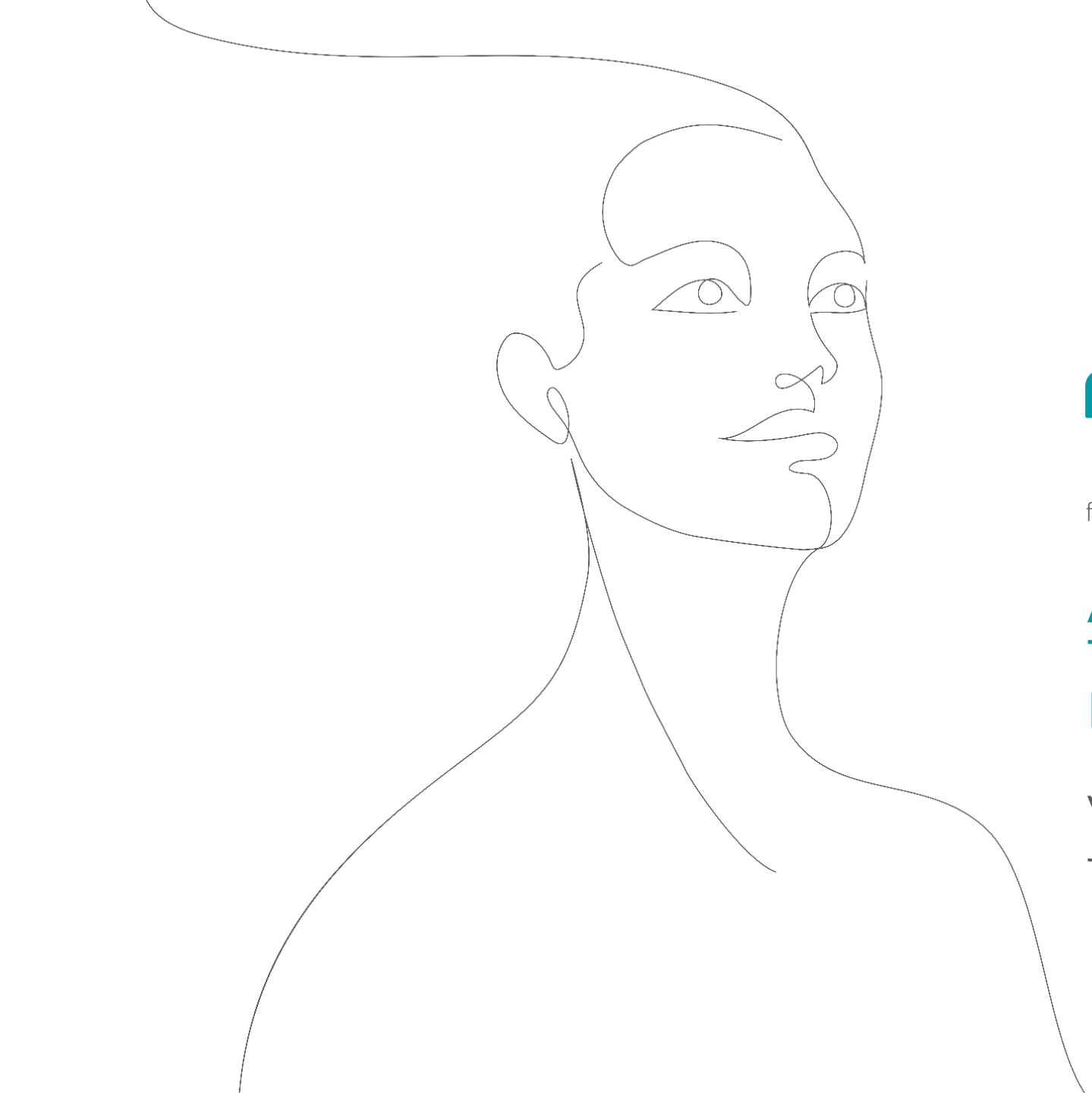


ADOCIA

innovative medicine
for everyone, everywhere

Advancing Mealtime Insulin Therapy: Phase 3 Results for BC Lispro in Type 2 Diabetes

Virtual KOL Event
June 16, 2026

Agenda

10:00 am	**Welcome and Opening Remarks**	*Steve Daly,* *CEO, TIXiMED*
10:05 am	**Introduction to Adocia**	*Olivier Soula,* *Adocia CEO and cofounder*
10:10 am	**The BioChaperone® Technology Platform**	*You-Ping Chan,* *Adocia R&D Director*
10:15 am	**Current Mealtime Insulin Treatment Paradigm for Diabetes and Limitations**	*Dr Tim Heise,* *Profil*
10:25 am	**Ultra-Rapid Insulin BC Lispro Phase 3 Data in Type 2 Diabetes**	*Dr Tim Heise,* *Profil*
10:40 am	**Next Steps and Potential Value Creation**	*Olivier Soula,* *Adocia CEO and cofounder*
10:45 am	**Q&A**	

Speakers

Tim Heise, MD

Lead Scientist, Chairman of the Board of Directors and co-founder of the private research institute Profil in Neuss, Germany. Profil has gained an international reputation for performing early-phase studies, in particular glucose clamp studies, investigating experimental diabetes treatments and medical devices. Dr. Heise has led numerous studies on the pharmacology of novel anti-diabetic agents and insulins. Before establishing Profil, Dr. Heise worked for more than 7 years at the Clinic for Nutrition and Metabolic Diseases at the Heinrich-Heine-University Düsseldorf (Head Prof Michael Berger). During this time, he was responsible for the diabetes and obesity outpatient clinics and took care of patients in structured teaching and treatment programs for type 1 and type 2 diabetes. Dr. Heise has published more than 250 scientific papers and reviews. He is a member of the Editorial Boards of Diabetes, Obesity and Metabolism, and Diabetes Technology & Therapeutics.

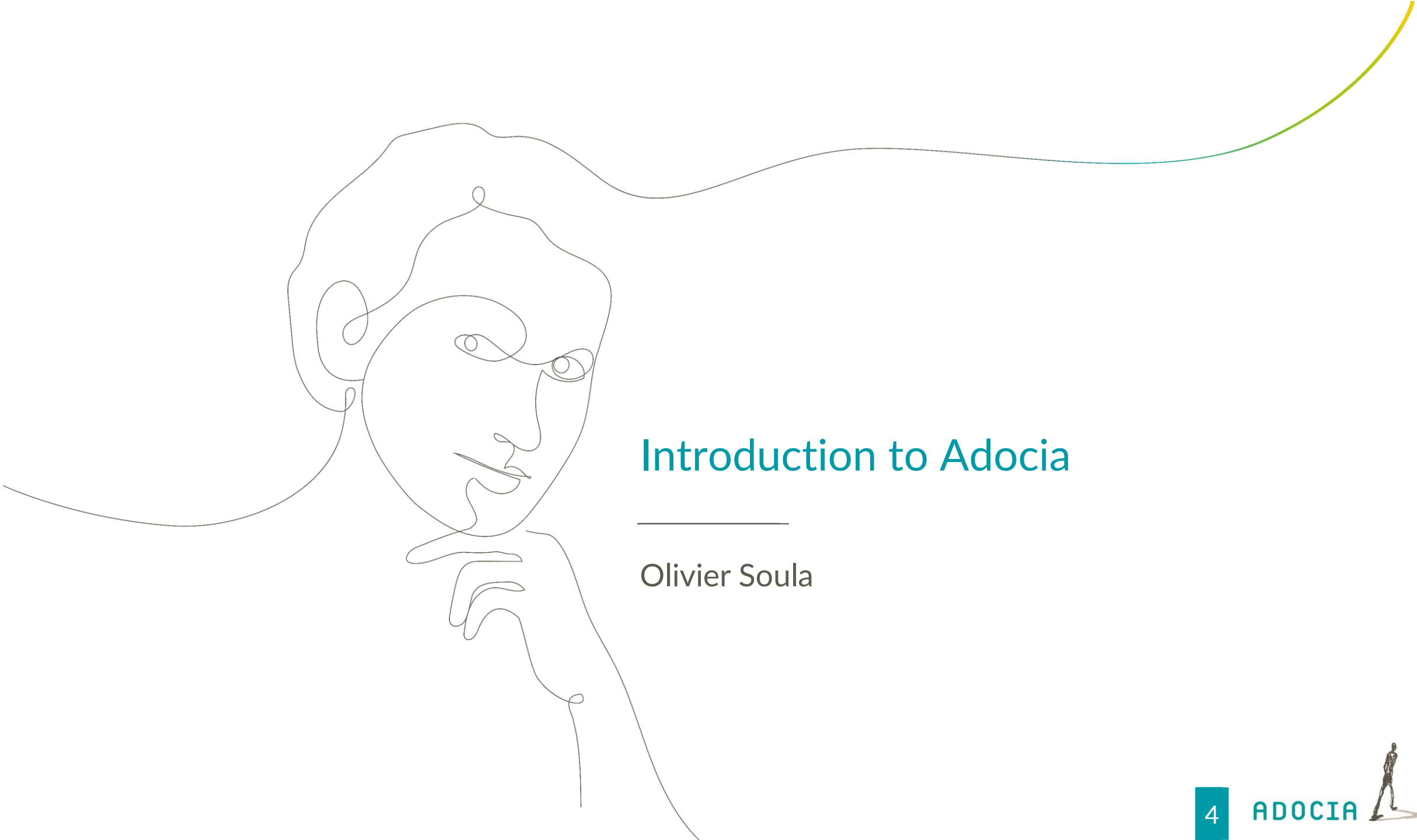
Steve Daly

CEO at TIXiMED, a clinical stage company developing a first in class oral disease modifying therapy for T1D.
Over 30 years of pharma and biotech experience, including, 21 years focused on diabetes and metabolism, spanning commercial, operational and C-suite roles at Amylin Pharmaceuticals and Adocia, where he served six years as US General Manager during the development of BC lispro.

Olivier Soula
PhD, MBA,
ADOCIA
CEO, Co-founder

You Ping Chan
PhD, MBA
ADOCIA
R&D Director

Martin Gaudier
PhD
ADOCIA
R&D Director



Introduction to Adocia

Olivier Soula

Diabetes and Obesity: significant unmet needs in peptide-based therapies

THE METABOLIC DISEASES MARKET

Diabetes: 589 million[1]

Obesity: 1 billion[2]

THE ROOT CAUSE

Peptides dysregulation

Insulin
Amylin
GLP-1
Glucagon
…

CURRENT SOLUTIONS

Peptide Replacement Therapies

- ✓ Efficient
- ✓ Safe
- ✗ Delivery Challenges

CURRENT CHALLENGES

Ensure the long-term use of these treatments

Ensure mass distribution of obesity drugs

OUR SOLUTION

ADOCIA

Expert in innovative peptide delivery

STRATEGIC IMPACT

Close the gap between healthspan and lifespan

1. IDF Atlas, 11th Edition, 2025
2. World obesity atlas 2025

From a mature market with few players to a fast growing market with many newcomers

Insulin
Mature Market

- First porcine insulin: 1922
- Faster, longer and combination of insulins
- 80 million insulin users[1]
- $20 B market size in 2024[2]
- 3 key players, Lilly, Novo, Sanofi

GLP-1, Amylin…
Fast Growing Market

- First GLP-1 and amylin: 2005
- Longer, oral and combinations of peptides
- 1 billion obese people in the world in 2025[3]
- $150 B expected in 2030[4]
- 2 leaders Novo, Lilly and more than 30 players

Capitalizing on its insulin track record, Adocia is best positioned to innovate in the delivery of peptides of the metabolism

1.More than 150 million people worldwide depend on insulin therapy for health. (*BMJ Open Diabetes Research & Care*, 2021); Only 50% of people who need insulin have access to it. (Doctors Without Borders, 2024) 2. Grand View Research Insulin Market (2025 - 2030) 3. World obesity atlas 2025 4. Grand View Research GLP-1 Receptor Agonist Market (2025 - 2030)

Building leadership in advanced metabolic peptide delivery: capitalizing on insulin success

