

Immunic Therapeutics

Developing Selective Oral Drugs in Immunology NASDAQ: IMUX



Cantor Global Healthcare Conference - October 4, 2019

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- Certain statements contained in this presentation regarding matters that are not historical facts are forward-looking statements within the meaning of Section 21E of the Securities and Exchange Act of 1934, as amended, and the Private Securities Litigation Reform Act of 1995, known as the PSLRA. These include statements regarding management's intentions, plans, beliefs, expectations or forecasts for the future, and, therefore, you are cautioned not to place undue reliance on them. No forward-looking statement can be guaranteed, and actual results may differ materially from those projected. Immunic undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise, except to the extent required by law. We use words such as "anticipates," "believes," "plans," "expects," "projects," "future," "intends," "may," "will," "should," "could," "estimates," "predicts," "potential," "continue," "guidance," and similar expressions to identify these forward-looking statements that are intended to be covered by the safe-harbor provisions of the PSLRA.
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Our Vision

We are developing new therapies with best-in-class potential for the treatment of chronic inflammatory and autoimmune diseases.



Key Investment Highlights

Three potential best-inclass oral therapies

High value markets

Strong IP position

Experienced global management team

Strong balance sheet

- IMU-838: Potent DHODH inhibitor currently tested in three phase 2 studies
- IMU-935: High demand target with substantial potential
- IMU-856: Novel target potentially disease modifying for GI disorders
- Autoimmune & immunology with high unmet medical needs
- Large markets for IBD, MS and psoriasis with multibillion USD sales potential
- IMU-838: Granted patents until 2031, patent application coverage until 2038
- IMU-935: New compound IP filed in 2017
- IMU-856: Compound patent filed in 2018
- Experienced management team with strong track record and over 90 years of leadership experience in the pharmaceutical industry
- Headquartered in the US with R&D operations in Munich, Germany
- Well financed with cash runway to near-term value-driving events
- Cash position: USD 36.1 million (as of August 8, 2019)
- Cash expected to last into Q4 2020



