



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



Angelman Society of Israel, December 5th, 2019

ד"ר ג'רמי לוי

ו"ר מנכ"ל

DISCLAIMERS AND FORWARD-LOOKING STATEMENTS

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Words such as "may," "will," "expect," "plan," "anticipate" and similar expressions (as well as other words or expressions referencing future events or circumstances) are intended to identify forward-looking statements. Forward-looking statements contained in this presentation include statements about the progress, timing, clinical development and scope of clinical trials and the anticipated reporting schedule of clinical data for the Company's product candidates; the potential therapeutic benefit of the Company's product candidates; the timing and outcome of discussions with regulatory authorities; and the success of any partnering opportunities. Each of these forward-looking statements involves risks and uncertainties.

These statements are based on the Company's current expectations and projections made by management and are not guarantees of future performance. Therefore, actual events, outcomes and results may differ materially from what is expressed or forecast in such forward-looking statements. Factors that may cause actual results to differ materially from these forward-looking statements. Initial data from clinical trials may not be indicative, and are not guarantees, of the final results of the clinical trials and are subject to the risk that one or more of the clinical outcomes may materially change as patient enrollment continues and/or more patient data become available. Additional risks that could cause actual results to differ materially from those in the forward-looking statements are discussed in the Company's filings with the U.S. Securities and Exchange Commission, including the "Risk Factors" sections contained therein. Except as otherwise required under federal securities laws, we do not have any intention or obligation to update or revise any forward-looking statements, whether as a result of new information, future events, changes in assumptions or otherwise.

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.

