Appili Therapeutics Inc

Annual General Meeting

September 2021

TSX: APLI / OTCQX: APLIF

APPILI THERAPEUTICS

DISCLAIMER AND FORWARD LOOKING STATEMENTS

Disclaimer

This presentation is for information only and shall not constitute an offer to buy, sell, issue or subscribe for, or the solicitation of an offer to buy, sell or issue, or subscribe for any securities in any jurisdiction.

This document contains certain historical results and performance data including, without limitation, relating to Appili. Such historical results and performance data have been prepared and provided solely by the relevant party, and have not been independently verified or audited. The historical results and performance data have been included in this document for illustrative purposes only. The historical results and performance data are in no way indicative of any future results, performance or returns by Appili. There is no guarantee that any of the goals, targets or objectives described herein will be achieved.

The information contained herein is subject to change without notice and is based on publicly available information, internally developed data and other sources. Although Appili Therapeutics Inc. ("Appili" or the "Company") believes such information to be accurate and reliable, it has not independently verified any of the data from third party sources cited or used.

No warranties or representations can be made as to the origin, validity, accuracy, completeness, currency or reliability of the information. The Company disclaims and excludes all liability (to the extent permitted by law), for losses, claims, damages, demands, costs and expenses of whatever nature arising in any way out of or in connection with the information in this presentation, its accuracy, completeness or by reason of reliance by any person on any of it.

The information presented is in summary form only and should not be the sole information relied upon in connection with the evaluation of the current or future opportunities and performance of the Company.

This document is not intended to provide specific investment, financial, legal, accounting and/or tax advice.

Unless otherwise stated, the information contained herein is current as of the date of this presentation.

Forward-Looking Statements

This presentation contains forward-looking statements or forward-looking information under applicable Canadian securities legislation (collectively herein referred to as "forward-looking statements") that may not be based on historical fact, and can often be identified by words such as "believe," "may," "plan," "will," "estimate," "continue," "anticipate," "intend," "expect," "predict," "project," "potential," "continue," "ongoing" or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words and similar expressions. Forward-looking statements are necessarily based on estimates and assumptions made by the Company in light of its experience and perception of historical trends, current conditions and expected future developments, as well as the factors the Company believes are appropriate. Forward-looking statements in this presentation may include, but are not limited to, statements relating to: (i) the Company's strategy, including product pipeline and upcoming milestones; (ii) potential sources of funding; (iii) the Company's expected outcomes from its ongoing and future research and research collaborations; (iv) the Company's exploration of opportunities to maximize shareholder value as part of the ordinary course of its business through collaborations, strategic partnerships and other transactions with third parties; (v) the Company's plans for the research and development of certain product candidates; (vi) the Company's ability to identify licensable products or research suitable for licensing an commercialization; (vii) the Company's plans for generating revenue; and (viii) the Company's plans for future clinical trials.

Forward-looking statements are expectations only and are subject to known and risks and uncertainties, including, among others: risks relating to limited operating history and early stage of development, risks relating to identifying, developing and commercializing product candidates, regulatory risks, risks related to market competition, risks related to the Company's dependence on third parties, clinical trial risks, third party manufacturing and supplier risks, risks related to the ownership and protection of intellectual property, litigation and product liability risks, risks related to employee matters and managing growth, general risks related to ownership of the Company's securities and the other risk factors discussed in Appili's annual information form dated June 24, 2020. These factors should be considered carefully and readers are cautioned not to place undue reliance on such forward-looking statements. In making the forward-looking statements included in this presentation, the Company has made various material assumptions, including, without limitation, those related to: (i) obtaining positive results of clinical trials; (ii) obtaining regulatory approvals; (iii) general business and economic conditions; (iv) the Company's ability to successfully out-license or sell its current products and in-license and develop new products; (v) the availability of financing on reasonable terms; (vi) the Company's ability to attract and retain skilled staff; (vii) market competition; (viii) the products and technology offered by the Company's competitors; and (ix) the Company's ability to protect patents and proprietary rights.

Should one or more risks or uncertainties, or a risk that is not currently known to the Company materialize, or should assumptions underlying those forward-looking statements prove incorrect, actual results may vary materially from those described herein.

The Company does not assume any obligation to update any forward-looking statements, except as required by applicable securities laws.

NOVEL ANTIMICROBIAL COMPANY DRIVING LONG-TERM VALUE

SOLID AND DIVERSIFIED PIPELINE ADDRESSING URGENT GLOBAL UNMET NEEDS

MULTIPLE DEVELOPMENT INCENTIVES AND REVENUE STREAMS

STRONG GROWTH STRATEGY AND FINANCIAL FOUNDATION

PROVEN LEADERSHIP TEAM

DIVERSIFIED PIPELINE DRIVING NEAR- AND LONG-TERM VALUE

Program	Discovery	Preclinical	Phase I	Phase II	Phase III	Regulatory Submission	Partners
Favipiravir Oral Antiviral Tablet	Complete			Ongoing		2021	Dr.Reddy's, Sinai Health, FUJIFILM, GLOBAL RESPONSE AID
ATI-2307 Novel Antifungal	Complete			2022			
ATI-1701 Tularemia Vaccine (Biodefense)	Complete	Ongoing	2022	Animal Rule Pivotal animal studies pre-Phase I Phase II/III in humans not required			
ATI-1503 Novel Gram- Antibiotic	Ongoing	2021					
Out-Licensed Program							
ATI-1501 Metronidazole Suspension	Complete			505(b)(2) Phase II/III trials not required		2021	SAPTALIS

