Corporate Presentation
October 2018

Dova
PHARMACEUTICALS

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Key Business Highlights At-A-Glance

DOPTELET® 	✓ DOPTELET®, a second generation thrombopoietin receptor agonist used in the treatment of thrombocytopenia (i.e., low platelet counts) ✓ DOPTELET has demonstrated robust efficacy in both the acute and the chronic setting ✓ Patent until May 2025; pending patent term ext. app. to extend patent until 10/2029
LAUNCH 	✓ DOPTELET launched in June 2018 for the treatment of thrombocytopenia in adult patients with chronic liver disease scheduled to undergo a procedure ✓ Physician interest and Payer acceptance continues to be strong ✓ Partnership with Salix positions DOPTELET for significantly increased market presence
PIPELINE 	✓ Supplemental NDA submitted to FDA on August 30 for the treatment of Immune Thrombocytopenic Purpura (ITP) ✓ Well differentiated versus Promacta® (eltrombopag) and Nplate® (romiplostim) ✓ Chemotherapy Induced Thrombocytopenia (CIT) study remains on track for 2020
FINANCIALS 	✓ $134.7M cash and equivalents on hand (*as of June 30, 2018*) ✓ $12M used to fund Clinical and Commercial operations for Q2, 2018 ✓ Revenue generation commenced in Q2, 2018 following the launch of DOPTELET

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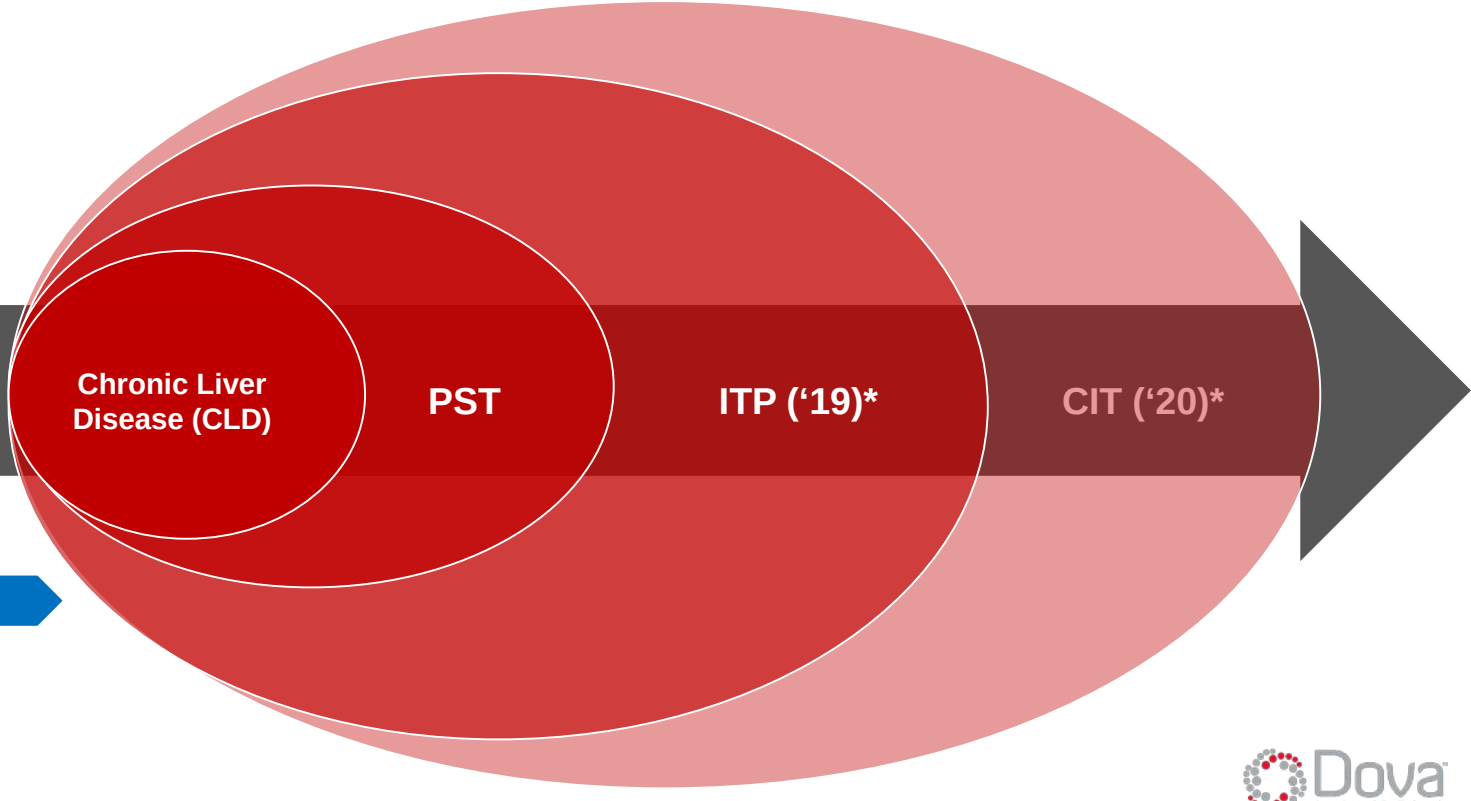
DOPTELET has multiple avenues for growth



MARKETS

PST: Pre-Surgery Thrombocytopenia
ITP: Immune Thrombocytopenia Purpura
CIT: Cancer Induced Thrombocytopenia

* Anticipated year of approval / unblinding

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May 21st, 2018: DOPTELET receives FDA approval

THE FIRST THERAPEUTIC AGENT FOR THE TREATMENT OF THROMBOCYTOPENIA IN ADULT PATIENTS WITH CHRONIC LIVER DISEASE PRIOR TO PLANNED PROCEDURES

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DOPTELET Indication

Indication:

DOPTELET (avatrombopag) is a thrombopoietin receptor agonist indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS
DOPTELET is a thrombopoietin (TPO) receptor agonist and TPO receptor agonists have been associated with thrombotic and thromboembolic complications in patients with chronic liver disease. Portal vein thrombosis has been reported in patients with chronic liver disease treated with TPO receptor agonists. In the ADAPT-1 and ADAPT-2 clinical trials, there was 1 treatment-emergent event of portal vein thrombosis in a patient (n=1/430) with chronic liver disease and thrombocytopenia treated with DOPTELET.
Consider the potential increased thrombotic risk when administering DOPTELET to patients with known risk factors for thromboembolism, including genetic prothrombotic conditions (Factor V Leiden, Prothrombin 20210A, Antithrombin deficiency or Protein C or S deficiency).
DOPTELET should not be administered to patients with chronic liver disease in an attempt to normalize platelet counts.

CONTRAINDICATIONS:
None

ADVERSE REACTIONS
Most common adverse reactions (≥ 3%) are: pyrexia, abdominal pain, nausea, headache, fatigue, and edema peripheral.
Please see full Prescribing Information for DOPTELET (avatrombopag) www.doptelet.com

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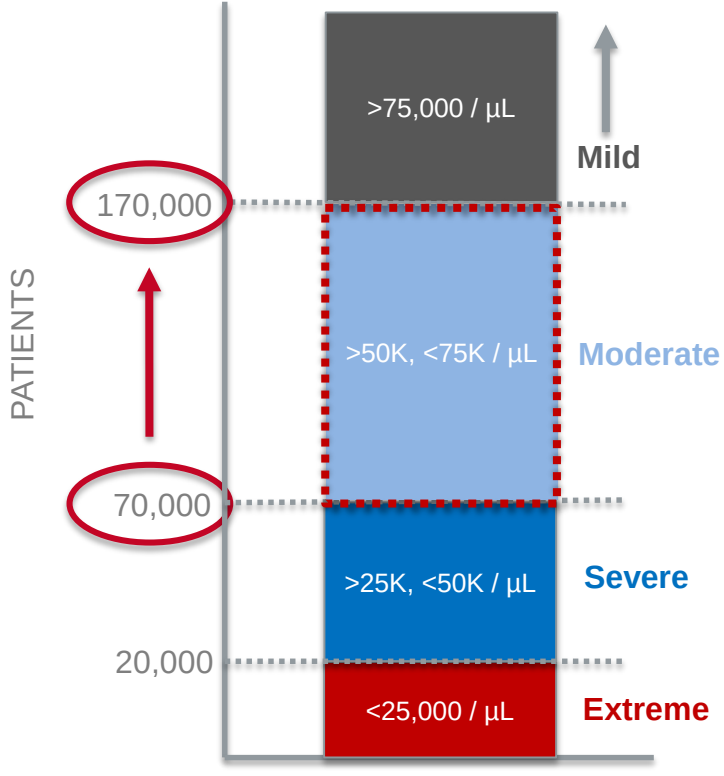
There are ~1MM patients with Chronic Liver Disease (CLD) and associated thrombocytopenia



