Global Science.
One Purpose.

Corporate Presentation

May 2026

Forward Looking Statement

This presentation (the “Presentation”) contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 about Vor Biopharma Inc. (“Vor,” “Vor Bio” or the “Company”). The words “aim,” “anticipate,” “believe,” “can,” “could,” “design,” “enable” “estimate,” “expect,” “intend,” “may,” “ongoing,” “plan,” “potential,” “project,” “should,” “target,” “towards,” “will,” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Forward-looking statements in this Presentation include those regarding Vor Bio's plans for development and commercialization of telitacicept, including expected milestones such as data readout; the potential of telitacicept in various indications including generalized myasthenia gravis (gMG) and primary Sjögren's disease; the Company’s ambition to transform the approach to B cell-driven autoimmune disease; telitacicept's potential to become a best- and first-in-class BAFF/APRIL inhibitor; the expected safety profile of telitacicept; the market opportunities for telitacicept; the addressable patient populations in the indications Vor Bio intends to treat; Vor Bio's cash runway; and other statements that are not historical fact.

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Immune Remodulation Through BAFF/APRIL Inhibition

OUR AMBITION

To Transform the Approach to B cell-Driven Autoimmune Disease

TELITACICEPT

- Selective BAFF/APRIL inhibitor designed to reduce pathogenic B cells and antibodies while preserving immune protection
- Clinically validated in 8+ autoimmune indications in China
- Manageable safety and tolerability in tens of thousands of patients

LEAD AUTOIMMUNE PROGRAMS

- *Myasthenia Gravis*: Global Phase 3 topline data in 1H27
- *Sjögren's Disease*: Global Phase 3 enrollment ongoing; first patient dosed in 1Q26

NEAR-TERM EXPANSION OPPORTUNITIES

- Broad applicability across B cell-mediated autoimmune diseases

~$492M WITH RUNWAY INTO EARLY 2029*, FUNDED THROUGH KEY MILESTONES

*Cash, cash equivalents, and short-term investments as of March 31, 2026

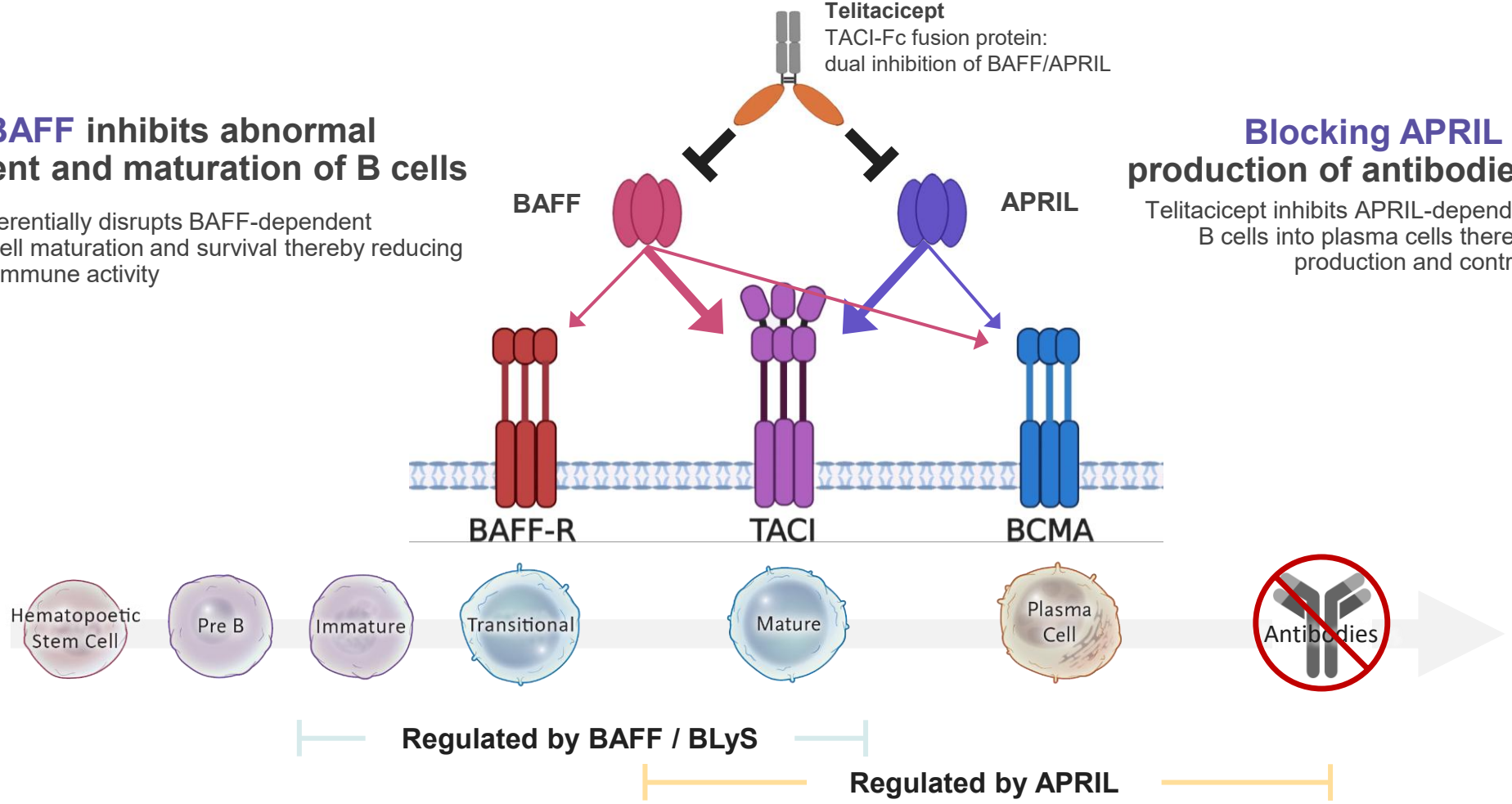
Dual BAFF/APRIL Inhibition Targets Autoreactive B Cells and Plasma Cells

Disease modification through upstream control of B cell survival and downstream antibody production

Telitacicept
TACI-Fc fusion protein:
dual inhibition of BAFF/APRIL

Blocking BAFF inhibits abnormal development and maturation of B cells

Telitacicept preferentially disrupts BAFF-dependent autoreactive B-cell maturation and survival thereby reducing disease-driving immune activity



Blocking APRIL inhibits abnormal production of antibodies by plasma cells

Telitacicept inhibits APRIL-dependent differentiation of mature B cells into plasma cells thereby minimizing autoantibody production and contributing to control of disease

doi.org/10.3390/cancers12041045

BAFF, B-cell activating factor; BLyS, B Lymphocyte Stimulator; APRIL, a proliferation inducing ligand

Established Efficacy in China Across Autoimmune Diseases

3
Commercial Approvals
Validated Commercial Therapy in China Across Diverse Autoimmune Diseases

2021 - Systemic Lupus Erythematosus (SLE)†

2024 - Rheumatoid Arthritis (RA)

2025 - Myasthenia Gravis (MG)

2
BLA Submissions
Poised to Further Expand Telitacicept Footprint in Large, Underserved Diseases in China

Filed 2025 – Sjögren's Disease (SjD)

Filed 2025 – IgA Nephropathy (IgAN)*

3
Best-In-Disease
Unique Dual BAFF/APRIL Inhibition Drives Superior Clinical Benefit

Systemic Lupus Erythematosus

Myasthenia Gravis

Sjögren's Disease

†Conditional Approval, Full Approval in 2023; *Accelerated Approval in China

Favorable Safety At Scale

10s of Thousands Patients Treated Commercially in China

Favorable and Predictable Safety Profile Observed Among ~1,800* Patients Studied in Clinical Trials

- **No Burdensome Vaccination Requirements**
- **No Signature B Cell Depletion Associated SAEs**
- **Mild to Moderate AEs**

Frequency (%) of safety events reported in clinical trials

	Telitacicept (n=1211)	Placebo (n=527)
Upper respiratory tract infection	35	30
Injection site reaction	17	2
Urinary tract infection	10	9
Cough	5	3
Diarrhea	5	5

*From pooled safety analysis across all telitacicept trials.
AEs, adverse events; SAEs, serious adverse events.

Advancing the Leading BAFF/APRIL Inhibitor

Strong cash position of ~$492M with runway into early 2029 expected to cover key milestones*

Vor Indications	Preclinical	Phase 1	Phase 2	Phase 3	Marketing Approval	Milestones
Generalized Myasthenia Gravis (gMG)				Phase 3		Global Phase 3 Topline Data (1H27)
Primary Sjögren's Disease (pSjD)				Phase 3		FPD (1Q26); Enrollment Ongoing

RemeGen Indications	Preclinical	Phase 1	Phase 2	Phase 3	Marketing Approval	Milestones
Generalized Myasthenia Gravis (gMG)					China Marketed	OLE 48-wk Data – AANEM (10.29.25)
Primary Sjögren's Disease (pSjD)				BLA Submitted ★		LBA Poster Presentation – ACR (10.28.25)
IgA Nephropathy (IgAN)				BLA Submitted ★		LBA Oral Presentation – ASN (11.8.25)
Systemic Lupus Erythematosus (SLE)					China Marketed	NEJM Publication (10.16.25)
Rheumatoid Arthritis (RA)					China Marketed	
Connective Tissue Disease-Associated Interstitial Lung Disease (CTD-ILD)				Phase 3		
Ocular Myasthenia Gravis (oMG)				Phase 3		
Membranous Nephritis (MN)				Phase 3 Planned		
Pediatric Systemic Lupus Erythematosus (pSLE)				Phase 3 Planned		
Autoimmune Encephalitis (AE)				Phase 3 Planned		
Pediatric IgA Nephropathy (pIgAN)				Phase 3 Planned		

● Vor – Global Trial ● RemeGen – China Trial ★ Primary Endpoint Achieved

FPD, first patient dosed; **Cash, cash equivalents, and short-term investments as of March 31, 2026

Myasthenia Gravis

Moving Beyond IgG Therapies

A Large and Growing Global Opportunity in Myasthenia Gravis

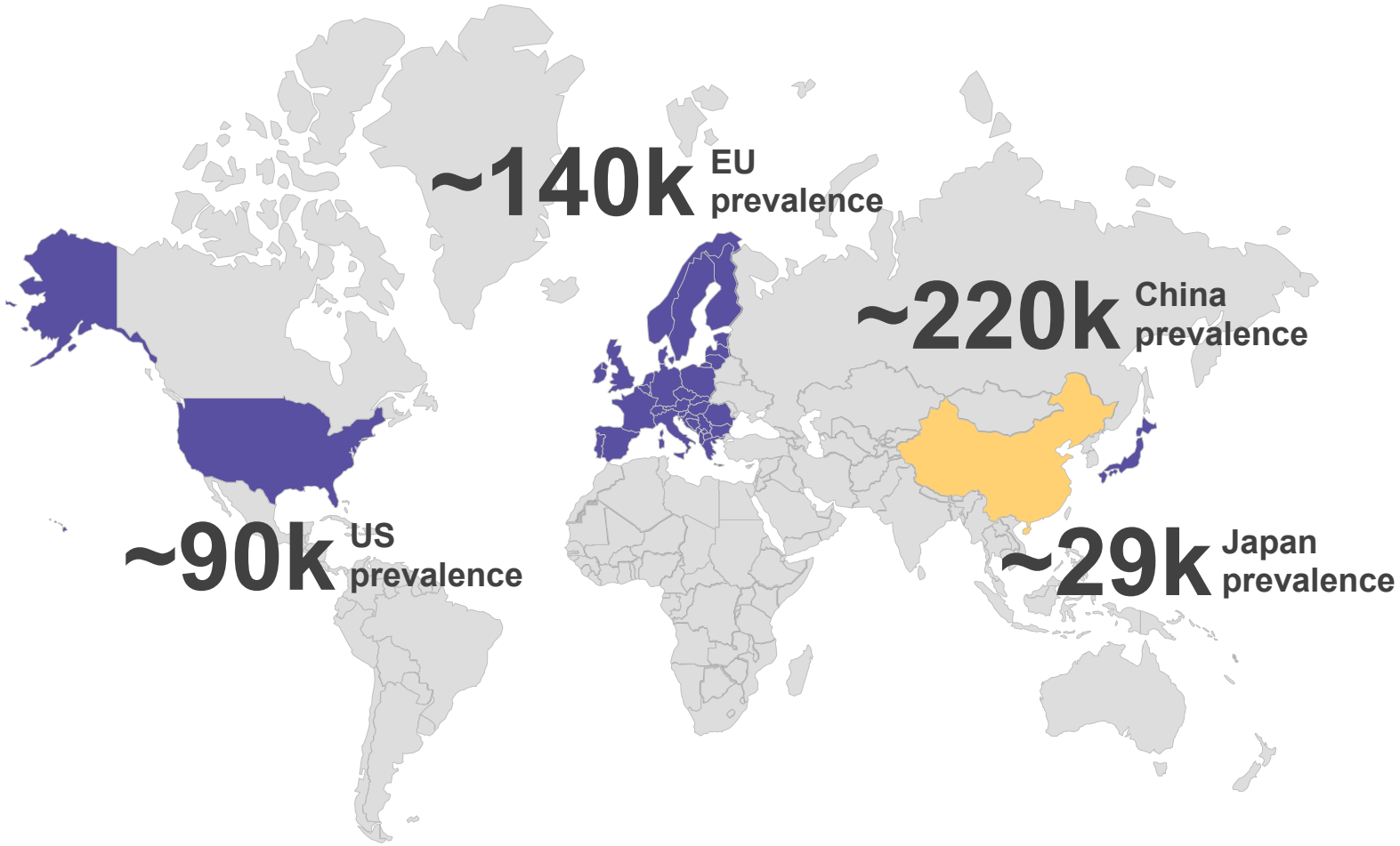
~260,000 diagnosed MG patients across key markets[1]

Significant Burden

- A large, diagnosed patient population across key markets establishes a substantial initial opportunity

Favorable Growth Drivers

- Prevalence is growing due to increased awareness, improved diagnostics, and an aging population



1. Vor metanalysis and estimates; excludes Chinese market

MG, myasthenia gravis

MG Market Rapidly Expanding But Lacks Disease-Modifying Treatments

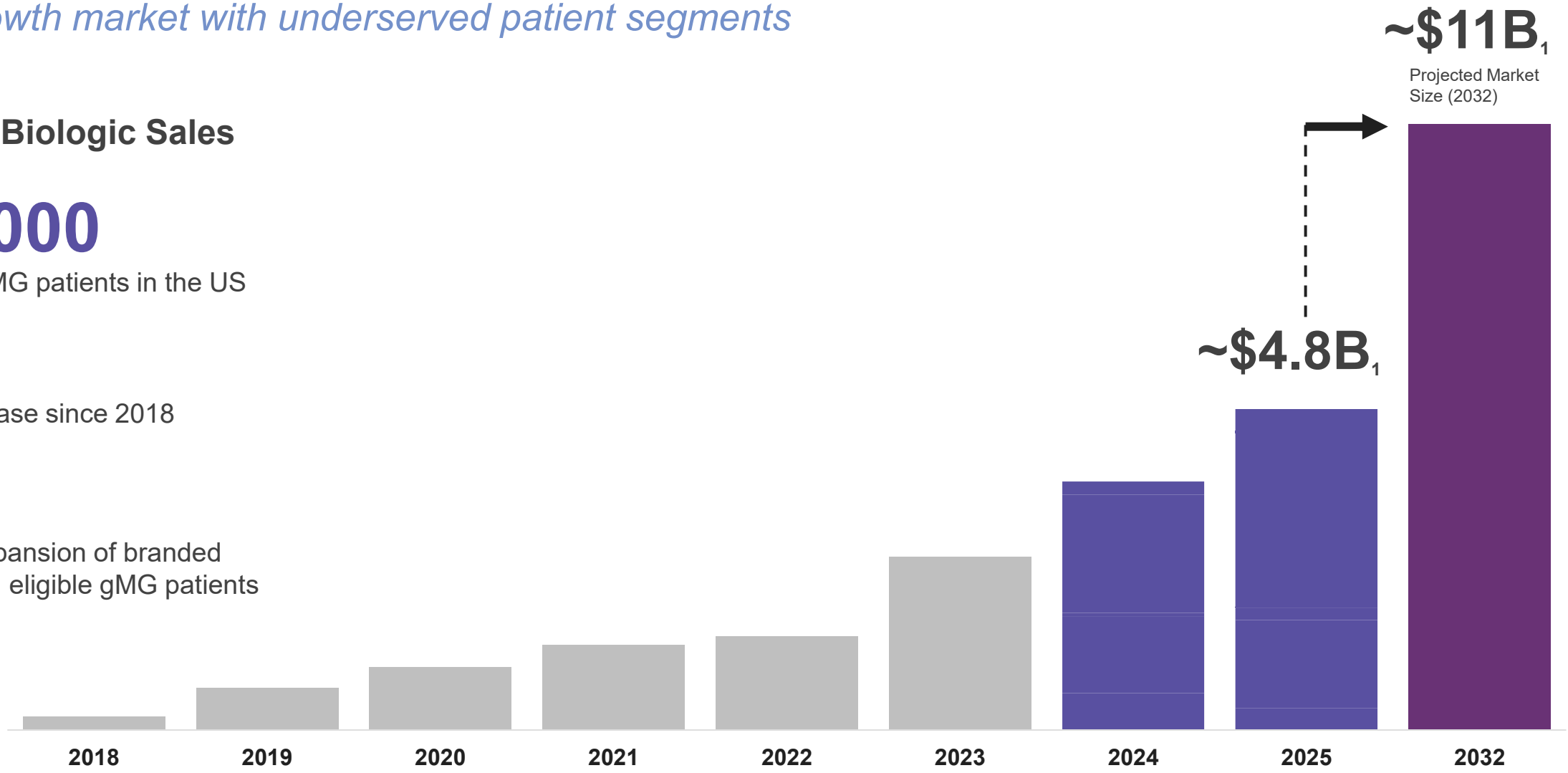
High growth market with underserved patient segments

gMG US Biologic Sales

~90,000
Diagnosed MG patients in the US

57%
CAGR increase since 2018

60%
Potential expansion of branded medicines in eligible gMG patients



MG, myasthenia gravis; gMG: generalized myasthenia gravis; 1. EvaluatePharma and GlobalData sales and consensus

