Ibrexafungerp
First Representative of a Novel Oral/IV Antifungal Family

Corporate Presentation – Aug. 2020

Pioneering innovative medicines to overcome and prevent difficult-to-treat and drug-resistant infections
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 “Risk Factors” in the Company’s annual report on Form 10-K for the year ended December 31, 2019 and in the Company’s subsequent quarterly reports on Form 10-Q, 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.
Company Overview | Introduction
The Comeback of Anti-infectives

COVID-19 pandemic is a powerful reminder of our never-ending warfare against infectious diseases

1. **Microbes are resilient**: pathogens – viruses, bacteria or fungi – were here billions of years before us and they are not going away

2. **They are adaptable**: becoming resistant to our current antimicrobial agents

3. **They are innovative**: focus is on COVID-19 now, but other pathogens are emerging
   - *Candida auris*, a deadly fungi identified in 2009 in Japan is spreading across the world and in the United States

   - The mission of anti-infective companies is critical
   - Potential increase in value recognition for innovative anti-infective research – by both the public and the government
Fungal Infections: A Growing Public Health Threat

1. The Clinical Problems
   – In the Hospital: rising *Invasive Fungal Infections* with high mortality, much higher than Coronavirus. COVID-19 associated Pulmonary Aspergillosis reported in several centers
   – In the Community: difficult-to-treat *Vaginal Fungal Infections* in millions of women

2. The Medical Needs
   – In the Hospital: few *systemic* drugs available (3 classes available with only one oral class)
   – In the Community: only one oral treatment option available for vaginal yeast infections

3. The Emerging Concerns
   – Antifungal *resistance* and appearance of *new alarming fungal species*
   – Lack of broad-spectrum oral treatments
Ibrexafungerp: A Potential Solution for the Fungal Infection Crisis

Ibrexafungerp: First member of the ‘fungerp’ family

Outpatient/Community Setting

- Vulvovaginal Candidiasis (VVC) Pre-NDA
- Recurrent VVC (SPA agreement) Phase 3
- Refractory Mucocutaneous Infections Phase 2/3

- Only ONE systemic oral product approved for VVC and NO approved treatment for rVVC
- >14mm fluconazole TRx/year for VVC in the U.S.
- Ibrexafungerp as single-day oral treatment for VVC with a potential $400-600mm peak sales in the U.S.

Two positive VVC Phase 3 studies
Anticipated NDA in Q4 2020
Expected Priority Review

Hospital Setting

- Refractory Invasive Fungal Infections (rIFI) - LPAD Phase 3
- C. auris infections - LPAD Phase 3
- Aspergillosis in Combination Phase 2

- Only 3 classes and fewer than 10 approved systemic products
- Growing resistance to azoles, the only oral drug
- Multidrug-resistant emerging fungi
- Still high mortality with current SoCs

Worldwide Rights
Composition of Matter Patent Protection up to 2035

10 to 12 years of Regulatory Exclusivity in the U.S. (QIDP/Orphan Drug Status/Fast Track)
Ibrexafungerp: Ongoing Programs / Timing

