



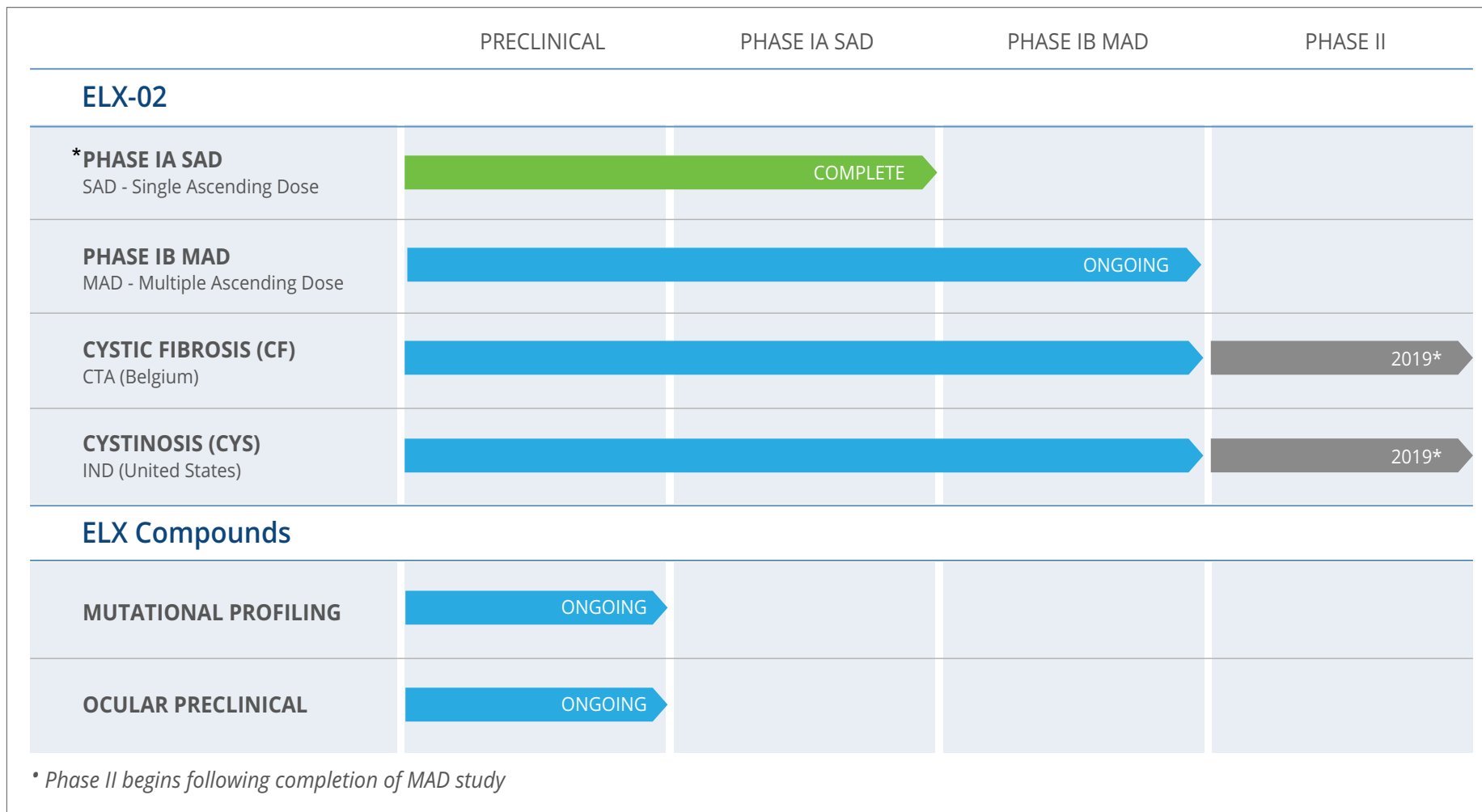
Administration of ELX-02 to Healthy Volunteers
Demonstrates Dose-linearity and Proportionality as
well as Low Inter-subject Variability

Andi Leubitz, John van Duzer PhD, Neal Sharpe PhD, [Greg Williams PhD](#)

Forward-Looking Statements

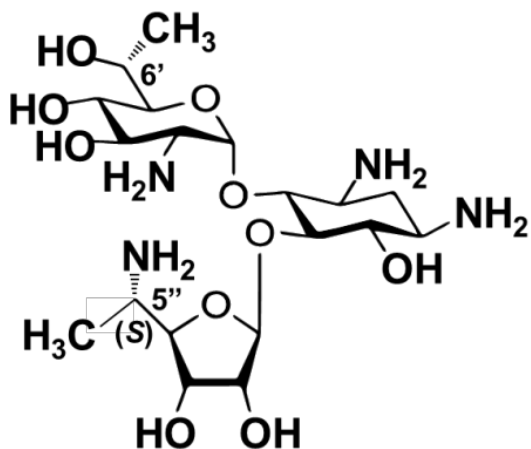
This presentation contains forward-looking statements, which are generally statements that are not historical facts. Forward-looking statements can be identified by the words "expects," "anticipates," "believes," "intends," "estimates," "plans," "will," "outlook" and similar expressions. Forward-looking statements are based on management's current plans, estimates, assumptions and projections, and speak only as of the date they are made. We undertake no obligation to update any forward-looking statement in light of new information or future events, except as otherwise required by law. Forward-looking statements involve inherent risks and uncertainties, most of which are difficult to predict and are generally beyond our control. Actual results or outcomes may differ materially from those implied by the forward-looking statements as a result of the impact of a number of factors, including: the development of the Company's read-through technology; the approval of the Company's patent applications; the Company's ability to successfully defend its intellectual property or obtain necessary licenses at a cost acceptable to the Company, if at all; the successful implementation of the Company's research and development programs and collaborations; the Company's ability to obtain applicable regulatory approvals for its current and future product candidates; the acceptance by the market of the Company's products should they receive regulatory approval; the timing and success of the Company's preliminary studies, preclinical research, clinical trials, and related regulatory filings; the ability of the Company to consummate additional financings as needed; as well as those discussed in more detail in our Annual Report on Form 10-K and our other reports filed with the Securities and Exchange Commission.

