

# **Corporate Presentation**

### GH Research PLC (NASDAQ: GHRS)

March 2022



### **Disclaimer Regarding Forward-Looking Statements**

This presentation has been prepared by GH Research PLC ("GH Research") for informational purposes only and not for any other purpose. Nothing contained in this presentation is, or should be construed as, a recommendation, promise or representation by the presenter or GH Research or any director, employee, agent, or adviser of GH Research. This presentation does not purport to be all-inclusive or to contain all of the information you may desire.

This presentation does not constitute an offer to sell or the solicitation of an offer to buy securities, nor shall there be any sale of these securities in any state or jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction.

This presentation contains forward-looking statements, all of which are qualified in their entirety by this cautionary statement. Many of the forward-looking statements contained herein can be identified by the use of forward-looking words such as "may", "anticipate", "believe", "could', "expect", "should", "plan", "intend", "estimate", "will", "potential" and "ongoing", among others, although not all forward-looking statements contain these identifying words.

Any statements contained herein that do not describe historical facts are forward-looking statements that are based on management's expectations and are subject to certain factors, risks and uncertainties that may cause actual results, outcomes, timing and performance to differ materially from those expressed or implied by such statements. These factors, risks and uncertainties include, but are not limited to: the costs and uncertainties associated with GH Research's research and development efforts; the inherent uncertainties associated with the conduct, timing and results of nonclinical and clinical studies of GH Research's product candidates; GH Research's ability to obtain, maintain, enforce and defend issued patents; the adequacy of GH Research's capital resources, the availability of additional funding and GH Research's cash runway; and other factors, risks and uncertainties described in GH Research's filings with the U.S. Securities and Exchange Commission.

Except as otherwise noted, these forward-looking statements speak only as of the date of this presentation, and GH Research undertakes no obligation to update or revise any of such statements to reflect events or circumstances occurring after this presentation. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond GH Research's control, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in any such forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. GH Research cautions you not to place undue reliance on the forward-looking statements contained in this presentation.



# Seeking Ultra-Rapid, Durable Remissions in Depression



### Pipeline

		Stage of Development					_
PROGRAMS	INDICATION	PRECLINICAL	PHASE 1	PHASE 2a	PHASE 2b	PHASE 3	Next Stage
<b>GH001</b> 5-MeO-DMT for inhalation administration	Treatment-Resistant Depression (TRD)						Initiate Phase 2b trial in TRD (GH001-TRD-201)
	Bipolar II Disorder (BDII)*						Initiate Phase 2a trial in BDII (GH001-BD-202)
	Postpartum Depression (PPD)*						Initiate Phase 2a trial in PPD (GH001-PPD-203)
<b>GH002 / GH003</b> 5-MeO-DMT for injection / intranasal administration	Psychiatric or Neurological Disorder						Complete preclinical development

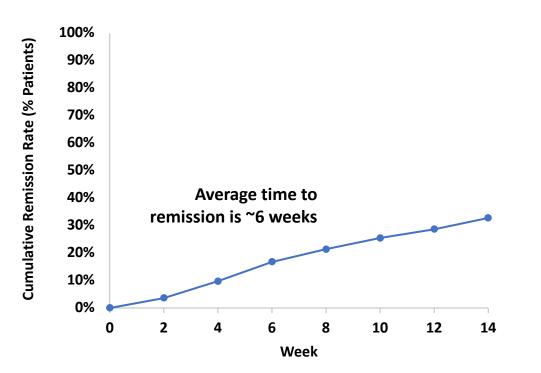
Complete

\*In light of our completed Phase 1 clinical trials of GH001 in healthy volunteers and our completed Phase 1/2 trial in TRD, we recently submitted clinical trial applications to begin two Phase 2a trials in patients with BDII and a current major depressive episode and in patients with PPD, respectively. We believe that we can proceed to Phase 2a trials for these two indications based on existing preclinical and clinical data for GH001.



