



Develops and commercializes improved pharmaceuticals and digital therapies addressing unmet needs within the growing space of substance use disorders and mental health



## Update on Orexo Digital Therapeutics





Nasdaq Stockholm: ORX  
US OTC Market: ORXOY (ADR)

October 1<sup>st</sup> 2020

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## Objective of today's telco

Objective of today's telco	
	Share the progress in developing our new digital therapy business
	Provide more insights into the scientific evidence supporting our digital therapies
	Provide context to the agreements with GoGoMeds and Trinity Health (ND)
	Launch the brand name “modia™” for our OXD01 project and present some of the new commercial material for vorvida®

# Speakers



Nikolaj Sørensen  
President and CEO



Michael Sumner  
Chief Medical Officer



Dennis Urbaniak  
EVP Digital Therapeutics

# Agenda

- **Strong financials to drive future growth**
- DTx: a branch out strategy from OUD and pharma
- deprexis® and vorvida®: clinical evidence
- DTx: commercial progress
- Orexo: a unique life science company in Sweden



# Orexo in brief

- Developed **four commercial products** with worldwide approval
- Addresses **unmet need** within the growing space of **substance use disorders (SUD)** and **mental health**
- Broad product portfolio and development pipeline of traditional **pharma products** and **digital therapies**
- Strategic focus on **portfolio expansion** through development and licensing/M&A
- **Strong financial position** enables investment in future growth
- Top two largest shareholders<sup>1</sup>: **Novo Holdings** (27.8%) and **HealthCap** (10.2%)



**Corporate Headquarters**  
(Uppsala, Sweden)  
Corporate functions and Development



**US Commercial Platform**  
Since 2013 direct presence in the US with a fully-owned sales force covering nearly all states

**Net revenues**  
SEK, LTM<sup>2</sup> Q220

**823** m

**EBITDA**  
SEK, LTM Q220

**239** m

**Cash position**  
SEK, Q220

**677** m

<sup>1</sup> As of August 31, 2020

<sup>2</sup> Last Twelve Months

# 2012 – 2019 successful strategic focus on building a solid foundation for investments in future growth drivers

## Strong cash position and cash flow from ZUBSOLV®..

EBITDA SEK m 2012-2019



## ..enable investments in future growth



Acquire US rights to vorvida® and deprexis®



Initiate development of digital therapy for opioid use disorder



Develop a distribution and reimbursement platform for digital therapies



Advance a pharma pipeline in opioid addiction and pain treatment

# Product & pipeline portfolio addressing large markets with unmet patient needs

		Exploratory	Preclinical	Phase			Registration	Approved/Launched		
				1	2	3		US	EU	RoW
Pharmaceuticals										
ZUBSOLV®	Opioid Use Disorder									▲
Abstral®	Breakthrough Cancer Pain, Kyowa Kirin									
Edluar®	Insomnia Mylan Worldwide									
OX124	Naloxone - Opioid Overdose									
OX125	Nalmefene - Opioid Overdose									
OX338	Ketorolac – Moderate to moderately severe pain									
OX382	Buprenorphine – Opioid Use Disorder									
OX-MPI	BI1029539 – Microvascular Disease Gesynta Pharma									
Digital Therapies										
		Technical development					Registration	Approved/Launched		
								US	EU	RoW
deprexis®	Depression GAIA AG									
vorvida®	Heavy alcohol use, incl. Alcohol Use Disorder GAIA AG									
OXD01/modia™	Opioid use Disorder GAIA AG									

▲ ZUBSOLV® has been approved in Australia

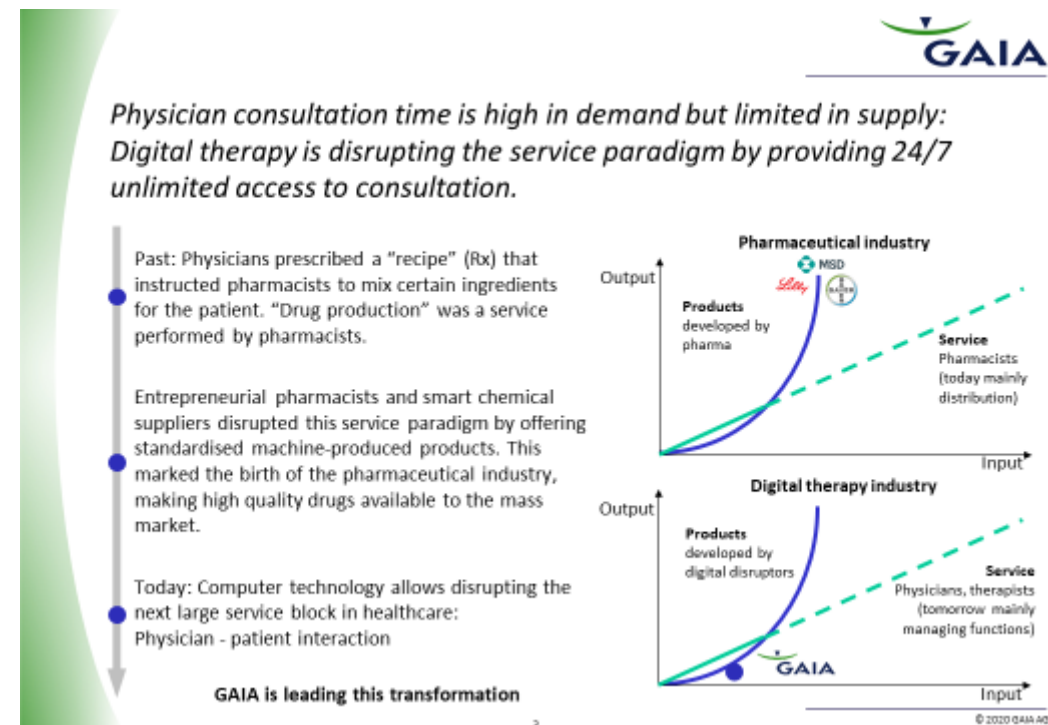


# Agenda

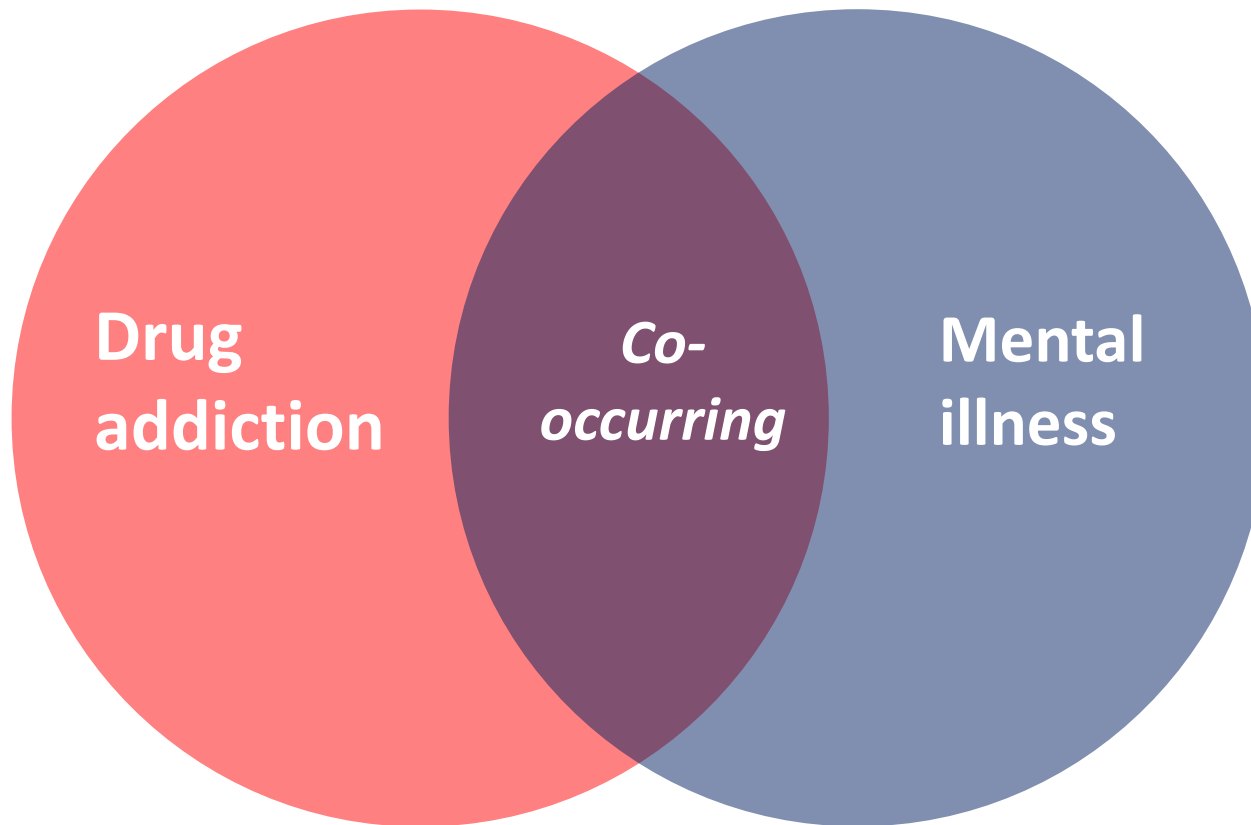
- Strong financials to drive future growth
- **DTx: a branch out strategy from OUD and pharma**
- deprexis® and vorvida®: clinical evidence
- DTx: commercial progress
- Orexo: a unique life science company in Sweden

# Leveraging our existing commercial pharma platform makes DTx an attractive opportunity to diversify the company and drive future growth

