## **Corporate Overview**



NON-CONFIDENTIAL



### **Executive Summary**

**Vision:** To become the leader in precision neuroscience through the discovery and development of transformational medicines for patients suffering from neurological disorders





### **Team: Track Record Of Innovation & Expertise**

#### **Management Team**



David Bredt, MD, PhD Founder, Chief Scientific Officer 20 years neuroscience drug discovery Former Global Head of Neuroscience Research, Janssen Johnson&Johnson Liller





TIBURIO scPharmaceuticals



Brad Galer, MD **Chief Medical Officer** 20+ years biopharma development experience, Former CMO, Zogenix



🚧 endo



**Cheryl Gault Chief Operating Officer** 20+ years corporate strategy and corporate development experience

cyclerion Ironwood genzyme





(,) KARUNA scPharmaceuticals



CINCOR ESPERION



**Tara Reagan** Interim CPO

Vice President. Third Rock Ventures



Swamy Yeleswaram, PhD

**Chief Development Officer** 25+ years drug discovery experience Founding scientist of Incyte

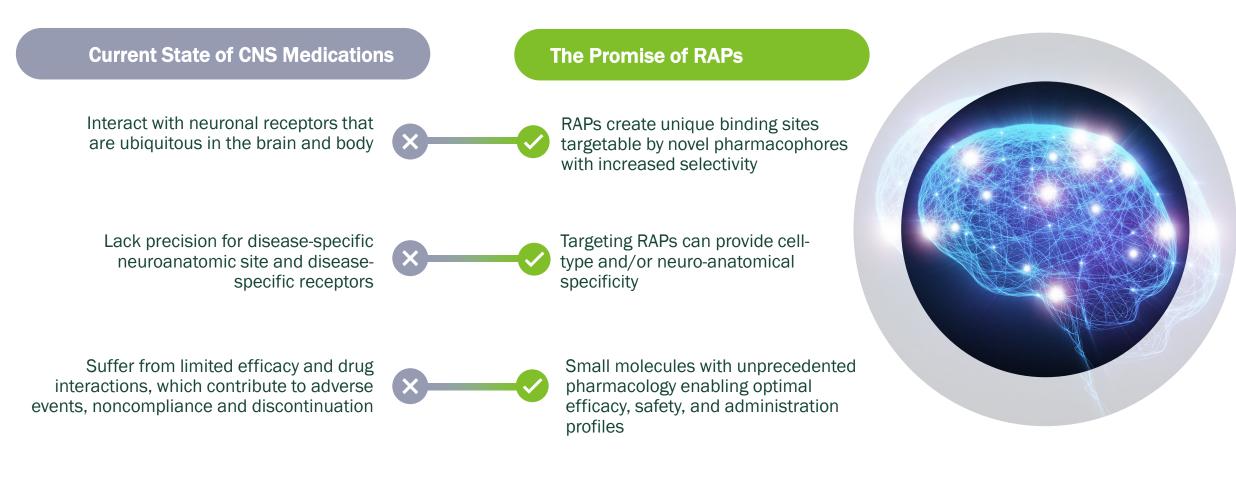


#### **Board of Directors**

Steve Paul. MD **Board Chair** Co-founder Karuna, Voyager, Sage James Healy, M.D., PhD. Director Managing Partner, Sofinnova Investments Reid Huber, PhD Director Partner, Third Rock Ventures Raymond Kelleher, M.D., Ph.D. Director Managing Director, Cormorant Asset Management Sanjay Mistry, PhD Director Vice President, J&J Innovation Jeff Tong, PhD Director Partner, Third Rock Ventures



### **The Clinical Problem Compels The Creation Of Rapport**

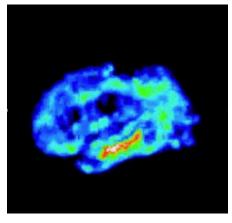




# γ8-TARP and RAP-219 Validates Approach and Represents "Pipeline in a Target" Opportunity

#### Neuroanatomical specificity

#### **Cerebellar Sparing & Forebrain Selective**



γ8-TARP Clinical PET ACNP 2018 27.6: 536

Optimized  $\gamma$ 8-TARP PET tracer from Janssen was transferred to Rapport to support our development programs.

