# CIDARA R&D DAY SEPT 21st 2021

CIDARA THERAPEUTICS

# FORWARD-LOOKING STATEMENTS

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The words "believe," "may," "will," "estimate," "promise," "plan", "continue," "anticipate," "intend," "expect," "potential" and similar expressions (including the negative thereof), are intended to identify forward-looking statements. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Such statements include, but are not limited to, statements regarding Cidara's research and development efforts; preclinical and clinical development activities; plans, projections and expectations for and the potential effectiveness, safety and benefits of, its product candidates, including rezafungin, the Cloudbreak platform and CD388; Cidara's ability to successfully commercialize its product candidates, including estimated sales forecasts; the estimated size of the market for its product candidates; and potential ability to achieve milestones under its collaborations with Mundipharma and Janssen, and receipt of the related milestone payments; and advancement of its strategic plans.

This presentation also contains estimates and other statistical data made by independent parties and by Cidara relating to market size and growth and other data about Cidara's industry. These data involve a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. Projections, assumptions and estimates of the future performance of the markets in which Cidara operates are necessarily subject to a high degree of uncertainty and risk, including, Cidara's ability to obtain additional financing; the success and timing of Cidara's preclinical studies, clinical trials and other research and development activities; receipt of necessary regulatory approvals for development and commercialization, as well as changes to applicable statutes and regulations. These and other risks and uncertainties are described more fully in Cidara's filings with the U.S. Securities and Exchange Commission (SEC), under the heading "Risk Factors."

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# PROGRAM OVERVIEW: *JEFFREY STEIN, PHD, CEO*

## REZAFUNGIN

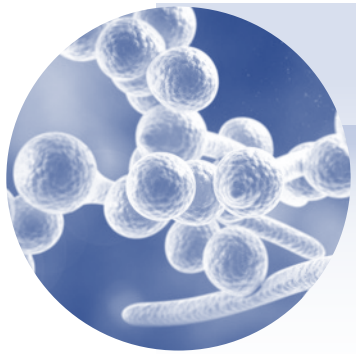
| | | |
|---|---|---|
| Clinical Program Update | Taylor Sandison, CMO | Update on STRIVE, ReSTORE, ReSPECT & DDI-2 trials |
| Hematology Expert | Mark Levis, Johns Hopkins | Challenges in the management of AML patients |
| ID/Fungal Expert | Kieren Marr, Johns Hopkins | Unmet needs in preventing invasive fungal infections |
| Commercial Update | Paul Daruwala, COO | Large addressable commercial opportunity |

## CLOUDBREAK

| | | |
|---|---|---|
| Research Update | Les Tari, CSO | Cloudbreak expansion in viral diseases and beyond |
| Respiratory Viral Expert | Eric Simoes, Univ. of Colorado | Respiratory viral infections: prevention & treatment needs |

# CIDARA INVESTMENT THESIS

*Leading science on long-acting antifungal and antiviral prevention and treatment*



## REZAFUNGIN

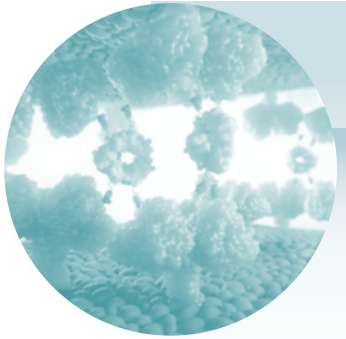
**1st antifungal in 15 years for treatment and prophylaxis indications**

- Treatment – Phase 3
- Prophylaxis – Phase 3
- Validated with Deal

ReSTORE trial: treatment of *candidemia* and *invasive candidiasis*

ReSPECT trial: prevention in high-risk hematology (BMT) setting

$568M ex-US/ex-Japan partnership mundipharma



## CLOUDBREAK AVCs

**Modular immuno-viral platform for prevention & treatment**

- Pan-Influenza (A+B)
- Validated with Deal
- RSV, HIV, SARS2 & others

Develop CD388 as potential to be 1st effective 'universal flu' product

$780M global partnership janssen

Advancing multiple AVC immuno-viral programs

# UP TO $1.3B IN POTENTIAL VALUE FROM EXISTING PARTNERSHIPS

CIDARA THERAPEUTICS | mundipharma

**Program:** Rezafungin | **Rights:** ex-US/Japan

**$568M**

Phase 2 data

- $30M upfront
- $9M equity investment
- $42M in development support
- $487M clin/reg/comm milestones
- Double-digit royalties in the teens

CIDARA THERAPEUTICS | Janssen

**Program:** Influenza | **Rights:** Global

**$780M**

Preclinical data

- $27M upfront
- $58M in R&D support
- $695M clin/reg/comm milestones
- Mid to high single digit royalties

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# REZAFUNGIN UPDATE

# CURRENT ANTIFUNGAL STANDARDS OF CARE HAVE LIMITATIONS

## CLEAR UNMET NEED

**HIGH MORTALITY**

**DRUG-DRUG INTERACTIONS**

**TOXICITIES**

**EXTENDED HOSPITALIZATION**

**POOR PK/PD**

## $4.2 BILLION

**GLOBAL ANTIFUNGAL MARKET**

## 15 YEAR VOID

**NO NEW CANDIDA TREATMENT**

**NO NEW PROPHYLAXIS**

REZAFUNGIN COULD CREATE SIGNIFICANT CLINICAL AND COMMERCIAL VALUE



Source: Global sales for Cancidas – IQVIA; Noxafil – 2018 Merck Annual Report. Antifungal market data from IQVIA, as of December 31, 2017.

# REZAFUNGIN CLINICAL PROGRAM

*TAYLOR SANDISON, MD*
*CHIEF MEDICAL OFFICER, CIDARA*

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# TWO PIVOTAL STUDIES FOR TREATMENT AND PROPHYLAXIS

| | PHASE 3 TREATMENT TRIAL[1] | PHASE 3 PROPHYLAXIS TRIAL[2] |
|---|---|---|
| | ReSTORE | ReSPECT |
| **TARGET INDICATION** | Treatment of candidemia and invasive candidiasis | Prophylaxis against *Aspergillus*, *Candida* & *Pneumocystis* in allogeneic blood and marrow transplant patients |

1. Clinicaltrials.gov NCT03667690 accessed 9 Sep 2021.
2. Clinicaltrials.gov NCT04368559 accessed 9 Sep 2021

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| **OVERALL OBJECTIVE** | FDA: Day 30 All-cause mortality vs SOC<br><br>Expect topline data by end of 2021 | Day 90 Fungal free survival vs SOC |

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3. Phase 3 Primary Evaluable Population size.

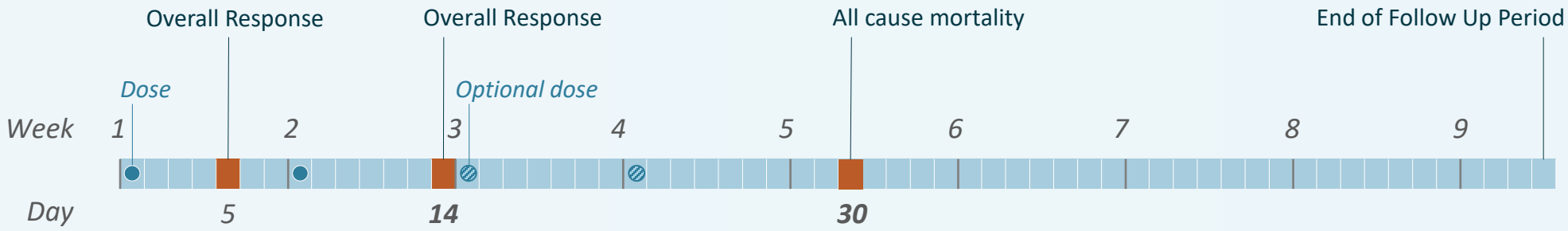
# STRIVE PHASE 2 PROGRAM OVERVIEW

STRIVE[1]

**N= 183**

## Rezafungin

**N= 122**




## Caspofungin

**N= 61**


**ANALYSIS POPULATIONS:**

- The Intent-to-treat (ITT) population: all randomized subjects
- The Safety population: all subjects who received any amount of study drug
- The Microbiological Intent-to-treat population (mITT): all subjects in safety population who had documented *Candida* infection



1. STRIVE Phase 2: CID September, 2020.

# REZAFUNGIN PHASE 2 MET ITS EFFICACY AND SAFETY OBJECTIVES

STRIVE[1]

*Not powered for non-inferiority*

*Comparable efficacy and safety to 1st line agent*

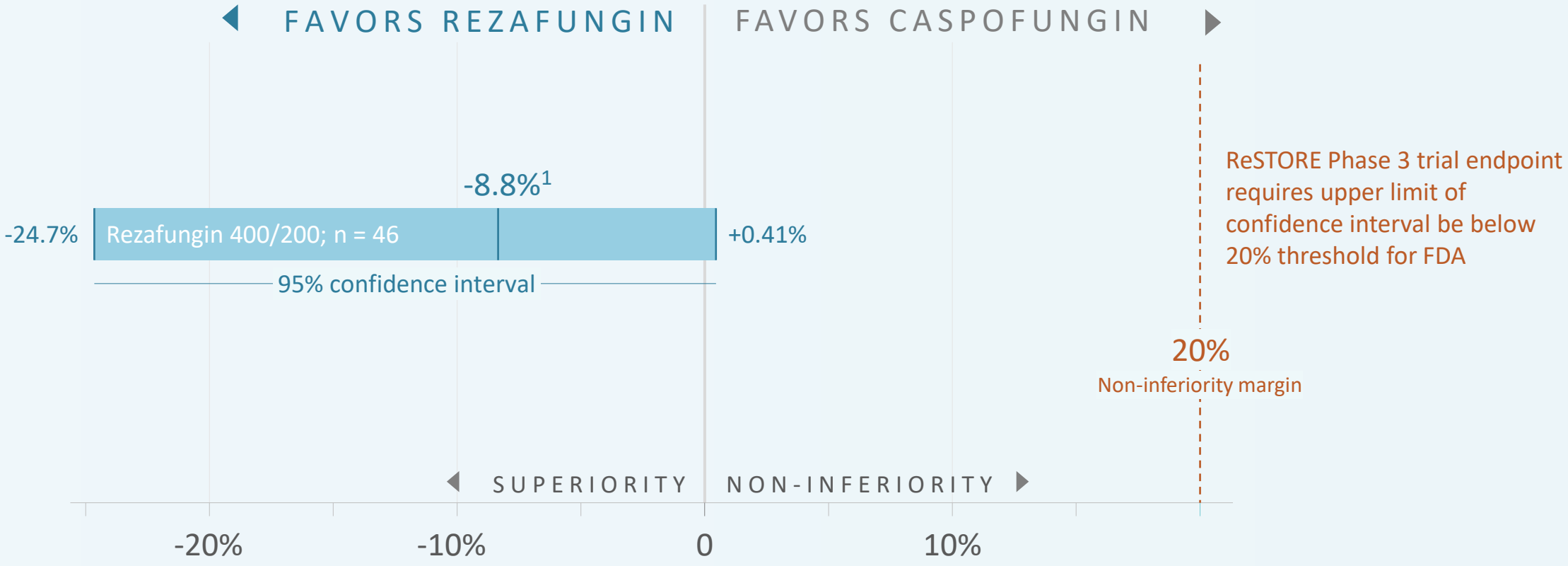
*Superior time to negative blood culture*

*Trends to improved early outcomes*



1. STRIVE Phase 2: CID September, 2020.

# 30-DAY ALL CAUSE MORTALITY – POST HOC ANALYSIS FROM PHASE 2

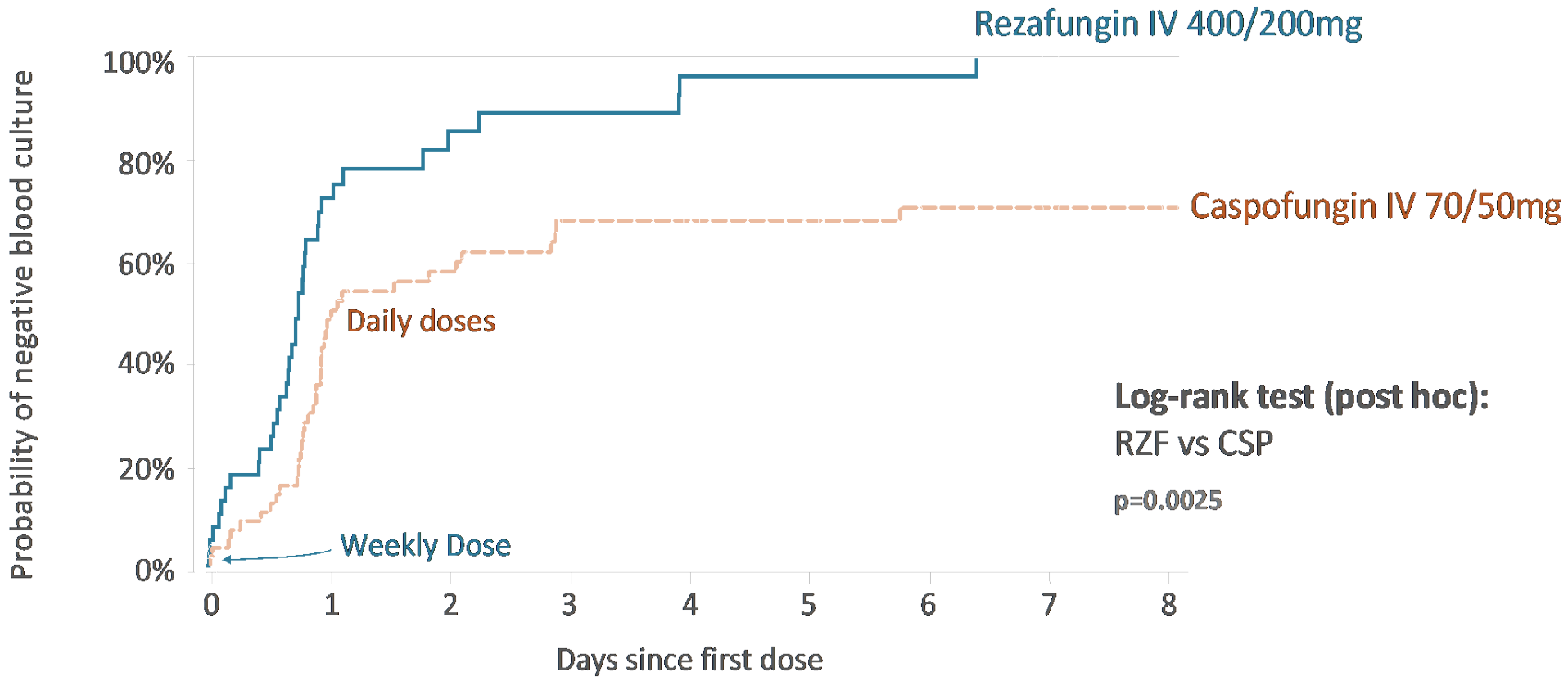



1. Data on file from STRIVE Phase 2 clinical trial.
Using the same analysis method as planned for the Phase 3 study, a two-sided 95% confidence interval (CI) for the observed difference in the ACM rate (relevant Rezafungin group minus caspofungin group) was calculated using the unadjusted method of Miettinen and Nurminen.
Post-hoc analyses do not establish effectiveness and should not be assumed to establish the same outcome in Phase 3.

# PHASE 2: ADDITIONAL BENEFITS MAY BE DUE TO FRONT-LOADED DOSING

## STRIVE PHASE 2 TIME TO NEGATIVE BLOOD CULTURE[1,2]

Once weekly front-loaded dose eradicated fungi earlier than caspofungin dosed daily in Phase 2 STRIVE trial

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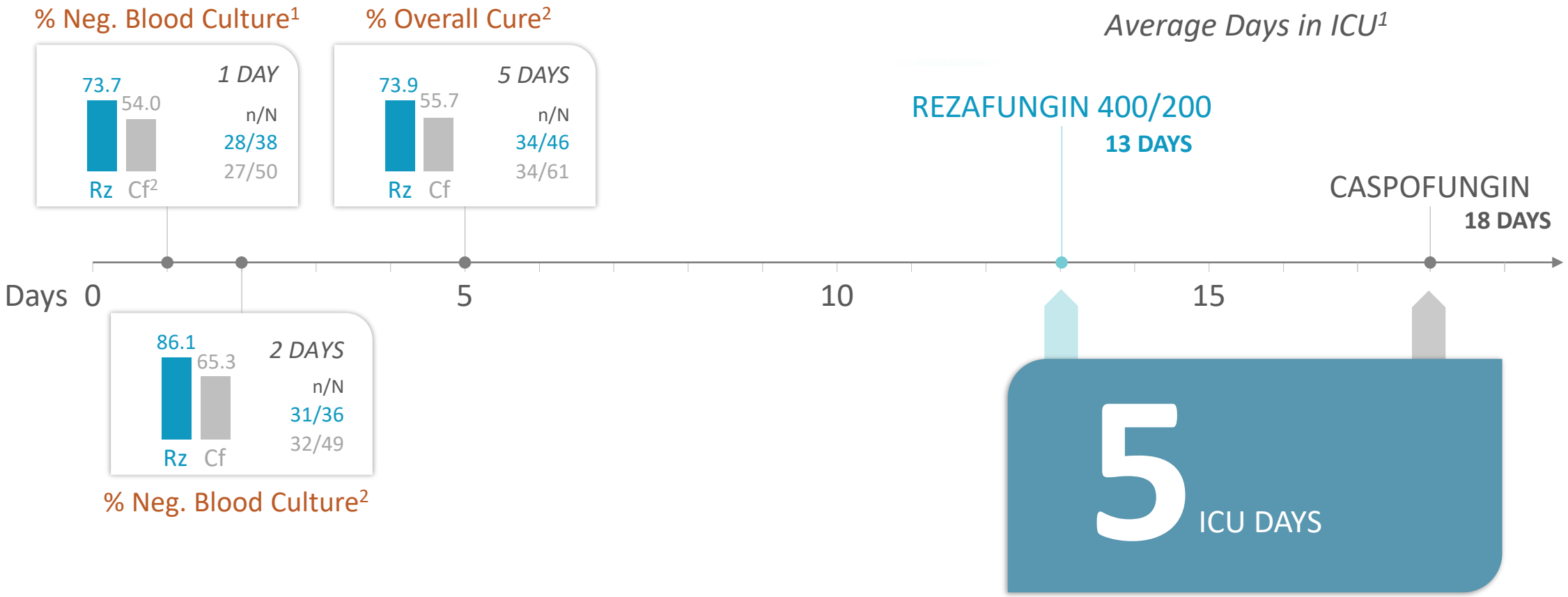
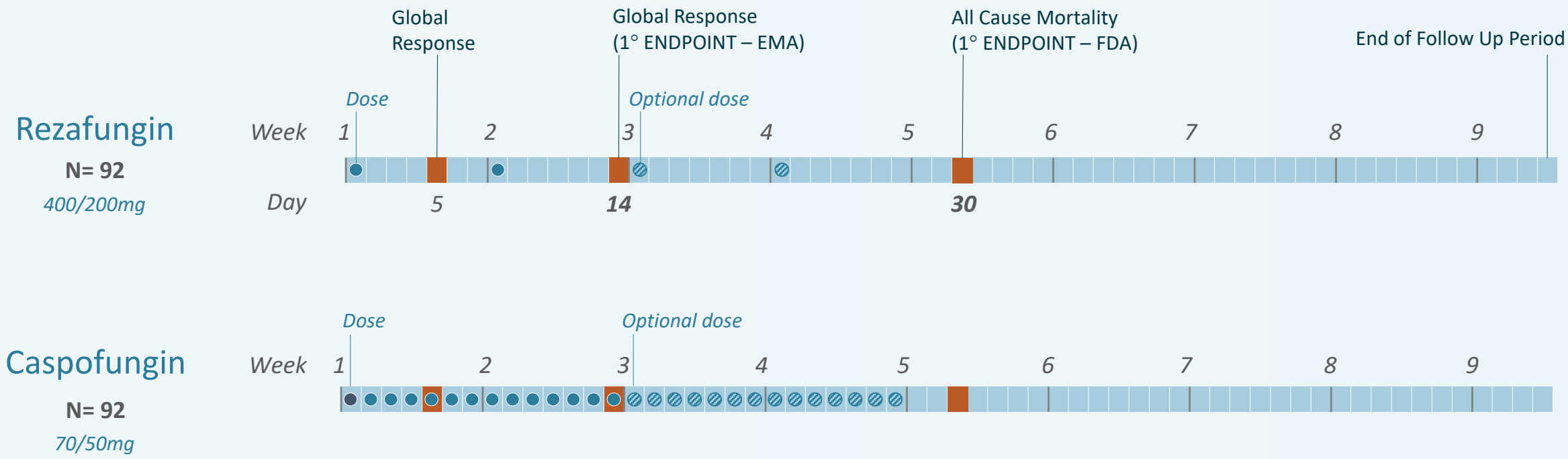





1. Soriano et al. Presented at ISICEM 2021 (Brussels).
2. STRIVE Phase 2: CID September, 2020.

# ReSTORE PHASE 3 PROGRAM OVERVIEW

*Phase 3 ReSTORE + Phase 2 STRIVE = basis for global filings*

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# Rezafungin — Prophylaxis

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# ReSPECT PHASE 3 PROPHYLAXIS TRIAL MAY ENABLE NEW STANDARD OF CARE

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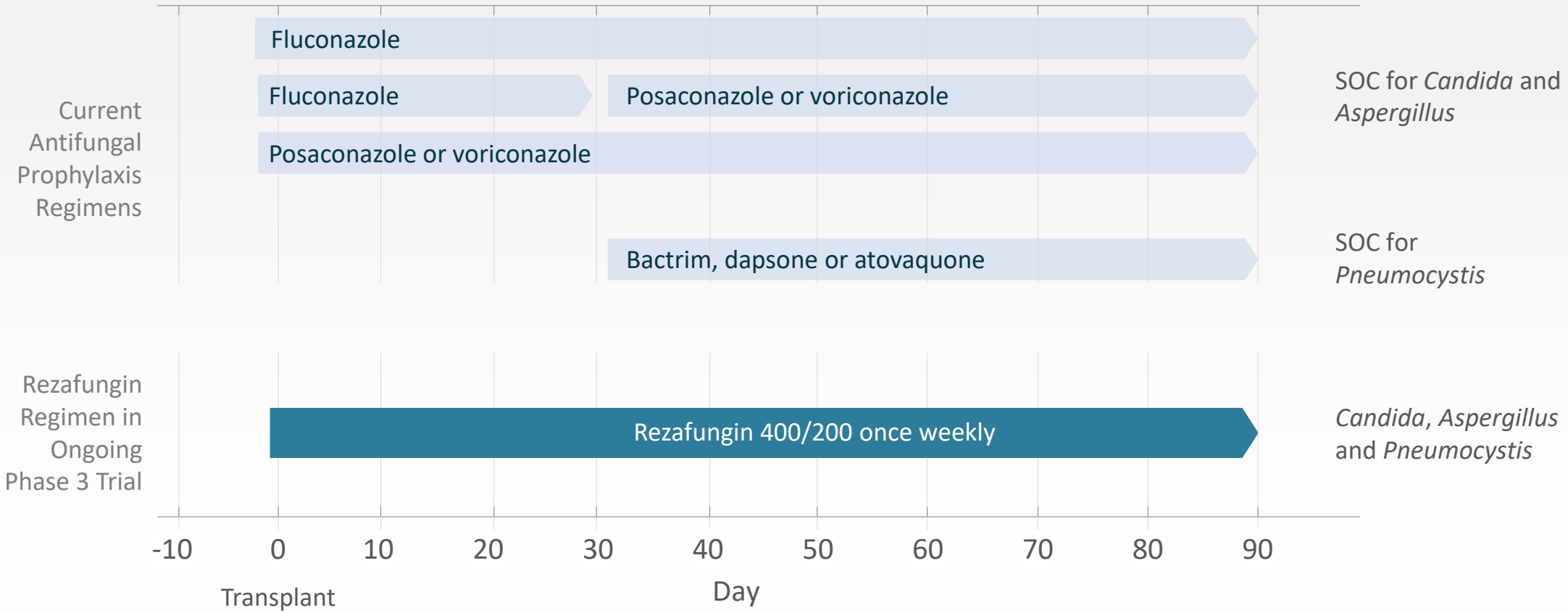
# REZAFUNGIN: DESIGNED TO SIMPLIFY PROPHYLAXIS DOSING REGIMEN

*Antifungal prophylaxis in allogeneic blood and marrow transplant setting*[1,2]

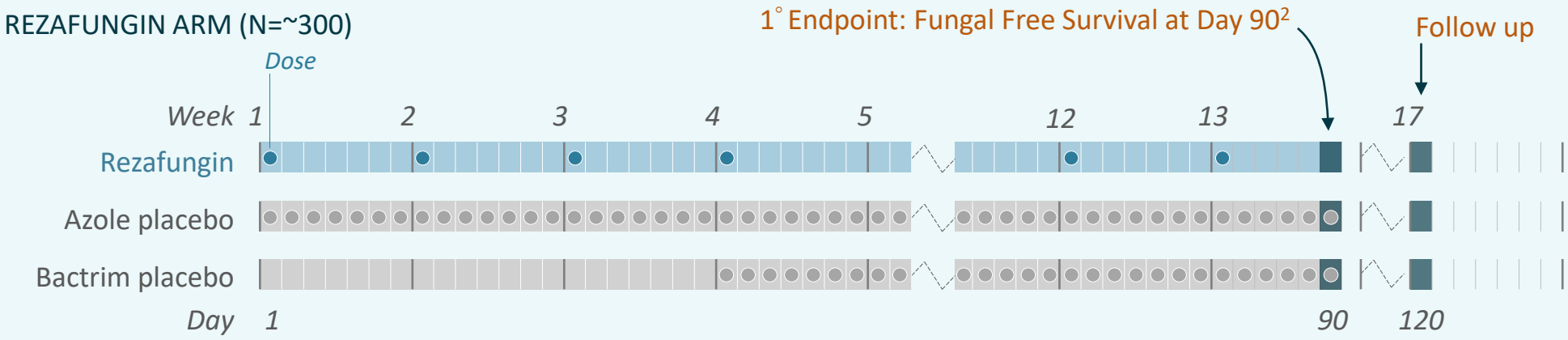




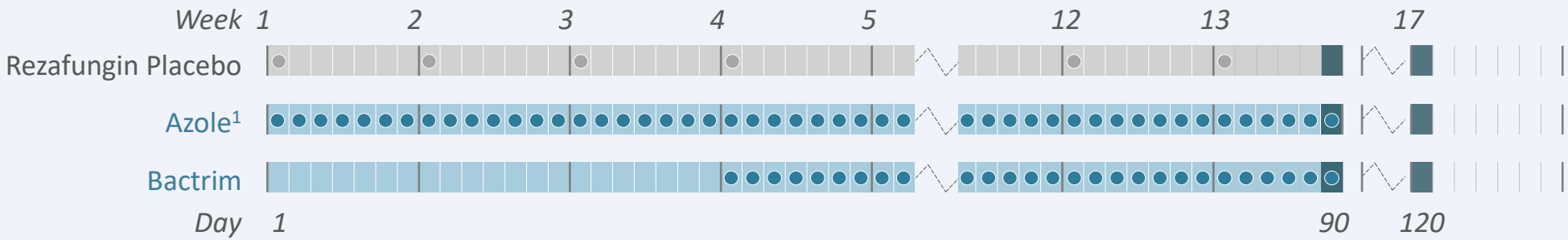

1. Sandison. RICAI 2019 presentation.
2. Tomblyn, et al. Biol Blood Marrow Transplant. 2009;15:1143-238.

# ReSPECT MAY ENABLE REZAFUNGIN TO REPLACE 3 DRUGS

REZAFUNGIN ARM (N=~300)




COMPARATOR ARM (N=~150)




Includes patients with:

AML, MDS, ALL, CML, other leukemia/ lymphoma

1. Fluconazole to start in all patients. Posaconazole switch in patients who develop GVHD per label.
2. Clinicaltrials.gov NCT04368559 accessed 9 Sep 2021.

