EVOKE PHARMA

Gimoti® (metoclopramide) nasal spray

First and only FDA-approved nasal delivery treatment of metoclopramide for the relief of symptoms in adults with acute and recurrent diabetic gastroparesis

Corporate Presentation

December 2022

NASDAQ: EVOK

Forward-Looking Statements

Evoke cautions you that statements included in this presentation that are not a description of historical facts 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 negatives of these terms or other similar expressions. These statements are based on the company’s current beliefs and expectations. These forward-looking statements include statements regarding: the Company’s commercialization plans, including its plans to increase awareness and access to GIMOTI, and commercial activities to be conducted by EVERSANA; the potential of GIMOTI to provide an important new alternative to current treatment options; the potential commercial opportunity for GIMOTI including the potential pricing and reimbursement coverage; potential future prescribing trends for GIMOTI based on market surveys of healthcare providers or the Company’s marketing efforts; potential trends in payor coverage and reimbursement: and expected intellectual property protection and regulatory exclusivity for GIMOTI. The inclusion of forward-looking statements should not be regarded as a representation by Evoke that any of its plans will be achieved. Actual results may differ from those set forth in this press release due to the risks and uncertainties inherent in Evoke’s business, including, without limitation: Evoke’s and EVERSANA’s ability to successfully drive market demand for GIMOTI; the results of market surveys may not predict prescribing trends by doctors or acceptance by patients, and are not intended to reflect or imply actual prescriptions or sales to date; Evoke’s ability to obtain additional financing as needed to support its operations, including through the EVERSANA line of credit which is subject to certain customary conditions; the COVID-19 pandemic may continue to disrupt Evoke’s and EVERSANA’s business operations impairing the ability to commercialize GIMOTI and Evoke’s ability to generate any product revenue; Evoke’s dependence on third parties for the manufacture of GIMOTI; Evoke is entirely dependent on the success of GIMOTI; inadequate efficacy or unexpected adverse side effects relating to GIMOTI that could delay or prevent commercialization, or that could result in recalls or product liability claims; it will be difficult for Evoke to profitably sell Gimoti if coverage and reimbursement are limited; Evoke’s ability to obtain and maintain intellectual property protection and regulatory exclusivity for GIMOTI; and other risks detailed in Evoke’s periodic reports it files with the Securities and Exchange Commission. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof, and Evoke undertakes 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. This caution is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995.

Investment Highlights

Evoke Pharma: A specialty pharmaceutical company focused on treatments for gastrointestinal (GI) diseases

Gimoti®: First and only FDA-approved nasal delivery treatment for the relief of symptoms in adults with acute and recurrent diabetic gastroparesis

- **Only one other FDA-approved therapy for gastroparesis:** Metoclopramide (oral & IV) has ~3M million prescriptions annually as standard of care; few competitive products in development showing limited efficacy to date
- **Large and growing U.S. market opportunity:** Estimated $3-4 billion market; ~12-16M patients with symptoms (80% women); diabetes most common cause; ~ 2-3M currently treated
- **Addresses unmet clinical need:** Bypasses the dysfunctional GI tract; provides absorption despite erratic stomach emptying or gastroparesis symptoms

Robust commercial opportunity: Launched with a dedicated Gastroenterology field force in Q4 2020; No marketed competitors and few in clinical development; Orange Book listed patents expiry in 2029/2030

- **High level of Gastroenterologist interest:** Market research respondents across all segments perceive oral tablet as the least effective route of administration. 89% of all HCP's surveyed intend to prescribe GIMOTI
- **Encouraging market trends:** 71% refill rates for Gimoti; new prescriber growth of 22%, prescription growth of 34%, and 56% growth in dispensed units as well as 80% revenue growth in 3Q22 vs 2Q22

Actual Patient Stories from the GIMOTI Sales Force

A patient on GIMOTI cried in her office last week. The patient has had DGp for 15 years and nobody (5 MDs) has been able to help him. He had given up hope but now has finally gotten relief with GIMOTI. When he was telling the office that he can now go to his daughter's wedding and get back to his life, he just lost it and start crying in their office.

An office manager mentioned to me that every patient they have given a sample of GIMOTI to loves the product and doesn't want to take a pill again. GIMOTI has made them feel better when they didn't think that was going to be an option...

A NP prescribed GIMOTI for the very first time a couple weeks ago. She was hesitant because her physician is skeptical about metoclopramide. She heard back from the patient only a couple days later saying that the patient loved GIMOTI and that "it's the best she has felt in years." She fully believes in GIMOTI and the power it has to change patient lives; she's already found 2 more patients that she's going to try GIMOTI on. She prescribed again today!

Strategic Update

What is contributing to improved performance and why poised to grow?

- Switch to vitaCare distribution – allows for electronic prescribing
- Increased KOL support and advocacy – presentations driving awareness to broader audience
- Targeting of Advanced Practice Providers – Physician Assistant and Nurse Practitioner education
- Improved HCP access and length of calls – Covid protocols and restrictions lifting
- Improved messaging – differentiation from oral medications and tardive dyskinesia insights
- GIMOTI included in the updated 2022 ACG Clinical Guidelines for Gastroparesis
  - 1st line treatment, the same level as other forms of metoclopramide

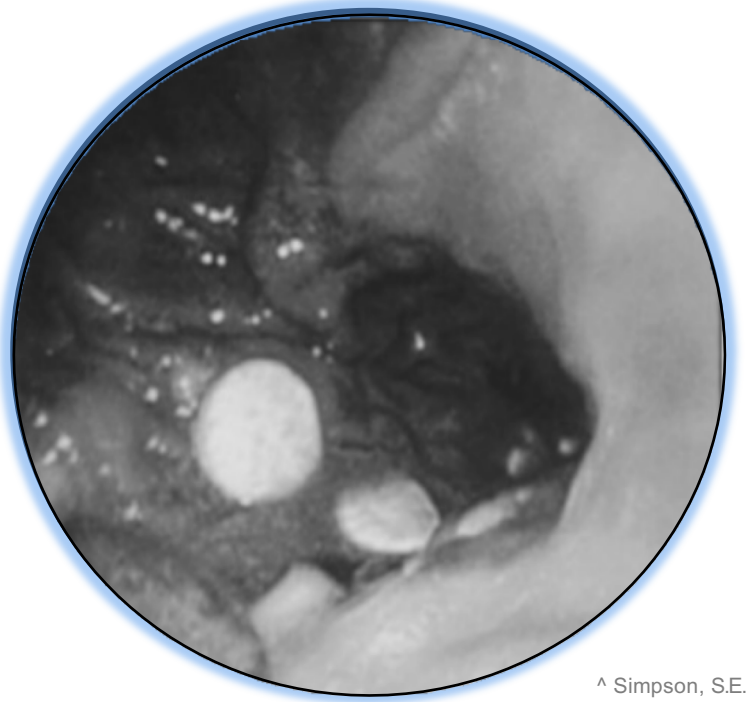
Gastroparesis: Limitations of Current Oral Treatments

Vomiting and/or unpredictable gastric emptying can interfere with absorption of oral medications for glycemic control, comorbidities, and diabetic gastroparesis

Motility & Symptoms
- Oral Metoclopramide (1st line)
- Domperidone (not FDA-approved)

Motility
- Erythromycin (used off-label)

Symptoms
- Odansetron, promethazine (nausea & vomiting)
- PPI's (abdominal pain)
- Narcotics (abdominal pain)

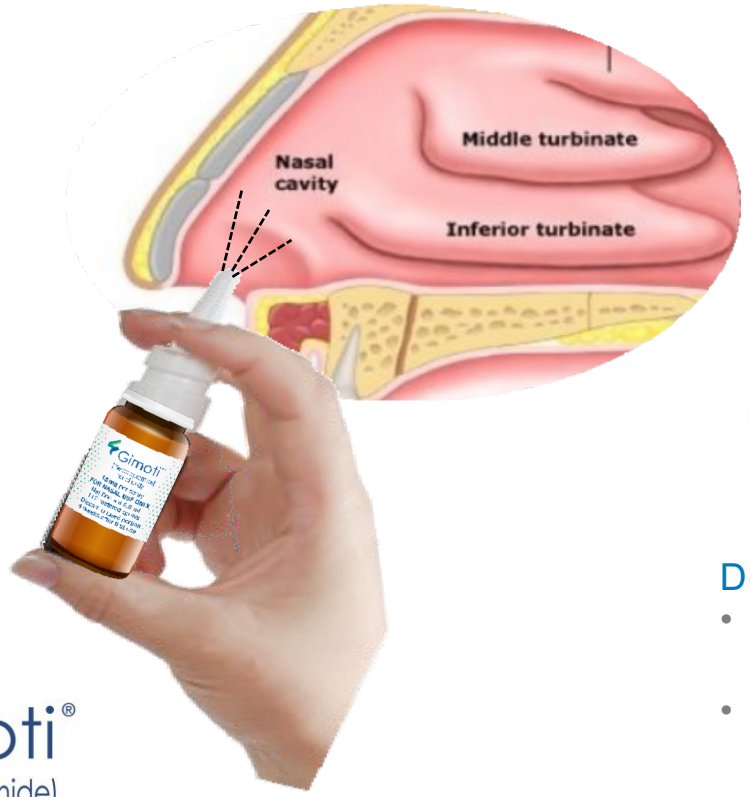


^ Simpson, S.E., Clinical Toxicology, 2011

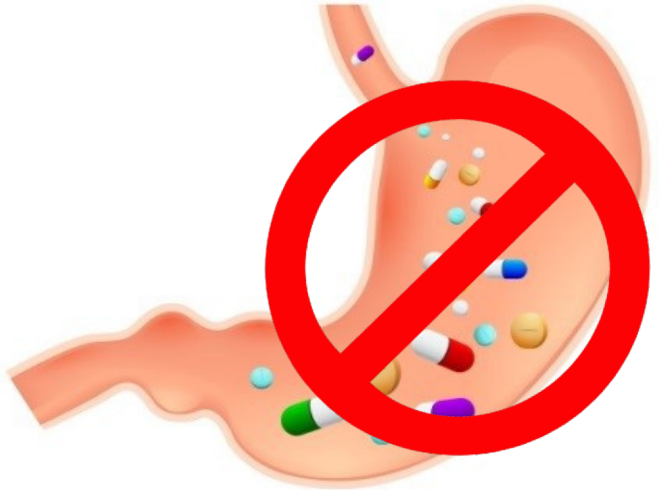
- **Erratic absorption may lead to:**
  - Too much drug - multi-dose dumping (collecting pills in stomach then absorbed at once; includes metoclopramide and other drugs)
  - Too little drug - no absorption due to vomiting (pill ejection) or patient non-compliance due to nausea/vomiting

