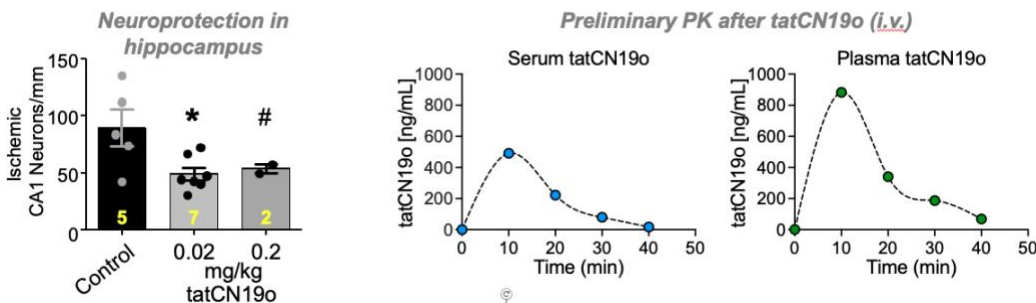
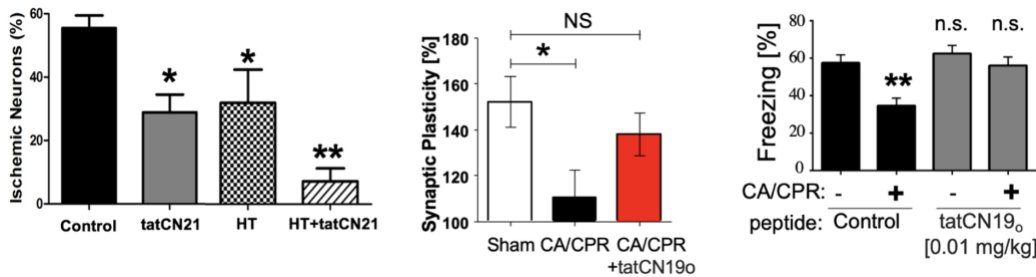


Overview: Neurexis Therapeutics was formed in early 2020 to develop a new medication for the prevention of brain damage following ischemic events such as cardiac arrest and stroke, as well as traumatic and degenerative diseases such as TBI and Alzheimer's. Licensed from the University of Colorado Anschutz Medical Campus, this drug has the potential to significantly improve clinical outcomes for these patients, reduce total healthcare costs, and address a multibillion-dollar market opportunity.

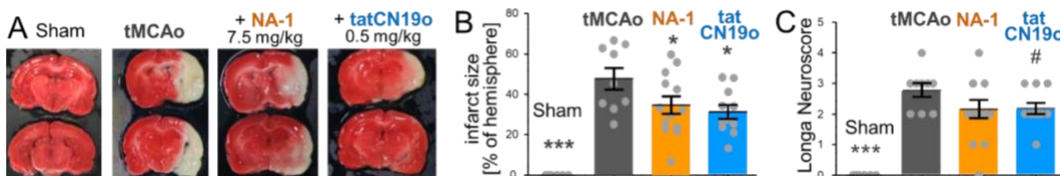
The Problem: Cerebral ischemia is the loss of blood flow to the brain and can be caused by cardiac arrest, stroke, sickle cell anemia, congenital heart defects, high-risk vascular surgery, coronary disease, and other issues. The absence of circulation results in extensive nerve cell death, as well as in impaired function of the surviving nerve cells. Strokes alone cost the United States an estimated \$34B each year and greatly reduce the quality of life for many patients.

The Solution: An FDA-approved neuroprotective therapeutic administered as a single bolus within 12 hours following restoration of circulation will have a tremendous impact on global healthcare. Neurexis is developing an optimized peptide, tatCN19o, which dramatically reduces both the loss of neurons and resulting cognitive and behavioral impact of ischemic disease.

