Zacks Small-Cap Research

May 11, 2015
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Tonix Pharmaceuticals (TNXP-NASDAQ)

TNXP: What Is Tonix Pharmaceuticals Worth?

Current Recommendation	**Buy**
Prior Recommendation	Neutral
Date of Last Change	03/02/15
Current Price (05/11/15)	$6.06
Target Price	**$14.00**

Within the next few months, Tonix Pharmaceutical should have three active clinical programs, one Phase 3 study with TNX-102SL in fibromyalgia, one Phase 2 study with TNX-102SL in post-traumatic stress disorder, and one Phase 2 with TNX-201 in episodic tension-type headache. The company also held $58.2 million in cash as of March 31, 2015. With the current market value only $98 million, we believe Tonix shares are very attractive for long-term holders. Below we outline our belief on why the shares are cheap. We also provide some scenario analysis for investors by altering the inputs in our valuation models.

SUMMARY DATA

52-Week High	**$14.76**
52-Week Low	**$5.41**
One-Year Return (%)	**-27.08**
Beta	**2.68**
Average Daily Volume (sh)	**85,880**
Shares Outstanding (mil)	**16**
Market Capitalization ($mil)	**$98**
Short Interest Ratio (days)	**7.07**
Institutional Ownership (%)	**18**
Insider Ownership (%)	**12**
Annual Cash Dividend	**$0.00**
Dividend Yield (%)	**0.00**
5-Yr. Historical Growth Rates	
Sales (%)	**N/A**
Earnings Per Share (%)	**N/A**
Dividend (%)	**N/A**
P/E using TTM EPS	**N/A**
P/E using 2015 Estimate	**N/A**
P/E using 2016 Estimate	**N/A**

Risk Level	**High**
Type of Stock	**Small-Growth**
Industry	**Med-Biomed/Gene**

ZACKS ESTIMATES

Revenue
(In millions of $)

	Q1 (Mar)	Q2 (Jun)	Q3 (Sep)	Q4 (Dec)	Year (Dec)
2014	0 A	0 A	0 A	0 A	0 A
2015	0 A	0 E	0 E	0 E	0 E
2016					0 E
2017					0 E

Earnings per Share
(EPS is operating earnings before non recurring items)

	Q1 (Mar)	Q2 (Jun)	Q3 (Sep)	Q4 (Dec)	Year (Dec)
2014	-$0.59 A	-$0.61 A	-$0.71 A	-$0.83 A	-$2.77 A
2015	-$0.71 A	-$0.56 E	-$0.60 E	-$0.64 E	-$2.49 E
2016					-$2.40 E
2017					-$2.15 E

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WHAT'S NEW

Financial Update

On May 11, 2015, Tonix Pharmaceuticals (TNXP) reported financial results for the first quarter ending March 31, 2015. The company did not report any revenues in the quarter. Net loss was $9.7 million, or $0.71 per share. Loss was driven by $6.8 million in R&D expense and $2.9 million in G&A expense. Actual cash burn from operating activities was $9.1 million during the three month period ending March 31, 2015. Tonix exited the quarter with $58.2 million in cash and investments, strengthened in February 2015 by a public offering of 5.3 million shares to raise net proceeds of $29.1 million in cash. We believe the current cash balance, based on an average quarterly burn rate of around $10 million, is enough to fund operations to the end of 2016. We remind investors that there are approximately 0.921 million outstanding warrants currently in-the-money that if exercised (at $4.25 per share) would provide an additional $3.9 million in cash to the company.

TNX-102SL Phase 3 Fibromyalgia Study To Begin Shortly

In early 2015, Tonix provided a brief update to investors on the outcome of discussions with the U.S. FDA on the planned Phase 3 trial for TNX-102SL in the treatment of fibromyalgia. The results of these discussions were very positive, with the agency agreeing to allow Tonix to use a 30% responder analysis for the primary outcome measure in the pivotal study. This is the same primary outcome measure that Forest Labs/Cypress Biosciences used gain approval for Savella® (milnacipran HCl) for the treatment of fibromyalgia in January 2009. Based on our conversations with management, the Phase 3 trial, called AFFIRM, is expected to start enrolling patients in May or June 2015.

