Verona Pharma

Ensifentrine (RPL554)

Positive Data from 7-Day Phase 2 Clinical Trial in COPD Patients with Dry Powder Inhaler Formulation

5 August 2019

Forward-looking statements

This presentation contains forward-looking statements. All statements contained in this presentation that do not relate to matters of historical fact should be considered forward-looking statements, including, but not limited to, statements that ensifentrine is a first-in-class inhibitor, that inhaler formulations of ensifentrine could expand the clinical utility and commercial opportunity for ensifentrine, the plan to complete late stage development and commercialization of the DPI formulation with a partner and that the data supports this opportunity, the timing of Phase 3 trials of nebulized ensifentrine, the timing of receipt of data from clinical trials, the need for better treatment options for COPD, and projections regarding the mortality rate of, and medical costs related to, COPD.

These forward-looking statements are based on management's current expectations. These statements are neither promises nor guarantees, but involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from our expectations expressed or implied by the forward-looking statements, including, but not limited to, the following: our limited operating history; our need for additional funding to complete development and commercialization of ensifentrine, which may not be available and which may force us to delay, reduce or eliminate our development or commercialization efforts; the reliance of our business on the success of ensifentrine, our only product candidate under development; economic, political, regulatory and other risks involved with international operations; the lengthy and expensive process of clinical drug development, which has an uncertain outcome; serious adverse, undesirable or unacceptable side effects associated with ensifentrine, which could adversely affect our ability to develop or commercialize ensifentrine; potential delays in enrolling patients, which could adversely affect our research and development efforts and the completion of our Phase 2b trial; we may not be successful in developing ensifentrine for multiple indications; our ability to obtain approval for and commercialize ensifentrine in multiple major pharmaceutical markets; misconduct or other improper activities by our employees, consultants, principal investigators, and third-party service providers; material differences between our “top-line” data and final data; our reliance on third parties, including clinical investigators, manufacturers and suppliers, and the risks related to these parties’ ability to successfully develop and commercialize ensifentrine; and lawsuits related to patents covering ensifentrine and the potential for our patents to be found invalid or unenforceable. These and other important factors under the caption “Risk Factors” in our Annual Report on Form 20-F filed with the Securities and Exchange Commission (“SEC”) on March 19, 2019, and our other reports filed with the SEC, could cause actual results to differ materially from those indicated by the forward-looking statements made in this presentation. Any such forward-looking statements represent management's estimates as of the date of this presentation. While we may elect to update such forward-looking statements at some point in the future, we disclaim any obligation to do so, even if subsequent events cause our views to change. These forward-looking statements should not be relied upon as representing our views as of any date subsequent to the date of this presentation.

Phase 2 trial of Ensifentrine in Dry Powder Inhaler (DPI)