### **The Problem for Patients with Depression**

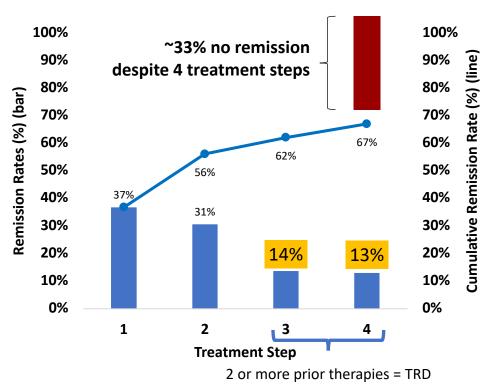
#### **Established Therapies are Slow-Acting**



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

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

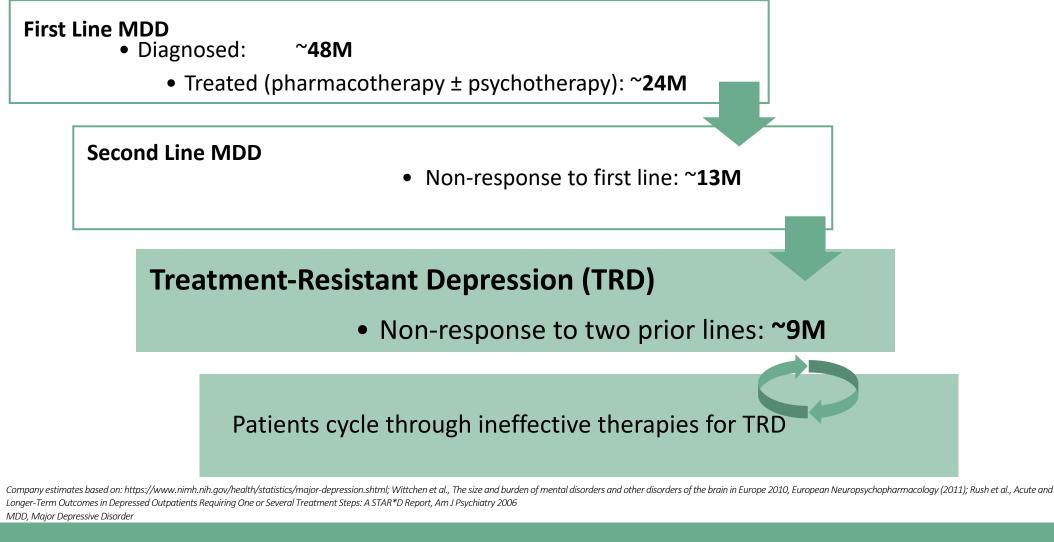
(STAR\*D study, Remission Rates Treatment Steps 1 to 4)



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



### Large and Open Depression Market in the EU and US

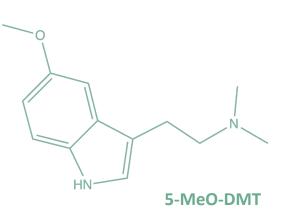




### 5-MeO-DMT and GH001

- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
  - Naturally-occurring psychoactive substance from tryptamine class
  - Highly potent agonist on 5-HT1A and 5-HT2A 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

