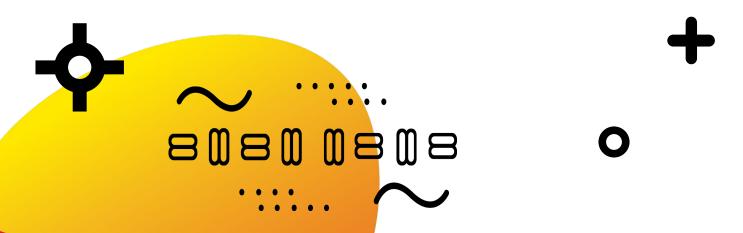
# alcobr

Adapting Idorsia for sustainable value creation

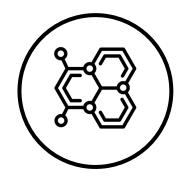




The following information contains certain "forward-looking statements", relating to the company's business, which can be identified by the use of forward-looking terminology such as "estimates", "believes", "expects", "may", "are expected to", "will", "will continue", "should", "would be", "seeks", "pending" or "anticipates" or similar expressions, or by discussions of strategy, plans or intentions. Such statements include descriptions of the company's investment and research and development programs and anticipated expenditures in connection therewith, descriptions of new products expected to be introduced by the company and anticipated customer demand for such products and products in the company's existing portfolio. Such statements reflect the current views of the company with respect to future events and are subject to certain risks, uncertainties and assumptions. Many factors could cause the actual results, performance or achievements of the company to be materially different from any future results, performances or achievements that may be expressed or implied by such forward-looking statements. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those described herein as anticipated, believed, estimated or expected.



# Idorsia today



Innovative products



Limited financing





"Creating a sustainable pharma company requires scientific innovation and substantial investment."