Gimoti®: Our Treatment Solution

Novel approach for symptomatic relief of acute & recurrent diabetic gastroparesis in adults

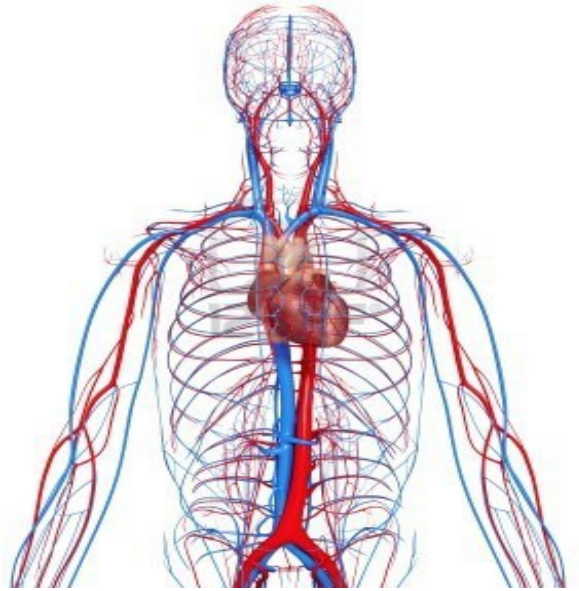


Gimoti®
(metoclopramide)
nasal spray



Designed to provide:

- Absorption regardless of gastric emptying delays
- Symptom relief even during flares



Unlike oral medications, nasal delivery designed to:

- Bypass the GI tract to directly enter the bloodstream
- Absorption despite vomiting and gastric emptying delays

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Gastroparesis: The Market Opportunity

~12-16 million in the US with symptoms of gastroparesis

- Under-diagnosed in part due to lack of awareness
- Diabetes is number one known cause of gastroparesis

~2-3 million patients currently receive treatment

- Prevalence increasing due to growing diabetes population
- 80% of patients are women

Estimated $3-4 billion prescription market

Hospitalizations extended and costly

- **$3.5 billion** in additional hospitalization costs in a single year
- **~$35,000** in mean costs per hospitalization per patient

Only one product commercially marketed - **Gimoti**

- Wang, Parkman. "Gastroparesis Related Hospitalizations in the United States: Trends, Characteristics and Outcomes 1995-2004" *AM J Gastroenterol* 2008; 103:313-322
- Samsom M, Roelofs J. "Prevalence of Delayed Gastric Emptying in Diabetic Patients and Relationship to Dyspeptic Symptoms." *Diabetes Care*, Vol. 26, No. 11, Nov. 2003, 3116-3122
- Hasler WL. *Current Gastro Reports* 2007; 9: 261-2692007; 9: 270-279
- Intagliato NI, Koch KL. *Current Gastro Reports*
- Soykan I, Sivri B, Sarosiek I, Kiernan B, McCallum RW. Demography, clinical characteristics, psychological and abuse profiles, treatment, and long-term follow-up of patients with gastroparesis. *Dig Dis Sci* 1998;43:2398-404
- World Journal Of Gastroenterology, vol 23, no. 24, 2017, p. 4428.

Gastroparesis: Unpredictable & Difficult to Treat

DGP Disease Burden Requires Long-term Management[1,2]

Signs and symptoms of diabetic gastroparesis

Nausea **Abdominal Pain** **Early Satiety**

Bloating **Prolonged Fullness** **Vomiting**

Poorly managed DGP can result in:

Increases in

Malnutrition/Dehydration[3]

Anxiety/Depression[4]

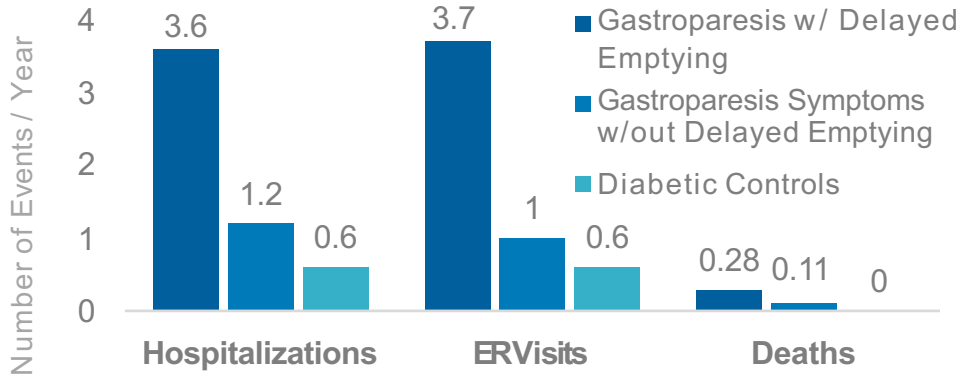
Healthcare utilization and costs[5]

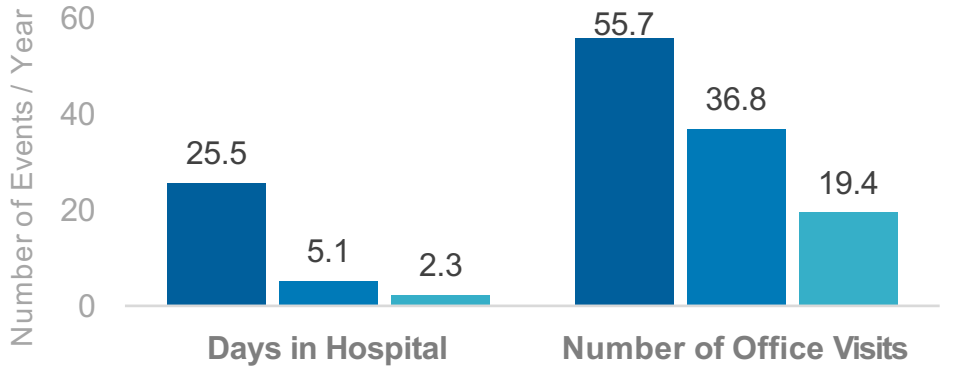
Diabetes-related complications[6]

Decreases in

Glucose control[3]

Quality of life[1]





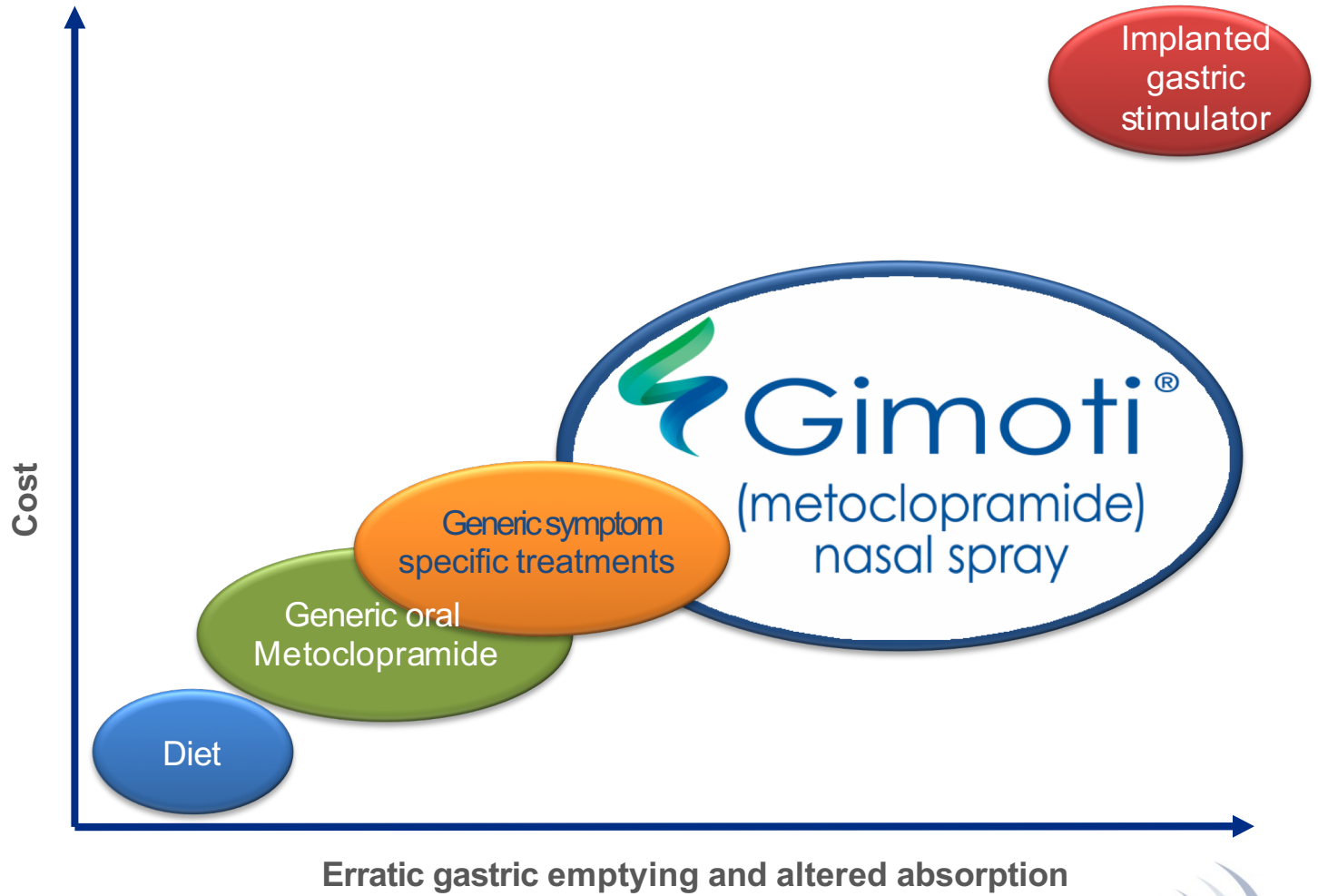
References: 1. Bharucha AE. *Gastroenterol Clin North Am*. 2015;44(1):9-19. **2.** Hasler WL et al. *Neurogastroenterol Motil*. 2013;25(5):427–e301. **3.** Krishnasamy S et al. *Diabetes Ther*. 2018;9(Suppl 1):S1–S42. **4.** Dudekula A et al. *J Gastroenterol Hepatol*. 2011;26(8):1275-1282. **5.** Chen Y et al. *American Journal of Gastroenterology*. 2020;115:S686-687. **6.** Parkman et al. *Am J Gastroenterol*. 2019;114(11):1778-1794. Wang, Parkman. "Gastroparesis Related Hospitalizations in the United States: Trends, Characteristics and Outcomes 1995-2004" *AM J Gastroenterol* 2008; 103:313-322

