



Newron Pharmaceuticals S.p.A.

Investor and analyst call Safinamide Study 018 Top-Line Results

**November 4, 2010
03.00 p.m. CET**

**Moderators:
Luca Benatti, CEO
Ravi Anand, CMO**

European dial-in:	+39 02 805 8811
UK dial-in:	+44 20 3147 4796
USA toll free number:	+1 866 63 203 28

Disclaimer



Restricted Scope; Exclusion of Liability; Confidentiality

This document has been prepared by Newron Pharmaceuticals S.p.A. ("Newron") solely for your information. The information contained herein has not been independently verified. representation or warranty, express or implied, is made as to, and no reliance should be placed on, the fairness, accuracy, completeness or correctness of the information or opinions contained herein. Newron does not undertake any obligation to up-date or revise any information contained in this presentation. None of Newron, its advisors or any of their respective representatives or affiliates shall have any liability whatsoever (in negligence or otherwise) for any loss howsoever arising from any use of this document or its contents or otherwise arising in connection with this document.

This copy of the presentation is strictly confidential and personal to the recipient. It may not be (i) used for any purpose other than in connection with the purpose of this presentation, (ii) reproduced or published, (iii) circulated to any person other than to whom it has been provided at this presentation.

Forward-Looking Statements

This document contains forward-looking statements, including (without limitation) about (1) Newron's ability to develop and expand its business, successfully complete development of its current product candidates and current and future collaborations for the development and commercialisation of its product candidates and reduce costs (including staff costs), (2) the market for drugs to treat CNS diseases and pain conditions, (3) Newron's anticipated future revenues, capital expenditures and financial resources, and (4) assumptions underlying any such statements. In some cases these statements and assumptions can be identified by the fact that they use words such as "will", "anticipate", "estimate", "expect", "project", "intend", "plan", "believe", "target", and other words and terms of similar meaning. All statements, other than historical facts, contained herein regarding Newron's strategy, goals, plans, future financial position, projected revenues and costs and prospects are forward-looking statements.

By their very nature, such statements and assumptions involve inherent risks and uncertainties, both general and specific, and risks exist that predictions, forecasts, projections and other outcomes described, assumed or implied therein will not be achieved. Future events and actual results could differ materially from those set out in, contemplated by or underlying the forward-looking statements due to a number of important factors. These factors include (without limitation) (1) uncertainties in the discovery, development or marketing of products, including without limitation negative results of clinical trials or research projects or unexpected side effects, (2) delay or inability in obtaining regulatory approvals or bringing products to market, (3) future market acceptance of products, (4) loss of or inability to obtain adequate protection for intellectual property rights, (5) inability to raise additional funds, (6) success of existing and entry into future collaborations and licensing agreements, (7) litigation, (8) loss of key executive or other employees, (9) adverse publicity and news coverage, and (10) competition, regulatory, legislative and judicial developments or changes in market and/or overall economic conditions.

Newron may not actually achieve the plans, intentions or expectations disclosed in forward-looking statements and assumptions underlying any such statements may prove wrong. Investors should therefore not place undue reliance on them. There can be no assurance that actual results of Newron's research programmes, development activities, commercialisation plans, collaborations and operations will not differ materially from the expectations set out in such forward-looking statements or underlying assumptions.

No Offer or Invitation; No Prospectus

This document does not contain or constitute an offer or invitation to purchase or subscribe for any securities of Newron and no part of it shall form the basis of or be relied upon in connection with any contract or commitment whatsoever.

This document is not a prospectus within the meaning of art. 652a of the Swiss Code of Obligations or article 32 of the SIX Swiss Exchange Listing Rules. In making a decision to purchase or sell securities of Newron, investors must rely (and they will be deemed to have relied) solely on their own independent examination of Newron.

