

Forward-looking statements

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ADOCIA

Adocia at a glance

- **Mission:** Development of **innovative formulations** of approved peptides and novel cell therapy approaches for **diabetes and obesity**
- **Business model: Licensing-out/Partnering** our products and technologies after proof-of-concept in animal and/or human model

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- 2 partnerships with large pharma players
 - Tonghua Dongbao: BC Lispro (Ph. 3) and BC Combo (Ph. 1) out-licensed for Asia
 - Sanofi: Exclusive rights on M1Pram (Ph. 2), in view of a global partnership



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Assets: 3 specialty products in clinics (Ph. 1 to 3) and **4 proprietary technology** platforms, supporting a balanced pipeline



Highly experienced management team



Gérard Soula PhD, MBA President Co-founder



Olivier Soula PhD, MBA CEO Co-founder



Valérie Danaguezian Chief Financial Officer

Deloitte Sanofi 🔿 Avadel

ADOC.

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- Co-founded by Gérard, Olivier and Rémi Soula in 2005
- IPO on Euronext-Paris in 2012
- 80+ employees mostly dedicated to R&D incl. c. 35 PhDs/MDs
- Located in Lyon, France

Business Strategy: solid partnerships and promising projects

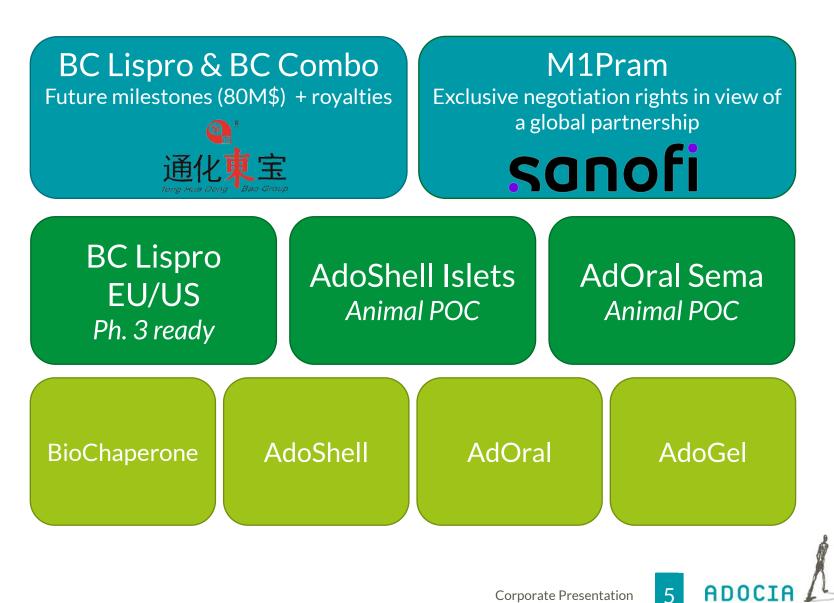
Partnerships:

Agreements on 3 products with pharma leaders in insulins

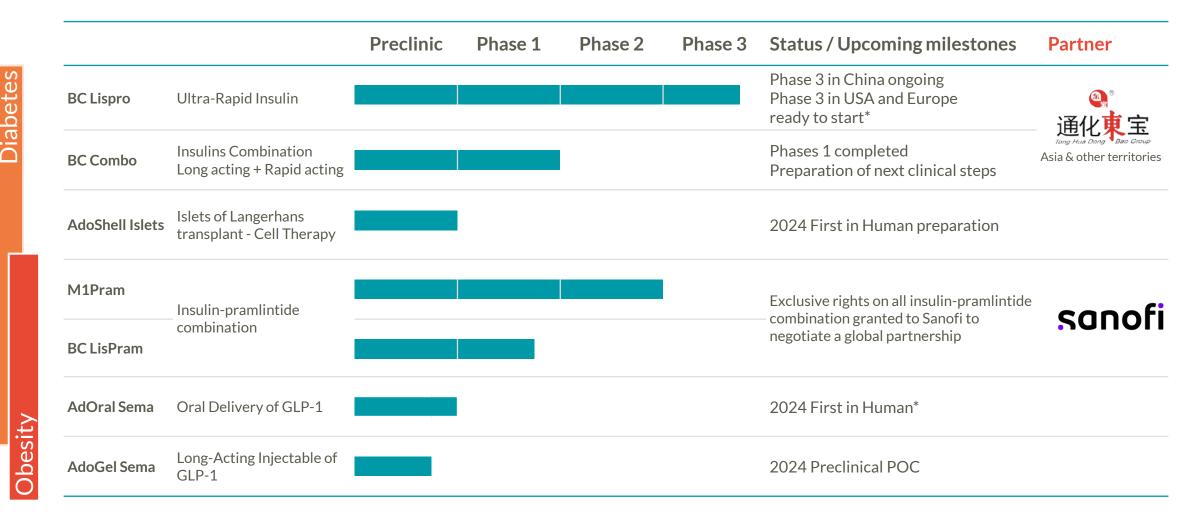
Proprietary Products to be licensed: Market potential: multibillion \$USD

