TURNING PATIENT CARE
INSIDE-OUT

Corporate Presentation

April 2024

scPharmaceuticals

Innovative outpatient solutions that bring care closer to home

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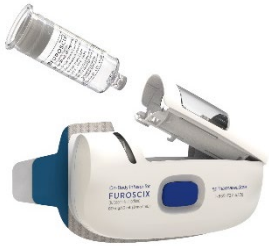
Optimizing Delivery to Advance Patient Care



FUROSCIX launched in February 2023 to treat congestion in heart failure, a $9.4B market

Continued strong commercial and operational execution
$13.6M net revenues in 2023 and auto-injector sNDA submission by YE:24

Several label expansion initiatives underway
A) Class IV heart failure, representing 10% of all HF patients
B) fluid overload in CKD, a $3B market

Robust intellectual property coverage **through 2034**

Strong financial position
Cash, cash equivalents and short-term investments of $76 million as of December 31, 2023

Large Unmet Need in Heart Failure

Significant global market opportunity with a clear value proposition

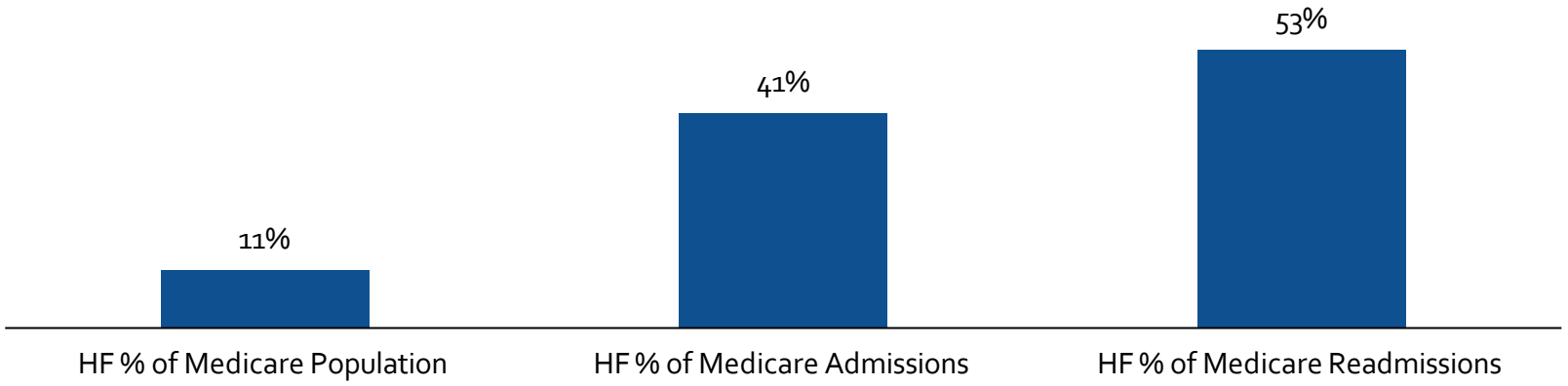
- 6.7 and 15.8 million adults with HF in the US[1] and G7[2], respectively
- In the US, 4.0 million HF events occur annually[1,2,3,4], with congestion as the most common cause of hospitalization[5]
- In patients 65+ of age, congestion from worsening HF is also one of the most common causes of hospitalization
- HF represents 33% ($123B) of annual Medicare Part A and B spend[6]
- Potential for significant cost savings for payers and hospitals by reducing patient hospital admission/readmission rates

$9.4B

Addressable US market opportunity

1. Tsao, CW et al. *Circulation*, 25 Jan. 2023 . 2. Decision Resource Group Report 2022 HF Disease Landscape & Forecast, note: G7=US, Germany, France, UK, Italy, Spain, Japan equals 15.8M cases 3. Virani, et. al. Circulation 2020;:e374 HF clinic visits. 4. Data on file. scPharmaceuticals, Burlington, MA. 5. Mullens W, et al. Eur J Heart Fail 2019; 21(2):137-155. 6. Fitch, et al. Cost Burden of Worsening Heart Failure in the Medicare fee for service population, Milliman, 2017. http://us.milliman.com/insight/2017/The-cost-burden-of-worsening-heart-failure-in-the-Medicare-fee-for-service-population-An-actuarial-analysis/

Heart Failure (HF): A Significant Financial Burden to Medicare



HF patients represent 33% ($123B) of annual Medicare Part A and B spending[1]

