

# THE TRANSFORMATION OF ONCOPEPTIDES

Capital Markets Day

November 30, 2020



# DISCLAIMER

**IMPORTANT:** You must read the following before continuing. The following applies to this document, the oral presentation of the information in this document by Oncopeptides AB (the “Company”) or any person on behalf of the Company, and any question-and-answer session that follows the oral presentation (collectively, the “Information”).

The Company has filed a New Drug Application with the US FDA seeking approval for melphalan flufenamide in combination with dexamethasone for the treatment of adult patients with multiple myeloma whose disease is refractory to at least one proteasome inhibitor, one immunomodulatory agent, and one anti-CD-38 monoclonal antibody. The safety and efficacy have not been established. It has not been approved for use by any regulatory agency.

Melflufen is an abbreviated form of the international non-proprietary name (INN) melphalan flufenamide

The Information contains forward-looking statements. All statements other than statements of historical fact included in the Information are forward-looking statements. Forward-looking statements give the Company’s current expectations and projections relating to its financial condition, results of operations, plans, objectives, future performance and business. These statements may include, without limitation, any statements preceded by, followed by or including words such as “target,” “believe,” “expect,” “aim,” “intend,” “may,” “anticipate,” “estimate,” “plan,” “project,” “will,” “can have,” “likely,” “should,” “would,” “could” and other words and terms of similar meaning or the negative thereof. Such forward-looking statements involve known and unknown risks, uncertainties and other important factors beyond the Company’s control that could cause the Company’s actual results, performance or achievements to be materially different from the expected results, performance or achievements expressed or implied by such forward-looking statements. Such forward-looking statements are based on numerous assumptions regarding the Company’s present and future business strategies and the environment in which it will operate in the future.

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# Introduction and Strategy for Value Growth

Marty J Duvall, CEO Oncopeptides

# WELCOME TO CAPITAL MARKETS DAY

## KEY TAKEAWAY MESSAGES

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- Global company with R&D roots in Sweden
- Large unmet needs in multiple myeloma
- Melflufen has potential to become a backbone treatment in relapsed refractory multiple myeloma
- Organization fully ready for US launch
- PDC platform enables us to broaden our portfolio and position Oncopeptides as a strong player in hematological diseases



# THE TRANSFORMATION OF ONCOPEPTIDES PROGRAM

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## **Introduction and strategy for value growth**

- Marty J Duvall, CEO Oncopeptides

## **Myeloma remains one of the largest unmet medical needs within hematology**

- Assistant Professor Joshua Richter, MD. Icahn School of Medicine at Mount Sinai Hospital, New York

## **Panel discussion - relapsed refractory multiple myeloma – clinical experience with melflufen**

- Dr. Paul Richardson, MD, Dana-Farber Cancer Institute, Boston
- Associate Professor Maria-Victoria Mateos, MD, PhD, University Hospital, Salamanca
- Moderated by Klaas Bakker, MD, PhD, CMO Oncopeptides

## **Clinical development program for melflufen – understanding how melflufen can help patients the most**

- Jakob Lindberg, CSO Oncopeptides

## **Successfully making melflufen available for patients in the US – overview of US launch**

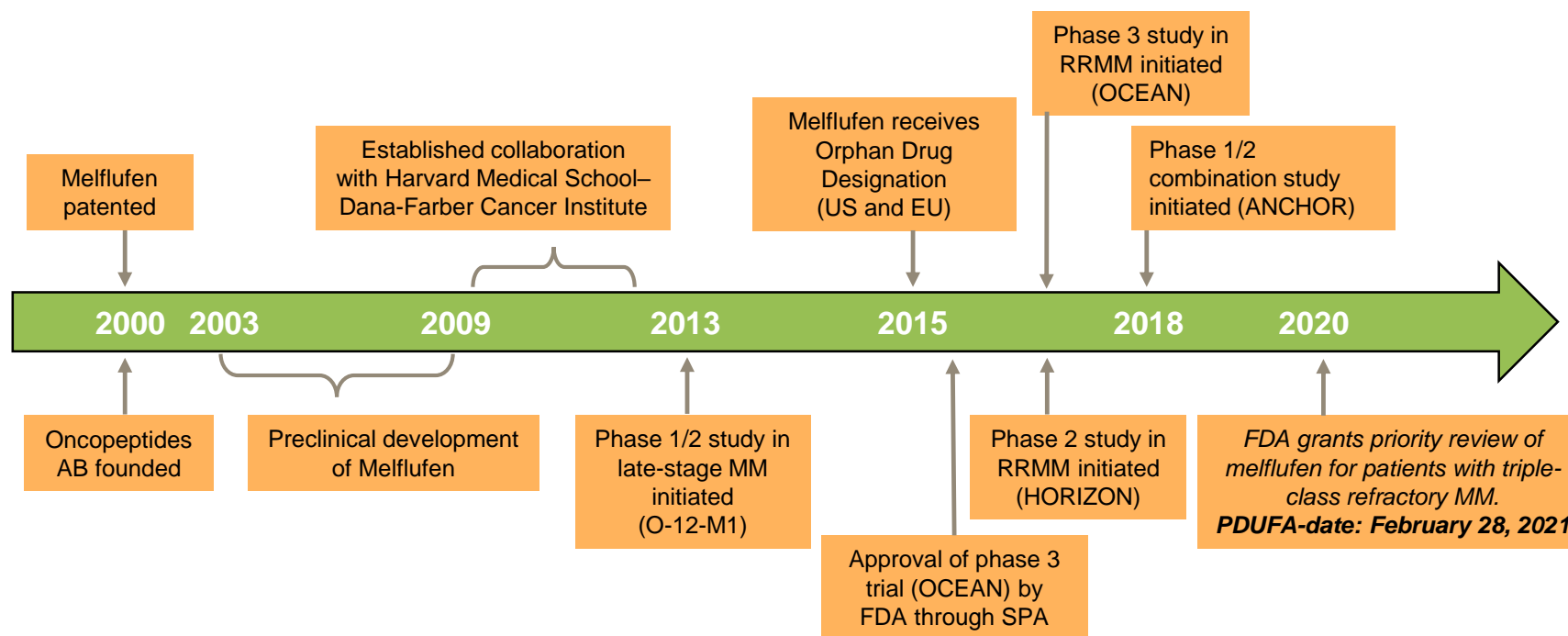
- Marty J Duvall, CEO Oncopeptides

## **Questions and Answers**

# ONCOPEPTIDES COMPANY HISTORY

## PEPTIDE DRUG CONJUGATE (PDC) TECHNOLOGY PLATFORM

- Founded in Stockholm, Sweden in 2000
- Focused on anticancer drug development based on PDC platform
- Collaborations with leading cancer research institutions
- US Offices in Boston and San Francisco



Stockholm, Sweden



Boston, MA



San Francisco, CA

FDA, Food and Drug Administration; RRMM, relapsed/refractory multiple myeloma; SPA, Special Protocol Assessment  
 Oncopeptides. Company history. <https://oncopeptides.se/en/company-history/>. Accessed January 2, 2020.

# ONCOPEPTIDES TEAM

STRONG AND DIVERSE TEAM UNIFIED AND FOCUSED TO DRIVE VALUE

## Our core values

- Science
- Passion
- Collaboration
- Courage
- Trust

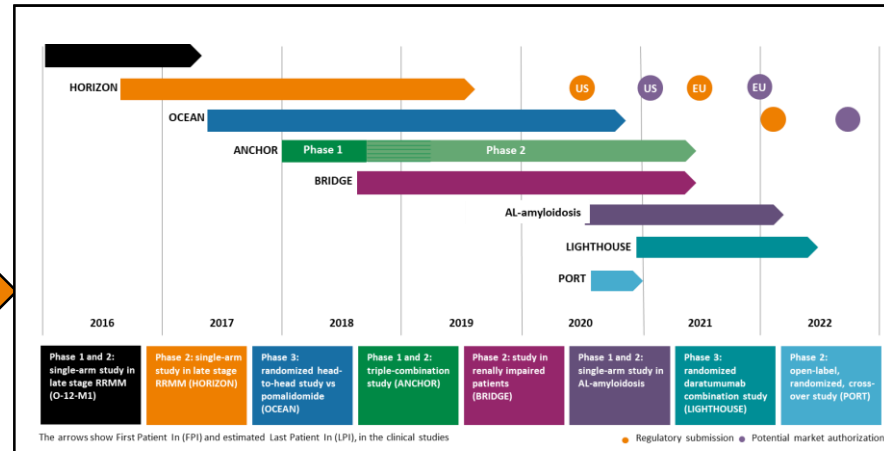


# ONCOPEPTIDES AT A GLANCE

## TRANSFORMATION INTO A FULLY INTEGRATED BIOPHARMA COMPANY



Discovery and IND generation



Portfolio Development and Life Cycle Management



Commercial launch and geographic expansion

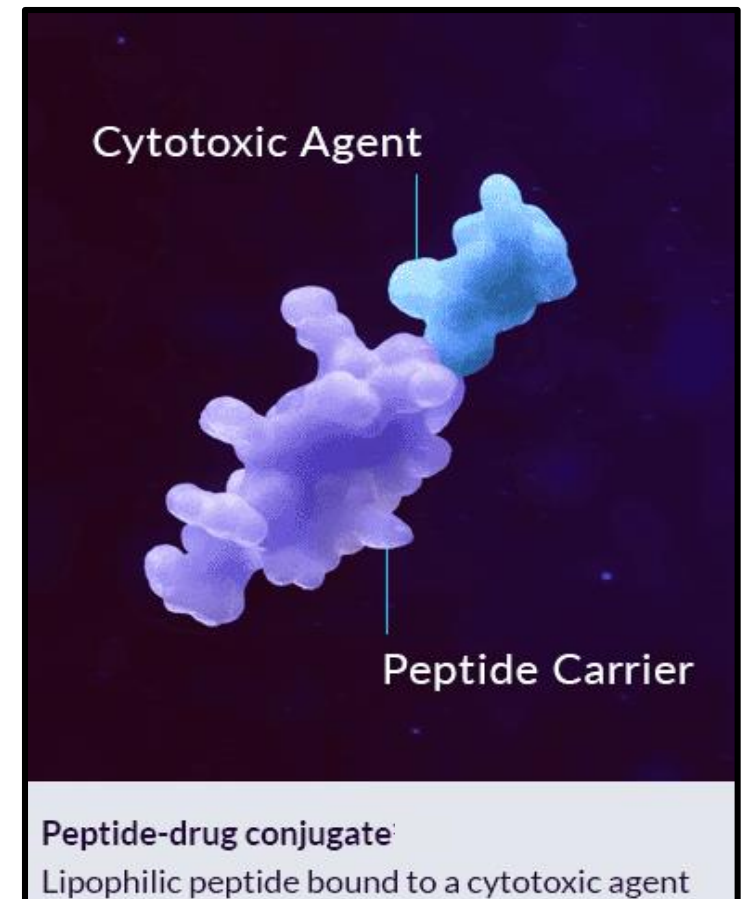


# PEPTIDE DRUG CONJUGATE

## PDC TECHNOLOGY PLATFORM

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- Drug conjugates use **innovative technology** that attaches a cytotoxic agent onto a tumor-targeting element.<sup>1</sup>
- The PDC platform allows **concentration of a toxic payload into cancer cells** by exploiting the difference in peptidase activity between cancer cells and normal cells.
- This approach delivers more and different **cytotoxic activity to the cancer cells while protecting the healthy cells.**<sup>2</sup>

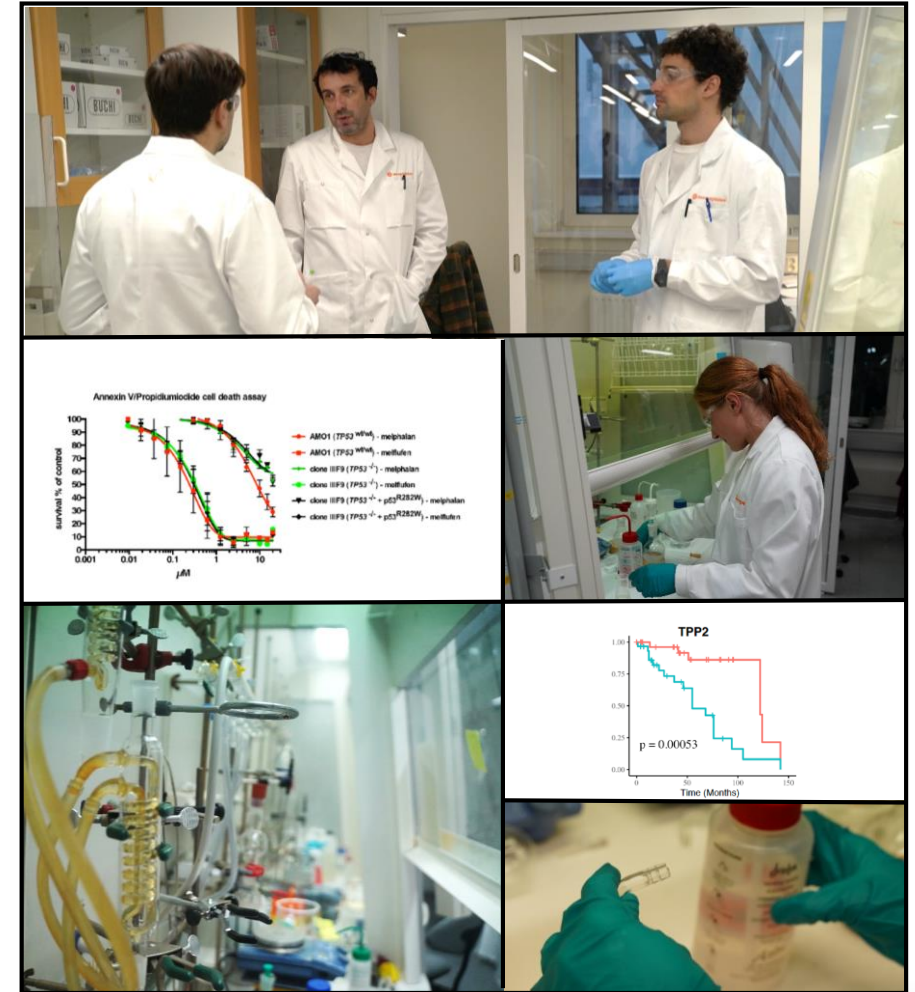


1. Vrettos EI, Mező G, Tzakos AG. On the design principles of peptide–drug conjugates for targeted drug delivery to the malignant tumor site. *Beilstein J Org Chem.* 2018;14:930-954. 2. Oncopeptides. Annual Report 2019.

