Redx Pharma

(AIM:REDX)

Compelling opportunity to invest in taking targeted oncology and fibrosis medicines into clinic

Redx BioTech Showcase Presentation

January 2019

Disclaimer

The information contained in this presentation is being supplied and communicated to you on a confidential basis solely for your information and may not be reproduced, further distributed to any other person or published, in whole or in part, for any purpose.

Members of the public are not eligible to take part in the presentation or be provided with the presentation. In the United Kingdom, the presentation is only being directed at persons (i) reasonably believed by Redx Pharma plc ("the Company") to be investment professionals within the meaning of paragraph (5) of Article 19 or to high net worth companies or unincorporated associations within the meaning of paragraph (2) of Article 49 of the Financial Services and Markets Act 2000 (Financial Promotion) Order 2005 (SI 2005/1529), as amended and (ii) who are "qualified investors" within the meaning of section 86(7) of the Financial Services and Markets Act 2000 ("FSMA") or otherwise in circumstances that will not have resulted and will not result in an offer of transferable securities to the public in the United Kingdom within the meaning of section 102B of FSMA.

If you are not such a person (i) you should not take part in the presentation and nor should you have received the presentation, (ii) please return this document to the Company's registered office or representative at the presentation as soon as possible and take no other action, (iii) please leave the presentation immediately after returning the presentation and (iv) you may not rely on or act upon the matters communicated by the presentation.

The Company's securities have not been and will not be registered under the U.S. Securities Act of 1933, as amended (the "Securities Act"), or under the securities laws of any state or other jurisdiction of the United States (within the meaning of Regulation S under the Securities Act), and may not be offered or sold into or within the United States absent registration under the Securities Act or pursuant to an exemption from, or in a transaction not subject to, the registration requirements of the Securities Act. Subject to certain limited exceptions, neither this presentation nor any copy of it may be taken, transmitted or distributed, directly or indirectly, in or into the United States. Neither this presentation nor any copy of it or any of the presentation may be taken or transmitted into or distributed in Canada, Australia, or the Republic of South Africa or to any resident thereof, or taken or transmitted into or distributed in Japan or to any resident thereof or to any other jurisdiction which prohibits such taking in, transmission or distribution, except in compliance with applicable securities laws. Any failure to comply with these restrictions may constitute a violation of the securities laws or the laws of any such jurisdiction. The distribution of this document in other jurisdictions may be restricted by law and the persons into whose possession this document comes should inform themselves about, and observe, any such restrictions. Any failure to comply with this and the above restriction may constitute a violation of United States or other national securities laws.

Recipients of this presentation are not to construe its contents, or any prior or subsequent communications from or with the Company or its representatives as investment, legal or tax advice. In addition, this presentation does not purport to be all-inclusive or to contain all of the information that may be required to make a full analysis of any transaction. Further, the information in this presentation is not complete and may be changed. Recipients of this presentation should each make their own independent evaluation of the information and of the relevance and adequacy of the information in this presentation and should make such other investigations as they deem necessary. Accordingly no representation or warranty, express or implied, is made as to the fairness, accuracy, completeness or correctness of the information and opinions contained in this presentation and no reliance should be placed on such information or opinions. None of the Company, or any of its respective members, directors, officers or employees nor any other person accepts any liability whatsoever for any loss howsoever arising from any use of such information or opinions or otherwise arising in connection with this presentation. No part of this presentation, or the fact of its distribution, should form the basis of or be relied upon in connection with any contract or commitment or investment decision whatsoever. This presentation does not form part of any offer of securities, or constitute a solicitation of any offer to purchase or subscribe for securities or an inducement to enter into any investment activity.

This Presentation includes forward-looking statements. These forward-looking statements involve known and unknown risks and uncertainties, many of which are beyond the Company's control and all of which are based on the Directors' current beliefs and expectations about future events. Forward-looking statements are sometimes identified by the use of forward-looking terminology such as "believe", "expects", "may", "will", "could", "should", "shall", "risk", "intends", "estimates", "aims", "plans", "predicts", "continues", "assumes", "positioned", "targets" or "anticipates" or the negative thereof, other variations thereon or comparable terminology. These forward-looking statements include all matters that are not historical facts. They appear in a number of places throughout this presentation and include statements regarding the intentions, beliefs or current expectations of the Directors or the Company concerning, among other things, the results of operations, financial condition, prospects, growth, strategies, and dividend policy of the Company and the industry in which it operates. These forward-looking statements and other statements contained in this presentation regarding matters that are not historical facts involve predictions. No assurance can be given that such future results will be achieved; actual events or results may differ materially as a result of risks and uncertainties facing the Company. Such risks and uncertainties could cause actual results to vary materially from the future results indicated, expressed, or implied in such forward-looking statements. Such forward-looking statements contained in this presentation speak only as of the date of this presentation. The Company and the Directors expressly disclaim any obligation or undertaking to update these forward-looking statements contained in this presentation to reflect any change in their expectations or any change in events, conditions or circumstances on which such statements are based unless required to do so by applicable law or the AIM Rules for Companies.