- Almost all industries have been transformed or are under transformation by digitalization; healthcare is not an exception
- To meet increased demand from an aging population, health care delivery needs to be transformed to drive efficiency
- Digital therapeutics have the potential to significantly improve the efficiency and quality of multiple disease spaces and in particular within mental health
- Quality of digital therapeutics are improving and payors are starting to finance digital therapies along with traditional treatments
- By entering a partnership with GAIA, Orexo has joined a world leading company in digital therapies
- **Strong synergies with the current US commercial platform with a focus on opioid use disorder and treatment with ZUBSOLV® (bup/nal) and R&D pipeline**



Mental health represents a natural “branch-out” opportunity for Orexo due to its significant co-occurrence with drug addictions



- **Drug addiction**, also called **substance use disorder**, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a drugs
- Drug addiction is a **chronic medical condition** which often requires **life-long treatment**
- In 2018 approx. **50 percent** of the individuals suffering from drug addiction also reported having a **mental health illness**<sup>1</sup>
- Only about **half** of individuals with co-occurring mental health and drug addiction **received treatment in 2018**<sup>1</sup>

<sup>1</sup> Substance Abuse and Mental Health Services Administration

Our ambition is become a leader in digital therapeutics, leveraging our existing commercial infrastructure and new technical platforms to scale up

## Enter DTx

deprexis®  
VORV!DA®  
modia™

orexo

## Establish the platform

The image displays two digital interfaces. The top interface is for VORV!DA, featuring a green header with the text 'Here to help you get the most out of vorvida®'. Below this, there are sections for 'Get access through your insurance' and 'Get access through your employer', each with a 'Get access now' button. A 'Here to help.' section with contact information is at the bottom. The bottom interface is for orexo, titled 'Review & Sign Electronically'. It contains a 'Program User Information' form with fields for First Name, Middle Initial, Last Name, Date of Birth, Gender, Street Address, Other Address, City, State, Zip Code, Mobile Phone, Alternate Phone, and Email Address. Below this is a section for 'Program User Health Insurance Information'.

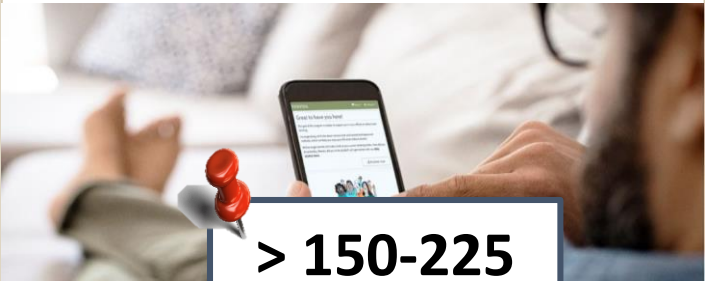
## Expand presence and portfolio

The image shows a banner for the 'LYFEBULB AND OREXO INNOVATION CHALLENGE: SOLUTIONS FOR SUBSTANCE USE DISORDERS'. The banner includes the LYFEBULB logo, the challenge title, and a description: 'The goal of the initiative is to seek new solutions to unmet needs in supporting successful, long-term recovery from alcohol and opioid use disorders'. It also mentions the dates 'OCTOBER 14 & 15, 2020 VIRTUAL SUMMIT' and the 'Deadline for applications was Friday, August 14, 2020'. Below the banner is a blue box with the text 'Digital therapeutic quality, access, and appropriate utilization matter.' and a list of three bullet points: 'Are safe, effective, and ensure patient privacy', 'Demonstrate positive clinical and economic outcomes', and 'Influence the delivery of healthcare in a meaningful way'.

With 3 digital therapies, Orexo is well positioned to take a leading role addressing unmet needs within SUD and mental health issues

**deprexis®**

deprexis® is a fully automated digital therapy to help patients manage their symptoms of mild to severe depression with extensive clinical evidence



**> 150-225**

MUSD net sales potential in the US

**vorvida®**

A fully automated digital therapy scientifically proven to reduce troublesome drinking patterns in adults suffering from alcohol misuse incl. alcohol use disorder (AUD)



**120-200**

MUSD net sales potential in the US

**OXD01/modia™**

“Digitizing” counselling at scale to offer with ZUBSOLV®, a full medication assisted therapy (MAT) solution for opioid use disorder (OUD) patients in need



**150-225**

MUSD net sales potential in the US

Digital therapeutics is in early stages and while the potential is significant, several hurdles need to be addressed before the market takes off

### **Commercialization**

- Optimal pathways to commercialize and scale DTx are still uncharted

### **Pricing**

- Entry barriers are low for offerings without clinical evidence, and thus payers need to establish appropriate assessment criteria to enable price differentiation

### **Reimbursement**

- Many payors still to establish payment and reimbursement processes

### **Disruptive technology**

- While digital therapies have been proven clinically, speed of adoption is still unknown as for any new therapeutic approach

**Orexo will continue to assess the business model, the potential and the investment levels required to capture new opportunities at the appropriate time**

# Agenda

- Strong financials to drive future growth
- DTx: a branch out strategy from OUD and pharma
- **deprexis® and vorvida®: clinical evidence**
- DTx: commercial progress
- Orexo: a unique life science company in Sweden



# At a Glance: Burden of depression in the US



7.1% of adults had  $\geq 1$  Major depression (MDE) in the past year<sup>1</sup>  
4.5% had  $\geq 1$  MDE with severe impairment<sup>1</sup>



3–4 $\times$  increase in symptom prevalence during COVID-19 pandemic<sup>2,3</sup>



$\sim 2$  million YLDs<sup>4</sup>



Associated with various health conditions including heart disease, pain, emotional/cognitive impairment, and sexual dysfunction<sup>5–10</sup>



A factor for 9.3% of physician and Emergency Department visits<sup>11</sup>



\$8,662–\$16,376 average total cost per year depending on severity<sup>12</sup>



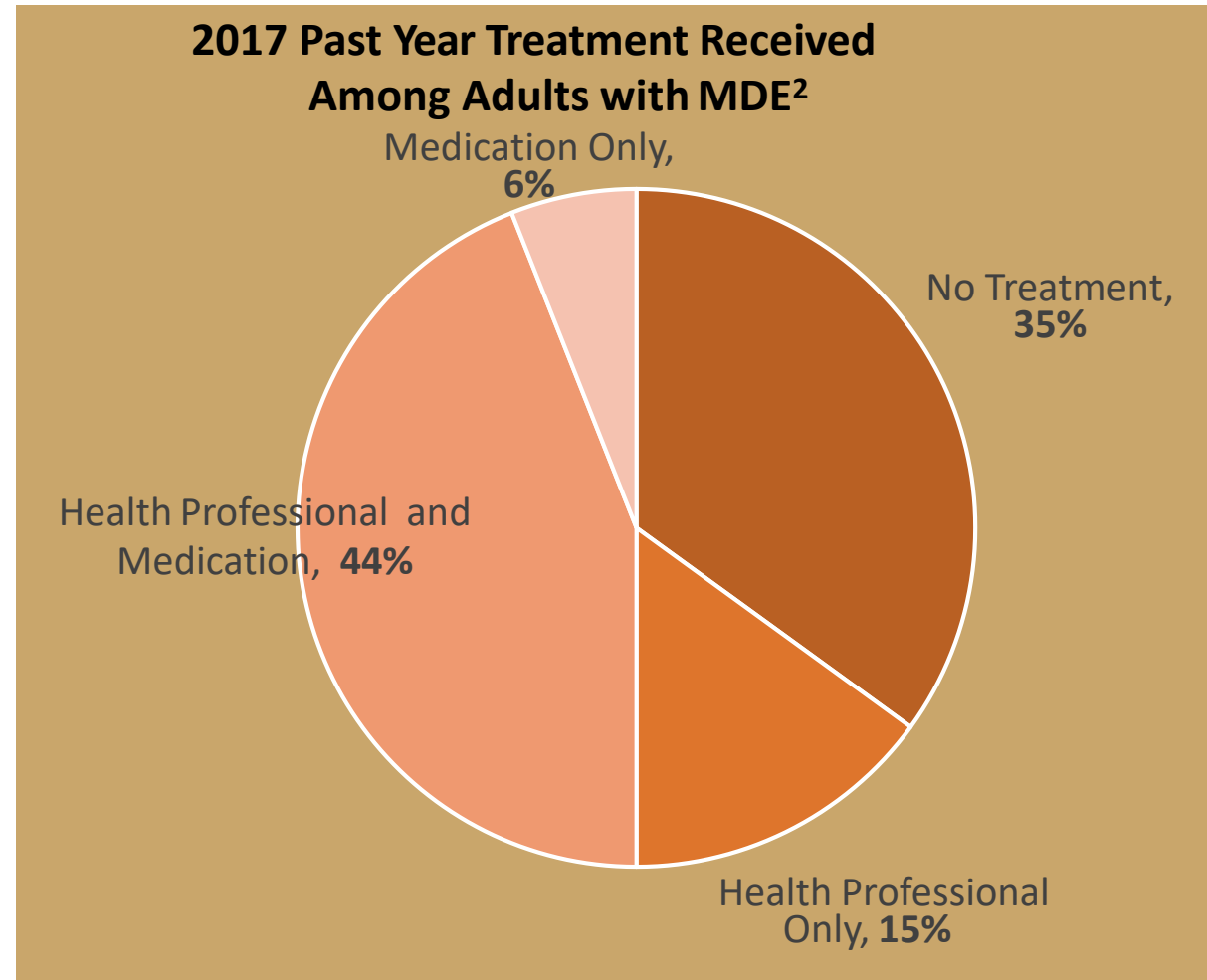
$> 200$  million prescriptions filled<sup>13</sup>  
 $> \$12$  billion in expenditures<sup>13</sup>

COVID-19, coronavirus disease 2019; DALY, disability-adjusted life year; ED, emergency department; MDE, major depressive episode; YLD, years lived with disability.

