

Company Presentation

2021 LD Micro Invitational XI – June 9, 2021

Forward-looking Statements




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the approval and timing of commercialization of AM-301, Auris Medical’s need for and ability to raise substantial additional funding to continue the development of its product candidates, the timing and conduct of clinical trials of Auris Medical’s product candidates, the clinical utility of Auris Medical’s product candidates, the timing or likelihood of regulatory filings and approvals, Auris Medical’s intellectual property position and Auris Medical’s financial position, including the impact of any future acquisitions, dispositions, partnerships, license transactions or changes to Auris Medical’s capital structure, including future securities offerings. These risks and uncertainties also include, but are not limited to, those described under the caption “Risk Factors” in Auris Medical’s Annual Report on Form 20-F for the year ended December 31, 2020, and in Auris Medical’s other filings with the SEC, which are available free of charge on the Securities Exchange Commission’s website at: www.sec.gov. Should one or more of these risks or

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Auris Medical at a glance

- A biomedical company in full transformation
- Headquartered in Bermuda / operations in Switzerland

	RNA therapeutics Extrahepatic targets Preclinical	
	Allergy and viral infection OTC nasal spray (Bentrio™) Pre-launch	
	Vertigo Rx nasal spray Phase 2	Tinnitus and hearing loss Rx intratympanic Phase 3 → partnering

New focus

**Spin-off or
divestiture
12-18 mos**

 **Nasdaq** EARS → CYTO

**RNA
Therapeutics**



Acquisition of Trasir Therapeutics, Inc.

Privately held, based in Tampa FL

Pioneer in extrahepatic nucleic acid delivery

OligoPhore™ platform

World-wide exclusive license from Washington University

Share-based transaction

Transaction closed on June 1, 2021

Become leading company in RNA therapeutics for extrahepatic targets

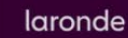
- Review of strategic options initiated in fall 2020
 - Underappreciated development pipeline
 - Need for fundamental changes
- Trasir Therapeutics most attractive option
 - Strong science / truly innovative / differentiated
 - Disruptive potential / high growth potential
 - Global market for RNA therapeutics > \$1 billion in 2020
 - Investor familiarity with RNA delivery technology
 - Fit with own experience in cell-penetrating peptides
- Trasir Therapeutics looking for partner to translate cutting-edge science into therapeutics

Oligonucleotide therapeutics landscape*

RNAi



mRNA



Gene Editing



*list not exhaustive; does not include ASO companies

Current challenges in oligonucleotide delivery

- Current state-of-the-art for delivery of oligonucleotide therapeutics
 - Viral-based vectors
 - Lipid nanoparticles (LNPs)
 - Ligand conjugates
- Delivery technologies remain a key rate-limiting step for unlocking the potential of RNA therapeutics:
 - Viral based delivery vectors suffer from lack of transduction efficiency and target specificity
 - LNPs and currently available ligand conjugates using GalNac technology preferentially target the liver, and many have suboptimal therapeutic index