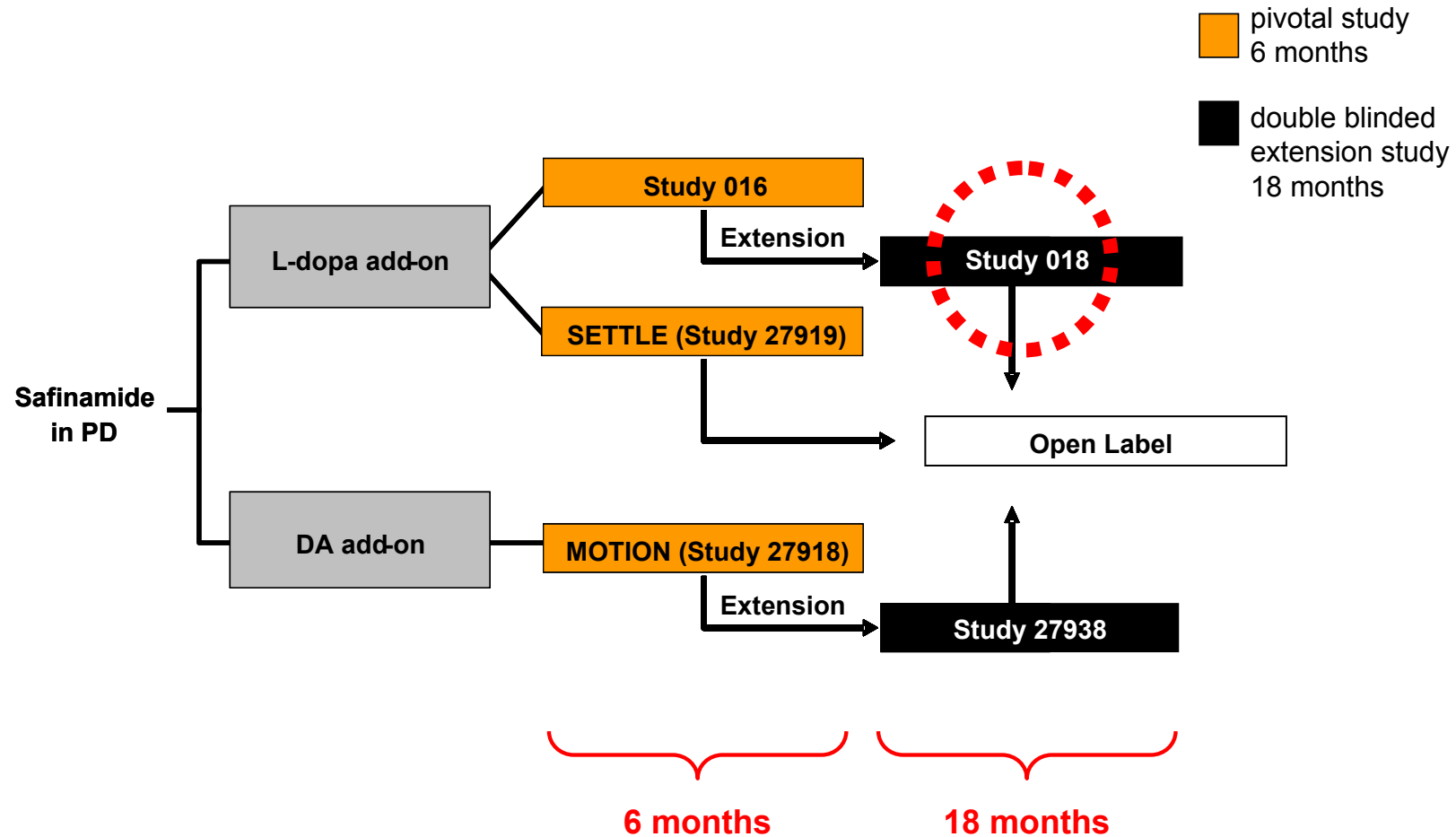
The securities of Newron have not been registered under the US Securities Act of 1933 as amended (the "Securities Act") and may not be offered or sold in the United States unless registered under the Securities Act or pursuant to an exemption from such registration. Newron does not intend to register any securities it may offer under the Securities Act.