By participating in this presentation and/or accepting any copies hereof you agree to be bound by the foregoing restrictions and the other terms of this disclaimer.

Executive Management Team

Ambitious new management team in place with strong scientific and commercial experience

June 2018

Lisa Anson, Chief Executive Officer

20 year career at AstraZeneca plc.
Significant leadership experience including President of AstraZeneca UK.
Ex-President of the Association of British Pharmaceutical Industry

Feb 2019

Dr James Mead, Chief Financial Officer

Finance leadership roles, including CFO and Investor Relations
16 years at AstraZeneca
PhD in molecular biology

Jan 2018

Dr Andrew Saunders, Chief Medical Officer

Oncology focus since 1992 both clinical practice and pharmaceutical/ biotech industry Including senior roles at Eli-Lilly and Roche (Rituximab)

2014

Dr Richard Armer, Chief Scientific Officer

Significant experience in both small biotechnology and large pharmaceutical companies through roles in Pfizer, Organon, Ardana, Oxagen & Lectus Therapeutics
Successful in generating and progressing multiple clinical candidates

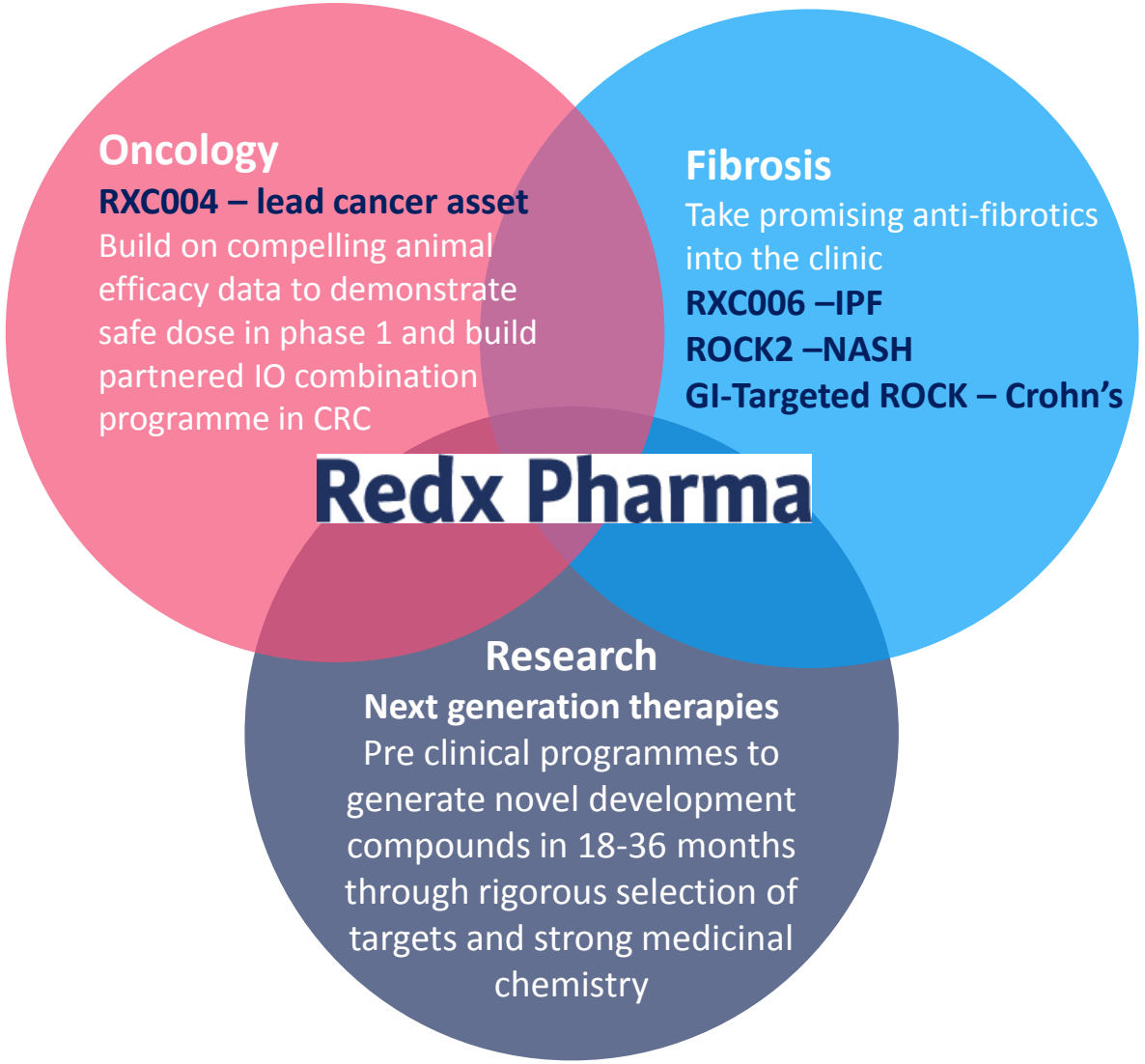
Introduction

- Biotech focused on developing novel medicines in oncology and fibrosis
  - Strategy to build shareholder value by advancing selected assets into clinical development
  - Proven scientific capability – retained in house team of 50
  - 2017 sale of pre clinical BTK oncology asset for $40m, LOXO-305 (RXC005) now moving to clinic

