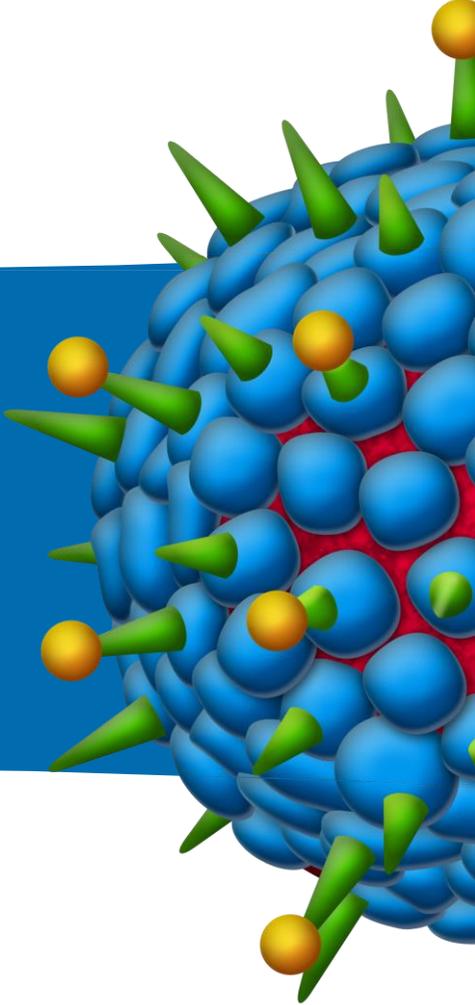


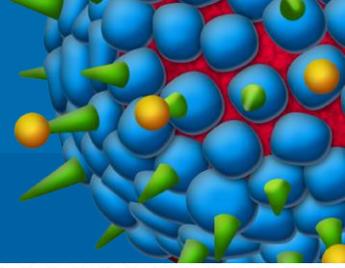


For Life



Company Overview  
July 2015

# Disclaimer



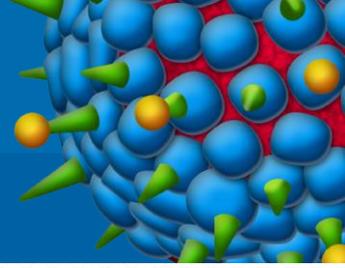
This presentation contains "forward looking statements" within the meaning of applicable U.S. securities legislation, including Section 27A of the Securities Act of 1933, as amended and Section 21E of the Securities and Exchange Act of 1934, as amended, or "forward looking information" under applicable Canadian securities laws (collectively referred to herein as "forward looking statements"). Any statements that express or involve discussions with respect to predictions, expectations, beliefs, plans, projections, objectives, goals, assumptions or future events or performance, including, without limitation, statements regarding the operation of the Company's business, anticipated milestones for the Company's products, anticipated regulatory approvals and market opportunities, are not statements of historical facts and may be "forward looking statements". Forward looking statements may be identified through the use of words such as "expects", "will", "anticipates", "estimates", "believes", or by statements indicating certain actions "may", "could", "should" or "might" occur.

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# Investment Highlights

*SciVac Ltd. is a world leader in protein engineering*



- **Flagship product positioned to dominate billion-dollar hepatitis B market**

SciVac's Sci-B-Vac product is a 3rd-generation hepatitis B vaccine.

- **Significant unmet medical need**

Hepatitis B remains a global health problem.

- **Proven breakthrough technology**

Sci-B-Vac has demonstrated performance across 20+ company-sponsored and investigator-initiated clinical studies

- **Risk-mitigated Phase III regulatory path**

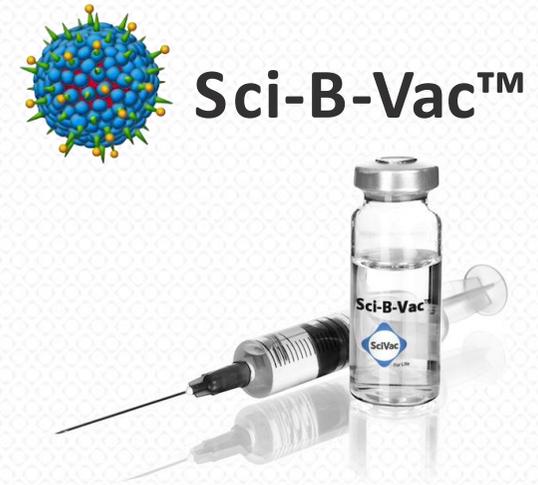
Sci-B-Vac is already approved in 10 countries, with a favorable safety & efficacy profile in over 500,000 patients.

