



TOPLINE PIVOTAL PHASE 3 RESULTS

October 18, 2021

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Safe harbor statement

The financial results included in this presentation are unaudited and preliminary estimates that (i) represent the most current information available to management as of the date of this presentation, (ii) are subject to completion of financial closing and procedures that could result in significant changes to the estimated amount, or (iii) do not present all information necessary for an understanding of Phathom's financial condition as of, and its results of operations for the quarter ended, September 30, 2021. Accordingly, undue reliance should not be placed on such preliminary estimates.

This presentation contains forward-looking statements. All statements other than statements of historical facts, including statements regarding our future results of operations and financial position, business strategy, prospective products, product approvals, research and development costs, timing and likelihood of success, plans and objectives of management for future operations, and future results of current and anticipated products, are forward-looking statements.

In some cases, you can identify forward-looking statements by terms such as “may,” “will,” “should,” “expect,” “plan,” “anticipate,” “could,” “intend,” “target,” “project,” “contemplates,” “believes,” “estimates,” “predicts,” “potential” or “continue” or the negative of these terms or other similar expressions. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. These risks, uncertainties and other factors include, without limitation: reported top-line data is based on preliminary analysis of key efficacy and safety data is subject to more audit and verification procedures that could result in material changes in the final data; we may experience delays submitting the NDAs; our ability to access additional capital under the term loan facility is subject to certain conditions including verification by the lender that the clinical milestone has been met and; our ability to comply with our license agreement with Takeda; and other risks described in our filings with the Securities and Exchange Commission (SEC), including our Annual Report on Form 10-K and any subsequent filings with the SEC. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof, and we undertake no obligation to revise or update this presentation to reflect events or circumstances after the date hereof. All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995.

Today's call

Prepared Remarks



Terrie Curran
President & Chief Executive Officer



Azmi Nabulsi, M.D.
Chief Operating Officer



Martin Gilligan
Chief Commercial Officer

TERRIE CURRAN

President and Chief Executive Officer

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PHALCON-EE met primary and key secondary endpoints

Vonoprazan, if approved, will become the first innovative GERD therapy in US in >30 years



> Novel MOA

Further supports vonoprazan's differentiated profile



> Potent, rapid, durable

NDA submission planned for H1 2022 for erosive esophagitis (EE)



> If approved, US launch anticipated in 2023

Supports potential blockbuster opportunity



> ~20M US EE patients

AZMI NABULSI, M.D.

Chief Operating Officer

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Clinically meaningful results from PHALCON-EE study



PHALCON-EE outcomes expected to support submission of NDA with important indications



Healing of EE and relief of heartburn



Maintenance of EE healing and relief of heartburn



Superiority data provides clinical differentiation from lansoprazole, a proton pump inhibitor (PPI)

Superior healing at 2 weeks in patients with moderate-to-severe disease¹

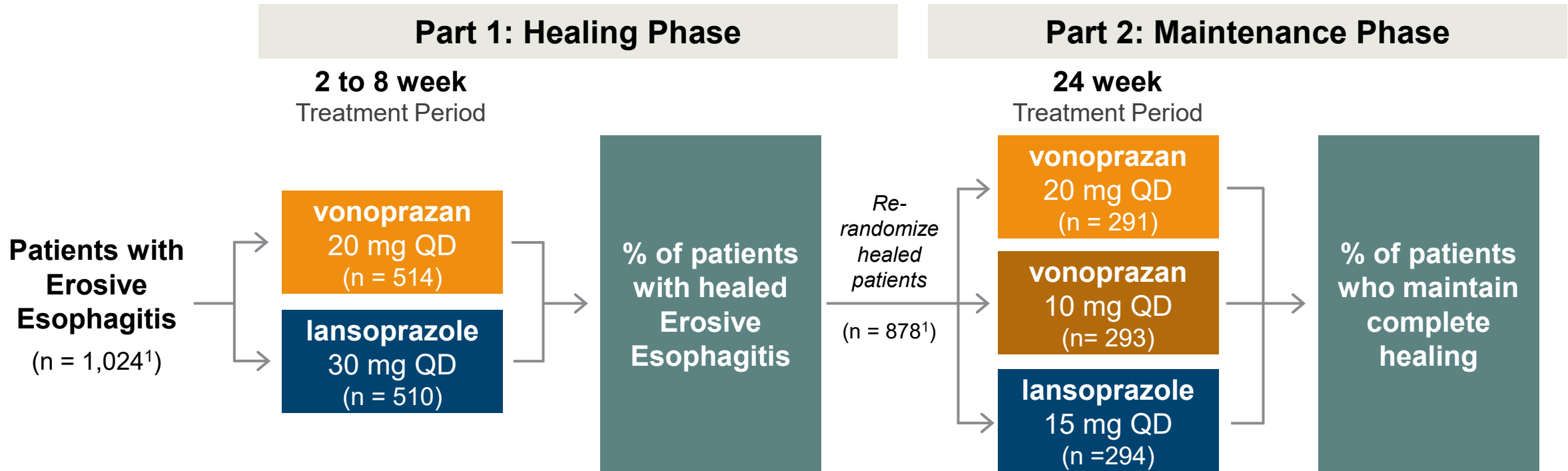
Superior maintenance of healing in all patients

