INNOVIVA™

Corporate Presentation

March 2024

Forward-looking statements

The information in this presentation contains forward looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended (the "Securities Act"). Such forward looking statements involve substantial risks, uncertainties and assumptions. All statements in this herein, other than statements of historical fact, including, without limitation, statements regarding our strategy, future operations, future financial position, future revenue, projected costs, prospects, plans, intentions, expectations, goals and objectives may be forward looking statements. The words "anticipates," "believes," "could," "designed," "estimates," "expects," "goal," "intends," "may," "objective," "plans," "projects," "pursuing," "will," "would" and similar expressions (including the negatives thereof) are intended to identify forward looking statements, although not all forward-looking statements contain these identifying words. We may not actually achieve the plans, intentions, expectations or objectives disclosed in our forward-looking statements and the assumptions underlying our forward-looking statements may prove incorrect. Therefore, you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions, expectations and objectives disclosed in the forward-looking statements that we make. All written and verbal forward looking statements attributable to us or any person acting on our behalf are expressly qualified in their entirety by the cautionary statements contained or referred to in this section.

Important factors that we believe could cause actual results or events to differ materially from our forward looking statements include, but are not limited to, risks related to: lower than expected future royalty revenue from respiratory products partnered with GSK, the commercialization of RELVAR®/BREO® ELLIPTA®, ANORO® ELLIPTA®, GIAPREZA®, XERAVA®, and XACDURO® in the jurisdictions in which these products have been approved; the strategies, plans and objectives of the Company (including the Company's growth strategy and corporate development initiatives); the timing, manner, and amount of potential capital returns to shareholders; the status and timing of clinical studies, data analysis and communication of results; the potential benefits and mechanisms of action of product candidates; expectations for product candidates through development and commercialization; the timing of regulatory approval of product candidates; and projections of revenue, expenses and other financial items; the impact of the novel coronavirus ("COVID-19"); the timing, manner and amount of capital deployment, including potential capital returns to stockholders.

Any person reviewing this presentation is advised to review our "Risk Factors" and other information in our Annual Report on Form 10-K for the year ended December 31, 2023 filed with the Securities and Exchange Commission ("SEC") on February 29, 2024, ("2023 Form 10-K"), and the information in the other reports and documents that we file with the SEC from time to time. All information in this presentation should be read in conjunction with the information we have filed with the SEC. All forward-looking statements in this presentation are based on current expectations as of the date hereof and we do not assume any obligation to update any forward-looking statements on account of new information, future events or otherwise.

Innoviva at a glance

- Strongly cashflow-positive, durable core royalty business stemming from widely used respiratory products
- Commercial stage, growth-oriented critical care and infectious disease platform supported by late-stage pipeline
- Diversified, valuable portfolio of healthcare assets
- Thoughtful, robust approach to long-term capital deployment
- Strong track record and value creation focus

Innoviva has a diversified, valuable portfolio of royalties and other healthcare assets

Royalty assets

Durable royalty stream from two widely used, differentiated respiratory products marketed by GSK

	LTM royalty revenue
 RELVAR®/BREO® ELLIPTA®	$208M
 ANORO® ELLIPTA®	$45M

Innoviva Specialty Therapeutics assets

Robust, growing therapeutic platform anchored by three marketed products and a late-stage pipeline

$72M LTM net product sales and license revenue

GIAPREZA® (angiotensin II)

XACDURO® (sulbactam for injection; durlobactam for injection), co-packaged for intravenous use

XERAVA® (eravacycline) for injection

Zoliflodacin

Strategic healthcare assets

Diversified portfolio of promising healthcare assets with high growth potential currently valued at approximately $561M[1]

ISP fund

ARMATA PHARMACEUTICALS

ImaginAb

GATE NEUROSCIENCES

INCARDA Therapeutics, Inc.

NANOLIVE Looking inside life

Over $320M royalty and net product revenue generated in last twelve months (LTM)

1. As of 12/31/2023, ISP Fund valued at $312M, Armata ownership valued at $195M, and other assets valued at $54M per the Company 10Q

Note: LTM in this presentation refers to twelve months ending December 31, 2023.

Royalty Assets

Our royalty assets, composed of widely used respiratory therapies commercialized by GSK, have produced durable, resilient revenues that are de-risked via geographic and drug class diversification

Product	LTM global net sales	5-year consensus projected sales[1]	Royalty rate	5-year projected royalty to Innoviva[1]
 **RELVAR® / BREO® ELLIPTA®** First once-daily inhaled corticosteroid / long-acting beta-agonist for asthma and chronic obstructive pulmonary disease	**$1.4B**	**$6.2B**	**15%[2]**	**~$0.9B**
 **ANORO® ELLIPTA®** Best-in-class long-acting beta-agonist /long-acting muscarinic antagonist for COPD	**$0.7B**	**$3.2B**	**6.5%[3]**	**~$0.2B**
			Total	**~$1.1B**

1. Projections for 2024 – 2027 per analyst consensus on GSK forecast website accessed February 29, 2024; analyst forecasts updated on January 25, 2024; GBP converted to USD using January 25 exchange rate of $1.27; Projections for 2028 from Bloomberg consensus forecast accessed February 29, 2024
2. 15% on first $3B in annual sales; 5% on sales over $3B
3. Tiered 6.5-10.0%

Relvar/Breo and Anoro are protected by an IP estate with meaningful remaining exclusivity

	Primary US patent	Potential expiration	Key secondary US patent	Potential expiration
RELVAR®/ BREO® ELLIPTA®	Vilanterol drug substance[1]	2025	ELLIPTA device[3]	2031
ANORO® ELLIPTA®	Specified LABA/LAMA combination for treatment of COPD and asthma[2]	2030	Process for aggregating particles of umeclidinium and/or vilanterol and/or fluticasone furoate[4]	2033

Manufacturing complexity provides further protection

The terms of the collaboration agreement with GSK indicate that royalties will be paid until the later of:

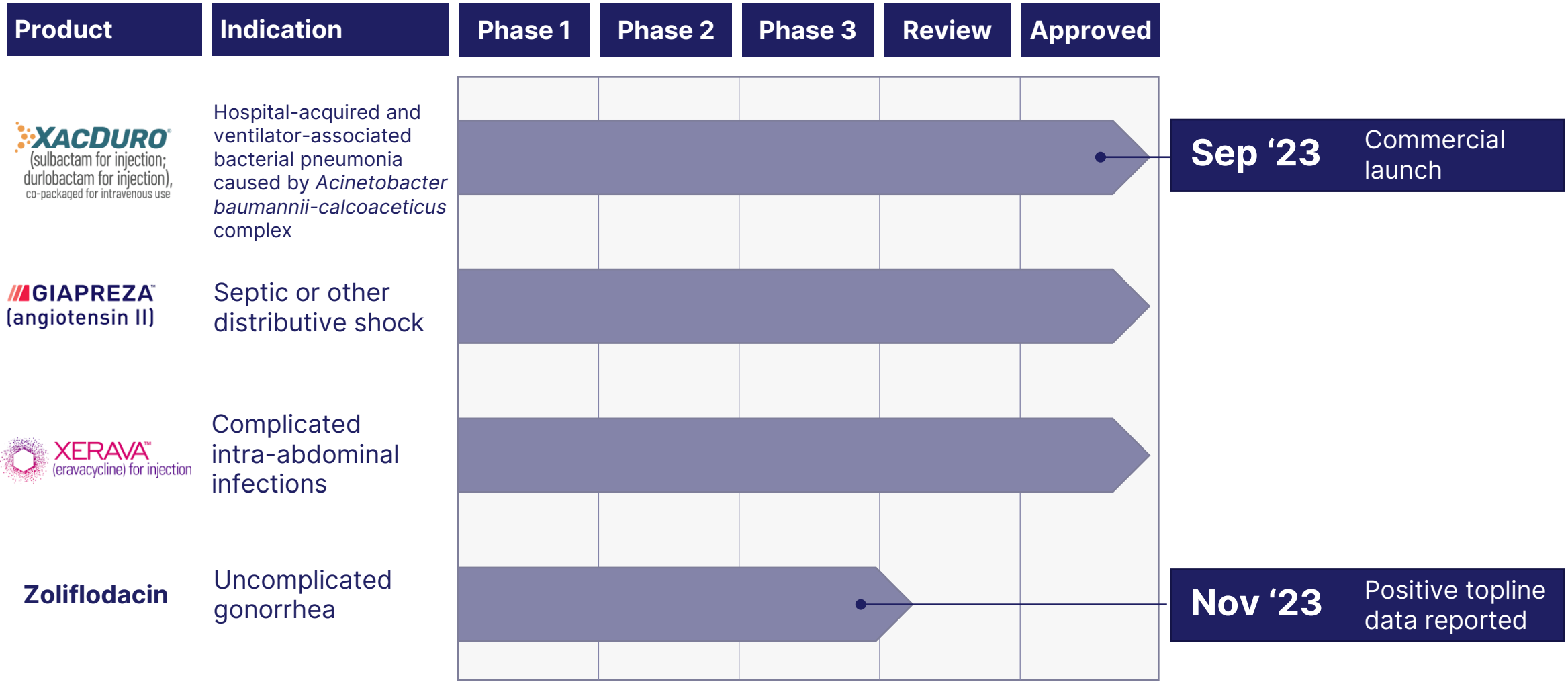
- The expiration of the last patent covering each product in such country
- 15 years from first commercial sale of each product in such country

