A Phase 2b, Dose-Finding Study Evaluating Oral Ibrexafungerp in Moderate to Severe Acute Vulvovaginal Candidiasis (DOVE)

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SCYNEXIS

Forward-Looking Statements

Certain statements regarding SCYNEXIS, Inc. (the “Company”) made in this presentation constitute forward-looking statements, including, but not limited to, statements regarding our business strategies and goals, plans and prospects, market size, adoption rate, potential revenue, clinical validity and utility, growth opportunities, future products and product pipeline. Forward-looking statements are subject to risks and uncertainties that could cause actual results to differ materially from our expectations. These risks and uncertainties include, but are not limited, to: risks inherent in SCYNEXIS's ability to successfully develop and obtain FDA approval for ibrexafungerp; the expected costs of studies and when they might begin or be concluded; whether the positive results from the FURI trial to date will continue to be achieved as the study continues; uncertainties about the regulatory standards for approval through LPAD; and SCYNEXIS's reliance on third parties to conduct SCYNEXIS's clinical studies. Forward-looking statements may be identified by the use of the words “anticipates,” “expects,” “intends,” “plans,” “could,” “should,” “would,” “may,” “will,” “believes,” “estimates,” “potential,” or “continue” and variations or similar expressions. These statements are based upon the current expectations and beliefs of management and are subject to certain risks and uncertainties that could cause actual results to differ materially from those described in the forward-looking statements. These risks and uncertainties include, but are not limited to, risks and uncertainties discussed in the Company's most recent reports filed with the Securities and Exchange Commission ("SEC"), including under the caption “Risks Factors” in the Company’s annual report on Form 10-K, which factors are incorporated herein by reference. Readers are cautioned not to place undue reliance on any of these forward-looking statements. The Company undertakes no obligation to update any of these forward-looking statements to reflect events or circumstances after the date of this presentation, or to reflect actual outcomes.

Disclosures

- Nkechi Azie, MD is an employee and shareholder of SCYNEXIS, Inc

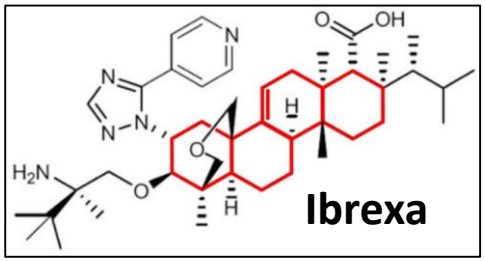
Ibrexafungerp (formerly SCY-078)

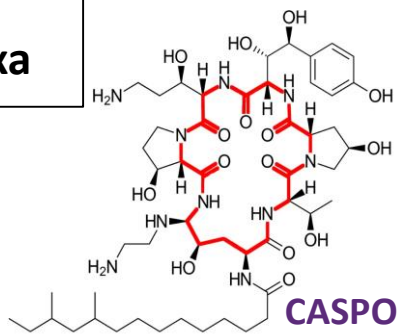
- New WHO INN designation
  - SCY-078, Triterpenoid class provided new stem
    - **Fung**al Trit**erp**enoid

“fungerp”

Ibrexafungerp
A Novel Triterpenoid Antifungal

Novel Glucan Synthase Inhibitor (GSI)





Structurally distinct from other GSIs (echinocandins)

- **Different enzyme-drug interaction → lower impact of common FKS mutations**
- **Oral bioavailability**

Key Attributes

- **Activity against: *Candida* spp.; *Aspergillus* spp.; *Pneumocystis* spp.; Endemic fungi**
- **Active against azole-R and Candin-R strains**
- **Oral formulations**
- **Enhanced activity at low PH**
- **Large tissue distribution (Human V_{dss} > 8 L/kg)**
- **No Preclinical fetal Toxicity**
- **Favorable safety profile > 700 exposed**
- **Low risk of drug-drug Interactions**

In Vitro Activity of Ibrexafungerp vs. Fluconazole-Resistant Strains

Ibrexafungerp displayed activity against fluconazole resistant *Candida spp.* similar to that observed against Wild-Type

***Candida glabrata* (N) UAB study**	**Ibrexafungerp (mcg/mL) [MIC_{50} (MIC_{90})]**
Fluconazole susceptible (N=137)	0.5 (0.5)
Fluconazole resistant (N=162)	0.5 (0.5)

Ibrexafungerp is Fungicidal vs. *Candida* spp.