1. National Institute of Mental Health. 2017. <https://www.nimh.nih.gov/health/statistics/major-depression.shtml> 2. Ettman CK, et al. *JAMA Network Open*. 2020;3:e2019686–e2019686. 3. Czeisler ME, et al. *MMWR Morb Mortal Wkly Rep*. 2020;69:1049–1057. 4. US Burden of Disease Collaborators. *JAMA*. 2018;319:1444–1472. 5. Crowe M, et al. *J Psychiatr Ment Health Nurs*. 2020;27(4):321–329. 6. Keller AS, et al. *Transl Psychiatry*. 2019;9(1):279. 7. Visted E, et al. *Front Psychol*. 2018;9:756. 8. Eggart M, et al. *Brain Sci*. 2019;9(6):131. 9. Michaelides A, Zis P. *Postgrad Med*. 2019;131(7):438–444. 10. Basson R, Gilks T. *Womens Health (Lond)*. 2018;14:1745506518762664. 11. Centers for Disease Control and Prevention. 2017. <https://www.cdc.gov/nchs/fastats/depression.htm>. 12. Chow W, et al. *Am J Manag Care*. 2019;16:e188-96. 13. Greenblatt DJ, et al. *J Clin Psychopharmacol*. 2018;38(1):1–4.

# Unmet treatment needs in depression

- Despite the availability of effective interventions for depression, delays in initial treatment contact remain problematic<sup>1</sup>
  - A longer duration (i.e., >6 months) of untreated depressive symptoms is associated with worse outcomes in depression<sup>1</sup>
- In 2017, approximately 35% of the 17.3 million adults who experienced MDE did not receive treatment<sup>2</sup>

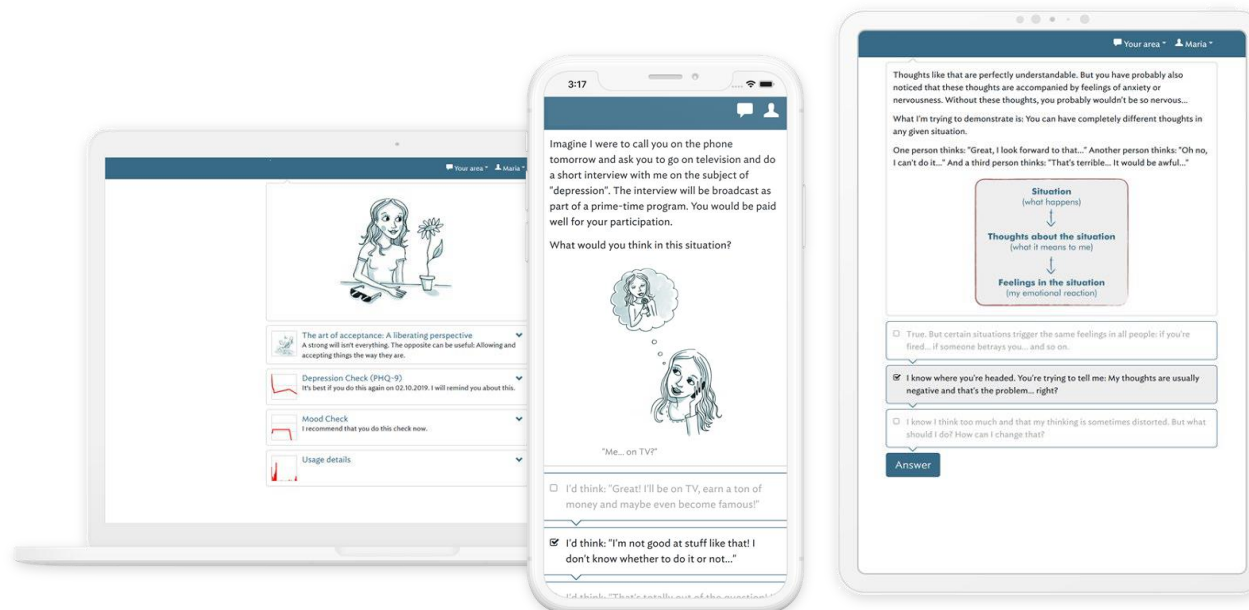


1. Yoshikawa E, et al. *BMC Res Notes*. 2017; 10: 673. 2. National Institute of Mental Health. Major Depression. Retrieved from:

<https://www.nimh.nih.gov/health/statistics/major-depression.shtml>.

# Overview of deprexis®

- deprexis® is a clinically-proven digital therapeutic for adjunctive treatment of symptoms of depression, rooted in evidence-based, Cognitive Behavioral Therapy (CBT) and other psychological approaches.
- Designed to offer tailored, interactive psychotherapy interventions via mobile device or computer.
- Comprised of 10 modules, deprexis provides a series of customized exercises including information about the clinical situation of depression and proposed techniques to monitor and improve mood. The content is delivered to end-users via audio recordings, succinct text, embedded video, animations and illustrations.

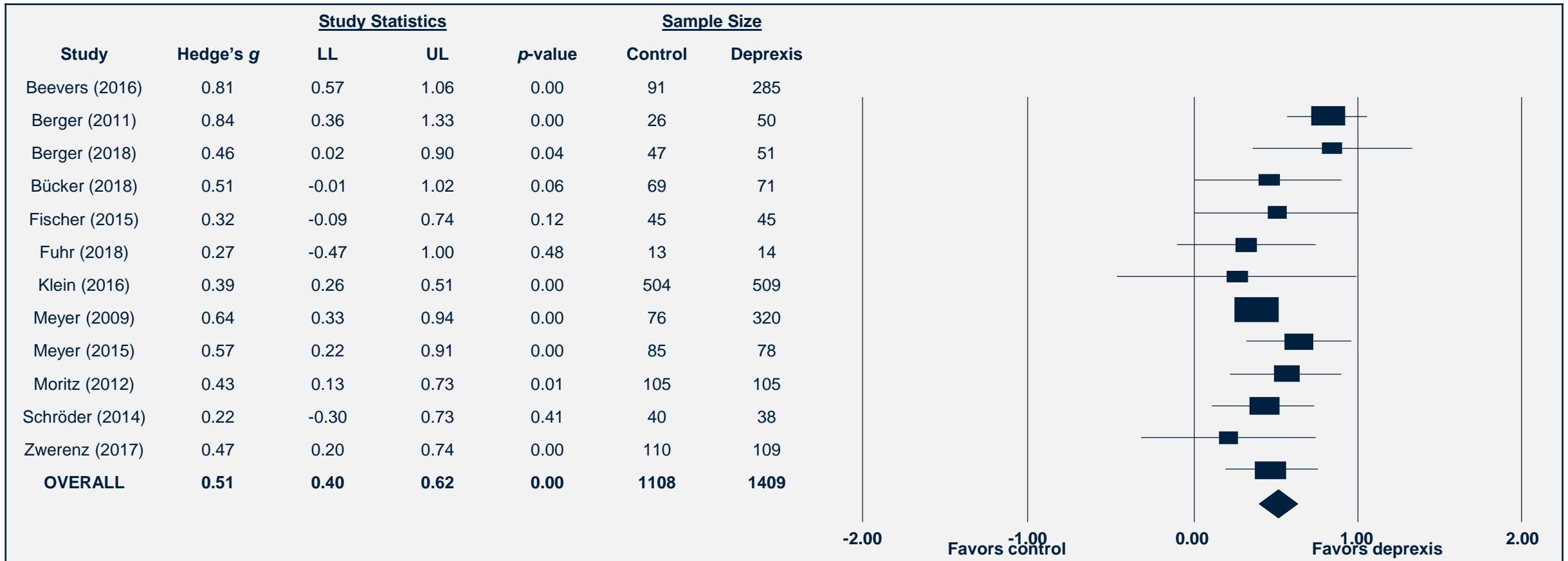


deprexis<sup>®</sup> has been studied in 11 RCTs including >2800 patients

Study	N	Evidence
Meyer (2009)	396	First RCT to demonstrate the effectiveness of deprexis vs care as usual (CAU)
Berger (2011)	76	Both guided and unguided use of deprexis were shown to be effective vs CAU
Moritz (2012)	210	Replicated results of previous studies across multiple clinical scales
Schröder (2014)	78	deprexis was effective for reducing depressive symptoms and improving quality of life among patients with epilepsy
Fischer (2015)	90	deprexis was effective for reducing depressive symptoms among patients with multiple sclerosis
Meyer (2015)	163	deprexis was effective among patients with severe depression; subgroup analysis revealed that concurrent antidepressant treatment augmented the treatment effect of deprexis
Klein (2016)	1013	EVIDENT trial; the largest trial of an Internet intervention for depression in which deprexis demonstrated effectiveness on both self-rated and clinician-rated scales
Beevers (2017)	376	First deprexis trial in the U.S.; replicated effectiveness results from European trials
Berger (2017)	98	deprexis added to face-to-face psychotherapy demonstrated greater effectiveness than face-to-face psychotherapy alone
Zwerenz (2017)	229	deprexis added to inpatient psychodynamic psychotherapy demonstrated greater effectiveness than inpatient psychodynamic psychotherapy alone
Bücker (2018)	140	deprexis was effective for reducing depressive and gambling-related symptoms

# deprexis<sup>®</sup> demonstrates consistent clinical effect across multiple settings

- Meta-analysis of 12 RCTs demonstrated the effectiveness of deprexis for reducing depressive symptoms with a moderate effect size ( $g = 0.51$ , 95% CI: 0.40–0.62) and low heterogeneity ( $I^2 = 26\%$ )