Superior maintenance of healing in patients with moderate-to-severe disease

¹Healing rate in all patients was also numerically greater at 2 weeks but could not be deemed statistically significant due to hierarchical testing


PHALCON-EE phase 3 study design

US/Europe study in Erosive Esophagitis



¹ Represents modified intent to treat (mITT) population

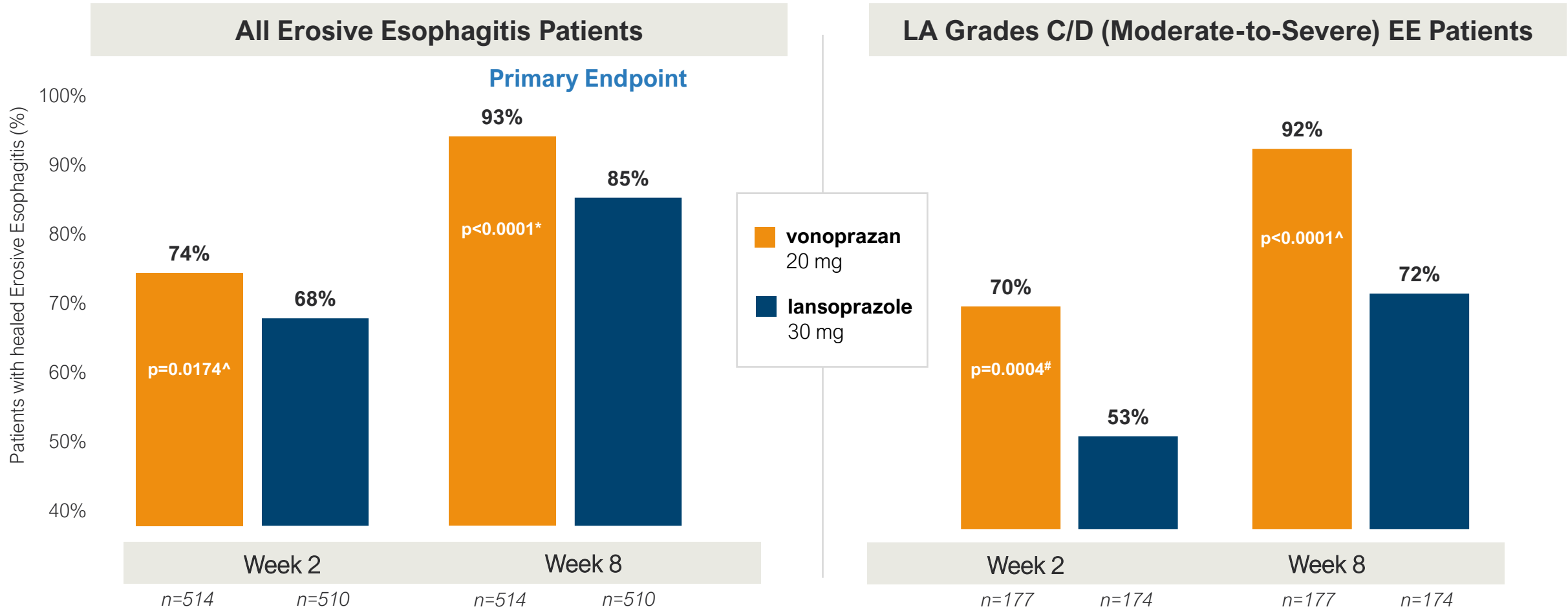
PHALCON-EE met primary and key secondary endpoints

