A Phase 2, Randomized, Placebo-controlled Trial to Evaluate the Safety and Efficacy of CD388, a Novel Drug-Fc-Conjugate, for Prevention of Illness due to Influenza A and B in Healthy Unvaccinated Participants (NAVIGATE) (NCT06609460)

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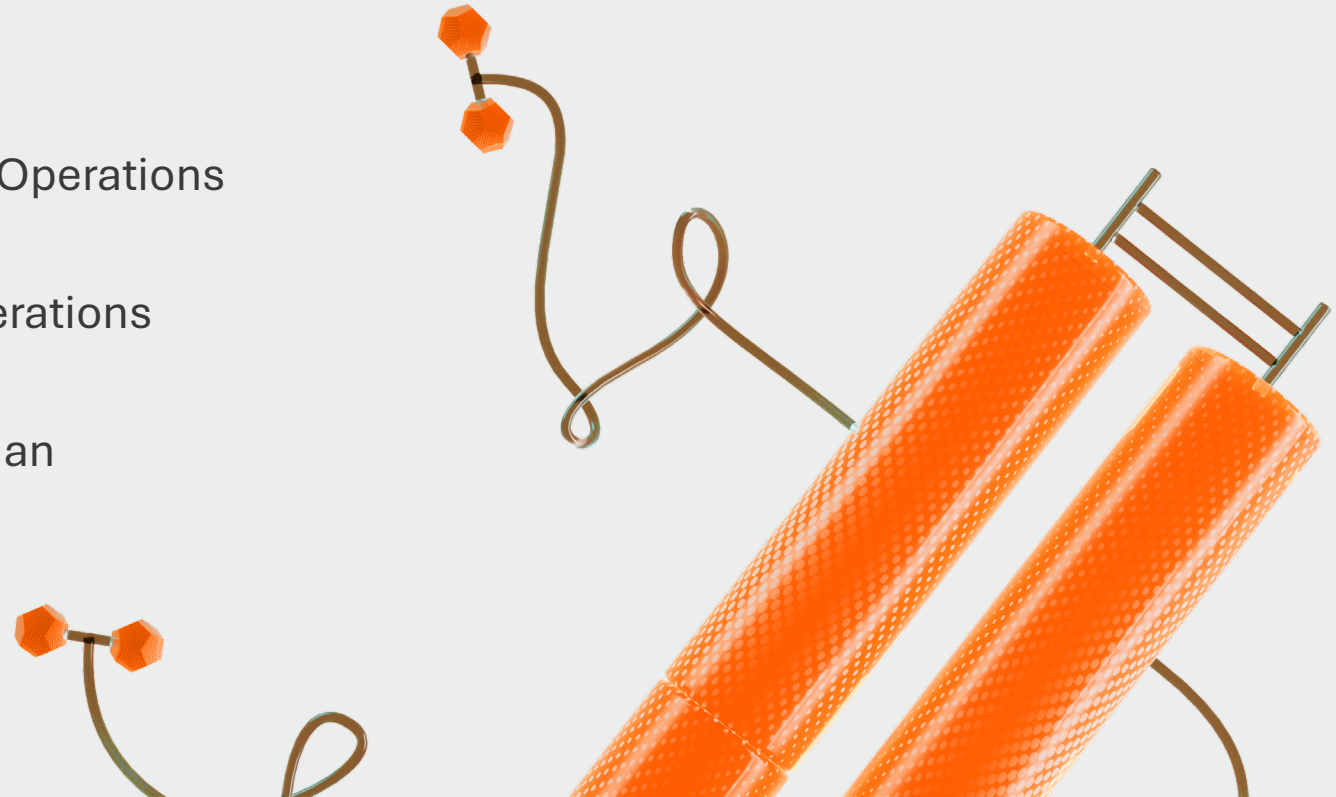


Forward-looking Statements

These slides contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995.

The words “may,” “will,” “estimate,” “plan”, “anticipate,” “expect,” “potential,” “could,” “project,” and similar expressions (including the negative thereof), are intended to identify forward-looking statements. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Such statements include, but are not limited to, statements regarding Cidara’s research and development efforts; preclinical and clinical development activities; plans, projections and expectations for and the potential effectiveness, safety and benefits of, its product candidates, including CD388 and other product candidates from the Cloudbreak platform; whether CD388 may have significant advantages beyond and in addition to flu vaccines; and advancement of its strategic plans.