For each of the portfolio products, the secondary patent expiration date would be the later date for purposes of royalties

IP protection in international markets is generally longer dated than in the US

1. US patent 7,439,393. Original expiration 9/11/2022, granted additional exclusivity to 2025 through 35 USC §156
2. US patents 9,750,726 and 11,090,294
3. US patent 8,746,242. Original expiration 10/11/2030, granted additional exclusivity to 2031 through pediatric sNDA exclusivity
4. US patent 9,763,965

With a diversified product portfolio, Innoviva Specialty Therapeutics has a robust, growing commercial business supported by an attractive late-stage pipeline



XACDURO is an important therapy to address serious infections for which there is a significant unmet need

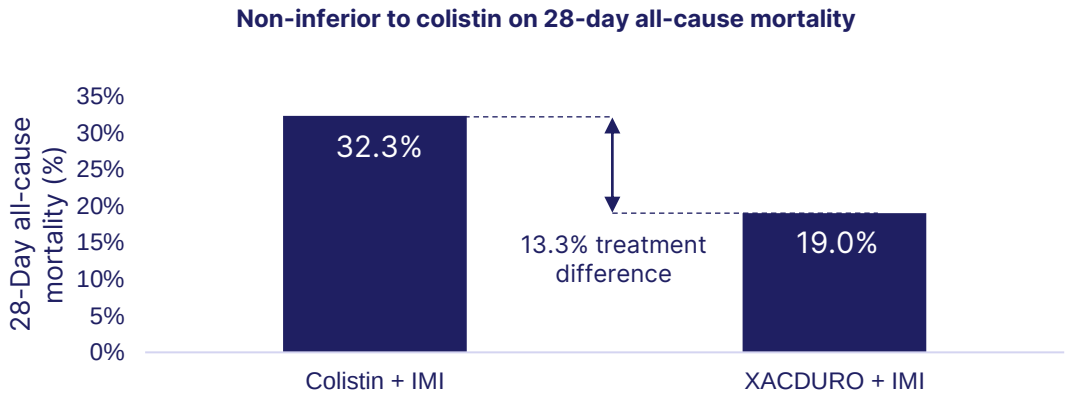
About XACDURO

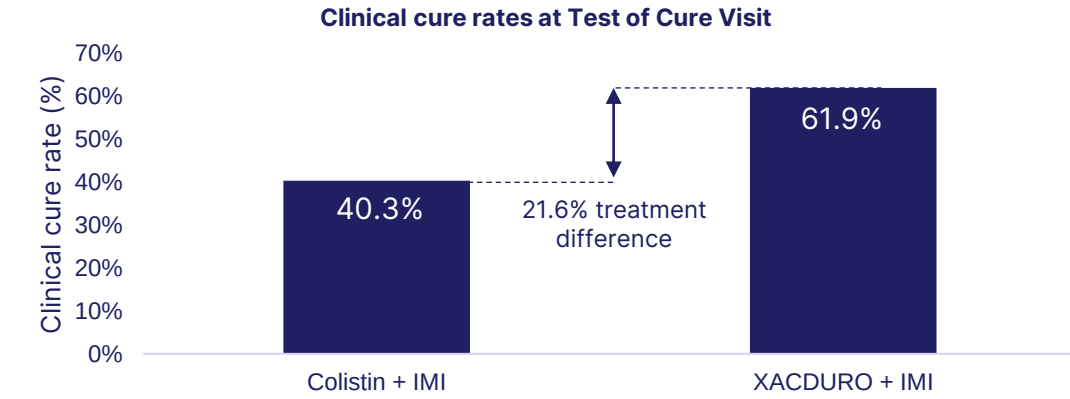
XACDURO is the **first pathogen-targeted therapy approved** for the treatment of hospital-acquired and ventilator-associated bacterial pneumonia caused by susceptible strains of *Acinetobacter baumannii-calcoaceticus* complex

Drug resistant *Acinetobacter* has been identified by the CDC as an **urgent global public health threat with over 300K annual deaths**[1] associated with carbapenem-resistant infections worldwide

XACDURO demonstrated statistical **non-inferiority to colistin** on 28-day all-cause mortality in patients with carbapenem-resistant *Acinetobacter* infections. Clinical cure rates in the CRABC m-MITT population at the Test of Cure (TOC) Visit were **61.9% for XACDURO versus 40.3% for colistin**

Results from pivotal ATTACK trial[2]

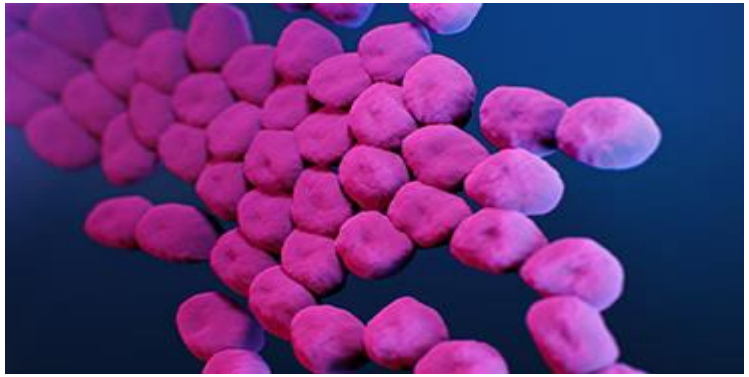




1. Antimicrobial Resistance Collaborators *Lancet* 2022; 399: 629–55
2. Kaye et al. *Lancet Infect Dis*. 2023 May 11:S1473-3099(23)00184-6

Abbreviations: IMI - imipenem

Acinetobacter baumanii represents one of the highest unmet needs for infectious disease in the US and globally



Acinetobacter baumanii

- Serious, life-threatening infections with high mortality rate and long, expensive hospital stays
- Easily spreadable due to long survival time on variety of surfaces
- Notable cause of outbreaks in hospital and nursing home settings
- Has developed resistance to penicillins and almost all antibiotics used to treat gram-negative bacteria

Addressable market opportunity

~1,000,000

Global cases of *Acinetobacter* infection[1]

>300,000

Deaths associated with carbapenem-resistant *Acinetobacter*[2]

40-80,000

Annual **U.S. *Acinetobacter* cases**[1]

>40%

U.S. *Acinetobacter* **carbapenem resistance rate**[3]

Acinetobacter is seen as a high priority global threat

CDC Centers for Disease Control and Prevention — Threat level: **URGENT**[4]

World Health Organization — Priority 1: **CRITICAL**[5]

The CDC escalated the threat level for CRAB from Concerning to Urgent in 2019 "because of the emergence of easily spread resistance in *Acinetobacter* and the lack of current antibiotics, and antibiotics in development, to treat these infections."[4]

