



SCYNEXIS



BREXAFEMME®

ibrexafungerp tablet, 150 mg

for the Treatment of VVC

Commercial Update Call

June 29, 2021

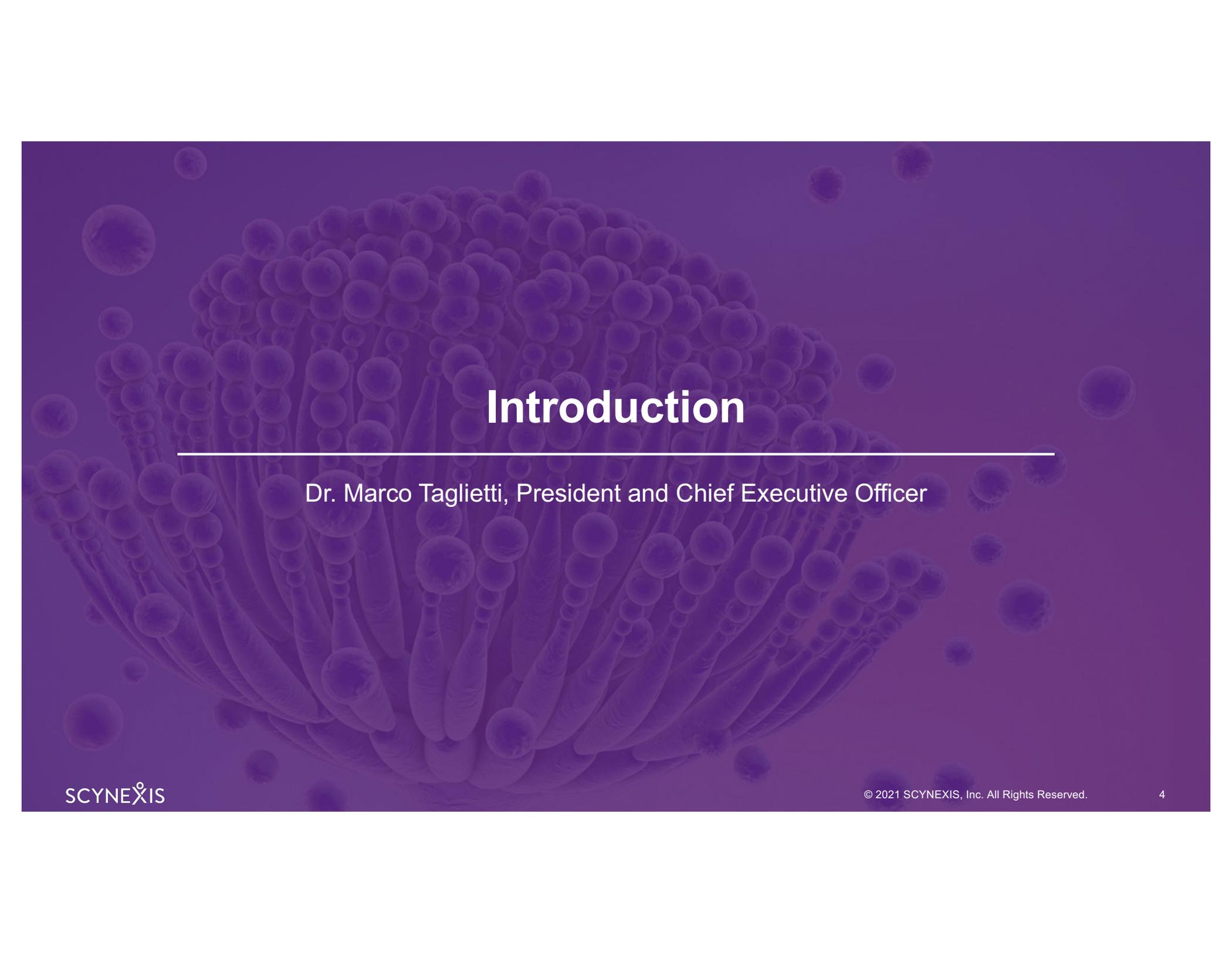
US-BREX-2100003

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, 2020 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.

Agenda

| | | | | | |
|-----------------------------------|---|---|--|----------------------------|-----------------------------------|
| 12:00 | 12:10 | 12:30 | 1:00 | 1:10 | 1:30 |
| Introduction | VVC Treatment Landscape | Commercial Update | Financial Update | Q&A Session | Closing Remarks |
| Dr. Marco Taglietti CEO | KOL: Dr. Michael Krychman | Christine Coyne Chief Commercial Officer | Eric Francois Chief Financial Officer | Open to all | Dr. Marco Taglietti CEO |



Introduction

Dr. Marco Taglietti, President and Chief Executive Officer

**Now
APPROVED!**

BREXAFEMME®
(ibrexafungerp 150 mg tablets)



The **5** Reasons
Why
we expect
BREXAFEMME
will be a
Success

Medical Need

- VVC is a problem
- It is common and it is serious
- It affects multiple dimensions of well-being
- If improperly treated, it can result in long-term problems for the patient

Disruptive Innovative Solution

- **First new oral class in VVC in over 25 years**
- **Different mechanism of action**
- **Favorable attributes**
- **One-day dose regimen**
- **Let's stop relying just on azoles!**



We are the Loudest and Only Voice in VVC

- No other antifungals are being promoted in the VVC space
- No one else is engaging with patients
- Generics are not promoted
- HCPs and patients are eager to try something new



