MindMed

Investor Presentation

February 2024

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Cautionary Note Regarding Regulatory Matters

The United States federal government regulates drugs through the Controlled Substances Act. MM-120 is a proprietary, pharmaceutically optimized form of lysergide D-tartrate and MM-402, or R(-)-MDMA, is our proprietary form of the R-enantiomer of MDMA (3,4-methylenedioxymethamphetamine). Lysergide and MDMA are Schedule I substances under the Controlled Substances Act. While the Company is focused on programs using psychedelic or hallucinogenic compounds and non-hallucinogenic derivatives of these compounds, including in its MM-120, MM-402 and other product candidates, the Company does not have any direct or indirect involvement with the illegal selling, production or distribution of any substances in the jurisdictions in which it operates. The Company is a neuro-pharmaceutical drug development company and does not deal with psychedelic or hallucinogenic substances except within laboratory and clinical trial settings conducted within approved regulatory frameworks. The Company's products will not be commercialized prior to applicable regulatory approval, which will only be granted if clinical evidence of safety and efficacy for the intended uses is successfully developed.

Market and Industry Data

This Presentation includes market and industry data that has been obtained from third party sources, including industry publications. MindMed believes that the industry data is accurate and that the estimates and assumptions are reasonable, but there is no assurance as to the accuracy or completeness of this data. Third party sources generally state that the information contained therein has been obtained from sources believed to be reliable, but there is no assurance as to the accuracy or completeness of included information. Although the data is believed to be reliable, MindMed has not independently verified any of the data from third party sources referred to in this Presentation or ascertained the underlying economic assumptions relied upon by such sources. References in this Presentation to research reports or to articles and publications should be not construed as depicting the complete findings of the entire referenced report or article. MindMed does not make any representation as to the accuracy of such information.

We Aim To Be A Global Leader In Brain Health

Transformative
Diversified pipeline of clinical programs targeting significant unmet medical needs

Promising
Leveraging decades of preclinical and clinical research on the potential of product candidates

MindMed

Proven
Expertise in drug development and commercialization

Well-funded
Expected cash runway through key clinical readouts and into 2026*

Protected
IP and R&D strategies intended to maximize market exclusivity and protection

*The company's cash and cash equivalents of $117.7 million as of September 30, 2023 and committed credit facility are expected to fund operations into 2026, if certain milestones are achieved that unlock additional capital.

Business Highlights

A diversified pipeline
of clinical programs targeting significant unmet medical needs

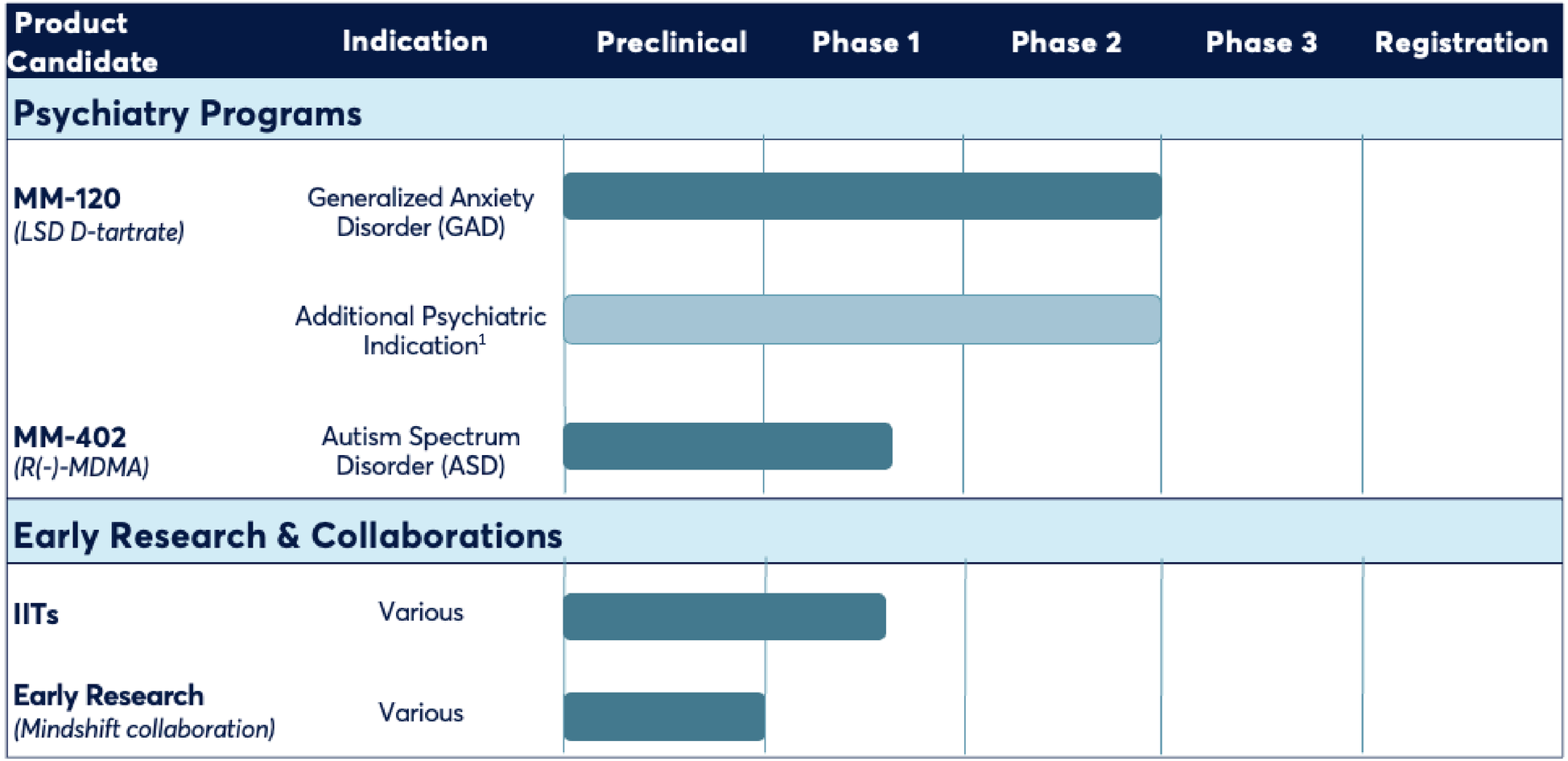
Advanced development of product candidates

- MM-120: Phase 3 – Generalized Anxiety Disorder (GAD)[1]
- MM-120: Evaluating 2nd psychiatric indication
- MM-402: Phase 1 – Autism Spectrum Disorder (ASD)

Expected cash runway
through key clinical readouts and into 2026[2]

1. Phase 3 clinical program expected to be initiated in the second half of 2023, subject to alignment with FDA at End-of-Phase 2 meeting.
2. The company's cash and cash equivalents of $117.7 million as of September 30, 2023 and committed credit facility are expected to fund operations into 2026, if certain milestones are achieved that unlock additional capital.

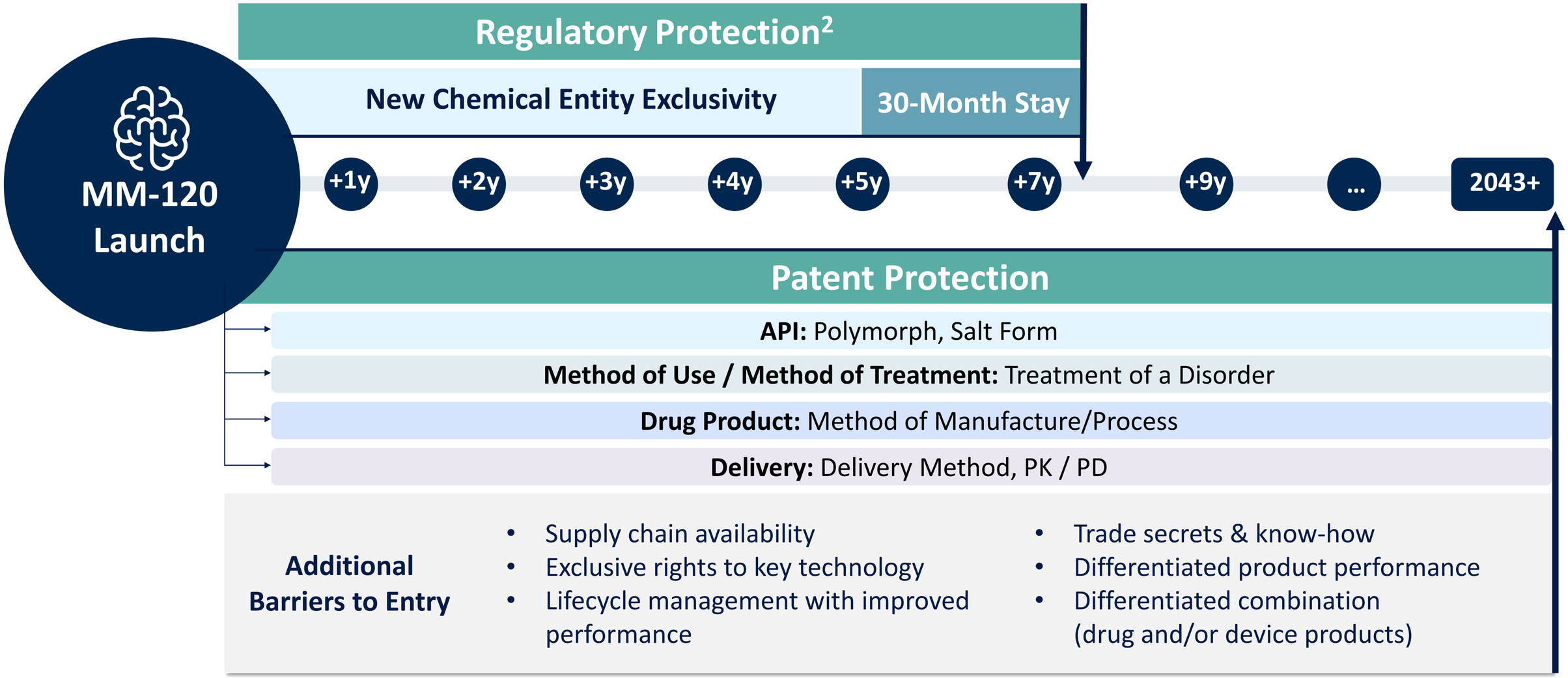
MindMed's Pipeline



Full trial details and clinicaltrials.gov links available at mindmed.co/clinical-digital-trials/; LSD: lysergide; MDMA: 3,4-methylenedioxymethamphetamine. IIT: Investigator Initiated Trial; UHB: University Hospital Basel

1. Study in exploration and/or planning stage.

Multiple Layers of Intellectual Property and Barriers to Entry[1]



1. Contingent upon FDA approval and grant of claims by USPTO.
2. Section 505 of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 355.

