Ibrexafungerp
First Representative of a Novel Oral/IV Antifungal Portfolio

May 2022
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: BREXAFEMME may not be accepted by physicians and patients at the rate SCYNEXIS expects; risks inherent in SCYNEXIS’ ability to successfully develop and obtain FDA approval for ibrexafungerp for additional indications; unexpected delays may occur in the timing of acceptance by the FDA of an NDA submission; the expected costs of commercializing BREXAFEMME or of clinical studies and when they might begin or be concluded; SCYNEXIS’ need for additional capital resources; and SCYNEXIS’ reliance on third parties to conduct SCYNEXIS’ clinical studies and commercialize its products. The use of words such as “anticipates,” “expects,” “intends,” “plans,” “could,” “should,” “would,” “may,” “will,” “believes,” “estimates,” “potential,” or “continue” and variations or similar expressions are intended to identify forward-looking statements, but not all forward-looking statements may be so identified. 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, 2021, 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.
**Summary: Investment Highlights**

**Ibrexafungerp**: 1st member of the ‘fungerp’ family – a potential solution for the fungal infection crisis

**Unique Product**

- Novel oral/IV, potent, broad-spectrum antifungal with significant potential, ranging from vaginal yeast infections (VVC) in the community to hospital-based, life-threatening, invasive fungal infections

**De-Risked & Launched**

- U.S. Commercial launch of BREXAFEMME in September 2021 for treatment of VVC, a large market with (prior to BREXAFEMME) only one oral FDA-approved product and >17 million Rx/year. A second indication anticipated in 2022 for recurrent VVC. Estimated U.S. peak sales of $400M+ in VVC/rVVC

**Future Expansion**

- Hospital Program ongoing, with positive data readouts in refractory invasive fungal infections and *Candida auris*. Intravenous liposomal formulation in development. Potential approval for Invasive Candidiasis in 2024 with estimated U.S. peak sales of $300M-$400M

**Long Exclusivity**

- 10 years of U.S. regulatory exclusivity until 2031 plus composition-of-matter patent up to 2035, with additional applications pending, for at least 13 years of exclusivity in the U.S.

**World-Wide Rights**

- Potential to monetize world-wide rights and 2021 partnership with Hansoh Pharma for research, development and commercialization of ibrexafungerp in Greater China

**Corporate Strength**

- Cash and cash equivalents of $95.2 million as of March 31, 2022, $45 million in gross proceeds ($42 million net) received from a common stock offering in April 2022.
Recent Accomplishments and Near-Term Goals

R&D
• Positive FURI & CARES interim data
• sNDA filing for rVVC in Q2 2022
• MARIO study initiated with first patient expected by end of Q2 2022

Commercial
• Growing BREXAFEMME adoption
• Expanding coverage ~55% commercial lives covered to date
• 4,000 Rx/~ $700,000 in Q1 2022 net sales

Corporate
• Ended Q1 2022 with >$95M in Cash
• Raised $45M in Q2 2022 with cash runway into Q1 2024
• Keep building broad antifungal franchise
• Pursue international partnerships
Making Ibrexafungerp a Successful Antifungal Franchise

First in class antifungal
Broad spectrum
Oral and IV

FDA approval of BREXAFEMME
June 2021

Potential FDA approval in rVVC
Dec. 2022

rVVC regulatory submission
Q2 2022

MARIO Invasive candidiasis & FURI/CARES regulatory submissions
H1 2024

Potential approval of stepdown therapy in invasive candidiasis and resistant/refractory hospital infections
2H 2024

$700M-$800M Potential Antifungal Franchise
2025 and beyond

2021 2022 2023 2024 2025+

First in class antifungal
Broad spectrum
Oral and IV
Cash Balance is Strong

Cash and cash equivalents of $95.2 million as of March 31, 2021, $45 million in gross proceeds ($42 million net) received from a common stock offering in April 2022.

