



# Corporate Presentation

July 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 Appendix


1

# 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”***

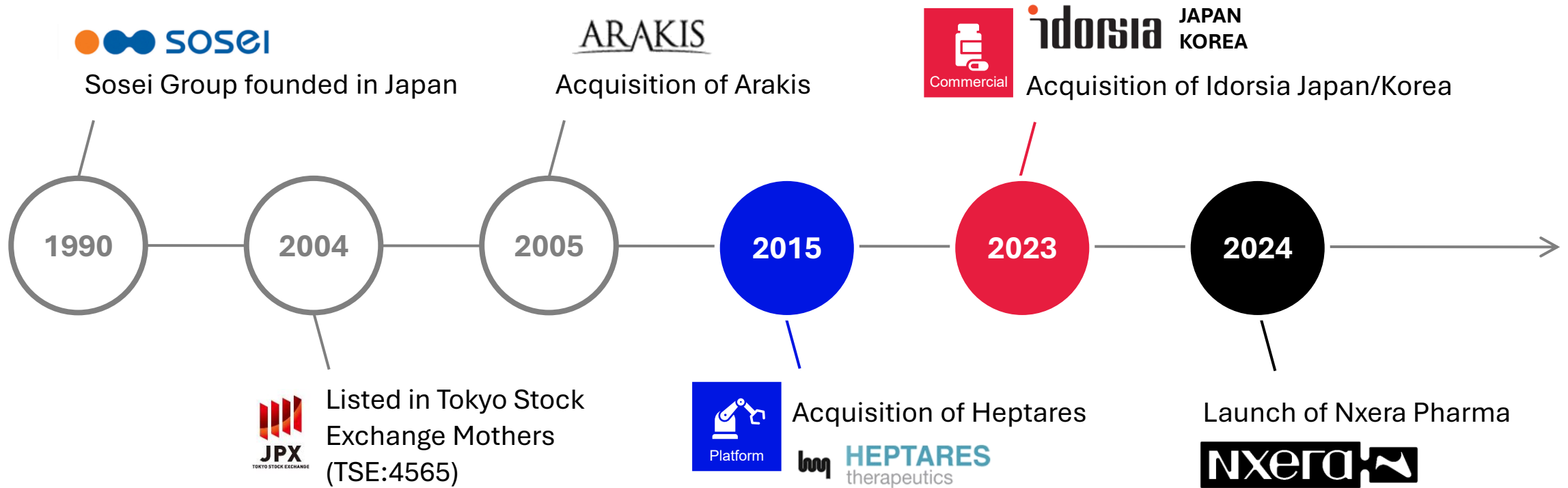


- Marketed (2)
- Phase3 (2)

150 team members

# Nxera Pharma History

Since 1990: Growth Powered by Strategic Acquisitions



# Major Pipeline Overview



Vamorolone  
Duchenne Muscular Dystrophy

PIVLAZ®  
Cerebral vasospasm

Lucerastat  
Fabry disease

QUVIVIQ™  
Insomnia SHIONOGI

IN-HOUSE

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

EP4 ag. NXE'744  
IBD

EP4 ant. NXE'732  
Advanced solid tumors

GPR52 ag. NXE'149  
Schizophrenia

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

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

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

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

OX2 ag. ORX489  
Neuropsychiatric disorder

OX2 ag. ORX142  
Neurology

OX2 ag. ORX750  
Narcolepsy, IH

MC4 ant. PF'669  
Malnutrition

Other

Cenerimod  
SLE

Respiratory Portfolio  
COPD / Asthma

AD: Alzheimer's disease; LBD: dementia with Lewy bodies  
\*NXE0039732 (EP4 antagonist): Cancer Research UK is funding the Phase I/IIa clinical trial; Nxera retains the rights.

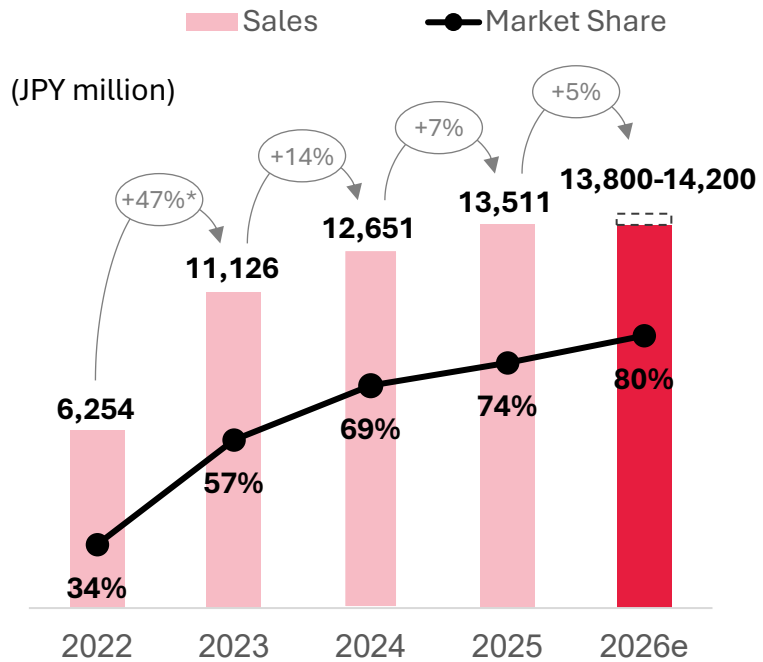


# Commercial Business

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



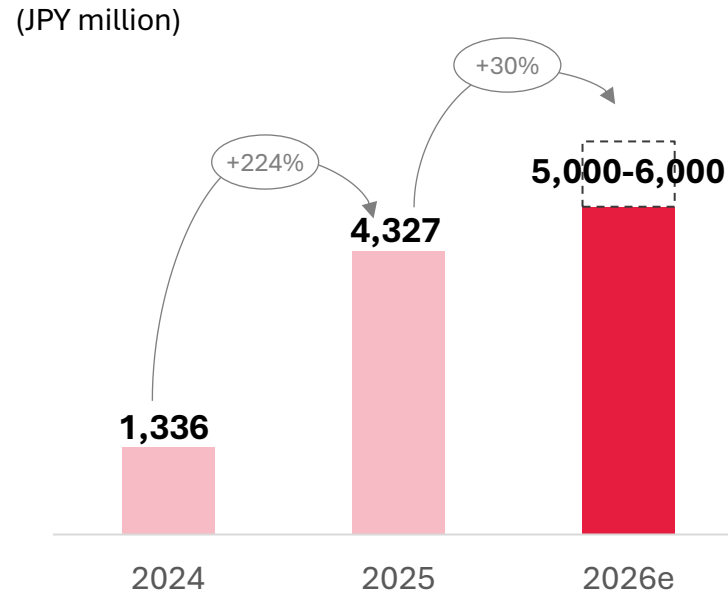
## Pivlaz



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

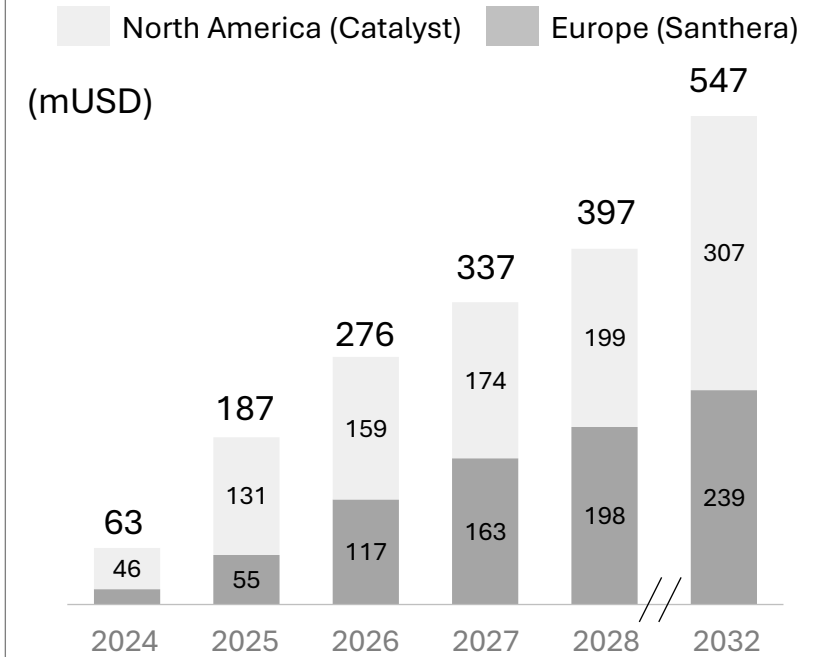


## Quviviq



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

# 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



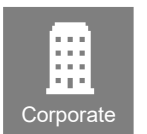
04

Initiate at least one partner-sponsored phase 2 trial



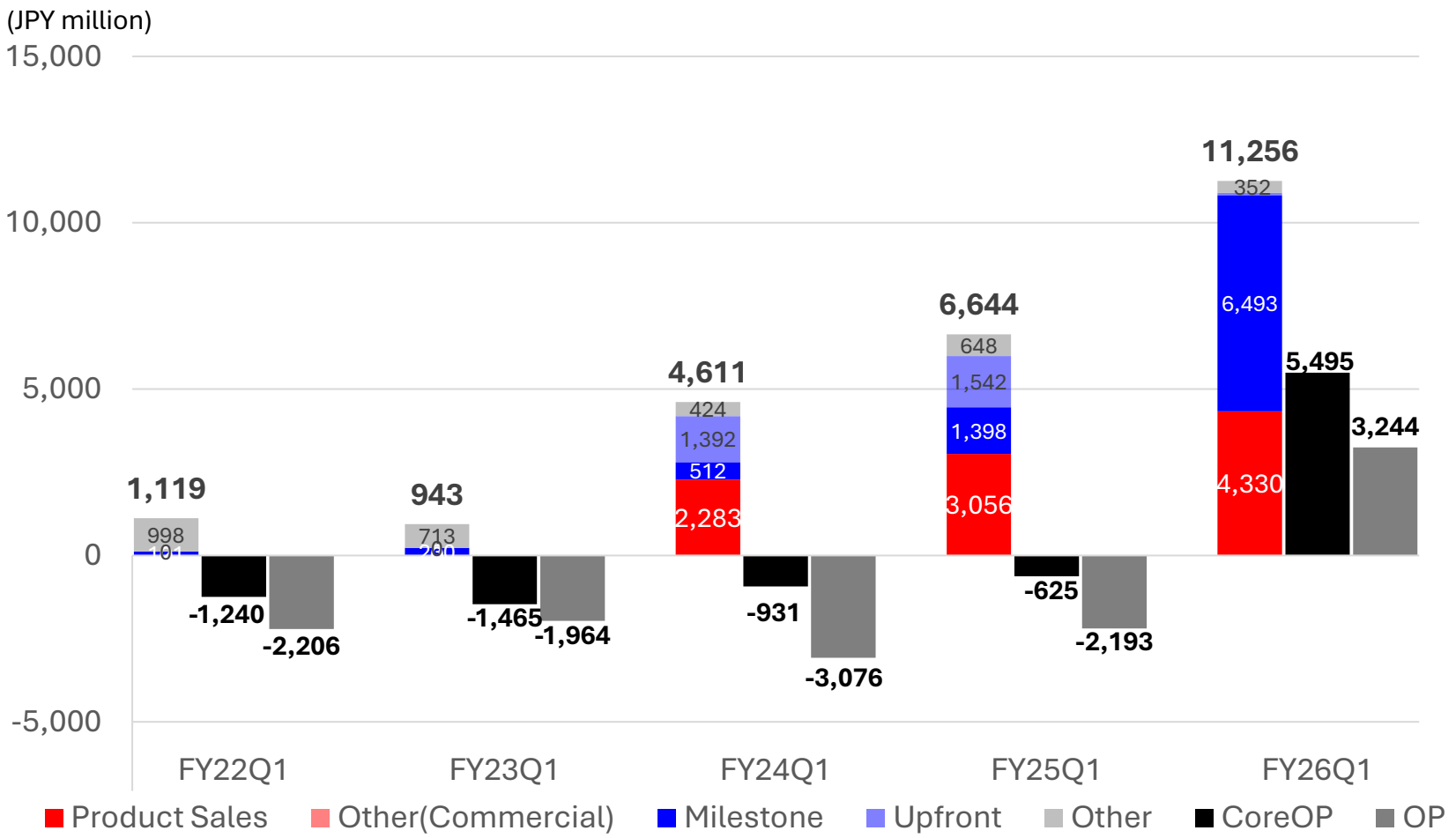
05

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



# Key financial results (FY2026 Q1)

Achieved profitability in both core OP and OP



## Progress in 2026 Q1



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



- Pivlaz: +21% YoY
- Quviviq: +118% YoY



- R&D expenses increased in the obesity area but were controlled overall (progress vs. full-year forecast: 25%)
- SG&A expenses progressed in line with the initial forecast (same: 25%)

