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# Corporate Presentation

## November 2021

# Forward-looking Statements

This presentation contains “forward-looking statements” as defined by the Private Securities Litigation Reform Act of 1995. We caution investors that forward-looking statements are based on management’s expectations and assumptions as of the date of this presentation and involve substantial risks and uncertainties that could cause the actual outcomes to differ materially from what we currently expect. These risks and uncertainties include, but are not limited to, those associated with: GIAPREZA (angiotensin II) and XERAVA (eravacycline) sales; operating costs; regulatory actions relating to La Jolla’s products by the U.S. Food and Drug Administration (FDA), European Commission, China National Medical Products Administration and/or other regulatory authorities; expected future cash flows of La Jolla, including upfront, milestone, royalty and other payments resulting from La Jolla’s out-license agreements and commercial supply agreements; and other risks and uncertainties identified in our filings with the U.S. Securities and Exchange Commission. Forward-looking statements in this presentation apply only as of the date made, and we undertake no obligation to update or revise any forward-looking statements to reflect subsequent events or circumstances.



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# Our Mission

La Jolla is dedicated to the commercialization of innovative therapies that improve outcomes in patients suffering from life-threatening diseases



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# Product Portfolio

| Product | Indication | Pivotal Studies[a] | Regulatory Status |
|---|---|---|---|
| GIAPREZA® (angiotensin II) | Septic or other distributive shock[b] | 321-patient, multinational, double-blind, randomized, placebo-controlled study | FDA-approved Dec 2017<br><br>European Commission-approved Aug 2019 |
| XERAVA® (eravacycline) | Complicated intra-abdominal infections[c] | 538-patient, multinational, double-blind, randomized, active-controlled study<br><br>499-patient, multinational, double-blind, randomized, active-controlled study | FDA-approved Aug 2018<br><br>European Commission-approved Sep 2018<br><br>NDA submitted in China Mar 2021 |

[a] For U.S. and European approval

[b] U.S.: GIAPREZA is a vasoconstrictor to increase blood pressure in adults with septic or other distributive shock
European Union: GIAPREZA is indicated for the treatment of refractory hypotension in adults with septic or other distributive shock who remain hypotensive despite adequate volume restitution and application of catecholamines and other available vasopressor therapies

[c] U.S.: XERAVA is a tetracycline class antibacterial indicated for the treatment of complicated intra-abdominal infections (cIAIs) in patients 18 years of age and older
European Union: XERAVA is indicated for the treatment of cIAI in adults

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# GIAPREZA®
# (angiotensin II)
## injection for intravenous infusion

**GIAPREZA is a vasoconstrictor to increase blood pressure in adults with septic or other distributive shock**

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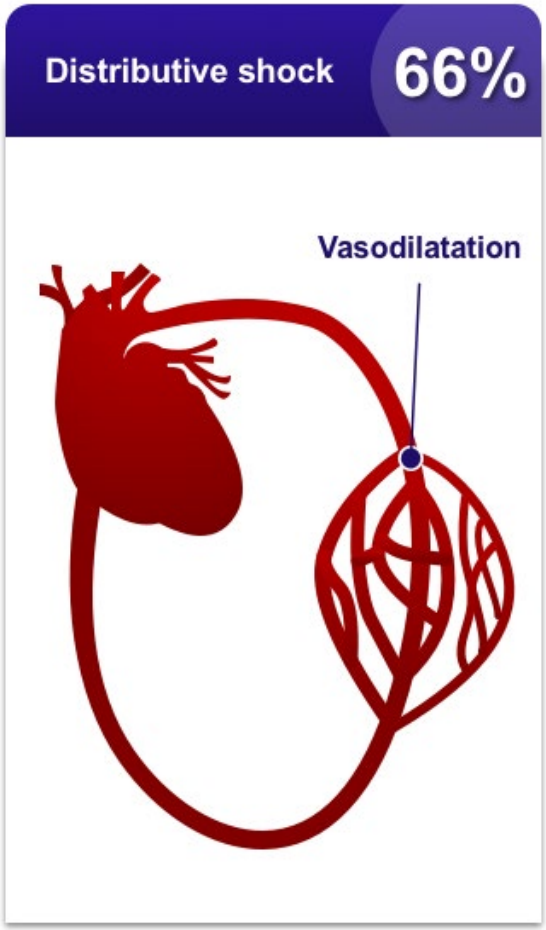
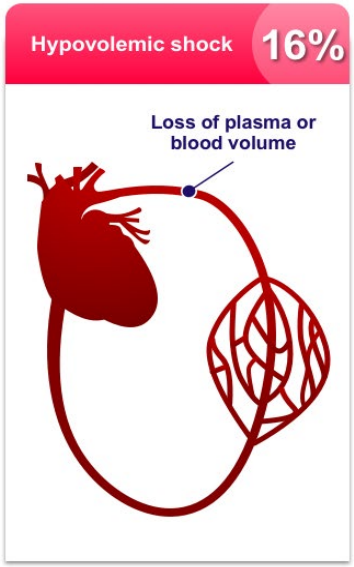
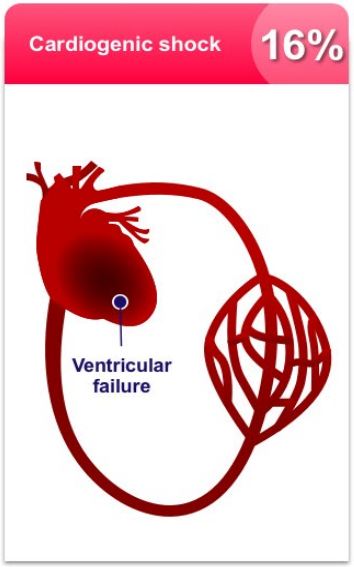
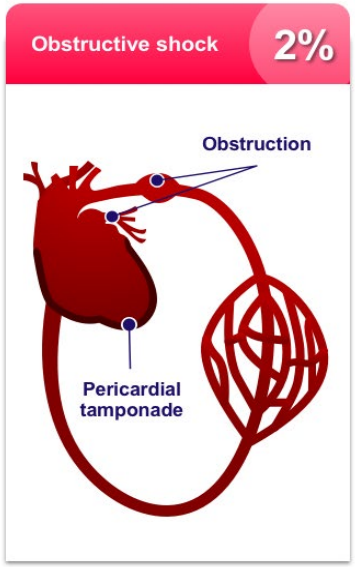
# Distributive Shock Is the Most Common Form of Shock[a]




[a] Vincent et al, *New England Journal of Medicine* 2013; 369(18):1726-1734



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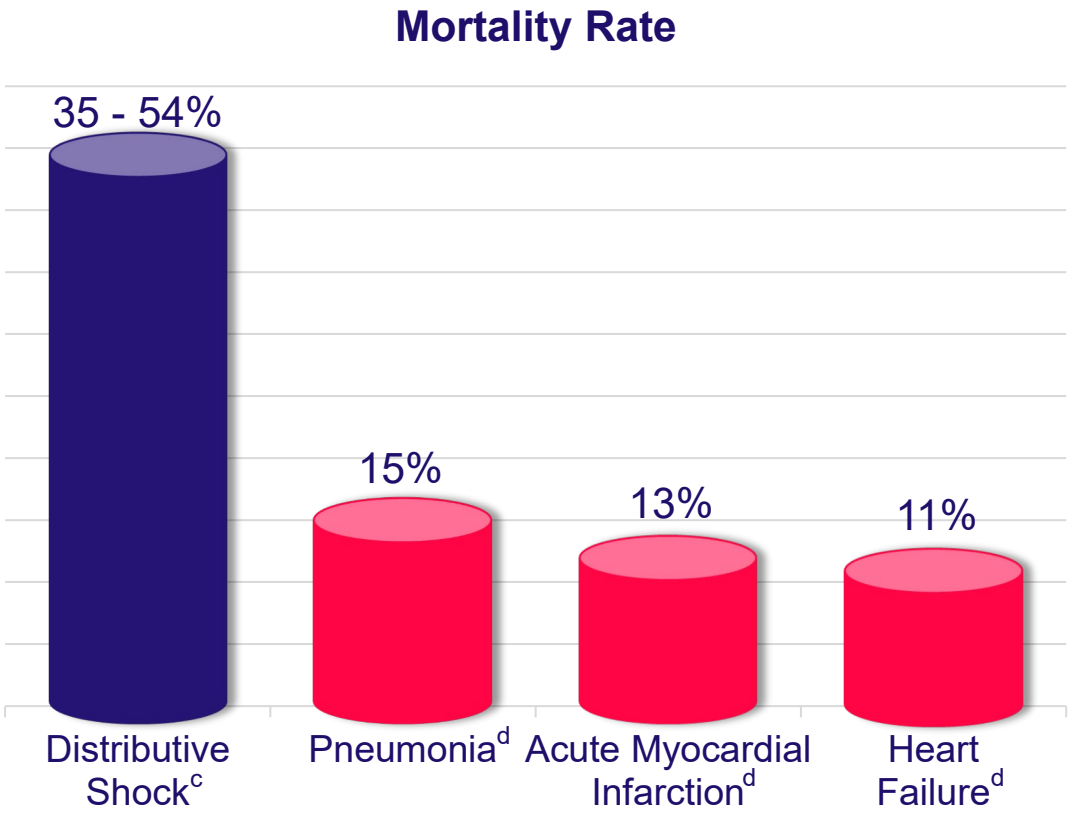
# Distributive Shock Is a Leading Cause of Death in Hospitalized Patients

