iCo Therapeutics

TSX-V: ICO

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Forward Looking Statements

Certain of the statements contained in this presentation are forward-looking statements which involve known and unknown risks, uncertainties and other factors which may cause the actual results, performance or achievements of the Company, or industry results, to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements.

About iCo Therapeutics

- Targeting ocular diseases
- Risk-mitigated business model
  - Acquire promising drug candidates with identified targets and demonstration of systemic safety
  - Develop novel reformulations of drugs
  - Expand and create new indications for drugs
- Broad product pipeline
  - Focused on underserved markets
  - Compelling early data
- Efficient use of capital
- Experienced management & board

iCo Pipeline

Project	Stage	Development
iCo-007	Phase 2	Positive safety & efficacy trends 1^0 indication: Diabetic Macular Edema 2^0 indication: Wet Age-Related Macular Degeneration
iCo-009	Preclinical	Reformulated Amphotericin B 1^0 indication: Fungal & Parasitic Infections 2^0 indication: Multiple use delivery platform
iCo-008	Phase 2	Encouraging preclinical/clinical trends 1^0 indication: Wet Age-Related Macular Degeneration 2^0 indication: Vernal and Atopic Keratoconjunctivitis

iCo holds worldwide exclusive rights to all indications for all projects

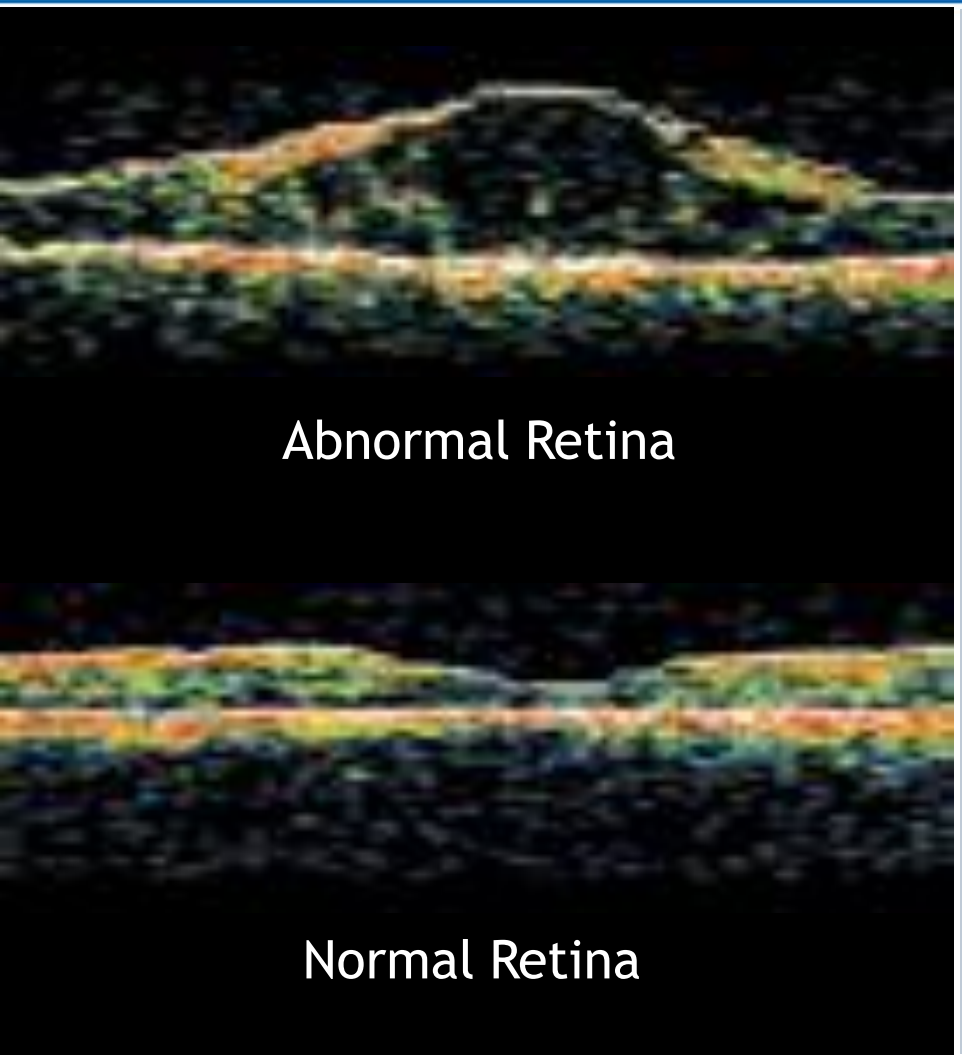
iCo-007

Second generation antisense candidate for the treatment of

DME

Partner: Isis Pharmaceuticals

Diabetic Macular Edema



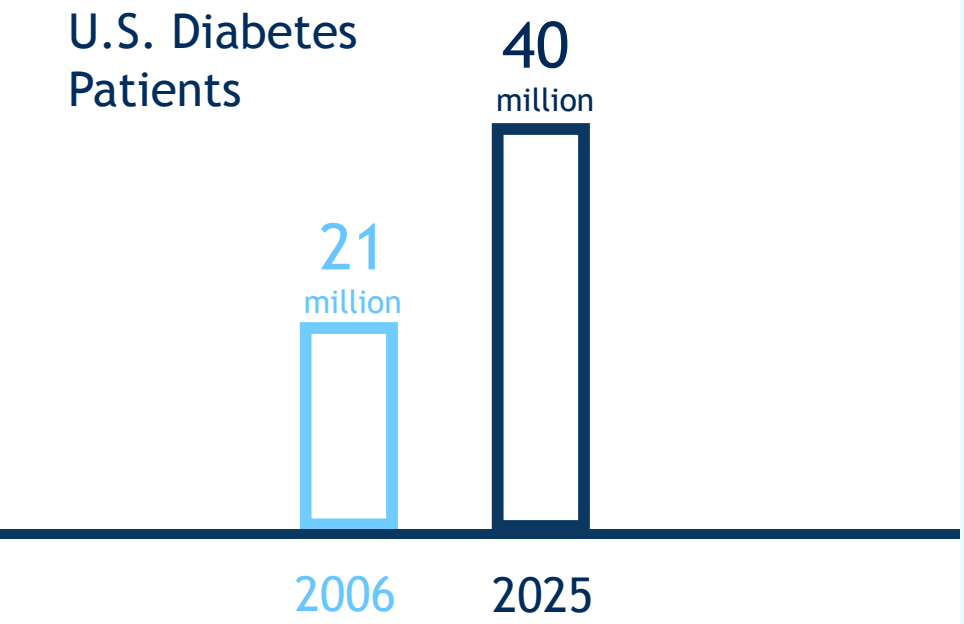
- Leading cause of blindness in working age adults
- Proliferation of new blood vessels which are permeable allows blood to leak into retinal area, causing swelling and deformation
- Current treatments:
  - Anti VEGF
  - Steroids
  - Laser

Validated Therapeutic Arena

Pfizer ➡ OSI *Eyetech* (wAMD & DME)	**Santen** *Macusight* (wAMD & DME)	**Novartis** *Genentech* (wAMD & DME)
Bayer *Regeneron* (wAMD & DME)	**Sanofi-Aventis** *Fovea* (DME & Other Ophthalmic Therapies)	**Alcon** *AstraZeneca* (Ophthalmic Uses for Pipeline)
Alcon *ESBATech* (Ophthalmic Platform)	**Novartis** *Alcon* (Ocular Drug and Device Pipeline)	**Merck** *Sirna* (wAMD)

DME = diabetic macular edema
wAMD = wet age-related macular degeneration

Market Opportunity



Leading cause of blindness in working age adults

1.6 million DME patients today

10% Penetration

$500M

Assumptions: $10,000 US per treatment/yr & initial ***US market*** represents only clinically significant cases