- Animal proof-of-concept studies complete: Effective in mouse, rat and pig models



- No acute adverse effects in mice at 1,000x therapeutic dose or in pigs at 20x therapeutic dose
- Expected therapeutic dose in humans is 0.01 mg/kg
- Equivalent to superior neuroprotection at 15x lower dose compared to Nerinetide



- Resistant to cleavage by plasminogen and tPA
- Excellent stability lyophilized and reconstituted

Contact

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Company Profile

- Industry: Therapeutics
- Products: Peptide drug candidate for the prevention of brain damage following stroke and cardiac arrest; Secondary opportunities in traumatic brain injury, neurodegenerative diseases, and addiction

Financial Information

- \$600K initial private capital raised
- Currently raising \$7.5M Series A

Use of Proceeds

- Accelerate IND-enabling preclinical studies
- General operations

Intellectual Property

- Four issued US patents
- New IP opportunities for improved formulations

Milestones Achieved

- Optimized lead identified
- Proof of concept results obtained in small and large animal models
- Preliminary safety data in place
- IND-enabling preclinical studies in progress
- Awarded \$1.65M non-dilutive Federal and State funding
- Over \$4M in pending and planned proposals

Key Management

- Dr. Michael Artinger, CEO
- Dr. Ulli Bayer, CSO
- Dr. Robyn Goforth, VP R&D
- Dr. Olivia Asfaha, Senior Director, Operations

Key Features

- Novel therapeutic approach for preventing brain damage caused by loss of blood flow due to stroke and cardiac arrest
- Small and large animal proof-of-concept data in place; FDA-required preclinical studies in progress
- Four granted US patents with opportunities for new intellectual property based on formulation improvements
- Substantial unmet market opportunity across multiple large, global healthcare settings

Competitive Landscape & Market Opportunity: There are currently no approved neuroprotective drugs. The majority of treatments in development for stroke are thrombolytic agents and regenerative treatments. TatCN19o is compatible with tPA therapy and potentially more potent than the Phase III clinical candidate, Nerinetide. Assuming an average price of approximately \$10K per dose based on the closest comparable (Genentech's clot-busting tissue Plasminogen Activator or tPA) and utility in stroke, cardiac arrest, and other applications, the sales potential easily exceeds the billion dollar per year threshold for blockbuster status.

Key Milestones:

2020	Proof-of-concept efficacy and safety studies in both small and large animal models
2021	Awarded \$500K Phase I SBIR and \$250K match; Began IND-enabling preclinical work in cardiac arrest and stroke
2022	Rat and dog PK; Rat tMCAo efficacy studies; Long-term stability
2023	\$900K Direct-to-Phase II SBIR awarded; Other proposals pending review or in progress; INTERACT meeting with FDA
2024	Phase I human clinical trials
2025	Phase IIa efficacy study
2026	Potential exit via acquisition

Team:



Michael Artinger, PhD – Chief Executive Officer. Over 25 years of operational experience in life science industry; involved in pre-clinical and clinical development of therapeutics and vaccines across multiple therapeutic areas; Raised tens of millions of dollars in seed, Series A and B funding, and 3 successful exits



Ulli Bayer, PhD – Chief Scientific Officer. Inventor of tatCN19o peptide; Professor, Department of Pharmacology at University of Colorado Anschutz Medical Campus; Recipient of significant NIH and State of Colorado translationally focused research funding



Robyn Goforth, PhD – Vice President, Research and Development. 15+ years functional protein design and protein production; Principal investigator and co-principal investigator on \$10M+ NIH, DOE, and SBIR/STTR grants; Extensive experience in drug development across multiple indications for peptide and protein therapeutics



Olivia Asfaha, PhD – Senior Director, Operations. Neuroscientist and biochemist with 9 years' experience investigating kinase signaling pathways underlying memory; Thirteen peer-reviewed scientific papers and two NIH National Research Service Awards as principal investigator

Summary of Terms

Current Investment Round: \$7.5M Series A

Shares: Preferred

Pre-money valuation: \$15M

Conclusion: Although drug development in the neurology space is difficult, the multibillion-dollar sales potential of a successful product merit entering this arena. The risk for Neurexis is mitigated by having a technology with extensive underlying basic research made possible by approximately \$6M in prior grant funding from Federal, State, and University sources, as well as a portfolio of issued US patents. Furthermore, peptides are an established and accepted therapeutic modality with a lower cost of manufacture than other biologics such as antibodies. Significant non-dilutive government funding is accessible as was the case in the heavy involvement of the National Institute of Neurological Disorders and Stroke in the clinical trials of Genentech's tPA due to the critical unmet need for stroke interventions. The primary exit strategy for Neurexis is acquisition by a large pharmaceutical or biotechnology company, most likely following a Phase IIa efficacy study in ischemic patients. To learn more, contact Dr. Michael Artinger at michael.artinger@neurexistherapeutics.com.