Transforming Mental Health Care

Investor Presentation
November 2024

Compass

Disclaimer

Cautionary Note Regarding Forward-Looking Statements

This presentation includes “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995, as amended. In some cases, you can identify forward-looking statements by terms such as “believe,” “continue,” “could,” “estimate,” “expect,” “may,” “might,” “plan,” “potential,” “project,” “should,” “target,” “will,” “would,” or the negative of these terms, and similar expressions intended to identify forward-looking statements. However, not all forward-looking statements contain these identifying words. These forward-looking statements include express or implied statements relating to our financial guidance; our strategic plans or objectives; our expectations and projections about our future cash needs and financial results; our plans for a strategic reorganization, including a reduction in workforce (including the elimination of two senior management roles, our chief legal officer and general counsel and our chief communications officer, who will leave their respective roles at the end of 2024), and our expectations regarding impact of and cost savings from our planned reduction in workforce; our plans and expectations regarding our phase 3 trials in treatment-resistant depression (TRD), including our expectations regarding the time periods during which the results of the two Phase 3 trials will become available; the potential for the pivotal phase 3 program in TRD, any future trials in PTSD, or other trials to support regulatory filings and approvals; our expectations regarding the safety or efficacy of our investigational COMP360 psilocybin treatment, including as a treatment for TRD, PTSD, and anorexia nervosa; our expectations regarding the benefits of our investigational COMP360 psilocybin treatment; and our plans, expectations and ability to achieve our goals related to our research collaboration agreements. By their nature, these statements are subject to numerous risk and uncertainties, including the our need for substantial additional funding to achieve our business goals, including to repay the term loan facility, and if we are unable to obtain this funding when needed and on acceptable terms, we could be forced to delay, limit or terminate our clinical development efforts; the availability of future tranches under the term loan facility is dependent, in part, on the approval of the lender, achievement of certain milestones and other factors; clinical development is lengthy and outcomes are uncertain, and therefore our phase 3 clinical trials in TRD and our other clinical trials may be delayed or terminated; impact of global macroeconomic trends on our business, our expectations about the outcomes of our clinical programs and actions of regulatory agencies; the results of early-stage clinical trials of our investigational COMP360 psilocybin treatment may not be predictive of the results of later stage clinical trials; our efforts to obtain marketing approval from the applicable regulatory authorities in any jurisdiction for COMP360 or any of future product candidates may be unsuccessful; the risk that our research collaborations will not continue or will not be successful; and our efforts to obtain coverage and reimbursement for our investigational COMP360 psilocybin treatment, if approved, may be unsuccessful; our dependence on third parties in connection with our clinical trials and other factors beyond our control, that could cause our actual results, performance or achievements to differ materially and adversely from those anticipated or implied in our statements. For additional disclosure regarding these and other risks we may face, see the disclosure contained under the heading "Risk Factors" and elsewhere in the Company’s most recent Annual Report on Form 10-K, Quarterly Report on Form 10-Q and subsequent public filings with the US Securities and Exchange Commission (the “SEC”). You should not rely upon forward-looking statements as predictions of future events. Although our management believes that the expectations reflected in our statements are reasonable, we cannot guarantee that the future results, levels of activity, performance or events and circumstances described in the forward-looking statements will be achieved or occur. Moreover, neither we, nor any other person, assumes responsibility for the accuracy and completeness of these statements. Accordingly, you are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date such statements are made and should not be construed as statements of fact. Except as required by applicable law, we undertake no obligation to update these forward-looking statements to reflect any new information, events or circumstances after the date hereof, or to reflect the occurrence of unanticipated events. No representations or warranties (expressed or implied) are made about the accuracy of any such forward-looking statements.

Market & Industry Data Projections, estimates, industry data and information contained in this presentation, including our general expectations about our market position and market opportunity, are based on information from third-party sources, publicly available information, our knowledge of our industry and assumptions based on such information and knowledge. Although we believe that our third party-sources are reliable, we cannot guarantee the accuracy or completeness of our sources. All of the projections, estimates, market data and industry information used in this presentation involve a number of assumptions and limitations, and you are cautioned not to give undue weight to such information. In addition, projections, estimates and assumptions relating to our and our industry’s future performance are necessarily subject to a high degree of uncertainty and risk due to a variety of factors, including, but not limited to, those described above, that could cause future performance to differ materially from our expressed projections, estimates and assumptions or those provided by third parties.

This presentation shall not constitute an offer to sell or the solicitation of an offer to buy securities, nor shall there be any sale of 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.

Compass Pathways

Dedicated to accelerating patient access to evidence-based innovation in mental health.