Gimoti Aims to Fill the Treatment Gap for Patients

Gastroparesis Treatment Journey

- Diet modifications to smaller and liquid meals
- Oral metoclopramide is most often prescribed as the initial therapeutic treatment
- If suitable relief is not attained, additional treatments are added to address individual symptoms (nausea being the most common)
- If current medications fail to provide relief, patients may have a gastric stimulator surgically implanted
  - The available device has not been proven efficacious*
  - Costs for surgical procedure are significant (~$50-$100K)

*"Humanitarian Device: The Enterra Therapy system for gastric electrical stimulation is authorized by Federal law for use in treatment of chronic intractable (drug refractory) nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology. The effectiveness of this device for this use has not been demonstrated."



FDA Assessment of Patient Experience Data for Gimoti

A Need for Effective, Alternative Routes of Administration

- *"Together, the results from the interview of the patients who participated in the Gimoti phase 2b trial and the patient discussion forums supports that **patients with gastroparesis may, in general, benefit from alternatives to oral solid dosage forms**, including but not limited to metoclopramide."*[2]

- *"Patients with diabetic gastroparesis **may experience further derangement of glucose control** because of unpredictable gastric emptying and altered absorption of orally administered hypoglycemic drugs"*[1]

References: 1. Gimoti NDA Multidisciplinary Review FDA 6/18/2020 2. Gastroparesis: Clinical Evaluation of Drugs for Treatment FDA Guidance for Industry. Aug. 2019.

Commercial Collaboration with EVERSANA

- Partnership provides integrated distribution, sales/marketing, and reimbursement services teams to enable rapid launch
- Evoke will retain 80%+ of product profits
- Evoke retains ability to exit partnership under change of control event

Eversana's Commercial Support for Gimoti

Patient Services
- Access to pharmacists and nurses
- Support for benefit verification and prior authorization
- vitaCare electronic script submission (GoodRX subsidiary)

Commercial Call Center
- Pharma and call center experience
- Outbound/Inbound calls
- Covering highest volume prescribers in "white space"

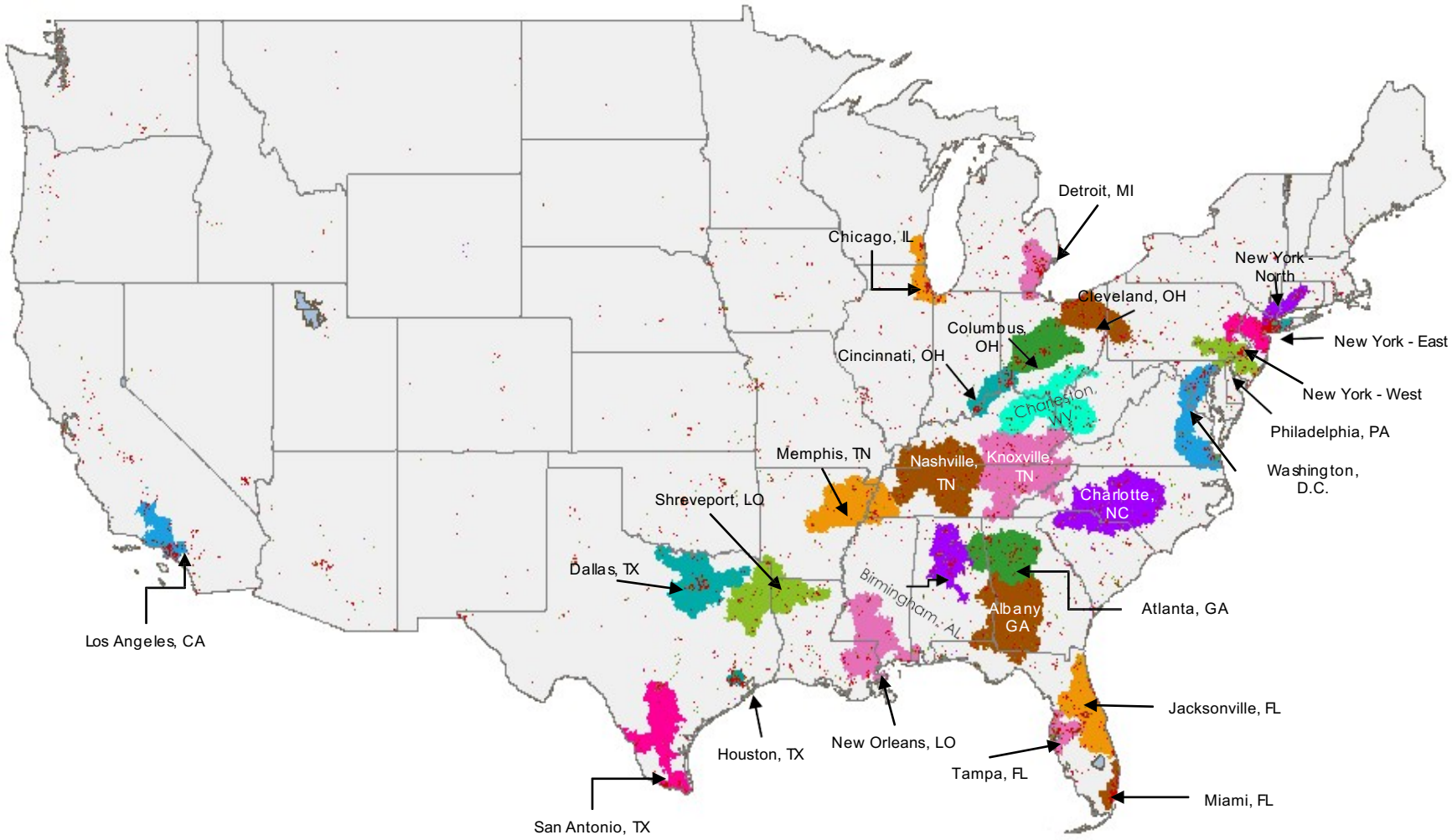
Marketing Digital Presence
- Health Care Professional and Patient Website
- Paid search and social awareness
- Targeted stakeholder E-mail campaigns
- Two Facebook pages focused on Gastroparesis treatment and awareness

27 Gastroenterology Care Specialists
- B2B and previous pharma experience
- Calling on highest volume metoclopramide prescribers
- Predominately gastro and NP/PA targets

Strategically Targeted Gimoti Sales Team

Regional Focus

- Gastroenterology focus
- High metoclopramide utilization (~50% of metoclopramide total prescriptions within the planned alignment)
- Areas of high diabetic populations
- Expansion into additional geographies suitable based upon opportunity



“The Right Delivery So It Can Work”

