



# Corporate Presentation

August 2026 | Nxera Pharma Co., Ltd. (TSE: 4565)

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## Agenda

- 01 Business Overview
- 02 Strategic Roadmap
- 03 Japan/APAC Business
- 04 Our NxWave™ Platform
- 05 Appendix

# Business Overview

01



# Nxera Pharma Overview

Aiming to become a Japan-originated global biopharma company with strong foundations in Japan and the UK

  
Platform

## Drug Discovery Platform



***“A drug discovery company with world-class innovation”***



Phase3

①

Phase2

⑤

Phase1

⑤

**150 team members**

  
Commercial

## Commercial



***“A highly profitable pharmaceutical company addressing unmet needs”***



Marketed

②

Phase3

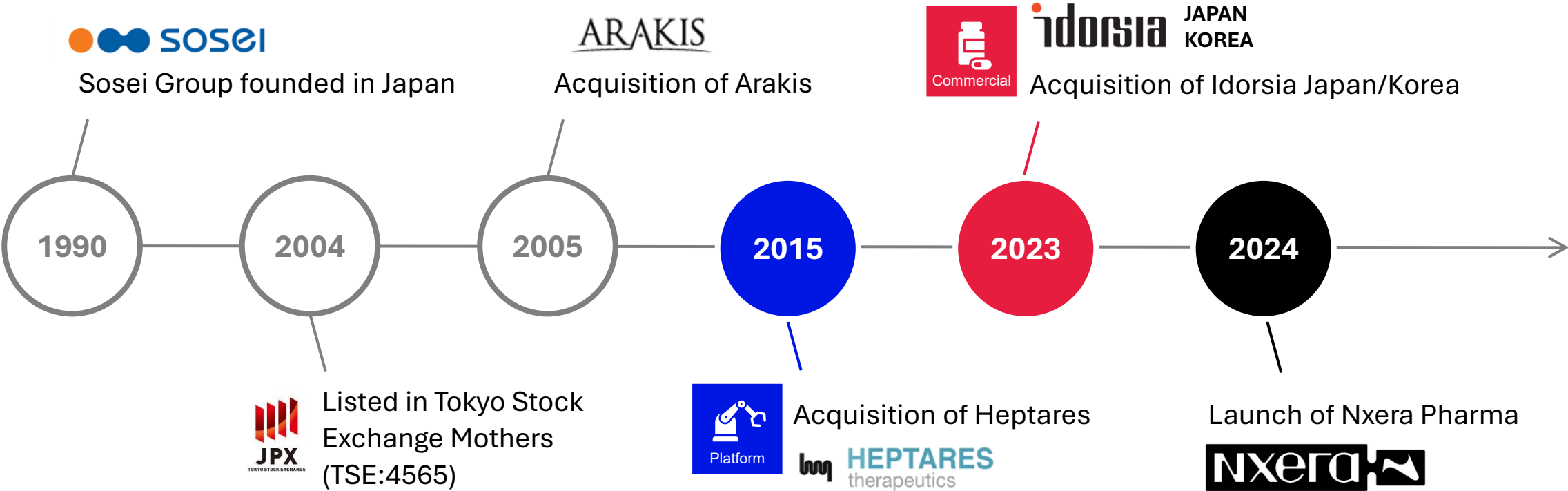
②

**150 team members**



# Nxera Pharma History

Since 1990: Growth Powered by Strategic Acquisitions





# Major Pipeline Overview

Discovery – Preclinical

Phase1

Phase2

Phase3

Filed

Commercial



Vamorolone

Duchenne Muscular Dystrophy

Lucerastat

Fabry disease

PIVLAZ®

Cerebral vasospasm

QUVIVIQ™

Insomnia



IN-HOUSE



Best-in-class,  
focused on obesity  
and metabolic  
diseases

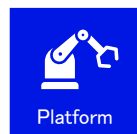
EP4 ag. NXE'744  
IBD

GPR52 ag. NXE'149  
Schizophrenia

EP4 ant. NXE'732  
Advanced solid tumors



Develop programs in-house up to a  
certain stage to enhance their value, then  
out-license them to partner companies—  
while retaining rights for Japan (and other  
territories) for selected indications.



PARTNERED

Key discovery  
collabs

Diabetes/Metabolic

  
Neurology

M<sub>1</sub>M<sub>4</sub> ag. NBI'569  
Alzheimer's psycho



M<sub>1</sub> ag. NBI'567  
AD Cognition\*/LBD



OX2 ag. ORX489  
Neuropsychiatric  
disorder



M<sub>4</sub> ag. NBI'568  
Bipolar Mania



M<sub>1</sub>M<sub>4</sub> ag. NBI'570  
Schizophrenia



OX2 ag. ORX142  
Neurology



M<sub>4</sub> ag. NBI'568  
Schizophrenia



OX2 ag. ORX750  
Narcolepsy, IH



Other

Cenerimod  
SLE



Respiratory Portfolio

COPD / Asthma



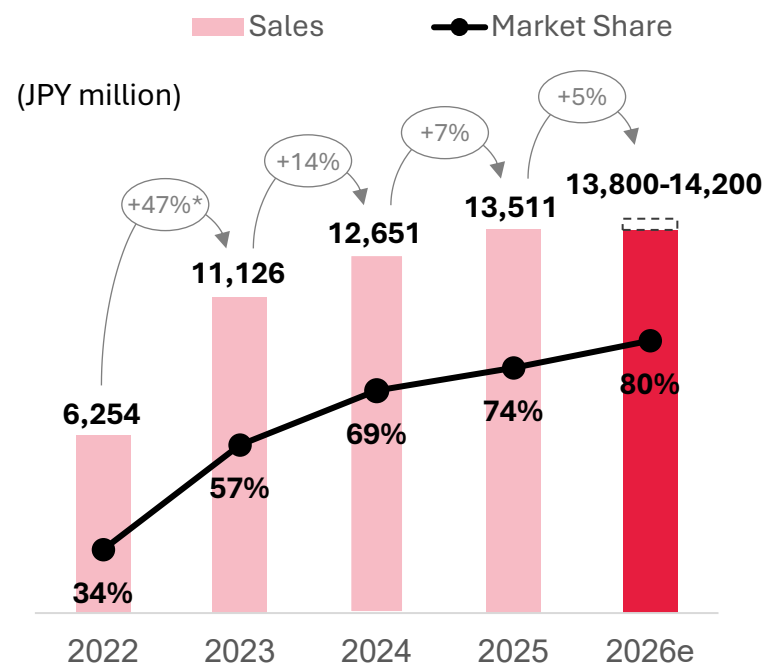


# Commercial Business

Two marketed products continue to grow, with a new product launch in early 2026 to support the next phase

エンゲルソン製薬株式会社  
ヒヴラッツ® 点滴静注液 150mg

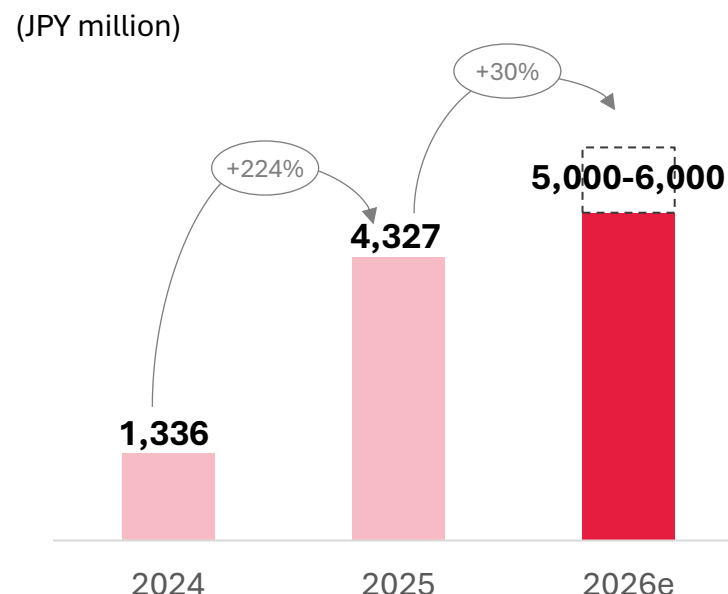
## Pivlaz



A “Practical Guide to Clazosentan Administration” was released in March 2026.

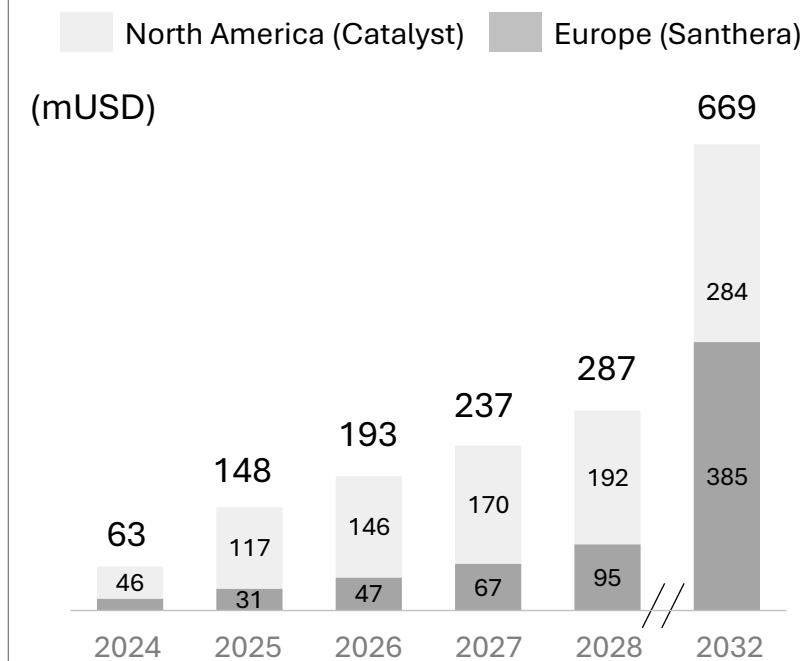
クービビック® 錠 25mg / 50mg

## Quviviq



Shionogi will be responsible for sales.  
Nxera holds the rights to product supply and royalties

## Vamorolone



Potential to replace existing steroid therapy  
Estimated sales synergy with Pivlaz® of ~70%



# Platform Business

Partner-led development progressing well; strong phase 1 readouts for in-house programs



## Muscarinic Agonist Portfolio

| Program     | Target Disease   | Phase  |
|-------------|------------------|--------|
| Direclidine | Schizophrenia    | Phase3 |
|             | Bipolar disorder | Phase2 |
| NBI'570     | Schizophrenia    | Phase2 |
| NBI'569     | AD's Psychosis   | Phase1 |
| NBI'567     | AD               | Phase1 |
|             | LBD              |        |

First phase 3 readout for direclidine expected in 2027

Royalty: high single digits to mid-teens;  
Total milestones: up to \$2.6bn

Lead asset Cobenfy peak sales expected to exceed JPY600bn



## Orexin Agonist Portfolio

| Program | Target Disease         | Phase  |
|---------|------------------------|--------|
| ORX750  | NT1/NT2/IH             | Phase2 |
| ORX142  | Neurological disorders | Phase2 |
| ORX489  | Neurological disorders | -      |

ORX750 to enter a registrational program in 1H 2026

Royalty: low single digits  
Development and sales milestones

ORX750 peak sales expected to exceed ¥200bn

## GPR52 ago | EP4 ago

### Licensing activities in progress

| Program | Target Disease | Phase  |
|---------|----------------|--------|
| NXE'149 | Schizophrenia  | Phase1 |
| NXE'744 | IBD            | Phase1 |

Phase 1 completed successfully  
Phase 2 ready to initiate

In discussions with multiple partners for a 2026 license deal

NXE'744 showed early efficacy signals in an indomethacin challenge study

## EP4 antag



### Under development in-house

| Program | Target Disease | Phase  |
|---------|----------------|--------|
| NXE'732 | Solid Cancer   | Phase2 |

Ongoing phase 2 readout for NXE'732 expected in 2027

Nxera retains global rights

NXE'732 showed early efficacy signals, including two partial responses

# Strategic Roadmap

02



## Priority objectives for FY2026

01

JPY 19.5 billion+ Net product sales  
(PIVLAZ<sup>®</sup> plus QUVIVIQ<sup>®</sup>)



02

Get one or more late-stage assets  
for Japan and APAC (excl. China)



03

Sign one or more high-value partnership deals



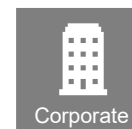
04

Initiate at least one partner-sponsored phase 2 trial



05

Reduce total costs by >10% and  
achieve full-year profitability on IFRS basis

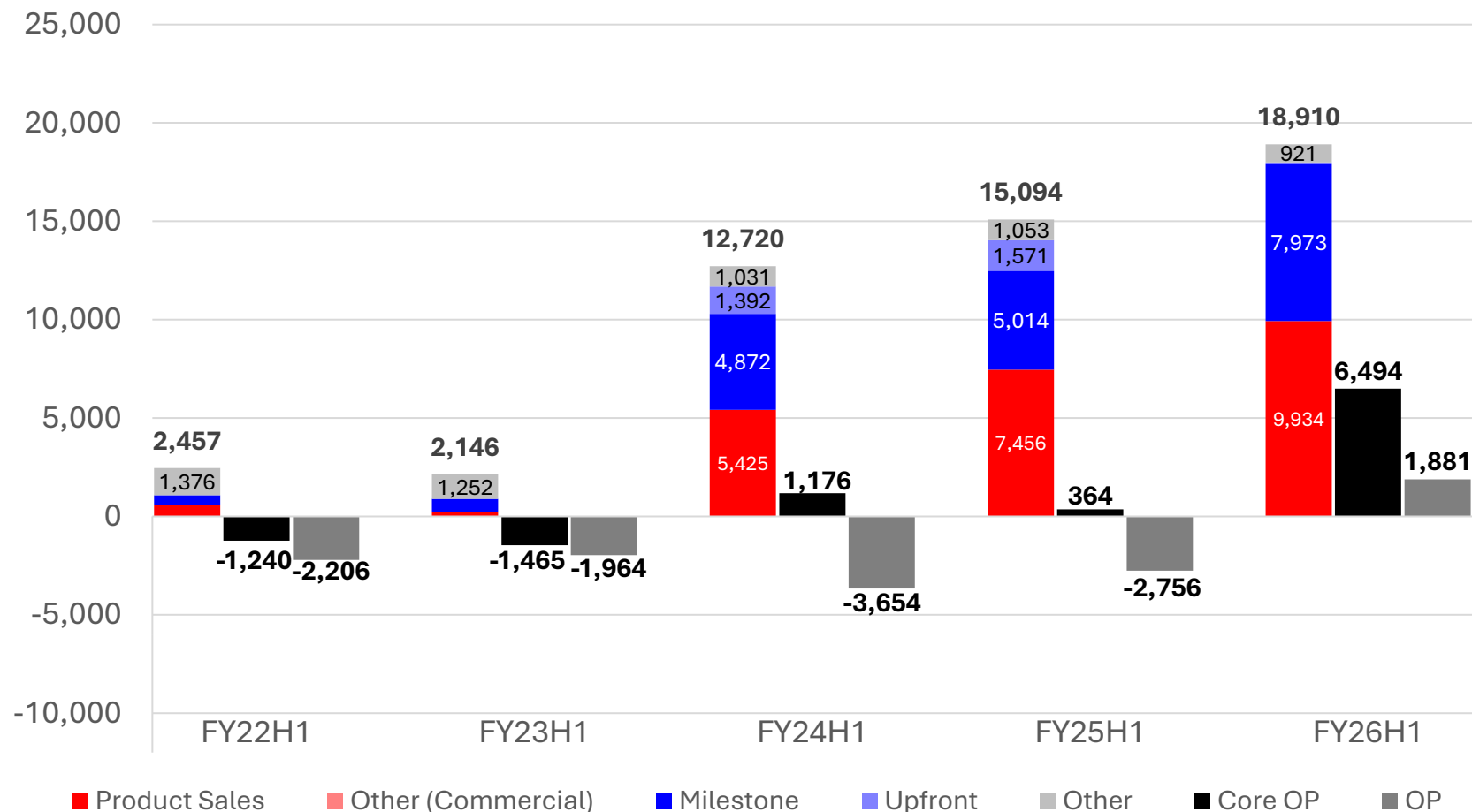




# Key financial results (H1 FY2026)

Achieved profitability in both core OP and OP

(JPY million)



## PROGRESS IN H1 FY2026



- Received multiple milestone payments from Neurocrine, Centessa, Lilly, AbbVie, and others
- Initiation of Phase 2 trial of M1/M4 agonist NBI-570 (received US \$22.5 million)



- Pivlaz®: +9% YoY
- Quviviq®: +127% YoY



- R&D expenses decreased due to more efficient investment and capital allocation (progress vs. full-year forecast: 50%)
- SG&A expenses increased in line with initial forecasts (held constant at 49%)

Both our commercial and platform businesses are now profitable

**A** Amortization of intangible assets (currently relates to PIVLAZ® and QUVIVIQ®).

**B** Amortization of other intangible assets (e.g. IP), depreciation (e.g. laboratory equipment), share-based payments and other restructuring costs.

