



Veru Inc.  
Nasdaq:VERU

## Biopharmaceutical Company Focused on COVID-19 and Oncology

Veru Corporate Presentation  
H.C. Wainwright Global Investment Conference  
May 23-26, 2022

# Forward looking statements



The statements in this release that are not historical facts are “forward-looking statements” as that term is defined in the Private Securities Litigation Reform Act of 1995. Forward-looking statements in this release include statements regarding: whether and when the Company will submit an EUA application, or receive an emergency use authorization or any approval from FDA or from any regulatory authority outside the U.S. for sabizabulin for certain COVID-19 patients; whether and when sabizabulin will become an available treatment option for certain COVID-19 patients in the U.S. or anywhere outside the U.S.; whether the Company will have sufficient supply of sabizabulin to meet demand, if an emergency use authorization or other approval is granted; whether the Company will secure any advance purchase agreement with the U.S. government or any foreign government; whether the Company will be able to obtain a premium price for sabizabulin as a COVID-19 treatment; whether the potential market, patient populations and revenue examples will be realized; whether the current and future clinical development and results will demonstrate sufficient efficacy and safety and potential benefits to secure FDA approval of the Company’s drug candidates and companion diagnostic; whether the drug candidates will be approved for the targeted line of therapy; the anticipated design and scope of clinical studies and FDA acceptance of such design and scope; whether any regulatory pathways, including the accelerated Fast Track designations, to seek FDA approval for sabizabulin, enobosarm or any of the Company’s drug candidates are or continue to be available; whether the expected commencement and timing of the Company’s clinical studies, including the Phase 3 ENABLAR-2 study, the sabizabulin monotherapy Phase 2b clinical study for 3rd line treatment of metastatic breast cancer, the Phase 2 registration clinical study for VERU-100, and the development of the companion diagnostic will be met; when clinical results from the ongoing clinical studies will be available, whether sabizabulin, enobosarm, VERU-100, zuclophiphen, and ENTADFI will serve any unmet need or, what dosage, if any, might be approved for use in the U.S. or elsewhere, and also statements about the potential, timing and efficacy of the rest of the Company’s development pipeline, and the timing of the Company’s submissions to FDA and FDA’s review of all such submissions; whether any of the selective clinical properties previously observed in clinical studies of sabizabulin, enobosarm, VERU-100 or other drug candidates will be replicated in the current and planned clinical development program for such drug candidates and whether any such properties will be recognized by the FDA in any potential approvals and labeling; whether the companion diagnostic for enobosarm will be developed successfully or be approved by the FDA for use; and whether and when ENTADFI will be commercialized successfully. These forward-looking statements are based on the Company’s current expectations and subject to risks and uncertainties that may cause actual results to differ materially, including unanticipated developments in and risks related to: the development of the Company’s product portfolio and the results of clinical studies possibly being unsuccessful or insufficient to meet applicable regulatory standards or warrant continued development; the ability to enroll sufficient numbers of subjects in clinical studies and the ability to enroll subjects in accordance with planned schedules; the ability to fund planned clinical development; the timing of any submission to the FDA or other regulatory authorities and any determinations made by the FDA or any other regulatory authority, including the risk that the Company may not be able to obtain an EUA from the FDA or similar authorizations from other regulatory authorities on a timely basis or at all; any agreements or positions taken by the FDA in a pre-EUA meeting does not bind the FDA or prevent it from later taking a different position, asking for more data or delaying or denying the application; the possibility that as vaccines become widely distributed the need for new COVID-19 treatment candidates may be reduced or eliminated; government entities possibly taking actions that directly or indirectly have the effect of limiting opportunities for sabizabulin as a COVID-19 treatment, including favoring other treatment alternatives or imposing price controls on COVID-19 treatments; the Company lacks experience in scaling up or commercializing a drug product and may not be able to successfully commercialize sabizabulin as a COVID-19 treatment; the Company may be unable to manufacture sabizabulin as a COVID-19 treatment in sufficient quantities or at sufficient yields; the risk that the Company is unable to obtain favorable pricing for sabizabulin as a COVID-19 treatment in the U.S. or elsewhere or is unable to obtain reimbursement from governmental or commercial health insurance payors; the Company’s existing products and any future products, if approved, possibly not being commercially successful; the effects of the COVID-19 pandemic and measures to address the pandemic on the Company’s clinical studies, supply chain and other third-party providers, commercial efforts, and business development operations; the ability of the Company to obtain sufficient financing on acceptable terms when needed to fund development and operations; demand for, market acceptance of, and competition against any of the Company’s products or product candidates; new or existing competitors with greater resources and capabilities and new competitive product approvals and/or introductions; changes in regulatory practices or policies or government-driven healthcare reform efforts, including pricing pressures and insurance coverage and reimbursement changes; the Company’s ability to successfully commercialize any of its products, if approved; risks relating to the Company’s development of its own dedicated direct to patient telemedicine and telepharmacy services platform, including the Company’s lack of experience in developing such a platform, potential regulatory complexity, and development costs; the Company’s ability to protect and enforce its intellectual property; the potential that delays in orders or shipments under government tenders or the Company’s U.S. prescription business could cause significant quarter-to-quarter variations in the Company’s operating results and adversely affect its net revenues and gross profit; the Company’s reliance on its international partners and on the level of spending by country governments, global donors and other public health organizations in the global public sector; the concentration of accounts receivable with our largest customers and the collection of those receivables; the Company’s production capacity, efficiency and supply constraints and interruptions, including potential disruption of production at the Company’s and third party manufacturing facilities and/or of the Company’s ability to timely supply product due to labor unrest or strikes, labor shortages, raw material shortages, physical damage to the Company’s and third party facilities, COVID-19 (including the impact of COVID-19 on suppliers of key raw materials), product testing, transportation delays or regulatory actions; costs and other effects of litigation, including product liability claims; the Company’s ability to identify, successfully negotiate and complete suitable acquisitions or other strategic initiatives; the Company’s ability to successfully integrate acquired businesses, technologies or products; and other risks detailed from time to time in the Company’s press releases, shareholder communications and Securities and Exchange Commission filings, including the Company’s Form 10-K for the fiscal year ended September 30, 2021 and subsequent quarterly reports on Form 10-Q. These documents are available on the “SEC Filings” section of our website at [www.verupharma.com/investors](http://www.verupharma.com/investors). The Company disclaims any intent or obligation to update these forward-looking statements.

