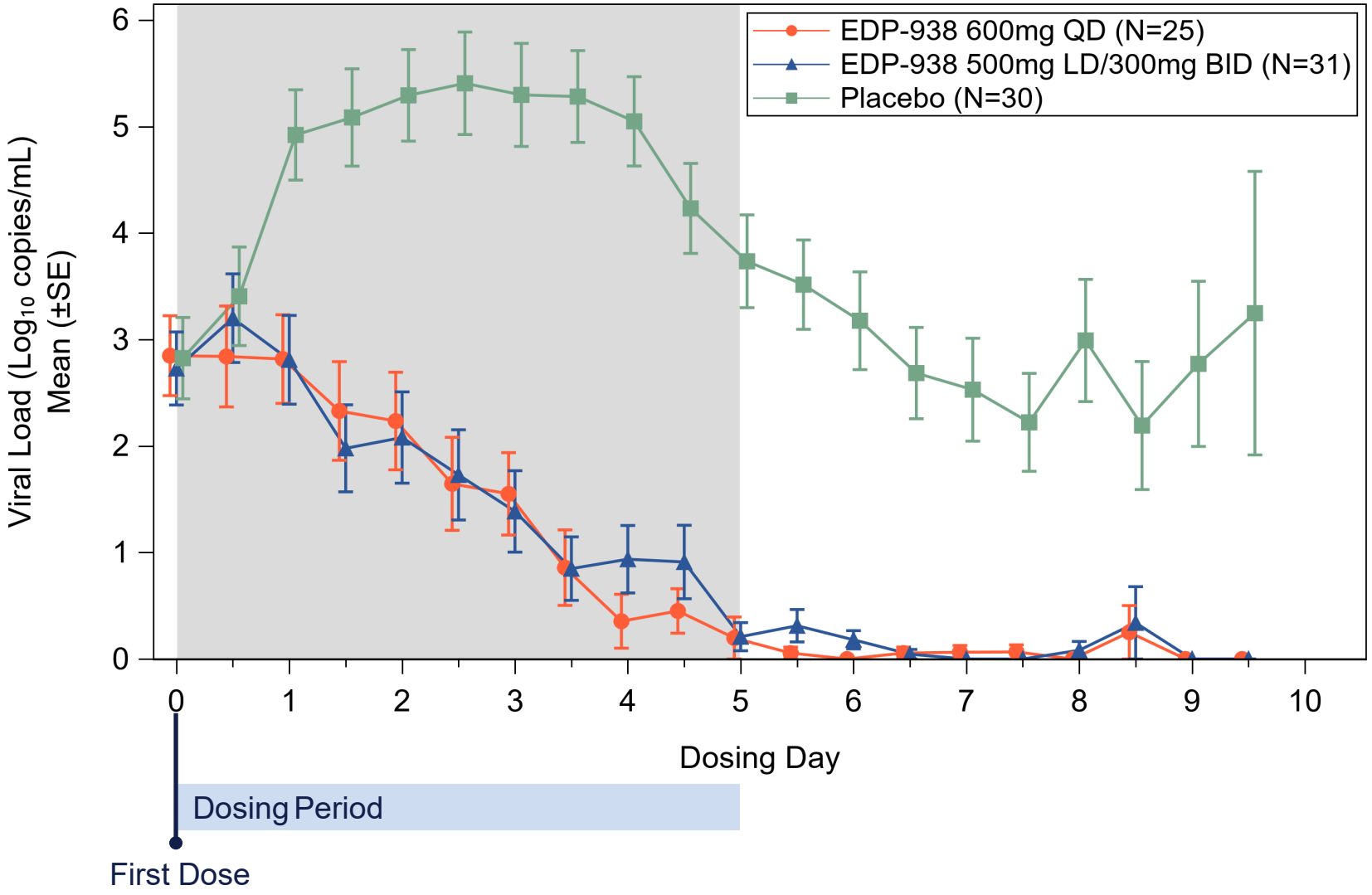
Zelicapavir (EDP-938): N-Protein Inhibitor for RSV

- Zelicapavir is the only N-inhibitor in clinical development
  - Directly targets viral replication vs entry
- Granted Fast Track designation by the FDA
- Strong preclinical profile
  - Nanomolar potency against RSV-A and RSV-B
  - Antiviral potency across all clinical isolates tested
  - High-barrier to resistance
  - Synergy with other drug mechanisms (e.g. fusion and L-inhibitors)
  - No cross-resistance with other mechanisms



Zelicapavir: Robust Antiviral Effect in Human Challenge Model

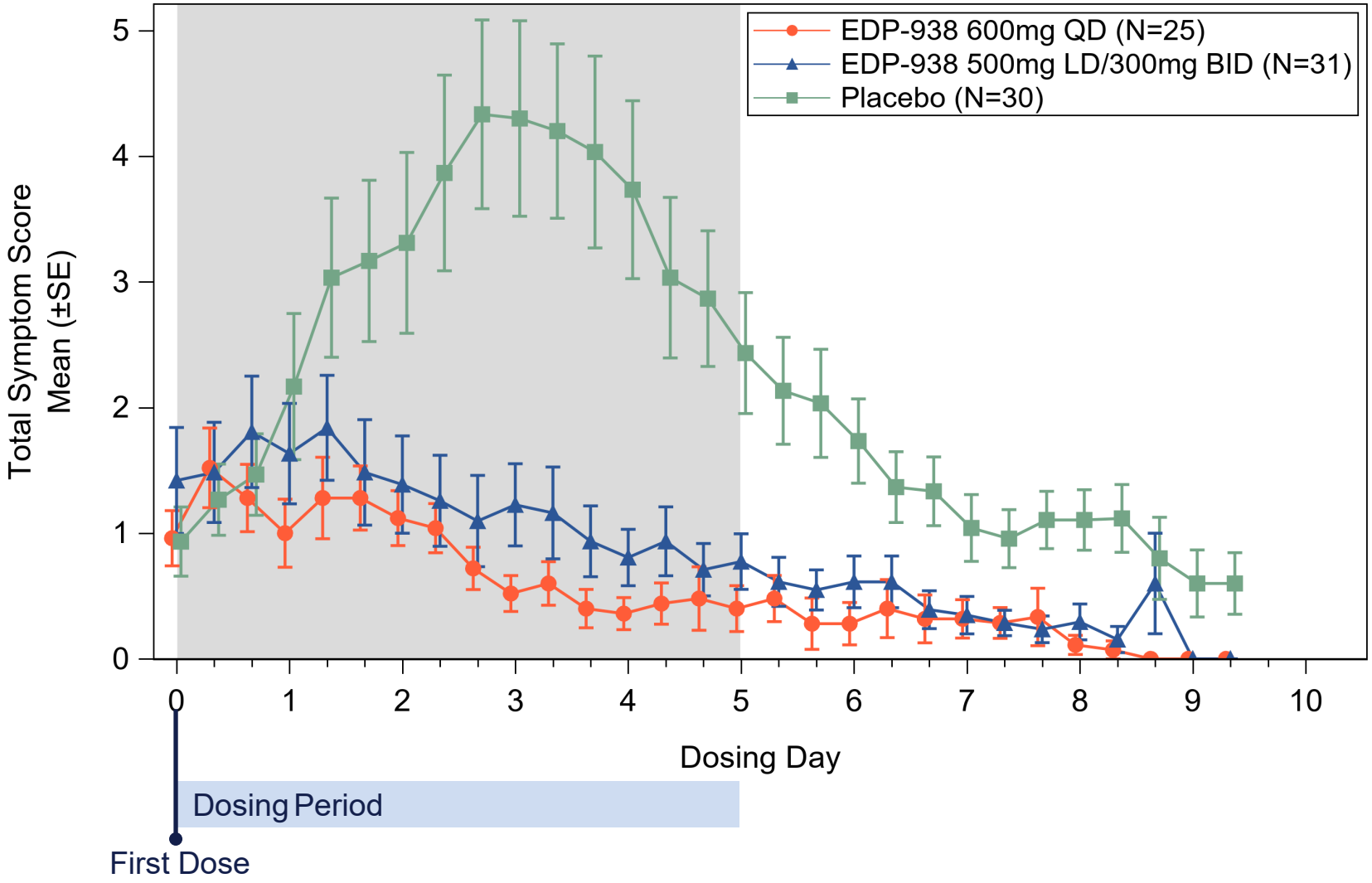
Rapid and Sustained Reduction in Viral Load in Both Active Arms Compared to Placebo (71%, 74% ↓ AUC; P<0.001)