This document is only being distributed to and is only directed at (1) persons who are outside the United Kingdom or (i2 to investment professionals falling within Article 19(5) of the Financial Services and Markets Act 2000 (Financial Promotion) Order 2005 (the "Order") or (3) high net worth companies, and other persons to whom it may lawfully be communicated, falling within Article 49(2)(a) to (d) of the Order (all such persons in (1) to (3) above together being referred to as "relevant persons"). Any person who is not a relevant person should not act or rely on this document or any of its contents.

Acceptance of Disclaimer

By accepting this document, you acknowledge and agree to each of the foregoing disclaimer.

Safinamide Parkinson's disease - add-on program ongoing



Study 016 - Key inclusion criteria



- Male or female, aged 30-80 years
- Diagnosis of idiopathic Parkinson's Disease of > 3 yrs
- Levodopa responsive and receiving a stable dose of levodopa at screening
 - 4-10 doses per day
 - Any levodopa preparation (plus benserazide/carbidopa)
 - COMT inhibitors permitted (including Stalevo®)
- Patients may be receiving concomitant treatment with stable doses of a dopamine agonist and/or an anticholinergic
- Motor fluctuations with >1.5 hours OFF time during day
- Ability to maintain diary (18 hours) with help of caregiver
- Complete ophthalmologic screening

Study 016 - Baseline subject demographics and disease characteristics



	Placebo (n=222)	Safinamide 50 mg/day (n=223)	Safinamide 100 mg/day (n=224)
Mean age (years) (SD)	59.4 (9.41)	60.1 (9.67)	60.1 (9.19)
Gender Male (%)	72.1%	70.4%	72.8%
Race			
Asian	180 (81.1%)	180 (80.7%)	179 (79.9%)
White	42 (18.9%)	43 (19.3%)	45 (20.1%)
At least one concomitant medical condition/illness	165 (74.3%)	178 (79.8%)	175 (78.1%)

