



Corporate Presentation

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



Disclaimer

The material that follows is a presentation of general background information about Nxera Pharma Co., Ltd and its subsidiaries (collectively, the "Company") as of the date of this presentation. This material has been prepared solely for informational purposes and is not to be construed as a solicitation or an offer to buy or sell any securities and should not be treated as giving investment advice to recipients. It is not targeted to the specific investment objectives, financial situation or particular needs of any recipient. It is not intended to provide the basis for any third-party evaluation of any securities or any offering of them and should not be considered as a recommendation that any recipient should subscribe for or purchase any securities.

The information contained herein is in summary form and does not purport to be complete. Certain information has been obtained from public sources. No representation or warranty, either express or implied, by the Company is made as to the accuracy, fairness, or completeness of the information presented herein and no reliance should be placed on the accuracy, fairness, or completeness of such information. The Company takes no responsibility or liability to update the contents of this presentation in the light of new information and/or future events. In addition, the Company may alter, modify or otherwise change in any manner the contents of this presentation, in its own discretion without the obligation to notify any person of such revision or changes.

This presentation contains "forward looking statements," as that term is defined in Section 27 A of the U S Securities Act of 1933 as amended, and Section 21 E of the U S Securities Exchange Act of 1934 as amended. The words "believe", "expect", "anticipate", "intend", "plan", "seeks", "estimates", and "and similar expressions identify forward looking statements. All statements other than statements of historical facts included in this presentation, including, without limitation, those regarding our financial position, business strategy, plans and objectives of management for future operations (including development plans and objectives relating to our products), are forward looking statements. Such forward looking statements involve known and unknown risks, uncertainties and other factors which may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by such forward looking statements. Such forward looking statements are based on numerous assumptions regarding our present and future business strategies and the environment in which we will operate in the future. The important factors that could cause our actual results, performance or achievements to differ materially from those in the forward looking statements include, among others, risks associated with product discovery and development, uncertainties related to the outcome of clinical trials, slower than expected rates of patient recruitment, unforeseen safety issues resulting from the administration of our products in patients, uncertainties related to product manufacturing, the lack of market acceptance of our products, our inability to manage growth, the competitive environment in relation to our business area and markets, our inability to attract and retain suitably qualified personnel, the unenforceability or lack of protection of our patents and proprietary rights, our relationships with affiliated entities, changes and developments in technology which may render our products obsolete, and other factors. These factors include, without limitation, those discussed in our public reports filed with the Tokyo Stock Exchange and the Financial Services Agency of Japan. Although the Company believes that the expectations and assumptions reflected in the forward-looking statements are reasonably based on information currently available to the Company's management, certain forward-looking statements are based upon assumptions of future events which may not prove to be accurate. The forward-looking statements in this document speak only as at the date of this presentation and the company does not assume any obligations to update or revise any of these forward statements, even if new information becomes available in the future.

This presentation does not constitute an offer, or invitation, or solicitation of an offer, to subscribe for or purchase any securities. Neither this presentation nor anything contained herein shall form the basis of any contract or commitment whatsoever. Recipients of this presentation are not to construe the contents of this summary as legal, tax or investment advice and recipients should consult their own advisors in this regard.

This presentation and its contents are proprietary confidential information and may not be reproduced, published or otherwise disseminated in whole or in part without the Company's prior written consent. These materials are not intended for distribution to, or use by, any person or entity in any jurisdiction or country where such distribution or use would be contrary to local law or regulation.

This presentation contains non-GAAP financial measures. The non-GAAP financial measures contained in this presentation are not measures of financial performance calculated in accordance with IFRS and should not be considered as replacements or alternatives profit, or operating profit, as an indicator of operating performance or as replacements or alternatives to cash flow provided by operating activities or as a measure of liquidity (in each case, as determined in accordance with IFRS). Non-GAAP financial measures should be viewed in addition to, and not as a substitute for, analysis of the Company's results reported in accordance with IFRS.

(c) Nxera Pharma Co, Ltd, 2024. Nxera and the Nxera logos are trademarks of Nxera Pharma Co. Ltd.



Agenda

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

~

Business Overview

01



Not a traditional Japanese pharma. We think and innovate globally, and specialize locally

Drug Discovery Platform



CEO



Research



Finance



Chief of Staff



Legal



Research & Early Clinical

- Cryo-EM Nobel Prize winning founder
- Proprietary StaR™ and NxWave™ structure-based drug design platform
- Complemented by AI-driven advances

Technical Operations

- Global CMC Operations
- Supply Chain and Quality Management

~200 team members

Commercial



Finance



Operation



Compliance



Development & Commercial

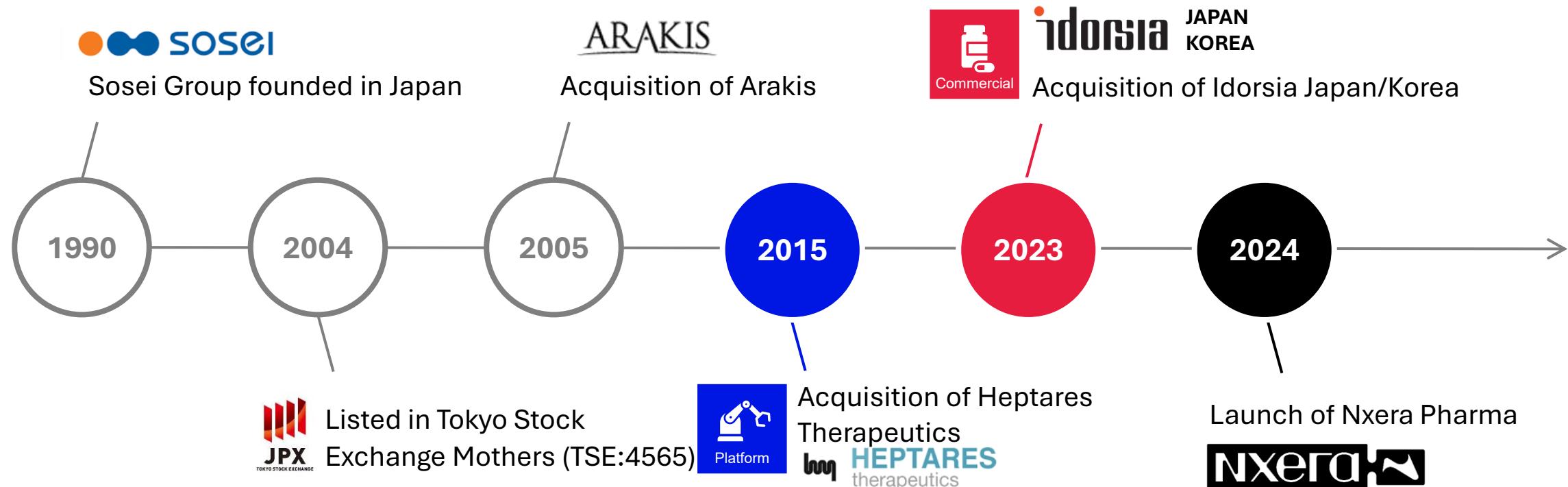
- Bilingual management with global experience
- Agile, technology-enabled teams
- Novel go-to-market approaches

~200 team members

Our team is committed to addressing some of the biggest healthcare challenges globally

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.



PARTNERD

Key discovery
collabs



Diabetes/Metabolic



Neurology

M₁M₄ ag. NBI'569
Alzheimer's psycho



M₁ ag. NBI'567
AD Cognition*/LBD



M₄ ag. NBI'568
Bipolar Mania



M₄ ag. NBI'568
Schizophrenia



M₁M₄ ag. NBI'570
Schizophrenia



OX2 ag. ORX750
Narcolepsy, IH



OX2 ag. ORX142
Neurology



MC4 ant. PF'669
Malnutrition



Other

Cenerimod
SLE



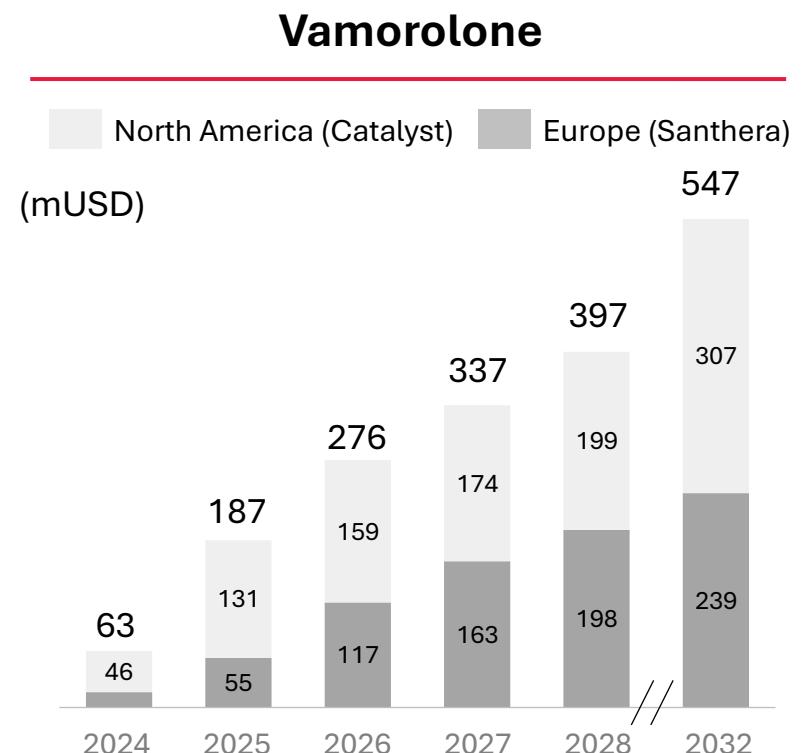
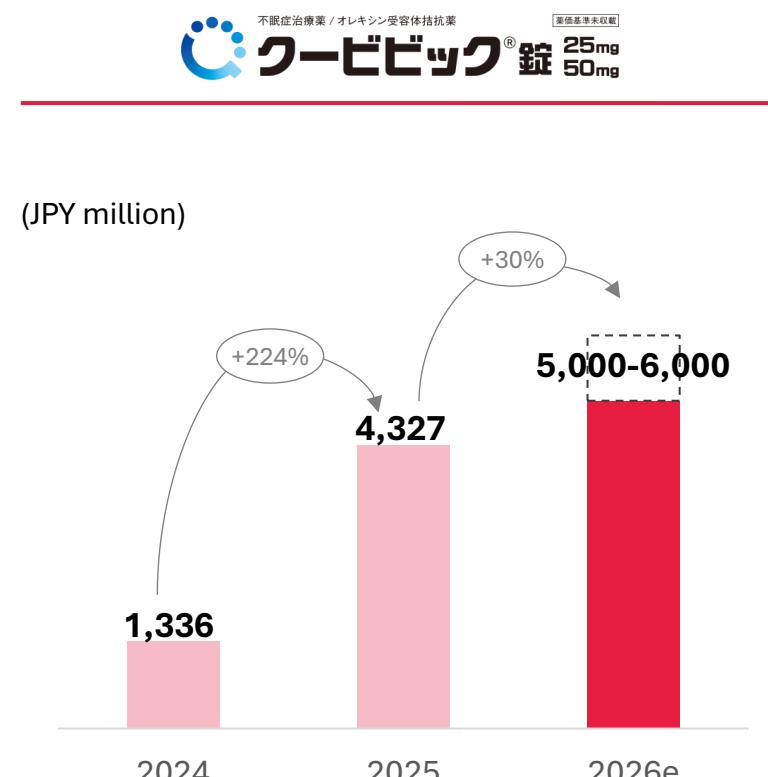
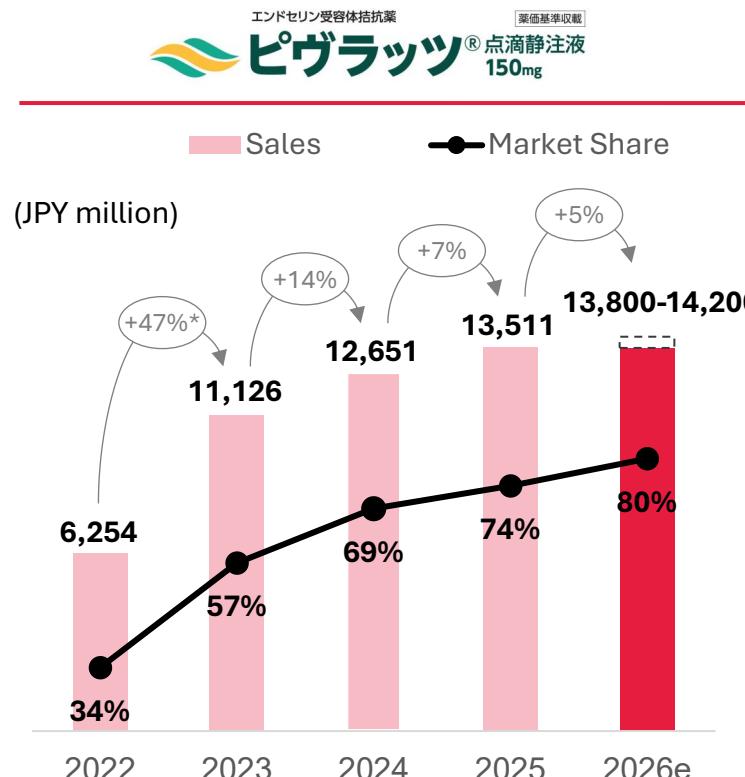
Respiratory Portfolio
COPD / Asthma





