



GH Research

Corporate Presentation

GH Research PLC (NASDAQ: GHRS)

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Seeking Ultra-Rapid, Durable Remissions in Depression

Pipeline

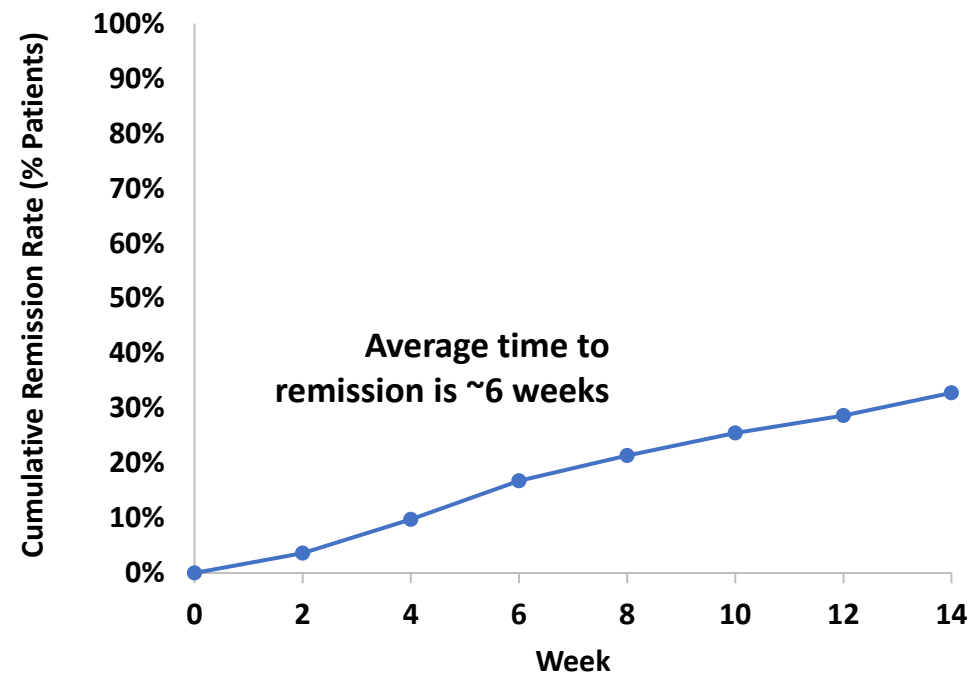
		Stage of Development					CURRENT STATUS
PROGRAMS	INDICATION	PRECLINICAL	PHASE 1	PHASE 2a	PHASE 2b	PHASE 3	
GH001 5-MeO-DMT for inhalation administration	Treatment-Resistant Depression (TRD)						Phase 2b CTAs submitted (GH001-TRD-201)
	Bipolar II Disorder* (BDII)						Phase 2a POC trial initiated (GH001-BD-202)
	Postpartum Depression (PPD)						Phase 2a POC trial initiated (GH001-PPD-203)
GH002 5-MeO-DMT for injection administration	Psychiatric or Neurological Disorder						Phase 1 in HVs CTA submitted (GH002-HV-105)
GH003 5-MeO-DMT for intranasal administration	Psychiatric or Neurological Disorder						Pre-clinical development ongoing
							

*Bipolar II disorder with a current major depressive episode; 5-MeO-DMT, 5-Methoxy-N,N-Dimethyltryptamine; CTA, Clinical Trial Application; POC, Proof-of-Concept; HV, Healthy Volunteer

The Problem for Patients with Depression

Established Therapies are **Slow-Acting**

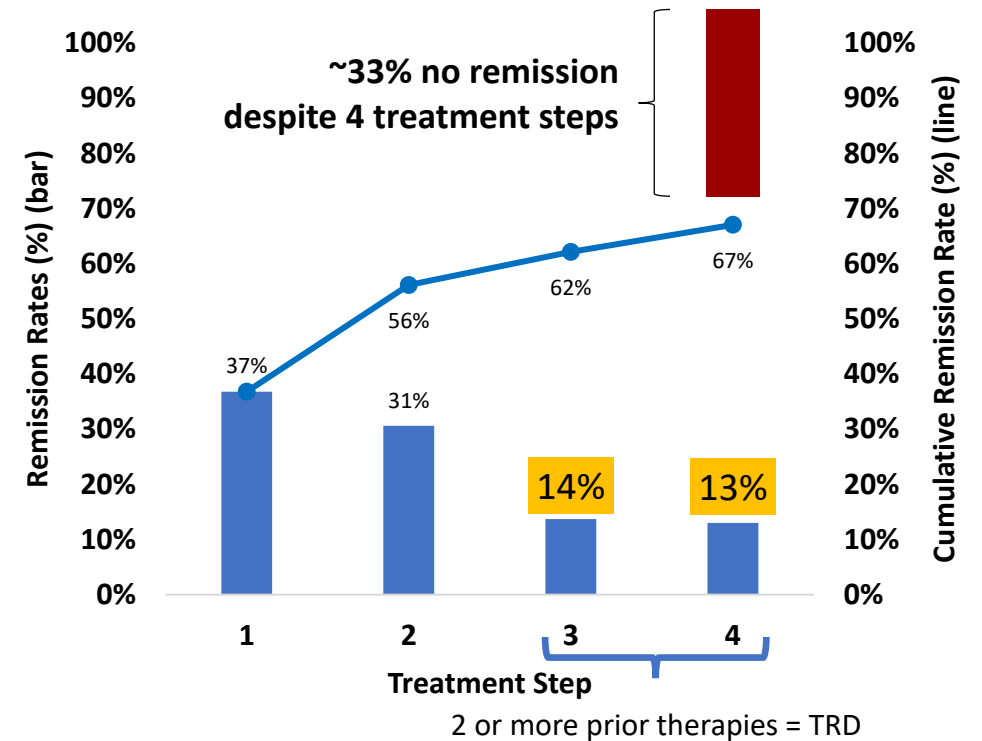
(STAR*D study, Remission Rate Over Time, Treatment Step 1 = Citalopram)



Adapted from Trivedi et al., Am J Psychiatry 2006 and Rush et al., Am J Psychiatry 2006

... Remission Rates in TRD < **15%**

(STAR*D study, Remission Rates Treatment Steps 1 to 4)



