



SUCCESS IN CNS DRUG DEVELOPMENT – INNOVATION IN RARE DISEASES

Corporate presentation

BIO CEO & Investor Conference, New York, February 13-14, 2017



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Investment Highlights



1. **Diversified Portfolio of Innovative CNS Product Candidates**
2. **Xadago® - Commercialized in 11 Countries with Clear Path to US Registration**
3. **Sarizotan for Rett Syndrome in Late Stage Development**
4. **Evenamide - a Novel Mechanism to Address Schizophrenia**
5. **Multiple Catalysts on the Horizon**
6. **Management Team with Proven Track Record**

Successful Track Record in CNS Product Development

NOVEL CNS PRODUCT CANDIDATES

Xadago®

...(safinamide) commercialized in 11 European markets for Parkinson's disease (PD); in late stage regulatory approval for US market



Newron receives milestone and royalty payments from sales of safinamide in PD

Sarizotan

Developing Sarizotan for Rett syndrome, an orphan disease, in a potentially pivotal trial ongoing



Opportunity to commercialize Sarizotan for Rett syndrome directly

Evenamide

...(NW-3509) Phase IIa trial results met study objectives of good tolerability, safety, and preliminary evidence of efficacy



Ready for Phase IIb / out-licensing for schizophrenia

... INNOVATION
in rare diseases

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					US WorldMeds
	Adjunctive therapy in PD					Meiji Seika
Evenamide (NW-3509)¹	Schizophrenia					Newron
Sarizotan²	Rett syndrome (Orphan drug status)					Newron
Ralfinamide¹	Orphan indication in neuropathic pain					Newron

Expected Milestones



Xadago®:

further EU launches expected;
PDUFA date: March 21, 2017



Evenamide:

Full Phase IIa results in March 2017; ready
for Phase IIb / out - licensing



Sarizotan:

potentially pivotal study
commenced July 2016; results HY1
2018; commercialization 2018



Ongoing search for strategically relevant assets to in-license

¹ Safinamide, NW-3509 and Ralfinamide all developed from Newron's ion channel based research

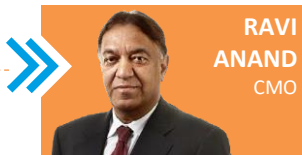
² Sarizotan was licensed from Merck KGaA

Newron Leadership Team



**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)



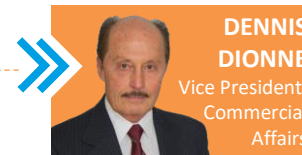
**ROBERTO
GALLI**
Vice President
Finance

- 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 AG



STEPHEN GRAHAM

Executive Director, Clinical Development

- 30 years of experience
- Previously worked at: Boots Pharmaceuticals, Sandoz/ Novartis and Forest Laboratories/ Forest Research Institute

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



A progressing disorder, no cure available yet

- PD 2nd most common chronic progressive neurodegenerative disorder in the elderly
- Affecting 1-2% of individuals aged ≥ 65 years worldwide

Sources:

Parkinson's Disease – Global Drug Forecast and Market Analysis – Event-Driven Update -GlobalData, June 2015

Parkinson's Disease Foundation: Statistics on Parkinson's

Treatment of Advanced Parkinson's Disease, Varanese et al., 2010, NCBI



First PD therapy working through dual mechanism

EARLY PD PATIENTS – add-on dopamine agonist

- Significant improvement of
 - UPDRS III - motor function, regulatory endpoint (mean change, responder rate)
 - Quality of life (PDQ-39, EQ5D)
 - Reduction of number of interventions
- Benefits seen after 6 and 18 months
- Delay levodopa

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

- Significant improvement of
 - ON Time/OFF Time – regulatory endpoint
 - UPDRS II – activities of daily living
 - UPDRS III – motor function
 - UPDRS IV – treatment complications
 - CGI (clinical global impression) – severity and improvement
 - GRID HAMD (depression)
- Additional ON Time without any increase in any dyskinesia
- Dyskinesia significantly improved
- Benefits seen after 6 and 24 months



Xadago® (Safinamide) Approved and Launched in Europe for the Treatment of Parkinson's Disease



EU MARKETING AUTHORIZATION (RECEIVED FEBRUARY 2015)