# UNMET NEED IN PREVENTION OF INVASIVE FUNGAL DISEASE IN CANCER AND TRANSPLANT PATIENTS

*MARK LEVIS, MD AND KIEREN MARR, MD*
*JOHNS HOPKINS UNIVERSITY*

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## Hematologist Viewpoint - Setting up the problem

# Management of AML


MARK LEVIS, MD

PROGRAM LEADER, HEMATOLOGIC MALIGNANCIES AND BONE MARROW TRANSPLANT PROGRAM, SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER

PROFESSOR OF ONCOLOGY

JOHN'S HOPKINS UNIVERSITY SCHOOL OF MEDICINE

# AML Incidence and Mortality Rates

## AML in the US:

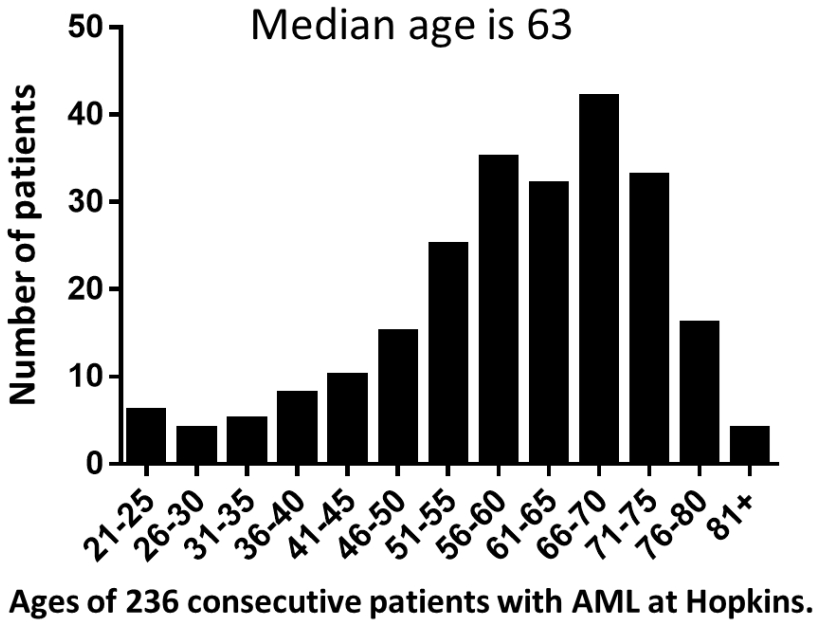
20,240 new cases/year

- Compare with lung cancer: 235,760 cases/year

11,400 deaths/year

- Compare with lung cancer: 131,880 deaths/year

## AML at Hopkins:




Ages of 236 consecutive patients with AML at Hopkins.

Source: CA CANCER J CLIN 2021; 71:7–33

# AML is frequently a medical emergency…

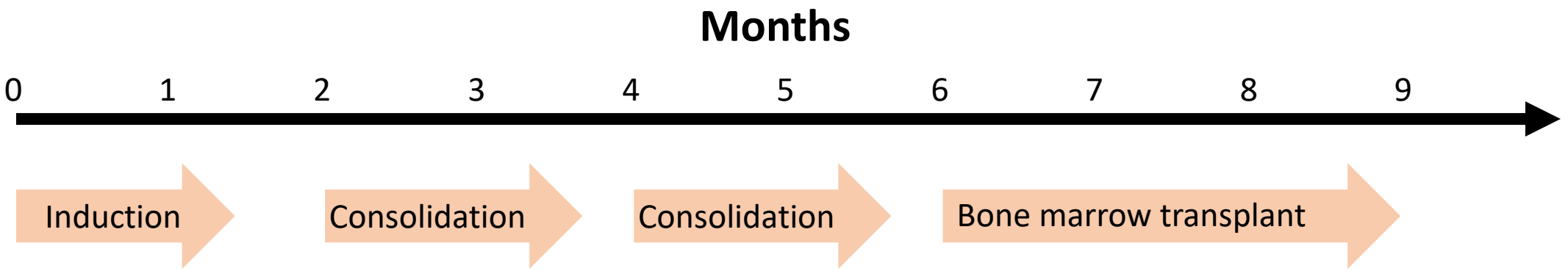
- Patients routinely present with:
  - Low platelets, leading to risk of catastrophic bleeding
  - Low hemoglobin, causing physical exhaustion
  - Low white blood cells, leading to rapidly fatal infections
- Best management is to quickly treat the disease into remission
- Patients with AML or acute leukemia are typically referred to a tertiary care center experienced in treating these patients
  - Analogous to a Trauma Center

# AML at The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins

- 180 patients admitted each year to the Adult Leukemia Service
  - All newly-diagnosed (typically transferred from an ER…)
  - Majority undergo immediate therapy
    - 50% intensive, 50% non-intensive
  - Hospital stay of 2-6 weeks
    - 130 acute myeloid leukemia (AML)
    - 30 acute lymphoblastic leukemia (ALL)
    - 20 “other” (mix of different blood malignancies)
- Probably an equal number seen on referral in clinic after initial treatment elsewhere

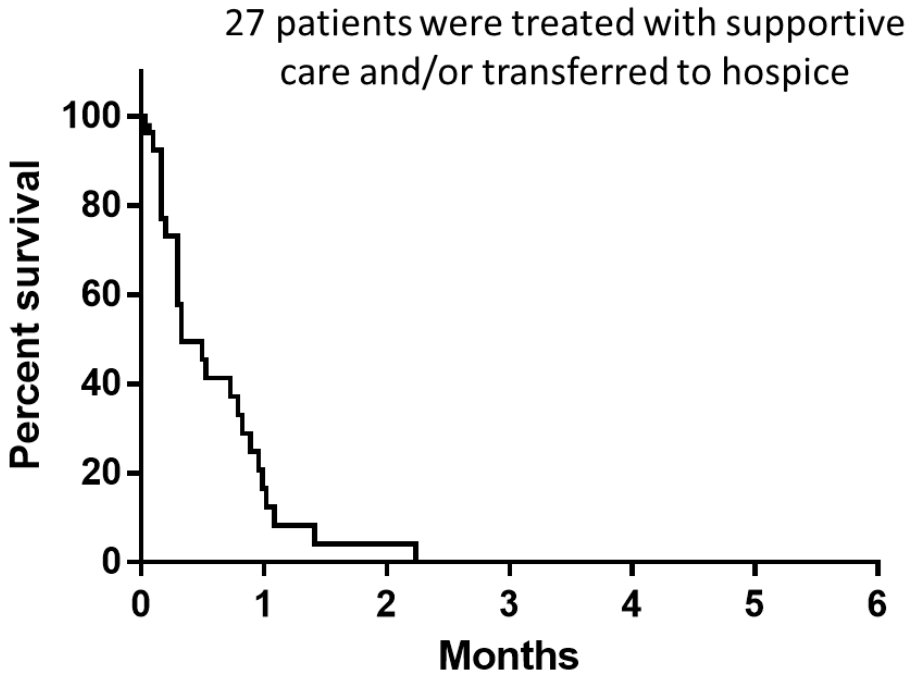
# The “Typical” AML patient treatment course

Diagnosis,
Transfer to
leukemia service




“Induce” a remission

# What if someone doesn't get treated…?



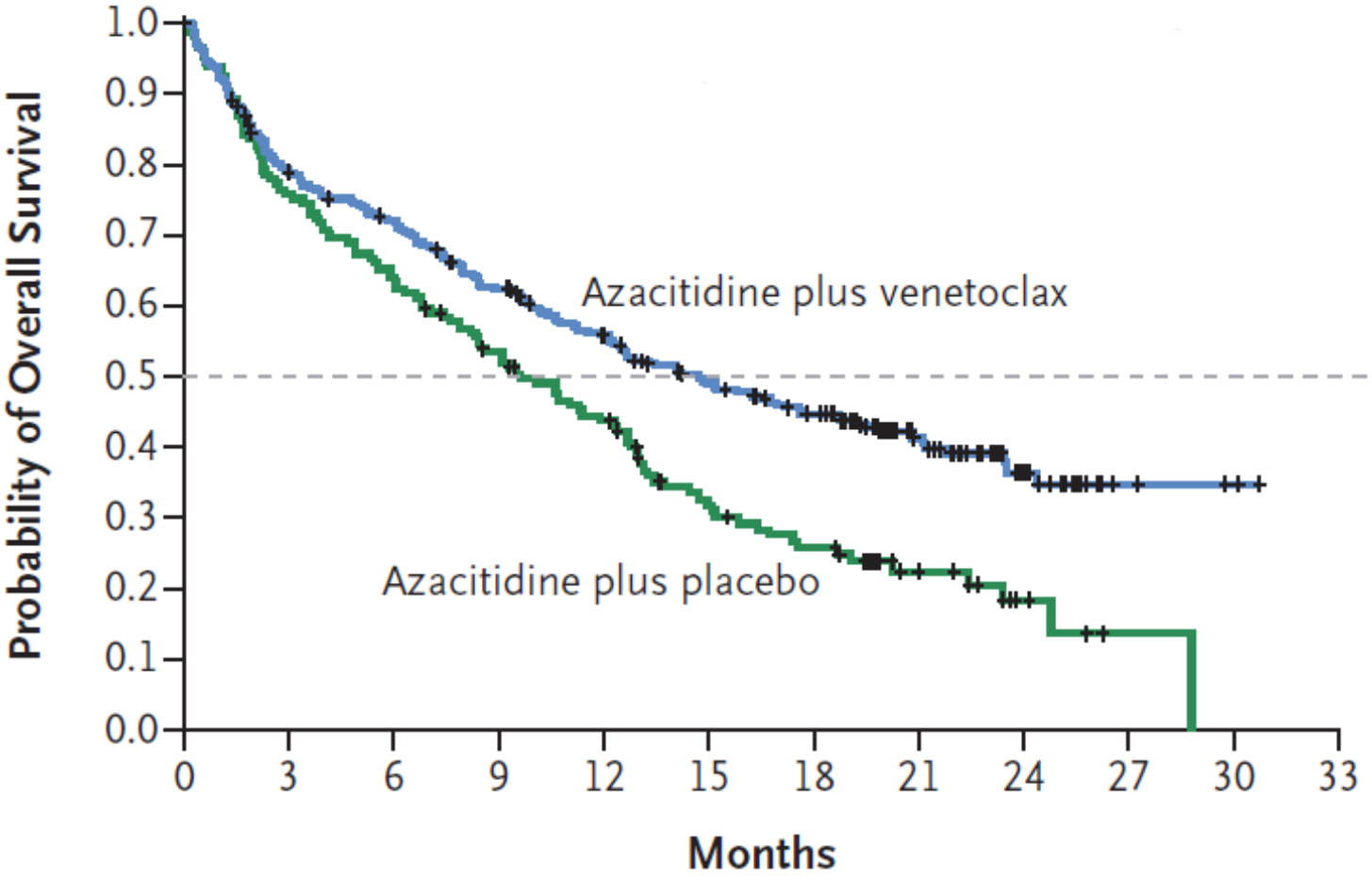

AML patients presenting to Johns Hopkins, 1/1/13-12/31/15

# “7+3”- intensive induction therapy for AML…

- Cytarabine
  - 100 or 200 mg/m2/day CI for 7 days
- Anthracycline
  - 45-90 mg/m2 dauno or 12 mg/m2 ida IVP Days 1-3
- Day 14 marrow…
  - If aplasia (marrow < 5% cellularity), wait for recovery
  - If residual leukemia, give 5+2 starting Day 21.
  - If after counts are recovered and still residual leukemia, give second course of 7+3
- Remission rate 75% (includes those needing 2 courses)

Source: Yates et al Cancer Chemother Rep 1973; 57:485

# Fast forward to present day…
# Azacitidine + venetoclax: A non-intensive induction




Source: N Engl J Med 2020; 383:617-629

ID & Hematologist Facing a team dilemma

# Preventing Invasive Fungal Infections: Risks and Needs

KIEREN MARR MD MBA

PROFESSOR OF MEDICINE, JOHNS HOPKINS SCHOOL OF MEDICINE

DIRECTOR, TRANSPLANT AND ONCOLOGY INFECTIOUS DISEASES

VICE CHAIR OF MEDICINE FOR INNOVATION IN HEALTHCARE IMPLEMENTATION

# Infectious risk of treatment regimens by disease

**Table 1**
**Infectious risk of treatment regimens by disease**

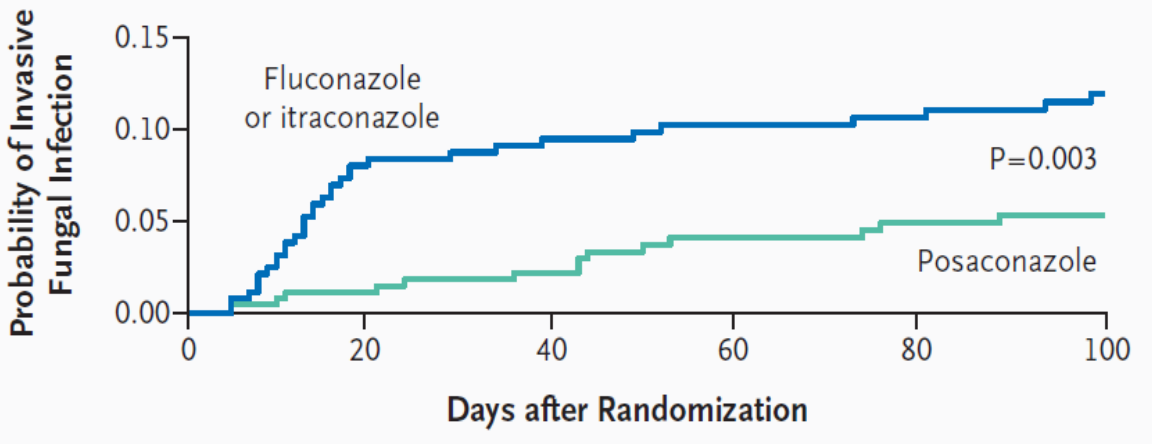
| Disease | Treatment Regimen | Infectious Risk[a] Low | Medium | High | Types of Infection |
|---|---|---|---|---|---|
| AML | AML induction and consolidation | | | X | High risk for bacteremia, IFI, HSV, and VZV reactivation |
| | Azacitidine, decitabine | | | X | High risk for IFI, HSV, and VZV reactivation |
| | Venetoclax + azacitidine | | | X | High risk for IFI, HSV, and VZV reactivation |
| ALL | ALL induction and consolidation | | | X | High risk for bacteremia, IFI, HSV, and VZV reactivation |
| | ALL induction and consolidation + imatinib/dasatinib | | | X | High risk for bacteremia, IFI, HSV, and VZV reactivation |
| | Imatinib + steroids | | X | | High risk for IFI, PCP |
| | Dasatinib + steroids | | X | | High risk for IFI, PCP |
| | Blinatumomab | | | X | |
| | CD19 CAR-T | | | X | High risk for bacteremia, IFI, HSV, and VZV reactivation |
| MDS | Azacitidine, decitabine | | X | | |
| CLL | Purine analogues (FCR) | | | X | High risk for bacteremia, HSV, and VZV reactivation, HBV reactivation |
| | Chlorambucil + rituximab | | X | | HBV reactivation risk |
| | BR | | | X | High risk for bacteremia, HBV reactivation risk |
| | Ibrutinib | | | X | Rare PCP, aspergillosis |
| | Venetoclax | | | X | High risk for respiratory viruses, HSV reactivation, OI, including PCP |
| | Idelalisib | | | X | High risk for PCP |
| | Alemtuzumab | | | X | High risk for IFI, all viral infections, including CMV reactivation |

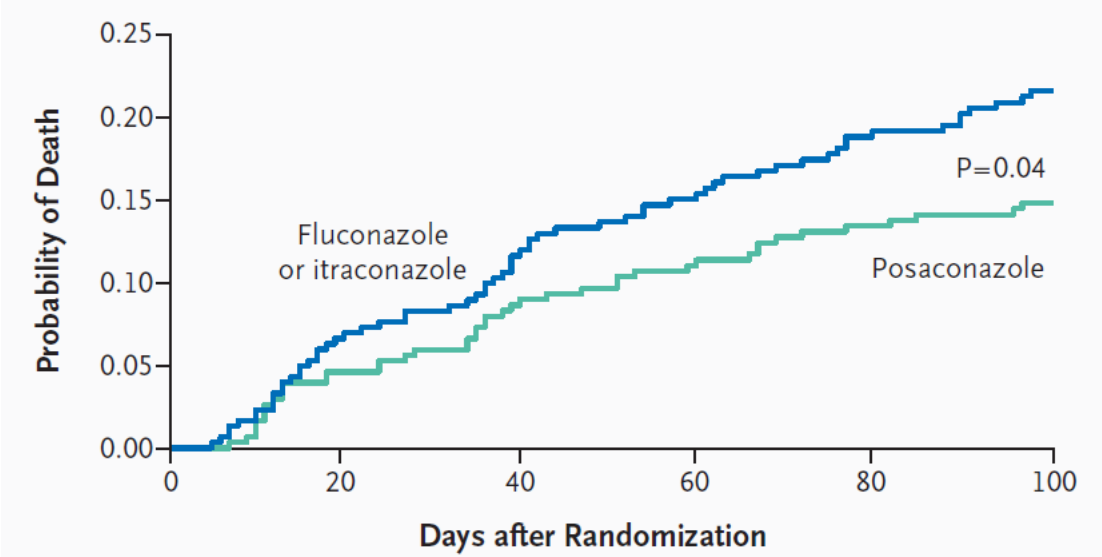
Antifungal prophylaxis needed candidiasis, aspergillosis, PCP

Antifungal prophylaxis needed candidiasis, aspergillosis, PCP

Source: Atkins and He. Infect Dis Clin N Am 33 (2019)

# Posaconazole versus Fluconazole or Itraconazole for AML patients




AML patients receiving intensive chemotherapy benefit from posaconazole

Source: Cornely et al N Engl J Med 2007 356:348-59

# Venetoclax induction in AML

- Venetoclax-based induction is now used in at least 50% of AML cases
- Venetoclax is metabolized by the liver P450 system (CYP3A4)
- Other drugs inhibiting CYP3A4 will lead to higher levels of venetoclax, causing toxicity
- But underdosing venetoclax may lead to treatment failures
- For these reasons, echinocandins are currently recommended for antifungal prophylaxis for patients on venetoclax
  - But the currently-approved echinocandins have inadequate anti-mold activity and require daily intravenous infusion

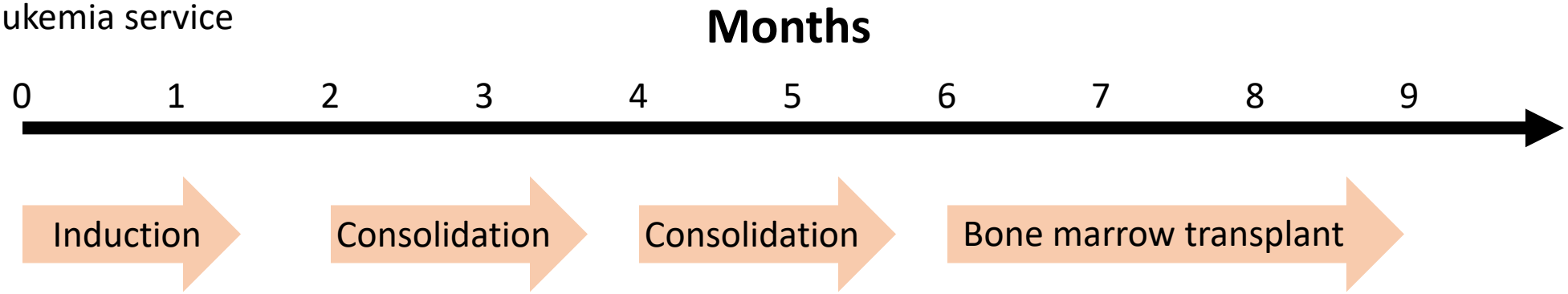
# Azoles: Limited utility with new drugs

| Drug | Company | Effect | Recommendations with Azoles |
|---|---|---|---|
| Ibrutinib (Imbruvica) | J&J<br>AbbVie | ↑ Ibrutinib exposure | 12-100% of original dose |
| Idelalisib  Zydelig) | Gilead | ↑ AUC | Monitor for side effects |
| Acalabrutinib (Calquence) | AZ | ↑ acalabrutinib exposure | Avoid combo |
| Imatinib (Gleevec) | Novartis | ↑ Imatinib exposure | Avoid combo |
| Dasatinib (Sprycel) | BMS | ↑ D. exposure,↑ QT interval | Avoid combo, monitor ECG |
| Nilotinib (Tasigna) | Novartis | ↑ N. exposure, ↑ QT  inter | Avoid combo, monitor ECG |
| Ponatinib (Iclusig) | Takeda | ↓ TKI dosage | Avoid combo |
| Sorafenib (Nexavar) | Bayer - 50%<br>Amgen - 50% | No effect | Monitor QTc |
| Midostaurin (Rydapt) | Novartis | ↑ Midostaurin exposure | Avoid combo, monitor QTc |
| Gilteritinib (Xospata) | Astellas | ↑ Gilteritinib exposure | Avoid combo |
| Venetoclax (Venclexta) | Abbvie US joint; ex-US<br>Genentech – US joint | ↑ venetoclax exposure | 12-50% of original dose |
| Ruxolitinib (Jakafi) | Incyte - US<br>Novartis - ex-US | ↑ Ruxolitinib exposure | 50-100% of Original Dose |

Source: Adapted from Busca & Pagano. Exp Rev Anti-Infect Ther. 2018;16:531–542

# Back to the Patient…

Diagnosis,
Transfer to
leukemia service




Currently – we're giving IV echinocandins on and off during periods of neutropenia
With diagnosed IFI – we have to hold or dose-reduce anti-AML therapy (bad outcomes)

