Forward-Looking Statements

The statements in this presentation regarding DURECT's and its collaborative partners' products in development, anticipated product benefits, anticipated product markets, clinical trial results and plans, DURECT's future business plans and projected financial results and DURECT's emergence as an innovative biopharmaceuticals company are forward-looking statements involving risks and uncertainties that can cause actual results to differ materially from those in such forward-looking statements. Potential risks and uncertainties include, but are not limited to, DURECT's (and that of its third-party collaborators', where applicable) abilities to successfully enroll and complete clinical trials, complete the design, development, and manufacturing process development of the product candidates, obtain product and manufacturing approvals from regulatory agencies and manufacture and commercialize the product candidates and marketplace acceptance of the product candidates, as well as DURECT's ability to fund its growth and operations. Further information regarding these and other risks is included in DURECT's most recent Annual or Quarterly Report on Form 10-K or 10-Q filed with the SEC under the heading “Risk Factors.”
DURECT Company Highlights

01 Biotechnology: DUR-928, a New Class of Therapeutics in Phase 2
Epigenetic Regulator with potential to treat Alcoholic Hepatitis & other Acute Organ Injuries, NASH, Psoriasis & other Diseases

02 Drug Delivery: Development Programs, Partnerships, Approved Products, and Cash Flow Positive Product Lines
POSIMIR® (bupivacaine extended-release solution), PERSERIS™ by Indivior, ALZET® & LACTEL®

03 Multiple Potential Value-Creating Catalysts in 2019
DUR-928: Lead compound in DURECT’s Epigenetic Regulator Program

DUR-928:

- **Sulfated** oxysterol, a new class of therapeutics with novel MOA
- Endogenous, small molecule
  - Highly conserved across 7 mammalian animal species
  - Apparent wide therapeutic index
- Epigenetic regulator
  - Does not change the DNA sequence, but modifies gene activity
- Broad activity
  - Regulates metabolism, inflammation, autophagy & cell survival
- Safety
  - Over 150 individuals dosed to date in multiple Phase 1 trials
  - Well tolerated at all doses by either oral, IM or IV dosing
  - Minimal food effect and no accumulation with repeat dosing in Phase 1 subjects
DUR-928
Potential in Alcoholic Hepatitis (AH)
Alcoholic Hepatitis (AH) Overview

- Acute form of alcoholic liver disease (ALD)
- AH is characterized by inflammation and hepatocellular injury
- AH is believed to occur in 10-35% of heavy drinkers
- ~ 320,000 AH-related hospitalizations in the U.S.
  - Hospitalization cost of nearly $50,000 per patient
  - Short term mortality rate of 30%-50% in severe cases
- 50% of all cases of cirrhosis have alcohol contribution
- Alcohol Use Disorder (AUD) in the U.S. affects 15.1 million adults (6.2%)
- No approved treatment
- ALD is a leading cause of liver transplants in the US
  - The cost of a liver transplant exceeds $800,000

U.S. Patients with Alcohol Use Disorder

**Employment Status**

- Full-Time: 55%
- Part-Time: 21%
- Unemployed: 8%
- Other*: 16%

*The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

**Education**

- < High School: 14%
- High School Graduate: 28%
- Some College/Associate’s Degree: 24%
- College Graduate: 34%

---

Alcoholic Hepatitis (AH) Overview

AH is a leading cause of liver transplant in the US. ¹

AH is a substantial unmet medical need with a short term mortality rate greater than some cancers ²

<table>
<thead>
<tr>
<th>Disease</th>
<th>One Month Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Myeloid Leukemia</td>
<td>16-29%</td>
</tr>
<tr>
<td>Advanced Breast cancer³</td>
<td>13%</td>
</tr>
<tr>
<td>Advanced Pancreatic cancer⁴</td>
<td>23% (3 months)</td>
</tr>
<tr>
<td>Moderate AH</td>
<td>20%</td>
</tr>
<tr>
<td>Severe AH</td>
<td>40%</td>
</tr>
</tbody>
</table>

Cholesterol metabolites alleviate injured liver function and decrease mortality in an LPS-induced mouse model

Yanxia Ning, Jin Kyung Kim, Hae-Ki Min, Shunlin Ren*

Department of Internal Medicine, Virginia Commonwealth University/McGuire Veterans Affairs Medical Center, Richmond, VA 23249, United States
Alcoholic Hepatitis (AH) Phase 2a Study Design

