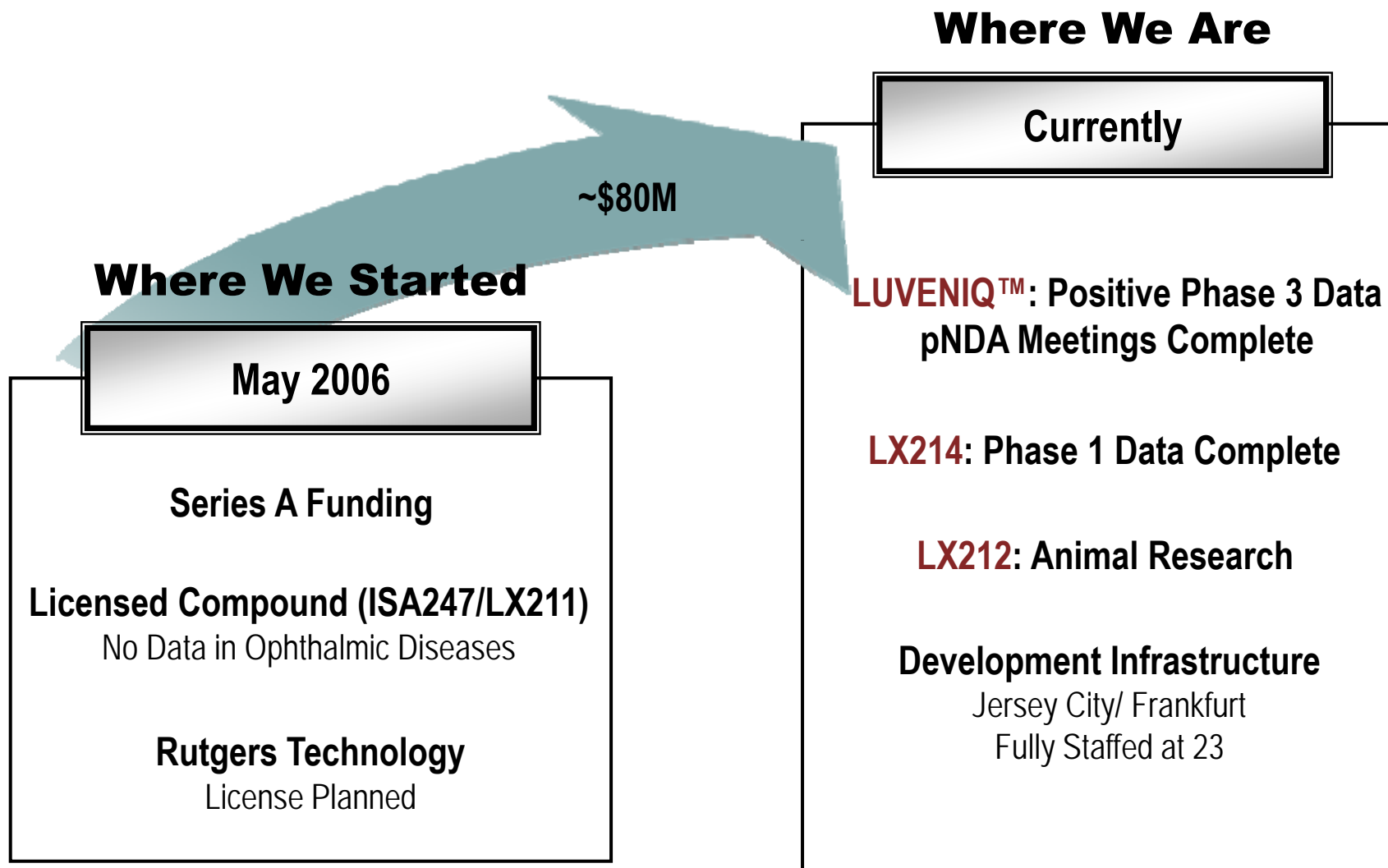




**Ophthalmology Innovation
Summit
San Francisco, 22 October 09**



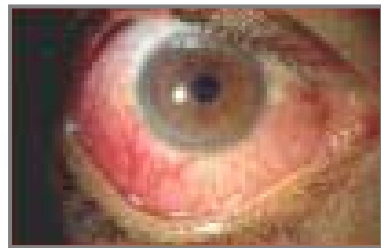
Lux Biosciences: A Company with Momentum





