



DEVELOPING AND DISTRIBUTING A COVID-19 VACCINE:

A BRIEFING FROM NATIONAL EXPERTS

OCTOBER 26, 2020



SPEAKERS



Michael Mullette Vice President North America Commercial Operations Moderna

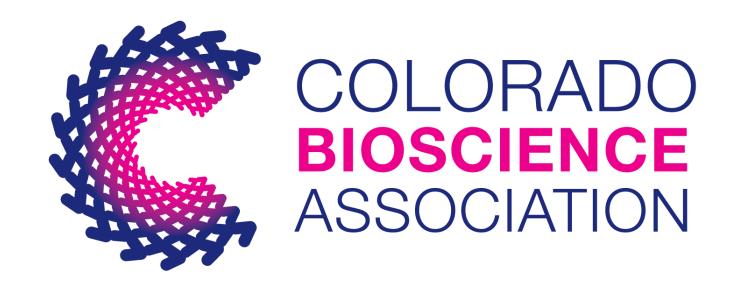


Phyllis Arthur
Vice President
Infectious Diseases & Diagnostics Policy
BIO



Andrew Powaleny
Director
Public Affairs
PhRMA





CBSA creates co-opportunity for the Colorado life sciences community.





720 LIFE SCIENCES COMPANIES AND ORGANIZATIONS

- BIOTECHNOLOGY
- PHARMACEUTICALS
- DIAGNOSTICS
- MEDICAL DEVICES
- DIGITAL HEALTH
- AG BIO + ANIMAL HEALTH
- ACADEMIC + RESEARCH INSTITUTIONS



LOGISTICS



All participant microphones are muted.



Ask questions! Enter your questions in the Q&A function.



COVID-19 VACCINE (MRNA-1273)