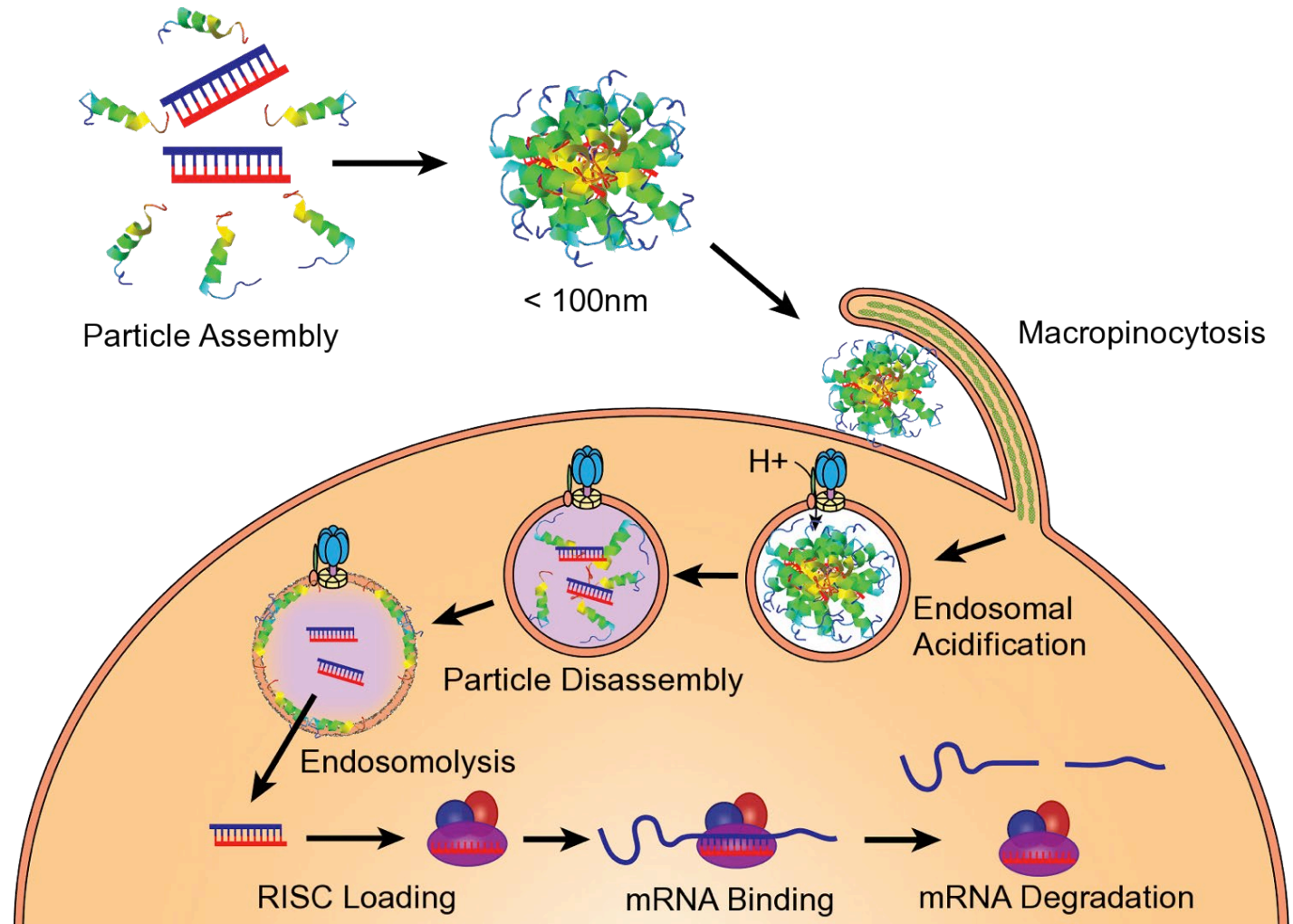


How OligoPhore™ works

Trasir's **peptide-based OligoPhore™** technology allows for safe and effective delivery of RNA payloads:

- **Stability:** siRNA complexed in nanoparticle format for, and only released inside of cells after uptake
- **Extrahepatic delivery:** not sequestered in liver, but permeates inflamed pathological tissues
- **Endosomal escape:** pH-dependent nanoparticle disassembly, followed by full release of siRNA into cytoplasm
- **Selectivity:** silences molecular targets in diseased tissues only
- **Safety:** no cellular or adaptive immune responsivity to nanoparticle components or siRNA after multiple serial doses, and no organ toxicities in mice

Summary of OligoPhore™ mechanism of action

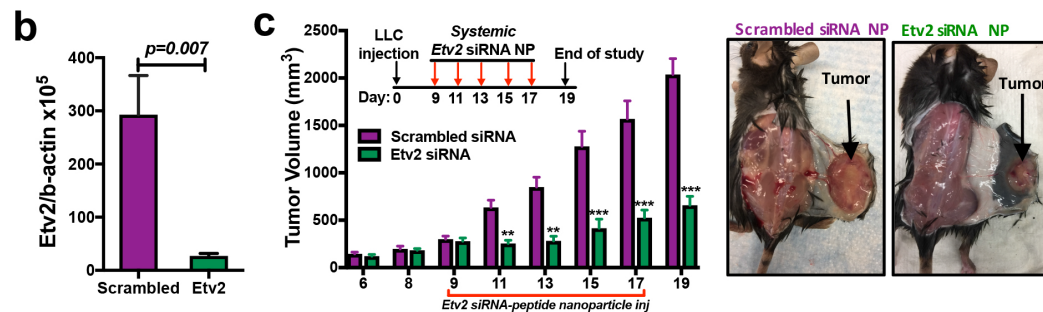


Preclinical data from murine disease models (siRNA payloads)

- Pancreatic and colorectal cancer (KRAS)
- Ovarian cancer (TAM: AXL)
- Lung cancer (ETV-2)
- Metastatic Melanoma (NFkB)
- Adult T Cell Leukemia/Lymphoma (NFkB)
- Sarcoma (MYCT-1)
- Necrotizing enterocolitis (NFkB)
- Rheumatoid and osteoarthritis (NFkB)
- Atherosclerosis (JNK2)
- Metabolic syndrome/Obesity (ASXL2)
- Aortic Aneurysm (NFkB)

