



**ZOSANO**  
P H A R M A

*Corporate Overview*

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# FORWARD-LOOKING STATEMENT

This presentation contains forward-looking statements. All statements other than statements of historical fact contained in this presentation, including statements regarding our commercialization, our research and other development programs, our ability to undertake certain activities and accomplish certain goals and milestones, projected timelines and costs for our research and development activities (including any clinical trials), our ability to secure and further possible regulatory approvals, the enforceability of our intellectual property rights, our capital requirements, the prospects for third-party reimbursement for our products, the expected pricing of our products, our expectations regarding the relative benefits of our product candidates versus competitive therapies, our expectations regarding the possibility of licensing or collaborating with third parties regarding our product candidates or research, our business strategy, our expectations regarding potential markets or market sizes, and our expectations regarding the therapeutic and commercial potential of our product candidates, research, technologies and intellectual property, are forward-looking statements. In some cases, you can identify these statements by forward-looking words, such as the words “believe,” “may,” “estimate,” “continue,” “anticipate,” “design,” “intend,” “expect,” “potential” and similar expressions, the negative version of these words and similar expressions and references to future quarters or years. The forward-looking statements in this presentation do not constitute guarantees of future performance. Statements in this presentation that are not strictly historical statements are subject to a number of known and unknown risks and uncertainties that could cause actual results to differ materially and adversely from those anticipated or implied in the forward-looking statements, including, without limitation, those described under the heading “Risk Factors” in our Form 10-K filed with the SEC on March 1, 2017, and new risks emerge from time to time. These forward-looking statements are based upon our current expectations and involve assumptions that may never materialize or may prove to be incorrect. Actual results and the timing of events could differ materially from those anticipated in such forward-looking statements as a result of various risks and uncertainties which include, without limitation, risks associated with the process of discovering, developing and commercializing products that are safe and effective for use as human therapeutics and risks inherent in the effort to build a business around such products. Although we believe that the expectations reflected in these forward-looking statements are reasonable, we cannot in any way guarantee that the future results, level of activity, performance or events and circumstances reflected in forward-looking statements will be achieved or occur. Any forward-looking statement made by us in this presentation speaks only as of the date this presentation is actually delivered by us in person. We assume no obligation or undertaking to update or revise any forward-looking statements contained herein to reflect any changes in our expectations with regard thereto or any change in events, conditions or circumstances on which any such statement is based, except as required by law.

The Company has filed a registration statement (including a prospectus) with the SEC for the offering to which this communication relates. Before you invest, you should read the prospectus in that registration statement and other documents the Company has filed with the SEC for more complete information about the Company and this offering. You may get these documents for free by visiting EDGAR on the SEC website at [www.sec.gov](http://www.sec.gov). Alternatively, any underwriter or any dealer participating in the offering will arrange to send you the prospectus if you request it by contacting BTIG, LLC at 825 Third Avenue, 6th Floor, New York, NY, 10022, or by telephone at (212) 593-7555 or by e-mail at [equitycapitalmarkets@btig.com](mailto:equitycapitalmarkets@btig.com).

- Large addressable market – Migraine
  - \$5.4 billion in treatment costs in U.S.
  - High degree of patient dissatisfaction
- Proprietary delivery platform – ADAM™
  - ALZA / JNJ
  - Intracutaneous delivery to microvasculature
- Late stage development – M207
  - Phase I – completed and published
  - Phase II / III pivotal efficacy – completed and published
  - Phase III – LTSS ongoing – fully enrolled
  - NDA filing Q4:2019
- Improved clinical outcomes
  - Pain freedom
  - Pain relief
- Manufacturing scale up underway
- IP through 2037
- Experienced management team

# MIGRAINE MARKET OVERVIEW

- Migraine is the 3<sup>rd</sup> most prevalent illness in the world
- Nearly 1 in 4 U.S. households includes someone with migraine
- 12% of the U.S. population (39M)
  - 18% of women
  - 6% of men
  - 10% of children
- 25% of migraineurs experience 4 or more per month
- 1.2 million ER visits per year for acute migraine in U.S.
- 90% of migraine sufferers are unable to work or function normally
- Attacks last between 4 and 72 hours
- Economic impact of migraine in U.S.
  - Lost productivity of ~\$36B
  - Treatment cost of ~\$5.4B

# MARKET OVERVIEW

- Migraine pain
  - Unilateral
  - Throbbing
  - Moderate to severe in intensity
  - Aggravated by physical activity
  
- Accompanying symptoms
  - Nausea – gastric dysfunction
  - Vomiting
  - Sensitivity to light
  - Sensitivity to sound
  - Sensitivity to smell
  - Fatigue
  - Irritability
  
- Pathophysiology
  - Neuronal
    - Inflammation
  - Vascular
    - Vasodilation

# MARKET OVERVIEW TREATMENTS

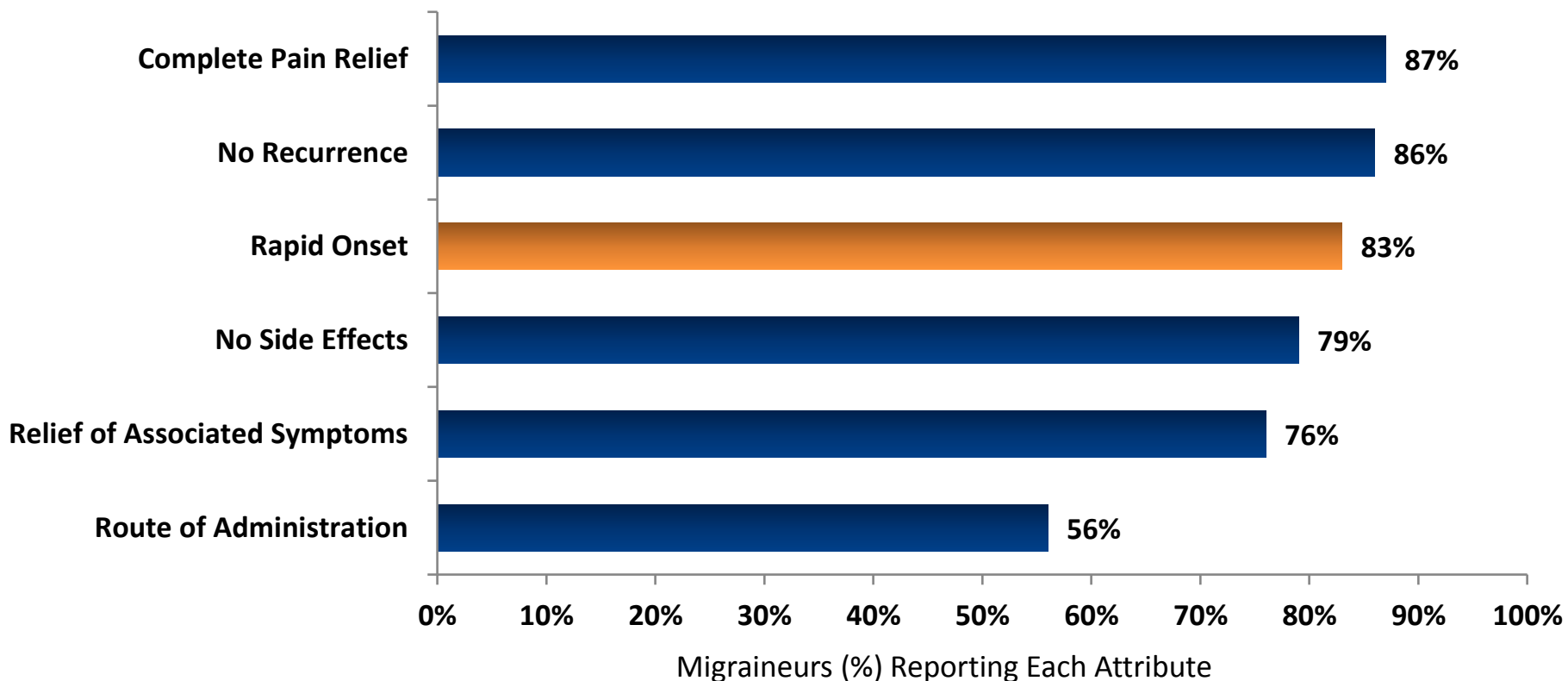
- Pain relief (acute)
  - Aspirin or Ibuprofen (mild)
  - Acetaminophen with aspirin and caffeine (mild)
  - Triptans (severe)
  - Ergots (severe)
  - Opioids (severe)
  - Glucocorticoids (in combination)
- Prevention (chronic)
  - Beta blockers
  - Calcium channel blockers
  - Anti-depressants (SSRIs)
  - Anti-seizure (valproate- topiramate)
  - BoTox
  - NSAIDS (naproxen)

