



RARE Thinking for RARE Solutions

Creating a World Leader in Ribosome Targeted Genetic Therapies

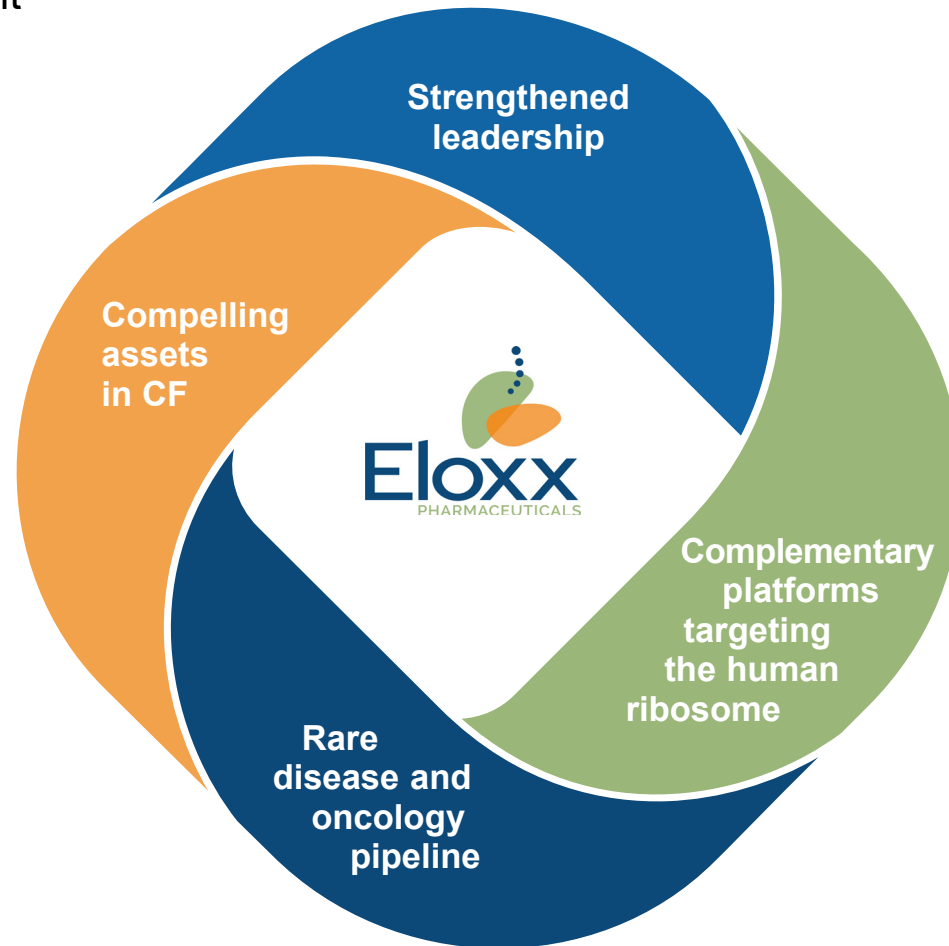
April 2021

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 readthrough 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; the impact of global health concerns, such as the COVID-19 global pandemic, on our ability to continue our clinical and preclinical programs and otherwise operate our business effectively; including successfully integrating the combined companies; 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 + Zikani: Positioned to be the world leader in ribosome RNA-targeted genetic therapies

- **ELX-02**: in Phase 2 development for Cystic Fibrosis (CF)
 - **ELX-02 data readout in 2H 2021**
 - **Orphan drug designation**
- Preclinical CF program from Zikani pipeline
- Expect to file IND for **RDEB*** and **JEB*** program in 2022
- Advance programs in **inherited and advanced colon cancer** targeted at restoring APC* tumor suppressor protein



- President and CEO: **Sumit Aggarwal**
- Head of R&D: **Dr. Vijay Modur**

- **Eukaryotic Ribosome Selective Glycosides (ERSGs)**: Safer Aminoglycosides designed with human ribosome selectivity
- **TURBO-ZM™**: Proprietary synthetic chemistry platform to design novel macrolide- based **oral Ribosome Modulating Agents (RMAs)**

Meet the new Eloxx Leadership Team

Sumit Aggarwal

President and CEO



- 20+ years investing and transforming healthcare companies
- Raised >\$150M
- Biotech Investor

progenity®

McKinsey&Company

Adage | Capital Management

Vijay Modur

Head of Research & Development



- 20+ years in translation and drug development
- Led Venglustat rare disease program at Sanofi



NOVARTIS

SANOFI GENZYME

Neil Belloff

COO and General Counsel



- 30+ years business and legal experience
- GC and executive leadership roles



Deutsche Telekom

Daniel Geffken

Interim Chief Financial Officer



- 30+ years building companies
- Closed \$2B in equity and debt financings for public and private companies



Knowledge. Discipline. Perspective.

Apellis

HOMOLOGY
Medicines, Inc.

TKT





Consideration

- Eloxx issued ~ 7.6 million shares
- Zikani stockholders have pro forma ownership ~ 16% of Eloxx



Board changes

- Silvia Noiman, Ph.D., and Martijn Kleijwegt stepped down from Eloxx Board
- Alan Walts, Ph.D., and Raj Parekh, Ph.D., current Zikani directors, appointed to fill vacancies and serve out remaining terms

Strong advisors and collaborators supporting programs

Key collaborators



Rina Arbesfeld

KOL FAP/APC



Mei Chen

KOL DEB



Key advisors

Prof. Eitan Kerem

Cystic Fibrosis

Former Head of Pediatrics
Hadassah Hospital

Former SAB member Vertex



Pedro Huertas

Clinical Translation

ex-CMO Eloxx, Shire



Dr. Andrew South

Epidermolysis Bullosa



Keith Flaherty

Oncology, Chairman SAB

Loxo Oncology co-founder



HARVARD
MEDICAL SCHOOL

Dr. David Sidransky

Oncology

Advaxis,
Champions
Oncology



David Bedwell

Readthrough, Rare diseases

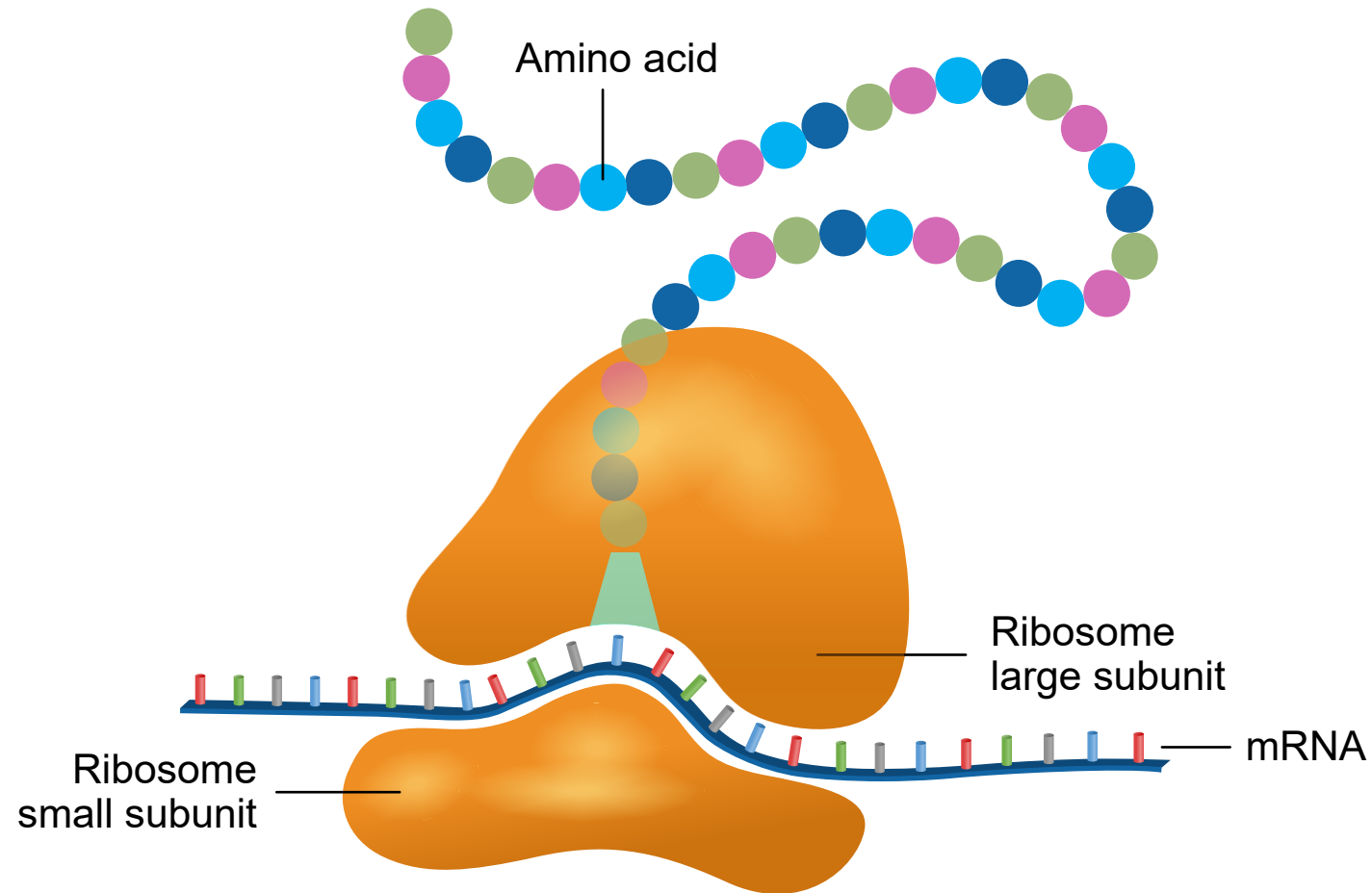


THE UNIVERSITY OF
ALABAMA AT BIRMINGHAM



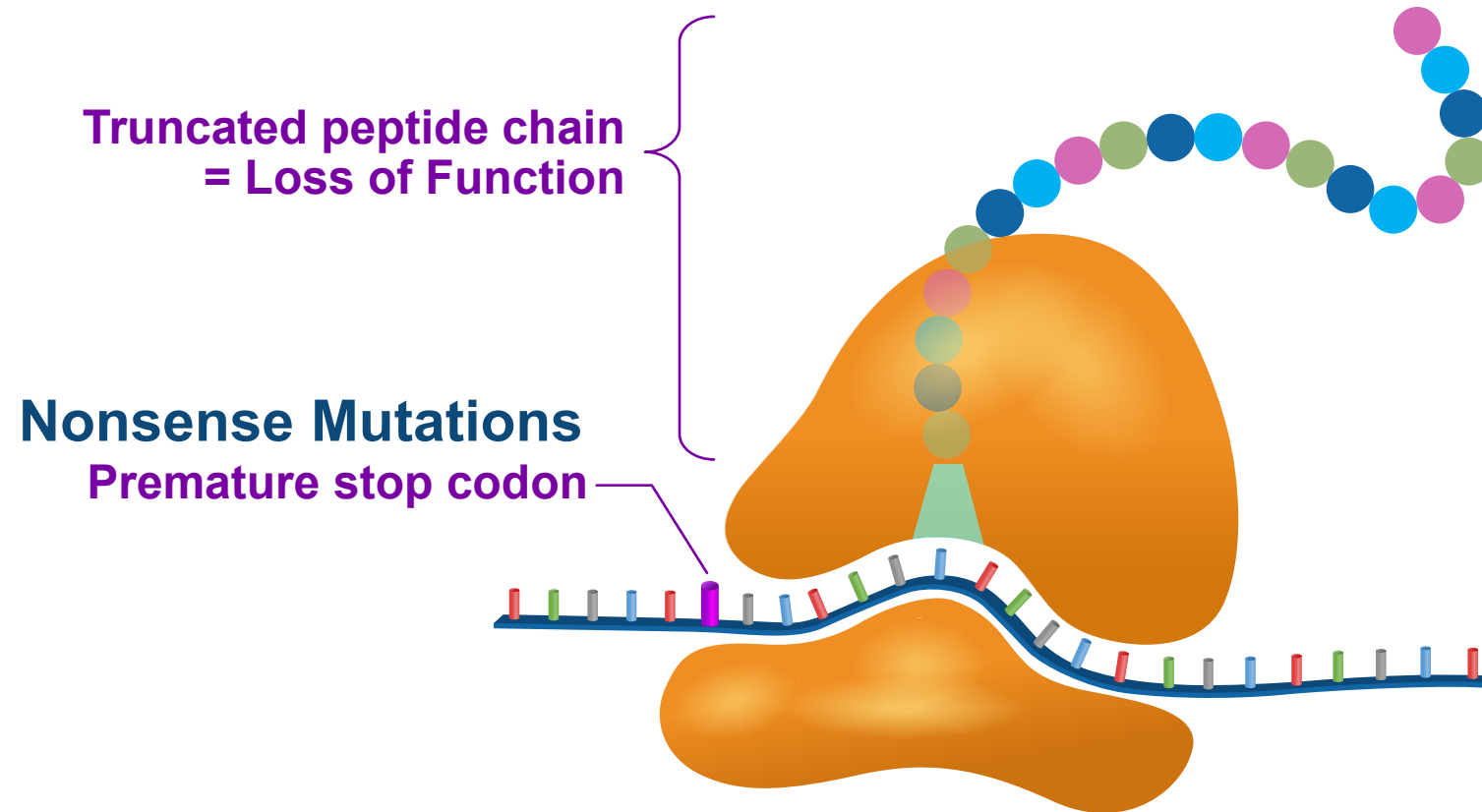
Complementary human ribosome targeting technologies that address defects in protein translation

