



Addex Pharmaceuticals

Vincent Mutel, CEO

BIO CEO & Investor Conference

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Vision

Goal: allosteric modulators for human health

How: proprietary discovery platform

Focus: CNS, metabolic disorders & inflammation

Financials & Stock

- Cash through early 2013
 - CHF56.7 (US\$54/€42) million in cash as of June 30
 - CHF20 (\$20) million raised on Sep 14 from BVF
 - \$900,000 grant from The Michael J. Fox Foundation on Sep 8
- Market cap (10 Feb): CHF66 (€50 / US\$69) million
- Symbol on SIX Swiss Exchange: ADXN (ISIN:CH0029850754)
- 6,464,809 shares outstanding plus
 - Zero coupon mandatory convertible notes (MCN) held by BVF
 - MCN represent 1,371,069 shares
 - conversion occurs on March 14, 2011
 - Equity incentive plan: 735,175 shares
- Five analysts covering:

Jefferies

Peter Welford & Philippa Gardner

Helvea

Olav Zilian

Bank Vontobel

Andrew C. Weiss & Silvia Schanz

Bank am Bellevue

Bob Pooler

Edison

Robin Davison

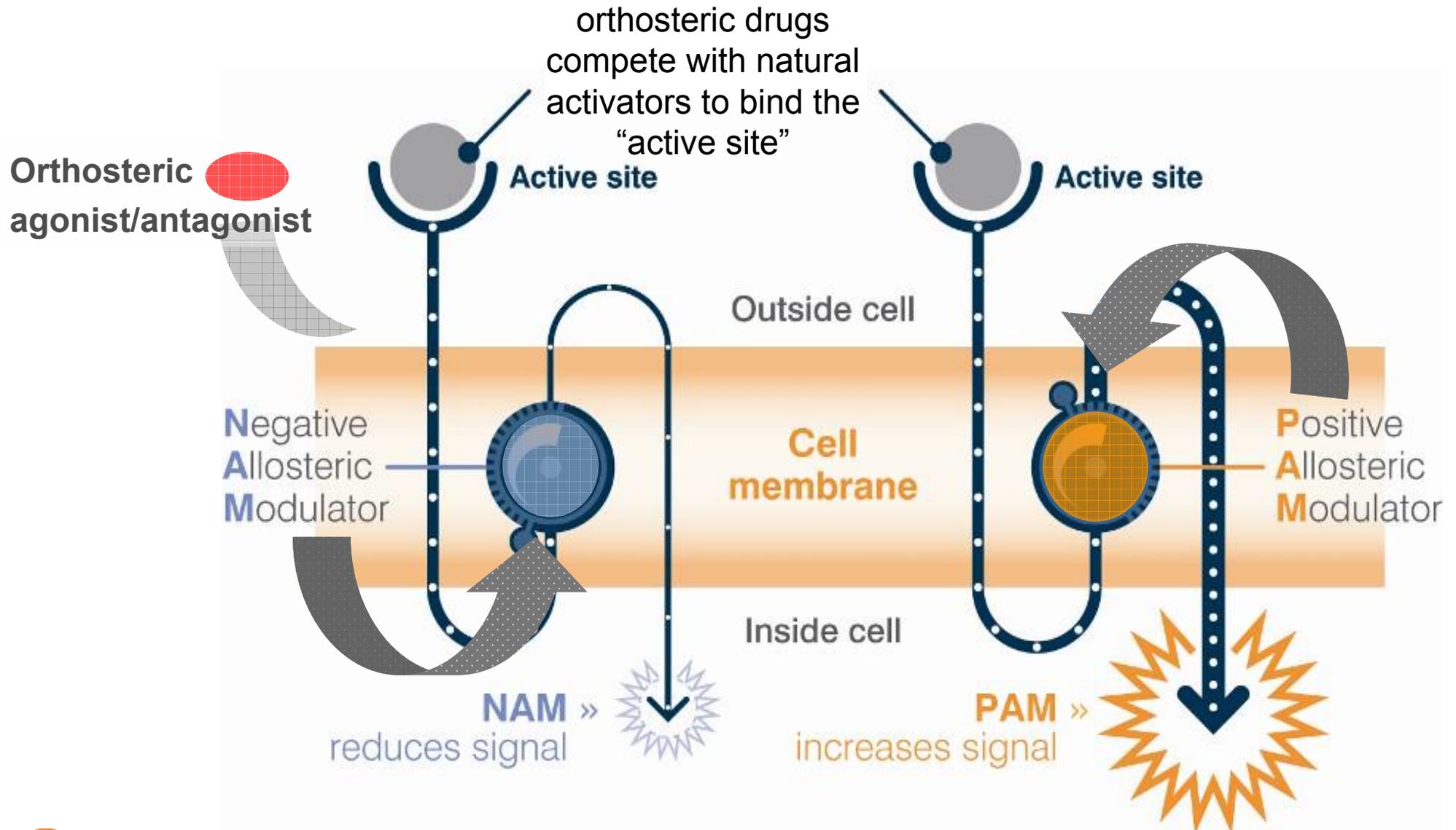
Small molecule drug discovery is an important bottleneck