<table>
<thead>
<tr>
<th>Year</th>
<th>Outpatient</th>
<th>Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>Treatment of Vulvovaginal Candidiasis (VVC)</td>
<td>Invasive Aspergillosis (Combination Therapy)</td>
</tr>
<tr>
<td></td>
<td>Prevention of Recurrent VVC</td>
<td>Refractory Invasive Fungal Infections</td>
</tr>
<tr>
<td>2020</td>
<td>1 P3 (VANISH-303) Complete</td>
<td>1 P2 study (SCYNERGIA) Ongoing</td>
</tr>
<tr>
<td></td>
<td>1 P3 (VANISH-306) Complete</td>
<td>1 P3 (CANDLE) – SPA agreement Ongoing</td>
</tr>
<tr>
<td></td>
<td>Positive Data Nov 2019</td>
<td>Positive Data Apr 2020</td>
</tr>
<tr>
<td>2021</td>
<td>1 P3 (VANISH-306) Complete</td>
<td>1 P3 (VANISH-303) Complete</td>
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<tr>
<td></td>
<td>Positive Data Nov 2019</td>
<td>Positive Data Apr 2020</td>
</tr>
<tr>
<td></td>
<td>Potential Approval Mid-2021</td>
<td>Potential Approval Mid-2021</td>
</tr>
<tr>
<td>2022</td>
<td>1 P3 (CANDLE) – SPA agreement Ongoing</td>
<td>1 P3 (VANISH-303) Complete</td>
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<tr>
<td></td>
<td>Positive Data Apr 2020</td>
<td>Positive Data Nov 2019</td>
</tr>
<tr>
<td></td>
<td>2nd Positive Prelim Data (Jan. ’20)</td>
<td>2nd Positive Prelim Data (Jan. ’20)</td>
</tr>
<tr>
<td></td>
<td>FURI Study (open-label, refractory IFIs)</td>
<td>FURI Study (open-label, refractory IFIs)</td>
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<tr>
<td></td>
<td>CARES Study (open-label, emergency protocol, C. auris)</td>
<td>CARES Study (open-label, emergency protocol, C. auris)</td>
</tr>
</tbody>
</table>

Other potential oral indications: Prophylaxis, Chronic Fungal Infections
Clear Path to VVC NDA Submission for Ibrexafungerp

Both VANISH-303 and VANISH-306 met their study endpoints, providing a clear path to NDA submission of oral ibrexafungerp for the treatment of vaginal yeast infections

• VANISH Phase 3 Program:
  ✓ The first large Phase 3 program for the treatment of VVC in over 20 years
  ✓ Success on all primary and secondary efficacy endpoints achieved
  ✓ Sustained effect confirmed at Day 25
  ✓ Generally safe and well tolerated

• Positive pre-NDA meetings | NDA submission expected in Q4 2020

Vision for ibrexafungerp as the first and only oral, non-azole agent addressing BOTH treatment of VVC and prevention of recurrent VVC
Ibrexafungerp: Glucan Synthase Inhibitor that Destroys Fungal Cell Membrane and Cell Wall

Validated MoA • Minimal risk of off-target effects • Differentiated binding vs. echinocandins

- **Broad Spectrum**  
  *Candida, Aspergillus, Pneumocystis* & others  
  2,000+ strains tested

- **Activity vs. Resistant Strains**  
  MDR strains, including *C. auris*

- **No Safety Signals**  
  1,000+ subjects exposed

- **Oral Formulation in Pre-NDA Stage**  
  IV in pre-clinical development

- **Fungicidal vs. Candida**

- **20-hour Half-Life**  
  *High Tissue Penetration*  
  *Low Risk of DDIs*

Items listed on this slide illustrate ibrexafungerp target attributes.
**Antifungal Innovation is Lacking**

Ibrexafungerp may combine the best attributes of all other classes

<table>
<thead>
<tr>
<th>Spectrum of Activity</th>
<th>Polyene</th>
<th>Azole</th>
<th>Echinocandin</th>
<th>Fungerp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market Introduction</td>
<td>1960s</td>
<td>1980s</td>
<td>2000s</td>
<td>~2021</td>
</tr>
<tr>
<td><strong>Active vs. Candida albicans</strong></td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>Active vs. non-albicans Candida</strong></td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>Active vs. azole-resistant</strong></td>
<td>✔️</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>Active vs. echinocandin-resistant</strong>*</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>Active vs. Aspergillus spp.</strong></td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

**Safety**

<table>
<thead>
<tr>
<th>Safety</th>
<th>Polyene</th>
<th>Azole</th>
<th>Echinocandin</th>
<th>Fungerp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of renal, hepatic, CNS Tox.</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Low risk for DDIs</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Oral Bioavailability</td>
<td></td>
<td>✔️</td>
<td></td>
<td>✔️</td>
</tr>
</tbody>
</table>

