New Hope for Serious Infections

Topline Results: Phase 2 STRIVE Part B Trial for Rezafungin
July 29, 2019

CIDARA THERAPEUTICS

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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 Cidara's ability to develop new anti-infectives that are innovative or address unmet needs; the potential for rezafungin to successfully treat or prevent invasive fungal infections and represent an improvement over current approaches; whether the top line results of the STRIVE Part B clinical trial will be supported in the full analysis of the STRIVE Part B clinical data; whether the success of the STRIVE Part B clinical trial indicates a successful outcome in the Phase 3 ReSTORE clinical trial, including whether or not rezafungin will meet the primary endpoints in the ReSTORE trial; and whether Cidara will be able to successfully develop and commercialize rezafungin. 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 industryThese 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.

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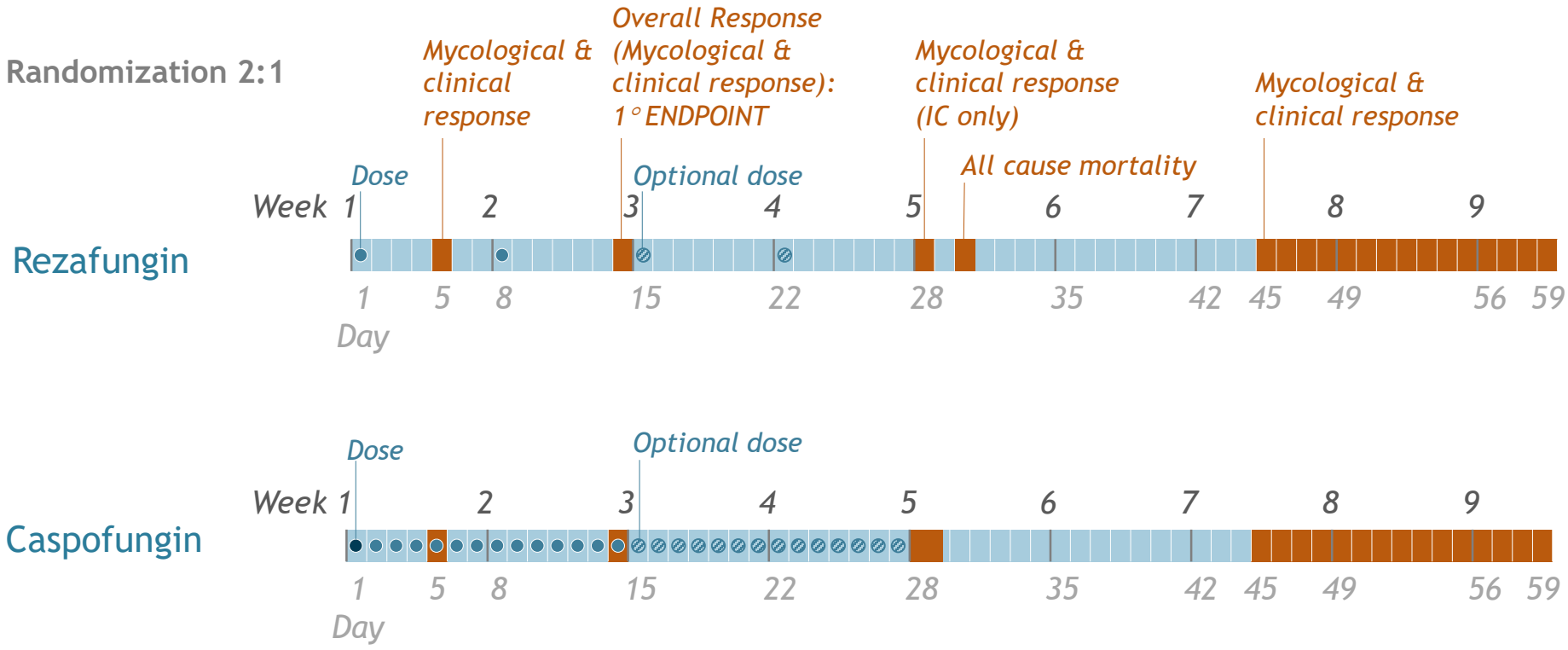
Executive Summary