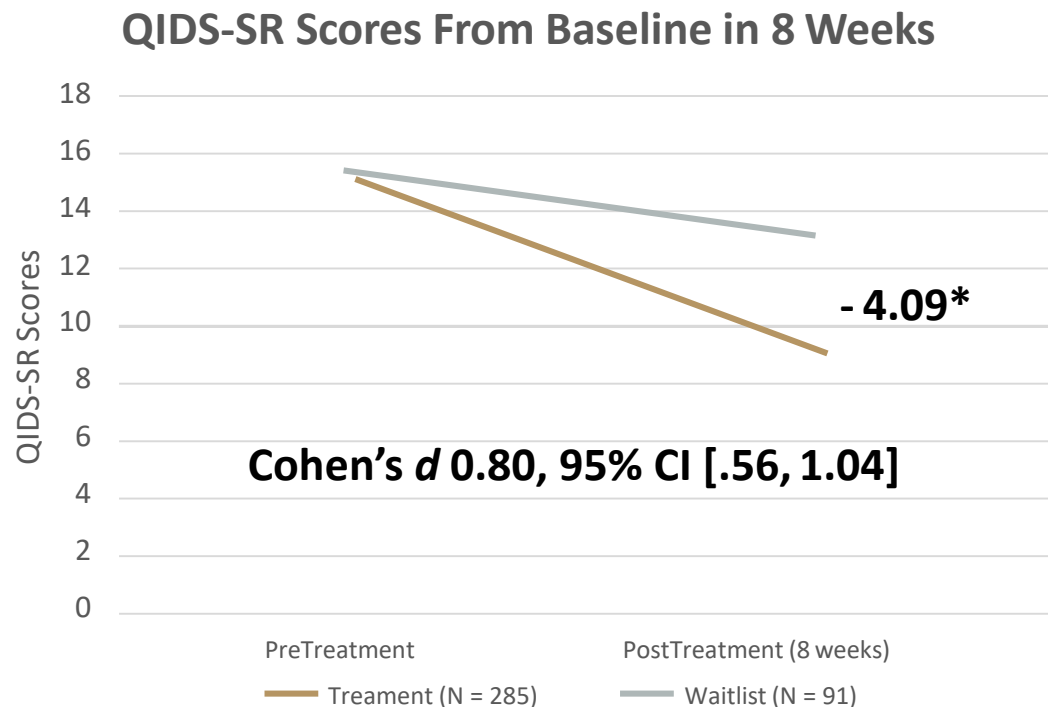
# Beevers (2017): Effectiveness of an internet intervention (deprexis®) for depression in a US adult sample

- A parallel-group, pragmatic randomized controlled trial in treatment-seeking adults with elevated depression
- Randomized to receive an 8-week course of treatment immediately or after an 8-week delay
- Inclusion criteria:
  - Ages between 18 and 55
  - English fluency
  - Reliable access to the Internet (i.e., dialup or broadband access)
  - Presence of moderate levels of depression or greater as measured by the Quick Inventory of Depressive Symptoms (QIDS) Self-Report (score  $\geq 10$ )
  - Treatment stability (no changes in psychotropic medication or psychosocial treatment in the 30 days before study entry)
  - Living in the United States of America
- Exclusion criteria:
  - Presence of psychotic or substance use symptoms
  - A diagnosis of bipolar disorder
  - Suicidal risk

1. Beevers, Effectiveness of an internet intervention (Deprexis) for depression in a united states adult sample: A parallel-group pragmatic randomized controlled trial. J Consult Clin Psychol. 2017;85(4):367-380. doi:10.1037/ccp0000171.

deprexis<sup>®</sup> demonstrated significantly lower self-reported depression symptoms post-treatment

## Intent-To-Treat Sample



\*P value < 0.001

QIDS-SR Scores: Quick Inventory of Depressive Symptoms-Self-Report

Total scores range from 0 to 27; ≤5 = no depression, 6 to 10 = mild depression, 11 to 15 = moderate depression, 16 to 20 = severe depression, and ≥21 = very severe depression

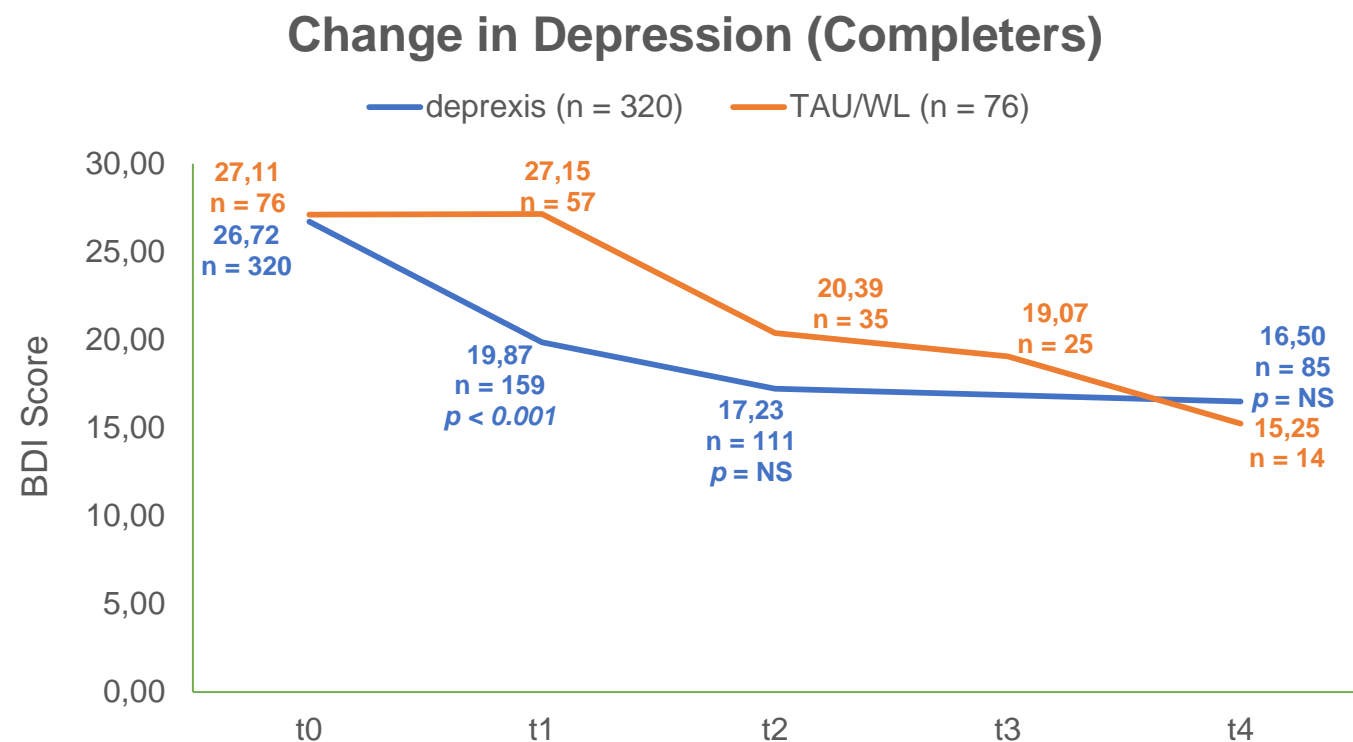
1. Beevers, Effectiveness of an internet intervention (Deprexis) for depression in a united states adult sample: A parallel-group pragmatic randomized controlled trial. J Consult Clin Psychol. 2017;85(4):367-380.

deprexis<sup>®</sup> was also associated with improvements in other facets of depression and anxiety:

- 5.8-point improvement on the HRSD ( $d = 0.68$ ; moderate to large effect)
- Significant improvements in ill temper, well-being, social anxiety, and panic symptoms on IDAS
- 55.75-point improvement on the SDS ( $d = 0.65$ ; moderate to large effect)



deprexis<sup>®</sup> was associated with a ~6-Point reduction in BDI score



Effect Size	Cohen's d	0.64	0.25	–	0.09
	Interpretation	MO-LG	SM	–	NEGL

- deprexis<sup>®</sup> was associated with a moderate effect size vs TAU after 9 weeks of treatment ( $d = 0.64$ )
  - 9-week pre-post effect size was also moderate within the deprexis group ( $d = 0.58$ )
- Reductions in depression were maintained over a 6-month post-treatment follow-up period
- Improvements in social functioning were also demonstrated at 9 weeks ( $d = 0.64$  vs TAU)
- 25.4% of participants receiving immediate access to deprexis reported no longer being depressed after treatment

BDI, Beck Depression Inventory; LG, large effect size; MO, moderate effect size; NEGL, negligible effect size; NS, not significant; SM, small effect size; TAU/WL, treatment as usual/waitlist.  
P-values denote statistical differences between deprexis and TAU/WL groups at each timepoint.  
Meyer B, et al. *J Med Internet Res*. 2009; 11(2): e15.

# At a Glance: Burden of unhealthy alcohol consumption in the US



16.6 million binge drink<sup>a</sup> ≥5 times in the past month<sup>1</sup>



5.1% of adults engaged in heavy drinking<sup>b</sup> on average over the past year<sup>2</sup>



Causal factor in >200 short- or long-term disease and injury conditions<sup>3</sup>



1 million (female) and 3.2 million (male) DALYs<sup>4</sup>



93,296 deaths and 2.7 million YPLLs annually<sup>5</sup>



\$249 billion<sup>6</sup>, Total economic costs

<sup>a</sup>Drinking ≥5 drinks on the same occasion for men and ≥4 drinks on the same occasion for women. <sup>b</sup>>7 drinks per week for women and >14 drinks per week for men in the past year.

