



SUCCESS IN CNS DRUG DEVELOPMENT – INNOVATION IN RARE DISEASES

Stefan Weber, CEO
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Company Highlights



Diversified portfolio of innovative CNS product candidates

- Xadago® for Parkinson's disease – validation of Newron's development approach – from research to market
- Sarizotan for Rett syndrome in late stage development
- Evenamide – changing the treatment paradigm for schizophrenia

Significant near-term value drivers

Management team with proven track record

Fully funded beyond key value inflexion points

- Cash balance of abt. € 51m (June 30, 2018)
- Access to long term loan facility of up to € 40m



Leadership Team with Significant Expertise



**STEFAN
WEBER**
CEO

- 30 years of experience
- Previously worked at: Lohmann Group, Girindus and Biofrontera



**RAVI
ANAND**
CMO

- >30 years of experience
- Previously worked at: Roche (CH), Sandoz (US), Novartis and Organon (NL)



**ROBERTO
GALLI**
Vice President
Finance

- 20 years of experience
- Previously worked at: Coopers & Lybrand and PricewaterhouseCoopers



**MARCO
CAREMI**
EVP Business
Development

- >35 years of experience
- Previously worked at: Schwarz Pharma and Schering-Plough



**DENNIS
DIONNE**
Vice President,
Commercial
Affairs

- >26 years of experience
- Previously worked at: Novartis and Johnson & Johnson

Non-Executive Chairman of the Board of Directors

Ulrich Köstlin

- Former Executive at Bayer Schering Pharma



LARRY ALPHS
Deputy Chief Medical Officer

- 35 years of experience
- Previously worked at: Sandoz, Knoll, Novartis, Pfizer Group Janssen (J&J group)

> Successful Track Record in CNS Product Development

Xadago® (safinamide)

Commercialized by partner in 14 European markets and the US for Parkinson's disease ("PD")



Newron receives milestone and royalty payments from sales of safinamide in PD
– €34m received to date

Sarizotan

Undergoing potentially pivotal development in Rett syndrome – an orphan disease



Newron will commercialize Sarizotan for Rett syndrome in the US and – if viable – in key EU territories





Evenamide (NW-3509)

Phase IIa trial demonstrated PoC



Preparations for potentially pivotal studies ongoing, opportunities for commercialization by Newron (Clozapine TRS population) and partnering (major indication)

> Innovative Clinical Pipeline with Multiple Near-Term Catalysts

PRODUCTS		Phase I	Phase II	Phase III	Market	Commercial Rights
Xadago® (safinamide) ¹	 Adjunctive therapy in PD					Zambon
	 Adjunctive therapy in PD					Zambon/US WorldMeds
	 Adjunctive therapy in PD					Meiji Seika/Eisai
	 Levodopa Induced Dyskinesia (PD LID)					Zambon
Sarizotan ²	Rett syndrome (Orphan drug status)					Newron
Evenamide (NW-3509) ¹	Adjunctive therapy in Schizophrenia					Newron
	Adjunctive therapy in Clozapine TRS					
Ralfinamide ¹	Orphan indication in neuropathic pain					Newron

>> Expected Milestones

Xadago®:

Further launches expected
Study in patients with Levodopa Induced Dyskinesia (PD LID) expected to start end 2018/early 2019

Sarizotan:

Potentially pivotal study commenced; results expected QIII 2019; own commercialization

Evenamide:

Start of potentially pivotal studies in QII 2019

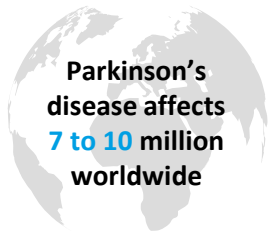


Ongoing search for strategically relevant assets to in-license

¹ Safinamide, Evenamide and Ralfinamide all developed from Newron's ion channel based research

² Sarizotan was licensed from Merck KGaA

Xadago®: 1st New Chemical Entity Approved in a Decade for Parkinson's Disease



A progressing disorder, no cure available yet

- 2nd most common chronic progressive neurodegenerative disorder in the elderly
- Affecting 1-2% of individuals aged ≥ 65 years worldwide
 - 20% to 30% in early stage
 - 70% to 80% percent in mid to late stage
 - >\$4 billion worldwide market