Immunic Leadership Team

Company is led by an experienced management team



Daniel Vitt, PhD CEO & President



Andreas Muehler, MD, MBA CMO



Hella Kohlhof, PhD **CSO**



Manfred Groeppel, PhD COO



Sanjay S. Patel, CFA **CFO**

Renowned international board of directors



Duane Nash, MD, JD, MBA Former Director of **Vital Therapies**



LSP



Joerg Neermann, PhD Vincent Ossipow, PhD, CFA Omega Funds



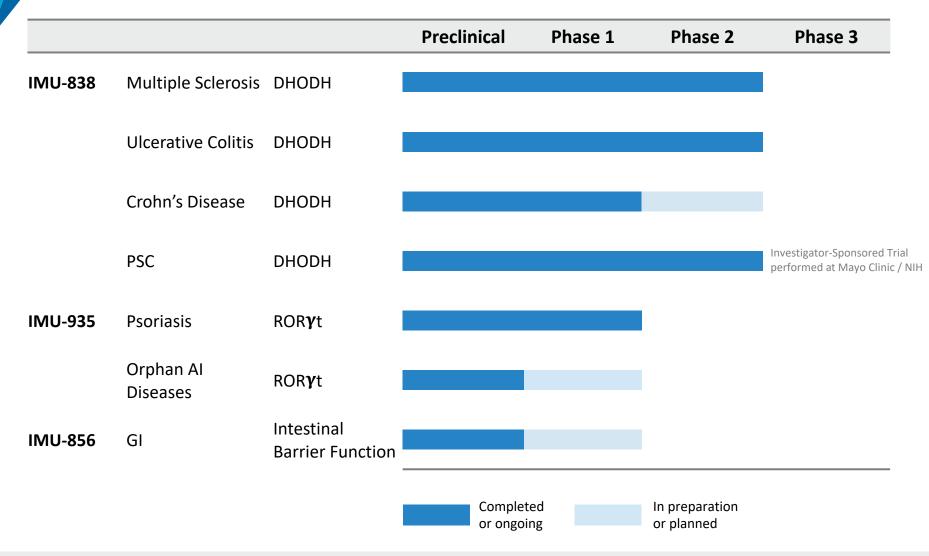
Jan Van den Bossche Fund+



Daniel Vitt, PhD CEO & President of Immunic



Development Pipeline



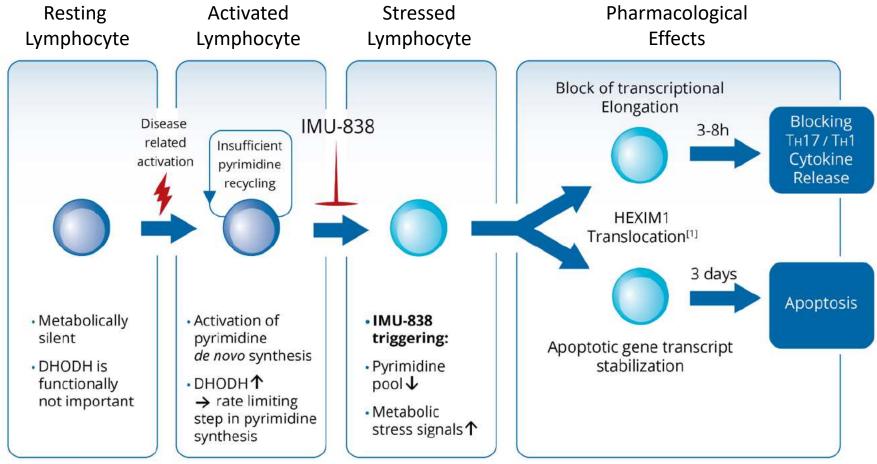




IMU-838 in Multiple Sclerosis

Mode of Action of IMU-838 Enables Broad Therapeutic Use

Mode of Action: DHODH Targeting Leads to Metabolic Stress in Metabolically Activated Cells



[1] Tan et al., 2016, Molecular Cell 62, 34-46



MS Opportunity

Aubagio® (teriflunomide) is currently the **only approved** DHODH inhibitor for MS

Despite its substantial side effects, Aubagio® reached sales of around USD 1.8 billion in 2018^[1]

IMU-838 has the potential to be a best-in-class DHODH inhibitor and MS drug due to improved safety and pharmacokinetics profile



IMU-838: Potential Advantages in MS

- Potential advantages of IMU-838 therapy compared with Aubagio® (teriflunomide):
 - Selectivity and sensitivity^{[1] [2] [3] [4]}
 - Pharmacokinetic parameters^{[5] [6]}
 - Safety profile^{[7] [8] [9] [10]}
 - Drug-drug interaction potential^[6]

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[1] FDA CDER Pharmacological Review Teriflunomide 2012
[2] Merrill JE, et al. J Neurol 256: 89-103, 2009
[3] Büttner R, et al. Blood 130 (suppl 1): 4426 abstract, 2017
[4] Cada DJ, et al. Hosp Pharm 48: 231-240, 2013 )
[5] FDA CDER Clinical Pharmacology and Biopharmaceutics Review Teriflunomide 2012
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[6] Summary of Product Characteristics Aubagio ®
[7] SmPC Aubagio®
[8] FDA CDER Medical Review Teriflunomide, 2012
[9] O'Connor et al, NEJM 365: 1293-1303, 2011
[10] O'Connor et al, NEJM 365: supplementary appendix, 2011



IMU-838: Phase 2 Clinical Trial in RRMS

- Phase 2 trial in patients with relapsing-remitting multiple sclerosis (RRMS)*
- Study Design
 - Planning to enroll 195 patients in four countries
 - Primary endpoint: cumulative number of combined unique active (CUA) MRI lesions, up to week 24
 - Central reading of MRI
- Timelines
 - Study started in February 2019
 - Currently estimated to deliver top-line data in Q3 2020
 - Positive data would allow for quick start of phase 3 study in RRMS