1. Spellberg B, Rex JH. The value of single-pathogen antibacterial agents. Nat Rev Drug Discov. 2013 Dec;12(12):963. doi: 10.1038/nrd3957-c1. Epub 2013 Nov 15
2. Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. Lancet. 2022; 399(10325):629-655
3. Centers for Disease Control and Prevention. Antibiotic Resistance & Patient Safety Portal. "Carbapenem-resistant *Acinetobacter*," May 2023
4. Centers for Disease Control and Prevention, "Carbapenem-resistant *Acinetobacter baumannii* (CRAB): An urgent public health threat in United States healthcare facilities
5. World Health Organization, "WHO publishes list of bacteria for which new antibiotics are urgently needed,"

GIAPREZA's mechanism of action enables rapid and effective vasoconstriction for critically ill patients

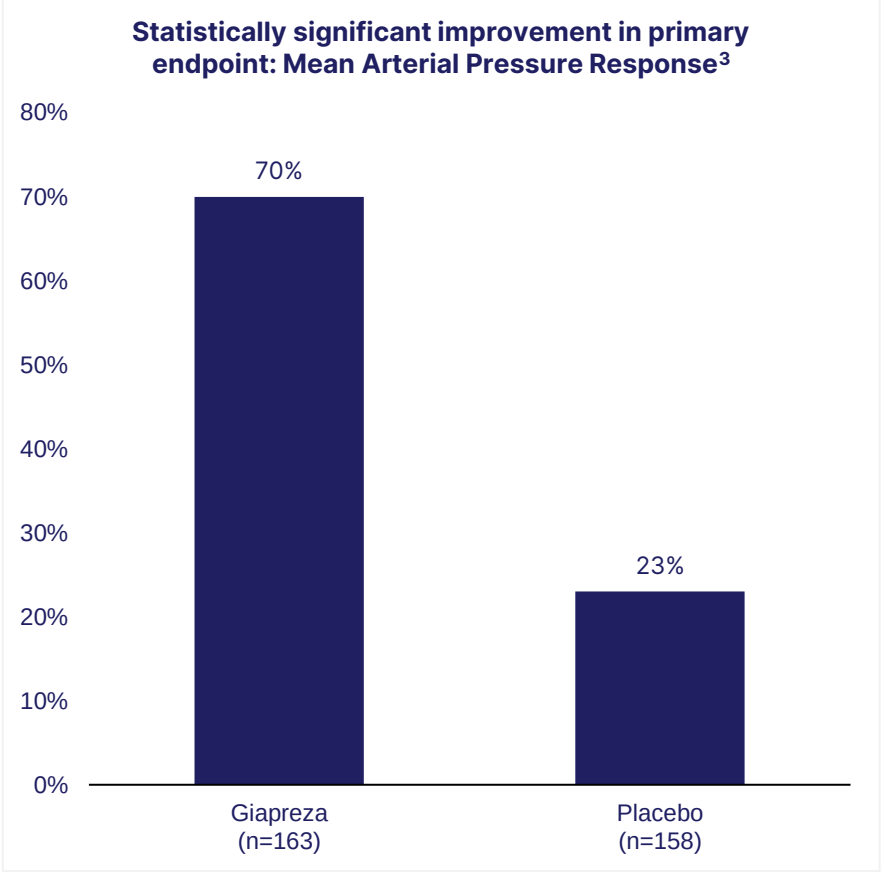
About Giapreza

GIAPREZA is a **vasoconstrictor** approved to increase blood pressure in adults with septic or other distributive shock

More than 150K shock patients each year fail 1st and 2nd line vasopressor therapies and need a rapid-acting option with a unique mechanism of action[1]

GIAPREZA mimics the body's **endogenous angiotensin II peptide** which is central to the renin-angiotensin-aldosterone system that naturally regulates blood pressure

Results from pivotal ATHOS-3 trial[2]



1. Estimate based on: 35.4% 28-day mortality rate from Russell et al, New England Journal of Medicine 2008; 358:877-87; 48.5% 28-day mortality rate from De Backer et al, New England Journal of Medicine 2010; 362:779-789; and 54.6% non-responder rate from Sacha et al, Annals of Intensive Care 2018; 8:35.
2. N Engl J Med 2017;377:419-430
3. MAP of 75 mm Hg or higher or an increase in MAP from baseline of at least 10 mm Hg at Hour 3 without an increase in the dose of background vasopressors

XERAVA is a broad spectrum, potent antibiotic that addresses ESBL and other resistance related to overreliance on carbapenems and beta lactams

About Xerava

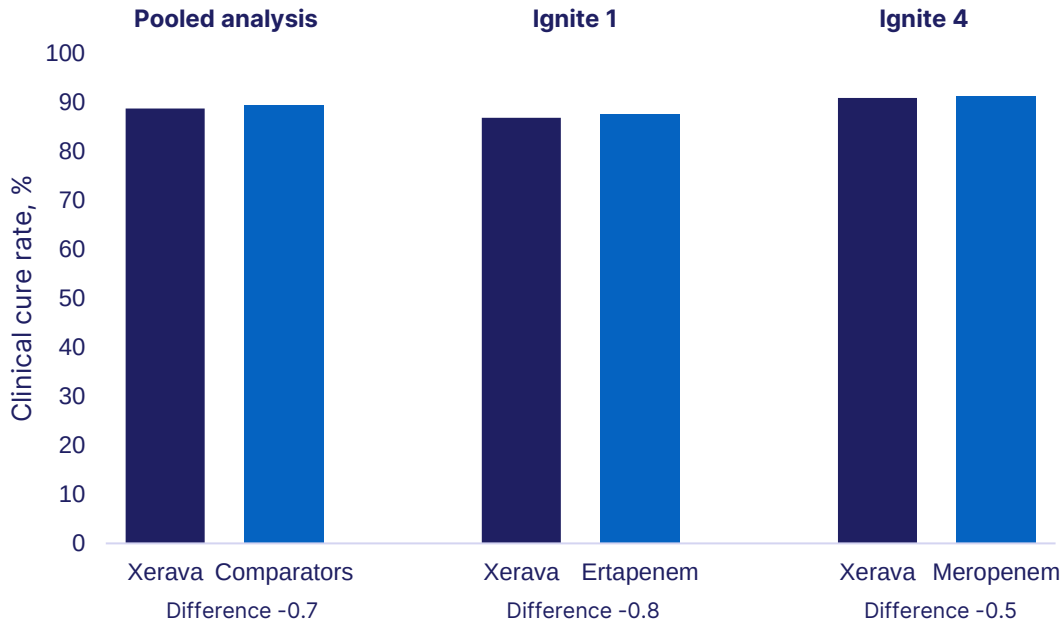
XERAVA is a tetracycline-class antibiotic indicated for the treatment of **complicated intra-abdominal infections (cIAI)** caused by susceptible microorganisms

XERAVA is **2 to 4 times more potent than tigecycline in vitro** against gram-positive and gram-negative bacteria[2]

Proven to be as non-inferior to two leading carbapenems in cIAI patients and a critical alternative to combat **growing ESBL-related resistance**[1]

Results from pivotal Phase 3 trials[1]

Clinical response in micro-ITT population at the TOC visits showed non-inferiority to ertapenem and meropenem



Concurrent bacteremia was present in 32 patients in the XERAVA group and 31 patients in the pooled micro-ITT population; the rates of clinical response were 87.5% for XERAVA and 77.0% for comparators

1. JAMA Surg, 2017;152(3):224-232, Clin Infect Dis. 2019;69(6):921-929
2. Zhanel GG, Cheung D, Adam H, et al. Review of eravacycline, a novel fluorocycline antibacterial agent. Drugs. 2016;76(5):567-588.

Zoliflodacin is a novel oral antibiotic in development for the treatment of gonorrhea, including resistant strains

About zoliflodacin

Zoliflodacin is a novel orally administered antibiotic in development for the treatment of uncomplicated gonorrhea.