# MARKET OVERVIEW – MIGRAINE TREATMENTS

- Triptans
  - Most commonly prescribed
  - Dual action
    - Vasoconstriction (5HT<sub>1B</sub>)
    - Inflammation (5HT<sub>1D</sub>)
  - \$4.8 billion market in U.S.
    - Sumatriptan (Imitrex)
    - Rizatriptan (Maxalt)
    - Almotriptan (Axert)
    - Naratriptan (Amerge)
    - Zolmitriptan (Zomig)
  
- Side Effects / Injection
  - Nausea
  - Dizziness
  - Drowsiness
  - Muscle weakness
  - Injection site reaction
  
- Dosage Forms
  - Oral
  - Injection
  - Nasal

# TARGET PROFILE

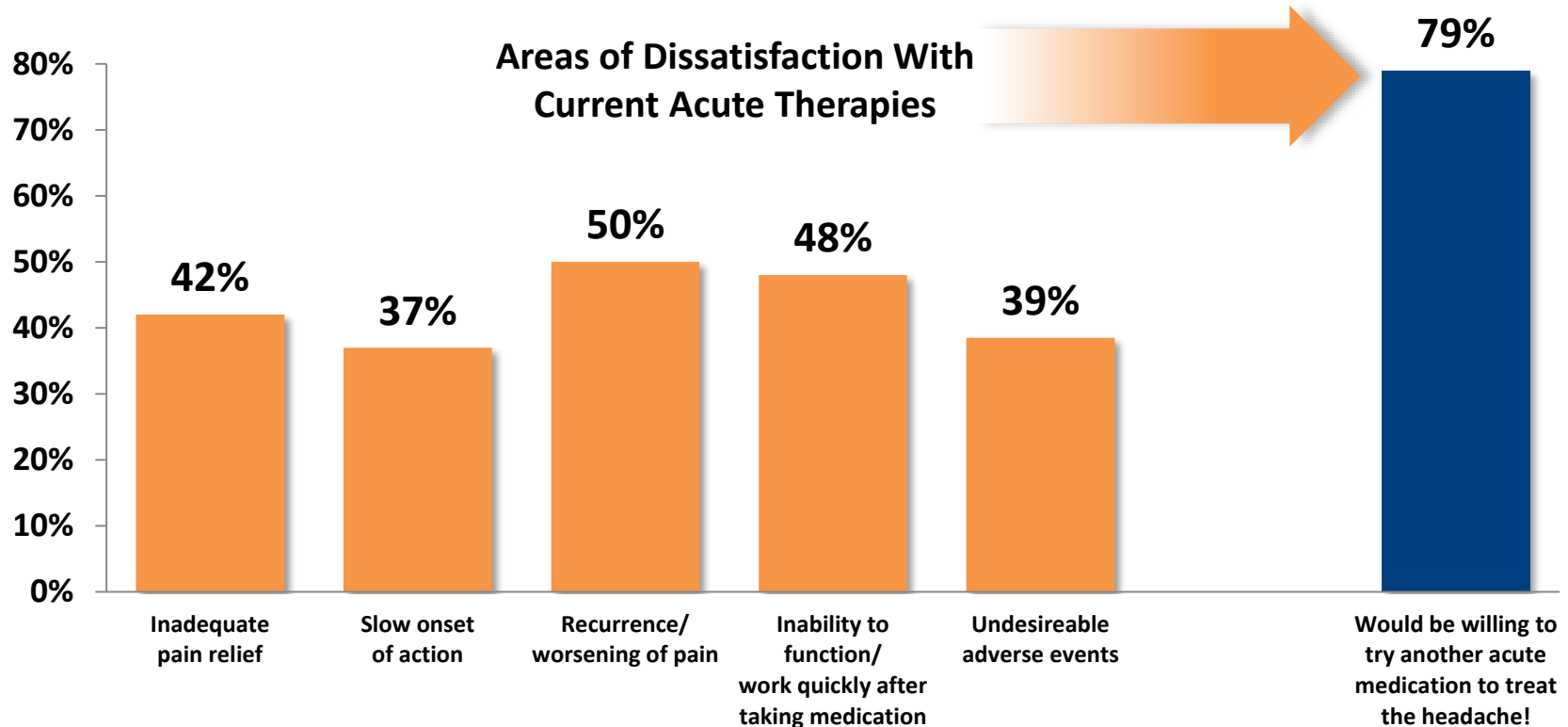
## WHAT DO PATIENTS WANT MOST FROM AN ACUTE TREATMENT?



- Attributes of acute migraine treatments rated as important by migraineurs in the general population