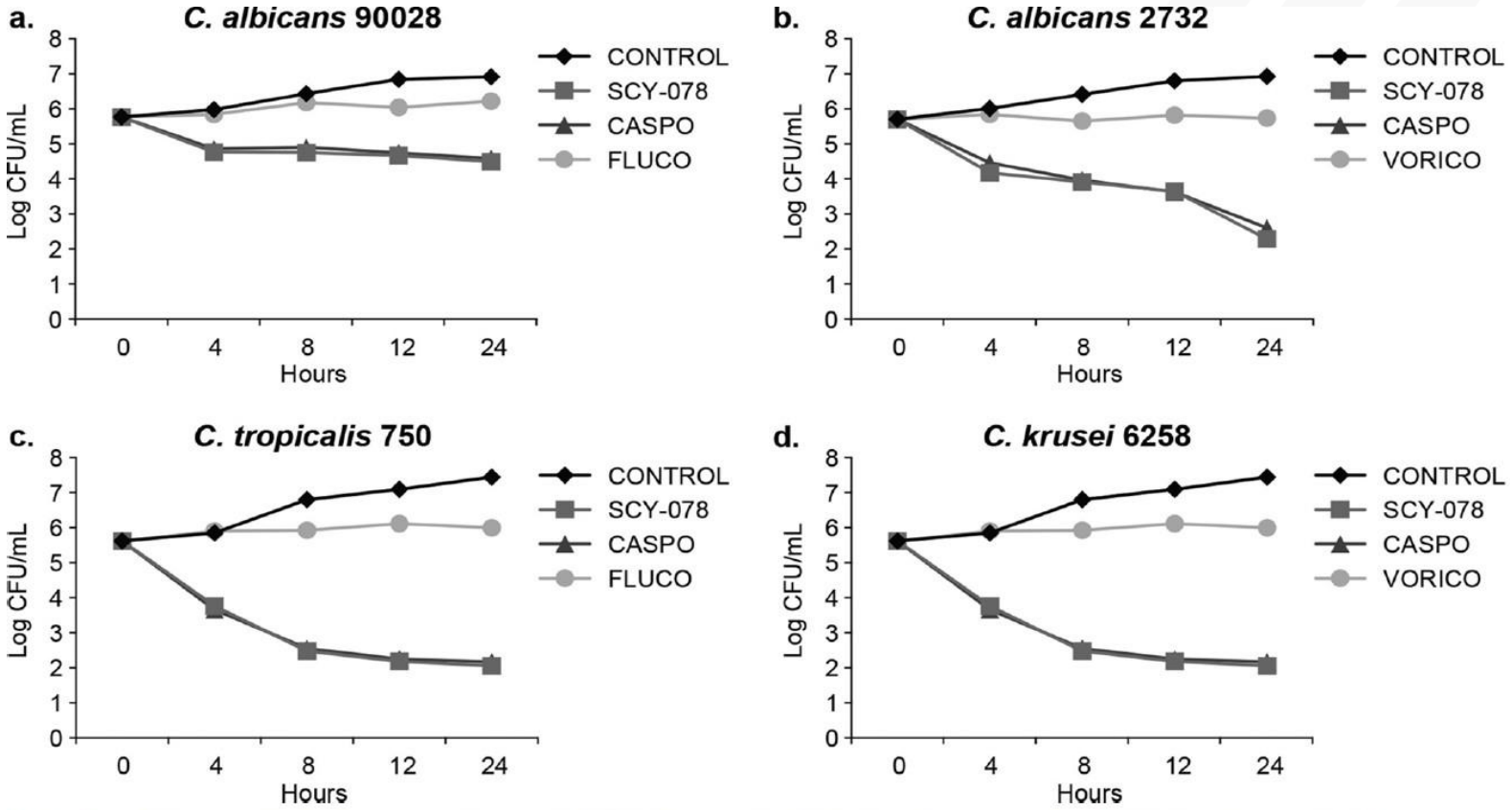


FIG 2 Time-kill curves for SCY-078, caspofungin (CASPO), fluconazole (FLUCO), and voriconazole (VORICO) at 4 times the MIC_{80} against the indicated *Candida* species and a control. 2732, MYA-2732.

- Fluconazole is fungistatic against *Candida* spp. = *inhibits the growth but doesn't kill the fungi*

In Vitro Activity is Enhanced at Low (Vaginal) pH

	pH level		
	7.0	5.72	4.5
	C.glabrata MIC_{50} (mg/L)		
Ibrexafungerp	0.5 - 1	0.5	**0.031 - 0.063**
Fluconazole	0.5 - 2	2 – 16	**1 - 16**
	C.albicans MIC_{50} (mg/L)		
Ibrexafungerp	0.125 – 0.5	0.125-0.25	0.16-0.031
Fluconazole	<0.125 - 1	<0.125-1	0.25 - 8

Ten strains each of vaginal *Candida* isolates from a recent clinical trial were tested