Source: Ahmad, Alaa et al. "EDP-938, a Respiratory Syncytial Virus Inhibitor, in a Human Virus Challenge." *The New England Journal of Medicine* vol. 386,7 (2022): 655-666. doi:10.1056/NEJMoa2108903

Zelicapavir: Robust Symptom Reduction in Human Challenge Model

Rapid and Sustained Attenuation of RSV Symptoms in Both Active Arms Compared to Placebo (68%, 74% ↓ AUC; P<0.001)



Source: Ahmad, Alaa et al. "EDP-938, a Respiratory Syncytial Virus Inhibitor, in a Human Virus Challenge." *The New England Journal of Medicine* vol. 386,7 (2022): 655-666. doi:10.1056/NEJMoa2108903

Zelicapavir: Potential to be the Leading Antiviral Treatment for RSV

Properties		Zelicapavir/ EDP-938 (Enanta Pharmaceuticals)	Ziresovir/ AK0529 (ArkBio 爱科百发)	Sisunatovir/ PF-07923568[1] (Pfizer)
Mechanism		**N inhibitor**	Fusion inhibitor	Fusion inhibitor
Pre-clinical Effectiveness After Infection		Yes	No	No
Clinical Efficacy (challenge study[4])	Viral Load Reduction[2]	75% (p<0.001)	n/a	55% (p=0.007)
	Symptoms[3]	71% (p<0.02)	n/a	71% (p=0.018)
Resistance Barrier		**High**	Low	Low
Dosing Frequency		**5 days; QD**	5 days; BID	5 days; BID
Stage of Development		**Two Global Phase 2 (Peds, HR Adults)**	Regulatory Review – China[5] (Peds)	Phase 2/3 (HR Adults)

Only includes compounds in development with clinical data in patients

Sources: 1. DeVincenzo et al, 2020; AAC; 64(2); 2. % reduction in viral load (VL) area under the curve (AUC) as measured by qPCR; 3. % reduction in total symptom score (TSS) AUC; 4. Data from selected dose moving forward 5. Ark Bio Press Release December 2022

HR = high risk; HCT = Hematopoietic Cell Transplant Recipients. n/a = not available; challenge study not performed

Zelicapavir: Summary of Data Across Completed Clinical Studies

- Safety Summary
  - Generally safe and well-tolerated
  - Adverse events infrequent, generally mild, and resolved in follow-up
  - Consistent safety profile observed in approximately 500 subjects exposed to date
- Efficacy Summary in Healthy Adults
  - Phase 2a challenge study: highly statistically significant ($p<0.001$) reduction in both in RSV viral load and clinical symptoms compared to placebo
  - RSVP study in otherwise healthy adults with community-acquired, mild, self-resolving RSV
    - Did not meet primary endpoint of clinical symptom reduction or secondary antiviral endpoints
    - Statistically significant percent of subjects achieved undetectable RSV RNA at end of treatment
    - Although treated within 48 hours of symptom onset, viral load and symptoms had already peaked and were declining, indicating infection resolves quickly in this otherwise healthy population
- Program currently focused on patients at high risk for severe disease with RSV

Zelicapavir Development Plans:
Treatment for Patients at High-Risk for Severe RSV Infection

High-risk populations have reduced RSV immunity, resulting in a higher and longer duration of viral load and greater disease severity, allowing a bigger window to observe benefit

Goal: Treat patients at high-risk for developing severe infection leading to hospitalization or death, populations with the most significant unmet need

RSVPEDs

Infants and young children

RSVHR

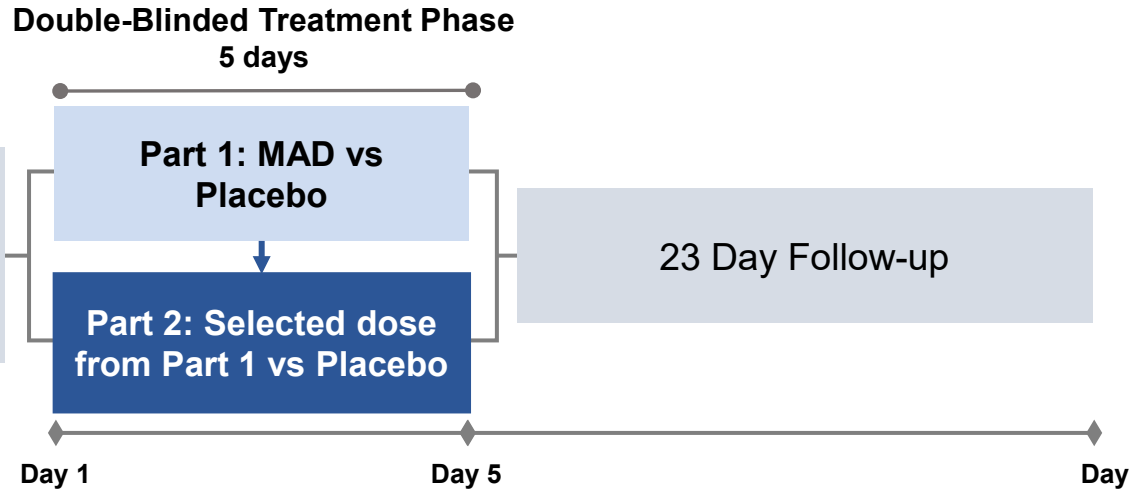
Elderly

Chronic heart or lung disease (e.g. COPD, CHF, asthma)

