



Veru Inc.  
Nasdaq:VERU

# Biopharmaceutical Company Focused on Infectious diseases-COVID-19 and Oncology

Veru Corporate Presentation  
H.C. Wainwright 24<sup>th</sup> Annual Global Investment Conference  
September 12-14, 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, zuclophene, 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

Zucloimiphene

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

Request for EUA submitted 6/22 for sabizabulin 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: \$ 36.8 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 $\geq$ 40% (3rd line metastatic setting)	Phase 3 ARTEST: 210 Patients Fast Track Designation			
						Ongoing
Sabizabulin	Oral cytoskeleton disruptor	AR+ ER+ HER2- metastatic breast cancer with AR $<$ 40% (3rd line metastatic setting)	Phase 2b: up to 200 Patients			
						Planned
Enobosarm + abemaciclib combination <i>Lilly</i>	Selective androgen receptor targeting 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			
						Ongoing
Sabizabulin + enobosarm	Oral cytoskeleton disruptor + Selective androgen receptor targeting agonist	Metastatic triple negative breast cancer after two systemic chemotherapies	Phase 2b: 111 Patients			
						Planned
Prostate Cancer						
Sabizabulin	Oral cytoskeleton disruptor	Metastatic castration and androgen receptor targeting agent resistant prostate cancer prior to IV-chemo	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 nonsteroidal, estrogen receptor agonist	Hot flashes in men on ADT with advanced prostate cancer	Phase 2b			
						Planned
COVID-19 infection						
Sabizabulin	Oral microtubule disruptor	Hospitalized COVID-19 patients at high risk for ARDS	Phase 3: 210 Patients Fast Track Designation			
						COMPLETED

# 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

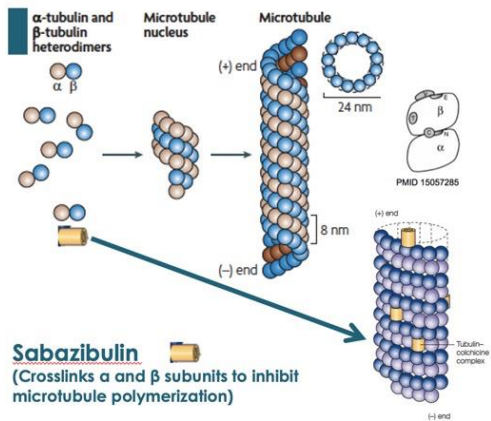


Supportive care

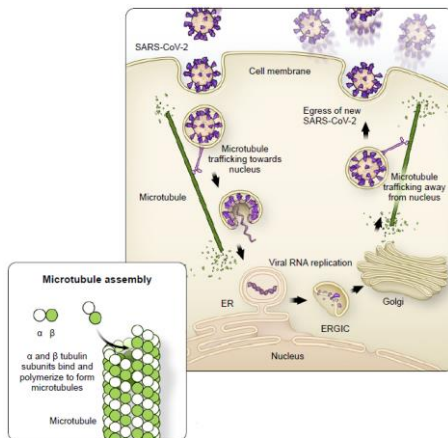


# Sabizabulin is an oral agent that targets and disrupts microtubules halting transport of viruses in the cell and cytokine release

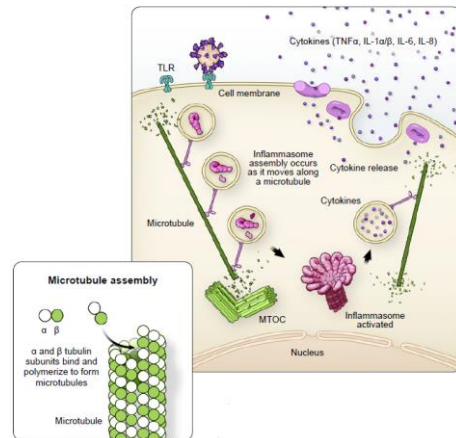
## Targets cytoskeleton to crosslink and inhibit microtubule assembly



## Viral Infection



## Immune Response



- SARS-CoV-2 utilizes host cell receptors, proteases, and vesicular transport mechanisms to facilitate viral entry, replication, and egress<sup>1-4</sup>
- Infection triggers innate and adaptive immune responses; dysregulated antiviral immune responses can lead to cytokine storm, ARDS, and systemic effects<sup>5-8</sup>

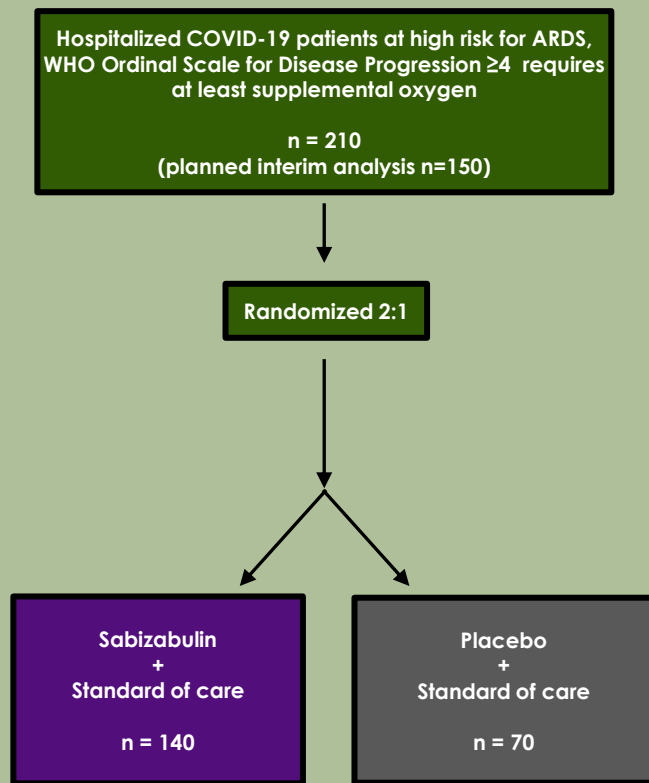
The **microtubule cytoskeleton** plays a key role in **viral infection** as well as the aberrant antiviral **immune response** that can lead to **cytokine storm**.<sup>9,10</sup>

ARDS=acute respiratory distress syndrome; SARS-CoV-2=severe acute respiratory syndrome coronavirus 2.

