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Highlights

- Clinical Development focus on oncology
 - Birinapant/Keytruda®: 14 patients recruited to the phase II study in colorectal cancer. Interim analysis planned for Q4 2019.
 - MIV-818: Phase Ia in liver cancer patients to be evaluated in Q2 2019
- Business Development focus on phase III ready remetinostat and MIV-711
- Staff reduced to 15 FTE
- Reorganization will lead to fixed cost reduction by about two-thirds
- New organization is strong and cost-effective
- Key Management changes
 - Erik Björk resigned as CFO in Q1 2019
 - Lotta Ferm hired as interim CFO
 - Magnus Christensen appointed as new CFO in Q2 2019



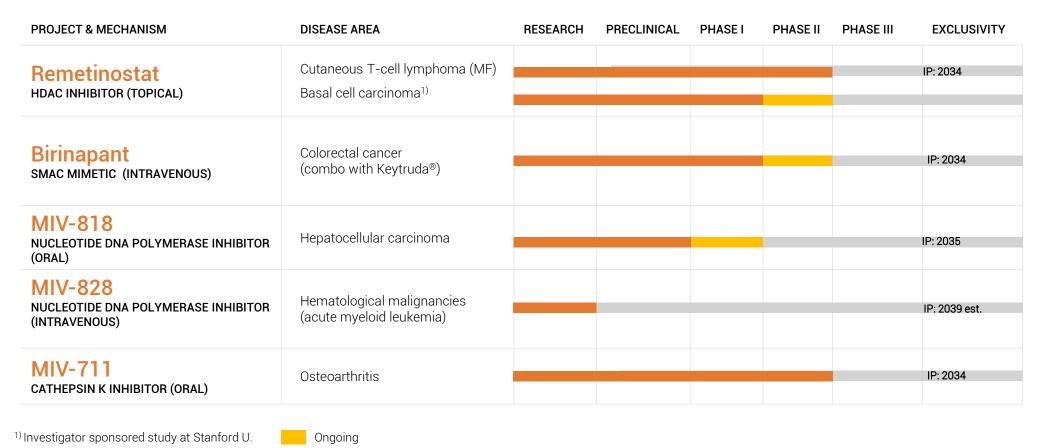
Financial summary

Summary of the Group's figures	Q1 -	Q1 - Q1	
(SEK m)	2019	2018	2018
Net turnover	2,0	4,5	23,9
Profit/loss before tax	-55,9	-72,0	-350,5
Cash and cash equivalents at period end	228,6	522,6	286,3

- Net turnover Q1 2019 was 2 million SEK
- Loss of the quarter was 55,9 million SEK
- Cash position as of Dec 31, 2018: SEK 228,6 million
- Market cap as of May 3, 2019: approximately SEK 422 million



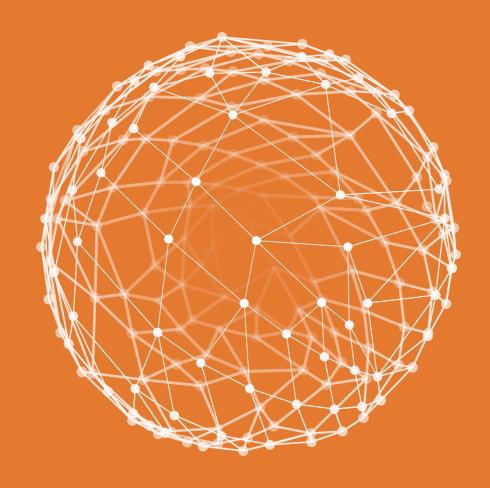
Broad and robust pipeline



Completed



Remetinostat for early-stage cutaneous T-cell lymphoma



MF-CTCL: orphan blood cancer indication

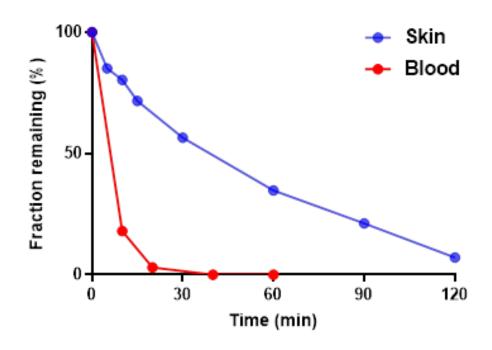
Cutaneous T-cell lymphoma (CTCL) affects lymphocytes (cells belonging to the immune defense system) located in the skin and typically has a chronic course.