Ribosome = “protein factory”: Correcting mRNA and ribosomal mutations



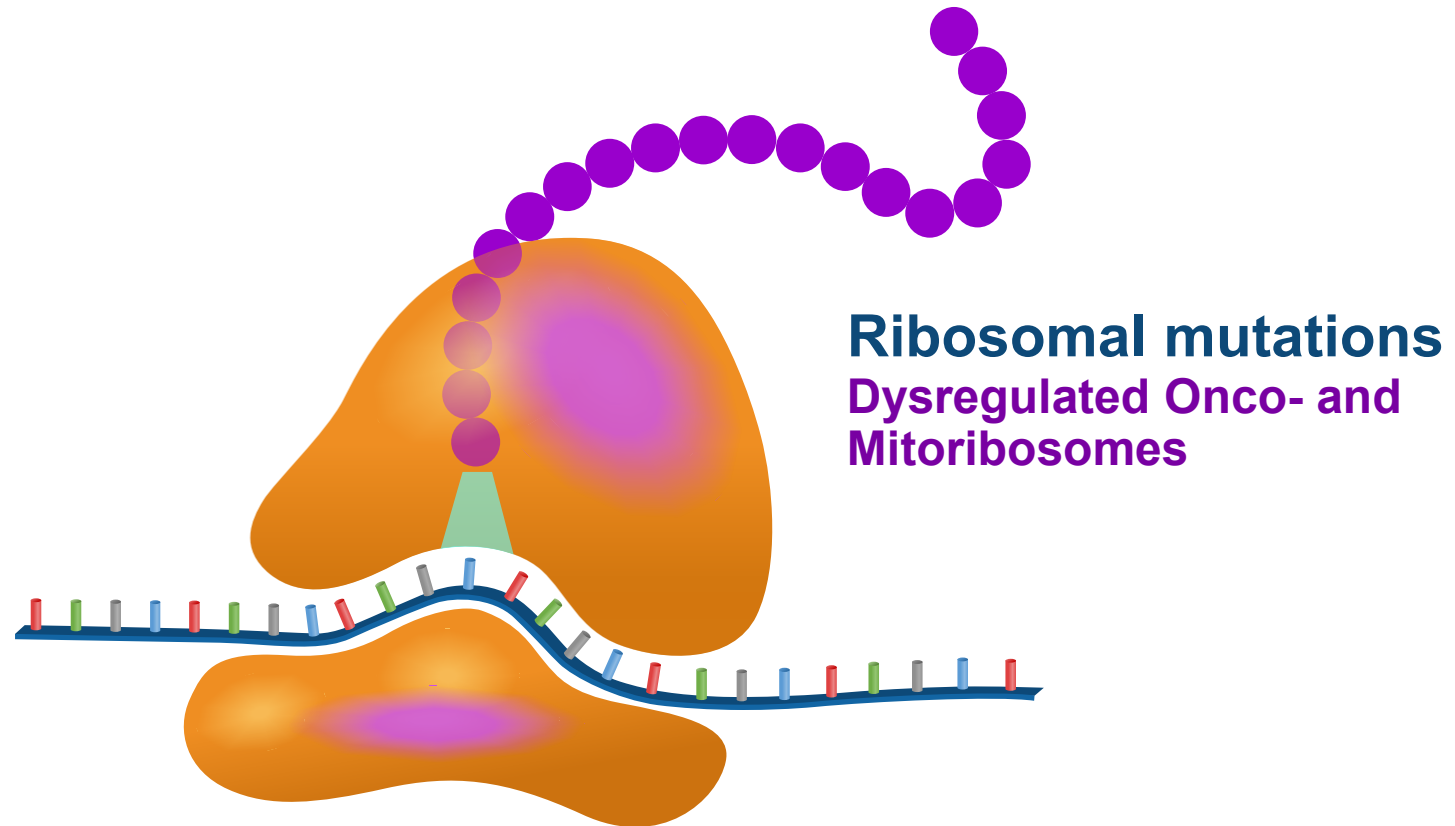
Complementary human ribosome targeting technologies that address defects in protein translation

Ribosome = “protein factory”: Correcting mRNA and ribosomal mutations



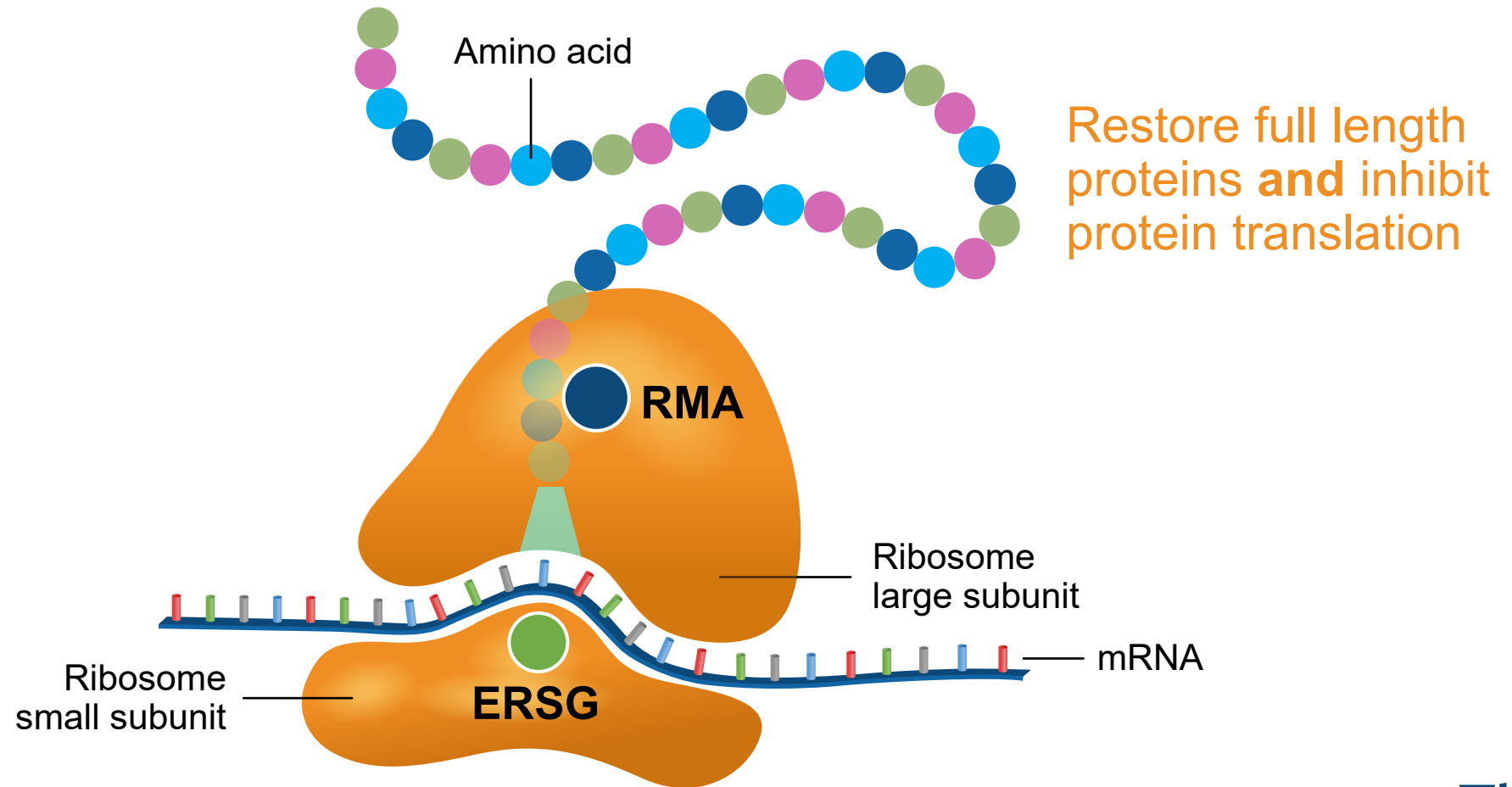
Complementary human ribosome targeting technologies that address defects in protein translation

Ribosome = “protein factory”: Correcting mRNA and ribosomal mutations



Complementary human ribosome targeting technologies that address defects in protein translation

Ribosome = “protein factory”: Correcting mRNA and ribosomal mutations



Strong evidence of readthrough activity with macrolides and aminoglycosides

Clinically relevant readthrough reported in over 36 different rare diseases

Diseases	Evidence	Readthrough Agent(s) Tested	
		Macrolides	Aminoglycosides
Familial Adenomatous Polyposis (FAP)	Clinical ¹	Ery, Tyl	Gen
Cystic Fibrosis Class 1	Clinical ²	Tyl	Gen, G418
Duchenne Muscular Dystrophy	Clinical ³		Gen
Dystrophic Epidermolysis Bullosa (RDEB)	Clinical ⁴		Gen, G418
Lysosomal Storage Disorders, e.g., MPSI (Hurler), cystinosis	<i>ex vivo</i> ⁵		Gen, G418
Rett Syndrome	<i>ex vivo</i> ⁵	Ery	Gen
Spinal Muscular Atrophy (SMA)	<i>ex vivo</i> ⁵	Azm, Ery	Gen
Ataxia-Telangiectasia (ATM)	<i>ex vivo</i> ⁵	Ery	Gen
Usher syndrome/retinitis pigmentosa (RP)	<i>in vivo</i> Preclinical ⁶		Gen, G418

Macrolides: Erythromycin (Ery); Tylosin (Tyl); Azithromycin (Azm)

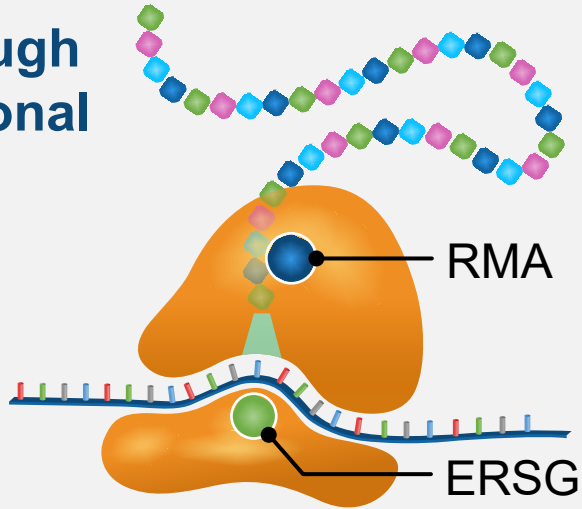
Aminoglycosides: Gentamicin (Gen); Geneticin (G418)

¹Kariv, R. Ann. Oncol. 2018, 29, suppl3; ²Sermet-Gaudelus, I. BMC Med. 2007, 5, 5; ³Malik, V. Ther. Adv. Neurol. Disord. 2010, 3, 379; ⁴Woodley, D. J Clin Invest. 2017;127(8):3028;

⁵Caspi, M., J Mol Med (Berl). 2016 Apr;94(4):469-82; ⁶Goldmann, T, Hum Gene Ther. 2011 May;22(5):537-47.