- STRIVE B results successfully met all efficacy and safety objectives
- Results corroborate those from STRIVE A
- Uniform improvement in all efficacy outcomes comparing the 400/200mg dose versus caspofungin comparator
- Well tolerated with no concerning safety signals
- Results warrant continuation of ongoing global ReSTORE Phase 3 trial at current 400/200mg dosing regimen

P2 STRIVE Part B: Candidemia & Invasive Candidiasis

Not powered for inferential statistics



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

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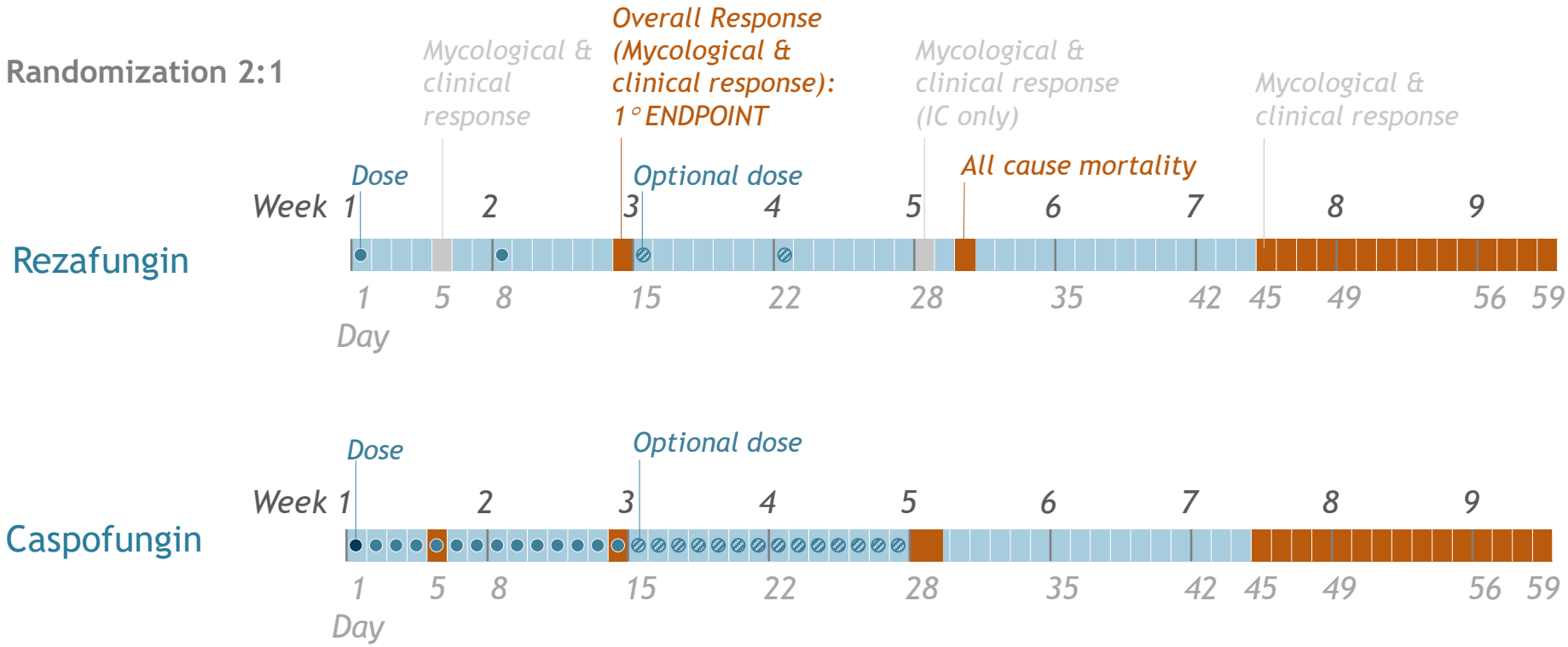

