



# Overview of Moderna's COVID-19 Vaccine (mRNA-1273)

ACIP – December 20, 2020

---

Jacqueline M Miller, MD FAAP

# Forward-looking statements and disclaimer

---

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended including, but not limited to, statements concerning the timing, design, objectives and other parameters of the Phase 1, Phase 2 and Phase 3 clinical studies of mRNA-1273. In some cases, forward-looking statements can be identified by terminology such as “will,” “may,” “should,” “could”, “expects,” “intends,” “plans,” “aims,” “anticipates,” “believes,” “estimates,” “predicts,” “potential,” “continue,” or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words. The forward-looking statements in this presentation are neither promises nor guarantees, and you should not place undue reliance on these forward-looking statements because they involve known and unknown risks, uncertainties, and other factors, many of which are beyond Moderna’s control and which could cause actual results to differ materially from those expressed or implied by these forward-looking statements. These risks, uncertainties, and other factors include, among others: preclinical and clinical development is lengthy and uncertain, especially for a new class of medicines such as mRNA, and therefore our preclinical programs or development candidates may be delayed, terminated, or may never advance to or in the clinic; no commercial product using mRNA technology has been approved, and may never be approved; mRNA drug development has substantial clinical development and regulatory risks due to the novel and unprecedented nature of this new class of medicines; despite having ongoing interactions with the U.S. Food and Drug Administration (FDA), European Medicines Agency (EMA) or other regulatory agencies, the FDA, EMA or such other regulatory agencies may not agree with Moderna’s regulatory approval strategies, components of our filings, such as clinical trial designs, conduct and methodologies, or the sufficiency of data submitted; the fact that the rapid response technology in use by Moderna is still being developed and implemented; the fact that the safety and efficacy of mRNA-1273 has not yet been established; potential adverse impacts due to the global COVID-19 pandemic such as delays in clinical trials, preclinical work, overall operations, regulatory review, manufacturing and supply chain interruptions, adverse effects on healthcare systems and disruption of the global economy; and those risks and uncertainties described under the heading “Risk Factors” in Moderna’s most recent Quarterly Report on Form 10-Q filed with the U.S. Securities and Exchange Commission (SEC) and in subsequent filings made by Moderna with the SEC, which are available on the SEC’s website at [www.sec.gov](http://www.sec.gov). Except as required by law, Moderna disclaims any intention or responsibility for updating or revising any forward-looking statements contained in this presentation in the event of new information, future developments or otherwise. These forward-looking statements are based on Moderna’s current expectations and speak only as of the date hereof.

# Outline of Presentation

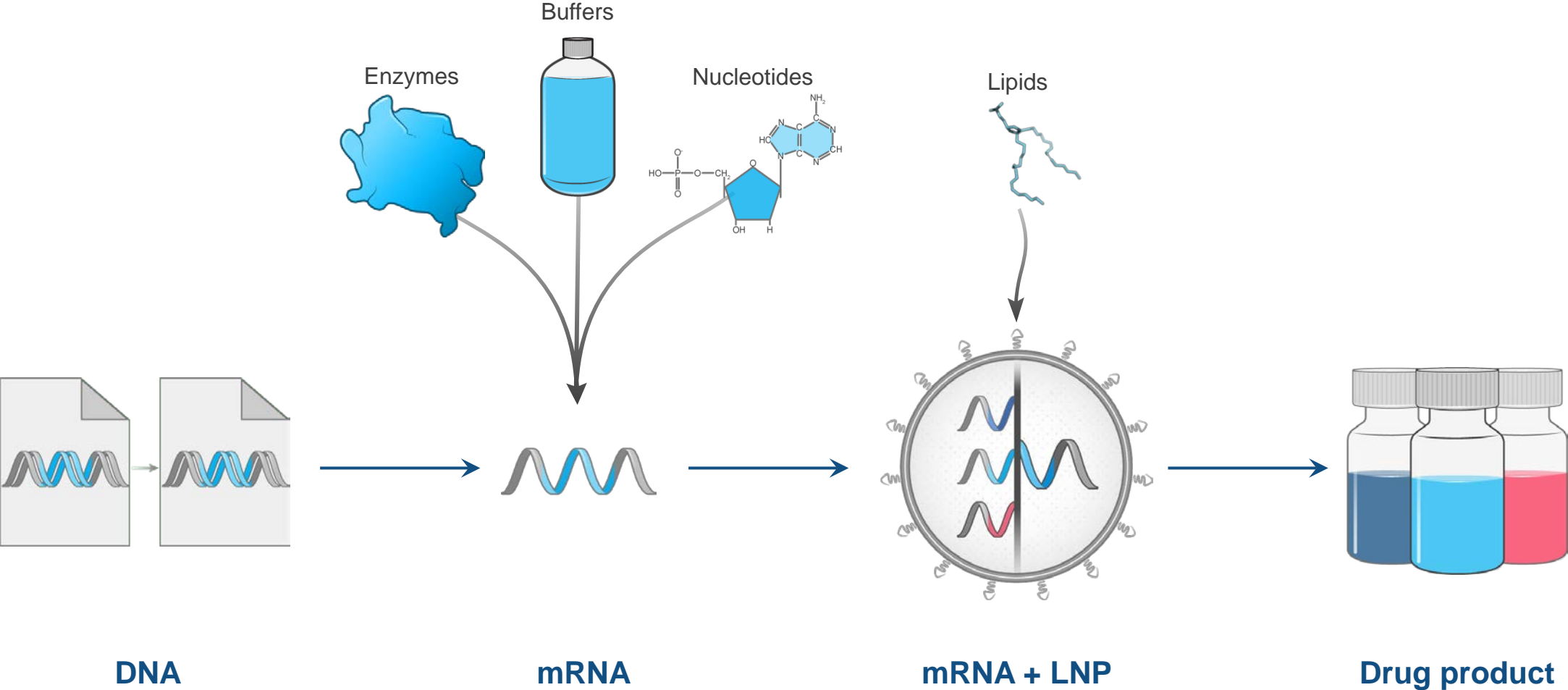
- Brief review of :
  - mRNA platform
  - Preclinical studies
  - Phase 1 & 2 trials
- Phase 3 safety & efficacy trial
- Brief review of vaccine storage & handling
- Summary
- Q & A



