IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

In re:	)	Chapter 11
SORRENTO THERAPEUTICS INC., *et al*.[1]	)	Case No. 23-90085 (DRJ)
Debtors.	)	(Jointly Administered)

DEBTORS' WITNESS AND EXHIBIT LIST FOR HEARING SCHEDULED FOR AUGUST 1, 2023 AT 1:30 P.M. (PREVAILING CENTRAL TIME)

The above-captioned debtors and debtors in possession (collectively, the "Debtors") file their Witness and Exhibit List for the hearing to be held on **August 1, 2023, at 1:30 p.m. (prevailing Central Time)** (the "Hearing") as follows:

WITNESSES

The Debtors may call the following witnesses at the Hearing:

1. Mohsin Y. Meghji, Chief Restructuring Officer of the Debtors and Managing Partner of M3 Advisory Partners, LP;

2. Jared Dermont, Managing Director at Moelis & Company;

3. Any witness listed or called by any other party;

4. Rebuttal witnesses as necessary; and

5. The Debtors reserves the right to cross examine any witness called by any other party.

[1] The Debtor entities in these chapter 11 cases, along with the last four digits of each Debtor entity's federal tax identification number, are: Sorrento Therapeutics, Inc. (4842) and Scintilla Pharmaceuticals, Inc. (7956). The Debtors' service address is: 4955 Directors Place, San Diego, CA 92121.

EXHIBITS

EXHIBIT	DESCRIPTION	MARK	OFFER	OBJECT	ADMIT	W/D	DISPOSITION AFTER TRIAL
1.	DIP Budget						
2.	Hundred Gain International Holding Ltd Proof of Funds [UNDER SEAL]						
3.	Xianjian Advanced Technology Ltd Proof of Funds [UNDER SEAL]						
4.	Xianjian Advanced Technology Ltd Certificate of Incumbency [UNDER SEAL]						
5.	Xianjian Advanced Technology Ltd Register of Directors [UNDER SEAL]						
6.	Xianjian Advanced Technology Ltd Certificate of Incorporation [UNDER SEAL]						
7.	Xianjian Advanced Technology Ltd Certificate of Good Standing [UNDER SEAL]						
8.	Xianjian Advanced Technology Ltd Certificate of Change of Name [UNDER SEAL]						
9.	Xianjian Advanced Technology Ltd Register of Members [UNDER SEAL]						
10.	Xianjian Advanced Technology Ltd Memorandum and Articles of Association [UNDER SEAL]						
11.	Passport [UNDER SEAL]						
12.	Sorrento Non-Confidential Presentation						
13.	Sorrento Confidential Presentation [UNDER SEAL]						

EXHIBIT	DESCRIPTION	MARK	OFFER	OBJECT	ADMIT	W/D	DISPOSITION AFTER TRIAL
14.	Scilex Non-Confidential Presentation						
15.	Scilex Confidential Presentation [UNDER SEAL]						
16.	Sorrento VDR Index [UNDER SEAL]						
17.	Scilex VDR Index [UNDER SEAL]						
18.	Sorrento Buyer Log [UNDER SEAL]						
19.	Scilex Buyer Log [UNDER SEAL]						
20.	Capital Markets Investor Log [UNDER SEAL]						
21.	Term Sheet [to come]						
22.	Amended Term Sheet [to come]						
23.	Share Purchase Agreement [to come]						
	Any document or pleading filed in the above-captioned main cases						
	Any exhibit necessary for impeachment and/or rebuttal purposes						
	Any exhibit identified or offered by any other party						

RESERVATION OF RIGHTS

The Debtors reserve the right to call or to introduce one or more, or none, of the witnesses and exhibits listed above, and further reserve the right to supplement this list prior to the Hearing.

Dated: July 28, 2023

/s/ *Kristhy M. Peguero*

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– and –

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– and –

Jeffrey E. Bjork (admitted *pro hac vice*)
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Counsel to the Debtors

Certificate of Service

I certify that, on July 28, 2023, I caused a copy of the foregoing document to be served by the Electronic Case Filing System for the United States Bankruptcy Court for the Southern District of Texas.

/s/ *Kristhy M. Peguero*
Kristhy M. Peguero

EXHIBIT 1

Sorrento Therapeutics
Cash Flow Forecast

Week #	20	21	22	23	24	Total
Week Beginning	6/25	7/2	7/9	7/16	7/23	
Week Ending	7/1	7/8	7/15	7/22	7/29	24Wks
	Fcst.	Fcst.	Fcst.	Fcst.	Fcst.	
($ in millions)						
Cash Receipts						
Cash Operating Receipts	–	–	–	–	–	$1.71
Non-Operating Receipts	–	–	–	–	–	0.77
Senior DIP Funding	5.00	–	–	–	–	75.00
Junior DIP Funding	–	21.20	–	–	–	21.20
Total Cash Receipts	**$5.00**	**$21.20**	**–**	**–**	**–**	**$98.68**
Cash Disbursements						
Operating Disbursements						
Payroll, Taxes, and Medical	(0.39)	(1.51)	(0.55)	(2.21)	(0.05)	(27.73)
Rent / Operating Leases	(1.28)	(0.22)	–	–	(1.28)	(8.43)
Licensing, Taxes, and Insurance	(0.53)	(0.03)	(0.03)	(0.03)	(0.63)	(4.23)
SG&A Other	(2.51)	(1.32)	(1.15)	(1.03)	(0.23)	(9.40)
ACEA China Funding	(1.00)	–	(1.00)	(1.00)	–	(7.00)
Critical Vendor Payments	(0.10)	(0.10)	(0.10)	–	–	(0.30)
Contingency	–	–	–	–	–	–
Capital Expenditures	–	–	–	–	–	–
Total Cash Operating Disbursements	**($5.81)**	**($3.18)**	**($2.83)**	**($4.27)**	**($2.19)**	**($57.08)**
Other Disbursements						
Professional Fees - Estate Advisors	(1.29)	(1.51)	(1.41)	(1.30)	(1.30)	(32.97)
Professional Fees - UCC Advisors	(0.05)	(0.05)	(0.05)	(0.05)	(0.05)	(1.80)
Professional Fees - Equity Committee Advisors	–	–	–	–	–	(0.40)
Total Retained Professionals	**(1.34)**	**(1.56)**	**(1.46)**	**(1.35)**	**(1.35)**	**(35.17)**
Professional Fees - Ordinary Course Professionals	(1.87)	(0.15)	(0.25)	(0.10)	(0.10)	(4.33)
Senior DIP Interest and Fees[(1)]	(0.97)	(0.50)	(0.09)	–	–	(7.01)
Junior DIP Interest and Fees[(1)]	–	(1.20)	–	–	–	(1.20)
Total Other Disbursements	**($4.18)**	**($3.41)**	**($1.80)**	**($1.45)**	**($1.45)**	**($47.70)**
Total Disbursements	**($9.99)**	**($6.60)**	**($4.63)**	**($5.72)**	**($3.65)**	**($104.79)**
Cash Roll-Forward						
Net Cash Flow	**($4.99)**	**$14.60**	**($4.63)**	**($5.72)**	**($3.65)**	**($6.11)**
Beginning Cash	$5.55	$0.56	$15.16	$10.53	$4.81	$7.28
Net Cash Flow	(4.99)	14.60	(4.63)	(5.72)	(3.65)	(6.11)
Ending Cash	**$0.56**	**$15.16**	**$10.53**	**$4.81**	**$1.16**	**$1.16**
Senior DIP Loan Balance	*$75.00*	*$75.00*	*$75.00*	*$75.00*	*$75.00*	
Junior DIP Loan Balance [(2)]	–	*$21.62*	*$21.62*	*$21.62*	*$21.62*	

Notes:
(1) Fees for Sr. and Jr. DIP Lender counsels represent initial estimates and remain subject to further negotiations.
(2) Includes 1.0% commitment fee (PIK), 1.0% funding fee (PIK), and $1.2MM lender counsel fees

EXHIBIT 12

sorrento THERAPEUTICS

OTC Pink: SRNEQ

Transforming Science into Saving Life™ Medicine

Forward-Looking Statements and Non-GAAP Financial Information

Certain statements contained in this presentation or in other documents of Sorrento Therapeutics, Inc ..(the “ or “ and of any of its affiliates, along with certain statements that may be made by management of the Company orally in presenting this material, are or may be considered “forward looking statements” as defined in the Private Securities Litigation Reform Act of 1995 These statements can be identified by the fact that they do not relate strictly to historic or current facts They use words such as " estimate,"" expect,"" intend,"" believe,"" plan,"" anticipate,"“ potential,”“ and other words and terms of similar meaning in connection with any discussion of future operating or financial performance or condition Sorrento cautions that these statements are based upon the current beliefs and expectations of the Company's management and are subject to significant risks and uncertainties Statements regarding future action, future performance, and/or future results including, without limitation, those relating to the timing for completion, and results of, scheduled or additional clinical trials and the FDA’s or other regulatory review and/or approval and commercial launch and sales results (if any) of the Company’s formulations and products and regulatory filings related to the same, and receipt by the Company of milestone and royalty payments, and may differ from those set forth in the forward looking statements Peak sales and market size estimates have been determined on the basis of market research and comparable product analysis, but no assurances can be given that such sales levels will be achieved, if at all, or that such market size estimates will prove accurate.

Such forward-looking statements are subject to risks and uncertainties that could cause Sorrento's actual results to differ materially and adversely from those expressed in our forward-looking statements. Such risks and uncertainties include, without limitation, risks related to general economic, political and business conditions; risks related to the ongoing COVID-19 pandemic; the risk that the potential product candidates that Sorrento develops may not progress through clinical development or receive required regulatory approvals within expected timelines or at all; risks relating to uncertainty regarding the regulatory pathway for Sorrento's product candidates; the risk that Sorrento will be unable to successfully market or gain market acceptance of its product candidates; the risk that Sorrento's product candidates may not be beneficial to patients or successfully commercialized; the risk that Sorrento has overestimated the size of the target patient population, their willingness to try new therapies and the willingness of physicians to prescribe these therapies; risks that the results of Sorrento’s clinical trials may not be successful; risks that the prior results of the clinical trials may not be replicated; regulatory and intellectual property risks; the potential adverse impact of the voluntary proceedings under Chapter 11 of the United States Bankruptcy Code (the “Chapter 11 proceedings”) on the Company’s liquidity and results of operations; changes in the Company’s ability to meet its financial obligations during the Chapter 11 proceedings and to maintain contracts that are critical to its operations; the outcome and timing of the Chapter 11 proceedings; the effect of the Chapter 11 proceedings on the Company’s relationships with vendors, regulatory authorities, employees and other third parties; possible proceedings that may be brought by third parties in connection with the Chapter 11 proceedings; the timing or amount of any recovery, if any, to the Company’s stakeholders in the Chapter 11 proceedings; the Company’s ability to comply with the restrictions imposed by the terms and conditions of the Company’s “debtor-in-possession” term loan facility entered into in connection with the Chapter 11 proceedings; the trading of the Company’s common stock on the Pink Open Market; and other risks that are described in Sorrento's most recent periodic reports filed with the Securities and Exchange Commission, including Sorrento's Annual Report on Form 10-K for the year ended December 31, 2022 and subsequent Quarterly Reports on Form 10-Q filed with the Securities and Exchange Commission, including the risk factors set forth in those filings.

The Company assumes no obligation to update forward looking statements as circumstances change Investors are advised to consult further disclosures that the Company makes or has made on related subjects in the Company’s most recent periodic reports filed with the Securities and Exchange Commission, including Sorrento’s Annual Report on Form 10 K for the year ended December 31 2022 and subsequent Quarterly Reports on Form 10 Q filed with the Securities and Exchange Commission, including the risk factors set forth in those filings.

Because actual results are affected by these and other potential risks, contingencies, and uncertainties, the Company cautions investors that actual results may differ materially from those expressed or implied in any forward looking statement It is not possible to predict or identify all such risks, contingencies and uncertainties. The Company identifies some of these factors in its SEC filings on Forms 10 K, 10 Q, and 8 K, including Sorrento’s Annual Report on Form 10 K for the year ended December 31 2022 and subsequent Quarterly Reports on Form 10 Q filed with the Securities and Exchange Commission, including the risk factors set forth in those filings Investors are advised to consult the Company’s filings for a more complete listing of risk factors, contingencies, and uncertainties affecting the Company and its business and financial performance.

In presenting this material or responding to inquiries in connection with a presentation, management may refer to results, projections or performance measures that are not prepared in accordance with U S Generally Accepted Accounting Principles (“ as reported in the Company’s SEC filings These results, projections, or performance measures are non GAAP measures and are not intended to replace or substitute for results measured under GAAP and are supplemental to GAAP reported results.

Sorrento Therapeutics, Inc.

Advancing A Broad and Deep Pipeline of Saving Life™ Solutions

A portfolio of companies advancing high value assets through key development inflection points for asset value creation and enhancement (e.g., Scilex Holding Co., "Scilex", Nasdaq: SCLX)[1], including majority or wholly-owned subsidiaries.

One of the broadest and most innovative product pipelines of Saving Life™ medicines across major healthcare sectors: Oncology, Non-Opioid Pain Management, and Infectious Disease.

Multiple key milestones upcoming, including commercial product launches of FDA approved products, potential regulatory approvals and/or clinical data readouts from late-stage clinical studies.

Seasoned industry leaders with decades of experience in company building, clinical development, and more.

[1]Scilex Holding Co. is a greater than 50% owned public subsidiary of Sorrento Therapeutics, Inc.

Summary of Key Programs

FUJOVEE™ STI-5656

FUJOVEE is a next-generation TKI inhibitor for the treatment of non-small cell lung cancer (NSCLC). TAGRISSO® is the current market leader in this category and generates greater than $5 billion[1] in annual sales. In a pivotal registration study conducted in China, FUJOVEE demonstrated a 10-fold improvement in complete response (CR) compared to package insert data for TAGRISSO® in NSCLC. Global registrations are ongoing.

Anti-PD-L1 STI-3031 & socazolimab

Sorrento leverages licensing or joint ventures (JV) strategically to accelerate development of its G-MAB library with minimal investment. The anti-PD-L1 checkpoint category is greater than $7.4 billion[1] (TECENTRIQ®, IMFINZI®, BEVENCIO®), and is growing at ~25% CAGR. Sorrento is developing its anti-PD-L1 antibodies with Lee's Pharma (Phase 3 completed and NDA submitted in China) and ImmuneOncia (Phase 2). ImmuneOncia recently announced Phase 2 results with a 60% overall response rate (ORR) and every patient who responded achieved CR.

OVYDSO™ STI-1558

OVYDSO is a next generation M^{pro} oral antiviral that inhibits SARS-CoV-2 without the need for ritonavir co-administration. Nirmatrelvir is the leading antiviral oral treatment for SARS-CoV-2 and is projected to be greater than $20 billion[1] in sales in 2022. Nirmatrelvir must be co-administered with a drug called ritonavir to boost the blood levels to achieve antiviral activity. Ritonavir-boosted nirmatrelvir (PAXLOVID®) has significant drug-drug interactions, primarily due to the ritonavir component of the combination (FDA Website). In Q4 2022, Phase 1/1b studies with OVYDSO demonstrated excellent tolerability and antiviral activity. In addition, adequate blood levels were achieved without the ritonavir booster. Phase 2/3 pivotal registrational trials are progressing in the US, Mexico, and China.

SEMDEXA™ SP-102

Despite nearly 12M epidural steroid injections (ESI's) performed each year, there are no approved steroids for this purpose. Use of steroids "off label" comes with FDA warnings, and due to their short residence time, ESI's typically only provide benefit for a few weeks. SEMDEXA is a particulate, surfactant, and preservative-free, and the gel formulation resulted in 99 days of pain relief in a large Phase 3 pivotal study. FDA pre-NDA discussion for potential NDA submission initiated. SEMDEXA is part of the Scilex portfolio (> 50% owned by Sorrento).

[1]Evaluate Pharma DEC 2022, Internal Research of Secondary Sources (Statista.com, FiercePharma.com)

SORRENTO THERAPEUTICS

About Us

- Funded and Operational in 2009
- OTC/Pink: SRNEQ
- 8 Manufacturing Sites (5 USA, 3 China)

  mAbs, Small Molecule, ADC, Plasmid DNA, mRNA, Cell Therapies, Diagnostics, Oncolytic Viruses, Lymphatic Drug Delivery, and Fill & Finish
- Three FDA-Approved Drugs (Scilex Holding Co.[1])

  ZTlido® (lidocaine topical system) 1.8%
  Elyxyb™ (celecoxib) I Oral Solution for treatment of acute migraine
  Gloperba® for Gout
- EUA-Approved Diagnostic Test in Mexico, Brazil, and CE Mark Registered

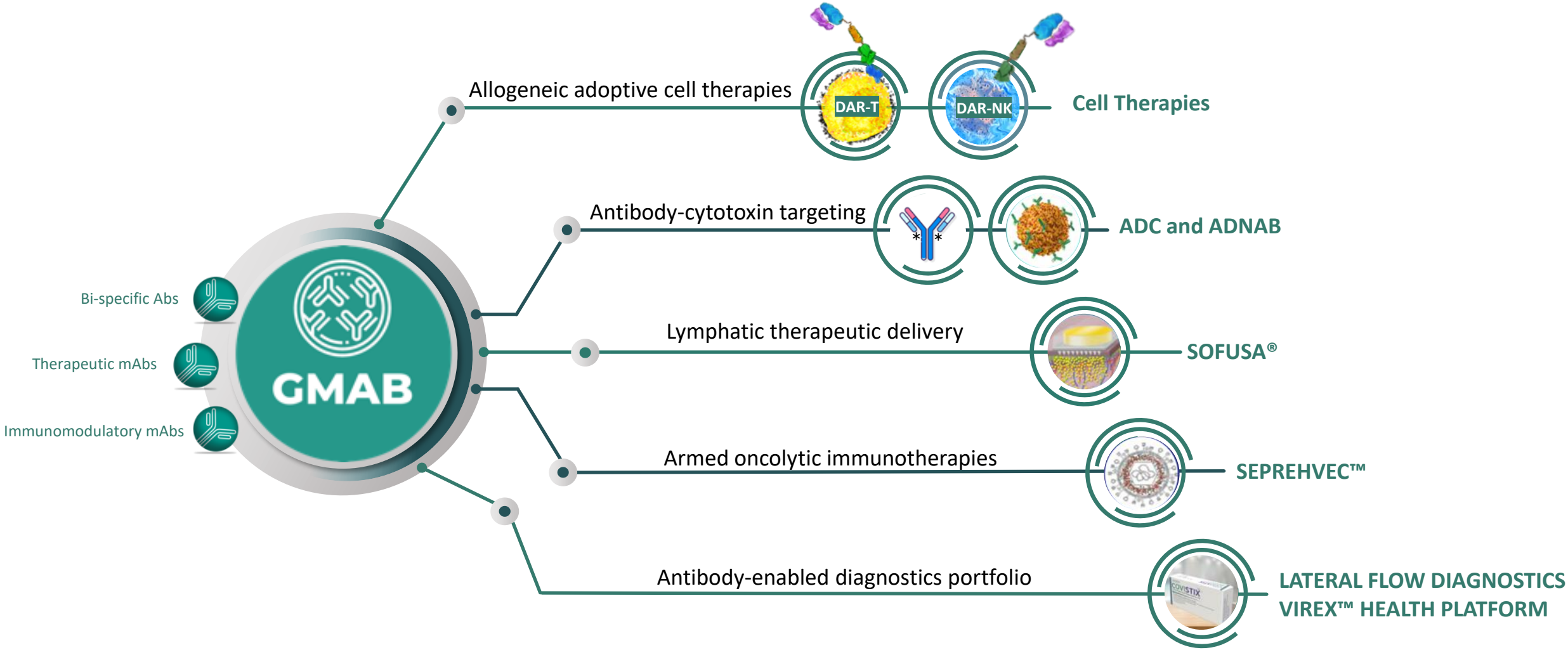
  COVI-STIX™ COVID-19 Virus Rapid Antigen Detection Test
- Multiple Products in Late-Stage Clinical Development

