Transforming Mental Health Care

Investor Presentation

March 2026

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," "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, among other things, statements regarding our business strategy and goals; our financial guidance; our estimates of our cash position; our expectations and projections about the company's future cash needs and financial results; our expectations regarding the safety or efficacy of our investigational COMP360 psilocybin treatment, including as a treatment for treatment of TRD or PTSD; our plans and expectations regarding our clinical trials, including our phase 3 trials in TRD and our phase 2b/3 trial in PTSD; our expectations regarding the time periods for the release of data from Part B of the COMP006 Phase 3 trial for TRD; our expectations regarding discussions with the FDA, including discussions regarding potential NDA acceleration strategies, including potential for rolling NDA submission and review for COMP360 psilocybin treatment in TRD; our expectations regarding potential commercial launch timelines and our commercial readiness; the potential for the pivotal phase 3 program in TRD to support regulatory filings and approvals on an accelerated basis or at all; our ability to obtain regulatory approval and adequate coverage and reimbursement; our ability to transition from a clinical-stage to a commercial-stage organization and effectively launch a commercial product, if regulatory approval is obtained, on an accelerated timeline or at all; our expectations regarding potential commercial launch timelines; our expectations regarding the commercial potential for COMP360 and our expectations regarding the benefits of our investigational COMP360 psilocybin treatment. The forward-looking statements in this press release are neither promises nor guarantees, and you should not place undue reliance on these forward-looking statements because they involve known and unknown risks, uncertainties, and other factors, many of which are beyond Compass's control and which could cause actual results, levels of activity, performance or achievements to differ materially from those expressed or implied by these forward-looking statements.

These risks, uncertainties, and other factors include, among others: uncertainties associated with risks related to clinical development which is a lengthy and expensive process with uncertain outcomes, and therefore our clinical trials may be delayed or terminated and may be more costly than expected; the full results and safety data from our ongoing Phase 3 clinical trials in TRD may not be consistent with the preliminary results to date; our need for substantial additional funding to achieve our business goals 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 trials; our acceleration strategies for our NDA submission may not be successful; FDA may ultimately disagree with our proposal for a rolling NDA submission and may not permit us to utilize the rolling review process; our efforts to obtain marketing approval from FDA or regulatory authorities in any other jurisdiction for our investigational COMP360 psilocybin treatment may be unsuccessful; our efforts to commercialize and obtain coverage and reimbursement for our investigational COMP360 psilocybin treatment, if approved, may be unsuccessful; the risk that our strategic collaborations will not continue or will not be successful; and our ability to retain key personnel; and those risks and uncertainties described under the heading "Risk Factors" in Compass's most recent annual report on Form 10-K or quarterly report on Form 10-Q, and in other reports we have filed with the U.S. Securities and Exchange Commission ("SEC"), which are available on the SEC's website at www.sec.gov. 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

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.

Investment Highlights

Significant Unmet Need with Large Commercial Opportunity

TRD: ~4M in the U.S. with limited effective treatment options

Low adoption of currently indicated therapies (<2% of TRD patients receiving TRD-indicated treatment)* despite chronic, severe disease burden

PTSD: ~13M* in the U.S. with limited treatment innovation over the past two decades

Open-label Phase 2 study shows a single 25mg COMP360 psilocybin dose was well tolerated with no serious adverse events observed

Commencing a Phase 2b/3 study

Late-Stage Regulatory Path in TRD

COMP360: Proprietary synthetic formulation of psilocybin

Successfully met primary endpoint in both Phase 3 trials with high statistical significance and clinically meaningful improvement in TRD

Rapid onset of effect and durability observed through at least 26 weeks in first Phase 3 trial (005)

Consistent and generally well-tolerated safety profile to date across Phase 3 program with no new safety signals

Preparing for potential NDA filing and U.S. launch

Near-Term Value Drivers

Additional 26-week data from COMP006 (Part B) expected in early Q3 2026

FDA meeting to align on rolling NDA filing strategy

NDA submission expected in Q4 2026

Accelerating investment for end of 2026 commercial launch readiness

Late-stage PTSD trial

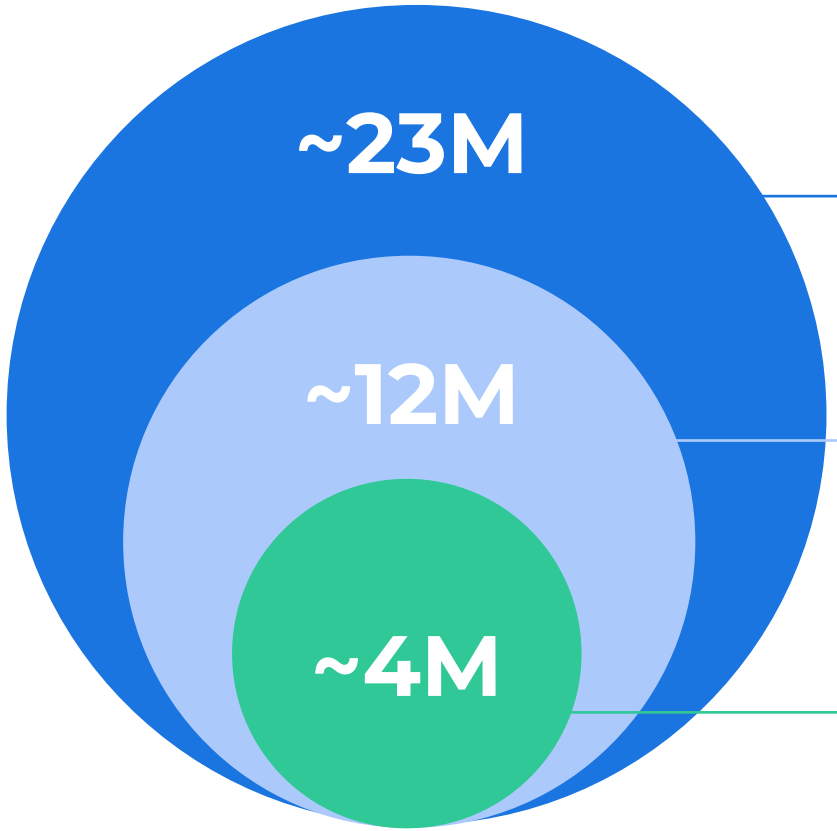
Strong Cash Position

$150 million public offering and exercise of $200 million in warrants completed in February 2026 extending runway into 2028

*Data on file; **The foregoing information is based on preliminary unaudited information and management estimates as of and for the year ended Dec 31, 2025 , management estimates could change materially as we complete our financial closing.; Treatment-resistant depression (TRD), Post-traumatic stress disorder (PTSD);

Treatment Landscape and Unmet Need for TRD

Treatment-Resistant Depression (TRD) Affects Millions in the U.S.



