



A BETTER APPROACH TO DRUG DEVELOPMENT FOR LIVER DISEASES

JANUARY 2021 | INVESTOR PRESENTATION



smart drug
smart te
smart de



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THE NEED AND OPPORTUNITY IN NASH DRUG DEVELOPMENT

NASH is a Healthcare Crisis



NASH leads to cirrhosis, liver cancer (HCC), end stage liver disease, and death



Soon to be lead reason for liver transplantation



Large cost to healthcare system

No drugs are approved for treating NASH

NAFLD

non-alcoholic fatty liver disease

- “Fatty liver” disease associated with obesity, diabetes, hypertension, etc.
- Approx. 25% of global population (up to 100 million in U.S.)

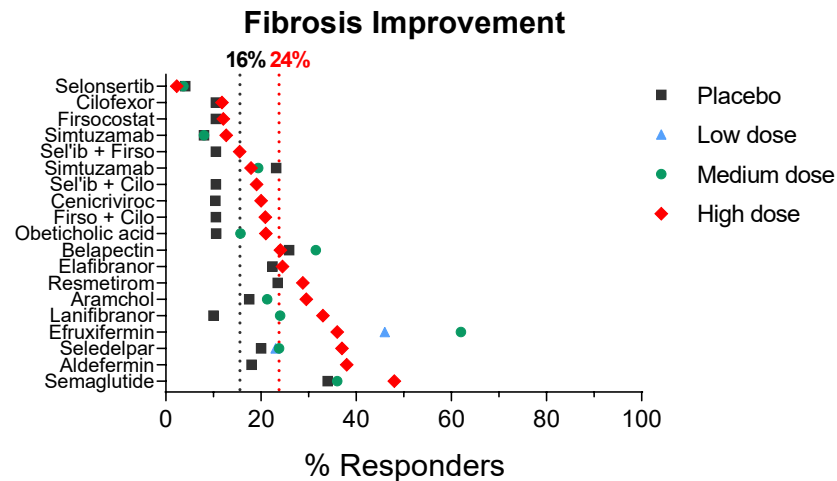
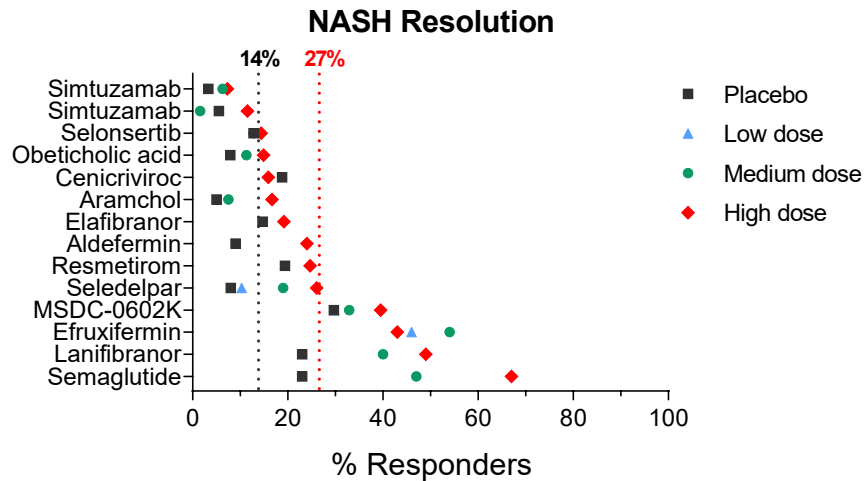
NASH

non-alcoholic steatohepatitis

- A more severe form of NAFLD, with inflammation and liver scarring
- 1.5 – 6.5% globally (up to 17 m U.S.)



THE CHALLENGES OF NASH DRUG DEVELOPMENT



Regulatory agencies require regression of several indices of liver disease by histological analysis:

- Fatty deposits, cell death, inflammation and/or liver scarring (fibrosis)

Most study outcomes have been disappointing:

- High placebo responses
- Low responses from most candidate drugs
- Several drug candidates discontinued