Ongoing Phase 2 Clinical Trials: RSVPEDs and RSVHR

RSVPEDs

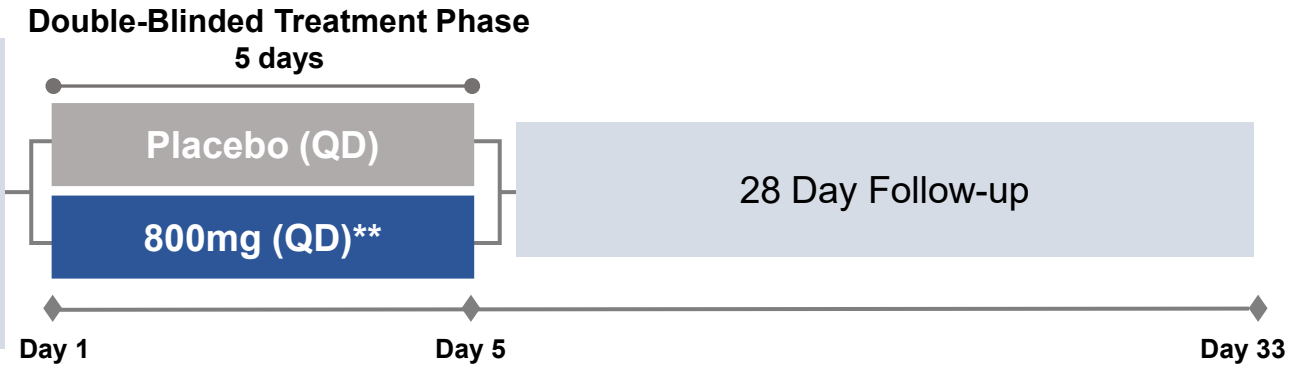
~90 patients
Dosed in 2 age cohorts:
>28 days to <6 months
>6 months to <36 months



- **Primary Objective, Part 1:** Safety and PK of zelicapavir
- **Primary Objective, Part 2:** Antiviral activity of zelicapavir

RSVHR

~180 adults with at least one of the following:
- COPD
- Congestive heart failure
- Asthma*
- Age ≥ 65*



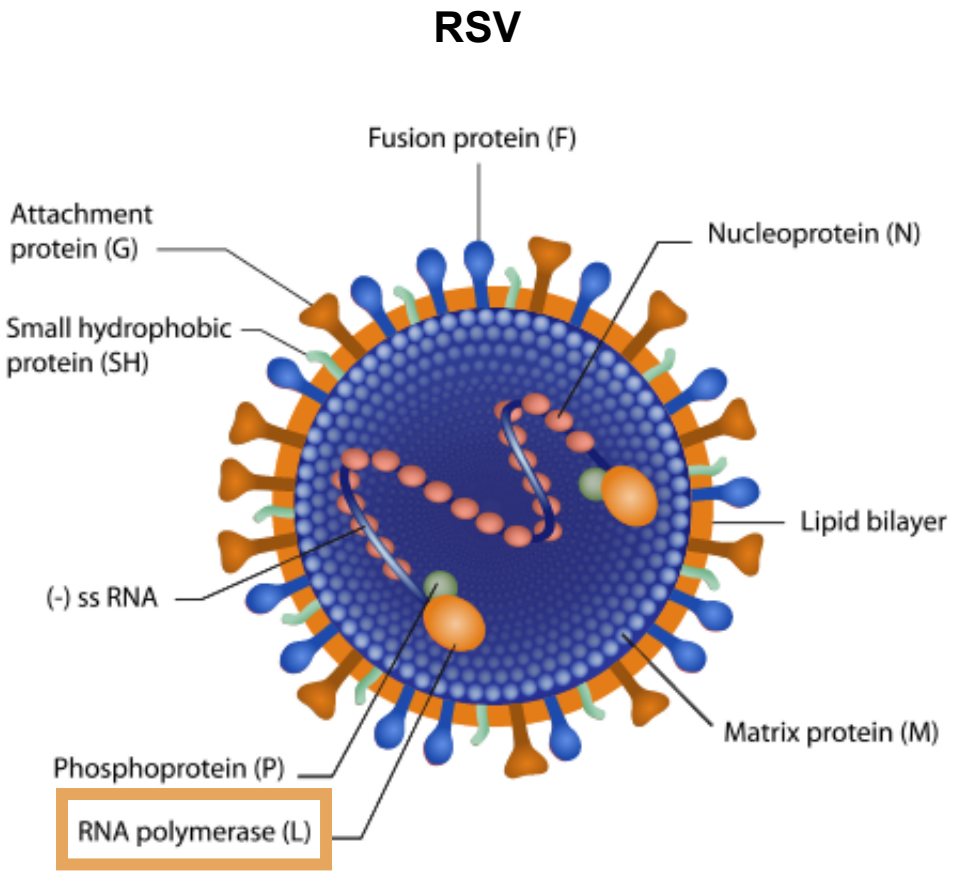
- **Primary Objective:** Time to resolution of RSV LRTD symptoms as assessed by RiiQ symptom scale through Day 33
- **Secondary Objectives:** PROs, MAVs, viral load, antibiotic use, bronchodilator use, corticosteroid use, hospitalization, ICU, mechanical ventilation, all cause mortality, PK and safety

*The total proportion of subjects either 65-74 years of age or patients with asthma combined will be capped at 20%.
**Equivalent to 600mg suspension dosage form used in challenge study

PK: pharmacokinetics; LRTD: lower respiratory tract disease; PROs: patient reported outcomes; MAVs: medically attended visits

EDP-323: RSV L-Protein Inhibitor

- Selective direct-acting antiviral targeting the RSV L-protein
- Granted Fast Track designation by the FDA
- Potential to be used alone or in combination with other mechanisms, such as zelicapavir
  - Additive to synergistic activity with F-, N-, L-inhibitors and ribavirin
  - Not expected to have cross resistance with other mechanisms
- Sub-nanomolar potency against both RSV-A and RSV-B



EDP-323: Potent Inhibitor of RSV Replication *In Vitro* With Excellent Preclinical Pharmacokinetics

- Sub-nanomolar inhibition of RSV replication in a range of cell types
  - Active against both major RSV subtypes

Virus	Cell Type	EC_{90} (nM)
RSV-A Long	pHAEC ALI	**0.27**
RSV-B VR-955	pHAEC ALI	**0.33**
RSV-A Long	HBEC	**0.16**

RT-qPCR readout
pHAEC ALI: primary human airway epithelial cells in air-liquid interface culture
HBEC: human bronchial epithelial cells
50% cytotoxic concentration (CC50) at 5 days = 17,000 – 29,000 nM