- ***What is 30% Responder Analysis?***

The 30% responder analysis is defined as an improvement in pain, as measured by the number of subjects who achieve at least a 30% improvement in their pain scores. A 30% improvement is considered moderate or clinically significant response. For example, if pain is rated on a numeric rating scale of 0 to 10, with 10 being the highest, a patient with a baseline pain score of 6 that is reduced to 4 at the end of the treatment period would have experienced a ~33% reduction in pain. This patient would count towards the primary endpoint. However, a patient with a baseline of 8 reduced to 6 at the end of the study would only have seen a 25% reduction in pain and thus not counted as a responder towards the primary endpoint.

Tonix elected to use the 30% responder analysis for the planned Phase 3 trial because this endpoint demonstrated a statistically significant separation from the placebo group in the Phase 2b BESTFIT study. A 30% responder analysis was a pre-specified secondary outcome measure of BESTFIT. As a reminder, in late September 2014, Tonix announced top-line results for the Phase 2b BESTFIT trial. The study did not achieve statistical significance in the primary efficacy endpoint of change in average daily pain score at week 12 (p=0.086 by mixed-effect model repeated measure analysis, p=0.172 by jump-to-control, multiple imputation analysis).

However, the study demonstrated that TNX-102 SL had a statistically significant effect on pain as measured by a 30% responder analysis of the primary pain data (p=0.033. The 30% response rate in the final analysis was 34.0% in the active treatment arm as compared to 20.6% in the control arm. As a point of reference, Cypress Bio conducted two Phase 3 studies with milnacipran HCl using a 30% responder analysis. The placebo groups in the first and second study came in at ~16% and ~19%, respectively. The milnacipran HCl groups came in at ~25% and ~27%, respectively. We believe TNX-102SL compares favorably to Savella®, a drug that posted annual sales just north of $105 million in 2014.

The BESTFIT study also showed statistically significant improvements with TNX-102 SL in the declared secondary analyses of the Patient Global Impression of Change (p=0.025) and the Fibromyalgia Impact Questionnaire-Revised, or FIQ-R (p=0.014). The study showed statistically significant improvement with TNX-102 SL on measures of sleep quality, including the Patient-Reported Outcomes Measurement Information System, or PROMIS, Sleep Disturbance instrument (p=0.005). In addition, statistically significant improvements with TNX-102 SL were observed on several FIQ-R items (pain, sleep quality, anxiety, stiffness, and sensitivity) as well as on the overall symptom subdomain.

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TNX-102SL was well tolerated in the BESTFIT study. Among subjects randomized to the active and control arms, 86% and 83%, respectively, completed the 12-week dosing period. The most common adverse events were local in nature, with transient tongue or mouth numbness occurring in 42% of participants on TNX-102 SL vs. 1% on placebo, and bitter taste in 8% on TNX-102 SL compared to none on placebo. These local adverse events did not appear to affect either rates of retention of study participants or their compliance with taking TNX-102SL. Systemic adverse events were similar between TNX-102 SL and placebo. No serious adverse events were reported.

- ***AFFIRM To Start Very Soon***

We are expecting Tonix to start enrolling patients in the Phase 3 AFFIRM trial in May or June 2015. We are expecting the Phase 3 trial will look very similar to BESTFIT, only larger. AFFIRM is expected to be a double-blind, placebo-controlled 12-week safety and efficacy study in approximately 500 fibromyalgia patients given either a 2.8 mg TNX-102SL tablet or placebo at bedtime at 1:1 randomization. We expect the trial to take place at 30-35 sites in the U.S., with some overlap to the highest performing 17 BESTFIT sites. BESTFIT took roughly a year to enroll. The Phase 3 trial will be twice the size, yet at twice as many sites. So we are expecting enrollment will take between 12 to 14 months. We are estimating the cost at around $12 million. If the study begins in June 2015, enrollment should complete late summer 2016, with data expected early in the fourth quarter 2016.