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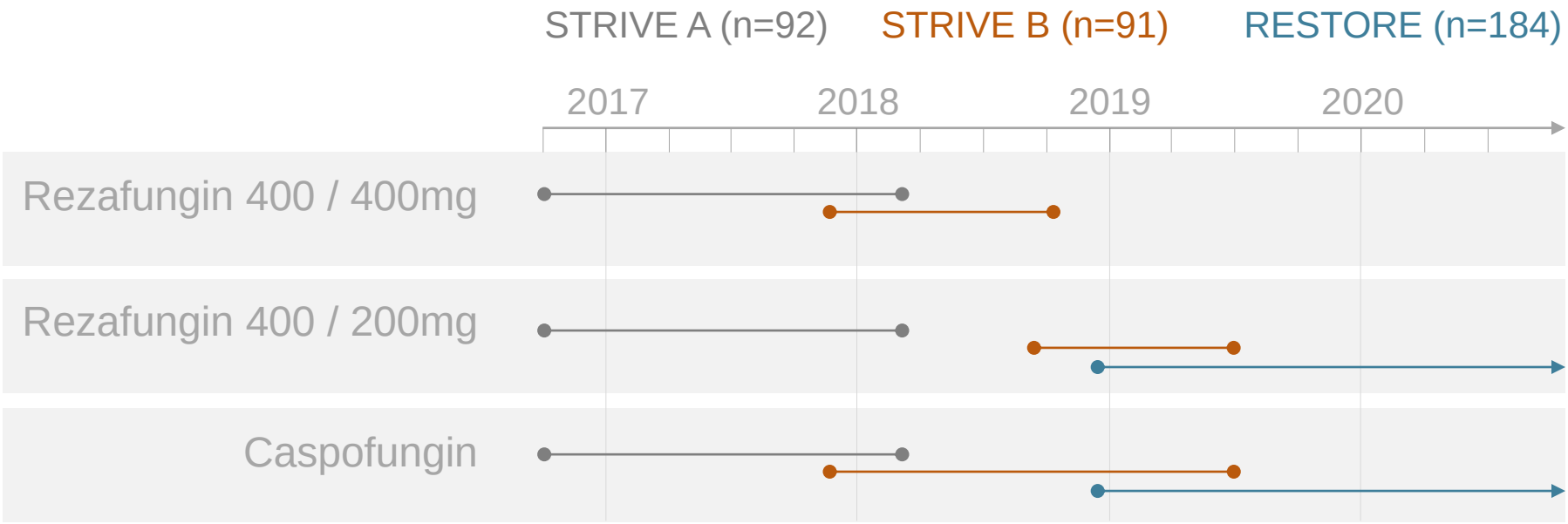
STRIVE B: the bridge from STRIVE A to ReSTORE