# What do we need?

- Antifungal with activity against Candida and Aspergillus
- Not cytochrome P450 metabolized (few or no drug interactions)
- Able to administer
  - If daily, needs to be IV and oral
  - If longer half life, can be IV (weekly infusions enabled)
- Few or no toxicities (a must for preventative drugs)

# RESULTS OF ‘REZAHEME’ DDI STUDY

*TAYLOR SANDISON, MD*
*CHIEF MEDICAL OFFICER, CIDARA*

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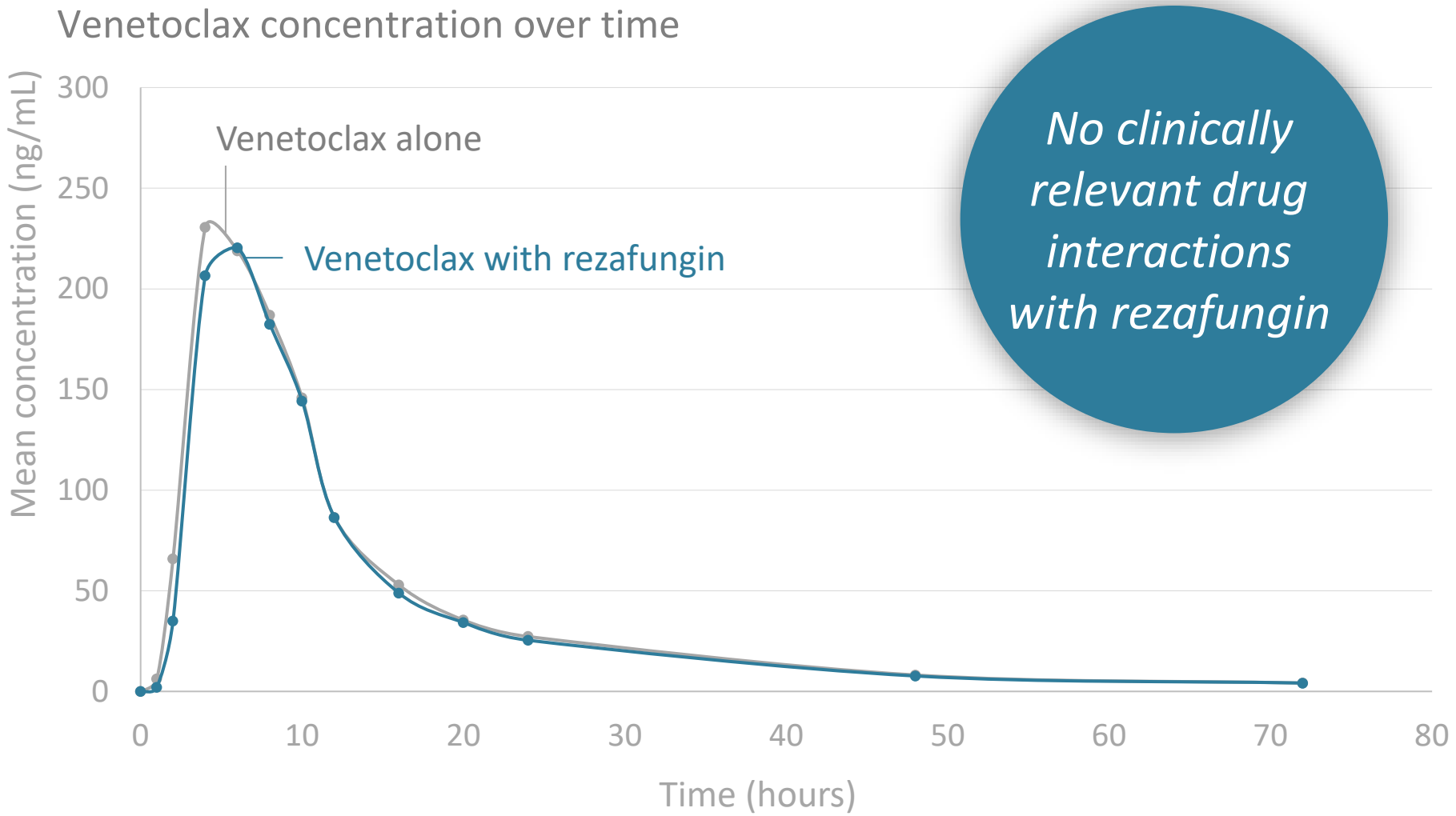
# NO DOSE ADJUSTMENT OF VENETOCLAX EXPECTED WITH REZAFUNGIN



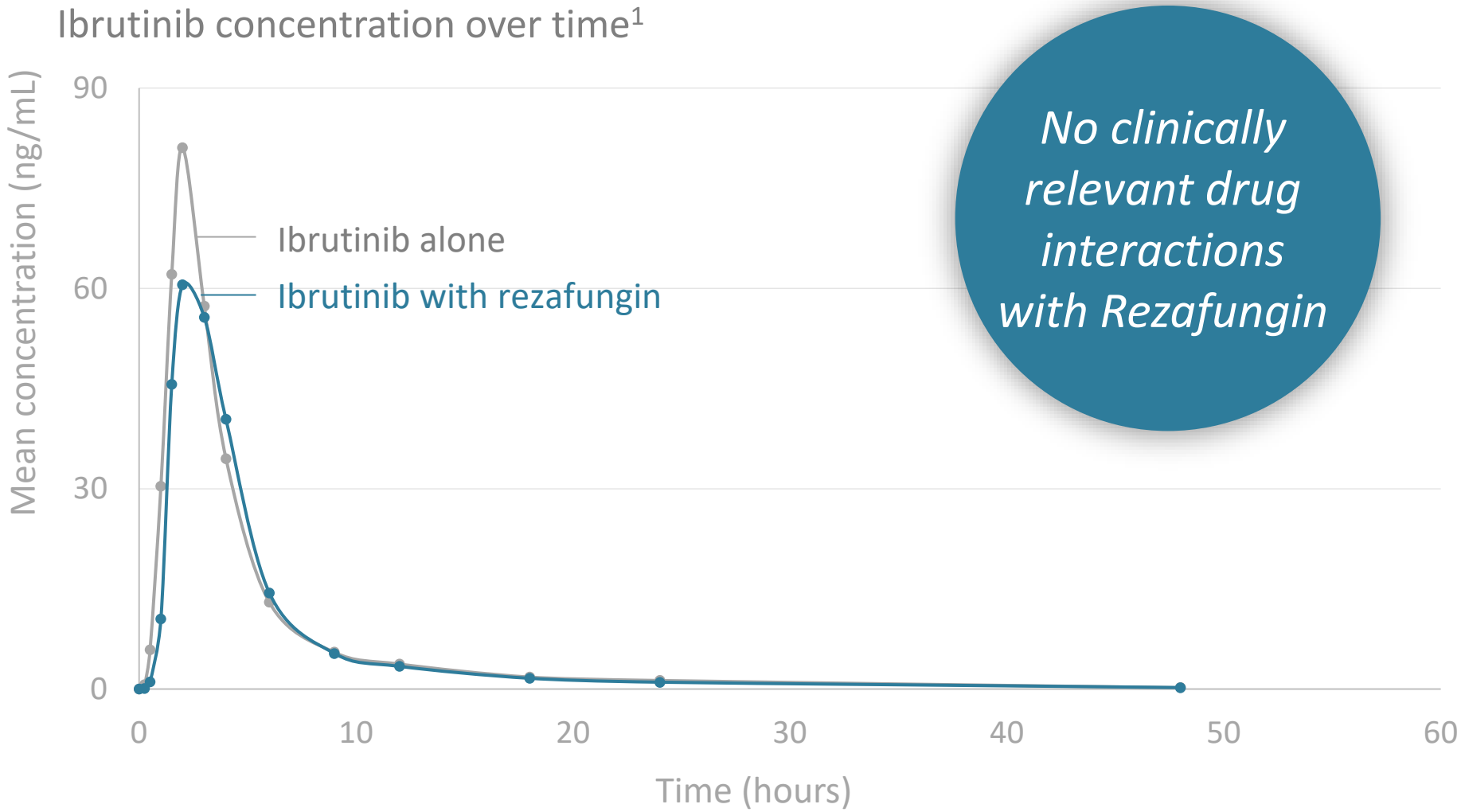

*No clinically relevant drug interactions with rezafungin*

*Hematologists reduce dose of venetoclax up to 88% if combined with azoles[2] or they avoid prophylaxis*



1. Cidara data on file.
2. Product package insert.

# NO DOSE ADJUSTMENT OF IBRUTINIB EXPECTED WITH REZAFUNGIN

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# REZAFUNGIN COMMERCIAL VALUE

*PAUL DARUWALA*
*CHIEF OPERATING OFFICER, CIDARA*

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# Rezafungin Azole DDI Dilemma/Opportunity

## Rezafungin Market Potential

CIDARA THERAPEUTICS

# THE AZOLE DILEMMA IS BOTH CLINICAL AND COMMERCIAL

Contraindications with azoles often require dose reduction of oncology therapy by 50-88%[1], to levels not well studied

Growing number of hematology drugs in development may amplify the issue

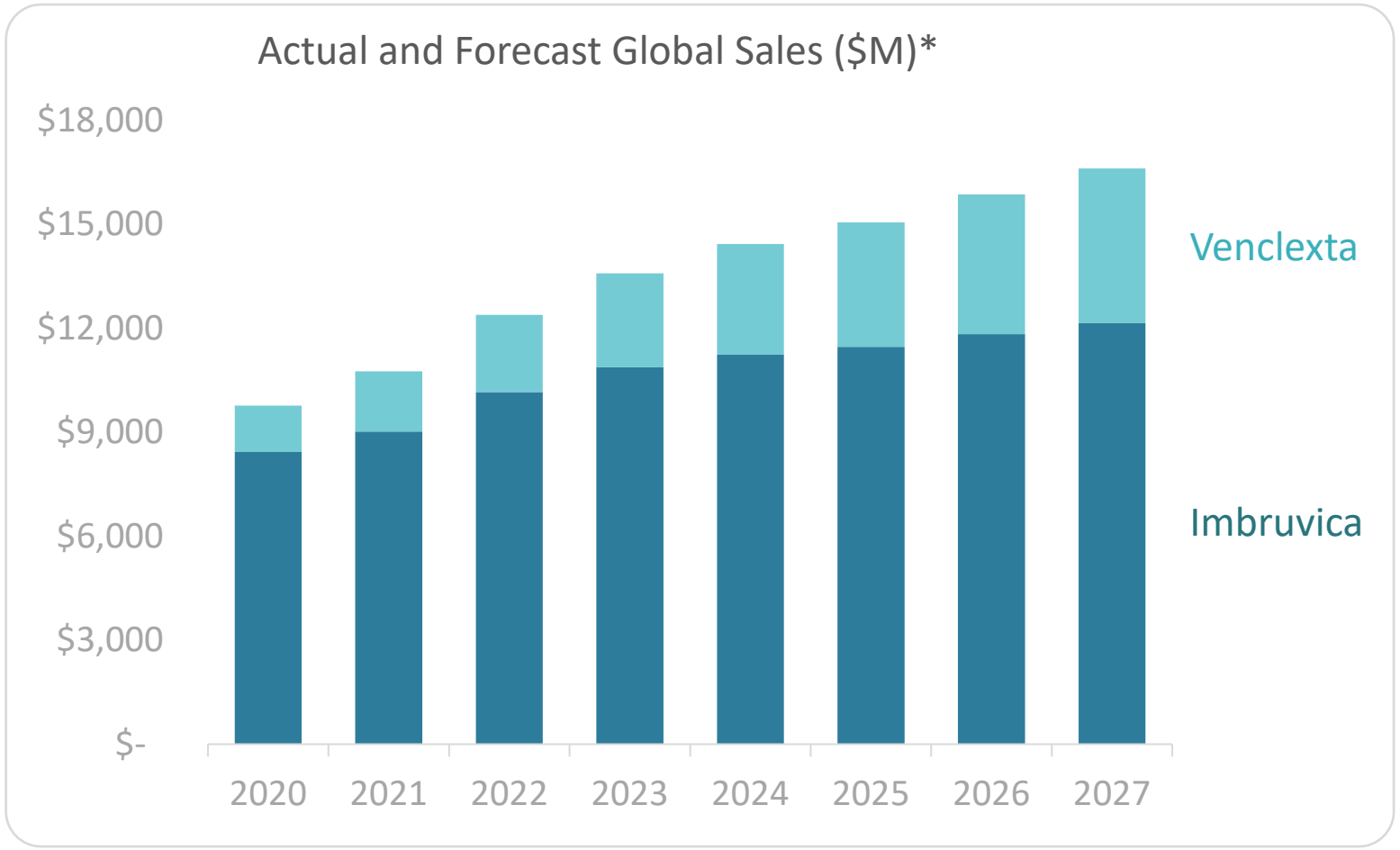
| Pipeline [2] | AML | ALL | CLL |
|---|---|---|---|
| Phase 1 | 197 | 141 | 115 |
| Phase 2 | 186 | 153 | 86 |
| Phase 3 | 24 | 8 | 9 |

Dose reductions mean decreased revenues for companies selling hematology drugs while patient care may not be optimal



1. Product package inserts for venetoclax and ibrutinib
2. Clinicaltrials.gov

# TWO ESSENTIAL HEMATOLOGY DRUGS: IMBRUVICA & VENCLEXTA



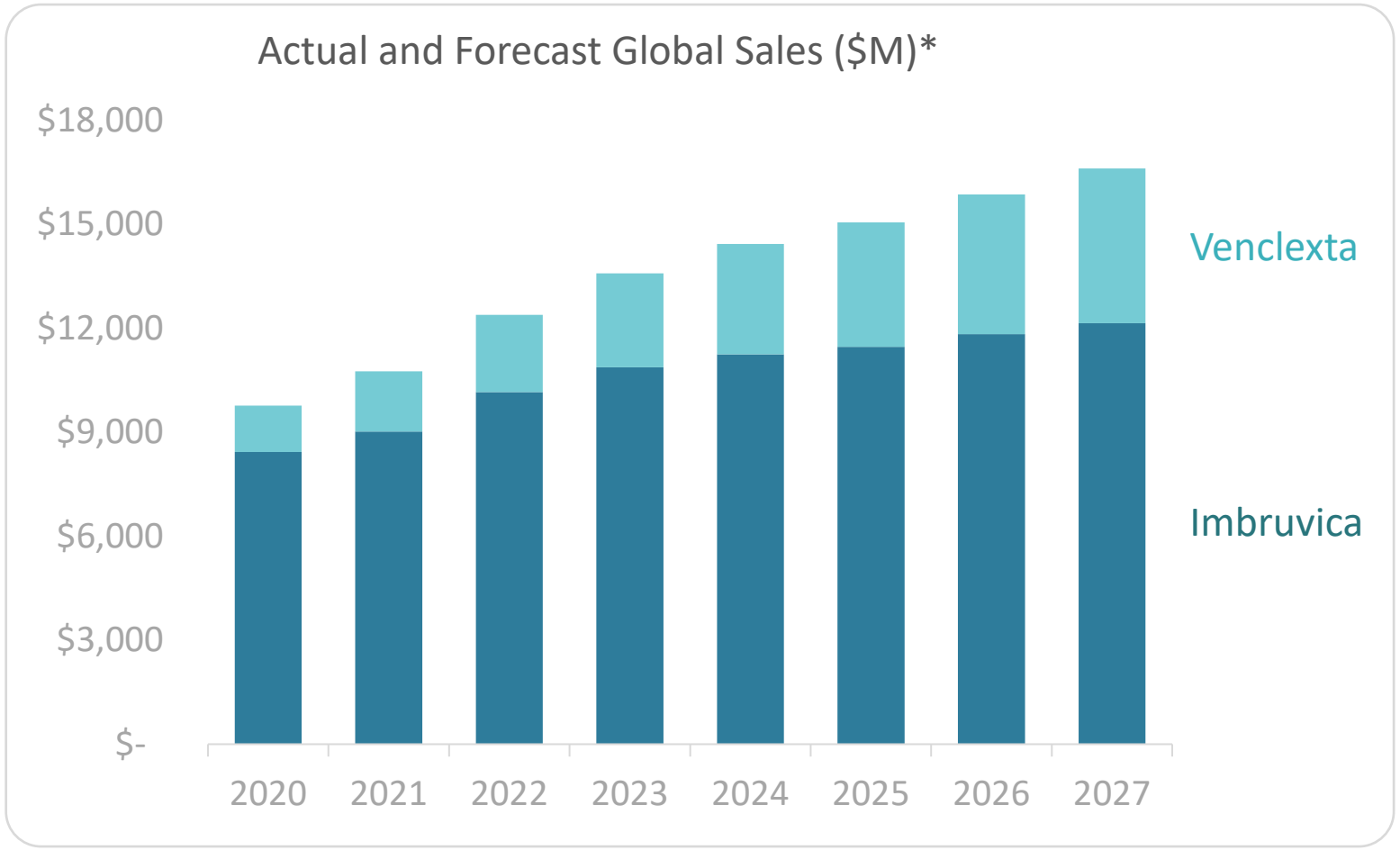

**>$15B**

Combined forecast in 2027



* Global Data (2020 – actuals; 2021-2027 – analyst consensus forecast)

# TWO ESSENTIAL HEMATOLOGY DRUGS: IMBRUVICA & VENCLEXTA




**>$15B**

Combined forecast in 2027

***What could these sales be without dose reduction and would care be better?***



* Global Data (2020 – actuals; 2021-2027 – analyst consensus forecast)

Rezafungin Azole DDI Dilemma/Opportunity

# Rezafungin Market Potential

CIDARA THERAPEUTICS

# THERE ARE CLEAR POTENTIAL ADVANTAGES OF REZAFUNGIN

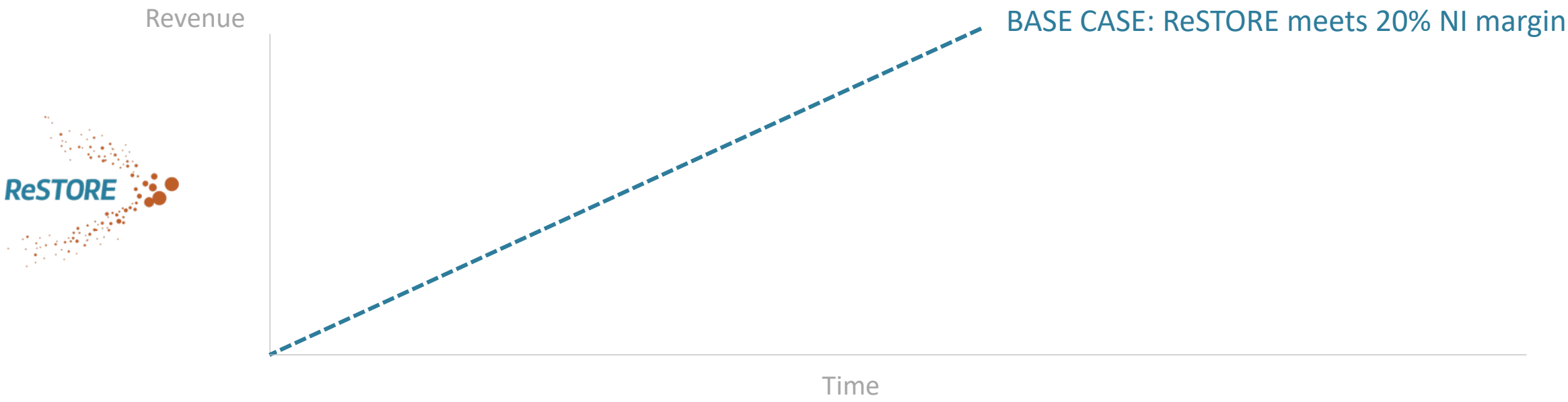
## TREATMENT

| | Reza | Daily Echinocandins |
|---|---|---|
| ONCE WEEKLY/ FRONT LOADED DOSING | YES | NO |
| EARLY DISCHARGE/ OUTPATIENT POTENTIAL | YES | NO |

# CURRENT ESTIMATES ASSUME ReSTORE MEETS 20% NI MARGIN

## Candida Treatment

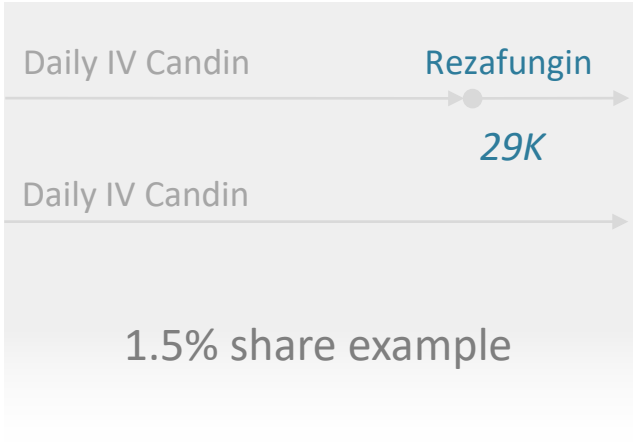
Infectious Disease Focus



# REZAFUNGIN TARGETED DOWNSTREAM FOR CANDIDA TREATMENT

**5th YEAR**
FORECAST

## Inpatient
(1.6M pts/1.9M treatments)




Patient and market share examples provided here are based on internal management assumptions for illustrative purposes only and are not a forecast of actual rezafungin sales. Actual results may differ materially from these illustrative examples.



Source: AMR Audit 2013, 1.9M treatments, 1.6M patients. Assumes no market volume change. No further AMR antifungal audits released since 2013.

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# REZAFUNGIN TARGETED DOWNSTREAM FOR CANDIDA TREATMENT

**5th YEAR**
FORECAST




**PATIENTS**

- *Stable*
- *Azole non-susceptible*
- *Early discharge possible*

**PAYOR**

- *Medicare – under DRG*
- *Commercial – under DRG*

Patient and market share examples provided here are based on internal management assumptions for illustrative purposes only and are not a forecast of actual rezafungin sales. Actual results may differ materially from these illustrative examples.



Source: AMR Audit 2013, 1.9M treatments, 1.6M patients. Assumes no market volume change. No further AMR antifungal audits released since 2013.

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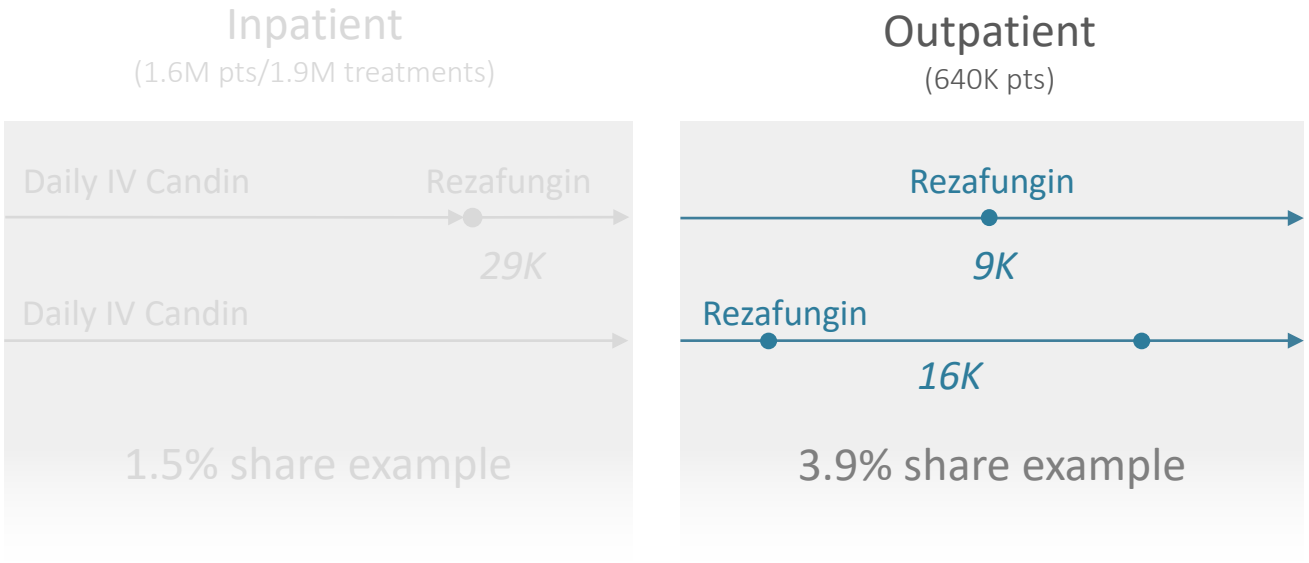
# REZAFUNGIN TARGETED DOWNSTREAM FOR CANDIDA TREATMENT

**5th YEAR**
FORECAST




36% *continuation* of RZF from inpatient

64% *initiation of RZF* as outpatient

Duration = 1.93 weeks weighted average:
1.28 wks for continuation; 2.28 wks for initiation

| | | |
|---|---|---|
| **PATIENTS** | • *Stable*<br>• *Azole non-susceptible*<br>• *Early discharge possible* | • *Azole non-susceptible*<br>• *Azole intolerant, DDI, non-compliant* |
| **PAYOR** | • *Medicare – under DRG*<br>• *Commercial – under DRG* | • *Medicare Part B*<br>• *Commercial*<br>} ~50/50 |

Patient and market share examples provided here are based on internal management assumptions for illustrative purposes only and are not a forecast of actual rezafungin sales. Actual results may differ materially from these illustrative examples.