Current Myasthenia Gravis Therapies Target Symptoms, Not Disease

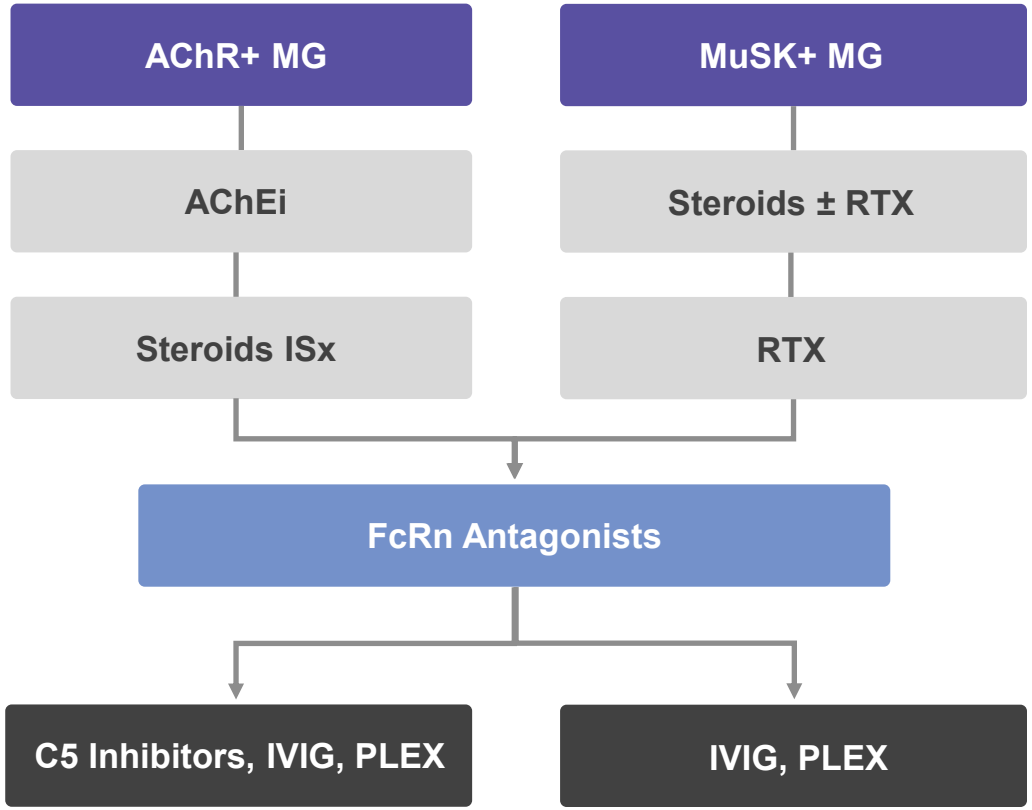
Even with the availability of biologics, unmet need for new therapies remain

Biologic use rising (~35% of gMG patients[1]) with choices driven by efficacy, convenience, phenotype, and coverage

FcRn inhibitors dominate but ~20-50% of patients experience insufficient treatment responses[2]

Complement inhibitors limited by safety, black box warning, and vaccination requirements[3]

B cell depleting and cell therapies face challenges with efficacy, safety, and logistical limits despite disease-modifying potential[4]



1. Wedbush Neurologist Surveys
2. doi: 10.1136/jnnp-2024-334404
3. ULTOMIRIS, SOLIRIS label
4. doi: 10.1007/s40259-020-00443-w

AChEI, acetylcholinesterase inhibitors; AChR, acetylcholine receptor; FcRn, neonatal Fc receptor; IVIG, intravenous immune globulin; MuSK, muscle-specific tyrosine kinase; PLEX, plasma exchange; RTX, rituximab; ISx, immunosuppressants.

The Need for Therapies to Go Beyond IgG in Myasthenia Gravis

New evidence shows IgA and IgM drive pathology, demanding broader therapeutic strategies

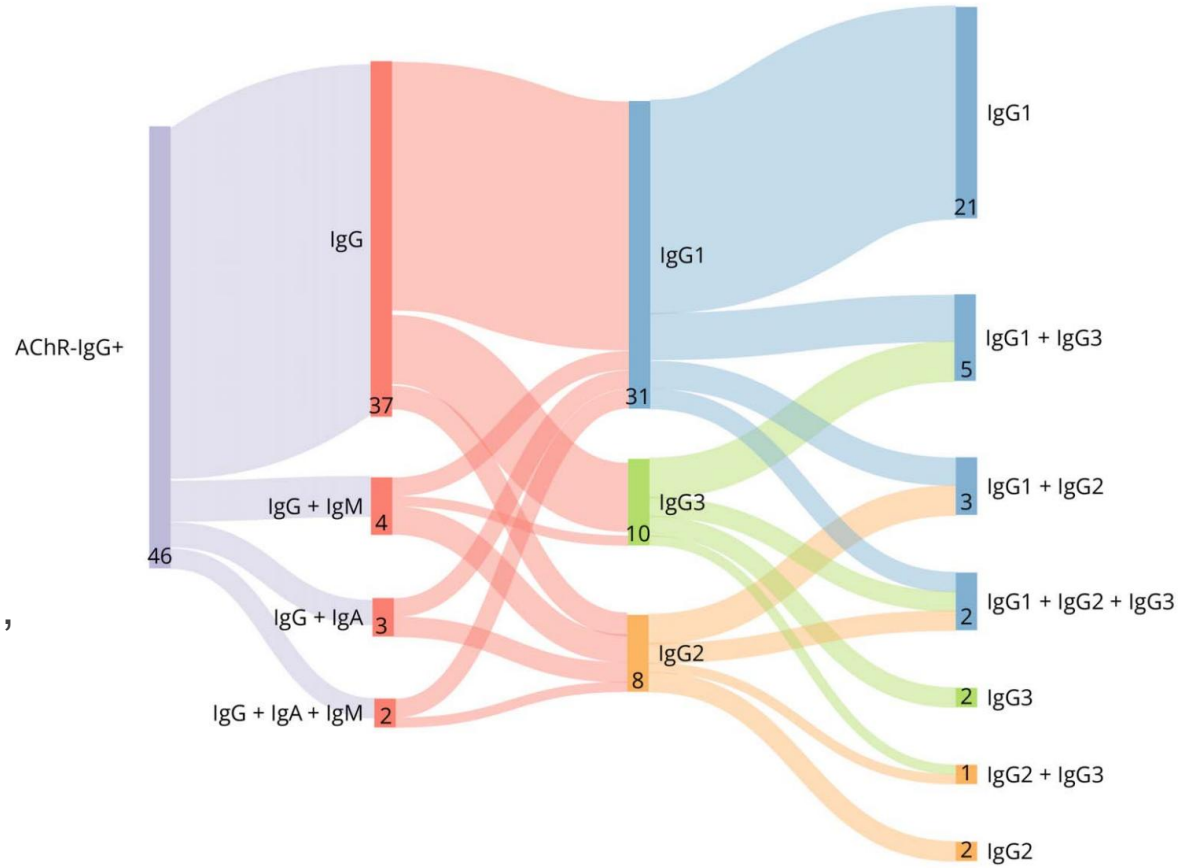
Patients carry different blends of IgG, IgA, and IgM, driving overlapping mechanisms

Greater than 1 in 5 patients have IgA and/or IgM as part of their autoantibody profile

MG patient autoantibody profiles shift over time, sometimes tied to relapse

Current MG therapies only hit IgG, missing IgA and IgM, which drive disease and are present in a meaningful subset of patients

Distribution of AChR Autoantibody Isotypes and IgG Subclasses in MG



MG, myasthenia; doi:10.1212/NXI.0000000000200436

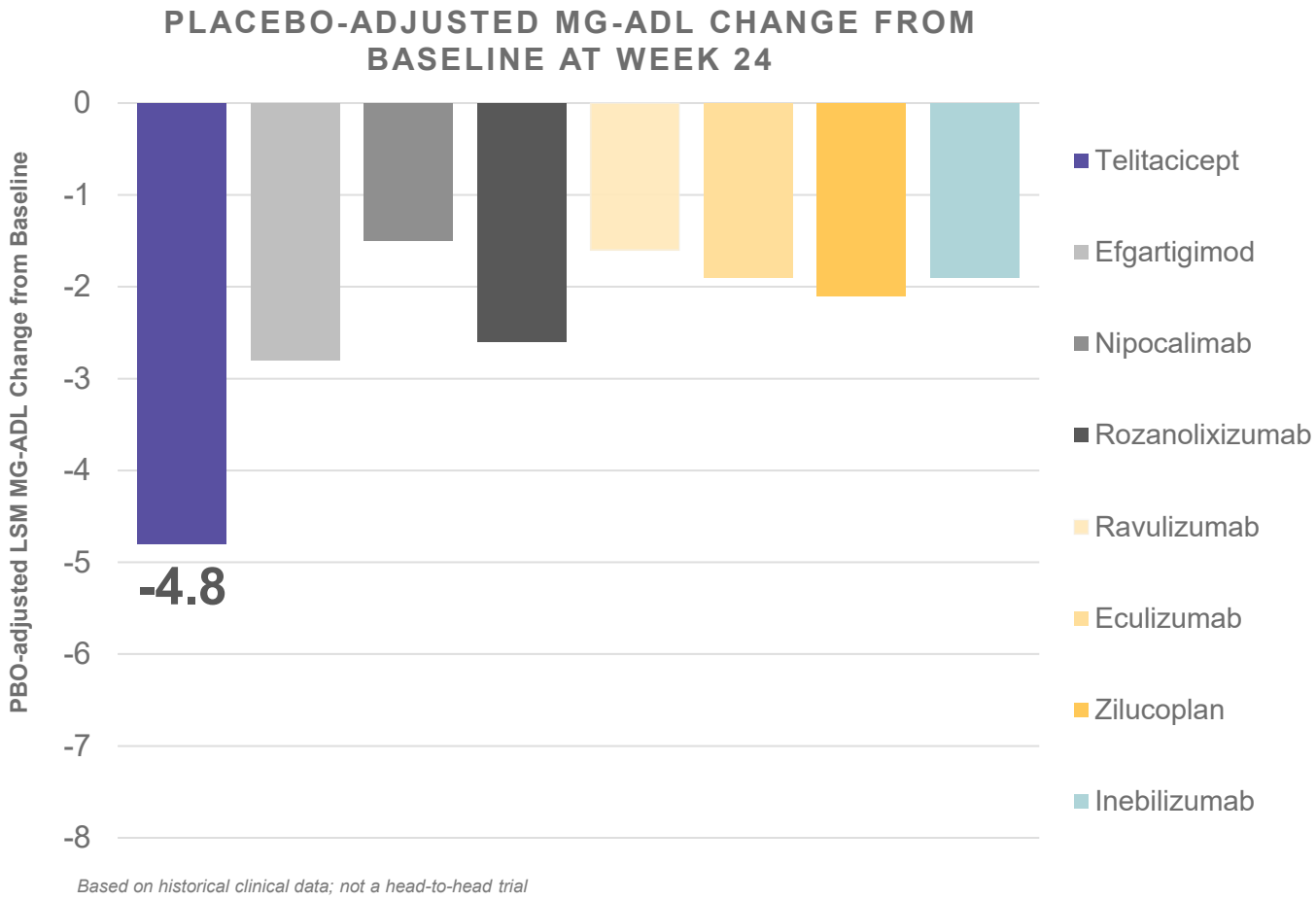
Myasthenia Gravis: The Beachhead Indication

Telitacicept demonstrated depth, durability, and a differentiated upstream mechanism

Across leading mechanisms, telitacicept demonstrates **largest placebo-adjusted MG-ADL improvement**

24- and 48-week data show continued improvement, suggesting patient benefit deepens over time

Upstream disease control with consistent safety and tolerability over one year of therapy



Based on historical clinical data; not a head-to-head trial

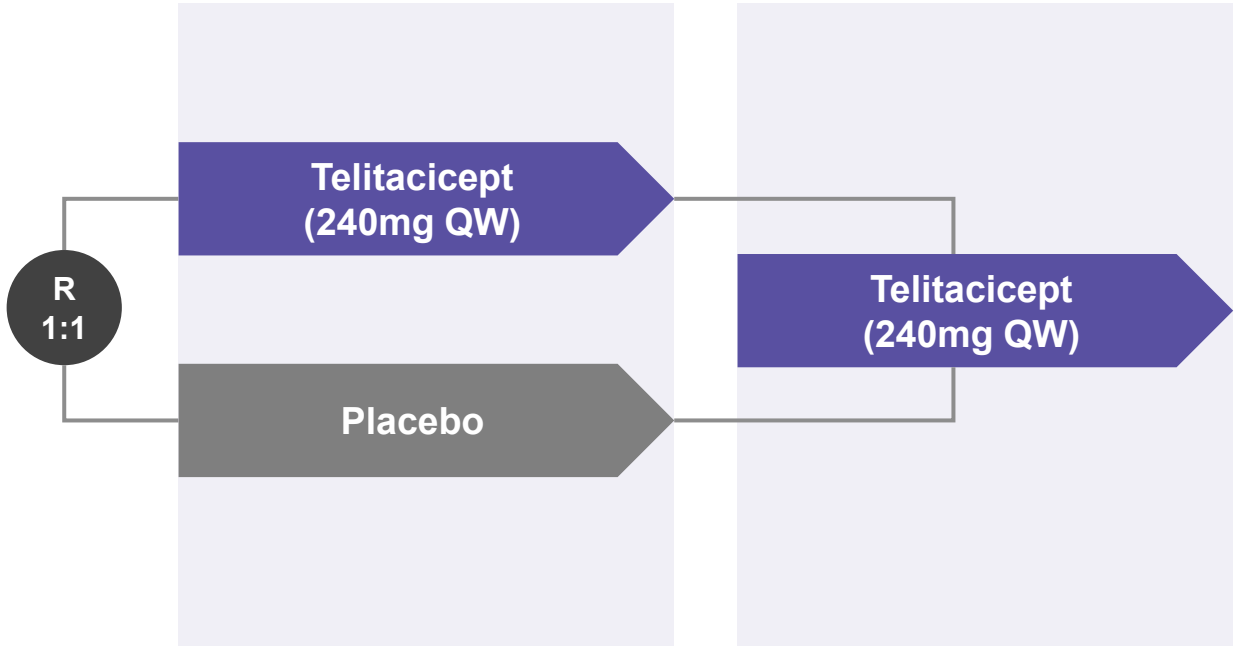
gMG, generalized myasthenia gravis; Efgartigimod - ADAPT; Nipocalimab - Vivacity-MG3; Rozanolixizumab – MycarinG; Ravulizumab – CHAMPION-MG; Eculizumab – REGAIN; Zilucoplan – RAISE; Inebilizumab - MINT RemeGen-sponsored trial

Phase 3 Trial in Generalized Myasthenia Gravis Completed in China

Best-in-disease profile in China; randomized, double-blind, placebo-controlled study

114

Adults With gMG



Primary Endpoint

- Change from baseline in MG-ADL at 24 weeks

Secondary Endpoints

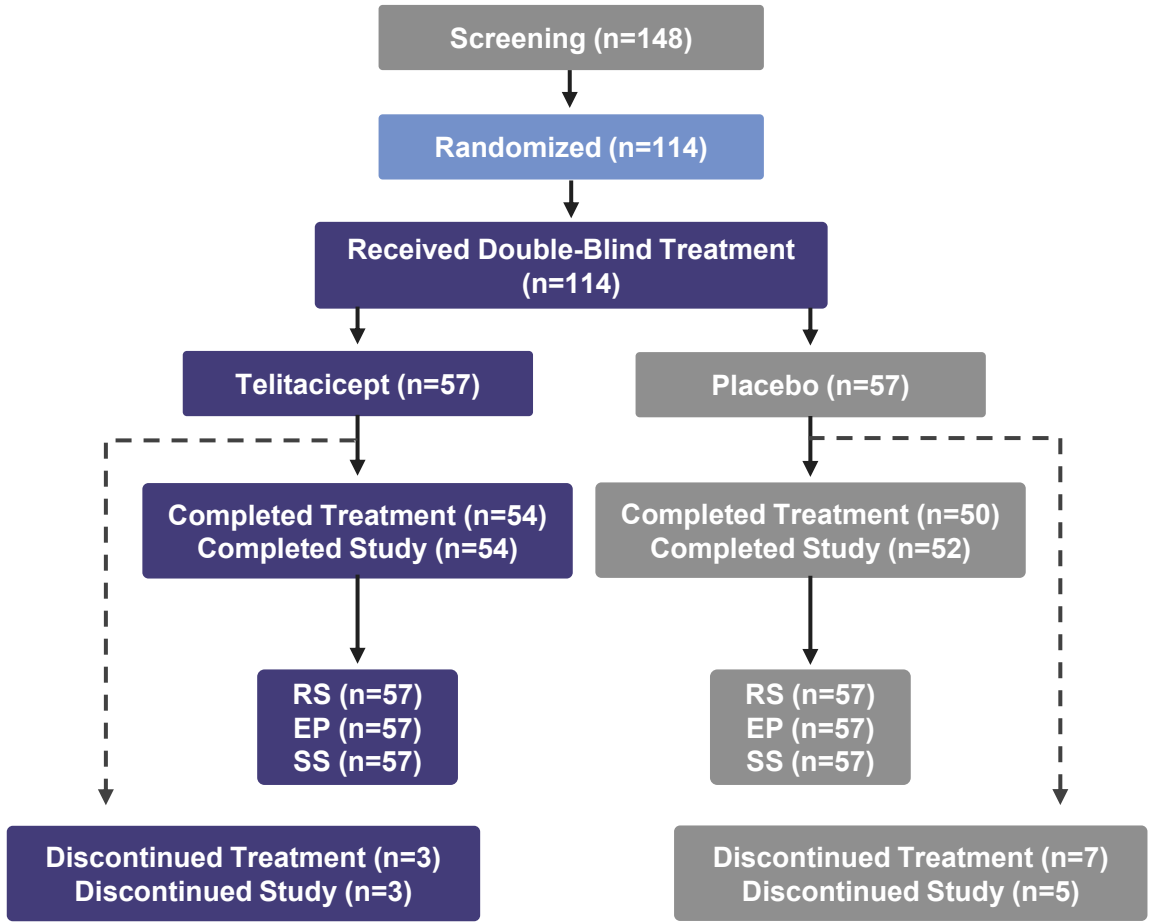
- Change from baseline in MG-ADL at 12, 36, and 48 weeks
- Change from baseline in QMG at 12, 24, 36, and 48 weeks
- Number of patients with ≥3 point decrease in MG-ADL, ≥5 point decrease in QMG at 24 and 48 weeks

