

CORPORATE PRESENTATION

DECEMBER 2021

Making Smart Chemical Changes to Create Improved Novel Therapeutics

LB PHARMACEUTICALS INVESTMENT HIGHLIGHTS

CNS-focused biotech building a pipeline of potential best-in-class therapies for the US market



LB is looking to raise \$60 million in capital to support Phase 2 clinical activity through expected announcement of top-line results

MANAGEMENT TEAM

Zachary Prensky, Chief Executive Officer & Co-Founder

- Managed family office from 1997-2015
- Portfolio responsibilities included oversight of all biotechnology investments

Anna Eramo, M.D., Chief Medical Officer

- Former Clinical and Medical Affairs head at Lundbeck
- Has 18 years of global CNS experience; oversaw US development of brexpiprazole
- Trained clinical psychiatrist

Andrew Vaino, Ph.D., Chief Science Officer

- Chemistry PhD from Queen's University with two decades experience in biotech
- MBA from UC Irvine
- Inventor of two molecules studied clinically

Marc Panoff, Chief Financial Officer

- Previously CFO of Retrophin raised \$150 million in equity and debt financings and uplisted company to Nasdaq Global Market
- Previously CFO of Neurologix and Nephros

SCHIZOPHRENIA

- Schizophrenia (SCZ) is a chronic and debilitating disease affecting approximately 1% of the US population¹
 - Approximately 100,000 new SCZ patients diagnosed per year²
 - SCZ patients have profoundly diminished quality of life
 - Fewer than 20% hold full-time employment; increased odds of arrest
 - Life expectancy of SCZ patients is reduced by 10-20 years compared to the general population³
 - Approximately 5% SCZ patients die of suicide⁴
 - Disease defined by three major groups of symptoms
 - Positive symptoms: delusions, hallucinations, agitation
 - Negative symptoms: lack of social engagement, depression
 - Cognitive symptoms: memory deficits, impaired executive functions

^{1 &}lt;u>About Schizophrenia - Schizophrenia & Psychosis Action Alliance (sczaction.org)</u>

² Schizophrenia Symptoms, Patterns and Statistics and Patterns (mentalhelp.net)

³ Moradi et al. 2018

US ANTIPSYCHOTIC MARKET LANDSCAPE



- Branded SCZ drugs products generate ~\$11 billion in sales annually in the US
- Despite limited efficacy, and a crowded generic market, new branded antipsychotics such as Latuda, Vraylar, and Rexulti are approaching or have achieved > \$1 billion each in annual sales in the US

SCHIZOPHRENIA – UNMET MEDICAL NEED

- Despite 20+ FDA approved drugs, SCZ patients don't get adequate help
 - An estimated 50% of patients with SCZ do not take their prescribed medications as directed¹
 - Up to 74% of SCZ patients cycle through multiple drugs within 18 months, with up to 60% failing to find an effective therapy²



Branded Rx growing



1 About Schizophrenia - Schizophrenia & Psychosis Action Alliance (sczaction.org)

2 Patel et al. P&T 2014 Sep; 39(9): 638–645.

AMISULPRIDE BACKGROUND

- Amisulpride is a benzamide marketed for the treatment of schizophrenia in Europe since 1986
 - Patented and developed by Synthélabo (acquired by Sanofi)
 - Selective $D_2(K_i = 2.8 \text{ nM})/D_3(K_i = 3.2 \text{ nM})$ and $5HT_7(K_i = 31 \text{ nM})$ antagonist
 - In July 2000 Sanofi announced it would discontinue development of amisulpride in the US based on IP
- Amisulpride has generated over 2.5 million prescriptions annually for the past three years in Europe
- 35 years of clinical use demonstrates an excellent safety/efficacy profile

AMISULPRIDE COMPARATIVE EFFICACY/SAFETY

Meta-Analysis of 32 Schizophrenia (SCZ) Drugs⁽¹⁾ (n = 53,500)

Antipsychotic Efficacy



Amisulpride is one of the most effective antipsychotics in the world

EUFEST Study⁽²⁾ (Clinical Trial of 5 SCZ Drugs in First Episode) (n = 498)

All-Cause Discontinuation



Amisulpride is one of the best tolerated antipsychotic

AMISULPRIDE COMPARATIVE SAFETY



• All cause discontinuation combines efficacy and tolerability. When reported separately, more patients dropped out due to inefficacy (40%) than due to adverse events (20%)

