

idorsia

Daridorexant
delivers outstanding
results in a Phase 2
study in children
with insomnia

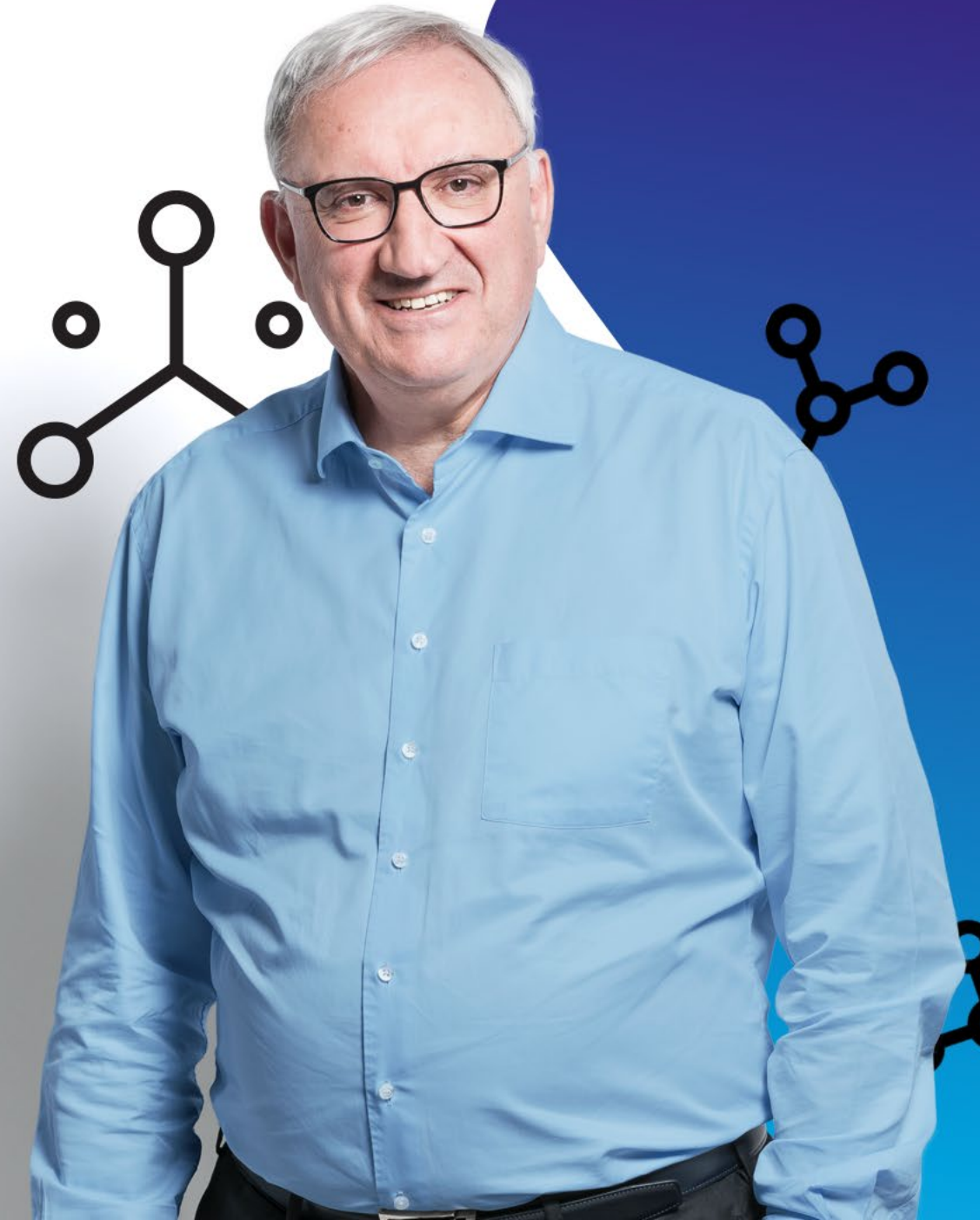


Forward-looking statements

The information in this presentation contains certain "forward-looking statements", relating to the company's business, which can be identified by the use of forward-looking terminology such as "intend", "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, milestones, business development activities 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. Rounding differences in the numbers presented may occur. Idorsia has transferred its rights for apocitentan, cenerimod and selatogrel to Idorsia Investments SARL to allow the repayment of notes issued in connection with the repurchase offer completed in August 2025. More details on the transfer can be found in the press release issued on May 21, 2025, and on the exchange offer in the press release issued on August 27, 2025. Daridorexant for pediatric use is investigational and not approved or marketed in any country.

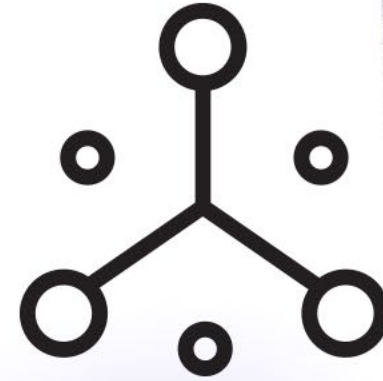
“These results once again highlight the exceptional profile of daridorexant and represent a tremendous opportunity for Idorsia.”

**Jean-Paul Clozel, MD,
Chairman of the Board**



“We are seeing new signals that the orexin system may play an even more important role in neurodevelopmental disorders than previously understood.”