\*3 = The benefits of the business restructuring implemented since November 2025 are expected to become more evident in the latter half of 2026

## No change to the earnings guidance

**ИХЕГА**



# Looking ahead to potential catalysts in 2026\*

✓ : Completed

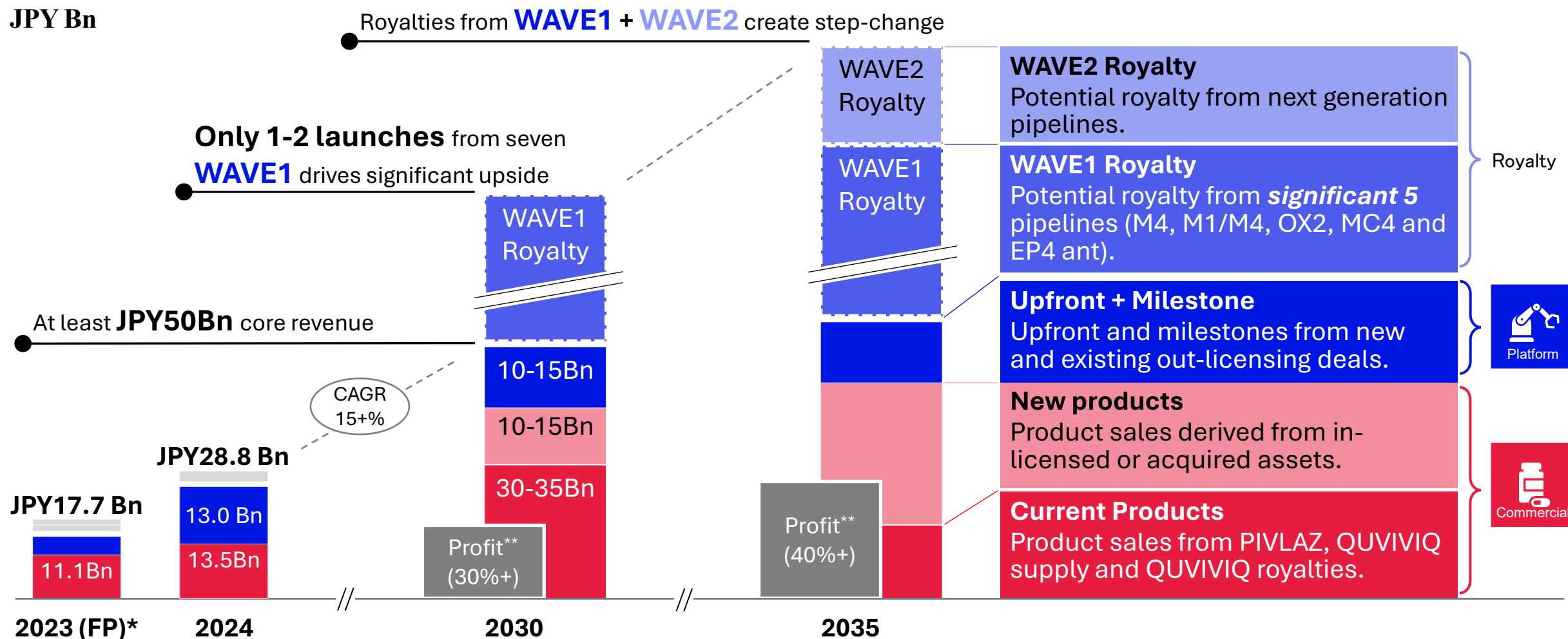
| PROGRAM                                                      | PARTNER                                                                                    | TIMING     | EVENT                                      |                                                                                       |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------|--------------------------------------------|---------------------------------------------------------------------------------------|
| ✓ ORX142 (OX2 agonist)                                       |         | Feb 2026   | Phase 2 study start                        |    |
| ✓ ORX489 (OX2 agonist)                                       |         | Mar 2026   | Phase 1 study start                        |    |
| ✓ NBI'570 (M1/M4 ago)                                        |         | April 2026 | Phase 2 study start                        |    |
| ✓ Multiple discovery collaboration progress                  | abbvie  | 1H 2026    | Progression through discovery stage        |    |
| ORX750 (OX2 agonist)                                         |         | 2026       | Phase 2a data across NT1, NT2, and IH      |    |
| ORX750 (OX2 agonist)                                         |         | 2026       | Registrational program start in NT1/NT2/IH |    |
| Cenerimod                                                    |         | Q4 2026    | Phase 3 data readout                       |    |
| NBI'567 (M1 ago) / NBI'569 (M1/M4 ago)                       |         | 2H 2026    | Clinical progression                       |    |
| NBI'567 (M1 ago) / NBI'569 (M1/M4 ago) / NBI'570 (M1/M4 ago) |         | 2026       | Phase 1 data disclosure                    |    |
| New global out-licenses                                      |                                                                                            | Anytime    | Out licensing and/or discovery collabs     |  |
| New Japan / APAC in-licenses                                 |                                                                                            | Anytime    | Acquire/in-license late-stage medicines    |  |
| QUVIVIQ® / Vamorolone                                        |                                                                                            | Anytime    | APAC out-licensing deals                   |  |

\* Partnered product progress is as already signaled or disclosed by partner



# Our 2030 vision is to build a high growth, highly profitable Japanese biopharma

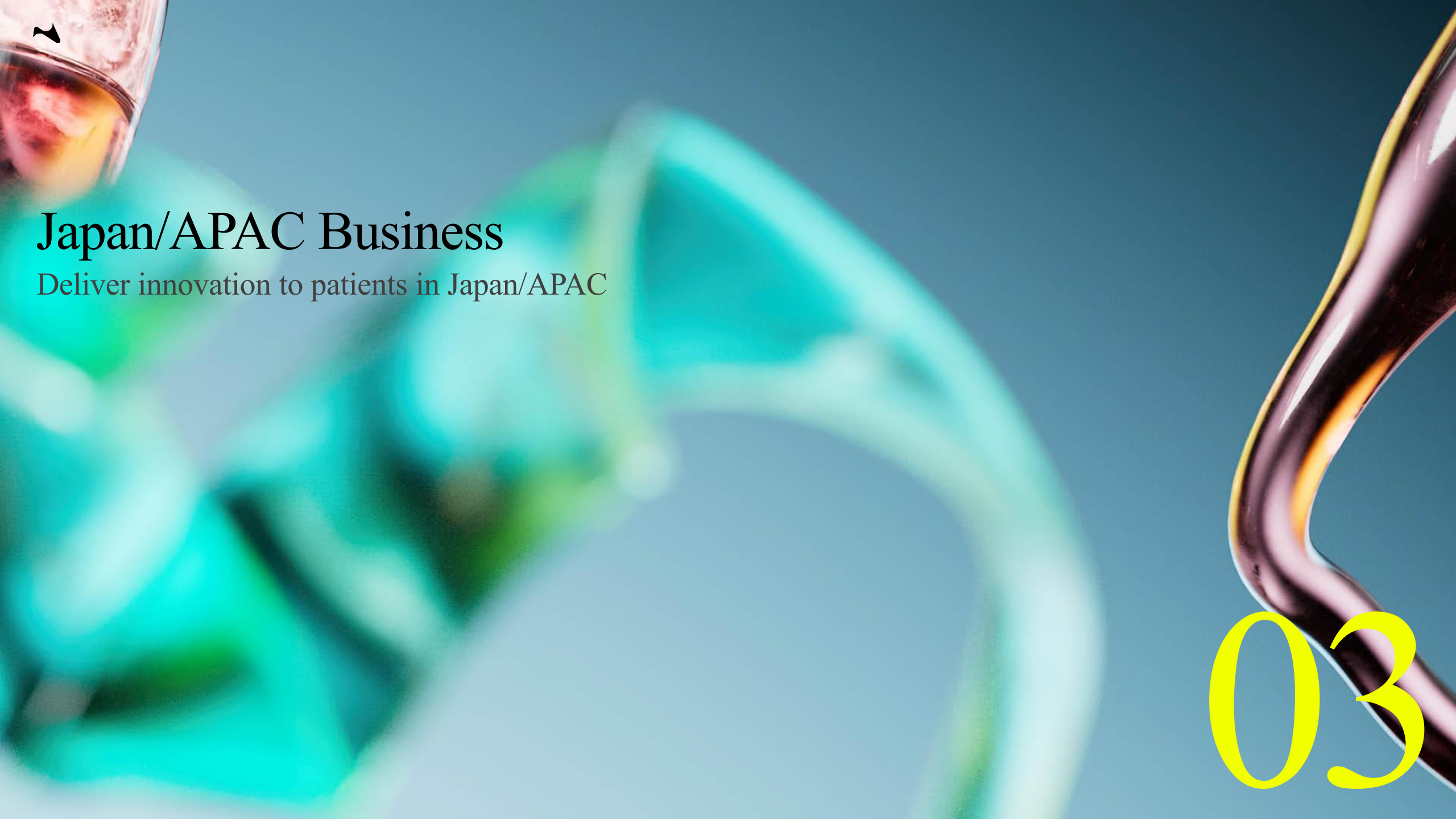
JPY Bn



Note: \* Revenue values are proforma the acquisition of Idorsia Pharmaceuticals Japan and Korea and reflect annual product sales of PIVLAZ in 2023.

\*\* WAVE1 and WAVE2 royalty is not included.

\*\*\* As of late October 2025, Temporo Bio has temporarily halted advancement of the TMP-301 program and is assessing strategic alternatives



# Japan/APAC Business

Deliver innovation to patients in Japan/APAC

03



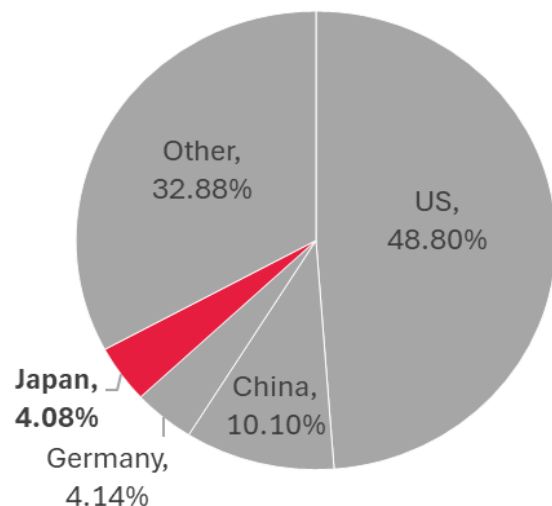
# Japan will serve as our base to expand across APAC markets

Japan is an attractive, established market with strong volumes

## Japan is the third largest pharma market (ex-China)

Market size share

(2024)



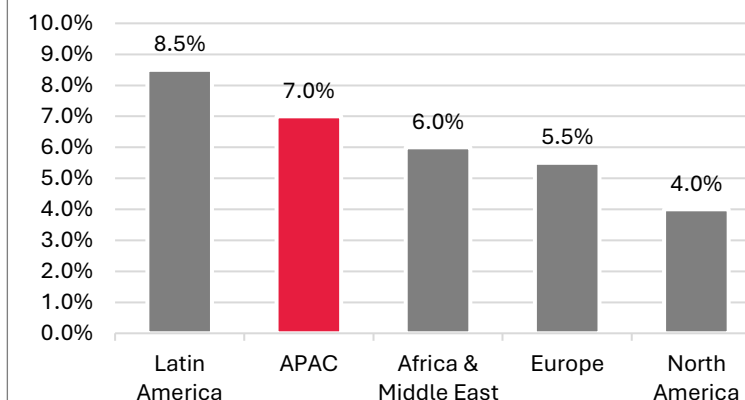
## Favourable JP market environment

- ✓ National healthcare coverage
- ✓ Timely reimbursement (i.e., within 90 days after regulatory approval)
- ✓ Government initiatives to reduce drug loss and drug lag for Japan patients

## APAC is the second highest growth pharma market

Market growth (CAGR %)

(2019 - 2027)



Source: IQVIA Market Prognosis, Sep 2022; IQVIA Institute, Nov 2022.

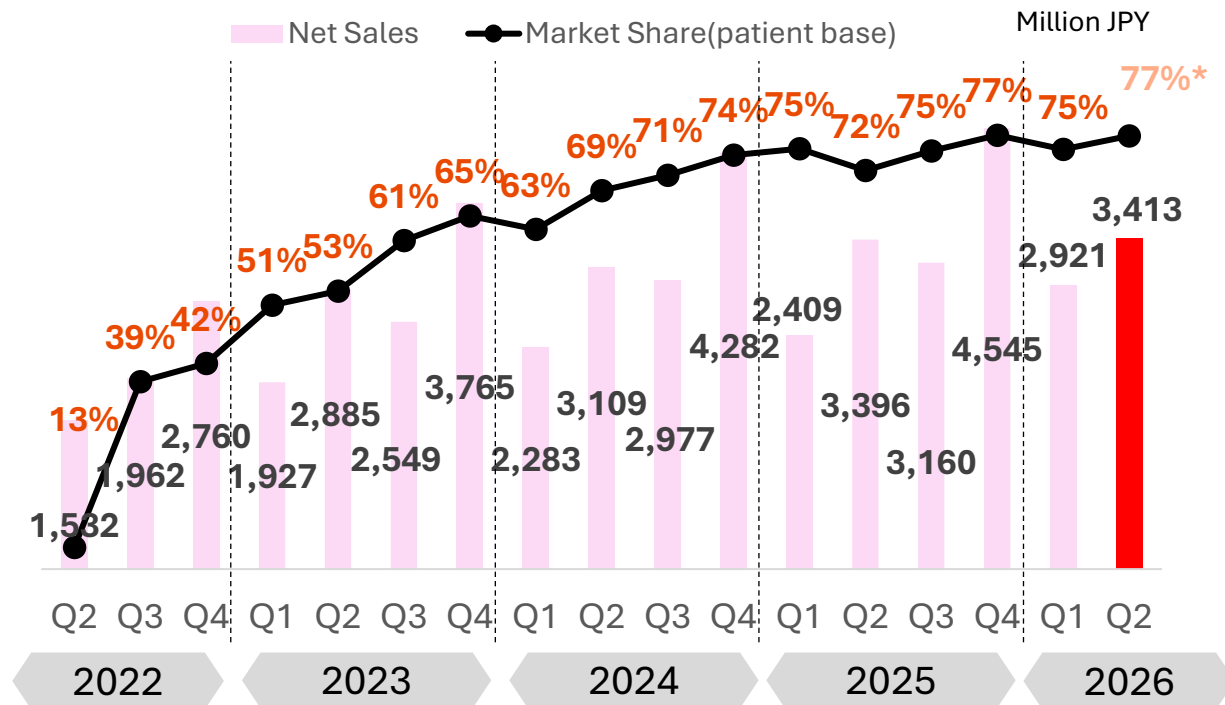
APAC (ex-China) territory includes Japan, South Korea, Australia, Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, New Zealand, Philippines, Singapore, Taiwan, Thailand and Vietnam

# PIVLAZ<sup>®</sup> (clazosentan, an endothelin A antagonist)

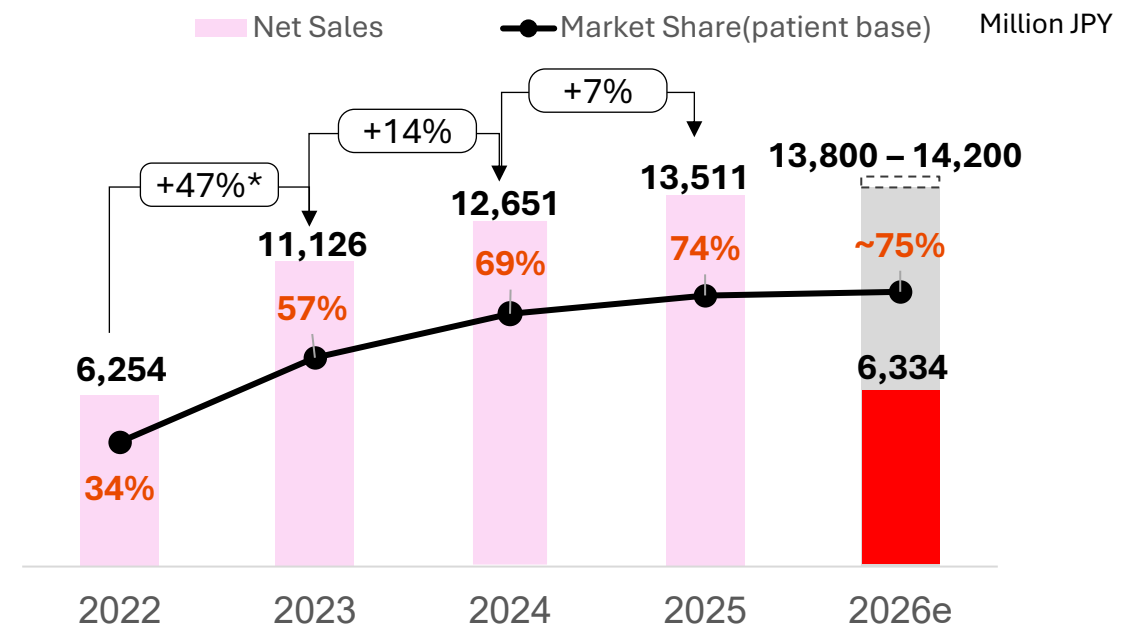
Our first commercially available product for the prevention of cerebral vasospasm in patients with Aneurysmal Subarachnoid Haemorrhage (aSAH)



## PIVLAZ<sup>®</sup> quarterly sales



## PIVLAZ<sup>®</sup> Annual Sales and Growth Rate



PIVLAZ<sup>®</sup> is rapidly gaining adoption and is becoming the standard of care for the prevention of cerebral vasospasm.