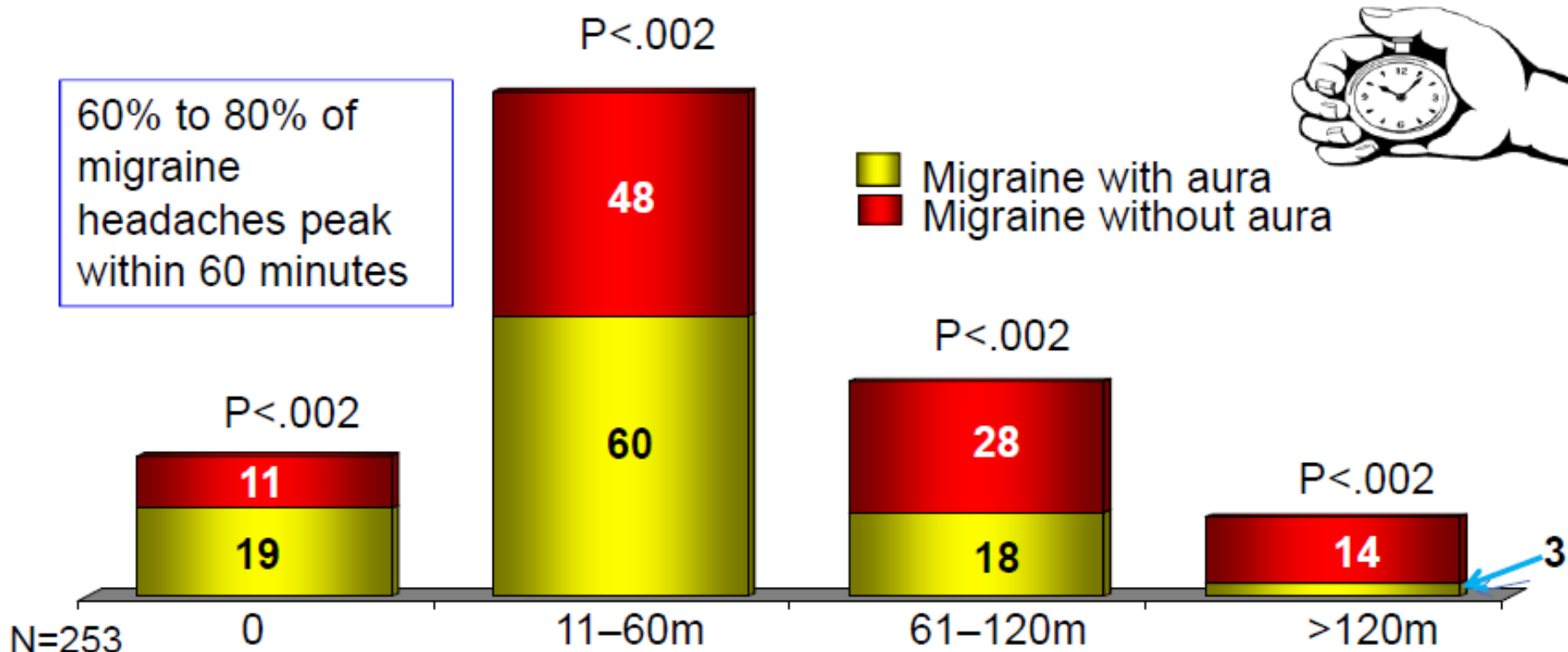


# MANY PATIENTS ARE DISSATISFIED AND WILLING TO TRY SOMETHING NEW



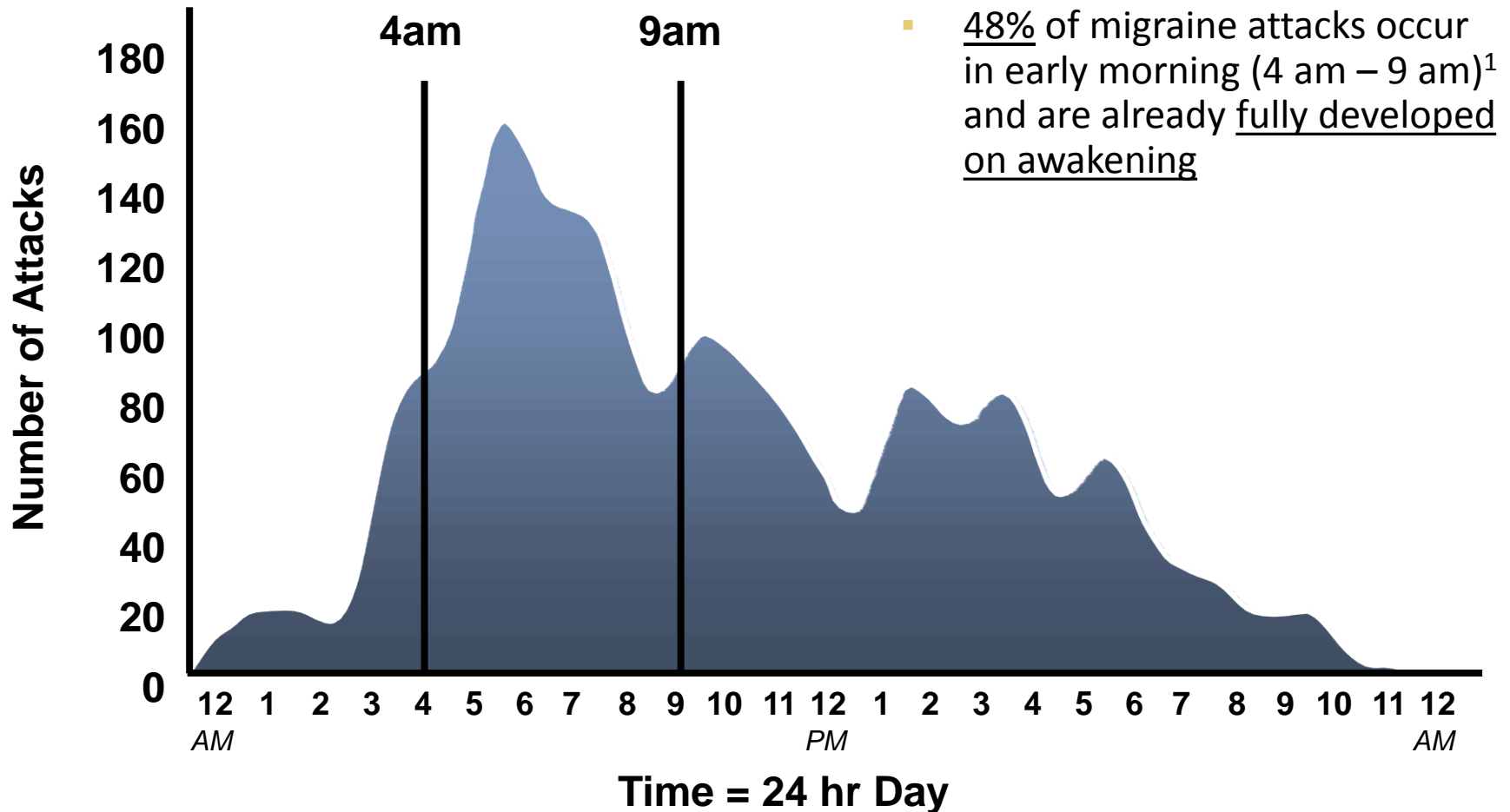
# DELAYED TREATMENT DIFFICULT TO TREAT

## TIME TO PEAK INTENSITY OF MIGRAINE HEADACHE PAIN



# MOST COMMON REASON FOR DELAYED TREATMENT

## MORNING MIGRAINE: OCCUR OFTEN, DIFFICULT TO TREAT



# LIMITATIONS OF EXISTING THERAPIES

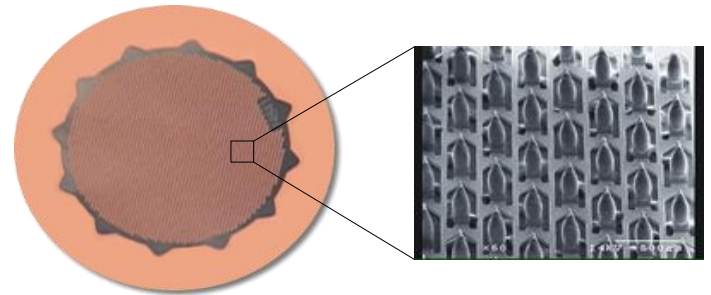
- Oral – slow acting
  - Gastroparesis delays absorption and onset of pain relief
  - Requires intake of foods/fluid (exacerbates nausea)
  - Prone to regurgitation and malabsorption
  - Difficult to take when patient has other comorbid GI symptoms
- Nasal – dose variability
  - Exacerbates nausea
  - Pain discomfort
  - Most of the drug is actually absorbed orally (80% via GI tract, 20% nasal), leading to reduced and slow absorption
  - Some patients do not like nasal route of administration (taste)
- Injectable – last resort
  - Pain discomfort
  - C<sub>max</sub>, T<sub>max</sub> dependent tolerability effect (pharmacokinetic/ pharmacodynamics)
  - Many patients (~50%) have needlephobia
  - Requires safe needle disposal services
  - Stigma associated with administering injections in public

# M207 – TECHNOLOGICALLY ADVANCED DELIVERY OF ZOLMITRIPTAN

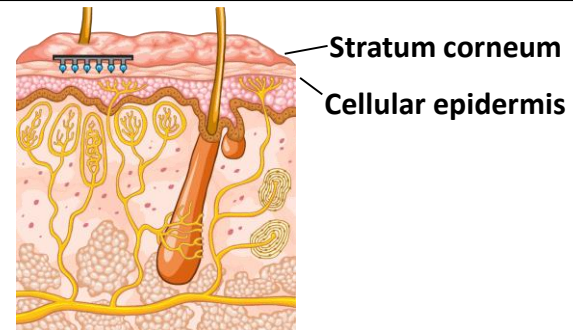
- ADAM™ - Adhesive Dermally Applied Microarray
  - Rapid absorption
  - Self administered
  - Easy to use
  - Short wear time
  - Band aid like patch with titanium array
  - Reusable applicator
- Zolmitriptan
  - Crosses blood brain barrier
  - Most potent triptan
    - $K_i = 2.51\text{nM} / 5\text{-HT}_{1D}$   
 $6.31\text{nM} / 5\text{-HT}_{1B}$
- Reduce drug related side effects
- Improve clinical outcomes

# ADAM - ADHESIVE DERMALLY-APPLIED MICROARRAY

- ADAM with coated titanium microarray (~300 microns in length)



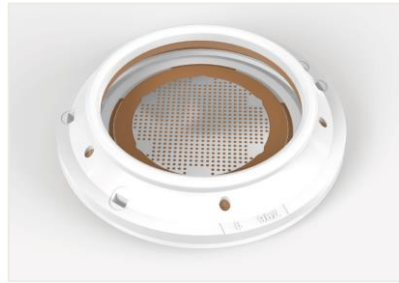
- Intracutaneous pharmaceutical delivery



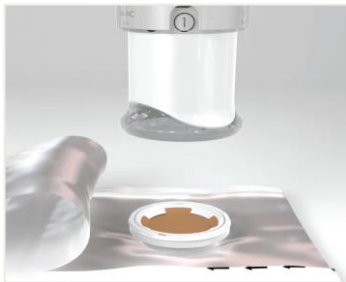
- Originally developed by ALZA Corp / JNJ
  - Invested ~\$200M in development
- Microarray patents through 2027
- Method of use patent through 2037