Large and Open Depression Market in the EU and US

First Line MDD

- Diagnosed: ~48M
- Treated (pharmacotherapy ± psychotherapy): ~24M

Second Line MDD

- Non-response to first line: ~13M

Treatment-Resistant Depression (TRD)

- Non-response to two prior lines: ~9M

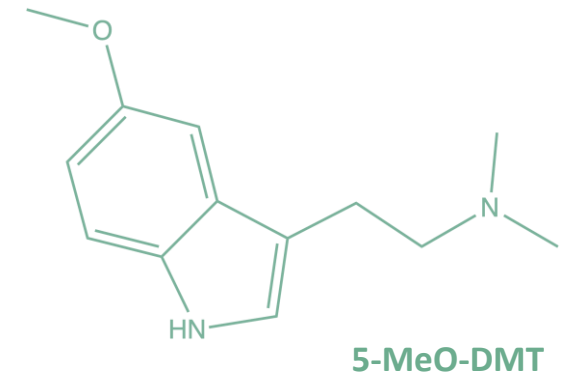
Patients cycle through ineffective therapies for TRD



Company estimates based on: <https://www.nimh.nih.gov/health/statistics/major-depression.shtml>; Wittchen et al., The size and burden of mental disorders and other disorders of the brain in Europe 2010, European Neuropsychopharmacology (2011); Rush et al., Acute and Longer-Term Outcomes in Depressed Outpatients Requiring One or Several Treatment Steps: A STAR*D Report, Am J Psychiatry 2006
MDD, Major Depressive Disorder

5-MeO-DMT and GH001

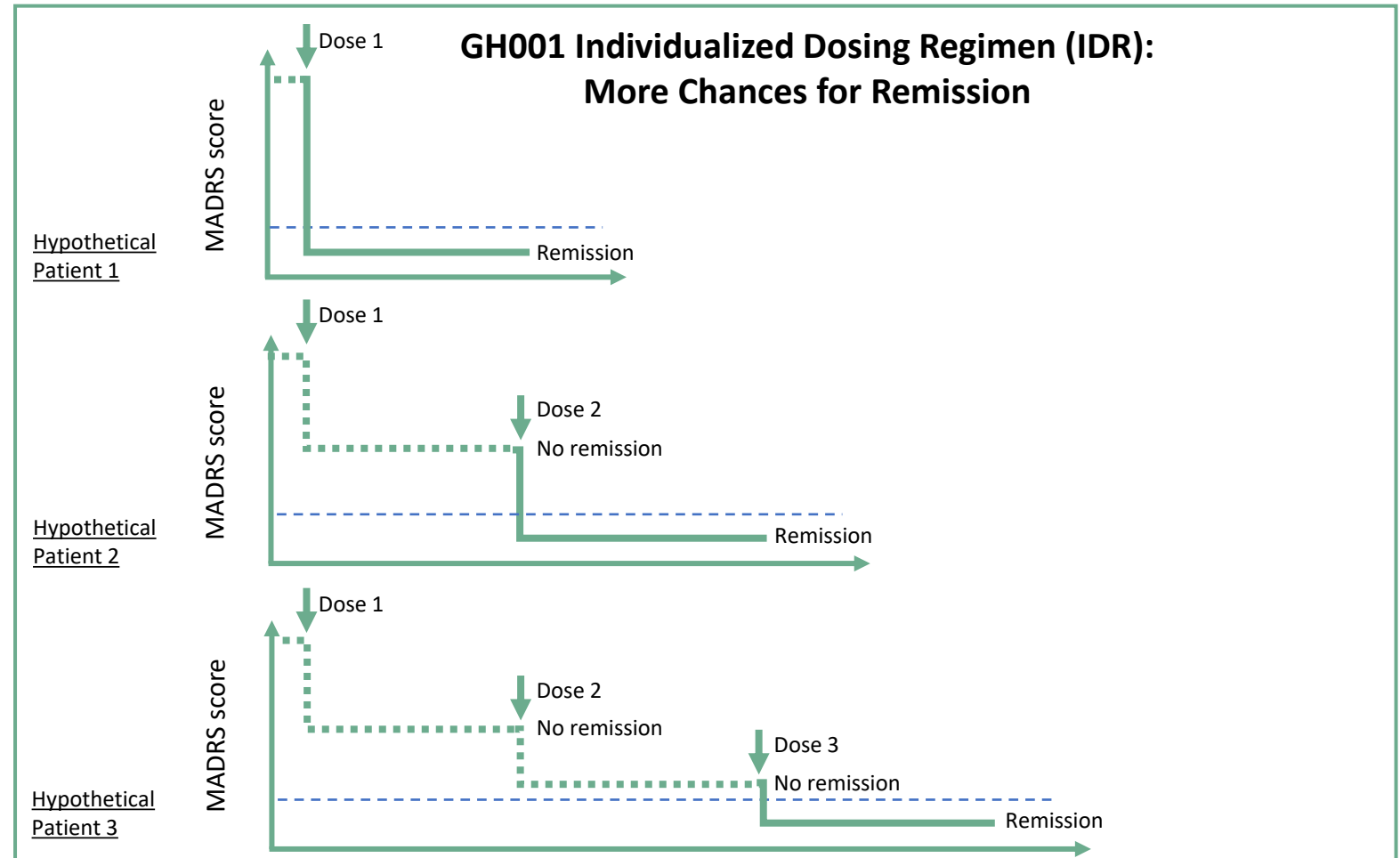
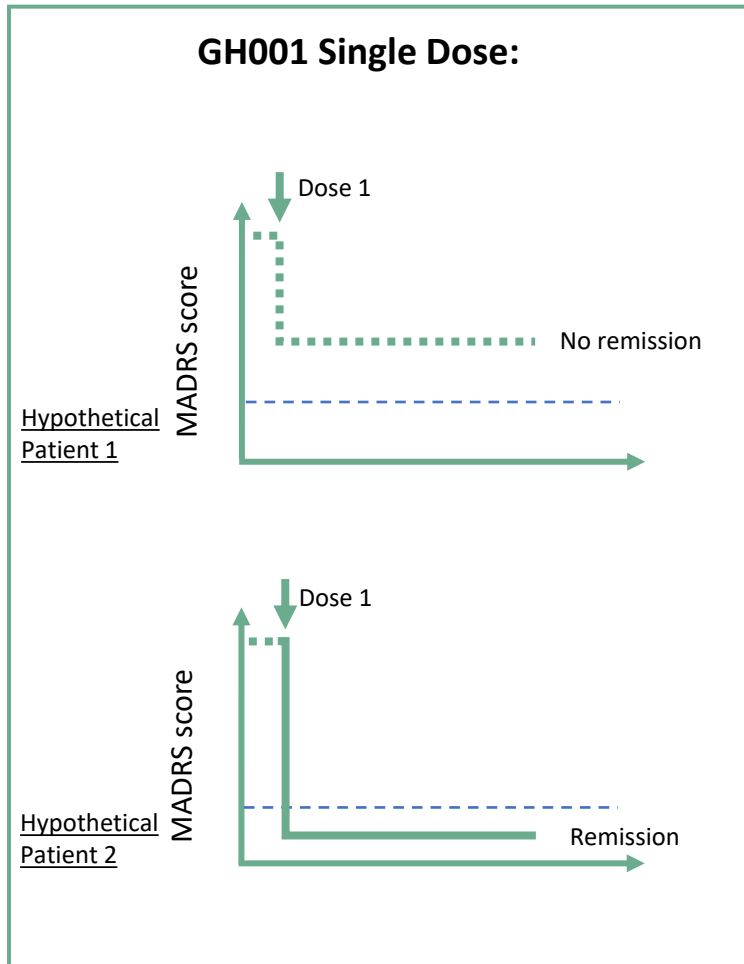
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
 - Naturally-occurring psychoactive substance from tryptamine class
 - **Highly potent** agonist on 5-HT_{1A} and 5-HT_{2A} receptors
 - **Psychoactive effects with ultra-rapid onset** (within seconds) and **short duration** (5 to 30 min)
 - **High propensity to induce peak experiences (PE), which may be a surrogate marker for therapeutic effects**
- GH001 (5-MeO-DMT administration via a proprietary inhalation approach)
 - **Intraday individualized dosing regimen for maximization of ultra-rapid remissions**
 - **Single visit initial treatment**, with no structured psychotherapy
 - Potential for **convenient and infrequent retreatment**