Commercial Business

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



A “practical guide to clazosentan administration” is scheduled for release in the first half of 2026

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

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 cobenfry 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

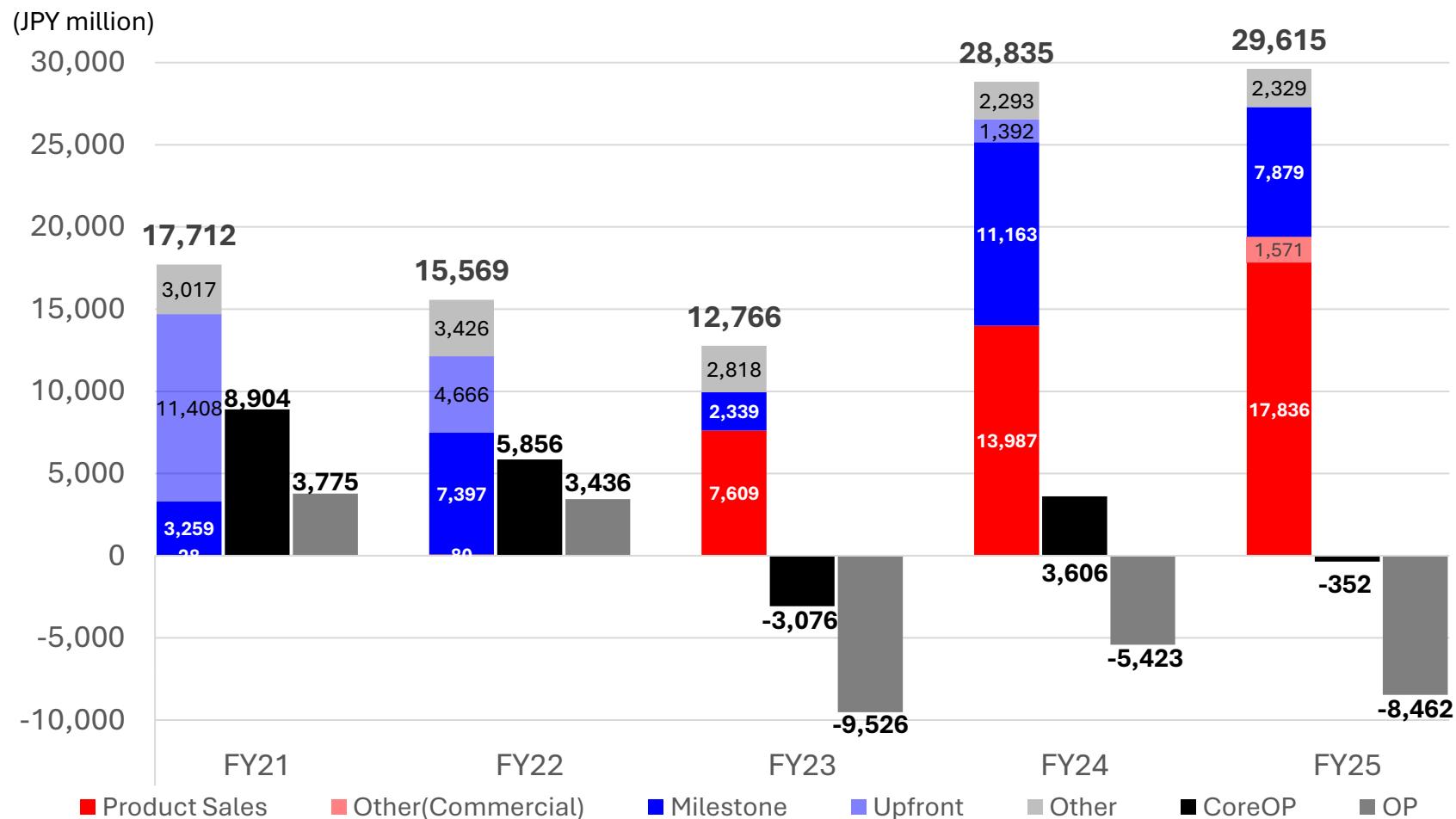
~

Financial Results/Strategic Roadmap

02

Key financial results

While the commercial business grew, milestones decreased year-on-year, resulting in a core operating loss



Progress in 2025



- Multiple milestone receipts from Neurocrine, Centessa, Lilly, AbbVie, etc.
- Down YoY due to the absence of the prior-year large M4 agonist Phase 2 success milestone



- 39% revenue growth (YoY)
 - Pivlaz: +7% YoY
 - Quviviq: +224% YoY



- R&D spend up in platform business on progress across three in-house clinical
- SG&A down in commercial business, driven by Pivlaz sales cost decrease



Breakdown of 2025 results

Strong profitability growth in the commercial business; accelerated clinical-trial investment in the platform business

(JPY million)	Platform* ¹	Commercial* ²		Consolidated P&L (Core)		Non-core costs		Consolidated P&L (IFRS)	(YoY)
	(YoY)	(YoY)	(YoY)	(YoY)	(YoY)	(YoY)	(YoY)	(YoY)	
Revenue	10,207	-31%	19,408	+39%	29,615	+3%	Total : 8,110	29,615	+3%
Cost of Sales	2,111	-22%	6,022	+149%	8,133	+59%	A Amortization (1,789)	8,198	+8%
SG&A	4,940	+15%	5,480	-16%	10,420	-4%	B Other (3,080)	15,225	-5%
R&D	11,669	+26%	1,352	+9%	13,022	+24%	B Other (1,444)	14,466	+22%
Other income	1,615	+344	(7)	+15	1,608	+360	C (1,797)	(189)	-1,377
OP/Core OP	(6,899)	-6,745	6,547	+2,787	Core OP (352)	-3,958		OP (8,462)	-3,038

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.

C Restructuring costs and impairment losses

*1 = Nxera Pharma Co. Ltd. (formerly Sosei Group Corporation) + Nxera Pharma UK Ltd (formerly Heptares Therapeutics Ltd.) + Sosei K.K. (ex -Nxera Pharma Basel branch)

*2 = Nxera Pharma Japan (formerly Idorsia Pharmaceuticals Japan) + Nxera Pharma Korea (formerly Idorsia Pharmaceuticals Korea) + Nxera Pharma Basel branch



Priority objectives for FY2026

01

JPY 19.5 billion+ Net product sales
(PIVLAZ® plus QUVIVIQ®)



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



Breakdown of 2026 guidance (Without significant upfront from BD activity)

Commercial business profitability has grown significantly. Platform business has reached breakeven on a core basis

(JPY million)	Platform* ¹	Commercial* ²		Consolidated P&L (Core)		Non-core costs		Consolidated P&L (IFRS)	(YoY)
	(YoY)	(YoY)	(YoY)	(YoY)	(YoY)	(YoY)	(YoY)	(YoY)	
Revenue	14,300	+40%	19,500	+0%	33,800	+14%	Total : 7,100	33,800	+14%
Cost of Sales	1,400	-34%	5,700	-5%	7,100	-13%	A Amortization (1,800)	7,200	-12%
SG&A*³	5,700	+15%	3,700	-32%	9,400	-10%	B Other (3,100)	14,200	-7%
R&D*³	8,100	-31%	2,400	+78%	10,500	-19%	B Other (1,500)	12,000	-17%
Other income	1,000	-615	-	+7	1,000	-608	(700)	300	+489
OP/Core OP	100	+6,999	7,700	+18%	Core OP 7,800	+8,152		OP 700	+9,162

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.

*1 = Nxera Pharma Co. Ltd. (formerly Sosei Group Corporation) + Nxera Pharma UK Ltd (formerly Heptares Therapeutics Ltd.) + Sosei K.K. (ex -Nxera Pharma Basel branch)

*2 = Nxera Pharma Japan (formerly Idorsia Pharmaceuticals Japan) + Nxera Pharma Korea (formerly Idorsia Pharmaceuticals Korea) + Nxera Pharma Basel branch

*3 = We expect the effects of restructuring initiatives implemented since Nov 2025 to become more evident in the 2H26

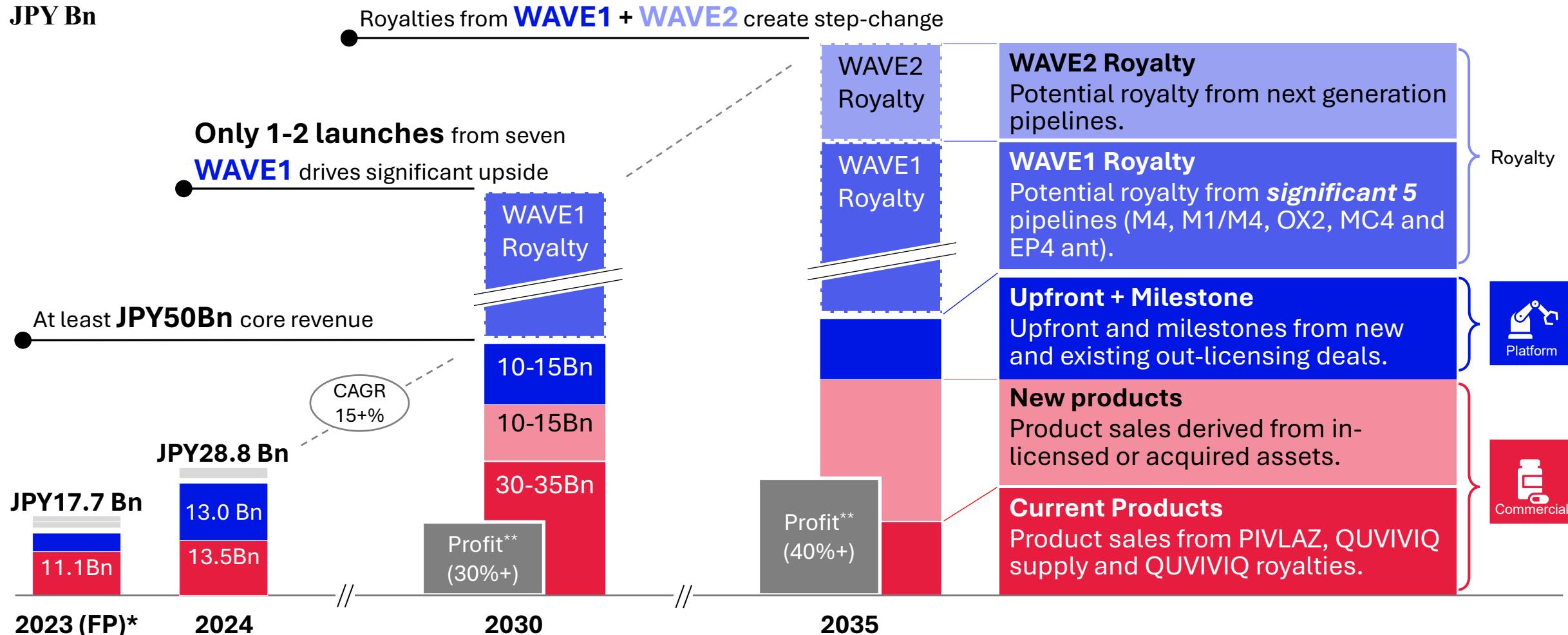


Looking ahead to potential catalysts in 2026*

PROGRAM	PARTNER	TIMING	EVENT	
ORX750 (OX2 agonist)	CENTESSA PHARMACEUTICALS	Q1 2026	Phase 2a data across NT1, NT2, and IH	
ORX750 (OX2 agonist)	CENTESSA PHARMACEUTICALS	Q1 2026	Registrational program start in NT1/NT2/IH	
ORX142 (OX2 agonist)	CENTESSA PHARMACEUTICALS	Q1 2026	Phase 2 study start	
ORX489 (OX2 agonist)	CENTESSA PHARMACEUTICALS	Q1 2026	Phase 1 study start	
NBI'570 (M1/M4 ago)	NEUROCRINE BIOSCIENCES	Q1 2026	Phase 2 study start	
Multiple discovery collaboration progress	abbvie <i>Lilly</i>	1H 2026	Progression through discovery stage	
Cenerimod	VIATRIS	Q4 2026	Phase 3 data readout	
NBI'567 (M1 ago) / NBI'569 (M1/M4 ago)	NEUROCRINE BIOSCIENCES	2H 2026	Clinical progression	
PF'669 (MC4 antagonist)	Pfizer	2026	Phase 1 data readout	
NBI'567 (M1 ago) / NBI'569 (M1/M4 ago) / NBI'570 (M1/M4 ago)	NEUROCRINE BIOSCIENCES	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™		Anytime	APAC out-licensing deals	