## Veru Drug Pipeline

### COVID-19

Sabizabulin 9mg

### Breast Cancer

Enobosarm

Sabizabulin 32mg

### Prostate Cancer

Sabizabulin 32mg

VERU-100

Zuclophene

Late-stage clinical pipeline focused on breast cancer & prostate cancer

Phase 3 COVID-19 clinical study in hospitalized patients with COVID-19 at high risk for ARDS

## UREV Sexual Health Division

ENTADFI<sup>®</sup>  
(tadalafil and finasteride)  
capsules

FDA APPROVED for BPH December 2021

### FC2 Female Condom (internal condom)



FC2 FY 2021 Net Revenues:	\$ 60.4 mm
FC2 FYTD 2022 Net Revenues:	\$ 27.2 mm
FC2 Q2 FY 2022 Net Revenues:	\$ 13.0 mm

# Drug candidate pipeline

## Oncology biopharmaceutical company focused on breast cancer and prostate cancer



Program	Mechanism	Indication	Preclinical	Phase 1	Phase 2	Phase 3
Breast Cancer						
Enobosarm	Selective androgen receptor targeting agonist	AR+ ER+ HER2- metastatic breast cancer with AR ≥ 40% (3rd line metastatic setting)	<div>Phase 3 ARTEST: 210 Patients</div> <div>Fast Track Designation</div> <div>Ongoing</div>			
Sabizabulin	Oral cytoskeleton disruptor	AR+ ER+ HER2- metastatic breast cancer with AR < 40% (3rd line metastatic setting)	<div>Phase 2b: up to 200 Patients</div> <div>Planned Q1 2022</div>			
Enobosarm + abemaciclib combination <i>Lilly</i>	Selective androgen receptor targeting agonist + CDK 4/6 inhibitor	AR+ ER+ HER2- metastatic breast cancer with AR ≥ 40% (2nd line metastatic setting)	<div>Phase 3 ENABLAR-2: 186 Patients</div> <div>Lilly clinical collaboration and supply agreement</div> <div>Ongoing</div>			
Sabizabulin + enobosarm	Oral cytoskeleton disruptor + Selective androgen receptor targeting agonist	Metastatic triple negative breast cancer after two systemic chemotherapies	<div>Phase 2b: 111 Patients</div> <div>Planned</div>			
Prostate Cancer						
Sabizabulin	Oral cytoskeleton disruptor	Metastatic castration and androgen receptor targeting agent resistant prostate cancer prior to IV-chemo	<div>Phase 3 VERACITY: 245 Patients</div> <div>Ongoing</div>			
VERU-100	Long-acting GnRH antagonist peptide subcutaneous 3-month depot injection	Advanced hormone sensitive prostate cancer	<div>Phase 2: ~45 Patients</div> <div>Ongoing</div>			
Zuclomiphene citrate	Oral nonsteroidal, estrogen receptor agonist	Hot flashes in men on ADT with advanced prostate cancer	<div>Phase 2b</div> <div>Planned</div>			
COVID-19 infection						
Sabizabulin	Oral cytoskeleton disruptor	Hospitalized COVID-19 patients at high risk for ARDS	<div>Phase 3: 210 Patients</div> <div>Fast Track Designation</div> <div>COMPLETED</div>			

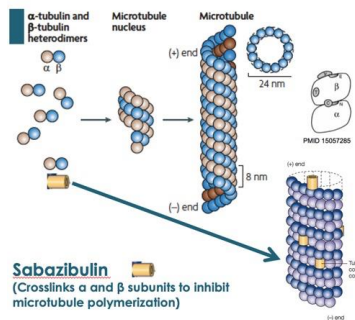


Sabizabulin 9 mg

for the treatment of hospitalized **moderate-severe** COVID-19 patients at high risk for acute respiratory distress syndrome

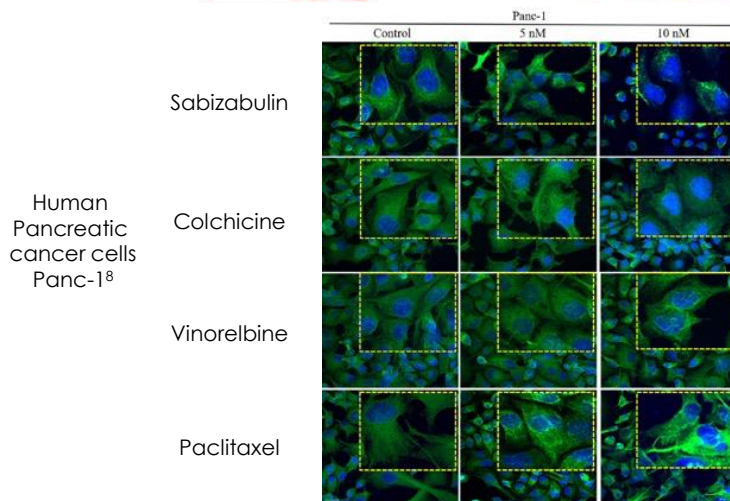
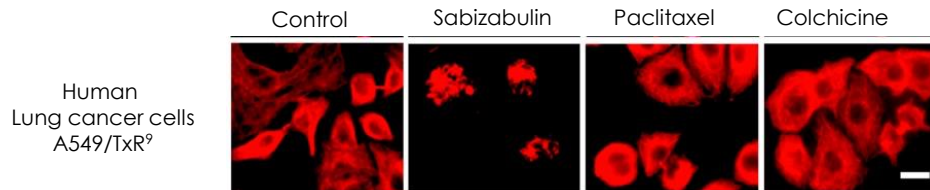
# Sabizabulin is an oral agent that targets and disrupts microtubules halting transport of viruses in the cell and cytokine release

## Targets cytoskeleton to crosslink and inhibit microtubule assembly<sup>1</sup>



- Targets the “colchicine binding site” on  $\beta$ -tubulin and unique site on  $\alpha$ -tubulin to crosslink  $\alpha$  and  $\beta$  subunits to inhibit microtubule polymerization (low nM concentration)
- Not a substrate for multidrug resistance proteins (P-gp, MRPs, and BCRP)
- Favorable toxicity profile no neurotoxicity and no neutropenia or myelosuppression
- Has both antiviral and anti-inflammatory activities

## Only sabizabulin, not the other classes of microtubule targeting agents, disrupts and fragments microtubules



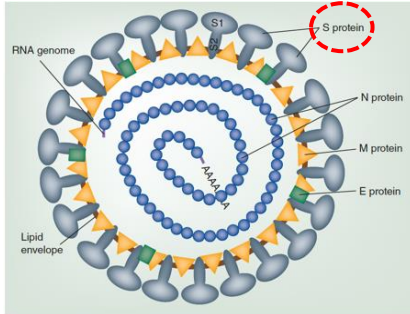
<sup>1</sup> Chen J et al. J Med Chem 55:7285-7289 2012 | <sup>2</sup> Li CM et al. Pharm Res 29:3053-3063 2012 | <sup>3</sup> Lu Y et al. J Med Chem 57:7355-7366 2014 | <sup>4</sup> 28 day rat and dog toxicity studies on file at Veru, Inc. | <sup>5</sup> Dumontet C et al. Nature Reviews Drug Discovery 9:790, 2010 | <sup>6</sup> Markowski M et al J Clin Onc 37:167, 2019 | <sup>7</sup> Deng S et al Mol Cancer Ther 19:348-63, 2020 | <sup>8</sup> Kashyap VK et al Cancer Lett 470:64-74, 2020 | <sup>9</sup> Foyez M et al. Cancer Letters 495:76, 2020 | <sup>10,11</sup> Data on file Veru, Inc. 2020 | <sup>12</sup> Kashyap V et al J Experimental and Clinical Can Res 38:29, 2019 | <sup>13</sup> Chen J et al J Med Chem 55:7285-7289, 2012; Hwang DJ et al ACS Med Chem Lett 6:993-997, 2015 | <sup>14</sup> Data on file Veru, Inc. 2014