Uveitis: A Blinding Disease with Poor Treatment Options

Uveitis is a group of ophthalmic diseases characterized by inflammation in different anatomic locations of the eye. About 1/3 of all cases (250,000 in US/EU) require systemic treatment or implants; topical treatment is not effective. **Affected Age Group: 39 Years (Median)**



	Panuveitis		Anterior Uveitis
	Intermediate Uveitis	Posterior Uveitis	
	Vision Loss: 50% Blindness: 30%		
Current Treatment	Systemic / Oral Steroids	Steroid-Eluting Implant	Intermittent Topical Steroids
Drawbacks Current Treatment	<ul style="list-style-type: none"> Systemic: Osteoporosis, Metabolic, Mood Local: Cataracts, Glaucoma Steroid Sparing Agents Experimental 		<ul style="list-style-type: none"> Steroid Morbidity Depending on Dosing Frequency Compliance
Proportion of Cases	1/3		2/3
	LX211 Target Population		



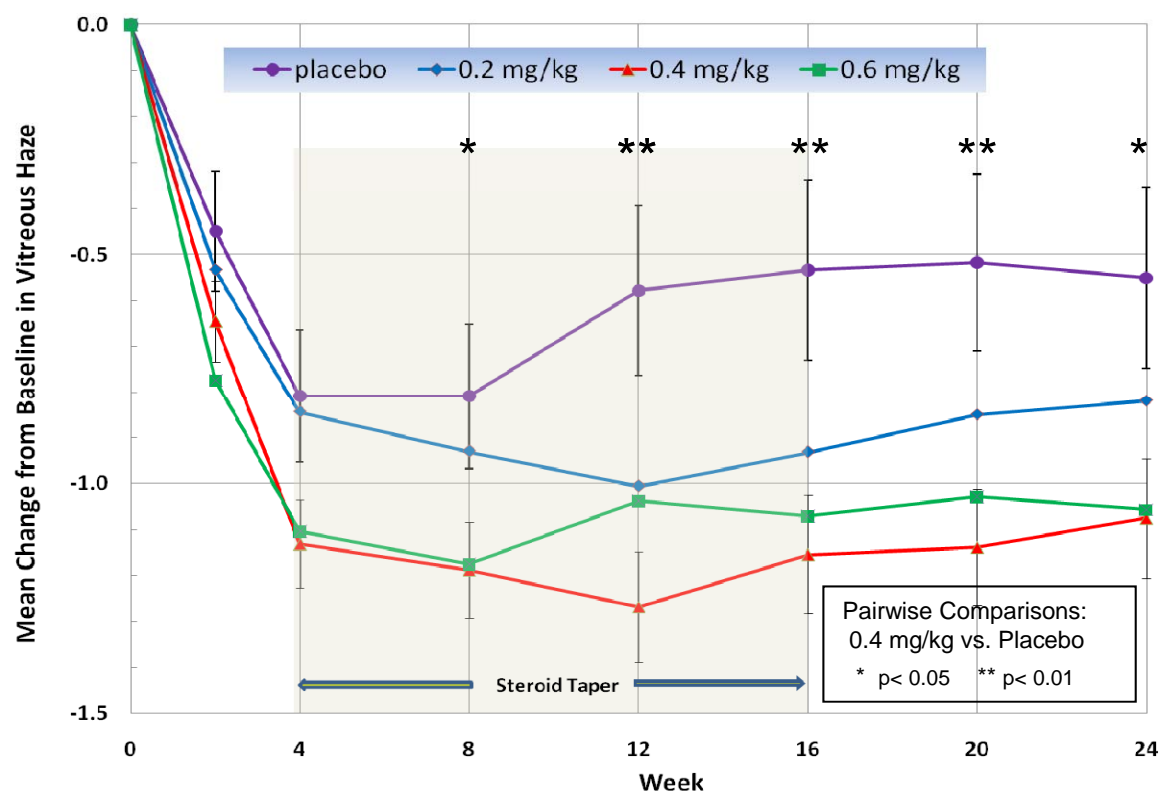
Poor Treatment Options and Severe Disease Burden Define High Medical Need in Uveitis