Healing Phase		Maintenance Phase		
	Vonoprazan 20mg		Vonoprazan 20mg	Vonoprazan 10mg
★ Noninferiority: % of subjects with complete healing of EE by Week 8	p<0.0001*	★ Noninferiority: % of subjects who maintained healing through Week 24	p<0.0001^	p<0.0001^
Noninferiority: % of 24-hour heartburn-free days over the Healing Period	95%CI: (-1.60, 7.03)	Superiority: % Grades C/D maintain healing through Week 24	p=0.0098	p=0.0245
Superiority: % of Grades C/D subjects who have healing at Week 2	p=0.0004	Superiority: % all Grades maintain healing through Week 24	p=0.0068	p=0.0218
Superiority: % of subjects with onset of sustained resolution of heartburn by Day 3	p=0.2196	Noninferiority % of 24-hour heartburn-free days through Week 24	95%CI: (-2.63, 6.72)	95%CI: (-2.27, 6.84)
Superiority: % of Grades C/D subjects who have healing by Week 8	not tested in hierarchy p<0.0001 (nominal)	<div>  Denotes primary endpoints tested for noninferiority; endpoints were also tested for superiority </div>		
Superiority: % of subjects (All Grades) who have healing at Week 2	not tested in hierarchy p=0.0174 (nominal)			

*Healing phase primary endpoint, exploratory superiority comparison, nominal p<0.0001

^Maintenance phase primary endpoint, prespecified secondary superiority comparison: Vonoprazan 20 mg: p=0.0068; vonoprazan 10 mg p=0.0218

Healing endpoints

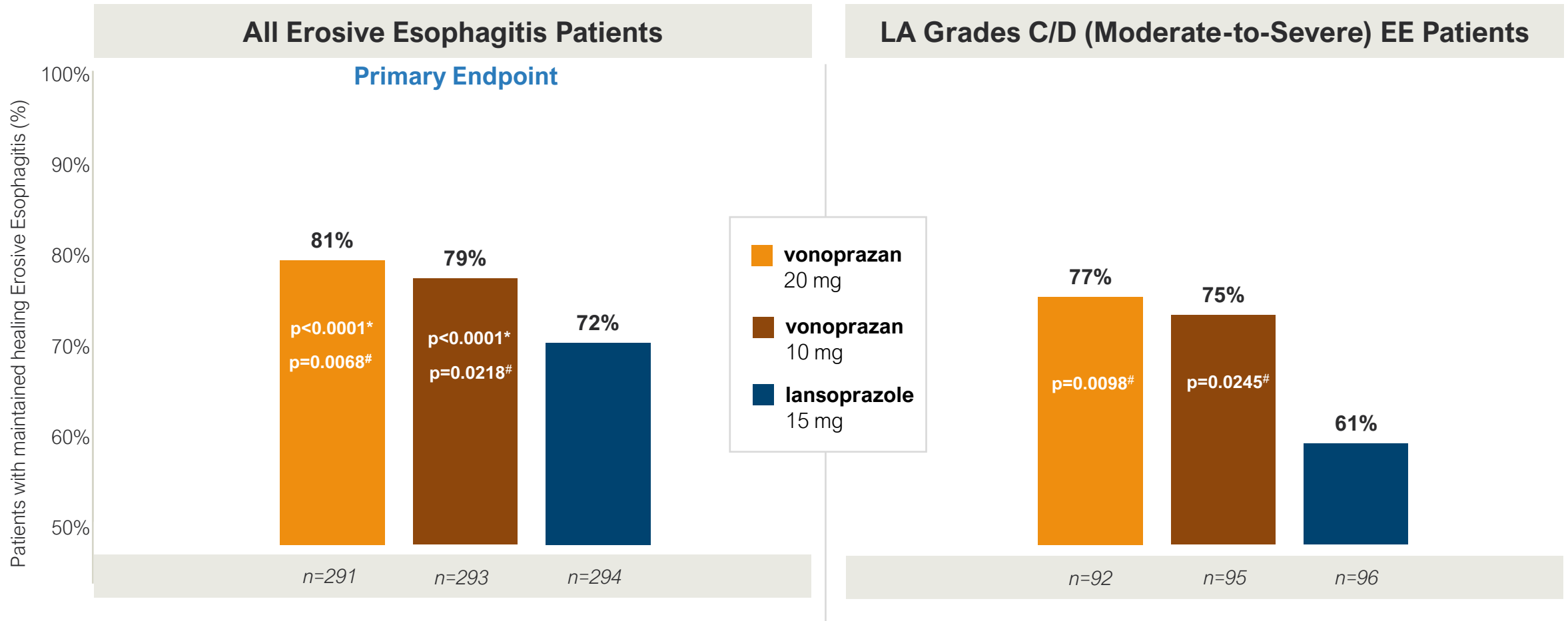


^nominal p-value presented, superiority comparison, not significant based on pre-specified testing hierarchy

