# Tonix Pharmaceuticals Holding Corp. (Nasdaq: TNXP) 

February 28, 2024

BUY: Better Sleep Equals Less Pain, A New Treatment for Fibromyalgia: Tonmya, Re-tasking Via 505b2, NDA Filing 2H24

Tonix Pharmaceuticals plans to file an NDA (2H24) for Tonmya, a $505 b 2$ sublingual formulation of cyclobenzaprine for Fibromyalgia (chronic pain). The NDA is supported by multiple (three) pivotal trials. Outstanding warrants, if exercised, can potentially bring in $\$ 129 M$ in additional capital. Launching with a Buy Rating and $\$ 3.0$ target.

## Investment Highlights

Tonmya - 505B2 - Low Risk, High Potential Reward. The Fibromyalgia space represents 6-12 million adults, primarily women in the US. FDA-approved drugs include Lyrica, Cymbalta, and Savella (approved a decade plus) ago and re-purposed). A high failure rate ( $60 \%$ ) has been reported with existing therapies, and all have known side effects. Tonmya has been evaluated in three Phase III trials, RELIEF, RALLY and RESILENT. The RELIEF (2020) trial met its primary endpoint as did the RESILENT trial (2023). RALLY missed as the trial was plagued by discontinuations because of the COVID effect. Tonix expects to file the NDA 2H-24 with an FDA decision by 2 H 25 . We view the outcome as low risk as the drug, cyclobenzaprine, has been wellestablished ( 505 b 2 pathway) for skeletal muscle pain/injury. Additional indications beyond FM exist from Long COVID to Acute Street Reaction/Disorders but we do not factor them into our model.

What is Fibromyalgia (FM)? FM is a chronic syndrome characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory, and mood issues. The peak incidence of FM occurs between 20-50 years of age, and 70\% of diagnosed patients are female. According to the American Chronic Pain Association, an estimated six to twelve million adults in the U.S. have FM.

Migraine Too: Zembrace (injection) and Tosymra (Nasal): These represent two marketed migraine drugs being sold today by Tonix. We expect the combined sales of both drugs (annually in 2025), to reach close to $\$ 30 \mathrm{M}$ and grow modestly to just $\$ 43 \mathrm{M}$ by 2030. Imitrex nasal is being discontinued and that may benefit Tonmya too. More importantly, we see the company as leveraging the product offerings as a "test drive" towards developing the sales infrastructure to support the launch of Tonmya.

Valuation: Our valuation for Tonix Pharmaceuticals is driven by Tonmya in Fibromyalgia. We project our model through 2030 and select a $30 \%$ discount rate. We assume a capital raise and out-year dilution (including all warrants are exercised). These assumptions flow through our FCFF, dEPS and SOP models which are averaged and rounded to the nearest whole number to derive our 12-month price target of $\$ 3.00$

Risks to our thesis include: 1. Regulatory Approvals; 2. Market Share Success and Pricing Assumptions; 3. Financing Risk; 4. Expense Control; 5. Human Capital; 6. Intellectual Property.

Jason H. Kolbert
Managing Director \& Senior Analyst
jkolbert@dawsonjames.com


Exhibit 1. Milestones and catalysts for Tonix Pharmaceuticals

## Key Clinical Programs


*All of Tonix's product candidates are investigational new drugs or biologics and none has been approved for any indication.
Source: Tonix Pharmaceuticals

Exhibit 2. Tonmya MOA is simple - Better Sleep w/o Side Effects.

## Poor Sleep and Pain have Bi-directional Reinforcing Effects ${ }^{1}$

- Poor sleep and pain form a vicious cycle in driving fibromyalgia decompensation
- Can't sleep $\rightarrow$ worse pain / In pain $\rightarrow$ can't sleep
- Poor sleep and pain contribute to persistence, chronicity and severity
- Syndrome includes symptoms of fatigue and brain fog
- Treating sleep disturbance in fibromyalgia has the potential to break the vicious cycle
- Potential to remove an obstacle to recovery
- Using the right medicine is important - some sedative/hypnotics don't work ${ }^{1,2}$


[^0] ${ }^{2}$ Grönbald M, et al. Clin Rheumatol. 1993;12(2):186-191

[^1]Exhibit 3. Does it work? Three clinical trials are being submitted as part of the NDA in 2H-2024. The RESILENT trial below shows a sharp separation between active and control groups with significance. Given the long and well-documented history of Cyclobenzaprine, we see low approval risk.