  Focused on Pain Management, Immune-Oncology, and COVID-19

[1]Scilex Holding Co. is a > 50% owned subsidiary of Sorrento

G-MAB™ Fully Human Antibody Library

Combined with Targeted Proprietary Delivery Platforms Fuels Innovative Pipeline

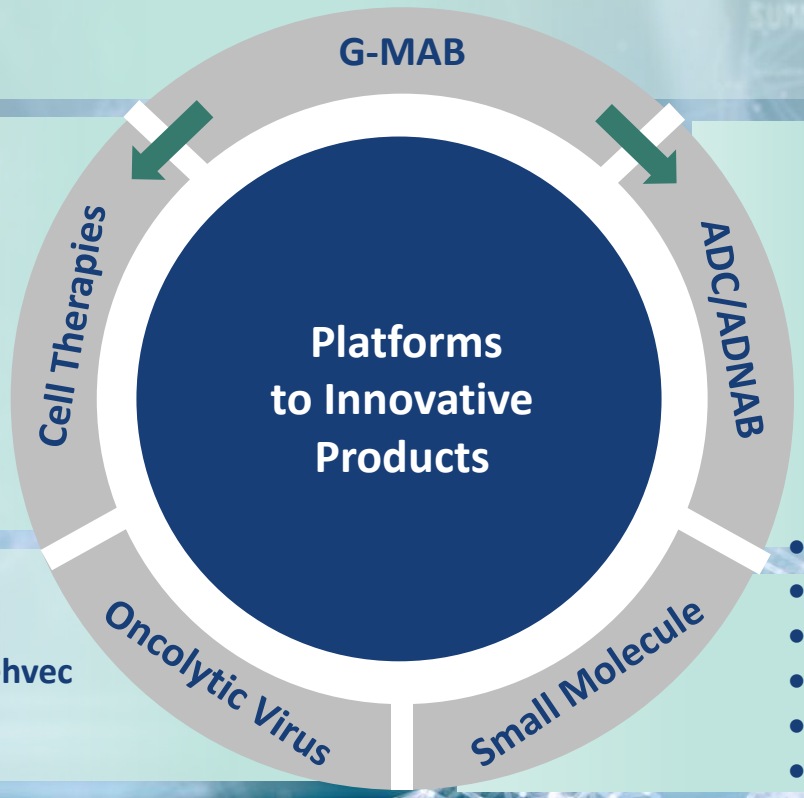


sorrento THERAPEUTICS

CORPORATE STRATEGY

Transforming Platforms into Saving Life™ Medicines

- PD-L1 mAb
- CD-47 mAb
- Sofusa Lymphatic mAb Delivery
  - TNFα, PD-1, PD-L1, CTLA-4



- CD38 DAR-T
- CyCART-19 (Partnered)
- COVI-MSC

- CD38 ADC
- BCMA ADC
- VEGF ADNAB
- CD20 ADNAB
- PD-L1 ADNAB

- Seprehvec

- ZTlido
- Gloperba
- Elyxyb
- SP-102
- SP-103
- SP-104

- RTX (resiniferatoxin)
- FUJOVEE (abivertinib)
- OVYDSO (M^{pro} inhibitor)

Key Marketed and Clinical Products[1]

Cancer

FUJOVEE (Abivertinib)
CD38 DAR-T
CD38 ADC
CD47 mAb
PD-L1 mAb
Bevacizumab ADNAB
Sofusa mAbs

Infectious Disease (Detect and Treat)

COVIMARK[2]
VIREX[3]

STI-1557 (mRNA vaccine)
OVYDSO (M^{pro} Antiviral)[4]

Pain Management (Non-Opioid)

ZTlido 1.8%[5]
Gloperba[6]
Elyxyb[6]
SP-102
SP-103 (ZTlido 5.4%)
SP-104
RTX (resiniferatoxin)

1) Product candidates are in clinical stage unless otherwise noted
2) COVIMARK™: EU CE mark granted for professional use. Approved and marketed in Mexico (COFEPRIS) and Brazil (ANVISA) as COVI-STIX. EUA Submitted in Canada.
3) Virex Health is a highly sensitive, rapid, and reusable diagnostics platform, acquired in 2022
4) M^{pro} Oral Antiviral for treatment of COVID-19 without ritonavir co-administration as a booster
5) ZTlido® 1.8% is FDA-approved and marketed in the US
6) Gloperba® and Elyxyb™ are FDA-approved and Scilex Holding Co. holds an exclusive license for commercialization in the US. Scilex Holding Co. is a > 96% owned subsidiary of Sorrento

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CANCER PROGRAMS

SORRENTO THERAPEUTICS

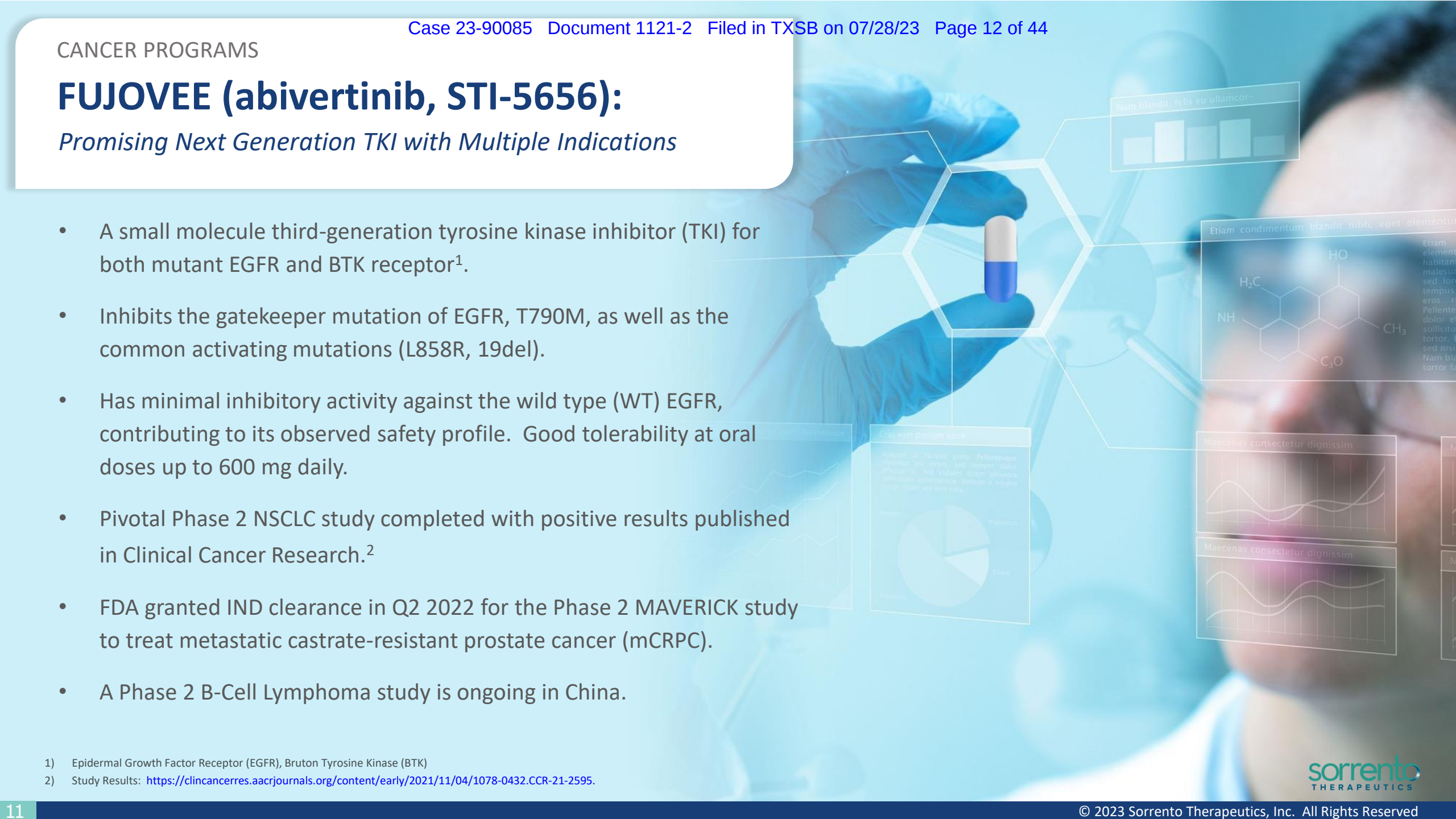
Cancer Pipeline

Portfolio	Key Programs	Indication	Phase 1	Phase 2	Phase 3 / Pivotal
Cancer	FUJOVEE™ (abivertinib)	NSCLC			
	FUJOVEE™ (abivertinib)	Metastatic Castrate-Resistant Prostate Cancer (US) B-Cell Lymphoma			
	Anti-PD-L1 (socazolimab)	SCLC and Cervical Cancer		*In partnership with Lee's Pharma*	
	Anti-PD-L1 (STI-3031)	NK/T-Cell Lymphoma / Solid Tumors	*In partnership with ImmuneOncia*		
	Anti-CD38 DAR-T	Multiple Myeloma			
	Anti-CD47	Solid Tumors			
	Anti-CD38 ADC	Amyloidosis, Multiple Myeloma, T-ALL, Solid Tumors, Esophageal			
	ADNAB™ (Bev, Ritux)	Endometrial Cancer, Ovarian Cancer		*In partnership with Mayo Clinic*	
	Sofusa® (Anti-PD-1, Anti-PD-L1, Anti-CTLA-4)	CTCL, Melanoma		*City of Hope, Mayo Clinic*	

CANCER PROGRAMS

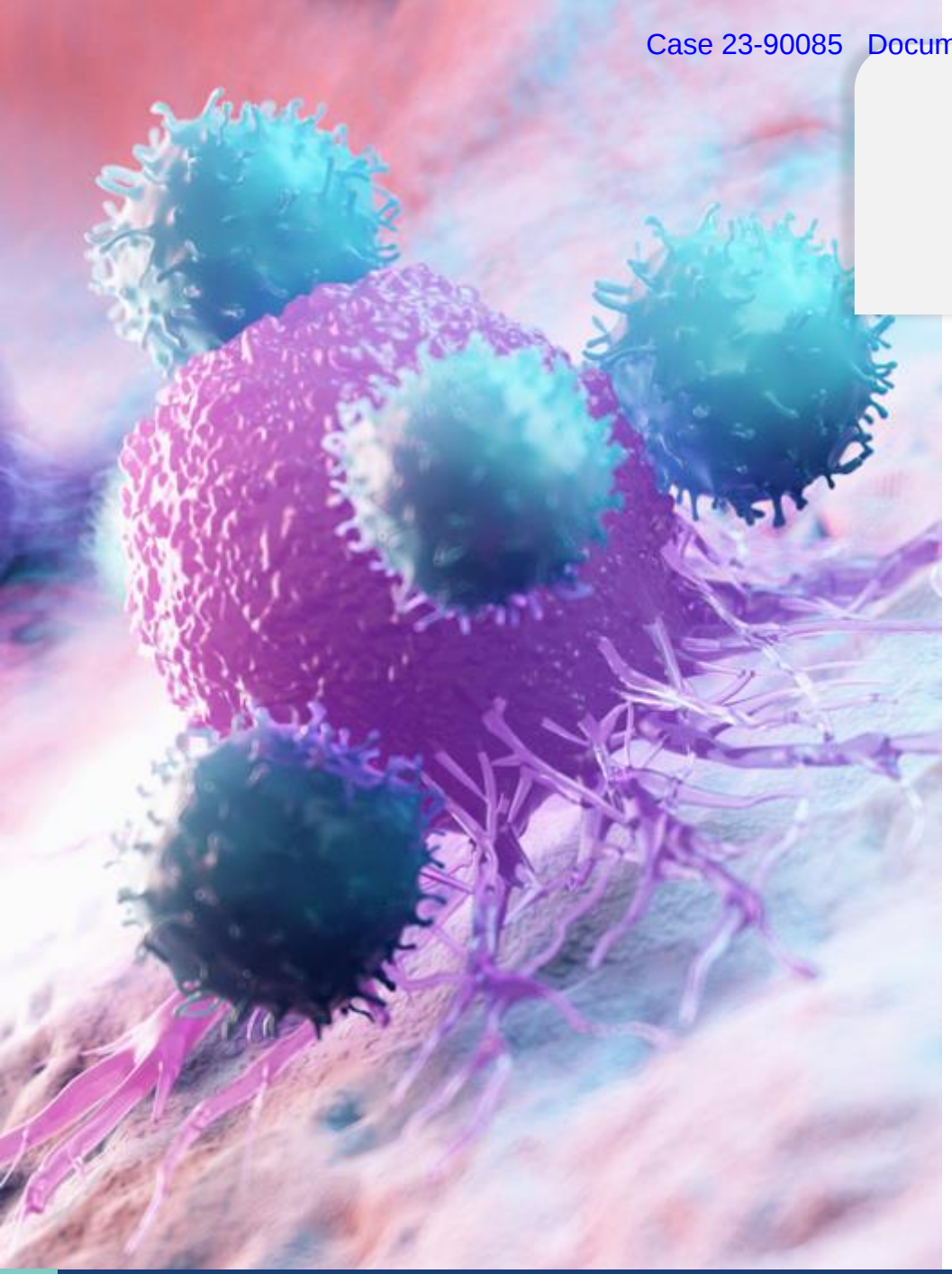
FUJOVEE (abivertinib, STI-5656):

Promising Next Generation TKI with Multiple Indications



- A small molecule third-generation tyrosine kinase inhibitor (TKI) for both mutant EGFR and BTK receptor[1].
- Inhibits the gatekeeper mutation of EGFR, T790M, as well as the common activating mutations (L858R, 19del).
- Has minimal inhibitory activity against the wild type (WT) EGFR, contributing to its observed safety profile. Good tolerability at oral doses up to 600 mg daily.
- Pivotal Phase 2 NSCLC study completed with positive results published in Clinical Cancer Research.[2]
- FDA granted IND clearance in Q2 2022 for the Phase 2 MAVERICK study to treat metastatic castrate-resistant prostate cancer (mCRPC).
- A Phase 2 B-Cell Lymphoma study is ongoing in China.

1) Epidermal Growth Factor Receptor (EGFR), Bruton Tyrosine Kinase (BTK)
2) Study Results: https://clincancerres.aacrjournals.org/content/early/2021/11/04/1078-0432.CCR-21-2595.



CANCER PROGRAMS

FUJOVEE (abivertinib, STI-5656):

NSCLC: Promising Pivotal Phase 2 Trial Data

Among 209 response-evaluable NSCLC patients who developed resistance to first line TKIs assessed by an Independent Review Committee (IRC):

- **Overall Response Rate (ORR): 56.9%** (n/N: 119/209) subjects achieved confirmed tumor responses (confirmed ORR)
- **Complete Response (CR): 5.3%** (n/N: 11/209) subjects achieved complete tumor remission (CR)[1]
- **Overall Survival (OS): 28.2** months median overall survival (OS)

Complete clinical study report and discussed with FDA for potential regulatory path.

Initiate approval discussions with other regulatory agencies around the world.