Operational Excellence

- **SCYNEXIS' track record in strong execution**
- **Experienced team in place**
- **Partnership with Amplify**



Resources

- Cash and access to cash to execute launch
- Potential for continued monetization of our worldwide patent rights

BANK

VVC is Only the Beginning

- Treatment of VVC is the first of several indications planned for ibrexafungerp
- Solution for community AND hospital fungal infections
- At least 14 years of patent protection to build a long-lasting anti-fungal franchise



Vulvovaginal Candidiasis from a Provider Perspective

Michael Krychman, MD

Health Science Clinical Professor at the University of California Irvine,
Division of Gynecological Oncology

Relevant Disclosure: Consultant for SCYNEXIS

Bio: Michael Krychman, MD



Board Certified: Obstetrics and Gynecology



Health Science Clinical Professor at the University of California Irvine,
Division of Gynecological Oncology



Executive Director of the Southern California Center for Sexual Health
and Survivorship Medicine, Newport Beach California

Ann's Clinic
UCI Health

Medical Director of Ann's Clinic, a high-risk program for Breast and
Ovarian Cancer Survivors



Former Co-Director of The Sexual Medicine and Rehabilitation
Program at Memorial Sloan-Kettering Cancer

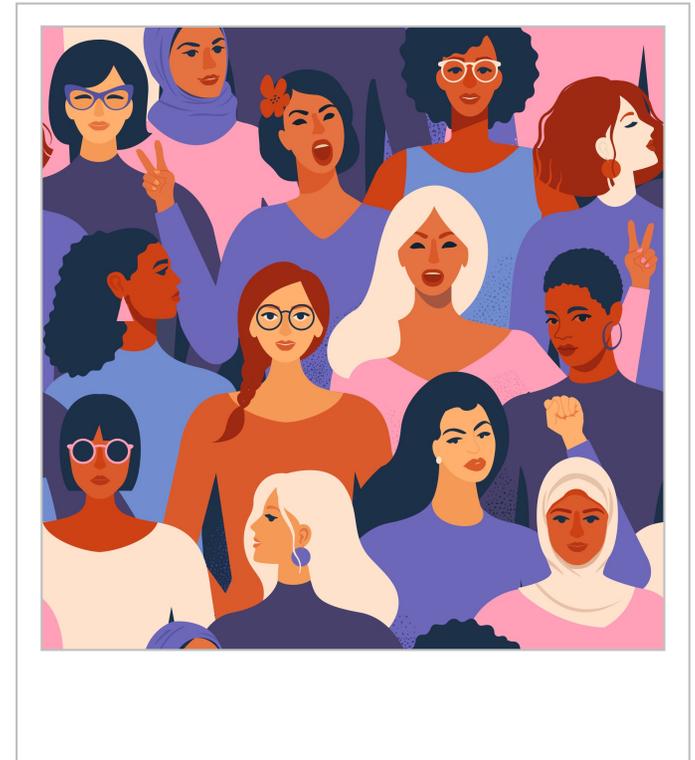
Vulvovaginal Candidiasis Background

75% of all women experience at least one episode of VVC during their lifetime¹
45% of women will have 2–5 episodes of VVC²

10 million office visits per year for vaginal symptoms³
20–25% for *Candida* infections³

***Candida* spp.** VVC caused by multiple *Candida* species
Candida albicans*, *Candida glabrata

Azoles Had been the only treatments FDA approved for VVC²
Majority of women prefer oral therapy to topical⁴



References: 1. Azie N, et al. *Expert Opin Investig Drugs*. 2020;29(9):893-900. 2. CDC. STD Treatment Guidelines 2015. 3. Anderson MR. *JAMA*. 2004;291(11):1368-1379. 4. Sobel JD. *Women's Health*, (1) 2: 253-261.

VVC Physical Signs and Symptoms

Typical Signs^{1,2}

- Perineal edema (swelling)
- Vulvovaginal erythema (redness)
- Fissures
- Excoriations (abrasions from scratching)
- Abnormal vaginal discharge

Typical Symptoms^{1,3}

- Pruritus (itchy skin)
- Irritation
- Burning
- Soreness
- Dyspareunia (painful intercourse)
- Dysuria (painful urination)

These Signs and Symptoms Are Nonspecific, Making It Difficult to Differentiate from Other Causes of Vaginitis, Leading to Potential Subsequent Suboptimal Care^{2,3}

1. Sobel JD. *Am J Obstet Gynecol*. 2016;214(1):15-21. 2. Marot-Leblond A, et al. *J Clin Microbiol*. 2009;47(12):3821-3825. 3. Gonçalves B, et al. *Crit Rev Microbiol*. 2016;42:905-927.

VVC Negatively Affects Several Aspects of a Patient's Well-Being¹



Psychological Distress

- Reduced confidence/self-esteem^{2,3}
- Irritability, stigmatization, stress^{1,3,4}
- Embarrassment in discussing symptoms^{1,3}



Impact on Intimate Relationships

- Interrupted sexual function and satisfaction^{1,2,4}
- Additional concerns in women of childbearing age⁵



Impact on Productivity

- Reduced job performance and employment^{1,3}
- Lower ability to perform daily activities^{1,2}
- Reduced engagement with their environment^{1,3}

References: 1. Fukazawa EI, et al. *Arch Gynecol Obstet*. 2019;300(3):647-650. 2. Denning DW, et al. *Lancet Infect Dis*. 2018;18(11):e339-e347. doi:10.1016/S1473-3099(18)30103-8. 3. Adolfsson A, et al. *Adv Sexual Med*. 2017;7:1-19. doi:10.4236/asm.2017.71001. 4. Moshfeghy Z, et al. *J Turk Ger Gynecol Assoc*. 2020;21(2):90-96. 5. Zeng X, et al. *Biomed Res Int*. 2018;2018:9703754. doi:10.1155/2018/9703754.