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MM-120
LSD D-tartrate

for Generalized Anxiety Disorder (GAD)

Potential to Address a Large Unmet Need in GAD

Opportunity in Generalized Anxiety Disorder (GAD)

- **GAD is the 2nd most common mental disorder** among adults[1], yet there are limited treatment options
- **Symptoms may be debilitating** and treatment inefficacy leads to incomplete remission and intolerable side effects.

Potential Best-in-Class Therapy with Novel MOA

Large Market Opportunity

~20 million US adults with GAD[1]
77% moderate to severe[2]

13 million
receive treatment[1]

6.5 million do not respond to first-line treatment[3]

Significant Need for New Treatments

- **SSRI/SNRIs[3]:** 50% failure rate with often undesirable side effects
- **Benzodiazepines:** addiction, tolerance risk; generally used in short-term
- **Buspirone[4]:** poor efficacy
- **Antipsychotics:** short- and long-term risks; poorly tolerated

1. Mental and Substance Use Disorders Prevalence Study (MDPSU): Findings Report 2023.
2. Kessler RC, Chiu WT, Demler O et al. Prevalence, Severity, and Comorbidity of 12-month DSM-IV Disorders in the National Comorbidity Survey-Replication. 2005 Arch Gen Psychiatry; 62(6): 617-627.
3. Ansara, Management of Treatment-Resistant Generalized Anxiety Disorder, Ment Health Clin 2020 Nov; 10(6) 326-334) United States Census Bureau, company calculations.
4. Garakani A, et al., (2020) Pharmacotherapy of Anxiety Disorders: Current and Emerging Treatment Options. Front. Psychiatry 11:595584. doi: 10.3389/fpsyt.2020.595584

Lysergide Has Proven Potential Across Multiple Therapeutic Areas

PSYCHIATRY

Broad Applicability
preliminary signs of efficacy across multiple diagnoses[1]

Long-Term Value
through multi-pronged life cycle management

ANXIETY

Rapid & Sustained
benefit observed after acute dosing[1]

3x Effect Size
compared to leading anxiety treatments[2]

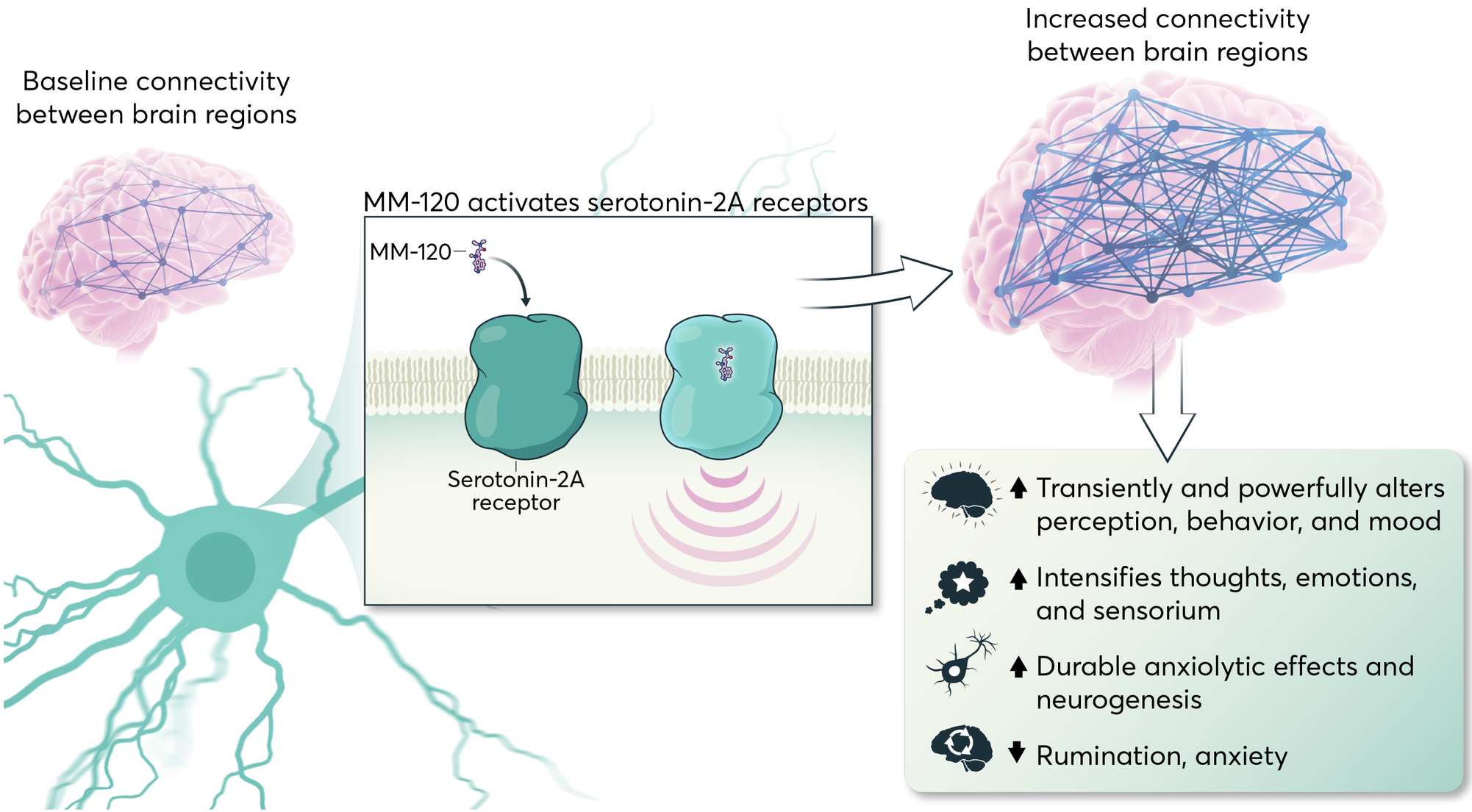
SAFETY & PHARMACOLOGY

10,000+
patients treated in clinical trials[1]

Well-Characterized
tolerability, pharmacokinetics and pharmacodynamics

1. Gasser P, Holstein D, Michel Y et al. 2014; J. Nerv. Ment. Dis.; 202(7).
2. Fuentes JJ, Fonseca F, Elices M et al. 2020; Front Psychiatry; 10:943.

Clinical Rationale and Mechanism of Action



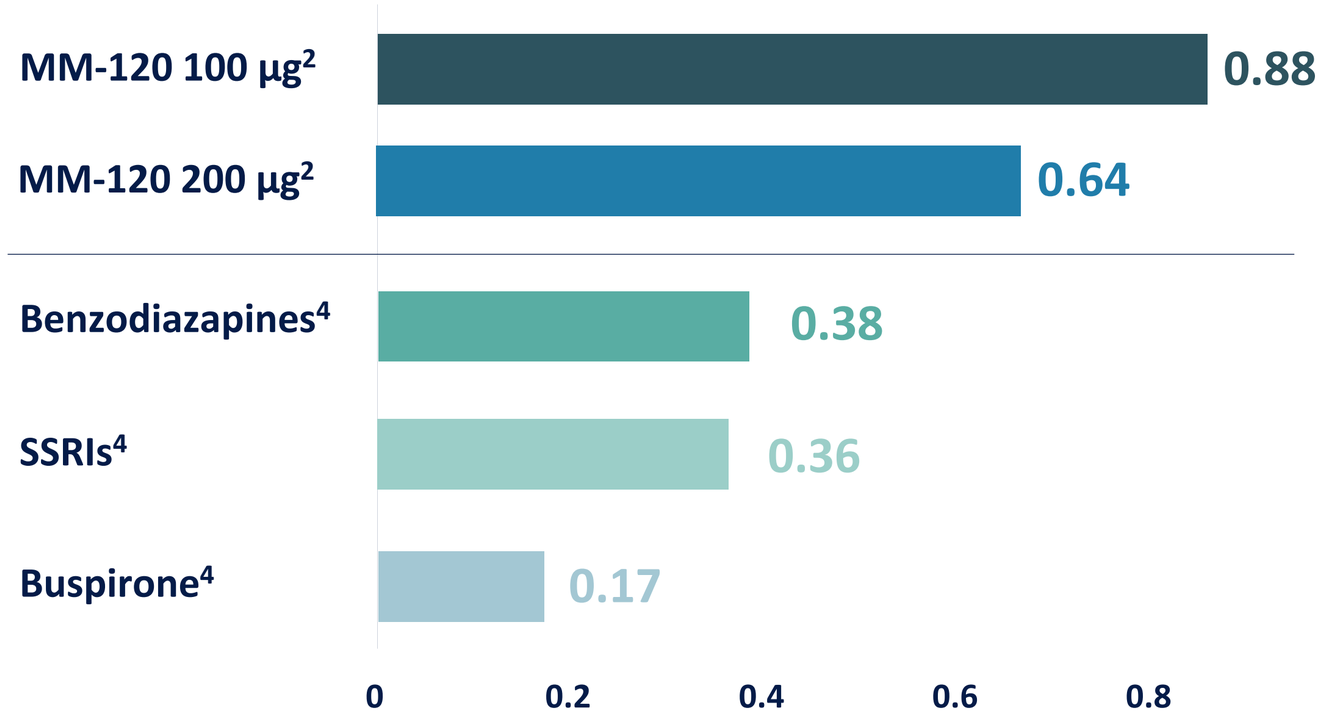
Extensive LSD Clinical Research in Psychiatric Disorders