Projections, assumptions and estimates of the future performance of the markets in which Cidara operates are necessarily subject to a high degree of uncertainty and risk, including, Cidara's ability to obtain additional financing; the success and timing of Cidara’s preclinical studies, clinical trials and other research and development activities; receipt of necessary regulatory approvals for development, as well as changes to applicable regulatory laws in the United States and foreign countries; changes in Cidara's plans to develop its product candidates; Cidara's ability to obtain and maintain intellectual property protection for its product candidates; and the loss of key scientific or management personnel. These and other risks and uncertainties are described more fully in Cidara's Annual Report on Form 10-K for the fiscal year ended December 31, 2024, filed with the United States Securities and Exchange Commission ("SEC“’) on March 6, 2025, and in Cidara’s other filings with the SEC.

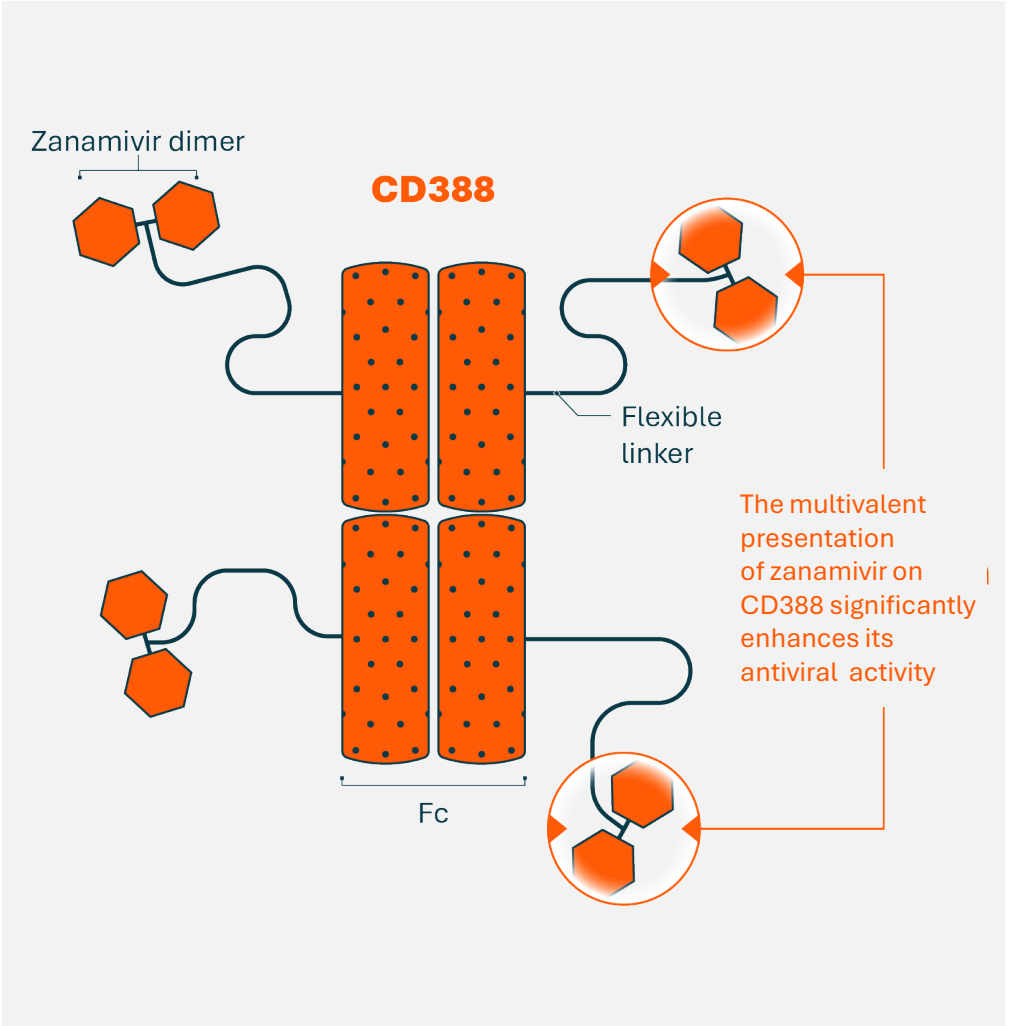
Additional risks and uncertainties may emerge from time to time, and it is not possible for Cidara’s management to predict all risk factors and uncertainties. Cidara cautions that the foregoing list of factors is not exclusive and not to place undue reliance upon any forward-looking statements which speak only as of the date of this presentation. Except as required by law, Cidara does not undertake any obligation to update publicly any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in its expectations.