Competitive Landscape

Category	Product	Stage	Comments
Device	Laser	Approved	Standard of care for DME
Anti-VEGF	Avastin	Off Label	No label for DME or wAMD, frequent injections
	Macugen	Phase 3	Frequent injections, only targets VEGF165 subtype
	Lucentis	Phase 3	Frequent injections, pan VEGF but targets no other pro-angiogenic factors
	VEGF-TRAP	Phase 3	'Me too' competitor to Lucentis, frequent injections
Steroids	Iluvien, Ozurdex	Phase 3	BRVO & CRVO approval for Ozurdex, steroid side effects
	Triamcinolone, etc.	Off label	Steroid side effects include glaucoma and cataracts Laser remains gold standard in longitudinal comparison

iCo-007

- Novel treatment specific for DME
- Mechanism of Action: c-raf kinase-targeted antisense
- How it improves on current treatments
  - Different signaling pathway, multiple targets
  - Longer half-life may mean fewer injections
  - Easy to manufacture, potential for higher margins

Phase 1 Trial Design

Design

- Open label
- 15 patients
  - 20/63 to 20/500 vision
  - OCT at baseline ≥ 250 microns
- Single injection
- Six month follow-up
- Ascending dose ranging
  - 110µg, 350µg, 700µg, 1000µg
- Non-responders to previous treatment
  - Steroid, anti-VEGF, laser

Primary Endpoint

Safety & Tolerability

- Primary end point achieved
- PK below detectable level 2 ng/mL in blood plasma

Secondary Endpoint

Retinal Thickness & Visual Acuity

- Encouraging trends warrant further investigation
- Mean reduction of retinal thickness 169 microns @ 24 wks* (40% reduction of excess)

*N=12

KOL's and Advisors

KOL's and Advisors

Dr. David Boyer
Dr. Scott Cousins
Dr. Alan Bird
Dr. Philip Rosenfeld
Dr. Geeta Lalwani
Dr. Victor Gonzalez
Dr. Jason Slakter
Dr. Karl Csaky

- Key Phase 1 clinical trial sites

Phase 1 results

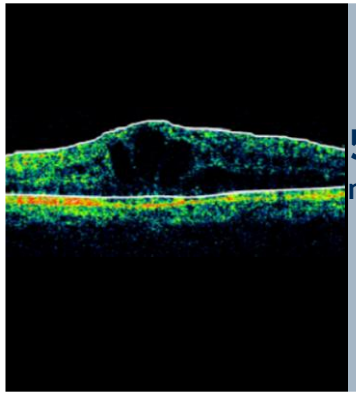
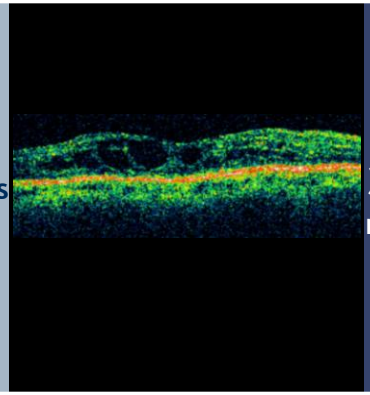
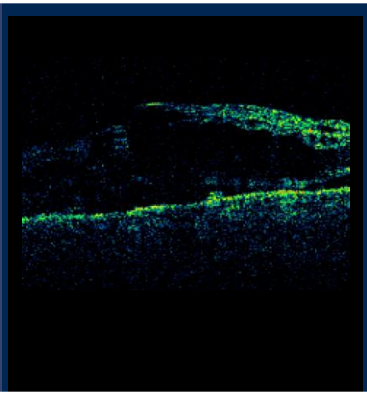
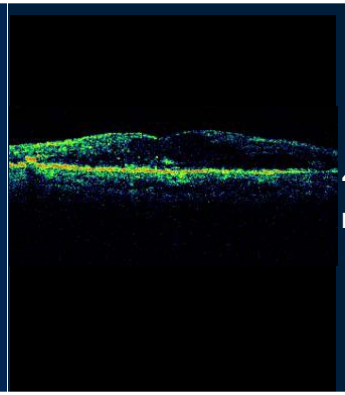
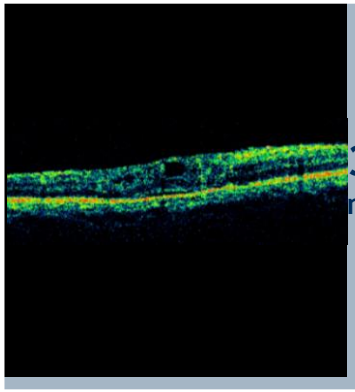
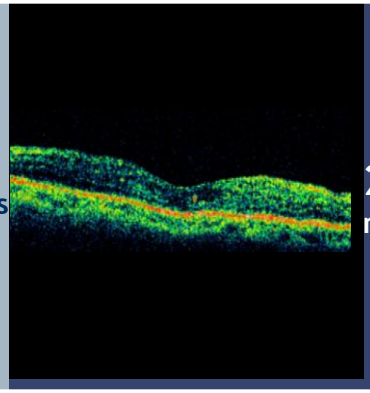
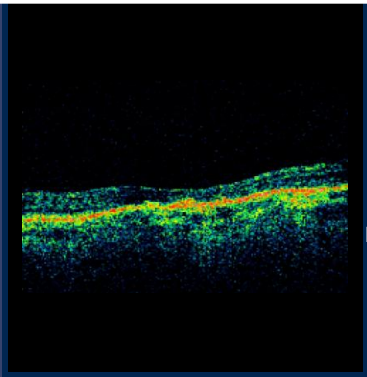
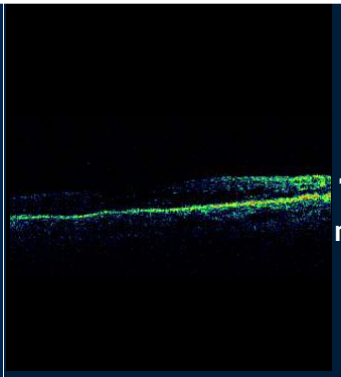
Primary Endpoints