- **Strategic Investors**

OPKO Health Inc. (NYSE: OPK) is a strategic investor in SciVac LTD.

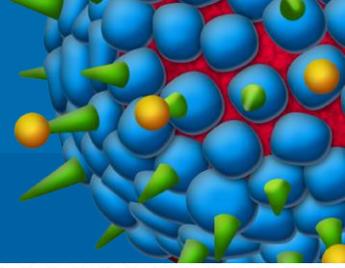
- **Additional pipeline opportunities**

- S-Graft, a biological therapeutic for graft-vs-host disease (GVHD), a \$650MM market opportunity addressing a significant unmet medical need.
- Potential for label expansion of Sci-B-Vac into the >\$2.5B hepatitis B *therapeutic* market.



# The Problem: Hepatitis B

*Hepatitis B kills 1.2 million people every year*



- **What is Hepatitis B (HBV)?**

HBV is a highly contagious virus that attacks the liver. Many people never clear the virus and are chronically infected. These “carriers” can develop chronic hepatitis, leading to liver failure and death.

- **How is it spread?**

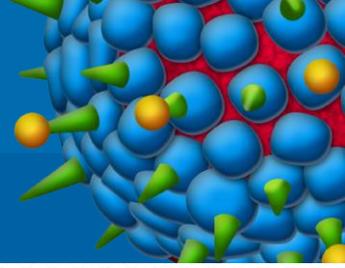
Infection is transmitted through sexual contact, contact with contaminated blood, and from mother to child.

- **Who is at high risk?**

Patients with diabetes, cancer, HIV, celiac, end stage renal disease, infants born to hepatitis B carriers, adults over forty, and overweight persons are at higher risk, because members of these groups often do not respond sufficiently to current vaccines.

# Global Prevention Through Vaccination

*Over one billion doses of vaccine administered since 1982*



## How the world is currently being protected

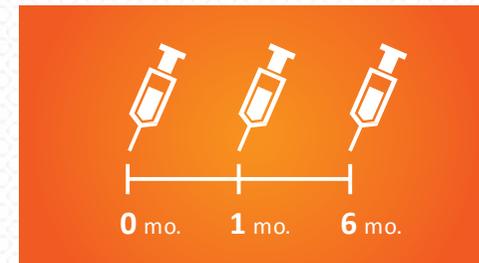
**170+ countries have infant vaccination programs.**



**Over a billion vaccines have been administered since 1982**

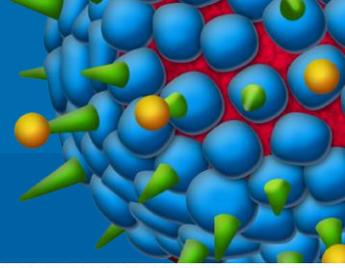


**Protection requires 3 injections over 6 months.**



# Hepatitis B Persists Despite Global Vaccination

*400 million people are carriers*



## The Global Situation

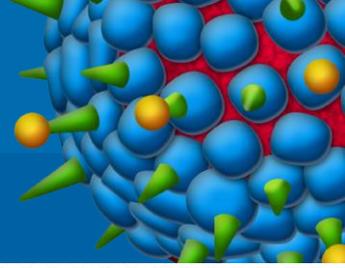
-  <2% Prevalence
-  2-8% Prevalence
-  >8% Prevalence



- **2,000,000,000** alive today have been infected with the virus
- **400,000,000** people are carriers, contagious and at risk of liver disease
- **4,000,000** people per year suffer from acute hepatitis B
- **1,200,000** die every year from hepatitis B

# Urgent Need for Better Vaccine

*Current vaccines leave hundreds of millions of people at risk*



## High Risk Patients

Many patients with high risk diseases such as diabetes, cancer, celiac, HIV, and end stage renal disease do not respond sufficiently to current vaccines.



