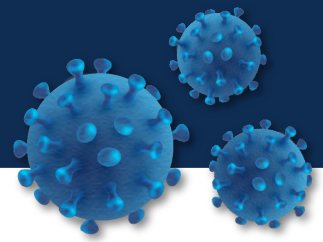
VIRIOS Therapeutics

Novel, synergistic combination antiviral approach delivers clinical benefits for patients suffering from suspected viral mediated illness

Nasdaq: VIRI

Forward Looking Statements



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- This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such data and estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk. Neither we nor our affiliates, advisors or representatives makes any representation as to the accuracy or completeness of that data or undertake to update such data after the date of this presentation.

- You should read the documents that we have filed with the SEC for more complete information about us. We encourage you to read such documents in full for more detailed information on statistics, reports and clinical trials referenced in this presentation. You may access these documents for free by visiting EDGAR on the SEC website at http://www.sec.gov.

Experienced Team with Extensive Drug Development and Commercialization Experience

EXECUTIVE TEAM

Greg Duncan
Chairman & CEO

R. Michael Gendreau
MD, PhD CMO

Angela Walsh
SVP of Finance

Ralph Grosswald
SVP of Operations

DIRECTORS

Rich Whitley, MD

- Distinguished Professor, UAB
- Remdesivir was originally developed by Dr. Whitley's team at UAB
- DSMB Chair, Operation Warp Speed

Abel De La Rosa, PhD

- Chairman, Co-Founder Anitos Therapeutics
- Led Bus Dev for Pharmasset acquisition by GILD for $11.5 billion in 2012
- Leadership for Development Programs for the Treatment of HIV, Hepatitis B & C, including Sofosbuvir

John Thomas, CPA

- CorMatrix Inc., MiMedx Group, Inc., DARA BioSciences, GMP Companies
- MRI Interventions, EnterMed, Inc.,
- Medicis Pharm Corp., CytRx Corp

Rick Keefer

- 30-year Pharma industry veteran with broad-based experience in leading commercial operations
- Executive roles at Pharmacia, Pfizer, Wyeth, Biovail and Publicis Health
- Seven-time winner of Pharma Voice's top 100 healthcare leaders

Rick Burch

- 30 years at PFE including SVP
- VP and GM UCB Pharmaceuticals
- Former President of VIRI, Inc.
- Product launches include Lyrica & Celebrex

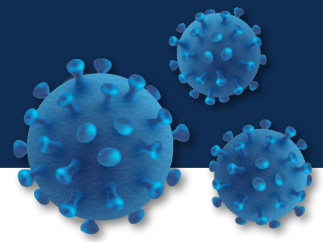
Skip Pridgen, MD
VIRI Founder

- Company Founder
- Board-certified surgeon practicing with Tuscaloosa Surgical Associates, P.C.
- Served as a physician and surgeon in the U.S. Navy

Management's Brand Development & Commercialization Experience Includes:

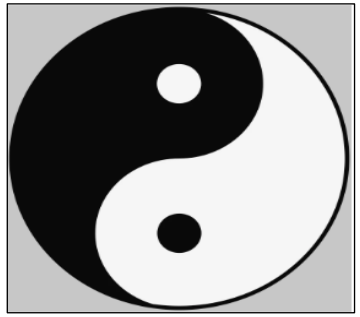
Zoloft (sertraline HCl)
VIAGRA (sildenafil citrate) tablets
LIPITOR atorvastatin calcium tablets
CELEBREX
Aricept
LYRICA PREGABALIN
ZYVOX
Savella milnacipran HCl

Virios Therapeutics, Inc. Summary



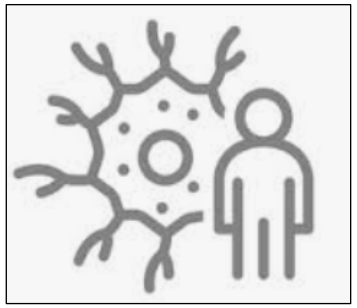
- **Two novel, late-stage clinical stage development assets:**
  - **<u>IMC-2 (valacyclovir + celecoxib) Phase 2 Long-COVID study ongoing:</u>**
    - Proof of concept completed in study 2023, new IP filed with protection potential to 2044
    - We have clarity from FDA on the development requirements associated with advancing IMC-2 into Phase 2 development as a treatment for Long-COVID symptoms
    - Three-arm, Phase 2 investigator-initiated study of IMC-2 enrolling, topline data expected summer 2024
  - **<u>IMC-1 (famciclovir + celecoxib) ready for Phase as treatment for FM:</u>**
    - Phase 2a and Phase 2b in FM
    - FDA agreement to enter Phase 3 post EoP2 meeting
    - Exploring Phase 3 partnership and extended-release dosage formulation to extend IP

