



Theratechnologies Corporate Presentation

NASDAQ: THTX
TSX: TH

March 9, 2023

Forward-Looking Information

The following presentation contains statements that are considered forward-looking information (“FLI”) within the meaning of securities regulation.

These include in particular outlook relating to FY2023 revenue.

The FLI in this presentation relates to future events or our future performance. The FLI are based on a number of assumptions and are associated with a number of risks, uncertainties and other unknown factors that may cause our actual results, levels of activity, performance or achievements to be materially different from those implied by the FLI. Readers are cautioned that using FLI contained herein for purposes other than for which it is disclosed herein may be inappropriate.

Such FLI reflects our current views with respect to future events and is given as of March 8, 2023. We undertake no obligation and do not intend to update or revise the FLI contained in this presentation, except as required by law.

All amounts in this document are in United States Dollars (USD), unless otherwise stated.

The FLI in our presentation may not materialize; accordingly, investors should not place undue reliance on it. We refer you to the “Risk Factors” section of our Annual Information Form dated February 27, 2023, for a description of certain of the risks and uncertainties that could cause FLI to differ, potentially in a material way. These documents are available at www.sedar.com, and on Edgar at www.sec.gov for a description of the risks related to the conduct of our business.

Certain assumptions made in preparing the FLI include, but are not limited to, the following:

- (1) sales of our products will continue to grow in 2023 and beyond, and we will meet our 2023 revenue guidance;
- (2) we will achieve positive adjusted EBITDA by year-end 2023;
- (3) we will control expenses as planned and no unforeseen events will occur which would have the effect of increasing our expenses in 2023 and beyond;
- (4) the development of an intramuscular method of administration of Trogarzo® will yield positive results and such method of administration will be approved by the FDA when filed;
- (5) we will timely file a supplemental biologics license application for the F8 formulation of tesamorelin;
- (6) we will complete the human factor study related to the *EGRIFTA SV*® instruction for use and resubmit to the FDA a “Changes Being Effect” supplement before the end of the 2023 fiscal year;
- (7) we will meet all conditions under our credit agreement to access the second tranche of \$20 million to reimburse the capital and interest on the outstanding \$27.5 million convertible notes;
- (8) we will not be in default under the terms of our credit agreement;
- (9) we will be successful in finding a partner for the conduct of a Phase 2b/3 clinical trial in NASH using Tesamorelin;
- (10) we will successfully find a path forward for the development of TH1902 and the FDA will approve an amended protocol related to the conduct of a Phase 1 clinical trial using TH1902;
- (11) we will be successful in identifying and entering into a transaction to add one or more commercial assets as part of our commercial infrastructure in the United States; and
- (12) no event will occur that would prevent us from executing the business plan set forth in this presentation.

Non-IFRS and Non-US GAAP Measure

The information contained in this Presentation includes a measure that is not determined in accordance with International Financial Reporting Standards (“**IFRS**”) or U.S. generally accepted accounting principles (“**U.S. GAAP**”), including the financial measure “Adjusted EBITDA” that is used by the Corporation as an indicator of financial performance. “Adjusted EBITDA” is obtained by adding to net profit or loss, finance income and costs, depreciation and amortization, income taxes, share-based compensation from stock options, and certain write-downs (or related reversals) of inventories. “Adjusted EBITDA” excludes the effects of items that primarily reflects the impact of long-term investment and financing decisions rather than the results of day-to-day operations. The Corporation believes that this measure can be a useful indicator of its operational performance and financial condition from one period to another. The Corporation uses this non-IFRS measure to make financial, strategic and operating decisions.

Theratechnologies (NASDAQ:THTX; TSX:TH)

Corporate Profile

- **Founded in 1993 in Montreal, Canada**, Theratechnologies is a biopharmaceutical company focused on the development and commercialization of innovative therapies addressing unmet medical needs.
- **Headquarters** in Montreal, Quebec, with subsidiary locations in the United States and Ireland.
- The company has approximately **~165 employees*** across Canada, the United States and Europe.
- Dual listed on the Nasdaq Stock Exchange under ticker **(NASDAQ:THTX)** since 2019 and the Toronto Stock Exchange under ticker **(TSX:TH)** since 1993.

**Full-time employees and dedicated third parties.*

2023 Priorities and Milestones



*Notes : Adjusted EBITDA is a non-IFRS measure. See "Non-IFRS and Non-US GAAP Measure".



HIV Therapies:

EGRIFTA SV[®] (tesamorelin for injection)

Trogarzo[®] (ibalizumab-uiyk)

Theratechnologies US Commercial Operations

In 2022, we onboarded our field force from external Contract Sales Organization.

Result of the reorganization was the establishment of a dedicated, high-performing field force, more aligned with Theratechnologies' commercial goals.