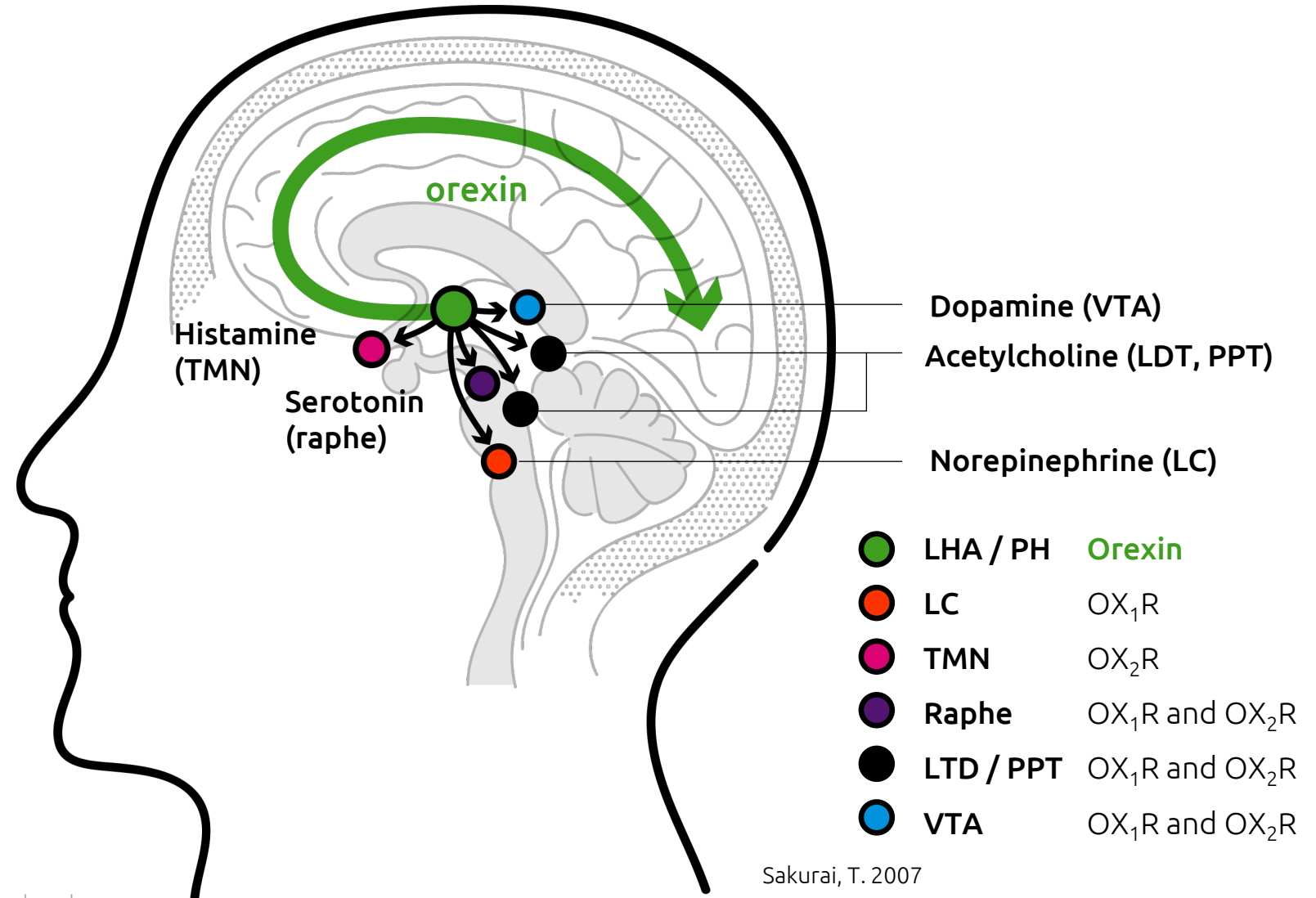
**Martine Clozel, MD,
Chief Scientific Officer
& Head of Research**



