Resverlogix Corp.
BET inhibition for Global Vascular Risk
BIO-EUROPE Spring 2018
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March 14th
Forward Looking Statements

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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
2017 Major Accomplishments

- FDA approvals for a CKD Trial and BETonMACE
- Over $100MM in Financing Completed
- Successful Data from Kidney Trial in New Zealand
- Four Publications in 2017, Five already in the works for 2018
- $68.8MM Long Term Debt Repaid – IP unencumbered

Additional Communications
Numerous additional news releases occurred in 2017 - new analyst reports
Upcoming Clinical Year Estimates

- **Fabry’s Disease First Patient Enrollment**
- **BETonMACE Enrollment Completed**
- **Phase 2a Dialysis Study First Patient Randomized**
- **First US Patient Randomized in BETonMACE**
- **Top Line Data for BETonMACE**

**Timeline:**
- **Q1 2018:** First US Patient Randomized in BETonMACE
- **Q2 2018:**
  - BETonMACE Enrollment Completed
  - Phase 2a Dialysis Study First Patient Randomized
  - Fabry’s Disease First Patient Enrollment
- **Q4 2018:** Top Line Data for BETonMACE

**Additional Clinical Targets:**
Several additional targets exist and the order of launch may alternate.
RVX-208, an Inducer of ApoA-I in Bromodomain Antagonist

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

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

Benefit of Apabetalone on Plasma Proteins in Renal Disease

Autoimmune Disease
The BET/BRD inhibitor JQ1 attenuates diabetes-induced cognitive impairment in rats by targeting Nox4-Nrf2 redox imbalance

Ershun Liang a, Min Ma b, Lei Wang c, Xue Liu a, Jinfeng Xu d, Mingxiang Zhang a,**, Ruixue Yang a,**, Yuxia Zhao a

Citation: Transl Psychiatry (2017) 7, e1239; doi:10.1038/tp.2017.202
www.nature.com/tp

The BET/BRD inhibitor JQ1 improves brain plasticity in WT and APP mice

E Benito 1, B Ramachandran 2, H Schroeder 1, G Schmidt 3, H Urbanke 1, S Burkhardt 1, V Capece 1, C Dean 2 and A Fischer 1,4
Unique Mechanism of Action

**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*

**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*

**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*
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
The study is an event-based trial and continues until 250 narrowly defined MACE events have occurred.
**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 (CVD)**
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 (RENAL)**
- 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

**Exploratory Endpoint (NEURO)**
- MoCA test on all patients 70 and over
- All patients and those with <26
BETonMACE Current Highlights

- ~98% 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) approx. 275 patients

- Projected primary MACE rate still 8.0 per 100 patient years on top of aggressive standard of care (low LDL) = strong unmet need

- Even with aggressive statin therapy very high events illustrates CVD risk is more than just LDL
Relative Annual Major Adverse Cardiac Event (MACE) Rates In Various Patient Groups

- General Population: 0.2%
- Diabetics: 2.6%
- ACS Patients with Diabetes: 9.5%
- ACS Patients on Dialysis: 13.8%
- ACS Patients with CKD: 31.6%
- ACS Patients on Dialysis: 33.1%

Sources: Calculated from CDC Heart 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
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
• 4+ Million Patients

Improving Global Vascular Risk
Resverlogix owns the world’s most advanced BRD4 epigenetics program.

Clinical and safety data is continuing to suggest a successful program.

The payor groups now hold the power to determine success.

Balanced for Success!

THREE KEY DEVELOPMENT TARGETS ARE IN PLACE
### Payer KOL Outreach: Key Payer Support

<table>
<thead>
<tr>
<th>Organization</th>
<th>Lives Covered</th>
<th>MACE Reduction: Unmet need in Recent ACS and T2DM patients</th>
<th>MACE Reduction: Unmet need in CKD patients</th>
<th>ICER Threshold per annum</th>
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<tbody>
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<td>$ &lt; 150,000</td>
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</tbody>
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- **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 annual US price of **$5,000 - $8,000** 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