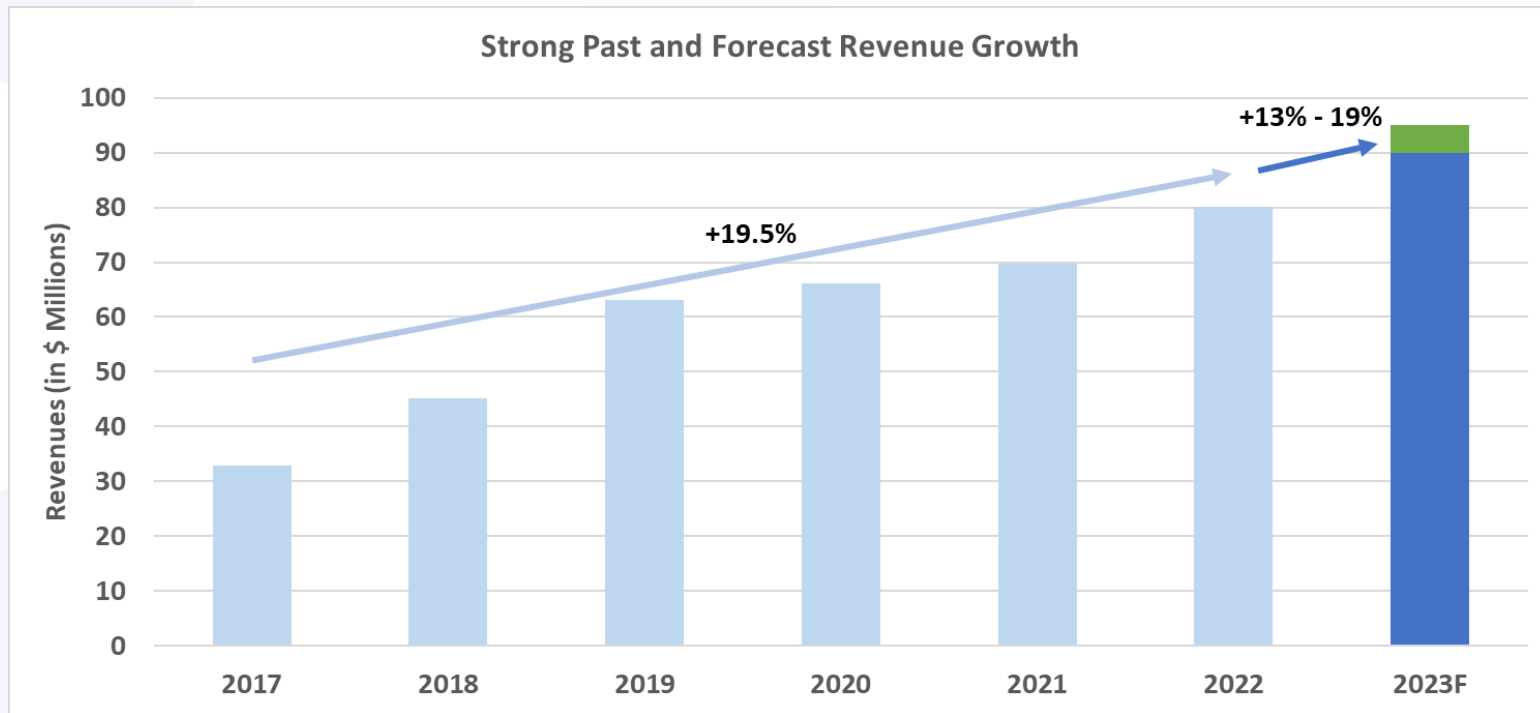
Internal Field Team



- ✓ Seasoned team of representatives, specialty roles and operational support
- ✓ Experience in primary care and specialty therapeutics
- ✓ Established expertise and relationships in HIV category

Strong Revenues From HIV Franchise

2023 Revenue Guidance (\$90-\$95 million)



EGRIFTA SV®

Evolving market dynamics and brand lifecycle management present opportunities for growth

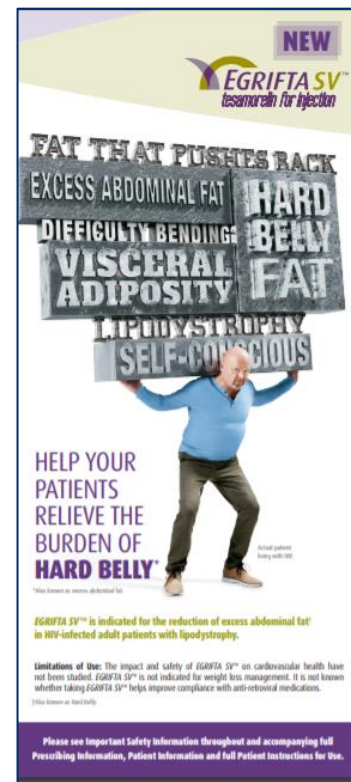
Key Attributes Provide Competitive Differentiation

1. **Only FDA approved treatment available** for adults with HIV and lipodystrophy that reduces excess abdominal fat.
2. **Unique mechanism of action** that regulates growth hormone (GH) secretion
3. **Well-established safety profile** as evidenced by 10+ years of commercial availability with a high degree of tolerability



Incremental Growth Opportunities

- ✓ Overall, **~40% of HCPs expect to see an increase in patients** with central adiposity over the next 1-2 years¹
- ✓ F8 formulation, if and when approved, is expected to **improve patient experience and adherence.**
- ✓ Tesamorelin's ability to increase endogenous GH secretion is the **foundation for development in NASH.**



¹EGRIFTA SV® ATU,
September 2022

Notes: Most commonly reported adverse reactions (>5%): Arthralgia, injection site erythema, injection site pruritus, pain in extremity, peripheral edema, and myalgia. For more information visit www.egriftasv.com

EGRIFTA SV® Patient Flow*

HIV Total prevalent cases in U.S.: 1.2M People Living With HIV

Diagnosed and drug-treated prevalent cases :

~70%

~840,000 Patients

% Fitting the Description of Excess Visceral Abdominal Fat:

>11%

>90,000 Patients

Addressable Market
(currently screened):

>\$300M
per year

Low screening rates represent an
opportunity to expand the addressable
market

*Company internal research and data.