MICHAEL MULLETTE
VICE PRESIDENT, NORTH AMERICA COMMERCIAL
OPERATIONS

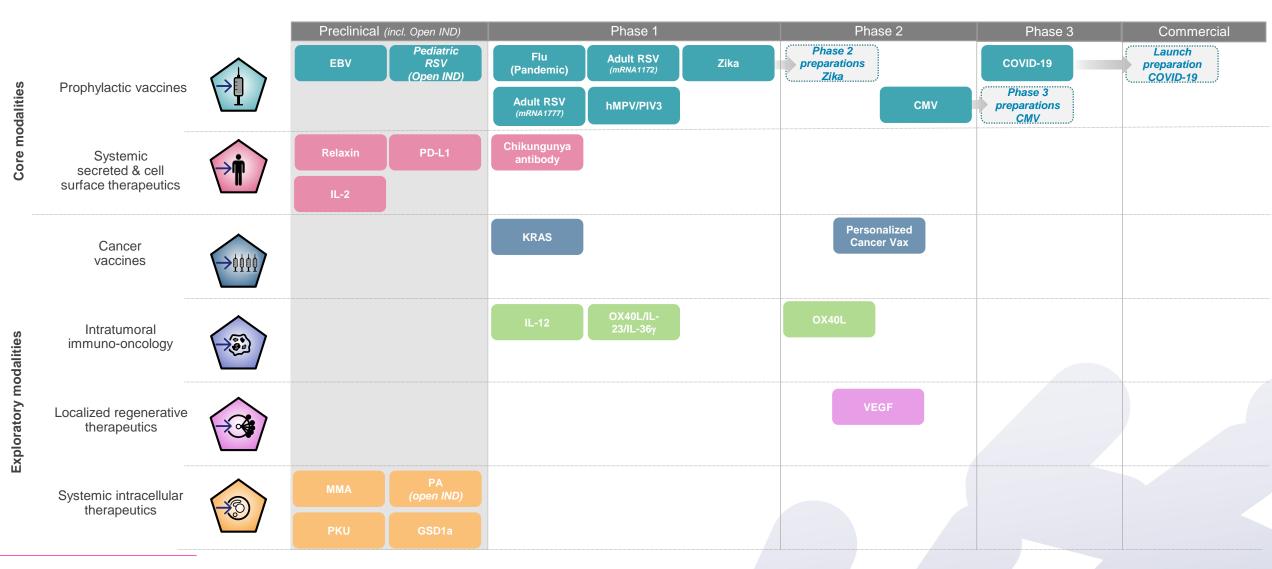
moderna



MODERNA DEVELOPMENT PIPELINE

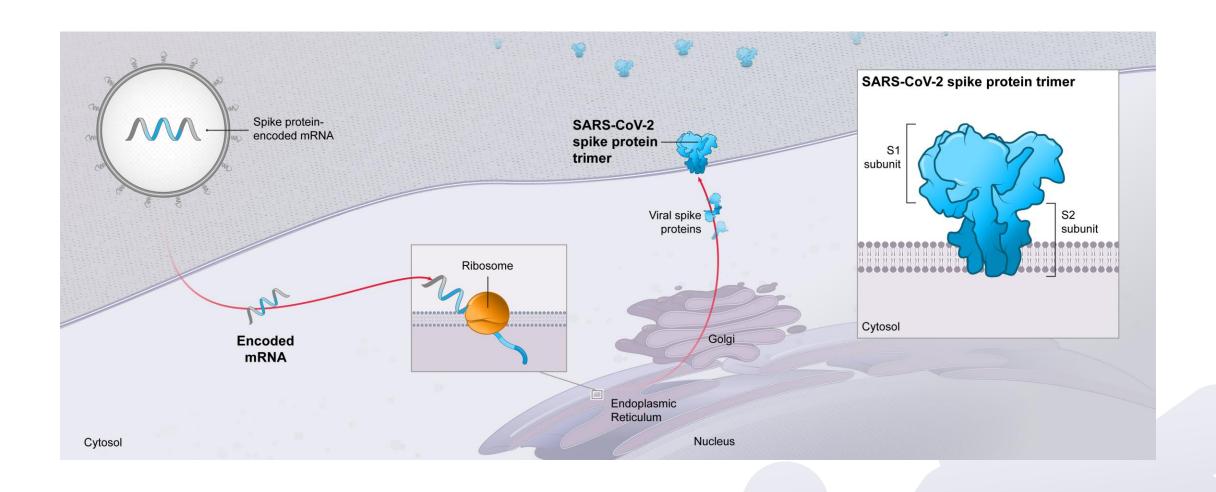


SEPTEMBER 2020



SARS-COV-2 VACCINE (MRNA-1273) ENCODES FOR THE FULL SPIKE S PROTEIN

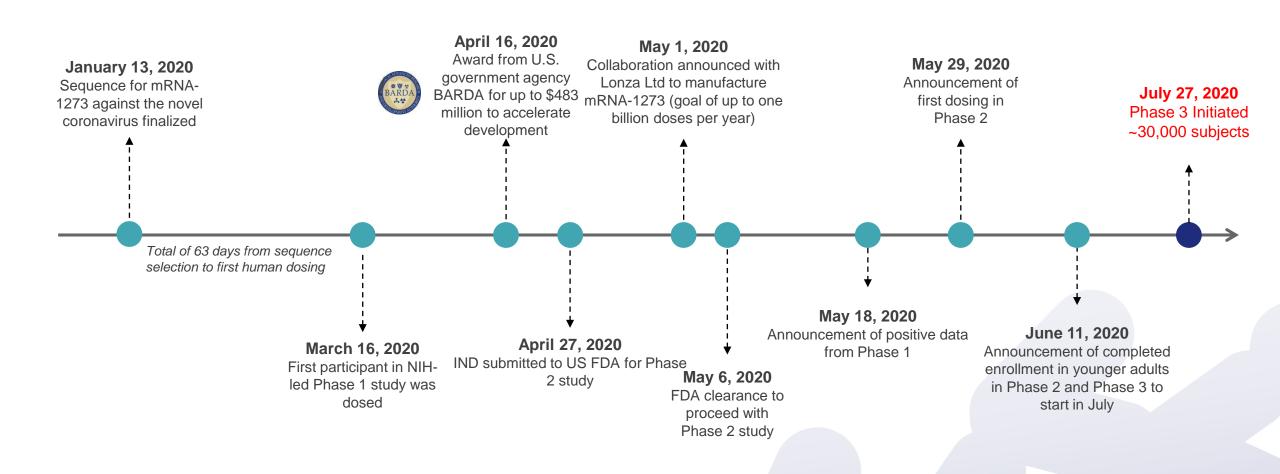






MRNA-1273 PROGRAM TIMELINE

mRNA-1273 timeline: Research and development of SARS-CoV-2 vaccine





COVE D&I ADVISORY COMMITTEE

Remit and Role of Advisory Committee:

- Review enrollment, race, and ethnicity demographics on a weekly basis
- 2. Review current outreach activities and outcomes
- 3. Review strategies to ensure participation of individuals from communities significantly impacted by COVID-19
- 4. Support the development and implementation of retention strategies















MODERNA

NATIONAL INSITITUTES OF HEALTH

OPERATION WARP SPEED

COVPN

US DEPARTMENT OF VETERAN AFFAIRS FAITH COMMUNITY

- National Institute on Allergy and Infectious Diseases
- National Institute on Minority Health and Health Disparities
- · NIH, Tribal Health Research Office
- NHLBI

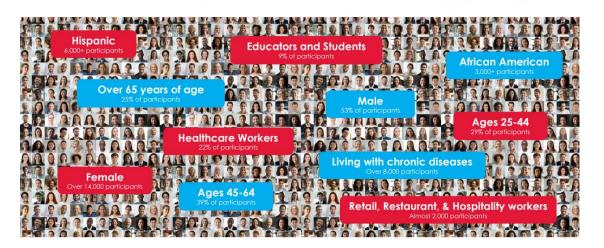
PHASE 3 COVE STUDY HAS ENROLLED ALL 30,000 PARTICIPANTS



Phase 3 Enrollment Status

Phase 3 Diversity Status

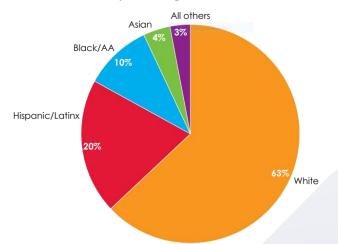
A vaccine for everyone...find yourself in the Cove study



Race and ethnicity

COVE

Interim data snapshot - October 21, 2020 - subject to change



MODERNA MANUFACTURING COLLABORATIONS





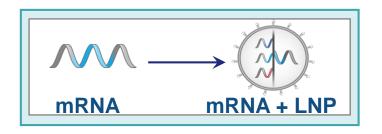
Independent supply chains

Manufacturing scale up to supply 500 million to 1 billion doses per year



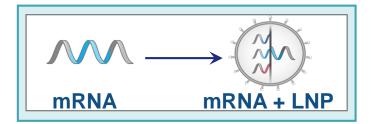


Pharma & Biotech











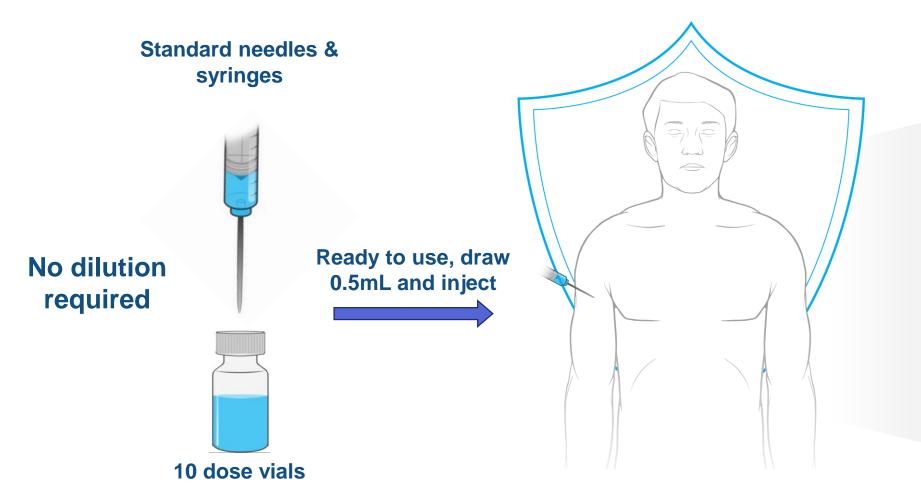
Pharma & Biotech





STANDARD 0.5 ML LIQUID ADMINISTRATION moderna PROVIDED IN MULTI-DOSE VIALS





Can be deployed in any setting:

Hospitals

Doctors' offices

Nursing homes

Immunization centers

CONTINUING OUR SUPPORT AROUND THE WORLD





Clinical trials to ensure safe and effective vaccine



Manufacturing at scale in US and around the world



Building training, medical communication, education support



Submitting regulatory dossiers in close collaboration with authorities



DEVELOPMENT AND IMPLEMENTATION OF COVID-19 VACCINES

PHYLLIS ARTHUR

VP, INFECTIOUS DISEASES AND DIAGNOSTICS
POLICY



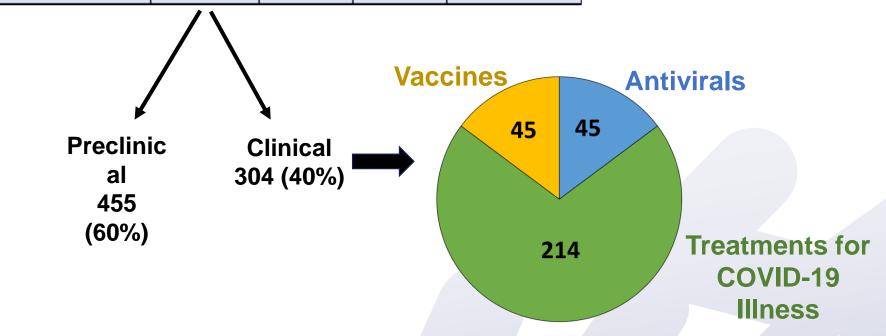




COVID-19 PIPELINE UPDATE (as of 10/19/2020)

Of 799 initiated drug programs, 759 remain active:

	Drug	Active	Inactive	Failed	Authorized
27%	Antivirals	204	12	5	3
48%	Treatments	363	8	4	6
25%	Vaccine	192	0	0	2
	Total	759	20	9	11





TYPES OF VACCINES FOR SARS-COV2

Recombinant Protein Vaccine

Genetic Vaccine (DNA or RNA)



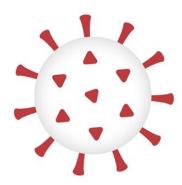
Yeast or other cells can
be engineered to carry a
virus's gene and spew out
viral proteins, which are
then harvested and put
into a vaccine. A
coronavirus vaccine of this
design would contain
whole spike proteins or
small pieces of the

protein.

DNA Vaccines: A circle of engineered DNA is delivered into cells. The cells read the viral gene, make a copy in a molecule called messenger RNA, and then use the mRNA to assemble viral proteins. The immune system detects the proteins and mounts defenses.

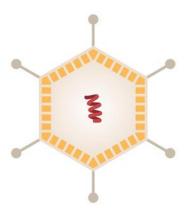
RNA Vaccines: Delivers messenger RNA into cells. The cells read the mRNA and make spike proteins that provoke an immune response.

Virus-like or Nanoparticle Vaccine



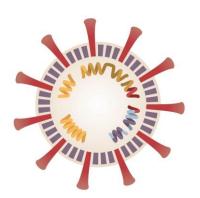
These vaccines are particles that contain pieces of viral proteins.
They can't cause disease because they are not actual viruses, but they can still show the immune system what coronavirus proteins look like.

Viral Vector Vaccine



To create a coronavirus vaccine, several teams have added the spike protein gene to a virus called an adenovirus. The adenovirus slips into cells and unloads the gene. Because the adenovirus is missing one of its own genes, it cannot replicate and is therefore safe.

Whole-Virus Vaccine



Incorporates an inactivated or weakened form of a virus that is not able to cause disease. When immune cells encounter them, they make antibodies.

