A group of people, mostly seen from the back, are standing in a circle on a grassy field with trees in the background. They are all wearing light blue t-shirts. One person on the right has their arm around another's shoulder.

Ovid Therapeutics PAVING THE WAY FOR MORE IN ANGELMAN SYNDROME (AS)



Angelman Society of Israel, December 5th, 2019

ד"ר ג'רמי לוין

יו"ר ומנכ"ל

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THE NUMBERS ARE IN: SEE THE PROGRESS IN ANGELMAN SYNDROME

How many people
were at this event
three years ago?

600

How many AS therapies
were in development
five years ago?

0

How many
people are at
this event today?

900+

How many promising
AS therapies are in
development today?

5

AT THE DOORSTEP OF PHASE 3 CLINICAL RESULTS: OV101

We are proud to see OV101 (gabadoxol) progress into Phase 3 studies with the NEPTUNE study.

But OV101 is just the beginning for AS therapies—
**we couldn't be more excited to see what else
other companies have in store.**



**THERE WAS LESS TO THE
STORY NOT TOO LONG AGO...**

ANGELMAN SYNDROME (AS) - A CONDITION PAVING A NEW PATH

1

**DRUG
DISCOVERY
WAS ONLY
BEGINNING**

2

**RESOURCES
JUST DIDN'T
EXIST**

3

**AS WAS
RELATIVELY
UNKNOWN**

WE WERE INSPIRED TO MAKE A DIFFERENCE IN ANGELMAN SYNDROME



**OVID THERAPEUTICS INC. WAS
FOUNDED TO ADDRESS
NEUROLOGICAL ORPHAN DISEASES
TO BRING NOVEL APPROACHES—
WHERE THE UNMET MEDICAL
NEED FOR PATIENTS AND FAMILY
IS GREAT.**

**AND BY ENGAGING WITH
ADVOCACY, FAMILIES, AND
PATIENTS WITH ANGELMAN
SYNDROME, WE MET A
COMMUNITY EMPOWERED AND
MOTIVATED TO MAKE A
MEANINGFUL DIFFERENCE AND**

THE ROAD TO GABADOXOL: EXPLORING TONIC INHIBITION

ABOUT TONIC INHIBITION

Tonic inhibition is an important physiological process in the brain that is key to the brain's ability to discriminate signal from noise.

EXCITATORY SIGNAL OVERLOAD

Decreased tonic inhibition causes the brain to become overloaded with excitatory signals, resulting in a wide range of symptoms in AS patients.

WAS RESTORATION THE WAY FORWARD?

Restoring tonic inhibition may improve several symptoms of AS, such as motor function, sleep, and behavioral aspects.