- Industry does not have all the discovery tools it needs
 - There is no shortage of exciting targets
 - Incremental innovations help but have largely failed to open the bottleneck
- Allosteric discovery tools represent a paradigm shift
 - Standard techniques are most efficient for finding molecules that bind the “active site” (or “binding pocket”)
 - The active site is a relatively small part of the target receptor
 - The active site can be highly conserved within a receptor family (e.g. mGluR & cytokine receptors), making subtype selectivity via the active site challenging
 - Addex tools identify molecules that bind anywhere on the target
 - Our tools are more sensitive because they can detect molecules that modify receptor activity without fully activating/blocking it

Allosteric modulators (AM) are an emerging new therapeutic class

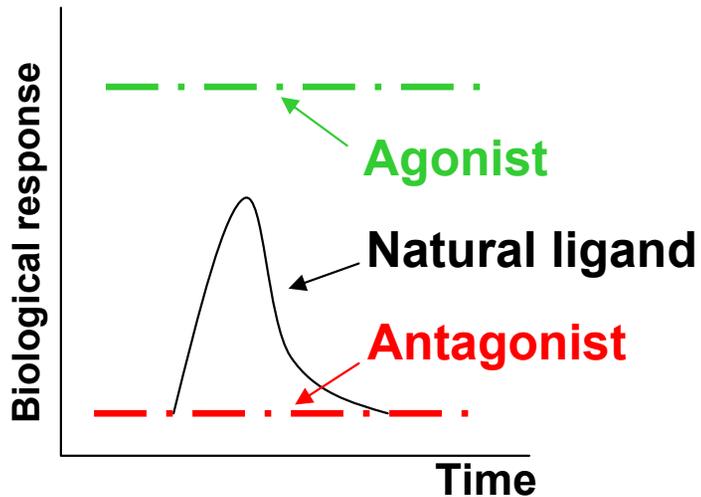
- AM are different from traditional “orthosteric” drugs
 - AM bind to different sites on cell surface receptors
 - AM have structurally different characteristics
- Modulatory not binary
 - Like a dimmer switch not an on/off switch
 - Positive allosteric modulators (PAM) increase activity of receptors
 - Negative allosteric modulators (NAM) inhibit receptor activity
- AM are proven drugs
 - Sensipar/Mimpra cinacalcet (Amgen/NPS) is a PAM of CaSR
 - Selzentry/Celsentri maraviroc (Pfizer) is a NAM of CCR5
- But AM are hard to find with classical tools!

Allosteric Modulation



Allosteric Advantages

Orthosterics are steady state



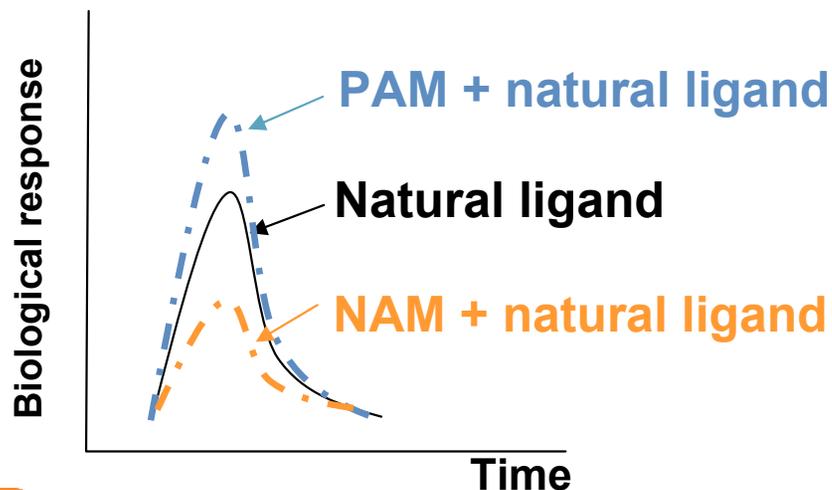
- Better specificity/selectivity for target

— e.g. mGluRs

- Can target receptors considered intractable for small molecules

— e.g. GLP-1 and TNF

Allosteric preserves natural rhythm



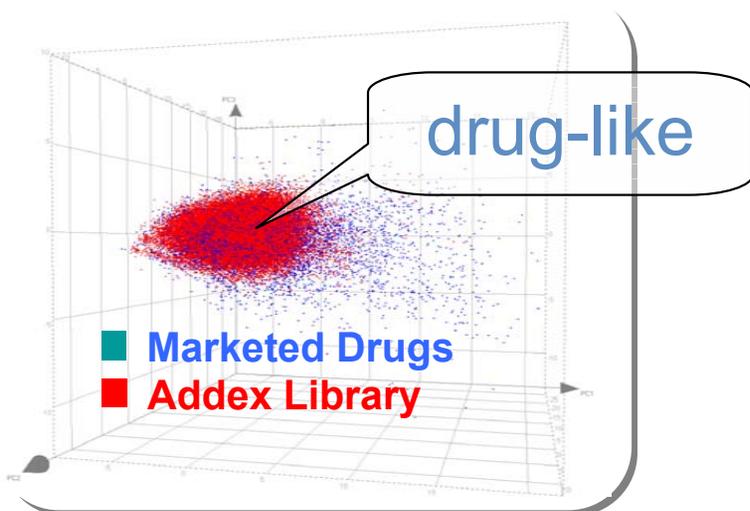
- Acts like a dimmer not “on/off” switch