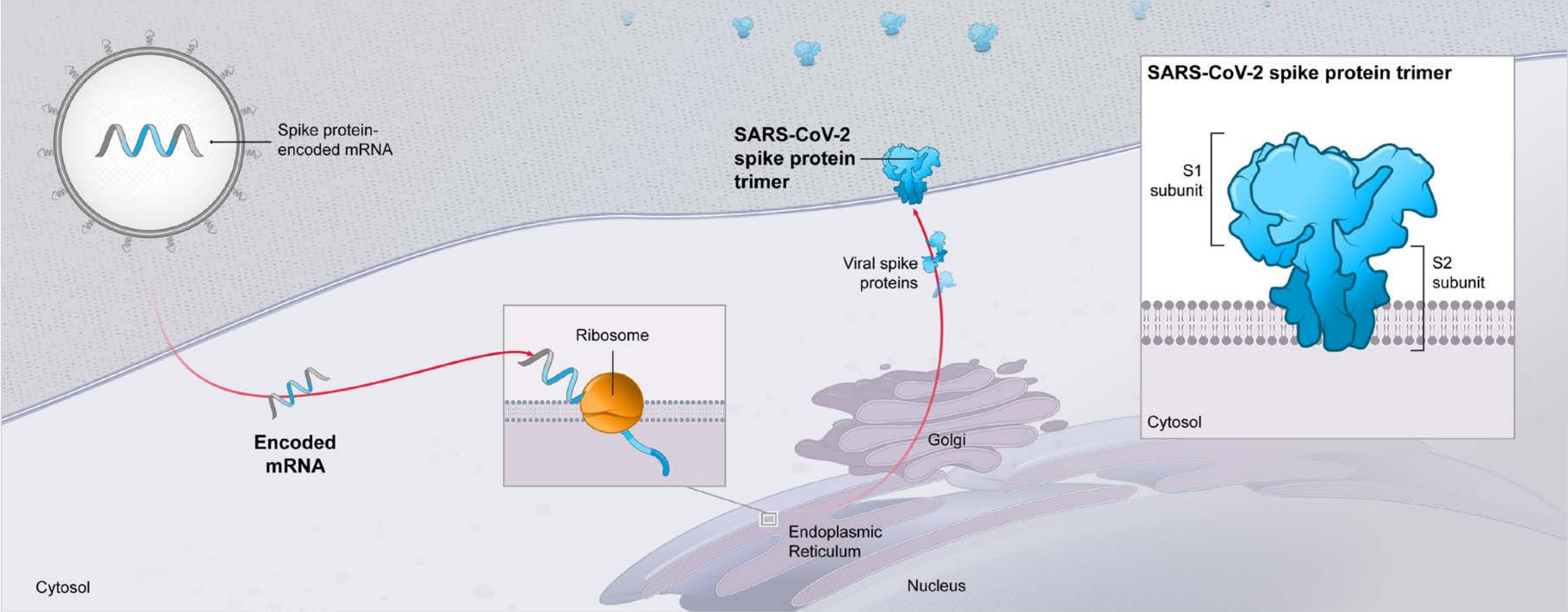
## mRNA Platform



# A Known DNA (or RNA) Sequence Can Serve as the Basis for an mRNA Vaccine, Which is then Formulated with Lipid Nanoparticles (LNPs)



# mRNA-1273 encodes for the full-length Spike Protein in the Pre-fusion Conformation (S-2P)





# mRNA-1273 Preclinical & Clinical Programs

---

## mRNA-1273 Non-clinical Results

---

- Immunogenic
  - Drives robust SARS-CoV-2 specific antibody and Th1-directed CD4+ and CD8+ T-cell responses
- Nonclinical animal challenge studies demonstrate
  - Full protection of mice, hamsters and non-human primates from SARS-CoV-2
  - Does not lead to vaccine-associated enhanced respiratory disease
- No safety concerns identified in developmental and reproductive toxicology study (DART)

Studies were performed in young and aged mice, Golden Syrian Hamster, and rhesus macaque (NHP) animal models



# mRNA-1273 Full Development Program Supports the 100- $\mu$ g Dose

---

**Study 101**  
(Phase 1)  
(N=120)

**Safety and Immunogenicity, and Dose Selection**

**Informed 100 $\mu$ g dose for Phase 2 and 3**

**Study 201**  
(Phase 2)  
(N=600)

**Safety and Immunogenicity**

**Safety Monitoring Committee safety report**

**Study 301**  
(Phase 3)  
(N=30,420)

**Efficacy, Safety, Immunogenicity**

# Summary of Studies 101 and 201 mRNA-1273

## Immunogenicity Data

---

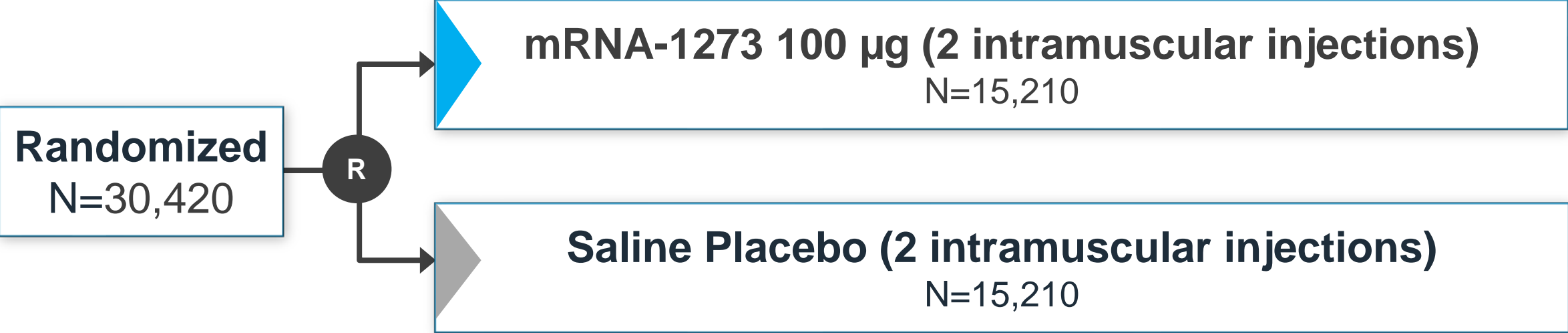
- Neutralizing antibody titers observed in all participants following 2<sup>nd</sup> dose
- GMTs across age strata numerically higher than in pool of convalescent sera
- Neutralizing antibodies persisted for at least 3 months after 2<sup>nd</sup> dose and remained numerically higher than convalescent sera
- Strong Th-1 dominant, CD4+ T-cell response observed
  - Consistent results with preclinical studies



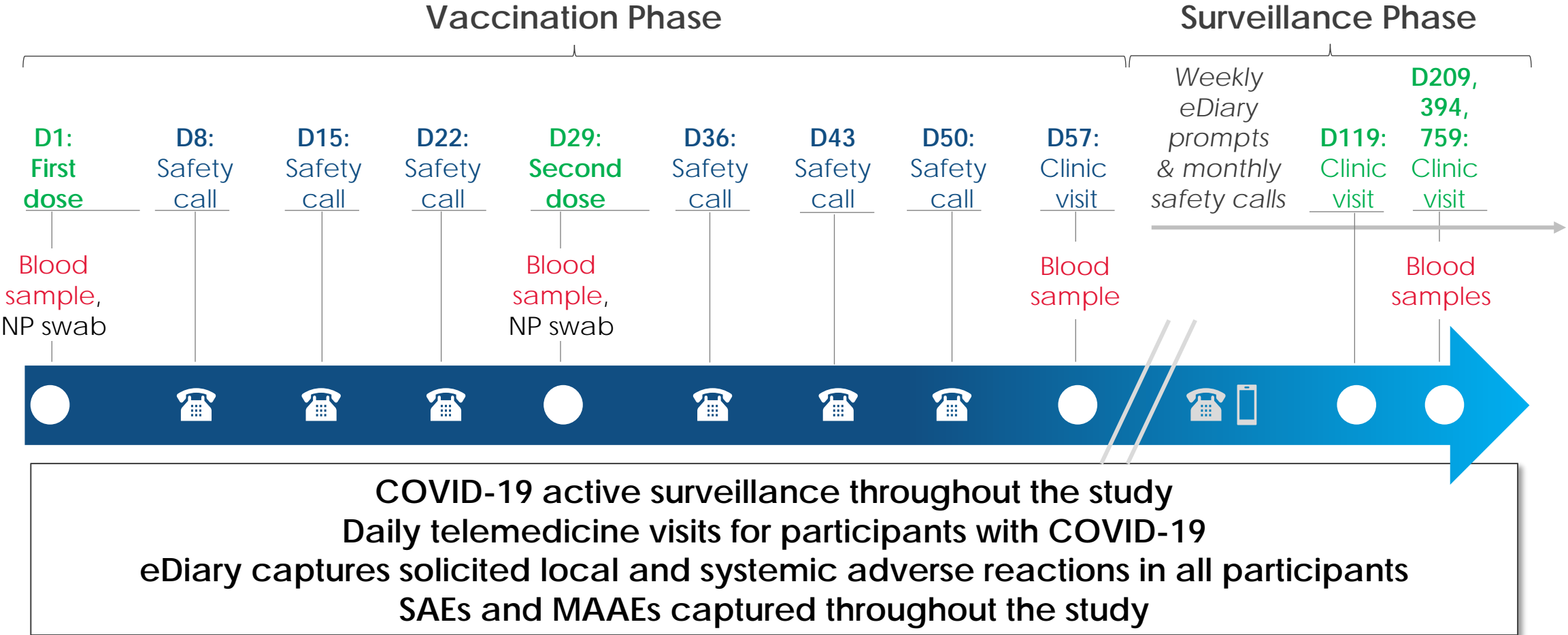
## Study 301 – Large Scale Safety & Efficacy Trial