Source: Poordad et. al., Aliment Pharmacol Ther, 26 (Suppl 1), 5-11, 2007, Giannini et al, Alimentary Pharm and Therapeutics, 24, 1055-1064, 2006

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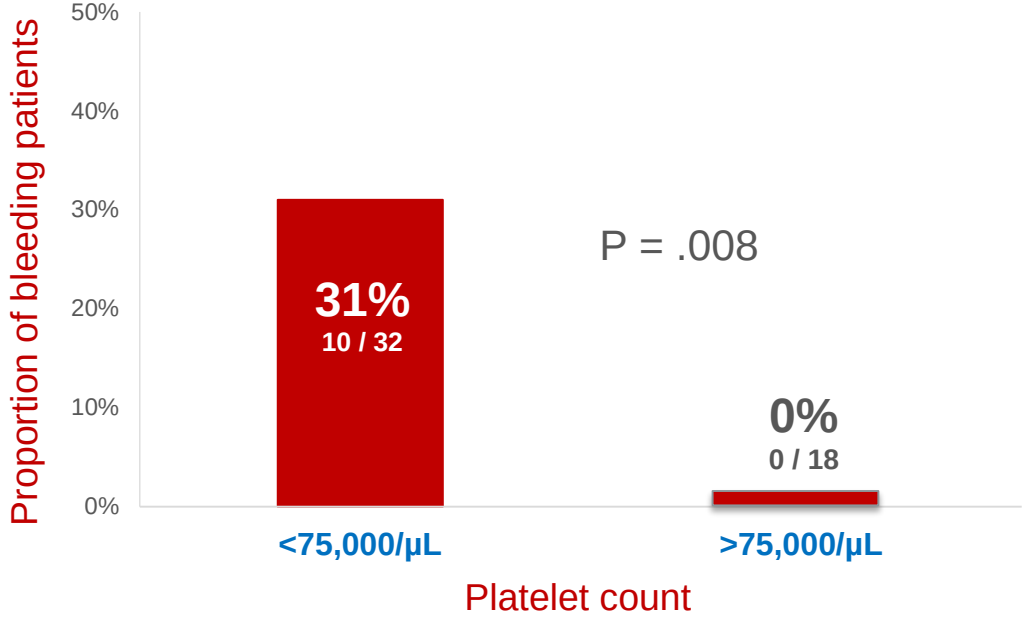
Thrombocytopenic CLD patients who had procedure-related bleeding

Patients with Moderate or Severe Thrombocytopenia have a 30% risk of Procedure-Related Bleeding



Number and proportion of thrombocytopenic patients who had procedure-related bleeding subdivided according to the degree of thrombocytopenia.
Source: Giannini et al, Clinical Gastroenterology and Hepatology, Vol. 8, No. 10, page 901

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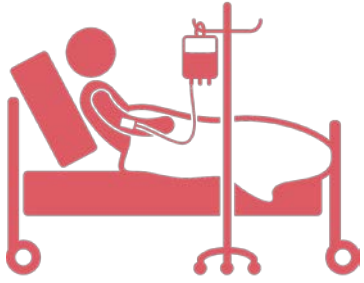
Platelet transfusions are associated with clinically significant issues



1 RISK OF ANTIBODY DEVELOPMENT

- May lead to refractoriness in up to ~50% of patients

2 RISK OF INFECTION & ADVERSE REACTIONS

- Immune reaction
- Febrile non-hemolytic reactions
- Sepsis

3 SHORT DURATION OF EFFECT AND LIMITED SUPPLY

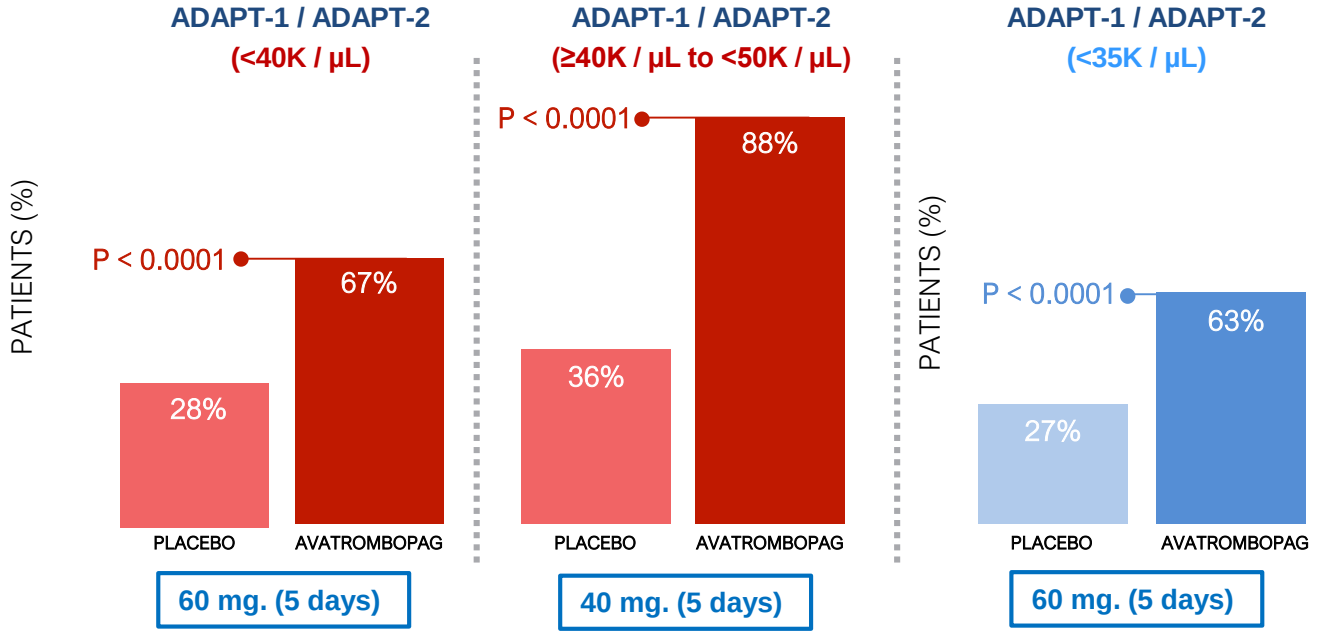
- Short shelf life of platelets (5 days)
- Transfusion must be given same day as procedure

4 INCONVENIENT ADMINISTRATION

- Administration time
- Potential AE risk

Approval was driven by consistent results from two randomized controlled trials (n=435)