- Compelling opportunity to develop into clinic in commercially attractive areas
  - RXC004 unlocks the potential promise of the Wnt pathway in oncology
  - Promising pre-clinical efficacy evidence in three fibrosis programmes supports move to clinic
  - Leverage proven ability to design molecules against a validated target

A clear, focused strategy delivered by an ambitious new management team

Redx's Strategy – Three Interrelated Investment Pillars



IO = Immuno-oncology, CRC = Colorectal Cancer, IPF = Idiopathic Pulmonary Fibrosis, NASH = Non-alcoholic Steatohepatitis

Redx Pipeline

Highly selected targeted products for oncology and fibrosis

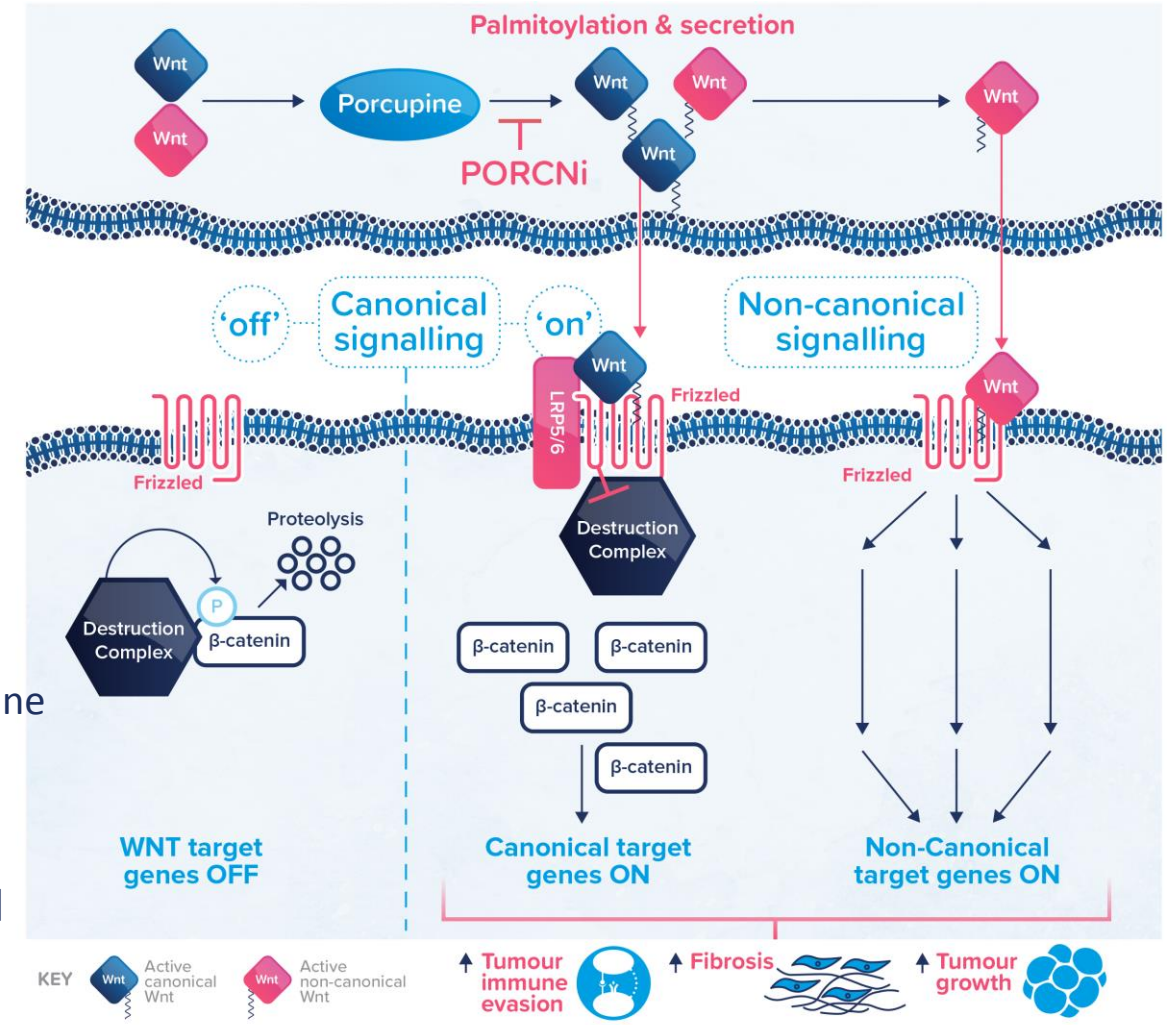
	Target/ Product	Indication	Research	Pre-clinical (CTA/IND enabling)	Clinical (Phase 1)	Milestone Date
RXC004	**Porcupine**	Combination with PD1 / PD-(L)1 in solid tumour (colorectal cancer)				Phase 1 safety completion – H1 20
Anti-fibrotics	**Porcupine** (RXC006)	Idiopathic pulmonary fibrosis (IPF)				Pre clinical 2019 Clinic ready 2020
	ROCK2 selective	Non-alcoholic Steatohepatitis (NASH)				Pre clinical development candidate H1 19 Clinic ready H2 20
	GI-targeted ROCK	Crohn's Related Fibrosis				Pre clinical development candidate H1 19 Clinic ready H2 20
Research	**Validated targets** (inc. SHP2 & AZ collaboration)	Oncology and Fibrosis				Lead Optimisation 2019 - 2020; Development candidates <36 months