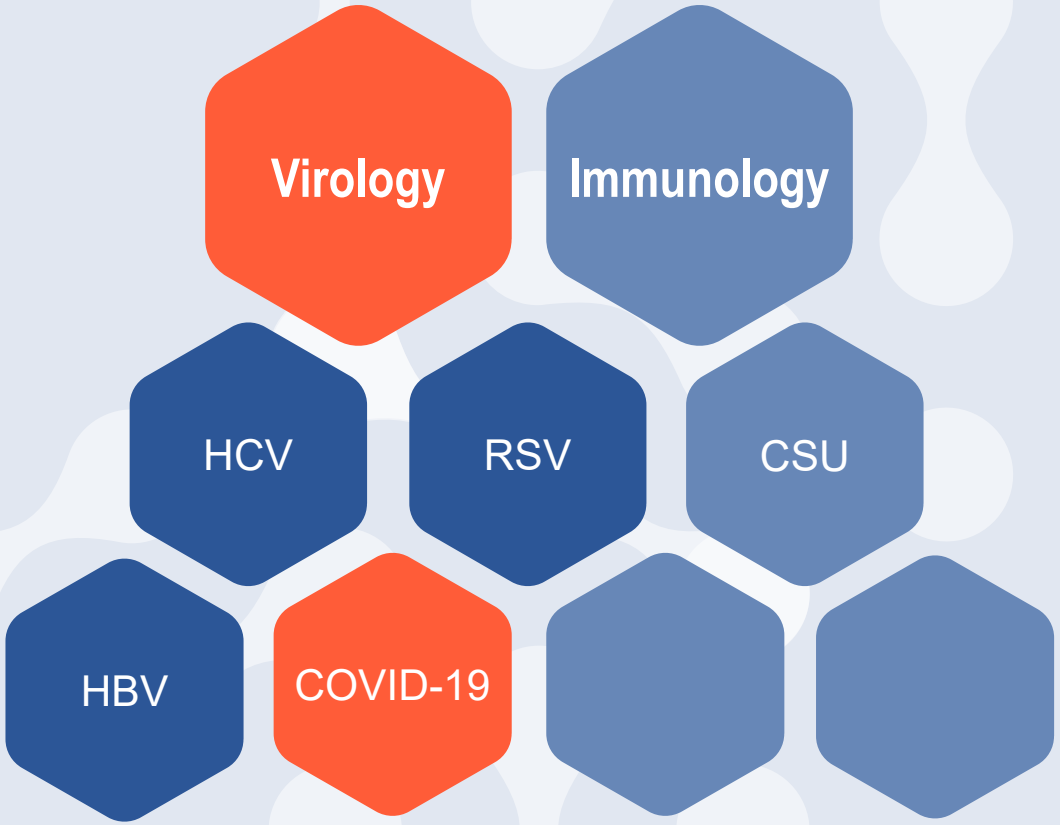
- Protects mice in a dose-dependent manner from RSV infection as quantified by both virological and pathological endpoints
- Well-absorbed with good plasma exposure across multiple preclinical species
- High permeability/absorption potential in humans

EC_{90}: a measure of potency; the concentration of drug that results in 90% inhibition of viral replication *in vitro*

EDP-323: Positive Phase 1 Results and Next Steps

- Randomized, double-blind, placebo-controlled Phase 1 study in healthy volunteers (n=82)
- Evaluated safety, tolerability and pharmacokinetics of oral single and multiple ascending doses
  - SAD (n=50): 50mg – 800mg and MAD (n=32): 200mg – 800mg once-daily
- Safe and well-tolerated up to 800mg for seven days
  - Most adverse events were mild; no serious or severe adverse events
- Exposure increased with increasing single and multiple dosing up to 600mg with half-life ranging from 11-17 hours, supporting once daily dosing
- All doses achieved target exposures, with strong multiples against both RSV A and B strains
  - Trough plasma concentrations were 11- to 44-fold over protein adjusted EC_{90} (0.3 nM)
  - No food effect observed
- Phase 2a human challenge study initiated; expect to report data in Q3 2024

EC_{90}: a measure of potency; the concentration of drug that results in 90% inhibition of viral replication *in vitro*



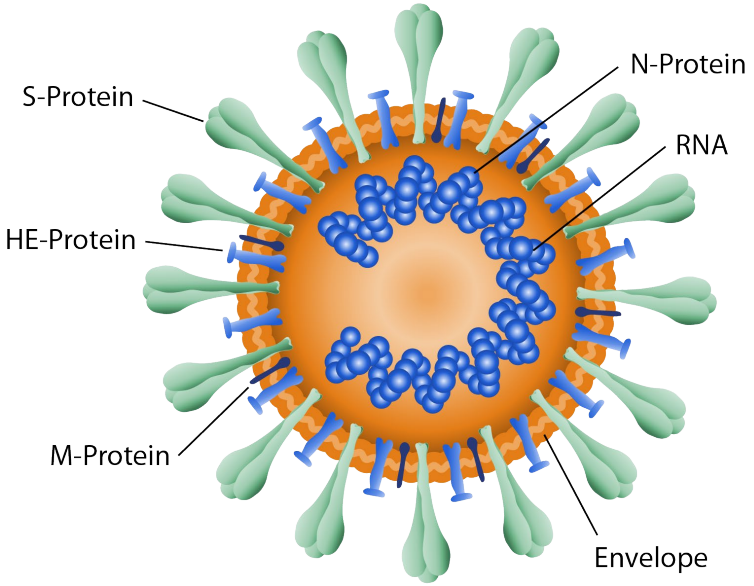
Our Therapeutic Focus

Leveraging our core strength in small molecule drug discovery to develop treatments for high unmet needs

Enanta Pharmaceuticals

EDP-235: Oral Protease Inhibitor Designed for COVID-19

- Oral antiviral specifically designed to target SARS-CoV-2 3CL protease
- Granted Fast Track designation by the FDA
- Potent and selective inhibition of SARS-CoV-2 3CLpro enzyme
  - Potent inhibition in multiple cellular models
  - Potent against all SARS-CoV-2 variants of concern to date
- Preclinically active against other human coronaviruses
- High barrier to resistance preclinically
- Good target tissue distribution (e.g. lung to plasma AUC ratio >4)
  - Other COVID protease inhibitors lung to plasma AUC ratio <1
- Robust treatment effect and prevention of transmission in ferret model
- Phase 1 supported 200 or 400mg once-daily as safe and efficacious dose
  - Plasma drug levels 7-13x higher than the EC_{90}, without ritonavir boosting
- Phase 2 study (SPRINT) supports advancement to Phase 3



EC_{90}: a measure of potency; the concentration of drug that results in 90% inhibition of viral replication *in vitro*

EDP-235 Preclinical Profile Suggests Potential for Best-in-Class Antiviral Treatment for SARS-CoV-2 Infection