An Open-Label, Dose Escalation Study to Assess the Safety, PK, and PD Signals of I.V. dosed DUR-928 in Patients with AH

<table>
<thead>
<tr>
<th>Cohort</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate AH</td>
<td>A</td>
<td>30 mg</td>
<td>90 mg</td>
</tr>
<tr>
<td>MELD 11-20</td>
<td>(n=4 per group)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe AH</td>
<td>B</td>
<td>30 mg</td>
<td>90 mg</td>
</tr>
<tr>
<td>MELD 21-30</td>
<td>(n=4 per group)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Through the first 10 patients, enrollment in severe patients has been faster than in moderate patients.
DUR-928 Preliminary AH Data Compared with UL Data

Early Bilirubin Change

(1) Anonymized data provided by Dr. Craig McClain from the University of Louisville (UL) from his separate study, in which 15 AH patients with initial MELD scores ranging from 15-30 received either supportive care alone (n=8) or supportive care with corticosteroids (n=7). Provided as historical control data.

(2) Preliminary data from the first ten AH patients dosed with DUR-928 in the ongoing open label, dose-escalation, multi-center U.S. Phase 2a trial. Eight patients (4 moderate and 4 severe) were treated with DUR-98 at the 30 mg dose, and two patients (1 moderate and 1 severe) at the 90 mg dose. Day 0 (n=10), Day 7 (n=9), Day 28 (n=8).
DUR-928 Preliminary AH Data Compared with UL Data

Change in MELD Score (based on: bilirubin, INR, and sCr)

(1) Anonymized data provided by Dr. Craig McClain from the University of Louisville (UL) from his separate study, in which 15 AH patients with initial MELD scores ranging from 15-30 received either supportive care alone (n=8) or supportive care with corticosteroids (n=7). Provided as historical control data.

(2) Preliminary data from the first ten AH patients dosed with DUR-928 in the ongoing open label, dose-escalation, multi-center U.S. Phase 2a trial. Eight patients (4 moderate and 4 severe) were treated with DUR-98 at the 30 mg dose, and two patients (1 moderate and 1 severe) at the 90 mg dose. Day 0 (n=10), Day 7 (n=9), Day 28 (n=8).
Lille Model
Composite score used to determine how well a therapy is working after 7 days; prognostic indicator of mortality

% Survival (6-month) with a Lille score of ≥ 0.45 vs. < 0.45

6-month survival 85%
6-month survival 25%

(Louvet A et al. Hepatology 2007; 45: 1348-54)
DUR-928 Preliminary AH Data Compared with UL Data

**MELD Score (Day 0) and Lille Response (Day 7)**

**UL Supportive Care ± Corticosteroids**

**DUR-928**

- UL Patient died in 1 month
- UL Patient died in 2-3 months
- UL Patient
- 30 mg DUR-928
- 90 mg DUR-928

* P=0.002 DUR-928 compared to U. of Louisville AH Trial (historical control)

<table>
<thead>
<tr>
<th></th>
<th>Lille Range</th>
<th>Median Lille</th>
</tr>
</thead>
<tbody>
<tr>
<td>UL</td>
<td>0.02-0.96</td>
<td>0.41</td>
</tr>
<tr>
<td>DUR-928</td>
<td>0.01-0.19</td>
<td>0.04</td>
</tr>
</tbody>
</table>
Lille Model Scores After Dosing

% Survival (28-day) with Lille score

(Lille Score)
≤0.16
0.16-0.56
≥0.56

DUR-928 Preliminary AH Data compared with Data from Other Studies

<table>
<thead>
<tr>
<th>Code</th>
<th>Treatment</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRED</td>
<td>Prednisolone</td>
<td>51</td>
</tr>
<tr>
<td>UL</td>
<td>± corticosteroids</td>
<td>15</td>
</tr>
<tr>
<td>928</td>
<td>DUR-928</td>
<td>9*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Lille Range</th>
<th>Median Lille</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUR-928</td>
<td>0.01-0.19</td>
<td>0.04</td>
</tr>
<tr>
<td>UL</td>
<td>0.02-0.96</td>
<td>0.41</td>
</tr>
</tbody>
</table>

(1) Mathurin, “Selonsertib in Combination with Prednisolone for the Treatment of Severe Alcoholic Hepatitis: A Phase 2 Randomized Controlled Trial” presented at AASLD November 2018. The table presents patients from the control group – all treated with corticosteroids (prednisolone + placebo). Initial MELD scores in this study ranged from 19 to 24.