VVC Is Associated With a Significant Economic Burden



Lost Productivity

- Up to **\$14.4B** annually in high-income countries¹
- **\$4.7B** in the United States²
- **~33 work hours** lost per year^{1,3}

Due to the widespread availability and use of OTC antifungals to treat VVC symptoms, the true economic impact of VVC is not well-defined^{1,4}

OTC=over-the-counter.

References 1. Denning DW, et al. *Lancet Infect Dis*. 2018:e339-e347. 2. Denning DW, et al. *Lancet Infect Dis*. 2018:e339-e347 [supplementary appendix]. 3. Aballéa S, et al. *Health Qual Life Outcomes*. 2013;11:169. doi:10.1186/1477-7525-11-169. 4. Sobel JD. *Am J Obstet Gynecol*. 2016;214(1):15-21.

Previously Only One Class of Medications Was FDA Approved for VVC¹

Number of Drug Classes Indicated for Medical Conditions¹⁻⁴



Current Treatment Recommendations Issued by the CDC for the Treatment of Uncomplicated VVC Include Only the Azole Drug Class¹

CDC = Centers for Disease Control and Prevention; **UTI** = urinary tract infection.

References: 1. Centers for Disease Control and Prevention. 2015 sexually transmitted diseases treatment guidelines. <https://www.cdc.gov/std/tg2015/candidiasis.htm>. Accessed February 4, 2021.

2. Gupta K, et al. Clin Infect Dis. 2011;52(5):e103-20. doi:10.1093/cid/ciq257. 3. American Heart Association. Know diabetes by Heart™. https://knowdiabetesbyheart.org/wp-content/uploads/2020/04/KDBH_UnderstandingMeds_bookletFinal.pdf. Accessed February 4, 2021.

4. American Heart Association. Types of blood pressure medications. https://knowdiabetesbyheart.org/wp-content/uploads/2020/04/KDBH_UnderstandingMeds_bookletFinal.pdf. Accessed February 4, 2021.

Guidelines for Treatment of Uncomplicated & Complicated VVC – Prescription Regimens

Treatment Options for Uncomplicated and Complicated VVC Are the Same, the Only Difference is in the Duration of Use

Uncomplicated

Intravaginal Agents^{1,2*†}

| | |
|---------------------|---|
| Butoconazole | 2% cream 5 g intravaginally in a single application <i>or</i> 0.4% cream 5 g intravaginally daily for 7 days <i>or</i> |
| Terconazole | 0.8% cream 5 g intravaginally daily for 3 days <i>or</i> 80 mg vaginal suppository, once daily for 3 days |

Oral Agents^{1-3*†‡}

| | |
|--------------------|-------------------------|
| Fluconazole | 150 mg in a single dose |
|--------------------|-------------------------|

Complicated* / Severe¹⁻³

Topical azole (Butoconazole or Terconazole) for 10–14 days* or 7–14 days† or 5–7 days‡ *or*

Fluconazole 150 mg orally **every 72 hours x 2–3 doses***†‡

*Includes Recurrent VVC or Severe Symptoms or Nonalbicans candidiasis
Women with diabetes, immunocompromising conditions (e.g., HIV infection), debilitation, or immunosuppressive therapy (e.g., corticosteroids)

* ACOG recommendation. †CDC recommendation. ‡IDSA recommendation.

References: 1. American College of Obstetricians and Gynecologists. Vaginitis in nonpregnant patients. ACOG Practice Bulletin No. 215. *Obstet Gynecol.* 2020;135(1):e1–e17.
2. Centers for Disease Control and Prevention. 2015 sexually transmitted diseases treatment guidelines. <https://www.cdc.gov/std/tg2015/candidiasis.htm>. Accessed February 4, 2021.
3. Pappas PG, et al. *Clin Infect Dis.* 2016;62(4):e1–e50. doi:10.1093/cid/civ933.

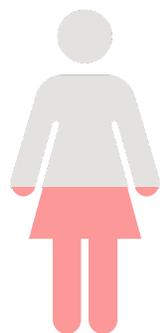
Limitations of Fluconazole Treatment in VVC

- Introduced in 1994 with single dose for VVC
- Fungistatic – doesn't eradicate all *Candida*
- Only one oral therapy available, until now, for treatment of VVC, no other options
 - Women have a strong preference for oral therapy
 - Vaginal creams cause burning, irritation and leakage
- Resistance to *Candida* spp. is growing



Limitations of Fluconazole Treatment in VVC (cont'd)

- Single-dose not effective in majority patients



45%

of patients
didn't achieve
therapeutic cure¹



70%

of patients
need more
than one dose²



**Prescribing
trends:**
multiple
doses and
multiple
refills²

**Previously, Patients Who Failed Fluconazole Had No Other Oral Alternatives...
Only More Fluconazole**

1. fluconazole prescribing information, 2. SCYNEXIS Proprietary Analysis of IBM Fluconazole 150mg Claim Data

Real World Patient Cases – VVC Can Affect Women Over Their Lifetime



| Years | 29 | 33 | 37 | 45 | 55 | 62 |
|-------|--|---|---|---------------------------|---------------------|--|
| | Mother with fluconazole resistance & painful intercourse | Female with pelvic pain syndrome due to treatment failure | Female obese diabetic poorly controlled | Female with breast cancer | Female in menopause | Female with rheumatoid arthritis on immunosuppressive medication |

Many Women Want a NEW One-Day Oral Option

Why BREXAFEMME®?