Initial Payer Reception and Patient Co-Pay Program

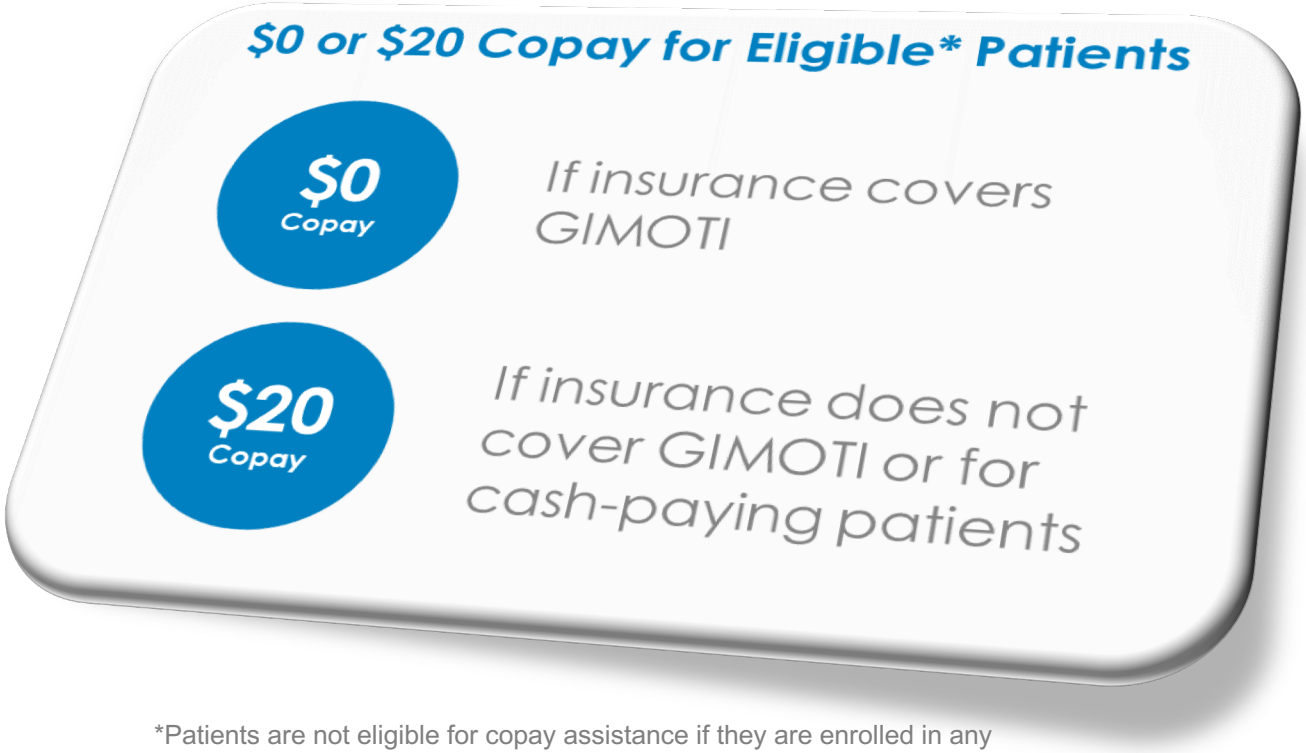
Despite traditionally difficult payer landscape and no contracts, Gimoti gaining traction

Payer Coverage

- Continuing insurance coverage discussions without contracting based on patient need
- Most Insurers are seeking either trial on oral generic first or prior authorization, or both
- 115 insurers have covered Gimoti since launch across commercial and government programs
- Medicare and Medicaid access continues to grow – Recent positive decisions in NY and TX

GIMOTI Co-Pay Program supports patient out of pocket costs

- Integrated HUB Reimbursement process



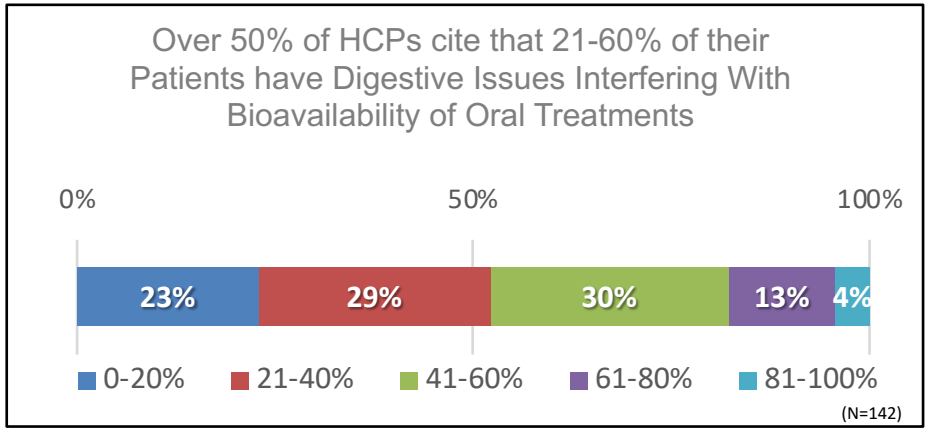
*Patients are not eligible for copay assistance if they are enrolled in any state or federally funded healthcare programs, or where prohibited by law.

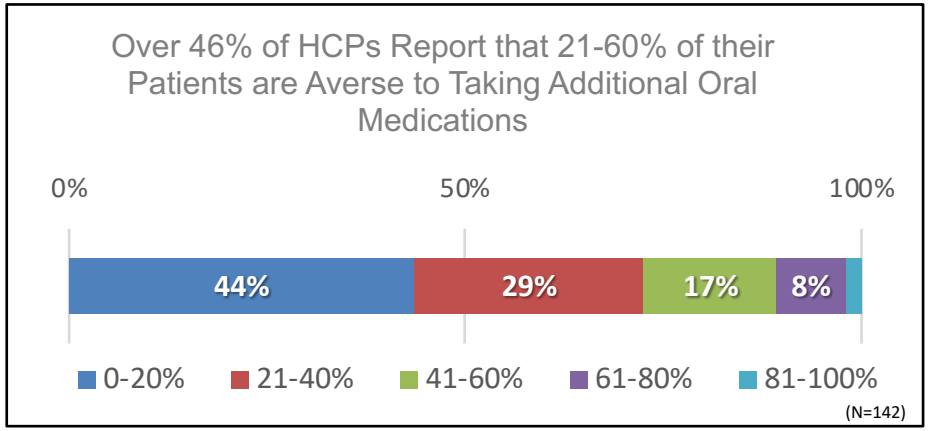
Key HCP Insights

In recent Market Research, HCPs report a moderately high concern around oral ROA as digestion issues interfere with the bioavailability of the oral drug treatment.

Treatment Selection and Considerations

- **GIs indicate moderate-to-high concern** (3.73 out of 5) around their GP patients' **absorption of oral treatments**.
- Over **45% of GIs** reported that they believed the **nasal route of administration** to be the **most appropriate** for patients with diabetic GP.





Because HCPs are aware of the ingestion and digestion issues of their GP patients and oral treatments, we can focus on more direct messaging of GIMOTI's non-oral differentiation vs. other options.

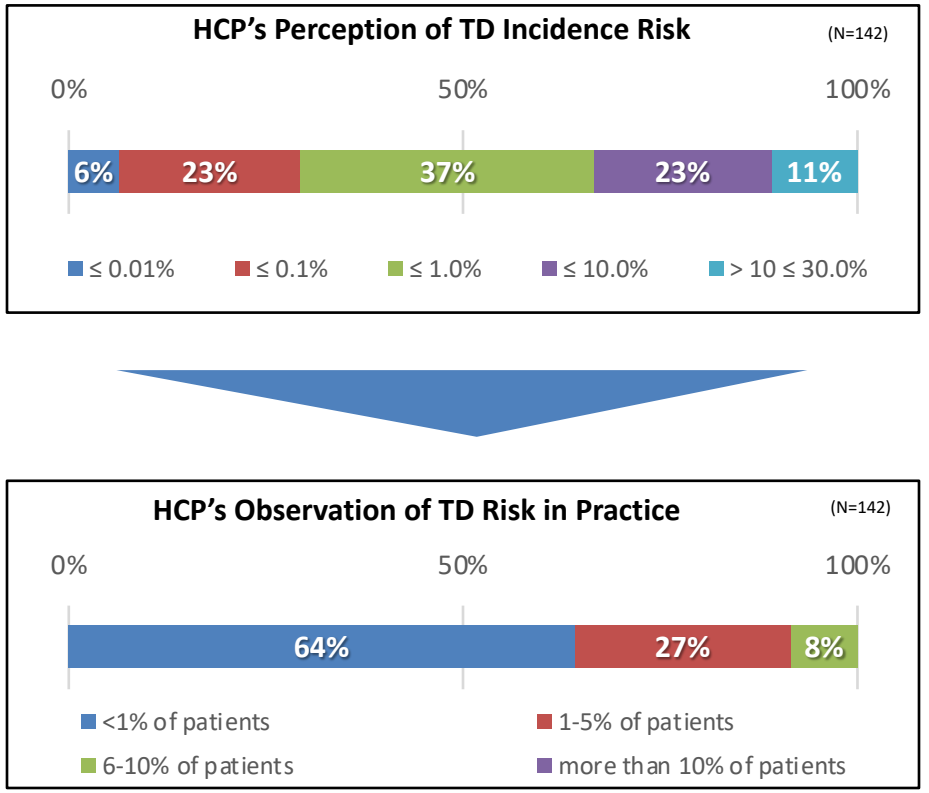
Source: Wave 6 HCP ATU - Conducted May 2022; Total n=142 HCPs (Target GI n = 65; Non-target GI n = 21; Target PCP n = 20; Non-target NP/PA n = 36)

Key HCP Insights

HCPs have a higher self-reported perception of incidence and risk of tardive dyskinesia than what is observed and occurs within their practice setting.

Perceptions and Impact of Tardive Dyskinesia

- **34% of HCPs** believe that the **TD incidence rate** is around **10% or higher;** however, the majority of HCPs reported observing TD **in <1% of patients and none report observing in 10% or more**
- Among those that perceive TD incidence to be >10%, about half reported that they are actually **comfortable with their current understanding** and **do not hesitate to prescribe metoclopramide**
- The majority of physicians report that while **boxed warnings do not deter** them from prescribing MCP products, the **HCPs will monitor patients closely**



Enhance GIMOTI messaging materials to educate HCPs on the real-world prevalence of tardive dyskinesia and educate their patients about the very low risk associated with metoclopramide.

