Resverlogix Corp.

Q1 2017 - Corporate Update

February 14, 2017 New York, NY

TSX: RVX

Today's Agenda

1. **Corporate Overview**
2. **Technology Review**
3. **BETonRENAL Clinical Trial Update**
4. **BETonMACE Clinical Update**
5. **Financial Position & Opportunities**
6. **Market Opportunity**

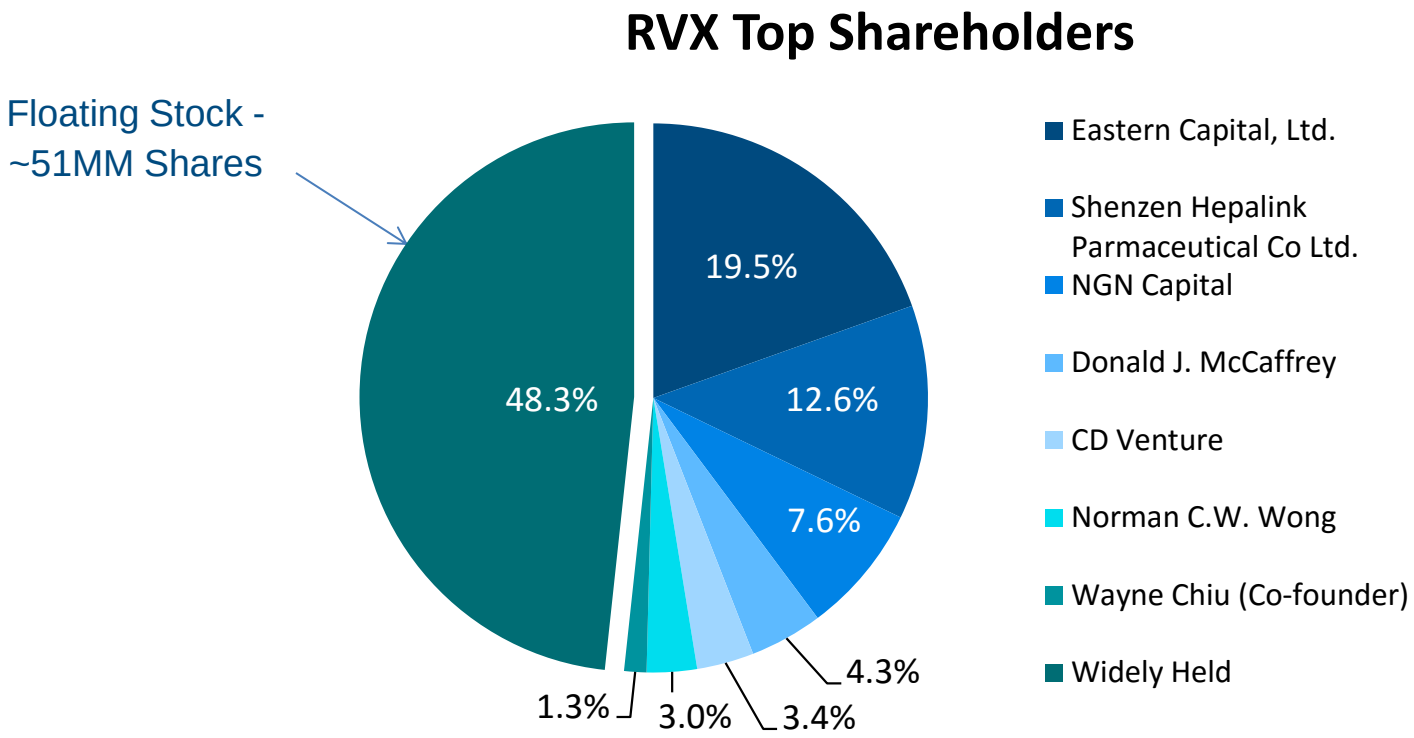
This presentation may contain certain forward-looking information as defined under applicable Canadian securities legislation, that are not based on historical fact, including without limitation statements containing the words "believes", "anticipates", "plans", "intends", "will", "should", "expects", "continue", "estimate", "forecasts" and other similar expressions. In particular, this presentation includes forward looking information relating to the Company's clinical trials and the potential role of apabetalone in the treatment of CVD, DM, chronic kidney disease, Orphan diseases, and peripheral artery disease. Our actual results, events or developments could be materially different from those expressed or implied by these forward-looking statements. We can give no assurance that any of the events or expectations will occur or be realized. By their nature, forward-looking statements are subject to numerous assumptions and risk factors including those discussed in our Annual Information Form and most recent MD&A which are incorporated herein by reference and are available through SEDAR at www.sedar.com. The forward-looking statements contained in this presentation are expressly qualified by this cautionary statement and are made as of the date hereof. The Company disclaims any intention and has no obligation or responsibility, except as required by law, to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise.

Corporate Review – Financial Profile

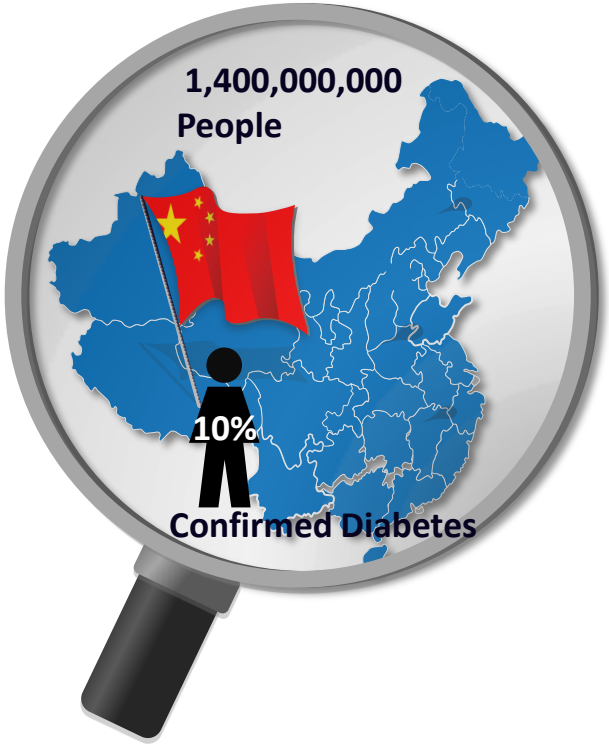
Founded	**2001**
Ticker	**TSE-RVX**
Market Cap	**~$230 MM**
Shares Outstanding	**105.4MM** **~120MM fully diluted**
Cash Burn	**~$2.0 MM + per month**

Top Shareholders & Available Float

- RVX shareholder base is highly concentrated and relatively shallow
- Implies that the “float” (actual shares available for trading) is limited to ~51MM shares



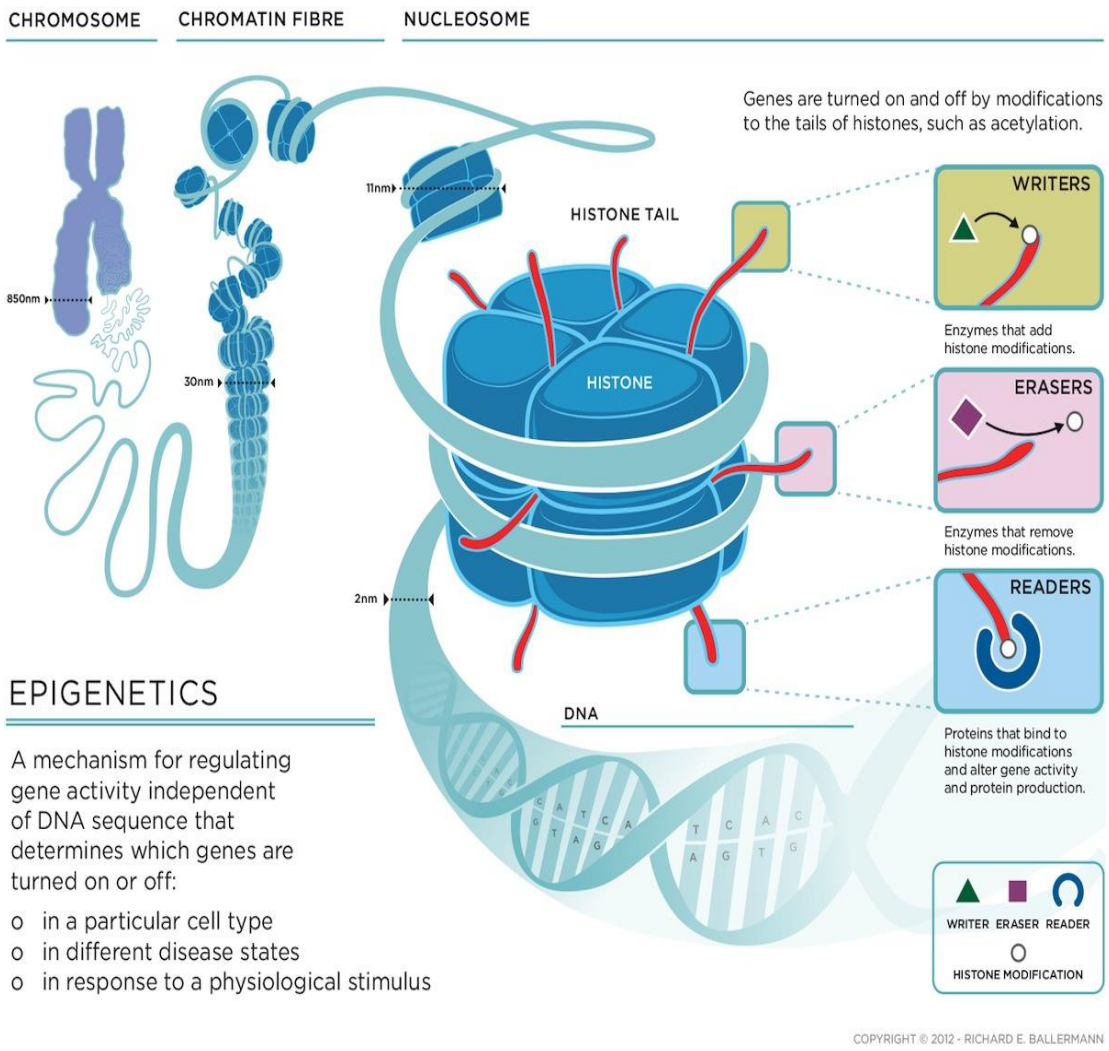
Resverlogix Partnership



- Shenzhen Hepalink & Resverlogix announced a major licensing & milestone deal that could exceed USD $450MM
- Largest single molecule deal in China history
- Apabetalone targets 140 MM China diabetes & CKD patients
- The market is 10% of the population and growing at 15% per year