Synergistic Antiviral Mechanism Serves as the Basis for Proposed IMC1 and IMC-2 Treatment Effect



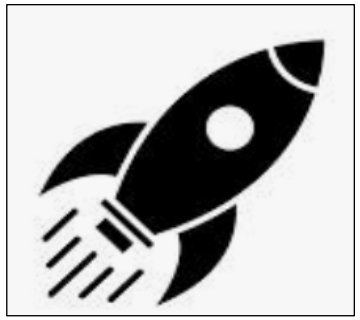
Generally Healthy Patient:

- Everyone previously infected with herpes viruses of some kind
- Virus lies dormant in nerves and a range of human cells



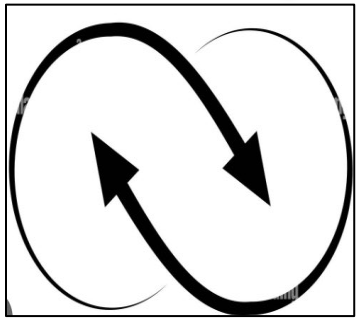
Infection/Other Stressor:

- Activation of dormant virus
- Immune response produces inflammatory mediators, including cyclooxygenase-2 (COX-2)



Reactivated Herpes Virus:

- Replicates using viral DNA polymerase
- Activated virus increases COX-2 production
- COX-2 further accelerates viral replication

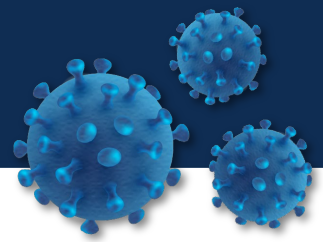


Combination Antiviral Treatment:

- DNA polymerase inhibitor reduces herpes virus replication
- Celecoxib inhibits Cox-2, thus
  - Reduces inflammation
  - Inhibits viral replication
  - Blunts viral accelerant
- Synergistic combination converts virus back into a dormant state
- Delivers clinical response

Sources: P.A. Bond, *Medical Hypotheses*, 1993; R. A Vere Hodge and Y.-G. Cheng, *Antiviral Chemistry & Chemotherapy*, 1993; Liu Y, et al, *Scientific World Journal,* 2014; Higaki S, et al *Current Eye Research,* 2009; Francisco Javier Ibañez et al, *Frontiers in Microbiology*, 2018

IMC-1 and IMC-2 Deliver Consistent Efficacy Across Multiple Clinical Studies



Endpoint/ Study	Placebo/Control CFB	IMC-1/ IMC-2 CFB	Contrast	P Value
PROMIS Fatigue - NIH Patient Reported Outcomes Measurement Information System				
P2A (Fam/Cel) FM Patients	-4.15	-7.62	-3.47	**0.020**
P2B (Fam/Cel) New FM Patients	-1.94	-5.64	-3.70	**0.001**
P1 (Val/Cel) Long-COVID	-0.34	-7.24	-6.90	**0.008**
NRS Pain – Numerical Rating Scale 0-10				
P2A (Fam/Cel) FM Patients	-1.05	-1.85	-0.80	**0.031**
P2B (Fam/Cel) New FM Patients	-1.02	-1.69	-0.67	**0.016**
P1 (Val/Cel) Long-COVID	0.32	-1.14	-1.45	**0.041**
Global Health: Percentage of patients with at least a 2 degree improvement on the PGIC scale*				
P2A (Fam/Cel) FM Patients	19%	33%	14%	**0.040**
P2B (Fam/Cel) New FM Patients	20%	38%	18%	**0.010**
P1 (Val/Cel) Long-COVID*	12%	55%	43%	**0.006**