### Lead y8-TARP Program RAP-219

**Blockbuster Opportunity** 

#### **Focal Onset Indication Expansion** Seizure Large populations with Precision treatment Formulation with optimal profile high unmet needs effective, no sedation or motoric impairment, Long-acting injectable Psychiatry no DDIs, no titration expands clinical utility • Bipolar Profile enables the first **Chronic Pain** anticonvulsant depot • Neuropathic formulation for epilepsy and • Inflammatory (e.g., OA) offers appealing administration alternative for additional indications



### **Advancing Our Precision Neuroscience Pipeline**

- RAP-219 program has blockbuster potential in epilepsy alone; follow on indications exponentially increase opportunity
- Pipeline programs targeting large populations with significant unmet (pain, hearing, psychiatry)
- RAP platform creates an ongoing innovation engine
- Strong IP with worldwide rights to all programs

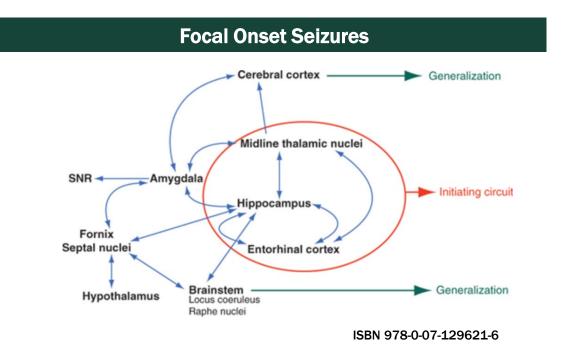
Category	Program	Discovery	Candidate Selection	IND	Phase 1	Phase 2	Next Milestone
AMPA modulator	<b>RAP-219*</b> Epilepsy						Ph1 MAD data 1H '24
							PET (RO) data 1H '25
							Ph2a Top-Line results MID'25
	RAP-219 2nd Indication TBA						Ph2a results 1H'26
	γ <b>8 TARP</b> Indication TBA						Ph1 results 2H'25
Discovery Stage RAPs	Chronic pain						Development Candidate
	Hearing/vestibular disorders						Development Candidate
	Psychiatry						Lead Optimization
RAP Platform	Undisclosed						Lead Optimization



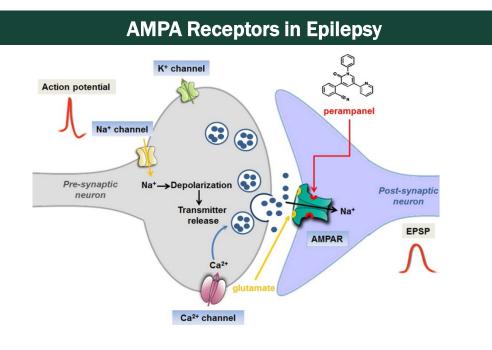
# Lead Program: RAP-219



### AMPA Receptor Antagonism Validated Approach For Drug-Resistant Epilepsy



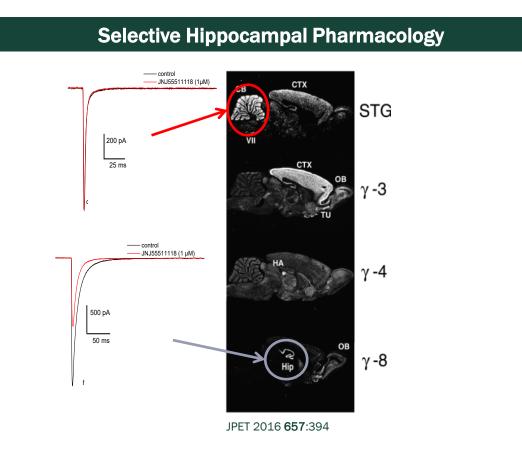
Hippocampus is a common initiation site and perpetuates seizure generalization



- AMPA type glutamate receptors mediate seizure initiation and spread
- Target clinically validated Perampanel (Fycompa®) is an FDA/EMA approved pan-AMPAR antagonist for the treatment of FOS and generalized seizures



# RAP-219: Inhibits AMPA Currents From Hippocampal Neurons But Not From Cerebellar AMPA Neurons



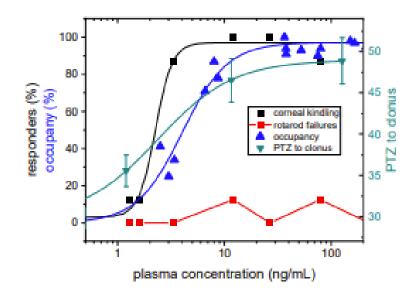
Potent and $\gamma$ -8 Specific				
	<b>RAP-219 IC</b> 50			
GluA1o + γ8	90 pM			
GluA1o +γ2	>10 µM			
GluA1o +γ3	>10 µM			
GluA1o +γ4	>10 µM			
GluA1o +γ7	>10 µM			



