Resverlogix

BET Inhibition for Global Vascular Risk

BIO CEO & Investor Conference February 12-13, 2018

New York, NY

TSX: RVX

Forward Looking Statements

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.

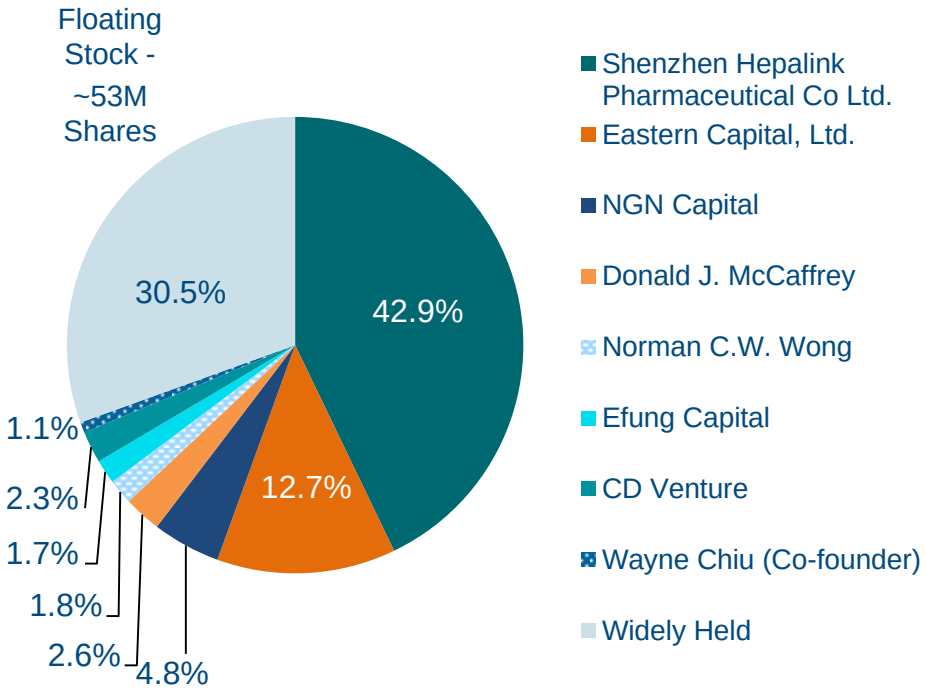
Apabetalone Development Highlights

Main Subject Matter	• Apabetalone, the only-in-class BET inhibitor (BETi), reduces key risk factors for high risk cardiovascular and renal patients resulting in reduction of Major Adverse Cardiac Events (MACE), observed renal improvement markers
Advanced Mechanism	• Epigenetic modulation of gene expression makes BETi a novel approach – No known BETi competitor for next 9 plus years
Confirmed Science	• Proteomics, genomics, pathway analysis, mechanism of action are all very well understood
Clinical Evidence	• Phase 2b data – up to 62% RRR of MACE in high risk CVD patients • Phase 3 BETonMACE trial 90% enrolled – CVD/CKD risk biomarkers tracked to date - positive
Corporate Expansion	• Resverlogix corporate goal is to expand commercial partner program

Capitalization and Financial Profile

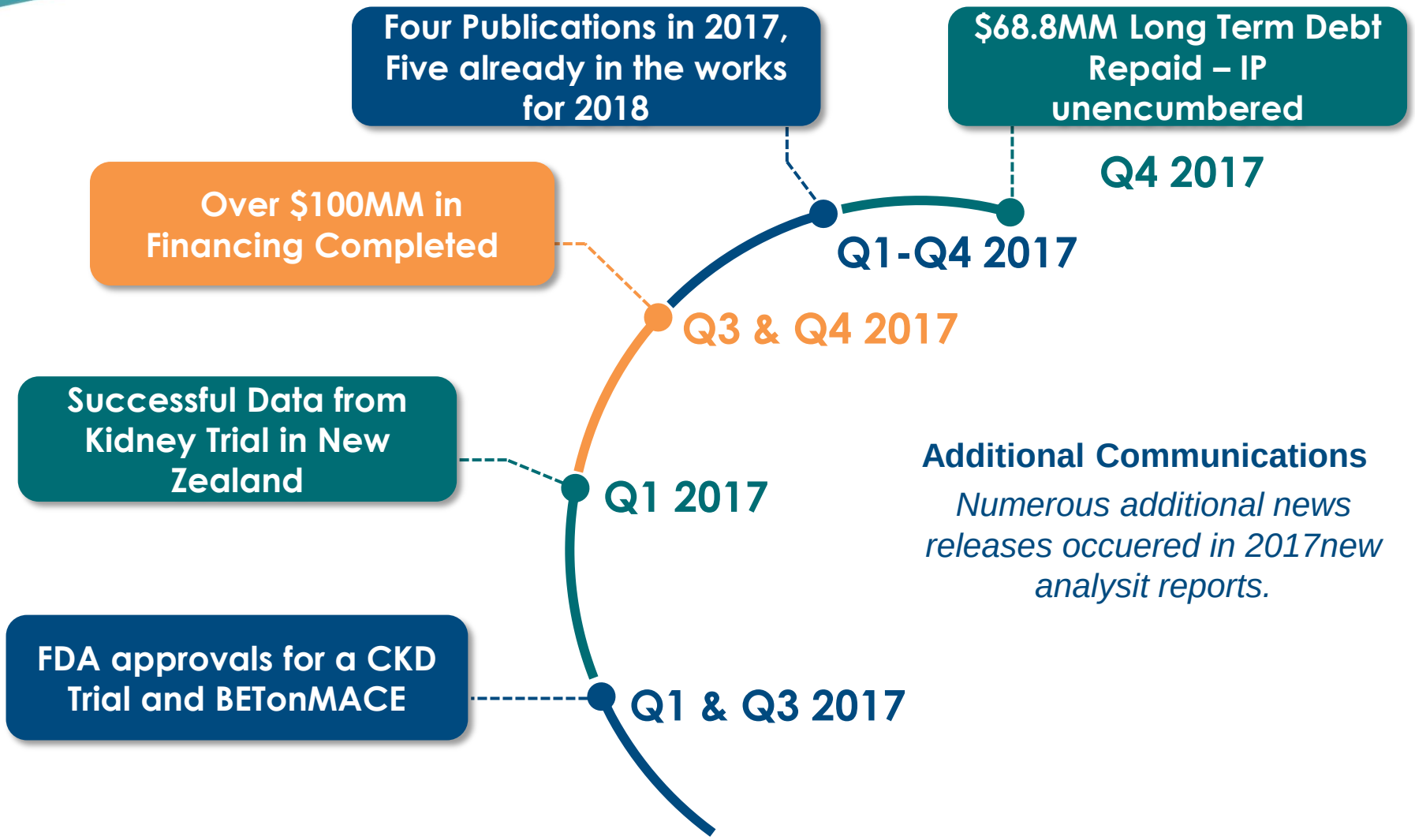
Founded	**2001**
Ticker	**TSX: RVX**
Market Cap	**~C$300MM**
Long Term Debt	**~C$0.0MM**
Shares Outstand	**175.04MM**
Cash Burn (Annual)	**~C$40.0M**
Finance	**$87MM – Announced October 2017**