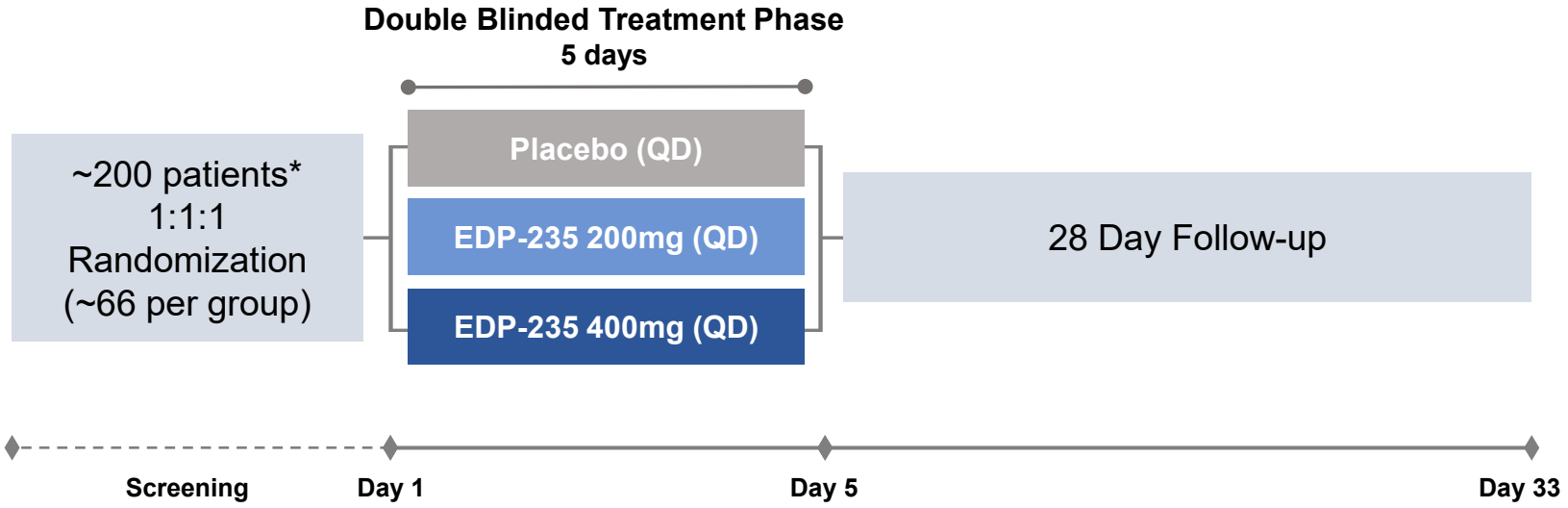
Preclinical Properties		EDP-235[1]	Nirmatrelvir[2]	Ensitrelvir[3]
Mechanism		**Protease**	Protease	Protease
Potency (nM) All potency values versus ancestral (A) lineage unless indicated	Enzyme IC_{50}	**5.8**	19	13
	Vero Cell EC_{50}	**5.1**	75	69 (Delta)
	Vero Cell EC_{90}	**11**	155	n/a
Oral Bioavailability[4]		**95%**	34 – 50%	97%
Lung Penetration[5]		**4.1**	0.8[6]	0.7[6]
Projected Efficacious Dose		**400mg QD**	300 mg/100 mg ritonavir BID	375mg (D1)/125 mg (D2-5) QD

1. Jiang et al., ISIRV Poster #120, Oct 19, 2021
2. Owen et al., Science November 2021; Owen et al. ACS Spring 2021 meeting; EUA fact sheet for healthcare providers
3. Tachibana, et al., ISIRV oral presentation, Oct 20, 2021; Unoh, et al., bioRxiv 2022; Sasaki, et al., bioRxiv 2022; Yotsuyanagi, et al., ECCMID oral presentation, Apr 24, 2022
4. Oral bioavailability in rats for EDP-235, nirmatrelvir, and ensitrelvir; in mice for molnupiravir
5. AUC lung to plasma ratio in rats (EDP-235, nirmatrelvir, ensitrelvir), mice (molnupiravir); C12 lung to plasma ratio in humans for AT-527
6. Data for nirmatrelvir and ensitrelvir generated by Enanta

EC_{90}/EC_{50}: a measure of potency, the concentration of drug that results in 90%/50% inhibition of viral replication in cells
IC_{50}: a measure of potency, the concentration of drug that results in 50% inhibition of the protease enzyme

SPRINT: SARS-CoV-2 PRotease INhibitor Treatment
Phase 2 Study for EDP-235 in Non-hospitalized Standard Risk Patients

SPRINT



- **Primary Objective:** Evaluation of safety and tolerability
- **Secondary Objectives:** Evaluation of virologic endpoints, clinical symptoms and outcomes, and pharmacokinetics

Eligibility Criteria:

- Non-hospitalized adults who are not at increased risk for developing severe disease
- Initial onset of symptoms within 5 days of randomization
- At least 2 COVID-19 symptoms with one of at least moderate severity
- Have not been vaccinated or infected with SARS-CoV-2 within 90 days of enrollment

*Patients were stratified by age (≤50 years or 51 to 64 years) and duration of COVID-19 symptoms (≤ 3 days or >3 days and ≤5 days) prior to randomization

SPRINT: Safety and Symptom Summary

Safety

- EDP-235 was generally safe and well-tolerated
- Low frequency of adverse events; most were mild in severity
  - 1.3%, 6.4%, and 2.6% in the EDP-235 200mg, 400mg and placebo arms
- No serious adverse events or discontinuations due to adverse events

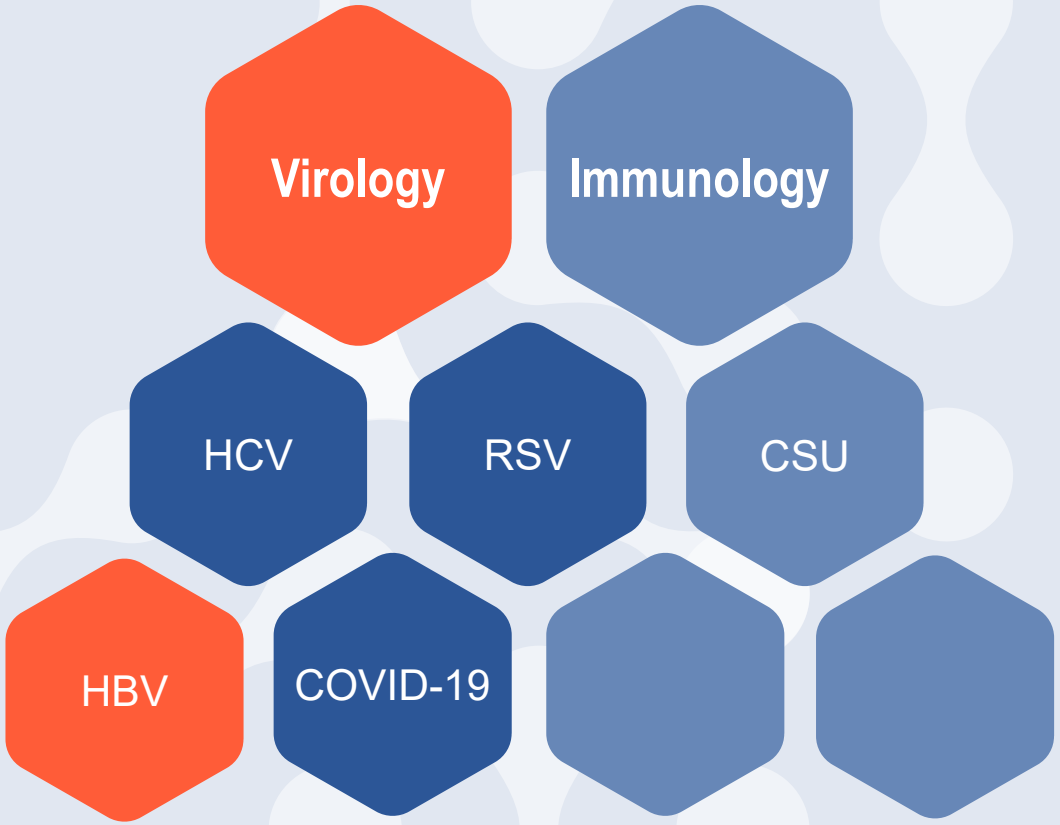
Clinical Symptoms

- Statistically significant improvement in total symptom score (TSS) achieved at multiple timepoints for EDP-235 400mg
  - Patients enrolled within 3 days of symptom onset showed a statistically significant improvement in TSS at all time points
  - Effect enhanced in prespecified population enrolled within 3 days of symptom onset in a subset of 6 symptoms
- No difference in time to 14 symptom improvement for EDP-235 compared with placebo
  - Statistically significant reduction in median time to symptom improvement with EDP-235 400mg vs placebo for subset of 6 symptoms
    - 1-day improvement in full ITT-c population
    - 2-day improvement in patients enrolled within 3 days of symptom onset
      - Median time to improvement was 3 days with EDP-235 vs 5 days with placebo

Full SPRINT study data presentation found here.