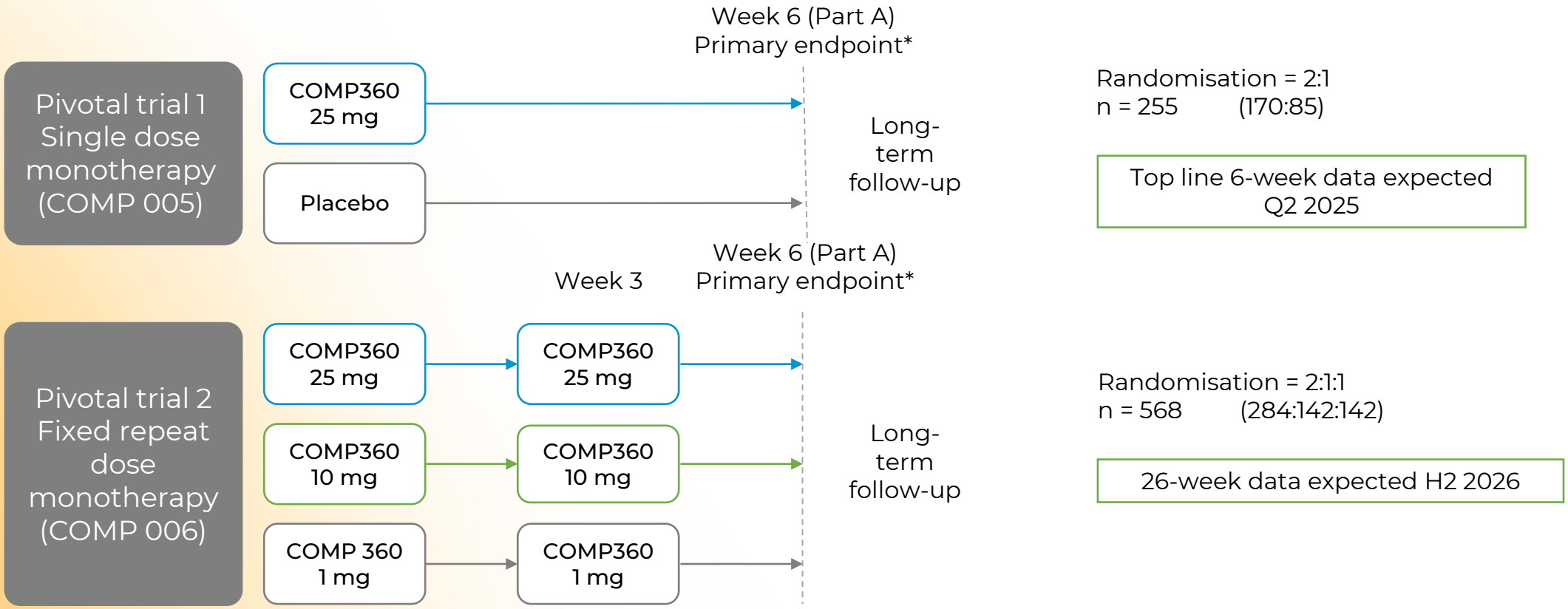
- Lead product candidate: COMP360 psilocybin treatment in treatment resistant depression (TRD)
- Phase 2 TRD program published in *The New England Journal of Medicine*
  Phase 3 TRD program recruiting
  - Pivotal trial 1 (COMP005): top-line data expected Q2 2025
  - Pivotal trial 2 (COMP006): top-line expected H2 2026
- Phase 2 PTSD positive top-line data reported in Q2 2024

TRD treatment pathway: significant unmet need for 100 million patients

Treatment pathway stage	New onset depression Major depressive disorder (MDD)	Persistent depression Major depressive disorder (MDD)	Treatment-resistant depression (TRD)
Line of therapy	First line	Second line	Third line +
Estimated number of patients (worldwide)	320 million	200 million	100 million (~1 in 3 of total) US health care cost approx. $17-25k per patient/year
Available treatments	– Antidepressants – Psychological interventions, e.g., CBT*	– Antidepressants – Antidepressant combinations – Psychological interventions	– Antidepressants – Augmentation therapy (antidepressants, mood stabilizers, anticonvulsants, atypical antipsychotics, esketamine) – Ketamine – Somatic therapy (rTMS, tDCS, ECT, DBS)* – High-intensity psychological interventions
% relapse	60-70%	50-75%	80-90%

*NOTE: CBT = cognitive behavioural therapy; rTMS = repetitive transcranial magnetic stimulation; tDCS=transcranial direct current stimulation; ECT=electroconvulsive therapy; DBS=deep brain stimulation
SOURCE Table adapted from Rush, A. J., Trivedi, M. H., Wisniewski, S. R., Nierenberg, A. A., Stewart, J. W., Warden, D., ... & Fava, M. (2006). Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR* D report. American Journal of Psychiatry, 163(11), 1905-1917; Zhdanava M, Pilon D, Ghelerter I, et al. The prevalence and national burden of treatment-resistant depression and major depressive disorder in the United States. J Clin Psychiatry. 2021;82(2):20m13699.

