



PRECISION NEUROSCIENCE. TRANSFORMATIONAL THERAPIES.

CORPORATE SUMMARY | 1Q 2024

Engrail
THERAPEUTICS

Engrail is a clinical-stage, neuropsychiatry-focused pharmaceutical company

Rapidly advancing programs create
near-term milestones and value creation

Deep and differentiated pipeline

Unique approach
improving probability of success

Experienced leadership with
a track record of success in neuropsychiatry

Phase 1 and Phase 2 data readouts
Multiple INDs
Class clinical validation

Psychiatry
Rare Disease
Neurology

Scientific / mechanistic validation

Best-in-class profiles

Understood diseases and high-potential indications

>100 years of neuropsych drug development

>30 product launches

Our talented team has extensive experience in neuroscience drug discovery, development, and commercialization



Vikram Sudarsan, PhD
 Founder
 President and Chief Executive Officer
 Board Member



Kimberly Vanover, PhD
 Chief Scientific Officer
 Board Member



Quentin McCubbin, PhD
 Chief Technical Officer



Eve Taylor, PhD
 Sr. VP, Clinical Development



Bill Brubaker, PhD
 Sr. VP, Nonclinical Development
 and Head of DMPK



Estibaliz Arce, PhD
 VP, Translational Science
 & Clinical Development



Shawn Hossain, DO
 Executive Medical Director



Natalia Serrano, MD
 Medical Director



Camilla Gomiero
 VP, Commercial Strategy
 & Business Development



Anil Vootkur, PharmD
 VP, Corporate Development

Internal capabilities + external expertise

- Nonclinical Development
- Drug Metab. / Pharmacokinetics
- Technical Operations / CMC
- Clinical Development
- Clinical Operations
- Project Management
- Commercial Strategy
- Business Development
- Corporate Development
- Financial Planning and Analysis

Diverse and accomplished employee base

20 full-time employees and contractors

~70% advanced degree

~50:50 female to male ratio



We are focused on advancing our deep and diverse neuropsychiatry portfolio

Program	MoA	Lead Indication	Discovery	Preclinical	Phase 1	Phase 2
ENX-102	GABA _A α _{2,3,5} PAM	Generalized anxiety disorder	[Progress bar spanning Discovery, Preclinical, Phase 1, and Phase 2]			
ENX-104	D2/D3 autoreceptor inhibitor	Depression / Anhedonia	[Progress bar spanning Discovery and Preclinical]			
ENX-105	D2/D3 antagonist, 5-HT _{1A} and 5-HT _{2A} agonist	PTSD / Mood disorders	[Progress bar spanning Discovery and Preclinical]			
ENX-103	Copper transporter	Menkes disease	[Progress bar spanning Discovery and Preclinical, labeled "In named patient studies*"]			

We are targeting indications characterized by high unmet needs and significant commercial opportunity

ENX-102

Generalized Anxiety Disorder

>6 million

Diagnosed patients

~60% fail initial lines of therapy

Unfavorable and unapproved later-line options

Attractive pricing and access expectations

ENX-104

Anhedonia in Major Depressive Disorder

>3 million

Mod-to-severe patients

~50% fail 1st line

Targeted approaches for anhedonia needed

Attractive pricing references

ENX-105

Post-Traumatic Stress Disorder

>2 million

Diagnosed patients

Only 30% achieve remission on approved SSRIs

New therapeutics targeting multiple symptoms needed

ENX-103

Menkes Disease

Rare

~50 newborns/year

Fatal disease – no approved therapies

Life-saving opportunity

Favorable commercial dynamics

ENX-102

BEST-IN-CLASS SELECTIVE GABA_A $\alpha_{2,3,5}$
PAM FOR THE TREATMENT OF
GENERALIZED ANXIETY DISORDER

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Anxiety is an epidemic



Standard screening is recommended for all adults <65 years old

USPSTF Clinician Summary of USPSTF Recommendation Screening For Anxiety Disorders in Adults

June 2023



What does the USPSTF recommend?

B
Grade

Adults 64 years or younger, including pregnant and postpartum persons:
Screen for anxiety.

I
Statement

Older adults 65 years or older:
The evidence is insufficient to assess the balance of benefits and harms of screening for anxiety disorders.



To whom does this recommendation apply?