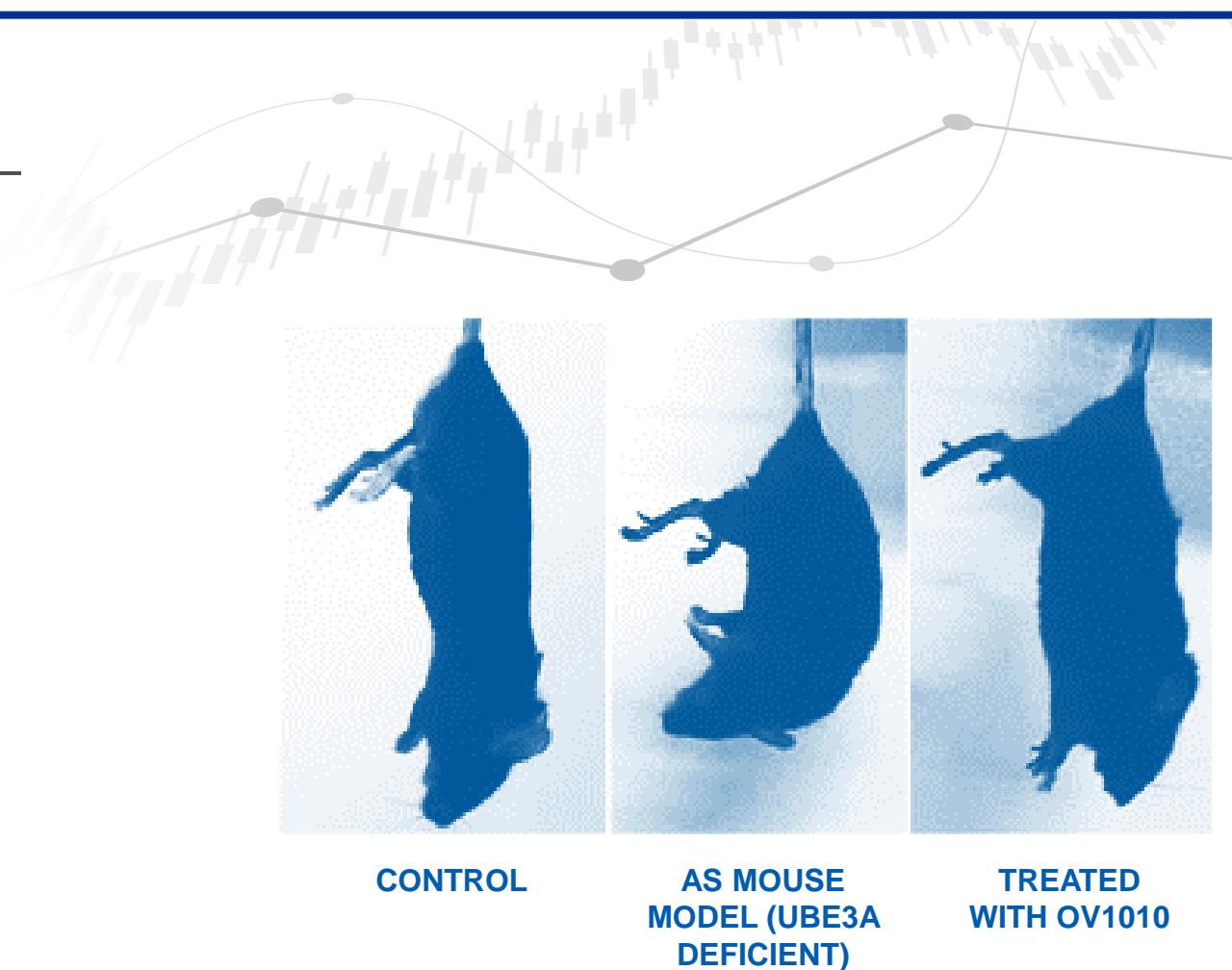


THE ROAD TO GABOXADOL: PROMISING PRECLINICAL LEARNINGS

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



Source: Egawa et al., Decreased tonic inhibition in cerebellar granule cells causes motor dysfunction in a mouse model of Angelman Syndrome. *Science Translational Medicine* 4, 163ra157, 5 December 2012