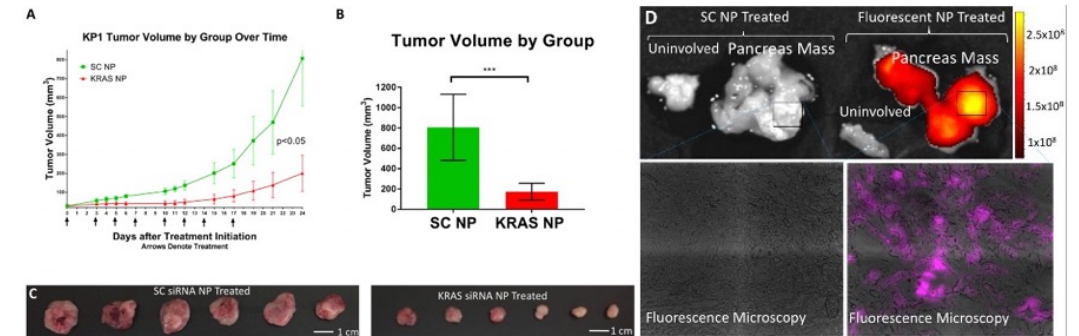
Key in vivo data from oncology models (siRNA delivery)

Effective knockdown of ETV-2 siRNA in Lewis Lung cancer model



JCI Insight. 2018. 10.1172/jci.insight.97349

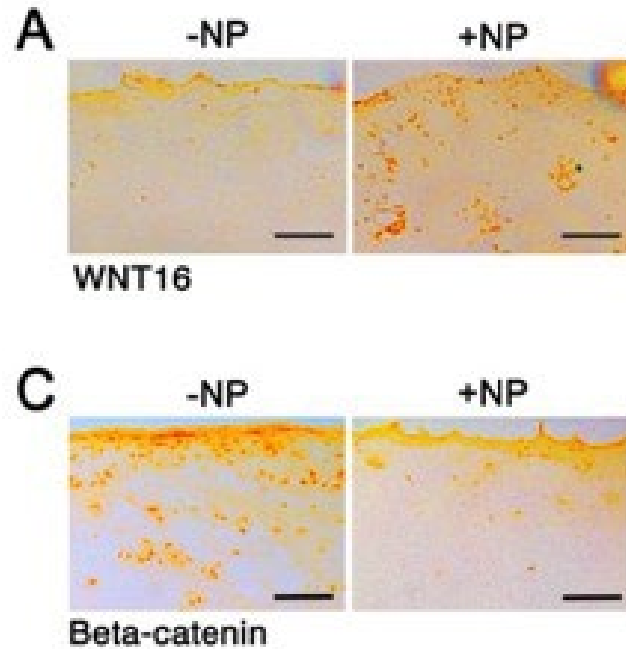
KRAS siRNA for pancreatic tumor



Oncotarget. 2019. 10.18632/oncotarget.27109

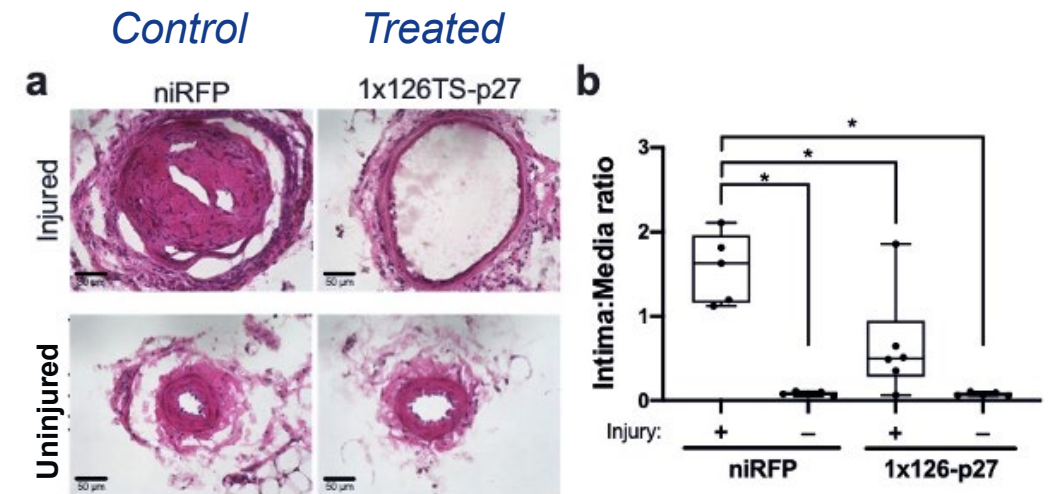
OligoPhore™ delivering mRNA payloads

Osteoarthritis (ex vivo): WNT 16 mRNA transfection in human cartilage explants



Pharmaceutics. 2020. PMC7022671

Atherosclerosis (in vivo): p27^{Kip1} mRNA transfection in vascular smooth muscle cells (femoral artery wire injury)