- **Disease Leads to Blindness if Inflammation Poorly/Uncontrolled**
- **Corticosteroids Are the Only Approved Therapy**
 - Oral corticosteroids the mainstay for treatment
 - Perhaps only disease in which oral corticosteroids are still only standard of care
- **Morbidities from Chronic Use of Oral Corticosteroids Are Severe and Well Documented**
 - Critical dose is >5 mg/day prednisone
- **Use of Systemic Immunosuppressives Experimental**
 - *High degree of receptiveness by regulators*
 - *Rapid adoption by the community (will be the only drug actively promoted)*
 - *Resilience regarding pricing and reimbursement*
 - *High entry barrier for new products*



LUVENIQ™ As a First-in-Class Achieved a Rapid and Sustained Reduction in Inflammation

LUVENIQ™ is the first drug to demonstrate efficacy in the treatment of active Uveitis. The results from the dose ranging study show that the target dose of 0.4 mg/kg is efficacious.



ITT Population, LOCF, N=217

LUVENIQ™ Target Dose of 0.4mg/kg

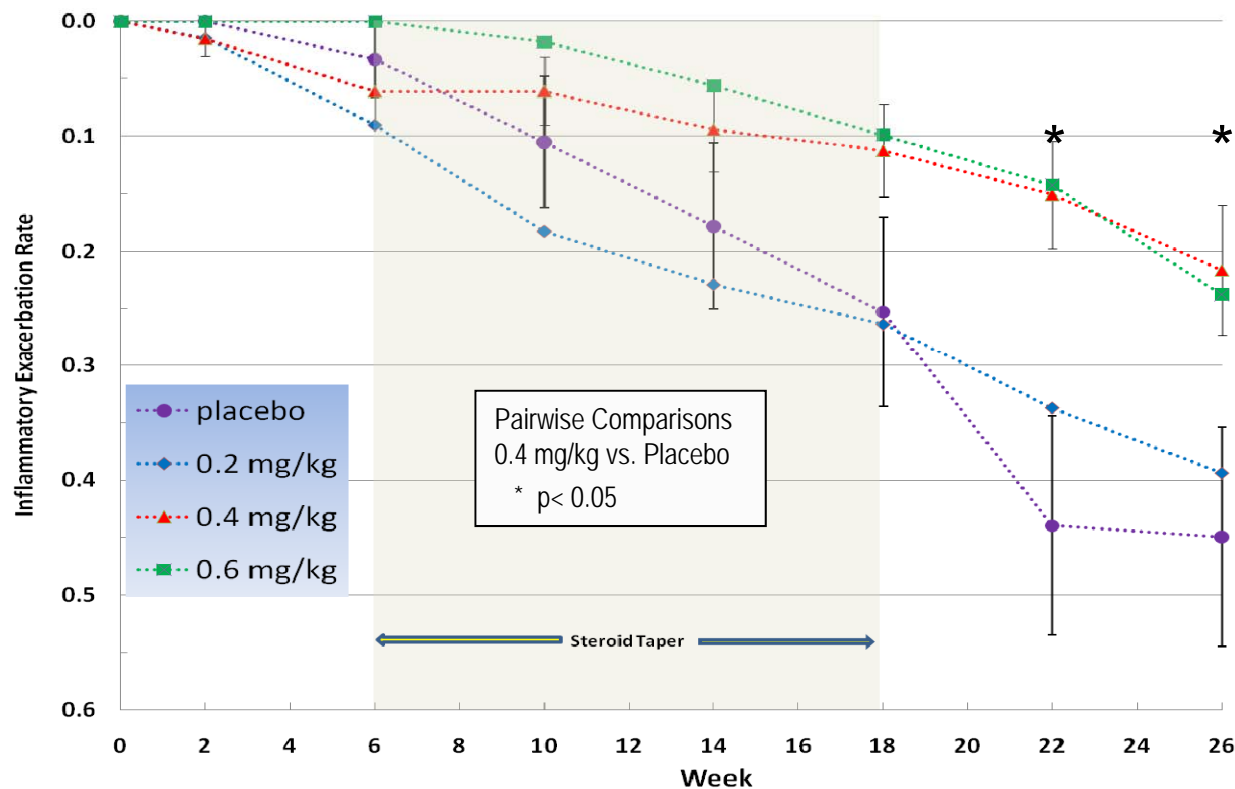
- Fully Met Primary Efficacy Endpoint at Weeks 16 and 24
- Effect Was Rapid, Robust and Sustained (Week 8 through 24)
- 50% Reduction in Inflammation from Baseline as Compared to 29% for Placebo
- Effect Size is Clinically Relevant
- Steroids Tapered down to 5 mg or Below, a Physiologic Level where no Major Side Effects Are Expected