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# Double-Blind, Placebo-Controlled, Phase 3 Study of sabizabulin for the Treatment of in Hospitalized Moderate-Severe COVID-19 Patients at High Risk for Acute Respiratory Distress Syndrome – COMPLETED

- **Patients are hospitalized with moderate to severe COVID-19**
  - Key inclusion criteria: high risk for ARDS, hospitalized, WHO Ordinal Scale for Disease Progression  $\geq 4$  (requires supplemental oxygen), and oxygen saturation  $< 94\%$  on room air
  - Trial Size:
    - $n=210$  (2:1 randomization)
    - $\alpha=0.05$  (two-sided)
    - Power = 92.8%
  - Planned Interim Analysis
    - $n=150$
    - **$\alpha=0.0160$**  (two-sided) – based on FDA accepted alpha spend
- **Treatment arms: Product sabizabulin 9 mg Capsule vs. Placebo**
  - All patients will be allowed standard of care on the study (Remdesivir/dexamethasone/IL6 receptor antibody/JAK inhibitors)
- **Dosing: daily dosing up to 21-days or until discharge from hospital**
- **Primary endpoint: proportion of patients who die prior to Day 60 (mortality)**
- **Key efficacy endpoints: mortality at Day 29, days in ICU, days on mechanical ventilation, days in the hospital, and viral load**





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ORIGINAL ARTICLE

# Oral Sabizabulin for High-Risk, Hospitalized Adults with Covid-19: Interim Analysis

K. Gary Barnette, Ph.D.,<sup>1</sup> Michael S. Gordon, M.D.,<sup>2</sup> Domingo Rodriguez, M.D.,<sup>1</sup> T. Gary Bird, Ph.D.,<sup>1</sup> Alan Skolnick, M.D.,<sup>3</sup> Michael Schnaus, M.D.,<sup>4</sup> Paula K. Skarda, M.D.,<sup>5</sup> Suzana Lobo, M.D.,<sup>6</sup> Eduardo Sprinz, M.D.,<sup>7</sup> Georgi Arabadzhiev, M.D.,<sup>8</sup> Petar Kalaydzhiev, M.D.,<sup>9</sup> and Mitchell Steiner, M.D.<sup>1</sup> for the Phase 3 COVID-19 Investigators\*

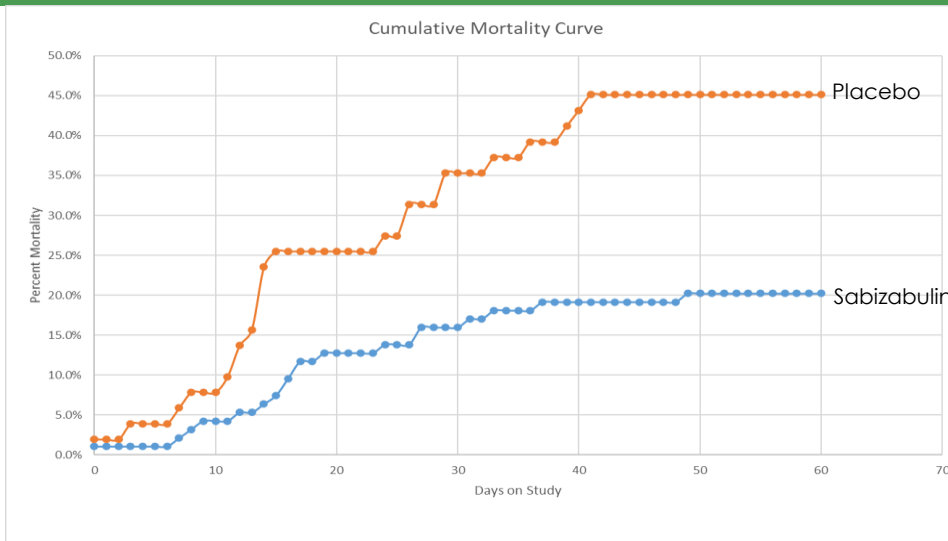
# Sabizabulin: Phase 3 clinical trial – Demographics (interim analysis population)

		<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 (%)	70.4	63.5
	Females (%)	29.6	36.5
<b>Mean WHO Score at baseline (±SD)</b>		4.7 (0.55)	4.8 (0.65)
<b>Vaccination Status</b>	Not vaccinated (%)	54.1	57.7
	Vaccinated (%)	45.9	42.3
<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%

# Phase 3 COVID-19 clinical trial

## Primary endpoint, mortality rate by Day 60, was met

**After planned interim analysis of first 150 patients, Independent Data Monitoring Committee unanimously recommended early stopping of Phase 3 study for evidence of clear benefit**



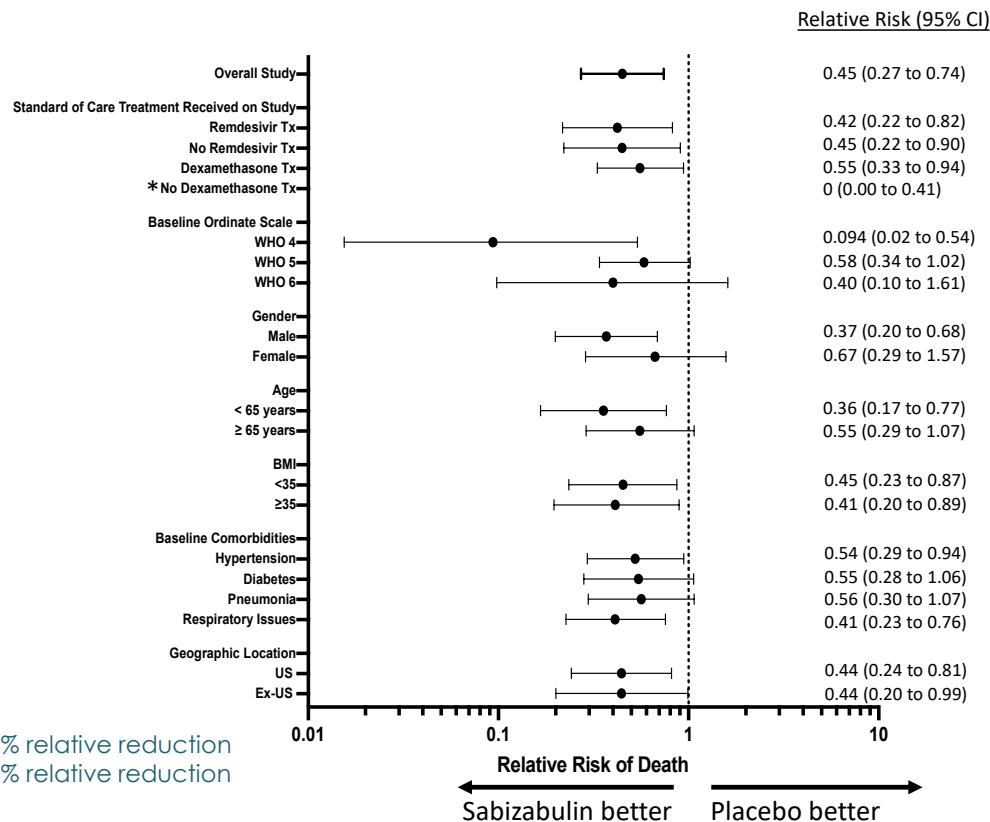
	Sabizabulin 9mg	Placebo	Relative Change	p-value (Fishers Exact)
Mortality Day 15	7/94 (7.4%)	13/51 (25.5%)	-71.0%	0.0046
Mortality Day 29	15/94 (16.0%)	18/51 (35.2%)	-54.5%	0.0122
Mortality Day 60	19/94 (20.2%)	23/51 (45.1%)	-55.2%	0.0022