Vaginal Tissue Concentration

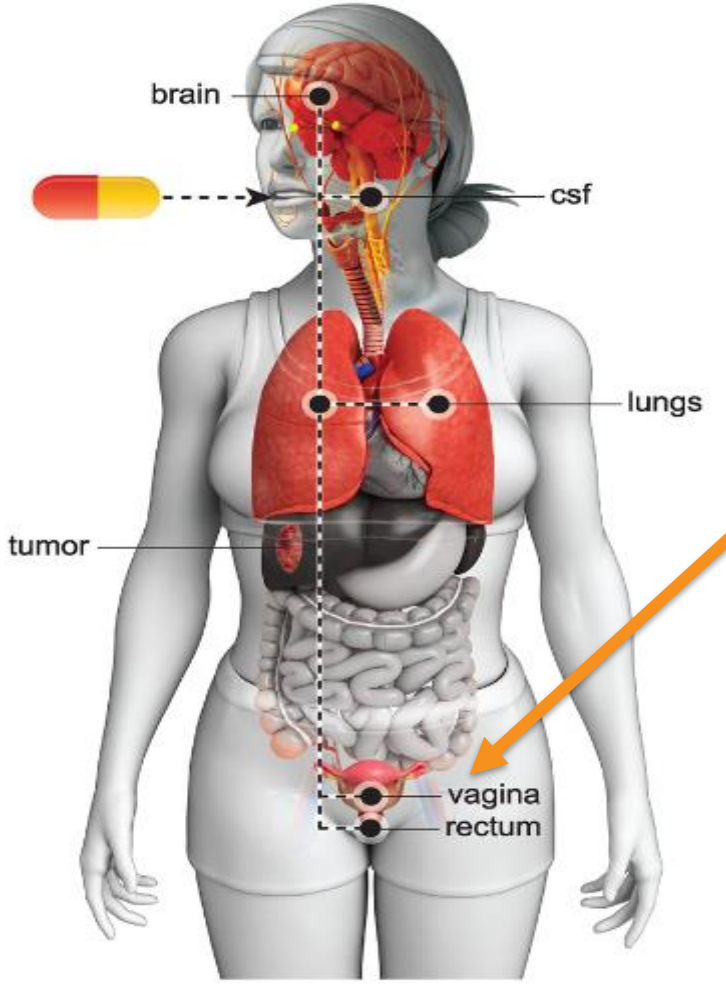


Figure 1 Schematic of relevant sites of action for assessing drug exposure, including the brain, cerebrospinal fluid (csf), lung, solid tumor, cervicovaginal fluid, and colorectal tissue.

Plasma to Genital Tissue Ratio:

Fluconazole – 1:1

Ibrexafungerp – 1:9

Highest Tissue Concentration among antifungals reported.

Felton et al, CMR, 2014; Wring et al, AAC, 2019

Completed Studies

Over 500 subjects received at least one dose of ibrexafungerp in Phase 1 studies and Phase 2 studies.

- Sixteen Phase I studies completed including
  - SAD; MAD studies
  - Food effect
  - Age and Gender studies
  - DDI
- Three phase 2 studies completed
  - 2 in **VVC**
  - 1 in Invasive Candidiasis

A Phase 2, Multicenter, Randomized, Double-Blind, Double-Dummy, Active-Controlled, Dose-Finding Study to Compare the Safety and Efficacy of Oral Ibrexafungerp vs. Oral Fluconazole in Subjects with Acute Vulvovaginal Candidiasis (DOVE)

Ibrexafungerp- 204 (DOVE): Study Objectives

- Primary Objectives:
  - To identify the recommended dose of oral ibrexafungerp in subjects with moderate to severe acute vulvovaginal candidiasis (aVVC) by comparing the efficacy of different dose levels and dosing regimens of oral ibrexafungerp

- Secondary Objectives:
  - To evaluate the efficacy of oral ibrexafungerp in subjects with aVVC based on mycological and clinical outcomes
  - To evaluate the safety and tolerability of different dose levels and dosing regimens of oral ibrexafungerp in subjects with aVVC