## Infants Born to Carriers

Current vaccines do not sufficiently protect the 2 million infants born to infected mothers worldwide every year.



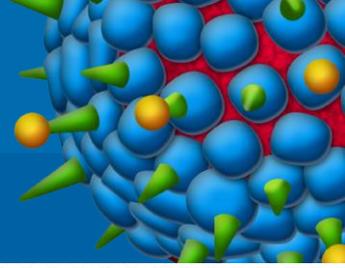
## Travelers, Military, & Medical Personnel

Current vaccines take 6 months to provide protection, and often fail to work for persons overweight or older than 40, leaving many travelers, military, and medical personnel without protection from the deadly virus.

Populations at Risk	Est. Global Size	% Who do not Respond to Current Vaccines
Diabetes	350 million	Undetermined
Chronic liver disease	300 million	50%
Celiac disease	70 million	54 - 68%
Cancer	14 million new annually	10 - 66%
Chronic renal failure & dialysis	10 million	34 - 81%
HIV (children & adolescents)	3 million	30%
Pre/post transplant	1 million	10 - 66%

# The Solution: Sci-B-Vac

Only commercial HBV vaccine to mimic all 3 viral surface antigens.  
Already used in 300,000+ patients to date.

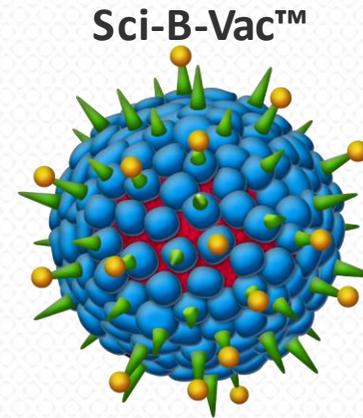


## Sci-B-Vac

Achieves:

- Rapid onset of protection
- High levels of anti-HBV antibodies (HBsAb)
- At lower dosage than competing vaccines