This recommendation applies to adults (19 years or older), including pregnant and postpartum persons, and older adults (65 years or older) who do not have a diagnosed mental health disorder and are not showing recognized signs or symptoms of anxiety disorders.

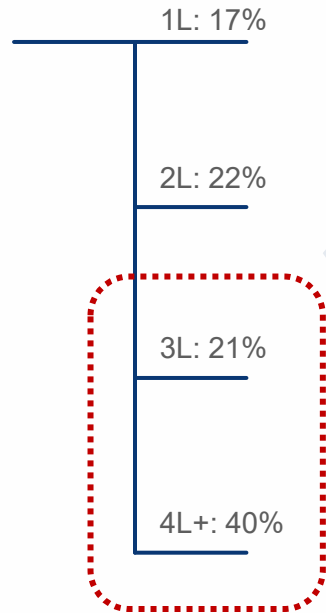
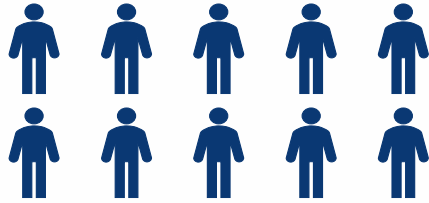


What's new?

This is a new USPSTF recommendation.

Substantial need for new options to treat generalized anxiety disorder (GAD)

>5.4 M US patients currently being treated for GAD



Additional patients

+ 1.4 M patients on treatment for depression with GAD as a secondary indication

+ 9.2 M patients on treatment for anxiety (unspecified)

>60% of GAD patients fail first and second lines of therapy

Two primary therapeutic strategies

1

Various antidepressants and anxiolytics

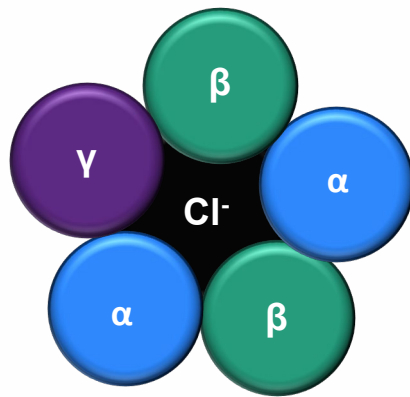
2

Benzodiazepines

Side effects of benzodiazepines are largely related to their non-selective GABA_A activation

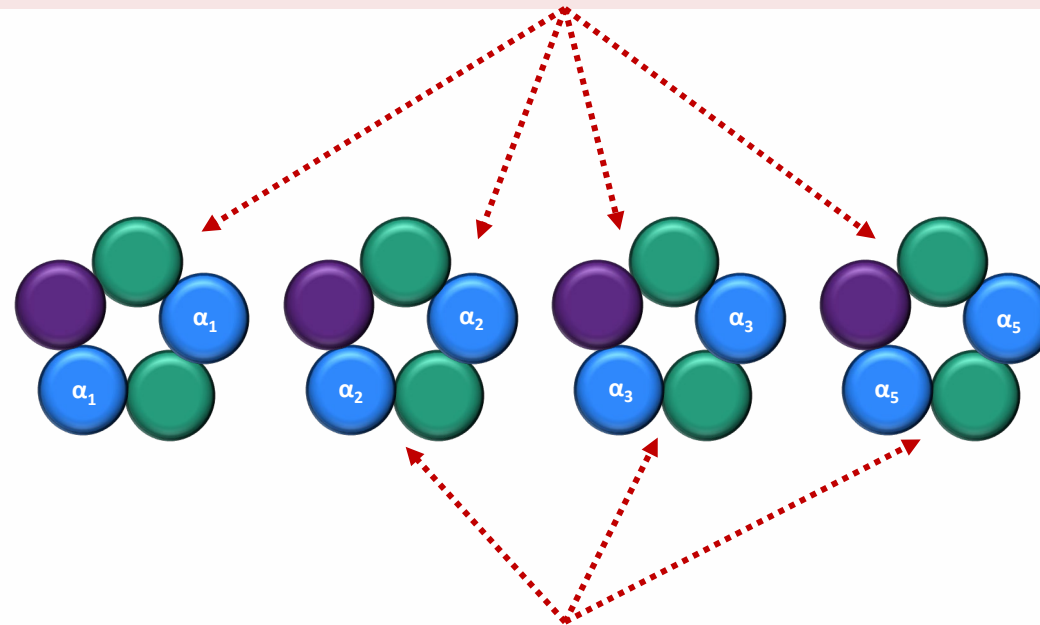
GABA is the major inhibitory neurotransmitter in the brain