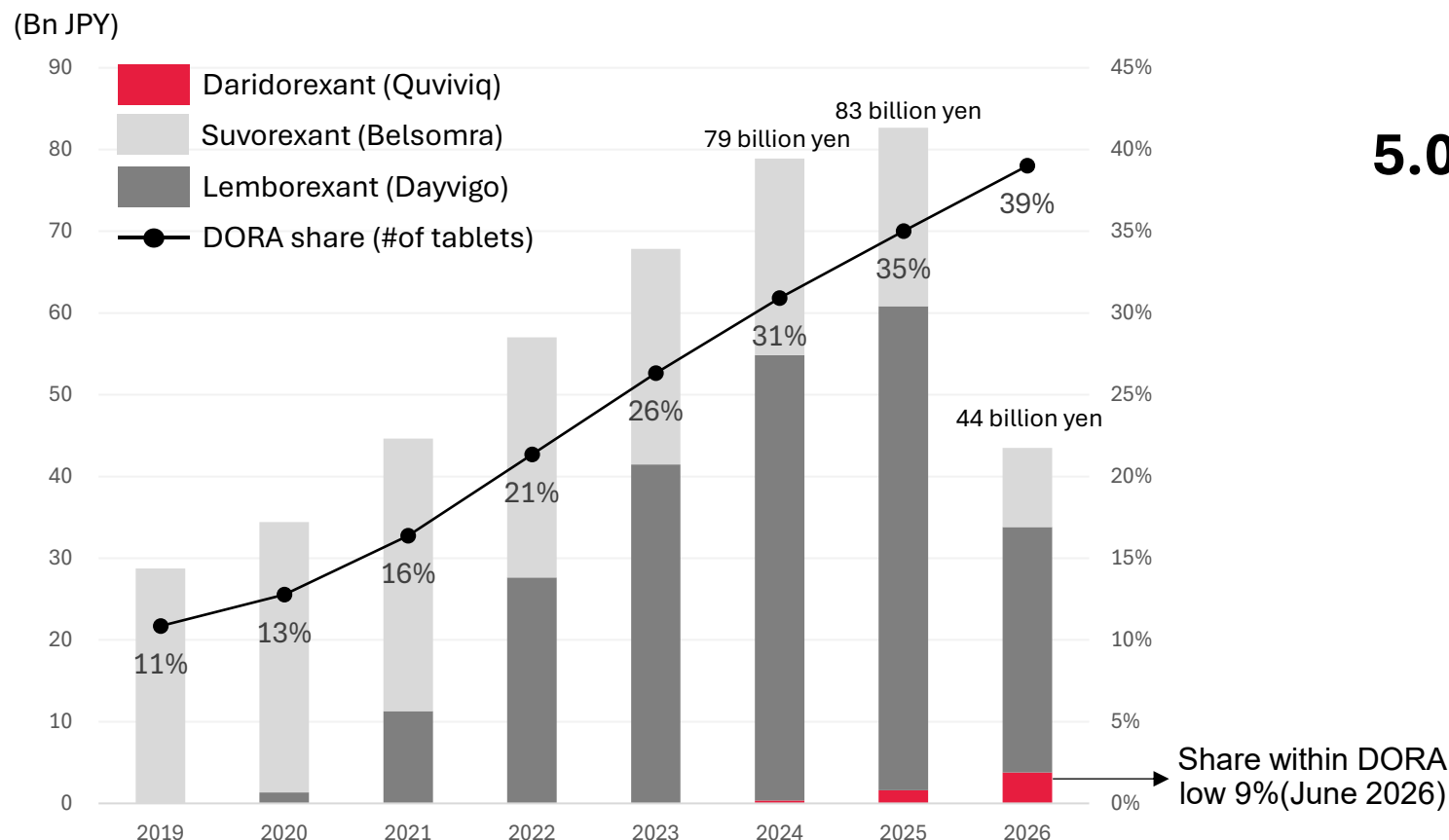


# QUVIVIQ® (daridorexant, dual orexin antagonist “DORA”)

DORA is rapidly establishing its position in the treatment paradigm for insomnia



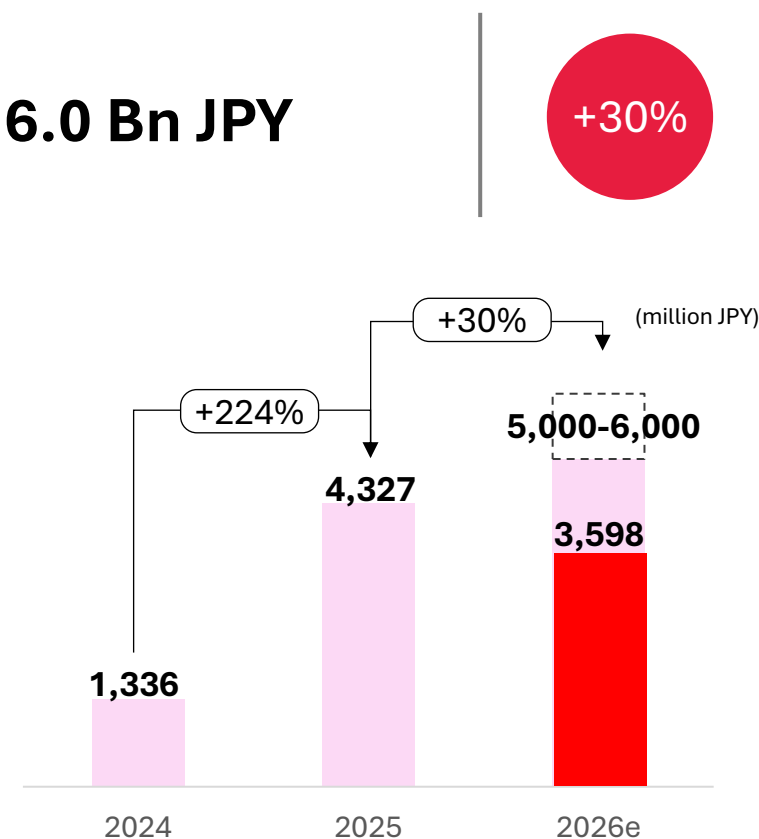
## Domestic Market Size for DORA



Source: Prepared by the Company based on each company's earnings presentation materials

## QUVIVIQ® Annual Sales and Growth Rate

5.0 – 6.0 Bn JPY





# QUVIVIQ® Business structure

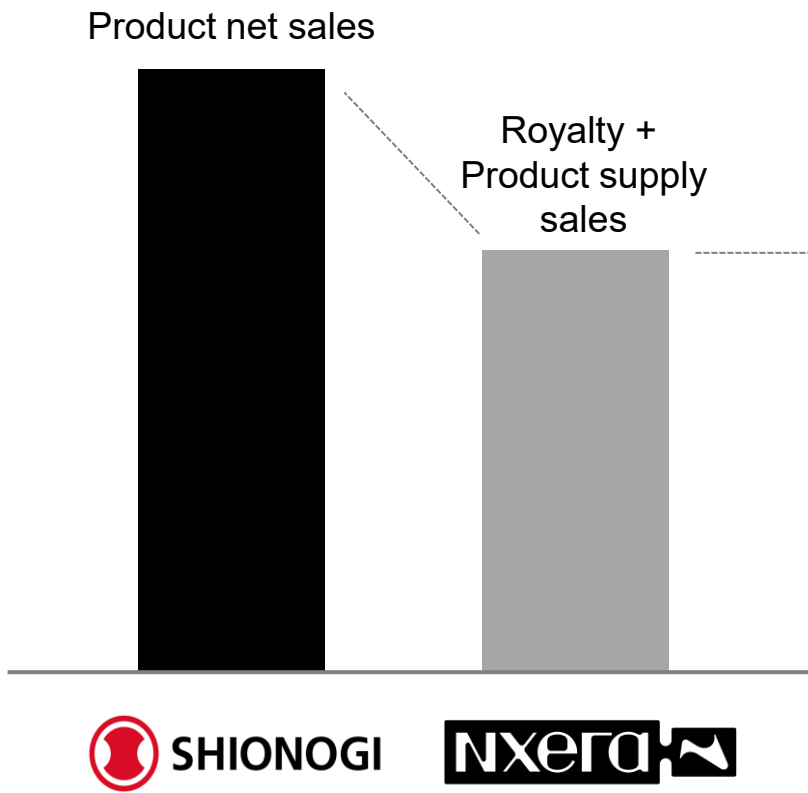
Royalty profits initiated and supply margin expected in a few years



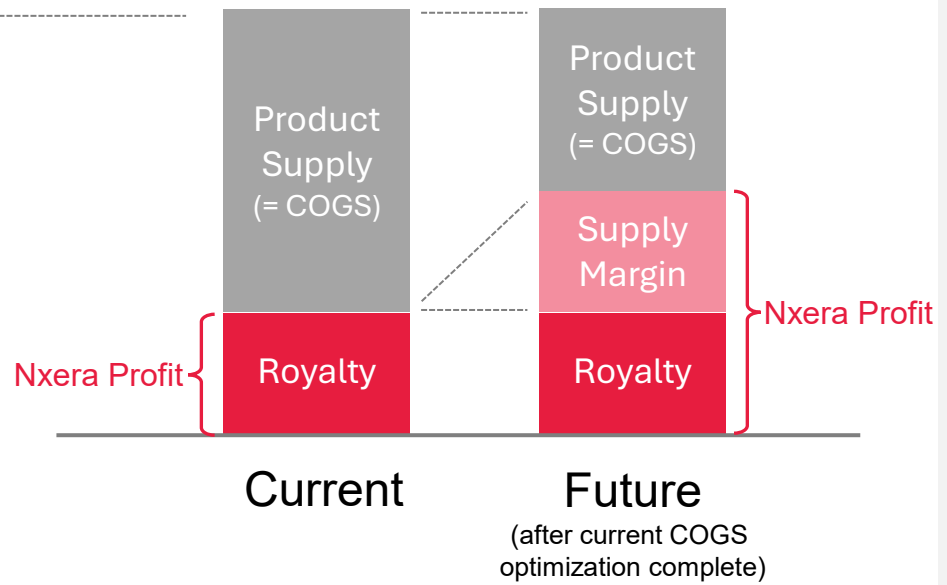
不眠症治療薬 / オレキシン受容体拮抗薬  
**クービツク錠** 25mg 50mg  
薬価基準未収載



## Sales structure



## Profit structure for Nxera



## Supply chain optimization

**Comprehensive strategy to optimize the end-to-end supply chain**

*Achievements as of today*

- ✓ Establish Nxera independent supply chain from the licensor
- ✓ Regulatory approval on 2<sup>nd</sup> API source in October 2025

*Future plan*

- ✓ Achieve further cost optimization on raw materials
- ✓ Optimize drug product and packaging sourcing



# In-licensing of vamorolone (AGAMREE®) for DMD

There is no established therapy for DMD other than corticosteroids in Japan

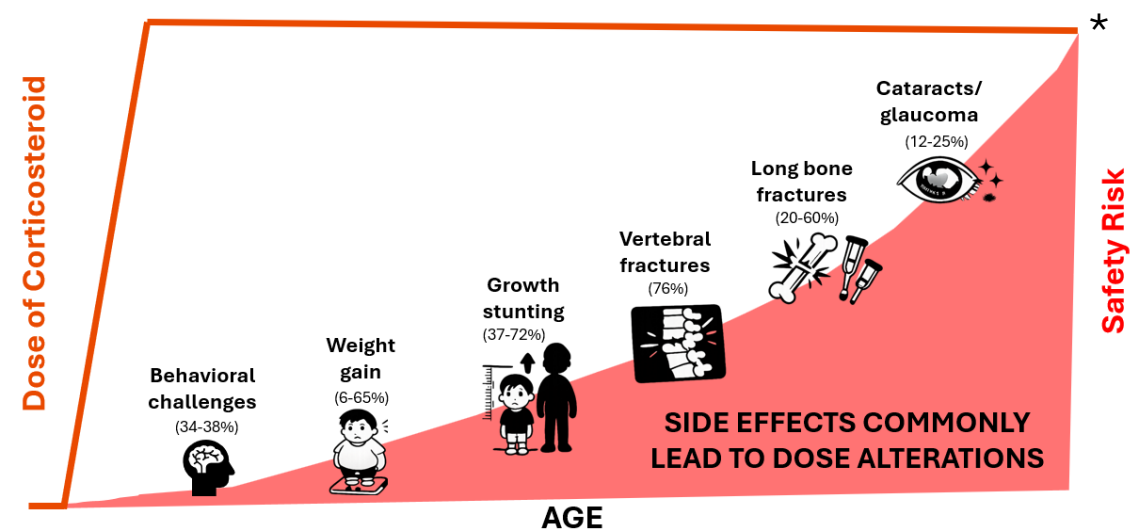
## Vamorolone (AGAMREE®)

- First-in-class drug candidate that binds to the **same receptors as corticosteroids** but modifies the downstream activity of the receptors
- Nxera has the development rights for **Japan, South Korea, Australia and New Zealand**
- DMD treatment is concentrated in a limited number of centers and there is approximately **70% sales synergy with PIVLAZ®**



## Duchenne Muscular Dystrophy (DMD)

- DMD is a rare and life-threatening neuromuscular disorder
- Characterized by progressive muscle dysfunction leading to ambulation loss, respiratory failure, heart issues and premature death
- No efficacious therapy apart from corticosteroids, however they present many severe adverse events





# Vamorolone (AGAMREE®) addresses the need for a tolerable steroid

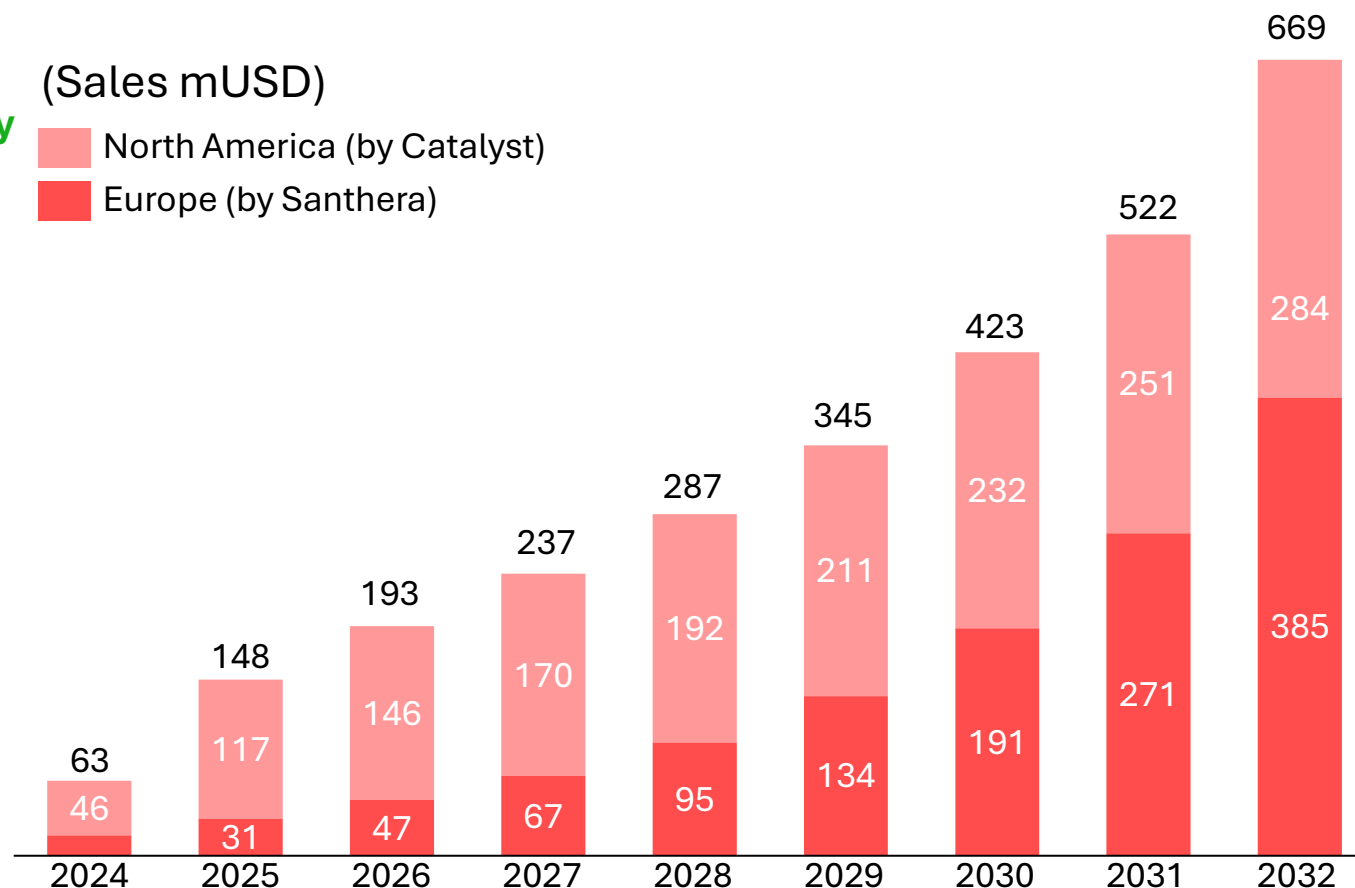
Compared with conventional corticosteroid therapy, the risk of treatment-related adverse events is reduced

- Vamorolone confronts the limitations of standard corticosteroid therapy
- Topline data from the recent GUARDIAN clinical study showed **durable efficacy** and **markedly improved safety** of vamorolone vs. standard corticosteroids
- **Study demonstrated reduction of steroid-associated adverse events related to:**
  - **Growth – normal growth maintained ( $p < 0.0001$ )**  
(Mean height difference after 5 years: +12.17 cm)
  - **Bone health – lower vertebral fracture rate ( $p = 0.0061$ )**  
(vamorolone 8.1% vs deflazacort 41.9%)
  - **Eye health – lower incidence of cataracts ( $p < 0.015$ ) and no cases of glaucoma**  
(vamorolone 5.3% vs deflazacort 37.8%)
- Reduction of side effects allows patients **to maintain treatment**

## Analyst consensus forecast of vamorolone in other countries

(Sales mUSD)

- North America (by Catalyst)
- Europe (by Santhera)

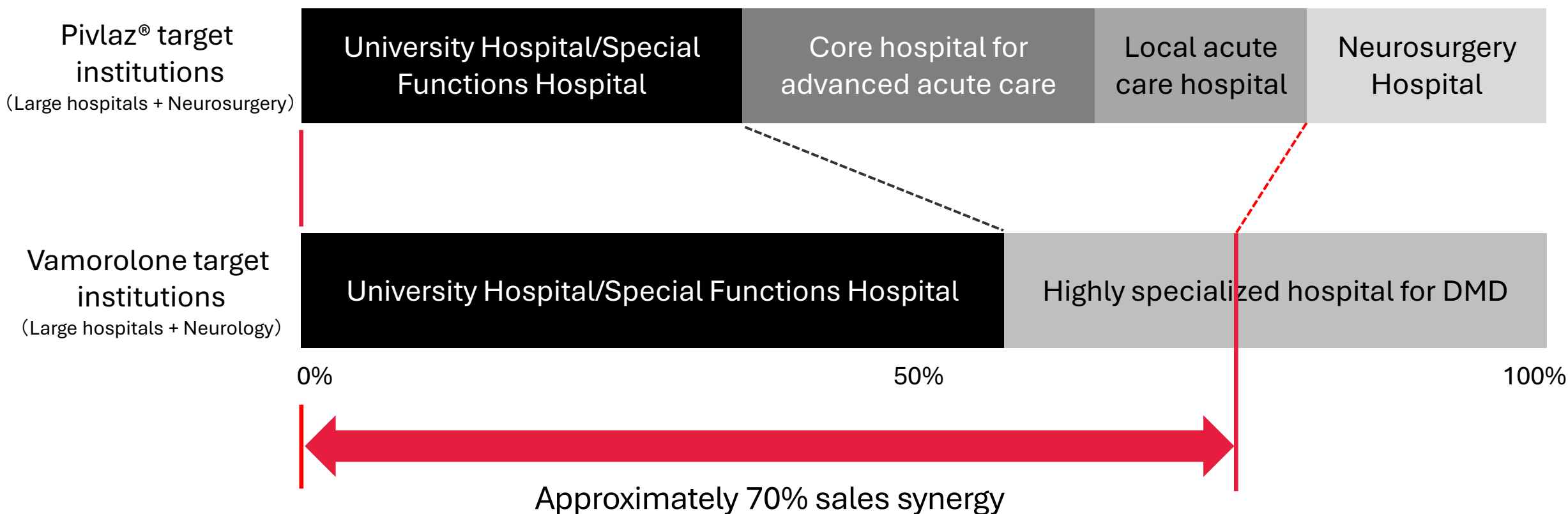




## Synergy with Pivlaz

DMD treatment is concentrated in a limited number of centers and there is approximately 70% commercial overlap with PIVLAZ, creating significant sales synergies

### Proportion of prescription volume by hospital



A high-speed photograph of a green liquid splash, possibly paint or ink, against a dark background with out-of-focus bokeh lights in shades of blue, orange, and red. The liquid forms a complex, flowing shape that dominates the left and center of the frame.