---

# Study 301: Pivotal, Randomized, Placebo-Controlled Evaluation of Efficacy and Safety



# Study 301: Scheduled Visits and Safety Calls



# Study 301 Primary Objective: Case Definition of Symptomatic COVID-19 Disease

---

- Symptoms

- $\geq 2$  systemic: fever, chills, myalgia, headache, sore throat, new olfactory and taste disorder(s)

**OR**

- $\geq 1$  respiratory: cough, shortness of breath / difficulty breathing, clinical or radiographical evidence of pneumonia

**AND**

- Confirmed SARS-CoV-2 infection via RT-PCR

**Primary analysis: adjudicated cases occurring  $\geq 14$  days after dose 2**

# Study 301 Key Secondary Objective: Case Definition of Severe COVID-19

---

- Confirmed COVID-19 as per the Primary Endpoint definition, plus any one of the following:
  - Clinical signs indicative of severe systemic illness, RR  $\geq$  30 per minute, HR  $\geq$  125 BPM, SpO<sub>2</sub>  $\leq$  93% on room air at sea level or PaO<sub>2</sub>/FIO<sub>2</sub> < 300 mm Hg
  - Respiratory failure or ARDS, evidence of shock (SBP < 90 mm Hg, DBP < 60 mm Hg or requiring vasopressors)
  - Significant acute renal, hepatic or neurologic dysfunction
  - Admission to ICU or death

RR: respiratory rate; HR: heart rate; BPM: beats per minute; SpO<sub>2</sub>: oxygen saturation; PaO<sub>2</sub>/FIO<sub>2</sub>: arterial oxygen partial pressure over fractional inspired oxygen; mm Hg: pressure measured by millimeters of mercury; ARDS: acute respiratory distress syndrome; SBP: systolic blood pressure; DBP: diastolic blood pressure; ICU: intensive care unit

# Study 301: Representation of Participants with Risk Factors

## Full Analysis Set

	mRNA-1273 N=15,181		Placebo N=15,170	
	n	%	n	%
<b>Age and health risk for severe COVID-19</b>				
<b>18 to &lt; 65 without comorbid conditions</b>	8,888	<b>59%</b>	8,886	<b>59%</b>
<b>18 to &lt; 65 with comorbid conditions</b>	2,530	<b>17%</b>	2,535	<b>17%</b>
<b>≥ 65 with and without comorbid conditions</b>	3,749	<b>25%</b>	3,749	<b>25%</b>

Comorbid conditions included chronic lung disease or moderate to severe asthma, significant cardiac disease, severe obesity, diabetes, liver disease, stable HIV infection



# Race/Ethnicity Enrollment Distribution Compared to US Population

## Full Analysis Set

Race	Study 301 (N=30,351)	US Population
	%	%
White	79.2%	75.0%
Black or African American	10.2%	14.2%
Asian	4.6%	6.8%
More than one race	2.1%	3.4%
American Indian or Alaska Native	0.8%	1.7%
Hawaiian or other Pacific Islander	0.2%	0.4%
Other	2.1%	5.5%
Not reported or unknown	0.9%	0%
Ethnicity		
Hispanic or Latino	20.5%	18.4%

# Study 301: 23% of Participants Reported $\geq 1$ Pre-Existing Medical Risk Factor

Full Analysis Set

Medical Risk Factor	mRNA-1273 N=15,181		Placebo N=15,170	
	n	%	n	%
Diabetes	1,435	9%	1,440	9%
Severe obesity (BMI >40 kg/m <sup>2</sup> )	1,025	7%	1,021	7%
Chronic lung disease	710	5%	744	5%
Significant cardiac disease	752	5%	744	5%
Liver disease	100	< 1%	96	< 1%
HIV	92	< 1%	87	< 1%

# Study 301: Participants with Occupational Risk Factors Under Consideration for Priority Vaccination

Full Analysis Set — Primary Efficacy Analysis

	mRNA-1273 N=15,181		Placebo N=15,170	
	n	%	n	%
<b>Healthcare workers</b>	3,790	<b>25%</b>	3,831	<b>25%</b>
<b>Educators and students</b>	1,543	<b>10%</b>	1,552	<b>10%</b>
<b>Pastoral, social, or public health workers</b>	533	<b>4%</b>	503	<b>3%</b>
<b>Transportation and delivery services</b>	482	<b>3%</b>	473	<b>3%</b>
<b>Personal care and in-home services</b>	469	<b>3%</b>	469	<b>3%</b>
<b>Manufacturing and production operations</b>	425	<b>3%</b>	421	<b>3%</b>
<b>Emergency response</b>	302	<b>2%</b>	297	<b>2%</b>
<b>Warehouse shipping and fulfillment centers</b>	191	<b>1%</b>	175	<b>1%</b>
<b>Border protection and military personnel</b>	69	<b>0.5%</b>	68	<b>0.4%</b>