Molecular Therapeutics. 2021. 10.1016/j.ymthe.2021.01.032



Development plan

Initial development focus on siRNA applications

Select first therapeutic indication (AM-401)

Favoring oncology and/or orphan drug indications

Advance research on mRNA and other potential payloads

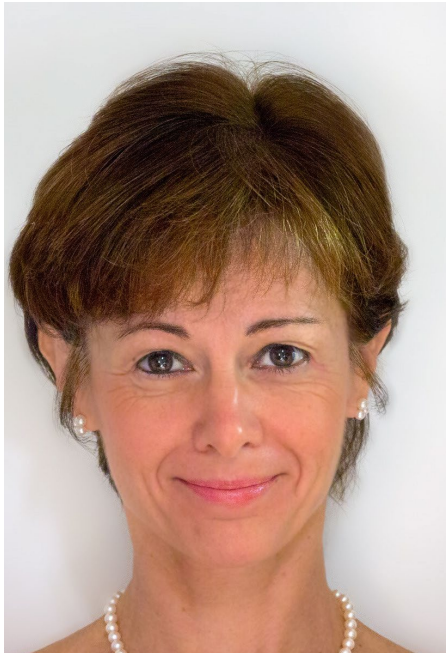
Non-human primate pivotal toxicology study

Team of in-house experts, complemented by network of consultants and CROs in EU and US



Our new CSO: Samuel Wickline, MD

- Founder and majority shareholder of Trasir Therapeutics
- Director of Health Heart Institute, Chair in Cardiovascular Medicine, Professor of Cardiovascular Sciences, Molecular Physiology and Pharmacology, and Medical Engineering at University of South Florida (USF)
- Professor of Medicine, Physics, Biomedical Engineering, and Cell Biology and Physiology at Washington University
- Funded continuously for 30+ years by NIH (~ \$50 million)
- Author of > 300 research papers
- Holds > 50 issued or filed U.S. patent applications



Proposed new BoD member: Margrit Schwarz, PhD MBA

- 25 years of experience in biopharmaceutical R&D across multiple indications and modalities, incl. RNA delivery
- Multiple IND filings and one approved drug (Repatha)
- Leadership roles at Amgen, Boehringer Ingelheim, Roche, Genevant
- Universities of Muenster and Cologne (DE)
- UT Southwestern Medical Center, Dallas TX
- Columbia Business School, New York

**Viral Infection
and Allergy**



“Exposure to small airborne particles is equally, or even more, likely to lead to infection with SARS-CoV-2 as the more widely recognized transmission via larger respiratory droplets and/or direct contact with infected people or contaminated surfaces.”

Tang et al., 2021

Bentrio™ was conceived...

... during the first Covid-19 lockdown and developed with the aim of bringing a safe, effective and affordable means for mitigating risks related to SARS-CoV-2 rapidly to the market

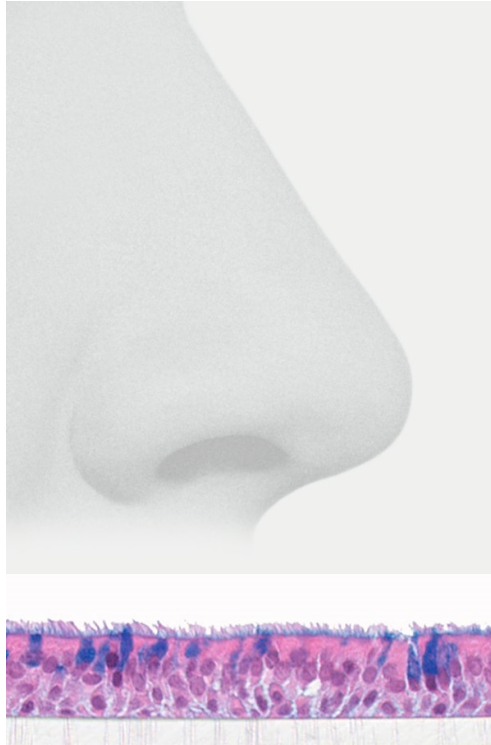


Bentrio™ is designed to help to:

- reduce the viral load and risk of infection from airborne viruses
- prevent the onset and alleviate allergic symptoms caused by airborne allergens

Danger in the Air

Every day you breathe in just over 2000 gallons of air...



Nasal mucosa

- Up to 90% of air inhaled via the nose
- Exposure to airborne virus, bacteria, allergen or dirt particles
- Nasal mucosa acts as a protective barrier against these particles
 - Secretes mucus which traps particles
 - Clearance via the throat
- Occasionally overwhelmed or breaks down
 - Nasal dryness or irritation
 - Mucosal damage
- Allergic reactions (hay fever, dust mite allergies...)
- Viral infections (influenza, common cold, SARS, MERS...)