Technology Review

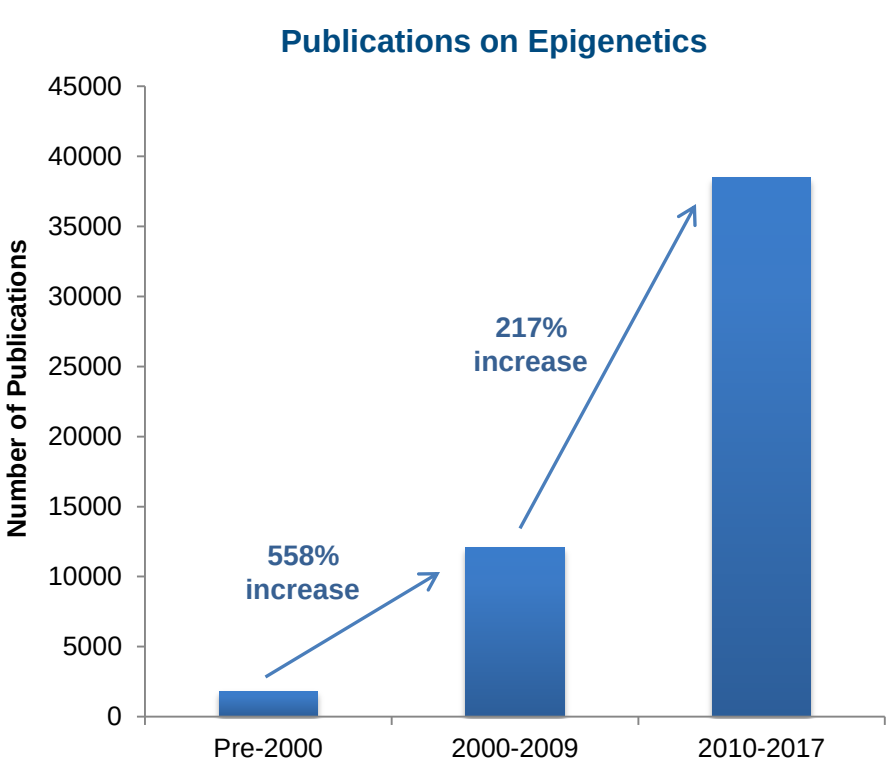
Epigenetics

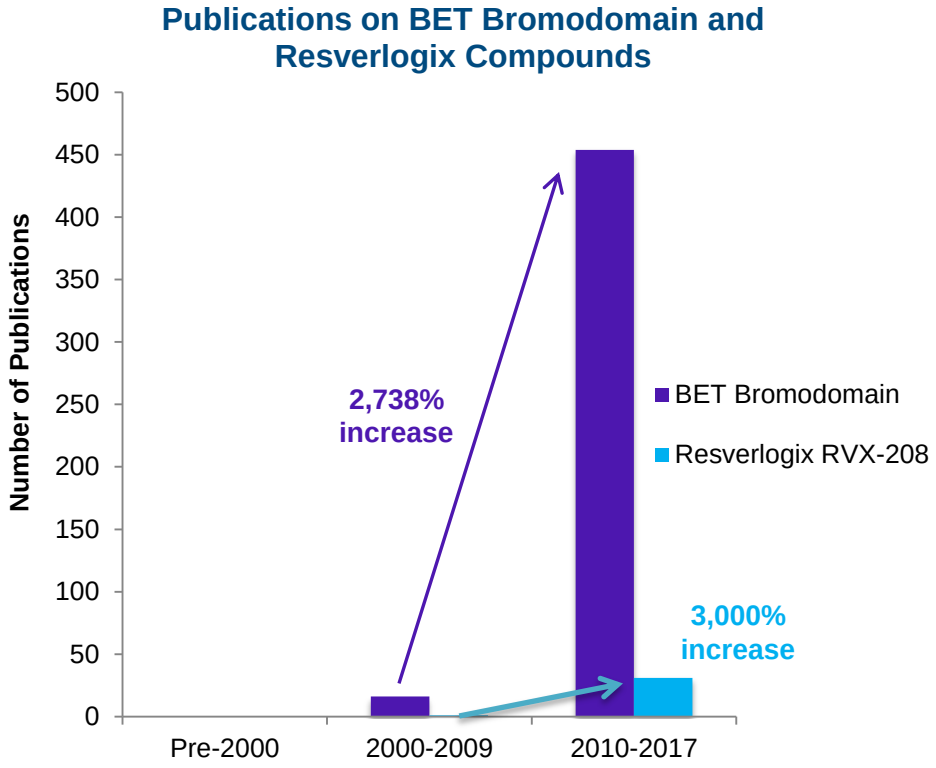


- The Epigenetic code refers to secondary modifications to chromatin components that regulate its activity
- Transcription is regulated by addition, removal or recognition of these modifications (writers, erasers, readers)
- Acetylation is associated with active transcriptional regions of chromatin
- BET (Bromodomain and Extraterminal Domain) proteins bind to acetylated lysines on histones and recruit additional transcription factors

Publications on Epigenetics and RVX

Dramatic growth of publications over the past decade in Epigenetics and BET Inhibition

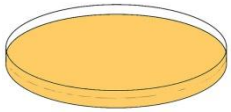




Source: PubMed Database: Historical Review Q1 2017

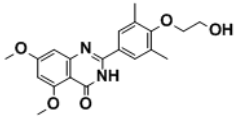
Studies in BET Inhibition

Studies in cells, animals and humans

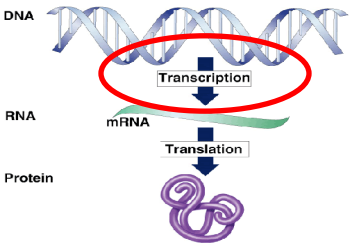


Primary cells

+



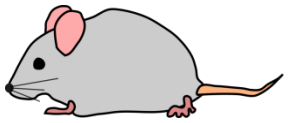
apabetalone



microarray analysis

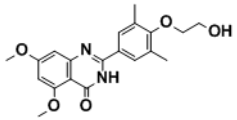
mRNA expression

protein expression

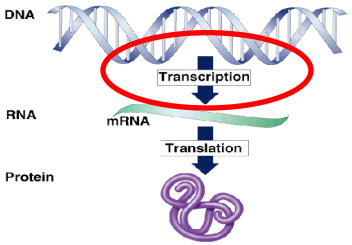


mouse

+



apabetalone



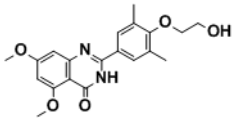
mRNA expression

protein expression

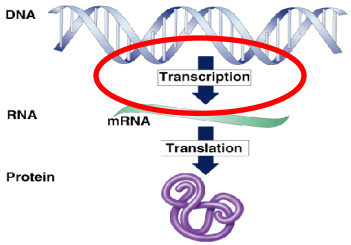
plasma

CVD patients

+

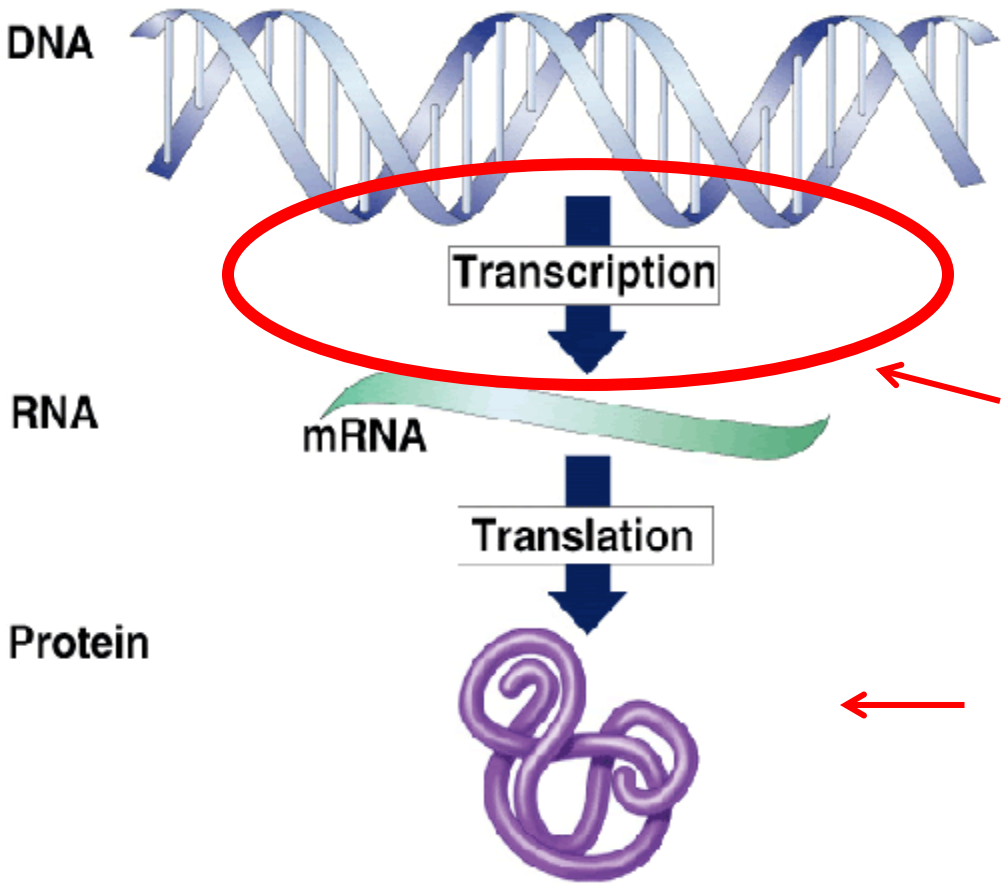


apabetalone



plasma proteome and biomarkers of interest

Apabetalone's advanced mechanism

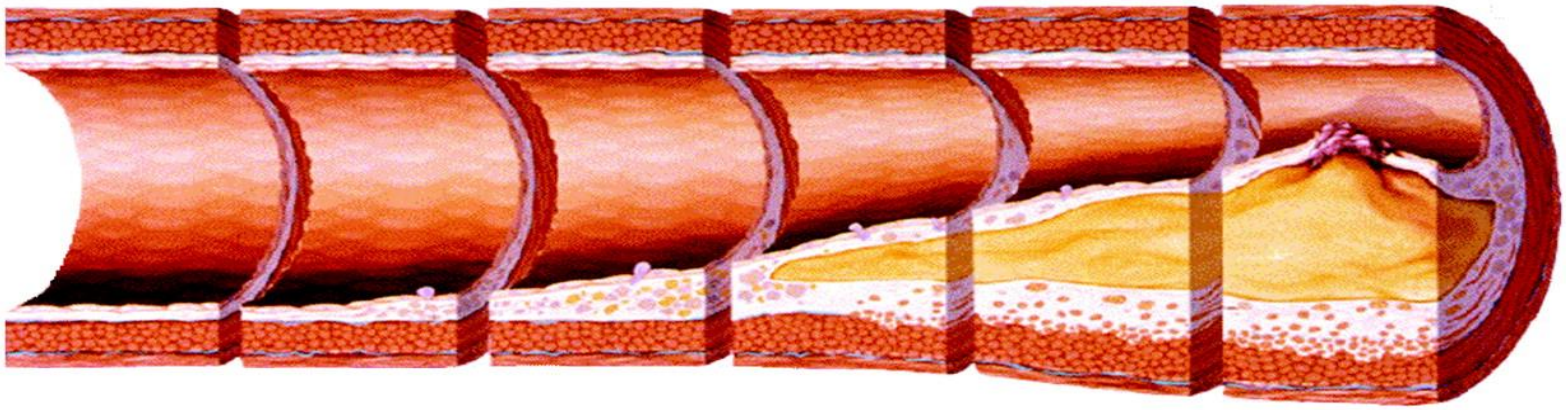


CRISPR: genome editing
The mechanism is based on cutting and pasting undesired/desired sequences into or out of the DNA, thereby altering the gene sequence and then re-introducing the modified DNA into the body

Apabetalone
Mechanism is based on changing the levels of disease causing **proteins** by modulating their expression at the gene level

Traditional drug therapies
Focus on modifying the activity of **one** disease protein by using an inhibitor or antibody

Inflammation in Cardiovascular Disease



1°& Messenger Inflamm. Cyto/Chemokines	Cellular Adhesion Molecules	Plaque Destabilization		Plaque Rupture
IL-1	sICAM	IL-18*	MPO*	PAPP-A*
IL-6*	sVCAM	oxLDL*	MMPs*	sCD40L*
TNF-α	sSelectins	Lp-PLA$_2$*	MCP-1*	
IL-18*		GPx-1*	PlGF*	
MCP-1*				

