

November 2019

**JEFFERIES LONDON HEALTHCARE CONFERENCE** 

Innovating
Transformative Therapies

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### Our Mission and Value Proposition

**Development** 

support path to

commercialization

**Catalysts** 

Developing Next-Generation Medicines to Improve the Lives of Patients with Immune-Mediated Diseases







Solid Track Record of development success



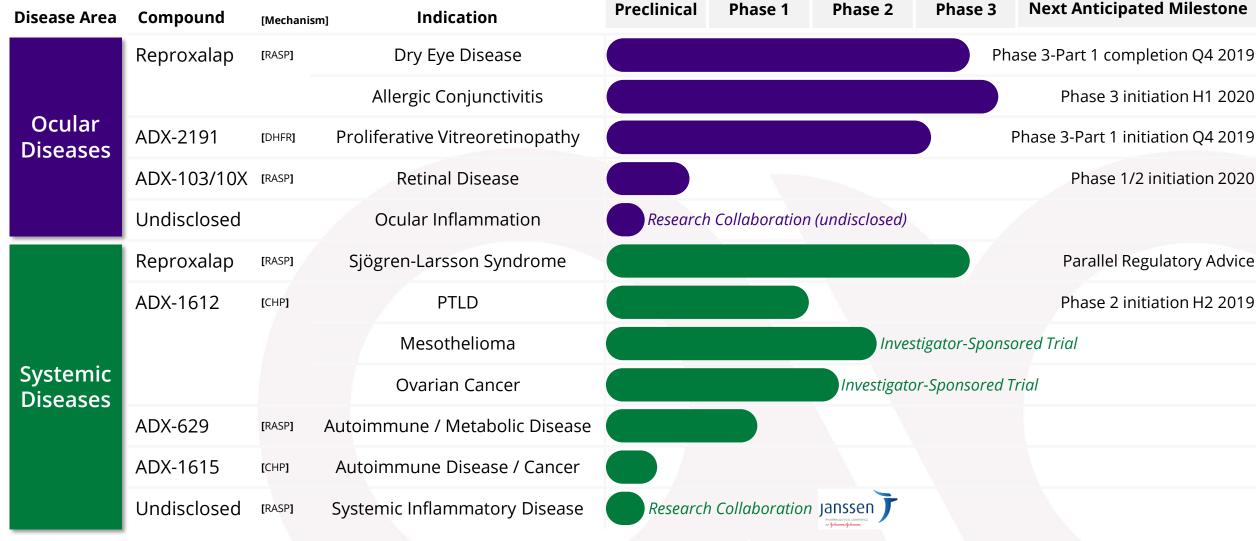
**Large Market Potential** of latestage pipeline

### Solid Cash Position

Cash, cash equivalents and marketable securities were \$76.2 million as of September 30, 2019



### Deep and Innovative Pipeline Focused on Immune-Mediated Diseases





PTLD = Post-Transplant Lymphoproliferative Disorder

# Our Lead Programs Represent Compelling Commercial Opportunities

**Late Stage Programs Estimated** Current **Drug Candidate Potential** U.S. Population<sup>†</sup> Competitive Advantages † Standard of Care and Dev. Stage Ocular Diseases Reproxalap: Rapid onset, broad activity, 34 million DED **Dry Eye Disease** Xiidra®, Restasis® reduction in itch Phase 3 Up to 10 million with DED & AC Allergic Reproxalap: Non-drying, durable activity; **Antihistamines** 30 million AC Conjunctivitis Phase 3 Responder superiority vs. vehicle (addressable market) **Proliferative** ADX-2191: Clinically demonstrated activity; None 4,000 Currently no FDA- or EMA-approved therapy Vitreoretinopathy (repeat surgeries) Phase 3 Systemic Diseases Sjögren-Larsson Reproxalap: **Clinically demonstrated activity:** None 1,000 Phase 3 Currently no FDA- or EMA-approved therapy **Syndrome** (manage symptoms)



<sup>&</sup>lt;sup>†</sup>Pending clinical data, regulatory discussions, payor negotiations, competition, potential legislative changes, and other factors, which may not be in Aldeyra's control. Preliminary assumptions are subject to change.