GABA_A receptors have 5 subunits



Benzodiazepines specifically activate GABA_A channels to reduce anxiety

Benzodiazepines non-selectively activate the major GABA_A channels **leading to undesirable side effects**



ENX-102 selectively activates α_2 , α_3 and α_5 containing channels while **avoiding** α_1 channels, leading to a safer profile

ENX-102 has a favorable profile over the significant limitations of current therapies

Clear potential to address key unmet needs in GAD

	GAD approval (chronic)	Efficacy	Rapid onset	No titration requirement	No withdrawal symptoms	No sexual dysfunction	No significant cognitive impairment	No significant DDI/alcohol interactions	Minimal abuse potential
SSRIs	✓	✓	✗	✗	✗	✗	✓	✓	✓✓
BZDs	✗	✓✓	✓	✗	✗	✓	✗	✗	✗
ENX-102	✓	✓✓	✓	✓	✓	✓	✓	✓	✓

An ideal product would harness the efficacy of benzodiazepines without the limitations

The ENX-102 Phase 1b study predicts efficacy with a well tolerated, sedation-free profile

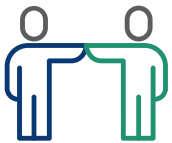
Randomized, double-blind placebo-controlled trial in healthy volunteers

- Five doses of ENX-102 tested; 40 subjects included
- Twelve day dosing duration



Pharmacodynamic biomarkers confirm target engagement

- ENX-102 enters the brain and exhibits effects consistent with its mechanism




















ENX-102 was safe and well tolerated

- Side effects were predominantly mild and transient with no sedation observed
 - Most frequent were somnolence and fatigue, which can be mitigated with repeated administration and once-evening dosing



Pharmacokinetic data support once-daily dosing (~50-60 hour half-life)

ENX-102 exhibits an anxiolytic profile without the negative effects seen with benzodiazepines

	Biomarker	Rationale	Benzodiazepine Signature Pattern	ENX-102 Treatment Effect
Efficacy	 SPV	Decrease indicates GABA _A $\alpha_{2,3}$ target engagement		
	Sedation and Cognitive Impairment	 VAS alertness	Decrease indicates impaired subjective alertness	
 Adaptive tracking		Decrease indicates impaired sustained attention		
 Body sway		Increase indicates impaired psychomotor function		
 VAS feeling high		Increase indicates subjective euphoric effects		
 VVLTL delayed recall		Decrease indicates impaired memory		

 No main effect of treatment

ENX-102 phase 2 study initiated in mid-2023

Study designed to maximize probability of success



1° endpoint: HAM-A

- Severity of anxiety symptoms

2° endpoints will explore:

- Rapidity of onset
- Impact on depression
- Impact on insomnia
- Satisfaction, worry, other markers of efficacy