Prevalence of U.S. adults experiencing major depression each year[1]

Adult patients who are drug treated for MDD in the past year[2]

Over 55 medicines approved for MDD

MDD patients failed by ≥2 antidepressants and considered TRD[2]

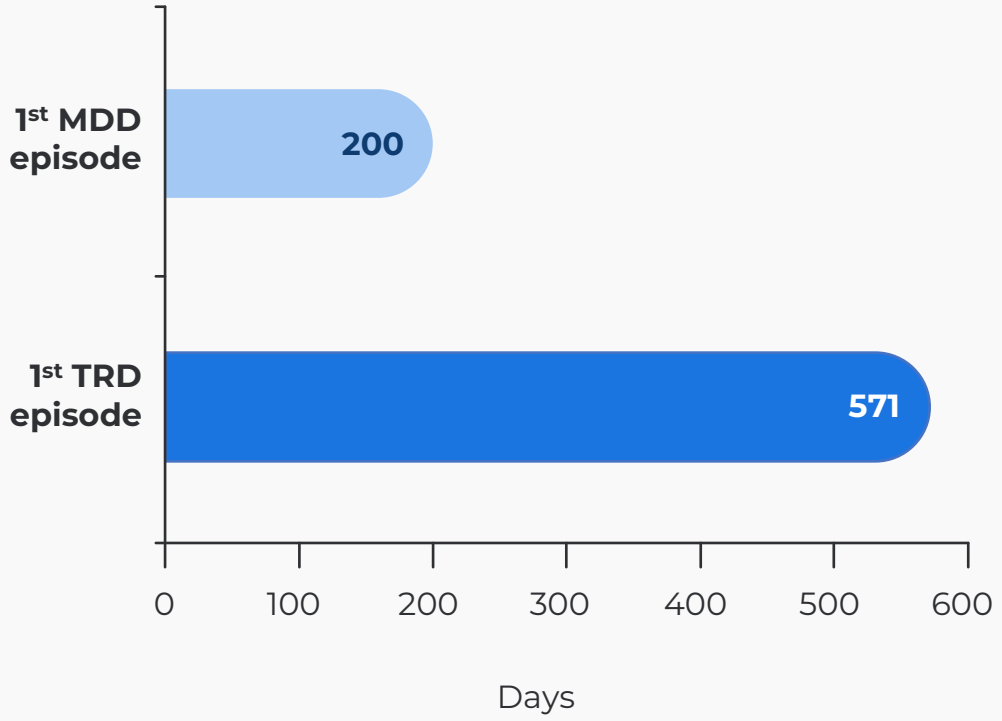
Only 2 medicines approved for TRD and only one that is used, Spravato®

TRD The definition of TRD adopted by the US Food and Drug Administration (FDA) is **failure to respond to two or more antidepressant regimens** despite adequate dose and duration and adherence to treatment[3]

1.. https://www.nimh.nih.gov/health/statistics/major-depression Accessed June 21, 2025. **2.** Data on file. 3. US Food and Drug Administration. Major Depressive Disorder (MDD): Developing Drugs for Treatment. Guidance for Industry. June 2018. https://www.fda.gov/media/113988/download. Accessed May 21, 2025.

TRD has a significantly greater impact on individuals' lives compared to MDD

Patients with TRD have longer depressive episodes[1]



Compared to patients with non-TRD MDD, those with TRD experience:

lighter color = MDD darker color = TRD

70%
greater
work time loss[2]

17-30%
increased risk of
all-cause mortality[3]

51%
increased risk of
mortality due to suicide[3]

1. Wu B, et al. *PLoS One*. 2019;14(8):e0220763. **2.** Amos TB, et al. *J Clin Psychiatry*. 2018;79(2):17m11725. **3.** Gustafsson TT, et al. *J Affect Disord*. 2025;368:136-142.

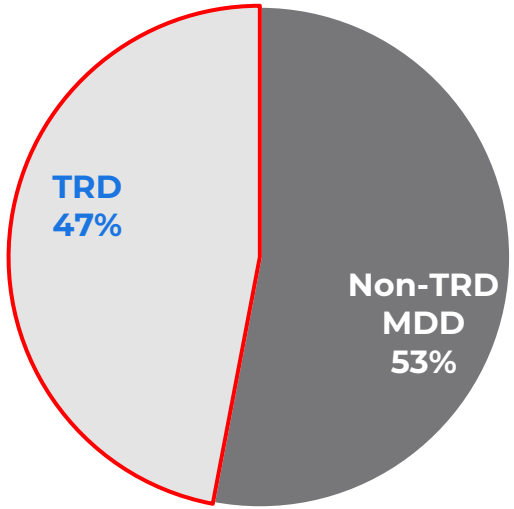
TRD Disproportionately Impacts the Annual Economic Burden of MDD

1/3rd

of MDD patients are failed by ≥2 antidepressants and considered treatment resistant[1]

~$93B

Annual Economic Burden of drug-treated MDD[1]



TRD is associated with disproportionate health care costs and unemployment, suggesting **potentially large economic and societal gains with effective management**[1]

1. Zhdanava, M., et. al; The Prevalence and National Burden of Treatment-Resistant Depression and Major Depressive Disorder in the United States. *The Journal of clinical psychiatry*, *82*(2), 20m13699. https://doi.org/10.4088/JCP.20m13699