PROPORTION OF PATIENTS WHO DID NOT REQUIRE PLATELET TRANSFUSION OR ANY RESCUE PROCEDURE FOR BLEEDING



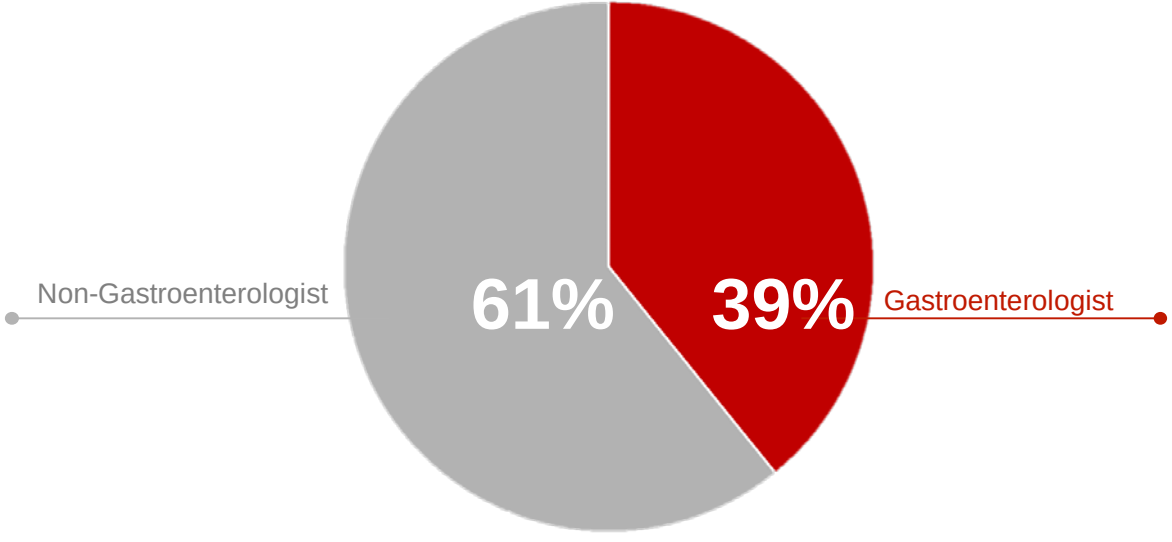
Source: *Gastroenterology* (https://www.gastrojournal.org/article/S0016-5085(18)34545-1/fulltext)
Poordad et. al., ISTH poster presentation (poster PB020), July 2018

Encouraging early launch metrics

	Q2 Launch Metrics	Q3 Launch Metrics	Q4 Launch Metrics
# of unique prescribers	**148***		
% of adjudicated Rx's approved by payers	**81%**		
Average time to payer approval	**6.9 days**		
% of target prescribers contacted	**62%: average of 3.1 times**		
Change in channel inventory levels	**N/A**		

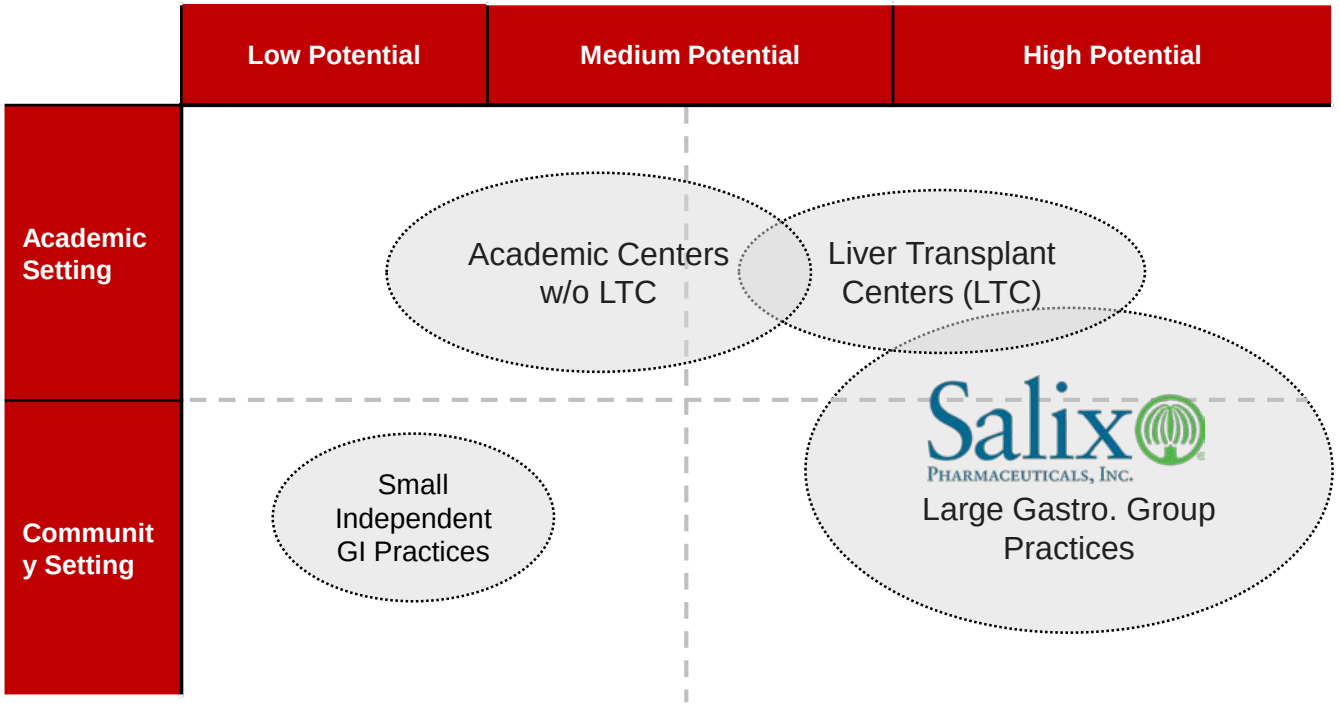
* As of August 8, 2018

Unique prescribers of DOPTELET*



*number of Unique Prescribers that had prescribed DOPTELET to a patient as of August 8, 2018 = 148

Market Segmentation



Dova Pharmaceuticals

September 27, 2018: Dova announces co-promotion agreement with Salix Pharmaceuticals

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Dova Pharmaceuticals and Salix Enter Into Exclusive Co-Promotion Agreement For DOPTELET® (Avatrombopag)

September 27, 2018

DURHAM, N.C. and BRIDGEWATER, N.J., Sept. 27, 2018 (GLOBE NEWSWIRE) – Dova Pharmaceuticals, Inc. ("Dova") (DOVA), a specialty pharmaceutical company focused on acquiring, developing, and commercializing drug candidates for diseases where there is a high unmet need, and Salix Pharmaceuticals ("Salix"), one of the largest specialty pharmaceutical companies in the world committed to the prevention and treatment of gastrointestinal diseases and its parent company, Bausch Health Companies Inc. (NYSE/TSX: BHC), today announced that they have entered into an exclusive agreement to co-promote Dova's DOPTELET (avatrombopag) in the United States (U.S.). The U.S. Food and Drug Administration ("FDA") approved DOPTELET on May 21, 2018 for the treatment of thrombocytopenia in adult patients with chronic liver disease (CLD) who are scheduled to undergo a procedure. DOPTELET represents the first thrombopoietin (TPO) receptor agonist approved in the United States for this indication.

Thrombocytopenia, a condition in which patients have a low platelet count, is the most common hematological abnormality in patients with CLD that often worsens with the severity of liver disease. It is estimated that approximately 15 percent of the 7.5 million patients with CLD have some form of thrombocytopenia. In a study published in 2010, patients with severe thrombocytopenia (<75,000/μL) had a 31 percent incidence of procedure-related bleeding. As a result of the associated increased rate of bleeding, there is an increased risk for the CLD patient when undergoing common scheduled medical procedures such as liver biopsy, colonoscopy, endoscopy, and routine dental procedures.

As part of the co-promotion arrangement, Salix intends to deploy approximately 100 sales specialists who will promote DOPTELET to gastroenterology healthcare professionals. The Salix sales force will begin selling DOPTELET in mid-October 2018. Dova will continue its commercial efforts targeting primarily hepatologists and interventional radiologists and certain other specialties. Pursuant to the agreement, Dova will pay Salix a quarterly fee based on net sales (as defined in the agreement) of DOPTELET prescribed by gastroenterologists in the U.S.

"We are delighted to be working with Salix, a company considered by many to have the preeminent gastroenterology sales force in the United States," said Alex C. Sapir, president and chief executive officer, Dova Pharmaceuticals. "Given Salix's presence and strong reputation within large gastroenterology group practices coupled with the early interest we are seeing among the gastroenterology community, we are excited to see the impact this partnership will bring to DOPTELET and to patients."

"Salix considers liver disease a strategic therapeutic area of focus, given our history and knowledge with XIFAXAN® (rifaximin), an innovative medicine indicated for the treatment of overt hepatic encephalopathy (HE), a condition that is often a consequence of chronic liver disease," said Mark McKenna, president, Salix Pharmaceuticals. "Adding DOPTELET to our portfolio will enable our sales force to promote yet another innovative product that addresses a true unmet need in the marketplace."