# PATCH APPLICATION

*Coated ADAM Microarray*



*Applicator*



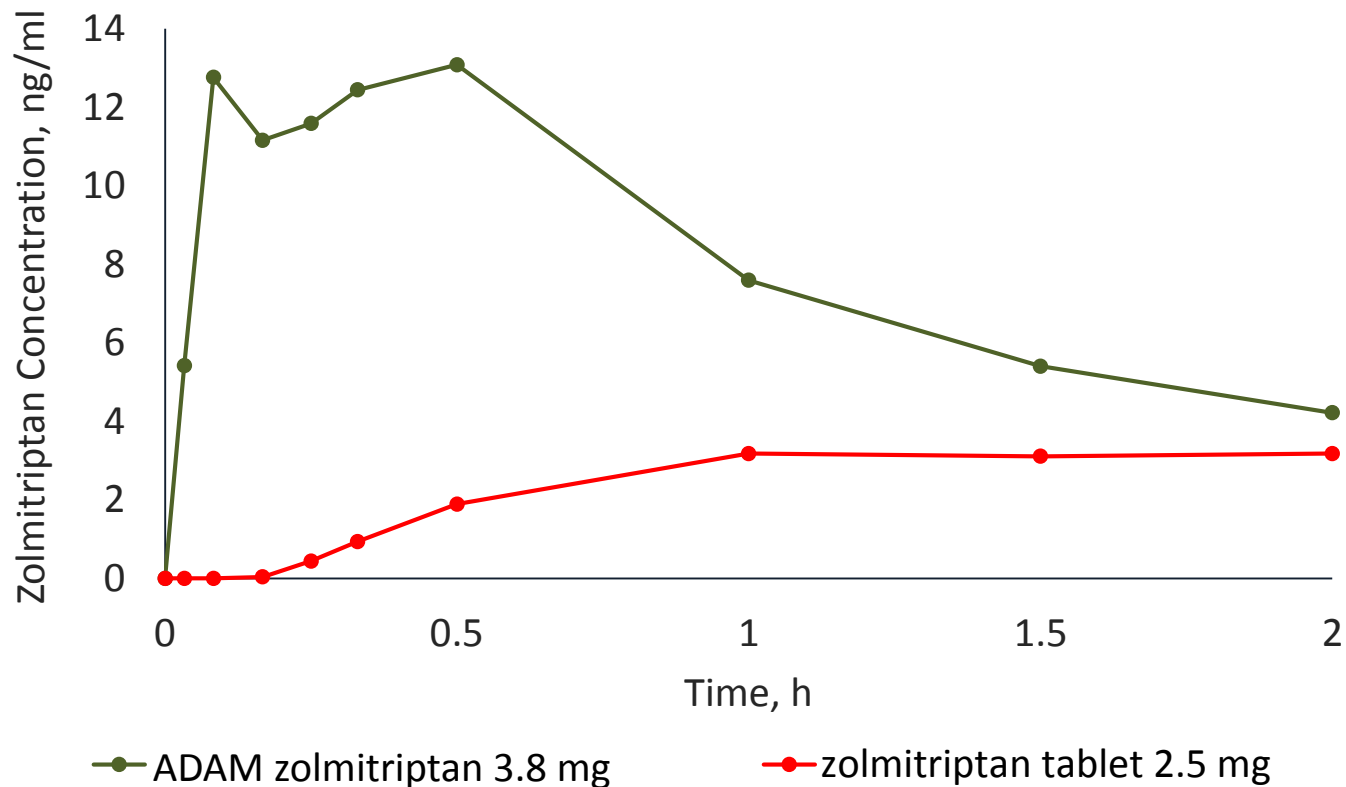
# M207 DEVELOPMENT

- Completed Phase I PK study in 2016
- Completed pivotal efficacy Phase 2/3 study in February 2017
  - 3.8mg dose achieved both co-primary endpoints
    - Pain freedom at 2 hours
    - Freedom from most bothersome symptom at 2 hours
- Started Long Term Safety Study – remaining clinical study for registration
  - Open label: 150 patients for 6 months and 50 patients for 1 year
  - 30 sites
- 100 patients enrolled by end of Q1 – Achieved March 2018
- 250 patients enrolled by Q2 – Achieved May 2018
- 6 month safety data Q4
- 12 month safety data Q1:2019
- NDA filing by year end 2019



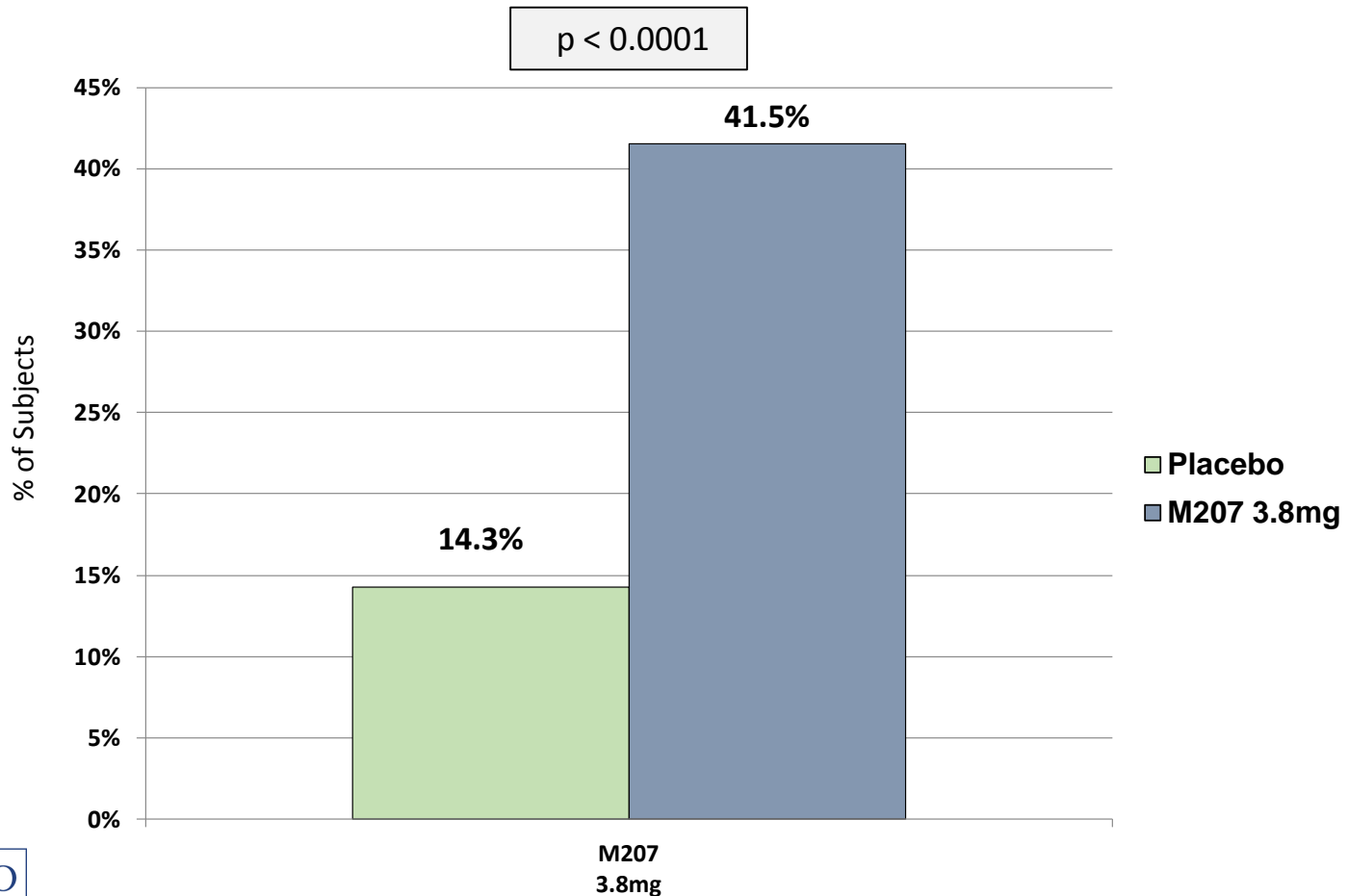
# M207 – ENHANCED DELIVERY – PHASE 1

- Mean plasma zolmitriptan concentration following ADAM zolmitriptan 3.8mg or 2.5mg oral tablet<sup>1</sup>



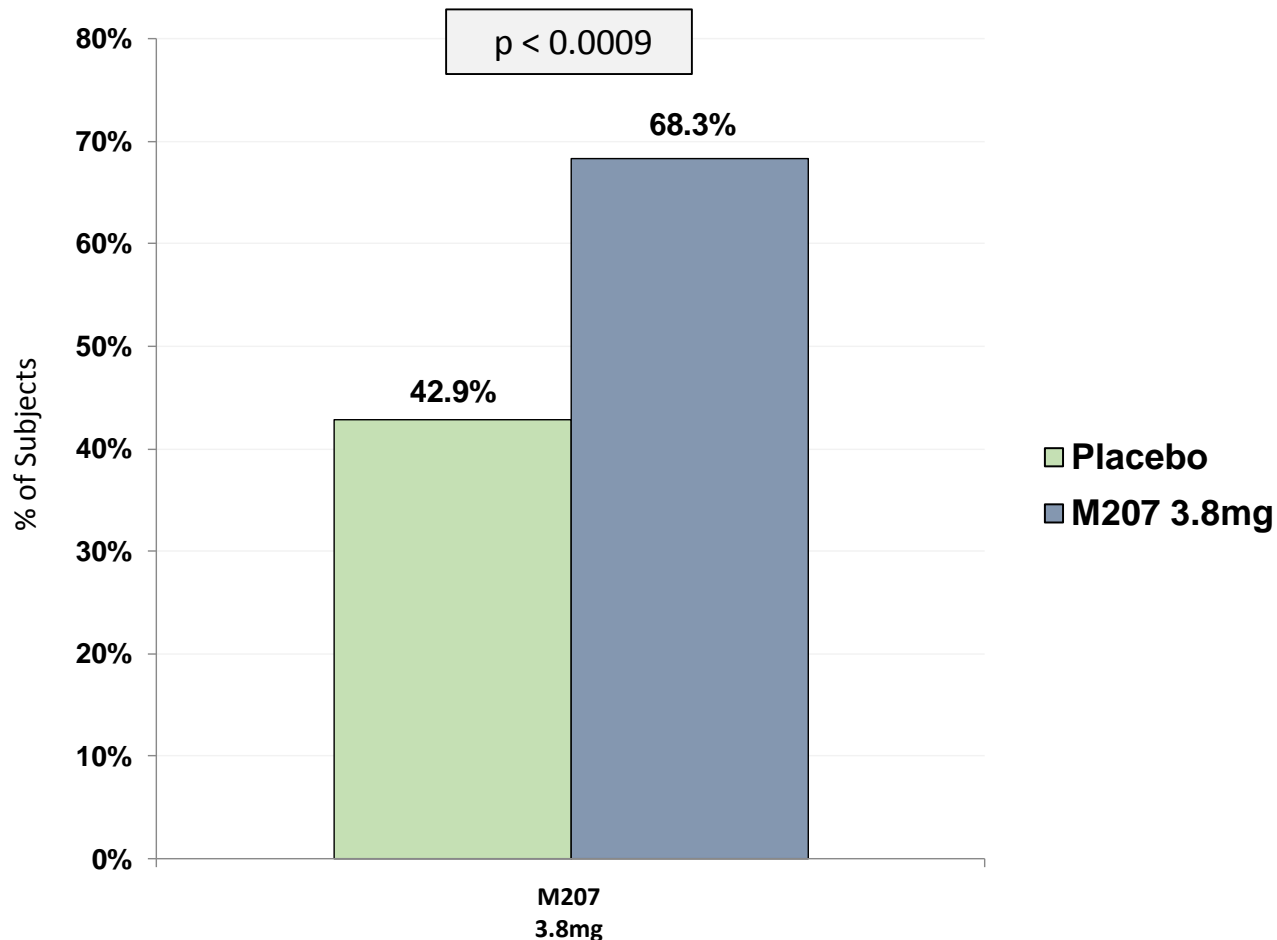
# MET CO-PRIMARY ENDPOINT – PAIN FREEDOM