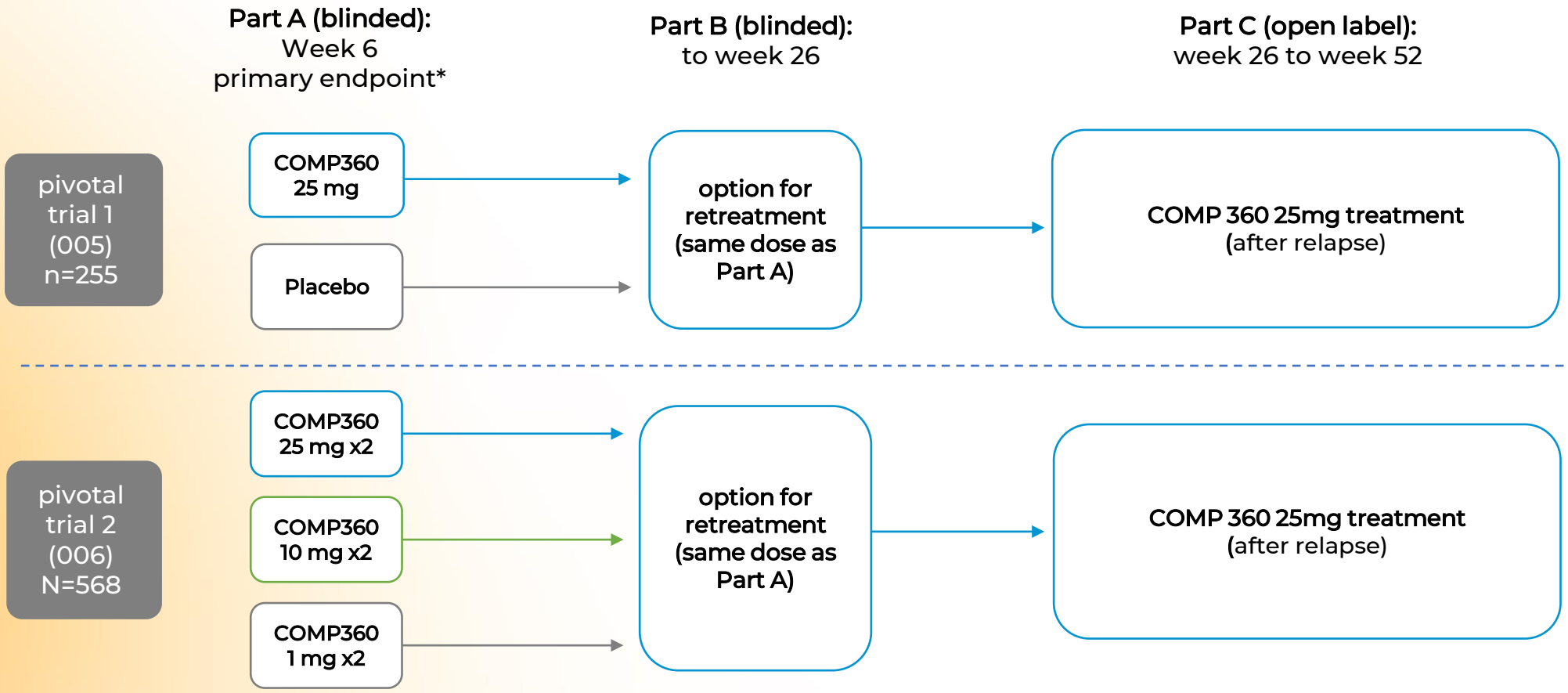
Phase 3 program: Overview of ongoing pivotal trial designs



The phase 3 program will be conducted across approx. 150 sites in 12 countries. The participant population (TRD definition and core inclusion/exclusion criteria) remains unchanged compared to Phase 2b

*Primary endpoint - change from baseline in MADRS total score at Week 6

Phase 3 program long-term follow up component



*Primary endpoint - change from baseline in MADRS total score at Week 6

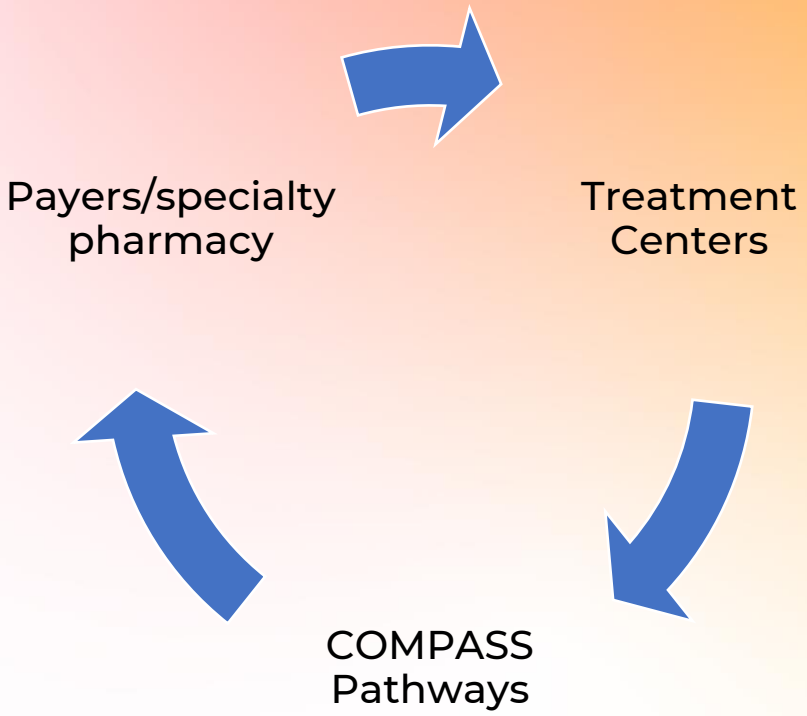
Preparing for scale at launch, if approved