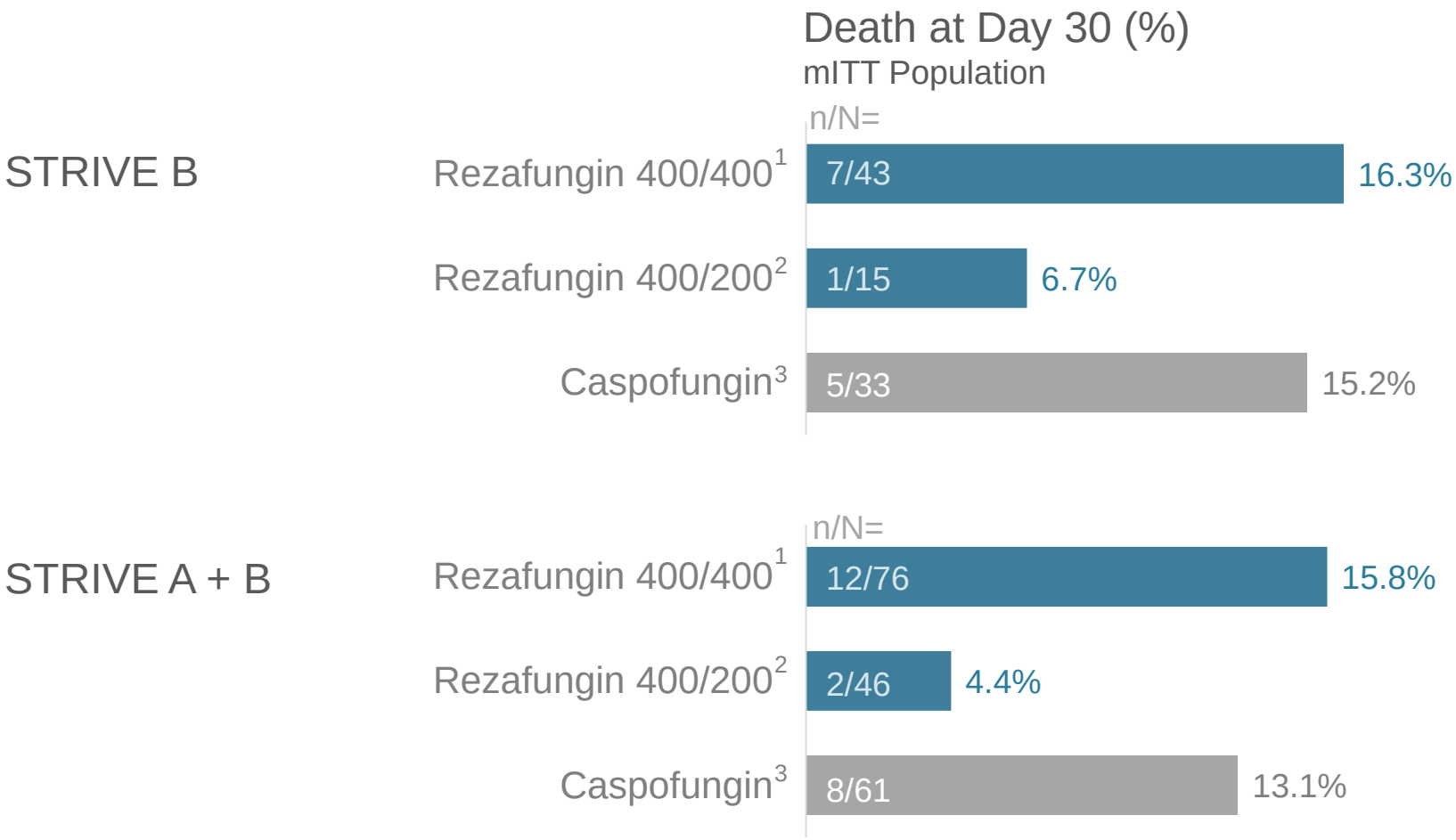
STUDY SIZE: STRIVE A + B (n=183) ≈ RESTORE (n=184)

CRITERIA: Similar inclusion/exclusion, except STRIVE B enrolled patients with invasive candidiasis from the beginning