RVX Top Shareholders

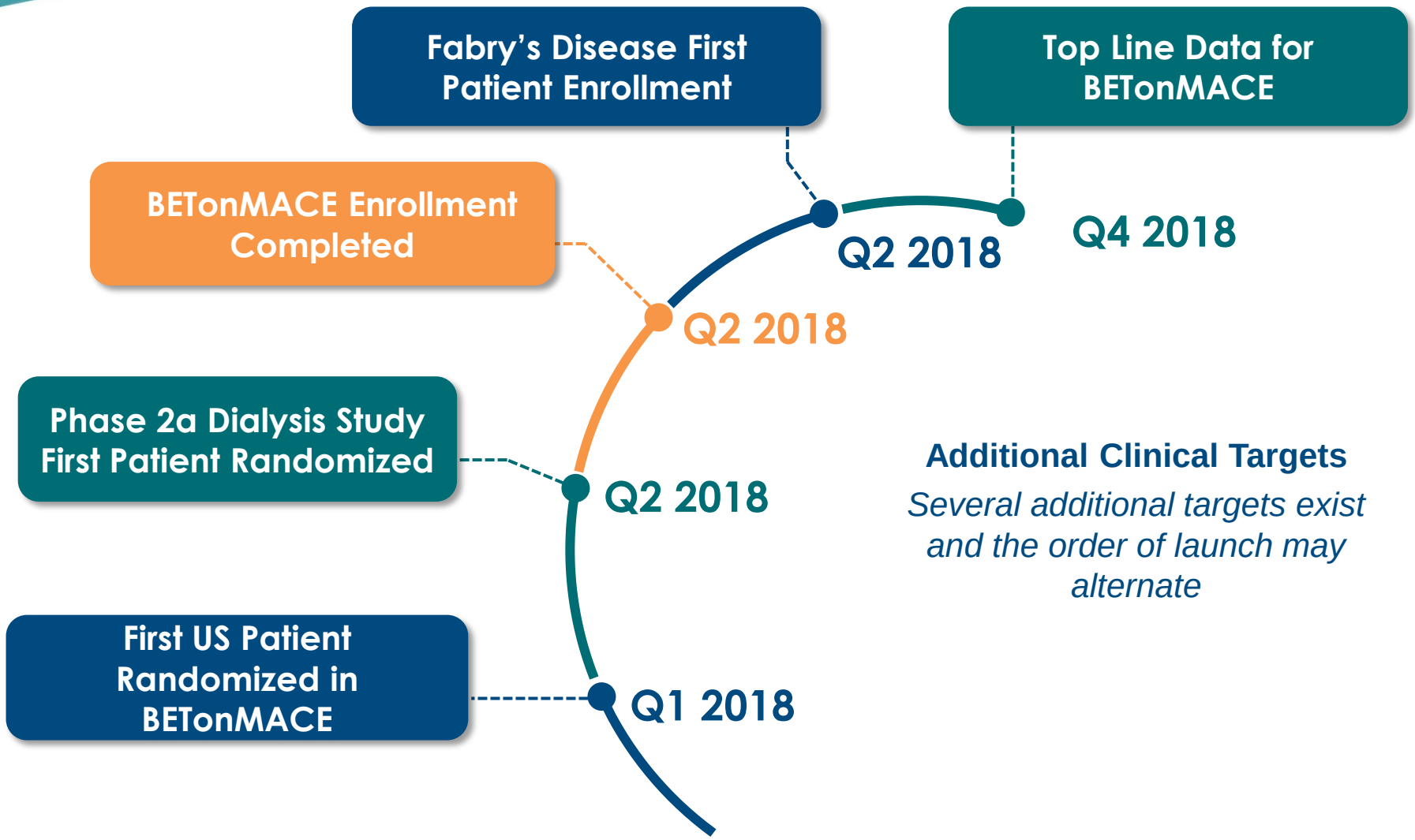


- RVX shareholder base consists of several long term investors who have been supportive over 10 years
- RVX maintains a diversified public market float of approximately 54M shares or ~$130MM