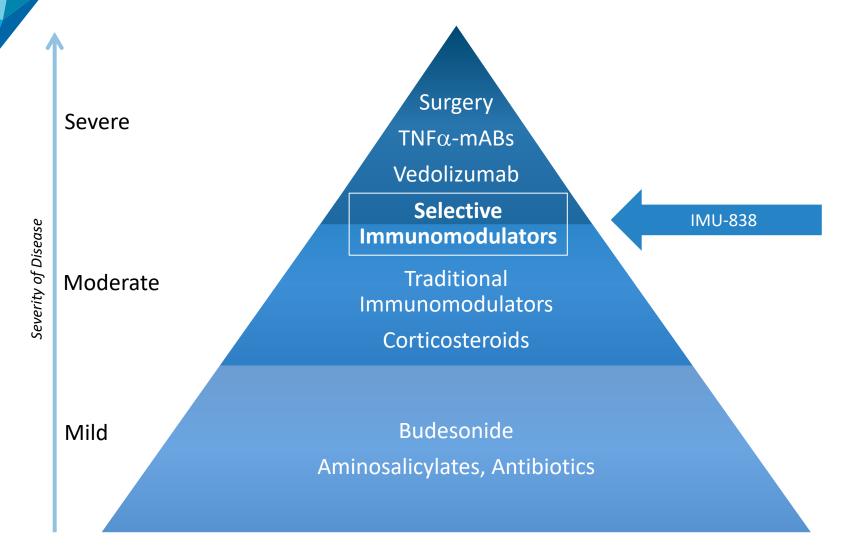


IMU-838 in Inflammatory Bowel Disease (IBD)

New Oral Treatment with Promising Safety Profile



IBD: Therapeutic Pyramid





IMU-838: Key Strengths That Address Limitation of Existing Therapies in IBD

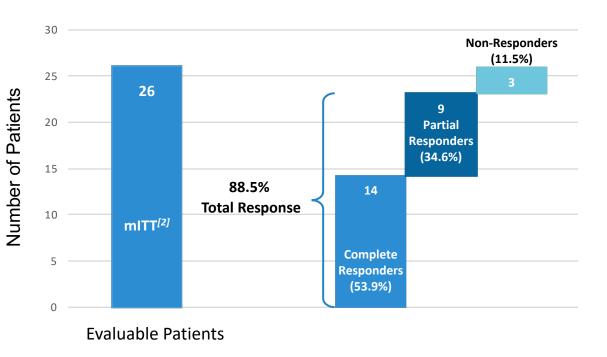
No clinical evidence of increased rate of viral re-activations in-vitro data of direct Mode of action anti-viral effect provides a new Small molecule with treatment option for low production costs patients failing other therapies in IBD Oral effective Once daily Selective effect treatment oral drug intake option that can towards metabolically beneficial for patients be prescribed for activated and could improve inflammatory cells a large number compliance of IBD patients



IBD Phase 2a ENTRANCE: Primary Efficacy Results

ENTRANCE study:^[1]

- Study performed with active moiety vidofludimus
- All patients failed two attempts to taper down steroids
- Open-label
- Primary efficacy endpoint: steroidfree/steroidreduced remission (week 12)



IMU-838 had response rates of: 85.7% in Crohn's disease 91.7% in ulcerative colitis



IMU-838: Clinical Phase 2 in UC Ongoing

- Active IND in the US; study started in April 2018
- Study design*
 - Central endoscopy assessment for active disease for study eligibility in order to reduce placebo rate
 - Endpoint measuring proportion of patients with symptomatic remission and endoscopic healing at week 10
 - Number of patients estimated to be 240
- Currently more than 70 active sites in 10 countries
 - USA, Western, Central and Eastern Europe
- Interim dosing analysis performed end of August 2019
 - Performed by an unblinded, independent data review committee
 - Immunic hypothesized 30 mg to be the lowest effective dose and therefore anticipated that the 10 mg dose might be discontinued
 - → 10 mg surprisingly also showed hints of activity
 - → All three doses are being continued



IBD: Overall Study Program

Two phase 1 trials



Ulcerative colitis (UC) trial

Final 1° UC efficacy analysis



Preparation of phase 2 trial in CD based on interim dosing analysis in UC ongoing