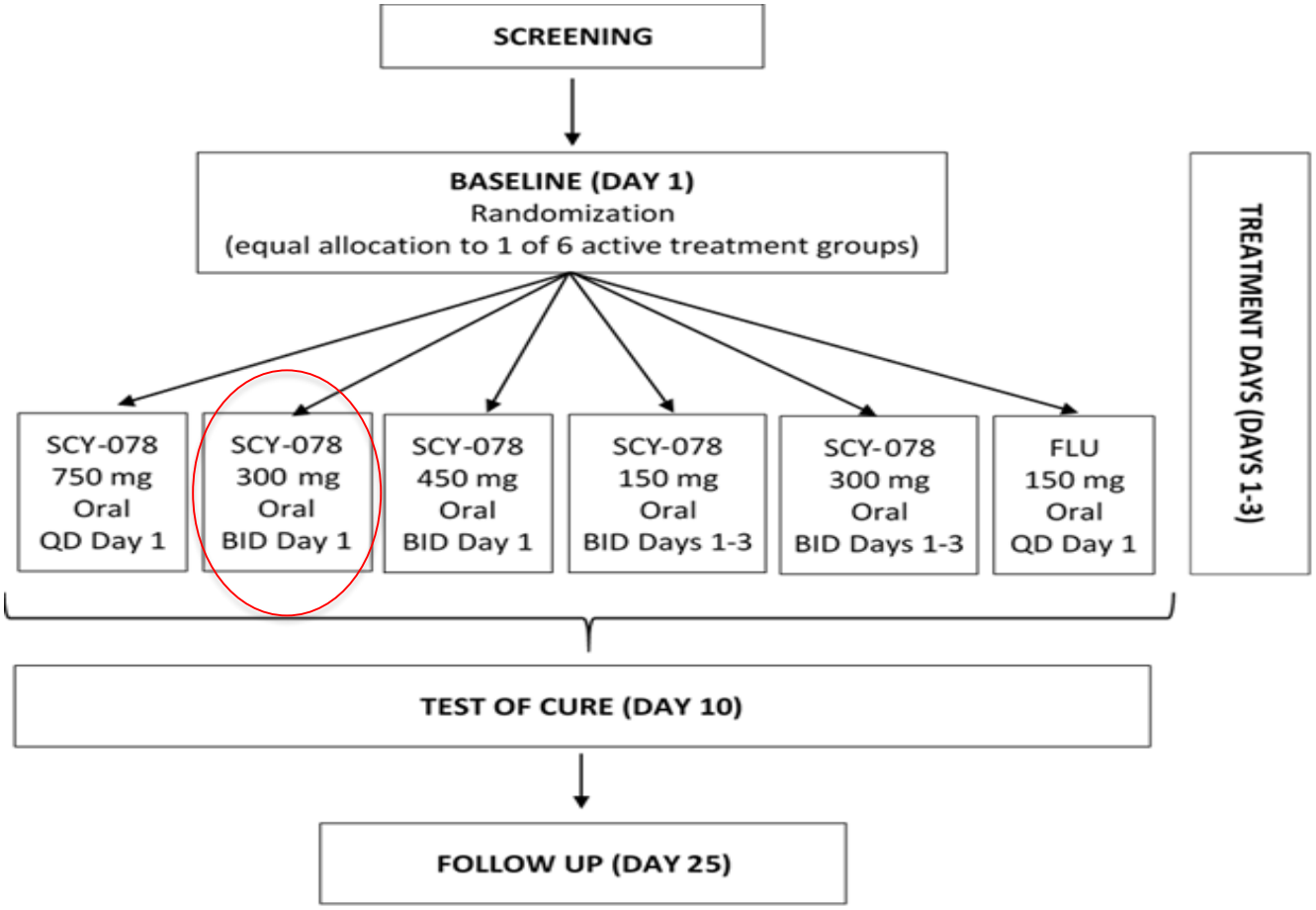
DOVE Study Design

Key Inclusions:

- ✓ Moderate to severe VVC (signs and symptoms of ≥7)
- ✓ KOH +
- ✓ pH ≤4.5

~30 patients per arm

Primary population for analysis mITT = Culture-confirmed VVC



DOVE Study Design / Demographics

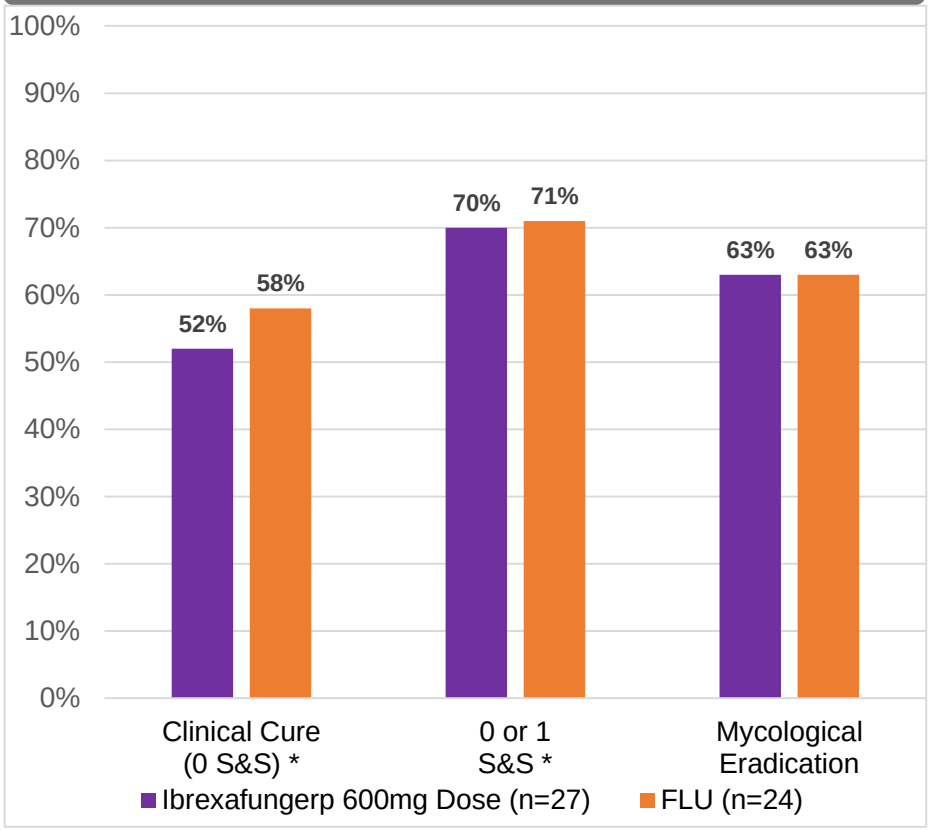
- Key Endpoints:
  - At Test-of-Cure (T.O.C.) and Follow-up visit (F.U.)
    - Clinical Cure (Signs and Symptoms = 0)
    - Significant improvement (Signs and Symptoms = 0 or 1)
    - Mycological eradication (negative culture for yeast)
  - Use of rescue antifungal treatment
  - Safety and tolerability

- 186 subjects enrolled
  - 153 with culture-confirmed VVC, (mITT)
  - Median age 32 years
  - Race: White 59%, Black or African American 39%, Other 2%