QUVIVIQ works differently to treatments that sedate the brain

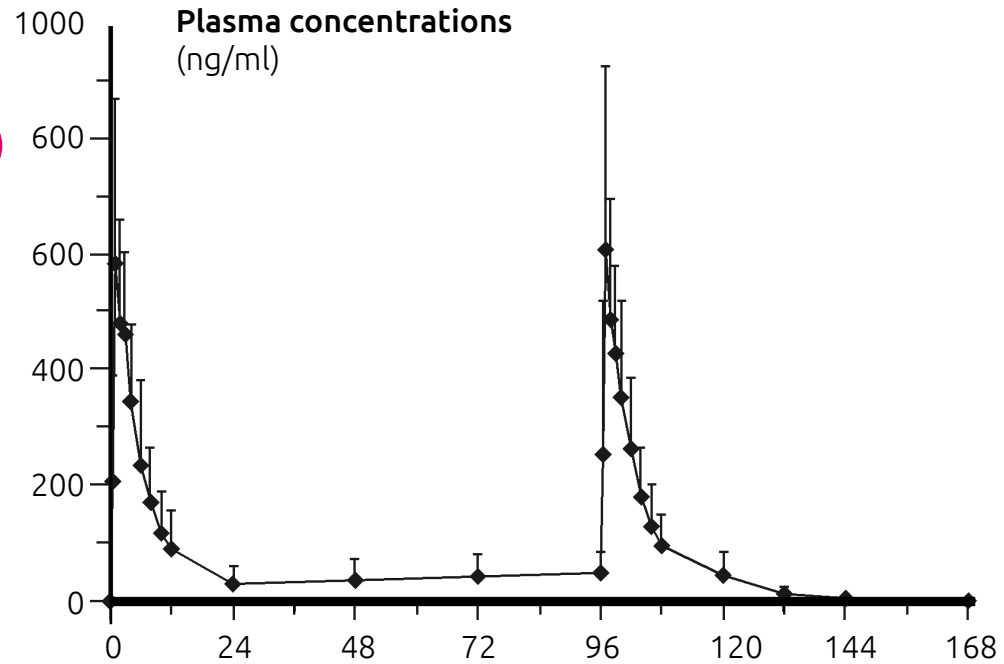
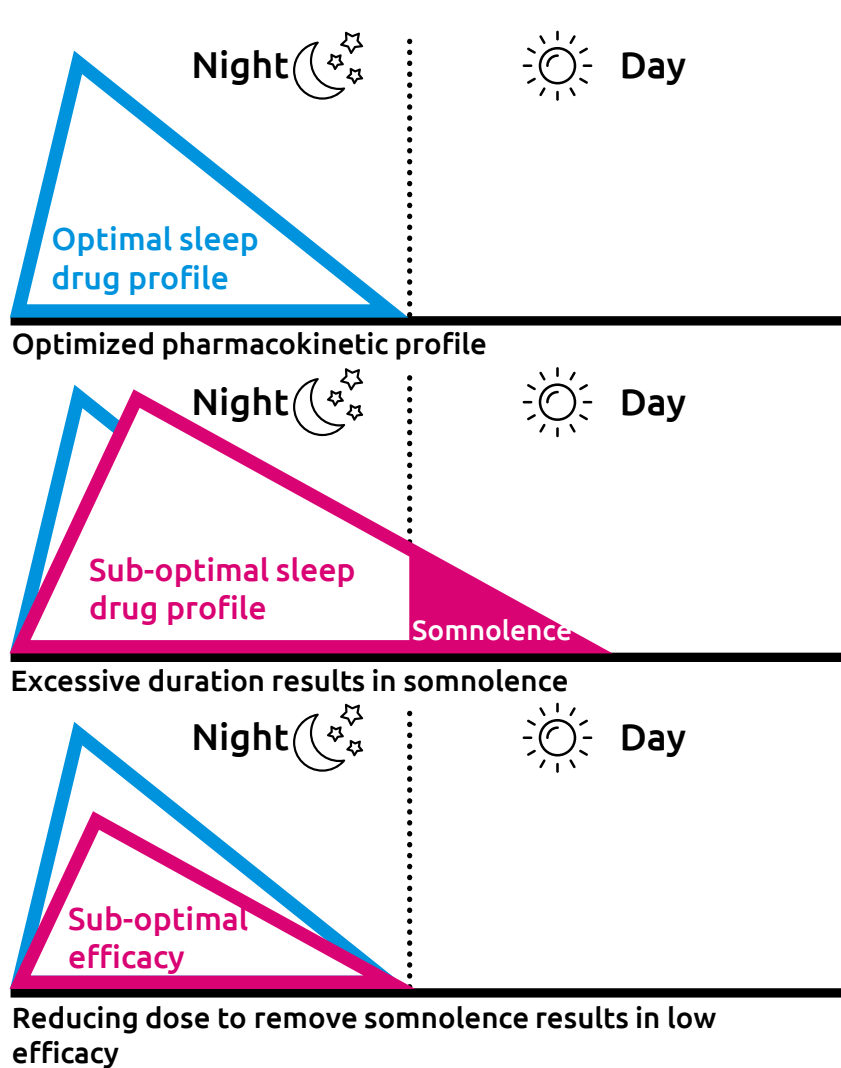
Orexin stimulates many wake-promoting pathways

QUVIVIQ is a dual orexin receptor antagonist that suppresses the wake signaling

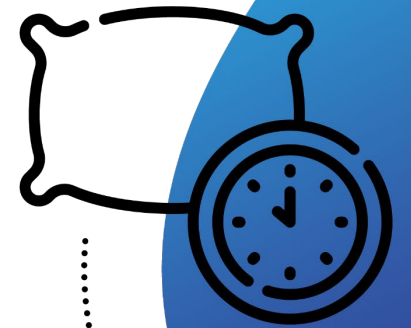


LHA = lateral hypothalamic area; PH = posterior hypothalamus
LC = locus coeruleus; TMN = tuberomammillary nucleus; LDT = laterodorsal tegmental nucleus; VTA = ventral tegmental area; PPT = pedunculopontine nucleus

Better by design



- Fast absorption
- Optimal half-life (8 h)
- No accumulation over time
- No active metabolites