*Active against most echinocandin-resistant Candida isolates. Items listed on this chart illustrate its target attributes. 2021 target market intro based on estimated 2020 NDA filing. "SoC" = Standard of Care. a. Company-reported Sales (filings) and IMS data.
Ibrexafungerp: Significant Near-Term Milestones

Positive 2nd FURI data review (Jan. 2020)

Q1’20

Positive top-line data VVC VANISH-306 P3 (Apr. 2020)

Q2’20

Treatment of VVC NDA Submission

H2’20

Treatment of VVC Approval

H1’21

CANDLE-304 P3 Prevention of rVVC Top-line data

H2’21

Potential other milestones in 2020-2021:
- FURI and CARES interim analyses
- IV update
- Business Development opportunities

Ibrexafungerp ("ibrexa" or "IBX") is an investigational drug. Estimated timelines.
SCYX: Experienced Team

**Leadership**
Positive track record in drug development, commercial & antifungal expertise

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Backgrounds/Companies</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO</td>
<td>Marco Taglietti, M.D.</td>
<td>Schering-Plough, Stiefel, Forest Laboratories, Inc.</td>
</tr>
<tr>
<td>CMO</td>
<td>David Angulo, M.D.</td>
<td>Schering-Plough, Stiefel, BrickellBio</td>
</tr>
<tr>
<td>CFO</td>
<td>Eric Francois</td>
<td>COWEN, LAZARD, topi</td>
</tr>
<tr>
<td>GC</td>
<td>Scott Sukenick</td>
<td>Cooley, Simpson Thacher</td>
</tr>
</tbody>
</table>

**Board of Directors**
Diverse backgrounds & operating experience in healthcare

<table>
<thead>
<tr>
<th>Name</th>
<th>Backgrounds/Companies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guy Macdonald</td>
<td>Chairman</td>
</tr>
<tr>
<td>Armando Anido</td>
<td>Zynerba, NuPathe, AUXILIUM</td>
</tr>
<tr>
<td>Steven Gilman, PhD</td>
<td>ContraFect, CUBIST, CUBIST CAPITAL</td>
</tr>
<tr>
<td>Ann Hanham, PhD</td>
<td>Planck, Health Canada, Burrill &amp; Company</td>
</tr>
<tr>
<td>David Hastings</td>
<td>Arbutus Biopharma, UNILIFE, Incyte</td>
</tr>
<tr>
<td>Phil Tinmouth</td>
<td>Vertex, BAIN &amp; Company</td>
</tr>
</tbody>
</table>
Outpatient/Community Infections: Vulvovaginal Candidiasis (VVC)

“Many of the unresolved clinical issues in managing women with rVVC would disappear if truly fungicidal drugs and regimens were available.”

Dr. Jack Sobel
VVC Is a Multi-Billion Dollar Opportunity

US Market Opportunity Overview

- **Total Rx/year (14.2M Oral Flu + 1.2M Topical):** 15.4M
- **Assumed WAC Price:** $300 - $400
- **Value of Total Addressable Market (in billions):** $5.6 - $6.2

- Majority of women prefer an Oral Rx treatment vs a Rx cream (92% Oral, 8% Topical)

- Large oral market (5-yr CAGR: 3%)
- Only one-class of products (azoles)
- No new product in over 25 years
- No Branded Product
- No Promotion in over 15 years

Ibrexafungerp Peak U.S. Net Sales Potential $400 - $600M
(does not include conversion of any of the 18M annual OTC units)
Important Attributes for Physicians

The Vaginal Yeast Infection market only has treatments from one class (azoles) and no treatment options with a different MoA.