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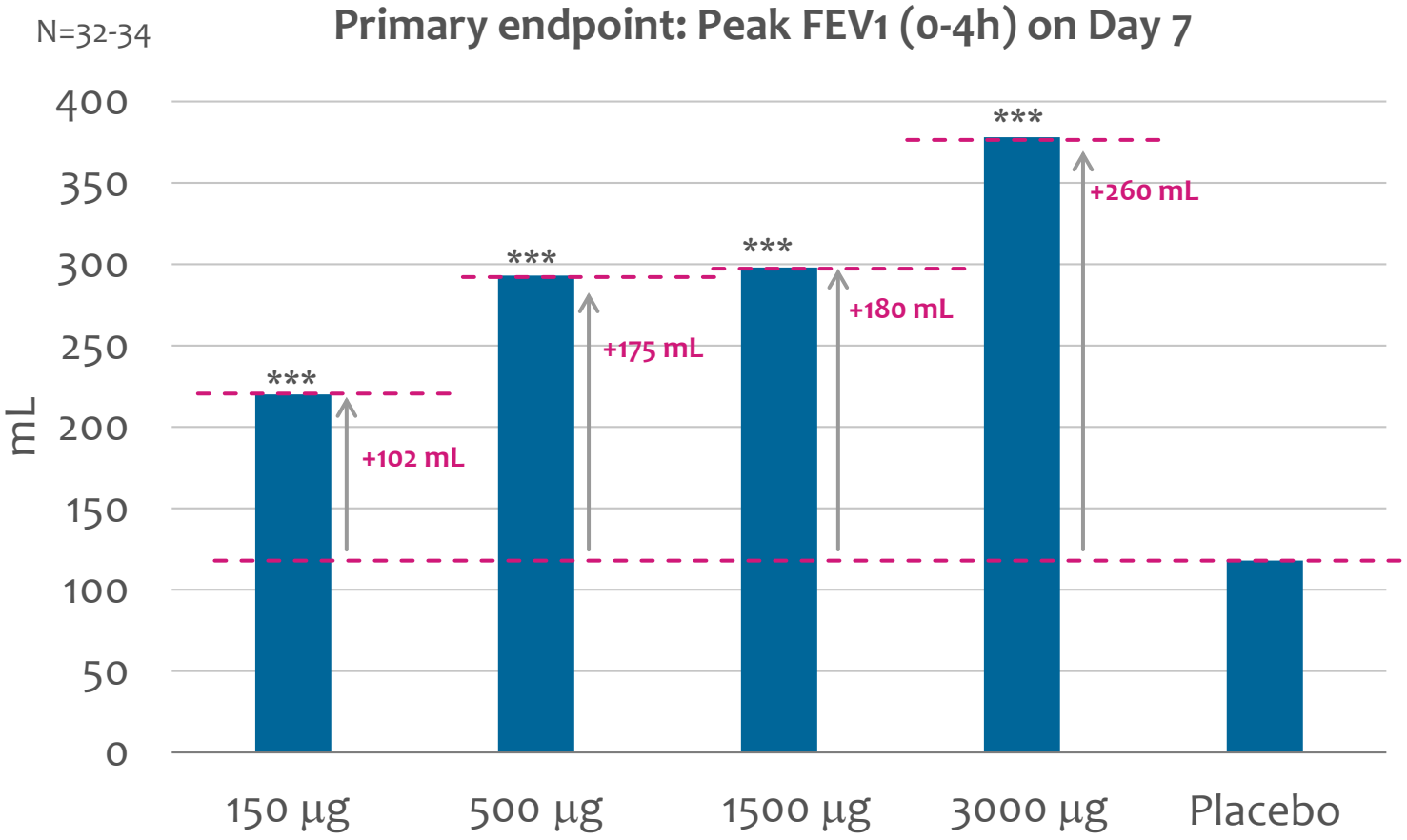
7-Day Phase 2 Study in 35 Patients with Moderate to Severe COPD

Trial Description	Phase 2 randomized, double blind, placebo controlled, 7-day cross over study to assess the effect of twice daily ensifentrine delivered via dry powder inhaler (DPI) in patients with COPD
Patient Population	35 moderate-to-severe COPD patients diagnosed >12 months prior, partially reversible to albuterol[1], males and females [65% female], age 40-80 [mean 58 years], lung function 40-80% predicted [mean 58%]
Locations	1 center in the US
Ensifentrine Dosage	5 arms: 150 µg, 500 µg, 1500 µg, 3000 µg or placebo treatment

[1] defined as ≥ 150 mL increase in FEV1 following 4 puffs of albuterol in this study

Primary endpoint met: DPI formulation of ensifentrine produced highly significant improvement in Peak FEV_1 in COPD