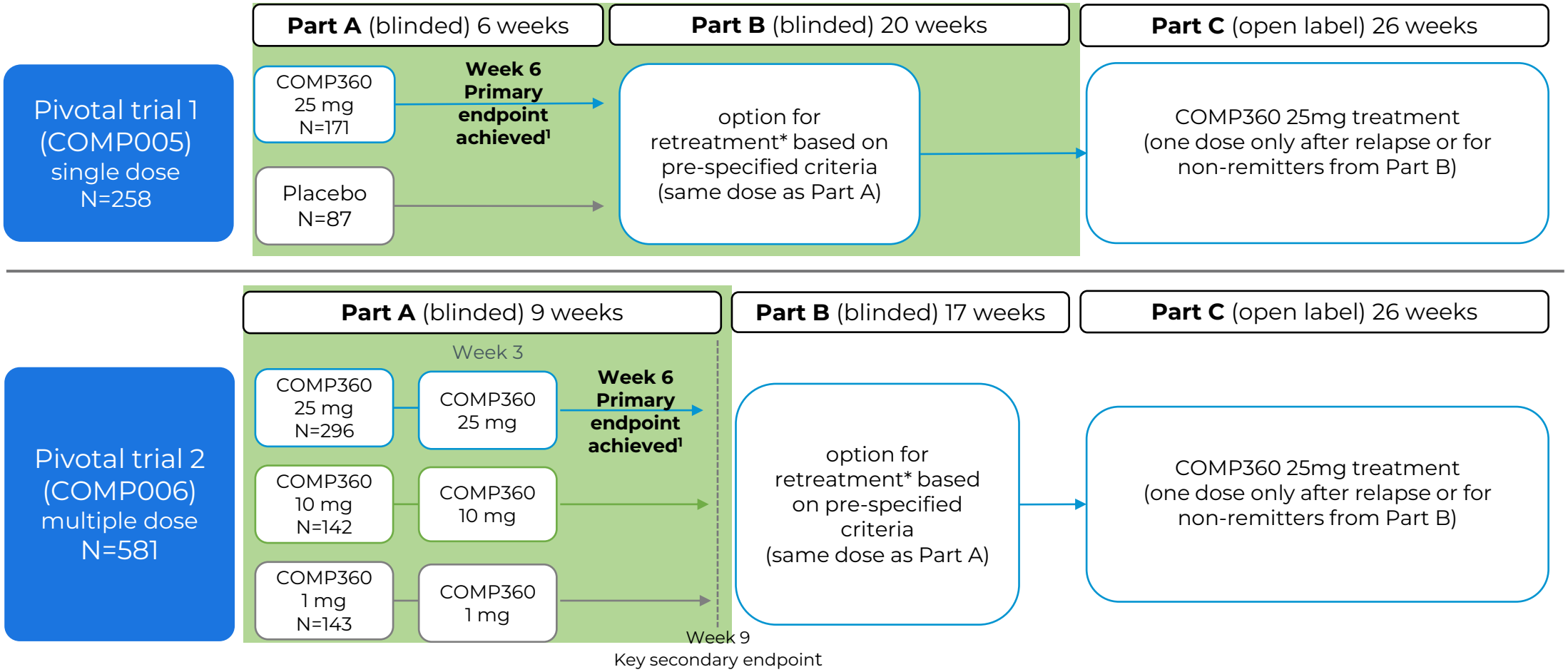
COMP360 Phase 3 Clinical Data

COMP360 Phase 3 Program Key Takeaways

- **Two Positive Readouts** From Ongoing* Phase 3 Trials of COMP360 in TRD
  - **Primary endpoint achieved** in both COMP005 and COMP006 at **Week 6*** with high statistical significance (-3.6 vs placebo; -3.8 vs 1 mg, ***p*<0.001**)
- **Extremely Rapid Onset**
  - Statistically significant improvement demonstrated from the day immediately following administration and maintained at all measured timepoints through Week 6 in both clinical trials
- **Deep and Durable Clinical Effect**
  - **25%** of participants in 005 achieved a clinically meaningful reduction in MADRS*** at Week 6 with durability through at least 26 weeks following 1 or 2 doses of 25 mg
  - **>40%** of those that had a clinically meaningful reduction in MADRS who had not remitted by Week 6 achieved remission after a 2nd dose in 005 Part B
- **Well-tolerated Safety Profile**
  - COMP360 has been generally well-tolerated, with a safe profile, with majority of AEs resolving on the day of treatment
- **Clear Regulatory Pathway**
  - Breakthrough Therapy Designation
  - FDA meeting planned to align on rolling NDA submission; [NDA submission expected in Q4 2026]

*both trials continue to 52 weeks; **Primary endpoint for both trials is the change from baseline in the MADRS (Montgomery-Åsberg Depression Rating Scale) total score at Week 6.
***Clinically meaningful reduction in MADRS defined as a ≥25% reduction from baseline in MADRS total score

Phase 3 Program: Overview of Pivotal Trial Designs

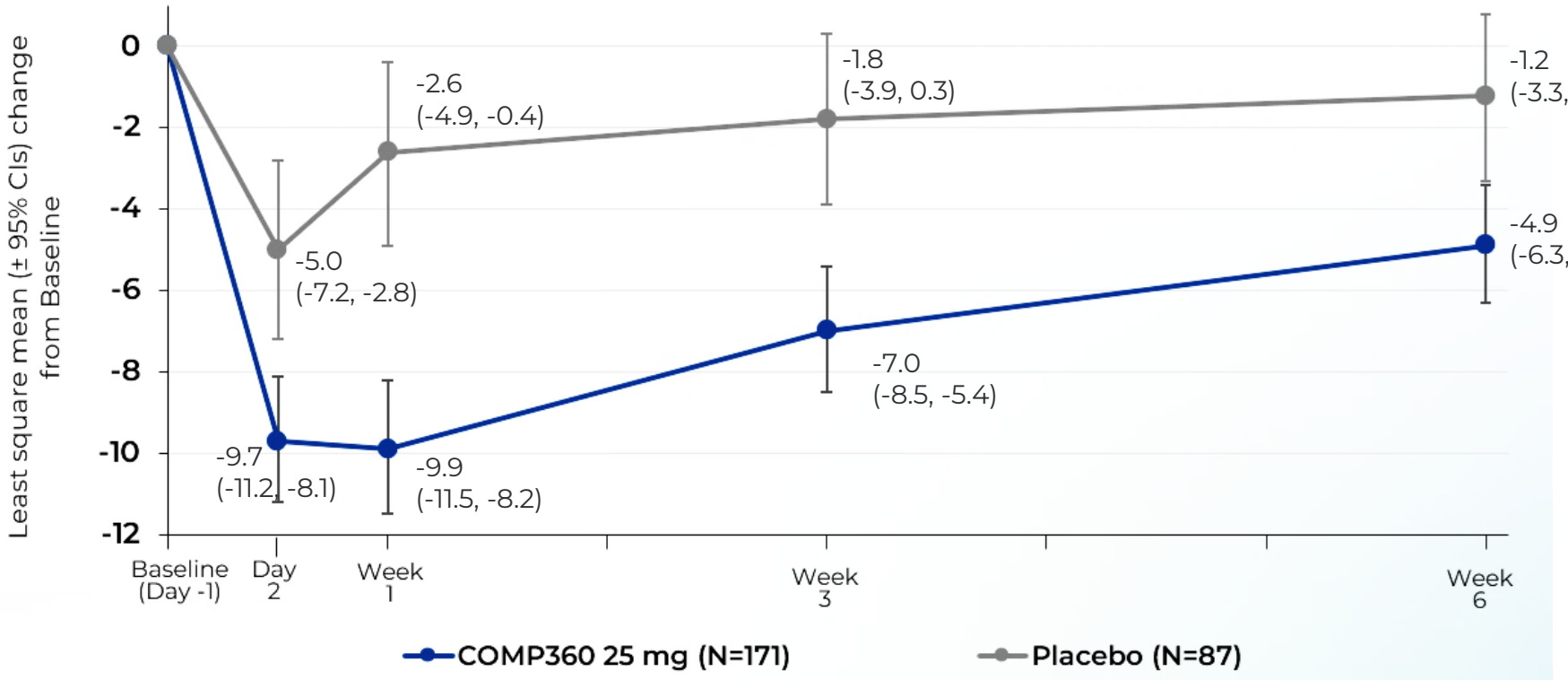


1. Primary endpoint = change from baseline in Montgomery-Åsberg Depression Rating Scale (MADRS) total score at Week 6.

*Re-dosing for non-remitters from Part A or Part B could occur several weeks after transition to Part B or Part C, respectively, due to scheduling requirements. Participants were permitted to take protocol-allowed antidepressant treatments in Part B and C of the study.

COMP005 - Primary Endpoint Achieved – Change in MADRS at Week 6

- Highly statistically significant difference of -3.6 MADRS between 25mg vs placebo at Week 6 ($p<0.001$)
- Statistical significance at all timepoints beginning the day after administration (Day 2) demonstrates rapid onset of action