# Breakdown of Q1 financial results (FY2026)

Both the commercial business and the platform business have turned profitable

(JPY million)	Platform*1		Commercial*2		Consolidated P&L (Core)		Non-core costs		Consolidated P&L (IFRS)	
		(YoY)		(YoY)		(YoY)				(YoY)
<b>Revenue</b>	6,894	+237%	4,361	-5%	11,256	+69%	Total: 2,252		11,256	+69%
<b>Cost of Sales</b>	141	-78%	966	+0%	1,107	-31%	A Amortization (447)		1,118	-31%
<b>SG&amp;A</b>	1,518	+28%	940	-28%	2,458	-1%	B Other (677)		3,570	-4%
<b>R&amp;D</b>	2,350	-26%	297	+1%	2,647	-24%	B Other (381)		3,028	-20%
<b>Other income</b>	454	+161	(3)	+3	451	+164	(746)		(295)	-582
<b>OP/Core OP</b>	<b>3,339</b>	<b>+5,998</b>	<b>2,156</b>	<b>+123</b>	<b>Core OP 5,495</b>	<b>+6,121</b>			<b>OP 3,244</b>	<b>+5,437</b>

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

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

No change to the earnings guidance

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

**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 2H 2026

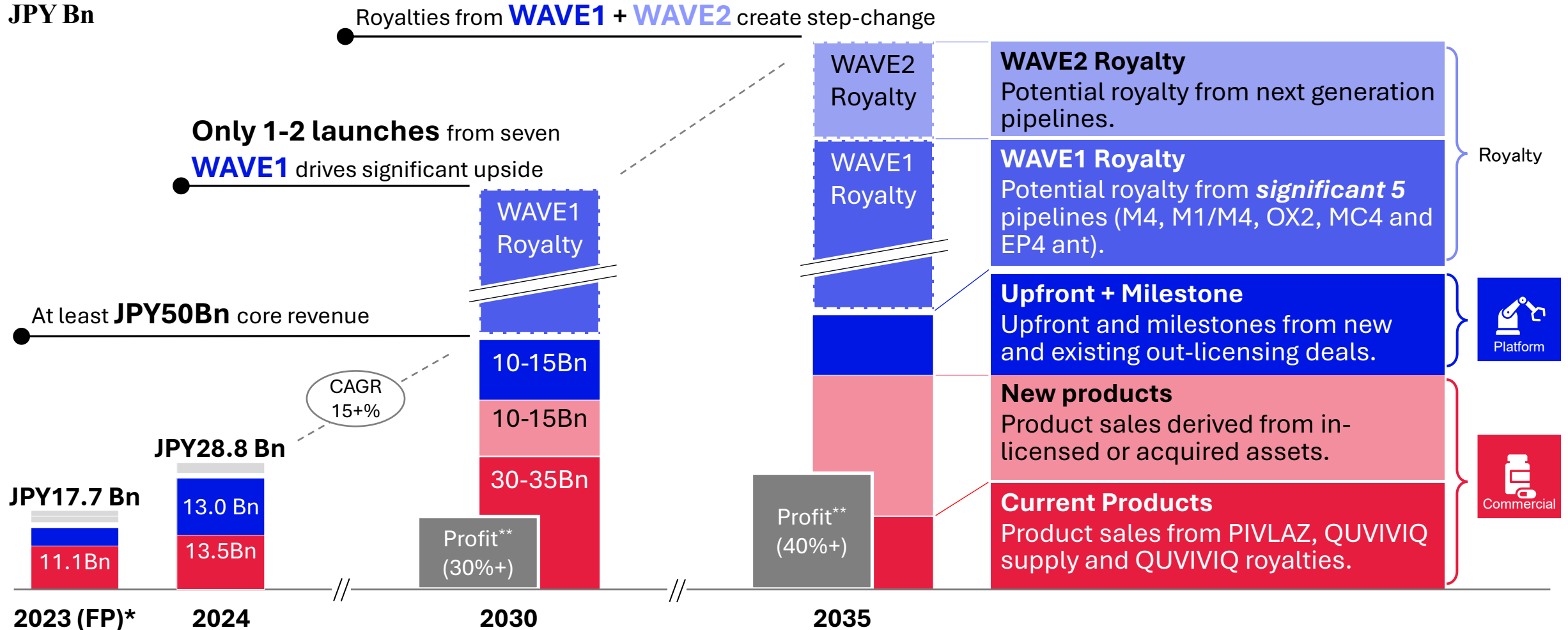
# Looking ahead to potential catalysts in 2026\*

✓ : Completed    ✓ : Partially Completed

PROGRAM	PARTNER	TIMING	EVENT	
✓ ORX142 (OX2 agonist)	<i>Lilly</i>	Feb 2026	Phase 2 study start	
✓ ORX489 (OX2 agonist)	<i>Lilly</i>	Mar 2026	Phase 1 study start	
✓ NBI'570 (M1/M4 ago)	NEUROCRINE BIOSCIENCES	April 2026	Phase 2 study start	
✓ Multiple discovery collaboration progress	abbvie <i>Lilly</i>	1H 2026	Progression through discovery stage	
ORX750 (OX2 agonist)	<i>Lilly</i>	2026	Phase 2a data across NT1, NT2, and IH	
ORX750 (OX2 agonist)	<i>Lilly</i>	2026	Registrational program start in NT1/NT2/IH	
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™ / 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



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

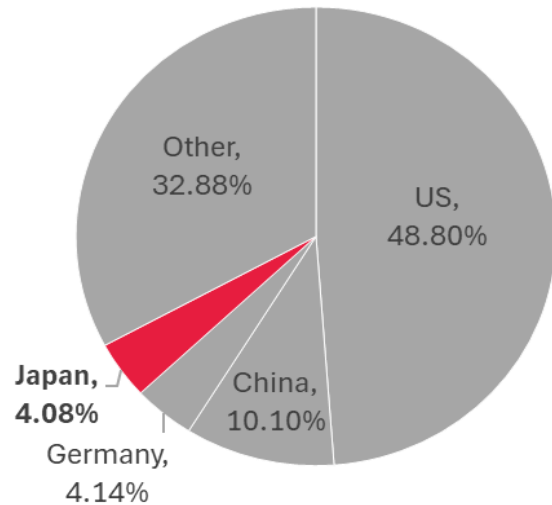


# Japan will serve as our base to expand across APAC markets

Japan is an attractive, established market with strong volumes

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

Market size share (2024)

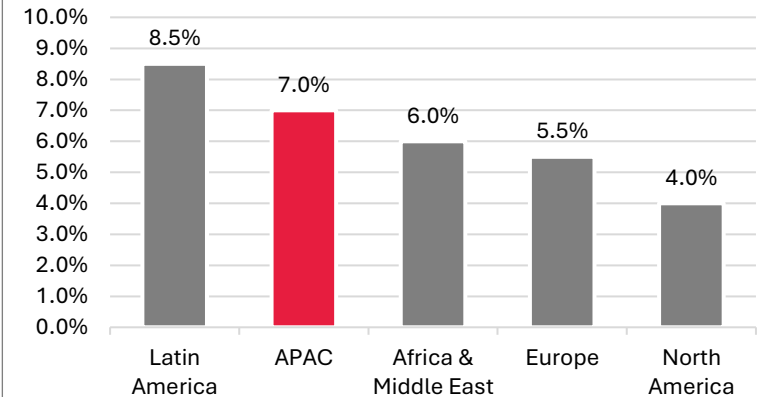


## Favourable JP market environment

- ✓ 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.

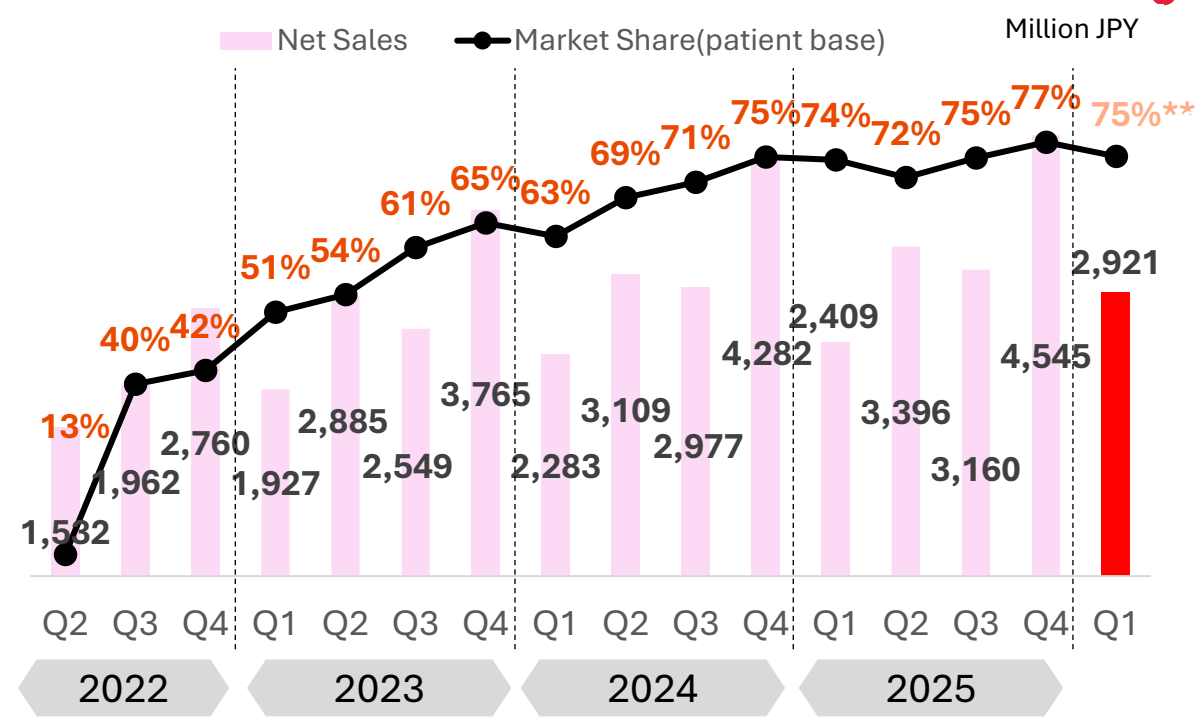
APAC (ex-China) territory includes Japan, South Korea, Australia, Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, New Zealand, Philippines, Singapore, Taiwan, Thailand and Vietnam