Trogarzo® (ibalizumab-uiyk) injection

Patient demand toward long acting and improved formulation fuel growth

Key attributes

- For heavily treatment-experienced HIV patients facing multi-drug resistance who need additional support
 1. **Potency:** novel mechanism of action that is fully active with no expected cross-resistance
 2. **Durability:** powerful and durable virologic response
 3. **Simplicity:** no drug-drug interactions with ibalizumab, well-established safety profile
 4. **New 30-second IV Push** simplifies administration for HCPs and Patients



Incremental Growth opportunities

- ✓ **Increasing patient demand and HCP adoption of long-acting modalities**
- ✓ **Ability to attain a pill-free complete regimen** in heavily treatment experienced patients with Trogarzo in combination with other agents¹
- ✓ **Intramuscular formulation**, when and if approved, will improve administration and increase clinic access to therapy¹

Notes: Most common drug-related adverse reactions include diarrhea, dizziness, nausea and rash; Clinical study for Trogarzo Intramuscular (IM) will be conducted by Theratechnologies; For more information visit www.trogarzo.com

¹Trogarzo® Lifecycle Management Strategy report, Oct 2022

Make undetectable possible
Take Action
With TROGARZO®

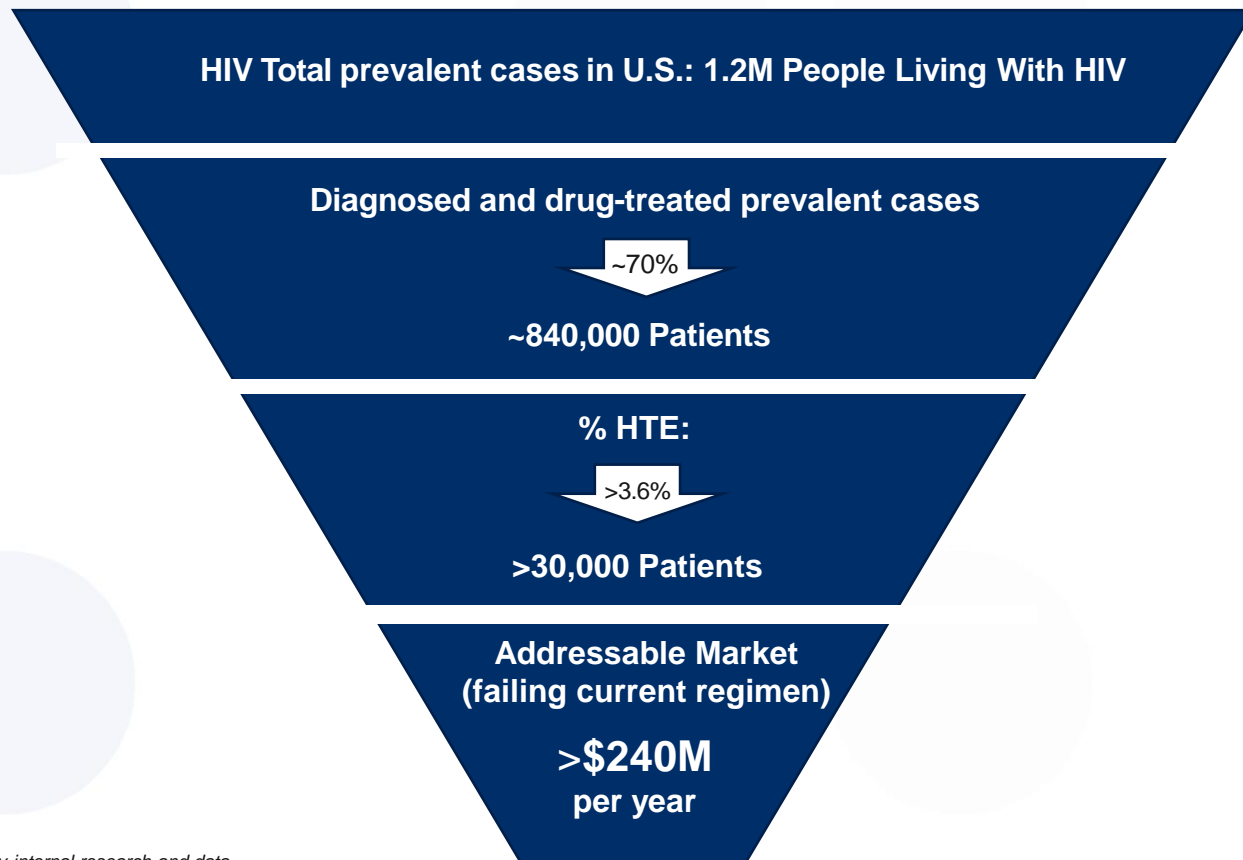
TROGARZO®
(ibalizumab-uiyk):
For heavily
treatment-experienced
HIV patients with
virologic failure who
need additional support
to achieve long-term
suppression

**NEW CONVENIENT 30-SECOND
IV PUSH ADMINISTRATION¹**

IMPORTANT SAFETY INFORMATION
Contraindications
• TROGARZO® is contraindicated in patients with a prior
hypersensitivity reaction to TROGARZO® or any components
of the product.

 **Trogarzo®**
(ibalizumab-uiyk)
injection
200 mg/1.33 mL (50 mg/mL)

Trogarzo® Patient Flow*



*Company internal research and data.



Oncology: ***SORT1+ Technology™***

SORT1+ Technology™: First-in-Class Peptide Drug Conjugate (PDC) Platform Targeting Sortilin (SORT1) Receptors for Cancer



Targets SORT1, a novel receptor that is highly expressed in many types of cancer and is associated with poor prognosis and decreased survival.¹



Rapid internalization leading to high cytotoxic concentration inside the cancer cells for improved efficacy, safety, and durable response in pre-clinical studies.²



Overcomes three key resistance mechanisms: Bypasses the MDR1 efflux pump³, and inhibits vasculogenic mimicry (VM) formation⁴, as well as replication of cancer stem cells⁵, in pre-clinical studies.