Reaching commercialisation: Positive Ph. 3 results with BioChaperone technology applied to insulin

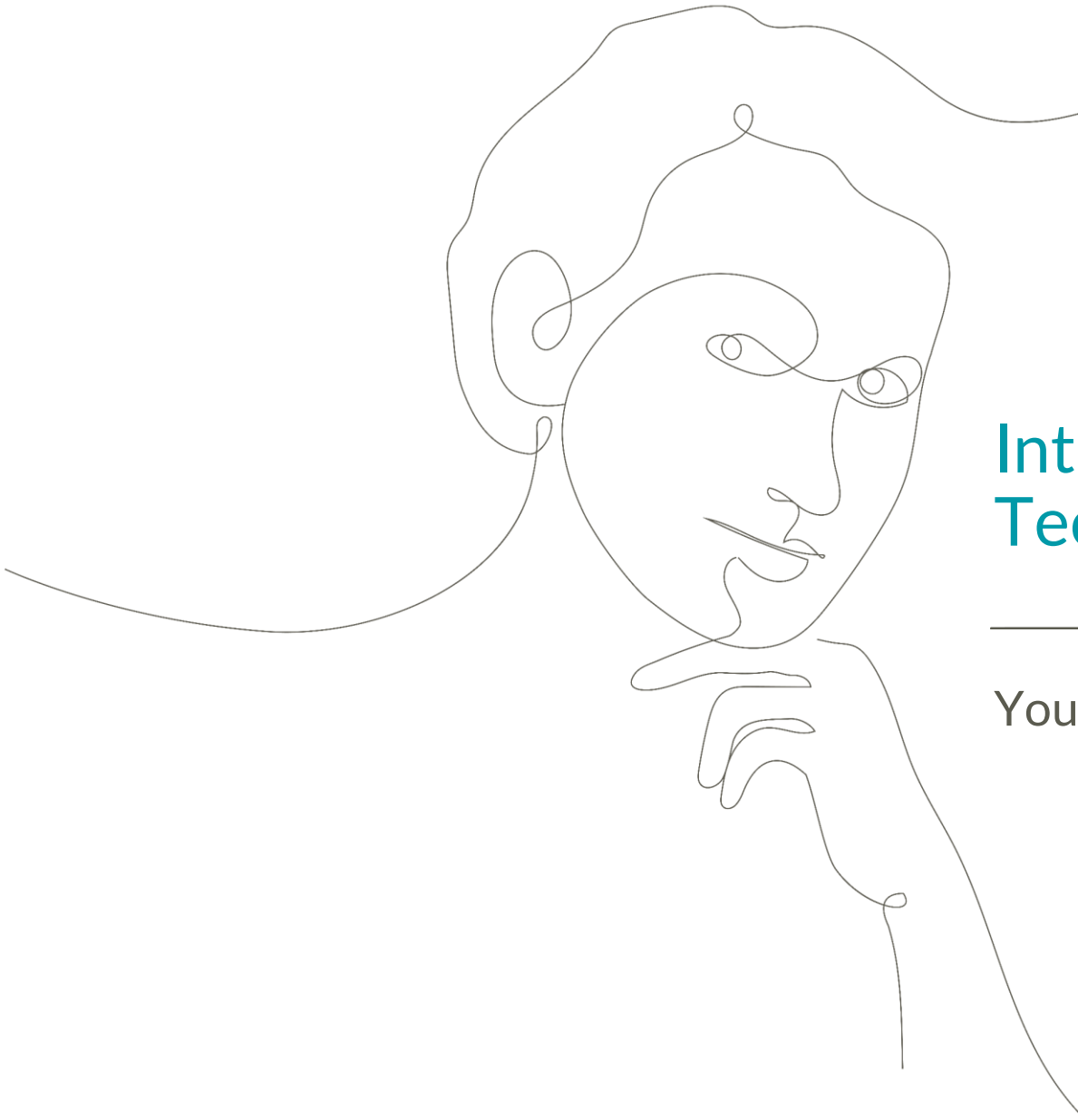
2025

Leveraging our BioChaperone technology into **obesity treating hormones**

2027

Adocia aspires to be a **profitable leader in metabolic hormones delivery,** and **develop its proprietary product**

2030+



Introduction to Adocia's BioChaperone® Technology Platform

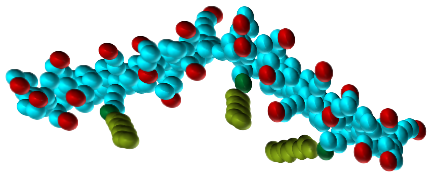
You-Ping Chan

BioChaperone® technology: a toolbox to formulate peptides

- More than 800 BioChaperone® novel proprietary polymer excipients
- > 30 positive clinical trials involving BioChaperone®
- 2 most advanced BioChaperone: BC449 and BC222

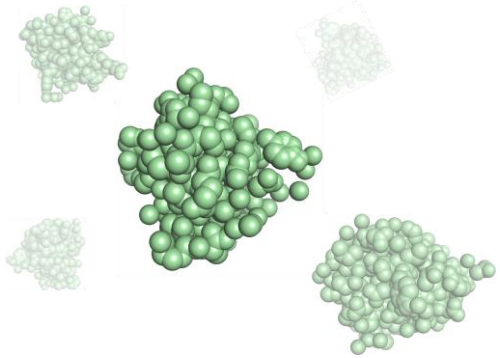
	BC 449	BC 222
Molecule	• Acylated polyglutamate	• Acylated oligosaccharide
Properties	• Proteins and Peptides stabilisation and combinations	• Accelerating absorption
Development stage	• Phase 3 ready package • 3 clinical trials • Large scale GMP manufacturing in place	• BC Lispro ready for submission • >10 clinical trials • Commercial production in place
Application	• BC CagriSema • 3 feasibility studies (peptides and peptides combination) with undisclosed partners	• BioChaperone® Lispro

BC449 designed to improve peptide co-formulations



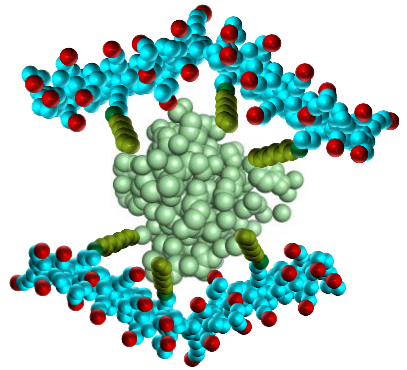
BioChaperone®

+



Proteins and/or **peptides**
(GLP-1, amylin, Glucagon, insulin, mAb…)

K_d in the micromolar range

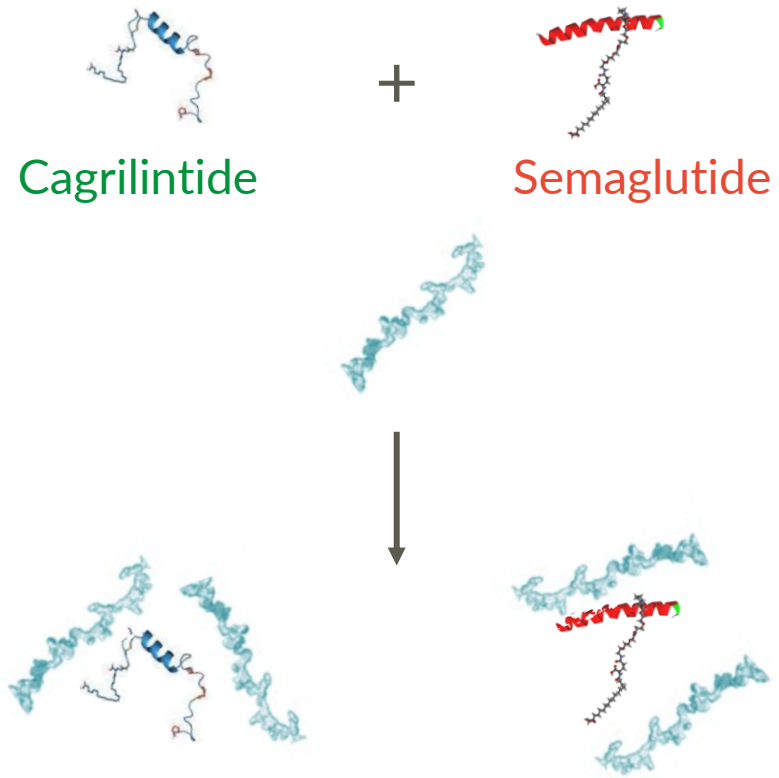


- Strong affinity
- Shielding by anionic repulsion
- Reversible

Redefining physicochemical identity to solve formulation challenges:

- Physical and chemical stability
- Compatibility with preservatives for multiple-use

BioChaperone® GLP-1 / Amylin - BioChaperone® CagriSema
Application of BC449: stable co-formulation of semaglutide and cagrilintide



4 double-chamber pens / 4 weeks → **1 multi-use pen / 4 weeks**

- Manufacturing cost ↘
- Manufacturing capacity ×4 ↗
- Capital Expenditure ↘
- Flexible dosing
- Environmental footprint ↘
- Intellectual property[1]: 2045 ↗

A holistic improvement throughout the product lifecycle

1. WO2025172605 & WO2025172606– filed February 17, 2025 – no phase entries yet. The patent term is anticipated.

BC Lispro
Application of BC222: accelerating insulin lispro absorption

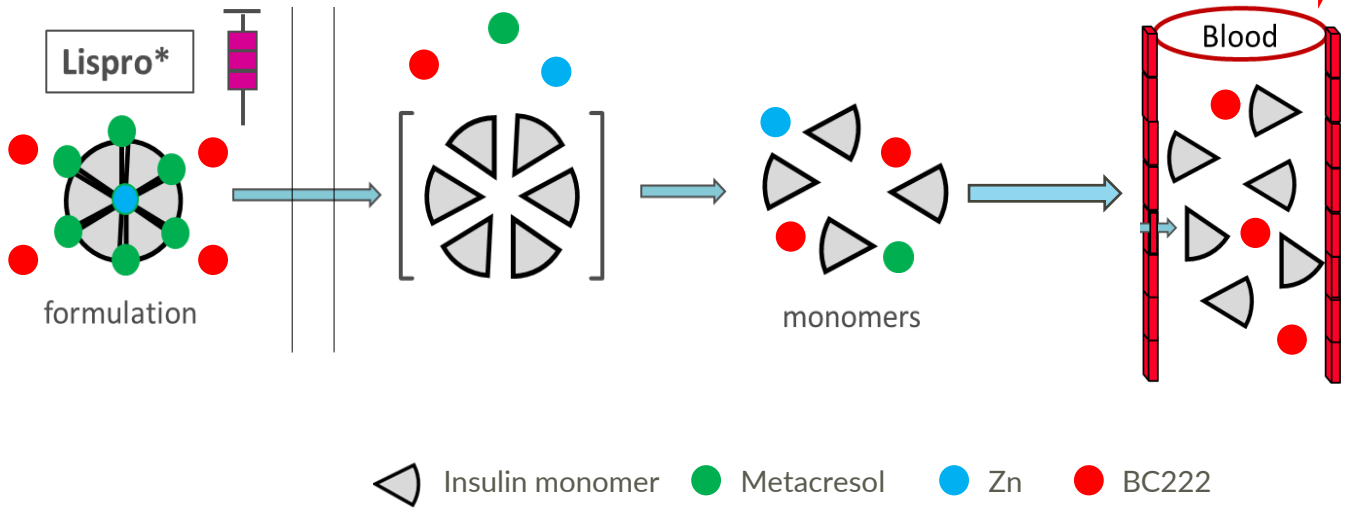
BioChaperone Lispro in vial or pen

BioChaperone Lispro Subcutaneous

BC222 + citrate accelerate absorption of insulin monomers in the blood circulation

Contains:

- ✓ **Lispro**
- ✓ **BioChaperone BC222**
- ✓ **Citrate**
- ✓ **Zn**
- ✓ **Metacresol**



BC222 = acylated oligosaccharide

BC222 transforms Rapid-Acting insulin lispro into Ultra-Rapid insulin lispro

Adapted from Ciczak E et al. Structure 1995; 3:615-622

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Current Mealtime Insulin Treatment Paradigm for Diabetes and Limitations

Tim Heise

AN UNRIVALLED COMBINATION OF SCIENCE AND PROFESSIONAL CLINICAL CONDUCT.