The **first-ever** oral alternative to fluconazole

Approximately **45%** of patients fail fluconazole²

Novel Mechanism of Action

- Fungicidal¹ – Kills *Candida* spp.

Activity against **multiple species** of *Candida*¹

Efficacy in **uncomplicated** and **complicated** VVC patients

Sustained Outcomes at **25** days¹

Simplifying **course of care** for patient and healthcare professional

- Patient friendly, less frustration and anxiety

BREXAFEMME® is indicated for the treatment of post-menarchal females with VVC
BREXAFEMME® is contraindicated in pregnancy, the most frequent adverse events are gastrointestinal in nature

1. BREXAFEMME Prescribing Information. 2. Fluconazole Prescribing Information.

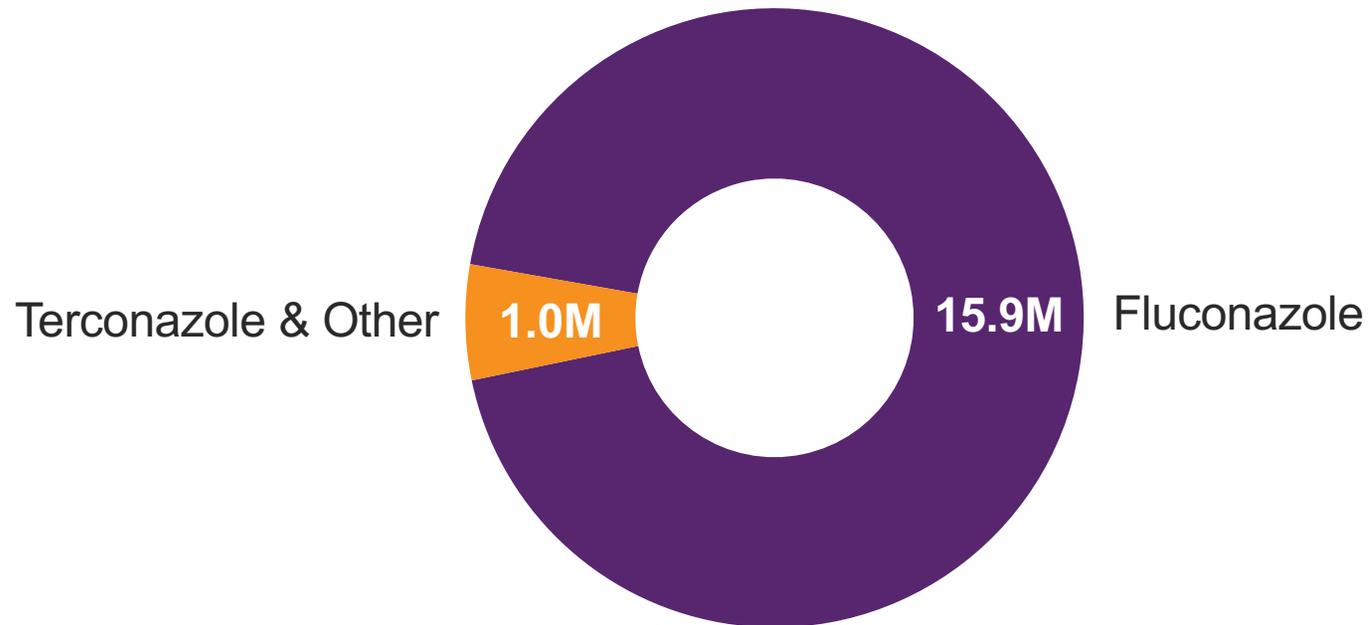


BREXAFEMME[®] (ibrexafungerp tablets) **Commercial Update**

Christine R. Coyne, Chief Commercial Officer

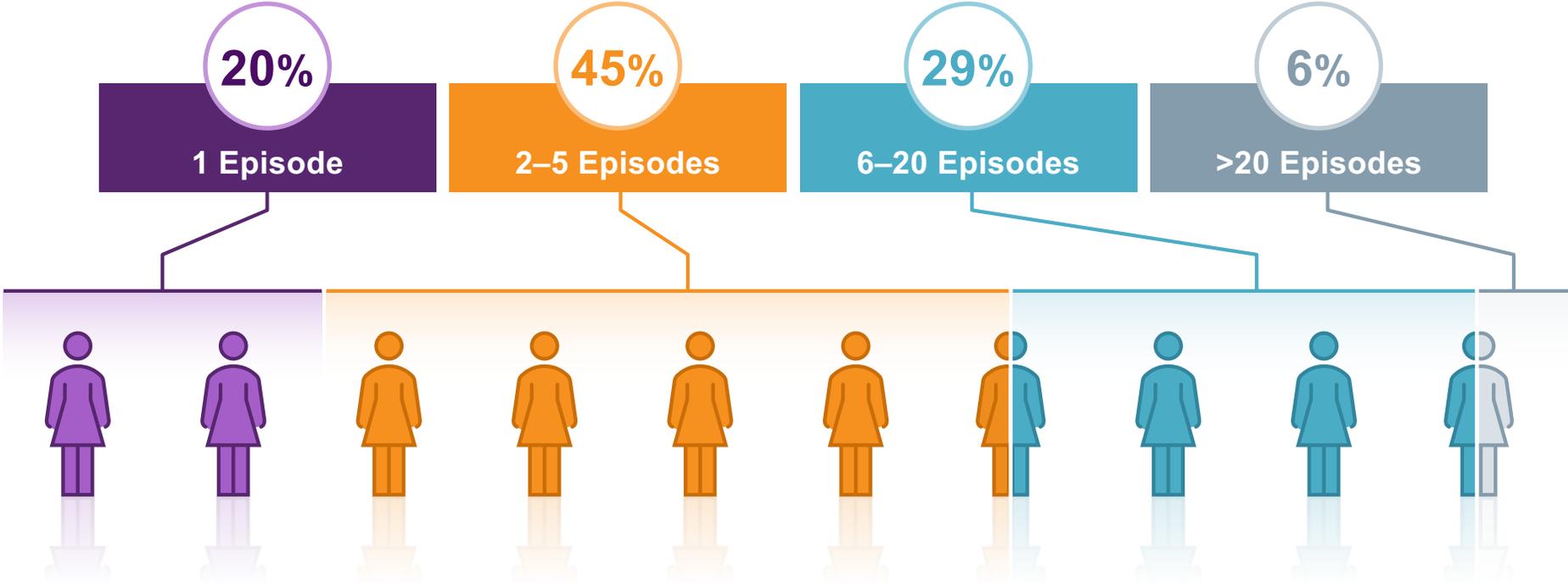
VVC Prescription Market Historically Large and Growing

~17M TRxs Annually



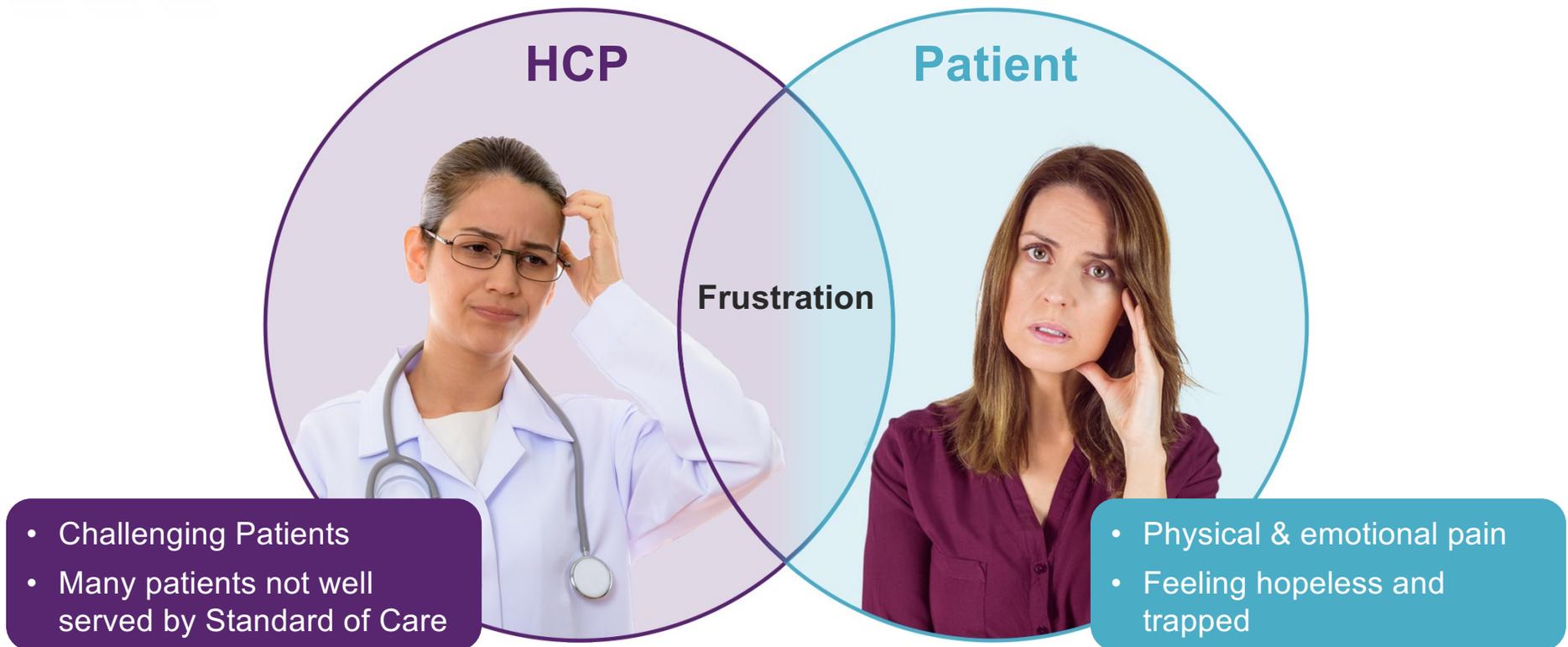
Source: IQVIA Xponent TRx Monthly Data May 2020 - April 2021