***- PGIC responder calculation for P1 is based on 3 degrees of improvement vs. 2 degrees in PRID studies**

VIRIS Therapeutics

IMC-2 for Long-COVID (in Phase 2)

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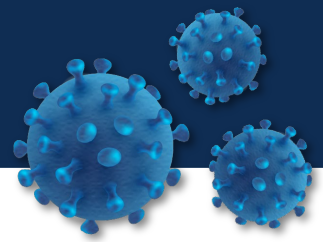
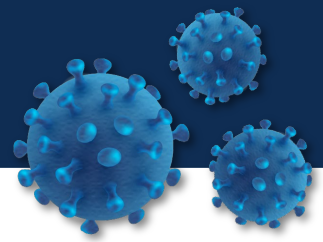
Long-COVID Represents a Major Unmet Medical Need



- Center for Disease Control (CDC) Long-COVID diagnosis criteria: New, recurring or continuation of symptoms ≥ 4 weeks after acute COVID infection
  - Up to 30% of Long-COVID patients were asymptomatic during acute COVID illness
- A 2022 CDC estimate revealed 3.4% of adults exhibited active Long-COVID sequelae, representing 11.2M US citizens
  - Up to 6 million children and 1 in 10 pregnant women develop Long-COVID
    - 17.6% of all adults in the US have ever experienced Long-COVID (44 million people)
- Most notable Long-COVID symptoms include fatigue and post exertional malaise
- Majority of COVID morbidity is associated not with acute COVID, but with Long-COVID

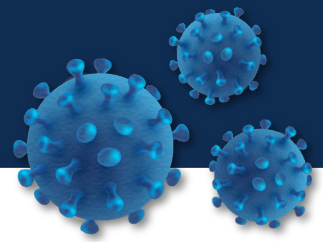
Sources: Anthony L. Komaroff and W. Ian Lipkin, ***Frontiers in Medicine***, June 2023; Ford et al, ***CDC Morbidity/MortalityWeekly,*** 2023***; NCHS Data Brief***, 2023; Cutler, ***Harvard Kennedy Center Review***, 2022; Perumal, 2023; Gearhart-Serna, Ph.D, ***NIH Research Matters***, 2022; Rao et al, ***Pediatrics***, 2024; https://www.medscape.com/viewarticle/new-data-Long-covid-cases-surge-2024a10005vv?src= https://www.cdc.gov/nchs/covid19/pulse/Long-covid.htm

Logical Approach to Treating Long-COVID



- Recent studies support concept that reactivated herpes virus infection leads to Long-COVID illness, not residual SARS-CoV-2 virus after the acute infection
- No approved treatments for Long-COVID illness
  - Only approved COVID treatment Paxlovid failed to improve Long-COVID sequelae
- Reactivated herpes viruses, such as Epstein-Barr virus (EBV) and HSV-1, are associated with fatigue and cognitive dysfunction, the predominant symptoms of Long-COVID
- Nucleoside analogs (i.e. valacyclovir and famciclovir) suppress herpesvirus reactivation

IMC-2 Long-COVID Study Exploratory Study



- Study Supported by Unrestricted Investigational Grant to Bateman Horne Center (BHC)
- Patients were recruited from the BHC database, website and Utah Long Haulers Facebook group

Valacyclovir + Celecoxib Treated Patients n=22	Matched Controls n=17
• All female, mean age = 43, mean duration of Long-COVID symptoms at enrollment = 2.0 years • 86% SARS CoV2 vaccination rate • Washed out of NSAIDs	• No placebo • Matched controls based on treatment group enrolled participants • All female, mean age = 47, mean duration of Long-COVID symptoms at enrollment = 2.1 years • 82% SARS CoV2 vaccination rate • No wash out

Val/Cel Combination vs Control in Long-COVID Patients at Week 14

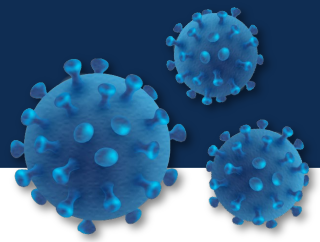
Study Endpoints	P-Value
NIH PROMIS Fatigue T-Score	0.008
NRS Fatigue 0-10 Scale	<0.001
NRS Pain 0-10 Scale	0.041
PGIC 1-7 (7 is best)	0.022
PGIC 0-10 (0 is best)	0.019
OISAS-Orthostatic Intolerance Symptoms Assessment Scale	0.002
OIDAS-Orthostatic Intolerance Daily Activity Scale	<0.001
HADS Depression Scale	0.059
HADS Anxiety Scale	0.023