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, Tempero Bio has temporarily halted advancement of the TMP-301 program and is assessing strategic alternatives



Japan/APAC Business

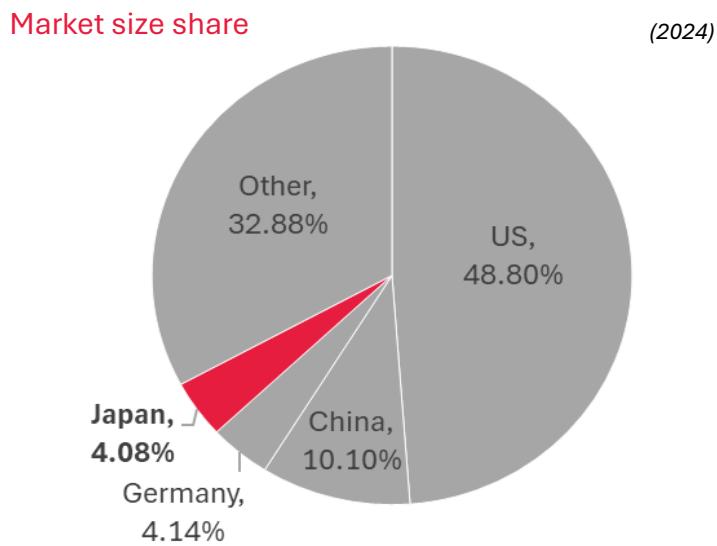
Deliver innovation to patients in Japan/APAC

03

Japan will serve as our base to expand across APAC markets

Japan is an attractive, established market with strong volumes

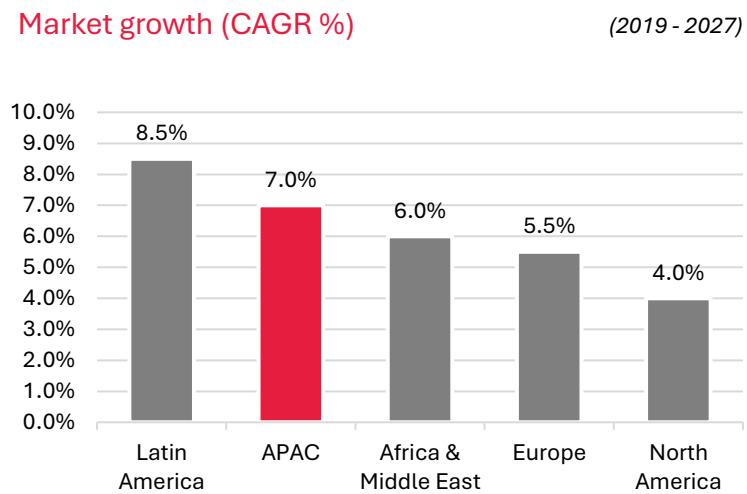
Japan is the third largest pharma market (ex-China)



Favourable JP market environment

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

APAC is the second highest growth pharma market



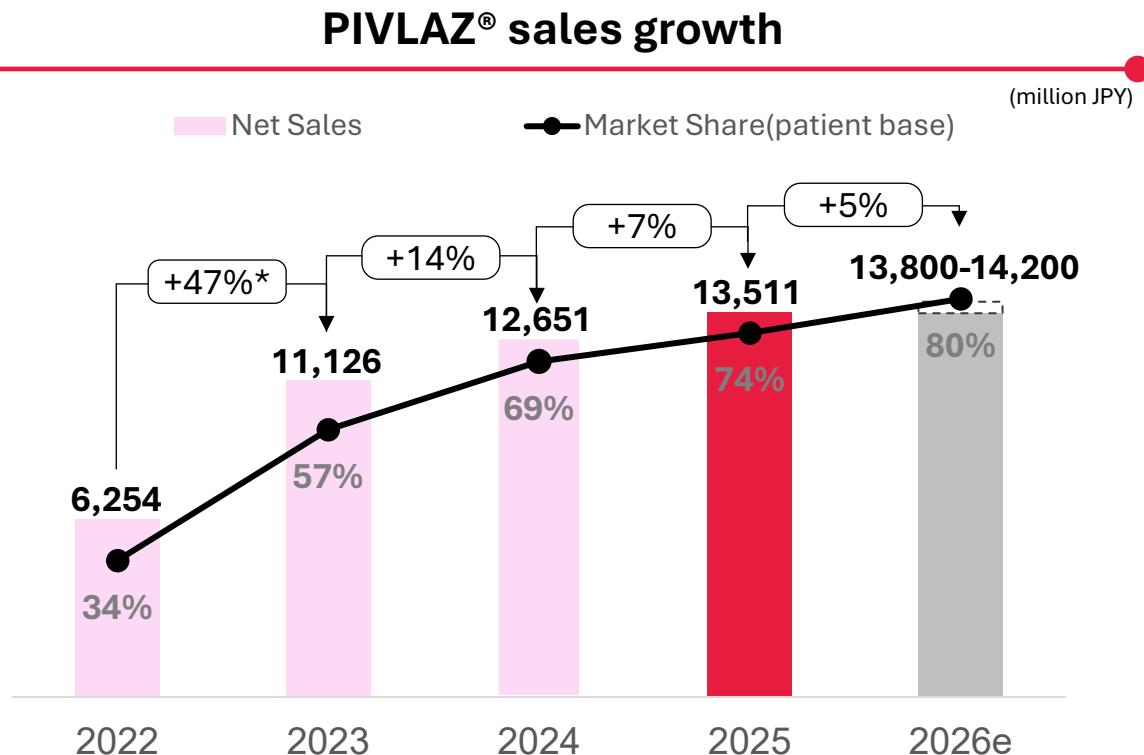
Source: IQVIA Market Prognosis, Sep 2022; IQVIA Institute, Nov 2022.

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



PIVLAZ® (clazosentan, an endothelin A antagonist)

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



2025 PIVLAZ® highlights

- ✓ **25,470** patients were treated by PIVLAZ® since the launch to Dec 2025.
- ✓ **103** abstracts were presented at annual congress of STROKE2025
- ✓ Academic society drafted "Practical Guide to the Administration of Clazosentan", which would be published in Mar-2026

Pivlaz® is now the clear Standard of Care (SoC) in Japan

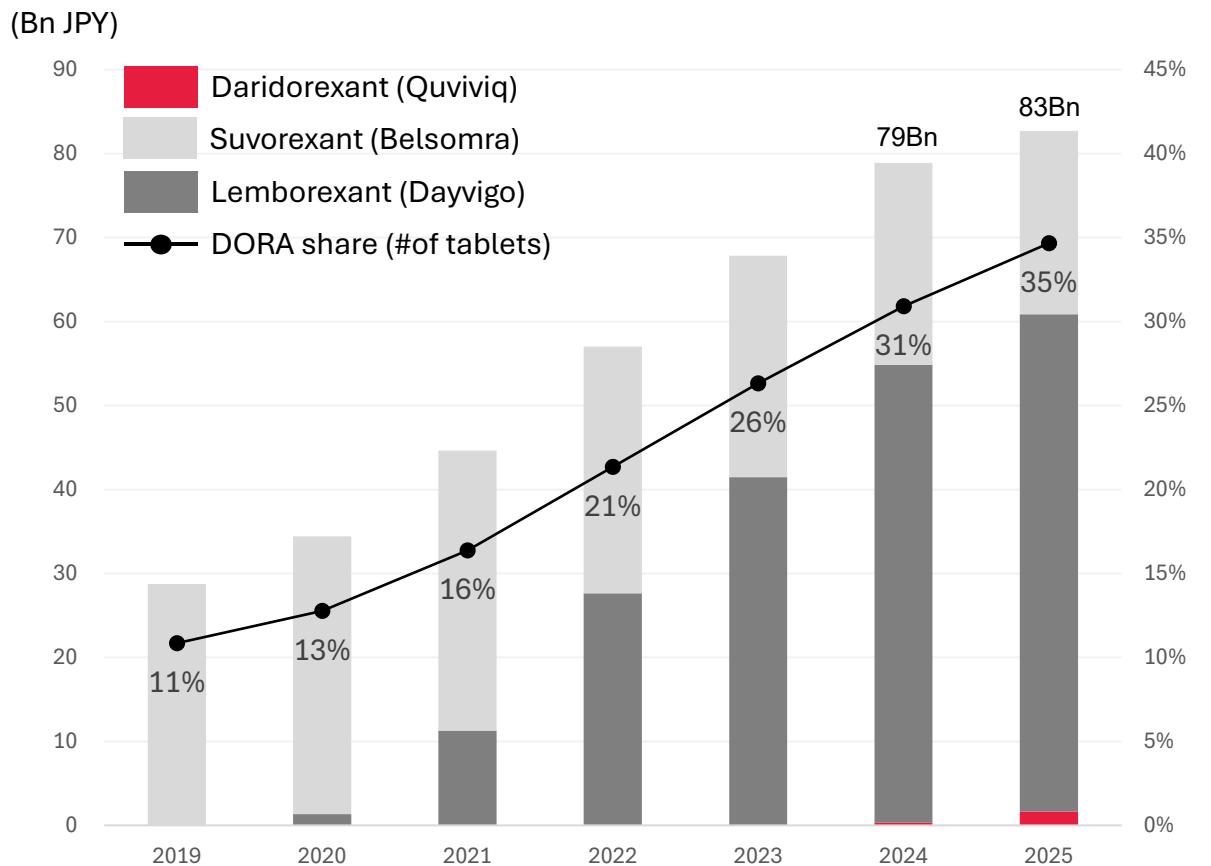


QUVIVIQ® (daridorexant, dual orexin antagonist “DORA”)