Source: Aldeyra internal estimates based on primary and secondary market research; published literature

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### JEFFERIES LONDON HEALTHCARE CONFERENCE

### Ocular Disease Area

- DRY EYE DISEASE
- ALLERGIC CONJUNCTIVITIS
- PROLIFERATIVE VITREORETINOPATHY

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### Dry Eye Disease is a Persistently Disturbing And Inadequately Treated Condition in Need of New Treatments



34 million or more **adults in the U.S. suffer** from DED.



Current Rx options may require up to six weeks or longer to achieve even modest efficacy.



DED **increases with age**, with those over age 50 three times more likely to suffer from DED.



Up to 75% of patients with DED are not satisfied with current prescription options.

The dry eye disease patient population is underserved, and novel therapies are in demand.



# Reproxalap's Novel Mechanism of Action Has The Potential to Provide Differentiated Activity Versus Existing Treatments

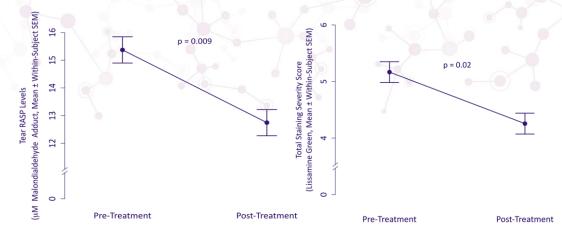
- RASP markers are upregulated in patients with dry eye disease.
- RASP accumulation leads to changes in tear film, triggering an inflammatory response that can lead to chronic inflammation.
- RASP levels correlate with worsening of dry eye disease symptoms and signs (Choi W. et al).



#### Reproxalap



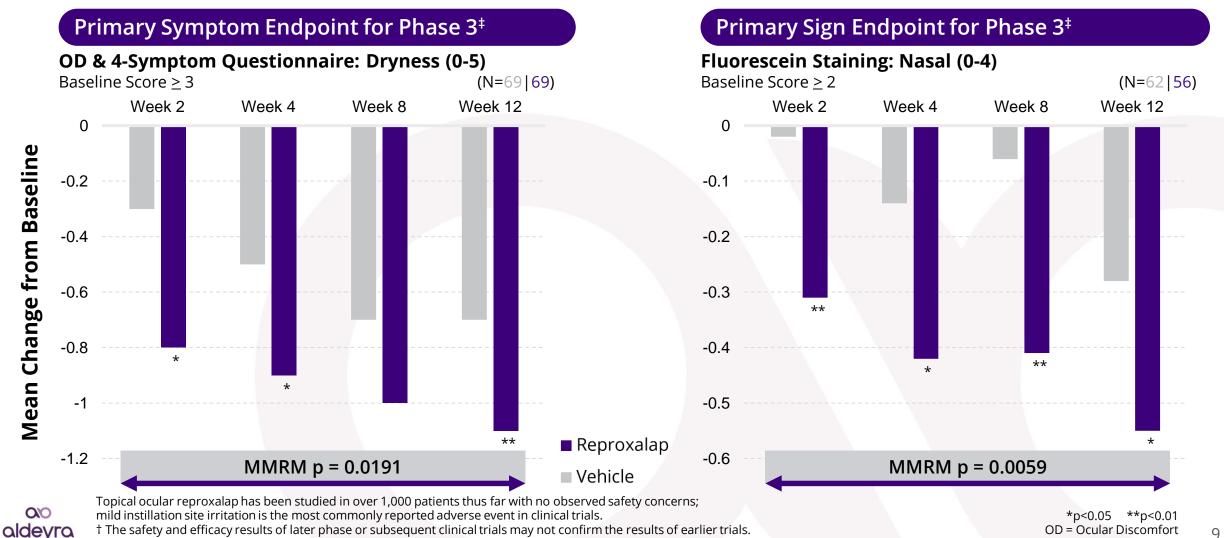
In a Phase 2a clinical trial, reproxalap significantly reduced RASP adduct levels.