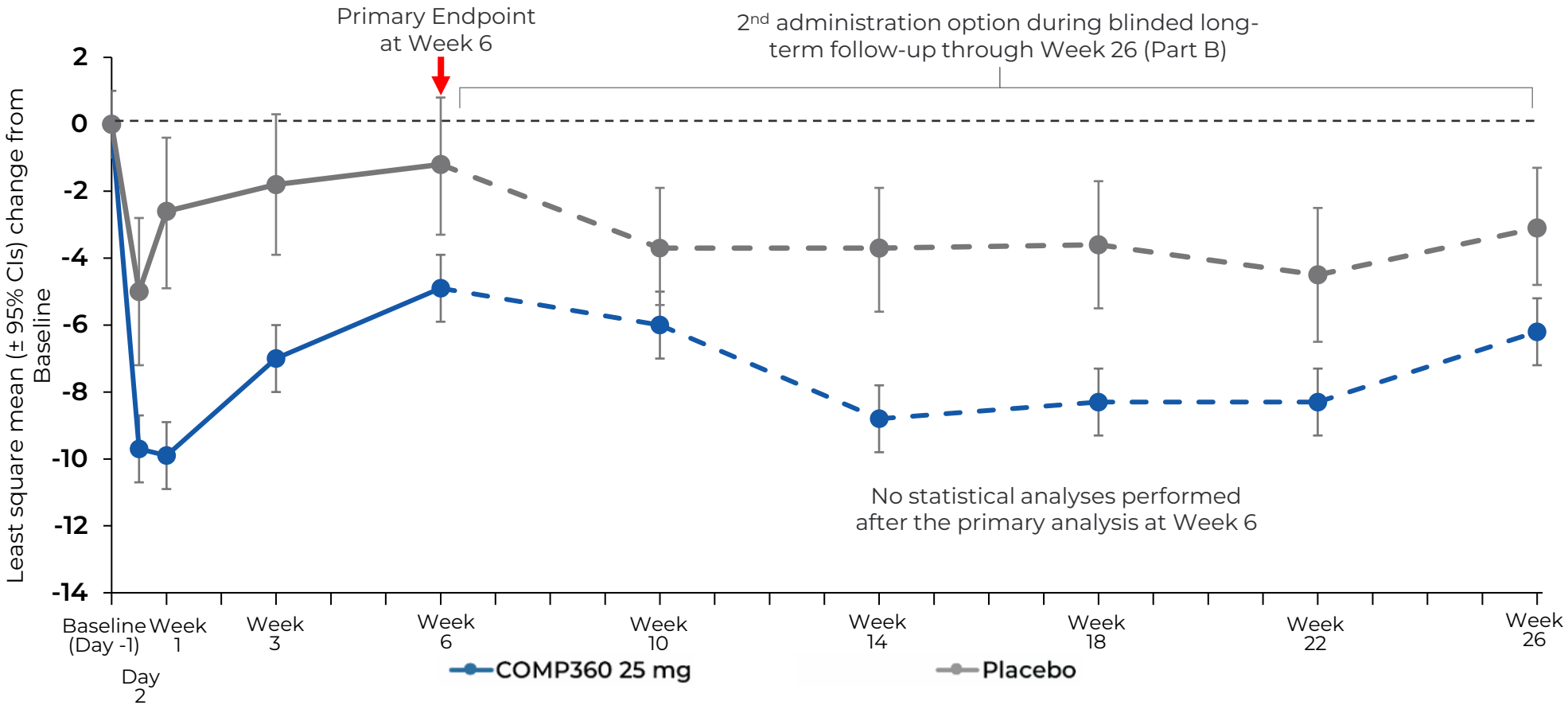
Baseline mean (SD):
25 mg (n=171) = 31.5 (5.5)
Placebo (n=87) = 31.5 (5.9)

Visit	LS Mean Difference (95% CI) P-value
Day 2	-4.7 (-7.0, -2.3), ***p*<0.001**
Week 1	-7.2 (-9.6, -4.8), ***p*<0.001**
Week 3	-5.2 (-7.4, -2.9), ***p*<0.001**
Week 6 (Primary)	-3.6 (-5.7, -1.5), ***p*<0.001**

CI = Confidence Interval; LSM = Least Squares Mean; MADRS = Montgomery–Åsberg Depression Rating Scale; SD=standard deviation.

COMP005 – Sustained Durability to Week 26

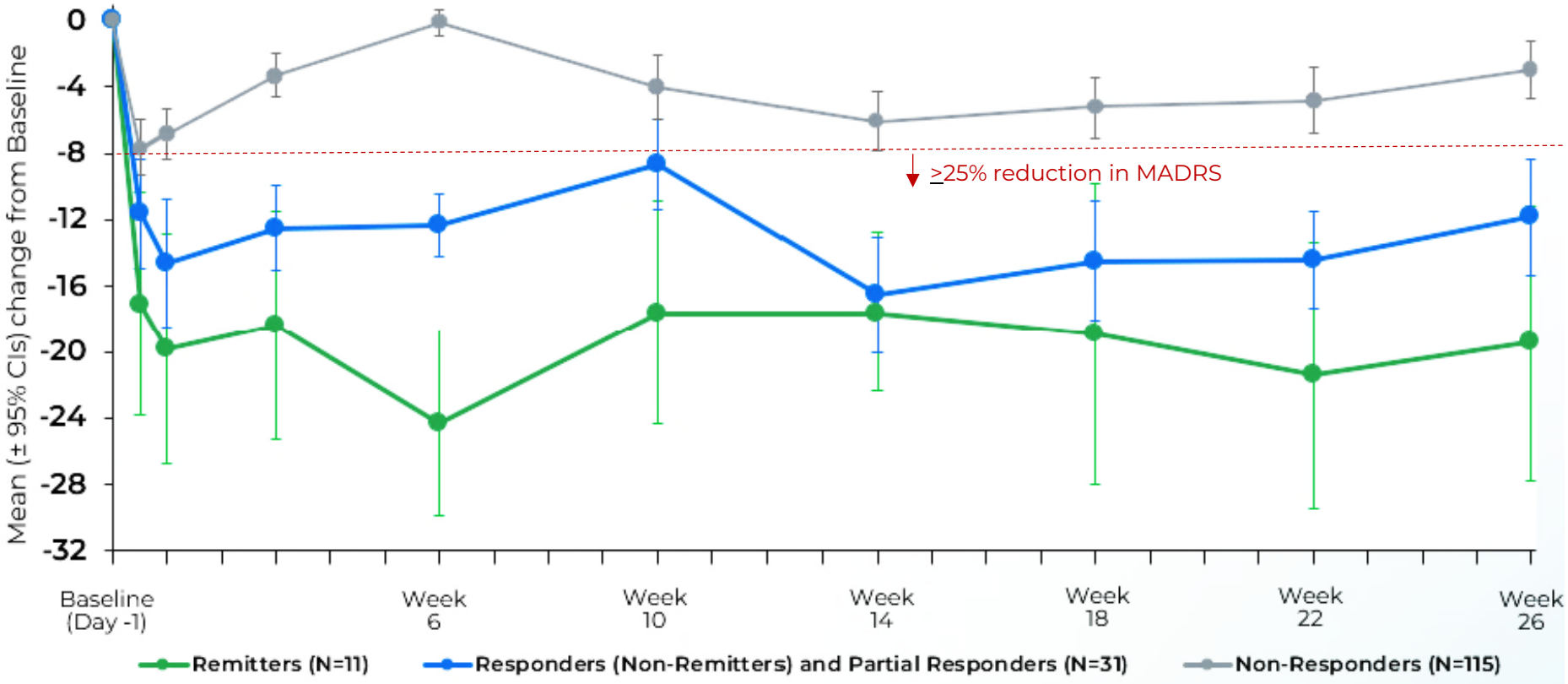
- Consistent separation from placebo through randomized and blinded part B up to Week 26
- Option for 2nd administration* of COMP360 after Week 6 during blinded long-term follow-up (Part B)
  - 70% of patients in 25mg arm and 53% in placebo arm received a 2nd administration after Week 6



*2nd administration based on pre-specified criteria and receive either what they were randomized into or antidepressant
CI = Confidence Interval; LSM = Least Squares Mean; MADRS = Montgomery–Åsberg Depression Rating Scale

COMP005 – Durability Through Week 26 by Response Status

- **25%** of participants in 25mg arm achieved clinically meaningful reduction in MADRS* at Week 6 and maintained response at least through Week 26
- Magnitude of MADRS improvement among responders demonstrates consistent, durable and clinically meaningful effect
- Over **40%** of those who achieved clinically meaningful reduction in MADRS but had not remitted by 6 weeks went into remission after 2nd dose in Part B



Definitions (n at Week 6):

Remitters (n=11) = MADRS ≤12 and no single item ≥4

Responders and Partial Responders (n=31) = % CFB in MADRS ≥ 25% *and* do not meet remission criterion