CD388 : A First-in-Class Drug-Fc Conjugate (DFC)

CD388 contains zanamivir dimers stably conjugated to a N-terminally extended human IgG1 Fc domain containing the M252Y/S254T/T256E (YTE) triple mutation to increase half-life (1)

CD388 has potent activity against influenza A and B, including A/H5N1, A/H7N9, and zanamivir and oseltamivir-resistant strains (1)

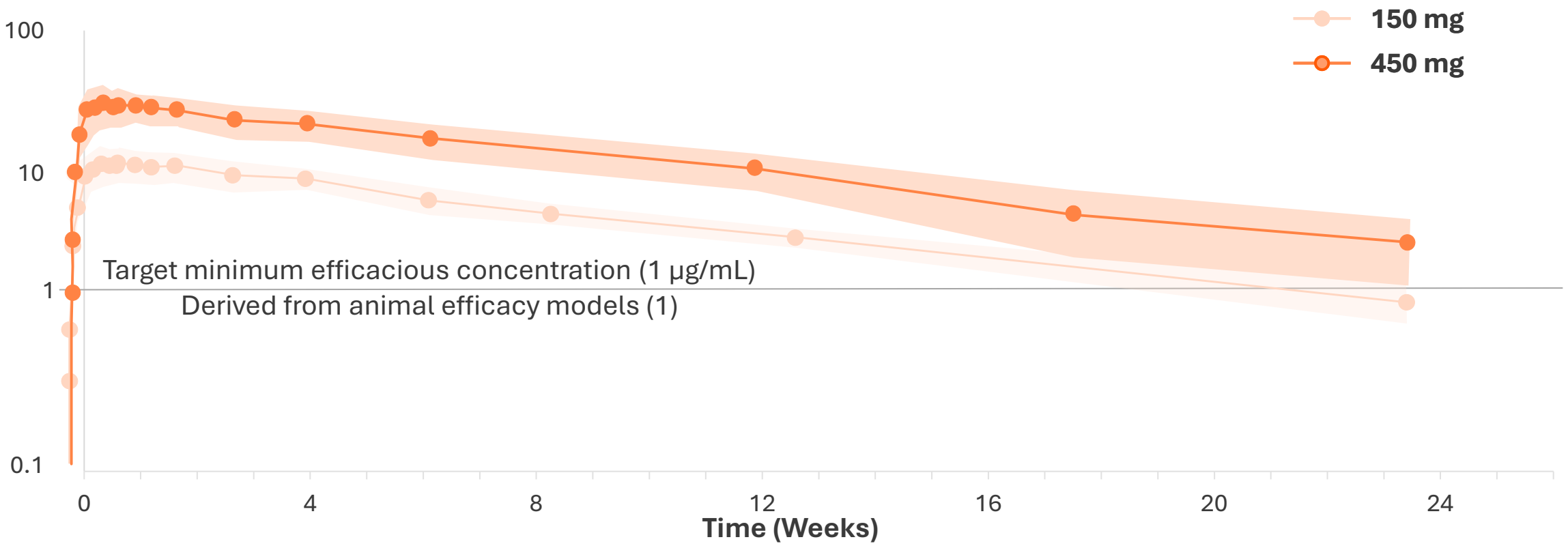
CD388 (150 mg SQ) showed significant reductions in RT-PCR-positive infections and peak viral loads in a controlled human infection model with influenza A/H3N2 challenge (2)



1. https://doi.org/10.1038/s41564-025-01955-3 ;2. Equils O, et al. https://doi.org/10.1093/ofid/ofae631.174

Single SQ Dose of CD388 (150mg or 450mg) May Provide Seasonal Protection Against Symptomatic Influenza Illness

Mean (SD) CD388 Plasma Concentration (µg/ml)



Data from CD388.IM.SQ.1.01 - First in Human Study (N=8 per arm)

1. https://doi.org/10.1038/s41564-025-01955-3

CD388 NAVIGATE Trial Design*

Novel **A**nti**V**iral for Long-Acting **I**nfluenza **G**uard **A**gainst **T**ransmission **E**ffort

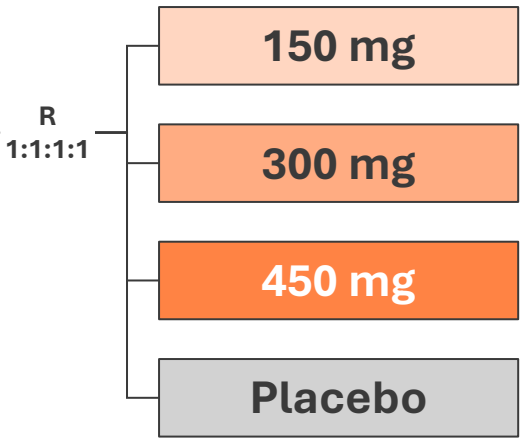
)

Study Population

Generally healthy, unvaccinated adults aged 18-64 not at risk for complications of influenza