Average cost of a heart failure hospitalization is $11,840[1]

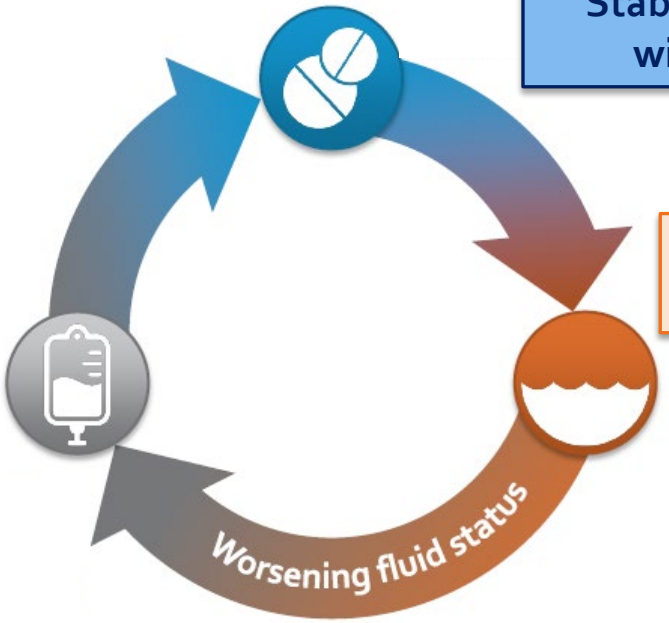
80% of HF costs is attributed to the hospitalization cost[1]

1. Fitch, et al. Cost Burden of Worsening Heart Failure in the Medicare fee for service population, Milliman, 2017 (White Paper).

Cycle of Decompensation & Hospitalization Is the Primary Burden for Patients Suffering from HF

Hospitalized patient treated with IV diuretic

- 59% of hospital admission directly attributed to volume overload[1]
- Up to 50% of HF hospital admissions may be avoidable[2]
- 30-50% patients discharged still congested[3-5]
- 25-30% of patients readmitted to the hospital after discharge within 30 days[6,7]



Stable patient treated with oral diuretic

Start of fluid retention

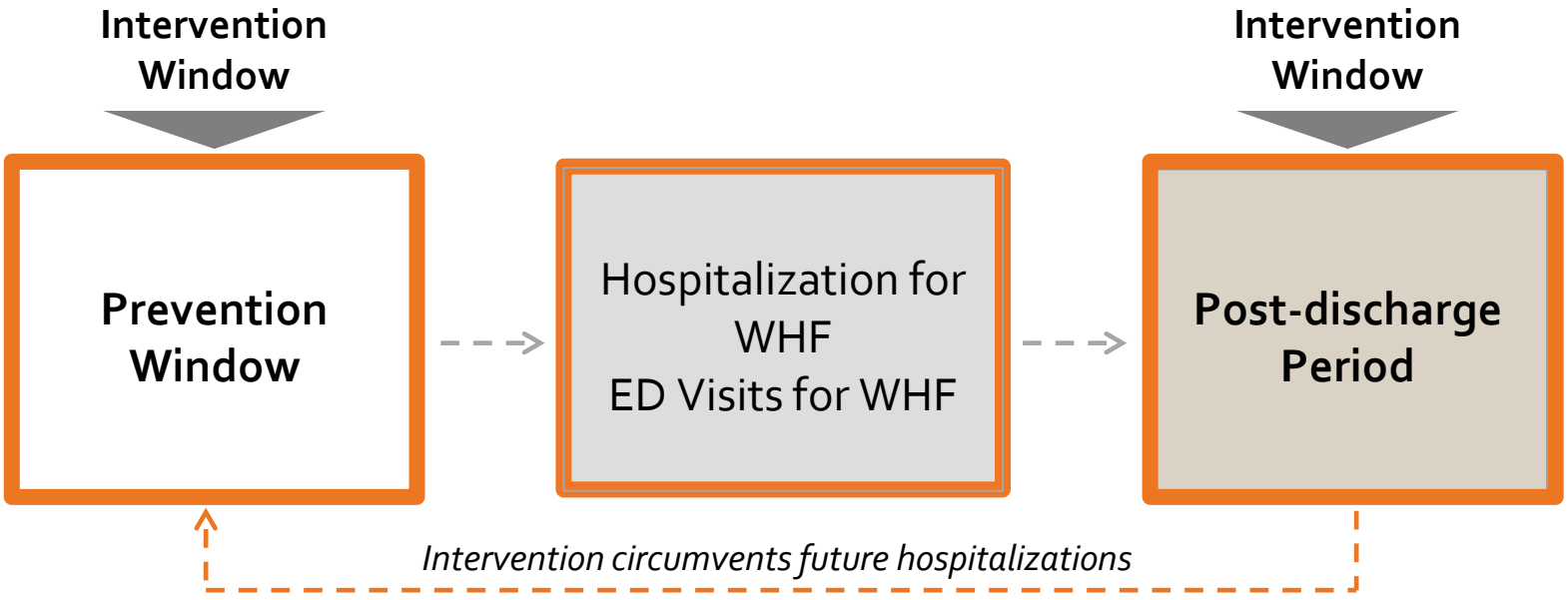
- Fluid retention (Congestion) – hallmark of HF
- Decompensation leads to reduced oral bioavailability of diuretics
- Worsening symptoms is the most common reason patients contact their provider