**New approaches to develop
NASH therapeutics are needed**



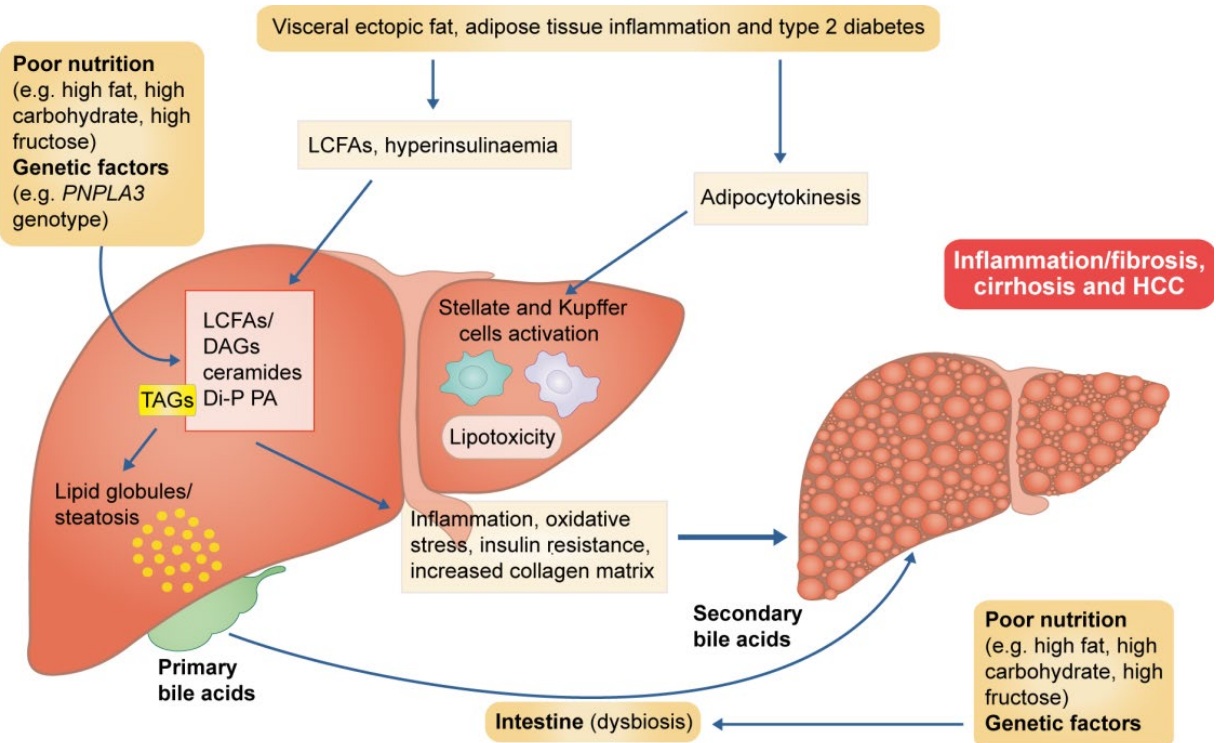
HEPION'S APPROACH

SMART STRATEGY #1

➡ Target Multiple Disease Processes With a Single Agent

toxic lipids

cell death



inflammation

fibrosis

NAFLD: A multi system disease by Pablo Echeverria



HEPION'S APPROACH

SMART STRATEGY #2

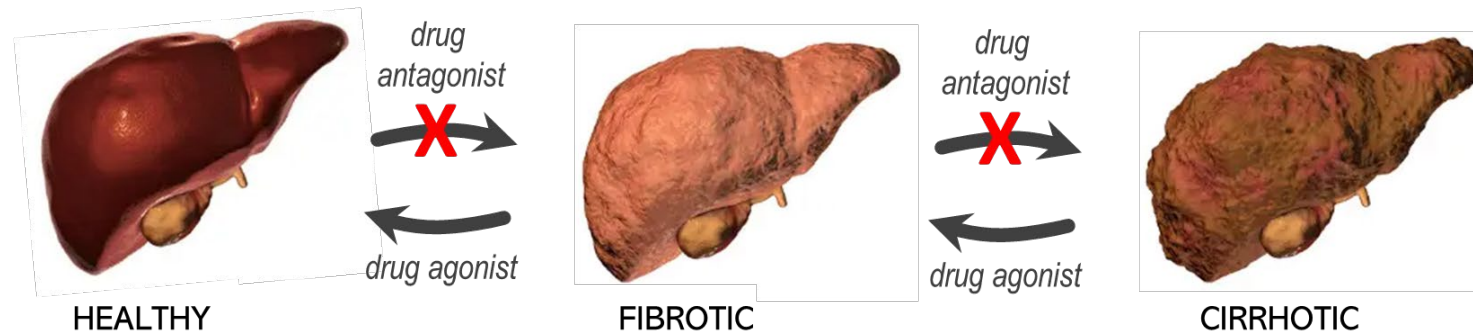
➔ Attenuate Disease Drivers

Most NASH drug candidates are agonists that amplify homeostatic processes to help regress disease

