Powering Relentless Science™

Corporate Fact Sheet

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EOM Pharmaceuticals: Powering Relentless Science™

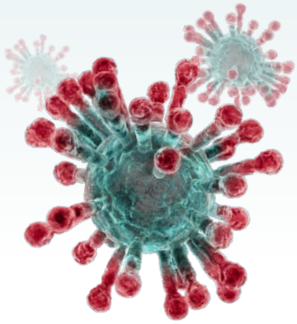
EOM Pharmaceuticals is a clinical-stage company led by an accomplished team of scientists and pharmaceutical executives with a deep legacy in multiple therapeutic areas. EOM is focused on developing and advancing innovative treatments to address urgent and unmet medical needs and to help better the quality of life for people with debilitating and potentially fatal diseases, such as COVID-19 and other infectious diseases; autoimmune diseases including rheumatoid arthritis; cachexia associated with AIDS and cancer; and retinal diseases. EOM's scientists, clinicians, and business leaders have significant experience in drug development, novel formulations, regulatory strategy, and effective clinical approaches.

EOM's pipeline is built on proprietary innovations designed to rescue, repair, and restore health. These innovations include the development of the investigational, novel peptide-nucleic acid solution immunomodulator EOM613, which has the potential to treat the most severe effects of COVID-19, and its advanced formulation of EOM147, being studied to treat serious retinal diseases without the need for intraocular injection.

About EOM613

EOM613 is an investigational, novel peptide-nucleic acid solution immunomodulator believed to have both an anti-inflammatory effect at the site of cytokine and chemokine overactivity, and a pro-inflammatory effect, when needed. EOM613 is designed to counteract the most severe inflammatory effects of viruses, such as cytokine storm or hyperimmune response following infection with the novel coronavirus that causes COVID-19, autoimmune attacks that cause joint damage and pain associated with rheumatoid arthritis, and chemokine-related body-wasting syndromes such as cachexia. In human cell culture studies, EOM613 demonstrated a unique "dynamic dual action" by suppressing or stimulating monocytes and macrophages depending on the activation state and environment of those key immune cells.[1,2,3] It is hypothesized that this dynamic dual-action may overcome a limitation of many approved immunomodulators that only reduce the inflammatory state, without achieving immune system balance. EOM613 has a de-risked development program supported by promising early-clinical-stage safety and efficacy data across multiple therapeutic applications associated with hyperimmune responses, including cachexia associated with HIV/AIDS or cancer,[4,5] and rheumatoid arthritis.[6] EOM613 is efficiently manufactured from readily available materials.

1. Hirschman SZ. Activation of human monocytes/macrophages by OHR/AVR118 promotes both pro- and anti-inflammatory phenotypes. Adv Biosci Biotch. 2014; 5:161-8. **2.** Lazzarino DA, de Diego M, Hirschman SZ, Zhang KY, Shaikh S, Musi E, Liaw L, Alexander RJ. IL-8 and MCP-1 secretion is enhanced by the peptide-nucleic acid immunomodulator, Product R, in U937 cells and primary human monocytes. Cytokine. 2001 May 21;14(4):234-9. doi: 10.1006/cyto.2001.0867. PMID: 11448124. **3.** Lazzarino DA, Diego M, Musi E, Hirschman SZ, Alexander RJ. CXCR4 and CCR5 expression by H9 T-cells is downregulated by a peptide-nucleic acid immunomodulator. Immunol Lett. 2000;74(3):189-195. doi:10.1016/s0165-2478(00)00258-3 **4.** Levett PN, Hirschman SZ, Roach TC, Broome H, Alexander RJ, Fraser HS. Randomized, placebo-controlled trial of product R, a peptide-nucleic acid immunomodulator, in the treatment of adults infected with HIV. HIV Clin Trials. 2002 Jul-Aug;3(4):272-8. doi: 10.1310/N34A-653T-ABF5-8Q1R. PMID: 12187500. **5.** Chasen M, Bhargava R, Hirschman SZ, Taraporewala IB. A Phase II study of OHR/AVR118 in anorexia-cachexia. Poster presentation at: the 7th Cachexia conference, Kobe/Osaka, Japan, December 9–11, 2013 **6.** Data on file, EOM Pharmaceuticals.



Spotlight On Our COVID-19 Efforts

COVID-19 tissue and organ damage that leads to patient fatalities may be associated with hyperinflammatory effects and the release of large amounts of cytokines and chemokines in the body. A Phase 1/2a clinical trial is underway in Brazil for EOM613 to address the most severe effects of COVID-19.

The study is intended to inform the Brazil regulatory pathway, which could include an Emergency Use Authorization (EUA) and full ANVISA regulatory approval.

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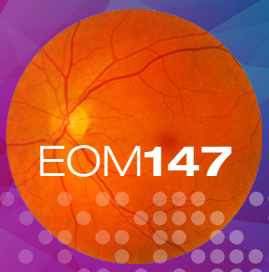

About EOM147

EOM147 is an investigational, broad-spectrum aminosterol with a unique intracellular mechanism for the treatment of retinal diseases. EOM147 affects multiple angiogenic growth factors such as VEGF, PdGF, and bfGF. This mechanism of action is uniquely differentiated from other retinal therapies that are only anti-VEGF and administered as an intraocular injection. The novel formulation administered as an eye drop, represents a potential breakthrough that does not require intraocular injection.

ANTICIPATED CLINICAL MILESTONES

EOM613

- Brazil Phase 1/2a clinical trial for EOM613 for the most severe effects of COVID-19
- Expanded Brazil Phase 2 trial for EOM613 for the most severe effects of COVID-19
- U.S. Phase 2a clinical trial for EOM613 in cancer cachexia

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Spotlight on Age-Related Macular Degeneration (AMD) and Diabetic Retinopathy (DR)

AMD in the U.S.

As many as **11 million people** in the United States have some form of age-related macular degeneration. This number is expected to double to nearly **22 million by 2050**.[1]

AMD Worldwide

The number of people living with macular degeneration is expected to reach **196 million worldwide by 2020** and increase to **288 million by 2040**.[2]

Globally, **AMD ranks third as a cause of blindness after cataract and glaucoma**. It is the primary cause in industrialized countries. The main risk factor is ageing. Other risk factors may include the use of tobacco, genetic tendencies, the degree of pigmentation (with light coloured eyes being at higher risk), arterial hypertension, the ultraviolet rays, and consumption of a non-balanced diet.[3]

1. Bright Focus Foundation, January 2019
2. Bright Focus Foundation, January 2019
3. World Health Organization

DR in the U.S.

Diabetic retinopathy affects **7.7 million Americans**, and that number is projected to increase to **more than 14.6 million people by 2030**.[4]

Diabetes is the leading cause of new cases of blindness in adults. **About 1 in 3 people with diabetes have Diabetic Retinopathy,** affecting almost one-third of adults over age 40 years with diabetes, and more than one-third of African-Americans and Mexican Americans.[5]

DR Worldwide:

As stated by the International Diabetes Federation (IDF), **the global prevalence of DR from 2015 to 2019 was around 27%**. The lowest prevalence was in Europe at 20.6% and South East Asia at 12.5% and highest in Africa at 33.8%, Middle East and North Africa 33.8%, and the Western Pacific region at 36.2%.[6]

4. NIH - National Eye Institute
5. CDC
6. International Diabetes Federation

Our Mission: To restore health and save lives

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