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

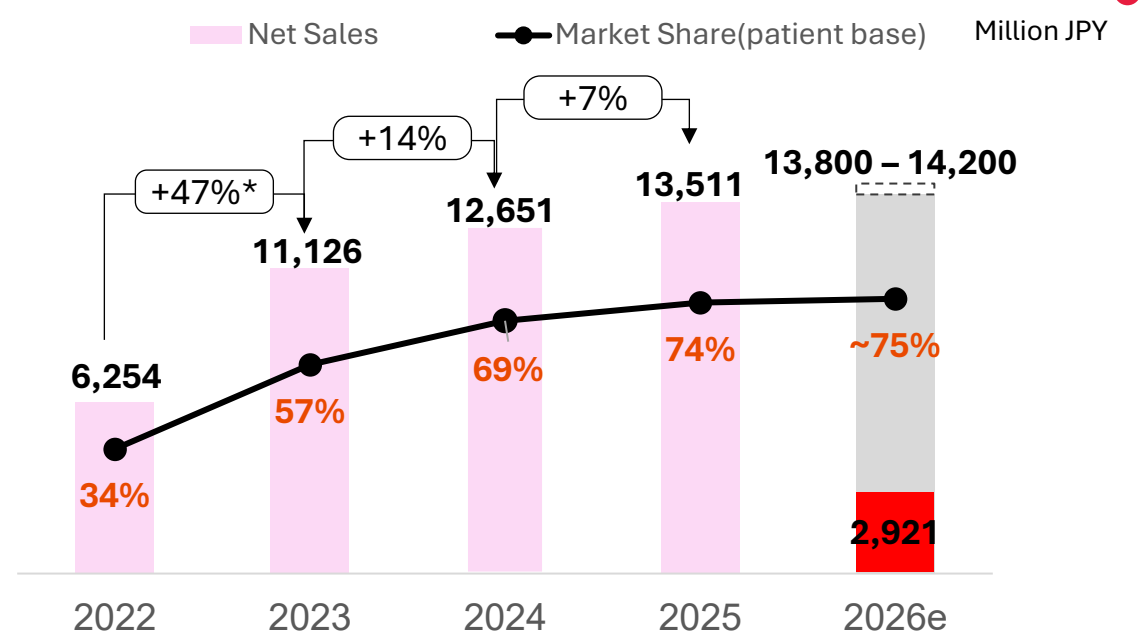
Our first commercially available product for the prevention of cerebral vasospasm in patients with Aneurysmal Subarachnoid Haemorrhage (aSAH)



## PIVLAZ<sup>®</sup> quarterly sales



## QUVIVIQ<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.**

Source: MDV DPC hospital data  
Comparison of Q2-Q4 (2022 vs. 2023) \*\*Estimates

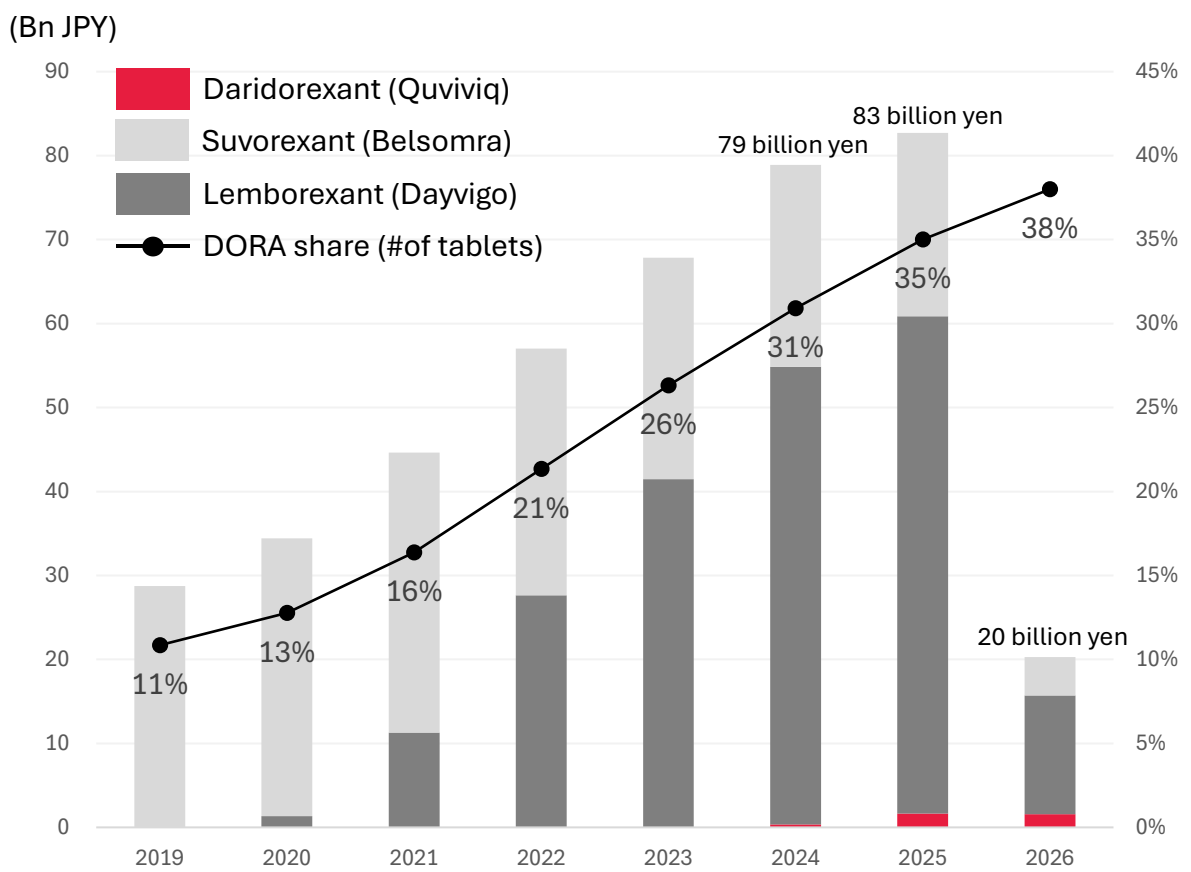


# QUVIVIQ® (daridorexant, dual orexin antagonist “DORA”)

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



## Domestic Market Size for DORA

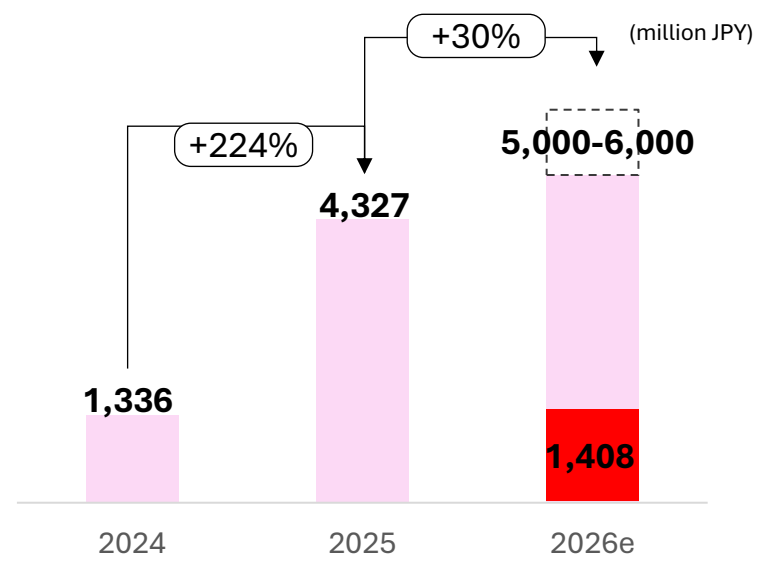


Source: Nikkei Medical (July 23, 2022; April 13, 2024)

## QUVIVIQ® Annual Sales and Growth Rate

5.0 – 6.0 Bn JPY

+30%

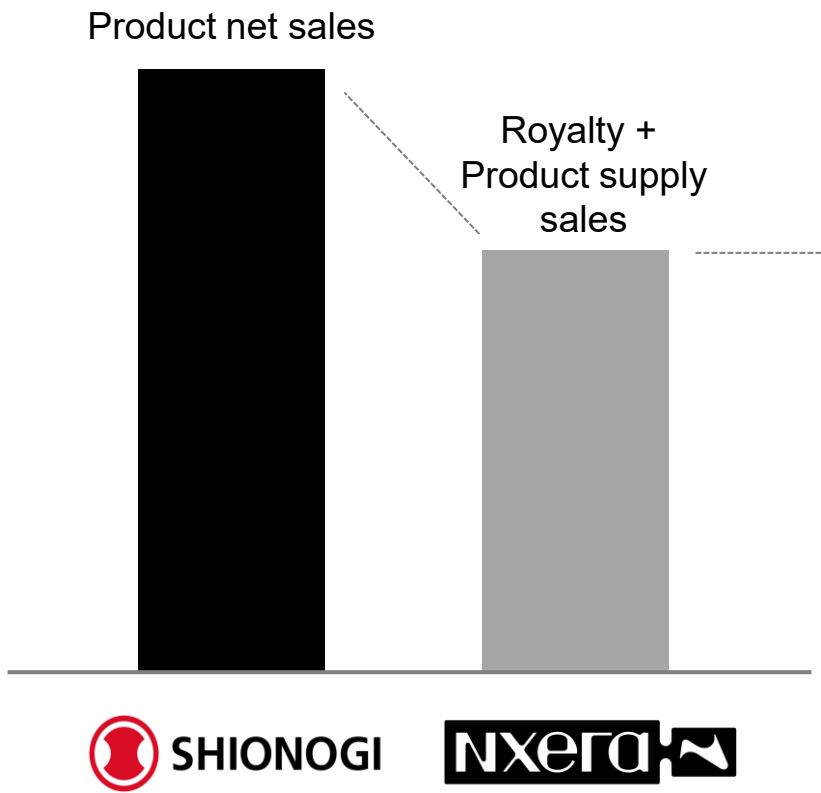


# QUVIVIQ® Business structure

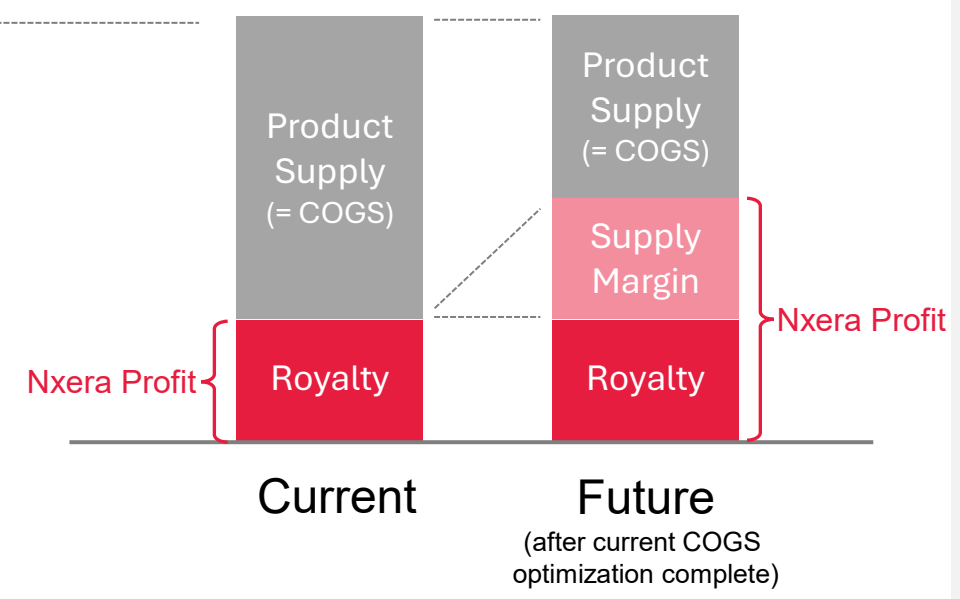
Royalty profits initiated and supply margin expected in a few years