Based on inputting the 30% responder data from BESTFIT (~34% for TNX-102SL and 21% for the placebo) into our powering-calculator, we believe AFFIRM is approximately 90% powered to succeed ($p<0.05$). There is the potential that with strong results from the Phase 3 trial the company can package an application to the U.S. FDA using both BESTFIT and the new data on 30% responder analysis in early 2017. However, we will have to wait for the data to be sure, and at this time we do not yet know if a second confirmatory Phase 3 program will be required by the U.S. FDA. If this is the case, it will likely delay approval by two years and cost another $15 to $20 million in development.

We remind investors that Tonix is also conducting a long-term safety with TNX-102SL. This is an open-label extension study from BESTFIT, dubbed F203. Data from this study will give Tonix the prerequisite six and 12-month safety analysis required to seek approval of TNX-102SL in fibromyalgia. Data from this study is expected in August 2015. Data also to be generated in 2015 or 2016 for the preparation of the NDA includes a prospective multi-dose pharmacokinetic study, a safety and tolerability study comparing TNX-102SL to cyclobenzaprine, and standard non-clinical toxicology work. Assuming only one Phase 3 trial is required, we anticipate the NDA in 2017. The best case scenario would be that TNX-102SL receives FDA approval in 2018 and launch the product, alone or with a partner in 2018. Tonix has filed patent applications around the TNS-102SL unique profile and technology that aim to protect the drug into 2034.

- ***How big is TNX-102SL?***

Based on the generic market, the target population for Tonix with TNX-102SL is over 2 million patients. There were some 50 million prescriptions for cyclobenzaprine in 2013. We think that the sublingual formulation clearly contains meaningful advantages over the generic oral formulation of low dose cyclobenzaprine. These include rapid absorption and minimal next-day residual effects ideal for a bedtime dose, and avoidance of first pass metabolism and build-up of norcyclobenzaprine ideal for chronic dosing.

Here are the key assumptions in our valuation model:

- ✓ NDA in 2017, Approval in 2018
- ✓ Approximately 5.0 million Americans have fibromyalgia (source: NIAMS/NIH, November 2014)
- ✓ Approximately 40% are “well-controlled” on existing drugs (source: Tonix May 2015 Investor presentation)
- ✓ Approximately 90% have sleep issues (source: Tonix May 2015 Investor presentation)
- ✓ TNX-102SL to $15 per day (at launch) and peak at $20 per day (in 2024).
- ✓ Peak market share = 5%
  - → Assumes Tonix can achieve ~100k patients on therapy at peak
- ✓ Discount rate = 18%
  - → Rough estimate of cost-of-capital based on February 2015 public offering
- ✓ Probability of success = 40%
  - → 80% on AFFIRM
  - → 50% on NDA approval (historical average)
- ✓ Operating margin = 65%
- ✓ Tax rate = 30%

These assumptions lead us to model peak sales for TNX-102SL in the U.S. for fibromyalgia at approximately $750 million in 2024. This is consistent with the current size of the market of around $1.2 billion in 2014, with two main drugs, Pfizer's Lyrica® and Eli Lilly's Cymbalta® each having sales around $500-600 million. Based on this model, we believe TNX-102SL in fibromyalgia is worth approximately $200 million, or $11.80 per share (using a diluted share count of 17.1 million). The key variable around our $200 million assumption is the fact that we are modeling only one Phase 3 trial will be required to gain approval. As noted above, we predict approval of TNX-102SL in 2018. If the U.S. FDA requires another trial, we estimate approval will be delayed to 2020 at a cost of approximately $15 to $20 million. Our NPV calculation drops to $140 million, or $8.50 per share.