Proprietary Technology Platforms:

Business Model: Feasibility study before partnership



A diversified specialty products pipeline



BC: BioChaperone[®]; Lispro: insulin lispro; BC Combo: BC insulin glargine insulin lispro; M1: A21G human insulin; Pram: pramlintide; Sema: semaglutide, POC: Proof of Concept * upon partnership signature

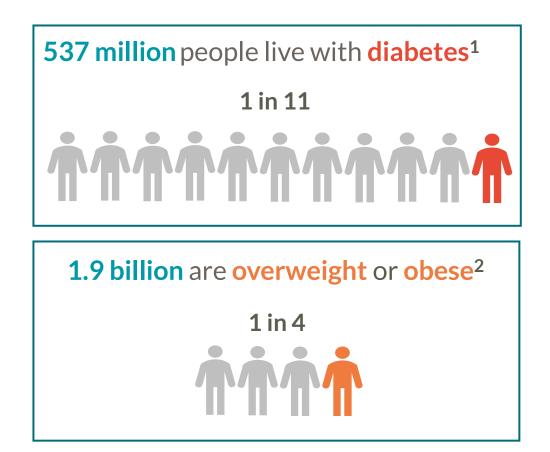
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Adocia's partnering models are based on proprietary technology platforms with strong IP strategy

BioChaperone®	AdOral®	AdoShell®	AdoGel®
Pharmaceutical excipient	Pharmaceutical excipient	Hydrogel scaffold	Biomaterial
 Forms a complex with therapeutic peptides 	• Enhances peptides oral route of administration	 Cells encapsulation for cell therapies 	 Long-acting drug delivery of small molecules or biologics
 Accelerates absorption Protects against enzymatic 	→ Improves bioavailability	Protects grafted cells from immune system rejection	 Release from 1 to 36 months, without initial burst, for local or systemic use Value: Avoids repetitive drug administrations Improves compliance
 degradation → Improves solubility → Improves stability 	 Value: Avoids injections and provides unique competitive advantage vs. injectables peptides Life cycle management of existing injectable products Avoids large scale sterile manufacturing of injectables 	Ensures retrievability and easy surgical implantation	
 Value: Improves proteins/peptides efficacy Combines hormones in one single product 		 Value: Avoids immunosuppressive therapies associated to cell therapies 	

Adocia has a strong track record in preclinical and clinical development up to Phase 3 of specialty products based on innovative technologies

Diabetes and **Obesity**: worldwide chronic pandemics



Diabetes is closely linked to **obesity**

 In the US, 65% of adults with type 1³ diabetes, and 85% of type 2⁴ are overweight or obese, making DIABESITY a new pandemic



Adocia is developing unique formulations of these key hormones to improve diabetes and obesity treatments

IDF Atlas, 10th Edition, 2021
 WHO
 Conway et al, Diabetes Med 2010 April; 27(4):398-404. BMI>25, Data for 2004-2007 period
 Epidemiology of Obesity and Diabetes and Their Cardiovascular Complications

Proprietary specialty products based on approved drugs





BioChaperone[®] Lispro

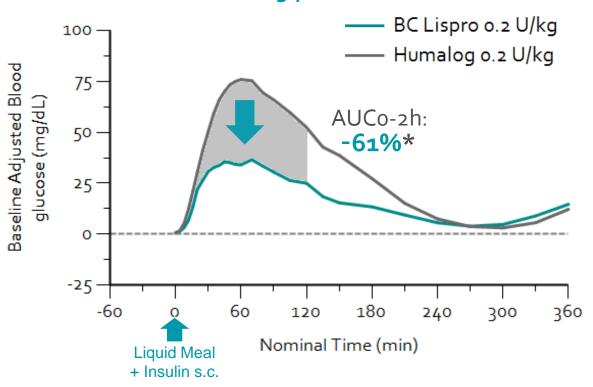
Ultra-Rapid Acting Insulin for a tighter glycemic control



BC Lispro has competitive advantages in the Ultra-Rapid Insulin class

- Better efficacy profile for less hyperglycemia and less hypoglycemia ("Faster-in" / "Fasterout") vs. comparators
- Good tolerance for optimized daily use
- Range of strengths (U100 & U200), adapted to pump miniaturization and patients' requirements

Post-meal glycaemia in T1D



The combination of a faster release with a good local tolerance will put BC Lispro in a strong position to compete with other Ultra Rapid Insulins

Trial in 38 subjects with type 1 diabetes (NCT#02213146); *CI-95% for LSM ratio These results were the subject of an oral presentation by Dr Tim Heise (Profil Neuss) during the 76th Scientific Sessions of the American Diabetes Association (June 2016).

