Cautionary Note Regarding Forward Looking Statements and Disclaimer

This presentation and various remarks we make during this presentation contain forward-looking statements within the meaning of applicable securities laws and regulations including, but not limited to, statements regarding: expectations regarding the potential significance of the results from the Phase 1a STAR-0215 trial and the anticipated nature and timing of receipt of additional data from the trial; expectations regarding the timing and nature of the anticipated initial proof of concept results from the ALPHA-STAR Phase 1b/2 clinical trial; the longer term development plans for STAR-0215, including the plan pending proof-of-concept results from the ALPHA-STAR trial, to progress directly to a pivotal trial; the timing of, and plans to, initiate a long-term open label trial; the potential attributes and differentiated profile of STAR-0215 as a treatment for hereditary angioedema, or HAE, including those suggested by the results from the STAR-0215 Phase 1a trial, market research, mechanistic modeling and patient feedback, and our goals and vision for STAR-0215; the potential commercial opportunity for STAR-0215 in HAE and the likelihood that it can effectively compete in HAE, assuming it is approved; the size of the HAE market and the need for effective treatments for HAE; the potential for three and six-month administration and potential for suppression of HAE attacks of STAR-0215; the potential therapeutic benefits and potential attributes of our recently in-licensed preclinical stage product candidate, which we refer to as STAR-0310, as a treatment for atopic dermatitis, or AD; expectations regarding the timing of regulatory filings for STAR-0310; expectations regarding the timing of initiation and planned design of clinical trials for STAR-0310; the expectations regarding the timing and nature of anticipated data for planned trials of STAR-0310; our goals and vision for STAR-0310; the potential commercial opportunity for STAR-0310 in AD and the likelihood that it can effectively compete in AD, assuming it is approved; the size of the AD market and the need for treatments for AD and the goal to meet the unmet needs of patients with rare and niche allergic and immunological diseases. The use of words such as, but not limited to, “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “goals,” “intend,” “may,” “might,” “plan,” “potential,” “predict,” “project,” “should,” “target,” “will,” “would,” or “vision,” and similar words expressions are intended to identify forward-looking statements. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based on the Company’s current beliefs, expectations and assumptions regarding the future of its business, future plans and strategies, future financial performance, results of pre-clinical and clinical results of the Company’s product candidates and other future conditions. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including risks and uncertainties: changes in applicable laws or regulations; the possibility that we may be adversely affected by other economic, business, and/or competitive factors, including the COVID-19 pandemic; risks inherent in pharmaceutical research and development, such as: adverse results in our drug discovery, preclinical and clinical development activities, the risk that the results of preclinical studies may not be replicated in clinical trials, that the preliminary results from clinical trials, including the Phase 1a trial may not be indicative of the final results, that the results of early stage clinical trials, such as the preliminary results from the Phase 1a trial, may not be replicated in later stage clinical trials, including the ALPHA-STAR trial, the risk that we may not be able to enroll sufficient patients in our clinical trials on a timely basis, and the risk that any of our clinical trials may not commence, continue or be completed on time, or at all; decisions made by, and feedback received from, the U.S. Food and Drug Administration and other regulatory authorities on our regulatory and clinical trial submissions and other feedback from potential clinical trial sites, including investigational review boards at such sites, and other review bodies with respect to STAR-0215, STAR-0310, and any other future development candidates; our ability to manufacture sufficient quantities of drug substance and drug product for STAR-0215, STAR-0310, and any other future product candidates on a cost-effective and timely basis, and to develop dosages and formulation for STAR-0215, STAR-0310, and any other future product candidates that are patient-friendly and competitive; our ability to develop biomarker and other assays, along with the testing protocols therefore; our ability to obtain, maintain and enforce intellectual property rights for STAR-0215, STAR-0310, and any other future product candidates; our potential dependence on collaboration partners; competition with respect to STAR-0215, STAR-0310, or any of our other future product candidates; the risk that survey results and market research may not be accurate predictors of the commercial landscape for STAR-0215 in HAE, the ability of STAR-0215 to compete in HAE and the anticipated position and attributes of STAR-0215 in HAE based on clinical data to date, its preclinical profile, pharmacokinetic modeling, market research and other data; risks that any of our clinical trials of STAR-0310 may not commence, continue or be completed on time, or at all; risks that results of preclinical studies of STAR-0310 will not be replicated in clinical trials; risks with respect to the ability of STAR-0310 to compete in AD and the anticipated position and attributes of STAR-0310 in AD based on its preclinical profile; our ability to manage our cash usage and the possibility of unexpected cash expenditures; our ability to obtain necessary financing to conduct our planned activities and to manage unplanned cash requirements; the risks and uncertainties related to our ability to recognize the benefits of any additional acquisitions, licenses or similar transactions; and general economic and market conditions; as well as the risks and uncertainties discussed in the “Risk Factors” section of our Annual Report on Form 10-K for the period ended December 31, 2022 and in other filings that we may make with the Securities and Exchange Commission.