Acute Phase Reactants

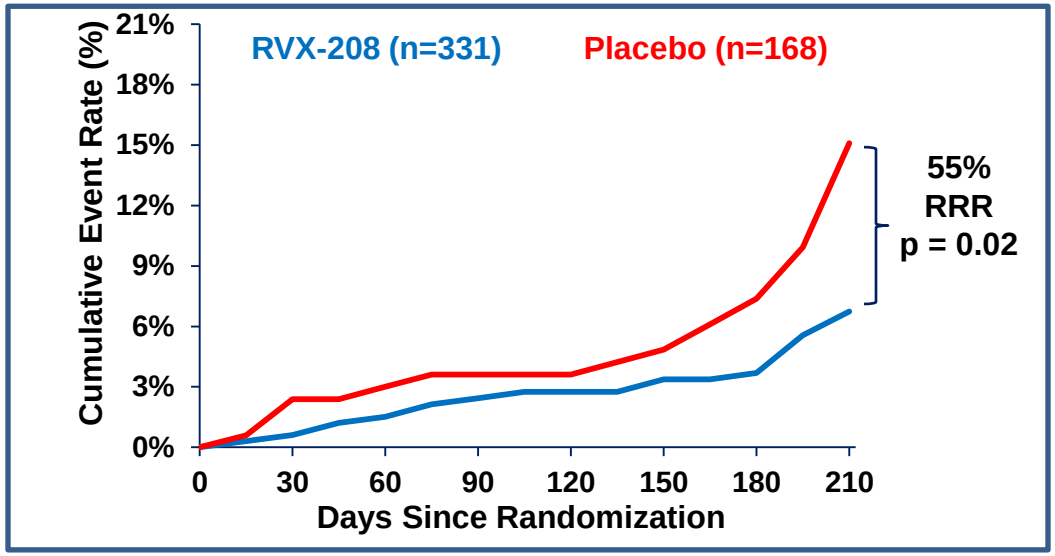
CRP*, sPLA$_2$*, SAA, Fibrinogen, WBCC

Source: Koenig, W. and Khuseyinova, N. (2007). "Biomarkers of Atherosclerotic Plaque Instability and Rupture." *Arterioscler Thromb Vasc Biol;* **27:** 15-26

Examples of Detailed Science Compilation

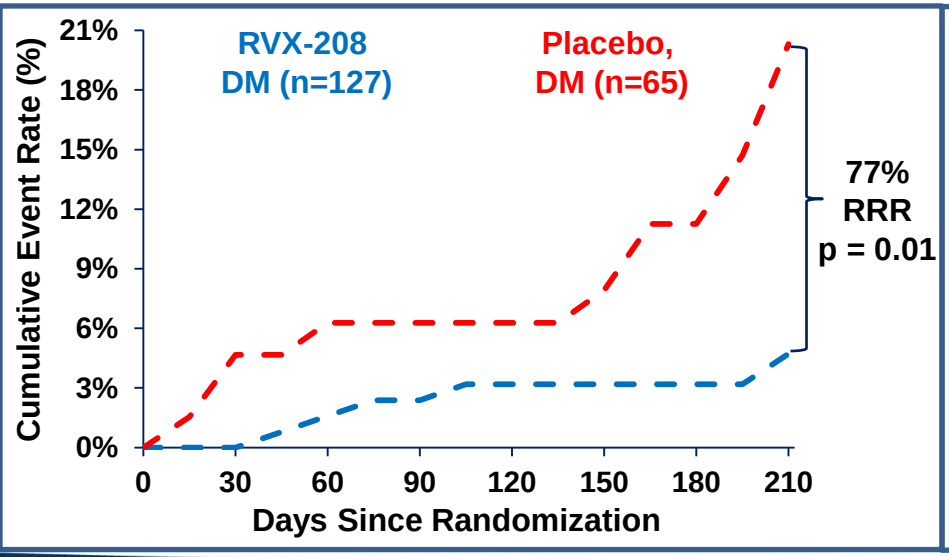
Strong clinical trial data indicated a diverse mechanism of action

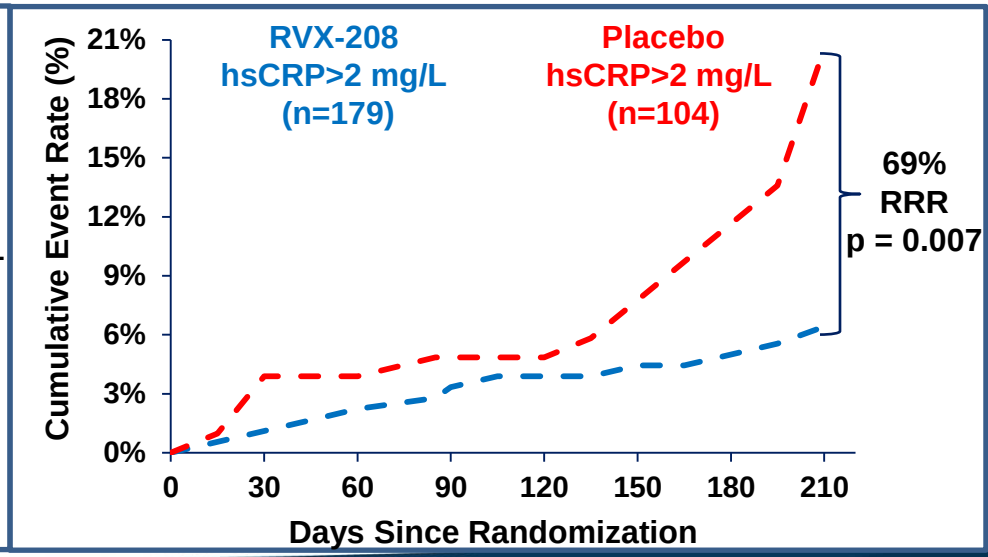
MACE: Major Adverse Cardiac Events including: death, myocardial infarction, stroke, coronary revascularization, hospitalization for acute coronary syndrome or heart failure



Note: Patients were censored at 30 days after the last dose of study medication.

Source: *RVX data on file – ASSURE and SUSTAIN Safety Population. Log-Rank test for between group comparison*





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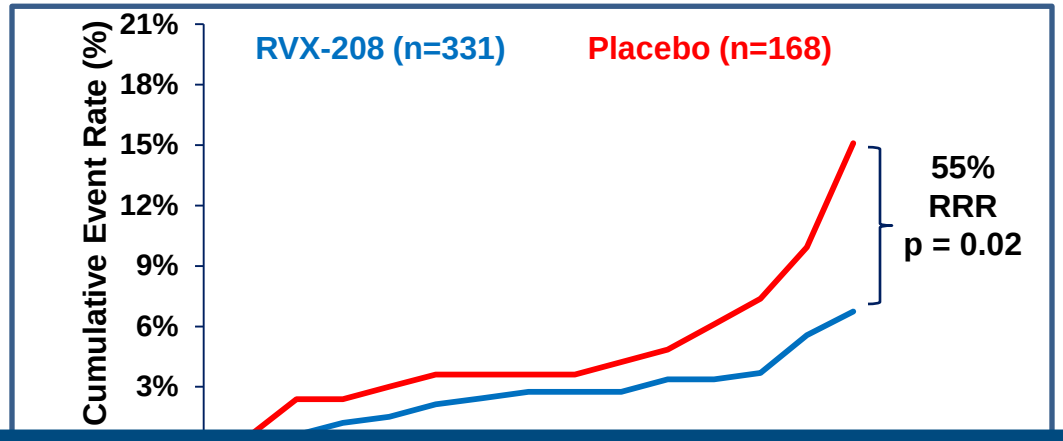
MACE: Major Adverse Cardiac Events including: death, myocardial infarction, stroke, coronary revascularization, hospitalization for acute coronary syndrome or heart failure



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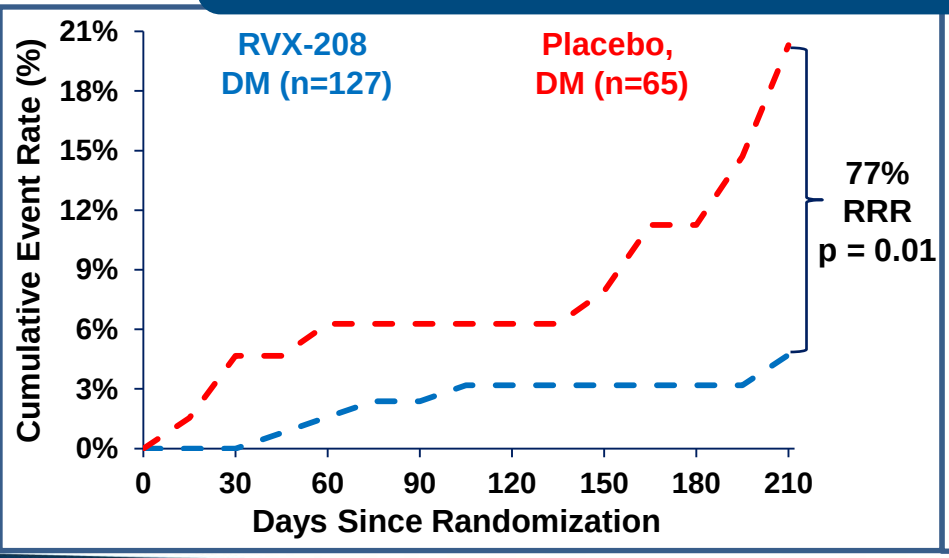
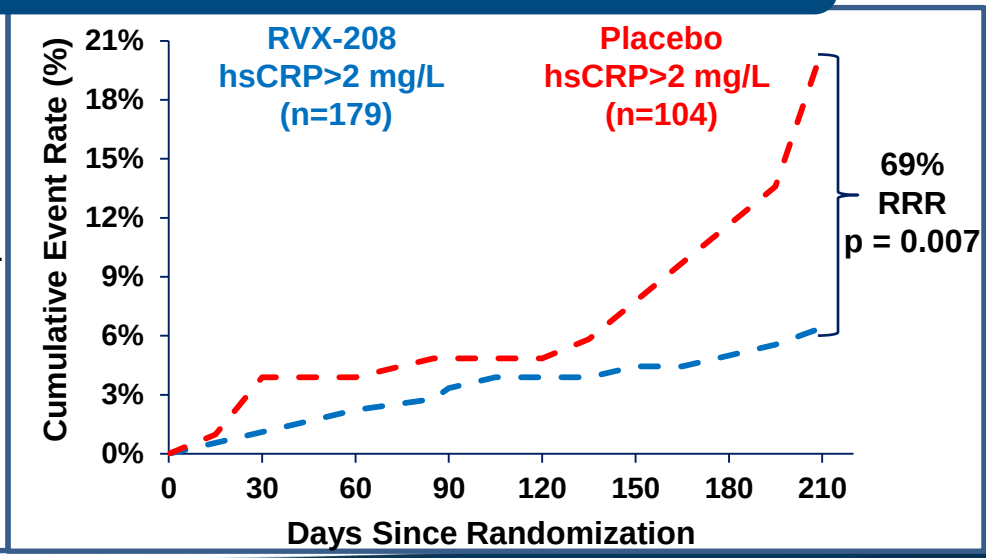
Source: *RVX data on file – ASSURE and SUSTAIN Safety Population. Log-Rank test for between group comparison*