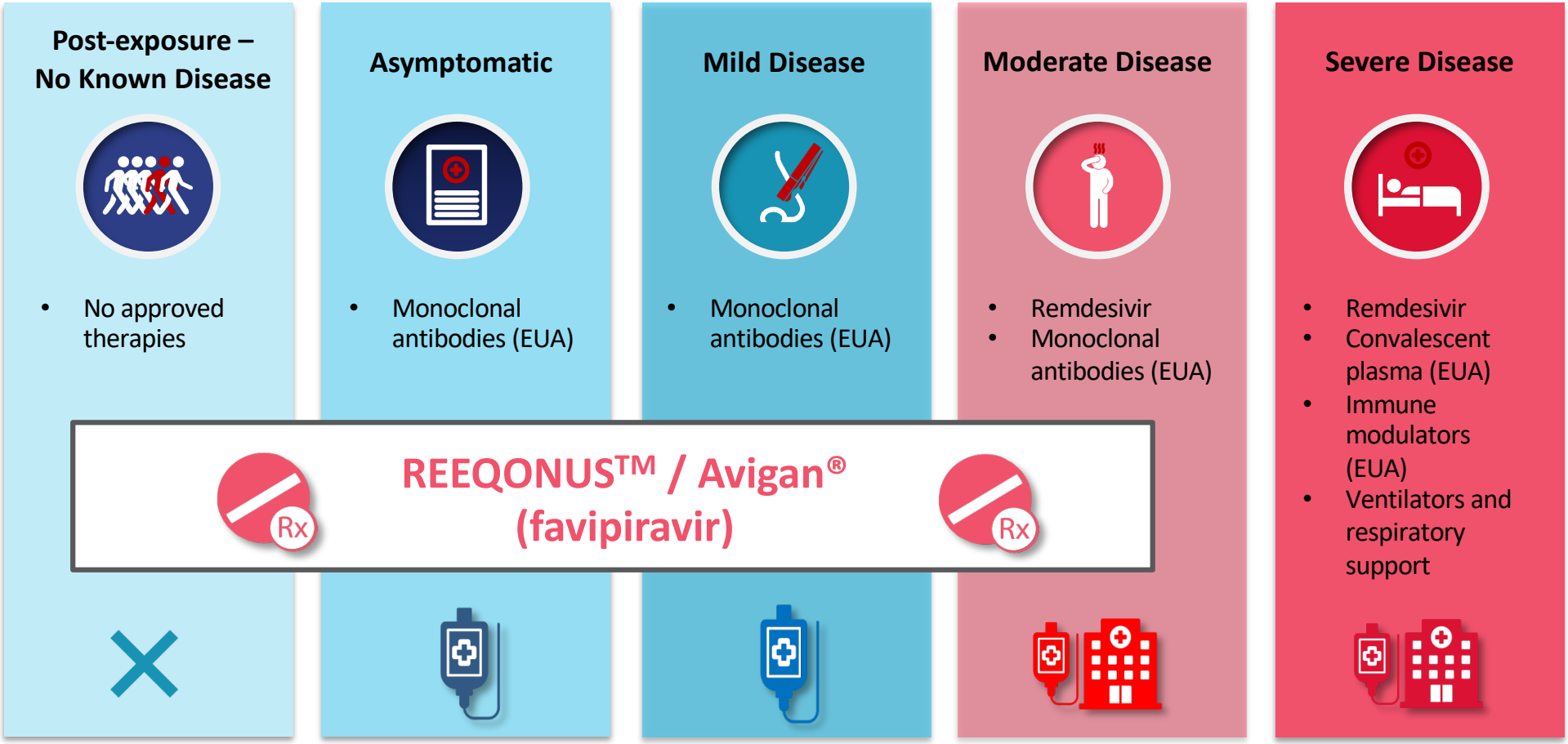
Complete In Progress Planned

APPILI THERAPEUTICS

Favipiravir

Antiviral for Treatment and Prevention of COVID-19

COVID-19 TREATMENT GAP: ORAL ANTIVIRAL NEEDED



EUA=emergency use authorization.

REEQONUS™ / AVIGAN®: PHASE 3 ORAL ANTIVIRAL FOR COVID-19

REEQONUS™ / Avigan® (favipiravir)

- Novel, broad-spectrum oral antiviral
- Approved in Russia and India for COVID-19
- Well-understood mechanism targeting essential viral polymerase
- Promising trial data for mild to moderate COVID-19
- Extensive clinical experience, safety database > 3,000 subjects
- Oral tablet suitable for use at home and outside the hospital
- Shelf stable and compatible with existing distribution channels

APPILI THERAPEUTICS
Dr.Reddy's
GLOBAL RESPONSE AiD
FUJIFILM

Global coalition advancing favipiravir for COVID-19

- Appili working with global partners FUJIFILM, Dr. Reddy's, Global Response Aid
- Team built to support rapid development, and sustainable long-term supply
- Clinical program underway to definitively assess safety and efficacy
- Engaging with governments on access / supply

REEQONUS™ / AVIGAN® CLINICAL TRIALS

Appili program designed to support global registrations and leverage advantages of oral dose format with focus on early treatment and prevention in the community

Appili Lead Trial

Phase 3
COVID-19 Early Treatment Study (US + LATAM)
PRESECO

Status: Active, over 730 patients enrolled
Interim Look: Completed May 2021
LATAM Expansion: Completed June 2021

Top-Line: Q3 2021

Appili Follow-On Trial

Phase 3
COVID-19 Post-Exposure Prophylaxis (US+)
PEPCO

Status: Protocol filed with FDA
First Patient In: Expected Q4 2021

Partner Trials

Data from two hospital Phase 3 trials + three additional Phase 2/3 trials ongoing