Mimics all three viral antigens

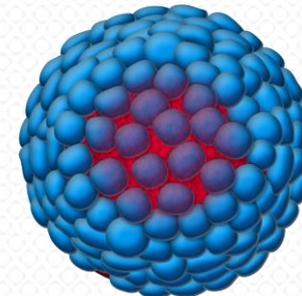


Mammalian cell derived vaccines with the 3 antigens



2nd Generation Vaccines

Only mimic one of three viral antigens



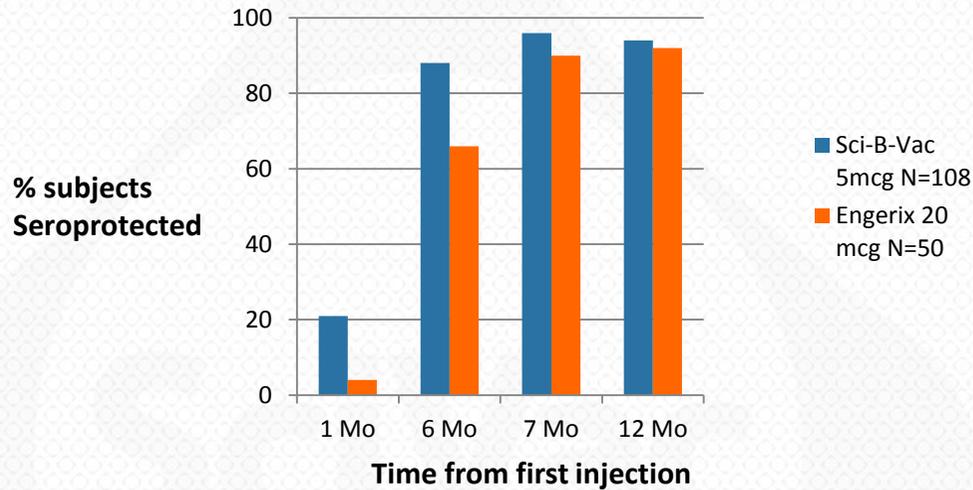
rDNA yeast derived

# Sci-B-Vac: Rapid Onset of Seroprotection in Adults

*Immunogenicity of Sci-B-Vac™ in healthy volunteers*

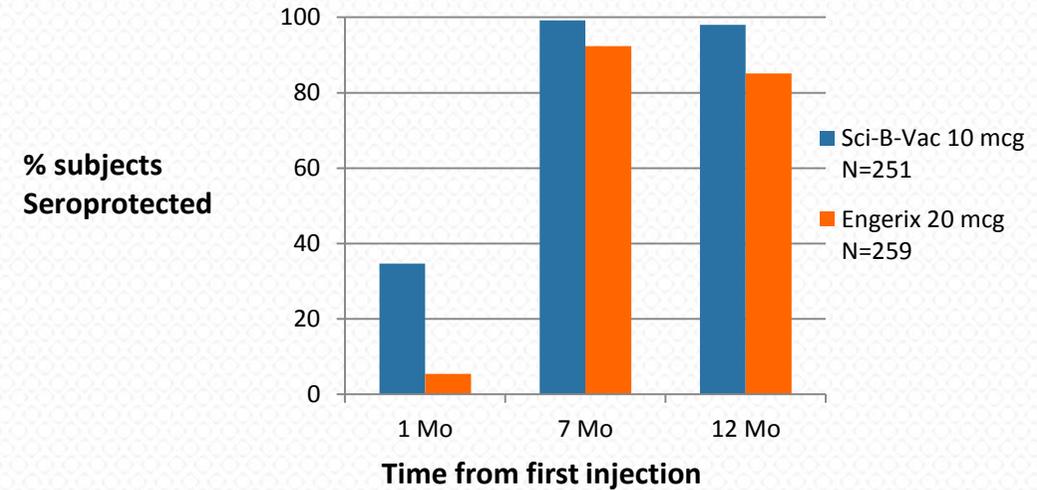
## *Two independent comparative studies (38-92-001 & 38-96-040)*

158 healthy volunteers received 3 i.m. doses at 0, 1 and 6 months of either 5mcg of Sci-B-Vac or 20 mcg of Engerix-B®



Following the first two injections (month 1 and 6), seroprotection rate was significantly higher in the Sci-B-Vac group (21%, 88%) than in the Engerix® group (4%, 66%).

510 healthy volunteers received 3 i.m. doses at 0, 1 and 6 months of either 10mcg of Sci-B-Vac or 20 mcg of Engerix-B®



Following the first injection (month 1), seroprotection rate were significantly higher in the Sci-B-Vac group (34.7%) than in the Engerix group (5.4%).

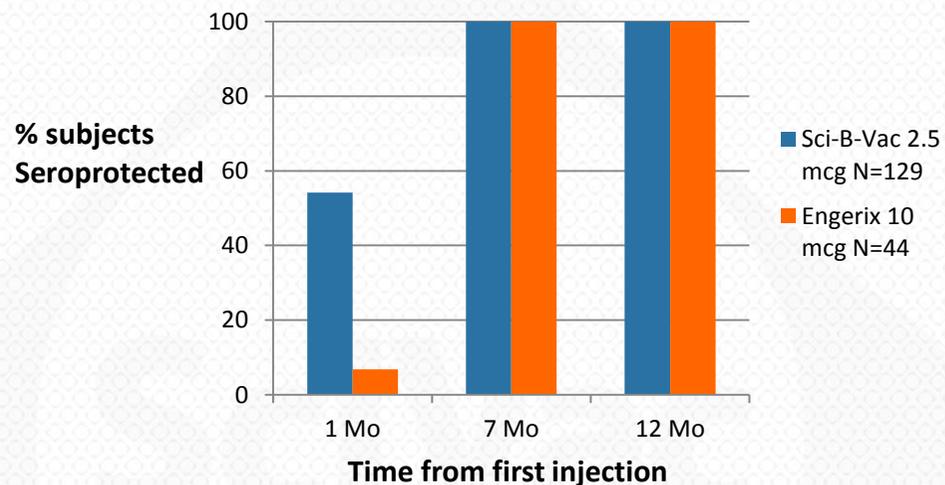
Seroprotection developed more rapidly in adults vaccinated with **Sci-B-Vac**, than in Engerix® group