CLINICAL & PRECLINICAL STAGE VACCINE PIPELINE



BARDA / DoD funding

OWS funded

Jointly developed

Preclinical

Phase 1

Phase 2

Phase 3

Viral **Vector**



Johnson Johnson



Gamaleya Research Institute OXFORD AstraZeneca 😕

Viral **Inactivated**





RNA¹



PrEPBiopharm

BIONTECH Prizer moderna[®] (support from NIH, CEPI)

DNA



Beijing Advaccine Biotechnology

Cell Based







Recombinant protein





Source: Biomedtracker, Biocentury, BIO Industry Analysis

Info as of Oct 25, not exhaustive

INDUSTRY COMMITMENT TO SCIENTIFIC RIGOR, TRANSPARENCY AND DIVERSITY



A vaccine for everyone...find yourself in the Cove study

- Companies post weekly Phase 3 enrollment updates with break-down in diversity
- Companies publicly share information on clinical pauses or holds related to safety issues
- Companies have been submitting data for all trials for rapid peer-review by scientific journals and sharing more extensive scientific data in press releases closer to publication



Moderna's Commitment to Diversity & Inclusion





Aore than 130 clinical trial sites in 5 countries, including 39 U.S. states

Trial Progress



The Phase 2/3 clinical trial is now enrolling participants 12 and over 39,862 participants are enrolled in the study, with 34,601 having received a

Participant Diversity

Approximately 43% of overall and 29% of U.S. participants have diverse backgrounds

Participants	Overall Study	U.S. Only
Asian	4%	5%
Black	10%	10%
Hispanic/Latinx	28%	13%
Native American	0.7%	0.8%
Ages 56 to 85	42%	47%
Ages 30 to 03	4270	47.70

Updated as of Monday, October 19, 2020 at 09:00am ET. Updates are made on a weekly basis

INDUSTRY COMMITMENT TO SCIENTIFIC RIGOR, TRANSPARENCY AND DIVERSITY



- September 3rd BIO leadership principles open letter to the biopharmaceutical industry
- September 4th Moderna slows enrollment in Phase 3 trial to increase diversity in the trials
- September 8th Biopharmaceutical companies (CEOs) public pledge on scientific rigor, evidence and safety
- September 19th 20th companies released clinical trial protocols
- October 1st BIO Letter to Secretary Azar to support the release EUA guidance on COVID-19 vaccines
- October 16th Pfizer Chairman and CEO Albert Bourla open letter on their COVID-19 vaccine

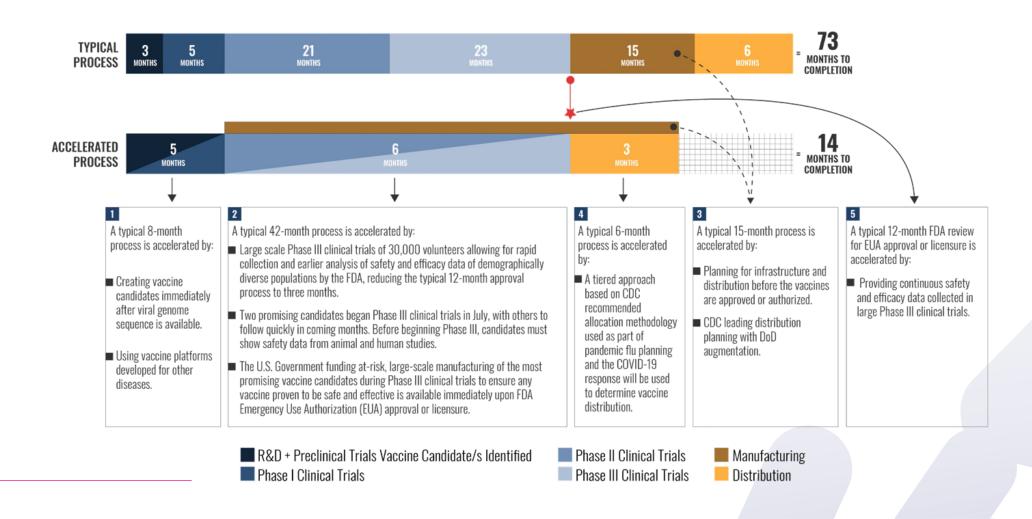








MISSION: Deliver 300 million doses of safe and effective vaccine by 1 January 2021.