ENX-102 has blockbuster commercial potential



Thorough external commercial evaluation commissioned by Engrail

Large and well-defined patient population
with unmet need

Strong prescriber interest

Favorable pricing and commercial
dynamics

>\$1 B
US sales potential*

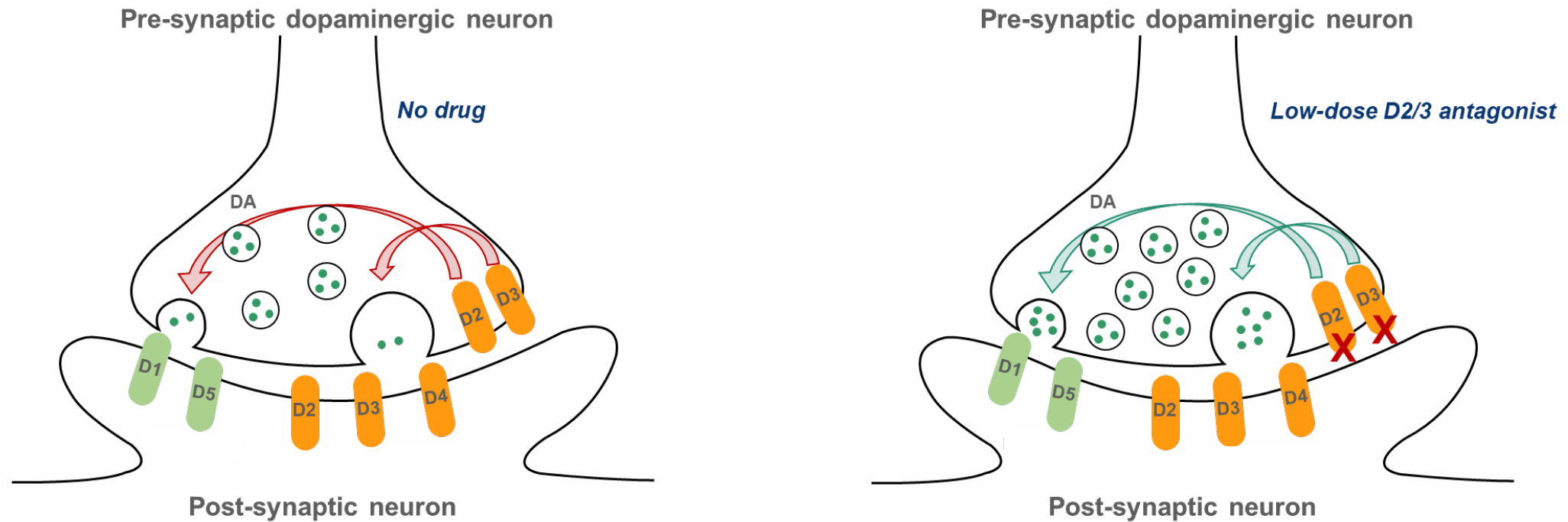
ENX-104 ENX-105

PRECISION TARGETING OF DOPAMINE
RECEPTORS FOR THE TREATMENT OF
DEPRESSION CHARACTERIZED BY ANHEDONIA
AND PTSD / MOOD DISORDERS

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Dopamine D2/3 antagonism is a clinically-validated approach for the treatment of depressive disorders

Low-dose D2/3 antagonism blocks pre-synaptic autoreceptors, increasing dopamine release



Anhedonia is a core symptom of MDD and represents a significant unmet need

Anhedonia is diminished interest or loss of pleasure in almost all activities

Anhedonia is 1 of 2 hallmark symptoms of MDD

- No treatments for MDD specifically target this core symptom
- Anhedonia is associated with poor response to antidepressant treatment

Dysregulated dopaminergic neurotransmission, particularly in reward systems, is thought to underlie anhedonia



>16 M U.S. adults with MDD, of which only ~8 M are treated



3.8 M patients suffer with moderate-to-severe anhedonia



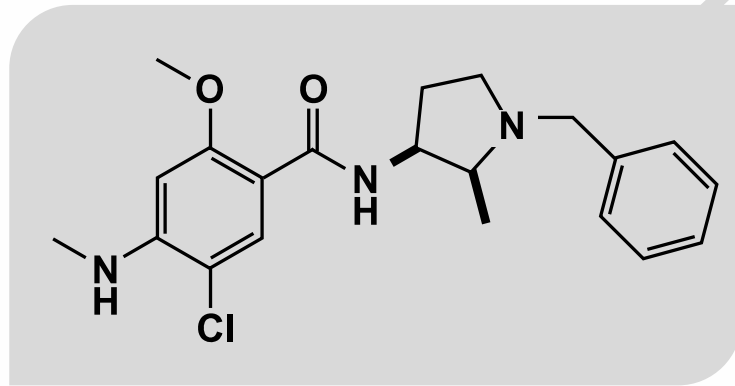
2.3 M have **inadequate response** to at least one antidepressant



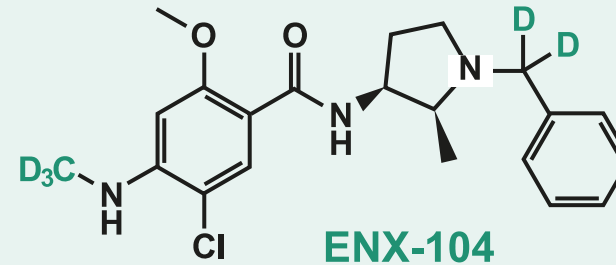
High unmet need to treat MDD with anhedonia with more targeted approaches