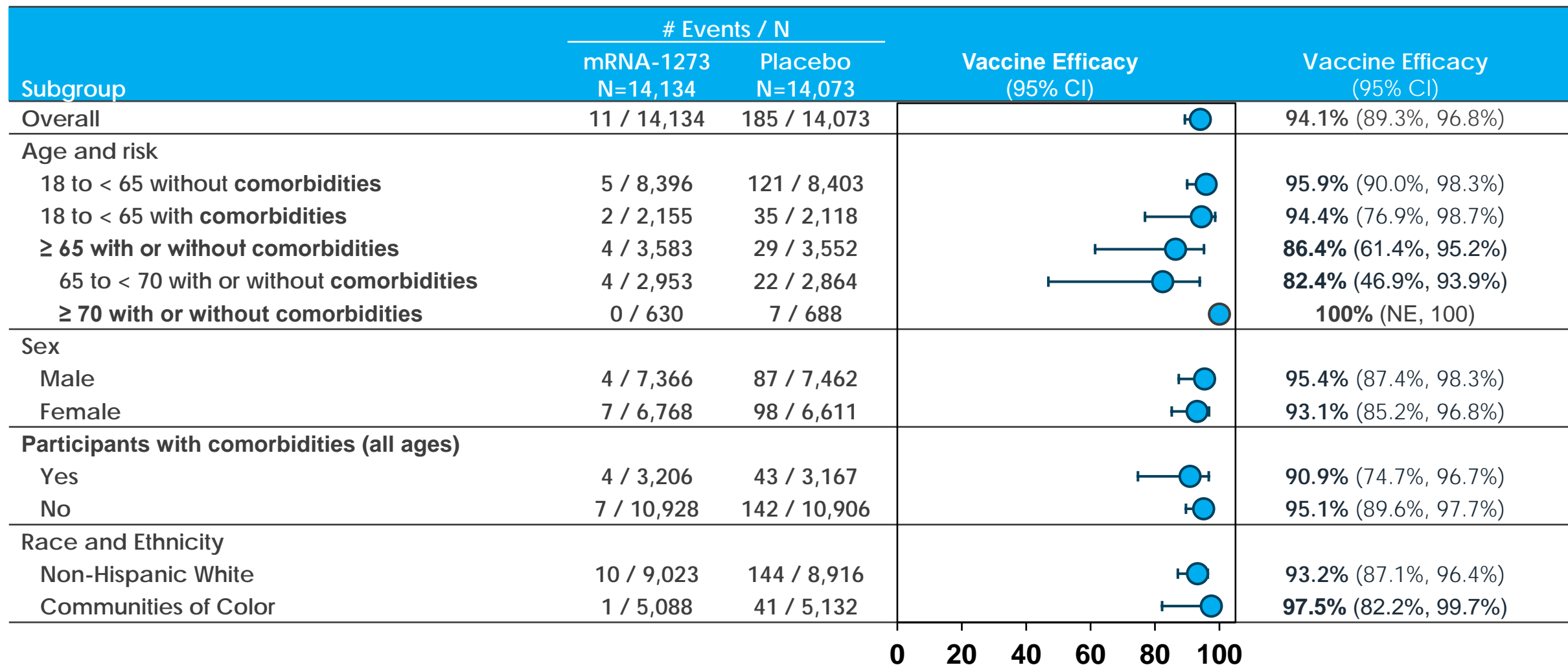
# Study 301: Primary Efficacy Objective Met, VE Against Confirmed, Symptomatic COVID-19 Cases is > 94%

*Per Protocol*

Confirmed, Symptomatic COVID-19 Cases	Primary Efficacy Analysis	
	mRNA-1273 N=14,134	Placebo N=14,073
Number of cases, n (%)	11 (< 0.1%)	185 (1.3%)
Vaccine efficacy based on hazard ratio (95% CI)	94.1% (89.3%, 96.8%)	
p-value	< 0.0001	
Incidence rate per 1000 person-years	3.3	56.5

# Study 301: Subgroup Analyses of Efficacy are Consistent with Primary Analysis

## Per Protocol — Primary Efficacy Analysis



NE: not estimable

# Study 301 Secondary Efficacy Endpoint: Cases of Confirmed Severe COVID-19

Per Protocol

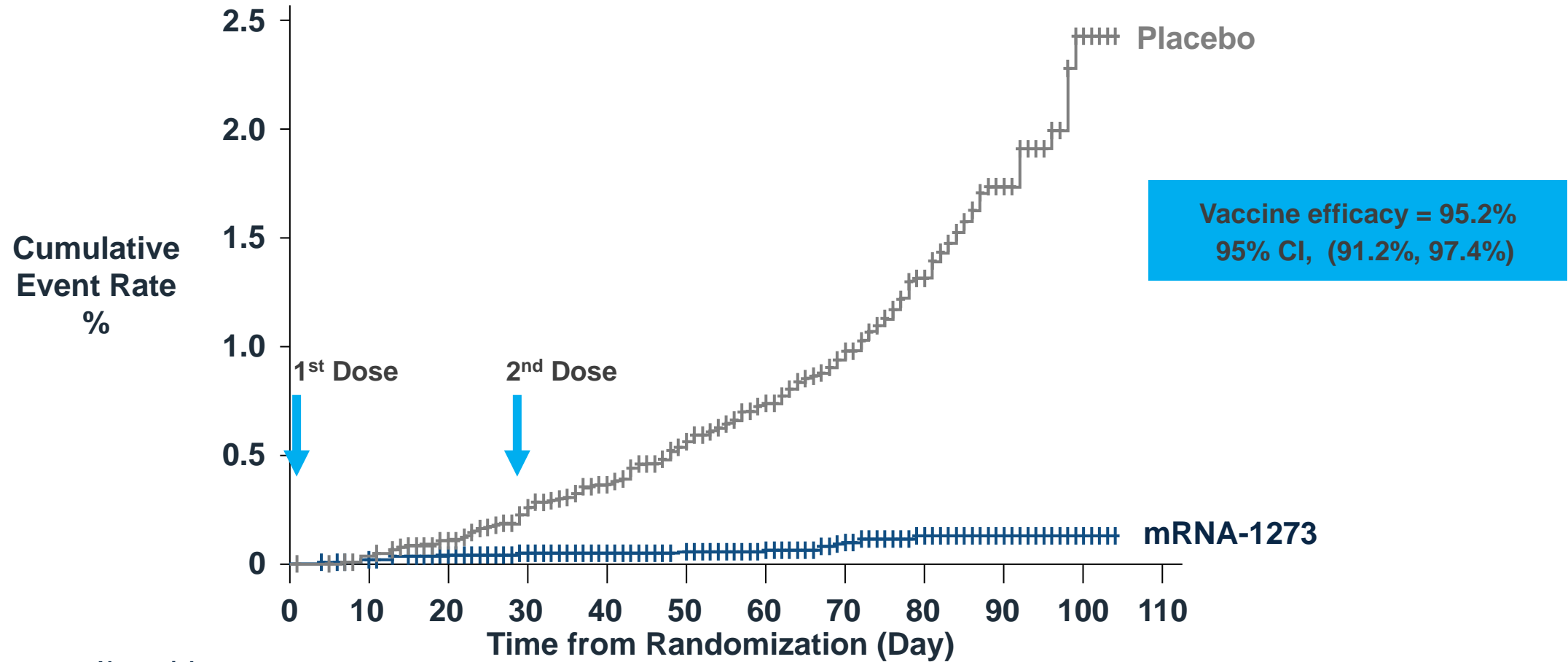
Confirmed, Severe COVID-19 Cases	Primary Efficacy Analysis	
	mRNA-1273 N=14,134	Placebo N=14,073
Number of cases, n (%)	0 (0%)	30 (0.2%)
Vaccine efficacy based on hazard ratio (95% CI)	100% (NE, 100%)	
Incidence rate per 1000 person-years	0	9.1
<ul style="list-style-type: none"><li>• One participant death due to COVID-19 in the placebo group</li><li>• Given the high efficacy against severe disease, no evidence for vaccine-associated enhanced disease was observed</li></ul>		

One potential case of severe disease was reported in the mRNA-1273 group after data cut-off for the primary efficacy analysis, this case has yet to be adjudicated.