Compass Pathways intends to deliver COMP360 (medicine) to **Treatment Centers** through specialty pharmacy channels, reimbursed by **Payers**

Our strategy for reimbursement is for **Treatment Centers** to be reimbursed by **Payers** with new reimbursement codes specific to psychedelic therapies*

Strategic research collaborations established to inform the development of scalable and practical delivery models for COMP360 psilocybin treatment, if approved for treatment-resistant depression

Regulatory approval and payer coverage/reimbursement is the path to broad and equitable patient access



*New CPT III codes accepted, and language released by AMA for Psychedelic Drug Monitoring Services, expected to be published in the CPT Manual and become effective on January 1, 2024

The infrastructure to deliver COMP360 psilocybin treatment already exists and is growing

Specialty TRD centers, health systems, and integrated delivery networks (IDNs), some of which are clinical trial sites during our phase 3 clinical program, are already experienced in delivering interventional psychiatry treatments like ketamine, Spravato® (esketamine), transcranial magnetic stimulation (TMS) and electroconvulsive therapy (ECT) to tens of thousands of TRD patients

These are delivered relatively frequently, requiring a cumulatively high number of hours of patient and provider time

TMS:
30-36 treatments[2][5]

esketamine:
20-28 treatments[1]

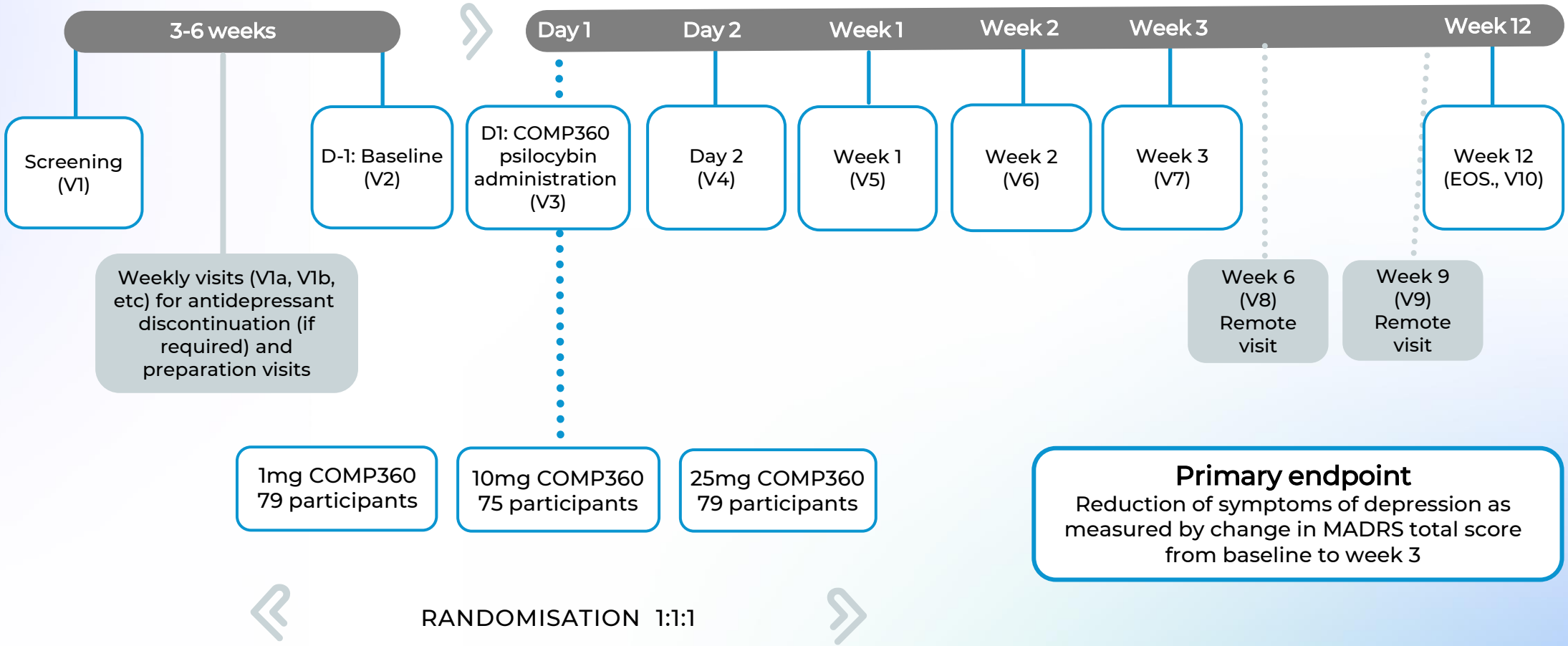
ketamine:
12-15 treatments[6]

ECT:
6-12+ treatments
[3][4]

*treatment #s represent a typical course over 6 months

References: [1] ICER, 2019; [2] Ross, 2018; [3] Petrides, 2011; [4] Thirthalli, 2020; [5] Voigt, 2017; [6] Wilkinson, 2018.