We created a potent D2/3 autoreceptor antagonist to boost dopamine levels

Nemonapride enantiomer + deuteration provides improved brain PK and differentiated pharmacology



Nemonapride



D2/3/4 antagonist

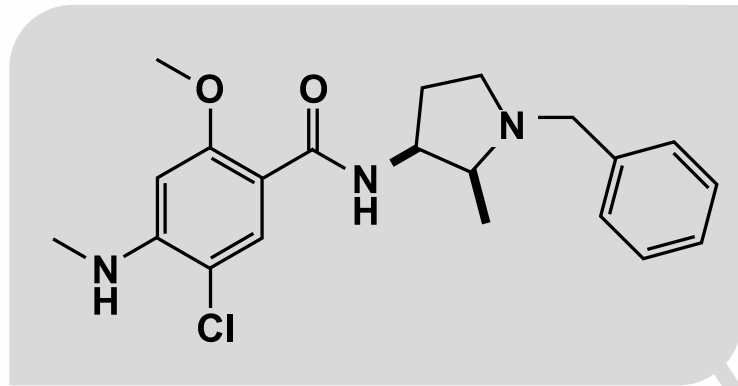
Exactly what we were looking for and de-risked

- ✓ PK profile of an ideal CNS therapeutic
- ✓ Sustained release of dopamine in the reward circuit
- ✓ Preclinical POC achieved
- ✓ Clinical validation via amisulpride

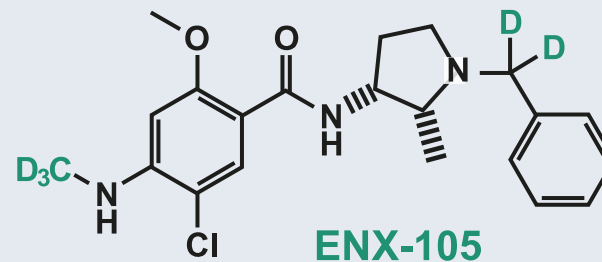
Serendipitous discovery provides novel pharmacology

Nemonapride enantiomer + deuteration yields a unique combination of dopamine and serotonin modulation

- ✓ Pharmacology holds promise for psychedelic-like anxiolytic and antidepressant activity without hallucinations
 - Sustained release of dopamine in the reward circuit
 - Preclinical confirmation of antidepressant effect
 - No observed headshakes / hallucinogen-like activity



Nemonapride



**D2/3/4 antagonist
5-HT_{1A} and 5-HT_{2A} agonist**

*Unprecedented and novel
pharmacology*

*Discovered additional NCEs to
optimize 5-HT function*

ENX-103

COPPER TRANSPORTER TO SAVE AND
ENHANCE THE LIVES OF CHILDREN BORN
WITH MENKES DISEASE

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Menkes disease is a fatal ultra-orphan disease resulting from a copper transport defect

ATP7A mutation leads to a copper transport defect that causes poor distribution of copper throughout the body

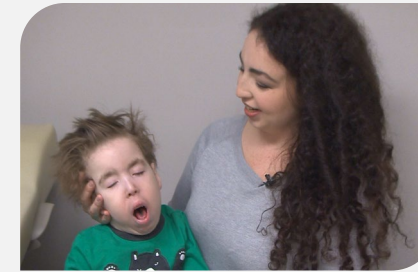
- Severe lack of copper, especially in the brain
- Excess copper in other tissues, including kidneys

Menkes disease is ultra-orphan

- US incidence = 1/35,000 male births (~56 births /year)
- US estimated prevalence: 1/8,664 live male births (~225 patients/year)