Study Size

n=5000 across CD388 and placebo groups



First/Last Participant Dosed

Sep 2024/Dec 2024

Primary Endpoint

Prevention Efficacy (PE) of Influenza-like illness (ILI)

Defined by all 3 criteria present

≥7 days to 24 weeks after dosing:

- PCR-confirmed influenza by NP swab
- ≥2 respiratory or 1 respiratory and 1 systemic sign/symptom
- Body temp ≥38° C

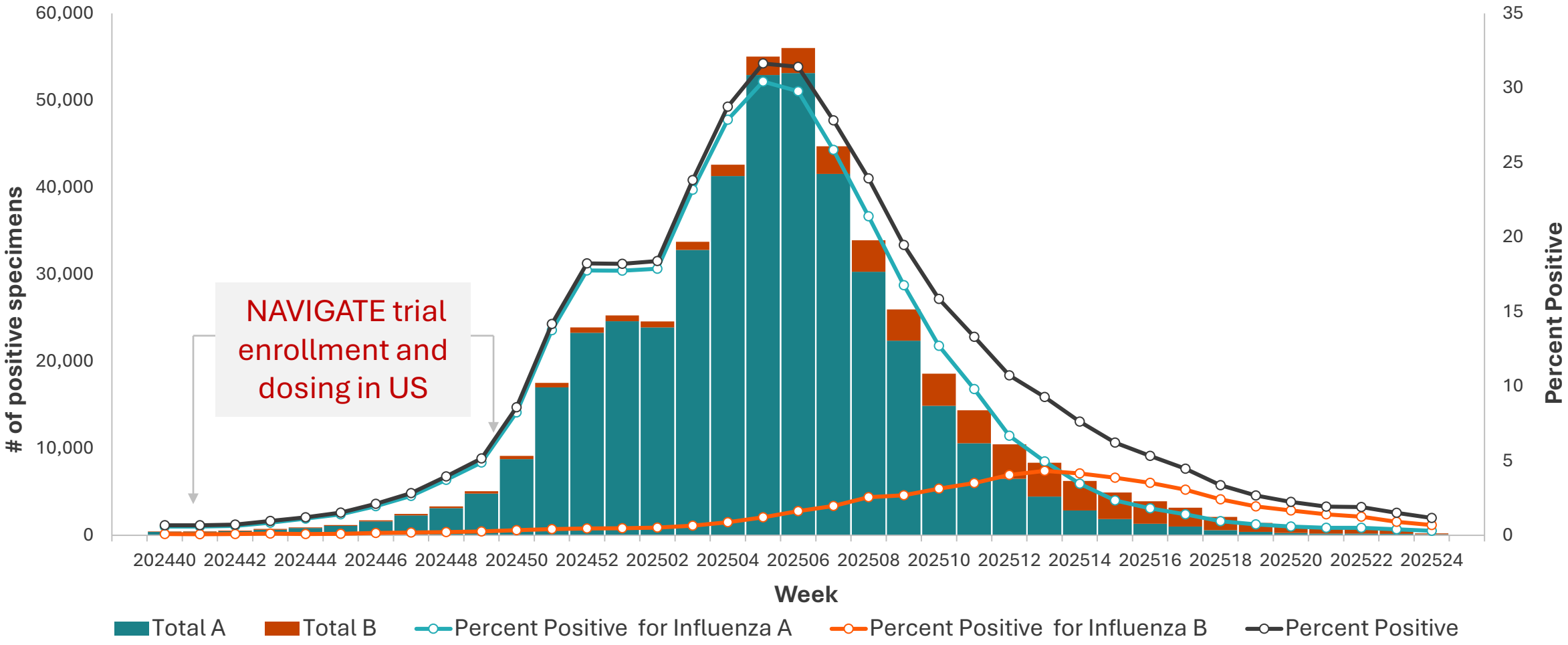
Follow-up After ILI

- Visits on days 3,6,10,15,20,29
- Symptoms assessment and MT swab collection for virology

*Phase 2b trial originally designed as dose-ranging trial without statistical significance testing to select optimal dose to advance to Phase 3.