# DISCOVERY AND IND GENERATION

## LEVERAGING PDC PLATFORM AND BUILDING A PIPELINE

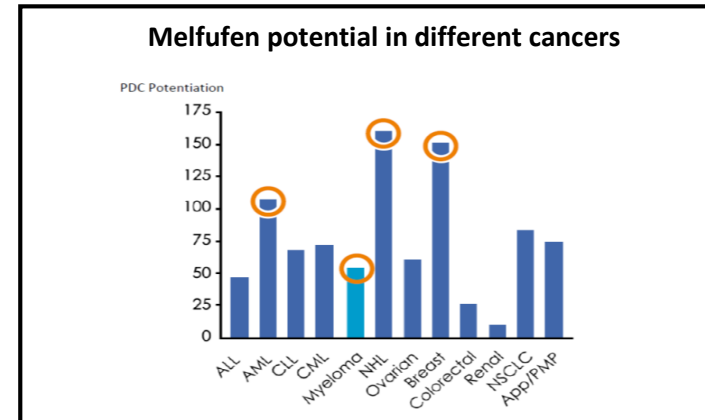
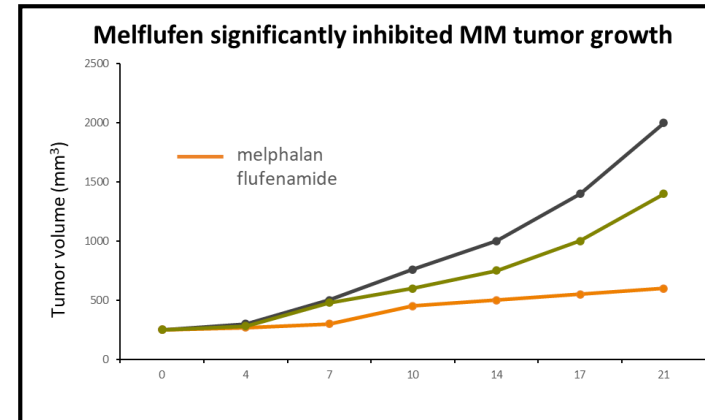
- Solna-based laboratory acquired in June 2020
- Expanded capabilities to harness the potential of metabolic enzymes in cancer cells
  - Team of passionate and externally focused scientists
  - State of the art medicinal chemistry
  - Modern biophysical and in vitro cell culture
- OPD5 - 2<sup>nd</sup> PDC drug moving into the clinic
  - IND approval for analogue of melflufen (NCE)
  - Formulated to deliver higher dose toxic payload
  - Phase I trial – dose escalation study of safety and tolerability as myeloablative conditioning regimen followed by stem cell transplant in RRMM patients



# PORTFOLIO DEVELOPMENT AND LIFE CYCLE MANAGEMENT

## LEAD PROGRAM EXPANDING IN MULTIPLE MYELOMA AND BEYOND

- Strong differentiation versus other alkylators
- Broad pre-clinical activity
- Multiple Myeloma focus
  - Triple-class refractory or heavily pre-treated patients
  - Earlier lines of therapy
  - Combination trials
- AL- Amyloidosis first TA beyond myeloma
- Additional hematologic malignancies



HORIZON

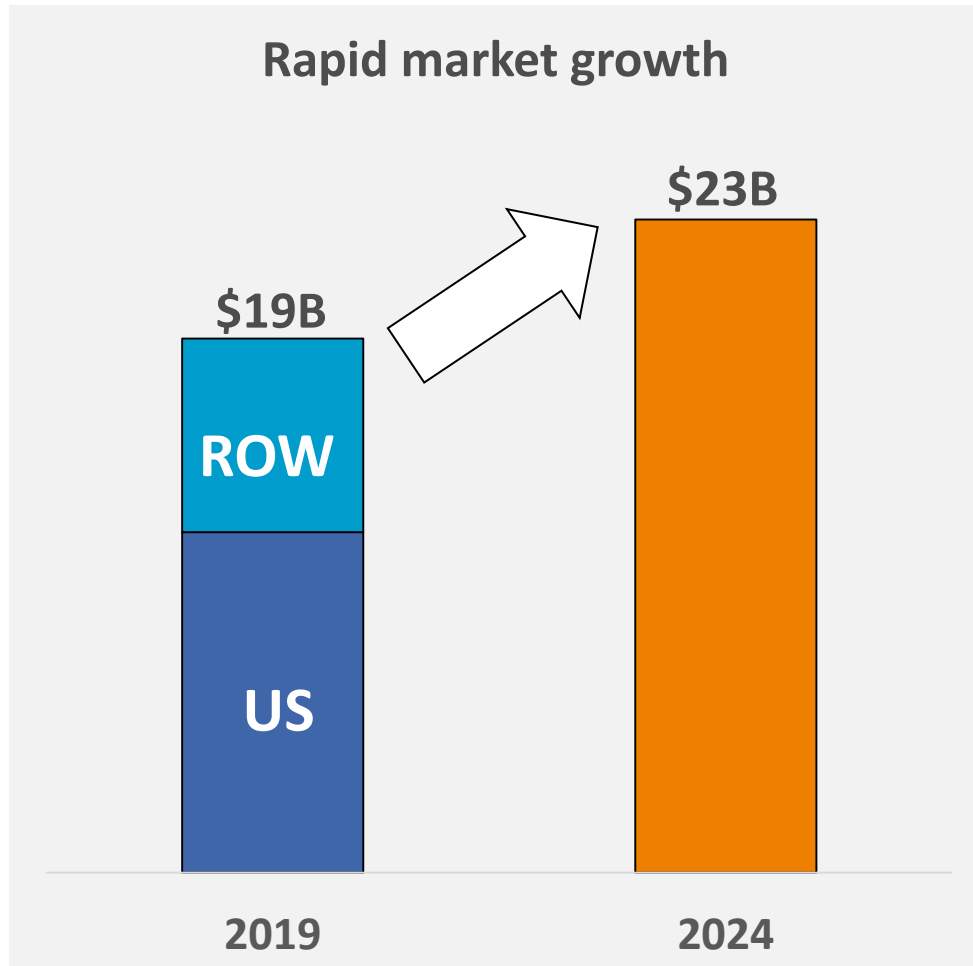
OCEAN

ANCHOR

LIGHTHOUSE

# LAUNCH INVESTMENT AND GEOGRAPHIC EXPANSION

## MULTIPLE MYELOMA - A HEMATOLOGICAL CANCER WITH NO CURE



### Significant unmet needs remain

- Survival increasing with new drug classes
- Most patients are treated with
  - Immunomodulatory drugs (IMiD)
  - Proteasome inhibitors (PI)
  - Anti-CD38 monoclonal antibodies (CD38)
- Many get all three in combination in first two lines of therapy, inevitably developing resistance
- New classes needed to overcome resistance

Source: IntrinsiQ and Kantar Health from 2019

# LAUNCH INVESTMENT AND GEOGRAPHIC EXPANSION

## DRIVEN TO MAXIMIZE VALUE FOR SHAREHOLDERS AROUND THE GLOBE



### Launch Phase

- “Go at it alone” strategy
- Boston-based HQ for US
- San Francisco regional office
- Team fully recruited
- Launch-ready
- PDUFA date February 28



### Regulatory Phase

- “Go at it alone” strategy
- Targeting “conditional approval” (HORIZON)
- Rapporteur/Co-rapporteur
- Stockholm HQ to be leveraged
- Recruiting leadership



### Early Reg Phase

- Likely partnering strategy
- Gap analysis underway to determine regulatory needs
- Engaging with KOLs
- Local congress activity
- More to come

Actively exploring special licensed sales opportunities in other geographies ...



# Myeloma Remains one of the Largest Unmet Medical Needs Within Hematology

Assistant Professor **Joshua Richter**  
MD, Icahn School of Medicine at Mount Sinai Hospital,  
New York



# Relapsed refractory multiple myeloma and melflufen – clinical experience with melflufen

*Panel discussion*

# RELAPSED REFRACTORY MULTIPLE MYELOMA AND MELFLUFEN

## CLINICAL EXPERIENCE WITH MELFLUFEN

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**Klaas Bakker, M.D. Ph.D.**

Chief Medical Officer  
Oncopeptides AB

*Moderator*



**Maria-Victoria Mateos, M.D. Ph.D.**


Associate Professor of Medicine  
University of Salamanca  
Salamanca, Spain



**Paul G. Richardson, M.D.**

R.J. Corman Professor of Medicine  
Harvard Medical School  
Dana-Farber Cancer Institute  
Boston, Massachusetts





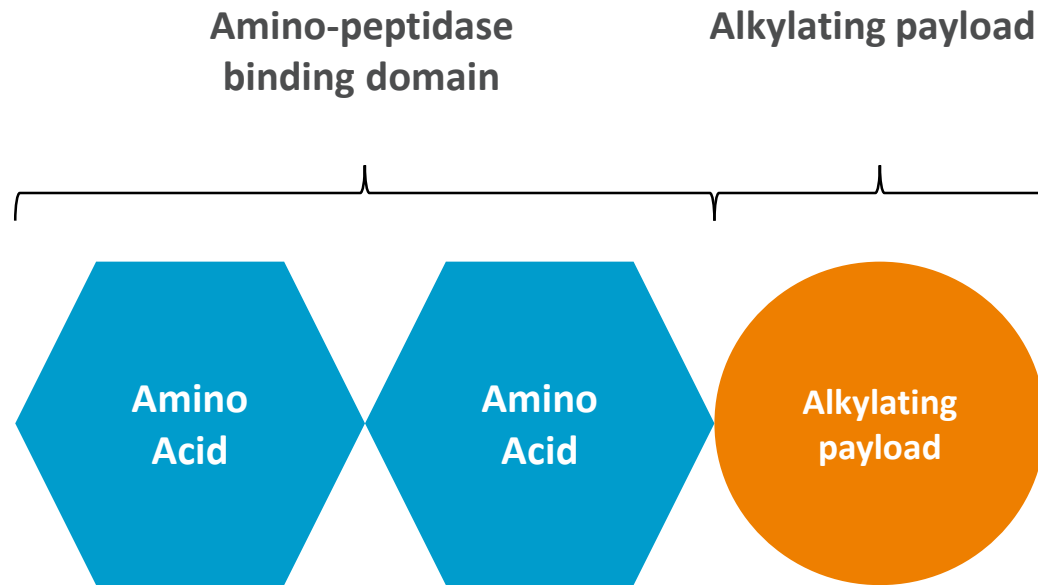
# Understanding how melflufen can help patients the most