MG-ADL; Myasthenia Gravis Activities of Daily Living; QMG, Quantitative Myasthenia Gravis; QW, per week.
ClinicalTrials.gov. NCT05737160. Updated May 5, 2025. Accessed August 19, 2025. https://clinicaltrials.gov/study/NCT05737160

RemeGen-sponsored trial

Well Balanced Baseline Characteristics

Consistent with recent global Phase 3 populations



	Telitacicept (N=57)	Placebo (N=57)
Age (yr), mean ± SD	49.1 ± 14.69	49.6 ± 15.03
Sex		
Male, n (%)	30 (52.6)	21 (36.8)
Female, n (%)	27 (47.4)	36 (63.2)
Disease duration (month), mean± SD	83.09 ± 84.507	76.05 ± 87.817
MGFA classification		
Class IIa, n (%)	3 (5.3)	12 (21.1)
Class IIb, n (%)	14 (24.6)	9 (15.8)
Class IIIa, n (%)	25 (43.9)	23 (40.4)
Class IIIb, n (%)	11 (19.3)	12 (21.1)
Class IVa, n (%)	4 (7.0)	1 (1.8)
Baseline MG-ADL score, mean ± SD	10.0 ± 2.60	9.9 ± 2.62
Baseline QMG score, mean ± SD	17.9 ± 3.43	18.8 ± 3.65
Antibody-positive at screening		
AChR, n (%)	55 (96.5)	55 (96.5)
MuSK, n (%)	2 (3.6)	2 (3.5)
Standard-of-care therapy		
Anticholinesterase inhibitors, n (%)	53 (93.0)	52 (91.2)
Steroids, n (%)	36 (63.2)	34 (59.6)
Immunosuppressants, n (%)	34 (59.6)	34 (59.6)

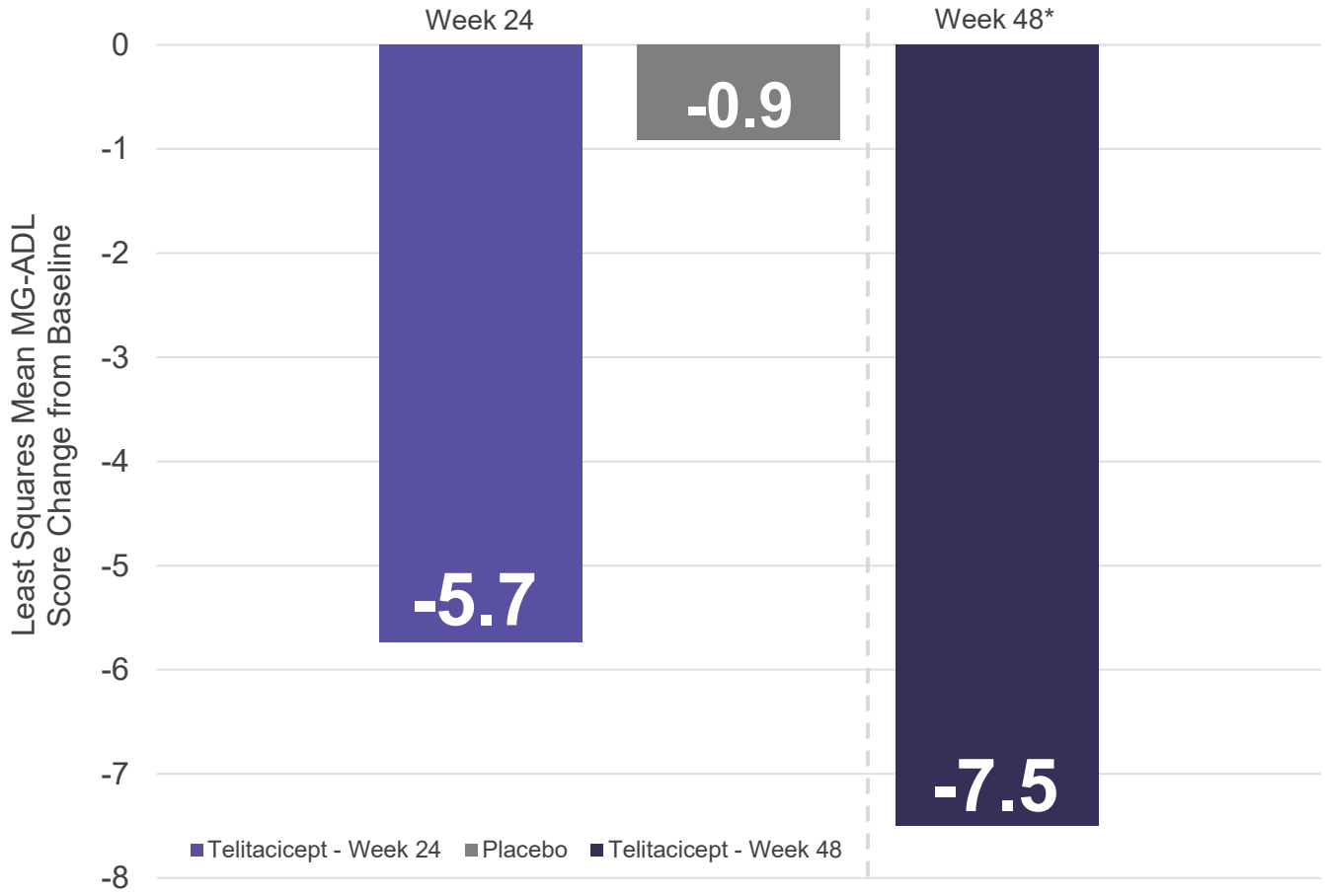
AE, adverse event; AChR, acetylcholine receptor; EP, efficacy population; MG-ADL, Myasthenia Gravis-Activities of Daily Living; MGFA, Myasthenia Gravis Foundation of America; MuSK, muscle-specific tyrosine kinase; QMG, Quantitative Myasthenia Gravis; SD, standard deviation; RS, randomized set; SS, safety set

RemeGen-sponsored trial

MG-ADL Responders - Primary Endpoint Met

Statistically significant and clinically meaningful improvement in activities of daily living

Change from Baseline in MG-ADL at Week 24 and Week 48*



The primary estimate was analyzed using MMRM. Intercurrent event was predefined. Missing data was imputed.

Placebo-adjusted decrease in MG-ADL at Week 24:

-4.8 points

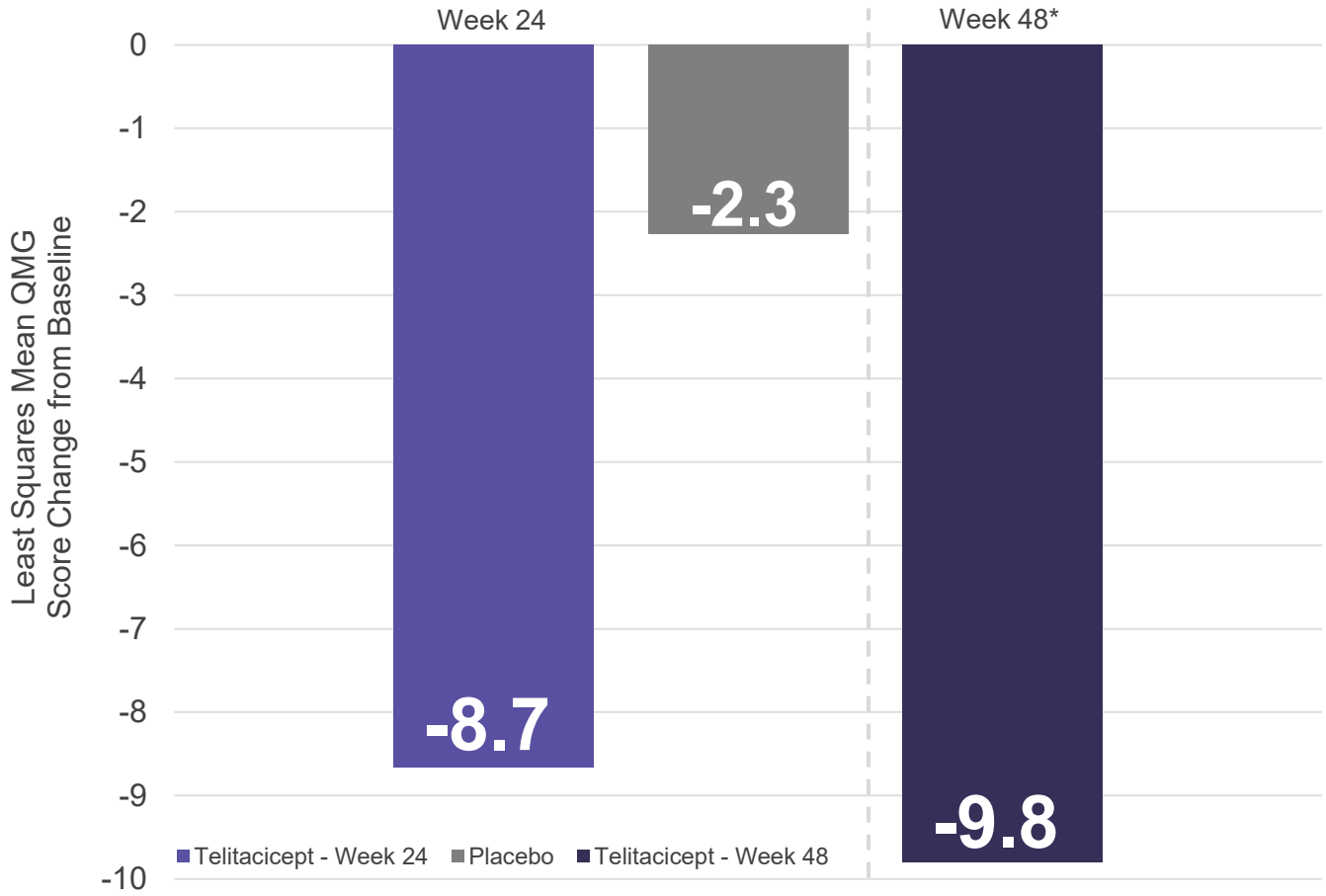
*AANEM 2025 Abstract – not placebo adjusted; MG-ADL, Myasthenia Gravis-Activities of Daily Living; MMRM, mixed models for repeated measures.

RemeGen-sponsored trial

QMG Responders - Secondary Endpoint Met

Statistically significant and clinically meaningful improvement in physician-assessed measure of muscle strength

Change from Baseline in QMG at Week 24 and Week 48*



The data was analyzed using MMRM. Missing data was imputed and as observed (AO) analysis was performed.

Placebo-adjusted decrease in QMG at Week 24:

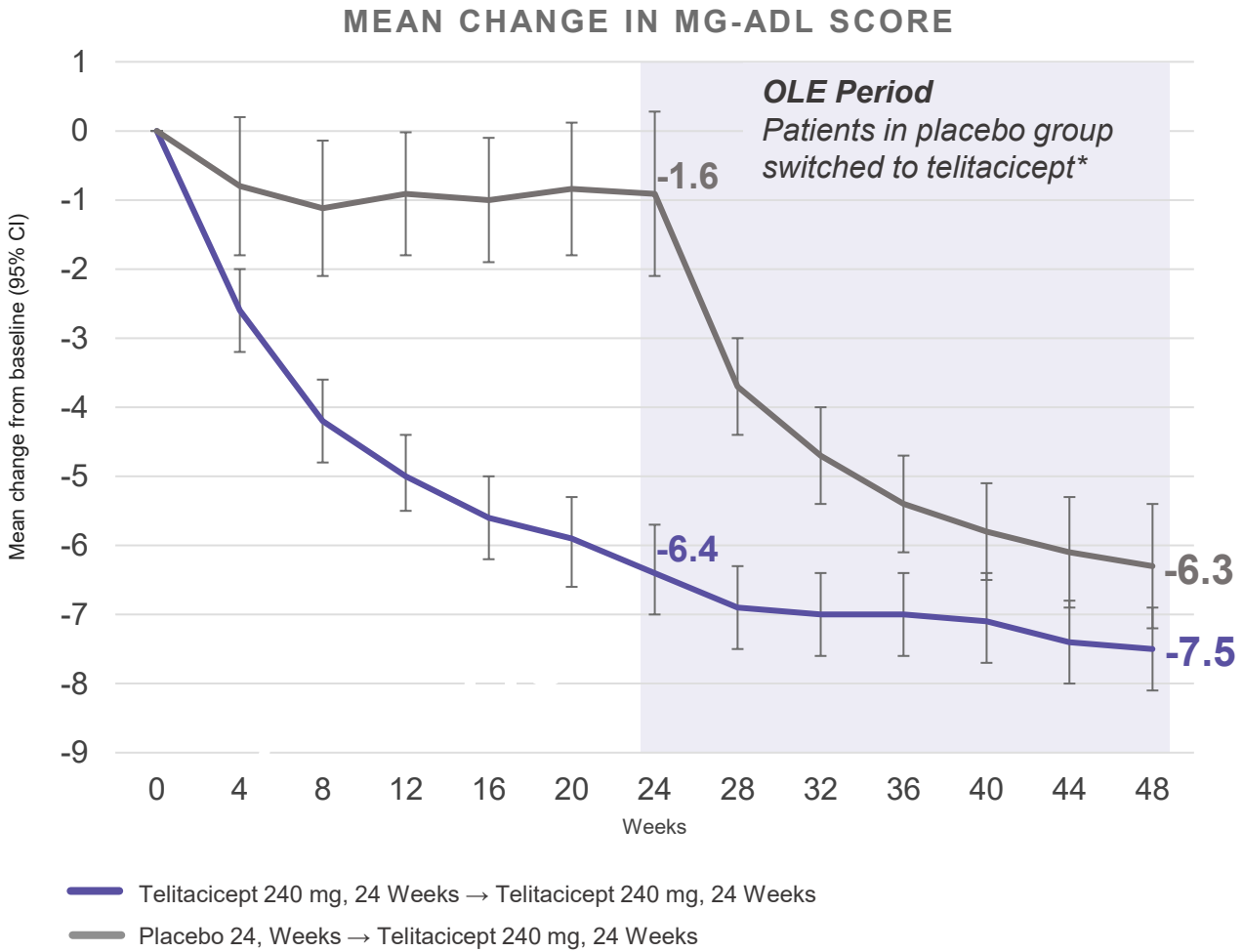
-6.4 points

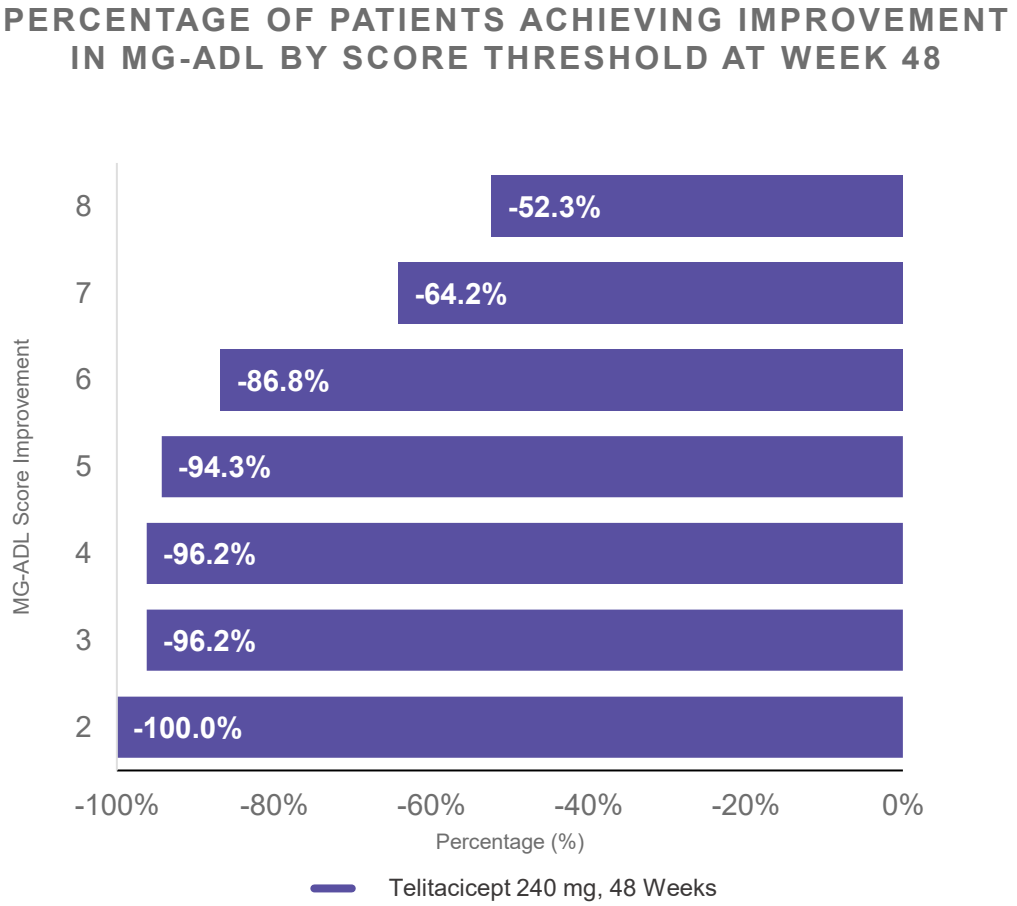
*AANEM 2025 Abstract – not placebo adjusted; QMG, Quantitative Myasthenia Gravis; MMRM, mixed models for repeated measures.