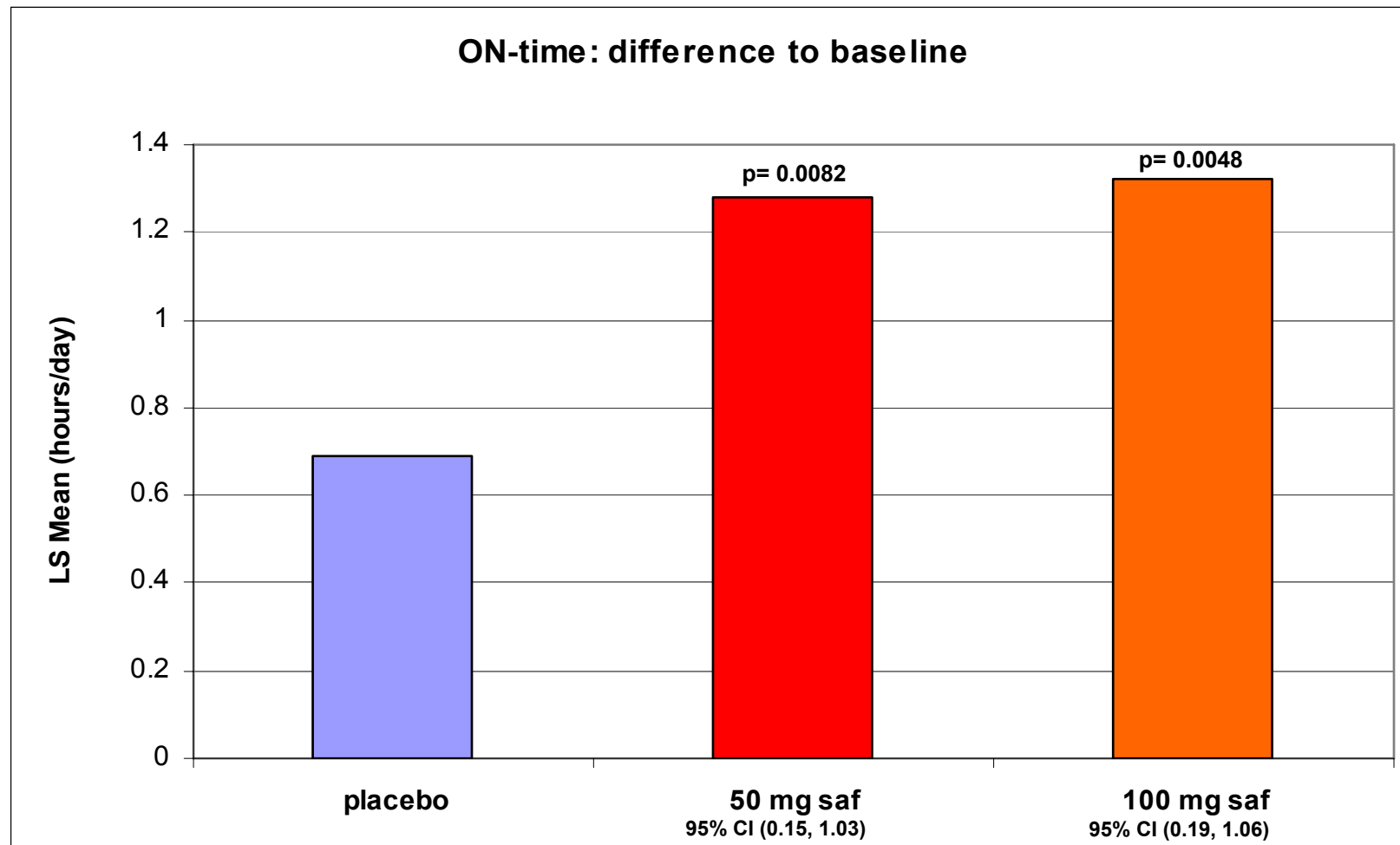
Study 016 – Parkinson's disease baseline characteristics



	Placebo (n=222)	Safinamide 50 mg/day (n=223)	Safinamide 100 mg/day (n=224)
Baseline OFF time (hours) (SD)	5.3 (2.06)	5.2 (2.08)	5.2 (2.16)
Baseline ON time (hours) (SD)	9.30 (2.155)	9.37 (2.259)	9.52 (2.426)
Baseline UPDRS Part III ON (SD)	28.7 (12.03)	27.3 (12.67)	28.3 (13.30)
% of patients with Troublesome Dyskinesia (≥ 30 mins)	32.8 %	32.3 %	29.5 %
PD Treatment			
Levodopa	222 (100.0%)	223 (100.0%)	224 (100.0%)
Dopamine Agonist	136 (61.3%)	142 (63.7%)	128 (57.1%)
Anticholinergic	86 (38.7%)	73 (32.7%)	85 (37.9%)
Entacapone	56 (25.2%)	52 (23.3%)	55 (24.65)
Stalevo	33 (14.9%)	30 (13.5%)	36 (16.1%)
Amantadine	32 (14.4%)	29 (13.0%)	30 (13.4%)

Study 016 primary endpoint met : ON Time

Study qualified pivotal study



p-values were calculated using a mixed linear model based on the change from baseline with baseline as covariate

Study 018 objective:

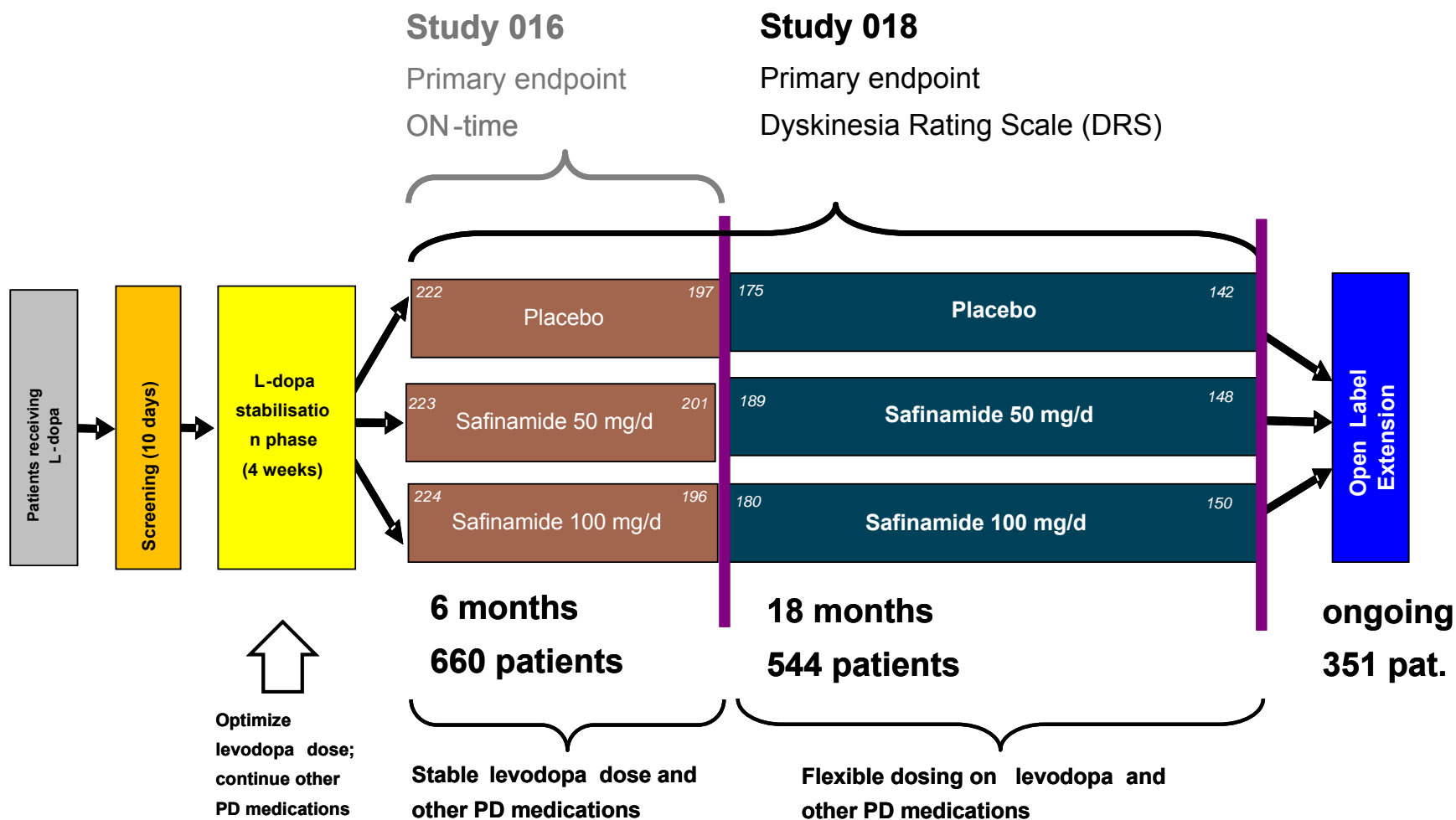
*Long-term safety and efficacy for mid-to-late stage
Parkinson's disease*



- A double-blind, placebo controlled 18 months extension study of phase 3 pivotal study 016 (study 018 is not a pivotal study)
- To assess 2 year safety and efficacy of 50 and 100 mg safinamide/day as add-on therapy to stable L-dopa in PD patients with motor fluctuations