Non-Responder (n=115) = % CFB in MADRS ≤ *25%*

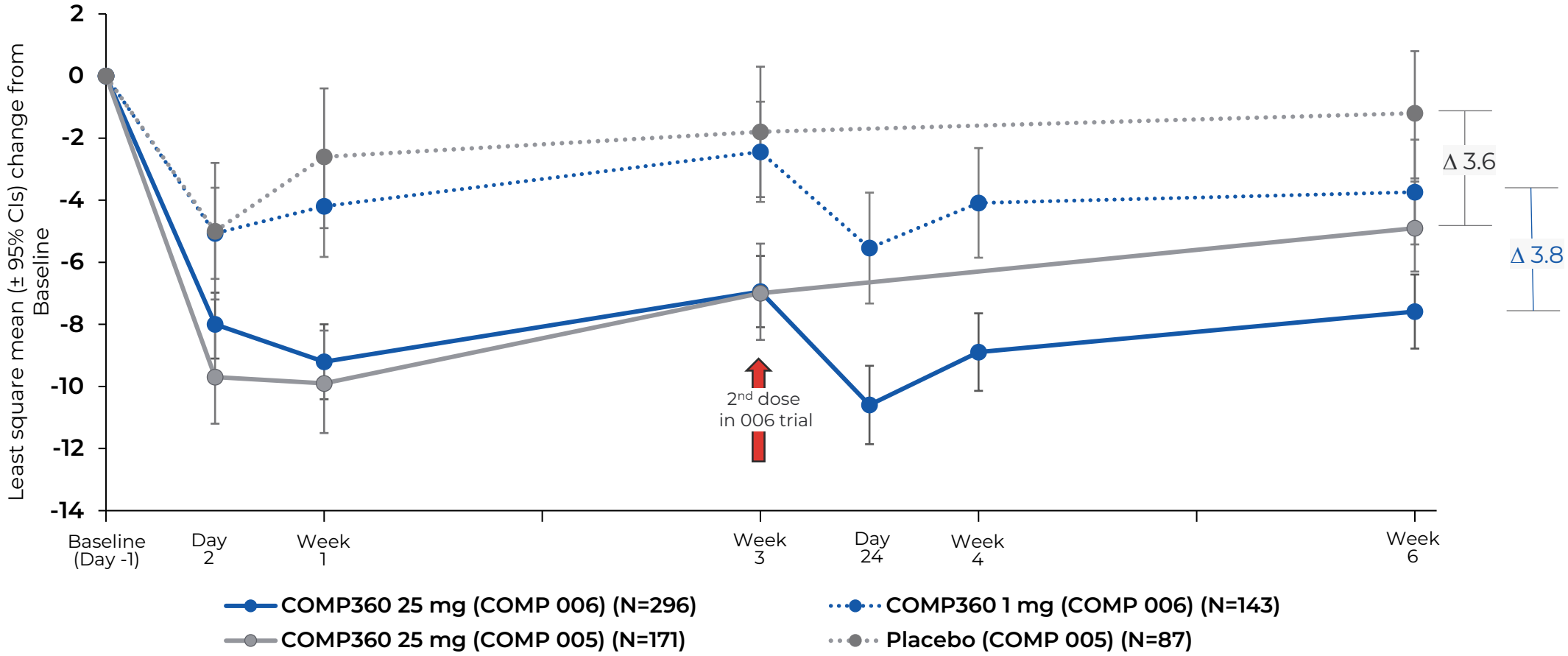
Total n at 6 weeks = 157 (8% dropout)

*Clinically meaningful reduction in MADRS defined as a ≥25% reduction from baseline in MADRS total score at Week 6. This graph is a post hoc analysis.

CI = Confidence Interval; CFB = change from baseline; MADRS = Montgomery–Åsberg Depression Rating Scale

COMP005 & COMP006 Achieved Primary Endpoints*

- Consistent magnitude of MADRS total score improvement between two Phase 3 studies
- 2nd administration at Week 3 shows potential for a deeper treatment effect than a single administration

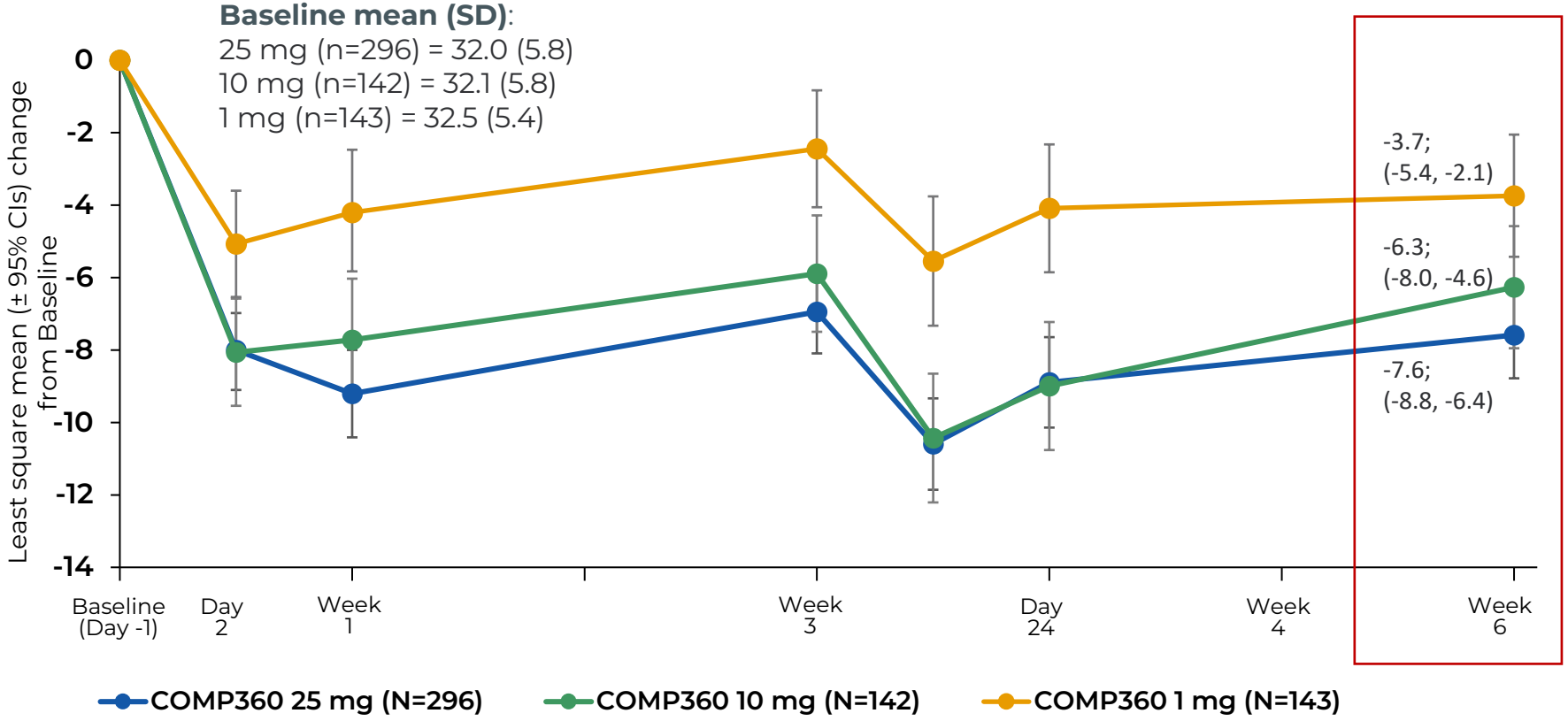


*Cross-trial comparisons should be interpreted with caution. Differences between these trials, including but not limited to study designs, protocols, timing of assessments, number or timing of doses and participant populations can meaningfully influence outcomes and limit the validity of any comparison.