<table>
<thead>
<tr>
<th></th>
<th>Ibrexafungerp</th>
<th>Fluconazole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanism of Action</td>
<td>beta-(1,3)-D-glucan synthase inhibitor</td>
<td>14α-demethylase inhibitor</td>
</tr>
<tr>
<td>Cidal/Static vs. Candida</td>
<td>Fungicidal</td>
<td>Fungistatic</td>
</tr>
<tr>
<td>Active vs. azole-resistant Candida</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Activity Impacted at low vaginal pH</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Vaginal tissue/Plasma ratio</td>
<td>9:1</td>
<td>1:1</td>
</tr>
<tr>
<td>Evidence of Fetal Toxicity (pre-clinical)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Evidence of QTC prolongation</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Evidence of Liver Toxicity</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>One-day Oral dose</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Ibrexafungerp VVC Commercial Positioning

Our vision for ibrexafungerp:
The first and only oral, non-azole agent addressing BOTH treatment of VVC and prevention of recurrent VVC

Key Attributes

New MoA
- Fungicidal (kills the pathogen)
- Broad spectrum (including fluconazole-resistant Candida strains)
- Enhanced activity at low vaginal pH
- High vaginal tissue penetration

Favorable Safety Profile
- No observed safety signals (>1,000 subjects exposed)
- No evidence of embryo/fetal risk
- No evidence of liver toxicity or QT prolongation

Convenient Dosing
- Novel oral therapy
- Single-day dose for treatment of VVC

Potential Patient Types

Mild-to-severe VVC patients
- Patients where the physician wants to try another therapy with a new MoA
- Physicians concerned about Candida-resistant strains
- Fluconazole failures
- Recurrent patients
- Complicated patients with co-morbidities
- Women of child-bearing age where physicians prefer an agent that has shown no fetal toxicity in preclinical studies
VANISH Phase 3 Program: Key Assessments

- Two study visits
  - “Test-of-Cure” visit (TOC) at Day 10
  - “Follow-Up” visit (FU) at Day 25

- Signs and Symptoms [S&S*] score is a composite scale ranging from 0 (no S&S) to 18 points (maximum severity in all S&S)

- Primary efficacy endpoint
  - **Clinical Cure at TOC**: complete resolution of all signs and symptoms (S&S=0)

- Key secondary efficacy endpoints
  - **Mycological Eradication at TOC visit**: negative *Candida* culture
  - **Clinical Improvement at TOC visit**: complete or almost complete resolution of signs and symptoms (S&S of 0 or 1)
  - **Complete resolution of symptoms at FU visit**

* 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.
Highly Statistically Significant Superiority in VANISH

Ibrexafungerp met its endpoints and achieved highly statistically significant superiority vs. placebo

<table>
<thead>
<tr>
<th>Primary Endpoint</th>
<th>VANISH-306</th>
<th>VANISH-303</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Cure (0 S&amp;S) at TOC</td>
<td>63.3*</td>
<td>50.5**</td>
</tr>
<tr>
<td>Mycological Eradication at TOC</td>
<td>58.5**</td>
<td>49.5**</td>
</tr>
<tr>
<td>Clinical Improvement (S&amp;S ≤ 1) at TOC</td>
<td>72.3*</td>
<td>64.4**</td>
</tr>
<tr>
<td>Complete Symptom Resolution at Day-25 FU</td>
<td>73.9**</td>
<td>59.6*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Endpoints</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo (n=84)</td>
<td>44.0*</td>
<td>28.6*</td>
</tr>
<tr>
<td>Placebo (n=98)</td>
<td>29.8**</td>
<td>19.4**</td>
</tr>
</tbody>
</table>

* p value ≤ 0.01
** p value ≤ 0.001
Ibrexafungerp in VVC Clinical Studies: Sustained Efficacy at Follow-up Visit (Day 25)

- Consistent efficacy of ibrexafungerp across studies
- Sustained efficacy with higher clinical cure rates at Day 25