(2) See footnote 1 on next slide
Annonymized data provided by Dr. Craig McClain from the University of Louisville (UL) from his separate study, in which 15 AH patients with initial MELD scores ranging from 15-30 received either supportive care alone (n=8) or supportive care with corticosteroids (n=7). Provided as historical control data.

* P-value 0.002  DUR-928 compared to U. of Louisville AH Trial (historical control)
Encouraging Data from First 10 Patients in Alcoholic Hepatitis (AH)

**Lille Scores**
- Composite score based on: age, albumin, serum creatinine (sCr), prothombin time, change in bilirubin from day 1 to 7
- Prognosticator of mortality; used to determine how well a therapy is working after 7 days
- **Significantly lower Lille scores than historical control**

**MELD (Model of End Stage Liver Disease)**
- Composite score based on: sCr, bilirubin and International Normalized Ratio (INR)
- Prognostic indicator of mortality; used to help determine priority on liver transplant waiting list
- **Significant reduction in MELD compared to baseline at day 28**

**Bilirubin**
- High levels of bilirubin may be associated with impaired liver function
- Reductions seen in bilirubin have been observed in our NASH Phase 1b single-dose trial, Impaired kidney function Phase 1b single-dose trial and multiple animal models
- **Significant reduction in Bilirubin compared to baseline at days 7 and 28**
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>01</strong></td>
<td>Significant unmet need with 320,000 hospitalizations per year and no approved treatments, resulting in high mortality rates and hospitalization costs. ALD is a leading cause of liver transplants in the US, each of which costs &gt;$800,000.</td>
</tr>
<tr>
<td><strong>02</strong></td>
<td>Compelling survival data in multiple acute liver animal models.</td>
</tr>
<tr>
<td><strong>03</strong></td>
<td>Positive preliminary clinical data from the first 10 AH patients dosed with DUR-928 - reductions of serum bilirubin and MELD, low Lille scores; good safety profile. No drug related safety issues through the first 10 patients dosed. Potential to be life saving therapy.</td>
</tr>
<tr>
<td><strong>04</strong></td>
<td>This year we are anticipating data from remaining patients and plan to request a meeting with FDA to establish the path to approval.</td>
</tr>
<tr>
<td><strong>05</strong></td>
<td>Potential pivotal trial to begin in 2020</td>
</tr>
</tbody>
</table>
DUR-928
Potential in NASH
## NASH

### Nonalcoholic Steatohepatitis Overview

<table>
<thead>
<tr>
<th>Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>🎨</td>
<td>Affects 3-5% of the US population; expected to increase ~2x by 2030</td>
</tr>
<tr>
<td>🍸amburgers</td>
<td>Worldwide surge in obesity fueling increasing prevalence of NAFLD and NASH</td>
</tr>
<tr>
<td>💉</td>
<td>There are no treatments currently approved for NASH</td>
</tr>
<tr>
<td>💊</td>
<td>NASH and ALD are the leading causes of liver transplants in the U.S.</td>
</tr>
<tr>
<td>📊</td>
<td>Total direct costs of illness for NASH will continue to be substantial with annual predicted economic burden of NASH with and without fibrosis estimated to be &gt;$10B in the U.S. and major European markets</td>
</tr>
</tbody>
</table>
Mechanisms of Action of Potential Treatments for NASH are Complex

Konerman M et al, J Hepatol 2018;68:362-75. Courtesy of Dr. I Jacobson
DUR-928 Phase 1b
Initial Patient Study (NASH)

- Conducted in Australia, oral formulation

- 2 successive cohorts evaluating single doses of DUR-928:
  - Each cohort had 10 NASH patients and 6 matched control subjects (by age, body mass index and gender, but with normal liver function)

- Single-site, open label, dose ranging safety and PK study

- Safety and PK results:
  - Safe and well tolerated, with one possibly treatment related serious adverse event (shortness of breath)
  - PK parameters between NASH patients and matched controls comparable

Biologic activity was observed after a single dose in both cohorts
Phase 1b: NASH Patient Study
Biomarker Changes in NASH Patients After a Single Oral Dose of DUR-928

A single dose of 928 was able to reduce markers of cell injury, impairment and inflammation compared to baseline.