The PDC platform and the clinical development program for melflufen

Jakob Lindberg, CSO Oncopeptides

# MELFLUFEN - A FIRST IN CLASS DRUG CANDIDATE

## A PEPTIDE-DRUG CONJUGATE TARGETING AMINOPEPTIDASES



### PDC mechanism has potential to add several benefits

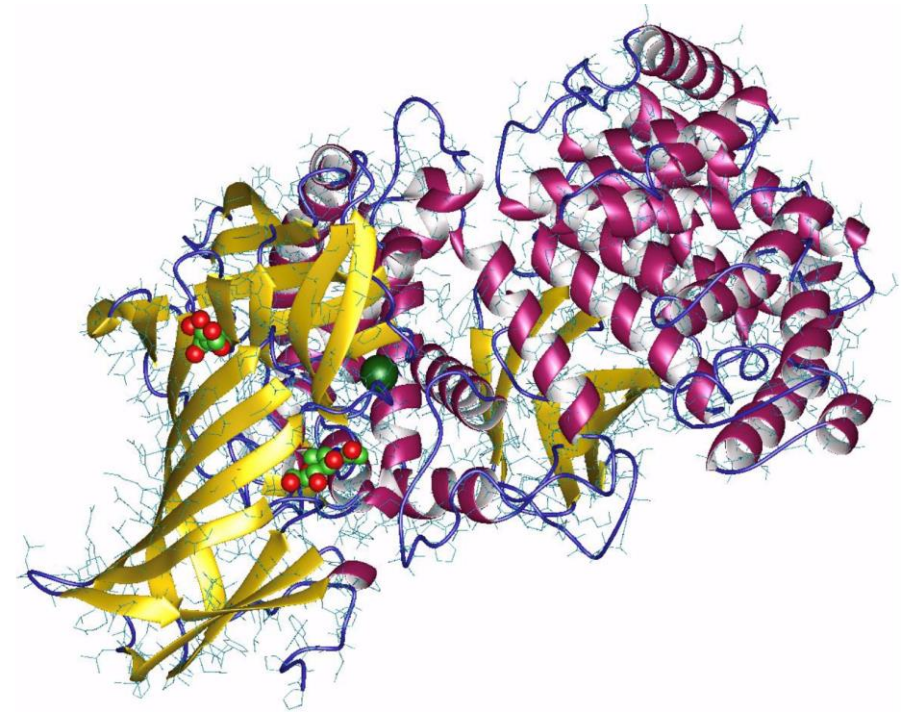
- **Increased potency** of linked toxin due to aminopeptidase targeting with subsequent hydrolysis
- **Potency increase** over the course of disease, i.e. with **degree of malignancy**
- **Circumvent** significant amount of **transport associated resistance development**
- **Circumvent** significant amount of **programmed cell-death related resistance developed**, e.g. p53 deletion or mutation
- **Aminopeptidase targeting** enables **additional beneficial activity** to direct cytotoxic effect, e.g. anti-angiogenesis and metastatic process

# AMINOPEPTIDASES ARE EXCELLENT CANCER TARGETS

## KEY ROLE IN CANCER CELL SURVIVAL, PROLIFERATION AND MIGRATION

Amino-peptidases play a key role in protein homeostasis, and in other critical functions such as cell-cycle progression, programmed cell death and cell migration

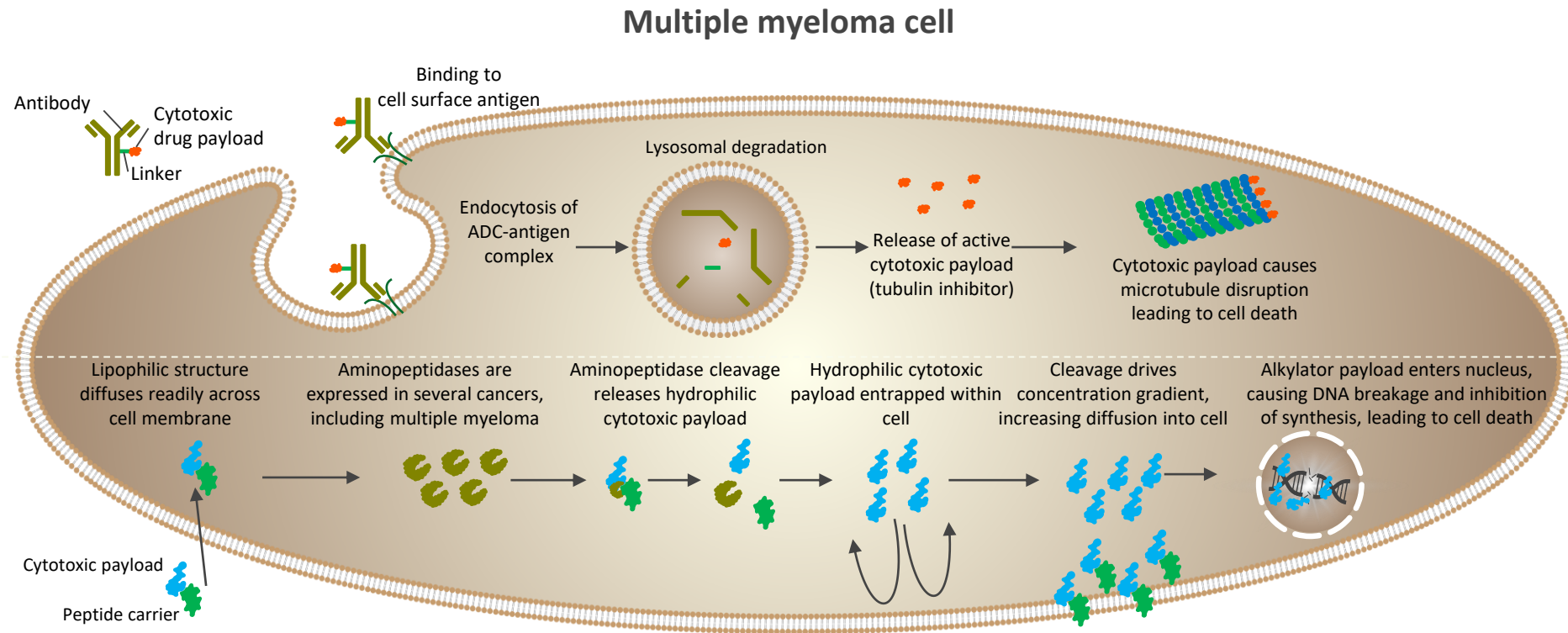
- I Amino-peptidases are over-expressed in cancer cells
- II Amino-peptidase expression is increased between diagnosis and relapse in patient cancer samples
- III Amino-peptidase expression correlates with mutational burden and poor clinical outcome



# NOVEL DRUG CONJUGATES TARGETING MULTIPLE MYELOMA

## TWO DIFFERENT TECHNOLOGIES TO ACHIEVE SAME OBJECTIVE

### 1 Antibody–drug conjugate



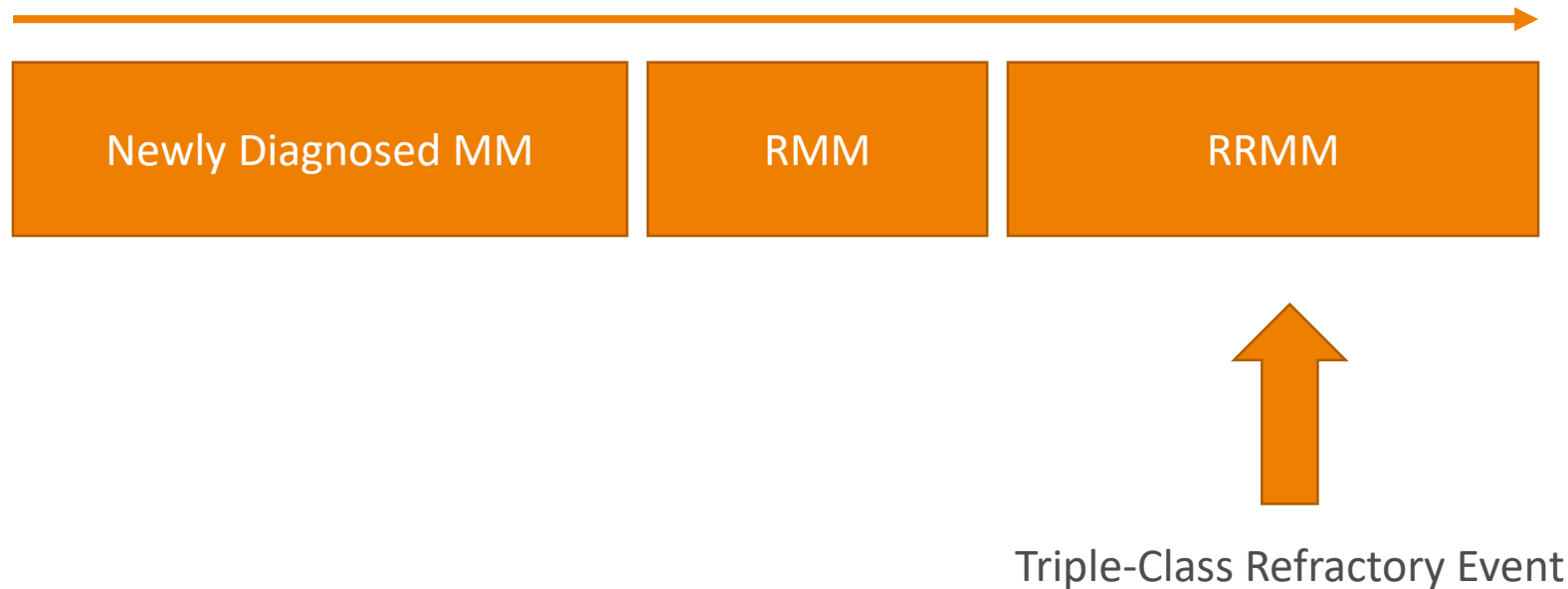
### 2 Peptide–drug conjugate

1. Bonello F, et al. *Cancers (Basel)*. 2019;12(1). pii: E15; 2. Wickström M, et al. *Oncotarget* 2017;8(39):66641-55.

# THE EVOLVING MYELOMA LANDSCAPE – A FEW YEARS AGO...

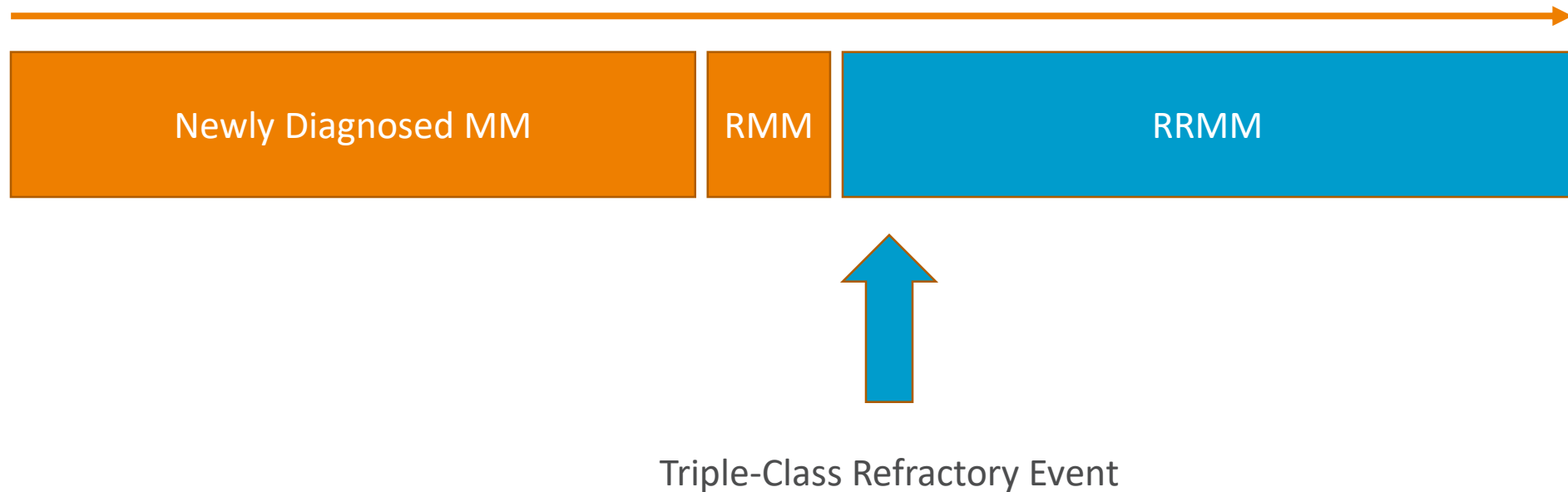
NEWLY DIAGNOSED MARKET DOMINANT – 3x RRMM EVENT LATE