1) Tagrisso® Package Insert Overall CR = 0.5% (https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/208065s000lbl.pdf)

FUJOVEE™ (abivertinib)

A Franchise Oral Therapeutic for Cancer, ARDS, and Autoimmune Diseases

Key Abivertinib Programs	Preclinical	Phase 1	Phase 2	Phase 3 / Pivotal	FDA Approved	Market Size* $bn USD
NSCLC						$13.2
B-Cell Lymphomas						$1.2
Hairy Cell Leukemia (China)						$8.4
Prostate Cancer						$9.0

*Source: IQVIA, GlobalData, and Sorrento Internal Research

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CANCER

Anti-PD-L1 mAbs

Partnered Sorrento G-MAB™ Antibodies

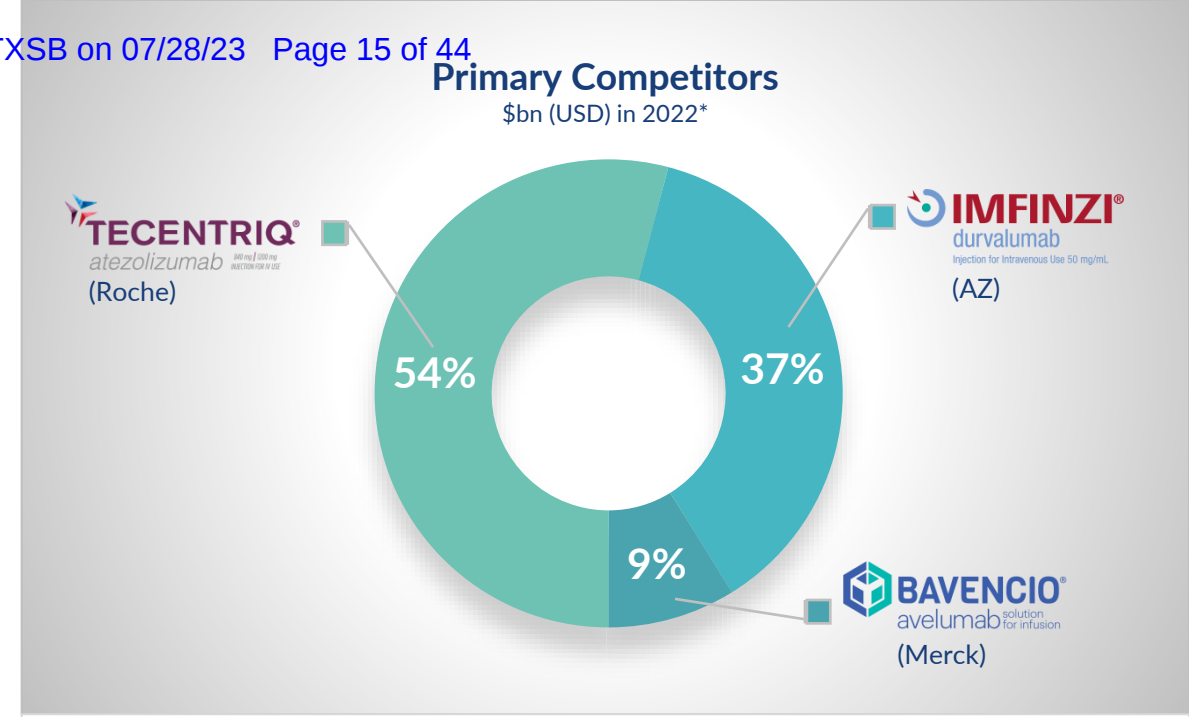
Lee's Pharma JV

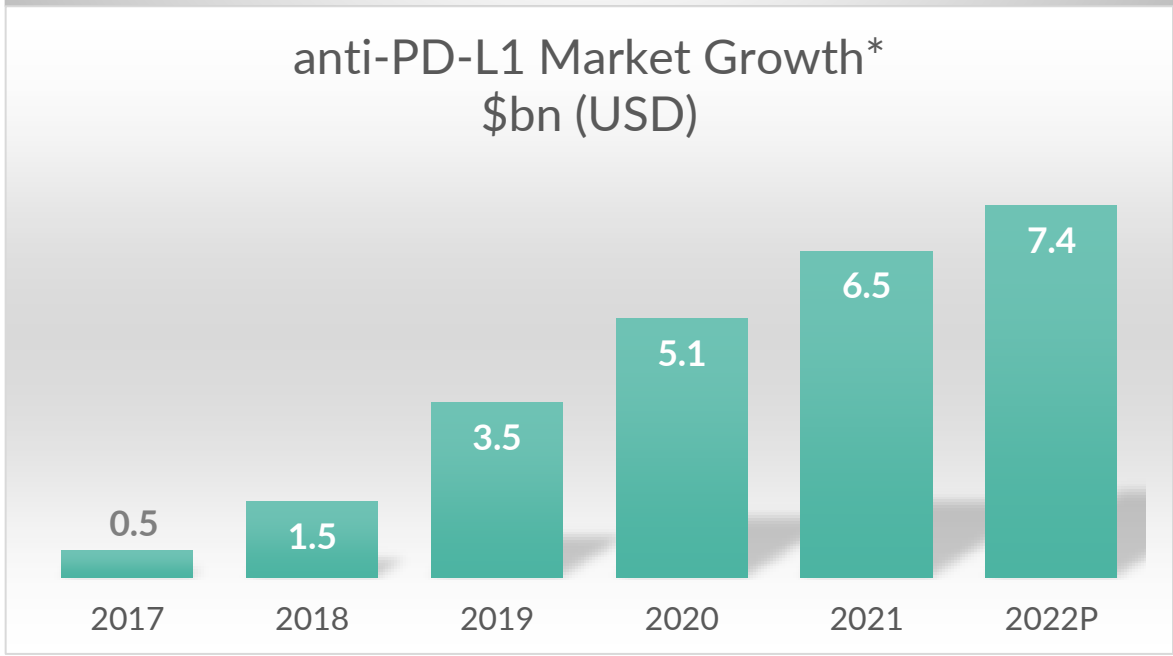
- **Socazolimab** is a fully human anti-PD-L1 IgG1 monoclonal antibody discovered by Sorrento and licensed to Lee's Pharma for Greater China territories
- Initial indications are Extensive-Stage Small Cell Lung Cancer (ES-SCLC) and Cervical Cancer (NDA submitted with breakthrough designation in China)
- Positive results in Phase 1b (n=91) cervical cancer showed socazolimab was well tolerated and effective (ORR 15.4%, PFS 4.44 months)
- Lee's Pharma has completed patient enrollment for a Phase 3 multi-regional study in 54 centers (498 patients) in ES-SCLC

ImmuneOncia JV

- **IMC-001** is a fully human anti-PD-L1 IgG1 monoclonal antibody discovered by Sorrento and licensed to ImmuneOncia for Korea and Greater China Territories
- Initial indications are solid tumors and NK/T-Cell lymphoma
- ImmuneOncia has completed patient enrollment for a Phase 2 study which demonstrated a 60% Overall Response Rate (ORR) and all responded patients achieved Complete Response (CR)

*ORR = Overall Response Rate, PFS = Progression Free Survival





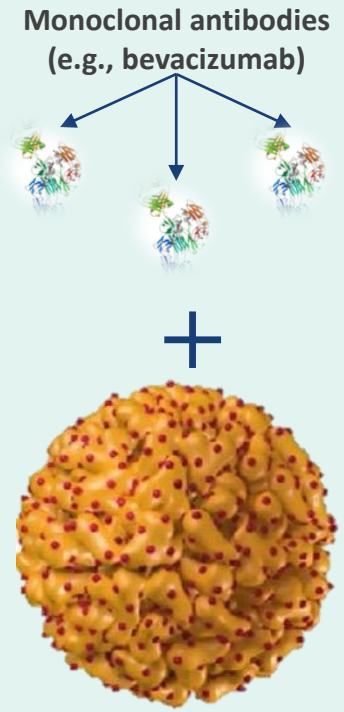
*Source: Evaluate Pharma, DEC 2022, Internal Research

G-MAB ENABLING CANCER PLATFORMS

ADNAB Partnership with Mayo Clinic[1]

A breakthrough proprietary next generation ADC platform

- Based on work of Svetomir Markovic, MD and colleagues at the Mayo Clinic[2,3]
- Enables the coating of antibodies to drug payloads for oncology and beyond
- Circumvents the need for:
  - *Use of covalent "linker" technology*
  - *Internalization into the cell*
- Known, clinically active antibodies are **non-covalently** bound to drug payloads by construction of a patented admixture of:
  - *One or more therapeutically or immunologically active antibodies*
  - *A "particle" of albumin*
  - *The drug payload*
- Investigator-initiated proof-of-concept studies are ongoing in B-cell lymphoma, melanoma, and gynecological cancers
- Intellectual property portfolio comprised of 17 patent families, 32 patents granted to date with life through at least 2035, and another 135 patents pending.



"Utilizing Sorrento's G-MAB™ library of fully humanized monoclonal antibodies, the ADNAB™ platform will generate a broad portfolio of product candidates targeting liquid and solid tumors."

- Henry Ji, PhD, Chairman and CEO

1) In 2020, Sorrento obtained exclusive license to develop and commercialize ADNAB in partnership with Mayo Clinic
2) Nevala W, et al. Antibody-targeted chemotherapy for the treatment of melanoma. Cancer Res. 2016; 76:3954-3964. 2
3) Butterfield JT, et al. Identification of a peptide-peptide binding motif in the coating of nab-paclitaxel nanoparticles with clinical antibodies: bevacizumab, rituximab, and trastuzumab. Sci Rep. 2017; 7:14476.

G-MAB ENABLING CANCER PLATFORMS

SOFUSA Lymphatic Drug Delivery Platform

Nanostructured microneedles enable targeting of lymphatic vessels and tumor-draining lymph nodes

Pre-Clinical models demonstrate potential benefits of lymphatic targeting with Sofusa proprietary nano-draped microneedles[1]

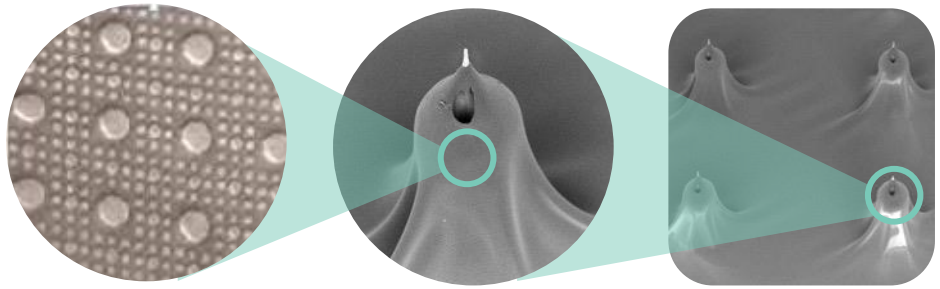
- >40-fold increase in drug concentration in lymph nodes vs subcutaneous injections (SC) or intravenous (IV) infusions
- Improved tumor penetration with 1/10th dose
- Improved anti-tumor efficacy and reduced metastases

Human Checkpoint POC studies ongoing

- Anti-PD-1: Cutaneous T-Cell Lymphoma study currently enrolling at City of Hope
- Anti-PD-L1/CTLA-4: Melanoma IIT studies currently enrolling at Mayo Clinic

Human Clinical POC study in RA to assess intra-lymphatic delivery[2]

- 12-week open label study completed. Data presented at American College of Rheumatology in November 2022.
- 10 of 10 patients achieved significant improvement in disease activity measures when switched from 50 mg etanercept to 25 mg using Sofusa lymphatic treatment.
  - *34% improvement in DAS28-ESR scores; 70% reduction in swollen joints*



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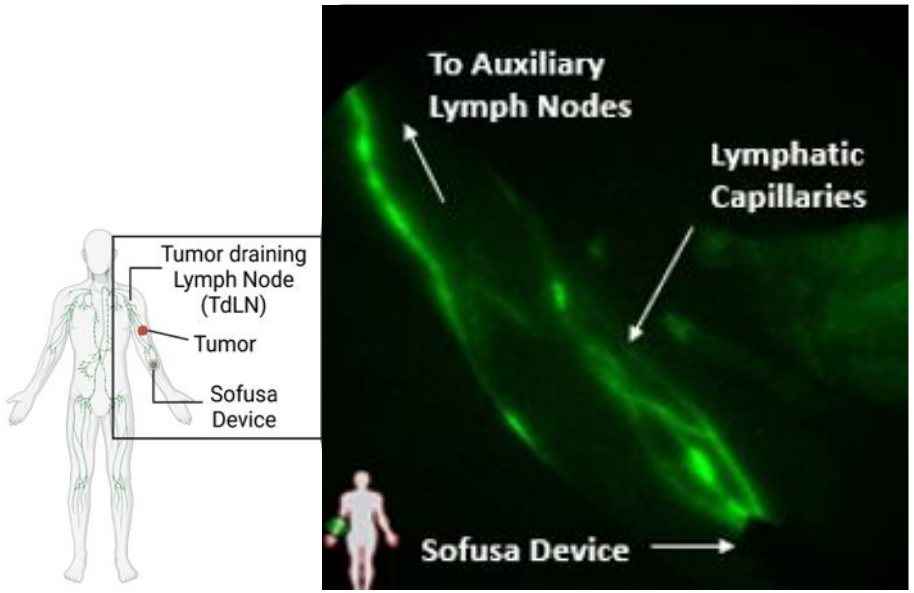


1) Walsh et al., "Nanotopography Facilitates in Vivo Transdermal Delivery…" Nano Letters, ACSJCA, 2015
2) Phase 1b open label proof-of-concept study to assess the safety and pilot efficacy of Enbrel® administered to patients with rheumatoid arthritis and an inadequate response to 50 mg weekly subcutaneous injections.

COVID-19 PROGRAMS

Detect early, Treat timely, Save lives.

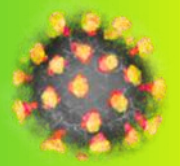
SORRENTO THERAPEUTICS

COVID-19 Pipeline

Key Programs	Indication	Preclinical	Phase 1	Phase 2	Phase 3 / Pivotal	Regulatory EUA Clearance
COVI-STIX™ /COVIMARK™ (Diagnostics)	COVID-19 Virus Rapid Antigen Detection Test	Emergency Use Authorization (EUA) in Mexico (COFEPRIS), Brazil (ANVISA), and CE Marked in Europe				
VIREX Health (Diagnostics)	Highly Sensitive At-Home Diagnostic					
OVYDSO (M^{pro} Inhibitor)	Stand-alone Oral Antiviral					

Multi-Modal Approach to Address COVID-19 Across the Prevention and Treatment Continuum

PREVENT | **DETECT** | **TREAT**



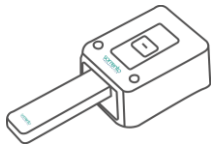
SARS-CoV-2

mRNA Vaccine

mRNA Vaccine

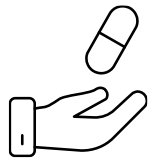
COVIMARK VIREX

Lateral flow antigen tests



High sensitivity reusable platform

OVYDSO
Stand-alone Oral Antiviral



M^{pro} Inhibitor

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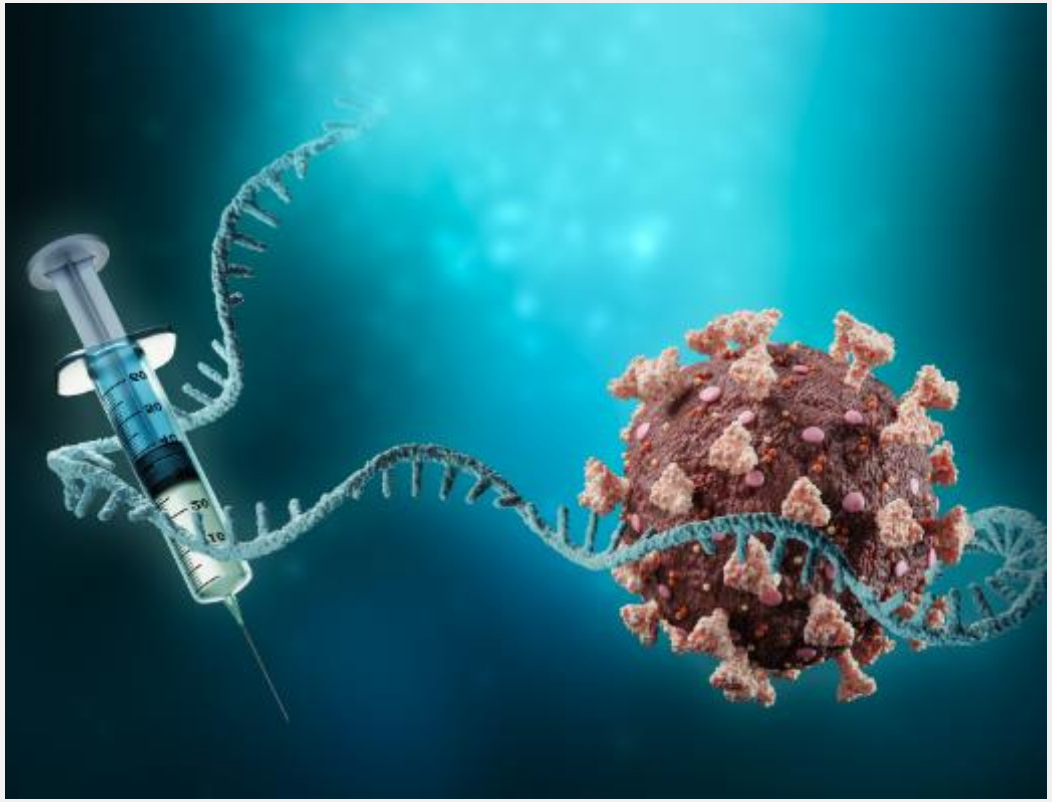
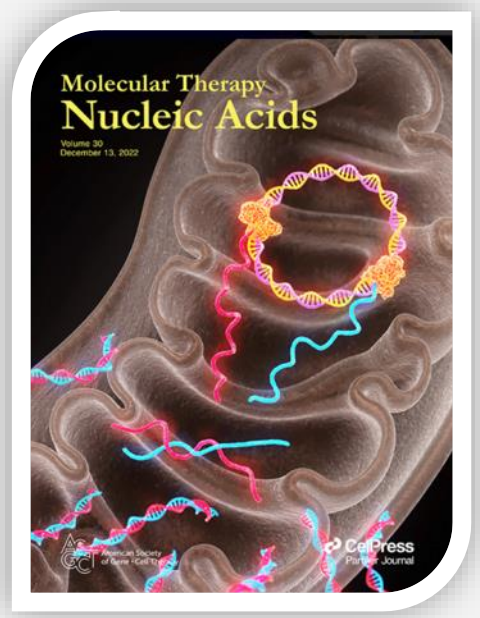
PREVENT – mRNA Vaccine

Sorrento SARS-CoV-2 vaccine includes an mRNA encoding the spike protein of the Omicron variant and featuring a mutation at the furin cleavage site that prevents release of free S1 subunit of the spike protein



Click on the image to see **Publication**:



- Sorrento received FDA clearance to initiate trials with a next generation mRNA vaccine (STI-1557) against Omicron
- In pre-clinical models, this vaccine induces strong cellular and humoral immunity to prevent infection by both the original Omicron virus and its main subvariants, including BA.2 and R346K

Potential Benefits:

- The modified mRNA sequence of the spike protein prevents cleavage of the expressed protein, which may result in a cleaner safety profile
- If approved, the vaccine may provide an important alternative to vaccines in the US and enable improved access in countries like Mexico, Brazil, and China

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DETECT - COVID-19 Diagnostics

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DIAGNOSTICS

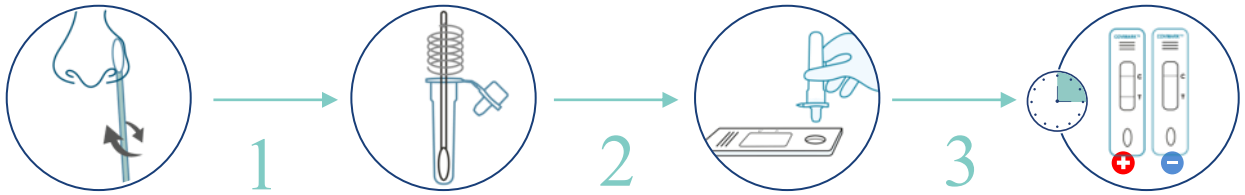
COVIMARK[1] - Highly Sensitive and Simple Rapid Antigen Detection Test

SIMPLE:
3-step test procedure

RAPID:
Produces results in 15 minutes or less

CONVENIENT:
Nasal swab with simple 3-step instructions and visible read

ACCURATE:
Highly sensitive platinum-gold colloid-based lateral flow N-Antigen immunoassay to detect SARS-CoV-2 virus (Detects Omicron and Omicron subvariants)



1 Nasal swab - Sample tube

2 Add buffer with dropper

3 Wait 15 minutes and read the result

The proprietary platinum-gold colloid-antibody combination results in high sensitivity even at low levels of virus (Detects Omicron down to 15 PFU[2])

1) Trademarked as COVI-STIX™ in Mexico and Brazil. COVIMARK™ in all other geographies
2) PFU = Particle Forming Units

DIAGNOSTICS

COVIMARK[1] Commercialization

EUA Cleared for Professional Point-of-Care Use

Approved for Professional Point-of-Care Use	
Mexico	EUA Cleared by COFEPRIS
Brazil	Approval as IVD Device by ANVISA (applying for at-home use)
Europe	CE Marketing Authorization: BE/CA01/1-17633-00001-IVD

Independent testing by InDRE (Institute of Diagnostics) demonstrated high sensitivity in a large real-world study of symptomatic and all comers (includes asymptomatic COVID patients)[2]

Study	Sensitivity
COVI-STIX™ for Symptomatic[2, 3] Nasopharyngeal vs PCR, n=495	96%
COVIMARK vs PANBIO (All Comer)[2, 3]	
COVI-STIX™ - Sorrento (n = 793)	81%
PANBIO™ - Abbott (n = 2022)	62%

1) Trademarked as COVI-STIX™ in Mexico and Brazil. COVIMARK™ in all other geographies
2) InDRE (Instituto de Diagnóstico y Referencia Epidemiológicos) Study for Emergency Use Authorization (EUA) approval by COFEPRIS in Mexico.
3) Medrxiv Preprint: "Analytical Performance of the COVISTIX™ and Panbio™ antigen rapid tests for SARS-CoV-2 detection in an unselected population (all comers). https://www.medrxiv.org/search/covistix

DIAGNOSTICS

COVIMARK – Highly sensitive to Omicron

EUA application for point-of-care and at-home use is underway in Canada

Study STIX r.01: COVIMARK™ In-Vitro Test with Omicron to determine the LoD (Limit of Detection)

(22 JAN 2022)

- COVIMARK™ can detect SARS-CoV-2 Omicron strain.
- The sensitivity to Omicron is improved over the WA-1 strain with of LoD ~15 PFU with Omicron vs ~100 PFU with WA-1 strain.
- This contrasts with most approved rapid antigen tests which the FDA (through NIH RADx program) has reported to have less sensitivity to the Omicron variant[1].