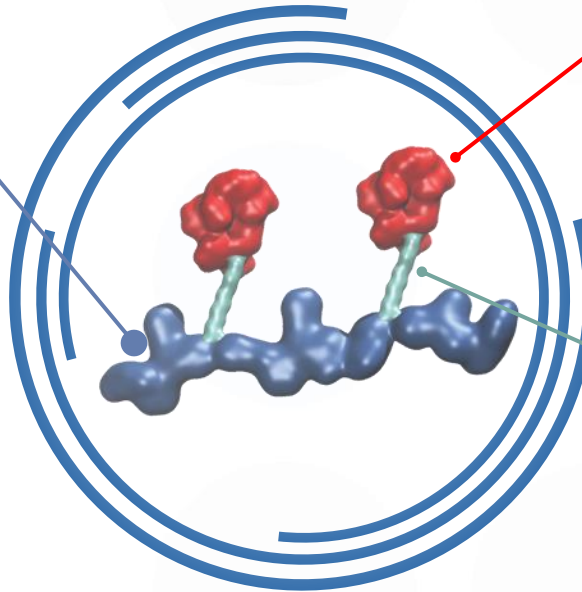
TH1902 is the lead **PDC**. FDA has granted **fast track designation** for TH1902 to be developed as a **single agent** for treatment of patients with **SORT1+ recurrent advanced solid tumors** that are **refractory to standard therapy**.

Notes: 1 - Currie JC et al. AACR 2020, Abstract #4472. 2- Fenghua, H et al, Neuron 68 (2010). 3- Theratechnologies, Data on File
4. Demeule M et al. AACR 2020, Abstract #4335. 5. AACR 2022, Marsolais, C et al, Poster 4564

TH1902: Lead PDC Using Theratechnologies' Exclusive SORT1+ Technology™

Peptide^{1,2}

- Targets **SORT1** receptor, expressed in multiple cancers
- Can be conjugated to variety of anti-cancer agents with consistent number of payload molecules
- Provides **rapid internalization** and delivery of payload inside the cell, limiting degradation in the circulation and off target toxicity



Cytotoxic payload²⁻⁴

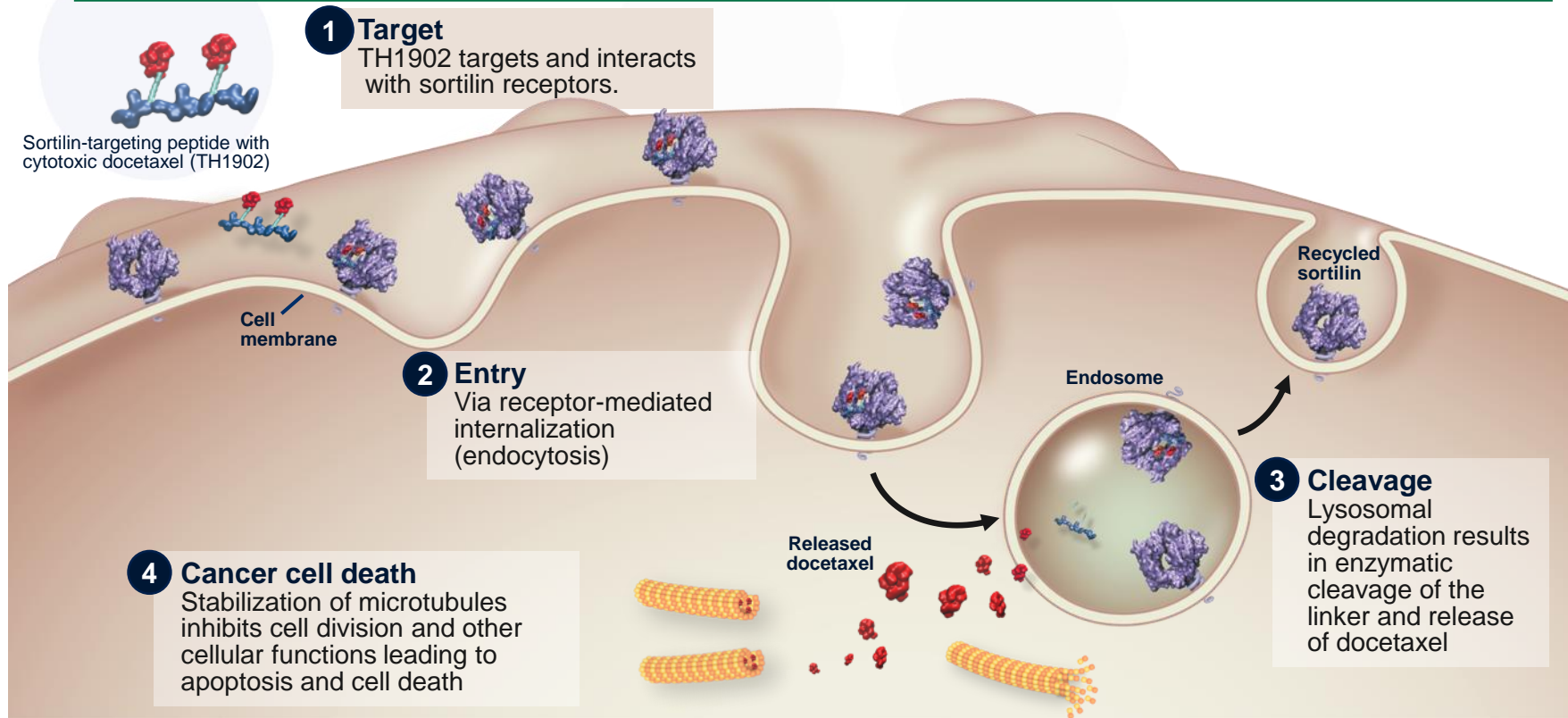
- For TH1902 is **docetaxel (2:1 ratio)**, a well-established agent for a variety of cancers with known safety profile
- **Increases therapeutic window of docetaxel**
 - Use smaller dose to get greater efficacy and less toxicity (neutropenia)