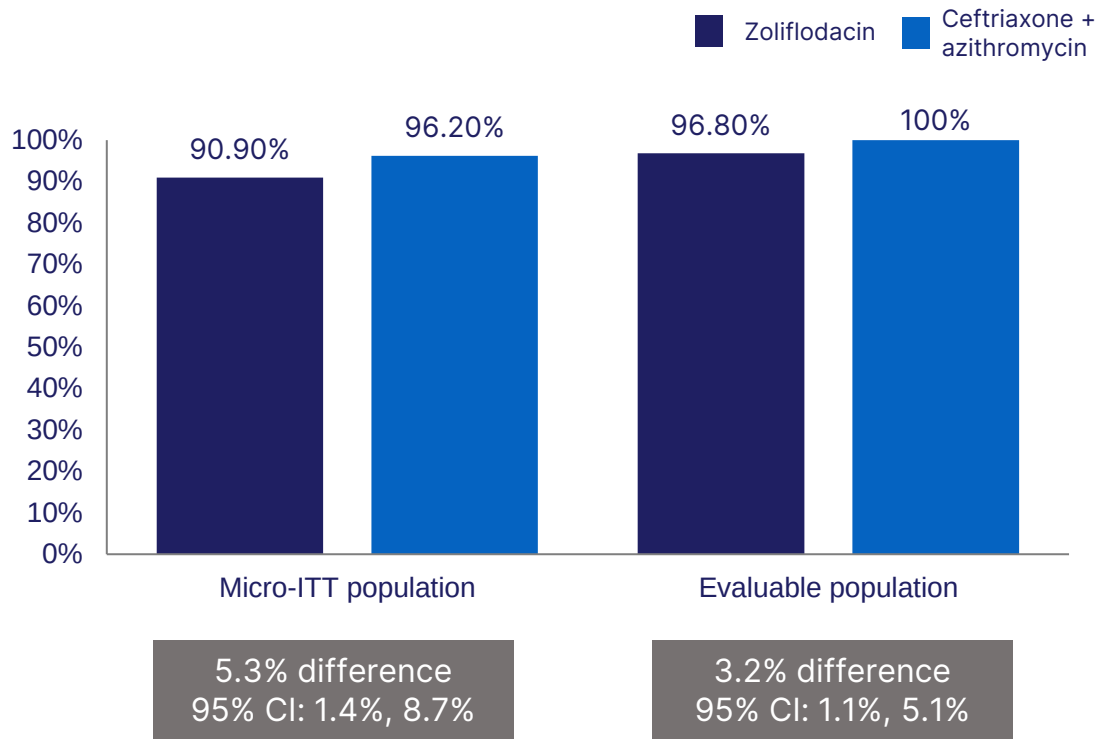
Gonorrhea is one of the **most commonly diagnosed sexually transmitted infections**, with more than 80 million cases a year around the world[1] and over 1 million each year in the U.S.[2]

We believe there is a growing unmet need for a **single-dose oral** antibiotic that will reliably treat patient with gonorrhea, including multidrug-resistant strains which are emerging globally

In a pivotal Phase 3 trial, zoliflodacin **met the primary efficacy endpoint** and was non-inferior to treatment with intramuscular (IM) injection of ceftriaxone and oral azithromycin (CRO-AZI), a current global standard of care regimen.

In this study, zoliflodacin was safe and generally well-tolerated; majority of adverse events were mild to moderate with no discontinuations due to adverse events, serious adverse events, or deaths.

Results from pivotal Phase 3 trial



1. WHO global antimicrobial resistance suveillance. Lancet Microbe 2021; 2: e627–36
2. CDC: "Drug-resistant gonorrhea: a public health threat"

Our robust portfolio of strategic healthcare assets in areas of high unmet medical need with significant long term value creation potential

		Value as of 12/31/2023[1]
Innovative anti-infectives R&D	• **Armata has R&D and manufacturing capabilities** along with a platform in bacteriophages, a new therapeutic modality	**$195M**
Minority investments in high growth areas	• Strategic equity investments in **high-potential healthcare companies** with significant promise	**$54M**
ISP Fund providing further exposure to healthcare	• $300M initially committed to ISP Fund in Dec 2020 primarily to public equity investments in healthcare in areas of significant value dislocation, providing long-term upside	**$312M**

1. Innoviva 2023 10-K

We have actively deployed capital to maximize shareholder value

Return of capital to shareholders

Repurchased GSK's 32% equity stake for $392M and initiated $100M share repurchase program

Opportunistic asset monetization

Monetized Innoviva's share of TRELEGY® royalties for $282M upfront, additional asset rights, plus $50M milestone

Value-accretive company acquisitions

Acquired Entasis and La Jolla to form an integrated commercial-stage critical care and ID business

Thoughtful asset acquisitions

Deployed over $500M[1] of capital into differentiated assets across a diverse healthcare portfolio

Capital structure optimization

Issued $261M 2028 notes on advantageous terms and fully redeemed $241M 2023 notes

We thoughtfully approach capital deployment with a strong value focus

1. Includes $300M placed with ISP fund, $149M deployed into Armata, and approx. $66M deployed into investments into InCarda, ImaginAb, Nanolive and Gate Neurosciences.

Innoviva has robust financials with multiple sources of value

$253M

Anoro & Breo Royalty Revenue (2023)

$72M

Net Product Sales and License Revenue (2023)

$194M

Cash and Receivables (as of Dec 31, 2023)

$561M

Equity and Long-term Investments (as of Dec 31, 2023)

$454M

Debt (as of Dec 31, 2023)

Note: Numbers shown for the twelve months ending December 31, 2023, unless otherwise noted

Innoviva's team has world-class healthcare experience: Management

Innoviva Team

- **Superior capabilities and network**
- **Unique and complementary skill sets**
- **Strong value creation focus**
- **Proven track record of success**

Pavel Raifeld **Chief Executive Officer**	Experienced finance and life sciences professional with background in senior roles in consulting, banking, and investing
Steve Basso **Chief Financial Officer**	Finance professional with over 30 years of financial leadership with both established and growth stage pharmaceutical companies
Marianne Zhen, CPA **Chief Accounting Officer**	Finance professional with over 20 years in accounting and strategic operations in life sciences and technology companies
Marcie Cain **Chief People Officer**	Human resources executive with a focus on rapidly growing & scaling life sciences companies
Matt Ronsheim, Ph.D. **President, IST**	Accomplished leader with decades of biopharma leadership experience across a range of functions and operational roles

Innoviva's team has world-class healthcare experience: Board of directors

Innoviva Team

- **Superior capabilities and network**
- **Unique and complementary skill sets**
- **Strong value creation focus**
- **Proven track record of success**

Mark DiPaolo, Esq., Chairperson	Senior Partner and General Counsel at Sarissa Capital; former senior member Icahn Capital's investment team	(Icahn Capital)
Jules Haimovitz	Founder, executive, and director of multiple companies in life sciences and entertainment; former director of Ariad Pharma	
Odysseas Kostas, M.D.	Partner and Senior Managing Director at Sarissa Capital; former life sciences analyst and physician	
Sarah J. Schlesinger, M.D.	Professor at Rockefeller University with governance and clinical / medical expertise; former director of MDCO and Ariad Pharma	
Sapna Srivastava, Ph.D.	Senior biopharma executive; former CFO, senior biotech analyst, and experienced director	

INNOVIVA™

Thank you

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Media contact: David.Patti@inva.com

