

# CATALYST BIOSCIENCES

Corporate Overview  
3 October 2019



# Forward looking statements

This presentation includes forward-looking statements that involve substantial risks and uncertainties. All statements included in this presentation, other than statement of historical facts, are forward-looking statements. Examples of such statements include, but are not limited to, potential markets for MarzAA and DalcA, potential use of MarzAA as a subcutaneous prophylactic therapy for patients with hemophilia A or B with inhibitors, clinical trial results, the anticipated pivotal trial guidance and initiation of Phase 3 clinical trial data for MarzAA in 2020 and final Phase 2b clinical trial data for DalcA in the first half of 2020, a planned end of Phase 2 meeting with FDA for MarzAA in Q4 2019, and the absence of adverse events or inhibitor antibodies in patients treated with MarzAA. Actual results or events could differ materially from the plans, expectations and projections disclosed in these forward-looking statements.

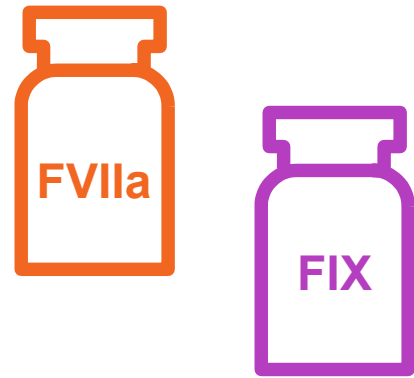
Various important factors could cause actual results or events to differ materially, including, but not limited to, the risk that additional human trials will not replicate the results from earlier trials or animal studies, that potential adverse effects may arise from the testing or use of MarzAA or DalcA, including the generation of antibodies, which has been observed in patients treated with DalcA, that clinical trials will take longer than anticipated to be completed, that costs required to develop or manufacture the Company's products will be higher than anticipated, competition and other factors that affect our ability to establish collaborations on commercially reasonable terms and other risks described in the "Risk Factors" section of the Company's annual report on Form 10-K filed with the Securities and Exchange Commission on March 8, 2019, and in other filings with the Securities and Exchange Commission. The Company does not assume any obligation to update any forward-looking statements, except as required by law.



We are working to establish a **new standard of care** in individuals with **hemophilia and other bleeding disorders** by developing highly potent **subcutaneous treatments** that promote blood clotting and improve their quality of life



# Investment highlights



Novel subcutaneous factors with orphan drug designation, **MarzAA** & **DalcA**



\$3.7B market opportunity



**MarzAA** & **DalcA** SQ clinical efficacy demonstrated



Experienced team



~134 worldwide patents – CBIO retains full ownership of all compounds



Well funded  
~\$94 M cash (Q2 2019)

# Addressing unmet needs in orphan bleeding disorders

## Hemophilia A with inhibitors

– Treatments: SQ Hemlibra<sup>®</sup>, IV FVIIa, FEIBA<sup>®</sup>

**SQ treatment of bleeds & Hemlibra non-responder prophylaxis**

## Hemophilia B with inhibitors

– Treatments: IV FVIIa, FEIBA

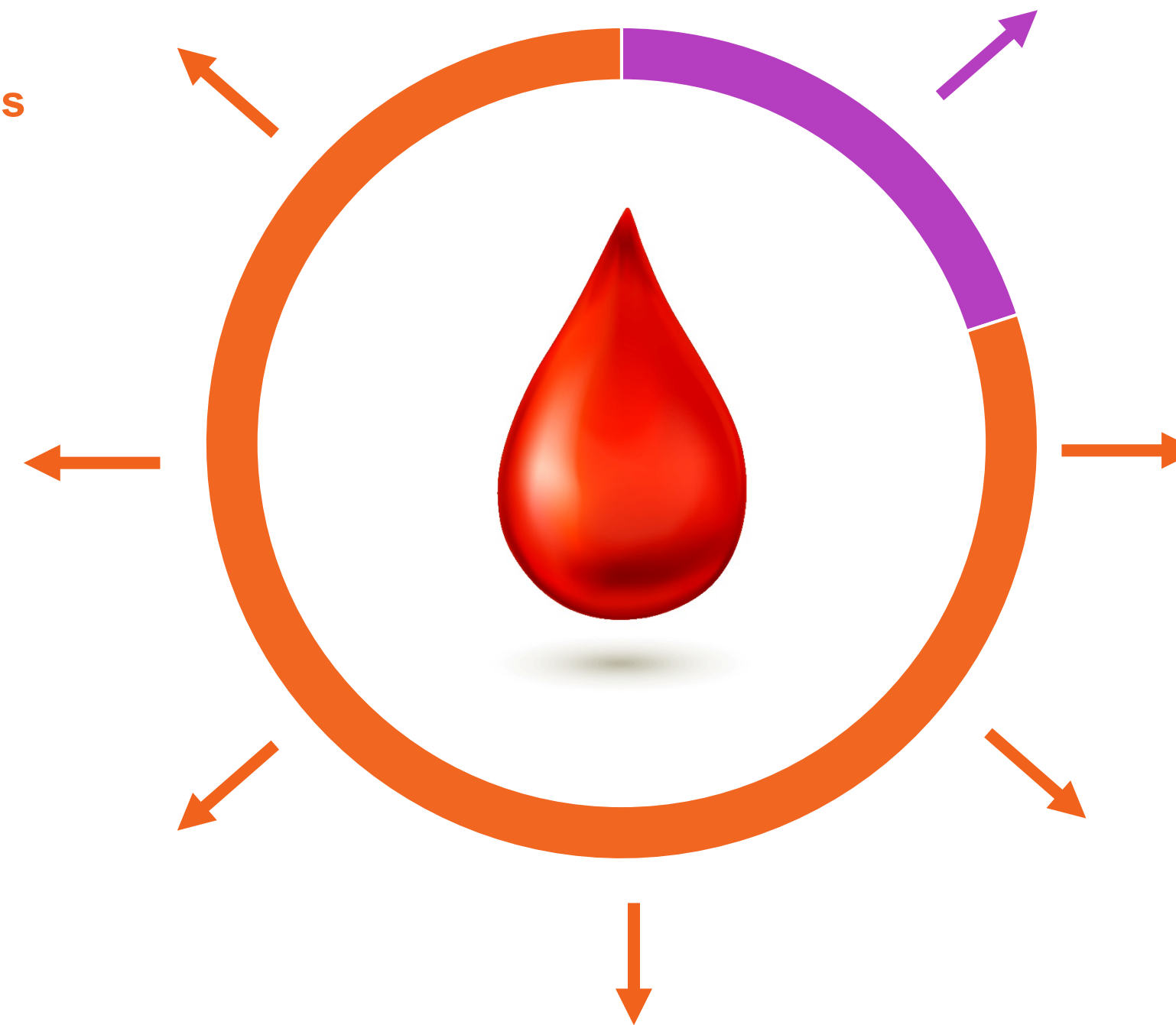
**SQ treatment of bleeds & SQ prophylaxis**