How AM-301 Acts

Complements the natural defense of the nasal mucosa

Triple protective effect aids in the defense against airborne particles



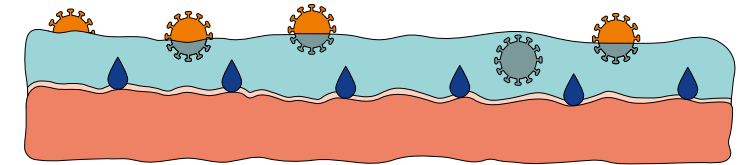
Protects
as a physical barrier
the nasal mucosa



Traps
airborne particles through
electrostatic effects



Humidifies
the nasal mucosa and
thus aids its functionality



- Protective barrier
- Nasal mucosa
- Binding of virus & allergen particles
- Humidification of nasal mucosa

Key Features of AM-301

A nasal spray for convenient self-protection



Trap to remove

Capturing particles
for discharge with mucus

→ It's more than a barrier

- Trapping various airborne virus, allergen or dirt particles
- Electrostatic effects work a priori with any charged particle



Drug free

Contains no active
pharmaceutical ingredient

→ It's a medical device

- No pharmacological, metabolic or immunologic activity
- Only physical effects



Preservative free

Safety by design including
special spray pump

→ It's well tolerated

- Commonly used preservatives tend to harm mucus membranes
- Commonly used preservatives may give unpleasant sensation



Protects for ≥ 3 hours

Gel designed for extended
nasal residence time

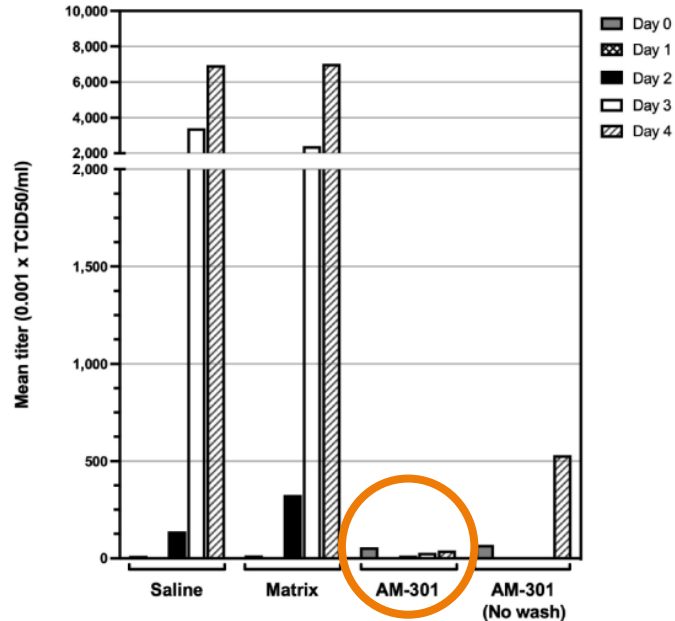
→ It's convenient

- Gel becomes liquid upon shaking, allowing to spray it
- Liquid turns into gel again when applied into nose

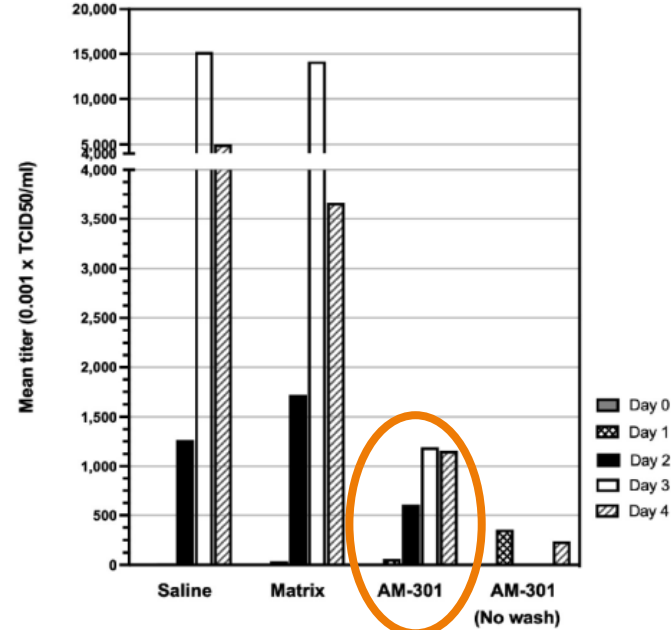
Efficacy in SARS-CoV-2

- Reconstituted human nasal epithelium model
 - Functional nasal mucosa
 - Without help from immune system or mucociliary clearance
 - Read-out through median Tissue Culture Infectious Dose, TCID₅₀, in Vero cells
- Daily treatment with Bentrion (AM-301)

