

Ligand Pharmaceuticals Analyst Day, New York 12 March 2019 Nasdaq VRNA www.veronapharma.com

### **Forward-Looking Statements**



This presentation contains "forward-looking" statements that are based on the beliefs and assumptions and on information currently available to management of Verona Pharma plc (together with its consolidated subsidiaries, the "Company"). All statements other than statements of historical fact contained in this presentation are forward-looking statements. Forward-looking statements include information concerning the initiation, timing, progress and results of clinical trials of the Company's product candidate, the timing or likelihood of regulatory filings and approvals for of its product candidate, and estimates regarding the Company's expenses, future revenues and future capital requirements. In some cases, you can identify forward-looking statements by terminology such as "may," "will," "should," "expects," "plans," "anticipates," "believes," "estimates," "predicts," "potential" or "continue" or the negative of these terms or other comparable terminology.

Forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause the Company's actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. These risks, uncertainties and other factors include those under "Risk Factors" in the Company's annual report on Form 20-F filed with the Securities and Exchange Commission (the "SEC") on February 27, 2018, and in its other reports filed with the SEC. Forward-looking statements represent the Company's beliefs and assumptions only as of the date of this presentation. Although the Company believes that the expectations reflected in the forward-looking statements are reasonable, it cannot guarantee future results, levels of activity, performance or achievements. Except as required by law, the Company assumes no obligation to publicly update any forward-looking statements for any reason after the date of this presentation, or to conform any of the forward-looking statements to actual results or to changes in its expectations.

This presentation also contains estimates, projections and other information concerning the Company's business and the markets for the Company's product candidate, including data regarding the estimated size of those markets, and the incidence and prevalence of certain medical conditions. Information that is based on estimates, forecasts, projections, market research, or similar methodologies is inherently subject to uncertainties and actual events or circumstances may differ materially from events and circumstances reflected in this information. Unless otherwise expressly stated, the Company obtained this industry, business, market and other data from reports, research surveys, clinical trials studies and similar data prepared by market research firms and other third parties, from industry, medical and general publications, and from government data and similar sources.



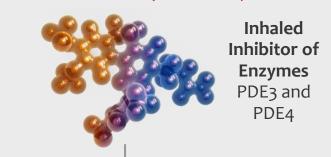
Advancing first-in-class product candidate for treatment of respiratory disease from Phase 2 to commercialization

#### **Initial Disease Focus**



Chronic Obstructive Pulmonary Disease (COPD)

# **Novel Drug Candidate Ensifentrine (RPL554)**



Bronchodilator AND Anti-inflammatory Agent ... in a Single Compound

Demonstrated dual effects and was well tolerated in 13 clinical trials with >800 subjects