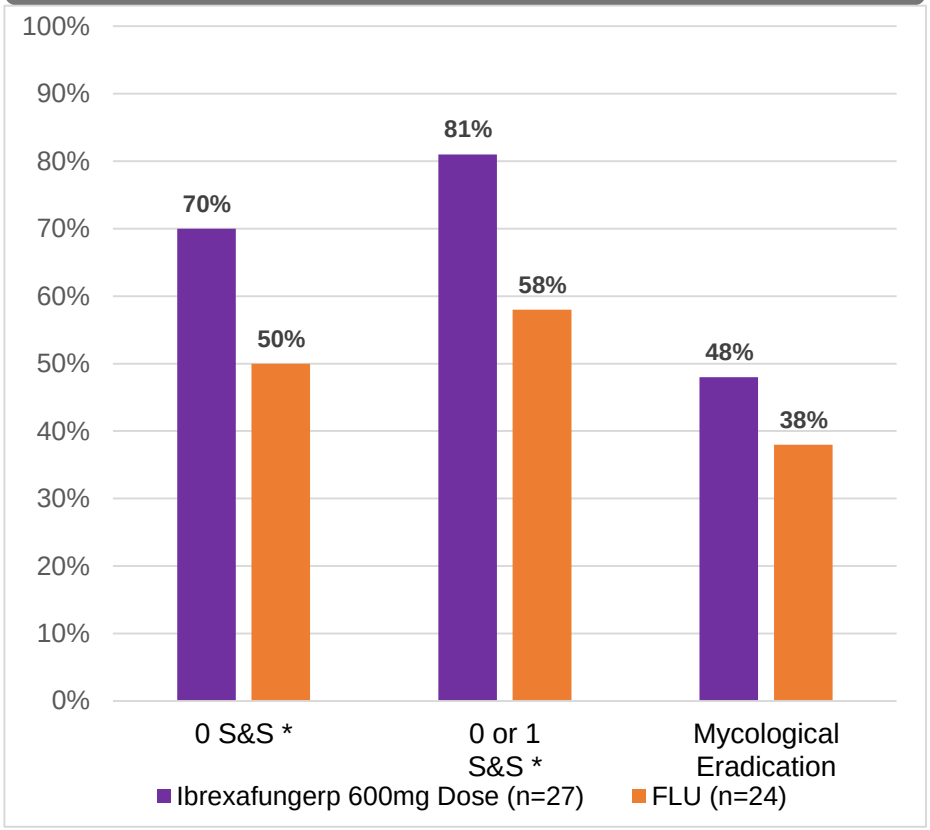
Signs and Symptoms [S&S] score defined as a composite endpoint of the subject's reported symptoms (burning, itching and irritation) and the investigator's assessed signs (swelling, redness and excoriations). Each sign and symptom can be absent, mild, moderate or severe, with a corresponding score from 0 to 3. The total composite scale goes from 0 to 18 points.

DOVE Study Key Efficacy Results Ibrexafungerp 600mg Dose (mITT)

Day 10 (Test-of-Cure)



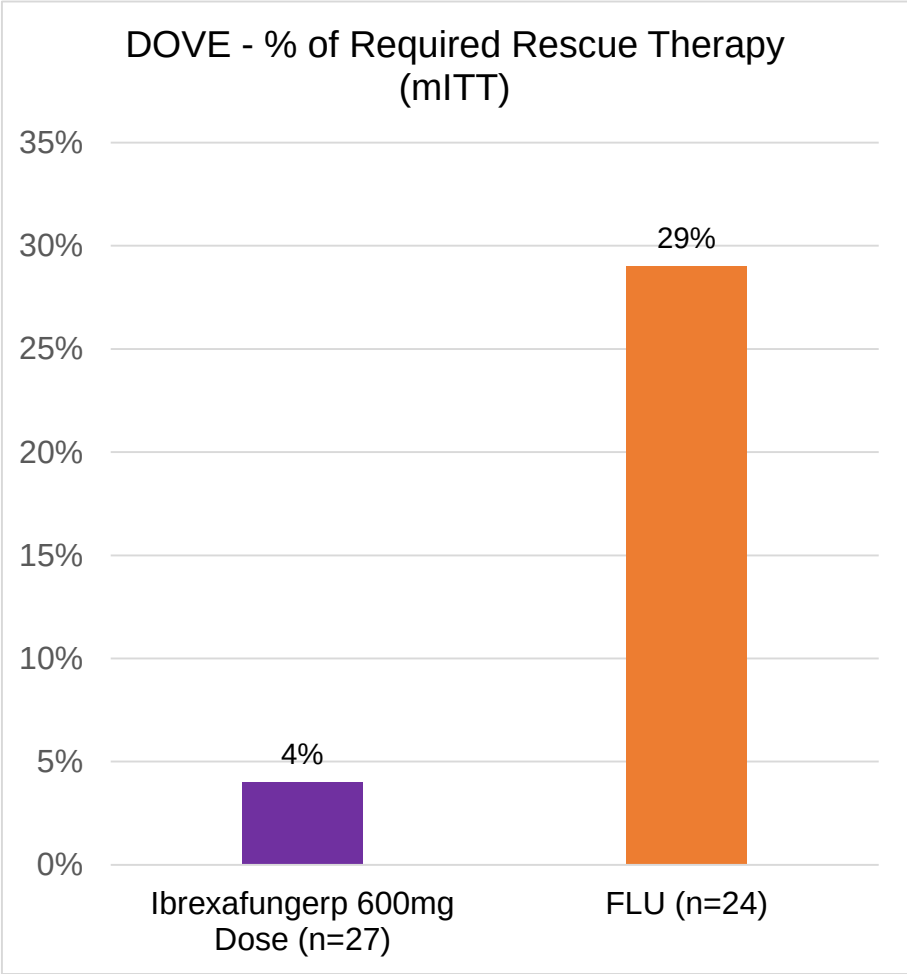
Day 25 (Follow-up)