Large and broad applications for human ribosome targeted genetic therapies

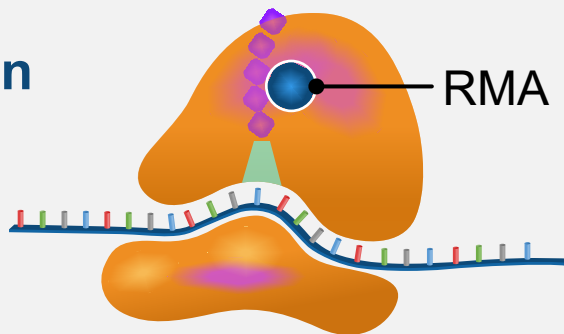
Readthrough
= “Functional
Gene
Therapy”



Stop codon readthrough in rare diseases and cancer

- 10–12% of patients across **>1800 rare diseases**
- **6–10% of cancer patients** have nonsense mutations in **tumor suppressor genes**
- **20–30% of neoantigens in cancer patients** have nonsense mutations

Protein
Translation
Inhibition



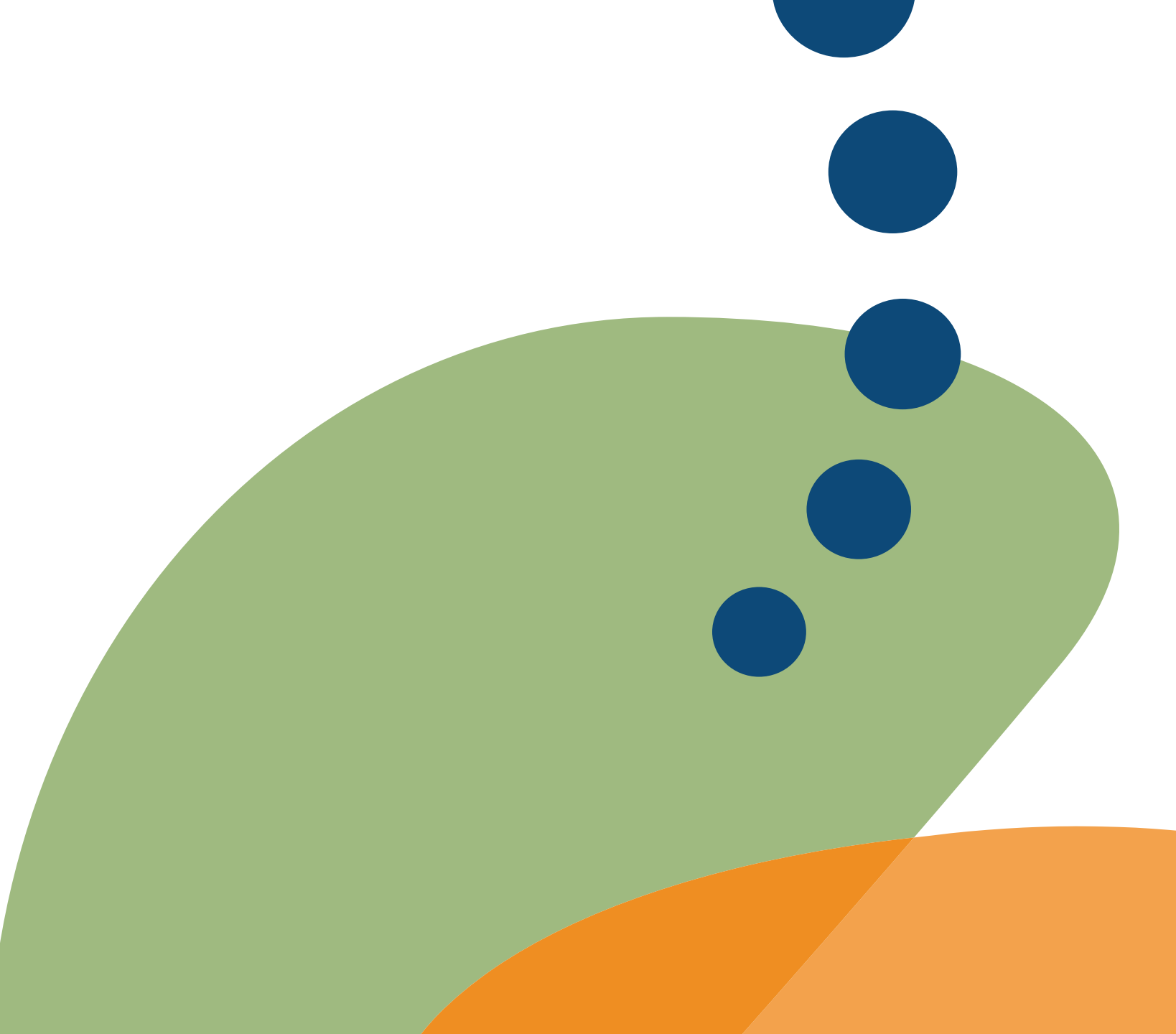
Onco- and mitoribosomal cancers:

- Myc amplified lymphomas – (e.g., MALT, Burkitt, DLBCL)
- Hereditary Ribosomopathies
- HPV associated cancers (Head & Neck, Cervical)
- Triple Negative Breast, KRAS mutated Pancreatic Cancer, etc.

Deep pipeline of synergistic potential first-in-class therapies

	Target	Indication	Discovery	Early research	Lead optimization	IND enabling	Phase 1 – first in human	Phase 2
Nonsense readthrough: rare disease	CFTR	Class 1 CF	ELX-02					
	Collagen VII A1/LAMB3	RDEB/JEB	ZKN013/ZKN034					
	CFTR	Class 1 CF	RMA					
	PKD1, PKD2 and Oca2	ADPKD/inherited retinal diseases	ERSG					
Nonsense readthrough: oncology	APC	FAP and CRC	ZKN013/ZKN074					
	Undisclosed	Pan cancer/ IO combination	RMA					
Protein translation inhibition	Onco-ribosome & mito-ribosome mutations	Undisclosed	RMA					

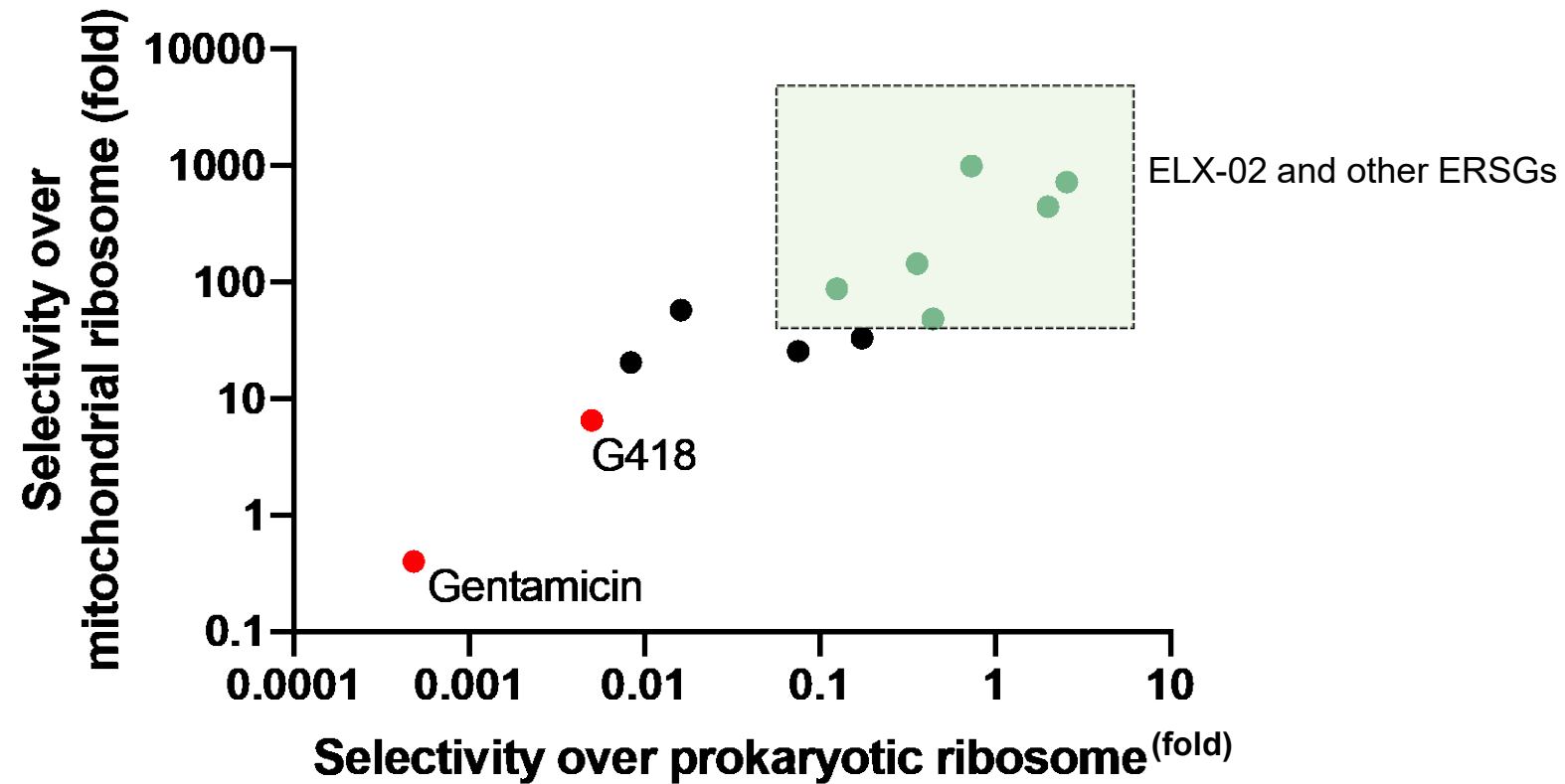
*Class 1 CF: Cystic fibrosis patients with class1 mutations; ADPKD: Autosomal dominant polycystic kidney disease; FAP: Familial adenomatous polyposis; CRC: Colorectal cancer



ELX-02 (Clinical) and ERSG Preclinical programs

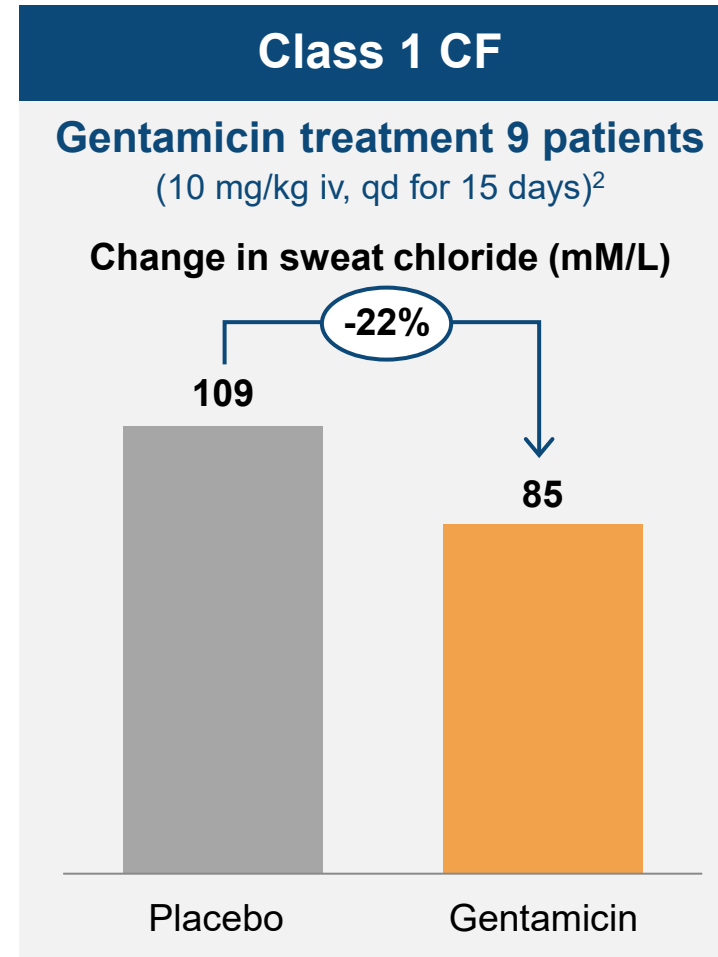
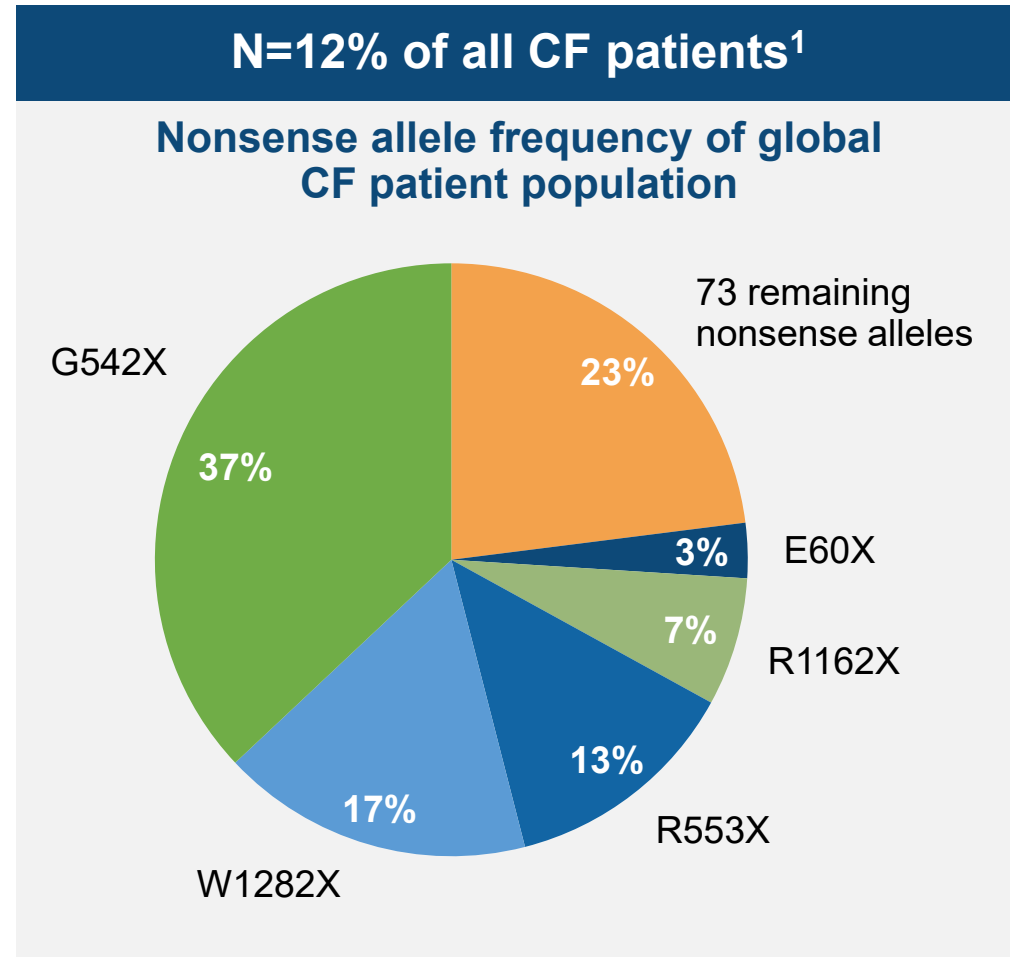
ERSGs like ELX-02 designed to expand human ribosome selectivity and therapeutic index over aminoglycosides