PPAR agonists
FGF agonists

FXR agonists
GLP-1 agonists

THR β agonists



Cyclophilin inhibitors reduce harmful processes that disease progression



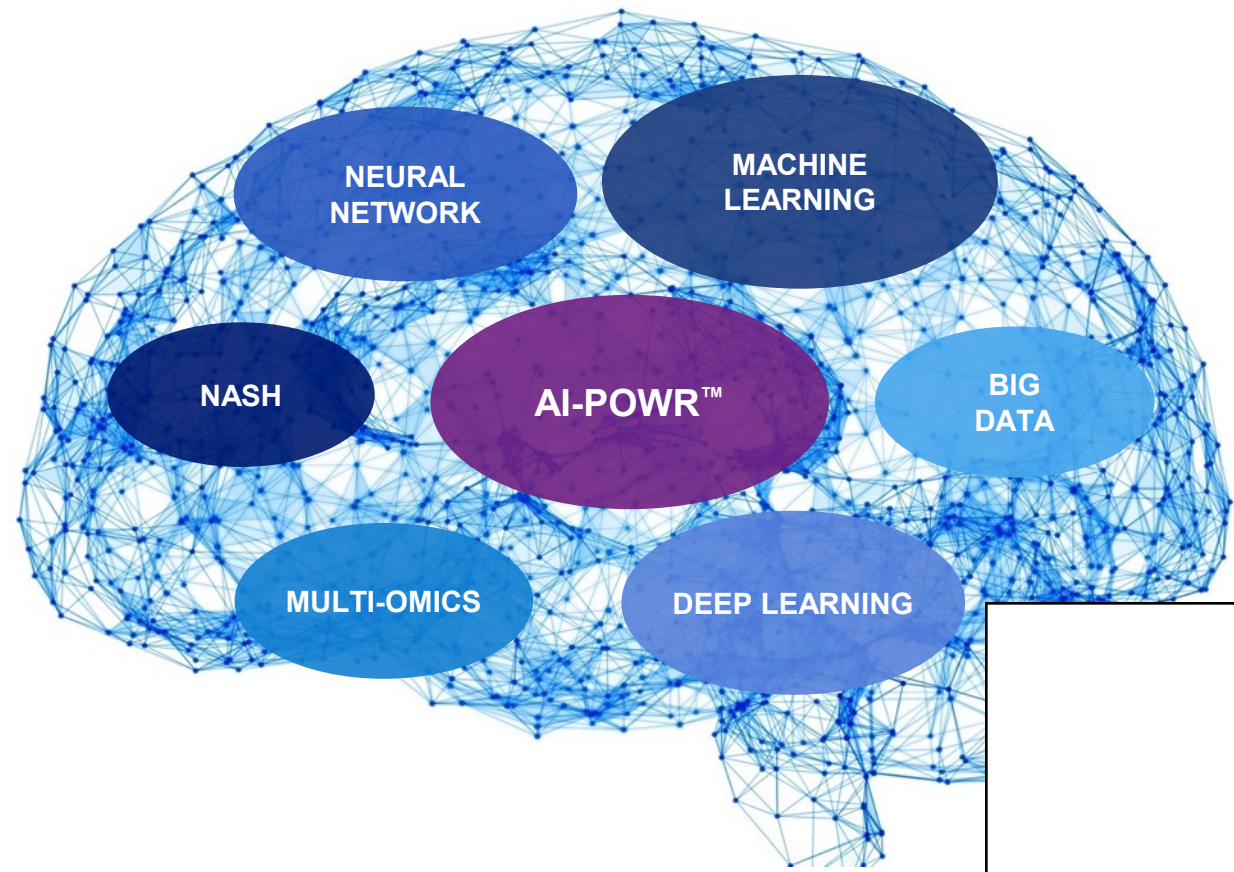
HEPION'S **APPROACH**

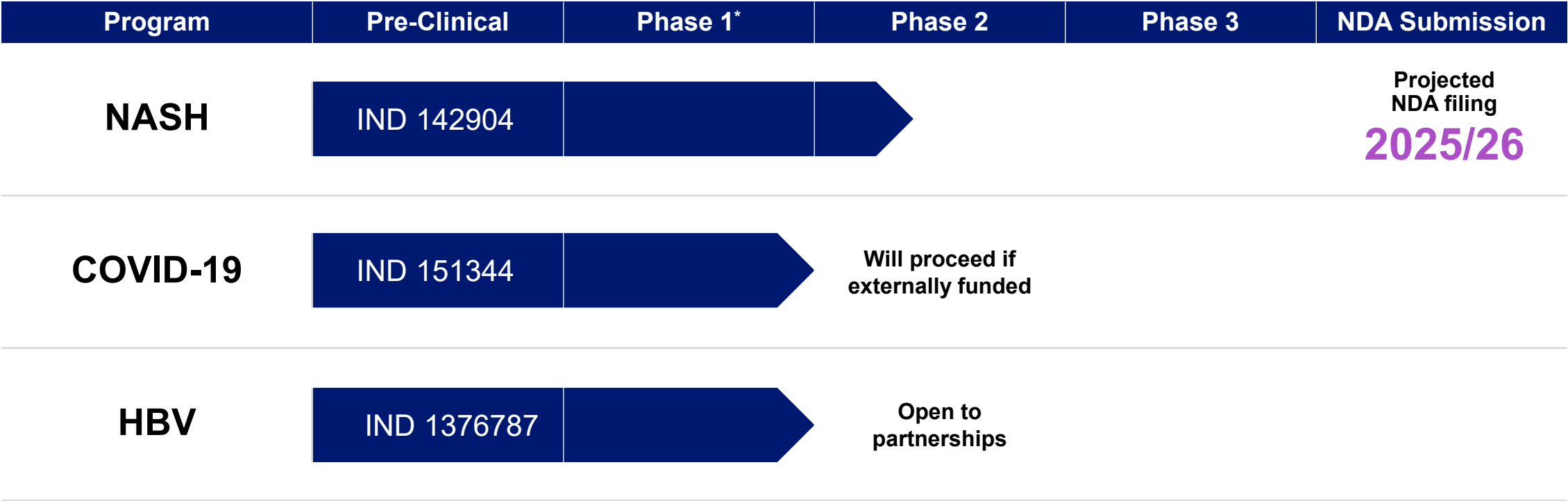
SMART STRATEGY #3

➡ **State-of-the-art Bioinformatics and Artificial Intelligence**

AI-POWR™

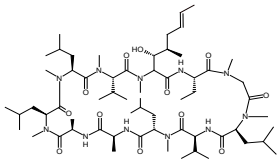
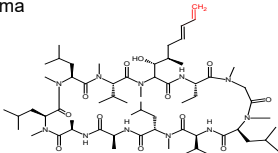
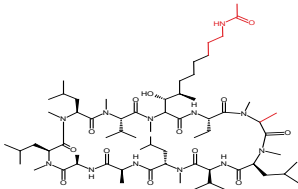
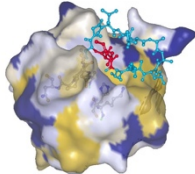
- Understand disease mechanisms
- Identify biomarkers
- Track disease progression and regression
- Predict drug responders
- Precision medicine





*Separate Phase 1 programs were not conducted for each separate indication. The Phase 1 program was comprised of Single and Multiple Ascending Doses and a Drug-Drug Interaction study.



Theory	Prediction and Experimentation		Findings
Modifying Cyclosporine A can greatly change its binding and functional properties	Modifications that increase <u>calcineurin</u> binding and immunosuppression (voclosporin) Modifications that decrease <u>calcineurin</u> binding and immunosuppression, and <u>increase</u> cyclophilin binding and inhibition (CRV431)		Inhibition of each cyclophilin isoform produces distinct therapeutic effects
