

## Background

Tonix is a clinical-stage biopharmaceutical company focused on discovering and developing pharmaceutical products to treat serious neuropsychiatric conditions and biological products to improve biodefense through potential medical counter-measures. Tonix's lead product candidate, Tonmya<sup>®</sup>, or TNX-102 SL, is in Phase 3 development as a bedtime treatment for PTSD. Tonix is also developing TNX-102 SL as a bedtime treatment for agitation in Alzheimer's disease (AAD) under a separate IND (Investigational New Drug) application which has been cleared for a Phase 2, potential pivotal, efficacy study. TNX-601 (tianeptine oxalate) is in the pre-IND application stage, also for the treatment of PTSD but designed for daytime dosing. Tonix's lead biologic candidate, TNX-801, is a potential smallpox-preventing vaccine based on a live synthetic version of horsepox virus, currently in the pre-IND application stage.

\*Tonmya has been conditionally accepted by the U.S. Food and Drug Administration (FDA) as the proposed trade name for TNX-102 SL (cyclobenzaprine HCl sublingual tablets) for PTSD. TNX-102 SL is an investigational new drug and has not been approved for any indication.

## Financial Snapshot (as of June 1, 2018)



\* Cash and cash equivalents

## Lead Phase 3 Program: Tonmya for PTSD

- Tonmya is a Breakthrough Therapy targeting a serious, chronic psychiatric disorder
- Active ingredient cyclobenzaprine has well-established safety profile with no discernible abuse or dependency potential
- Therapeutic dose identified in Phase 2 AtEase study
- Phase 3 protocol and product registration plan accepted by U.S. FDA<sup>1</sup>
- Submission of single-study new drug application (NDA) could be possible if topline data are statistically persuasive<sup>2</sup>

<sup>1</sup> August 2016 End-of-Phase 2 meeting minutes

<sup>2</sup> March 2017 Initial Cross-Disciplinary Breakthrough meeting

## Phase 2 AtEase Study Results

- General study characteristics:
  - First large multi-center trial demonstrating efficacy of an investigational new drug in military-related PTSD
  - Randomized, double-blind, placebo-controlled, 12-week trial in military-related PTSD
  - 2:1:2 randomized ratio to Tonmya 2.8 mg, Tonmya 5.6 mg, or placebo sublingual tablets at bedtime daily
  - Efficacy analysis from 231 participants across 24 U.S. clinical sites
- Primary efficacy endpoint:  
Mean change from baseline in total Clinician Administered PTSD Scale (CAPS-5) score at week 12 compared between Tonmya 2.8 mg and placebo (p=0.211)
- Secondary efficacy endpoint:
  - Mean change from baseline in total CAPS-5 score at week 12 compared between Tonmya 5.6 mg and placebo

Category	Endpoint	p value - 5.6 mg <sup>1</sup>
PTSD Symptoms	CAPS-5 (MMRM w/ MI) <sup>2</sup>	0.031
Global improvement	CGI-I	0.041
Arousal and Reactivity	CAPS-5 cluster	0.048
Sleep Quality	CAPS-5 sleep	0.010

p<0.05 indicates statistical significance

<sup>1</sup> TNX-102 SL was found to be effective at the 5.6 mg dose.

<sup>2</sup> Mixed-effect model repeated measures with multiple imputation

- Tonmya was well-tolerated and there were no serious adverse events (AEs) related to treatment. The most common AEs were local site-administration reactions, including mild and transient tongue numbness.

## Breakthrough Therapy Designation

- Breakthrough Therapy designation granted to Tonmya by the U.S. FDA for the treatment of PTSD in December 2016
- Eligible for priority review of NDA within 6 months instead of 10 months and rolling submission of completed portions of the NDA
- Organizational commitment by FDA senior managers to ensure efficient execution of the drug development program
- Breakthrough Therapy designation is granted to drugs that are intended to treat serious conditions and that have clinical evidence showing substantial improvement over existing therapies

## Phase 3 HONOR Study: Enrolling

- General study characteristics:
  - Adaptive-design study in military-related PTSD
  - Randomized, double-blind, fixed dose (5.6 mg) versus placebo over 12 weeks of treatment
  - Entrance criteria CAPS-5 ≥ 33
  - Interim Analysis (IA) at approximately 50% of randomized participants
  - Potential to enroll 550 participants at approximately 40 U.S. sites
  - Add on 12-week and/or 40-week open-label extension studies
- Primary efficacy endpoint:
  - Mean change from baseline in total CAPS-5 score at week 12 compared between Tonmya 5.6 mg and placebo

## Milestones

- ✓ 1Q'17 FDA concurrence with Phase 3 HONOR study design and NDA registration plan
- ✓ 1Q'17 Initial Cross-disciplinary Breakthrough Meeting discussed possible single-study NDA approval
- ✓ 1Q'17 Commenced enrollment of Phase 3 HONOR study
- ✓ 2Q'18 Randomization of 50% of HONOR study participants
- 3Q'18 Anticipated interim analysis of Phase 3 HONOR study at ~50% of randomized participants
- 1Q'19 Anticipated topline results of Phase 3 HONOR study in ~550 randomized participants (if needed)