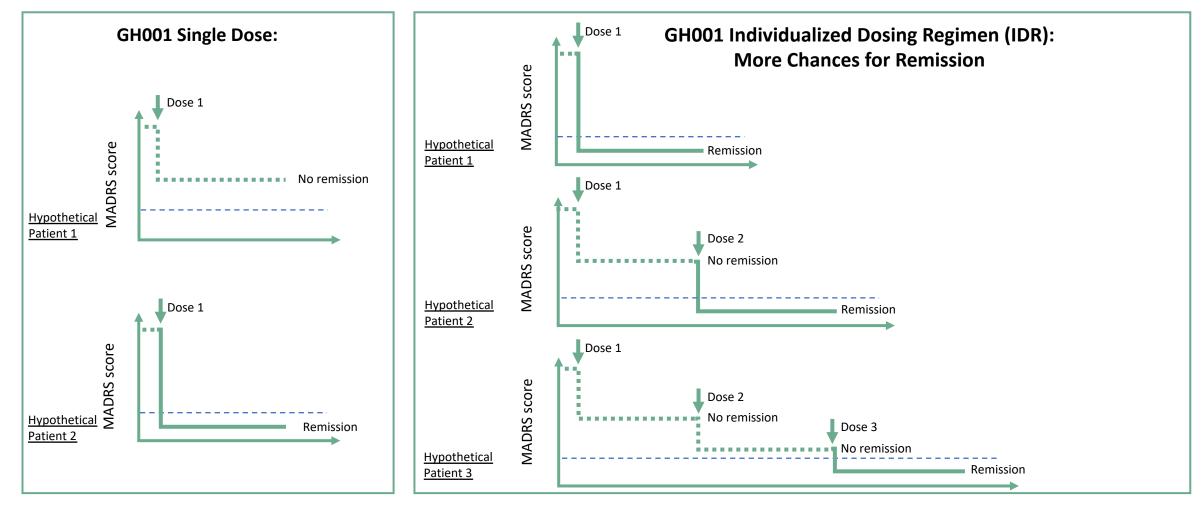
- GH001 (5-MeO-DMT administration via a proprietary inhalation approach)
  - Intraday individualized dosing regimen for maximization of ultra-rapid remissions
  - Single visit initial treatment, with no structured psychotherapy
  - Potential for convenient and infrequent retreatment







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





## Phase 1 Trial in Healthy Volunteers GH001-HV-101

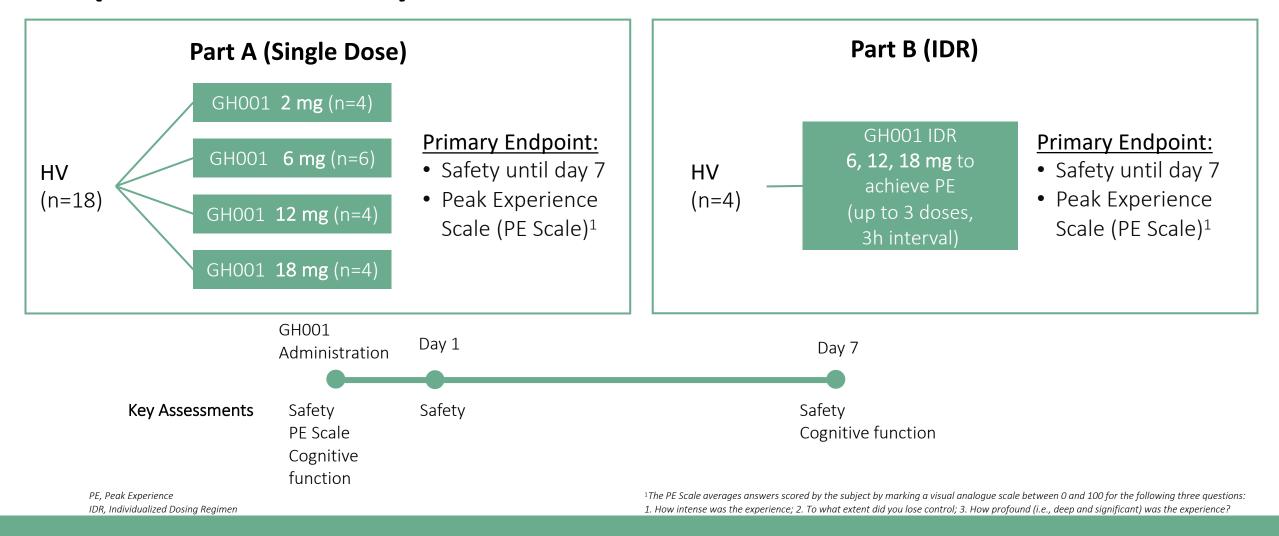
### (Completed)