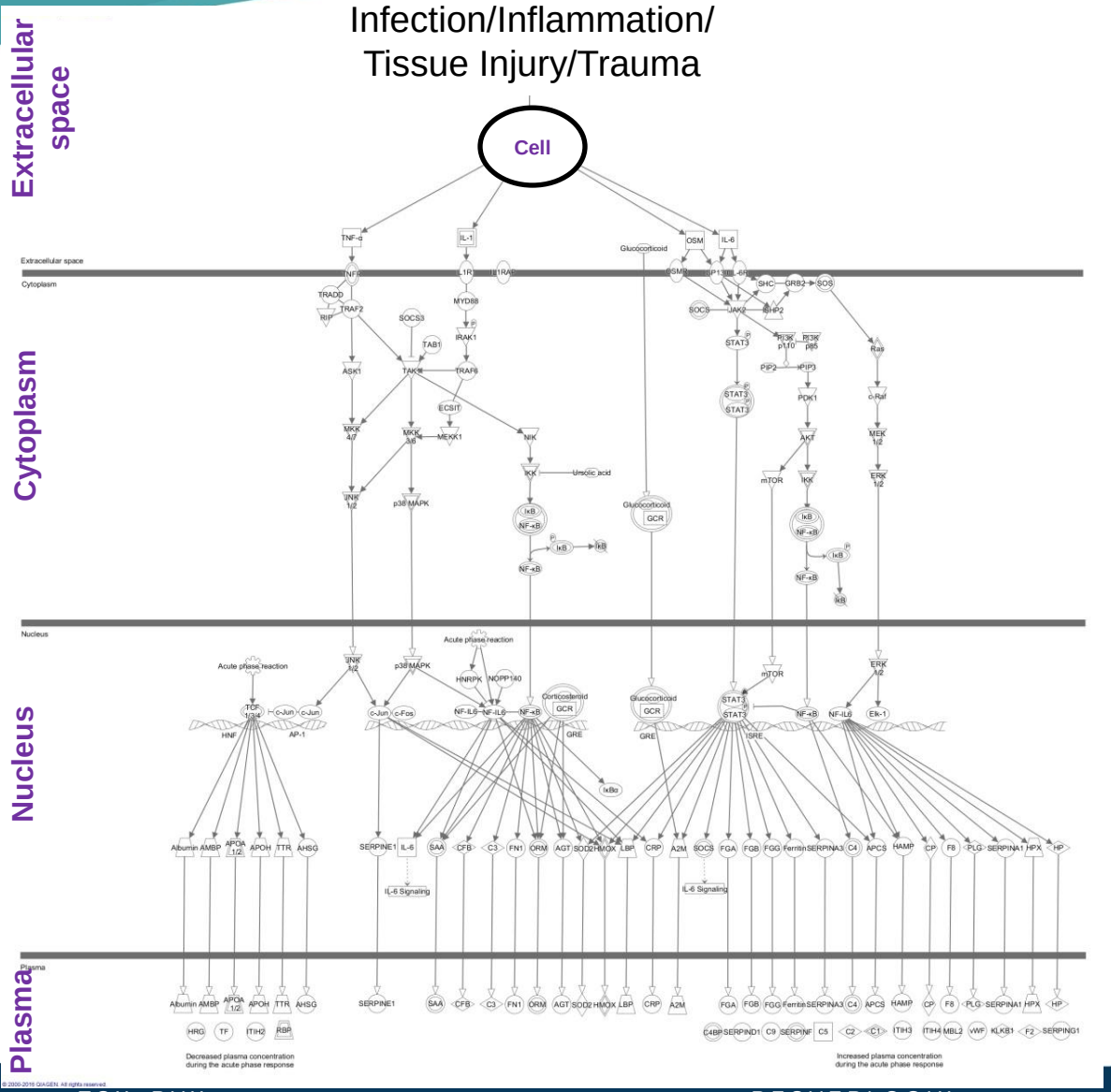
Decrease in MACE was most profound in patients who had a higher level of inflammation





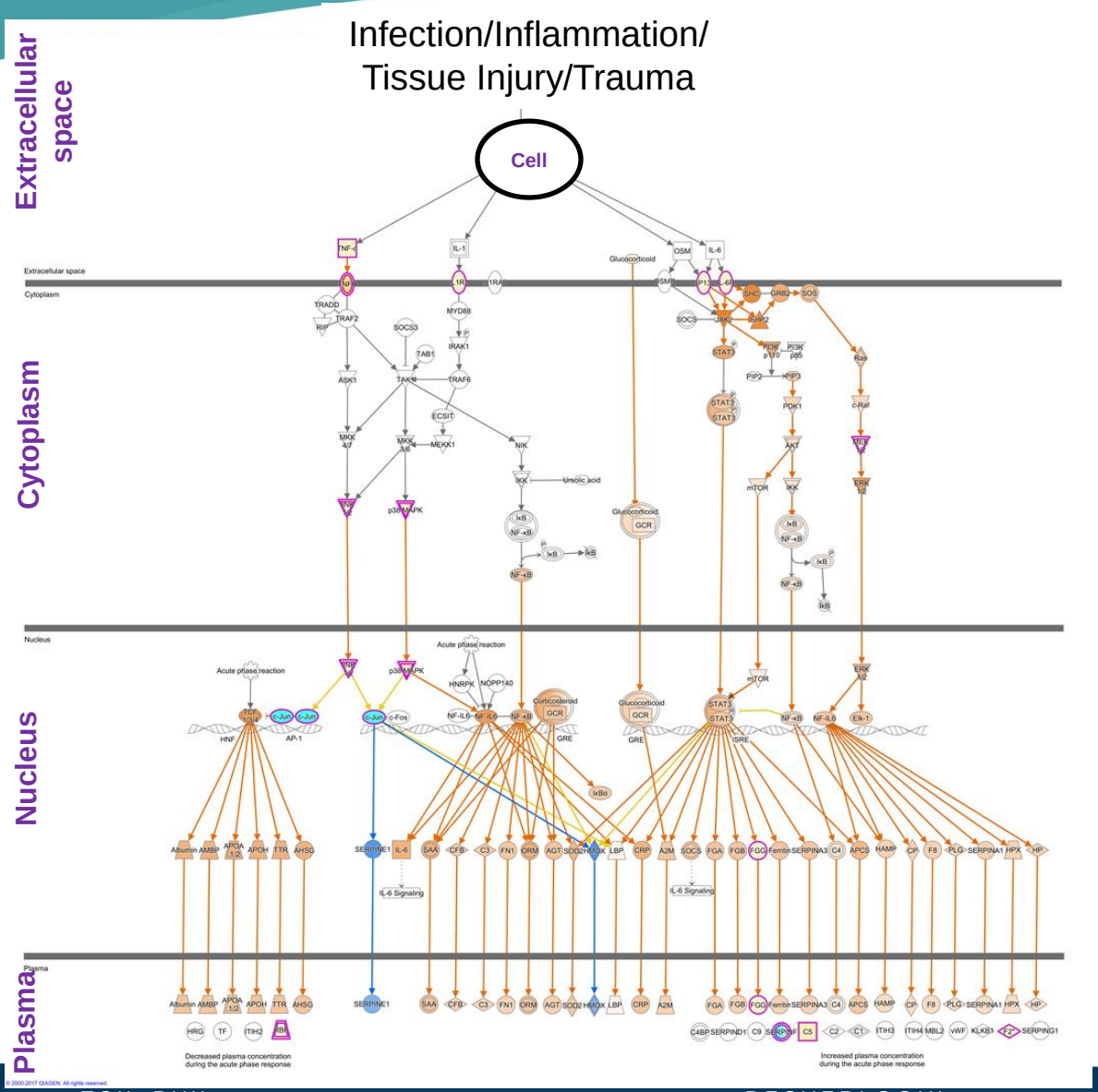
Proteomic Analysis of Chronic Kidney Disease PK Study IPA: Acute Phase Response IPA

Infection/Inflammation/
Tissue Injury/Trauma



Blue = downregulated;
white = no change;
yellow = upregulated

Proteomic Analysis of Chronic Kidney Disease PK Study IPA: Acute Phase Response IPA



Blue = downregulated;
white = no change;
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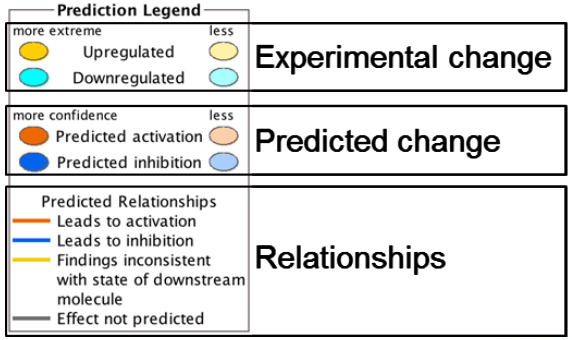
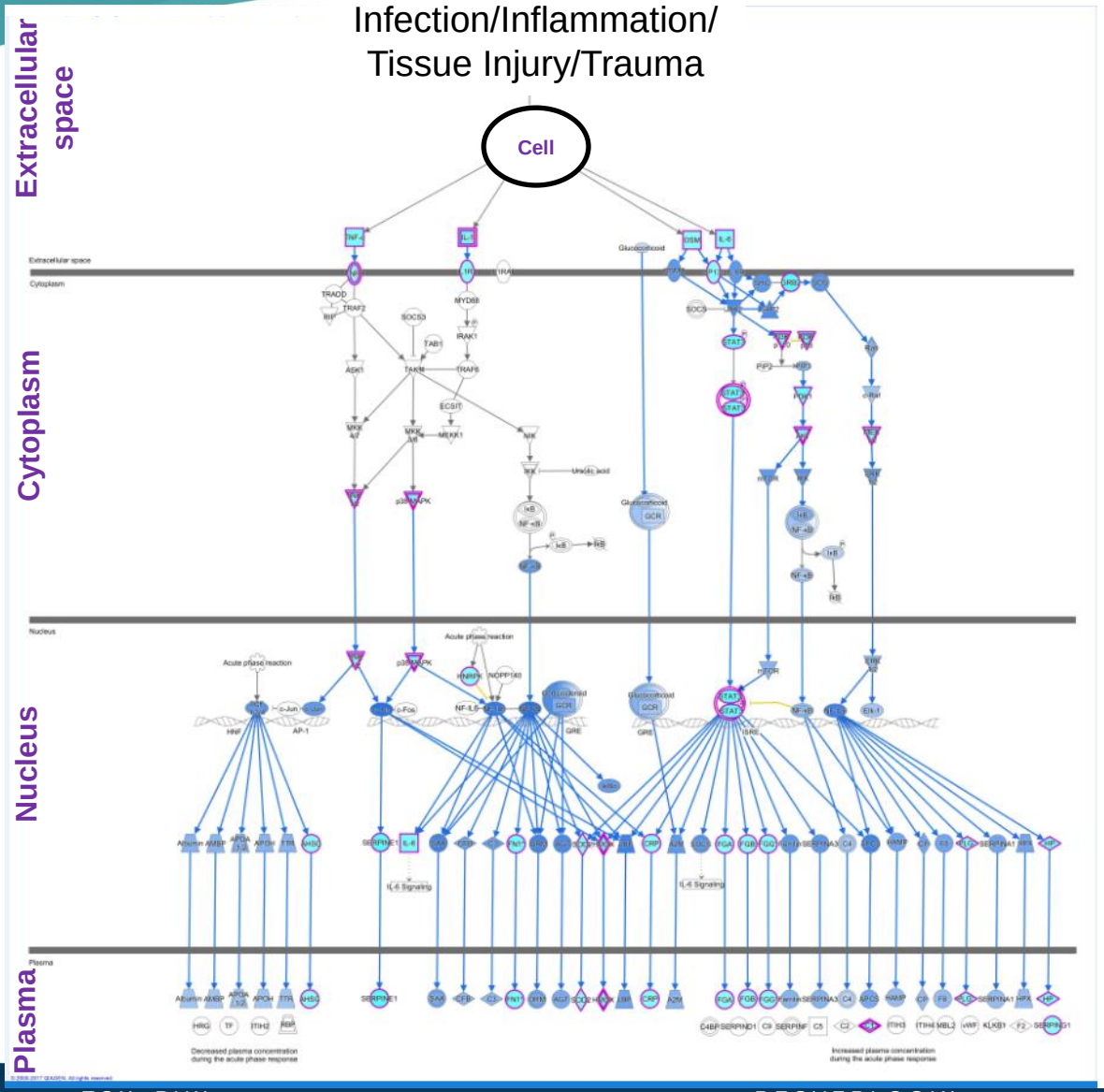
Multiple secreted APR proteins are upregulated in renal impaired patients at baseline