Foundational IP



GH001 – Individualized Dosing Regimen (IDR) Designed to Achieve Ultra-Rapid and Durable Remissions



Phase 1 Trial in Healthy Volunteers

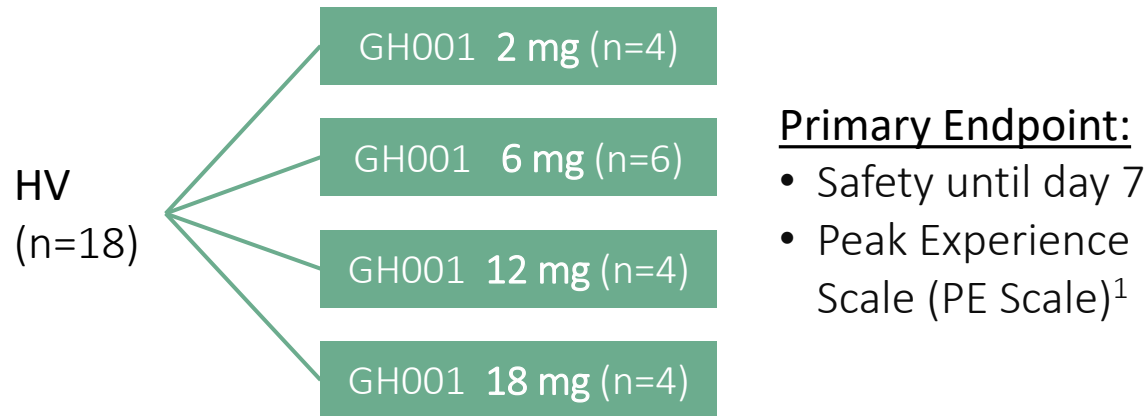
GH001-HV-101

(Completed)

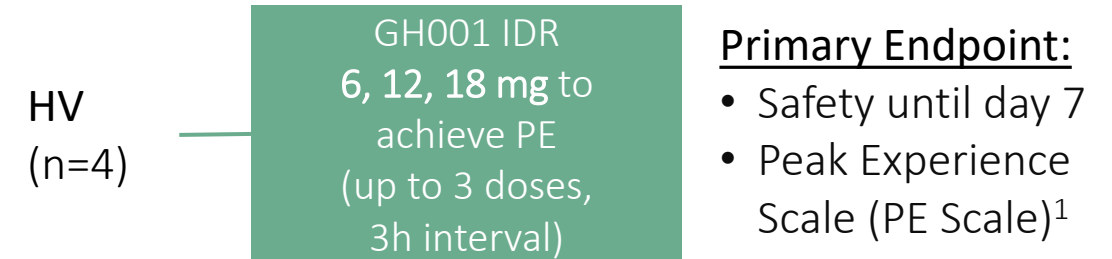
Clinicaltrials.gov ID NCT04640831

Design of Phase 1 Trial in Healthy Volunteers (GH001-HV-101)

Part A (Single Dose)



Part B (IDR)



PE, Peak Experience
IDR, Individualized Dosing Regimen

¹The PE Scale averages answers scored by the subject by marking a visual analogue scale between 0 and 100 for the following three questions:
1. How intense was the experience; 2. To what extent did you lose control; 3. How profound (i.e., deep and significant) was the experience?