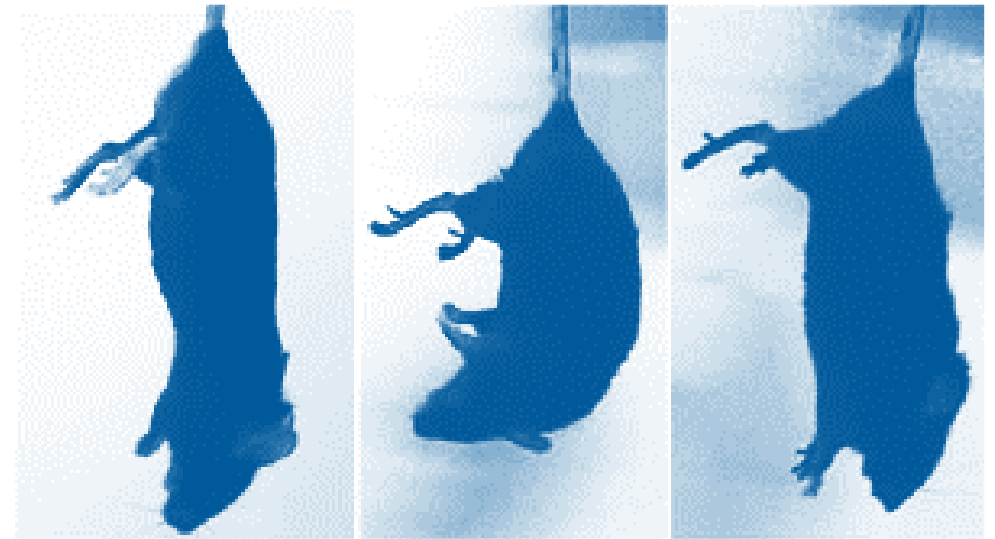


THE ROAD TO GABOXADOL: PROMISING PRECLINICAL LEARNINGS

The ideal GABA_A inhibitor was gaboxadol—which was initially explored for other neurological conditions

In AS mouse model, OV101 (gaboxadol):

- Restored tonic inhibition
- Corrected motor activity
- Improved gait and balance
- Improved cognition and memory



CONTROL

AS MOUSE
MODEL (UBE3A
DEFICIENT)

TREATED
WITH OV1010

ENTERING THE CLINICAL STAGE

ALIGNING THE STARS ...

ENTER THE PHASE 2 STARS STUDY WITH OV101

- The first industry-sponsored, international, randomized, double-blind, placebo-controlled clinical trial in adults and adolescents with Angelman syndrome.
- 88 individuals with AS were enrolled
- Investigated safety parameters as well as exploratory efficacy endpoints