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

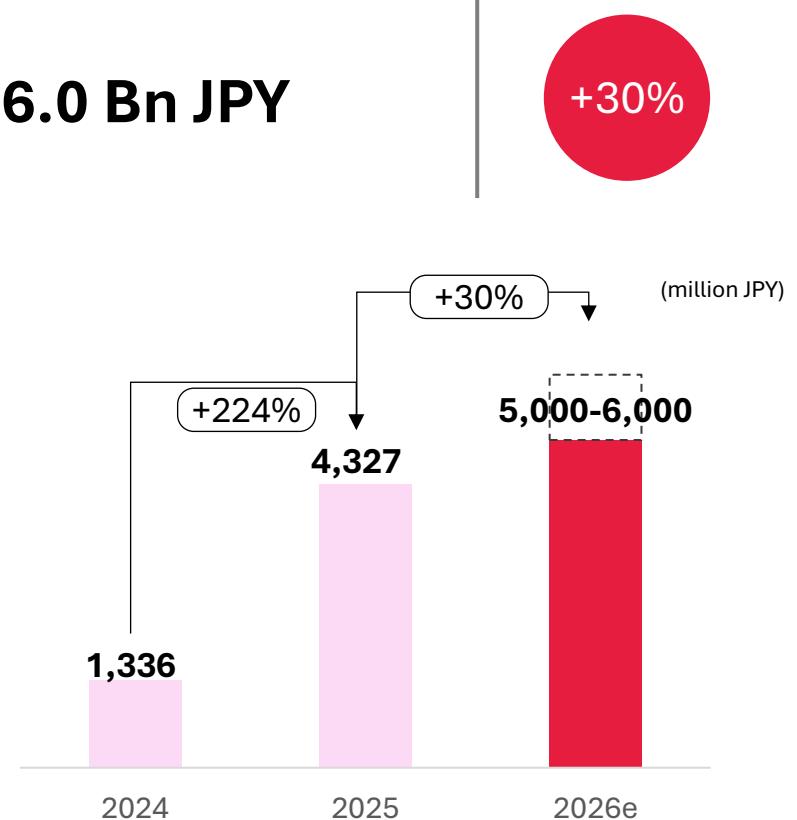


Domestic Market Size for DORA



QUVIVIQ® Annual Sales and Growth Rate

5.0 – 6.0 Bn JPY



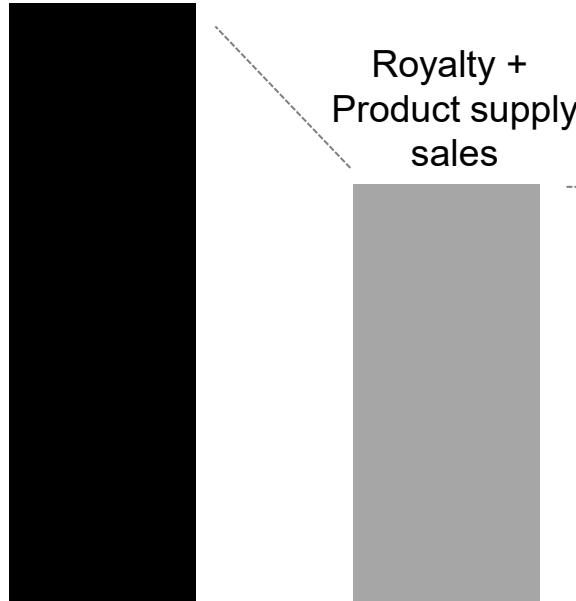
QUVIVIQ® Business structure

Royalty profits initiated and supply margin expected in a few years

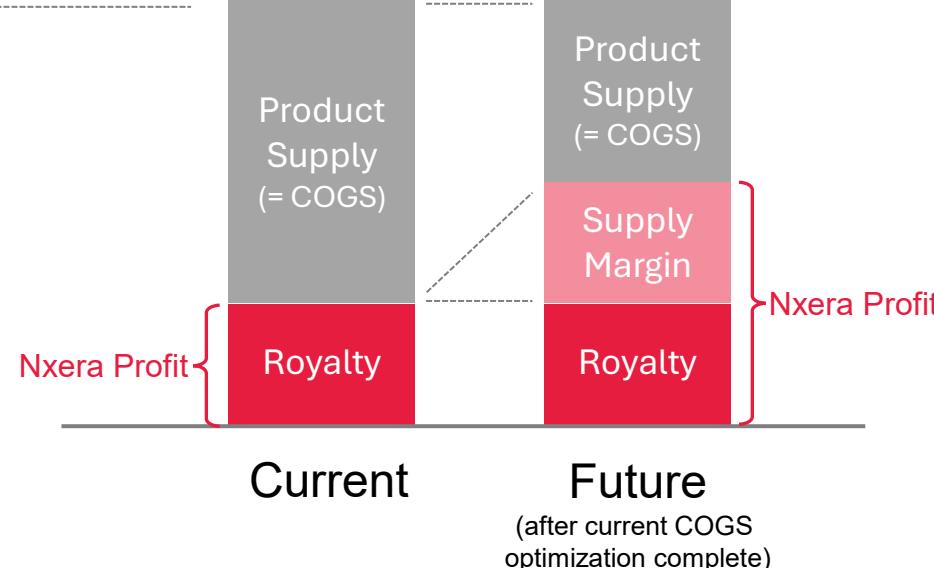


Sales structure

Product net sales



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 2nd API source in October

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

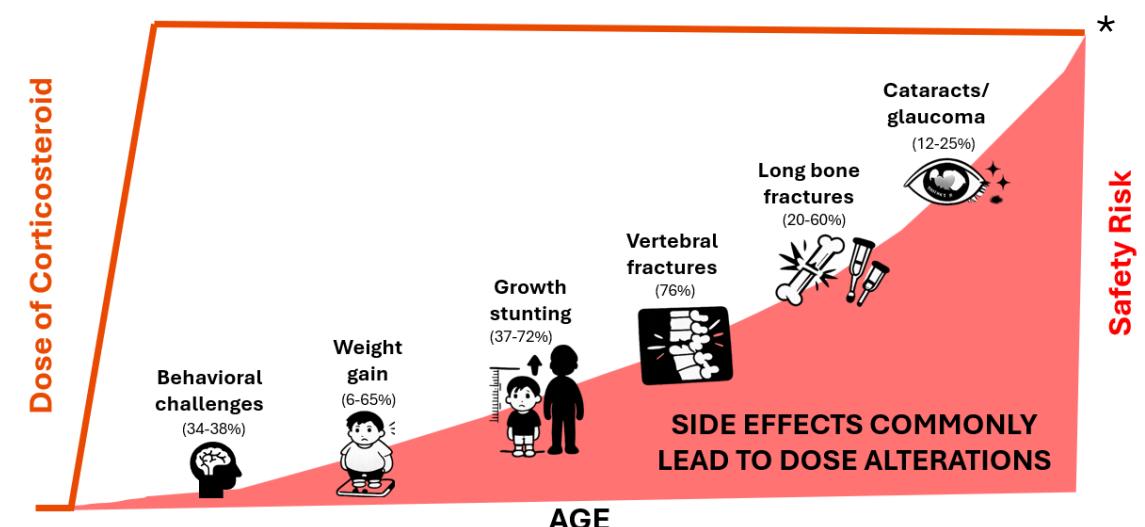
Vamorolone (AGAMREE®)

- 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

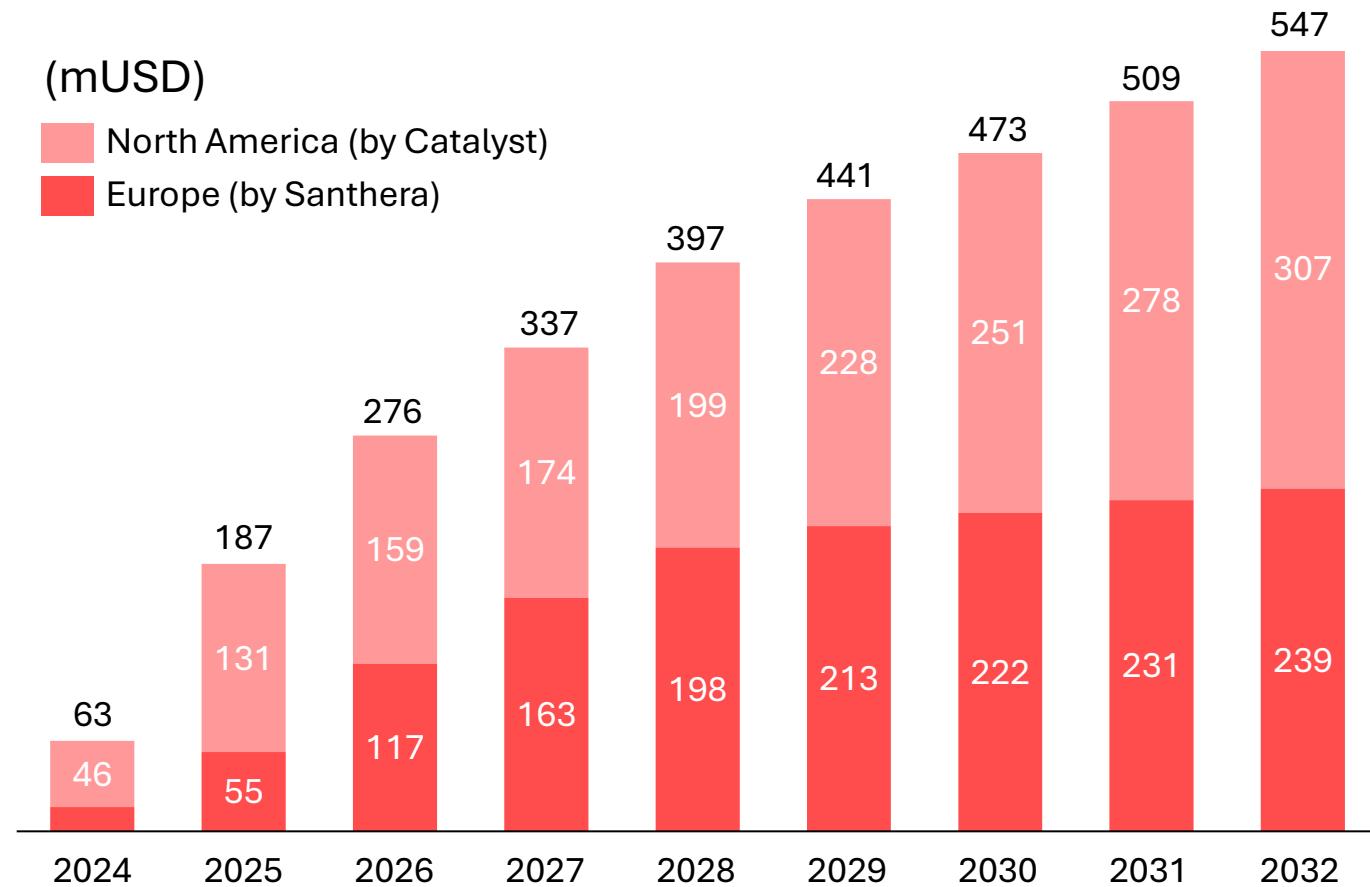
Compared with conventional corticosteroid therapy, the risk of treatment-related adverse events is reduced

- 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)*
 - Bone health – *lower vertebral fracture rate (p=0.0061)*
 - Eye health – *lower incidence of cataracts (p<0.015) and no cases of glaucoma*
- Reduction of side effects allows patients **to maintain treatment**

Consensus sales forecast of vamorolone in other countries

(mUSD)

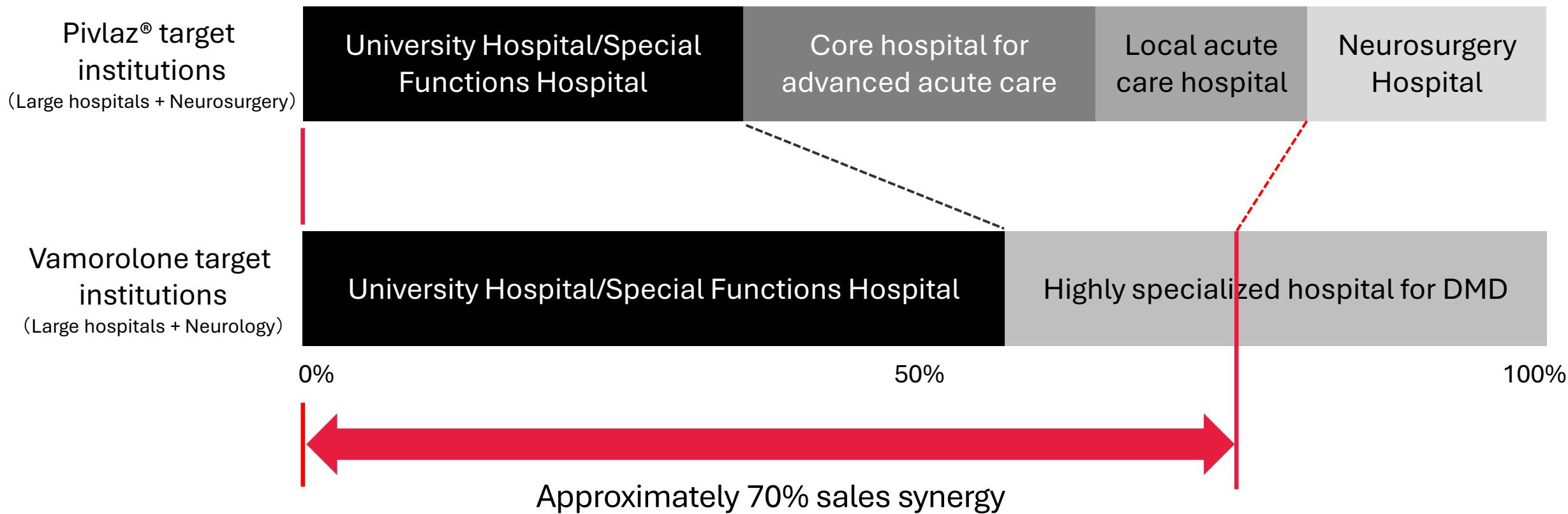
North America (by Catalyst)
Europe (by Santhera)