## 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

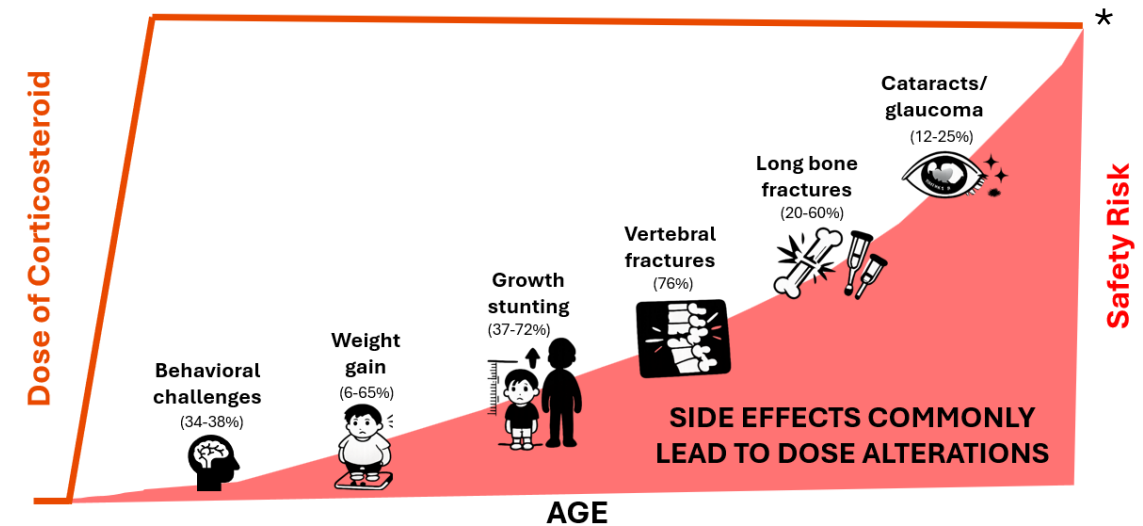
## Vamorolone (AGAMREE®)

- 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



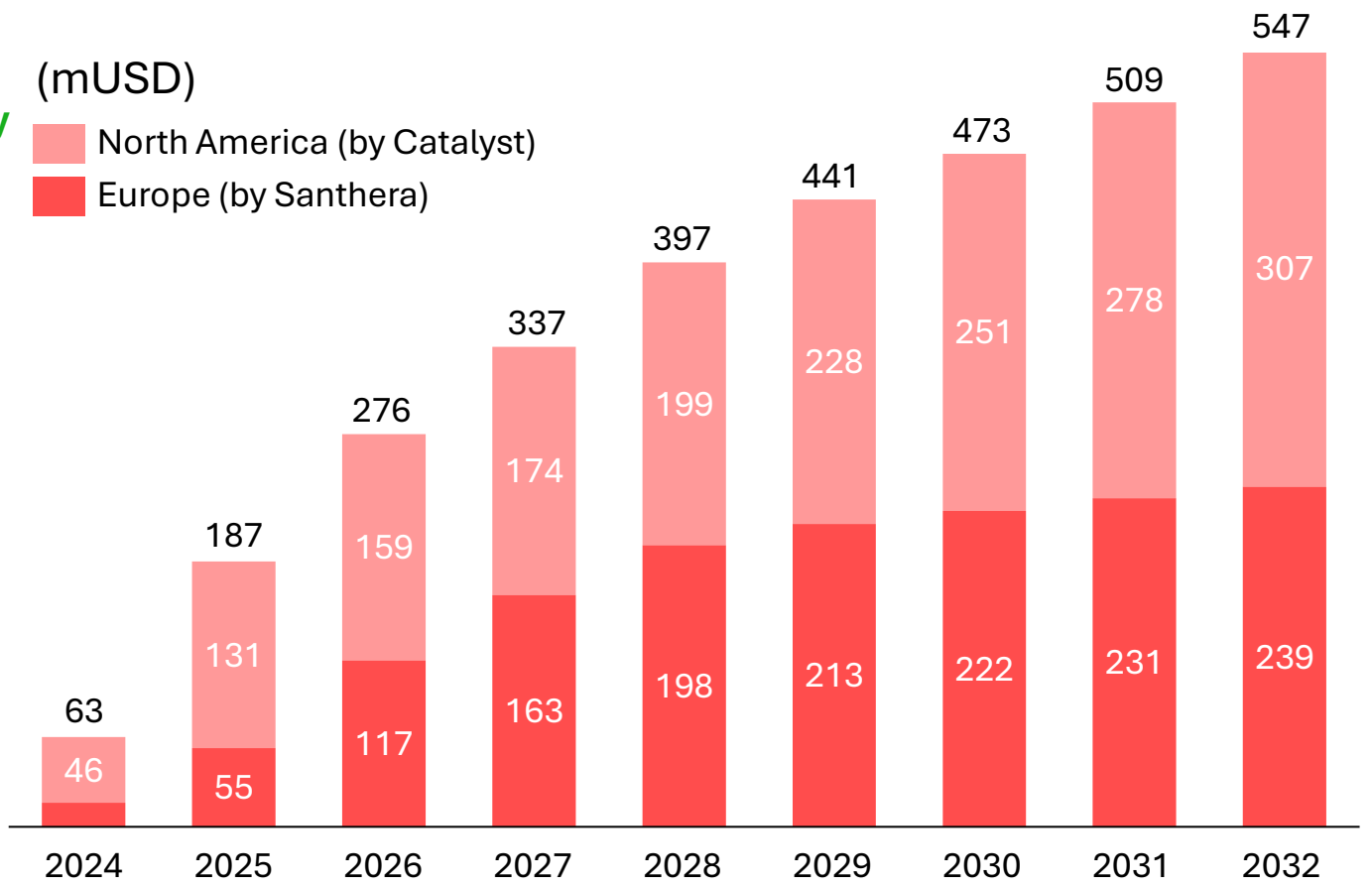


# Vamorolone (AGAMREE®) addresses the need for a tolerable steroid

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**

## Consensus sales forecast of vamorolone in other countries



\*Source: Evaluate Pharma, December 2025

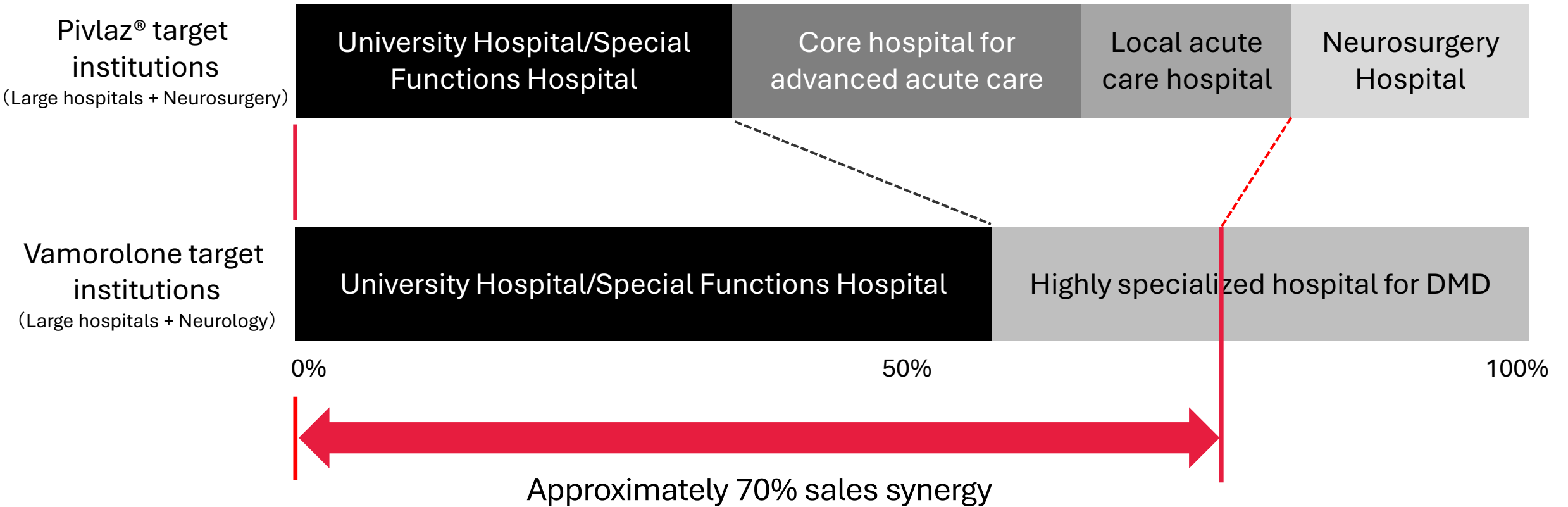




# Synergy with Pivlaz

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

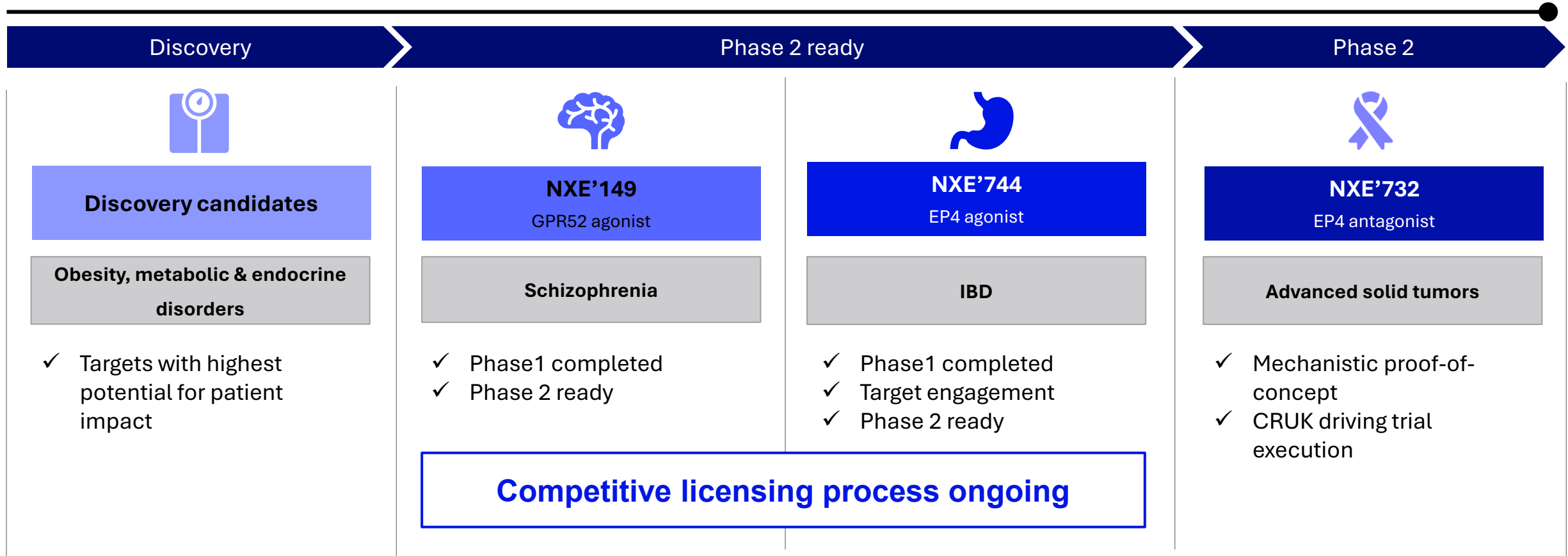
Cutting-edge Science

04



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

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



R&D focus on highest potential opportunities





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

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

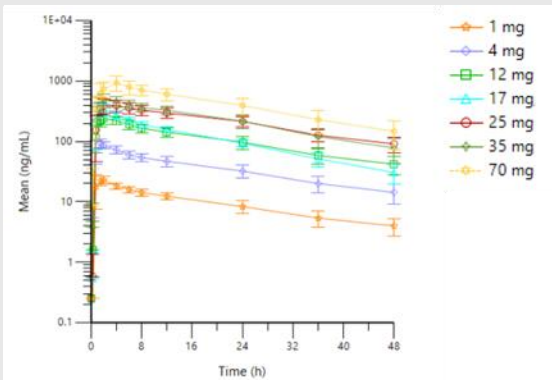
## Phase 1 highlights:

- ✓ 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

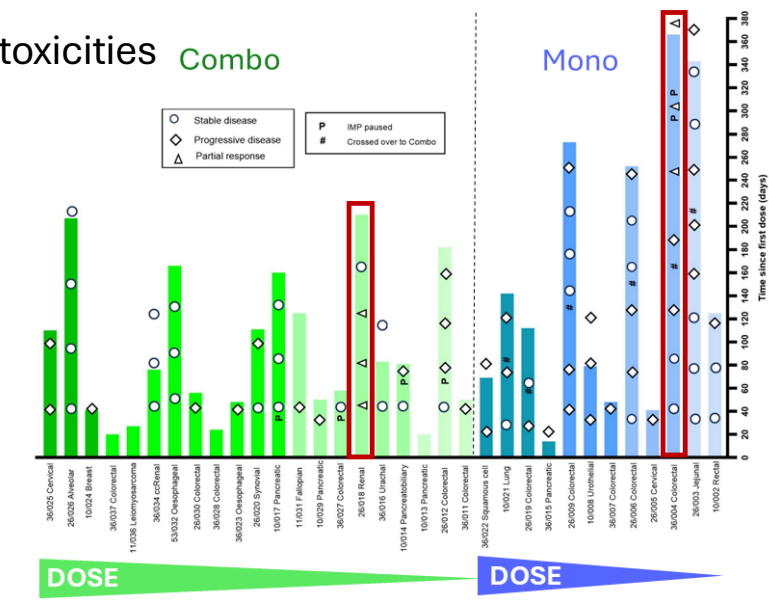
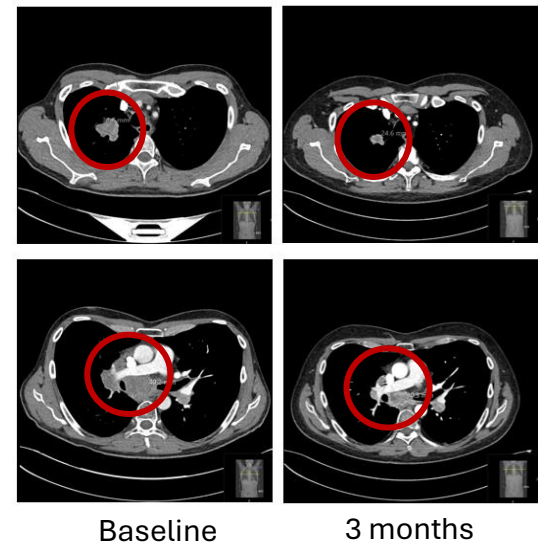
Phase 2a expansion in process in combination with atezolizumab

## 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)**

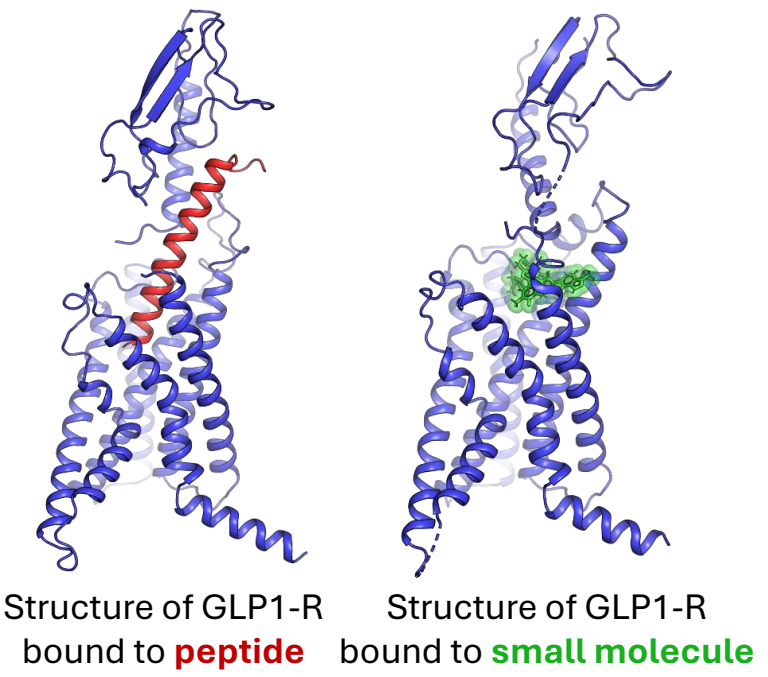




Our deep GPCR expertise uniquely positions us to deliver next-generation small molecules where patient need is greatest: obesity, metabolic, and endocrine disorders

### GPCR Structure-Based Drug Discovery & Development Pipeline

### Differentiation & Development Schedule



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

- **Launched a broad, novel pipeline** with potential BIC and FIC therapies for obesity, metabolic disorders, and endocrine diseases
- **Convenient, well tolerated, and scalable oral therapies** for sustained weight loss in a market dominated by peptides
- **Targeting major obesity-related comorbidities**, including cardiovascular, renal, and liver diseases, while minimizing side effects and expanding treatment options for a broader patient population
- **Multiple clinical trials planned to be initiated during 2028**

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

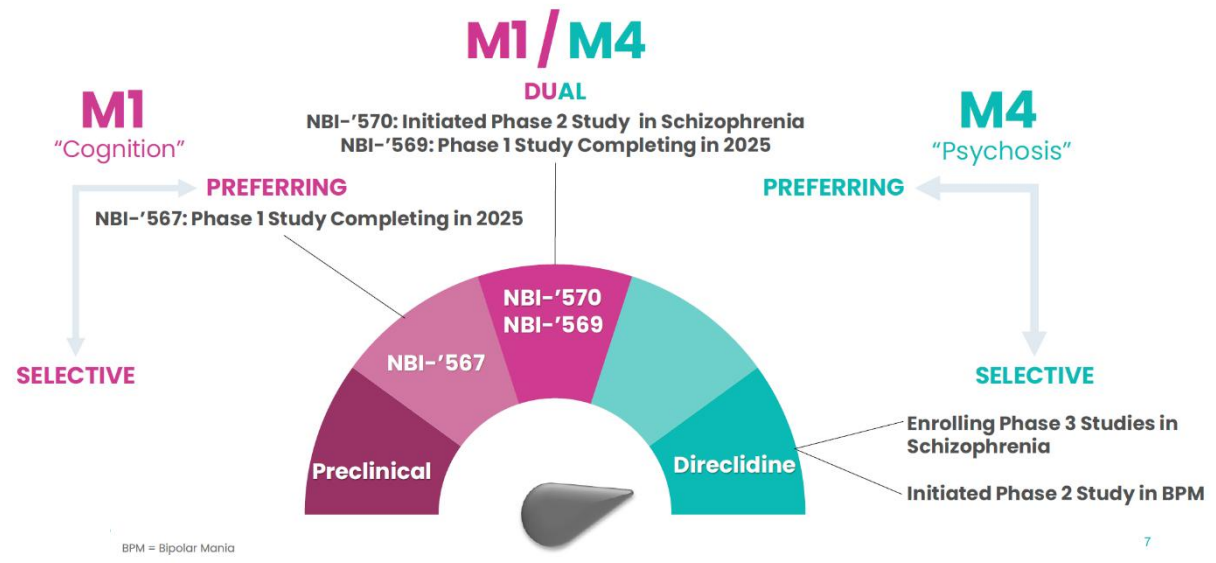


... hundreds of millions of dollars received, billions of dollars in potential to come

Partner	Execution	Program	Therapeutic Area(s)	Upfront and Initial Milestones	Potential Total Milestone <sup>1</sup>
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 <sub>4</sub> , M <sub>1</sub> and M <sub>1</sub> /M <sub>4</sub> 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 <sup>2</sup>	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

<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



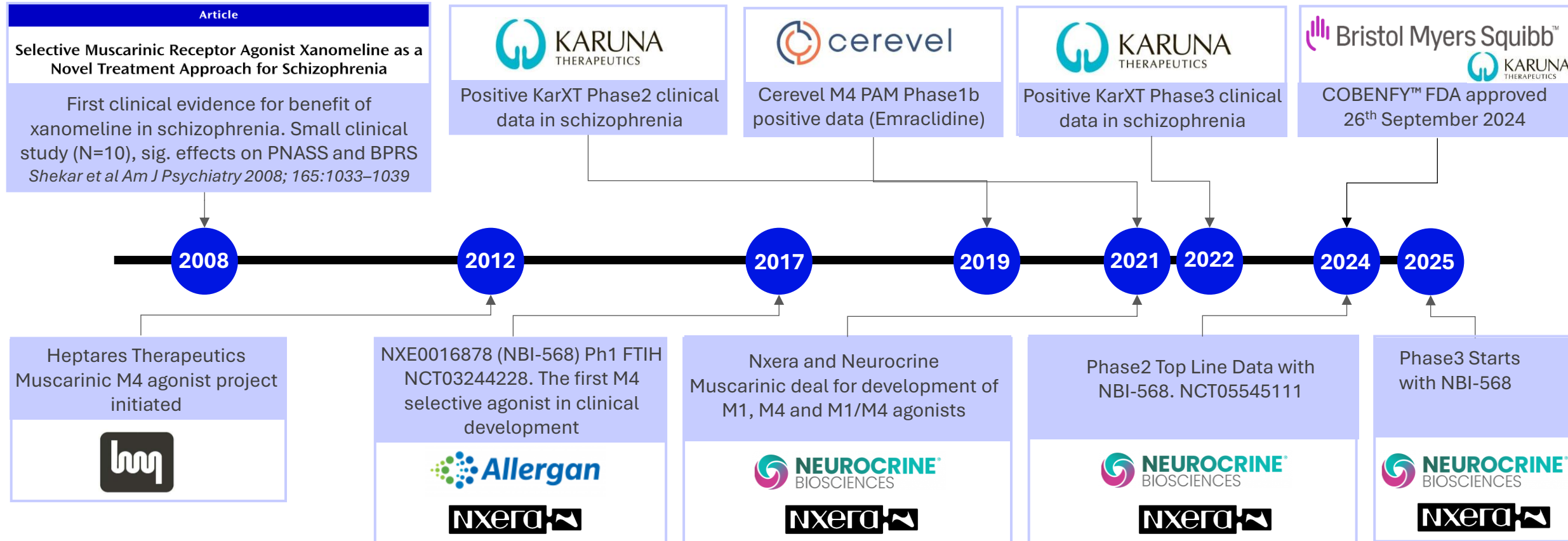
Program	Mechanism	Disease State	Stage of Development
Direclidine	M4 Agonist	Schizophrenia	Phase 3
		Bipolar Mania	Phase 2
NBI-'570	Dual M1/M4 Agonist	Schizophrenia / LAI Potential	Phase 2
NBI-'569	Dual M1/M4 Agonist	Alzheimer's Psychosis	Entering Phase 1b
NBI-'567	M1 Preferring Agonist	Alzheimer's Cognition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