1. The reductions of cCK-18, fCK-18, and bilirubin were the greatest at 12 hours after dosing.
2. The reduction of hsCRP was more noticeable at 24 hours after dosing.
3. The reduction of IL-18 was noticeable at 8 hours after dosing.

The reductions of biomarkers are indicated by percentage changes from baseline, with statistical significance denoted by asterisks: * for P < 0.05 and *** for P < 0.001. The numbers of patients per dose were n = 10/dose.
Ongoing DUR-928 NASH Trial

- U.S., open-label, Phase 1b trial to evaluate safety, pharmacokinetics and signals of biological activity of orally-administered DUR-928 for 28 consecutive days in patients with NASH (fibrosis stage 1-3)
- N=60. Three groups of 20 patients will be administered either a low, middle or high dose
- Key endpoints include:
  - Safety / PK
  - Clinical chemistry and biomarkers (e.g., bilirubin, lipids, liver enzymes, CK-18s, inflammatory cytokines)
  - Imaging (e.g., MRI-PDFF)

Screening  Run-in  2 weeks (baseline data)  28-day dosing  28-day follow-up

- Group 1: DUR-928 50 mg PO QD
- Group 2: DUR-928 150 mg PO QD
- Group 3: DUR-928 300 mg PO BID
Ongoing DUR-928 NASH Trial

**Trial Objectives**

- Collect Safety and PK data from 28-day daily dosing of DUR-928
- Determine potential early effects of daily dosing on important blood chemistry, biomarkers and liver fat
- Collect data to aid in the selection of dose(s) and regimen for a future Phase 2b
- Further establish the potential utility of DUR-928 for the treatment of NASH
## DUR-928 NASH Summary

**01** Significant unmet need with a worldwide surge in obesity fueling increasing prevalence of NAFLD and NASH and no approved treatments

**02** Compelling steatosis, hepatocyte ballooning and fibrosis data in multiple NASH animal studies

**03** Encouraging clinical results from NASH single-dose Phase 1b study showing reductions in CK-18s, bilirubin and certain inflammatory biomarkers

**04** 28-day multi-dose, dose-ranging study ongoing

**05** Initial data announcement expected in 2H 2019
DUR-928
Potential in Psoriasis
Psoriasis

A chronic, non-infectious, inflammatory skin disorder with well defined, erythematous plaques and large adherent silvery scales

**Age Onset**

20-30y or 50-60y

**Causes unknown**

Genetic predisposition

Environmental trigger
Psoriasis: Prevalence & Severity

Psoriasis occurs in 2% of the world’s population

Estimated at 3.2% in adults 20 years or older in US (7.4 million adults)

Over 90% of patients estimated to have localized disease

Has significant impact on quality of life

<table>
<thead>
<tr>
<th>Severity</th>
<th>% of Body Surface</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Up to 3%</td>
<td>Localized</td>
</tr>
<tr>
<td>Moderate</td>
<td>3% - 10%</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td>&gt; 10%</td>
<td>Generalized</td>
</tr>
</tbody>
</table>

Source: National Psoriasis Foundation (random sample of 278 adults with psoriasis)
Rationale for Psoriasis

**Phase 1b: Initial Patient Study (Psoriasis)**

- Conducted in Australia, intralesional injection
- Evaluating a single dose of DUR-928:
  - 9 psoriatic patients (moderate to severe)
  - Micro-plaque assay, self-control
  - 2 formulations, double-blinded, safety and efficacy study
  - Kenalog as positive control
  - Evaluated LPSI (local psoriasis severity index) scores

Encouraging activity led to the current Phase 2a proof-of-concept study with topically applied DUR-928
DUR-928 Psoriasis Phase 2a Trial

Proof-of-concept trial with topical DUR-928 in mild to moderate plaque psoriasis patients

Outpatients with similar psoriasis Plaques on both arms

Self-controlled, double blind, daily treatment for 4 weeks

Follow-up 4 weeks post application

- U.S., multicenter, randomized, double-blind, vehicle-controlled
- Patients serve as their own controls – patients have similar plaque on each arm
- Weekly visit for evaluation and photographs
- Primary endpoint: change from baseline on the Investigator's Global Assessment (IGA) Score
### DUR-928 Psoriasis Summary