New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. The Company may not actually achieve the forecasts or expectations disclosed in our forward-looking statements, and investors and potential investors should not place undue reliance on the Company’s forward-looking statements. Neither the Company, nor its affiliates, advisors or representatives, undertake any obligation to publicly update or revise any forward-looking statement, whether as result of new information, future events or otherwise, except as required by law. These forward-looking statements should not be relied upon as representing the Company’s views as of any date subsequent to the date hereof.

This presentation 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.
Key Takeaways

• In-licensed worldwide rights to OX40 portfolio from Ichnos Sciences

• Lead candidate is preclinical STAR-0310 to be developed as potential best-in-class treatment for atopic dermatitis

• STAR-0215 program in HAE progressing well:
  - Additional results in healthy subjects upcoming in Q4 2023
  - ALPHA-STAR enrollment on track with initial proof-of-concept results expected in mid-2024
Our Strategy for Astria

**Focus:**
Develop first-choice products that improve the health and outcomes of patients with allergic and immunological diseases

**Approach:**
Advance a pipeline of products with meaningfully differentiated profiles based on validated mechanisms

Vision for **STAR-0215** is to be the first-choice preventative treatment to help normalize the lives of hereditary angioedema (HAE) patients

In-licensed a potential best-in-class OX40 program, **STAR-0310**, for atopic dermatitis (AD) and expansion into additional allergic and immunological indications
Potential Best-in-Class Treatments Designed to Improve Patient Experience

**star-0215**  Plasma kallikrein

- **Plasma kallikrein** mAb with YTE half-life extension for long, durable attack prevention
  - Trusted modality - mAbs favored for safety and tolerability with clear and efficient regulatory path to BLA
- Potential best-in-class PK profile demonstrated in healthy subjects (estimated half-life up to 117 days) with sustained inhibition of plasma kallikrein
  - Additional results in healthy subjects expected Q4 2023
  - HAE POC results expected mid-2024
  - Phase 3 pivotal trial initiation planned pending positive HAE POC results
- Commercial opportunity to be potential first-choice preventative treatment for HAE in an estimated $4B+ market in 2028

**star-0310**  OX40

- In-licensed OX40 portfolio from Ichnos
- OX40 mAb with YTE half-life extension for low treatment burden
- Potential best-in-class profile: high affinity\(^1\), potential for favorable safety and tolerability profile with low T cell depletion from ADCC or possible on-target cellular toxicity, and less frequent dosing
- Goal: best treatment targeting OX40 pathway
  - IND submission anticipated by year end 2024
  - Early POC results expected in Q3 2025
  - AD POC results expected in Q2 2026
- Commercial opportunity to be a potential first-choice OX40 treatment for moderate-to-severe AD in an estimated $26B market in 2030\(^4\) and opportunity to treat additional allergic and immunological diseases

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1. Based on preclinical findings
2. Company-reported sales (Takeda, CSL Behring, Pharming, BioCryst)
3. Analyst consensus forecasts compiled by Clarivate’s Cortellis, Astria company research and analysis.
4. Decision Resources Group: Atopic Dermatitis Disease Landscape & Forecast, July 2023

POC = proof of concept
ADCC = Antibody Dependent Cellular Cytotoxicity
## Goal of Developing First-Choice Therapeutics for Allergic and Immunological Diseases