About DOPTELET
DOPTELET (avatrombopag) is a second generation, once daily, orally administered TPO receptor agonist approved for the treatment of thrombocytopenia in adult patients with CLD who are scheduled to undergo a procedure. DOPTELET is designed to mimic the effects of TPO, the primary regulator of normal platelet production.

Two global Phase 3, double-blind, placebo-controlled trials (ADAPT-1 [N=231] and ADAPT-2 [N=204]), conducted in adults with thrombocytopenia (platelet count of less than 50,000/μL) and CLD, supported the FDA approval. Patients were assigned to either 40 mg or 60 mg of avatrombopag daily for five days based on their Baseline platelet counts (40 to <50,000/μmL or <40,000/μmL, respectively). Avatrombopag was shown to be superior to placebo in increasing the proportion of patients not requiring platelet transfusions or rescue procedures for bleeding up to seven days following a scheduled procedure in both trials In both the 40 mg (ADAPT-1, 66% vs. 30%, p <0.0001; ADAPT-2, 69% vs. 33%; p<0.0001), and 60 mg (ADAPT-1, 66% vs. 23%, p <0.0001; ADAPT-2, 69% vs. 35%; p<0.0006) treatment groups. Avatrombopag was also superior to placebo at the two secondary efficacy endpoints in each trial. In the avatrombopag treatment groups, there was an increased proportion of patients achieving the target platelet count of ≥50,000/μmL on procedure day, and a greater magnitude of the change in mean platelet count from baseline to procedure day; all treatment differences between the avatrombopag and placebo treatment groups for each secondary endpoint were highly statistically significant with p values <0.0001. The most common adverse reactions with avatrombopag included pyrexia, abdominal pain, nausea, headache, fatigue and edema peripheral. Portal vein thromboses have been reported in patients with CLD and in patients receiving TPO receptor agonists. One treatment-emergent event of portal vein thrombosis was reported in the ADAPT trials in an avatrombopag-treated patient.

INDICATION

DOPTELET (avatrombopag) is indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

DOPTELET is a thrombopoietin (TPO) receptor agonist and TPO receptor agonists have been associated with thrombotic and thromboembolic

- 100 sales representatives focused on large GI Group Practices
- 4-year term
- Salix receives commission (mid 20% - mid 30%) on Net Sales generated by GI
- Training commences October 9th
  Selling commences October 15th

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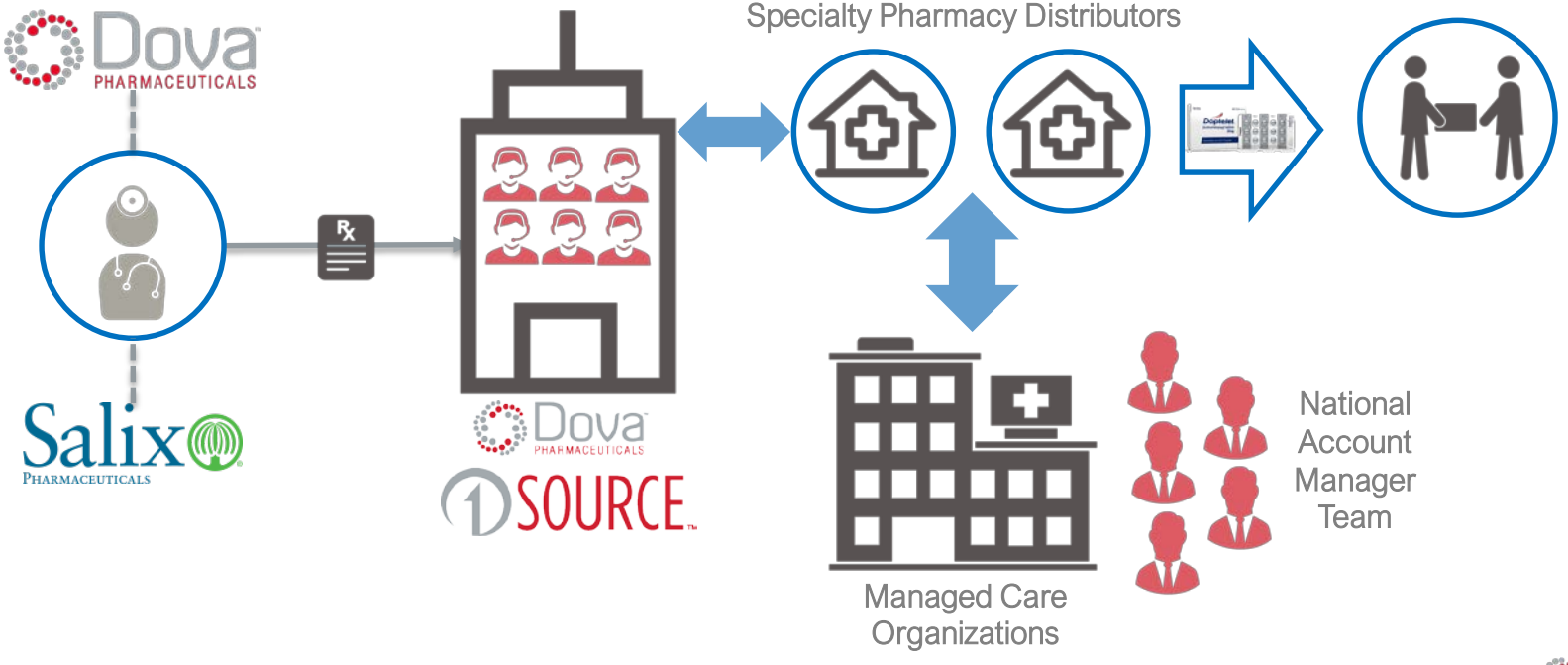
DOPTELET launch has commenced!



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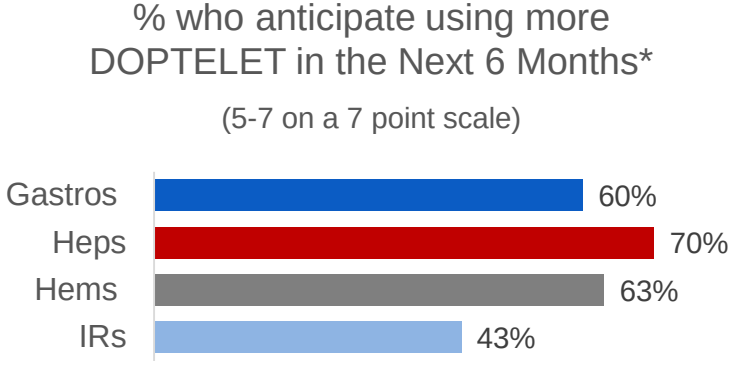
Usage of DOPTELET expected to increase in next 6 months

Initial reviews of DOPTELET are generally POSITIVE. Nearly 2/3 of physicians anticipate INCREASING usage in next 6 months