## Factor VII deficiency

– Treatments: IV plasma FVII or FVIIa

**SQ treatment of bleeds & SQ prophylaxis in severe patients**

## MarzAA & DalcA



## Hemophilia B

– Treated with IV FIX products

**SQ prophylaxis  
SQ treatment of bleeds**

## Hemophilia A

– Treatments: IV FVIII or SQ Hemlibra

**SQ treatment of bleeds**

## Acquired Hemophilia

– Treated with immunosuppressants + IV FVIIa, FEIBA or Obizur<sup>®</sup>

**SQ treatment of bleeds & SQ prevention of re-bleeds**

## Glanzmann Thrombasthenia

Treatments: IV FVIIa & platelets

**SQ treatment of bleeds & SQ prophylaxis in severe patients**

# The Catalyst Biosciences subcutaneous solution

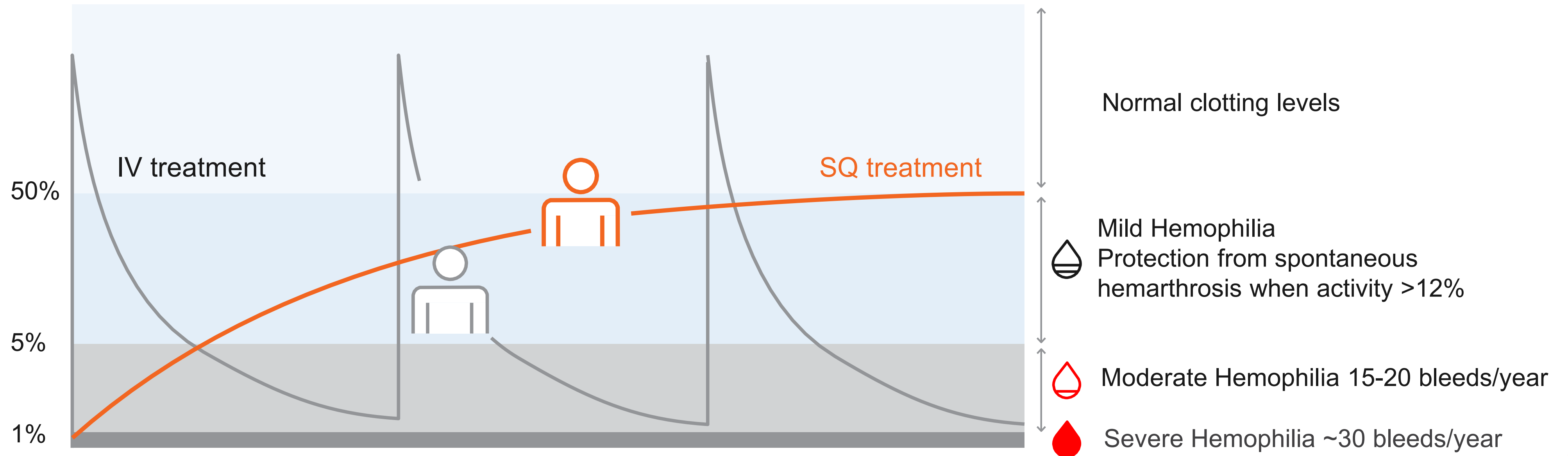


## Our highly potent candidates

- + Quick & simple SQ injection
- + Allows for self-administration
- + Ideal for pediatric patients
- + Much higher & more stable factor levels
- + Continuously protective levels

# The new standard in hemophilia prophylaxis

Patients in high mild range are protected from spontaneous bleeds



- + Our concept of prophylactic treatment is to keep severe & moderate hemophilia patients in the high mild range
- + Subcutaneous factor treatments build up over time, offering long-term stability in clotting levels

# Pipeline

## Clinical assets

**SQ Marzeptacog alfa (activated) "MarzAA"**  
Hemophilia & bleeding disorders (rFVIIa)

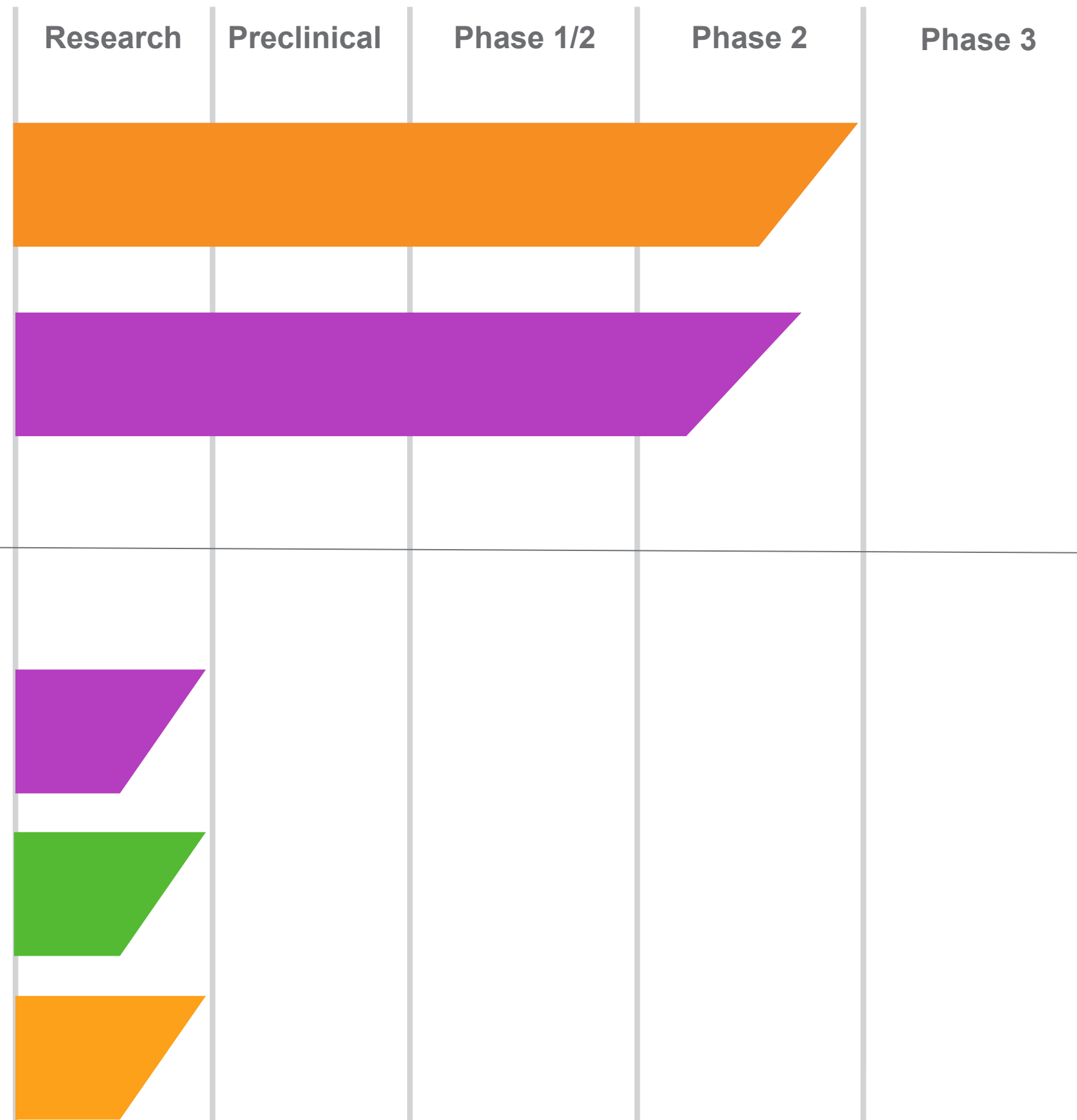
**SQ Dalcinonacog alfa "DalcaA"**  
Hemophilia B (rFIX)