Sensitivity analysis around our peak sales assumption can be seen below:

Peak Sales	$250 million	$500 million	$750 million	$1 billion	$1.25 billion
NPV Value	$110 million	$155 million	$200 million	$250 million	$295 million
Per Share*	$6.45 / share	$9.15 / share	$11.85 / share	$14.55 / share	$17.25 / share

* using 17.1 million shares outstanding

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Other key variables include our probability assumptions and discount rate. Every 10% increase (or decrease) in probability of approval adjusts our target by approximately $3.00 higher (lower) per share based on our base-case scenario ($750 million in peak sales). Every 1% change in the discount rate has a -$1.25 impact on our target price (range 15% to 20%).

Military-Related PTSD Study Just Underway

On January 15, 2015, Tonix announced the Phase 2 AtEase study had enrolled its first patient. The AtEase study is a Phase 2 randomized, double-blind, placebo-controlled trial to evaluate the efficacy and safety of TNX-102SL in people with military-related PTSD and related conditions. The three-arm trial is expected to enroll approximately 220 participants, who will be randomized to receive either 2.8 mg or 5.6 mg of TNX-102SL or placebo taken sublingually at bedtime daily for 12 weeks. More information on AtEase can be found on the website announcing the study or on ClinicalTrials.gov (NCT02277704).

The primary endpoint of the trial is the week eight mean change from baseline in the total CAPS-5 (Clinician-Administered PTSD Scale) score in participants who received 2.8 mg of TNX-102 SL as compared to those who received placebo only. Safety will also be evaluated. The trial is expected to be conducted at approximately 25 U.S. sites. Management plans to use print and radio media to spark military interest in the study, and then hope peer-networking speeds enrollment throughout 2015. We are anticipating data in 2016.

- ***Why PTSD?***

There is enormous overlap between fibromyalgia and PTSD. According to Tonix, 50% of the FM or PTSD patient population meets the criteria for the other disorder. Plus, the manifestations and treatment paradigms are similar, and include disturbed sleep and painkiller abuse and addition. Roughly 3.5% of the U.S. adult population suffers from PTSD. The numbers are shockingly high for U.S. military service personnel, a population with high incidence of suicide and opioid addiction. It's a sad and growing problem, and there have been no new approved medications for PTSD in over a decade.

Tonix' Phase 2 program will focus specifically on PTSD associated with military / combat service. Although management has narrowed the PTSD population, eliminating things like car accidents and sexual assault, the homogenous population should lead to improved data collection. Plus, the growing attention of the U.S. government in this area should eventually lead to grants or additional funding in the future. It's an astute development plan in our view. If the AtEase trial is successful, we believe Tonix will move forward with two Phase 3 registration programs in 2016.

The U.S. PTSD population is estimated at a similar 8 million in size. We believe approximately 25% of these cases are associated with military service, about half of which seek medical treatment for the disease. This puts the U.S. military-associated PTSD population at around 1 million. Assuming similar pricing ($15 per day) and market penetration (roughly 5%) as noted above for fibromyalgia, we believe TNX-102SL peak sales in PTSD are around $450 million in 2026.

The biggest change between our fibromyalgia model and our PTSD model is our probability of approval. We are using only 15% for this indication given the historic difficulty in treating PTSD patients and the earlier-stage nature of the program. After all, the BESTFIT data give us a very good look at what to expect from AFFIRM. With AtEase, Tonix is still attempting to generate this type of proof-of-concept data that will help design registration programs for TNX-102SL in PTSD. The historical success rate of a Phase 2 program in this type of indication is around 15%. We do not believe it is prudent to assume any better at this stage. As such, we believe the current value for TNX-102SL in PTSD is $60 million, or $3.50 per share.

Sensitivity analysis around our peak sales assumption can be seen below:

Peak Sales	$100 million	$300 million	$450 million	$600 million	$800 million
NPV Value	$10 million	$35 million	$60 million	$80 million	$105 million
Per Share*	$0.60 / share	$2.15 / share	$3.50 / share	$4.55 / share	$6.25 / share

* using 17.1 million shares outstanding

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Every 5% increase (or decrease) in probability of approval adjusts our target by approximately $1.20 higher (lower) per share based on our base-case scenario ($450 million in peak sales). Every 1% change in the discount rate has a -$0.40 impact on our target price (range 15% to 20%).