LUVENIQ™ 0.4 mg/kg Reduced Disease Recurrence by 50% vs. Placebo

Consistent with expectations, the 0.4 mg/kg and 0.6 mg/kg dosing arms showed a separation from Placebo and 0.2 mg/kg during the steroid taper.

Study LX211-02: Inflammatory Exacerbation Rates*



LUVENIQ™ Target Dose of 0.4 mg/kg

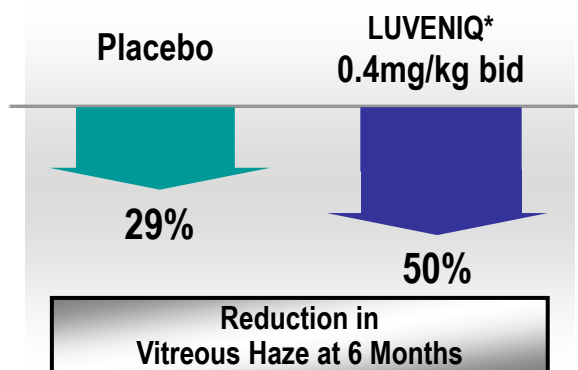
- Positive Efficacy Results that Confirm LX211-01
- Reduced Recurrence by 50% vs. Placebo
- Steroids Tapered down to 5 mg, a Physiologic Level where no Major Side Effects are Expected
- Extrapolated Mean Time to Exacerbation 24 Mos. vs. 10 Mos. (Placebo)