## Additional assets

**Hemophilia B**  
FIX Gene Therapy CB 2679d-GT

**Dry AMD**  
anti-C3 protease CB 2782-PEG

**Universal pro-coagulant FXa**  
CB 1965a





# MarzAA – The only bypass agent for **both** SQ prophylaxis and SQ treatment of bleeds

## Attractive Commercial Profile

MarzAA targets a large existing \$2.2B Bypass Agent (BPA) market

IV NovoSeven (\$1.2B 2018 sales) is the most broadly used BPA & validates FVIIa mechanism in many rare bleeding disorders:

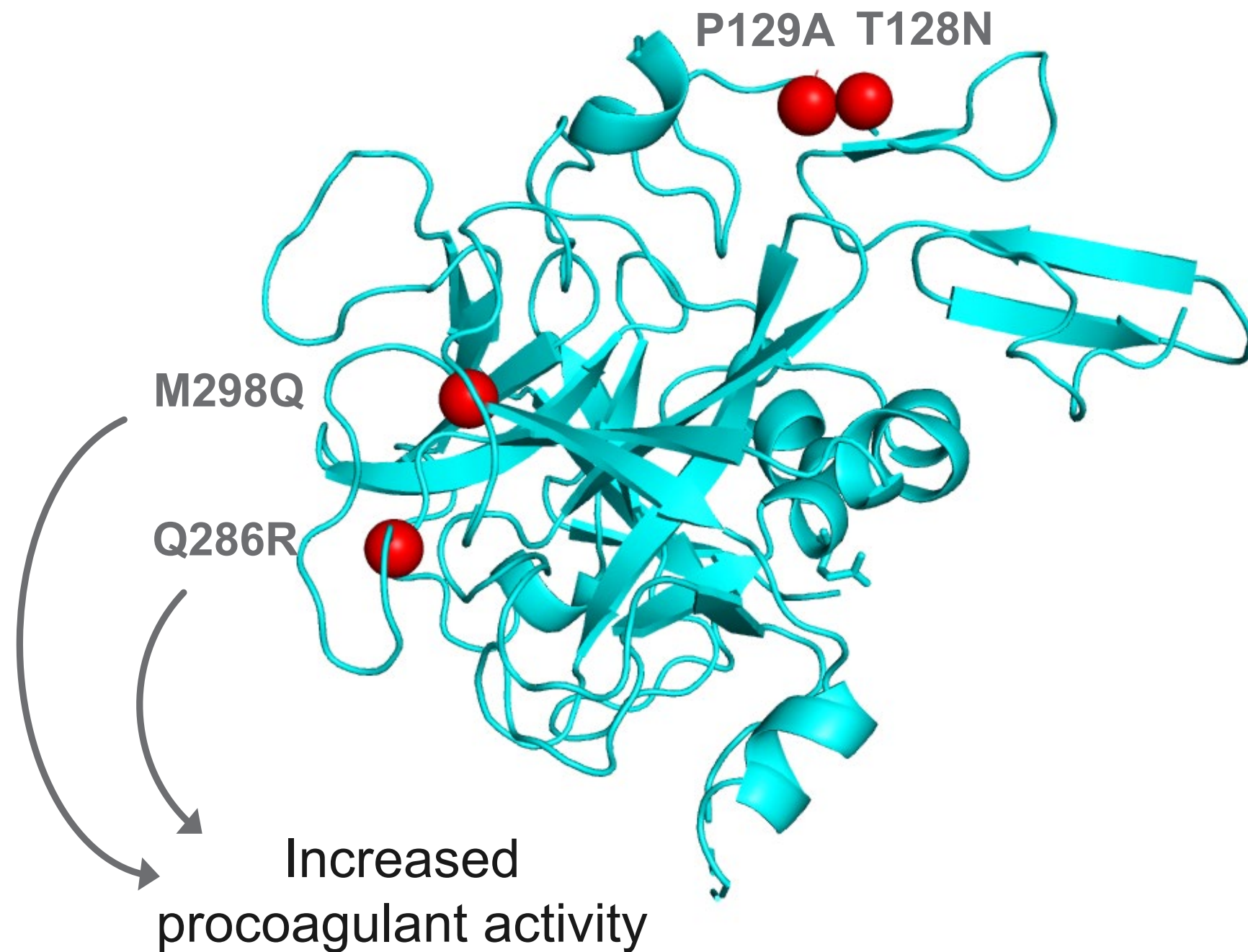
- + Hemophilia A or B with inhibitors
- + Severe Factor VII Deficiency
- + Glanzmann Thrombasthenia
- + Acquired Hemophilia A

SQ MarzAA has a superior profile to IV NovoSeven – over 100 clinicians surveyed:

- + SQ MarzAA preferred over IV NovoSeven for the treatment of bleeds
- + SQ MarzAA can create & expand multiple prophylaxis markets