- Both dopaminergic and non-dopaminergic mechanisms
- Sustained efficacy for 2 years for ON Time, OFF Time and UPDRS III
- “Very much/much improved” in Clinical Global Impression
- Significant improvement in activities of daily living (UPDRS III)
- Well tolerated
- No drug interactions; no age, gender or race restrictions
- No dietary restrictions
- No requirement for laboratory tests, ECG, or any other examination



ANTICIPATED PATH TO US APPROVAL

- FDA agrees no additional evaluation of abuse liability or dependence / withdrawal effects in humans is required
- NDA re-submitted Sept 2016:
Class II re-submission – 6 month review
- FDA set PDUFA date: March 21, 2017

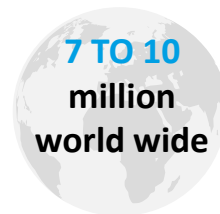
Significant Commercial Opportunity in Safinamide (Xadago®)

US	EU	Latin America	Japan	Australia/New Zealand
  Re-submitted to US FDA in September 2016; PDUFA date: March 21, 2017	  Launched in Germany, UK, Italy, Spain and other EU territories, plus Switzerland		  Confirmatory Phase II/III and long-term Phase III studies initiated	  Partner to submit application for regulatory approval

➤ Milestone and royalty revenues to Newron since 2012

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

➤ Peak sales potential \$450m - \$700m+ (analyst estimates)



20 to 30 percent in early stage

70 to 80 percent in mid to late stage

>\$4 Billion worldwide market

Rett Syndrome: Severe Neuro-developmental Orphan Disease with No Specific Treatment Options

- 95-97% of patients have 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%)
- 25% of sudden deaths in RTT linked to cardio-respiratory abnormalities
- Focus on symptom management
- Estimated 36,000 patients in US and EU combined



Sarizotan: Targeting Respiratory Disturbances in Rett Syndrome Patients

- First RTT 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
- Potentially pivotal STARS study initiated July 2016

EFFECTS OF 14-DAY TREATMENT WITH SARIZOTAN IN RTT FEMALE MICE (MECP2^{R168X/+})

Apnea in MeCP2-deficient mice



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



STARS: First International Phase III Potentially Pivotal Study in RTT



- Randomized, double blind, placebo-controlled, 6 months' treatment study under US IND
- Will enroll minimally 129 RTT patients, 13 years or older who experience at least 10 apnea episodes of >10 sec/ hour as verified by a validated device over at least 3 hours of recording time while patient is awake and at home
- Primary endpoint: percent reduction in number of objectively defined clinically significant (>10 sec) apnea episodes over an extended period of time
- Centres of excellence in the United States, Italy and India
- Study protocol designed in accordance with regulatory authorities in the United States, Europe and Canada
- Study enrolling
- Expected completion HY1/2018

Sarizotan Market Opportunity Commercialization by Newron

Initiation of a Health Economic Outcome Research Study (HEOR)

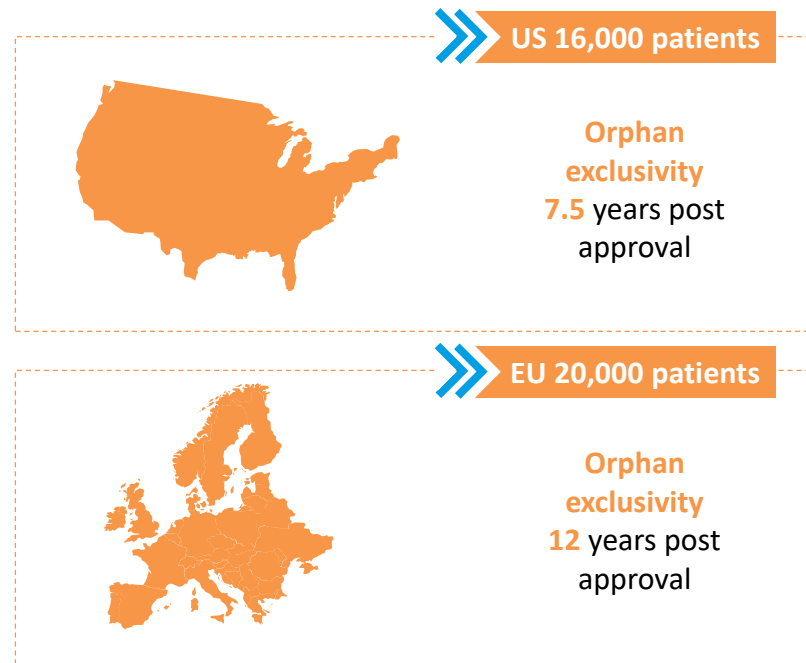
→ "burden of illness"