Prevention – start 10' before



Mitigation – start 30 hrs after



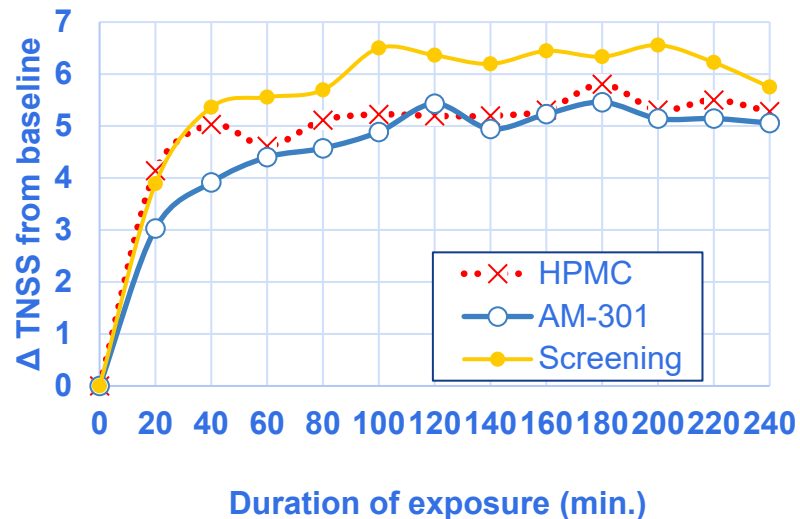
- Highly effective protection
 - >99% reduction in viral titer
- Activity also post infection
 - Significant deceleration of viral titer growth

Efficacy in Allergy

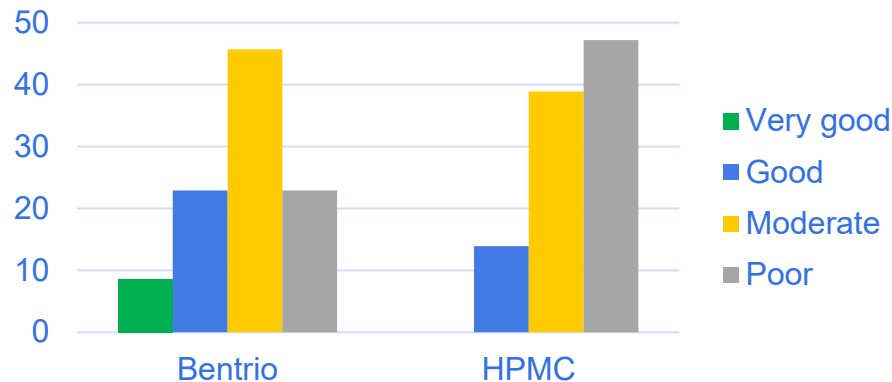
- Clinical pollen chamber study
- Open-label randomized cross-over study
- 36 patients with allergic rhinitis to grass pollen
- Single dose of Bentrion™ or HPMC powder spray prior to 4 hours of controlled pollen exposure

- Study met primary efficacy endpoint = substantial equivalence to predicate device for 510(k)
- Fast onset – significantly better at 20' and 40' timepoints
- Protective effect for 4 hours

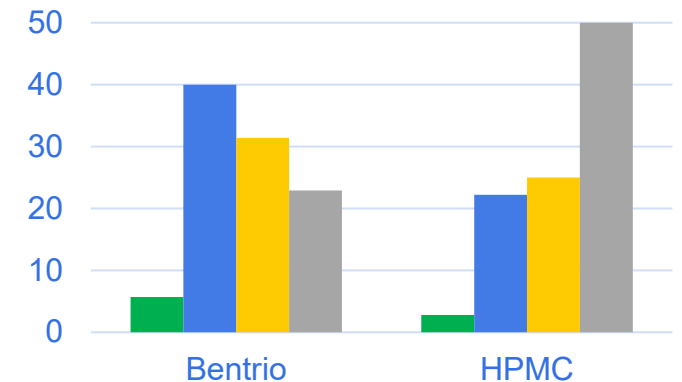
Mean change from baseline



Efficacy rated by subjects (%)



Efficacy rated by clinicians (%)



Next steps with Bentrío™

Expanding body of evidence

- Covid-19 study
 - Prevention and treatment
 - Rapid study start in India
- Seasonal allergic rhinitis study
 - 14 days of treatment
 - Allergy season in southern hemisphere
- House dust mite challenge study
- Various in vitro and in vivo studies

Commercial

- Europe
 - CE mark / conformity in May 2021
 - Preparing market launch in selected countries
- USA
 - 510(k) pre-submission meeting in May 2021
 - Submission for allergy in early Q3 2021
 - Discussions about viral infection ongoing
- Discussions with potential distribution partners
- Significant, scalable contract manufacturing capacity