# Marzeptacog alfa (activated): MarzAA rFVIIa

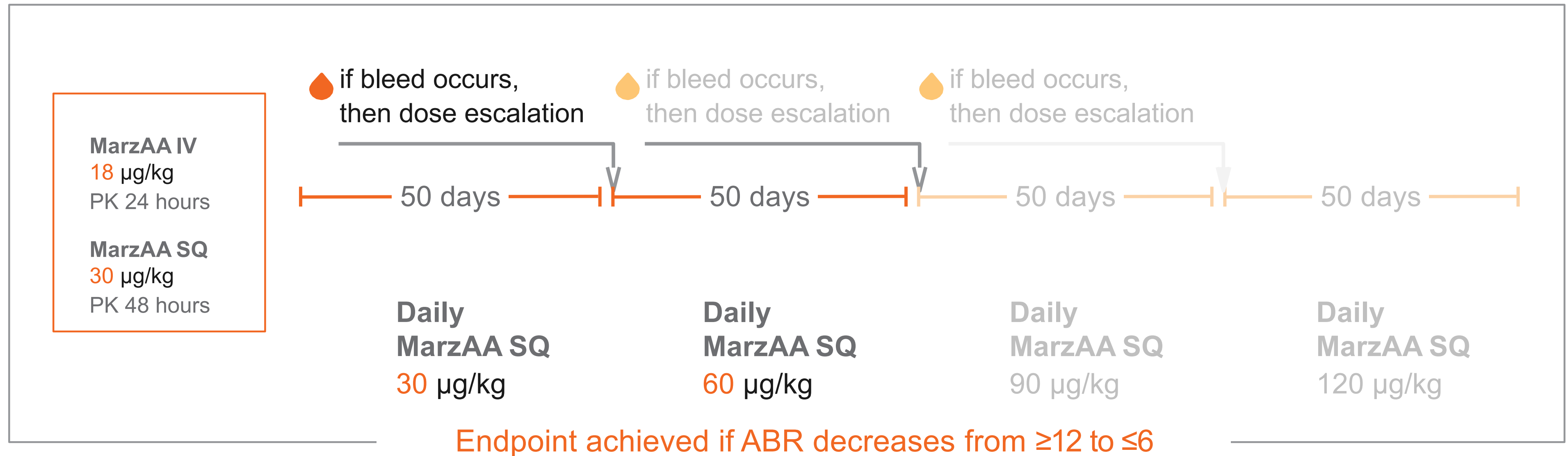
**SQ prophylaxis and SQ treatment of a bleed are clear unmet needs in hemophilia and other bleeding disorders**



- + Four engineered amino acid substitutions within the FVIIa protein
- + 9-fold more potent catalytic activity than NovoSeven RT
- + **Allows subcutaneous dosing**
- + Half-life prolonged when using subcutaneous dosing

**Granted Orphan Drug Designation in the US and EU**

# MarzAA phase 2/3 SQ clinical trial MAA-201 design



- + Patients with documented annual bleeding rate (ABR)  $>12$
- + Open label SQ study with individual dose escalation if needed in Hemophilia A or B with inhibitors

- + Primary endpoint: reduction in annualized bleed rate **at final dose level**
- + Secondary endpoints: safety and tolerability, inhibitor formation