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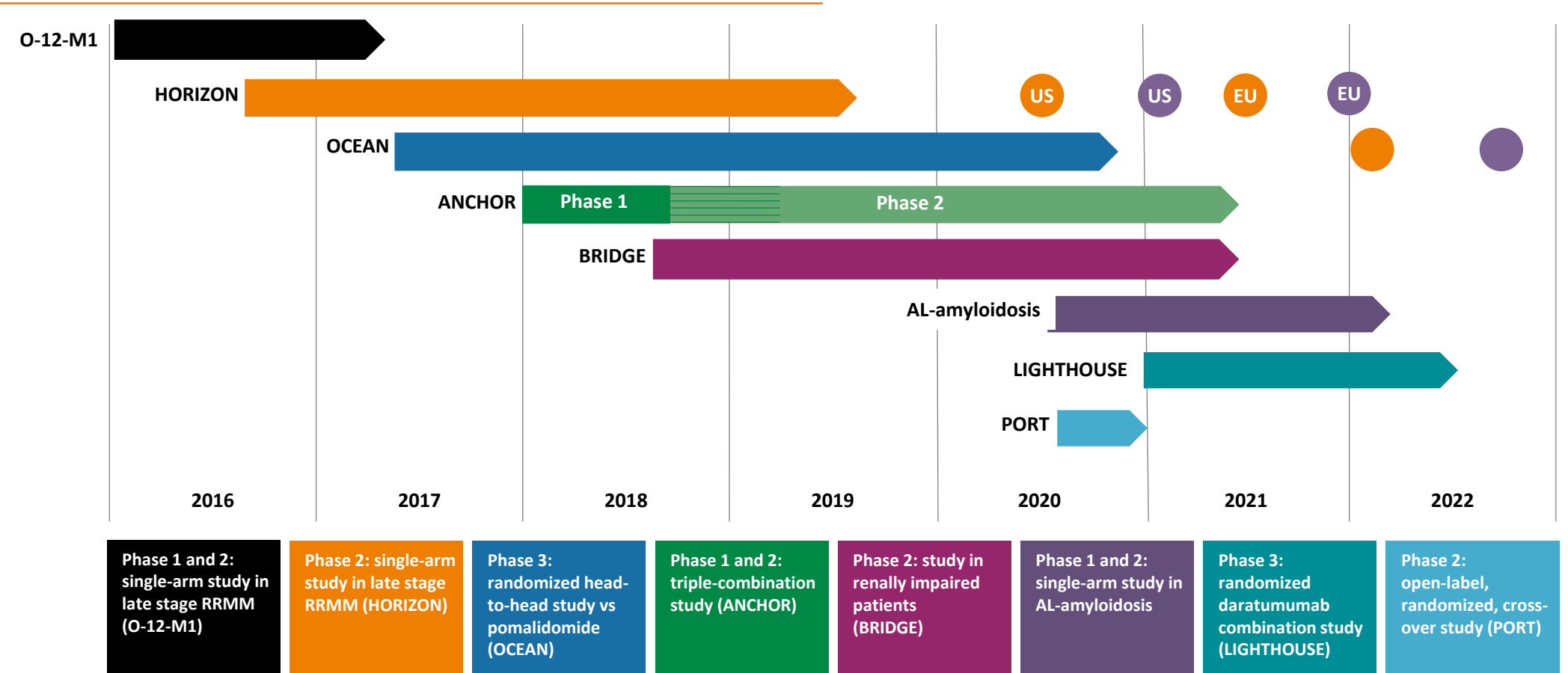
# THE EVOLVING MYELOMA LANDSCAPE – CURRENT

RRMM GROWING WITH MAJORITY OF PATIENTS BEING 3x RRMM



# MELFLUFEN – CURRENT CLINICAL DEVELOPMENT PROGRAM

## FULL CLINICAL DEVELOPMENT PROGRAM IN RRMM



The arrows show First Patient In (FPI) and estimated Last Patient In (LPI), in the clinical studies

● Regulatory submission ● Potential market authorization

# DETAILS – MELFLUFEN CURRENT CLINICAL STUDIES

O-12-M1	HORIZON	OCEAN	ANCHOR	BRIDGE	LIGHTHOUSE	OP201	PORT	sEAPort
<b>PHASE 2 SINGLE-ARM STUDY</b>	<b>PHASE 2 SINGLE-ARM STUDY</b>	<b>PHASE 3 RANDOMIZED COMPARATIVE SUPERIORITY STUDY</b>	<b>PHASE 1/2 TRIPLE COMBINATION STUDY</b>	<b>PHASE 2 SINGLE-ARM STUDY</b>	<b>PHASE 3 RANDOMIZED COMPARATIVE SUPERIORITY STUDY</b>	<b>PHASE 1/2 SINGLE-ARM STUDY IN AL AMYLOIDOSIS</b>	<b>PHASE 2 TWO-PERIOD STUDY</b>	<b>Expanded Access Program (EAP)</b>
Study O-12-M1, a single-arm, open-label, phase 1/2, multicenter study of melflufen plus dexamethasone in RRMM patients with >2 prior therapies including IMiD and PI (N=75)	Study OP-106 (HORIZON), a single-arm, open-label, phase 2, multicenter study of melflufen plus dexamethasone in RRMM patients who are refractory to pomalidomide and/or daratumumab (N=157)	Study OP-103 (OCEAN), a randomized, controlled, OL, phase 3, multicenter study of melflufen plus dexamethasone compared with pomalidomide plus dexamethasone in patients with RRMM (ref to len) (N=450)	Study OP-104 (ANCHOR), a parallel, open-label, phase 1/2, multicenter study of melflufen plus dexamethasone with either bortezomib or daratumumab in patients with RRMM (N=80)	Study OP-107 (BRIDGE), a PK study in RRMM patients with renal impairment (N=25)	Study OP-108 (LIGHTHOUSE), a randomized 2:1, phase 3 study of melflufen. with daratumumab and dexamethasone vs daratumumab in RRMM, with ≥3 prior lines incl. IMiD and PI (N=240)	Study OP201, a PK phase 1/2, open-label study of melflufen plus dexamethasone in patients with AL amyloidosis and >1 prior therapy (N=46)	A randomized cross over study comparing peripheral versus central intravenous administration of melflufen in RRMM (N=20)	Study OP-110 (sEAPort), a multicenter, open-label EAP protocol to address an unmet medical need by providing access to melflufen for patients with RRMM (N=up to 200 [planned])



# PLANNED NEW STUDIES IN 2021 - RRMM

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## RRMM patients with EMD

- RRMM patients with extramedullary disease (EMD) represents one of the largest unmet medical needs in multiple myeloma
- Melflufen showed highly encouraging data in EMD patients in HORIZON
- Planned study start during 2021

## OPD5 for ASCT

- Strong clinical interest in exploiting PDCs with alkylating payloads in the stem-cell transplant setting
- OPD5 is an analog of melflufen specifically designed for the high-dose setting, i.e. the stem-cell transplant setting
- IND for OPD5 recently approved in the US – planned study start in 2021

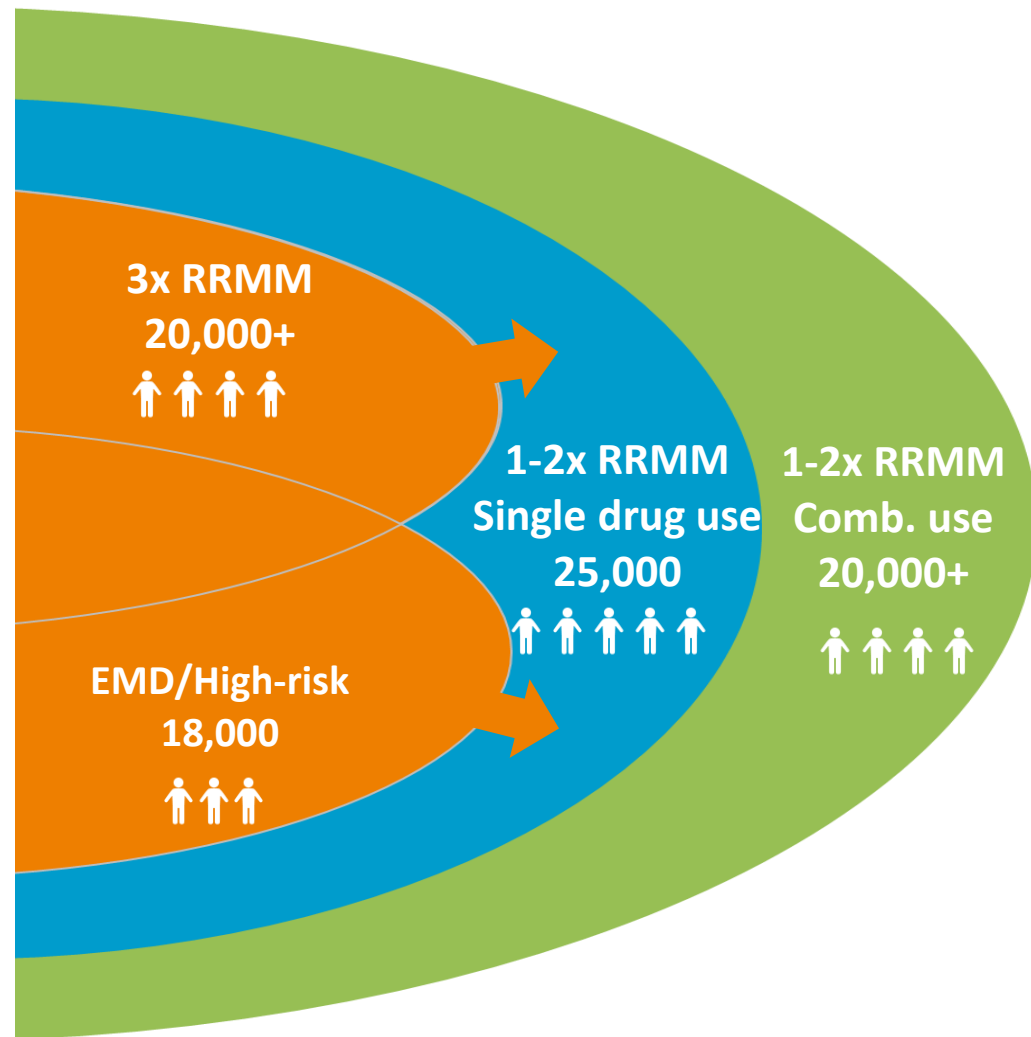
# MELFLUFEN DEVELOPMENT

DESIGNED TO SUPPORT USE AFTER IMiD AND PI FAILURE

MUST HAVE CHARACTERISTICS	MELFLUFEN
Single agent +/- steroid <b>activity</b> in multi-refractory patients of >20% Overall Response Rate (ORR)	<b>O-12-M1</b> showed an ORR of 31%, <b>HORIZON</b> an ORR of 29% in multi-refractory patients
Single agent +/- steroid <b>approval</b> in refractory patients	<b>OCEAN</b> pivotal head-to-head study versus pomalidomide + dexamethasone will read out H1-21
<b>Efficacy synergy</b> in combination with other main myeloma drugs with good tolerability	<b>ANCHOR</b> shows excellent synergy and good tolerability with daratumumab and bortezomib (early data). Next combination study <b>LIGHTHOUSE</b> to commence shortly
No major quality of life <b>tolerability</b> issues	<b>Good QoL</b> with almost no non-hematological AEs
No <b>co-morbidity</b> limitations	No <b>co-morbidity</b> or drug-drug interactions limitations
NICE TO HAVE CHARACTERISTICS	
Easy <b>administration</b> schedule	One <b>30-minute infusion</b> every 28 days

# DEVELOPING MELFLUFEN FOR RRMM PATIENTS

## US MARKET – CURRENT PATIENT NUMBERS



### Clinical Program Drives Label Expansion

 HORIZON

Anticipated label in triple-class refractory patients

 OCEAN

Head-to-head comparison study with the most used regimen in RRMM

 ANCHOR  
LIGHTHOUSE

Combination with PI or anti-CD38 opens up for 2L+ combination treatment

# COMPETITIVE MELFLUFEN DATA

## TRIPLE CLASS REFRACTORY MULTIPLE MYELOMA PATIENTS



	Melflufen Oncopeptides US NDA, June 30, 2020		Xpovio Karyopharm US approval, July 2019		Blenrep GSK US Approval, Aug 6, 2020	
Number of patients studied	119		122		95	
Overall Response/Clinical Benefit Rate	26%/39%		25%/39%		31%/36%*	
mDOR / mPFS responders	5.5m / 8.5m		3.8m / 4.0m		NR/NR	
Progression-free survival	3.9 months		3.7 months		2.8 months*	
Overall survival	11.2 months		8.0 months		14.9m*	
Share of patients with EMD	42%		22%		20%*	
Dose reduction, % of patients	24%		49%		29%	
Gr3/4 bleeding events, % of patients	3.8%		3.0%		2.1%	
Non-hematologic toxicity (grade 3/4) reported in >5% of patients	Pneumonia	9%	Fatigue	25%	Keratopathy	44%
			Hyponatremia	20%	Decreased Visual Acuity	28%
			Nausea	10%	Pneumonia	7%
			Pneumonia	9%	Pyrexia	6%
			Diarrhea	7%		
			Sepsis	6%		
			Hypokalemia	6%		
			Mental status	6%		
			General det.	6%		

# PIVOTAL TRIALS

## OCEAN AND LIGHTHOUSE

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- Head-to-head comparison with the most used drug in RRMM – pomalidomide
- Pomalidomide is perceived as the drug with the best combination of efficacy and safety in RRMM
- Both non-inferiority and superiority outcome from OCEAN is a positive