Most Patients Suffer from Multiple VVC Episodes



*Based on a study conducted in ~ 2,000 women in the United States and 5 European countries.
Reference: Johnson SR, Griffiths H, Humberstone FJ et al. Attitudes and experience of women to common vaginal infections....
VVC: Vulvovaginal Candidiasis

Both HCPs & Patients Need New VVC Treatment Options



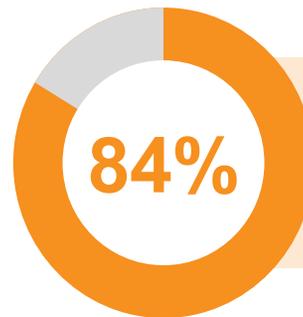
Source: SCYNEXIS Market Research (data on file)

HCPs are Eager to Treat with BREXAFEMME®

“
*We need more oral products.
I would use a new option
right away.*”

“
*Not an azole, this is really
good regarding its DDI
Profile.*”

“
*Really like that this is a new
MoA. It's fungicidal.*”



of HCPs would prescribe **BREXAFEMME** upon patient request

Source: SCYNEXIS Market Research with OBGYNs and NP/PAs (data on file)

HCPs Clearly See When to Use BREXAFEMME®



Patients suffering with **persistent** VVC infections



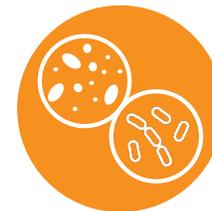
Patients experience **more than one** VVC infection



Patients demonstrating **severe** symptoms



Patients where fluconazole may be **inappropriate**



Patients with **comorbid** conditions

Avoid use of BREXAFEMME® with strong or moderate CYP3A inducers

BREXAFEMME® – A “Modern-Day” Treatment for HCPs & Patients

| | | |
|---|---|---|
|  | Triterpenoid ; novel class |  |
| | Fungicidal vs <i>Candida</i> spp. |  |
| | Half-life ~20 hours |  |
| | Convenient 1 day dosing, with/without food |  |

Safety & Efficacy

| | |
|--|--|
| Resolution of Signs and Symptoms | Durable and complete resolution of signs and symptoms |
| Activity vs. resistant & other <i>Candida</i> strains | Activity vs. resistant strains and broad-spectrum anti- <i>Candida</i> activity |
| Safety profile | Favorable safety profile: no evidence of QTc prolongation or hepatotoxicity |

BREXAFEMME® is indicated for the treatment of post-menarchal females with VVC

BREXAFEMME® is contraindicated in pregnancy, the most frequent adverse events are gastrointestinal in nature

Well Positioned to Launch BREXAFEMME® Successfully

Early Indicators Are Positive

Strong Label

Sales Team Deployment Proceeding to Plan

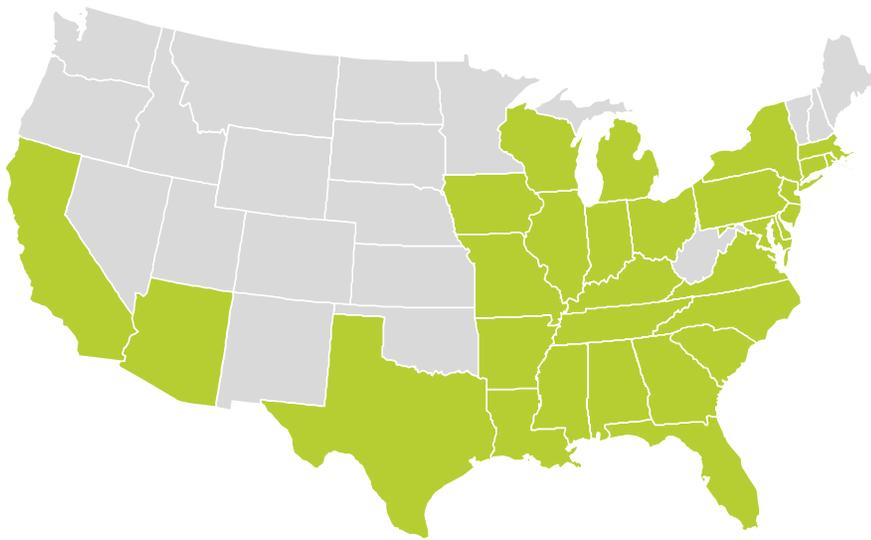
“Now Approved!” Campaign Ongoing, Transitioning to Full Branded Campaign

Payer Engagement, Pricing, and Contracting on Track

Retail Stocking, Co-Pay Card, PA Services, and Telemedicine Implementation

Sales Team Ready to Drive Awareness and Adoption

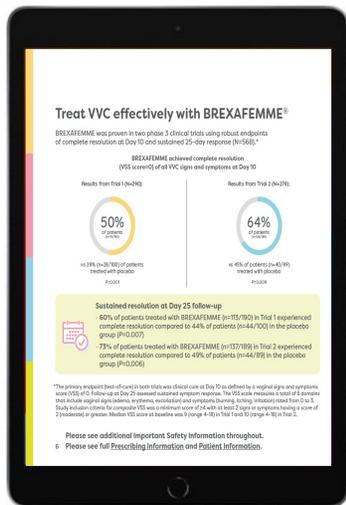
VVC Market Geographically Concentrated



Efficient Deployment

- Primary call points are OBG, NP/PA, and PCP
- Sales team of **70**
- Cover **89%** of the market potential
- Trained for **in-person and virtual** sales calls
- Sales team **fully hired**