<table>
<thead>
<tr>
<th>PRODUCT TARGET &amp; INDICATION</th>
<th>H2 2023</th>
<th>H1 2024</th>
<th>H2 2024</th>
<th>H1 2025</th>
<th>H2 2025</th>
<th>H1 2026</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>star-0215</strong> plasma kallikrein HAE</td>
<td><img src="https://via.placeholder.com/15" alt="Ph 1a Add'l Results" /></td>
<td><img src="https://via.placeholder.com/15" alt="Ph 1b/2 POC Results" /></td>
<td><img src="https://via.placeholder.com/15" alt="Initiate Ph 3" /></td>
<td><img src="https://via.placeholder.com/15" alt="IND Submission" /></td>
<td><img src="https://via.placeholder.com/15" alt="Ph 1a Early POC Results" /></td>
<td><img src="https://via.placeholder.com/15" alt="Ph 1b POC Results" /></td>
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<tr>
<td><strong>star-0310</strong> OX40 Atopic Dermatitis (AD)</td>
<td><img src="https://via.placeholder.com/15" alt="Present Preclin Profile" /></td>
<td><img src="https://via.placeholder.com/15" alt="Initiate Ph 1a" /></td>
<td><img src="https://via.placeholder.com/15" alt="Ph 1a Early POC Results" /></td>
<td><img src="https://via.placeholder.com/15" alt="Initiate Ph 1b" /></td>
<td><img src="https://via.placeholder.com/15" alt="Ph 1b POC Results" /></td>
<td><img src="https://via.placeholder.com/15" alt="Ph 1b POC Results" /></td>
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<tr>
<td><strong>star-0310</strong> OX40 Additional Indications</td>
<td><img src="https://via.placeholder.com/15" alt="Present Preclin Results" /></td>
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<td><img src="https://via.placeholder.com/15" alt="Present Preclin Results" /></td>
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### Anticipated Milestones

- **STAR-0215**
  - Q4 2023: Additional Ph 1a results
  - Mid-2024: POC results in HAE patients
  - Q1 2025: Phase 3 pivotal trial initiation if positive POC results

- **STAR-0310**
  - YE 2024: IND submission
  - Q3 2025: Ph 1a early POC results
  - Q2 2026: POC results in AD patients
Atopic Dermatitis Is a Complex Chronic Disease with Insufficient Therapies

<table>
<thead>
<tr>
<th>Immune disorder associated with <strong>loss of skin barrier function and itching</strong>. AD is caused by diverse mechanisms, spanning the spectrum of T cell-driven pathology. Comorbidities include contact dermatitis, food allergies, anxiety, depression, skin infections, and asthma.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximately 90% of patients develop the disease within the <strong>first 5 years of life</strong>. Estimated to affect 5% (16 million) of adult population in the US, approximately half are reported to be moderate or severe.</td>
</tr>
<tr>
<td>Standard of care includes steroids and topical medications, which help to treat symptoms but do not address underlying disease. Reducing disease activity, relapse rate, and treatment burden are key goals to help <strong>normalize patients' lives</strong>.</td>
</tr>
</tbody>
</table>

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6. REACH Market Research: Dupixent-refractory atopic dermatitis (AD), June 2023
Atopic Dermatitis Market Is Anticipated to Expand Rapidly

The moderate-to-severe AD treatment market is anticipated to grow to $26Bn by 2030\(^1\), likely due to:

- Increase in drug-treatment rates, especially with availability of new safe and effective therapies
- Growth in biologics-treated patients owing to dermatologists’ increasing comfort with biologics\(^2,3\)

\(^*\)Advanced treatments include systemic therapies for patients not well controlled by topical therapies; does not include conventional systemic immunosuppressants

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1. Decision Resources Group: Atopic Dermatitis Disease Landscape & Forecast, July 2023
By targeting OX40, STAR-0310 is designed to address a broader set of T cells (Th1, Th2, and Th17/22) involved in the heterogeneous atopic dermatitis pathology\(^4\), providing the potential for better efficacy and/or a broader addressable population.