Clinical Validation Study: STI-CLIN-014
Ontario, Canada
Subjects Tested Feb 23rd – Mar 24th

Symptom Days	SENSITIVITY	SPECIFICITY
0-7	90.9% CI (76.4%, 96.9%)	100.0% CI (91.8%, 100.0%)

54.0% of the 2,721 sampled sequences were Omicron BA.2, 41.2% was Omicron BA.1.1, and 4.9% was Omicron BA.1.[2]

1) SARS-CoV-2 Viral Mutations: Impact on COVID-19 Tests | FDA
2) Omicron week of March 13th to 19th. SARS-CoV-2 Whole Genome Sequencing in Ontario, April 5th, 2022, Public Health Ontario (Accessed Friday, April 15th, 2022)

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DIAGNOSTICS

VIREX Summary[1]

Developing Next-Generation At-Home Dx Testing with PCR-Level Sensitivity for Daily COVID-19 Tests and Early Cancer Dx

- Demonstrated extremely high sensitivity for multiple biological analytes, including:
  - *COVID-19 virus detection as sensitive as 5 $TCID_{50}$, rivalling PCR sensitivity*
  - *Early liver cancer biomarker test, which detects a target protein biomarker in as little as 5 microliters of blood*
- With design and supply chain fully developed for the first generation Virex Dx test, Sorrento's G-MAB library will be employed to rapidly develop and deploy highly sensitive tests against multiple infectious diseases and biologic threats

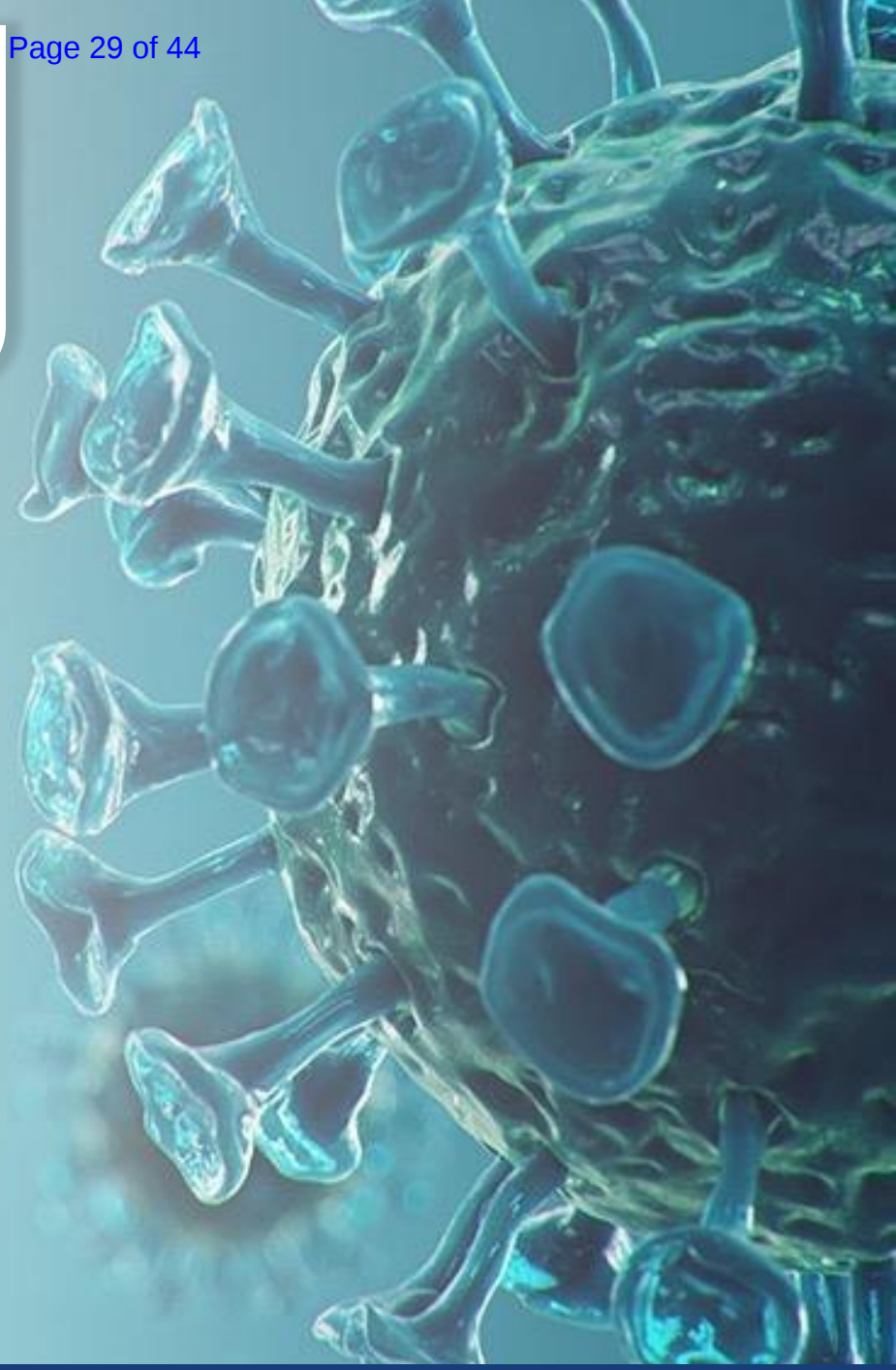
The VIREX Health platform offers the potential to rapidly develop highly sensitive, affordable, and scalable next-generation diagnostic testing solutions for COVID-19 and beyond by leveraging the chemistry and infrastructure of glucose meters and test strips

1) Platform acquired in 2022

Treat - COVID-19 Oral Antiviral

OVYDSO

Next Generation SARS-CoV-2 M^{pro} Inhibitor: A stand-alone treatment with High Efficacy + Low Risk of Drug-Drug Interactions



Pardes J.P. Morgan Healthcare Conference; January 12, 2022

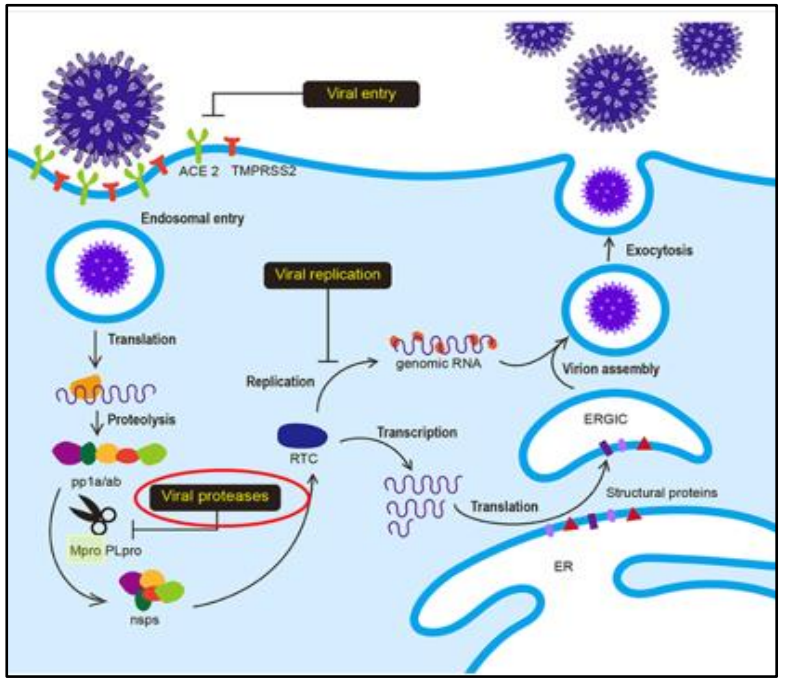
- Preferred Treatment Regimen Is Stand-alone M^{pro} Inhibitor NOT "M^{pro} Inhibitor + ritonavir"
- The Market Will Be Dominated by Stand-alone Next-Generation M^{pro} Inhibitor

OVYDSO, Next Generation M^{pro} Plus Cathepsin L inhibitor

- **Targeting the virus main protease (M^{pro}): interrupting virus replication**

- **OVYDSO is designed with the following properties:**
  - **OVYDSO (STI-1558) is a prodrug,** and its active form AC1115 binds to Cys-145 of the catalytic domain of M^{pro}, which is 100% conserved in all SARS-CoV-2 variants and achieves a broad-spectrum anti-SARS-CoV-2 activity including against the original WuHan/Washington strain as well as the predominant variants of concern (VOCs), such as Delta **and Omicron**.
  - OVYDSO is **also a Cathepsin L inhibitor, which may block effective viral entry** into host cells without accelerating viral mutations.
  - **Oral bioavailability up to 85%** with fast absorption and enhanced drug exposure in plasma allowing early treatment of COVID at home by oral administration.
  - Avoids the use of a potent CYP3A4 inhibitor (e.g. ritonavir) to increase the plasma exposure **allowing for stand-alone treatment with low risk for drug-drug interaction.**
  - A drug product with a robust formulation, favorable stability, and established large-scale drug substance manufacturing **with controlled cost** allowing for global accessibility and application.

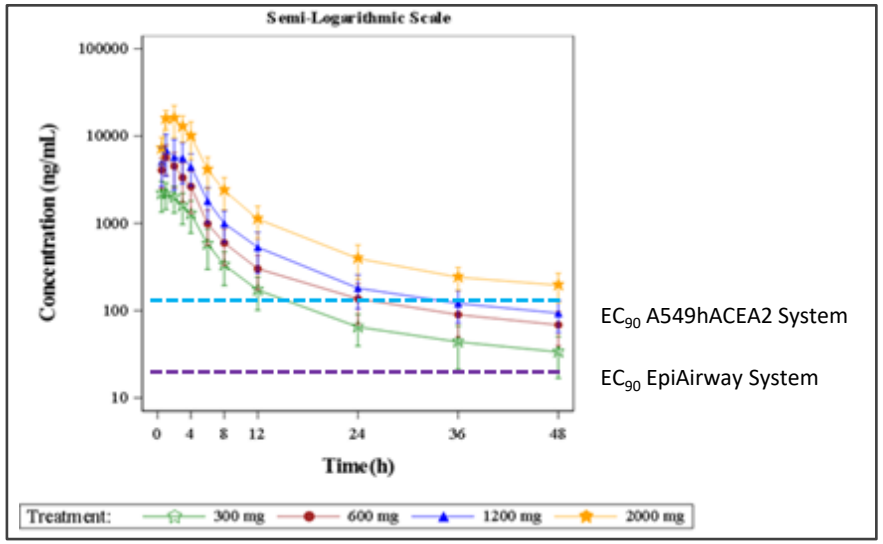
- **OVYDSO clinical trials**
  - Phase 1 trial in Australia: Completed
  - Phase 1b trial in China: Completed
  - Phase 1 hepatic/renal impairment trial in US: ongoing
  - Phase 2/3 trials: China – Q1, 2023; Mexico – Q1, 2023; US – Q1 2023



Jeong, G. U., et al. (2020). "Therapeutic Strategies Against COVID-19 and Structural Characterization of SARS-CoV-2: A Review." Frontiers in Microbiology 11(1723).

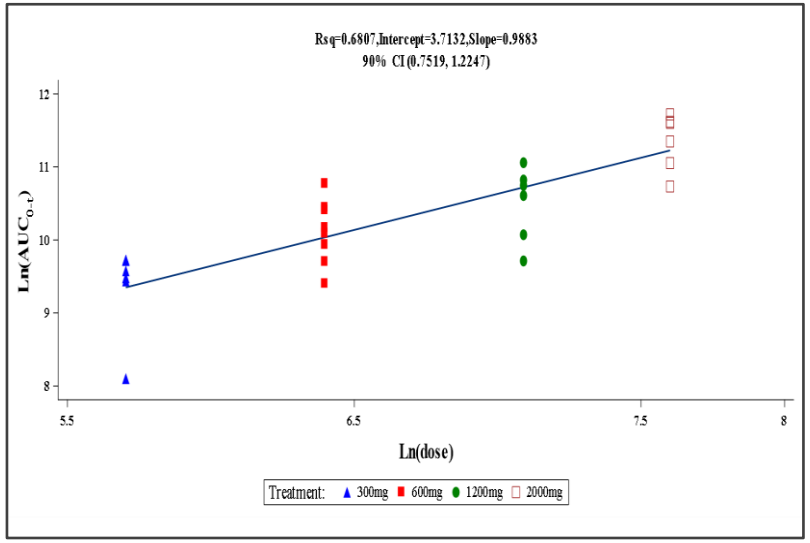
Human Phase 1 data confirm adequate blood levels are achieved with OVYDSO (STI-1558) without the need for ritonavir (RTV), a CYP3A4 potent inhibitor, as a booster

Compound	OVYDSO (STI-1558) Fasted				Nirmatrelvir without RTV Fasted[1]	PBI-0451 Fasted[2]
Dose (mg/kg/day)	300 mg QD	600 mg QD	1200 mg QD	2000 mg QD	250 mg QD	300 mg QD
$AUC_{0\text{-}inf}$ (ng·h/mL)	**14200**	**29200**	**43500**	**94900**	**3320**	**3300**
$t_{1/2}$ (h)	23.8	24.7	26.0	21.1	NA	11.2 (terminal)
C_{max} (ng/mL)	2320	5720	7150	17800	880	821
T_{max} (h)	0.5 (0.5-1.0)	1 (1.0-2.0)	1.0 (0.5-4.0)	1.5 (1.0-3.0)	NA	2



EC_{90} A549hACEA2 System

EC_{90} EpiAirway System



STI-1558 human PK data at 300 mg, 600 mg, 1200 mg and 2000 mg QD in SAD study

- The exposure (C_{max} and AUC) was generally increased with dose after a single oral dose of STI-1558 from 300 mg to 2000 mg
- OVYDSO (STI-1558) showed greater plasma exposure in humans by oral administration than nirmatrelvir and PBI-0451

[1]Paxlovid_EUA 105 Review_12 22 2021
[2]Pardes: Review of Data Presented at 29th Conference on Retroviruses and Opportunistic Infections (CROI) February 14, 2022

OVYDSO
is well-tolerated in human trials

SAD[1] of OVYDSO up to 2000 mg per day and MAD[2] up to 800 mg BID

- Have not observed clinically meaningful laboratory changes with the therapeutic dosing of 600 mg BID
- Only a few treatment-related adverse events, all of which have been transient. Most were mild, unrelated, and required no medical treatment
- At the recommended dose of 600 mg, a significant viral load reduction was seen on Day 2 post-treatment (1.5 log lower than placebo (p=0.036))

[1]SAD = Single Ascending Dose (n=32 Healthy Volunteers)
[2]MAD = Multiple Ascending Dose (n=46 COVID-19 patients)

OVYDSO

Key Objectives Moving Forward

Clinical Trials

- Clinical study reports for Phase 1/1b trials
- Pivotal Phase 2/3 trials

Drug Supply

- Completion of drug product development
- Drug substance for Phase 2/3 clinical trials
- Initiation of commercial scale manufacture

Regulatory

Communication with FDA and other major regulatory agencies and government sponsors for rapid completion and EUA clearance.

NON-OPIOID
PAIN MANAGEMENT PROGRAMS

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Innovative Non-Opioid Pain Management Therapeutics

Company	Program	IND	Phase 1	Phase 2	Phase 3 / Pivotal	NDA	Approved	Upcoming Milestones
sorrento THERAPEUTICS	RTX (resiniferatoxin) (Intractable Pain in Advanced Cancer)							Phase 2 study ongoing
	RTX (resiniferatoxin) (Moderate-to-Severe Knee OA Pain)							Phase 2 study fully enrolled with readout expected Q2/Q3 2023
SCILEX® > 50% Owned Subsidiary of Sorrento Therapeutics	ZTlido® 1.8% (Post-herpetic Neuralgia-PHN)							Launched in the U.S. in October 2018
	Elyxyb™ (Celecoxib I oral solution for acute migraine)							Acquired rights in the U.S. and Canada in February 2023 Plan to launch in U.S. in 2023
	Gloperba® (Colchicine USP I oral solution Treatment of Gout)							In-licensed U.S. rights in June 2022. Plan to launch in U.S. in 2023
	SEMDEXA (SP-102) (Lumbar Radicular/ Sciatica Pain)							Results from pivotal Phase 3 study achieved primary and secondary endpoints
	SP-103 Lidocaine Topical System 5.4% (3X) (Low Back Pain)							Initiated Phase 2 trial in Q2 2022
	SP-104, Delayed Burst Low Dose Naltrexone (Fibromyalgia)							Completed multiple Phase 1 trials

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Scilex Holding Debuts on Nasdaq Under Ticker "SCLX", November 10th, 2022

- Greater than 50% owned public subsidiary of Sorrento Therapeutics.
- Innovative and revenue-generating non-opioid pain management company with 2 approved products and 3 clinical stage programs in large markets with very high unmet medical need.
- Launched rapidly growing ZTlido (lidocaine topical system 1.8%) with in-house commercial and sales team and now has over 200 million covered lives.
- Scilex obtained exclusive license to market Gloperba, a treatment for painful gout flares, leveraging its existing commercial infrastructure in the U.S.
- SP-102 completed its Phase 3 pivotal study and results from the trial achieved primary and secondary endpoints. Currently preparing pre-NDA discussion with FDA for regulatory approval path. FDA granted fast-track status for SP-102 in 2017. SP-103 (triple strength ZTlido) has already received a fast-track designation.