— better control = better drugs

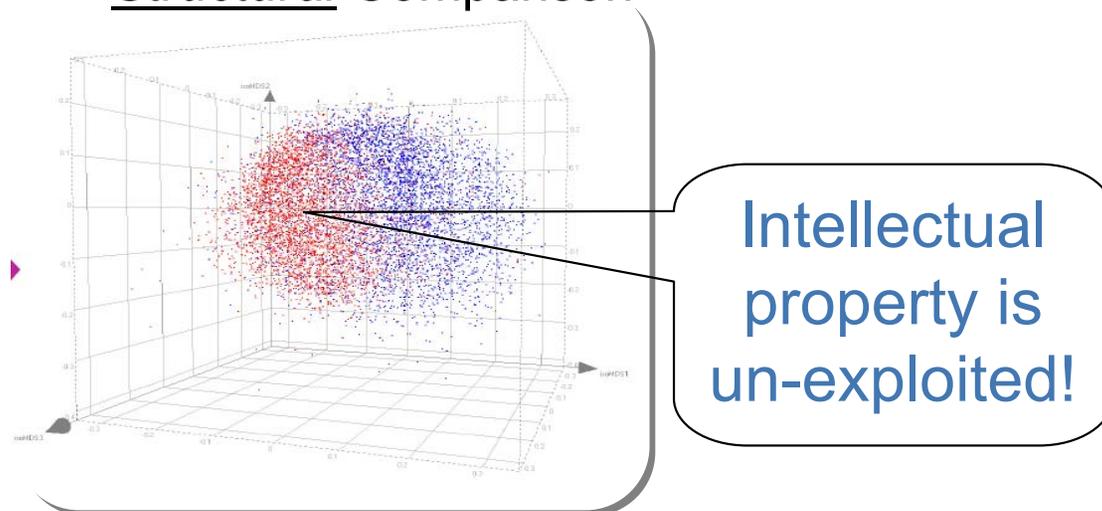
Platform

- 70,000+ compound allosteric-biased library

Physicochemical Comparison



Structural Comparison



- Proprietary high throughput screening tools

- ProxyLite
- Phoenyx
- AddeLite

PIPELINE

Partner	Molecule / Mechanism	Assay Development & Screening	Hit-to-Lead	Lead Optimization	Preclinical	Phase I	Phase II	Milestone
	ADX48621 mGluR5 NAM	Parkinson's Disease Levodopa Induced Dyskinesia (PD-LID) partially funded by The Michael J. Fox Foundation						Start PhII 1Q11
		Dystonia						Start PhIIa 2H11
Ortho-McNeil-Janssen	ADX71149 mGluR2 PAM	Schizophrenia						Start PhIIa 1Q11
		Anxiety						
	ADX68692 FSHR NAM	Endometriosis						
	ADX71943 GABA-B PAM	Osteoarthritic Pain						
Merck & Co.	ADX63365 mGluR5 PAM	Schizophrenia ‡ funded & developed by Merck						

NAM = negative allosteric modulator (an inhibitor)
PAM = positive allosteric modulator (an activator)

‡ and undisclosed additional indications

* Ortho-McNeil-Janssen Pharmaceuticals, Inc., a Johnson & Johnson subsidiary

DISCOVERY

Partner	Molecule / Mechanism	Assay Development & Screening	Hit-to-Lead	Lead Optimization	Preclinical	Phase I	Phase II	Milestone
	mGluR2 NAM	Alzheimer's / Depression						CNS
Merck & Co.	mGluR4 PAM	Parkinson's Disease ‡ funded by Merck						
	mGluR7 NAM	Depression Post Traumatic Stress Disorder						
	Orexin 2R NAM	Sleep Disorders						
	GLP1 PAM	Type II Diabetes						Metabolic Disorders
	GIPR PAM	Type II Diabetes						
	TNFR1 NAM (CD120a)	Rheumatoid Arthritis, Psoriasis, Inflammatory Bowel Disease Alzheimer's, Multiple Sclerosis						Inflammation
	A2A PAM	Psoriasis, Osteoarthritis						
	IL1R1 NAM (CD121a)	Gout, Type II Diabetes						

NAM = negative allosteric modulator (an inhibitor)
PAM = positive allosteric modulator (an activator)