SPRINT: Virology Summary

- No difference between treatment arms and placebo for viral RNA decline (ITTc)
- High degree of nucleocapsid seropositivity and rapid decline in viral RNA from nasal swabs in placebo arm indicate a highly immune population that quickly cleared virus from the nose
  - Observed symptom effects suggest that nasal sampling may not accurately reflect the impact of EDP-235 on virus in other tissues
- Additional analyses demonstrate a virologic effect in multiple subsets of patients, with a placebo-adjusted viral load decline at Day 5 in the 400mg group of:
  - 0.4 log: baseline viral load greater than 5 log
  - 0.8 log: nucleocapsid seronegative (suggesting no recent natural infection)
  - 1 log: nucleocapsid seronegative and symptom onset within 3 days

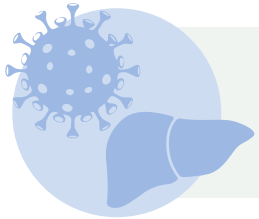


Our Therapeutic Focus

Leveraging our core strength in small molecule drug discovery to develop treatments for high unmet needs

Enanta Pharmaceuticals

Hepatitis B Virus (HBV)



Potentially life-threatening liver infection

- In 2019, hepatitis B resulted in an estimated 820,000 deaths, mostly from cirrhosis and hepatocellular carcinoma (primary liver cancer)[1]
- Current treatments rarely give true cures
  - **Interferon** is ~10% effective, but with side effects[2]
  - **Reverse-transcriptase inhibitors** effective at reducing viral load, but low cure rates (1% or lower) and treatment for life to improve cirrhosis or HCC outcomes[3]

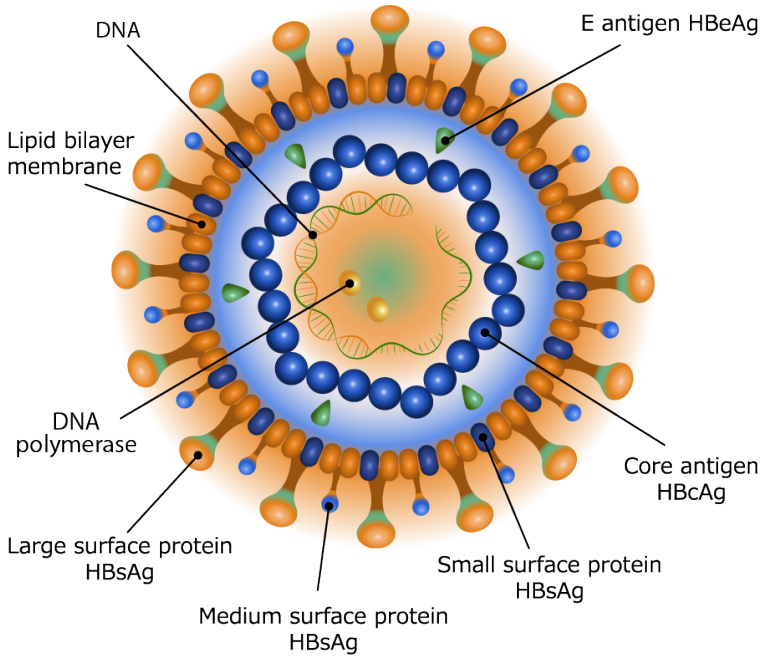
HBV at a Glance	
U.S.	850K – 2M people[4]
Europe and European Economic Area	~4.7M people[5]
Worldwide	~290M people[6]

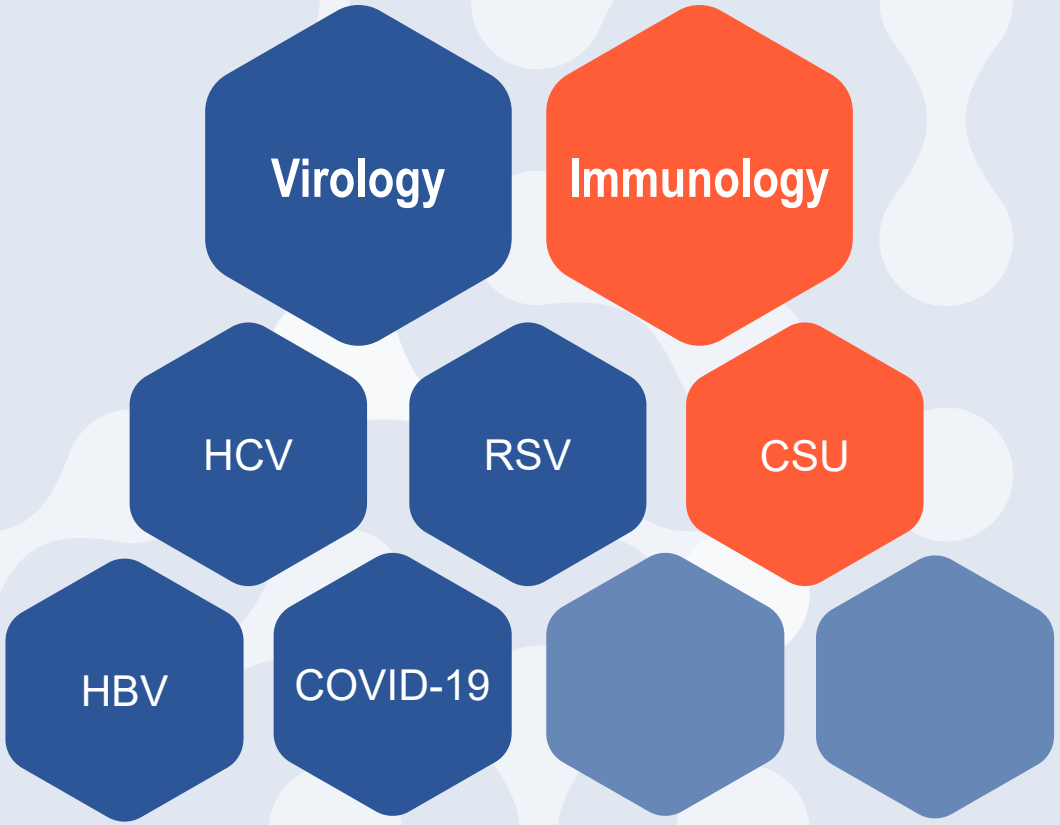
Sources: 1. https://www.who.int/news-room/fact-sheets/detail/hepatitis-b 2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5401664/
3. https://pubmed.ncbi.nlm.nih.gov/30342034/ 4.https://jamanetwork.com/journals/jama/fullarticle/2738558
5.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5356432/ 6.https://pubmed.ncbi.nlm.nih.gov/29599078/