STUDIES	INDICATION(S)	SAMPLE SIZE	KEY FINDINGS
21 STUDIES PRIOR TO 1974	Anxiety, depression & neurotic illnesses	512 patients	Up to 95% reduction in symptoms
GASSER 2014	Anxiety in terminal illness	12 patients	Effect size of 1.1 with durable reduction in anxiety at 1 year
HOLZE 2022	Anxiety	42 patients	Rapid and durable reduction in symptoms post-treatment. Clinical response in 65% of LSD patients vs. 9% in placebo
HOLZE 2023	Major Depressive Disorder	61 patients	Significant, rapid, durable and beneficial effects, with benefit maintained for up to 16 weeks post-treatment (p=0.008)

1. Rucker 2016. J. Psychopharmacol; 30(12).
2. Gasser 2014. J. Nerv. Ment. Dis.; 202(7).
3. Holze, Gasser et. al 2022. Biological Psychiatry.
4. UHB presentation; April 2023.

Large Observed Effect Size is Over Double the Standard of Care[1]

Reported Effect Size[1] in Generalized Anxiety Disorder



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Key Highlights of Phase 2b Results

- Maximum observed **effect size of 0.88 is more than double the standard of care**[2,3]
- **Rapid and durable clinical response** after single administration[3]
- Clinical activity demonstrated with **no psychotherapeutic intervention**

1. Source: Study MMED008 internal study documents and calculations.
2. HAM-A scores based on ANCOVA LS Mean. in Study MMED008. Effect size based on post hoc calculation using LS Mean change between group and pooled standard deviation of week 4 HAM-A scores between groups.
3. Based on 100 µg dose group.
4. Source: RB Hidalgo, J Psychopharmacol. 2007 Nov;21(8):864-72.

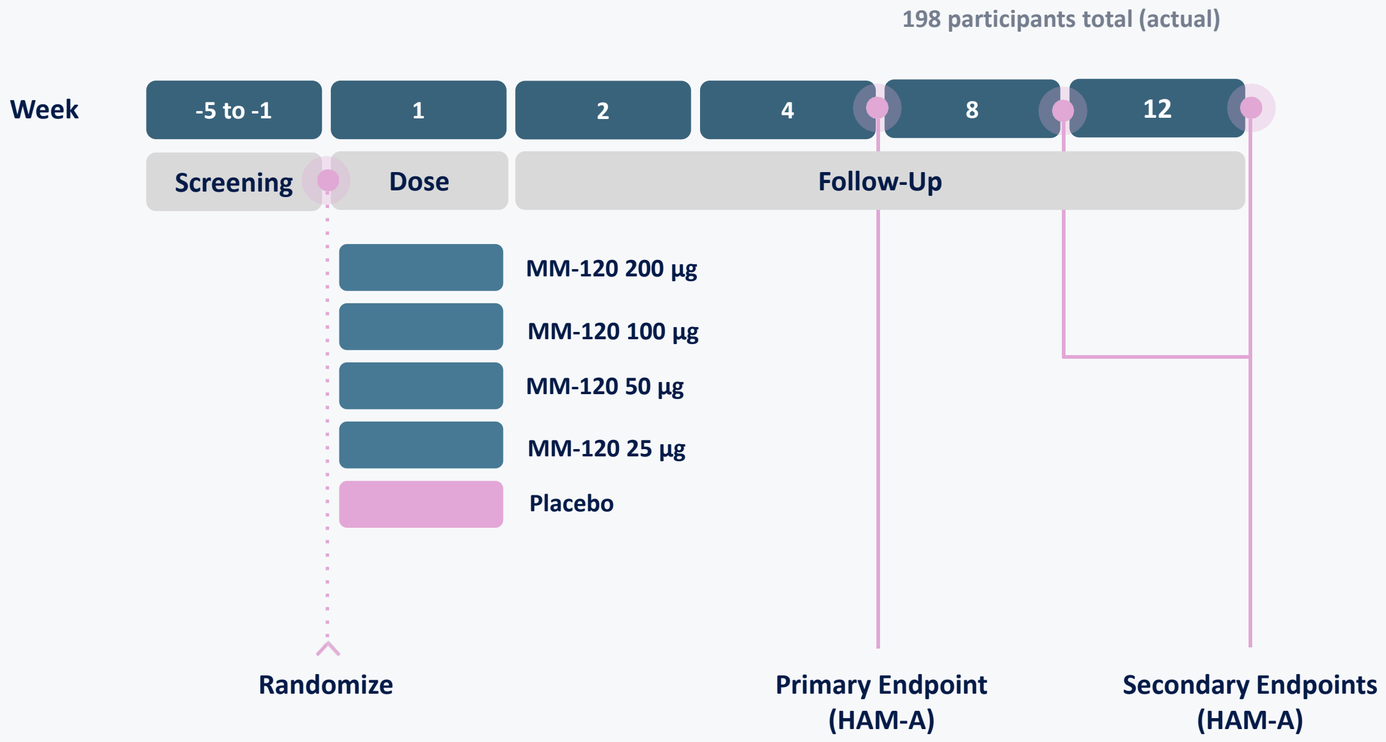
Summary of Topline Phase 2b Results in GAD[1]

- **Met the primary endpoint with statistical significance; MCP-Mod analysis results support dose-response relationship for MM-120 in GAD**
- **Large observed effect size of d=0.88 at 100 µg dose level is more than double the standard of care[2,3]**
- **Statistically and clinically significant 21.3-point improvement in HAM-A score through week 4 with maximum observed activity at 100 µg dose level (p=0.001)[2]**
  - Rapid and durable clinical activity with no loss of effect through the observation period
  - 78% clinical response rate and 50% clinical remission rate through the observation period[4]
  - Clinically and statistically significant improvements on all analyzed secondary endpoints through the observation period[5]
- **MM-120 was well-tolerated with no related serious adverse events**
  - Mostly transient, mild-to-moderate adverse events consistent with drug class and prior studies
  - No drug-related serious adverse event (SAE) or suicide-related safety signal[6]
- **Data supports advancement into Phase 3 development for GAD**

1. Source: Study MMED008 internal study documents and calculations.
2. Based on 100 µg dose group; HAM-A scores based on ANCOVA LS Mean. Effect size based on post hoc calculation by study statistician using LS Mean change between group and pooled standard deviation of ending HAM-A scores across groups.
3. Examination of baseline group assignment for all of the studies (20 studies utilizing the HAM-A (Hamilton Anxiety Scale) and 1 study using the PARS (Pediatric Anxiety Scale) for the primary outcome measurement. Source: RB Hidalgo, J Psychopharmacol. 2007 Nov;21(8):864-72.
4. Response defined as >50% improvement from baseline in HAM-A score
5. Represents all analyzed secondary endpoints at all timepoints through the week 4 topline analysis, including HAM-A, CGI-S and MADRS.
6. Suicidality assessment based on reported adverse events.