Appendix

INNOVIVA

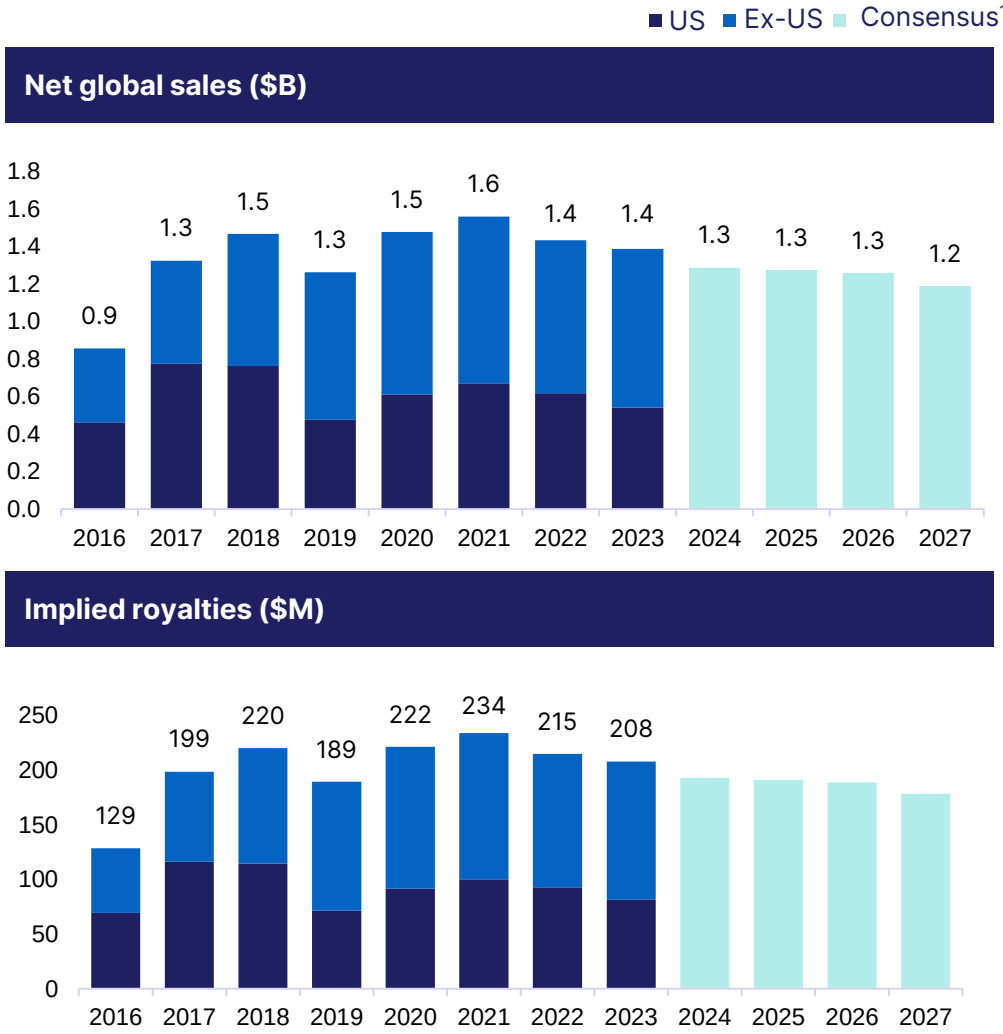
Relvar / Breo detail: First once-daily inhaled corticosteroid / long-acting beta-agonist for asthma and chronic obstructive pulmonary disease

RELVAR® / BREO® ELLIPTA®

(fluticasone furoate 100 mcg and vilanterol 25 mcg inhalation powder)

Indications (US)

- Long-term, once-daily, maintenance treatment of airflow obstruction and reducing exacerbations in patients with COPD
- Once-daily treatment of asthma in patients aged 18 years and older



- Launched in 2013 as first and only once-daily ICS / LABA in the US
- Relvar / Breo delivers superior, lasting proactive asthma control, with simple once-daily dosing in an easy-to-use device
- Fastest growing major ICS / LABA therapy globally
- Historical resilience in a competitive, volatile environment supported by positive demographic trends

1. Projections per analyst consensus on GSK forecast website accessed February 28, 2024; analyst forecasts updated on January 25, 2024; GBP converted to USD using January 25 exchange rate of $1.27

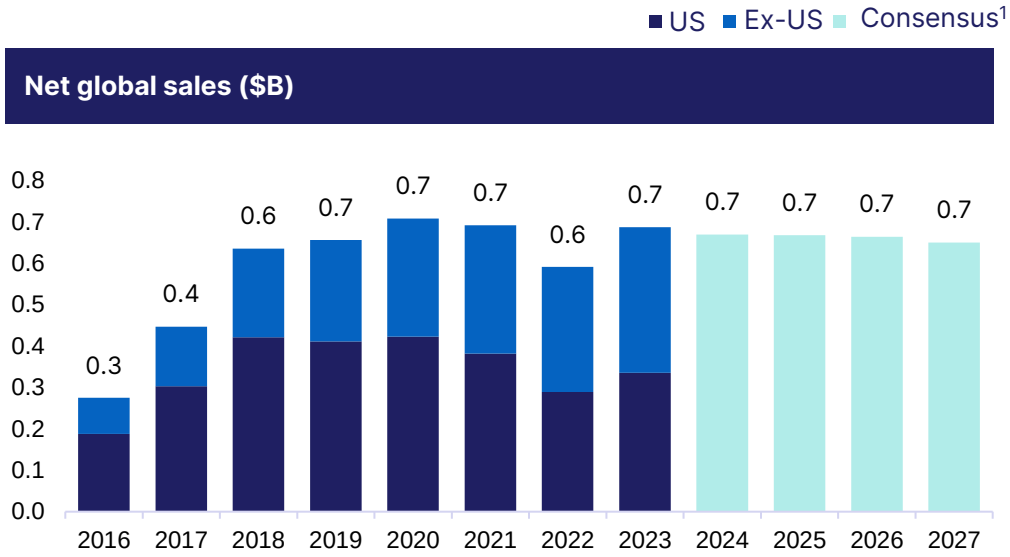
Anoro detail: Best-in-class long-acting beta-agonist / long-acting muscarinic antagonist for COPD

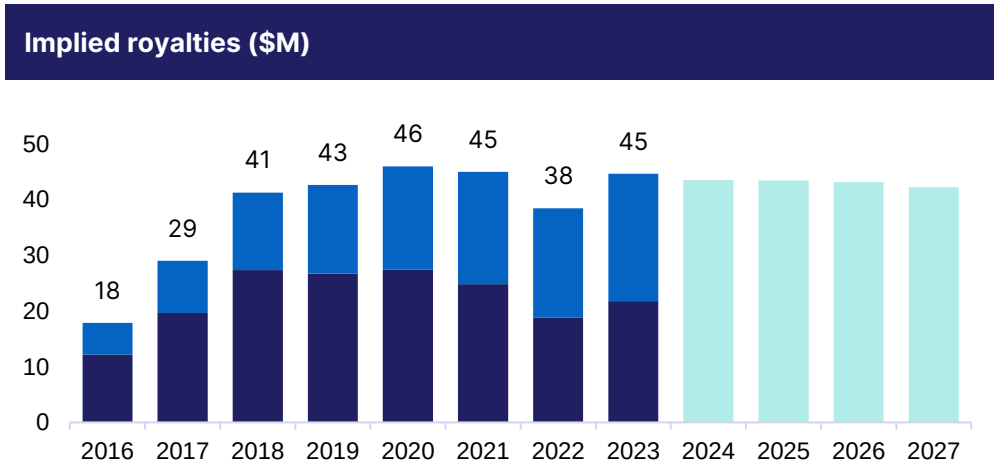
ANORO® ELLIPTA®

(umeclidinium 62.5 mcg and vilanterol 25 mcg inhalation powder)

Indications (US)

- Long-term, once-daily, maintenance treatment of airflow obstruction and reducing exacerbations in patients with COPD





- Launched in 2014 as first-in-class LABA / LAMA single inhaler product in the US
- ANORO delivers superior lung function improvement vs common initial maintenance therapy options[2]
- Class leader in the US due to clear differentiation
- 2022 net sales decline due to idiosyncratic pricing pressures in the US

1. Projections per analyst consensus on GSK forecast website accessed February 28, 2024; analyst forecasts updated on January 25, 2024; GBP converted to USD using January 25 exchange rate of $1.27
2. Superior improvement in lung function has been demonstrated in clinical trials of ANORO vs. Tiotropium (LAMA) and Spiolto (LAMA/LABA)

Top line summary: positive zoliflodacin Phase 3 results

- An estimated 82 million patients contract gonorrhea each year[1], with rising rates of resistance to standard of care regimens in many countries[2].
- We, in collaboration with GARDP, ran a global pivotal phase 3 trial to evaluate the efficacy of a single 3g oral dose of zoliflodacin in treatment of uncomplicated gonorrhea compared to treatment with a combination of intramuscular injection of ceftriaxone and oral azithromycin.
- Zoliflodacin met the primary efficacy endpoint and was non-inferior to the comparator arm in participants with urogenital disease (point estimate 5.3% (95% confidence interval: 1.4%, 8.7%)).
- For the key secondary analyses of infections at rectal and pharyngeal sites, rates of cure in the zoliflodacin arm were comparable to those observed in the comparator arm, though these analyses were not powered for statistical significance.
- In this study, zoliflodacin was safe and generally well-tolerated; majority of adverse events were mild to moderate with no discontinuations due to adverse events, serious adverse events, or deaths.
- The study outcome could provide an important therapeutic option for patients and is a positive milestone in the development of zoliflodacin and the fight against antimicrobial resistance.