- Statistically significant RASP reduction correlated with statistically significant reductions in ocular staining score and tear osmolarity.
- To our knowledge, reproxalap is the first agent to show biomarker changes correlated with clinical efficacy.



### Phase 3 Dry Eye Disease Symptom and Sign Endpoints Achieved in Phase 2b Clinical Trial<sup>†</sup>



‡ RENEW Phase 3 symptom co-endpoints are ocular dryness score VAS (0-100mm) and fluorescein nasal region staining.

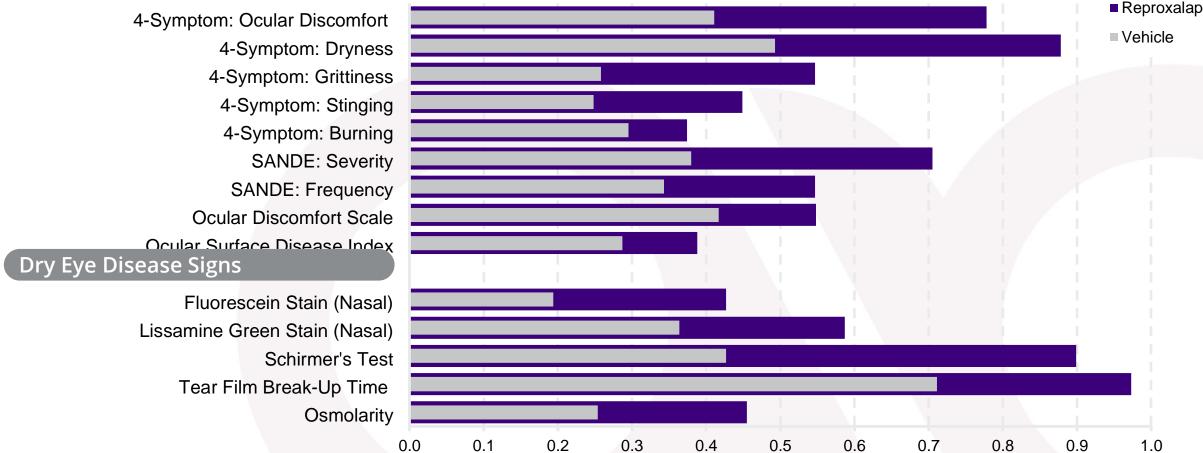
Source: Reproxalap 0.25% DED Phase 2b clinical trial results; p values shown represent reproxalap effect vs vehicle.

MMRM = Mixed Effect Model Repeated Measures (across 12 weeks)

### Broad Drug Activity Across All Measured Dry Eye Disease Symptoms and Signs in Phase 2b Clinical Trial Supports Differentiated Product Profile

#### **Improvement Effect Size at Week 12**

Dry Eye Disease Symptoms





### Adaptive Phase 3 Dry Eye Disease Clinical Program

### **Adaptive Phase 3 Program**



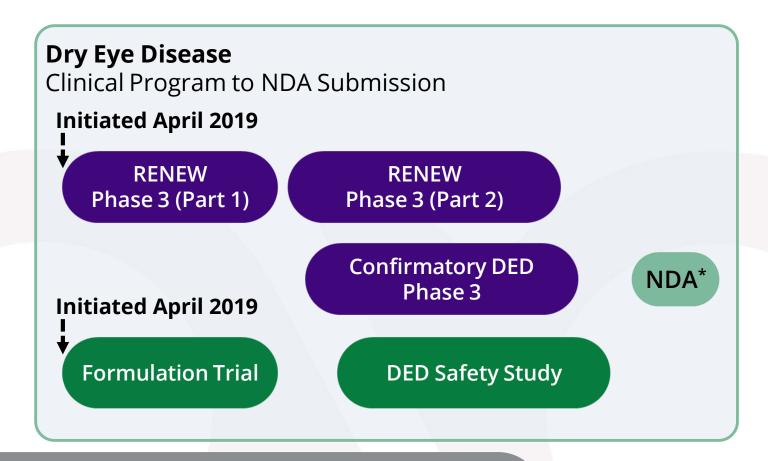
Confirm symptom and sign endpoints from Phase 2b trial