	Odds Ratio	95% CI	p-value
Sabizabulin vs. Placebo Day 60	3.21	(1.45, 7.12)	0.0041*

\*Statistical analysis per SAP was logistic regression model with multiple imputation

# Subgroup analyses of primary efficacy endpoint

## Relative risk of death point estimate (95%CI)



Vaccinated YES: 34.8% relative reduction  
Vaccinated NO: 61.8% relative reduction

\*No deaths in the treated group

# Phase 3 COVID-19 clinical trial

## Key secondary endpoints

Days in the ICU

Treatment	Mean (days)	SD	Median (days)	Min,Max
Sabizabulin 9 mg (n=98)	17.4	23.93	4.0	0,60
Placebo (n=52)	30.8	27.83	17.0	0,60
Treatment Comparison	LS mean	SE	95% CI	p-value
Sabizabulin 9mg vs. Placebo	-13.4	4.09	(-21.5, - 5.3)	0.0013

Days on mechanical ventilation

Treatment	Mean (days)	SD	Median (days)	Min,Max
Sabizabulin 9 mg (n=98)	14.4	24.01	0	0,60
Placebo (n=52)	28.5	29.31	11.0	0,60
Treatment Comparison	LS mean	SE	95% CI	p-value
Sabizabulin 9mg vs. Placebo	-14.1	4.28	(-22.5, -5.6)	0.0013

Days in the hospital

Treatment	Mean (days)	SD	Median (days)	Min,Max
Sabizabulin 9 mg (n=98)	25.6	22.87	14.0	0,60
Placebo (n=52)	34.6	24.63	30.5	0,60
Treatment Comparison	LS mean	SE	95% CI	p-value
Sabizabulin 9mg vs. Placebo	-8.4	3.76	(-15.8, -0.9)	0.0277

### Safety - AEs

- There is no imbalance against sabizabulin in adverse events observed in the study
- The proportion of patients that experience any AE was 22% higher in the placebo group compared to the sabizabulin treated group.

Any adverse event that occurred in  $\geq 5\%$  of patients in either treatment group

	Sabizabulin (N=130) N (%) / Events	Placebo (N=69) N (%) / Events
Any	80 (61.5) / 341	54 (78.3) / 285
Atrial fibrillation	6 (4.6) / 6	4 (5.8) / 4
Bradycardia	5 (3.8) / 6	5 (7.2) / 5
Constipation	8 (6.2) / 8	6 (8.7) / 10
Pneumonia	7 (5.4) / 11	8 (11.6) / 11
Pneumonia bacterial	1 (0.8) / 1	5 (7.2) / 5
Septic shock	2 (1.5) / 2	4 (5.8) / 4
Urinary tract infection	8 (6.2) / 8	1 (1.4) / 1
Hyperkalemia	5 (3.8) / 5	6 (8.7) / 7
Hypernatremia	6 (4.6) / 6	4 (5.8) / 4
Hypokalemia	5 (3.8) / 6	4 (5.8) / 4
Hypophosphatemia	2 (1.5) / 3	4 (5.8) / 5
Anxiety	3 (2.3) / 4	4 (5.8) / 4
Delirium	4 (3.1) / 4	4 (5.8) / 4
Acute kidney injury	11 (8.5) / 11	8 (11.6) / 8
Acute respiratory failure	8 (6.2) / 8	4 (5.8) / 4
Bronchitis chronic	2 (1.5) / 2	4 (5.8) / 4
Hypoxia	3 (2.3) / 4	4 (5.8) / 4
Pneumothorax	1 (0.8) / 1	7 (10.1) / 7
Respiratory failure	12 (9.2) / 13	12 (17.4) / 12
Hypotension	3 (2.3) / 3	8 (11.6) / 8