Source: AMR Audit 2013, 1.9M treatments, 1.6M patients. Assumes no market volume change. No further AMR antifungal audits released since 2013.

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# U.S. SAMPLE REVENUE BUILD AND KEY ASSUMPTIONS FOR REZAFUNGIN

| | 5-Year ($M) | 10-Year ($M) |
|---|---|---|
| Overall | 331 | 743 |
| **Treatment** | | |
| Inpatient | 92 | 191 |
| Outpatient | 101 | 202 |

- Launch Treatment: 1Q23
- Launch Prophylaxis: 1H24
- No serious warnings/precautions
- 30-50 reps, 6-8MSLs, 5 account managers
- Focus on high AF & high candin use
- >60% of reza doses administered outpatient
- Medicare Part B covers outpatient infusion drugs
- $2700/1350* for 400/200mg. 3.5% inc./yr.

Gross sales examples provided here are based on internal management assumptions for illustrative purposes only and are not a forecast of actual rezafungin sales. Actual results may differ materially from these illustrative examples. Assumes optimal account reach including IFI rates, patient volume and access at pre-COVID levels.

* Based on ~commercial launch price of caspofungin



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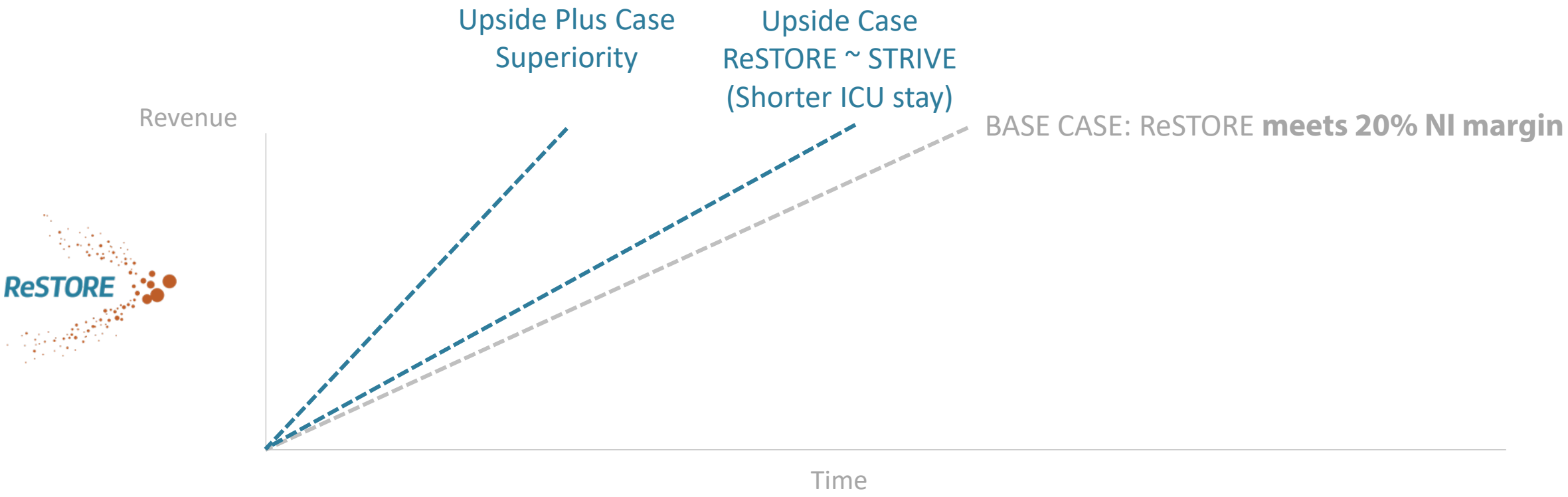
# ReSTORE UPSIDES ENHANCE PROBABILITY OF FASTER UPTAKE

Candida Treatment

Infectious Disease Focus



# THERE ARE CLEAR POTENTIAL ADVANTAGES OF REZAFUNGIN

## PROPHYLAXIS

| | Reza | Daily Echinocandins | Fluconazole | Posaconazole |
|---|---|---|---|---|
| SAFETY / TOLERABILITY | Well-tolerated<br>No DDIs | Daily IV administration | Hepatic and renal precautions | Significant DDIs |
| COVERAGE / SPECTRUM | *Candida*, *Aspergillus* and *PCP* | No PCP | No *Aspergillus*<br>Fluco resistance | No *PCP*<br>Azole resistance |

# U.S. SAMPLE REVENUE BUILD FOR REZAFUNGIN

| | 5-Year ($M) | 10-Year ($M) |
|---|---|---|
| Overall | 331 | 743 |
| Treatment | | |
| Inpatient | 92 | 191 |
| Outpatient | 101 | 202 |
| Prophylaxis | | |
| BMT | 54 | 138 |
| *Chemo/SOT | 84 | 212 |

*Prophylaxis revenue includes potential for product use other than in the anticipated initial indication, not supported by Company promotion.

Gross sales examples provided here are based on internal management assumptions for illustrative purposes only and are not a forecast of actual rezafungin sales. Actual results may differ materially from these illustrative examples. Assumes optimal account reach including IFI rates, patient volume and access at pre-COVID levels.



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# OTHER ANTIFUNGALS TRIANGULATE REZAFUNGIN MARKET OPPORTUNITY

| | 5-Year ($M) | 10-Year ($M) |
|---|---|---|
| Overall | 331 | 743 |
| Treatment | | |
| Inpatient | **92** | 191 |
| Outpatient | **101** | 202 |
| Prophylaxis | | |
| BMT | 54 | **138** |
| *Chemo/SOT | 84 | **212** |

*Prophylaxis revenue includes potential for product use other than in the anticipated initial indication, not supported by Company promotion.

Vs. Cresemba 5th year US sales of $163M[1] with treatment label

Vs. Noxafil 10th year US sales of $370M[2] with prophylaxis label

Gross sales examples provided here are based on internal management assumptions for illustrative purposes only and are not a forecast of actual rezafungin sales. Actual results may differ materially from these illustrative examples. Assumes optimal account reach including IFI rates, patient volume and access at pre-COVID levels.



1. IQVIA 1Q 2021
2. Merck Annual Report 2018.. Global sales in 2018 were $742M. Internal estimate that ~50% of sales come from the US market

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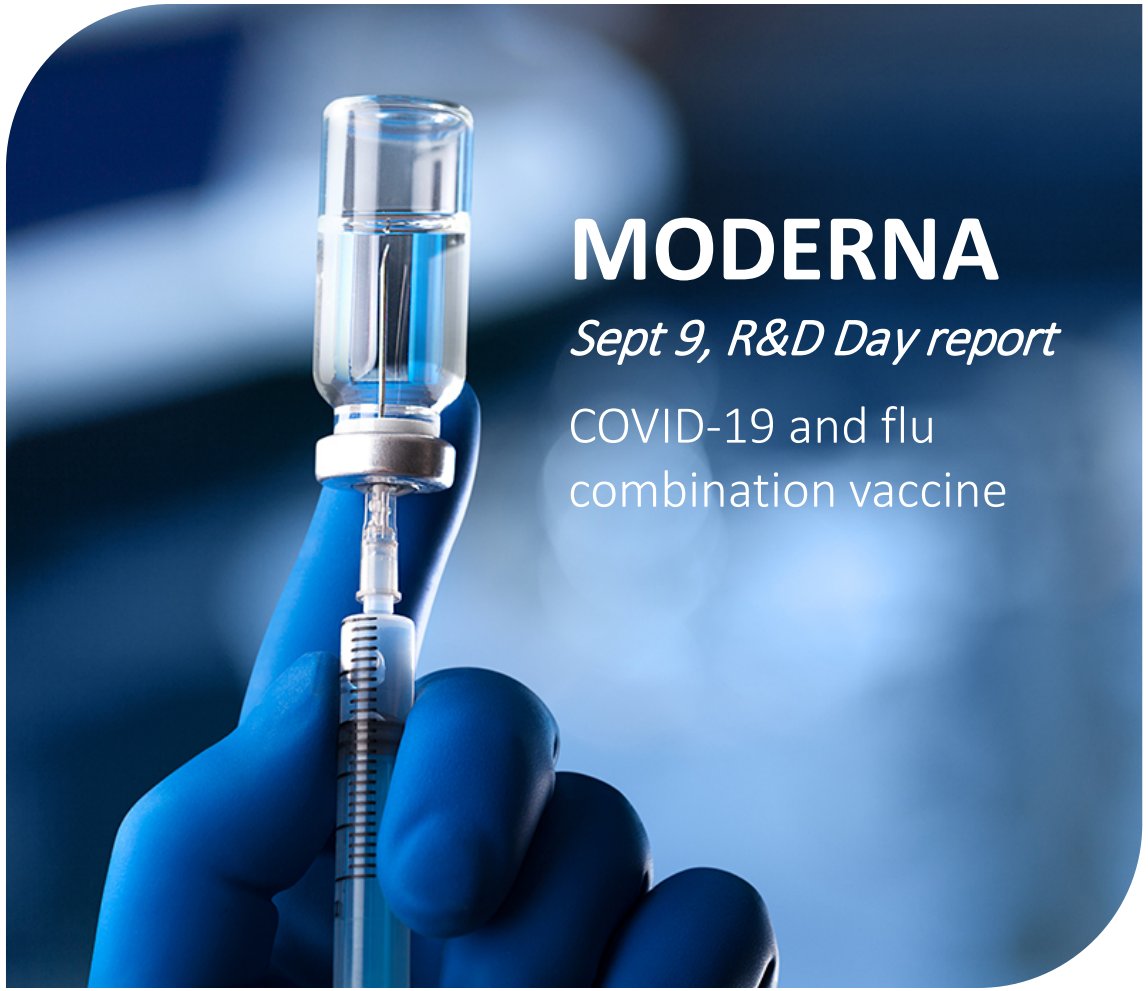
CIDARA THERAPEUTICS

# CLOUDBREAK UPDATE

# CLOUDBREAK HAS ADVANTAGES OVER VACCINES AND TREATMENTS



## MODERNA

*Sept 9, R&D Day report*

COVID-19 and flu combination vaccine

## REGENERON

*Sept 15, Endpoints News*

$2.9B purchase of COVID-19 antibodies (3rd supply deal)



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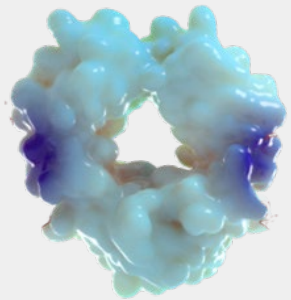
# CLOUDBREAK DRUG-Fc CONJUGATES: A NEW CLASS OF DRUG

*LES TARI, PhD*
*CHIEF SCIENTIFIC OFFICER, CIDARA*

CIDARA THERAPEUTICS

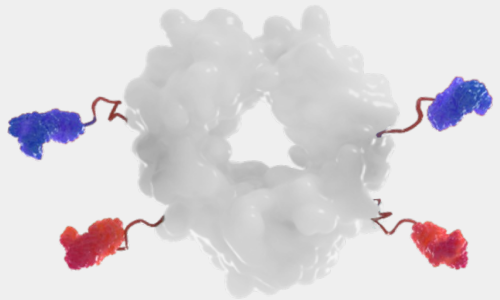
# CLOUDBREAK® COMBINES AN Fc MOIETY WITH POTENT ANTIVIRALS

## Fc MOIETY



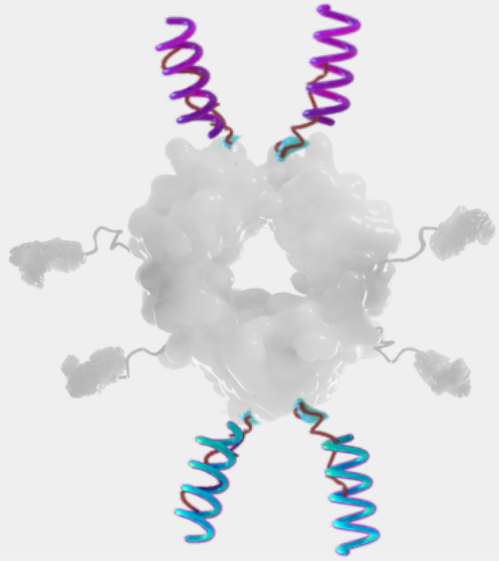
Extends PK and recruits immune system

## SM TARGETING MOIETIES



Single or multiple types of small molecules with direct antiviral activity can be conjugated to the same Fc

## PEPTIDE FUSIONS

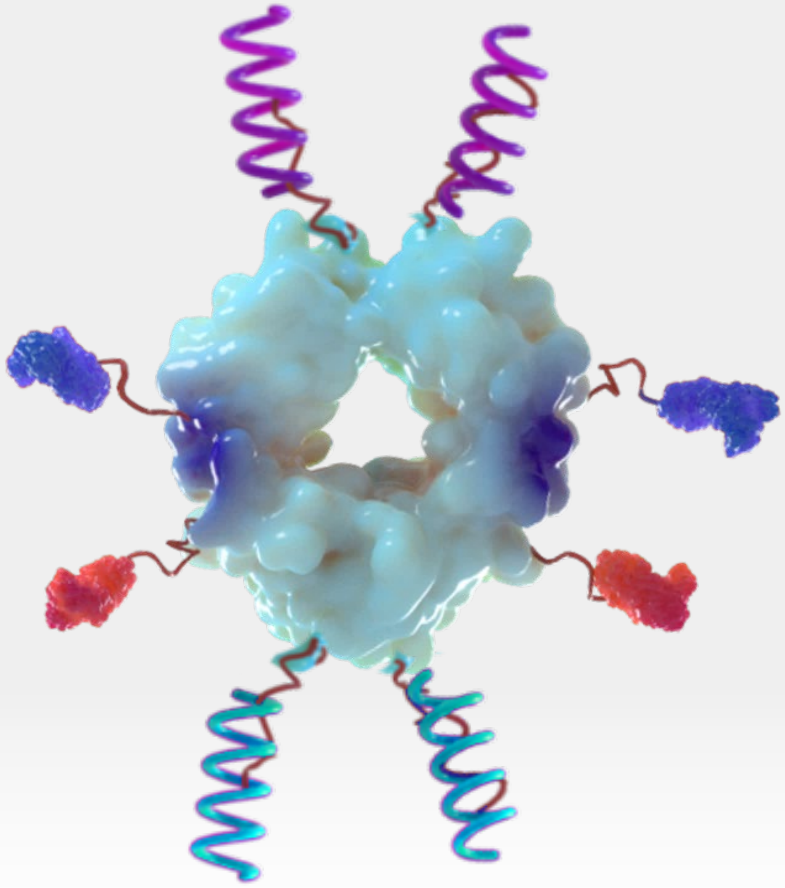


Multiple TMs per Fc can increase antiviral potency and spectrum

# CLOUDBREAK® IS A NEW CLASS OF DRUG FC CONJUGATES: "DFCs"

**DFC**

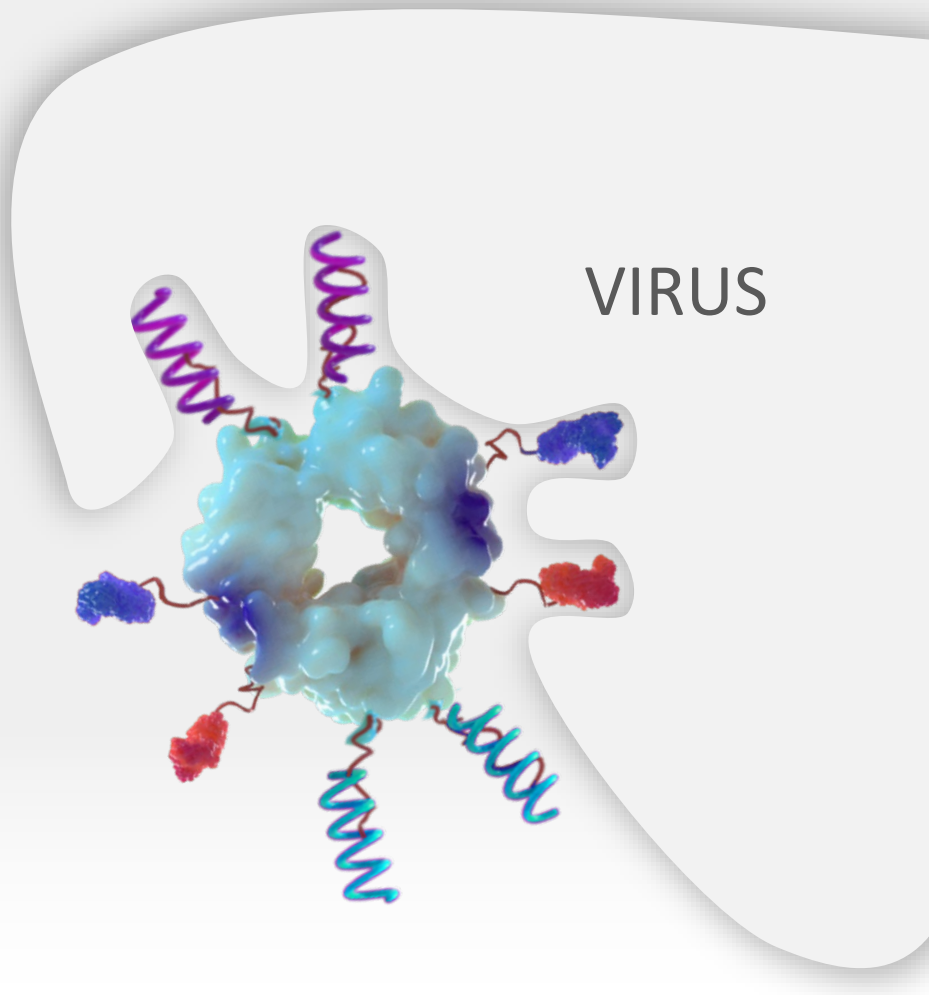
Drug Fc Conjugate



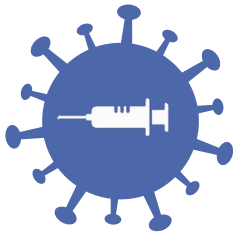
# UNIQUE ADVANTAGES OF DRUG-Fc-CONJUGATES

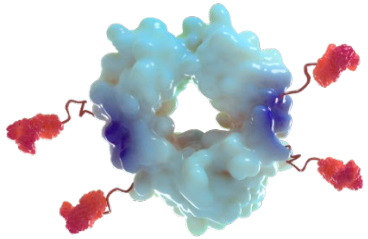
## ADVANTAGES OF DFCs

- Multivalent binding increases potency
- Engaging different targets on the same virus improves spectrum, decreases resistance
- Enables a single DFC to target multiple viruses



# DFCs CAN BE EFFECTIVE IN THOSE MISSED BY CURRENT FLU VACCINES



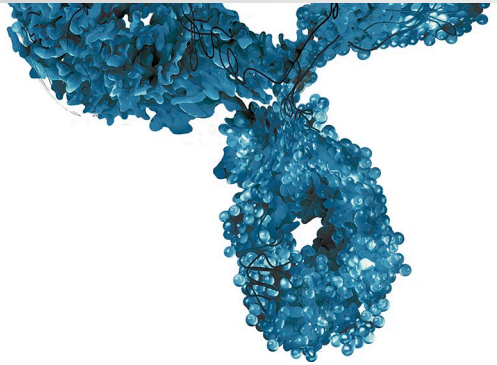


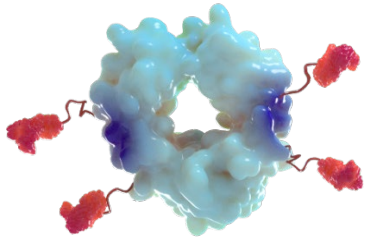
| | Vaccines | DFCs |
|---|---|---|
| Universal protection: multiple viruses | No | Yes |
| Potential to protect all high risk groups | Low | High |
| Potential for prevention and treatment | No | Yes |
| Scale and cost | Attractive | Attractive |

*DFCs offer the potential for universal flu coverage:* ***all strains, all people.***

1. DFC assessments are based on pre-clinical study results and estimates

# DFCs HAVE POTENTIAL ADVANTAGES OVER ANTIBODIES



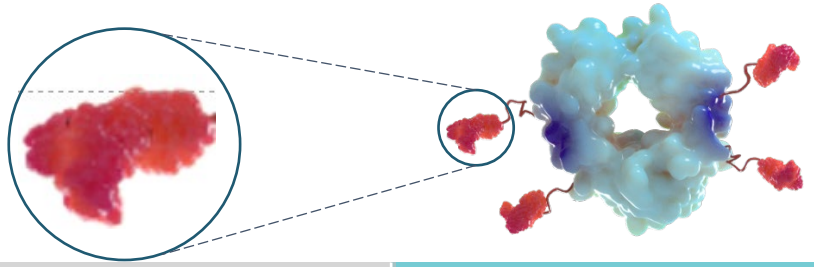


| | Monoclonal Antibodies | DFCs |
|---|---|---|
| Able to target cryptic sites, small molecule binding pockets | No | Yes |
| Able to modulate drug-Fc-ratio to increase potency | No | Yes |
| Able to install 2 or more discrete targeting moieties | Challenging | Routine |
| Distribution to compartments outside plasma (e.g., lung) | Limited, slow kinetics | High, rapid kinetics |

*DFCs advantages over mAbs: they're smaller and can target multiple sites*

1. DFC assessments are based on pre-clinical study results and estimates

# DFCs HAVE POTENTIAL ADVANTAGES OVER SMALL MOLECULES



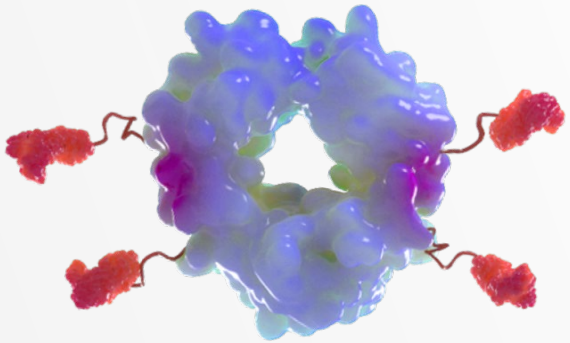
| | SM Antivirals | DFCs |
|---|---|---|
| Selectivity vs host targets (toxicity potential) | Extra- and intra-cellular compartments | Only in extra-cellular compartment |
| Pharmacokinetic properties, DDIs | Restricted by hepatic metabolism[2] | Not restricted by hepatic metabolism[2] |
| Distribution to compartments outside plasma (e.g., lung) | Potentially limited by cell penetration, properties | Good—dictated by Fc domain |
| Oral bioavailability, cell penetration | Lipinski's rules | Fewer constraints |

*Unlike SMs, DFC optimization can be focused primarily on potency.*

1. DFC assessments are based on pre-clinical study results and estimates
2. CYP450s, metabolic enzymes

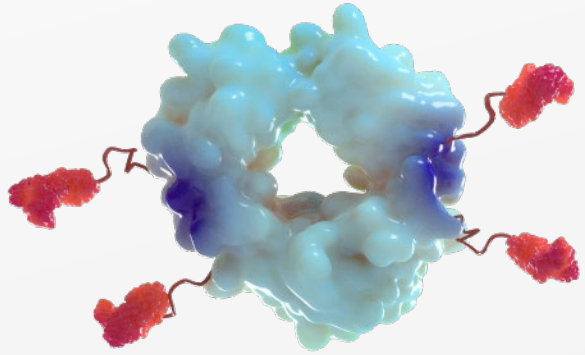
# DFC DEVELOPMENT CANDIDATES TARGETING INFLUENZA

## CD377



Single dose / ~3 months
Wild-type Fc (full immune engagement)

## CD388



Single dose /~4-6 months
Mutant Fc (attenuated immune engagement, improved PK, and extended duration of action)

*These are the first agents with potential for universal, season-long flu protection in all patient populations.*