THE VALUE OF ORAL ANTIVIRALS

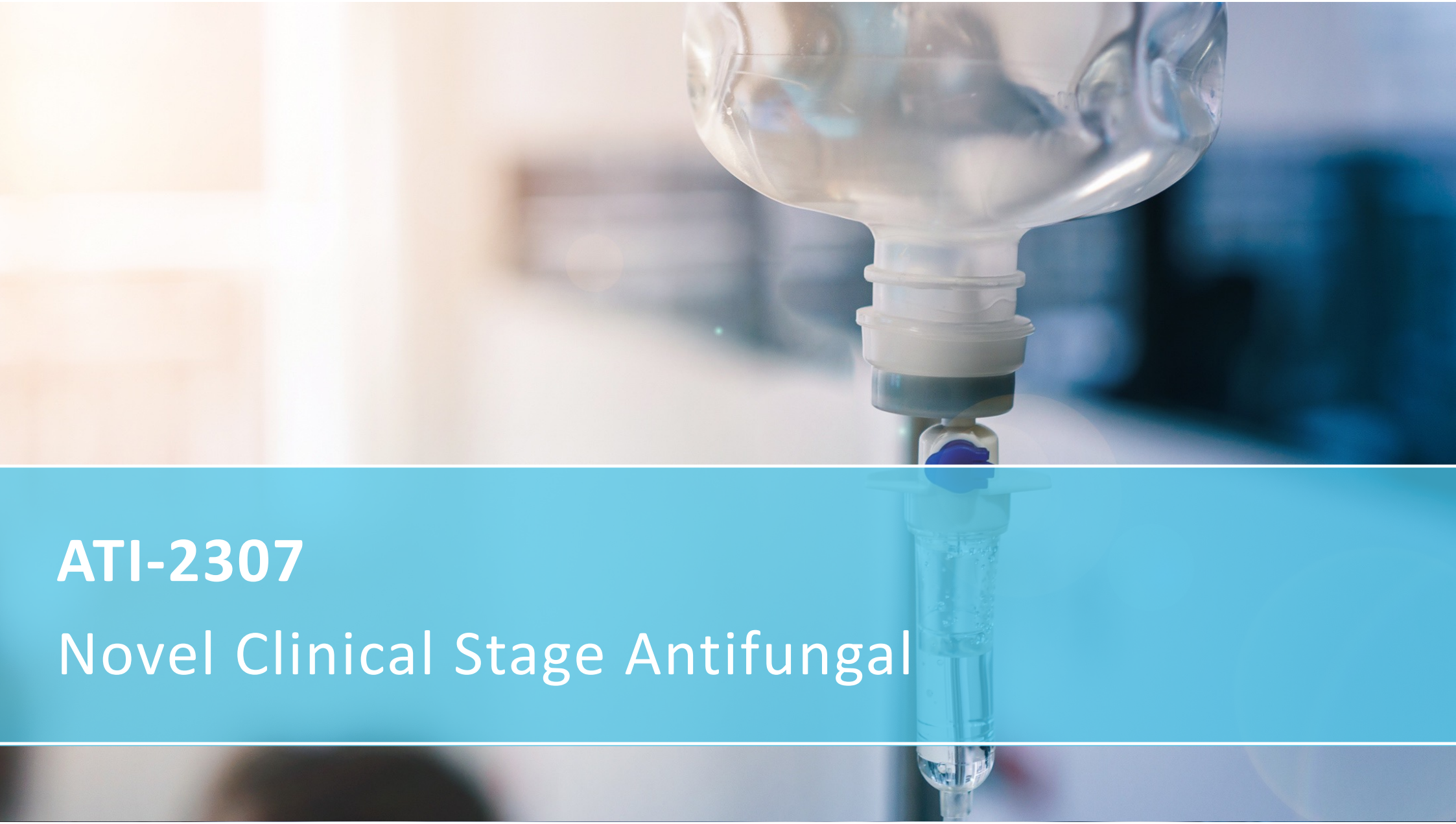
Benefits of oral antivirals

- Opportunity to rapidly intervene prior to or early after infection when viral loads are highest
- Potential to limit spread of disease, duration and progression to severe illness, hospitalizations
- Significant public health and economic benefits enabling reopening of the economy
- Durable need even after vaccine is available, protecting and treating high-risk groups including the elderly

Prior experience with Roche's Tamiflu® underscores value of oral antiviral, even when vaccine is available

2009 H1N1 Influenza Pandemic		Seasonal Influenza
Over $3B	**8.7M / $905M**	**Over $500M**
Global Tamiflu® Sales 2009	*Estimated US Outpatient Rx / Sales Excluding Stockpile 2009*	*Annual US Tamiflu® Sales 2014-2015*

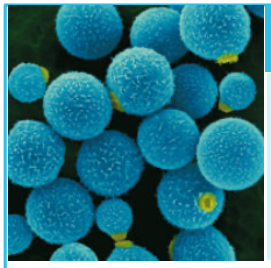
Roche Annual Reports 2009, 2014, 2015
Hurt AC (2016) Emerg Inf Dis 22: 949-955
Suda KJ (2015) Pharmacotherapy 35: 991-997



ATI-2307

Novel Clinical Stage Antifungal

CRYPTOCOCCUS AND CANDIDA: URGENT, GLOBAL UNMET NEEDS



Cryptococcus

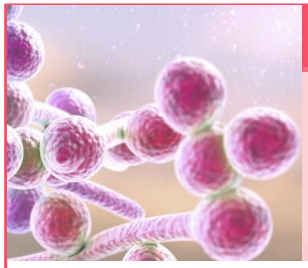
Opportunistic, invasive infection causing meningitis; underserved and growing orphan segment

Heavy global disease burden with high mortality

- Neglected, decades old public health crisis
- Unacceptable loss of life, political will to fix

Suboptimal outcomes with toxic standard of care

- Severe infections treated with toxic agents
  - In-hospital mortality >10%
  - Average hospital stay 15 days
  - Costs estimated >$70K/case



Candida

Among the most common fungal pathogens; resistance is threatening existing antifungal arsenal

- CDC estimates **over 34K drug-resistant cases** in US annually
- Last resort agent amphotericin B is highly toxic

- Multiple segments of urgent unmet need, including:
  - Refractory and resistant *Candida* UTI
  - Emergent, highly resistant *C. auris* infections

CDC (2018) https://www.cdc.gov/fungal/diseases/cryptococcosis-neoformans/statistics.html
CDC (2019) AR Threats Report
CDC (2020) https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html
CDC (2019) https://www.cdc.gov/fungal/diseases/candidiasis/invasive/statistics.html

Rajasingham R (2017) Lancet Infect Dis 17: 873-881
IQVIA (2019) Amphotericin B Utilization by Indication 2016-2018,
CDM Research America (2019) P&T ID Survey Q2 2019
Pyrgos V (2013) PLoS ONE e56268