‡ and undisclosed additional indications

Platform Performance

- Addex has received partnering revenue every year since 2004
- Cash inflows generated to date: CHF44 (US\$45) million
- All three partnerships are fully funded by our partners
- Addex is eligible for up to about \$1 billion in milestones plus royalties

Summary of Partnerships							
Partner	Product	Indication(s)	Status at signing	Upfront Cash	Revenues to date	Total Milestones	Royalty
Ortho-McNeil-Janssen	mGluR2 PAM ADX71149	Anxiety & schizophrenia*	Hit-to-Lead (Dec 2004)	€3	€5.2	€112	low double-digit
Merck & Co., Inc.	mGluR4 PAM	Parkinson's disease*	Hit-to-Lead (Dec 2007)	\$3	\$2.5	\$167.5	ND
Merck & Co., Inc.	mGluR5 PAM ADX63365	Schizophrenia*	Clinical Candidate (Jan 2008)	\$22	-	\$680	ND

* and undisclosed indications

Partnering Priorities

- mGluR5 NAM (ADX48621 & backups)
 - PD-L1D / dystonia
 - depression
 - fragile X / autism
 - GERD
 - anxiety
 - pain
- FSH receptor NAM (ADX68692)
 - endometriosis
 - prostate cancer
- mGluR2 NAM
 - Alzheimer's disease
 - depression

ADX48621 Overview

- Metabotropic glutamate receptors (mGluR)
 - Like dopamine & serotonin, glutamate is a major neurotransmitter and has similar commercial/therapeutic potential
 - Blockbuster antipsychotics work via dopamine receptors
 - Blockbuster antidepressants (SSRIs) work via serotonin receptors
 - ADX48621 inhibits mGluR5 via negative allosteric modulation
 - mGluR5 inhibition is clinically validated in multiple indications including
 - Parkinson's disease levodopa-induced dyskinesia (PD-LID)
 - Gastroesophageal reflux disease (GERD)
 - Generalized anxiety disorder (GAD)
- Initial Phase I program of ADX48621 completed successfully
 - Three studies: SAD, MAD, gender & food effects
 - 132 subjects studied to date, including 30 older subjects
 - Safety & tolerability support further clinical study
- Exceptional preclinical data in PD-LID model

Why PD-LID & Dystonia?

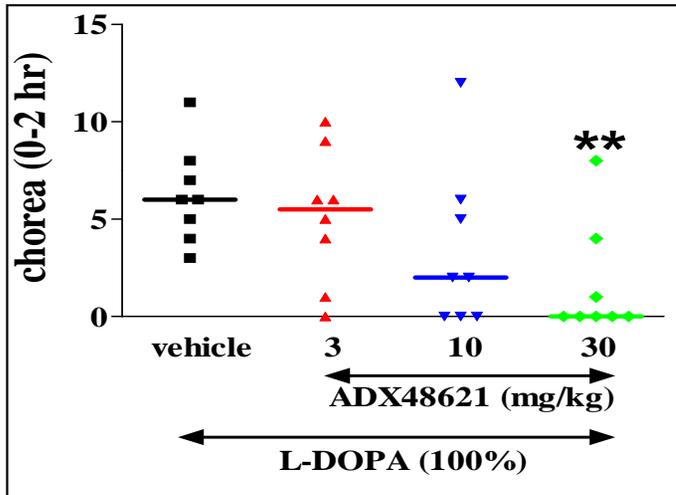
- PD-LID
 - Clinically validated by another mGluR5 NAM (AFQ056 from Novartis*)
 - Attractive specialty pharma commercial opportunity
- Dystonia (abnormal sustained muscle contractions)
 - Third most common movement disorder (following PD and essential tremor)
 - ADX48621 is the first drug-candidate to report efficacy for dystonia in LID models
- The Michael J. Fox Foundation grant
 - MJFF advisors, PD key opinion leaders (KOLs), reviewed the ADX48621 preclinical data and Ph IIa trial design
 - Publicity & KOL familiarity (via grant review) with ADX48621 could facilitate enrollment

*for data: <http://bit.ly/dgEVbH>

ADX48621 in the MPTP model

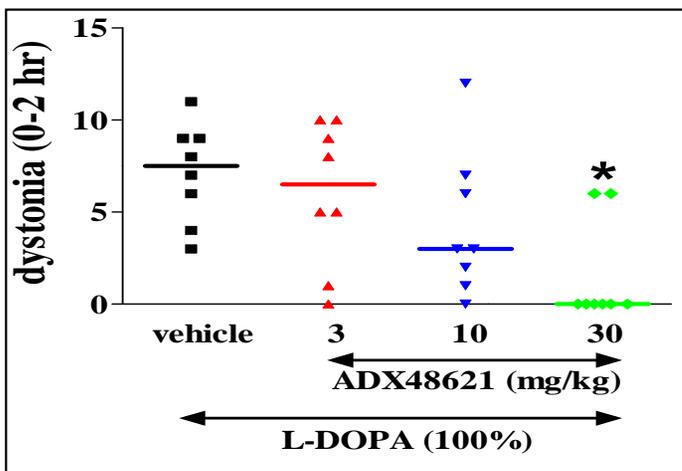
Chorea

(rapid uncontrolled movements)