1. WHO global antimicrobial resistance suveillance. Lancet Microbe 2021; 2: e627–36
2. Lancet 2023; 9: e332-33

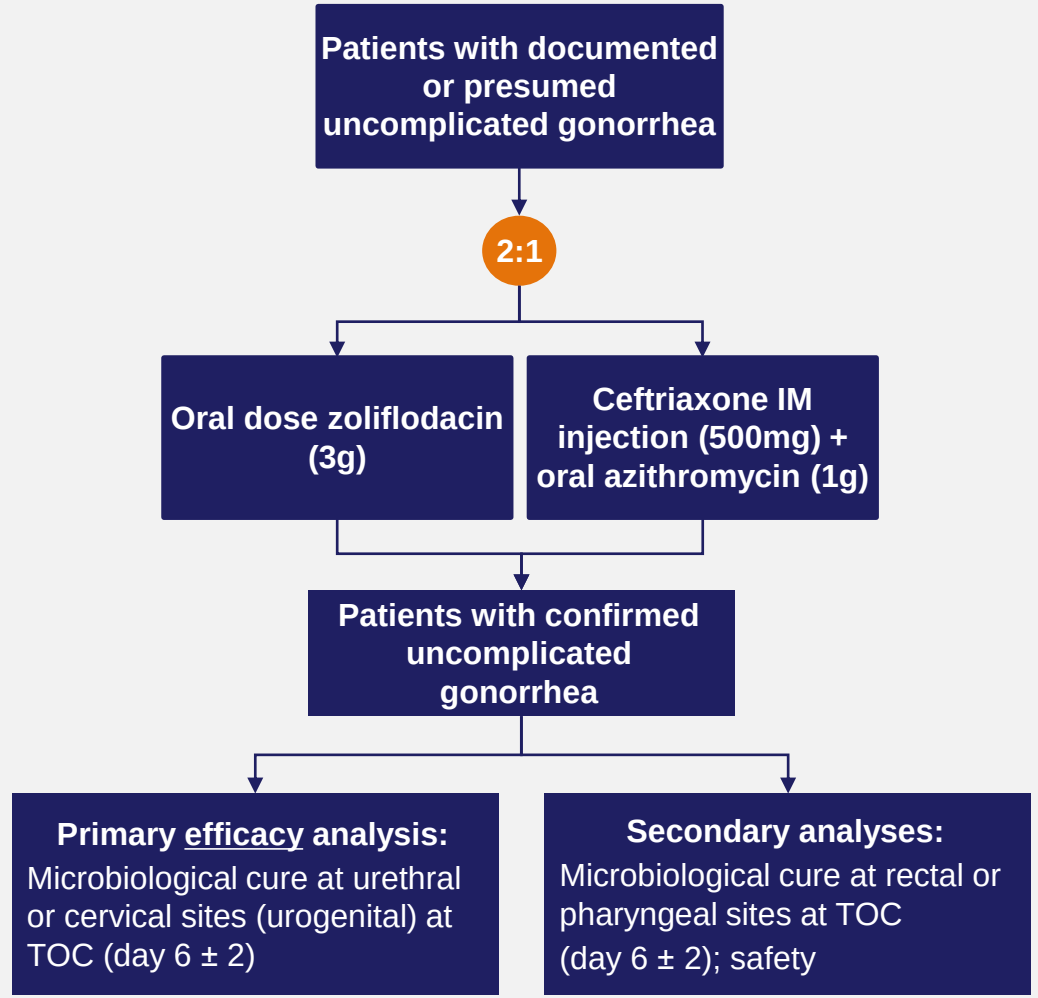
Zoliflodacin Phase 3 registration study design

The zoliflodacin pivotal Phase 3 registration trial was conducted to evaluate the efficacy of a single 3g oral dose of zoliflodacin in treatment of uncomplicated gonorrhea compared to treatment with intramuscular injection of ceftriaxone and oral azithromycin, a current global standard of care regimen.

The primary efficacy endpoint was microbiological test of cure at urethral or cervical sites (urogenital) in participants who had a positive culture for gonorrhea at baseline.

Secondary analyses were microbiological cure at rectal or pharyngeal sites and safety. The trial was designed with a 90% power and a 10% noninferiority margin.

This was a global study, conducted at 16 sites in the United States, South Africa, Belgium, Netherlands, and Thailand.



Abbreviations: CRO-AZI – ceftriaxone and azithromycin; IM – intramuscular injection

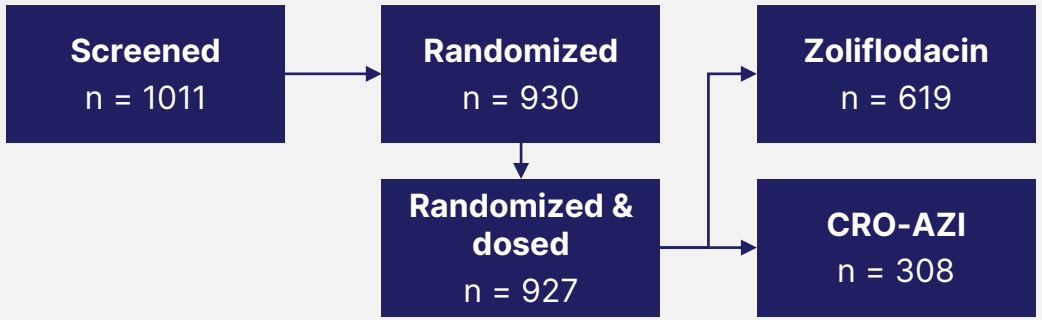
Study enrollment

1011 patients were initially screened, with 927 randomized and dosed.

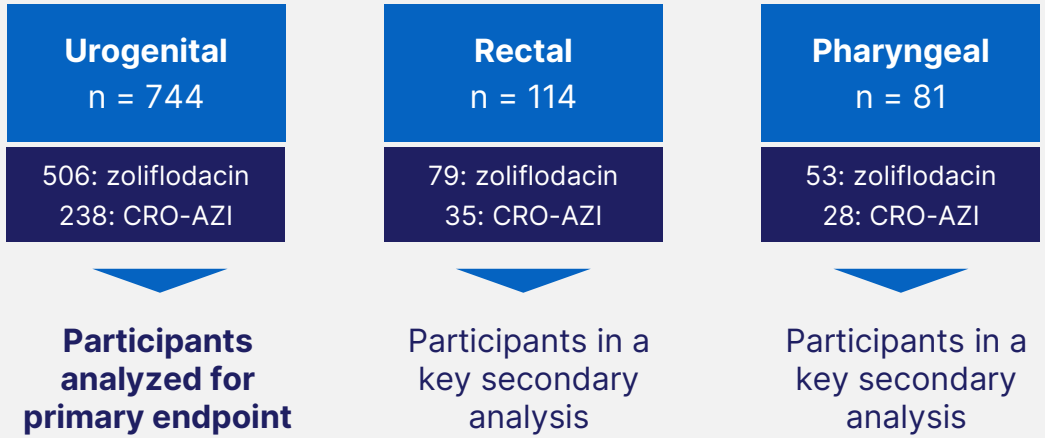
The majority of participants (744) presented with urogenital infections, followed by rectal infections (114) and pharyngeal infections (81). Participants could be in more than one group.