Eloxx Pipeline: Targeting Nonsense Mutation Genotypes for Rare Diseases



ELX-02: Lead Compound Under Development for Treatment of CF

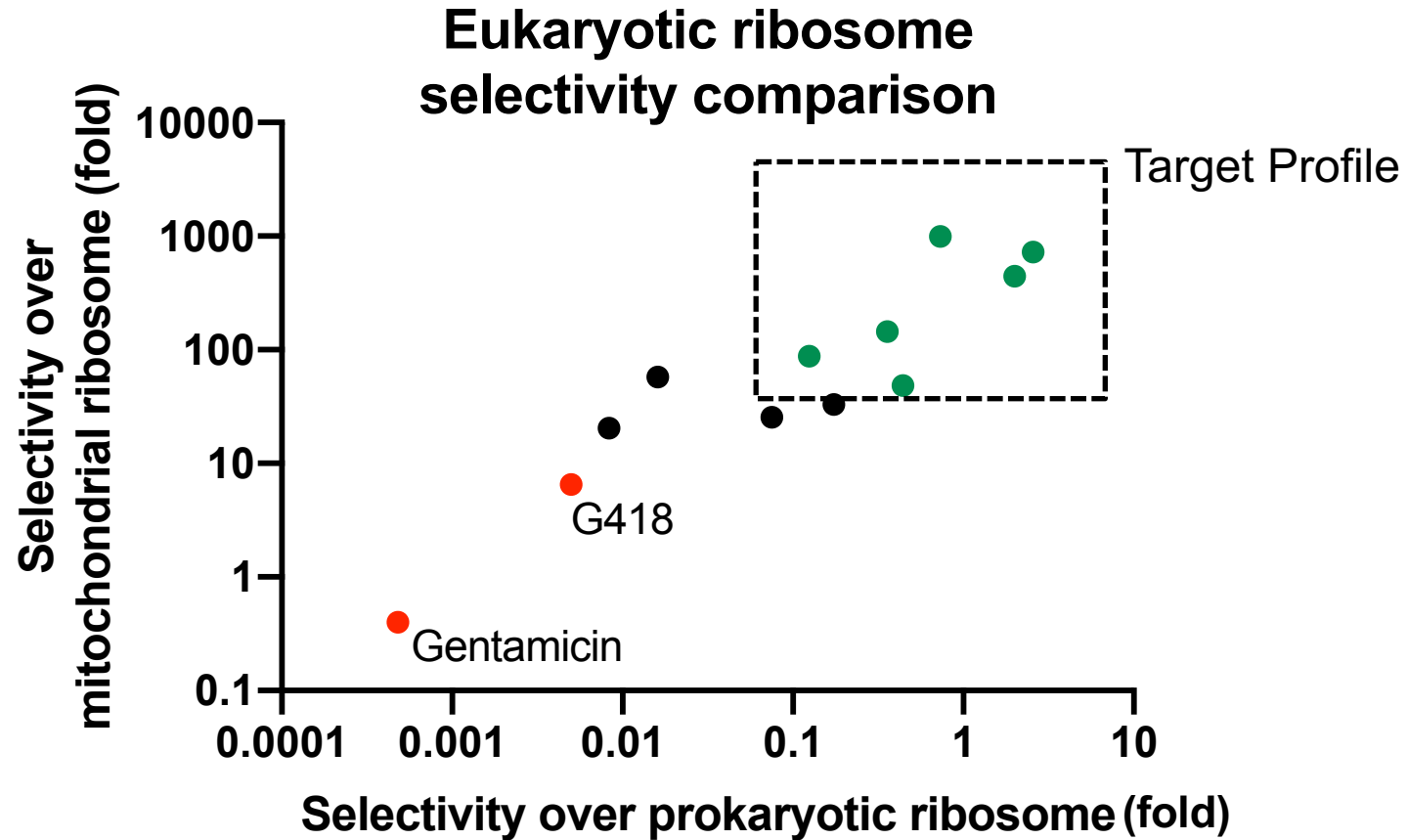
- Novel small molecule aminoglycoside analogue
 - Classified as an eukaryotic ribosomal selective glycoside (ERSG)
- Designed to have enhanced affinity for eukaryotic ribosomes and a decreased affinity for prokaryotic and mitochondrial ribosomes
- Demonstrates restoration of functional protein production via read-through of premature stop codons caused by nonsense mutations



Physicochemical Properties

Formula	$C_{19}H_{38}N_4O_{10} \cdot SO_2(OH)_2$
Molecular Weight (sulfate salt)	580.6 g/mol
Disassociation Constant	$pK_{a1} = 5.74$
Permeability	low
Solubility	> 500 mg/mL in water

ELX-02 and the Eloxx Library Demonstrate Enhanced Selectivity for Eukaryotic Cytoplasmic Ribosomes to Avoid Off-Target Effects