- 3.8 mg dose group met co-primary endpoint of pain freedom at 2 hours with a  $p < 0.0001$

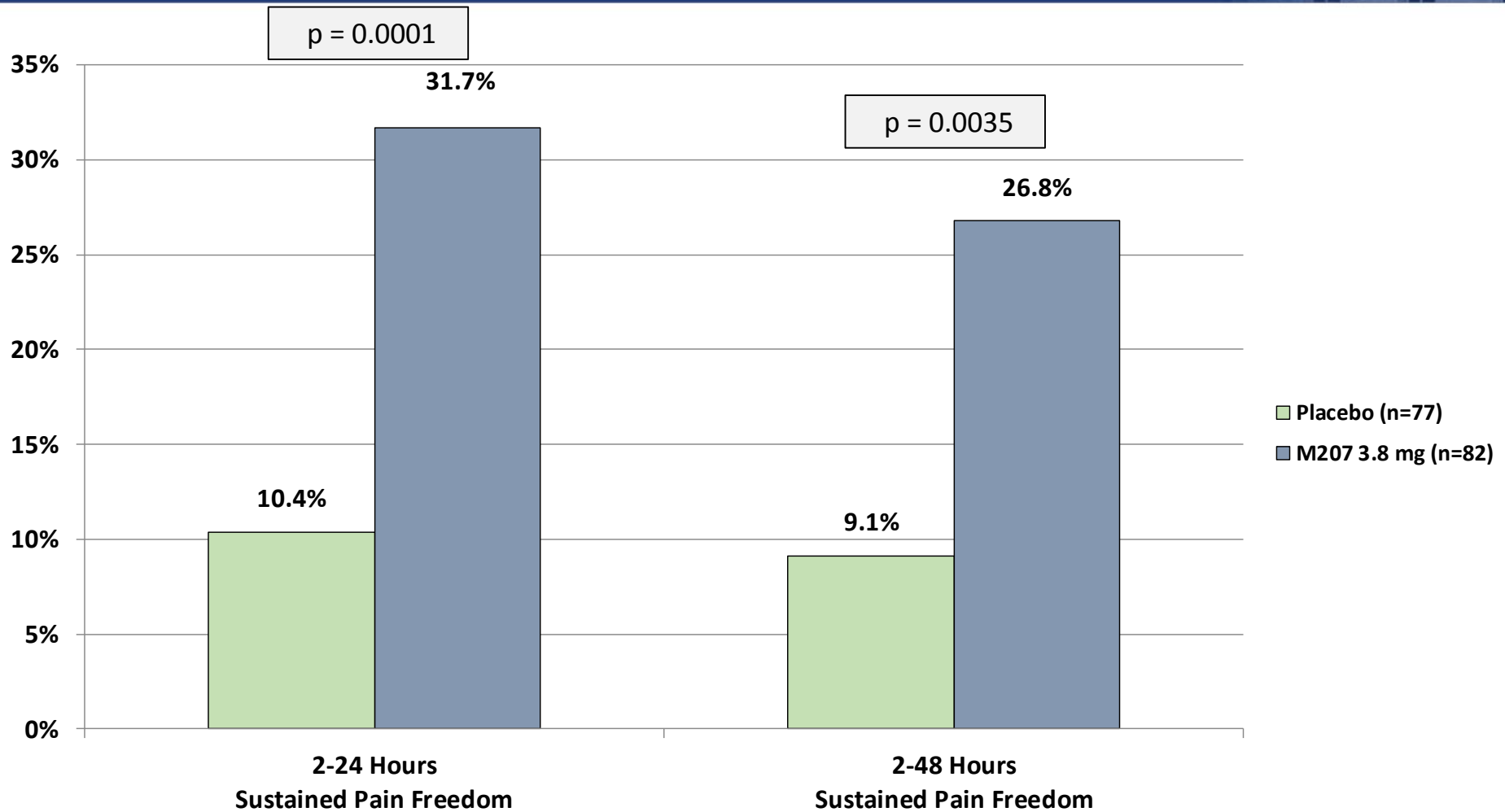


# MET CO-PRIMARY ENDPOINT – FREEDOM FROM MOST BOTHERSOME SYMPTOM

- 3.8 mg dose group met co-primary endpoint of freedom from most bothersome symptom at 2 hours with a  $p < 0.0009$



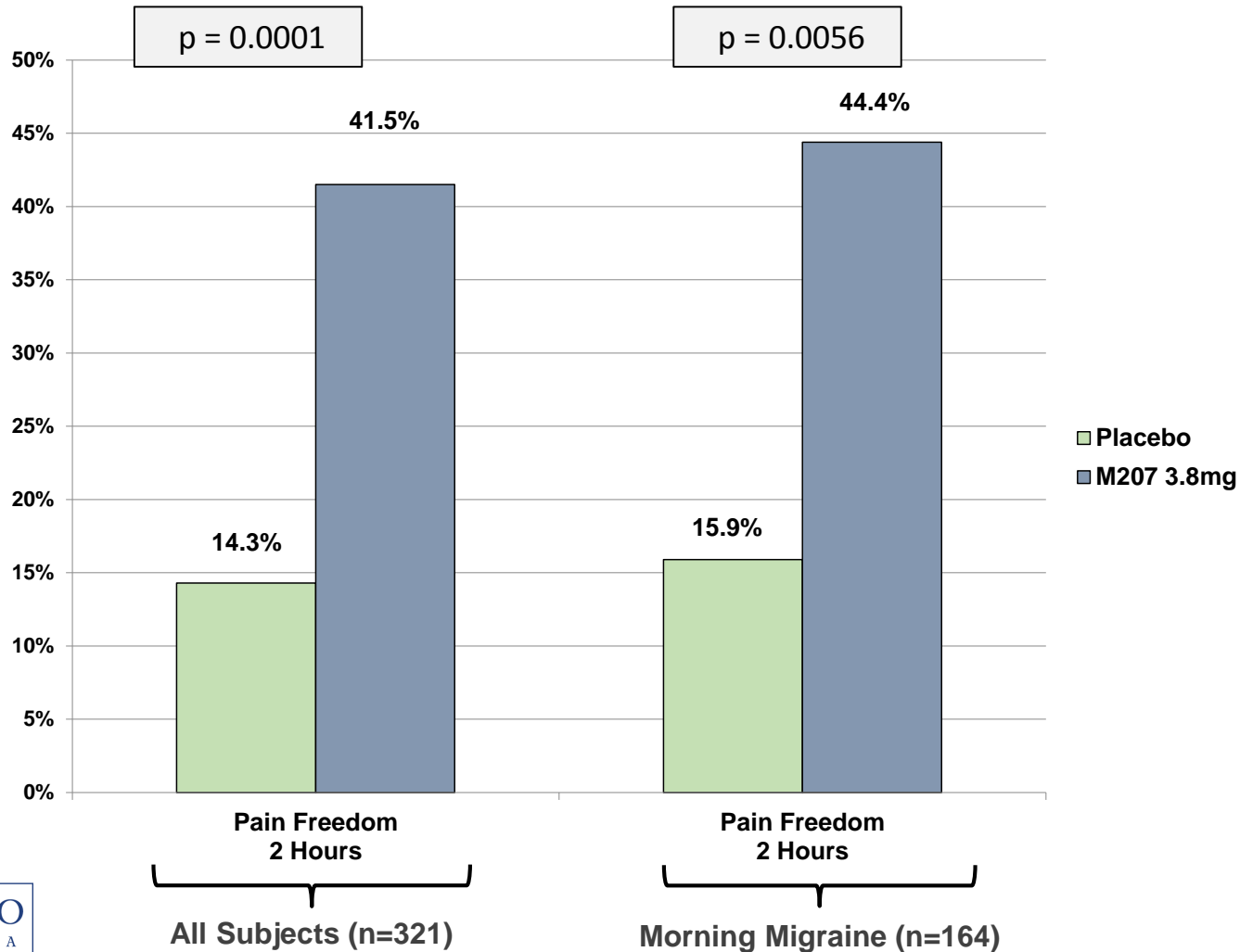
# SUSTAINED PAIN FREEDOM – 24 AND 48 HOURS