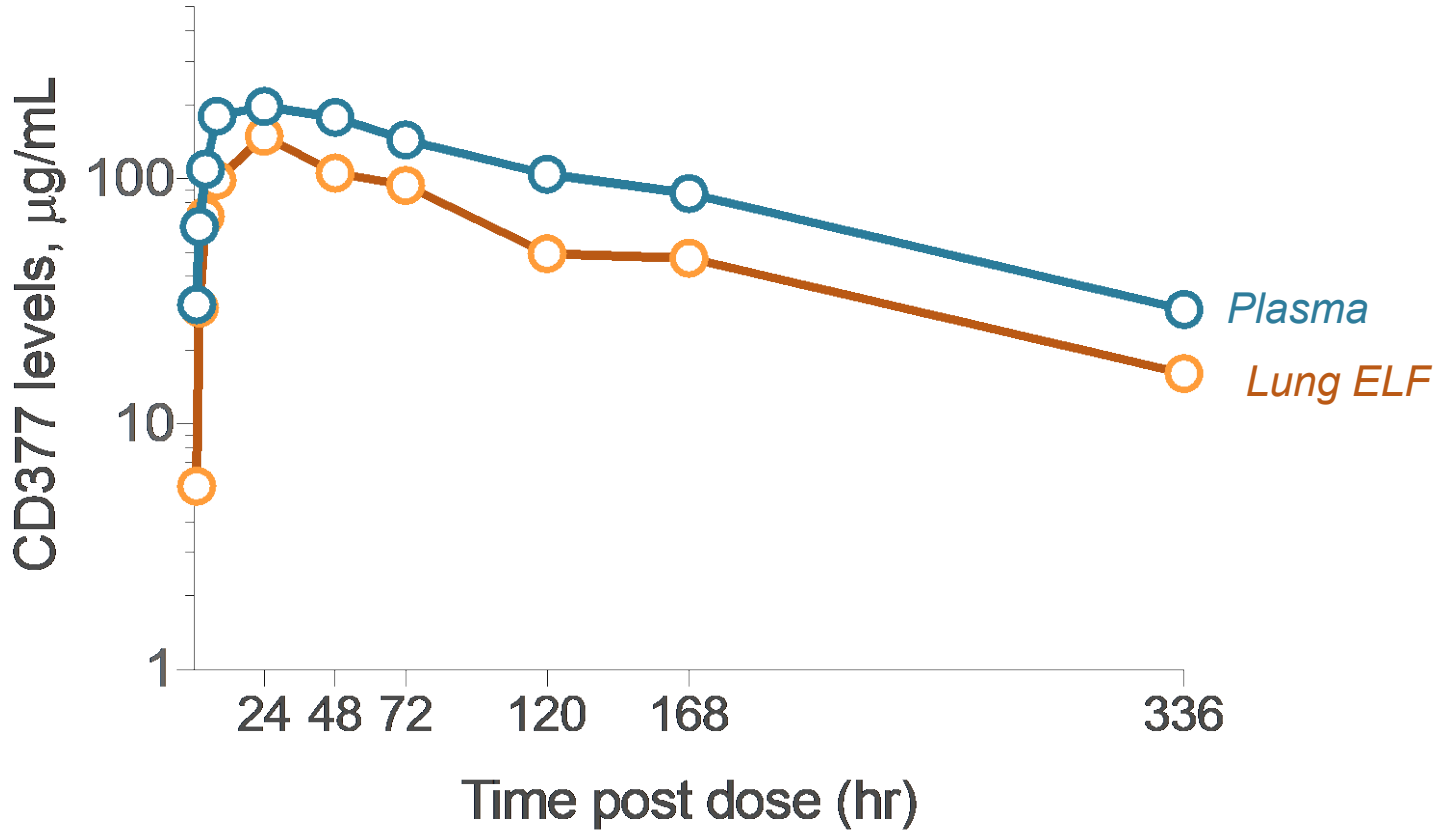
*CD377 and CD388 share the same targeting moiety, linked to different Fc fragments.*



Data available at https://www.cidara.com/cloudbreak/influenza/

# DFCs HAVE RAPID DISTRIBUTION TO LUNG

## *CD377 INFLUENZA PROGRAM*




*CD377 concentration in lung epithelial lining fluid is ~ 60% of that in plasma*

CD377 concentration in plasma and Epithelial Lining Fluid (ELF) after a single 20 mg/kg subcutaneous dose



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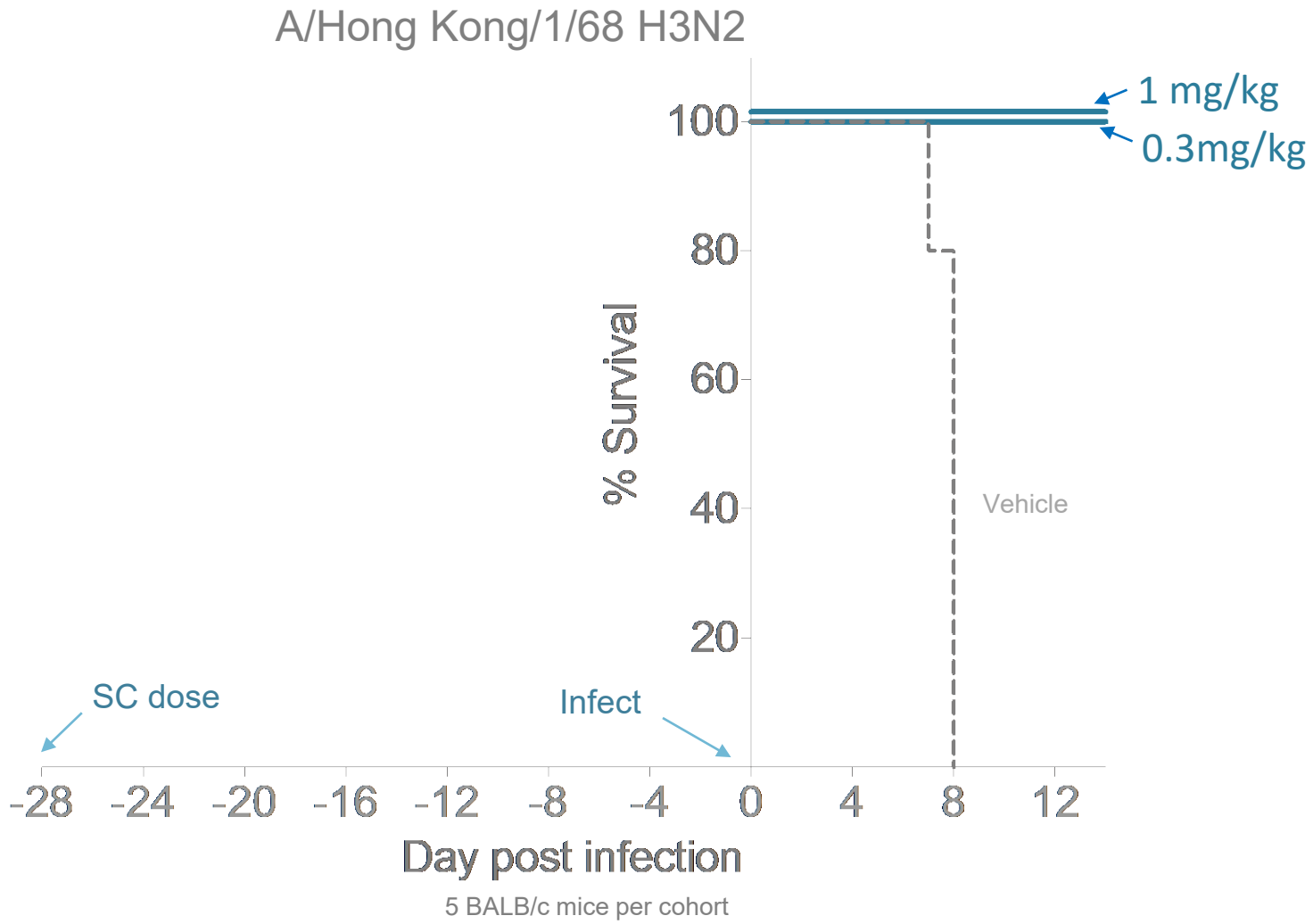
# 28-DAY, SINGLE-DOSE PROTECTION IN MOUSE

## *CD377 INFLUENZA PROGRAM*




*CD377 is fully protective for 28-days in a lethal influenza model with a single subcutaneous dose*

Levin et al, IDWeek 2020, Abstract 159.



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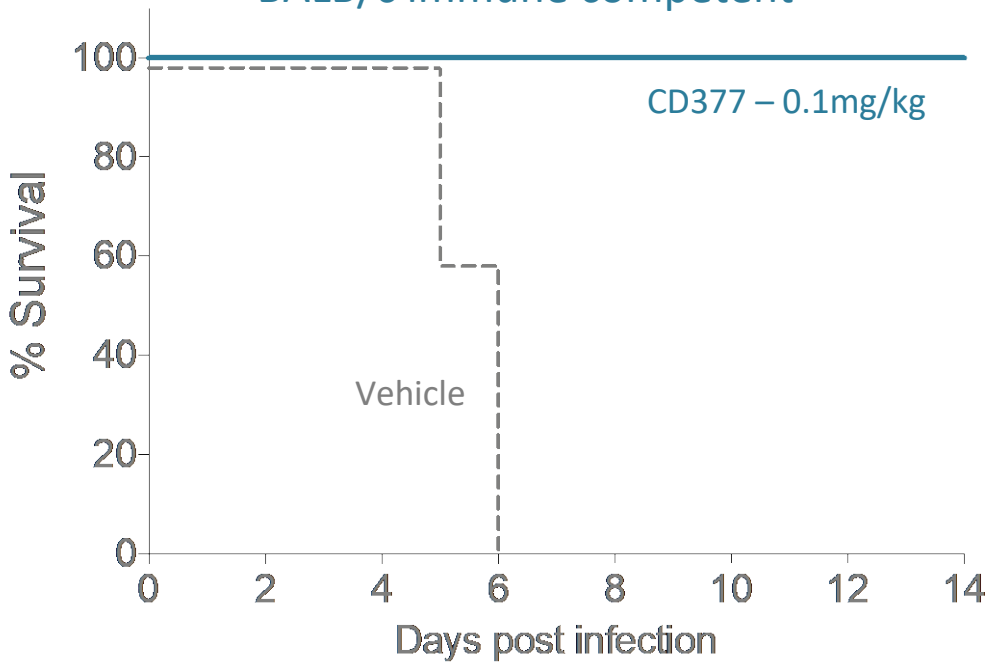
# DFCs SHOW SIMILAR EFFICACY IN IMMUNE COMPETENT AND COMPROMISED

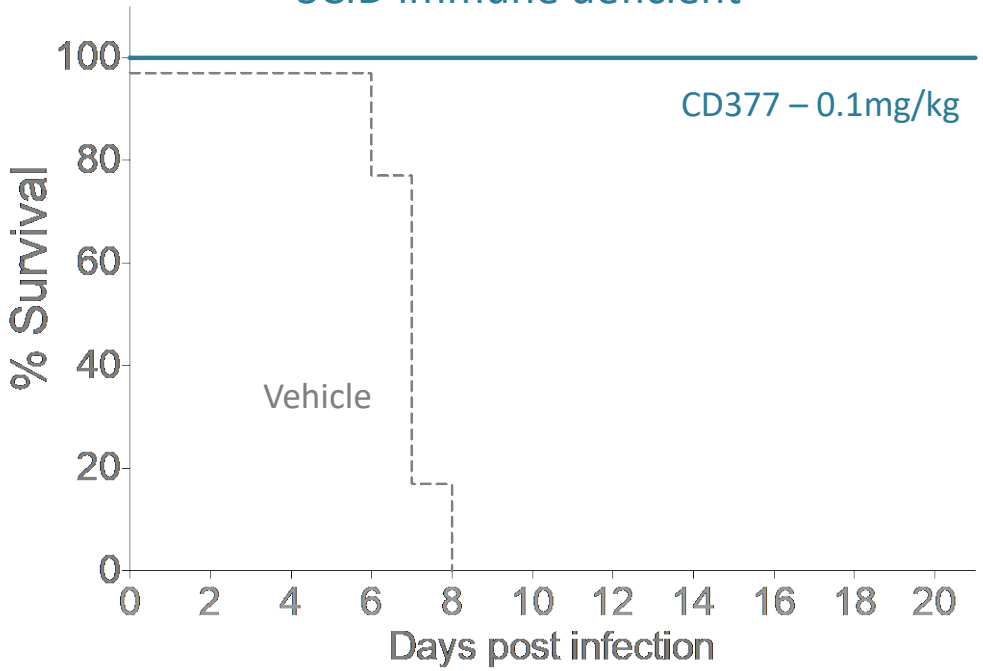
## *CD377 INFLUENZA PROGRAM*

*A/PR/8/1934 H1N1*
*Mouse treatment models*

BALB/c immune competent




SCID immune deficient

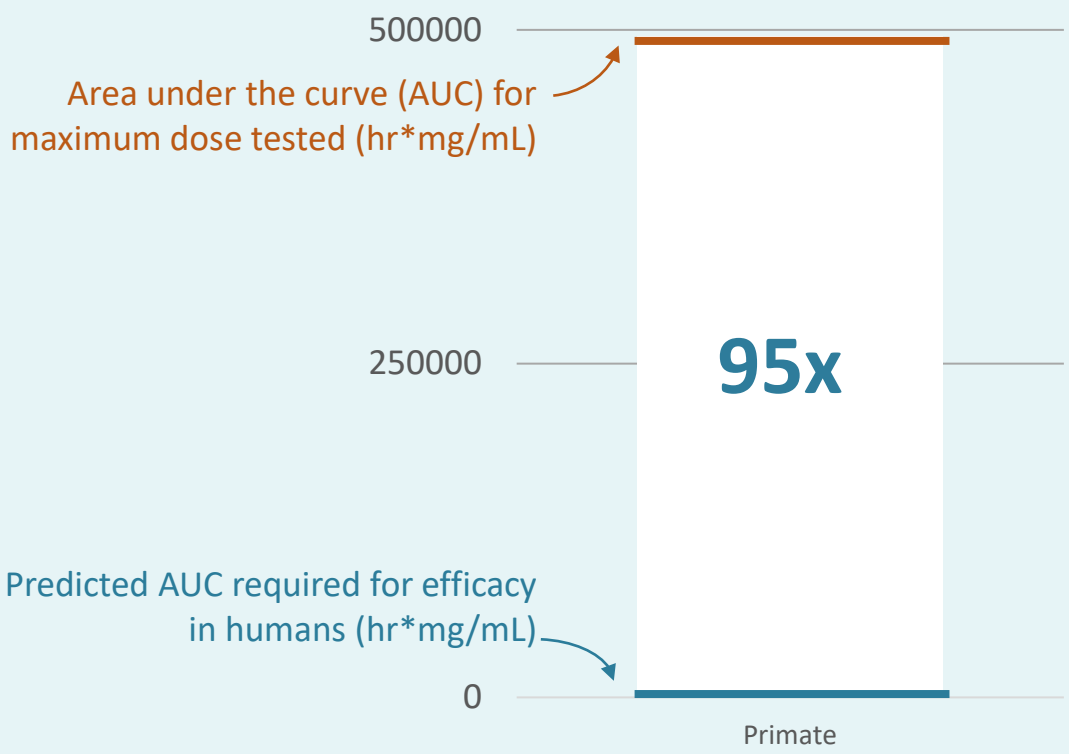



5 mice per cohort. CD377 (SC) dosing was initiated 2 hours post-infection

# ROBUST PRECLINICAL SAFETY

## *CD377 INFLUENZA PROGRAM*

### THERAPEUTIC MARGIN




### NO ADVERSE FINDINGS IN PRECLINICAL STUDY FOR:

- Clinical Observations
- Hematology
- Clinical Chemistry
- Coagulation
- Urinalysis
- Immunophenotyping
- Cytokines
- Histopathology

Cidara data on file

1. Results of 14-day preclinical toxicity testing, CD377

# UNMET NEEDS IN RESPIRATORY VIRUSES

*ERIC SIMOES, MD*
*UNIVERSITY OF COLORADO*

CIDARA THERAPEUTICS

# Viral Respiratory Tract infections

## Importance and Prospects for Prevention and Treatment

Eric A.F. Simões, Professor of Pediatrics
Section of Infectious Diseases,
University of Colorado School of Medicine, and Children's Hospital Colorado
Professor of Epidemiology
Colorado School of Public Health, and
Center for Global Health.

# MAJOR VIRAL RESPIRATORY PATHOGENS

- SARS CoV2
- Influenza Virus
- Respiratory Syncytial Virus
- Rhinovirus
- Parainfluenza viruses
- Human Metapneumovirus



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# MAJOR VIRAL RESPIRATORY PATHOGENS

- SARS CoV2
- Influenza Virus
- Respiratory Syncytial Virus
- Rhinovirus
- Parainfluenza viruses
- Human Metapneumovirus



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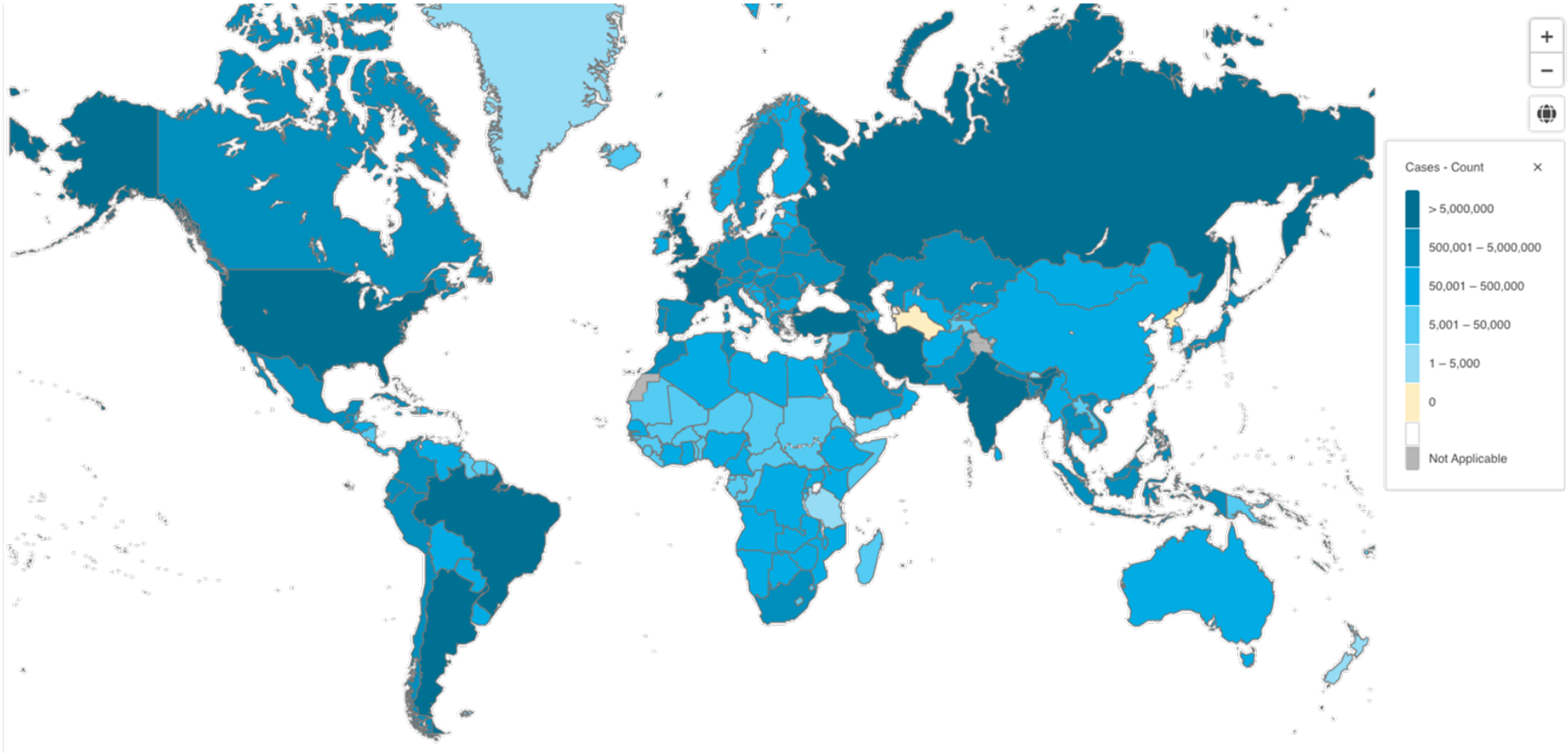
# SARS COV-2: GLOBAL SITUATION-13 SEPT 2021

224 Million Confirmed Cases,

4.63 Million confirmed Deaths

5.4 Billion Vaccine Doses Administered






https://covid19.who.int/ Accessed 13 Sept 2021

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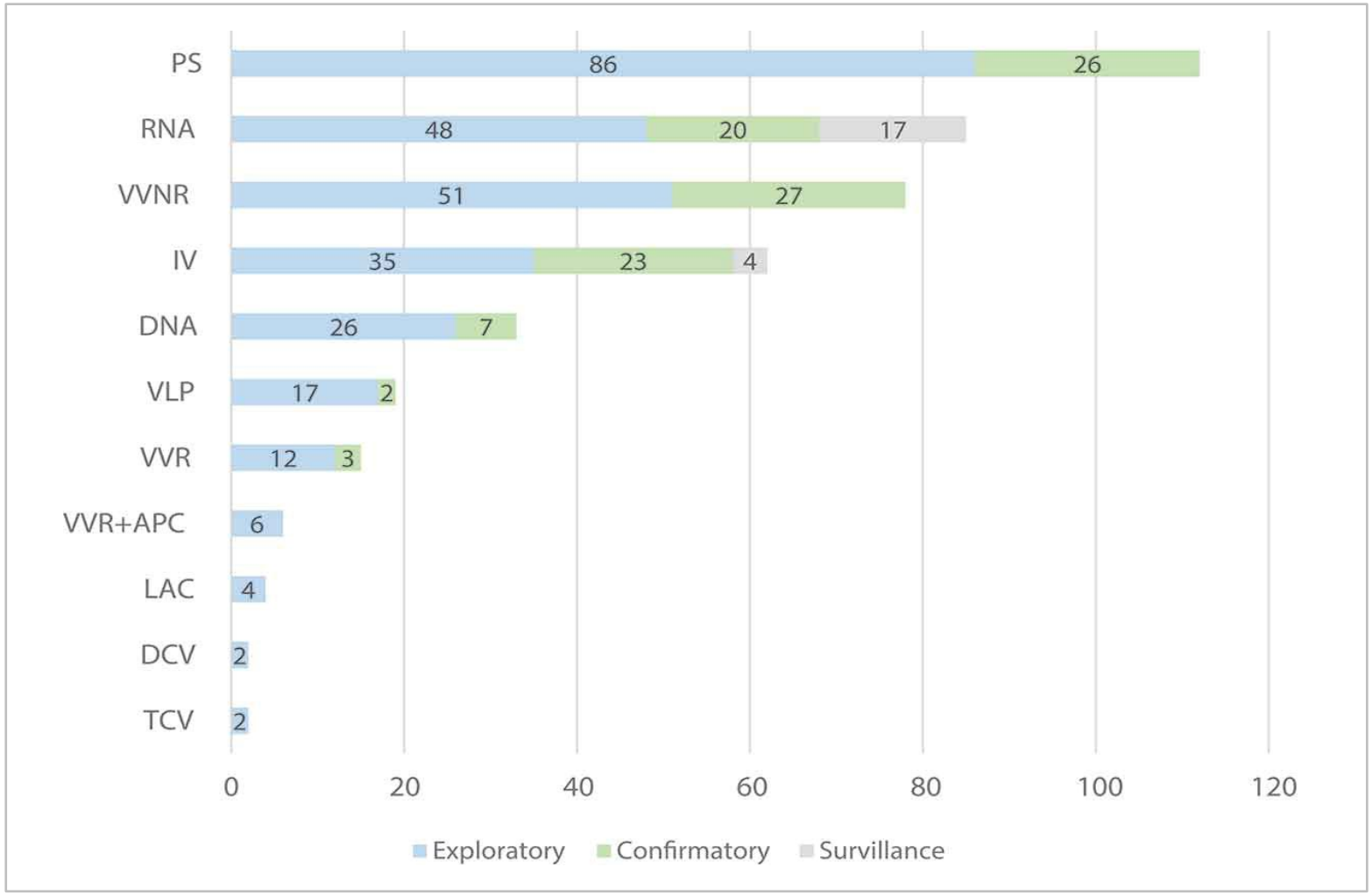
# SARS COV 2 VACCINES: MANY, BUT ARE THEY GOOD ENOUGH?