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



~

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

Discovery



Discovery candidates

Obesity, metabolic & endocrine disorders

- ✓ Targets with highest potential for patient impact

Phase 2 ready



NXE'149

GPR52 agonist

Schizophrenia

- ✓ Phase 1 completed
- ✓ Phase 2 ready



NXE'744

EP4 agonist

IBD

- ✓ Phase 1 completed
- ✓ Target engagement
- ✓ Phase 2 ready

Phase 2



NXE'732

EP4 antagonist

Advanced solid tumors

- ✓ Mechanistic proof-of-concept
- ✓ CRUK driving trial execution

Competitive licensing process on going

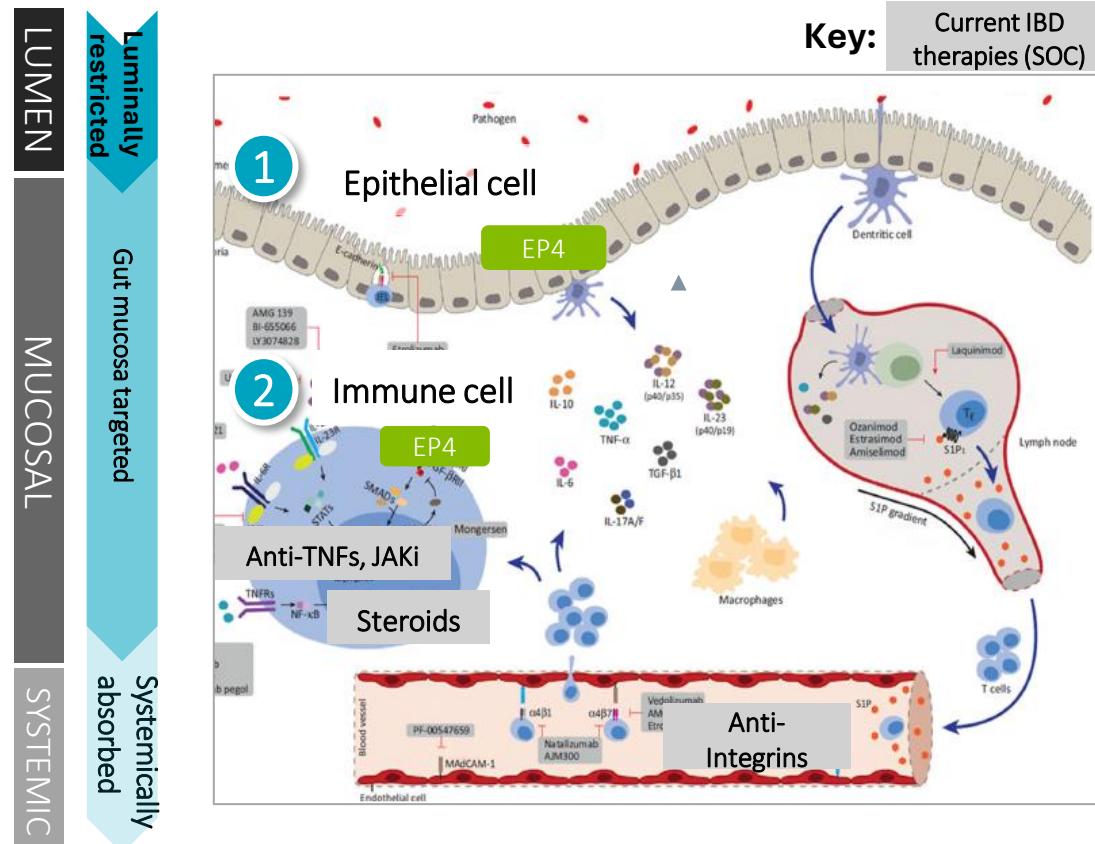
R&D focus on highest potential opportunities

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



*inflammatory bowel disease

- 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

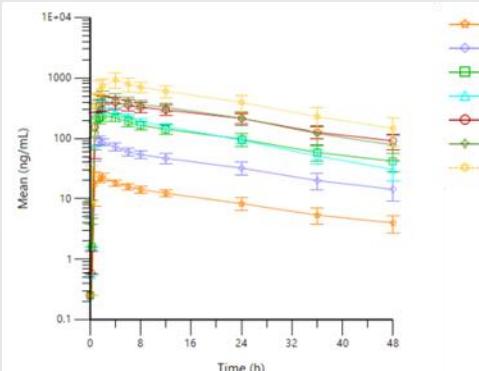
Phase 1 highlights:

- ✓ 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

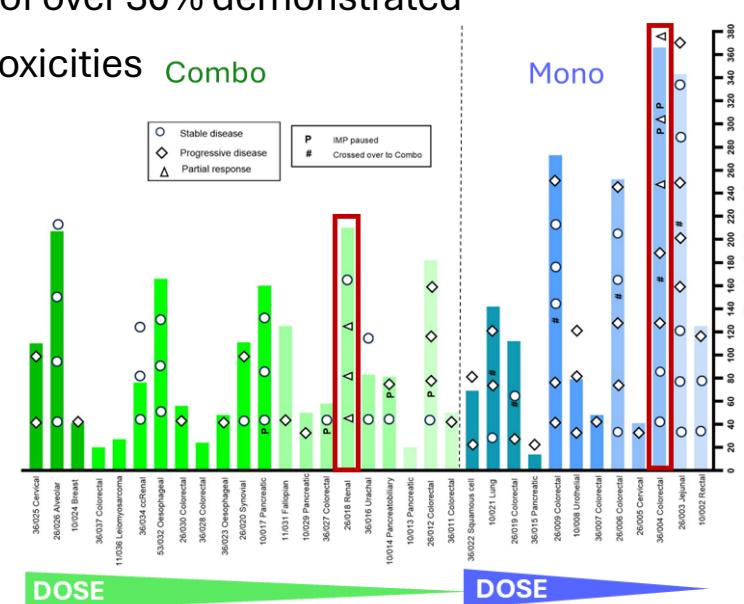
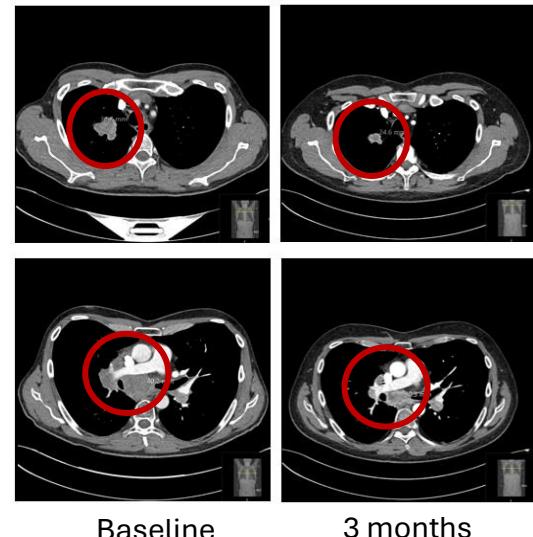
Phase 2a expansion in process in combination with atezolizumab

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

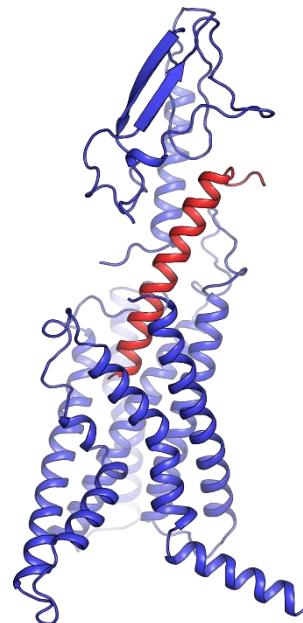
- The emerging data for NXE-732 points to a potential best-in-class profile
- Two partial responses were observed in MSS CRC and anti-PD-L1 resistant ccRcc in the combination arm, with meaningful tumor shrinkage of over 30% demonstrated
- Target engagement confirmed and no dose-limiting toxicities



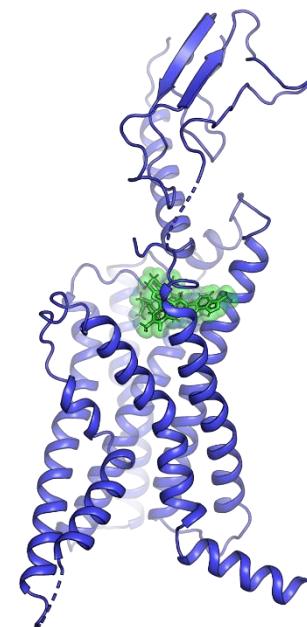
Phase 2a expansion study underway in **MSS Colorectal** (PIK3CA, HER2± others),
Gastric/GOJ Adenocarcinoma, **Renal** (ccRCC), **Prostate** (CRPC)

We can make a huge impact by leveraging our GPCR expertise in the areas of highest unmet medical need: next-generation small molecules for obesity, metabolic and endocrine disorders

Unparalleled GPCR SBDD capabilities



Structure of GLP1-R
bound to **peptide**



Structure of GLP1-R
bound to **small molecule**

- **Launched broad new pipeline**, advancing next-gen BIC therapies for obesity and metabolic disorders
- **Convenient, scalable oral therapies** for sustained weight loss in a market dominated by peptides
- **Targeting key obesity-related co-morbidities**: Enhanced outcomes in cardiovascular, renal, and liver diseases
- **Reducing side effects** and **broadening** out to difficult to treat populations

MECHANISM	Nxera
GLP-1 ag	
GIP ant	
Amylin ag	
Multiple other targets of interest	

Nxera aims to redefine obesity, weight management and related co-morbidities by delivering potent, oral small molecules to meet a critical global need at scale



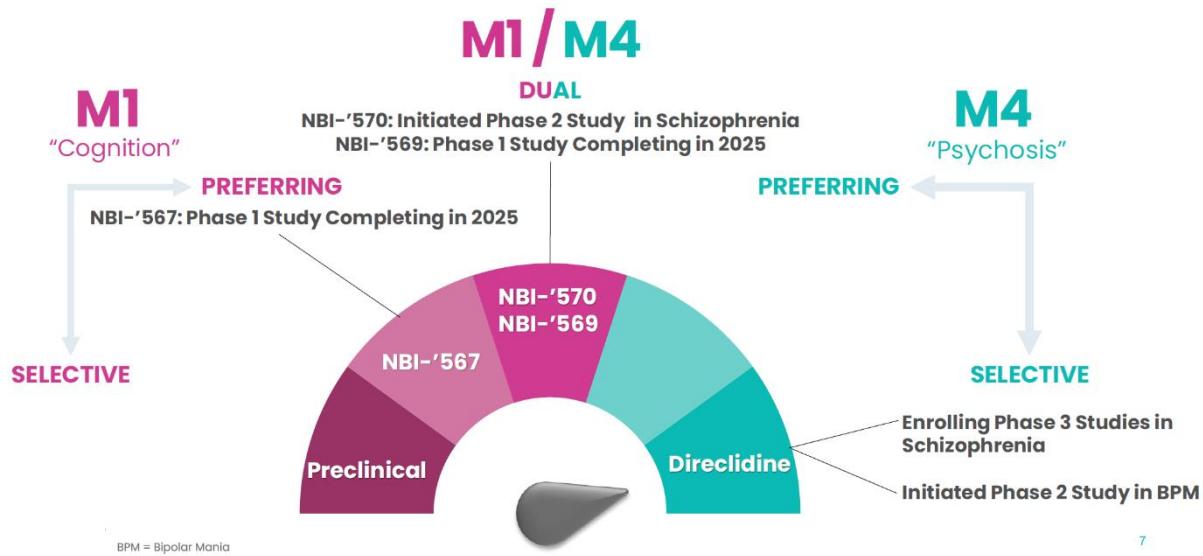
... hundreds of millions of dollars received, billions of dollars in potential to come



Partner	Execution	Program	Therapeutic Area(s)	Upfront and Initial Milestones	Potential Total Milestone ¹
 Boehringer Ingelheim	March 2024	Collaboration and exclusive option-to-license agreement for GPR52 agonist	Schizophrenia	€25m	€670m
 Lilly	December 2022	Multi-target Collaboration	Diabetes and Metabolic	\$37m	\$800m
 abbvie	August 2022	Multi-target Collaboration	Neurological disorders	\$80m	\$1.2bn
 NEUROCRINE [®] BIOSCIENCES	December 2021	Collaboration and license agreement for M ₄ , M ₁ and M ₁ /M ₄ dual agonist	Neurological disorders	\$100m	\$2.6bn
 GSK	December 2020	Collaboration and license agreement for GPR 35	Gastrointestinal, immunology	\$44m	\$480m
 biohaven pharmaceuticals	December 2020	Collaboration and license agreement for CGRP portfolio	Neurology	\$10m	\$380m
 abbvie	June 2020	Discovery Collaboration and Option to License ²	Inflammatory and Autoimmune	\$32m	\$400m
 Takeda	August 2019	Multi-target Collaboration	Multiple; Initial focus on Gastrointestinal	\$26m	\$1.2bn
 Genentech <small>A Member of the Roche Group</small>	July 2019	Multi-target Collaboration	Multiple	\$26m	\$1.0bn
 Pfizer	November 2015	Multi-target Collaboration	Multiple	-	\$1.8bn

¹Potential 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. ² 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