Crohn's disease (CD) trial

Final 1° CD efficacy analysis

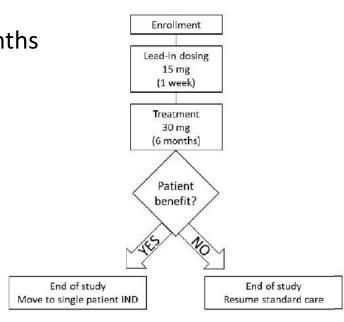


IMU-838: Phase 2 Proof-of-Concept Study in PSC

Ongoing investigator-sponsored trial (IST): Single-arm, open-label,
 exploratory study planning to enroll 30 patients, aged 18 to 75 years*

 Conducted at two Mayo Clinic sites in Arizona and Minnesota by Prof. Keith Lindor, MD, and Elisabeth Carey, MD, supported by NIH funding

- Dosing: 30 mg IMU-838 qd for six months
- Primary endpoint: change in serum alkaline phosphatase (ALP) at six months compared to baseline
- Study started in August 2019
- Positive data should enable immediate start of a pivotal trial in this orphan indication by Immunic



Study Flow Chart





IMU-935

Unique RORγt Inverse Agonist



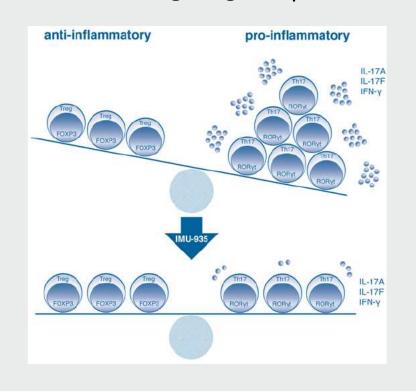
Autoimmune Diseases and IMU-935

Challenge:

- Autoimmune diseases
 are frequent diseases affecting
 millions of patients worldwide^[1]
- Th17/IL-17/RORγt axis is important in auto immunity related diseases^[2]
- Antibodies targeting this axis successfully demonstrated this concept but bear the disadvantage of being a non-oral drug^[2]

Solution:

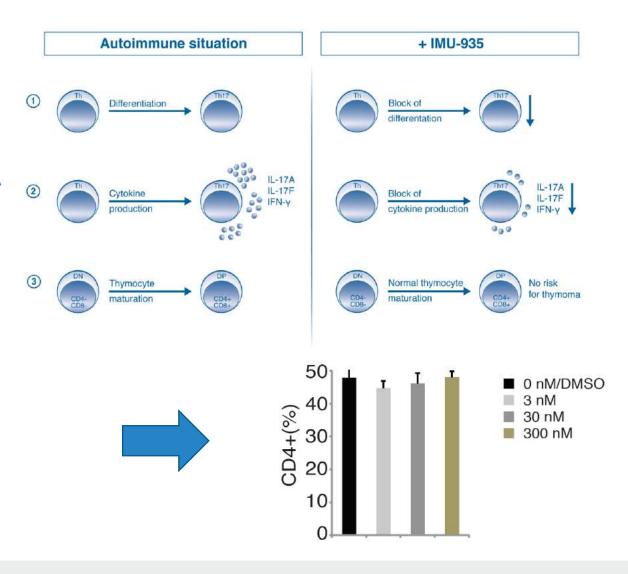
 IMU-935 is a potent small molecule targeting RORγt





IMU-935: Main Functions of RORγt

- The differentiation towards Th17 cells is inhibited by IMU-935.
- The production of IL-17A and IL-17F is inhibited by IMU-935.
- Result: IMU-935 allows normal thymocyte maturation from double negative towards matured CD4+ thymocytes (CD4+ and CD4+/CD8+).



