Ibrexafungerp
First Representative of a Novel Oral/IV Antifungal Portfolio

August 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.
Committed to positively impacting the lives of patients suffering from difficult-to-treat and often life-threatening infections
Making Ibrexafungerp a Successful Antifungal Franchise

- FDA approval of BREXAFEMME: June 2021
- RVVC regulatory submission: June 2022
- Potential FDA approval in RVVC: Nov. 30, 2022
- MARIO Invasive candidiasis & FURI/CARES regulatory submissions: H1 2024
- Potential approval of stepdown therapy in invasive candidiasis and resistant/refractory hospital infections: H2 2024
- Potential approval of stepdown therapy in invasive candidiasis and resistant/refractory hospital infections: 2025 and beyond
- $700M-$800M Potential Antifungal Franchise: 2025+

Ibrexafungerp
First in class antifungal
Broad spectrum
Oral and IV

2021  2022  2023  2024  2025+

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Corporate Update – Recent Accomplishments

**R&D**
- RVVC sNDA filing accepted and PDUFA set for November 30, 2022
- Phase 3 CANDLE study met its primary and secondary endpoints, along with positive nested sub-study results
- Initiated Phase 3 VANQUISH study
- MARIO enrollment has begun

**Commercial**
- Growth in BREXAFEMME adoption
- Expanded coverage to ~60% commercial lives covered to date
- 5,141 Rx/~ $1.3 million in Q2 2022 net sales revenue
- Preparing for RVVC anticipated label expansion

**Corporate**
- Ended Q2 2022 with $118.7 million cash balance
- Raised $45 million in Q2 2022 with cash runway into Q1 2024
- Keep building broad antifungal franchise
- Pursue international partnerships
**Ibrexafungerp Hospital & Community Clinical Programs**

Exclusivity until 2035 with a stream of potential approvals in several indications

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>Invasive Candidiasis (IC) and/or Candidemia</td>
<td>Treatment of Vulvovaginal Candidiasis (VVC)</td>
</tr>
<tr>
<td></td>
<td>Interim Data March 2021</td>
<td>Approved June 2021</td>
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<td>Refractory Invasive Fungal Infections (Designed for LPAD eligibility)</td>
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<td>FURI Study (open-label, refractory IFIs) Ongoing</td>
<td>Positive Data Feb 22</td>
</tr>
<tr>
<td></td>
<td>Interim Data March 2021</td>
<td>P3 (CANDLE) Completed</td>
</tr>
<tr>
<td>2023</td>
<td>CARES Study (open-label, <em>Candida auris</em>) Ongoing</td>
<td>Treatment of VVC, Further Research</td>
</tr>
<tr>
<td></td>
<td>Interim Data April 2022</td>
<td>eNDA RVVC Filing June 2022</td>
</tr>
<tr>
<td>2024</td>
<td>P3 Study (MARIO) Initiated</td>
<td>FDA RVVC Approval Nov 2022</td>
</tr>
<tr>
<td></td>
<td>Data H1:24</td>
<td>Data H1:24</td>
</tr>
<tr>
<td>2025</td>
<td>NDA IC Filing H1:24</td>
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Other potential oral indications: Prophylaxis, Chronic Fungal Infections

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<td>Invasive Aspergillosis (Combination Therapy)</td>
<td>Treatment of Vulvovaginal Candidiasis (VVC)</td>
</tr>
<tr>
<td></td>
<td>P2 study (SCYNERGIA) Ongoing</td>
<td>Approved June 2021</td>
</tr>
<tr>
<td>2022</td>
<td>P1 Liposomal IV (double-blind, placebo-controlled, dose ranging) Completed</td>
<td>Prevention of Recurrent VVC</td>
</tr>
<tr>
<td></td>
<td>Clinical Development: Liposomal IV Formulation</td>
<td>Positive Data Feb 22</td>
</tr>
<tr>
<td>2023</td>
<td>Data Q4:22</td>
<td>Treatment of VVC, Further Research</td>
</tr>
<tr>
<td></td>
<td>Data H1:24</td>
<td>P3 (CANDLE) Completed</td>
</tr>
<tr>
<td>2024</td>
<td>NDA Filing for IV H1:25</td>
<td>eNDA RVVC Filing June 2022</td>
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<tr>
<td></td>
<td>FDA IV Approval H2:25</td>
<td>FDA RVVC Approval Nov 2022</td>
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Other potential oral indications: Prophylaxis, Chronic Fungal Infections

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<tr>
<td>2023</td>
<td></td>
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</table>
Cash Balance is Strong

Cash and cash equivalents of $118.7 million as of June 30, 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
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
First and only oral fungicidal therapy that cures vaginal yeast infections

Rapid symptom relief with complete cure after receiving one-day, oral dose

Active against all Candida species that cause VVC, including azole-resistant strains

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
Expansion of BREXAFEMME Prescribers Continued in Q2 2022

Prescriber Growth Metrics
+25% Q2 2022 vs. Q1 2022

- Increase in both new and repeat BREXAFEMME prescribers in Q2 2022
BREXAFEMME Continued to Show Growth in Q2 2022

- BREXAFEMME TRx volume grew due to several factors including more effective field execution paired with our new HCP marketing campaign
- Monthly growth in BREXAFEMME prescribing behavior came from adding new prescribers & broader adoption among repeat prescribers