- No Drug-related SAE's
- No Signs of Ocular Inflammation
- No IOP issues identified in highest doses
- No Systemic Exposure

Secondary Endpoints

- Mean change in CRT at M6 decrease in CRT at M6 (12/15) = **-169 microns**
- Mean change in reduction of excess RT at W24 (12/15): **-40%**
- All patients who had VA measurement at W24 (13/15) with stable or improved VA compared to baseline (defined as -5 letters or better): **69%**

Phase 1: Patient Examples – Single Injection

	110ug dose (sample patient)	350ug dose (sample patient)	700ug dose (sample patient)	1000ug dose (sample patient)
Baseline	 528 microns	 391 microns	 867 microns	 423 microns
6 months	 379 microns	 228 microns	 124 microns	 187 microns
Delta: 149 microns	Delta: 163 microns	Delta: 743 microns	Delta: 236 microns	

The number of patients in study is low, statistical significance cannot be inferred

Phase 2: Randomized, Controlled, Open Label Multiple iCo-007 injections vs. laser photocoagulation

Up to 140 patients (5 groups), 12 month follow-up
Doses: 350 & 700 µg (Cohorts 2 & 3 from Phase 1)

Primary Endpoints

- Change in visual acuity from baseline to month 8 as compared to control group

Secondary Endpoints

- Visual acuity & reduction of retinal thickness to month 12
- Duration of iCo-007 treatment effect
- Safety of repeated iCo-007 injections
- Pharmacokinetic (PK) assessments

iCo-007 Next Steps

✓ Received Health Canada Clearance for Phase 2

✓ Completed “fill finish” manufacturing program to produce clinical supply of iCo-007 (February ‘11)

→Phase 2 trial expected to commence ~ early 2011

→Discussions with other agencies re: Phase 2

→Continue ongoing regional partnership discussions

iCo-009

Proprietary oral formulation of amphotericin B

1st World: Anti-Fungal

3rd World: Anti-Parasitic

Partner: The University of British Columbia

iCo-009 Oral Lipid Carrier System

iCo-009

Identify bona fide generics

e.g.