1. Bennett S, et al. American Journal of Crit Care. 1998;7(3):168-174. 2. Collins et al. J Am Coll Cardiol. 2013 January 15; 61(2): 121–126. 3. Neuenschwander JF, et al. Crit Care Clin. 2007;23(4):737-58. 4. Costanzo MR, et al. Am Heart J. 2007;154(2):267-77. 5.Fonarow GC, et al. JAMA. 2005;293(5):572-80 6. Kilgore M et al. *Risk Manag Healthc Policy*. 2017;10:63..7. Fitch K, et al (2017) The cost burden of worsening heart failure in the Medicare fee for service population: an actuarial analysis [white paper]

New Model of Treatment

FUROSCIX Opportunity for Intervention

Pre-admission and post-discharge (readmission) are targeted opportunities for Worsening Heart Failure (WHF) intervention



Greene SJ, et al. JAMA Cardiol. 2018;3(3):3029-3039.

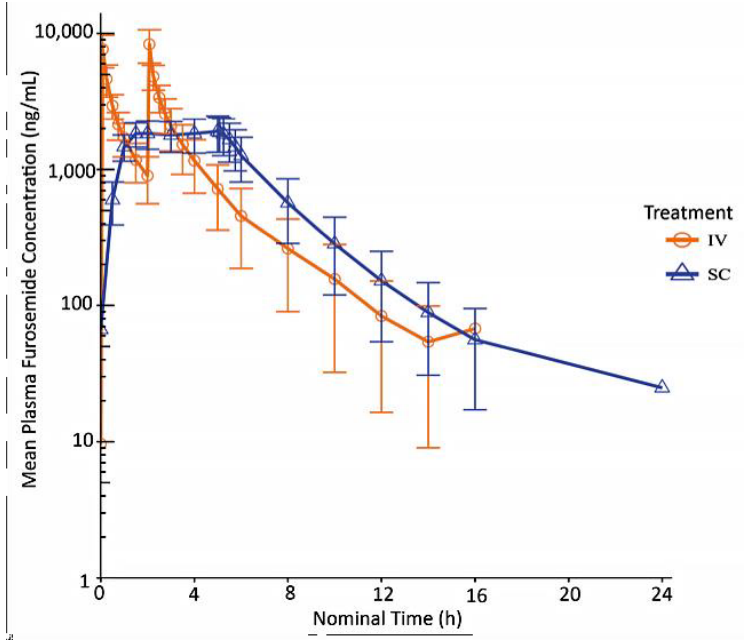
A New Model for Treating Congestion in Heart Failure

- Furosemide pH neutral subcutaneous injection
- Indicated to treat congestion due to fluid overload in adult patients with NYHA1 Class II/III chronic heart failure
- On-Body Infusor delivers 80 mg/10 mL dose over 5-hours in biphasic delivery profile
  - 30 mg delivered in the first hour, 12.5 mg delivered per hour over the subsequent four hours
- Absolute bioavailability: 99.6% (90% CI for AUC: 94.8-104.8%)1
- Equivalent diuresis and natriuresis to IV furosemide
- FUROSCIX is not indicated for use in emergency situations or in patients with acute pulmonary edema

1. Sica et al. JACC Basic Transl Sci 2018; 3(1): 25-34.

5-hour Infusion of FUROSCIX Resulted in Nearly Complete Bioavailability vs. Two Bolus IV Injections of Furosemide