Cleavable linker^{2,3}

- Links the SORT1-targeting peptide to the cytotoxic docetaxel
- Increased stability in plasma with improved distribution into targeted cancer cells
- Enables rapid release of docetaxel inside the cancer cell

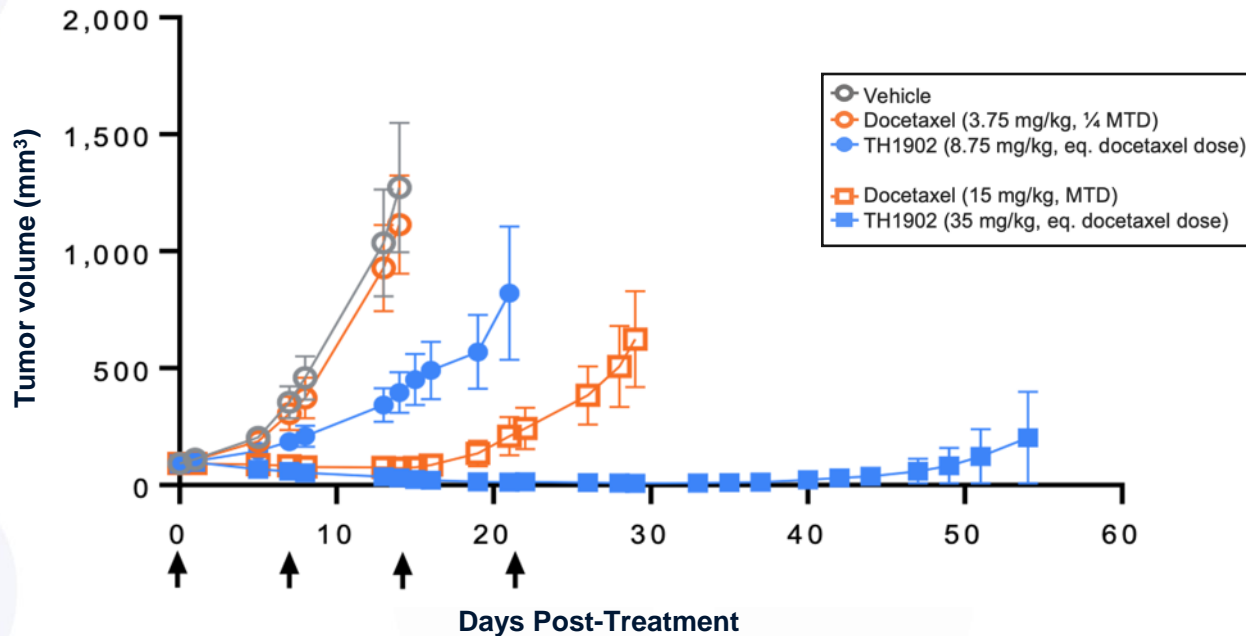
Source: 1-Annabi B et al. AACR 2020, Abstract #4386; 2- Hoppenz P et al. Front Chem. 2020; 8: 571; 3-Currie JC et al. AACR 2020, Abstract #4472; 4- Zhang E et al. Expert Opin Drug Deliv. 2019 Mar;16(3):301-31.

TH1902: Delivering Cancer-Killing Docetaxel Directly Into Cancer Cells



Sources: Demeule M et al. AACR 2020, Abstract #4335.; - Taxotere (Docetaxel Prescribing Information. Bridgewater, NJ: Sanofi-Aventis U.S. LLC.; May 2020).

TH1902: Pre-clinical Data in Endometrial Cancer



Source: Demeule M et al. AACR 2021, Abstract #1313; Endometrial (HT-29) s.c. xenograft tumor model.

TH1902 Phase 1 Clinical Trial Protocol Amendment

On December 1, 2022, Theratechnologies voluntarily made the decision to pause patient enrollment and revisit the study design after consulting with its investigators.

Efficacy results observed thus far were not convincing enough to pursue enrolling patients and did not outweigh the adverse events seen in some patients. These adverse events consist mainly of neuropathy and eye toxicity.

The Company subsequently formed a Scientific Advisory Committee of Independent and non-Independent advisors to optimize Protocol Amendment of the Phase 1 clinical trial of TH1902.

The FDA agreed with the decision to pause enrollment and placed a partial clinical hold on the study until the Company responds to their questions to their satisfaction and submit an acceptable amended protocol. Based on these developments, the Company believes it will be on track to restart enrollment in 1H 2023.

Consistent with the Company's 2023 objective of achieving positive Adjusted EBITDA* by fiscal year end, any new investments in TH1902 will be stage-gated. Once the Phase 1 clinical trial has resumed, Theratechnologies will also evaluate potential partnerships for TH1902.

*Notes : Adjusted EBITDA is a non-IFRS measure. See "Non-IFRS and Non-US GAAP Measure".