# Our NxWave™ Platform

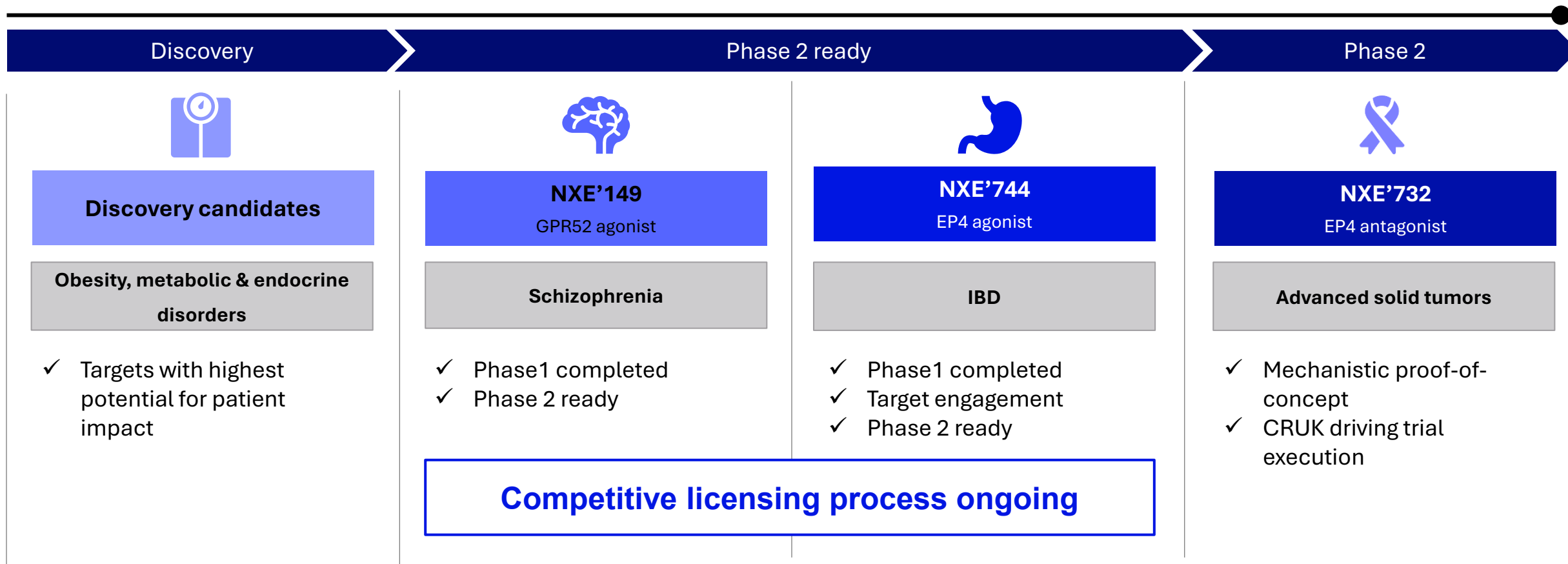
Cutting-edge Science

04



Renewed R&D focus where the science is strongest and the opportunity is greatest

## IN-HOUSE PORTFOLIO - R&D FOCUS AND PROGRAM PRIORITISATION



R&D focus on highest potential opportunities

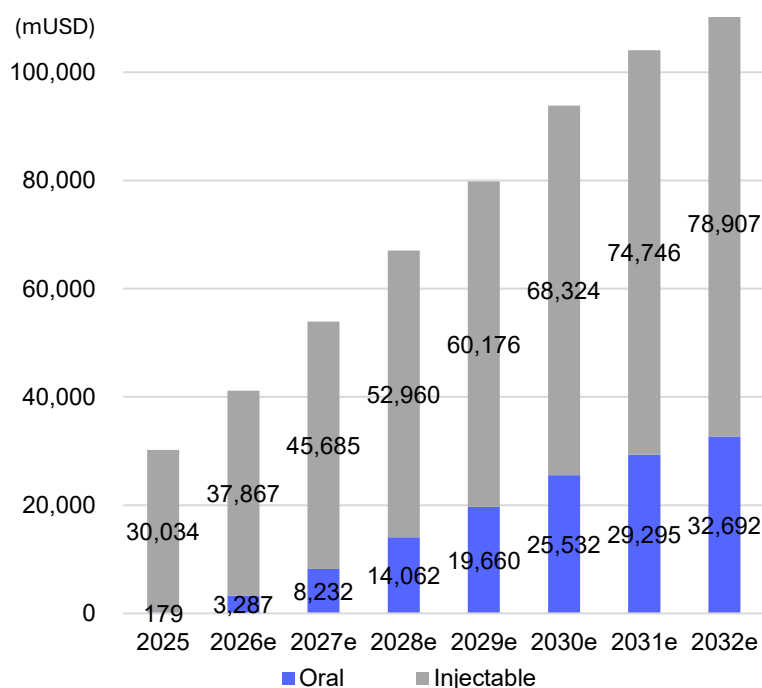


# Developing next-generation therapies for obesity, metabolic disorders, and endocrine diseases

Differentiation through an oral formulation and a novel binding mode in an obesity market dominated by injectables

## Obesity Market Opportunity and Our Development Program

| Mechanism  | Target              | Market(\$) |
|------------|---------------------|------------|
| GLP-1 ag.  | Obesity / Metabolic | \$141Bn    |
| GIP ant.   |                     | \$10Bn     |
| GIP ag.    |                     | \$40Bn     |
| Amylin ag. |                     | \$20Bn     |
| TSHR NAM   | Thyroid eye disease | \$5.5Bn    |
| PTH ag.    | Hypoparathyroidism  | \$4.4Bn    |



## Differentiation & Development Schedule

- Moving beyond maximum weight loss alone: small molecules with unique efficacy, tolerability, weight loss quality, access and durable co-morbidity outcomes.
- Uniquely differentiated chemotypes discovered and progressed for GLP-1 agonist and Amylin agonists.
- On track for four IND enabling studies in 2027 and multiple clinical trials planned to be initiated in 2028

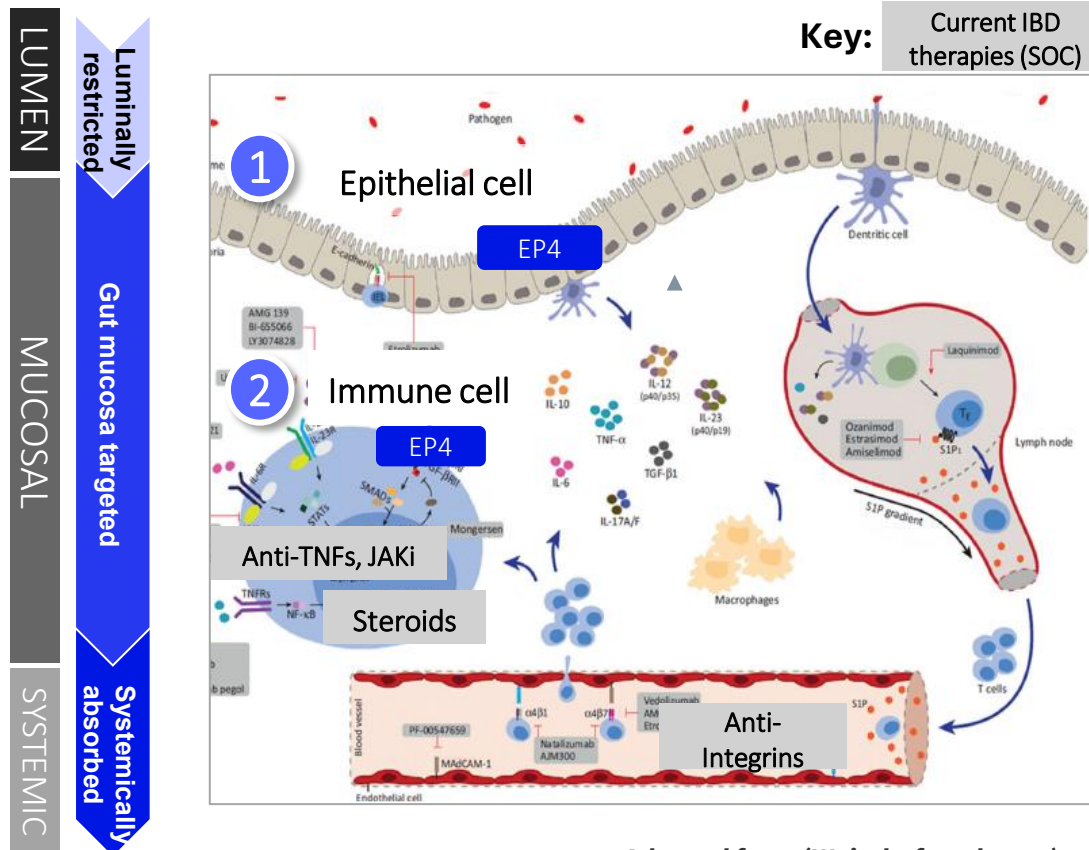
REDEFINING OBESITY, WEIGHT MANAGEMENT AND RELATED CO-MORBIDITIES BY DELIVERING POTENT, WELL TOLERATED, ORAL SMALL MOLECULES TO MEET A CRITICAL GLOBAL NEED AT SCALE.

# NXE'744: EP4 agonist for IBD\* – target engagement & Phase 2 ready

A first-in-class GI-targeted agent to promote mucosal healing in IBD

## EP4 AGONIST OFFERS A DIFFERENTIATED MOA TO CURRENT SOC:

*Modulation of barrier homeostasis and inflammatory axis positions EP4 as an attractive MOA for IBD therapy*



- All elements of the first-in-human study have now completed dosing in the clinic
  - **SAD/MAD studies are complete** with no concerning adverse events and no systemic exposure observed
  - **Gut restricted profile confirmed** by high gut tissue concentrations measured following oral dosing
  - **UC patient cohort has completed dosing** (n=6) with interim analysis confirming high gut tissue concentration.
  - **Indomethacin challenge cohort complete**, interim analysis complete with no need to increase subjects and final data read-out by March 2026
  - Preliminary data analysis demonstrates a **highly significant ~50% reduction in indomethacin induced permeability** in the NXE'744 treatment group; these data confirm **target engagement in the small intestine**

Study link:

<https://www.isrctn.com/ISRCTN70080074?q=nxera&filters=&sort=&offset=1&totalResults=2&page=1&pageSize=10>



# NXE'149: GPR52 agonist for schizophrenia – Phase 2 ready

A novel first-in-class mechanism to treat positive, negative & cognitive domains of schizophrenia

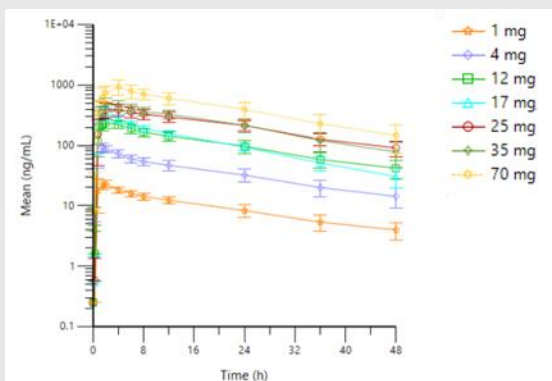
## Phase 1 highlights:

- ✓ Safe and well tolerated
- ✓ Human PK showed low variability and consistent with once daily dosing
- ✓ High level of central penetration
- ✓ Pharmacodynamic measures provide evidence of engagement of brain circuitry relevant to the treatment of schizophrenia and related disorders

## Phase 2 enablement:

- 3 month GLP toxicology in 2 species
- 2 species EFD completed
- Metabolite characterisation complete
- Drug substance and drug product available for phase 2 start

### SAD PK data



### EEG and ERP measures

- NXE'149 clearly engages frontotemporal circuitry underlying the MMN and ASSR responses, both of which are reproducible biomarkers in schizophrenia
- Resting state EEG data suggest increased arousal on day 10 of treatment

### Cognition

Cogstate assessment demonstrated improvements in cognitive performance across doses on day 10 of treatment

| General cognitive composite  | Dose 1 | Dose 2 | Dose 3 | Dose 4 |
|------------------------------|--------|--------|--------|--------|
| Attention/Executive Function | 0.89   | 1.5    | 0.69   | 0.64   |
| General Cognition            | 1.1    | 0.84   | 0.77   | 0.55   |

Standardized differences between each dose of NXE'149 compared to placebo



# NXE'732: EP4 antagonist is our novel immunotherapy for solid tumors

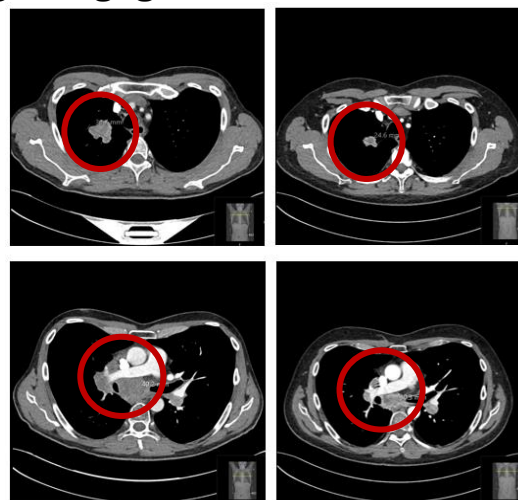
Phase 2a expansion in process in combination with atezolizumab

## Disease Rationale

- When EP4 is activated, it dampens immune responses and promotes tumor growth
- EP4 antagonism is a highly attractive mechanism supported by recent clinical data for ONO-4578 in gastric cancer
- NXE-732 is designed to deliver **high potency, selectivity, and safety**

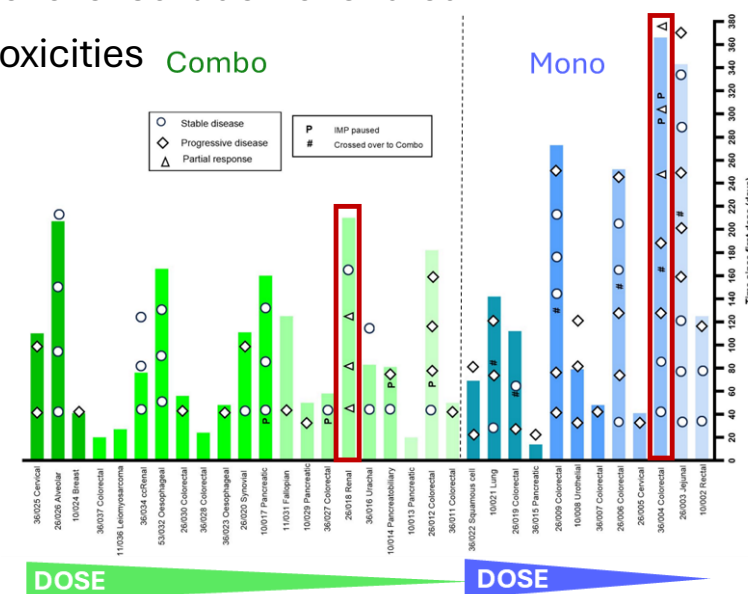
## Phase 1 trial results

- The emerging data for NXE-732 points to a potential best-in-class profile
- Two partial responses were observed in MSS CRC and anti-PD-L1 resistant ccRCC in the combination arm, with meaningful tumor shrinkage of over 30% demonstrated
- Target engagement confirmed and no dose-limiting toxicities



Baseline

3 months



Phase 2a expansion study underway in **MSS Colorectal** (PIK3CA, HER2± others), **Gastric/GOJ Adenocarcinoma**, **Renal (ccRCC)**, **Prostate (CRPC)**



... hundreds of millions of dollars received, billions of dollars in potential to come

Partners showing particularly strong development progress

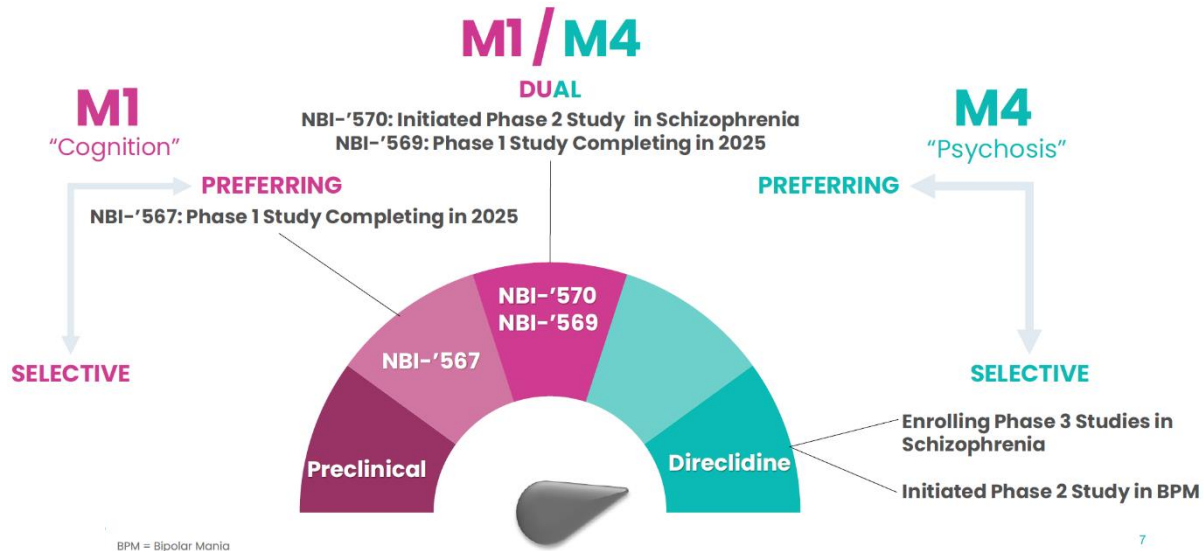
| Partner                                                                           | Execution     | Program                                                                                                                 | Therapeutic Area(s)    | Upfront and Initial Milestones | Potential Total Milestone <sup>1</sup> |
|-----------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------|----------------------------------------|
|  | December 2022 | Multi-target Collaboration                                                                                              | Diabetes and Metabolic | \$37m                          | <b>\$700m</b>                          |
|  | August 2022   | Multi-target Collaboration                                                                                              | Neurological disorders | \$80m                          | <b>\$1.2bn</b>                         |
|  | November 2021 | Collaboration and license agreement for M <sub>4</sub> , M <sub>1</sub> and M <sub>1</sub> /M <sub>4</sub> dual agonist | Neurological disorders | \$100m                         | <b>\$2.6bn</b>                         |