COMP001 phase 2b study design and primary endpoint (n=233)



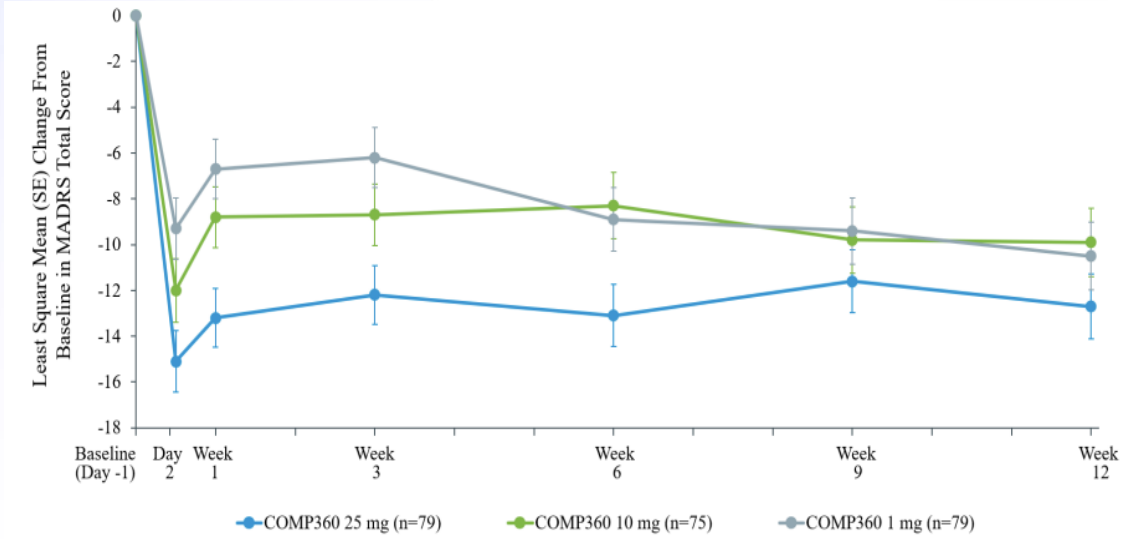
Note: MADRS = Montgomery-Åsberg Depression Rating Scale; EOS = end of study; TRD = treatment-resistant depression; D = day; V = visit

Phase 2b trial: Results demonstrate the potential for a rapid, sustained response in TRD

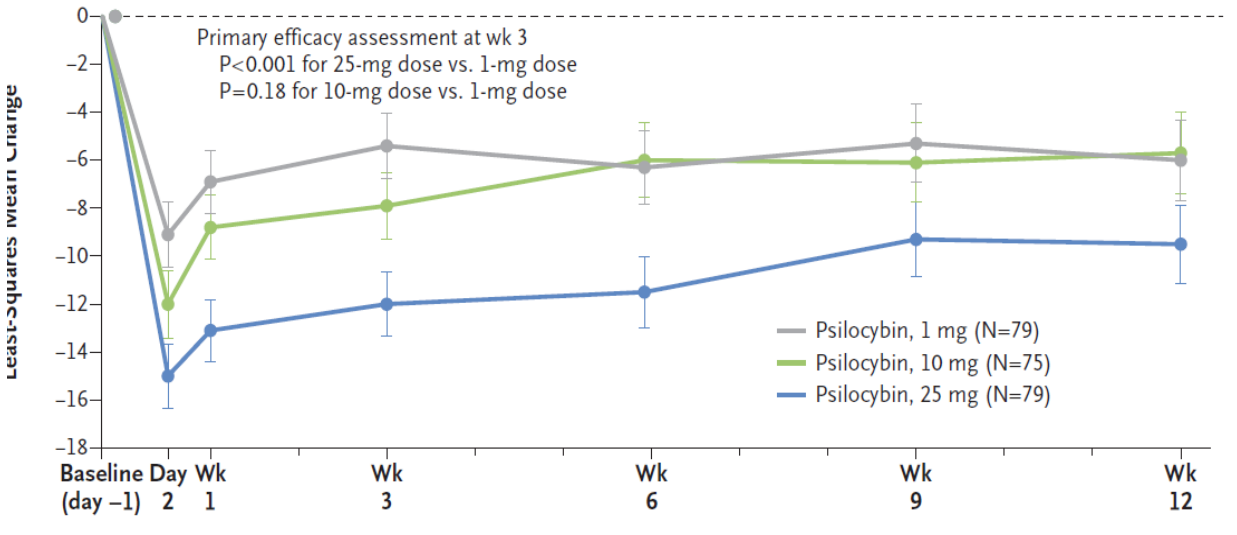
Published in The NEW ENGLAND JOURNAL of MEDICINE

Randomized, controlled, double-blind trial, 3 arms, single dose (either 1mg, 10mg or 25 mg) of COMP360 psilocybin alongside psychological support. Results were measured as a change on the MADRS* depression scale from baseline (a day prior to administration) over a 12-week period. The primary endpoint of this study was the change from baseline in MADRS total score at week 3.