Fast and sustained efficacy, well tolerated

MID- TO LATE-STAGE PD PATIENTS –
add-on to L-Dopa dopamine replacement

- Significant improvement of
 - ON Time/OFF Time – regulatory endpoint
 - UPDRS II – activities of daily living
 - UPDRS III – motor function
 - CGI (clinical global impression) – severity and improvement
- Additional ON Time without any increase in any dyskinesia





Xadago®: New Label Study in Patients with Levodopa Induced Dyskinesia

- Newron and partner Zambon have completed designing a potentially pivotal study to evaluate Xadago® in patients with levodopa induced dyskinesia (PD LID)
- There is prior evidence of Xadago's benefit in this area of high unmet need
- Advanced discussions with US regulators on study design ongoing
- Participating centers in US and Europe
- Study expected to start end of 2018/early 2019

Significant Commercial Opportunity in Xadago® (Safinamide)

US / Canada



Launched in US in July 2017
Application for regulatory approval filed for Canada

EU



Launched in Germany, UK, Italy, Spain and other EU territories, and Switzerland; application for regulatory approval filed for Brazil and Colombia

Latin America

Israel



Application for regulatory approval filed

Japan / Asia



Phase II/III completed in Jan. 18;
application for regulatory approval filed in Oct. 2018

Australia / New Zealand



Regulatory approval for Australia in Oct. 2018

» Parkinson's disease affects 7 to 10 million people worldwide

» Long period of Xadago® market exclusivity
(patent life: 2029 in EU, 2031 in the US)

» Milestone and royalty revenues to Newron since 2012

Rett Syndrome: A Severe Neuro-Development Orphan Disease



25% of sudden deaths in Rett syndrome may be due to cardio-respiratory abnormalities

- Estimated 36,000 patients in US and EU combined
- Focus on symptom management

» No Approved Treatment Options

Spontaneous mutations in the X-linked MeCP2 gene

- Disease manifests almost exclusively in females with one affected X-chromosome
- Normal development until 6-18 months of age, then loss of skills and ability for social interaction
- Respiratory abnormalities, motor and severe intellectual impairment, sleep abnormalities and seizures in most patients (70-90%)

Sarizotan: Targeting Respiratory Disturbances in Rett Syndrome Patients

- First Rett syndrome drug candidate targeting respiratory disturbances as primary efficacy outcome
- Deficits in serotonergic transmission due to the MeCP2 mutation in the mid-brain nucleus underlie the respiratory abnormalities in MeCP2 deficit mice
- Sarizotan, a full agonist at the serotonergic 5HT1A receptor, has demonstrated dramatic improvement of respiration in genetic (MeCP2) mouse model of RTT
- Development path/regulatory requirements for approval agreed upon with FDA/EMA/HPB; clear commercialization strategy
- Orphan drug designation in EU and US
- Rare Pediatric Disease Priority Review Voucher Program

EFFECTS OF ACUTE ADMINISTRATION WITH SARIZOTAN IN RETT FEMALE MICE (MECP2^{R168X/+}). BENEFIT PERSISTS IN LONG LASTING TREATMENTS (14-DAYS- MECP2^{R168X/+})

Apnea in MeCP2-deficient mice



Apnea in MeCP2-deficient mice treated with Sarizotan 5.0 mg/kg





STARS: First Ever Global Phase III Study in Rett Syndrome

- Protocol/program discussed and approved by HA in UK, Germany, Sweden, Spain, Canada, CHMP, and US
- Randomized, double-blind, placebo-controlled, six-month study evaluating efficacy and safety of sarizotan in at least 129 Rett syndrome patients with respiratory symptoms
 - Females and males ≥ 4 years, body weight ≥ 10 kg meeting RTT consensus clinical criteria, confirmed by MECP2 mutations
 - Patients meet all criteria related to breathing abnormalities:
 - $\geq 10\%$ of the time with abnormal breathing
 - At least 10 episodes of breathing dysrhythmia (≥ 10 seconds of breath holding, apnea)/hour during cardiorespiratory monitoring (home/ambulatory monitoring system - BioRadio™)
- 14 Centers of excellence in the United States, Italy, UK, Australia and India
- Primary endpoint:
 - Percent reduction in number of apnea episodes/hour
 - Primary efficacy variable to be calculated from data from home cardiorespiratory monitoring
 - Measurements to be performed for 6-hr per day, during time awake, on any 3 days during the week
 - Weeks 2, 8, 16 and 24
- Enrolment close to completion
- Results expected QIII 2019