Study design 016 and 018

Double-blind, placebo controlled study through 2 years



Study 018 - Secondary endpoints



- Change in “On-time” (ON + ON with minor dyskinesia) from baseline of study 016
- Change in individual diary categories compared to baseline of study 016
 - Improvement in ON time + ON time with minor dyskinesia with no increase in troublesome dyskinesia with respect to the 016 baseline
 - Lack of worsening (≤ 30 mins) in ON time + ON time with minor dyskinesia with no increase in troublesome dyskinesia with respect to the 016 baseline
- Diary responder rate at 12-, 18-, and 24-months on the ITT and mITT, and on those who completed 24 months treatment period)
- UPDRS part IV (total and dyskinesia sub-items 32-35 and 32-24)
- Time to develop troublesome dyskinesia (≥ 30 minutes increase compared to baseline)
- Time to develop any (minor + troublesome) dyskinesia (≥ 30 minutes increase compared to baseline)
- Change in ADLs during ON-time (UPDRS part II) compared to placebo
- Maintenance of effects in UPDRS part II responders ($\geq 20\%$ improvement from baseline to 016 endpoint)
- Percentage of change in L-dopa dose
- Percentage of change in any anti-PD dose
- Change in motor symptoms (UPDRS part III)
- CGI – change from baseline – mean score in the course of the study
- CGI – severity of illness – mean change from baseline to endpoint

Study 016/018 – Parkinson's disease baseline characteristics



	Placebo (n=222)	Safinamide 50 mg/day (n=223)	Safinamide 100 mg/day (n=224)
Baseline OFF time (hours) (SD)	5.3 (2.06)	5.2 (2.08)	5.2 (2.16)
Baseline ON time (hours) (SD)	9.30 (2.155)	9.37 (2.259)	9.52 (2.426)
Baseline UPDRS Part III ON (SD)	28.7 (12.03)	27.3 (12.67)	28.3 (13.30)
% of patients with Troublesome Dyskinesia (≥ 30 mins)	32.8 %	32.3 %	29.5 %
PD Treatment			
Levodopa	222 (100.0%)	223 (100.0%)	224 (100.0%)
Dopamine Agonist	136 (61.3%)	142 (63.7%)	128 (57.1%)
Anticholinergic	86 (38.7%)	73 (32.7%)	85 (37.9%)
Entacapone	56 (25.2%)	52 (23.3%)	55 (24.65)
Stalevo	33 (14.9%)	30 (13.5%)	36 (16.1%)
Amantadine	32 (14.4%)	29 (13.0%)	30 (13.4%)