Abbreviations: PCR=polymerase chain reaction; NP=nasopharyngeal,; MT=mid-turbinate; R=randomization

Influenza Positive Tests Reported to CDC by Clinical Laboratories, National Summary, 2024-25 Season, Week Ending Jun 14, 2025



Demographic Characteristics of Participants at Baseline

Characteristic	CD388 150 mg (N=1268)	CD388 300 mg (N=1268)	CD388 450 mg (N=1268)	Placebo (N=1267)
Age – years (± SD)	39.7 (± 12.67)	39.6 (± 12.91)	39.5 (± 12.94)	39.9 (± 13.19)
Female sex – no. (%)	674 (53.2)	682 (53.8)	697 (55.0)	692 (54.6)
White – no. (%)	930 (73.3)	911 (71.8)	876 (69.1)	885 (69.9)
Black – no. (%)	225 (17.7)	240 (18.9)	246 (19.4)	245 (19.3)
Asian – no. (%)	61 (4.8)	62 (4.9)	74 (5.8)	69 (5.4)
Other races – no. (%)	52 (4.1)	55 (4.3)	72 (5.7)	70 (5.5)
BMI (mean ± SD)	27.0 (± 4.3)	27.2 (± 4.2)	26.9 (± 4.2)	27.0 (± 4.2)
Tobacco usage- no.(%)	209 (16.6)	300 (15.3)	204 (16.2)	201 (16.0)

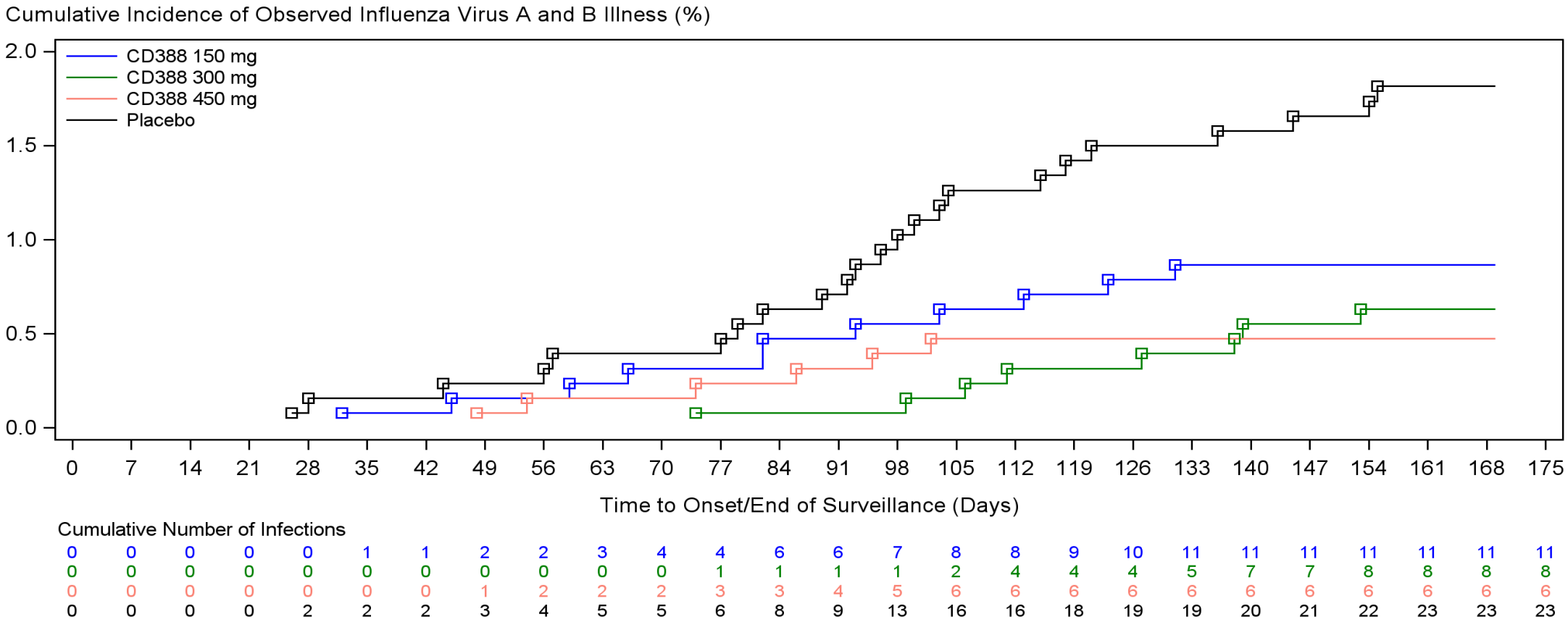
Primary Endpoint :

Temp ≥ 38ºC; ≥2 Respiratory or 1 Respiratory & 1 Systemic Sign/Symptom; Positive RT-PCR for Influenza A or B from a Nasopharyngeal Swab