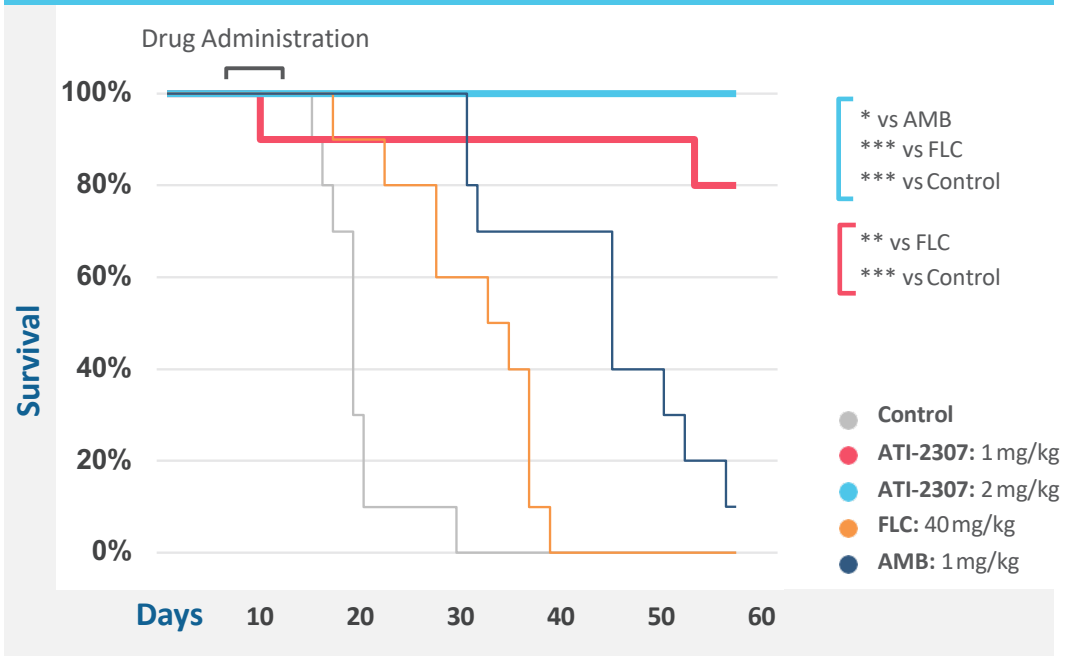
Pappas PG (2016) Clin Inf Dis 62: e1-e50

ATI-2307: NOVEL ANTIFUNGAL WITH DIFFERENTIATED MECHANISM OF ACTION

New treatment option for physicians to overcome difficult to treat and resistant fungal infections like Cryptococcus and Candida

- A novel antifungal with broad spectrum activity against a wide array of fungi, including *Candida, Aspergillus and Cryptococcus*
- 100% survival in lethal lung infection model
- Evaluated in 3 Phase 1 studies; safe and well tolerated at anticipated Phase 2 dose levels

Intrapulmonary Cryptococcus Infection Model



Survival Data
AMB = Amphotericin B
FLC = Fluconazole
* / ** / *** = p < 0.05 / 0.01 / 0.001 by log-rank test

Mitsuyama J (2008) Antimicrob Agent Chemother 52: 1318-1324 Kaeriyama M (2013) ICAAC Poster M-771

Appili Data on File

ATI 2307:
MULTIPLE ATTRACTIVE MARKET OPPORTUNITIES + PRV ELIGIBLE

US Orphan *Cryptococcal Meningitis* Market

Over 5,000 Rx

Estimated based on amphotericin B Rx/year for indication

IQVIA™

+ Appili Analyses

$350M US market

potential at $70K per Rx

$60K - $90K per Rx premium pricing supported by payer research*

RESEARCH AMERICA
MARKET RESEARCH · CONSUMER INSIGHT

US Refractory / Resistant *Candida* Markets

- Drug-Resistant *Candida*
  - **34.8K Cases / 1.7K Deaths** (CDC estimates for 2017)

- *Candida auris*
  - 90% resistant to at least ONE antifungal
  - 30% resistant to at least TWO antifungals

318% case increase
2018 vs 2015-2017

+ Ex-US Markets

IQVIA (2019) Amphotericin B Utilization by Indication 2016-2018,
CDM Research America (2019) P&T ID Survey Q2 2019
CDC (2019) AR Threats Report

*dependent on positive clinical data

APPILI THERAPEUTICS

ANTIFUNGAL BENCHMARKS AND VALUATIONS

Recent Approval: Cresemba®

CRESEMBA® (ISAVUCONAZOLE)

- Developed by Basilea
- Azole Derivative
- FDA Approval in 2015

US License

Total Value: Over $400M

+ double-digit royalties

astellas

Signed in 2010, amended in 2014, 2015

EU + APAC License

Total Value: Over $700M

+ mid-teen royalties

Pfizer

Signed and amended in 2017

Valuations & Funds Raised*

Phase 2

amplyx

$90M+ Series C

2017-2020

F2G Advancing Antifungal R&D

$120M Raised

2016 & 2019

Phase 3

SCYNEXIS

$151.6M

NASDAQ: SCYX, Aug 31, 2021

CIDARA THERAPEUTICS

$113.4M

NASDAQ: CDTX, Aug 31, 2021

+ Ex-US/Japan Partnership

Total value: Over $568M

+ double-digit royalties

mundipharma

Announced Sept 2019

CRESEMBA® FDA Label (2015)
Basilea 2016 Annual Report
GlobalData (2019) Baseila– Astellas Deal Report
GlobalData (2019) Basilea-Pfizer Deal Report

Astellas PR Feb 24 2010
Baseila PR Dec 01 2017
F2G PR Jun 20 2016
Amplyx PR Aug 02 2017

Cidara / Mundipharma Joint PR Sep 03 2019
Bloomberg (2021) queries: SCYX, CDTX, close of market

*for companies where valuation data available and primarily driven by clinical stage antifungal asset(s)
Values in USD