Phase 2b Generalized Anxiety Disorder (GAD)

PSYCHIATRY | **MM-120** (LSD D-tartrate) | Indication: GAD | PHASE 2b



Study MMED008 | MM-120 for GAD

A Phase 2b Dose Optimization Study of a Single Dose of MM-120 in Generalized Anxiety Disorder

KEY ENTRY CRITERIA

- Men and Women
- Ages 18-74
- Diagnosis of GAD
- HAM-A ≥ 20

ADDITIONAL ENDPOINTS

- MADRS
- CGI-S / I
- PGI-S / C
- SDS
- EQ-5D-5L
- PSQI
- ASEX

Source: MindMed internal study documents
µg: microgram; HAM-A: Hamilton Anxiety Rating Scale; MADRS: Montgomery-Asberg Depression Rating Scale; CGI-S: Clinical Global Impression - Severity; PGI-S: Patient Global Impression - Severity; SDS: Sheehan Disability Scale; EQ-5D-5L: EuroQol-5 Dimension; PSQI: Pittsburgh Sleep Quality Index; ASEX: Arizona Sexual Experiences Scale

Details of Treatment Delivery Protocol[1]

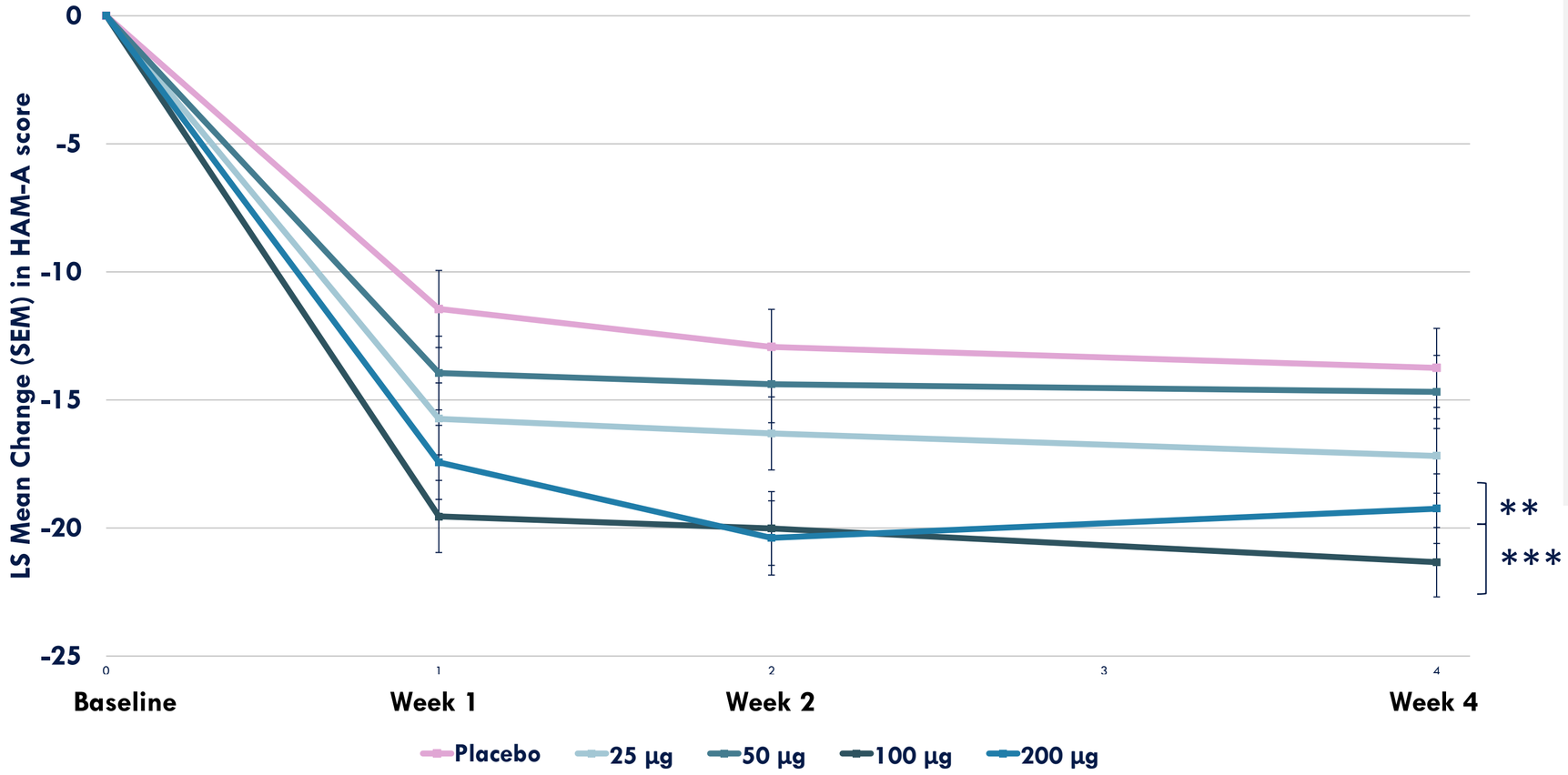
- Designed to demonstrate drug-only effect with no psychotherapeutic intervention
- Delivery protocol consistent with 2023 FDA Draft Guidance[2]
- No planned changes to delivery protocol from Phase 2 to Phase 3

	Pre-treatment	During treatment	Post-treatment
Patient Journey in MMED008	✓ Comprehensive informed consent process ✓ Eligibility evaluation	✓ Continuous participant monitoring by dosing session monitors ✓ Participants provided with music, eye shades, reading and writing materials ✓ Participants released from observation when discharge criteria met	✓ Follow-up visits for safety and efficacy assessments
Not Part of Patient Journey in MMED008	x No “preparation” – pre-treatment activities consisted of only standard informed consent process	x No “assisted therapy” x No psychotherapy and no therapeutic intervention beyond study drug	x No “integration” x No ongoing therapeutic engagement as part of clinical trial activities

1. Source: Study MMED008 internal study documents.
2. FDA 2023 Draft Guidance: Psychedelic Drugs: Considerations for Clinical Investigations.

Phase 2b Results in GAD | Change in HAM-A Score through Week 4[1]

HAM-A Change from Baseline



Change to Week 4

- 100 µg: -21.3 points
- 200 µg: -19.3 points

Improvement over Placebo

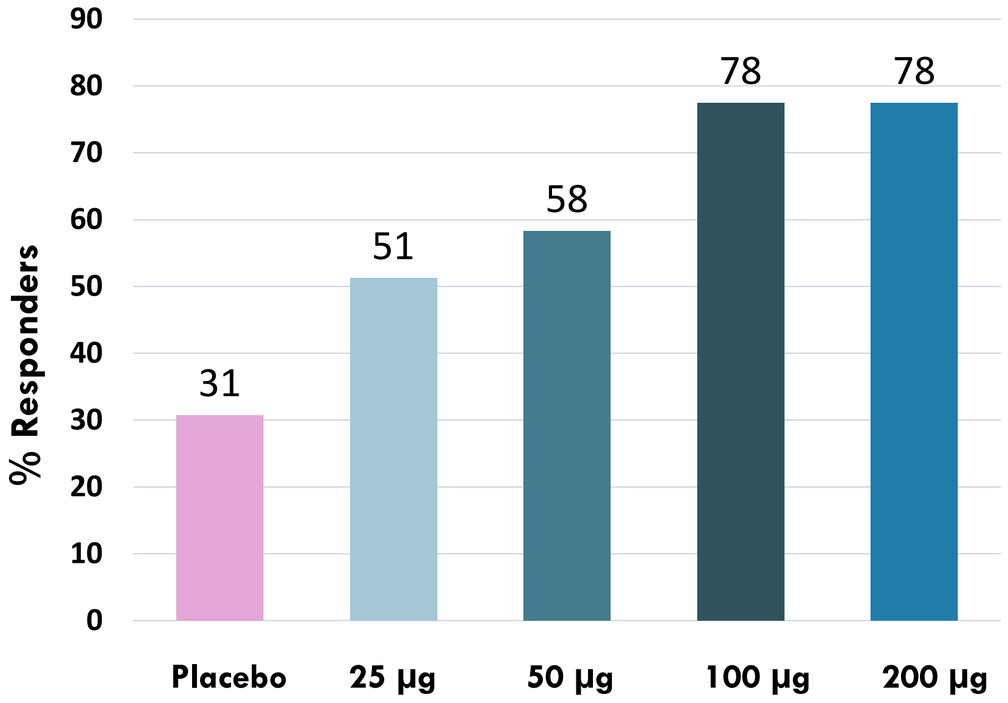
- 100 µg: -7.6 pts, p=0.0004
- 200 µg: -5.5 pts, p=0.01

**p≤0.01
***p≤0.001

1. Source: Study MMED008 internal study documents and calculations. Full analysis set population.
µg: microgram; HAM-A: Hamilton Anxiety Rating Scale; NOTE: Significance achieved despite study not being powered for these pairwise comparisons.

Phase 2b Results in GAD | HAM-A Response and Remission at Week 4[1]

HAM-A Response Rate at Week 4[2]



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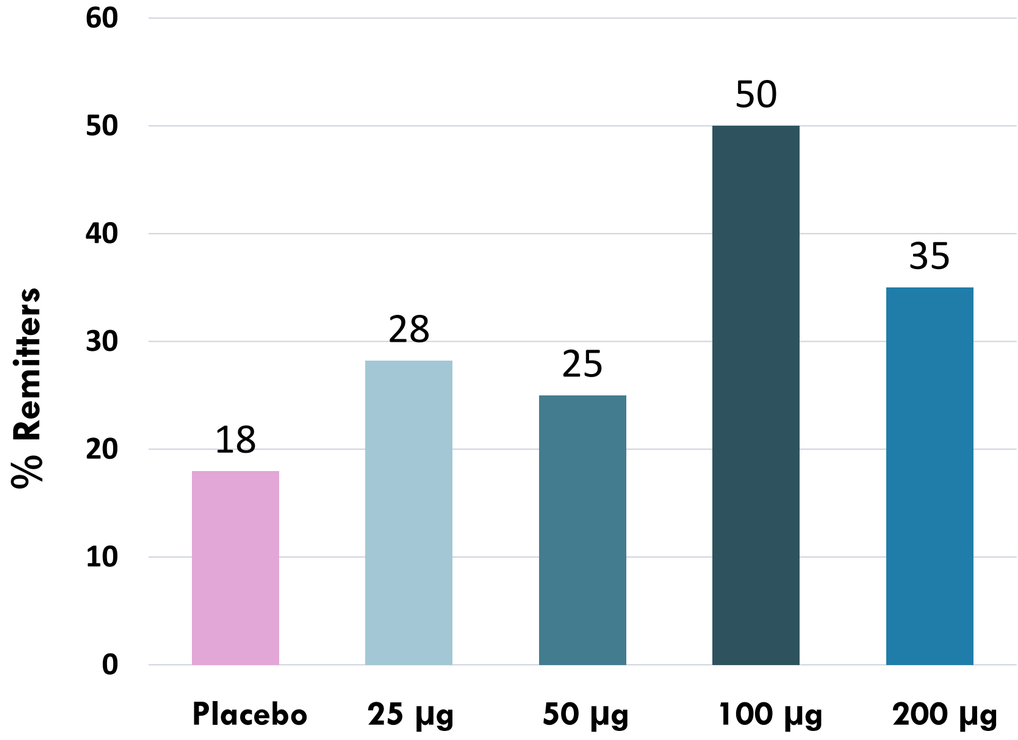
HAM-A Remission Rate at Week 4[2]



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1. Source: Study MMED008 internal study documents and calculations. Full analysis set population.
2. Response is defined as a 50% or greater improvement on HAM-A score; Remission is defined as a HAM-A score of ≤ 7.