Part A (Single Dose) and Part B (IDR) – Safety

Study Safety Group review

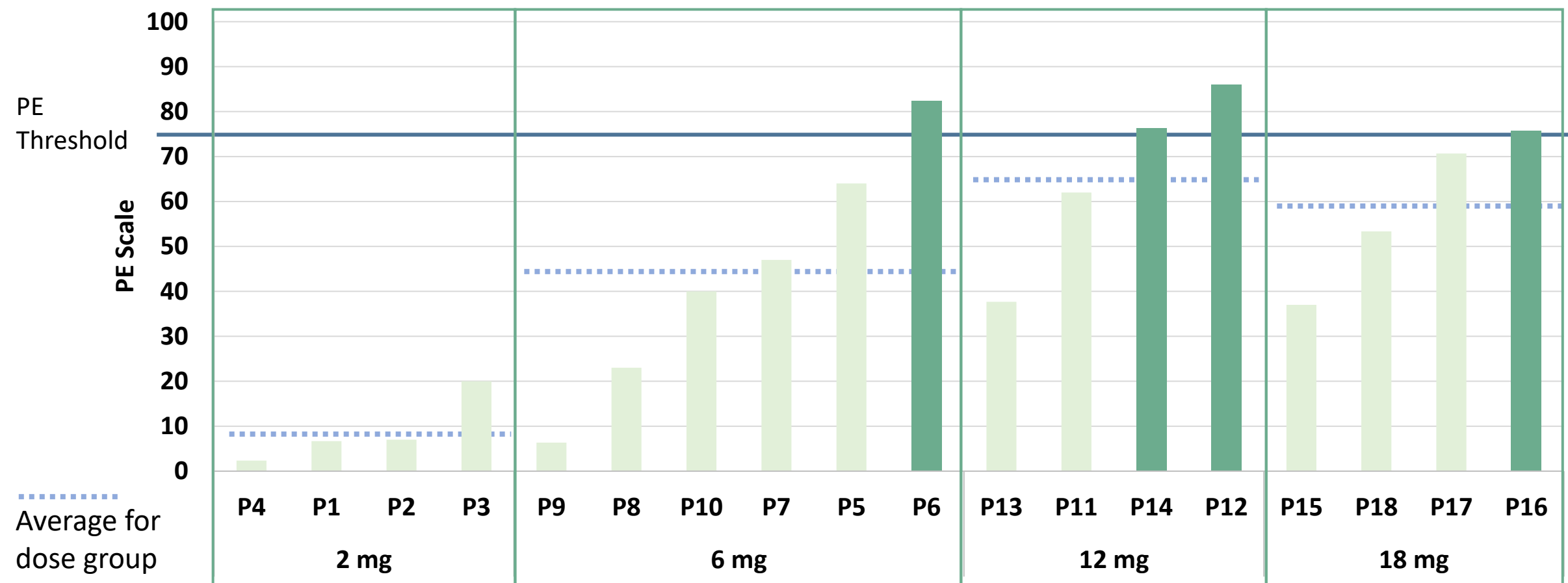
- **No SAEs**
- **All ADRs mild, except two moderate (*)**
- **All ADRs resolved spontaneously**
- **Inhalation well-tolerated**
- No noteworthy changes in vital parameters, except for temporary, non-clinically relevant increase in heart rate and blood pressure shortly after administration of GH001
- No clinically significant changes in safety laboratory analyses, psychiatric safety assessments or measures of cognitive function

ADRs	Part A (Single Dose)				Part B (IDR)
	2 mg (N=4)	6 mg (N=6)	12 mg (N=4)	18 mg (N=4)	IDR ¹ (N=4)
MedDRA Preferred Term	n	n	n	n	n
Abnormal dreams				1	
Anxiety		1	1		
Clumsiness		1			
Confusional state		1			
Euphoric mood		1			
Fatigue				1	1*
Feeling hot		1			
Flashback				1	
Hallucination				1	
Head discomfort					1
Headache		2		1	1
Heart rate increased			1*		
Hyperacusis				1	
Insomnia				1	
Mental fatigue				1	
Nausea	2	1		1	2
Vision blurred	1				

Adverse Drug Reaction, or ADR, an adverse event with a relationship code to the investigational product of definite, probable, or possible, or where code is missing
IDR, Individualized Dosing Regimen

¹6 mg (N=1); 6-12 mg (N=2); 6-12-18 mg (N=1)

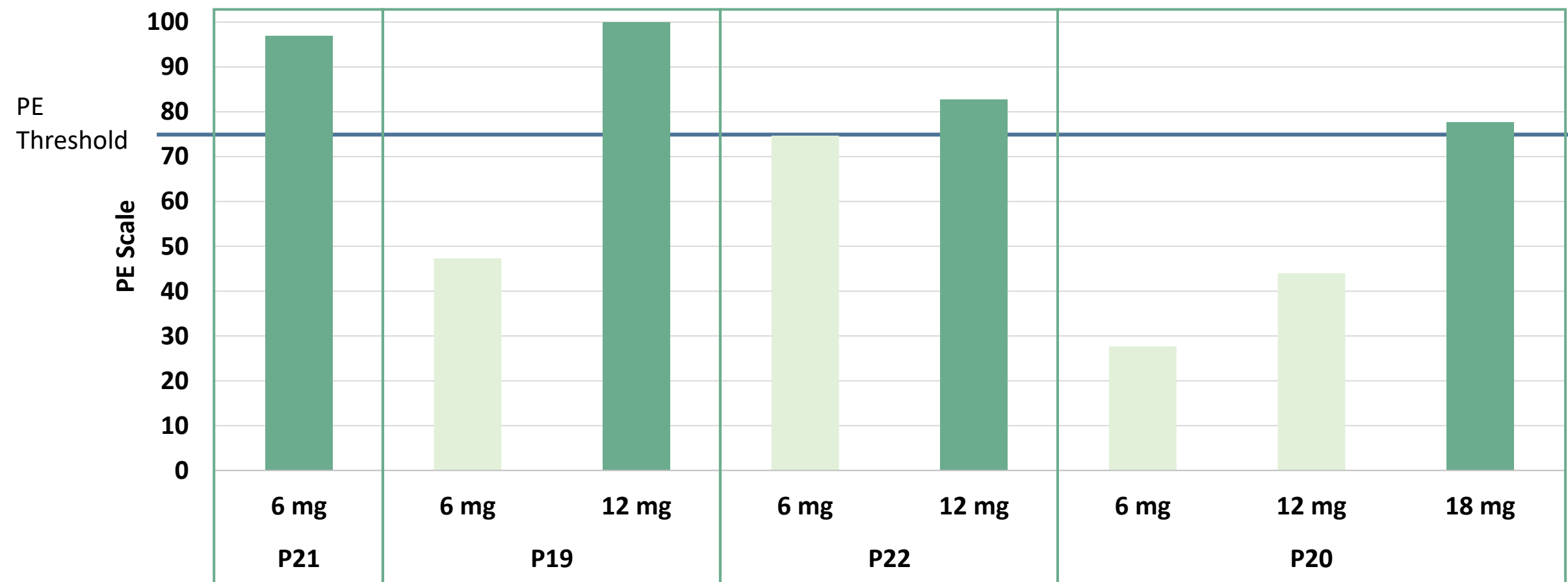
Part A – Peak Experience (PE) Dose-Effects and Inter-Person Variability