## Summary of Key Pre-Specified Secondary Outcome Measures

## Rating Scale

Patient Global Impression of Change (PGIC)
Fibromyalgia Impact Questionnaire - Symptoms
Fibromyalgia Impact Questionnaire - Function
PROMIS Sleep Disturbance
PROMIS Fatigue
Weekly average of daily Sleep Quality scores

Week 14
$p<0.001$
$p<0.001$
$p=0.001$
$p<0.001$
$p<0.001$
*In order of statistical serial gate-keeping hierarchy (or, "waterfall") to control overall Type 1 error
**Statistical significance met

Source: Tonix Pharmaceuticals

## RESILIENT Primary Outcome Measure Reduction in Widespread Pain

Weekly Average of Daily Diary NRS Ratings of Average Pain Over Prior 24 Hours


[^2]Exhibit 4. Warrants Outstanding Represent up to $\mathbf{\$ 1 2 9}$ Million in Cash to the Company. We assume dilution in our model for valuation purposes.

|  | Number of Warrants | Exercise Price | Cash upon exercise | Grant Date | Expiry | Shares outstanding if exercised |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 9,000,000 | \$0.50 | \$4,500,000 | 10/3/2023 | 10/03/24 | 89,816,395 |
|  | 81,081,081 | \$0.555 | \$45,000,000 | 12/22/2023 | 12/22/25 ${ }^{3}$ | 170,897,476 |
|  | 9,000,000 | \$0.50 | \$4,500,000 | 10/3/2023 | 10/03/28 | 179,897,476 |
|  | 81,081,081 | \$0.85 | \$68,918,919 | 12/22/2023 | 12/22/28 | 260,978,557 |
|  | 7,000,000 | \$1.00 | \$7,000,000 | 8/1/2023 | 08/01/28 | 267,978,557 |
| Total | 187,162,162 |  | \$129,918,919 |  |  |  |

Source: Tonix Pharmaceuticals

## Model \& Assumptions

1. We assume an actionable market prevalence of 6 million persons.
2. We assume an NDA filing in 2 H 24 followed by approval and launch in late 2025, with no related revenues in 2025.
3. We assume the sublingual formulation results in specialized pricing (above generics) for a $\$ 5,000$ annual cost of therapy with a low cost of goods of $10 \%$ initially and with volume, over time dropping to just $7 \%$.
4. We assume a modest market share penetration of just $0.5 \%$ in 2026 rising to only $2.5 \%$ by 2030 coupled with annual pricing of $\$ 5,000$. Our pricing assumption could prove conservative however in a market where generic Cyclobenzaprine is available, we feel any higher pricing could hurt market share penetration.
5. Migraine Franchise: We assume the franchise will grow at $15 \%$ for the next two years and then moderate down to single digits for peak revenues of just $\$ 43 \mathrm{M}$ by 2030.

Exhibit 5. Market Model TNX-102 SL for Fibromyalgia

| TNX-102 SL for Fibromyalgia | 2025E |  |  | 2026E |  | 2027E |  | 2028E | 2029E |  | 2030E |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Fibromyalgia Prevalence - Active Seeking |  | 5,960,000 |  | 6,120,000 |  | 6,280,000 |  | 6,440,000 |  | 6,600,000 |  | 6,760,000 |
| Increase in Incidence |  | 160,000 |  | 160,000 |  | 160,000 |  | 160,000 |  | 160,000 |  | 160,000 |
| Market Penetration |  | 0.00\% |  | 0.50\% |  | 1.00\% |  | 1.75\% |  | 2.00\% |  | 2.50\% |
| Total Patients Treated |  | - |  | 30,600 |  | 62,800 |  | 112,700 |  | 132,000 |  | 169,000 |
| Annual Cost of Treatment | \$ | 5,308 | \$ | 5,361 | \$ | 5,414 | \$ | 5,468 | \$ | 5,523 | \$ | 5,578 |
| Increase in Cost |  | 1\% |  | 1\% |  | 1\% |  | 1\% |  | 1\% |  | 1\% |
| Total Revenue ('000) | \$ | - | \$ | 164,037 | \$ | 340,017 | \$ | 616,292 | \$ | 729,051 | \$ | 942,740 |

Source: Dawson James.