IV Amp B to Oral

Achieve early proof of relevance (safety)

Re-start IP Clock

&

Develop Repertoire of Product Candidates

Anti-fungal, anti-parasitic partnering

Amphotericin B & IV Delivery

IT WORKS …

- Gold standard
- AmBisome®
  - >$400M in sales
  - Premium pricing for safety

… BUT NOT PRACTICAL IN MANY SITUATIONS

- Variety of First World fungal infections
- Lack of resources in Developing World
- Inconvenient

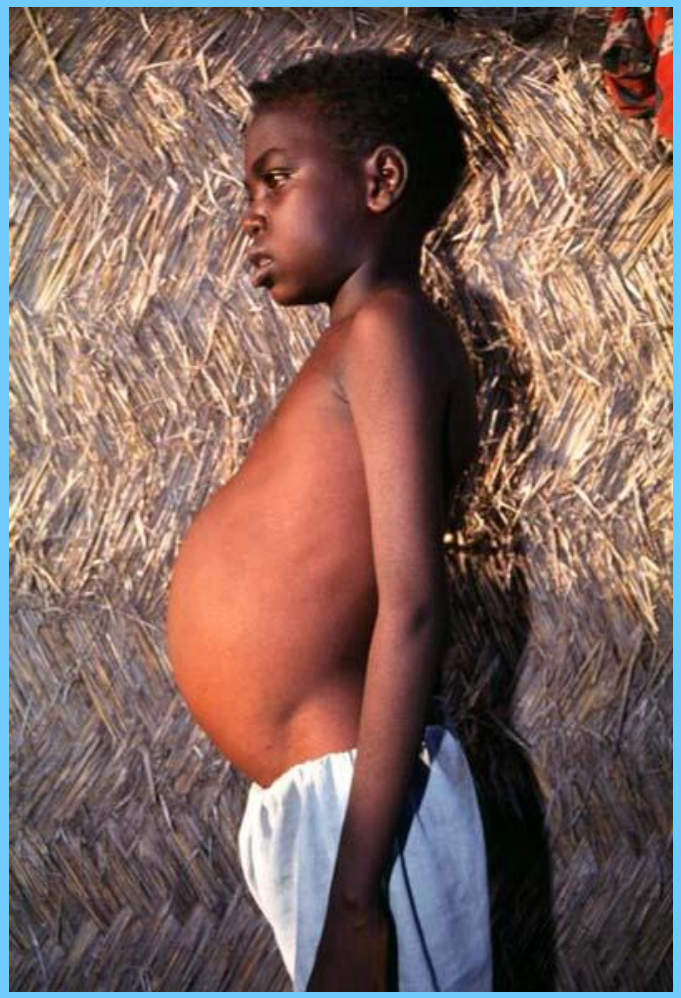
unmet need: oral formulation

Anti-Parasitic Therapeutic Arena

Visceral Leishmaniasis (VL)

- 2nd largest parasitic killer after malaria
- Fatal if left untreated
- 500,000 new infections every year *
- Emerging problem of HIV co-infection
- Symptoms: *fever, weight loss, fatigue, anemia and substantial swelling of the liver and spleen*
- iCo-009 has Orphan Drug status for VL (September 2010)

** Institute of OneWorld Health*



Proprietary Oral Formulation

Formulation of iCo-009

Lipid capsule – “candy wrapper”

Proprietary platform may be used for other insoluble products, including vaccines and proteins