- CTCL is a rare form of non-Hodgkin lymphoma primarily present in the skin. Mycosis fungoides (MF) is the most common form of CTCL
- Annual new cases; US ~ 2,000; EU ~ 3,000; Sweden ~ 25
- Five-year survival: ~ 85%; more than 16,000 US patients live with MF-CTCL
- Skin lesions and severe itching are common and affect patients quality of life
- Early stage disease lasts for long periods and requires well tolerated therapy
- Available treatments, including systemic HDAC inhibitors, have severe side effects



Remetinostat: for treatment of early stage MF-CTCL

- Remetinostat is a histone deacetylase (HDAC) inhibitor
- Remetinostat's unique chemistry and topical formulation provides for activity in skin and rapid degradation in blood
- Approved HDAC inhibitors not used in early-stage MF-CTCL patients
- US orphan drug designation





Remetinostat: clinical Proof-of-Concept phase II MF-CTCL study

Twelve months phase II data shows reduction in both lesions and severe itch

Dose	1%	0.5%	1%
	1x/day	2x/day	2x/day
	n=20	n=20	n=20
Lesion responses ¹	20%	25%	40%
Patients with clinically significant pruritus	1%	0.5%	1%
	1x/day	2x/day	2x/day
	n=8/20	n=6/20	n=10/20
	(40%)	(30%)	(50%)
Pruritus responses	37.5%	50%	80%

Well tolerated:

- No HDAC inhibitor-associated systemic adverse events
- Median time on treatment: 336 days (1% 2x/day dose)

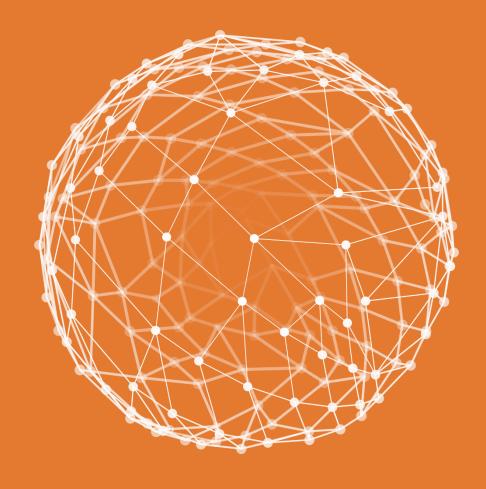


Remetinostat: next steps

- Medivir is currently defining the phase III design based on the requirements clarified by the FDA.
- One phase III study expected to be sufficient for NDA
- Phase III study will enroll treatment-experienced patients
- Medivir aims to identify a business partner for the further development of remetinostat.



Birinapant: Uniquely potent against selected solid tumors



Solid tumors: large unmet medical needs

Many patients with solid tumors have few or no options and are in need of effective medicines to extend life. The immuno-oncology medicine Keytruda® on its own is not sufficiently effective in treatment of certain solid tumors.

Colorectal cancer indication (CRC)

- The second most common cancer in women and the third in men
- Estimated new cases 2018: US: ~ 140,000; EU: ~ 490,000; Sweden: ~ 6,200
- Five-year survival: 14% when metastatic

Other cancer indications

- Ovarian cancer, the leading cause of mortality due a gynecologic tumor
 - Estimated new cases 2018: US: ~ 22,000; EU: ~ 23,000 Sweden: ~ 700
 - Five-year survival: 47%
- Cervical cancer, the third most common cancer in women world-wide
 - Estimated new cases 2018: US: ~ 13,000; EU: ~ 60,000; Sweden: ~ 450
 - Five-year survival: 62.5%