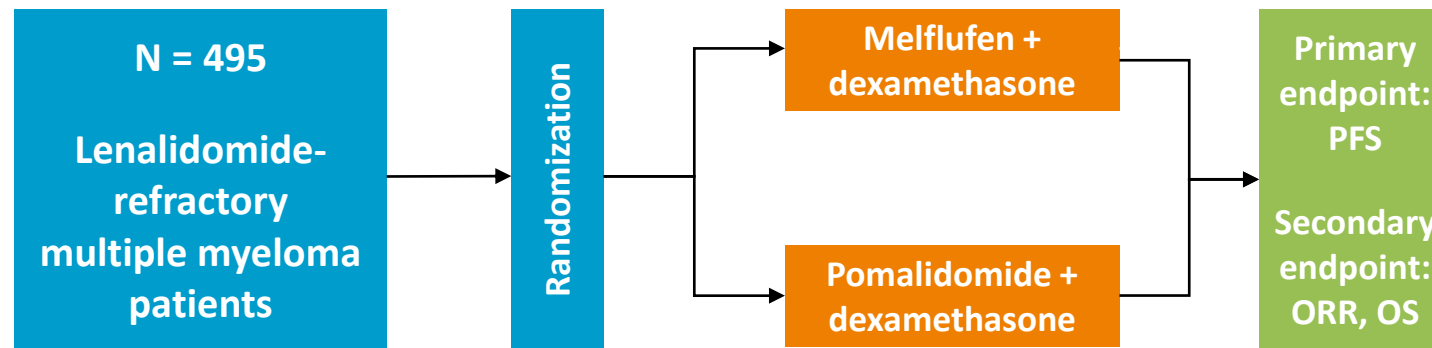


- Based on good combination data from the ANCHOR trial
- Combination therapy between melflufen and daratumumab (anti-CD38)
- Targets patients that are not receiving anti-CD38 in the front-line setting and patients receiving anti-CD38 as a retreatment in later lines with novel combination partner (both in patients exposed to as well as refractory to anti-CD38 therapy)

# ENROLLMENT COMPLETED IN PHASE 3 OCEAN STUDY

495 PATIENTS RECRUITED – TOP-LINE RESULTS IN H1 2021

## Head to Head study versus pomalidomide



## RRMM data from pomalidomide FDA label and O-12-M1 study

Treatment	ORR	CBR	Median PFS	Median DOR	Median OS
Melflufen + Dexamethasone	31%	49%	5.7 months	8.8 months	20.7 months
Pomalidomide+ Dexamethasone	24%	NR	3.6 months	7.0 months	12.4 months

# POMALIDOMIDE SHARES RESISTANCE MECHANISM WITH LENALIDOMIDE

**Average IMiD free period significant in pomalidomide registration study**

- Only 29% received lenalidomide as last treatment

**Lenalidomide used more aggressively today**

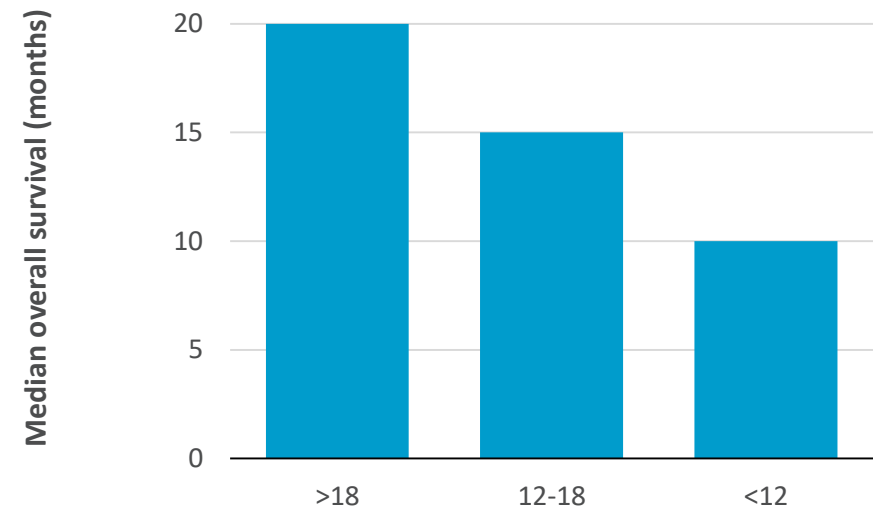
- Median maintenance duration 24 months instead of 10 months

**In OCEAN all patients have failed on lenalidomide within 18 months**

- Vast majority has lenalidomide as last treatment

**No assumptions have been made in OCEAN power calculation to account for increased cross resistance**

**Pomalidomide efficacy decreases for recent lenalidomide failures**



IMiD-free period before start of pomalidomide treatment (months)

Source: Pomalidomide with Low Dose Dexamethasone Is Effective Irrespective of Primary or Secondary Resistance to Lenalidomide but the IMiD-Free Interval Is Important (Dimopoulos et. al. ASH poster 2016).

# PHASE 3 OCEAN STUDY

## TWO WAYS TO MEET PRIMARY ENDPOINT

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- OCEAN meets its primary endpoint with a superiority or non-inferiority result
- Pomalidomide is the largest treatment option in RRMM with very good physician perception

OCEAN OUTCOME	FDA	EMA
Primary endpoint met - Superiority	✓	✓
Primary endpoint met – Non-inferiority	?	✓
Primary endpoint <b>not</b> met	✗	✗



# LIGHTHOUSE STUDY - BASED ON POSITIVE ANCHOR DATA

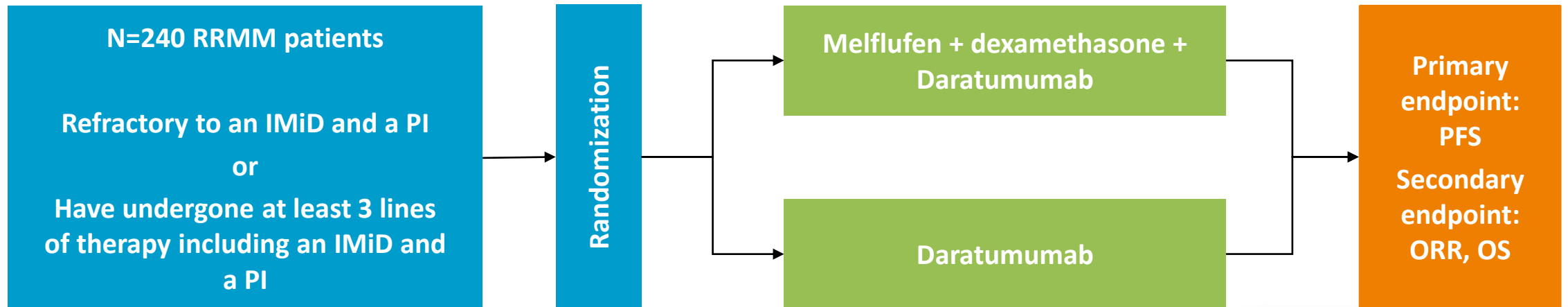
## CONFIRMATORY PHASE 3 STUDY – AWAITING GO-AHEAD

### Phase 3 study with melflufen in multiple myeloma

- Melflufen + daratumumab vs daratumumab randomized 1:1
- Subcutaneous version of daratumumab

### Objectives

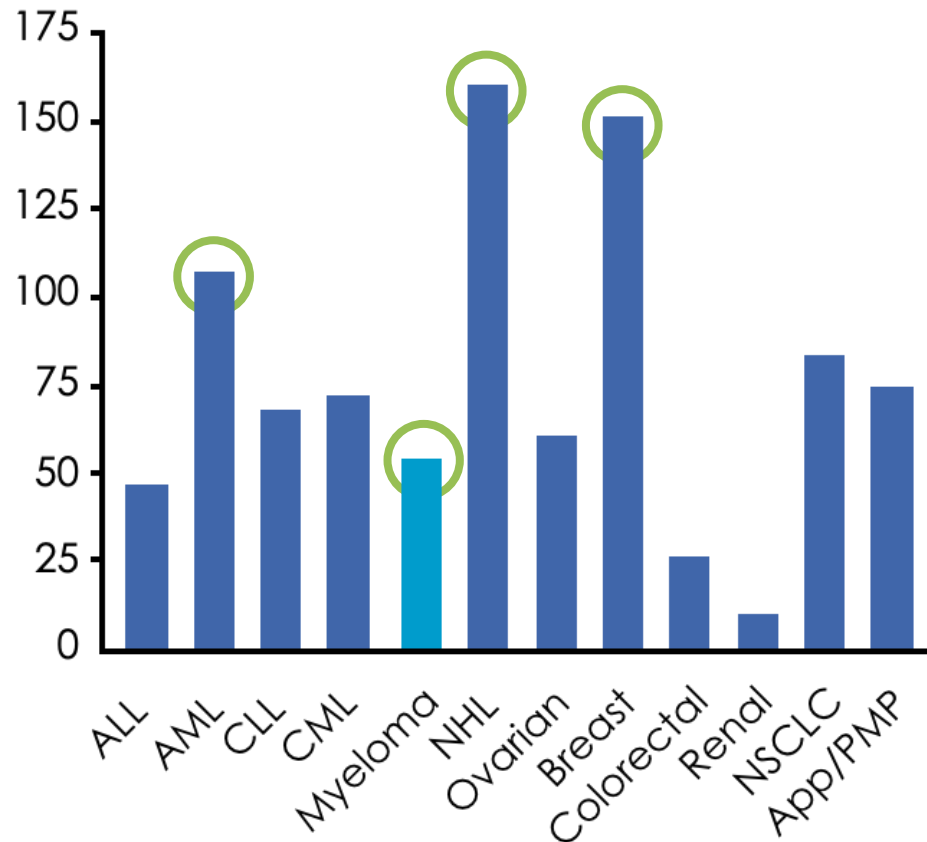
- Expand market potential – expand label for melflufen in combination with daratumumab



# PEPTIDE DRUG CONJUGATE PLATFORM

## THERAPEUTIC ACTIVITY IN MOST CANCERS

PDC Potentiation



- Melflufen is focused on multiple myeloma and AL-amyloidosis
- New molecules are based on PDC platform
- Potential broadening of indications in AML, Non-Hodgkin Lymphoma and breast cancer

# PLANNED NEW CLINICAL STUDIES 2021 OUTSIDE MULTIPLE MYELOMA

## KEY AREAS OF EXPLORATION

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### Relapsed/refractory AML patients

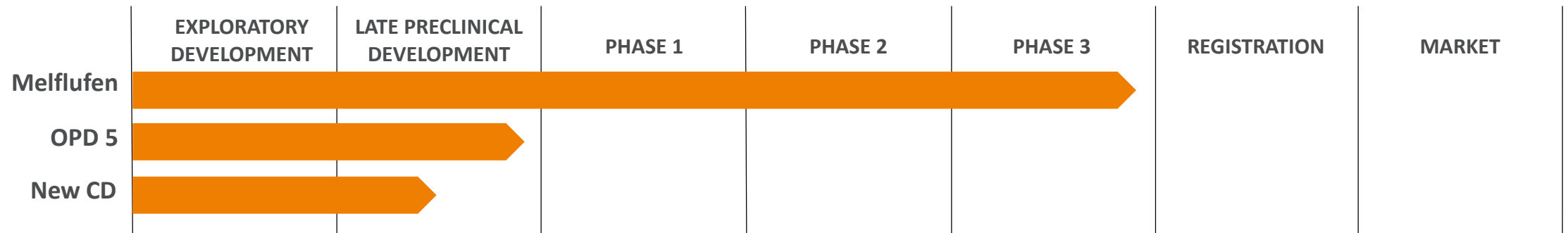
- Significant unmet medical need in AML
- Strong pre-clinical data with melflufen in AML
- Phase I/II trial planned to be initiated in 2021

### DLBCL patients with high-risk features

- Significant unmet medical need in sub-groups of DLBCL patients
- Strong pre-clinical data with melflufen in NHL/DLBCL
- Phase I/II trial planned to be initiated in 2021