NE: not estimable

# Kaplan-Meier Estimates of Time to First Occurrence of COVID-19 Starting After Randomization

*mITT – Interim Analysis*



No. at risk	0	10	20	30	40	50	60	70	80	90	100	110
mRNA-1273	14312	14306	13964	13490	12981	12284	10742	8327	5705	2621	583	0
Placebo	14370	14363	14000	13515	12972	12225	10657	8283	5663	2594	586	0

# Study 301: Summary of COVID-19 Cases Within 6 Weeks After Randomization Based on CDC Case Definition<sup>1</sup>

*mITT Population – Interim Analysis*

	mRNA-1273 N=14,550	Placebo N=14,598
	n	n
From randomization to 14 days post 1 <sup>st</sup> dose	5	11
From 14 days post 1 <sup>st</sup> dose to 2 <sup>nd</sup> dose	3	34
From 2 <sup>nd</sup> dose to 14 days post 2 <sup>nd</sup> dose	0	17
<b>Total</b>	<b>8</b>	<b>62</b>

**Data suggest protection may begin prior to dose 2**

<sup>1</sup> One clinical symptom from an expanded list and a nasopharyngeal swab positive for SARS-CoV-2 virus



# Study 301: Summary of Asymptomatic SARS-CoV-2 Infections as Measured by Scheduled NP Swabs Prior to 2<sup>nd</sup> Dose

*Per Protocol — Primary Efficacy Analysis*

RT-PCR NP Swab Results	mRNA-1273 N=14,134		Placebo N=14,073	
	n	%	N	%
No documented COVID-19 symptoms between 1 <sup>st</sup> dose and 2 <sup>nd</sup> dose	14	0.1%	38	0.3%

**Data suggestive of efficacy for prevention of asymptomatic infection**



# Study 301: mRNA-1273 100 µg Safety 9-Week Median Follow-up

---



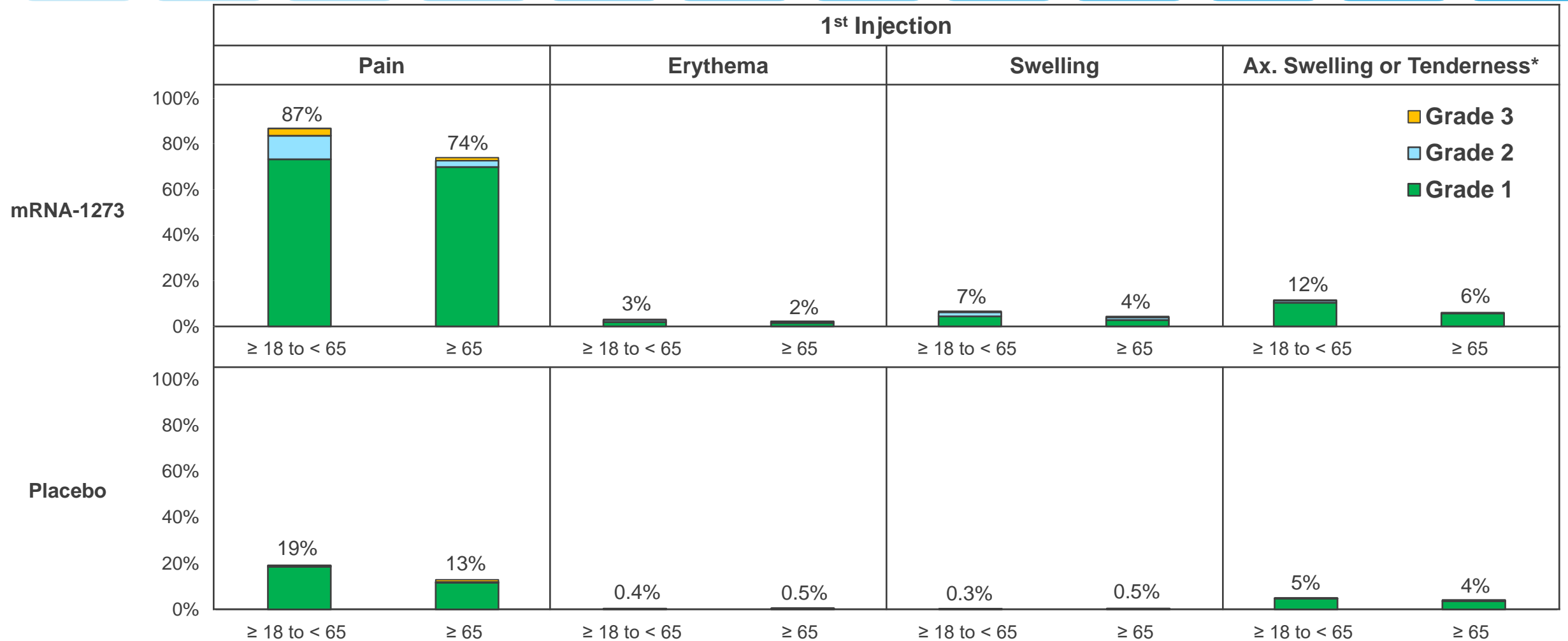
## Solicited Adverse Reactions

---

Study 301 Safety Set (N=30,351)

# Study 301: Most Solicited Local Adverse Reactions Were Mild-to-Moderate (1st Injection)

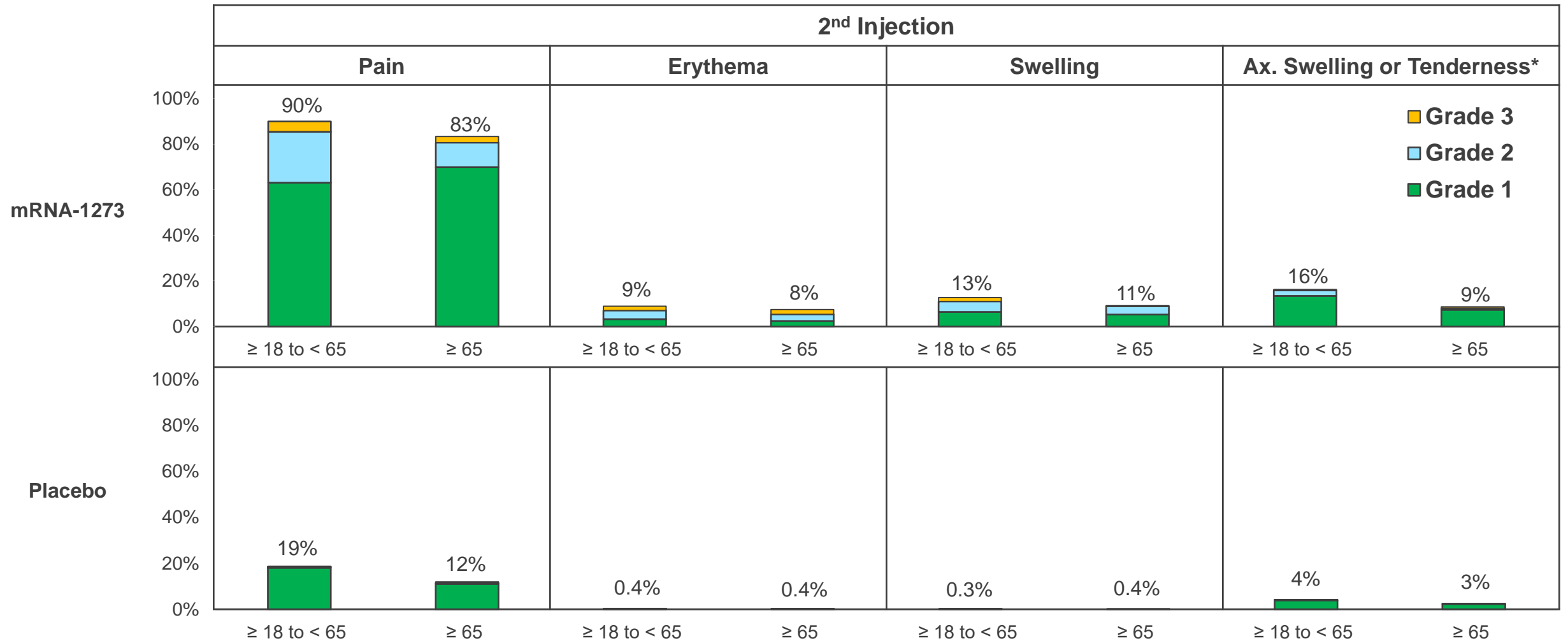
Safety Set, 9-Week Median Follow-up



Note: Includes reports within 7 days of injection. \*Localized axillary swelling or tenderness ipsilateral to the vaccination arm.