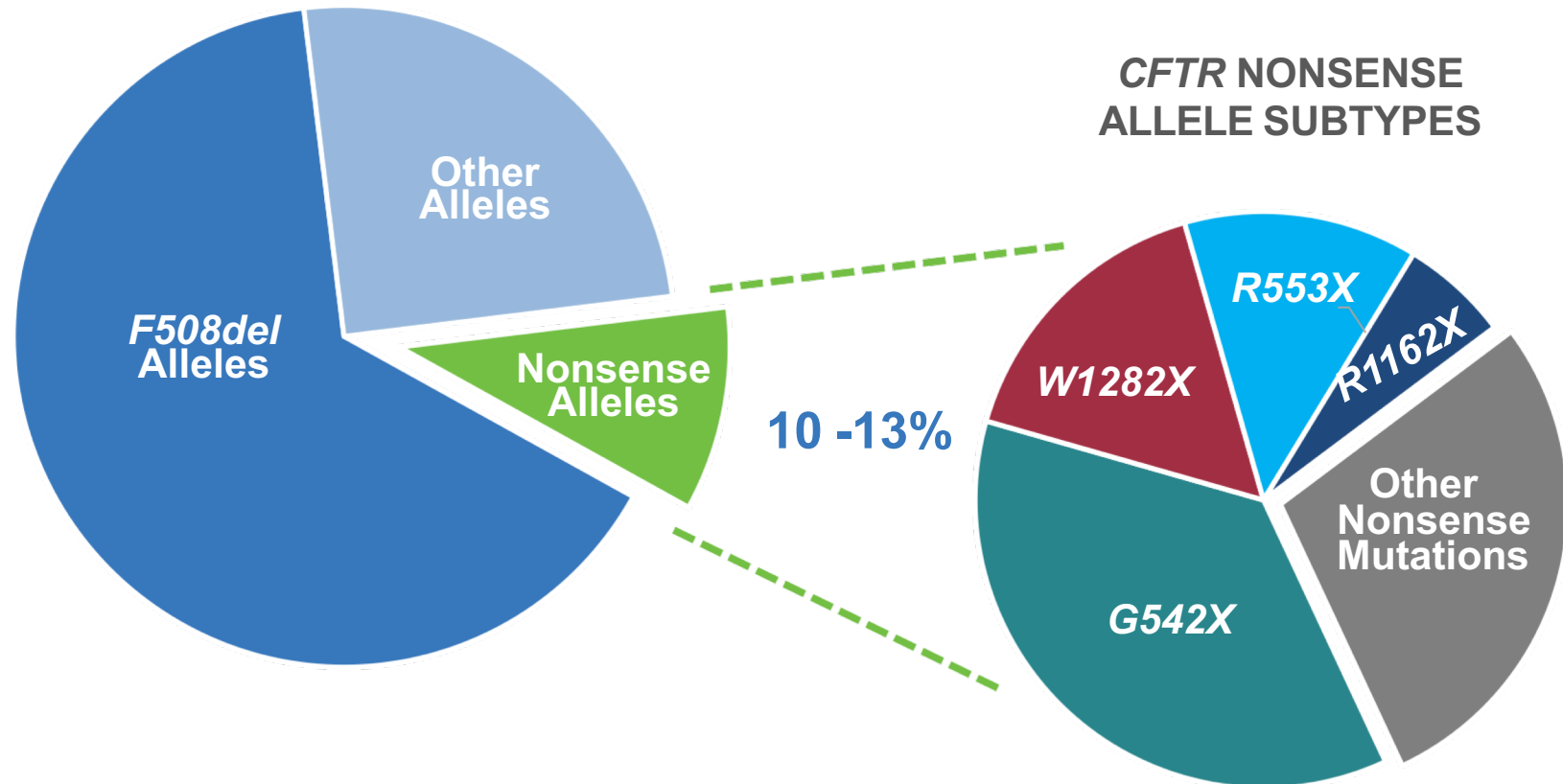
Data adapted from:

Kandasamy et al. Increased Selectivity toward Cytoplasmic versus Mitochondrial Ribosome Confers Improved Efficiency of Synthetic Aminoglycosides in Fixing Damaged Genes: A Strategy for Treatment of Genetic Diseases Caused by Nonsense Mutations. *J. Med. Chem.* (2012)