Septic shock accounts for >90% of distributive shock[a]

- Mortality rate exceeds that of most acute conditions requiring hospitalization
- Shock affects one-third of patients in the intensive care unit (ICU)[b]




[a] Vincent et al, *New England Journal of Medicine* 2013; 369(18):1726-1734

[b] Sakr et al, *Critical Care Medicine* 2006; 34:589-597

[c] Based on the 28-day mortality rates of: (i) 35% from Russell et al, *New England Journal of Medicine* 2008; 358:877-87; (ii) 49% from De Backer et al, *New England Journal of Medicine* 2010; 362:779-89; and (iii) 54% from Khanna et al, *New England Journal of Medicine* 2017; 377:419-430

[d] 30-day mortality rate from Medicare.gov



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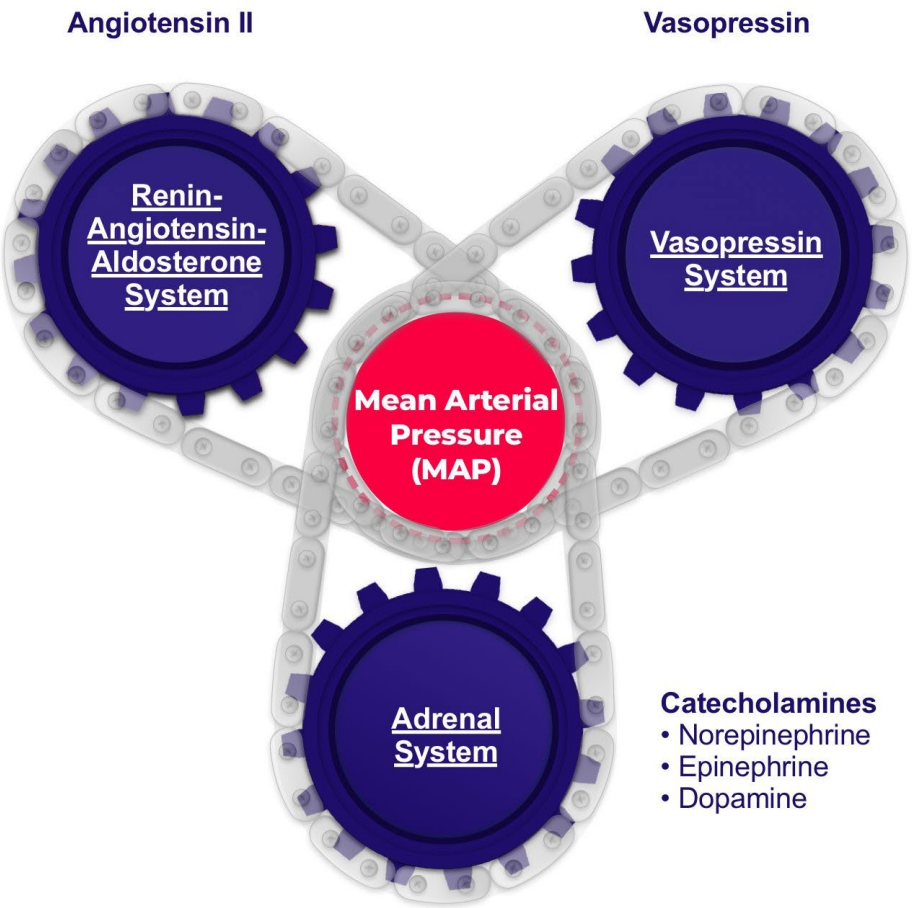
# In Healthy Individuals, Three Systems Work in Harmony to Regulate Blood Pressure

- Angiotensin II regulates blood pressure through the renin-angiotensin-aldosterone system (RAAS)
- Other therapeutic options regulate blood pressure through the adrenal system and vasopressin system

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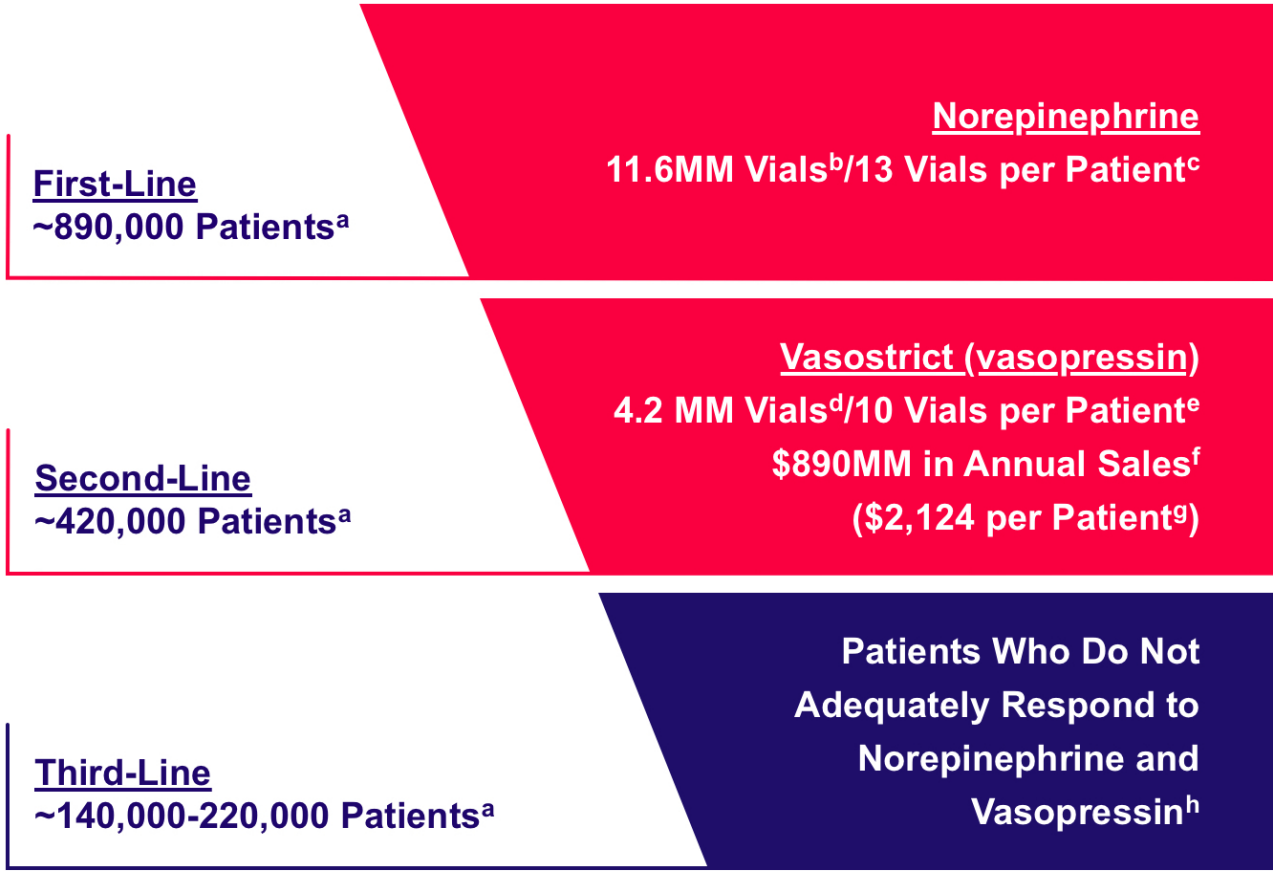
# ~140,000-220,000 Patients Fail to Respond to Current Vasopressor Options




[a] Annually in the U.S.