TRx Growth Metrics
+29% Q2 2022 vs. Q1 2022

BREXAFEMME Q2 Monthly TRx Volume

<table>
<thead>
<tr>
<th></th>
<th>Q4'21</th>
<th>Q1'22</th>
<th>Q2'22</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRx Volume</td>
<td>3,674</td>
<td>3,977</td>
<td>5,141</td>
</tr>
</tbody>
</table>

Source: IQVIA
BREXAFEMME Secured Additional Formulary Coverage in Q2 2022

Coverage Growth Metrics
Commercial Lives
+17% Q2 2022 vs. Q1 2022

• Over 109 million (60%) of commercially-insured lives are covered for BREXAFEMME as of Q2 2022
• Large PBM’s and payers have been responsive to the high unmet need and clinical value of the first non-azole therapy to treat vaginal yeast infections

Source: MMIT
Continued Momentum Entering the Second Half of 2022

OPTIMIZED SALES FORCE EXECUTION

FOCUS ON HIGH-VALUE HCPS

PATIENT ACTIVATION

INCREASING BASE OF PRESCRIBERS
Expansion of VVC Franchise
Expansion of the VVC Franchise

sNDA submission for prevention of recurrent VVC was accepted by the FDA

- Priority review granted and given a target regulatory decision date of November 30, 2022
- sNDA was based on the positive Phase 3 CANDLE study, reporting:

**Clinical Success**
(i.e., no recurrences, not even suspected ones at TOC, Week 24) achieved by

65.4% of patients receiving ibrexafungerp (p=0.02 vs. placebo)

**No mycologically proven Recurrence**
(at TOC, Week 24) achieved by

70.8% of patients receiving ibrexafungerp (p=0.02 vs. placebo)

If approved for this second indication, BREXAFEMME would be the first and only product approved in the U.S. for both:

- the **treatment of vulvovaginal** candidiasis (VVC) and
- the **prevention of RVVC**
Investigation of Ibrexafungerp in VVC Fluconazole Failures

CANDLE open-label nested sub-study enrolled 24 patients who failed to respond to an initial three-doses of fluconazole given over seven days.

<table>
<thead>
<tr>
<th>One Day Treatment</th>
<th>VSS ≥3 after Fluconazole (N=24) n (%)</th>
<th>VSS ≥3 and + culture after Fluconazole (N=10) n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBX 300mg BID</td>
<td>17 (71%)</td>
<td>8 (80%)</td>
</tr>
</tbody>
</table>

Clinical Success (50% reduction in VSS from Baseline)

**VANQUISH study**, Phase 3b, open label, evaluating ibrexafungerp in subjects with complicated VVC who have failed prior fluconazole therapy:
- Enrollment ongoing
- 150 subject planned from 25 centers in the U.S.
- Data anticipated in Second Half of 2024
Ibrexafungerp for Hospital

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

**Invasive Candidiasis**
- **MARIO**
  - Phase 3, randomized, oral step-down trial in Invasive Candidiasis

**Refractory/Resistant Infections**
- **FURI**
  - Phase 3, open label trial in *Candida, Aspergillus* and mucormycosis
  - Four interim analyses reported

**Invasive Aspergillosis**
- **SCYNERGIA**
  - Phase 2, randomized trial in Invasive Pulmonary Aspergillosis

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

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**2021**
- Invasive Candidiasis (IC) and/or Candidemia
  - Interim Data March 2021
- Refractory Invasive Fungal Infections (Designed for LFAD eligibility)
  - FURI Study (open-label, refractory IFIs) Ongoing
  - Interim Data April 2022
- Invasive Aspergillosis (Combination Therapy)
  - CARES Study (open-label, *Candida auris*) Ongoing

**2022**
- P3 Study (MARIO) Initiated
- Interim Data April 2022
- Interim Data H1:23
- Interim Data H1:24

**2023**
- Data H1:24
- Data H1:24
- Data H1:24

**2024**
- FDA IC Approval H2:24
- NDA Filing H1:24
- Approval Other Ind., H2:24

**2025**
- NDA Filing H1:24

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## April 2022 – Interim Analyses of FURI-CARES

**DRC Reviewed Global Response at End of Treatment**

### Global Response

<table>
<thead>
<tr>
<th></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><strong>Complete, Partial Response or Clinical Improvement</strong>&lt;sup&gt;a&lt;/sup&gt;</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><strong>Total</strong></td>
<td>109 (83.2%)</td>
<td>93 (82.3%)</td>
<td>16 (88.9%)</td>
</tr>
<tr>
<td>No Response&lt;sup&gt;b&lt;/sup&gt;</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>

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<sup>a</sup> Clinical Improvement (vaginal signs and symptoms not greater than 1) is the response defining success for VVC.

<sup>b</sup> Includes progression of disease, deaths while on therapy and VVC cases not achieving clinical improvement.

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The most common pathogens were **Candida glabrata** (34%), **C.albicans** (34%), **C.auris** (14%), **C.krusei** (7%), and **Aspergillus** spp. (8%).
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
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 and as salvage setting in invasive fungal infections.

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

August 2022

For further information, visit www.SCYNEXIS.com