µg: microgram; HAM-A: Hamilton Anxiety Rating Scale

Development Pathway in GAD

- **Two Phase 3 pivotal clinical trials in planning**
  - 12-week randomized, placebo-controlled primary efficacy study design
  - Open-label extension to establish retreatment parameters
  - Expect to initiate Phase 3 development in the second half of 2024

- **Key design elements expected to be consistent between Phase 2b and Phase 3 studies**
  - Hamilton Anxiety Scale (HAM-A) at week 4 expected primary endpoint
  - Limited changes to key inclusion/exclusion criteria
  - No planned change in dosing session monitoring protocol

1. Phase 3 and subsequent clinical study design subject to regulatory discussion and review, including at potential End of Phase 2 meeting.

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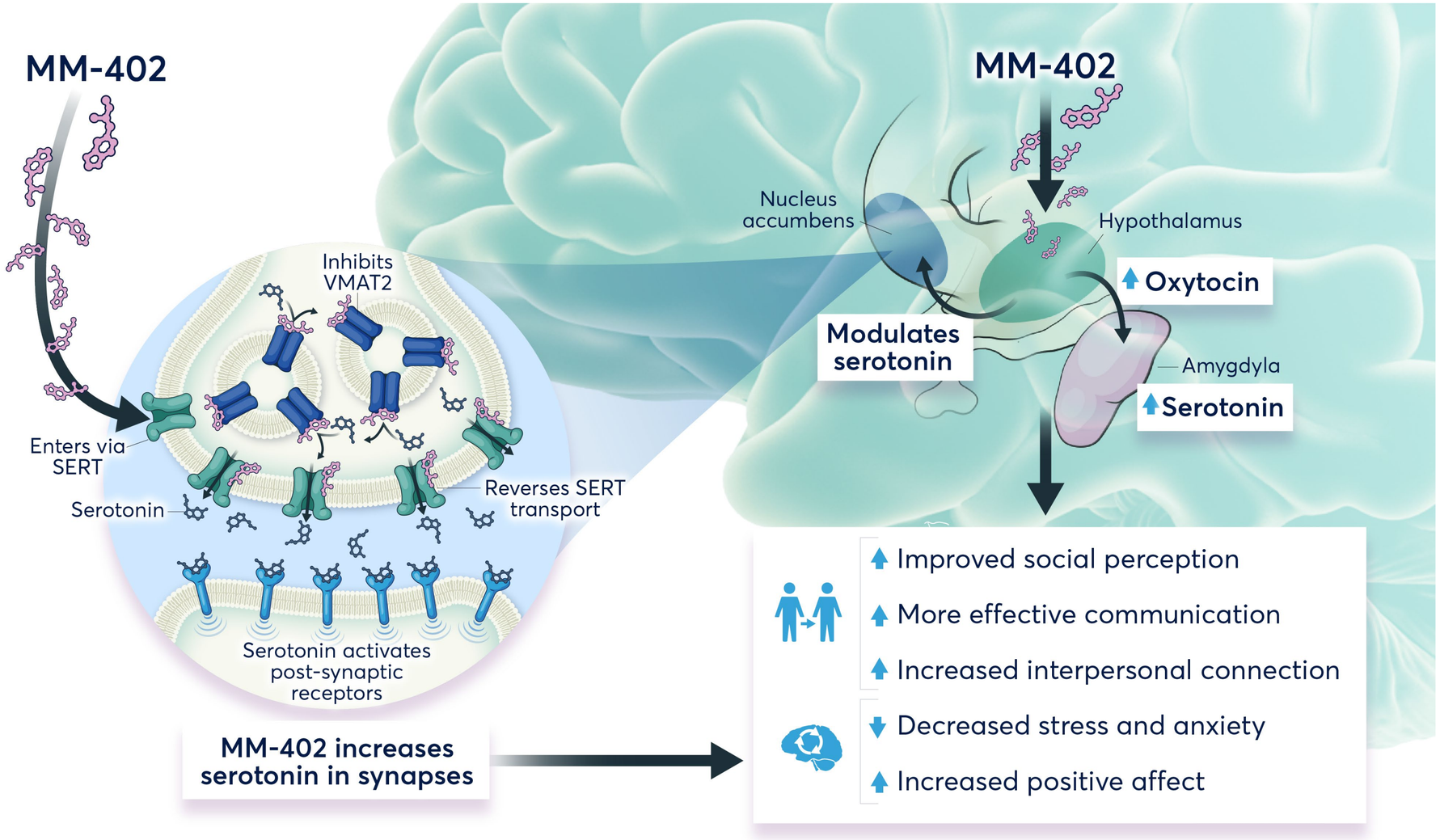
MM-402
R(-)-MDMA

for Autism Spectrum Disorder (ASD)

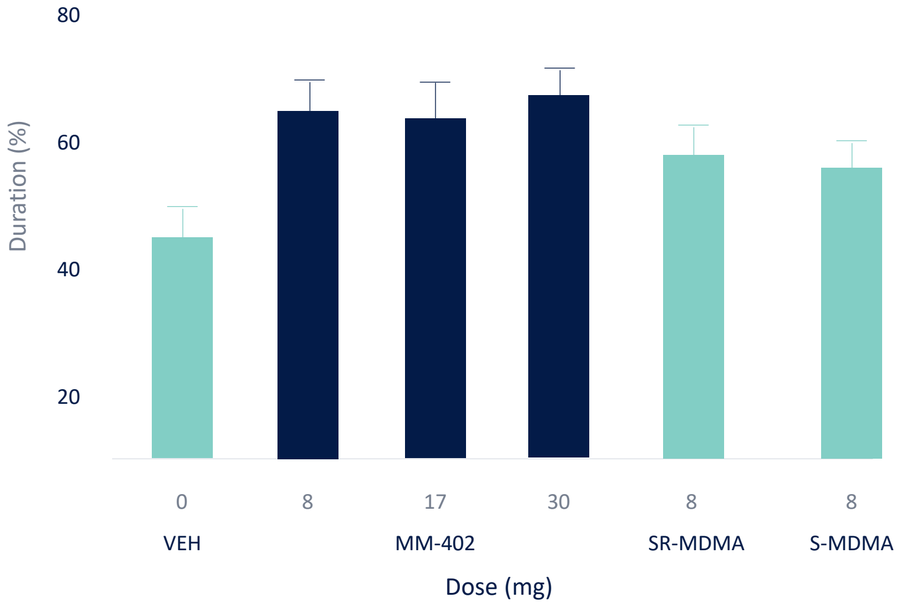
Differentiated Mechanism of Action Targets Key Pathways



Addressing the Urgent Need For Novel ASD Therapies

- MM-402 is a pharmaceutically attractive enantiomer of MDMA
- Potential first-in-class therapy for core symptoms of ASD
- Plan to develop for daily, at-home use

Increased duration of interaction in the three-chamber social interaction test[1]



Enhanced pro-social effects with potentially **reduced side effects** compared to MDMA

less stimulant activity	increased social interaction[2]
increasing feelings of connectedness	reduced dopamine-related adverse effects[2]

1. "MM-402 demonstrates better efficacy than S(+)-3,4-MDMA or (±)-3,4-MDMA in Fmr1 knockout mice, an animal model of autism spectrum disorder". Presented at ECNP 2023. Data from "stranger" portion of "Duration in the arena" data.
2. Pitts EG, Curry DW, Hampshire KN et al. 2018; Psychopharmacology; 235(2):377-392.