TNX-201 – A New Option For Headache

In late October 2014, Tonix received FDA clearance on an IND to begin Phase 1 clinical studies with TNX-201 for the treatment of episodic tension-type headache (ETTH). Earlier in the year, management announced that they have completed the Phase 1 safety, tolerability, and pharmacokinetic study of TNX-201 with encouraging results. Data from the 45-patient study shows a dose-related increase in TNX-201 plasma levels (Cmax, AUC), with no evidence of isomer inter-conversion and only mild adverse events, none of which were considered drug-related or serious enough to discontinue treatment.

The next step with TNX-201 is a Phase 2, double-blind, randomized, multicenter, placebo-controlled study to evaluate the efficacy and safety of TNX-201 for the treatment of a single episodic tension-type headache. We anticipate approximately 150 subjects will be randomized 1:1 to either 140 mg of TNX-201 or placebo, with the primary endpoint being the number of subjects who report “pain free” at two hours following one dose of study medication (upon first ETTH episode experienced). Enrollment is expected to take place at 10 centers in the U.S. and commence in the second quarter of 2015. We believe this will be a relatively quick study with the potential to offer top-line data before the end of the year.

- ***What is TNX-201?***

The active ingredient in TNX-201 is (R)-isometheptene mucate, a single isomer of isometheptene mucate. Isometheptene is a racemic mixture of both the (R) and (S) isomers. The drug has been widely used as a single-agent prescription medicine and as a component of combination drug products (e.g. Midrin® and Prodrin®) for many decades in the U.S. for various indications including tension-type headache. Isometheptene mucate was introduced as a pharmaceutical prior to 1962, and no products containing isometheptene mucate are currently approved by the U.S. FDA for any indication. Isometheptene prescriptions peaked at roughly 2.5 million per year in the late 1990s.

Tonix believes that (R)-isometheptene has strong analgesic effects with an improved safety profile over both (S)-isometheptene and the racemic compound. Tonix preclinical data shows significantly less effect on diastolic arterial blood pressure with use of (R)-iso vs. (S)-iso and the racemic mixture, while maintaining strong efficacy in mouse studies (Zhang L et al, 2013). Previous research has shown isometheptene to have high affinity for the imidazole I_1 receptor (I_1–R) with no α_1/α_2 agonism that has been proven to induce smooth muscle and blood vessel constriction like other I_1 receptor binders such as clonidine, rilmenidine, moxonidine, and dexmedetomidine (Khan ZP et al, 1999). TNX-201 is protected by a composition-of-matter patent that does not expire until 2033.

- ***What is ETTH?***

Tension type headaches (TTH) are the most common type of headaches among adults and are also known as "stress headaches". The episode can last as short as 30 minutes, or in extreme cases as long as several days. Patients can experience one episode a month (infrequent TTH), to several a month (frequent TTH), or in the most severe cases in excess of 15 a month (>180 a year for chronic TTH). Unlike migraine headaches, the pain from a tension headache occurs on both sides of the head. It is not a pulsating pain like a migraine; instead it is more of a pressure/tightening pain. Often, migraine headaches are brought on by light or sound. Tension type headaches are more idiopathic in nature.

A review of 107 publications on the epidemiology of headache conducted by Stovner L, et al, 2007, found that approximately 38% of the population will experience an ETTH over the course of a year compared to 10% for migraine headaches. In the U.S., that equates to roughly 75 million Americans that may suffer from frequent ETTH. The majority of the sufferers (>70%) are female. Data from IMS Health points to an average of 9.2 million physician's office or emergency room visits with a primary code of non-migraine headaches per year between 2008 and 2014. This led to approximately 10 million prescriptions per year to treat ETTH.