Expanding the Amp B market:
Safety and convenience

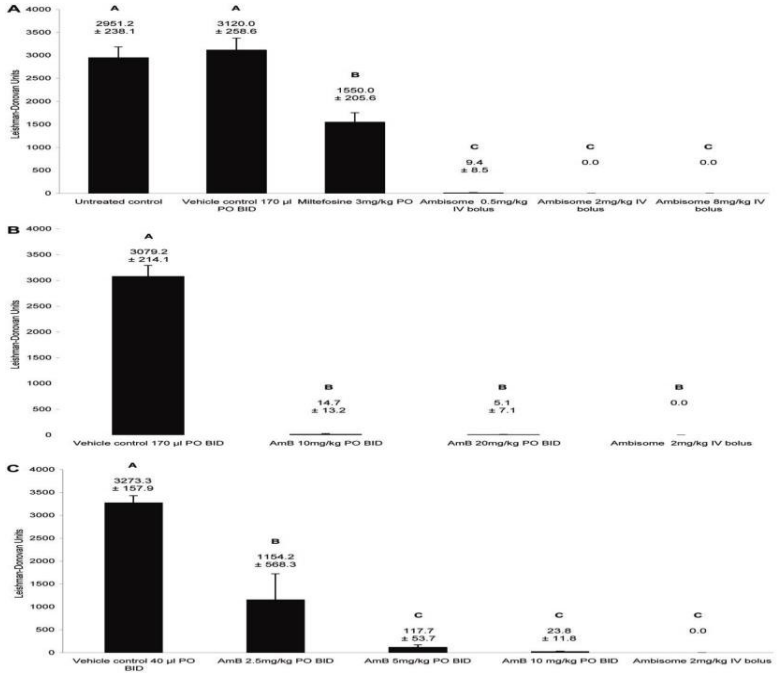
Oral treatment:
Goal of WHO & Gates Foundation and several other global health organizations

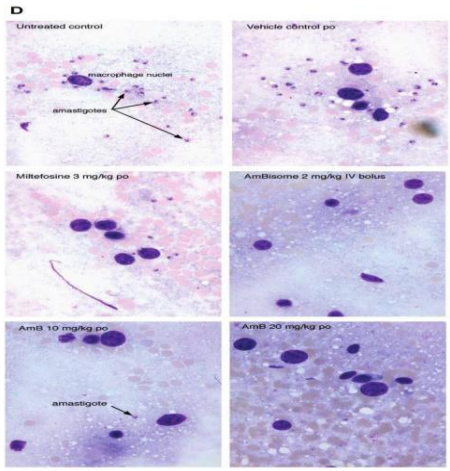
Non-dilutive funding:
CPDD/Gates and CIHR

Preclinical Data

99% Eradication of VL

-BRIEF REPORT, Journal of Infectious Disease 2009, Kishor M Wasan, et al.





iCo-008

Human monoclonal antibody treating both the back and front of the eye

Partners: AstraZeneca/MedImmune & Immune Pharmaceuticals

iCo-008

- Human monoclonal antibody targeting eotaxin-1
- Good safety & significant clinical history
  - Phase 1 & 2 (n=126)
- Highly specific to human eotaxin-1
- Eotaxin binds with high affinity to CCR3

Ocular: Wet Age Related Macular Degeneration (wAMD) & Vernal & Atopic Keratoconjunctivitis

Systemic: Crohn's Disease, IBD, Severe Asthma (License option granted to Immune Pharmaceuticals)

US $33M Option with Immune Pharmaceuticals

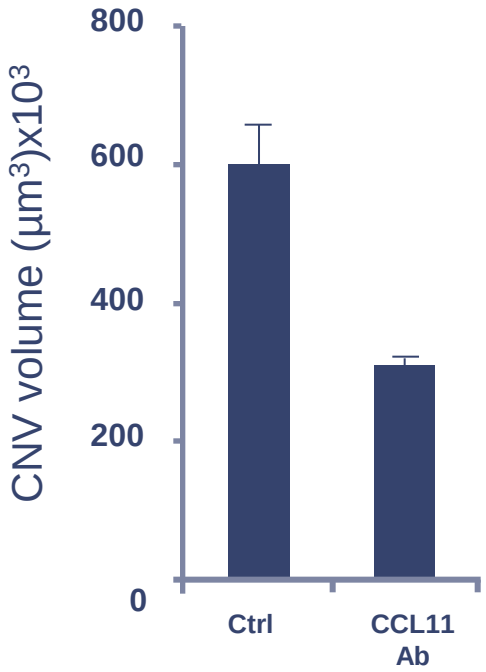
- iCo retained WW exclusive rights to all ocular applications
- IMPH's license option for systemic uses (IBD, severe asthma)
- Non-refundable option fee creditable against a US$1 Million upfront license fee
- Up to an additional US$32 million in milestone payments
- Royalties on net sales of licensed products
- Immune background: AstraZeneca, Novartis, GSK, Sanofi-Aventis, Roche, Merck AG, J&J, CV Therapeutics (acquired by Gilead)