Without imputation for use of anti-depressants during trial period (consistent with phase 3 design)



With imputation for use of anti-depressants during trial period (applied in phase 2b)



Efficacy: We saw a statistically significant and clinically meaningful reduction in depression symptoms.

Rapid onset of action: The effect occurred the day after the administration.

Durability: We saw a sustained response at week 12 – a positive indication for high potential as a monotherapy.

NOTE: *Least square mean change from baseline in MADRS total score; MADRS = Montgomery-Åsberg Depression Rating Scale

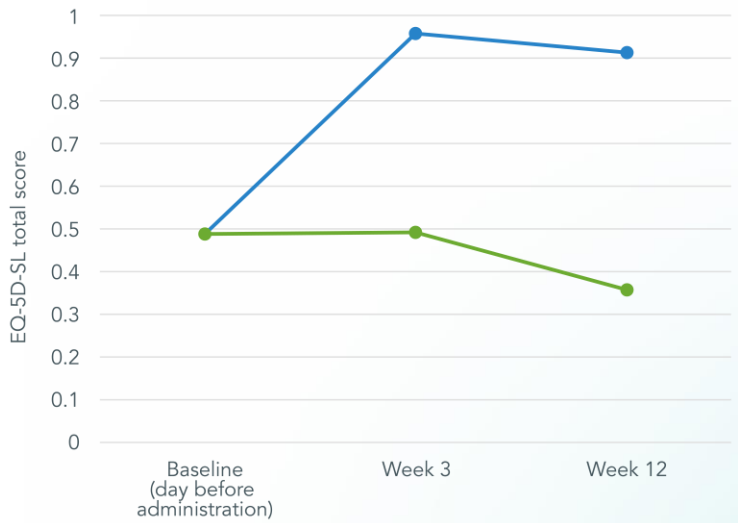
Phase 2b trial: Those participants who showed a sustained response also showed signs of improvement beyond the reduction of depression symptoms

Sustained responders are participants who responded (≥50% change in MADRS total score from baseline) at weeks 3 and 12, and at least one visit out of week 6 and 9, and who did not start new treatments for depression.

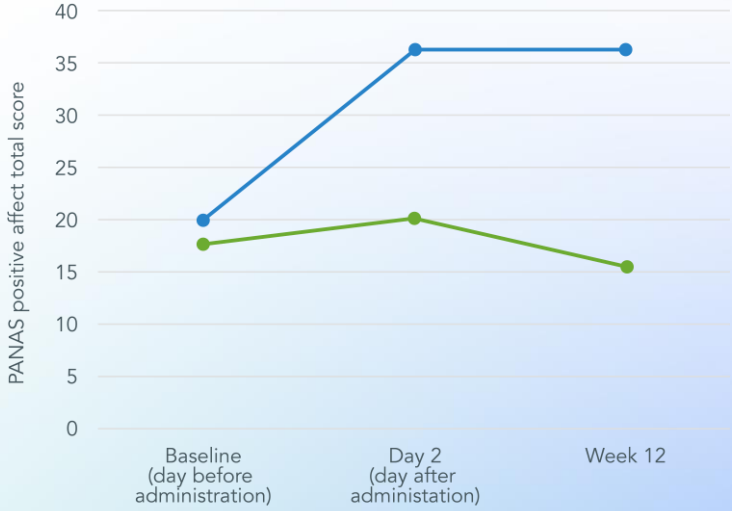
Sustained non-responders are participants who did not respond (<25% change in MADRS total score from baseline) at weeks 3 and 12, and at least one visit out of week 6 or 9.

- Sustained responders (n=19)
- Sustained non-responders (n=21)

Quality of life: Sustained responders were found to have a clinically meaningful increase in quality of life from baseline at week 3 and week 12 with scores in the normal range after treatment



Positive affect: Sustained responders were found to have a clinically meaningful increase in positive affect from baseline on the day after the psilocybin session and at week 3



NOTE: EQ-5D-3L= EuroQoL 5-Dimensions 3-Levels; PANAS= Positive and Negative Affect Schedule; SD= standard deviation

Phase 2b trial: COMP360 psilocybin treatment was generally well-tolerated

Treatment-emergent adverse events (TEAEs)

>90% of TEAEs were of mild or moderate severity.

5 most frequent TEAEs across the 10mg and 25mg doses were headaches, nausea, fatigue, insomnia and anxiety.

>77% of TEAEs occurring on the day of administration resolved on the same or next day; most were mild or moderate.

