

Enalare Therapeutics Inc.

Developing and commercializing novel therapies to address the national health crisis of Acute Respiratory Depression

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Enalare presents a compelling investment opportunity

Poised to fundamentally change clinical practice in the treatment of acute respiratory depression

	Significant medical need	 Convergence of health emergencies with commonality of respiratory depression Critical need for a safe, agnostic ventilatory stimulant in multiple treatment settings 				
	Robust proof-of- concept	 Positive safety and efficacy results across four human trials Extensive pre-clinical platform, including 12 toxicology studies in multiple animal species 				
	Clear & expedient path to market	 Well defined development program with clear endpoints for reversal of respiratory depression Initiating registration trials for lead indication – estimate approval in ~ 2 years 				
	Large market opportunities	 Broad medical and health economic benefits driving \$1.5B+ sales potential* Novel mechanism-of-action with patent protection through 2031, additional patents pending 				
	Proven top-tier team	 Demonstrated ability to develop and launch blockbuster products with consistent value creation Industry leading scientists and advisors 				

Enalare Senior Management & Board of Directors



Herm Cukier Chief Executive Officer & Board Member

- CEO and Board Member of BioDelivery Sciences (NASDAQ: BDSI)
- SVP of Allergan leading several multi-billion dollar divisions
- Chief Marketing Officer and Member Company
 Management Team -Organon Biosciences
- Executive positions with top tier companies including Bayer, BMS, and Pfizer
- MBA Columbia Business School
- BSE University of Pennsylvania



- Dr. Joseph Pergolizzi Chief R&D Officer & Board Member
- Internationally recognized thought leader in areas of perioperative and pain medicines, drug development and regulatory affairs
- Highly published in top tier journals
- Frequent scientific advisor for public and private companies
- Serial entrepreneur, started more than 20 companies
- Johns Hopkins School of Medicine
- Georgetown School of Medicine - residency



Daniel Motto Chief Business Officer

- EVP of Hikma Pharmaceuticals leading US Injectable Division
- SVP Allergan (Actavis) -Head of Business
 Development, Portfolio & Business Intelligence,
 Global Generic Medicines
- SVP Teva, Global Business
 Development
- Executive positions with top tier companies including Johnson & Johnson and Novartis
- MBA Johnson College of Business, Cornell University
- MS Engineering, Cornell



Board of Directors

Gino Santini

Former member of Eli Lilly's executive committee leading Corporate Strategy and Business Development. Prior roles over a career spanning nearly three decades included president of US operations, various leadership positions in international regions and president of the women's health franchise.

- Eli Lilly & Co
- Board Member:
 - Horizon Pharma
 - Amag Pharma
- Intercept Pharma
- Collegium Pharma

Bob Yedid

30 yrs of experience as a buy-side analyst, portfolio manager, private equity investor and investment banker. Currently focuses on providing CEOs and CFOs with strategic advice on key investor issues. Former Board member of The Medicines Co. and Vaxart. MBA Stanford School of Busines, BA Yale University.

- LifeSci Advisors
- Principal Capital
- Warburg Pincus
- Bear Stearns & Co (now JPM)

Joseph Petko

20 yrs experience in corporate finance and investment analysis. Currently co-Chief Investment Officer for public equity investing, with a focus on small cap growth companies. Prior experience in financial positions in the pharmaceutical industry. MBA Lehigh University, BBA Wharton, University of Pennsylvania.

- Ashford Capital
 - Management
- Merck & Co.

Acute Respiratory Depression – A National Health Emergency

Respiratory Depression

Respiratory Depression is a condition characterized by slow and ineffective breathing resulting in:

- low levels of oxygen (hypoxemia) and/or
- high levels of carbon dioxide (hypercapnia)

If left untreated it can cause life-threatening complications, including death.