Partnership and R&D Opportunities Tesamorelin

Tesamorelin For NASH

A Growth Hormone Releasing Hormone (GHRH) Targeting the Underlying Mechanisms of NASH

1 Direct effect:

Tesamorelin stimulates endogenous production of GH

- ✓ Reduces visceral fat
- ✓ Decreases lipogenesis
- ✓ Decreases triglyceride accumulation
- ✓ Decreases oxidative stress and inflammation
- ✓ Improves mitochondrial function

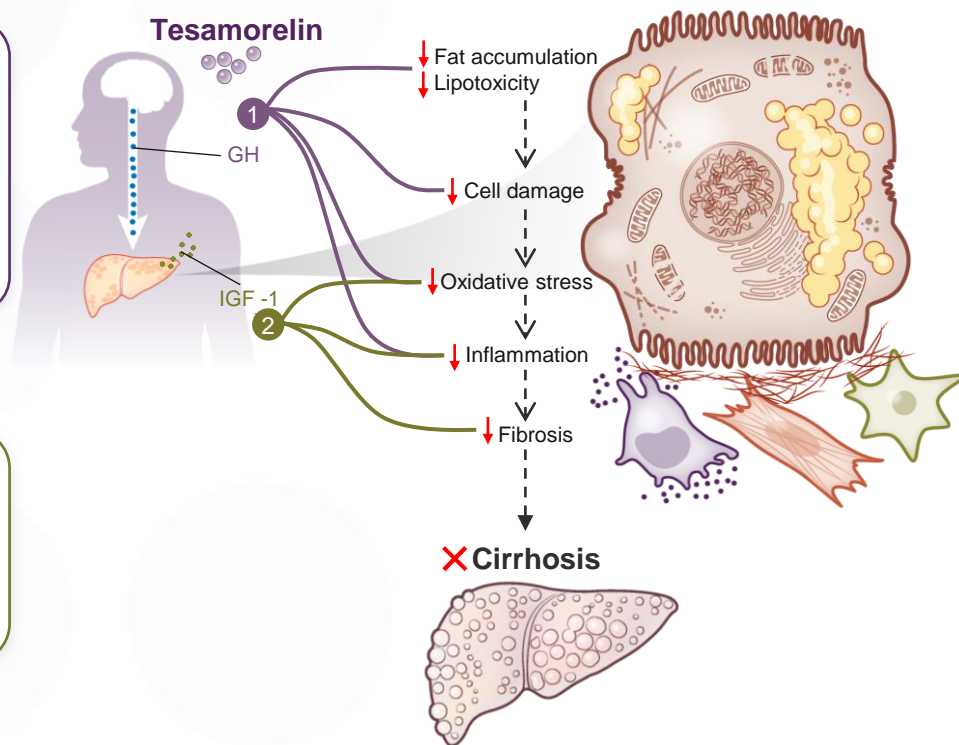
➡ Decreases fat toxicity

2 Indirect effect:

GH stimulates endogenous production of IGF-1 in the liver

- ✓ Decreases insulin resistance
- ✓ Decreases oxidative stress and inflammation
- ✓ Deactivates hepatic stellate cells (liver cells that contribute to fibrosis)

➡ Decreases hepatocyte injury and fibrosis



Notes: GH (growth hormone); GHRH (growth hormone-releasing hormone); IGF-1 (Insulin-like growth factor 1); NASH (nonalcoholic steatohepatitis)

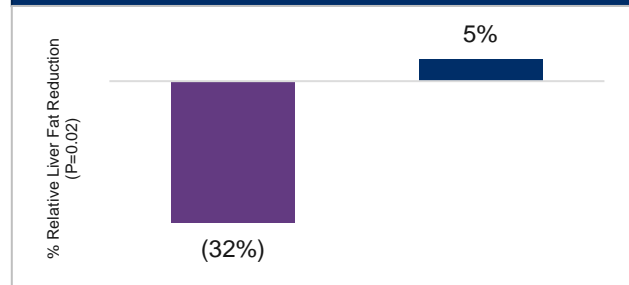
Sources: Xu and al., PLOS one, 2012: 7(8): e44136.; Takahashi et al., International Journal of Molecular Sciences, 2017: 18: 1446.; Fourman et al., JCI Insight, 2020: 5(16): e140134.; Connolly, J Clin Transl Hepatol 2018. 5. Liu Z et al. Diabetes. 2016 Dec;65(12):3598-3609.

Effects of Tesamorelin in HIV NAFLD/NASH Patients

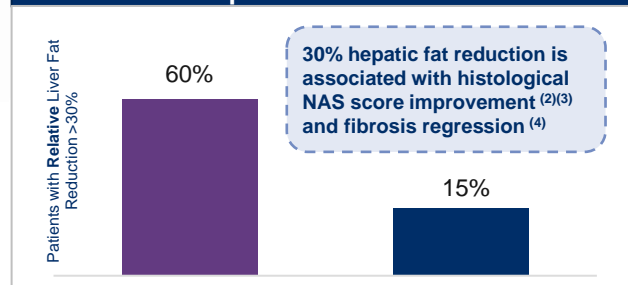
Baseline Characteristics

- 61 men and women with HIV infection
- Hepatic fat levels of 13.8%
- 43% of patients had fibrosis
- 33% of patients had NASH (score 2.7)
- Study discontinuation: 14 patients
- Without biopsies
 - 3 patients at baseline
 - 18 patients at year 1