REGULATORY PATHWAYS FOR COVID-19 MEDICINES



- Emergency Use Authorization (EUA): The legal threshold for FDA to grant an EUA is that a product may be effective, and its benefits outweigh known and potential risks
 - In the past EUA has only been used for products for priority bio-threats such as smallpox and anthrax
 - In these instances, the product data is primarily efficacy in animals and safety in humans
 - Medicines would be used in the instance of a bioterror attack
- Biologics License Application (BLA): Full licensure granted if FDA determines there is substantial evidence of safety and effectiveness from adequate and well-controlled trials.

COVID-19 VACCINES: REGULATORY PATHS FORWARD



	BLA (Biologics License Application)	EUA (Emergency Use Authorization)	
Efficacy for vaccines	 RCT 30,000 participants 50% threshold for efficacy with a 30% adjusted lower confidence interval bound 	 Interim analysis 50% threshold for efficacy with a 30% adjusted lower confidence interval bound 	
Safety Database	At least 3000 patients	At least 3000 patients; ideally at least 5 severe COVID-19 cases in placebo group	
Follow up period	"should continue as long as feasible, ideally at least one to two years"	"should include a median follow-up duration of at least two months after completion of the full vaccination regimen"	

- Regulatory requirements for EUA of COVID-19 vaccines are very similar to requirements for BLA of COVID- 19 vaccines.
- Primary differences are in period of follow up and some requirements on manufacturing inspections.
- FDA EUA Guidance clearly states that Agency does not see an EUA as reason to unblind ongoing randomized placebo-controlled trials

BUILDING VACCINE MANUFACTURING CAPACITY THROUGH PARTNERSHIPS



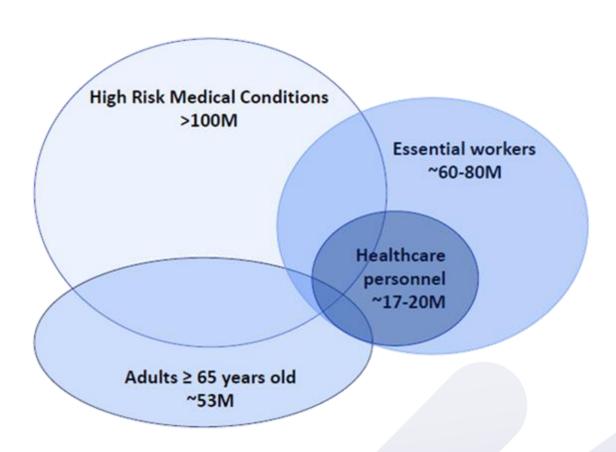
- Vaccine developers are producing COVID-19 vaccine doses at risk while clinical trials are underway
- Manufacturers, working with governments and funders, focused rapidly on partnerships to increase manufacturing capacity
 - Moderna Catalent and Lonza
 - Novavax FujiFilm Diosynth and Serum Institute of India
 - Astra Zenenca
 Emergent Biosolutions
- BARDA investments in manufacturing facilities helped rapidly expand U.S. capacity
- CEPI and BMGF investments globally will allow for rapid, equitable access to all regions
- Global manufacturers like J&J and Pfizer are leveraging multiple existing production sites or investing in new facilities worldwide to provide doses in record time and increase worldwide capacity