Acute Phase Response Pathway Analysis (IPA): Predicted Upregulation of Pathway in Clinical Samples

IPA MAP Analysis: p-value ≤0.1; Δ>5%, z-score predicts net inhibition:-5.488, p-value=1.58x10^{-22}



Proteomic Analysis of Chronic Kidney Disease PK Study IPA: Acute Phase Response IPA

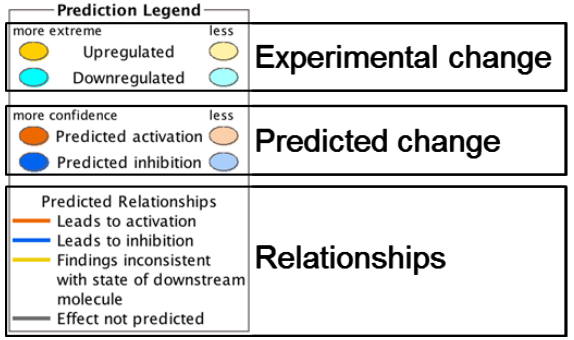


Blue = downregulated;
white = no change;
yellow = upregulated

Multiple secreted APR proteins are downregulated in renal impaired patients (vs baseline) following one dose of Apabetalone at 12 hours

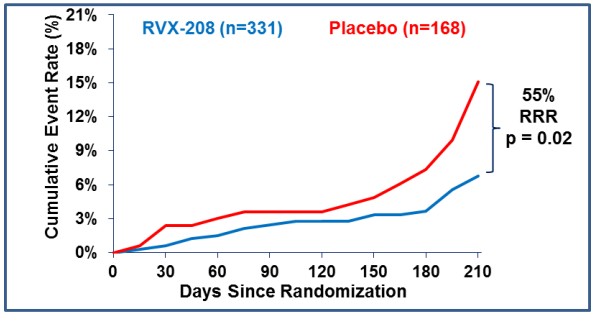
Acute Phase Response Pathway Analysis (IPA): Predicted Downregulation of Pathway in Clinical Samples

IPA MAP Analysis: p-value ≤0.1; Δ>5%, z-score predicts net inhibition:-5.488, p-value=1.58x10^{-22}

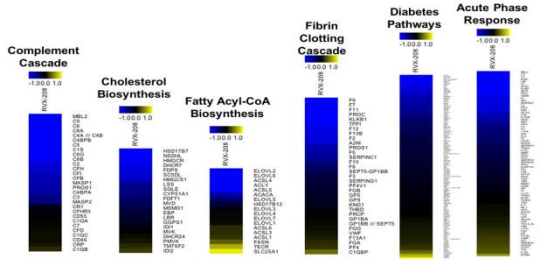


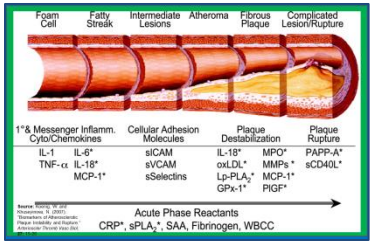
Apabetalone: BET Inhibition Targets Processes Driving CVD Disease Pathology

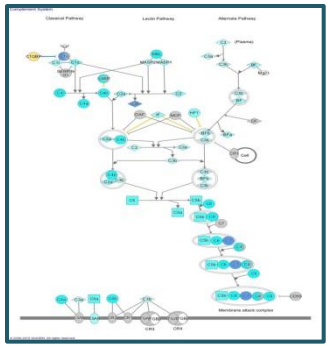
- Based on data generated in phase 2 studies, Apabetalone treatment resulted in a reduced incidence of MACE (Major Adverse Cardiac Events) in CVD patients (especially with Diabetes)



- Arrays from primary human hepatocytes and human whole blood demonstrated marked effects on numerous pathways that drive CVD



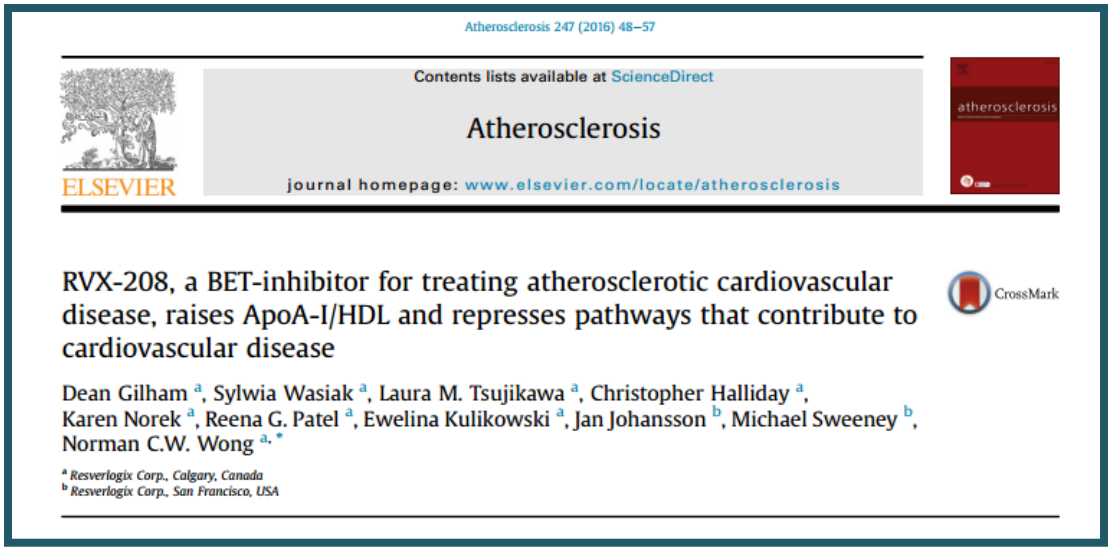




- BET epigenetic regulation and Apabetalone mediated inhibition of these pathways was confirmed in cellular, animal and human studies.
  - complement and coagulation
  - vascular inflammation
  - acute phase response
  - vascular calcification
  - reverse cholesterol transport
  - diabetes and glucose metabolism

Cardiovascular Disease

Apabetalone: BET Inhibition Targets Processes Driving CVD Disease Pathology



Atherosclerosis 247 (2016) 48–57

Contents lists available at ScienceDirect

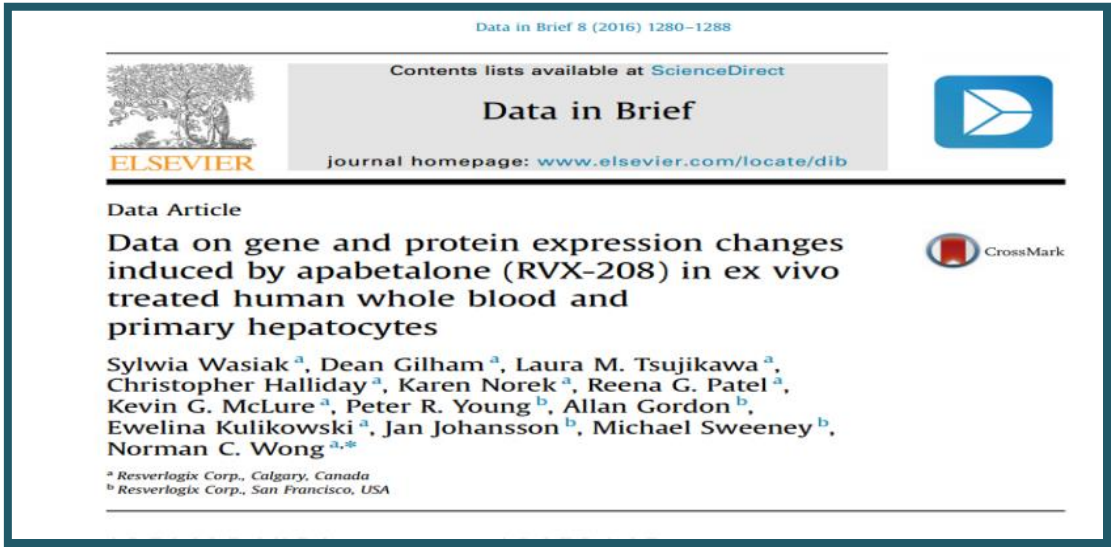
Atherosclerosis

journal homepage: www.elsevier.com/locate/atherosclerosis

RVX-208, a BET-inhibitor for treating atherosclerotic cardiovascular disease, raises ApoA-I/HDL and represses pathways that contribute to cardiovascular disease

Dean Gilham [a], Sylwia Wasiak [a], Laura M. Tsujikawa [a], Christopher Halliday [a], Karen Norek [a], Reena G. Patel [a], Ewelina Kulikowski [a], Jan Johansson [b], Michael Sweeney [b], Norman C.W. Wong [a,*]

[a] Resverlogix Corp., Calgary, Canada
[b] Resverlogix Corp., San Francisco, USA



Data in Brief 8 (2016) 1280–1288

Contents lists available at ScienceDirect

Data in Brief

journal homepage: www.elsevier.com/locate/dib

Data Article

Data on gene and protein expression changes induced by apabetalone (RVX-208) in ex vivo treated human whole blood and primary hepatocytes

Sylwia Wasiak [a], Dean Gilham [a], Laura M. Tsujikawa [a], Christopher Halliday [a], Karen Norek [a], Reena G. Patel [a], Kevin G. McLure [a], Peter R. Young [b], Allan Gordon [b], Ewelina Kulikowski [a], Jan Johansson [b], Michael Sweeney [b], Norman C. Wong [a,*]

[a] Resverlogix Corp., Calgary, Canada
[b] Resverlogix Corp., San Francisco, USA

Current & Ongoing Studies Support Alternate Indications

- **Neurofibromatosis – Malignant Peripheral Nerve Sheath Tumors (MPNST):** studies have examined the effect of apabetalone, in vitro and in vivo, on MPNST (potential orphan indication)
- **Pulmonary Arterial Hypertension:** studying the effects of apabetalone on primary lung SMCs was positive, animal study of the effect of apabetalone on top of standard of care
- **Muscular Dystrophy/Facio Scapulo Humeral Dystrophy:** We have tested apabetalone and ~20 alternate RVX compounds for target and biomarker engagement in muscle cells, we are also analyzing human muscle biopsies from patients treated with apabetalone
- **Calciphylaxis/Calcification:** due to positive in vitro data - animal studies of calcification are ongoing (also supports CVD)
- **Fabrys Disease:** arranging ex-vivo treatment of Fabry patient blood, to analyze the effect of apabetalone on inflammatory mediators to move into a safety/efficacy Phase 2 study
- **Neuroinflammation:** direct effects of apabetalone demonstrate reduced inflammation and microglial activation with drug treatment and no detrimental effects on neurons – animal study is ongoing
- **Paroxysmal Nocturnal Hemoglobinuria (PNH):** due to positive data on the effect of apabetalone on the complement cascade, plans to start a safety/efficacy trial have been initiated
- **Chronic Kidney Disease (CKD):** proteomic analysis of data from CKD PK study is ongoing
- **Characteristics of BET Inhibitors:** studies investigating PK/tissue distribution of apabetalone and other BET inhibitors are underway, new scientist hired to investigate distribution, formulation and route of administration of BETi for other indications and target organs