[b] TTM ended September 30, 2021 per Symphony Health Solutions

[c] Estimate based on Russell et al, *New England Journal of Medicine* 2008; 358:877-87 and Asfar et al, *New England Journal of Medicine* 2014; 370:1583-93

[d] Annual sales per Endo International plc SEC filings, divided by price per vial per Wolters Kluwer *PriceRx*

[e] Estimate based on Dunser et al, *Circulation* 2003; 107:2313-2319 and Gordon et al, *Critical Care Medicine* 2014; 42(6):1325-1333

[f] TTM ended September 30, 2021 per Endo International plc SEC filings

[g] $212.38 per vial per Wolters Kluwer *PriceRx,* multiplied by 10 vials per patient

[h] Estimate based on: 35.4% 28-day mortality rate from Russell et al, *New England Journal of Medicine* 2008; 358:877-87; 48.5% 28-day mortality rate from De Backer et al, *New England Journal of Medicine* 2010; 362:779-789; and 54.6% non-responder rate from Sacha et al, *Annals of Intensive Care* 2018; 8:35



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# Angiotensin II for the Treatment of High-Output Shock (ATHOS-3)

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 AUGUST 3, 2017 VOL. 377 NO. 5

## Angiotensin II for the Treatment of Vasodilatory Shock

Ashish Khanna, M.D., Shane W. English, M.D., Xueyuan S. Wang, M.D., Kealy Ham, M.D., James Tumlin, M.D., Harold Szerlip, M.D., Laurence W. Busse, M.D., Laith Altaweel, M.D., Timothy E. Albertson, M.D., M.P.H., Ph.D., Caleb Mackey, M.D., Michael T. McCurdy, M.D., David W. Boldt, M.D., Stefan Chock, M.D., Paul J. Young, M.B., Ch.B., Ph.D., Kenneth Krell, M.D., Richard G. Wunderink, M.D., Marlies Ostermann, M.D., Ph.D., Raghavan Murugan, M.D., Michelle N. Gong, M.D., Rakshit Panwar, M.D., Johanna Hästbacka, M.D., Ph.D., Raphael Favory, M.D., Ph.D., Balasubramanian Venkatesh, M.D., B. Taylor Thompson, M.D., Rinaldo Bellomo, M.D., Jeffrey Jensen, B.S., Stew Kroll, M.A., Lakhmir S. Chawla, M.D., George F. Tidmarsh, M.D., Ph.D., and Adam M. Deane, M.D., for the ATHOS-3 Investigators*

 Distributive shock=vasodilatory shock=high-output shock

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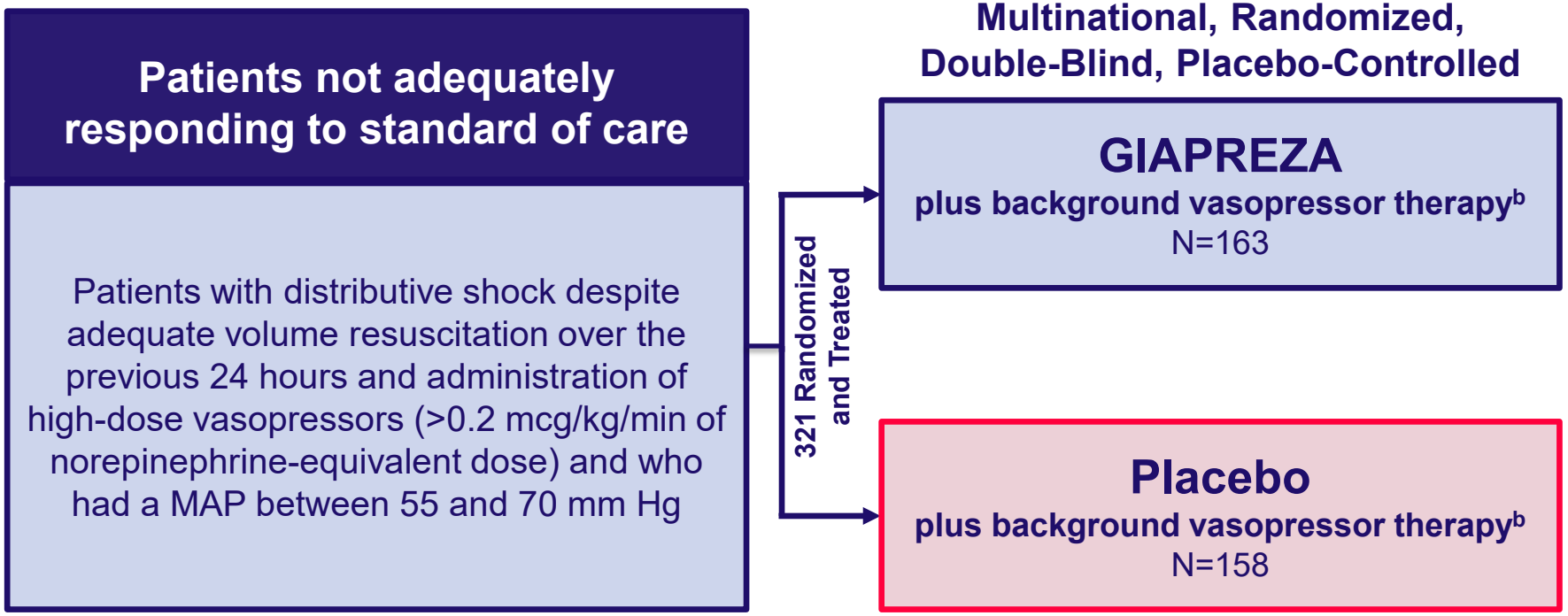
# ATHOS-3 Study Design[a]




**Primary Endpoint**: MAP response of ≥75 mm Hg or an increase from baseline of ≥10 mm Hg at Hour 3, without an increase in the dose of background vasopressors

MAP=mean arterial pressure

[a] Khanna et al, *New England Journal of Medicine* 2017; 377:419-430

[b] Background vasopressor therapy included norepinephrine, epinephrine, dopamine and vasopressin



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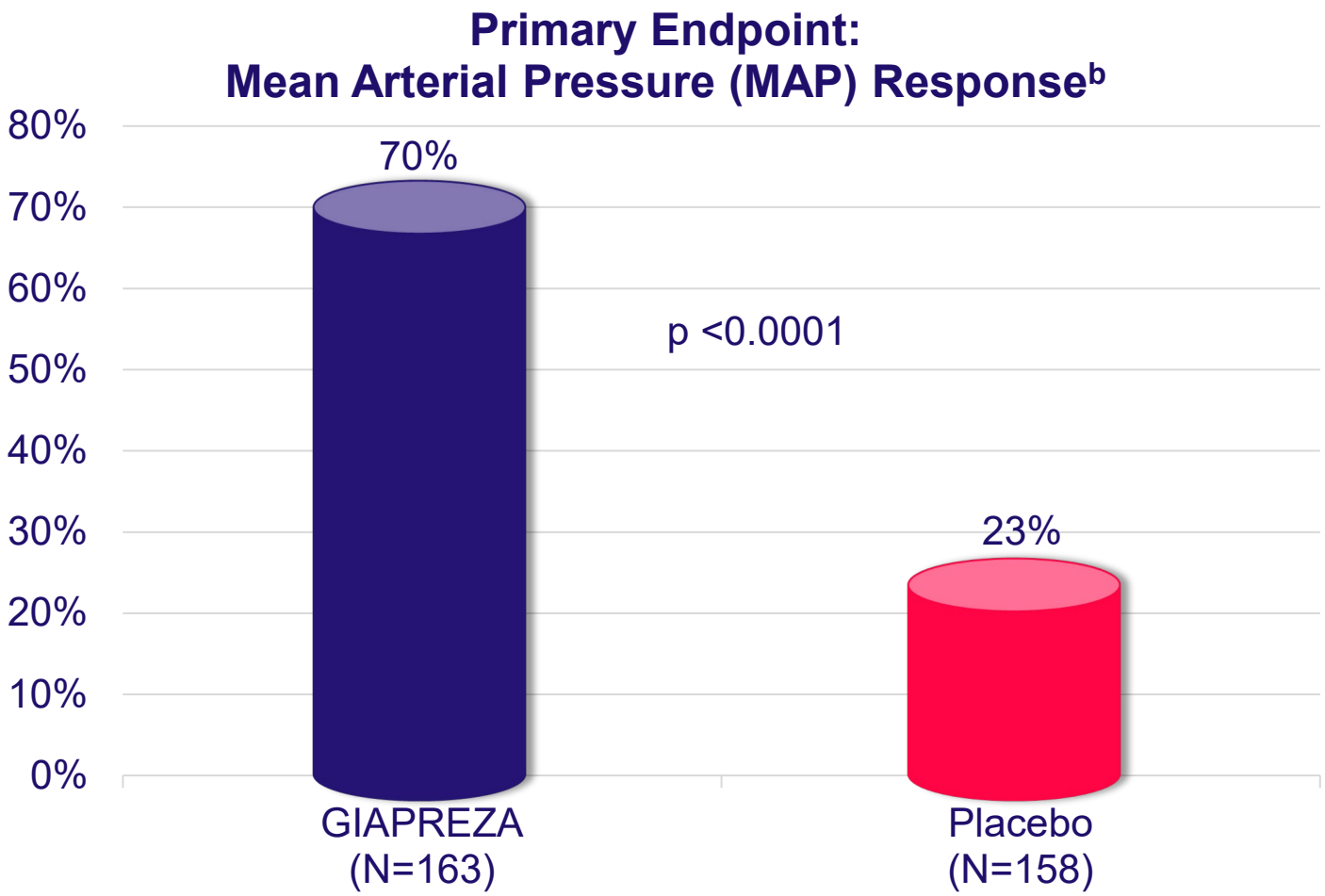
# GIAPREZA Significantly Improved Blood Pressure Response[a]




[a] GIAPREZA FDA prescribing information

[b] MAP of 75 mm Hg or higher or an increase in MAP from baseline of at least 10 mm Hg at Hour 3 without an increase in the dose of background vasopressors



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# Ability to Rapidly Achieve and Adjust Therapeutic Response