Cash runway into Q1 2024

Eligible to receive up to $112 million in future long-term development and commercial milestones, plus low double-digit royalties on net product sales from partner Hansoh Pharma in Greater China

Potential for additional ex-U.S. business development opportunities
R&D Catalysts – 2022

• CANDLE positive topline results announced – February 2022
• FURI and CARES interim analysis reported – May 2022
• First patient enrolled, MARIO – Q2 2022
• RVVC sNDA submission – End of Q2 2022
• RVVC potential FDA decision – End of 2022
• SCYNERGIA topline data – H2 2022
Experienced Leadership Team in Place to Execute this Vision

Leadership has impressive track record for successful new drug development and commercialization

Marco Taglietti, M.D.
President and Chief Executive Officer

David Angulo, M.D.
Chief Medical Officer

Christine Coyne
Chief Commercial Officer

Scott Sukenick
General Counsel

Larry R. Hoffman
Interim Chief Financial Officer
BREXAFEMME® (ibrexafungerp tablets)
VVC: Our First Indication
BREXAFEMME Continues to Expand Pool of Prescribers in Q1

Prescriber Growth

+14% Mar 2022 vs. Feb 2022

- More than 1,800 unique HCPs prescribed BREXAFEMME in Q1 2022 with 1,100 doing so for the 1st time
- Half of BREXAFEMME prescribers in Q4 2021 used the product again in Q1 2022

Source: IQVIA
BREXAFEMME Has Positive Momentum Entering Q2

- Growing BREXAFEMME prescription (TRx) volume through effective field execution and marketing
- Monthly growth in BREXAFEMME prescribing behavior came from adding new prescribers & broader adoption among repeat prescribers

Source: IQVIA
BREXAFEMME Continues to Secure Favorable Formulary Coverage

Coverage Growth
Commercial Lives
+15% Q1 2022 vs. Q4 2021

• Over 93 million (55%) of commercially-insured patients are covered for BREXAFEMME as of Q1 2022
• Large PBMs and payers have been responsive to the high unmet need and clinical value of the first (and only) non-azole oral therapy to treat vaginal yeast infections

Source: MMIT
The Differentiating Benefits of BREXAFEMME Motivate Prescribers*

✓ First and only oral fungicidal therapy that cures vaginal yeast infections¹
✓ Rapid symptom relief with complete cure after receiving one-day, oral dose**
✓ Active against all Candida species that cause VVC, including azole-resistant strains²
✓ High tissue penetration

BREXAFEMME should not be used during pregnancy. Please see full prescribing information at BREXAFEMME.com

(1) BREXAFEMME Prescribing Information. SCYNEXIS, Inc.; 2021. (2) Data on File. SCYNEXIS, Inc., Jersey City, NJ
*Source: ATU Market Research Conducted post launch in Q4 2021
**Post hoc analyses of mITT data
Cumulative Momentum Continues to Build Entering Q2

**OPTIMIZED SALES FORCE EXECUTION**
Incorporating recent learnings and payer coverage wins

**GREATER HCP CONFIDENCE**
HCPs seeking a fungicidal option givenazole limitations & increasing resistance

**PATIENT ACTIVATION**
“Say No More” DTP to activate patients seeking yeast infection treatment

**INCREASING BASE OF PRESCRIBERS**
Prescribers using BREXAFEMME in more than one patient continues to increase

**HYPER-FOCUSED TARGETING**
Plan to focus patient efforts within key geographies with target prescribers
Future Expansion of the BREXAFEMME VVC Franchise

• sNDA for prevention of recurrent VVC in Q2 2022 with potential FDA approval by end of 2022
  • Based on the positive Phase 3 Study CANDLE vs. Placebo

Primary Endpoint was Clinical Success
(i.e. no recurrences, not even suspected ones)

65.4% of patients receiving ibrexafungerp achieved Clinical Success* vs. placebo by having no recurrence at all (p=0.02)

Sustained Clinical Response

Sustained response over the three-month follow-up period (p=0.034)

• Activity of ibrexafungerp in fluconazole failure patients with VVC
  • 24 VVC patients who failed to respond to a three-day regimen of fluconazole
  • 71% successfully achieved a significant reduction or elimination of signs and symptoms after one-day treatment with ibrexafungerp

*Clinical Success defined as absence of confirmed, presumed, or even suspected recurrence.
Ibrexafungerp for Hospital

The Next Wave of Potential Indications
**Oral Ibrexafungerp to Address Multiple Unmet Needs in the Hospital Setting**

<table>
<thead>
<tr>
<th>Invasive Candidiasis</th>
<th>Refractory/Resistant Infections</th>
<th>Invasive Aspergillosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MARIO</strong></td>
<td><strong>FURI</strong></td>
<td><strong>SCYNERGIA</strong></td>
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<tr>
<td>Phase 3, randomized,</td>
<td>Phase 3, open label trial in</td>
<td>Phase 2, randomized</td>
</tr>
<tr>
<td>oral step-down</td>
<td><em>Candida, Aspergillus</em> and</td>
<td>trial in</td>
</tr>
<tr>
<td>trial in</td>
<td>mucormycosis</td>
<td>invasive pulmonary</td>
</tr>
<tr>
<td><em>Candida auris</em></td>
<td></td>
<td>aspergillosis</td>
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<tr>
<td>infections</td>
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<tr>
<td>Two interim analysis</td>
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</tbody>
</table>