BETonRENAL Clinical Update

TSX: RVX

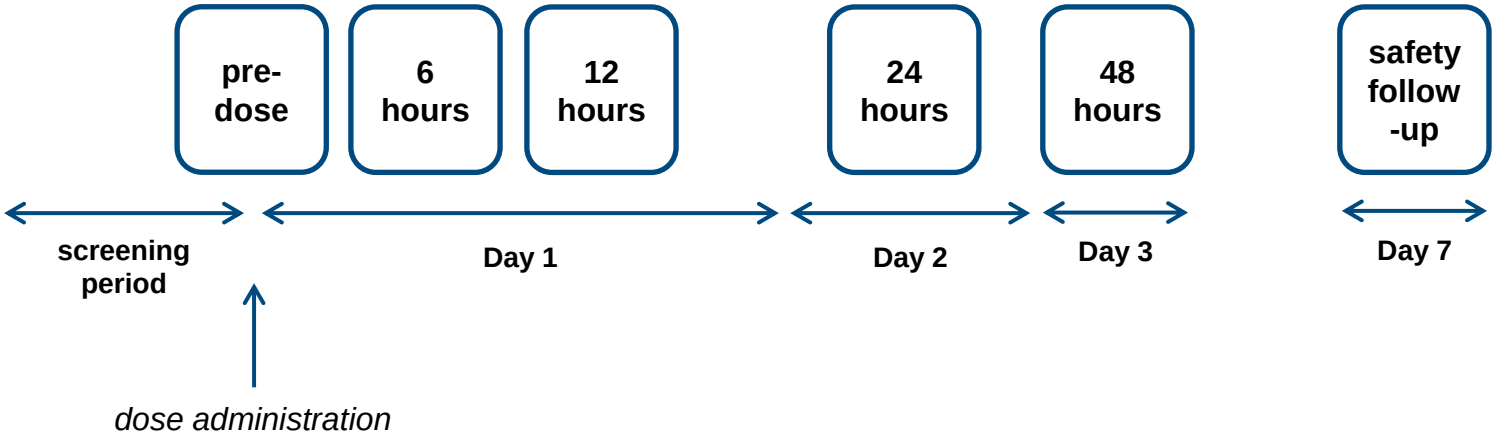
Phase 1 PK Study Design

Cohort 1
Previously diagnosed with ESRD and not on dialysis (eGFR <30 mL/min/1.73m^2)

→ **apabetalone 100mg single dose N=8**

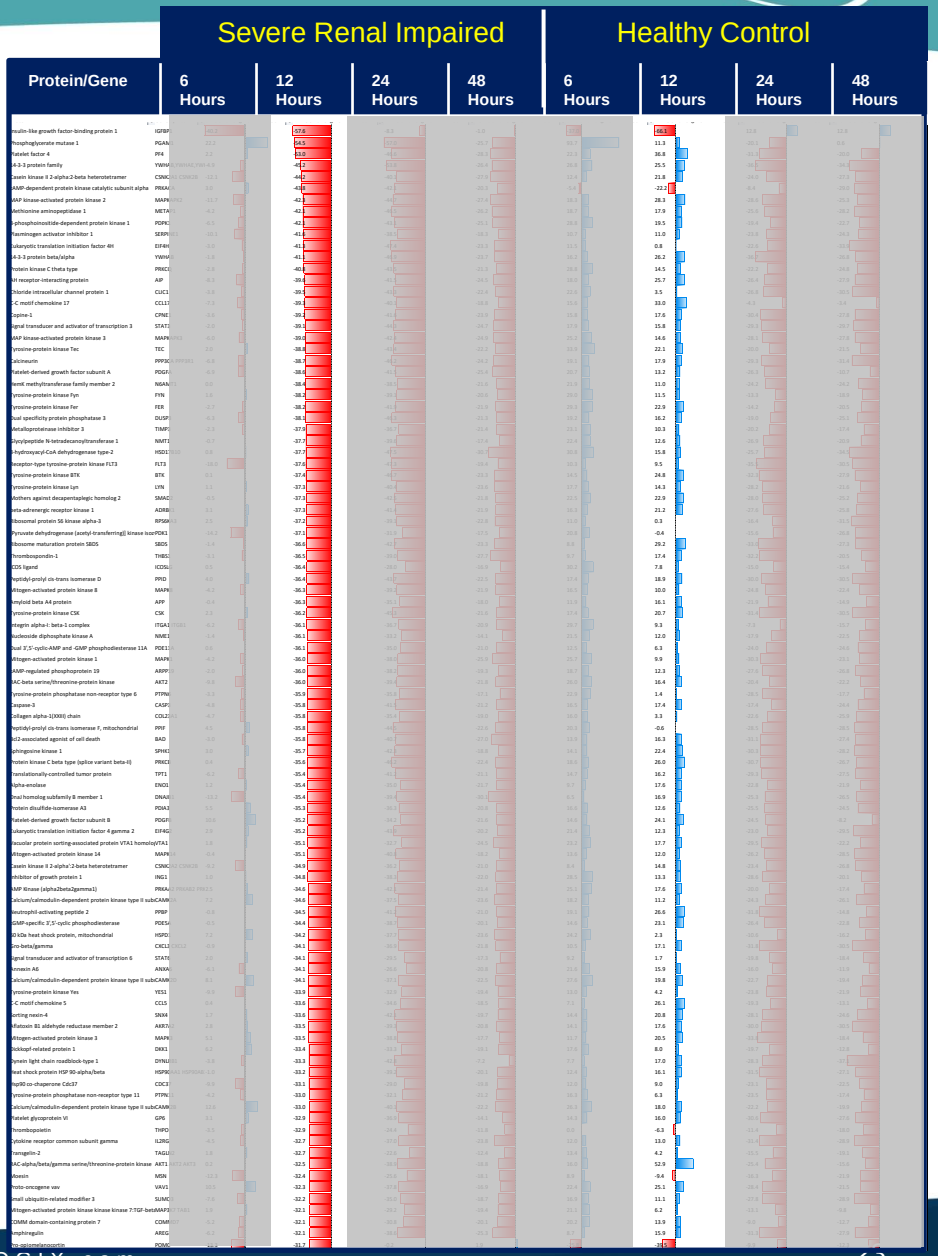
Cohort 2
Healthy volunteers matched for age (±10 years), weight (±20%), and gender with the subjects in Cohort 1 (renal impaired subjects); eGFR ≥60 mL/min/1.73m^2

→ **apabetalone 100mg single dose N=8**



Proteomic Analysis of CKD PK Study

Top 100 proteins from Somalogic, ranked by magnitude of effect at 12 hours post dose vs baseline, compare biomarkers of severe renally impaired patients versus healthy controls



World Leading Committee Members

CKD/Dialysis

Dr. Kamyar Kalantar-Zadeh
Chair
UC Irvine Chief Nephrology

Prof. Vincent Brandenburg
Member
University Hospital RWTH Aachen

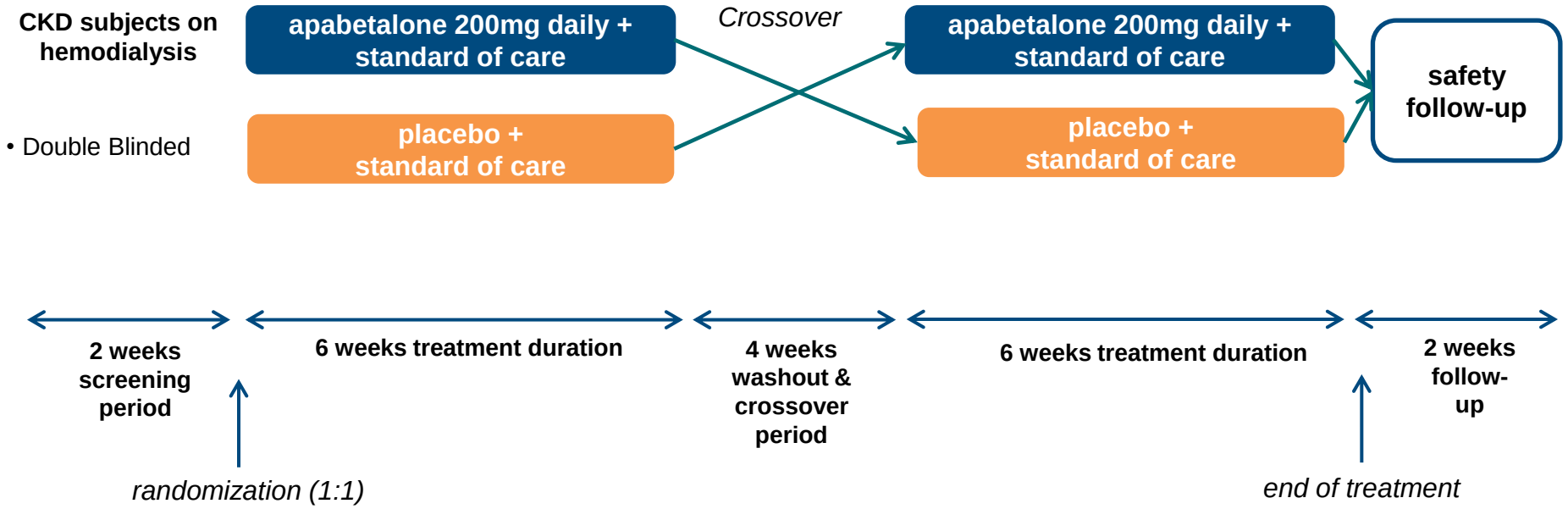
Dr. Carmine Zoccali
Member
University Pisa

Dr. Marcello Tonelli
Member
University of Calgary Chair Medical Research

Dr. Srinivasan Beddhu
Member
University of Utah

Dr. Mathias Haarhaus
Member
Karolinska University Hospital

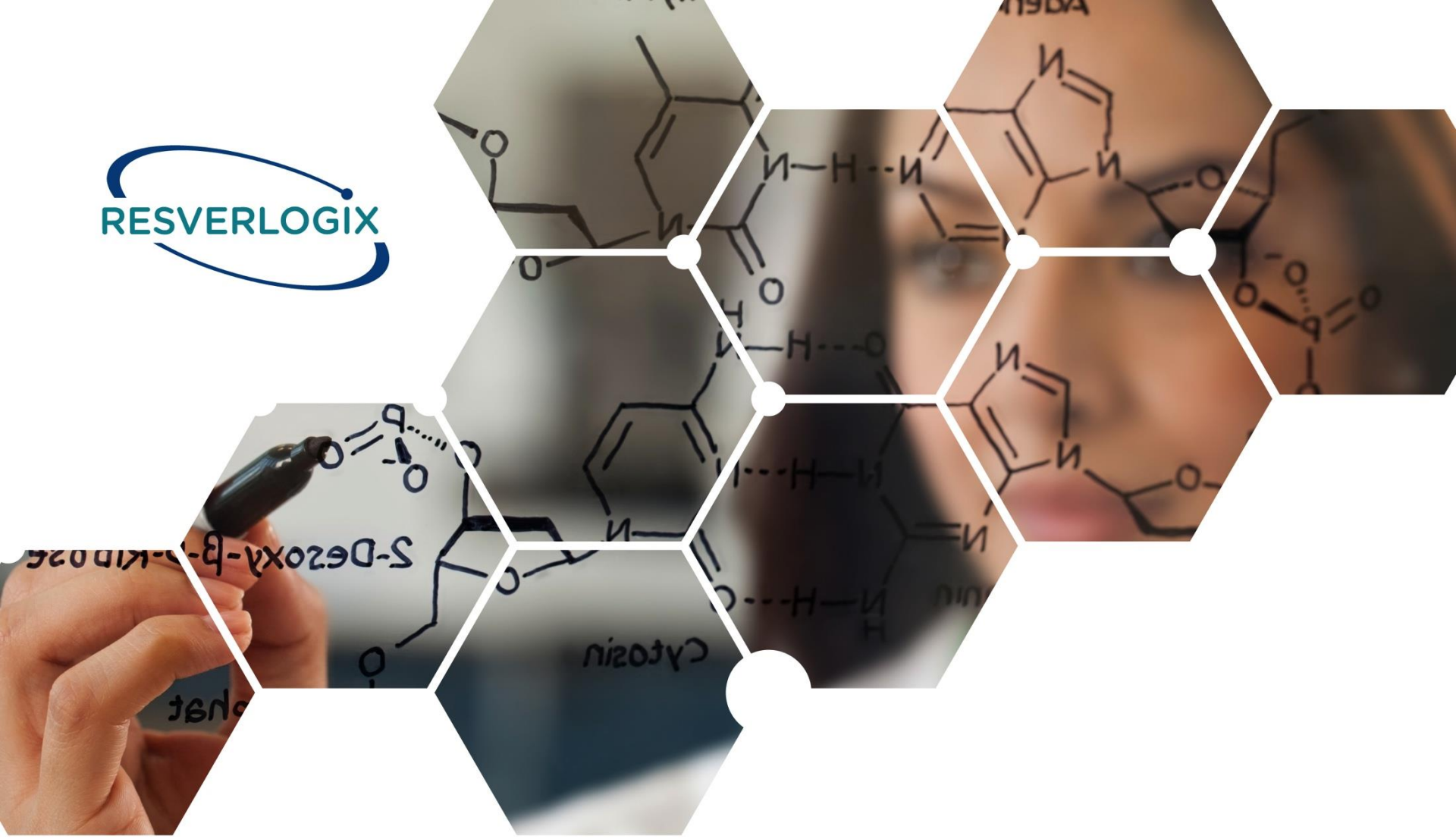
Phase 2 Renal Study Design: Primary Endpoint Change in ALP