Dystonia

(sustained muscle contractions)



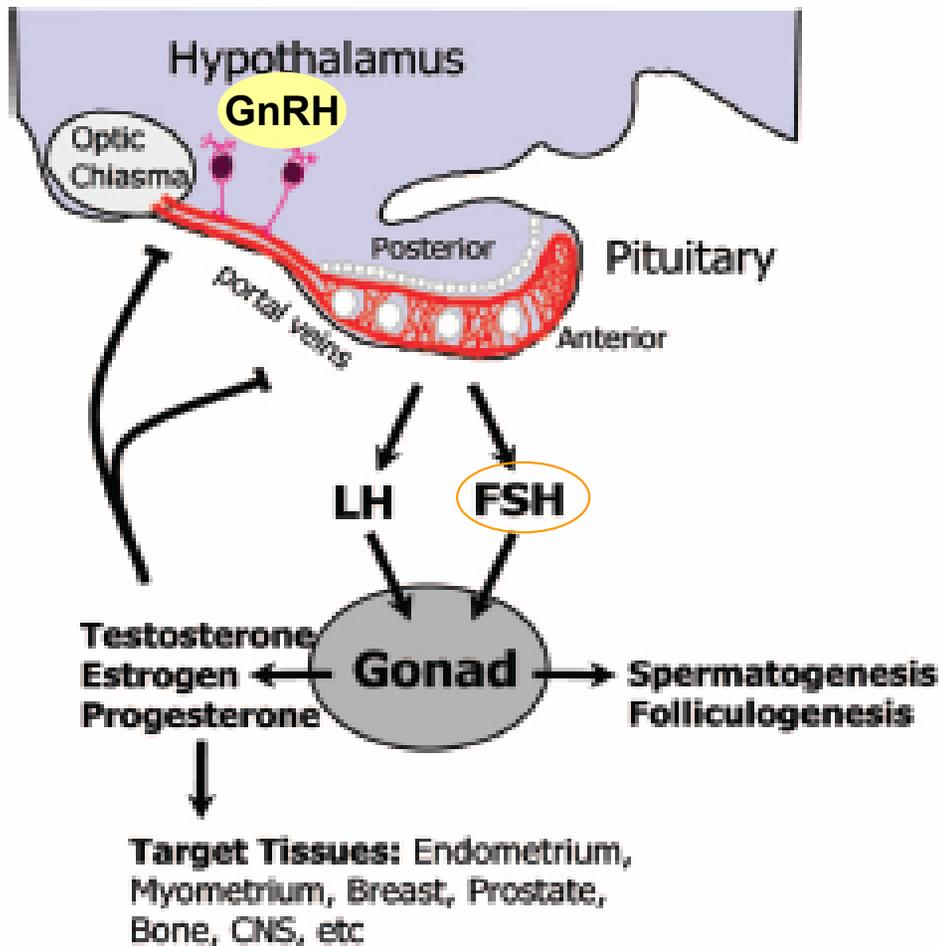
- Parkinsonian macaques with levodopa induced dyskinesia (LID) received
 - ADX48621 or vehicle (e.g. placebo)
 - levodopa
- Behavioral assessment began upon levodopa administration
 - trained observers performed video review
 - dyskinesia & PD scoring (10 min every 30 min for 4hrs)
 - lower scores (left axis) indicate fewer symptoms/disability
 - dyskinesia symptoms are side effects from levodopa
- ADX48621 is the first compound reported to show statistically significant efficacy for dystonia

ADX48621 PD-LID Trial

Study ADX48621-201 (n=90)

- Phase IIa trial in the EU and US
 - Randomised, double-blind, placebo-controlled, multicenter
 - Patients with moderate to severe LID
 - Treatment duration 4 weeks
- Placebo or ADX48621
 - Taken with 3 of the patients' daily levodopa doses
 - Dose titration for 50mg o.d. to 100mg t.d.s over the 4 weeks
- Primary objective: safety & tolerability
- Secondary objective: exploratory efficacy
 - Objective evaluation in the clinic
 - Before starting treatment and at weeks 2 and 4
 - Trained observer scores LID severity
 - Abnormal Involuntary Movement Score (AIMS)
 - Patient diaries
 - PD rating scales (including dystonia)
 - Evaluation of mood