Valuation Model Assumptions:
Our approach to modeling Tonix is primarily valued on Tonmya and our market assumptions are for moderate success, specifically single-digit market share (see Tomya assumptions on the prior page). We assume warrants are exercised and do bring in $\$ 129 \mathrm{M}$ in capital ( 267 M additional shares). We also assume additional capital raises this year (before warrants are exercised). Given the small, capitalized nature of Tonix, we assume our maximum discount rate of $30 \%$ and apply this rate in our free cash flow to the firm (FCFF), Discounted EPS (dEPS), and Sum of the Parts (SOP) models. Our model is based on a fully diluted share count in 2030. These three models' results are averaged and rounded to the nearest whole number to derive our 12 -month price target.

Exhibit 6. Free Cash Flow Model.

| Average | 3 |
| ---: | ---: |
| Price Target | 2 |
| Year | 2024 |


| units ('000) | 2023A | 2024E | 2025E | 2026E | 2027 E | 2028E | 2029E | 2030E |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| EBIT | $(118,951)$ | $(120,666)$ | $(86,846)$ | 58,278 | 244,779 | 524,714 | 635,823 | 834,215 |
| Tax Rate | 0\% | 0\% | 10\% | 15\% | 25\% | 30\% | 31\% | 32\% |
| EBIT (1-t) | $(118,951)$ | $(120,666)$ | $(78,162)$ | 49,536 | 183,584 | 367,300 | 438,718 | 567,266 |
| CapEx |  | - | - | - |  | - | - | - |
| Depreciation |  |  |  |  |  |  |  |  |
| Change in NWC |  |  |  |  |  |  |  |  |
| FCF |  | $(120,666)$ | $(78,162)$ | 49,536 | 183,584 | 367,300 | 438,718 | 567,266 |
| PV of FCF | - | $(120,666)$ | $(60,124)$ | 29,312 | 83,561 | 128,602 | 118,159 | 117,524 |
| Discount Rate | 30\% |  |  |  |  |  |  |  |
| Long Term Growth Rate | 1\% |  |  |  |  |  |  |  |
| Terminal Cash Flow | 1,975,650 |  |  |  |  |  |  |  |
| Terminal Value YE2030 | 409,308 |  |  |  |  |  |  |  |
| NPV | 705,676 |  |  |  |  |  |  |  |
| NPV-Debt | 0 |  |  |  |  |  |  |  |
| Shares out ('000) | 315240 |  |  |  |  |  |  |  |
| NPV Per Share | 2.24 |  |  |  |  |  |  |  |

Source: Dawson James.

Exhibit 7. Discounted-EPS Model.

| Current Year | 2024 |
| :--- | ---: |
| Year of EPS | 2030 |
| Earnings Multiple | 10 |
| Discount Factor | $30 \%$ |
| Selected Year EPS | 1 |
| NPV | 2.43 |


|  | Discount Rate and Earnings Multiple Varies, Year is Constant |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2.43 | 5\% | 10\% | 15\% | 20\% | 25\% | 30\% |
| Earnings | 1 | 0.9 | 0.7 | 0.5 | 0.4 | 0.3 | 0.2 |
| Multiple | 5 | 4.4 | 3.3 | 2.5 | 2.0 | 1.5 | 1.2 |
|  | 10 | 8.8 | 6.6 | 5.1 | 3.9 | 3.1 | 2.4 |
|  | 15 | 13.1 | 9.9 | 7.6 | 5.9 | 4.6 | 3.6 |
|  | 20 | 17.5 | 13.3 | 10.2 | 7.9 | 6.2 | 4.9 |
|  | 25 | 21.9 | 16.6 | 12.7 | 9.8 | 7.7 | 6.1 |
|  | 30 | 26.3 | 19.9 | 15.2 | 11.8 | 9.2 | 7.3 |
|  | 35 | 30.7 | 23.2 | 17.8 | 13.8 | 10.8 | 8.5 |

[^3]
## Exhibit 8. Sum-of-the-Parts Model.