- The study is an sequential cross-over trial to evaluate the safety, tolerability, and efficacy of apabetalone in CKD patients on hemodialysis in addition to standard of care
- 30 CKD patients receiving standard regimens of hemodialysis three days per week

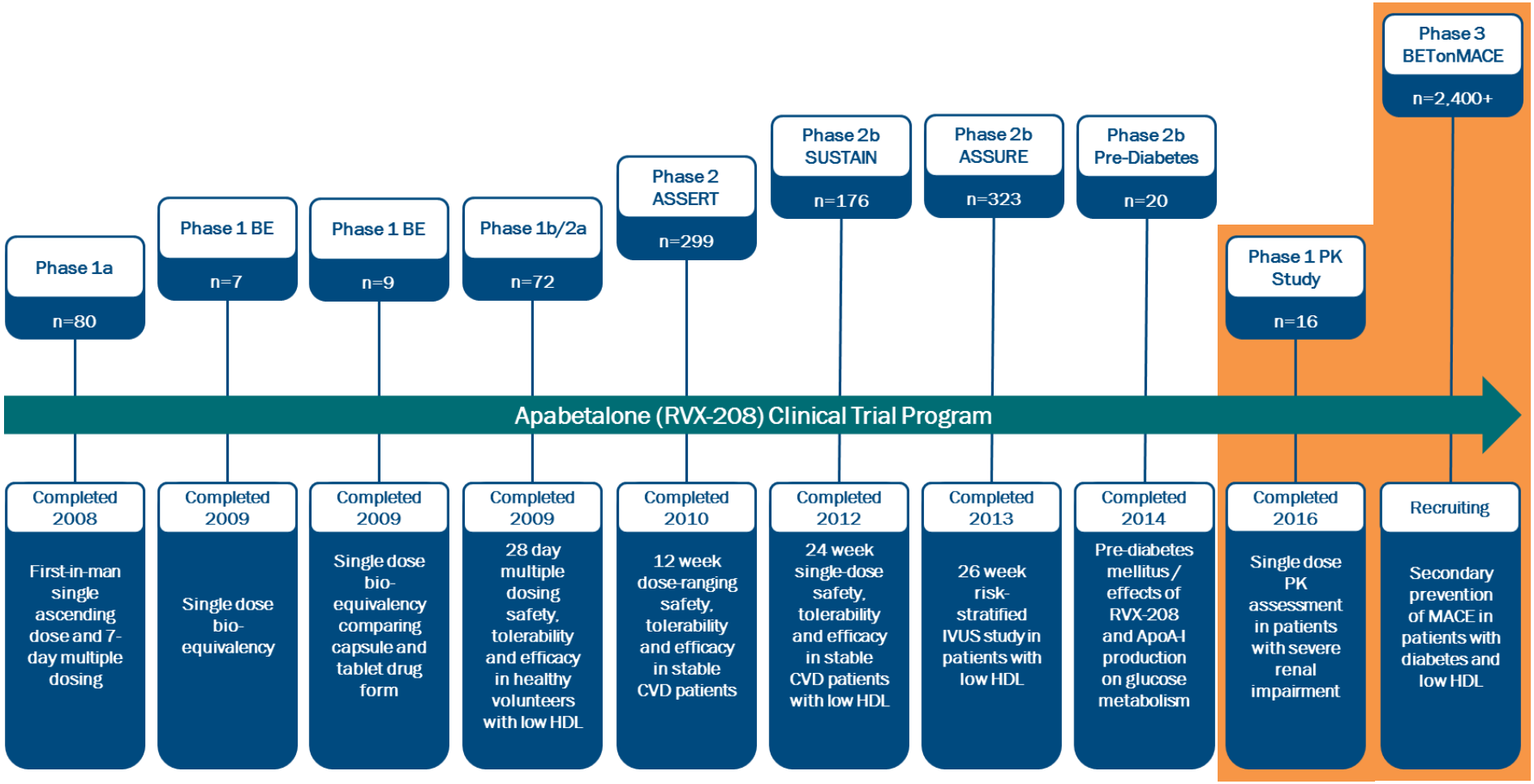
FDA Interactions: Cardio/Renal Division

- Filed for a Type B Meeting early fall 2016
- Completed Type B Meeting late fall 2016, face to face in Washington
- Received positive feedback on trial design and positive instructions to enhance the program without affecting the IND filing timeline
- New Cardio/Renal IND on track for Q1 2017



BETonMACE Clinical Update

Apabetalone Clinical Trial History



BETonMACE Commenced November 2015

Apabetalone has already been tested in over 1,000 patients in 18 countries around the world.

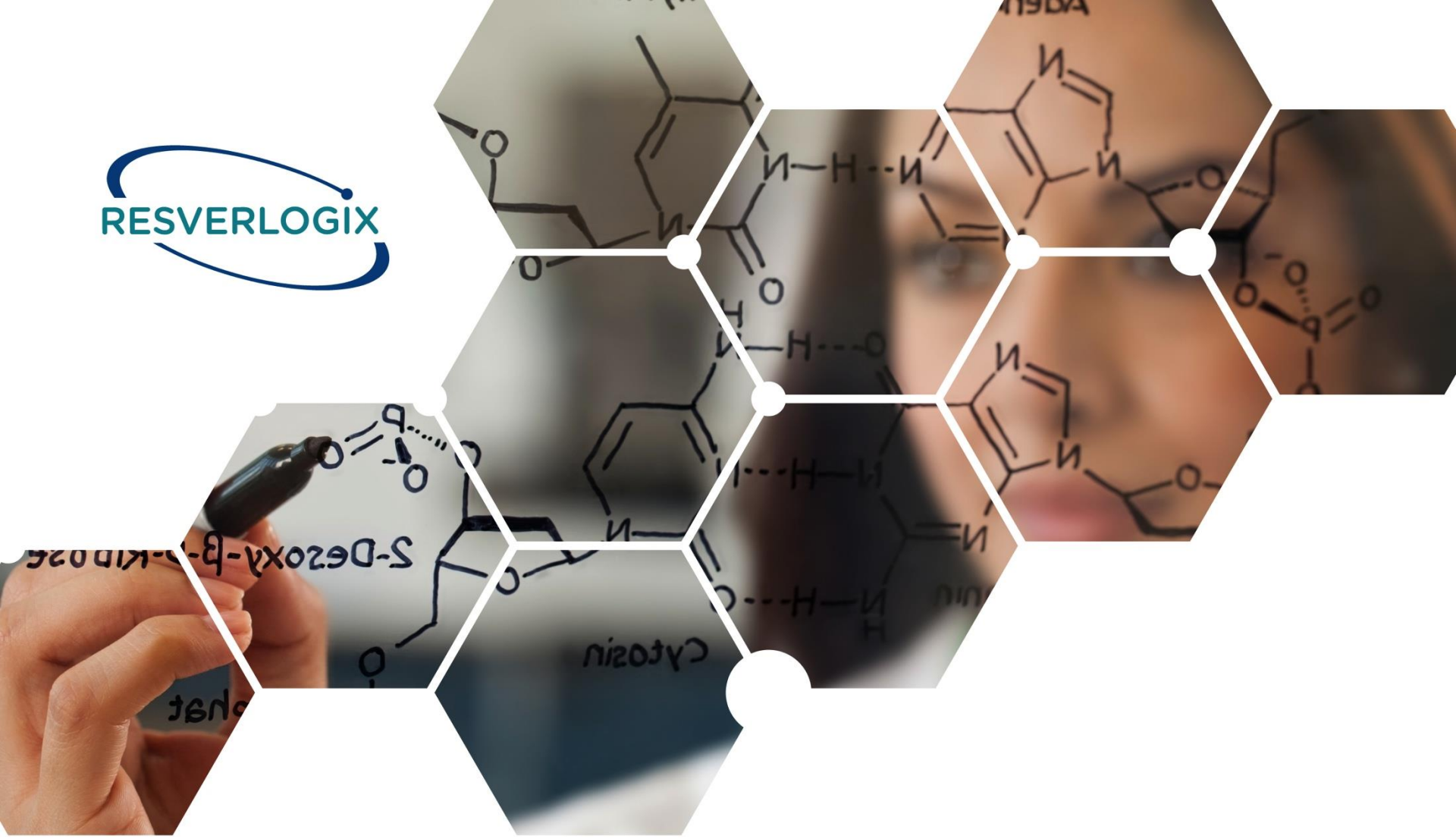
BETonMACE CV Outcomes Study Design

Primary Objective
To evaluate if treatment with apabetalone as compared to placebo increases time to the first occurrence of triple MACE. Triple MACE is defined as a single composite endpoint of: 1) CV Death or 2) Non-Fatal MI or 3) Stroke.

Key Inclusion Criteria
- Type II Diabetes Mellitus
  - HbA1c > 6.5% or history of diabetes medications
- CAD event 7 days - 90 days prior to screening
  - Myocardial infarction (MI), unstable angina or percutaneous coronary intervention
- HDL < 1.04 for males and < 1.17 for females

Primary Endpoint
Time from randomization to the first occurrence of adjudication-confirmed triple MACE defined as a single composite endpoint of: 1) CV Death or 2) Non-Fatal MI or 3) Stroke.