**CARES**
Phase 3, open label trial in *Candida auris* infections
Two interim analysis reported

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**Timeline and Key Milestones**

<table>
<thead>
<tr>
<th>Year</th>
<th>Invasive Candidiasis (IC) and/or Candidemia</th>
<th>Refractory Invasive Fungal Infections (Designed for LPAD eligibility)</th>
<th>Invasive Aspergillosis (Combination Therapy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>Interim Data H1:21</td>
<td>Interim Data H1:21</td>
<td>P2 study (SCYNERGIA) Ongoing</td>
</tr>
<tr>
<td>2022</td>
<td>P3 Study #302 (MARIO) Initiating</td>
<td>FURI Study (open-label, refractory IFIs) Ongoing</td>
<td>Data H2:22</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Data H1:24</td>
</tr>
<tr>
<td>2023</td>
<td></td>
<td></td>
<td>Data H1:24</td>
</tr>
<tr>
<td>2024</td>
<td></td>
<td></td>
<td>Data H1:24/FDA IC Approval H2:24</td>
</tr>
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<td></td>
<td></td>
<td>NDA Filing H1:24</td>
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<tr>
<td></td>
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<td>Approval Other Ind. H2:24</td>
</tr>
</tbody>
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April 2022 – Interim Analyses of FURI-CARES
DRC Reviewed Global Response at End of Treatment

The most common pathogens were *Candida glabrata* (34%), *C.albicans* (34%), *C.auris* (14%), *C.krusei* (7%), and *Aspergillus* spp. (8%)

<table>
<thead>
<tr>
<th>Global Response</th>
<th>Aggregate FURI+ CARES n= 131</th>
<th>FURI n=113 (86%)</th>
<th>CARES n=18 (14%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete, Partial Response or Clinical Improvement a</td>
<td>80 (61.1%)</td>
<td>66 (58.4%)</td>
<td>14 (77.8%)</td>
</tr>
<tr>
<td>Stable Disease</td>
<td>29 (22.1%)</td>
<td>27 (23.9%)</td>
<td>2 (11.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>109 (83.2%)</td>
<td>93 (82.3%)</td>
<td>16 (88.9%)</td>
</tr>
<tr>
<td>No Response b</td>
<td>15 (11.5%)</td>
<td>14 (12.4%)</td>
<td>1 (5.6%)</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>7 (5.3%)</td>
<td>6 (5.3%)</td>
<td>1 (5.6%)</td>
</tr>
</tbody>
</table>

a. Clinical Improvement (vaginal signs and symptoms not greater than 1) is the response defining success for VVC.
b. Includes progression of disease, deaths while on therapy and VVC cases not achieving clinical improvement.
Ibrexafungerp in Invasive Candidiasis

• Ibrexafungerp has shown activity against most fluconazole-resistant *Candida* strains

• Ibrexafungerp has shown activity against >70% echinocandin-resistant *Candida* strains
  • Provides additional potential benefit as step-down and salvage

• Ibrexafungerp achieves high concentrations in tissues often involved in invasive candidiasis (e.g., liver, spleen, kidney, lung, etc.)

• Oral ibrexafungerp will allow patients to step-down to a potent oral therapy
  • Greater flexibility for patient management
  • Possible earlier hospital discharge with reduced risk of nosocomial infections
  • Potential savings on hospital and outpatient setting cost
Ibrexafungerp

Key Takeaways and Conclusions
Key Takeaways/Conclusion

Ibrexafungerp is a **unique systemic antifungal** with great potential in both community and hospital settings.

**Treatment of VVC is the first of multiple potential indications** for ibrexafungerp. The next one is the prevention of recurrent VVC with anticipated FDA approval at the end of 2022.

Potential approval for **first hospital indication is expected at the end of 2024** as an oral step-down therapy for invasive candidiasis.

With **exclusivity protection until 2035**, ibrexafungerp is expected to become a significant, **long-lasting antifungal franchise** with potential combined peak sales of $700M to $800M (Community + Hospital indications).

Funds and resources to market BREXAFEMME, continue the hospital clinical development program and advance label expansion, with a cash runway into Q1 2024.
Ibrexafungerp
First Representative of a Novel Oral/IV Antifungal Portfolio

May 2022

For further information, visit www.SCYNEXIS.com