STRATEGY: STRIVE B expands safety data; maintains enrollment momentum

30-Day All Cause Mortality

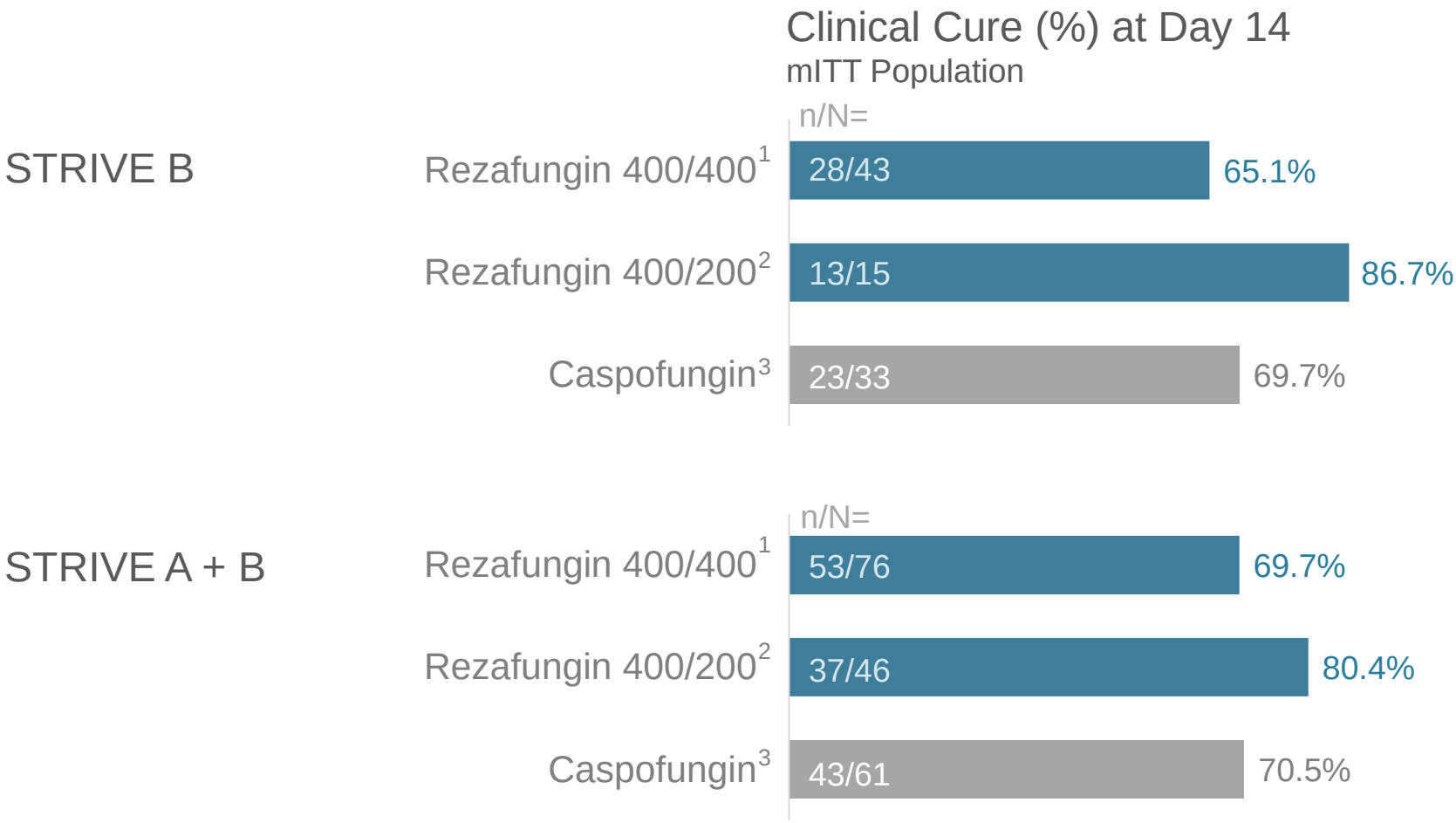
Similar to the ReSTORE trial primary endpoint for FDA



1. 400 mg dose once weekly for two to four weeks.
2. 400 mg dose for the initial week followed by 200 mg dose once weekly for an additional one to three weeks.
3. 70 mg day one, followed by daily doses of 50mg.