RXC004

Potentially a best-in-class drug against a validated cancer target

- RXC004 – potent oral porcupine enzyme inhibitor (PORCNi)
  - Significant tumour growth inhibition in pre-clinical models
  - US composition of matter patent granted in 2018
- PORCN is a validated drug target
  - PORCN regulates secretion of Wnt ligands
  - Wnt pathway is key in cell proliferation
  - Wnt pathway increasingly implicated in immune tumour micro-environment
- RXC004 has dual tumour targeting and Immuno-oncology combination potential
  - Novartis PORCNi in clinical phase 1/2a in combination with an immune checkpoint inhibitor (ICI), suggesting proof of principle
  - Two others in phase 1 clinical development (A*Star and Curegenix)
- Phase 1 clinical trial to re-initiate in 1H2019 at a lower dose based on learnings about exposure and half life in first patient

The Wnt signalling pathway

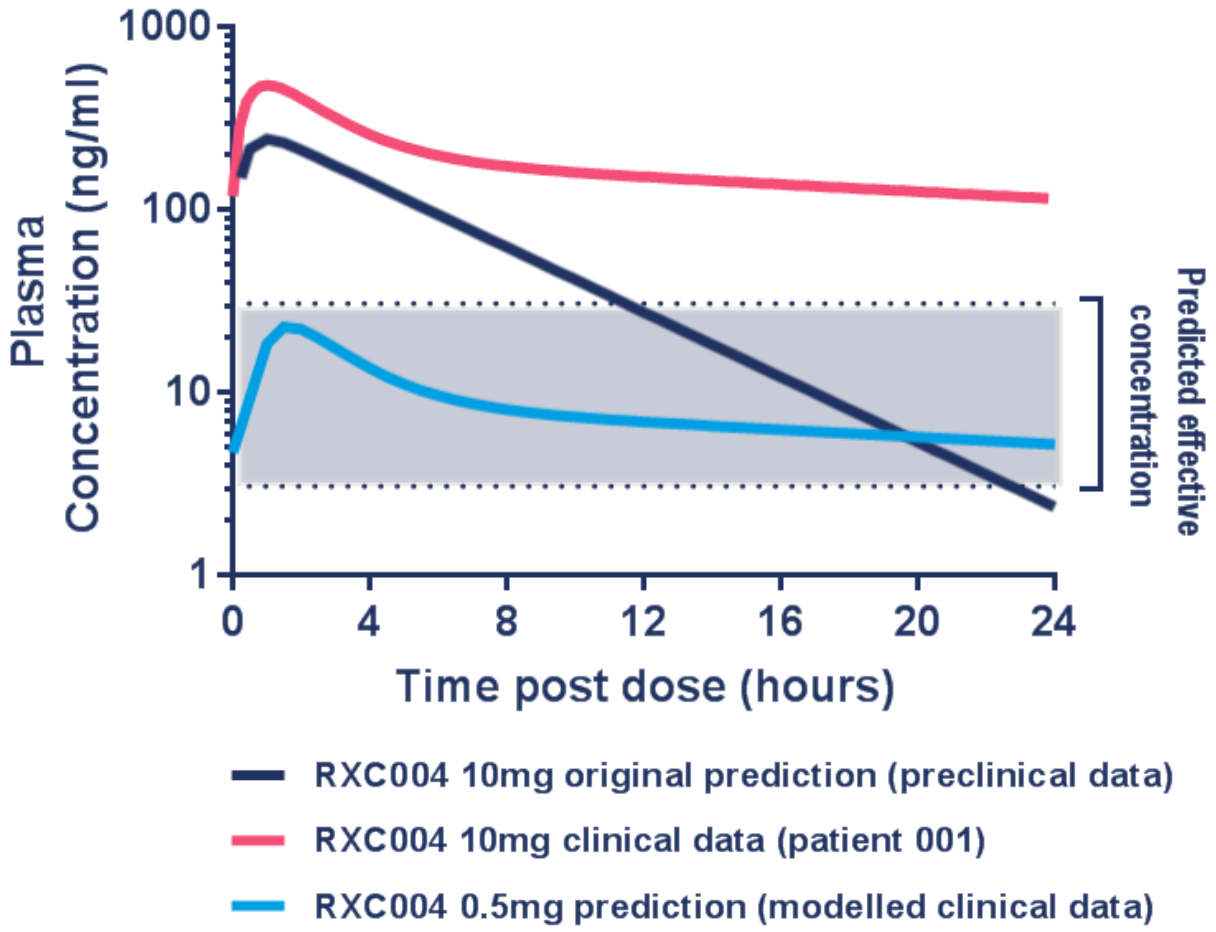


RXC004

Phase 1 Clinical trial will re-initiate in 1H2019

- Trial to be re-initiated following observed on-target side effects* at 10mg dose
  - Longer human half-life than predicted led to higher and longer exposure
  - Excellent bioavailability