Partners whose development progress has been completed or ended

| Partner                                                                             | Execution     | Program                                                                   | Therapeutic Area(s)                         | Upfront and Initial Milestones | Potential Total Milestone <sup>1</sup> |
|-------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|---------------------------------------------|--------------------------------|----------------------------------------|
|    | March 2024    | Collaboration and exclusive option-to-license agreement for GPR52 agonist | Schizophrenia                               | €25m                           | <b>€670m</b>                           |
|    | December 2020 | Collaboration and license agreement for GPR 35                            | Gastrointestinal, immunology                | \$44m                          | <b>\$480m</b>                          |
|    | December 2020 | Collaboration and license agreement for CGRP portfolio                    | Neurology                                   | \$10m                          | <b>\$380m</b>                          |
|  | June 2020     | Discovery Collaboration and Option to License <sup>2</sup>                | Inflammatory and Autoimmune                 | \$32m                          | <b>\$400m</b>                          |
|  | August 2019   | Multi-target Collaboration                                                | Multiple; Initial focus on Gastrointestinal | \$26m                          | <b>\$1.2bn</b>                         |
|  | July 2019     | Multi-target Collaboration                                                | Multiple                                    | \$26m                          | <b>\$1.0bn</b>                         |
|  | November 2015 | Multi-target Collaboration                                                | Multiple                                    | -                              | <b>\$1.8bn</b>                         |

<sup>1</sup>Potential option fees, development, regulatory and commercial milestone payments agreed at the time of transaction. Nxera is also eligible to receive tiered royalties ranging from high single digit to mid-teen percentage on future net sales of any products developed under the partnership. <sup>2</sup> AbbVie has the option to expand the collaboration by an additional three targets

Neurocrine is advancing the world's most comprehensive portfolio of muscarinic agonists to treat neuropsychiatric disorders



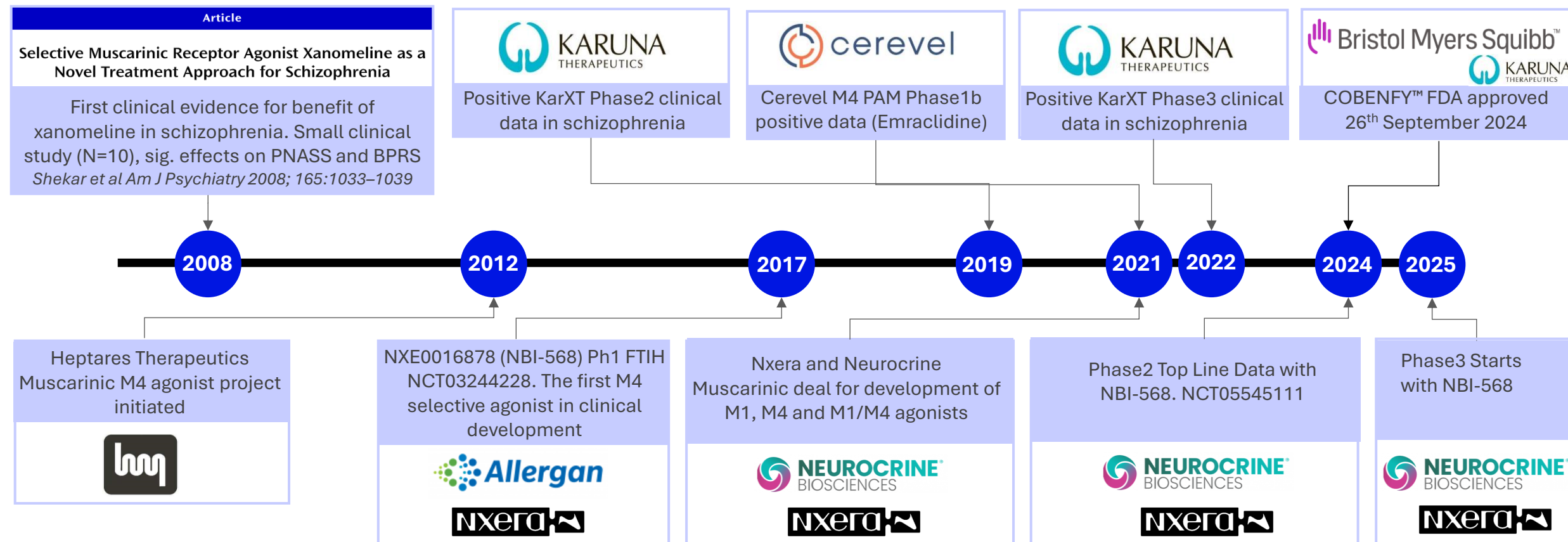
| Program     | Mechanism             | Disease State                 | Stage of Development |
|-------------|-----------------------|-------------------------------|----------------------|
| Direclidine | M4 Agonist            | Schizophrenia                 | Phase 3              |
|             |                       | Bipolar Mania                 | Phase 2              |
| NBI-'570    | Dual M1/M4 Agonist    | Schizophrenia / LAI Potential | Phase 2              |
| NBI-'569    | Dual M1/M4 Agonist    | Alzheimer's Psychosis         | Entering Phase 1b    |
| NBI-'567    | M1 Preferring Agonist | Alzheimer's Cognition         | Phase 1              |
|             |                       | Lewy Body Dementia            |                      |

Five clinical-stage programs spanning the M1, M4, and dual M1/M4 mechanisms designed using NxWave™



# Muscarinic program development.

Ph3 ongoing for our product NBI-568, which aims to be best-in-class, owing to its predecessor Cobenfy



Nxera's research team began working on muscarinic agonists over 10 years ago.  
Opportunity remains wide open for best-in-class approaches across a myriad of potential indications

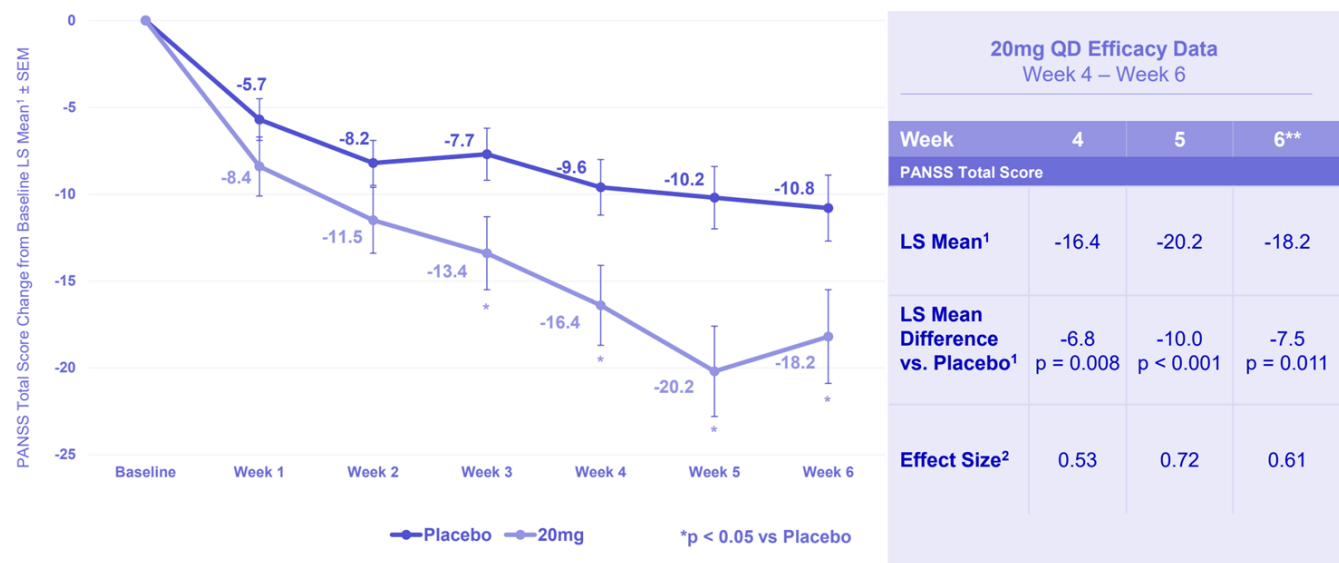
Note: NBI-568 is investigational and not approved for any use by any regulatory body



# Topline Results for Phase 2 Trial of M4 Agonist

Efficacy confirmed at 20 mg. Statistically significant difference in both PANSS and CGI-S compared to placebo.

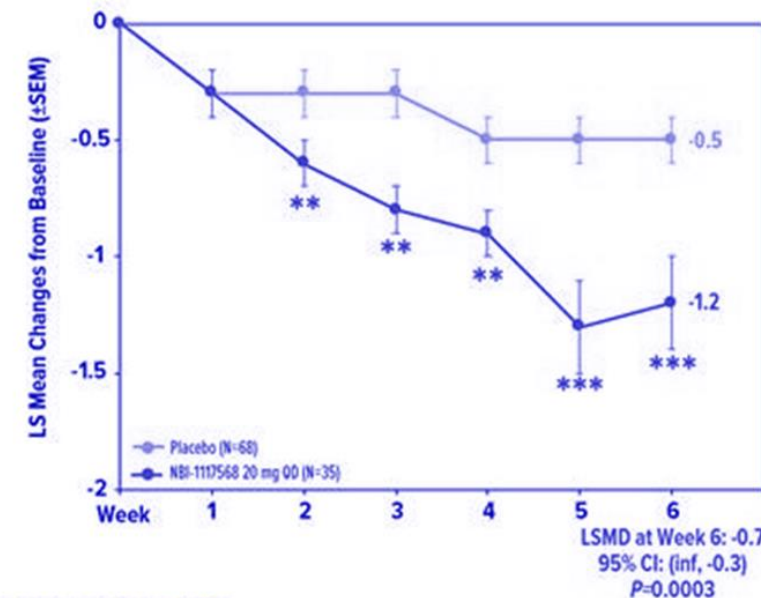
## Once-Daily 20mg Dose Demonstrated Clinically Meaningful and Statistically Significant Efficacy at Week 3, 4, 5, and 6



<sup>1</sup> Least-squares (LS) means are from a MMRM which includes treatment group, visit, and study period as fixed effects; treatment group-by-visit interaction; baseline PANSS total score as a covariate; and subject as a random effect.  
<sup>2</sup> Effect size (Cohen's D) is based on observed data.

9

## B. Changes in CGI-S Score



\*P<0.05 \*\*P<0.01 \*\*\*P<0.001

LS means are from a MMRM, which includes treatment group, visit, and stage of randomization as fixed effects; treatment group-by-visit interaction; baseline score as covariate; and participant as a random effect. Cohen's d based on observed values.

“The effects with the 20-milligram dose, both PANSS and CGI-S scores consistently showed statistically significant differences vs. placebo, meaning that you are seeing a reproducible response here.”

# Comparison of Study Sites and Duration with Known Muscarinic Programs

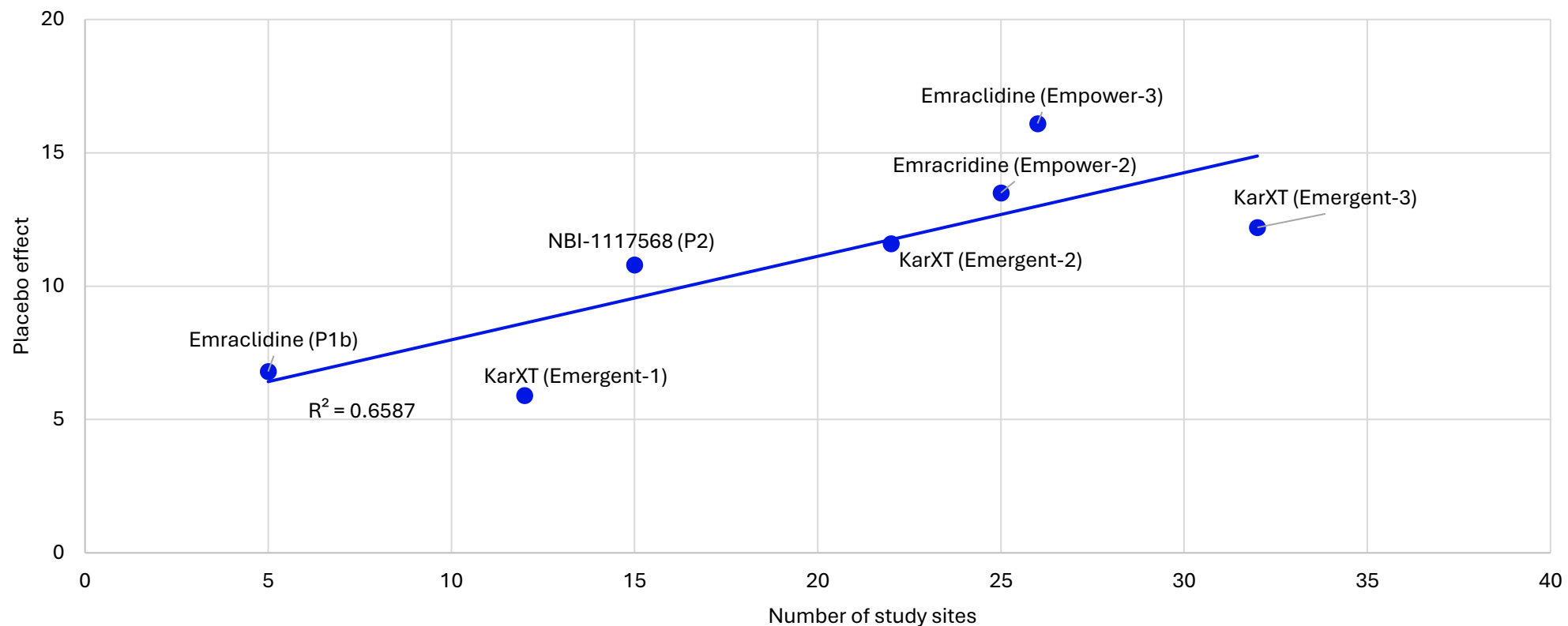
As noted in Neurocrine's presentation, Phase 3 of NBI-568 will use one-to-one randomization and around 20 sites per study

|                         | Neurocrine/Nxera                     | Neurocrine/Nxera                     | BMS/Karuna                                     | AbbVie/Cerevel                               |
|-------------------------|--------------------------------------|--------------------------------------|------------------------------------------------|----------------------------------------------|
| Compound                | NBI-1117568                          | NBI-1117568                          | Cobenfy/Kar-XT                                 | CVL-231/Emraclidine                          |
| Study name              | NCT05545111                          | NCT06963034/NCT07105098              | EMERGENT-2/3                                   | EMPOWER-2/3                                  |
| Route of Administration | oral (once daily)                    | oral (once daily)                    | oral (twice daily)                             | oral (once daily)                            |
| Size                    | 213                                  | 580+                                 | Total 518                                      | Total 752                                    |
| Randomization           | drug: placebo = 2:1                  | drug: placebo = 1:1                  | drug: placebo = 1:1                            | drug: placebo = 2:1                          |
| Number of study sites   | 15 sites                             | 20 sites (estimate)                  | 22 sites (EMERGENT-2)<br>32 sites (EMERGENT-3) | 26 sites (EMPOWER-2)<br>25 sites (EMPOWER-3) |
| Duration                | 1.8years                             | 2025/5-2027/10(2.2years)             | 1.6years                                       | 2.2years                                     |
| Phase                   | Ph2 (completed)                      | Ph3 (on trial)                       | Ph3 (completed)                                | Ph2 (unsuccessful)                           |
| Primary endpoint        | PANSS Total Score Change<br>(Week 6) | PANSS Total Score Change<br>(Week 5) | PANSS Total Score Change<br>(Week 5)           | PANSS Total Score Change<br>(Week 6)         |



## Data comparison of placebo effects (Total PANSS)

Large number of study sites in a clinical trial of muscarinic program may be linked to a higher placebo response



“Number of facilities is another important factor in managing the placebo effect”

# Safety: Adverse Events Risk

The gastrointestinal and cardiovascular adverse events were higher than placebo in Cobenfy, but not with NBI-568