	FUROSCIX SC 5-hour, 80 mg infusion (n = 15)[a]	IV bolus furosemide 2-40 mg injection (n = 15)[a]
C_{max}, ng/mL Mean ± SD	2040 ± 449	8580 ± 2540
t_{max}, h Median (min–max)	4.00 (1.00–5.08)	2.08 (0.08–2.08)
AUC_{last}, h*ng/mL Mean (SD)	13000 ± 4000	13000 ± 4050
AUC_{∞}, h*ng/mL Mean (SD)	13100 ± 4010	13200 ± 4170



Absolute bioavailability: 99.6% (90% CI for AUC: 94.8-104.8%)

scPharmaceuticals [a]One subject was excluded from analysis due to high pre-dose concentration. Sica DA, Muntendam P, Myers RL, et al. JACC Basic Transl Sci. 2018;3(1):25-34

FUROSCIX: Effective, Safe and Reduces HC System Costs

Outcomes of Phase II pilot and health economic studies provide clinical and economic validation for the use of FUROSCIX

Phase II AT HOME-HF Study
FUROSCIX subjects demonstrate augmented decongestion vs. enhanced oral diuretics

- Primary endpoint win-ratio for the hierarchal composite endpoint was 1.11
  - 37% relative risk reduction in heart failure hospitalizations
- Secondary endpoints highlight significant lifestyle improvements:
  - ~4 ½ pound greater weight loss at day 3 (p=0.035)
  - Improvement in 5-point and 7-point dyspnea score at day 3 (p=0.019 and p=0.006, respectively)
  - Clinically relevant increase in KCCQ scores of 8.9 points and 9.3 points at day 7 and day 30 from baseline, respectively
  - 55.8-meter improvement in 6-minute walk distance at day 30 (p=0.012)
- Acceptable tolerability profile and consistent with prior studies and reported AEs

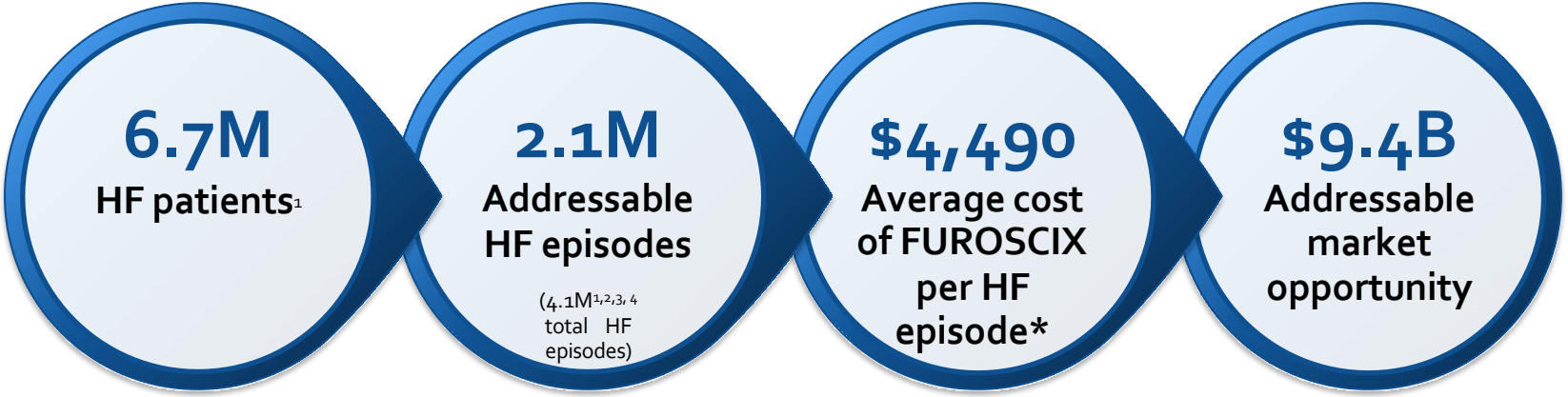
FREEDOM-HF Study
FUROSCIX outside of the hospital setting shows potential to significantly reduce healthcare costs

- Average 30-day HF-related and overall healthcare costs reduced by $16,995 and $27,840, respectively, vs. historically matched comparators ($p < 0.0001$)

Commercial Opportunity

Multi-Billion-Dollar Annual U.S. Market Opportunity

Potential paradigm shift in how heart failure is treated



**$898 per dose; assumes average of 5 doses per HF episode*

Targeted opportunities for HF intervention:

Prevention of admissions and readmissions

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1. Decision Resources Group Report 2023 diagnosed events of Acute HF in the US for 2022 and HF prevalence of 7.2M cases 3. Virani, et. al. Circulation 2020;:2.374 MHF clinic visits 3. H-CUP 2017 Inpatient Stays HF principal diagnosis 1M primary HF diagnosis 4. Market Research Data on file. scPharmaceuticals, Burlington, MA used in calculation of 4.1M HF episodes and 2.1M addressable episodes

Stakeholders are Aligned on the Need to Reduce Hospitalizations and Treatment Costs

Payer

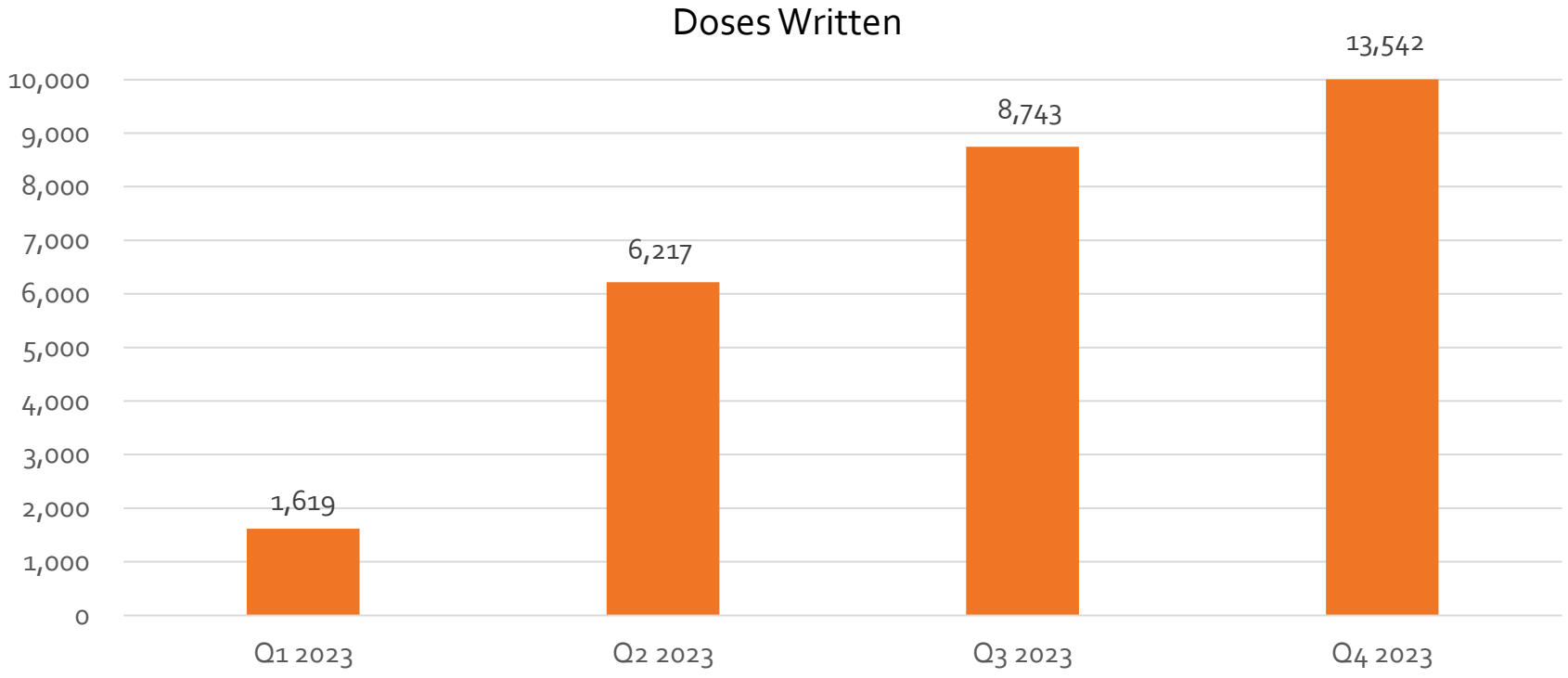
- Average cost to Medicare for an HF admission is $11,840[1]
- HF is top condition targeted by CMS Hospital Readmission Reduction Program[2] (HRRP)
- Medicare Advantage plans bear both medical and pharmacy costs