# Study 301: Most Solicited Local Adverse Reactions Were Mild-to-Moderate (2nd Injection)

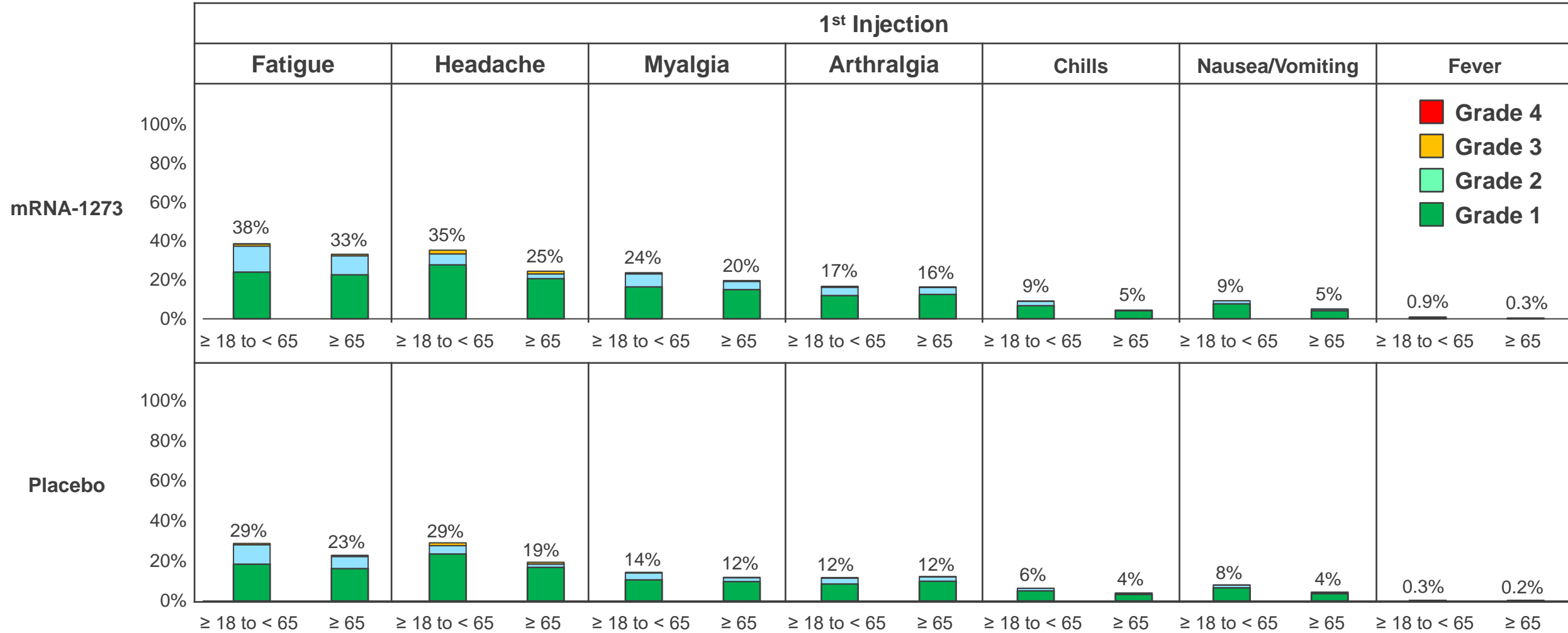
Safety Set, 9-Week Median Follow-up



Note: Includes reports within 7 days of injection. \*Localized axillary swelling or tenderness ipsilateral to the vaccination arm.