2017 Major Accomplishments



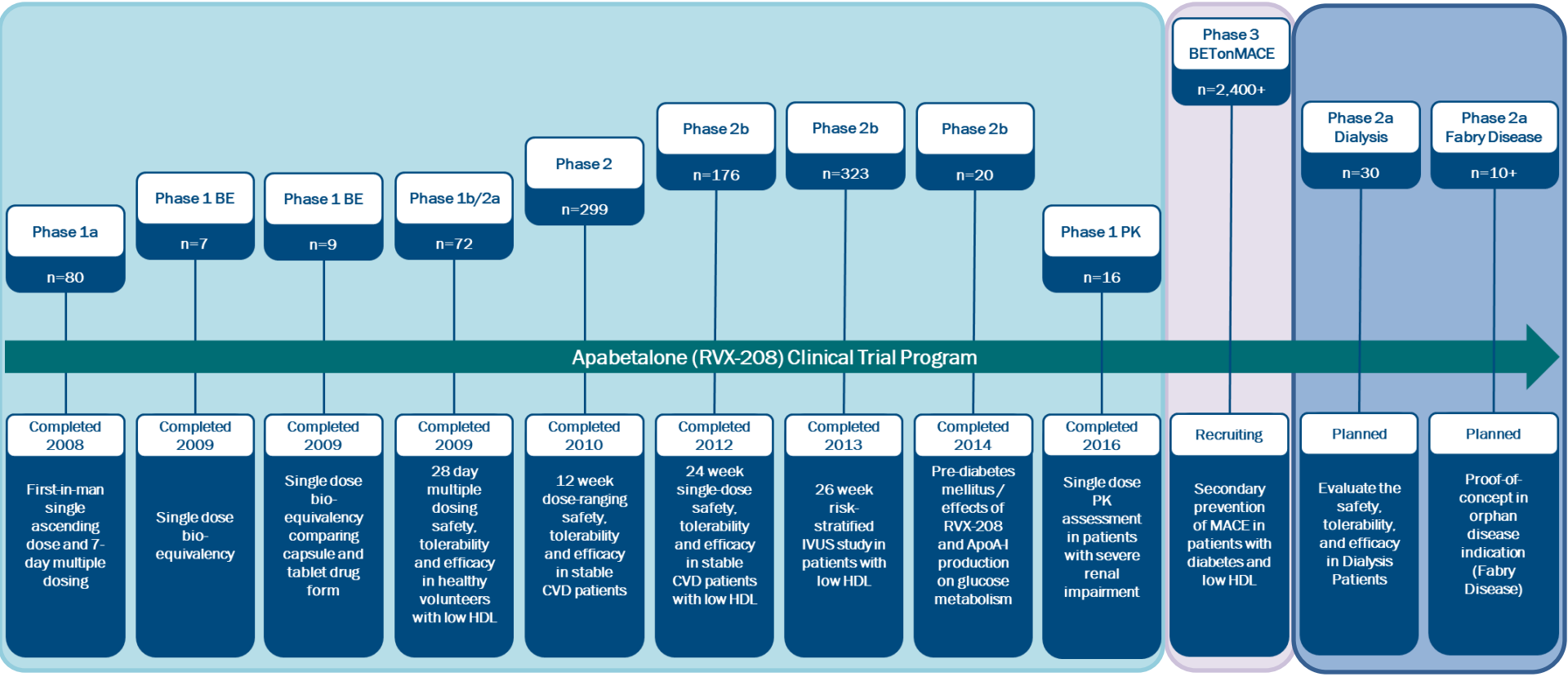
Upcoming Clinical Year Estimates



Additional Clinical Targets

Several additional targets exist and the order of launch may alternate

Apabetalone in the Clinic



Apabetalone has been tested in multiple clinical trials with a good safety and efficacy profile

BET Literature Impact Growing: CVD and Renal Risk

RESVERLOGIX

OPEN ACCESS Freely available online

PLOS ONE

RVX-208, an Inducer of ApoA-I in H
Bromodomain Antagonist

Data in Brief 8 (2016) 1280–1288

Contents lists available at ScienceDirect

Data in Brief

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Data Article

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Am J Cardiovasc Drugs
DOI 10.1007/s40256-017-0250-3

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ORIGINAL RESEARCH ARTICLE

Selective BET Protein Inhibition with Apabetalone and Cardiovascular Events: A Pooled Analysis of Trials in Patients with Coronary Artery Disease

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Article in Press

Benefit of Apabetalone on Plasma Proteins in Renal Disease

Sylwia Wasiak[5], Laura M. Tsujikawa[5], Christopher Halliday, Stephanie C. Stotz, Dean Gilham, Ravi Jahagirdar, Kamyar Kalantar-Zadeh, Richard Robson[6], Michael Sweeney, Jan O. Johansson, Norman C. Wong, Ewelina Kulikowski

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J. of Cardiovasc. Trans. Res.
DOI 10.1007/s12265-017-9755-z

ORIGINAL ARTICLE

Downregulation of the Complement Cascade In Vitro, in Mice and in Patients with Cardiovascular Disease by the BET Protein Inhibitor Apabetalone (RVX-208)