Safety: Val/Cel vs Control in Long-COVID Patients

System Organ Class Preferred name	Control (N=17)	Val/Cel (N=21)
Nausea	0 (0.0%)	6 (28.6%)
Headache	3 (17.6%)	3 (14.3%)
Back Pain	0 (0.0%)	3 (14.3%)
Upper respiratory tract infection	1 (5.9%)	2 (9.5%)
Dizziness	1 (5.9%)	2 (9.5%)
Fatigue	1 (5.9%)	2 (9.5%)
Myalgia	2 (11.8%)	1 (4.8%)
Pain in Extremity	1 (5.9%)	1 (4.8%)
Cough	1 (5.9%)	0 (0.0%)
Nasal Congestion	1 (5.9%)	0 (0.0%)
Oropharyngeal Pain	1 (5.9%)	0 (0.0%)
Sinus Congestion	1 (5.9%)	0 (0.0%)
Hypertension	1 (5.9%)	0 (0.0%)

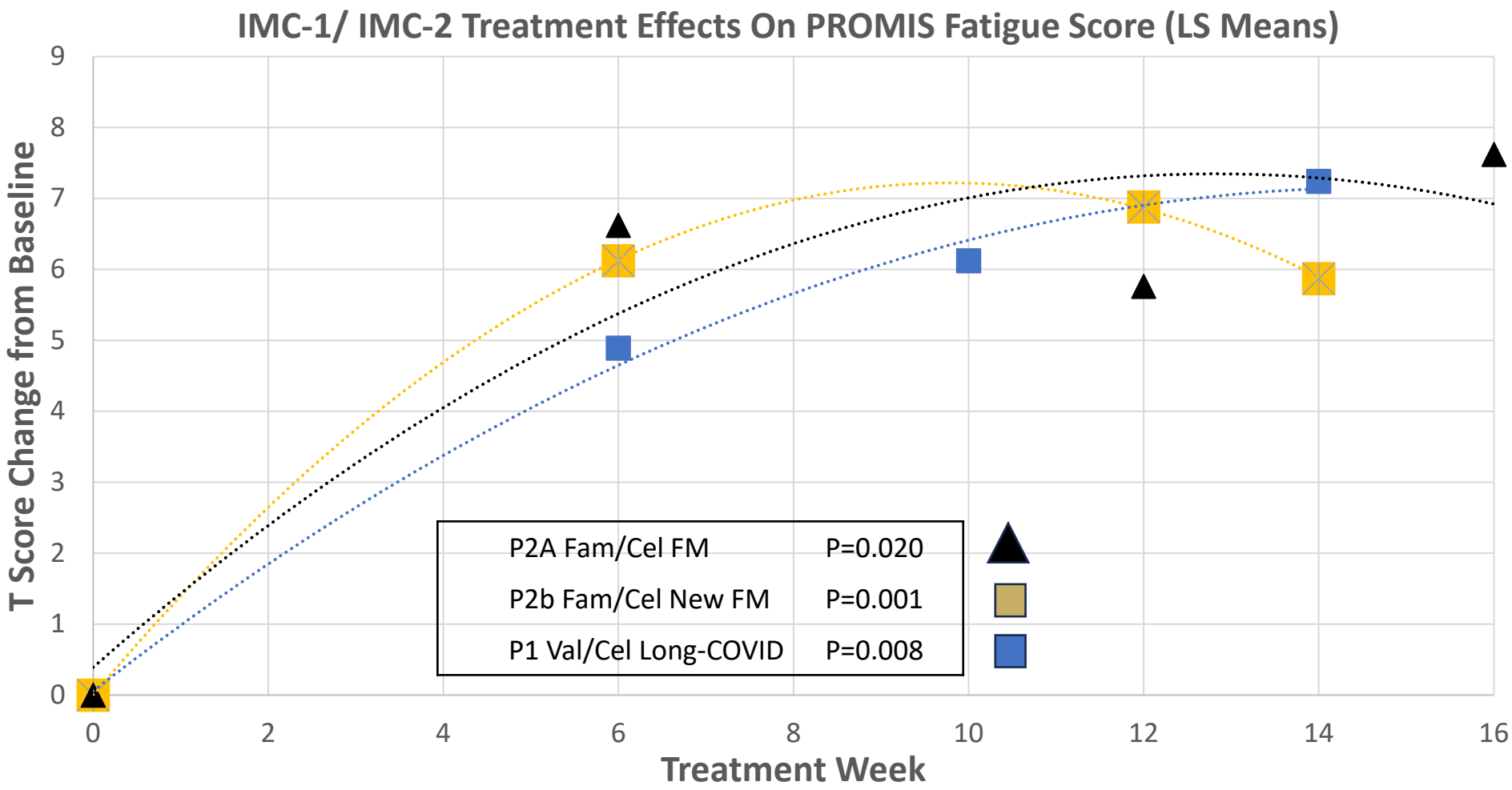
- Treatment with Val/Cel was extremely well tolerated, with an observed safety profile consistent with the known safety profiles of valacyclovir and celecoxib, nausea being the most common adverse event.
- There were no serious adverse events observed in this study and only one treated patient discontinued treatment due to worsening fatigue, considered possibly related to Val/Cel treatment.