	CD388			
Primary Endpoint**	**150 mg** N=1,175* n (%)	**300 mg** N=1,192* n (%)	**450 mg** N=1,187* n (%)	**Placebo** N=1172* n (%)
Number of Participants Protocol-Defined ILI	14 (1.2)	13 (1.1)	8 (0.7)	33 (2.8)
Preventive Efficacy (PE) (%)	**57.7**	**61.3**	**76.1**	–
95% CI (%)	21.1, 78.9	27.0, 81.2	49.3, 89.9	–
p-value	0.0050	0.0024	<0.0001	–

Intercurrent events of death, receipt of anti-influenza therapy, or discontinuation are considered as experiencing ILI.
*Sample size (N) indicates participants in ITT population without missing data at time of primary analysis data cut (Apr 30, 2025)
**Statistical significance for grouped 300mg + 450mg dose groups was met (PE=68.6%; p<0.0001),enabling pair-wise testing of individual dose groups v. placebo. P-value based on the Farrington-Manning statistic.
Abbreviations: ILI=influenza-like illness; CI=confidence interval

Primary Endpoint : Temporal Onset of ILI Cases



Observed Influenza Virus A and B Illness defined as central laboratory-confirmed RT-PCR+ influenza infection (nasopharyngeal swab), new onset of fever (oral temperature ≥38.0°C), and new onset of ≥2 respiratory symptoms (nasal congestion, sore throat, cough) or ≥1 respiratory symptom and ≥1 systemic symptom (headache, feeling feverish, body aches/pains, fatigue). Intercurrent events of death, regardless of cause, receipt of anti-influenza therapy, or discontinuation due to lack of efficacy are ignored. Cumulative percentages are based on the ITT Population (i.e., missing data are included).
Abbreviations: ITT = intention to treat; RT-PCR+ = reverse-transcriptase polymerase chain reaction positive; ILI=influenza-like illness

Secondary Endpoint :

Temp ≥ 37.2°C; ≥2 Respiratory or 1 Respiratory & 1 Systemic Sign/Symptom; Positive RT-PCR for Influenza A or B from a Nasopharyngeal Swab

	CD388			
Secondary Endpoint	**150 mg** N=1,175* n (%)	**300 mg** N=1,192* n (%)	**450 mg** N=1,187* n (%)	**Placebo** N=1,172* n (%)
Number of Participants with ≥37.2°C Temp	22 (1.9)	21 (1.8)	12 (1.0)	41 (3.5)
Preventive Efficacy (PE) (%)	**46.5**	**49.6**	**71.1**	–
95% CI (%)	10.2, 69.3	14.8, 71.9	45.8, 86.1	–
P-value	0.0148	0.0083	<0.0001	–

Endpoint defined as central laboratory-confirmed RT-PCR+ influenza infection (nasopharyngeal swab), new onset of fever (oral temperature ≥ 37.2°C), and new onset of ≥2 respiratory symptoms or ≥1 respiratory symptom and ≥1 systemic symptom. Intercurrent events of death, receipt of anti-influenza therapy, or discontinuation are considered as experiencing ILI.

*Sample size (N) indicates participants in ITT population without missing data at time of primary analysis data cut (Apr 30, 2025).

Abbreviations: ITT = intention to treat; RT-PCR+ = reverse-transcriptase polymerase chain reaction ; ILI=influenza-like illness

Participants with ILI due to Influenza A or Influenza B

	CD388			
	150 mg	300 mg	450 mg	Placebo
ILI - Influenza A/H1N1 or A/H3N2	9	5	5	20
Preventive Efficacy (PE) (%)	**55.1**	**75.4**	**75.3**	
(p-value)	(0.039)	(0.002)	(0.002)	
ILI - Influenza B	2	3	1	4
Preventive Efficacy (PE) (%)	**50.1**	**26.2**	**75.3**	
(p-value)	NS	NS	NS	

ILI event defined as central laboratory-confirmed RT-PCR+ influenza infection (nasopharyngeal swab) , new onset of fever (oral temperature ≥38.0°C), and new onset of ≥ 2 respiratory symptoms or ≥ 1 respiratory symptom and ≥ 1 systemic symptom. Intercurrent events of death, receipt of anti-influenza therapy, or discontinuation from study are ignored in this presentation.
Abbreviations: ILI- influenza-like illness; NS=non-significant

Treatment Emergent Adverse Events (TEAEs)