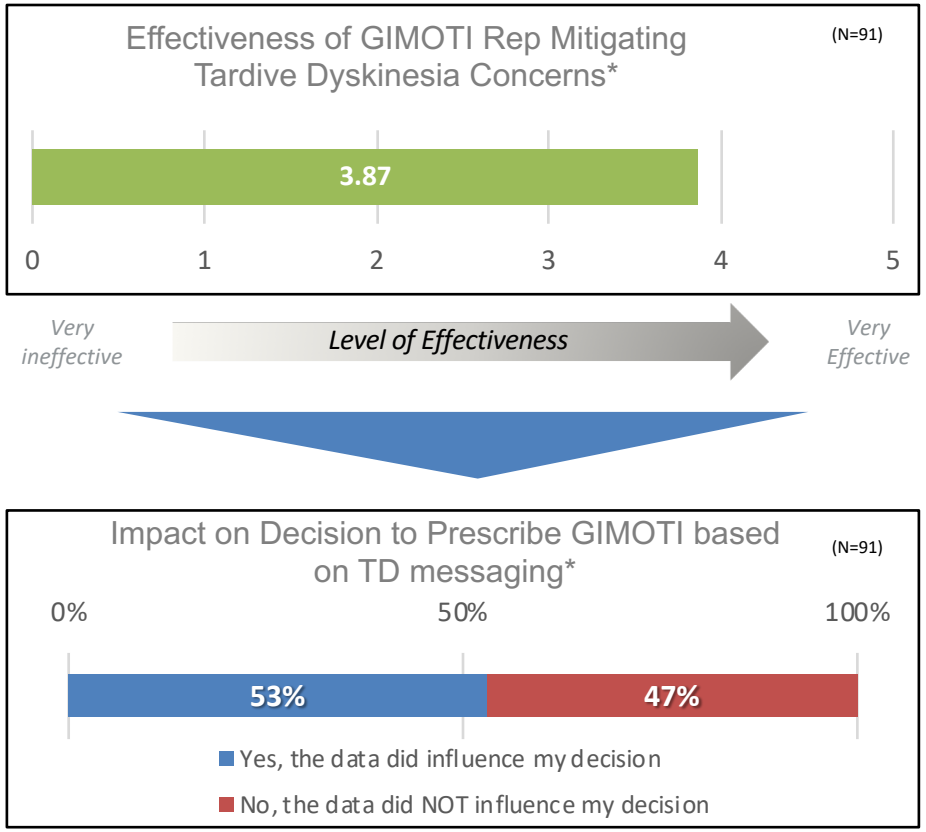
Source: Wave 6 HCP ATU - Conducted May 2022; Total n=142 HCPs (Target GI n = 65; Non-target GI n = 21; Target PCP n = 20; Non-target NP/PA n = 36)

Key HCP Insights

Based on HCP feedback, GIMOTI sales representatives are doing a good job with the frequent and effective messaging around the Nasal ROA and low TD risk, which has positively impacted prescribing.

HCP Feedback on GIMOTI Sales Representatives

- **74% of HCPs prefer in-person visits**
- 70% of HCPs who interacted with a sales representative in the past year believed **messaging on the differential value of GIMOTI's nasal ROA** was **clear and effective**
- **73% of HCPs** stated the sales rep. was **highly effective in mitigating their concerns about TD**



*Survey only asked respondents that have interacted with a sales rep. within the past year

Increase targeting efforts on HCPs that have not been detailed by a GIMOTI representative within the last year, especially HCPs that treat a high volume of diabetic gastroparesis patients.

Source: Wave 6 HCP ATU - Conducted May 2022; Total n=142 HCPs (Target GI n = 65; Non-target GI n = 21; Target PCP n = 20; Non-target NP/PA n = 36)

Building Evidence to Support Further Access to GIMOTI

Retrospective Claims Analyses in patients prescribed GIMOTI to evaluate Health Care Resource Utilization (HCRU)

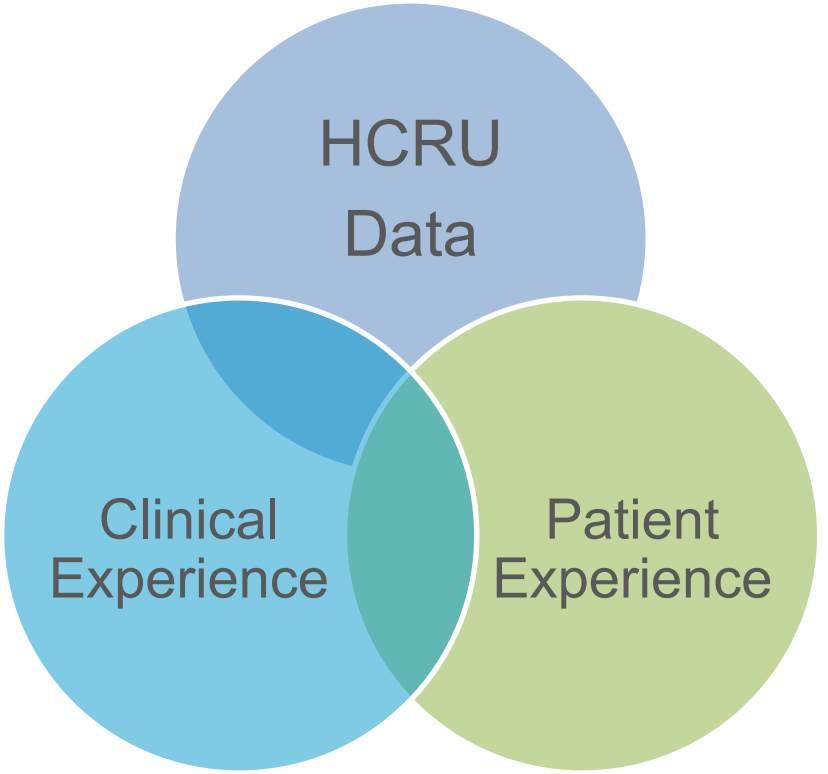
- Submissions to key HCRU and Gastroenterology review organizations

Chart audit underway in a multi-provider practice to understand:

- Symptom improvement in patients prescribed Gimoti
- Gimoti usage trends by patients
- Other medication use
- Other patient level differences

Tardive Dyskinesia incidence in gastroparesis patients based on 2022 DDW "Poster of Distinction"

- Manuscript in preparation for final review and submission



Digestive Disease Week Poster of Distinction
Incidence of Tardive Dyskinesia Approximately 0.1%

DDW2022 Digestive Disease Week®
MAY 21-24 | SAN DIEGO, CA

Revisiting the Risk of Tardive Dyskinesia with Metoclopramide Use: A Real-World Data Driven Epidemiology Study from 2011-2020

Authors, R. McCallum[1], H. Parkman[2], D. Kunkel[3], L. Nguyen[4], B. Wright[3], M. Kalas[1], B. Ramamoorthy[5], J. Donders[5], C. Quesenberry[5], B. Hyde[5]

1 Texas Tech University Health Sciences Center El Paso, TX, United States; 2, Temple University Hospital, Philadelphia, PA, United States; 3 University of California San Diego, CA, United States; 4 Stanford University, CA, United States; 5 EVERSANA Life Science Services, Chesterfield, MO, United States.

INTRODUCTION

The risk of drug-induced tardive dyskinesia (TD) is a critical factor in assessing the utility of dopamine receptor blocking agents (DRBA), including metoclopramide. However, there is limited literature available on the published rates of drug-induced TD. The few studies that have been conducted are largely outdated and report varying frequencies of TD with metoclopramide use (from 1% to 15%)[1-3], likely due to small sample sizes and different outcome definitions. Given the importance of metoclopramide as the only FDA-approved therapy to treat diabetic gastroparesis, there is a substantial need to elucidate the incidence of TD using more recent data.

AIMS

1. To update the medical literature on the incidence of TD in the US population including relevant subgroups (metoclopramide-prescribed patients, gastroparesis patients, and gastroparesis patients prescribed metoclopramide).
2. To identify risk factors to help clinicians in selecting appropriate patients for use of DRBAs, including metoclopramide.

METHOD

This retrospective analysis was conducted with administrative claims data representing 35% of the US population (Truven Health MarketScan® Commercial Database). This robust dataset is comprised of more than 300 unique employers, 25 different health plans, and 240 million covered lives.

- Data from January 1, 2011 through December 31, 2020
- All patients required to have 12 months minimum enrolment.
- Cumulative incidence projected from the database to a national level based on census population counts segmented by age and sex.
- The primary outcome definition of TD used in this study was:
  - 333.85, Subacute dyskinesia due to drugs
  - G24.01, Drug induced subacute dyskinesia
  - G24.09, Other drug-induced dystonia
- Subgroup definitions were based on physician recommended International Classification of Diseases (ICD) 9/10 codes.
- Risk ratios were used to measure the association between TD and renal dysfunction, diagnosis of mental health disorders, DRBA use, and diabetes. 95% CIs were calculated for the risk ratios.

RESULTS

The incidence of TD in the general population was 9.4 per 100,000.

In metoclopramide-prescribed patients, gastroparesis patients, and gastroparesis patients prescribed metoclopramide, the incidence of TD was 33.4 per 100,000, 76.6 per 100,000, and 98.8 per 100,000.

The cumulative incidence of TD generally increased with age (**Figure 1**). Elderly patients (ie, patients aged 65 years and older) had higher incidence of TD compared with younger than 65 years of age in all groups evaluated. Females aged 40 years and older had higher incidence of TD compared with males in the same age group. Overall, elderly females (65 years of age and older) had the greatest incidence of TD.

Among all cohorts, there were positive associations between incidence of TD and renal dysfunction, diagnosis of mental health disorders, DRBA use, and diabetes (**Table 1**). For gastroparesis patients with metoclopramide use, the risk of TD incidence increased 2.3-fold, 3.0-fold, 3.2-fold, and 1.5-fold with renal dysfunction, diagnosis of mental health disorders, DRBA use, and diabetes, respectively.

The incidence of TD increased with longer durations of metoclopramide use. TD incidence was highest among patients with 24 to 48 months of prescription claims for metoclopramide (**Figure 2**).