PE, Peak Experience

Part B – Peak Experience (PE)

Effect of Intraday Individualized Dosing Regimen



PE, Peak Experience

Phase 1/2 Trial in Treatment-Resistant Depression GH001-TRD-102 (Completed)

Clinicaltrials.gov ID NCT04698603

Design of Phase 1/2 Trial in TRD (GH001-TRD-102)

Phase 1 (Single Dose)

TRD¹
(n=8)

GH001 12 mg (n=4)

GH001 18 mg (n=4)

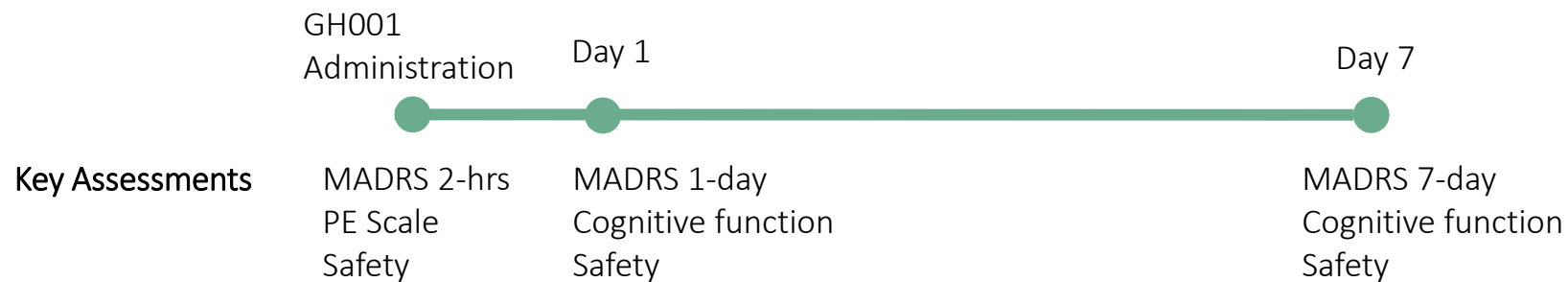
Primary Endpoint:
• Safety until day 7

Phase 2 (IDR)

TRD¹
(n=8)

GH001 IDR
6, 12, 18 mg to
achieve PE
(up to 3 doses,
3h interval)

Primary Endpoint:
• MADRS remission
day 7 (MADRS≤10)



PE, Peak Experience; MADRS, Montgomery-Åsberg Depression Rating Scale
IDR, Individualized Dosing Regimen

¹Defined as inadequate response to at least two adequate courses of pharmacological therapy or one adequate course of pharmacological therapy and at least one adequate course of evidence-based psychotherapy

Phase 1 (Single Dose) and Phase 2 (IDR) – Safety

Study Safety Group review

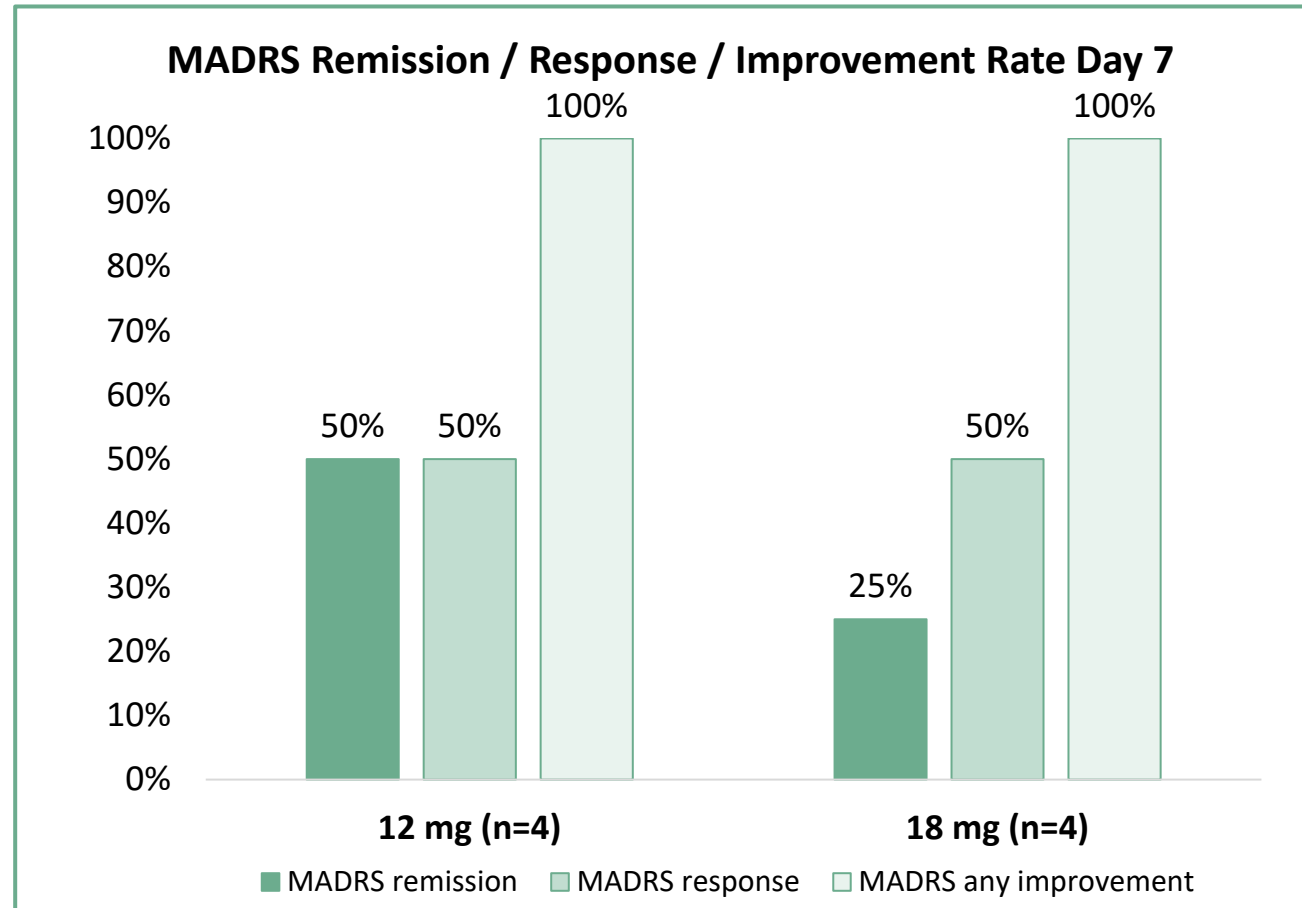
- **No SAEs**
- **All ADRs mild, except three moderate***
- **All ADRs resolved spontaneously**
- **Inhalation well-tolerated**
- No noteworthy changes in vital parameters, except for temporary, non-clinically relevant increase in heart rate and blood pressure shortly after administration of GH001
- No clinically significant changes in safety laboratory analyses, psychiatric safety assessments or measures of cognitive function
- No safety signal relating to suicidal ideation or suicidal behavior, based on C-SSRS and MADRS subscore item “suicidal thoughts”