Market Potential for Bentrío™

Addressing frequent conditions

Viral infections

- Human rhinovirus (HRV) is most common cause of upper respiratory tract infection
- US revenues for cold and cough remedies: > \$12 billion in 2021
www.statista.com
- Influenza resulted in 9-45 million illnesses, 140,000-810,000 hospitalizations and 12,000-61,000 deaths annually since 2010 [Centers for Disease Control and Prevention](#)
- Covid-19: 174 million cases and 3.74 million deaths to date

Allergies

- About 7.8% of people 18 and over in the US have hay fever [Schiller et al., 2010](#)
- 11.1 million visits to physician offices with primary diagnosis allergic rhinitis
[National Ambulatory Medical Care Survey](#)
- \$4 billion market size for OTC allergy medicines in US in 2020 www.ibisworld.com

Air pollution

- > 90% of the world's population exposed to unhealthy air, 5th highest mortality risk factor globally [WHO](#)
- E.g. causing 1.8 m premature deaths p.a. in China [Global Alliance on Health and Pollution](#)

Viral Infection and Allergy



Intranasal Betahistine for Treating Vertigo

AM-125 Acts as a Vestibular Stimulant

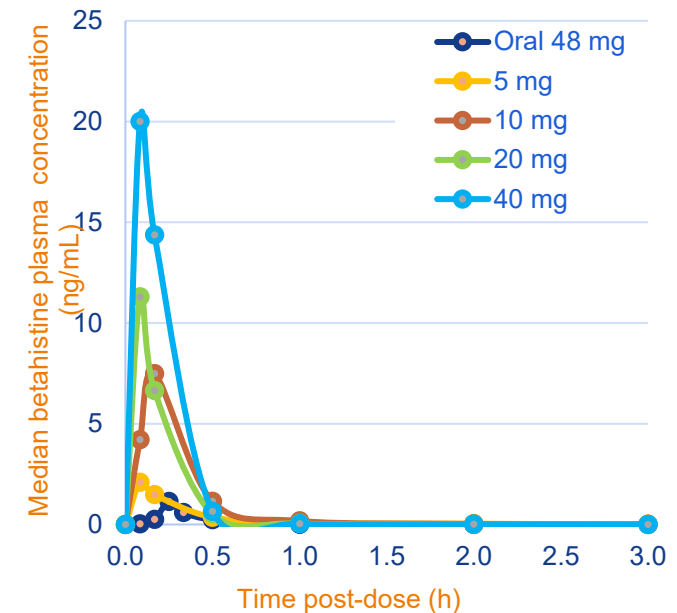
- 35.4% of the US population ≥ 40 years experience vestibular dysfunction¹
- Lifetime prevalence of vertigo interfering with daily activities is 3-8%²
- Betahistine – unique vestibular stimulant
 - World-wide SOC, but no longer marketed in US
 - Current worldwide annual sales ~\$450 million³
- Rx options in US essentially limited to vestibular suppressants
- AM-125 addresses betahistine's weak point = poor oral bioavailability (~1%)
 - Capture part of existing oral betahistine market
 - Bring betahistine back to US

¹ Agrawal et al., 2009

² Murdin et al., 2015

³ Oral betahistine, manufacturer prices (IMS).

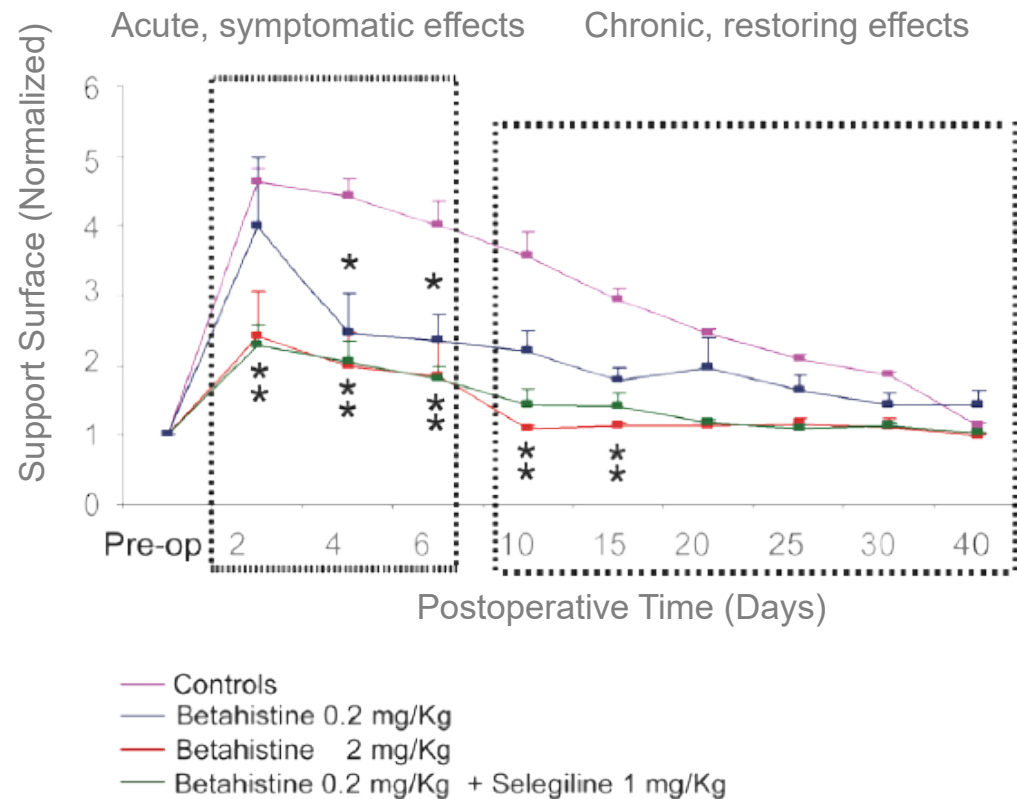
Superior bioavailability of intranasal betahistine