# Sci-B-Vac - Rapid Onset of Seroprotection in Neonates

## Immunogenicity of Sci-B-Vac™ in healthy neonates

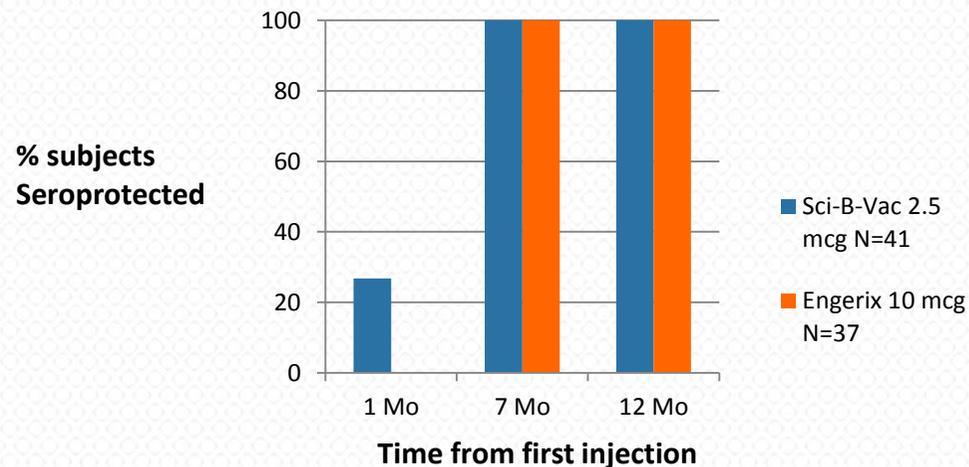
### Two independent comparative studies (38-93-011 & 38-98-060)

173 healthy neonates received 3 i.m. doses at 0, 1 and 6 months of either 2.5 mcg of Sci-B-Vac or 10 mcg of Engerix-B®



Following the first injection (month 1), seroprotection rates were significantly higher in the Sci-B-Vac group (54.2%) than in the Engerix group (6.8%).

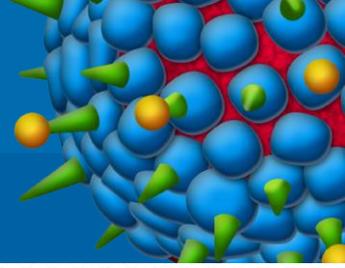
147 neonates received either 3 i.m. doses at 0, 1 and 6 months of Sci-B-Vac (2.5mcg/dose) or 10 mcg of Engerix-B®



Following the first injection (month 1), 26.8% of neonates vaccinated with SciB-Vac were seroprotected, whereas none were seroprotected with Engerix.

Seroprotection developed more rapidly in neonates vaccinated with **Sci-B-Vac**, than in Engerix® group

# Sci-B-Vac - High Upside, Risk-mitigated Path

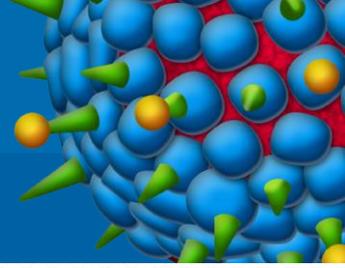


- Demonstrated performance in 20+ company-sponsored or investigator-initiated trials, involving more than 5000 enrollees
- Significant seroprotection rate in adults and neonates after first injection as compared to conventional licensed vaccine.
- Administered to over 500,000 patients to date, with favorable safety and efficacy profiles.
- Potential label expansion into a \$2.5B\* chronic hepatitis B market, pending Proof-of Concept in therapeutic human studies.