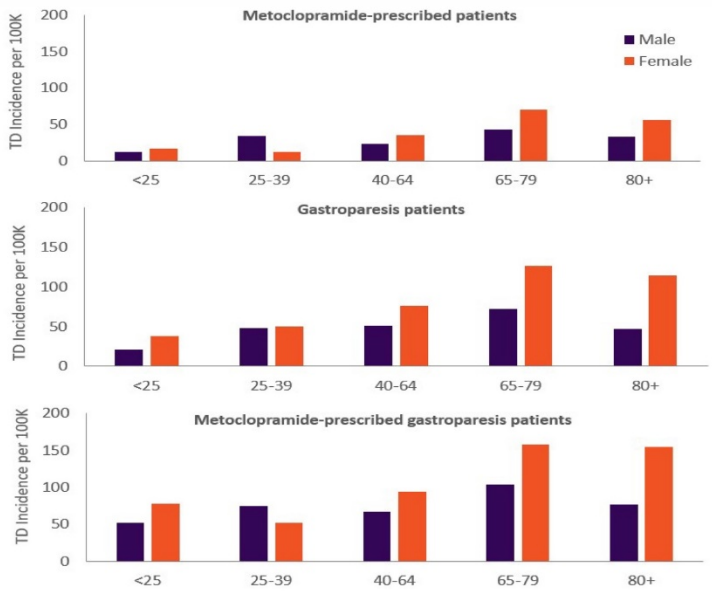


Figure 1. *Incidence of TD per 100,000 by age group and sex*

Table 1. *Risk ratios of TD in the general population, metoclopramide-prescribed patients, gastroparesis patients, and gastroparesis patients treated with metoclopramide according to renal dysfunction, diagnosis of mental health disorder, DRBA use, and diabetes*

	General population		Metoclopramide prescribed patients		Gastroparesis patients		Gastroparesis patients prescribed metoclopramide	
	Incidence per 100K	Ratio (95% CI)	Incidence per 100K	Ratio (95% CI)	Incidence per 100K	Ratio (95% CI)	Incidence per 100K	Ratio (95% CI)
Renal dysfunction								
Yes	37.5	6.8 (6.3, 7.4)	65.2	3.5 (2.6, 4.7)	113.6	2.8 (1.8, 4.3)	134.7	2.3 (1.3, 4.3)
No	5.5		18.6		40.9		57.5	
Diagnosis of mental health disorder								
Yes	35.9	15.6 (14.1, 17.3)	60.1	4.4 (3.2, 6.0)	110.7	3.4 (2.2, 5.4)	134.0	3.0 (1.5, 5.7)
No	2.3		13.7		32.4		45.2	
DRBA use								
Yes	40.4	12.2 (11.2, 13.4)	61.8	6.2 (4.2, 9.0)	106.9	2.4 (1.5, 3.6)	131.2	3.2 (1.5, 6.7)
No	3.3		10.0		45.2		40.9	
Diabetes								
Yes	28.9	5.5 (5.0, 5.9)	64.2	3.5 (2.6, 4.6)	89.6	1.9 (1.2, 3.1)	108.4	1.5 (0.8, 2.9)
No	5.3		18.5		46.7		70.2	

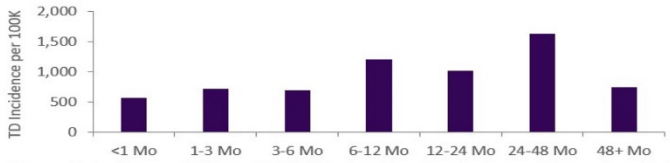


Figure 2. *Incidence of TD per 100,000 by duration of metoclopramide use (months)*

CONCLUSIONS

TD is rare among metoclopramide-treated patients with an incidence of 33.4 per 100,000; critically, this is much lower than previously reported in national guidelines on the treatment of gastroparesis.[2,3] Age and sex appear to be significant risk factors for TD, with the highest TD incidence reported among elderly females. Additional risk factors for TD include renal dysfunction, coadministration of other DRBAs, diagnosis of mental health disorders, and diabetes. The incidence of TD was also found to increase with prolonged metoclopramide use, with the greatest risk of TD observed after 24 to 48 months of chronic metoclopramide use. This large database permits a real-world study emphasizing the rarity of TD with metoclopramide use and identifies risk factors that can further lower this risk.

Limitations: Only those individuals with commercial health coverage were included. As a result, the findings may not be generalizable to patients with other forms of insurance or without health insurance coverage. Common to any retrospective claims analysis, coding inaccuracies or lack of coding may have introduced bias.

Strengths and Future Directions: The incidence TD is anticipated to rise because of increasing DRBA use. Compared to previous investigations, this study employed robust methods to report on cumulative TD incidence using recent, scalar, real-world data. The findings are intended to support clinicians in selecting appropriate candidates for DRBA use, including metoclopramide. Future studies are warranted to confirm these findings and further explore the impacts of specific risk factors such as metoclopramide dose on risk of TD.

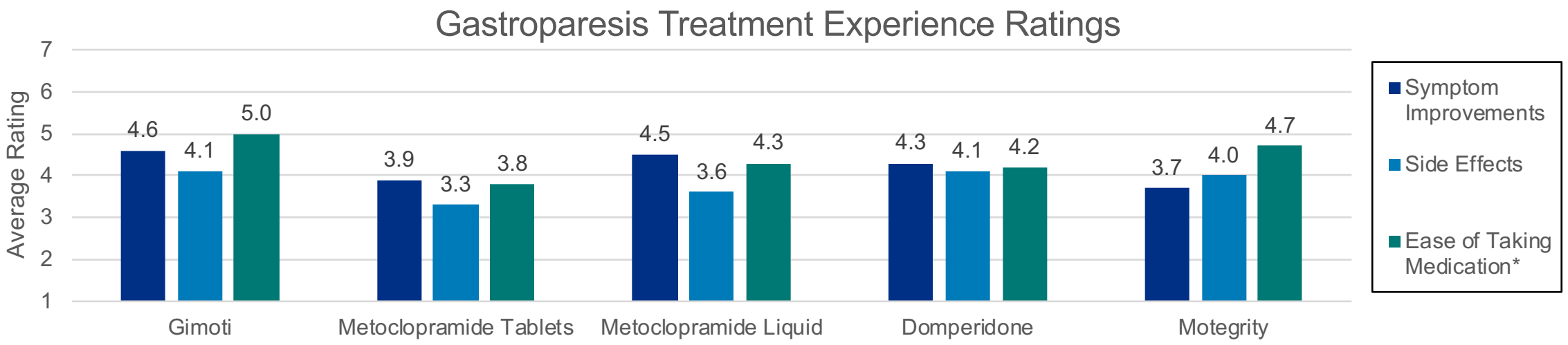
DISCLOSURES

This study was funded by EVOKE. C. Quesenberry is an employee of EVOKE. B. Ramamoorthy, J. Donders, and B.Hyde are current or former employees of EVERSANA who were paid consultants.

REFERENCES

1. Shaffer D, Butterfield M, Pamer C, Mackey AC. Tardive dyskinesia risks and metoclopramide use before and after US market withdrawal of cisapride. *J Am Pharm Assoc* 2004; 44: 661–5.
2. Abell TL, Bernstein RK, Cutts T, et al. Treatment of gastroparesis: a multidisciplinary clinical review. *Neurogastroenterol Motil.* 2006;18:263-283.
3. Parkman HP, Hasler WL, Fisher RS. American Gastroenterological Association technical review on the diagnosis and treatment of gastroparesis. *Gastroenterology* 2004;127: 1592–1622.

Recent patient ATU found that GIMOTI was the highest rated GP treatment in every metric



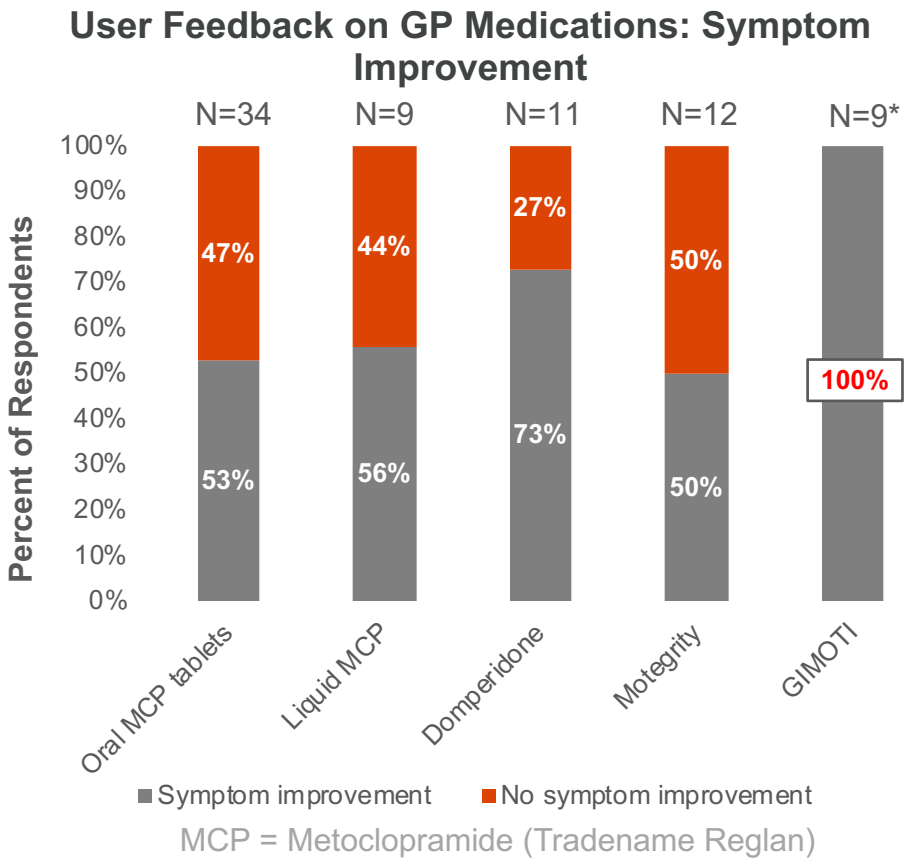
Other Patient ATU Highlights

- ***Patients take on average 7.2 medications (¾ of them are orals)***
- ***86% of patients experience flares (avg nearly 15 flares annually)***
- ***Patients visit ER on average 7.2 per year***
- ***28% of patients do not routinely discuss their symptoms with their provider***
- ***High interest in a non-oral options***
- ***Patients rated GIMOTI more favorably on efficacy and tolerability; all patients on GIMOTI reported symptom relief***
- ***Patients are significantly less likely to hear about GIMOTI from their HCP vs Domperidone and Motegrity***