Confirm dosing regimen (QID vs. QID to BID taper)



Confirm sample size for subsequent trial



Adaptive design, co-primary endpoints, and innovative analysis strategy confirmed with FDA at EOP2 Meeting



### The RENEW Phase 3 Clinical Trial in Dry Eye Disease Part 1 Initiated April 2019

#### RENEW-Part 1 primary objective:

 Evaluate efficacy of reproxalap ophthalmic solution (0.25%) vs. vehicle to confirm dosing regimen and sample size for RENEW-Part 2

#### RENEW-Part 1 inclusion/exclusion criteria:

- Same as used for Phase 2b
- Moderate to severe dry eye disease

#### RENEW co-primary endpoints:

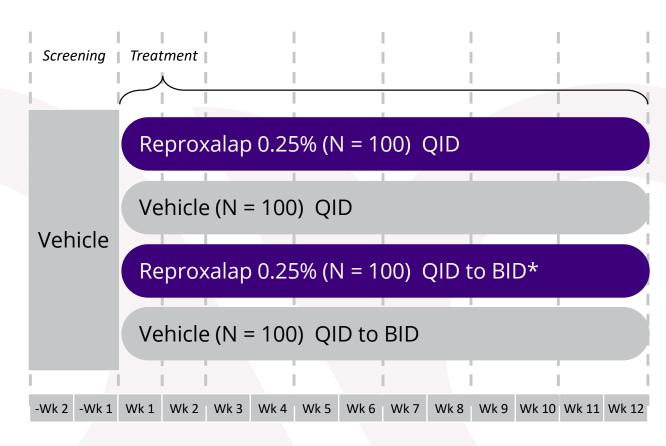
Ocular dryness score (0-100mm VAS) and fluorescein nasal region staining

#### RENEW analysis strategy:

- Both co-primary endpoints will be assessed using Mixed Model Repeated Measures (MMRM) from week 2 to 12
- Both co-primary endpoints will be assessed in separate pre-specified patient populations

  - Fluorescein nasal staining: baseline score ≥ 2

#### **Phase 3 Dry Eye Disease Clinical Trial: Part 1**





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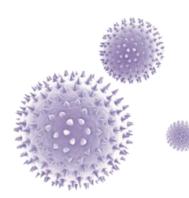
# The Burden of Allergic Conjunctivitis is Rising and Patients Say That Currently Available Treatments Are Inadequate



Allergy seasons are getting longer and more severe.



Up to 30 million of allergic conjunctivitis sufferers in the U.S. do not respond adequately to or are dissatisfied with antihistamines.



Pollen is spreading to **new areas**.

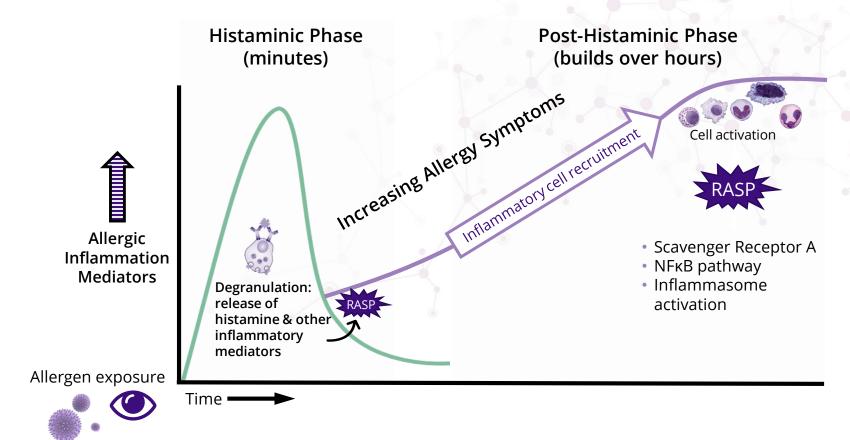


Nearly **1 in 5** of allergic conjunctivitis patients are using corticosteroid and/or NSAID eye drops\*.

