FACTSHEET

August 2018

NeuroVive PHARMACEUTICAL

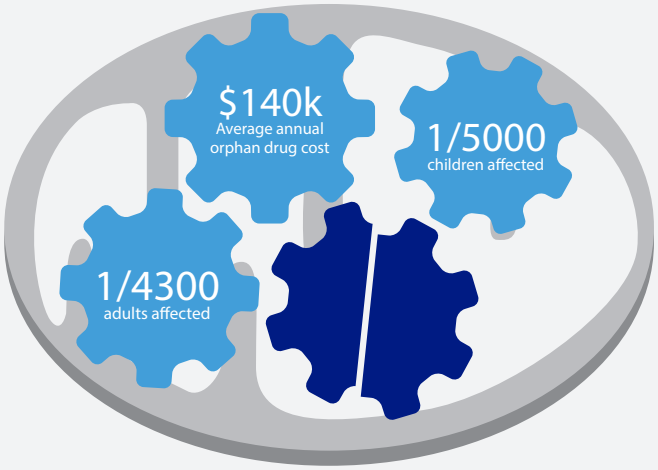
Overview

NeuroVive Pharmaceutical AB is a leader in mitochondrial medicine, with a two-pronged strategy: for rare diseases, NeuroVive will advance proprietary and acquired drugs through clinical development and into the market – the company's current focuses are mitochondrial diseases and traumatic brain injury; for in-house proprietary projects within larger indications, outside NeuroVive's core focus, the company will partner in the preclinical phase. This dual strategy allows for risk diversification, near-term revenue generation, and mid- to long-term value creation. NeuroVive has a strong pipeline with several opportunities to leverage value from its expertise in mitochondrial medicine and rare disease, while still being able to extract value from its common disease portfolio, where R&D investment up to partnering is limited.

Mitochondrial Diseases

Mitochondrial diseases are a group of metabolic diseases caused by damage to the mitochondria, the part of cells that produce energy and protect against cell death, and are found in every cell in the human body except red blood cells. The mitochondria are especially abundant in organs that need a lot of energy, such as the brain, muscles, and the heart. Therefore, such organs are especially prone to dysfunction and injuries when the mitochondria are not working properly.

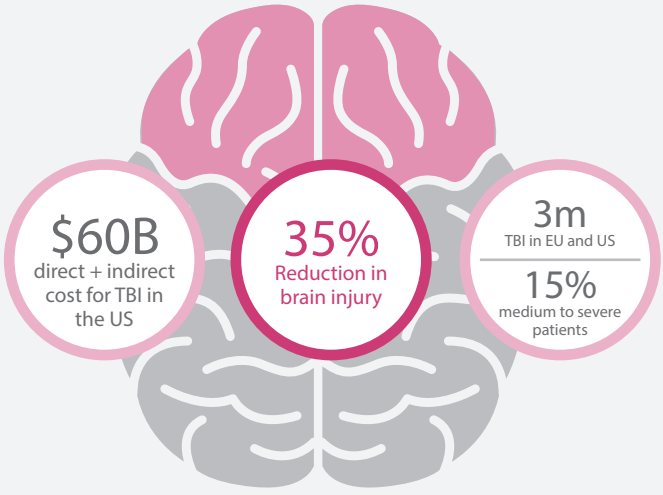
The various syndromes often include symptoms of mitochondrial myopathy, such as muscle weakness, exercise intolerance and fatigue, and are often accompanied by other symptoms of genetic mitochondrial disease, such as heart failure or rhythm disturbances, dementia, movement disorders, stroke-like episodes, deafness, blindness, droopy eyelids, limited mobility of the eyes, vomiting, and seizures. Prognosis for these disorders ranges in severity from progressive weakness to death. There is a high unmet medical need of new and effective treatment options for mitochondrial diseases, and treatments are very likely to be granted orphan drug status.



Traumatic Brain Injury

Traumatic Brain Injury (TBI) is the damage of nerve cells due to a trauma. With TBI, some cells are damaged immediately, and the damage continues to exacerbate for several days, which affects the extent of the injury. Currently, there are no pharmaceutical treatment options to limit that damage. TBI patients risk suffering a series of functional disabilities such as loss of motor function, speech, vision, cognitive processes, feelings, and more. The direct costs of care are estimated at over $8.75 billion per year world-wide. In the U.S. and Europe alone, roughly three million people are affected by TBI yearly.