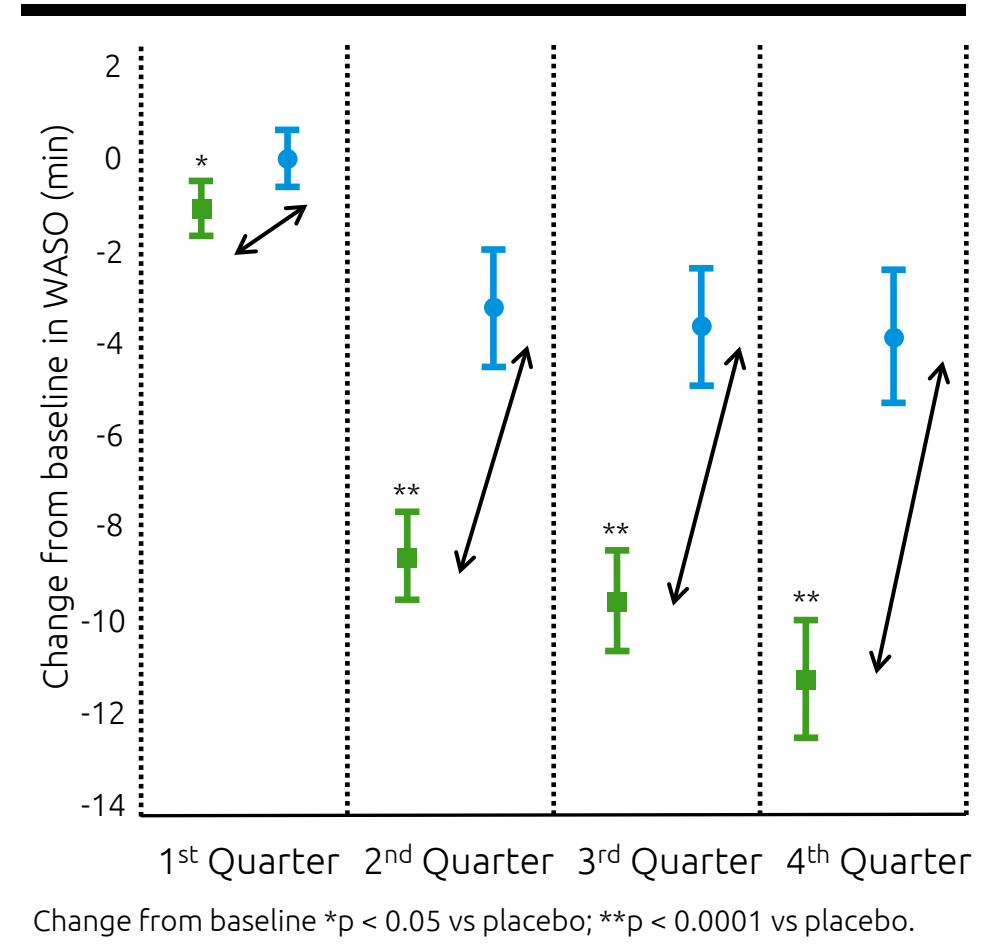
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Patients fall asleep faster – stay asleep longer and QUVIVIQ works throughout the night

- Daridorexant 50 mg **significantly improved the objective sleep parameters** LPS and WASO vs placebo at months 1 and 3
- Daridorexant 50 mg **significantly improved self-reported Total Sleep Time** at months 1 and 3
- Daridorexant 50 mg increased **both subjective and objective TST by 1 hour**

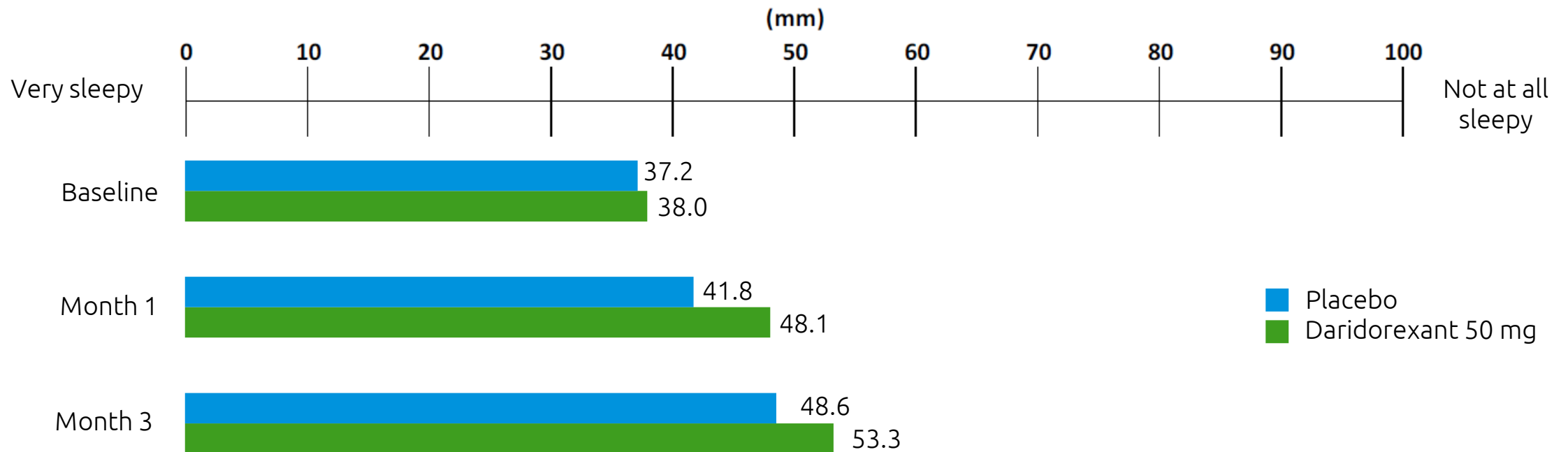
Dauvilliers et al. Sleep Medicine. 2025; Jul;131:106523.

● Placebo
■ Daridorexant 50 mg



Morning sleepiness as measured by visual analog scale (VAS) is improved: QUVIVIQ increases morning alertness at 50 mg