WE DELIVER SOLUTIONS.

WE ARE UNIQUE.

Disclosures

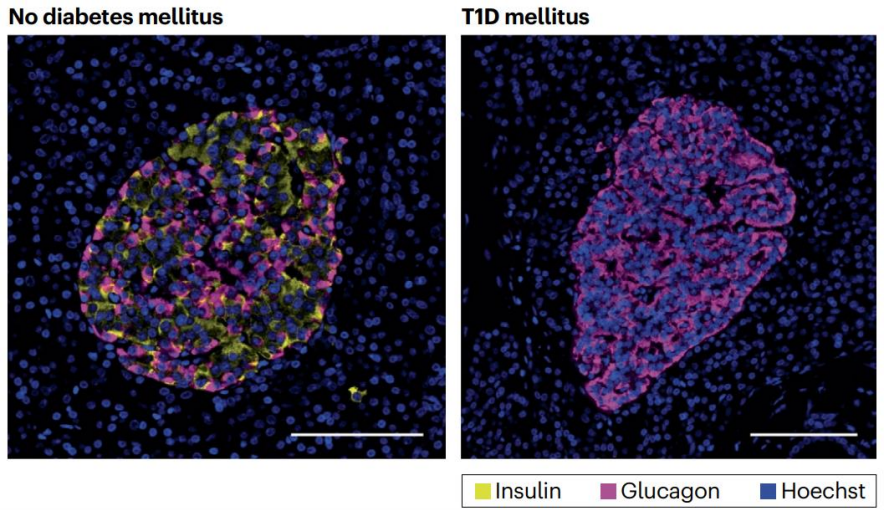
TH's institution received research funds from Afon Technology, AstraZeneca, Betagenon, Biocon, Civica, Corteria, Cytoki Pharma, DiogenX, Eli Lilly, Enyo, Gan&Lee Pharmaceuticals, Nanexa, Neodyne, Novo Nordisk, Roche Diagnostics, Sam Chun Dang, Spiden, Sun Pharma, and Zealand Pharma.

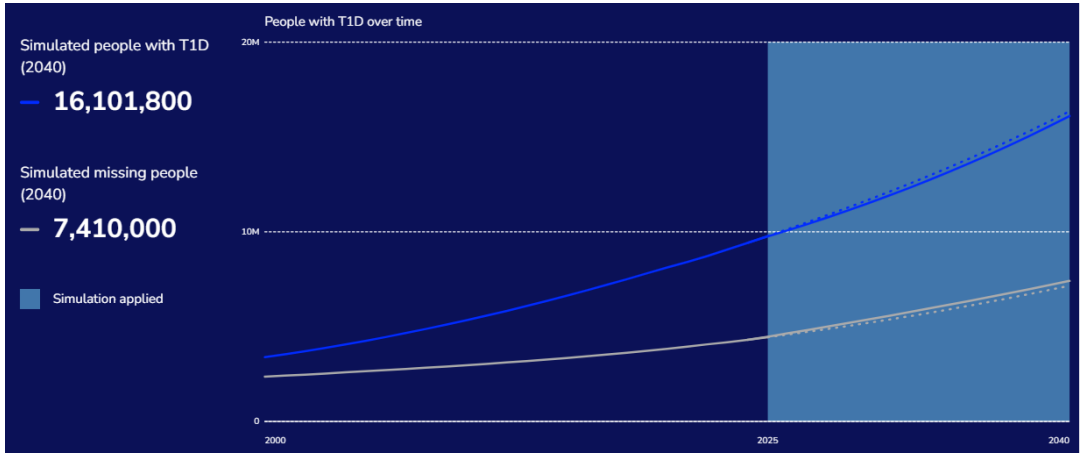
TH received speaker honoraria from Eli Lilly and Novo Nordisk, travel grants from Zealand Pharma and is a consultant to Gan&Lee Pharmaceuticals and i2o Therapeutics

Type 1 diabetes mellitus (T1DM)

Causes and Prevalence

- Autoimmune disease with destruction of beta cells
- Usually rapid progression to complete loss of endogenous insulin secretion capacity
- Occurs mostly in childhood or early teen years (peak ages are 4-7 years and 10-14 years), but can occur at any age
- Causes are still poorly understood but include
  - Genetics (collection of HLA genes)
  - Environmental factors (climate and geography)
  - Viral infections
- About 9.5 million people live with T1DM
  - Incidence rising for unknown reasons
  - 4.1 million premature deaths due to T1DM
  - 34 years of healthy life lost on average per person with T1DM





Hoechst: Nuclear staining (blue fluorescent dye to visualize DNA)

Eizrik DL, et al. Nat Rev Endocrinol 2023; 19:425-434 // https://www.t1dindex.org/ (access 13-Jun-2026)

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Treatment paradigm and limitations

- Insulin therapy has been standard of care since 1922

Insulin discovery and evolution

One evolution every 10-20 years to better match endogenous insulin secretion

Isolation of insulin (Banting/Macleod)

1921

Protamine-retarded insulin

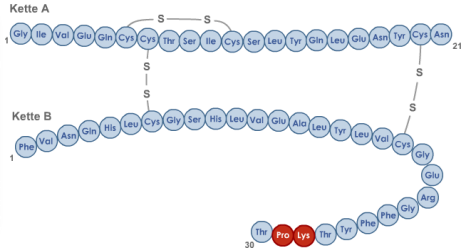
1936

Insulin sequence

1955

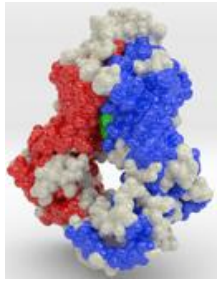
Insulin structure

1969



Short-acting analogues

1996



2013

Basal analogues 2nd generation

1923

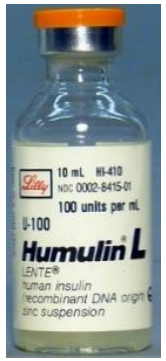
Animal insulin preparations

1940s

NPH insulin

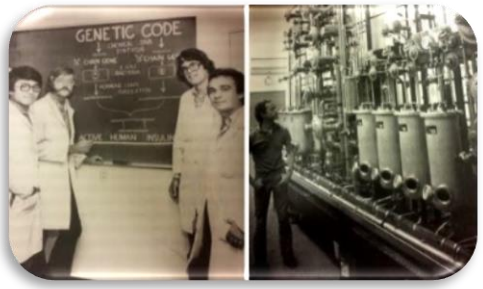
1952

Lente insulin



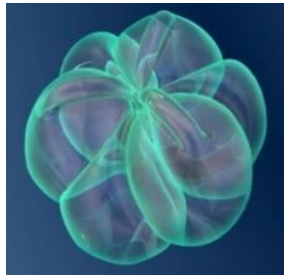
1977

Recombinant human insulin



2000

Basal insulin analogues



2018

“Ultra Rapid” insulin analogues

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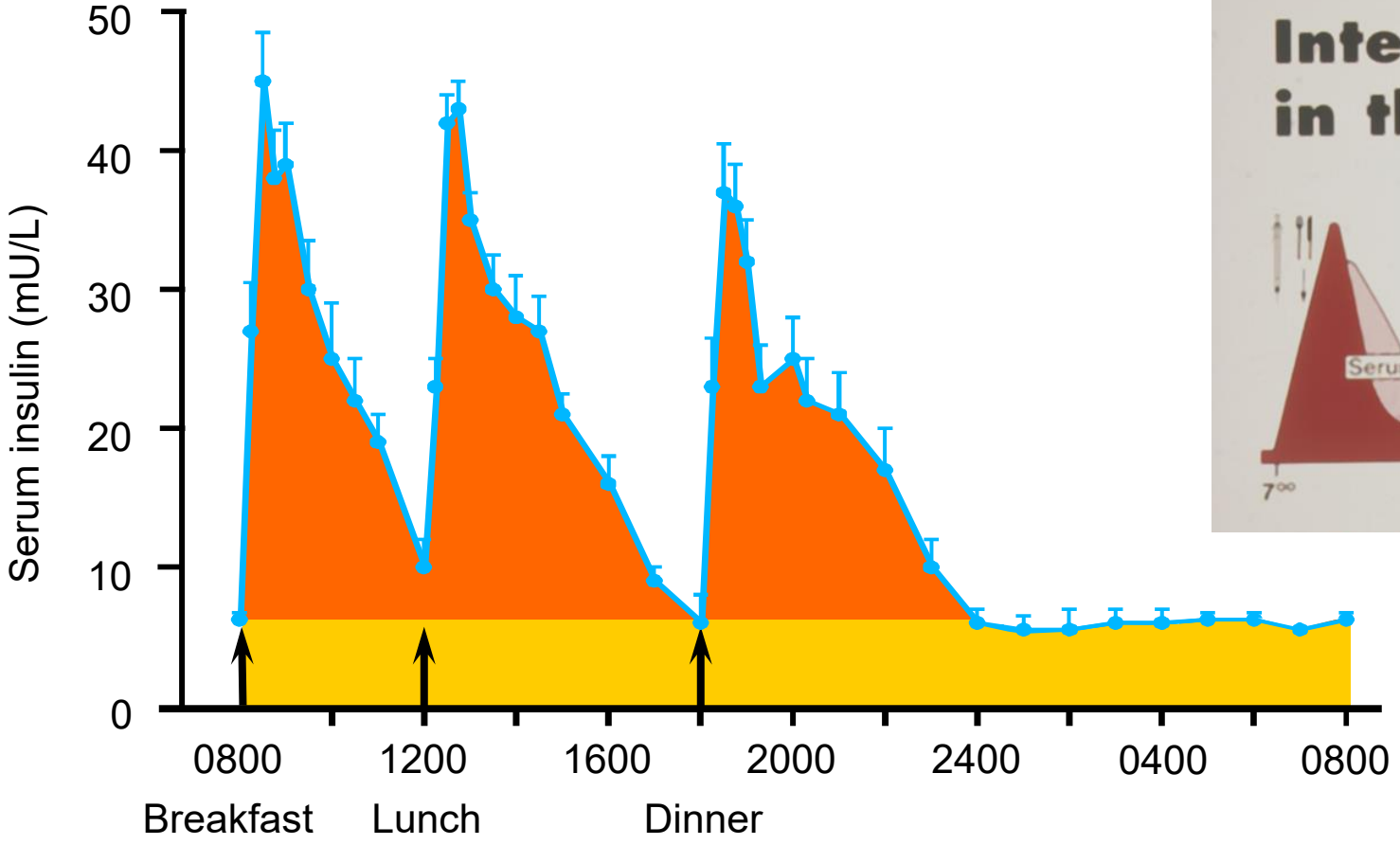
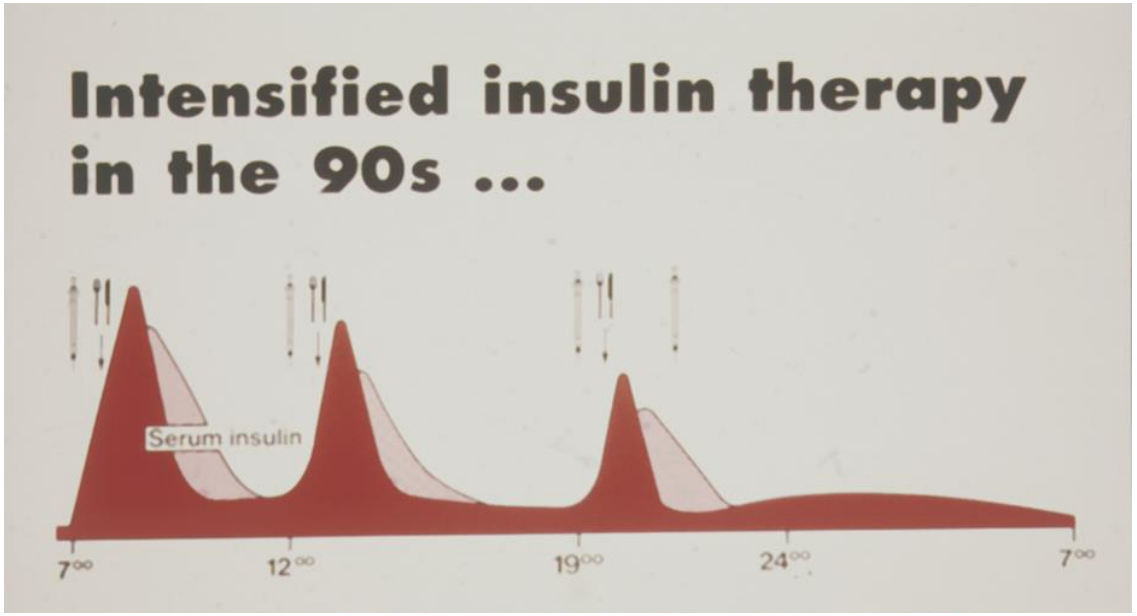
Treatment paradigm and limitations