There were no concerns with vital signs, ECG or clinical laboratory data in any of the treatment groups

TEAEs involving hallucinations (which only occurred in the 25mg and 10mg groups) and illusions (all groups) started and resolved on the day of administration.

TESAEs of suicidal ideation, suicidal behaviour and intentional self-injury were uncommon but occurred unevenly across groups in non-responders

- All patients who experienced these events during the trial had said during screening that they had had suicidal thoughts prior to the trial.
- 3 TESAEs of suicidal behavior in non-responders, 30 days post administration in the 25 mg arm emphasizing the need for a vigilant approach to the TRD condition.

Most frequent TEAEs ordered by the 25mg arm
(at least 5% in any treatment group)

MedDRA TEAE preferred term	COMP360 25mg	COMP360 10mg	COMP360 1mg	Overall
	N=79	N=75	N=79	N=233
	n (%)			
Headache	27 (34.2)	16 (21.3)	20 (25.3)	63 (27.0)
Nausea	18 (22.8)	7 (9.3)	4 (5.1)	29 (12.4)
Fatigue	12 (15.2)	5 (6.7)	7 (8.9)	24 (10.3)
Insomnia	8 (10.1)	11 (14.7)	14 (17.7)	33 (14.2)
Anxiety	7 (8.9)	13 (17.3)	3 (3.8)	23 (9.9)
Mood altered	7 (8.9)	3 (4.0)	1 (1.3)	11 (4.7)
Back pain	6 (7.6)	0	3 (3.8)	9 (3.9)
Dizziness	6 (7.6)	1 (1.3)	1 (1.3)	8 (3.4)
Suicidal ideation	5 (6.3)	5 (6.7)	4 (5.1)	14 (6.0)
Myalgia	5 (6.3)	2 (2.7)	1 (1.3)	8 (3.4)
Euphoric mood	4 (5.1)	5 (6.7)	4 (5.1)	13 (5.6)
Depression	4 (5.1)	6 (8.0)	5 (6.3)	15 (6.4)
Abdominal pain upper	4 (5.1)	2 (2.7)	1 (1.3)	7 (3.0)
Irritability	4 (5.1)	2 (2.7)	1 (1.3)	7 (3.0)
Panic reaction	4 (5.1)	1 (1.3)	1 (1.3)	6 (2.6)
Depressed mood	3 (3.8)	5 (6.7)	4 (5.1)	12 (5.2)
Paraesthesia	3 (3.8)	4 (5.3)	1 (1.3)	8 (3.4)
Thinking abnormal	0	4 (5.3)	0	4 (1.7)

TEAE incidence is higher in the 25mg group overall

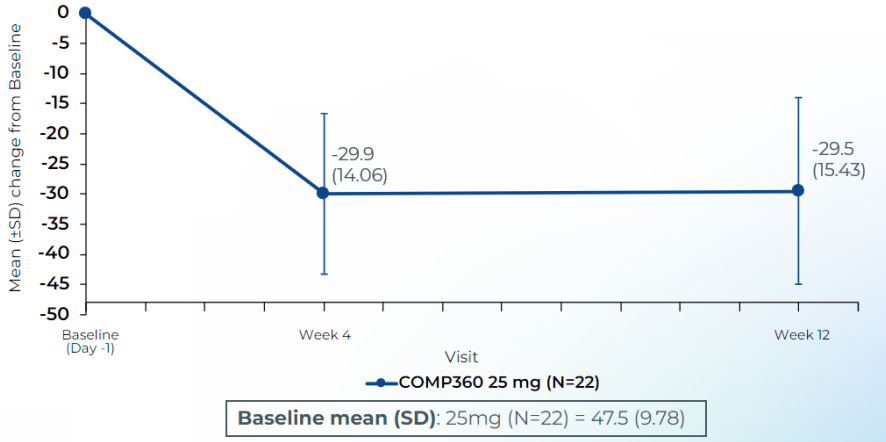
Key mood-related TEAEs (euphoric mood, depression, depressed mood, suicidal ideation) do not have a higher incidence in the 25mg arm

Note: MedDRA = Medical Dictionary for Regulatory Activities; TEAE = treatment emergent adverse event; N = number of participants in the population; n = number observed

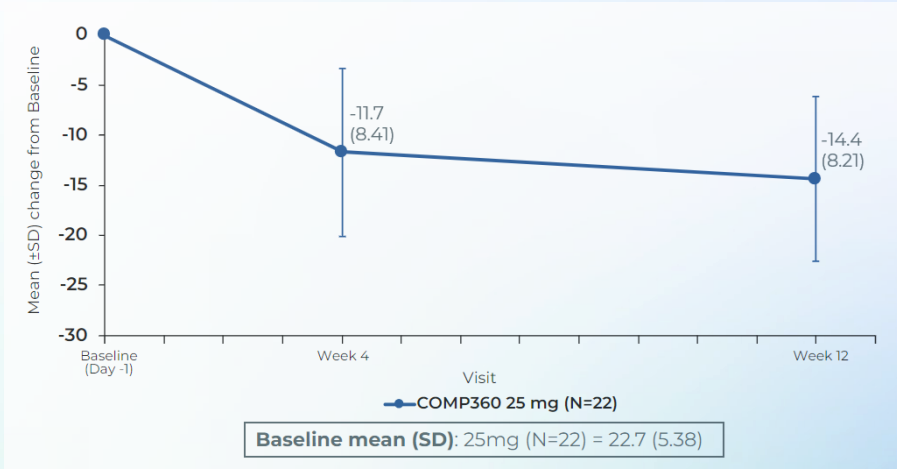
Post-traumatic stress disorder (PTSD) positive phase 2 study