Jean-Paul Clozel
Chief Executive Officer

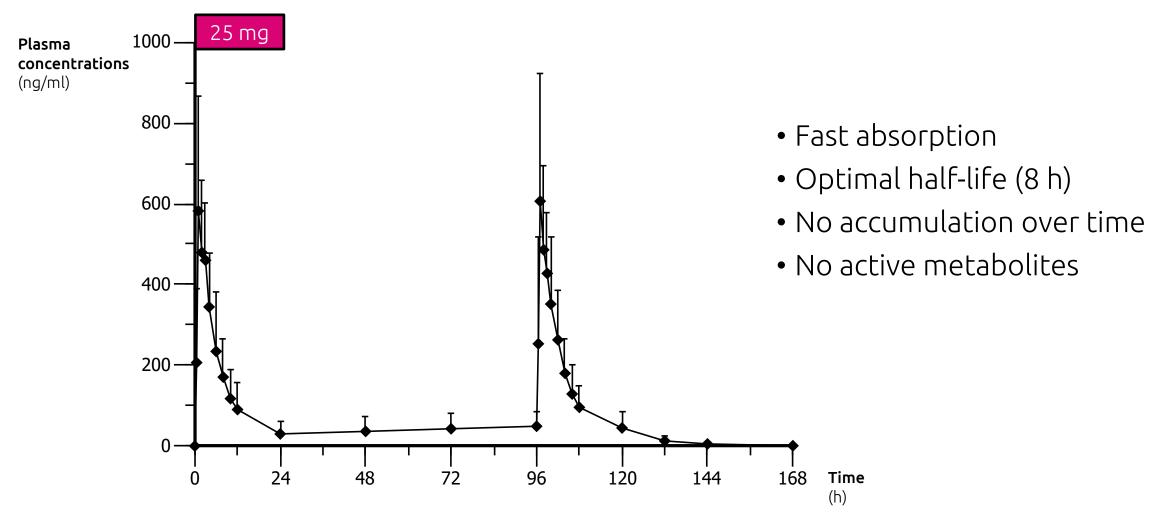






## Different by design – next generation DORA

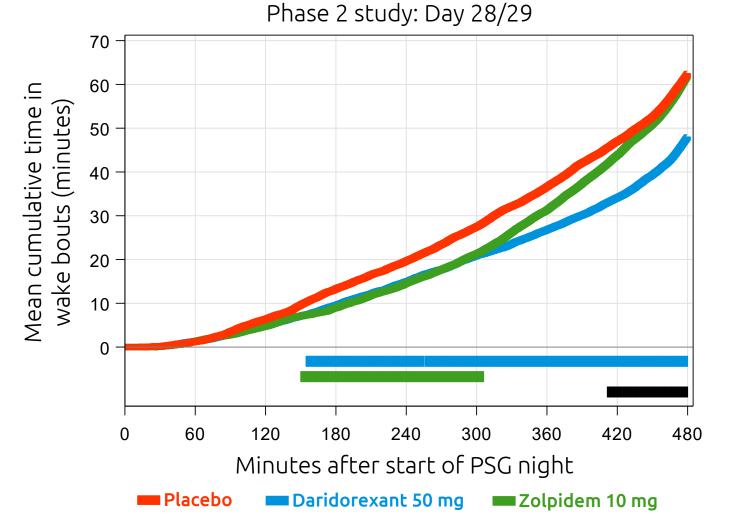
Optimized pharmacokinetic profile





# Sleep throughout the night

Reduced time spent awake – throughout the night – without next morning somnolence



Meaningful reduction in cumulative time spent in wake bouts for daridorexant 50 mg versus placebo and zolpidem (Phase 2 and Phase 3 studies)

Bars indicate when the cumulative time in wake bouts was statistically significant compared to placebo (p < 0.05). The black bar indicates when the cumulative time in wake bouts on daridorexant 50 mg was statistically significant compared to zolpidem 10 mg (p < 0.05).

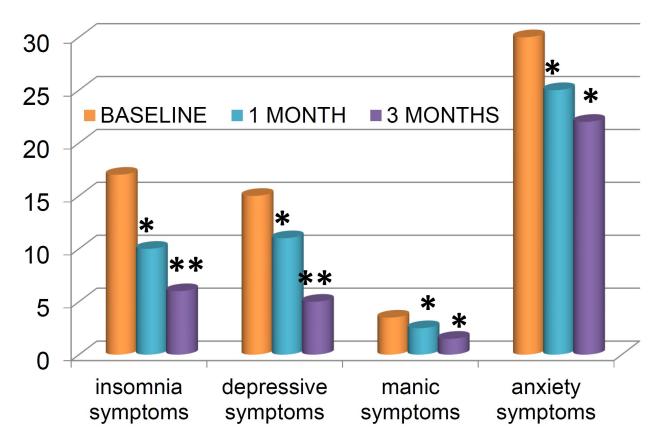
Di Marco T *et al. CNS Drugs* 2023;37:639–53



# Real world pilot study



Early experience with the new DORA daridorexant in patients with insomnia disorder: results of a real world study with a 3 months follow up period



Authors conclusion: ...by targeting insomnia it may be possible to improve not only insomnia symptoms but also mood, anxiety emotion dysregulation and suicidal risk in patients with insomnia disorder...

Palagini L, et al. Early experience with the new DORA daridorexant in patients with insomnia disorder: results of a real world study with a 3 months follow up period. Poster presented at World Sleep 2023

- Insomnia Evaluation according to Insomnia Severity Index (ISI), Difficulties in Emotion Regulation Scale (DERS), Dysfunctional Beliefs and Attitudes about Sleep (DBAS)
- Psychiatric symptoms evaluation using Beck Depression Inventory II (BDI-II); Young Mania Rating Scale (YMRS) and Self Rating Anxiety Scale (SAS)



# QUVIVIQ US launch



>125K patients treated

>300K prescriptions dispensed



>35K prescribers

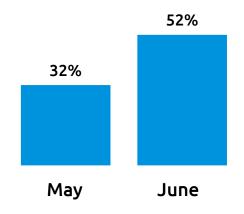




# Launching a leading brand

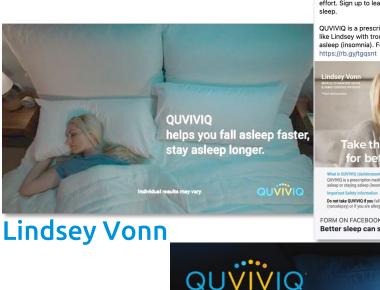
### **HCP** Awareness grew quickly after launch

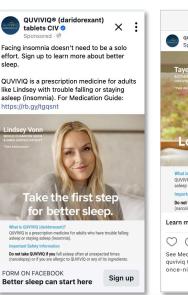
**QUVIVIQ** Awareness\* (% of HCPs) Aided Awareness



Survey conducted after 34 days of field activity

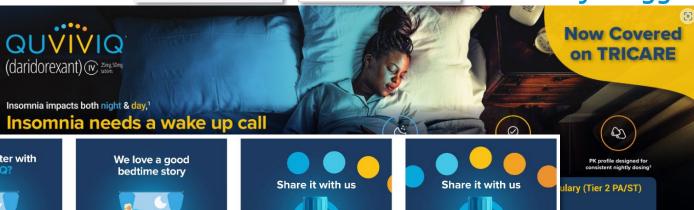
Source: Survey sample of 50 qualified HCPs fielded between June 10th - 17th 2022





tablets CIV 🔮















Important Safety Information
Do not take QUVIVIQ if you fall asleep often at unexpected times (narcolepsy) or if you are allergic to QUVIVIQ or any o