Common Causes:

Medications

- Sedative medications
- Narcotics for pain
- Alcohol
- Other substances that depress brain function
- Synergistic effect from drug combinations

Health Conditions

- Obesity and aging
- Viral or bacteria infections (e.g. COVID)
- Neuromuscular diseases
- Sleep apnea
- Chronic lung diseases

- **Initial Target Markets Post-operative Drug overdose** care Substance abuse Large and growing atepidemic accelerating risk populations respiratory US deaths exceeded Unmet medical need – 70K, record high very limited treatment infections expected in 2020 options Polysubstance (multi-• 50mil+ surgeries drug) abuse a growing performed annually
 - Compelling health economic benefits by reducing ICU/overall hospital length of stay
 - Significant long-term commercial potential -US and Ex-US



- Acute and chronic complications associated with
- COVID-19 pandemic highlighting risks
- High mortality rate if require ventilator
- Urgent need for new therapies to address on-going incidence and pandemic spikes



issue

overdose

market

Current treatment

option is incomplete -

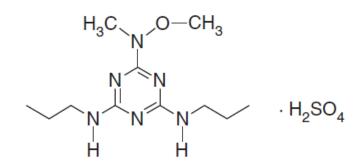
only addresses opioid

Expedited pathway to

ENA-001: A first-in-class New Chemical Entity (NCE)

Agnostic Ventilatory Stimulant

- A new molecule (NCE) with novel Mechanismof-action (MoA) - Inhibits Big Potassium (BK) ion channels
- It does not interfere with pain suppression or sedation – safely restores respiration without combative withdrawal



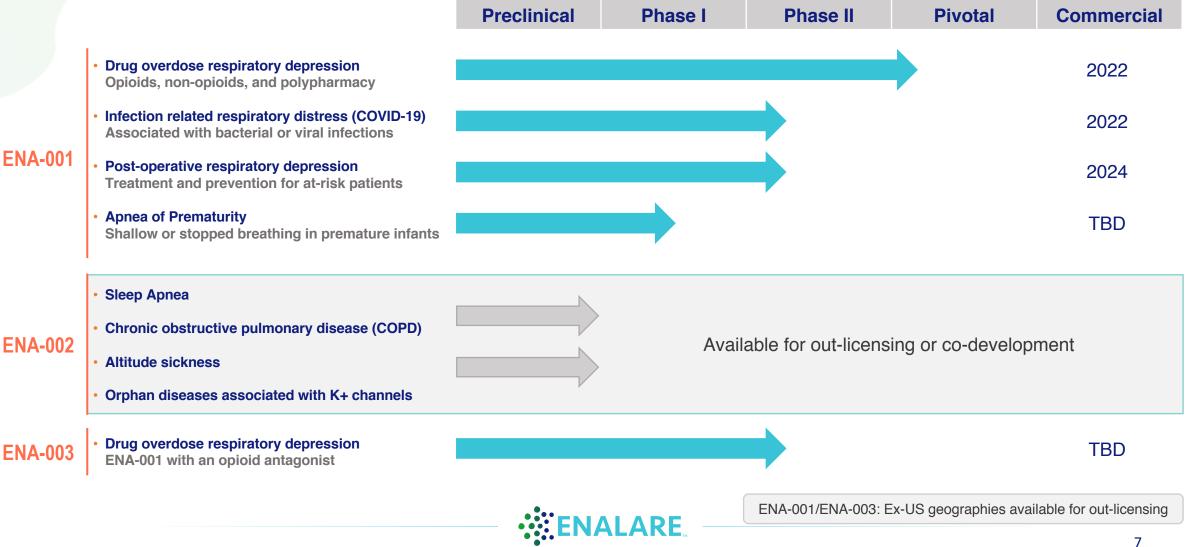
ENA-001 hydrogen sulphate salt 2-N,O-dimethylhydroxylamino-4,6-bispropylamino-s-triazine