Eukaryotic ribosome selectivity comparison



Clinical validation for gentamicin supports ELX-02 use in treating Class 1 Cystic Fibrosis nonsense mutation patients

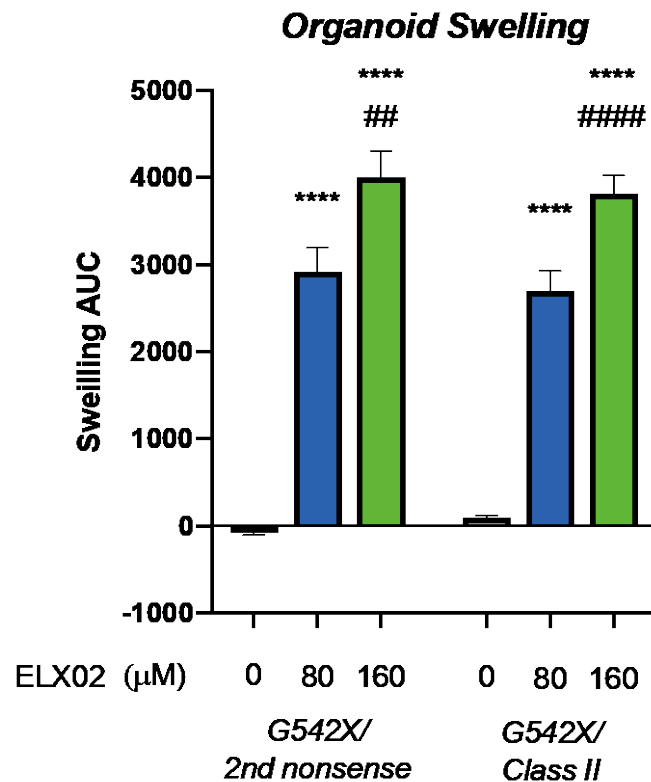
Class 1 CF opportunity and clinical rationale



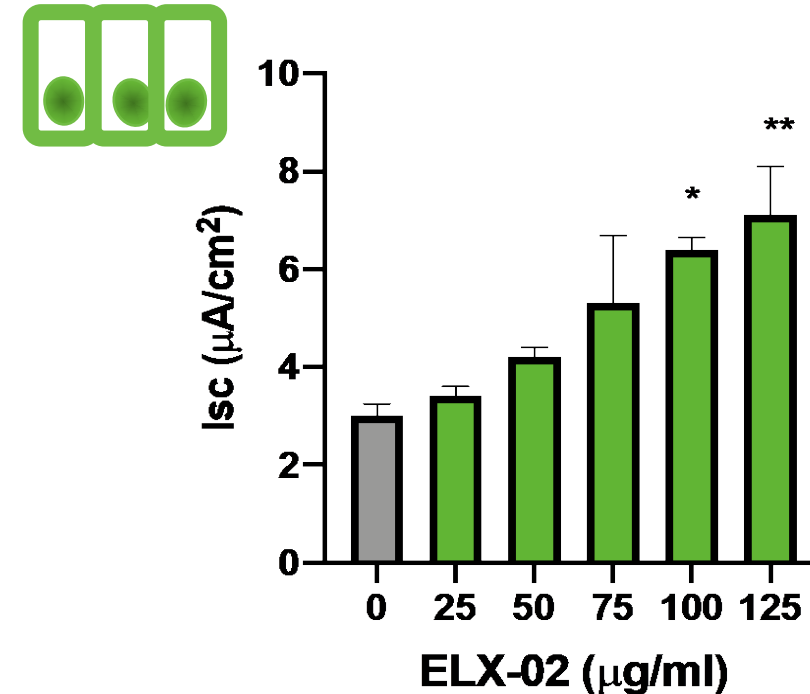
No currently approved drugs to treat CFTR nonsense mutations

High ELX-02 efficacy in organoid swelling and Ussing chamber experiments

Swelling response in G542X CF patient organoids¹



Ussing chamber results heterozygous G542X/Fdel508 HBE cells

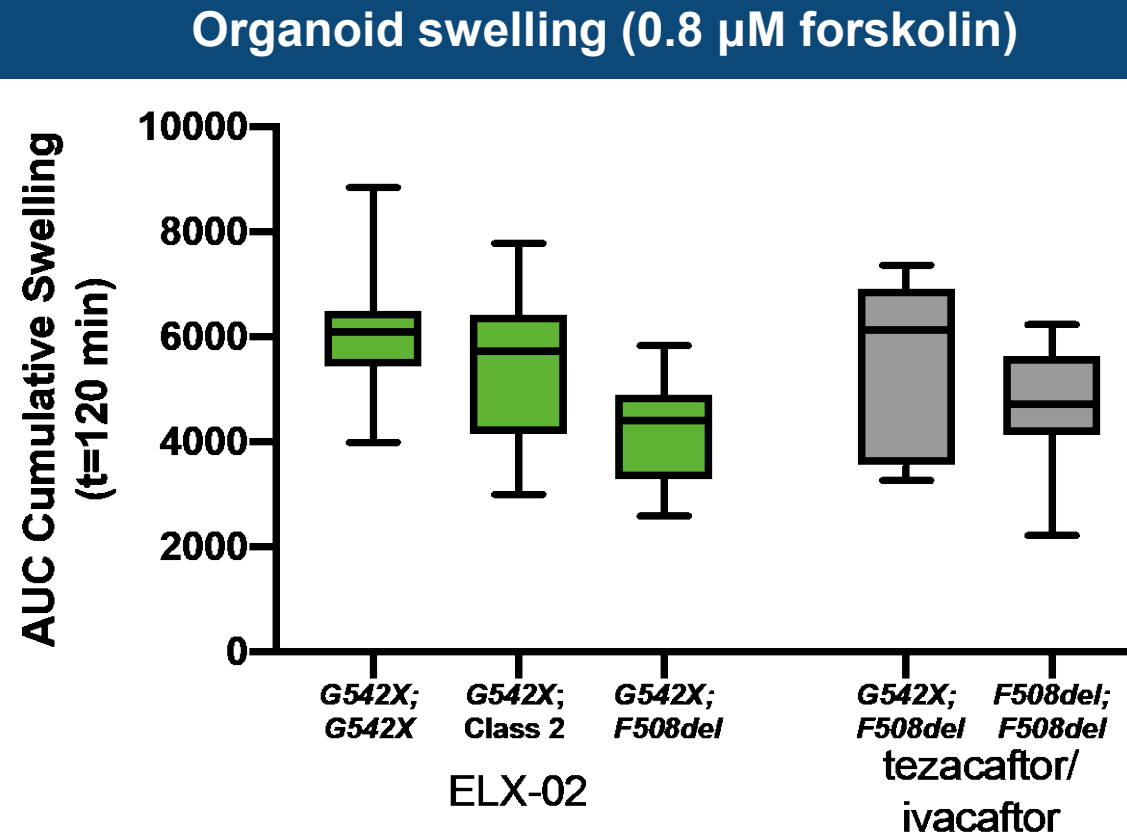


*p<0.05, **p<0.01
HBE cells were incubated for 2 days with ELX-02

¹Ordinary one-way ANOVA with Tukey's multiple comparison testing was used; **** p<0.0001 versus vehicle control, ## p<0.01 versus next lower concentration, #### p<0.0001 versus next lower concentration. Data represent >40 biological replicates per group from 2 or 4 independent patient organoids, respectively.

Swelling response in Class 1 CF organoids with ELX-02 compares favorably with Symdeko in Class 2 organoids

Swelling response in Class 1 and Class 2 CF patient organoids when treated with ELX-02 vs. Symdeko



ClinicalTrials.gov Identifier: US Trial NCT04135495, EU/IL Trial NCT04126473

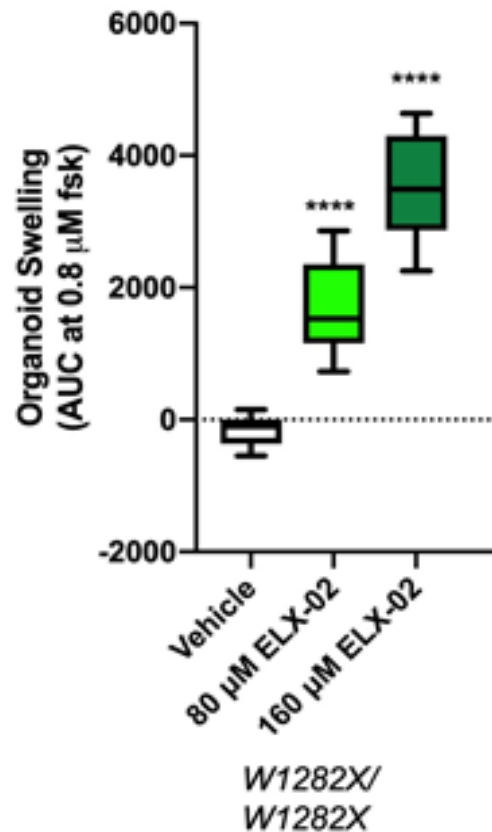
* From baseline to Day 7 of treatment periods 1-3, and Days 7 and 14 of treatment period 4

** Lancet Respir Med. 2014 Jul;2(7):527-38., N Engl J Med. 2010 Nov 18; 363(21): 1991-2003.

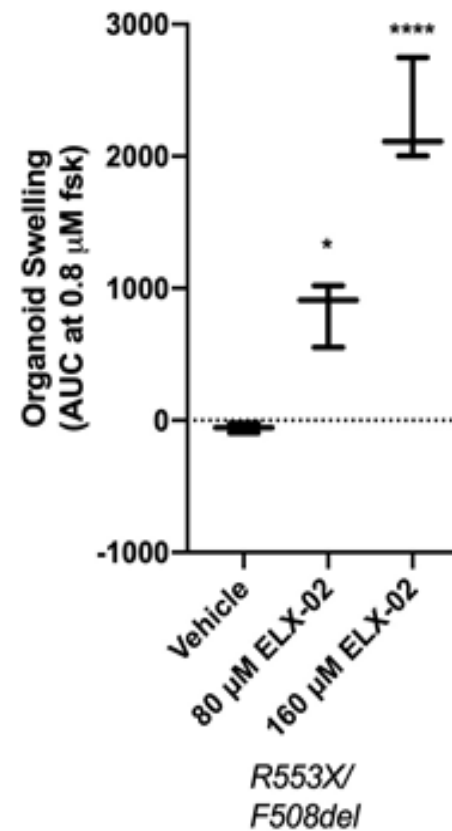
ELX-02 efficacy seen across CFTR nonsense mutations