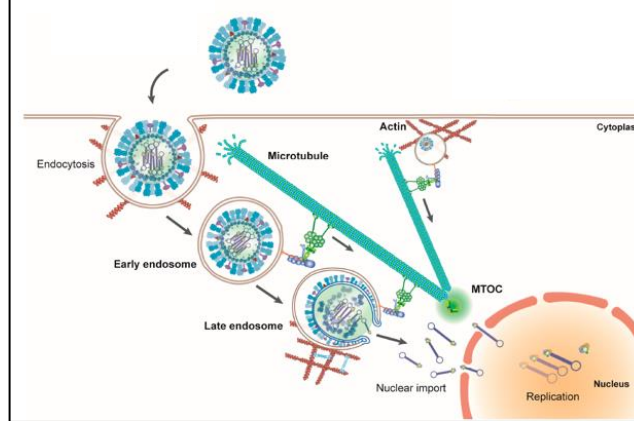
# Coronavirus's spike(S) protein is the key structure that interacts with microtubules for intracellular transport<sup>4</sup>

- Virus's most critical task is to hijack the host's internal transportation system, the microtubules in the cytoskeleton, to replicate and to release new viruses for infection<sup>1-3</sup>
- *Sabizabulin disrupts the microtubule trafficking system*
- *Sabizabulin has dual activities: anti-viral and anti-inflammatory*

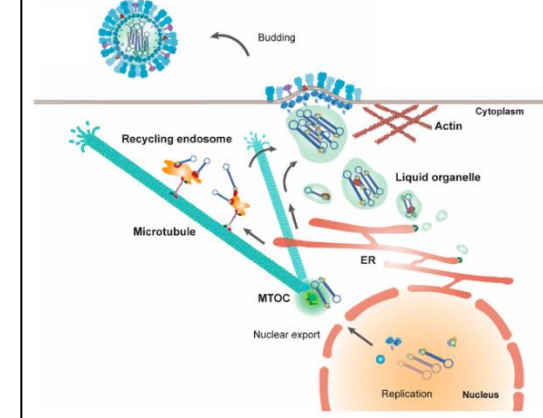
SARS-CoV-2 structure<sup>4</sup>



Coronavirus entry<sup>3</sup>



Coronavirus egress<sup>3</sup>



<sup>1</sup> Ren et al Scientific Reports 5:11451, 2015; <sup>2</sup> Rudiger et al Virology 497:185-197, 2016 | <sup>3</sup> Taken and adapted from Simpson et al. Viruses 12:117, 2020 | <sup>4</sup> Taken from Alsaadi et al Future Virology 14:275, 2019

# Coronavirus pandemic is in its 3<sup>rd</sup> year

## Society fears death from COVID-19 infection

Collective risk of death from COVID-19 is still too high:  
Need new drugs like sabizabulin IN hospital !

OUT of hospital: general population

IN hospital: death rate for COVID-19  
is up to 21-67%

### Prevent COVID-19

COVID-19 testing



Vaccines



### Treat mild-moderate COVID-19

Antivirals

PAXLOVID and Molnupiravir

Treatment window:  
Symptoms less than 5 days



### Treat moderate-severe COVID-19

Antiviral  
Remdesivir



Dexamethasone



Supportive care





# Double-Blind, Placebo-Controlled, Phase 3 Study of Sabizabulin for the Treatment of in Hospitalized Severe COVID-19 Patients at High Risk for Acute Respiratory Distress Syndrome (V3011902)(NCT#04842747) – COMPLETED

- **Patients are hospitalized with severe COVID-19**
  - Key inclusion criteria: high risk for ARDS, hospitalized, WHO Ordinal Scale for Disease Progression  $\geq 4$ , and oxygen saturation  $< 94\%$  on room air Trial size is N=210 with a 2:1 randomization
- **Dosing: daily dosing up to 21-days or until discharge from hospital**
- **Treatment arms: Sabizabulin 9 mg Formulated Capsule vs. Placebo**
  - All patients will be allowed standard of care on the study (Remdesivir/dexamethasone/IL6 receptor antibody/JAK inhibitors)
- **Primary endpoint: proportion of patients who die prior to Day 60 (mortality)**
- **Key secondary endpoints: days in ICU, days on mechanical ventilation, days in the hospital, respiratory failure, and viral load**
- **PLANNED INTERIM ANALYSIS – first 150 patients randomized into the study**
- **Statistics: Overall study:**
  - $\alpha=0.05$
  - Power  $> 92\%$

## Designated Fast Track program by FDA

Hospitalized COVID-19 patients at high risk for ARDS,  
WHO Ordinal Scale for Disease Progression  $\geq 4$

n = 210

Randomized 2:1

Sabizabulin  
+  
Standard of care

n = 140

Placebo  
+  
Standard of care

n = 70

## Patient demographics (interim analysis set)

		<b>Sabizabulin</b>	<b>Placebo</b>
<b>Number of patients</b>		N=98	N=52
<b>Mean age (±SD)</b>		59.4 (14.6)	60.3 (15.0)
<b>Gender</b>	Males (%)	68.2	63.8
	Females (%)	31.8	36.2
<b>Mean WHO Score at baseline (±SD)</b>		4.8 (0.61)	4.8 (0.65)
<b>Standard of care treatment use on study</b>	Dexamethasone	82.9%	80.4%
	Remdesivir	34.0%	29.4%
	Tocilizumab	7.1%	11.8%
	Baricitinib	3.9%	10.3%
	Tofacitinib	2.4%	1.5%

***After planned interim analysis of first 150 patients, Independent Data Monitoring Committee unanimously recommended early stopping of Phase 3 study for evidence of benefit and no safety issues were identified***

	Sabizabulin 9mg	Placebo	Relative Change	P-value
Mortality Day 60	19/94 (20.2%)	23/51 (45.1%)	-55.2%	0.0043*

Treatment Comparison	Odds Ratio	95% CI	p-value
<u>Sabizabulin 9mg vs. Placebo</u>	3.20	(1.44, 7.09)	0.0043

\*Statistical analysis per SAP was logistic regression model

Study	Doses	Number of subjects
Phase 2 COVID study	9mg	19
Phase 3 COVID Study	9mg	130
Phase1b/2 Prostate	9mg-40.5mg	74
Phase 3 Prostate	32mg	42
Total		265

## Assumptions:

- United States only
- Hospitalization rate is 2603 new admissions/day<sup>1</sup>
- WHO 4 or greater is 52% of hospitalizations<sup>2</sup>
- Target population  $2603 \times 0.52 \times 7\text{days} = 9,475$  patients/week
  
- COVID-19 deaths 350/day<sup>1</sup>
- No new surges
- May treat up to 21 days

• **Hospitalization-based model: Hospitalizations target population week X 52 weeks = 492,700 patients/year**

<sup>1</sup> <https://www.cdc.gov/covid-data-tracker> ; <sup>2</sup> <https://www.theatlantic.com/health/archive/2021/09/covid-hospitalization-numbers-can-be-misleading/620062>.