RemeGen-sponsored trial

Telitacicept Demonstrated Durable MG-ADL Over Time

Sustained and deepening functional improvement through 48 weeks

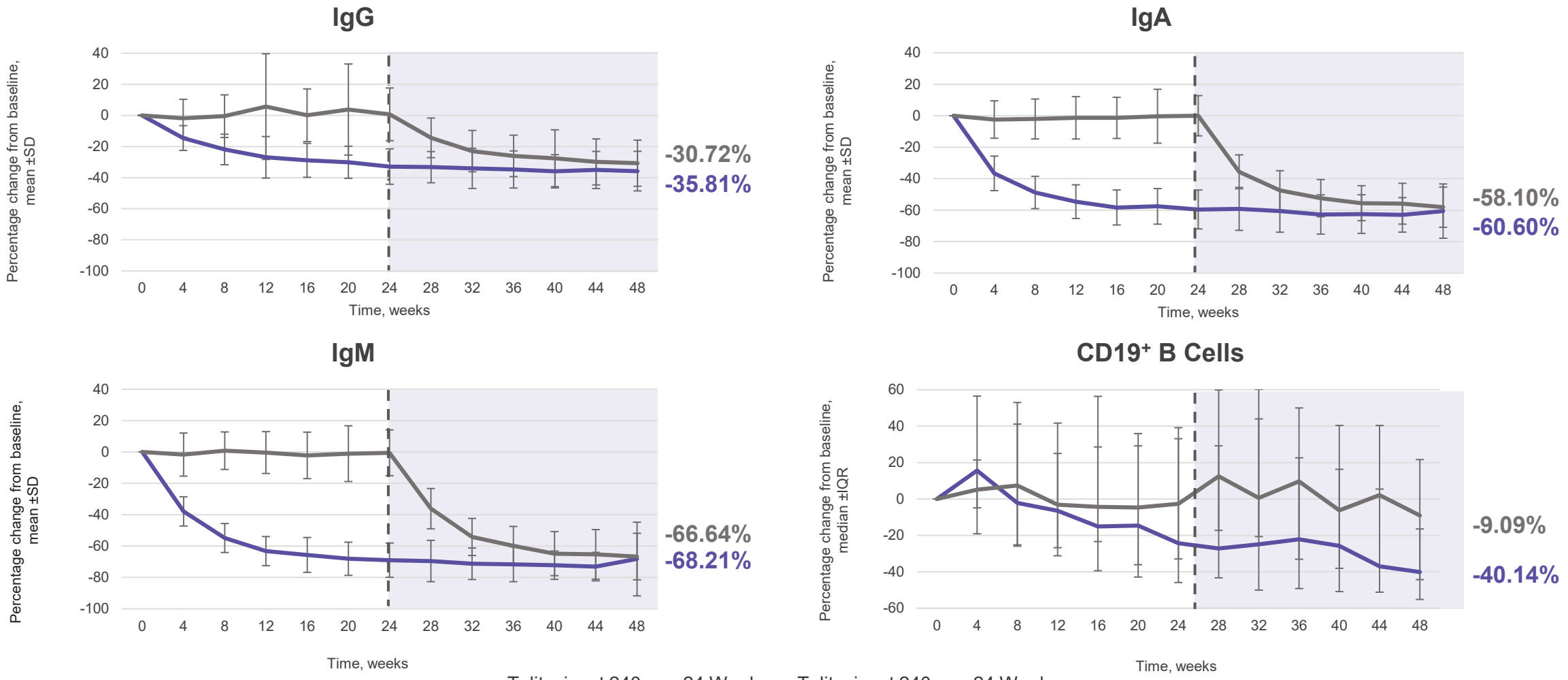




* Telitacicept arm continue with the same treatment, Placebo arm switched to Telitacicept during OLE period. The efficacy analysis was based on descriptive statistical analysis of the actual data in the full analysis set (FAS), and missing data were not filled.

RemeGen-sponsored trial

Consistent Reduction in IgG, IgA, IgM, and B Cells



*Patients in placebo group switched to telitacicept. Patients in telitacicept arm continued with telitacicept 240 mg QW.

Li G, et al. Presented at: American Association of Neuromuscular & Electrodiagnostic Medicine Annual Meeting; October 29-November 1, 2025; San Francisco, CA.

Favorable Safety Profile in gMG

Consistent with data from clinical trials in SLE, RA, SjD, and IgAN, and post-marketing data

	Randomized Control Period (Baseline to Week 24)[1]			
	Telitacicept (n=57)		Placebo (n=57)	
	n (%)	Events	n (%)	Events
Infections and infestations	26 (45.6)	46	34 (59.6)	50
Upper respiratory tract infection	12 (21.1)	17	20 (35.1)	24
Urinary tract infection	9 (15.8)	11	6 (10.5)	6
Pneumonia	1 (1.8)	1	6 (10.5)	6
Respiratory tract infection	1 (1.8)	1	2 (3.5)	2
Influenza	0 (0)	0	3 (5.3)	3

	OLE Period (Weeks 24-48)[2]			
	Telitacicept 240 mg (n=54)		Placebo → Telitacicept 240 mg (n=53)	
	n (%)†	Events‡	n (%)†	Events‡
Infections and infestations	27 (50.0)	33	21 (39.6)	29
Upper respiratory tract infection	14 (25.9)	15	11 (20.8)	12
Urinary tract infection	8 (14.8)	10	5 (9.4)	7
Pneumonia	1 (1.9)	1	0 (0)	0
Respiratory tract infection	1 (1.9)	1	0 (0)	0
Nasopharyngitis	1 (1.9)	1	1 (1.9)	1
Gastroenteritis	1 (1.9)	1	1 (1.9)	1
Herpes zoster	0 (0)	0	3 (5.7)	3
COVID-19	0 (0)	0	2 (3.8)	2
Pharyngitis	0 (0)	0	0 (0)	0
Vaginal infection	0 (0)	0	2 (3.8)	2
Oral herpes	1 (1.9)	1	0 (0)	0

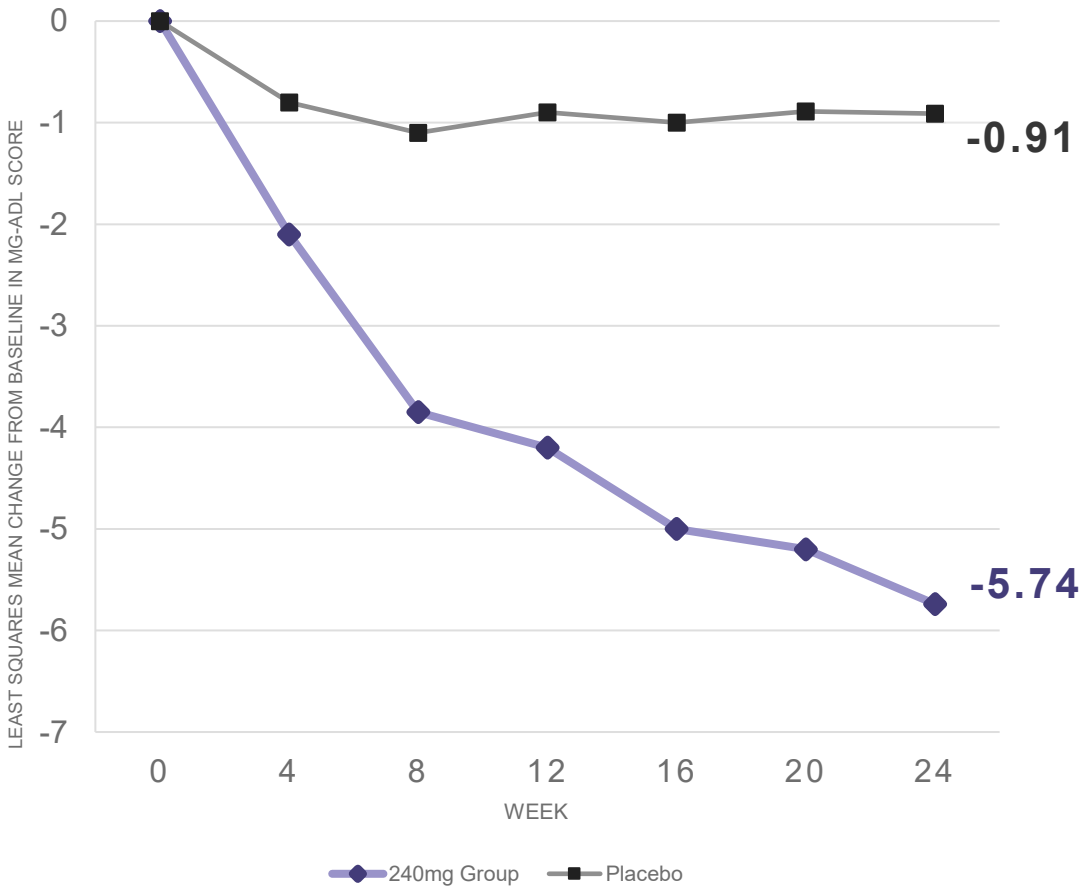
AE, adverse event; gMG, generalized myasthenia gravis; SjD, Sjogren's disease; SLE, systemic lupus erythematosus; RA, rheumatoid arthritis; IgAN, IgA nephropathy

RemeGen-sponsored trial

Telitacicept Delivers Lasting Disease Control vs. Cyclic Relapse from FcRn Inhibitors

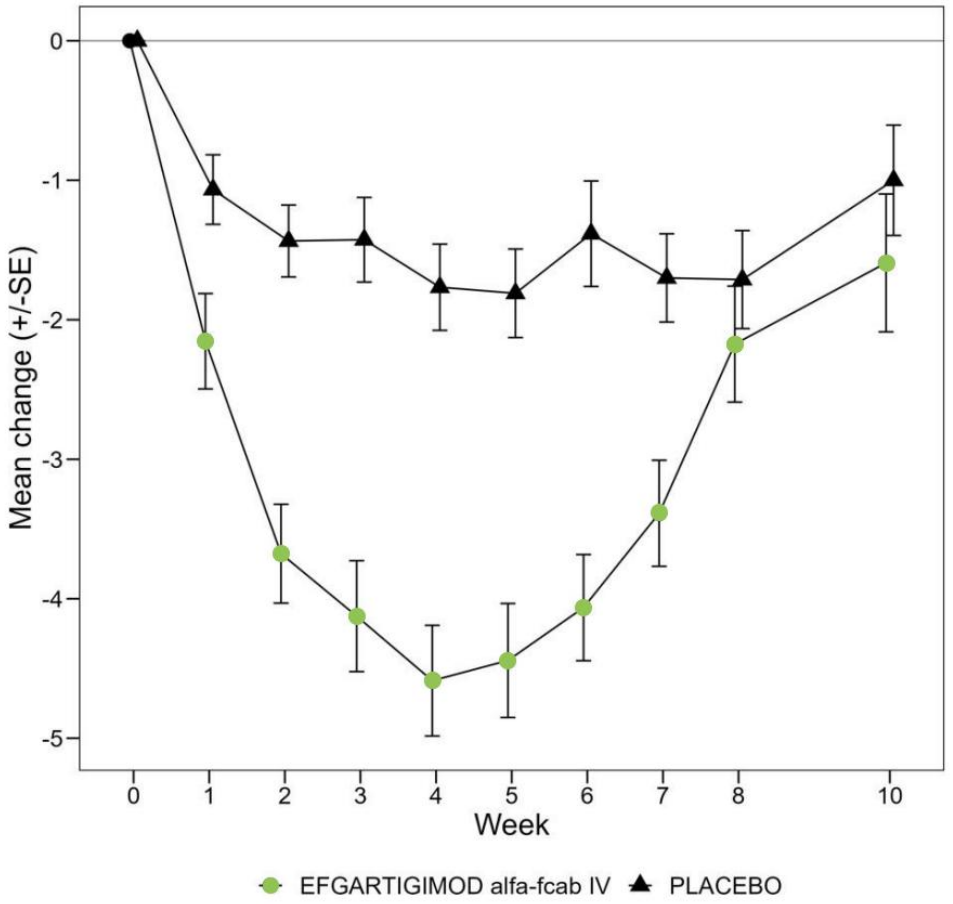
REMEGEN PHASE 3 CHINA TRIAL

Mean Change in MG-ADL Score†



ARGENX PHASE 3 ADAPT TRIAL

Mean Change in Total MG-ADL From Cycle 1 Baseline Over Time in AChR-Ab Positive Patients (mITT Analysis Set)



Based on historical clinical data; not a head-to-head trial

RemeGen-sponsored trial

†Missing data imputed as non-response.

MG-ADL, Myasthenia Gravis - Activities of Daily Living

Telitacicept Targets What Matters and Preserves What Protects

A balanced IgG and B cell reduction allows for superior outcomes

	Telitacicept	VYVGART™ (efgartigimod alfa-fcab)	UPLIZNA® inebilizumab-cdon
MoA	**TACI-Fc**	**Anti-FcRn**	**Anti-CD19**
IgG Reduction	25-35%	60-65%	N/A
CD19+ B cell reduction	20-40%	NA	100%
ΔMG-ADL vs. PBO	**-4.8**	**-2.8**	**-1.9**
ΔQMG vs. PBO	**-6.4**	**-5.2**	**-2.5**
Data readout	Week 24	Week 4	Week 24

Based on historical clinical data; not a head-to-head trial

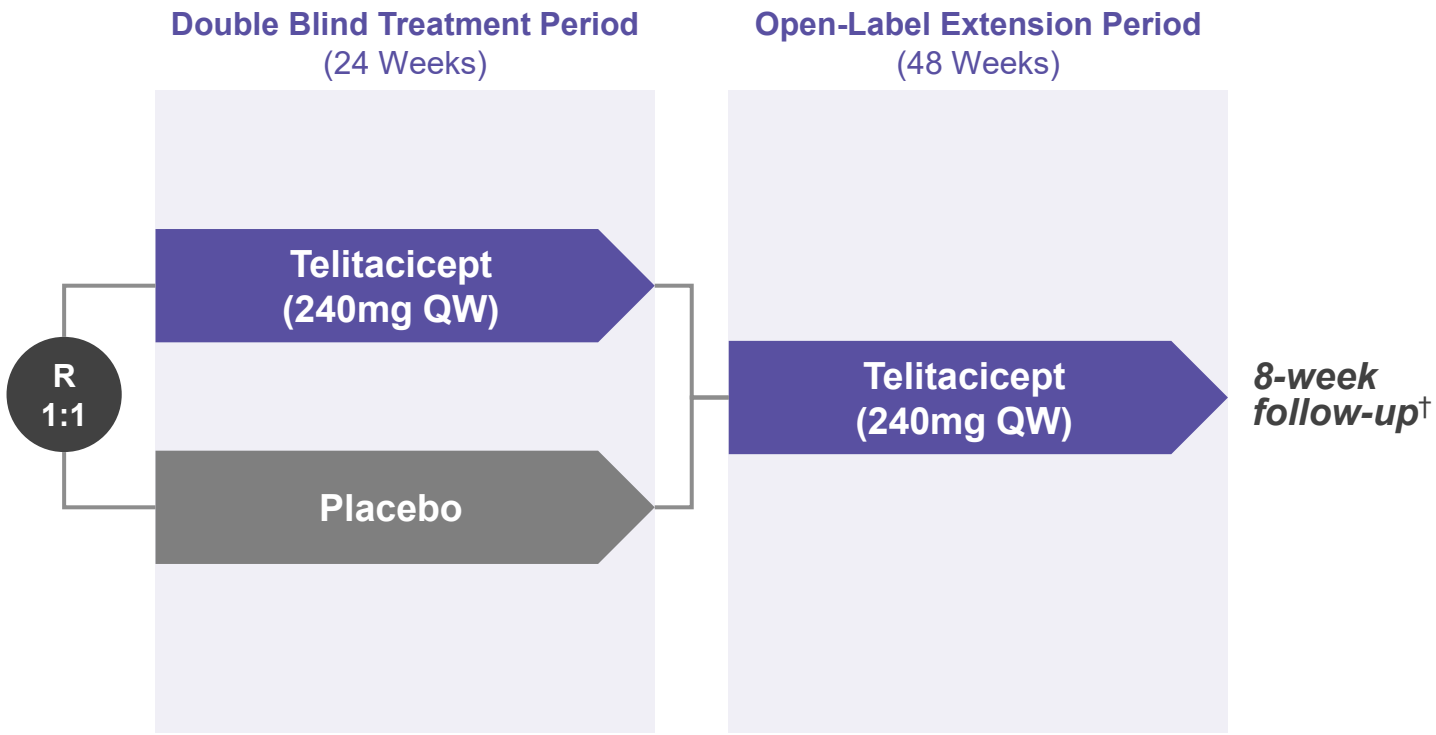
1. Argenx Phase 3 ADAPT Trial
2. Amgen Phase 3 MINT Trial
3. RemeGen China Phase 3 Trial

MoA, mechanism of action; MG-ADL, myasthenia gravis-activities of daily living; QMG, quantitative myasthenia gravis; PBO, placebo

UPSTREAM MG: Global Phase 3 in Generalized Myasthenia Gravis

Potential best- and first-in-class BAFF/APRIL inhibitor; randomized, double-blind, placebo-controlled study

~180*
Adults With gMG



Primary Endpoint

- Change from baseline in MG-related ADL at week 24

Secondary Endpoints

- Change from baseline in QMG and MG-QOL15r at week 24
- Number of patients with a ≥2 point decrease in MG-ADL at week 24
- Number of patients with ≥3 point decrease in QMG at week 24

Topline Global Phase 3 Data Anticipated in 1H27

MG-ADL, Myasthenia Gravis-Activities of Daily Living; QMG, Quantitative Myasthenia Gravis; QW, per week. *Estimated. †For patients who discontinue treatment before the open-label extension (OLE) period, end of treatment (EOT) and end of study (EOS) time points are at 24 and 32 weeks respectively. For those continuing with the OLE, EOT and EOS time points are at 72 and 80 weeks respectively. ClinicalTrials.gov. NCT05737160. Updated May 5, 2025. Accessed August 19, 2025. https://clinicaltrials.gov/study/NCT05737160

Sjögren's Disease

Moving Beyond Symptom Management

Sjögren's: A Large, Vastly Underserved Autoimmune Disease

Targeting ~100,000[1] addressable patient US opportunity with a potential best-in-disease profile

1 — *ESSDAI 0*

Symptom-Directed

Local/topical therapies for dryness

2 — *ESSDAI 0-4*

Mild-to-Moderate (No Major Organ Involvement)

DMARDs (hydroxychloroquine, methotrexate)