Overall, the trial participants were 87% male, 13% female, 55% Black or Black African, and 20% were positive for human immunodeficiency virus (HIV).

Enrollment and dosing



Sites of infection (participants could be in more than one group)

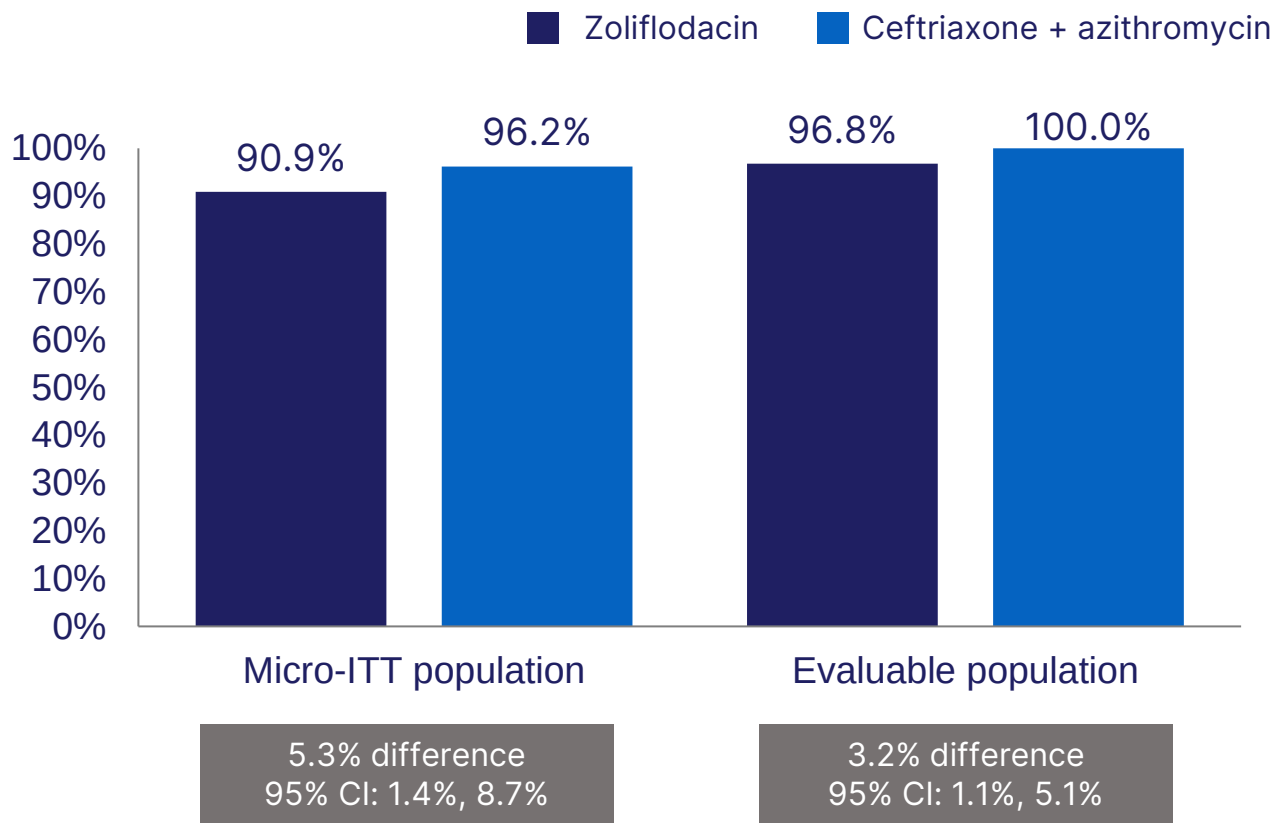


Abbreviations: CRO-AZI – ceftriaxone and azithromycin

The primary endpoint was achieved

A high microbiological cure rate (>90% in both arms) was observed

Microbiological cure rate at test of cure visit



Zoliflodacin met the primary efficacy endpoint and was non-inferior to the comparator (point estimate 5.3% (95% confidence interval (CI): 1.4%, 8.7%)).

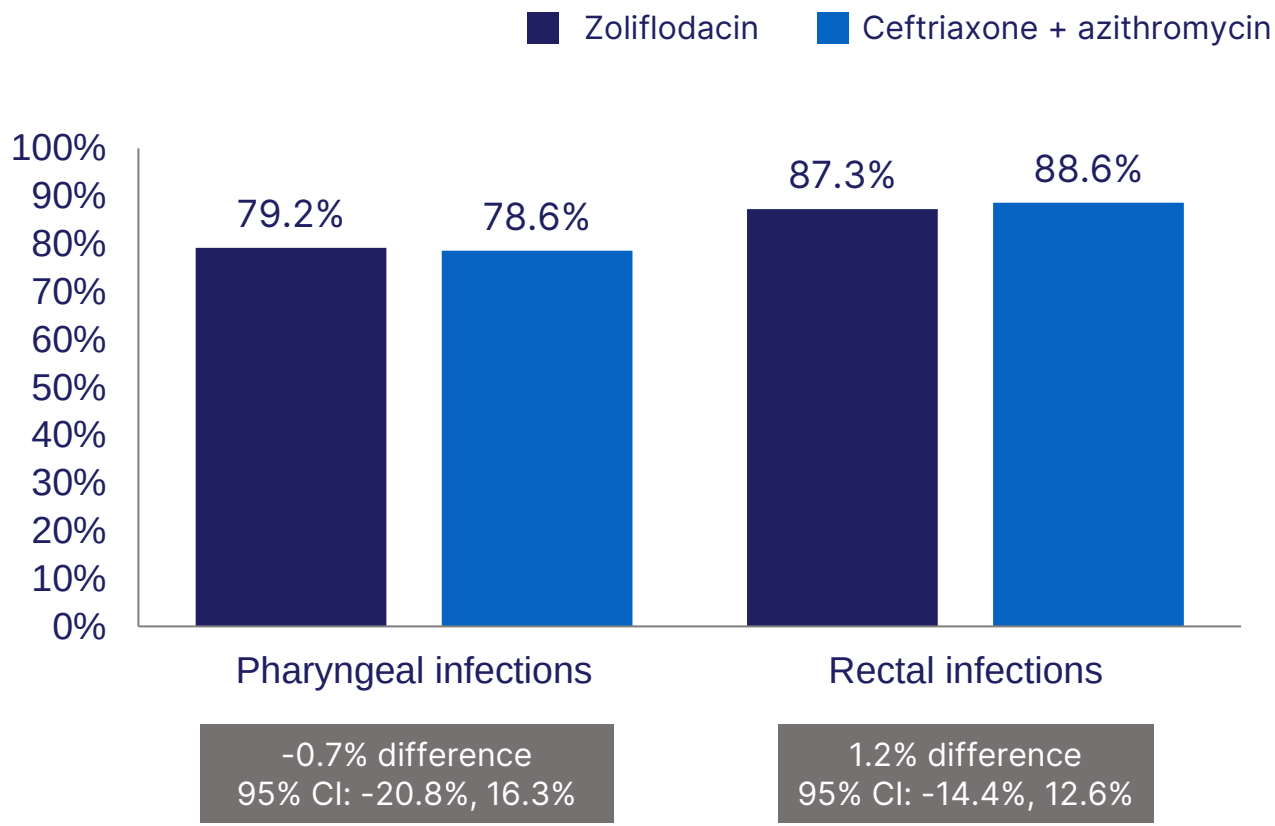
The intent to treat analysis included all participants with a positive baseline culture for gonorrhea; those who missed the test of cure culture, were out of window, or had demonstrated microbiologic failure, were recorded as failures.

When participants who had both baseline and follow up cultures were evaluated, the point estimate was reduced to 3.2% (95% CI, 1.1%, 5.1%).