NeuroVive is developing NeuroSTAT®, which recently completed a phase IIa clinical trial and is currently in a planning phase for a phase IIb study that is expected to be initiated in 2018. The first phase II clinical trial showed that NeuroSTAT® was safe, tolerable, and reached the brain. A parallel experimental TBI study performed in collaboration with University of Pennsylvania showed that NeuroSTAT® reduced the size of the volume of brain injury by 35%.



Out-Licensing Projects

NASH

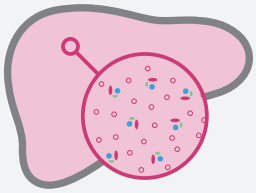
Non-Alcoholic Steatohepatitis, or NASH, is part of the non-alcoholic fatty liver disease family, which currently affects up to 30% of the U.S. population. There is a strong correlation between NASH and diabetes/obesity. NASH affects up to 15 million people in the U.S. alone. NASH is a buildup of fat and inflammation in the liver, leading to liver fibrosis, and NASH may lead to liver failure and hepatocellular carcinoma. There are currently no approved treatment options on the market, though treatment is expected to be a $25 billion market globally by 2026.

NeuroVive currently has two preclinical NASH projects, NV556, to prevent fibrosis development, and NVP022, which is complementary to NV556 and is directed towards treating mitochondrial metabolic signalling pathways and earlier stages of NASH. Active out-licensing activities for NV556 and NVP022 are ongoing.

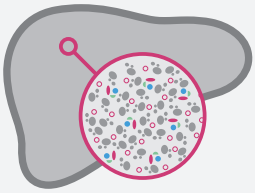
Hepatocellular Carcinoma

Hepatocellular carcinoma (HCC), is the sixth most prevalent cancer, causing roughly 745,000 deaths world-wide annually. It can be caused by NASH, alcohol and viral hepatitis infections, amongst other things, and the median overall survival time is fewer than 12 months. There is currently a treatment for advanced HCC, Sorafenib, which affects overall survival but not time to symptomatic progression. Sales of Sorafenib were €892 million last year. Recently, the Sorafenib analog Regorafenib was approved for patients previously on Sorafenib with disease progression.

NeuroVive is currently evaluating NVP024, which is a new generation of sanglifehrin-based compounds, which have the potential to inhibit cell growth of HCC cells as demonstrated in the first cell-based and experimental models, and out-licensing discussions are expected to commence in 2018.

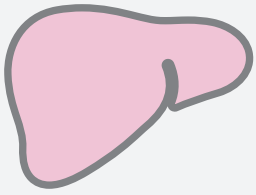


Healthy Liver

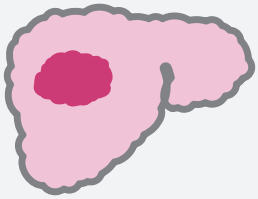


Fatty Liver

Currently affects 30% of U.S. Population



Healthy Liver

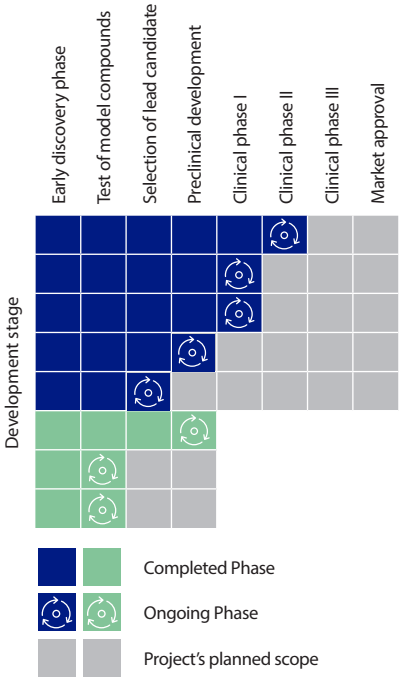


Hepatocellular Carcinoma Liver

Causing around 745,000 deaths worldwide annually

Pipeline

	Indication - lead candidate/project	Event	When
Projects for clinical development	NeuroSTAT® (Traumatic Brain Injury)	Initiation phase IIb efficacy study	H1 2019
	KL1333 (Genetic mitochondrial disease)	Phase I results	Q2 2018
	KL1333 (Genetic mitochondrial disease)	EU phase Ib (MAD) study	H2 2018
	NVP015 (Genetic mitochondrial disease)	*In vivo* preclinical PoP results	H2 2018
	NVP025 (Mitochondrial myopathy)	Lead candidate drug selection	H2 2018
Projects for out-licensing	NV556 (NASH)	Out-licensing	H1 2019
	NVP022 (NASH)	Lead candidate drug selection	H2 2018
	NVP024 (HCC Liver Cancer)	Lead candidate drug selection	H2 2018



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