3 — *ESSDAI* 5-13

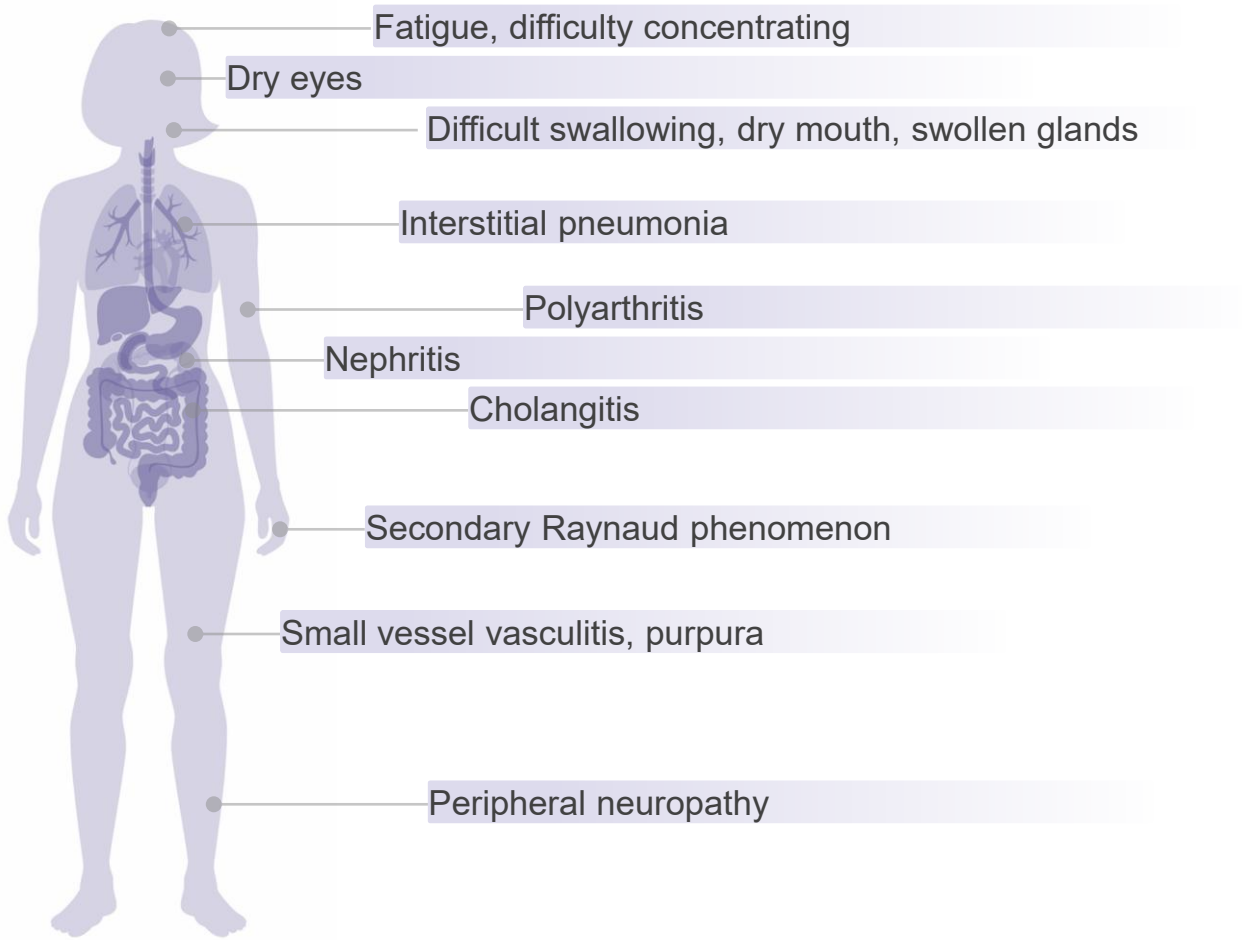
Moderate-to-Severe (Non–Life Threatening)

Immunosuppressants (Methotrexate, azathioprine, or cyclosporine)

4 — *ESSDAI* ≥14

Severe Disease (Major Organ Involvement)

High potency immunosuppressants, biologics



1. Vor metanalysis and estimates

DMARDs, disease-modifying anti-rheumatic drugs; ESSDAI, EULAR Sjögren's syndrome disease activity index

Sjögren's: One of the Most Common Systemic Autoimmune Diseases Globally

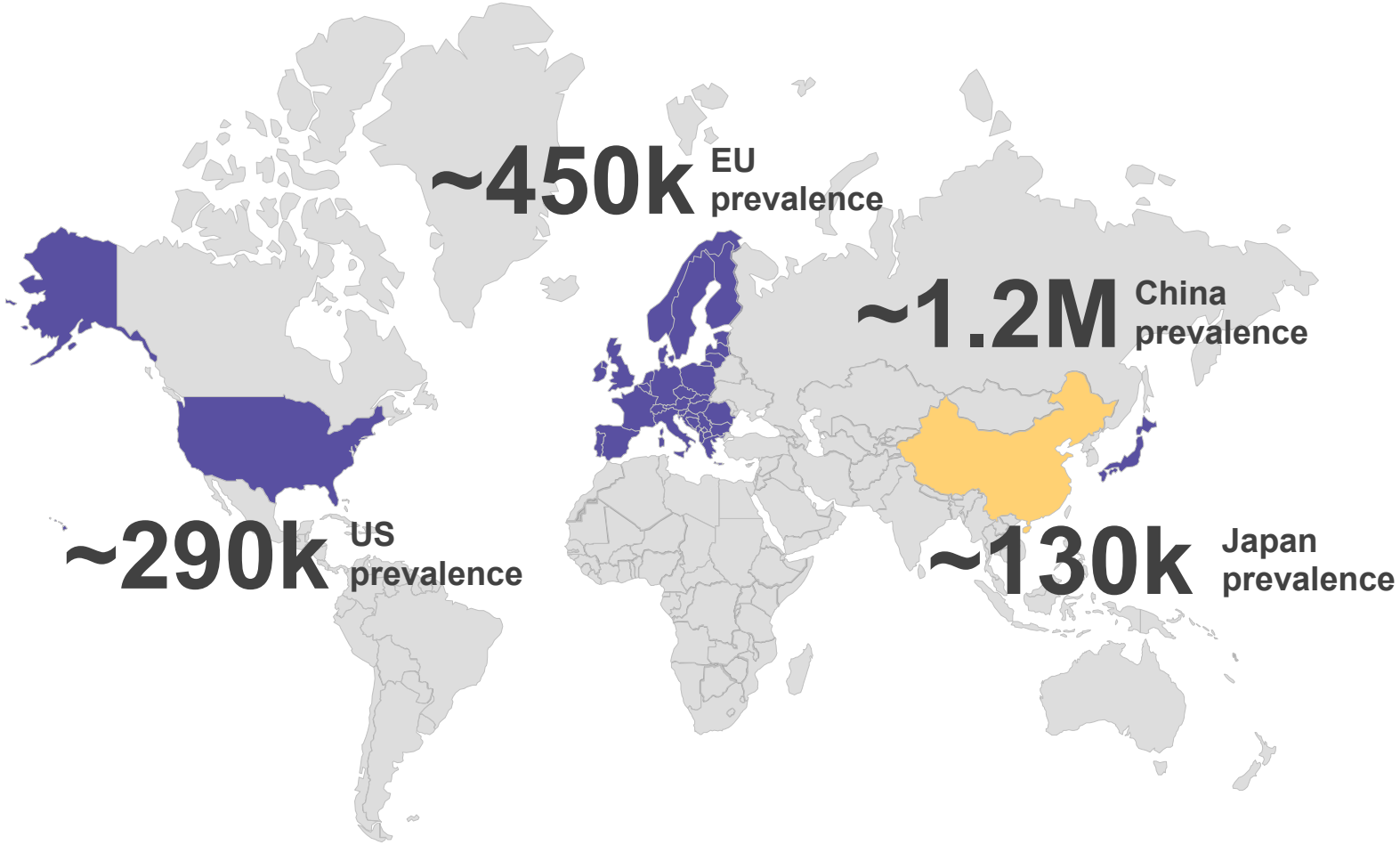
~870,000 diagnosed Sjögren's patients across key markets[1]

Favorable Growth Drivers

- Rising diagnosis rates from better awareness and testing

Underpenetrated Market

- No approved disease-modifying systemic therapies
- Patients managed with symptomatic treatments



1. Vor metanalysis and estimates; excludes Chinese market

ACR | Potential to Redefine Treatment in SjD

Telitacicept showed statistically significant and clinically meaningful improvement in SjD

A True Signal, No Noise

- No DMARDs, no steroids

Clinically Meaningful, Statistically Clear

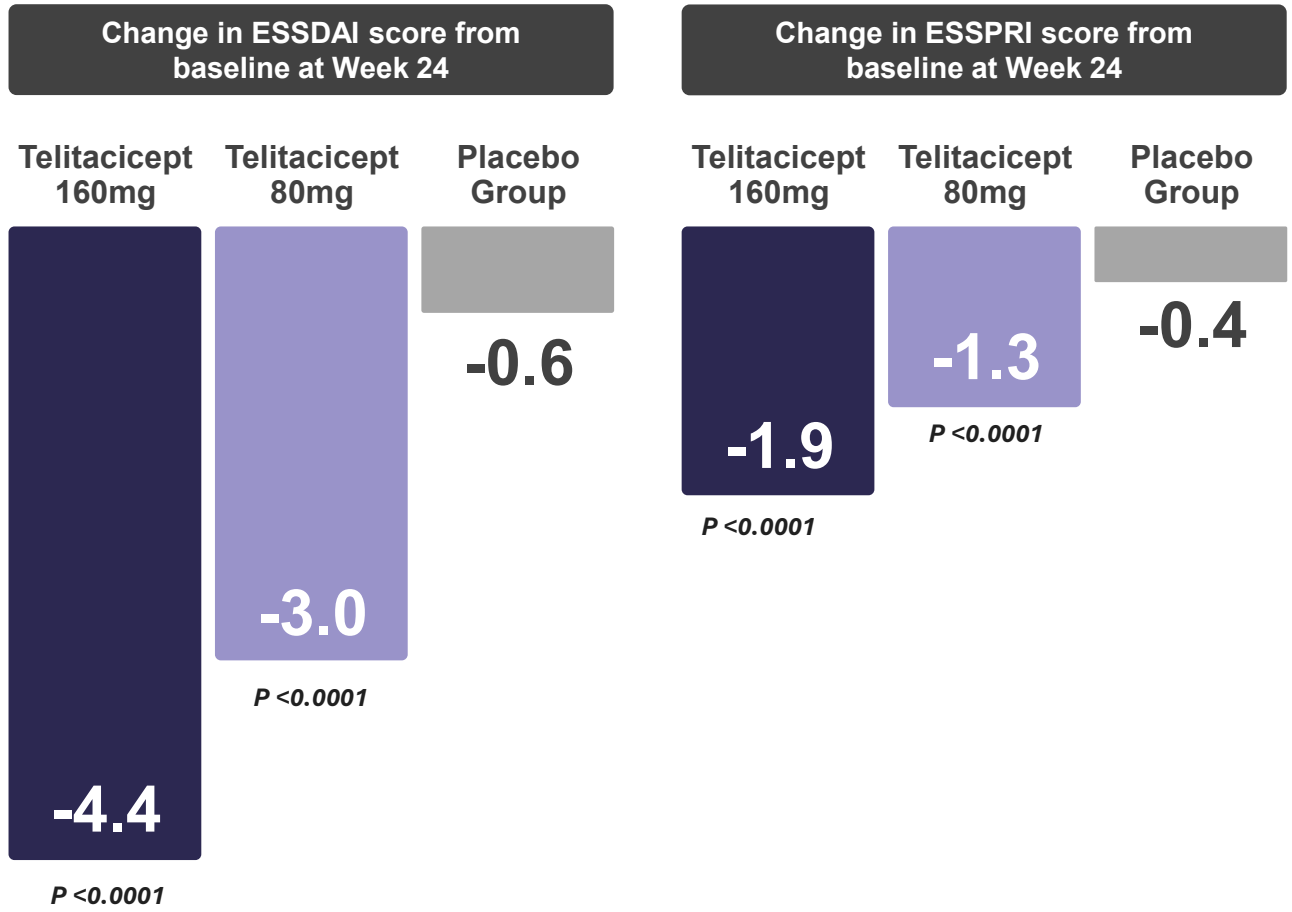
- Robust, dose-dependent improvements across physician- and patient-assessed outcomes

Depth and Durability Across Domains

- Improvement of systemic activity, symptoms, and function

Consistent Safety Profile

- No new safety signals. No opportunistic infection reported.



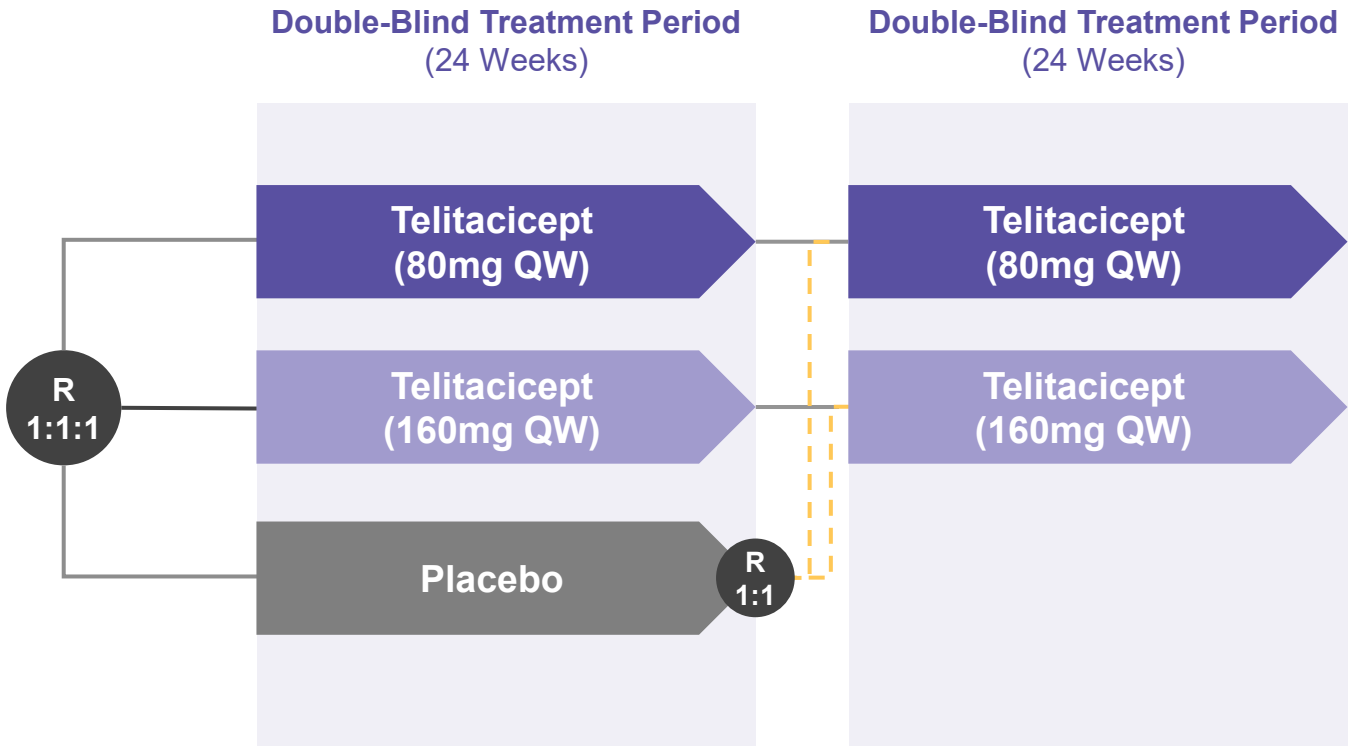
SjD, Sjogren's disease; The analysis of change from baseline in ESSDAI and ESSPRI score over Weeks 0-24 was based on the estimate population (EP). The MMRM method was used and missing data were not imputed. The analysis of change from baseline in ESSDAI and ESSPRI score over Weeks 0-48 was based on the estimate population (EP). The post-switching data for the two telitacicept groups and the placebo group were handled with the LOCF method, i.e. imputing all the post-switching values with the most recent pre-switching results.