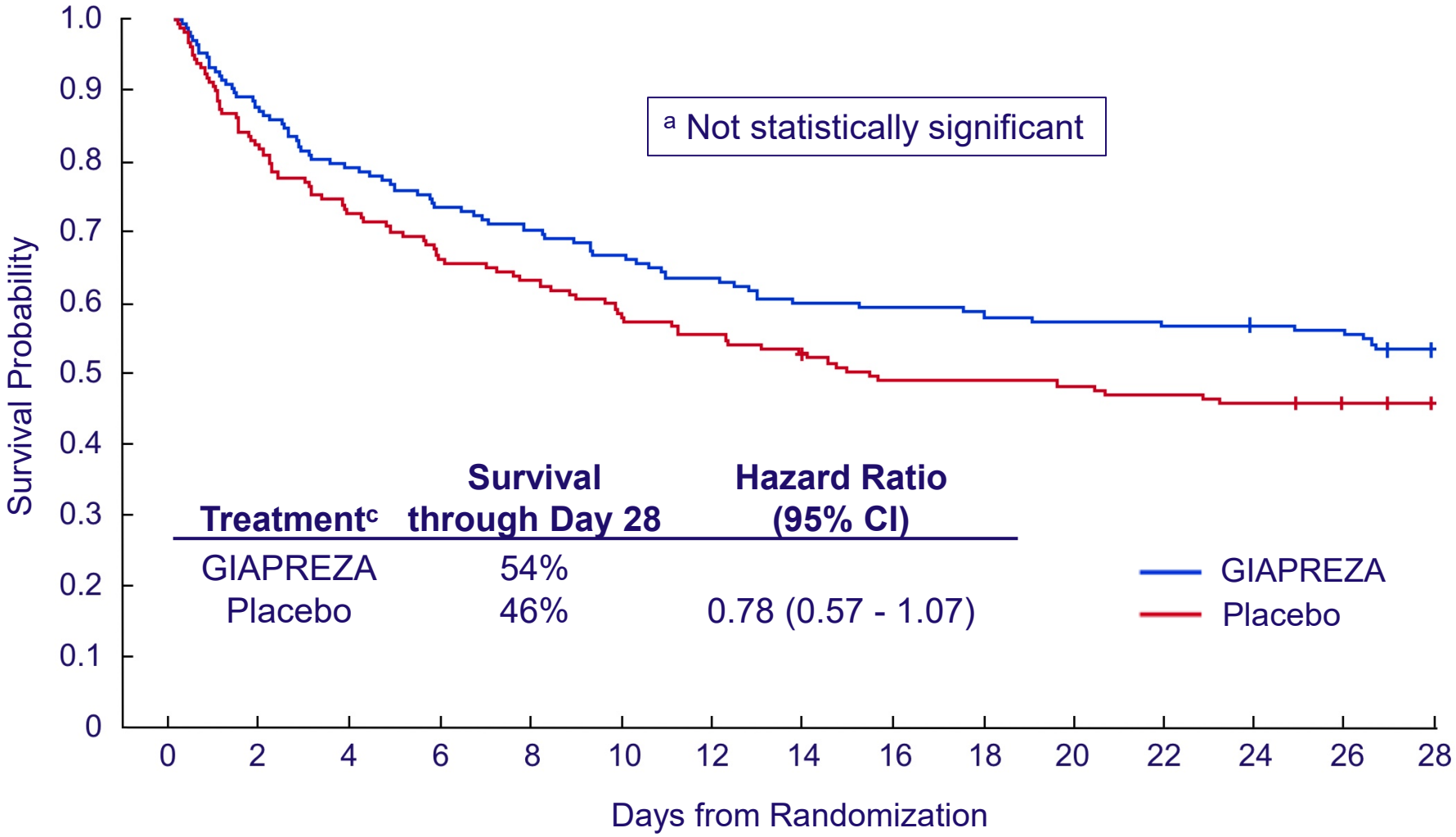

GIAPREZA rapidly increased MAP with a median time to MAP response of approximately 5 minutes[a]


Plasma half-life of GIAPREZA is less than 1 minute[a]



[a] GIAPREZA FDA prescribing information

# Positive Survival Trend Observed (N=321)[a,b]




| Treatment[c] | Survival through Day 28 | Hazard Ratio (95% CI) |
|---|---|---|
| GIAPREZA | 54% | |
| Placebo | 46% | 0.78 (0.57 - 1.07) |

[b] Khanna et al, *New England Journal of Medicine* 2017; 377:419-430

[c] Patients were treated with either GIAPREZA or placebo, both in addition to background vasopressor therapy



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# Adverse Reactions Occurring in ≥4% of Patients Treated with GIAPREZA and ≥1.5% More Often Than in Placebo-treated Patients[a]

| | GIAPREZA (N=163) | Placebo (N=158) |
|---|---|---|
| Thromboembolic events[b] | 21 (12.9%) | 8 (5.1%) |
| Deep vein thrombosis | 7 (4.3%) | 0 (0.0%) |
| Thrombocytopenia | 16 (9.8%) | 11 (7.0%) |
| Tachycardia | 14 (8.6%) | 9 (5.7%) |
| Fungal infection | 10 (6.1%) | 2 (1.3%) |
| Delirium | 9 (5.5%) | 1 (0.6%) |
| Acidosis | 9 (5.5%) | 1 (0.6%) |
| Hyperglycemia | 7 (4.3%) | 4 (2.5%) |
| Peripheral ischemia | 7 (4.3%) | 4 (2.5%) |

There is a potential for venous and arterial thrombotic and thromboembolic events in patients who receive GIAPREZA. Use concurrent venous thromboembolism (VTE) prophylaxis.

[a] GIAPREZA FDA prescribing information

[b] Including arterial and venous thrombotic events



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# Percentage of Patients Experiencing ≥1 Adverse Event, Experiencing ≥1 Serious Adverse Event and Discontinuing Treatment Due to an Adverse Event[a]

| | GIAPREZA (N=163) | Placebo (N=158) |
|---|---|---|
| Percentage of patients experiencing ≥1 adverse event | 87% | 92% |
| Percentage of patients experiencing ≥1 serious adverse event | 61% | 67% |
| Percentage of patients discontinuing treatment due to an adverse event | 14% | 22% |