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

Source: Neurocrine presentation – R&D Day 2025, December 16, 2025

# 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.

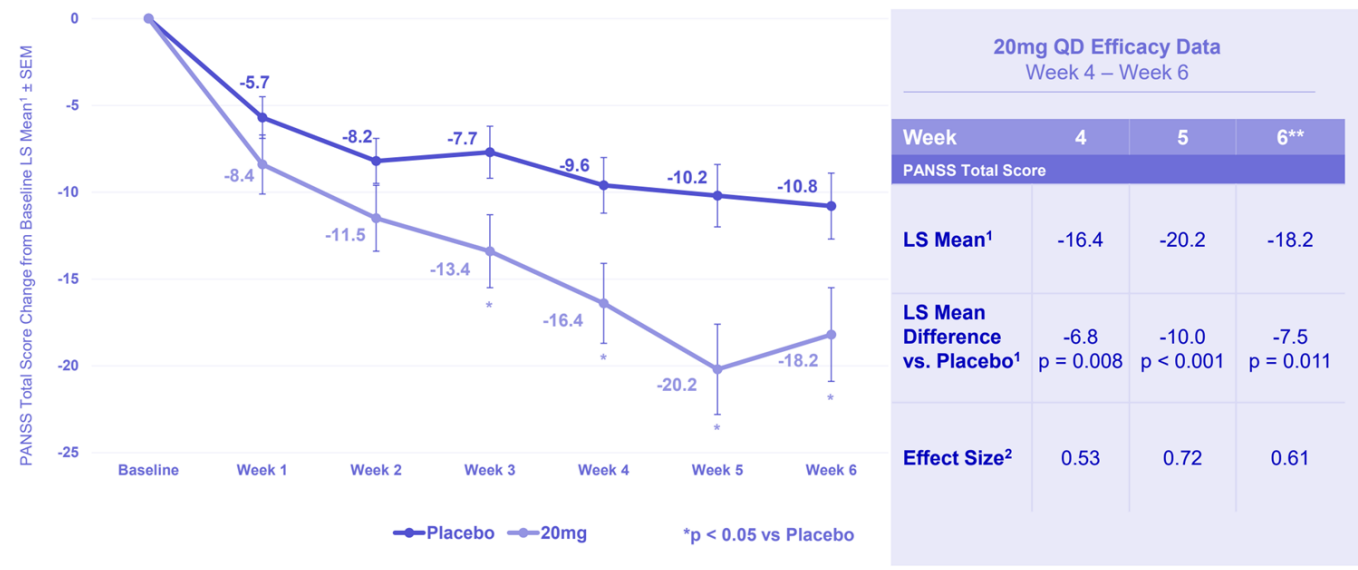
Opportunity remains wide open for best-in-class approaches across a myriad of potential indications



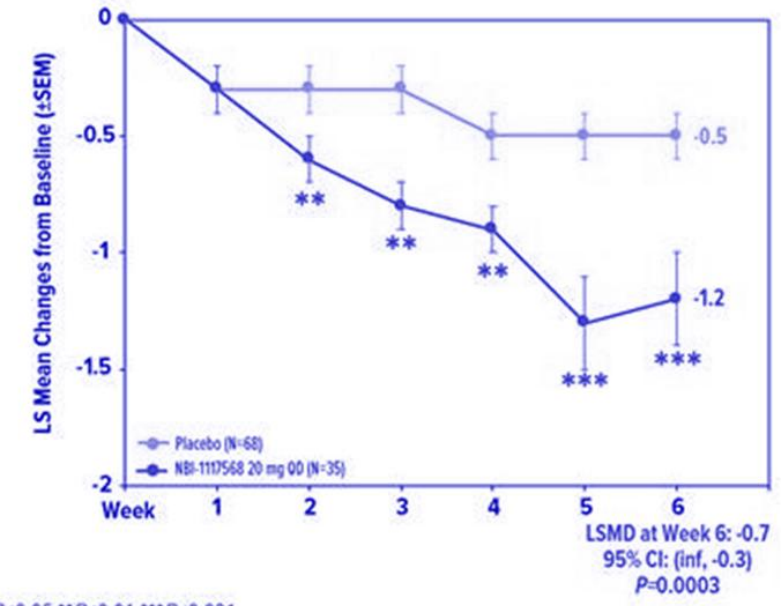
# Topline Results for Phase 2 Trial of M4 Agonist

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



## B. Changes in CGI-S Score



<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.

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.”



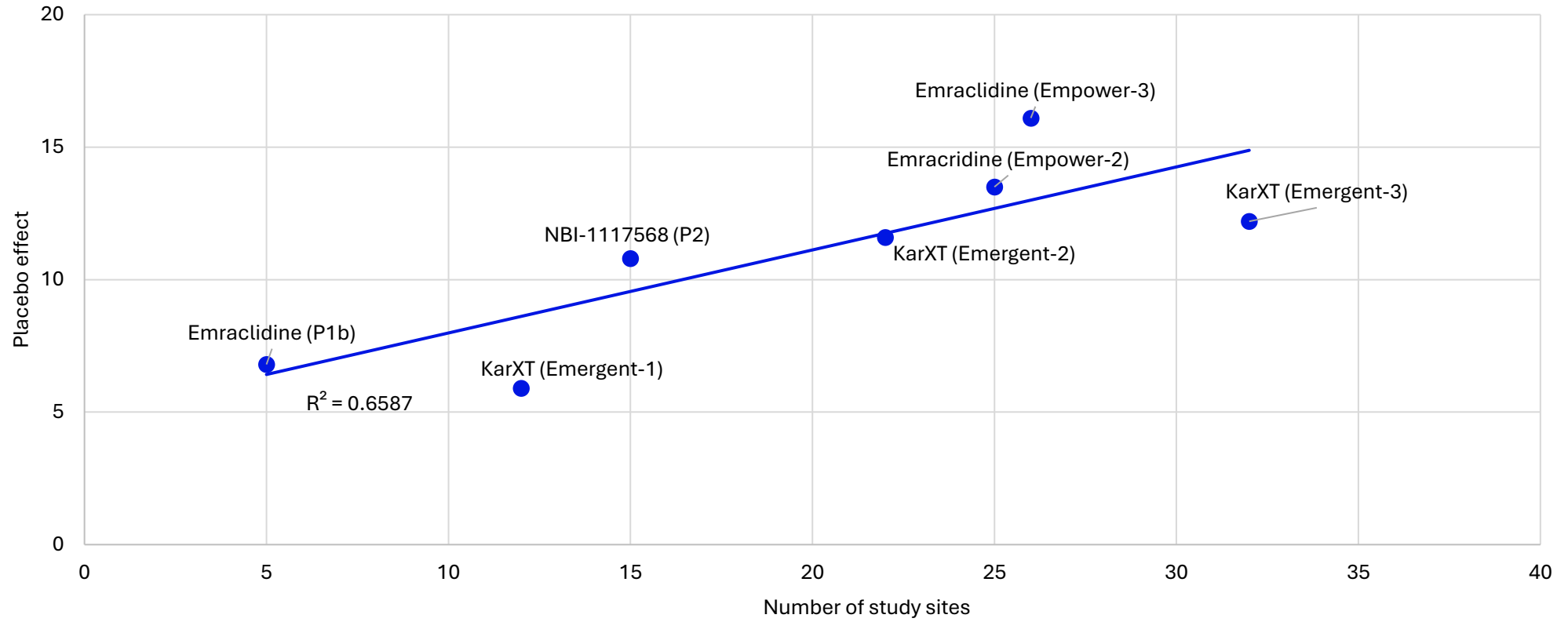
# Comparison of Study Sites and Duration with Known Muscarinic Programs

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) 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 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”

Source: Neurocrine presentation – Topline Results for Phase 2 Trial of NBI-1117568 (NBI-'568) in Schizophrenia, August 28, 2024

# Safety: Adverse Events Risk

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

**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)

**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%

Safety			Dietary Restriction	Number of doses
Gastrointestinal (M2)	Cardiovascular (M3)	Others		
★ Similar to placebo	Similar to placebo	Somnolence Dizziness	Nothing	Once a day
★ 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](https://icer.org/wp-content/uploads/2023/07/ICER_Schizophrenia_Draft_Report_For-Publication_112823.pdf))

# 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

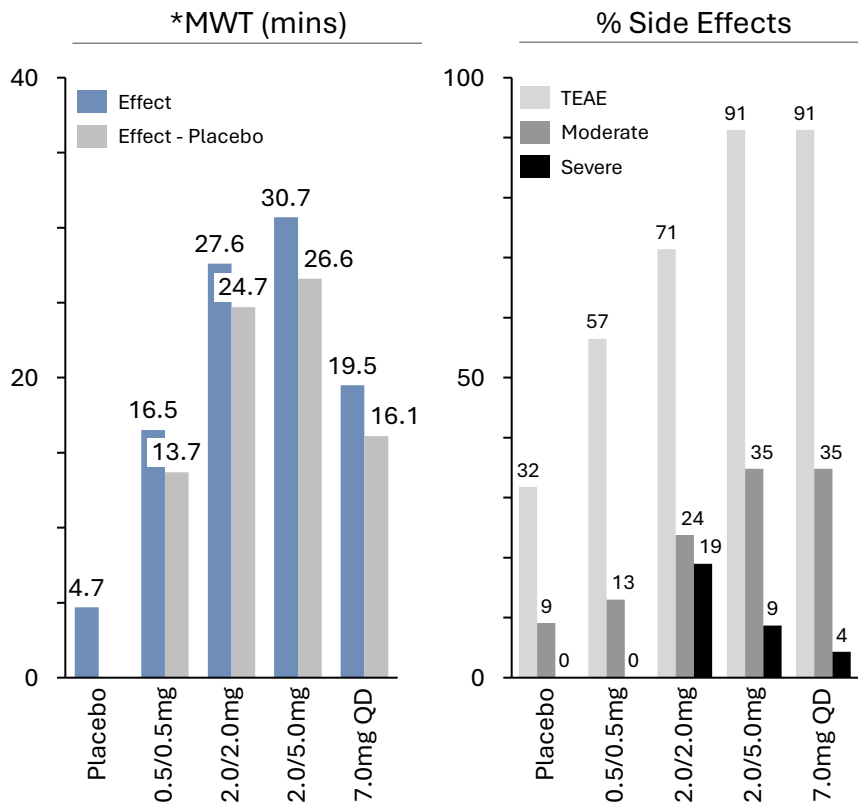
Item	Details
Announcement Date	March 31, 2026
Acquirer	Eli Lilly and Company
Consideration Structure	\$38.00 per share in cash + 1 non-transferable CVR
Transaction value	Up to \$47.00 per share (Up to US\$7.8 billion)
Total CVR Value	Up to \$9.00 per share CVR Milestone ①: \$2.00 per CVR ORX750 or ORX142 obtains U.S. FDA approval for NT2 within 5 years from closing CVR Milestone ②: \$5.00 per CVR ORX750 or ORX142 obtains U.S. FDA approval for IH within 5 years from closing CVR Milestone ③: \$2.00 per CVR 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

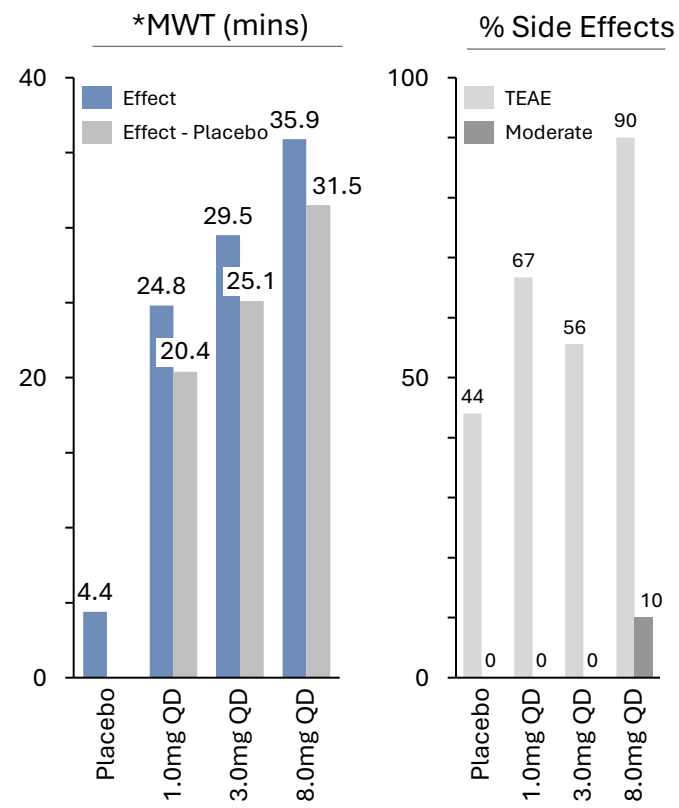
ORX750 reported favorable safety and efficacy results in Phase 1b trials