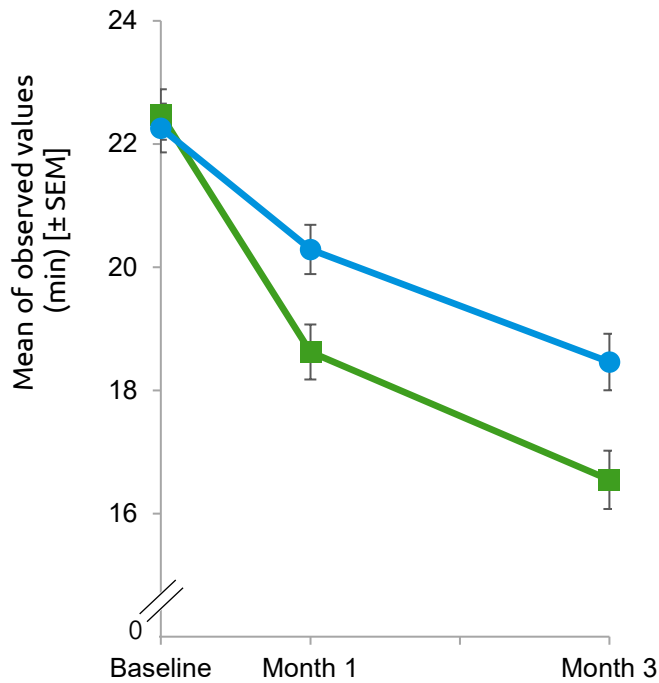
Rate the way you feel this morning by marking clearly and vertically across the line below:



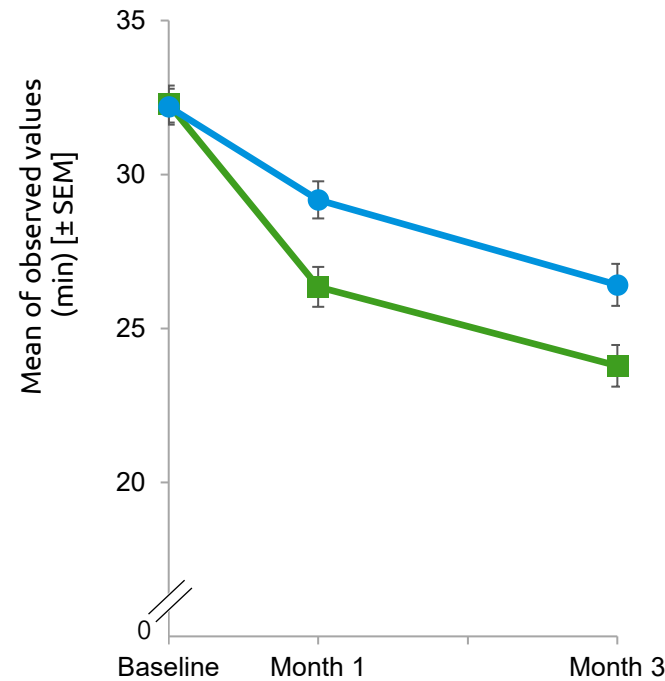
Data from Study 1 from the Phase 3 program
Mignot E, et al. *Lancet Neurol* 2022; 21: 125–39

QUVIVIQ is the only therapy to demonstrate improvement in daytime functioning

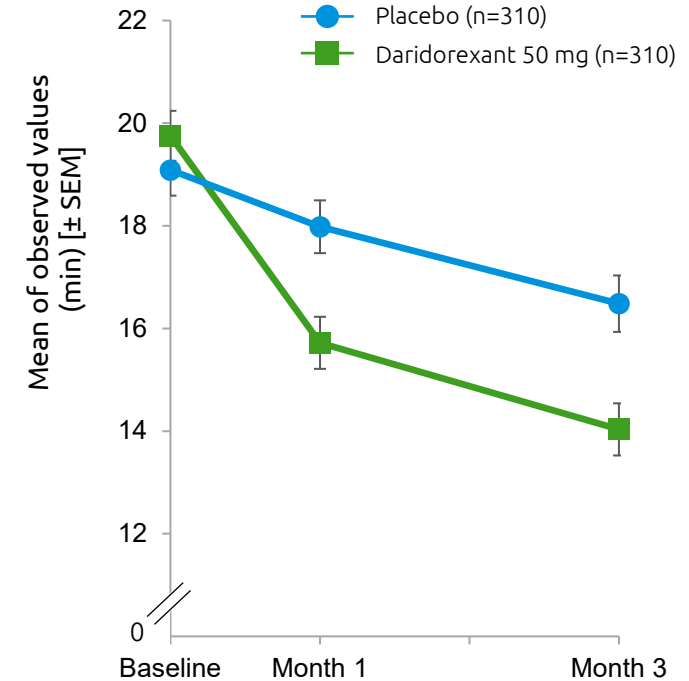
IDSIQ[®] sleepiness domain



IDSIQ[®] alert/cognition domain



IDSIQ[®] mood domain



Data from Study 1 from the Phase 3 program
Mignot E, et al. *Lancet Neurol* 2022; 21: 125–39

IDSIQ[®], Insomnia Daytime Symptoms and Impacts
Questionnaire; SEM, standard error of the mean.

Improvement in daytime functioning is not included in the US product information. A US label-enabling IDSIQ study design has been agreed with FDA. Improvement in daytime functioning as assessed using IDSIQ[®] sleepiness domain is reflected in the label in other countries.

Safety profile comparable with placebo

Reported Adverse Reactions in Overall Population (Study 1)^{1,2,a}

	QUVIVIQ 25 mg (n = 310)	QUVIVIQ 50 mg (n = 308)	Placebo (n = 309)
Headache ^b	6%	7%	5%
Somnolence or fatigue ^c	6%	5%	4%
Fatigue	2%	3%	1%
Somnolence	4%	2%	2%
Hypersomnia	<1%	0%	0%
Lethargy	0%	0%	0%
Sedation	<1%	0%	1%
Dizziness ^d	2%	3%	2%
Nausea ^e	0%	3%	2%

^aRates of adverse reactions reported in ≥2% of QUVIVIQ-treated patients and greater than in placebo-treated patients (Study 1);

^bHeadache includes: headache, tension headache, migraine, migraine with aura, and head discomfort;

^cSomnolence or fatigue includes: somnolence, sedation, fatigue, hypersomnia, and lethargy; ^dDizziness includes: dizziness, vertigo, and labyrinthitis; ^eNausea includes: nausea, vomiting, and procedural nausea.