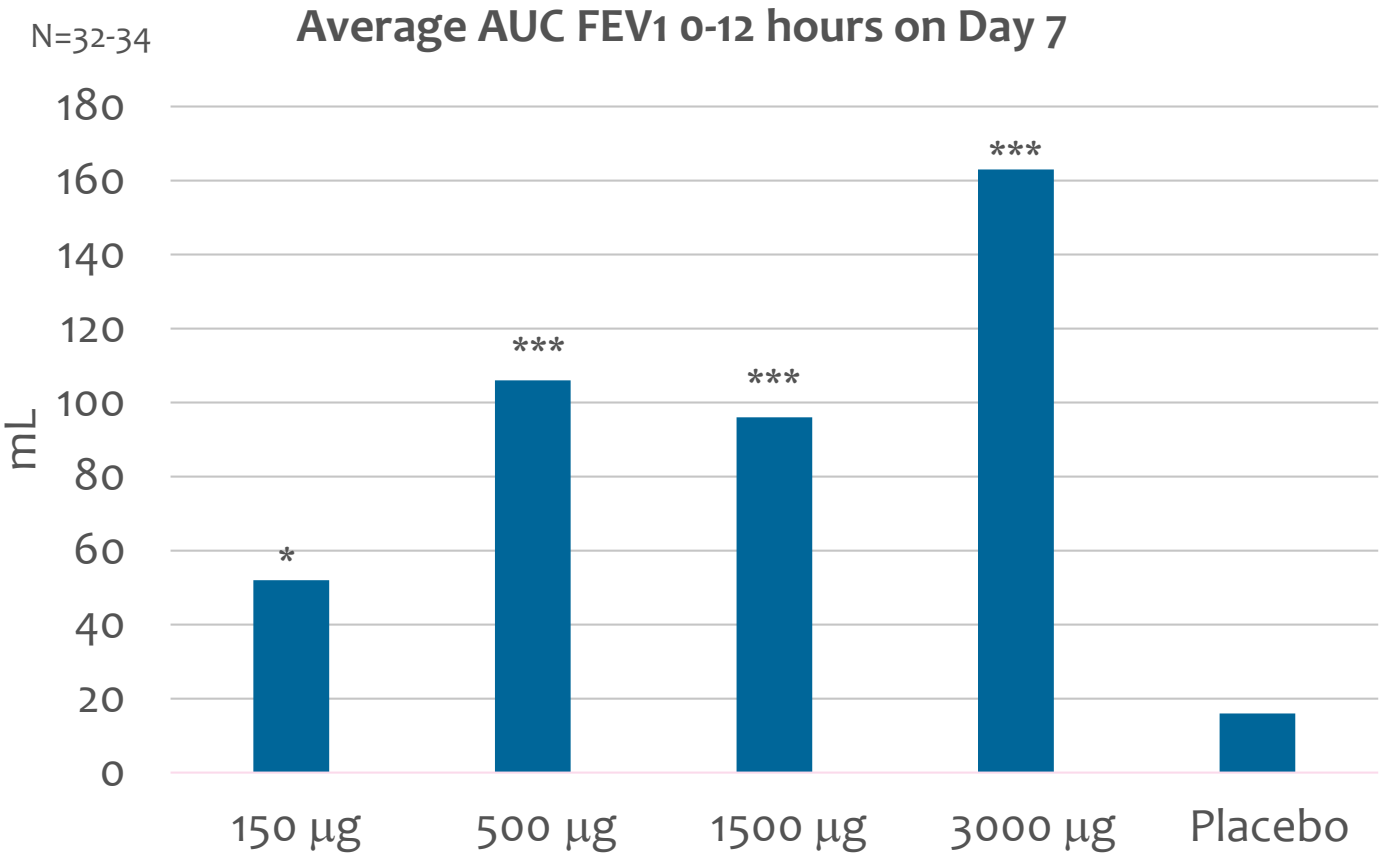
Clinically meaningful, statistically significant and dose-dependent bronchodilation



*** P ≤ 0.001

Secondary endpoint met: significant bronchodilator effect over 12h demonstrates suitability for twice daily dosing