EDP-514: HBV Core Inhibitor

- Oral direct-acting antiviral targeting the HBV core protein
- Granted Fast Track designation by the FDA
- Strong preclinical virologic profile
  - Potent activity in HBV expressing stable cell lines
  - Capable of preventing the establishment of cccDNA
  - Pan-genotypic activity
  - Robust efficacy data in chimeric liver mouse model
- Phase 1 demonstrated good safety and tolerability with PK supportive of once-daily dosing with no food effect
- Two Phase 1b studies in HBV patients demonstrated significant reductions in HBV DNA and RNA after 28 days
  - NUC-suppressed patients: mean reduction in HBV RNA of up to ~1 log compared with 0.2 log in placebo
  - Viremic patients: Mean reductions in HBV DNA of ~3-3.5 logs across dose groups vs 0.2 log in placebo

HBV



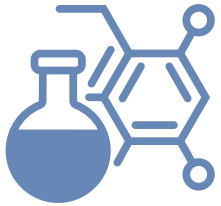


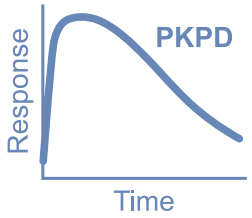
Our Therapeutic Focus

Leveraging our core strength in small molecule drug discovery to develop treatments for high unmet needs

Enanta Pharmaceuticals

Leveraging Enanta's Core Strengths for Immune Driven Diseases





Expand to Immune-mediated Chronic Diseases	**DISCOVERY** Understanding of disease pathology	**DEVELOPMENT** Known clinical path and markers for early clinical signal	**MARKET OPPORTUNITY** Improved oral treatments addressing significant unmet need
Foundational Enanta Capabilities	**STRONG DISCOVERY EXPERTISE** Underlying chemistry is broadly applicable across targets	**VIROLOGY & IMMUNOLOGY** Scientifically adjacent areas	**PROVEN DRUG DISCOVERY PLATFORM** Differentiated small molecules for established and novel targets

Chronic Spontaneous Urticaria (CSU)

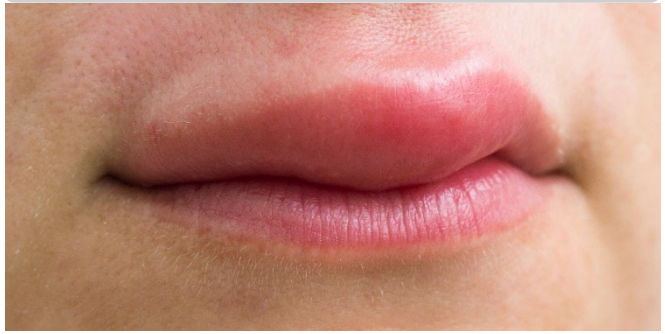
- **Severely debilitating, chronic** inflammatory skin disease[1,2]
  - Driven by mast cell activation, triggering release of inflammatory mediators
  - Quality of life impacts beyond the skin: sleep disturbances, fatigue, irritability, anxiety and depression

- **Affects ~0.5-1% of the global population**[1]

- **Substantial unmet need** for efficacious oral agent
  - ~50% not controlled with antihistamines[1,3]
  - Minority treated with one indicated biologic (<28%)[4]

Hives | Itch | Erythema

Angioedema

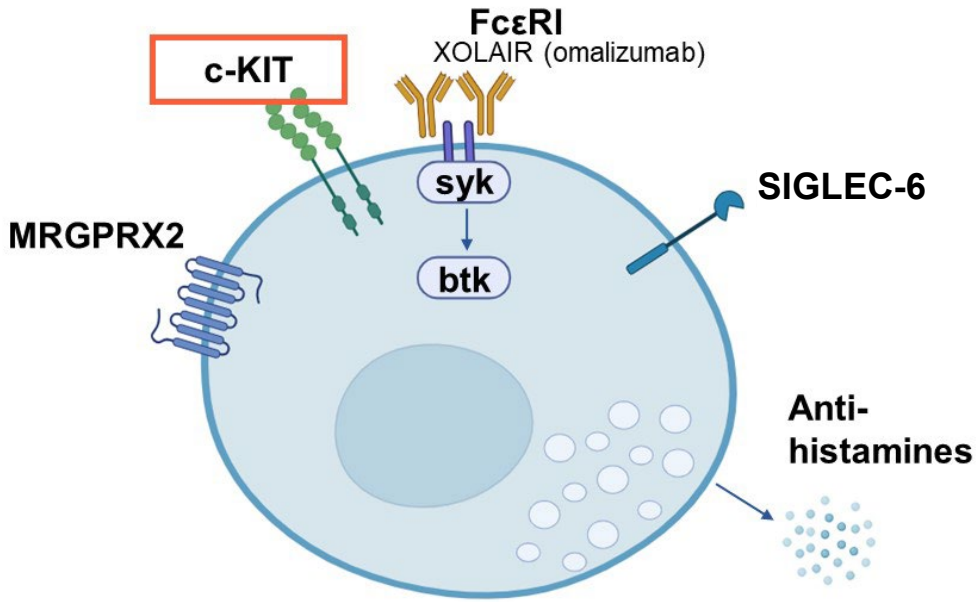


Sources: 1. Maurer M, et al. *Allergy*. 2011; 66(3): 317–330. 2. Yosipovitch et al. *Dermatol Ther*. 2023; 13(8): 1647–1660. 3. H_1 antihistamines up to 4x standard dose. 4. Clarivate Treatment Algorithms: Claims Data Analysis - Chronic spontaneous urticaria, February 2023.

KIT Inhibitors: Potential for Best-in-Disease Efficacy

- **Mast cells**: primary driver of inflammation in skin, and implicated in multiple allergic diseases
  - CSU, chronic inducible urticaria (CIndU), asthma, eosinophilic esophagitis (EoE), prurigo nodularis (PN)
- **KIT**: well-characterized receptor tyrosine kinase critical for regulating mast cell activity
- **KIT inhibitors**: potential for best-in-disease efficacy
  - Directly reduces quantity of mast cells through apoptosis and depletion, addressing key disease driver
  - Current therapy reduces mast cell activator levels (eg; signal inhibition) or downstream mediators, but not mast cells themselves
  - Positive proof-of-concept in Phase 2 with anti-KIT mAb

Therapeutic Targets for CSU



Activated Mast Cell

KIT Inhibitor Discovery Program

- Novel, **oral**, potent and selective inhibitors of KIT being optimized in preclinical development
- Prototype KIT inhibitors:
  - Potently inhibit KIT activity in both binding and cellular function assays
  - Highly selective for KIT versus other kinases
  - Good *in vitro* and *in vivo* ADME properties
- Targeting selection of a development candidate in Q4 2024