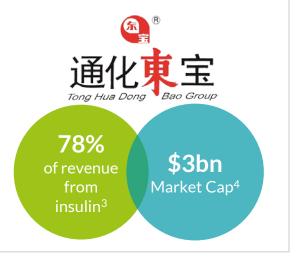
BC Lispro in phase 3 program in China with Tonghua Dongbao

Market

Insulin and analogs in China: c. **\$4 billion**

Partnership with Tonghua Dongbao (2018)

- Licensed for development & commercialization for China and other Asian territories²:
 - \$10m upfront
 - \$ 5m milestone 1st patient on the Phase 3 trial (Q2 2022)
 - \$30m development and approval milestones
 - Next milestone: end of Phase 3 \$10m
 - Double-digit royalties
- Global supply agreement for GMP lispro for the development and commercialization of BC Lispro outside licensed territories



Project status

- Phase 3 clinical program **on track** in China. Completion expected in H2 2024
- Phase 3-ready for US/EU, with green light from FDA/EMA

BC Lispro will be the next generation of mealtime insulin in China

1. Adocia estimates based on major companies' 2021 annual reports

- 2. China and other territories (excluding US, EU, Japan)
- 3. Data THDB



BC Combo, glargine-lispro premix

The best insulin premix



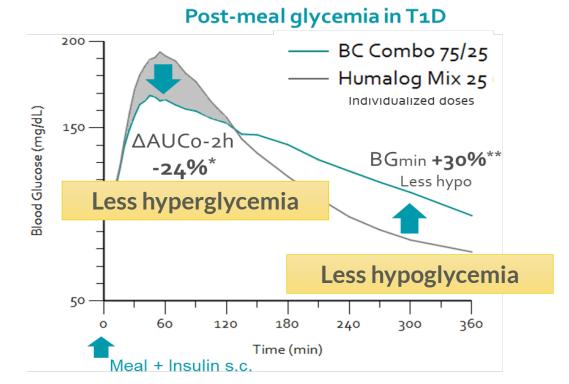
BC Combo, a unique combination of glargine and lispro, the gold standards of basal and prandial insulins

BC Combo U200

BioChaperone® Combo

1 product Once or twice a day U200 fixed ratio (150 U/mL glargine - 50 U/mL lispro)

- \blacksquare Simple
- ☑ Affordable
- ☑ Limited number of injections
- ☑ Improved glycemic control

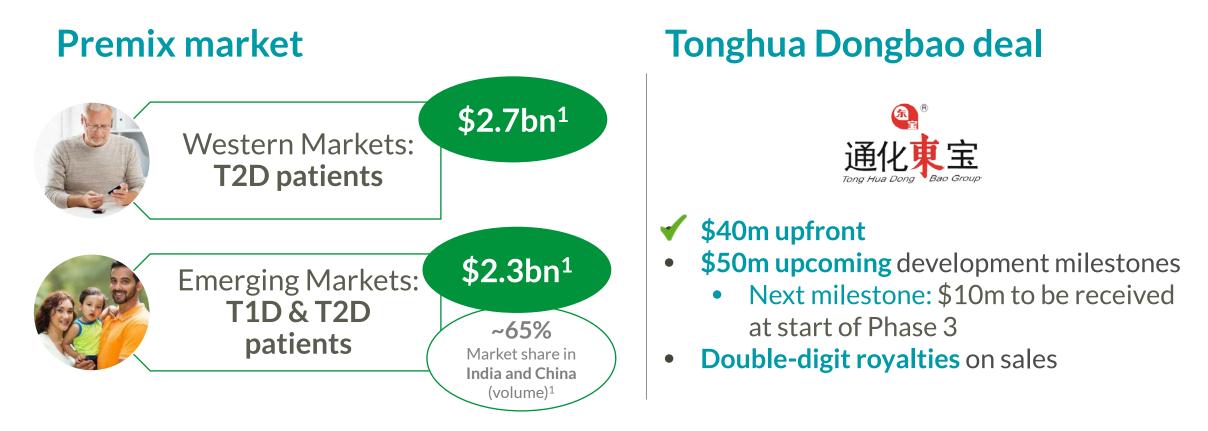


Trial in 28 people with T1D (NCT#02514954); $p=3.10^{-3}$; $p=8.10^{-3}$

BC Combo offers better performance than Humalog[®] Mix, current standard of care on the premix market

1. Adocia estimates, based on market leaders' annual reports and IQVIA MIDAS data 2019

BC Combo is licensed to Tonghua Dongbao in China



Positive results obtained on the 3 clinical studies conducted in Europe Preparation of the next clinical phases, to be conducted in China

Adocia estimate based on major companies' annual reports 2019
 China and other territories (excluding US, EU, Japan)
 Data THDB



M1Pram Insulin & Amylin analogs combination

Breakthrough treatment to address the unmet medical need of overweight patients living with diabetes

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Agreement with Sanofi on M1Pram