*p-value for both primary non-inferiority endpoint and nominal p-value for exploratory superiority comparison

#p-value for pre-specified secondary endpoint superiority comparison

Maintenance of healing endpoints



*p-value for primary endpoint non-inferiority comparison

#p-value for pre-specified secondary endpoint superiority comparison

Summary of PHALCON-EE safety data

Overall, the safety results for vonoprazan observed in PHALCON-EE were consistent with those observed in prior clinical studies

Healing Phase

Most Common Adverse Events

% (n)	Vonoprazan 20 mg	Lansoprazole 30 mg
Diarrhea	2.1% (11)	2.5% (13)

Maintenance Phase

Most Common Adverse Events (≥ 5%)

% (n)	Vonoprazan 20 mg	Vonoprazan 10 mg	Lansoprazole 15 mg
Abdominal Pain	5.4% (16)	4.1% (12)	2.4% (7)
Gastritis	2.7% (8)	6.4% (19)	2.7% (8)
COVID-19	10.1% (30)	6.1% (18)	6.7% (20)

Both Phases

Serious Adverse Events (>1 patient)

	Vonoprazan 20 mg	Vonoprazan 10 mg	Lansoprazole 15 mg
COVID-19* (n)	5	2	0

*No COVID-19 SAEs were deemed related to the study drug by the investigator | Safety Set: All subjects who received at least one dose of study medication

Clinically meaningful results from PHALCON-EE study



PHALCON-EE outcomes expected to support submission of NDA with important indications



Healing of EE and relief of heartburn



Maintenance of EE healing and relief of heartburn



Superiority data provides clinical differentiation from lansoprazole, a proton pump inhibitor (PPI)

Superior healing at 2 weeks in patients with moderate-to-severe disease¹

Superior maintenance of healing in all patients

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¹Healing rate in all patients was also numerically greater at 2 weeks but could not be deemed statistically significant due to hierarchical testing

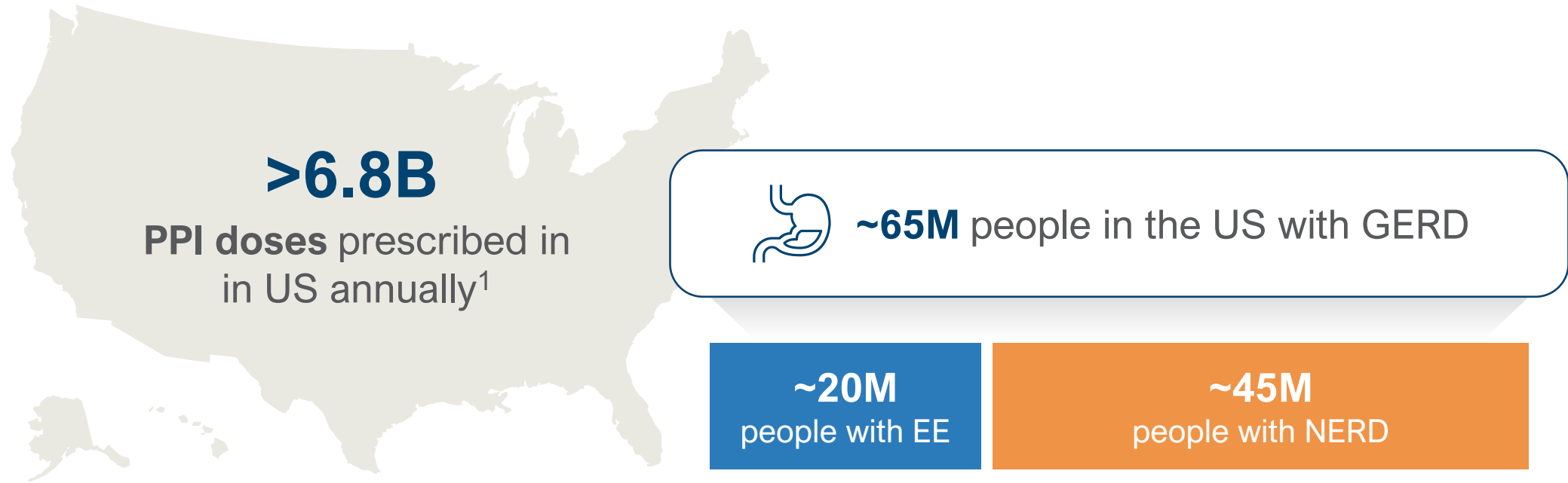


MARTIN GILLIGAN

Chief Commercial Officer

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Large market opportunity



¹ For the 12 months ended October 31, 2020; IQVIA data

High dissatisfaction among patients and prescribers with current therapies



<1/3

of HCPs are satisfied with current treatment options for their patients¹



59%

of patients believe better control can be achieved, regardless of satisfaction with current treatment¹