The allergic conjunctivitis patient population is underserved, and novel therapies are in demand.



### Reproxalap's Novel Mechanism of Action Has The Potential to Provide Differentiated Activity Versus Antihistamines



### Reproxalap

- Reproxalap irreversibly inhibits RASP, limiting allergic inflammation.
- Reproxalap has the potential to be uniquely effective in posthistaminic allergy, which affects all allergic conjunctivitis patients.



# Reproxalap Has The Potential to be the First Novel Allergic Conjunctivitis New Drug Application in Decades

Reproxalap's Phase 3 Program Utilizes Two Allergic Conjunctivitis Clinical Models



Conjunctival
Allergen
Challenge

Investigator administers one drop of allergen mixture on to the eye and records results.

60 minutes post allergen exposure evaluated

Investigator monitors and assists patients in a controlled allergen chamber.

3.5 hours of continuous allergen exposure evaluated

#### **ALLEVIATE**

Positive Results Announced March 2019



Allergen Chamber

#### **INVIGORATE**

**Expected to initiate H1 2020** 

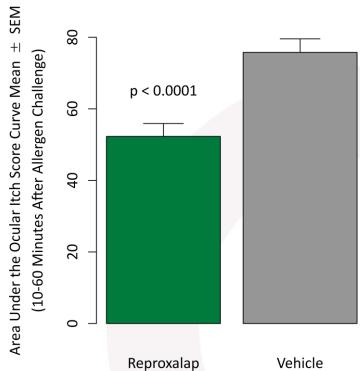
✓ Supported by positive allergen chamber trial results



# Reproxalap Demonstrated Greater and More Durable Clinical Responses than Vehicle Group in ALLEVIATE Phase 3 Clinical Trial

**Primary Endpoint** 

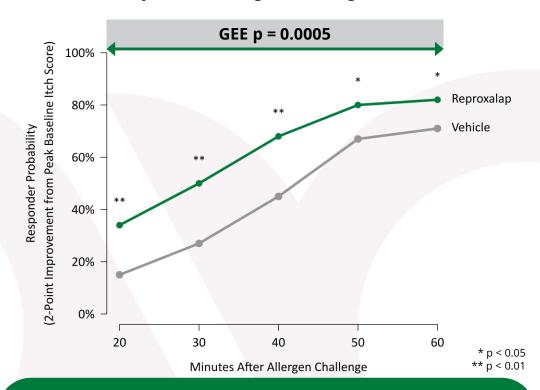
Area Under the Curve: Ocular Itch Score (0-4) 10 to 60 Minutes After Conjunctival Allergen Challenge



Improvement in itch score over one hour after allergen exposure statistically greater for reproxalap vs. vehicle

Key Secondary Endpoint

Probability of Two-Point Response: Ocular Itch Score (0-4) 20 to 60 Minutes After Conjunctival Allergen Challenge

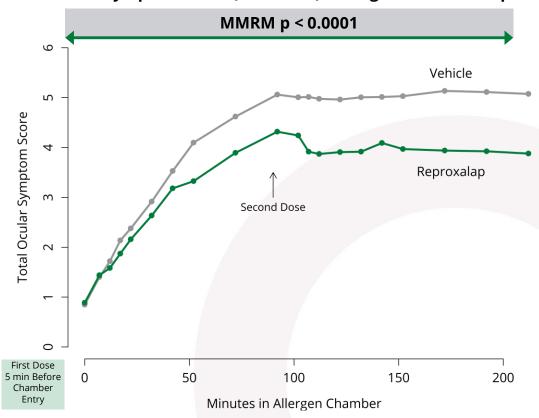


Clinically significant response rate of reproxalap statistically higher than that of vehicle