Hospital and HCP

- Average length of stay is 5.2[4] days with DRG only reimbursing 3.9 days[5]
- Increased financial exposure for hospitals and providers based on readmission penalty risk
- HF in-patient care represents multi-million-dollar loss for targeted hospitals
- HRRP[2] introduces potential for substantial financial penalties

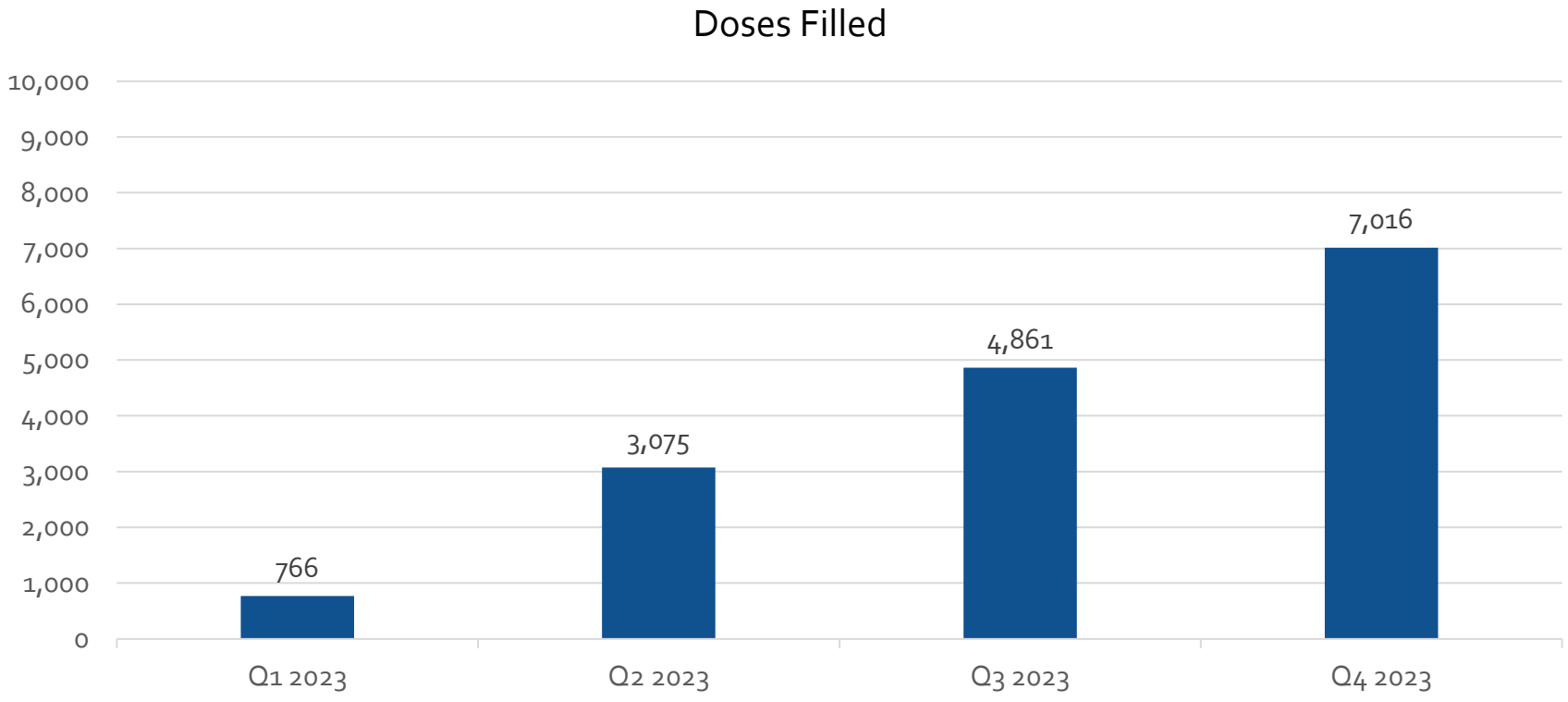
1. Fitch, et al. Cost Burden of Worsening Heart Failure in the Medicare fee for service population, Milliman, 2017. http://us.milliman.com/insight/2017/The-cost-burden-of-worsening-heart-failure-in-the-Medicare-fee-for-service-population-An-actuarial-analysis/ 2. Readmission Reduction Program (HRRP) (updated 2018, April 27) Retrieved from https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html 3. Quality Payment Program fromCMS https://qpp.cms.gov/ 4. Agency for Healthcare Research and Quality (AHRQ). HCUP National Inpatient Sample (NIS), 2014 5. Data on file. scPharmaceuticals, Burlington, MA.