Swelling response in CF patient organoids

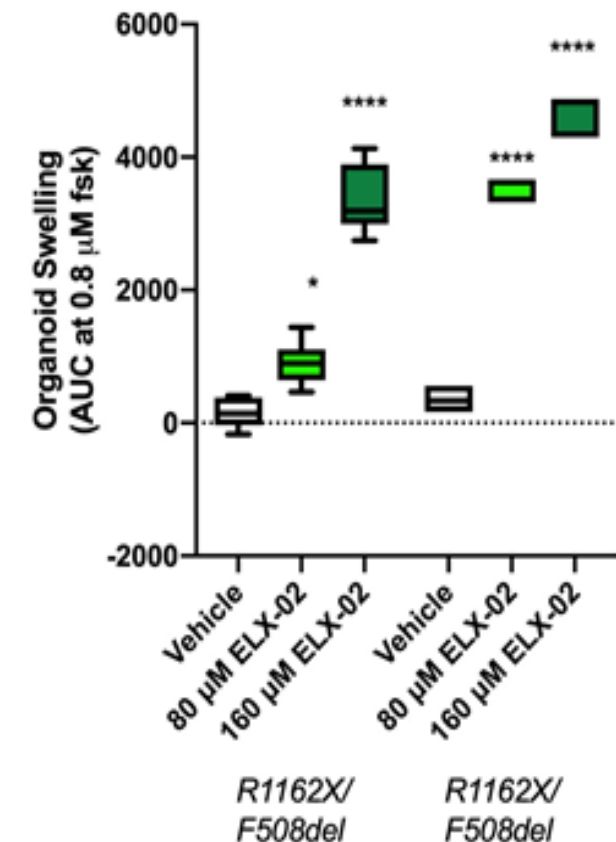
W1282X response example



R553X response example



R1162X response example

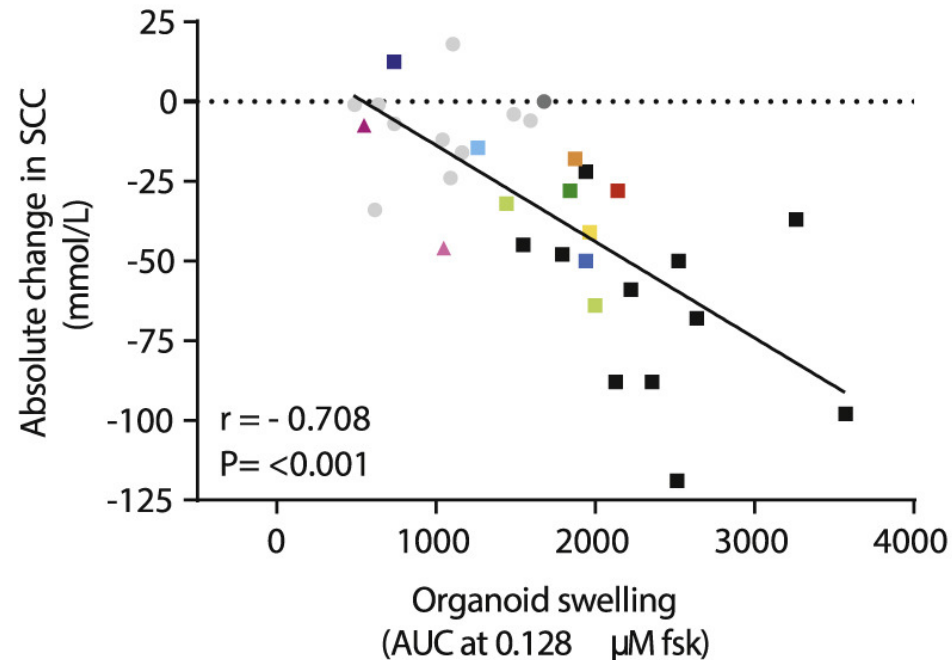


Swelling in CF patient organoids treated with Kalydeco / Orkambi correlates with sweat chloride and FEV₁ changes

CF patient organoid swelling response to Kalydeco and Orkambi

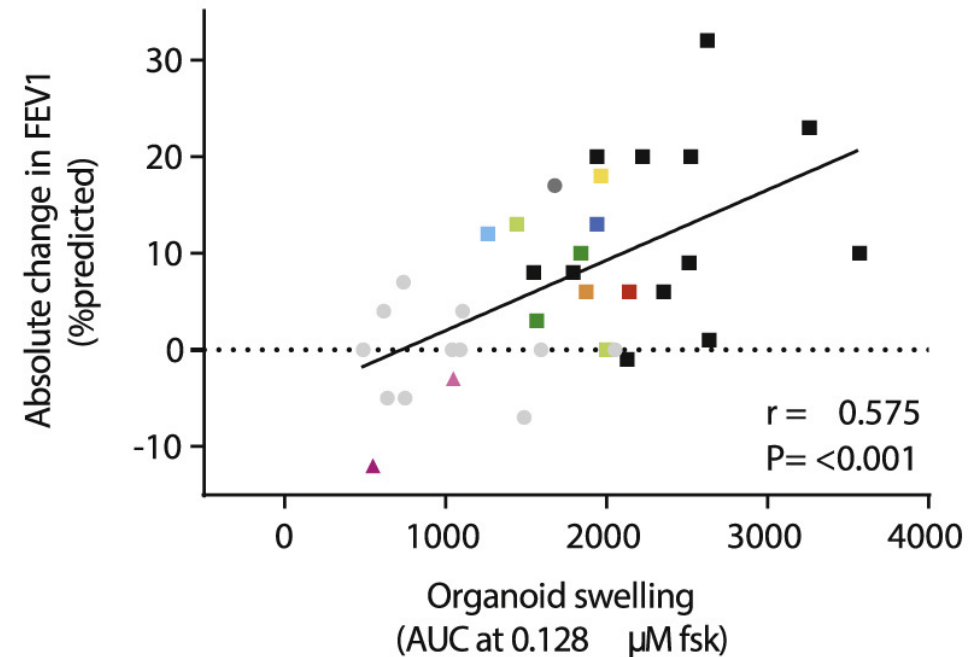
Organoid swelling vs. sweat chloride change

Organoids vs. SCC (n=33)



Organoid swelling vs. FEV₁ change

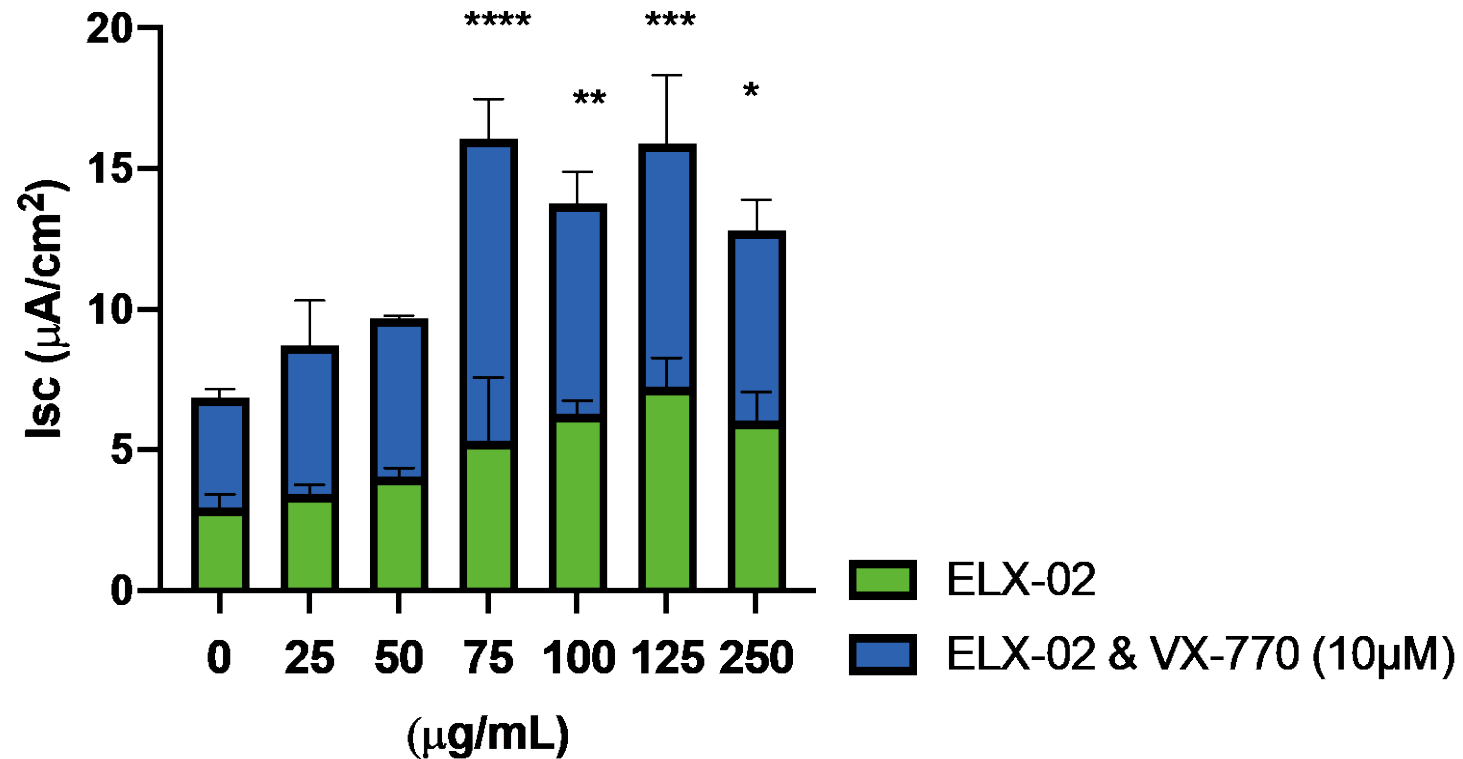
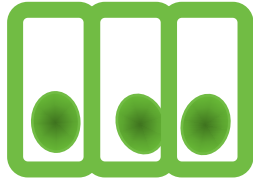
Organoids vs. FEV₁ (n=35)



ELX-02 shows synergy with Kalydeco (VX770- a potentiator)

Ussing Chamber experiment: Treatment of Het G542X HBE cells

G542X/F508del



ELX-02 well tolerated in Phase 1 and 2 clinical studies



>100 subjects exposed to ELX-02 to date and generally **WELL TOLERATED**



PHASE 1: Healthy volunteers and subjects with various severities of renal dysfunction

- Single and Multiple ascending doses studied from 0.3 to 7.5 mg/kg. **Generally well tolerated**
- No dose limiting toxicities, SAEs or off target effects
 - No nephrotoxicity or vestibular toxicity
- Most common AE was mild injection site reaction
- 5 transient and reversible cases of high frequency audiometry shift
- Highly reproducible PK over the dose range studied



PHASE 2: Nephropathic cystinosis with homozygous CTNS W138X who previously received kidney transplant

- **Generally well tolerated:** No treatment-related serious adverse events, nephrotoxicity, or ototoxicity
- Mild injection site reactions reported
- No meaningful changes in eGFR or serum creatinine
 - Consistent with preservation of kidney function
- Pharmacokinetics consistent with previous studies in healthy volunteers
- **Safety Review Committee approval to enroll patients ages 12 years and older**

Data presented at scientific meetings in 2019 and published in peer reviewed journals in 2021

ELX-02 Phase 2 cystic fibrosis trial designed to evaluate safety and short term sweat chloride reduction

ELX-02 Phase 2 program principally designed for safety and dose finding in CF patients, with sweat chloride as PD biomarker



Population

- Up to 24 CF patients with a *G542X* mutation on one or both alleles



Primary outcome measures

- Safety, tolerability, and pharmacokinetics



Secondary outcome measures

- Change from baseline in sweat chloride concentration*
- Change from baseline in percent predicted forced expiratory volume (ppFEV1)*



Locations

- Europe, Israel & USA, opening additional sites in Canada and Australia

Safety Review Committee has allowed dose escalation up to top dose with no drug-related serious adverse events reported to date