# DEVELOPING PEPTIDE-DRUG-CONJUGATE PLATFORM

## FROM PRE-CLINICAL TO CLINICAL DEVELOPMENT 2020/21





# Successfully Making the Drug Available for Patients in the US

Overview of US launch of melflufen

Marty J Duvall, CEO Oncopeptides

# MELFLUFEN PRODUCT POSITIONING

## ASPIRATIONAL POSITIONING IN MULTIPLE MYELOMA

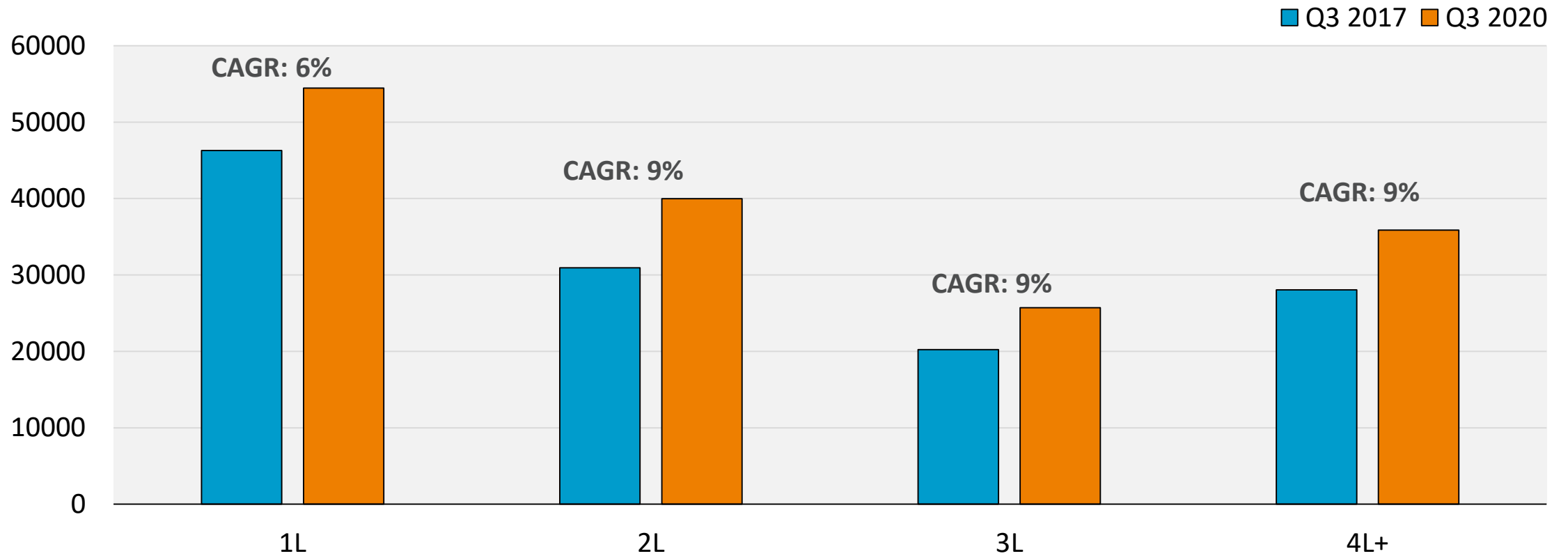
Melflufen, used alone and in combination, is a first in class peptide-drug conjugate that leverages aminopeptidases and rapidly releases alkylating agents into tumor cells

- **“First in class”** supports a novel product and differentiated positioning
- **“PDC”** leverages the clinical and commercial success of “ADC” drugs which resonates externally
- **“leverages aminopeptidases”** Aminopeptidase expression is upregulated in cancer cells relative to normal tissue. In multiple myeloma cells, increased expression of aminopeptidases is associated with advanced disease and tumor mutational burden. Thus, targeting aminopeptidases results in selective activity in cancer cells, sparing healthy cells and resulting in a strong benefit to risk profile
- **“rapidly releases”** suggests highly active and effective
- **“alkylating agents”** boldly asserts a differentiated “payload” of alkylators

The first and only PDC that leverages aminopeptidases which are highly expressed in myeloma cells

# IMPROVED OUTCOMES LEAD TO FAST GROWTH IN NUMBER OF TREATED PATIENTS IN LATER LINES OF THERAPY

Projected US multiple myeloma patients by line of therapy



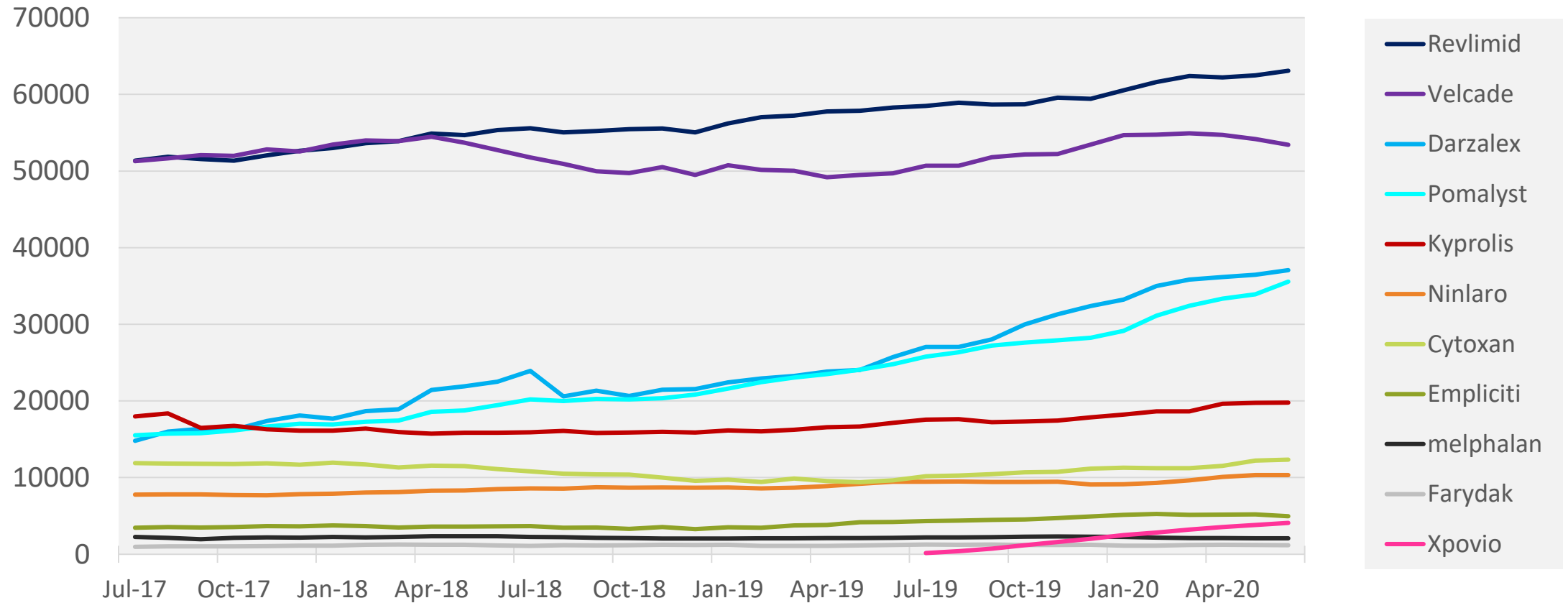
Source: Intrinsic MAT Q3 2020

Note: 3-yr annual growth rate for 3Q2017-3Q2020

# NEWER PRODUCTS ON TOP OF OLDER AS SURVIVAL IMPROVES

## NEED OF NEW TREATMENT OPTIONS

### US MM # of Total Patients by Product



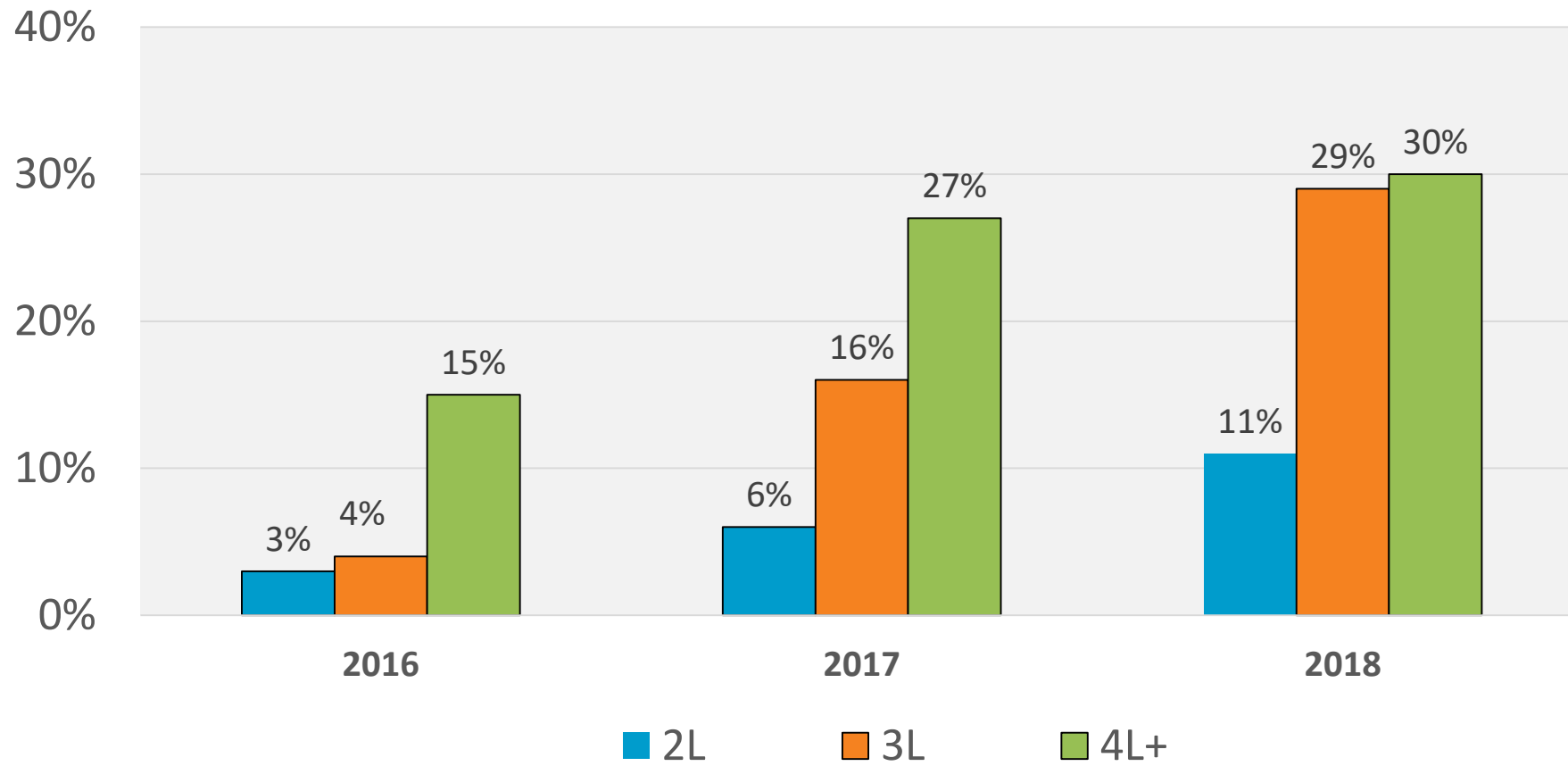
Source: Intrinsiq MAT, Jun 2020



# TRIPLE-CLASS REFRACTORY MULTIPLE MYELOMA

## AN INDICATION WITH GROWING UNMET MEDICAL NEED

Triple-class refractory % patients after each LoT

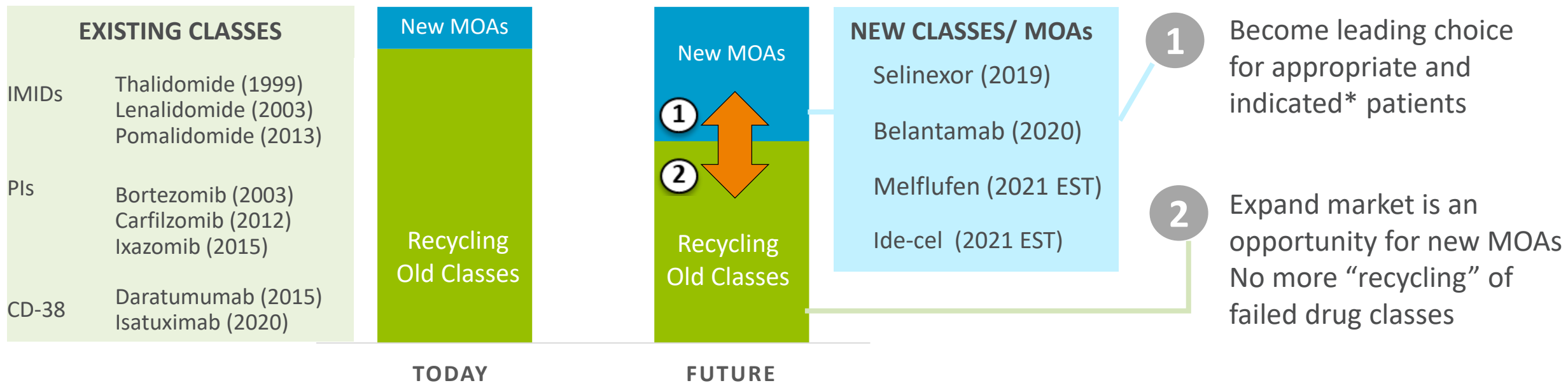


Estimated  
>20,000 Triple-  
class refractory  
patients in the  
US and  
growing

# BECOME A LEADING CHOICE IN TRC MM AND EXPAND MARKET

## TWO-PRONGED STRATEGIC APPROACH

**Driving change in today's RRMM treatment paradigm**  
 Common Practice to "recycle" drugs within existing classes as patients progress



\* based on final FDA approved label

Melflufen is not yet FDA approved. This presentation is confidential and for internal planning purposes only

# PAVING THE WAY FOR A SUCCESSFUL LAUNCH ... THE TEAM

## US LEADERSHIP ORGANIZATION WITH SIGNIFICANT ONCOLOGY LAUNCH EXPERIENCE



**Mohamed Ladha, General Manager US Business Unit**

17 years in industry with extensive oncology launch expertise

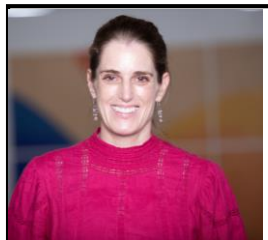
Led/built commercial functions at 7 pharma or biotech companies for in-line/ launch products including Schering Plough, Merck, ARIAD,



**Chris Black, Head of Sales and Training**

21 years of industry experience with 17 years in oncology which include Pfizer, EMD Serono and Nanostring.