FAST TRACK
DESIGNATION

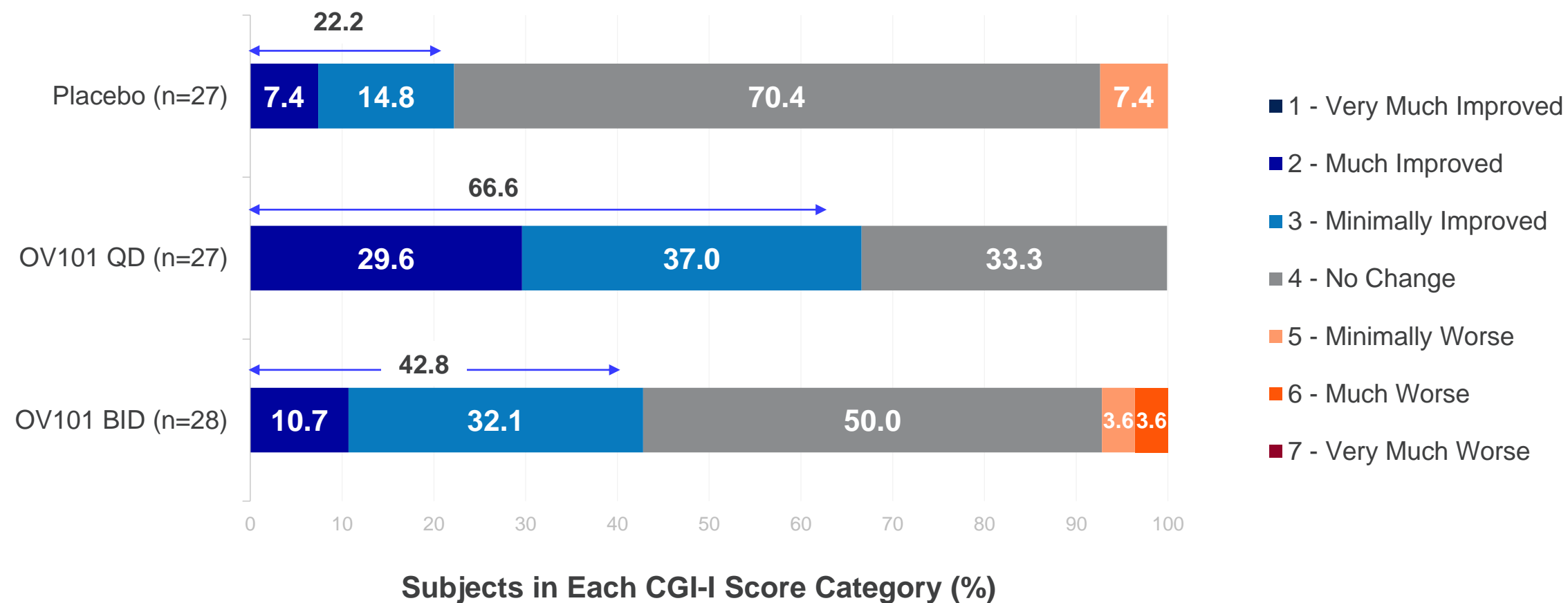


TOP SCIENCE
PROGRAM



ORPHAN DRUG
DESIGNATION

STARS PHASE 2 STUDY MET SAFETY AND TOLERABILITY ENDPOINT AND ALSO SHOWED EFFICACY



IT'S TIME FOR PHASE 3

- Phase 3 NEPTUNE trial, a randomized, double-blind, placebo-controlled, 12-week trial of OV101 in pediatric patients with Angelman syndrome
- CGI-I-AS as a primary endpoint

THE DETAILS

- Study began in Sept 2019
- Last enrollments expected early 2020
- Anticipated data by mid 2020



NEPTUNE INCLUSION AND EXCLUSION CRITERIA SIMILAR TO PHASE 2 STARS STUDY



Key Inclusion Criteria

- Genetic diagnosis of AS
- Ages 4-12yr, plus age 2-3yr safety only
- Has a CGI-S-AS score of 3 or more
- Meets the following age-appropriate body weight criteria:
 - Subjects 2 to 3 years old must have a minimum body weight of 9 kg
 - Subjects 4 years and older must be between 17 kg and 64 kg (inclusive)



Key Exclusion Criteria

- Has poorly controlled seizures
- Cannot tolerate wearing the actigraph during the 28-day screening period of the study
- Use of benzodiazepines, zolpidem, zaleplon, zopiclone, eszopiclone, barbiturates, or ramelteon for sleep, or minocycline or levodopa within the 4 weeks prior to Day 1 or during the study

NEPTUNE STUDY DESIGN



1:1 RANDOMIZATION

The diagram illustrates the Neptune study design as a horizontal timeline. It begins with a dark blue box labeled "SCREENING 28 DAYS". This is followed by a small grey box, then a large blue box labeled "TREATMENT 12 WEEKS". An arrow labeled "1:1 RANDOMIZATION" points to the start of the treatment phase. The timeline continues with a grey box labeled "OBSERVATION 2 WEEKS". A large blue arrow at the bottom points from the end of the observation phase to a separate box labeled "ELARA OPEN-LABEL EXTENSION STUDY". A horizontal line with "18 WEEKS TOTAL" is positioned below the screening and treatment phases.