DESIGN: Intra-patient dose escalation through 4 increasing doses of ELX-02

Dose 1

**0.3 mg/kg
SC QD for 7 days**

Dose 2

**0.75 mg/kg
SC QD for 7 days**

Dose 3

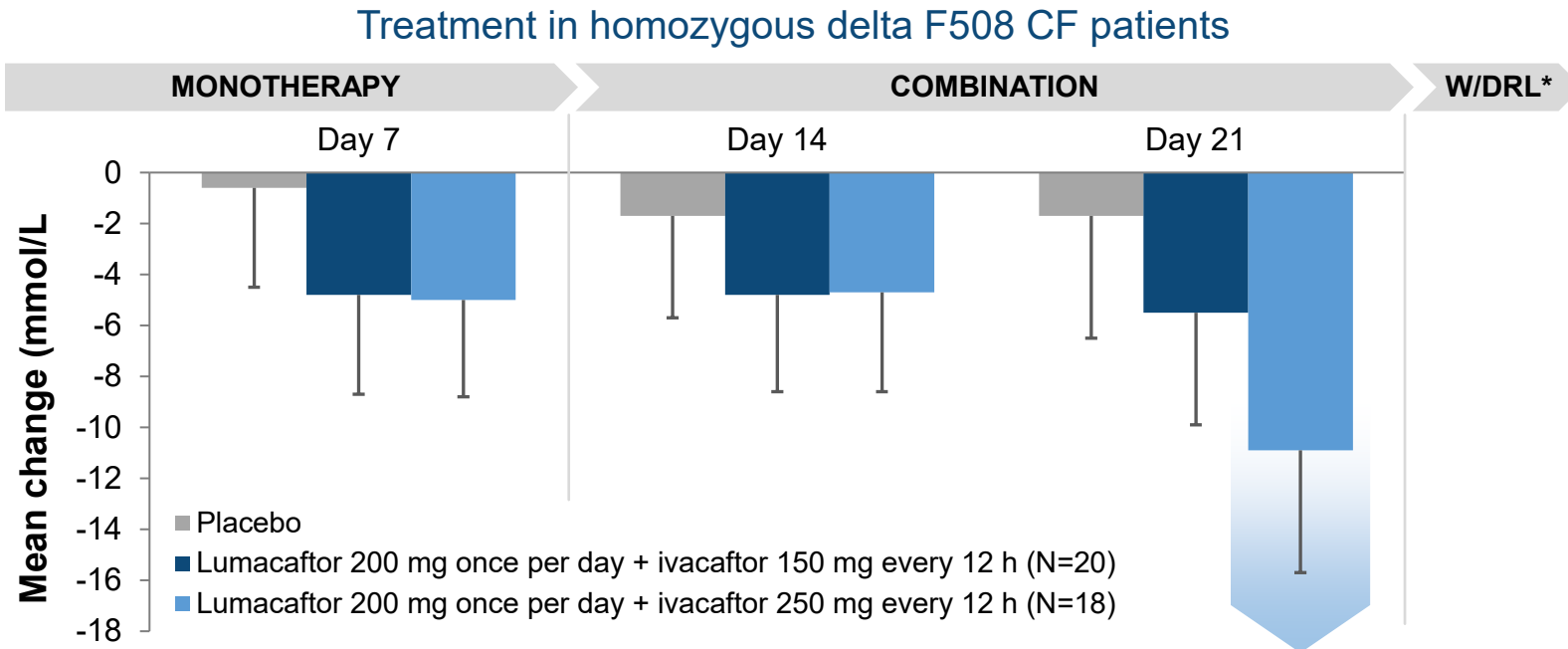
**1.5 mg/kg
SC QD for 7 days**

Dose 4 (individualized)

**Up to 3 mg/kg
SC QD for 14 days**

ORKAMBI confirmed sweat chloride reduction, but no FEV₁ change in similar small P2 safety trial

Orkambi Ph 2 (Cohort 1) trial – Changes in sweat chloride



Sweat chloride change at day 21 is decreased (–10.9 mmol/L) for high dose group

FEV₁ – Ph2

FEV₁ improvement is not significant for any dose group in small short trial

FEV₁ – Ph3

Larger and longer ORKAMBI Ph3 trial showed **+2.6%** FEV₁ change leading to its approval

P2 trials for Kalydeco and Orkambi found changes in sweat chloride to be less variable in small studies than FEV₁/ppFEV₁, which were not significant in many cohorts

ELX-02: Potential for transformative efficacy in Class 1 CF patients

Demonstrated efficacy in clinically relevant pre-clinical models

- Swelling response in Class 1 CF patient organoids
- Induces CFTR activity of up to 30% of normal; confirmed in Ussing Chamber
- Active across broad range of mutations

Safety demonstrated in clinical studies

- Generally well-tolerated for chronic dosing, with no serious adverse events in over 100 subjects exposed to ELX-02 to date
- Consistent pharmacokinetics across both single and multiple-dose accumulations

Phase 2 CF trials designed for rapid clinical signal

- Study designed to confirm safety and biological activity via changes in sweat chloride
- Funding provided by Cystic Fibrosis Foundation (CFF), sanctioned by CFF-TDN & ECFS-CTN (high priority ranking)

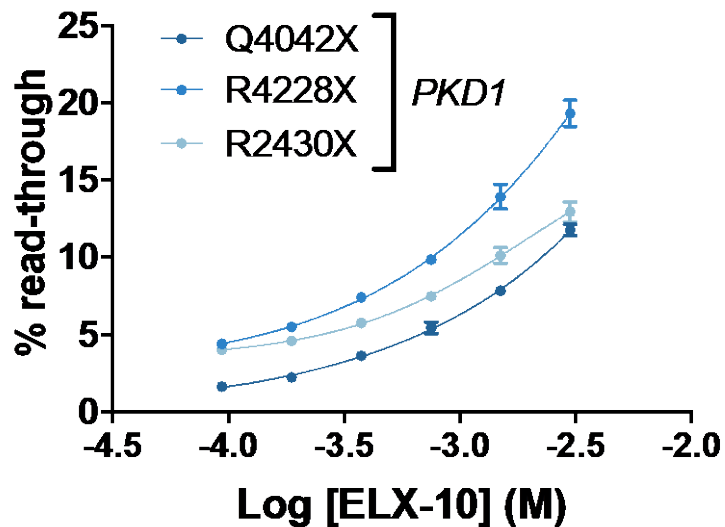


- Expect to complete enrollment in Phase 2 clinical trials by midyear and report data in 2H 2021
- Orphan drug designation for the treatment of CF

Readthrough shown in preclinical models with other ERSG's in rare kidney and ocular diseases

Polycystic Kidney Disease (ADPKD)

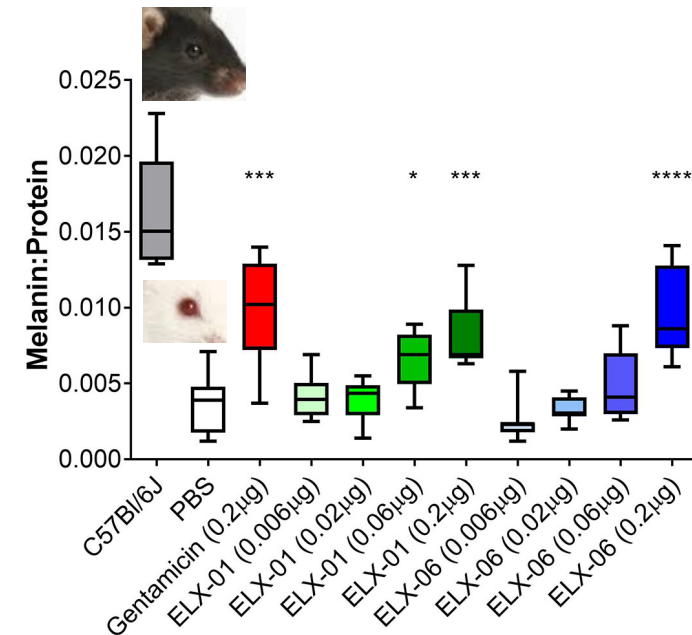
Readthrough in nonsense mutations in PKD1 gene with ELX-10 in dual luciferase assay



- Mutations in PKD1 or PKD2 lead to cyst growth
- **Affects 6–10% of patients on dialysis** and renal transplant in the US

Inherited Retinal Diseases (IRDs)

Single dose study in SJL/J mouse with R262X mutation in OCA2 gene 1



- Usher syndrome and Retinitis Pigmentosa are most common diseases
- **Approx. 2000 patients in the US**



TURBO-ZM™

TURBO-ZM™ (Tuning the RiBOsome with Zikani Molecules) platform fully unlocks the potential of macrolides

TURBO-ZM™: Applying macrolide SAR to RMA design



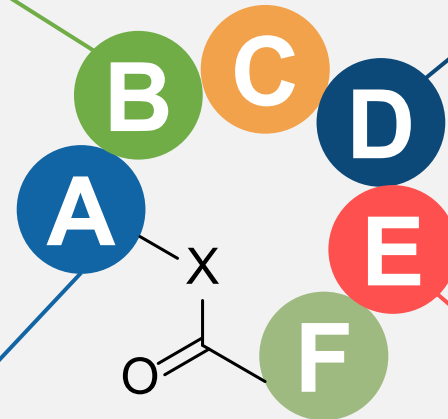
Optimize for:

- Readthrough
- Protein translation inhibition

*Interact with the
peptide sequence*

Modulate:

- PK
- Safety: cardiac, liver
- Oral bioavailability



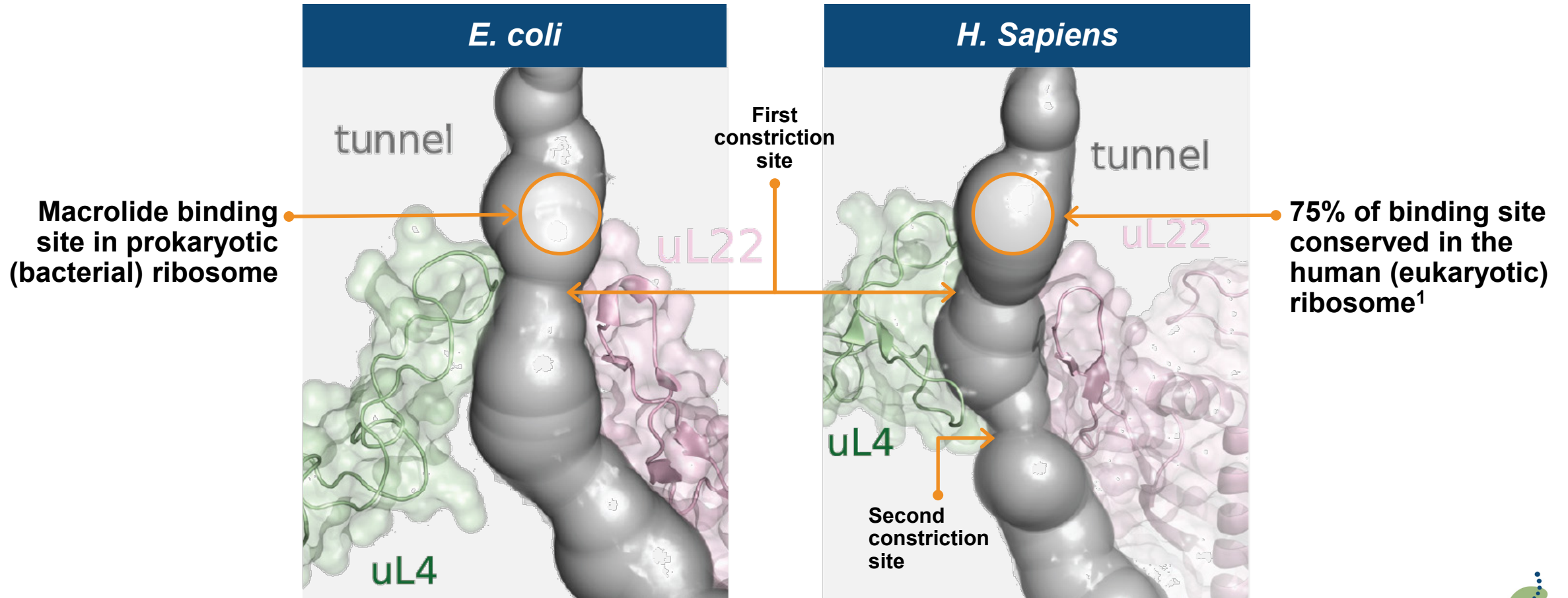
**Essential for
ribosomal binding**

*RMA core required
for ribosomal binding*

**Modulate cytoplasm and
mitochondrial ribosome
binding activity**

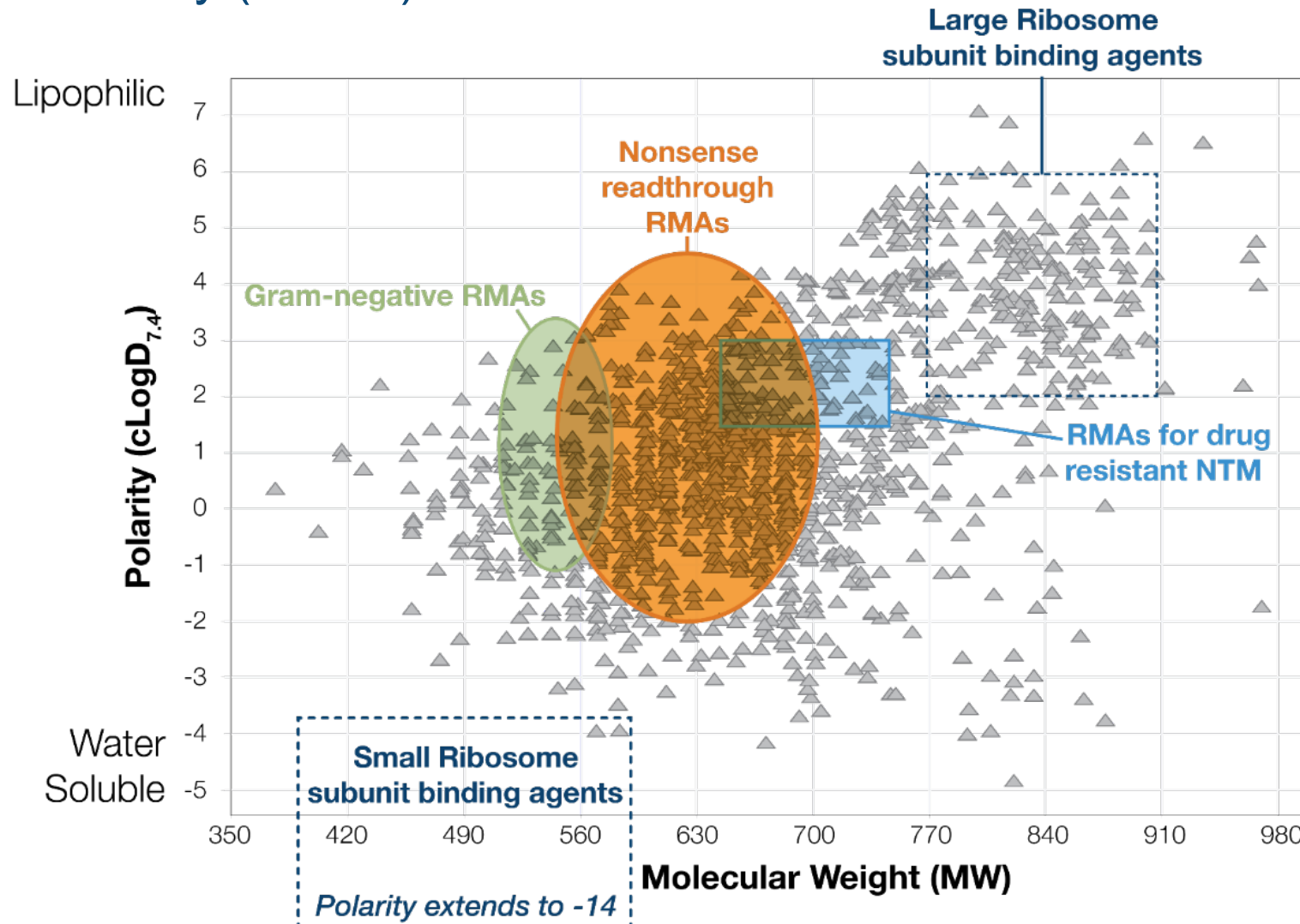
Strong rationale for macrolides to bind to the human ribosome