Secondary Endpoint
Time from randomization to the first occurrence of adjudication-confirmed MACE including:
- revascularization and unstable angina
- changes in apoA-I, apoB, LDL-C, HDL-C, and TG
- changes in HbA1c, fasting glucose, and fasting insulin
- changes in ALP and eGFR



RESVERLOGIX

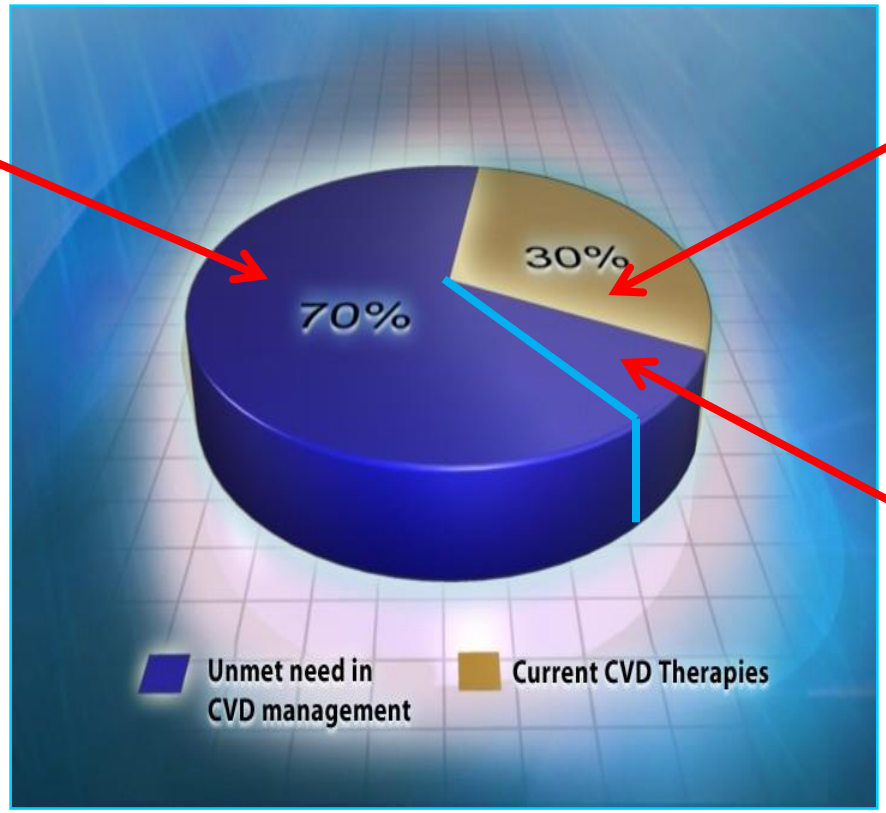
Market Opportunity

Unmet Need Segment is Still 70%

- Cardiovascular disease is still the number one killer of both males and females and costs the US healthcare system over $500B per year

Opportunity

- Huge market potential resides in the remaining 70% unmet need in CVD management



Current CVD Therapies

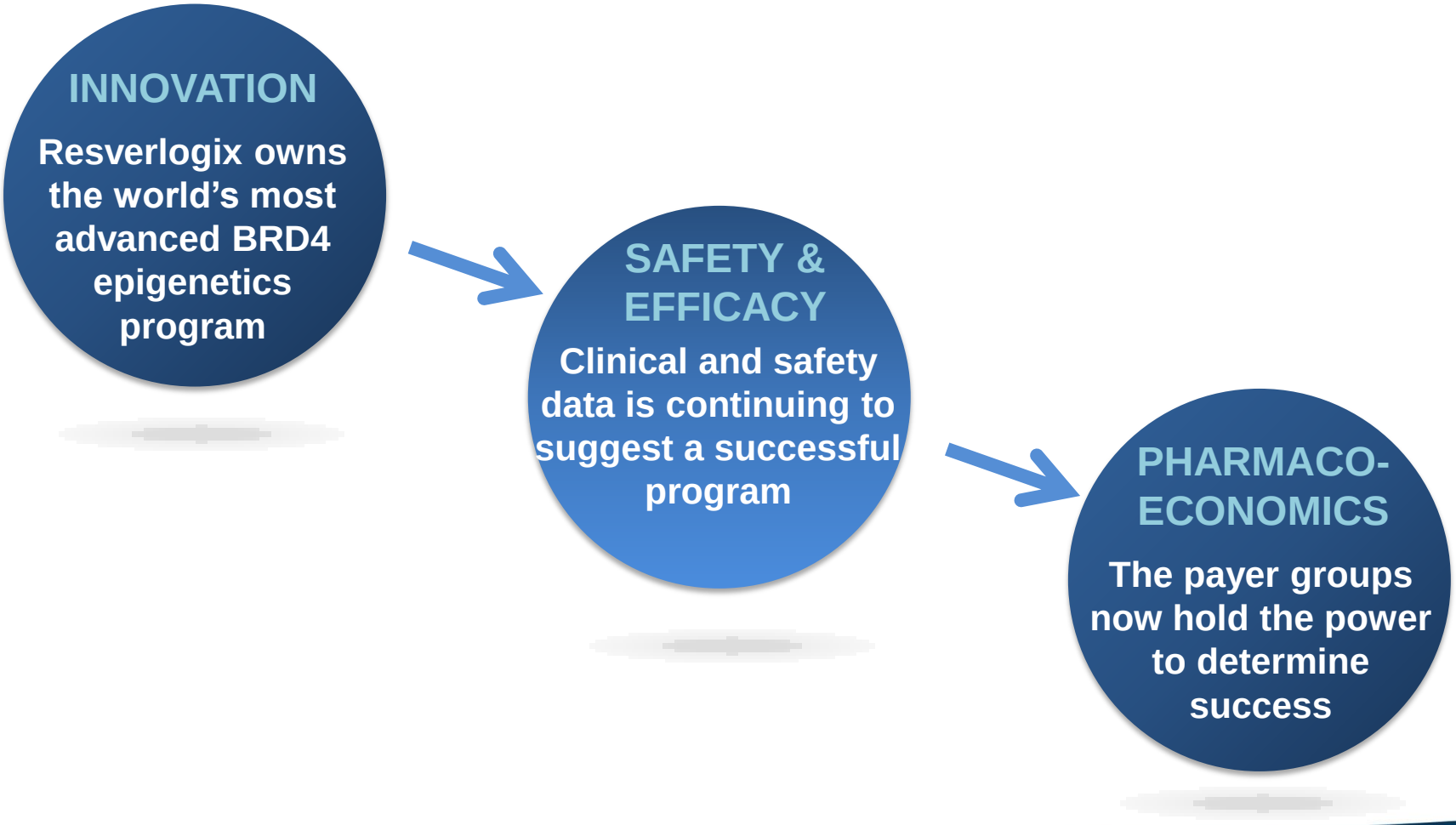
- Statins are the top medication used to treat CVD
- Despite maximized use, current therapies only manage about 30% of CVD events

New LDL Modulators

- Several new types of LDL modulators are in clinic. Leading are the very expensive PCSK9's

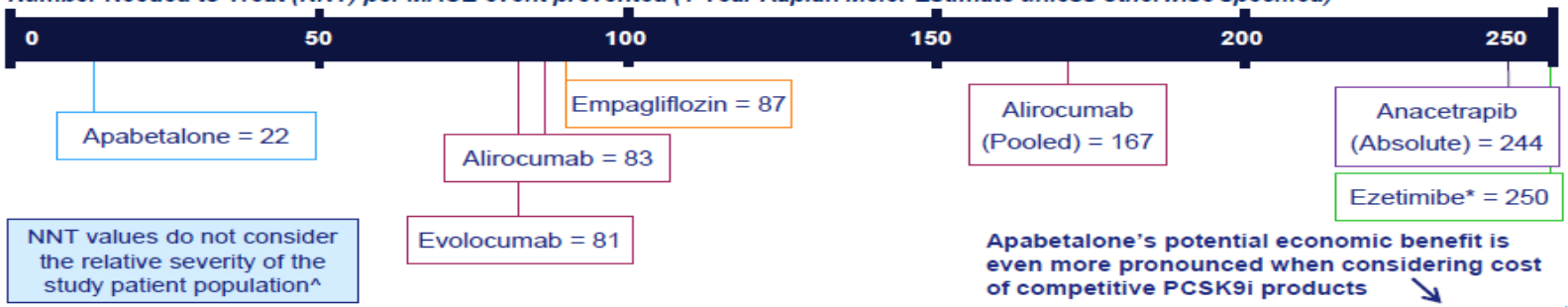
Balanced for Success!

THREE KEY DEVELOPMENT TARGETS ARE IN PLACE



Reimbursement Third Party Support Review: Health Value Proposition Tier 2 Price Range Model

Based on SUSTAIN/ASSURE, NNT and cost/event prevented were favourable versus comparators in their respective patient populations



Trial	Molecule	Trial Size	Treatment Duration (Years)	Absolute NNT/Yr	Kaplan Meier (KM) NNT/Yr	Annual Medication Cost/Patient	Annual Cost per Event Prevented (KM)
SUSTAIN/ASSURE	Apabetalone	497	0.4 – 0.5	23	22	$2,400 - $4,200	$52,800 - $92,400
ASSERT/SUSTAIN/ ASSURE		798	0.25 – 0.5	11	22	$2,400 - $4,200	$52,800 - $92,400
ODYSSEY LONG-TERM	Alirocumab	2,338	1.6	97	83	$14,560	$1,208,480
POOLED ODYSSEY		3,459	1.6	NA	167	$14,560	$2,431,520
OSLER 1-2	Evolocumab	4,465	0.9	83	81	$14,100	$1,142,104
IMPROVE-IT	Ezetimibe	18,144	6.0	333	250*	$2,844	~$711,000
EMPA-REG OUTCOMES	Empagliflozin	7,042	3.1	194	87	$4,126	$358,769
DEFINE	Anacetrapib	1,612	1.5	244	NA	NA	NA

Note: Medication cost based on US WAC cost (PriceRx); Kaplan Meier estimates are based on digitized curves from publications
^No patient population standardization has been applied so additional population specific factors beyond severity can also influence NNT values
*1 year showed no benefit to calculate NNT; estimated by taking 5 year KM rate of 50 x 5 years

Apabetalone HEOR Evidence Benchmarking - Final Results v4.0 Oct 2015

imshealth | brogan

Tier 3 Price Range Modeling underway: Higher Risk BETonMACE population

Tier 3 Price Band Report: Payer KOL Outreach

Organization	Lives Covered	MACE Reduction: Unmet need in Recent ACS and T2DM patients	MACE Reduction: Unmet need in CKD patients	ICER Threshold per annum
Payer 1	55 M	Moderate to High	Moderate to High	$ < 100,000
Payer 2	65 M	Moderate to High	Moderate to High	$ < 200,000
Payer 3	37 M	Moderate to High	Moderate to High	$ < 100,000
Payer 4	40 M	Moderate to High	Moderate to High	$ < 150,000
Payer 5	11 M	Moderate to High	Moderate to High	$ < 150,000

- 5 Payers - **208 million** lives covered, Key C Suite executives contacts – President, Chief Medical Directors, COO, Executive VP Pharmacy
- Pricing bands support average ICER Target Threshold of approximately **$140,000** USD
- Pricing bands support average price of **$6,000 - $12,000** based on new enriched high risk patients

Tier 2 Valuation Example: Acute Coronary Syndrome Indications Risk-Adjusted NPV Projections

Milestone Valuations	Scenario i >25% RRR			Scenario ii >30% RRR		
	ACS + Diabetes	ACS + CKD	Total	ACS + Diabetes	ACS + CKD	Total
Phase III EU	$ 1,044	$ 717	**$ 1,761**	$ 1,351	$ 921	**$ 2,272**
Phase III EU Completion	$ 2,363	$ 1,554	**$ 3,917**	$ 3,015	$ 1,967	**$ 4,982**
Market Approval EU + Phase III US	$ 2,686	$ 1,763	**$ 4,449**	$ 3,422	$ 2,225	**$ 5,647**
Market Approval EU + Phase III US Completion	$ 3,458	$ 2,243	**$ 5,701**	$ 4,394	$ 2,831	**$ 7,225**
Full Market Approval	$ 3,828	$ 2,474	**$ 6,302**	$ 4,862	$ 3,121	**$ 7,983**

(in USD millions unless otherwise noted)

Data Value Indications

i. RRR >25% in BETonMACE; $3,600/yr; market penetration 60%
ii. RRR >30% in BETonMACE; $4,200/yr; market penetration 64%

Assumptions

1. Ramp to peak 7 years
2. 2021 market entry in EU; 2023 market entry in US
3. Japan to follow EU registration path
4. NPV calculated on net operating income at a 15% discount rate
5. Patent life 2034/35

Why Invest in Resverlogix?

- **Phase 3 company** focused on significant unmet need in high-risk CVD patient population with lead therapeutic - **apabetalone**
- **Market leader with significant potential** – targeting high-risk unmet need in several patient groups – Over 10MM patients in top 7 markets
- **Advancing development** of apabetalone in high-risk (dialysis) CKD patients – Phase 2 clinical trials to commence in early 2017
- **Well established safety profile** - to date, over 1,200 patients treated with apabetalone with no significant safety issues
- **Proven track record** of funding development while minimizing shareholder dilution

Resverlogix Corp.

Q1 2017 - Corporate Update

February 14, 2017 New York, NY

TSX: RVX