<div>Cyclosporine A</div> <div></div> <div>Nearly 40 years of clinical use as immunosuppressive drug for organ transplantation and autoimmune diseases</div>	<div>Voclosporin</div> <div>Aurinia Pharma</div> <div></div> <div>Modifications increase affinity for <u>calcineurin</u> and increase immunosuppression potency</div>	<div>CRV431</div> <div></div> <div>Modifications increase affinity for <u>cyclophilins</u> (13-fold) and eliminate immunosuppression</div>	<div></div> <div>CRV431 binds potently ($K_i \approx 1$ nM) to around 10 of 17 cyclophilin isoforms in the human body</div>

Why Target Cyclophilins?

Cyclophilins shown to play deleterious roles in:

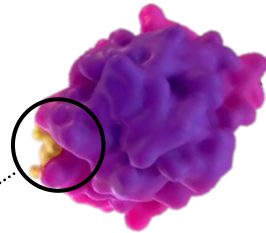
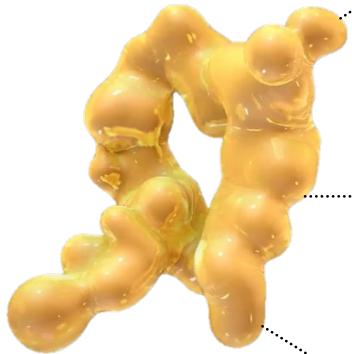
Viral Hepatitis • Cancers • Acute And Chronic Lung Injury • Myocardial Infarction • Stroke • Arthritis • Atherosclerosis • Aortic Aneurysm • Coronary Artery Disease • Pulmonary Arterial Hypertension • ALS • Alzheimers Disease • Muscular Dystrophies • Traumatic CNS Injury