CI = Confidence Interval; LSM = Least Squares Mean; MADRS = Montgomery–Åsberg Depression Rating Scale

COMP006 – Primary Endpoint Met – Change in MADRS at Week 6

- Statistically significant difference of -3.8 MADRS between 25mg vs 1mg at Week 6 (p<0.001)
- Statistically significant treatment differences in 25mg vs 1mg and 10mg vs 1 mg found at all timepoints post administration
- Rapid onset of action with the effect occurring the day after the administration (Day 2)
- 39% of participants in 25mg arm achieved a clinically meaningful reduction in MADRS at Week 6*



Visit	25mg vs 1 mg LS Mean Difference (95% CI) P-value	10mg vs 1 mg LS Mean Difference (95% CI) P-value
Day 2	-2.9 (-4.6, -1.2) <0.001	-3.0 (-5.0, -1.0) 0.002
Week 1	-5.0 (-7.0, -3.0) <0.001	-3.6 (-5.9, -1.2) 0.001
Week 3	-4.5 (-6.4, -2.5) <0.001	-3.4 (-5.6, -1.2) 0.001
Day 24	-5.0 (-7.1, -2.9) <0.001	-4.9 (-7.4, -2.4) <0.001
Week 4	-4.8 (-6.9, -2.7) <0.001	-4.9 (-7.3, -2.5) <0.001
Week 6 (Primary)	-3.8 (-5.8, -1.8) <0.001	-2.5 (-4.9, -0.2) 0.016

*Clinically meaningful reduction in MADRS defined as a ≥25% reduction from baseline in MADRS total score at Week 6

CI = Confidence Interval; LSM = Least Squares Mean; MADRS = Montgomery–Åsberg Depression Rating Scale

Safety Summary

- COMP360 is generally well-tolerated, with a safe profile, with the majority of AEs resolving on day of treatment
- Safety data is consistent with known safety profile of COMP360 – no new safety signals identified
- For the data available to date across both trials, the rate for SAE suicidal ideation was less than 1%. There was only one event of SAE suicidal behavior, which occurred in the 1 mg arm in COMP006.
    - To date there have been no attempted or completed suicides
- The DSMB noted that there is no evidence of a clinically meaningful imbalance between treatment arms in suicidality in either study

COMP005: In 25 mg arm (Part A and B):

- Most TEAEs occurred on the days of administration (66%), with the vast majority (88%) resolving within a day
- Most common TEAEs reported were headache, nausea and visual hallucination
- There were 11 treatment-emergent serious adverse events (SAEs) from 8 participants (5%) overall

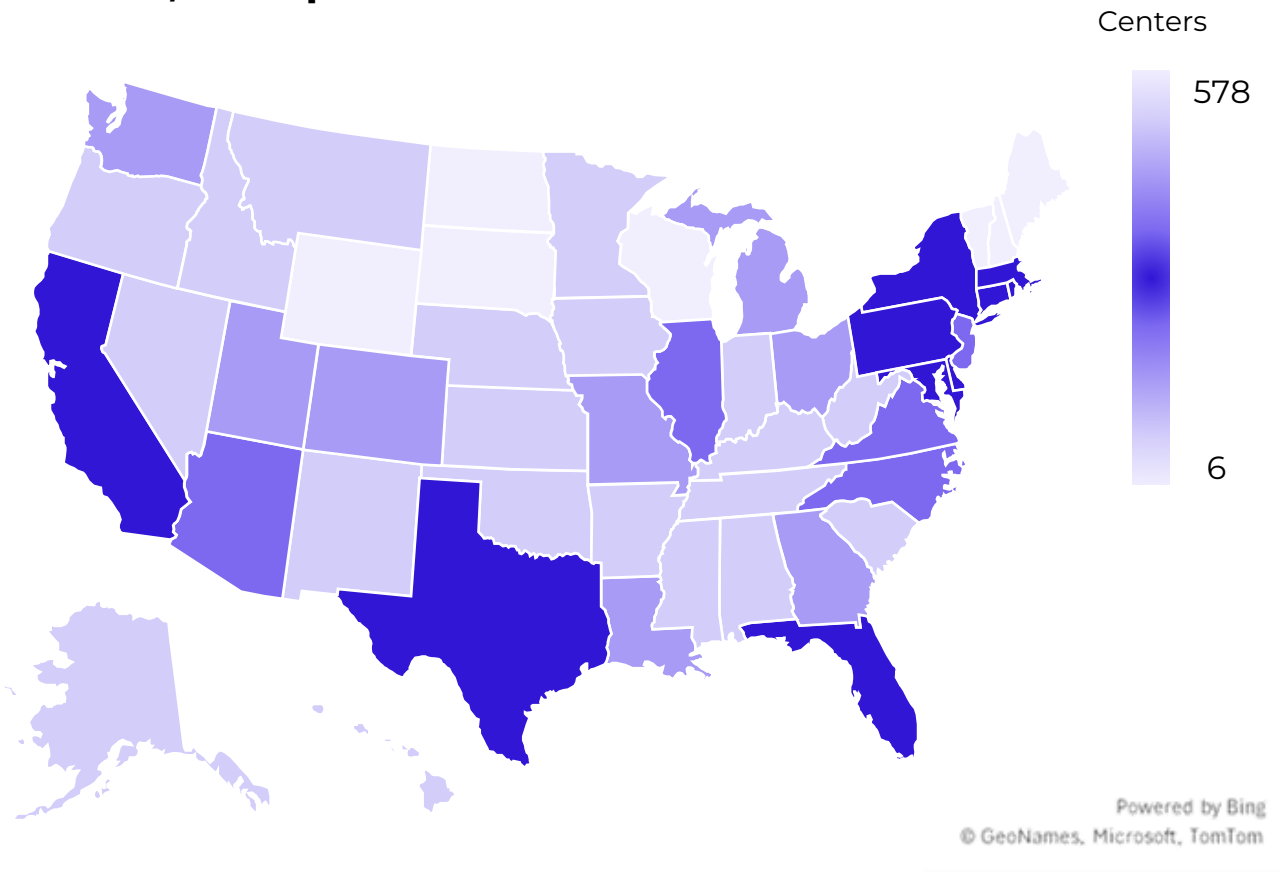
COMP006: In 25 mg arm (Part A):

- Most TEAEs occurred on the days of administration (73%) with the vast majority (83%) resolving within a day
- Most common TEAEs were headache, nausea, anxiety and visual hallucination
- There were 6 treatment-emergent serious adverse events (SAEs) from 6 participants (2%) overall

Commercial Strategy & Launch Readiness

Potential Launch of COMP360 Will Leverage a Well-established Infrastructure of Interventional Psychiatry Treatment Centers

>7,000 Spravato treatment clinics in US[1]



Established Practice Patterns

Dedicated rooms/areas for treatments that require multi-hour monitoring

Operational and scheduling capabilities with team-based workforce

Knowledge of and operational know-how of payer reimbursement requirements

Knowledge of and operational know-how of Risk Evaluation and Mitigation Strategy (REMS) requirements

Scaling to meet patient demand

1. www.spravatohcp.com/find-treatment-center – data pulled 12/29/2025

If Approved, COMP360 Prescribing, Dosing, and Reimbursement is Expected to Integrate within Current Clinical Practice

Prescribing	**Prescribed by an HCP** licensed to prescribe medication to patients
Dose administration	**Patient self-administers** oral capsule and is **monitored by a licensed HCP**[1] during session Dosing and monitoring to take place at a certified treatment center
Reimbursement[2]	COMP360 expected to be available through specialty pharmacy and buy-and-bill – drug reimbursed through **pharmacy benefit.** Evaluation and Monitoring (E/M) CPTIII codes **specifically for psychedelics**- billed by the hour through **medical benefit**