Phase 3 Trial in Primary Sjögren's Disease Completed in China

Potential best-in-disease profile in China; randomized, double-blind, placebo-controlled study

380*

Adults With pSjD



Primary Endpoint

- Change from baseline in ESSDAI at 24 weeks

Secondary Endpoints

- Change from baseline in ESSDAI at 12 weeks
- Changes from baseline in ESSPRI, PGA, PaGA, SF-36 and MFI-20 at 12 and 24 weeks

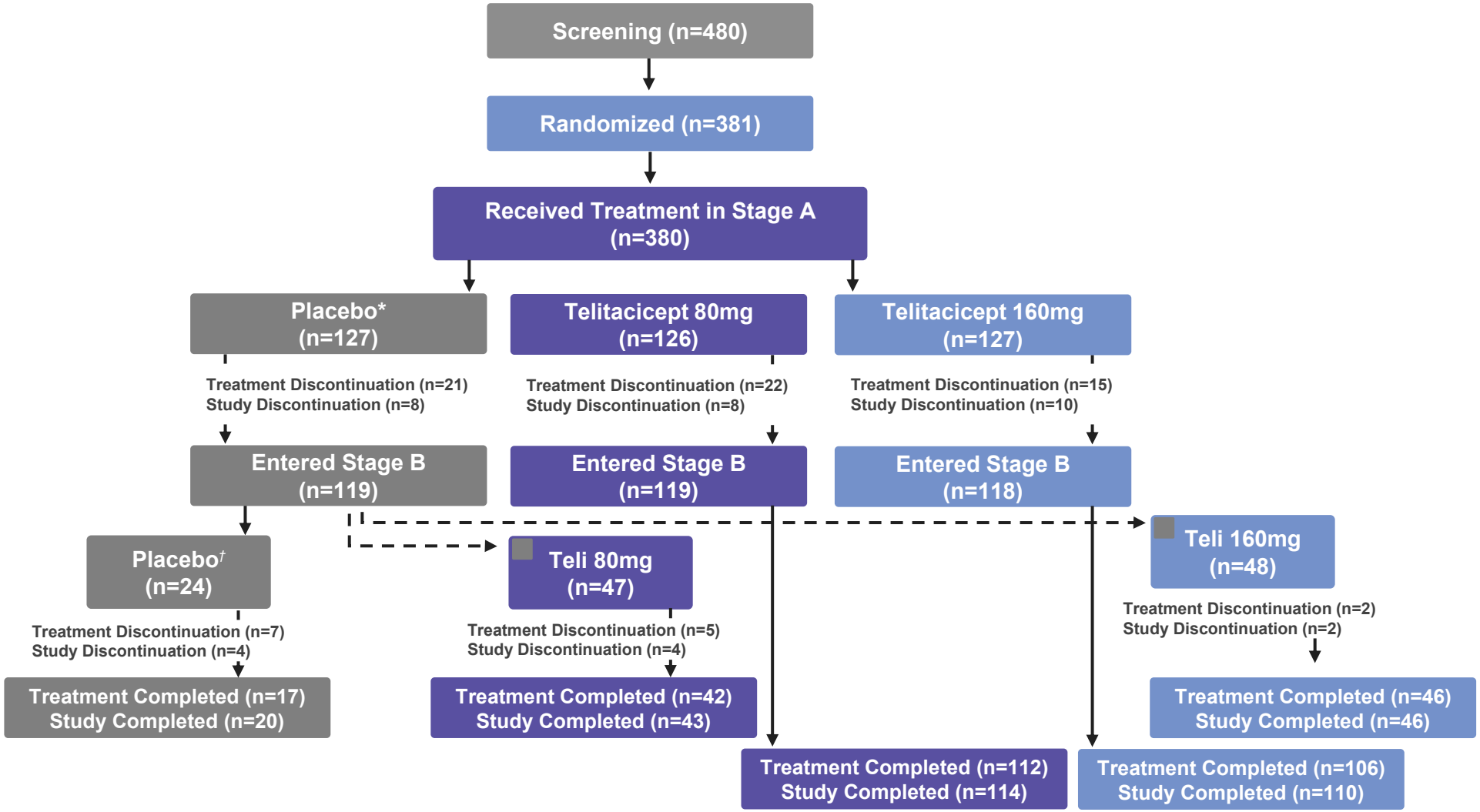
Primary Endpoint Achieved in August 2025

*Estimated. ESSDAI, EULAR Sjögren's syndrome disease activity index; ESSPRI, EULAR Sjögren's Syndrome Patient Reported Index; MFI-20, multidimensional fatigue inventory; PGA, physician's global assessment; PaGA, patient's global assessment; SF-36, 36-item short-form; pSjD, primary Sjögren's disease; QW, per week.

RemeGen-sponsored trial

Patient Disposition

Strong study execution across 79 sites in China



*Participants randomized to the placebo group; †Participants who did not switch treatment throughout the trial; Teli, telitacicept

RemeGen-sponsored trial

Baseline Characteristics

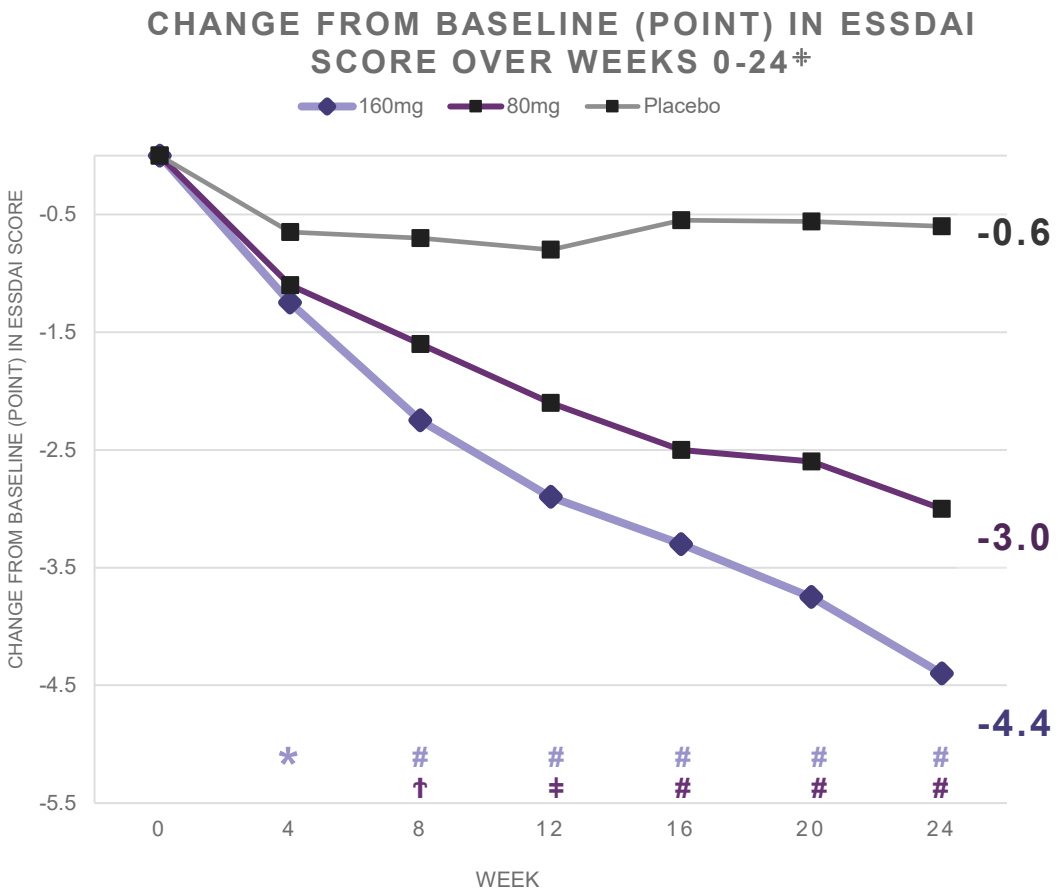
Well-balanced, representative patient population across treatment arms

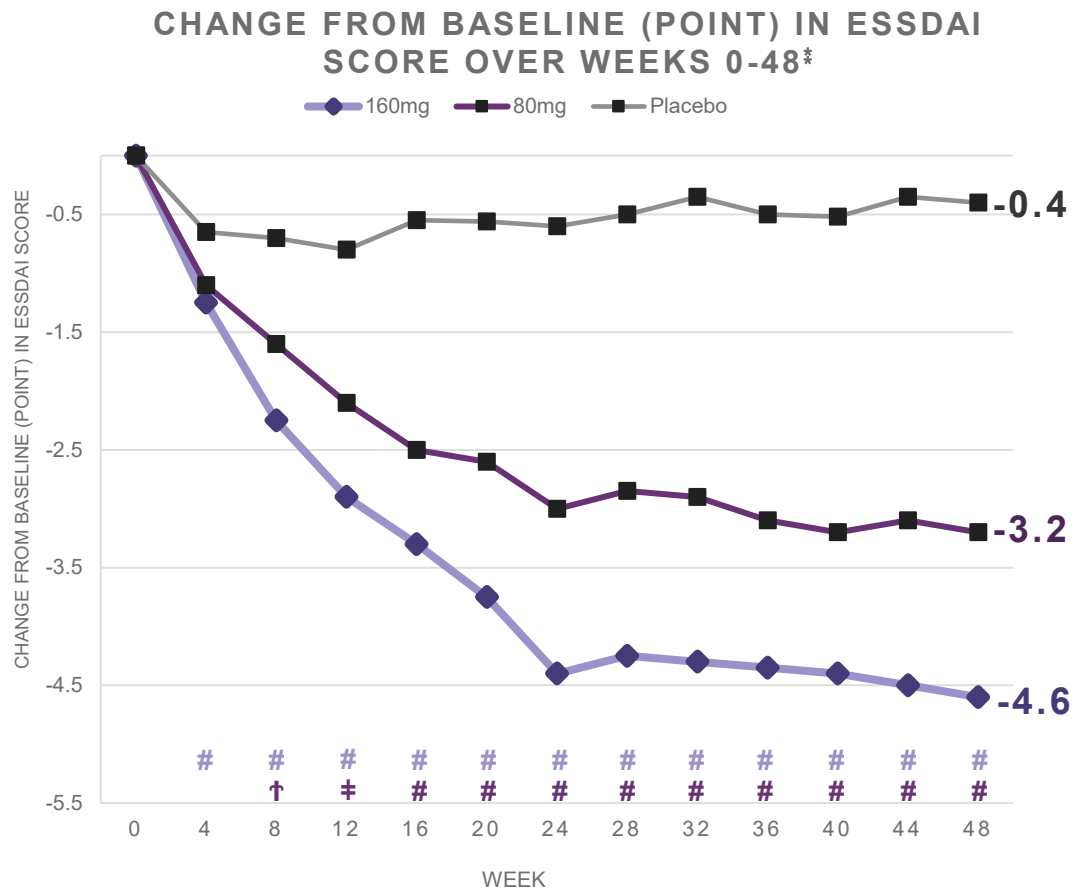
	Telitacicept 160mg (n=127)	Telitacicept 80mg (n=127)	Placebo (n=127)	Total (n=381)
Age (yr), Mean (SD)	45.9 (12.29)	44.6 (12.06)	47.3 (12.75)	46.0 (12.39)
Body Weight (kg), Mean (SD)	55.89 (9.04)	56.88 (8.71)	56.99 (11.08)	56.58 (9.65)
BMI (kg/m^2), Mean (SD)	22.03 (3.16)	22.31 (3.19)	22.24 (3.58)	22.19 (3.31)
Sex, n (%), Female	124 (97.6)	124 (97.6)	123 (96.9)	371 (97.4)
pSD Duration (mon), Mean (SD)	21.388 (36.32)	25.831 (46.90)	19.930 (39.57)	22.383 (41.14)
ESSDAI Score, Mean (SD)	10.0 (3.77)	9.8 (3.52)	10.2 (4.17)	10.0 (3.82)
ESSDAI ≥10 points, n (%)	63 (49.6)	61 (48.0)	63 (49.6)	187 (49.1)
ESSPRI Score, Mean (SD)	5.07 (1.60)	4.91 (1.72)	5.08 (1.76)	5.02 (1.69)
MFI-20 Total Score, Mean (SD)	56.8 (12.08)	56.8 (12.50)	58.1 (13.07)	57.2 (12.54)
Baseline Hydroxychloroquine Use, n (%)	87 (68.5)	97 (76.4)	99 (78.0)	283 (74.3)
IgG (g/L), Mean (SD)	21.459 (7.43)	22.429 (7.95)	22.297 (7.21)	22.062 (7.53)
IgA (g/L), Mean (SD)	3.435 (1.63)	3.637 (1.86)	3.154 (1.68)	3.409 (1.73)
IgM (g/L), Mean (SD)	1.458 (0.64)	1.372 (0.92)	1.274 (0.70)	1.368 (0.77)
CD19$^+$ B Cell (cells/μL), Mean (SD)	209.412 (129.10)	183.993 (109.52)	266.902 (726.52)	220.102 (430.96)

SD: standard deviation; BMI: body mass index; Mon, months; ESSDAI, EULAR Sjögren's syndrome disease activity index; ESSPRI, EULAR Sjögren's Syndrome Patient Reported Index; MFI-20, multidimensional fatigue inventory; RemeGen-sponsored trial

Deep, Consistent ESSDAI Reduction Through 48 Weeks

7x greater improvement means fewer active symptoms and broader systemic relief for patients





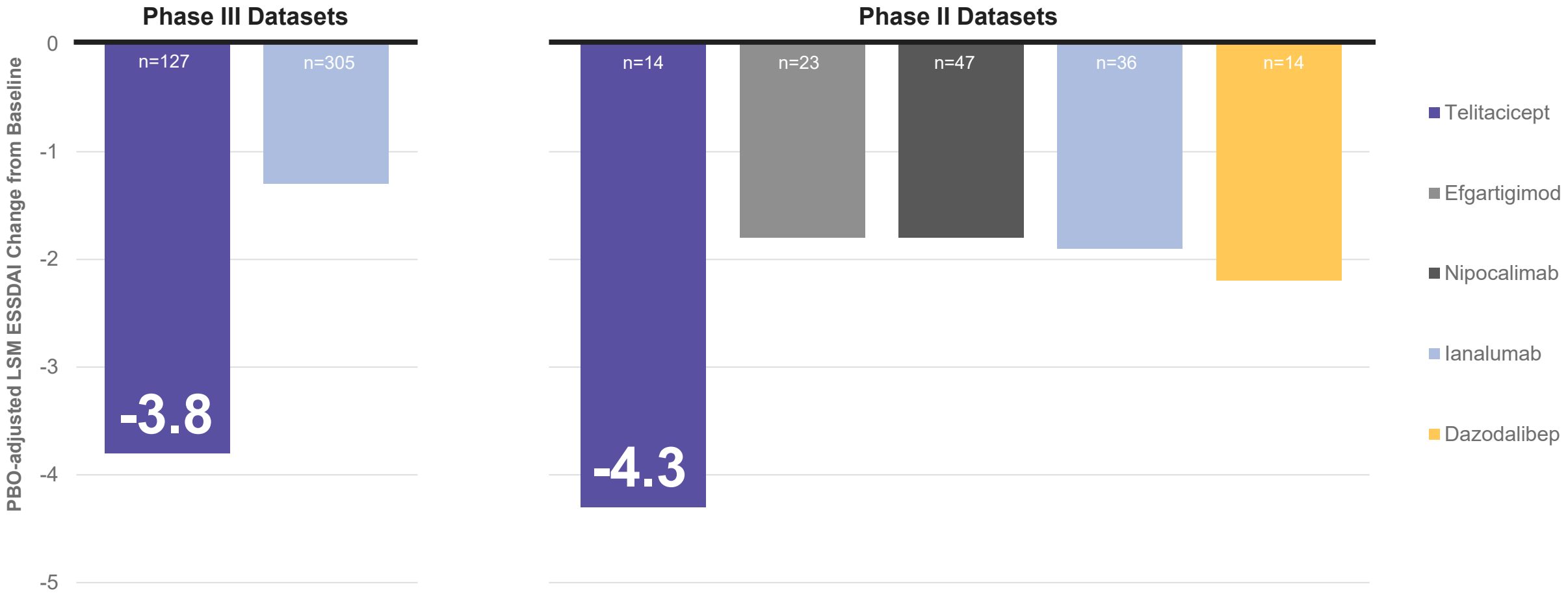
(* *P*<0.05, † *P*<0.01, ‡ *P*<0.001, # *P*<0.0001)

Placebo*: Participants randomized to the placebo group. ⁜The analysis of change from baseline in ESSDAI score over Weeks 0-24 was based on the estimate population (EP). The MMRM method was used and missing data were not imputed. ⁑The analysis of change from baseline in ESSDAI score over Weeks 0-48 was based on the estimate population (EP). The post-switching data for the two telitacicept groups and the placebo group were handled with the LOCF method, i.e. imputing all the post-switching values with the most recent pre-switching results.

RemeGen-sponsored trial

Telitacicept: Potential Best-In-Disease Efficacy Globally

Statistically significant and clinically meaningful improvement in ESSDAI



Based on historical clinical data; not a head-to-head trial

Efgartigimod - RHO; Nipocalimab - Bowman 2022, Lancet; Ianalumab - St. Clair 2024, Nature and Grader-Beck 2025 ACR; Dazodalibep - Xu 2024 Rheumatology; Ianalumab Phase 3 – ACR 2025

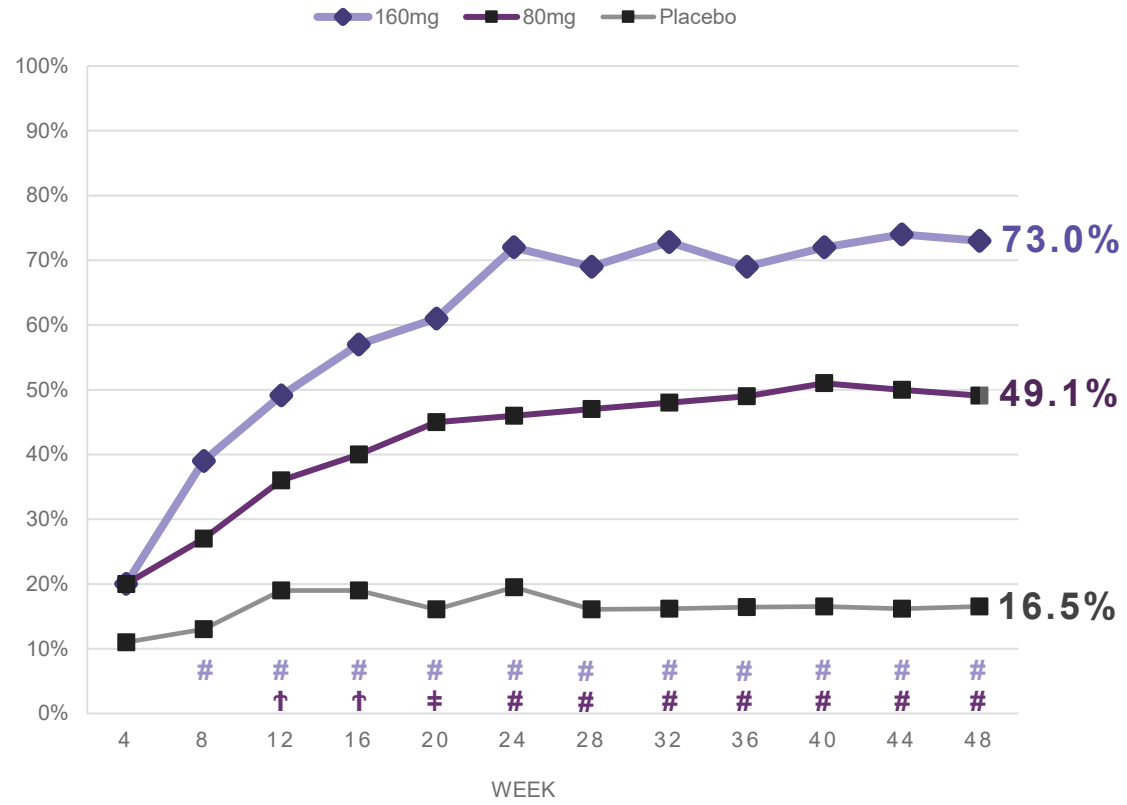
ESSDAI, EULAR Sjögren's syndrome disease activity index