What is QUVIVIQ (daridorexant)? QUVIVIQ is a prescription medicine for adults who have trouble falling asleep or staying asleep (insomnia). Important Safety Information
Do not take QUVIVIQ if you fall asleep often at unexpected times (narcolepsy) or if you are allergic to QUVIVIQ or any o

(daridorexant) @ ≥=== What is QUVIVIQ (daridorexant)? QUVIVIQ is a prescription medicine for adults who have trouble falling asleep or staying asleep (insomnia)

Important Safety Information
Do not take QUVIVIQ if you fall asleep often at unexpected



# Payer wins accelerate conversion to paid scripts

Key payer wins for QUVIVIQ





Commercial Preferred 23.1M lives<sup>1</sup>





Commercial Covered 22.2 MM Lives <sup>1</sup>





Medicare Part D Non-Preferred 10.3 MM Lives <sup>1</sup>





Commercial Preferred 8.8 MM Lives 1







Commercial Preferred 5.0 MM Lives 1

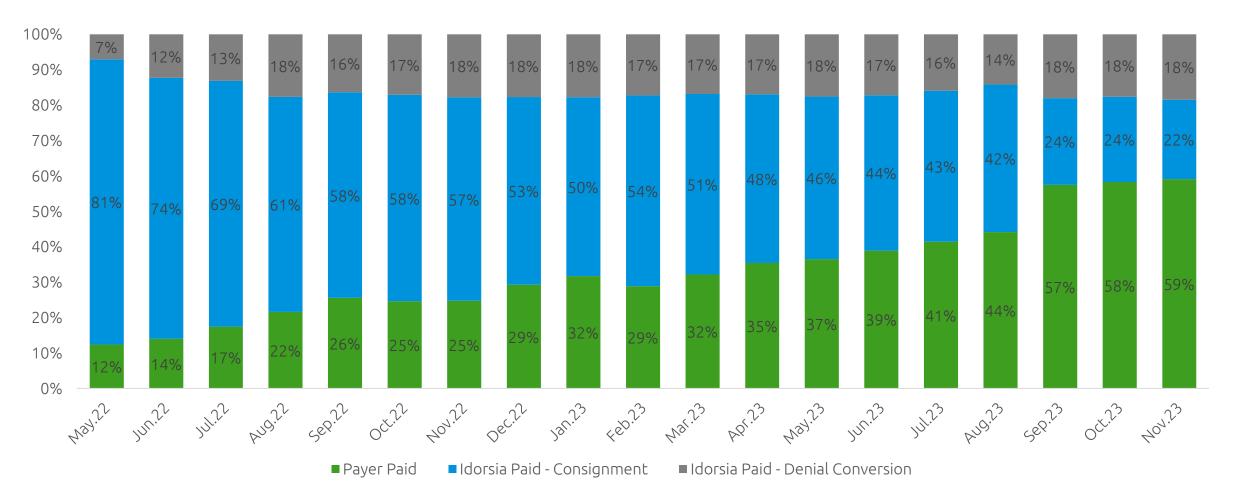
Source: MMIT January 2, 2024



# Payer coverage and percentage of paid claims



#### Idorsia Paid vs Payer Paid prescription Mix





# Scheduling under discussion

Citizen's Petition



The FDA and DEA have acknowledged our Citizen Petition requesting descheduling the DORA class of medicines, and the process to analyze and examine the request seems to be moving forward





"We have streamlined the US operations for 2024 with the mindset 'Achieving more with less'. For example, our dynamic digital marketing campaign is the #1 driver of traffic to the QUVIVIQ website so it will replace DTC TV commercials realizing substantial cost savings."