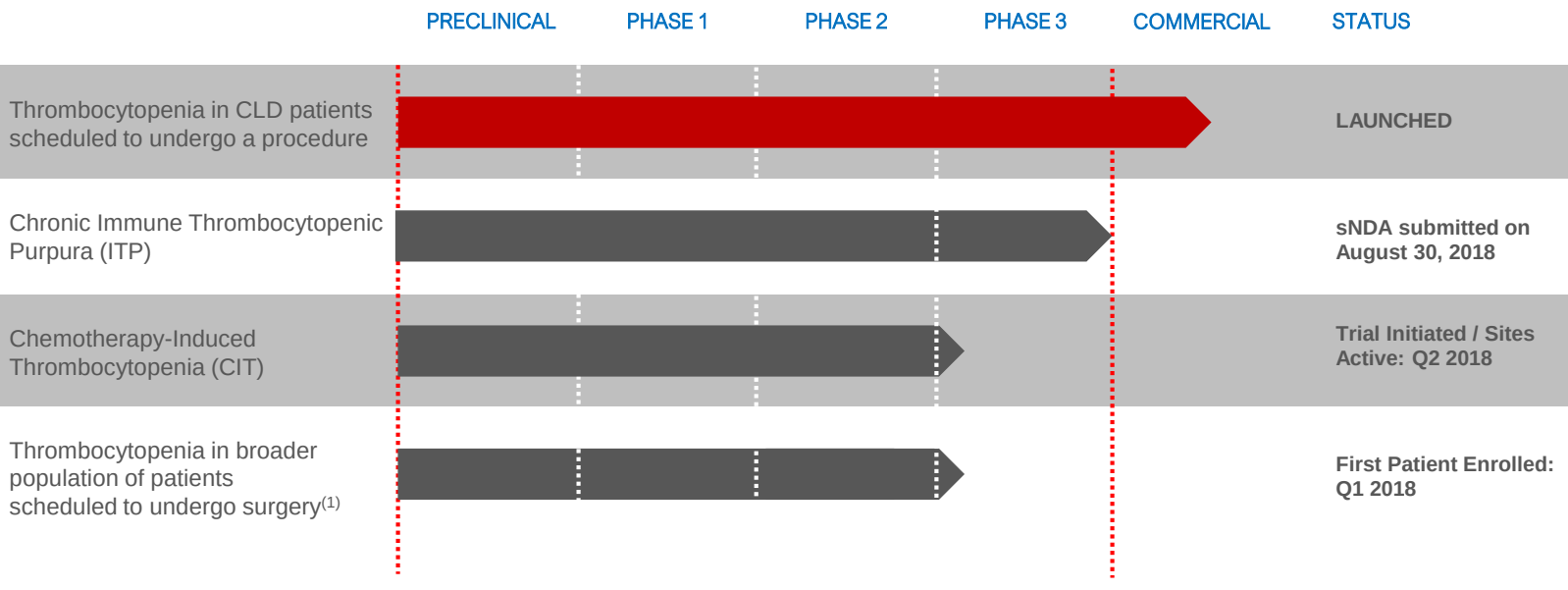


Top unaided reasons for expected increase:

- Increased exposure / familiarity (21%)
- Efficacy (20%)
- Safety (11%)

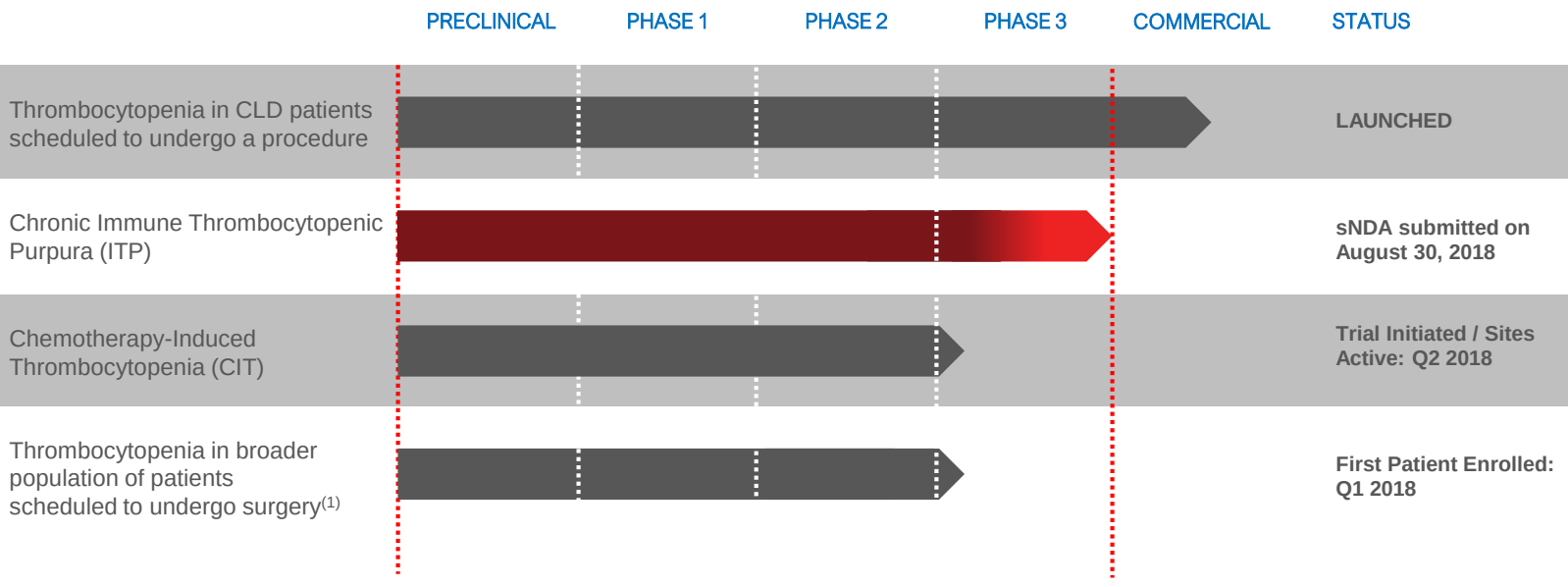
Source: DOPTELET ATU Research Study fielded 8/23/18 – 9/13/18, n = 150 physicians

DOPTELET: Potential to Address Various types of Thrombocytopenia



[1] Surgery includes spectrum of minimally invasive to highly invasive medical procedures. For highly invasive surgeries such as vascular, cardiac, brain or spine surgeries, many medical professional association guidelines recommend that patients have at least 100K platelets / µL

DOPTELET: Potential to Address Various types of Thrombocytopenia



[1] Surgery includes spectrum of minimally invasive to highly invasive medical procedures. For highly invasive surgeries such as vascular, cardiac, brain or spine surgeries, many medical professional association guidelines recommend that patients have at least 100K platelets / µL

DOPTELET has been studied in 128 ITP patients with average patient exposure of 7 months

PHASE 3 STUDY

bjh research paper

Phase 3 randomised study of avatrombopag, a novel thrombopoietin receptor agonist for the treatment of chronic immune thrombocytopenia

Wojciech Jurczak,[1] Krzysztof Chojnowski,[2] Jeh Mayer,[3] Katarzyna Krzeczek,[1] Brian D. Jamieson,[4] Wei Tian[5] and Lee F. Allen[5]

[1]Department of Haematology, Jagiellonian University, Kraków, Poland, [2]Department of Haematology Disorders, Medical University of Łódź, Łódź, Poland, [3]Department of Internal Medicine, Haematology and Oncology, University Hospital Brno, Brno, Czech Republic and [4]Dova Pharmaceuticals, Durham, NC, USA

Received 14 May 2018; accepted for publication 5 July 2018

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Summary

Avatrombopag, an oral thrombopoietin receptor agonist, was compared with placebo in a 6-month, multicentre, randomised, double-blind, parallel-group Phase 3 study, with an open-label extension phase, to assess the efficacy and safety of avatrombopag (20 mg/day) in adults with chronic immune thrombocytopenia (ITP) and a platelet count <50 × 10⁹/l (ClinicalTrials.gov identifier NCT01438401). The primary endpoint was the cumulative number of weeks of platelet response (platelet count ≥50 × 10⁹/l) without rescue therapy for bleeding; secondary endpoints included platelet response rate at day 8 and reductions in the use of concomitant medications. Amongst the 49 patients randomised, avatrombopag ($N = 32$) was superior to placebo ($N = 17$) in the median cumulative number of weeks of platelet response (17·4 vs. 0·0 weeks, respectively; $P < 0·0001$). At day 8, a greater platelet response rate was also observed for patients treated with avatrombopag compared with placebo (65·63% vs. 0·0%; $P < 0·0001$), and use of concomitant ITP medications was also reduced amongst patients receiving avatrombopag. The safety profile of avatrombopag was consistent with Phase 2 studies; the most common adverse events were headache and contusion. Overall, avatrombopag was well tolerated and efficacious for the treatment of chronic ITP.

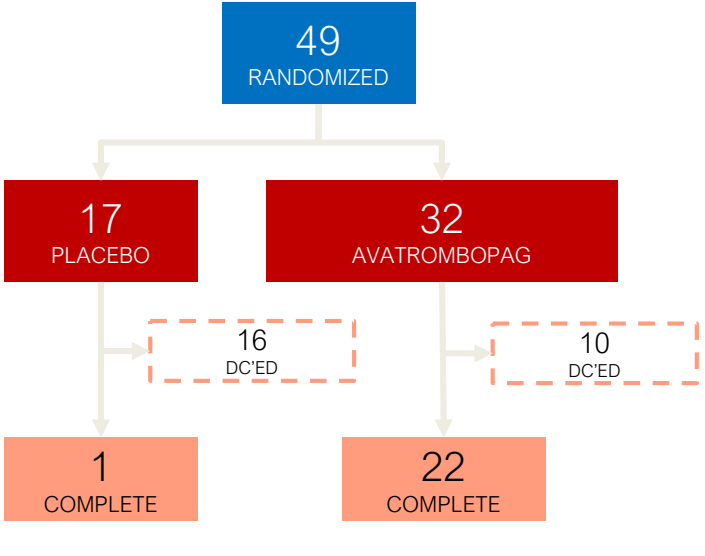
Keywords: bleeding disorders, thrombocytopenia, thrombopoietin, platelet count, platelet disorders.