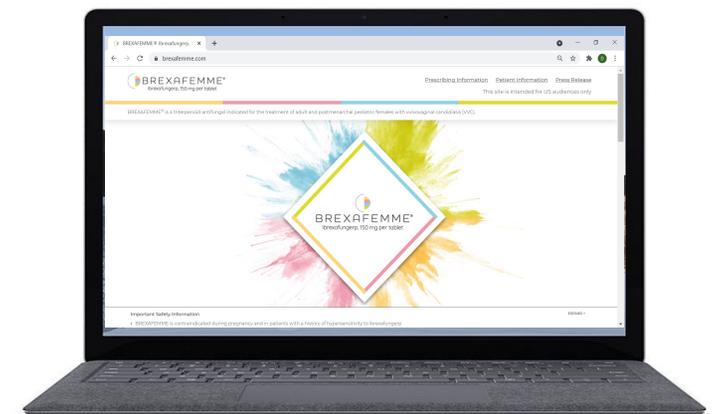
Now Approved BREXAFEMME®: Driving Awareness Pre-Launch



Digital HCP Brochure

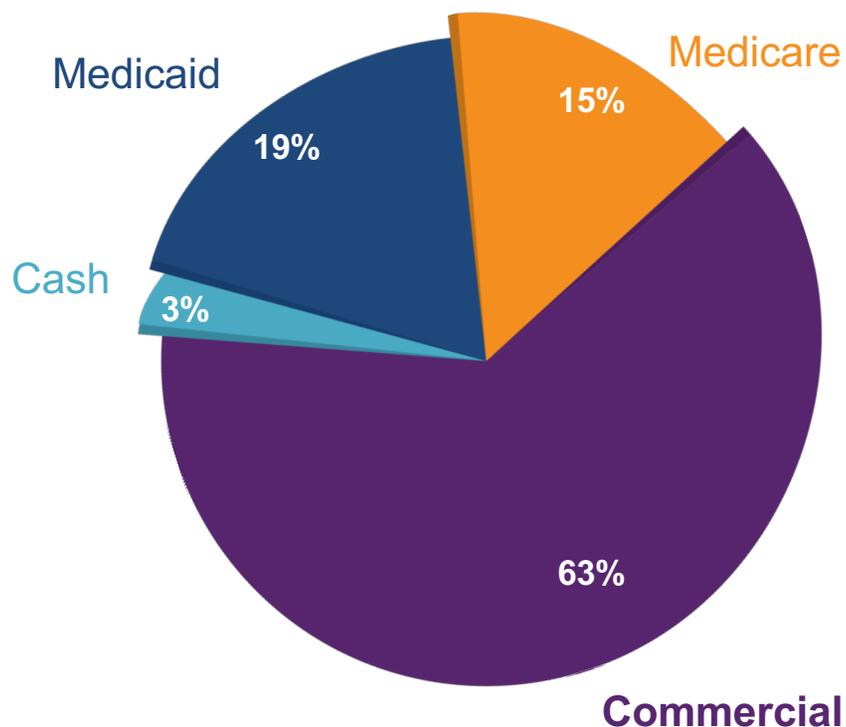


Journal Ad in OBGYN News



HCP Website:
brexafemmeHCP.com

Majority of VVC Patients Are Commercially Insured



Payer Engagement: Strong Progress to Date

- “FDA Approved” Letter Sent to Payers
- Customer meetings with payers covering **70%** of Commercial Lives
- **14** Payer P&T Reviews Scheduled
- Contracting Process Started for Multiple Target Accounts

Source: IQVIA Xponent Weekly Data 5/3/2019 – 4/30/2021; Rx only market

BREXAFEMME® Value Confirmed \$475 WAC* Supported by Key Stakeholders

Patient

- Eager for Something New and Different
- Identified Willingness to Pay Range
- Co-pay Support



Innovation

- Novel MOA
- Oral
- One-Day
- Clinical Evidence



1,600 interviews
Conducted with
HCPs, Payers
and Patients

Physician

- Agree there is Unmet Need
- Understand Innovation and Clinical Value of BREXAFEMME
- Supportive of Price



Payer

- Engaged with Top payers Representing ~180M Commercial Lives
- Unmet Need
- Low Budget Impact and Low Management
- Selective Contracting



*WAC: Wholesale Acquisition Cost

Planned Ecosystem Supports Prescribing and Fulfillment

Retail Channel



- Nationwide RX fulfillment via partnerships with Top Chains
- Big 5 = 85% of All U.S. Pharmacies

PA Services

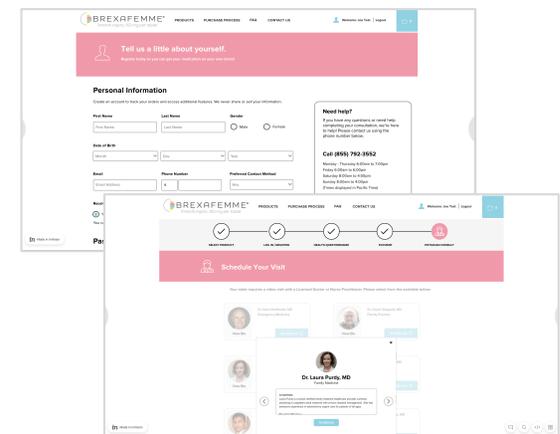


- Improve patient medication accessibility
- Increase patient and HCP satisfaction