### **Upside could include:**

- US Advanced Purchase Agreement
- US Stock piling
- Rest of the world
  - Distribution
  - Advanced Purchase Agreements
  - Stock piling
- Development of sabizabulin for other viral diseases and ARDS indications



- **Manufacturing of sabizabulin and finished product to supply the US and then rest of world when Regulatory authorization and approvals are gained**
  - Drug available to treat patients
    - July 2022  $\approx$  57,000 patients
    - August 2022  $\approx$  100,000 patients
    - September and then every 30 days  $\approx$  250,000 patients/month
- **If no surge, would expect to treat 37,900 patients/month in US**

- **In COVID-19:**

- Sabizabulin monotherapy for prehospital patients at risk

- **Other serious virus infections**

- Influenza virus
- Respiratory syncytial virus

- **Acute respiratory distress syndrome**

Each year in the United States, Influenza leads to:



Each year in the United States, RSV leads, on average:

- 2.1 million outpatient visits among children younger than 5 years old
- 58,000 hospitalizations among children younger than 5 years old
- 177,000 hospitalizations among adults 65 years and older
- 14,000 deaths among adults 65 years and older

- **Veru had pre-EUA meeting with US FDA on May 10<sup>th</sup> 2022**
  - Phase 2 and Phase 3 efficacy and safety is sufficient for request for EUA submission
  - Request for EUA will be submitted Q2 2022
- **Veru has initiated discussion with government agencies on obtaining Advance Purchase Agreement**
- **Veru had initiated regulatory discussions in Europe, Britain, and other countries**
- **Veru will have adequate commercial drug to supply the US and then rest of world when Regulatory authorization and approvals are gained**
- **Veru has initiated discussion with potential worldwide distribution partners**

Program	Mechanism	Indication	Preclinical	Phase 1	Phase 2	Phase 3
Breast Cancer						
Enobosarm	Selective androgen receptor targeting agonist	AR+ ER+ HER2- metastatic breast cancer with AR $\geq$ 40% (3rd line metastatic setting)	Phase 3 ARTEST: 210 Patients			
			Fast Track Designation Ongoing			
Sabizabulin	Oral targeted cytoskeleton disruptor	AR+ ER+ HER2- metastatic breast cancer with AR < 40% (3rd line metastatic setting)	Phase 2b: up to 200 Patients			
			Planned Q1 2022			
Enobosarm + abemaciclib combination <i>Lilly</i>	Selective androgen receptor agonist + CDK 4/6 inhibitor	AR+ ER+ HER2- metastatic breast cancer with AR $\geq$ 40% (2nd line metastatic setting)	Phase 3 ENABLAR-2: 186 Patients			
			Lilly clinical collaboration and supply agreement Planned Q1 2022			
Sabizabulin + enobosarm	Oral targeted cytoskeleton disruptor + Selective androgen receptor targeting agonist	Metastatic triple negative breast cancer after two systemic chemotherapies	Phase 2b: 111 Patients			
			Planned Q1 2022			

# Phase 3 registration, open label, randomized ARTEST clinical trial (V3002401)(NCT#04869943)

## 3rd line metastatic setting – AR staining $\geq 40\%$ - enrolling



### ARTEST Clinical Trial Design

### Designated Fast Track program by FDA

Phase 3 open label, multicenter, multinational, randomized, active control pivotal study evaluating the efficacy and safety of enobosarm 9mg oral daily dose versus active control (exemestane  $\pm$  everolimus or a SERM) in metastatic AR+ ER+ HER2- breast cancer in subjects who have progressed on nonsteroidal aromatase inhibitor, fulvestrant, and CDK4/6 inhibitor therapy (3<sup>rd</sup> line metastatic setting)

### ARTEST Patient Population

- AR+ ER+ HER2-metastatic breast cancer, not amenable to curative treatment by surgery or radiotherapy, with objective evidence of disease progression
- Must have had received a nonsteroidal AI inhibitor, fulvestrant, and CDK 4/6 inhibitor for metastatic disease
  - Previously responded to hormone Tx for metastatic disease  $\geq 6$  months
  - Only one prior chemotherapy for the treatment of metastatic breast cancer is permitted
  - Centrally confirmed  $\geq 40\%$  AR nuclei staining from breast cancer sample

### ARTEST Efficacy Endpoints

- **Primary endpoint:**
  - Median radiographic progression free survival (rPFS)
- **Secondary endpoints:**
  - Overall response rate (CR+PR)
  - Duration of response
  - Overall survival
  - Change in Short Physical Performance Battery (SPPB)
  - Change in European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC-QLQ)

### ARTEST Sample Size Assumptions

- Total sample size: 210
- $\alpha = 0.05$
- 99% power
- 20% drop out rate
- 123 events
- Active control group (exemestane  $\pm$  everolimus or a SERM): estimated median rPFS = 3 months<sup>1-3</sup>
- Enobosarm arm: estimated median rPFS=6 months

### Phase 3 Pivotal AR+ER+HER2-Metastatic Breast Cancer

3<sup>rd</sup> line metastatic setting  
Progressed on nonsteroidal AI, fulvestrant, and CDK 4/6 inhibitor therapies  
One-line of prior chemotherapy permitted  
N=210

#### Screening

Centrally confirmed  $\geq 40\%$  AR nuclei staining Parallel companion diagnostic development with Ventana/Roche

Recruitment: 10 months

#### Randomized 1:1

Enobosarm 9 mg

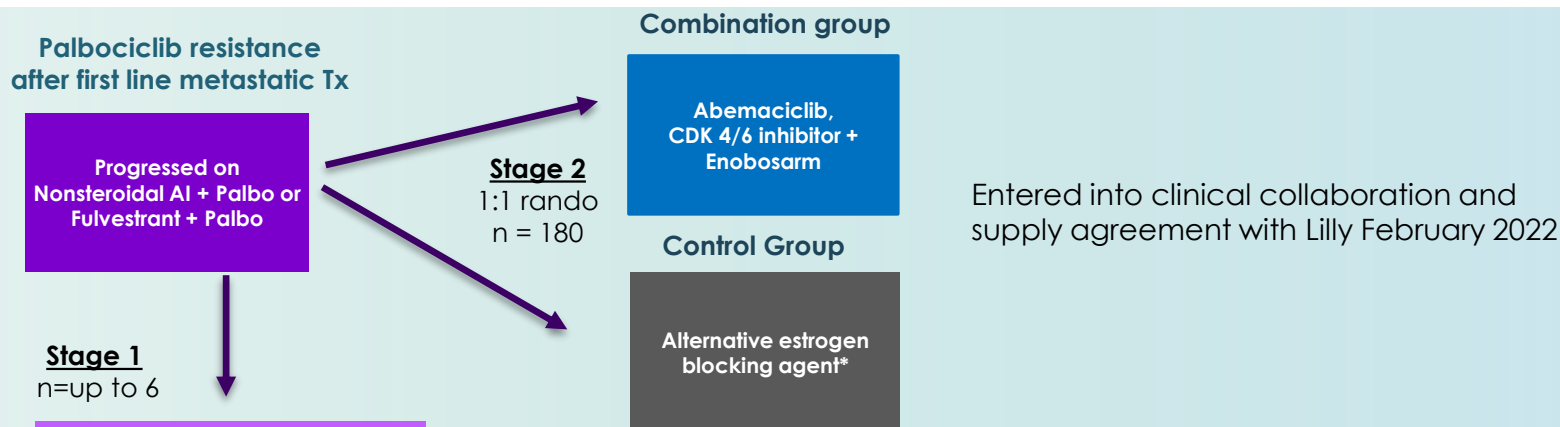
Active Control  
(Exemestane  $\pm$  everolimus or SERM)