Non-Opioid Pain Management Therapeutics

FDA Approved

ZTlido™ (lidocaine topical system) 1.8%

GLOPERBA® (colchicine) oral solution

Elyxyb™ (celecoxib) Oral Solution

Pipeline

Ph 2	Ph 3
SP-103	SP-102
SP-104	

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Scilex Pipeline

A diverse non-opioid pain management pipeline addressing large markets with limited competition

In the U.S., 50m patients live with chronic pain – One billion adults suffer from acute or chronic pain globally and for many opioids are the only alternative[1]

SP-102 (SEMDEXA) Lumbar Radicular (LRP) / Sciatica Pain)

- Over 12MM epidural steroid injections (ESI) procedures performed yearly in the US, about 88% are for LRP/sciatica[2]
- Currently used steroids for ESIs are not FDA-approved to treat sciatica or other indications.
- Safety warnings on the labels of current steroid formulation restrict use for epidural injections
- SP-102 may be the first ESI product approved for sciatica
- SP-102 target opportunity is between $1.5B to $3.0B annual sales[2]

SP-103 (Low Back Pain)

- Lidocaine Topical System 5.4% (3X)
- Over 30MM people suffer from low back pain in the US[3]
- Limited treatment options prior to to surgery.
- Low back pain has major economic impact in the U.S. with total costs related to LBP exceeding $500B per year[5]

SP-104 (Delayed Burst Low Dose Naltrexone - Fibromyalgia)

- Delayed-burst low dose naltrexone
- The 3 currently approved treatments for fibromyalgia are not very effective – high unmet need exists
- Fibromyalgia prevalence - over 8MM patients in the US, most patients take an average of 2.6 medications[4]
- Low dose naltrexone currently used off-label for fibromyalgia

1) U.S. Pain Foundation and CDC September 2018
2) Syneos Health Consulting Market Research (Estimated)
3) Decisions Resources Group. Chronic Pain: Disease Landscape and Forecast. 2016; 40& 76 & 80
4) DRG; EvaluatePharma, Tonix Pharma Corp. Presentation, Pipeline – Biomed Tracker
5) IOM: 100 Million Plus in Chronic Pain in U.S. by Emily P. Walker, Washington Correspondent, MedPage Today June 30, 201

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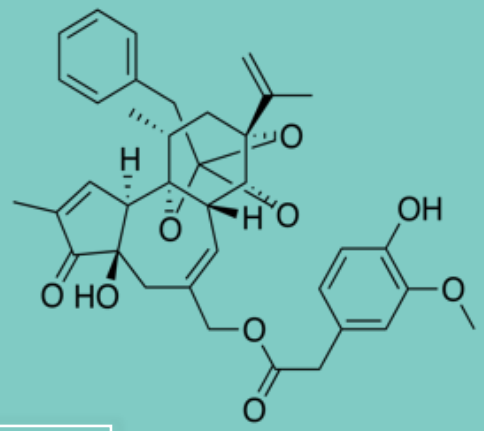
NON-OPIOID PAIN MANAGEMENT PROGRAMS

Resiniferatoxin (RTX)



Resiniferatoxin

- **Potent agonist of TRPV1** (Transient Receptor Potential Cation Channel Sub-family V Member 1)
- Predominantly found in a subpopulation of small C and A delta sensory neurons most often involved in nociception
- Also identified in cardio-renal and pulmonary modulatory functions

- The agonist action of RTX produces a selective and prolonged opening of the TRPV1 receptor, causing a sustained calcium influx in the cells.
- Results in the cytotoxic ablation of the TRPV1-positive fibers or neuronal cell body depending on the location of injection.
- When injected peripherally near end-terminals, a sustained defunctionalization or desensitization occurs resulting in reduction in noxious chronic pain symptoms that can last for months.

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NON-OPIOID PAIN MANAGEMENT PROGRAMS

RTX Completed Phase 1B Clinical Studies

INTRACTABLE CANCER PAIN

Phase 1b: Safety and Maximally Tolerated Dose of Epidural Resiniferatoxin Injection for the Treatment of Intractable Pain Associated With Cancer.

www.clinicaltrials.gov *(NCT00804154)*

Sorrento study (17 enrolled)

- *65% of subjects had >30% pain reduction.*
- *No dose limiting toxicity (DLT) or related SAEs.*
- *4 deaths due to underlying cancer.*
- *Frequent related AEs: procedural pain (53%) and back pain, bradycardia, burning sensation, hypertension, increased blood pressure, nausea, and paresthesia (each at 6%).*

INTRACTABLE CANCER PAIN

Phase 1b: Intrathecal administration for treating severe refractory pain associated with advanced cancer.

www.clinicaltrials.gov *(NCT03226574)*

NIH study (16 enrolled)

- *Preliminary evidence of long-term pain relief with up to 80% opioid reduction, however 11/16 patients died from their cancer.*
- *The potential for on-mechanism/off-target effects (urinary retention) can be minimized by lower injection volume and slow injection speed.*

OA KNEE PAIN

Phase 1b: Safety and preliminary efficacy of intra-articular administration for the treatment of moderate to severe pain due to osteoarthritis of the knee.

www.clinicaltrials.gov *(NCT03542838)*

Sorrento study (94 enrolled)

- *By mixed model repeated measures analysis, the greatest pain reduction RTX 12.5 mcg at 12 weeks (-2.6 WOMAC-A1 score, p=0.0311 and -14.6 WOMAC-A pain index, p=0.0134).*
- *≥70% pain reduction in 83% of the subjects receiving 12.5 mcg RTX.*
- *No dose limiting toxicity (DLT) or related SAEs. Most common (≥10%) AEs: procedural pain, nausea, vomiting, hypertension, prolonged QT, and arthralgia.*

NON-OPIOID PAIN MANAGEMENT PROGRAMS

RTX Ongoing Phase 2 Studies

INTRACTABLE CANCER PAIN

A Multicenter, Placebo-Controlled, Dose Ranging Phase 2 Study to Assess the Efficacy of Epidural Resiniferatoxin for the Treatment of Intractable Pain due to Advanced Cancer.

www.clinicaltrials.gov
(NCT05067257)

Sorrento study: IND 124279
Currently enrolling
(target enrollment: 120)

OA KNEE PAIN

A Multicenter, Double-Blind, Active and Placebo-Controlled, Dose Ranging Phase 2 Study to Assess the Efficacy of Intra-articular Resiniferatoxin vs. Zilretta or Placebo for the Treatment of Moderate-to-Severe Pain due to Osteoarthritis of the Knee.

www.clinicaltrials.gov
(NCT04885972)

Sorrento study: IND 156503
Fully enrolled
(target enrollment: 125)

CORPORATE STRATEGY

Strategic Ownership and Investments

Diversifying Risk and Accelerating Development of Priority Assets

Partnership and Ownership

celularity

Developing off-the-shelf Allogenic Cell Therapies (Nasdaq: CELU)

LEE'S PHARM. ImmuneOncia Therapeutics Inc.

Cancer Immunotherapies

Significant Ownership

SCILEX PHARMACEUTICALS

Commercial and Clinical Stage Non-Opioid Pain (ZTlido®, Gloperba®, SEMDEXA, SP-103, SP-104)

CONCORTIS BIOTHERAPEUTICS Levena Biopharma

One-Stop Shop for Antibody-Drug Conjugates (ADC's)

Wholly-Owned Subsidiaries or Divisions

ACEA THERAPEUTICS A Sorrento Company

Small Molecule NCE Library in Cancer and Autoimmune (Abivertinib Lead Program)

OV Therapeutics

Novel Oncolytic Virus Assets including Seprehvir™ and Seprehvec™

SmartPharm THERAPEUTICS A Sorrento Company

Gene Encoded Therapeutics "Biologics from Within"

virex

Next Generation At-Home Diagnostics Platform for Infectious Diseases and Cancer

ark ANIMAL HEALTH

Accelerate Sorrento Clinical Development in Parallel with Companion Animal

bioserv a sorrento company

CRO Services and Accelerate Sorrento Clinical Development

sofusa a division of sorrento

Lymphatic Drug Delivery Platform for Immune System Therapies

SORRENTO THERAPEUTICS

EXECUTIVE TEAM

Henry Ji, Ph.D.
Chairman, President and CEO

Mike Royal, M.D.
Chief Medical Officer

Elizabeth Czerepak
EVP and Chief Financial Officer

Mark Brunswick, Ph.D.
SVP Regulatory Affairs and Quality

Xiao Xu, M.D.
President ACEA

Shawn Sahebi, Ph.D.
SVP Commercial Operations

Brian Cooley
SVP Corporate Communications
Lymphatic Drug Development BU

Bill Farley
VP Business Development

Alexis Nahama, D.V.M.
SVP Neurotherapeutics BU

sorrento THERAPEUTICS

Thank You

EXHIBIT 14

SCILEX®
HOLDING COMPANY

Innovative Leader in Non-Opioid Pain Therapeutics

Non-Confidential

Safe Harbor Statements Forward-Looking Statements

Certain statements contained in this corporate presentation (this "Presentation"), along with certain statements that may be made by management of Scilex Holding Company (together with its subsidiaries, "Scilex") orally in presenting this material, are or may be considered "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995. These statements can be identified by the fact that they do not relate strictly to historic or current facts. Forward-looking statements are typically identified by words such as "estimate," "expect,""intend," "believe," "plan," "anticipate," "potential," "projected" and other words and terms of similar meaning (including the negative of any of the foregoing) in connection with any discussion of future operating or financial performance or condition, but the absence of these words does not mean that a statement is not forward-looking. In addition, any statements that refer to projections, forecasts, or other characterizations of future events or circumstances, including any underlying assumptions, are forward-looking statements. Scilex cautions that these statements are based upon information available as of the date of this Presentation and the current beliefs and expectations of Scilex's management and are subject to significant risks, uncertainties and assumptions. Statements regarding future actions, future performance and/or future results including, without limitation, those relating to the timing for completion, and results of, scheduled or additional clinical trials and the FDA's or other regulatory review and/or approval and commercial launch and sales results (if any) of Scilex's formulations and products and regulatory filings related to the same, financial projections and targets, business strategy and plans and objectives for future operations may not occur, and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed in this Presentation are inherently uncertain and may not occur, and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements. Accordingly, you should not rely upon forward-looking statements as predictions of future events.

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For additional information about factors that could cause actual results to differ materially from those described in the forward-looking statements, please refer to Scilex's filings with the Securities and Exchange Commission ("SEC"), including the risk factors obtained in the Company's Annual Report on Form 10-K for the year ended December 31, 2022 and subsequent Quarterly Reports on Form 10-Q filed with the SEC.

Industry and Market Data

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Executive Summary

Company Background

Company Overview

- Scilex Holding Company ("Scilex") is an innovative revenue-generating pharmaceutical firm focused on developing and commercializing non-opioid acute and chronic pain management products
- Scilex targets indications with unmet needs and large market opportunities in acute and chronic pain, including shingles, migraine, gout, sciatica and fibromyalgia
- Lead commercial product, ZTlido 1.8%, is a prescription lidocaine topical product for the relief of neuropathic pain associated with postherpetic neuralgia PHN (shingles pain). FDA-approved product Elyxyb (acute migraine) launched in April 2023
- Additional planned 2023 launch for FDA-approved product Gloperba (gout)
- Scilex has multiple products in its pipeline, including a Phase 3 candidate, a Phase 2 candidate and a Phase 1 candidate that is expected to enter Phase 2 in 2023:
  - SP-102 (SEMDEXA™) – a Phase 3, novel, viscous gel formulation of a widely used corticosteroid for epidural injections to treat sciatica
  - SP-103 (5.4%) – a Phase 2, next-generation triple strength formulation of ZTlido for the treatment of low back pain
  - SP-104 – a novel low-dose delayed-release naltrexone hydrochloride being developed for the treatment of fibromyalgia

Corporate Timeline

Feb. 2018: Scilex receives final FDA approval for ZTlido™ (for the treatment of postherpetic neuralgia)

Oct. 2018: Scilex launches ZTlido™ commercially in the U.S.

Jun. 2022: Acquires Gloperba in United States (expected to launch in 2023)

Dec. 2022: Sorrento declares stock distribution of ~76mm shares; eligible Sorrento stockholders to receive pro-rate share of Scilex stock distributed in Jan 2023

Mar. 2023: Announces FY2022 earnings, including revenues of $38mm *(21% y-o-y growth)*

Mar. 2019: Scilex Holding Company formed with the acquisition of Semnur Pharmaceuticals

Nov. 2022: Scilex goes public via merger with Vickers Vantage Corp. I with post-money equity value of ~$1.64B

Feb. 2023: Acquires and announces commercial launch of Elyxyb in United States (launched in April 2023)

Executive Summary

Investment Highlights

1. *3 FDA-approved Non-Opioid Acute and Chronic Pain Management Products*
2. *Worldwide Commercial Rights to Most Product Candidates*
3. *Strong Proprietary Platform with High Barriers to Entry*
4. *Established Reimbursement Access*
5. *Blockbuster Pipeline With Limited Capital Required for Commercialization*

Executive Summary

Innovative Non-Opioid Pain Therapeutics

KEY PROGRAMS	PRECLINICAL / PHASE 1 / PHASE 2 / PHASE 3 / PIVOTAL / APPROVED	IP	MILESTONES / KEY COMMENTARY
ZTlido® (1.8% lidocaine topical system equivalent to 5% lidocaine)	Approved for the treatment of Postherpetic Neuralgia-PHN related pain	▪ 2031	▪ Launched in the U.S. in October 2018
GLOPERBA® (colchicine USP) oral solution (For the prevention of painful gout flares in adults)	Approved for the prevention of painful gout flares in adults	▪ 2036	▪ **2H 2022:** In-licensed U.S. rights ▪ **Q4-2023:** U.S. launch
ELYXYB™ (celecoxib) oral solution (Acute Treatment of Migraine)	Approved for acute treatment of migraine	▪ 2036	▪ **1Q 2023:** In-licensed U.S. / Canadian rights ▪ **2Q 2023:** U.S. launch
SP-102 (SEMDEXA™) (Lumbar Radicular / Sciatica Pain)	Fast Track / Pre-NDA	▪ 2036	▪ **1H 2022:** Phase III achieved endpoints ▪ **1H 2023**: FDA discussion on Pre-NDA
SP-103 Lidocaine Topical System 5.4% (3X) (Acute Back Pain)	Fast Track	▪ 2031	▪ **2Q 2022:** Initiated Phase II trial
SP-104, Delayed Burst Low Dose Naltrexone (Fibromyalgia)	Prepare Phase II Trial	▪ 2041	▪ **1H 2022:** Completed Phase I trial(s) ▪ **2023:** Initiate Phase II trials

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ZTlido

(1.8% lidocaine topical system equivalent to 5% lidocaine for the treatment of Postherpetic Neuralgia-PHN related pain)

Sales Performance 2022 - YTD 2023

YTD Q2-2023

- ZTlido gross sales were in the range of $64.2 million to $67.3 million, compared to $39.4 million for year-to-date June 2022, representing growth in the range of 63% to 71%.
- ZTlido net sales were in the range of $20.5 million to $23.0 million, compared to $14.7 million for year-to-date June 2022, representing growth in the range of 39% to 56%.
- Total product gross sales year-to-date June 2023 were in the range of $65.6 million to $69.0 million, compared to $39.4 million for year-to-date June 2022, representing growth in the range of 66% to 75%.
- Total product net sales year-to-date June 2023 were in the range of $20.8 million to $24.0 million, compared to $14.7 million for year-to-date June 2022, representing growth in the range of 41% to 63%.

Q1-2023

- ZTlido Gross sales for the first quarter of 2023 were $27.5 million, compared to $18.4 million in the first quarter of 2022, representing growth of 49%.
- Ztlido Net sales for the first quarter of 2023 were $10.6 million, compared to net sales of $6.8 million in the first quarter of 2022, representing growth of 56%.
- Historically, sales for ZTlido are low during the first quarter of the year due to deductibles with managed healthcare plans.

Full Year 2022

- ZTlido Net sales for full year 2022 were **$38.0 million**, compared to net sales of $31.3 million in 2021, representing a growth of 21%.