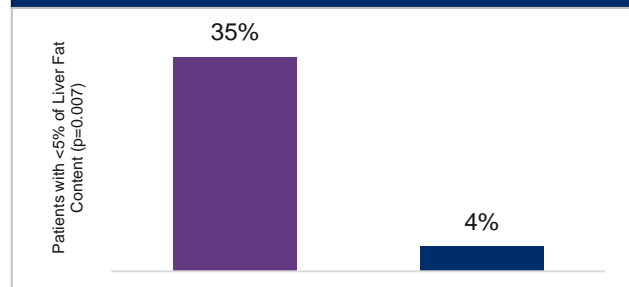
(37%) Treatment Effect vs. Placebo



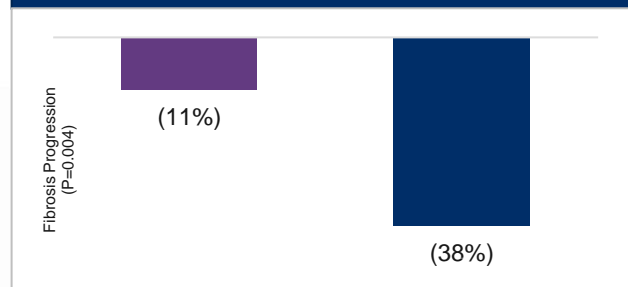
>30% Liver Fat Reduction in Significant Proportion of Patients



Liver Fat Normalization



Delayed Progression of Fibrosis

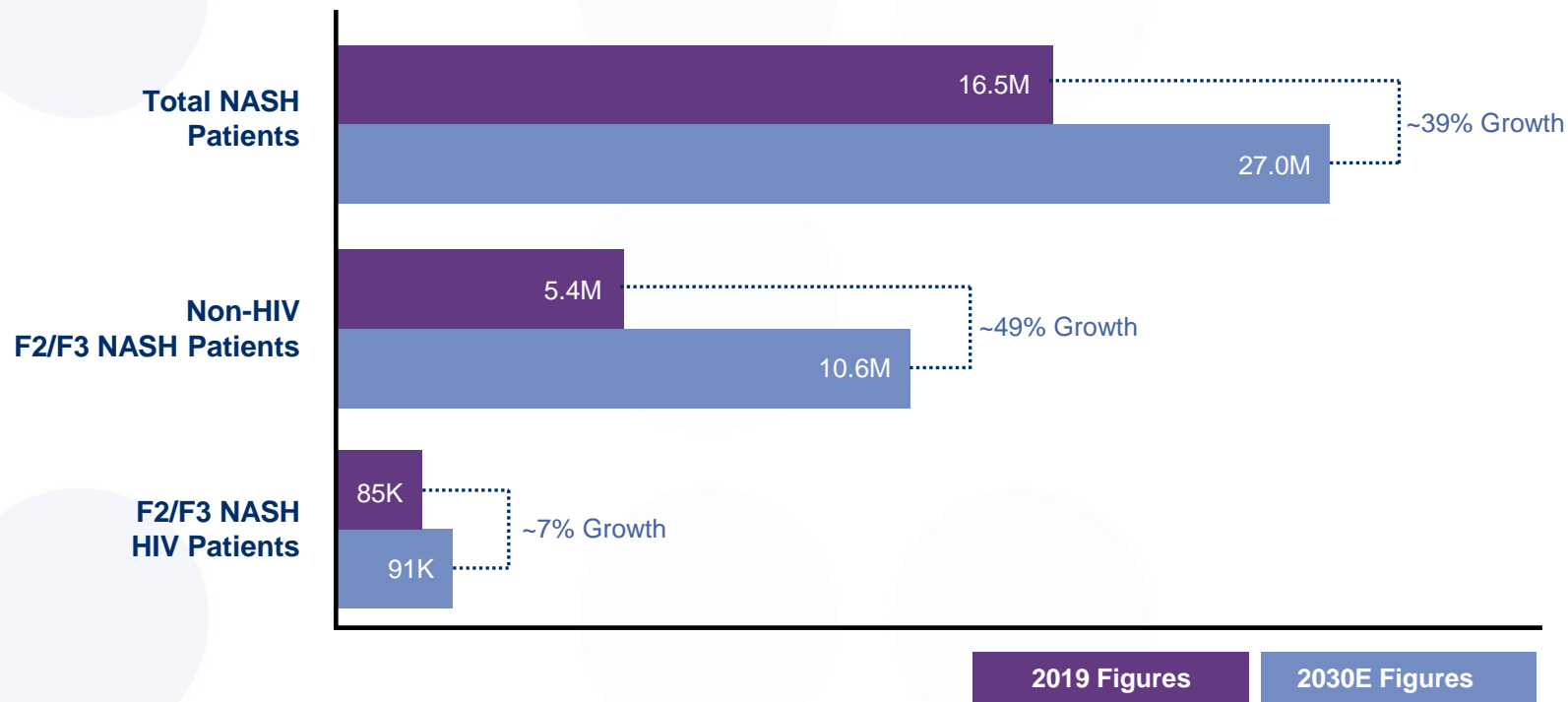


Tesamorelin

Placebo

Sources: Investigator-Initiated Study (Stanley et al., Effects of Tesamorelin on Non-Alcoholic Fatty Liver Disease in HIV; A Randomised, Double-Blind, Multicentre Trial. The Lancet HIV. 2019;6(12): E821-E830; Patel J, Bettencourt R, Cui J, et al. Association of noninvasive quantitative decline in liver fat content on MRI with histologic response in nonalcoholic steatohepatitis. Therap Adv Gastroenterol. 2016;9(5):692-701; Stine JG et al.; Clin Gastroenterol Hepatol. 2020 Aug 31;S1542-3565(20)31220-9; Tamaki et al. Gut. 2021.