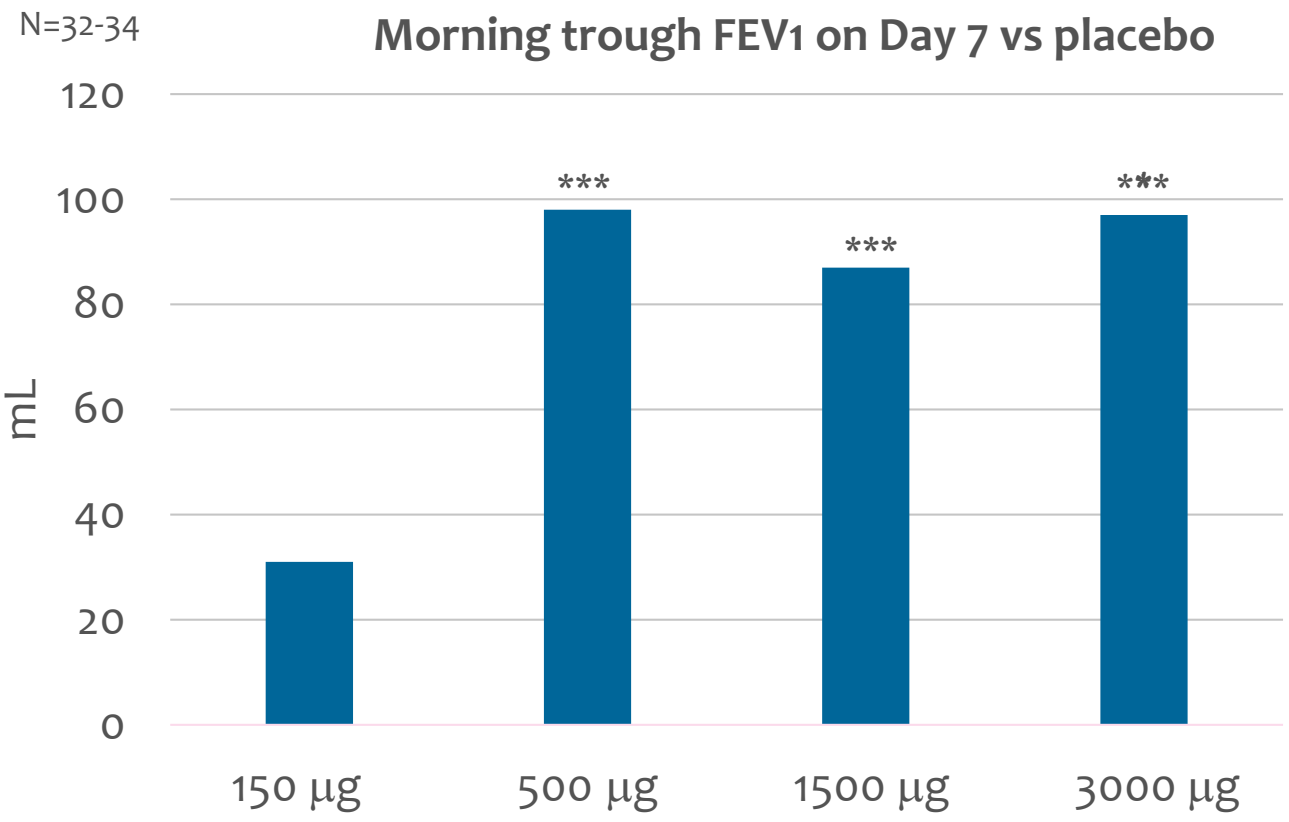
Ensifentrine DPI demonstrates 12-hour duration of effect



*** P ≤ 0.001
* P ≤ 0.05

Secondary endpoint met: Consistent Trough FEV_1 Response further support twice daily dosing

Statistically significant and meaningful improvement in trough FEV1



*** P ≤ 0.001

Highly significant and clinically meaningful bronchodilator response, well tolerated

Plan to partner further development and commercialization

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Primary Endpoint

- Ensifentrine met the primary endpoint, peak FEV1; all doses showed a statistically significant difference vs. placebo ($p<0.0001$)
- A dose-dependent response was observed after single and repeat doses

Secondary Endpoints

- Statistically significant improvements in average FEV1 over 12 hours were observed over 7 days with all doses
- Statistically significant improvement in trough FEV1 in the range of 87 to 98 mL on Day 7 with 500 µg, 1500 µg and 3000 µg doses supporting twice daily dosing
- Ensifentrine in a handheld dry powder format was well tolerated at all doses with an adverse event profile similar to placebo

Our proof-of-concept formulation can be adapted to different DPI devices used in the market. Attractive to the millions of patients who prefer to use a handheld device. Significantly expands ensifentrine's commercial potential