Investigator assessment of clinical response

Similar to the ReSTORE trial primary endpoint for EMA



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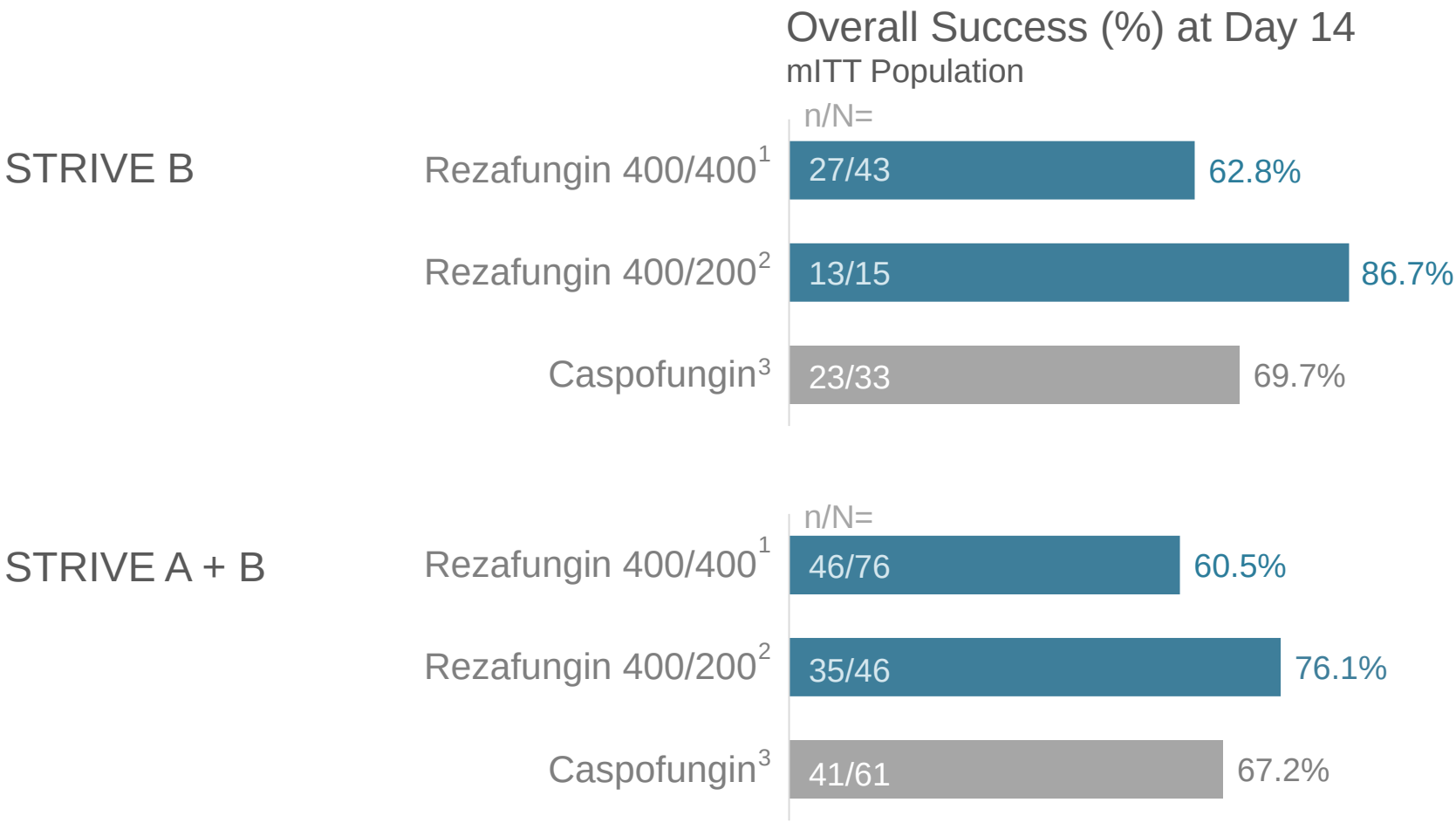
Overall response

STRIVE B primary endpoint: combination of clinical and mycological responses



1. 400 mg dose once weekly for two to four weeks.
2. 400 mg dose for the initial week followed by 200 mg dose once weekly for an additional one to three weeks.
3. 70 mg day one, followed by daily doses of 50mg.