- Insulin therapy has been standard of care since 1922
- Since the 1990ies, insulin therapy regimens aim at physiological insulin supplementation, i.e., mimicking endogenous insulin secretion

Intensified insulin therapy
Physiological insulin supplementation





Kruszynska Y et al. Diabetologia 1987;30:16 // Berger M. Diabetes Res Clin Pract. 1989;6:S25-31

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Treatment paradigm and limitations

- Insulin therapy has been standard of care since 1922
- Since the 1990ies, insulin therapy regimens aim at physiological insulin supplementation, i.e., mimicking endogenous insulin secretion
- Standard of care today: MDI with modern insulins or insulin pumps

Injected insulin regimens	Flexibility	Lower risk of hypoglycemia	Higher costs
MDI with LAA + RAA or URAA	+++	+++	+++
Less-preferred, alternative injected insulin regimens			
MDI with NPH + RAA or URAA	++	++	++
MDI with NPH + short-acting (regular) insulin	++	+	+
Two daily injections with NPH + short-acting (regular) insulin or premixed	+	+	+

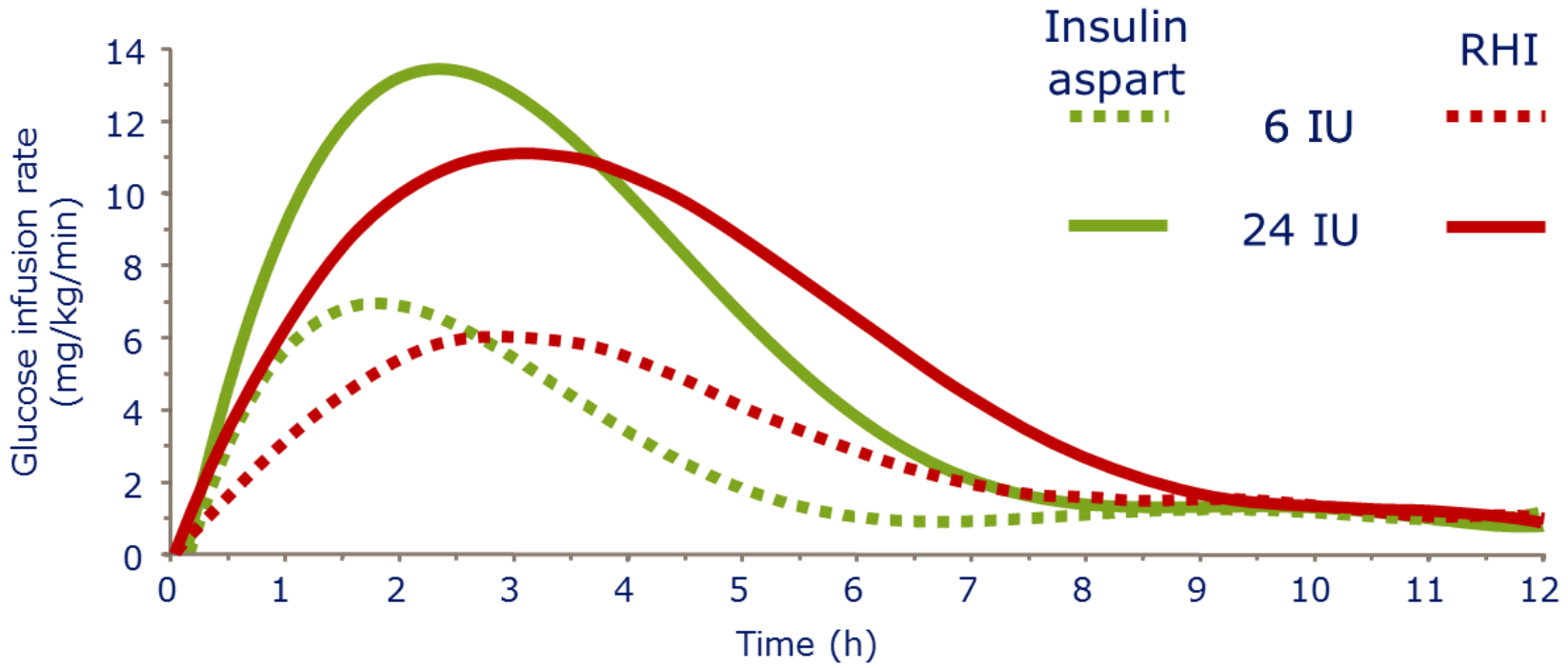
Continuous insulin infusion regimens	Flexibility	Lower risk of hypoglycemia	Higher costs
Hybrid closed-loop technology	+++++	+++++	++++++
Insulin pump with threshold/ predictive low-glucose suspend	++++	++++	+++++
Insulin pump therapy without automation	+++	+++	++++

Holt RIG et al. Diabetes Care 2021; 44:2589-2625

MDI : Multiple daily injections, LAA: Long Acting Analogs, (U)RAA: (Ultra) Rapid Acting Analogs.

Treatment paradigm and limitations

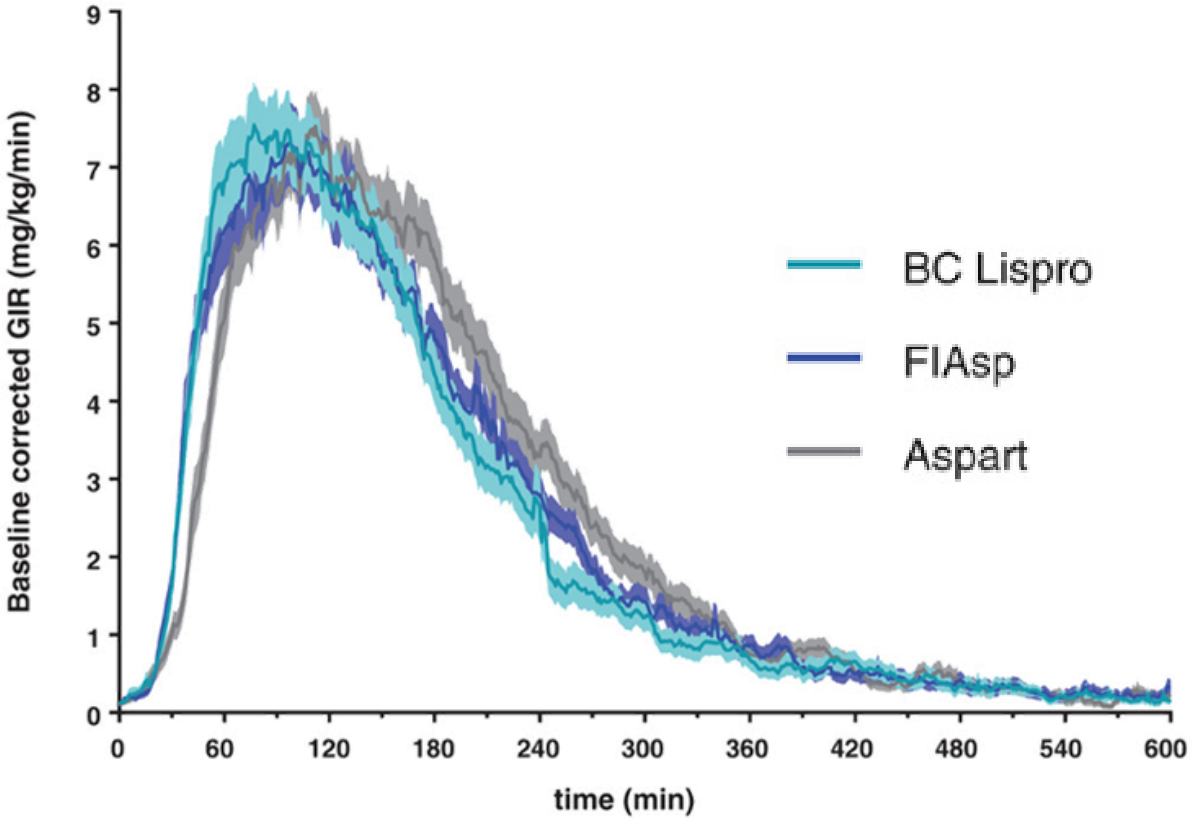
- Insulin therapy has been standard of care since 1922
- Since the 1990ies, insulin therapy regimens aim at physiological insulin supplementation, i.e., mimicking endogenous insulin secretion
- Standard of care today: MDI with modern insulins or insulin pumps
- Physiological insulin supplementation is limited by the pharmacodynamics of prandial insulins, which have a slow onset and a long duration of action

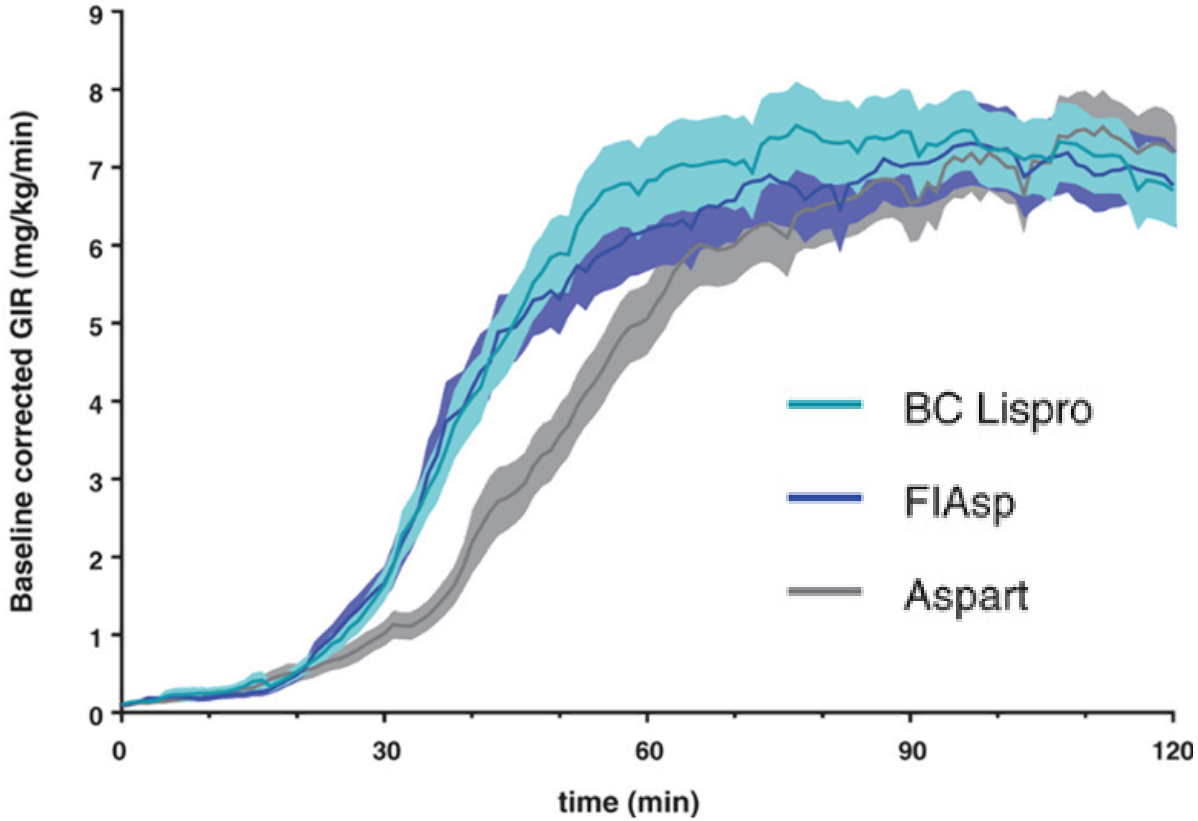


RHI: Regular human insulin

Nosek L et al. Diabetes Obes Metab 2013;15:77-83

Biochaperone (BC) Lispro has a faster onset and a shorter duration of action than both aspart and FIAsp