  - Target engagement confirmed
  - Only expected on-target side effects noted
- Clinical pharmacokinetic data indicates a lower dose of 0.5-3mg a day should achieve efficacious exposure levels with greatly reduced risk of on-target side effects reformulation of lower dose strengths ongoing
- Revised protocol approved by MHRA in November 2018
- Plan to dose next patient in 1H2019, starting at 0.5mg

RXC004 Plasma Concentration



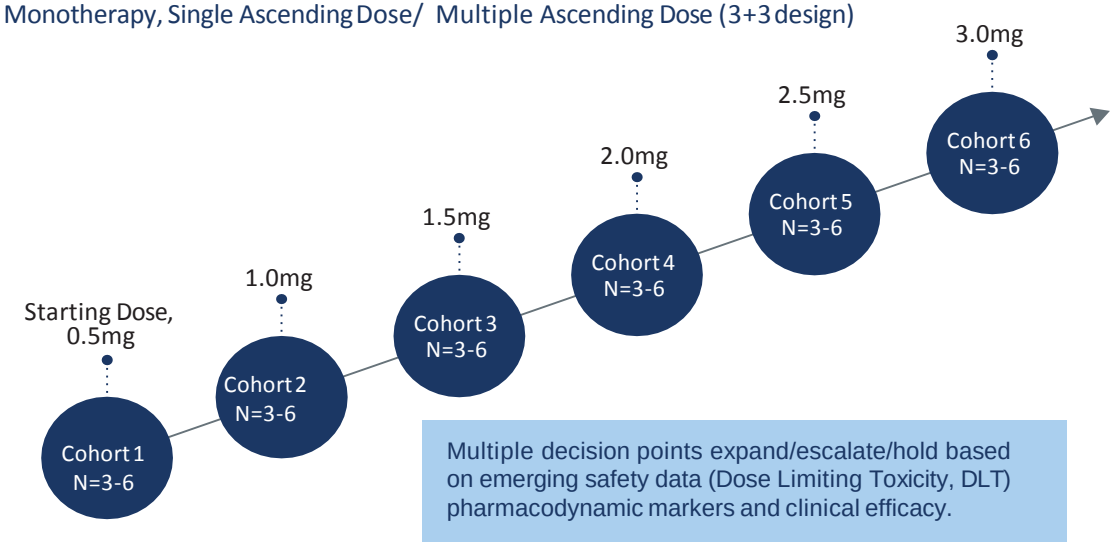
**on target side effects : diarrhoea, loss of taste, bone fragility*

RXC004

Revised clinical trial protocol now approved by MHRA

Phase 1 - Dose Escalation

Monotherapy, Single Ascending Dose/ Multiple Ascending Dose (3+3 design)



Phase 1 Part a	Dose escalation cohorts: To assess the safety and tolerability of RXC004 in an all-comers cohorts of advanced cancer patients. 3-5 UK sites; 12-18 months.
Phase 1 Part b	Dose expansion cohorts: To assess the efficacy of RXC004 monotherapy in biomarker selected patients (eg CRC, gastric and pancreatic cancer patient cohorts) 3-5 UK sites.
Phase 2a	To assess the safety, tolerability and efficacy of RXC004 in combination with standard of care therapies, including ICIs, in e.g. CRC.