Using half-life extension technology with the aim of durable efficacy with less frequent dosing every 2-3 months, STAR-0310 is designed with the potential to be a first-choice treatment that reduces disease and treatment burden to help normalize the lives of people with atopic dermatitis.
Strong Interest in Targeting the OX40 Pathway Evidenced by Two Recent Transactions

OX40 deal: After AD Phase 2a Kyowa Kirin licensed to Amgen

Amgen enters up to $1.2B atopic dermatitis drug deal with Kyowa Kirin¹

Rocatinlimab is currently in Phase 3:

Amgen And Kyowa Kirin Present Positive Late-Breaking Data From Phase 2 Study Of AMG 451/KHK4083 In Adult Patients With Moderate-to-Severe Atopic Dermatitis At EADV Congress²

OX40L deal: After AD Phase 2 data Kymab acquired by Sanofi

Jan 2021:
Sanofi Ups Immunology Game With $1.4 Billion Acquisition of Kymab³

Amlitelimab has completed Phase 2b and plans to initiate Phase 3 trials⁴

². Amgen and Kyowa Kirin Present Positive Late-Breaking Data From Phase 2 Study of AMG 451/KHK 4083 In Adult Patients With Moderate-to-Severe Atopic Dermatitis
³. Sanofi Ups Immunology Game With $1.4 Billion Acquisition of Kymab | BioSpace
⁴. Sanofi Q2 2023 Earnings Results Presentation
OX40 Inhibition with **STAR-0310** Is a Potential First-Choice Treatment for Moderate-to-Severe Atopic Dermatitis

**OX40 Pathway and Atopic Dermatitis**
- OX40 is a regulatory protein that modulates T cell functions, including effector T cells that are responsible for cytokine release such as IL4 and IL13.¹
- Inhibition of OX40 pathway silences effector Th1, Th2, Th17/22, as well as T memory cells.²
- Inhibition of OX40 pathway could benefit a broad population of patients.³
- Favorable clinical results observed in Phase 2 data from telazorlimab, rocatinlimab, and amlitelimab.

**STAR-0310 Discovery**
- First clinical OX40 program of Ichnos was telazorlimab
  - Favorable safety and tolerability profile, but lower potency vs rocatinlimab may limit competitiveness in AD.
- STAR-0310 candidate is an affinity matured next generation of telazorlimab combining 99% sequence identity with at least 10x increased potency⁴ (observed in preclinical studies) without changing potential for favorable safety and tolerability profile.

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4. ICHNOS study report GBR830-AE-1801_FinalDraft

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*Figure made with biorender.com*
OX40 Pathway Programs

• **STAR-0310** is an anti-OX40 antibody\(^1\) engineered with YTE half-life extension

• Amlitelimab is an anti-OX40L antibody that is completing a Phase 2b trial in AD\(^2\)

• Rocatinlimab is an afucosylated anti-OX40 antibody currently in Phase 3 trials in AD\(^3\)

1. ICHNOS study report GBR830-AE-1801_FinalDraft Page 30
2. Clinicaltrials.gov NCT05131477 Study Assessing Response Effect of KY1005 Against Moderate-to-Severe Atopic Dermatitis, the STREAM-AD Study
3. Clinicaltrials.gov NCT05651711 A Study Assessing Rocatinlimab (AMG 451) Monotherapy in Moderate-to-severe Atopic Dermatitis (AD) (ROCKET-Horizon)

Figure made with biorender.com
**STAR-0310 Matched Best-in-Class Potency In Vitro and We Anticipate Durable Th1, Th2, and Th17/22 Inhibition In Vivo**

- **STAR-0310** candidate inhibited donor T cell proliferation similarly to rocatinlimab and at least 10-fold better than telazorlimab in preclinical studies.

- **STAR-0310** with YTE expected to have extended durable inhibition of T cell pathogenic AD responses.