Sylwia Wasiak[1] · Dean Gilham[1] · Laura M. Tsujikawa[1] · Christopher Halliday[1] · Cyrus Calosing[1] · Ravi Jahagirdar[1] · Jan Johansson[2] · Michael Sweeney[2] · Norman C. Wong[1] · Ewelina Kulikowski[1]

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or, Has Therapeutic Effects
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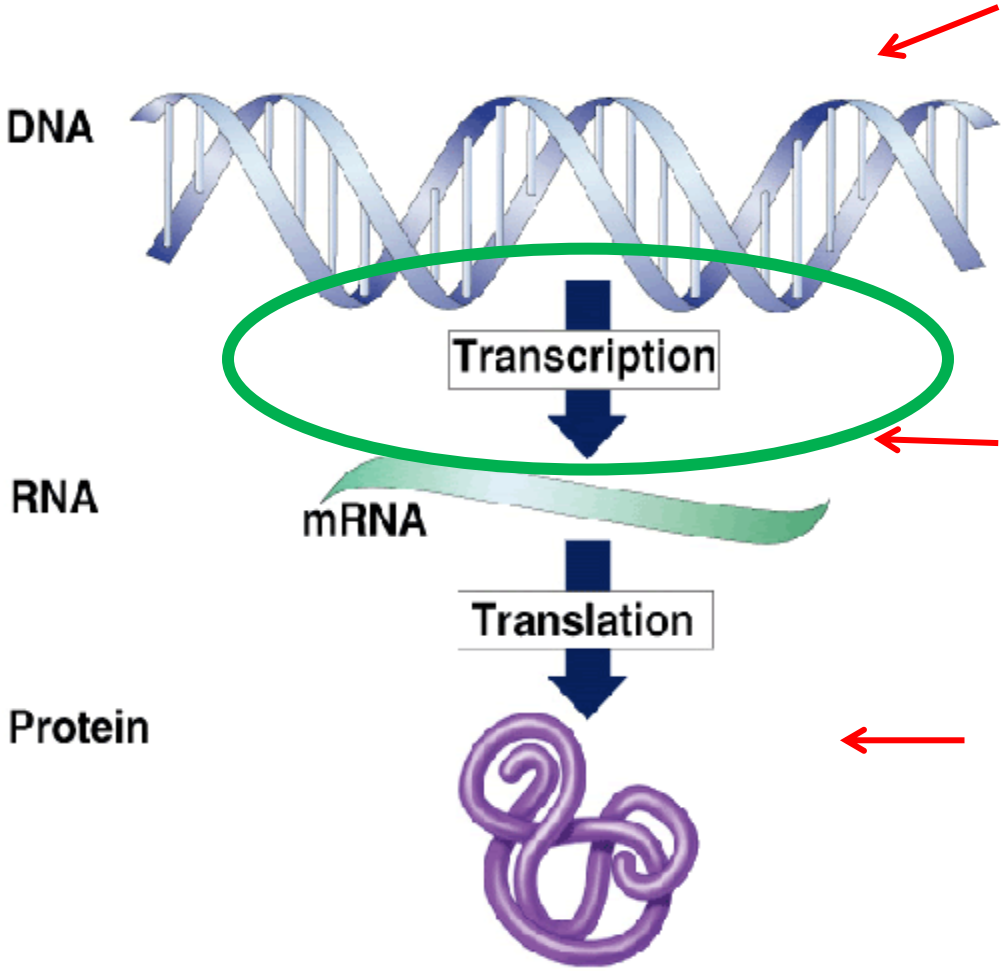
Autoimmune Disease

Ravi Jahagirdar, Sarah Attwell, Suzana Marusic, Alison Bendele, Narmada Shenoy, Kevin G. McLure, Dean Gilham, Karen Norek, Henrik C. Hansen, Raymond Yu, Jennifer Tobin, Gregory S. Wagner, Peter R. Young, Norman C. W. Wong, and Ewelina Kulikowski

Resverlogix Corporation, Calgary, Alberta, Canada (R.J., S.A., K.G.M., D.G., K.N., H.C.H., R.Y., J.T., G.S.W., P.R.Y., N.C.W.W., E.K.); Hooke Laboratories Inc., Lawrence, Massachusetts (S.M.); Bolder BioPATH Inc., Boulder, Colorado (A.B.); and Aravasc Inc., Sunnyvale, California (N.S.)

Unique Mechanism of Action



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.

CRISPR – gene editing within a cell sub population

Transcriptional Regulation

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

Apabetalone – reduces expression of disease mediators

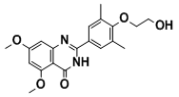
Protein Targeting

Focus on reducing or blocking the activity of **one** disease protein by using an inhibitor or antibody

Antibody or Inhibitor – blocks activity of one mediator of disease

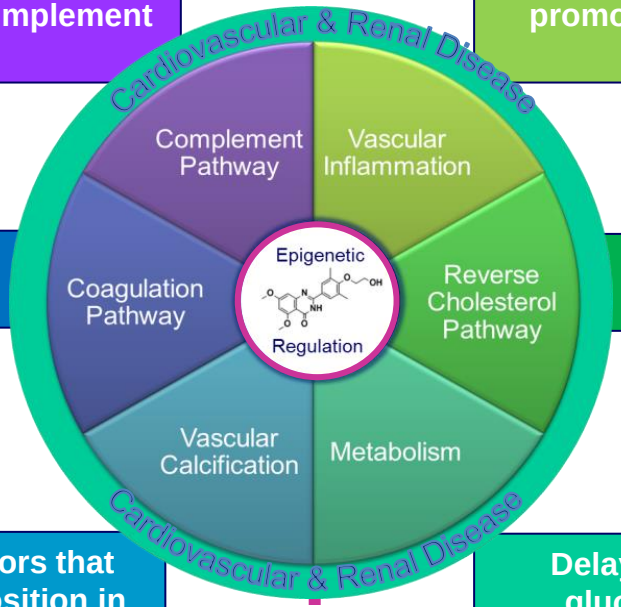
BET Inhibition Impacts the Pathways that Drive Cardiovascular Disease and Kidney Diseases