MULTIPLE THERAPEUTIC ACTIONS THROUGH CYCLOPHILIN INHIBITION

CRV431

Pan-Cyclophilin
Inhibitor
($K_i \approx 1$ nM)



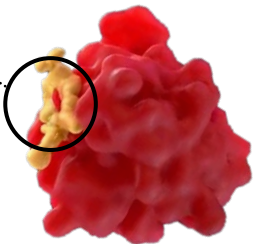
Cyclophilin A (cytosol and secreted)

Secreted from injured cells and
acts as proinflammatory cytokine
by binding to CD147



Cyclophilin B (endoplasmic reticulum)

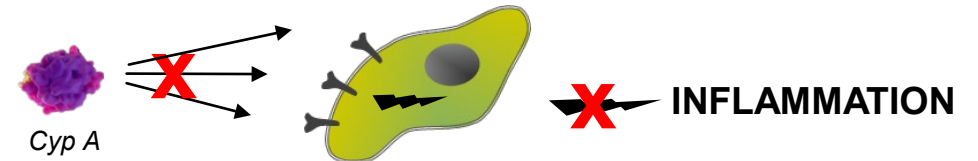
Promotes fibrotic scarring by
controlling collagen production



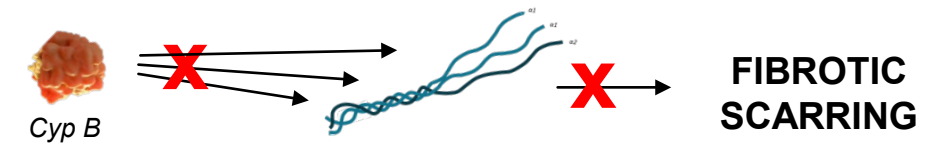
Cyclophilin D (mitochondria)

Regulates mitochondrial
metabolism
Promotes mitochondrial pore
opening leading to mitochondrial
and necrotic cell death

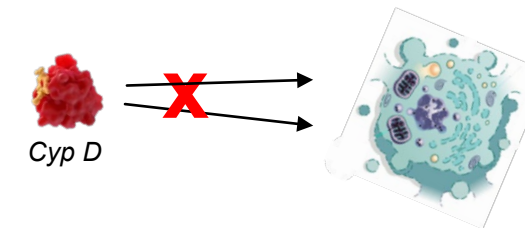
CD147 pro-inflammatory receptors



Procollagen



Mitochondrial pores (mPT)



ANTIFIBROTIC AND OTHER PRECLINICAL ACTIVITIES

Human Cell Cultures

Hepatic stellate cells, fibroblasts (multiple organs)	TGFβ or endogenous stimulation
Blood platelets	Collagen and thrombin stimulation

Human Tissue Explants (Precision Cut Slice Cultures)

Liver explants (4 donors)	TGFβ+PDGF-BB or endogenous stimulation
IPF lung explants (1 donor)	Endogenous stimulation

Animal Models

Mice (NASH)	Western diet + carbon tetrachloride
Mice (NASH)	High fat diet + early STZ (4 studies)
Mice (liver fibrosis)	Carbon tetrachloride
Mice (kidney fibrosis)	Unilateral ureter obstruction
Rats (liver fibrosis)	Thioacetamide
Mice (acute lung injury)	Lipopolysaccharide inhalation
Mice (diabetes)	High fat diet + late STZ

CRV431 Effects

▼ fibrotic gene expression
▼ procollagen and fibronectin secretion
▼ procoagulant platelet formation

CRV431 Effects

▼ inflammatory/fibrotic gene expression
▼ inflammatory/fibrotic protein secretion
▼ tissue fibrosis

CRV431 Effects

82% ▼ fibrosis; ▼ weight gain
37-57% ▼ fibrosis; ▼ weight gain; 50% ▼ liver tumors
44% ▼ fibrosis
42% ▼ fibrosis
48% ▼ fibrosis; prevented cirrhosis
▼ BAL fluid inflammatory cytokines
▼ adiposity; ▼ weight gain