ZTlido Commercialization Success

ZTlido® 1.8% (FDA approved for relief of PHN pain)

1 Lidocaine Patch Market Overview

- +4.6mm prescriptions in 2022
- +169mm prescription lidocaine patches sold in the U.S. in 2022[1]

2 Benefits versus Other Lidocaine Patches

- Superior adhesion compared to other lidocaine patches head-to-head studies
- Only lidocaine patch proven in moderate exercise

3 How does it compare to Lidoderm (5%)

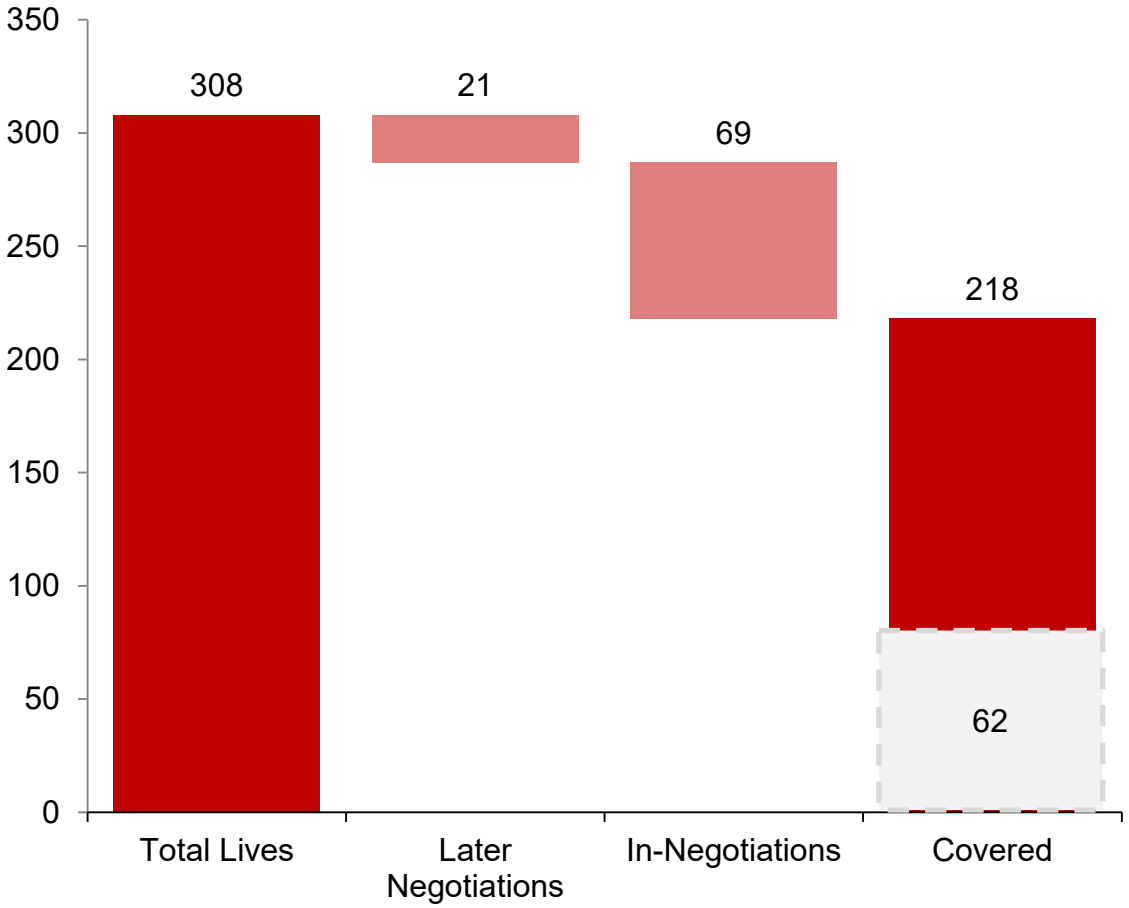
Properties	ZTlido (1.8%)	Lidoderm (5%)
Bioavailability	~45%	~3 ± 2%
Weight	2 grams	14 grams
Thickness	0.8 millimeters	1.6 millimeters
Lidocaine Content	36 milligrams	700 milligrams
Adhesion	Non-aqueous	Water-based

- Only ZTlido delivers a 12-hour adhesion in a non-opioid therapy
- Superior adhesion versus other lidocaine patches in various head-to-head studies
- Only lidocaine patch proven in moderate exercise
- Savings & support system makes it easy to receive inexpensive monthly prescription

(1) Symphony Healthcare

ZTlido Market Access Update

ZTlido Covered Lives Overview

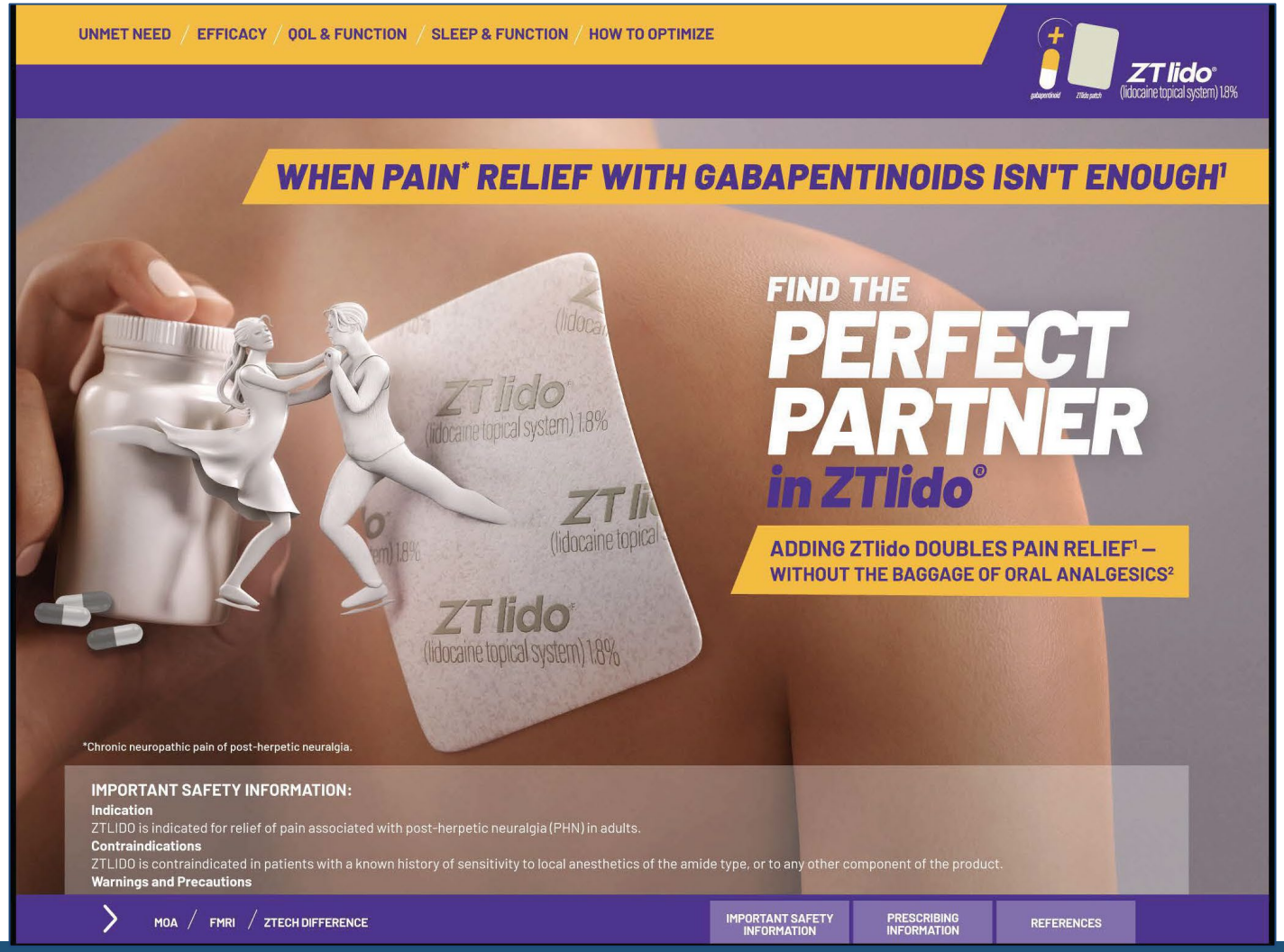


Key Players - Preference

CVS caremark	*ZTlido Preferred*
State of California (MediCal)	*Lidocaine Preferred*
EXPRESS SCRIPTS	*ZTlido Preferred*
OPTUM / UnitedHealthcare	*ZTlido Preferred*

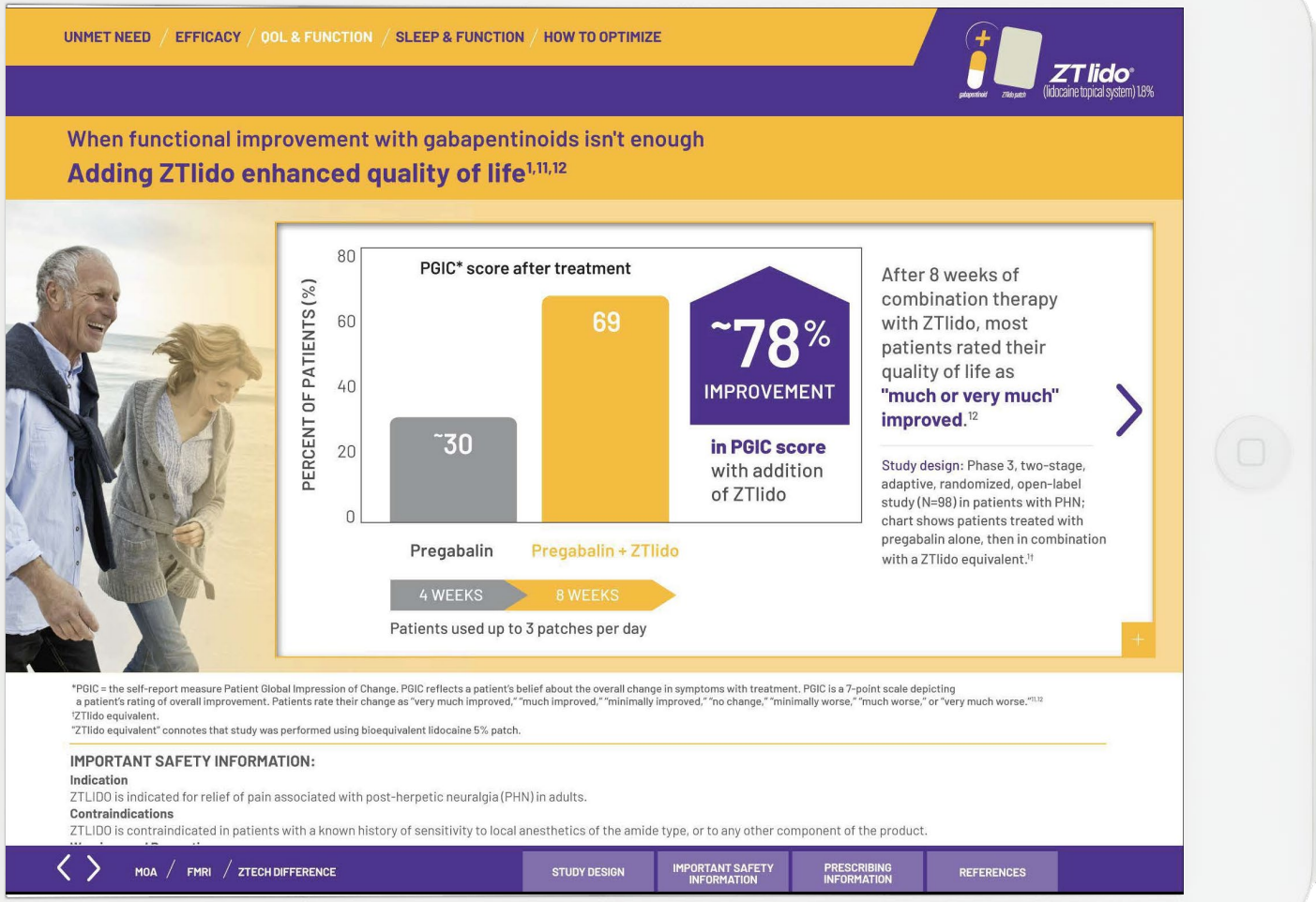
The ZTlido Solution to the Unmet Need with Gabapentinoids

The ZTlido New Campaign as the ideal add-on to Gabapentinoids

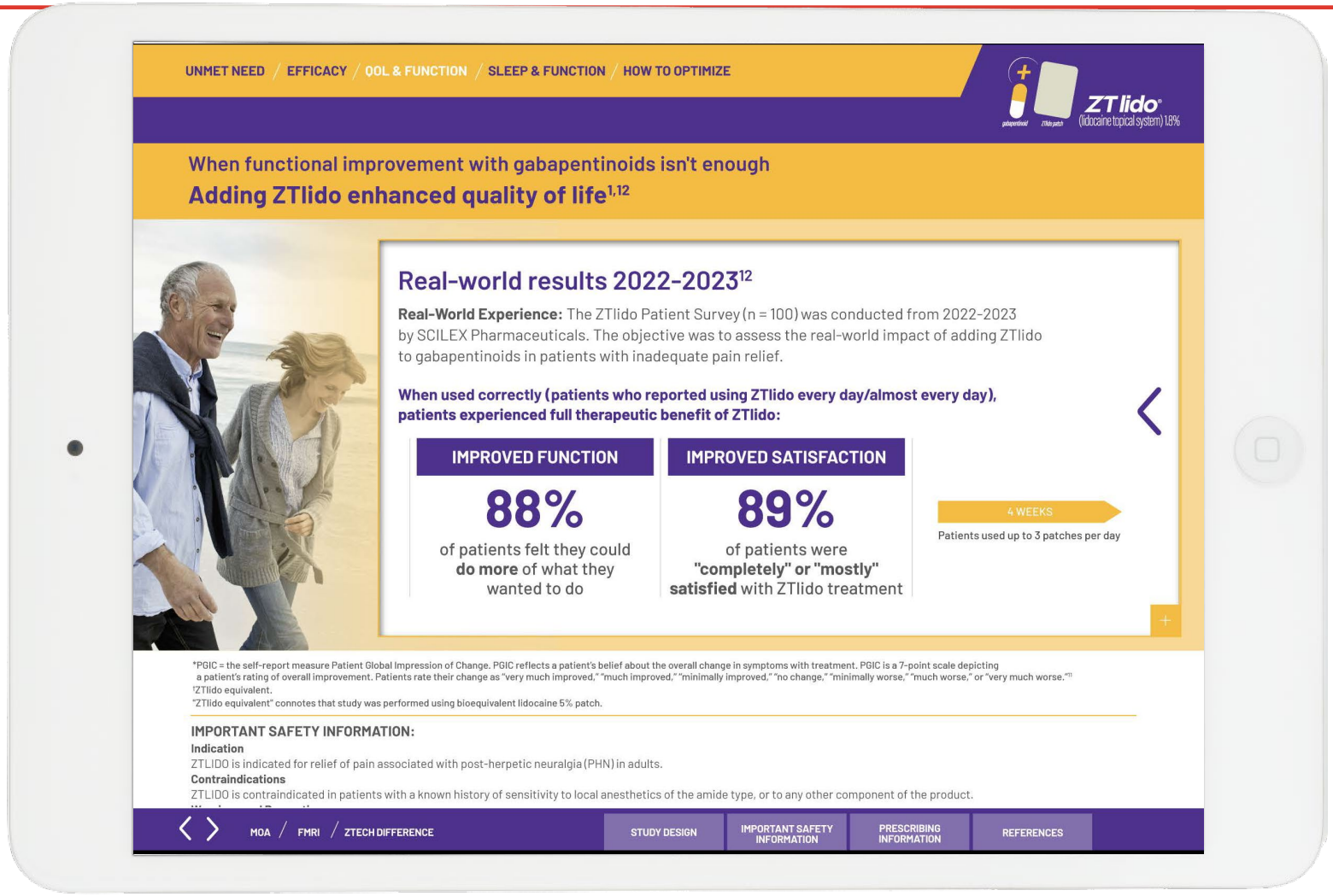


- Designed to allow the brand to achieve its true potential by repositioning from Adhesion to Efficacy)
- ZTlido is uniquely capable of optimizing gabapentinoids – doubling efficacy without the baggage/side effects of other analgesic options (opioids, TCAs, SNRIs, NSAIDs, Acetaminophen).
- This combination efficacy data is “new’ as HCPs are unaware of it – we can own the data as we believe we are the only lidocaine patch being actively promoted.
- Aligns with managed care thinking (step edit ZTlido through gabapentinoids)
- Takes us into a 10X bigger market (gabapentinoids) than the lidocaine patch market

Enhanced Patient Quality of Life



Enhanced Patient Quality of Life: Real World Evidence



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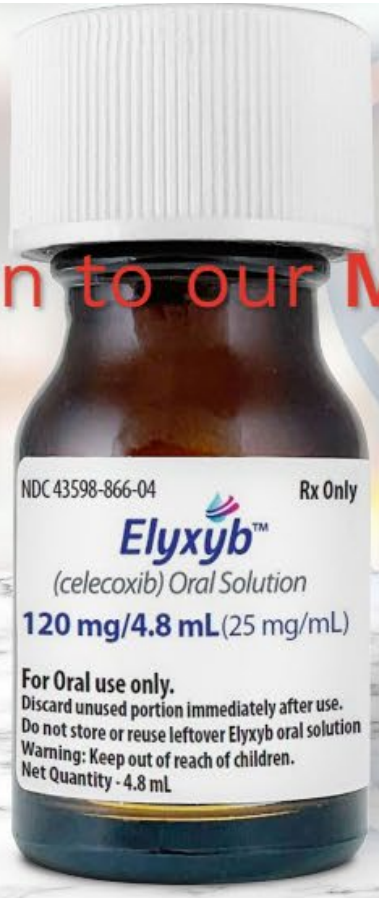
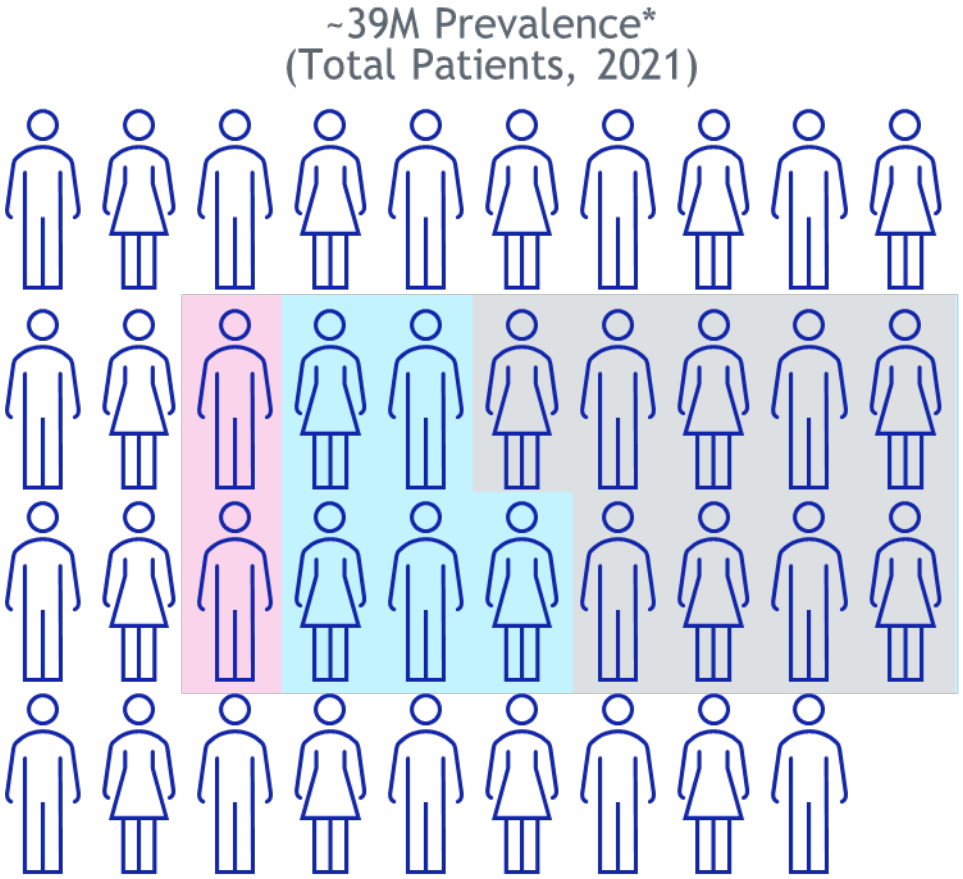
Elyxyb
(celecoxib) oral solution (Acute Treatment of Migraine)

Elyxyb Launched in USA April 2023

Newest Addition to our Market Leading Non-Opioid Portfolio



Approximately 39M People with Migraine in the US



~43%
~16.8M Patients
Diagnosed with Migraine

~36%
~14.0M Patients
receiving treatment

~23%
~9.0M Patients
treated acutely
(Target patient pool)

Some patients may receive both acute as well as preventive treatment

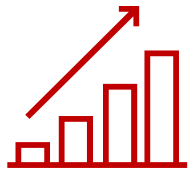
Source: Prevalence by Migraine Research Foundation, 2021; Epidemiology data by DRG