* Kaplan-Meier Estimates – ITT Population, N=232

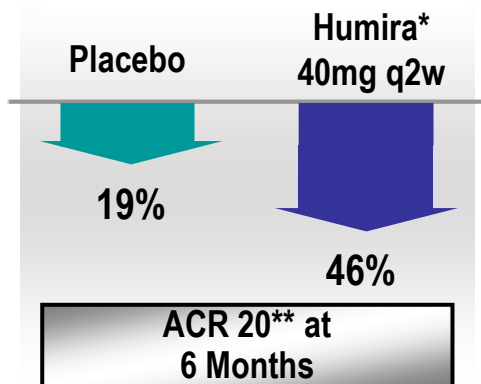


LUVENIQ Efficacy Compares to TNF α Inhibitors

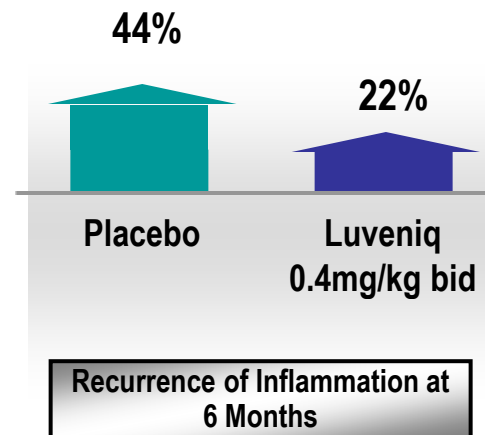
LX211-01



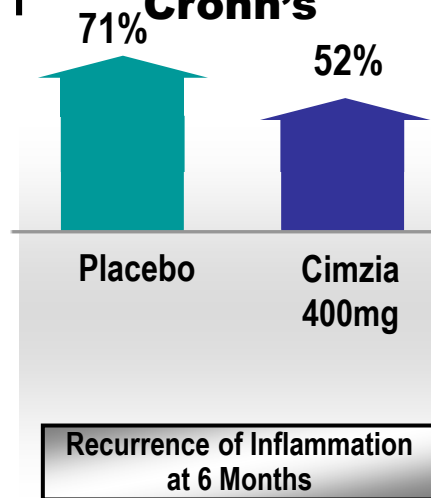
Humira Rheumatoid Arthritis



LX211-02



Cimzia Crohn's



* Monotherapy, **20 % improvement in tender/swollen joints & 20% improvement in 3/5 ACR criteria



LUVENIQ™ Safety Profile Conducive to Chronic Use in Uveitis

Overall LUVENIQ™ (0.4 mg/kg bid) has a benign safety profile that supports its use as chronic uveitis treatment.

Pooled Safety Population n = 555 Presumed Drug Related			
Adverse Event Or Body System	Placebo (n=73)		0.4 mg/kg bid (n=159)
Hypertension	3 (4.1%)		15 (9.4%)
Decreased Renal Function ¹	3 (4.1%)		13 (8.2%)
Hirsutism	0 (0%)		8 (5.0%)
Headache	2 (2.7%)		3 (1.9%)
Nausea	2 (2.7%)		5 (3.1%)
Vomiting	1 (1.4%)		3 (1.9%)
Diarrhea	0 (0%)		5 (3.1%)
Gingival Hyperplasia	0 (0%)		3 (1.9%)
Fatigue	0 (0%)		3 (1.9%)
Infections and Infestations	1 (1.4%)		6 (3.8%)

- **Favorable Results as Compared to AEs Typical of the CNI Class (and Favorable vs. Steroids)**
 - Low rate of renal AEs
 - Modest and manageable increases in blood pressure
 - Low rate of infections (no opportunistic infections)
 - No observations concerning diabetes, hypercholesterolemia, hypomagnesemia, tremors or abnormal liver function
- **Adverse Events Were Largely Reversible upon Discontinuation of Drug**
- **Other Adverse Event Rates Similar to Placebo**
- **No Related Ocular Toxicities (Cataracts, Glaucoma or Changes in Endothelial Cells)**
- **Low Rate of Serious Adverse Events**
- **No Deaths**

1. Confirmed decrease from baseline in glomerular filtration rate of ≥30%



LX214: Proprietary Topical Product for Dry Eye with Best-in-Class Potential



LX214 Profile vs. Restasis®

- Proprietary mixed nanomicellar formulation: clear solution
- High tissue concentration of next generation CNI
- Active in canine KCS and signal of efficacy in severe dry eye patients
- Less irritating than Restasis® in animal eyes and demonstrated excellent tolerability in volunteers
- Potential for QD dosing based on pK data



Lux Biosciences Investment Highlights

- **Lead program (LUVENIQ) with positive Phase III data in Uveitis targeting end '09 NDA/early '10 MAA and mid- 2010 US launch**
 - \$500mm+ revenue estimates
 - Long patent life (2022)
- **Best-in-class, blockbuster potential Dry Eye candidate with superior tolerability (LX214) completed phase 1**
 - >\$1B revenue estimate
 - Very long patent life (2027)
- **Proprietary Mixed nanomicellar and bioerodible polymer technology platforms to generate new product candidates**
- **Worldwide rights are maintained on all products, technologies and indications**
- **Series B of \$50M provides funding through NDA approval milestone of LUVENIQ and preparation for US launch**