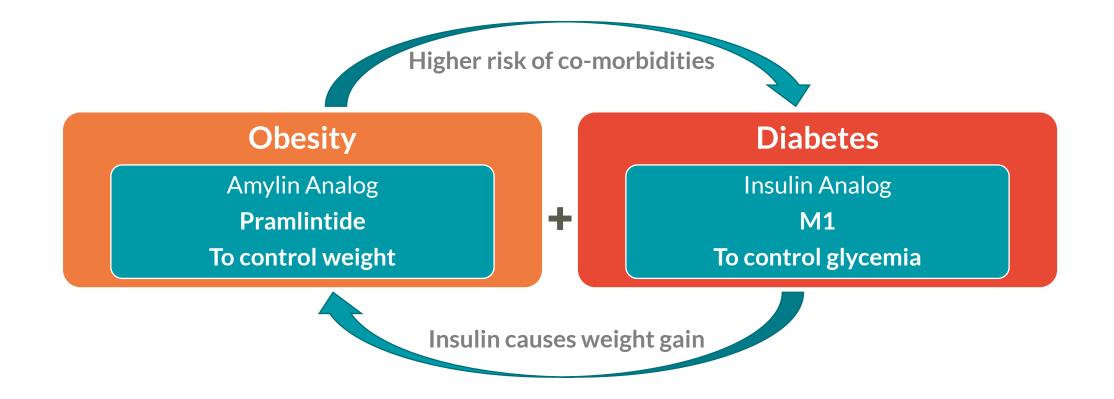
On July 5, 2023,

- Adocia received €10m payment from Sanofi in exchange of an exclusive negotiation right on M1Pram
- Sanofi commitment will contribute to accelerate M1Pram clinical development
- Sanofi agreement covers any programs related to insulin / pramlintide combinations

Adocia and Sanofi objective is to establish a global partnership on M1Pram

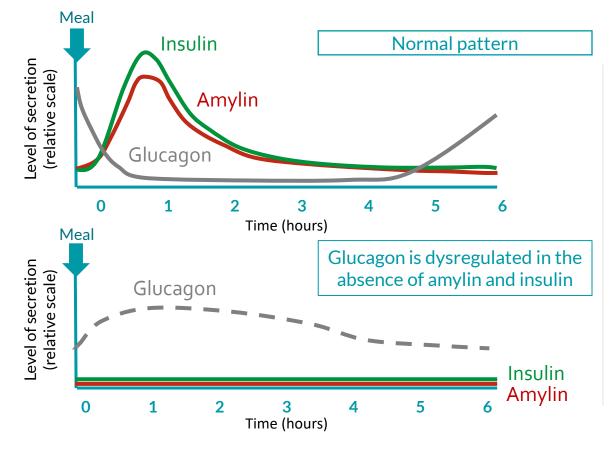


M1Pram, a bi-hormonal therapy to treat people with obesity and diabetes



Obesity is a main concern for patients under intensive insulin therapy, affecting 43 million patients globally

Amylin is missing in people with insulin-dependent diabetes, and it contributes to diabetes dysregulations

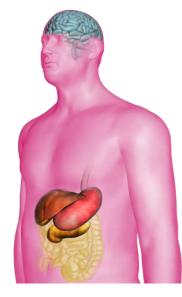


Amylin exerts important physiological effects on metabolism and weight control

Activates amylin receptors in different brain areas
 Satiety, well-being, cognitive functions protection

2. Inhibits glucagon secretion Better glycemic control, lower PPG rise

3. Slows gastric emptying Synchronize insulin arrival with BG rise



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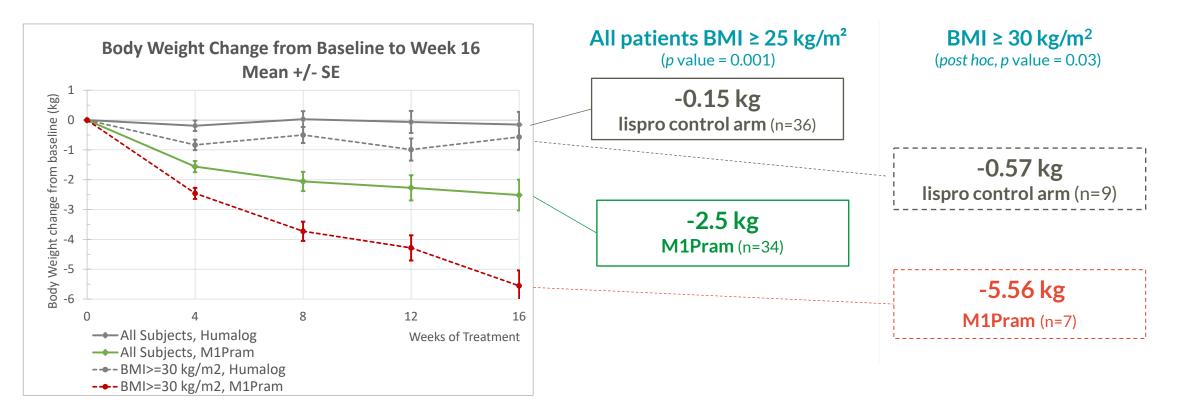
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Reestablishing the physiologic equilibrium between insulin and amylin offers strong clinical benefits