## Tosh Butt President Idorsia US



# QUVIVIQ: first DORA in Europe





#### Launched in Nov 2022

- 4-week limitation (Anlage III exemption) lifted Nov 2023
- Negotiated price (AMNOG 1) effective Dec 2023
- AMNOG 2 negotiation to be initiated in 2024

#### Launched in Nov 2022

- Reimbursement submission under review
- Expansion of prescriber base requested



#### Launched in Oct 2023

- NICE positive recommendation
- Unrestricted reimbursed market
- Listing by health care boards underway

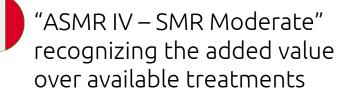


**Launched** in June 2023 (self-pay)

Reimbursement targeted for mid-H1



**Launched** in Sep 2023 (self-pay)



- Price agreement with CEPS
- Unrestricted reimbursed market
- Price publication & launch Q1 2024



Approved in April 2023

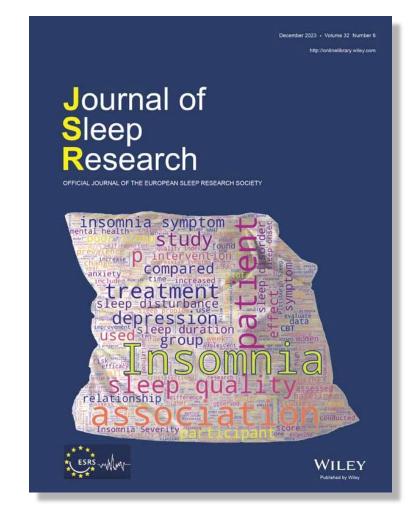
- Launched to private market
- 1 month after private market reimbursement submission >40% lives covered



# The European Insomnia Guideline: An update on the diagnosis and treatment of insomnia 2023

"The introduction of DORAs has probably been the most significant recent development in the pharmacological treatment of insomnia..."

Updates are being pulled through to local guidelines – already launched in Italy and Switzerland – Germany imminent









More sleep – over 11 million tablets dispensed to help better nights and days







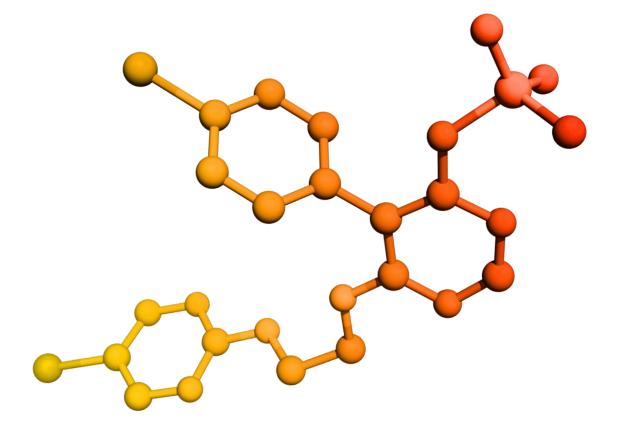






## Aprocitentan in resistant hypertension

The first anti-hypertensive therapy in more than 30 years which works via a new mechanism of action and very importantly on a new physiological pathway.