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Anticipated Milestones for Pipeline Programs

Next Steps and Anticipated Milestones for Pipeline Programs

Q1 2024	Q2 2024	Q3 2024	Q4 2024
MM-120 GAD Phase 2b / 12-wk Topline	**MM-120 GAD** Full data presentation at scientific meeting		
MM-120 GAD Zydis ODT PK Bridging Data			
MM-120 GAD End-of-Phase-2 meeting w/FDA		**MM-120 GAD** Phase 3 initiation	
		MM-120 Evaluate additional clinical indication(s) for MM-120	
MM-402/R-MDMA Phase 1 IIT (UHB-sponsored) Topline			

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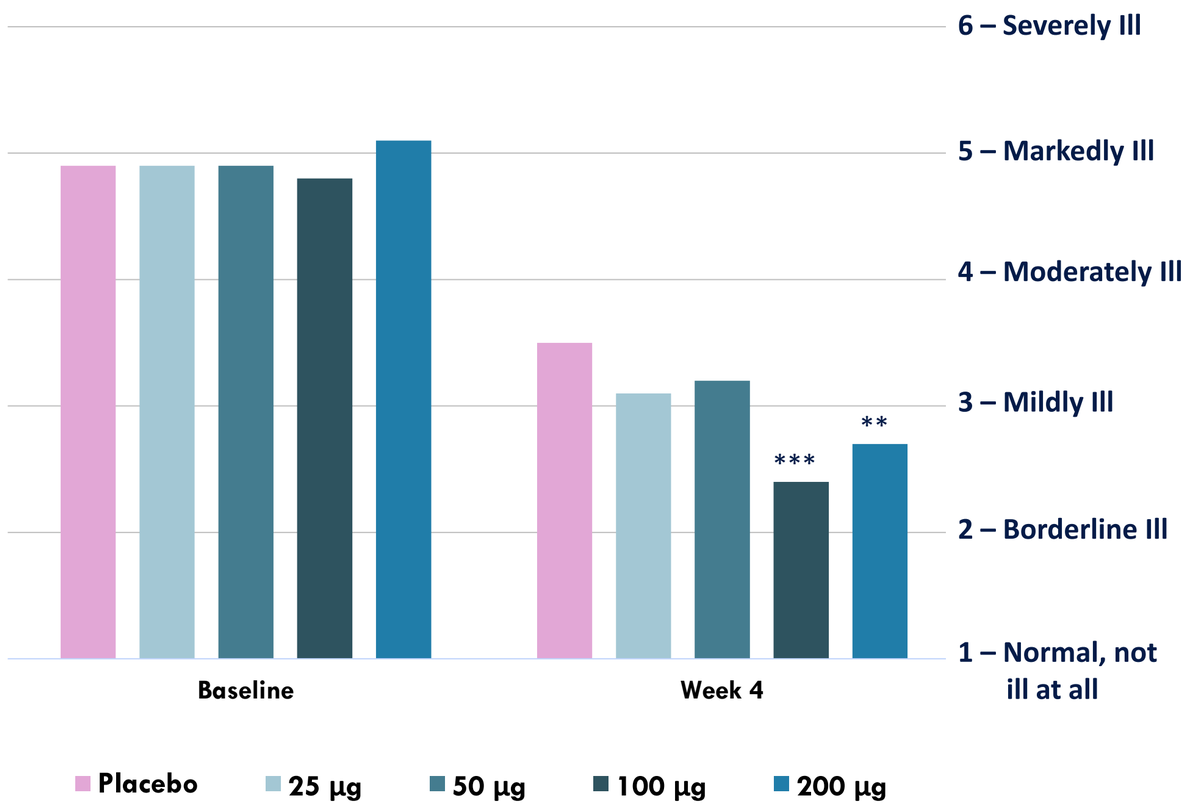
Appendix
Phase 2b GAD Study

Secondary Endpoint | Clinical Global Impressions – Severity (CGI-S)[1]

CGI-S Improvement in 100 and 200 µg Groups

- Statistically and clinically significant improvement by Day 2 and maintained through Week 4
- Greater than 2-unit improvement in CGI-S score through Week 4
- Participants on average only borderline-to-mildly ill at Week 4

CGI-S Scores[2]



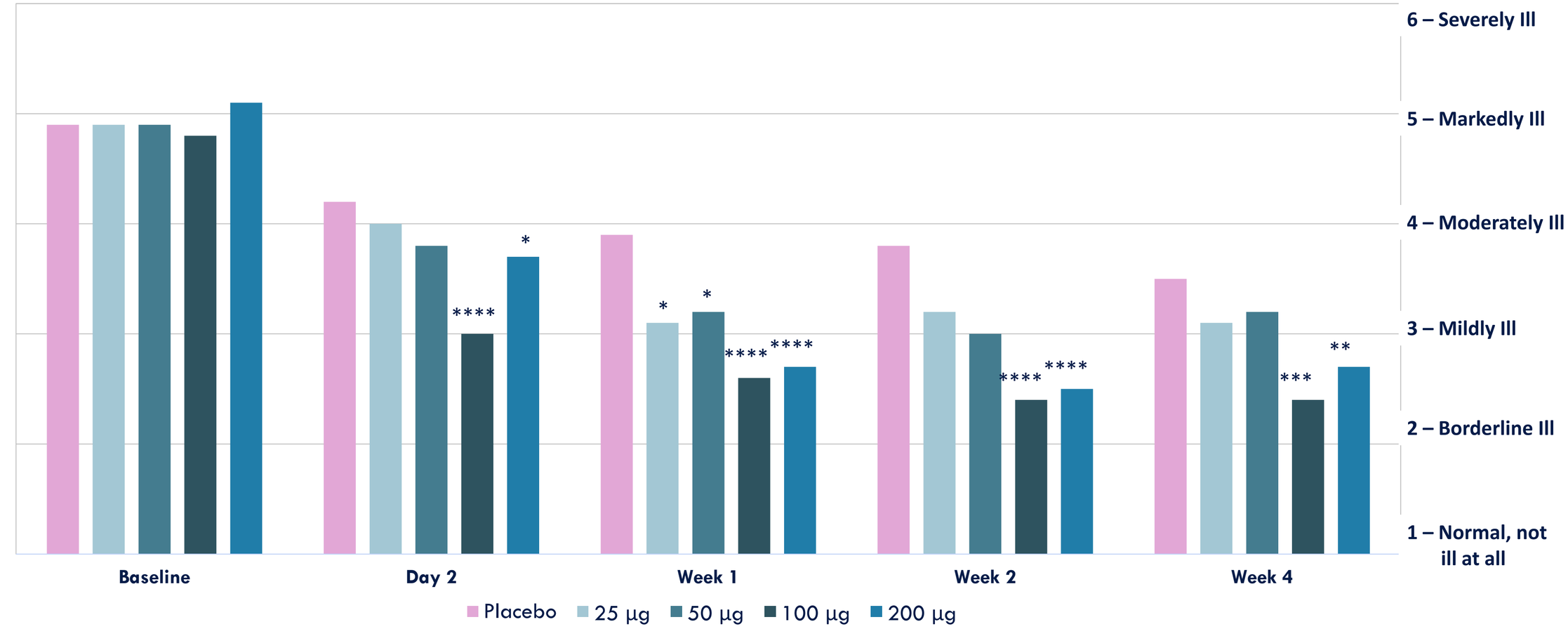
**p≤0.01
***p≤0.001

1. Source: Study MMED008 internal study documents and calculations. Full analysis set population.
2. Significance achieved despite study not being powered for these pairwise comparisons.

µg: microgram; CGI-S: Clinical Global Impressions - Severity

Secondary Endpoint | Clinical Global Impressions – Severity through Week 4[1]

CGI-S Scores Over Time[2]



*p<0.05
**p≤0.01
***p≤0.001
****p≤0.0001

1. Source: Study MMED008 internal study documents and calculations. Full analysis set population.
2. p-value based on change from baseline in CGI-S score versus placebo.

Secondary Endpoint| Comorbid Depression Scores (MADRS) over Time[1]

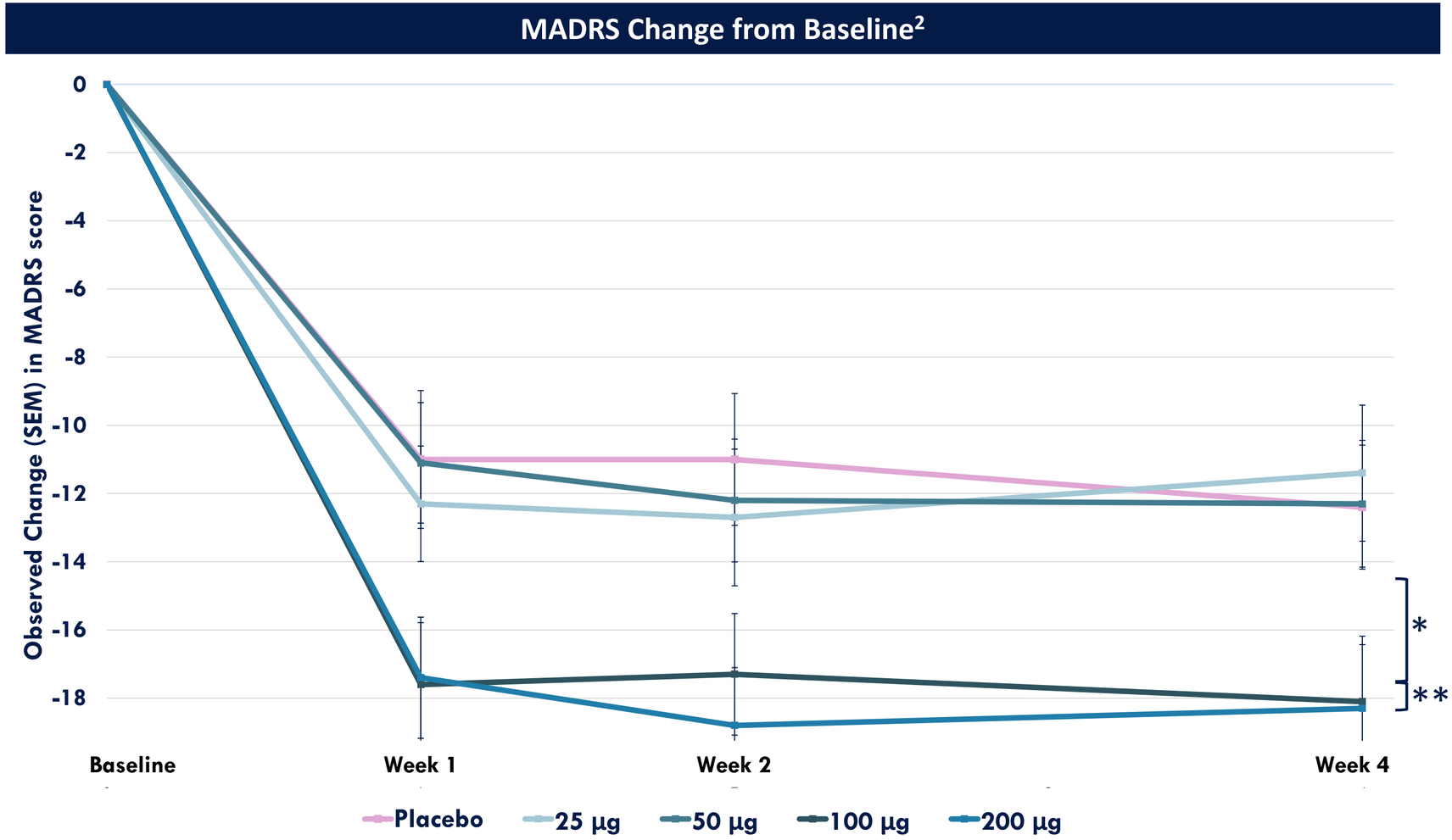
Timepoint Mean (SD) MADRS score[2]	MM-120				Placebo
	25 µg (n=39)	50 µg (n=36)	100 µg (n=40)	200 µg (n=40)	(n=39)
Baseline	25.4 (7.58)	27.7 (8.30)	26.5 (7.99)	28.9 (8.31)	27.6 (9.69)
Week 1	13.2 (9.62)	16.5 (13.50)	8.6 (6.74)	10.6 (8.96)	16.5 (11.96)
Week 2	12.7 (10.37)	15.4 (13.44)	8.6 (8.30)	9.3 (8.35)	16.6 (12.00)
Week 4	13.4 (11.37)	15.4 (13.60)	8.4 (9.52)	10.4 (8.23)	14.8 (10.74)