Apabetalone, a bromodomain extra-terminal (BET) protein inhibitor, inhibits BRD4, thereby regulating the expression of genes and restoring the function of pathways underlying the pathogenesis of CVD and kidney disease



Reductions in the components and function of the complement cascade

Reductions in mediators that promote inflammation of the vasculature



Reductions in components of the coagulation cascade

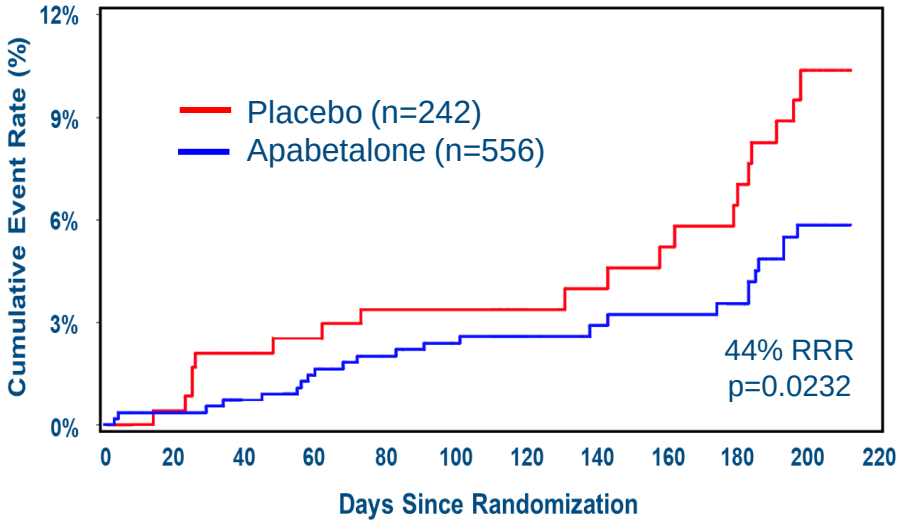
Increased ApoA-I, positive effects on lipid content of HDL

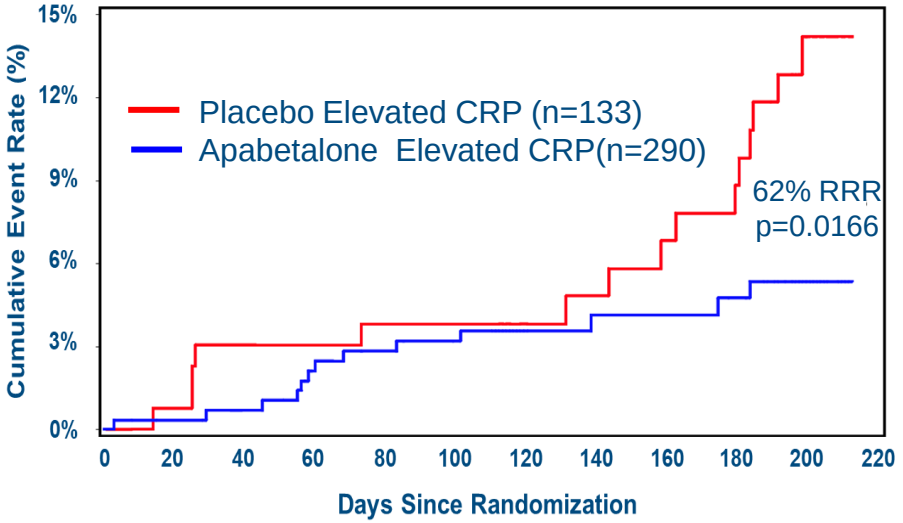
Reductions in mediators that promote calcium deposition in the vasculature

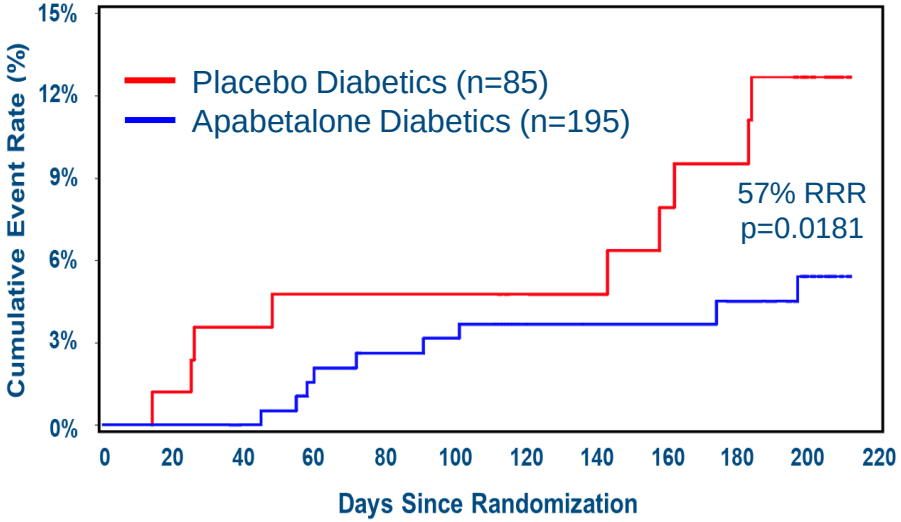
Delayed and reduced oral glucose absorption and endogenous production