## TAK-861



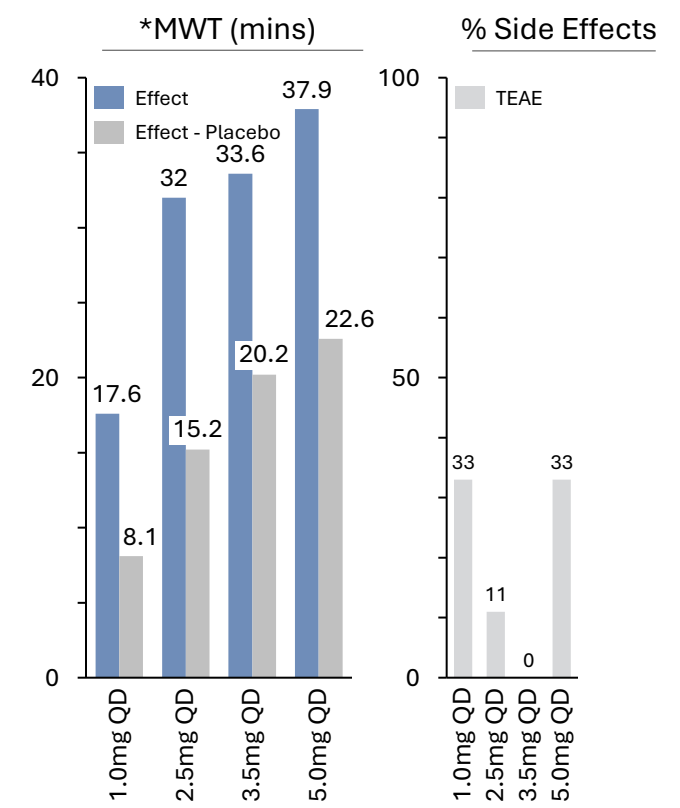
- Ph2b NT1 patients
- n=112 (Week8)

## ALKS2680



- Ph1b NT1 patients
- n=34

## ORX750



- Ph1b healthy volunteers
- n=10

\*MWT = Maintenance of Wakefulness Test

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



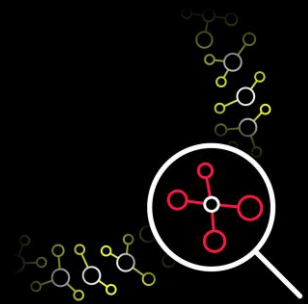
## Target ID and Validation

Identifying the best targets



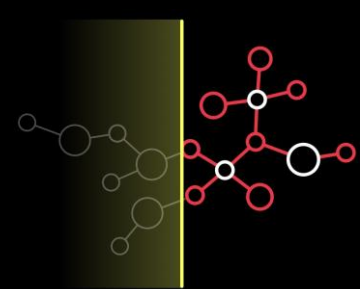
## NxStaR™

Stabilising the right targets



## NxHit™

Identifying the optimal hits



## NxDesign™

Selecting the best candidate



## Translational Med.

Testing the therapeutic hypothesis

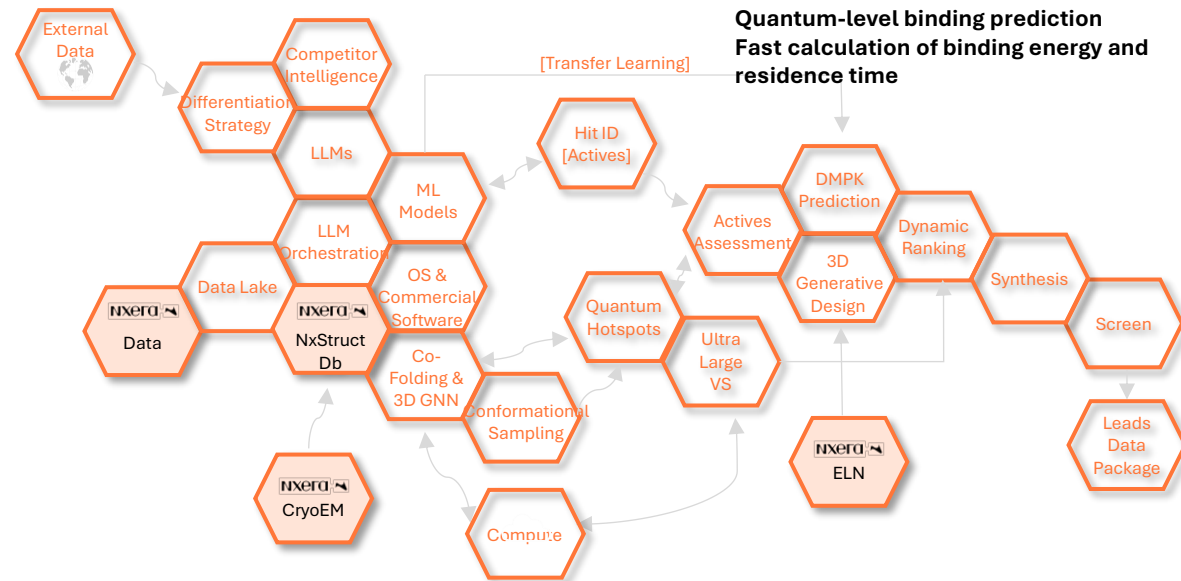
## World-leading productivity

	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+**

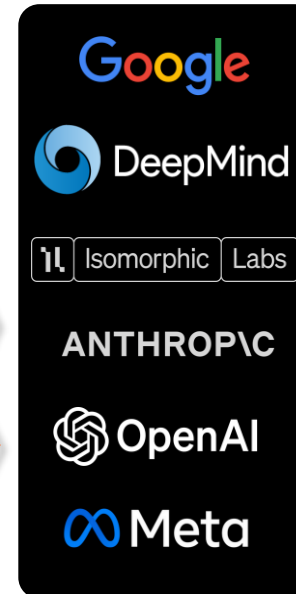
Distinct small molecules

**30,000**

Mutation data points

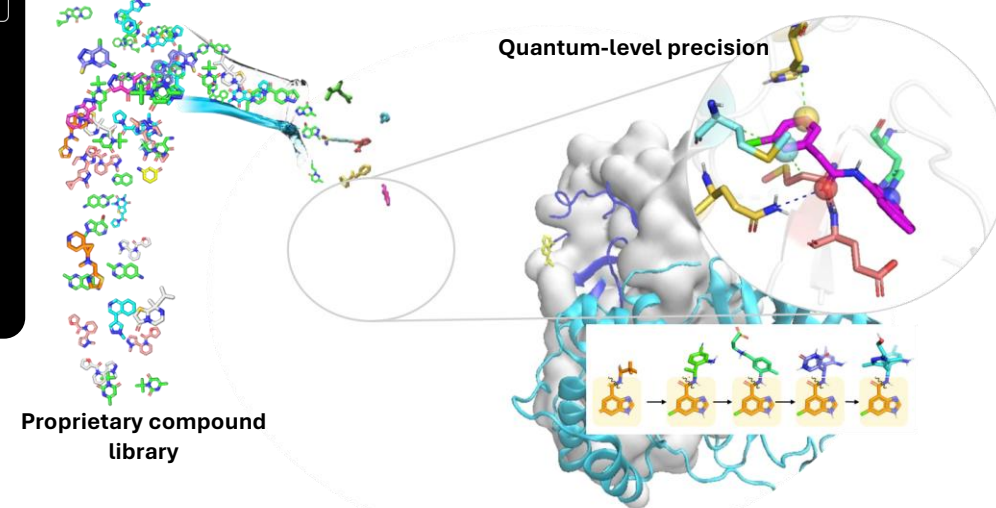
**100+**

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



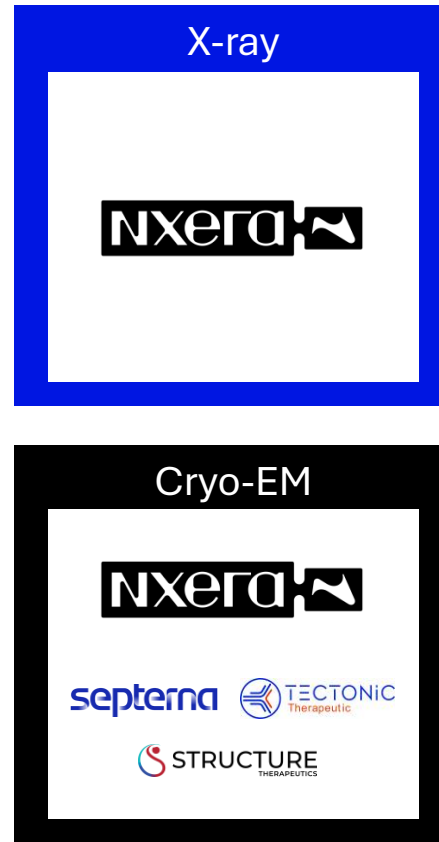
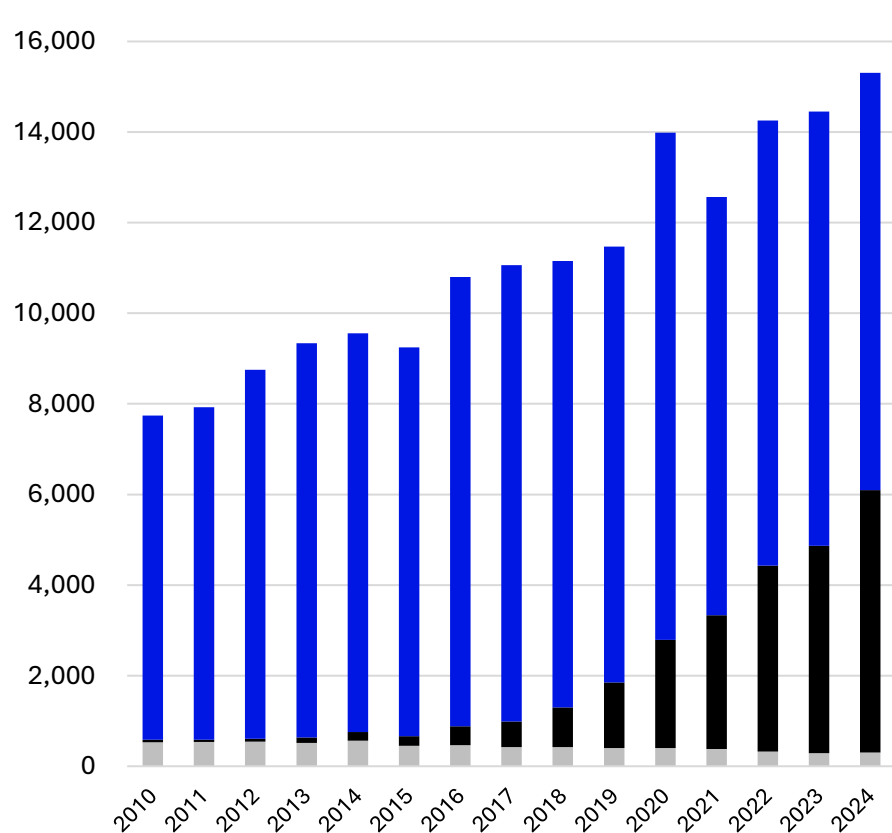
Our AI + Quantum platform will transform Nxera from a “drug discovery company” into a “technology company.”