	CD388 150 mg (N=1257)	CD388 300 mg (N=1263)	CD388 450 mg (N=1261)	Placebo (N=1260)
Any TEAE	521 (41.4%)	515 (40.8%)	524 (41.6%)	2515(40.9%)
TEAEs by maximum toxicity grade				
Grade 1	318 (25.3%)	327 (25.9%)	340 (27.0%)	320 (25.4%)
Grade 2	178 (14.2%)	165 (13.1%)	166 (13.2%)	171 (13.6%)
Grade 3	120 (1.6%)	19 (1.5%)	16 (1.3%)	22 (1.7%)
Grade 4	3 (0.3%)	3 (0.2%)	1 (0.1%)	2 (0.2%)
Treatment-Related TEAEs	38 (3.0%)	38 (3.0%)	43 (3.4%)	46 (3.7%)
Grade 1	35 (2.8)%	29 (2.3%)	38 (3.0%)	34 (2.7%)
Grade 2	3 (0.2%)	8 (0.6%)	5 (0.4%)	10 (0.8%)
Grade 3	0	1 (<0.1%)	0	1 (<0.1%)
Grade 4	0	0	0	1 (<0.1%)
Serious TEAEs	8 (0.6%)	8 (0.6%)	6 (0.5%)	13 (1.0%)**
Treatment-Related Serious TEAEs	0	0	0	0
Serious TEAEs with Fatal Outcome *	1 (0.1%)	1 (0.1%)	1 (0.1%)	0

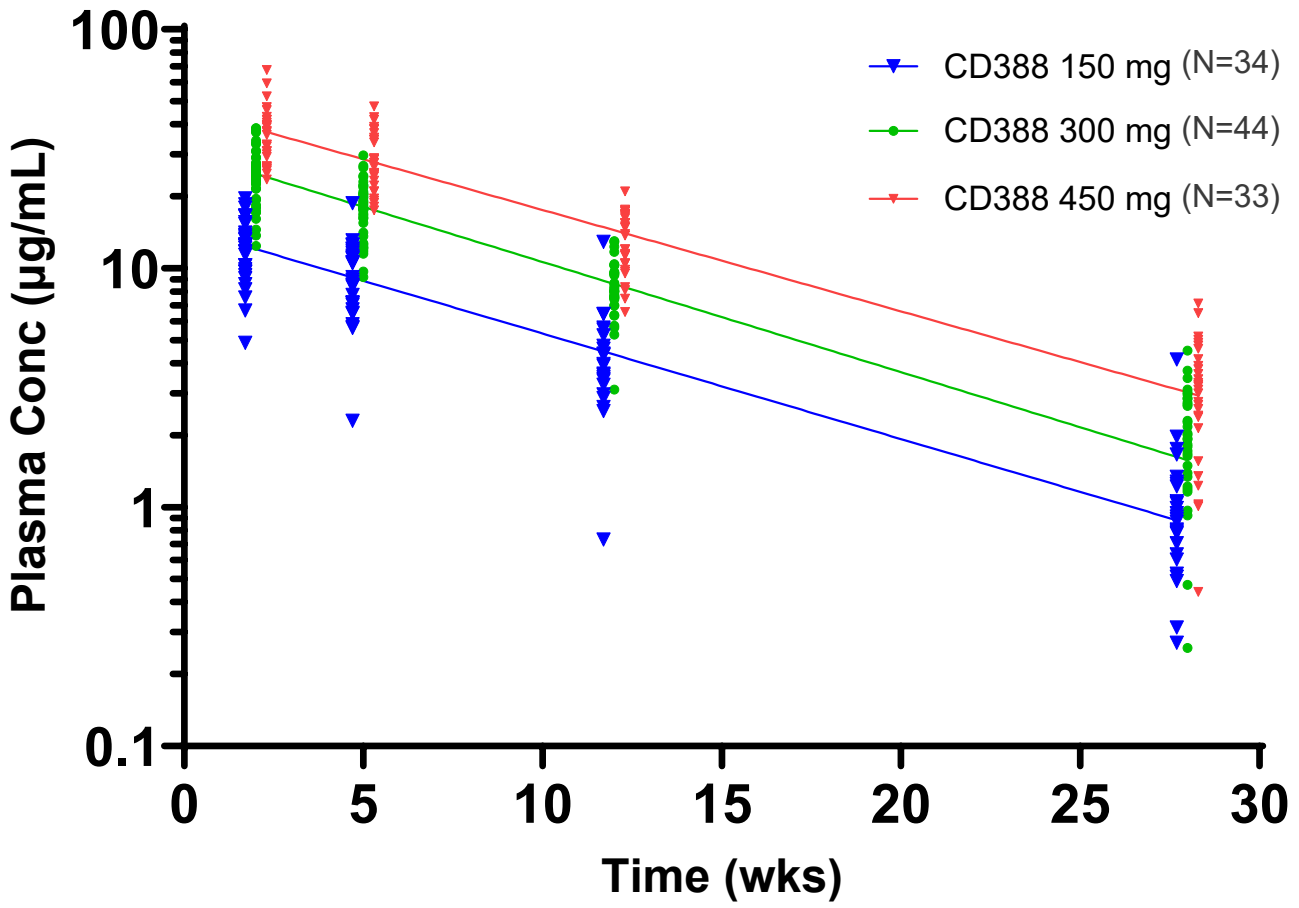
*Middle cerebral artery stroke (150 mg); blunt force head injury (300 mg); accidental drug overdose (450 mg)
**Hospitalization due to influenza A in 22-year old who received placebo