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>01</strong></td>
<td>Topicals are first line therapy for the 90% of psoriasis patients with localized disease; up to 49% untreated</td>
</tr>
<tr>
<td><strong>02</strong></td>
<td>Encouraging data from completed Phase 1b micro-plaque study</td>
</tr>
<tr>
<td><strong>03</strong></td>
<td>Phase 2a proof-of-concept, 28-day multi-dose, double blind, vehicle controlled trial ongoing</td>
</tr>
<tr>
<td><strong>04</strong></td>
<td>Top line data announcement expected in 2H 2019</td>
</tr>
<tr>
<td><strong>05</strong></td>
<td>Potential partnering opportunity</td>
</tr>
</tbody>
</table>
## Summary of 2019 DUR-928 Clinical Trials

<table>
<thead>
<tr>
<th>Indication</th>
<th>Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Design/Timing</th>
<th>Patient Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic Hepatitis (Injectable)</td>
<td></td>
<td></td>
<td></td>
<td>Phase 2a open label, dose escalation study in moderate and severe AH patients, positive preliminary data, top line data expected 2H 2019</td>
<td>&gt;320,000 hospitalized in the U.S.³</td>
</tr>
<tr>
<td>Psoriasis (Topical)</td>
<td></td>
<td></td>
<td></td>
<td>Phase 2a proof-of-concept study, 28-day, multicenter, randomized, double-blind, vehicle-controlled. top line data expected 2H 2019</td>
<td>7.5 million in the U.S.²</td>
</tr>
<tr>
<td>NASH (Oral)</td>
<td></td>
<td></td>
<td></td>
<td>28-day daily dosing, Phase 1b open-label study to evaluate safety, PK and signals of biological activity. initial data expected 2H 2019</td>
<td>9-16 million in the U.S.¹</td>
</tr>
</tbody>
</table>

## DUR-928 Summary

| 01 | Impressive preliminary Lille, MELD and Bilirubin data from Phase 2a AH trial. Additional data in 2H 2019, potential for accelerated path to market if life saving therapy. |
| 02 | 28-day Psoriasis and NASH trials began Q1 with data read-outs in 2H 2019. |
| 03 | High doses resulted in plasma levels >1,000-fold higher than endogenous levels, well tolerated at all doses. |
| 04 | Oral, IV, IM and topical formulations, API manufacturing at commercial scale. |
| 05 | Impressive results from more than 10 animal models. |
POSIMIR®
Potential in Post-Operative Pain
POSIMIR® (bupivacaine extended-release solution)
Post-Operative Pain Control Utilizing SABER® Technology

- Non-Narcotic, up to 3 days of post-op pain control
- Investigational product designed for **local** control of post-surgical pain, plus reduced narcotic use and associated side effects and costs
- Plan to submit response to CRL in H1 2019, with potential NDA approval in 2019
POSIMIR®: Commercial Opportunity

>70 million surgeries per year in the U.S.

~30 million procedures as a potential available market

Large and underserved market

Compelling product concept for surgeons, anesthesiologists, and payers to get behind

- Patient quality of life
- Potentially large healthcare cost savings
- Simple administration technique
- Underlying desire for non-opioid, extended post-surgical pain relief

POSIMIR has not been approved by the FDA for marketing in the U.S. for any indication. POSIMIR and SABER are trademarks of DURECT Corp.
POSIMIR®: Reduction in Pain on Movement

**Hernia Surgery**

<table>
<thead>
<tr>
<th></th>
<th>LS mean pain intensity score (time-normalized AUC&lt;sub&gt;1-72&lt;/sub&gt;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>4</td>
</tr>
<tr>
<td>POSIMIR</td>
<td>3</td>
</tr>
</tbody>
</table>

$P = 0.003$

-31% $P$-values derived from ANOVA.

**Shoulder Surgery**

<table>
<thead>
<tr>
<th></th>
<th>LS mean pain intensity score (time-normalized AUC&lt;sub&gt;1-72&lt;/sub&gt;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>6</td>
</tr>
<tr>
<td>POSIMIR</td>
<td>5</td>
</tr>
</tbody>
</table>

$P = 0.012$

-20% $P$-values derived from ANOVA.
POSIMIR®: Reduction in Opioid Use

Hernia Surgery

Median cumulative opioid consumption (IV morphine mg equivalents)

-80%

<table>
<thead>
<tr>
<th></th>
<th>Placebo</th>
<th>POSIMIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-72 hours</td>
<td></td>
<td>P = 0.009</td>
</tr>
</tbody>
</table>