- Nine studies with BC Lispro confirm ultrarapid onset and short duration of action vs available rapid-acting or ultrarapid-acting insulins

Clamp study in 43 people with type 1 diabetes using insulin pumps
Heise T et al. Diabetes Obes Metab 2019;21:1066-1070

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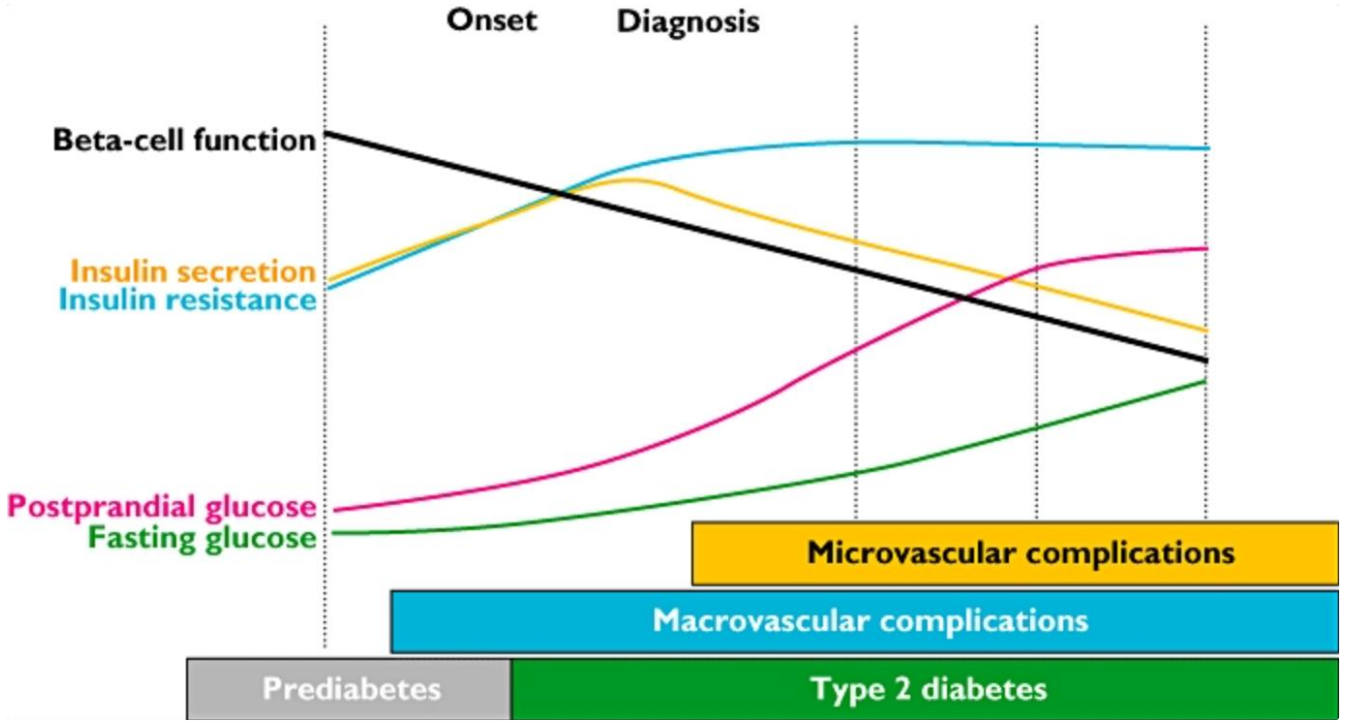
Type 2 diabetes

Causes

- Caused by insulin resistance with compensatory insulin hypersecretion
  - Progressive beta-cell failure leads to hyperglycaemia
  - Beta-cell function continues to deteriorate requiring treatment intensification in the course of the disease

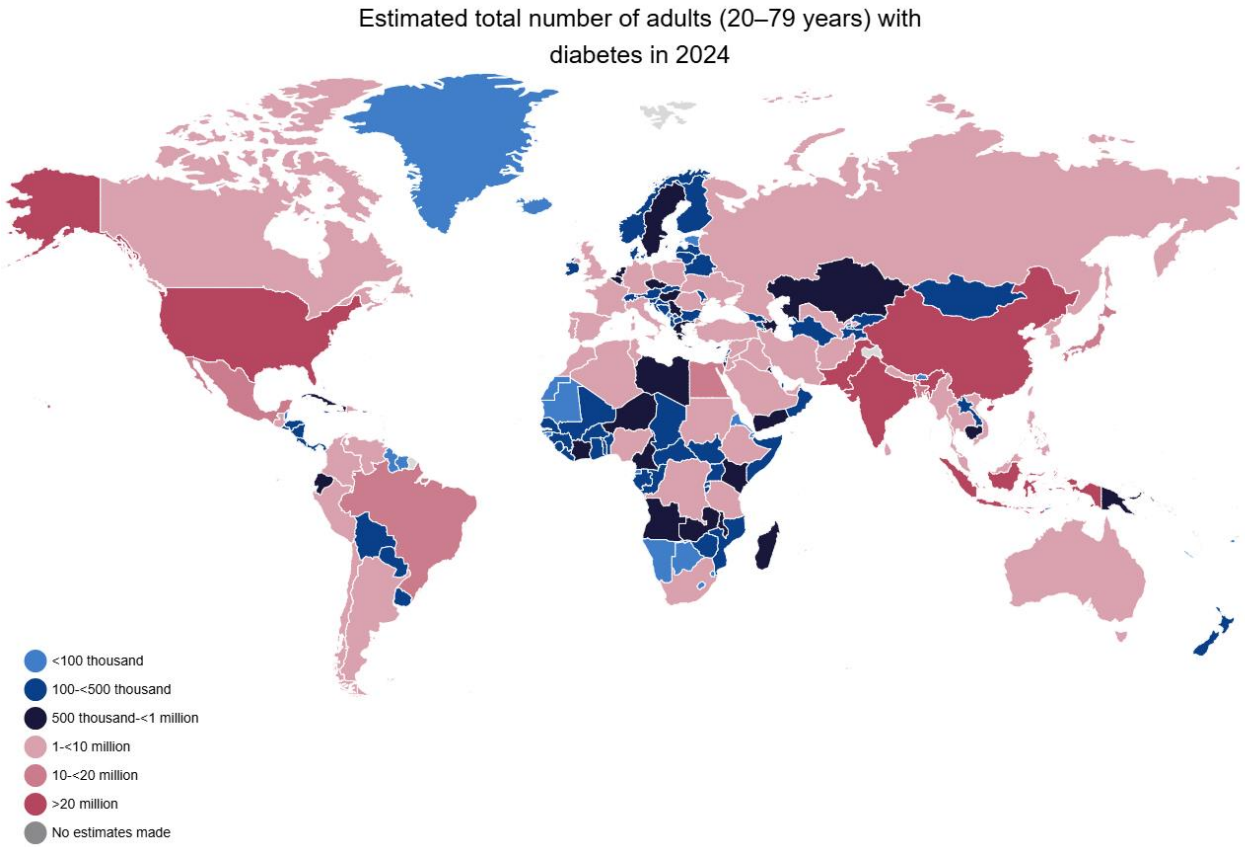


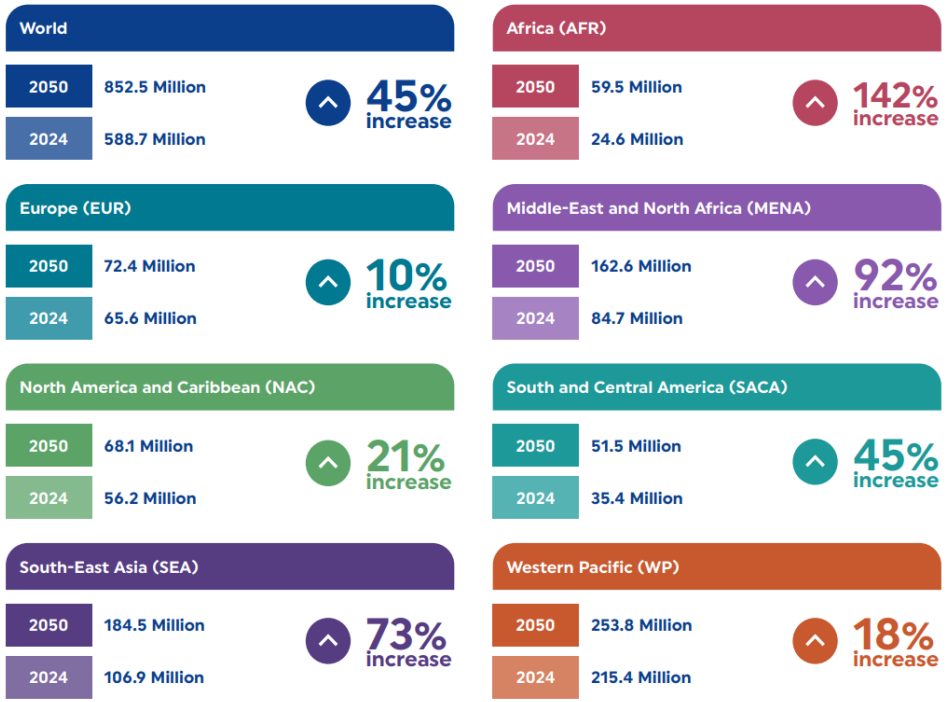
Adapted from Holman RR. Diabetes Res Clin Pract 1998; 40 (Suppl.): S21–S25

Type 2 diabetes

Prevalence

- High prevalence (data from 2024, IDF diabetes atlas)
  - 589 million adults (20-79 years) are living with diabetes worldwide – 1 in 9.
  - The total number of adults with diabetes is predicted to rise to 853 million by 2050 – 1 in 8.
  - Diabetes caused 3.4 million deaths in 2024 – 1 every 9 seconds.





https://diabetesatlas.org/data-by-location/global/ (Access 13-Jun-2025)