NBI-568

|               | Placebo<br>N=70 | 20mg QD<br>N=40 | 40mg QD<br>N=39 | 60mg QD<br>N=34 | 30mg BID<br>N=27 | All Treated<br>N=140 |
|---------------|-----------------|-----------------|-----------------|-----------------|------------------|----------------------|
| Somnolence    | 2 (2.9)         | 5 (12.5)        | 2 (5.1)         | 7 (20.6)        | 1 (3.7)          | 15 (10.7)            |
| Dizziness     | 1 (1.4)         | 5 (12.5)        | 3 (7.7)         | 4 (11.8)        | 1 (3.7)          | 13 (9.3)             |
| Headache      | 14 (20.0)       | 1 (2.5)         | 5 (12.8)        | 1 (2.9)         | 5 (18.5)         | 12 (8.6)             |
| ★Nausea       | 2 (2.9)         | 2 (5.0)         | 3 (7.7)         | 3 (8.8)         | 0                | 8 (5.7)              |
| ★Constipation | 2 (2.9)         | 2 (5.0)         | 3 (7.7)         | 1 (2.9)         | 1 (3.7)          | 7 (5.0)              |



| Safety                                                 |                                           |                         | Dietary Restriction                            | Number of doses                                         |
|--------------------------------------------------------|-------------------------------------------|-------------------------|------------------------------------------------|---------------------------------------------------------|
| Gastrointestinal (M2)                                  | Cardiovascular (M3)                       | Others                  |                                                |                                                         |
| ★<br>Similar to placebo                                | Similar to placebo                        | Somnolence<br>Dizziness | Nothing                                        | Once a day                                              |
| ★<br>x3-5 vs. placebo<br>(Four items with 10% or more) | ★<br>x4 vs. placebo<br>(Occurred in 5.9%) | Dry mouth               | Yes<br>(1 hour before or 2 hours after a meal) | Twice a day<br>(co-administered with trospium chloride) |

Cobenfy

Table 3.6. Pooled Treatment-Related Adverse Events in EMERGENT trials<sup>20</sup>

| Adverse Event, % | KarXT (n= 340) | Placebo (n= 343) |
|------------------|----------------|------------------|
| ★Nausea          | 17.1%          | 3.2%             |
| ★Constipation    | 15.0%          | 5.2%             |
| ★Dyspepsia       | 12.1%          | 2.3%             |
| ★Vomiting        | 10.9%          | 0.9%             |
| ★Hypertension    | 5.9%           | 1.2%             |
| Dry Mouth        | 5.0%           | 1.5%             |
| Tachycardia      | 4.7%           | 2.0%             |





# OX2 receptor agonist series

Centessa entered into an agreement to be acquired by Eli Lilly for up to US\$7.8 billion

## Centessa's pipeline (ORX750 / ORX142 / ORX489)

### Positioned to be Potential Best-in-Class / First-in-Class in Emerging Category of OX2R Agonist Therapeutics

- **ORX750** for the treatment of **NT1, NT2 and IH**
- **ORX142** for the treatment of **neurological and neurodegenerative disorders**
- **ORX489** for the treatment of **neuropsychiatric disorders**
- Earlier stage OX2R agonists and therapeutics for additional potential indications

| Molecule                                  | hOX2R EC50 (nM) | Selectivity vs. hOX1R |
|-------------------------------------------|-----------------|-----------------------|
| Native ligand orexin-A (OXA) <sup>1</sup> | 0.035           | n/a                   |
| <b>ORX750<sup>1</sup></b>                 | <b>0.110</b>    | <b>9,800x</b>         |
| <b>ORX142<sup>2</sup></b>                 | <b>0.069</b>    | <b>13,000x</b>        |
| <b>ORX489<sup>3</sup></b>                 | <b>0.035</b>    | <b>8,800x</b>         |



Fluorescent imaging plate reader (FLIPR) assay with Chinese hamster ovary (CHO) cells stably expressing human recombinant OX1R or OX2R.  
1. Black et al., World Sleep 2023 Abstract. 2. Black et al., European Sleep Research Society 2024 Abstract. 3. Company data / presentations.

## Acquisition agreement between Centessa and Eli Lilly

| Item                    | Details                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Announcement Date       | March 31, 2026                                                                                                                                                                                                                                                                                                                                                                                   |
| Acquirer                | Eli Lilly and Company                                                                                                                                                                                                                                                                                                                                                                            |
| Consideration Structure | \$38.00 per share in cash + 1 non-transferable CVR                                                                                                                                                                                                                                                                                                                                               |
| Transaction value       | Up to \$47.00 per share (Up to US\$7.8 billion)                                                                                                                                                                                                                                                                                                                                                  |
| Total CVR Value         | Up to \$9.00 per share<br>CVR Milestone ①: \$2.00 per CVR<br>ORX750 or ORX142 obtains U.S. FDA approval for NT2 within 5 years from closing<br>CVR Milestone ②: \$5.00 per CVR<br>ORX750 or ORX142 obtains U.S. FDA approval for IH within 5 years from closing<br>CVR Milestone ③: \$2.00 per CVR<br>ORX750 or ORX142 obtains its first U.S. FDA approval for any indication by January 1, 2030 |
| Premium                 | Approximately 40.5% premium to the 30-day VWAP as of market close on March 30, 2026                                                                                                                                                                                                                                                                                                              |
| Closing                 | Expected in Q3 2026                                                                                                                                                                                                                                                                                                                                                                              |

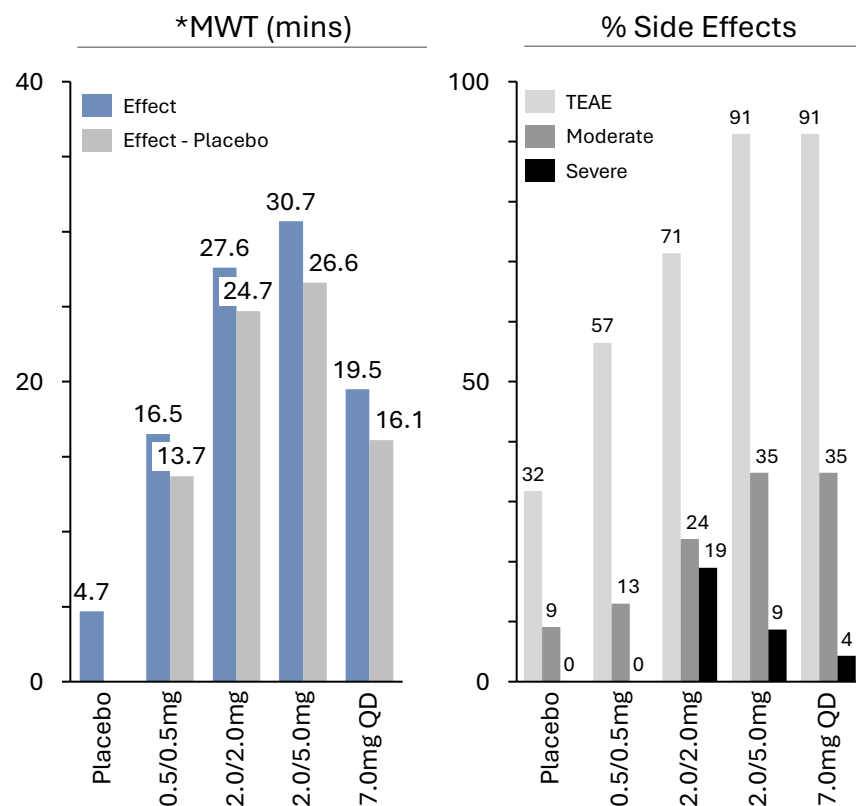
Preliminary Phase 2a data demonstrate a potentially best-in-class profile across three indications  
Centessa announced an agreement to be acquired by Eli Lilly (up to US\$7.8 billion) on March 31, 2026



# Data on OX2 agonist competitors

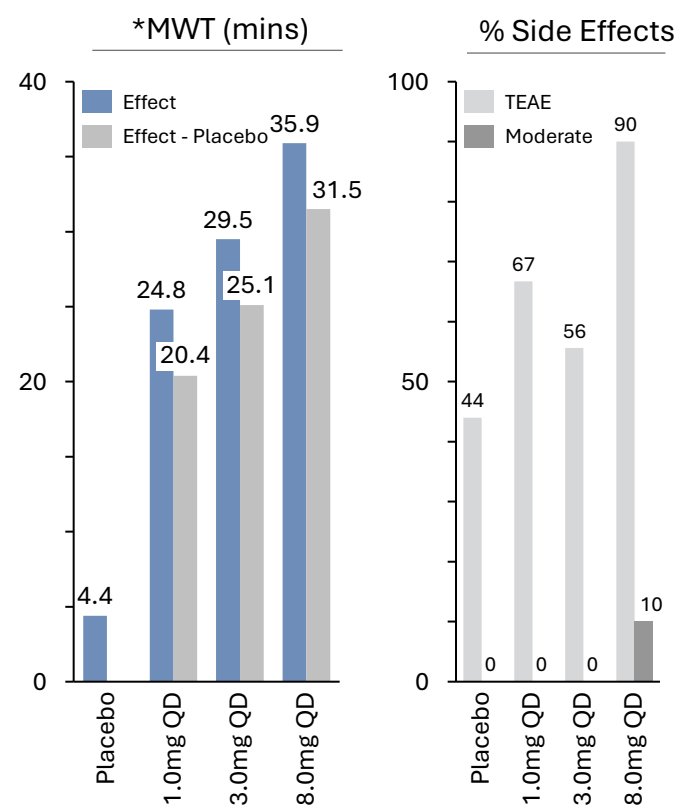
ORX750 reported favorable safety and efficacy results in Phase 1b trials

## TAK-861



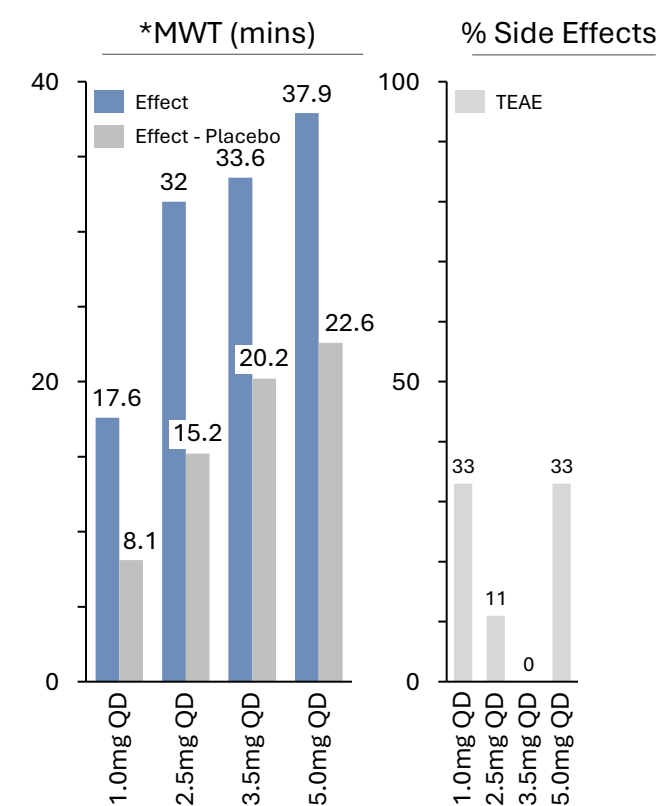
- Ph2b NT1 patients
- n=112 (Week8)

## ALKS2680



- Ph1b NT1 patients
- n=34

## ORX750



- Ph1b healthy volunteers
- n=10

\*MWT = Maintenance of Wakefulness Test

Source: Created by Nxera based on N Engl J Med 2025;392:1905-1916 and Alkermes presentation

# NxWave™: Proprietary structure-based drug design delivering proven pipeline impact



## Target ID and Validation

Identifying the best targets



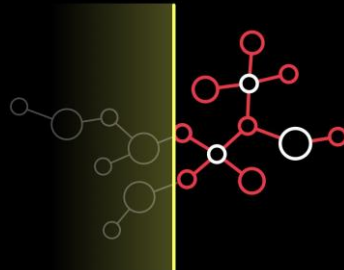
## NxStaR™

Stabilising the right targets



## NxHit™

Identifying the optimal hits



## NxDesign™

Selecting the best candidate



## Translational Med.

Testing the therapeutic hypothesis

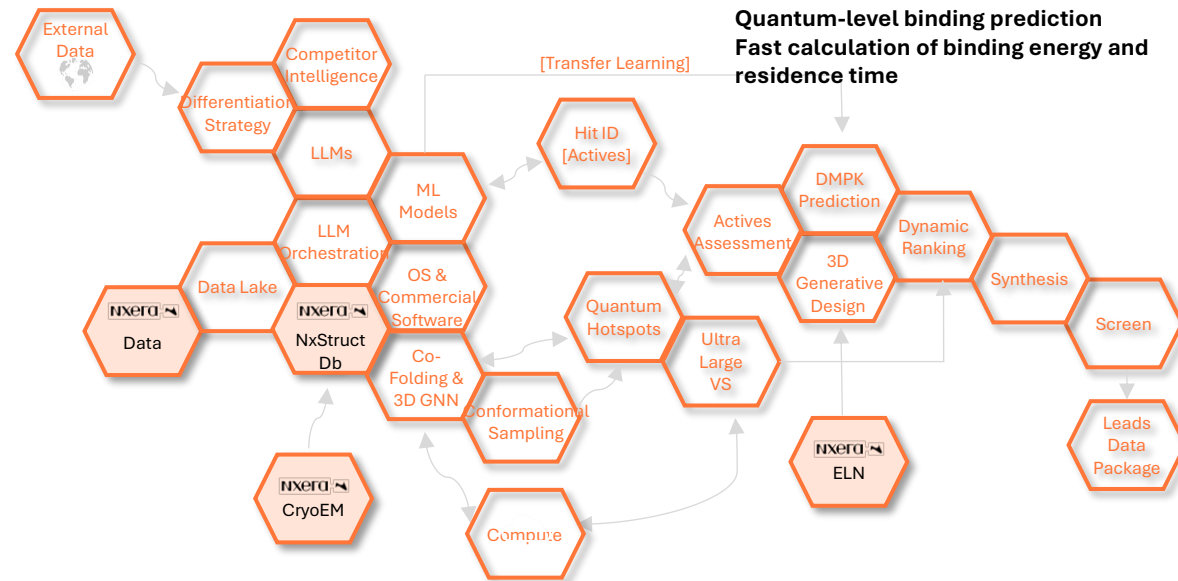
## World-leading productivity

|                            | Clinical Candidates |    | Phase 1 | Phase 2 | Phase 3 |
|----------------------------|---------------------|----|---------|---------|---------|
| Total                      |                     | 29 | 18      | 5       | 1       |
| Active (as of August 2025) | ✓                   | 15 | ✓ 11    | ✓ 4     | ✓ 1     |

# AI + Quantum Drug Discovery Platform

In AI-driven drug discovery, our 15 years of proprietary data will be a major competitive advantage.

## AI + Quantum Drug Discovery Platform



Proprietary Data Foundation

**493**

GPCR structures

**59**

Receptors

**400+**

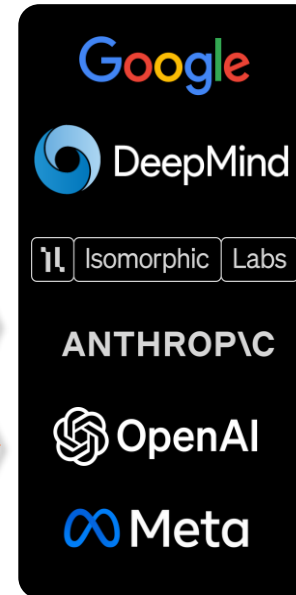
Distinct small molecules

**30,000**

Mutation data points

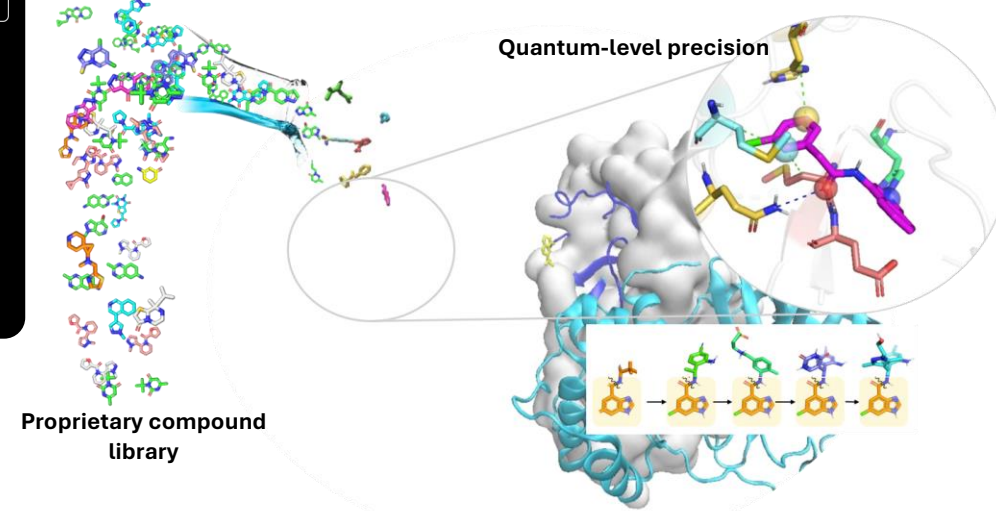
**100+**

Projects



## Development Roadmap and Organization

- Beta launch expected in H2 2026
- Investing \$5 million in our London hub
- World-class AI team driving multiple initiatives



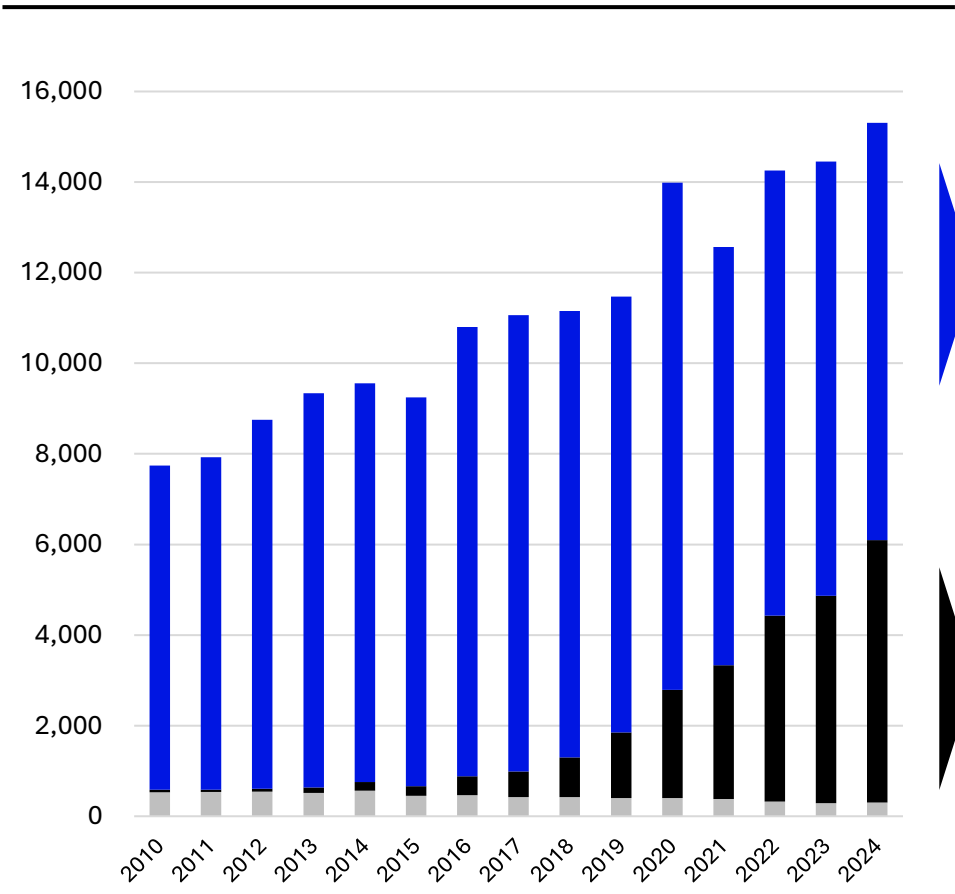
Our AI + Quantum platform will transform Nxera from a “drug discovery company” into a “technology company.”