CF Nonsense Mutation Patients – Critical Unmet Needs

No Currently Approved Drugs To Treat
CFTR Nonsense Mutations

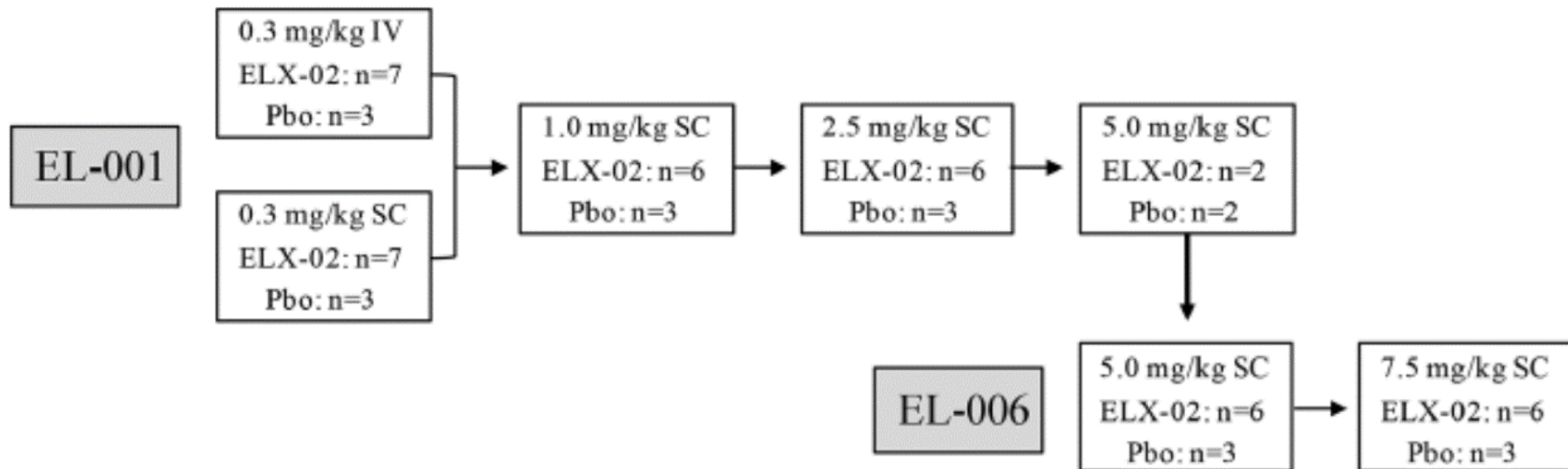
GLOBAL CYSTIC FIBROSIS PATIENTS
BY MUTATION/GENOTYPE



Plasma PK from “Single Ascending Dose (SAD) Study to Evaluate the Safety, Tolerability, and Pharmacokinetics of ELX-02 in Healthy Adults*”

- Study Overview/Design

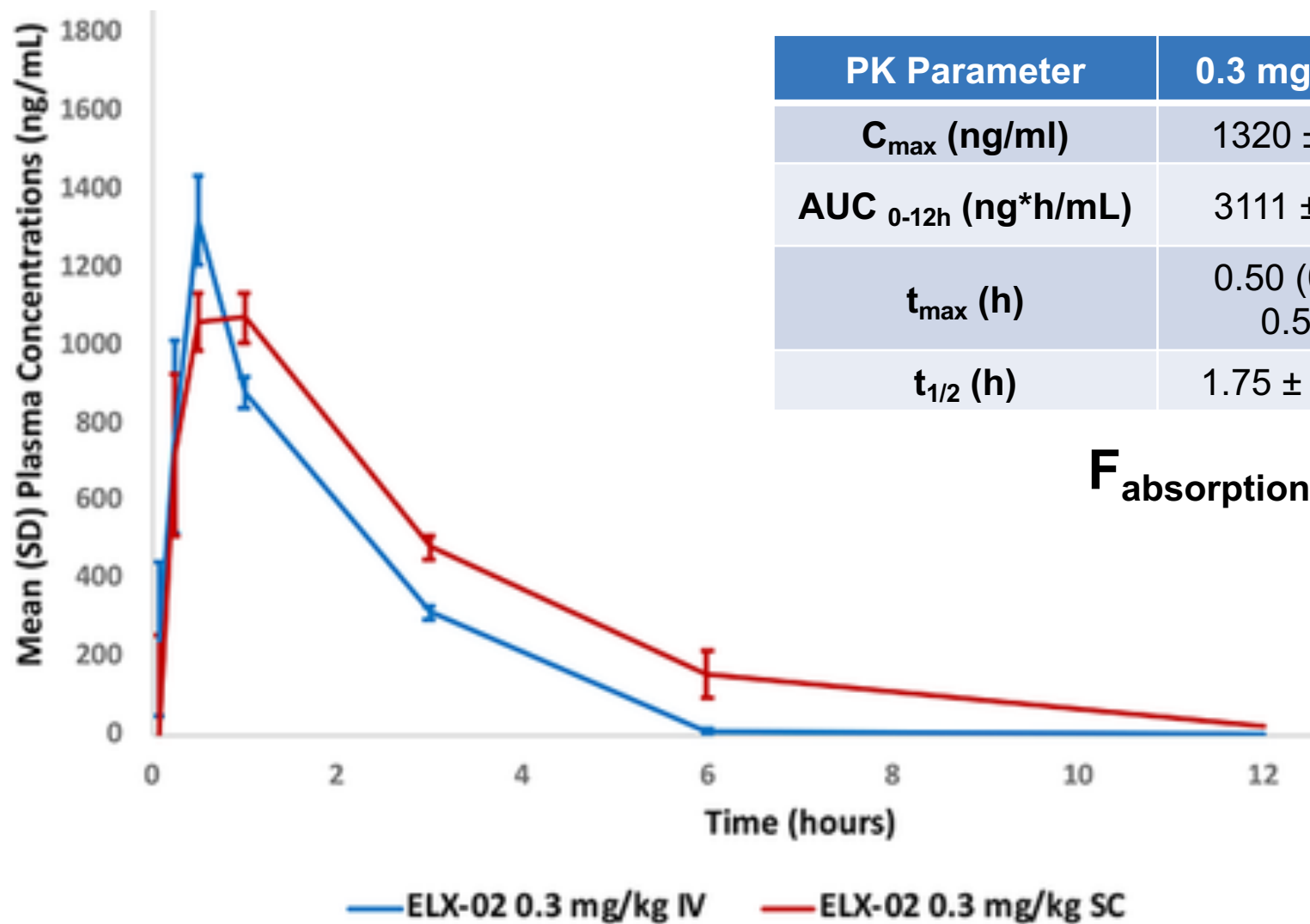
- 7 cohorts: 5 dose levels (0.3 mg/kg IV&SC, 1.0, 2.5, 5, 7.5 mg/kg SC), Israel and Belgium
- Randomized (\approx 2:1), double-blind, placebo-controlled, single dose study
- Visits: Screening (35 days), Dosing day 1, follow up (days 2, 3, 7-11)
- Dose escalation upon recommendation of a data safety monitoring board



SAD Study Objectives and Safety Evaluations Included ...