Wet Age Related Macular Degeneration (wAMD)

- Afflicts the elderly
- Acute event – leads to rapid vision loss
- VEGF validated target
- New literature implicates Eotaxin-1:
  - CCR3/Eotaxin-1 axis is a target for age-related macular degeneration (Nature 2009, Takeda et al.)

AMD: Preclinical Therapeutic Evidence

Laser-induced CNV in wild-type mice



eotaxin-1 = CCL11

Anti-angiogenic activity for ocular diseases

50%

Reduction in CNV volume for wAMD

iCo-008 Clinical History

- Phase 1: (n=25) No serious adverse events

- Phase 2: (n=101) Applied intranasally & topically
  - Safe and well tolerated
  - Evidence of efficacy in severe allergy indication - reduced post allergy nasal obstruction

Ding et al. Current Opinion in Investigational Drugs 2004 5(11)

Upcoming Milestones

- iCo-007
  - Phase 2 trial expected to commence ~ early 2011
  - Completed “fill finish” manufacturing to produce clinical supply
  - Received Health Canada Clearance for Phase 2
  - In partnership discussions (regional)
- iCo-009
  - Pre-IND meetings have taken place
  - Phase 1 trials planned for 2011
  - In partnership discussions (regional)
- iCo-008
  - Optioned systemic rights to Immune Pharma < US$33 Million
  - Retained ocular rights
  - Pursuing non-dilutive funding of wAMD program

Management and Directors

Management	Non-Executive Directors	Strategic Advisory Board
Andrew Rae, MBA Co-founder, Director, President & CEO	**William Jarosz, JD** Chairman of the Board, iCo Cartesian Capital Group, LLC	**Donald Buell, MD** iCo-009 SAB Chair, Former Senior Medical Director, Astellas USA
John Clement, PhD Co-founder, Director & Chief Technology & Development Officer	**Richard Barker, PhD** Director General of the Association of the British Pharmaceutical Industry	**George Lasezkay, JD** Principal, Turning Point Consultants, LLC, Former VP Corp Development, Allergan
Santa Jeremy Ono, PhD Chief Scientific Officer	**Noel Hall** Co-founder of Aspreva	
Peter Hnik, MD, MHSc. Chief Medical Officer		
John Meekison, BA, CIM, P. Log. Co-founder & Chief Financial Officer		

Extensive public company and life science experience | Solid operational and product development expertise | Ophthalmic specific expertise

$10 Million Equity Line Facility (ELF)

- Dutchess Opportunity Cayman Fund Limited ("Dutchess") committed to provide up to $10M in equity capital over the next 3 years
- Newly issued common shares subject to a minimum price set by iCo
- No commission, warrants or any other derivative
- iCo may chose to draw on the ELF at iCo´s sole discretion
- iCo must file and clear a short-form shelf prospectus with the applicable securities authorities in Canada

→ Flexible source of capital at reasonable terms

→ iCo can remain opportunistic re: ongoing corporate finance & strategic activities

Financials (As of Year End: December 31, 2010)

Invested Capital to Date	$18.7 million Isis Pharmaceuticals largest shareholder (12.3%)
Cash	$2 million
Burn	Approx $0.6 million/qtr
Share Capital	41.1 M Shares Outstanding 42.9 M Fully Diluted 1.9 M Options
Head Office	Vancouver BC, Canada

Summary

- Targeting ocular diseases
- Risk-mitigated business model
  - Acquire promising drug candidates with identified targets and demonstration of systemic safety
  - Develop novel reformulations of drugs
  - Expand and create new indications for drugs
- Broad product pipeline
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