U.S. Market Represents a Significant and Growing Opportunity in NASH



Sources: Estes C, Razavi H, Loomba R, Younossi Z, Sanyal AJ. Modeling the epidemic of nonalcoholic fatty liver disease demonstrates an exponential increase in burden of disease. *Hepatology*. 2018;67(1):123-133. doi:10.1002/hep.29466.; Wall Street consensus forecast figures based on Intercept and Madrigal, and company estimates.

Update on Tesamorelin Development Pathway in NASH

- **Unique Proposition**

- Phase 2b/3 seamless study design submitted to FDA. Molecule with a 10+ year known safety profile.
- This design would allow for the first 350 patients' data to be analyzed by a data monitoring committee to inform a go/no-go decision to complete the study with 1094 patients.
 - Approach will generate end-point data on a subset of patients thereby de-risking the program.
 - Actively pursuing discussions with companies that have interest, capabilities and resources.
 - Trial to be conducted with a new F8 formulation that allows weekly reconstitution.
 - Multi-dose pen injector is being evaluated for added convenience and competitive value.

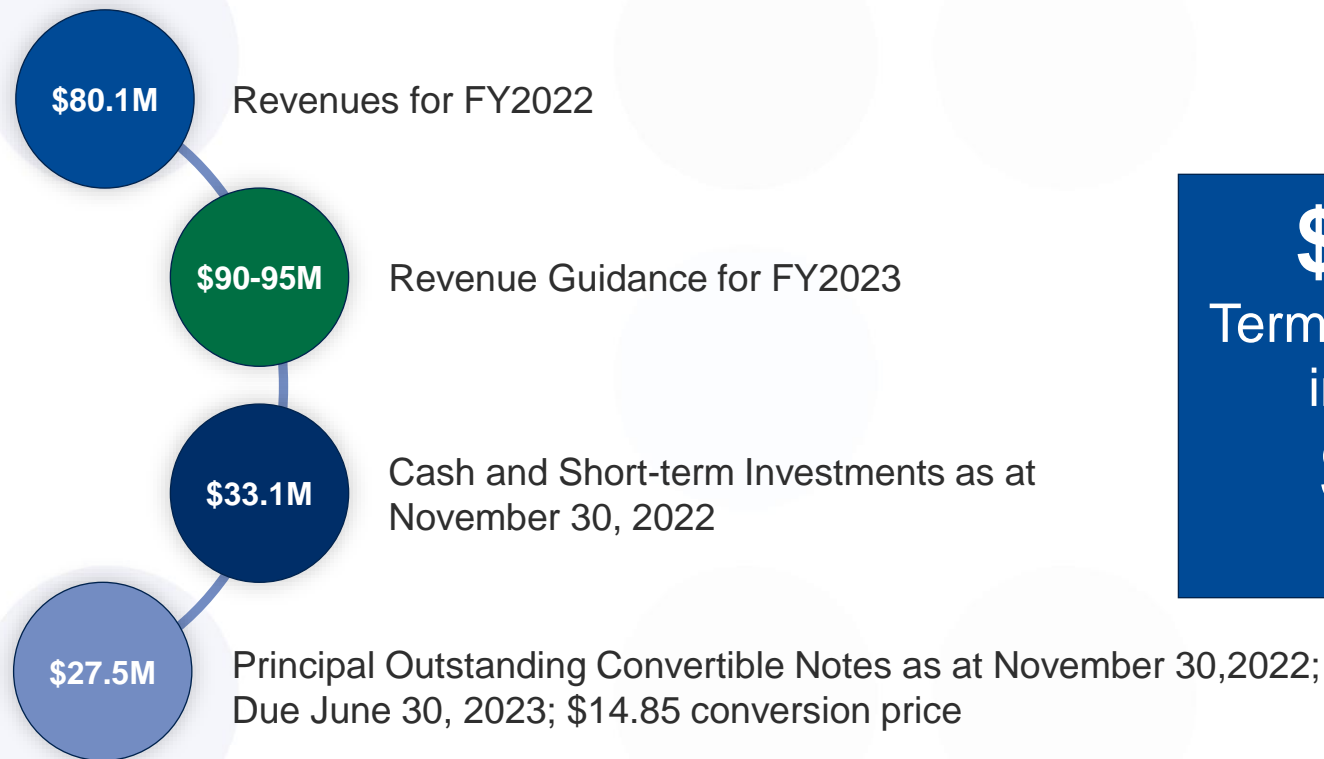
- **IP Status**

- Eligible for a 10-year marketing exclusivity in Europe, upon approval.
- F8 formulation patent expiring in 2033, in the United States, 2034 in Europe.
- Two U.S. patents covering the use of tesamorelin to NAFLD and NASH expiring in 2040.



Business Review

Financial Strength and Stability



\$100M
Term Loan Facility
in Place –
\$40M
drawn

Non-Dilutive Term Loan Facility with Marathon Asset Management

- Senior secured term loan of up to \$100 million across multiple tranches;
- **\$40 million** received on July 27, 2022 (Tranche 1);
- **\$20 million** to be made available through June 2023 (Tranche 2*);
- **\$15 million** to be made available through March 2024 (Tranche 3*);
- An additional **\$25 million** to be made available until December 2024 (Tranche 4*);
- The facility has an initial term of five years (six years if Tranche 3 is drawn); and,
- The Company has bought back **\$30 million** of principal amount of the Convertible Notes due June 2023.



**Notes: Obtaining funding for Tranches 2-4 is subject to meeting certain milestones and conditions.*



Thank You

<https://www.theratech.com>