- ***Why is TNX-201 Better?***

Treatment of headache in the U.S. is a significant market opportunity for pharmaceutical companies. For example, according to the IMS National Disease and Therapeutics Index, non-migraine headaches lead to 9.2 million emergency room or office visits each year. The vast majority of patients choose over-the-count medications to treat ETTH, with NSAIDs such as ibuprofen/naproxen and acetaminophen the most commonly used. However, beyond OTC medication, there were still roughly 10 million total prescriptions for headache in the U.S. in 2013, with butalibitals, opioids, and triptans the leading prescription choices after NSAIDs. According to IMS Health, butalbital combination products accounted for approximately 3.5 million prescriptions in 2013.

The U.S. FDA has placed a warning on butalbital products noting the risk of potential abuse and addiction. As a result, long-term use of these products is discouraged. The drug is Schedule III by the DEA. The market leading butalbital combination product was Fioricet (butalbital, acetaminophen, and caffeine). Combination butalbital and opioid products also exist but market share is low due to the compounded potential for abuse and addiction.

- ***How big is TNX-201?***

TNX-201 clearly targets a large market. Above we noted some 75 million Americans that suffer from tension type headaches each year. Although the majority may be treated with OTC medications, there were still roughly 10 million prescriptions for headache medications in the U.S in 2013. We believe approximately 70% of these are for ETTH in nature. We suspect the 3.5 million prescriptions for butalbital combination products is the initial low-hanging fruit for Tonix, with opportunity to take away market from prescription NSAID and Triptan products offering significant upside. At peak, isometheptene was doing 2.5 million prescriptions per year in the late 1990s.

If we assume the average headache sufferer has about one episode per week, and we price TNX-201 comparable to migraine drugs Cambia® ($35 per pill) and Treximet® ($40 per pill), with 10% market share of the active medical Rx seekers, TNX-201 looks to be around a $400 million drug. We are assuming two registration programs will take place in 2016 and 2017, with an NDA filing in 2019 and approval in 2020. We assume peak sales in 2025. The net present value of the franchise is $60 million based on a 20% probability of approval and similar cash flow assumptions noted above for TNX-102SL. Sensitivity analysis around our peak sales assumption can be seen below:

Sensitivity analysis around our peak sales assumption can be seen below:

Peak Sales	$100 million	$250 million	$400 million	$550 million	$700 million
NPV Value	$11 million	$35 million	$60 million	$85 million	$100 million
Per Share*	$0.65 / share	$2.15 / share	$3.59 / share	$5.00 / share	$7.00 / share

* using 17.1 million shares outstanding

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Every 5% increase (or decrease) in probability of approval adjusts our target by approximately $0.90 higher (lower) per share based on our base-case scenario ($450 million in peak sales). Every 1% change in the discount rate has a -$0.40 impact on our target price (range 15% to 20%).

What is Tonix Worth?

Above we have outlined our assumptions for the sales and market opportunity for each of the company's three clinical programs. For TNX-102SL in fibromyalgia, we assume approval and launch in early 2019, with the drug costing approximately $15 per day. We are assuming Tonix (or its partner) can capture 5% of the market by 2023, with peak sales of $750 million. If we apply an 18% discount rate and 40% probability of success to the asset, we arrive at a net present value (NPV) for TNX-102SL in fibromyalgia of approximately $200 million.

For PTSD, a slightly smaller peak sales opportunity of $450 million exists. We believe approval of TNX-102SL in PTSD is approximately one year behind the timelines noted above for fibromyalgia. Thus, our NPV analysis for TNX-102SL in PTSD yields a fair value valuation of approximately $60 million. We believe there is potential for Tonix to receive partial funding of the AtEase study from the U.S. Department of Defense (DOD) not currently factored into our model. Nevertheless, together, we believe TNX-102SL in PTSD and fibromyalgia are worth roughly $260 million in NPV. We remind investors that TNX-102SL is protected by a pharmacokinetic patent that does not expire until 2033 and a composition-of-matter patent that does not expire until 2034.

For TNX-201, we place slightly lower odds of success in our NPV model simply due to the earlier-stage nature of the candidate. However, even with applying as low as a 20% chance of success, we still believe this candidate is worth $60 million in NPV based on peak sales of approximately $400 million in 2025.