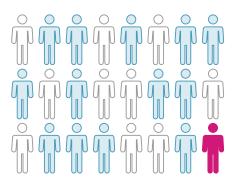
Long patent runway until mid-2030s

### **COPD: The Silent Epidemic**



### Living with It

24M in US alone



16M

Diagnosed

2M

Severe/ very severe

### In the Workplace

- **70**% of COPD sufferers work
- 2<sup>nd</sup> leading cause of disability

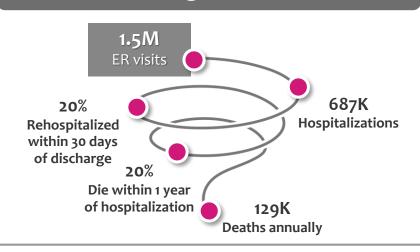
Cost

\$50B/year

Indirect & Direct

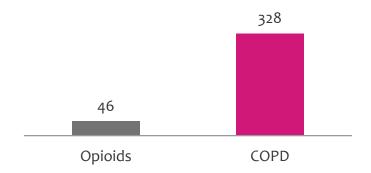
Sources: COPD Foundation; US only

### Dying from It



### 3<sup>rd</sup> Largest Chronic Disease Killer

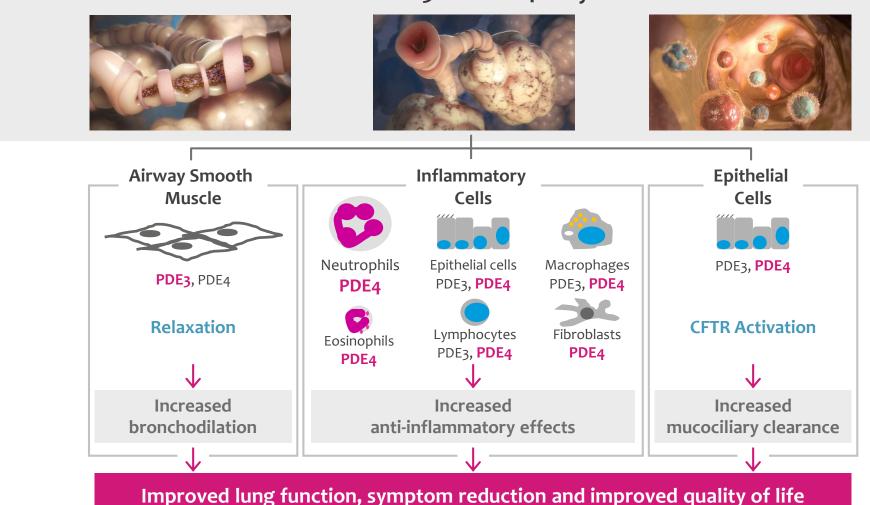
Deaths/Day



### **Ensifentrine First-in-Class Candidate: Bronchodilator and Anti-inflammatory in Single Compound**



#### **Ensifentrine:** Dual PDE3 and PDE4 Enzyme Inhibitor

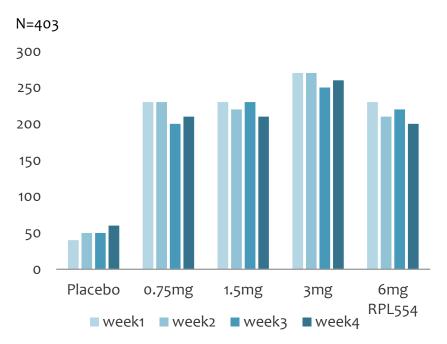


### 4 Week Phase 2b: Rapidly Improved Lung Function and **Progressive Symptom Relief** as Single Bronchodilator



#### **Lung Function**

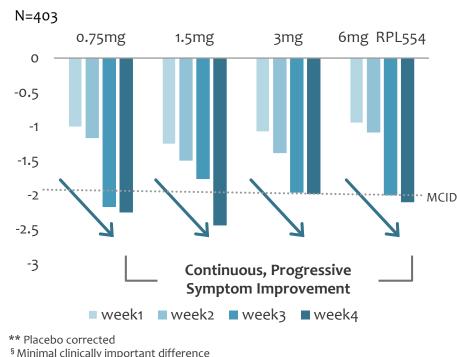
Peak Change FEV<sub>1</sub> (mL) (p<0.001)\*



\*Peak Change from Day 1 in Baseline in FEV<sub>1</sub>(mL) on Day 28, Week 4, Primary endpoint was met; ensifentrine only bronchodilator in these patients

#### Symptom Relief

Total Score E-RS: COPD by Week, p<0.02\*\*



<sup>§</sup> Minimal clinically important difference

Bronchodilation and anti-inflammatory effect improved lung function and relieved symptoms - may potentially lead to reduction in COPD exacerbations

# Phase 2: Improvement in Both FEV1 and Residual Volume on Day 3 when Inhaled on Top of Two Bronchodilators





28% of patients used triple therapy (inhaled steroid in addition to the two bronchodilators)

Further improved bronchodilation and reduction in residual volume (air trapping) - may lead to symptom improvement in patients already on dual and triple therapy

# Nebulized ensifentrine: Systematic Phase 2 Program Informing Phase 3 design



Focus on well-established regulatory endpoints

Establish activity + profile in Ph2

A. Potential Pivotal studies: Design and endpoints based on Ph2 to increase chance of positive outcome

Standalone (Dose Ranging) 400 pts

Bronchodilator + anti-inflammatory Completed 2018

Add-on to Single Therapy

(2 Ind. P2 Studies)

Bronchodilator Completed 2017 Add-on to Single Therapy

(Dose Ranging)

Bronchodilator +
anti-inflammatory\*

1 x study, 6 mo duration 1 x study 6 mo duration w. 6 mo safety extension

None or single bronchodilator background

Lung function (FEV1), symptom improvement, explore exacerbations in pooled data

Add-on to Double/Triple Therapy

Bronchodilator Completed Jan 2019

End of Phase 2 Meeting with FDA, target 1Q 2020

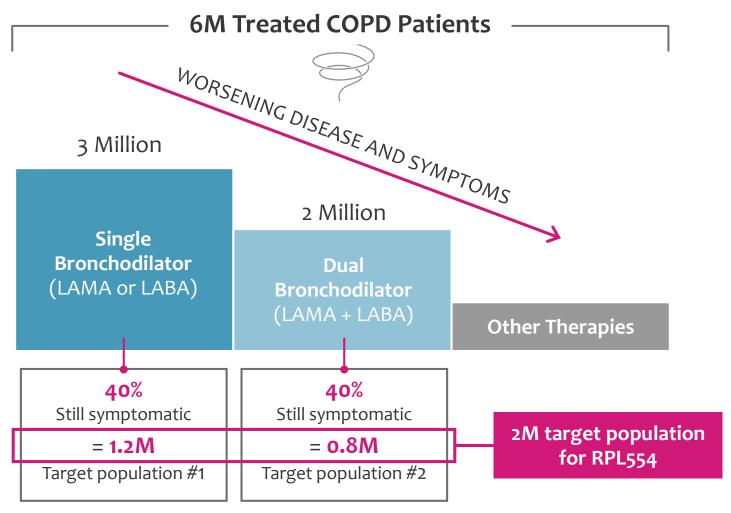
B. Planned positioning study for physicians and payors