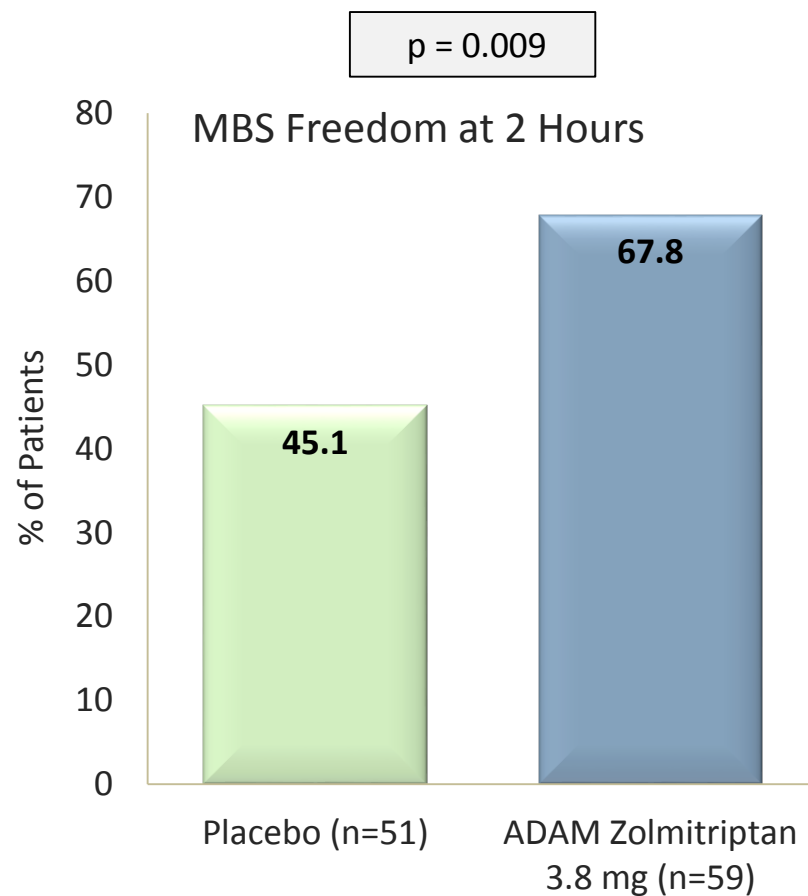
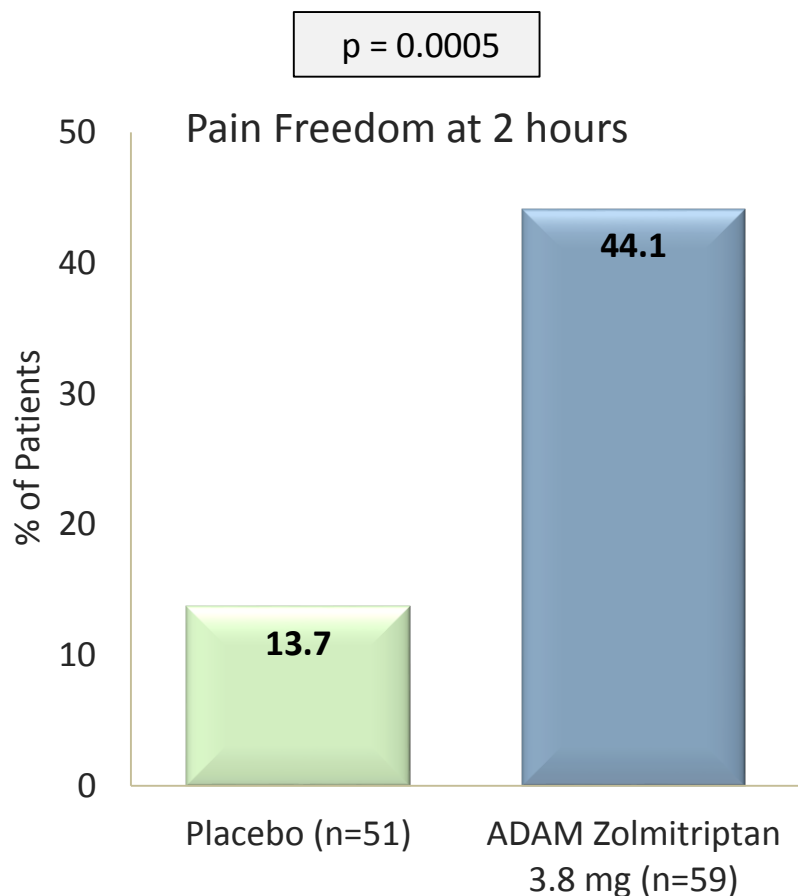
- 76% of patients who were pain free at 2 hours realized sustained pain freedom through 24 hours
- 65% realized sustained pain freedom though 48 hours

# STRONG PERFORMANCE IN DELAYED TREATMENT PARADIGM

- Delayed treatment exemplified by morning migraine



# PAIN FREEDOM AND MBS FREEDOM IN PATIENTS WITH NAUSEA\*

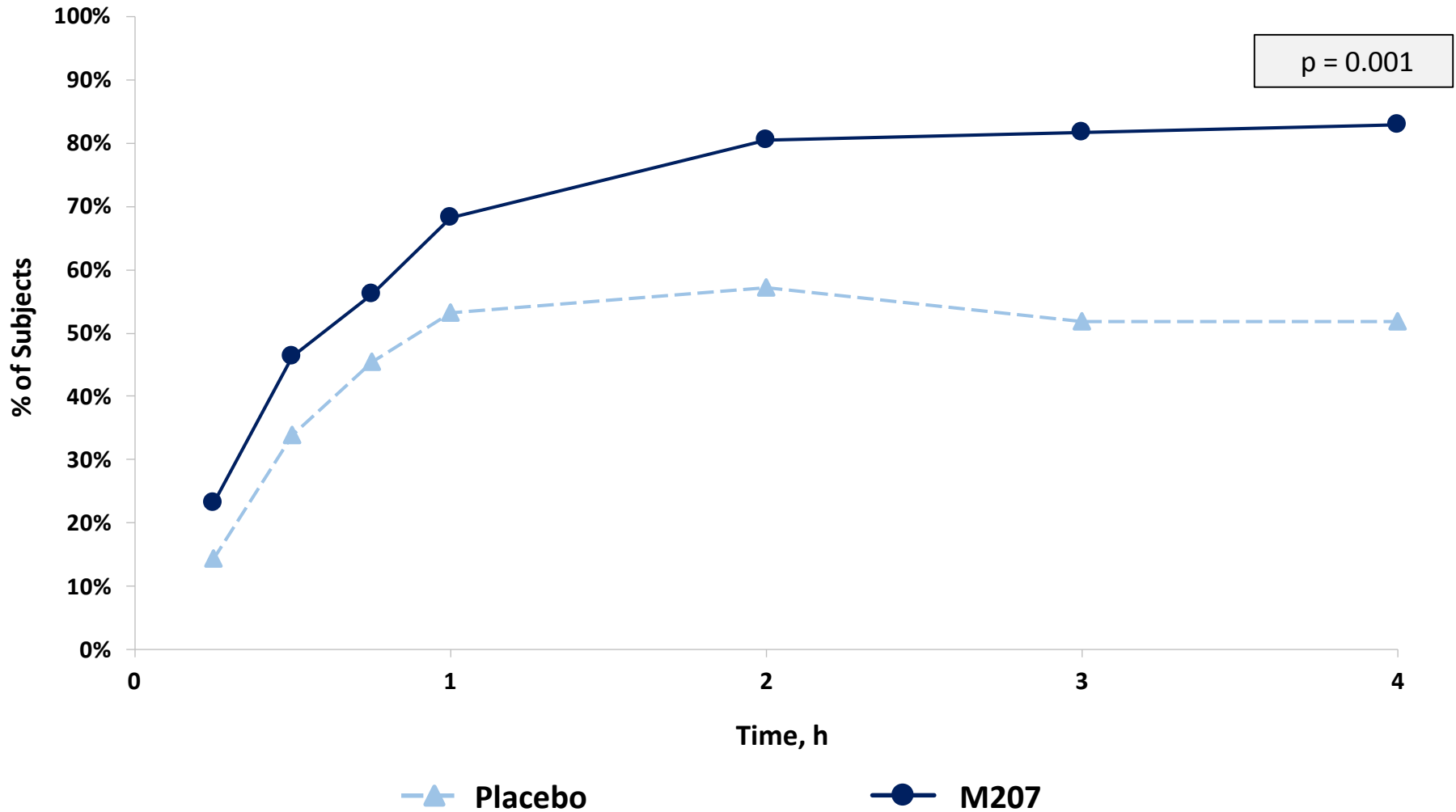


# TREATMENT EMERGENT ADVERSE EVENTS

Most frequent adverse events ( $\geq 4\%$  for any treatment group)