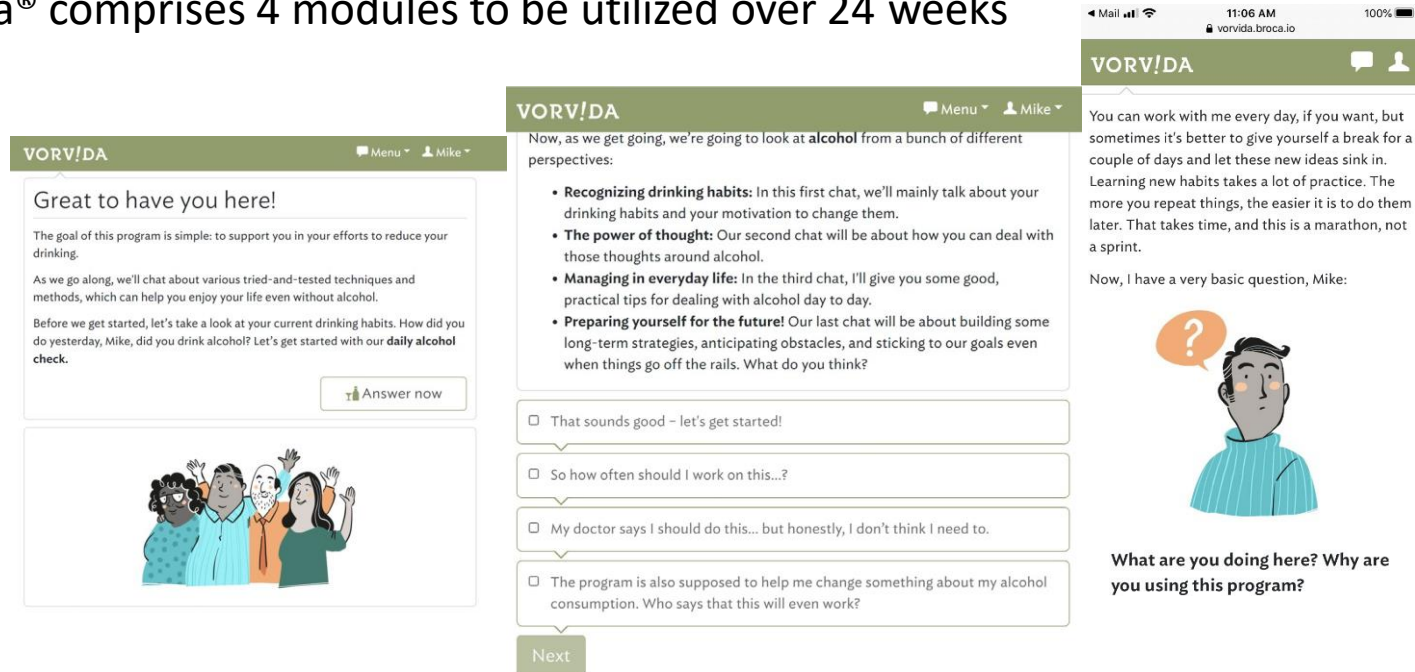
1. Substance Abuse and Mental Health Services Administration. 2018 <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>. 2. Center for Disease Control and Prevention. 2020. <https://www.cdc.gov/nchs/products/databriefs/db374.htm>. 3. World Health Organization. 2018. <https://www.who.int/news-room/fact-sheets/detail/alcohol>. Accessed August 20, 2020. 4. Griswold MG, et al. *Lancet*. 2018;392:1015–1035. 5. Esser MB, et al. *MMWR*. 2020;69:981–987. 6. Sacks JJ, et al. *Am J Prev Med*. 2015;49:e73–e79.

DALYs = Disability-Adjusted Life Years (DALYs). DALYs represent the total number of years lost to illness, disability, or premature death within a given population.

YPLLs = Years of Potential Life Lost (YPLL). YPLLs can show the burden of premature deaths due to a particular cause of death within a population. Calculation: YPLL = (Predetermined end point age – Age of decedent who died prior to end point age)

# Overview of vorvida<sup>®</sup>

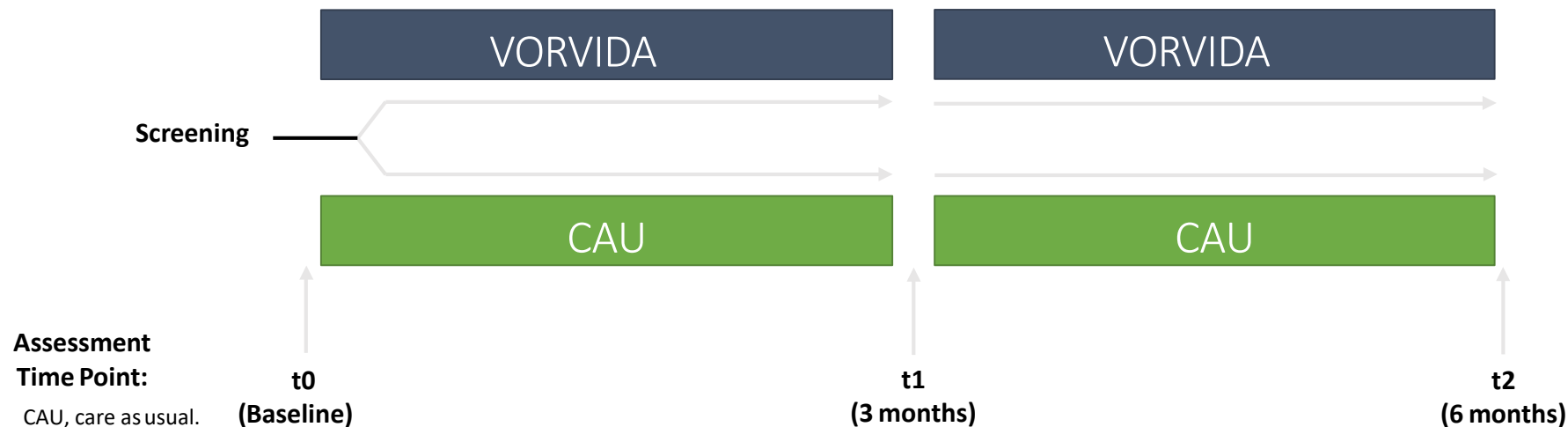
- vorvida<sup>®</sup> delivers evidence-based Cognitive-Behavioral Therapy techniques via an internet-based intervention in order to reduce alcohol consumption among adults with problematic drinking behaviors
- vorvida<sup>®</sup> does not require human guidance or support; the program uses artificial intelligence software to tailor the program to the user in order to continually simulate a dialogue
- vorvida<sup>®</sup> comprises 4 modules to be utilized over 24 weeks



Zill JM, et al. *BMC Psychiatry*. 2016; 16:19.

# Zill study design<sup>1,2</sup>

- Parallel-group pragmatic randomized controlled trial conducted in Germany to test the effectiveness of vorvida® in reducing alcohol consumption versus Care As Usual (CAU)
- 608 patients completed the baseline questionnaire and were randomized 1:1 to receive vorvida® or CAU
- Inclusion criteria:
  - 18 years of age or older
  - Average consumption of >12/24 g (women/men) of pure alcohol per day and/or AUDIT-C score  $\geq 3$  indicating unhealthy alcohol use
    - 12g equals: 1 standard drink: 1 beer; 1 5oz glass of wine or 1.5oz Spirits