RemeGen-sponsored trial

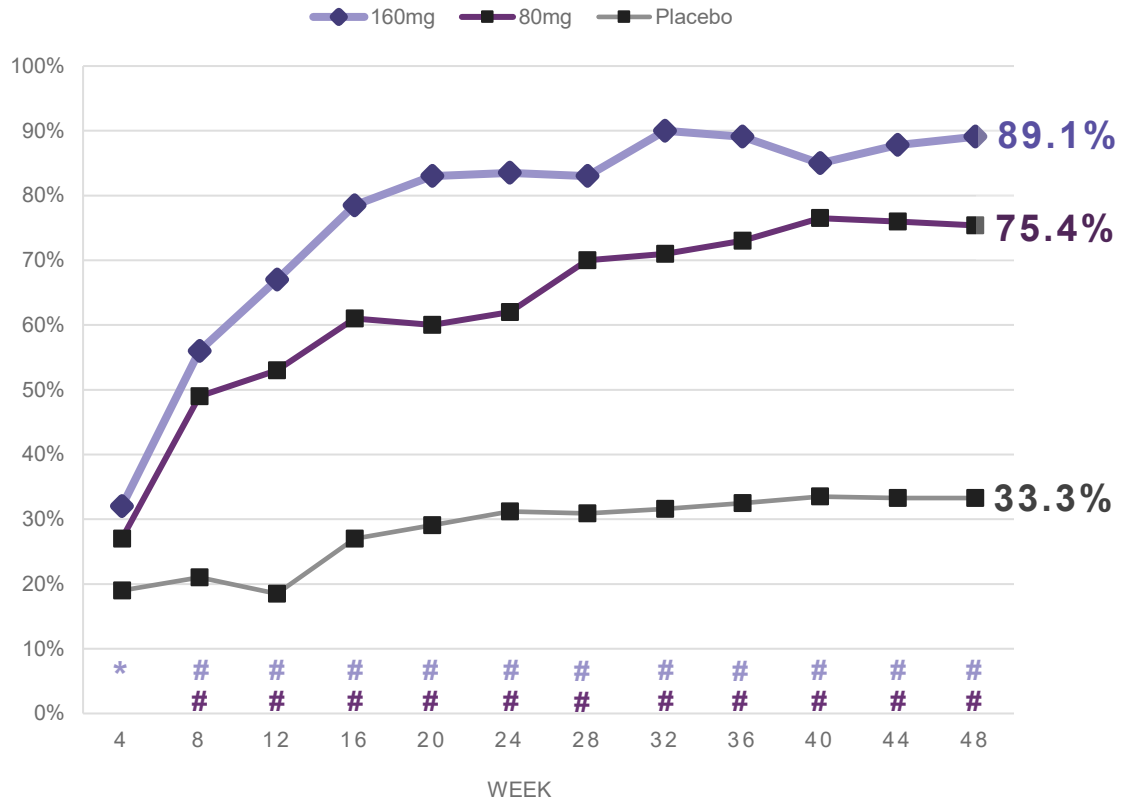
Early, Broad Symptom Improvements Observed with Telitacicept

Nearly 90% of patients report improvement as physicians confirm disease control in 3 out of 4 patients

PROPORTION OF PARTICIPANTS WITH ≥3-POINT REDUCTION FROM BASELINE IN ESSDAI SCORE OVER TIME⁜‡



PROPORTION OF PARTICIPANTS WITH ≥1-POINT OR ≥15% REDUCTION FROM BASELINE IN ESSPRI SCORE OVER TIME⁜‡



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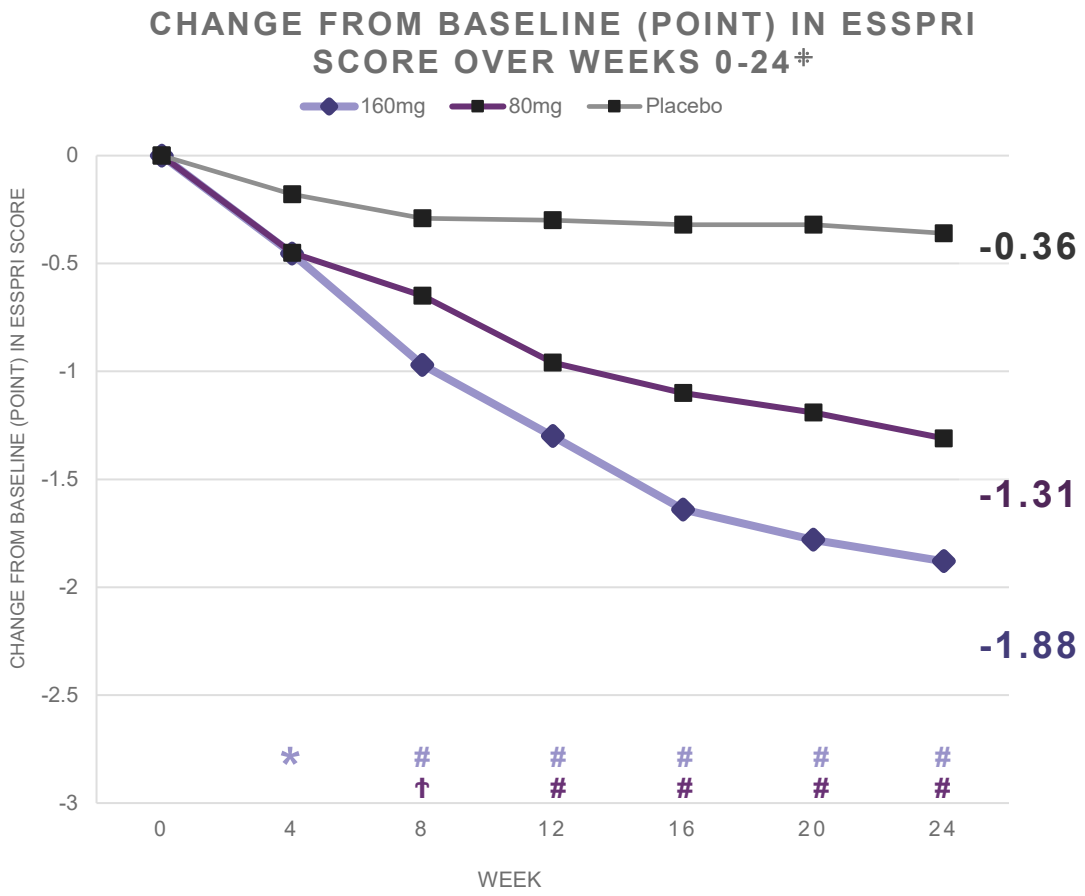
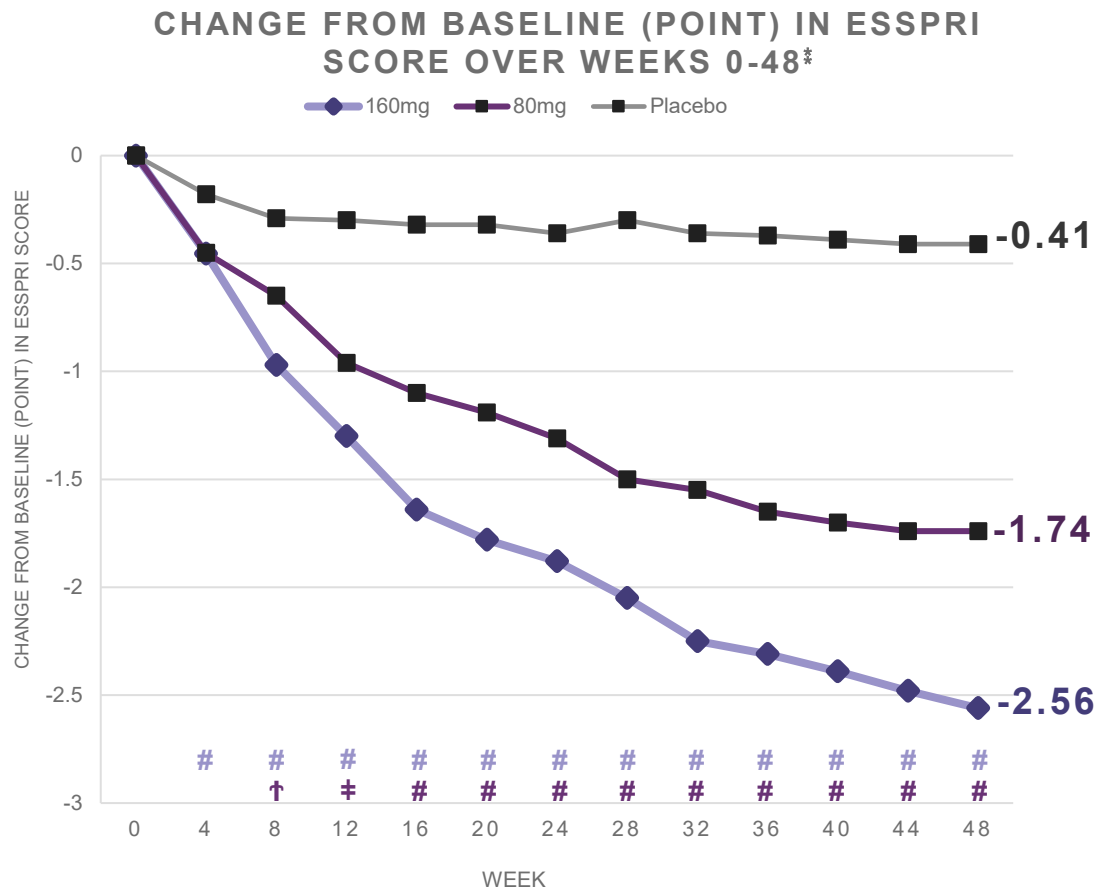
Placebo*: Participants randomized to the placebo group. ⁜The analysis of change from baseline in ESSDAI and ESSPRI score over Weeks 0-24 was based on the estimate population (EP). The MMRM method was used and missing data were not imputed. ‡The analysis of change from baseline in ESSDAI and ESSPRI score over Weeks 0-48 was based on the estimate population (EP). The post-switching data for the two telitacicept groups and the placebo group were handled with the LOCF method, i.e. imputing all the post-switching values with the most recent pre-switching results.

RemeGen-sponsored trial

Sustained Improvement in ESSPRI Through 48 Weeks

Reduction in patient-reported fatigue, pain, and dryness by ~2.6 points at one year





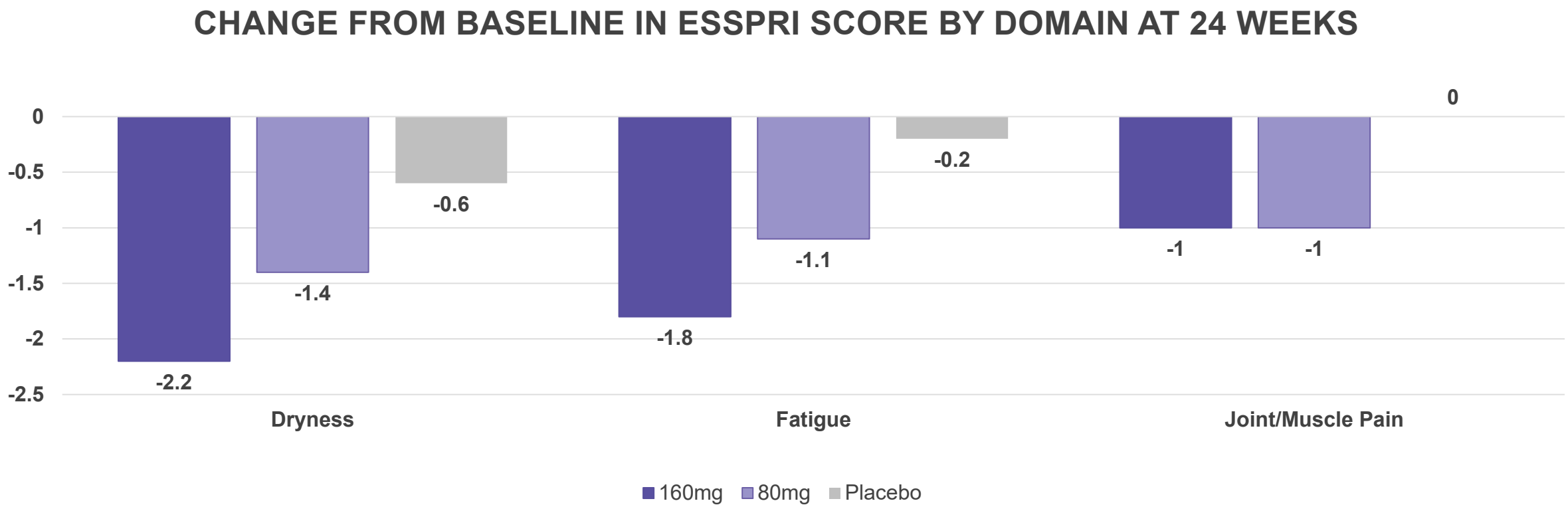
(* *P*<0.05, † *P*<0.01, ‡ *P*<0.001, # *P*<0.0001)

Placebo*: Participants randomized to the placebo group. ⁜The analysis of change from baseline in ESSPRI score over Weeks 0-24 was based on the estimate population (EP). The MMRM method was used and missing data were not imputed. ⁑The analysis of change from baseline in ESSPRI score over Weeks 0-48 was based on the estimate population (EP). The post-switching data for the two telitacicept groups and the placebo group were handled with the LOCF method, i.e. imputing all the post-switching values with the most recent pre-switching results.

RemeGen-sponsored trial

BAFF/APRIL MOA Associated With Improvement Across All ESSPRI Domains

Meaningful improvement across dryness, fatigue, and pain – symptoms that define daily patient life

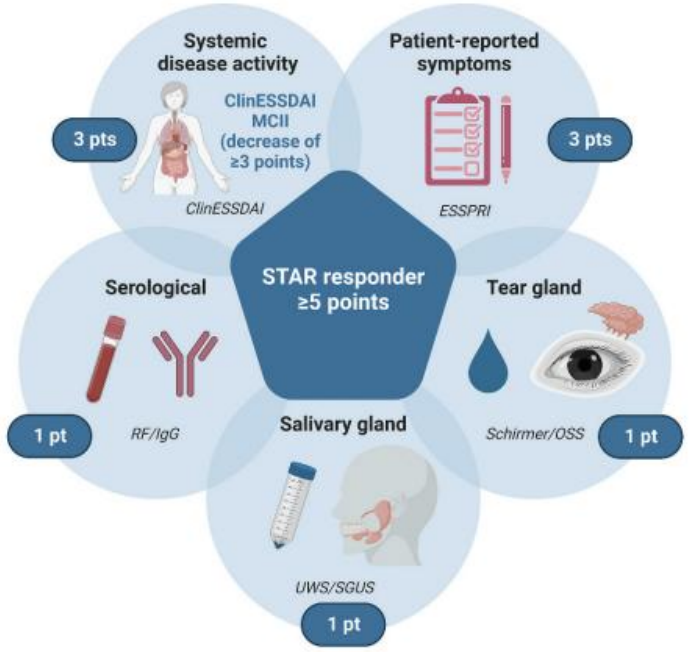


RemeGen-sponsored trial

MOA, mechanism of action

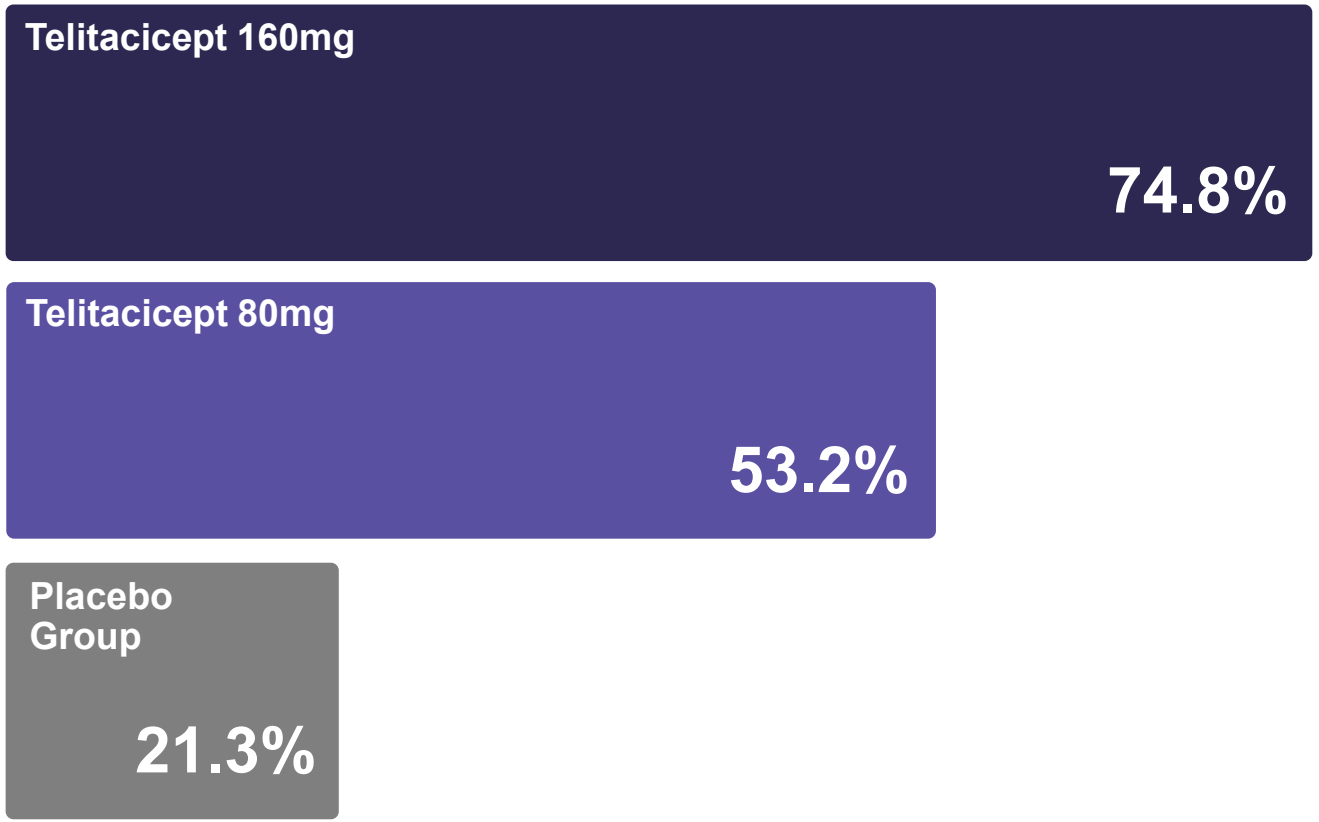
STAR: Exploratory Endpoint Demonstrates Multi-Domain Improvement