# Number of structures solved and deposited in PDB, resolution by technology

The number of structures solved using Cryo-EM is increasing,  
X-ray crystallography has extremely high resolution

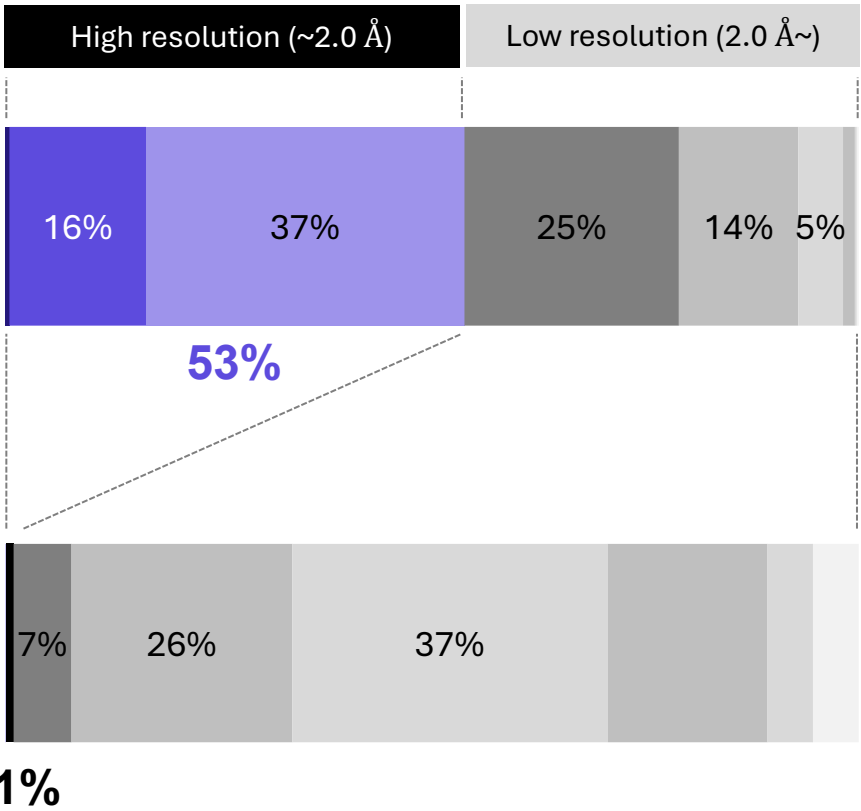
Number of structures solved by technology



X-ray

Cryo-EM

Resolution by technology



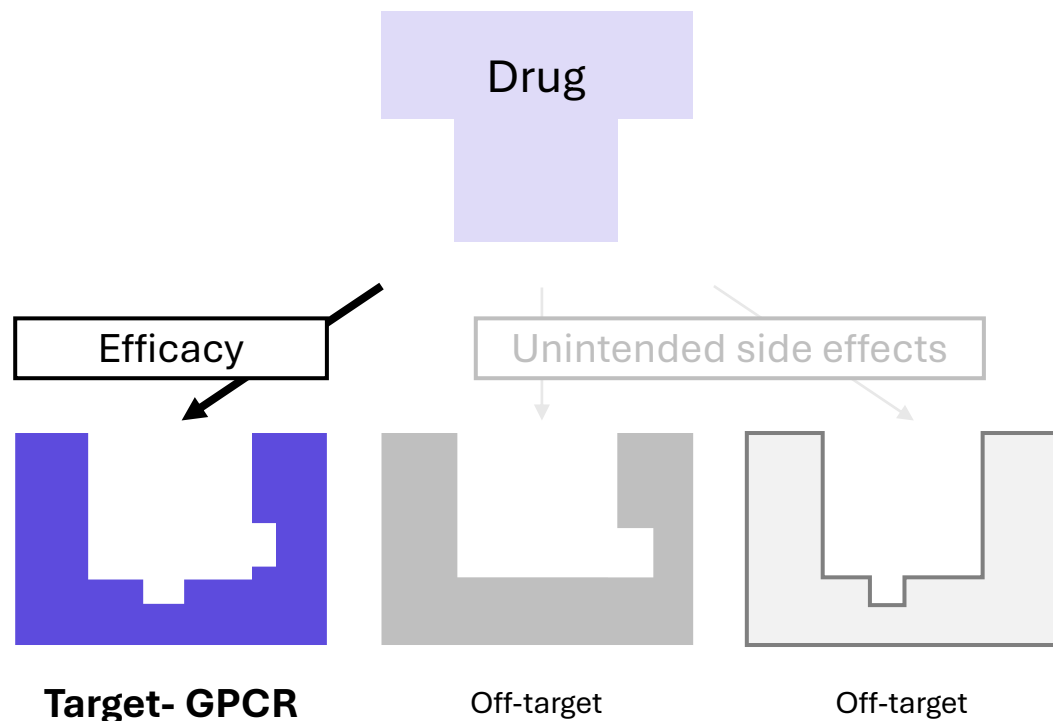


# Our platform enables precise design of GPCR models

Only by performing detailed structural analysis can we design great drugs.

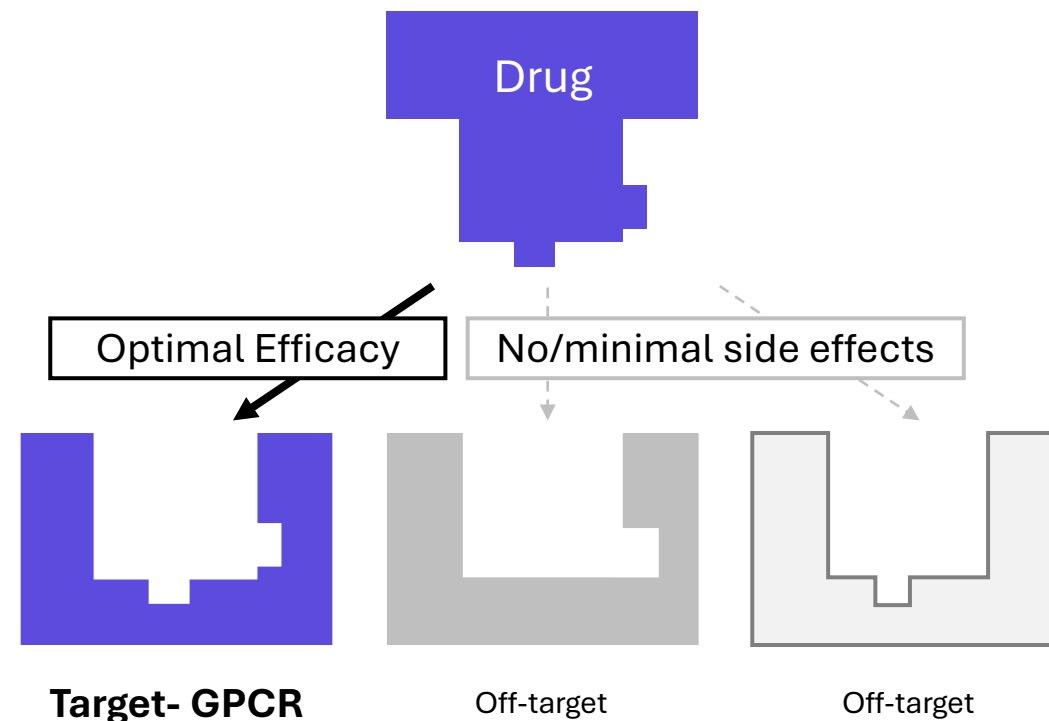
## Imprecise GPCR model: **Standard Medicine**

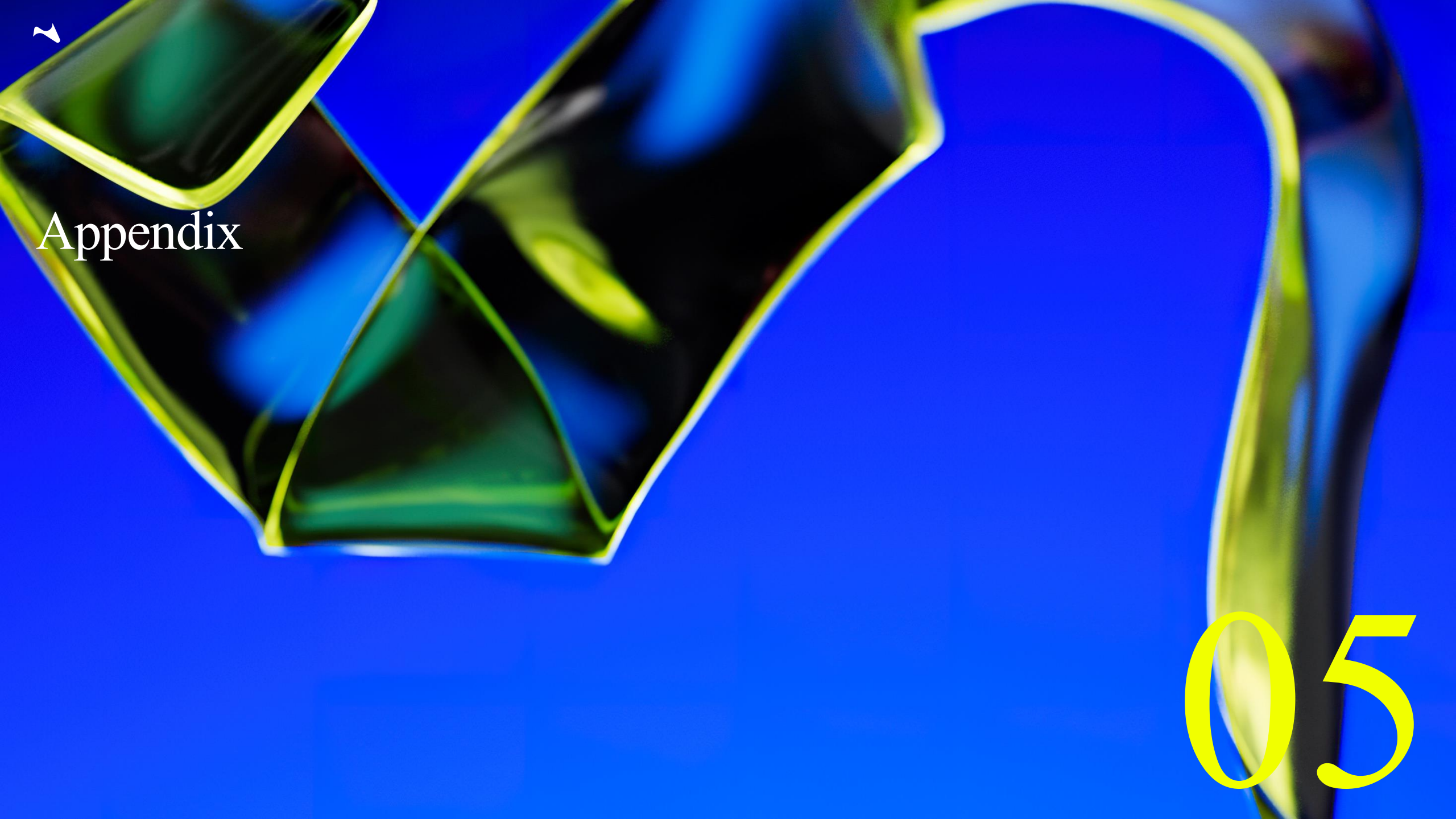
Poorly understood GPCRs (locks) led to suboptimal drugs (keys) being designed



## Precise GPCR model: **Optimized Medicine**

High selectivity enables us to **optimize efficacy** and **minimize side effects**





Appendix

05



## Partnered pipeline (1/2)

| Compound              | Target / Mechanism of Action        | Modality | Indication                | Partner                                                                                                       | Disc. | PCC | Ph1 | Ph2 | Ph3 | App | Mkt |
|-----------------------|-------------------------------------|----------|---------------------------|---------------------------------------------------------------------------------------------------------------|-------|-----|-----|-----|-----|-----|-----|
| Partnered             |                                     |          |                           |                                                                                                               |       |     |     |     |     |     |     |
| Seebri® Breezhaler®   | LAMA                                | SME      | COPD                      |  NOVARTIS                  |       |     |     |     |     |     |     |
| Ultibro® Breezhaler®  | LAMA+LABA                           | SME      | COPD                      |  NOVARTIS                  |       |     |     |     |     |     |     |
| Enerzair® Breezhaler® | LAMA+LABA+ICS                       | SME      | Asthma                    |  NOVARTIS                  |       |     |     |     |     |     |     |
| ORAVI®                | Antifungal agent miconazole         | SME      | Oropharyngeal candidiasis |  HISAMITSU                 |       |     |     |     |     |     |     |
| Cenerimod             | S1P <sub>1</sub> receptor modulator | SME      | SLE                       |  VIATRIS™                  |       |     |     |     |     |     |     |
| NBI-1117568           | Muscarinic M4 agonist               | SME      | Schizophrenia             |  NEUROCRINE<br>BIOSCIENCES |       |     |     |     |     |     |     |
| NBI-1117568           | Muscarinic M4 agonist               | SME      | Bipolar Mania             |  NEUROCRINE<br>BIOSCIENCES |       |     |     |     |     |     |     |
| NBI-1117569           | Muscarinic M1/M4 agonist            | SME      | Alzheimer's psychosis     |  NEUROCRINE<br>BIOSCIENCES |       |     |     |     |     |     |     |
| NBI-1117570           | Muscarinic M1/M4 agonist            | SME      | Schizophrenia             |  NEUROCRINE<br>BIOSCIENCES |       |     |     |     |     |     |     |
| NBI-1117567           | Muscarinic M1 preferring agonist    | SME      | AD Cognition/LBD          |  NEUROCRINE<br>BIOSCIENCES |       |     |     |     |     |     |     |
| (Not disclosed)       | CGRP antagonist                     | SME      | Neurology diseases        |  Pfizer                    |       |     |     |     |     |     |     |
| (Not disclosed)       | Multi target                        | SME      | Neurology                 |  abbvie                    |       |     |     |     |     |     |     |
| (Not disclosed)       | Multi target                        | SME      | Diabetes/Metabolic        |  Lilly                     |       |     |     |     |     |     |     |

Note: SME = small molecule. LME = large molecule. Seebri®, Ultibro®, Enerzair® and Breezhaler® are registered trademarks of Novartis AG.



# Partnered pipeline (2/2)

| Compound           | Target / Mechanism of Action | Modality | Indication                  | Partner                                                                             | Disc.       | PCC | Ph1         | Ph2 | Ph3 | App | Mkt |
|--------------------|------------------------------|----------|-----------------------------|-------------------------------------------------------------------------------------|-------------|-----|-------------|-----|-----|-----|-----|
| Co-development     |                              |          |                             |                                                                                     |             |     |             |     |     |     |     |
| KY1051             | CXCR4 mAb                    | mAb      | Immuno-oncology             |  | <div></div> |     | <div></div> |     |     |     |     |
| (Not disclosed)    | AI-Augmented Drug Discovery  | SME      | Neurology diseases          |  | <div></div> |     |             |     |     |     |     |
| (Not disclosed)    | Multi target                 | SME/LME  | Immune / Neurology diseases |  | <div></div> |     |             |     |     |     |     |
| Co-owned companies |                              |          |                             |                                                                                     |             |     |             |     |     |     |     |
| ORX750             | OX2 agonist (Oral)           | SME      | Narcolepsy Type 1/2, IH     |  | <div></div> |     | <div></div> |     |     |     |     |
| ORX142             | OX2 agonist (Oral)           | SME      | EDS in neurology            |  | <div></div> |     | <div></div> |     |     |     |     |
| ORX489             | OX2 agonist (Oral)           | SME      | Neurology                   |  | <div></div> |     | <div></div> |     |     |     |     |

Note: SME = small molecule. LME = large molecule



# In-house pipeline

| Compound                                                                                     | Target / Mechanism         | Modality | Indication                      | Partner | Disc. | PCC | Ph1 | Ph2 | Ph3 | App | Mkt |
|----------------------------------------------------------------------------------------------|----------------------------|----------|---------------------------------|---------|-------|-----|-----|-----|-----|-----|-----|
| In-house Programs                                                                            |                            |          |                                 |         |       |     |     |     |     |     |     |
| PIVLAZ®                                                                                      | ETA antagonist             | SME      | Cerebral vasospasm              |         |       |     |     |     |     |     |     |
| QUVIVIQ®                                                                                     | Dual Orexin antagonist     | SME      | Insomnia                        |         |       |     |     |     |     |     |     |
| NXE0048149 <sup>1</sup>                                                                      | GPR52 agonist              | SME      | Neurology diseases              |         |       |     |     |     |     |     |     |
| NXE0039732 <sup>2</sup>                                                                      | EP4 antagonist             | SME      | Immuno-oncology                 |         |       |     |     |     |     |     |     |
| NXE0033744                                                                                   | EP4 agonist                | SME      | Inflammatory bowel disease      |         |       |     |     |     |     |     |     |
| NXE0027477                                                                                   | GPR35 agonist              | SME      | Inflammatory bowel disease      |         |       |     |     |     |     |     |     |
| (Not disclosed)                                                                              | Muscarinic M1 agonist (JP) | SME      | Neurology diseases              |         |       |     |     |     |     |     |     |
| (Not disclosed)                                                                              | SARS CoV-2 Mpro            | SME      | Coronaviruses                   |         |       |     |     |     |     |     |     |
| Multiple programs                                                                            | Not disclosed              | SME/LME  | Neurology diseases              |         |       |     |     |     |     |     |     |
| Multiple programs                                                                            | Not disclosed              | SME/LME  | GI and Inflammatory diseases    |         |       |     |     |     |     |     |     |
| Multiple programs                                                                            | Not disclosed              | SME/LME  | Immunology diseases             |         |       |     |     |     |     |     |     |
| In-house Programs (No longer internally funded. Targeting academic / industrial partnership) |                            |          |                                 |         |       |     |     |     |     |     |     |
| NXE'310                                                                                      | SSTR5 agonist              | Peptide  | Hypoglycaemic disorders         |         |       |     |     |     |     |     |     |
| NXE'097                                                                                      | GLP-1 antagonist           | Peptide  | Hypoglycaemic disorders         |         |       |     |     |     |     |     |     |
| NXE'023                                                                                      | Dual GLP-2/GLP-1 agonist   | Peptide  | Intestinal failure/NASH         |         |       |     |     |     |     |     |     |
| (Not disclosed)                                                                              | Apelin agonist             | Peptide  | Pulmonary Arterial Hypertension |         |       |     |     |     |     |     |     |
| NXE'641                                                                                      | Dual orexin antagonist     | SME      | Insomnia and sleep disorders    |         |       |     |     |     |     |     |     |
| (Not disclosed)                                                                              | PAR-2 mAb                  | mAb      | Atopic Dermatitis/Pain          |         |       |     |     |     |     |     |     |

Note: SME = small molecule. LME = large molecule.