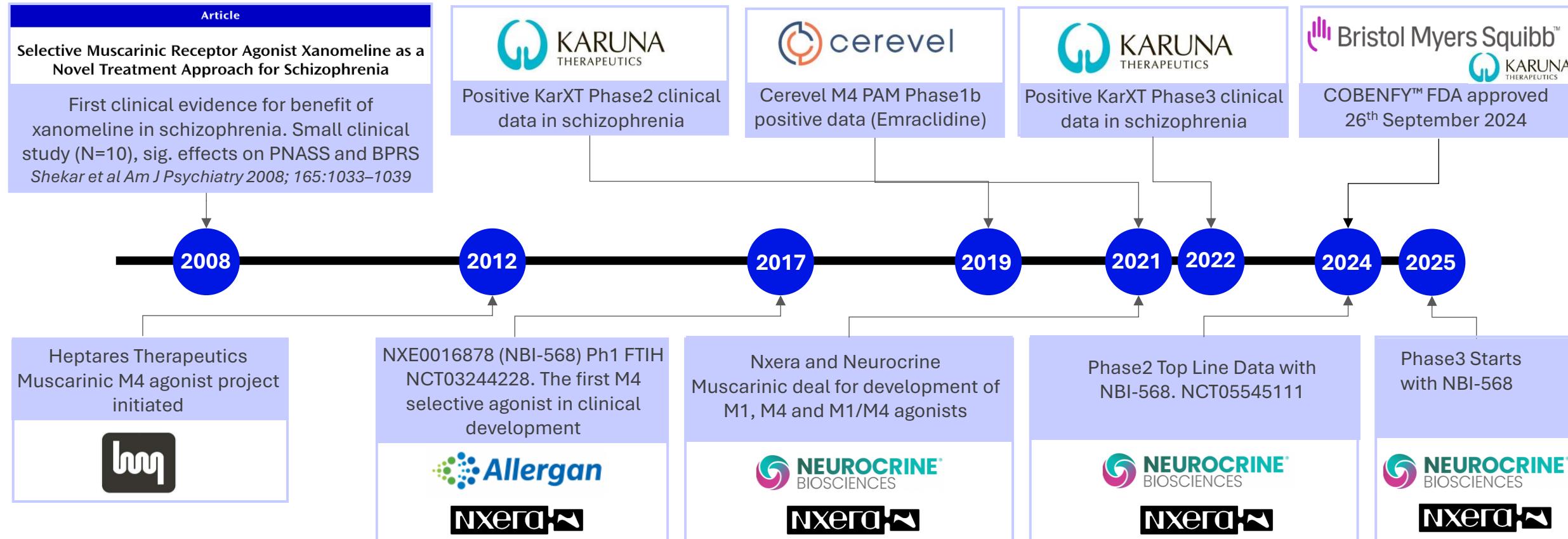


Program	Mechanism	Disease State	Stage of Development
Direclidine	M4 Agonist	Schizophrenia	Phase 3
		Bipolar Mania	Phase 2
NBI-570	Dual M1/M4 Agonist	Schizophrenia / LAI Potential	Phase 2
NBI-569	Dual M1/M4 Agonist	Alzheimer's Psychosis	Entering Phase 1b
		Alzheimer's Cognition	Phase 1
NBI-567	M1 Preferring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



Nxera's research team began working on muscarinic agonists over 10 years ago.

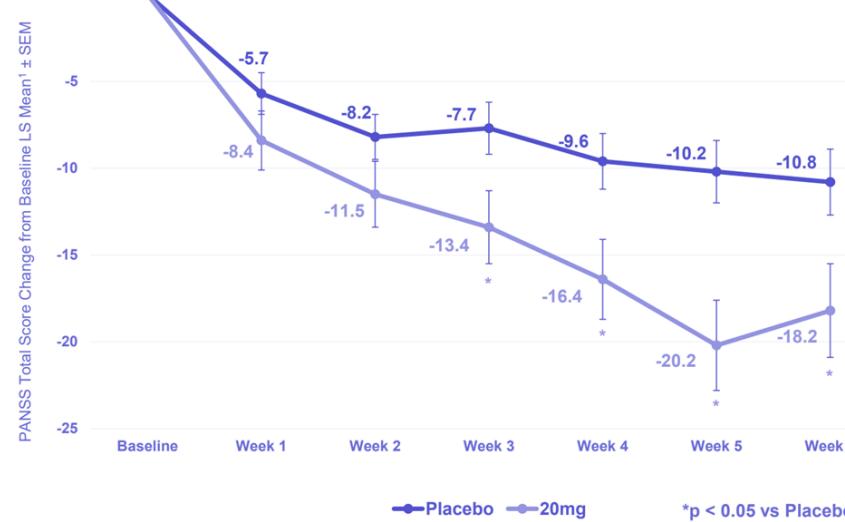
Opportunity remains wide open for best-in-class approaches across a myriad of potential indications

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



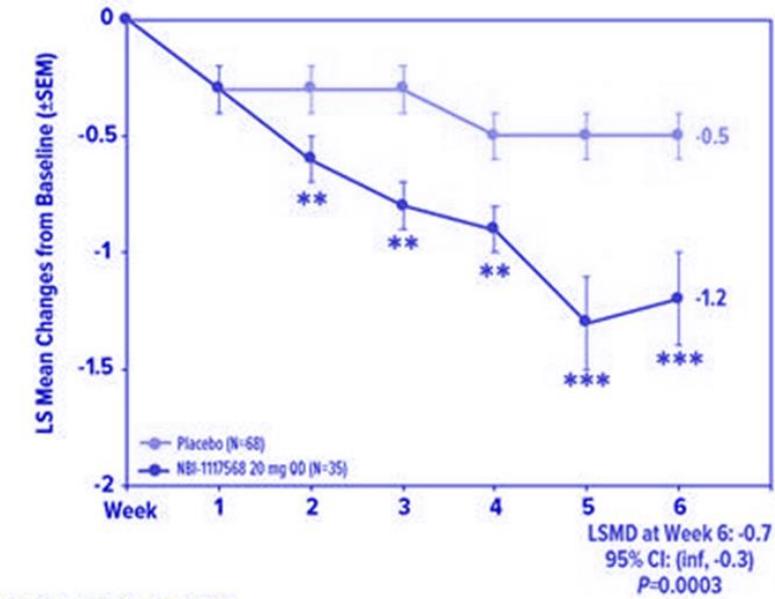
20mg QD Efficacy Data Week 4 – Week 6			
Week	4	5	6**
PANSS Total Score			
LS Mean ¹	-16.4	-20.2	-18.2
LS Mean Difference vs. Placebo ¹	-6.8 p = 0.008	-10.0 p < 0.001	-7.5 p = 0.011
Effect Size ²	0.53	0.72	0.61



¹ 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.

² Effect size (Cohen's D) is based on observed data.

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.”



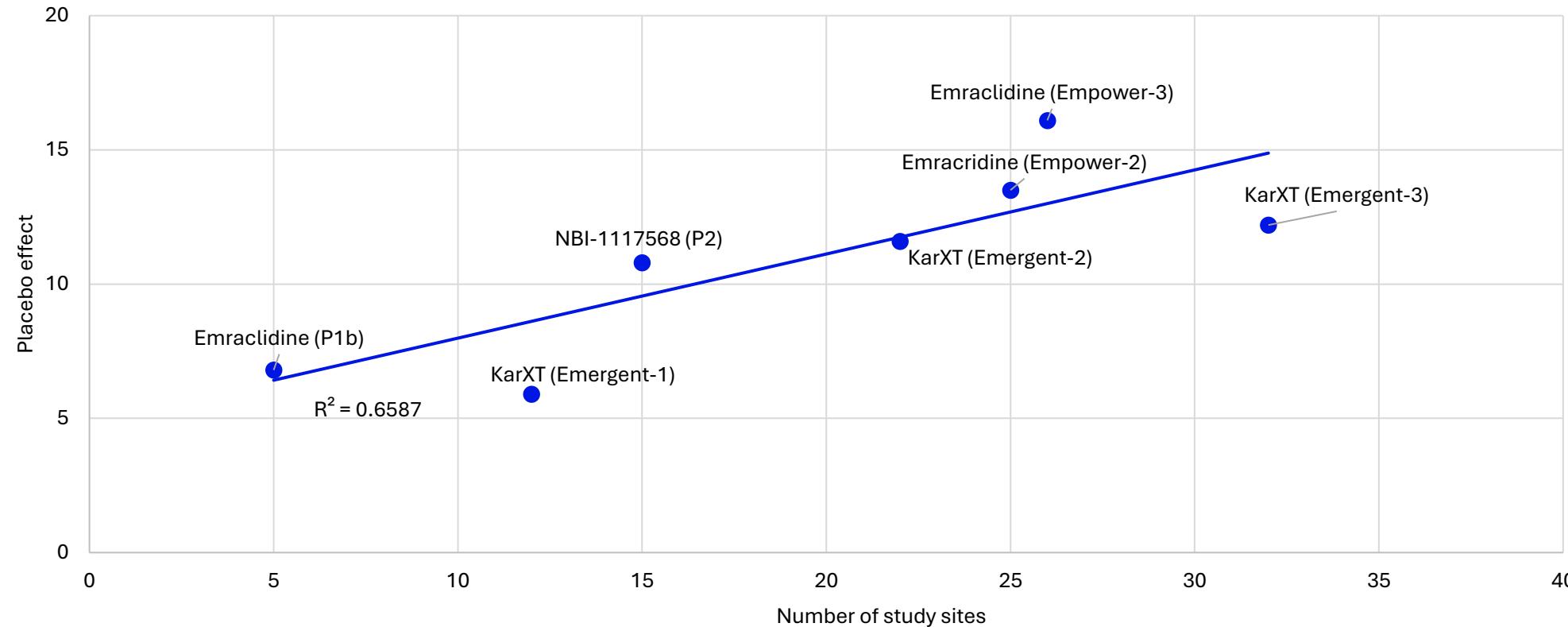
Comparison of Study Sites and Duration with Known Muscarinic Programs

Mentioned in a presentation Phase 3 of NBI-568 will be 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) 32 sites (EMERGENT-3)	26 sites (EMPOWER-2) 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 (Week 6)	PANSS Total Score Change (Week 5)	PANSS Total Score Change (Week 5)	PANSS Total Score Change (Week 5)

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



	Placebo N=70	20mg QD N=40	40mg QD N=39	60mg QD N=34	30mg BID N=27	All Treated 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)

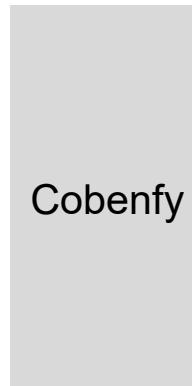


Table 3.6. Pooled Treatment-Related Adverse Events in EMERGENT trials²⁰

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%

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

Source: Neurocrine presentation – Topline Results for Phase 2 Trial of NBI-1117568 (NBI-568) in Schizophrenia, August 28, 2024, KarXT for Schizophrenia draft evidence report Nov. 28, 2023 (https://icer.org/wp-content/uploads/2023/07/ICER_Schizophrenia_Draft_Report_For-Publication_112823.pdf)

Centessa is advancing ORX750, a potential best-in-class Orexin Receptor 2 agonist for treatment of NT1, NT2 and IH



Potential BIC for NT1, NT2 and IH

ORX750

CRYSTAL-1 Phase 2a study in NT1, NT2 and IH



Evaluate safety, tolerability, and PK in NT1, NT2, and IH patients

Efficacy assessment registrational endpoints: **Maintenance of Wakefulness Test (MWT)**, **Epworth Sleepiness Scale (ESS)**, **weekly cataplexy rate** (NT1 patients only), and overall symptom improvement*

Exploratory efficacy assessments will measure sleep, **cognition, attention, memory**, and general health

First robust demonstration of oral OX2R agonist addressing wakefulness needs of patients across NT1, NT2 and IH...