APPILI THERAPEUTICS

ATI-1701

Tularemia Vaccine

ATI-1701: BIODEFENSE VACCINE PROGRAM

Problem

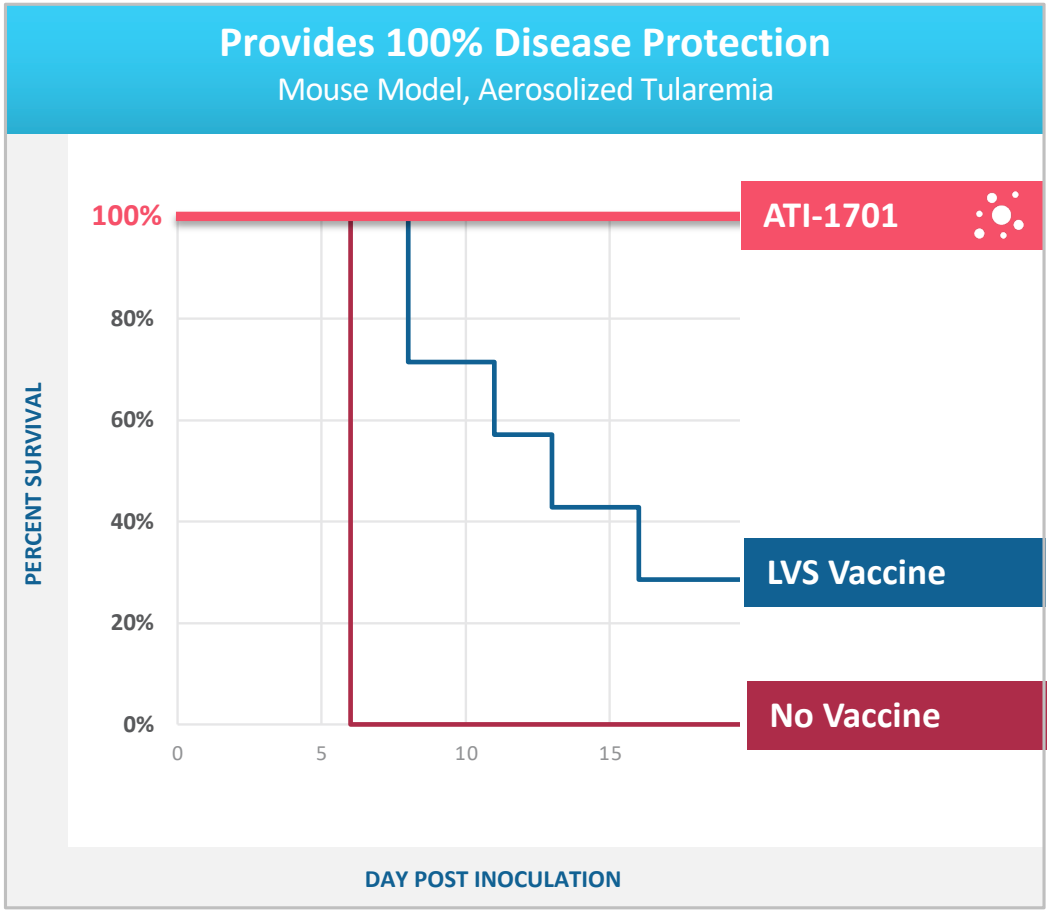
- *Francisella tularensis* is 1,000X more infectious than anthrax and easily dispersed
- No FDA approved vaccine available
- Medical Counter Measure (MCM) needed for military, civilians

Solution

- ATI-1701 is a novel, live-attenuated tularemia vaccine candidate
- Superior to LVS in nonclinical study conferring 100% survival

Unique Development Path

- Alternative development per FDA's Animal Rule
- Priority Review + Fast Track designation
- US DOD DTRA supported with ~$6M USD to May 2021
- Additional $6.3M USD in DTRA funding announced October 2020

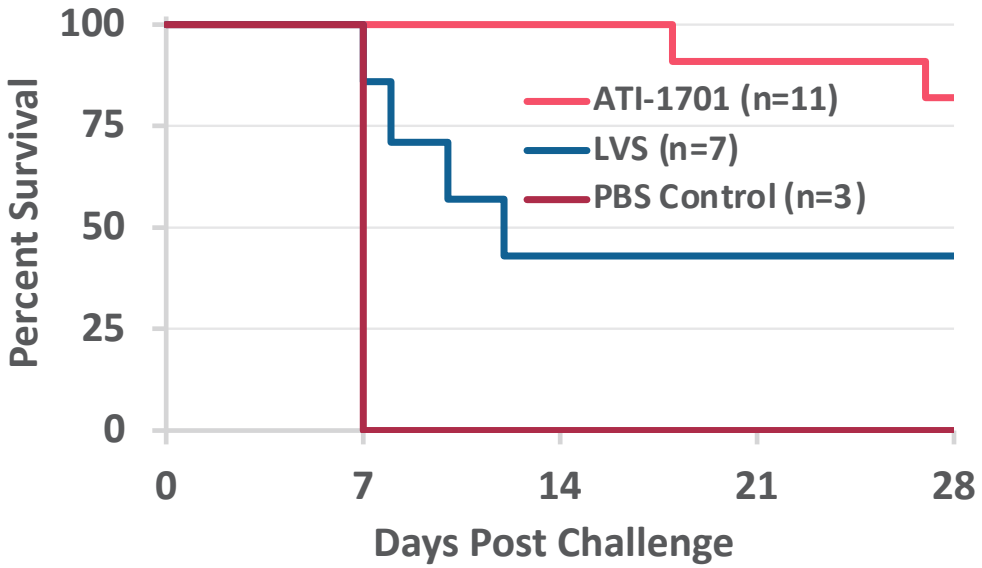


Tularemia Background: WHO (2007) Guidelines on Tularemia; PHAC PSDS (2011) Anthrax; PHAC PSDS (2011) Tularemia; Army Technology (2015); Mulligan MJ (2017) Vaccine 35: 4730-4737
ATI-1701 Data: Data On File, intranasal challenge with 75 CFU of *F. tularensis* SCHU S4; additional preclinical data: Shen H (2010) PLoS ONE 5: e13349