1. QUVIVIQ® (daridorexant) [[prescribing information](#)]. Radnor, PA: Idorsia Pharmaceuticals US Inc; 2024.

2. [Integrated Review](#). 2022.



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The burden of pediatric insomnia

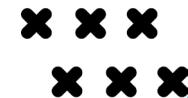
Pediatric insomnia

- Difficulty initiating or maintaining sleep that is perceived as a problem by the child or caregiver due to its severity, chronicity, frequency, and significant daytime impairment
- Profoundly affects daytime functioning, mood, and cognitive and physical development
- Impact is even greater in children with neurodevelopmental disorders



Significant unmet need

- Estimated prevalence of 10% to 30%*
- Higher prevalence in neurodevelopmental conditions such as Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD)
- No medications approved for the estimated 12 million children in the US
- Daridorexant is the only DORA under pediatric investigation



* Medalie L et al. Pediatric sleep medicine, Springer, 2021. 333-339
Breda M et al. J Clin Sleep Med 19, 659–672 (2023)
Lewien C et al. BMC Pediatr 21, 82 (2021)

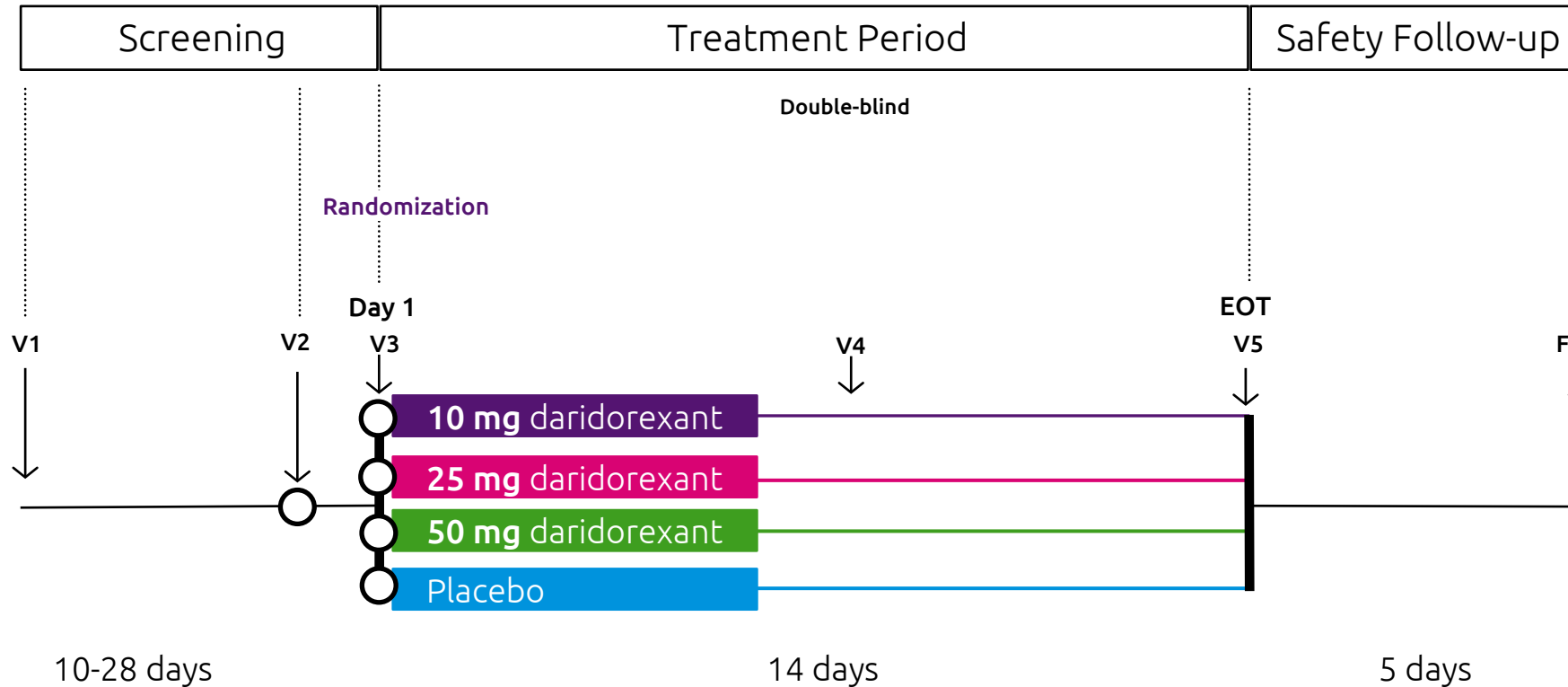
“As the only DORA being investigated in children, daridorexant could become not only best-in-class for adults, but first-in-class for the pediatric population.”

**Alberto Gimona, MD,
Head of Global Clinical Development
& Medical Affairs**

Daridorexant for pediatric use is investigational and not approved or marketed in any country



Phase 2 dose-finding study design



Multi-center, double-blind, randomized, placebo-controlled, parallel group, polysomnography, dose finding study assessing the efficacy, safety, and pharmacokinetics of multiple-dose oral administration of daridorexant in pediatric subjects aged 10 to < 18 years with insomnia disorder

V = Visit
FSV = Final Study Visit
EOT = End Of Treatment

○ = polysomnography nights

Daridorexant for pediatric use is investigational and not approved or marketed in any country

Study objectives

Primary objective

- To characterize the dose-response relationship of daridorexant on objective TST in pediatric subjects with insomnia disorder.