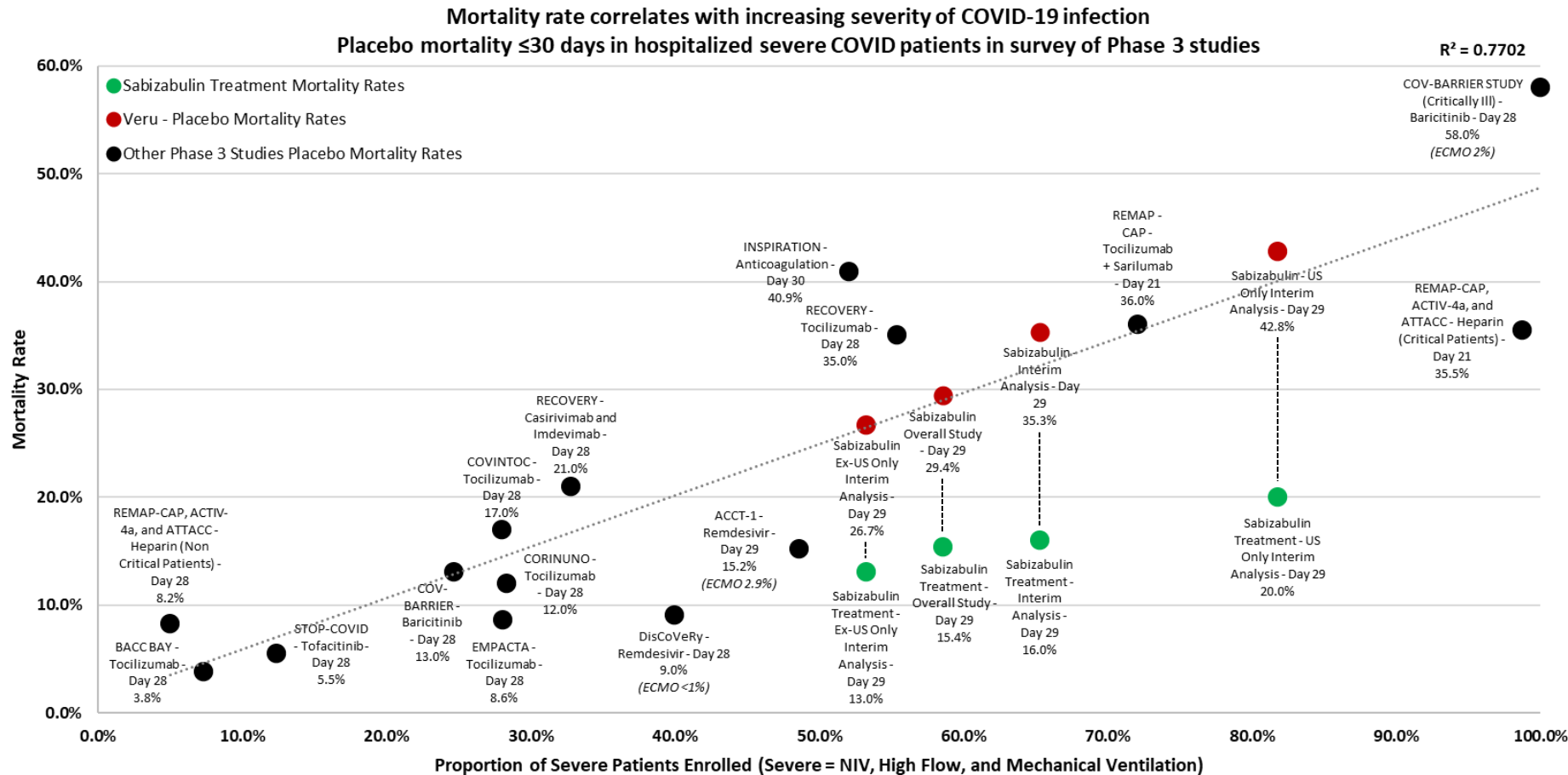
### Safety - SAEs

- There is no imbalance against sabizabulin in serious adverse events observed in the study
- The proportion of patients that experienced any SAE was 37% higher in the placebo group compared to sabizabulin treated group

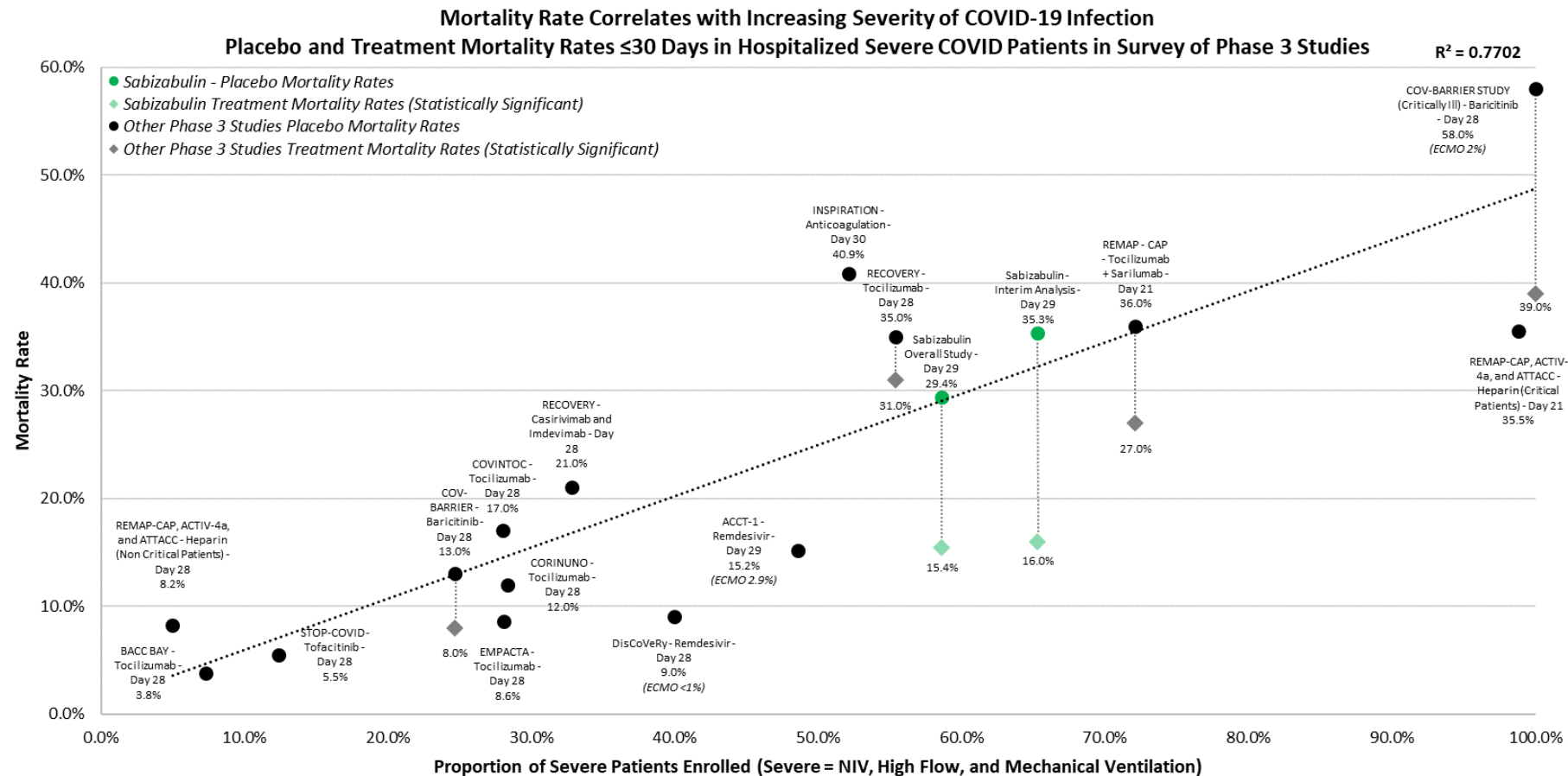
Any serious adverse event that occurred in  $\geq 2\%$  of patients in either treatment group

	Sabizabulin (N=130) N (%) / Events	Placebo (N=69) N (%) / Events
<b>Any</b>	38 (29.2) / 82	32 (46.4) / 84
<b>Cardiac arrest</b>	0	3 (4.3) / 4
<b>Multiple organ dysfunction syndrome</b>	0	2 (2.9) / 2
<b>COVID-19</b>	4 (3.1) / 4	3 (4.3) / 3
<b>Pneumonia</b>	3 (2.3) / 5	4 (5.8) / 5
<b>Pneumonia bacterial</b>	0	2 (2.9) / 2
<b>Sepsis</b>	3 (2.3) / 4	2 (2.9) / 2
<b>Septic shock</b>	2 (1.5) / 2	4 (5.8) / 4
<b>Acute kidney injury</b>	5 (3.8) / 5	6 (8.7) / 6
<b>Acute respiratory failure</b>	6 (4.6) / 6	4 (5.8) / 5
<b>Hypoxia</b>	2 (1.5) / 3	3 (4.3) / 3
<b>Pneumothorax</b>	1 (0.8) / 1	6 (8.7) / 6
<b>Pulmonary embolism</b>	3 (2.3) / 3	3 (4.3) / 3
<b>Respiratory failure</b>	12 (9.2) / 13	12 (17.4) / 12