IN-HOUSE ARTIFICIAL INTELLIGENCE PROGRAM



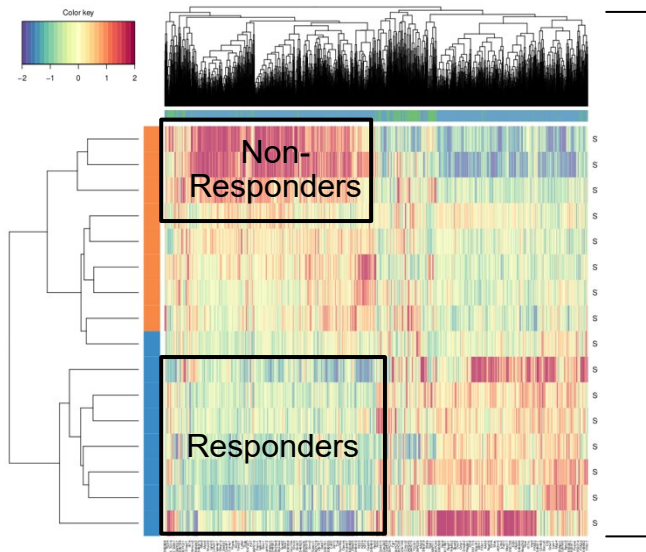
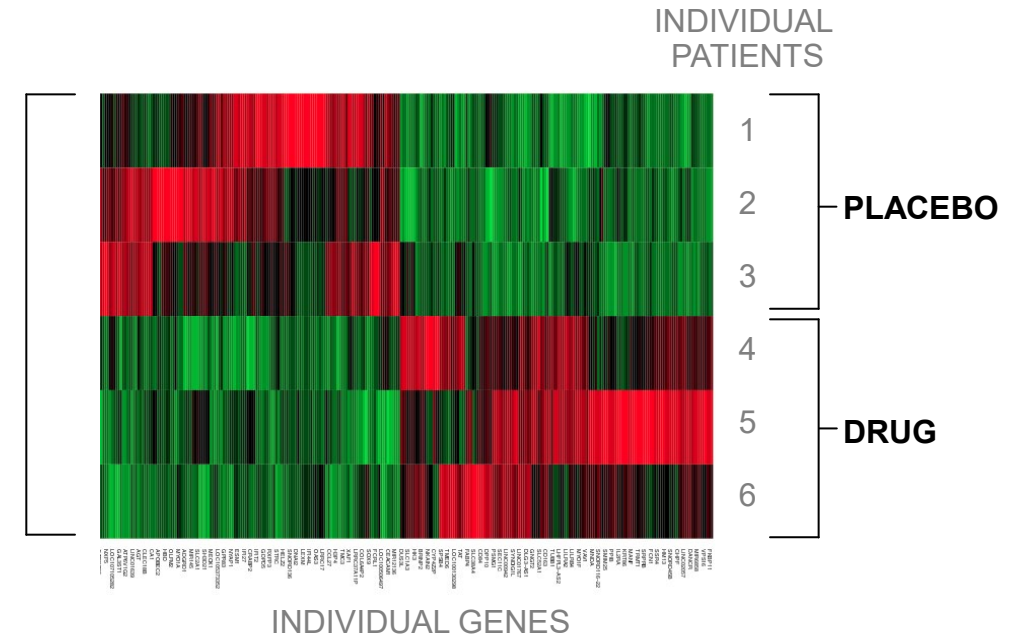
- Multi-omics analyses – 25,000 data points per patient
- Identify biomarkers that predict response to CRV431
- Optimize and de-risk clinical trials through patient matching to CRV431 – precision medicine



AI-POWR™ ILLUSTRATIONS

Gene Expression Analysis

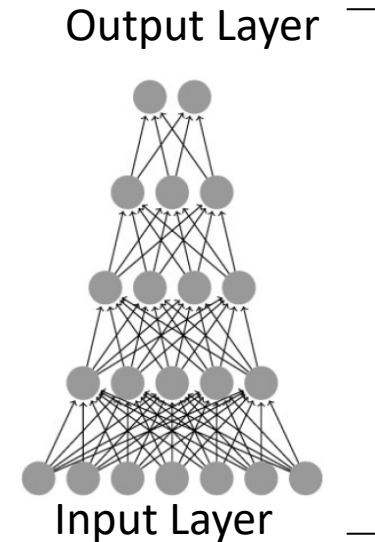
NASH is heterogenous disease, underpinned by complex biochemical and pathological processes.