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**Clinically proven durable decrease in T cell AD pathogenesis markers 42 days after last dose of telazorlimab in Ph 2a AD trial**

<table>
<thead>
<tr>
<th>T cells proliferation inhibition (%)</th>
<th>STAR-0310 Candidate</th>
<th>Telazorlimab</th>
<th>Rocatinlimab</th>
<th>Isotype Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 29</td>
<td></td>
<td></td>
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<tr>
<td>Day 71</td>
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</tr>
</tbody>
</table>

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1. ICHNOS study report ISB830-X9-ICH-2101
STAR-0310 Was T Cell-Preserving Compared to Rocatinlimab in Studies of Donor T Cells and T Regulatory Cells

- ADCC is associated with cytokine release reactions\(^3\)
- Rocatinlimab, with enhanced ADCC T cell killing, has AEs including pyrexia, chills, and infection risk\(^2\)
- **STAR-0310** candidate had lower ADCC, particularly sparing regulatory T cells, and YTE modification may further reduce ADCC

ADCC quantified using donor Natural Killer cell and T cells\(^1\)

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1. ICHNOS study report ISB33-XB-ICH-2101
The OX40 Pathway Is Clinically Validated in Atopic Dermatitis

Targeting OX40 (rocatinlimab) may result in greater clinical efficacy than targeting OX40L (amlitelimab)

Potential that efficacy may be more durable with OX40 inhibition than IL4R inhibition
- At 36 weeks, rocatinlimab achieves higher IGA responder rates than those achieved by dupilumab at 52 weeks\(^2,3\)

Goal of STAR-0310 is to have at least rocatinlimab-like efficacy and to be administered less frequently:
- Potential for high responder rates with STAR-0310 due to more continuous target engagement
- STAR-0310 has been observed to be T cell-preserving: potential for wider therapeutic window

Comparison not based on head-to-head clinical trials
1. Amlitelimab Ph 2a results. Primary analysis at 16 weeks. Weidinger et al 2023
2. Rocatinlimab Ph 2b results. Primary analysis at 16 Weeks. Guttman-Yassky et al 2022
3. 16 week placebo-adjusted IGA response = 26%. Blauvelt et al 2017

CFB = change from baseline, EASI = Eczema Area and Severity Index IGA = Investigator Global Assessment
Potential for STAR-0310 to Have a Favorably Differentiated Safety Profile

Clinical Safety Profiles of OX40 Pathway Treatments

<table>
<thead>
<tr>
<th>Events To Primary Analysis</th>
<th>All Rocatinlimab(^1) N=216</th>
<th>All Amlitelimab(^2) N=59</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any adverse event (AE)</td>
<td>81%</td>
<td>54%</td>
</tr>
<tr>
<td>Serious AE</td>
<td>4%*</td>
<td>2%</td>
</tr>
<tr>
<td>Discontinuations due to AE</td>
<td>9%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Specific AEs

- **Pyrexia**: 17% vs 3%
- **Chills**: 11% vs 0%
- **Aphthous Ulcers**: 7% vs 0%
- **Nasopharyngitis/Upper Respiratory Tract Infection/Influenza-like Illness**: 14% vs 20%
- **Vascular**: 0% vs 3%

- **Rocatinlimab**: T cell depletion leads to cytokine release (pyrexia and chills) and potential increased risk of infection
  - Enhanced ADCC has potential to cause bystander depletion of all activated T cells
- **Amlitelimab**: OX40L is expressed on a wider array of cell types (risk for upper respiratory infection, nasopharyngitis, respiratory, and vascular AEs)
- **STAR-0310**: T cell preserving OX40 antagonism has potential to have a favorably differentiated safety and tolerability profile for OX40 pathway treatments

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1. Gutman-Yassky et al 2022;
* One anal abscess (SAE) led to discontinuation
Goal to Establish Proof of Concept for STAR-0310 in Early Development

Anticipated Trial Design

- **Early Proof of Concept**: SAD in healthy adults to assess STAR-0310 as a long-acting inhibitor of OX40
  - 3 single ascending dose levels SC
  - Endpoints to assess safety and durability of PK and PD
- **Proof of Concept**: multiple dose trial in atopic dermatitis patients to assess clinical impact (EASI) of STAR-0310
  - 2 dose regimens SC
  - Endpoints to assess safety, PK, PD, and clinical endpoints in patients
  - Initial differentiation on ADCC-related safety compared to rocatinlimab and on-target OX40L binding AEs with amlitelimab