- Generally favorable safety and tolerability profile**
- Statistically significant, clinically meaningful and dose-dependent efficacy**
- Dose escalation** across ongoing and future cohorts with **once-daily and split-dose regimens**, enabled by Phase 1 data

...Expect to initiate registration program in Q1 2026

Phase 2a study update

Endpoints

Maintenance of Wakefulness Test (MWT) >20 min change at 1.5mg vs baseline (with half of participants >30 min). NT1
>10 min change at 4mg vs baseline. NT2

Epworth Sleepiness Scale (ESS) 1.5mg = 5.1 vs 18.7 (placebo). NT1
4mg = 8.1 vs 15.9 (placebo). NT2

Weekly Cataplexy Rate (WCR) 87% relative reduction at 1.5mg vs placebo. NT1

Participants 55 participants (NT1, NT2 & IH)

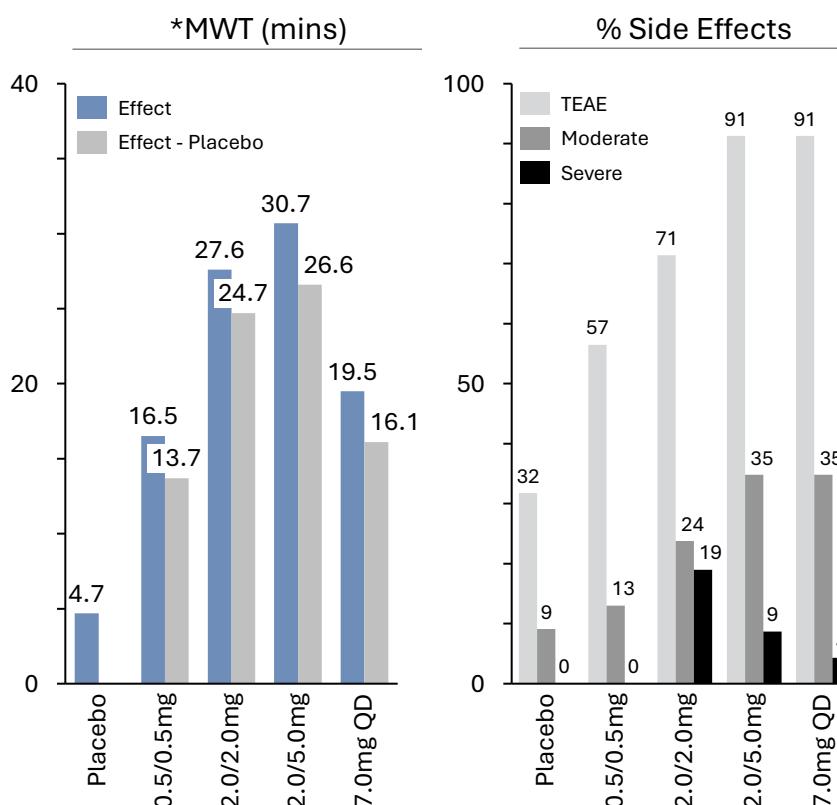
Next step Registration Program initiation planned for Q1 2026

Initial Phase 2a data mark first robust demonstration of oral OX2R agonist addressing wakefulness needs of patients across all three indications; **Expect to initiate registrational program in Q1 2026**

Data on OX2 agonist competitors

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

TAK-861

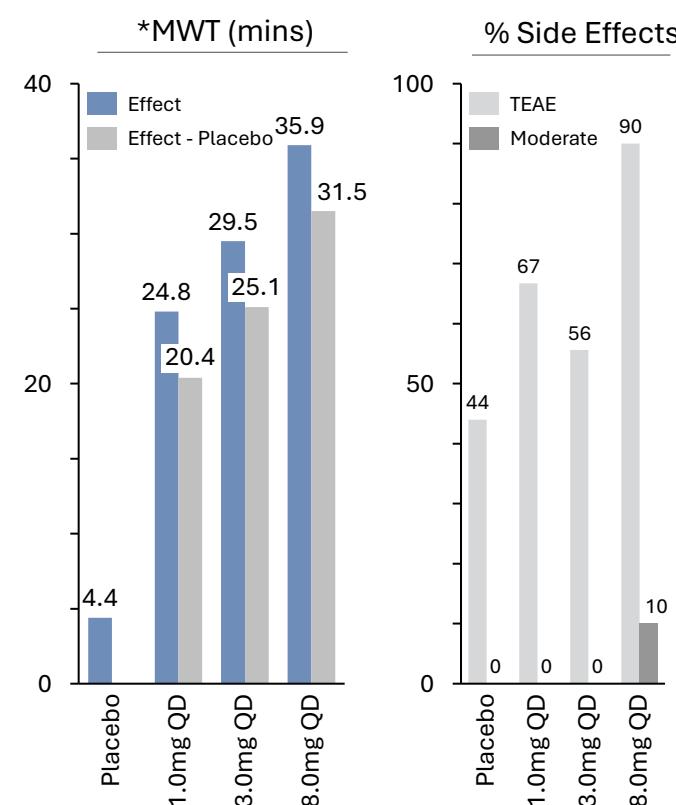


- **Ph2b NT1 patients**
- **n=112 (Week8)**

*MWT = Maintenance of Wakefulness Test

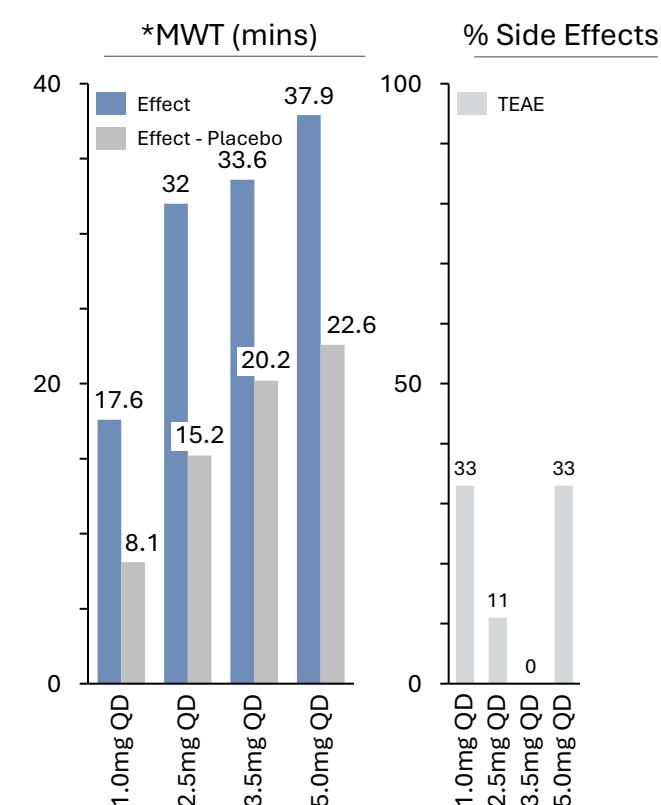
Source: Created by Nxera based on N Engl J Med 2025;392:1905-1916 and Alkermes presentation

ALKS2680



- **Ph1b NT1 patients**
- **n=34**

ORX750



- **Ph1b healthy volunteers**
- **n=10**

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



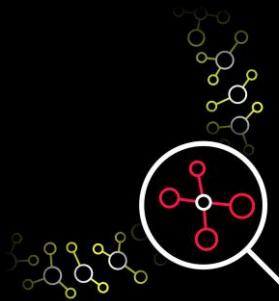
Target ID and Validation

Identifying the best targets



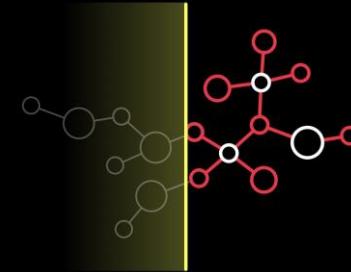
NxStaR™

Stabilising the right targets



NxHit™

Identifying the optimal hits



NxDesign™

Selecting the best candidate



Translational Med.

Testing the therapeutic hypothesis

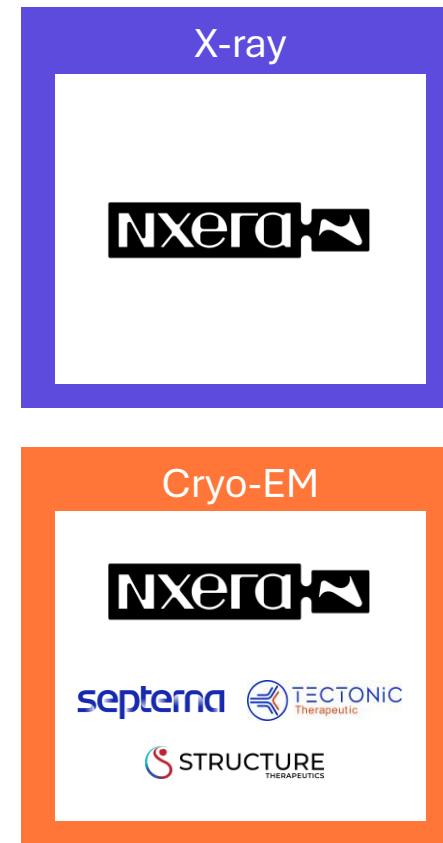
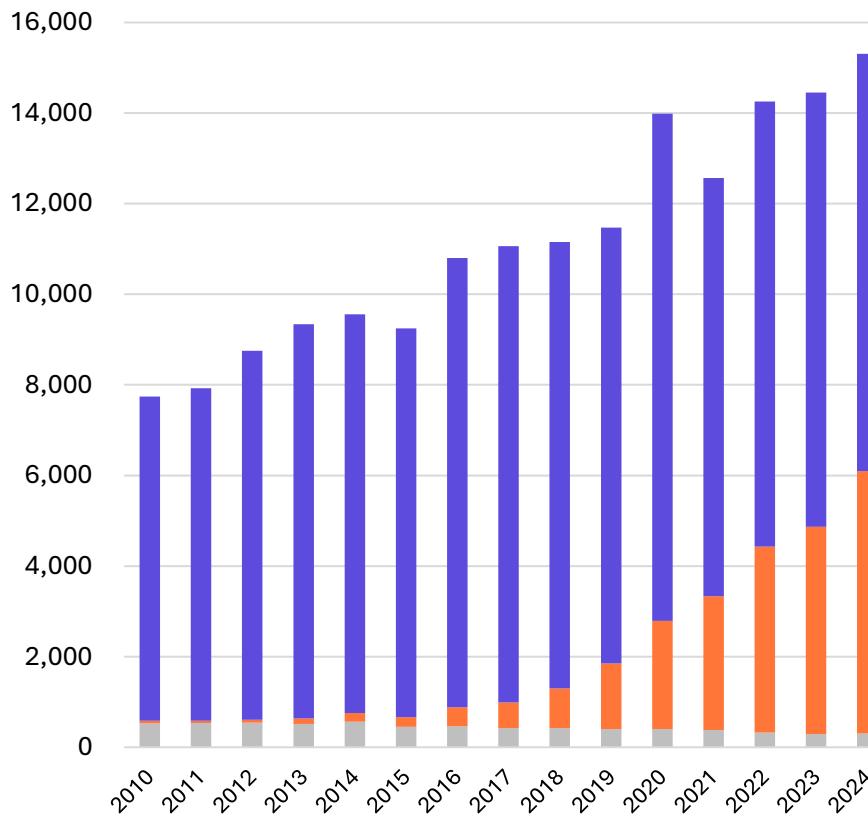
World-leading productivity

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

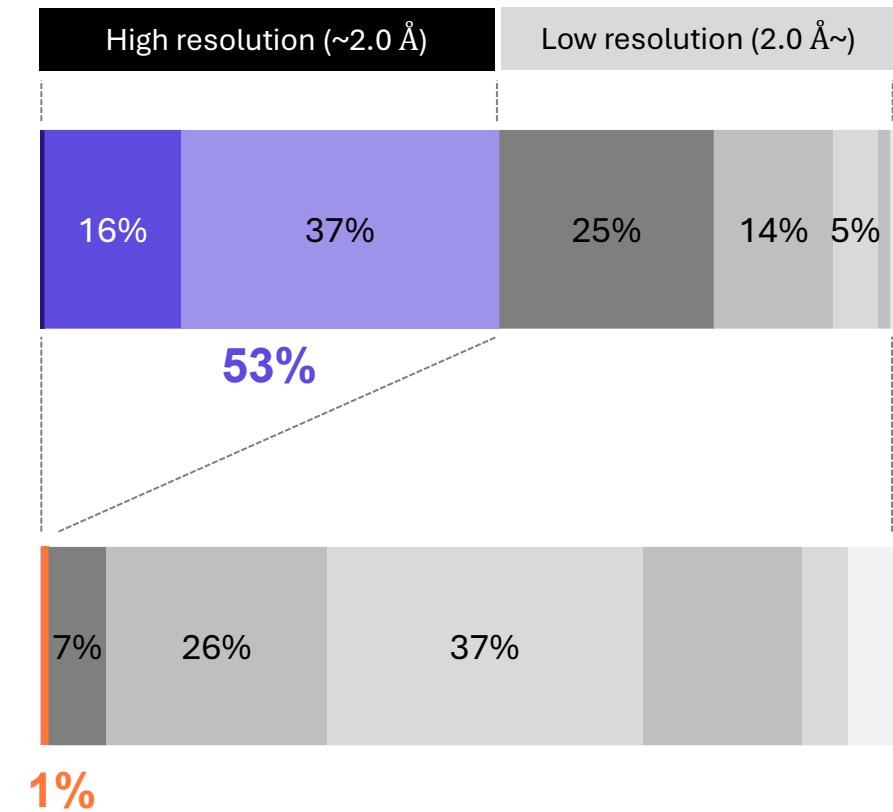
Number of structures solved and deposited in PDB, resolution by technology