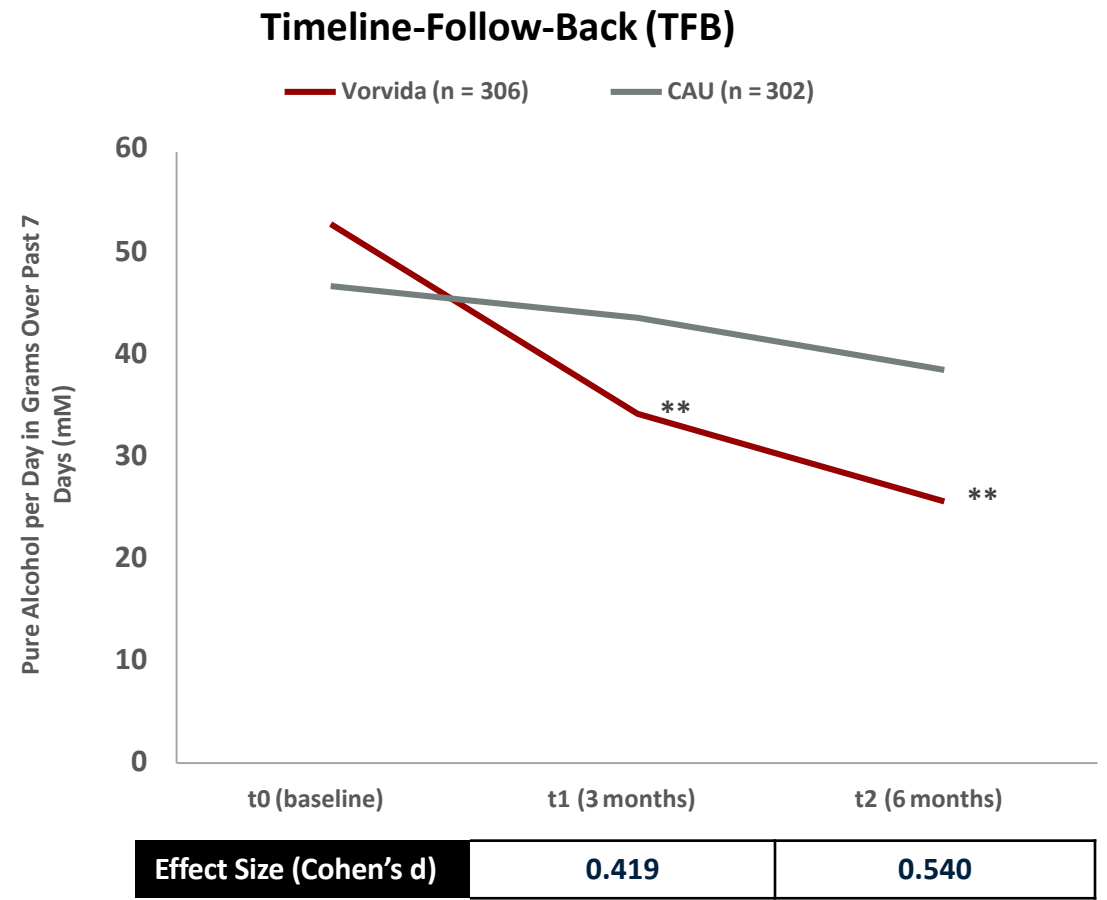
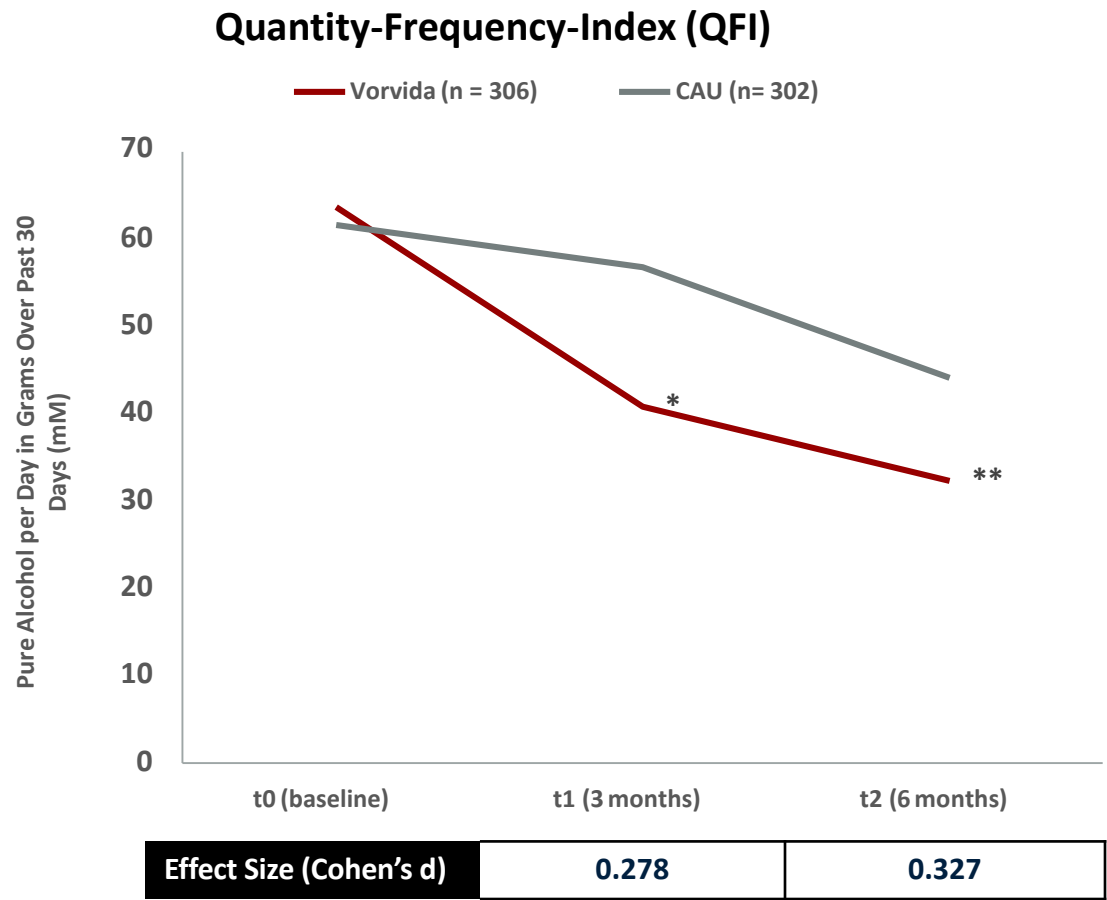


## Zill outcome measures<sup>1,2</sup>

- Primary outcome measure:
  - Average daily consumption of grams of pure alcohol determined by:
    - **Quantity-Frequency-Index (QFI)**: Measures self-reported alcohol consumption during past 30 days
    - **Timeline-Follow-Back (TFB)**: Measures self-reported beverage consumption during the past 7 days
- Secondary outcome measures:
  - Drinking behavior measured through patient-reported binge drinking and drunkenness:
    - **Binge drinking**: On how many days did you drink five or more drinks on one occasion, regardless of whether this was beer, wine/sparkling wine, spirits, or mixed drinks/cocktails containing alcohol?
    - **Drunkenness**: On how many days within the past 30 days did you feel drunk (e.g., unsteady on the feet, blurred vision, unclear speech)?
  - Patient satisfaction with Vorvida

1. Zill JM, et al. *BMC Psychiatry*. 2016; 16:19. 2. Zill JM, et al. *Dtsch Arztebl Int*. 2019; 116: 127-133

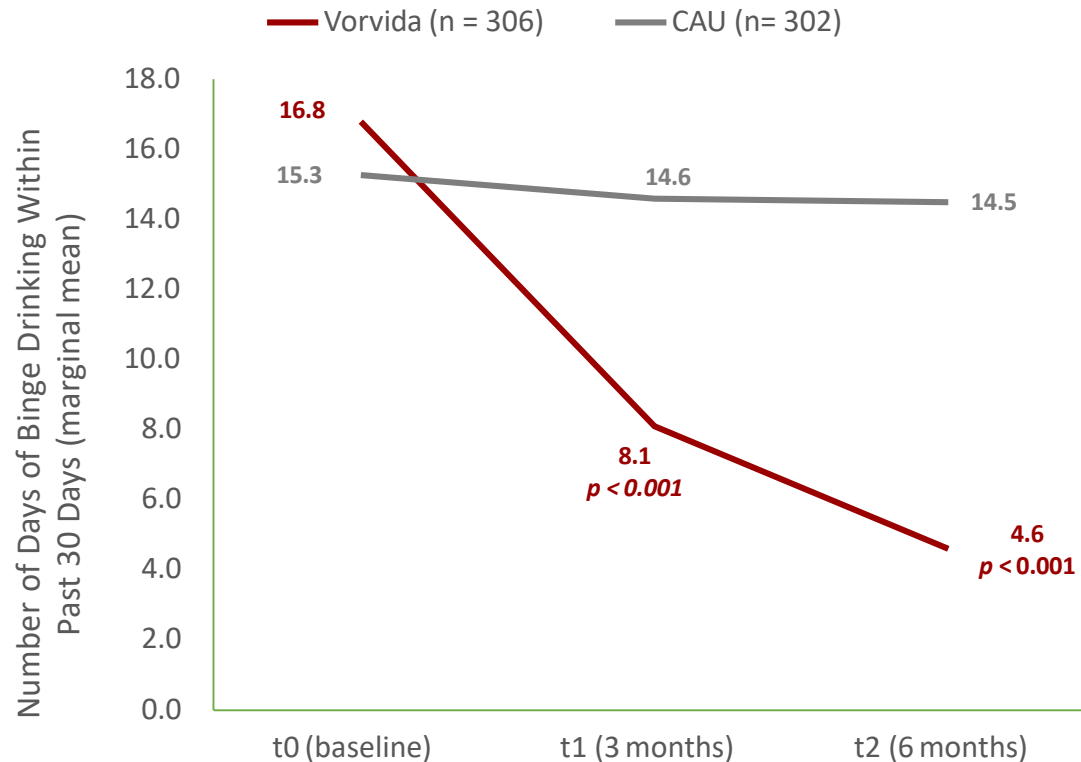
vorvida<sup>®</sup> was associated with a reduction in average daily alcohol consumption



\* Vorvida vs CAU  $p = 0.001$ ; \*\* Vorvida vs CAU  $p < 0.001$ ; CAU, care as usual.  
Zill JM, et al. Dtsch Arztebl Int. 2019; 116: 127-133.

## Secondary Outcome: Change in drinking behaviors

### Binge Drinking

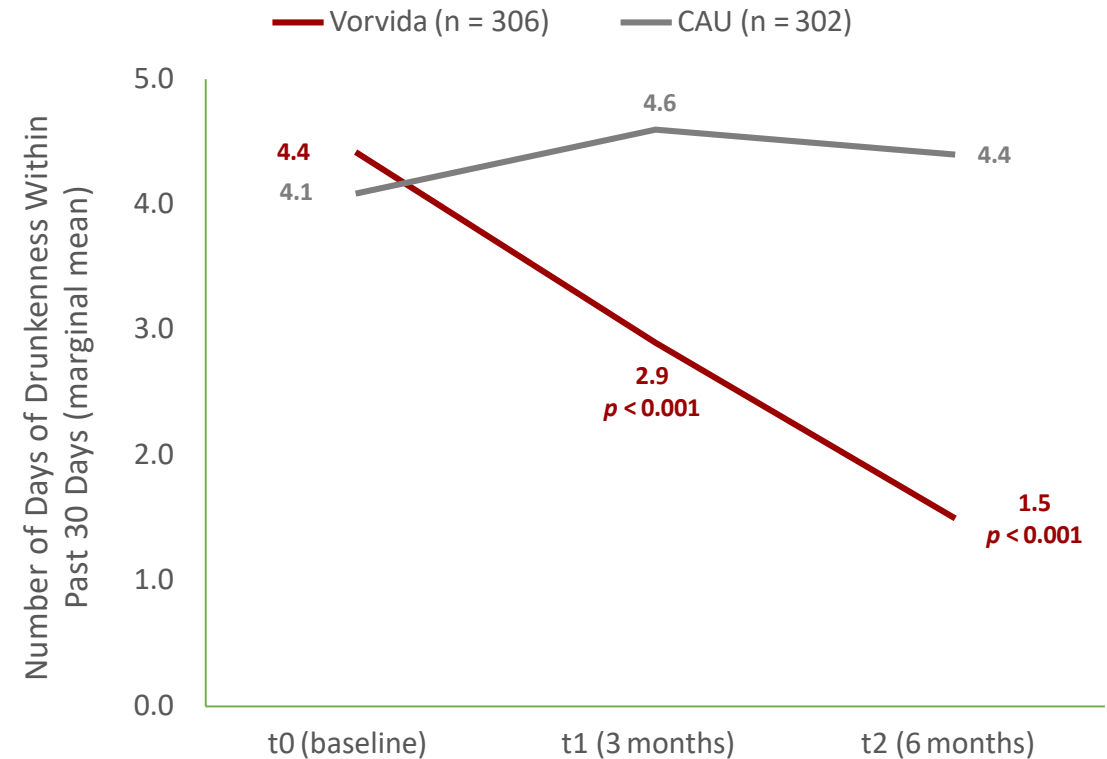


Effect Size  
(Cohen's d)