Clinicaltrials.gov ID NCT04640831





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





### Part A (Single Dose) 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

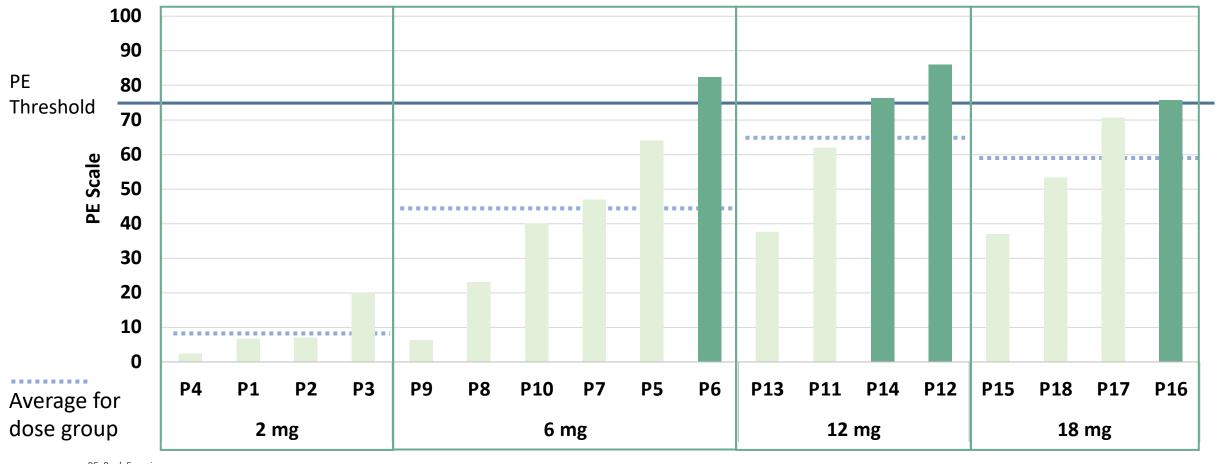
		Part B (IDR)			
ADRs	2 mg (N=4)	6 mg (N=6)	12 mg (N=4)	18 mg (N=4)	IDR <sup>1</sup> (N=4)
MedDRA Preferred Term	n	n	n	n	n
Abnormal dreams				1	
Anxiety		1	1		
Clumsiness		1			
Confusional state		1			
Euphoric mood		1			
Fatigue				1	1*
Feeling hot		1			
Flashback				1	
Hallucination				1	
Head discomfort					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

<sup>1</sup>6 mg (N=1); 6-12 mg (N=2); 6-12-18 mg (N=1)



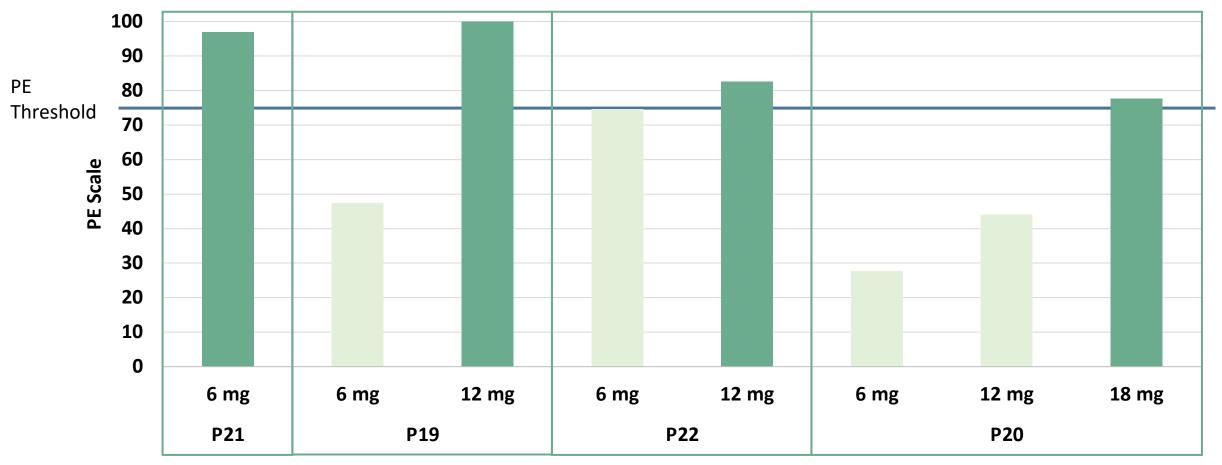
### Part A – Peak Experience (PE) Dose-Effects and Inter-Person Variability