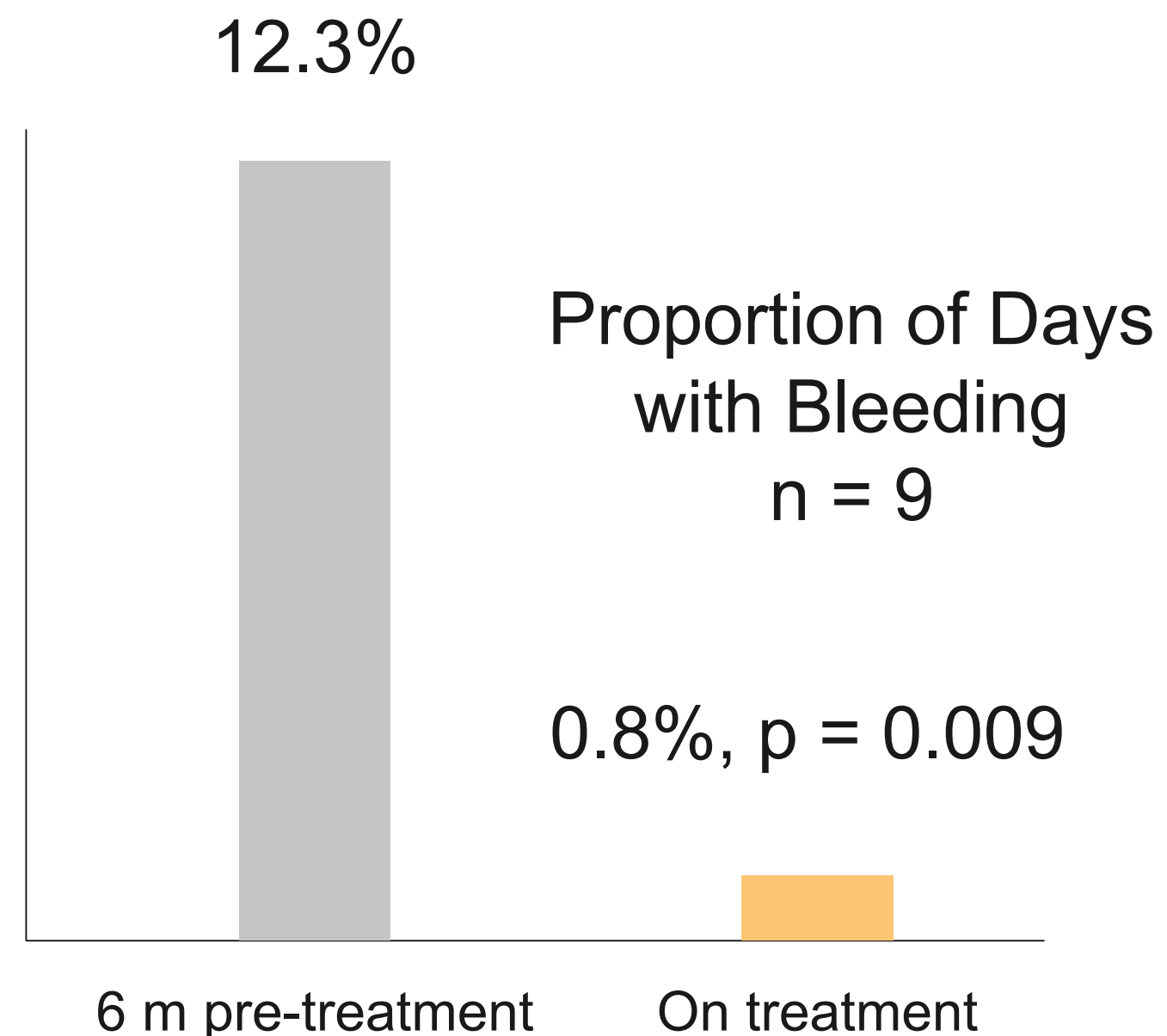
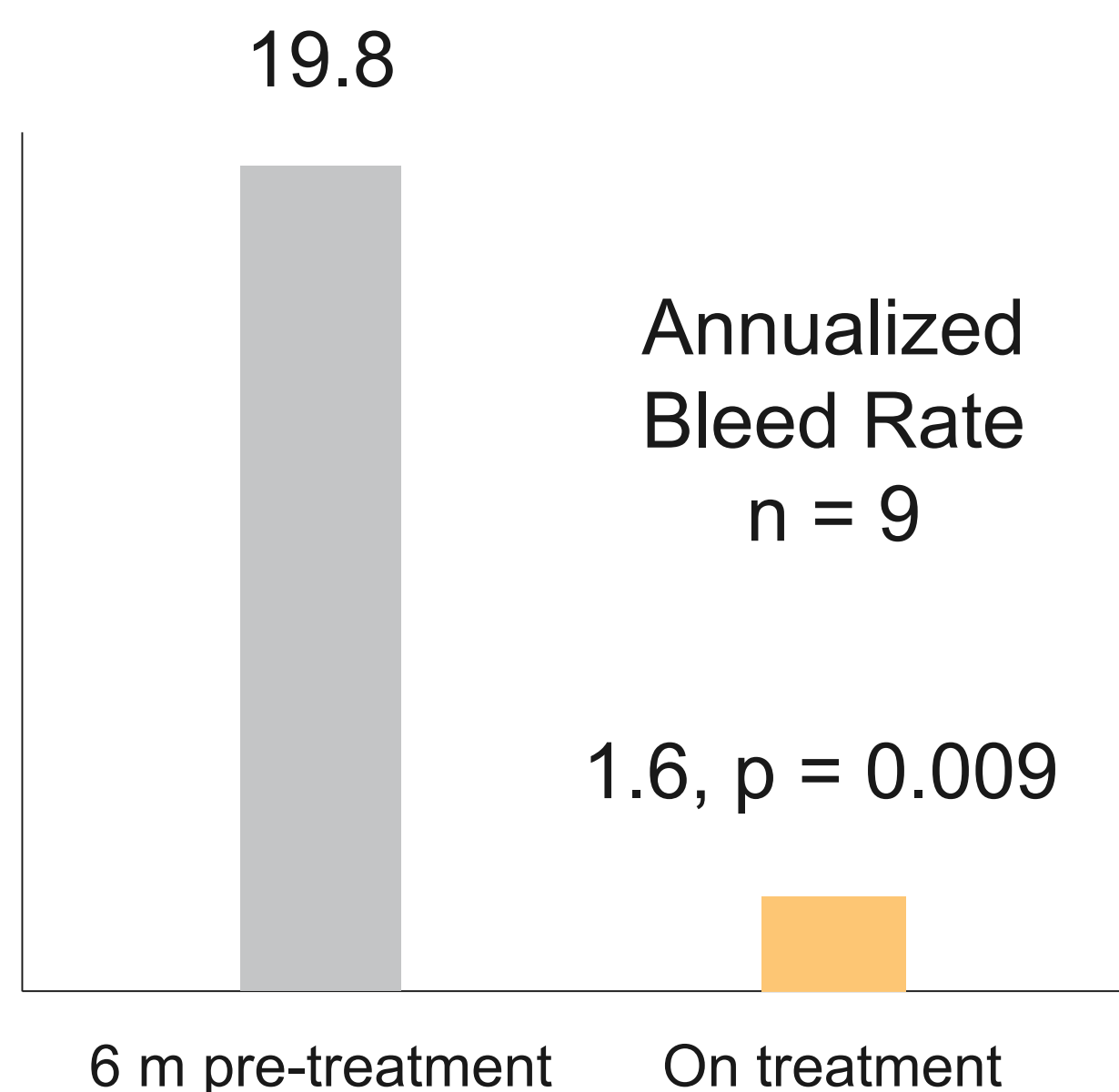
# MarzAA Phase 2 demonstrates clinical efficacy

**Greater than 90% reduction in all bleeding; Median ABR zero; Median bleeding days zero**

Mean Annualized Bleeding Rates (ABR) significantly **reduced from 19.8 to 1.6**

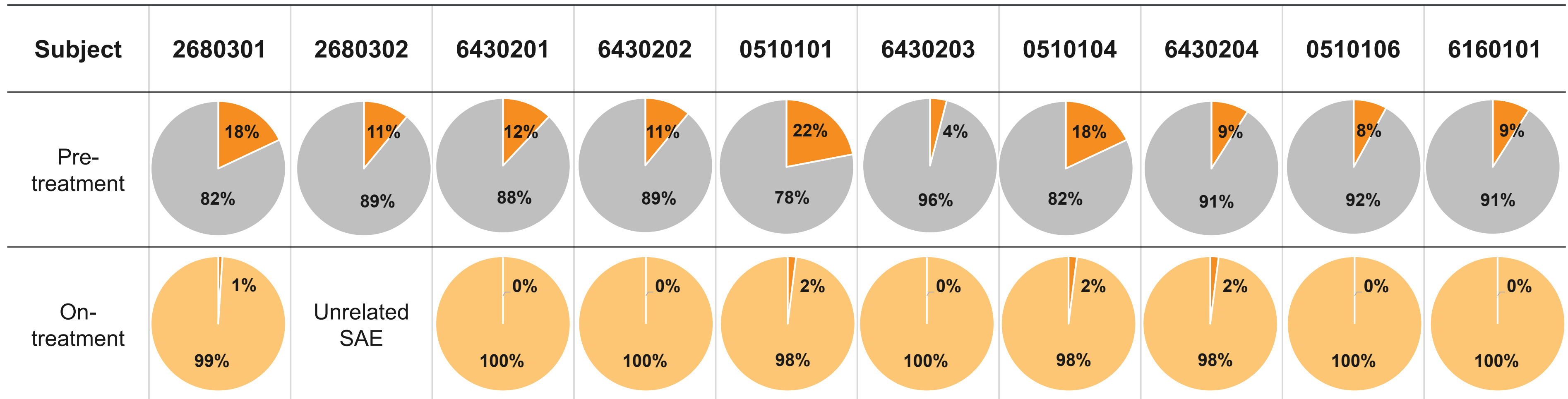
Mean Proportion of Days with Bleeding (PDB) significantly **reduced from 12.3% to 0.8%**