[a] Khanna et al, *New England Journal of Medicine* 2017; 377:419-430

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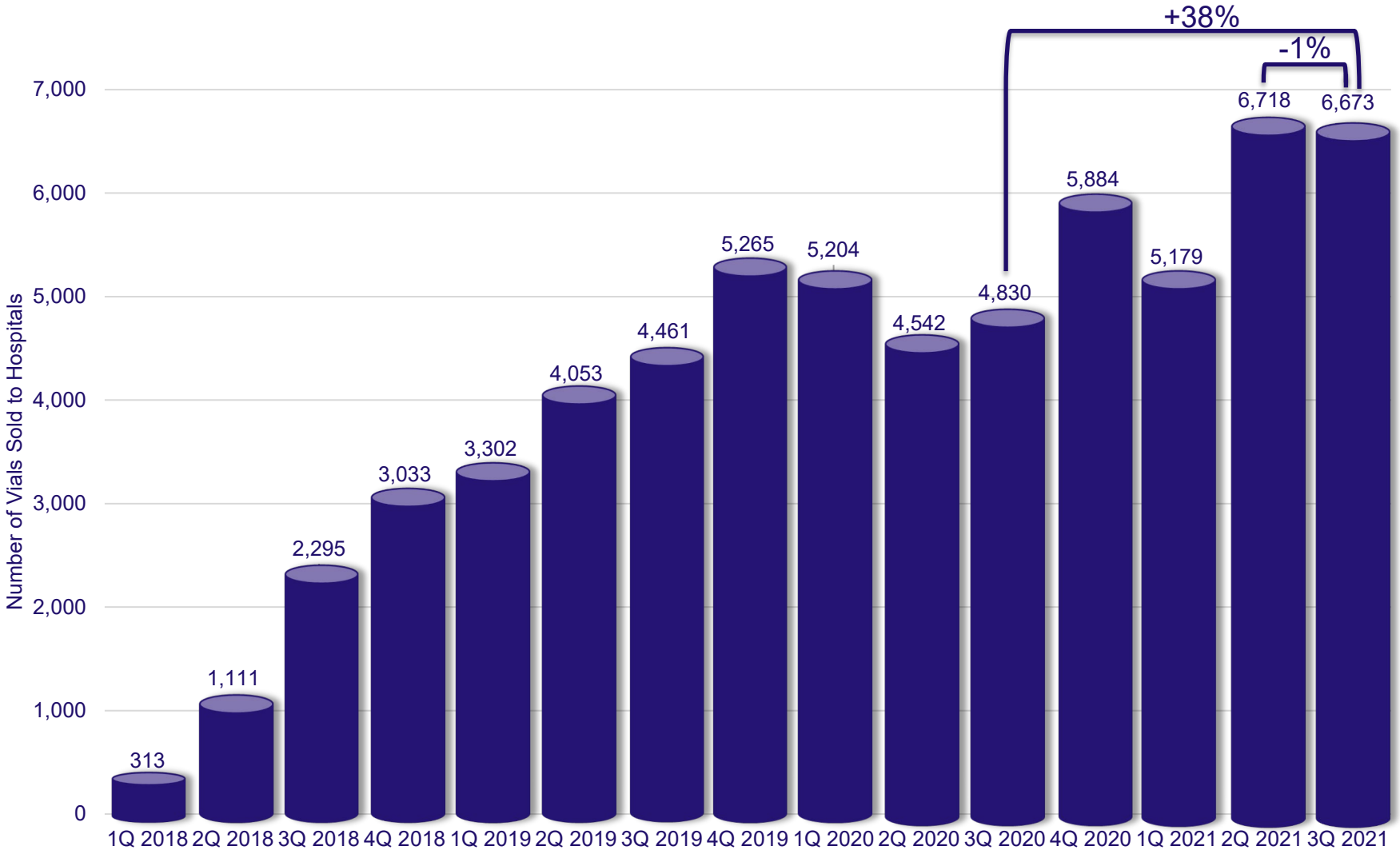
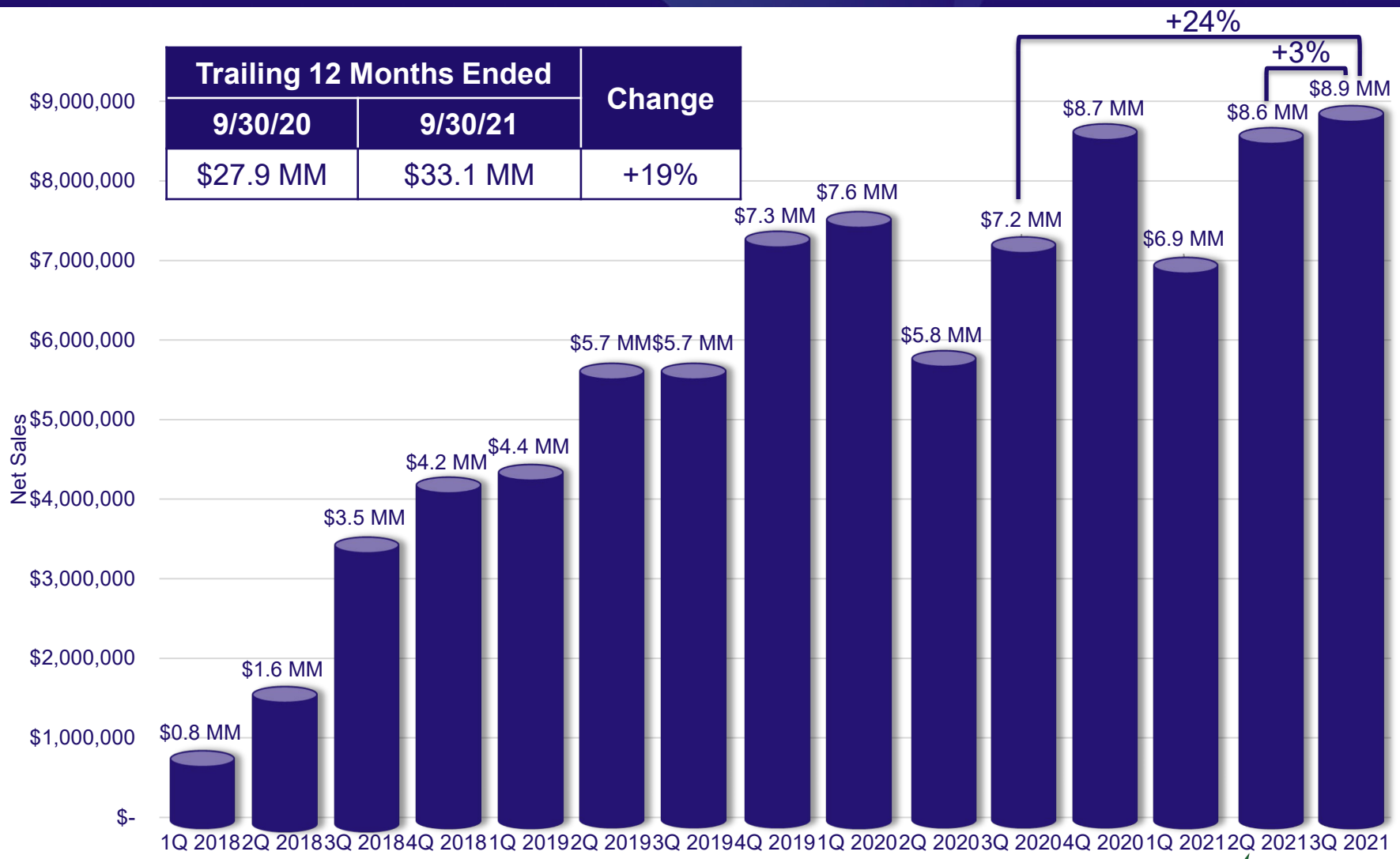
# GIAPREZA Quarterly Vials Sold to U.S. Hospitals from Inception through 3Q 2021



# GIAPREZA U.S. Net Sales from Inception through 3Q 2021

| Trailing 12 Months Ended | | Change |
|---|---|---|
| 9/30/20 | 9/30/21 | |
| $27.9 MM | $33.1 MM | +19% |

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XERAVA®
(eravacycline) for injection

**XERAVA is a tetracycline class antibacterial indicated for the treatment of complicated intra-abdominal infections (cIAIs) in patients 18 years of age and older**

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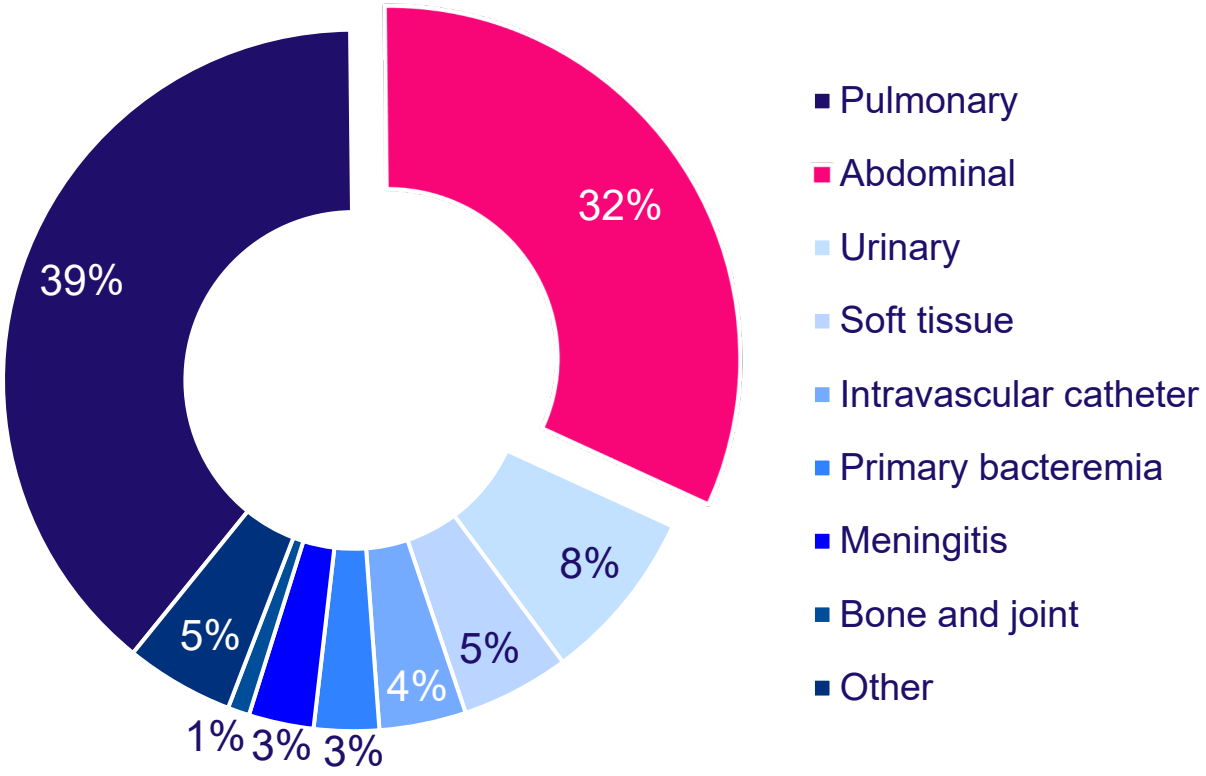
# cIAIs Are the 2nd Most Common Source of Severe Sepsis in the ICU[a]

Source of Severe Sepsis in the ICU (%)[a]




cIAIs are defined as consequences of perforations of the gastrointestinal tract that result in contamination of the peritoneal space[b]