- *Betahistine targets the histaminergic system*
 - Increases inner ear and cerebral blood flow
 - Increases histamine turnover and enhances histamine release in CNS
 - Enhances release of acetylcholine, dopamine and norepinephrine in CNS
- Relative bioavailability of AM-125 vs. oral betahistine (daily dose) = 5 to 29 x

Higher Bioavailability Translates Into Better Efficacy

Cats undergoing unilateral section of vestibular nerve



When treated with high dose betahistine, cats experienced:

- Faster improvement of acute symptoms than lower dosages
- Accelerated vestibular compensation
- Significant increase of histaminergic activity in hypothalamus
- Substantially higher bioavailability
- Similar effect with low dose betahistine + MAO inhibitor selegiline

AM-125 Development & Milestones

Development Plan

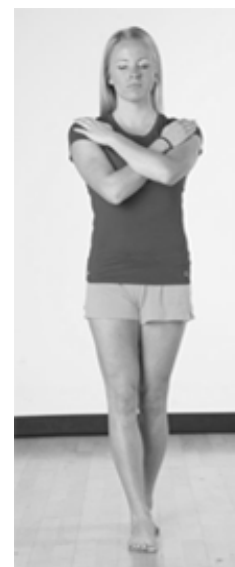
Target Indication and Patient Benefit

- Treatment of acute peripheral vertigo
- Enhance vestibular function
- Improve and accelerate vestibular compensation
- Get patients back on their feet asap!

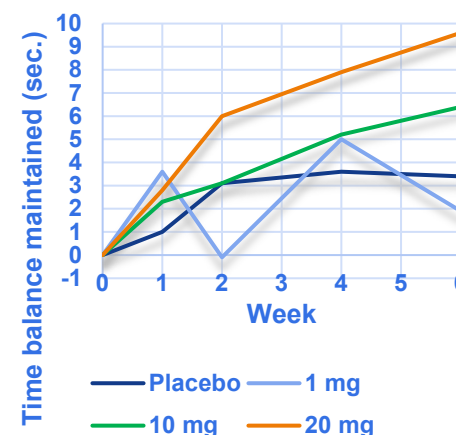
Clinical Milestones

- **First Ph1 trial** in 40 healthy volunteers (2015)
- **Second Ph1 trial** in 72 healthy volunteers (2018)
 - Both showing significantly higher bioavailability vs. oral delivery
 - Treatment safe and well tolerated (maximum 40 mg t.i.d.)
- **Ph2 trial** in 118 acute vertigo patients (ongoing)
 - Acute vertigo following neurosurgery
 - Treatment for 4 weeks, 2-week treatment-free follow-up
 - Battery of balance tests + HRQOL questionnaires

Recent and Upcoming Milestones



Tandem Romberg Test



Interim results from TRAVERS Phase 2 trial Part A in 31 patients suffering from acute vertigo following neurosurgery, treated t.i.d. for four weeks

- Part A: dose dependent improvement in balance + other outcomes
- Continuing with 10 and 20 mg t.i.d. in Part B
- Data read-out in fall 2021 (subject to Covid-19 developments)
- IND and start Phase 3 in late 2021 / early 2022

Upcoming Milestones

Q2 2021	Launch AM-301 in selected markets
Q2 2021	Target indication for AM-401
Q3 2021	Submission 510(k) for AM-301
Q3 2021	Start Covid-19 trial with AM-301 in India
Q3 2021	Completion recruitment Part B AM-125 Ph2 trial
Q4 2021	Read-out Covid-19 trial
Q4 2021	Read-out from Part B AM-125 Ph2 trial
Q1 2022	IND AM-125 / AM-201
Q1 2022	Start AM-125 Ph3 trial