Prognosis is fatal

- Early death, often before 3 years of age

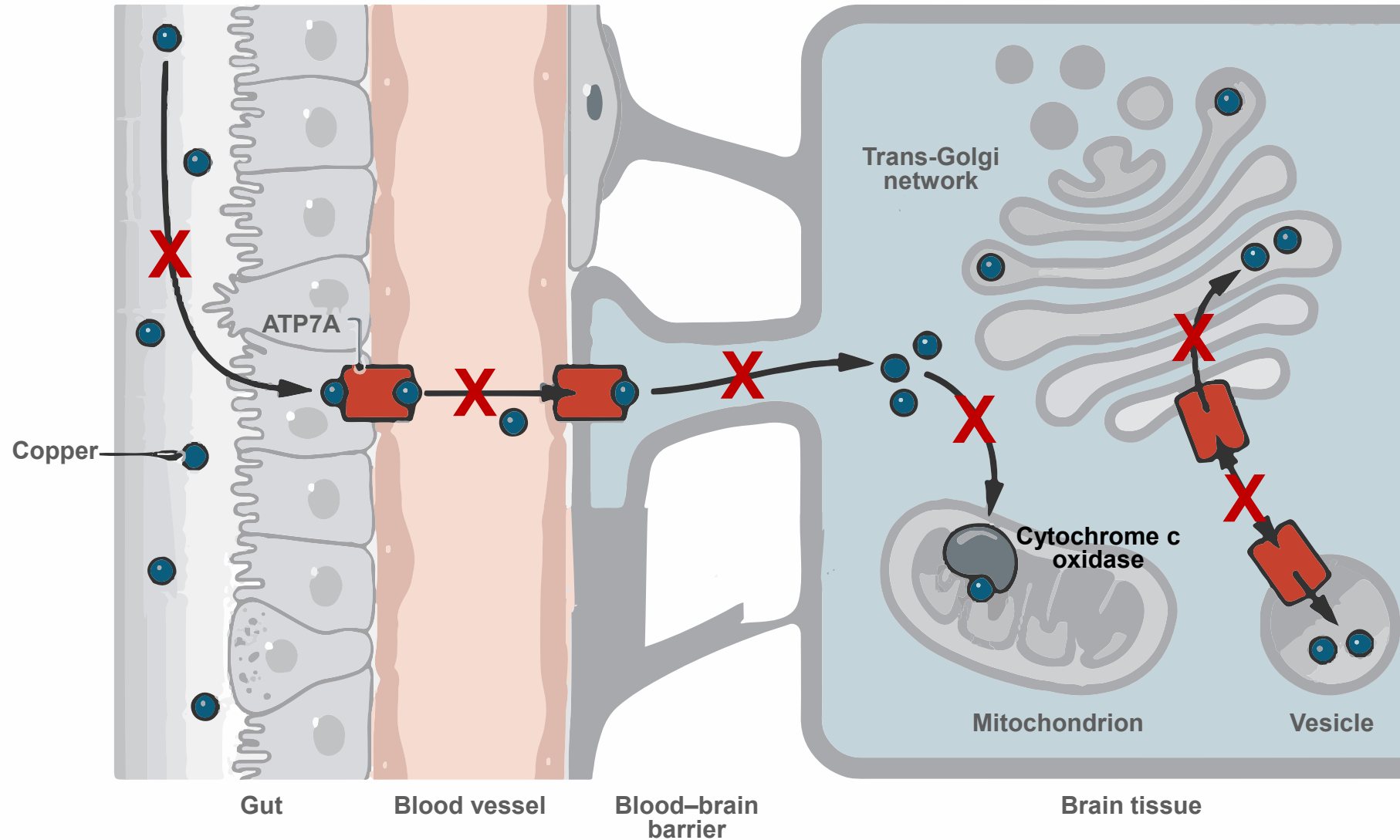


- Hypopigmentation
- Silvery and abnormal hair
- Neurological impairment
- Particular facies