[a] Brun-Buisson et al, *JAMA* 1995; 274(12):968-974

[b] Solomkin et al, *Clinical Infectious Diseases* 2018; 69(6):921-9



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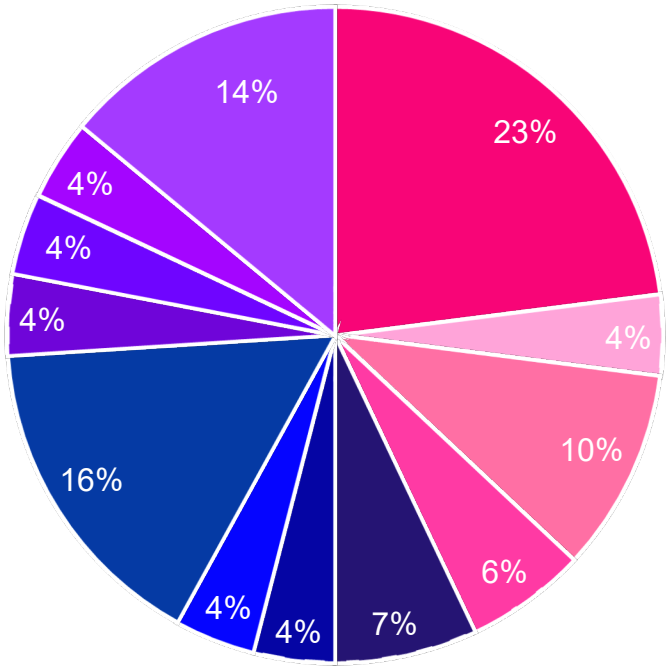
# Delivering Appropriate Empiric Treatment for cIAIs Is Challenging

- Use of antimicrobial agents that have activity against gram-negative, gram-positive and anaerobic pathogens is strongly recommended[b]
- Increased prevalence of resistant bacteria makes the selection of appropriate treatment more challenging[b]

2,733 Baseline Pathogens in 846 Patients with cIAI
3.2 Pathogens/Patient[a]




**Gram-negative – 43%**
- 23% - *Escherichia coli*
- 4% - *Klebsiella pneumoniae*
- 10% - Other Enterobacteriaceae
- 6% - Non-Enterobacteriaceae

**Gram-positive – 26%**
- 4% - *Enterococcus faecalis*
- 4% - *Enterococcus faecium*
- 4% - *Streptococcus anginosus*
- 14% - Other gram-positive aerobes

**Anaerobes – 31%**
- 7% - *Bacteroides fragilis*
- 4% - *Bacteroides ovatus*
- 4% - *Bacteroides thetaiotaomicron*
- 16% - Other anaerobes

Empiric treatment=treatment without specific pathogen diagnosis
[a] Data on file from IGNITE1 and IGNITE4 microbiologic intent-to-treat (micro-ITT) population
[b] Mazuski et al, *Surgical Infections* 2017; 18(1):1-76



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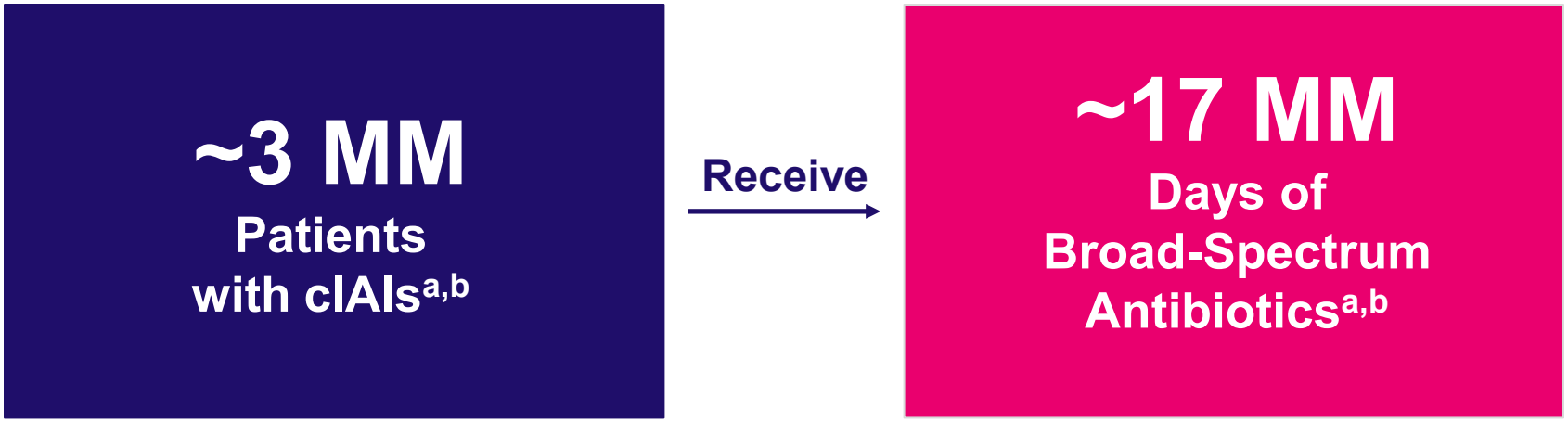
# ~3 MM Patients with cIAIs Receive Broad-Spectrum Antibiotics




[a] 2014 Decision Resources AMR Hospital Database

[b] Annually in the U.S. and EU5 (France, Germany, Italy, Spain and the United Kingdom)



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# XERAVA for the Treatment of cIAIs

ignite1

Research

JAMA Surgery | Original Investigation

## Assessing the Efficacy and Safety of Eravacycline vs Ertapenem in Complicated Intra-abdominal Infections in the Investigating Gram-Negative Infections Treated With Eravacycline (IGNITE 1) Trial

### A Randomized Clinical Trial

Joseph Solomkin, MD; David Evans, MD; Algirdas Slepavicius, MD; Patrick Lee, MD; Andrew Marsh; Larry Tsai, MD; Joyce A. Sutcliffe, PhD; Patrick Horn, MD

ignite4

*Clinical Infectious Diseases*

MAJOR ARTICLE

IDSA Infectious Diseases Society of America

hivma hiv medicine association

OXFORD

## IGNITE4: Results of a Phase 3, Randomized, Multicenter, Prospective Trial of Eravacycline vs Meropenem in the Treatment of Complicated Intraabdominal Infections

Joseph S. Solomkin,[1] Janis Gardovskis,[2] Kenneth Lawrence,[3] Philippe Montravers,[4,5,6] Angie Sway,[7] David Evans,[8] and Larry Tsai[3]

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IGNITE=Investigating Gram-negative Infections Treated with Eravacycline

# IGNITE1 and IGNITE4 Study Design

## ignite1[a]

**Multinational, Randomized, Double-Blind, Active-Controlled**

**Hospitalized patients with cIAIs**

Patients with clinical evidence of cIAIs requiring urgent surgical or percutaneous intervention

**538 Randomized and Treated**

| XERAVA | Ertapenem |
|---|---|
| **1.0 mg/kg every 12 hours** | **1.0 g every 24 hours** |
| N=270 | N=268 |

**Primary Endpoint**: Clinical cure, defined as complete resolution or significant improvement of signs or symptoms of the index infection, at the TOC visit[c]

## ignite4[b]

**Multinational, Randomized, Double-Blind, Active-Controlled**

**Hospitalized patients with cIAIs**

Patients with clinical evidence of cIAIs requiring urgent surgical or percutaneous intervention

**499 Randomized and Treated**

| XERAVA | Meropenem |
|---|---|
| **1.0 mg/kg every 12 hours** | **1.0 g every 8 hours** |
| N=250 | N=249 |

**Primary Endpoint**: Clinical cure, defined as complete resolution or significant improvement of signs or symptoms of the index infection, at the TOC visit[c]

TOC=Test of Cure

[a] Solomkin et al, *JAMA Surgery* 2017; 152(3):224-232

[b] Solomkin et al, *Clinical Infectious Diseases* 2018; 69(6):921-9

[c] TOC visit was conducted 25 to 31 calendar days after the first dose of the study drug was administered