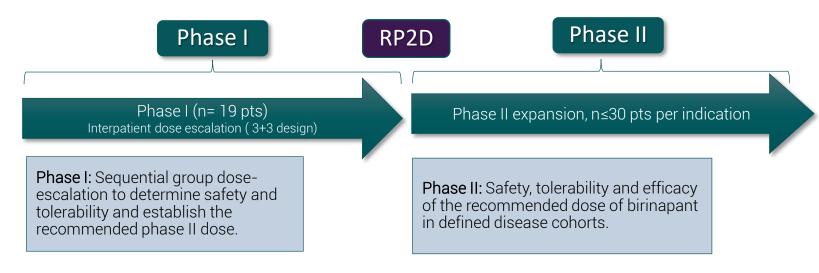
Birinapant may benefit patients with inadequate response to immuno-oncology therapies

- Birinapant, a SMAC mimetic, enables tumor cell death and augments the immune system.
- Great potential to improve treatment of cancers when combined with immuno-therapy
- Ongoing collaboration with Merck for a phase I/II study in solid tumors
 - Joint development committee oversees the study
 - o Keytruda® provided at no cost by Merck
 - Medivir retains full global rights to birinapant and data

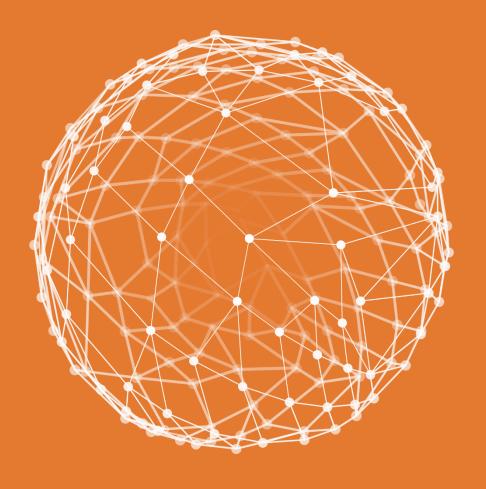


Birinapant/Keytruda® combination - phase II study ongoing

- Dose escalation completed; December 2018: n=19
 - o One CRC patient has achieved partial response, which had been maintained for over 13 months
 - o Three patients had stable disease for 18 weeks
 - o Safety and tolerability: No concerns
 - Phase II dose selected at 22 mg/m²
 - First patient in phase II study dosed in Dec 2018



MIV-818: Nucleotide prodrug for the treatment of liver cancer



Liver cancer focus: hepatocellular carcinoma (HCC) and intrahepatic cholangiocarcinoma

- HCC is the third leading cause of cancer-related deaths worldwide
 - Estimated new cases 2018: Asia: ~ 610,000; US: ~ 42,000; EU: ~ 82,000; Sweden: ~ 550
 - Orphan disease in Western markets, but one of fastest growing and most deadly cancers in US
 - High incidence in Asia including China Hepatitis B & C very common
 - o Five-year survival: 18%
 - o Genetically heterogeneous leading to limited effect of molecularly targeted therapies
- Intrahepatic cholangiocarcinoma is the second most common primary liver tumor
 - Medium survival is only twelve months
- Existing treatment options provide very little survival benefit

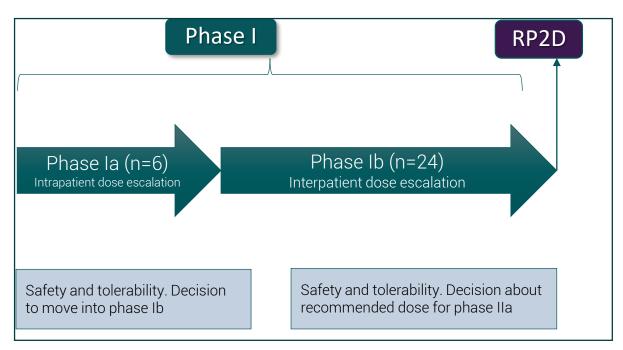


MIV-818: prodrug for enhanced efficacy and safety in liver cancer (HCC) therapy - Phase I started in Q4 2018