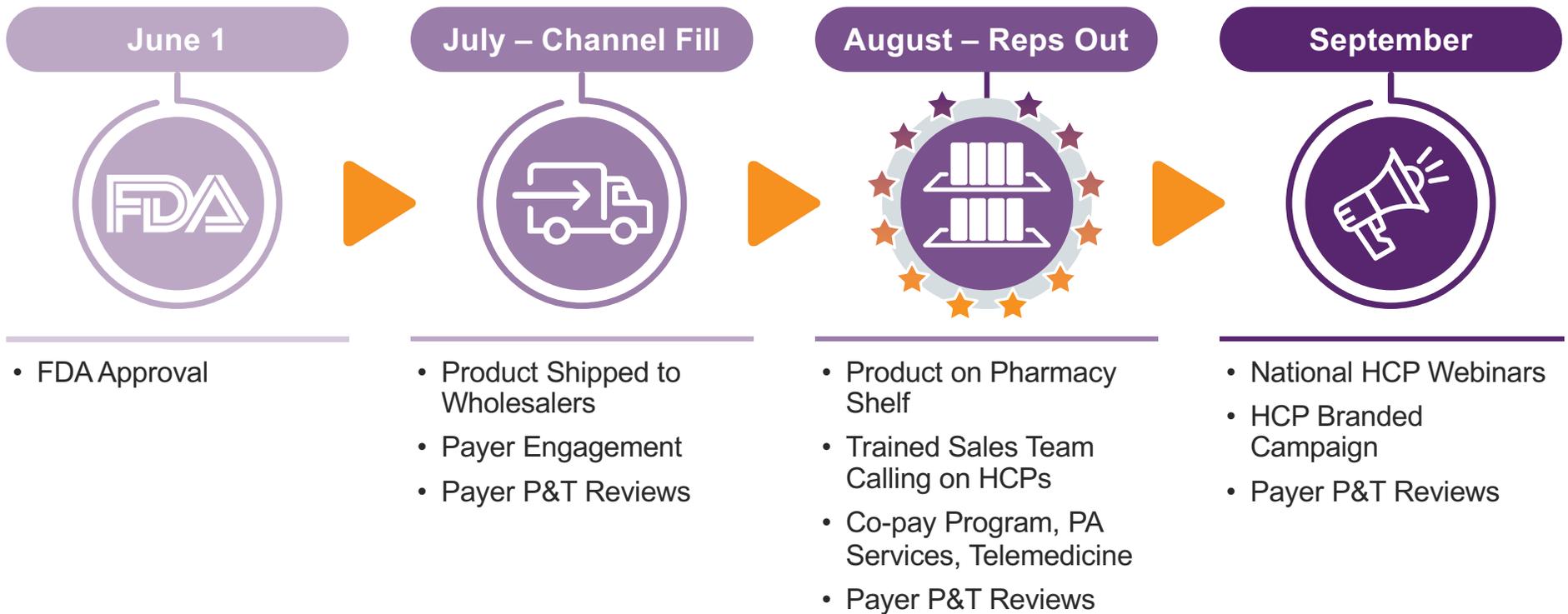
Savings Card



Telehealth (getbrexafemme.com)



BREXAFEMME[®] Commercialization Well On Track



BREXAFEMME® – the Time is Now!

VVC prescription market large and growing

Lack of new oral treatment for more than 25 years

HCPs and patients both frustrated and eager to try newer, non-azole options

HCPs recognize the value of BREXAFEMME one-day oral dosing and novel non-azole MOA

Launch efforts on schedule

For more safety information, including full prescribing information, please visit www.brexafemme.com



Financial Update

Eric Francois, Chief Financial Officer

Balance Sheet is Strong

Cash runway into 2023

Cash and cash equivalents of **\$92M** as of March 31, 2021; and \$30M of debt has been drawn in Q2

Access to **additional \$30M** of non-dilutive debt financing

Eligible to receive up to **\$112M** in development and commercial milestones, plus low double-digit royalties on net product sales from partner Hansoh in Greater China

Potential for additional ex-US business development opportunities

Strong Revenue Potential in VVC Alone

VVC is a large addressable market and BREXAFEMME's positioning is attractive to capture a meaningful share

Based on a \$475 WAC and reasonable penetration assumptions, we anticipate a revenue opportunity in the U.S. of \$400-600M at peak

Potential upside scenarios to the base-case model

Traditional pharma gross-to-net assumptions over time with higher discounts at launch to factor-in our co-pay card program and insurance roll-up

No revenue guidance provided at this point but plan to guide for 2022

Preliminary Expense Considerations

Total annual Operating Expense has historically been around \$50M, with majority dedicated to R&D

Total annual Operating Expense is expected to grow in 2021 due to increase in VVC-related SG&A costs and flatten to the new run rate in 2022

R&D expenses will continue to be opportunistically deployed towards value creating indications in the hospital setting, including the IV formulation

No expense guidance provided at this point but will be in 2022



Questions?

Answers.

Key Takeaways



We have a differentiated product in a landscape badly lacking in innovation



We are ready for the near-term BREXAFEMME[®] launch and are confident in the commercial opportunity



We have adequate resources for the launch, with cash runway into 2023



We continue to maximize the full potential of ibrexafungerp for patients and shareholders