### **RAP-219: Differentiated Precision Profile**

### Non-Sedating Anticonvulsant

#### **Precision Creates Unprecedented Treatment Margin**



- RAP-219 effective in multiple epilepsy models at low ng/ml plasma levels corresponding to 70% receptor occupancy
- RAP-219 is not sedating or motorically impairing at the highest doses



### Focal Epilepsy: Large Market With High Unmet Needs Despite Current Treatments





### **Focal Epilepsy: Optimal Target Profile Emerging For RAP-219**



#### Efficacy

 Significant seizure reduction in validated epilepsy models

### Safety

 Highest dose evaluated in IND-enabling studies were considered NOAEL



### **Tolerability**

 Target exposures achieved in Ph1 MAD exhibit no sedation, motoric impairment or other CNS side effects

### **Drug<>Drug Interaction**

 Low to no potential as RAP-219 does not interact with **CYP** enzymes



### Dosing

- Projected dose is oral .5mg 1 mg with QD dosing



### Long Acting Injectable (LAI)

RAP-219 is ideally suited for LAI; first in epilepsy



### **RNS** Overview

- Responsive neurostimulators are FDA approved for treatment of refractory focal epilepsy in patients who are not surgical candidates
  - ~ 6,000 patients in US
- RNS monitor and record seizure activity within brain seizure focus and detect EEG biomarker "Long Episodes" that correlate with clinical seizures
- Study Objective reduction of long episodes by pharmacologic treatment with RAP-219
  - Exploration of several other important biomarkers



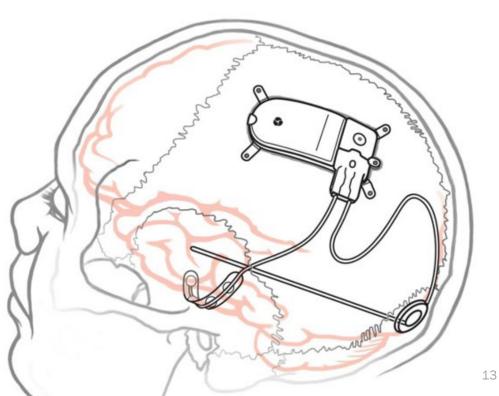
#### Advantages for RAP-219 PoC

#### **Highly Translatable**

 RNS focal epilepsy patients similar to those enrolled in future phase 2b/3 studies

#### **Validated Biomarker**

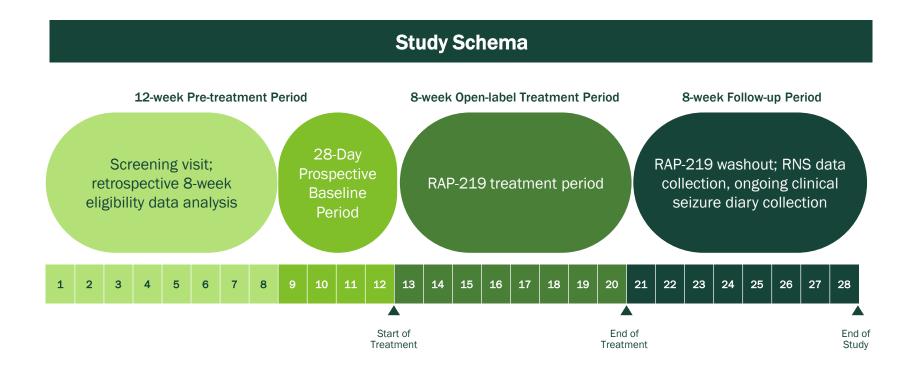
 Sensitive outcome measure reflective of electrographic seizure activity responsible for clinical seizures



### RAP-219 Ph2a FOS Study (RNS)

#### **Study Features**

- 8 weeks of retrospective RNS data to provide historical data on electrographic event activity, clinical seizure frequency and background therapies; ensuring all therapies are stable (RNS and medications)
- 28-day prospective baseline period to establish baseline electrographic and clinical seizure frequency
- 8-week treatment period to evaluate the effect of RAP-219 on electrographic seizure and biomarker event frequency as well as establish PK/PD relationship
- 8-week follow-up period to allow for washout and potential return to baseline event frequencies





## **Pipeline: Discovery RAPs**



### Validated nAChR-Targeted NeuroMedicine Portfolio



- Discovered elusive nicotinic acetylcholine receptor chaperones and auxiliary subunits
- These subunits enable functional expression of previously inaccessible targets and provide added dimension for receptor pharmacology

Target	Lead Indication
nAChR	Neuropathic pain
nAChR	Hearing disorders
nAChR	Psychiatry



# **Value Creation Planning**



### **Building The Leading Precision Neuroscience Company**