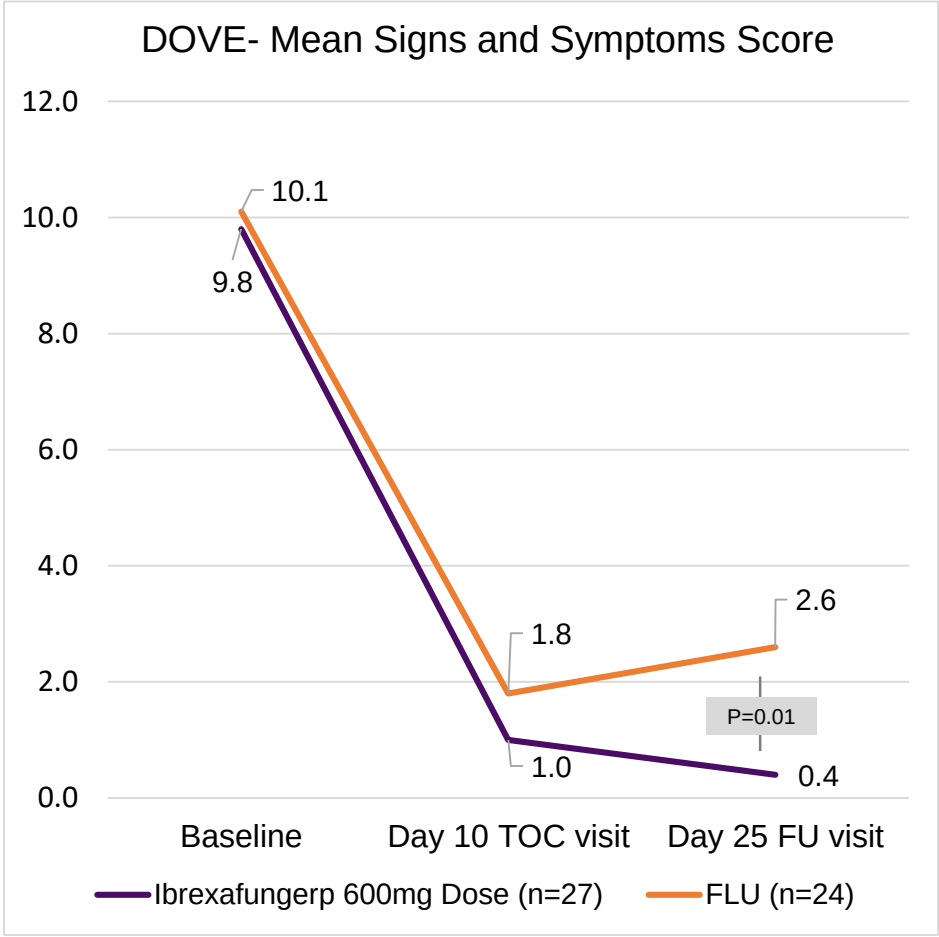


*Results based on mITT population | * No rescue antifungal use.*

Signs and Symptoms [S&S] score is a composite endpoint of the subject's reported symptoms (burning, itching and irritation) and the investigator's assessed signs (swelling, redness and excoriations). Each sign and symptom can be absent (0), mild (1), moderate (2) or severe (3).

DOVE Study Additional Efficacy Results Ibrexafungerp 600mg Dose (mITT)





P value based on change from baseline score mean difference between Ibrexafungerp 600mg and FLU.

Profile of Patients Requiring Rescue Therapy in DOVE Study

Ibrexafungerp
1 patient
N=27 (4%)

Fluconazole
7 patients
N=24 (29%)

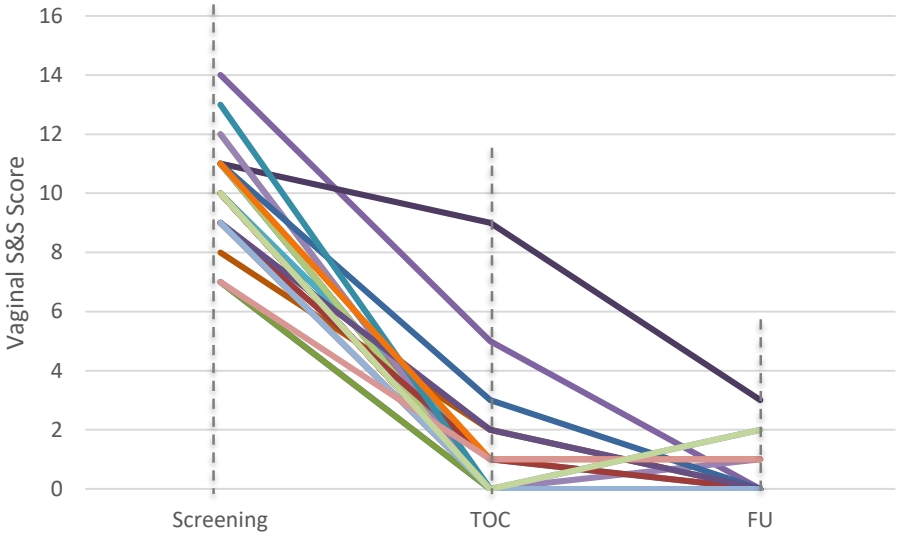
Patient	*Candida spp.*	Timing of Rescue Medication	Rescue Antifungal Therapy
IBX Pt. 1	*C. albicans*	FU	Oral Fluconazole
FLU Pt. 1	*C. glabrata*	TOC	Topical Terconazole
FLU Pt. 2	*C. albicans*	Between TOC and FU	Oral Fluconazole
FLU Pt. 3	*C. albicans*	Between TOC and FU	Oral Fluconazole Topical Clotrimazole
FLU Pt. 4	*C. albicans*	FU	Oral Fluconazole Topical Terconazole
FLU Pt. 5	*C. albicans*	FU	Oral Fluconazole
FLU Pt. 6	*C. kefyrs,* *C. tropicalis*	FU	Oral Fluconazole
FLU Pt. 7	*C. albicans*	FU	Oral Fluconazole

Almost all of the failures received Oral FLU

TOC- Test-of-Cure (Day 10); FU- Follow-up (Day 25)