|  | LT Gr | $\begin{gathered} \hline \text { Discount } \\ \text { Rate } \end{gathered}$ | Yrs to Mkt | \% Success | Peak Sales <br> (MM's) | Term Value |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| TNX-102 Fibromyalgia | 1\% | 30\% | 2 | 70\% | \$943 | \$3,251 |
| NPV |  |  |  |  |  | \$2 |
| Migraine Franchise | 1\% | 30\% | 0 | 100\% | \$50 | \$172 |
| NPV |  |  |  |  |  | \$0 |
| Other Pipeline | 1\% | 30\% | 3 | 70\% | \$200 | \$690 |
| NPV |  |  |  |  |  | \$0 |
| Antiviral Discovery Paltform | 1\% | 30\% | 5 | 30\% | \$1,000 | \$3,448 |
| NPV |  |  |  |  |  | \$0 |
| Net Margin |  |  |  |  |  | 50\% |
| MM Shrs OS (2030E) |  |  |  |  |  | 315 |
| Total |  |  |  |  |  | \$3.20 |

Source: Dawson James.

## Risk Analysis

1. Clinical Risk. There can be no assurances that the company's lead product will be submitted on time and if submitted and accepted will be approved.
2. Market Share Risk. There can be assurances that the company's lead product will be successful at penetrating the marketplace.
3. Pricing Risk: There can be no assurances that our pricing assumption is accurate, especially when one considers the availability of generic versions, and oral formulations of the drug, which are "cheaper".
4. Financing Risk. There can be no assurances that the company can successfully raise capital to continue current operations and that the existing warrants will be successfully exercised.
5. Expense Control. There can be no assurances that our assumption that the company reduces expenses in the out-years is accurate.
6. Human Capital. There can be no assurance that the current management team remains in place and that the company is successfully building the required sales infrastructure to support its product offerings.
7. Intellectual Property. There can be no assurance that the company's current IP protections will work around its lead products and not be overturned or penetrated.

Please see the company's disclosures in the annual report for additional associated risks.

Exhibit 9. Income Statement.


Source: Dawson James estimates.

Companies mentioned in this report:
Tonix Pharmaceuticals Holding Corp.

## Important Disclosures:

## Price Chart:



Price target and ratings changes over the past three years:
Initiated - Buy - February 28, 2024 - Price Target $\$ 3.0$
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## Ratings Definitions:

1) Buy: The analyst believes the price of the stock will appreciate and produce a total return of at least $20 \%$ over the next 12-18 months;
2) Neutral: The analyst believes the price of the stock is fairly valued for the next 12-18 months;
3) Sell: The analyst believes the price of the stock will decline by at least $20 \%$ over the next 12-18 months and should be sold.

The following chart reflects the range of current research report ratings for all companies followed by the analysts of the Firm. The chart also reflects the research report ratings relating to those companies for which the Firm has performed investment banking services.

Current as of 27-Feb-24

|  | Company <br> Coverage |  | Investment <br> Banking |  |
| :--- | :---: | :---: | :---: | :---: |
| Ratings Distribution | \# of Companies | \% of Total | \# of Companies | $\%$ of <br> Totals |
| Market Outperform (Buy) | 20 | $57.14 \%$ | 4 | $11.43 \%$ |
| Market Perform (Neutral) | 15 | $42.86 \%$ | 2 | $5.71 \%$ |
| Market Underperform (Sell) | 0 | $0 \%$ | 0 | $0.00 \%$ |
| Total | 35 | $100 \%$ | 6 | $17.14 \%$ |

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[^0]:    Moldofsky H, et al. J Rheumatol. 1996;23:529-533.

[^1]:    Source: Tonix Pharmaceuticals

[^2]:    Week 14 LS mean (SE) change from baseline for TNX-102 SL -1.82 ( 0.12 ) and for placebo -1.16 ( 0.12 ); LSMD from placebo -0.65 ( 0.16 ); $p=0.00005^{\#}$
    "Based on Mixed Model Repeated Measures with Multiple Imputation, with fixed categorical effects of treatment, center, study week, and treatment by study week interaction, as well as baseline value and baseline value-by-study week interaction. Abbreviations: LS, least squares; LSMD, least squares mean difference; NRS, numerical rating scale; SE, standard error

    PHARMACEUTICALS

[^3]:    Source: Dawson James.