PPG: Prost-Prandial Glucose, BG: Blood Glucose Source: Adapted from Kruger D, et al. Diabetes Educ. 1999;25:389-397

M1Pram reduces body weight with high efficacy in T1D with obesity

CT041 : Phase 2 study – M1Pram vs. lispro (Humalog[®]) - type 1 diabetes - 16 weeks ambulatory



M1Pram could be the answer to the unmet medical need of obesity in T1D

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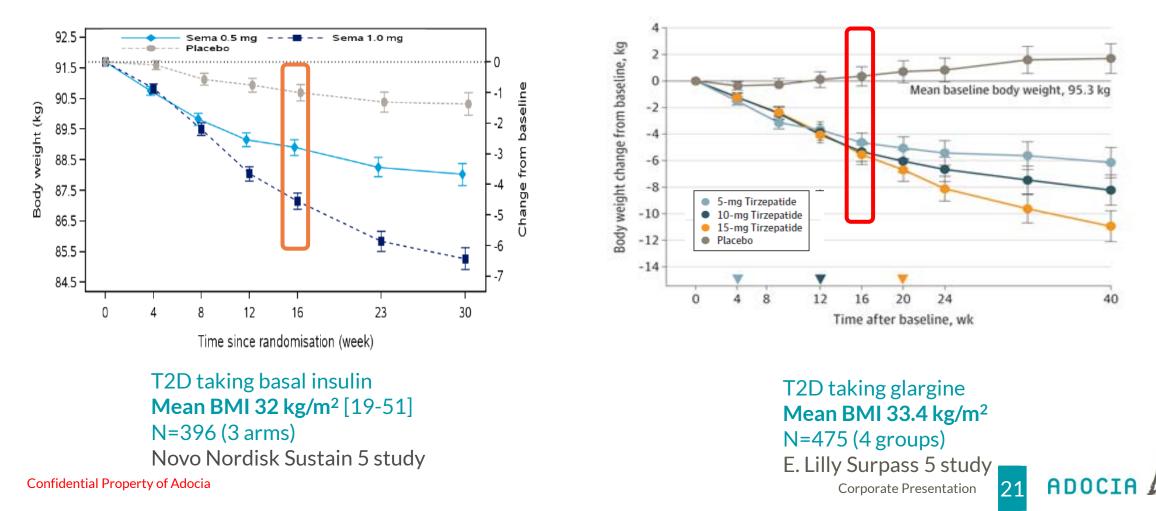
BMI: Body Mass Index

Body weight loss with M1Pram in T1D is comparable with insulin plus Semaglutide or Tirzepatide treatment in T2D

Change from baseline in body weight at W16

Semaglutide - 4.55 kg vs. - 1.08 kg

Tirzepatide - 5.6 kg vs. + 0.4 Kg



Maintained glycemic control, with 21% reduction in prandial insulin dose

	Change from baseline* Mean (SD)		P-value
	M1Pram	Lispro	P-value
HbA _{1c} (%)	0.14 (0.51)	0.10 (0.51)	0.81 (NS)
Time-In-Range 70-180 mg/dL (%)	-3.17 (8.76)	-1.54 (8.87)	0.29 (NS)
Prandial insulin dose (U/d)	-5.97(6.18)	-0.61(7.08)	<0.001

While M1Pram reduces weight, it maintains same performance than Humalog (standard of care)

* Baseline: 3 week assessment before treatment Results: 3 last week assessment of the 16 week treatment period

Medical value of M1Pram is confirmed

- ✓ Significant weight loss demonstrated & satiety effect
- ✓ Glycemic control maintained, without increase of hypoglycemia
- ✓ Sparing effect on prandial insulin dose
- Product well tolerated and safe
- Easy-to-use: one product injected at mealtime
- Excellent patient satisfaction reported

These attributes will allow M1Pram to serve a multi-billion-dollar market

M1Pram generates high expectations from KOLs



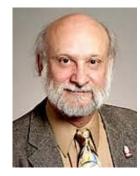
"The phase 2 study of M1Pram shows that a single injection with each meal is as easy to use and as efficient as Humalog for glycemic control without increasing the rate of hypoglycemia. In addition, weight control is challenging for T1D patients, potentially limiting glycemic control and adding cardiovascular risk. While reducing insulin requirement, M1Pram improved appetite control and had a beneficial effect on weight, particularly in obese T1D patients. These features support a future role for this combination formulation for T1D."

Dr. Matt Riddle, Professor of Medicine, Oregon Health & Science University



"The glycemic results with M1Pram (P1b) are quite promising as is the observed weight loss, which is important given the characteristics of the population taking prandial insulin. I look forward to the next series of clinical trials."

Jay S. Skyler, Professor of Medicine, University of Miami Leonard M. Miller School of Medicine



"This combination has the potential to finally deliver on the promise of pramlintide for a large number of patients."

Prof. Robert Ratner, Georgetown University Washington DC



"Remarkably, after only 3 weeks of treatment with M1Pram (P1b), all known pharmacological effects of pramlintide were observed."