Clinical cure rates, as assessed by improvement in symptoms in the subset of male participants with urogenital disease, were also comparable between zoliflodacin and the comparator arms

Key secondary analyses showed comparable results in comparison to ceftriaxone and azithromycin

Microbiological cure rate at test of cure visit



Key secondary analysis included participants with pharyngeal and rectal gonorrhea. Historical rates of cure for these populations have been lower than those observed in urogenital disease.

Rates of cure in the zoliflodacin arm were comparable to those observed in the comparator arm.

These secondary analyses were not powered for statistical significance.

Favorable safety and tolerability profile in this study

In this study, zoliflodacin was safe and generally well-tolerated

The overall rate of adverse events was comparable between the two arms

The majority of adverse events were mild to moderate

There were no discontinuations reported due to adverse events, serious adverse events, or deaths

	Zoliflodacin N=619 n (%)	CRO-AZI N=308 n (%)
All TEAEs	286 (46.2)	143 (46.4)
Drug-related TEAEs	117 (18.9)	76 (24.7)
SAEs	0	0
Drug-related SAEs	0	0
Withdrawals due to adverse events	0	0
TEAEs leading to death	0	0

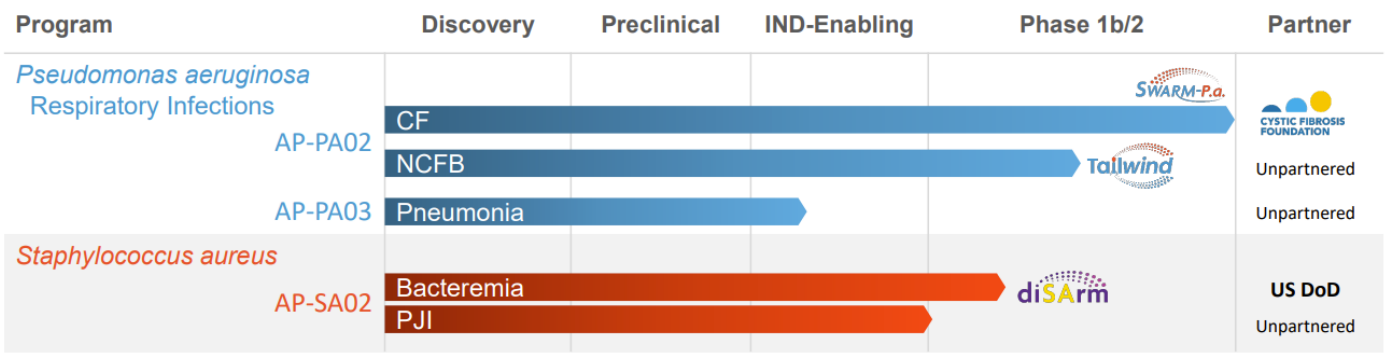
TEAE	Zoliflodacin	CRO-AZI
Headache	61 (9.9)	14 (4.5)
Neutropenia	42 (6.8)	24 (7.8)
Leukopenia	24 (3.9)	7 (2.3)
Neutrophil count decreased	21 (3.4)	15 (4.9)
Dizziness	21 (3.4)	5 (1.6)
Nausea	16 (2.6)	12 (3.9)
Diarrhea	15 (2.4)	22 (7.1)

Abbreviations: TEAE – Treatment emergent adverse event; SAE – Serious adverse event; CRO-AZI – ceftriaxone and azithromycin

Armata is an innovator in anti-infectives addressing significant unmet medical need

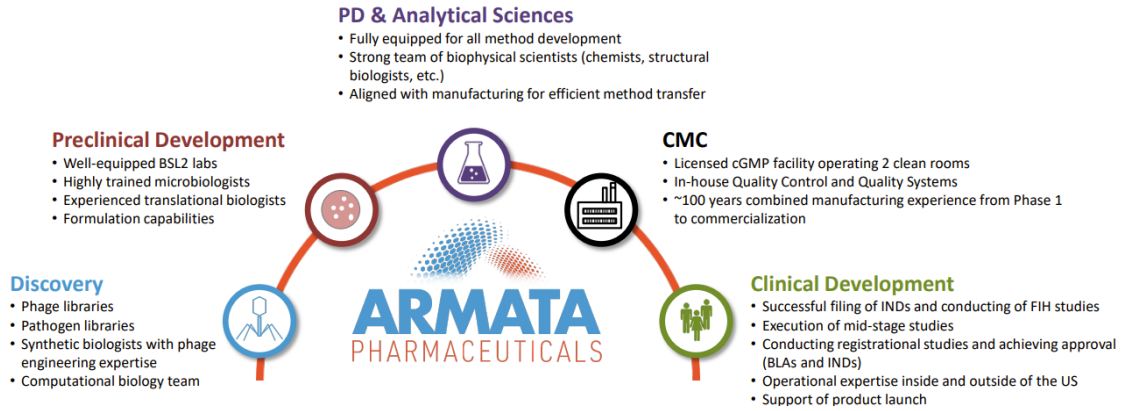
Armata is a clinical-stage biotechnology company focused on the development of precisely targeted bacteriophage therapeutics for the treatment of antibiotic-resistant and difficult-to-treat bacterial infections

Diverse bacteriophage pipeline with multiple "shots on goal"



US Department of Defense (Naval Medical Research Center, US Army Medical Research Acquisition Activity, Defense Health Agency)
CF: cystic fibrosis; NCFB: non-CF bronchiectasis; PJI: prosthetic joint infection

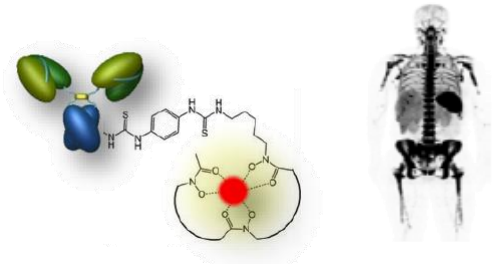
Broad, robust capabilities



Additional minority portfolio investments

ImaginAb

ImaginAb is a leader in radio-pharmaceutical imaging with a differentiated solution for IO patient care and other areas of unmet medical need



GATE NEUROSCIENCES

Gate Neurosciences is developing next-generation therapies for psychiatric and neurological disorders

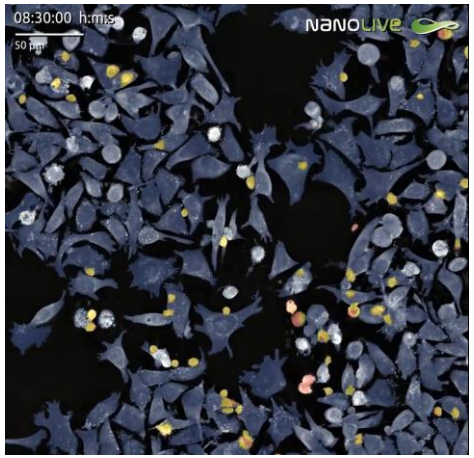
Program	Mechanisim	Disease Area	Preclinical	Ph1	Ph2a	Ph2	Ph3
Zelquistinel	NMDAR Modulator	Major Depressive Disorder (MDD) + other psychiatric disorders			✓	●	
Apimostinel	NMDAR Modulator	Acute Severe MDD + other acute depression subsets			✓		
GATE-252	NMDAR Modulator	Neurocognitive Disorders					
GATE-102	mGluR2/3 Antagonist	Central Sleep Disorders					
GATE-301	IGFBP2 Mimetic	Neurocognitive Disorders					

*Next Phase 2 study to be initiated in 2022.

NANOLIVE

Looking inside life

Nanolive is a microscopy company that has developed a method for live cell 3D imaging and analysis with applications across drug discovery and biotech R&D



INCARDA Therapeutics, Inc.

InCarda focuses on cardiovascular diseases; its lead drug is in late-stage development for PAF

Product Candidate	Preclinical	Phase 1	Phase 2	Phase 3	Regulatory Approval
InRhythm™ Under Medical Supervision: INSTANT Phase 2					
InRhythm™ For Patient Self-Administration (At-Home, Out of Hospital)					
Persistent AF Programs					
Additional Cardiology Programs					

Abbreviations: PAF – Paroxysmal atrial fibrillation; IO - Immuno-oncology