# Placebo Mortality Rates by Proportion of Severe Patients Enrolled (Severe = NIV, High Flow, and Mechanical Ventilation) up to Day 30



# Reduction of deaths by proportion of severe patients enrolled (Severe = NIV, High Flow, and Mechanical Ventilation) up to Day 30



# References that detail patient composition to determine placebo mortality rates by proportion of severe patients enrolled

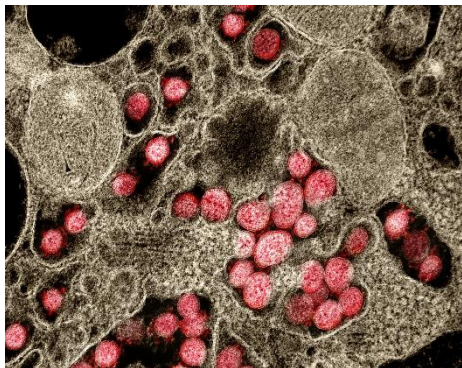
NIH Guidelines included trials	Citation
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RECOVERY Casirivimab and Imdevimab	RECOVERY Collaborative Group, Casirivimab and imdevimab in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial, The Lancet, February 2022, VOLUME 399, ISSUE 10325, P665-676, DOI: <a href="https://doi.org/10.1016/S0140-6736(22)00163-5">https://doi.org/10.1016/S0140-6736(22)00163-5</a>
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DisCoVeRy Remdesivir	Ader, et al., Remdesivir plus standard of care versus standard of care alone for the treatment of patients admitted to hospital with COVID-19 (DisCoVeRy): a phase 3, randomised, controlled, open-label trial, The Lancet, September 2021, VOLUME 22, ISSUE 2, P209-221, DOI: <a href="https://doi.org/10.1016/S1473-3099(21)00485-0">https://doi.org/10.1016/S1473-3099(21)00485-0</a>
INSPIRATION Anticoagulation	INSPIRATION Investigators, Effect of Intermediate-Dose vs Standard-Dose Prophylactic Anticoagulation on Thrombotic Events, Extracorporeal Membrane Oxygenation Treatment, or Mortality Among Patients With COVID-19 Admitted to the Intensive Care Unit The INSPIRATION Randomized Clinical Trial, JAMA Network, March 2021, JAMA. 2021;325(16):1620-1630. doi:10.1001/jama.2021.4152
COV-BARRIER (Critically Ill) Baricitinib	Ely, et al., Efficacy and safety of baricitinib plus standard of care for the treatment of critically ill hospitalised adults with COVID-19 on invasive mechanical ventilation or extracorporeal membrane oxygenation: an exploratory, randomised, placebo-controlled trial, The Lancet, February 2022, VOLUME 10, ISSUE 4, P327-336, DOI: <a href="https://doi.org/10.1016/S2213-2600(22)00006-6">https://doi.org/10.1016/S2213-2600(22)00006-6</a>

- Sabizabulin has both antiviral and anti-inflammatory activities
- Sabizabulin is the first and only anti-viral agent to significantly reduce deaths in hospitalized COVID-19 patients who are at greatest risk of ARDS and dying
- Sabizabulin treatment is well tolerated and sabizabulin's safety profile further demonstrates effectiveness with a reduced incidence of COVID-related progressive symptoms compared to placebo
- If sabizabulin were available at the beginning of the pandemic, 3,459,154 people would be alive that are now dead<sup>1</sup>

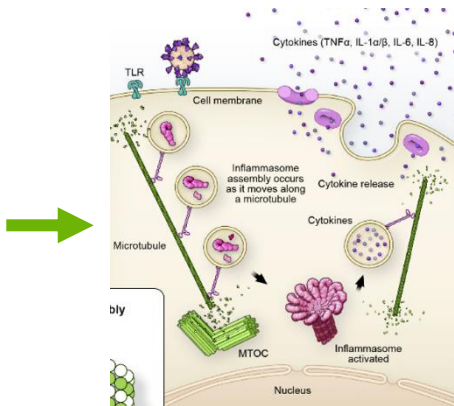
<sup>1</sup>Based on WHO mortality estimate on 1 June 2022 and the 55% reduction in mortality observed in the Phase 3 clinical trial

# COVID-19 Treatment Guidelines- Although sabizabulin has dual antiviral and anti-inflammatory activities, it is the only antiviral with a mortality benefit

