

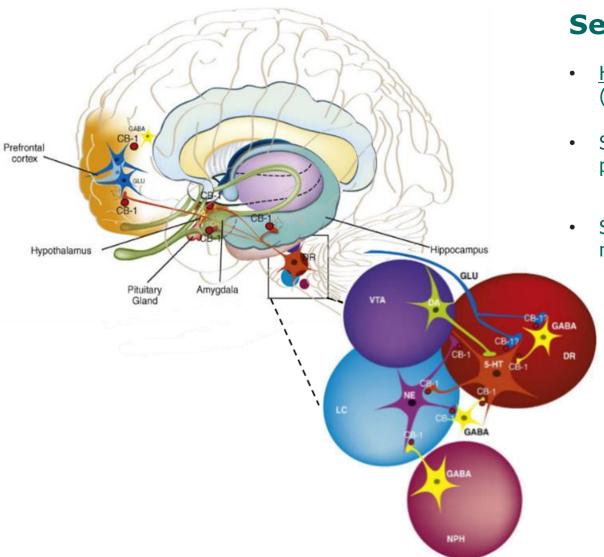




### Seltorexant (MIN-202)

A drug in development to treat insomnia and major depressive disorder (MDD) by restoring physiological sleep and controlling brain arousal levels

#### Rationale for focus on Insomnia and MDD: Targeting circuits in the orexin system that mediate "hyperarousal" in mood disorders



#### **Seltorexant**

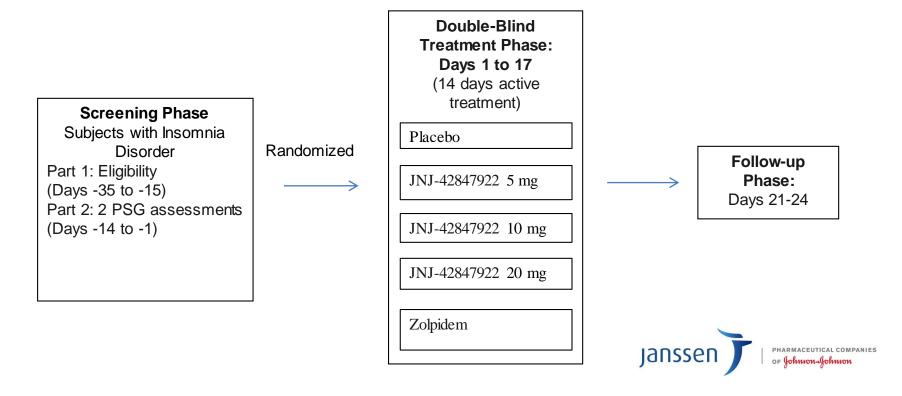
- Highly selective for Orexin-2 (relative to Orexin-1)
- Short Tmax (30 minutes) produces rapid onset of effect
- Short half-life (2 hours) minimizes daytime "hangover"





### Phase 2b trial in Insomnia Patients – ISM2005 ClinicalTrials.gov identifier: **NCT03375203**

A 2-week dose-ranging study evaluating the efficacy and safety of seltorexant 5 mg, 10 mg and 20 mg vs. placebo and active comparator (zolpidem), in both adult (18 to 64 years, inclusive) and elderly (65 to 85 years, inclusive) subjects with insomnia disorder without psychiatric comorbidity.





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### ISM2005 Baseline Sleep Characteristics

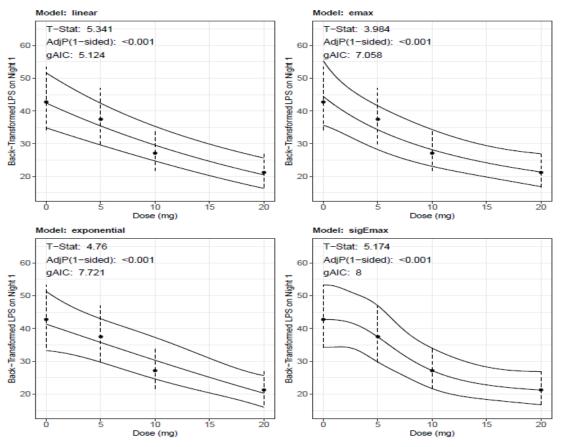
		Seltorexant					
	Placebo	5 mg	10 mg	20 mg	Combined	Zolpidem	Total
Analysis set: Full	75	71	74	71	216	73	364
Baseline ISI total score							
N	75	71	74	71	216	73	364
Mean (SD)	19.8 (3.33)	20.5 (3.09)	20.7 (3.42)	20.2 (3.36)	20.5 (3.29)	20.1 (2.88)	20.2 (3.22)
Median	19.0	20.0	20.5	20.0	20.0	20.0	20.0
Range	(12;28)	(13;27)	(13;27)	(12;28)	(12;28)	(13;27)	(12;28)
Baseline LPS (min)							
N	75	71	74	71	216	73	364
Mean (SD)	88.7 (53.41)	85.9 (49.85)	92.0 (57.15)	82.4 (46.88)	86.8 (51.47)	87.9 (54.37)	87.4 (52.33
Median	72.0	74.8	74.4	70.0	73.4	73.3	73.1
Range	(26;281)	(25;236)	(25;320)	(26;271)	(25;320)	(27;297)	(25;320)
Baseline WASO over first 6 hours (min)							
N	75	71	74	71	216	73	364
Mean (SD)	83.1 (39.01)	72.7 (37.06)	81.6 (48.57)	84.8 (38.60)	79.7 (41.94)	74.5 (37.53)	79.4 (40.48
Median	76.3	64.8	71.9	83.5	74.9	71.3	74.6
Range	(17;192)	(9;169)	(9;232)	(21;201)	(9;232)	(3;179)	(3;232)