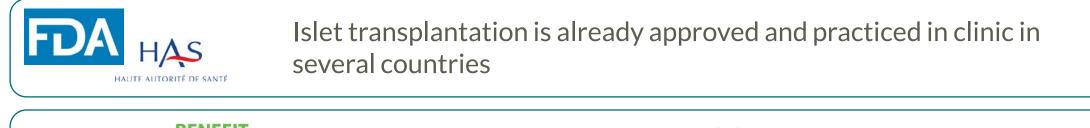
Prof. Thomas Pieber, Medical University of Graz, Austria

AdoShell[®] Islets

Immunoprotective scaffold for islets of Langerhans transplantation to cure Type 1 Diabetes

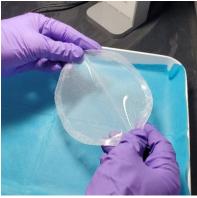
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AdoShell[®] Islets: the promise of cell therapy without immunosuppression





Large clinical application is restricted due to AEs of immunosuppressants, used to avoid rejection



Human size AdoShell[®] prototype

AdoShell Islets:

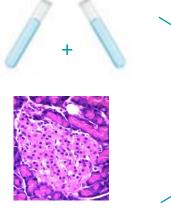
Designed to overcome the **important challenges in diabetes cell therapy**

Immunoprotective hydrogel encapsulating cells

- ✓ Allows insulin secretion in response of glycemic variation
- ✓ Protects cells from host's immune system
 - Easily implantable & removable by minimally invasive surgery

AdoShell[®], an immuno-protective scaffold for islets of Langerhans transplantation for diabetes

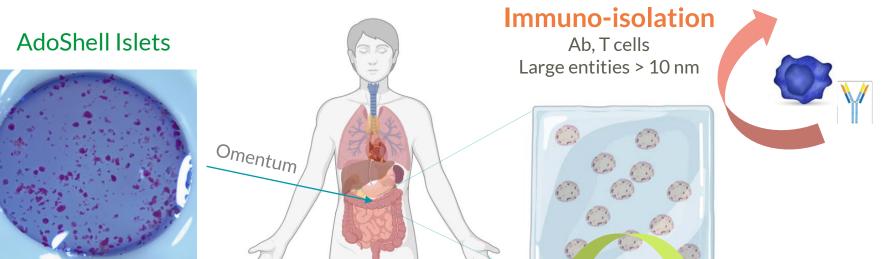
Hydrogel Reagents



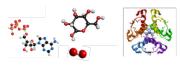
Insulin secreting cells

- 1st generation: islets of Langerhans from **deceased donors**
- 2nd generation: from **stem cells**

AdoShell[®] could ensure cell engraftment and long-term functionality in the absence of immunosuppression



Free diffusion Oxygen, Glucose, Insulin Small entities < 5 nm



ADOC

AdoShell[®]: An ultra-thin, immuno-protective hydrogel film for cells encapsulation



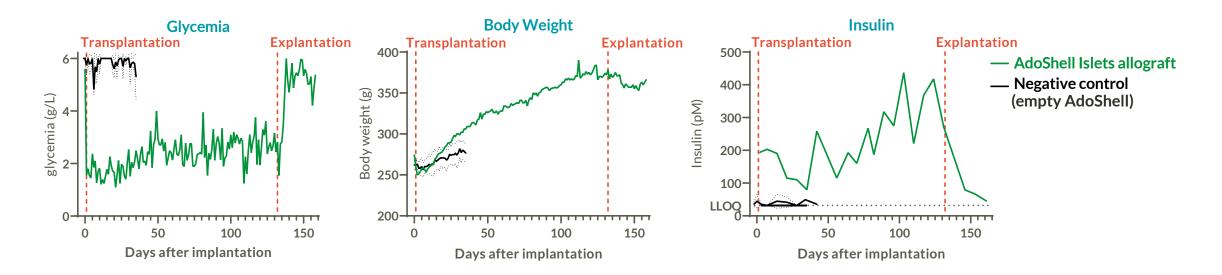
High water content for cell compatibility	\checkmark
Immuno-isolating gel	\checkmark
Ultra-thin aseptic film	\checkmark
High cell density for miniaturization	\checkmark
Biocompatible	\checkmark
Mechanically resistant	\checkmark
Implantable by mini-invasive surgery	\checkmark
Retrievable by mini-invasive surgery	\checkmark
Long term stability	\checkmark

Technology patented

First AdoShell application for cell therapy is to provide a cure for diabetes

POC in diabetic rat: glycemia controlled during a 132-day study without immunosuppressor

- 1. Transplantation of AdoShell containing allogenic islets in diabetic rat peritoneum at day 0
- 2. Explantation of the implant at day 132. Sacrifice of control group at day 35



Next step: preparation of regulatory interactions in view of a first in human study in 2025

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AdoShell provides a platform, opening to many cell therapy markets