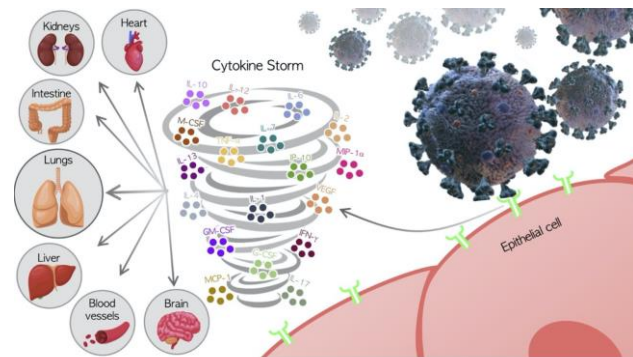
## SARS-CoV-2 viral replication



## Virus triggers immune response



## Hyperimmune response and tissue damage/ARDS/Death



Hospitalized  
No O<sub>2</sub>

Hospitalized  
Supplemental  
O<sub>2</sub>

Hospitalized  
High flow  
device or NIV  
O<sub>2</sub>

Hospitalized  
Mechanical  
Ventilation  
O<sub>2</sub>

**Table 2c. Therapeutic Management of Hospitalized Adults With COVID-19 Based on Disease Severity**

Disease Severity	Recommendations for Antiviral or Immunomodulator Therapy	
	Clinical Scenario	Recommendation
<b>Hospitalized for Reasons Other Than COVID-19</b>	Patients with mild to moderate COVID-19 who are at high risk of progressing to severe COVID-19 <sup>a</sup>	See <a href="#">Therapeutic Management of Nonhospitalized Adults With COVID-19</a> .
<b>Hospitalized but Does Not Require Oxygen Supplementation</b>	All patients	The Panel <b>recommends against</b> the use of <b>dexamethasone (AIIa)</b> or <b>other systemic corticosteroids (AIII)</b> for the treatment of COVID-19. <sup>b</sup>
	Patients who are at high risk of progressing to severe COVID-19 <sup>a</sup>	<b>Remdesivir<sup>c</sup> (BIII)</b>
<b>Hospitalized and Requires Conventional Oxygen<sup>d</sup></b>	Patients who require minimal conventional oxygen	<b>Remdesivir<sup>e</sup> (BIIa)</b>
	Most patients	Use <b>dexamethasone plus remdesivir<sup>e</sup> (BIIa)</b> . If remdesivir cannot be obtained, use <b>dexamethasone (BI)</b> .
	Patients who are receiving dexamethasone and who have rapidly increasing oxygen needs and systemic inflammation	Add <b>PO baricitinib<sup>f</sup></b> or <b>IV tocilizumab<sup>f</sup></b> to 1 of the options above <b>(BIIa)</b> .
<b>Hospitalized and Requires HFNC Oxygen or NIV</b>	Most patients	Promptly start 1 of the following, if not already initiated: <ul style="list-style-type: none"> <li>• <b>Dexamethasone plus PO baricitinib<sup>f</sup> (AI)</b></li> <li>• <b>Dexamethasone plus IV tocilizumab<sup>f</sup> (BIIa)</b></li> </ul> If <b>baricitinib</b> , <b>tofacitinib</b> , <b>tocilizumab</b> , or <b>sarilumab</b> cannot be obtained: <ul style="list-style-type: none"> <li>• <b>Dexamethasone<sup>h</sup> (AI)</b></li> </ul> Add <b>remdesivir</b> to 1 of the options above in certain patients <b>(CIIa)</b> . <sup>i</sup>
<b>Hospitalized and Requires MV or ECMO</b>	Most patients	Promptly start 1 of the following, if not already initiated: <ul style="list-style-type: none"> <li>• <b>Dexamethasone plus PO baricitinib<sup>f</sup> (BIIa)</b></li> <li>• <b>Dexamethasone plus IV tocilizumab<sup>f</sup> (BIIa)</b></li> </ul> If <b>baricitinib</b> , <b>tofacitinib</b> , <b>tocilizumab</b> , or <b>sarilumab</b> cannot be obtained: <ul style="list-style-type: none"> <li>• <b>Dexamethasone<sup>h</sup> (AI)</b></li> </ul>

Potential target patients for **sabizabulin treatment**

**Sabizabulin + Dex**

**Sabizabulin + Dex**

**Sabizabulin + Dex**

**Sabizabulin + Dex**

**Sabizabulin + Dex**

# Coronavirus pandemic is in its 3<sup>rd</sup> year: society fears death from COVID-19

## Sabizabulin treats patients who have the highest risk of dying from COVID-19

### OUT of hospital: general population

#### Prevent COVID-19

COVID-19 testing



Vaccines



#### Treat mild-moderate COVID-19

Antivirals

PAXLOVID and Molnupiravir

Treatment window:  
Symptoms less than 5 days



### IN hospital: Reduce the death rate for COVID-19 patients at the last opportunity to do so!

#### Treat moderate-severe COVID-19

Dual antiviral & anti-inflammatory agent  
& and only antiviral with mortality benefit

**Sabizabulin**

Dexamethasone



Antiviral  
Remdesivir



Supportive care



## Coronavirus wave this fall could infect 100 million, administration warns

The projections for fall and winter are part of a pitch for additional funding for vaccines, treatments and tests

By [Yasmeen Abutaleb](#) and [Joel Achenbach](#)

May 6, 2022 at 6:51 p.m. EDT

100,000,000 new cases fall and winter = 1,200,000 deaths<sup>1</sup>

Sabizabulin treatment would prevent 660,000 deaths

<sup>1</sup>COVID-19 Tracker ([covid.cdc.gov](https://covid.cdc.gov)) historical death rate/cases = 1.2%

## Assumptions:

- Hospitalized patients with COVID-19 on at least supplemental oxygen
- United States only
- No new surges
- May treat up to 21 days
- Hospitalization rate is 5948 new admissions/day<sup>1</sup>
- WHO 4 (on oxygen) or greater is 52% of hospitalizations<sup>2</sup>
- Target population  $5948 \times 0.52 \times 7\text{days} = 21,650$  patients/week

<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>.

- **5/10/22 - Had pre-EUA meeting with US FDA based on current Phase 2 and Phase 3 clinical trials. Positive meeting and FDA agreed on the following:**
  - **Efficacy**
    - No additional efficacy studies are required to support Request for EUA or for full NDA
  - **Safety**
    - Current safety data available for sabizabulin is sufficient to support a Request for EUA submission.
    - Additional safety data collected during use of sabizabulin under EUA will be sufficient to support NDA.
    - No additional clinical safety studies are required
- **Emergency Use Authorization requested US FDA June 2022**
- **Triggered Article 18 of Emergency Task Force of EMA July 2022**
- **COVID-19 Task Force to support expedited review by MHRA July 2022**
- **Australian TGA supports provisional expedited regulatory pathway August 2022**

- **Veru- United States**

- Infectious Disease Franchise formed under Joel Batten's leadership
- Having discussions with various agencies including CMS and BARDA to secure reimbursement if FDA grants EUA

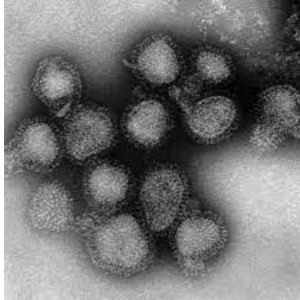
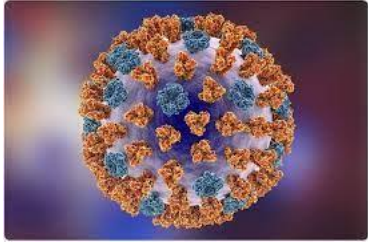
- **Veru International**

- Infectious Disease Franchise for UK, EMEA, LATAM, and APAC formed under Jason Davies' leadership
- Veru has initiated discussion with potential advanced purchase agreements and distribution partners

- **Manufacturing**

- Expect adequate commercial drug to supply the US and then rest of world when regulatory authorization and approvals are gained

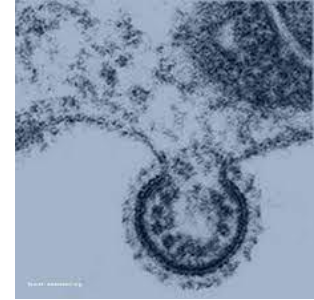
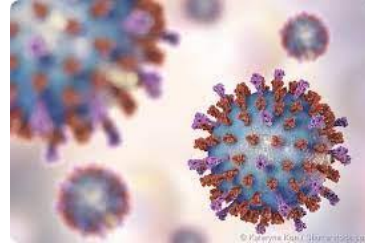
# Possible additional indications for sabizabulin (broad spectrum anti-viral and anti-inflammatory agent) for ARDS