PE, Peak Experience



### Part B – Peak Experience (PE) Effect of Intraday Individualized Dosing Regimen



PE, Peak Experience



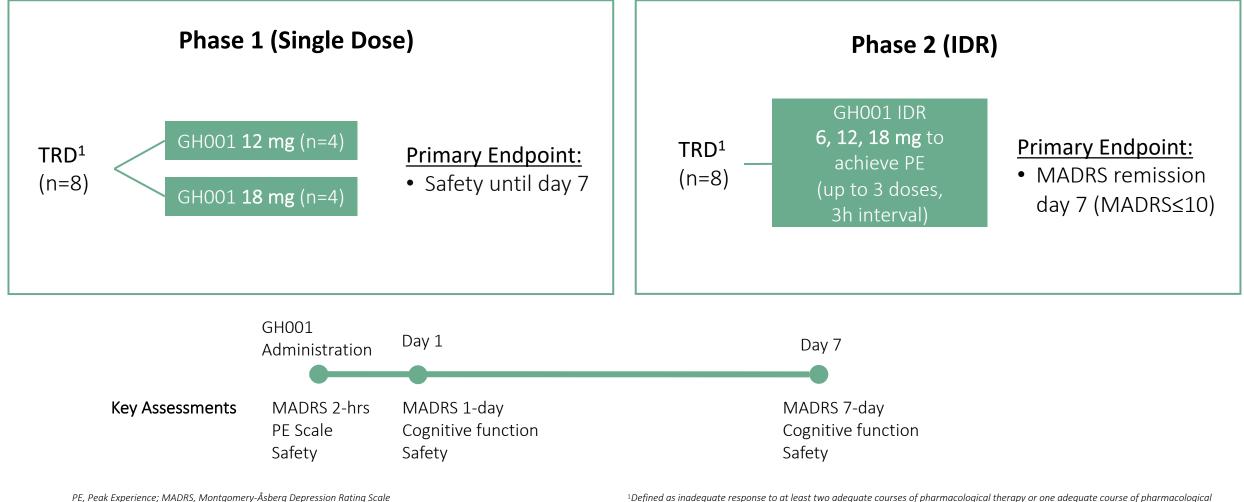
# Phase 1/2 Trial in Treatment-Resistant Depression GH001-TRD-102

(Completed)