- Fostering partnership 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, including European Network of countries requiring information for treatment access

Goals

- Identify gaps & unmet need for improving disease management
- Align economic & clinical outcomes
- Create awareness to breathing abnormality burden
- Optimize market uptake, access, reimbursement
- Build Newron leadership

Rare pediatric disease voucher possibility



Sources:

- RettSyndrome.org Foundation
- US Census Bureau, 2012
- National Institute of Health – NINDS
- Eurostat Census, 2011

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

- Onset of disease occurs in early adulthood affecting 1% of the population worldwide
 - Need for life-long treatment
- Disease characterized by either positive or negative symptoms or both:
 - Hallucinations, delusions, paranoia and disorganized speech (positive)
 - Progressive deterioration of cognition and behavior & presence of negative symptoms such as apathy, lack of emotion, socially inappropriate behavior and lack of ability to feel contentment
- High rates of suicide, multiple physical illnesses and lower life expectancy
- Efficacy of current treatment options insufficient
 - Typicals (e.g. haloperidol) less effective against negative symptoms and can cause neurological side effects
 - Efficacy limited and wanes over 18 months; 60-70% of patients switch but without additional benefit



Source: FiercePharma, 2011

Evenamide (NW-3509): Novel MOA to Benefit Poorly Responding Schizophrenia Patients

- First-in-class voltage-gated sodium channel (VGSC) blocker for add-on treatment in schizophrenia, schizo-affective and bipolar disorders
 - Small molecule, orally available, rapid onset of action, high availability in the brain
- Unique mechanism of action (MoA):
 - Selectively blocks VGSCs in a voltage- and use-dependent manner – no effect on dopaminergic, serotonergic, histaminergic neurotransmission
 - Modulates sustained repetitive firing without impairment of normal neuronal excitability
 - Reduces stimulated glutamate release
- Benefit shown in models of positive symptoms, aggression, cognition (schizophrenia), negative symptoms, mania, depression, obsessive behavior
- IND approval from FDA as **FIRST ADD-ON TO ANTIPSYCHOTICS** for patients with positive symptoms schizophrenia
 - Improvement of symptoms in patients not responding to current treatments
- Well-tolerated in Phase I study
 - Exposure increased with dose; exposure achieved overlaps with plasma levels in animals at doses proven to be efficacious
- Encouraging preliminary phase IIa data in early 2017:
 - Good tolerability, safety and preliminary evidence of efficacy
- Composition of matter – USPTO, 2013 - patent life 2028 plus extension

Unique MOA Demonstrated

NW-3509, a selective Voltage-Gated Sodium Channel (VGSC) Blocker

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 naive sodium channels expressed in rat cortical neurons

K_{rest} (μM)

25

K_{inact} (μM)