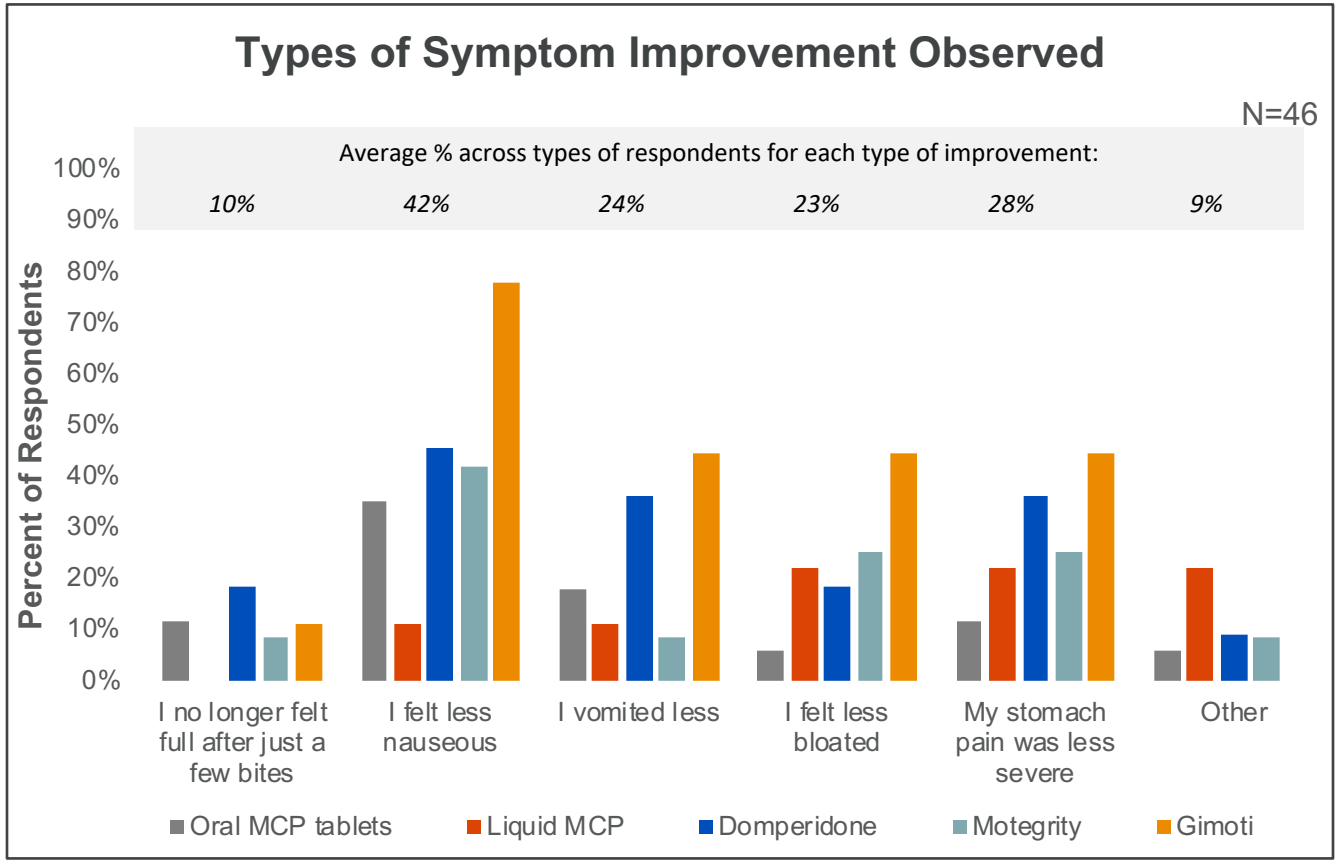
*Patients were asked to rate difficulty in taking GIMOTI since it is a non-oral treatment and therefore ability to swallow is not a factor, while they were asked specifically about swallowing oral treatments.

Gastroparesis Patient Market Research (April 2022)

All patients who have tried GIMOTI have reported improvement in symptoms; and lower degree of side effects

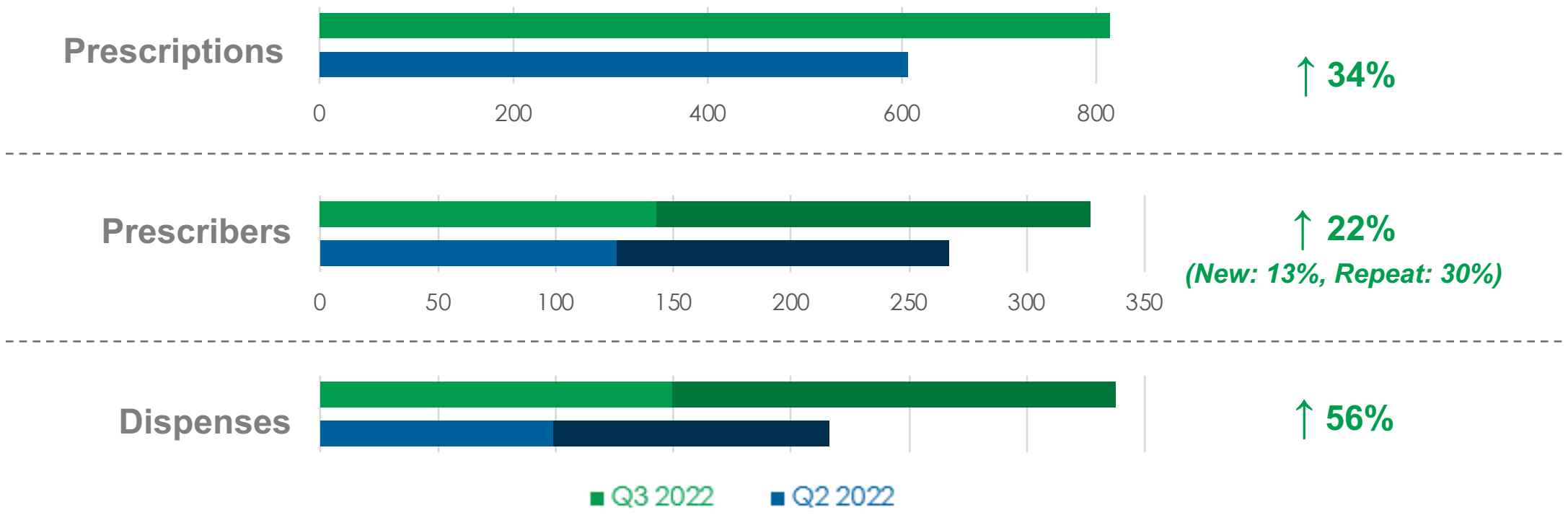


MCP = Metoclopramide (Tradename Reglan)



Source: Wave 1 Patient ATU - Conducted April 2022; Total N=110 patients

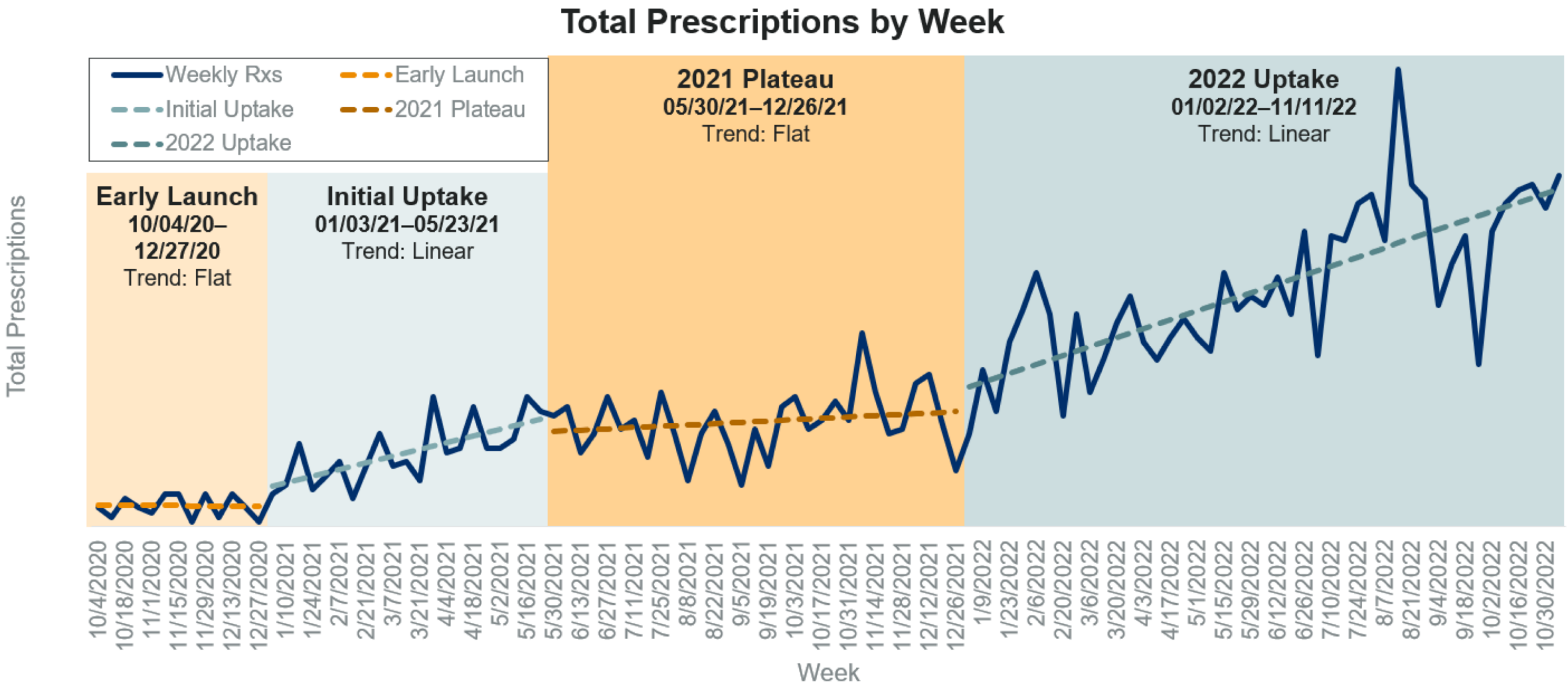
Leading indicators of growth are positive