Add-on treatment to single and dual bronchodilators in COPD

<sup>\*</sup>Expected to begin in 2Q 2019, results expected in 4Q 2019

# Opportunity for Ensifentrine: 40% of US COPD Patients Symptomatic Despite Current Treatment



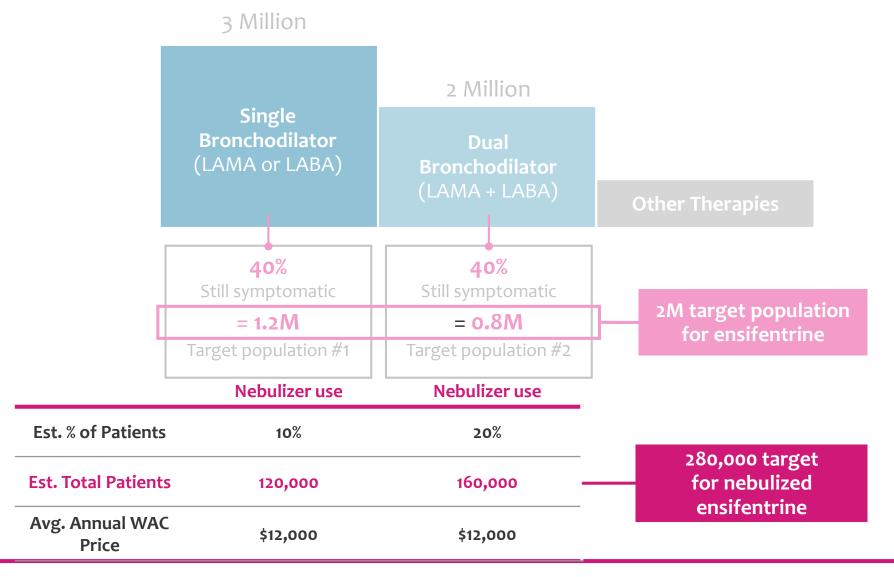


<sup>1.</sup> Mahler et al., Eur Respir J. 2014. 2. Bateman et al., Eur Respir J. 2013 Dec

<sup>3.</sup> Mullerova H et al., American Journal of Respiratory and Critical Care Medicine . 4. Vestbo J, et al., The Lancet, Vol 389, p. 1919-1929; May 13, 2017