Reduced MACE & Renal Improvement

Nicholls et al. 2017: American Journal of Cardiovascular Drugs







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

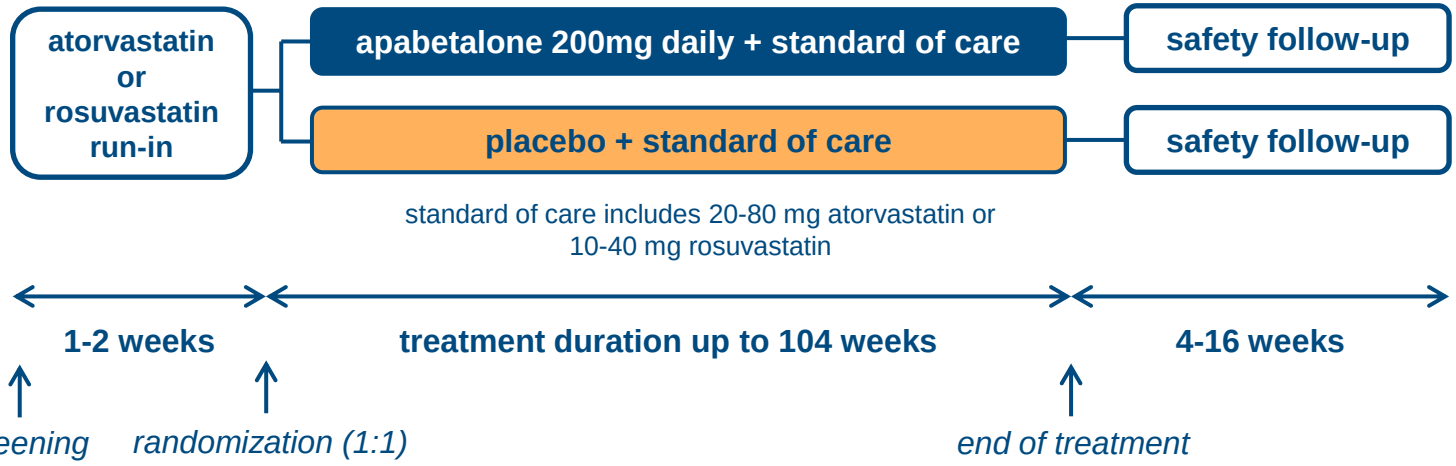
Decrease in MACE was most profound in patients who had a higher level of inflammation such as patients with diabetes

BETonMACE CV Outcomes Study Design

BETonMACE
A CARDIOVASCULAR STUDY FOR PEOPLE WITH TYPE 2 DIABETES

2,400 + subjects

- double blinded
- 1-2 week statin run-in



The study is an event-based trial and continues until 250 narrowly defined MACE events have occurred

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 <40 mg/dL for males and <45 mg/dL 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