ADRs	Phase 1 (Single Dose)		Phase 2 (IDR)
	12 mg (N=4)	18 mg (N=4)	IDR ¹ (N=8)
MedDRA Preferred Term	n	n	n
Abdominal discomfort			1
Anxiety			2
Depressive symptom			1*
Dizziness	1		
Feeling abnormal	1	1	
Flashback	1	1	2
Headache	2	1	3
Muscle discomfort			1
Muscle spasms		1	
Nausea			2*
Paresthesia			1
Sensory disturbance			3

Adverse Drug Reaction, or ADR, an adverse event with a relationship code to the investigational product of definite, probable, or possible, or where code is missing
IDR, Individualized Dosing Regimen; C-SSRS, Columbia-Suicide Severity Rating Scale

¹6-12 mg (N=6); 6-12-18 mg (N=2)

Phase 1 (Single Dose) – Efficacy (MADRS)

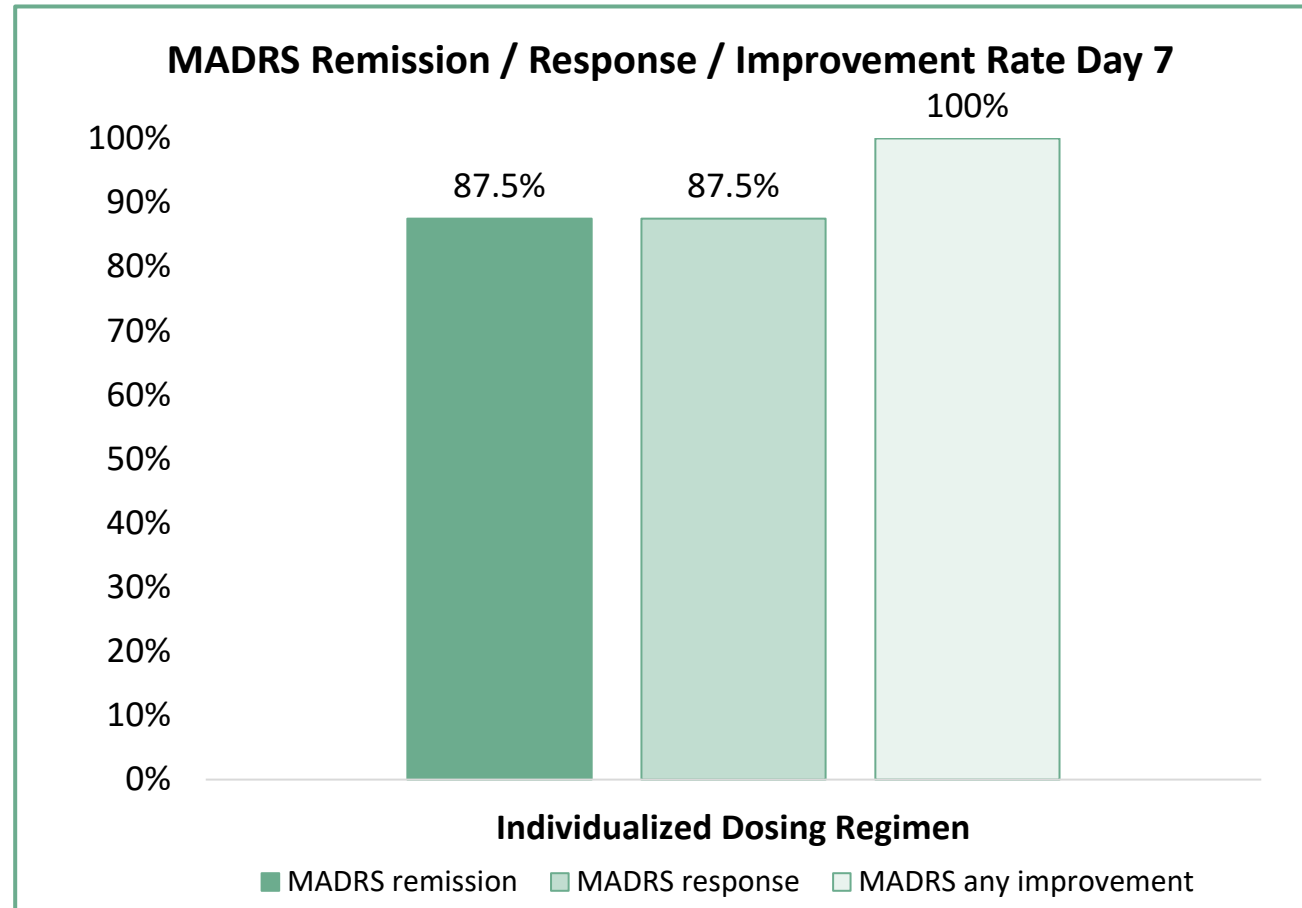


- 2 of 4 (50%) in the 12 mg group and 1 of 4 (25%) in the 18 mg group had a MADRS remission at day 7
- 2 of 8 patients had a PE and both had a MADRS remission at day 7

PE, Peak Experience; MADRS, Montgomery-Åsberg Depression Rating Scale

MADRS remission = MADRS of ≤ 10 ; MADRS response = Reduction of $\geq 50\%$ from baseline in MADRS; MADRS any improvement = any reduction from baseline in MADRS.