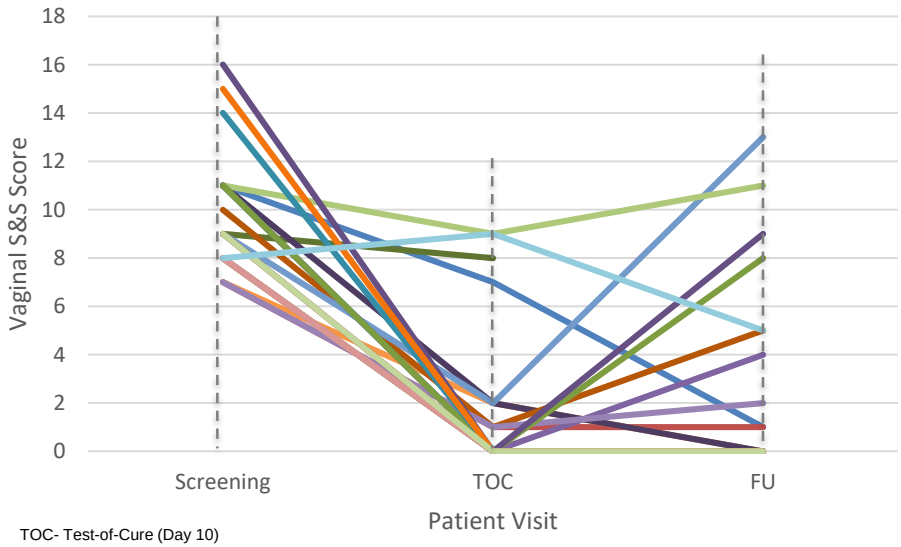
DOVE Study: Individual Patient Vaginal S&S Score during Study Period

Ibrexafungerp Vaginal S&S (n=27)



TOC- Test-of-Cure (Day 10)
FU- Follow-up (Day 25)

Fluconazole Vaginal S&S (n=24)

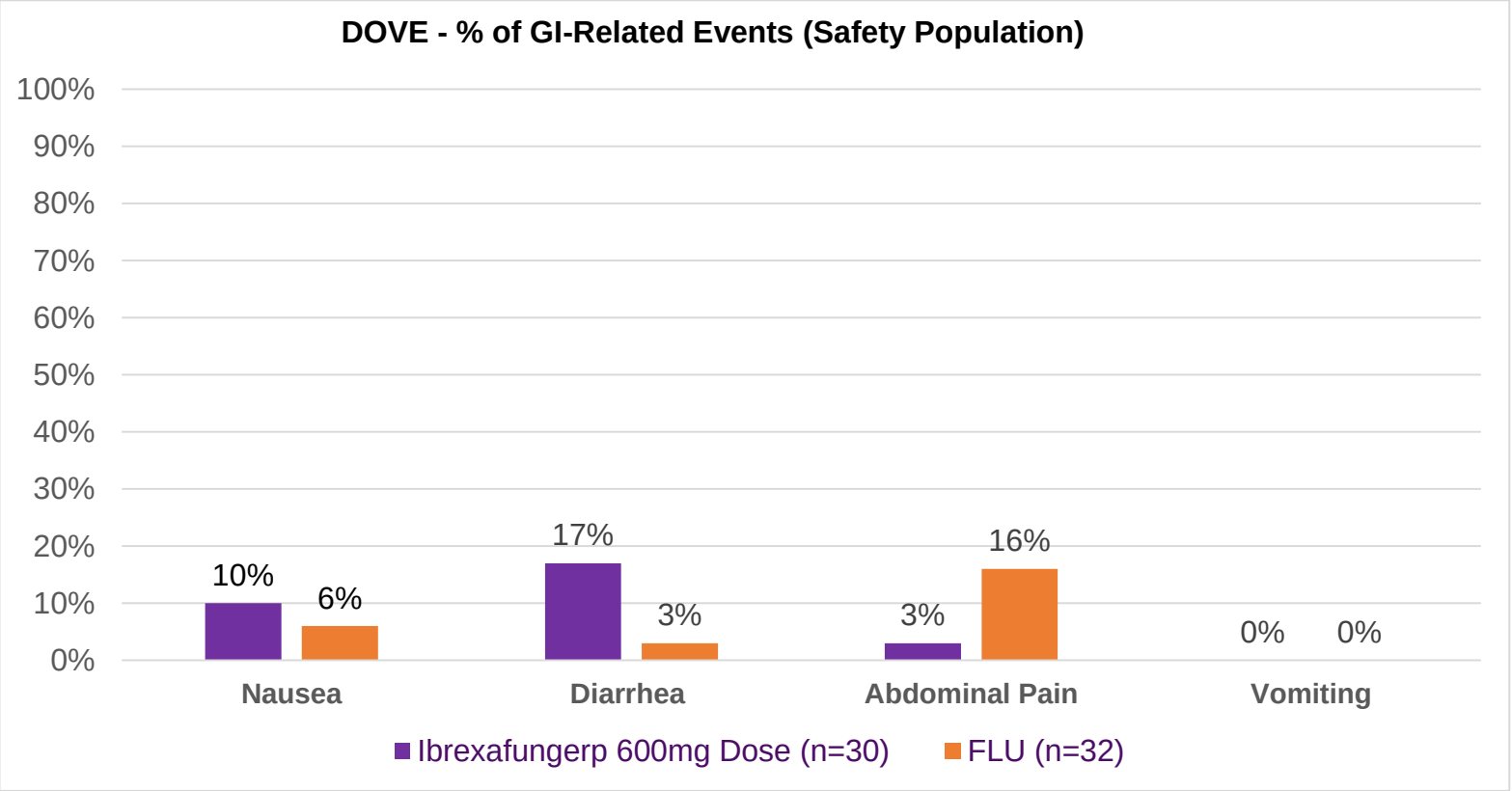


TOC- Test-of-Cure (Day 10)
FU- Follow-up (Day 25)