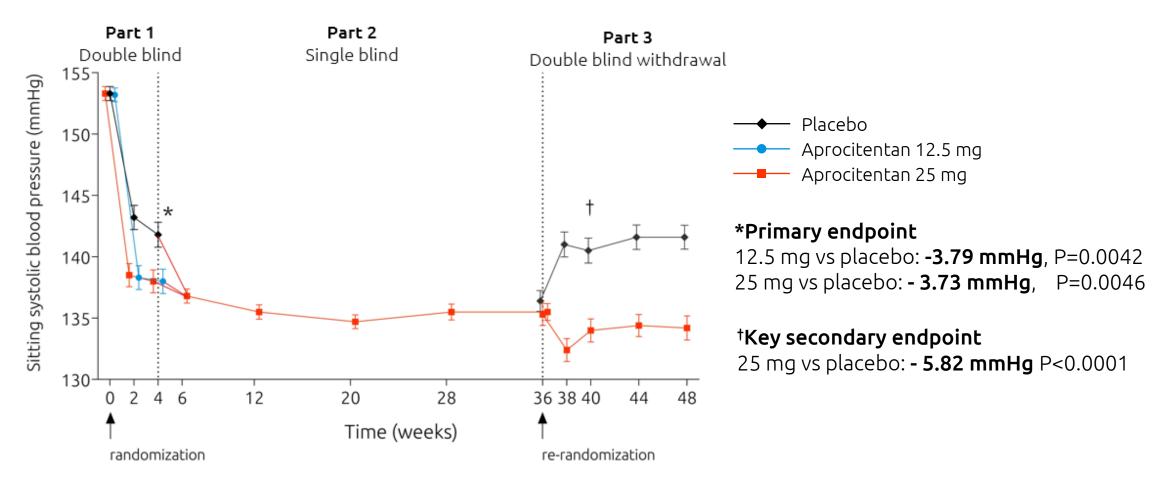






## Significant and sustained efficacy

Primary & secondary endpoints met with statistical significance



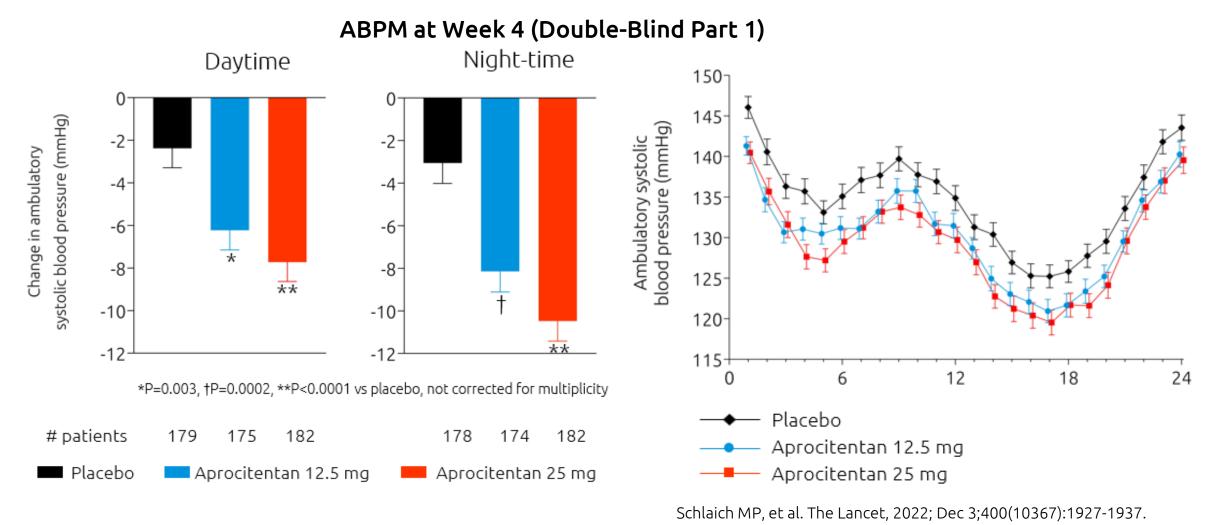
Schlaich MP, et al. The Lancet, 2022; Dec 3;400(10367):1927-1937.





## Efficacy confirmed by ambulatory BP monitoring

Excellent efficacy on night-time BP





## Safety: adverse events summary

Extremely low rate of discontinuations (1% vs placebo)

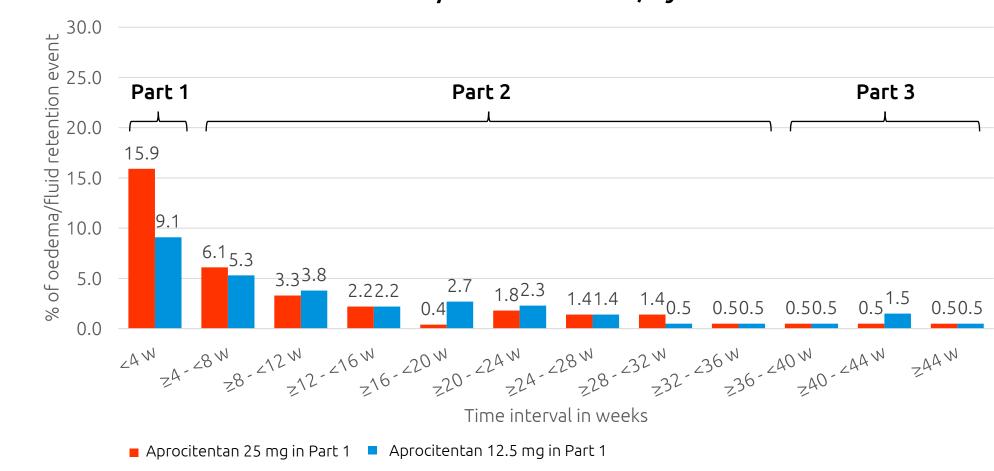
Study Part	Randomized treatment group	(n)	Adverse Events (AEs) %	AEs leading to discontinuation %	Serious AEs %
Double blind Part 1 4 Weeks	Aprocitentan 12.5 mg	243	27.6	2.9	3.3
	Aprocitentan 25 mg	245	36.7	2	3.3
	Placebo	242	19.4	0.8	1.2
Single blind Part 2 32 weeks	Aprocitentan 25 mg for 32 weeks	704	61.2	3.8	11.6
Double blind withdrawal Part 3 12 weeks	Aprocitentan 25 mg	310	38.4	2.3	5.8
	Placebo	303	33.7	1.7	3

Aprocitentan is investigational, in development and not approved or marketed in any country.