Current first-line treatments for chronic immune thrombocytopenia (ITP) include agents that decrease platelet destruction (e.g., corticosteroids, intravenous gamma globulin and intravenous anti-RHo(D)) or suppress the production of antiplatelet antibodies (e.g., immunosuppressants) (Provan *et al*, 2010). However, these drugs have variable, transient efficacy and significant toxicities, and relapse is common upon discontinuation (Provan *et al*, 2003, 2010).

Two second-generation thrombopoietin (TPO) receptor agonists, eltrombopag and romiplostim, have been approved for the treatment of ITP in the United States and Europe. Clinical guidelines recommend their use for patients with ITP and a risk of severe bleeding who are not candidates for splenectomy, and who have failed at least one other therapy (Bussel *et al*, 2007; Kuter *et al*, 2008, 2010). Eltrombopag, a small molecule TPO receptor agonist with a half-life of ~12 h, increases platelet counts after 8 days of daily oral dosing, with levels returning to baseline 12 days after the last dose (Jenkins *et al*, 2007). Romiplostim, a recombinant fusion polypeptide administered weekly via subcutaneous injection, increases platelet counts within 5 to 8 days, with levels returning to baseline after 28 days (Wang *et al*, 2004). Both TPO receptor agonists are generally well tolerated, with the most common adverse event (AE) observed in 6-month clinical studies being headache (Kuter *et al*, 2008; Cheng *et al*, 2011). Eltrombopag, however, is associated with elevations in alanine aminotransferase and bilirubin, for which it has a boxed warning for the risk of severe and potentially life-threatening hepatotoxicity, and has important restrictions relative to the timing of specific types of food intake and drug administration (http://pi.amgen.com/united_states/nplate/nplate_pi_hcp_english.pdf; https://www.pharma.us.novartis.com/sites/www.pharma.us.novartis.com/files/promacta.pdf). Both eltrombopag and romiplostim have also been

doi: 10.1111/bjh.15573

bjh



Jurczak W, et al. *Br J Haematol*. 2018. Published Online, https://doi.org/10.1111/bjh.15573

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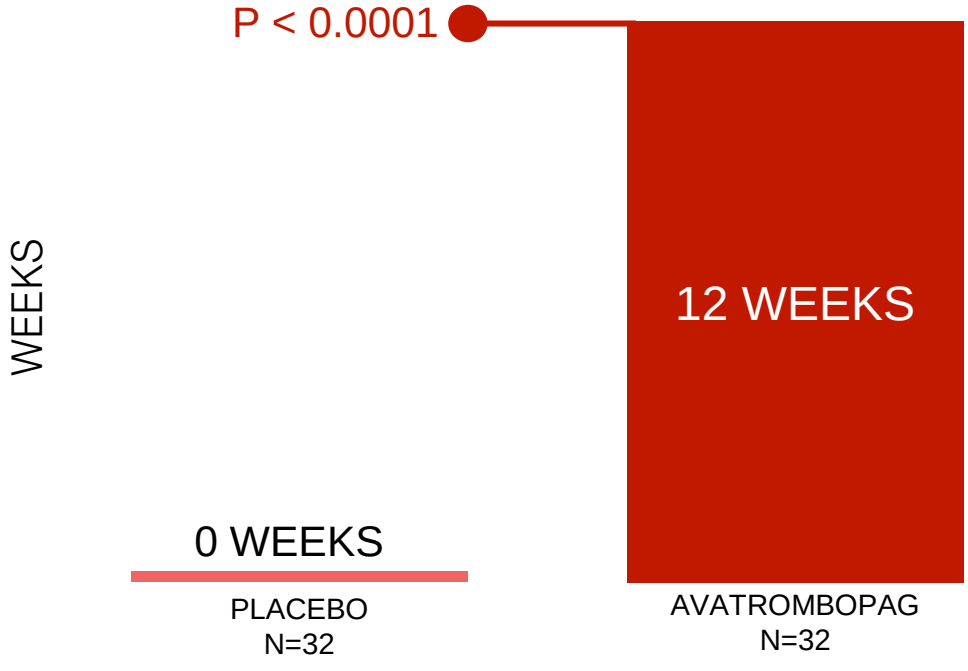
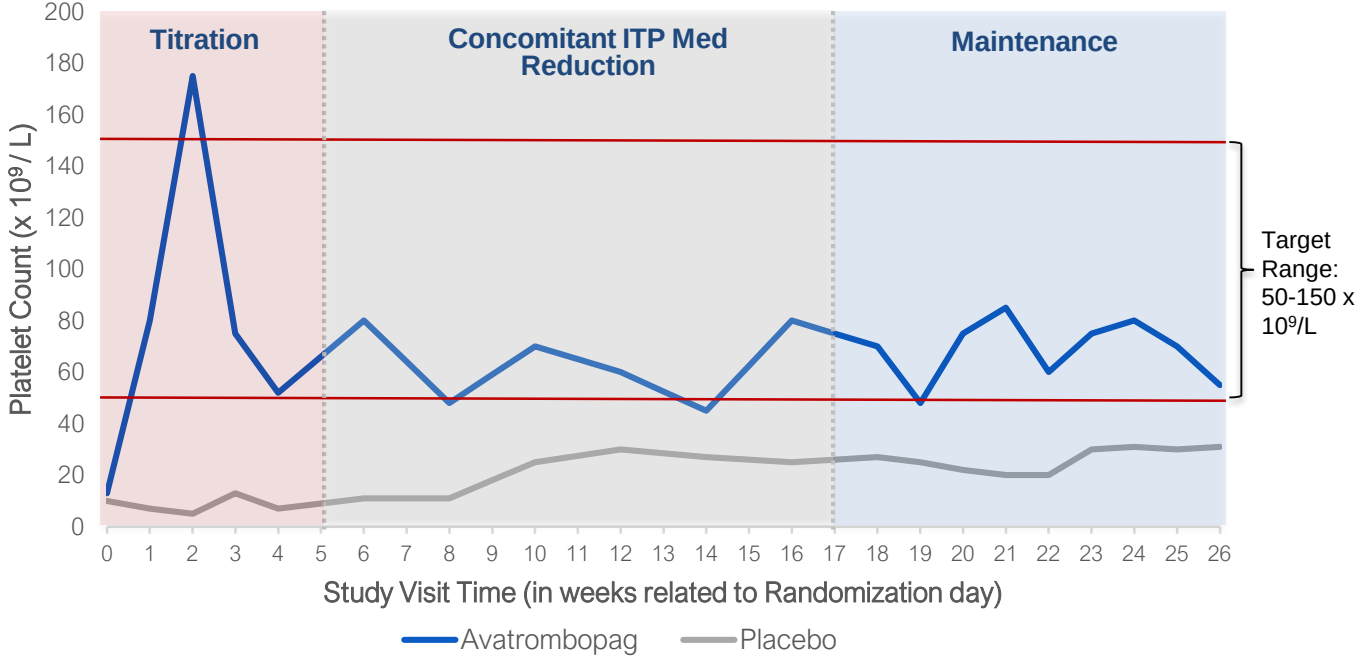
Phase 3 study of DOPTELET in ITP: cumulative number of weeks of platelet response > 50K / µL



Jurczak W, et al. *Br J Haematol*. 2018. Published Online, https://doi.org/10.1111/bjh.15573

Avatrombopag Phase 3 ITP efficacy data: median platelet count over time

Avatrombopag maintained the target platelet count (50 to <150×10^9/L) over the 6-month treatment period