\*2015 Estimate Including:  
Vaccines, small molecule antivirals, and interferons  
(Source: J.P. Morgan)

# Pipeline: S-Graft for graft vs. host disease (GVHD)

## Recombinant Protein Pipeline



### S-Graft (rhDNase I)

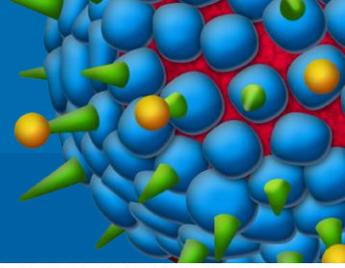
- Graft-vs-host disease (GVHD) is an orphan indication with projected \$407MM market in 2018\*

\*Source: GlobalData

- GVHD occurs in 34-52% of allogeneic bone marrow transplants
- Symptoms can be severe including organ damage, severe infections and death in up to 50% of affected patients

- Intravenous (IV) formulation to treat acute GVHD (aGVHD)
- S-Graft is recombinant human DNase I (rhDNase I)
- rhDNase I has a 16-year history of human clinical use as Pulmozyme® (inhalation therapy for cystic fibrosis)
- Potential for “Conditional” FDA approval after Phase II for aGVHD indication
- Pre-clinical proof-of-concept in aGVHD has been demonstrated.

# SciVac Key Anticipated Milestones



Sci-B-Vac™													
	2015			2016			2017			2018			
Finalization clinical plan for ESRD & HIV		●											
Meeting with FDA and then with EMA			●		●								
Enrolment PIII completed								●					
ESRD and HIV PIII data											●		
Pre-BLA meeting (US)												●	
Pre submission meeting (EU)												●	
BLA sub. ESRD, HIV & healthy adults (US)													●
MAA sub. ESRD, HIV & healthy adults (EU)													●
Marketing approvals in Latin America		●				●							

S-Graft™													
	2015			2016			2017			2018			
Grant Orphan Drug Status	●												
Preclinical data			●										
IND Filing (US)					●								
Phase IIA data						●							
Breakthrough status								●					
Conditional Marketing Authorization								●					
Phase II-III data												●	
BLA approval													●

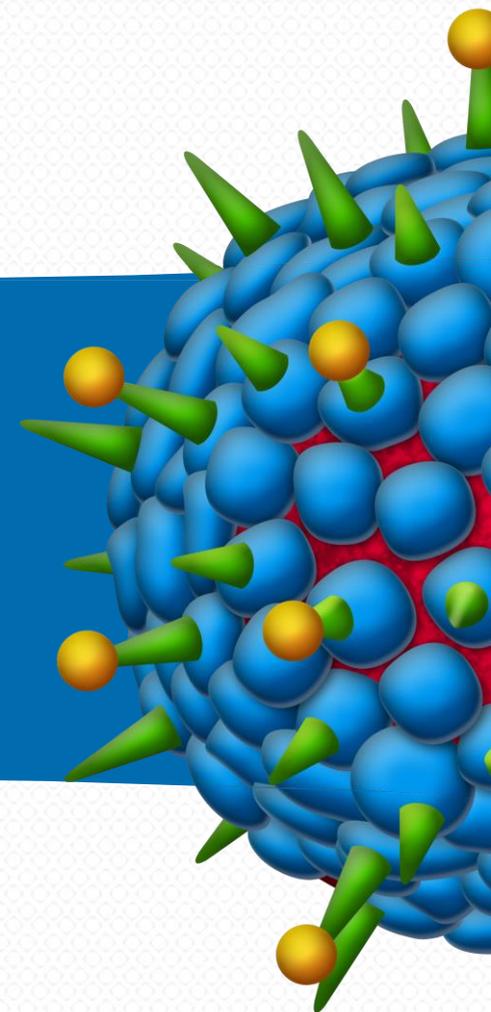
  

Summary of Events	2015			2016			2017			2018			
	●	●●		●●	●		●●	●	●	●	●●	●	●●●



**SciVac**

For Life



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