Phase 2 (IDR) – Efficacy (MADRS)

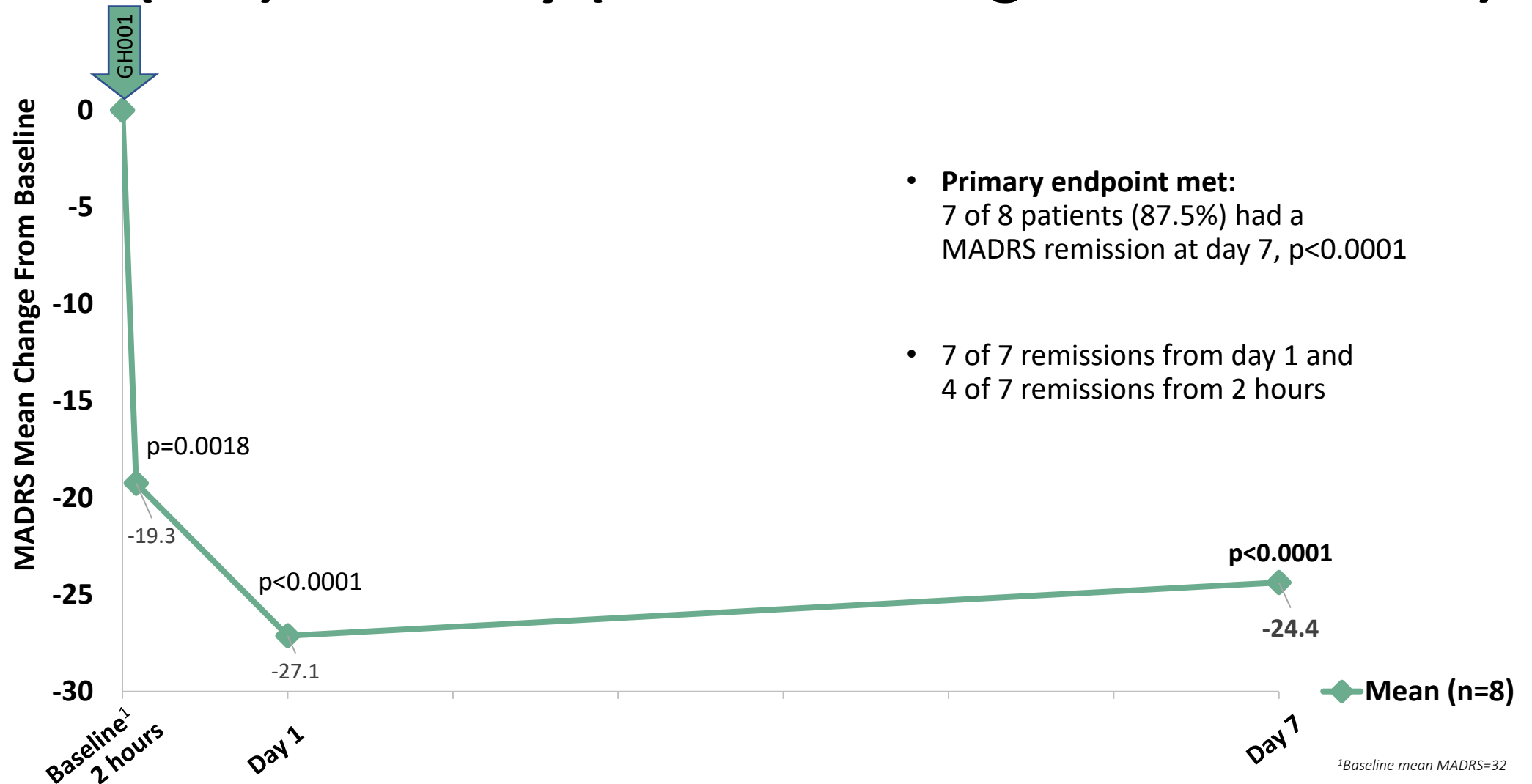


- **Primary endpoint met:**
7 of 8 patients (87.5%) had a MADRS remission at day 7, $p < 0.0001$
- 7 of 8 patients had a PE and 6 of those had a MADRS remission at day 7

PE, Peak Experience; MADRS, Montgomery-Åsberg Depression Rating Scale

MADRS remission = MADRS of ≤ 10 ; MADRS response = Reduction of $\geq 50\%$ from baseline in MADRS; MADRS any improvement = any reduction from baseline in MADRS.

Phase 2 (IDR) – Efficacy (MADRS Change from Baseline)



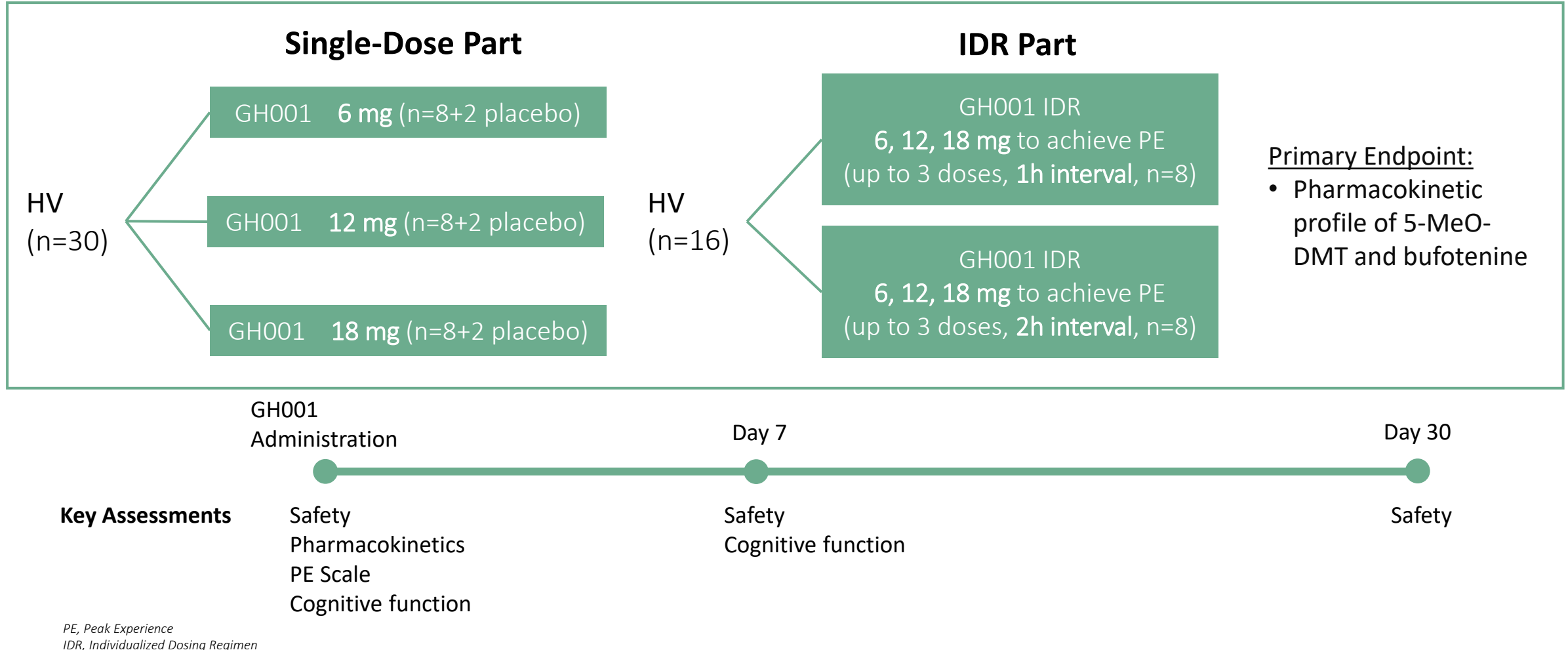
MADRS and PE – Observed Improved Outcome in Phase 2 (IDR) vs Phase 1 (Single Dose)