Doses Written by Quarter Since Launch



5.6 doses per prescription launch to date with ~30,000 doses written

Doses Filled by Quarter Since Launch



Q4 2023 Results

Net Revenue

$6.1M

in Q4:23

~60%

QoQ Growth vs. Q3:23

GTN Discount

18%

from launch through Q4:23

vs.

21%

from launch through Q3:23

Driving Commercial Success in Heart Failure in 2024

Label Expansion into Class IV HF	Extend Commercial Reach Through Sales Force Expansion	Drive New Writers & Accounts Across HF Clinics and Cardiologists	Increase Formulary Status with Major PBMs to >75%	Continue Signing Up New Integrated Delivery Networks
Class IV represents 10% of all HF patients	*Potential to expand from 68 current territories*	*77% new prescriber growth in Q3:2023*	*Goal of lowering patient co-pay to $100 or less*	*Pull through existing contracts with VA & Kaiser*

Long Term Growth Initiatives

Long-Term Growth Initiatives

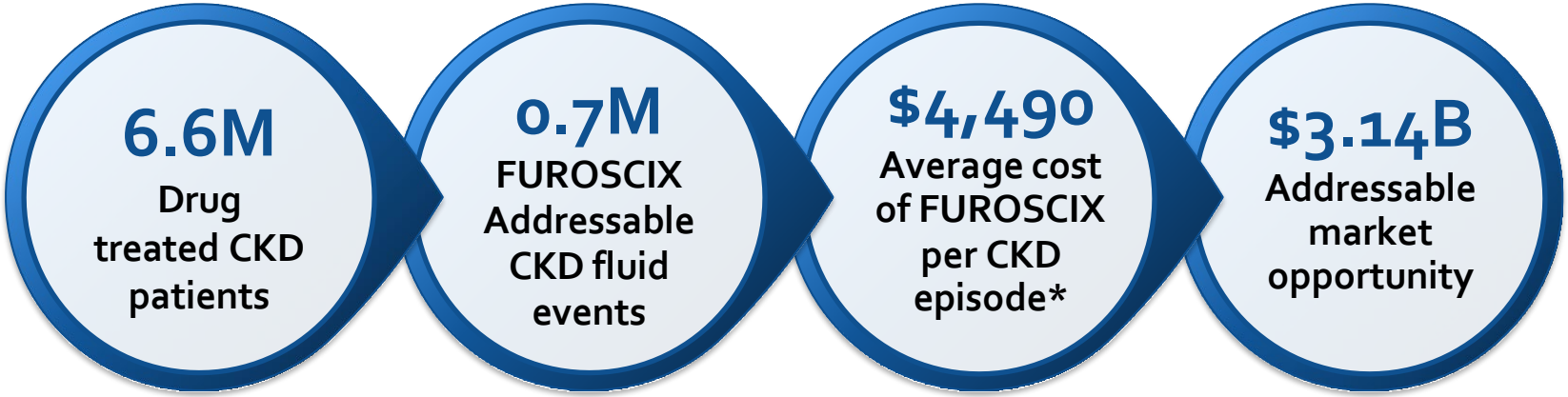
80 mg / 1 mL Auto Injector	FUROSCIX Label Expansions	
	NYHA Class IV Heart Failure	Chronic Kidney Disease (CKD)
Pivotal pharmacokinetic (PK) data expected in 2024 Expected sNDA submission to FDA by end of 2024 Potential to significantly reduce manufacturing costs	Submitted sNDA to FDA in October 2023 Expected FDA approval by August 2024 (at the latest)	FDA has confirmed no additional clinical studies required Only need to demonstrate adequate PK and PD bridge to furosemide injection (listed drug) Expected sNDA submission to FDA by March/April 2024 Expected commercial launch in Q4:24 / Q1:25

80mg/1mL Auto Injector

- Pivotal pharmacokinetic (PK) data expected in 2024
- sNDA submission anticipated 2nd half of 2024
- Formulation patent 2040
- Reduces COGs by ~70%
- Enhances patient and health care providers options

FUROSCIX Multi-Billion-Dollar Annual Market Opportunity in Chronic Kidney Disease Patients Without Heart Failure