> Natural history study and new learnings from the STARS clinical trial

- The **natural history study** points to the fact that respiratory symptoms start early in these patients (minimum 0.7 years: median 3 years), quickly become prominent and dramatic, but wane over time; they are correlated with worsening of the core symptoms and with Long QTc interval
 - but there has been no systematic attempts to quantitate these breathing abnormalities, their time course, the associated effects on SpO2 saturation
- **STARS data suggest** that the proportion of patients with respiratory abnormalities **does not decline with age**
- Quantitative recordings for over 18 hours in the home setting **indicate that up to 70% of patients evaluated experience clinical significant apnea**
- Oxygen saturation goes below 90% 4.2 times per hr, duration may last as long as **48 minutes/hr**
- Definitive data will be available late next year, however anecdotal data from investigators suggest that greater awareness of surroundings, increased attempt at non-verbal communication, greater alertness noted in patients who experience some improvement in apnea'

Rett families are doing a heroic job in providing care for these patients and the STARS investigators have pioneered the first quantitative methods for evaluating respiration in RTT patients

Sarizotan Market Opportunity and Commercialization Strategy

Initiation of a Health Economic Outcome Research Study (HEOR)

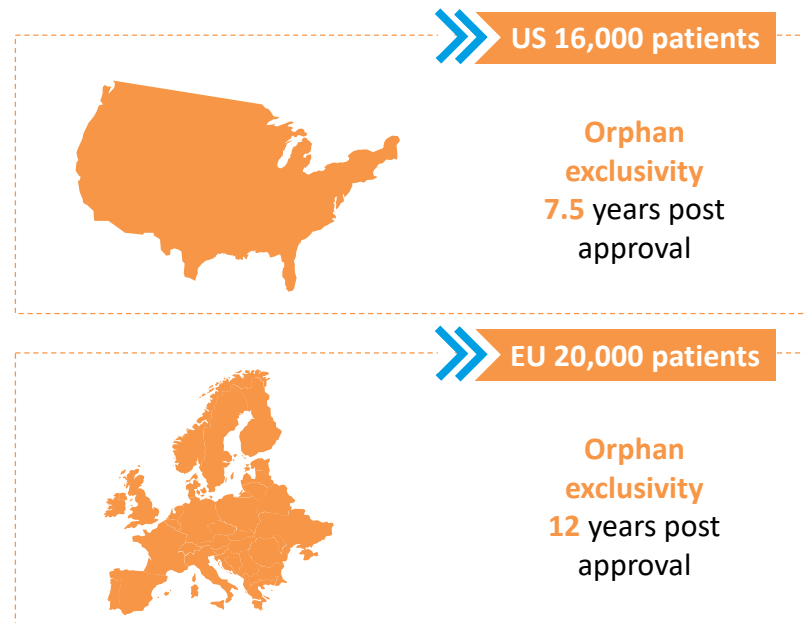
→ "burden of illness"

- Partnerships and collaborations with Rett advocacy, thought leaders & governing payers
- Global survey to quantify the ways in which patient "respiratory breathing abnormalities" affect daily life
- Meets Health Technology Assessment (HTA) requirements
- International Experts advocated timely approach as critical for management of patients

Goals

- Align economic & clinical outcomes
- Create awareness to breathing abnormality burden
- Optimize market uptake, access, reimbursement
- Build Newron leadership

Rare Pediatric Disease Priority Review Voucher Program



Small team ~ 25-30 medical liaison managers required to commercialize sarizotan in US and Europe

Schizophrenia: No Effective Treatment that Reduces Burden of Disease in Last 20 Years



Globally over 4 million patients

- Disease onset in 20s, need for life long treatment
- Cost to society (direct cost US only): \$63bn p.a.