Schlaich MP, et al. The Lancet, 2022; Dec 3;400(10367):1927-1937.

## Starting with 12.5 mg reduces the incidence of edema

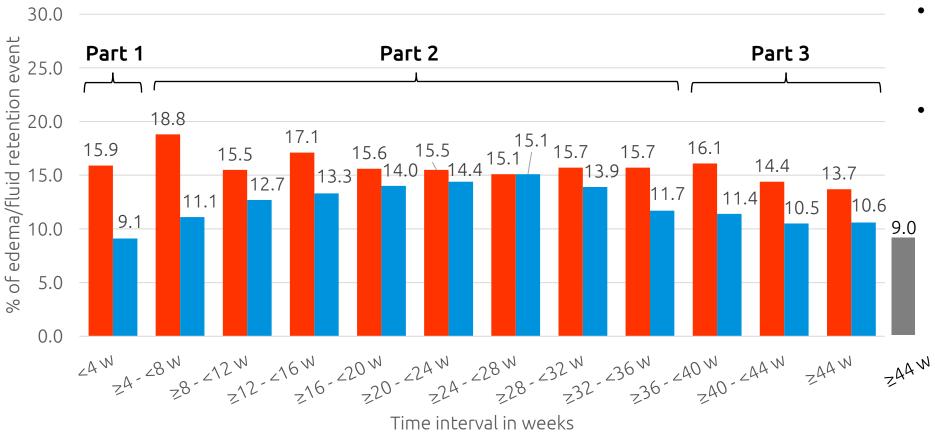
### Incidence of edema / fluid retention, by 4-weeks intervals





# Starting with 12.5 mg has a long-lasting effect on attenuating the edema phenomenon

### Prevalence of edema / fluid retention, by 4–weeks intervals



- At screening, 9.2% of patients had a history of ongoing edema
- 8 weeks after rerandomization to placebo (Part 3) prevalence of edema was 9.0%

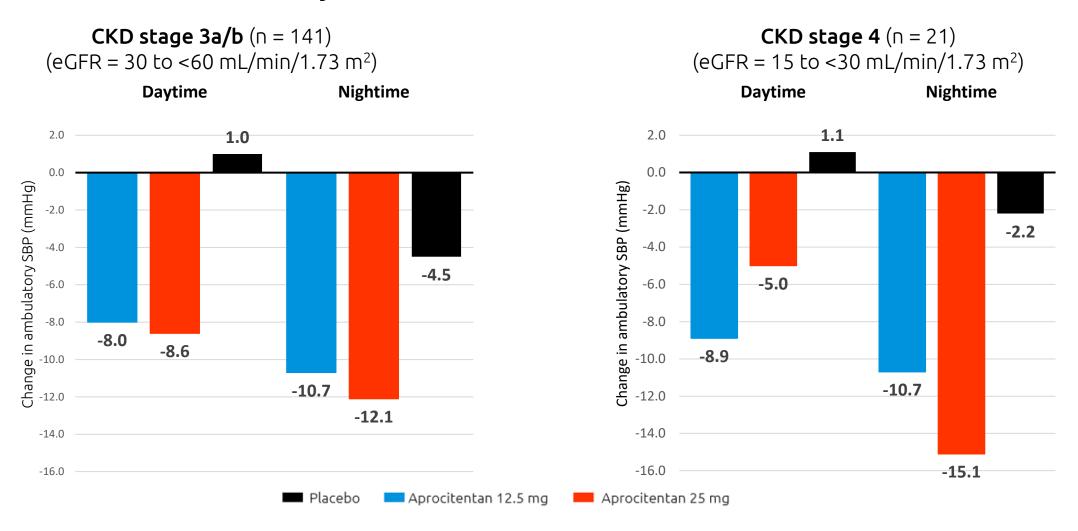
Aprocitentan 25 mg in Part 1 Aprocitentan 12.5 mg in Part 1