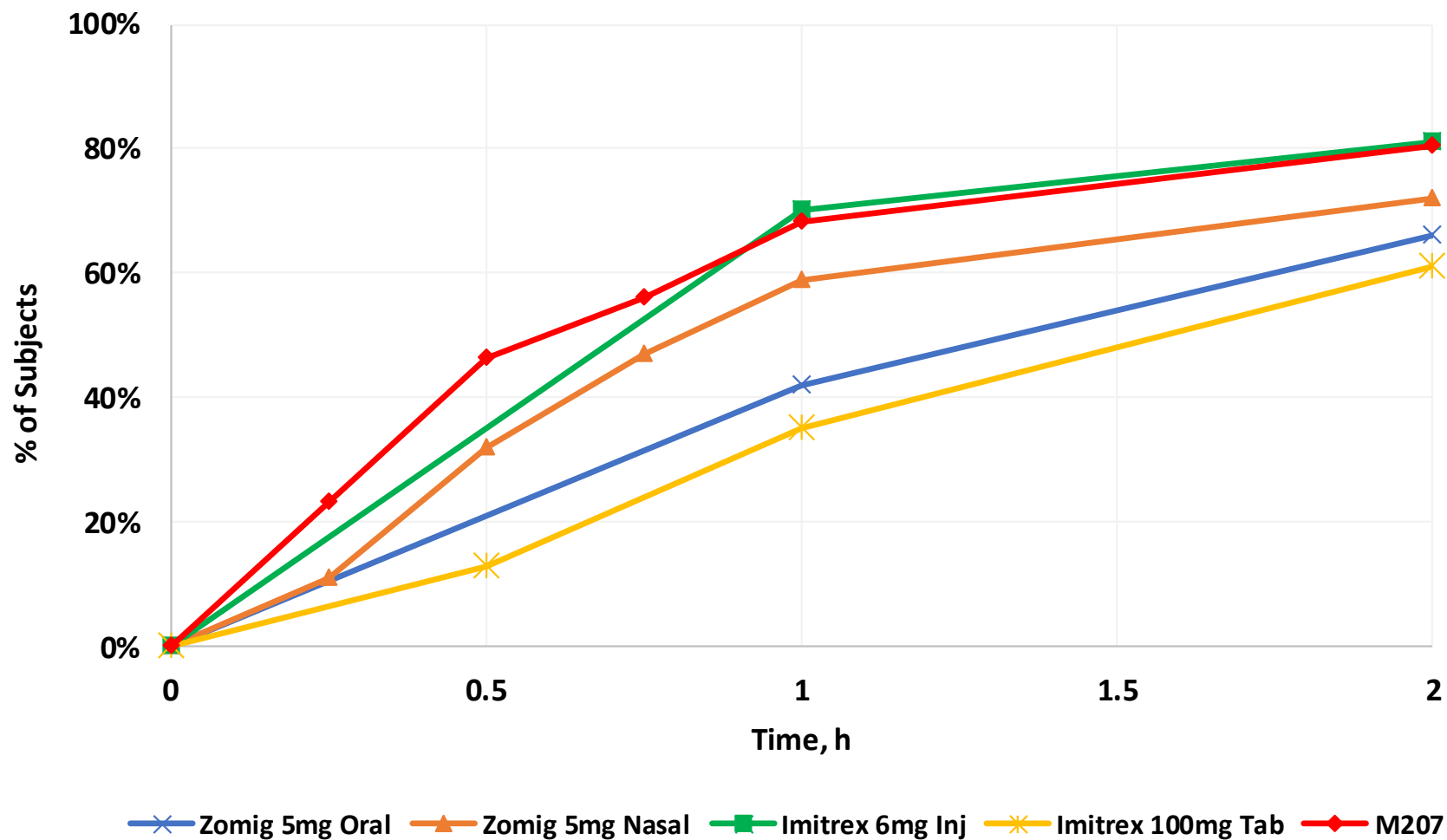
|                                 | Placebo | M207<br>1 mg | M207<br>1.9 mg | M207<br>3.8 mg |
|---------------------------------|---------|--------------|----------------|----------------|
| <b><i>Pharmacological:</i></b>  |         |              |                |                |
| Dizziness                       | 0.0%    | 1.3%         | 0.0%           | 4.8%           |
| <b><i>Mode of delivery:</i></b> |         |              |                |                |
| Erythema                        | 10.8%   | 16.3%        | 19.5%          | 26.5%          |
| Bruising                        | 3.6%    | 6.3%         | 13.8%          | 14.5%          |
| Pain                            | 1.2%    | 2.5%         | 2.3%           | 9.6%           |
| Bleeding                        | 0.0%    | 3.8%         | 5.7%           | 4.8%           |

# M207 PAIN RELIEF OVER TIME



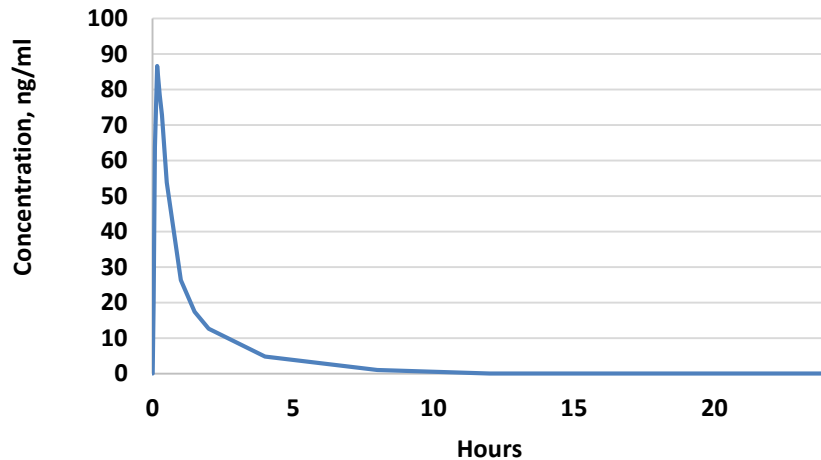


# PAIN RELIEF OVER TIME (REFERENCE COMPOUNDS)

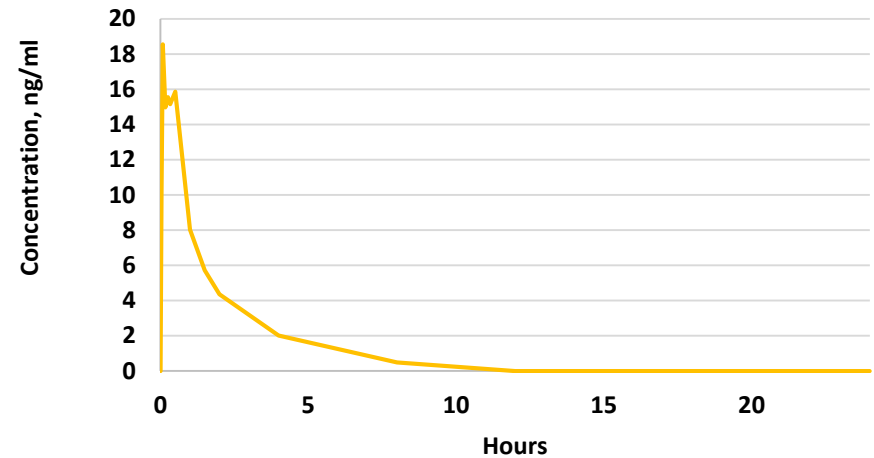


# HIGHER $T_{MAX}$ AND $C_{MAX}$ ARE CAUSAL TO SUMATRIPTAN SC DRUG RELATED SIDE EFFECTS

**Sumatriptan**



**M207 3.8mg**



Note: Different scales presented

|             | Sumatriptan<br>6mg Injection | M207<br>3.8mg |
|-------------|------------------------------|---------------|
| Dizziness   | 12%                          | 5%            |
| Paresthesia | 14%                          | 2%            |
| Drowsiness  | 3%                           | 1%            |