» Efficacy of current treatment options is insufficient

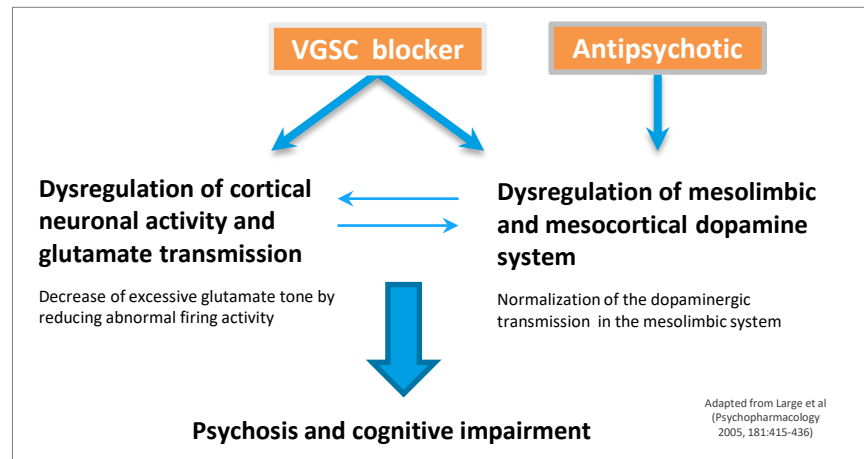
Onset of disease occurs in early adulthood affecting 1% of the population worldwide

- Efficacy of typicals and atypicals limited and wanes over 18 months; severe side effects; 64-82% of patients switch but without additional benefits
- Treatment-resistant schizophrenia (TRS)
 - Min. 30% of patients after 3-5 years are TRS: only clozapine shows efficacy
 - 30-50% of these patients show resistance to clozapine; no therapeutic option left

Evenamide Novel MoA: Synergistic with Marketed Antipsychotics

- Evenamide, a Voltage-Gated Sodium Channels (VGSC) blocker has the potential to target the abnormal neuronal activity and glutamate transmission in patients with schizophrenia
- Evenamide may add to or synergize with antipsychotic drugs to bring about a combined therapeutic effect on glutamate and dopamine systems
 - Effects seen in combination with haloperidol, risperidone and aripiprazole
- Composition of matter – USPTO, 2013 – patent life 2028 plus extension

Voltage-Gated Sodium Channels (VGSC) blockers may act synergistically with antipsychotics in schizophrenia therapy



Evenamide's Unique MOA Demonstrated

Selectively blocks native sodium channels, showing no off target effect on >130 CNS receptors, enzymes, transporters, etc.

Selectively blocks VGSCs in a voltage- and use-dependent manner

Modulates sustained repetitive firing without inducing impairment of the normal neuronal excitability

Inhibits Glutamate Release

Inhibition of native sodium channels expressed in rat cortical neurons

K_{rest} (μM)

25

K_{inact} (μM)

0.4

High frequency firing

Control

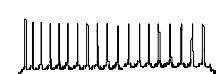


Evenamide 1 μM

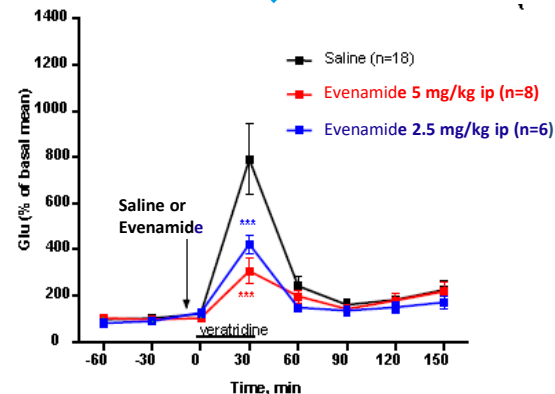


Low frequency firing

Control



Evenamide 1 μM



Evenamide is Active in a Wide Range of Schizophrenia and Psychiatric Animal Models as a Monotherapy and as an Add-on to Existing Antipsychotics