Bateman Horne Center 202 PASC Study Status



- Study run by Bateman Horne Center, Salt Lake City, Utah
  - Second IRB approved study supported by Virios via unrestricted, investigator-initiated grant
  - Dr. Lucinda Bateman, MD, a recognized leader in both Long-COVID and fatigue related clinical research, serves as BHC 202 primary investigator
- Planned enrollment commenced in December 2023: 3 Arms 1:1:1 randomization, double blinded and randomized study:
  - Val/Cel 750/200 BID (1.5g/400mg per day)
  - Val/Cel 1500/200 BID (3g/400mg per day)
  - Placebo capsules
- Primary Endpoint: fatigue reduction
- Secondary Endpoints assessments: sleep, orthostatic symptoms, anxiety, depression and overall health
- Data Summer 2024

IMC-1/IMC-2 Deliver Significant Reduction in Fatigue Across all Clinical Studies, Highlights Potential for Broader Fatigue Development Program



Potential Research Targets:

- Myalgic Encephalitis (ME)/Chronic Fatigue Syndrome (CFS)
- Fatigue associated with Multiple Sclerosis (MS)

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IMC-1 for Fibromyalgia (Phase 3)
Focus of Partnership Discussions

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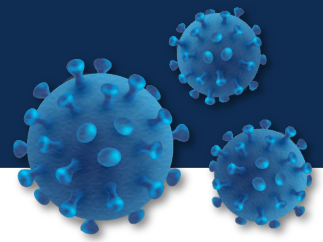
IMC-1 Phase 3 Study Designs Reviewed with FDA



Pharmacokinetic/Food Effect Study

Study 1 - 301

- Head-to-Head IMC-1 vs Placebo (n=320)
- 1:1 Randomization 160 in each group
- Primary Endpoint – Reduction in Pain at 12 Weeks

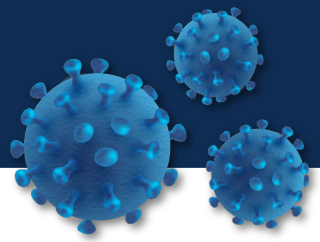
Study 2 - 302

- Multifactorial Study of IMC-1 vs Placebo vs Famciclovir reference drug tablet vs Celecoxib reference drug capsule (n=640)
- 1:1:1:1 Randomization – 160 each group
- Primary Endpoint – Reduction in Pain at 12 Weeks

Long Term Extension - 309

- Patients from both studies above will roll over into a long-term extension study
- Treatment with IMC-1 for a year (n = 300 subjects at 6 months and 100 at 1 year)

Moving Forward



- Preparing to advance IMC-2 Phase 2 Long-COVID program independently
- We are actively exploring partnership opportunities:
  - Phase 3 IMC-1 for FM
  - Complementary opportunities to build shareholder value under VIRI team leadership
    - Pain management and anti-infective opportunities
- We will report material progress on any proposed partnership in a timely manner