Clinicaltrials.gov ID NCT04698603



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



IDR, Individualized Dosing Regimen

<sup>1</sup>Defined 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

#### 2022© GH Research PLC



### 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"

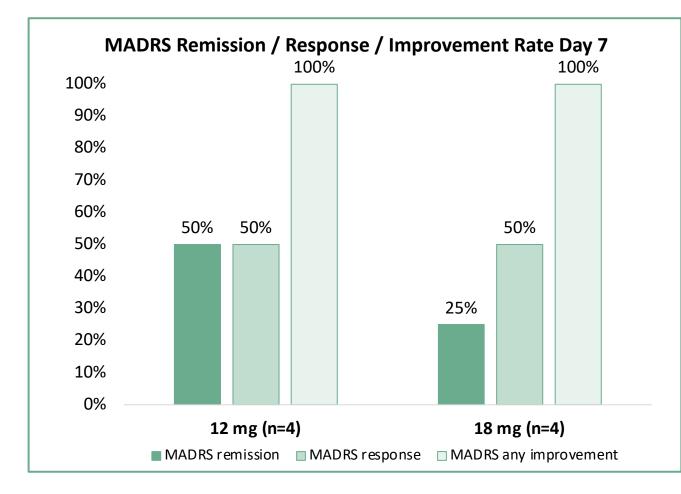
ADRs	Phase 1 (Si	Phase 2 (IDR)	
ADRS	12 mg (N=4)	18 mg (N=4)	IDR <sup>1</sup> (N=8)
MedDRA Preferred Term	n	n	n
Abdominal discomfort			1
Anxiety			2
Depressive symptom			1*
Dizziness	1		
Feeling abnormal	1	1	
Flashback	1	1	2
Headache	2	1	3
Muscle discomfort			1
Muscle spasms		1	
Nausea			2*
Paresthesia			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

<sup>1</sup>6-12 mg (N=6); 6-12-18 mg (N=2)



### Phase 1 (Single Dose) – Efficacy (MADRS)

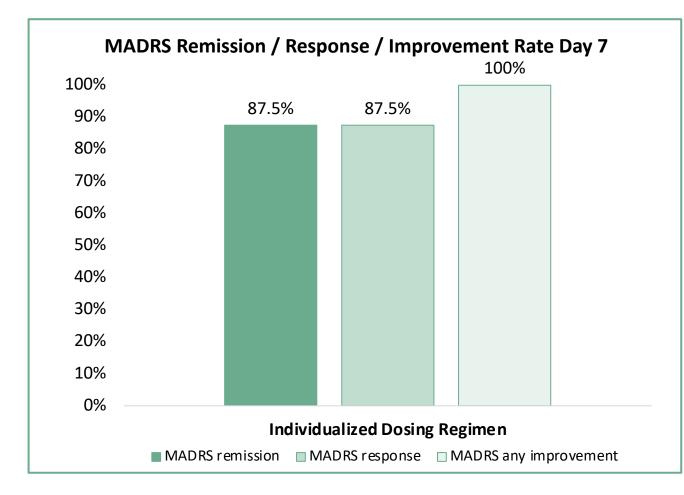


- 2 of 4 (50%) in the 12 mg group and 1 of 4 (25%) in the 18 mg group had a MADRS remission at day 7
- 2 of 8 patients had a PE and both had a MADRS remission at day 7

PE, Peak Experience; MADRS, Montgomery–Åsberg Depression Rating Scale MADRS remission = MADRS of ≤10; MADRS response = Reduction of ≥50% from baseline in MADRS