ACIP PRIORITIZATION FRAMEWORK

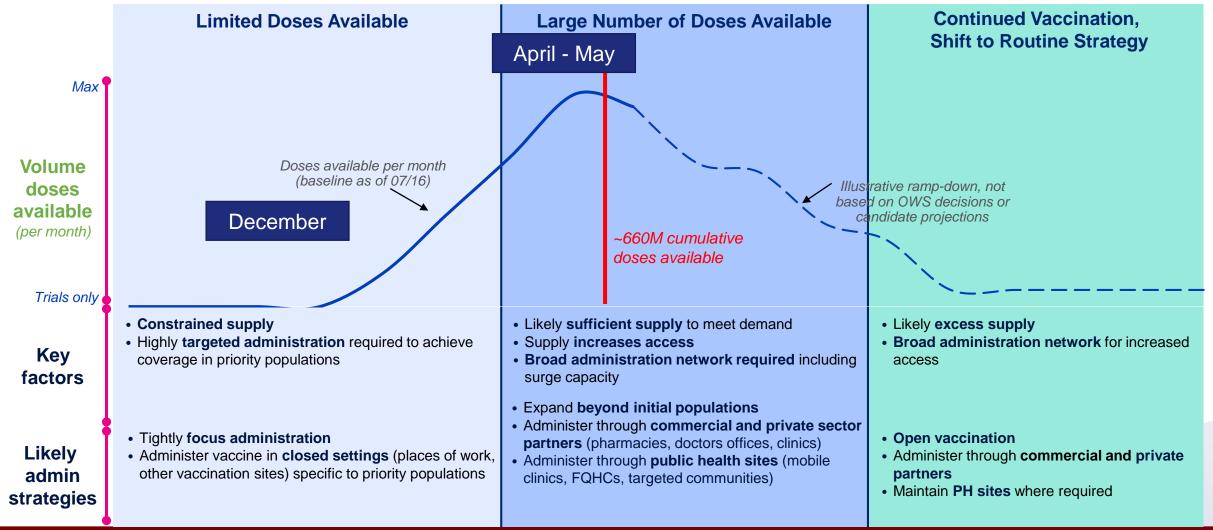
Groups prioritized for early phase vaccination

- Overlapping groups with significant heterogeneity
- ☐ Communities of color are significant portion of each population
- ☐ Accounts for > half of U.S. adults
- ☐ Framework informed by National Academies and Johns Hopkins frameworks



DISTRIBUTION WILL ADJUST AS VOLUME OF VACCINE DOSES INCREASES

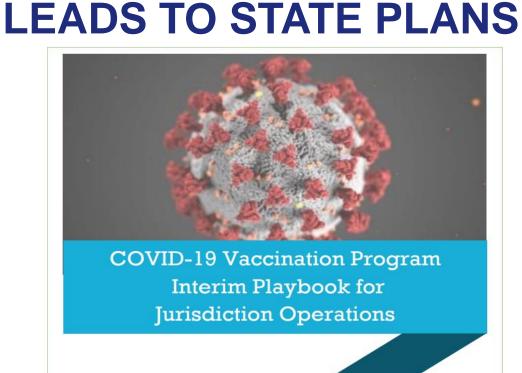




Pre-Decisional & Deliberative - Illustrative scenario for planning purposes; will be adapted based on the clinical / manufacturing information on all OWS candidates and vaccine prioritization

OWS / CDC JURISDICTIONAL "PLAYBOOK"





Centers for Disease Control and Prevention (CDC)

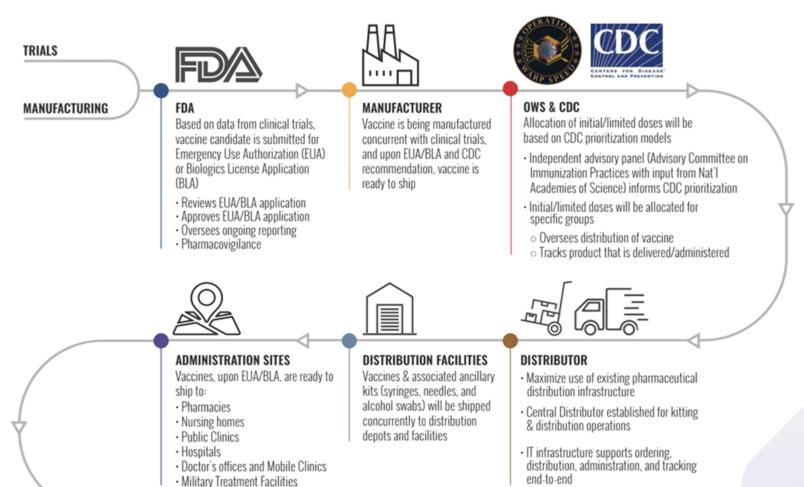
September 16, 2020 Version 1.0

- CDC Playbook released September 16th
 - Locating Critical Populations
 - Vaccination Provider Recruitment, Enrollment and Training
 - Vaccination Program Communication
 - Vaccine Ordering and Distribution
 - Vaccine Storage and Handling (preliminary)
 - Vaccine Safety Monitoring (preliminary)
 - CDC Dashboards
- State and jurisdictional plans submitted to CDC October 16th
 - Many states established distribution / implementation committees
 - Several states established clinical review committees