Involvement in 7 product launches in oncology and part of 2 buildouts and expansions for the promotion of in-line and launch onco brands



**Sarah Donovan, Head of Marketing**

20 years of industry experience in sales, analytics; patient advocacy, US and Global Marketing , 10 years of experience in oncology

Led and built marketing functions for launches and inline brands



**Matt Smith, Head of Market Access**

20 years of commercial biotech experience which includes 10 years in oncology

Strong track record of leadership success and building market access functions from the ground up while part of 5 launches and supporting 10+ line extensions



**Paula O'Connor, MD, Head of Medical Affairs US**

17 years industry experience with 30 years oncology experience

Led Clin Dev programs at 3 companies and established Medical Affairs organizations at 3 companies



**Jacob Lai, Head Business Strategy and Planning**

17 years of industry experience with 10 years in oncology

Has played key roles in the strategic planning and growth of biotech companies with expertise in the areas of commercial analytics, commercial development and pipeline strategy



**Nick Holsman, Head of Commercial Operations**

18 years of industry experience with 5 focused in oncology

Led and built commercial operations functions at 5 biotech and diagnostic companies for both in-line marketing and launch brands



# ONCOPEPTIDES IS PAVING WAY TO ENSURE BEST CUSTOMER EXPERIENCE

## "ONE ONCOPEPTIDES" TEAM IN MOTION



- An integrated and coordinated field force team
- Oncology Account Managers spearhead the tactical execution and pulls in appropriate resources
- Cross functional in nature with one objective: meet customer needs
- The team operates as an area level business
- All planning and execution at local level
- The team is empowered to execute the go to market strategy and be the external face of Oncopeptides

# PUTTING PATIENTS FIRST BY ELIMINATING BARRIERS TO THERAPY

## PROVIDING CONTINUOUS SUPPORT ALONG THE PATIENT JOURNEY

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### **ACCESS – No Patient Left Behind**

- Payer engagement for “prior authorization”
- Support any “appeals” processes
- Uninsured patients (Free Drug program)
- Quickstart program

### **AFFORD – Reduce Patient Expense**

- Co-Pay Cards
- Connections to additional resources

### **ADHERE – Remain on Therapy**

- Patient outreach and support
- Educational materials

# ENGAGING WITH PAYERS REPRESENTING >95% OF COVER MEDICAL LIVES

## MARKET ACCESS TEAMING WITH MEDICAL AFFAIRS TO LAY THE GROUNDWORK

UnitedHealth Group/OPTUM  
 Anthem  
 Aetna & CVS Caremark  
 CVS  
 Cigna and Express Scripts  
 Express Scripts  
 Health Care Service Corporation (PRIME/ppt)  
 Centene (Health Net and Wellcare)  
 Kaiser Permanente  
 Humana  
 Highmark  
 BlueCross BlueShield Michigan  
 Horizon BCBS of New Jersey (Magellan)  
 Florida Blue (Magellan)  
 EmblemHealth  
 BlueShield California  
 Blue Cross and Blue Shield of Alabama (PRIME/ppt)  
 CareFirst  
 BlueCross BlueShield Tennessee  
 BlueCross BlueShield Minnesota  
 BlueCross BlueShield Massachusetts  
 Harvard-Pilgrim (Tufts)

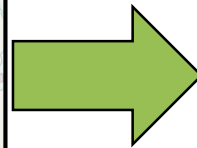
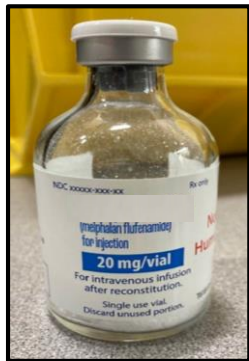
BlueCross BlueShield North Carolina  
 Cambia Health Solutions (Regence)  
 Molina Healthcare  
 Medical Mutual  
 Medica (MN)  
 Lifetime Healthcare (Excellus) (Magellan)  
 Haven Health (JPMorgan, Berkshire, and Amazon)  
 Premera Blue Cross  
 Independence Blue Cross  
 BlueCross BlueShield South Carolina  
 University of Pittsburgh Medical Center  
 Capital BlueCross  
 Intermountain Healthcare  
 Henry Ford Health System  
 BlueCross BlueShield Kansas  
 Sentara Health  
 Magellan (Excellus/Horizon/FL Blue/BCBST)  
 Remedy One (Empire/BCBSVT)  
 Walgreens PRIME Alliance (Same as PRIME)  
 Geisinger Health System

- Medical Affairs leads melfufen clinical profile characterization: feedback is positive
- Stakeholder feedback from recently-approved other agents: focus on GI-related and ocular toxicities of other in-class competitor agents
- Experienced hem-onc Market Access teams in place to address potential coverage, reimbursement issues post-launch

# DISTRIBUTION AND SUPPLY CHAIN SLIDE

## US ORGANIZATION SET FOR LAUNCH

Supply Chain and distribution strategy aims to optimize access, control and customer support



**cenexi**

Product Supply imported from Cenexi in Brussels, Belgium

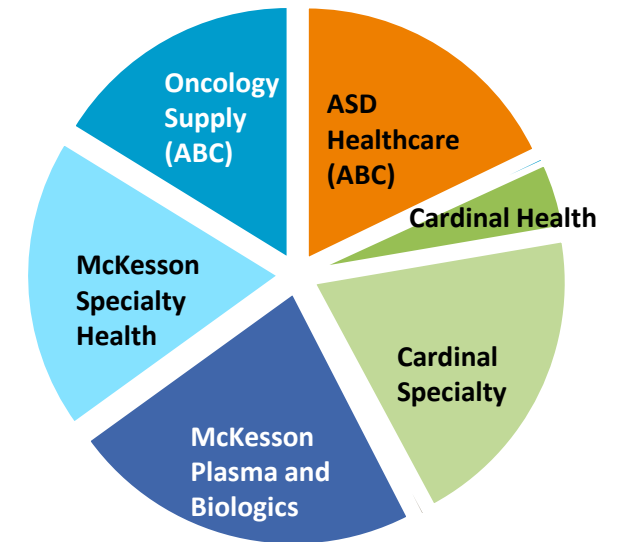
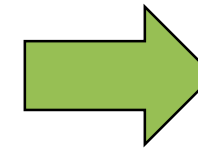
Third Party Logistics (3PL) in place to ensure supply and distribution of Melfafen to market



  
**CardinalHealth™**

Finished and labelled product stored at Cardinal Health 3PL


Traditional Specialty Distributor model familiar to end-customers (IDNs, Community Oncology) using RRMM agents



Contracts with distributors estimated to provide product to 99.9% of customers in the RRMM market

# MATERIALS READY AND TAILORED FOR TARGETED CUSTOMERS\*

**In relapsed refractory multiple myeloma**  
Product X is a first-in-class, anticancer peptide-drug conjugate



Product X + dexamethasone showed clinically significant response in heavily pretreated patients.<sup>1</sup>

**EFFICACY RESULTS\***

**ORR**  
26.1%

**MEDIAN DOR**  
4.4 MONTHS

## DRIVE BROAD AWARENESS APPROVAL OF NOVEL TREATMENT OPTION FOR MM

- Now approved in relapsed or refractory multiple myeloma
- The first and only anticancer peptide-drug conjugate

## HIGHLIGHT EFFICACY RESULTS IN DIFFICULT TO TREAT PATIENTS

- Clinically significant response in heavily pretreated patients (ORR, DOR, PFS, OS); Median of 5 prior lines of treatment
- EMD patient responses consistent with overall study population

## CLARIFY AE PROFILE AND GUIDANCE FOR MANAGEMENT

- Most common AEs; Clinical implications of cytopenias
- Safety profile consisted primarily of hematologic AEs

## PROVIDE GUIDANCE ON HOW AEs WERE MANAGED

- Adverse events clinically manageable with dose modifications and supportive care

## HIGHLIGHT CONVENIENT DOSING SCHEDULE

- Convenient dose schedule; Once monthly 30-minute infusions

\*Messages tailored to target audience and subject to approved labelling from the FDA



# CUSTOMER INFORMATION MANAGEMENT SYSTEM

## PROVIDING REAL-TIME CUSTOMER INSIGHTS TO IMPROVE SERVICE

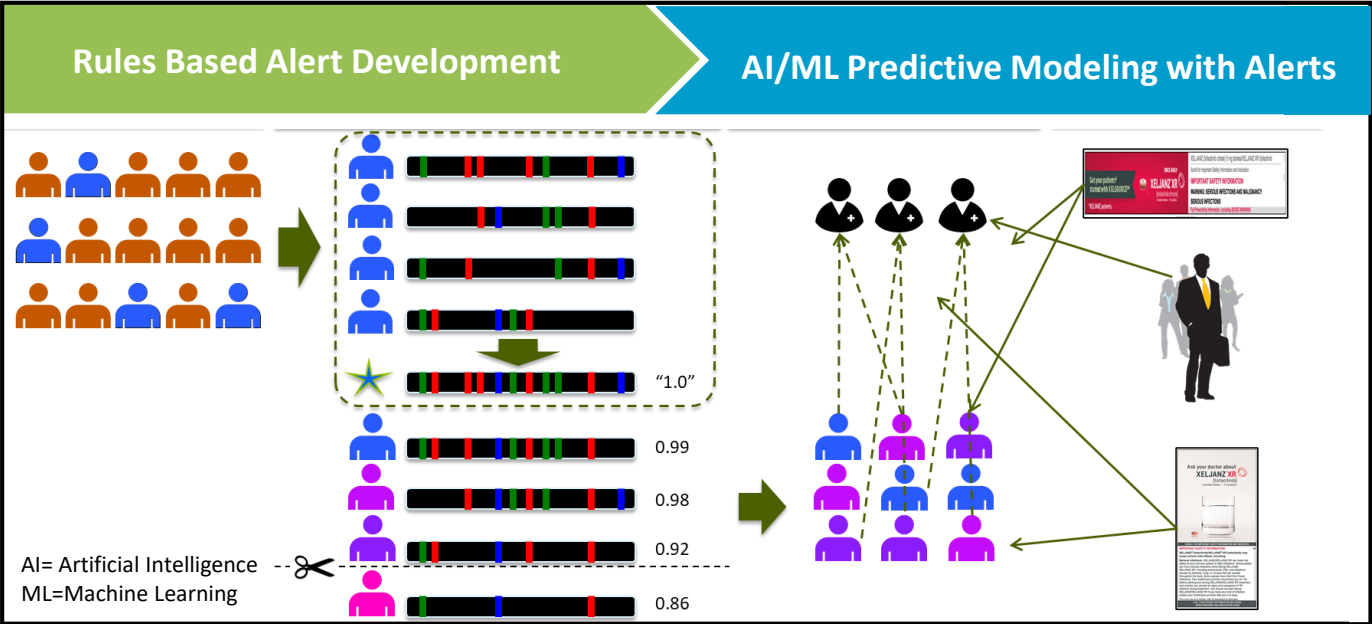
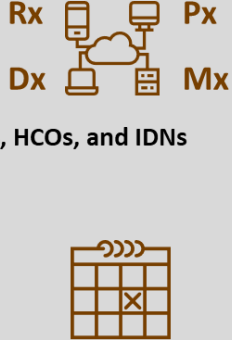
Leveraging integrated healthcare patient-level data and delivering weekly insights

**300M+**  
Unique Patients  
Across virtually all\* providers, HCOs, and IDNs

**Over a decade of history updated weekly**

**Multiple Myeloma Focused**  
**All Prescription Drugs**  
**All Geographies**

\*99% of HCPs; 98% of health systems; 86% of outpatient facilities; 89% of hospitals