Summing up our NPV calculations we arrive at a total firm value of approximately $320 million. Tonix exited the first quarter 2015 with $58 million in the bank. That is enough cash to fund operation to late 2016. We believe the company will require approximately $110 million to fund operations to cash flow positive in 2019. Thus, we know that Tonix will need to raise additional cash through public offerings or partnering its drugs in 2016. Based on our sum-of-parts NPV analysis, we believe the stock is worth $19 per share today. We believe there are several catalysts on the horizon that can lead to dramatically higher stock prices ahead of that expected need for additional cash in 2017. For example, between now and then, Tonix should report:

- ✓ Full data from BESTFIT at EULAR in June 2015
- ✓ F203 Long-term safety study analysis from BESTFIT in August 2015
- ✓ Phase 2 data with TNX-201 in the Q4-2015
- ✓ Phase 2 data from AtEase in PTSD with TNX-102SL around mid-2016
- ✓ Phase 3 data from AFFIRM in fibromyalgia with TNX-102SL in the Q4-2016

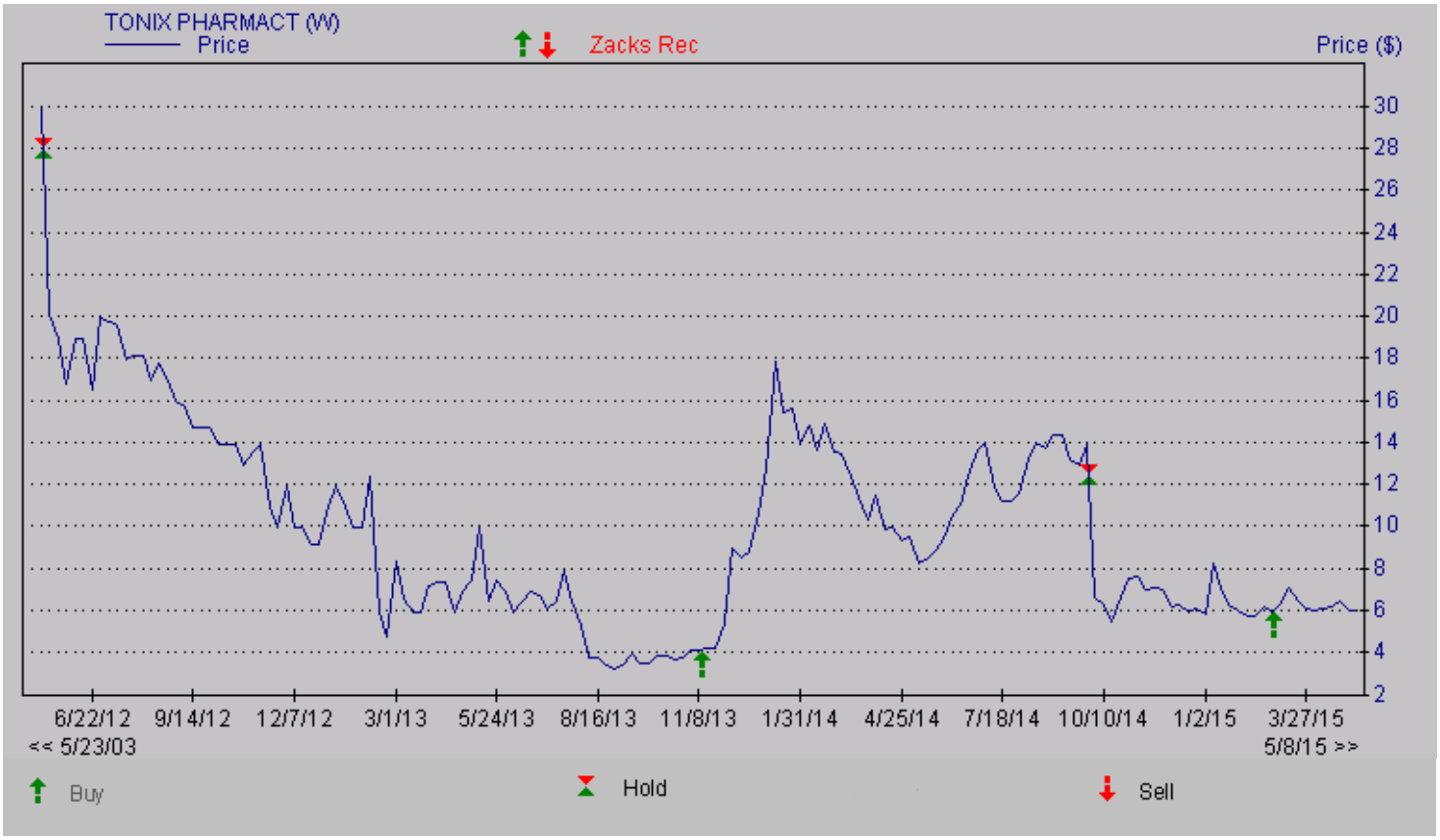
If the company can raise this $55 million in additional at prices in the $15 per share range, then the new dilution will be minimal – only 4-5 million shares. Based on the diluted share count of approximately 17.1 million today (assumes only exercisable stock options and warrants in-the-money), we see fair-value at $19 per share. However, if we add in approximately 5.0 million shares for expected financing activities in 2017 and 2018, we arrive at a more reasonable fair-value target of $14 per share. As such, we believe investors with a 12-18 month time horizon can buy Tonix today and see nice returns as clinical progress drives the shares higher.