- AdoShell scaffold displays key attributes enabling to progress towards new and more effective cell therapies:
 - \checkmark No need of immunosuppressors
 - No need of gene-editing strategy for immune-evasive iPSCs
 - ✓ Safe and efficient cell engraftment
 - \checkmark Safely removable and replaceable implant
 - ✓ Containment of proliferative cells
- Application of AdoShell to other pathologies is vast, considering different cell sources:
 - ✓ Stem cells
 - ✓ Engineered cells for therapeutic proteins delivery (cell factory)

Adocia is looking to partner with companies working in cell therapy

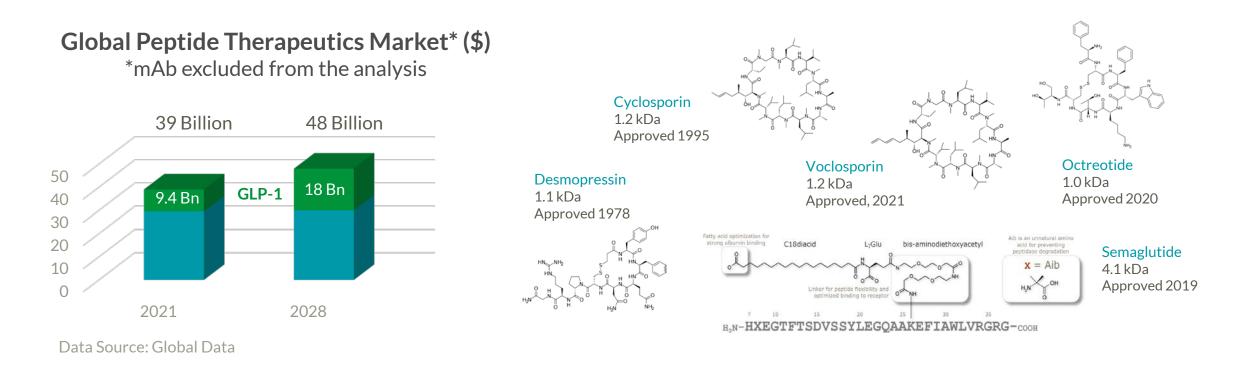
iPSCs: induced pluripotent stem cells

$AdOral^{\mathbb{R}}$

A promising technology for oral delivery of peptides

ADOCIA

Only 5 peptide therapeutics have been approved for oral delivery in a growing market dominated by injectable forms



There is a huge market opportunity to develop AdOral, a new technology for oral delivery to replace injections of peptides

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AdOral: a promising technology for oral delivery of peptides

AdOral is a unique formulation based on a new type of permeation enhancer (PE) combined with peptide protection against degradation

Technology patented until 2042 globally

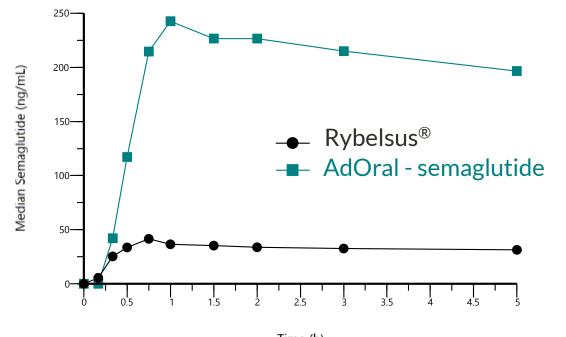
The technology has been validated with Semaglutide compared to Rybelsus[®], an oral formulation for Type 2 diabetes treatment

Potential applications to other peptides or proteins

Two feasibility studies are ongoing on partners' proteins Other feasibility studies are under discussion

Semaglutide formulated with AdOral has shown significantly improved bioavailability in animal

Median Semaglutide PK Profile (N=10)



Bioavailability of semagludide formulated with AdOral: **5-fold higher** median than Rybelsus

Time (h)

Adocia seeks to establish proof of concept with peptides from future partners

$\mathsf{AdoGel}^{\mathbb{R}}$

Long-acting drug delivery platform



AdoGel, a biomaterial for ultra long delivery of therapeutic agents

Adocia is developing a soft tissue-like biomaterial for sustained release of small molecules/biologics

- Pharmaceutic forms
 - Implantable & Removable device
 - Injectable (in-situ forming gel)
- Main properties
 - **Release Duration**: from 1 month and up to 36 months
 - **Pharmacokinetics**: pseudo zero-order, no burst
 - Local or systemic delivery
- Potential to release different types of APIs
 - Small molecules: contraceptives, anti-HIV, anti-cancer drugs, ...
 - Peptides & Proteins: monoclonal Ab, GLP-1, PTH, ...