# Substantial, addressable US Commercial Opportunity for Nebulized Ensifentrine



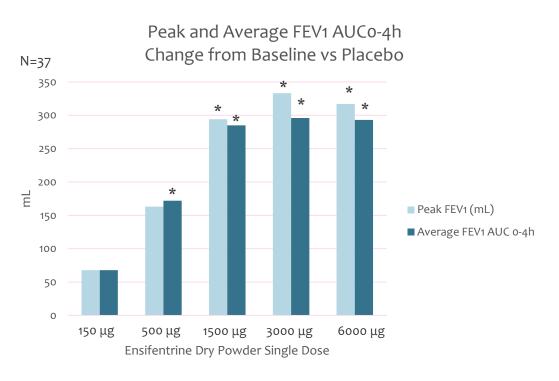


# Positive Interim Phase 2 Data with Ensifentrine Dry Powder Inhaler Formulation in COPD



Data from first of two-part clinical trial

#### Dose-dependent, significant and clinically meaningful bronchodilator response



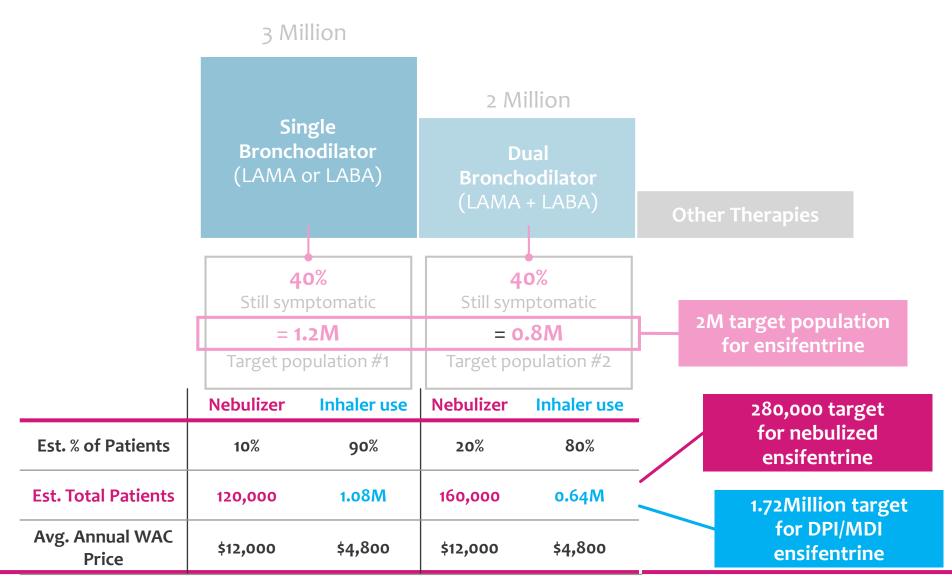


### Inhaler usage for maintenance therapy (US estimates)

- ~80-90% mild to very severe COPD patients ~ 5.5 million
- DPI formulation could dramatically expand the clinical utility and commercial potential

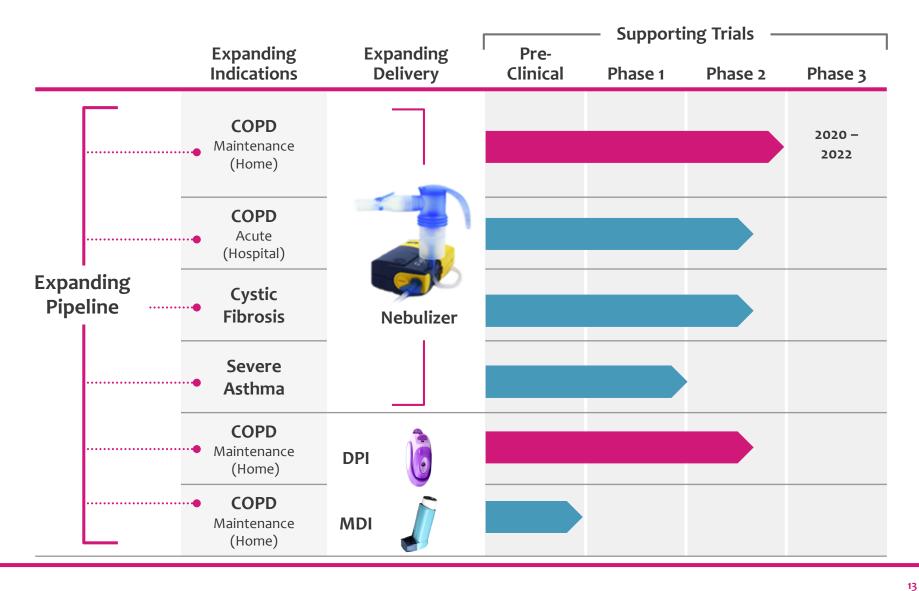
# DPI Ensifentrine: Potential to Substantially Expand US Commercial Opportunity





## **Ensifentrine Lifecycle: Expanding the Pipeline Over Time**





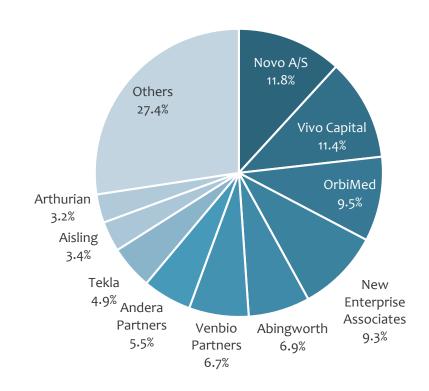
### Well Financed with Major Healthcare Investors



#### Financial Overview December 31, 2018

Cash and Cash Equivalents	\$82.6M¹
Operating Expenses Year To Date 3Q18	\$32 <b>.</b> 7M¹
Market cap	\$73.7M <sup>2</sup>

#### **Shareholdings**<sup>3</sup>



<sup>&</sup>lt;sup>1</sup>Exchange rate used (US dollars per pound sterling): December 31, 2018: \$1.2763

<sup>&</sup>lt;sup>2</sup>Current issued 105.3M shares or 13.2m ADSs, share price \$5.60 on February 28, 2019

<sup>&</sup>lt;sup>3</sup>As disclosed to the Company in accordance with AIM Rule 26, or through s80 notices and 13F and 13G filings

# 2019: Potential for Multiple Value Inflection Points as Ensifentrine Advances Towards Phase 3