# LONG TERM SAFETY STUDY INITIATED Q4 2017

- **Design**
  - Open-label
  - 12 month study
  - 150 patients at 6 months
  - 50 (of the 150) patients at 12 months
- **Primary endpoint**
  - Adverse events and local tolerability from repeated administration
- **Secondary/other endpoints**
  - ECG and laboratory parameters
  - Pain-free response
- **Observational (eDiary entries)**
  - Pain relief
  - Frequency of migraines
  - Patient usage
- **Study Update**
  - On study drug: 300 subjects
  - Total migraines treated: 2,000+
  - Pain freedom at 2 hours: 42.8%
  - Pain relief at 2 hours: 83.9%
  - No reported SAEs

# M207 CLINICAL PROFILE

- Addresses patients most frequently identified attributes in an acute migraine therapy
  - Pain freedom / pain relief ✓
  - Durability of effect ✓
  - Rapid onset ✓
  - Relief of associated symptoms ✓
  - Route of administration / bypasses GI tract ✓
  - Reduced pharmacologic side effects ✓

# MARKET RESEARCH - PREFERENCE SHARE CONVERSION NEUROLOGIST AND PRIMARY CARE PHYSICIANS

|  | Neurologists | PCP          |
|--|--------------|--------------|
| <b>Preference Share</b>                          | 26.5%        | 31.3%        |
| <b>Adjust for Physician and Rx Coverage</b>      | <b>89.0%</b> | <b>7.5%</b>  |
| <b>Adjust for Detail Frequency Effectiveness</b> | <b>80.0%</b> | <b>80.0%</b> |
| <b>Adjust for Managed Care Access</b>            | <b>80.0%</b> | <b>80.0%</b> |
| <b>Adjust for Patient Fill Rate</b>              | <b>80.0%</b> | <b>80.0%</b> |
| <b>Estimated Peak Market Share</b>               | <b>12.1%</b> | <b>1.2%</b>  |

- Neurologist account for 89% of Rx's covered
- PCP account for 7.5% of Rx's covered

# M207 MARKET POTENTIAL

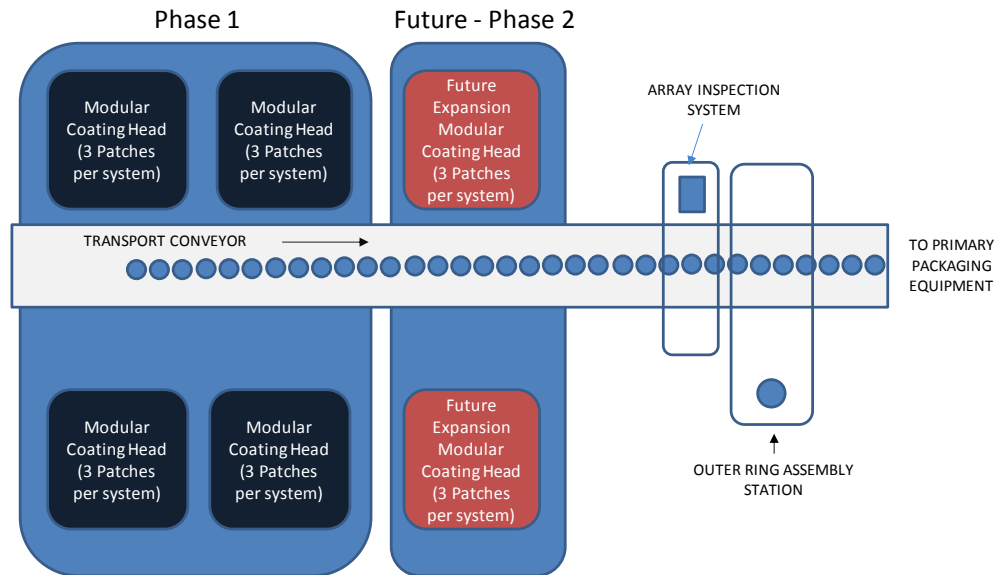
## *Market potential for each 1% of prescriptions*

|                                  | TRx Count<br>(2019) | Nasal Pricing<br>(AWP = \$75/dose) | Injection Pricing<br>(AWP = \$180/dose) |
|----------------------------------|---------------------|------------------------------------|---|
| <b>M207 Market<br/>Potential</b> | 17,000,000          | \$76,500,000                       | \$183,600,000                           |

*\*2019 estimate for total triptan prescriptions*

# MANUFACTURING

- Currently manufacturing registration batches
- Automation of existing processes
  - Applicator
  - Patch assembly
  - Coating
- Major equipment component on order
- Potential to use CMO



# 2017 ACCOMPLISHMENTS

|  |           |
|--|-----------|
| Pivotal efficacy data <ul style="list-style-type: none"> <li>• 3.8mg dose met both co-primary endpoints                     <ul style="list-style-type: none"> <li>• Pain freedom</li> <li>• Freedom from most bothersome symptom</li> </ul> </li> </ul> | February  |
| Completed follow-on  | March     |
| Successful EOP2 FDA meeting  | May       |
| Presented clinical efficacy data at American Headache Society (AHS)  | June      |
| Published Phase I PK data in <i>Pain Management</i>  | August    |
| Presented efficacy data and abstracts at IHC   | September |
| Held investigator meeting for Long Term Safety Study (LTSS) with 30 sites  | September |
| Completion of registration batches for applicator  | November  |
| Published pivotal efficacy data in <i>Cephalalgia</i>  | November  |
| First patient dosed in LTSS  | November  |
| Received patent allowance extending M207 patent life to 2037   | December  |



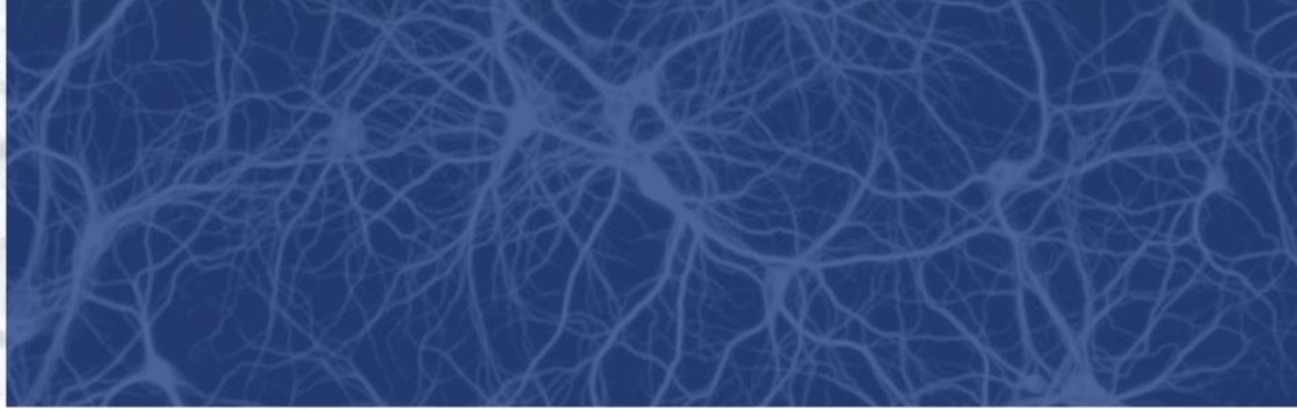
# 2018 MILESTONES

|   |         |   |
|---|---------|---|
| Complete financing to fully fund through NDA filing   | Q1      | ✓ |
| Enroll 100 <sup>th</sup> patient in LTSS  | Q1      | ✓ |
| Enroll 250 <sup>th</sup> patient in LTSS  | Q2      | ✓ |
| Quarterly investor updates <ul style="list-style-type: none"> <li>• Average treatments/ month per patient</li> <li>• Percentage pain relief</li> <li>• Percentage pain freedom at two hours and 48 hours</li> </ul> | Ongoing |   |
| Publish additional clinical data regarding most bothersome symptom endpoint/present at AHS  | Q2      | ✓ |
| Complete registration batches of M207   | Q3      |   |
| Complete six month safety portion of LTSS   | Q4      |   |
| Completion of LTSS – 12 month data  | Q1:2019 |   |
| Initiate a partnered development program based on ADAM platform   | Q4      |   |

# EXPERIENCED MANAGEMENT

| Name                     | Title                                      | Experience  |   |   |
|--------------------------|--|---|---|---|
| John Walker              | Chief Executive Officer                    |  |  | <br>American Hospital Supply Corporation |
| Hayley Lewis             | SVP, Operations                            |  |  |    |
| Donald Kellerman, PharmD | VP, Clinical Development & Medical Affairs |  |  |    |

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