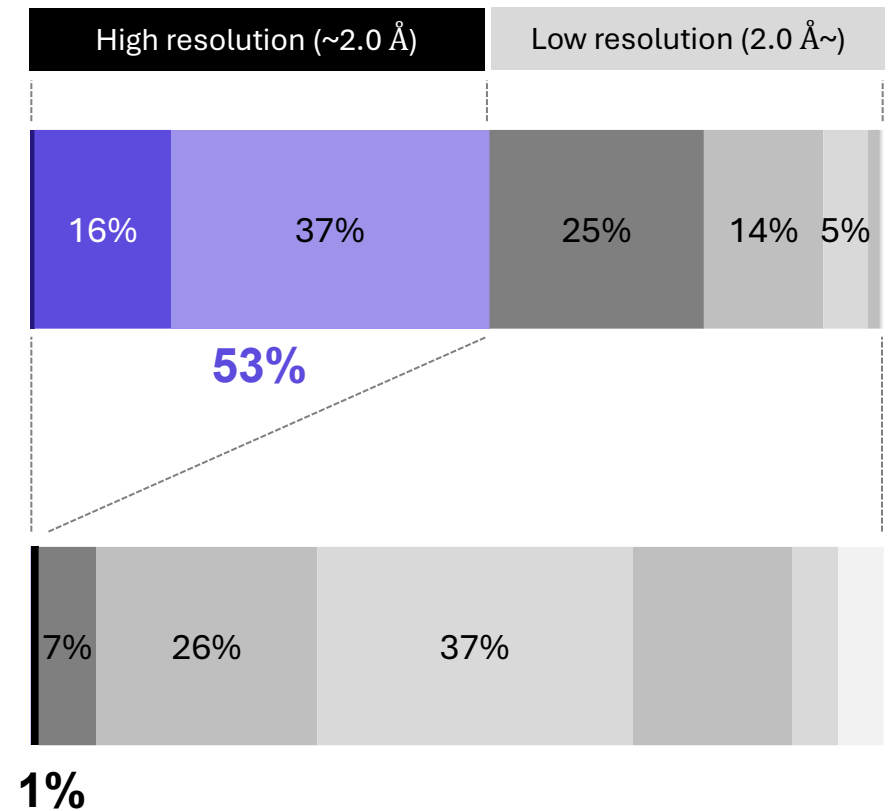
# Number of structures solved and deposited in PDB, resolution by technology

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

Number of structures solved by technology



Resolution by technology



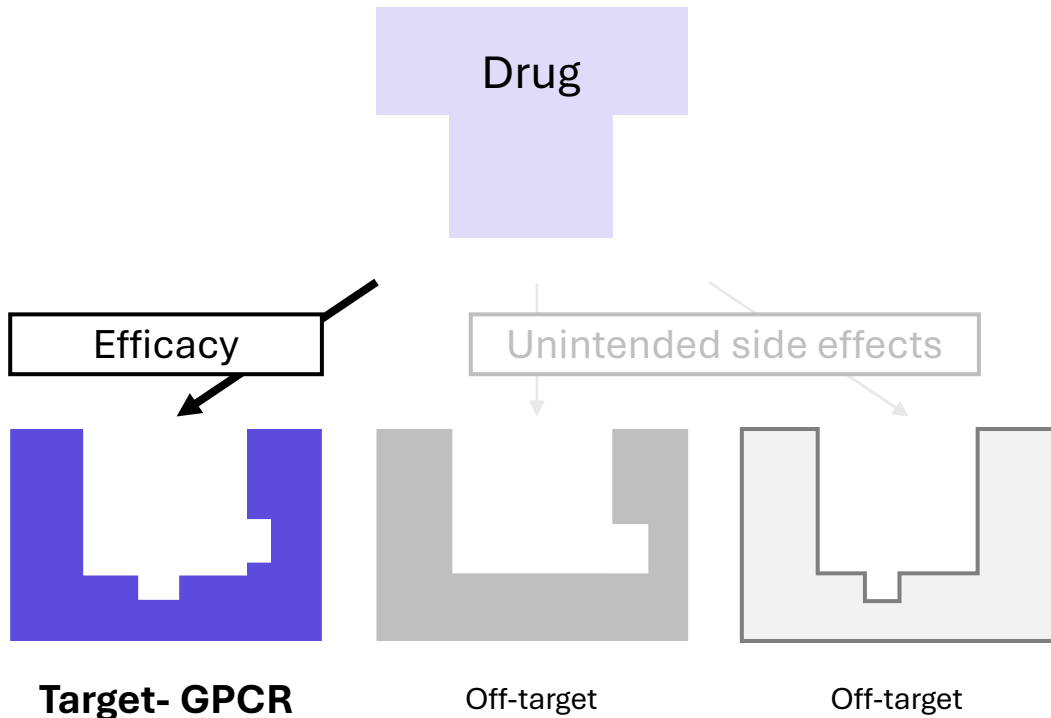


# Our platform enables precise design of GPCR models

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

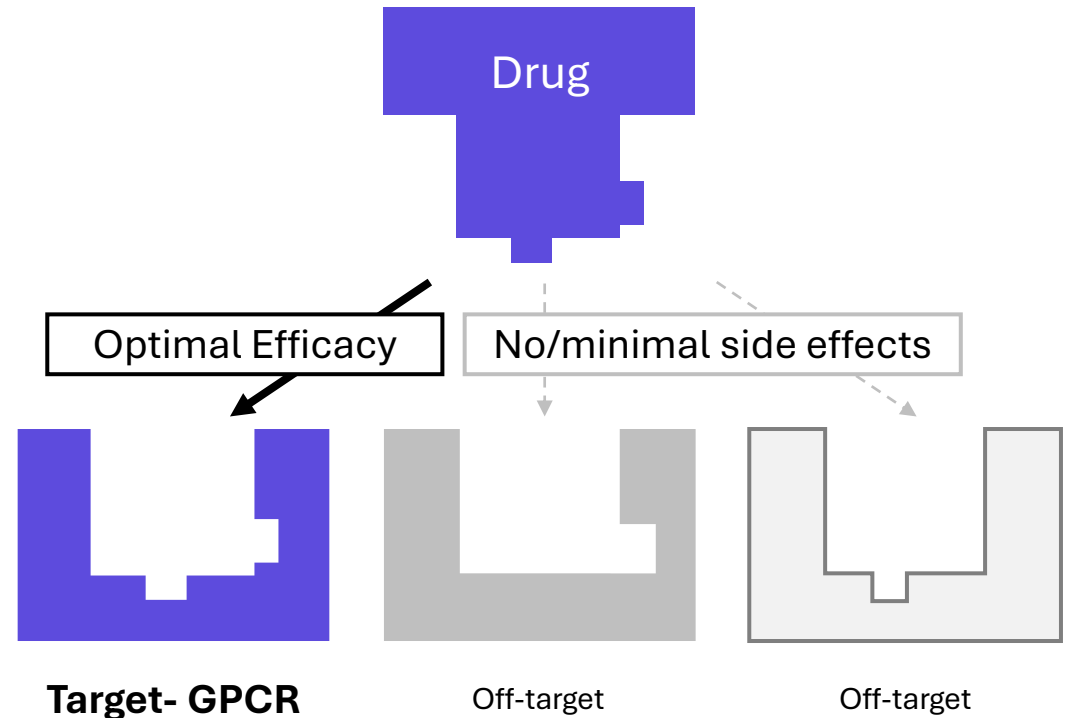
## Imprecise GPCR model: **Standard Medicine**

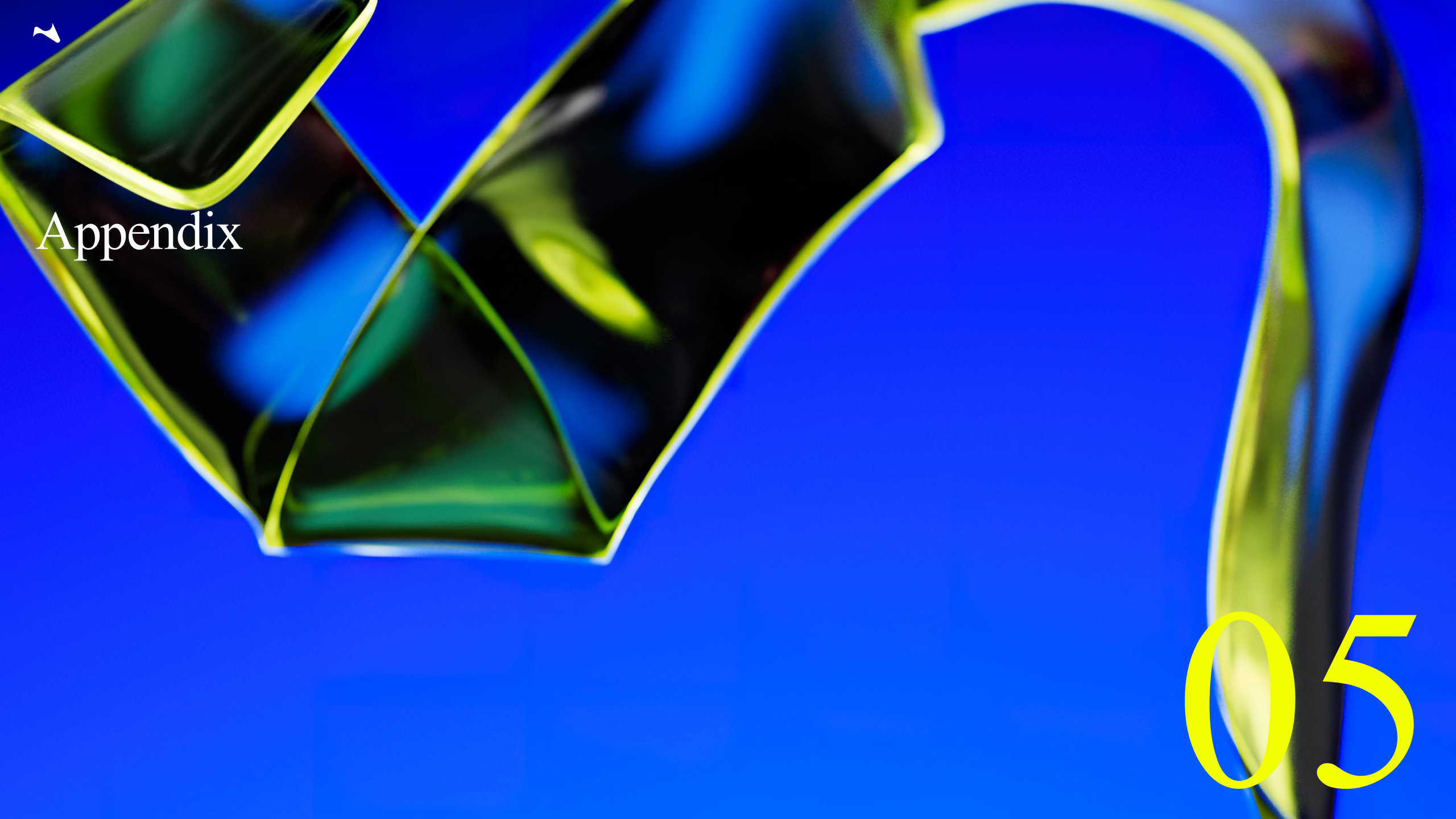
Poorly understood GPCRs (locks) led to suboptimal drugs (keys) being designed



## 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							
Energair® 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 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®, Energair® 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
<b>Co-development</b>											
KY1051	CXCR4 mAb	mAb	Immuno-oncology								
(Not disclosed)	AI-Augmented Drug Discovery	SME	Neurology diseases								
(Not disclosed)	Multi target	SME/LME	Immune / Neurology diseases								
<b>Co-owned companies</b>											
ORX750	OX2 agonist (Oral)	SME	Narcolepsy Type 1/2, IH								
ORX142	OX2 agonist (Oral)	SME	EDS in neurology								
ORX489	OX2 agonist (Oral)	SME	Neurology								

Note: SME = small molecule. LME = large molecule



# In-house pipeline

Compound	Target / Mechanism	Modality	Indication	Partner	Disc.	PCC	Ph1	Ph2	Ph3	App	Mkt
<b>In-house Programs</b>											
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								
<b>In-house Programs (No longer internally funded. Targeting academic / industrial partnership)</b>											
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 Nxeira 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> <a href="#">NCT04388878</a> <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> <a href="#">NCT05113940</a> <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>
License-out				Ph2/3	222	Yes	2026-05-15	2027-09-30	2027-06-08	<a href="#">NCT07598708</a>	-
License-out	Cenerimod	S1P1 modulator	Lupus Erythematosus, Systemic	Ph3	470	Yes	2022-12-13	2026-10-31	2026-05-06	<a href="#">NCT05648500</a>	<a href="#">NCT06475742</a>
License-out				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 form 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 (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)



# 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



Thank you