Safe & well tolerated, **~1% ISRs (6/517 SQ doses) and no ADAs**



# Significant reduction in Proportion of Days with Bleeding (PDB)

## Median Proportion of Days (PDB) with Bleeding reduced to zero



Orange denotes the Proportion of Days with Bleeding during period of observation

- + Average **pre-treatment** percentage of days of bleeding was **12.3%** (SD 5.8%) [median = 11.0%]
- + Average **on-treatment** percentage were reduced to **0.8%** (SD 0.9%) [median 0%]
- + Analysis of these pairwise differences by Wilcoxon signed-rank test has p=0.009 for 93.8% reduction

# In a world of SQ prophylaxis

## Patients need a SQ treatment of a bleed option

Individuals on Hemlibra<sup>®</sup>  
need additional treatments

NovoSeven<sup>®</sup> is safe but is  
administered IV

FEIBA lacks a safety margin  
and is administered IV

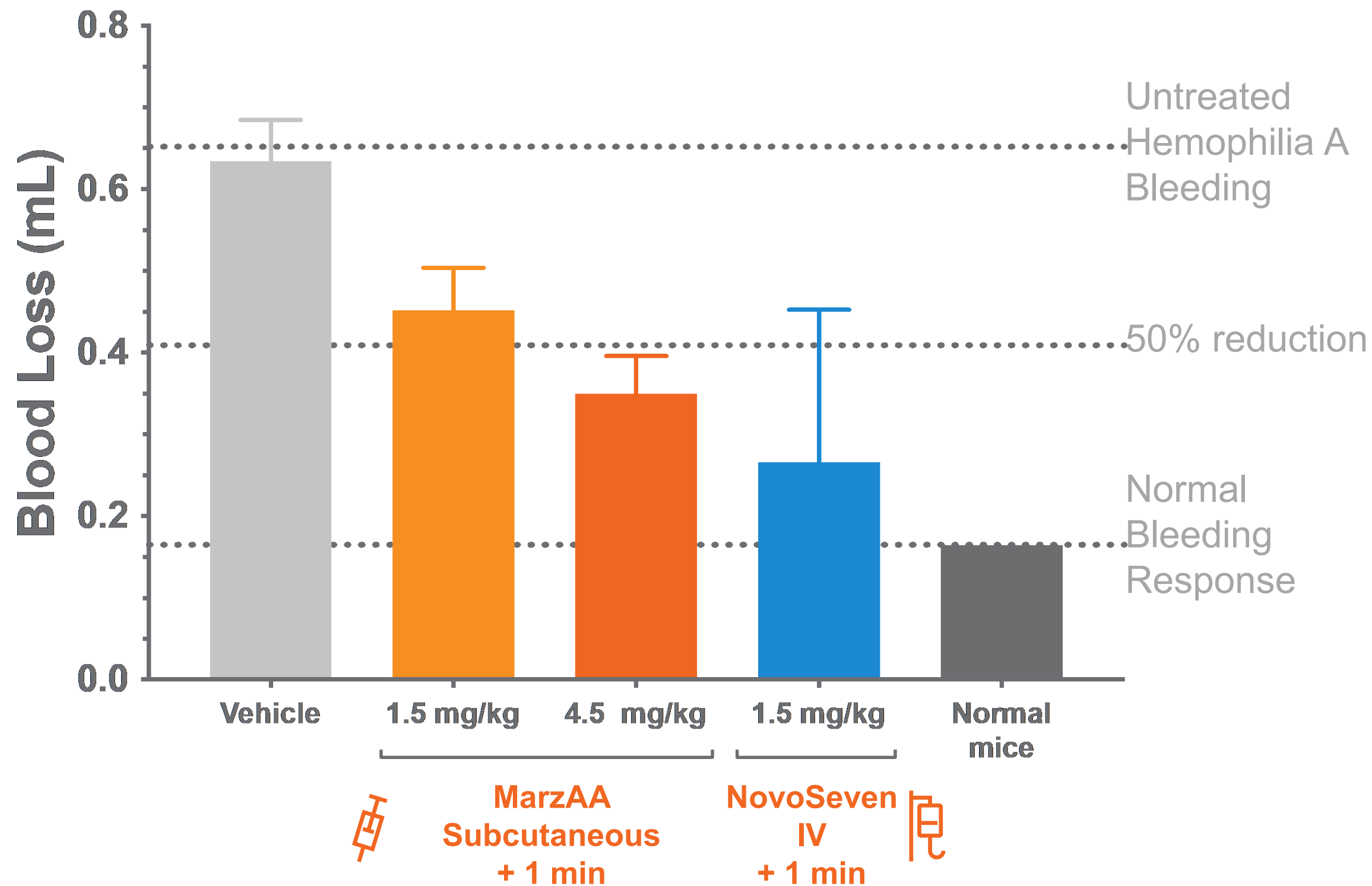
### SQ MarzAA meets the profile for an **Ideal Solution**

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- ✓ Fast & easy to administer
- ✓ Ability to stop bleeding
- ✓ Potential to combine with all other treatment regimens