1: Exclusive license-out option

2: NXE0039732 (EP4 antagonist) is categorized as an in-house asset as we have not licensed out. Under the Clinical Trial and Licence Agreement (CTLA) in 2022, Cancer Research UK sponsors, designs and executes a Phase I/IIa clinical trial of NXE0039732, and Nxera holds a licence to the results generated under the trial to continue the clinical development and commercialization of NXE0039732.



# Clinical Trials

| Type        | Compound    | MoA                   | Condition                        | Phase | Size      | Patient | Start      | Completion* | Last Update | Link (main/latest)             | Link (others)                                                                             |
|-------------|-------------|-----------------------|----------------------------------|-------|-----------|---------|------------|-------------|-------------|--------------------------------|-------------------------------------------------------------------------------------------|
| License-out | NBI-1117568 | M4 agonist            | Schizophrenia                    | Ph2   | 210       | Yes     | 2022-10-04 | 2024-07-10  | 2025-07-11  | <a href="#">NCT05545111</a>    | -                                                                                         |
| License-out | NBI-1117568 | M4 agonist            | Schizophrenia                    | Ph3   | 284       | Yes     | 2025-05-08 | 2027-10     | 2026-03-06  | <a href="#">NCT06963034</a>    | <a href="#">NCT07114874</a>                                                               |
| License-out | NBI-1117568 | M4 agonist            | Schizophrenia                    | Ph3   | 284       | Yes     | 2025-08    | 2027-11     | 2026-05-15  | <a href="#">NCT07105098</a>    | <a href="#">NCT07114874</a>                                                               |
| License-out | NBI-1117568 | M4 agonist            | Schizophrenia                    | Ph3   | 560       | Yes     | 2025-12-16 | 2029-07     | 2026-05-15  | <a href="#">NCT07227818</a>    |                                                                                           |
| License-out | NBI-1117568 | M4 agonist            | Bipolar Mania                    | Ph2   | 150       | Yes     | 2025-12-24 | 2028-02     | 2026-03-24  | <a href="#">NCT07288320</a>    |                                                                                           |
| License-out | NBI-1117569 | M1/M4 agonist         | Alzheimer's psychosis            | Ph1   | -         | -       | -          | -           | -           | -                              | -                                                                                         |
| License-out | NBI-1117570 | M1/M4 agonist         | Schizophrenia                    | Ph2   | 120       | Yes     | 2026-02-16 | 2027-08     | 2026-05-26  | <a href="#">NCT07288333</a>    | <a href="#">2023-508814-40-00</a>                                                         |
| License-out | NBI-1117567 | M1 preferring agonist | AD Cognition/LBD                 | Ph1   | -         | -       | -          | -           | -           | -                              | -                                                                                         |
| License-out | PF-07054894 | CCR6 antagonist       | Inflammatory bowel diseases      | Ph1   | 40        | Yes     | 2022-11-07 | 2025-11-11  | 2026-02-25  | <a href="#">NCT05549323</a>    | <a href="#">NCT06327880</a><br><a href="#">NCT04388878</a><br><a href="#">NCT07009353</a> |
| License-out | PF-07258669 | MC4 antagonist        | Malnutrition                     | Ph1   | 26        | No      | 2024-12-11 | 2025-02-20  | 2025-08-03  | <a href="#">NCT06706869</a>    | <a href="#">NCT04628793</a><br><a href="#">NCT05113940</a><br><a href="#">NCT07086664</a> |
| License-out | ORX750      | OX2 agonist           | Narcolepsy Type 1/2, IH          | Ph2   | 248       | Yes     | 2024-12-23 | 2025-12     | 2026-04-27  | <a href="#">NCT06752668</a>    | <a href="#">NCT07096674</a>                                                               |
|             |             |                       |                                  | Ph2/3 | 222       | Yes     | 2026-05-15 | 2027-09-30  | 2027-06-08  | <a href="#">NCT07598708</a>    | -                                                                                         |
| License-out | Cenerimod   | S1P1 modulator        | Lupus<br>Erythematosus, Systemic | Ph3   | 470       | Yes     | 2022-12-13 | 2026-10-31  | 2026-05-06  | <a href="#">NCT05648500</a>    | <a href="#">NCT06475742</a>                                                               |
|             |             |                       |                                  | Ph3   | 451       | Yes     | 2023-06-26 | 2026-10-31  | 2026-04-02  | <a href="#">NCT05672576</a>    |                                                                                           |
| In-house    | NXE0048149  | GPR52 agonist         | Neurology diseases               | Ph1   | 24        | No      | 2024-10-21 | 2025-11-15  | 2026-03-25  | <a href="#">ISRCTN44913564</a> | <a href="#">ISRCTN17231793</a>                                                            |
| In-house    | NXE0039732  | EP4 antagonist        | Immuno-oncology                  | Ph1/2 | 150       | Yes     | 2023-07-13 | 2027-06     | 2025-06-08  | <a href="#">NCT05944237</a>    | -                                                                                         |
| In-house    | NXE0033744  | EP4 agonist           | Inflammatory bowel diseases      | Ph1   | Up to 220 | -       | 2024-02-24 | 2026-06-30  | 2026-03-25  | <a href="#">ISRCTN70080074</a> | -                                                                                         |

\*Primary Completion (Estimated)



# Estimation of potential market size

| Category     | Indication <sup>2</sup>      | Number of Patients         | Peak Sales             |                                | Candidates                 |
|--------------|------------------------------|----------------------------|------------------------|--------------------------------|----------------------------|
|              |                              |                            | Market Size            | Individual Products            |                            |
| Neuroscience | Dementia                     | ~55 million                | \$7.3 billion (2010)   | \$3.9 billion (2009/Aricept)   | M1 ag, M1/M4 ag            |
|              | Schizophrenia                | ~20 million                | \$20.7 billion (2011)  | \$5.7 billion (2013/Abilify)   | M4 ag, M1/M4 ag, GPR52 ag  |
|              | Substance use disorders      | ~10.4 million <sup>1</sup> | -                      | -                              | mGlu5 NAM                  |
|              | Narcolepsy                   | ~3 million                 | \$2.5 billion (2024)   | \$1.4 billion (2024/Xywav)     | OX2 ag                     |
| Immunology   | Cancer                       | ~42 million                | \$210.5 billion (2024) | \$28.7 billion (2024/Keytruda) | EP4 ant                    |
|              | IBD                          | ~10 million                | \$23.8 billion (2024)  | \$6.2 billion (2022/Humira)    | CCR6 ant, GPR35 ag, EP4 ag |
|              | Systemic Lupus Erythematosus | ~5 million                 | \$2.7 billion (2024)   | \$1.9 billion (2024/Benlysta)  | Cenerimod                  |
| Metabolism   | T2DM/Obesity                 | ~420 million               | \$76.8 billion (2024)  | \$18.2 billion (2024/Ozempic)  | GLP1 ag                    |
|              | Anorexia                     | ~10 million                | -                      | -                              | MC4 ant                    |
| Total        |                              |                            | ~\$344 billion/year    | ~\$66 billion/year             |                            |

Source (Number of patients): World Health Organization, Evaluate Pharma, The European Federation of Crohn's & Ulcerative Colitis Associations (EFCCA), Narcolepsy Network, Inc., The Lupus Foundation of America, GBD 2015 Disease and Injury Incidence and Prevalence Collaborators (October 2016). "Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015". Lancet. 388 (10053): 1545–1602 <sup>1</sup> The number of patients with drug addiction

Source (Peak Sales): Sales of each indications are extracted from Evaluate Pharma's data of sales by disease and sales by individual products (as of 25 December 2024). <sup>2</sup> Nxera may target one segment in the market for specific diseases

# Exchange Rate, Intangible Assets and Non-core Costs

## Average exchange rate during period

|         |          | FY 2026 | FY 2025 | FY 2024 | FY 2023 | FY 2022 |
|---------|----------|---------|---------|---------|---------|---------|
| USD:JPY | Actual   | -       | 149.65  | 151.43  | 140.53  | 131.30  |
|         | Estimate | 152     | 152     | 140     | 143     |         |
| GRP:JPY | Actual   | -       | 197.23  | 193.49  | 174.81  | 161.76  |
|         | Estimate | 200     | 193     | 172     | 166     |         |

## Intangible assets

(JPY mn)

|                         | Dec 31, 2025  | Dec 31, 2024  | Dec 31, 2023  | Dec 31, 2022 |
|-------------------------|---------------|---------------|---------------|--------------|
| PIVLAZ®                 | 34,802        | 36,164        | 37,527        | -            |
| Core technology         | 7,511         | 8,365         | 8,466         | 8,217        |
| QUVIVIQ®                | 6,399         | 6,825         | 5,825         | -            |
| Customer-related assets | 167           | 227           | 227           | 219          |
| Oravi®                  | 66            | 78            | 89            | 101          |
| Other                   | 285           | 252           | 157           | 40           |
| <b>Total</b>            | <b>49,230</b> | <b>51,911</b> | <b>52,291</b> | <b>8,577</b> |

## Non-core costs (full year)

(JPY mn)

|                          | FY 2025      | FY 2024      | FY 2023      | FY 2022      |
|--------------------------|--------------|--------------|--------------|--------------|
| Cost of sales adjustment | -            | 2,401        | 1,812        | -            |
| Amortization             | 2,784        | 2,371        | 1,495        | 782          |
| M&A related costs        | 198          | 1,220        | 1,263        | -            |
| Depreciation             | 1,582        | 1,613        | 983          | 563          |
| Share-based Payments     | 1,749        | 1,396        | 844          | 542          |
| Restructuring costs      | 636          | 28           | 53           | 533          |
| Impairment               | 1,160        | -            | -            | -            |
| <b>Total</b>             | <b>8,110</b> | <b>9,029</b> | <b>6,450</b> | <b>2,420</b> |

## Shareholdings

(Shares)

|          | FY 2025 |
|----------|---------|
| Centessa | 453,549 |
| Biohaven | 27,308  |



# Core Operating Profit - Definition

Core Operating Profit/Loss – a financial indicator closer to the reality of our business

## Operating Profit “Core”

- Core Operating Profit/ Loss is a key financial indicator that highlights the underlying recurring cash generating capability of our business.
- Core Operating Profit/Loss is defined as IFRS Operating Profit + material Non-cash costs + material non-recurring costs
- Material Non-cash Costs include depreciation, amortization, share based payments and impairment.
- Material Non-recurring Costs include restructuring costs, M&A related professional fees and other material one-off items.

### + Material Non-cash Costs

(Depreciation, Amortization, Share based payments, Impairment...etc.)

### + Material Non-recurring Costs

(Restructuring costs and Other material one-off items...etc.)

|                             | Cash                  | Non-cash<br>(Material) |
|-----------------------------|-----------------------|------------------------|
| Recurring                   | Costs under<br>“Core” |                        |
| Non-recurring<br>(Material) |                       | Costs under “IFRS”     |

## Operating Profit “IFRS”

- Financial results recorded and prepared in accordance with International Financial Reporting Standards (IFRS)



# Glossary

| Basic Terminology/Technology |                                                    |                                                                                                                                                                                                                                                                               |
|------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GPCR                         | G Protein-Coupled Receptor                         | There are about 800 types of GPCRs in the human body. While 400 of them are known to be potential drug targets, about 300 of them are not yet drugged                                                                                                                         |
| NxStaR™                      | Stabilized Receptor                                | Nxera' proprietary technology to stabilize a GPCR by engineering a small number of single point mutations outside of the ligand-binding site. It enables to identify the structure of GPCRs to be used for SBDD drug discovery as well as antibody drug discovery as antigens |
| SBDD                         | Structure-Based Drug Design                        | A method to design drugs on a computer base based on the analysis of the three-dimensional structure of the drug target (e.g., protein receptor)                                                                                                                              |
| TPD                          | Targeted Protein Degradation                       | Drugs that promote the degradation of target proteins (e.g., receptors) in cells and aim for therapeutic effects by reducing disease-causing proteins                                                                                                                         |
| PAM                          | Positive Allosteric Modulator                      | A regulator that binds to unusual active sites (allosteric sites) on the receptor to increase the affinity and effect of the agonist                                                                                                                                          |
| NAM                          | Negative Allosteric Modulator                      | A regulator that binds to an unusual active site on the receptor (allosteric site) and reduces the affinity and effectiveness of the agonist                                                                                                                                  |
| Ag                           | Agonist                                            | A therapeutic drug that binds to a receptor and activates an intracellular signaling system similar to biological substances                                                                                                                                                  |
| Ant                          | Antagonist                                         | A therapeutic drug that suppresses biological reactions by binding to receptors and preventing them from binding to biological substances                                                                                                                                     |
| PK                           | Pharmacokinetics                                   | Research and testing on the relationship between drug dosage and blood concentration. Mainly describes the rate process of ADME                                                                                                                                               |
| PD                           | Pharmacodynamics                                   | Research and testing on the relationship between drug concentration and pharmacological effects                                                                                                                                                                               |
| ADME                         | Absorption, Distribution, Metabolism and Excretion | A series of process in the absorption of drugs into the body, distribution within the body, metabolism in the liver and other organs, and excretion in the kidneys and other organs                                                                                           |
| POM                          | Proof of Mechanism                                 | Proof of mechanism of action, mainly through biomarkers. It can suggest the possibility of efficacy in fewer cases than POC                                                                                                                                                   |
| POC                          | Proof of Concept                                   | Proof of a therapeutic concept, primarily through clinical efficacy and safety                                                                                                                                                                                                |
| Ach                          | Acetylcholine                                      | A neurotransmitter released from the peripheral parasympathetic and motor nerves to transmit nerve stimuli                                                                                                                                                                    |
| IND                          | Investigational New Drug                           | Information packages for development candidates to be submitted to the U.S. Food and Drug Administration (FDA) at the time of initiation of clinical trials                                                                                                                   |
| Ph1                          | Phase1                                             | A study in humans. The main purpose is to confirm the safety of the drug candidate mainly by healthy volunteers.                                                                                                                                                              |
| Ph2                          | Phase2                                             | A study in humans. The main purpose is to confirm the efficacy of the drug candidates on a small scale (however, the number of patients varies greatly depending on the disease)                                                                                              |
| Ph3                          | Phase3                                             | A study in humans. The main purpose is to determine the efficacy of the drug candidates on a large scale (however, the number of patients varies greatly depending on the disease)                                                                                            |
| NDA                          | New Drug Application                               | An application to the U.S. Food and Drug Administration (FDA) for approval to market a new drug                                                                                                                                                                               |

| Disease/Drug |                                                 |                                                                                                                                                                                                        |
|--------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LAMA         | Long Acting Muscarinic Antagonist               | An inhalant that dilates bronchial tubes and improves respiratory function by inhibiting the action of acetylcholine receptors (M3), which increase parasympathetic nerves.                            |
| LABA         | Long Acting Beta2-Agonist                       | An inhalant that improves respiratory function by stimulating sympathetic beta2 receptors to dilate the bronchi.                                                                                       |
| ICS          | Inhaled Corticosteroid                          | An inhalant that suppresses airway inflammation to prevent coughing attacks and other symptoms caused by asthma, also promotes the action of beta 2 stimulants and improve airway hyperresponsiveness. |
| mCRPC        | Metastatic Castration-Resistant Prostate Cancer | Cancer that has spread (metastasized) beyond your prostate gland and for which hormone therapy is no longer effective in stopping or slowing the disease.                                              |
| COPD         | Chronic Obstructive Pulmonary Disease           | A group of diseases that causes damage to the bronchi and lung due to smoking or inhalation of toxic substances, resulting in breathing problems.                                                      |
| AD           | Alzheimer's Disease                             | Alzheimer's disease is a progressive neurologic disorder that causes the brain to shrink (atrophy) and brain cells to die, the most common cause of dementia .                                         |
| DLB          | Dementia with Lewy Bodies                       | Protein deposits, called Lewy bodies, develop in nerve cells in the brain regions involved in thinking, memory and movement (motor control), the second most common type of dementia.                  |



## Locations



Midtown East,  
9-7-2 Akasaka  
Minato-ku  
Tokyo 107-0052

Japan



F17, 410 Teheran-  
Ro  
GangNam-Gu  
Seoul 06192

South Korea



Steinmetz Building  
Granta Park,  
Cambridge  
CB21 6DG

United Kingdom



Burleigh-on-the-Strand  
355-359 Strand  
London  
WC2R 0HS

United Kingdom



Office 26.01  
Flexoffice Messteurm  
26<sup>th</sup> Floor  
Messeplatz 10  
CH-4058 Basel

Switzerland

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# Thank you

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