~50%

of EE & NERD patients progress lines of therapy annually²

¹Study of Acid Related Disorders (SOARD)

²Symphony APLD claims analyses

Market research shows significant unmet need in EE across all stakeholders



Patients

Need for sustained healing

Looking for new therapy options

Convenience to use without a meal



Physicians

Desire for improved efficacy to adequately address healing and maintenance of healing

Desire alternatives to PPI treatments

Want innovative mechanism of action



Payers

Desire enhanced efficacy in all patients, including difficult-to-treat groups

Want lower reoccurrence rates

Need for cost-effective treatments

70%
a different **MOA**



**HCPs agree vonoprazan
is differentiated
vs.
existing treatments
by having...**



62%

superiority in healing of EE
erosions among moderate-
to-severe patients



58%

**superiority efficacy in
maintenance** of healed
esophageal erosions

Profile and PHALCON-EE data further support vonoprazan's blockbuster potential



IF APPROVED

Vonoprazan would be the first innovative therapy for gastric acid related disorders in more than 30 years

Vonoprazan profile

- ✓ Novel MOA
- ✓ Faster and superior healing in moderate-to-severe patients at week 2 versus lansoprazole
- ✓ Superior maintenance of healing in patients of all disease severity versus lansoprazole
- ✓ Relief and maintenance of heartburn
- ✓ Potential for label differentiated from PPIs
- ✓ Generally well-tolerated with large global safety database

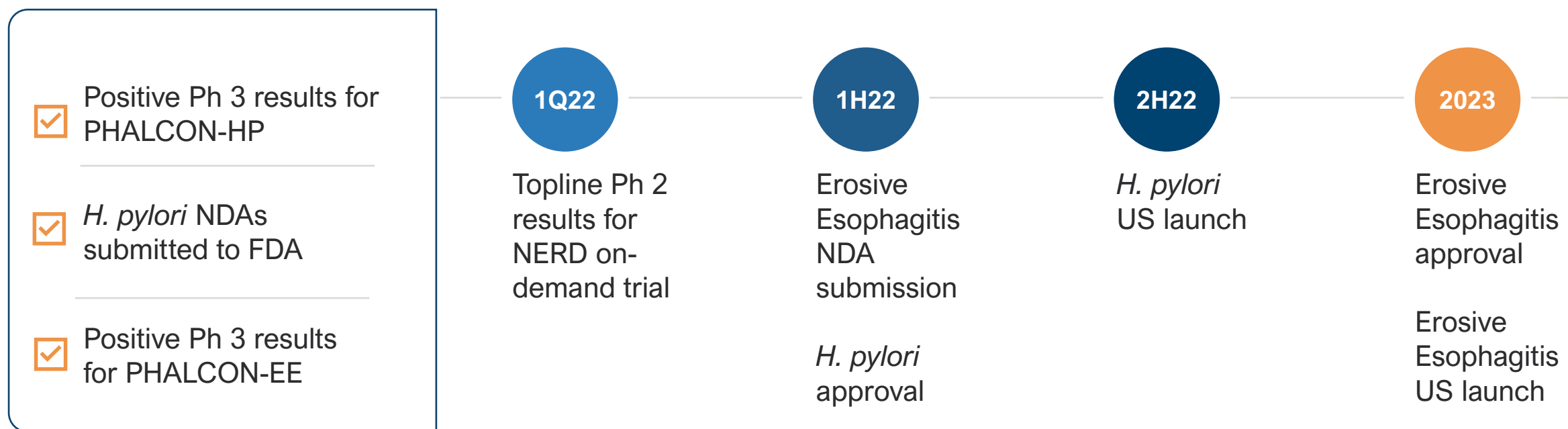


TERRIE CURRAN

President and Chief Executive Officer

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Expected milestones



~\$225M cash and cash equivalents as of September 30, 2021¹, plus up to an additional \$100M remaining under existing term loan facility

¹ Unaudited, preliminary and subject to change

Q&A