

2023

POLYPID CORPORATE FACT SHEET



PolyPid is a late-stage biopharmaceutical company aiming to improve surgical outcomes through locally administered, controlled, extended-release therapeutics.

Polymer-Lipid Encapsulation matrix (PLEX) Platform

PolyPid's proprietary PLEX technology pairs with Active Pharmaceutical Ingredients, enabling precise delivery of drugs at optimal release rates over durations ranging from several days to months.

Lead Product D-PLEX₁₀₀ is in Ongoing Clinical Trial

- ✓ **Indication:** Prevention of abdominal colorectal surgical site infection
- ✓ **Active Ingredient:** Doxycycline (broad spectrum antibiotic)
- ✓ **Release Duration:** Prolonged effect 30 days
- ✓ **Release profile:** Constant & linear release
- ✓ **Dosing:** Varies by incision size. 1 vial < 10cm ; 10cm < 2vials < 20cm; 3 vials >20cm

Why meet with PolyPid now?

- Late-stage candidate with Phase 3 product, D-PLEX₁₀₀, focused on addressing high unmet medical needs with significant market potential.
- Clear regulatory pathway toward a potential New Drug Application (NDA) submission for D-PLEX₁₀₀ following a positive Type D meeting communication.
- Expansion opportunities beyond SSIs exist as PLEX platform is applicable to a wide variety of drugs and localized medical applications.
- Funded into late Q1 2024.

Trading Metrics

Ticker (NASDAQ)	PYPD
Stock Price (USD)	\$0.39
Market Cap	\$19.1M
Cash (as of 3/31/2023)₁	\$19.6M
Outstanding Shares	49.0M
52-Week Range	\$0.35 - \$6.9
Avg. 3Mo Daily Volume	101,000

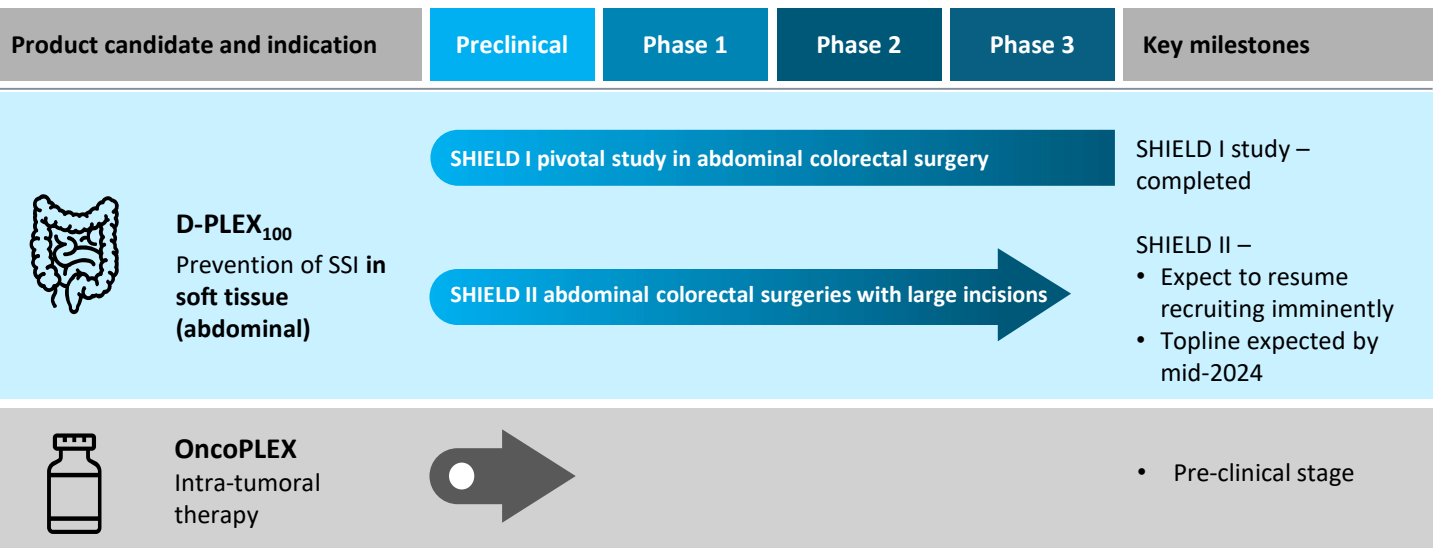
Figures as of 05/11/2023 (Source: Yahoo finance)