<sup>1</sup>Yeruva, S et al. *npj Breast Cancer* 4: 1, 2018 | <sup>2</sup>Cook, M et al. *The Oncologist* 26:101,2021 | <sup>3</sup>Rozenblit M et al. *Breast Cancer Research* 23:14, 2021

# Phase 3 (V2000701) ENABLAR-2 study- 2<sup>nd</sup> line metastatic setting- AR staining $\geq 40\%$ Open label, dose finding, efficacy and safety of CDK4/6 inhibitor (abemaciclib) + enobosarm combination versus active control estrogen blocking agent in AR+ER+HER2- metastatic breast cancer



## Enrolling



Open label safety study to determine the safety of enobosarm 9mg in combination with abemaciclib 150mg BID

### • Primary endpoint

- Median radiographic progression free survival (rPFS) in subjects with  $\geq 40\%$  AR staining

### • Key Secondary endpoints:

- Overall response rate (CR+PR)
- Change in Short Physical Performance Battery (SPPB)
- DEXA- body composition muscle and bone

### • Statistical assumptions

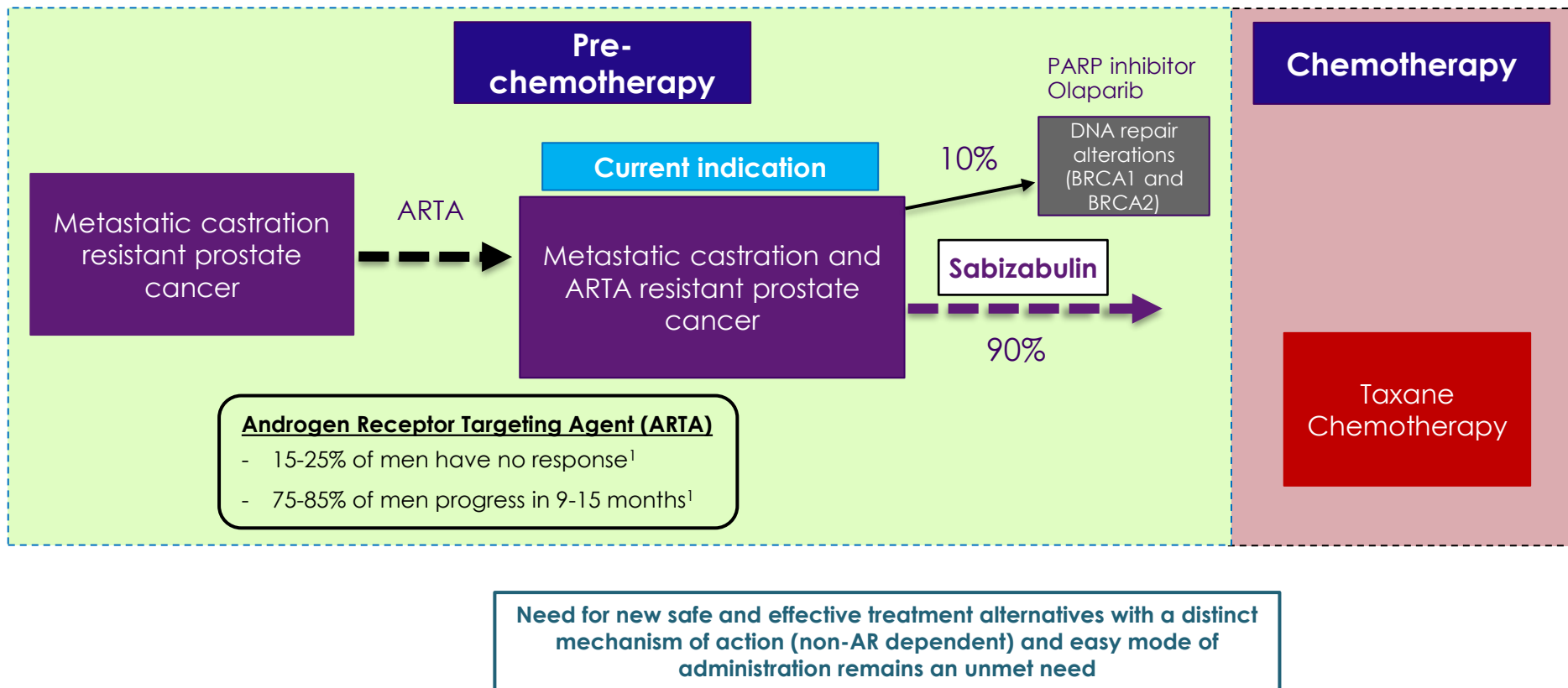
- Total sample size: 180
- $\alpha = 0.05$
- 90% power
- 37% drop out rate
- 121 events
- Control group estimated median rPFS=5 months<sup>1</sup>
- Combo group: estimated median rPFS=9 months

<sup>1</sup> Ibrance FDA Package Insert (2019)



Program	Mechanism	Indication	Preclinical	Phase 1	Phase 2	Phase 3
Prostate Cancer						
Sabizabulin	Oral cytoskeleton disruptor	Metastatic castration and androgen receptor targeting agent resistant prostate cancer prior to IV-chemotherapy	Phase 3 VERACITY: 245 Patients			
			Ongoing			
VERU-100	Long-acting GnRH antagonist peptide subcutaneous 3-month depot injection	Advanced hormone sensitive prostate cancer	Phase 2: ~45 Patients			
			Ongoing			
Zuclomiphene citrate	Oral, non-steroidal, estrogen receptor agonist	Hot flashes in men on ADT with advanced prostate cancer	Phase 2b			
			Planned			

# Sabizabulin prostate cancer treatment paradigm: Focus is on the prechemotherapy space which is a growing unmet need



### **Phase 1b- Dose escalation to evaluate safety of sabizabulin in men with metastatic castration resistant prostate cancer who progressed on AR targeting agent therapy and up to one taxane**

