April 30, 2024

SCYNEXIS Presented Preclinical Data on Second Generation Fungerp SCY-247 at the Congress of the European Society of Clinical Microbiology and Infectious Diseases (ESCMID Global, Formerly ECCMID)

- *In vivo* data demonstrated efficacy of SCY-247 in mouse model of invasive candidiasis caused by *Candida glabrata*
- SCY-247 showed *in vitro* activity against a broad range of pathogenic fungi, including azole-resistant strains of *Candida* and *Aspergillus* species

JERSEY CITY, N.J., April 30, 2024 (GLOBE NEWSWIRE) -- SCYNEXIS, Inc. (NASDAQ: SCYX), a biotechnology company pioneering innovative medicines to overcome and prevent difficult-to-treat and drug-resistant infections, today announced the presentation of preclinical efficacy data on its second generation fungerp candidate SCY-247 at the ESCMID Global 2024 congress (formerly known as ECCMID) in Barcelona, Spain from April 27-30, 2024.

"We continue to be excited about the potential of our second generation fungerp SCY-247 to address the critical need for new antifungal treatments, particularly for invasive fungal infections where current options are limited and resistance is increasing," said David Angulo, M.D., President and Chief Executive Officer of SCYNEXIS. "The positive data presented at ESCMID Global further strengthen our confidence in SCY-247's ability to combat these difficult-to-treat infections, and we look forward to its continued advancement as we aim to enter clinical stage by year end."

Nathan Wiederhold, Pharm.D., Professor, Director – Fungus Testing Laboratory, University of Texas Health Science Center, San Antonio, delivered an oral presentation entitled, “The novel second-generation IV/oral triterpenoid SCY-247 is efficacious in an experimental murine model of invasive candidiasis caused by *Candida glabrata.*” *C. glabrata,* a high priority fungal pathogen on the World Health Organization fungal priority pathogens list (WHO FPPL), is a major cause of invasive candidiasis with an increasing rate of resistance against current antifungals. In a mouse model of invasive candidiasis caused by *C. glabrata*, SCY-247 showed promising *in vivo* efficacy. Following inoculation with *C. glabrata,* mice were treated with either vehicle control, oral SCY-247 (16, 32, & 48 mg/kg), oral fluconazole 20 mg/kg, or parenteral caspofungin 1 mg/kg for 7 days. In mice treated with SCY-247, dose-dependent reductions of fungal burden in both kidneys and lungs were observed. Fungal burden within the kidneys was significantly lower in each SCY-247 group versus vehicle (p0.01 for all comparisons). Lung fungal burden in the SCY-247 32 mg/kg and 48 mg/kg groups was also significantly lower versus placebo (p0.01 for both comparisons). In

contrast, caspofungin significantly lowered fungal burden within the kidneys (p=0.01) but not the lungs, while fungal burden in mice treated with fluconazole was similar to controls in both organs. The findings in this model illustrate the meaningful efficacy of SCY-247 against *C. glabrata*, its ability to reach efficacious concentrations after oral administration and suggests an improved lung penetration of SCY-247 relative to echinocandins.

Dr. Wiederhold also presented a poster entitled, "SCY-247, a novel second-generation IV/oral triterpenoid antifungal, demonstrates in *vitro* activity against fungal pathogens, including azole-resistant strains of *Candida* and *Aspergillus.*" In this study, SCY-247 was tested against 155 clinical isolates of yeasts, molds and dimorphic fungi. SCY-247 demonstrated *in vitro* activity against a broad range of pathogenic fungi, with the most potent activity observed against *Candida* species including *C. albicans*, *C. auris*, and *C. glabrata* as well as fluconazole-resistant strains. Potent activity was also observed against *Aspergillus species*, including voriconazole-resistant isolates, and against the dimorphic fungi *Blastomyces dermatitidis, Histoplasma capsulatum,* and *Coccidioides* species.

Both studies presented by Dr. Wiederhold have been funded in whole or in part with Federal funds from the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services, under contract nos. HHSN272201700039 and 75N93019D00022.