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The Chronic ITP market is a $1.5 Billion Market. If Approved by FDA, we believe DOPTELET is Well-Differentiated

	HEPATOTOXICITY	DOSING	FOOD EFFECT
Doptelet (avatrombopag) tablets	NO HEPATOTOXICTY	ORAL DOSING	CONVENIENT ADMINISTRATION WITH FOOD
PROMACTA® (eltrombopag)	PROMACTA MAY INCREASE THE RISK OF SEVERE AND POTENTIALLY LIFE-THREATENING HEPATOTOXICITY	ORAL DOSING	TAKE ON AN EMPTY STOMACH (1 HOUR BEFORE OR 2 HOURS AFTER)
Nplate® romiplostim injection	NO HEPATOTOXICTY	SUBCUTANEOUS	N/A

Note: DOPTELET's currently approved indication is the treatment of thrombocytopenia in adult patients with chronic liver disease scheduled to undergo a procedure; Promacta's indication is chronic ITP, pediatric chronic ITP, severe aplastic anemia and chronic hepatitis C; Nplate's indication is chronic ITP
DOPTELET has not yet been approved by the FDA for the treatment of chronic ITP. This represents data from the studies completed to date

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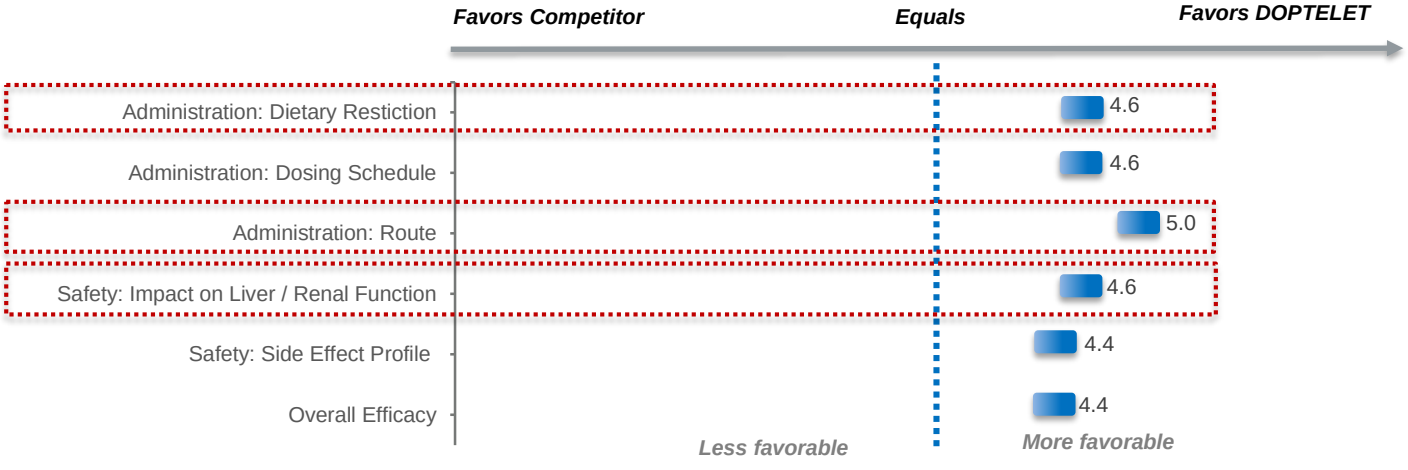
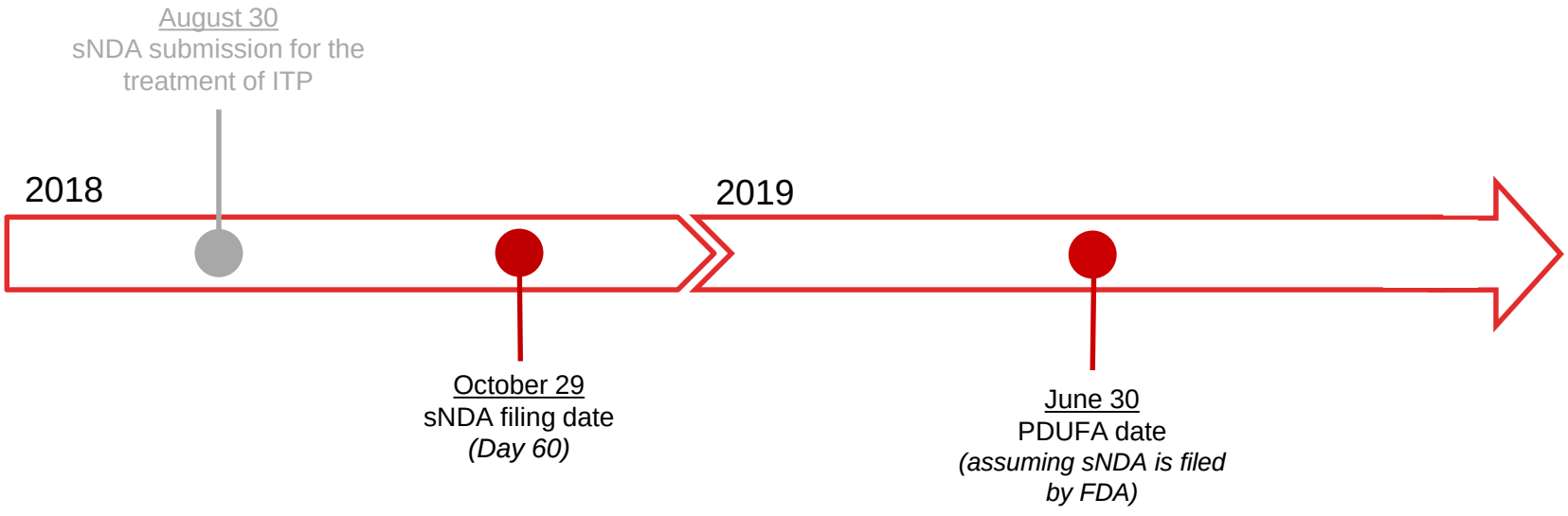
Demonstrated favorability of DOPTELET could result in a potentially significant market share in Chronic ITP

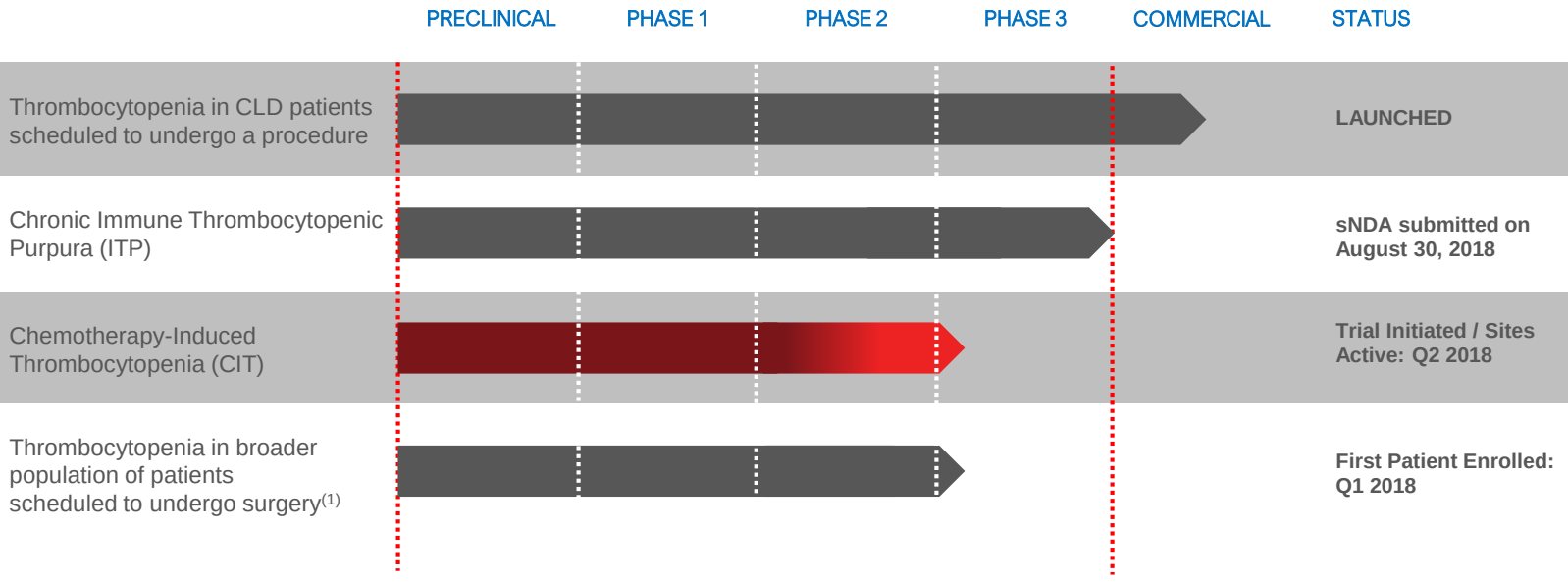


Source: Triangle Insights Group, results of n = 100 quantitative responses. Conducted: March 2018