Exploratory objectives

- To characterize the dose-response relationship of daridorexant on other objective sleep parameters in pediatric subjects with insomnia disorder.
- To characterize the dose-response relationship of daridorexant on subjective sleep parameters in pediatric subjects with insomnia disorder.
- To evaluate the efficacy of daridorexant on daytime functioning in pediatric subjects with insomnia disorder.
- To explore the dose-response relationship of daridorexant on objective sleep parameters in children and adolescents based on actigraphy.

Safety objective

- To assess the safety and tolerability of daridorexant in pediatric subjects with insomnia disorder.

Study population stratification

FDA

Group 1

Insomnia disorder
(without associated NDD)

EMA

Group 3

Insomnia disorder
associated with NDD

Group 2

Insomnia disorder
associated with subthreshold
ASD or ADHD traits

Demographic characteristics

	Placebo N=41	Daridorexant 10 mg N=40	Daridorexant 25 mg N=42	Daridorexant 50 mg N=42	Total N=165
Age at screening (years) [n (%)]					
10-11	6 (14.6)	16 (40.0)	3 (7.1)	9 (21.4)	34 (20.6)
12-17	35 (85.4)	24 (60.0)	39 (92.9)	33 (78.6)	131 (79.4)
Sex [n (%)]					
Female	23 (56.1)	17 (42.5)	22 (52.4)	22 (52.4)	84 (50.9)
Male	18 (43.9)	23 (57.5)	20 (47.6)	20 (47.6)	81 (49.1)
Body weight at screening (kg)					
Mean (SD)	62.04 (16.42)	55.66 (16.79)	65.22 (19.34)	62.68 (21.77)	61.47 (18.90)
Median (Min, Max)	60.8 (32.0, 112.2)	53.2 (30.6, 103.9)	63.2 (37.1, 124.7)	61.3 (28.0, 109.0)	60.0 (28.0, 124.7)

Full Analysis Set
SD = Standard Deviation

Baseline disease characteristics

	Placebo N=41	Daridorexant 10 mg N=40	Daridorexant 25 mg N=42	Daridorexant 50 mg N=42	Total N=165
Time since insomnia diagnosis at randomization (years)					
Mean (SD)	3.59 (3.07)	4.81 (3.70)	4.17 (3.55)	3.74 (3.32)	4.07 (3.42)
Median (Min, Max)	2.4 (0.4, 12.1)	4.2 (0.3, 14.0)	2.5 (0.3, 14.7)	2.5 (0.5, 12.1)	2.8 (0.3, 14.7)
Difficulty initiating sleep [n (%)]					
Yes	39 (95.1)	38 (95.0)	41 (97.6)	41 (97.6)	159 (96.4)
No	2 (4.9)	2 (5.0)	1 (2.4)	1 (2.4)	6 (3.6)
Difficulty maintaining sleep [n (%)]					
Yes	35 (85.4)	33 (82.5)	38 (90.5)	40 (95.2)	146 (88.5)
No	6 (14.6)	7 (17.5)	4 (9.5)	2 (4.8)	19 (11.5)
Early morning awakening [n (%)]					
Yes	29 (70.7)	27 (67.5)	31 (73.8)	37 (88.1)	124 (75.2)
No	12 (29.3)	13 (32.5)	11 (26.2)	5 (11.9)	41 (24.8)
Diagnosis of NDD [n (%)]					
Yes	11 (26.8)	12 (30.0)	14 (33.3)	13 (31.0)	50 (30.3)
No	30 (73.2)	28 (70.0)	28 (66.7)	29 (69.0)	115 (69.7)

Full Analysis Set

NDD = Neurodevelopmental Disorder; SD = Standard Deviation

Daridorexant for pediatric use is investigational and not approved or marketed in any country

Daridorexant efficacy in pediatric population

- Analysis of the primary endpoint demonstrated a statistically significant ($p=0.0185$) dose-dependent improvement in TST from baseline on Day 1
- Phase 2 results show dose-dependent, clinically meaningful, and statistically significant improvements across multiple sleep measures in children with insomnia disorder, with especially pronounced efficacy in those with co-morbid neurodevelopmental disorders
- Beyond sleep, the results suggest that orexin signaling may play a broader role in children with neurodevelopmental disorders, potentially opening an entirely new therapeutic avenue for these patients



Similar safety profile across treatment groups

	Placebo N=41 n (%)	Daridorexant 10 mg N=40 n (%)	Daridorexant 25 mg N=42 n (%)	Daridorexant 50 mg N=42 n (%)
Participants with at least one:				
AE	10 (24.4)	11 (27.5)	7 (16.7)	10 (23.8)
SAE	1 (2.4)	0	0	0
AE leading to temporary study treatment interruption	0	0	0	0
AE leading to premature study treatment discontinuation	0	0	1 (2.4)	0
Participants with at least one treatment-emergent:				
AE	7 (17.1)	8 (20.0)	5 (11.9)	8 (19.0)
AE with severe intensity	0	0	0	0
AE related to study treatment	1 (2.4)	4 (10.0)	2 (4.8)	3 (7.1)
SAE	0	0	0	0
SAE related to study treatment	0	0	0	0
AE with fatal outcome	0	0	0	0
AE related to study treatment with fatal outcome	0	0	0	0
AESI pertaining to narcolepsy-like symptoms	0	2 (5.0)	0	1 (2.4)
AESI pertaining to complex sleep behavior	0	0	0	0
AESI pertaining to hallucinations/sleep paralysis	0	0	0	1 (2.4)
AESI pertaining to suicidality	0	0	0	0
AESI pertaining to drug abuse	0	0	0	0

Safety Analysis Set

AESIs pertaining to narcolepsy-like symptoms include excessive daytime sleepiness and cataplexy

AE = Adverse Event; AESI = Adverse Event of Special Interest; SAE = Serious Adverse Event.