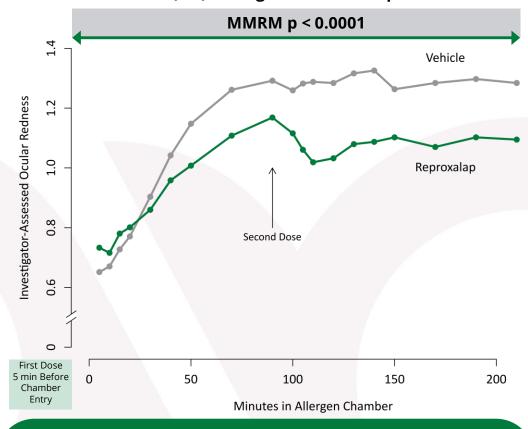
# Reproxalap Demonstrated Greater and More Durable Clinical Responses than Vehicle in Allergen Chamber Clinical Trial

Total Ocular Symptom Score (0-11 scale) During 3.5 Hours of Exposure



Statistically significant reduction in all assessed ocular symptoms and signs (itch, redness, and tearing) for 3.5 hours of continuous exposure to allergen

Ocular Redness Score (0-4) During 3.5 Hours of Exposure



Statistically significant reduction in ocular redness vs. vehicle for 3.5 hours of continuous exposure to allergen

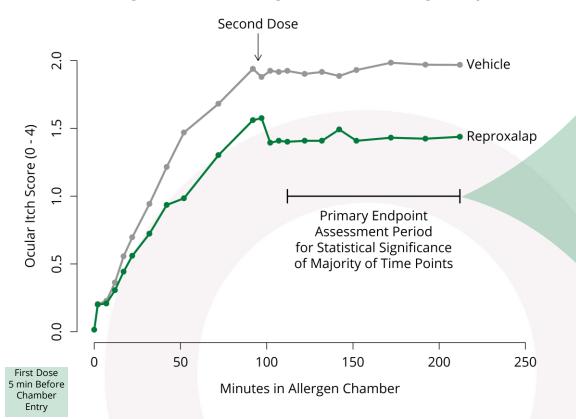


Topical ocular reproxalap has been studied in over 1,000 patients thus far with no observed safety concerns; mild instillation site irritation is the most commonly reported adverse event in clinical trials.

Source: Aldeyra Therapeutics methodology development clinical trial (reproxalap 0.25%; ClinicalTrials.gov #NCT03709121); n=66

# Confirmed INVIGORATE Phase 3 Primary Endpoint Achieved in Allergen Chamber Clinical Trial\*

Ocular Itching Score (0-4) During 3.5 Hours of Allergen Exposure



Allergen chamber time point	p value
112	0.0002
122	0.0004
132	0.0002
142	0.0044
152	0.0001
172	<0.0001
192	<0.0001
212	0.0002

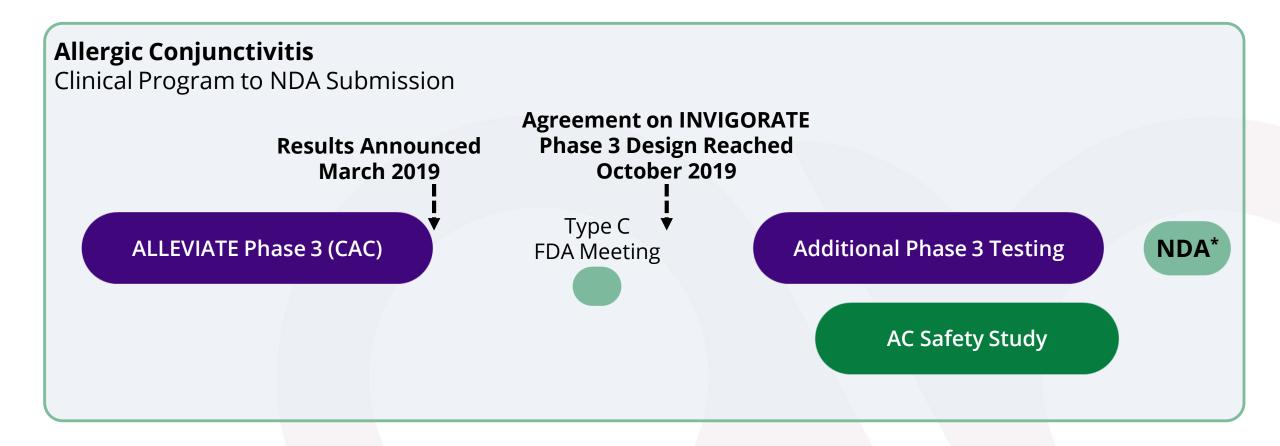
All time points from 110 to 210 minutes were statistically significant in Allergen Chamber trial



\*The safety and efficacy results of later phase or subsequent clinical trials may not confirm the results of earlier trials; p-value derived from Mixed effect Model Repeat Measurement (MMRM) time point analyses.