Troxacitabine

 Clinically active but failed due to systemic dose-limiting toxicities

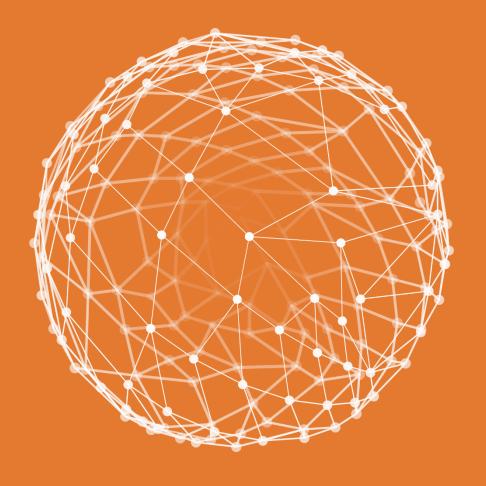




MIV-818

- Enhanced activity
- Selectivity for cancer
- Improved delivery to the liver
- Oral administration
- Limited systemic side effect

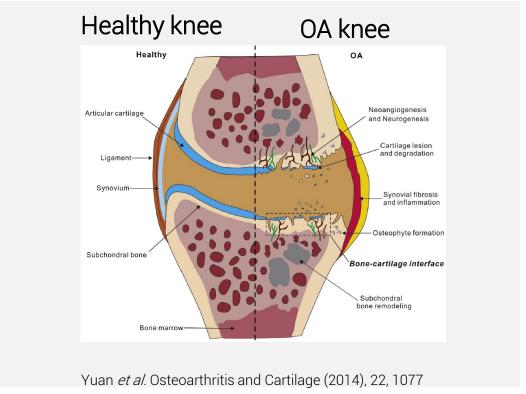
MIV-711: Cathepsin K inhibitor with FDA fast track status



Osteoarthritis (OA): the most common form of joint disease

- Affects >30m adults in the US, and ~240m worldwide
- Prevalence increasing due to aging population and obesity epidemic
- Current treatments focus only on pain relief
- Large unmet medical need for a diseasemodifying drug (DMOAD) with potential to slow, halt or reverse the progression of OA

Cathepsin K protease is involved in the breakdown of collagen I in both bone and collagen II in cartilage





MIV-711: positive effects on joint structure and signals of benefit on clinical symptoms

- Study design (MIV-711-201): 3 arms, 26 weeks treatment
- Study design (MIV-711-202): 200 mg MIV-711, 26 additional weeks

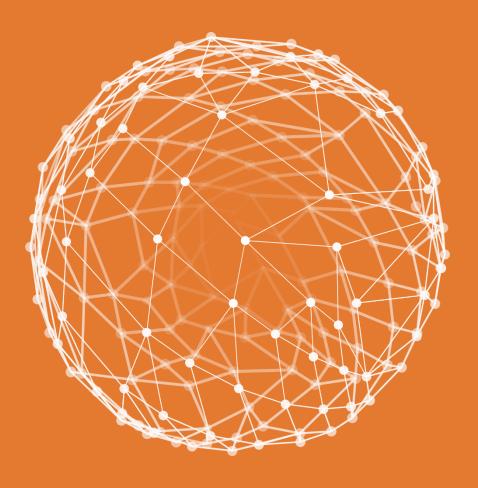
MIV-711-201: Change from baseline vs week 26

	PBO n=80		n=80 200 mg MIV-711 QD
Femur bone area (mm²)	23.2	8.1	8.2
Cartilage thickness (mm)	-0.066	0.008	-0.017

- A trend consistently favoring MIV-711 arms in all predefined analyses of clinical outcomes, e.g. knee pain and knee function
- Safety and tolerability profile supporting advancement of MIV-711 as a disease-modifying OA drug candidate
- New US FDA guidelines in OA may enable pathway for accelerated regulatory approval



Value Drivers



Near term value inflection points

- MIV-818: Phase Ia study evaluation Q2 2019
- Birinapant/Keytruda[®]: futility analysis completed Q4 2019