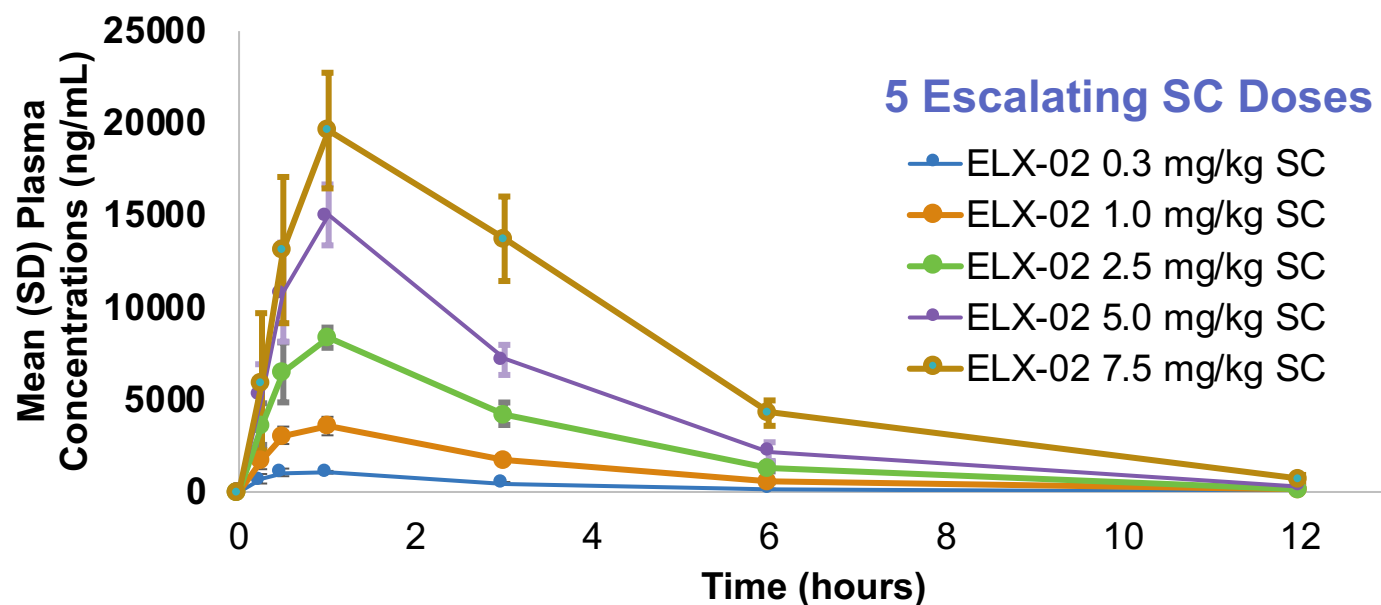
- Objectives
 - Assess safety and tolerability of single ascending doses
 - Assess plasma and urine pharmacokinetics of SC vs IV administration
- Safety
 - AE's, physical examinations, vital signs, ECG's
 - Auditory assessments
 - Clinical labs (including kidney function)

ELX-02 Administered SC is 98% Bioavailable – Plasma PK



$F_{absorption} = 0.98$

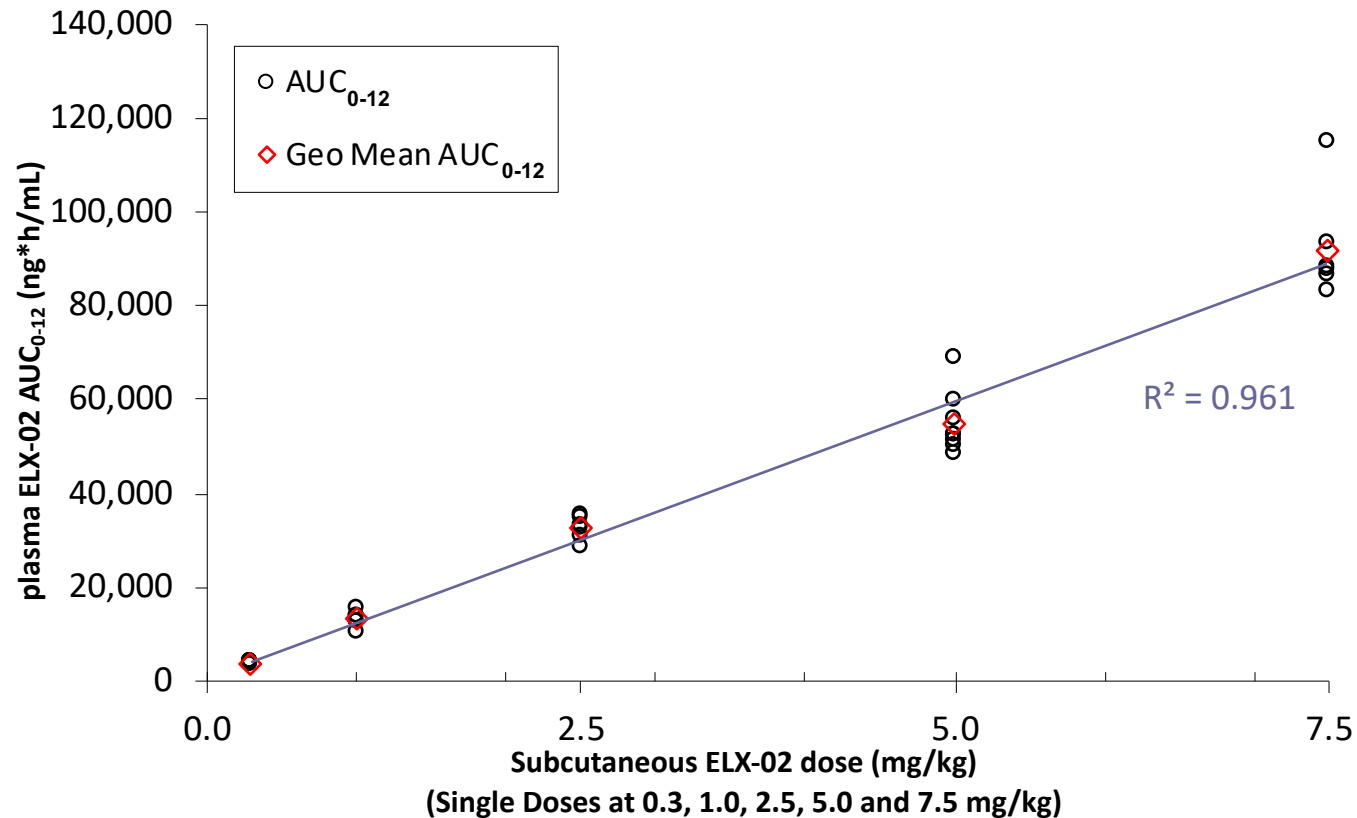
ELX-02 SC Administration is Dose Proportional – Plasma PK