Source: Aldeyra Therapeutics allergen chamber clinical trial – reproxalap 0.25% (ClinicalTrials.gov #NCT03709121); n=66

### Allergic Conjunctivitis Phase 3 Clinical Program





### The INVIGORATE Phase 3 Clinical Trial Design

#### Primary endpoint:

 Statistical significance in ocular itch (0-4 scale) at a majority of eleven time points between 110 and 210 minutes

#### Secondary endpoints:

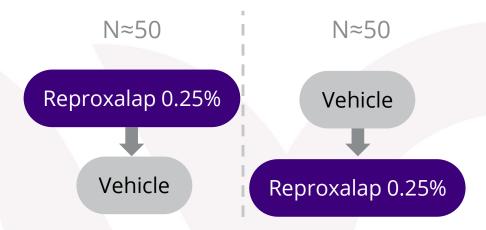
- Investigator-assessed ocular redness score
- Patient-reported ocular tearing score
- Total ocular symptom score

#### Inclusion/exclusion criteria:

- Same as prior allergen chamber trial
- Dosing schedule and chamber exposure:
  - Same as prior allergen chamber trial

Expected to initiate H1 2020

#### **Two-Way Randomized Crossover**





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### ADX-2191 Represents a New Approach For PVR

### - A Rare Sight-Threatening Retinal Disease With No Approved Therapy

### Proliferative vitreoretinopathy

ADX-2191



PVR is a **rare disease**, with ~4,000 patients per year in the U.S. and nearly twice as many in Europe and Japan.



Left untreated, retinal detachment due to PVR can progress to permanent blindness.



There is currently **No FDA- or EMA-approved therapy**.



**Repeat surgery**, which can lead to **vision loss**, is currently the only possible course of action.

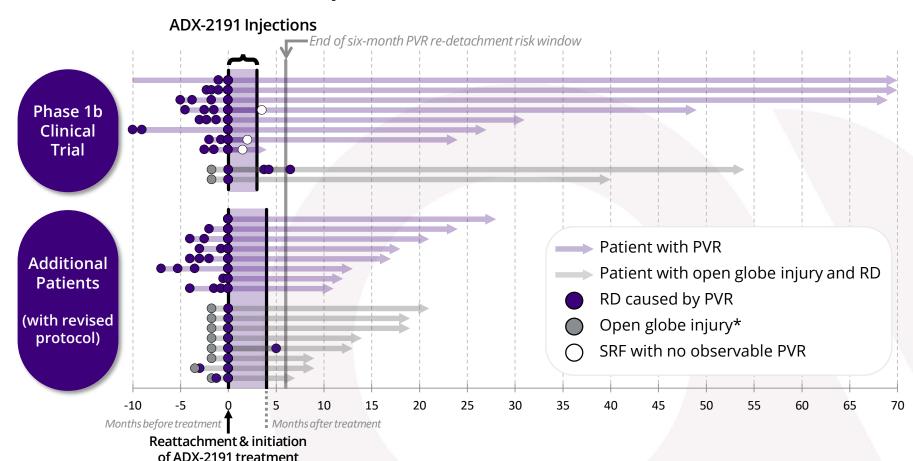
#### **ADX-2191**

- A novel approach and potential therapeutic breakthrough in PVR treatment
- Granted U.S. orphan designation for the prevention of PVR
- Granted FDA fast track designation for the prevention of PVR
- Tolerability and reattachment success during study period demonstrated in Phase 1b open-label investigator sponsored clinical trial
- GUARD adaptive Phase 3 clinical trial expected to initiate Q4 2019



### ADX-2191 Reduced Recurrent Retinal Detachment in Investigator Sponsored Phase 1b Clinical Trial and in Additional In-Practice Use

#### **Retinal Detachments Over Time by Patient**

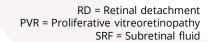




\*Timing of open globe injury as shown is estimated. Typically 6-8 weeks prior to reattachment & initiation of ADX-2191.