Each year in the United States, Influenza leads to:



CDC 2022



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

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			
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 Ongoing			
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			

# 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

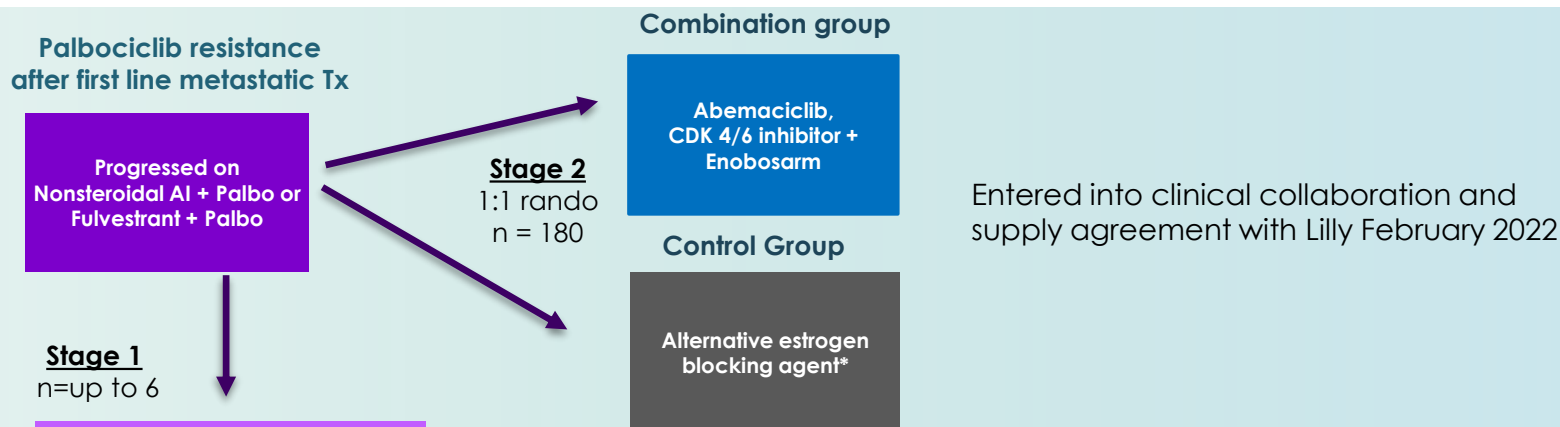
Active Control  
(Exemestane  $\pm$  everolimus or SERM)

<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

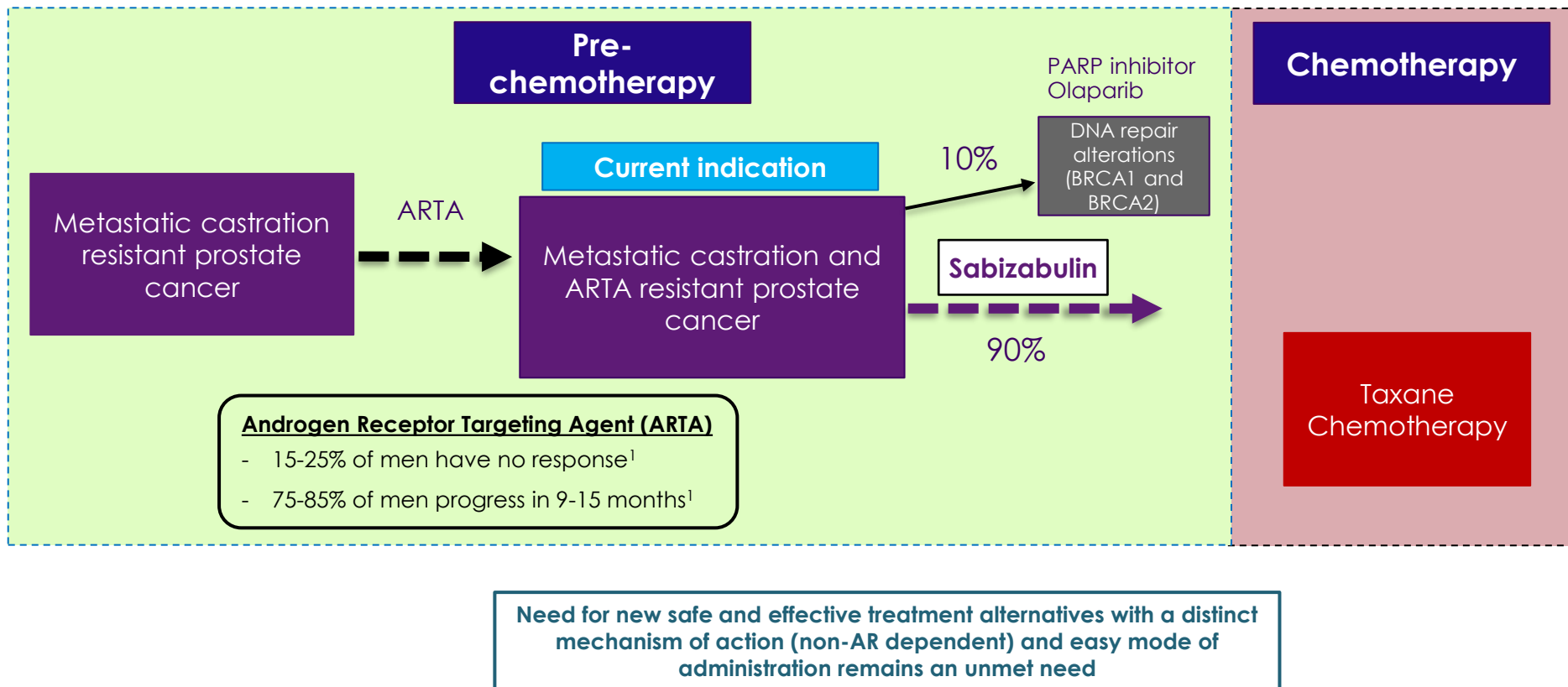
### • Statistical assumptions

- 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

## A Phase Ib/II Study of Sabizabulin, a Novel Oral Cytoskeleton Disruptor, in Men with Metastatic Castration-resistant Prostate Cancer with Progression on an Androgen Receptor-targeting Agent



Mark C. Markowski<sup>1</sup>, Ronald Tutrone<sup>2</sup>, Christopher Pieczonka<sup>3</sup>, K. Gary Barnette<sup>4</sup>, Robert H. Getzenberg<sup>4</sup>, Domingo Rodriguez<sup>4</sup>, Mitchell S. Steiner<sup>4</sup>, Daniel R. Saltzstein<sup>5</sup>, Mario A. Eisenberger<sup>1</sup>, and Emmanuel S. Antonarakis<sup>1</sup>

### ABSTRACT

**Purpose:** Sabizabulin, an oral cytoskeleton disruptor, was tested in a phase Ib/II clinical study in men with metastatic castration-resistant prostate cancer (mCRPC).