- 7 US sites – Johns Hopkins Kimmel Comprehensive Cancer Center (lead center)
- 39 patients enrolled
- Trial design -2 part dosing schedule using standard 3+3 dose escalation strategy
  - Part 1- 7-day dose schedule to determine MTD – At each dose level, orally administered daily on Day 1-7 every 21 days (i.e. 7 days on, 14 days off)
  - Part 2- Expanded dose schedule – If 7-day dosing tolerated/safe, patients were eventually dosed daily until disease progression/toxicity

### **Phase 2- Evaluate safety and efficacy of sabizabulin RP2D 63mg daily in metastatic castration resistant prostate cancer who progressed on AR targeting agent therapy, but prior to IV chemotherapy**

- 13 U.S. clinical centers
- 41 men enrolled
- Completed enrollment in September 2020
- Trial design
  - Open label
  - Recommended Phase 2 dose is 63mg/day
  - PK study to evaluate Phase 2 dosage versus Phase 3 dosage formulations

# Phase 1b and 2 clinical studies

## Baseline demographics

Characteristic	Phase 1b N=39	Phase 2 N=41
Age, years		
Median (range)	74 (61-92)	73 (57-86)
Race/Ethnicity, n (%)		
Caucasian	28 (72%)	31 (76%)
African American	8 (21%)	4 (10%)
Hispanic	3 (8%)	5 (12%)
Other	0	1 (2%)
ECOG performance status, n (%)		
0	21 (54%)	30 (73%)
1	16 (41%)	10 (24%)
2	2 (5%)	1 (2%)
Metastatic disease location		
Bone only	21 (55%)	24 (59%)
Lymph node only	6 (16%)	8 (20%)
Bone and lymph node	8 (21%)	7 (17%)
Visceral only	1 (3%)	0
Bone and visceral	1 (3%)	1 (2%)
Lymph node and visceral	0	1 (2%)
Prior therapies		
Abiraterone	14 (36%)	7 (17%)
Enzalutamide	8 (20%)	13 (32%)
Abiraterone and enzalutamide or apalutamide or proxalutamide	17 (44%)	14 (34%)
Apalutamide or proxalutamide	0	5 (12%)
Abiraterone and enzalutamide and apalutamide or proxalutamide	0	2 (5%)
Taxane	9 (23%)	3 (7%)

# Sabizabulin clinical development

## Efficacy- Phase 1b (expansion cohort) and Phase 2 study

Sabizabulin had evidence of significant and durable objective tumor responses- cytotoxic activity?	
In ITT population, all patients with measurable disease at baseline (n=29)	ORR (5PR +1CR observed): 20.7% <sup>1</sup>
All evaluable patients that would qualify for Phase 3 (n=26)	ORR: 23.1% <sup>1</sup>
In all patients <sup>1</sup> that received $\geq 63$ mg (n=55)	Median rPFS is 11.4 months

<sup>1</sup>Combined Phase 1b/2 efficacy data in men who received sabizabulin 63mg dose as of February 2021 and had measurable disease

# Sabizabulin clinical development

## Safety- Phase 1b (expansion cohort) and Phase 2 clinical study

**Most prevalent adverse events regardless of grade (>10% frequency) in patients that received 63 mg dose  
N=54**

Adverse Event	All Grades regardless of relationship to study drug	Grade $\geq 3$ regardless of relationship to study drug
Diarrhea	32 (59.3%)	4 (7.4%)
Fatigue	18 (33.3%)	3 (5.6%)
Nausea	17 (31.5%)	1 (1.9%)
Decreased appetite	17 (31.5%)	0
Constipation	9 (16.7%)	0
ALT increased	10 (18.5%)	3 (5.6%)
AST increased	9 (16.7%)	2 (3.7%)
Back pain	8 (14.8%)	1 (1.9%)
Vomiting	7 (13.0%)	1 (1.9%)
Abdominal pain	6 (11.1%)	0
Dysgeusia	6 (11.1%)	0

Diarrhea was mostly (88%) grade 1 and 2 and medically manageable as only 1 patient discontinued clinical study because of this adverse event; expect this adverse event to be less in Phase 3 because of better oral bioavailability of Phase 3 dosage form and reduced exposure of GI tract to non-absorbed sabizabulin

### At the recommended Phase 2 dose (RP2D) of 63 mg oral daily dose of sabizabulin

- Sabizabulin was well tolerated with no reports of clinically relevant neutropenia or neurotoxicity
- Adverse events were mostly grade 1 and 2<sup>1</sup>
- Safety profile appears similar as what is reported for an androgen receptor targeting agent
- Daily chronic drug administration is feasible and safe

<sup>1</sup> Combined Phase 1b/2 efficacy data in men who received sabizabulin 63mg dose



## **Sabizabulin was well tolerated with evidence of significant and durable objective tumor responses**

- At the recommended Phase 2 dose (RP2D) of 63 mg oral daily dose of sabizabulin
  - Well tolerated with no reports of significant neutropenia or neurotoxicity
  - Daily chronic drug administration is feasible and safe
  - Safety profile appears similar to that reported in package inserts for an androgen receptor targeting agent
- Evidence of cytotoxic and cytostatic antitumor activity was observed including PSA reductions and objective and durable tumor responses (CR+PR)
- Based on this target product profile: may be potentially prescribed by both Urologists and Medical Oncologists

### VERACITY - Randomized, Active-Controlled, Open label Phase 3 Study of Sabizabulin 32 mg for the Treatment of Metastatic Castration-Resistant Prostate Cancer in Patients Whose Prior Treatment Progressed on at Least One Androgen Receptor Targeting Agent – Lead PI – Robert Dreicer, MD, University of Virginia

#### • Efficacy endpoints

##### • Primary endpoints

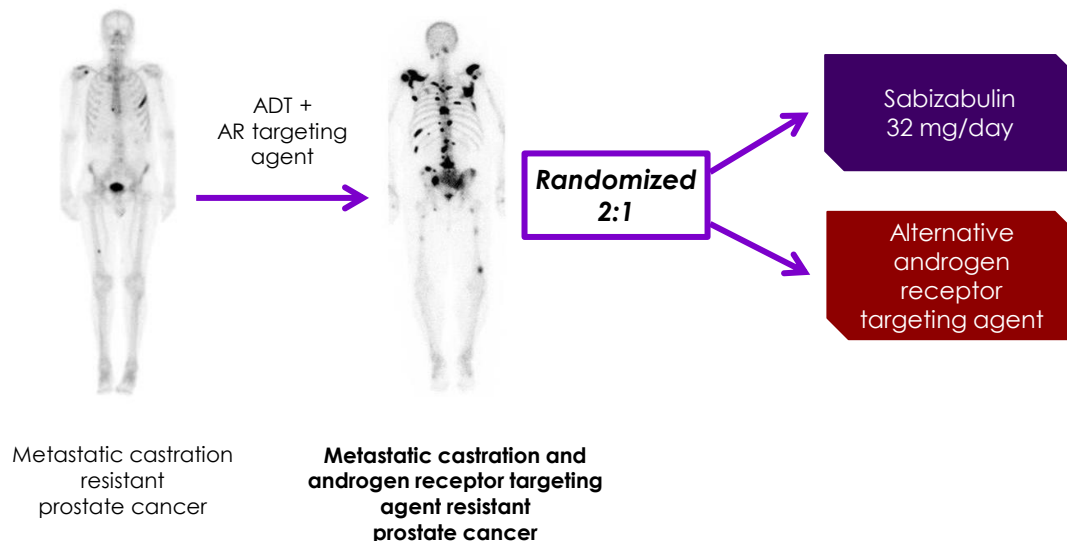
- Radiographic progression free survival (rPFS)