Vaginal Signs & Symptoms	Ibrexafungerp	Fluconazole
Mean score of patients with S&S score >0 at Follow-up visit	**1.7**	**5.9**

Signs and Symptoms [S&S] score defined as a composite endpoint of the subject's reported symptoms (burning, itching and irritation) and the investigator's assessed signs (swelling, redness and excoriations). Each sign and symptom can be absent, mild, moderate or severe, with a corresponding score from 0 to 3. The total composite scale goes from 0 to 18 points.

DOVE Study Key Tolerability Results Ibrexafungerp 600mg Dose



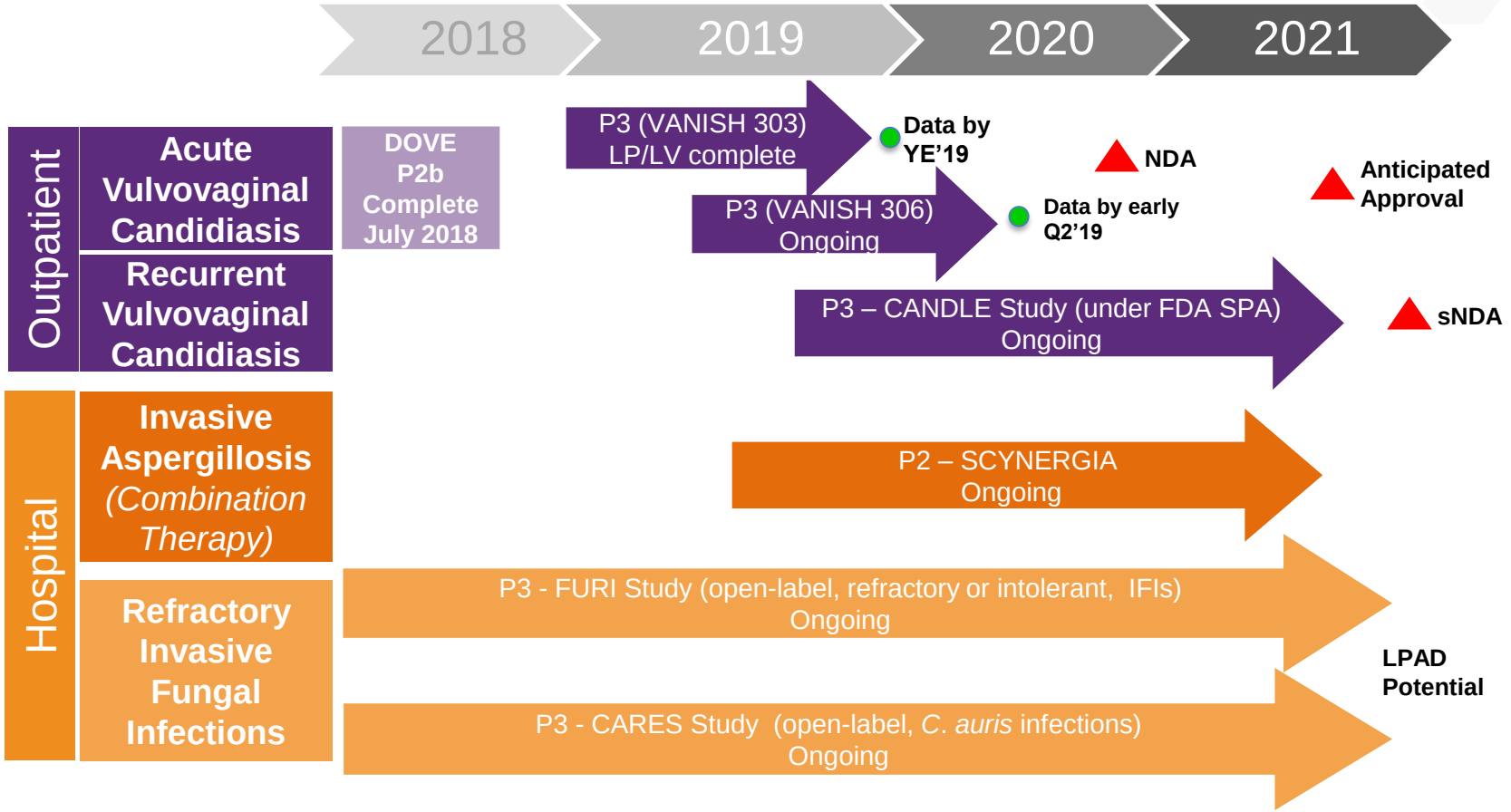
- Most Adverse Events were mild to moderate and lasting 1 day
- No Serious Adverse Events
- No Discontinuations

Results based on safety population.

DOVE Study Key Results

- All six arms showed evidence of antifungal activity.
- The 1-day ibrexafugerp dose regimens overall comparable efficacy to 3-days dose regimens.
- The 300mg BID for 1 day dose showed the best combination of clinical efficacy and tolerability.
- This dose regimen was selected for Phase 3 program

Ibrexafungerp: Ongoing Programs / Timing



Other potential oral indications: Prophylaxis, Chronic Fungal Infections, Invasive Candidiasis

Thank you