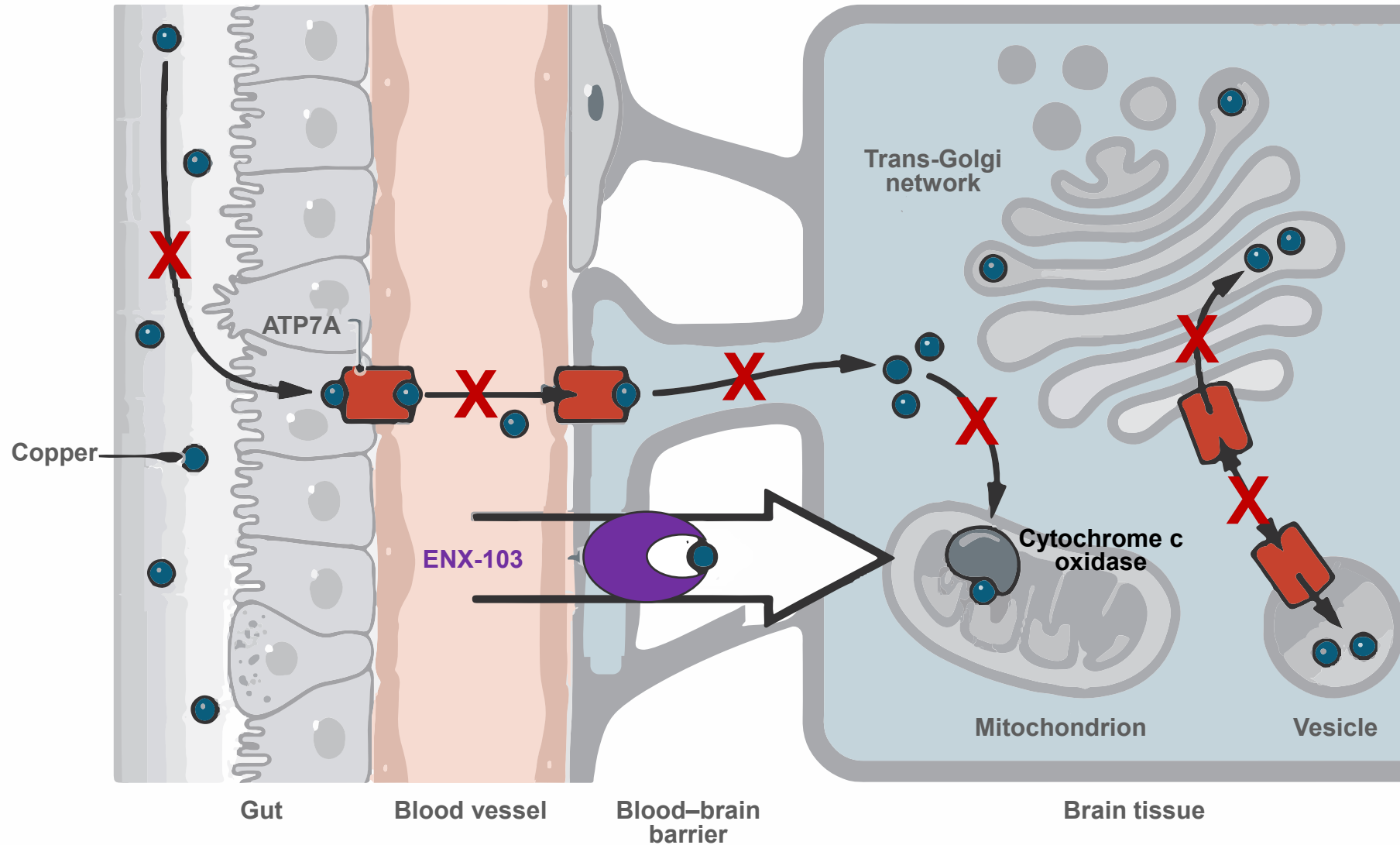
- Abnormal hair
- Neurological impairment
- Bombed forehead
- Hypopigmentation

ATP7A mutations lead to a severe deficiency of plasma and brain copper



Lack of mitochondrial transport and secondary cytochrome c oxidase dysfunction causes progressive neurologic injury and death

ENX-103 effectively delivers copper to the brain, especially to mitochondria, improving cellular respiration



ENX-103 is a copper transporter with life-saving and life-enhancing potential for Menkes disease

Addresses underlying copper deficiency to promote healthy neurodevelopment and survival



- ✓ Enhances copper delivery to the brain
- ✓ Significant survival increase and neurodevelopment improvements in 'Menkes mice'
- ✓ Promising profile in multiple named patients with >1 year of treatment

Benefits from ultra-orphan disease market dynamics



- ✓ Creative paths to approval
- ✓ Eligible for priority review voucher

We are well on our way to building a leading neuroscience company

Deep and differentiated pipeline

Experienced leadership with a track record of success in neuropsychiatry

Rapidly advancing programs create **near-term milestones and value creation**




 **Neumora**
\$2.3B
market cap

AXSOME
THERAPEUTICS
\$3.4B
market cap

 **Intra-Cellular**
THERAPIES
\$6.3B
market cap

 **cerevel**
\$7.7B
market cap

 **KARUNA**
THERAPEUTICS
\$12B
market cap

 **Bristol Myers Squibb**
\$14B acquisition
closed 03/18/24

 **abbvie**
\$8.7B acquisition
announced 12/6/23

“Neuro-comps”



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