Nascent peptide exit tunnel in *E. coli* vs. human ribosomes¹



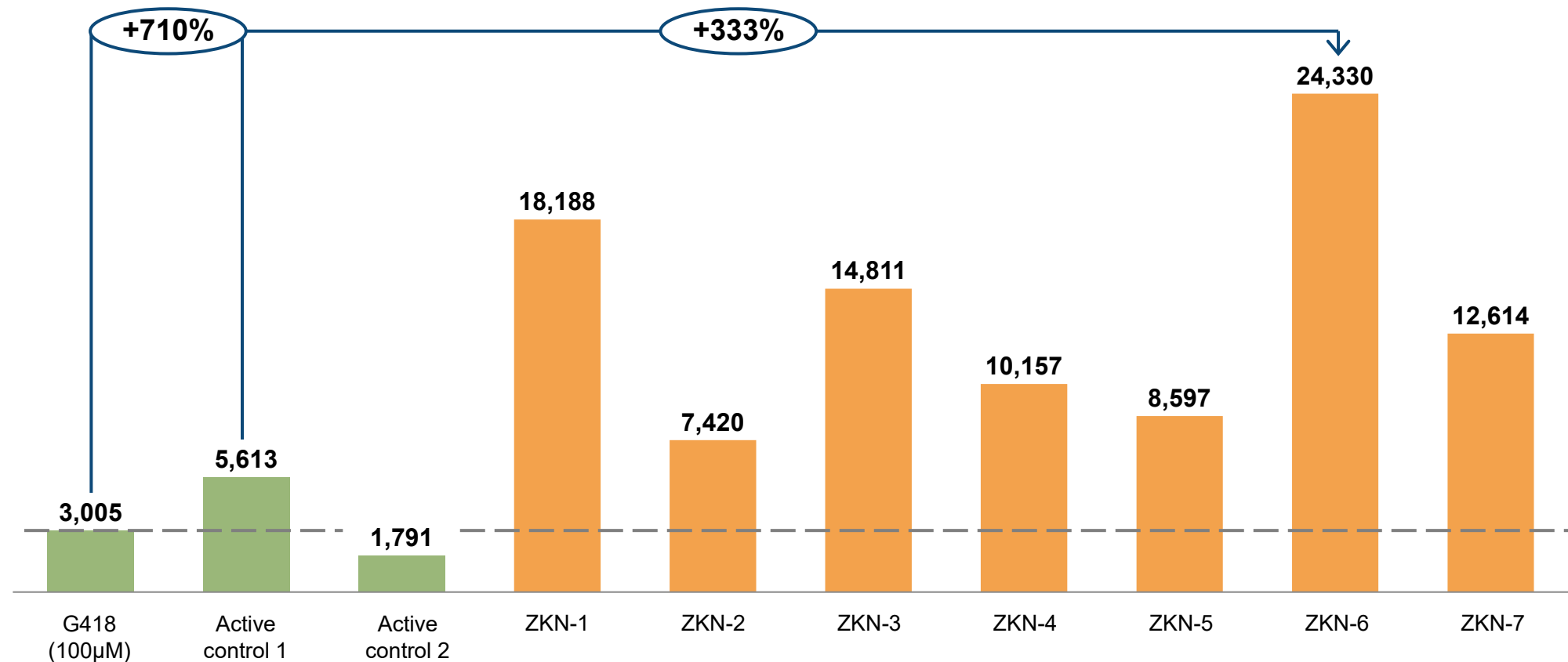
Growing library of RMAs with drug-like properties

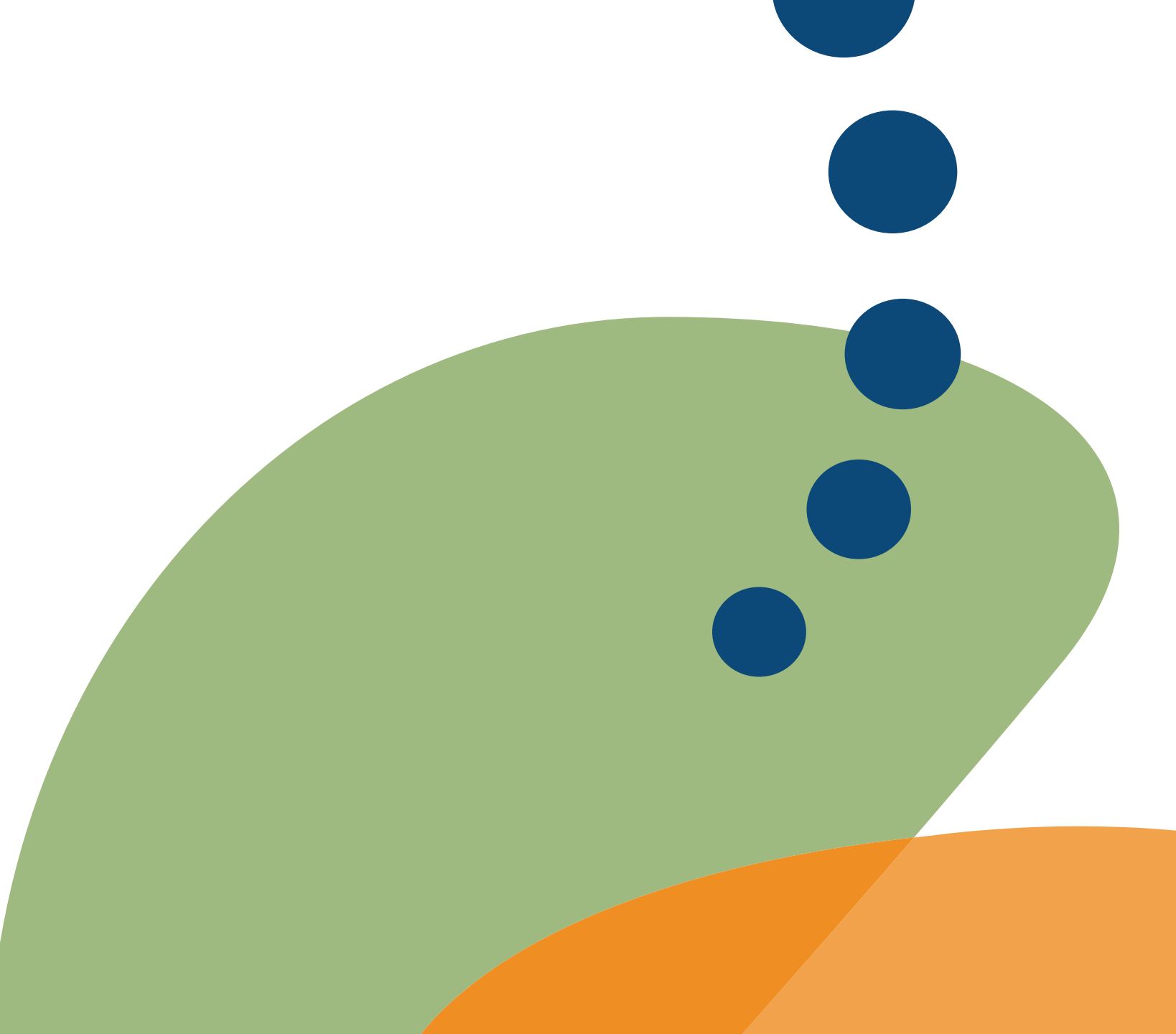
Zikani RMA Library (2000+)



RMAs show superior readthrough to alternatives

Readthrough Emax of selected RMA hits relative luciferase units compared to DMSO in W134X Nanoluc reporter assay





RMA Preclinical programs: RDEB/JEB, CF and FAP

RDEB/JEB: Clinically validated path for RMAs in rare skin disease targeting patients with nonsense mutations

RDEB and JEB



- Mutations in COL7A1 gene (Collagen) and LAMB3 (Laminin)
- Most RDEB patient develop skin cancer by age 35
- Average mortality of JEB patients is 18 months

~4,000 patients, \$1.5B TAM

RDEB

Gentamicin treatment of RDEB patients

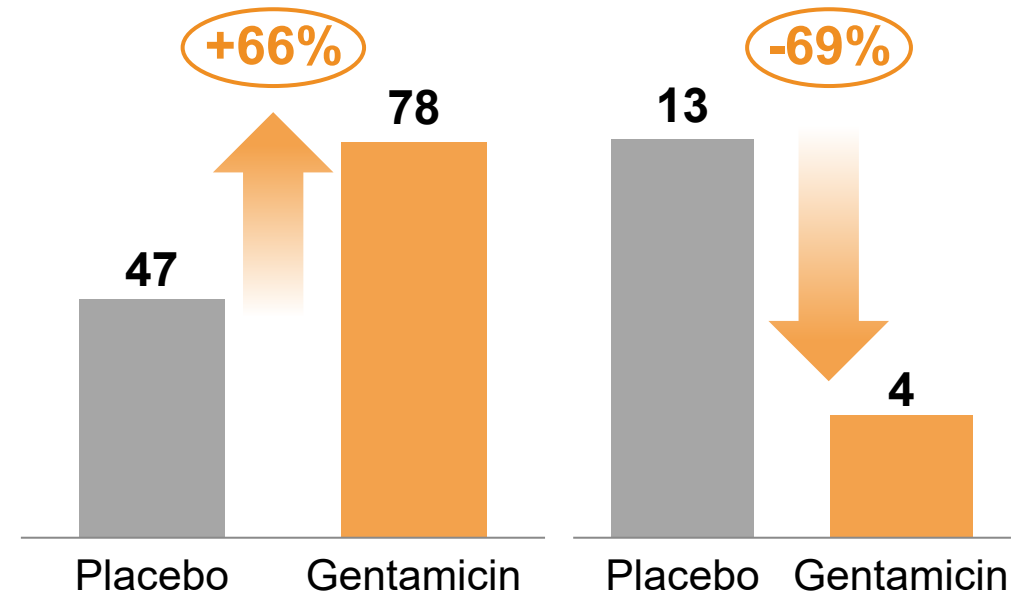
(0.1% gentamicin ointment tid for 2 weeks; n=5)¹

Wound closure

at 3 months, %

Total blistering events

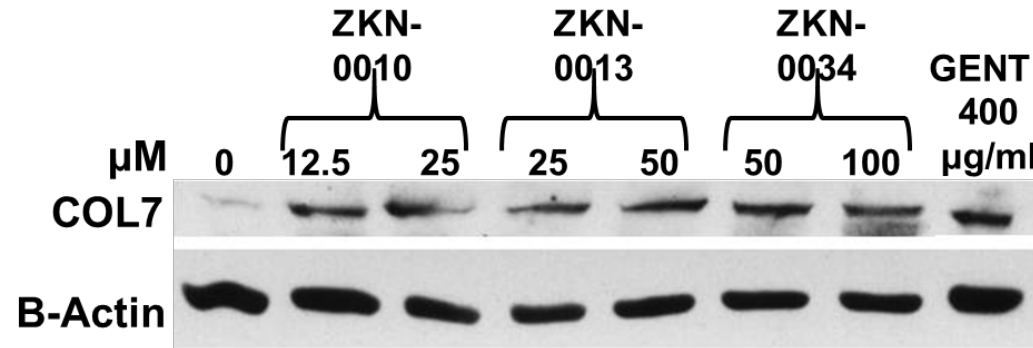
at 3 months



RDEB: RMAs restore functional collagen protein in primary patient cells comparable to high dose gentamicin