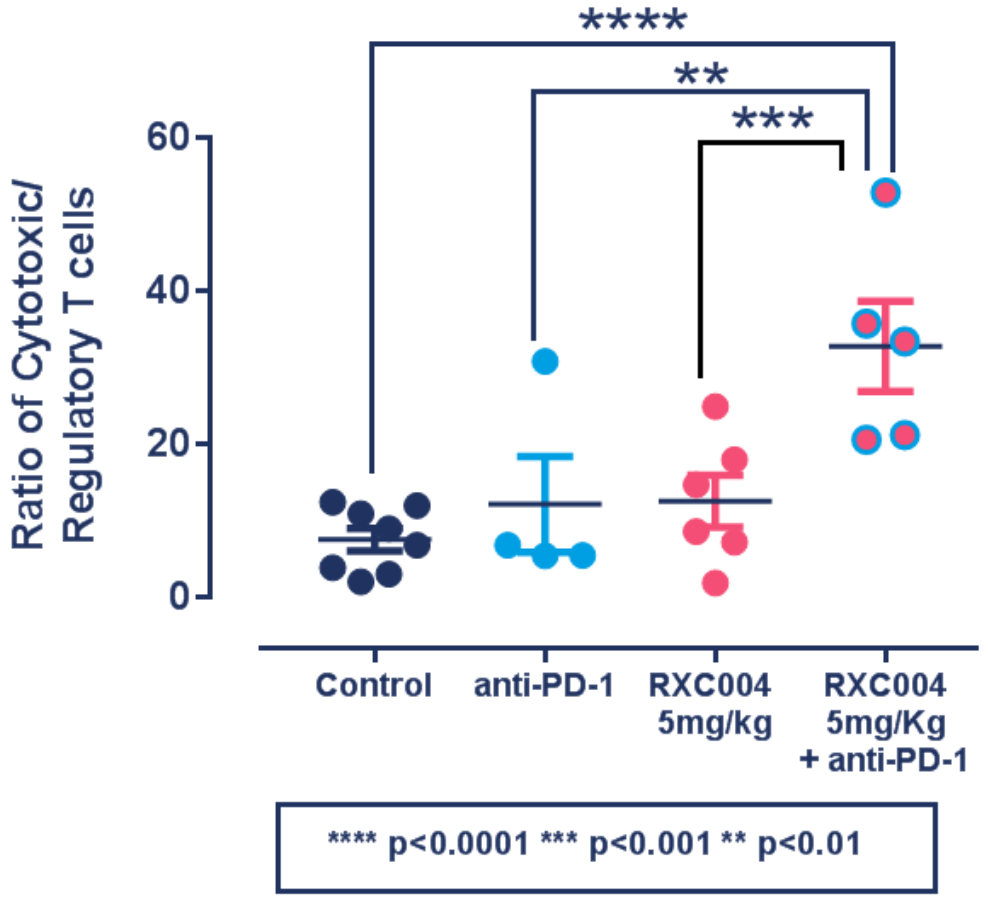
- Target starting dose 0.5mg once daily
  - 18-36 patients planned in Phase 1 dose escalation, 2-3 months per dose cohort
  - Safety, tolerability, PK and PD - Axin-2 in skin biopsy, IO markers in tumour and blood
- Lead PI - Dr Natalie Cook, Christie Hospital, Manchester, UK
  - 4 Further Centres – The Marsden, Guys (London), Oxford and Newcastle
- Once minimum biologically active dose (MBAD) achieved expansion arms can be initiated
  - monotherapy or in combination with an immune checkpoint inhibitor (anti-PD1)
- Phase 2a encompassed in trial protocol
  - allows move to a combination therapy subject to protocol amendment required

RXC004 Development Strategy

Early RXC004 evidence suggests strategy to exploit potential in immuno-oncology

- Approval of Immune Checkpoint Inhibitors* (ICIs) has revolutionised the treatment of cancer
- Colorectal Cancer (CRC) is one potential development target
- mCRC has large incidence (c.110,000 globally)** with high mortality
  - Significant commercial opportunity
- RXC004 in combination with ICIs could:
  - Increase response rate in MSI (Microsatellite Instability) segment (17%)*** where 60% are non-responders and/or
  - Render some non-MSI segments (approx. 83%)*** susceptible to ICI treatment
- Evidence of RXC004 safety combined with immune cell changes will command interest
  - Immuno-oncology Advisor – Prof. Aurélien Marabelle, Gustave Roussy, Paris

RXC004 in combination with anti-PD1
results in a more tumour fighting microenvironment



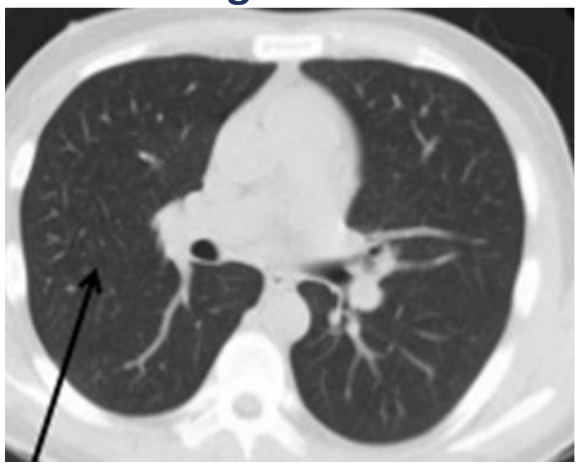
*PD1, PD-(L)1, ** Calculated from GlobalData PharmaPoint Colorectal Cancer 2015-2025), *** Ashktorab H et al Oncotarget 2016*