Anticipated ITP regulatory timeline



DOPTELET: potential to address various types of thrombocytopenia



[1] Surgery includes spectrum of minimally invasive to highly invasive medical procedures. For highly invasive surgeries such as vascular, cardiac, brain or spine surgeries, many medical professional association guidelines recommend that patients have at least 100K platelets / µL

Potential fit for DOPTELET in CIT standard of care

DOPTELET has the potential to address a significant unmet medical need for patients with CIT

Type of Cancer	Regime	Rate of TCP*
NSCLC	Platinum/Gemcitabine	50.5%
Ovarian	Platinum/Taxane	45.6%
Bladder	Platinum/Gemcitabine	57.0%

1. Dose Reduction
2. Cycle Delay / Cancellation
3. Platelet Transfusion
4. Doptelet (avatrombopag) tablets

* Zhang X, et al. *Cochrane Database Syst Rev*. 2017;11:CD02035. Hitron A, et al. *J Oncol Pharm* Prac 2011 Dec;17(4):312-9

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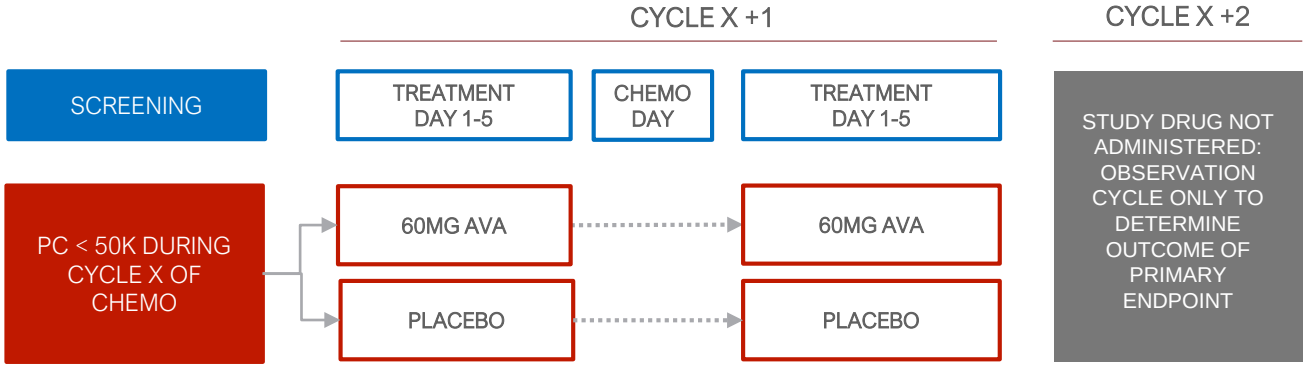
Chemotherapy Induced Thrombocytopenia (CIT)

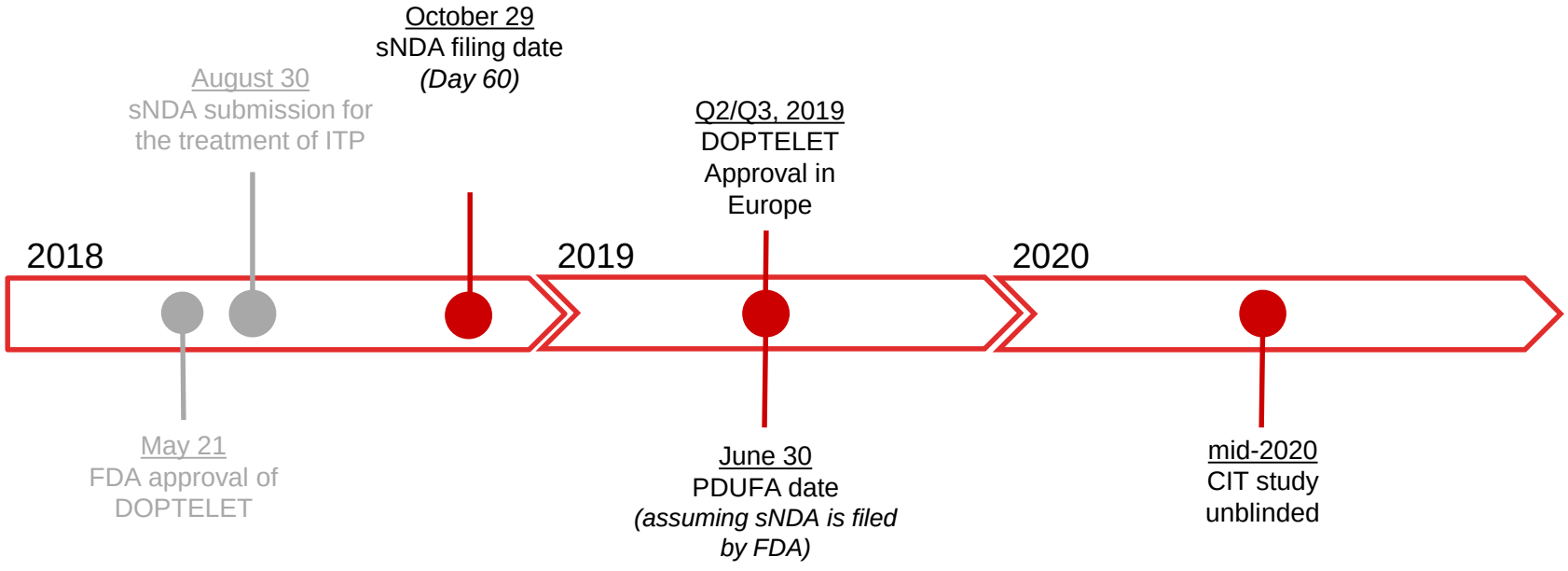
STUDY DESIGN

Phase 3 randomized, double-blind, placebo-controlled study of the efficacy and safety of oral avatrombopag in subjects with active non-hematological cancers (i.e., ovarian, NSCLC, bladder) who develop CIT (platelet count <50K / µL in the previous cycle of chemo)

N = 120 (2:1 RDZ)



Several important potential commercial and clinical milestones over the next 18-24 months



Strong Balance Sheet

$134.7 MILLION
CASH AND EQUIVALENTS AS OF 6/30/18

$20 MILLION
NOTE PAYABLE

$12 MILLION OPERATING CASH BURN IN Q2 2018 TO FUND CLINICAL AND COMMERCIAL ACTIVITY. BURN ANTICIPATED TO CONTINUE TO INCREASE WITH FULL COMMERCIAL ACTIVITIES

Dova PHARMACEUTICALS

Near-Term revenue with strong pipeline for continued growth

2018 JUNE LAUNCH

- Strong start to launch
- DOPTELET well-differentiated versus competition
- Increased sales force presence with Salix partnership
- Launch update In 3Q/4Q 2018

LARGE US MARKET OPPORTUNITY

- $800 Million in CLD indication
- $850 Million in ITP ($1.5 billion global)
- $1.7 Billion in follow-on acute indications (CIT and PST)

ROBUST PIPELINE

- sNDA for ITP ($1.5 billion global market) submitted on August 30, 2018
- CIT Phase 3 studies initiated in 2Q 2018

FAVORABLE IP

- Composition of matter patents expire in 2025 with potential patent term extension to 2029

STRONG CASH POSITION

- $134.7 Million cash and equivalents as of 6/30/18
- Commercial sales activity is generating revenue

Dova PHARMACEUTICALS


Dova™
PHARMACEUTICALS