Products in Development

Product Candidate	Description	Indication	Preclinical	Phase 1	Phase 2	Phase 3	NDA/BLA	Market
<b>Tonmya®</b>	Cyclobenzaprine HCl sublingual tablets	Bedtime Treatment for PTSD	→			Phase 3 - Interim Analysis 3Q2018 Full study Topline results - 1Q2019		
<b>TNX-102 SL</b>	Cyclobenzaprine HCl sublingual tablets	Bedtime Treatment for Agitation in Alzheimer's	→		Phase 2 IND cleared 2Q2018			
<b>TNX-601</b>	Tianeptine oxalate oral formulation	Daytime Treatment for PTSD	→		Novel polymorph and salt discovered and characterized			
<b>TNX-801</b>	Live HPXV virus vaccine from cell culture	Smallpox-preventing vaccine	→		Horsepox virus synthesized and demonstrated protective vaccine activity in mice			

Proprietary Patented Formulation\*:  
Tonmya or TNX-102 SL

- Advanced sublingual tablet containing low-dose cyclobenzaprine (CBP) and mannitol eutectic designed for bedtime delivery
- Faster absorption in the body by bypassing digestive system and avoiding first-pass liver metabolism
- Lowers exposure to long-lived active major metabolite, norcyclobenzaprine, which has a long half-life and is less selective for target receptors
- Designed to align CBP exposure with sleep

\*U.S. Patent No. 9,636,408 issued May 2017 by U.S. Patent and Trademark Office

Mechanism of Action: TNX-102 SL

- The active ingredient, TNX-102, is a tricyclic molecule that targets 3 receptors in the brain that are believed to be associated with enhancing sleep quality
- Sleep disturbance is a core PTSD symptom (component of intrusion and hyperarousal symptom clusters)

Market Opportunity

- PTSD is a prevalent problem for civilians and the military
  - 20% of women and 8% of men in the U.S. who experience significant trauma develop PTSD<sup>1</sup>
  - 8.6M Americans affected (3.5% of pop.)<sup>2</sup>
  - 1.8M Americans diagnosed<sup>3</sup>
  - ~638K affected veterans in the VA\* health system<sup>4</sup>
  - 20% of veterans from recent conflicts will have potential or provisional PTSD<sup>5</sup>
- FDA-approved drugs have either failed to show efficacy<sup>5</sup> or were insufficiently studied in male and military-related PTSD<sup>6</sup>
- Important tolerability issues with SSRIs\*\* in this population (sexual dysfunction, insomnia, weight gain)
- Off-label use of anxiolytics, sedative-hypnotics, and antipsychotics is common<sup>3</sup>

<sup>1</sup> Kessler RC et al., Arch Gen Psychiatry 1995;52:1048  
<sup>2</sup> Kessler et al., Arch Gen Psychiatry. 2005;62: 617; Prevalence rate of 3.5% applied to U.S. Census estimate of 247 million U.S. adult (>18) population in 2015 (www.census.gov/quickfacts/table/PST045215/00)  
<sup>3</sup> Bernardy et al., J. Clin Psychiatry, 2012  
<sup>4</sup> Bove and Rosenheck, 2015 (638,451 veterans diagnosed with PTSD in the VA in fiscal year 2012 across all medical centers)  
<sup>5</sup> Bove et al., J. Dual Diagnosis 2015;11:22  
<sup>6</sup> Friedman MJ et al., J. Clin Psychiatry 2007;68:711-20  
 \* Veterans Affairs  
 \*\* Selective serotonin reuptake inhibitors

Financials (in thousands)

Category	Mar31 2018	Dec 31 2017	Sept 30 2017
Cash, cash equivalents & marketable securities	19,253	25,496	29,310
Working capital	18,318	24,317	28,369
Total assets	20,980	26,754	30,535
Accumulated deficit	(169,298)	(162,363)	(156,870)
Total stockholders' equity	18,611	24,616	28,680

Intellectual Property

Wholly-owned by Tonix with no obligations to others

TNX-102 SL



- Composition-of-matter (eutectic) includes:
  - Eutectic Proprietary Protectic™ Formulation Patent No. 9,636,408 issued May 2017
  - Protection expected to 2034



- Pharmacokinetics (PK)
  - Japanese Patent No. 6,259,452 issued December 2017
  - Protection expected to 2033



- Method-of-use
  - European Patent No. 2,501,234 issued September 2017 for cyclobenzaprine method of use
  - U.S. Patent No. 9,918,948 issued March 2018 for cyclobenzaprine method of use
  - Protection in both locations expected to 2030

Additional claims and jurisdictions pending for all of the above

TNX- 601



- Composition-of-matter
  - Patent application filed on novel salt
  - 5-year Hatch-Waxman exclusivity

TNX-801



- Composition-of-matter
  - Patent application filed on novel virus
  - 12 years exclusivity under the Patient Protection and Affordable Care Act

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Disclaimer: This fact sheet includes historical information and forward-looking actions that Tonix Pharmaceuticals anticipates based on certain assumptions. Actual results may be different from projections, and Tonix Pharmaceuticals assumes no obligation to update this information. This is not intended to be nor should it be interpreted by any party as a solicitation or a recommendation to invest in Tonix Pharmaceuticals.