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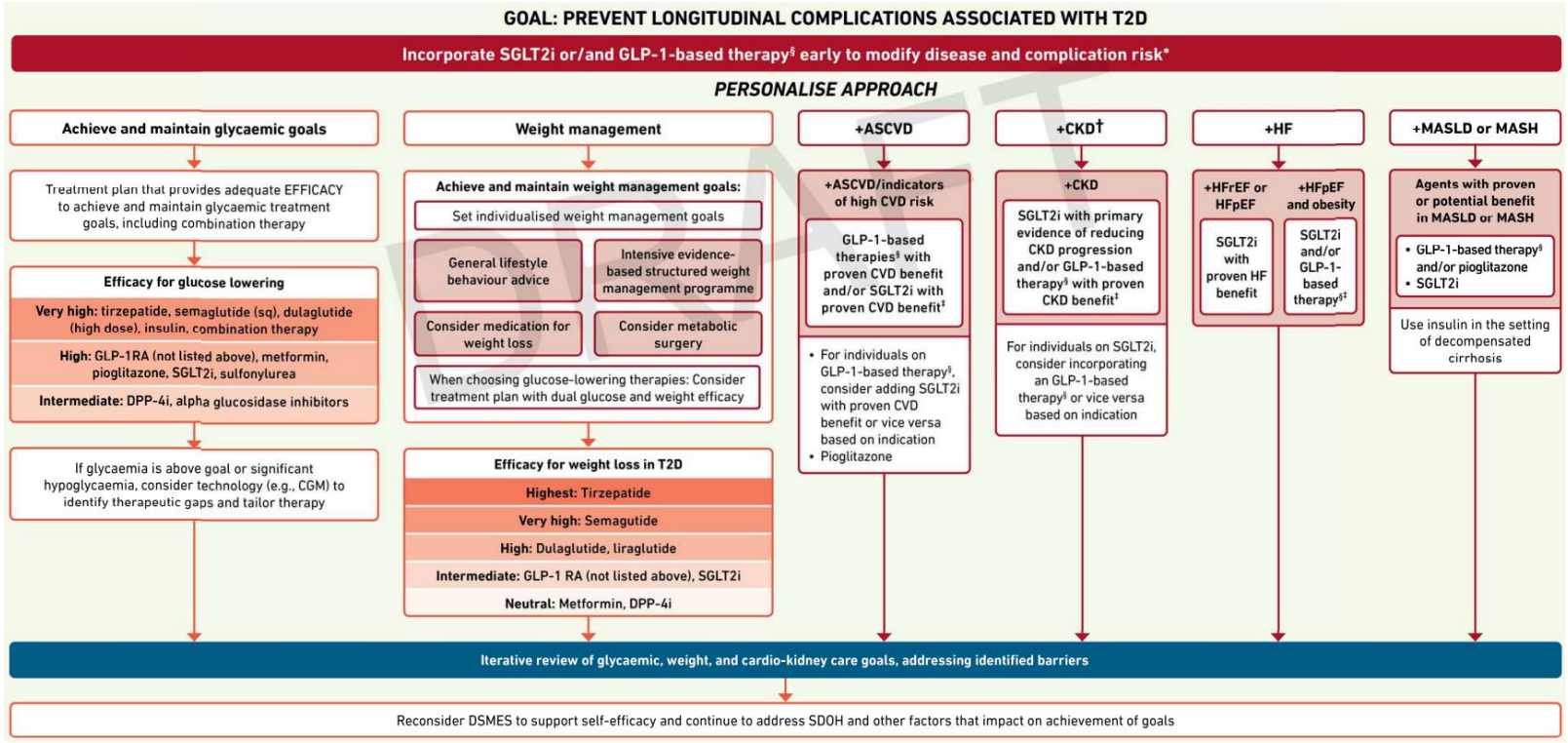
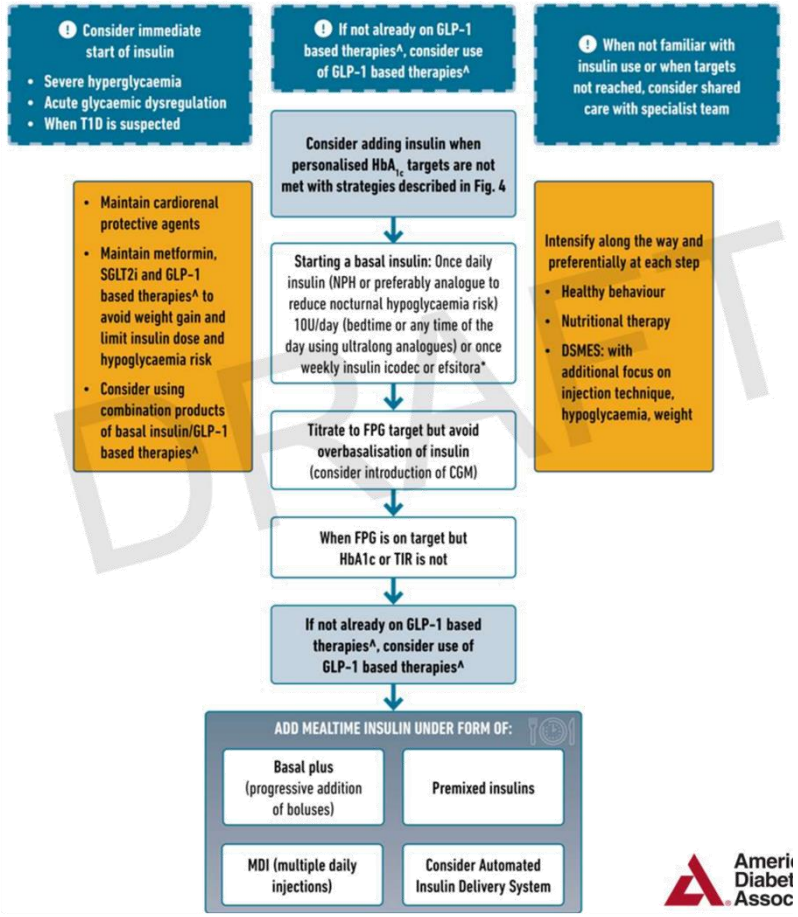
Type 2 diabetes

Treatment (ADA/EASD consensus presented at ADA 2026)

- GLP-1-based and SGLT2-inhibitors most important because of proven cardiovascular benefits
- Insulin still-rated as therapy with very high efficacy
  - Start with basal insulin, add mealtime insulin, if needed
  - Progression of T2DM might eventually lead to insulin treatment





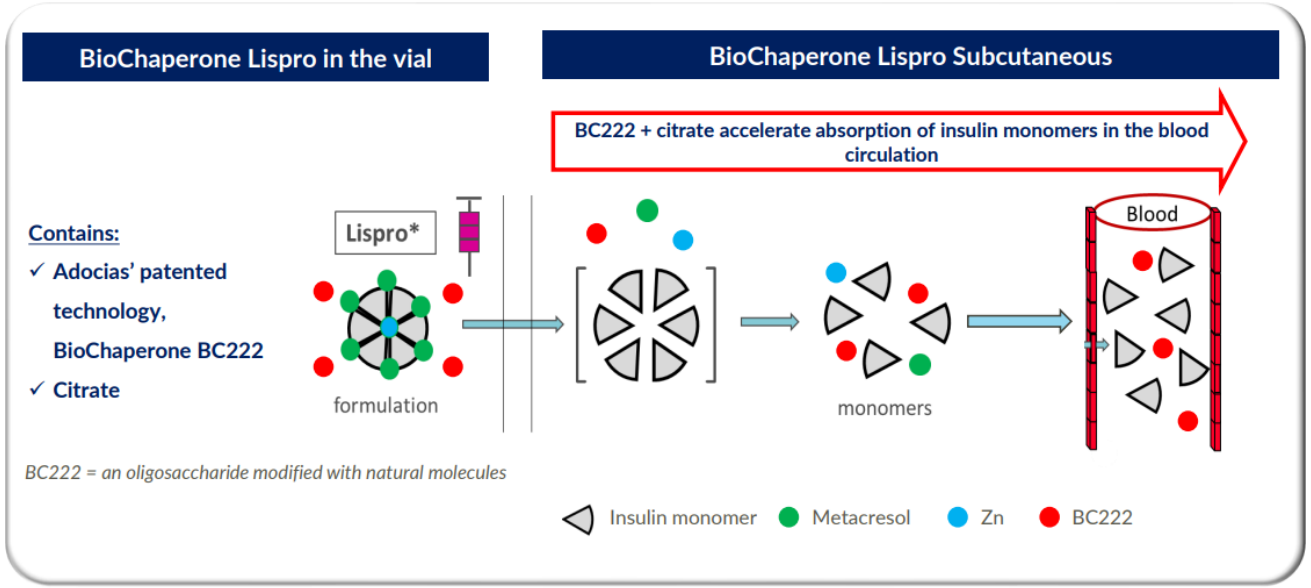
https://www.easd.org/uploads/ADA_EASD_SS26_PPT_PDF_FINAL.pdf (Access 13-Jun-2025)

ADA 2026
1762-P

Ultra-Rapid insulin BC Lispro Phase 3 Data on Type 2 Diabetes

Introduction and Study objectives

THDB0206 (BioChaperone® Lispro, BCLIS) is an ultra-rapid insulin lispro formulation containing the novel excipient BC222 and citrate.



Aims of the study

- To evaluate the efficacy and safety of THDB0206 (BioChaperone Lispro, BCLIS) administered at mealtime, versus mealtime insulin lispro (LIS), both in combination with insulin glargine, in Chinese people with type 2 diabetes (T2D).
- Phase 3, 26-week, multicenter, randomized, treat-to-target, open trial

Study Design and Inclusion/Exclusion criteria

Key Inclusion Criteria:

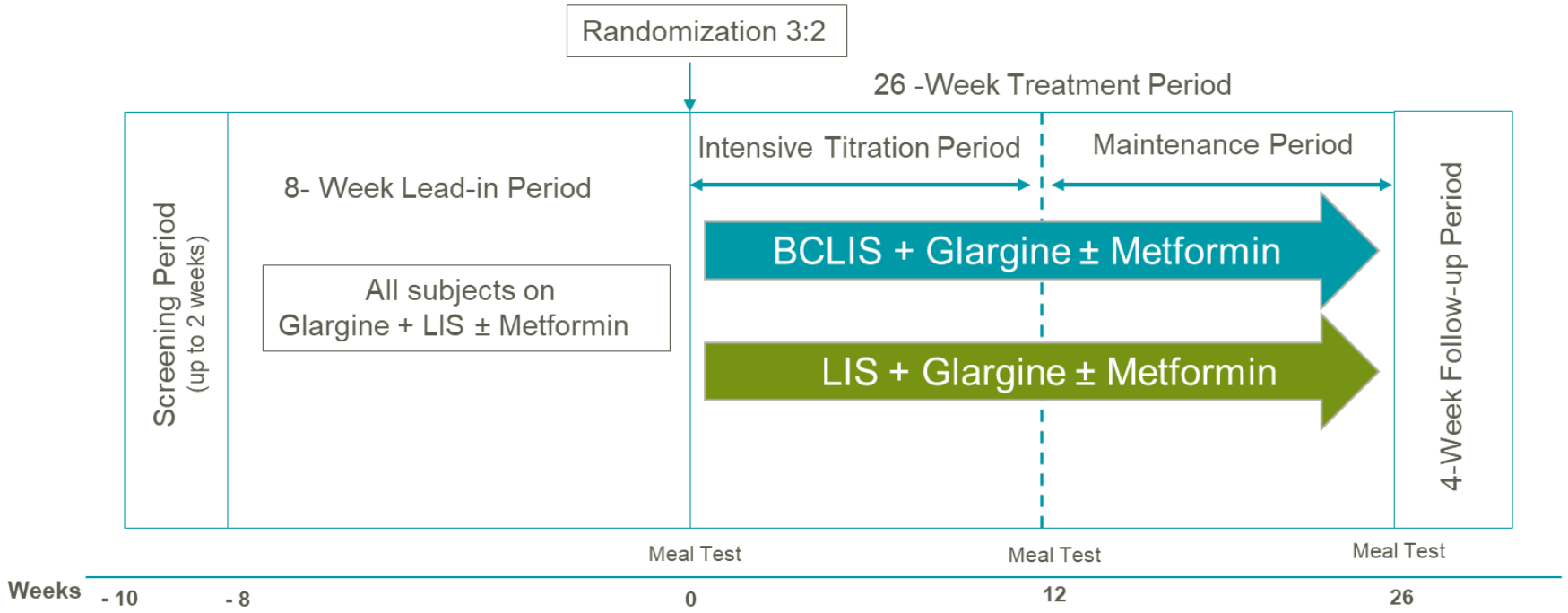
- People with T2D ≥6 months
- Male of female aged 18 to 75
- Stable insulin treatment ≥3 m either on basal + ≥ 1 bolus/day or on premix ≥2/day with or without oral antidiabetic treatment
- HbA1c between 7% and 11% inclusive
- BMI between 18 and 35 kg/m^2 included