SAD= single ascending dose; ePOC = early proof of concept; POC = proof of concept; SC = subcutaneous; PK = pharmacokinetic; PD = pharmacodynamic; EASI = eczema area and severity index
STAR-0310 Designed to be a Potential Best-in-Class and First-Choice AD Treatment

### EFFICACY
Mechanism is upstream of cytokines, and is potentially disease-modifying
Potential effectiveness across Th1, Th2, and Th17/22-driven AD
Robust and sustained responses in AD

### DOSING
Administered 4 to 6 times per year

### SAFETY - Low potential for on-target safety events
Reduced T cell depletion from ADCC
Limited AEs due to off-target binding

<table>
<thead>
<tr>
<th>STAR-0310 GOALS</th>
<th>Rocatinlimab (Amgen)</th>
<th>Amlitelimab (Sanofi)</th>
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<tbody>
<tr>
<td>★</td>
<td>✔</td>
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<td>★</td>
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</tbody>
</table>

Comparison not based on head-to-head clinical trials
Opportunity for Expansion Into Additional Indications

- **ALLERGY**
  - Atopic Dermatitis
  - Asthma
  - Chronic Urticaria

- **IMMUNOLOGY**
  - Autoimmune Indications
    - (potential for rheumatoid arthritis, systemic lupus erythematosus)
Hereditary Angioedema (HAE): A Rare, Disfiguring, and Potentially Life-Threatening Disease

Rare genetic disorder characterized by severe, unpredictable, sometimes life-threatening swelling

Affects <8,000 in the U.S. and <15,000 in Europe, and average age of onset is 11 years old

Standard of care has evolved to both on-demand and preventative treatments with room for improvement

6. Images obtained by haeimages.com
STAR-0215 Aims to Reduce Disease and Treatment Burden for People Living with HAE

Vision for STAR-0215: the first-choice preventative treatment to help normalize the lives of people with HAE

**Market Opportunity**

- **2022 HAE Market**: $2.6B
- **2028 Estimated HAE Market**: $4.2B

**Unmet Need**

- **Surveyed Prescribers Were Highly Motivated to Prescribe a Product with STAR-0215’s Q3 Month Target Profile**: 6.5
- **All Surveyed Patients Were Willing to Try an Effective Q3 Month Product**: 69%

---

1. Company-reported sales (Takeda, CSL Behring, Pharming, BioCryst)
2. Analyst consensus forecasts compiled by Clarivate’s Cortellis, Astria company research and analysis.
3. Astria proprietary blinded qualitative market research study (2021) with 20 HAE treatment providers (screened for those treating at least 5 Type 1 & 2 HAE patients per year).
4. Astria proprietary blinded quantitative market research study (2022) with 101 HAE patients recruited by HAEA patient organization.
**STAR-0215**

**Potential First-Choice Preventative in HAE**

**Validated Mechanism**
Inhibition of plasma kallikrein prevents bradykinin release and subsequent angioedema, leveraging the same mechanism as market leader TAKHZYRO.

**Vision to Become the First-Choice Preventative**
Goal of reducing disease and treatment burden to normalize patients’ lives. Current available treatment options have high burden of administration or limited efficacy.

**Differentiated profile**
YTE extended half-life supports dosing 3 or 6 months. High-concentration formulation for self-administration. Formulated citrate-free to reduce pain.

**Encouraging initial clinical results**
Demonstrated potential best-in-class PK profile with long plasma half-life and sustained inhibition of plasma kallikrein.

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Astria wholly owns an international patent application directed to STAR-0215. If nationalized in the U.S. and granted, the patent would expire in 2042, excluding any potential patent term extension. If this application is nationalized in PCT member states ex-U.S., the term of any resulting patents would also be to 2042, exclusive of any available patent term extensions.
Initial Results Show **STAR-0215** Has a Potential Best-In-Class PK Profile

Initial results show:

- **STAR-0215** was well-tolerated with a favorable safety profile.
- Rapid and sustained achievement of **STAR-0215** concentrations consistent with clinical benefit (≥12 µg/ml) after single subcutaneous doses.
- Estimated half-life of up to 117 days, >5 times longer than lanadelumab.
- **STAR-0215** achieved sustained inhibition of plasma kallikrein.