https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf



OWS VACCINES DISTRIBUTION PROCESS



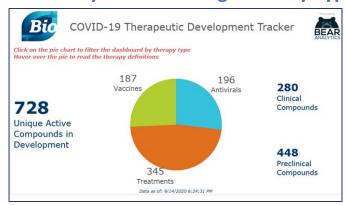
PHARMACOVIGILANCE (FDA & CDC)

24 month post trial monitoring for adverse effects/additional safety feature



BIO COVID-19 PIPELINE TRACKER

Summary of Active Programs - by Type

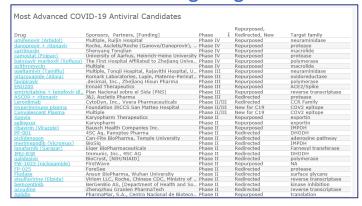


Interactive Map - by Originating Country

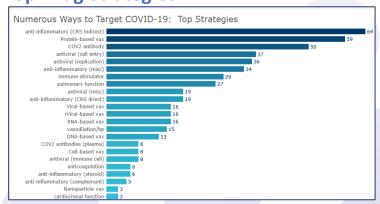


www.bio.org/covidpipelinetracker

Most Advanced Drug Programs



Top Drug Strategies

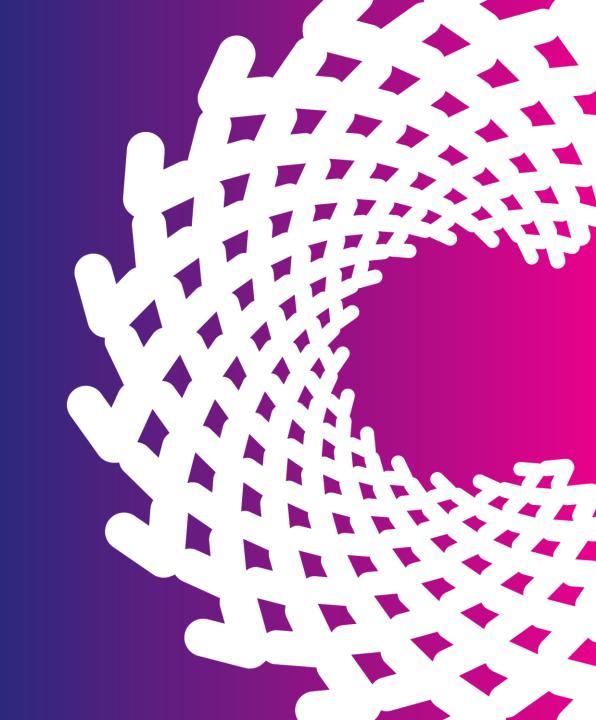




BUILDING VACCINE CONFIDENCE

ANDREW POWALENY DIRECTOR, PUBLIC AFFAIRS

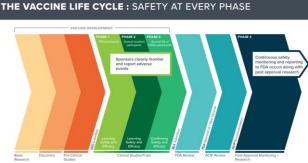




PHRMA'S VACCINE RESOURCES: PhRMA.org/coronavirus & PhRMA.org/vaccines



Safety & Effectiveness

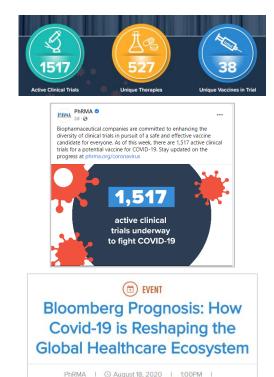




Approaches



Clinical Trials



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Industry Role in Ecosystem

Five Things You Need to Know About the Biopharmaceutical Research Ecosystem During COVID-19







THANK YOU

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