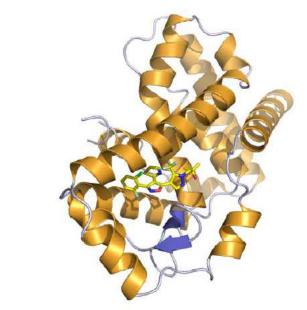


IMU-935: Cytokine Inhibition in Low Nanomolar Range

- Effect of the development compound IM105935 (IMU-935) in stimulated human PBMCs
 - Inhibition of RORγ (20 nM) and DHODH (240 nM) leads to synergistical inhibition of cytokines with IC₅₀ of 3-5 nM in stimulated human lymphocytes

	IC ₅₀ (μM)
IL-17A	0.005
IL-17F	0.004
ΙΕΝγ	0.003
IL-1a and b	no inhibition
IL-4,5,6,8	no inhibition
RORγ (MST)	0.024
RORγ (cellular, rep.)	0.020
DHODH	0.240
Th17 differentiation	0.150

Read-out: effect on cytokine production after 48 hours in PBMCs



Resolution 2.6 A of a closely related derivative compound binds to hydroxycholesterol binding site of RORγ



03.10.19

IMU-935: Project Status

- Clinical phase 1 program started in September 2019
 - Ongoing double-blind, placebo-controlled, single and multiple ascending dose trials of IMU-935 in healthy volunteers
 - Extension of these studies to assess safety and mechanism-related biomarkers in patients with mild to moderate psoriasis is planned to start next year
- Expansion to orphan indications with high unmet medical need for accelerated development is ongoing

H1 2019 H1 2021 H₂ 2019 H1 2020 H₂ 2020 H₂ 2021 Phase 1b - Patients **Psoriasis** Preclinical SAD MAD Phase 2 **IMU-935 IMU-935 Orphan** Phase 2



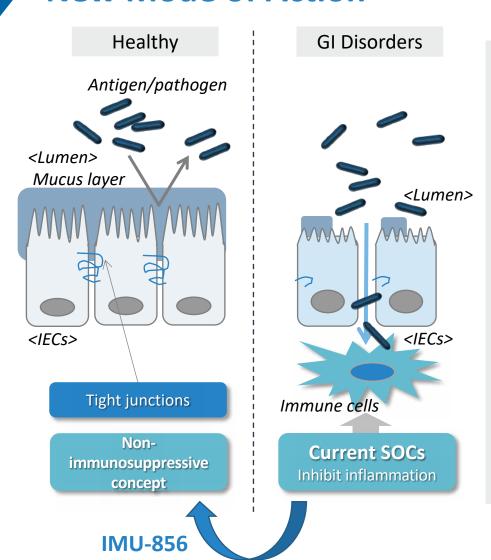


IMU-856

Restoring Intestinal Barrier Function



IMU-856: Targeting Gut Barrier Function With New Mode of Action



- IMU-856 is a potent inhibitor of a novel target which was validated in a knock-out animal model
- Targeting restoration of intestinal barrier function without impairing the immune system
- Small orally available molecule suitable for once daily dosing
- Obtained through option and licensing agreement with
 Daiichi Sankyo Venture
 Science Labs



IMU-856: Development Plan

- Possible GI indications
 - IBD, IBS-D, ICI
- Clinical development plan
 - Phase 1 single and multiple ascending dose studies are expected to start in H1 2020
- IMU-856 has substantial potential for the treatment of further diseases outside GI, e.g. CNS
- Product is covered by a global PCT patent application





Summary



Financial Summary

- Nasdaq: IMUX
- Headquarters in San Diego plan to relocate to East Coast in 2019
- Shares outstanding: 10.0 million (as of August 8, 2019)
- Cash position of USD 36.1 million (as of August 8, 2019)
- Cash runway expected to be sufficient beyond important value inflection points into Q4 2020
- Immunic's reverse takeover with Vital Therapies was supported by a committed investor base investing approximately USD 30 million in April 2019



















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Key Investment Highlights – Three Oral Drugs in Development

- IMU-838 currently tested in three phase 2 trials
- RRMS phase 2 data of IMU-838 expected in Q3 2020
- Very promising data from interim dosing analysis of UC phase 2
- Three oral programs in active development each with unique positioning
 - Phase 1 of IMU-935 started in Sep 2019 1st data expected
 Q1 2020
 - IMU-856 could be a disruptive technology for treating GI diseases like IBS-D and IBD – restoring intestinal barrier function









Thank You!

Immunic, Inc.

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