	Phase 2 (IDR)	Phase 1 (Single Dose) 12 mg	Phase 1 (Single Dose) 18 mg
MADRS Remission Rate Day 7	87.5% (7 of 8)	50% (2 of 4)	25% (1 of 4)
Mean MADRS Change Day 7	-24.4 (-76%)	-21.0 (-65%)	-12.5 (-40%)
Rate of PE	87.5% (7 of 8)	50% (2 of 4)	0% (0 of 4)
Mean PE Score	90.4 (at final dose)	58.2	59.1

PE, Peak Experience; MADRS, Montgomery-Åsberg Depression Rating Scale
IDR, Individualized Dosing Regimen

Phase 1 Clinical Pharmacology Trial in Healthy Volunteers GH001-HV-103 (Completed)

Design of Phase 1 Clinical Pharmacology Trial in Healthy Volunteers (GH001-HV-103)



Single Dose and IDR – Safety and Further Results

Safety Review

- **No SAEs**
- **All ADRs mild**
- **All ADRs resolved spontaneously**
- **Inhalation well-tolerated**
- No noteworthy changes in vital parameters, except for temporary, non-clinically relevant increase in heart rate and blood pressure shortly after administration of GH001
- No clinically relevant changes in ECG, safety laboratory analyses, peak flow, cognitive function, psychiatric safety assessments, including the C-SSRS

Further Results

- Pharmacokinetic analyses and psychoactive effect assessments (PE Scale) support that an interval down to 1 hour between individual doses of the IDR is feasible for future clinical trials

ADRs	Single-dose				IDR	
	6 mg (N=8)	12 mg (N=8)	18 mg (N=8)	Placebo (N=6)	1h interval (N=8) ¹	2h interval (N=8) ²
MedDRA Preferred Term	n	n	n	n	N	n
Abnormal dreams						1
Chest discomfort		1				
Crying			2		2	
Dizziness			1			
Dry mouth	1					
Dyskinesia			1			
Fatigue		1			2	1
Headache	3		1		1	1
Hypoesthesia oral		1				
Paresthesia oral						1
Retching			1			
Somnolence		1				
Tachycardia			2			
Tension						1
Tremor			1			

Adverse Drug Reaction, or ADR, an adverse event with a relationship code to the investigational product of definite, probable, or possible, or where code is missing
IDR, Individualized Dosing Regimen; C-SSRS, Columbia-Suicide Severity Rating Scale; PE, Peak Experience

¹6 mg (N=1), 6-12 mg (N=3); 6-12-18 mg (N=4)
²6-12 mg (N=3); 6-12-18 mg (N=5)

Three-Layer Protection Strategy

LAYER 1: REGULATORY EXCLUSIVITY

FDA: 5 years (+2.5 years paragraph IV stay)
EMA: 10 years (+1 year for new indication)

LAYER 2: PATENTS

Several patent applications filed:

- Novel aerosol compositions of matter of 5-MeO-DMT
- Novel manufacturing methods and novel salt forms of 5-MeO-DMT
- Novel uses of 5-MeO-DMT in various disorders
(including inhaled, nasal, buccal, sublingual, i.v., i.m., s.c. routes)

LAYER 3: TECHNICAL

Complex bioequivalence for
systemically-acting
inhalation/intranasal products with
high intra- and inter-subject
variability

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BSc

Managing Director, Ireland, Co-founder



Scientific Advisors




Madhukar Trivedi
M.D.
Professor of Psychiatry,
UT Southwestern Medical Center





Michael Thase
M.D.
Professor of Psychiatry, Perelman School of Medicine
University of Pennsylvania




Mark Zimmerman
M.D.
Professor of Psychiatry and Human Behavior,
Brown University




Eduard Vieta
Prof. Dr.
Head, Psychiatry Unit,
Hospital Clínic de Barcelona




Michael Bauer
Prof. Dr. rer. nat. Dr. med.
Chair, Department of Psychiatry and Psychotherapy,
Technische Universität Dresden





Malek Bajbouj
Prof. Dr. med.
Head, Center for Affective Neuroscience,
Charité, Berlin




Johannes Ramaekers
Prof. Dr.
Professor, Faculty of Psychology
and Neuroscience of Maastricht University


Anticipated Milestones and Financial Overview

- **GH001**
 - Initiate multi-center, randomized, controlled Phase 2b trial in TRD in 1Q 2023
 - Submit U.S. IND for GH001 in TRD in 1Q 2023
 - Complete proof-of-concept Phase 2a trials in BDII and in PPD by the end of 2023
- **GH002**
 - Initiate Phase 1 clinical pharmacology trial in healthy volunteers in 4Q 2022
- **GH003**
 - Complete preclinical development
- **Financial Overview**
 - Cash was \$256.9 million as of September 30, 2022
 - We believe existing cash will be sufficient to fund operating expenses and capital expenditure requirements into 2025



Seeking Ultra-Rapid, Durable Remissions in Depression