A second poster entitled, "Effect of SCY-247, a second-generation triterpenoid antifungal, on growth kinetics and ultrastructure of *Candida auris,*" was presented by Mahmoud Ghannoum, Ph.D., Professor, Case Western Reserve and Director, Center for Medical Mycology, University Hospitals Cleveland Medical Center. In this study, the antifungal effect of SCY-247 on cell morphology of both susceptible and multi-drug resistant *C. auris* was evaluated using Scanning Electron Microscopy (SEM) imaging. Results demonstrated that SCY-247 significantly inhibited the growth of both *C. auris* strains. Importantly, SCY-247 had a prominent effect on fungal cell morphology and significantly reduced fungal growth.

About Invasive Fungal Infections

Candida auris, a critical priority fungal pathogen in WHO fungal priority pathogens list (WHO FPPL), is an emerging fungal pathogen associated with nosocomial infections and considered a serious global health threat. It is often resistant to commonly used antifungal drugs, with about 90% of U.S. *C. auris* samples resistant to fluconazole and some *C. auris* strains resistant to all three main classes of antifungals (azoles, echinocandins and polyenes). *Candida glabrata* is the most common non-*albicans* species causing systemic fungal infections. It also has high levels of resistance to fluconazole, and echinocandin resistance appears to be increasing. Patients with *Candida* infections that are resistant to both fluconazole and echinocandin drugs have very few treatment options. Azole-resistant *Aspergillus* infections are also difficult to treat, and affected patients are up to 33% more likely to die than patients with infections that can be treated with azoles.

About SCY-247

SCY-247 is a second-generation antifungal compound, from a novel class of structurally-distinct glucan synthase inhibitors, triterpenoids (fungerps), being developed to address systemic fungal diseases. The triterpenoid class of antifungals represents the first new class of antifungal compounds since 2001. These agents combine the well-established activity of

glucan synthase inhibitors with the potential flexibility of having oral and intravenous (IV) formulations. SCY-247 is in pre-IND development stage and has demonstrated *in vitro* and *in vivo* broad-spectrum antifungal activity, including in MDR isolates (or spp.). SCYNEXIS anticipates that the U.S. Food and Drug Administration (FDA) may grant SCY-247 Qualified Infectious Disease Product (QIDP) and Fast Track designations for the IV and oral formulations of SCY-247.

About SCYNEXIS

SCYNEXIS, Inc. (NASDAQ: SCYX) is a biotechnology company pioneering innovative medicines to help millions of patients worldwide overcome and prevent difficult-to-treat infections that are becoming increasingly drug-resistant. SCYNEXIS is developing the company's proprietary antifungal platform "fungerps". Ibrexafungerp, the first representative of this novel class, has been licensed to GSK. The U.S. Food and Drug Administration (FDA) approved BREXAFEMME® (ibrexafungerp tablets) in June 2021, for its first indication in vulvovaginal candidiasis (VVC), followed by a second indication in November 2022, for reduction in the incidence of recurrent VVC. Late-stage clinical investigation of ibrexafungerp for the treatment of life-threatening invasive fungal infections in hospitalized patients is ongoing. Additional antifungal assets from this novel class are currently in pre-clinical and discovery phase, including the compound SCY-247. For more information, visit www.scynexis.com.

Forward-Looking Statements

Statements contained in this press release regarding expected future events or results are "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, including but not limited to statements regarding: SCYNEXIS's plans to begin a clinical study in SCY-247 by year end, confidence in SCY-247's ability to combat difficult-to-treat fungal infections, and SCY-247's potential to be differentiated from currently available antifungals. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to, risks inherent in regulatory and other costs in developing products. These and other risks are described more fully in SCYNEXIS' filings with the Securities and Exchange Commission, including without limitation, its most recent Annual Report on Form 10-K filed on March 28, 2024, including under the caption "Risk Factors." All forward-looking statements contained in this press release speak only as of the date on which they were made. SCYNEXIS undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

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