There is no assurance that prior results, such as signals of safety, activity or durability of effect, observed from this open label investigator sponsored trial will be replicated in more rigorous clinical trials involving ADX-2191.

Source: ADX-2191 PVR Phase 1b investigator sponsored clinical trial (n=10) results and additional in-practice use (n=16)



**Normal Retina** 

**Retinal Detachment** 

Due to PVR

# ADX-2191: GUARD Trial Design in Proliferative Vitreoretinopathy Adaptive Phase 3 (Part 1) Clinical Trial Design

#### Primary objective:

 Evaluate efficacy of intravitreal ADX-2191 injections for prevention of recurrent retinal detachment due to proliferative vitreoretinopathy (PVR)

#### Design:

 Multi-center, randomized, controlled, two- part, adaptive Phase 3 clinical trial

#### Inclusion highlights:

- Recurrent retinal detachment due to PVR, or
- Retinal detachment associated with open-globe injury

#### Dosing regimen:

 At surgery, weekly (x8), and then every other week (x4) intravitreal ADX-2191 injections

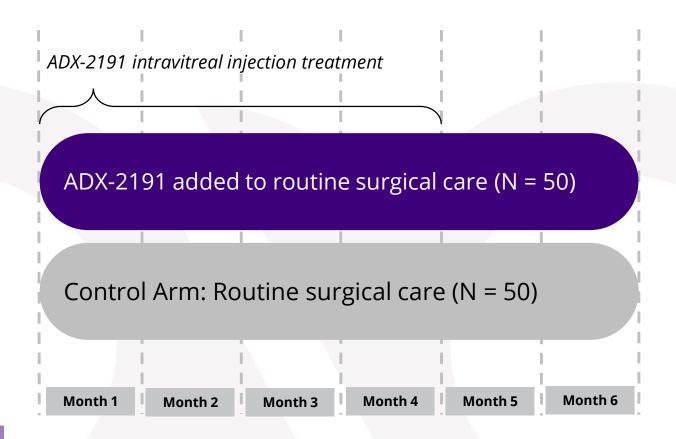
#### Endpoint:

- Retinal re-detachments due to PVR requiring reoperation within 6 months:
  - 1. OCT demonstrating fovea-off retinal detachment
  - 2. Photographic documentation retinal detachment

### **Expected to initiate Q4 2019**



**Adaptive Phase 3 PVR Clinical Trial Design: Part 1** 





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# Upcoming and Recently Achieved Development Milestones

### Upcoming and Recently Achieved Development Milestones:\* Novel Approaches to Address Immune-Mediated Disease

O = Ocular Diseases

= Systemic Diseases



Reproxalap allergic conjunctivitis design for INVIGORATE Phase 3 confirmed October 2019



ADX-629 systemic **Phase 1 clinical trial initiation H2 2019** 



ADX-2191 proliferative vitreoretinopathy **GUARD Phase 3 - Part 1 clinical trial initiation Q4 2019** 



Reproxalap Sjögren-Larsson Syndrome RESET Phase 3 - Part 1 completion Q2 2019



ADX-1612 post-transplant lymphoproliferative disorder **Phase 2 clinical trial initiation H2 2019** 



**Positive** reproxalap allergic conjunctivitis allergen chamber trial top-line results



Reproxalap dry eye disease RENEW Phase 3 - Part 1 completion Q4 2019



Reproxalap dry eye disease **RENEW Phase 3 - Part 1 clinical trial initiation April 2019** 



Reproxalap allergic conjunctivitis **INVIGORATE Phase 3 initiation H1 2020** 



**Positive** reproxalap allergic conjunctivitis **ALLEVIATE Phase 3 trial results March 2019** 





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