Market Overview and Value Proposition

ELYXYB™ has an opportunity to address unmet need for fast-acting acute migraine therapies as patients cycle through standard therapies

Large and Growing U.S. Market

- **39 million** people suffer from migraines in the US, of which 9 million (23%) are on acute Rx therapies[1]
- US oral migraine market is expected to be **$1.8B** in 2022[2]

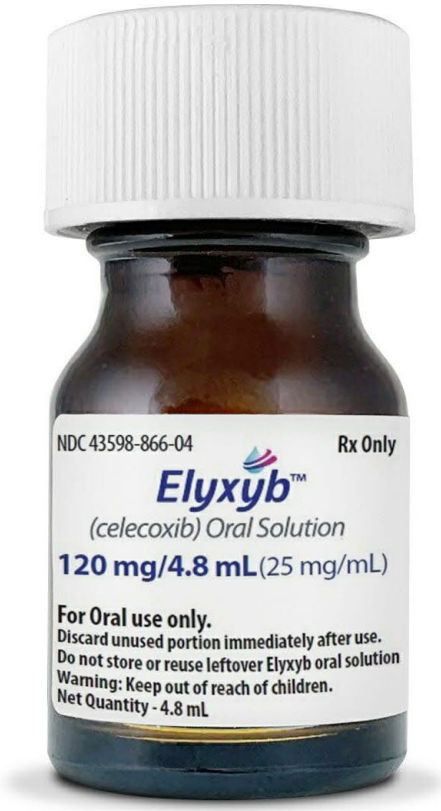


High Unmet Need in Acute Setting

- **>70% of patients** report inadequate treatment response with acute migraine[3] (primarily Triptans and NSAIDs)
- **OTC NSAIDs** used first-line in acute settings but often associated with GI adverse events and/or slower onset of action
- Acute migraine market **dominated by Triptans** (>70% of prescriptions)[4]
- **CGRPs showing discontinuation at a high rate** (~50% therapy abandonment 90-day post start)[5]

First and Only COX-2 Inhibitor of Its Kind

- **First and only COX-2 inhibitor formulated as a fast-onset oral solution for the acute treatment of migraine**
- Specifically developed to work fast for migraine: Unique delivery system improves bioavailability / absorption
- Fast onset of action: Median TMax of 1 hour
- Efficacious: Proven in 2 large Phase 3 studies of 815 patients
- Safety: No serious adverse events, no drowsiness and favorable GI side effect profile vs traditional NSAIDs
- Convenience: Ready-to-use oral solution – no prep, no steps, just open and drink



Sources: 1. Migraine Research Foundation, 2021; 2. Evaluate Pharma data February 16, 2023 ; 3. Lipton RB et al. Headache. 2017; 4. IQVIA NPA Monthly YTD 2022;
5. Symphony Health Patient Claims; 6. Parduzt, NSAIDs in the Acute Treatment of Migraine: A review of Clinical Experiment and Data, 2010;

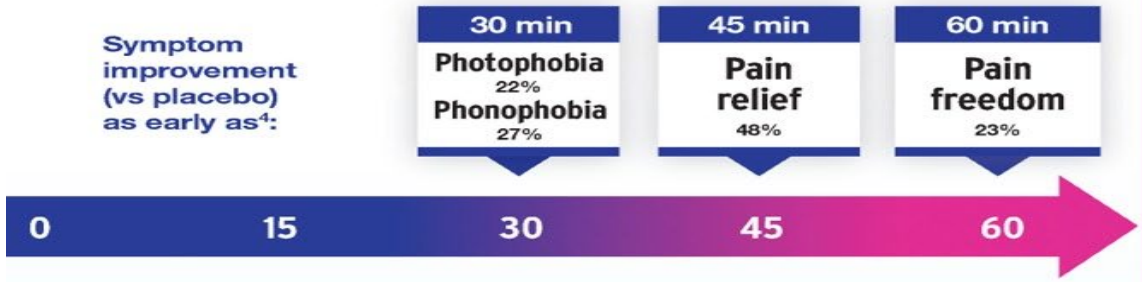
Elyxyb Promotion Materials

Fast-Acting Formulation

Works as quickly as 15 minutes[4,6*]

Delivers significant pain relief in 45 minutes in nearly 50% of patients[4]

Symptom improvement (vs placebo) as early as[4]:



Proven pain relief in Phase III studies involving 1253 patients[7,8]

Pooled analysis of pain freedom in patients 2 hours post-dose with ELYXYB vs placebo[9]:

Phase III Trials Design: 1253 patients were enrolled across 2 identical, multicenter, randomized, double-blind trials. Participants were screened and then randomized 1:1 to receive celecoxib oral solution (120 mg) or placebo to administer within 1 hour of onset of a moderate to severe migraine attack. The coprimary endpoints were 2-hour pain freedom and 2-hour freedom from most bothersome symptom (MBS).[1,7,8,9]

*Pain relief trended as early as 15 minutes for some patients in post-hoc analysis.[6]

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

ELYXYB is contraindicated in the following patients:

- Known hypersensitivity to celecoxib or any components of the drug product or sulfonamides.
- History of asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs.
- In the setting of coronary artery bypass graft (CABG) surgery.

Please see Important Safety Information throughout and accompanying full Prescribing Information, including Boxed Warning.

Long-Lasting Relief

Relief up to 24 hours for most patients[7,8]

of patients did not take rescue medication with ELYXYB[8]

patient satisfaction scores significantly greater vs placebo[7] (P<0.006)

greater improvement in functional disability score vs placebo[4] (P<0.001)

Works whenever patients need it regardless of ...

Baseline migraine severity

Moderate to severe[4]

Timing of dose

At onset or during migraine attack[4,9]

Migraine frequency

Can be taken on consecutive days, up to 10 days a month[1]

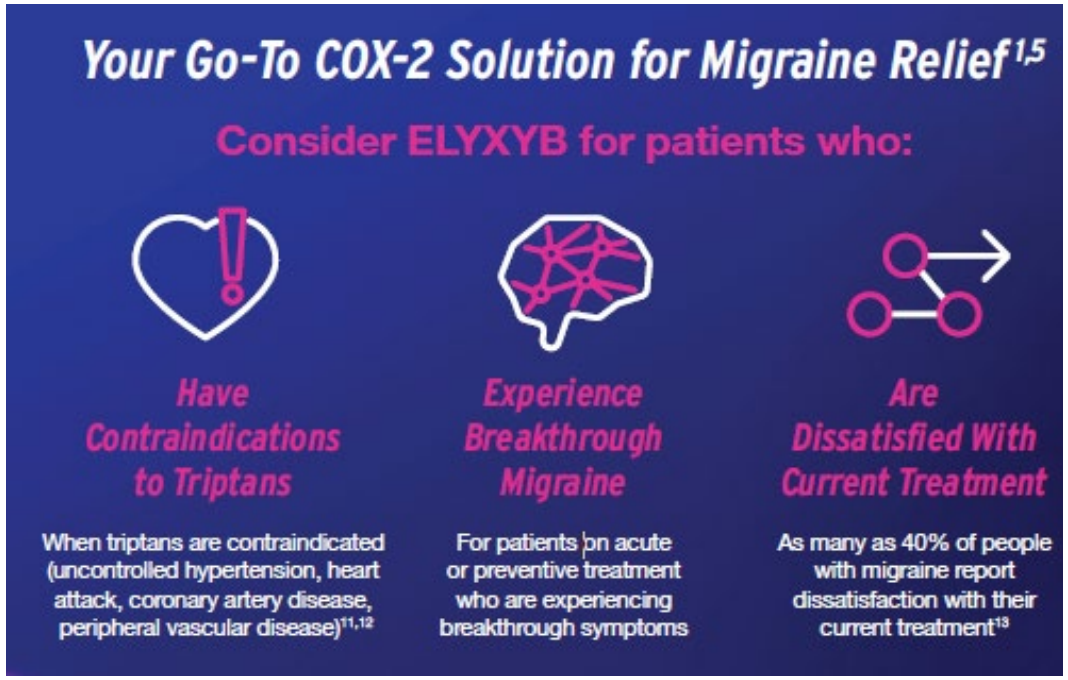
IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Post-MI Patients: Avoid the use of ELYXYB in patients with a recent MI unless the benefits are expected to outweigh the risk of recurrent CV thrombotic events. If ELYXYB is used in patients with a recent MI, monitor patients for signs of cardiac ischemia.

Elyxyb™ (celecoxib) Oral Solution

Elyxyb Promotion Materials



IMPORTANT SAFETY INFORMATION about ELYXYB™

WARNING: RISK OF SERIOUS CARDIOVASCULAR and GASTROINTESTINAL EVENTS

Cardiovascular Thrombotic Events

- **Nonsteroidal anti-inflammatory drugs (NSAIDs) cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. This risk may occur early in the treatment and may increase with duration of use.**
- **ELYXYB is contraindicated in the setting of coronary artery bypass graft (CABG) surgery.**

Gastrointestinal Bleeding, Ulceration, and Perforation

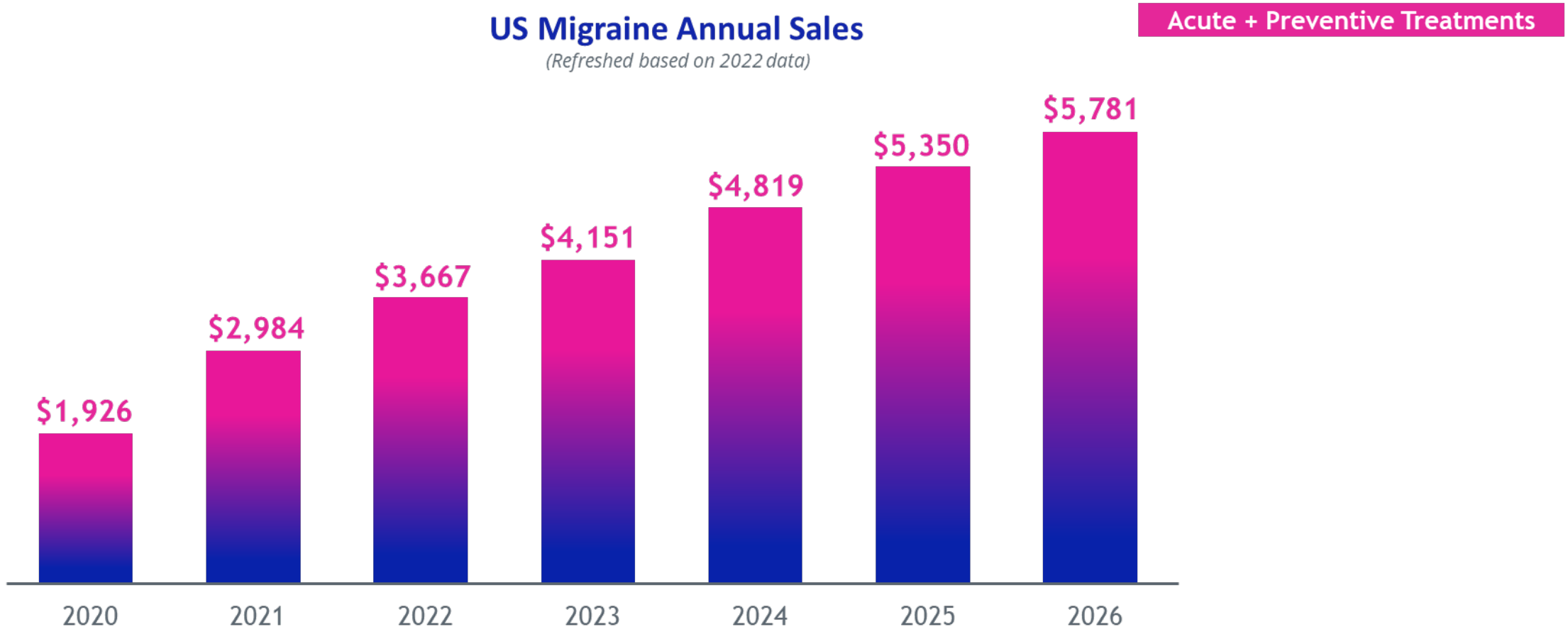
- **NSAIDs cause an increased risk of serious gastrointestinal (GI) adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious (GI) events.**

Please see Important Safety Information throughout and accompanying full Prescribing Information, including Boxed Warning.

ELY-00054 04/2023

Elyxyb™ (celecoxib) Oral Solution

The US Migraine Market Is Projected To Grow By 195% Between 2021 to 2026



Source: Evaluate; Above data includes both acute and preventative therapies; Data refreshed in January 2022

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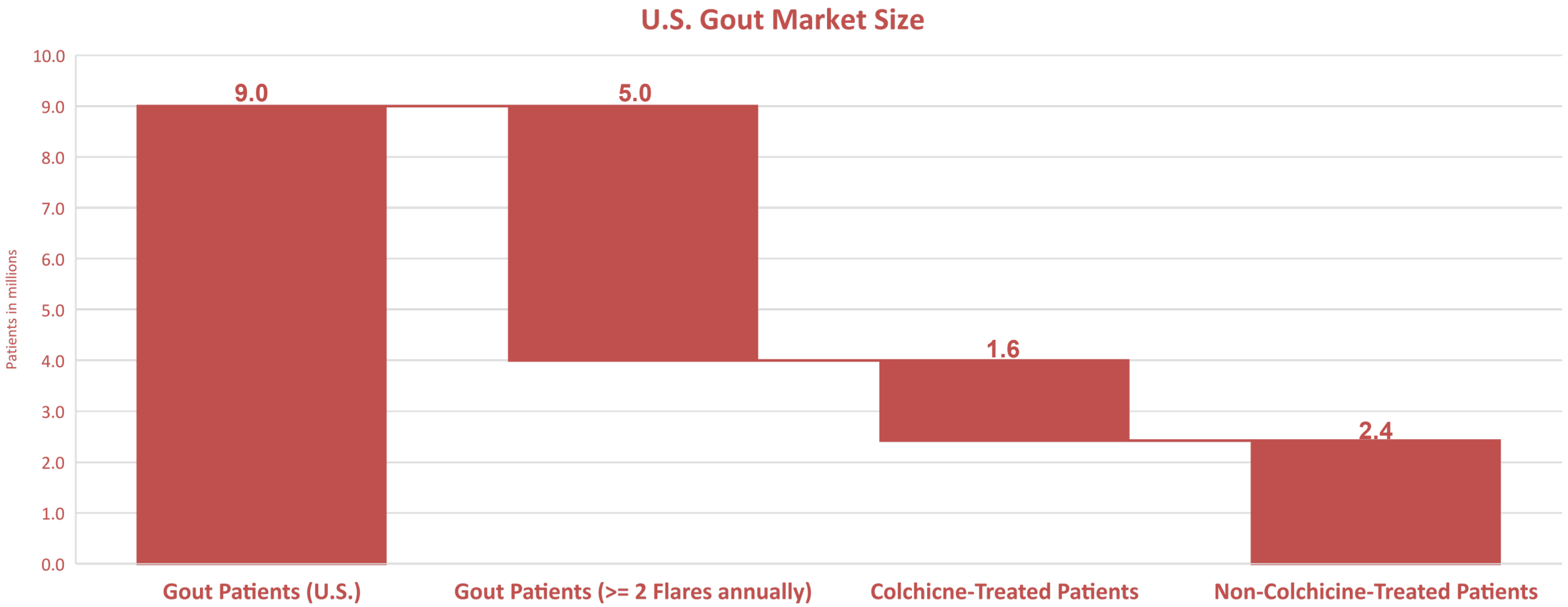
Gloperba

(colchicine USP) oral solution (For the prevention of painful gout flares in adults)

Gloperba Launch in USA Planned in Q4 2023

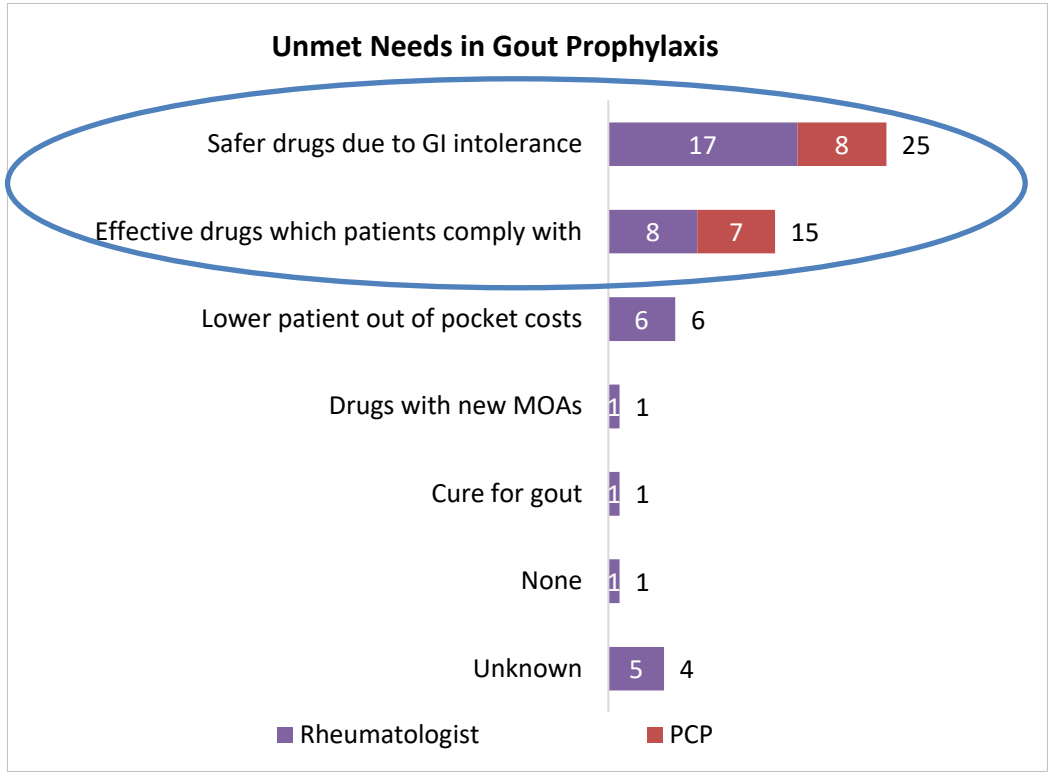
Gout Market Size Overview



Sources: Chen-Xu M, et al. *Arthritis Rheum*. 2019;72(6):991-999; Symphony Healthcare

Gout Unmet Needs

Physicians are generally satisfied with the currently available prophylactic gout treatments, particularly colchicine. However, physicians acknowledged that colchicine's ability to cause adverse GI events along with the caution that must be taken when prescribing it to patients with comorbidities warrant new drugs with significantly improved safety profiles.