Aprocitentan 12.5-25 / 25 mg re-randomized to placebo in Part 3



## Consistent efficacy in patients with chronic kidney disease (CKD)

Large reduction in Ambulatory SBP from Baseline to Week 4



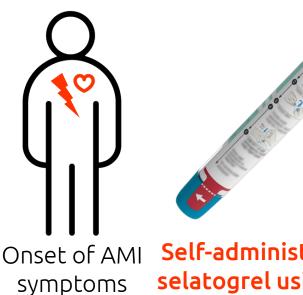








## Selatogrel could revolutionize the management of AMI in the future





Self-administer selatogrel using autoinjector at symptom onset



Patient calls for emergency service or travels to hospital



First medical contact



**Emergency medical** care follow-up at hospital

Slowing or stopping of the heart attack

Early intervention leads to better short-term and long-term outcome



# Phase 2 clinical development

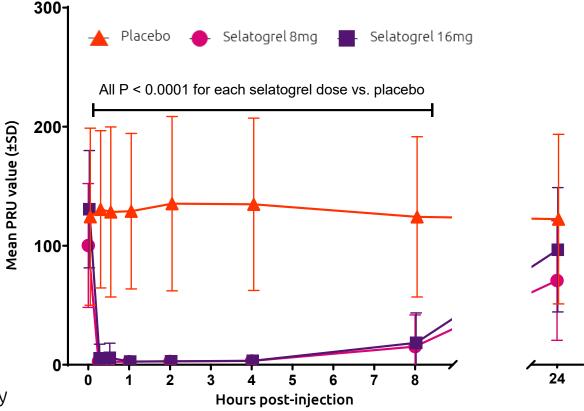
### Selatogrel has a rapid PD effect following subcutaneous injection

- Studies in patients with **Chronic Coronary Syndrome and AMI** met their pharmacodynamic objectives of **significantly inhibiting platelet aggregation**.
  - Subcutaneous administration of selatogrel
     8 mg and 16 mg has demonstrated a rapid onset of action, within 15 minutes, with the height of its effect extending over 4-8 hours, depending on the dose
  - Effect also obtained on top of background dual anti-platelet therapy

Data from chronic coronary syndrome study

– Consistent with results from AMI study

#### DAPT\* with background aspirin + clopidogrel



\*DAPT = dual anti-platelet therapy



# The big questions?



Will patients know when to inject? Recognize the symptoms of AMI

Will patients know how and where to inject? Instruction on use of the autoinjector



Patient training is crucial



# The answer is yes!



Reviewing the progress of the study shows that patients are injecting – and they are doing it early in the AMI onset





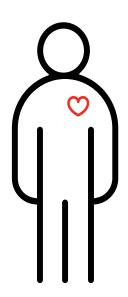
**25 countries** fully approved



249 active sites (> 500 planned)

>5'500 patients randomized

40% Western Europe 36% Eastern Europe 14% USA 10% Israel



Recruitment to be initiated in China in 2024









## Cenerimod perfectly suited to tackle SLE

Migration of antigen presenting cells and priming of new autoreactive lymphocytes

### **PREVENTION**

Three key immunomodulatory properties of cenerimod combine to break the 'vicious cycle' at multiple points

**INHIBITION** Egress of autoreactive T and B lymphocytes out of the lymph node S<sub>1</sub>P (signaling molecule) (target receptor) REDUCTION

#### Increased release of pro-inflammatory

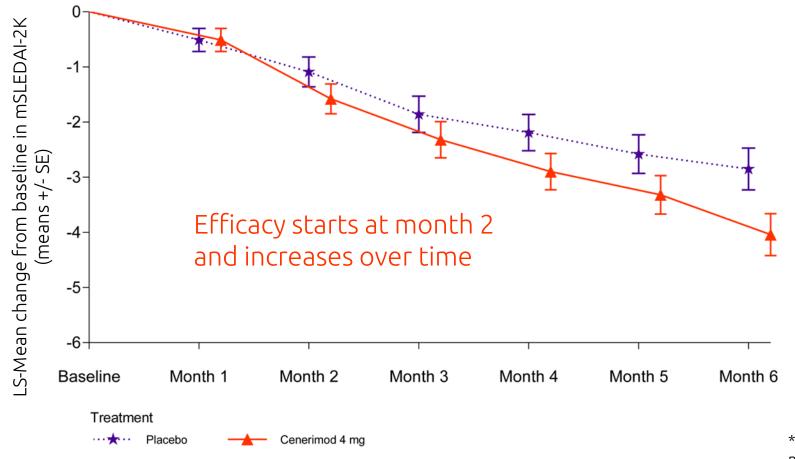
cytokines and chemokines by immune and non-immune cells





# Cenerimod 4 mg reduced disease activity

Primary endpoint (reduction in mSLEDAI-2K\* at Month 6)



LSM change between cenerimod 4 mg and placebo at Month 6 (95% CI)