Cluster By Response

- Learn response rates for treatment and placebo
- Identify patterns predicting response
- Select patients (trial enrichment)

AI: Trained Neural Nets



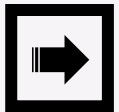
- Clinical Outcomes
- Biomarkers
- Optimal



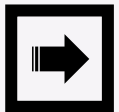
NASH CLINICAL PROGRAM



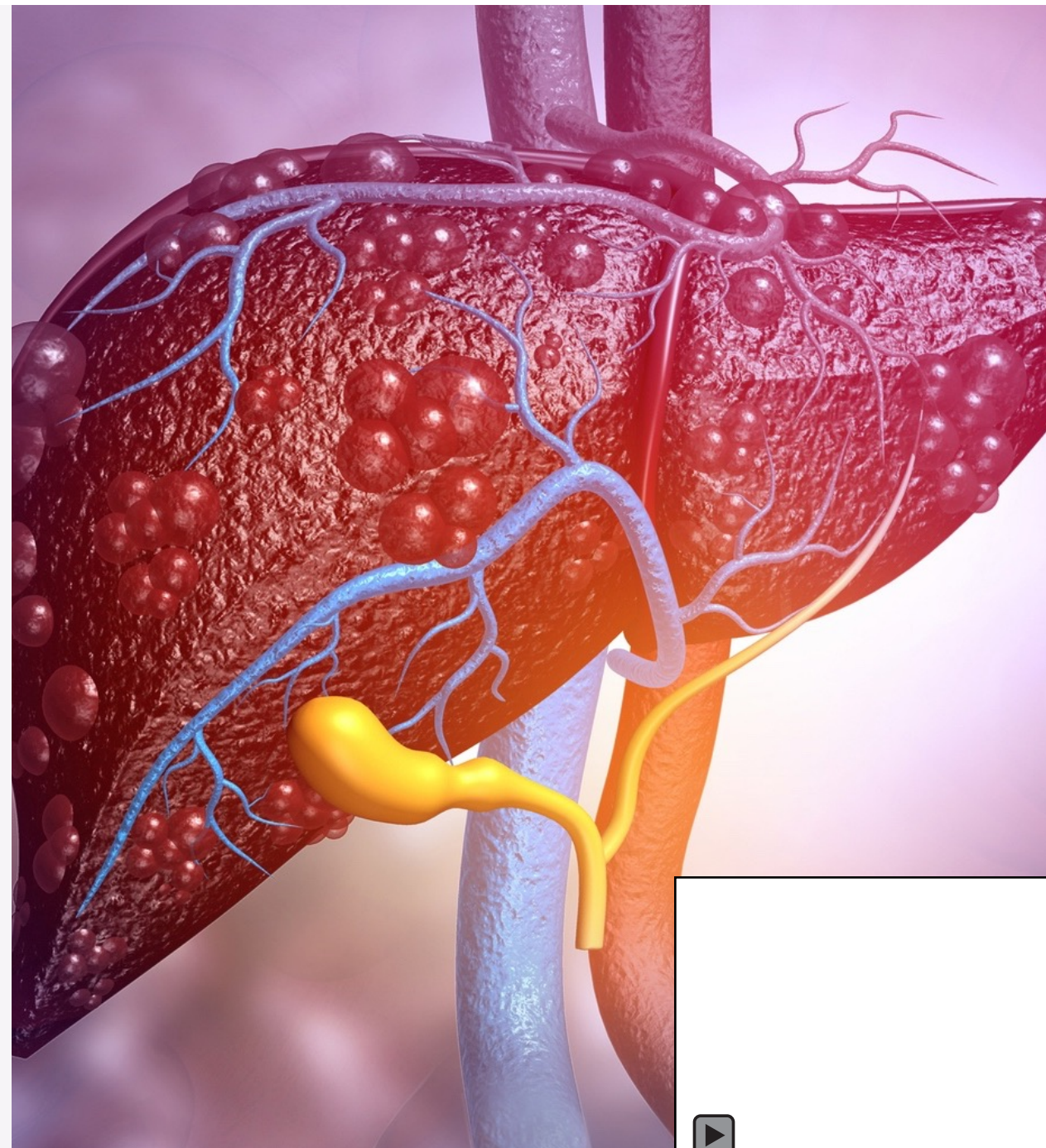
Phase 1 completed



Phase 2a ongoing –
completion Q2 2021



Phase 2b in planning –
starting Q3 2021



PHASE 1

HEALTHY SUBJECTS - SAFETY, TOLERABILITY AND PK

Single Ascending Dose (SAD)	Multiple Ascending Dose (MAD)	Drug-Drug Interaction (DDI)
<ul style="list-style-type: none">✓ N = 32 (24 CRV431; 8 Placebo)✓ Doses: 75 mg, 225 mg, 375mg, 525 mg (single doses)✓ Drug Exposure is in the range in which efficacy was demonstrated in pre-clinical models✓ Pharmacokinetics are first order and support once daily dosing✓ No SAE's, Mild AE's, No dose response in AE's or changes in clinical labs✓ No changes in vital signs or ECG	<ul style="list-style-type: none">✓ N = 25 (All CRV431)✓ Doses: 75 mg, 150 mg, 225 mg, 300 mg, 375 mg QD x 28 Days✓ Drug Exposure starting at 75 mg QD is in the range in which efficacy was demonstrated in pre-clinical models✓ Pharmacokinetics are first order and support once daily dosing✓ No SAE's, Mild AE's, No dose response in AE's or changes in clinical labs✓ No changes in vital signs or ECG✓ Data supported initiation of Phase 2a NASH Trial	<ul style="list-style-type: none">✓ N= 18✓ Single CRV431 Drug Interaction Study with tenofovir