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

Number of structures solved by technology



Resolution by technology

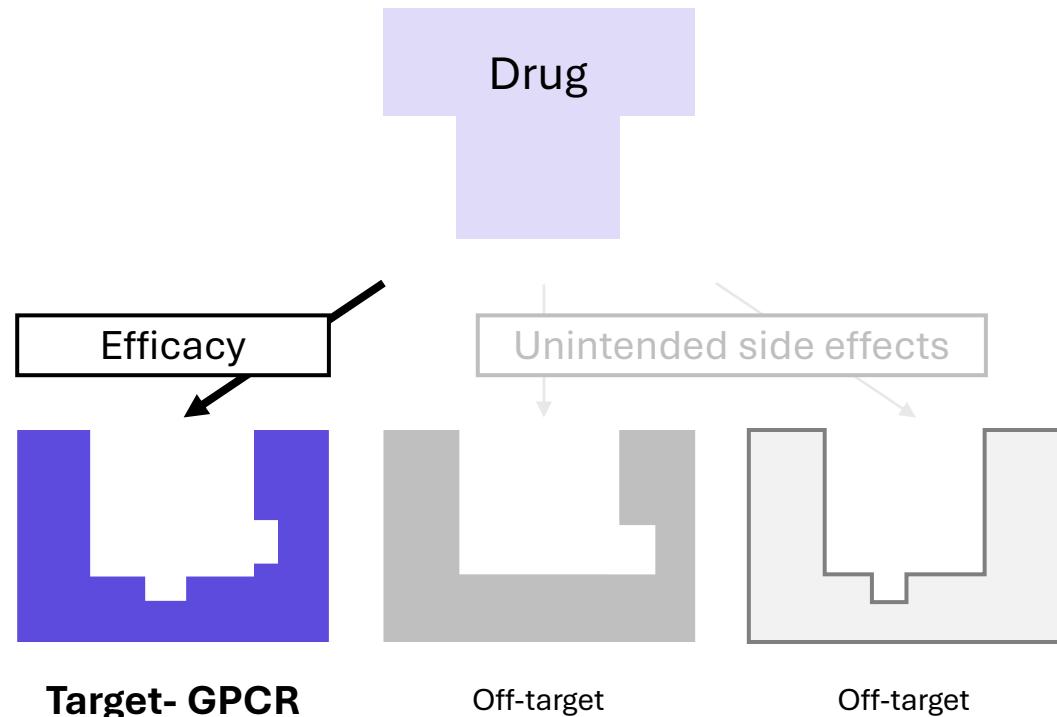


Our platform enables precise design of GPCR models

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

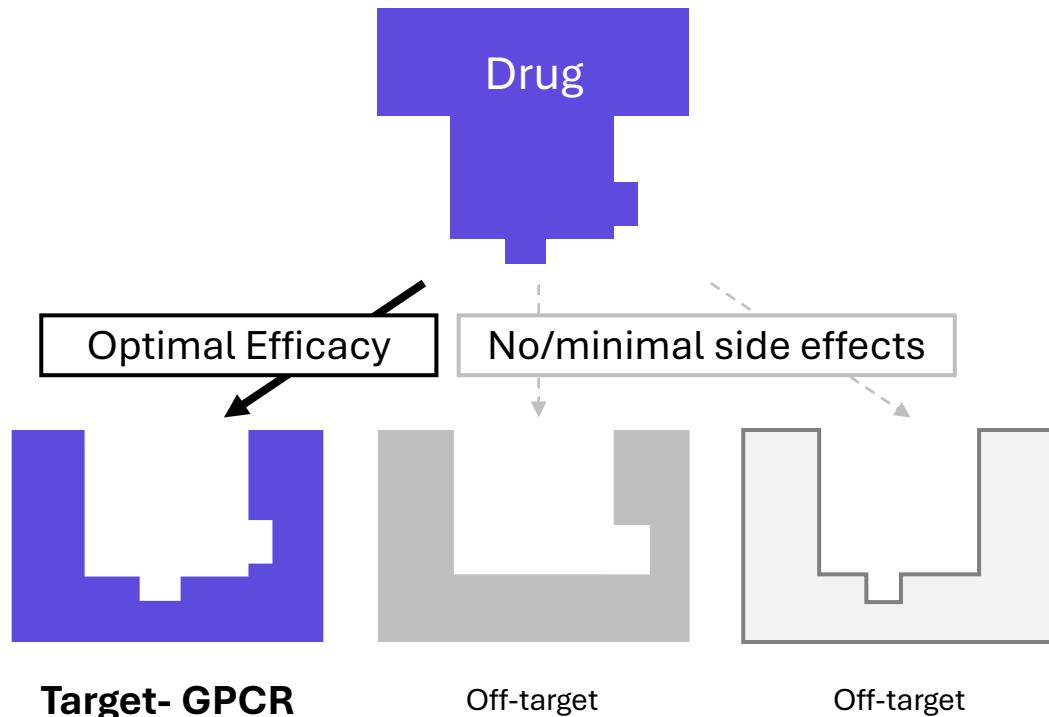
Imprecise GPCR model: **Standard Medicine**

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



Precise GPCR model: **Optimized Medicine**

High selectivity enables 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	Mitsubishi							
Cenerimod	S1P ₁ receptor modulator	SME	SLE	VIATRIS™							
NBI-1117568	Muscarinic M4 agonist	SME	Schizophrenia	NEUROCRINE BIOSCIENCES							
NBI-1117568	Muscarinic M4 agonist	SME	Bipolar Mania	NEUROCRINE BIOSCIENCES							
NBI-1117569	Muscarinic M1/M4 agonist	SME	Alzheimer's psychosis	NEUROCRINE BIOSCIENCES							
NBI-1117570	Muscarinic M1/M4 agonist	SME	Schizophrenia	NEUROCRINE BIOSCIENCES							
NBI-1117567	Muscarinic M1 preferring agonist	SME	AD Cognition/LBD	NEUROCRINE BIOSCIENCES							
PF-07258669	MC4 antagonist	SME	Malnutrition	Pfizer							
(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	sanofi							
(Not disclosed)	AI-Augmented Drug Discovery	SME	Neurology diseases	PHARMENABLE							
(Not disclosed)	Multi target	SME/LME	Immune / Neurology diseases	precisionlife improving health for everyone							
Co-owned companies											
TMP-301*	mGlu5 NAM	SME	Alcohol use disorder	TEMPERO BIO							
TMP-301*	mGlu5 NAM	SME	Cocaine use disorder	TEMPERO BIO							
ORX750	OX2 agonist (Oral)	SME	Narcolepsy Type 1/2, IH	CENTESSA ANTI-OX2 THERAPEUTICS							
ORX142	OX2 agonist (Oral)	SME	EDS in neurology	CENTESSA ANTI-OX2 THERAPEUTICS							
ORX489	OX2 agonist (Oral)	SME	Neurology	CENTESSA ANTI-OX2 THERAPEUTICS							

Note: SME = small molecule. LME = large molecule

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



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 ¹	GPR52 agonist	SME	Neurology diseases								
NXE0039732 ²	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

Compound	MoA	Condition	Phase	Size	Patient	Start	Completion*	Last Update	Link (main/latest)	Link (others)
NBI-1117568	M4 agonist	Schizophrenia	Ph2	210	Yes	2022-10-04	2024-07-10	2025-07-11	NCT05545111	-
NBI-1117568	M4 agonist	Schizophrenia	Ph3	284	Yes	2025-05-08	2027-10	2025-12-15	NCT06963034	NCT07114874
NBI-1117568	M4 agonist	Schizophrenia	Ph3	284	Yes	2025-08	2027-11	2025-09-23	NCT07105098	NCT07114874
NBI-1117568	M4 agonist	Bipolar Mania	Ph2	150	Yes	2025-12	2028-02	2025-12-17	NCT07288320	
NBI-1117569	M1/M4 agonist	Alzheimer's psychosis	Ph1	-	-	-	-	-	-	-
NBI-1117570	M1/M4 agonist	Schizophrenia	Ph2	120	Yes	2025-12	2027-08	2025-12-05	NCT07288333	2023-508814-40-00
NBI-1117567	M1 preferring agonist	AD Cognition/LBD	Ph1	-	-	-	-	-	-	-
PF-07054894	CCR6 antagonist	Inflammatory bowel diseases	Ph1	40	Yes	2022-11-07	2025-11-11	2025-12-05	NCT05549323	NCT06327880 NCT04388878 NCT07009353
PF-07258669	MC4 antagonist	Malnutrition	Ph1	26	No	2024-12-11	2025-02-20	2025-08-03	NCT06706869	NCT04628793 NCT05113940 NCT07086664
TMP-301**	mGlu5 NAM	Alcohol use disorder	Ph2	110	Yes	2024-11-14	2025-11-15	2025-07-10	NCT06648655	-
TMP-301**	mGlu5 NAM	Cocaine use disorder	Ph1	18	Yes	2025-01-04	2025-05-05	2025-05-18	NCT06648668	-
ORX750	OX2 agonist	Narcolepsy Type 1/2, IH	Ph2	96	Yes	2024-12-23	2025-12	2025-10-29	NCT06752668	NCT07096674
ORX142	OX2 agonist	Neurological & Neurodegenerative Disorders	Ph1	208	No	2025-6-30	2026-06-15	2025-12-24	NCT07082829	-
Cenerimod	SIP1 modulator	Lupus Erythematosus, Systemic	Ph3 Ph3	420 420	Yes Yes	2022-12-13 2023-06-26	2026-10-31 2026-10-31	2026-01-14 2026-01-14	NCT05648500 NCT05672576	NCT06475742
NXE0048149	GPR52 agonist	Neurology diseases	Ph1	24	No	2024-06-07	2025-11-15	2024-11-05	ISRCTN44913564	ISRCTN17231793
NXE0039732	EP4 antagonist	Immuno-oncology	Ph1/2	150	Yes	2023-07-13	2027-06	2025-06-08	NCT05944237	-
NXE0033744	EP4 agonist	Inflammatory bowel diseases	Ph1	Up to 220	-	2023-11-24	2026-06-30	2024-05-02	ISRCTN70080074	-

*Primary Completion (Estimated)

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



Estimation of potential market size

Multi-billion USD annual peak sales potential for our post-pre-clinical pipeline

Category	Indication ²	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 ¹	-	-	mGlu5 NAM
Immunology	Narcolepsy	~3 million	\$2.5 billion (2024)	\$1.4 billion (2024/Xywav)	OX2 ag
	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
Metabolism	Systemic Lupus Erythematosus	~5 million	\$2.7 billion (2024)	\$1.9 billion (2024/Benlysta)	Cenerimod
	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 ¹The 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). ² Nxera may target one segment in the market for specific diseases



Exclusive Opt-in Rights And ROFN/ROFR¹

Option to develop up to five clinical programs for Japan and APAC (ex-China) from Idorsia

	Program	Mechanism of Action	Indication	Stage	Region
Exclusive Opt-in Right	Lucerastat	Glucosylceramide synthase inhibitor	Fabry disease	Phase 3	
ROFR /ROFN ¹	ACT-1004-1239	ACKR3 / CXCR7 antagonist	Multiple sclerosis and other demyelinating diseases	Phase 2*	APAC (ex-China) ²
	ACT-1014-6470	C5aR1 antagonist	Immune-mediated disorders	Phase 1*	
	IDOR-1117-2520	Undisclosed	Immune-mediated disorders	Phase 1*	
	ACT-777991	CXCR3 antagonist	Recent-onset Type 1 diabetes	Phase 1*	

¹ ROFN/ROFR - Right of first negotiation / Right of first refusal

² Territories include Japan, South Korea, Australia, Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, New Zealand, Philippines, Singapore, Taiwan, Thailand and Vietnam

* Global Phase



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 (Material)
Recurring	Costs under “Core”	
Non-recurring (Material)		Costs under “IFRS”

Operating Profit “IFRS”

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



Exchange Rate, Intangible Assets and Non-core Costs

Average exchange rate during period

		FY2025	FY2024	FY2023	FY2022
USD:JPY	Actual	-	151.43	140.53	131.30
	Estimate	152	140	143	
GRP:JPY	Actual	-	193.49	174.81	161.76
	Estimate	193	172	166	

Intangible assets

		Dec 31, 2024	Dec 31, 2023	Dec 31, 2022	(JPY mn)
PIVLAZ®		36,164	37,527	-	
Core technology		8,365	8,466	8,217	
QUVIVIQ®		6,825	5,825	-	
Customer-related assets		227	227	219	
Oravi®		78	89	101	
Other		252	157	40	
Total		51,911	52,291	8,577	

Non-core costs (full year)

	FY 2024	FY 2023	FY 2022	(JPY mn)
Cost of sales adjustment	2,401	1,812	-	
Amortization	2,371	1,495	782	
M&A related costs	1,220	1,263	-	
Depreciation	1,613	983	563	
Share-based Payments	1,396	844	542	
Restructuring costs	28	53	533	
Impairment	-	-	-	
Total	9,029	6,450	2,420	

Shareholdings (%)

	FY 2024
TemperoBio, Inc	8.863
Centessa	0.70
Biohaven	0.03



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's 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



Office 26.01
Flexoffice Messteurm
26th Floor
Messeplatz 10
CH-4058 Basel

Switzerland

~

Thank you



BREAKTHROUGHS IN PROGRESS • BREAKTHROUGHS IN PROGRESS • BREAKTHROUGHS IN PROGRESS