SCREENING
28 DAYS

TREATMENT
12 WEEKS

OBSERVATION
2 WEEKS

18 WEEKS TOTAL

ELARA
OPEN-LABEL
EXTENSION
STUDY

THE CGI-I-AS ENDPOINT IN NEPTUNE



THE WHAT

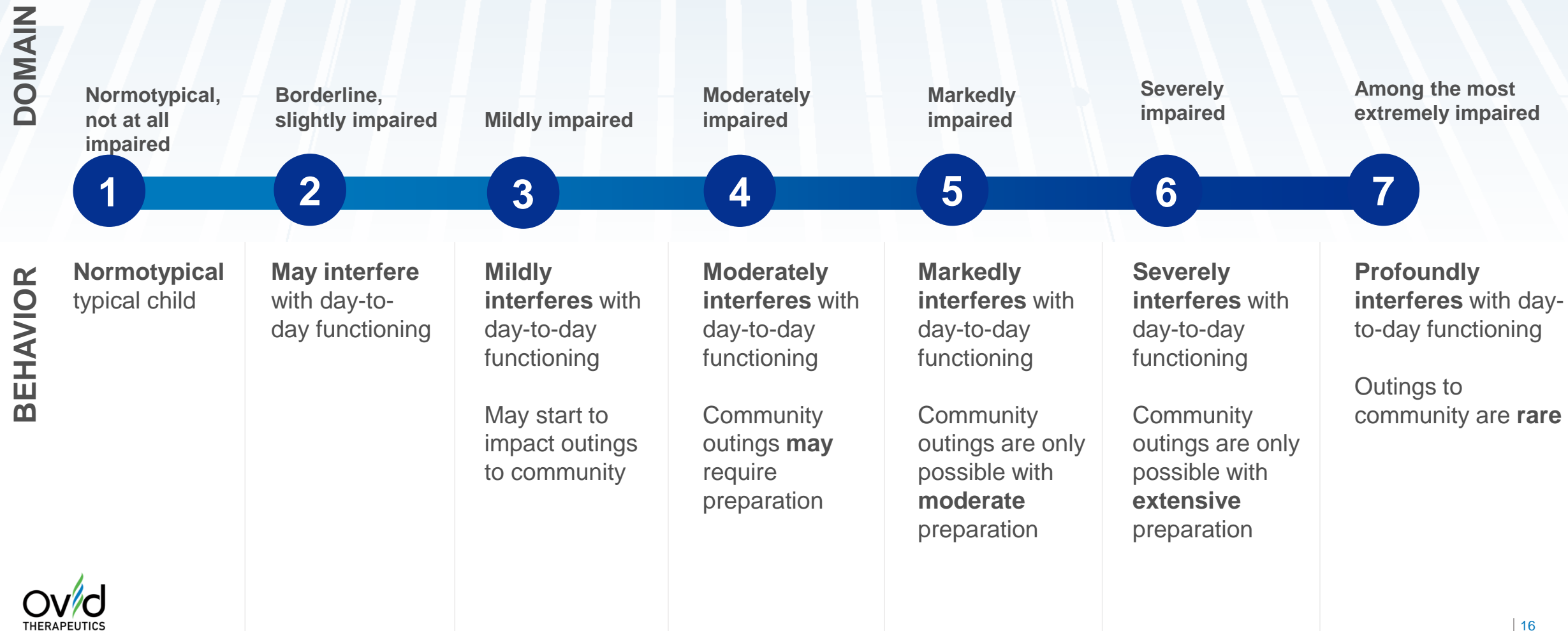
CGI-I-AS measures the change (i.e. clinical improvement/worsening) after an individual with AS has started treatment

THE HOW

Clinicians ask the caregiver of the individual with AS **to recall symptoms during the last of 4 weeks**

- For NEPTUNE, CGI-I-AS will be observed at Week 6 and Week 12 visits

A CLOSER LOOK AT THE CGI-S-AS SEVERITY SCALE



WHAT MEASURED CHANGE MEANS FOR PATIENTS AND FAMILIES

*Physician and parent observations
illustrating CGI-I from STARS trial*



“

For the first time ever, she could walk down stairs without assistance, open screw tops, and purposely use a garage opener

“

She could for the first time help with activities of daily living like undressing, she independently went to the fridge to obtain the medicine, it was unconceivable before that she could do such a thing

“

It was like a veil was lifted, and for the first time there was social and cognitive awareness and engagement

“

It was as if a light bulb was turned on in the brain

WE WERE NEVER IN THE FIGHT ALONE

AS ADVOCACY IS HELPING TO BRING NOVEL TREATMENT TO PATIENTS—FASTER AND SOONER THAN WE EVER THOUGHT POSSIBLE



THE AS COMMUNITY IS POISED FOR POTENTIAL TREATMENTS TO CHANGE MEDICAL PRACTICE





CAN'T STOP WON'T STOP

- Advancing new thinking to the treatment landscape
- Redefining clinical measures that are more patient-centric

- Being the innovation advocate thousands are depending upon
- Our commitment to the AS community

תודה. שאלות?