# Study 301: Most Solicited Systemic Adverse Reactions Were Mild-to-Moderate (1<sup>st</sup> Injection)

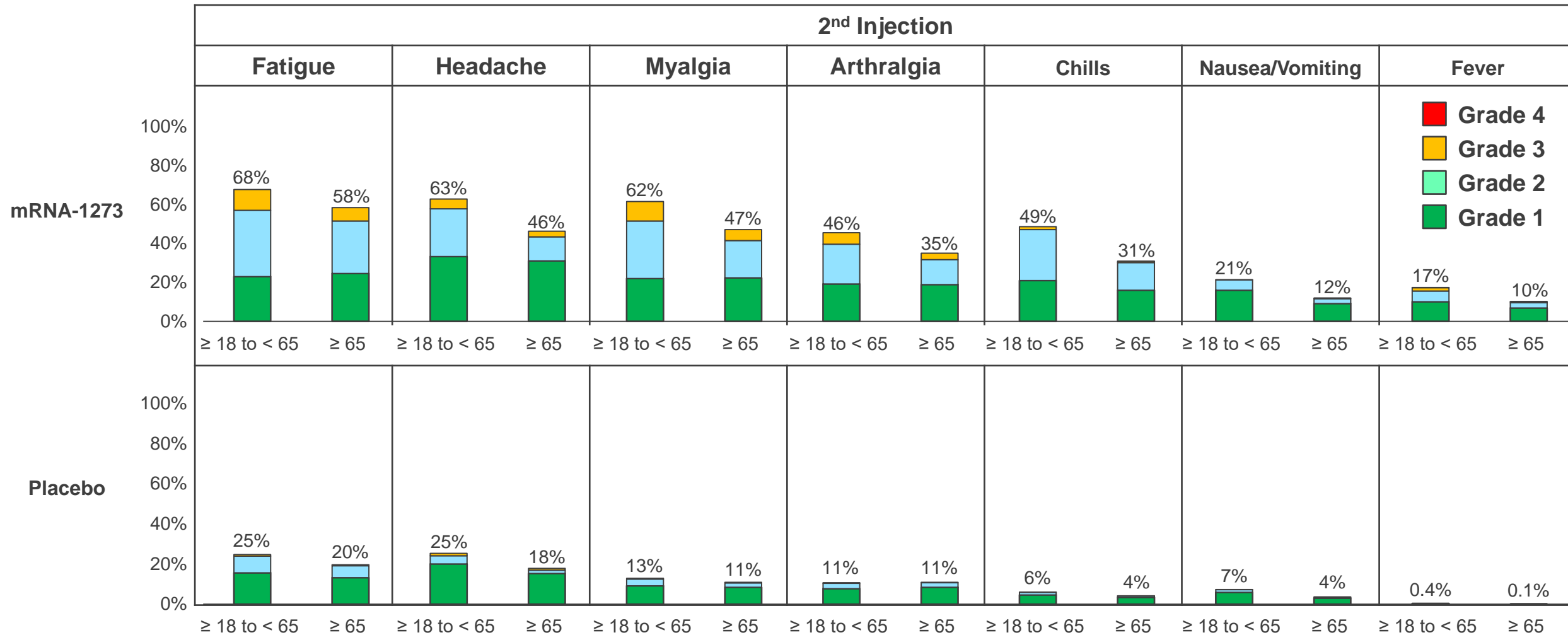
Safety Set, 9-Week Median Follow-up



Note: Solicited Systemic ARs include reports within 7 days of injection

# Study 301: Most Solicited Systemic Adverse Reactions Were Mild-to-Moderate (2<sup>nd</sup> Injection)

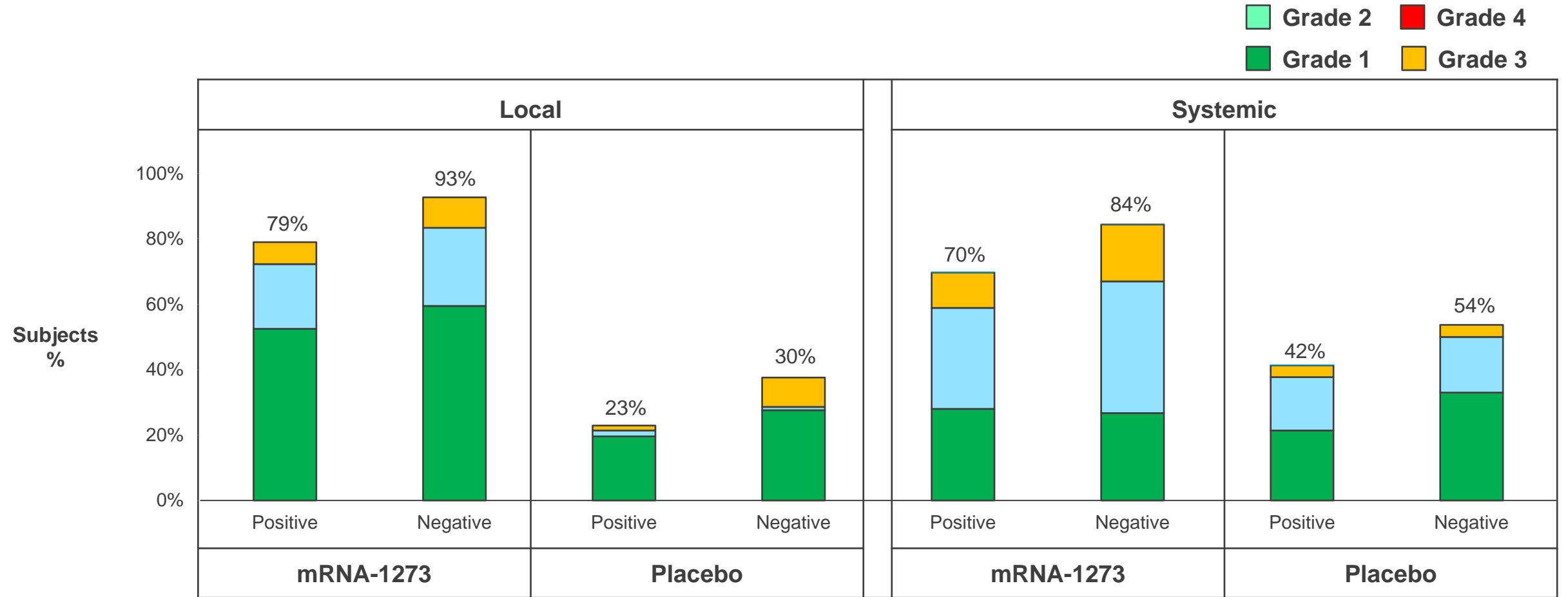
Safety Set, 9-Week Median Follow-up



Note: Solicited Systemic ARs include reports within 7 days of injection

# Study 301: Any Solicited Adverse Reaction by Baseline SARS-CoV-2 Status

Safety Set, 9-Week Median Follow-up



Missing baseline SARS-CoV-2 assessment for 288 mRNA-1273 and 235 Placebo participants



## Unsolicited Adverse Events

Study 301 Safety Set (N=30,351)

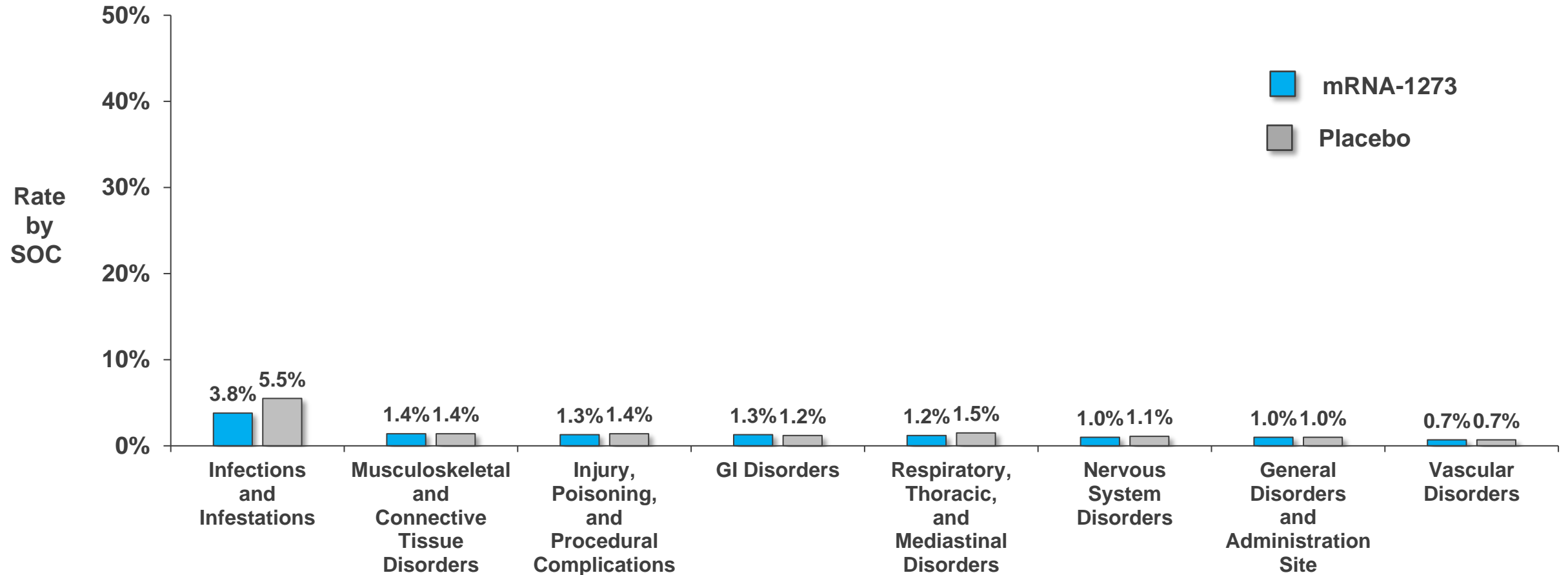
# Study 301: Summary of Unsolicited AEs

*Safety Set, 9-Week Median Follow-up*

Unsolicited Adverse Events	mRNA-1273 N=15,185		Placebo N=15,166	
	n	%	n	%
<b>Any Adverse Event</b>	4,058	<b>27%</b>	3,888	<b>26%</b>
<b>Any Medically-Attended Adverse Event (MAAE)</b>	1,745	<b>11%</b>	1,958	<b>13%</b>
<b>Any Serious Adverse Event (SAE)</b>	147	<b>1%</b>	153	<b>1%</b>
<b>Any death (reported through December 3, 2020)</b>	6	<b>&lt; 0.1%</b>	7	<b>&lt; 0.1%</b>