442 Clinical Trials on 185 vaccine Candidates






Huang H-Yet al., Hum Vaccin Immunother2021;17:3276-3280

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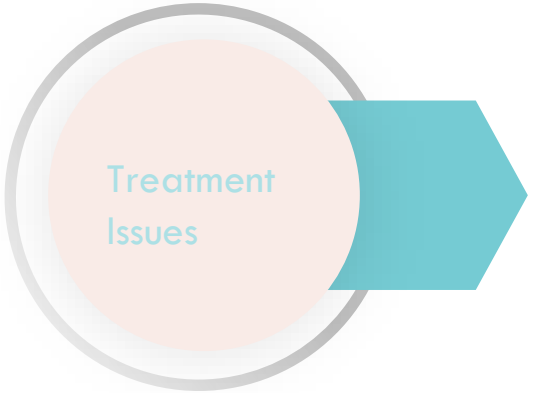
# DESPITE AVAILABILITY OF VACCINES, UNMET NEEDS IN PREVENTION AND TREATMENT STILL PRESIDE


- While efficacious vaccines are available, universal global distribution is a real issue.
- Vaccines protect against invasive disease but less so against infection and even less against transmission
- Variants inevitably will evade the immune response and I personally don't see an end in sight, unlike most post 2020 COVID epidemiologists.
- This is a respiratory virus that spreads and evolves and will not evolve to become a mild flu-like illness in our lifetimes




- Monoclonal antibodies are costly, of limited use, inconvenient, high dose
- Specific treatments are limited (Remdesivir)



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# INFLUENZA – LARGE PIPELINE OF VACCINE CANDIDATES

Influenza vaccines — United States, 2021–22 influenza season*

| Trade name (manufacturer) | Presentations | Age indication | µg HA (IIV4s and RIV4) or virus count (LAIV4) for each vaccine virus (per dose) | Route | Mercury (from thimerosal, if present), µg/0.5 mL |
|---|---|---|---|---|---|
| **IIV4 (standard-dose, egg-based vaccines†)** | | | | | |
| Afluria Quadrivalent (Seqirus) | 0.25-mL PFS§ | 6 through 35 mos§ | 7.5 µg/0.25 mL | IM¶ | — |
| | 0.5-mL PFS§ | ≥3 yrs§ | 15 µg/0.5 mL | IM¶ | — |
| | 5.0-mL MDV§ | ≥6 mos§ (needle/syringe) 18 through 64 yrs (jet injector) | 15 µg/0.5 mL | IM¶ | 24.5 |
| Fluarix Quadrivalent (GlaxoSmithKline) | 0.5-mL PFS | ≥6 mos | 15 µg/0.5 mL | IM¶ | — |
| FluLaval Quadrivalent (GlaxoSmithKline) | 0.5-mL PFS | ≥6 mos | 15 µg/0.5 mL | IM¶ | — |
| Fluzone Quadrivalent (Sanofi Pasteur) | 0.5-mL PFS** | ≥6 mos** | 15 µg/0.5 mL | IM¶ | — |
| | 0.5-mL SDV** | ≥6 mos** | 15 µg/0.5 mL | IM¶ | — |
| | 5.0-mL MDV** | ≥6 mos** | 15 µg/0.5 mL 7.5 µg/0.25 mL | IM¶ | 25 |
| **ccIIV4 (standard-dose, cell culture–based vaccine)** | | | | | |
| Flucelvax Quadrivalent (Seqirus) | 0.5-mL PFS | ≥2 yrs | 15 µg/0.5 mL | IM¶ | — |
| | 5.0-mL MDV | ≥2 yrs | 15 µg/0.5 mL | IM¶ | 25 |
| **HD-IIV4 (high-dose, egg-based vaccine†)** | | | | | |
| Fluzone High-Dose Quadrivalent (Sanofi Pasteur) | 0.7-mL PFS | ≥65 yrs | 60 µg/0.7 mL | IM¶ | — |
| **aIIV4 (standard-dose, egg-based† vaccine with MF59 adjuvant)** | | | | | |
| Fluad Quadrivalent (Seqirus) | 0.5-mL PFS | ≥65 yrs | 15 µg/0.5 mL | IM¶ | — |
| **RIV4 (recombinant HA vaccine)** | | | | | |
| Flublok Quadrivalent (Sanofi Pasteur) | 0.5-mL PFS | ≥18 yrs | 45 µg/0.5 mL | IM¶ | — |
| **LAIV4 (egg-based vaccine†)** | | | | | |
| FluMist Quadrivalent (AstraZeneca) | 0.2-mL prefilled single-use intranasal sprayer | 2 through 49 yrs | $10^{6.5–7.5}$ fluorescent focus units/0.2 mL | NAS | — |

## Universal Protection is Still Elusive

https://www.cdc.gov/flu/professionals/acip/2021-2022/acip-table.htm Accessed 10 Sept 21


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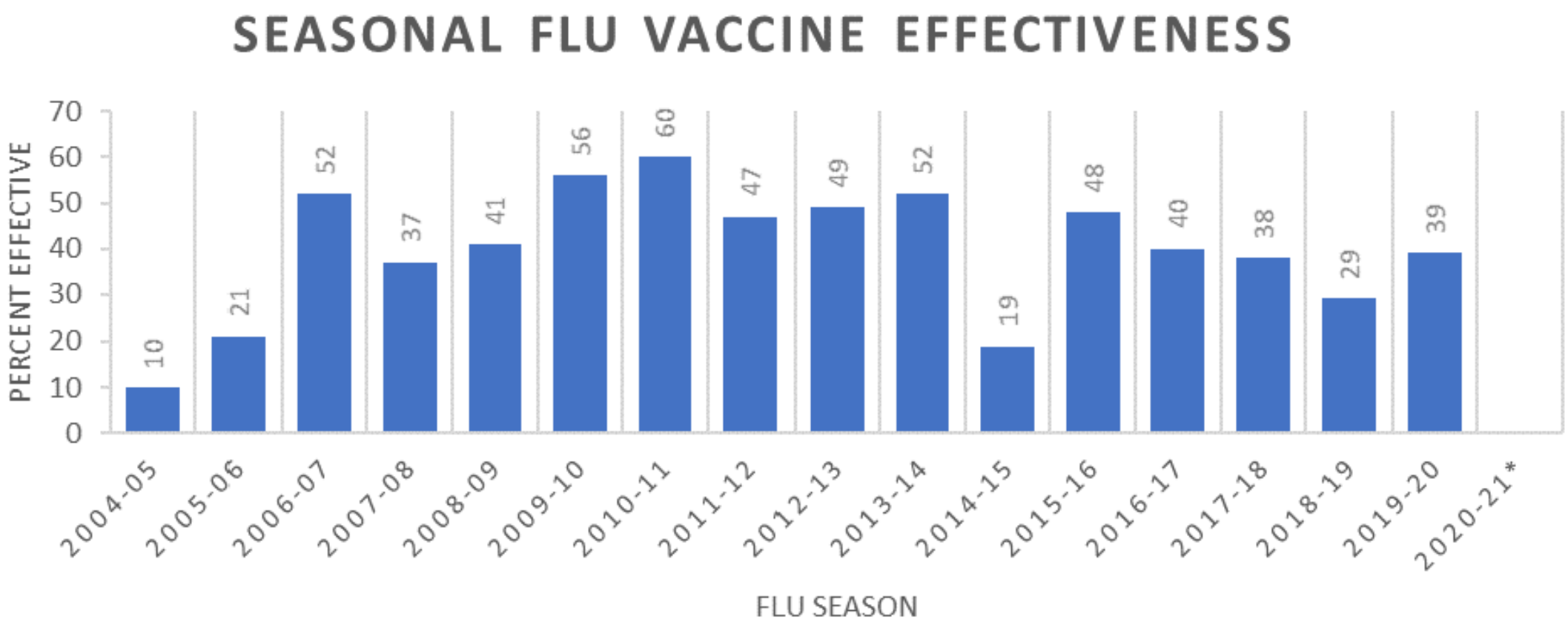
# SEASONAL FLU VACCINE EFFECTIVENESS IS STILL SUB-OPTIMAL

… and even less effective for elderly and immune compromised




https://www.cdc.gov/flu/professionals/acip/2021-2022/acip-table.htm Accessed 10 Sept 21



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# UNIVERSAL INFLUENZA PREVENTION IS STILL A MAJOR UNMET NEED

| | Adult Subjects | Pediatric Subjects |
|---|---|---|
| Prevention | Available | Available |
| | Not very effective | Not very effective |
| | Annual vaccination | Annual vaccination through life |
| | Decreasing Efficacy | Decreasing Efficacy |



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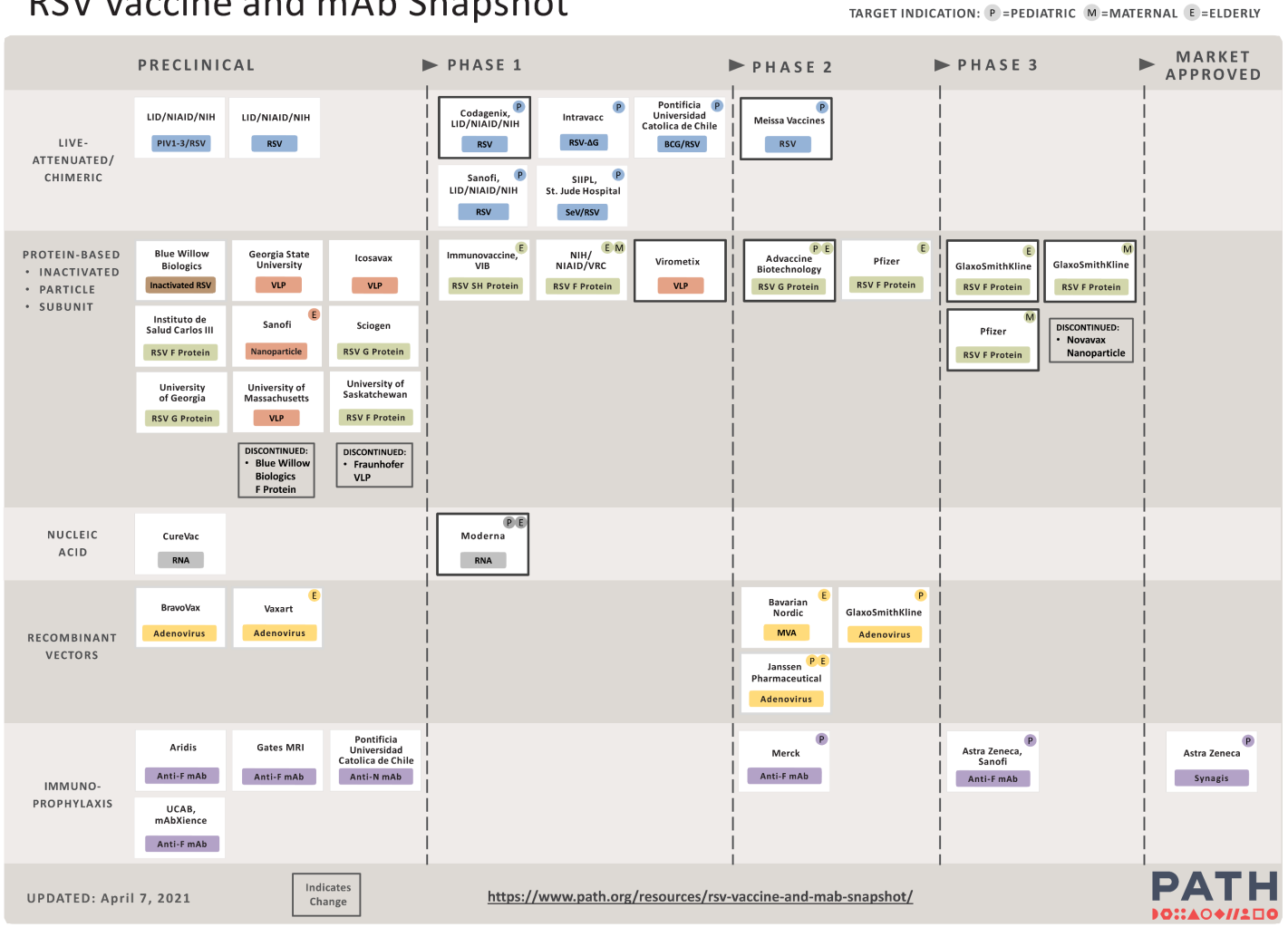
# RSV PREVENTION – STILL A CHALLENGING PROBLEM

## RSV Vaccine and mAb Snapshot




## VACCINES

Still unproven and immunogenicity remains a problem

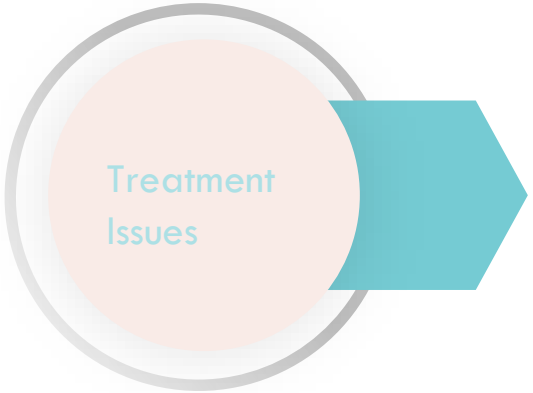
## mAbs

Expensive, large dose (adults)

Coverage/Resistance issues

# UNMET NEEDS IN RSV PREVENTION AND TREATMENT


- For Infants Greatest burden of illness before 3 -6 months of age
  - Long acting monoclonal antibodies show promise but escape mutants are a possibility
  - Maternal immunization shows promise, but protection for 3-4 months? Maternal uptake
- Older children: Outpatient and emergency room visits are big burden; vaccines in development
- Older Adults: Uncerrtain burden, studies need 40-60,000 participants to show efficacy
- Vaccine immunogenicity an issue in these populations




- Fusion inhibitors all target the same pocket in the RSFV F structure
- Treatment is best when disease is early
- Older adult unknown role
- Immune compromised ? Secondary issue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RSV — Improved potency

HIV — Broader coverage

SARS-CoV-2 — Unique modality

Others — Expanding outside of ID

CIDARA THERAPEUTICS

# INFLUENZA PROVIDES VALIDATION TO ADDRESS ADDITIONAL INDICATIONS

| | FLU | RSV | HIV | SARS-CoV-2 |
|---|---|---|---|---|
| **STRATEGIC FOCUS** | Seasonal & Pandemic<br>Prevent \| Treat | Seasonal<br>Prevent \| Treat | Chronic<br>Maintain \| PREP | Seasonal & Pandemic<br>Prevent \| Treat |
| **UNMET NEED** | Poor vaccines<br>Pandemic Preparation | No vaccine<br>No Good Treatment | Daily pills for life | Pandemic |
| **TARGET PROFILE** | 1 SC/IM dose/season<br>Pan Flu | 1 SC/IM dose/season | 2-4 SC doses/year<br>Alone or in combo | 1 SC/IM dose/ season |

Janssen Pharmaceuticals

# RSV — Improved potency

HIV — Broader coverage

SARS-CoV-2 — Unique modality

Others — Expanding outside of ID

CIDARA THERAPEUTICS

# RSV CASES ON THE RISE IN THE WAKE OF SURGING COVID CASES

npr AUGUST 14, 2021

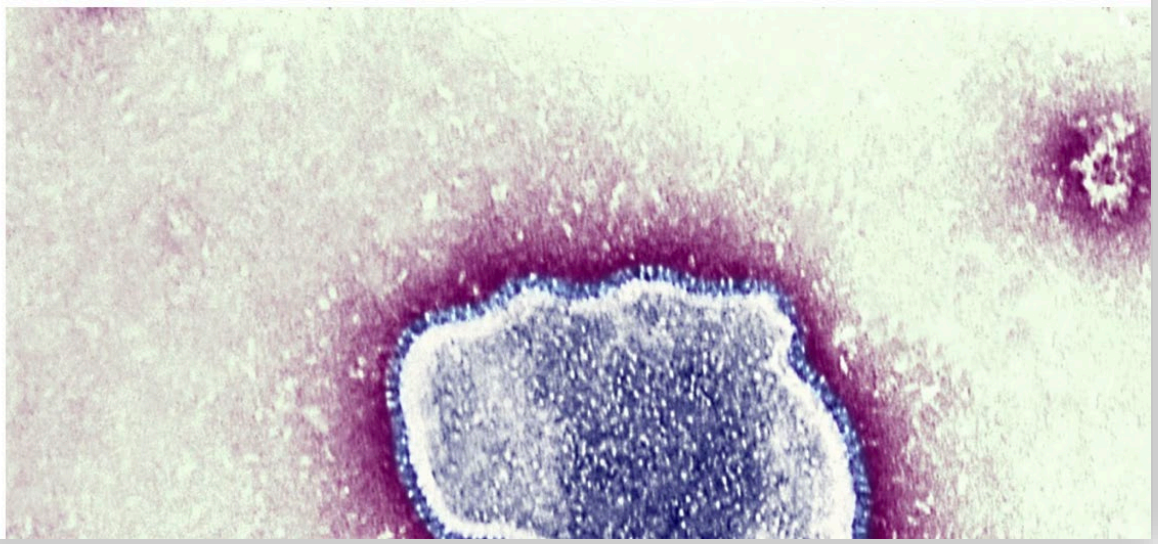
HEALTH

## As Children's COVID Cases Surge, There's Another Virus On The Rise

August 14, 2021 · 7:00 AM ET



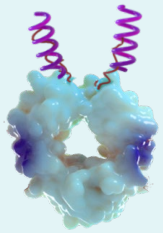
VANESSA ROMO

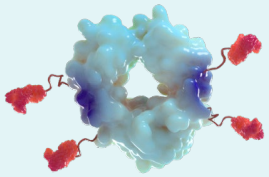


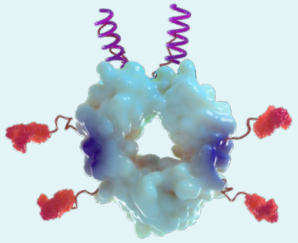
- Leading cause of viral-induced infant mortality globally
- No vaccines
- Current therapies are suboptimal
- New approaches clearly needed

# THE POWER OF SINGLE MOLECULE DFC COCKTAILS

## RSV A2 Growth Inhibition

RVC-A  650 $EC_{50}$ (nM)

RVC-B  0.2 $EC_{50}$ (nM)

RVC-C  <0.001 $EC_{50}$ (nM)

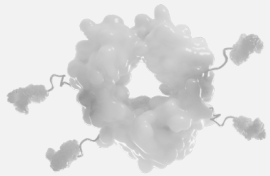
Single molecule cocktail


4.0 $EC_{50}$ (nM)

# THE POWER OF OPTIMIZING SMALL MOLECULES

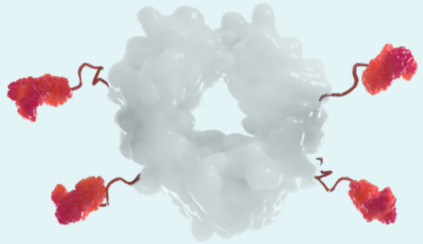
## RSV A2 Growth Inhibition

RVC-B



0.2 $EC_{50}$ (nM)

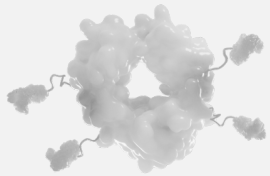
## OPTIMIZED DERIVITIVES

| | | |
|---|---|---|
| RVC-D |  | 0.013 $EC_{50}$ (nM) |
| RVC-E | | 0.093 $EC_{50}$ (nM) |
| RVC-F | | 0.050 $EC_{50}$ (nM) |

# THE POWER OF OPTIMIZING SMALL MOLECULES

## RSV A2 Growth Inhibition

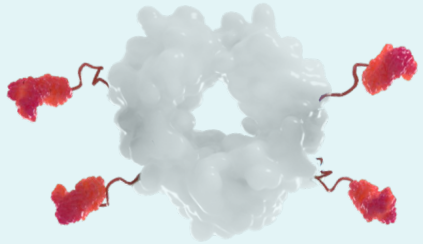
RVC-B



0.2 $EC_{50}$ (nM)

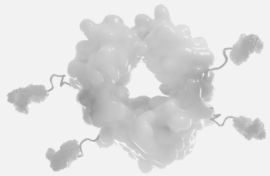
## OPTIMIZED DERIVITIVES

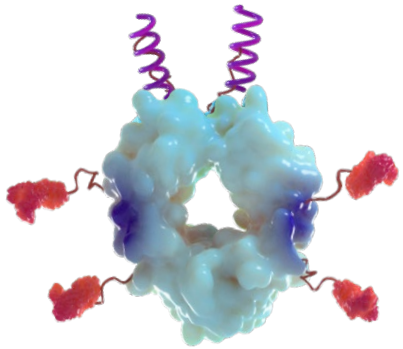
| | | RSV Long | RSV 9320 | RSV 18357 |
|---|---|---|---|---|
| RVC-D | 0.013 $EC_{50}$ (nM) | <0.001 $EC_{50}$ (nM) | | |
| RVC-E | 0.093 $EC_{50}$ (nM) | | | |
| RVC-F | 0.050 $EC_{50}$ (nM) | | | |



# THE POWER OF OPTIMIZING SMALL MOLECULES

## RSV A2 Growth Inhibition

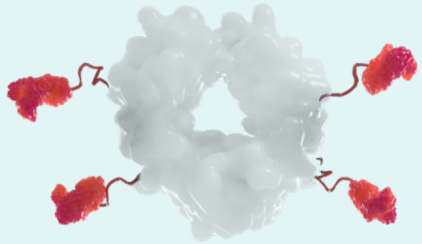
RVC-B  0.2 $EC_{50}$ (nM)



Next steps: single molecule cocktails with new SMs

## OPTIMIZED DERIVITIVES

| | | RSV Long | RSV 9320 | RSV 18357 |
|---|---|---|---|---|
| RVC-D | 0.013 $EC_{50}$ (nM) | <0.001 $EC_{50}$ (nM) | | |
| RVC-E | 0.093 $EC_{50}$ (nM) | | | |
| RVC-F | 0.050 $EC_{50}$ (nM) | | | |



# DFCs COULD ADDRESS A LARGE UNMET NEED IN ADULT POPULATIONS

## RSV

FOR ADULTS,
IV IS LIKELY THE
ONLY OPTION
WITH mAbs

RSV — Improved potency

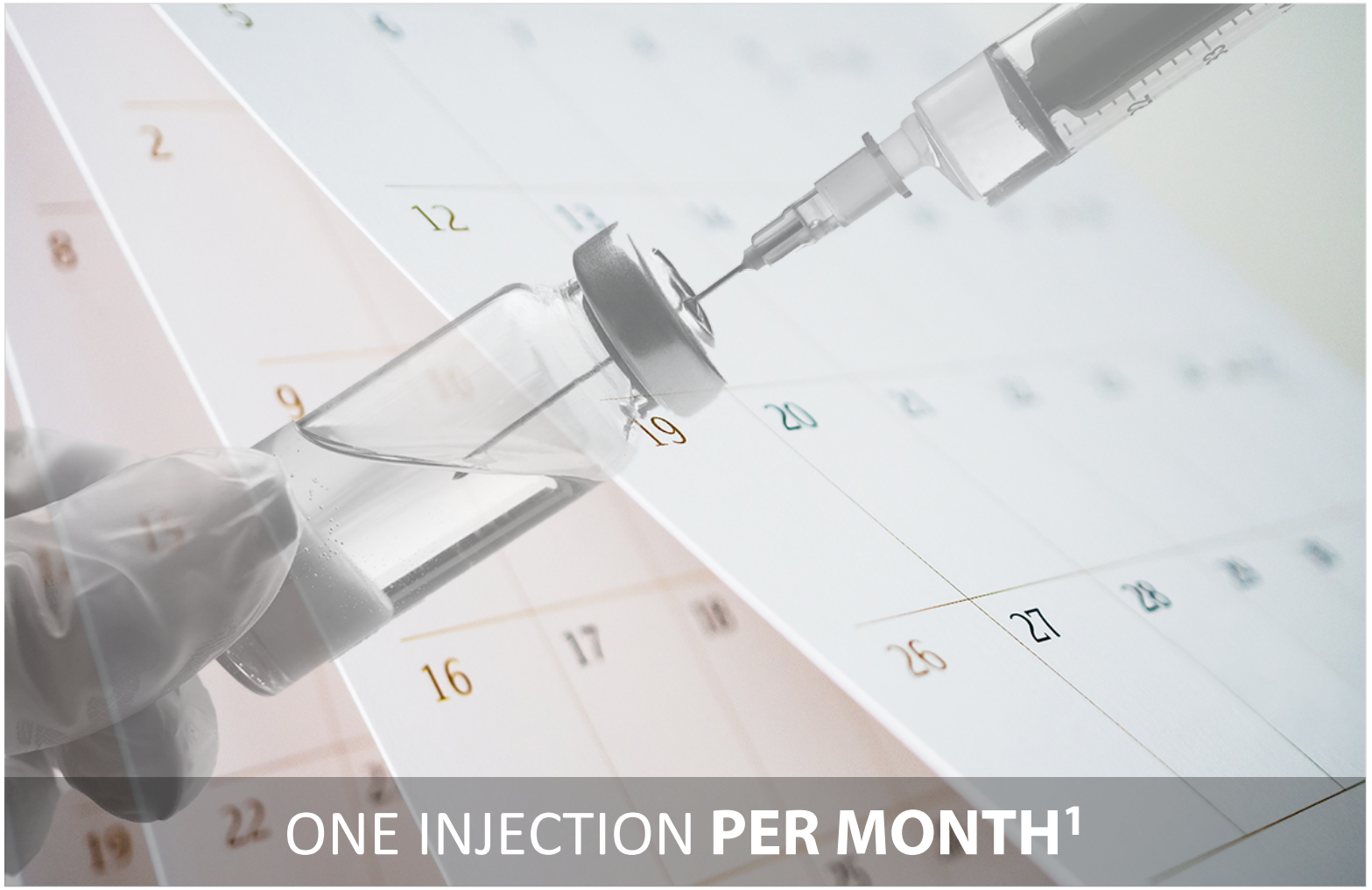
**HIV — Broader coverage**

SARS-CoV-2 — Unique modality

Others — Expanding outside of ID

CIDARA THERAPEUTICS

# HIV TREATMENTS ARE MOVING TO LONG-ACTING DRUGS

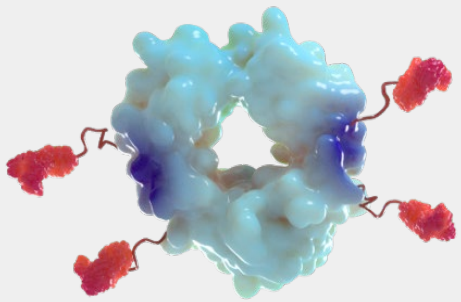






1. Cabenuva package insert

# HIV SINGLE MOLECULE COCKTAIL DFCs ARE HIGHLY POTENT

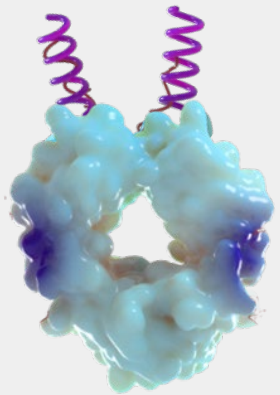
## SM CONJUGATE
HVC-A



**0.02** $EC_{50}$ (nM)[1]

Optimized GP120 inhibitor conjugate

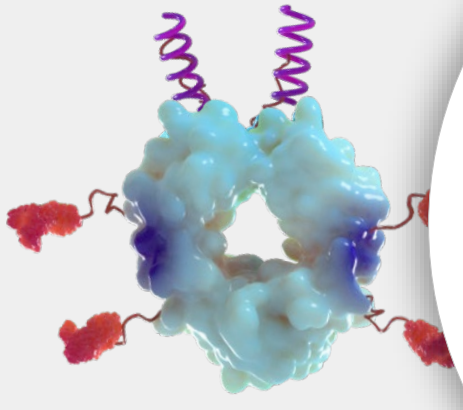
## PEPTIDE FUSION
HVC-B[2]