Nearly 3 in 4 patients achieved ≥5 point response



- STAR integrates systemic disease activity (ClinESSDAI), symptoms (ESSPRI), and glandular function (Schirmer's / salivary flow)
- Systemic disease activity and patient-reported symptoms are considered as major items (3 points per item) and the rest as minor items (1 point per item)
- Patients are classified as STAR responders when they reach ≥ 5 of 9 points

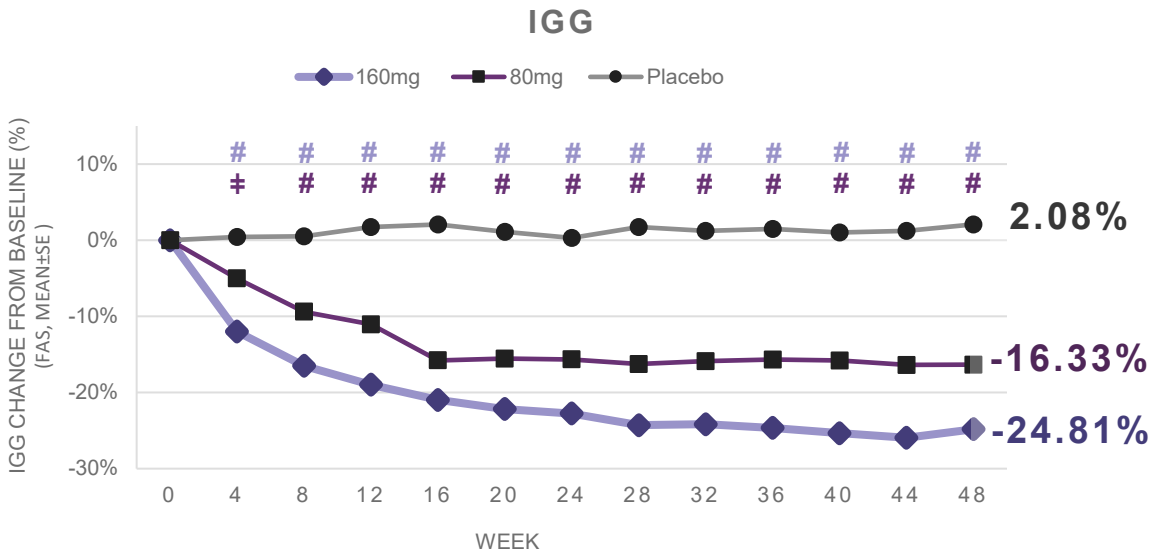
STAR Responders (%) at Week 24

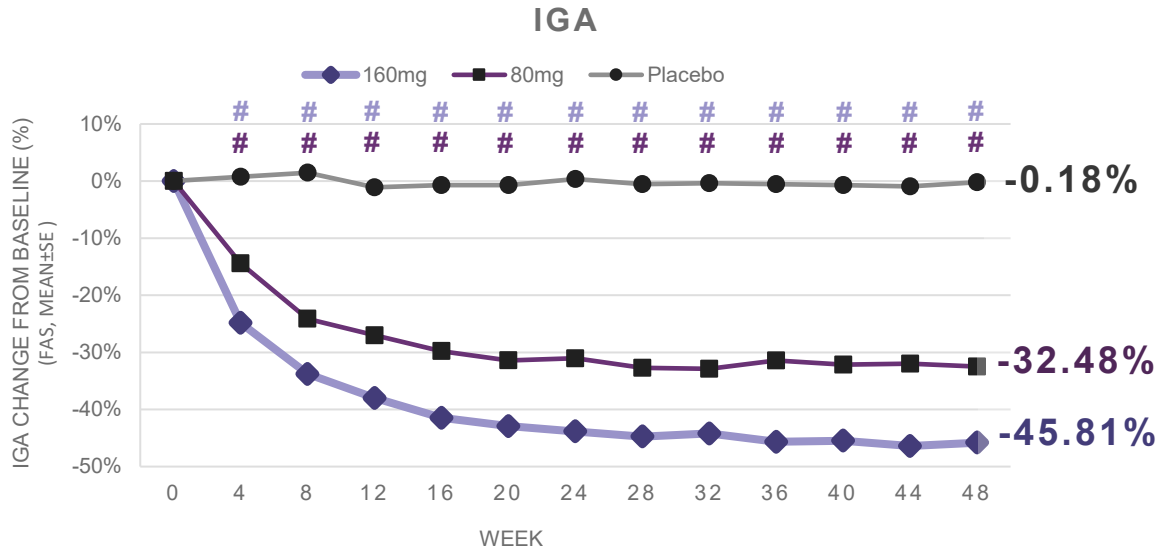


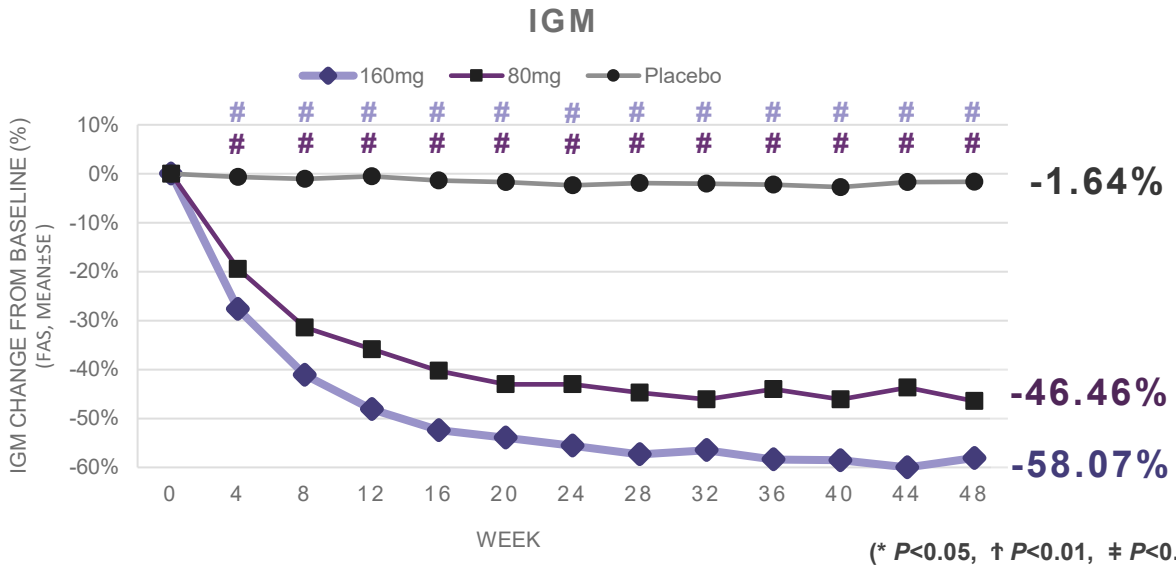
Placebo*: Participants randomized to the placebo group. A STAR responder was defined as a participant with a total STAR score of ≥5 points. Participants with missing scores in any domain (except those with a total STAR score of ≥5 points despite missing scores in some domains) were imputed as "non-responders". The responder proportion analysis for Weeks 0-24 was based on estimate population (EP). The stratum-adjusted between-group difference was tested with the CMH method. The responder proportion analysis for Weeks 28-48 was based on the estimate population (EP). The stratum-adjusted between-group difference was tested with the CMH method. The post-switching data for the two telitacicept groups and the placebo group were handled with the LOCF method, i.e. imputing all the post-switching values with the most recent pre-switching results.

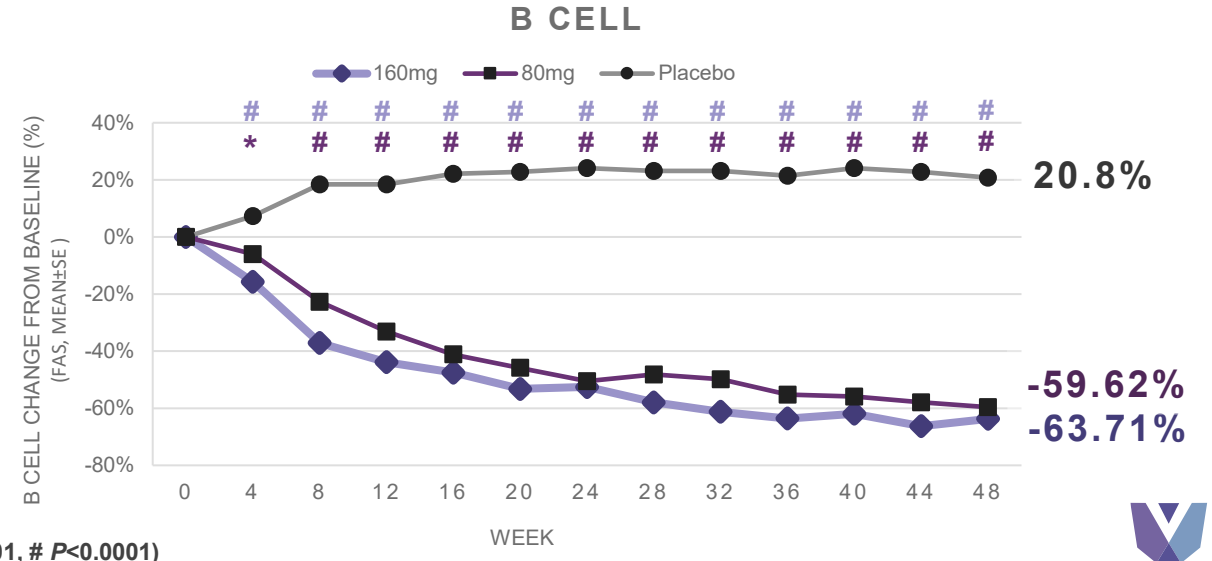
RemeGen-sponsored trial

Consistent Reduction in IgG, IgA, IgM, and B Cells









(* *P*<0.05, † *P*<0.01, ‡ *P*<0.001, # *P*<0.0001)

RemeGen-sponsored trial

Favorable Safety Profile in pSjD

Consistent with data from clinical trials in SLE, RA, gMG, and IgAN, and post-marketing data

	Telitacicept 160mg (N=127)	Telitacicept 80 mg (N=126)	Placebo Group (N=127)
TEAE, n(%)	122 (96.1)	119 (94.4)	112 (88.2)
TRAE, n(%)	107 (84.3)	106 (84.1)	74 (58.3)
TESAE, n(%)	11 (8.7)	14 (11.1)	10 (7.9)
TRSAE, n(%)	2 (1.6)	5 (4.0)	4 (3.1)
Severe TEAE, n(%)	3 (2.4)	5 (4.0)	3 (2.4)
Severe TRAE, n(%)	0	1 (0.8)	1 (0.8)
Death, n(%)	0(0)	0(0)	0(0)
Common TEAE (incidence ≥10% in any group)			
Upper respiratory tract infections, n(%)	80 (63.0)	85 (67.5)	74 (58.3)
Urinary tract infection, n(%)	8 (6.3)	15 (11.9)	7 (5.5)
Cough, n(%)	11 (8.7)	14 (11.1)	8 (6.3)
Hepatic function abnormal, n(%)	7 (5.5)	16 (12.7)	7 (5.5)
Injection site reaction, n(%)	53 (41.7)	51 (40.5)	5 (3.9)
Pyrexia, n(%)	4 (3.1)	14 (11.1)	4 (3.1)

RemeGen-sponsored trial

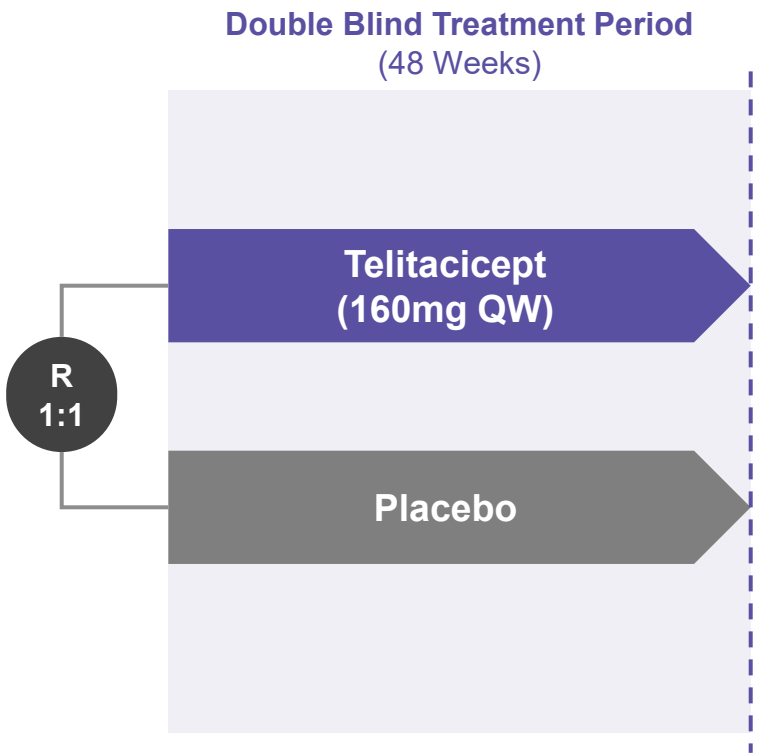
TEAE, treatment emergent adverse event; TRAE, treatment related adverse event; TESAE, treatment emergent serious adverse event; TRSAE, treatment related serious adverse event; pSjD, primary Sjogren's disease SLE, systemic lupus erythematosus; RA, rheumatoid arthritis; gMG, generalized myasthenia gravis; IgAN, IgA nephropathy

UPSTREAM SjD: Global Phase 3 Trial in Primary Sjögren's Disease

Potential best- and first-in-class BAFF/APRIL inhibitor; randomized, double-blind, placebo-controlled study

250*

Adults With pSjD



Primary Endpoint

- Change from baseline in ESSDAI at 48 weeks

Secondary Endpoints

- Changes from baseline in ESSPRI, Whole Salivary Flow, Unstimulated Whole Salivary Flow, Schirmer's Test, SF-36, FACIT-F, and MFI-20 at 48 weeks
- Proportion of patients who achieve >3 domains of CRESS and ≥5 domains of STAR

Enrollment Ongoing; First Patient Dosed in 1Q26

*Estimated. ESSDAI, EULAR Sjögren's syndrome disease activity index; ESSPRI, EULAR Sjögren's Syndrome Patient Reported Index; MFI-20, multidimensional fatigue inventory; PGA, physician's global assessment; PaGA, patient's global assessment; SF-36, 36-item short-form; pSjD, primary Sjögren's disease; QW, per week.

Significant Near-Term Expansion Opportunities

90k

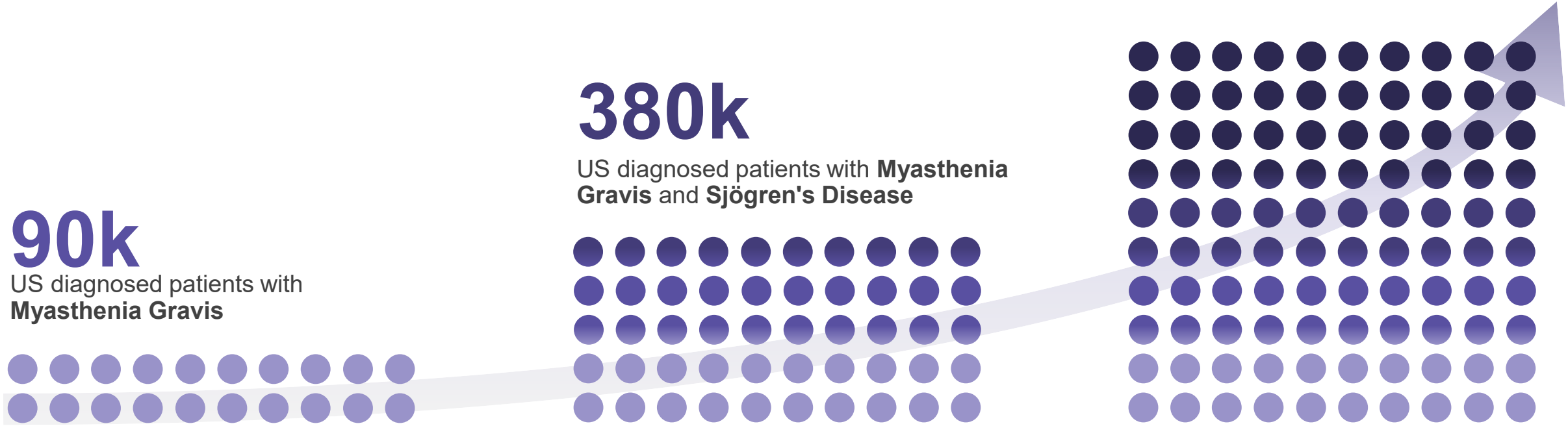
US diagnosed patients with **Myasthenia Gravis**

380k

US diagnosed patients with **Myasthenia Gravis** and **Sjögren's Disease**

>1M+

US diagnosed patients with **Myasthenia Gravis**, **Sjögren's Disease**, and **other B-cell mediated autoimmune disease**



Beachhead **Follow-On** **Expansion**

1. Vor metanalysis and estimates

2026:

Advancing The Leading BAFF/APRIL Inhibitor

~$492M

Runway into Early 2029*

01 MYASTHENIA GRAVIS

Global Phase 3 Topline Data in 1H27

Best-in-Disease, Commercially Approved in China

02 SJÖGREN'S DISEASE

Global Phase 3 Initiated; FPD in 1Q26

Best-in-Disease, BLA Submission Accepted in China

03 EXPANSION OPPORTUNITIES

Broad Potential Across B Cell-Driven Immune Diseases

Indication Focus on High Unmet Need And Clinical Value

FPD, first patient dosed; *Cash, cash equivalents, and short-term investments as of March 31, 2026

Thank You.

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Vorbio.com