1. Based on draft guidance by the FDA for psychedelic drug development (June 2023), credentials for a qualified HCP are stated as: PhD, PsyD, MD, DO, MSW, LCPC, LMFT, NP
2. Coding and reimbursement for COMP360 have not yet been established and are subject to change from current thinking
3. CPT stands for Current Procedural Terminology. It's a system of codes created by the American Medical Association (AMA) to describe medical procedures and services. These codes are used for billing purposes and are part of the national coding system under the Health Information Portability and Accountability Act (HIPAA)

Note: CPT III codes accepted, and language released by AMA for Psychedelic Drug Monitoring Services; published in the CPT Manual and effective on January 1, 2024

Gathering Insights Through Our Strategic Collaborations

Collaborator	Examples of Learnings
Hackensack Meridian Health	Patient care pathways
Neuronetics (Greenbrook)	Provider perspectives on Spravato implementation
Mindful Health Solutions	Support staff training feedback
Reliant Medical Group	Provider economics for multi-hour treatments
Journey Clinical	RWE initiatives
Healthport	Treatment model development
Radial Health	

Potentially Highly Differentiated and Compelling COMP360 Clinical Profile for TRD Patients and their Providers

	COMP360[1]	Spravato®	Traditional Antidepressants
Efficacy in TRD patient population[2]	Yes (Positive trials: 2 ph3 trials; 1 ph2b)	Yes (FDA approved)	No
Primary Endpoint	Change from baseline in MADRS at Week 6 005: 25mg vs. Pbo 006: 25mg vs. 1mg	Change from baseline in MADRS at Day 28 TRANSFORM 2: Esk+AD vs. Pbo+AD	Various: typically change from baseline in MADRS at Week 6 vs. placebo
Effect Size / p-value	005: -3.6 (p<0.001) 006: -3.8 (p<0.001)	TRANSFORM 2: -4.0 (p=0.02)[4]	Varies: Recent treatment approved = -3.8 (p=.002)[6]
Onset	Stat sig day after dosing	Stat sig at day 28 (adj)[4]	Avg 2 - 8 weeks
Durability	At least 26 weeks after 1 or 2 doses[3]	Induction: 2x/week in month 1 Maintenance: 1x/week in month 2, then every 1 or 2 weeks[4]	Daily dosing
Safety & Tolerability	Generally well-tolerated and safe profile	Generally well-tolerated & safe	Generally safe but chronic side effects common
Dose and Administration	25mg oral capsule; 1 capsule / administration	56mg or 86mg intranasal; 2 or 3 devices / administration	Various: oral tablet or capsules QD or BID
Monitoring	At least 6hrs post administration by licensed HCP at certified center	At least 2 hours post administration by licensed HCP at certified center	n/a
# of Patients Treated annually	n/a	<100,000 patients[5]	~12M[7]
2025 Revenue	n/a	$1.5B[5]	n/a

1. As demonstrated through COMP005 Part A and Part B and COMP006 Part A clinical trial top line results; final profile will depend on FDA approval and label; expectations at this time
2. As proven through clinical trials specifically for a TRD patient population; COMP360 remains investigational and has not been approved by FDA or any other regulatory authority
3. For those who achieved clinically meaningful reduction in MADRS: ≥ 25% reduction from baseline in MADRS total score
4. Spravato® Prescribing Information and www.spravatohcp.com; For appropriateness, only comparing trials run prior to FDA approval (TRANSFORM 1 and 2)
5. IQVIA data for 2024 # of patients treated and J&J 2025 Q4 earnings call
6. Data on file
7. www.auvelityhcp.com

Note: No head to head studies between COMP360 and Spravato or antidepressants have been run; while not indicated for TRD, traditional antidepressants are frequently used to treat TRD patients as there are limited treatment options currently indicated for this patient population

We are Planning To Be Launch Ready by the End of the Year

Educate & Learn

- Clinical care teams
- KOLs/HCPs
- Federal and State policy makers
- Patient advocacy organizations
- Payers

Launch Readiness

- Commercial team build-out
- Product positioning
- Site of care training
- Field force strategy
- Omni-channel marketing

Enable Patient Access

- DEA rescheduling (Federal & State)
- Product distribution
- Pricing & Reimbursement
- Formulary access
- Patient Support

NOTE: KOL = key opinion leaders; HCP = healthcare professional

Post-traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD)

Chronic and debilitating psychiatric condition affecting ~13 million adults annually in the U.S.; lifetime prevalence ~6–8%

Characterized by intrusive memories, avoidance, negative mood/cognition, and hyperarousal

Evidence-based psychotherapies are first line, but difficult to adhere to and access is limited

Existing treatments (SSRIs such as sertraline and paroxetine) yield limited efficacy — ~60% of patients fail to achieve remission

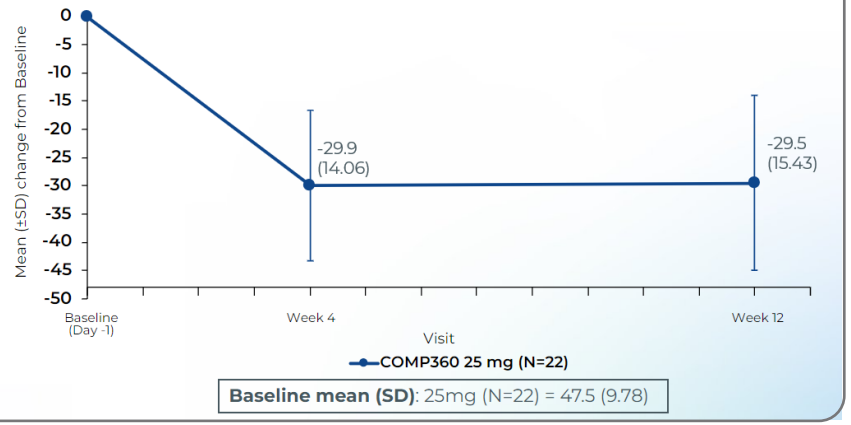
Lack of innovation and patient options as last medical therapeutics were approved over 25 years ago

No approved therapies directly targeting the underlying neurobiological circuits of fear memory and emotional regulation

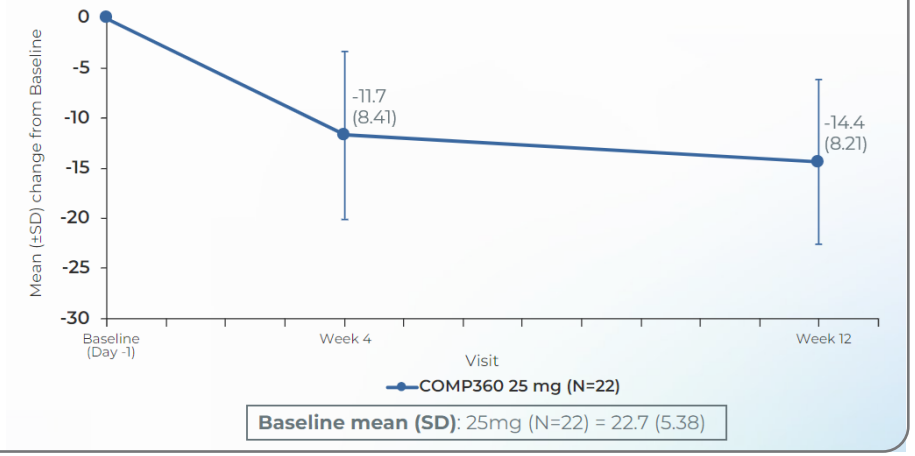
High comorbidity with TRD and overlapping neurobiology (dysregulated amygdala-prefrontal connectivity, impaired fear extinction) and patients treated in the same settings of care as TRD

Phase 2a PTSD Study: Meaningful and Sustained Symptom Improvement

Summary of change from baseline in CAPS-5 score



Summary of change from baseline in SDS score



Note: CAPS-5 = clinician administered PTSD scale

N=22, multi-center open-label, single administration of 25mg COMP360 (mean baseline of 47.5 CAPS-5 total score, which is considered severe)

Early onset and sustained change from baseline in CAPS-5 observed at week 4 and week 12

COMP360 was generally well tolerated with no treatment emergent serious adverse events reported; no participants re-started SSRI's or antidepressants after COMP360 administration in study. Most frequent TEAES (>10%) were headache, nausea, crying, fatigue, hallucination, muscle tightness, paraesthesia, visual impairment.