LB-102 OVERVIEW

LB-102 is a methylated version of amisulpride



- Novel chemical structure with chemical properties designed to improve amisulpride's safety and efficacy
- Safe and well-tolerated in a (n = 64) Phase 1 clinical study
- Three US and four ex-US composition of matter patents covering LB-102 issued extending to at least 2037
- CNS receptor binding profile similar to amisulpride: high selectivity for D_{2/3} and 5HT₇
- LB-102 same as/better than amisulpride in preclinical animal models of SCZ

LB-102 KEY DIFFERENTIATORS

Superior efficacy than most recently launched antipsychotics

	Avg PANSS Δ from BL ¹
Caplyta	-14.1
Rexulti, 4 mg	-19.9
Vraylar, 3 mg	-22.4
Amisulpride	-28.9

- Minimal off-receptor binding (D₂, D₃, 5HT₇) leading to low incidence of AEs
- Potential use in patients with predominantly negative symptoms, depression, and Alzheimer's psychosis
 - Amisulpride one of two drugs to show statistically significant improvement in negative symptoms (SANS Δ 12 points vs. placebo)²
 - Equivalent to Prozac in clinical study of depression³
 - ATLAS study showed amisulpride effective in treating psychosis in elderly⁴
- Weakly metabolized, low risk of drug/drug interactions
- LB-102's low expected therapeutic doses (50 mg LB-102 = same dopamine RO as 400 mg amisulpride) could be amenable to LAI formulation

LB-102 AND AMISULPRIDE RECEPTOR SPECIFICITY

LB-102 is a selective $D_2/D_3/5HT_7$ antagonist with minimal off-target activity



LB-102: ENHANCING AMISULPRIDE'S PRODUCT PROFILE

- Of 30 psychiatric medications tested amisulpride was least able to passively diffuse across model BBB⁽¹⁾
- Improving BBB permeability could improve efficacy/decrease adverse events
- Methylation has been shown to improve membrane permeability without changing receptor binding activity, for example desipramine to impramine and nortriptyline to amitriptyline



 In a PET study, using ¹¹C raclopride, directly measuring dopamine RO in mice the same dose of LB-102 showed LB-102 bound D_{2/3} receptors ~2X as strongly at amisulpride (K_is are similar)



PET scans taken 140 min after dosing either 100 mg/kg amisulpride or LB-102

LB-102 PHASE 1 CLINICAL TRIAL OVERVIEW

- Dosing: 5 single ascending dose (SAD) cohorts/3 multiple ascending dose (MAD, 1 week, BID dosing) cohorts
- Endpoints: Safety and pharmacokinetics
- Single Site: Medpace in Cincinnati, OH



LB-102 PHASE 1 PHARMACOKINETICS (SAD)

LB-102 exhibits favorable PK properties, with a half-life of 12+ hours and Tmax of 2-3 hours

Dose LB-102 (mg)	Cmax (ng/mL)	AUCinf (h*ng/mL)	Tmax (h)	T _{1/2} (h)
10	24	253	3	13.7
50	176	1600	3	12.3
100	349	2823	2.8	14.7
150	596.5	4650	3.2	12.6
200	976	7001	2	12.8

Healthy volunteers single ascending doses of LB-102 200 mg 1000 150 mg [LB-102]_{plasma} (ng/ml) 100 mg 50 mg 100 10 mg 10 1 10 20 30 40 0 50

time (h)

PLASMA EXPOSURE OF LB-102 > AMISULPRIDE

Rosenzweig⁽¹⁾ reported PK data on 18 healthy volunteers exposed to a single dose 50 mg amisulpride



Observed LB-102 plasma exposure is ~ 2.5x that of amisulpride⁽²⁾

LB-102 PHASE 1 ADVERSE EVENTS

	Single ascending dose						Multiple ascending dose			
Adverse event	Placebo	10 mg	50 mg	100 mg	150 mg	200 mg	50 mg BID	75 mg BID	100 mg BID	
n	16	8	8	8	8	8	8	8	8	
Elevated prolactin		2	3	1	1	1	2	2	1	
Diarrhea			1							
Upper respiratory infection			1	1						
Abdominal pain	1	1		1						
Nausea						1		1	1	
Urticaria				1						
Acute dystonia						1		1	2	
QT prolongation						1				
Insomnia						1		1		
Gastroesophageal reflux						1				
Headache	1					1				
Oropharyngeal pain						1				
Heart palpitations						1				
Vomiting									1	
Dry mouth									1	
Somnolence								1	1	
Dizziness								1		
Migraine								1		
Back pain	1							1		
Bug bite	1									