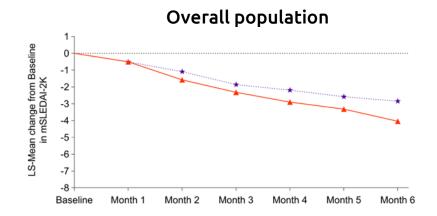
**-1.19** (-2.25, -0.12), **P=0.0291** 

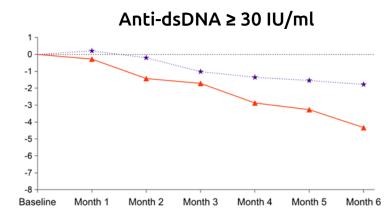
(Not statistically significant after adjusting for multiplicity)

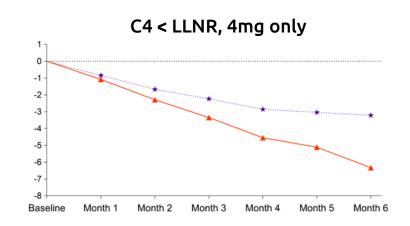
\*SLE disease activity index 2000 (SLEDAI-2K) modified to exclude leukopenia

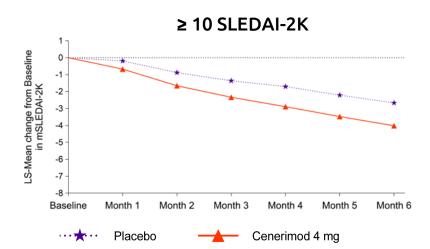


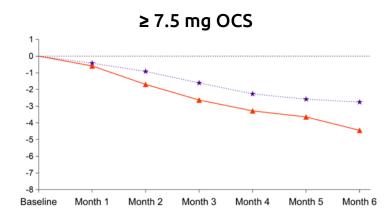
# Treatment effect is increased in more severe patients

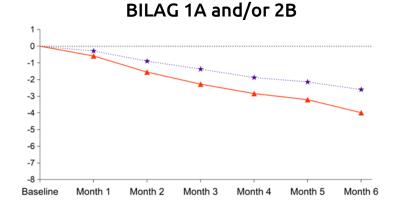














# Innovative portfolio – largely unencumbered

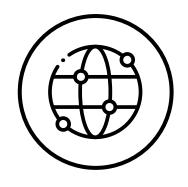
Compound	Mechanism of action	Target indication	Status
QUVIVIQ™ (daridorexant)	Dual orexin receptor antagonist	Insomnia	Commercially available as QUVIVIQ in the US, Germany, Italy, Switzerland, Spain, the UK and Canada; approved in the EU; Phase 2 in pediatric insomnia – recruiting
Aprocitentan	Dual endothelin receptor antagonist	Resistant hypertension	NDA under review in the US, MAA under review in the EU, other filings in preparation
Lucerastat	Glucosylceramide synthase inhibitor	Fabry disease	Phase 3 primary endpoint not met, open label extension study ongoing
Selatogrel	P2Y <sub>12</sub> inhibitor	Acute myocardial infarction	Phase 3 recruiting
Cenerimod	S1P <sub>1</sub> receptor modulator	Systemic lupus erythematosus	Phase 3 recruiting
ACT-1004-1239	ACKR3 / CXCR7 antagonist	Multiple sclerosis and other demyelinating diseases	Phase 2 in preparation
Sinbaglustat	GBA2/GCS inhibitor	Rare lysosomal storage disorders	Phase 1 complete
ACT-1014-6470	C5aR1 antagonist	Immune-mediated disorders	Phase 1
ACT-777991	CXCR3 antagonist	Recent-onset Type 1 diabetes	Phase 1
IDOR-1117-2520	Undisclosed	Immune-mediated disorders	Phase 1
IDOR-1134-2831	Synthetic glycan vaccine	Clostridium difficile infection	Phase 1 in preparation



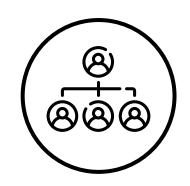
**QUVIVIQ:** APAC ex-China rights licensed to Sosei-Heptares and Mochida, China and Hong Kong rights licensed to Simcere **ACT-709478:** Worldwide rights licensed to Neurocrine Biosciences.



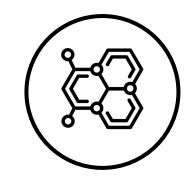
## Adapting the company to create sustainable value



Adapting global
presence
Sale of Idorsia
Japan and South
Korea



Adapting
workforce
Reduction at all
levels of the
company



Adapting portfolio
Stopping or partnering R&D assets



Raise cash Extending cash runway beyond Q1 2024



# alcobr

2024: Fund Idorsia while retaining shareholder value