Anti-Fibrotics: RXC006

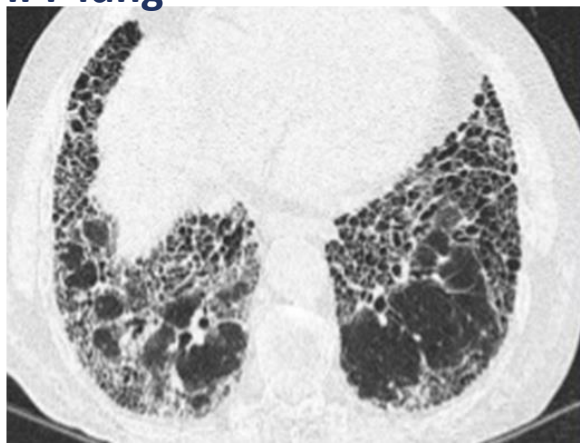
RXC006 is a PORCNi in development for Idiopathic Pulmonary Fibrosis (IPF)

- IPF is a fatal lung disease with no effective therapy
  - Median survival 2-5 years*, resulting in 25,000** annual deaths in US
  - Only Esbriet® (Roche) and Ofev® (BI) approved for mild to moderate IPF
- Scientific evidence suggests porcupine inhibition may be effective in patients with advanced fibrosis
  - Both canonical and non-canonical pathways involved in fibrosis – suggesting that universal suppression of Wnt will be effective
  - Wnt pathway involvement increases with the severity of disease
- PORCNi show robust pre clinical efficacy in murine kidney, liver and lung fibrosis models
  - RXC006 nominated as development candidate (November 2018)
  - Manufacturing and preclinical development studies during 2019 with first in man during 2020
  - Composition of matter patent (US allowance of grant), distinct from RXC004

Normal lung



IPF lung

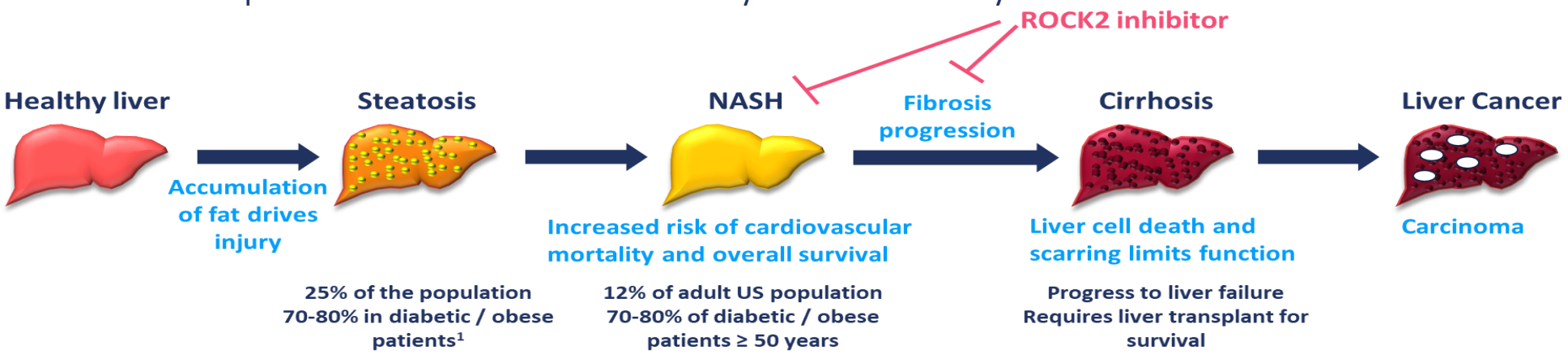


** Clinical Estimates from Hyun 2015, Ley 2012, Raghu 2006. ; ** GlobalData Opportunity Analyser IPF 2015-2025*

Anti-Fibrotics: ROCK2

ROCK2 selective inhibition is an exciting approach – advancing to development candidate mid 2019

- NASH expected to become leading cause of liver cirrhosis
  - No currently approved therapies for NASH
  - Development space crowded (estimated *total* market $25.3bn* by 2026)
  - Few targeting underlying fibrosis which is increasingly important for treatment of late stage disease - potential in NASH as anti-fibrotic treatment for late stage disease– estimated 10.5m* patients
- ROCK2 inhibition is a promising approach to a validated target
  - Decreases human hepatic stellate cell activation *in vitro* and demonstrates efficacy in acute kidney injury
- Redx series shows good pre-clinical profile with improved activity and selectivity vs. key competitor, KD025**
  - Composition of matter patents filed. Further *in vivo* efficacy studies underway