- Prolactin elevation (PRL), which was reversible and unassociated with clinical consequences, was observed at all doses, a consequence of dopamine receptor binding
- Dosing in 200 mg/d MAD cohort was stopped after 3 days due to two occurrences of EPS (acute dystonia)
 - EPS associated with excess D_{2/3} RO, suggesting need to tamp down dose < 200 mg/d

DOPAMINE RO DIRECTLY LINKED TO IMPROVEMENTS IN SCZ PATIENTS



Dopamine RO a good predictor of PANSS improvement⁽¹⁾

LB-102 PHASE 1b PET IMAGING STUDY (NCT04588129)

- **Dosing:** Adaptive design with 4 cohorts of 4 healthy volunteers each
 - Multiple PET scans per subject using ¹¹C raclopride as tracer
- Study Objectives: To confirm D_2/D_3 target engagement and inform Phase 2 dosing



PHASE 1b - COHORTS 1 - 3, SINGLE DOSE



- Subjects in Cohorts 1 (100 mg) and 2 (50 mg) were scanned at 2.5, 7.5, and 23.5 hrs post-dose
- Subjects in Cohort 3 (75 mg) were scanned at 2.5, 23.5, and 47.5 hrs post-dose
- Desired dopamine RO between 60% and 75%
- Data suggests that LB-102 can be dosed once a day

PHASE 1b - COHORT 4, STEADY STATE, 100 MG (N=2); 50 MG (N=2)



- Subjects scanned 2.5, 7.5, and 23.5 hrs after 4 days QD dosing
 - Dopamine RO observed at 50 mg was in the desired range for an effective schizophrenia drug
 - 50 mg LB-102 afforded same dopamine RO as 400+ mg amisulpride per day

PHASE 1b - KEY TAKEAWAYS

- No reported SAEs or EPS
- Dopamine receptor occupancy in desired range at 50 mg to 100 mg dose
- Confirms hypothesis from Phase 1 study
- Planned dosing for Phase 2 study: 50 mg and 75 mg, once per day
 - FDA guided LB could dose up to 200 mg/d in SCZ patients
 - Therapeutic doses expected to be well within the margin of safety

LB-102 PHASE 2 CLINICAL PROGRAM

- Trial Size: Expecting to enroll ~300 SCZ patients at ~25 sites
- **Design:** 2 doses LB-102 versus placebo (4 weeks duration, in-patient, double-blind, placebo controlled)
- **Primary Endpoint:** Change in PANSS
- Development plan will follow well-established criteria for FDA approval of a schizophrenia drug (cf. Rexulti, Vraylar, Latuda)
 - LB-102 Phase 2 study designed to potentially be registrational study



Inclusion Criteria • Adults, 18 to 50 years old, with acute schizophrenia diagnosis

LB-102 CLINICAL DEVELOPMENT PROJECTED TIMELINE

			FY 2020	FY 2021			FY 2022		FY 2023			
Study	Size	Cost		Q1	Q2	Q3	Q4	1H	2H	1H	2H	
Phase 1a SAD/MAD	n = 64	\$1.6	Completed									
Phase 1b PET	n = 16	\$1.5			Completed	d						
Phase 2	n = 300	\$40.0										-
CARC		\$2.5										
СМС		\$1.0		Co	ompleted							
				- Indicat	tes expected	d data read	out					

- Phase 1 and 1b studies completed; End of Phase 1 meeting with FDA took place earlier in 2021
- Start of Phase 2 study dependent on close of Series B financing
- CMC activities to support Phase 2 study completed
- Seeking \$60 million + in a Series B financing to support clinical activity through Phase 2 data readout (anticipated 2023)

LB-102 US MARKET OPPORTUNITY

- Expect LB-102 would be 3rd line SCZ treatment initially
- Amisulpride/LB-102 differentiated by clean AE profile and strong efficacy for both positive and negative symptoms of the disease
 - Prescriptions in the EU exceed 2 million/year despite a lack of sales/marketing support for 12 years
- Branded SCZ drugs products generate ~\$11 billion in sales annually in US



LB-102 combines de-risked safety/efficacy of amisulpride with IP of a NCE

PIPELINE EXPANSION POTENTIAL

LB-102 has the potential for clinical impact in areas outside of schizophrenia, such as depression

Product Indication	Discovery	Pre-Clinical	Phase 1	Phase 2	Phase 3
LB-102 (schizophrenia)					
LB-104 (depression)					
LB-102 (schizophrenia – negative symptoms)					
LB-102 (schizophrenia - LAI)					

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THANK YOU