Shoulder Surgery

-67%

<table>
<thead>
<tr>
<th></th>
<th>Placebo</th>
<th>POSIMIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-72 hours</td>
<td></td>
<td>P = 0.013</td>
</tr>
</tbody>
</table>

P-values derived from nonparametric Wilcoxon Rank Sum test.
POSIMIR®: Proportion of Patients NOT Taking ANY Supplemental Opioid

% of Patients Not Taking Opioids, 0-72 hours
>20% more patients did not require a single opioid

P-values derived from CMH Chi-Square test adjusted by study sites.
# POSIMIR Summary

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>01</strong></td>
<td>Significant unmet need for new long-acting non-narcotic medications for post-operative pain</td>
</tr>
<tr>
<td><strong>02</strong></td>
<td>Robust clinical data package to support FDA filing</td>
</tr>
<tr>
<td><strong>03</strong></td>
<td>Successful hernia and shoulder pivotal trials</td>
</tr>
<tr>
<td><strong>04</strong></td>
<td>Dr. Lee Simon(^1) leading the effort to submit a response to the CRL</td>
</tr>
<tr>
<td><strong>05</strong></td>
<td>Submission to FDA of a response to the CRL planned for 1H 2019; potential FDA approval in 2H 2019</td>
</tr>
</tbody>
</table>

1. Principal at SDG, LLC, an FDA advisory firm. Served as the FDA’s Division Director of Analgesic, Anti-inflammatory and Ophthalmologic Drug Products from 2001 to 2003.
Approved Therapeutics, Additional Programs and Cash Flow Positive Product Lines
Approved Therapeutics and Cash Flow Positive Product Lines

<table>
<thead>
<tr>
<th>Product / Indication</th>
<th>Phase 1-2</th>
<th>Phase 3</th>
<th>NDA filed</th>
<th>Approved</th>
<th>Commercial</th>
<th>Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSERIS™</strong> (Schizophrenia)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Indivior fully launched in Feb. 2019 with 50 reps. ¹</td>
</tr>
<tr>
<td>Methydur (ADHD - Taiwan)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Approved in Taiwan - Orient Pharma plans 2019 launch in Taiwan ¹</td>
</tr>
<tr>
<td><strong>Product / Use</strong></td>
<td>Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALZET® (Pumps for Animal Research)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cash flow positive product line</td>
</tr>
<tr>
<td>LACTEL® (Absorbable Polymers)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Cash flow positive product line</td>
</tr>
</tbody>
</table>

(¹) DURECT to receive earn-outs / royalties based on net sales by Indivior and Orient Pharma. For PERSERIS prescribing information, including BOXED WARNING and Medication Guide visit www.perseris.com.
# DURECT Corporation

## Financial Overview

<table>
<thead>
<tr>
<th></th>
<th>DRRX</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nasdaq</strong></td>
<td><strong>DRRX</strong></td>
</tr>
<tr>
<td><strong>Recent Price</strong></td>
<td>$0.60&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Shares O/S</strong></td>
<td>162.3 MM&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Market Cap</strong></td>
<td>$98  MM&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Cash &amp; Investments</strong></td>
<td>$28.8MM&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Debt</strong></td>
<td>$20.7 MM&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Federal NOL’s</strong></td>
<td>$348 MM&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Insider Buying</strong></td>
<td>&gt;2.5 MM shs&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Options in lieu of bonus</strong></td>
<td>&gt;$7.3 MM&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Reduced salaries and board fees for options:</strong></td>
<td>&gt;$2.2 MM&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

As of May 24, 2019  
2 As of May 7, 2019  
3 As of March 31, 2019  
4 2012-2017  
5 2011-2017
DURECT: Four Major Potential Catalysts in 2019

01. Alcoholic Hepatitis (AH): Announced positive preliminary data in DUR-928 Phase 2a Clinical trial. Completion of the trial and top line data in 2H

02. Initial data from DUR-928 Phase 1b 28-day multi-dose NASH trial

03. Top line data from DUR-928 Phase 2a, 28-day proof-of-concept trial in mild to moderate plaque psoriasis

04. Potential FDA approval of POSIMIR® for post-operative pain
TRANSFORMING MEDICINE
RESTORING WELLBEING
DURECT Corporation
A Biopharmaceutical Company