		Monotherapy	Add-on
Information Processing Deficit	Pre-pulse inhibition (PPI) disrupted by dopamine activation (amphetamine -rat)	✓	✓
	Pre-pulse inhibition (PPI) disrupted by NMDA antagonists (MK-801, PCP, -rat)	✓	
	Pre-pulse inhibition (PPI) disrupted by natural stimuli (sleep deprivation -rat)	✓	
	Pre-pulse inhibition spontaneous deficit (C57 mice)	✓*	✓
	Pre-pulse inhibition (PPI) disrupted by Ketamine in rat (<i>ongoing</i>)	✓	
Negative Symptoms	PCP-induced deficit in Social Interaction in the rat	✓	✓
	Saccharin preference test (anhedonia) in prenatal poly:IC exposed mice (<i>ongoing</i>)	✓	
	Three-chamber sociability test in prenatal poly:IC exposed mice (<i>ongoing</i>)	✓	
	Forced swimming test (avolition) in prenatal poly:IC exposed mice (<i>ongoing</i>)	✓	
Psychosis and Mania	Amphetamine induced hyperactivity in mice	✓	✓
	Amphetamine plus Chlordiazepoxide induced hyperactivity in mice	✓	✓
Cognitive Impairment	Novel object recognition in the rat: short term scopolamine impairment	✓	
	Novel object recognition in the rat: long term 24 hr natural forgetting	✓	
Impulse Control and Mood Symptoms	Resident–Intruder test in mice (Impulsivity)	✓	
	Tail suspension test in mice (Depression)	✓	
	Marble burying test in mice (Obsessive Compulsive Disorders)	✓	

*Trend
Blank cells = not evaluated



Evenamide: Overview of PoC Study in Patients with Schizophrenia

- 4-week, placebo-controlled, add-on study of evenamide (15-25mg BID/day) in 89 patients on stable doses of aripiprazole or risperidone showing signs of worsening when compared to standard of care, at every assessment during the study (starting day 8)
 - Significant improvement of
 - PANSS positive, both mean change AND responder rate
 - CGI-C
 - Superior benefit on
 - PANSS total
 - LOF total
 - CGI-S
- Glutamatergic MoA seems to improve symptoms of psychosis in patients not responding to D2/5HT2 blockade



Evenamide: Applicability in Clozapine Resistant Treatment Resistant Schizophrenia (TRS)

- 30% of TRS patients on clozapine do not respond adequately to this treatment, or develop resistance to its effects
- Outcomes/service utilization data indicate TRS is a categorically different illness to treatment-responsive schizophrenia
 - 10-20% of patients already show symptoms of resistance in first episode
- TRS is associated with some of the highest rates of hospitalization and costs to society - \$34bln. in direct healthcare costs in the United States
- No drug other than clozapine has shown efficacy in these patients
- NIMH/ FDA/ ECNP/ EMA have raised this as an issue of grave concern
- Evenamide antagonizes (in vivo)
 - effect of ketamine (glutamate antagonist) on PPI
 - effects of MK-801 and PCP (glutamate releasers)
- Results with Evenamide in animal models of schizophrenia mimic effects of clozapine



EVENAMIDE: REGULATORY INTERACTIONS AND PHASE III CLINICAL DEVELOPMENT PLAN

Discussed with Health Authorities in:

- Spain, Denmark, Sweden, Germany, UK, CHMP, US, Canada: end of Phase II

All Health Authorities accepted pharmacokinetics, metabolism, toxicology, safety pharmacology, human safety, and efficacy data from Study 002

Indications, selection criteria, study designs, dose-range, safety/efficacy measures agreed on Phase III

Efficacy program will be comprised of 2 populations:

- **Non-treatment resistant patients:** chronic schizophrenics experiencing inadequate benefit for symptoms of their psychosis, on current atypical antipsychotic monotherapy (risperidone, aripiprazole, paliperidone, olanzapine, or quetiapine) – **Planned Study 003**
- **Treatment resistant schizophrenia:** Patients whose psychotic symptoms are not responding adequately to treatment with clozapine - **Planned Study 004**

Positive results of both would lead to approval of both indications

Positive result of study 004 only would lead to approval of clozapine-resistant population only

Positive result of study 003 only would lead to need for another similarly designed study

Start of Phase III program expected H1 2019 – appr. 18 months to results



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