# MEDICAL AFFAIRS

## US ORGANIZATION SET FOR LAUNCH

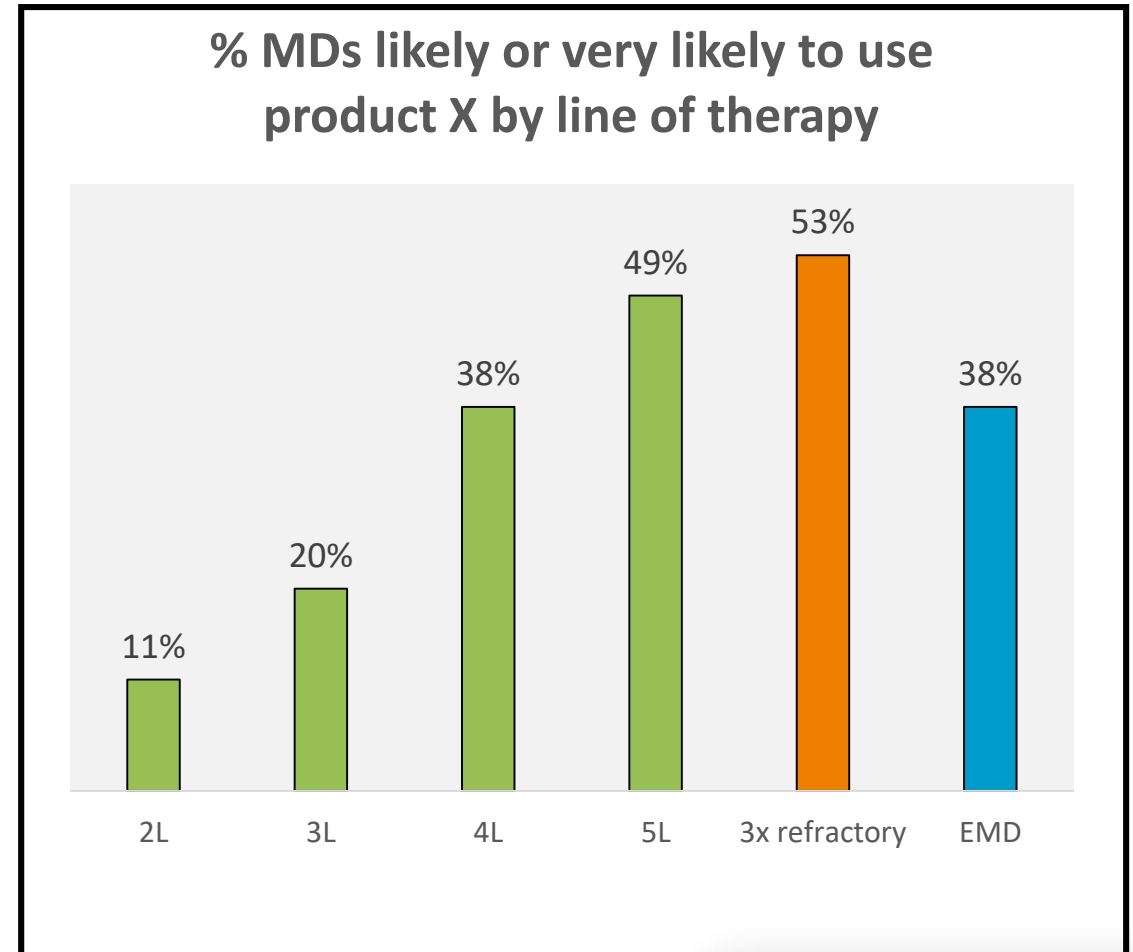
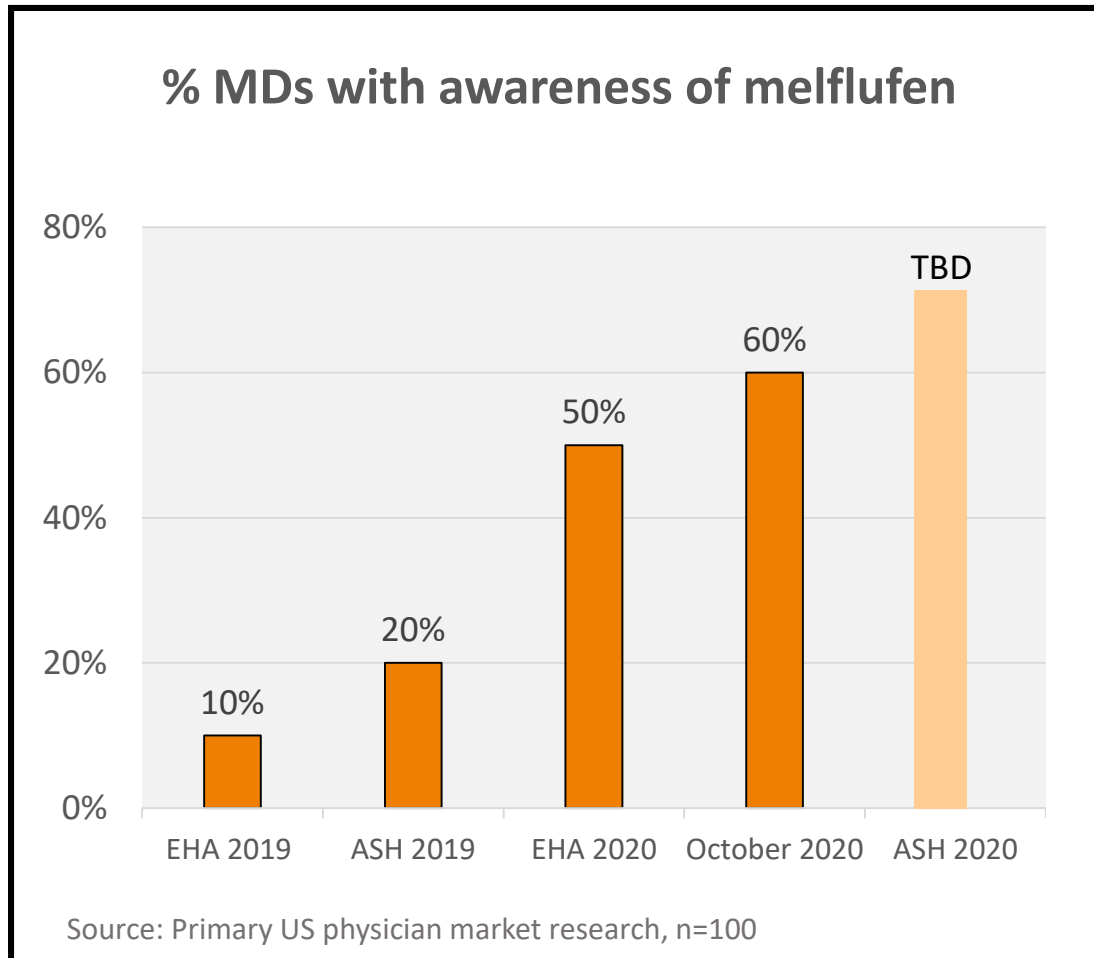
Medical Information & Communication	Scientific Exchange	Data Generation
<ul style="list-style-type: none"> <li>• Call Center</li> <li>• Compendia &amp; dossiers</li> <li>• Publications (abstracts &amp; manuscripts)</li> <li>• Continuing Medical Education support</li> </ul>	<ul style="list-style-type: none"> <li>• MSL and Nurse Educator Teams</li> <li>• Local-Regional-National Education</li> <li>• Insight gathering</li> <li>• OCP Trial &amp; EAP support</li> </ul>	<ul style="list-style-type: none"> <li>• Investigator Initiated Trial (IIT) program</li> <li>• Real World Evidence (RWE) program</li> <li>• Expanded Access Program (EAP)</li> </ul>
<p style="text-align: center;"><b>Patient Advocacy</b></p>		

- Majority of KOLs and Large Community practices engaged and profiled
- Unmet Need insights defined
- Scientific engagements with current and future studies
- Participation in advisory boards
- EAP Participation

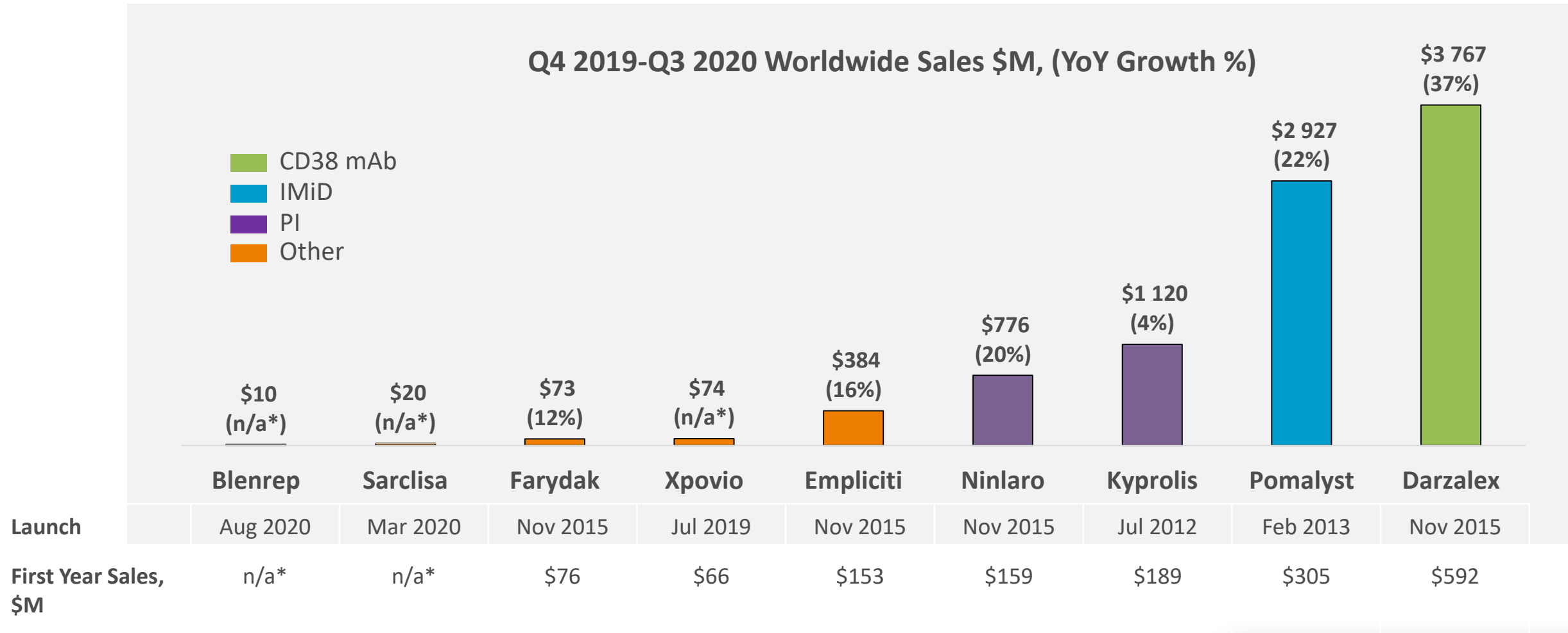


# MELFLUFEN AWARENESS CONTINUES TO INCREASE IN US

## MOMENTUM IS GROWING AFTER SCIENTIFIC MEETINGS



# EFFECTIVE RRMM DRUGS WITHOUT MAJOR SIDE EFFECTS OR COMORBIDITY LIMITATIONS HAVE A SIGNIFICANT POTENTIAL



\* Newly approved products without full year sales for YoY comparison  
 Source: EvaluatePharma, company earnings

# NEWS FLOW

## VALUE DRIVERS AND MAJOR MILESTONES

Q3 2020	Q4 2020	Q1 2021	Q2 2021	H2 2021 / H1 2022
First patient in PORT study	Expanded Access Program (US) opened	First patient in LIGHTHOUSE	EU-submission conditional approval	Potential conditional approval in EU
First patient in Amyloidosis study	Intent to file for EU conditional approval	First patient in OPD5	Top-line results OCEAN	Final results ANCHOR
FDA Feedback PDUFA date	Loan agreement with EIB for € 40 M	Results from PORT	EHA data update	Results BRIDGE
OCEAN patient enrollment completed	IND filing OPD5	Potential accelerated approval in US	Last patient in ANCHOR	Last patient in LIGHTHOUSE
	ASH abstract including ANCHOR data	Commercial launch in the US	Last patient in BRIDGE	Potential sNDA submission OCEAN
	Virtual CMD			Extension of EU indication on OCEAN
	HORIZON publication Journal Clin Onc			
	ANCHOR presentation at ASH			

## IN SUMMARY

### KEY TAKEAWAY MESSAGES

- Global company with R&D roots in Sweden
- Large unmet needs in multiple myeloma
- Melflufen has the potential to become a backbone treatment in relapsed refractory multiple myeloma
- Organization fully ready for US launch
- PDC platform enables us to broaden our portfolio and position Oncopeptides as a strong player in hematological diseases





# Q/A session