Topline summary of adverse events in safety population

Study-Drug Related TEAEs

	REZAFUNGIN			CASPOFUNGIN
STRIVE B	400/400 mg (QWk)	400/200 mg (QWk)	Pooled Groups	70/50 mg (QD)
	N=46	N=18	N=64	N=34
	n (%)			n (%)
All Related TEAEs	3 (6.5)	0	3 (4.7)	5 (14.7)
Leading to study D/C	2 (4.3)	0	2 (3.1)	3 (8.8)
Serious AE	1 (2.2)	0	1 (1.6)	1 (2.9)
STRIVE A + B	N=81	N=53	N=134	N=68
All Related TEAEs	7 (8.6)	6 (11.3)	13 (9.7)	9 (13.2)
Leading to study D/C	3 (3.7)	0	3 (2.2)	1 (1.5)
Serious AE	1 (1.2)	1 (1.9)	2 (1.5)	2 (2.9)

As expected and observed in STRIVE A, the majority of subjects had at least one TEAE and 40-50% had at least one Serious AE, reflecting the high morbidity of the underlying population.

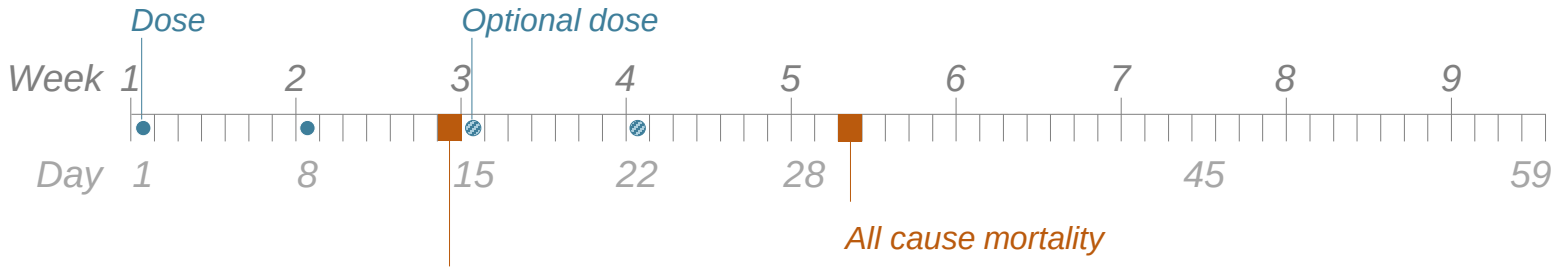
There were no AE trends; % of TEAEs and SAEs were approximately even across study groups.

D/C=discontinuation; TEAE (treatment-emergent adverse event)=AE that occurs after first dose of study drug is administered.