COL7 with 48 hr. exposure in RDEB patient derived **primary** fibroblasts*

Full length
protein in Hom
R578X COL7A
Fibroblasts**

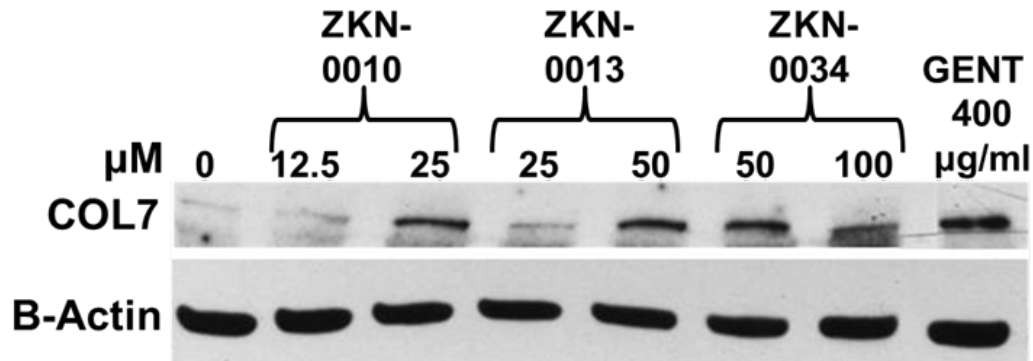


✓ COL7 RESTORED
in responders to
Gentamicin

✓ 30 to 60-day
protein half-life

✓ RMAs EXCEED
clinical efficacy
threshold of 10%
Gentamicin 845uM

Full length
protein in
R613X/R1683X
COL7A
Fibroblasts**

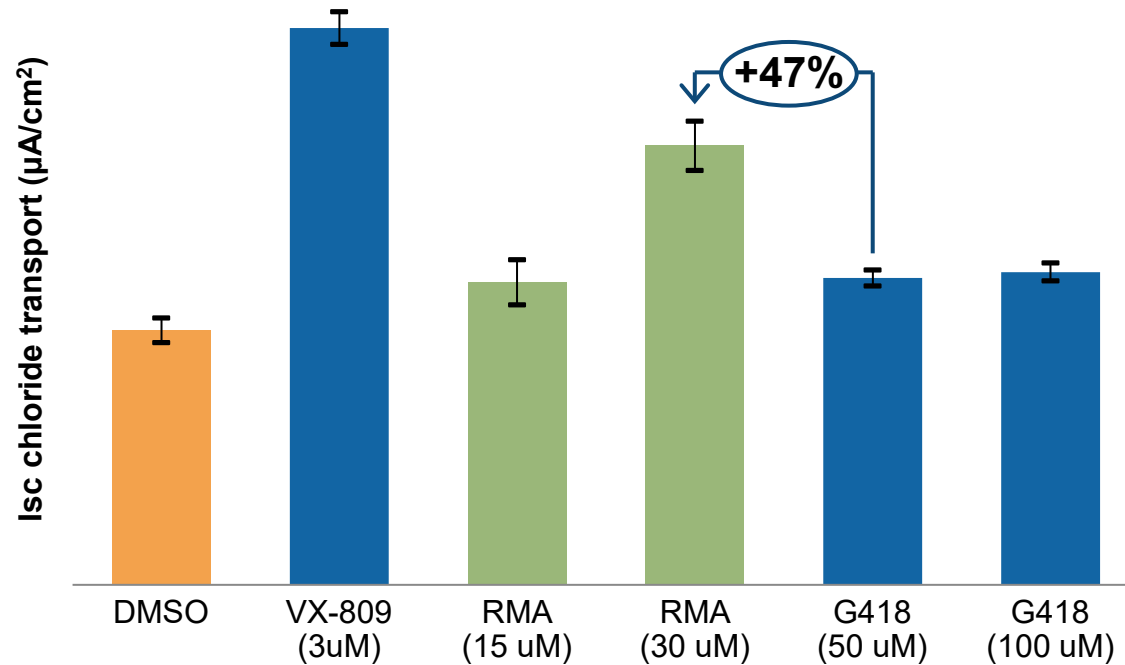


Data generated in collaboration with academic partner

Class 1 CF: RMA lead showed highest ever readthrough preclinical Ussing chamber assay

Summary of Class 1 CF data

Het G542X Human Broncho Epithelial (HBE) cells Ussing Chamber steady state modulator response measurement**



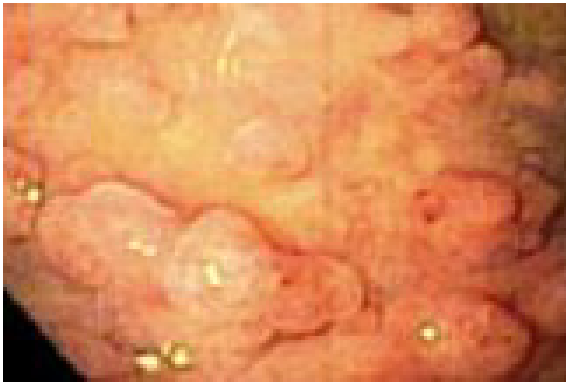
Data generated at Chantest

Never seen before impressive single agent activity from non aminoglycoside class – need to advance this program
– CF Foundation
Encouraged to apply for “Path to Cures”

Submitted \$2.5M grant to CF Foundation to support through development candidate

APC readthrough: Supported by positive prior clinical success of Erythromycin in FAP

APC mutant Familial Adenomatous Polyposis (FAP) and CRC



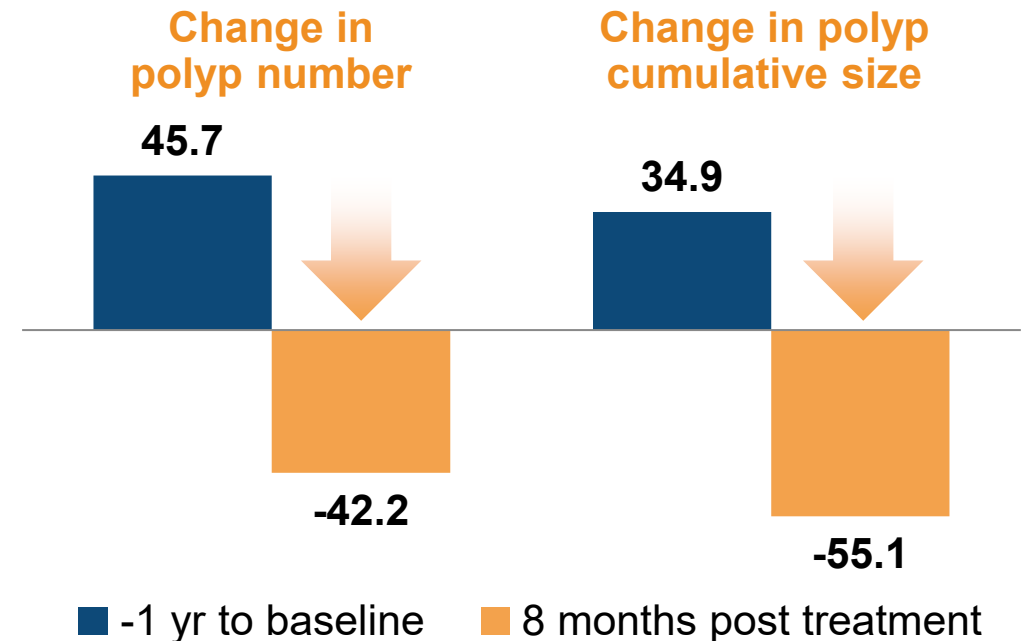
- Mutations in the Adenomatous Polyposis Coli (APC) gene (tumor suppressor gene)
- FAP patients develop CRC by age 40
- 80% of CRC patients have an APC mutation

**8,000–12,500 FAP patients in the US/EU;
210,000 CRC patients WW**

Clinical trial success in FAP with Erythromycin

Erythromycin treatment
(250 mg/day po for 4 months)

Change in polyp burden at 12 months¹

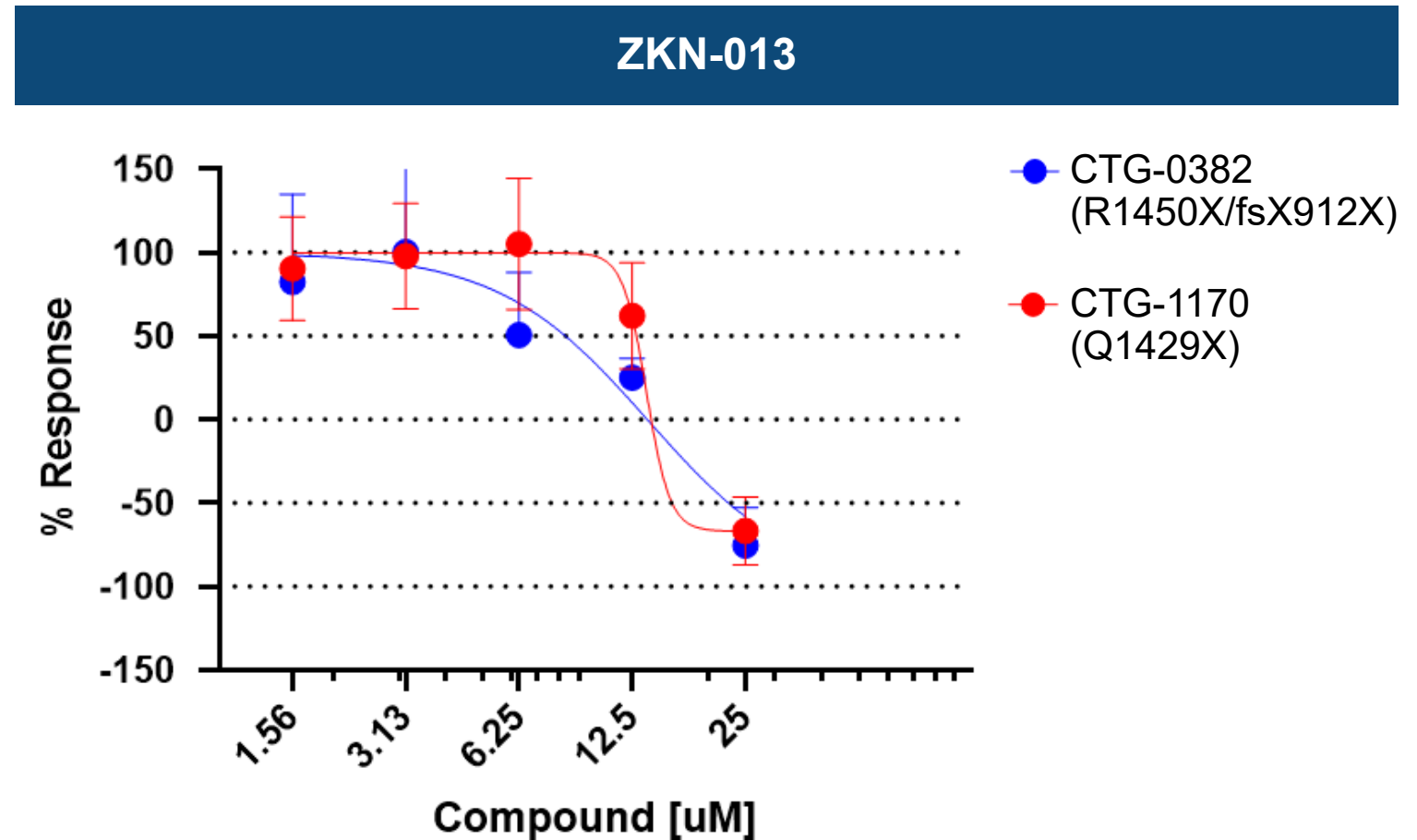


¹Kariv, R. *Int J Cancer*. 2019 doi: 10.1002/ijc.32557

Clear path treating FAP supported by efficacy in APC mutant cancer patient tumor grafts

Efficacy of ZKN-013 in colorectal cancer patient derived tumor grafts ex-vivo

- Ex-vivo sensitivity assessment in tumor grafts
- Potent tumor growth inhibition
 - GI₅₀ < 15 μM
- Cancer xenograft studies planned in 2021



Positioned to be the world leader in ribosome targeted genetic therapies



Proprietary ribosome targeted small molecule platforms targeting rare diseases and oncology



Deep pipeline led by clinical stage program to treat class 1 nonsense mutations in Cystic Fibrosis



Expect to file first IND for first-in-class oral RDEB/JEB program expected in 2022; expect to file 1 IND per year after 2022



Right leadership, team, and advisors



TURBO-ZM™