0.873

1.400

### Drunkenness



Effect Size  
(Cohen's d)

0.392

0.742



# modia™ will offer easily accessible behavioral health treatment for OUD

- Medication-Assisted Treatment (MAT) is to be used as part of a complete treatment plan which includes counseling and psychosocial support<sup>1</sup>
- However, many patients with OUD do not have access to counseling and psychosocial support
  - While **93%** of healthcare providers think most MAT patients\* would benefit from counseling, only **36%** report an adequate number of counselors in their area<sup>2</sup>
  - In a survey of 400 buprenorphine patients, **41%** reported that they did not receive counseling in their first 30 days of treatment<sup>3</sup>
- modia™ is a digital therapeutic rooted in evidence-based, cognitive behavioral therapy (CBT) treatment approaches designed to offer individuals diagnosed with OUD tailored, interactive psychotherapy interventions via their mobile-device or computer
- modia is designed to close the gap as it relates to the access and receipt of quality, evidence-based therapeutic interventions and behavioral health services for individuals with OUD who participate in outpatient treatment with MAT
- Expected US launch in Q4 2020 to a controlled group of patients under Enforcement Policy for Digital Health Devices for Treating Psychiatric Disorders During Covid-19 Public Health Emergency

# Our name

Our name, MODIA™, comes from the roots of several other words: ‘Mod’ derived from modern and mode and ‘dia’ from day, speaking to a new chapter in opioid addiction treatment.

It captures the feeling of being forward-looking and patient outcomes, rather than the treatment itself.

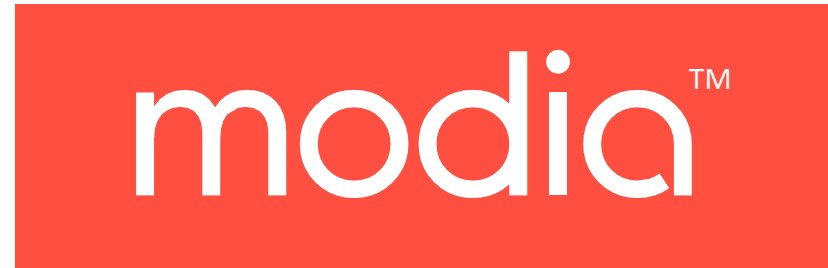
It also speaks to the sentiment of, “one day at a time,” encouraging patients to make real-life, tangible progress on a realistic schedule.

## OUR NAME



## SECONDARY

Reversed



## TERTIARY

1-color black



# Agenda

- Strong financials to drive future growth
- DTx: branch out strategy from OUD and pharma
- deprexis® and vorvida®: clinical evidence
- **DTx: commercial progress**
- Orexo: a unique life science company in Sweden

# vorvida<sup>®</sup> video

[View audio presentation](#)

Orexo aims at digital therapeutics (DTx) with evidence-based therapeutic interventions while improving efficiency in the delivery of health care

## Orexo current DTx Common Features

- Digitized counseling designed on **best practice standards of delivering Cognitive Behavioral Therapy (CBT)**
- Products supported by published **peer reviewed clinical evidence**
- **Available in the privacy of the patient's home**, only a browser and registration key is needed, no apps to download or other steps for the end user
- Self directed engagement level set by the patient, **highly adaptable to their personal situation**
- **Individualized therapy** tailored by an artificial intelligence engine that targets content and exercises based on the patient's responses to questions and content

# Several important milestones have been reached and a broader commercialization is about to start

## Good progress in the launch of the first two DTx..



Medical need and treatment value of our DTxs is established and well received in early customer discussions



Several discussion with national and regional payers, health care providers and distributors are entering final stages



vorvida® website with online purchasing, reimbursement and customer support functionality went live September 25<sup>th</sup>



modia™ technical development completed

## ..but we are still in early stages



No established reimbursement and distribution process exist for DTX, this is slowing down implementation



Promotion to patients and physicians to create demand will be initiated in October

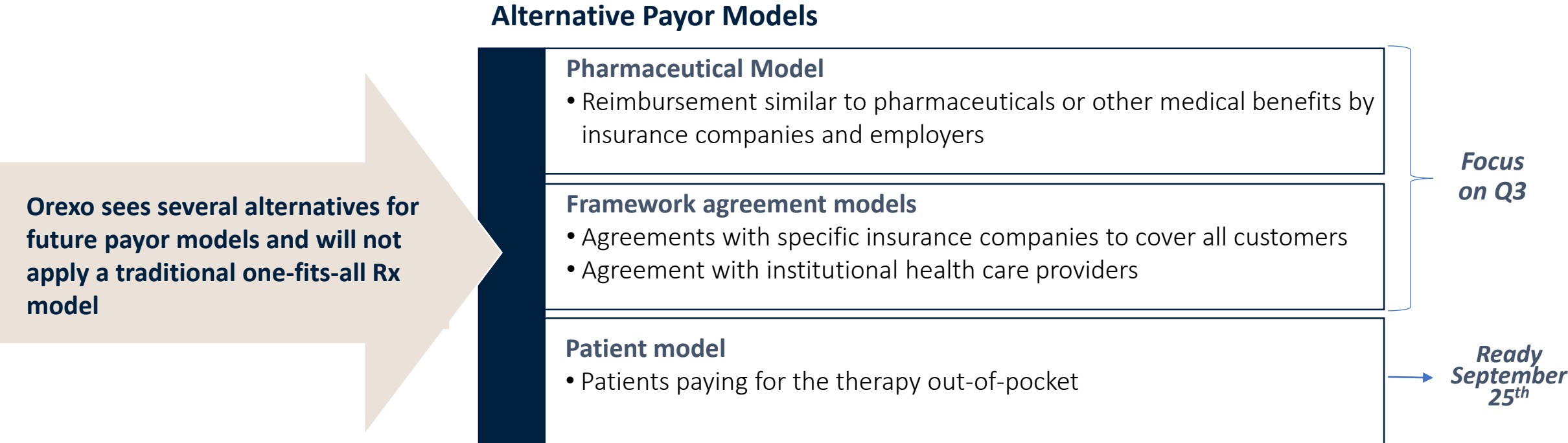


deprexis® website allowing online purchasing and reimbursement functionality will be launched later in Q4



modia™ will need to be tested from both a technical and clinical perspective before broad launch in H2 2021

Launch in July had a focus on payors to start discussions on the optimal reimbursement model and to start a process to win contracts



*Payor models are evolving continuously, but no established standard has emerged*



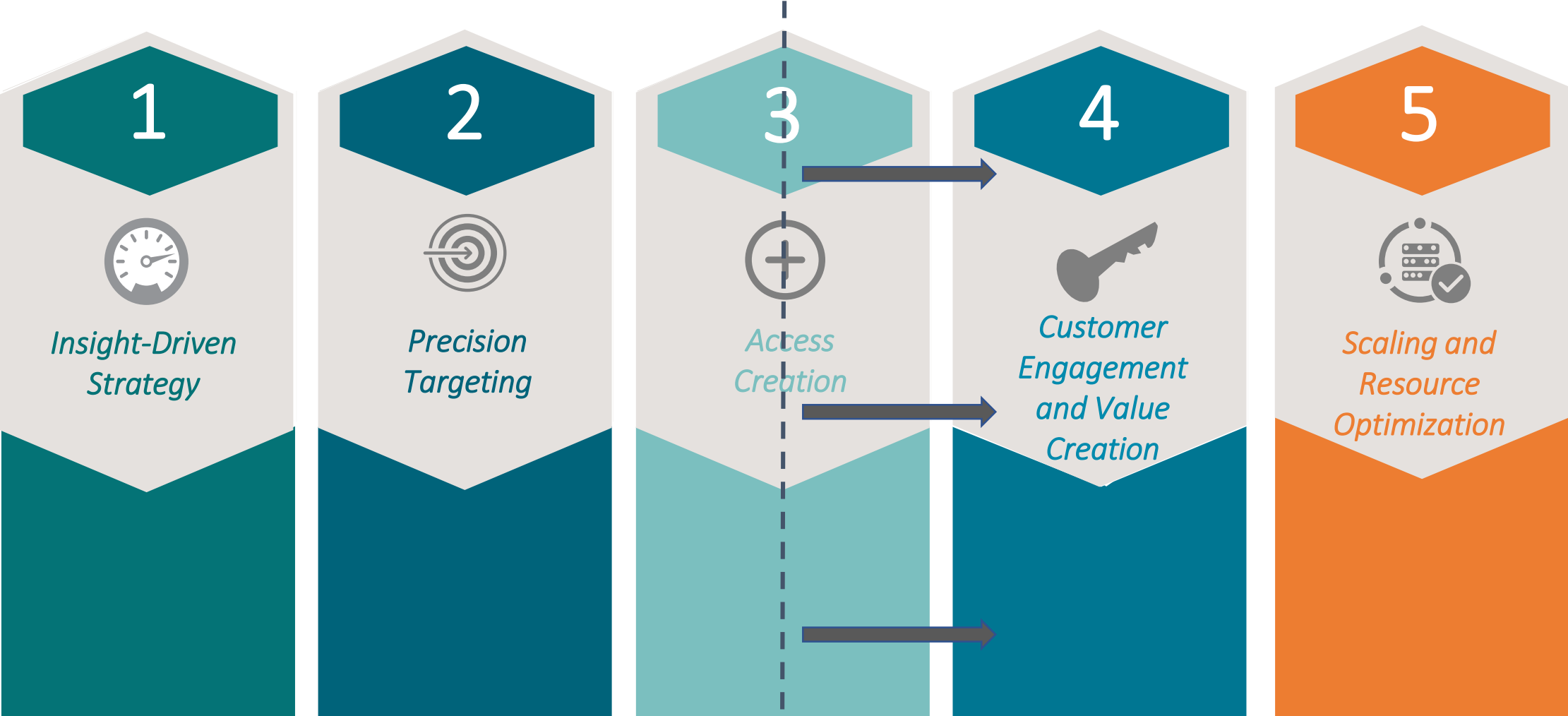
# Examples of agreements are GoGoMeds and Trinity Health (ND)