First showcase application: AdoGel with Levonorgestrel (LNG)

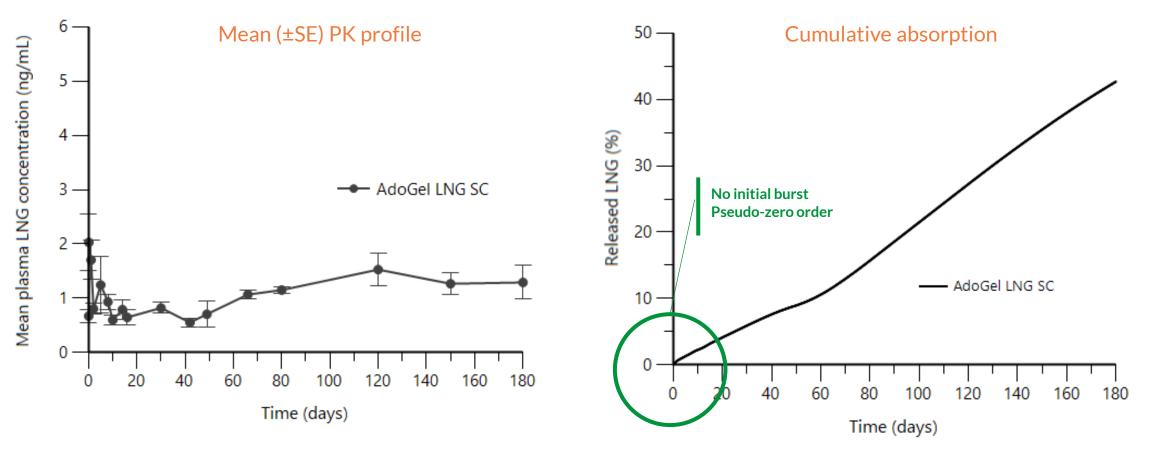






Injection and in-situ forming gel

First application: sustained release of Levonorgestrel (LNG) over 180 days after SC administration in animal model



AdoGel Preclinical proof of concept is ongoing with LNG Additional showcase studies are also ongoing with antibodies Adocia is offering this technology to partners, for application on their proprietary molecules

ADOC:



Financial & news flow



News flow

BC Lispro

- In China (with partner THDB): Phase 3 ongoing
 - Phase 3 completion expected H2 2024
 - \$10m milestones payment
- In USA/EU: Phase 3 ready to be launched under partnering condition

BC Combo

- Positive results on THDB's insulins qualification **clinical studies in Europe**
 - Next step: dossier filing for **Phase 3** authorization expected in 2024
 - \$10m to be received at Phase 3 initiation

M1Pram and related projects

- Exclusive negotiation rights granted to Sanofi in view of a global partnership
- Q3 2024: initiation of Phase 2b, in T1D with obesity (U.S.)

AdoShell[®] Islets

• First-in-human study preparation in 2024

AdoGel[®] Sema

• Preclinical Proof of Concept in 2024

AdOral[®]

• First-in-human study expected in 2024 under partnering condition

Key financials & shareholder information

As of March 22, 2024

Key financials features

Already received

- €97m raised in direct offerings since inception
- **\$135m** received from partnerships

Expected payments

• **\$80m** as per contract with THDB + royalties

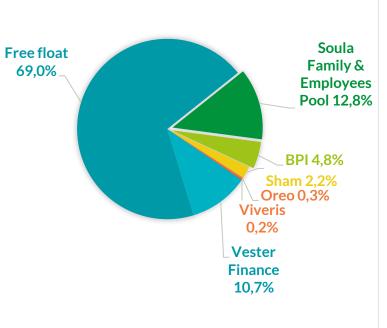
Cash position: €10.2m

Reinforced in March - operation details*:

- PIPE: €2m from its two main shareholders and a Manager
- Equity line: 1.7m shares with Vester Finance
 + €1m of current account advance

Debt (excl. derivatives and IFRS16): €5.6m





Market information

- Listed on Euronext Paris (ADOC)
- 14.3 million shares outstanding
- ADR program in the US (ADOCY)



Analyst coverage

• Kepler Chevreux – Justine Telliez

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Oddo - Oussema Denguir

Summary

- Adocia's projects are based on **4 proprietary technologies:** BioChaperone[®], AdOral[®], AdoShell[®], AdoGel[®]
- Adocia is seeking to license-out the assets from its well-advanced and diversified pipeline:
 - Key **products** in ongoing **clinical trials**:
 - o BC Lispro: Phase 3 in China
 - **BC Combo:** positive results on 3 clinical trials for qualification of Tonghua Dongbao's insulins
 - M1Pram: Exceptional weight loss in Phase 2 Exclusivity right granted to Sanofi in view of a global partnership
 - Proprietary innovative technology platforms, with applications tested at preclinical stage:
 - o AdoShell[®] Islets, an immuno-protective scaffold for cell therapy for diabetes
 - AdOral[®], for oral delivery of peptides (semaglutide)
 - AdoGel[®], for long-acting delivery of small molecules (LNG) and peptides (semaglutide)
- **\$80m** in development milestones to come from **Tonghua Dongbao partnership** (\$20m expected in 2024)
- Cash position: €10.2m¹



Innovative Medicine for everyone everywhere

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Thank you

for your kind interest