**Clinical Cure (0 S&S)**

<table>
<thead>
<tr>
<th>Study</th>
<th>Treatment</th>
<th>TOC (Day-10)</th>
<th>FU (Day-25)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VANISH Phase 3 Studies</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VANISH-306</td>
<td>IBX 300mg BID (n=188)</td>
<td>63%</td>
<td>74%</td>
</tr>
<tr>
<td>VANISH-303</td>
<td>IBX 300mg BID (n=188)</td>
<td>51%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>DOVE Phase 2 Study</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOVE P2 Study</td>
<td>IBX 300mg BID (n=27)</td>
<td>52%</td>
<td>70%</td>
</tr>
<tr>
<td>DOVE P2 Study</td>
<td>FLU 150mg (n=24)</td>
<td>58%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Ibrexafungerp ("ibrexa" or "IBX") is an investigational drug.
# Ibrexafungerp VVC U.S. Opportunity

**Target Label for Ibrexafungerp:** “Treatment of VVC and prevention of recurrent VVC”

<table>
<thead>
<tr>
<th>Patient Segments</th>
<th>First Episode of VVC</th>
<th>Second Episode of VVC</th>
<th>Third Episode of VVC</th>
<th>4+ Episodes (Prevention)</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Prescriptions</td>
<td>~7.6M</td>
<td>~4.1M</td>
<td>~1.7M</td>
<td>~700k</td>
</tr>
<tr>
<td>Ibrexa Penetration Rates</td>
<td>~3%</td>
<td>~14%</td>
<td>~18%</td>
<td>~25%</td>
</tr>
<tr>
<td>Ibrexa Pricing per Course</td>
<td>~$300 to $400</td>
<td>~$300 to $400</td>
<td>~$300 to $400</td>
<td>~$1,800 to $2,400</td>
</tr>
</tbody>
</table>

| Ibrexa U.S. Peak Net Sales | ~$220-300M | ~$210-280M |

**U.S. Peak Sales Potential:** ~$430-580M

Conservative estimates, particularly for penetration into non-recurrent market
Ibrexafungerp potential sales represent ~10% of overall fluconazole scripts (~14M) in VVC

*ROW opportunity expected to be similar to U.S. market, pricing TBD*

Preliminary assessment (to be further validated). Sources: SCYNEXIS Primary HCPs and Payers Market Research, Symphony Data 2018.
Hospital: Invasive Fungal Infections

“Invasive fungal infections will not go away any time soon. Therefore, we need to circumvent resistance to treatment by continued discovery and development of new antifungal agents and strategies.”

Dr. John Perfect
Ibrexafungerp Development Programs

**FURI**
- Phase 3, **open label, uncontrolled**, global (ongoing)
- Subjects with invasive fungal infections refractory or intolerant to SoC
- Amended protocol to broaden range of infections and treatment duration
- Positive 2nd interim analysis reported in Jan. 2020

**CARES**
- Phase 3, **open label, uncontrolled**, global (ongoing)
- Subjects with *Candida auris* infections
- 2 positive case studies reported in Apr. 2019
- Expanding into other countries

**SCYNERGIA**
- Phase 2, randomized, double blinded, ibrexafungerp in combination with Voriconazole (ongoing)
- Subjects with Invasive Aspergillosis

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Potential Eligibility for Limited Population Pathway for Antibacterial and Antifungal Drugs (LPAD)
## FURI Study: Design/Demographics

- **Phase 3**: open-label, orally-administered ibrexafungerp (IBX)
- **Subjects**: demonstrated invasive or severe mucocutaneous *Candida* infections:
  - Refractory to SoC antifungal agents,
  - Intolerant to SoC antifungal agents, or
  - Other oral antifungal options are not adequate for continued therapy after initial IV standard of care antifungal
- **Sites**: US, Germany, UK, Spain, Austria, Netherlands
- **Dosing**: Loading dose of oral IBX 750mg twice a day x 2 days, followed by oral IBX 750mg QD
- **Duration**: 90 days maximum therapy
  - Patients requiring more than 90 days were enrolled in an expanded access program

<table>
<thead>
<tr>
<th>Aggregate Analysis to Date</th>
<th></th>
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<tbody>
<tr>
<td># of Patients</td>
<td>41</td>
</tr>
<tr>
<td>Mean Days of Therapy</td>
<td>37.1 (5-90)</td>
</tr>
<tr>
<td>Invasive Candidiasis</td>
<td>24 (59%)</td>
</tr>
<tr>
<td>Mucocutaneous Candidiasis</td>
<td>17 (41%)</td>
</tr>
</tbody>
</table>