# Study 301: Rates of Medically-Attended AEs Were Comparable Between Groups

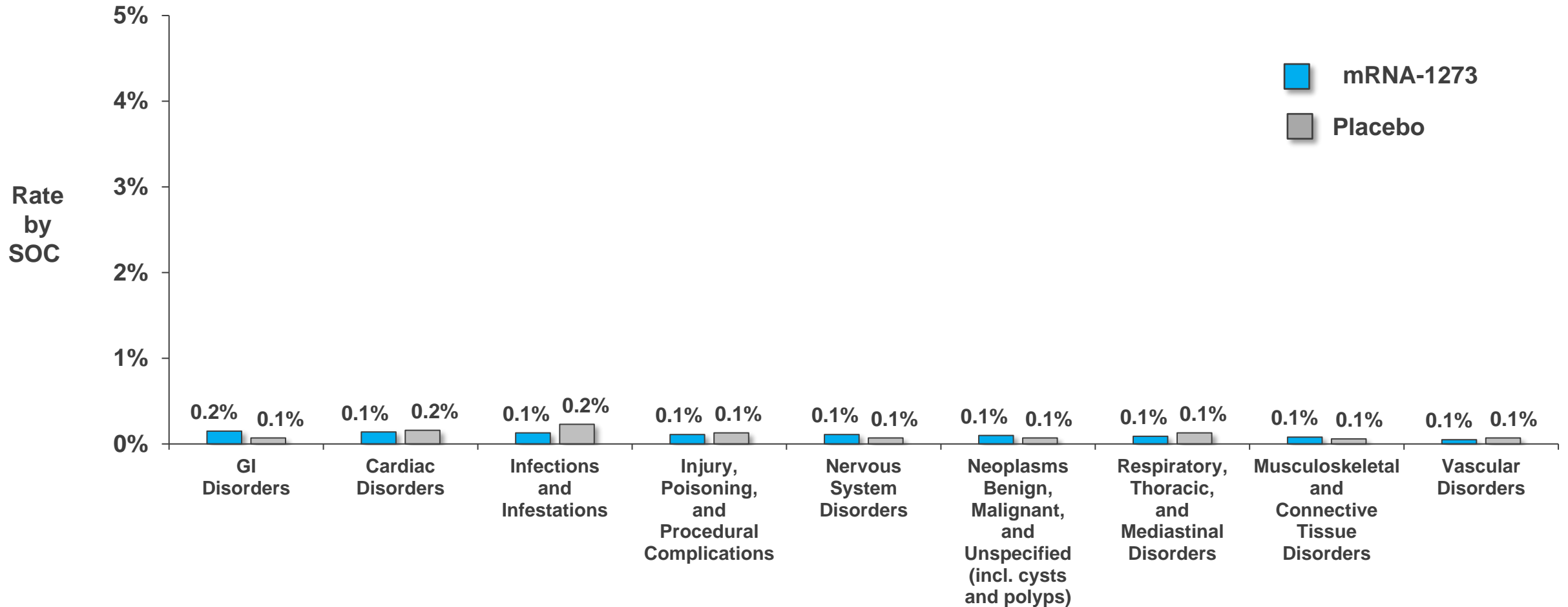
Safety Set, 9-Week Median Follow-up



System Organ Class (SOC) occurring at rate > 0.6%

# Study 301: Rates of SAEs Were Comparable Between Groups

Safety Set, 9-Week Median Follow-up



System Organ Class (SOC) occurring at rate > 0.05%

# Study 301: Deaths Through December 3, 2020

Preferred Term	mRNA-1273 n=6	Placebo n=7	Relationship to Treatment
Abdominal injury (intra-abdominal perforation)	0	1	Not related
Cardio-respiratory arrest	1	1	Not related
Completed suicide	1	0	Not related
COVID-19	0	1	Not related
Head injury	1	0	Not related
Myocardial infarction	1	2	Not related
Multisystem organ failure	1	0	Not related
Not otherwise specified	1	1	Not related
Systemic inflammatory response syndrome (dermatitis bullous)	0	1	Not related

# Investigations Unable to Identify Cases Suggestive of Anaphylaxis Associated with mRNA-1273

---

- No participants excluded for history of anaphylaxis, urticaria, or other significant hypersensitivity
- 2 anaphylactic reactions reported as unsolicited AEs
  - 1 placebo occurring 10 days after 1<sup>st</sup> dose
  - 1 mRNA-1273 occurring 63 days after 2<sup>nd</sup> dose
- Conducted anaphylaxis Standardized MedDRA Query (SMQ), including review of events within 48 hours
  - 0 met Brighton Collaboration Anaphylaxis Case Definition

# Moderna Committed to Collecting Additional Data in a Broader Range of Patients

---

- Pediatric studies ongoing
- National Cancer Institute collaboration
- Post-authorization active surveillance and safety study
- Global pregnancy registry under development
- Post-authorization effectiveness study

Moderna will continue to collaborate with NIH, FDA, CDC and other agencies



# Vaccine Storage & Handling

---



# mRNA-1273 Shipping, Storage and Administration

## Shipping

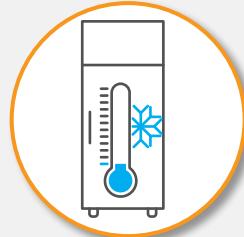
-20°C (-40°C to -15°C)



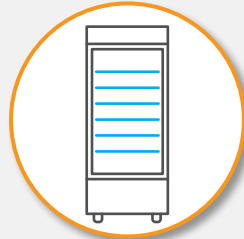
Able to ship a single carton  
(100 doses)

## Local Storage Options

(up to the Date of Expiration)



Freezer  
-15 to -25° C



Refrigerator  
2 to 8°C  
up to 30 days



Room Temperature  
up to 12 hours

Local transportation under  
controlled condition at 2 to 8°C

## Administration



Multiple-dose vial

Use within 6 hours  
after first entry

No dilution required

# Summary: mRNA-1273 Offers Potential to Address the Public Health Crisis of COVID-19

---

## ■ Efficacy

- 94.1% efficacy demonstrated in primary analysis on 196 cases
- Primary efficacy hypothesis was met
  - Lower limit of 95% CI was 89.3%, exceeding pre-specified 30% margin
- Reduced severe COVID-19 disease
  - 0 vs 30 cases in vaccine and placebo groups, respectively
- Other secondary, sensitivity and subgroup analyses support primary efficacy analysis results

## ■ Safety

- Acceptable tolerability profile was observed with >96% of subjects having received second dose
  - More solicited events were reported after the second dose
  - Majority of reported solicited adverse events were mild-to-moderate in severity and short-lived in duration
- Overall safety profile is clinically acceptable

- Vaccine has the potential to address the SARS-CoV-2 pandemic and has been authorized for Emergency Use

# Thank you to our collaborators, investigators and subjects

---

## P101

- Division of Microbiology and Infectious Diseases, NIAID
- Vaccine Research Center (VRC), NIAID
- Coalition for Epidemic Preparedness Innovation
- Principal Investigators, Drs. Lisa Jackson (Kaiser Permanente Washington), Evan Anderson (Emory University School of Medicine), Nadine Rouphael (Emory University School of Medicine), Alicia Widge (VRC)
- The Emmes Company
- Denison Lab, Vanderbilt University
- Baric Lab, University of North Carolina
- Suthar Lab, Emory University
- Vaccine Immunology Program, NIAID
- Study sites, investigators and subjects

## P201

- BARDA
- Study sites, investigators, and subjects

## COVE Study (P301)

- BARDA
- Operation Warp Speed
- NIAID and the COVID-19 Prevention Network
- Members of Diversity and Inclusion Panel
- Principal Investigators, Drs. Brandon Essink (Meridian Clinical Research), Lindsey Baden (Brigham and Women's Hospital), Hana El Sahly (Baylor College of Medicine)
- Study sites, investigators, and subjects