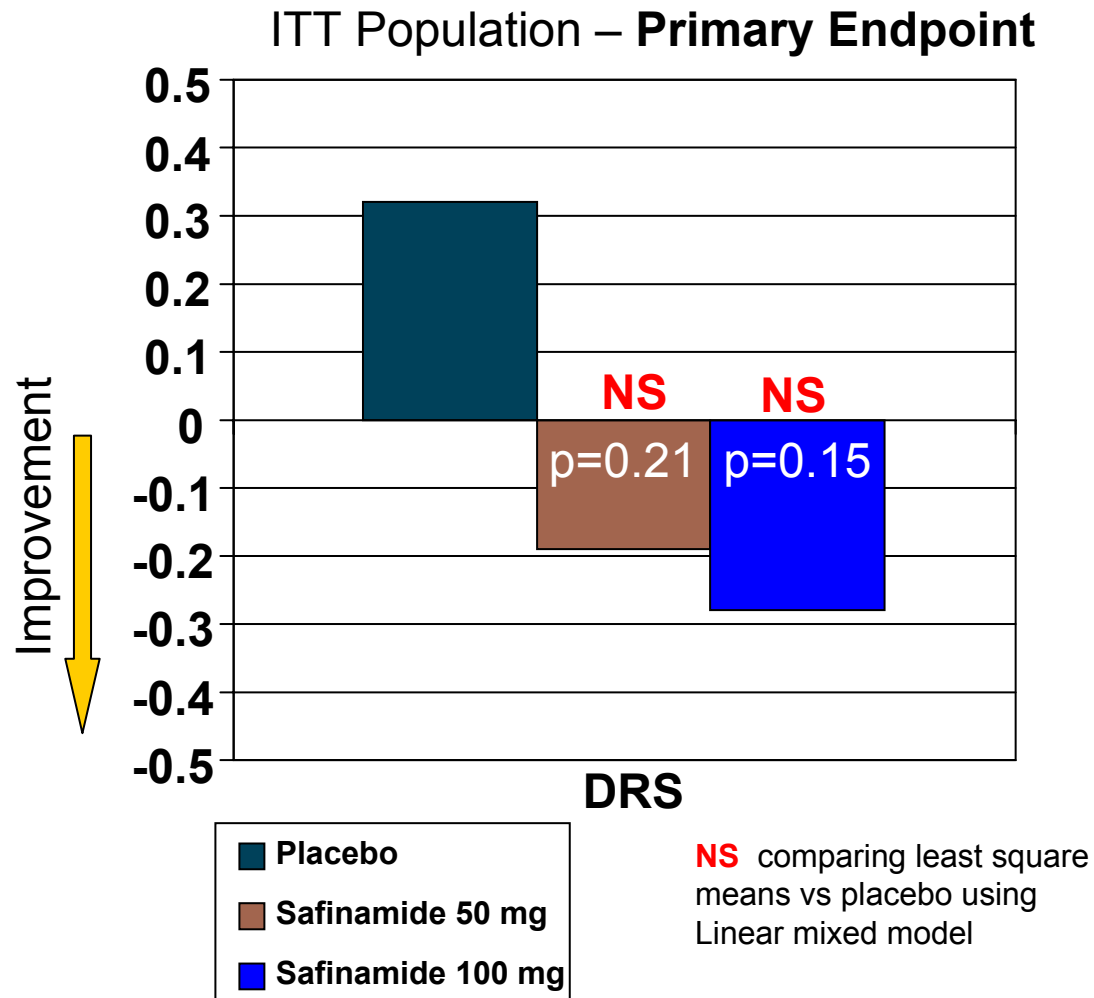
Source reference: Tables 30.1 - 33 -25.3 - 12.2

Dyskinesia Rating Scale (DRS)

Primary endpoint not met - Sub-sequential pre-specified endpoints considered as exploratory