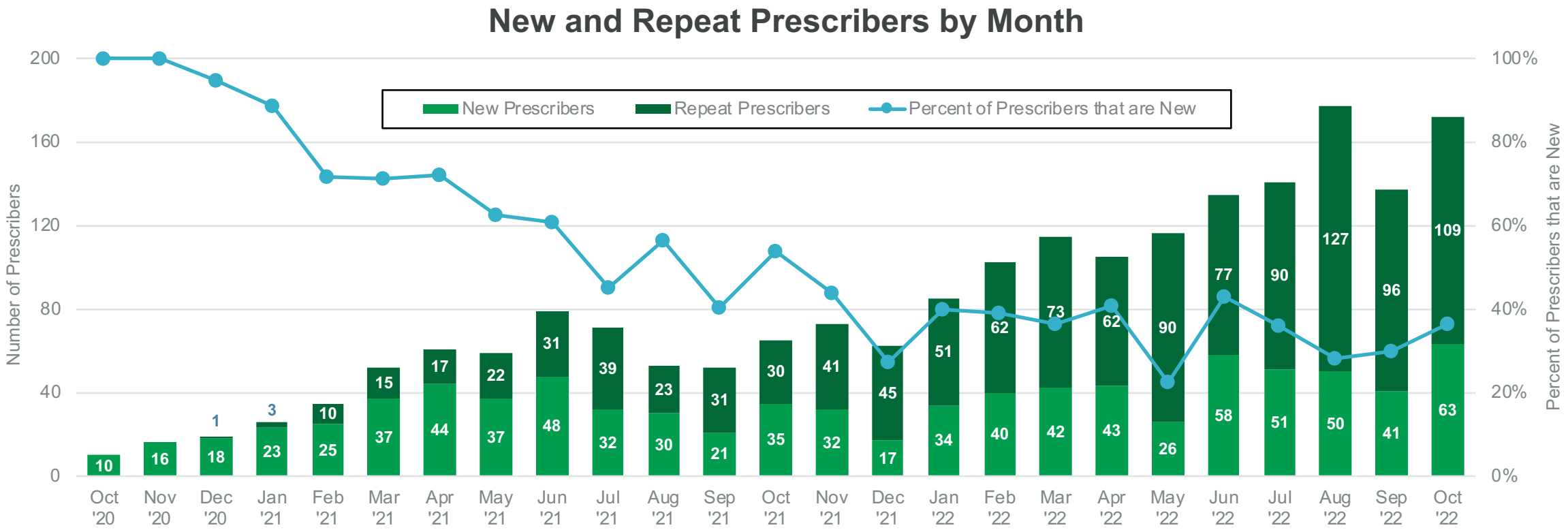
80% increase in net revenue for GIMOTI over Q2 2022

Enrollments/Prescriptions Since Launch

Maintained same pace of growth since January '22



A greater percentage of prescribers are repeat prescribers



Averaged 152 prescribers per month in Q3 ’22, up from 119 prescribers per month in Q2 ‘22

Limited Current Competitive Landscape

Product	Class	Route	Company	Development Status
Tradipitant	NK-1 antagonist	Oral	Vanda	**Phase 3 (Failed to meet primary endpoint)** Phase 2 (n=141): Met primary endpoint for nausea. January 2019 partial clinical hold requiring 12-month toxicity trials
Metopimazine	D2/D3 receptor antagonist	Oral	Neurogastrx	**Phase 2 (enrolling as of March 2020)** No results noted. Testing 3 dose levels in idiopathic and diabetic gastroparesis. Primary endpoint is nausea
Velusetrag	5-HT_4 agonist	Oral	AlfaSigma/ Theravance	**Phase 2b (n = 232) No Further Studies Noted** Mixed results with three doses (5, 15, and 30 mg). No dose response. More side effects with higher doses Phase 2a (n=34) results: No results reported for symptom relief
TAK-906	D2/D3 antagonist	Oral	Takeda/ Processa	**Phase 2a (n=242) Completed** Results: failed to meet primary endpoint of GCSI-DD (developed by Evoke) IND not yet opened in US
CIN-102	D2/D3 antagonist	Oral	CinRx	**Phase 2a (n=60) Expected Complete** Results: Not reported

Few products in development and years away from commercialization

Long-Term IP Protection

GIMOTI is protected by robust, granted, Orange Book listed patents that provide protection of:

- Delivering metoclopramide into the nose to treat symptoms associated with gastroparesis using a spectrum of stable liquid formulations containing metoclopramide

3-year Hatch Waxman June 2023

Additional granted gender specific patents in the European Union, Japan, and Mexico that expire in 2032

U.S. Granted Patents			
Pat. #	U.S. 11,020,361	U.S. 8,334,281	U.S. 11,517,545
Title	Nasal formulations of metoclopramide	Nasal formulations of metoclopramide	Treatment of moderate and severe gastroparesis
Expires	2029	2030	2037

Notice of Allowance	
App. #	U.S. 17/100,664
Title	Nasal formulations of metoclopramide
Expires	2030

U.S. Pending Applications		
App. #	U.S. 16/016,246	U.S. 16/646,527
Title	Treatment of symptoms associated with female gastroparesis	Methods of intranasal metoclopramide dosing
Expires	2029	2030

Selected Financial Data

Income Statement Data (in USD)

3Q 2022	Ended September 30, 2022
Revenue	$0.8M
Operating Expenses	
Research & Development	$0.1M
SG&A	$2.6M
Total Operating Expenses	$2.7M
Net Loss	$2.0M

Cash (in USD) and Equity Data

	September 30, 2022
Cash Balance	$12.4M
Common Shares Outstanding	3.3M
Stock Options Outstanding	492K

Experienced Senior Management & Board of Directors

Cam Garner
Chairman, Founder

Dave Gonyer, R.Ph.
President, CEO, Founder, Director

Matt D'Onofrio, MBA
Chief Business Officer, Founder

Marilyn Carlson, D.M.D, M.D., RAC
Chief Medical Officer

Chris Quesenberry
Chief Commercial Officer (EVERSANA)

Investment Highlights

Evoke Pharma: A specialty pharmaceutical company focused on treatments for gastrointestinal (GI) diseases

Gimoti®: First and only FDA-approved nasal delivery treatment for the relief of symptoms in adults with acute and recurrent diabetic gastroparesis

- **Only one other FDA-approved therapy for gastroparesis:** Metoclopramide (oral & IV) has ~3M million prescriptions annually as standard of care; few competitive products in development showing limited efficacy to date
- **Large and growing U.S. market opportunity:** Estimated $3-4 billion market; ~12-16M patients with symptoms (80% women); diabetes most common cause; ~ 2-3M currently treated
- **Addresses unmet clinical need:** Bypasses the dysfunctional GI tract; provides absorption despite erratic stomach emptying or gastroparesis symptoms

Robust commercial opportunity: Launched with a dedicated Gastroenterology field force in Q4 2020; No marketed competitors and few in clinical development; Orange Book listed patents expiry in 2029/2030

- **High level of Gastroenterologist interest:** Market research respondents across all segments perceive oral tablet as the least effective route of administration. 89% of all HCP's surveyed intend to prescribe GIMOTI
- **Encouraging market trends:** 71% refill rates for Gimoti; new prescriber growth of 22%, prescription growth of 34%, and 56% growth in dispensed units as well as 80% revenue growth in 3Q22 vs 2Q22

Gimoti® (metoclopramide) nasal spray

Please see Important Safety Information, including Boxed Warning. For complete prescribing information, go to www.gimotirx.com.

Gimoti® (metoclopramide) nasal spray is indicated for the relief of symptoms in adults with acute and recurrent diabetic gastroparesis.

Limitations of Use:
GIMOTI is not recommended for use in pediatric patients, in patients with moderate or severe hepatic impairment, in patients with moderate or severe renal impairment, or in patients concurrently using strong CYP2D6 inhibitors.

BOXED WARNING: TARDIVE DYSKINESIA

- Metoclopramide can cause tardive dyskinesia (TD), a serious movement disorder that is often irreversible. The risk of developing TD increases with duration of treatment and total cumulative dosage.
- Discontinue GIMOTI in patients who develop signs or symptoms of TD. In some patients, symptoms may lessen or resolve after metoclopramide is stopped.
- Avoid treatment with metoclopramide (all dosage forms and routes of administration) for longer than 12 weeks because of the increased risk of developing TD with longer-term use.