FSHR NAM



GnRH, FSH & Endometriosis

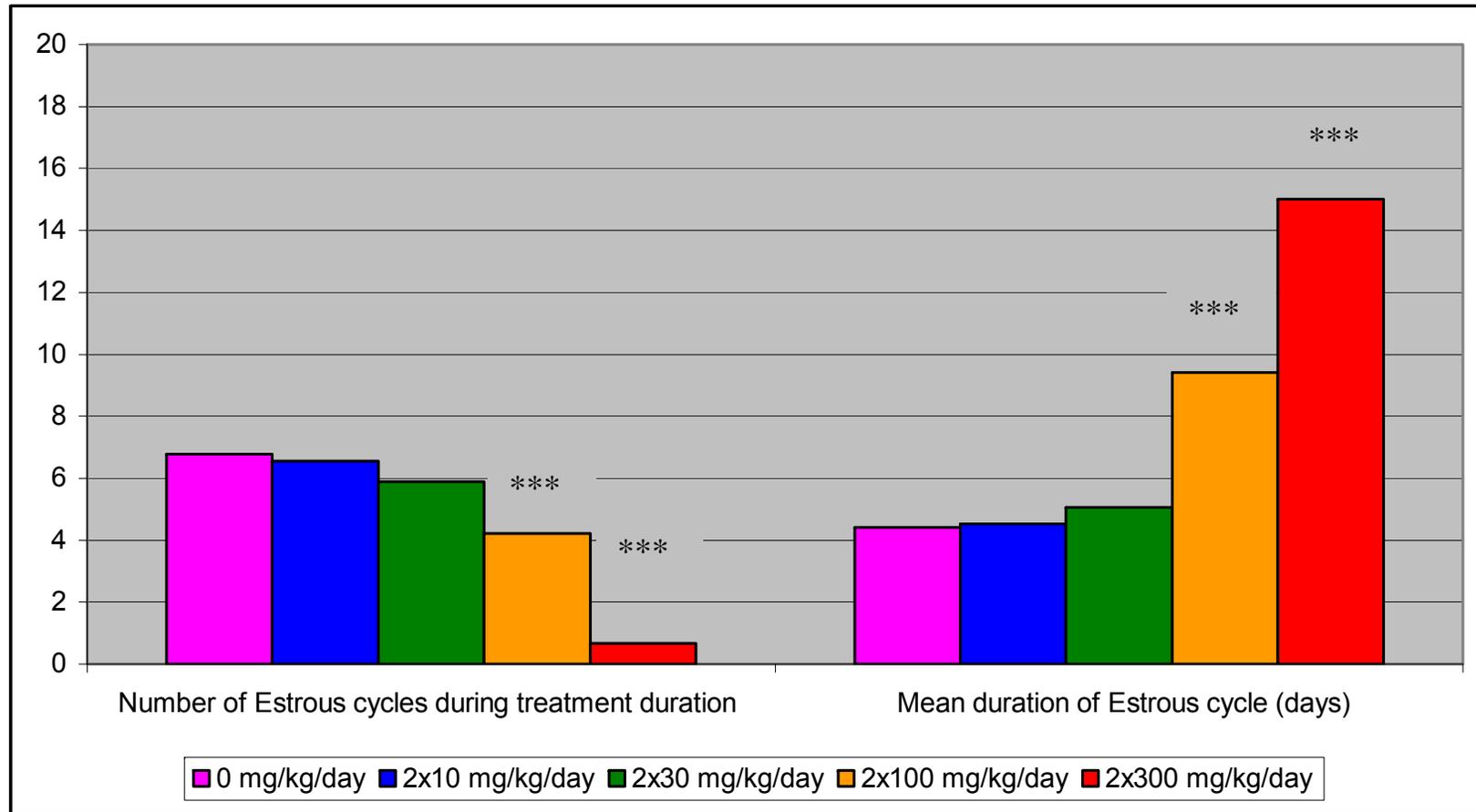
- FSH NAM offer a more specific approach to estradiol control compared to GnRH antagonists
- Endometriosis is linked to excess estradiol
- GnRH antagonists have been shown to reduce estradiol & endometriosis symptoms
- FSH is downstream from GnRh and is more directly responsible for production of estrogen/estradiol

ADX68692

- ADX68692 is a follicle stimulating hormone receptor (FSHR) NAM
- Orally available non-steroid molecule with drug-like characteristics
- In late preclinical development
- ADX68692 is available for partnering