**Patients and Methods:** The phase Ib portion utilized a 3+3 design with escalating daily oral doses of 4.5–81 mg and increasing schedule in 39 patients with mCRPC treated with one or more androgen receptor-targeting agents. Prior taxane chemotherapy was allowed. The phase II portion tested a daily dose of 63 mg in 41 patients with no prior chemotherapy. Efficacy was assessed using PCWG3 and RECIST 1.1 criteria.

**Results:** The MTD was not defined in the phase Ib and the recommended phase II dose was set at 63 mg/day. The most common adverse events (>10% frequency) at the 63 mg oral daily dosing (combined phase Ib/II data) were predominantly grade 1–2

events. Grade  $\geq 3$  events included diarrhea (7.4%), fatigue (5.6%), and alanine aminotransferase/aspartate aminotransferase elevations (5.6% and 3.7%, respectively). Neurotoxicity and neutropenia were not observed. Preliminary efficacy data in patients treated with  $\geq 1$  continuous cycle of 63 mg or higher included objective response rate in 6 of 29 (20.7%) patients with measurable disease (1 complete, 5 partial) and 14 of 48 (29.2%) patients had PSA declines. The Kaplan–Meier median radiographic progression-free survival was estimated to be 11.4 months ( $n = 55$ ). Durable responses lasting >2.75 years were observed.

**Conclusions:** This clinical trial demonstrated that chronic oral daily dosing of sabizabulin has a favorable safety profile with preliminary antitumor activity. These data support the ongoing phase III VERACITY trial of sabizabulin in men with mCRPC.

## **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

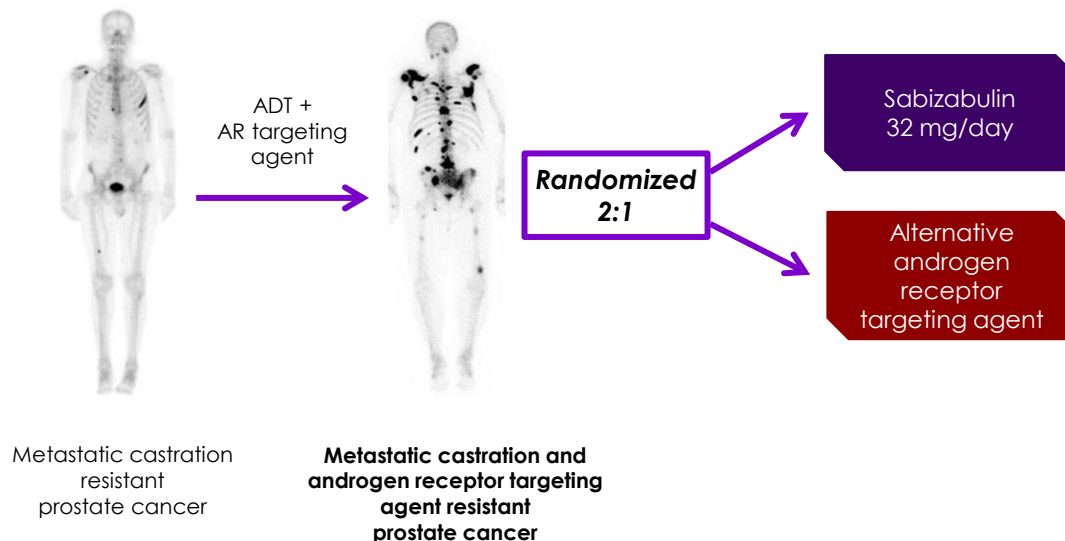
- Radiographic progression free survival (rPFS)

##### • 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



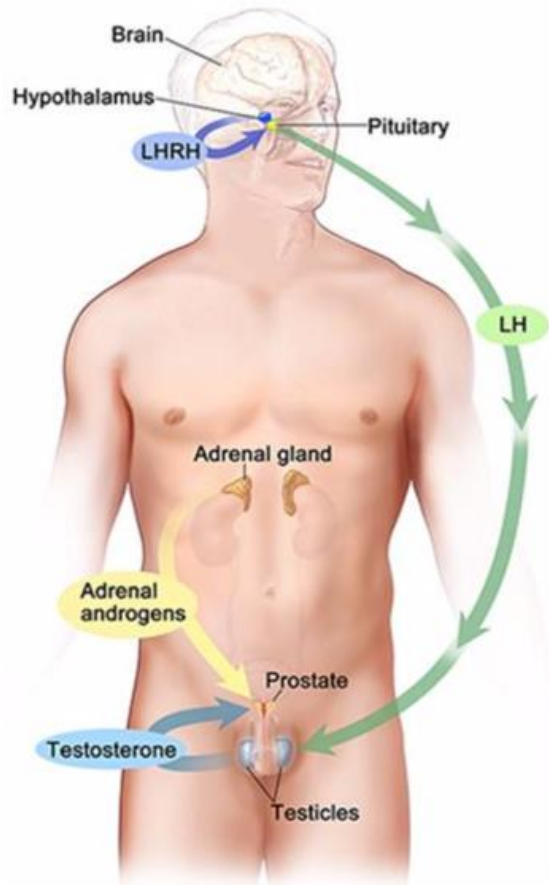
\*Based on Olaparib study<sup>1</sup> and CARD study<sup>2</sup> an alternative androgen receptor targeting agent is expected to have a median rPFS of 3.6-3.7 months in this similar population

<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 address 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

2 Optimized formulations will be released in June 2022 and patients will be dosed early July 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 August 2022 through telemedicine and traditional 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.

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
- **Established 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	\$ 36.8 mm
FYTD 2022 Gross Profit	\$ 30.1 mm
FYTD 2022 Operating Loss	\$ (38.6) mm

## Veru – Q3 FY 2022 Results of operations

Q3 FY 2022 Net Revenues	\$ 9.6 mm
Q3 FY 2022 Gross Profit	\$ 7.1 mm
Q3 FY 2022 Operating Loss	\$ (21.8) mm

## Veru – Balance Sheet as of June 30, 2022

Cash	\$ 100.6 mm
Receivables	\$ 8.3 mm
US/UK NOL carryforward	\$ 38.8/\$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 14.7 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 <div>EUA submitted</div>			