Screening & Baseline Clinical Chemistry
As of December 4, 2017

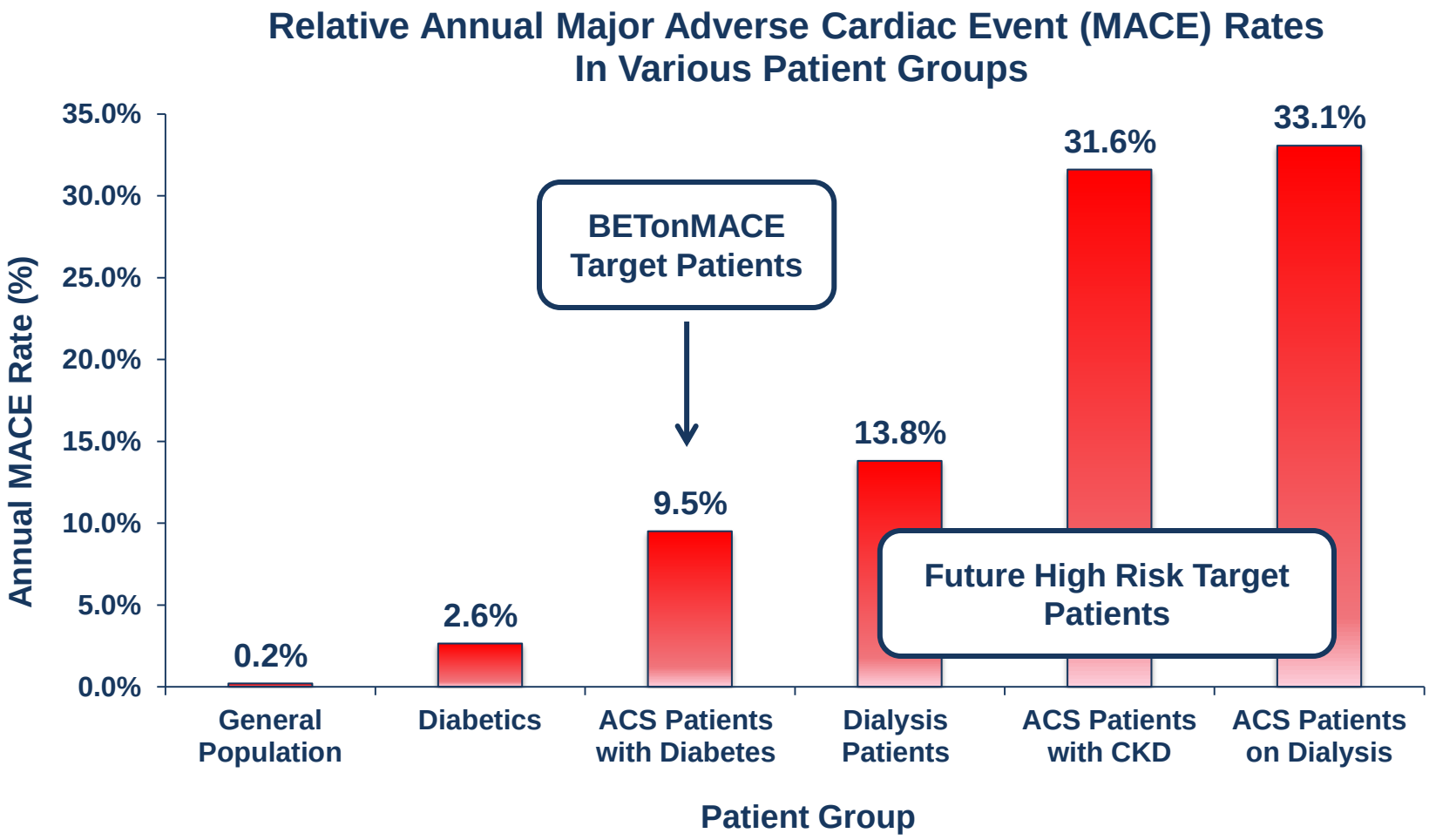
Parameter	N	Median (min, max)
Age	2,091	62 (33, 88)
Alkaline Phosphatase†, U/L	2,065	78 (5, 915)
HDL-C, mg/dL	2,074	33 (14, 47)
hsCRP†, mg/L	425	2.9 (0.2, 162.1)
Fibrinogen‡, mg/L	406	387 (92, 730)
LDL-C, mg/dL	2,057	65 (3, 232)
Apolipoprotein A-I†, mg/dL	415	118 (58, 179)
Glucose, mg/dL	2,074	135 (41, 555)
HbA1c, %	2,035	7.3 (4.5, 15.1)
Platelets, 10^9/ L	1,976	248 (6, 989)
NLR, ratio	1,993	2.6 (0.6, 16.5)
Males	75.6% males	
Statin Allocation	52% atorvastatin	48% rosuvastatin

† results from visit 2/wk 0, whereas all other values are from visit 1/screening

BETonMACE Current Highlights

- ~ 90% enrolled
- CKD Subgroup: ~11% of patients have eGFR<60 at screening
- Cognition Subgroup: ~18% of patients have completed MoCA at Baseline; Target patients are those with baseline MoCA ≤ 25
- Consistent data repeatable positive effects in key CVD and CKD biomarkers
- New data to target MoCA in elderly cognition subgroup (70 and over)
- Projected primary MACE rate still 8.0 per 100 patient years on top of aggressive standard of care = strong unmet need

Patient Enrichment Strategy



Sources: Calculated from CDC Heat Disease Facts; Holden, SE. et al. 2015; White, WB. et al. 2013; Kim, H. et al. 2015; Cardarelli, F. et al. 2008; Okada, T. et al. 2008

Market Opportunity Pathways

Diabetes/ACS

- BETonMACE derived 2,400 patients
- MACE reduction
- **2-3 Million patients**

CKD/ESRD

- BETonMACE sub population derived 300-400 patients
- Improved renal function in sub-group
- Reduced MACE
- Future trials in CKD Stage 3-4 Diabetic Nephropathy ESRD
- **6 Million Patients**