**0.009** $EC_{50}$ (nM)[1]

Viral envelope binding peptide

## DUAL HIV CONJUGATE
HVC-C

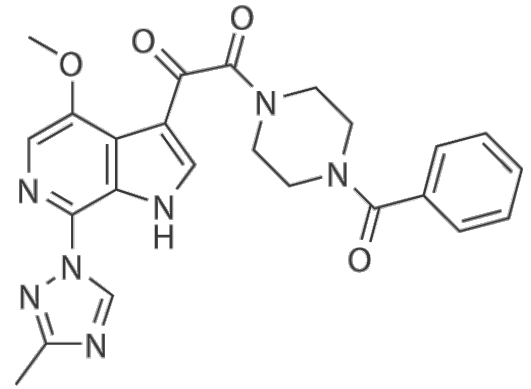


**0.003** $EC_{50}$ (nM)[1]

Single molecule cocktail

Full activity in presence of human serum

## TEMSAVIR



**0.02** $EC_{50}$ (nM)[1]

1.. CEM-SS cells and HIV-1 IIIB live virus 2. CC50 > 10000 nM

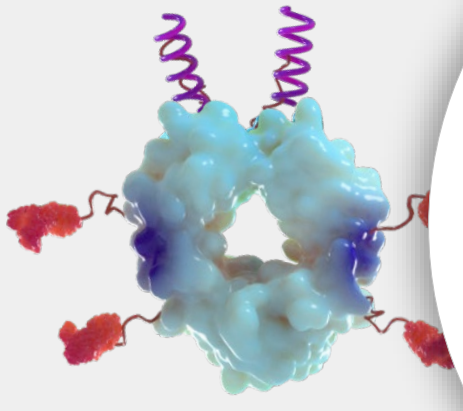
# HIV DFCs HAVE POTENT BROAD-SPECTRUM ACTIVITY

CPE with hPBMCs - $EC_{50}$ (nM)

| | | HVC-C | TEMSAVIR |
|---|---|---|---|
| A | CCR5 (UG/92/037) | <0.0003 | >100 |
| A | CXCR4/CCR5 (RW/92/009) | <0.0003 | 0.927 |
| B | CXCR4 (HT/92/599) | 0.0006 | 1.32 |
| B | CCR5 (US/921727) | <0.0003 | 1.49 |
| C | CCR5 (ZA/97/003) | 0.0007 | 2.17 |
| D | CXCR4/CCR5 (UG/92/001) | 0.0002 | 8.96 |
| AE | CXCR4/CCR5 (UG/92/001) | 1.96 | >100 |
| | MDR769 | 0.0008 | 0.481 |
| | A17R | <0.0003 | <0.0003 |

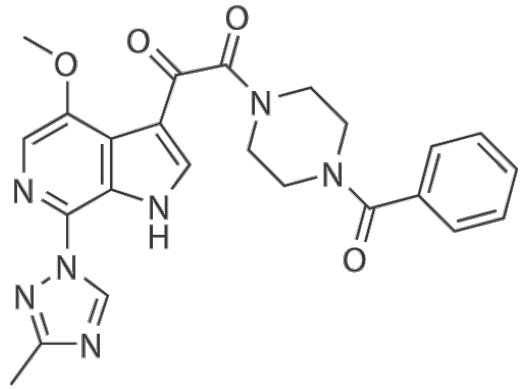
DUAL HIV CONJUGATE

HVC-C

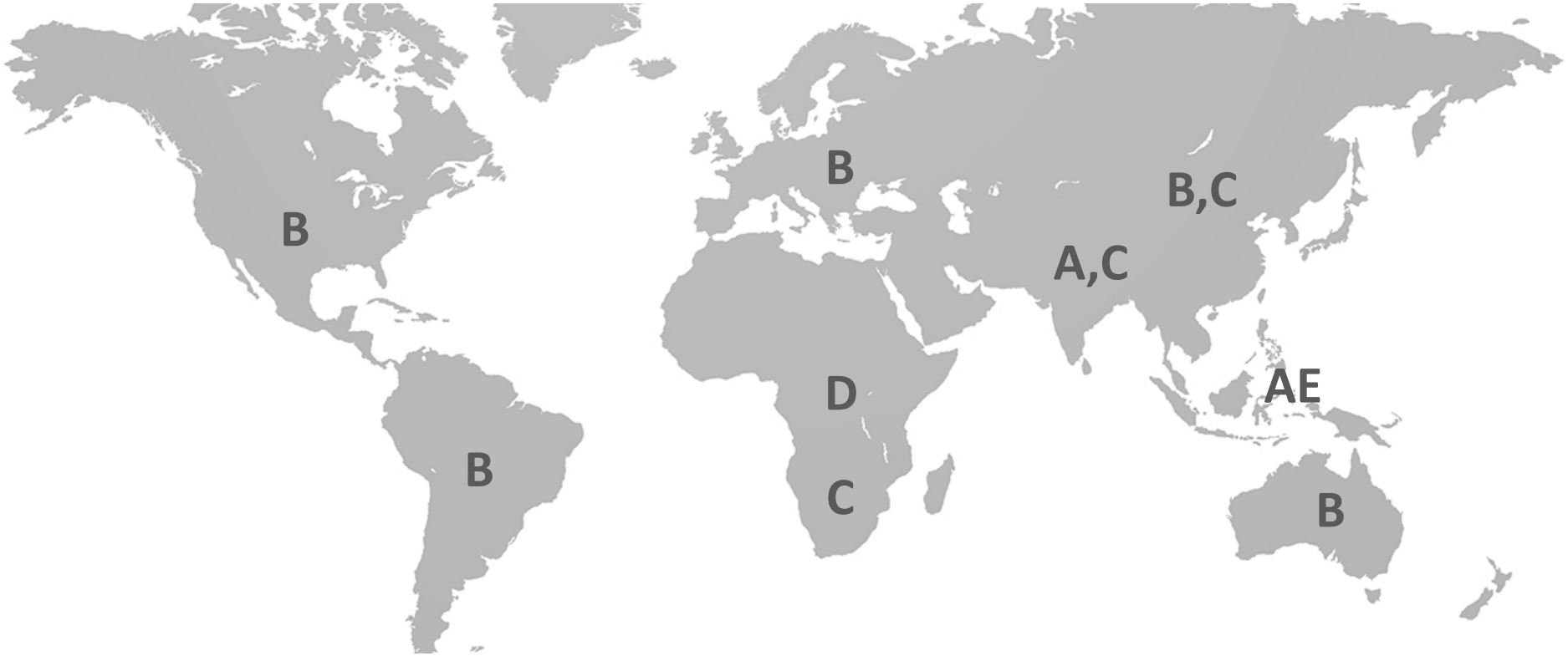


Single molecule cocktail

TEMSAVIR

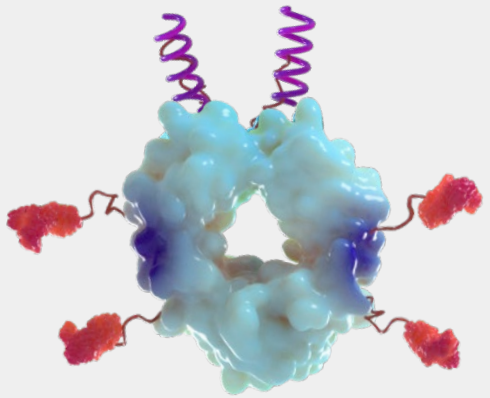


# GLOBAL STRAIN COVERAGE WITH SINGLE MOLECULE HIV COCKTAIL




## DUAL HIV CONJUGATE

HVC-C



0.003 $EC_{50}$ (nM)[1]

Single molecule cocktail

Full activity in presence of human serum

1.. CEM-SS cells and HIV-1 IIIB live virus 2. CC50 > 10000 nM

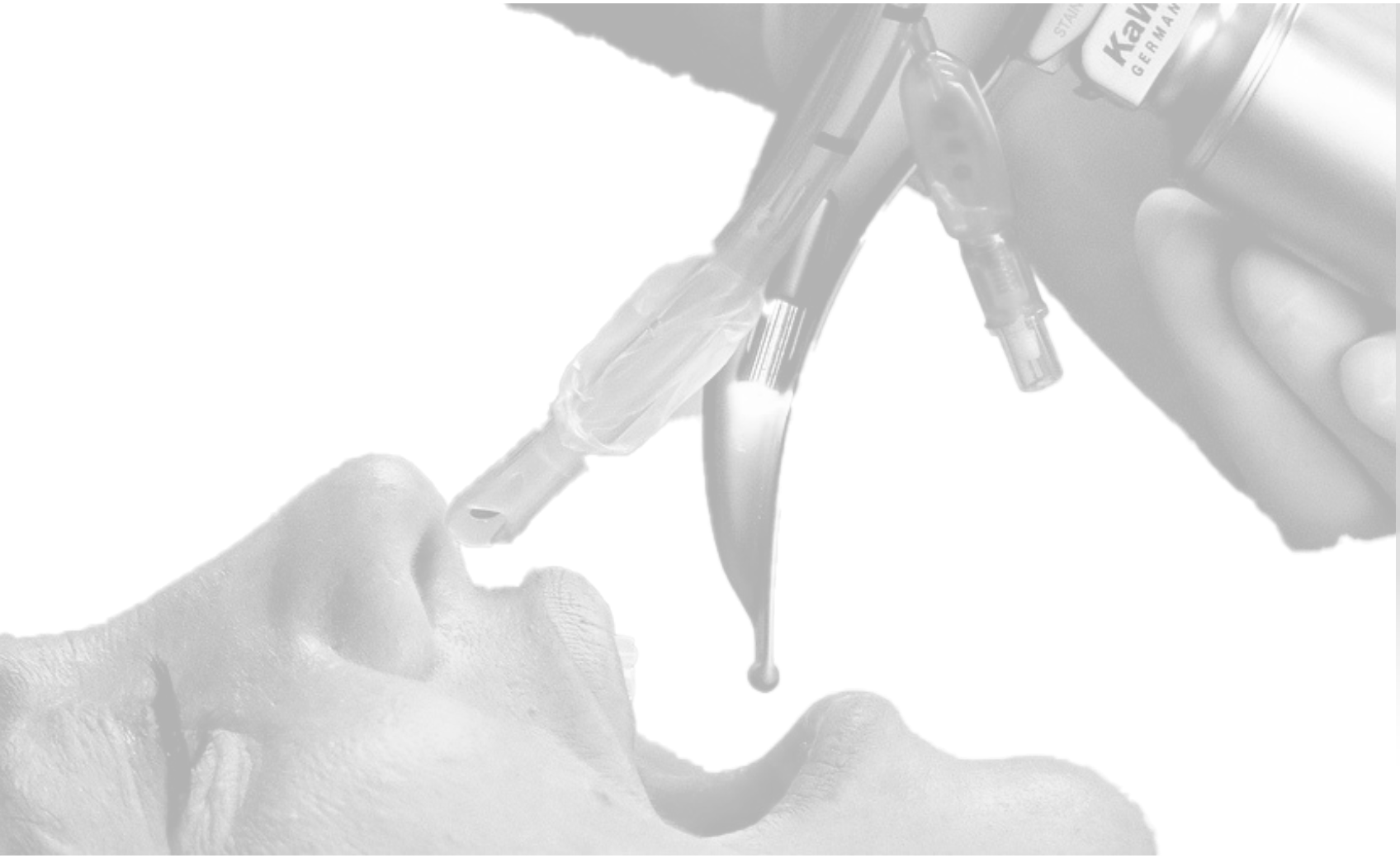
RSV — Superior potency

HIV — Broader coverage

**SARS-CoV-2 — Unique modality**

Others — Expanding outside of ID

# CURRENT TREATMENTS HAVE GROWING LIMITATIONS



## VACCINES

Limited and waning coverage

## MONOCLONAL ANTIBODIES

Poor tissue penetration

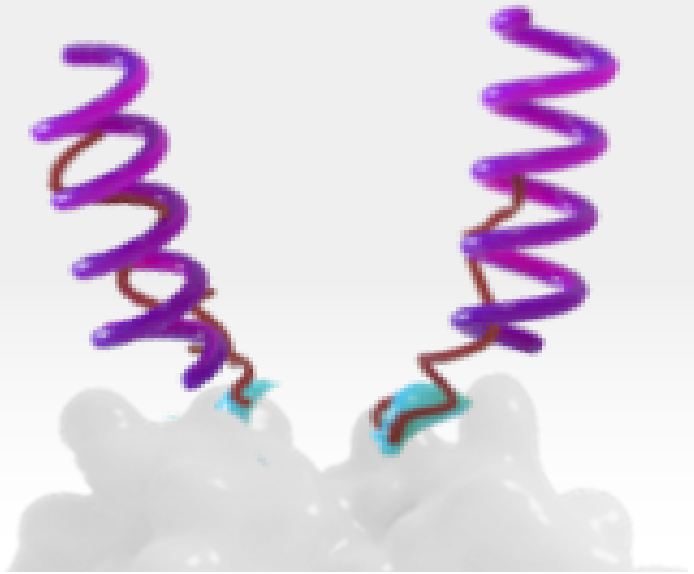
Expensive

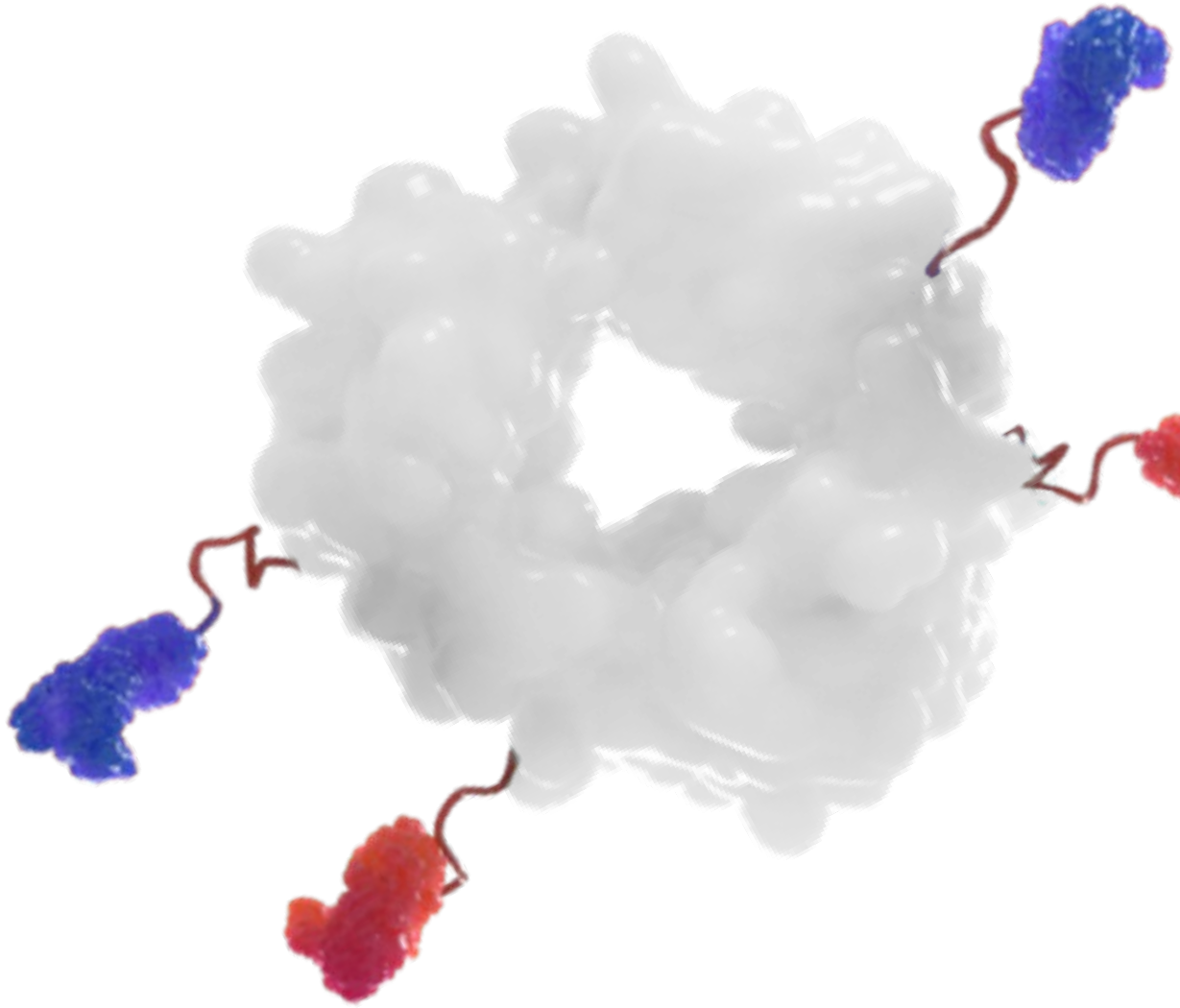
Efficacy limited

# SARS DFC PROGRAM OBJECTIVE: PAN-CORONAVIRUS ACTIVITY

## DFCs modularity enables:

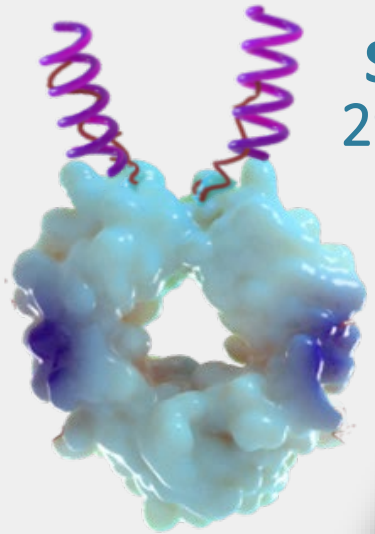
- Broader strain coverage
- Targeting of multiple viruses





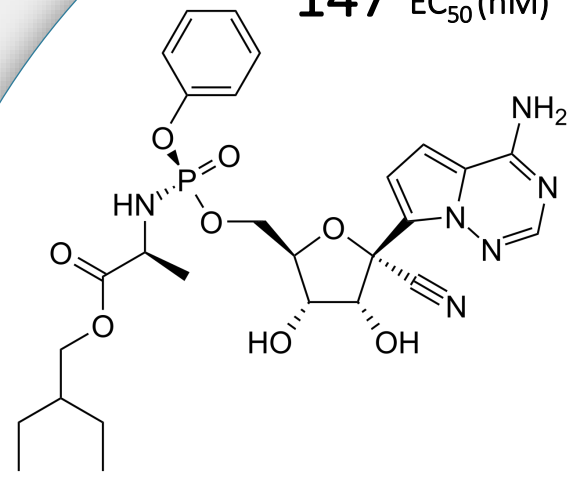
# 1st GENERATION SINGLE-TARGET SARS DFC

## ACTIVITY AGAINST CoV-OC43

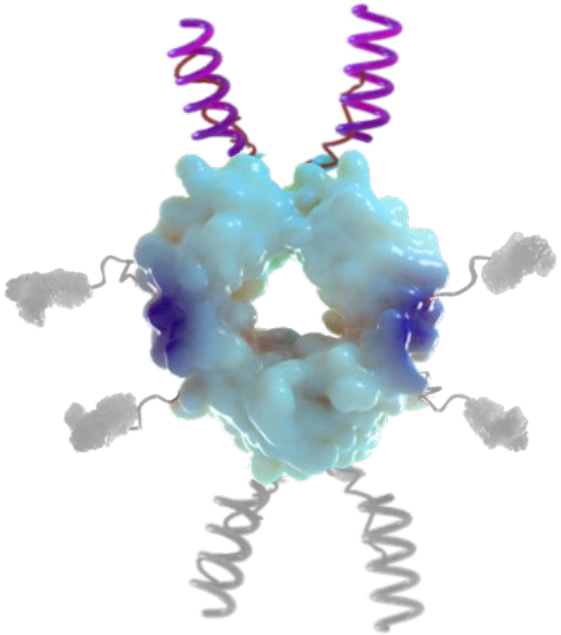


**SVC-A***
29 $EC_{50}$ (nM)

**Remdesivir**
147 $EC_{50}$ (nM)




## NEXT GENERATION CORONAVIRUS DFCs



Next step: single molecule cocktails

- **Testing** DFCs with complimentary mechanisms to SVC-294
- **Exploring** potential for pan-coronavirus activity
- **Expanding** to target additional viruses (e.g., influenza)



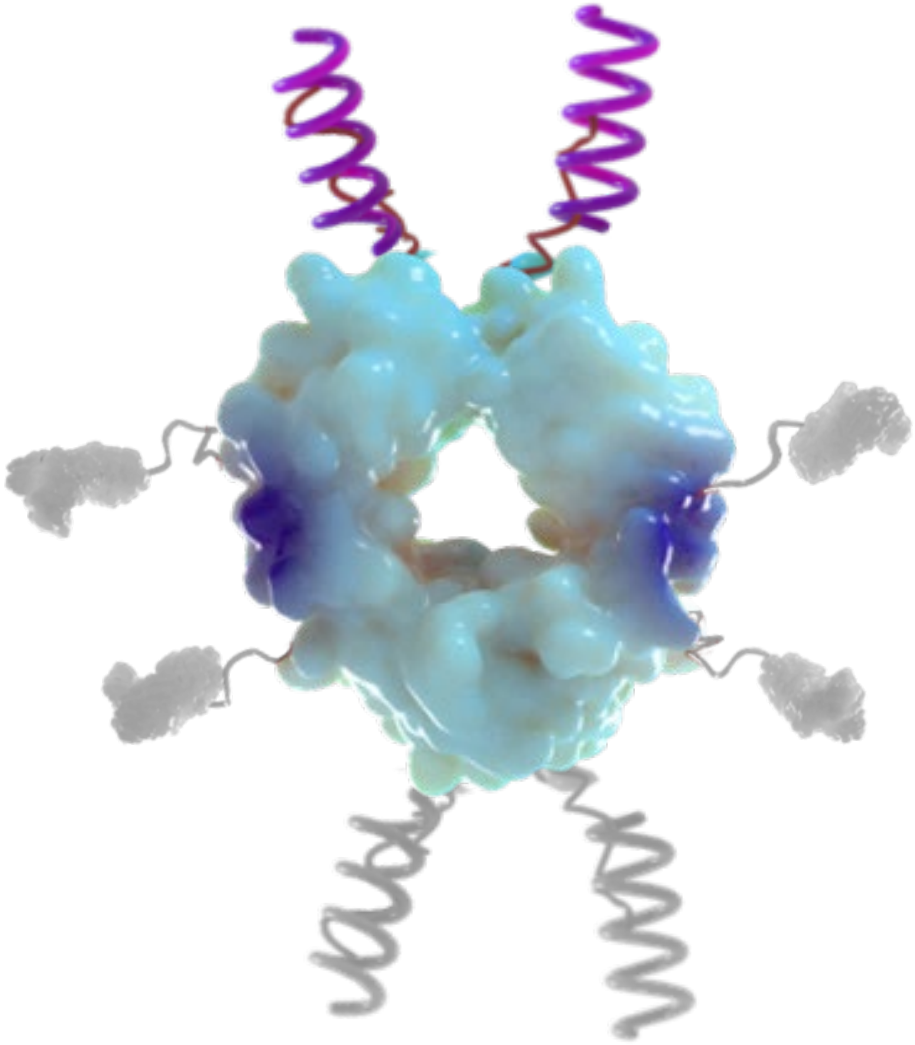
* $CC_{50}$ > 10000 nM (cytotoxicity measure, primate kidney cells)