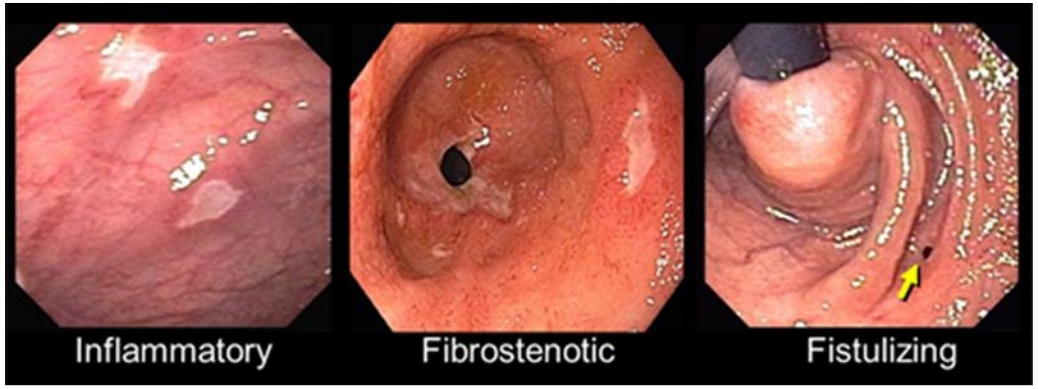


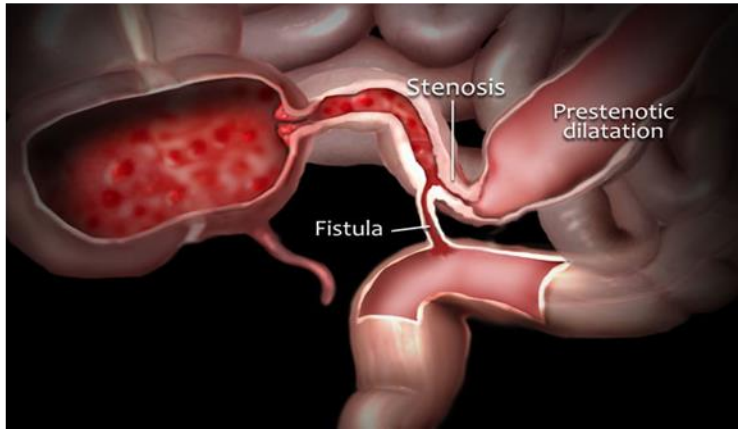
** Calculated from GlobalData Opportunity Analyser Report, Hagstrom et al (2017), Jnl of Hepatology based on patients at F3/F4 stage, "GlobalData: NASH – Current and Future Trends, October 2018", ** Kadmon's ROCK inhibitor in phase 2*

Anti-Fibrotics: GI-targeted ROCK

GI-targeted ROCK inhibitor programme is a unique proposition in Crohn's disease

- 1.5m* people globally suffer from Crohn's disease – 50%** will develop strictures or complications
  - No treatment available or in development for underlying fibrosis
- ROCK (Rho-associated Kinase) is a biologically validated target involved in fibroblast activation
- REDX series is a potent, small molecule ROCK 1/2 inhibitor with potential to be first-in-class
  - Minimal absorption profile makes it highly selectively active in gut without risking systemic exposure
  - Blocks pro-fibrotic signals and has shown efficacy in-vivo in models and ex-vivo using tissue from Crohn's patients
  - Composition of matter patents granted
- Next Milestone is development candidate nomination H1 2019





** GlobalData: Crohn's Disease 2016, ** Chan et al, 2018*

Redx Key Near-term Milestones and Value Drivers to 2020

		2018	2019	2020
Oncology	RXC004	✓ ***1Q*** *First patient treated in Phase 1 study* ✓ ***1H*** *Read-out on pre clinical PoC studies in fibrosis* ✓ ***2H*** *MHRA approved revised protocol*	**1H** Phase 1 re-start **1H** ASCO Wnt pathway updates **2H** Phase 1 initial cohort safety data	**1H** Phase 1 safety data readout - monotherapy - combination
Anti-Fibrotics	PORCN/ RXC006	✓ *Patents filed, data presented* ✓ *Development candidate selected*	**1H** Manufacturing **2H** GLP toxicity	**1H** Clinic ready (IPF)
	ROCK2 selective	✓ *Patents filed, data presented* ✓ *Series assessment ongoing*	**1H** In vivo data completed **1H** Development candidate selected for NASH	**2H** Clinic ready
	GI targeted ROCK	✓ *Patents filed* ✓ *Series assessment ongoing*	**1H** Development candidate selected for Crohn's related fibrosis	**2H** Clinic ready

Why Redx? We are Building a Leading Biotech

- Value generation through advancing to clinical proof of concept for novel medicines:
  - Key value inflection point
  - Focused on rigorous selection of validated cancer and fibrosis targets
- New management team and strengthened Board have restructured business
- Focused strategy to drive existing pipeline into clinic:
  - Lead oncology asset opportunity to unlock Wnt pathway potential – Phase I completed in Q2 2020
  - Fibrosis treatments target significant commercial markets – ready to enter clinic in mid 2020
- Leverage medicinal chemistry expertise to supplement pipeline in house/externally
  - Excellence in drug design validated by recent sale to Loxo of preclinical oncology asset for $40M cash
- Strategically forge partnerships to enable development, unlocking additional shareholder value