0.4

High frequency firing

Control



NW-3509 1 μM

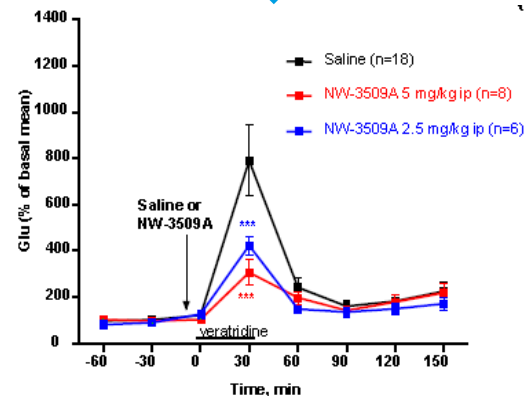


Low frequency firing

Control



NW-3509 1 μM



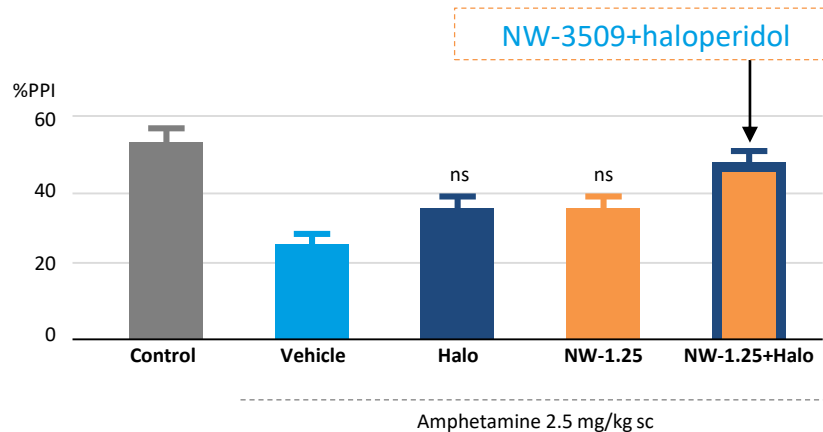
Amphetamine-Induced Prepulse Inhibition (PPI) Deficit Model

NW-3509 Augments the Effect of Typical and Atypical Antipsychotics

Typical

Add-on with non-active dose of **haloperidol**

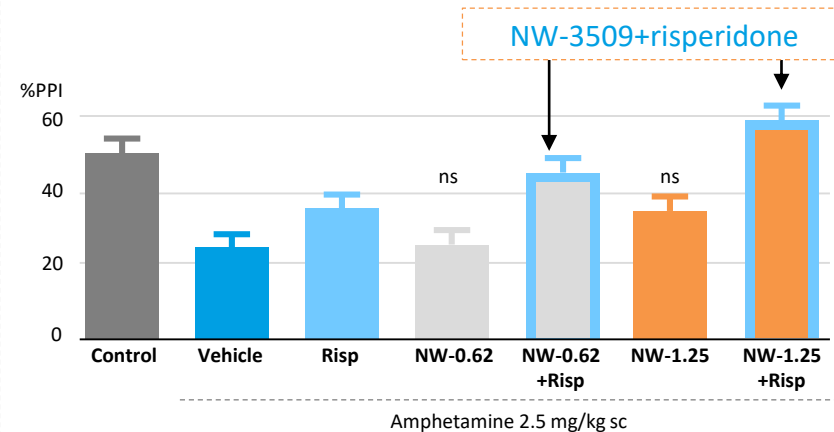
MED 1.25 mg/kg *po* (+ haloperidol 0.05 mg/kg *ip*)



Atypical

Add-on with non-active dose of **risperidone**

MED 0.62 mg/kg *po* (+ risperidone 0.05 mg/kg *ip*)



Amph (2.5 mg/kg *sc*) and NW-3509A (1.25 or 0.62 mg/kg *po*) were administered 5 min before PPI session. Haloperidol and risperidone were administered *ip* 30 min before PPI session at 0.05 mg/kg. Statistics: Tukey's multiple comparison test * $p < 0.05$, *** $p < 0.001$ vs Vehicle+Amph ($n = 6-18$ rats per group) (Studies performed by Dr Bortolato, Dept. of Pharm. Sciences, Univ. Cagliari- USCLA)

Phase IIa Study: Preliminary Validation of a Novel Treatment Concept



- Evenamide as add-on treatment in positive symptoms of schizophrenia
 - Patients with stable and adequate dose of standard therapy, experiencing break-through symptoms
- Double-blind, placebo-controlled, randomized, 4-week in/outpatient study in US and India in 89 patients receiving Evenamide 15-25 mg/ twice daily or placebo, in addition to their current antipsychotic
- Endpoints: Symptoms of schizophrenia, as assessed by
 - Positive and Negative Syndrome Scale (PANSS),
 - Strauss-Carpenter Level of Functioning scale,
 - Clinical Global Impression - Change from baseline (CGI-C) and CGI - Severity of illness (CGI-S)
- Evenamide met study objectives of good tolerability, safety and showed preliminary evidence of efficacy
 - No side-effects which are associated with dopamine-blocking antipsychotics
 - Consistent pattern of benefit on all efficacy measures assessed
 - Preliminary results warrant further investigation in larger and longer trials
- Detailed results at 16th International Congress on Schizophrenia Research - March 2017
- Ready for Phase IIb / out-licensing

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