# NEXT STEPS: SINGLE MOLECULE COCKTAILS TO TARGET MULTIPLE RESPIRATORY VIRUSES

FLU

SARS

RSV



RSV — Improved potency

HIV — Broader coverage

SARS-CoV-2 — Unique modality

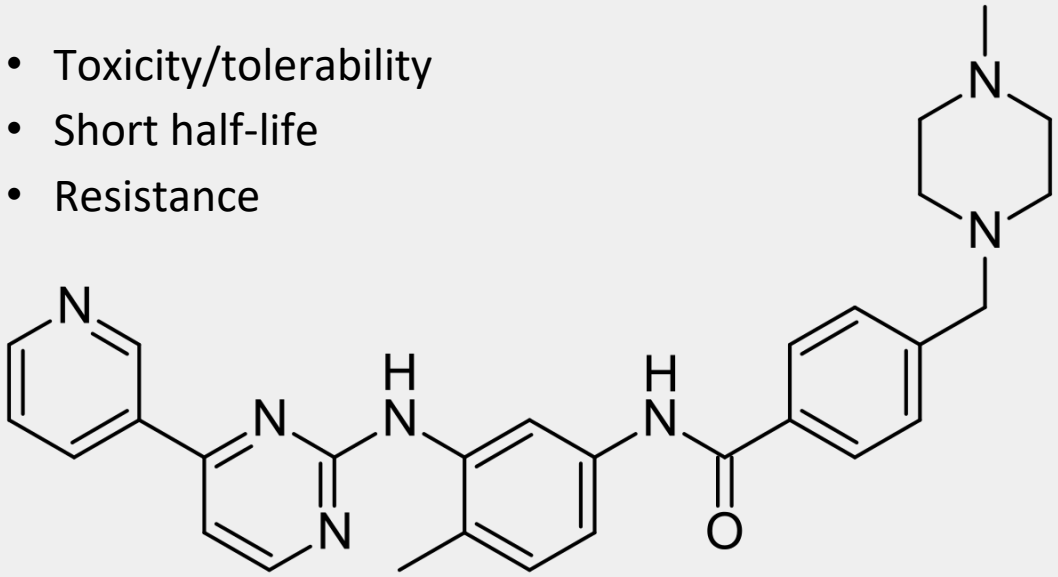
# Oncology — A single molecule cocktail

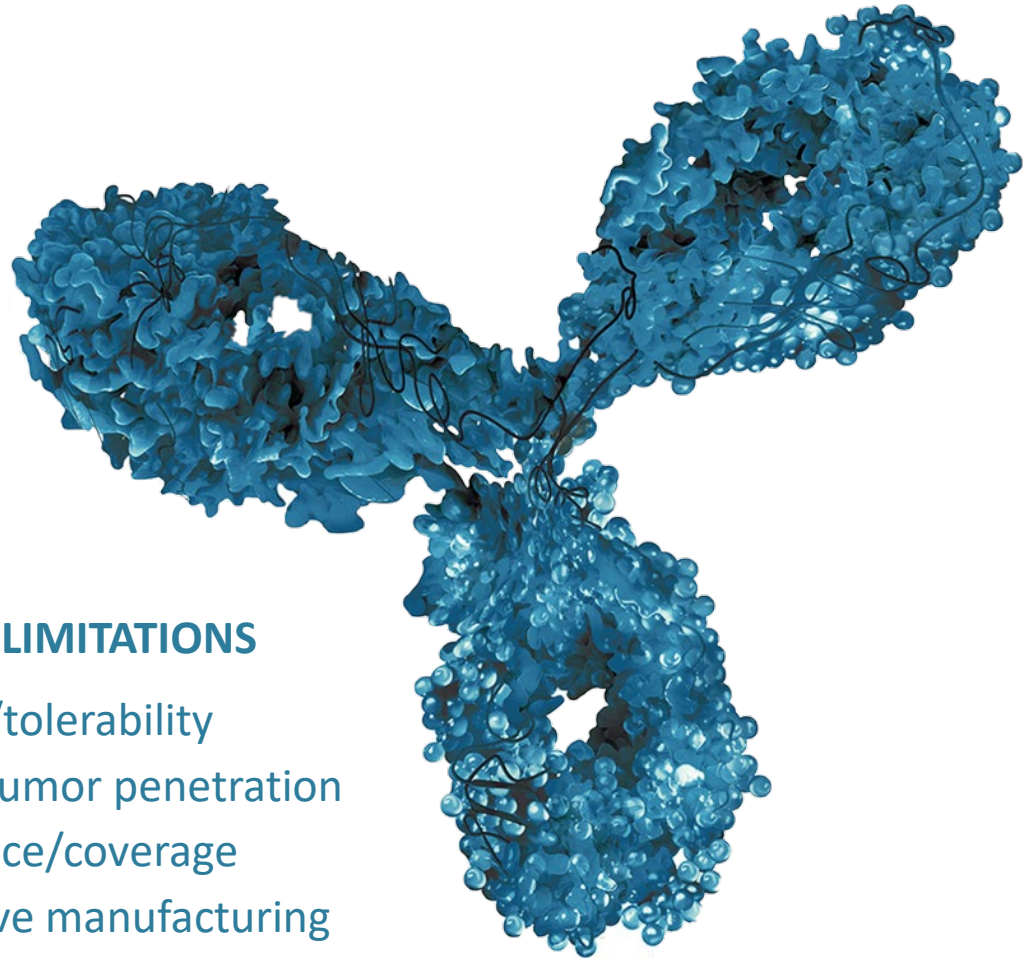
CIDARA THERAPEUTICS

# ONCOLOGY FACES SIMILAR CHALLENGES TO VIRAL DISEASE

**SM LIMITATIONS**

- Toxicity/tolerability
- Short half-life
- Resistance



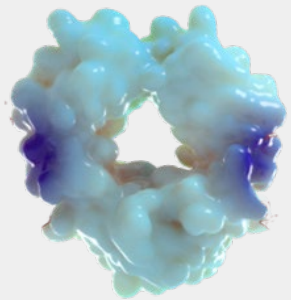



**mAb/ADC LIMITATIONS**

- Toxicity/tolerability
- Tissue/tumor penetration
- Resistance/coverage
- Expensive manufacturing

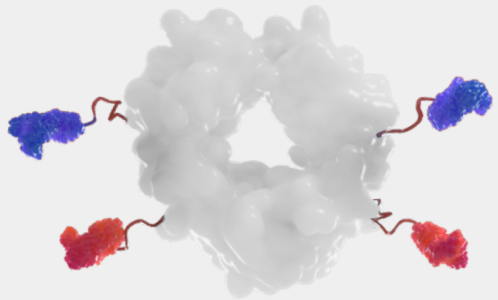
# DFCs ARE UNIQUELY POSITIONED TO ADDRESS THESE LIMITATIONS

## PENETRATION



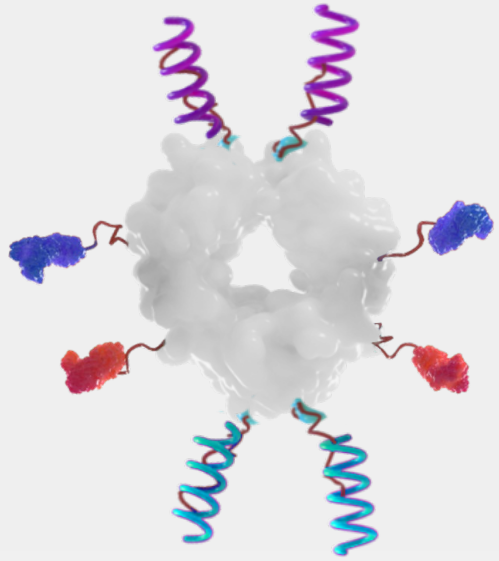
Fc prolongs PK and improves tumor penetration over mAbs

## TOLERABILITY



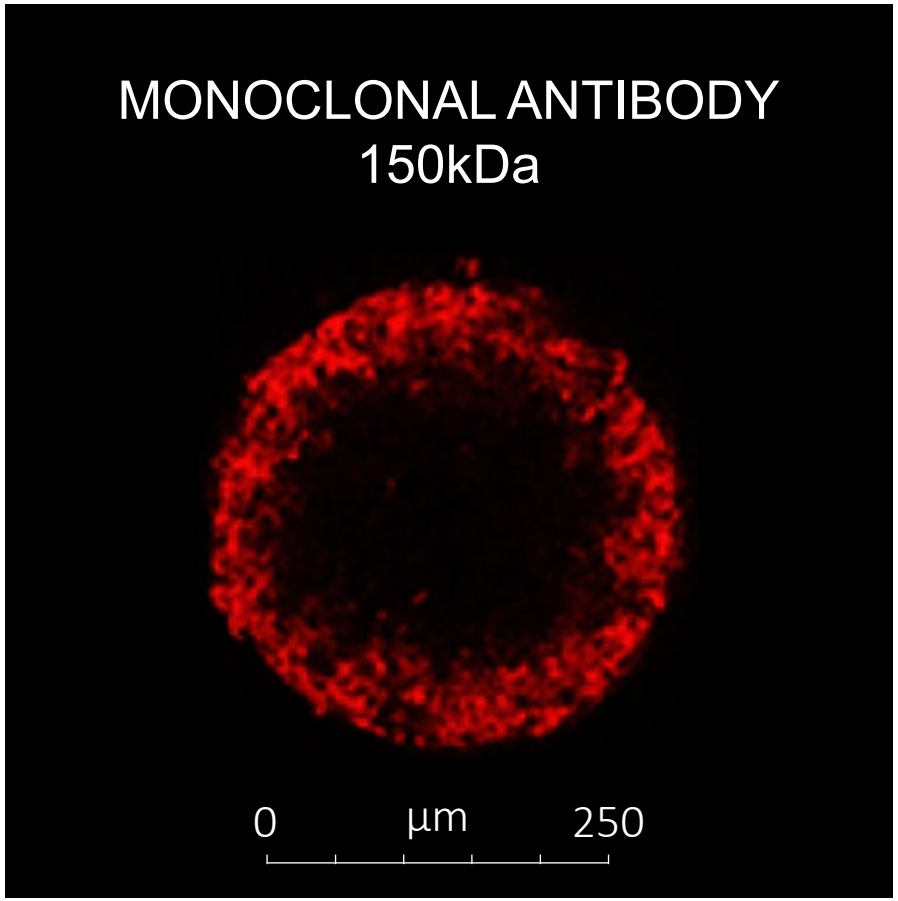
Small molecules fused to the Fc limit toxicity

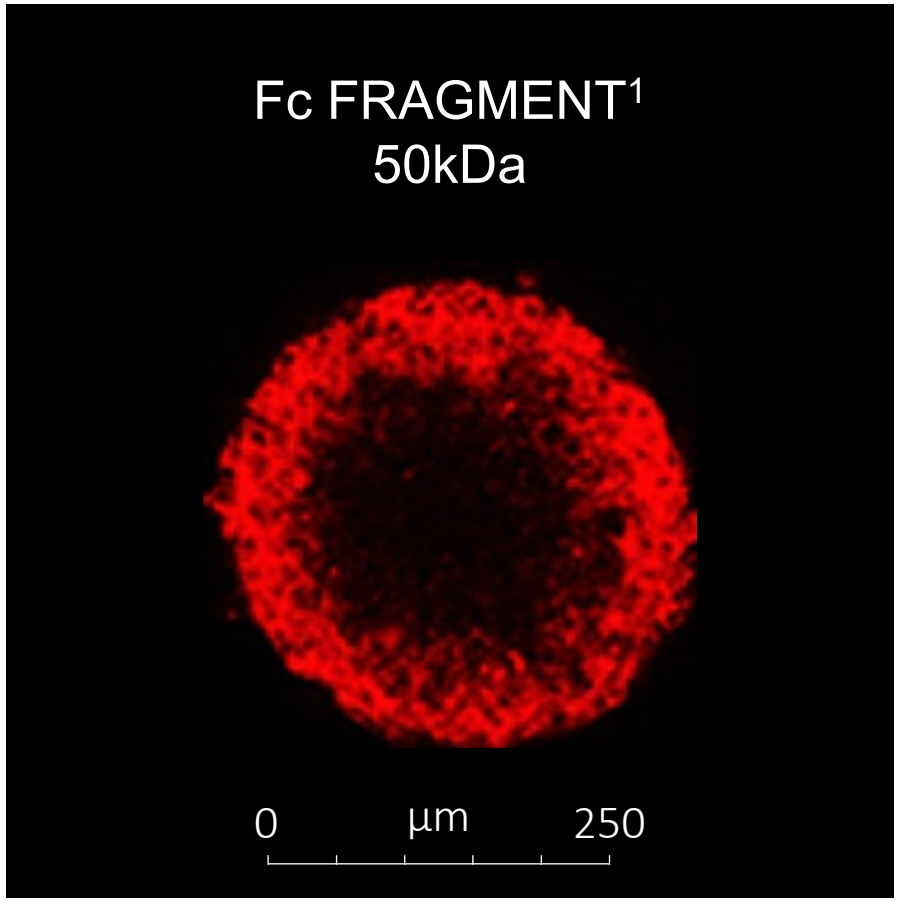
## EFFICACY



Multiple TMs enable a drug cocktail in a single molecule

# Fc FRAGMENTS HAVE IMPROVED TUMOR PENETRATION VS mAbs



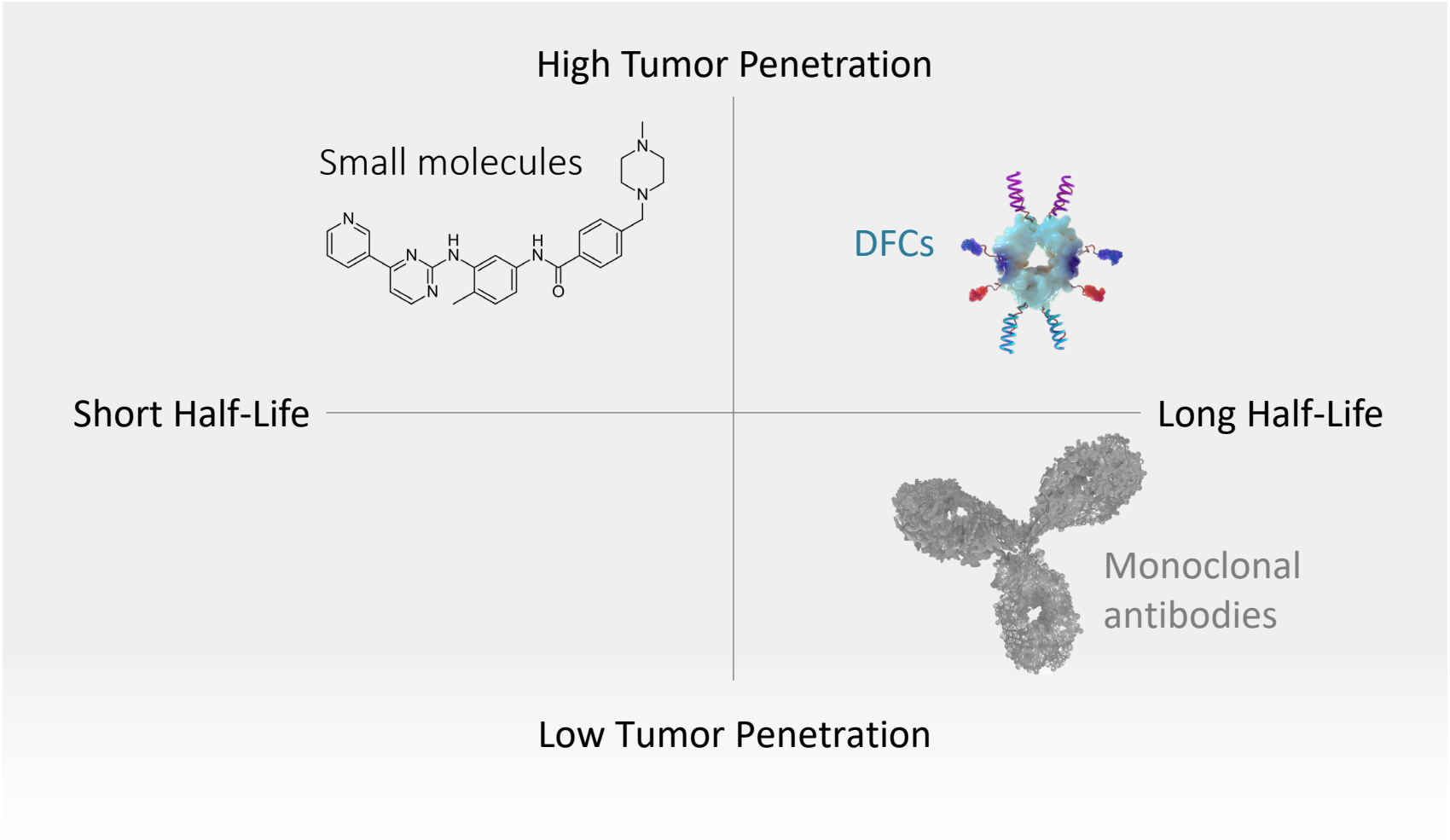

*Because DFCs are smaller, they should better penetrate tumors*

Bioconjugate Chem. 2021, 32, 1699–1701



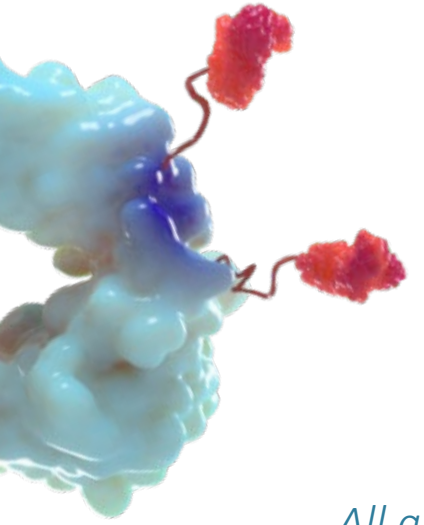
1. From Jäger *et. al,* https://doi.org/10.1021/acs.bioconjchem.1c00240

# DFCs COMBINE THE BEST ATTRIBUTES OF mAbs AND SMALL MOLECULES




*Along with expected improvement in tumor penetration, DFCs extend half-life similar to mAbs*

# 1ST GENERATION DFCs: EQUIPOTENT IN-VITRO TO COMPETITOR MOLECULES



*All are structurally different*

Discovery | Preclinical | IND-Enabling | Phase 1

| SM DFC CONJUGATES | $IC_{50}$, (nM) |
|---|---|
| CBO–A | 2.6 |
| CBO–B | 2.6 |
| CBO–C | 1.2 |
| CBO–D | 4.7 |

| COMPETITOR PROGRAM | $IC_{50}$, (nM) |
|---|---|
| Small Molecule | 1.3 |

*Cidara's early DFCs represent an excellent starting point in oncology*

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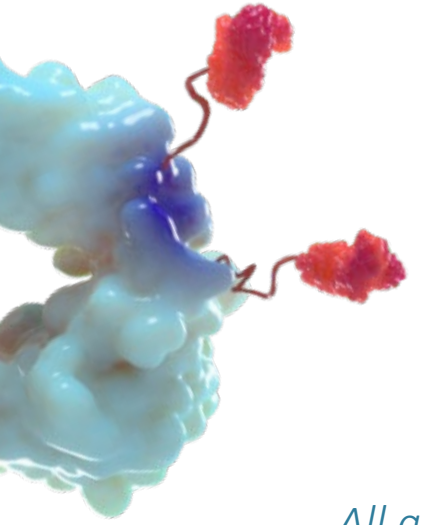

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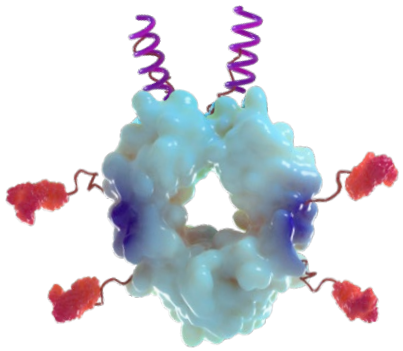
Next steps: single molecule cocktails



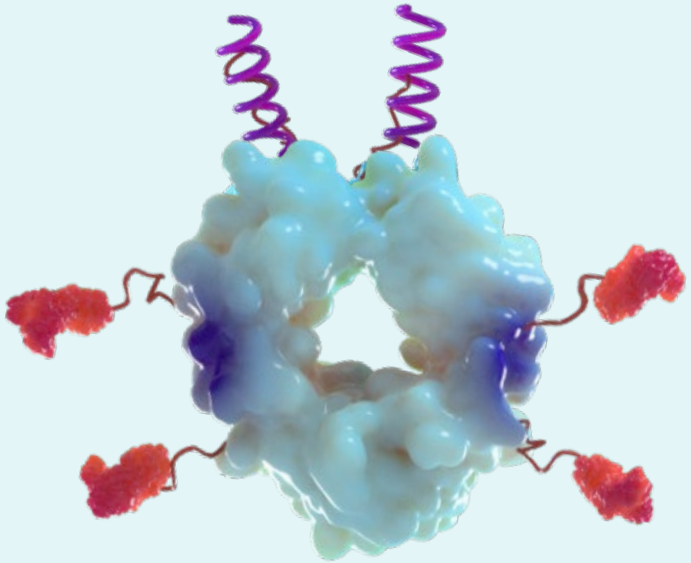
# DFCs HAVE THE POTENTIAL

to generate single molecule cocktails that can target multiple viruses or multiple pathways in oncology.

1. **NEAR-TERM MILESTONES:** IND filing CD388 (Influenza) at the end of 2021; initiation of Phase 1 trials in Q1 2022

2. **ACCELERATING DISCOVERY:** Experience, learning, and established infrastructure enables faster development

3. **NEW INDICATIONS:** Early data from new programs exemplify potential expansion into new viral indications and oncology



A single-molecule cocktail improves potency, spectrum across many indications

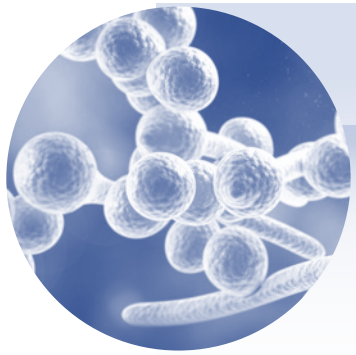
# SUMMARY

*JEFFREY STEIN, PhD*
*CHIEF EXECUTIVE OFFICER, CIDARA*

CIDARA THERAPEUTICS

# CIDARA INVESTMENT THESIS

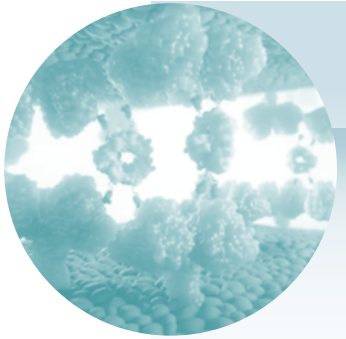
*Leading science on long-acting preventions and treatments*



## REZAFUNGIN

**1st antifungal in 15 years for treatment and prophylaxis indications**

- Treatment – Phase 3 — ReSTORE trial: treatment of *candidemia* and *invasive candidiasis*
- Prophylaxis – Phase 3 — ReSPECT trial: prevention in high-risk hematology (BMT) setting
- Validated with Deal — $568M ex-US/ex-Japan partnership mundipharma



## CLOUDBREAK DFCs

**Modular immuno-viral and immuno-oncology platform**

- Pan-Influenza (A+B) — Develop CD388 as potential to be 1st effective 'universal flu' product
- Validated with Flu Deal — $780M global partnership janssen
- RSV, HIV, SARS2 — Advancing multiple immuno-viral programs
- Oncology — Advancing multiple "single molecule cocktails"