Potential paradigm shift in how CKD edema is treated



**$898 per dose; assumes average of 5 doses per CKD episode*

2023 CKD Market and Landscape Forecast – Clarivate/DRG
2015–2018 National Health and Nutrition Examination Survey and the CKD Epidemiology Collaboration (CKD-EPI) equation
Thanakitcharu (2014) Early Detection of Subclinical Edema in Chronic Kidney Disease Patients by Bioelectrical Impedance Analysis - J Med Assoc Thai 2014; 97 (Suppl. 11): S1-S10

Multiple Upcoming Milestones in CKD

Submit sNDA
No additional clinical data required

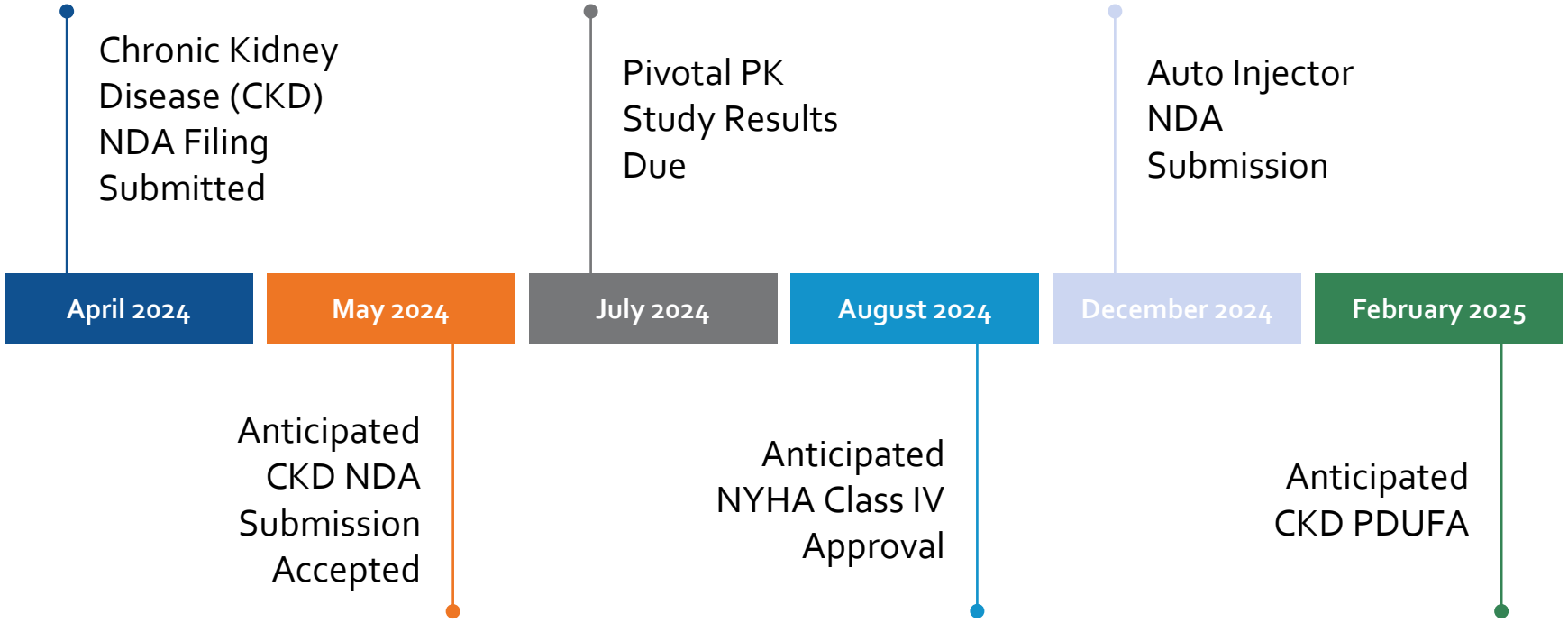
Accelerate KOL Outreach and Support

Develop Marketing Materials and Outreach Plan

FDA Approval & Commercial Launch

Sales force expansion to incorporate nephrologist call points

12-Month Catalysts



Summary

- Net revenue of $13.6M from launch through Q4
  - 60% sequential growth from Q3 to Q4
- Gross-to-net discount of 18% from launch through Q4
- Filed sNDA for expansion into Class IV heart failure in October 2023
  - Approval expected mid-year 2024
- On track to file label expansion in CKD in first half of 2024
- PK study results of Auto Injector program in Q3 2024
- NDA anticipated for Auto Injector in Q4 2024