# SQ MarzAA reduces bleeding when dosed **after** injury

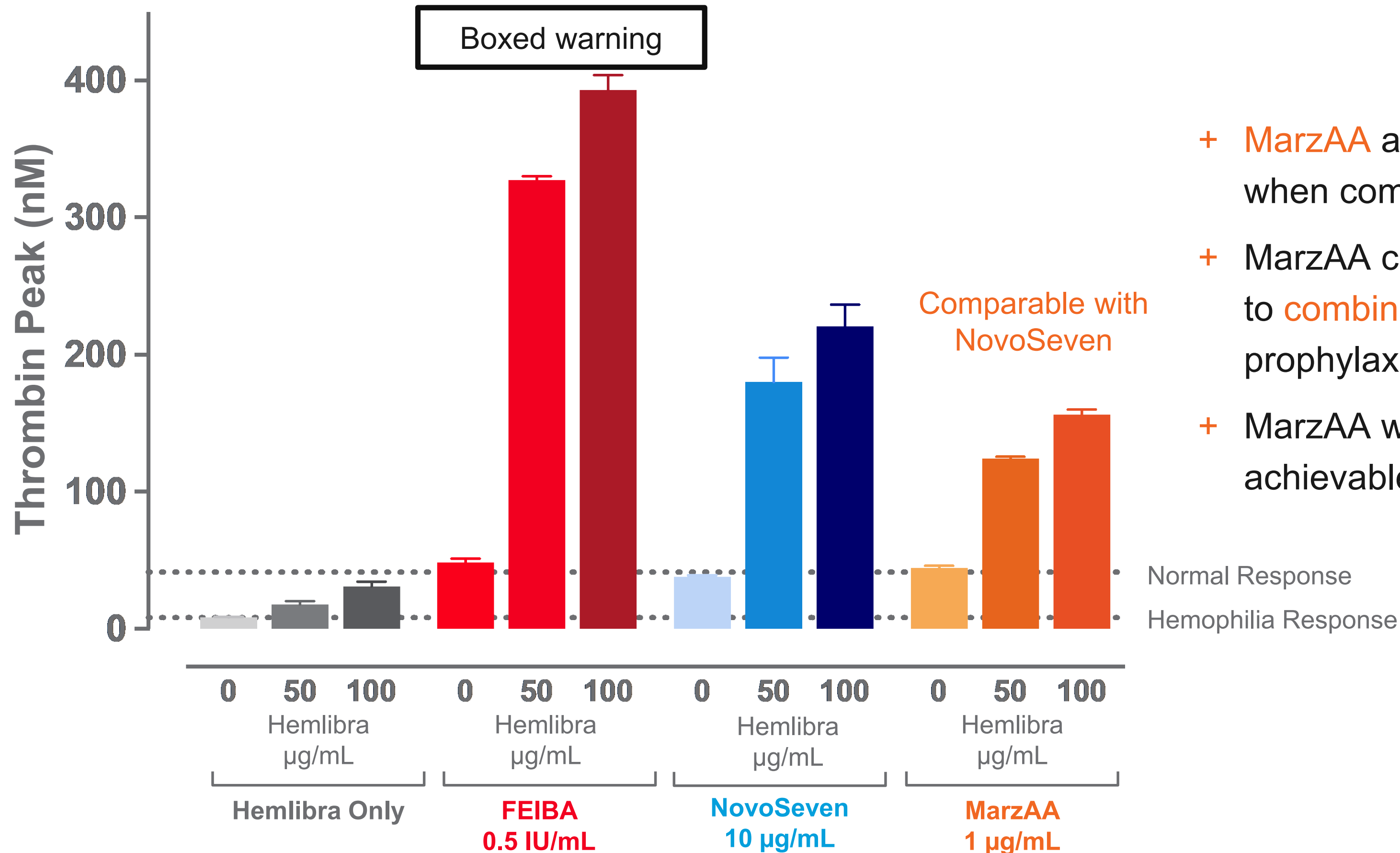
## Acute mouse injury model with dosing *after* injury



- + Tail-cut model used to assess efficacy in hemophilia
- + Hemophilic mice bleed **considerably more** than normal mice
- + **SQ MarzAA** one minute after tail-cut significantly **reduces blood loss**
- + The effect is **dose dependent**
- + Reduction in blood loss **with SQ MarzAA is similar to IV NovoSeven**

# Potential to treat breakthrough bleeds in patients on Hemlibra

## MarzAA has a preferred coagulation profile that is similar to NovoSeven



- + MarzAA and NovoSeven behave similarly when combined with Hemlibra
- + MarzAA could allow hemophilia A patients to combine two SQ therapies - “sports prophylaxis” or treat breakthrough bleeds
- + MarzAA works well at plasma levels achievable with SQ dosing



# Marzeptacog alfa (activated)

## Phase 3 studies to initiate in 2020

Demonstrated P2 Clinical efficacy & tolerability for prophylaxis indications

Demonstrated preclinical PoC for SQ treatment of a bleed

MarzAA combined with Hemlibra is not prothrombotic *in vitro*

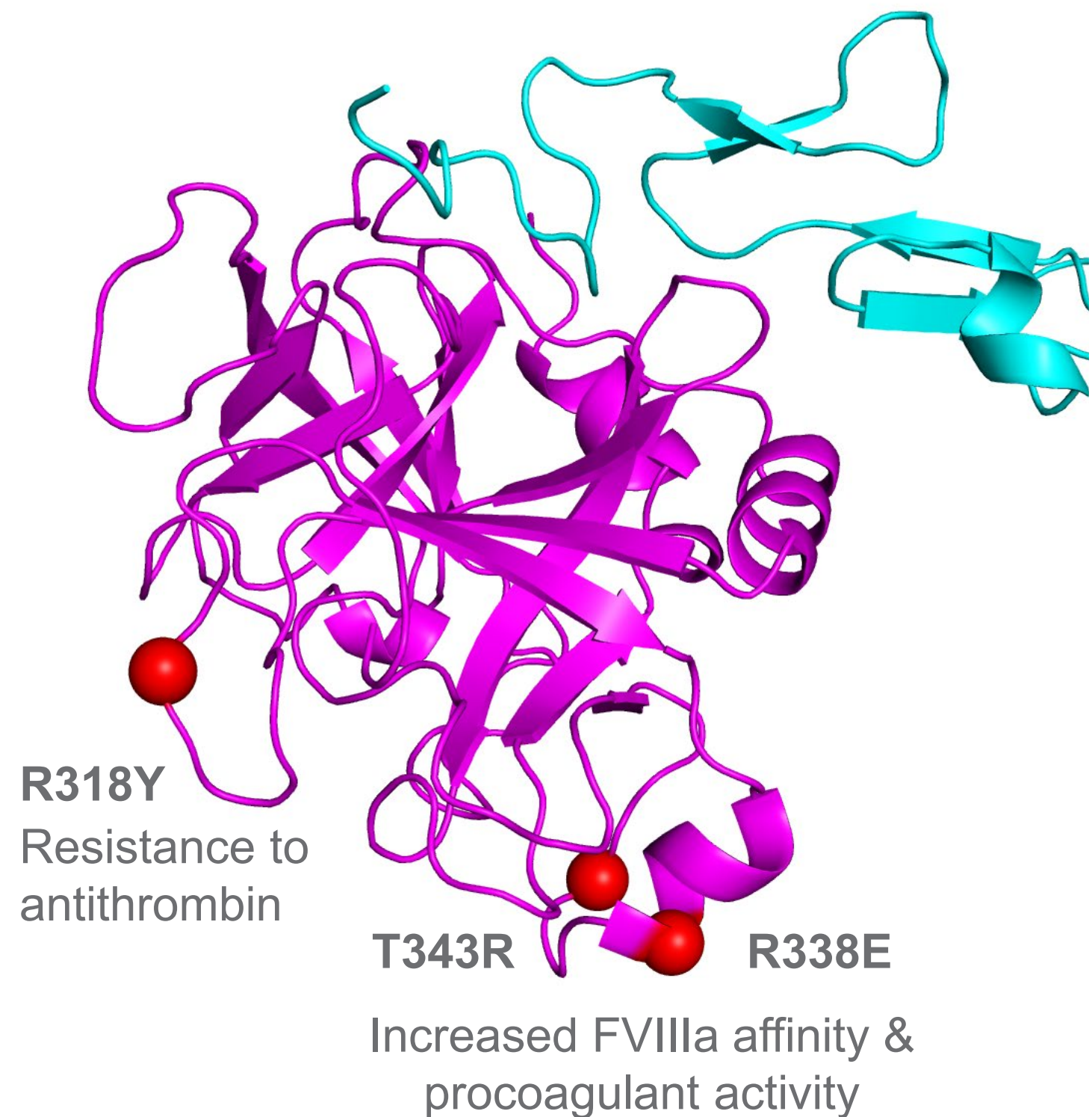
Initiated SQ dose escalation PK study to support treatment of a bleed – final data in 2020