**Additional Phase 1a results anticipated Q4 2023**

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Mean (SD) concentrations over time. Estimated half-life of up to 117 days is for the 600 mg dose. Data cutoff is Day 84. Results will be finalized after the end of the observation period.

*One subject excluded from the analysis due to partial dose administered.

The comparison presented between **STAR-0215** and lanadelumab represents a cross-trial comparison and does not involve data from a head-to-head clinical trial.
STAR-0215 Could Sustain Exposure Above Target Threshold with Both Q3 and Q6 Month Regimens

Human Pharmacometric Model


C_{min} = minimum / trough concentration
Pharmacometric model is based on initial human pharmacokinetic data from the Phase 1a trial in healthy adult subjects.
These data were presented at the 13th C1-Inhibitor Deficiency and Angioedema Workshop, May 4-7, 2023, Budapest Hungary.
ALPHA-STAR Trial On-Track and Currently Enrolling and Dosing HAE Patients

- Enrollments on track with initial proof-of-concept results expected mid-2024
- Three dose-ranging cohorts planned to inform pivotal trial design:
  - Assessing safety and tolerability, PK, PD, attack rate, and quality of life
- For each cohort, efficacy will be assessed at 3 months and 6 months after the last STAR-0215 dose administered
- Long-term open-label ALPHA-SOLAR trial is currently enrolling patients
- Pending positive ALPHA-STAR results, expect to initiate a single pivotal Ph 3 trial in Q1 2025

Cohorts planned to be opened sequentially
*Up to 6 additional participants may be added to Cohorts 2 and/or 3; additional cohorts may be added
For more detailed information, visit www.clinicaltrials.gov, NCT05695248
Anticipated Milestones and Future Development Goals to Bring Treatments to Patients

**2023**

**STAR-0215**
- Q4: Phase 1a additional results

**STAR-0310**
- Integrate program

**2024**

**STAR-0215**
- Mid-2024: HAE POC results

**STAR-0310**
- IND enabling activities
- IND submission
- Preclinical studies in additional indications

**2025**

**STAR-0215**
- Q1: Initiate pivotal Ph 3 trial if pos. POC results

**STAR-0310**
- Initiate Phase 1a with early proof of concept results in Q3
- Initiate Phase 1b in patients with AD

**2026**

**STAR-0215**
- Progress Ph 3 trial

**STAR-0310**
- Q2: AD POC results
- H2: initiate Ph 2 in AD
- H2: initiate Ph 2 in additional indication

**Future Goals**

**STAR-0215 and STAR-0310 broadly available to patients**
Astria (Nasdaq: ATXS) is developing differentiated therapeutics for patients with allergic and immunological diseases

**STAR-0215**, is a mAb inhibitor of plasma kallikrein for the preventative treatment of Hereditary Angioedema (HAE)

- STAR-0215 has shown early proof of concept for its target profile: long-acting preventative therapy, potential best-in-class PK profile, and dosing once every 3 or 6 months
- HAE market is large and growing, expected to reach $4.2B by 2028\(^1,2\)

**STAR-0310**, is a mAb OX40 antagonist for the treatment of moderate to severe Atopic Dermatitis, licensed from Ichnos

- STAR-0310 is a potential best in class OX40 profile with the potential to expand to additional indications
- Moderate to severe AD market is large and growing, expected to reach an estimated $26B by 2030\(^3\)

Phase1b/2 ALPHA-STAR trial in HAE patients is underway and is enrolling and administering STAR-0215 to patients. Initial proof-of-concept results expected in mid-2024, and if positive, followed by initiation of a single pivotal Phase 3 trial in Q1 2025

Expected milestones for STAR-0310: IND submission by YE 2024, early proof of concept results in healthy subjects in Q3 2025, and initial proof of concept results in AD patients in Q2 2026

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1. Analyst consensus forecasts compiled by Clarivate’s Cortellis, Astria company research and analysis
2. Company-reported sales (Takeda, CSL Behring, Pharming, BioCryst)
3. Decision Resources Group: Atopic Dermatitis Disease Landscape & Forecast, July 2023