Media Release
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New analysis of Idorsia's aprocitentan demonstrates significant and sustained reduction in albuminuria in patients with uncontrolled / resistant hypertension

- The findings demonstrate that aprocitentan may help reduce the risk of kidney disease progression, cardiovascular events, and mortality in patients with resistant hypertension.

Allschwil, Switzerland – June 01, 2026
Idorsia Ltd (SIX: IDIA) announces new analyses from the Phase 3 PRECISION study demonstrating that aprocitentan, Idorsia's dual endothelin receptor antagonist, significantly reduces albuminuria and improves albuminuria risk categories in patients with resistant hypertension. The data were presented by Prof. Markus Schlaich at the 35th Congress of the European Society of Hypertension (ESH).

The oral presentation, entitled "**Effect of the Dual Endothelin Receptor Antagonist Aprocitentan on Albuminuria**", underscores the role of endothelin pathway inhibition not only in blood pressure control, but also in addressing kidney-related risk in this high-risk population, further supporting the evidence presented in *Hypertension* titled "Aprocitentan in Patients with Chronic Kidney Disease and Resistant Hypertension".

Addressing a critical unmet need in resistant hypertension
Hypertension remains the leading modifiable risk factor for cardiovascular disease and premature death, with patients whose blood pressure is difficult to control facing even higher risks of stroke, myocardial infarction, heart failure, and kidney disease. In resistant hypertension in particular, chronic kidney disease and type 2 diabetes are common and contribute to poor long-term outcomes.

Albuminuria, measured as urine albumin-creatinine ratio (UACR), is a well-established biomarker of kidney damage and is strongly associated with increased cardiovascular morbidity and mortality, and more rapid progression towards kidney failure. Albuminuria is more commonly observed in conditions such as Type 2 diabetes and hypertension, as well as older age. Changing to a lower risk category, as a result of lowering albuminuria is therefore an important therapeutic objective beyond blood pressure lowering.

Potential to improve long-term renal and cardiovascular outcomes
By lowering albuminuria and shifting patients to lower risk categories, aprocitentan may help reduce the risk of kidney disease progression and cardiovascular risk in patients with difficult-to-control hypertension.

Prof. Markus Schlaich, MD, FAHA, FESC, ISHF, The University of Western Australia, Perth, and lead investigator in the PRECISION study commented:
"These data represent a major step forward in the management of difficult-to-control hypertension. By targeting the endothelin pathway, aprocitentan not only delivers robust and sustained blood pressure reductions, but also drives clinically meaningful improvements in albuminuria – an established marker of kidney and cardiovascular risk. The ability to lower albuminuria risk category in nearly half of these high-risk patients underscores the potential of aprocitentan to change the

treatment paradigm and deliver tangible long-term benefits for patients who remain inadequately controlled on current therapies, particularly those in whom treatment decisions are complicated by the risk of hyperkalemia."

New PRECISION analysis: meaningful reductions in albuminuria

The new analysis evaluated the effect of aprocitentan in 730 patients with confirmed resistant hypertension receiving at least three antihypertensive agents, including a diuretic.
Key findings include:

- **Rapid and substantial reductions in UACR:**

In patients with baseline microalbuminuria (UACR 30–300mg/g) and macroalbuminuria (UACR >300mg/g), aprocitentan significantly reduced UACR at Week 4 compared with minimal changes on placebo.

- **Sustained long-term effects:**

By Week 36, treatment with aprocitentan 25 mg reduced mean UACR:
  - From 77.5 mg/g to 34 mg/g in patients with microalbuminuria
  - From 860.2 mg/g to 286.7 mg/g in patients with macroalbuminuria

- **Early improvement/normalization in albuminuria risk category:**

As early as Week 4:
  - Up to 45% of patients with microalbuminuria achieved normal albumin levels with aprocitentan
  - Up to 39% of patients with macroalbuminuria improved to a lower risk category

At Week 36, approximately 46% of patients with baseline micro- or macroalbuminuria achieved a lower albuminuria risk category

- **Stable eGFR in both microalbuminuria and macroalbuminuria**

eGFR did not decline but remained stable, confirming the renal protective effect of aprocitentan

- **Preservation of normal kidney status:**

More than 92% of patients with normal albumin levels at baseline remained within the normal range during treatment.

Targeting endothelin: a novel and clinically meaningful mechanism

Idorsia's Chief Scientific Officer & Head of Research, Martine Clozel, also spoke at the event with a presentation entitled "From dream to reality: improving lives though endothelin-related innovations".

Aprocitentan, Idorsia's dual endothelin receptor antagonist approved as TRYVIO™ in the US and as JERAYGO™ in Europe, is the first therapy of its kind to target the endothelin pathway in systemic hypertension. Endothelin is a key driver of vasoconstriction, inflammation, fibrosis, and organ damage, and is often upregulated in patients with resistant hypertension and kidney disease.