"A drug that doesn't have any GI adverse events would be good. It should have no side effects. It can't cause toxicity either, considering [tablet] colchicine is already effective."

- Rheumatologist

"Patients don't always adhere to colchicine. We need drugs that patients will take without the GI side effects. Otherwise, it's a very effective drug."

- Rheumatologist

"There is an unmet need for drugs that can be used in patients who can't tolerate the GI side effects."

- PCP

n=39

Source: Rheumatologists and PCPs interviewed by Percipient, November – February 2023

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SP-102 (SEMDEXA)
Treatment of Chronic Low Back Pain/ Sciatica

Focus on Non-narcotic Pain Management Driving Growth

CURRENT PROBLEM	▪ Prescription opioid abuse is at epidemic proportions in the U.S[1] ▪ Additionally, the CDC states that opioids do not provide clinically meaningful pain relief in patients with low back and chronic pain[2]
MULTI-MODAL PAIN MANAGEMENT	▪ Multiple medical organizations recommend multi-modal analgesia for chronic pain management, including the American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia (ASRA) & the American Academy of Orthopedic Surgeons.
POTENTIAL FOR SP-102	▪ SEMDEXA (SP-102) clinical program is intended to demonstrate its utility as a key adjunct treatment for low back pain/lumbar radiculopathy and potential as a new pain management standard

"Consultants, ASA members, and ASRA members strongly agree that epidural steroid injections with or without local anesthetics should be used for radicular pain or radiculopathy." - American Society of Anesthesiology Practice Guidelines for Chronic Pain Management[3]

1. Center for Disease Control and Prevention. Increases in Drug and Opioid Overdose Deaths 2000-20014. MMWR 2015; 64; 1-5.
2. Efficacy, Tolerability and Dose Effects of Opioid Analgesics for Low Back Pain. JAMA Internal Medicine. 2016 Jul 1; 176
3. Practice Guidelines for Chronic Pain Management. *Anesthesiology.* 2010; 112: No 4 Apr 2010.

Epidural Steroid Injections (ESI) for Chronic Back Pain

One of the Most Common Medical Procedures / Top Pain Procedures

Strong Growth Rate, Evidenced by Medicare Procedure Volumes (MM)

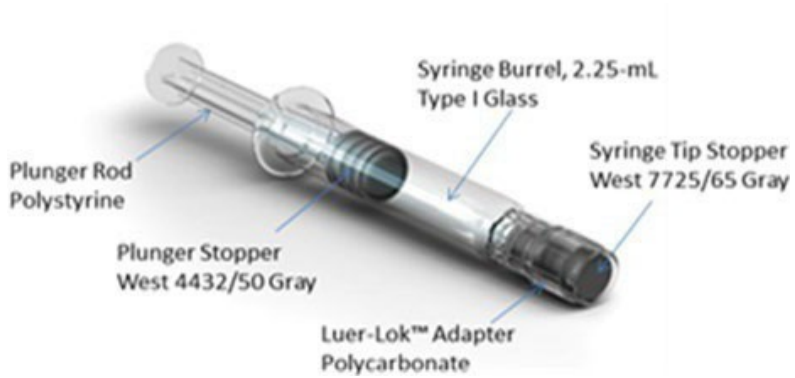
Medicare Overall ESI Injection Volume[1]

1. ESIs widely reimbursed as procedure to delay or avoid back surgery
2. Transforaminal ESI route (used in C.L.E.A.R. trial) majority of Total ESI procedures
3. Over 12 million ESI pain procedures per year, greater than all Cardiovascular and GI procedures

1. Syneos Health Consulting/Campbell Alliance market research (Estimated)

On-Track as First Epidural Steroid Injection with a Label to Treat Sciatica

- SP-102 (SEMDEXA) is a preservative free, surfactant free and particulate free viscous gel formulation of well known corticosteroid for sciatica (subacute lumbosacral radicular pain).
- Extended local effect provides durable pain relief and significant improvement in functioning from a single injection with rapid onset.
- Improvement against placebo over 4 weeks and continued effect over 12 weeks with reduced use of rescue therapy.
- Good safety profile for single and repeat injections.
- Common epidural delivery by minimally invasive procedure conducted in outpatient pain clinics.
- Stable at refrigerated temperature in a prefilled syringe.

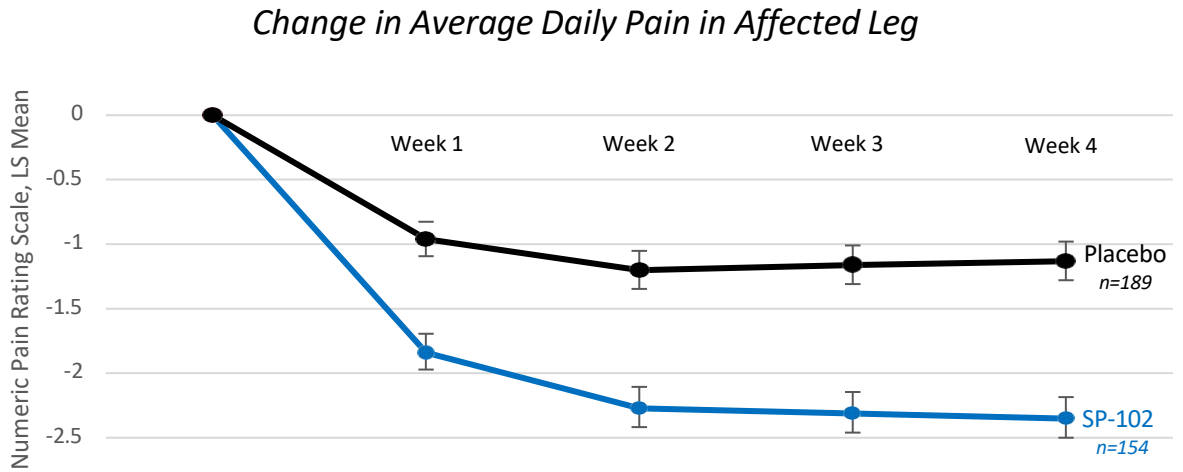


Phase III C.L.E.A.R. Trial Met Primary Endpoint

Phase III Primary Endpoint Overview

- The trial met primary, key secondary and other secondary endpoints with statistical significance over placebo
- Achieved all study objectives, up to 3 months duration of effect with a single injection
- Demonstrated safety profile of SP-102

Phase III SP-102 C.L.E.A.R Trial – Primary Endpoint



Comparison: SP-102 vs. Placebo	
Over 4 Weeks, LS Mean (SE)	-1.08 (0.17)
95% CI	-1.42, -0.75
p-value	<0.001***

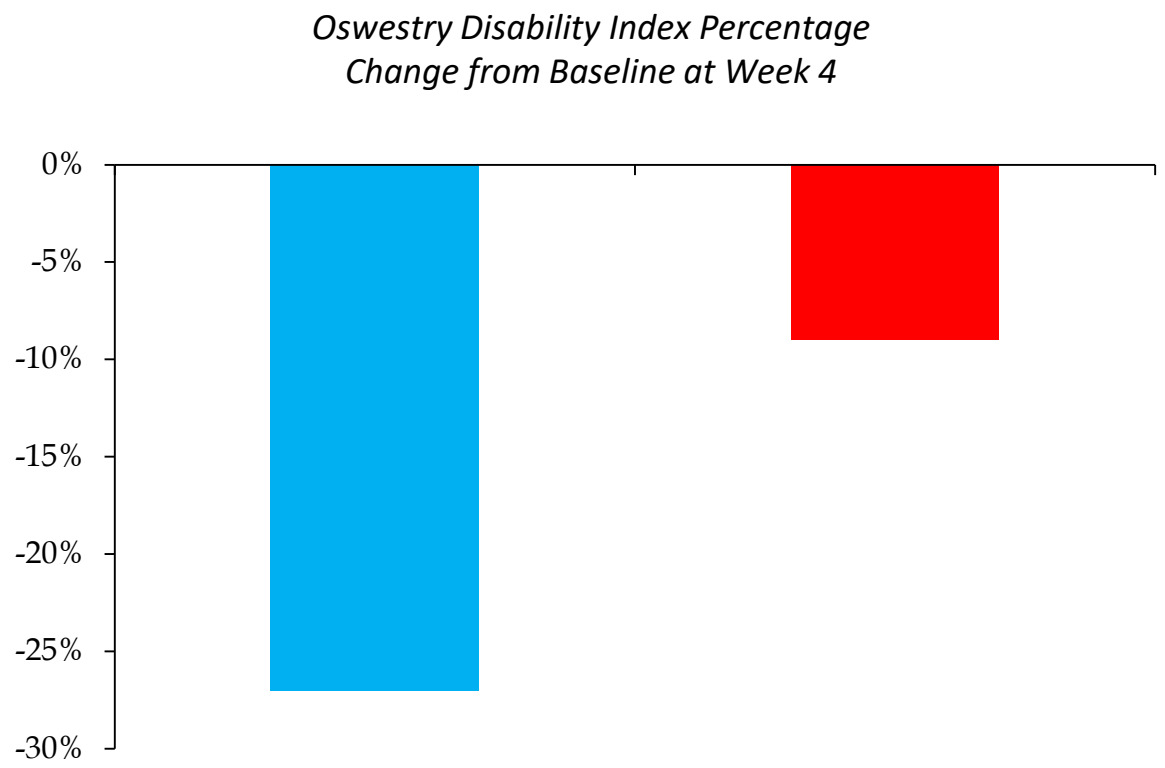
The analysis used a restricted maximum likelihood (REML) based mixed model for repeated measures (MMRM) with fixed effects for treatment (SP-102 or placebo), week, site, Pain Catastrophizing Scale group (<30 or ≥30), baseline averaged daily leg pain score, and treatment-by-week interaction.

C.L.E.A.R. Trial – Key Secondary Endpoint

Phase III Secondary Endpoint Overview

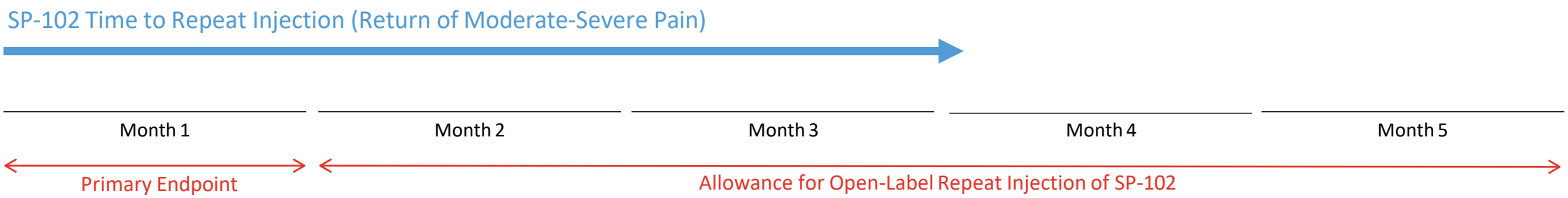
- The Oswestry Disability Index (ODI) - gold standard for measuring degree of disability and estimating quality of life.
- ODI contains 10 topics concerning intensity of pain, lifting, ability to care for oneself, ability to walk, ability to sit, sexual function, ability to stand, social life, sleep quality, and ability to travel.
- The key secondary endpoint of Oswestry Disability Index (ODI), showed a 28% improvement at 4 weeks on SP-102 (SEMDEXA™) compared to baseline (minimal clinically meaningful improvement 8%- 12%).[1]
- The LS Mean (SEM) differences as compared to placebo was -6.28 (1.49), with a p-value <0.001.

Phase III SP-102 C.L.E.A.R Trial – Secondary Endpoint



1. Yoshina et al., 2019 and Ostelo, de Vet. Clinically important outcomes in low back pain. Best Practice & Research Clinical Rheumatology. Volume 19, Issue 4, August 2005, Pages 593-607

C.L.E.A.R. Trial – Effect Duration and Safety



- SP-102 (SEMDEXA™) showed continued reduction of pain beyond one month, and the median time to open-label repeat injection was 99 days (95% CI: 78, 129 days) according to a Kaplan-Meier estimation.
- By contrast, off-label injectable steroids typically provide pain relief for periods ranging from less than a week and up to one month, and then a repeat injection may be required.
- No Adverse Events of special interest (paraplegia, hematoma, or infection)
- No Serious AEs related to drug or injection procedure

Phase III SP-102 C.L.E.A.R. Trial – Conclusions and Summary

- This is the largest prospective, randomized, double-blind, placebo-controlled study testing the effect and safety of a corticosteroid
- SP-102 showed meaningful pain relief with significantly large differences relative to placebo ($p<0.001$) for the primary and almost all secondary pain and QOL endpoints over the 4-week primary analysis period
- SP-102 treatment arm demonstrated significantly longer time to repeat injection (median 99 days) compared to placebo (median 57 days)
- Study also demonstrated SP-102 administration having a safety profile with sparse AEs associated with SP-102 administration
- Data from the C.L.E.A.R. Trial showed that SP-102 (dexamethasone viscous gel) is a safe and effective ESI in the treatment of lumbosacral radiculopathy
- We are submitting a request to the FDA for Type C meeting to clarify expectations for the size of safety database needed for NDA, given no safety concerns identified in the course of clinical development so far, and to agree on acceptance of SP-102 Phase 3 trial data as pivotal evidence of efficacy to support product registration.

SCILEX® HOLDING COMPANY

SP-103
(5.4%, 3X lidocaine topical system) for Treatment of Acute Back Pain

SP-103 Commercial Opportunity

- Low Back Pain (LBP) most common between the ages of 30 and 50
- Over 30MM people suffer from low back pain[1]
- No product is FDA approved for low back pain
- LBP has a major economic impact in the United States, with total costs related to this condition exceeding $500 billion per year[2]
- Back pain accounts for more than 264 million lost workdays in one year alone[2]
- Physicians use OTC meds like Advil, Tylenol, muscle relaxants, narcotics and antidepressants.

(1) Crow & Willis 2009
(2) IOM: 100 Million Plus in Chronic Pain in U.S. by Emily P. Walker, Washington Correspondent, MedPage Today June 30, 2011

Next-Generation, Triple Strength Formulation of ZTlido 1.8%

ZTlido™
(lidocaine topical system) 1.8%

- ✓ *Superior adhesion and drug formulation efficiency with only 36mg of lidocaine*
- ✓ *Safe, convenient, functional pain treatment, label allows for light exercise and under water stress conditions*
- ✓ *Indicated for relief of pain associated with post-herpetic neuralgia (shingles pain)*

SP-103 Phase 2

Next-Generation, 5.4%
Lidocaine Topical System

- ✓ *3x drug load (108 mg vs 36 mg lidocaine)*
- ✓ *Triple strength localized dose of lidocaine*
- ✓ *Expected same superior adhesion and efficient formulation*
- ✓ *Initiated Phase 2 trial in Q2-2022 with Results Q3-2023. Phase 3 trial in Q1-2024*
- ✓ *For the treatment of acute low back pain – a substantially larger market opportunity than PHN*
- ✓ Fast Track designation granted by FDA in August 2022

Phase II Trial Summary

- Phase II, randomized, double-blind, placebo-controlled, parallel group, multicenter study to evaluate the safety and efficacy of SP-103 in subjects with moderate to severe acute lower back pain.
  - Subjects are expected to apply investigational product for 12 hours per study day. Study days 1 through 28 to record the time of investigational product applications and removals in an electronic diary
  - Subjects will capture daily numeric pain rating scores and topical adhesions assessments in the electronic diary each evening prior to the removal of investigational product
  - On day 28, subjects will return to the study site to complete the end of study visit
  - Estimated enrollment of 80 subjects
  - Primary outcome measures: Adverse Events [Time Frame: 28 days] and Numeric Pain Rating Scale (0-10, 0 is no pain, 10 is worst pain imaginable) [Time Frame: 7 days]
  - Secondary outcome measures: Oswestry Disability Index (0-100, 0 is with no disability, 100 is the maximum disability) [Time Frame: Day 7 and 28]
  - ClinicalTrials.gov link: Safety and Efficacy of SP-103 in Subjects With Moderate to Severe Acute Lower Back Pain - Full Text View - ClinicalTrials.gov
- Trial initiated in 2022 and it is fully enrolled and results expected to be in Q3-2023

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SP-104
Delayed Burst Low Dose Naltrexone (Fibromyalgia)

Delayed Burst Low Dose Naltrexone (LDN) – Fibromyalgia

- Fibromyalgia is a long-term condition that causes pain all over the body and affects 3% to 6% of the world population (an estimated 10 million people in the U.S., 75-90% women)[1]
- Low Dose Naltrexone (LDN) efficacy well documented
  - Routinely used off-label to treat multiple types of chronic pain, including fibromyalgia, complex regional pain and other indications.
  - Demonstrated efficacy in multiple independent investigator-initiated trials.
- Problems with current formulations of Naltrexone:
  - The few treatments approved for Fibromyalgia are marginally effective and have unpleasant side-effects, leading to poor compliance.
  - Adverse events of immediate release formulations including hyperalgesia, dysphoria, nausea, anxiety and insomnia.
  - There are no low-dose non-compounded forms of naltrexone commercially available (< 5 mg/day).
  - Physician hesitancy for off-label prescriptions due to dysphoric effects of naltrexone as well as complications of dose titrating with limited compounding pharmacy supply.
- Phase I SP-104 program of delayed burst release LDN completed
- Phase II clinical trial in Fibromyalgia scheduled in 2023

1. Arthritis Rheumatol. 2015 Feb;67(2):568-75., PLoS One. 2015;10(9):e0138024. Epub 2015 Sep 17.

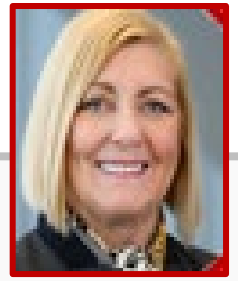
SCILEX® HOLDING COMPANY

Management

Management Team

Jaisim Shah
Chief Executive & President

- 25+ years of management experience in large Pharma and Biotech. Completed many licensing and M&A transactions



Elizabeth Czerepak
Chief Financial Officer & Chief Business Officer

- 35+ years of finance, business development and operational expertise across pharmaceuticals, biotechnology and venture capital

Dmitri Lissin, MD
Chief Medical Officer

- 20+ years in clinical development in pain & CNS diseases

Steve Lincoln
GC and Chief Compliance Officer

- 20+ years in industry, with expertise in legal/compliance and international partnering

Suresh Khemani
Chief Commercial Officer

- 25+ years of senior management experience in the industry

Suketu Desai
Chief Technology Officer

- 25+ years in manufacturing / CMC, with expertise in viscous solution products

Henry Ji, PhD
Executive Chairman

- 25+ years of experience in the biotechnology and life sciences industry
- Founder & CEO & Chair of Sorrento Therapeutics

Stephen Ma
Chief Accounting Officer

- 15+ years in industry, with expertise in financing, strategic planning, public offering, and M&A transactions

Nasdaq (November 11, 2022)