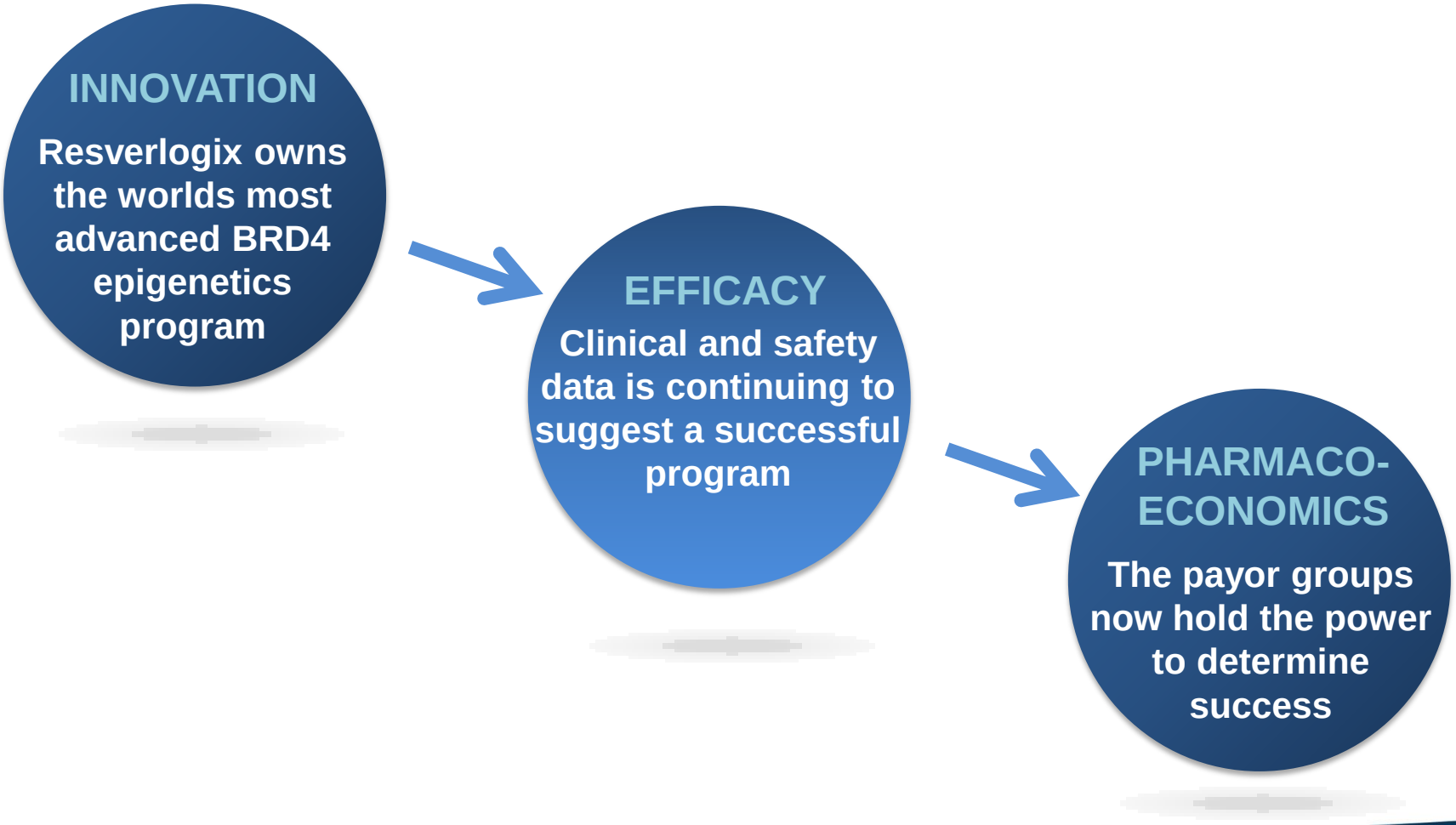
Expanded Programs

- BETonMACE sub-population data analysis
- Cognition and dementia
- **2+ Million Patients**

Improving Global Vascular Risk

Balanced for Success!

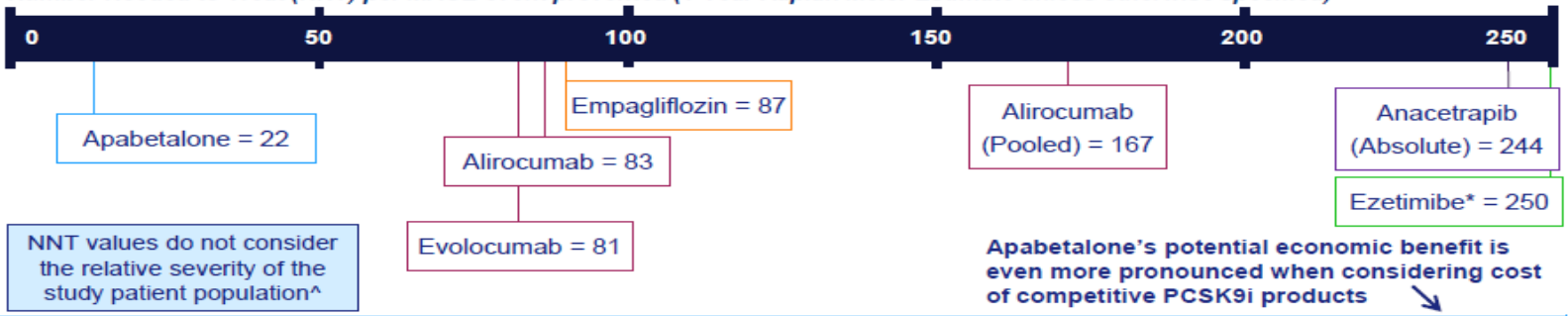
THREE KEY DEVELOPMENT TARGETS ARE IN PLACE



Pharmacoeconomic Modeling: V1 Report 2015

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

Number Needed to Treat (NNT) per MACE event prevented (1 Year Kaplan Meier Estimate unless otherwise specified)



Apabetalone's potential economic benefit is even more pronounced when considering cost of competitive PCSK9i products

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

RVX testing further price bands: Tier 3 based on higher risk populations

Pricing & Reimbursement: V2 Report 2016

- RVX performed multiple outreach reports with leading US KOL payers for market pricing analytics
- Apabetalone target plan: higher risk CVD patients (e.g. Diabetes with recent ACS, CKD, Dialysis, Dementia) supported positive pricing and reimbursement with leading US payer groups
- Higher risk patients represent significantly increased burdens to healthcare systems on account of greater costs associated per patient per year
- Payer responses shows strong support for pricing value proposition falls within ICER range of $140-175K USD. This ICER range represents superior value proposition versus current CVD risk competitors such as PCSK9s and SGLT2s
- Global pricing band planned by US market first, then European, Canada with applicable discounts

Payer KOL Outreach: Key Payer Support

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-$200,000** USD
- Pricing bands support average price of **$6,000 - $12,000** based on new enriched high risk patients

Apabetalone Opportunity

Highlights

- Novel, first in class, technology – no competitor 8 – 10 years
- Clear science and clinical data supporting strong rationale for risk reduction
- Growing BET literature publications in CVD / Renal risk
- Strong KOL Payers and Prescriber support
- Transformative science and unprecedented commercial opportunity