p<0.05	p≤0.01	p≤0.001

1. Source: Study MMED008 internal study documents and calculations. Full analysis set population.
2. Actual values [mean (SD)] reported for each group and timepoint. p-value based on change from baseline versus placebo.

MADRS: Montgomery-Åsberg Depression Rating Scale

Secondary Endpoint| Change from Baseline in Comorbid Depression Scores (MADRS)[1]



Change to Week 4

- 100 µg: -18.1 points
- 200 µg: -18.3 points

Improvement over Placebo

- 100 µg: -5.7 points, p<0.05
- 200 µg: -5.9 points, p<0.05

*p<0.05
**p≤0.01

1. Source: MindMed internal study documents and calculations. Full analysis set population.
2. Significance achieved despite study not being powered for these pairwise comparisons. Based on observed MADRS score at each timepoint.

µg: microgram; MADRS: Montgomery-Åsberg Depression Rating Scale

Most Common TEAEs On Dosing Day (>10% in High Dose Groups)[1,2]

Preferred Term Subjects (%) with AE	MM-120 25 µg (n=39)	MM-120 50 µg (n=40)	MM-120 100 µg (n=40)	MM-120 200 µg (n=40)	Placebo (n=39)
Illusion	12 (30.8)	18 (45.0)	23 (57.5)	30 (75.0)	3 (7.7)
Hallucination, visual	6 (15.4)	9 (22.5)	9 (22.5)	6 (15.0)	1 (2.6)
Euphoric mood	2 (5.1)	5 (12.5)	11 (27.5)	6 (15.0)	1 (2.6)
Anxiety	1 (2.6)	3 (7.5)	4 (10.0)	5 (12.5)	0 (0)
Thinking abnormal	0 (0)	2 (5.0)	4 (10.0)	5 (12.5)	0 (0)
Headache	4 (10.3)	9 (22.5)	10 (25.0)	10 (25.0)	8 (20.5)
Paraesthesia	2 (5.1)	2 (5.0)	3 (7.5)	9 (22.5)	2 (5.1)
Dizziness	3 (7.7)	2 (5.0)	3 (7.5)	5 (12.5)	1 (2.6)
Tremor	0 (0)	3 (7.5)	2 (5.0)	8 (20.0)	0 (0)
Nausea	3 (7.7)	11 (27.5)	16 (40.0)	24 (60.0)	1 (2.6)
Vomiting	0 (0)	2 (5.0)	2 (5.0)	5 (12.5)	0 (0)
Feeling abnormal[3]	1 (2.6)	2 (5.0)	1 (2.5)	1 (2.5)	1 (2.6)
Mydriasis	1 (2.6)	7 (17.5)	8 (20.0)	4 (10.0)	1 (2.6)
Hyperhidrosis	1 (2.6)	4 (10.0)	9 (22.5)	5 (12.5)	0 (0)

1. Source: Study MMED008 internal study documents and calculations. Safety population.
2. High dose groups include 100 and 200 µg dose groups.
3. Incidence during study greater than 10% for 200 µg dose group, but less than 10% for all dose groups on dosing day.

TEAE – Treatment Emergent Adverse Event

Most Common TEAEs (>10% in High Dose Groups)[1,2]

Preferred Term Subjects (%) with AE	MM-120				Placebo
	25 µg (n=39)	50 µg (n=40)	100 µg (n=40)	200 µg (n=40)	(n=39)
Illusion	12 (30.8)	18 (45.0)	24 (60.0)	30 (75.0)	3 (7.7)
Hallucination, visual	6 (15.4)	9 (22.5)	9 (22.5)	6 (15.0)	1 (2.6)
Euphoric mood	2 (5.1)	5 (12.5)	11 (27.5)	6 (15.0)	1 (2.6)
Anxiety	4 (10.3)	5 (12.5)	4 (10.0)	6 (15.0)	2 (5.1)
Thinking abnormal	0 (0)	2 (5.0)	4 (10.0)	5 (12.5)	0 (0)
Headache	5 (12.8)	9 (22.5)	14 (35.0)	11 (27.5)	8 (20.5)
Paraesthesia	2 (5.1)	2 (5.0)	3 (7.5)	9 (22.5)	3 (7.7)
Dizziness	3 (7.7)	2 (5.0)	3 (7.5)	5 (12.5)	1 (2.6)
Tremor	0 (0)	3 (7.5)	3 (7.5)	8 (20.0)	0 (0)
Nausea	3 (7.7)	11 (27.5)	16 (40.0)	24 (60.0)	3 (7.7)
Vomiting	0 (0)	2 (5.0)	2 (5.0)	5 (12.5)	0 (0)
Feeling abnormal	1 (2.6)	2 (5.0)	1 (2.5)	5 (12.5)	2 (5.1)
Mydriasis	1 (2.6)	7 (17.5)	8 (20.0)	4 (10.0)	1 (2.6)
Hyperhidrosis	1 (2.6)	4 (10.0)	9 (22.5)	5 (12.5)	0 (0)

1. Source: Study MMED008 internal study documents and calculations. Safety population.
2. High dose groups include 100 and 200 µg dose groups.

TEAE – Treatment Emergent Adverse Event

Most Common TEAEs with ≥10% Incidence in Any Dose Group[1]

Preferred Term / Subjects (%) with AE	MM-120				Placebo
	25 µg (n=39)	50 µg (n=40)	100 µg (n=40)	200 µg (n=40)	(n=39)
Illusion	12 (30.8)	18 (45.0)	24 (60.0)	30 (75.0)	3 (7.7)
Hallucination, visual	6 (15.4)	9 (22.5)	9 (22.5)	6 (15.0)	1 (2.6)
Euphoric mood	2 (5.1)	5 (12.5)	11 (27.5)	6 (15.0)	1 (2.6)
Anxiety	4 (10.3)	5 (12.5)	4 (10.0)	6 (15.0)	2 (5.1)
Depressed mood	0 (0)	3 (7.5)	3 (7.5)	4 (10.0)	0 (0)
Thinking abnormal	0 (0)	2 (5.0)	4 (10.0)	5 (12.5)	0 (0)
Emotional Distress	2 (5.1)	0 (0)	1 (2.5)	4 (10.0)	1 (2.6)
Headache	5 (12.8)	9 (22.5)	14 (35.0)	11 (27.5)	8 (20.5)
Paraesthesia	2 (5.1)	2 (5.0)	3 (7.5)	9 (22.5)	3 (7.7)
Dizziness	3 (7.7)	2 (5.0)	3 (7.5)	5 (12.5)	1 (2.6)
Tremor	0 (0)	3 (7.5)	3 (7.5)	8 (20.0)	0 (0)
Balance disorder	0 (0)	4 (10.0)	2 (5.0)	2 (5.0)	1 (2.6)
Disturbance in attention	1 (2.6)	7 (17.5)	1 (2.5)	0 (0)	0 (0)
Nausea	3 (7.7)	11 (27.5)	16 (40.0)	24 (60.0)	3 (7.7)
Vomiting	0 (0)	2 (5.0)	2 (5.0)	5 (12.5)	0 (0)
Fatigue	2 (5.1)	6 (15.0)	4 (10.0)	4 (10.0)	1 (2.6)
Feeling abnormal	1 (2.6)	2 (5.0)	1 (2.5)	5 (12.5)	2 (5.1)
Feeling hot	0 (0)	4 (10.0)	0 (0)	1 (2.5)	1 (2.6)
Mydriasis	1 (2.6)	7 (17.5)	8 (20.0)	4 (10.0)	1 (2.6)
Blood pressure increased	3 (7.7)	5 (12.5)	4 (10.0)	3 (7.5)	0 (0)
Hyperhidrosis	1 (2.6)	4 (10.0)	9 (22.5)	5 (12.5)	0 (0)
Decreased appetite	1 (2.6)	1 (2.5)	1 (2.5)	4 (10.0)	0 (0)

1. Source: MindMed internal study documents and calculations. Safety population.
TEAE – Treatment Emergent Adverse Event

MindMed

Appendix
Intellectual Property

MM-120 | Multipronged Market Protection Strategies

- **Highlights of Patent Protection Strategy[1]**
  - Methods of treating generalized anxiety disorder
  - Stability and methods of manufacturing for API (salt form and polymorphs)
  - Improved product performance with faster absorption, less variability and potential shorter duration
  - Methods of use related to ODT formulation, treatment of GAD and other patient outcomes
  - Additional claims related to dose identification, patient monitoring, digital technology and others
- **Highlights of Non-Patent Protection Strategy**
  - FDA-granted NCE exclusivity
  - 30-month stay against generic applicants (with Paragraph IV claims)
  - Limited supply chain availability
  - Exclusive rights to key technology (e.g. Catalent Zydis® ODT)[2]
  - Trade secrets and know-how

1. Source: US Patent and Trade Office (https://ppubs.uspto.gov/).
2. Catalent has granted exclusive rights to intellectual property for Zydis® for lysergide (LSD).