Both agreement are good stepping stones to larger opportunities within their networks



- Partnership to make deprexis® and vorvida® available for adjunctive treatment of depression and management of problematic alcohol misuse respectively
- GoGoMeds is a fully licensed pharmacy and authorized to do business in all 50 states and Washington, D.C.
- GoGoMeds services telemed companies, drug manufacturers, self-insured companies and directly to patients
- The partnership GoGoMeds will focus on making Orexo's DTx available through addiction services at the state level, including court systems, as well as through the private sector
- Trinity Health is a large network of non-profit healthcare providers and the agreement signed refers to Trinity Health in North Dakota and surrounding areas
- During COVID-19 their co-workers have been in the frontline relentlessly serving patients need in the wake of the pandemic
- To address issues of depression and alcohol abuse among employers (approx. 3000) they will be offered Orexo's scientifically proven digital therapies deprexis® and vorvida®

Our investment and go to market strategy is highly targeted and will scale as access is created in high need markets



# To complement the significant evidence supporting our products, we are developing user experience driven program content

vorvida® website and online purchasing and reimbursement platform is now **LIVE!**

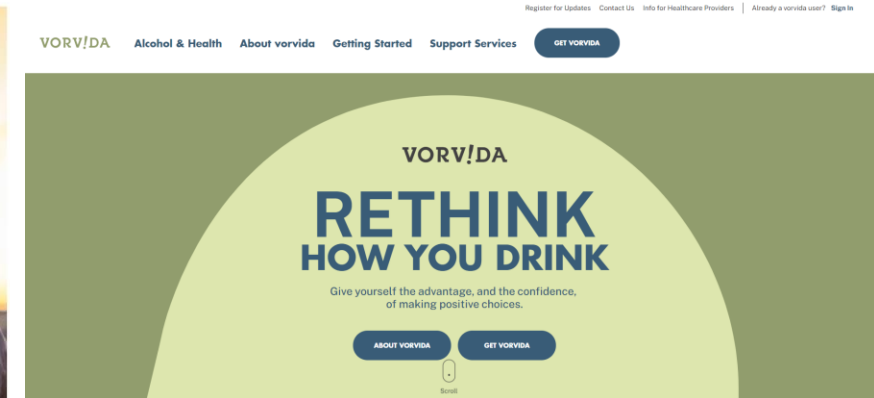
deprexis® “Day 1” site [meetdeprexis.com](https://meetdeprexis.com)



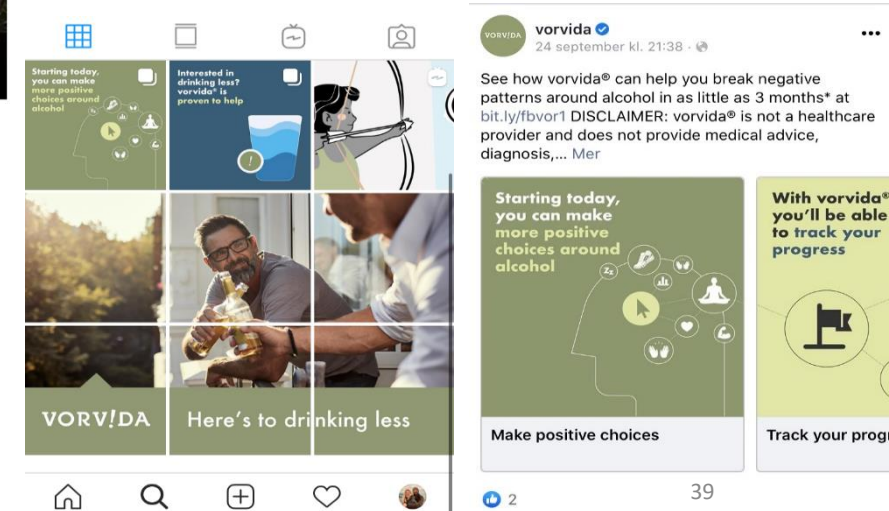
vorvida® marketing materials



vorvida® website [us.vorvida.com](https://us.vorvida.com)



vorvida® Instagram and Facebook



orexo

Patient engagement a key to understand the disease and gain credibility for our products



Latest blog posts



Liv Pennelle

Liv Pennelle Benefits of Therapy – Destigmatizing



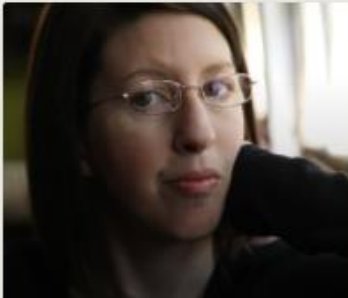
Jerry

Jerry 1.) How long have you been opioid free? I have been



Jessica

Jessica 1.) How long have you been opioid free? I have been



Bobi Conn

Bobi Conn I was born in eastern Kentucky and grew up



# Patients suffering from depression or alcohol misuse are vulnerable and Orexo offers a range of services to ensure patient engagement and support

deprexis®

Depression is different for everyone. Deprexis understands that.

Designed with individual needs in mind, Deprexis uses proven techniques to treat mild-to-severe depression with digital therapy.

**What makes Deprexis unique?**

- Can help you overcome your specific challenges
- Employs cognitive behavioral therapy (CBT) to help change negative thought and behavior patterns
- Every interaction is completely confidential, and private information will never be shared

Deprexis can work both as a standalone treatment or as an addition to existing care plans. To better understand your needs, let us know what your main interest in Deprexis is so we can get you the information that's most relevant to you.

[Tell Us More](#)

Interested in learning more? We are here to answer your questions. Contact us at [deprexis.support@orexo.com](mailto:deprexis.support@orexo.com).

Deprexis is a Legal Abbreviation / Physical Address / Email  
We are receiving your email because you submitted it on [deprexis.com](#).  
We will update your address(es) or contact info when you do.

VORV!DA

**Begin your journey toward better alcohol management today**

When it comes to having a healthier relationship with alcohol, there's no better time to start than now.


See all the support options available to help you access vorvida®—the self-guided, online alcohol management platform.

You deserve a better way to help yourself control your drinking. Check your coverage today and start rethinking how you drink.

[Get access today](#)

vorvida® is not a healthcare provider and does not provide medical advice, diagnosis, or treatment. If you need medical assistance, please contact a healthcare provider directly.

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VORV!DA

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Email Address

Invitation Key

☐ By checking this box, you give permission to Deprexis® to send you information on [vorvida®](#).

[SUBMIT](#)

Submitting details will generate an email with your unique access code.

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vorvida® is not a healthcare provider and does not provide medical advice, diagnosis, or treatment. If you need medical assistance, please contact a healthcare provider directly.

Need help? Visit [vorvida® support services](#)  
Or call 1-833-VORVIDA

deprexis®

You recently received your unique access code to Deprexis. If you need additional assistance, you can contact us at [deprexis.support@orexo.com](mailto:deprexis.support@orexo.com).

Remember that if you have registered your code, you can access your Deprexis therapy at any time following the link below:

[Access Deprexis](#)

Deprexis is a Legal Abbreviation / Physical Address / Email

**vorvida® patient services, available from September include specialty hub services for insurance reimbursement, customer service, e-commerce storefronts, and on-going customer relationship management tools. deprexis® equivalents will start going live in Q4**

# Agenda

- Strong financials to drive future growth
- DTx: a branch out strategy from OUD and pharma
- deprexis® and vorvida®: clinical evidence
- DTx: commercial progress
- **Orexo: a unique life science company in Sweden**

# Value drivers for long-term growth 1 - 5

1

## **Product portfolio addressing large and growing markets**

Focusing on becoming a leader in the large and growing space of substance use disorders and mental health. In parallel, Orexo is also addressing the ongoing opioid epidemic, one of the largest health crises to take place in the US and increasingly a growing global concern

2

## **Entering digital therapeutics, a new evidence-based frontier in patient care**

Digital therapeutics can increase access to treatment and improve treatment outcomes, and is set to become an integral part of the global healthcare landscape. Substance use disorder and mental health are areas where it is most needed

# Value drivers for long-term growth

3

## **Strong cash conversion to support growth**

Lead product ZUBSOLV®, for the treatment of opioid use disorder, is a strong cash and profit contributor, enabling continued investment in on-market products, and R&D

4

## **Leveraging our US commercial excellence**

Strategic focus on leveraging its commercial excellence and strong market access network in the US, by adding more products to the US commercial platform

5

## **Expanding pipeline targeting unmet medical needs**

Continue to build on the strong experience of developing products with worldwide approval by expanding the pipeline with multiple short-time to market assets based on innovative drug delivery technologies and digital therapies, addressing unmet medical needs in our key therapeutic areas



# Q&A

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