- N=22, multi-center open-label, single administration of 25mg COMP360 with psychological support
- Early onset and sustained change from baseline in CAPS-5 observed at week 4 and week 12
- Durability in CAPS-5 reductions from baseline seen at week 4 (29.5 points) and week 12 (29.9)
- Response in CAPS-5: 81.8% at week 4, 77.3% at week 12
- Remission in CAPS-5: 63.6% at week 4, 54.5% at week 12
- No treatment emergent serious adverse events reported
- Mean baseline of 47.5 CAPS-5 total score, which is considered severe

Summary of change from baseline in CAPS-5 score



Summary of change from baseline in SDS score



NOTE: CAPS-5 = clinician administered PTSD scale

Phase 2 PTSD study safety profile (primary endpoint)

COMP360 was well tolerated with no treatment emergent serious adverse events reported

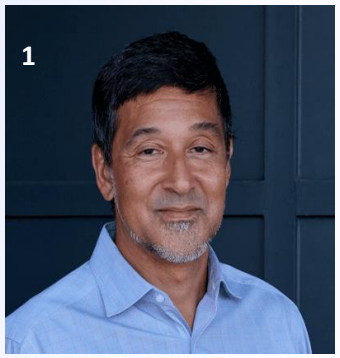
No participants re-started SSRI's or antidepressants after COMP360 administration in study

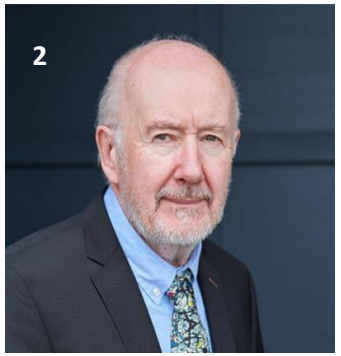
Summary of most frequent TEAES (≥10% prevalence)

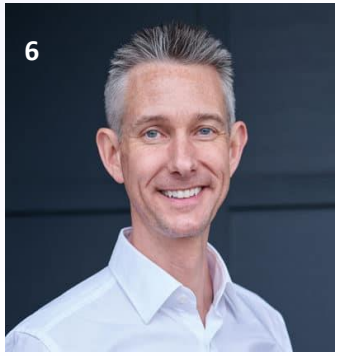
MedDRA TEAE Preferred Term (at least 5%)	COMP360 25 mg (N = 22)			
	Overall		COMP360 admin day	
	n (%)	E	n (%)	E
Headache (PTs: Headache, Tension headache)	11 (50.0)	15	6 (27.3)	6
Nausea	8 (36.4)	9	6 (27.3)	6
Crying	6 (27.3)	6	6 (27.3)	6
Fatigue	6 (27.3)	6	4 (18.2)	4
Hallucination (PTs: visual, auditory, synaesthetic)	5 (22.7)	7	5 (22.7)	7
Muscle tightness	3 (13.6)	3	3 (13.6)	3
Paraesthesia	3 (13.6)	3	2 (9.1)	2
Visual impairment	3 (13.6)	3	3 (13.6)	3

NOTE: E = events, MedDRA = Medical Dictionary of Regulatory Authorities, n = number of participants with TEAE, PT = preferred term, TEAE = treatment emergent adverse event

We have a team of experts and leaders with a record of delivering visionary innovation in pharma and beyond







1. **Kabir Nath**
   Chief Executive Officer
2. **Guy Goodwin, MD, PhD**
   Chief Medical Officer
3. **Anne Benedict**
   Chief People Officer
4. **Teri Loxam**
   Chief Financial Officer
5. **Michael Gold, MD**
   Chief Research & Development Officer
6. **Matt Owens**
   General Counsel and Chief Legal Officer
7. **Greg Ryslik** Chief Technical Officer
8. **Chris Williams**
   Chief Communications Officer
9. **Lori Englebert**
   Chief Commercial Officer

COMPASS runway expected into 2026

Cash and cash equivalents at September 30, 2024

$207 million

Financial guidance for cash used in operating activities (As issued on Q3 2024 earnings call on 31 October 2024)

Fourth quarter 2024:	$37 - $43 million
Full-year 2024:	$114 - $120 million

We're a biotechnology company...

...dedicated to accelerating patient access to evidence-based innovation in mental health.

Stephen Schultz
SVP, Investor Relations
stephen.schultz@compasspathways.com
+1 401-290-7324