CD388 Pharmacokinetics (PK)

- Subset of 111 participants
- PK data are consistent with results from first-in-human study
- Dose-linear PK demonstrated

CD388 Concentrations at Day 197

Dose (mg)	150	300	450
Mean Conc. (µg/mL)	**0.98**	**2.07**	**3.13**
Max Conc. (µg/mL)	4.15	4.52	7.13
Min Conc. (µg/mL)	<0.05	0.26	0.44



SUMMARY

Phase 2 NAVIGATE Trial (NCT06609460)

- Preventive efficacy of CD388 450 mg dose was higher than the reported effectiveness of seasonal vaccine during the 2024-2025 season (1)
- Each dose of CD388 evaluated was well-tolerated with a safety profile similar to placebo

Phase 3 ANCHOR Trial (NCT07159763)

Advancing a **N**ovel **C**onjugate for **H**igh-risk **O**utpatients to Prevent **R**espiratory Influenza

- CD388 450 mg (vs. placebo) will be evaluated in participants at higher risk of influenza complications due to comorbid conditions and/or age ≥ 65 years
- First participant was dosed on 25 September 2025
- Study sites are activated in the US and UK for the 2025-2026 Northern Hemisphere influenza season

1. Frutos AM, et al. MMWR 2025; 74: 83-90. DOI: http://dx.doi.org/10.15585/mmwr7406a2.

CIDARA THERAPEUTICS

Acknowledgements

-- The 5071 persons who volunteered to participate in NAVIGATE

-- Investigators, Sub-Investigators, and Staff at 57 clinical study sites

-- Parexel Biotech for clinical site management

-- PharPoint Research, Inc for biostatistical support

-- hVIVO Services Ltd. for virologic assays

Injection Site Reactions (ISRs) – Mild or Moderate Severity

	CD388 150 mg (N=1257)	CD388 300 mg (N=1263)	CD388 450 mg (N=1261)	Placebo (N=1260)
Participants Reporting Any ISR on Days 1-7 post injection	270 (21.5%)	310 (24.5%)	318 (25.2%)	251 (19.9%)
Erythema/Redness	89 (7.1%)	113 (8.9%)	121 (9.6%)	85 (6.7%)
Mild	72 (5.7%)	86 (6.8%)	103 (8.2%)	74 (5.9%)
Moderate	15 (1.2%)	25 (2.0%)	18 (1.4%)	10 (0.8%)
Induration/Swelling	49 (3.9%)	91 (7.2%)	80 (6.3%)	38 (3.0%)
Mild	42 (3.3%)	78 (6.2%)	78 (5.8%)	33 (2.6%)
Moderate	7 (0.6%)	12 (1.0%)	7 (0.6%)	4 (0.3%)
Pain	107 (8.5%)	150 (11.9%)	119 (9.4%)	103 (8.2%)
Mild	95 (7.6%)	133 (10.5%)	108 (8.6%)	97 (7.7%)
Moderate	10 (0.8%)	15 (1.2%)	10 (0.8%)	6 (0.5%)
Tenderness	182 (14.5%)	192 (15.2%)	189 (15.0%)	167 (13.3%)
Mild	156 (12.4%)	155 (12.3%)	171 (13.6%)	143 (11.3%)
Moderate	22 (1.8%)	34 (2.7%)	17 (1.3%)	23 (1.8%)

Injection Site Reactions (ISRs) – By Day Post-Injection

	CD388 150 mg (N=1257)	CD388 300 mg (N=1263)	CD388 450 mg (N=1261)	Placebo (N=1260)
Any ISR (n; %)				
Day 1	139 (11.1)	137 (10.8)	139 (11.0)	123 (9.8)
Day 2	124 (9.9)	177 (14.0)	167 (13.2)	110 (8.7)
Day 3	61 (4.9)	93 (7.4)	95 (7.5)	63 (5.0)
Day 4	42 (3.3)	71 (5.6)	63 (5.0)	38 (3.0)
Day 5	26 (2.1)	40 (3.2)	49 (3.9)	24 (1.9)
Day 6	16 (1.3)	31 (2.5)	34 (2.7)	17 (1.3)
Day 7	12 (1.0)	21 (1.7)	28 (2.2)	17 (1.3)