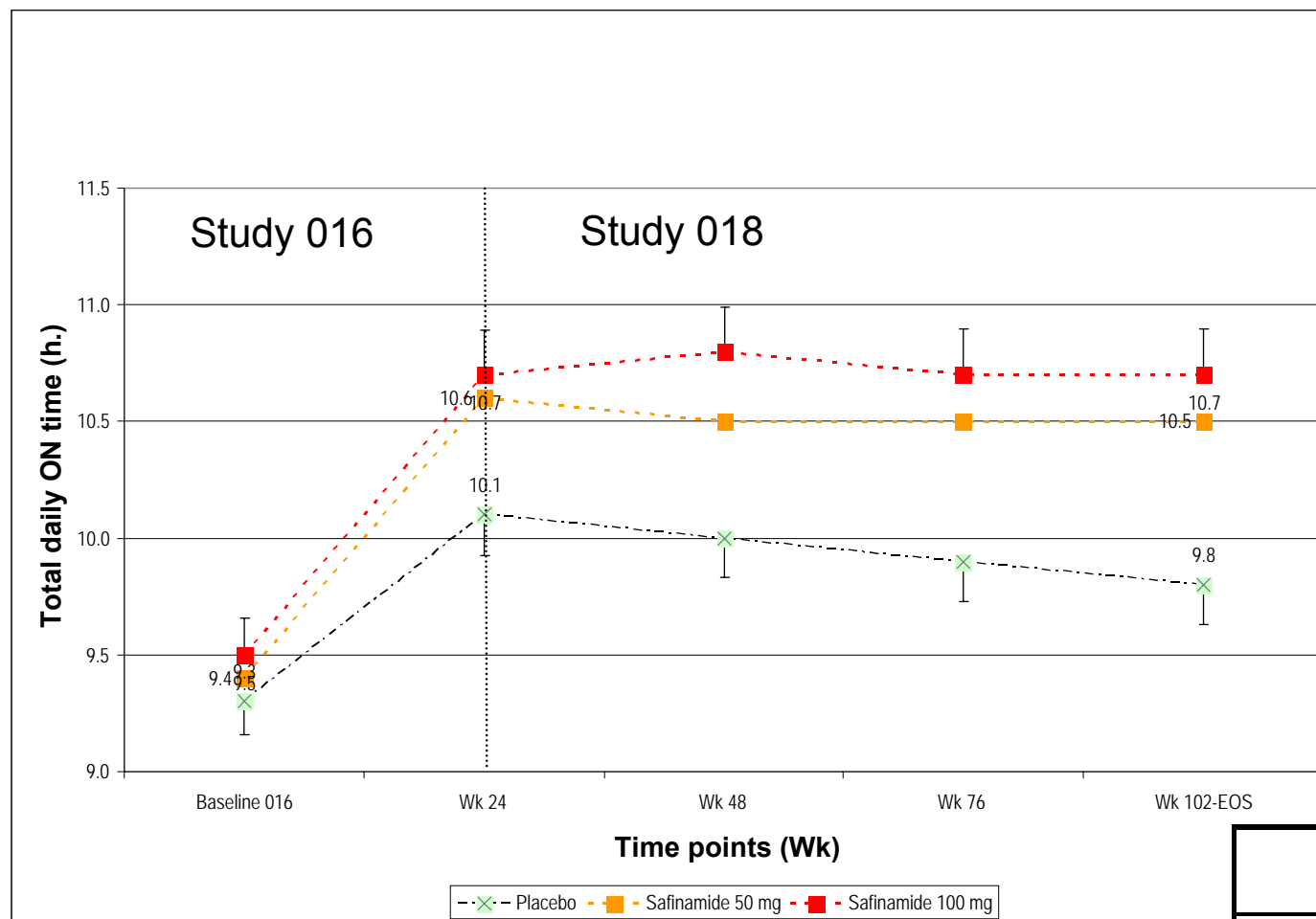
After 24 months, non-statistically significant mean improvements of 0.19 and 0.28 in the DRS score were observed in patients who received safinamide 50 mg and 100 mg respectively, versus a worsening of 0.32 for the placebo group (respectively $p=0.21$ and $p=0.15$ versus placebo)



Main secondary endpoint: ON time

(primary endpoint 016)

Maintained clinical effect over 2 years (exploratory analysis)



	Safinamide 50 mg/day	Safinamide 100 mg/day
LS Mean	1.01	1.18
LS Diff vs Placebo	0.67	0.83
95% CI of LS Diff	(0.23,1.11)	(0.39,1.27)
p-value vs Placebo	0.0031	0.0002

Additional secondary endpoints



- Significant benefit of the 100 mg/day dose on:
 - Activities of daily living (UPDRS II)
 - Motor symptoms (UPDRS III)
 - Complications of dopaminergic treatment (UPDRS IV)
 - Symptoms of depression (GRID HAMD)
 - Quality of life (PDQ-39)at the two year-endpoint
- Full study results will be submitted for presentation at upcoming scientific meetings

Study 018 supports safety profile of safinamide on long-term



Adverse Events

- Serious adverse events, clinically notable events among both treatment groups in the study (50 mg and 100 mg/d) were comparable with those in the placebo group

Drop Outs

- There were approx. 80% completers across the 3 groups

Prospect



- These long-term treatment results are encouraging because they support the safety profile of safinamide and results of an exploratory analysis of its effect on motor function were consistent with the effect observed in the six-month study in this advanced Parkinson's disease population
- These results may offer new hope to patients with Parkinson's disease as they need to take medications for long periods of time
- The effect of safinamide on dyskinesia will be further explored in an ongoing dedicated pilot study