FSHR NAM efficacy in rats

4 weeks treatment - effect on estrus cycle duration



ADX68692 disrupts the estrus cycle leading to complete blockade at high dose

mGluR2 NAM

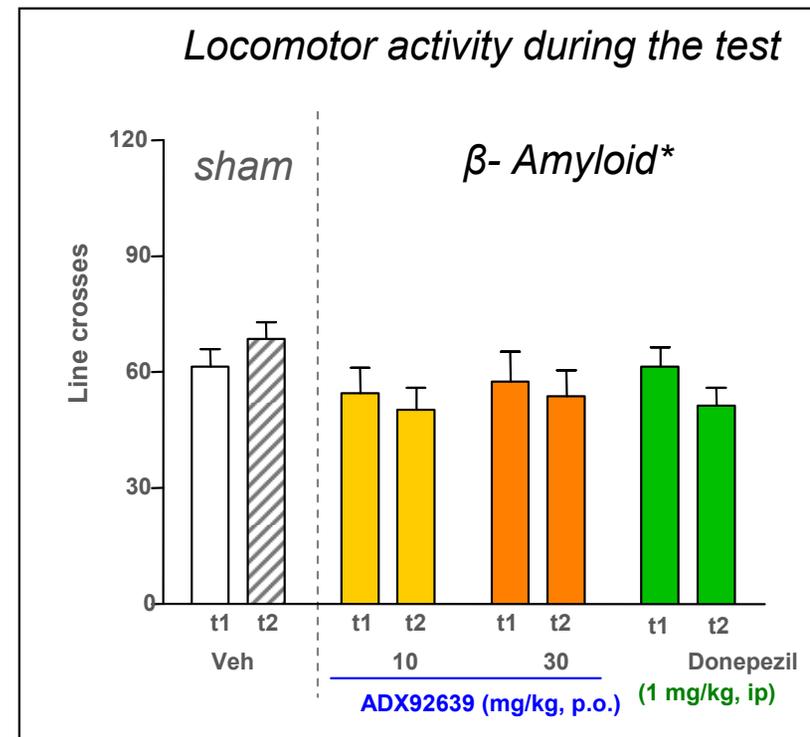
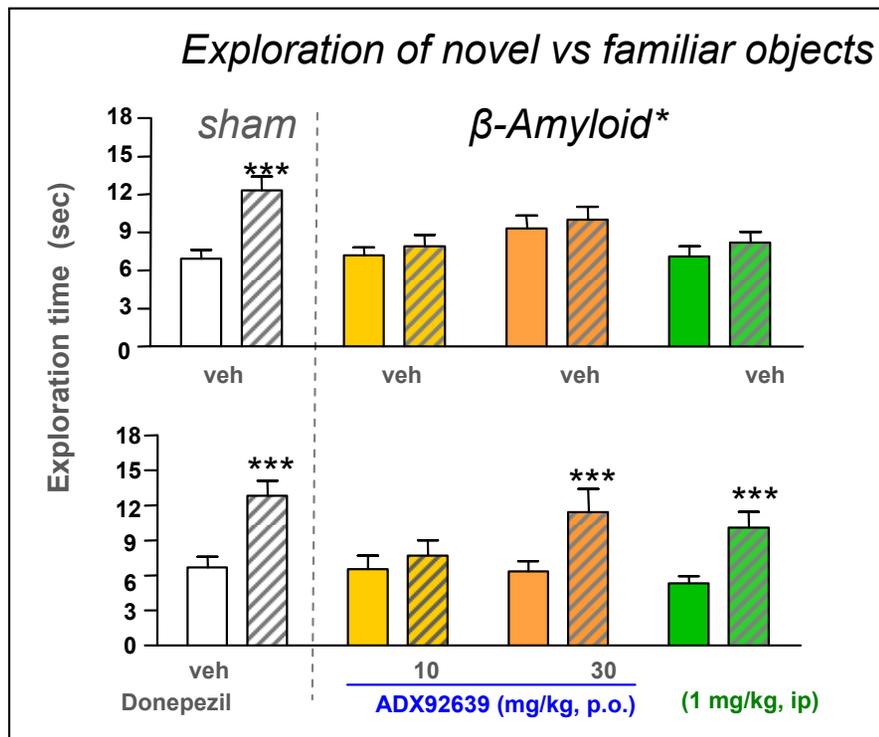
- Data from Addex and others show that mGluR2 inhibition can reverse cognitive deficit in preclinical models
 - in models of cognitive deficit
 - in physiologically relevant models of AD
 - mechanism may be complementary to marketed drugs
- Published data suggest that mGluR2 inhibition may reduce generation of beta-amyloid* and may be synergistic with donepezil**
 - mGluR2 NAM may be disease modifying
 - greater magnitude of effect possible via combination therapy

**The Journal of Neuroscience*, March 17, 2010; 30(11):3870-3875

***Bioorganic & Medicinal Chemistry Letters*, Dec 1, 2010; 20(23):6969-6974

ADX92639 reverses β amyloid-induced deficit

Rat novel object recognition (NOR) test



*Single administration into the lateral ventricle of 8 μ l solution
Final concentration of β amyloid = 2 mg/ml