Primary endpoint:

- HbA1c change from baseline 26 weeks after randomization

Key secondary endpoints:

- 1-h Post Prandial Glucose Excursion after a meal test at week 26
- 2-h Post Prandial Glucose Excursion after a meal test at week 26

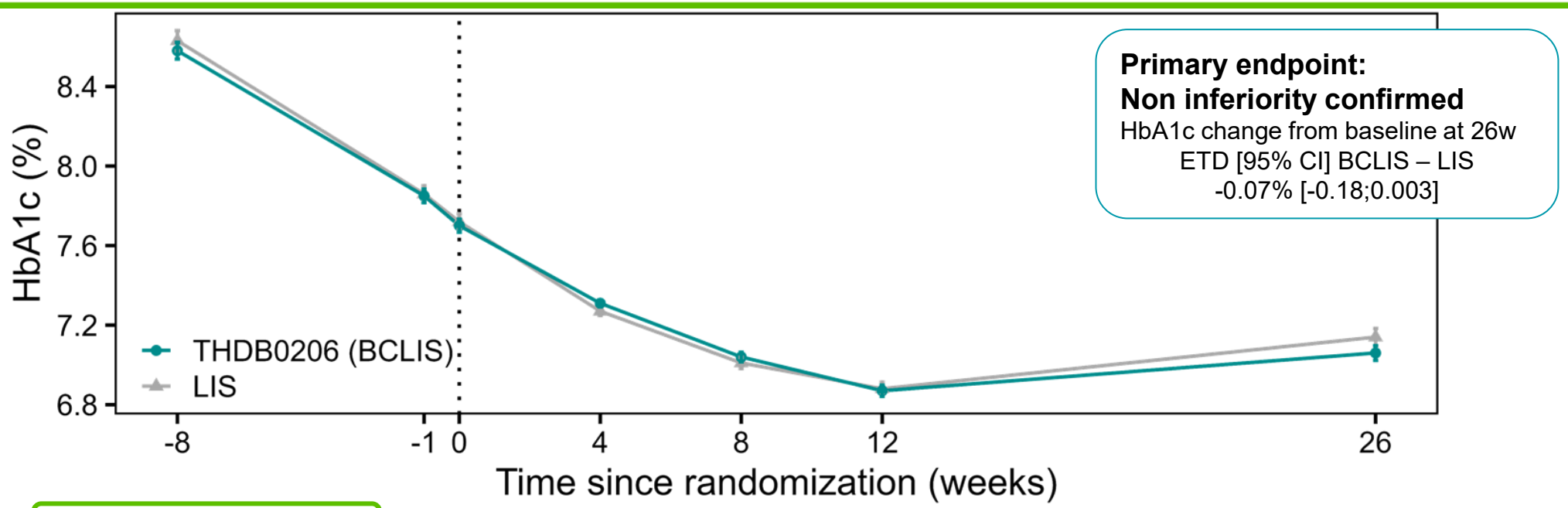


Demographics

Parameter	BCLIS (N=623)	LIS (N=415)
Age, years	59.0 ± 8.65	59.2 ± 9.43
Gender, n(%) male	340 (54.57)	221（53.25）
Body weight (kg)	69.95 ±11.202	70.57 ±11.599
BMI (kg/m^2)	25.71 ± 3.063	25.98 ± 3.105
Duration of diabetes, years	13.53 ± 7.154	13.91 ± 7.373
Baseline HbA1c (%)	7.70 ± 0.807	7.72 ± 0.815
Baseline FPG, mmol/L	7.17 ± 1.751	7.23 ± 1.838
Treatment Completion Rate, n(%)	581（92.96）	396（95.42）

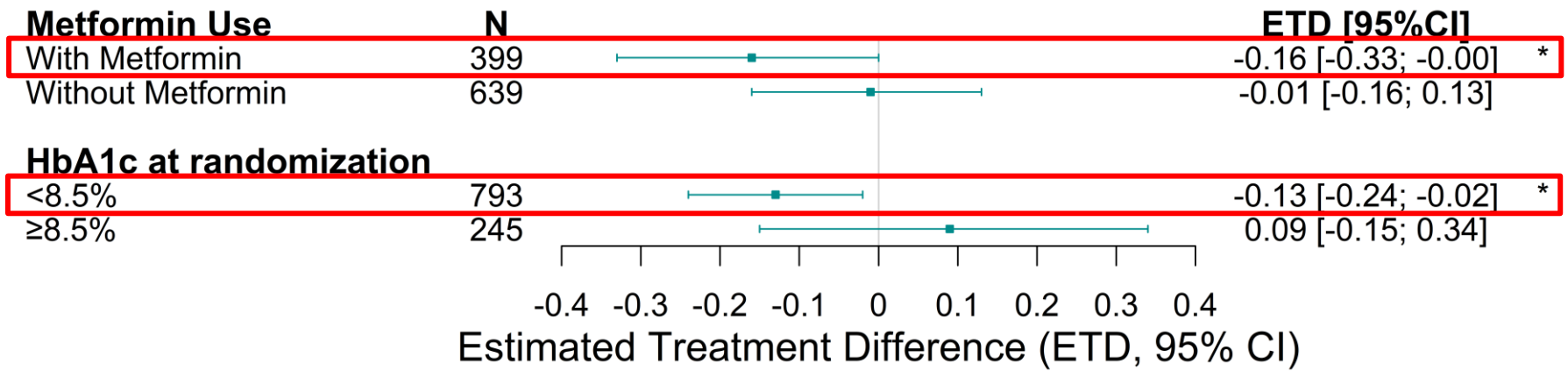
Data are presented as mean ± SD unless specified differently

Glycemic control during the study



Primary endpoint:
Non inferiority confirmed
HbA1c change from baseline at 26w
ETD [95% CI] BCLIS – LIS
-0.07% [-0.18;0.003]

Superiority for BCLIS



Data are represented as mean ±SE. ETD : estimated treatment difference, * p<0.05

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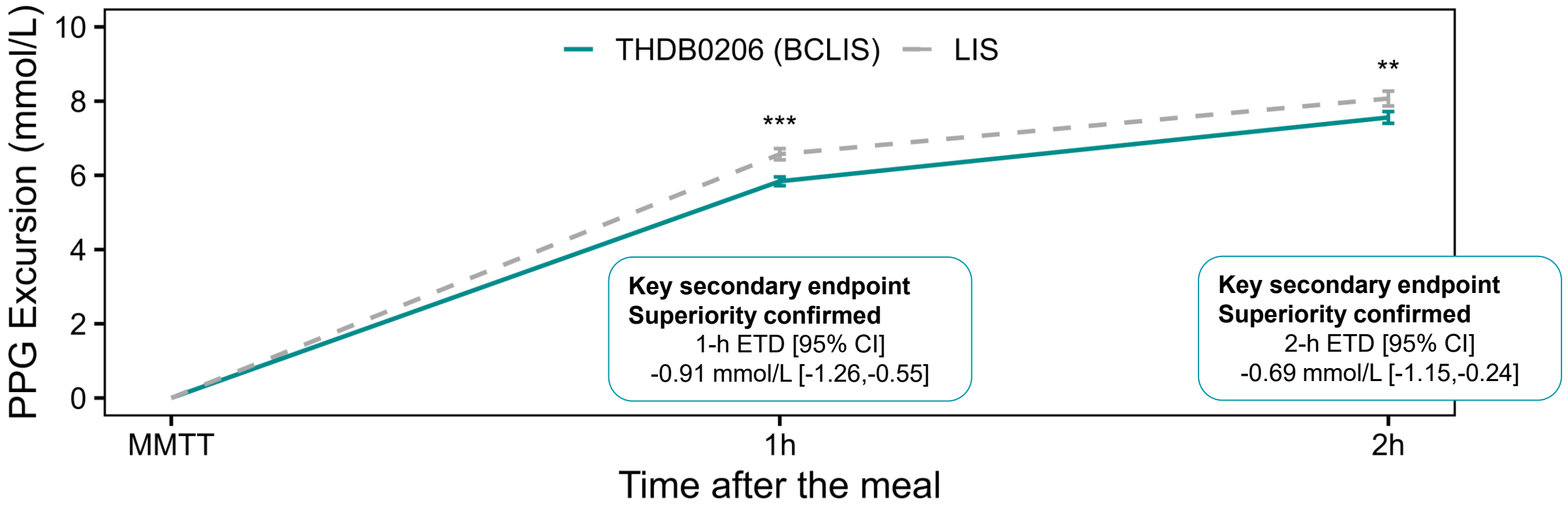
Mixed Meal Tolerance Test

Postprandial excursions at week 26



Data are represented as mean ±SEM. ETD, estimated treatment difference;* p<0.05, ** p<0.01, *** p<0.001

profil
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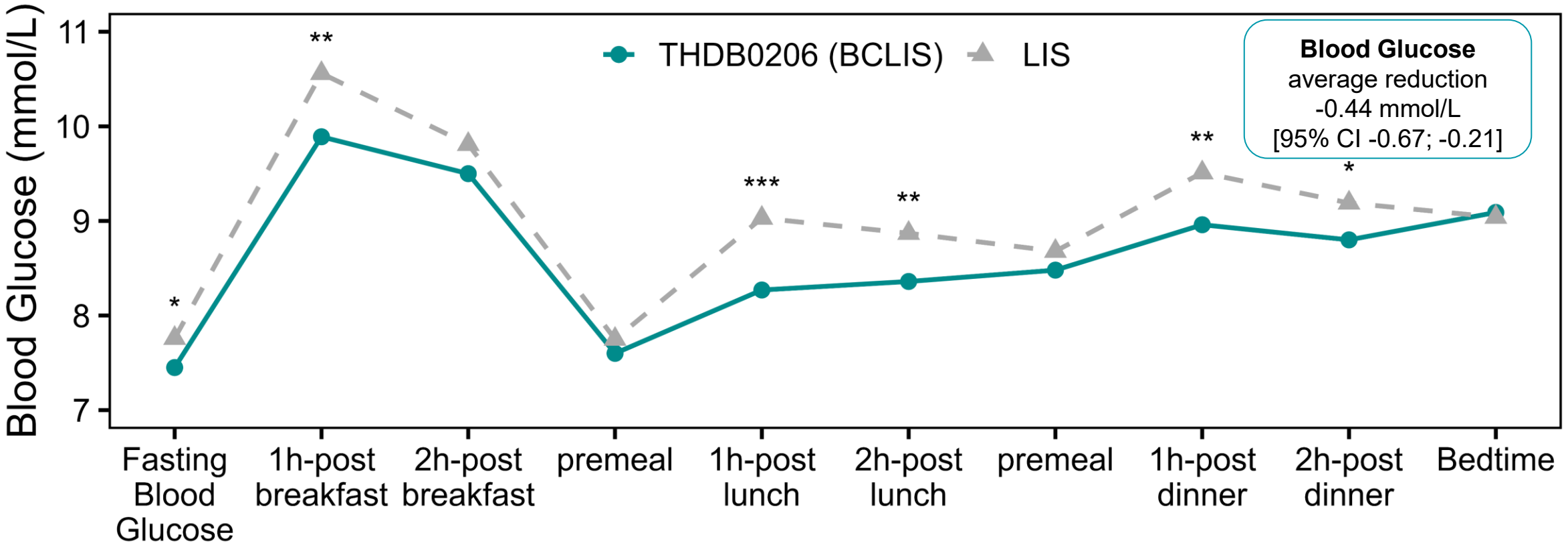
Glucose control

10-point SMBG at 26 weeks



Superior glucose control throughout the day with improvement after each meal

* p<0.05, ** p<0.01, *** p<0.001

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Safety profile

- Similar TEAE profile
- Injection site reactions were low and similar between both treatments (N =5 (0.8%) vs 2 (0.48%), BCLIS vs LIS)
- Similar hypoglycemia rates during 26 weeks of treatment