##### • Secondary endpoints

- Objective response rate
- Duration of objective response
- OS (interim analysis)
- Time to IV chemo
- Pain progression

#### • Assumptions

- Median rPFS- 7.4 months for sabizabulin vs 3.7 months for alternative AR targeting agent\*
- Sample size - 245 men
  - 2:1 randomization
  - 155 events expected
  - $\alpha = 0.05$
  - 98% power
  - Drop out= 30%
  - 10 months recruitment time, 12 month follow up after last patient first dose



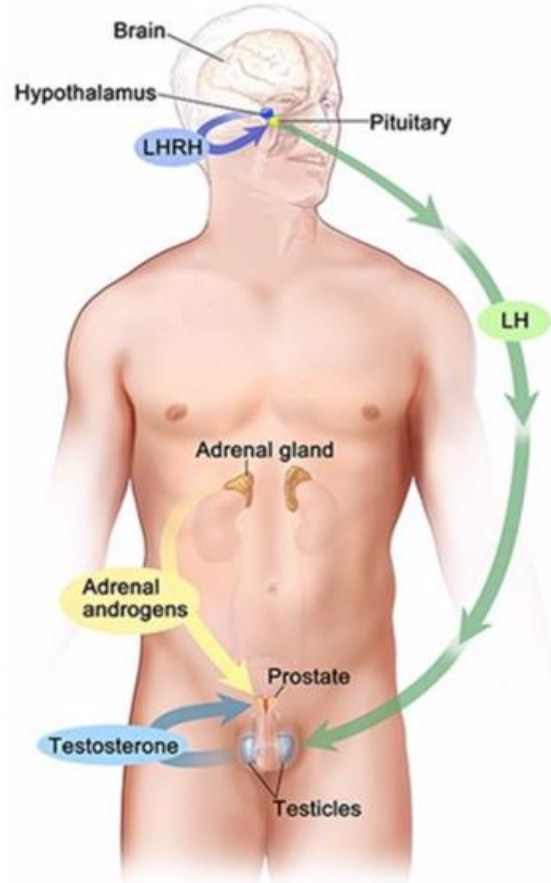
\*Based on Olaparib study<sup>1</sup> and CARD study<sup>2</sup> an alternative androgen receptor targeting agent is expected to have a median rPFS of 3.6-3.7 months in this similar population

<sup>1</sup> de Bono J et al. NEJM April 28,2020 | <sup>2</sup> de Wit R et al. NEJM 381:2506-18 2019

### LHRH agonist

**Long-acting products:**  
**LUPRON® Depot (IM) and**  
**ELIGARD® (SC) are leuprolide**  
**products**

- Concerns over initial surge in T levels- "T surge"
- Escapes from castration T levels – periodic increases in T levels<sup>1</sup>
- Up to 17% of men do not achieve castration<sup>1</sup>
- Does not suppress FSH
- Black box warning for cardiovascular safety concerns



### GnRH antagonist

**FIRMAGON® (degarelix) (SC)**

- Painful subcutaneous injections: large loading and maintenance doses
  - Loading 6mL (2 X 3 mL)
  - Maintenance 4 mL
- No long acting depot available
- Must be given every month

<sup>1</sup> Gomella LG et Rev Urol 2009 11:52-60.

# New potential product to addresses limitations of current ADT

## Long-acting 3 month depot GnRH antagonist may provide better alternative



### VERU-100 target product profile<sup>1</sup>

- Novel proprietary GnRH antagonist decapeptide delivery formulation
- 3-month slow release subQ depot with no loading dose
  - Better compliance
  - Injectable delivery formulation is consistent with current medical practice patient visit schedule and billing/reimbursement procedures (Medicare Part B)
- Better castration
  - Immediate testosterone suppression no initial testosterone surge
  - Suppression of testosterone to less than 20ng/dL
  - Fewer testosterone escapes (micro-increases in testosterone)
- No black box warning for cardiovascular adverse effects for this class of drugs

#### Phase 2

Open label, dose finding VERU-100 GnRH antagonist long acting 3-month depot clinical trial

3 Optimized formulations will be released in May 2022 and patients will be dosed early June 2022

#### Planned Phase 3 (1H 2022)

Open label, VERU-100 GnRH antagonist long acting 3-month depot clinical trial

N=100 subjects for 1 year

<sup>1</sup>Developed in collaboration with Drug Delivery Experts, LLC (San Diego, California)



**ENTADFI<sup>®</sup>**  
(tadalafil and finasteride)  
capsules

**UREV**  
Sexual Health Division



**ENTADFI™ capsule (finasteride and tadalafil), a new treatment for BPH with low potential for adverse sexual side effects, approved in 12/2021<sup>1-3</sup>**

**UREV**  
Sexual Health



**Only BPH treatment that prevents BPH progression with low potential for adverse sexual side effects**

**US and global markets expected to be >\$200 million**

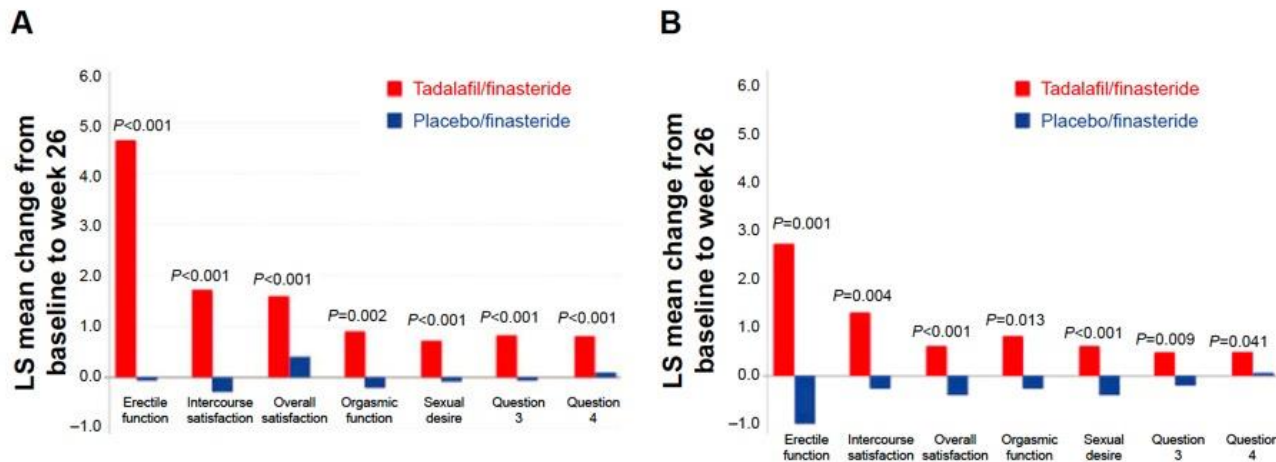
**Company has partnered with GoodRx and plans to launch product in early 2022 through telemedicine sales channel as well as seek additional partners in US and ROW**

<sup>1</sup> Cialis (tadalafil) FDA Package Insert | <sup>2</sup>Casabé A et al. J Urol 191:727-733, 2014. | <sup>3</sup>Glina S et al. J Sex Med 12:129-1238, 2015.