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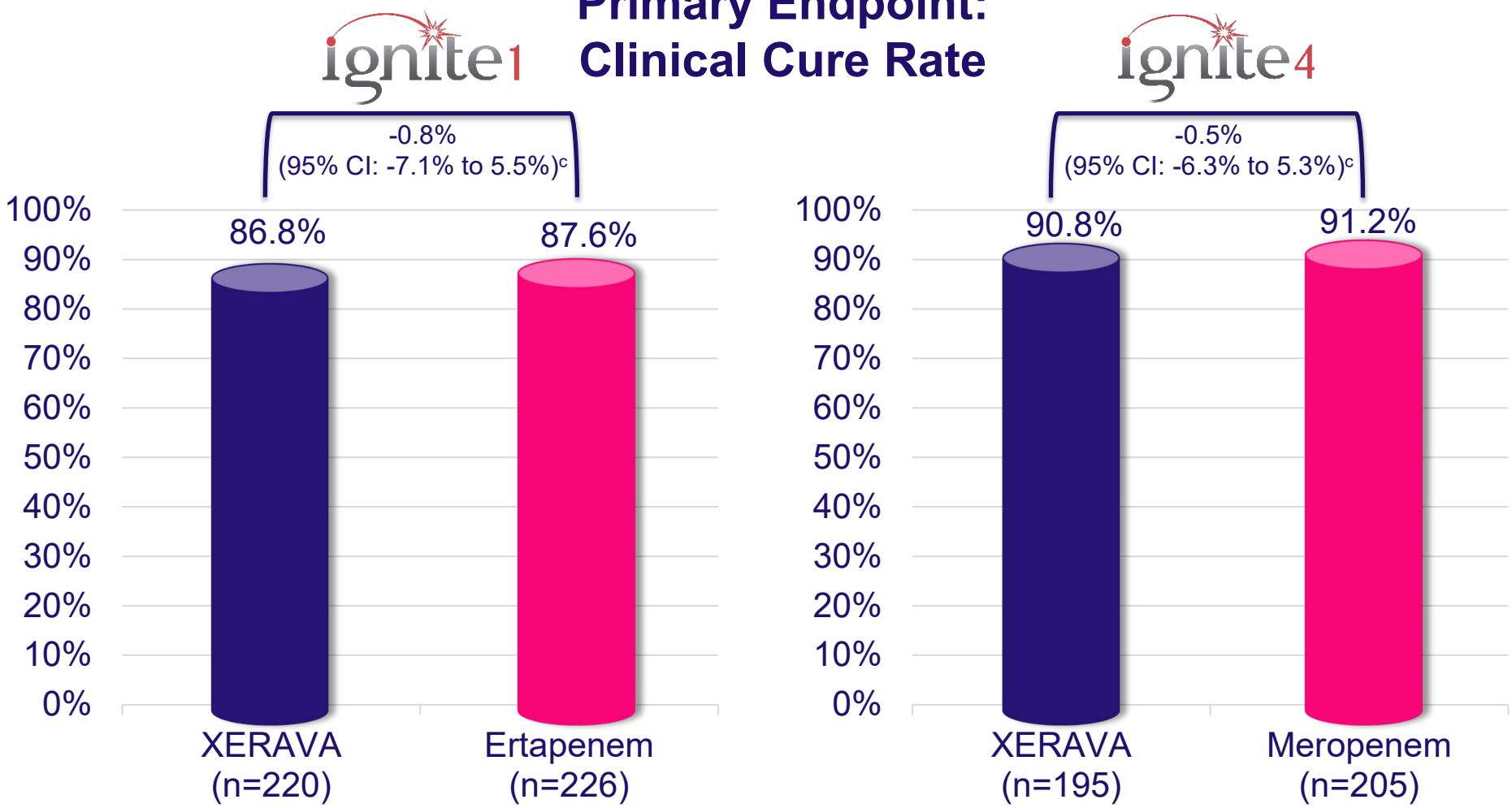
# XERAVA Demonstrated Statistical Noninferiority in Clinical Cure Rate in the Micro-ITT Population[a,b]

## Primary Endpoint: Clinical Cure Rate




[a] XERAVA FDA prescribing information

[b] Micro-ITT population included all randomized subjects who had baseline bacterial pathogens that caused cIAIs and against at least one of which the investigational drug has in vitro antibacterial activity (N=846)

[c] Noninferiority margins of 10% and 12.5% were used for IGNITE1 and IGNITE4, respectively



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# Clinical Cure Rates at TOC by Selected Baseline Pathogens in the Micro-ITT Population[a]

| | XERAVA N=415 n/N1 | Comparators[b] N=431 n/N1 |
|---|---|---|
| Enterobacteriaceae | 271/314 (86.3%) | 289/325 (88.9%) |
| *Citrobacter freundii* | 19/22 (86.4%) | 8/10 (80.0%) |
| *Enterobacter cloacae complex* | 17/21 (81.0%) | 23/24 (95.8%) |
| *Escherichia coli* | 220/253 (87.0%) | 237/266 (89.1%) |
| *Klebsiella oxytoca* | 14/15 (93.3%) | 16/19 (84.2%) |
| *Klebsiella pneumoniae* | 37/39 (94.9%) | 42/50 (84.0%) |
| *Enterococcus faecalis* | 45/54 (83.3%) | 47/54 (87.0%) |
| *Enterococcus faecium* | 38/45 (84.4%) | 48/53 (90.6%) |
| *Staphylococcus aureus* | 24/24 (100.0%) | 12/14 (85.7%) |
| *Streptococcus anginosus group*[c] | 79/92 (85.9%) | 50/59 (84.7%) |
| Anaerobes[d] | 186/215 (86.5%) | 194/214 (90.7%) |

N=Number of subjects in the micro-ITT Population; N1=Number of subjects with a specific pathogen; n=Number of subjects with a clinical cure at the TOC visit

[a] XERAVA FDA prescribing information

[b] Comparators included ertapenem and meropenem for IGNITE1 and IGNITE4, respectively

[c] Includes *Streptococcus anginosus*, *Streptococcus constellatus*, and *Streptococcus intermedius*

[d] Includes *Bacteroides caccae*, *Bacteroides fragilis*, *Bacteroides ovatus*, *Bacteroides thetaiotaomicron*, *Bacteroides uniformis*, *Bacteroides vulgatus*, *Clostridium perfringens*, and *Parabacteroides distasonis*



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# XERAVA Demonstrated High Clinical Cure Rates Against Resistant Pathogens[a]

| | XERAVA N=415 n/N1 | Comparators[b] N=431 n/N1 |
|---|---|---|
| Enterobacteriaceae | 271/314 (86.3%) | 289/325 (88.9%) |
| CEPH-R | 43/48 (89.6%) | 40/45 (88.9%) |
| ESBL confirmed | 32/36 (88.9%) | 25/29 (86.2%) |
| Carbapenemase[c] | 1/1 (100.0%) | 2/3 (66.7%) |
| MDR | 40/46 (87.0%) | 29/32 (90.6%) |
| Acinetobacter baumannii | 13/13 (100.0%) | 7/7 (100.0%) |
| CEPH-R | 13/13 (100.0%) | 5/5 (100.0%) |
| ESBL confirmed | 5/5 (100.0%) | 1/1 (100.0%) |
| Carbapenemase[c] | 2/2 (100.0%) | 4/4 (100.0%) |
| MDR | 12/12 (100.0%) | 5/5 (100.0%) |

CEPH-R=cephalosporin-resistant; ESBL=extended-spectrum β-lactamases; MDR=multidrug resistance; N=Number of subjects in the micro-ITT Population; N1=Number of subjects with a specific pathogen; n=Number of subjects with a clinical cure at the TOC visit

[a] Ditch et al, 2018 ASM Microbe Annual Meeting

[b] Comparators included ertapenem and meropenem for IGNITE1 and IGNITE4, respectively

[c] Data on file from IGNITE1 and IGNITE4 micro-ITT population



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# Selected Adverse Reactions Reported in ≥1% of Patients Receiving XERAVA[a]

| | XERAVA (N=520) | Comparators[b] (N=517) |
|---|---|---|
| Infusion site reactions[c] | 40 (7.7%) | 10 (1.9%) |
| Nausea | 34 (6.5%) | 3 (0.6%) |
| Vomiting | 19 (3.7%) | 13 (2.5%) |
| Diarrhea | 12 (2.3%) | 8 (1.5%) |
| Hypotension | 7 (1.3%) | 2 (0.4%) |
| Wound dehiscence | 7 (1.3%) | 1 (0.2%) |

[a] XERAVA FDA prescribing information

[b] Comparators included ertapenem and meropenem for IGNITE1 and IGNITE4, respectively

[c] Infusion site reactions include: catheter/vessel puncture site pain, infusion site extravasation, infusion site hypoaesthesia, infusion/injection site phlebitis, infusion site thrombosis, injection site/vessel puncture site erythema, phlebitis, phlebitis superficial, thrombophlebitis, and vessel puncture site swelling