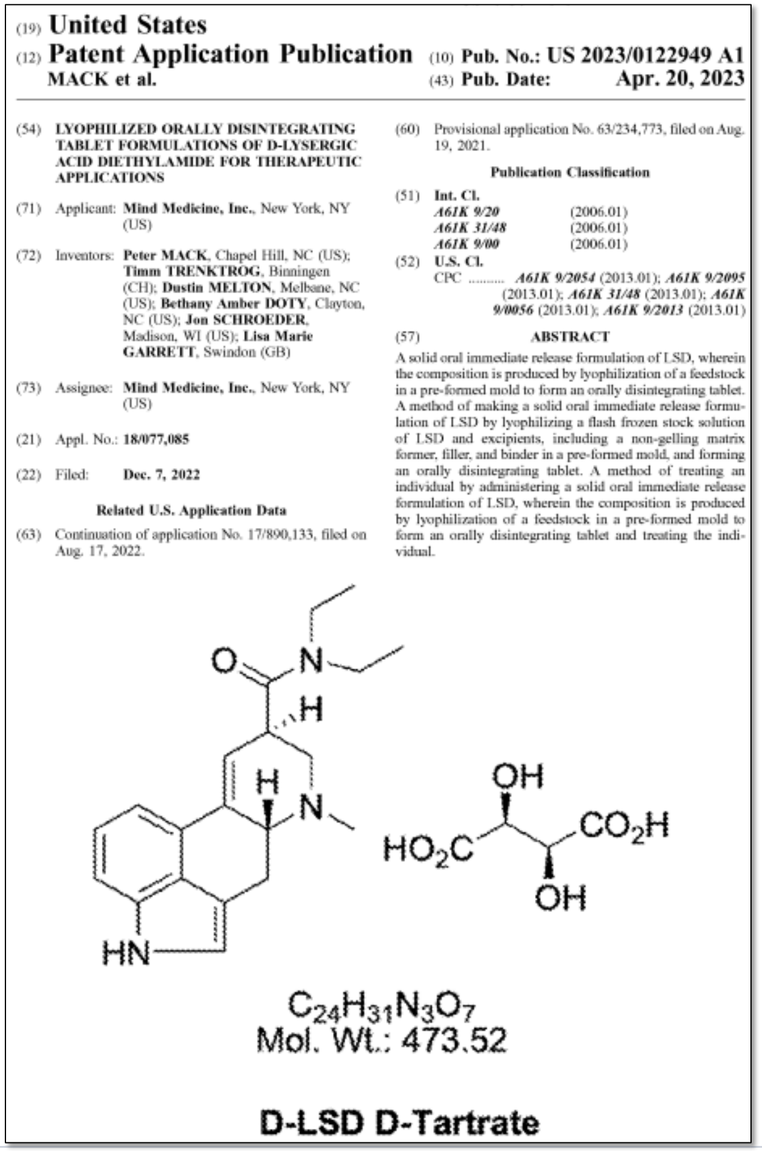
MM-120 | Intellectual Property Portfolio Highlights

Patent / Application[1]	Title / Overview[1]	Status[1]	Estimated Expiration[2]
TBD	[Claims based on pharmacokinetic findings from ODT bridging study]	Provisional Application	2043
TBD	[Claims based on pharmacodynamic findings from ODT bridging study]	Provisional Application	2043
TBD	[Claims based on clinical findings from Phase 2b GAD study]	Provisional Application	2043
20230285384	USING GENO- OR PHENOTYPING TO ADJUST LSD DOSING	US & PCT Publications	2043
20230330085	LSD DOSE IDENTIFICATION	US & PCT Publications	2043
20220348575	LSD SALT CRYSTAL FORMS	US & PCT Publications	2042
20230064429	IMMEDIATE RELEASE FORMULATIONS OF d-LYSERGIC ACID DIETHYLAMIDE FOR THERAPEUTIC APPLICATIONS	US & PCT Publications	2042
20230107398	IMMEDIATE RELEASE FORMULATIONS OF d-LYSERGIC ACID DIETHYLAMIDE FOR THERAPEUTIC APPLICATIONS	US & PCT Publications	2042
20230122949	LYOPHILIZED ORALLY DISINTEGRATING TABLET FORMULATIONS OF d-LYSERGIC ACID DIETHYLAMIDE FOR THERAPEUTIC APPLICATIONS[3]	US & PCT Publications	2042
20230000431	SYSTEM AND METHOD FOR MONITORING A CONSCIOUSNESS-ALTERING THERAPEUTIC SESSION	US & PCT Publications	2042
20220273628	EFFECTS OF LYSERGIC ACID DIETHYLAMIDE (LSD) AND OF LSD ANALOGS TO ASSIST PSYCHOTHERAPY FOR GENERALIZED ANXIETY DISORDER OR OTHER ANXIETY NOT RELATED TO LIFE-THREATENING ILLNESS	US & PCT Publications	2042

1. Source: US Patent and Trade Office (https://ppubs.uspto.gov/).
2. Based on 20 years after non-provisional filing date. For provisional applications based on MindMed management's estimated filing date.
3. Catalent has granted exclusive rights to intellectual property for Zydis® for lysergide (LSD).

MM-120 | Recent Addition to Intellectual Property Portfolio

- **Exclusive license agreement with Catalent for its patented Zydis® fast-dissolve technology for use with MM-120[1]**
  - Exclusive rights for the use of the Zydis® technology to develop all salt and polymorphic forms of lysergide in the U.S., UK, and EU among other key territories
  - ODT formulation dissolves almost instantly in the mouth, potentially bypassing first pass metabolism
  - Zydis technology platform has established superiority over other ODTs as illustrated by its use in the launch of more than 36 products in over 60 countries
- **Potential patent protection until at least 2042[2,3]**



(19) **United States**

(12) **Patent Application Publication**
MACK et al.

(10) **Pub. No.: US 2023/0122949 A1**
(43) **Pub. Date: Apr. 20, 2023**

(54) **LYOPHILIZED ORALLY DISINTEGRATING TABLET FORMULATIONS OF D-LYSERGIC ACID DIETHYLAMIDE FOR THERAPEUTIC APPLICATIONS**

(71) Applicant: **Mind Medicine, Inc.**, New York, NY (US)

(72) Inventors: **Peter MACK**, Chapel Hill, NC (US); **Timm TRENKTROG**, Binningen (CH); **Dustin MELTON**, Melbane, NC (US); **Bethany Amber DOTY**, Clayton, NC (US); **Jon SCHROEDER**, Madison, WI (US); **Lisa Marie GARRETT**, Swindon (GB)

(73) Assignee: **Mind Medicine, Inc.**, New York, NY (US)

(21) Appl. No.: **18/077,085**

(22) Filed: **Dec. 7, 2022**

Related U.S. Application Data

(63) Continuation of application No. 17/890,133, filed on Aug. 17, 2022.

(60) Provisional application No. 63/234,773, filed on Aug. 19, 2021.

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CPC ***A61K 9/2054*** (2013.01); ***A61K 9/2095*** (2013.01); ***A61K 31/48*** (2013.01); ***A61K 9/0056*** (2013.01); ***A61K 9/2013*** (2013.01)

(57) **ABSTRACT**

A solid oral immediate release formulation of LSD, wherein the composition is produced by lyophilization of a feedstock in a pre-formed mold to form an orally disintegrating tablet. A method of making a solid oral immediate release formulation of LSD by lyophilizing a flash frozen stock solution of LSD and excipients, including a non-gelling matrix former, filler, and binder in a pre-formed mold, and forming an orally disintegrating tablet. A method of treating an individual by administering a solid oral immediate release formulation of LSD, wherein the composition is produced by lyophilization of a feedstock in a pre-formed mold to form an orally disintegrating tablet and treating the individual.

$C_{24}H_{31}N_3O_7$
Mol. Wt.: 473.52

D-LSD D-Tartrate

1. Catalent has granted exclusive rights to intellectual property for Zydis® for lysergide (LSD).
2. Source: US Patent and Trade Office (https://ppubs.uspto.gov/).
3. Based on 20 years after non-provisional filing date. For provisional applications based on MindMed management's estimated filing date.

ODT - Orally Disintegrating Tablet.