Our Phase 3 trial design mirrors the Phase 2 design

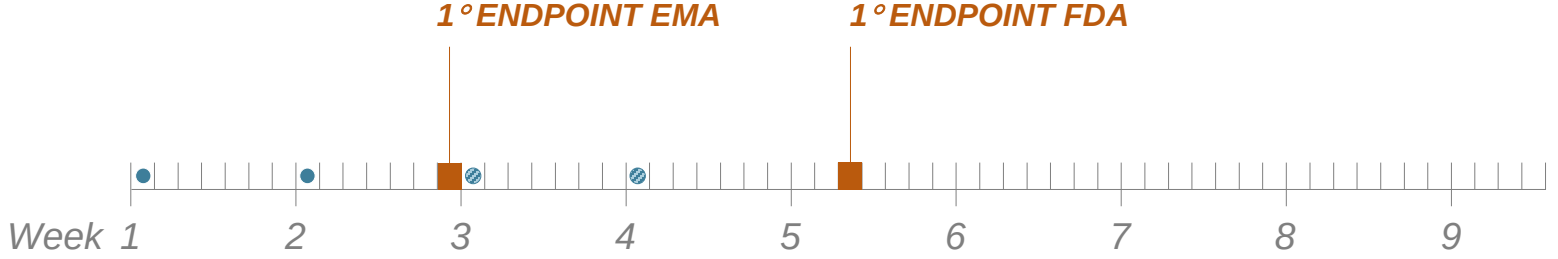
Phase 2

STRIVE



Phase 3

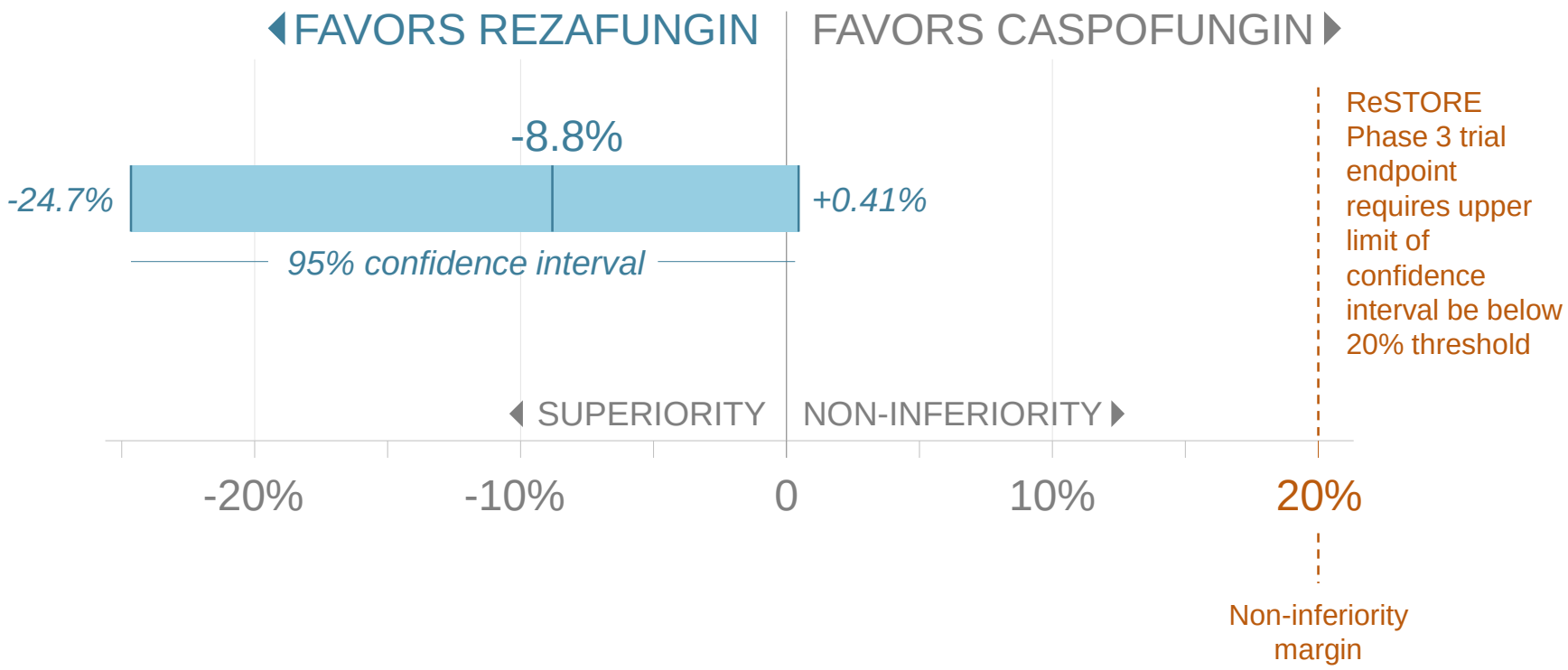
ReSTORE



30-Day All Cause Mortality – Post Hoc Analysis*

Rezafungin (STRIVE A + B, 400/200 only) vs. Caspofungin (STRIVE A + B)

Rezafungin mITT: 2/46= 4.4% ACM; Caspofungin mITT: 8/61= 13.1% ACM



*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 (Rezafungin 400/200 group minus caspofungin group) was calculated using the unadjusted method of Miettinen and Nurminen.

Conclusions

- Positive findings strongly support that once-weekly dosing of rezafungin is comparable to once-daily dosing of caspofungin
- Caspofungin cure rate at ~70% in both STRIVE A and B for Clinical Response is similar to its outcome in prior studies for candidemia/IC thereby validating the quality of the study
- Supports the selection of the 400/200 dosing regimen in ReSTORE
- Enrollment of ReSTORE Phase 3 study globally is underway

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Thank you

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