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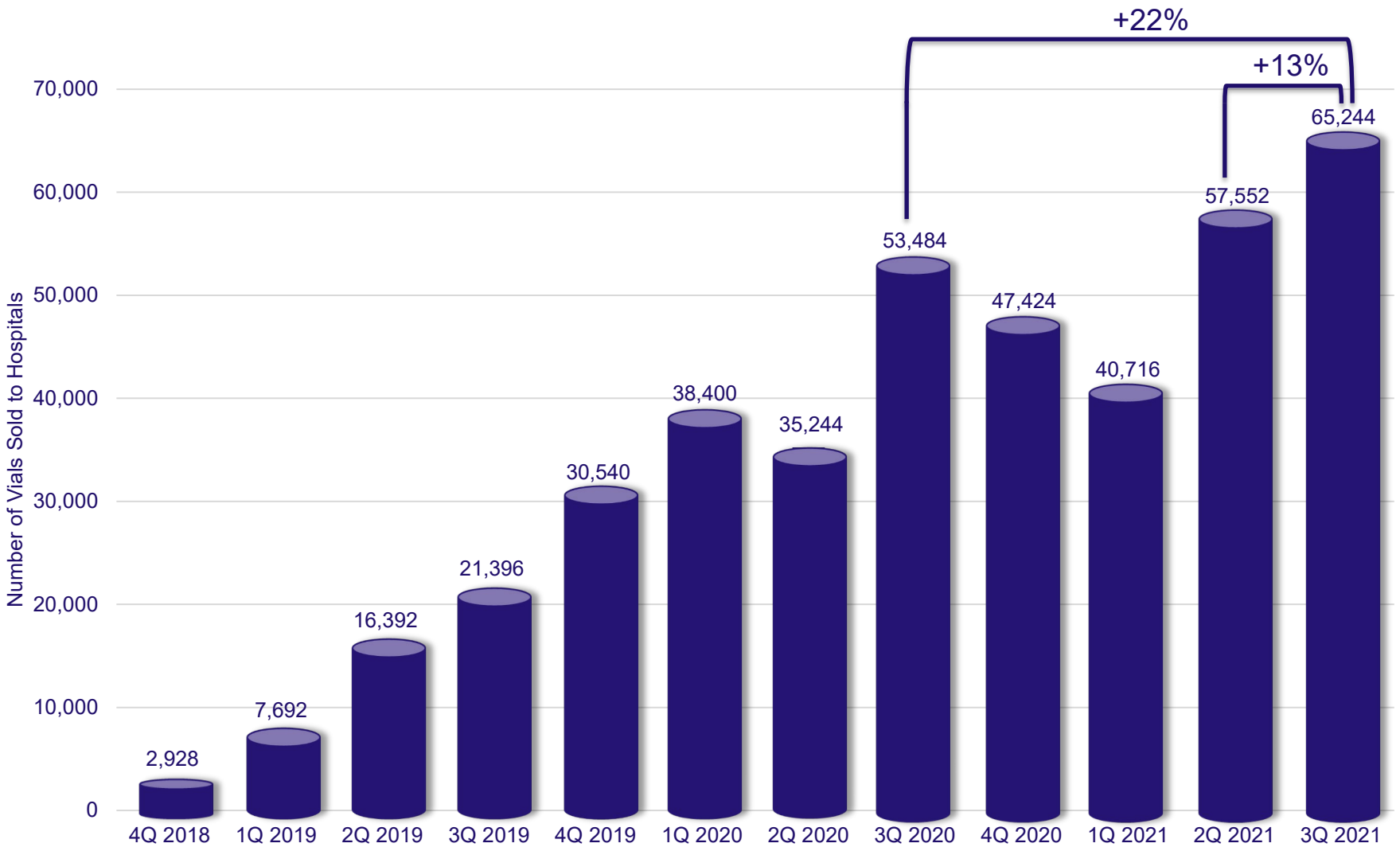
# XERAVA Quarterly Vials[a] Sold to U.S. Hospitals from Inception through 3Q 2021




[a] 50 mg equivalent vials



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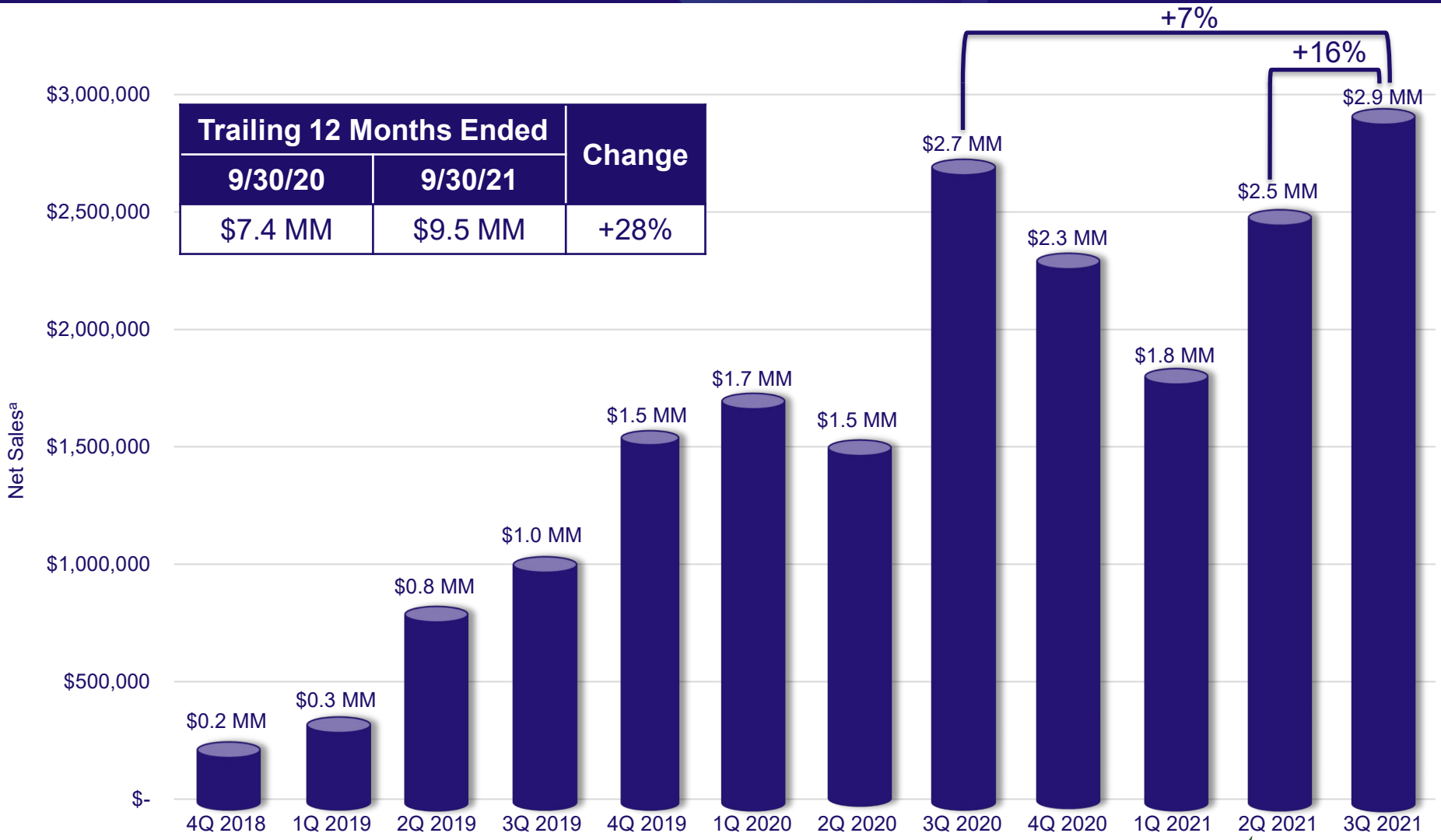
# XERAVA U.S. Net Sales[a] from Inception through 3Q 2021

| Trailing 12 Months Ended | | Change |
|---|---|---|
| 9/30/20 | 9/30/21 | |
| $7.4 MM | $9.5 MM | +28% |




[a] On July 28, 2020, La Jolla completed its acquisition of Tetraphase Pharmaceuticals, Inc. (Tetraphase), a biopharmaceutical company focused on commercializing XERAVA. La Jolla's financial results only include XERAVA net sales subsequent to the acquisition closing date of July 28, 2020.

La Jolla Pharmaceutical

# Financial Summary[a]

| | (in millions, except per share amounts) | | | |
|---|---|---|---|---|
| | 3 Months Ended | | 9 Months Ended | |
| | Sep. 30, 2021 | Sep. 30, 2020 | Sep. 30, 2021 | Sep. 30, 2020 |
| GIAPREZA U.S. net product sales | $8.9 | $7.2 | $24.3 | $20.6 |
| XERAVA U.S. net product sales | $2.9 | $1.9 | $7.2 | $1.9 |
| **Total net product sales** | **$11.8** | **$9.1** | **$31.5** | **$22.5** |
| License and other revenue | $1.5 | $- | $32.0 | $- |
| **Total revenue** | **$13.3** | **$9.1** | **$63.5** | **$22.5** |
| **Net income (loss)** | $(2.3) | $(11.8) | $15.9 | $(35.9) |
| **Net income (loss) per diluted share** | $(0.08) | $(0.43) | $0.46 | $(1.32) |
| Net cash provided by (used for) operating activities | $0.8 | $(9.8) | $25.1 | $(30.4) |
| **Adjusted net cash provided by (used for) operating activities[b]** | **$1.1** | **$(5.6)** | **$1.5** | **$(21.6)** |

| | (in millions) | |
|---|---|---|
| | Sep. 30, 2021 | Dec. 31, 2020 |
| Cash and cash equivalents | $46.8 | $21.2 |
| Debt[c] | $2.3 | $2.3 |
| Fully diluted, as-converted shares outstanding[d] | 34.3 | 34.1 |

[a] La Jolla acquired Tetraphase, which commercialized XERAVA, on July 28, 2020. La Jolla's consolidated financial results for the three and nine months ended September 30, 2020 exclude the financial results of Tetraphase prior to July 28, 2020.
[b] Excludes upfront net receipts in connection with out-license agreements and commercial supply agreements, payments related to reductions in headcount, and transaction costs associated with the Tetraphase acquisition. Please refer to La Jolla's press release issued on November 4, 2021.
[c] Paycheck Protection Program loan. La Jolla applied for 100% forgiveness with the SBA on October 5, 2021.
[d] Includes common stock and preferred stock (as-converted).



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# Thank You