Advanced Development Status

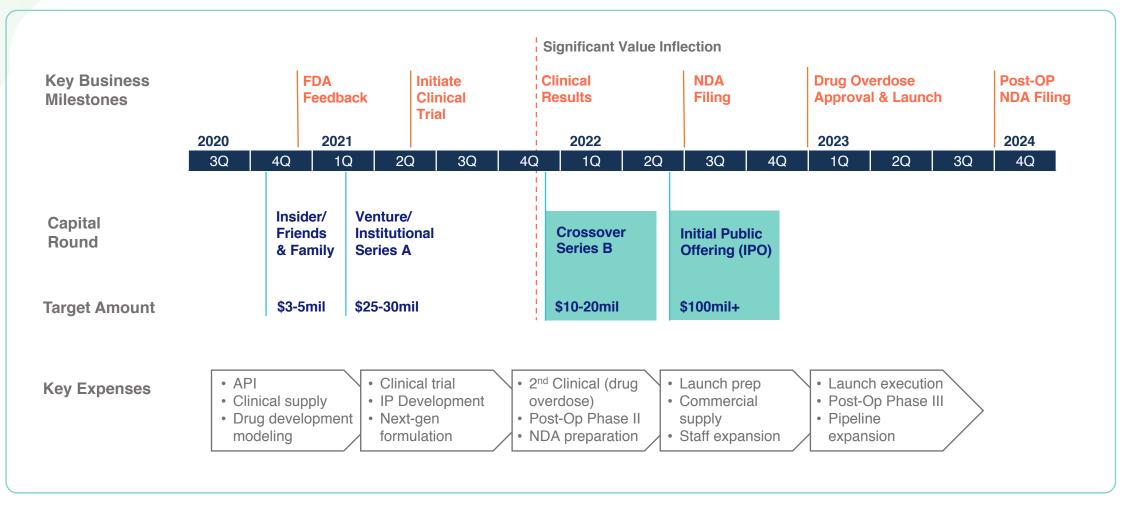
- Ready to initiate registration studies in Q2 2021
- Existing human proof-of-concept studies
- Safe and well tolerated
- Strong IP including issued composition-ofmatter patents extending through Dec. 2031
- Existing clinically effective formulation with next generation re-formulation underway
- Clear and rapid path to market for lead indication (drug overdose) with potential for accelerated FDA review
- Significant potential for near-term value inflection



Enalare's pipeline has the potential to dramatically improve medical practice and patient outcomes in multiple settings



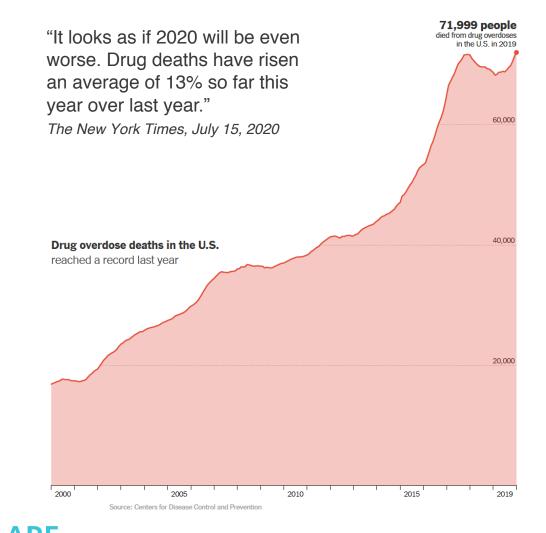
Enalare proposed capital plan with key milestones





The drug overdose epidemic is escalating and evolving dire need for an agnostic breathing stimulant

- Drug deaths in the US rose to record levels in 2019
- Early signs indicate that COVID-19 has only further accelerated this substance abuse trend
- Poly-pharmacy (multiple drug) abuse is estimated at greater than 40% and rising¹
- For every drug overdose that results in death, there are many more non-fatal overdoses
 - Approximately 20mil users misuse opioids and other depressant drugs annually²
 - Significant burden on healthcare systems, hospital resources and payors³
- Naloxone (approved in 1971) is the only marketed reversal agent – problematic and incomplete:
 - Efficacy limited to opioid overdose
 - Agitated patients consume significant ER resources



¹ NIH National Institute on Drug Abuse

² Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health, SAMHSA, U.S. Department of Health and Human

Opioid Overdoses Costing U.S. Hospitals an Estimated \$11 Billion Annually, Premier Inc, Unique, Proprietary, and Confidential Information of Enalare Therapeutics Inc. © 2020 January 2019

Large post-operative market opportunity with compelling health economics around treatment of respiratory depression

70+ million procedures performed annually in the US

Respiratory Distress presents a major cost burden on hospitals^{3,4,5,6}

Relevant	Major	20 million outpatient procedures ²	Incremental hospital stay with a respiratory event	•	5-9 days 2-3X multiple
ambulatory (outpatient) surgeries ~20mil	inpatient surgeries with opioids and anesthesia		Incremental costs with a respiratory event	•	Avg. \$50-60K/ hospitalization 4X+ multiple
Other inpatient surgeries	~30mil		ICU Admissions (unplanned)	•	17-47% have a respiratory indication
~20mil	Annagement in the Ease of the Onicid		Mechanical ventilation costs	•	\$27 billion annually (1/3 of ICU costs)

¹ Chronic Opioid Use After Surgery: Implications for Perioperative Management in the Face of the Opioid Epidemic, Anesth Analg. 2017 November ; 125(5): 1733–174