ED symptom score<sup>2</sup>  
Men with baseline ED

ED symptom score<sup>2</sup>  
Men without baseline ED



**Figure 2** Comparison of treatment results with regard to IIEF scores reported by Glina et al.<sup>27</sup>

**Notes:** (A) IIEF domains in men with baseline erectile dysfunction. (B) IIEF domains in men without baseline erectile dysfunction. (A and B) Question 3 related to vaginal penetrative ability. Question 4 related to erection maintenance. Figure reproduced with permission from John Wiley and Sons, from Glina S, Roehrborn CG, Esen A, et al. Sexual function in men with lower urinary tract symptoms and prostatic enlargement secondary to benign prostatic hyperplasia: results of a 6-month, randomized, double-blind, placebo-controlled study of tadalafil coadministered with finasteride. *Journal of Sexual Medicine*. 2015;12(1):129–138. Copyright © 2014 International Society for Sexual Medicine.

**Abbreviations:** IIEF, International Index of Erectile Function; LS, least squares.

- International, randomized, double-blind study in approximately 700 men
- 350 men treated with placebo + 5mg finasteride each day
- 345 men treated with 5mg tadalafil + 5mg finasteride each day

# FC2® Female Condom (internal condom) business revenues are growing

**FC2 Female Condom (internal condom) is the only FDA approved female use product to prevent pregnancy and transmission of sexually transmitted infections**

**Rapidly growing US prescription business for high margin revenues**

Prescription business is growing:

- Existing and anticipated new contracts with additional telemedicine and internet pharmacy partners
- Establishing a direct to patient telemedicine and pharmacy services portal

**Sold in U.S. and 149 other countries**

**Manufacturing plant with annual capacity of 100 million units**

**Public sector customers include UNFPA, USAID, Brazil, and South Africa**

**FC2 business profitable from FY 2006-present<sup>1</sup>**



**Medical Device**

<sup>1</sup>For fiscal year 2006 through fiscal year 2016, profitability is based on Veru's net income attributable to common stockholders. Beginning fiscal year 2017, the first fiscal year which includes the financial results of Aspen Park Pharmaceuticals, Inc., profitability is based on operating income from our commercial segment.

## Veru Net Revenues

FY 2021 Net Revenues	\$ 61.3 mm
FY 2020 Net Revenues	\$ 42.6 mm
FY 2019 Net Revenues	\$ 31.8 mm
FY 2018 Net Revenues	\$ 15.9 mm

## Veru – FYTD 2022 Results of operations

FYTD 2022 Net Revenues	\$ 27.2 mm
FYTD 2022 Gross Profit	\$ 23.0 mm
FYTD 2022 Operating Loss	\$ (16.7) mm

## Veru – Q2 FY 2022 Results of operations

Q2 FY 2022 Net Revenues	\$ 13.0 mm
Q2 FY 2022 Gross Profit	\$ 11.2 mm
Q2 FY 2022 Operating Loss	\$ (11.8) mm

## Veru – Balance Sheet as of March 31, 2022

Cash	\$ 112.0 mm
Receivables	\$ 8.1 mm
PREBOOST Payment Due	\$ 2.5 mm <sup>2</sup>
US/UK NOL carryforward	\$ 38.6/\$63.5 mm
Common Shares Outstanding <sup>1</sup>	~ 80.1 mm



Record revenue  
FY 2021  
\$61.3 million



Veru closes public  
offering of \$115 million  
in February 2021<sup>3,4</sup>



PREBOOST sale for  
\$20 million<sup>2</sup>

<sup>1</sup> An aggregate of 13.0 million stock options and stock appreciation rights are outstanding and are, or could potentially be, dilutive in excess of the 80.1 million common shares above

<sup>2</sup> PREBOOST sale was \$15 million in cash and \$2.5 million in receivables at 12 months and \$2.5 million in receivables at 18 months

<sup>3</sup> Cash received from the public offering, net of underwriting discounts and commissions, was \$108.1 million

<sup>4</sup> Veru issued 7,419,354 shares of common stock in the public offering

Program	Mechanism	Indication	2021	2022	2023	2024
Breast Cancer						
Enobosarm	Selective androgen receptor targeting agonist	AR+ ER+ HER2- metastatic breast cancer with AR ≥ 40% (3rd line metastatic setting)	<div><div>Phase 3 FPI</div><div>Phase 3 data</div><div>NDA</div></div> Phase 3 ARTEST study – Fast Track			
Sabizabulin 32 mg	Oral cytoskeleton disruptor	AR+ ER+ HER2- metastatic breast cancer with AR < 40% (3rd line metastatic setting)	Planned			
Enobosarm + abemaciclib combination	Selective androgen receptor targeting agonist + CDK 4/6 inhibitor	AR+ ER+ HER2- metastatic breast cancer with AR ≥ 40% (2nd line metastatic setting)	<div>Lilly clinical collaboration and supply agreement</div> <div><div>Phase 3 Initiation</div><div>Phase 3 data</div></div> Phase 3 ENABLAR-2 study			
Sabizabulin + enobosarm	Oral cytoskeleton disruptor + Selective androgen receptor targeting agonist	Metastatic triple negative breast cancer after two systemic chemotherapies	Planned			
Prostate Cancer						
Sabizabulin 32 mg	Oral targeted cytoskeleton disruptor	Metastatic castration and androgen receptor targeting agent resistant prostate cancer prior to IV-chemo	<div><div>Phase 3 FPI</div><div>Phase 3 data</div><div>NDA</div></div> Phase 3 VERACITY study			
VERU-100	Long-acting GnRH antagonist peptide subcutaneous 3-month depot injection	Advanced hormone sensitive prostate cancer	<div><div>Phase 2 FPI</div><div>Phase 2 data</div><div>Phase 3 Initiation</div><div>Phase 3 data</div></div>			
Zuclopimphene citrate	Oral, non-steroidal, estrogen receptor agonist	Hot flashes in men on ADT with advanced prostate cancer	Planned			
Virology						
Sabizabulin 9 mg	Oral cytoskeleton disruptor	Hospitalized COVID-19 patients at high risk for ARDS	<div><div>Phase 3 FPI</div><div>Phase 3 data</div><div>EUA/NDA</div></div> Phase 3 COVID study- Fast Track			