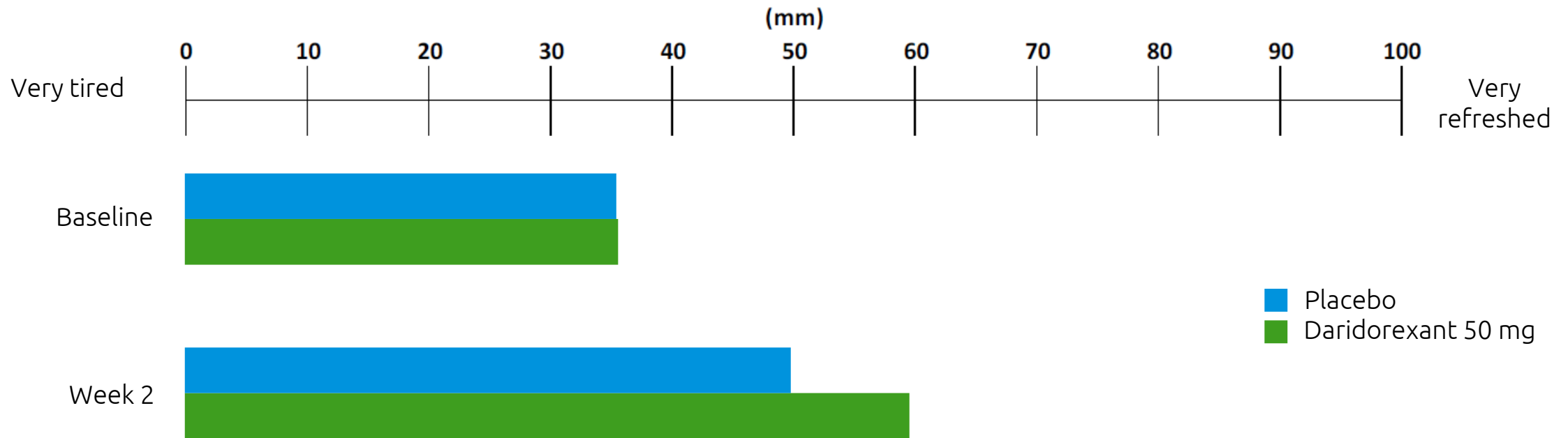
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Daridorexant well tolerated across all doses

Preferred Term	Placebo N=41 n (%)	Daridorexant 10 mg N=40 n (%)	Daridorexant 25 mg N=42 n (%)	Daridorexant 50 mg N=42 n (%)
Participants with at least one event	7 (17.1)	8 (20.0)	5 (11.9)	8 (19.0)
Somnolence	1 (2.4)	2 (5.0)	1 (2.4)	3 (7.1)
Headache	0	3 (7.5)	2 (4.8)	1 (2.4)
Nasopharyngitis	1 (2.4)	2 (5.0)	1 (2.4)	1 (2.4)
Nausea	2 (4.9)	0	0	1 (2.4)
Abdominal pain	0	0	0	1 (2.4)
Back pain	0	0	0	1 (2.4)
Catarrh	0	0	0	1 (2.4)
Decreased appetite	0	0	0	1 (2.4)
Diarrhoea	0	0	0	1 (2.4)
Gastrointestinal viral infection	0	0	0	1 (2.4)
Pyrexia	0	0	0	1 (2.4)
Sleep paralysis	0	0	0	1 (2.4)
Viral upper respiratory tract infection	0	0	0	1 (2.4)
Dysmenorrhoea	0	1 (2.5)	1 (2.4)	0
Abdominal pain upper	0	0	1 (2.4)	0
Migraine	0	0	1 (2.4)	0
Nasal congestion	0	0	1 (2.4)	0
Oropharyngeal pain	0	0	1 (2.4)	0
Fatigue	0	2 (5.0)	0	0
Disturbance in attention	0	1 (2.5)	0	0
Erythema	0	1 (2.5)	0	0
Persecutory delusion	0	1 (2.5)	0	0
Transaminases increased	0	1 (2.5)	0	0
Confusional arousal	1 (2.4)	0	0	0
Haematoma	1 (2.4)	0	0	0
Influenza	1 (2.4)	0	0	0
Tonsillitis	1 (2.4)	0	0	0

Morning sleepiness as measured by visual analog scale (VAS) is improved

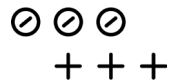
Rate the way your child feels this morning by marking clearly and vertically across the line below:



Next steps

Pediatric insomnia

- Phase 2 dose-finding study is part of an approved Pediatric Investigational Plan (PIP) with EMA and Initial Pediatric Study Plan (iPSP) with FDA
- Engage with health authorities to discuss next steps for pediatric insomnia
- Detailed results will be shared at upcoming congresses and in peer-reviewed publications



Beyond insomnia

- Detailed results will be shared at upcoming congresses and in peer-reviewed publications
- Initiate discussions with health authorities on a new potential investigation pathway for children with neurodevelopmental disorders



A turning point for Idorsia?

What do these results mean?

- Safety and tolerability profile in children as young as 10 will have a halo effect on adult population
- The results in pediatric population should influence the de-scheduling process in the US
- Significant medical need in pediatric insomnia
- Transformative opportunity beyond insomnia