### Phase 2 (IDR) – Efficacy (MADRS)



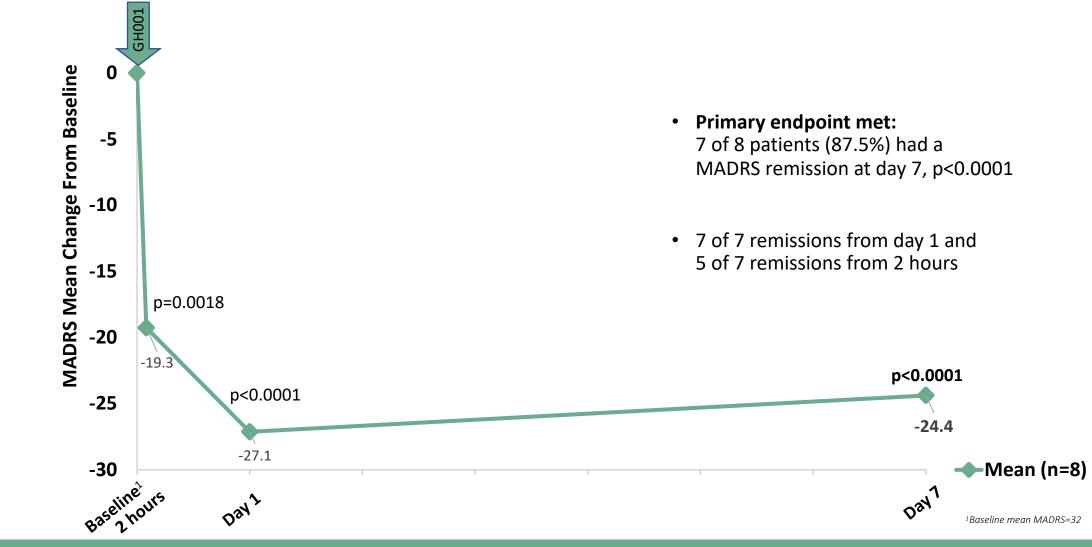
 Primary endpoint met: 7 of 8 patients (87.5%) had a MADRS remission at day 7, p<0.0001</li>

 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.



### 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%)	-12.8 (-41%)
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

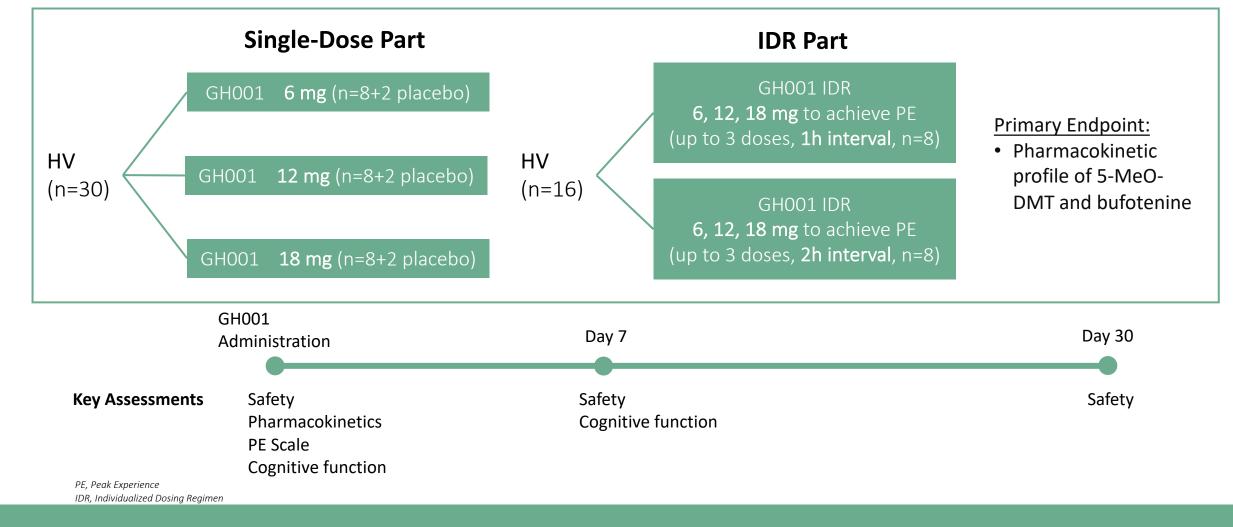


# Phase 1 Clinical Pharmacology Trial in Healthy Volunteers GH001-HV-103

(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

		Single	IDR			
ADRs	6 mg (N=8)	12 mg (N=8)	18 mg (N=8)	Placebo (N=6)	1h interval (N=8) <sup>2</sup>	2h interval (N=8) <sup>3</sup>
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 <sup>2</sup>6 mg (N=1), 6-12 mg (N=3); 6-12-18 mg (N=4) <sup>3</sup>6-12 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:

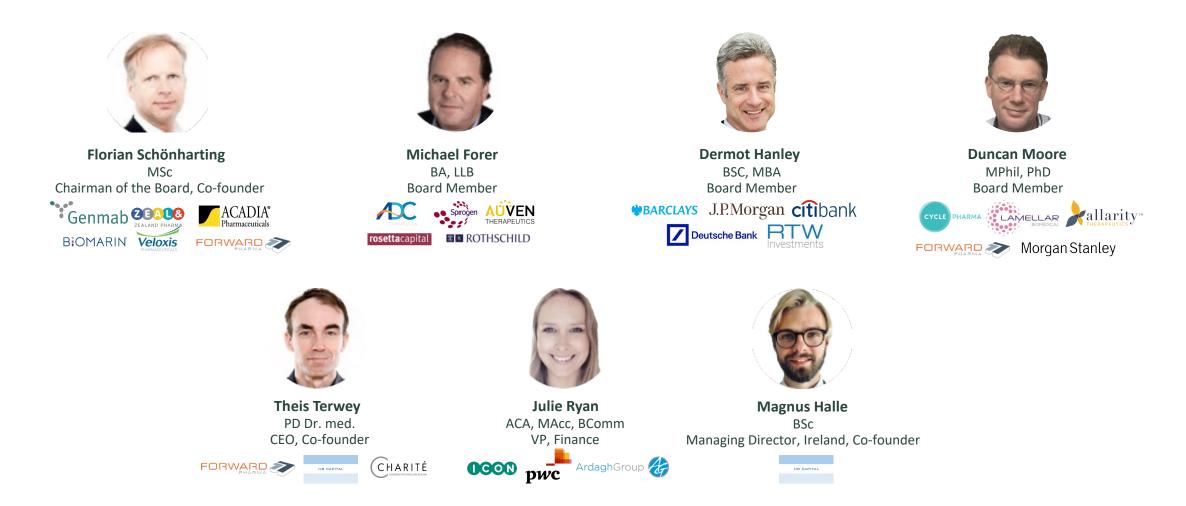
- Novel aerosol compositions of matter of 5-MeO-DMT
- Novel manufacturing methods and novel salt forms of 5-MeO-DMT
- Novel uses of 5-MeO-DMT in various disorders (including inhaled, intranasal, i.v., i.m., s.c., and other routes)

#### LAYER 3: TECHNICAL

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



### **Board of Directors & Management**





### **Scientific Advisors**



Madhukar Trivedi M.D. Professor of Psychiatry, UT Southwestern Medical Center **UTSouthwestern** Medical Center<sub>a</sub>



**Michael Thase** Mark Zimmerman M.D. M.D. Professor of Psychiatry, Perelman School of Medicine Professor of Psychiatry and Human Behavior, University of Pennsylvania **Brown University** BROWN Perelman School of Medicing



**Eduard Vieta** Prof. Dr. Head, Psychiatry Unit, Hospital Clínic de Barcelona CLÍNIC BARCELONA lospital Universitar



Michael Bauer Prof. Dr. rer. nat. Dr. med. Chair, Department of Psychiatry and Psychotherapy, Head, Center for Affective Neuroscience, Technische Universität Dresden





Malek Bajbouj Prof. Dr. med. Charité, Berlin CHARITÉ



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

Maastricht University



### **Anticipated Milestones and Financial Overview**

#### • GH001

- Submit clinical trial applications for multi-center, randomized, controlled Phase 2b trial in TRD in 3Q 2022
- Initiate Phase 2a trials in BDII and in PPD in 3Q 2022
- Hold pre-IND meeting with the FDA for GH001 in TRD in 2Q 2022
- GH002 and GH003
  - Complete preclinical development and initiate Phase 1 trial in healthy volunteers

- Financial Overview
  - Cash was \$276.8 million as of December 31, 2021
  - We believe existing cash will be sufficient to fund operating expenses and capital expenditure requirements into 2025



# Seeking Ultra-Rapid, Durable Remissions in Depression