Tonix Pharma
Income Statement

Tonix Pharmaceuticals	2014 A	Q1 A	Q2 E	Q3 E	Q4 E	2015 E	2016 E	2017 E
TNX-102SL (FM)	$0	$0	$0	$0	$0	$0	$0	$0
YOY Growth	-	-	-	-	-	-	-	-
TNX-102SL (PTSD)	$0	$0	$0	$0	$0	$0	$0	$0
YOY Growth	-	-	-	-	-	-	-	-
TNX-201 (ETTH)	$0	$0	$0	$0	$0	$0	$0	$0
YOY Growth	-	-	-	-	-	-	-	-
Research & Collaborations	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
YOY Growth	-	-	-	-	-	-	-	-
Total Revenues	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
YOY Growth	-	-	-	-	-	-	-	-
CoGS	$0	$0	$0	$0	$0	$0	$0.0	$0.0
Product Gross Margin	-	-	-	-	-	-	-	-
R&D	$18.6	$6.8	$6.5	$7.0	$7.5	$27.8	$30.0	$30.0
SG&A	$9.0	$2.9	$2.6	$2.8	$3.0	$11.3	$12.0	$13.0
Operating Income	($27.7)	($9.7)	($9.1)	($9.8)	($10.5)	($39.1)	($42.0)	($43.0)
Operating Margin	-	-	-	-	-	-	-	-
Interest & Other Income	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
Pre-Tax Income	($27.6)	($9.7)	($9.1)	($9.8)	($10.5)	($39.1)	($42.0)	($43.0)
Taxes & Other	$0	$0	$0	$0	$0	$0	$0	$0
Tax Rate	*0%*	*0%*	*0%*	*0%*	*0%*	*0%*	*0%*	*0%*
Net Income	($27.6)	($9.7)	($9.1)	($9.8)	($10.5)	($39.1)	($42.0)	($43.0)
Net Margin	-	-	-	-	-	-	-	-
Reported EPS	**($2.77)**	**($0.71)**	**($0.56)**	**($0.60)**	**($0.64)**	**($2.49)**	**($2.40)**	**($2.15)**
YOY Growth	*-17.9%*	-	-	-	-	*-9.8%*	*-3.8%*	*-10.4%*
Weighted Shares Outstanding	10.0	13.7	16.2	16.3	16.5	15.7	17.5	20.0

Source: Zacks Investment Research, Inc. *Jason Napodano, CFA*

HISTORICAL ZACKS RECOMMENDATIONS



DISCLOSURES

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