□ Familiar object
▨ Novel object

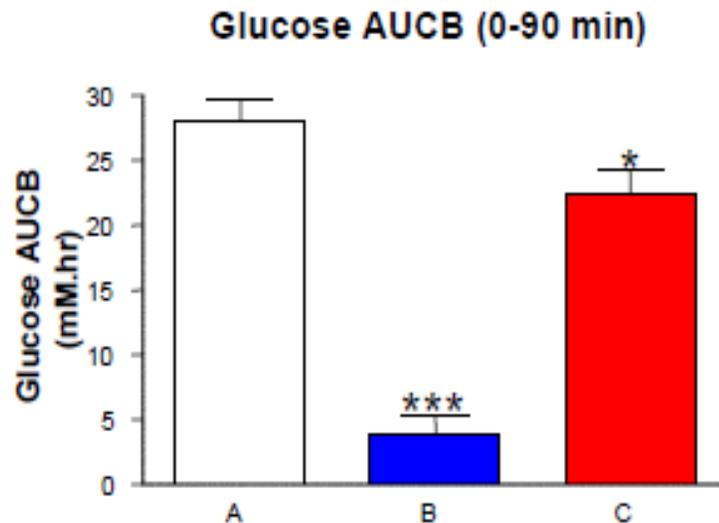
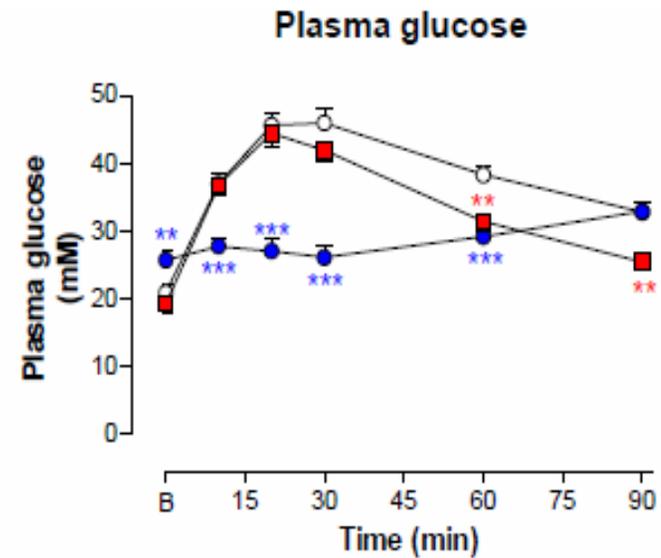
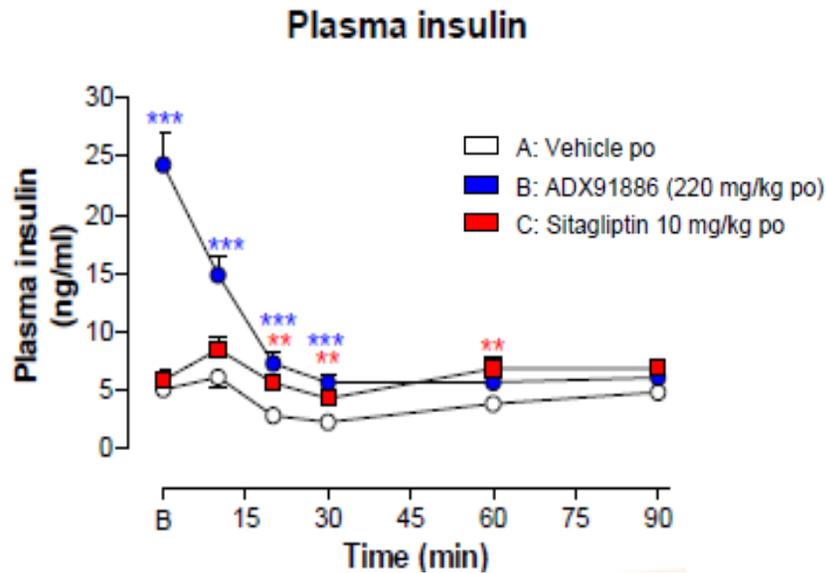
ADX92639 reverses cognitive impairment induced by intracerebroventricular (icv) β -amyloid in the rat NOR test after oral administration:

- Full and donepezil-like reversal of the memory deficit at 30 mg/kg
- No effect on locomotor activity observed during the test

Oral GLP1R PAM in ogtt test in diabetic db/db mouse model

- db/db knockout mice have no leptin receptors
 - develop human Type II diabetes mellitus
 - develop hypertension and obesity
 - have disrupted circadian blood pressure (BP) rhythm
- Oral Glucose Tolerance Test (ogtt)
 - Diabetic db/db KO mice received orally
 - ADX91886 GLP1R PAM
 - sitagliptin (Januvia) DPP IV inhibitor
 - or vehicle
 - 15 min later oral glucose (2 g/kg) was administered
 - Blood glucose + insulin levels were measured: 10; 20; 30; 60; 90 min after glucose administration

GPL1R PAM vs. sitagliptin in ogtt test in diabetic db/db mice



Management & Boards

Executive Management

Vincent Mutel, *Chief Executive Officer*

Tim Dyer, *Chief Financial Officer*

Charlotte Keywood, *Chief Medical Officer*

Sonia Poli, *Head of Non-Clinical Development*

Laurent Galibert, *Head of Inflammation & Metabolic Disorders*

Jean-Philippe Rocher, *Head of Core Chemistry*

Robert Lütjens, *Head of Core Biology*

Tatiana Carteret, *Head of Human Resources*

Chris Maggos, *Business Development & Communication*

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allosteric modulators for human health

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