The findings from this analysis reinforce the central role of endothelin in both the development and consequences of hypertension, including the potential to reduce kidney damage progression and long-term cardiovascular risk.

Unlike therapies targeting the renin–angiotensin–aldosterone system (RAAS) pathway, which may be associated with electrolyte disturbances such as hyperkalemia, endothelin receptor antagonism with aprocitentan has not demonstrated an increased risk of hyperkalemia.

Building on proven blood pressure efficacy

The albuminuria data complement previously reported results from PRECISION, where aprocitentan demonstrated:

- Rapid, double-digit reductions in systolic blood pressure
- Sustained efficacy over 48 weeks

- Consistent effects across office and ambulatory measurements
- Consistent blood pressure reductions across key patient subpopulations, including those with high-risk comorbidities

Importantly, the treatment effect was maintained in patients with common and clinically relevant comorbidities, including type 2 diabetes, obesity (including severe obesity), chronic kidney disease, and congestive heart failure, as well as across demographic subgroups such as older patients and those with higher cardiovascular risk profiles.

Aprocitentan has also shown a manageable safety profile, with mild and transient edema as the most commonly observed treatment-related effect and no significant drug–drug interactions – an important consideration in patients with complex regimens. Importantly, no signal for hyperkalemia or hyponatremia was observed, supporting its use in patients with resistant and difficult-to-control hypertension, including those with chronic kidney disease, even with an eGFR (estimated glomerular filtration rate) as low as 15ml/min/1.73m^2, diabetes, or heart failure, without additional electrolyte monitoring burden.

About aprocitentan

Aprocitentan is approved as TRYVIO® in the US for the treatment of systemic hypertension in combination with other antihypertensives and has been commercially available since October 2024. TRYVIO is now included in the American College of Cardiology's (ACC) and the American Heart Association's (AHA) new comprehensive clinical practice guidelines for the management of high blood pressure. Aprocitentan is approved as JERAYGO® for the treatment of resistant hypertension in combination with other antihypertensives in the European Union, the UK, and Switzerland, and a marketing authorization application is under review in Canada.

Notes to the editor

About Prof. Markus Schlaich, MD

Markus Schlaich is a nephrologist and a European Society of Hypertension (ESH) accredited hypertension specialist. He is a Fellow of the American Heart Association (FAHA), the European Society of Cardiology (FESC), and the International Society of Hypertension (ISHF). He served as an Executive Committee of the ISH from 2018-2020 and is currently on the Management Board of the global ISH May Measurement Month campaign. Markus is President of Hypertension Australia and a Trustee of the Foundation for High Blood Pressure Research.

Markus has a strong background in clinical research with a focus on the pathophysiology of hypertension, involvement of the kidneys, and hypertension mediated organ damage. He has a specific interest in treatment modalities targeting the sympathetic nervous system and other relevant pathways such as the endothelin system to improve BP control and thereby outcomes for patients with difficult-to-control hypertension. For his work he received the Björn Folkow Award from the European Society of Hypertension (ESH) and the Arthur C. Corcoran Award from the AHA Hypertension Council, both in 2021. He has authored more than 450 articles in peer-reviewed journals and serves on the Editorial Board of Hypertension and Journal of Hypertension. Prof. Schlaich serves as a consultant to Idorsia.

Key literature

- Danaietash P et al. Identifying and treating resistant hypertension in PRECISION: A randomized long-term clinical trial with aprocitentan. J Clin Hypertension 2022 Jul;24(7):804-813.
- Schlaich MP, et al. A randomized controlled trial of the dual endothelin antagonist aprocitentan for resistant hypertension. The Lancet, 2022; Dec 3;400(10367):1927-1937.
- Rossignol P, et al. Aprocitentan in Patients With Chronic Kidney Disease and Resistant Hypertension. Hypertension. Online ahead of print, December 2025, doi.org/10.1161/HYPERTENSIONAHA.125.25563
- Iglarz M, et al. At the heart of tissue: endothelin system and end-organ damage. Clin Sci 2010; 119:453-63.
- Clozel M. Aprocitentan and the endothelin system in resistant hypertension. Can J Physiol Pharmacol 2022; 100:573-83.

About Idorsia

The purpose of Idorsia is to discover, develop and commercialize innovative medicines to help more patients. To achieve this, we will develop Idorsia into a leading biopharmaceutical company, with a strong scientific core.

Headquartered near Basel, Switzerland – a European biotech hub – Idorsia has a highly experienced team of dedicated professionals, covering all disciplines from bench to bedside; QUVIVIQ™ (daridorexant), a different kind of insomnia treatment with the potential to revolutionize this mounting public health concern; strong partners to maximize the value of our portfolio; a promising in-house development pipeline; and a specialized drug discovery engine focused on small-molecule drugs that can change the treatment paradigm for many patients. Idorsia is listed on the SIX Swiss Exchange (ticker symbol: IDIA).

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