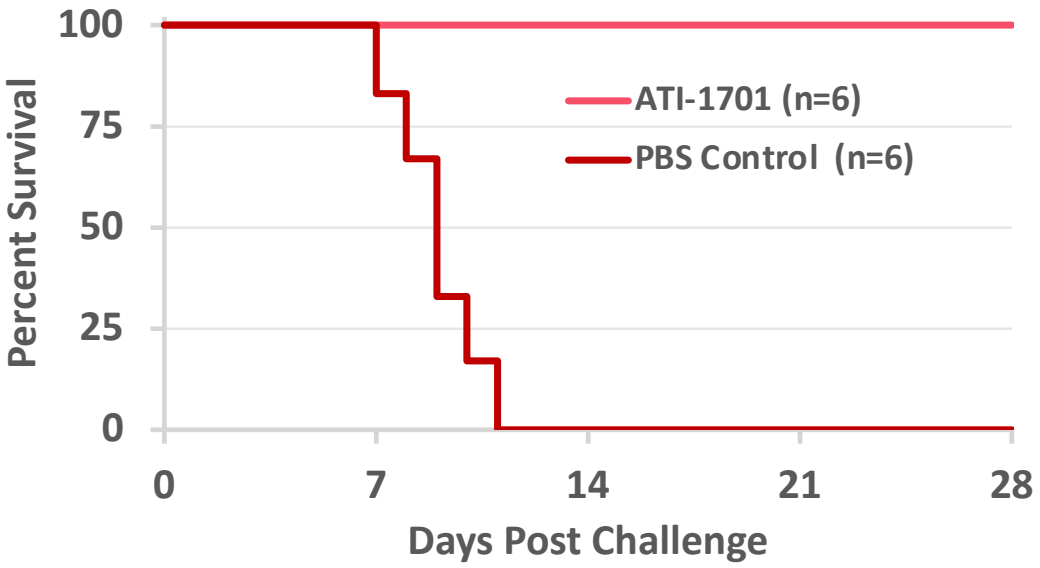
ONGOING NON-HUMAN PRIMATE STUDY

Survival Data

28 Days Post Vaccination



90 Days Post Vaccination



ATI-1701 protective against lethal aerosolized *F. tularensis* challenge and superior to LVS in cynomolgus macaques

Balboni A (2019) MHSRS Poster
Gelhaus C (2019) DTRA CBD&ST Poster

MARKET OPPORTUNITY

Civilian Stockpiling (US)

- Strategic National Stockpile (SNS) to secure medical counter measures for US civilians
- Managed by CDC, US Dept. of Health & Human Services (HHS)

Potential Military Use (US +)

- Tularemia weaponized since mid 1900s; Iran, North Korea and Russia may stockpile
- 500K+ Israeli, South Korean soldiers at risk
- Potential deployment to hot zones; 1.4M+ US soldiers deployed to Middle East in OIF / OEF

Stockpiling Benchmarks

- **SIGA (2018):** Up to $629M for 1.7M courses of smallpox antiviral TPOXX®
- **Bavarian Nordic (2017):** Up to $539M for bulk smallpox vaccine Imvamune®
- **Emergent (2016):** Up to $1.6B for 52M units of anthrax vaccine NuThrax®
- **Emergent (2011):** Up to $1.25B for 44.75M units of anthrax vaccine Biothrax®
- **SIGA (2011):** Up to $472M for 2M courses of smallpox antiviral ST-246 (now TPOXX®)

HHS has authority to procure biodefense agents prior to FDA approval

+ PRV eligible ($100M+)

CDC (2016) Strategic National Stockpile; https://www.cdc.gov/phpr/stockpile/history.htm
GPO (2013) PAHPRA: https://www.gpo.gov/fdsys/pkg/PLAW-113publ5/pdf/PLAW-113publ5.pdf
Belasco A (2009) CRS Report – Troop Levels in the Afghan and Iraq Wars FY2001-FY2012
Baiocchi D (2013) RAND – Measuring Army Deployments to Iraq and Afghanistan
Livingston IS (2017) Brookings Afghanistan Index
Emergent 2015 Annual Report
Emergent PR Mar 8 2012
Emergent PR Sep 30 2016
SIGA PR Sep 10 2018
SIGA PR Jul 13 2018
Project BioShield 2014 Annual Report
Bavarian Nordic PR Sep 27 2017

MULTIPLE DEVELOPMENT INCENTIVES AND REVENUE STREAMS

MULTIPLE INCENTIVES FOR INFECTIOUS DISEASE ASSETS

R&D Funding

Multiple US and global funding sources to support preclinical and clinical development

National Institutes of Health

CARB-X

AMR action fund

+ recently announced $3B US government funding for pandemic antivirals

Regulatory Reforms

Led by US FDA, new regulatory pathways to accelerate and promote anti-infective R&D

For eligible products:

- Special designations for accelerated review
- Streamlined Phase 2/3 development pathways
- Extended regulatory exclusivity (+ 5 years)
- Priority review vouchers on approval

Similar programs under consideration ex-US

Additional Revenue Streams

Anti-infectives can generate revenues via multiple mechanisms – potential to supplement commercial sales

- Government stockpiling of priority medicines including US contracts for $200M to $1B+
- Pilot subscription models guaranteeing revenues post approval launched in EU
- Priority review voucher sales ($100M+)
- Additional reforms under review by US Congress - PASTEUR Act

PRIORITY REVIEW VOUCHER

Multiple Appili programs including ATI-2307 and ATI-1701 may be be eligible for a priority review voucher

What is a priority review voucher (PRV)?