- ² Ambulatory Surgery Data From Hospitals and Ambulatory Surgery Centers: United States, National Health Statistics Reports, Number 102, February 28, 2017
- ³ Characterisation and monitoring of postoperative respiratory depression: current approaches and future considerations, S. Ayad, *et al.* British Journal of Anaesthesia, 123 (3): 378e391, 2019

⁴ Association of Opioids and Sedatives with Increased Risk of In-Hospital Cardiopulmonary Arrest from an Administrative Database, February 25, 2016

⁵ Premier Market Research Hospital Database Study, Galleon Pharmaceuticals, 2012

⁶ Rao, et al."Postoperative Respiratory Impairment Is a Real Risk for Our Patients: The Intensivist's Perspective," Anesthesiology Research and Practice, vol. 2018

COVID-19 and other viral and bacterial infections leading to lung complications and acute respiratory distress

COVID-19

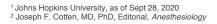
- The COVID-19 pandemic and others like it will be a concern for the global population in the years ahead
- Over 9 million US infections, deaths now exceed 200,000¹
- Virus expect to persist even with vaccines and improved treatment
- US Federal programs for accelerated pathways to market for new therapeutics:
 - Emergency Use Authorization (EUA)
 - Coronavirus Treatment Acceleration Program (CTAP)
 - Expanded access, Op. Warp Speed

Lung Damage & Respiratory Distress

- COVID-19 can cause lung complications such as pneumonia and, in the most severe cases, Acute Respiratory Distress Syndrome (ARDS)
- Sepsis, and other possible complications of COVID-19, can also cause lasting harm to the lungs
- ~5% of symptomatic COVID-19 patients require admittance to ICU
- Respiratory distress may require CPAP and/or mechanical ventilation for serious cases
- Currently 30-50% mortality rate for patients put on ventilators

Role of ENA-001

- ENA-001 has been called a "pharmacologic ventilator"² and it may have role as an add-on therapy for certain cases
 - Delay or prevent mechanical ventilation
 - Enhance CPAP
 - Aid in weaning off ventilator
- A recent study in COVID patients with a similar compound, almitrine, showed potential beneficial effects
- ENA-001 may improve patient outcomes by a reduction in the risk for oxygen deprivation
- Potential management option for acute and chronic symptoms



ENA-001's strong intellectual property includes issued composition-of-matter patents

Issued Patents

• US 9,351,972

Compounds as Respiratory Stimulants for Treatment of Breathing Control Disorders or Diseases Includes NCE and Pharmaceutical Composition claims Expires 11/29/2031 (+ PTE opportunity)

• US 9,162,992

Compounds and Compositions for Treatment of Breathing Control Disorders or Diseases Includes NCE, Pharmaceutical Composition and Method of Treatment claims Expires 11/29/2031

Patent and Trademark Applications

- Pending International PCT Application directed to combination therapy for the treatment of opioid overdose, stimulant overdose and polypharmacy overdose. Anticipated expiration of 2040
- Pending U.S. Provisional Application directed to composition and methods for the treatment of respiratory depression in infected patients (including Covid-19). Anticipated expiration of 2041
- 'Enalare' and 'Enalare Therapeutics' trademark applications pending and website domains secured (www.enalare.com)

Patent term extension (PTE) opportunity of up to 5 years on issued patent Filing strategy in place for future patent opportunities including pharmaceutical formulations, pharmacokinetic/pharmacodynamic profiles, new indications and dosing regimens



ENA-001 shown to be safe and efficacious across four clinical trials totaling ~100 subjects

Study	Description	# of Subjects
GAL-021-101	Single, ascending dose study in healthy subjects.	30
GAL-021-102	Extended the dose range explored during the initial study by a factor of 2 and established the maximum respiratory stimulatory dose in the healthy subjects without concomitant use of opioids or anesthetic agents.	18
GAL-021-104	Assessed the potential therapeutic utility under conditions that simulate the post-operative state. Alfentanil was used to suppress ventilation.	23
GAL-021-106	Designed to evaluate the safety and tolerability in healthy subjects during 5 days of 12-hour continuous infusion of 0.125, 0.25, and 0.5 mg/kg.	28

✓ Dosing

- ✓ Proof-of-Concept Efficacy
- ✓ Safety & Tolerability



ENA-001 clear and rapid path to market