### Site of Fungal Infections
- **Candidemia**
- **Intra-abdominal abscesses**
- **Esophageal candidiasis**
- **Oropharyngeal candidiasis**
- **Bone infections**

### Most Common Fungal Pathogens
- **Candida glabrata**
- **Candida albicans**
- **Candida krusei**
FURI Study: Key Outcomes

34 out of 41 (83%) patients experienced a clinical benefit from ibrexafungerp treatment (complete, partial or stable responses) in two interim analyses.

- Oral ibrexafungerp was generally safe and well-tolerated
- One death while on study drug was reported
  - Due to underlying condition and deemed unrelated to study drug
- Most common treatment-related AEs were mild to moderate GI events
- Results further support a potential future submission under the LPAD regulatory pathway

<table>
<thead>
<tr>
<th>Global Response</th>
<th>Interim Analysis n=41</th>
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</thead>
<tbody>
<tr>
<td>Complete or Partial Response</td>
<td>23 (56%)</td>
</tr>
<tr>
<td>Stable Disease</td>
<td>11 (27%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>34 (83%)</strong></td>
</tr>
<tr>
<td>No Response</td>
<td>6 (15%)</td>
</tr>
<tr>
<td>Indeterminate</td>
<td>1 (2%)</td>
</tr>
</tbody>
</table>
FURI Study: Conclusion

1. Results from the second cohort consistent with the first interim analysis

2. Confirmed clinical antifungal activity of oral ibrexafungerp in patients with difficult-to-treat, severe, mucocutaneous and invasive fungal infections

3. Confirmed clinical antifungal activity of oral ibrexafungerp in patients with difficult-to-treat, severe, mucocutaneous and invasive fungal infections

4. Ibrexafungerp was generally safe and well-tolerated

5. Results reinforce the potential of oral ibrexafungerp to be a much-needed alternative to existing fungal therapies and long-term IV treatment

6. Results further support a potential future submission under the LPAD regulatory pathway
Ibrexafungerp vs. *C. auris* – CARES Study

**In vitro Evidence**
- CDC study against 100 *C. auris* strains
  - Echinocandin-resistant isolates susceptible to ibrexafungerp
  - No significant differences in MIC values between strains indicating that genetic diversity does not influence activity
- CASE Western Study in 16 *C. auris* strains

**In vivo Evidence**
- 2 animal models of *C. auris* infections confirmed activity

**Clinical Evidence**
- Phase 3 CARES study ongoing
- First reported patients responded successfully to oral ibrexafungerp
Ibrexafungerp vs. Invasive Aspergillosis (IA)

Ongoing enrollment in Phase 2 Oral study (~60 patients)

Why Oral Ibrexafungerp?

- Unsatisfactory Clinical Outcomes
  - Mortality still up to 50%
  - Long treatment durations

- Emergence of *A. fumigatus*
  - Resistance

- Need for New Treatment Approaches

Combination therapy may provide improved outcomes

- Pre-clinical synergistic activity with azoles
- Clinical benefit of combination therapy reported in literature

- High activity vs. azole-resistant *Aspergillus*
  - High penetration to the lungs

Optimal for combination therapy

- Oral
- Safe and well-tolerated
- Low risk of DDIs

Ibrexafungerp ("ibrexa" or "IBX") is an investigational drug.
Ibrexafungerp IA \textit{In Vivo} Data to-Date

- Neutropenic rabbit model of pulmonary aspergillosis evaluating ibrexafungerp alone and in combination with isavuconazole.
- Doses: (IV) ibrexafungerp (SCY-078) 2.5, 7.5 mg/kg; (PO) isavuconazole 40 mg/kg for 12 days.
- Combination therapy resulted in better efficacy vs. monotherapy for all efficacy parameters, including significantly improved survival and pulmonary infarct score.