Recent News

Completed a public offering and private placement transactions with total gross proceeds of approximately \$11.4 million

Exclusive licensing agreement with Advanz Pharma for commercialization of D-PLEX₁₀₀ in Europe- signed in July 2022

- Potentially receive over \$110 million in upfront and milestone payments as well as transfer price and royalties on net sales.
- Continue to evaluate additional potential commercial partnerships for D-PLEX₁₀₀ as part of the commercial strategy in the U.S. and Asia.



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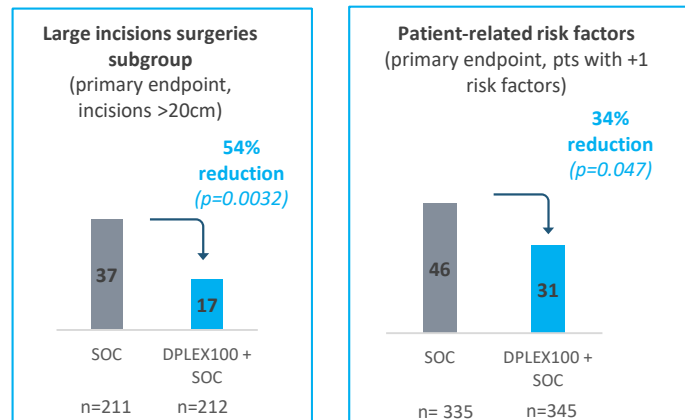
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D-PLEX₁₀₀ – Localized Drug Delivery Optimized for the Prevention of SSIs

- Clear regulatory pathway toward a potential NDA submission following a positive Type D meeting communication
- Results from SHIELD I may provide supportive evidence in patients with large surgical incisions
- SHIELD II will recruit patients undergoing colorectal resection surgery with large incision (> 20 cm) based on feedback received from the FDA
 - Approx. 600 patient trial recruited over 12 months
 - Unblinded interim analysis conducted once approx. 400 patients complete their 30-day follow-up
 - Topline data expected mid-2024

Key results from SHIELD I post-hoc analysis



Working to Address the Significant Burden of Surgical Site Infections



Up to 30%

Estimated SSI rate of patients undergoing colorectal surgery^{1,2}



7-11 days

Additional post-operative hospital days for patients with SSIs³



\$11k-\$26k

Cost of treatment per infection directly attributable to SSIs in general surgery



US \$10bn EU ~€11bn

Estimated SSI-related incremental annual hospital costs in the US and EU^{4, 5}

- Total US addressable market for D-PLEX₁₀₀ is over 12M procedures based on IQVIA data
- Fast Track, Breakthrough Therapy, and Qualified Infectious Disease Product (QIDP) designations make D-PLEX₁₀₀ eligible for priority review on a rolling basis and additional 5 years of market exclusivity
- Reduction of surgical site infection is important criteria for hospitals in CMS metrics, quality measures and overall hospital reputation. Poor ratings lead to reduced reimbursement on all CMS claims
- Readmission due to SSI is not reimbursable in certain cases adding costs paid entirely by the hospital
- D-PLEX₁₀₀ improves patient outcomes while helping to reduce the economic burden on the hospital

¹ Deverick J et al. Strategies to Prevent Surgical Site Infections in Acute Care Hospitals: 2014 Update. Infection Control and Hospital Epidemiology, 2014. ² Estimated figures likely underestimated as ~50% of SSIs become evident only after a patient has been discharged. ³ Financial Impact of Surgical Site Infections on Hospitals. John Shepard and al. JAMA Surg. 2013;148(10):907-914. <https://www.casesidesseats.com/news/2018/2/6/16980406/big-show-reveals-hip-surgery-complications-> ⁴ Surgical site infection - a European perspective of incidence and economic burden. Leaper DJ et al. Int Wound J. 2004 Dec;1(4):247-73. ⁵ ~€11bn represents the midpoint of the range discussed in WHO Global guidelines on the prevention of surgical site infection. Nov 2016: 29