- Allow holder to accelerate FDA review of any NDA
- Granted by FDA to reward R&D in target areas
  - Rare pediatric disease
  - Tropical disease
  - Biodefense
- PRVs are **transferrable**, sale prices around $100M

Date	Sell	Purchaser	Value (USD)
H2 2014	BioMarin	Sanofi / Regeneron	$67.5M
H2 2014	Knight Therapeutics	Gilead	$125M
H1 2015	Asklepion / Retrophin	Sanofi	$245M
H2 2015	United Therapeutics	AbbVie	$350M
H2 2016	PaxVax	Gilead	$290M
2017	5 separate transactions		$125M - $150M
2018	3 separate transactions		$80M - $110M
2019	3 separate transactions		$95M - $105M
2020	5 separate transactions		$95M - $111M
H1 2021	Rhythm Pharmaceuticals	Alexion	$100M
H2 2021	Liminal BioSciences	-	$105M

At least two additional transactions with no financials disclosed, both involving Novo Nordisk as buyer

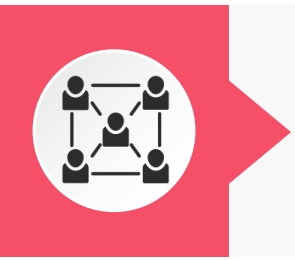
Primary reference GAO-20-251, with supporting data from press releases or financial disclosures

BUSINESS DEVELOPMENT: BUILDING AND ADVANCING ID PIPELINE

Company built to find and advance ID programs

Robust in-licensing strategy to identify overlooked assets

- Agnostic to any particular platform or technology
- Pharma, academia, government agencies
- Constantly analyzing programs to identify those that can address compelling unmet needs



Establishing relationships with pharma for future commercialization

SKILLED MANAGEMENT TEAM

ARMAND BALBONI
CHIEF EXECUTIVE OFFICER
Extensive drug development experience in civilian, academic, and military organizations

YOAV GOLAN, MD
CHIEF MEDICAL OFFICER
30+ years as an infectious disease physician; published research on *C. difficile* infections and invasive candidiasis

KIMBERLY STEPHENS
CHIEF FINANCIAL OFFICER
CPA, CA 20+ years of financial management and public company experience

DON CILLA, PHARMD, MBA
CHIEF DEVELOPMENT OFFICER
30+ years drug development experience, including clinical, clinical pharmacology and program leadership positions for many marketed compounds

MYRIAM TRIEST
SR. DIRECTOR, MANUFACTURING AND PHARMACEUTICAL DEVELOPMENT
20+ years as a drug development professional and PhD chemist; discovery to Phase 3

STÉPHANE PAQUETTE
SENIOR DIRECTOR, CORPORATE DEVELOPMENT
10+ years infectious disease and industry R&D experience; PhD in virology & immunology

JASON MCEWAN
DIRECTOR, REGULATORY AFFAIRS
15+ years of regulatory consulting for Canada and the US; part of team receiving the Deputy Minister Award for his work during a major global healthcare crisis.

BOARD OF DIRECTORS

IAN MORTIMER
CHAIR

President and Chief Financial Officer of Xenon Pharmaceuticals Inc, 20+ years of experience in the biotechnology sector

XENON

BRIAN BLOOM
MEMBER

Chairman and CEO of Bloom Burton & Co, 20+ years of capital market experience

bloom burton&co

JUERGEN FROEHLICH, MD
MEMBER

30+ years of biotech experience including all phases of drug development and regulatory interactions

Bristol-Myers Squibb

IPSEN
Innovation for patient care

THERESA MATKOVITS, PhD
MEMBER

20+ years of experience as a leader in global drug development, with extensive expertise in infectious disease

MATINAS BIOPHARMA

ROCHELLE STENZLER
MEMBER

25+ years of experience as a board director and senior operating executive in healthcare and other industries.

Spartan

CYNAPSUS

Humber River Hospital

ARMAND BALBONI
MEMBER

Extensive drug development experience in civilian, academic, and military organizations

APPILI

bloom burton&co

FINANCIAL OVERVIEW AND CAPITAL STRUCTURE

FINANCING (As of August 31, 2021)

Capital Raised:

- **$72.4M** raised in total
  - **$47.1M** in equity
  - **$25.3M** in government assistance

Cash & cash resources (June 30, 2021)

- **Cash & Short-term Investments:** **$9.3M**
- **Government grants (1-2 years):** **$3.9M USD**

CAPITAL STRUCTURE (As of August 31, 2021)

62.8M Common shares outstanding
14.3M Warrants
6.8M Options
83.9M Fully diluted

STOCK INFORMATION (As of August 31, 2021)

TSX: APLI	Graduated to TSX September 16, 2020
$0.63 - $1.60	52 week low-high
$49.6M	Market Cap

SIGNIFICANT OWNERSHIP

Bloom Burton & Co.
K2 Principal Fund L.P.
Innovacorp

CONTACT

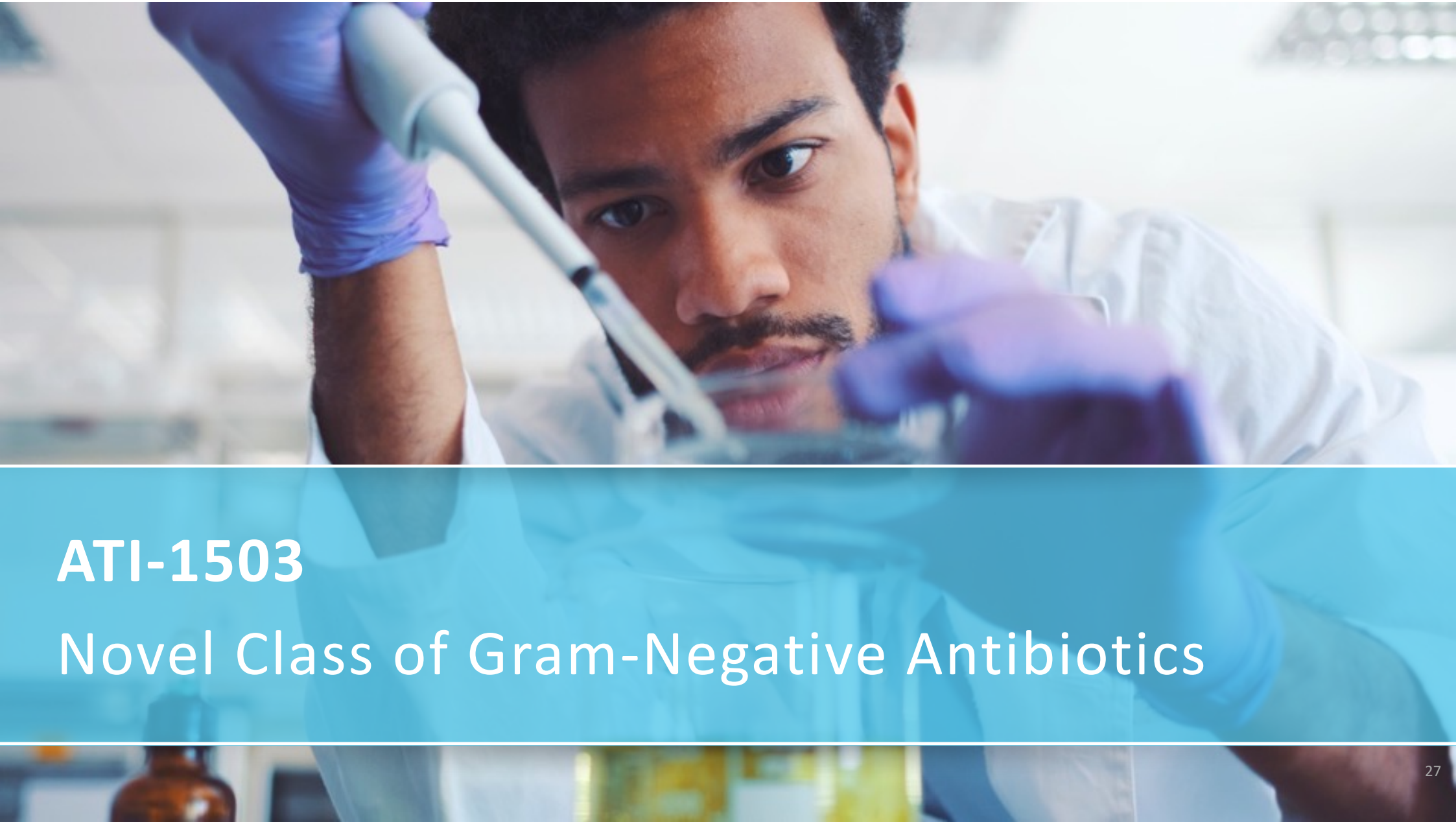
For more information contact:

Armand Balboni, CEO

+1 902.442.4655 ext 1

abalboni@appilitherapeutics.com

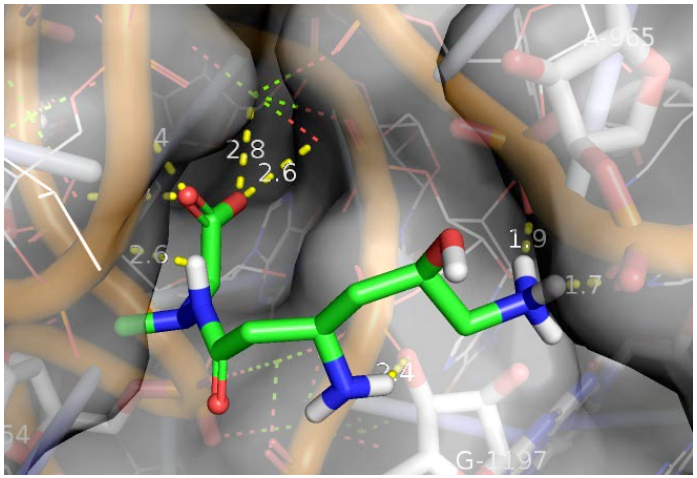
www.appilitherapeutics.com



ATI-1503

Novel Class of Gram-Negative Antibiotics

NOVEL CLASS GRAM-NEGATIVE ANTIBIOTIC PROGRAM



ATI-1503 Program

- Developing novel class of antibiotics to address antibiotic resistance
- Novel mechanism, active vs *Enterobacteriaceae, Pseudomonas, Acinetobacter*
- Promising safety, PK, but original compound not potent enough
- Building on AstraZeneca program to improve potency

Recent Developments

- Novel structural biology approaches driving analogue design
- Efficacy gains now >10-fold compared to parent compound negamycin
- Demonstrated *in vivo* proof of concept vs *Klebsiella* and *Escherichia*
- Additional *in vivo* characterization underway focused on safety, PK/PD

Strong Partner Engagement and Funding

- Two Peer Reviewed Medical Research Program (PRMRP) awards: **$4.2M USD**
- Funding from National Research Council of Canada: **$759K CDN**
- Preclinical testing with partners at USAMRIID and NIAID

USAMRIID United States Army Medical Research Institute of Infectious Diseases

NIH National Institute of Allergy and Infectious Diseases

Canada NRC·CNRC

Olivier NB (2014) Proc Natl Acad U S A 111: 16724-16729
Polikanov YS (2014) Mol Cell 56: 541-550
Guo J (2015) Xenobiotica 45: 625-633
Arakawa M (2003) J Biochem 134: 751-758

Appili Data on File

ATI-1501

Taste-Masked Liquid Metronidazole

TASTE-MASKED LIQUID METRONIDAZOLE

Opportunity

- Metronidazole is a front-line anti-infective that is heavily prescribed in US with 10M+ oral Rx but no approved liquid oral forms
- Pediatrics and elderly with difficulty swallowing tablets must crush and resuspend
- Process exacerbates metronidazole's bitter taste = non-compliance, switching

Solution

- ATI-1501 is a proprietary, taste-masked liquid metronidazole formulation, evaluated in clinic
  - Demonstrated bioequivalence to solid metronidazole tablets
  - Revealed strong and clear palatability improvements vs crushed tablets

Outlicensing Deal

- Announced license agreement with Saptalis Pharmaceuticals for US rights in December 2019
- NDA filing expected in 2021

SAPTALIS PHARMACEUTICALS, LLC.

Appili PR Jul 30 2018
Appili PR Dec 03 2019

Market Sizing: IQVIA™ 2014-2017 NPA; IQVIA™ 2016-2017 CDM; Sura L (2012) Clin Interv Aging 7: 287-298; NCHS 2013-2014 LTC Data; 2010-2013 NAMCS / NHAMCS / NHDS Surveys; 2005 NCHS US Health Report; Lessa FC (2015) N Engl J Med 372: 825-834; US Infectious Disease and Gastroenterology Treatment Guidelines; IQVIA™ 2017 Third Party and Institutional Payer Surveys

+ Appli Analyses

APPILI THERAPEUTICS