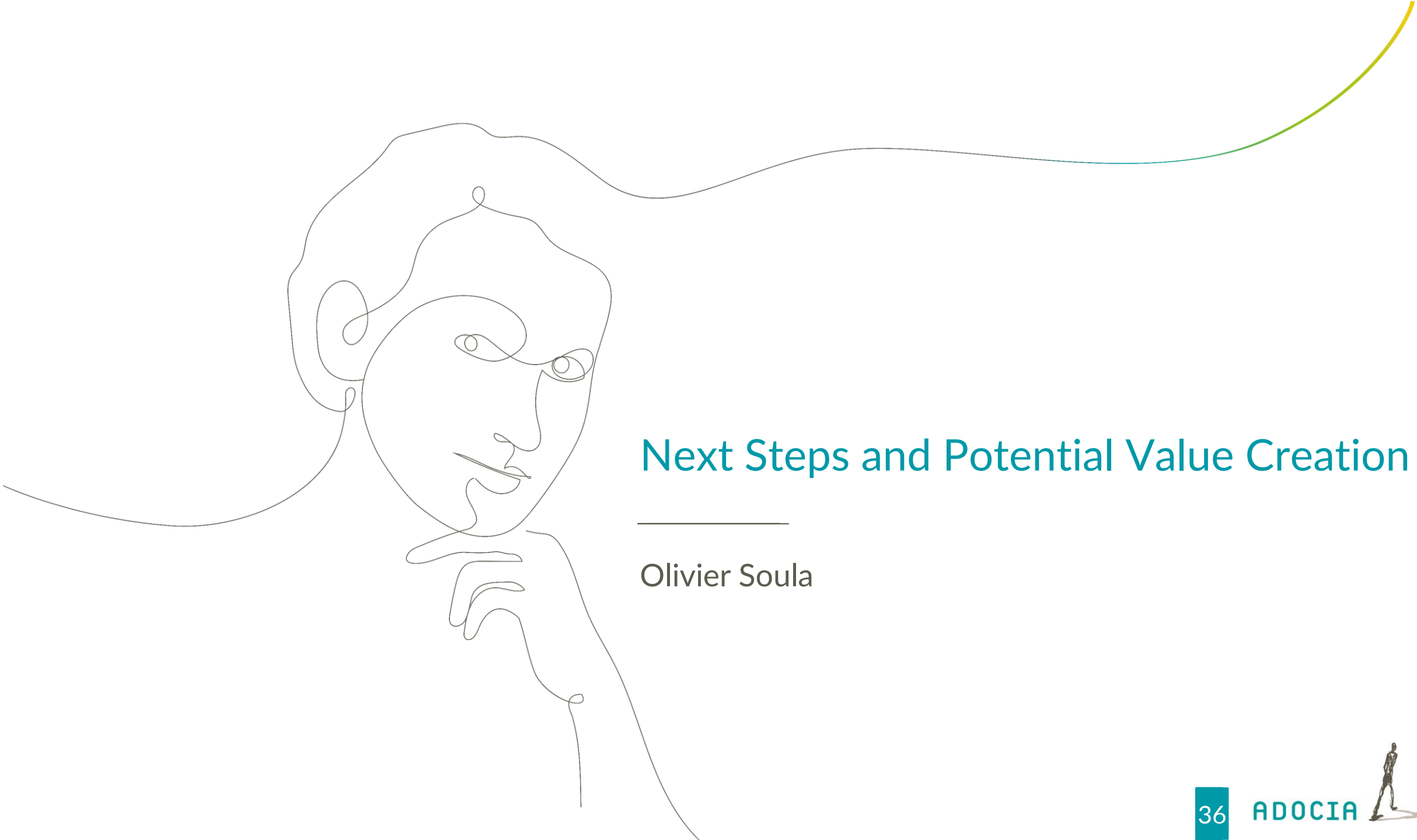
Summary of this study in 1040 Chinese people with T2D

Ultra-rapid THDB0206 (BCLIS) in comparison with insulin lispro, showed:

- Superior HbA1c improvements in people using metformin or with HbA1c < 8.5%
  - Significantly more people achieving HbA1c target below 7%
  - Similar (non-inferior) HbA1c improvements for the whole population
- Superior blood glucose control
  - throughout the day (mean BG)
  - after each meal (SMBG/MMT)
- Similar safety and tolerability

ADA 2026


1763-P
ePoster Theater Session
ADOCIA
Ultra-Rapid TDB0206 Injection (BioChaperone Lispro, BCLIS) Improves Postprandial And Daily Glucose Control Vs. Lispro (LIS) In Chinese People With Type 2 Diabetes (T2D)
1762-P
ePoster Theater Session
通化東宝

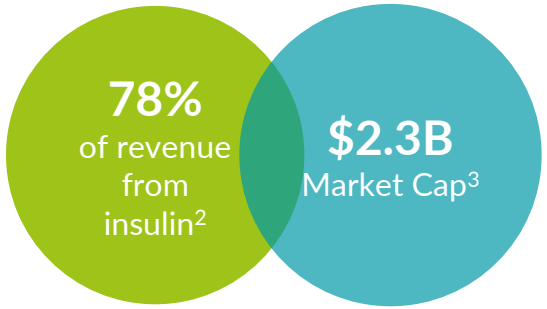


Next Steps and Potential Value Creation

Olivier Soula

China Phase 3 clinical part completed, filing under preparation

Partnered with 通化東宝 Tong Hua Dong Bao Group



Licensed for development & commercialization in China and other Asian territories[1]:

- ✓ $10M upfront
- ✓ $5M milestone - 1st patient on the Phase 3 trial in China
- ✓ $10M milestone - Phase 3 Last Patient Last Visit, Dec. 2024
- ○ $20M additional milestones - 1st marketing approval in China
- ○ Double-digit royalties on sales

Recent & Upcoming

- ✓ Phase 3 positive topline results on people with T2D
- ✓ Phase 3 positive topline results on people with T1D
- ○ Market Authorization submission in China expected

The company expects BioChaperone® Lispro to become the best-in-class mealtime insulin Adocia has retained rights for licensing BC Lispro outside THDB territories[1]

1. China and other territories (excluding US, EU, Japan), Press Release, Apr. 26, 2018: Adocia and Tonghua Dongbao Announce a Strategic Alliance for BioChaperone® Combo and BioChaperone® Lispro in China
2. Data THDB
3. July 2025

BC Lispro U100 pen for T1D and T2D: commercial distribution

China and other Asian countries covered by the contract with THDB

THDB holds full responsibility for registration and commercialization activities in these territories.

❑ **Next steps:**
⇒ China : Market Authorization submission by Tonghua Dongbao

Countries eligible for a simplified registration procedure

Health authorities may accept a registration dossier based on Chinese clinical and regulatory data, without requiring a large-scale Phase III study

Notably includes several countries in the Middle East, LATAM…

EU/US : Regulated markets requiring a new Phase III study

Regulatory agencies (EMA and FDA) require a new Phase III clinical study to demonstrate efficacy and safety in a local population or in accordance with their methodological standards

Subject to signing a partnership

Development in other territories are subject to the signing of a partnership agreement

Perspectives: other potential applications

BC Lispro U100 pen

- 6 Phase 1 clinical trials *(EU ≈200 patients)*
- 2 Phase 3 clinical trials *(CN - > 1500 patients)*

❑ **Next steps:**
⇒ China : Market Authorization submission by Tonghua Dongbao

BC Lispro U100 insulin pump

- 2 Phase 1 clinical trials *(EU ≈100 patients)*

❑ **Potential next step:**
⇒ A pivotal phase 3 trial in T1D/T2D patients using CSII

BC Lispro U200 insulin pump and pen

- BC Lispro U200 is bio-equivalent to BC Lispro U100 in a preliminary clinical study

T2D infuse high doses of insulin, reducing the duration of the pump which is a limitation for T2D pump use

❑ **Potential next steps :**
⇒ A bioequivalence study, and a
⇒ Pivotal phase 3 trial in T1D/T2D patients using CSII / pens

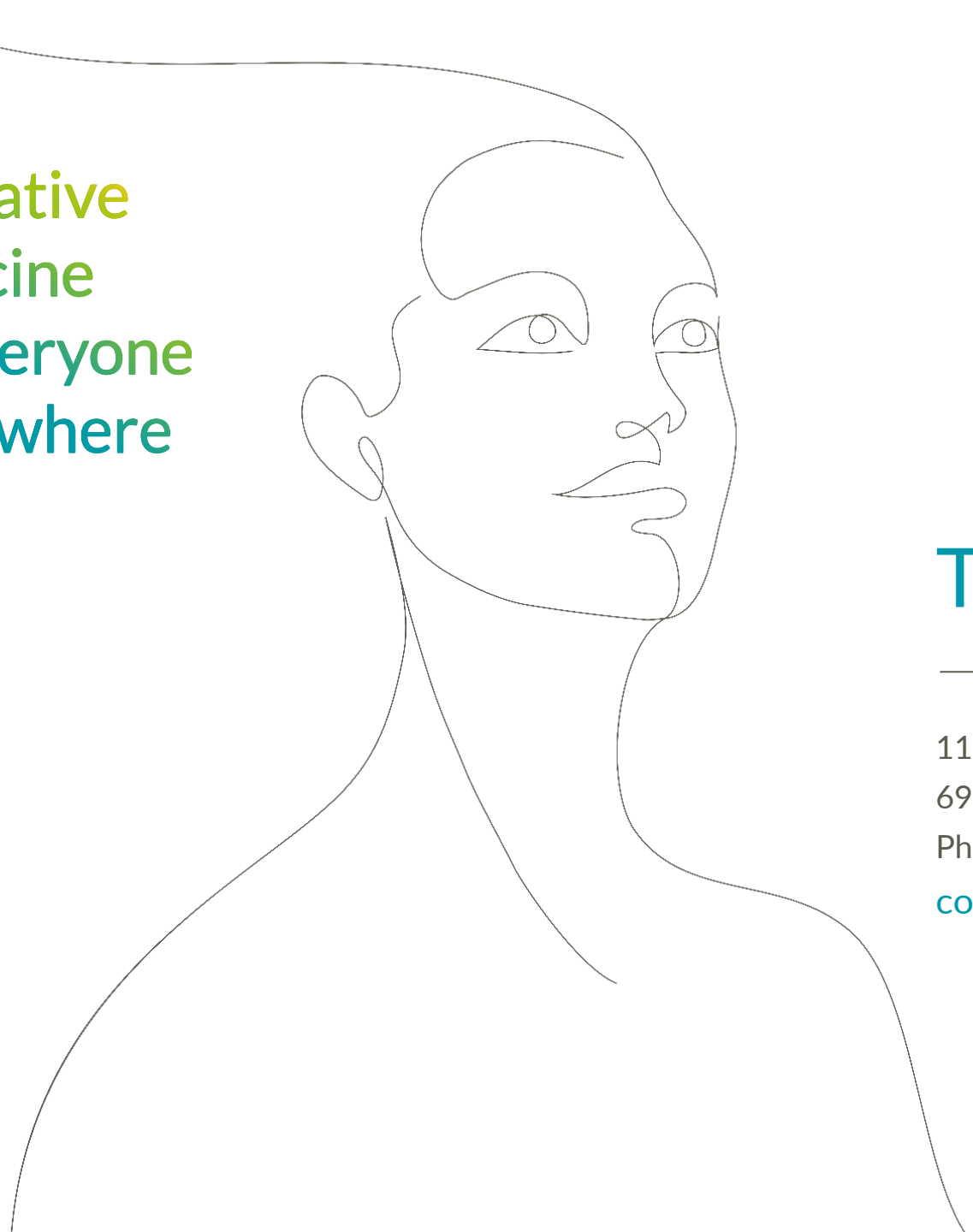
Subject to THDB or signing a partnership

Beyond commercialization of BC Lispro U100 in pen, BC Lispro could be developed for pump and at U200 concentration, subject to THDB or signing a partnership

CSII: Continuous Subcutaneous Insulin Infusion

Q&A

Innovative
Medicine
for everyone
everywhere



Thank you

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