Obtained Pivotal trial guidance from EMA & MHRA – FDA EoP2 meeting in late 2019

Large commercial opportunity across multiple rare bleeding disorders

# Dalcinonacog alfa: DalcA rFIX

## SQ prophylaxis is an unmet need in hemophilia B



### Phase 1/2 completed

- + 22-fold more potent than BeneFIX in man
- + **FIX activity levels up to 30%**
- + Observed 2 nAbs (cousins with same rare genotype) that were non-cross-reactive to FIX
  - Returned to previous FIX therapy - no safety issues
- + Extensive studies showed similar low immunogenicity risk as BeneFIX

### Phase 2b study enrolling and dosing

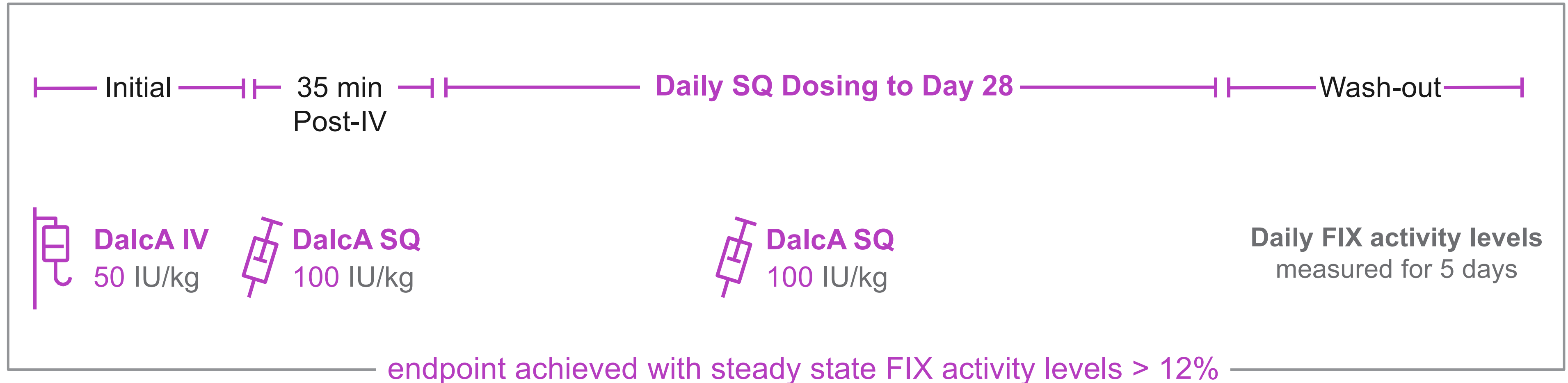
### Gene therapy construct (preclinical)

- + CB 2679d-GT demonstrated superiority vs Padua
- + Proprietary AAV construct under development

## Orphan Drug Designation in US & EU

# Dalcinonacog alfa phase 2b SQ clinical trial design

## DLZ – 201 enrolling



- + Target enrollment: 6 patients
- + Rare genotype and HLA signature from P1/2 excluded

- + Primary endpoint: Steady state FIX activity level above 12% with daily dosing
- + Secondary endpoints: safety, lack of neutralizing antibody formation, pharmacokinetics

# Dalcinonacog alfa – DalcA

## Phase 2b update








All study participants identified – actively enrolling

2 subjects have successfully completed 28 days of dosing & washout

FIX activity levels exceeded the trial efficacy endpoint & no ADAs observed

Final data in 1H 2020

# 2019 Milestones

	Q1	Q2	Q3	Q4	2020
<b>MarzAA</b> (FVIIa)	<b>P2 efficacy</b> 	<b>Initiate P1 PK/PD</b> 	<b>Final P2 Data</b> 	<b>FDA EoP2</b>	<b>P1 PK/PD data</b>  <b>Phase 3</b>
<b>DalcA</b> (FIX)	<b>Initiate P2b</b> 		<b>P2b enrollment update</b> 		<b>Final P2b data</b>
<b>CB 2679d-GT</b> (FIX)	<b>Preclinical efficacy</b> 				
<b>CB 2782-PEG</b> (dAMD)		<b>Ocular EHL PK/PD</b> 			

# Financial information

## Selected data

Financial results	Q2 2019
Cash & Cash Equivalents .....	\$94.0 M
Operating Expense .....	\$30.1 M
Net Loss YTD.....	(\$28.9M)
Net Loss per share .....	(\$2.41)

## Share data

Common Stock Outstanding.....	12,008,528
Officer & Director ownership .....	8.4%
Fully Diluted Shares* .....	14,621,038

\* Includes ~1M options available for issuance

# Summary

## Disruptive approach to a \$3.7 billion market

Subcutaneous prophylactic dosing of novel factors is less painful, more convenient and potentially more efficacious, especially for children – **Clinical efficacy demonstrated for both MarzAA & DalcA**



### **FVIIa: MarzAA ~\$2.2 Billion market**

>90% reduction in ABR & PBD in P2

No ADAs or nAbs observed to date

SQ treatment of a bleed potential in multiple indications

+ Pivotal trial guidance obtained from EMA

+ FDA EoP2 in 2019, P3 expected in 2020



### **Anti-C3 dAMD: CB 2782-PEG >\$5B market**

Preclinical long acting anti-C3 protease with best-in-class profile; anticipated intravitreal dosing 3 to 4 times per year



### **FIX: DalcA >\$1.5 billion market**

High mild, >30% activity levels achieved

Most advanced SQ FIX in the clinic

+ Phase 2b enrolling & dosing – no ADAs to date

+ Phase 2b final data in 1H 2020



### **FIX: CB 2679d-GT**

Preclinical gene therapy asset with superior activity vs current clinical constructs



**Strong financial position –  
~2 years cash runway**

**THANK YOU**

**Nasdaq: CBIO**

**[catalystbiosciences.com](http://catalystbiosciences.com)**