PK Parameter	0.3 mg/kg SC	1.0 mg/kg SC	2.5 mg/kg SC	5.0 mg/kg SC	7.5 mg/kg SC
C_{max} (ng/ml)	1144 ± 142	3576 ± 502	8370 ± 548	15,030 ± 1652	19,605 ± 3137
C_{max} CV%	12.4	14.0	6.54	11.0	16.0
AUC_{0-12h} (ng*h/mL)	3891 ± 358	13,131 ± 1729	31,153 ± 2380	52,946 ± 6074	86,891 ± 10,439
AUC CV%	9.19	13.2	7.64	11.5	12.0
t_{max} (h)	0.50 (0.50–1.00)	1.00 (1.00–1.00)	1.00 (1.00–1.00)	1.00 (1.00–1.00)	1.00 (1.00–1.00)
t_{1/2} (h)	2.01 ± 0.155	2.14 ± 0.373	2.86 ± 0.178	3.73 ± 1.08	8.11 ± 3.19

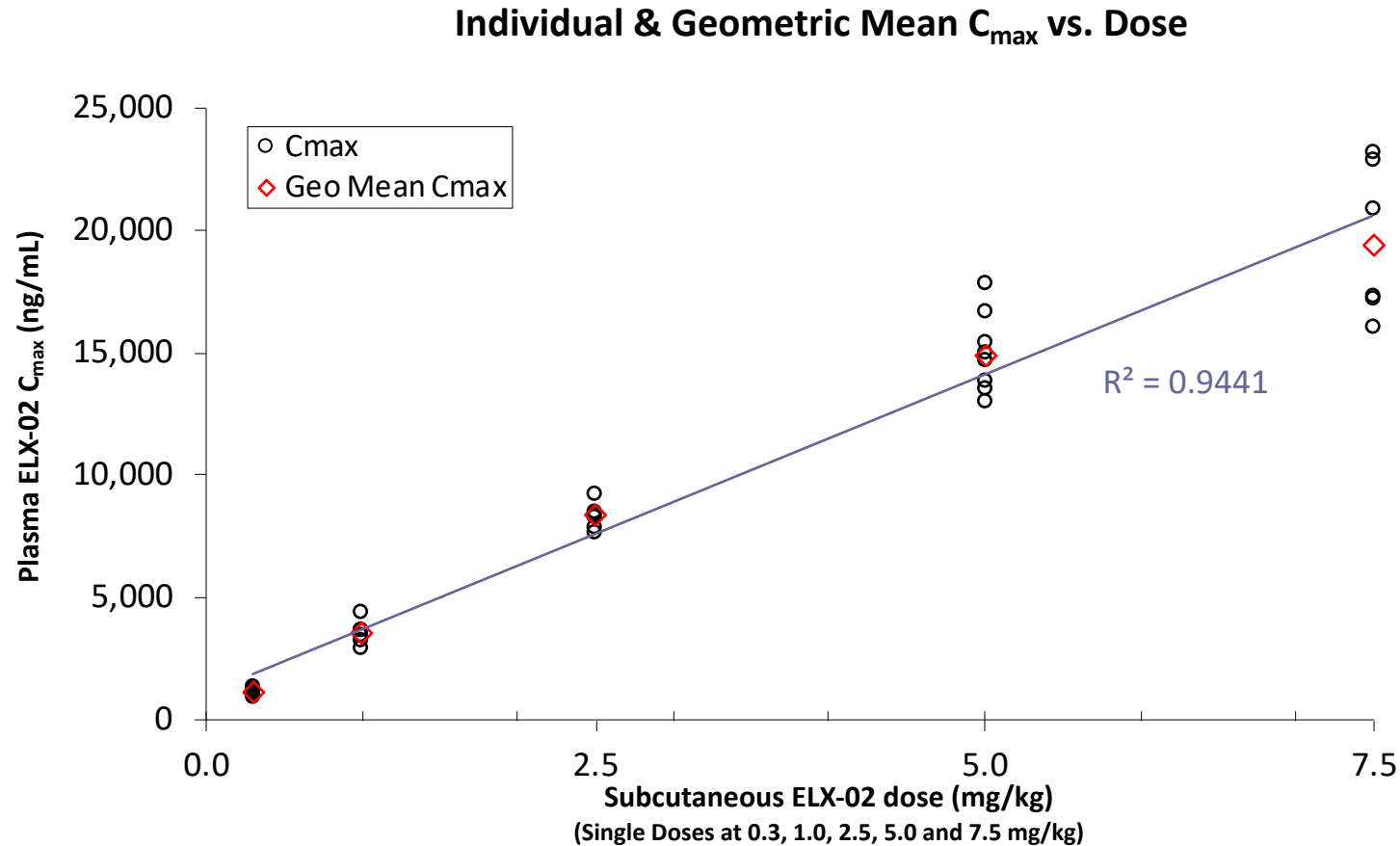
ELX-02 SC Plasma PK Shows AUC Linearity & Dose Proportionality