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

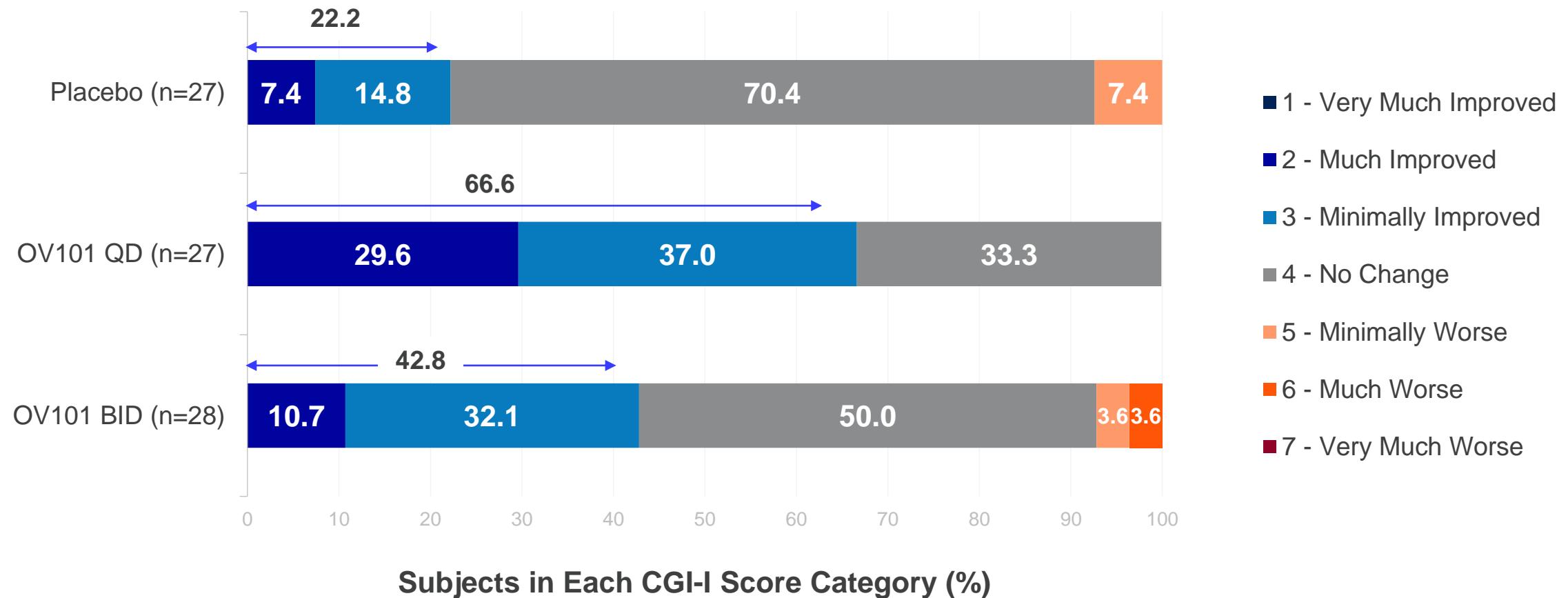


TOP SCIENCE
PROGRAM



ORPHAN DRUG
DESIGNATION

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



FOLLOWING THE LIGHT WITH NEPTUNE



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



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

DOMAIN

Normotypical,
not at all
impaired

1

Borderline,
slightly impaired

2

Mildly impaired

3

Moderately
impaired

4

Markedly
impaired

5

Severely
impaired

6

Among the most
extremely impaired

7

BEHAVIOR

Normotypical
typical child

May interfere
with day-to-
day functioning

Mildly
interferes with
day-to-day
functioning

May start to
impact outings
to community

Moderately
interferes with
day-to-day
functioning

Community
outings **may**
require
preparation

Markedly
interferes with
day-to-day
functioning

Community
outings are only
possible with
moderate
preparation

Severely
interferes with
day-to-day
functioning

Community
outings are only
possible with
extensive
preparation

Profoundly
interferes with day-
to-day functioning

Outings to
community are **rare**

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

“

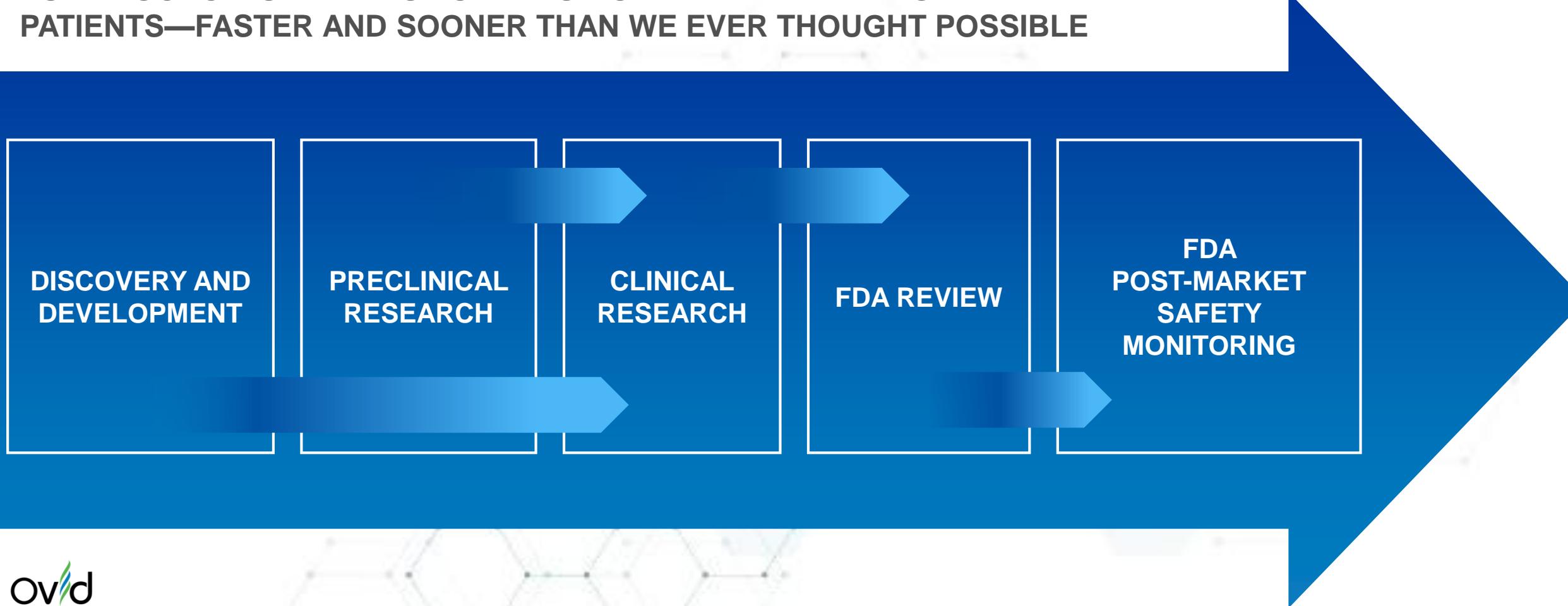
It was like a veil was lifted, and for the first time there was social and cognitive awareness and engagement

“

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



A photograph of a man with a beard and a young child looking at a laptop screen together. The man is wearing a grey hoodie. The child is wearing a white shirt. They are both looking down at the laptop screen. The background is a blurred office or home setting.

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.
שאלה?