### ISM2005 Primary Efficacy Endpoint LPS night 1 compared to placebo

#### Dose -response testing by MCP-Mod method

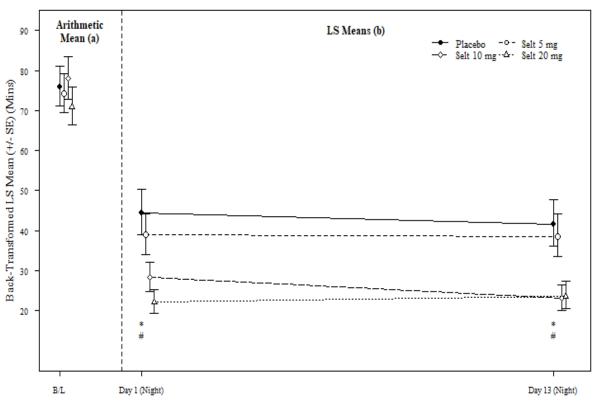


- All four pre-specified models showed a significant doseresponse relationship in log-transformed LPS at Day 1 (Night) where the adjusted 1-sided pvalues were < 0.001.</p>
- Linear and sigEmax models showed the best fit for the data with the largest and similar T-statistic (linear: 5.341, sigEmax: 5.174) in these models





# Primary Efficacy Endpoint LPS night 1 compared to placebo



- Significant separation of the 10 mg and 20 mg dose groups from placebo, indicating a 36% and 49% improvement in LPS at night 1
- 43% and 42 % improvement in LPS at night 13 compared to placebo

Comparison vs. Placebo (alpha=0.10): + Selt 5 mg; \* Selt 10 mg; # Selt 20 mg.

Number of Subject	s:	
Placebo	75	75
Selt 5 mg	71	71
Selt 10 mg	74	73
Selt 20 mg	71	71

75			
75 71 73			
73			
73			
71			

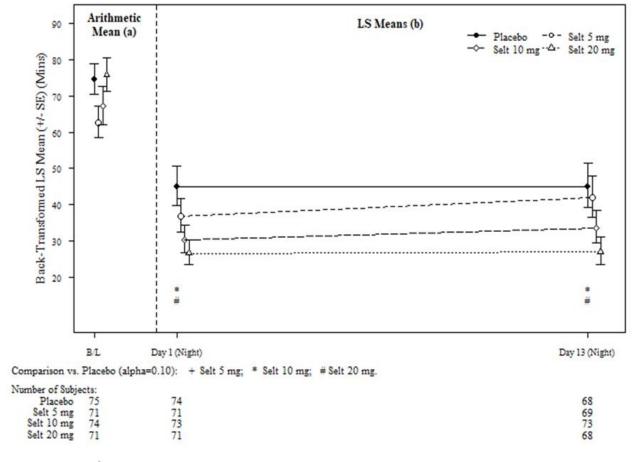
69	
69	
73	
60	





### Key Secondary Efficacy Endpoint WASO-6 over time (night 1 – night13)

Back-transformed LS means (+/- SE) of WASO-6 over time using MMRM analysis on the log-transformed data.



- Separation of the 10 mg and 20 mg dose groups from placebo was significant, showing a 32% and 40% improvement in WASO at night 1
- 25% and 40% improvement in WASO at night 13 compared to placebo

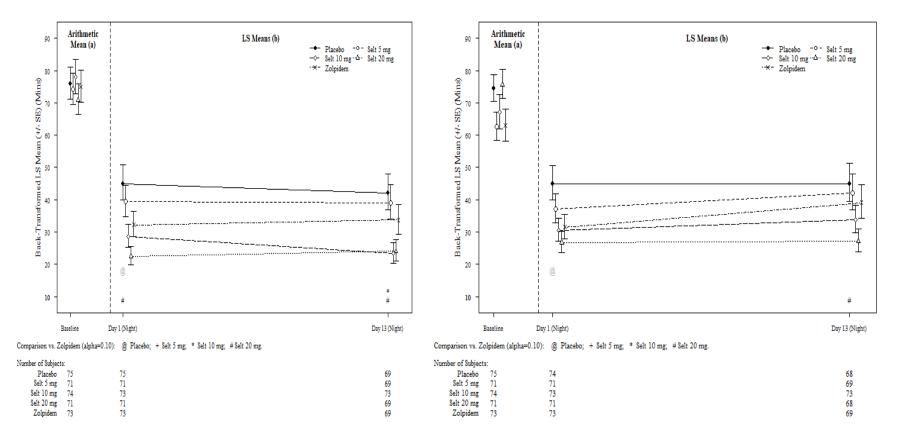




# Comparison to Zolpidem LPS & WASO-6 over time (night 1 – night 13)

■ LPS LS mean over time (no multiplicity adjustment)

 WASO LS mean over time (no multiplicity adjustment)



There was a significant separation from zolpidem by the 20 mg dose group at night 1 for LPS, at night 13 for LPS and WASO-6. Similarly, a significant separation from zolpidem was observed for the 10 mg dose at night 13 for LPS.





#### Conclusion

- Seltorexant met its primary endpoint of demonstrating dose response efficacy (MCP-Mod) in patients with insomnia
- Seltorexant 10 and 20 mg superior to placebo on LPS and WASO-6 at Night 1 and Night 13
- Similar efficacy across subgroups except possibly WASO-6 (better in the elderly than adults)
- Seltorexant well tolerated with overall TEAEs similar to placebo
- Seltorexant shows superior and more sustained efficacy as compared to zolpidem