Individual & Geometric Mean AUC₀₋₁₂ vs. Dose



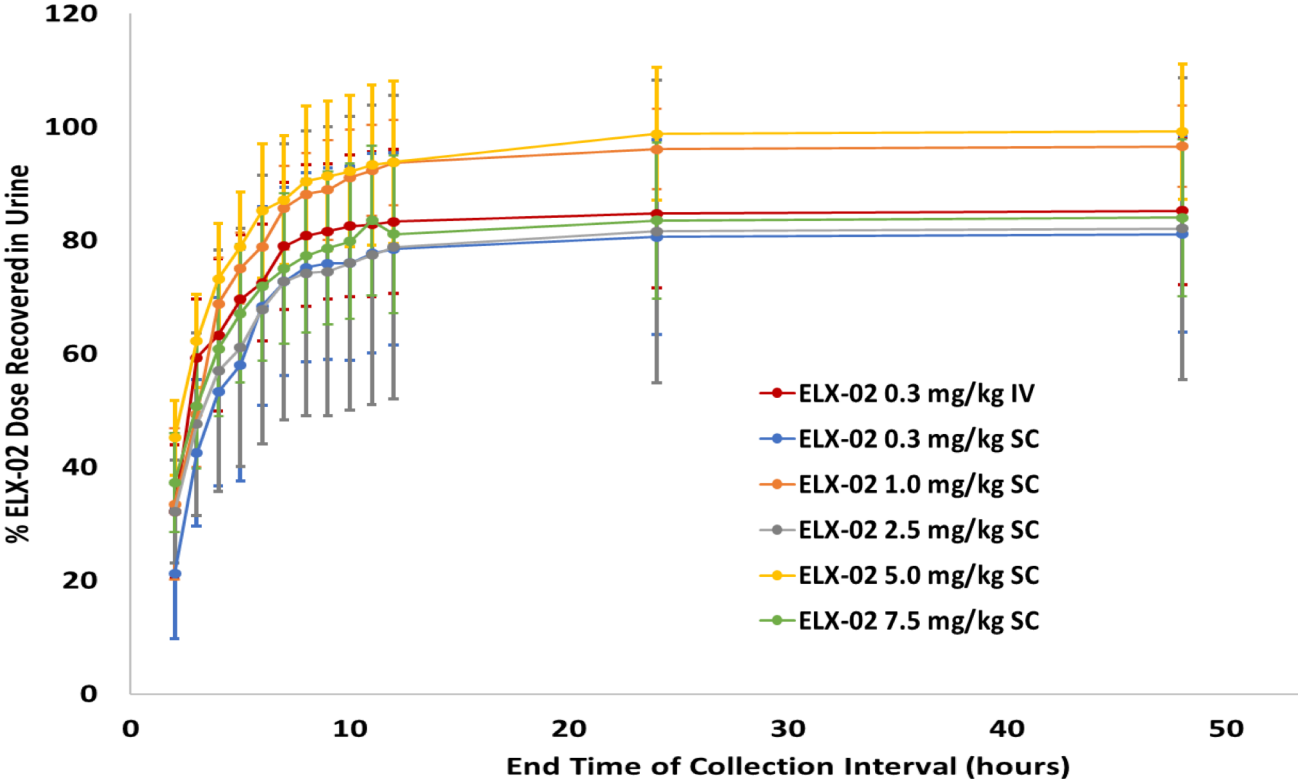
- AUC shows linearity and dose proportionality (24-fold increase for a 25-fold dose increase) across all dose levels

ELX-02 SC Plasma PK Shows C_{max} Linearity & Dose Proportionality



- C_{max} shows linearity and dose proportionality (17-fold increase for a 25-fold dose increase) across all dose levels

Primary Route of ELX-02 Elimination is Renal as Parent Molecule – Recovery in Urine



Result	0.3 mg/kg IV	0.3 mg/kg SC	1.0 mg/kg SC	2.5 mg/kg SC	5.0 mg/kg SC	7.5 mg/kg SC
Ae_{0-12h} (%dose excreted)	83.3 ± 12.7	78.5 ± 17.0	93.7 ± 7.47	78.8 ± 26.8	93.8 ± 14.3	81.1 ± 13.9
Ae_{12-24h} (%dose excreted)	84.7 ± 13.1	80.6 ± 17.2	96.1 ± 7.06	81.6 ± 26.7	98.8 ± 11.7	83.5 ± 13.8
Ae_{24-28h} (%dose excreted)	85.2 ± 13.0	81.1 ± 17.3	96.6 ± 7.14	82.1 ± 26.6	99.2 ± 11.9	84.0 ± 13.8



ELX-02 Was Generally Well Tolerated

- No Serious Adverse Events (SAEs)
- All AEs mild in severity
- No nephrotoxicity or ototoxicity
- Subjects with at least 1 TEAE:
 - ELX-02 25/40 (62.5%)
 - Placebo 9/20 (45.0%)
- The most frequent AEs considered ELX-02 related:
 - Pooled injection site events 11/40 (27.5%)
 - 2/20 (10%) in placebo
- Additional AEs included headache, ear discomfort, and dizziness