PHASE 2A

NASH SUBJECTS - SAFETY, TOLERABILITY AND PK

- OBJECTIVES**
- Safety and tolerability of once daily (qd) 75 mg and 225 mg doses of CRV431 in presumed NASH fibrosis stage 2 (F2)/fibrosis stage 3 (F3) patients compared to placebo control for 28 days
 - Exploratory biomarkers of fibrosis and lipid metabolism: collagens, matrix metalloproteinases, lipidomics, and genomics
 - Multi-omic/trait data analysis by AI-POWR™

- STUDY DESIGN**
- Multi-center (10 Sites), single-blind, placebo-controlled study
 - Univariate Endpoints: AST, Pro-C3, ELF Score, Fibroscan



F2/F3
NASH
Patients
(n=36)

Cohort*	Fibrosis Stage	N	Day 1 – 28, fasted oral dosing	Day 29 - 42
A	F2/F3	12	CRV431 75 mg	Observation/Follow-up
B		6	Placebo	
C	F2/F3	12	CRV431 225 mg	
D		6	Placebo	

*randomized assignment; 2:1 – CRV431:placebo

Multivariate multi-omics-trait
AI-POWR™ analysis to
elucidate CRV431 activity
biomarkers
Phase 2b



PHASE 2B

NASH SUBJECTS - EFFICACY

- OBJECTIVES**
- Efficacy of once daily (qd) 75 mg and 225 mg doses of CRV431 in biopsy proven NASH F2 and F3 patients compared to placebo over 6 months of dosing
 - 1-point reduction in fibrosis score in liver biopsies (pathologist and AI read)
 - AI-POWR™ identification of biomarkers of CRV431 response from multi-omics, clinical labs, and other trait data

- STUDY DESIGN**
- Multi-Center (28 US Sites), triple-blind, placebo-controlled (2:1), study
 - Liver biopsies, MRE scans, Fibroscan, ALT, AST, Pro-C3, ELF-Score, fibrosis biomarkers, lipidomics, genomics, proteomics



F2/F3
NASH
Patients
(n=300)

Cohort*	Fibrosis Stage	N	6 Months	3 Month
A	F2/F3	100	CRV431 75 mg	Observation/Follow-up
B		50	Placebo	
C	F2/F3	100	CRV431 225 mg	
D		50	Placebo	

*randomized assignment; 2:1 – CRV431:placebo

Multivariate multi-omics-trait
AI-POWR™ analysis to update
CRV431 ad
F2/F3 N
Patient/Bi



2021 ANTICIPATED EVENTS

CRV431

- ✓ Complete Ongoing Phase 2a NASH program by Q1-Q2, 2021
- ✓ Complete long-term animal toxicology (Q2, 2021)
- ➡ Continue to optimize and scale-up chemistry and manufacturing
- ➡ Complete additional clinical Drug-Drug Interaction study (Q2, 2021)
- ✍ Prepare for NASH Phase 2b (to start mid-2021) using AI-POWR™ strategies

AI-POWR™

- ➡ Continue to refine and extend AI-POWR™ for NASH and possible other indications
- ➡ Continue to develop IP for additional indications and business development strategies



HIGHLIGHTS

STATUS, EXPERIENCE, RESOURCES

- Oral, once-daily, multi-modal drug candidate – CRV431
- Clinical Phase 2a NASH trial in progress
- Clinical Phase 2b NASH trial planned for Q2/3 2021 start
- Strong safety/tolerability profile in preclinical and Phase 1
- Anti-fibrotic, anti-inflammatory, cytoprotective, anti-viral, anti-cancer, and metabolic regulation - all by cyclophilin inhibition (MOA)
- Artificial Intelligence Platform (AI-POWR™)
- ~30 years experience in cyclophilin inhibitor development
- Core team discovered and developed voclosporin for transplantation and autoimmune disease (FDA approved Jan 2021)
- Robust IP (including US, Europe, Australia, Canada, China, Japan, Korea)

TWO VALUE DRIVERS



A Therapy for
NASH with
indications for
several other
conditions



AI-Driven,
Bioinformatic
Platform

CASH

\$13.7 million as of 9/30/20

11/30/20, raised \$34.5 million gross
proceeds through issue
common shares in



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