Prototype KIT Inhibitor Demonstrates Potent Activity

- Prototype inhibitor exhibits potent inhibition of KIT in binding and cellular functional assays

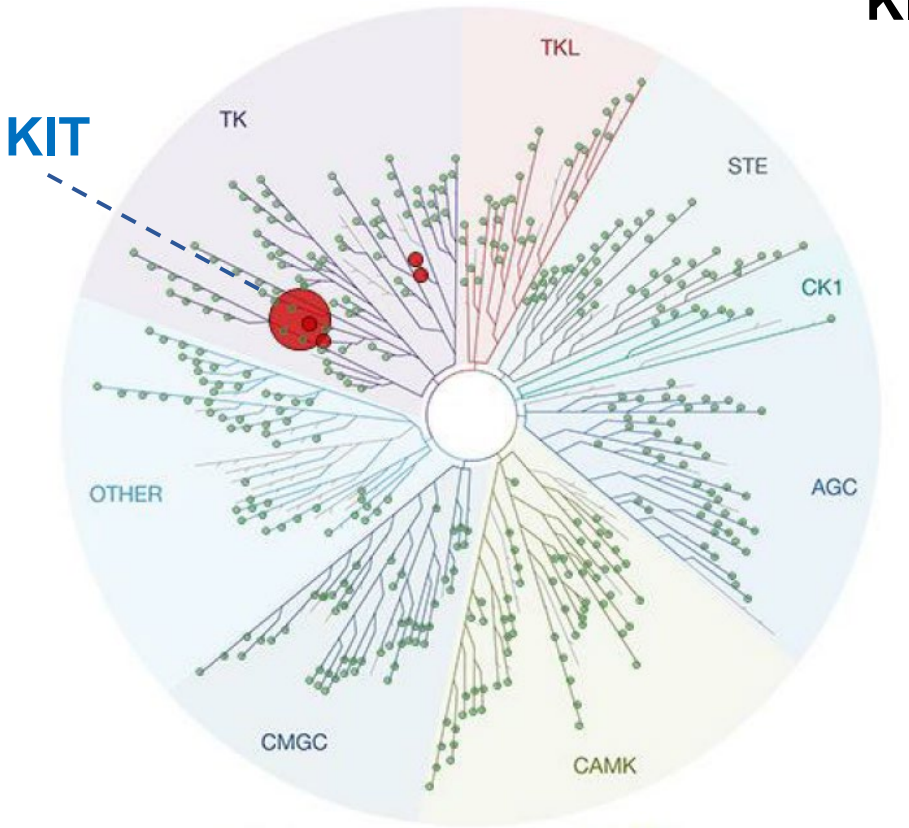
	KINOME*scan* Kd (nM)	Endogenous Cellular EC_{50} (nM)	Engineered Cellular EC_{50} (nM)
Prototype Inhibitor	0.3	17	3.4

KINOME*scan*: high throughput competitive binding assay that measures tagged kinase binding to an immobilized ligand
Endogenous Cellular: Growth inhibition assay using KIT expressing M-07e cells
Engineered Cellular: Growth inhibition assay using KIT expressing Ba/F3 cells

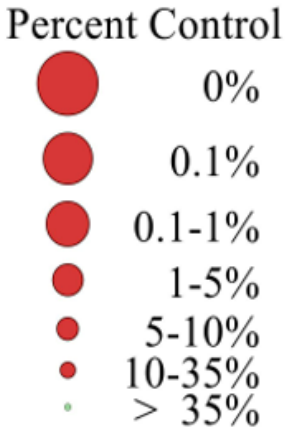
EC_{50}: a measure of potency, the concentration of drug that results in 50% inhibition of viral replication in cells

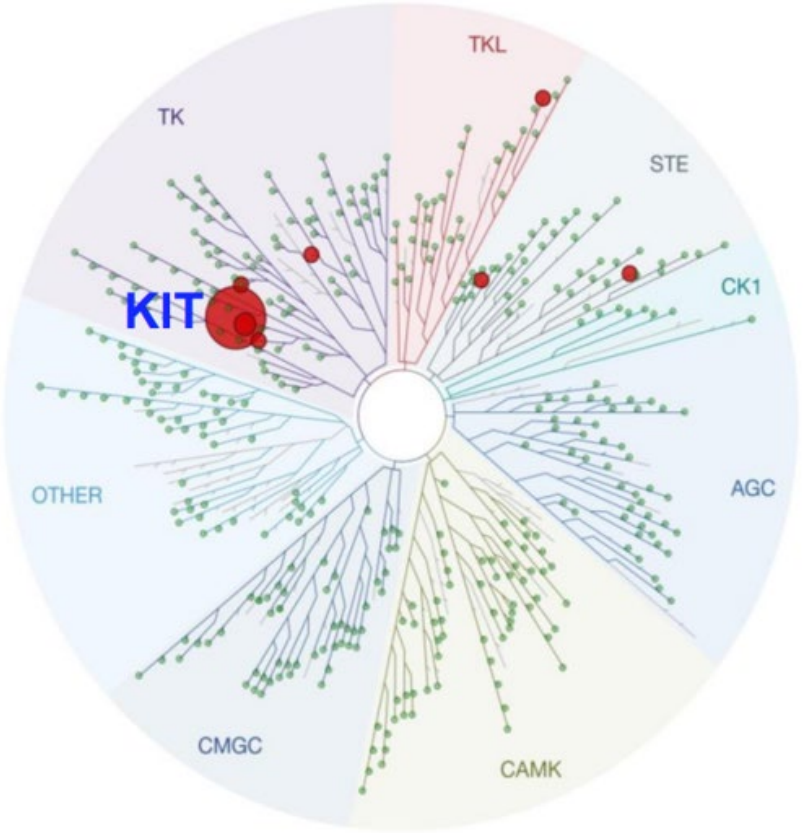
Prototype KIT Inhibitor Shows Greater Selectivity Compared to Other Inhibitors in Development

KINOME*scan* at 100 nM



Prototype-001





THB335[1]

1. Third Harmonic Bio Corporate Deck December 2023

Prototype KIT Inhibitor has Favorable ADME Profile

- Good PK profile across multiple preclinical species (dog, mouse and rat)
  - Low potential for off-target penetration (e.g.; brain, testes and ovaries)
- Long half-life and no GSH adducts in human liver microsome incubation
- Low drug-drug interaction potential via CYP enzymes
- Excellent transporter selectivity

2024 Key Catalysts

Virology

Respiratory Syncytial Virus

- ☐ Zelicapavir: Report Phase 2 RSVPEDs data in 2H 24
- ☐ EDP-323: Report Phase 2a challenge study data in Q3 24

Immunology

Chronic Spontaneous Urticaria

- ☐ Select KIT inhibitor development candidate in Q4 24

New Program

- ☐ Initiate lead optimization

Business Development

SARS-CoV-2

- ☐ EDP-235: Pursue partnership for Phase 3 study

Hepatitis B Virus

- ☐ EDP-514: Identify third mechanism and/or out-license

Enanta Pharmaceuticals

www.enanta.com