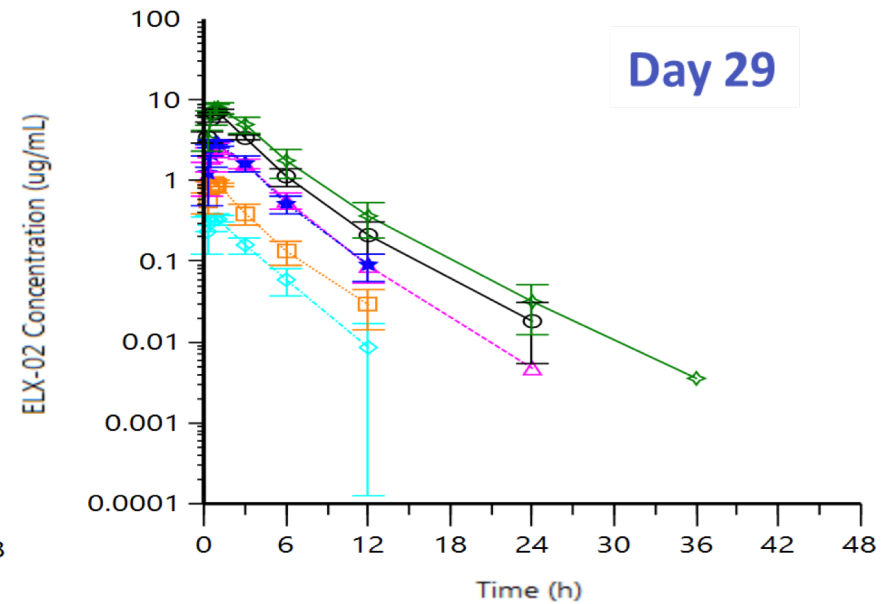
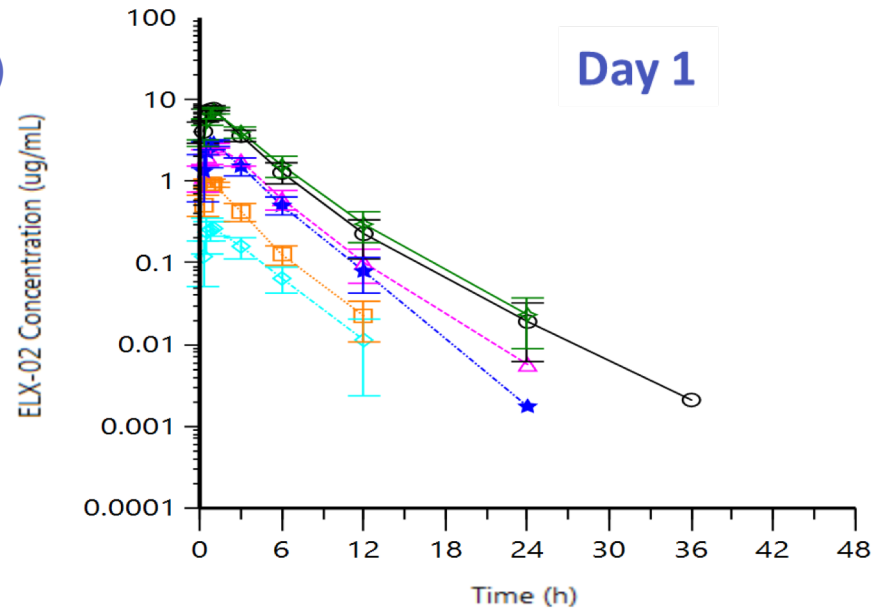
Leubitz A, et. al. Safety, Tolerability, and Pharmacokinetics of Single Ascending Doses of ELX-02, a Potential Treatment for Genetic Disorders Caused by Nonsense Mutations, in Healthy Volunteers. Clin Pharmacol in Drug Dev. 2019 Jan 16. doi: 10.1002/cpdd.647

Plasma PK from “Multiple Ascending Dose (MAD) Study to Evaluate the Safety, Tolerability, and Pharmacokinetics of ELX-02 in Healthy Adults”

Preliminary Results from Ongoing Study

6 Cohorts to Date (b.i.w.)

- COHORT 1 (0.1 mg/kg b.i.w.)
- COHORT 2 (0.3 mg/kg b.i.w.)
- COHORT 3 (1.0 mg/kg b.i.w.)
- COHORT 4 (2.5 mg/kg b.i.w.)
- COHORT 5 (1.0 mg/kg b.i.w.)
- COHORT 6 (2.5 mg/kg b.i.w.)



- AUC and C_{max} are similar to those observed in the single dose trial
- Dose proportional exposures and lack of accumulation up to day 29
- T_{max} 0.75-1.17 hr (MAD) vs 0.5-1.0 hr (SAD)
- Mean $t_{1/2}$ 2.06-3.10 hr (MAD) vs 2.01-8.11 hr (SAD)

Summary and Conclusions

- ELX-02 has been generally well tolerated in clinical studies to date, supporting future evaluation in Phase 2 with patients having nonsense mediated CF
- ELX-02 shows high bioavailability (98%) upon subcutaneous administration with highly reproducible pharmacokinetics
- ELX-02 administered SC shows linear and dose proportional AUC_{0-12} and C_{max} over the dosage range studied (0.3 to 7.5 mg/kg)
- Consistent results were observed across single and multiple dose studies, with no accumulation
- Elimination is primarily renal as parent compound





Thank You