Response in CAPS-5: 81.8% at week 4, 77.3% at week 12

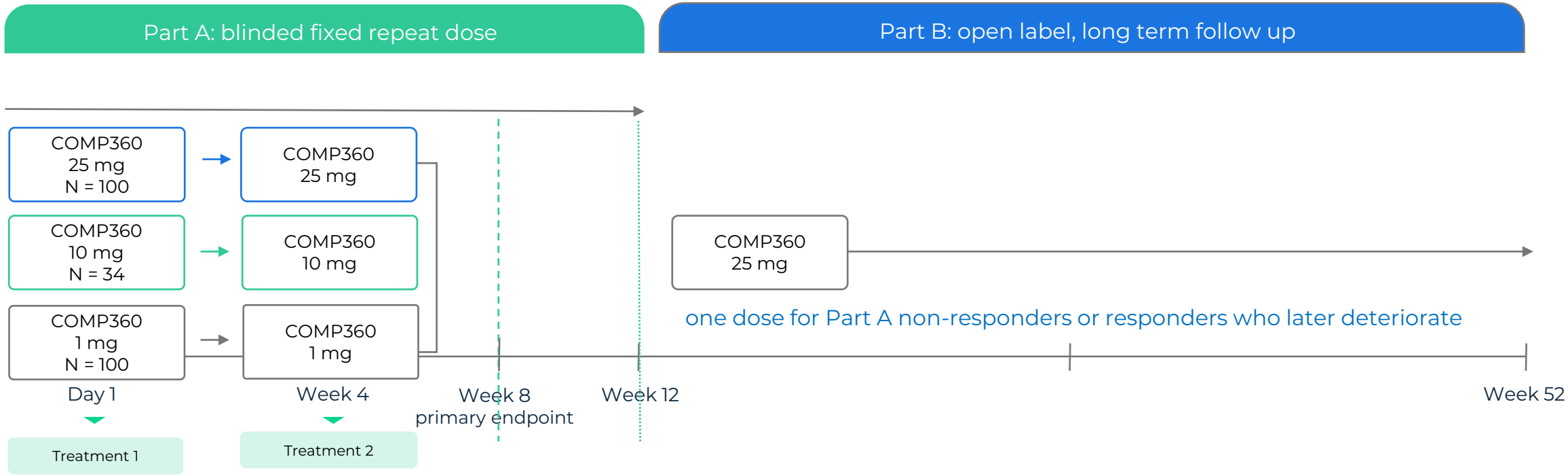
Remission in CAPS-5: 63.6% at week 4, 54.5% at week 12

Phase 3 trial expected to commence in Q1 2026.

PTSD Late-Stage Phase 2b/3 Trial Design

Design: Multicenter, randomized, double-blind, controlled study, with an open label extension, to investigate the efficacy, safety, and tolerability of COMP360 in 234 participants

Primary Objective: To determine if two administrations of COMP360 at a dose of 25 mg compared to two administrations of 1 mg lead to improvement of PTSD symptoms (CAPS-5) at Week 8



Notes:
In both Part A and Part B COMP360 may be administered adjunctively to a single permitted oral antidepressant. 10mg arm included to help prevent unblinding. In Part B, eligible participants will receive a single open-label treatment with COMP360 25 mg.

Seasoned Management Team with Proven Record of Delivering Visionary Innovation

Kabir Nath, Chief Executive Officer: Kabir has ~30 years of biopharmaceutical and medical device experience. Prior to Compass, he was Senior Managing Director of Global Pharmaceuticals at Otsuka and President & CEO of Otsuka's North America Pharmaceutical Business, leading development of therapies and digital solutions for mental health. He previously held senior leadership roles at Bristol Myers Squibb. Kabir holds an MA from the University of Cambridge and an MBA from INSEAD.

Dr Guy Goodwin, Chief Medical Officer: Guy trained in medicine, physiology, and psychiatry at the University of Oxford and spent 10 years as a Clinical Scientist at the MRC Brain Metabolism Unit. He later served as Head of Psychiatry at Oxford and is a Fellow of the American College of Neuropsychopharmacology and a Thomson Reuters Highly Cited Researcher. His work focuses on mood disorders and psychedelic therapies, and he contributed to the design of Compass Pathways' Phase IIb trial.

Lori Englebert, Chief Commercial Officer: Lori brings deep commercial launch experience, including most recently nearly five years at Axsome Therapeutics as EVP of Commercial and Business Development, where she led the company's transition to commercial-stage and first product launch, in mental health. She previously held senior roles at Amgen and has launched multiple CNS assets across the U.S., Japan, and Europe.

Dr Michael Gold, Chief Research and Development Officer: Michael has over 25 years of experience in neuroscience drug development and previously led the Neuroscience Therapeutic Area at AbbVie, including the Allergan integration. He has broad expertise across neurological and psychiatric disorders and multiple therapeutic modalities and has served as an industry representative to the FDA's Office of Neuroscience.

Dr Steve Levine, Chief Patient Officer: Steve is a board-certified psychiatrist and healthcare innovator. He previously founded and led Actify Neurotherapies, developing new care-delivery models for interventional psychiatry, and trained at New York-Presbyterian/Weill Cornell and Memorial Sloan Kettering.

Teri Loxam, Chief Financial Officer: Teri brings deep financial and strategic leadership experience across biopharma. She previously served as CFO of Gameto, CFO/COO of Kira Pharmaceuticals, and CFO of SQZ Biotech, where she led a successful IPO and raised over $200 million. She has also held senior IR roles at Merck, Bristol Myers Squibb, and IMAX and currently serves on the boards of Vaxcyte and Cardiol Therapeutics.

Summary

- The emerging clinical profile of **COMP360 is redefining rapidity and durability for TRD patients**
- **TRD is a chronic and extremely refractory condition with very few treatment options**
  - No approved drug offers clinically meaningful efficacy with both rapid onset and sustained durability with a single treatment
- The robust benefit/risk profile of COMP360 supports a potentially **highly compelling, novel paradigm for patients and providers** where effectiveness may be determined almost immediately after a single treatment
  - Patients with a clinically meaningful reduction in MADRS from the first treatment have shown the potential for sustained benefit through at least 26 weeks, after one or two doses
- **These results increase our conviction** in the potential importance of this treatment for TRD patients
- We are planning to meet as soon as possible with the FDA to discuss a rolling submission and review, and **expect to complete an NDA submission in Q4**
- Beyond TRD, **PTSD** is a chronic and debilitating psychiatric condition affecting ~13 million in the U.S. and has **potential to be more significant than TRD**

Compass

We're a biotechnology company...

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

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Appendix

Phase 2b Trial Results Demonstrated the Potential for a Rapid, Sustained Response in TRD

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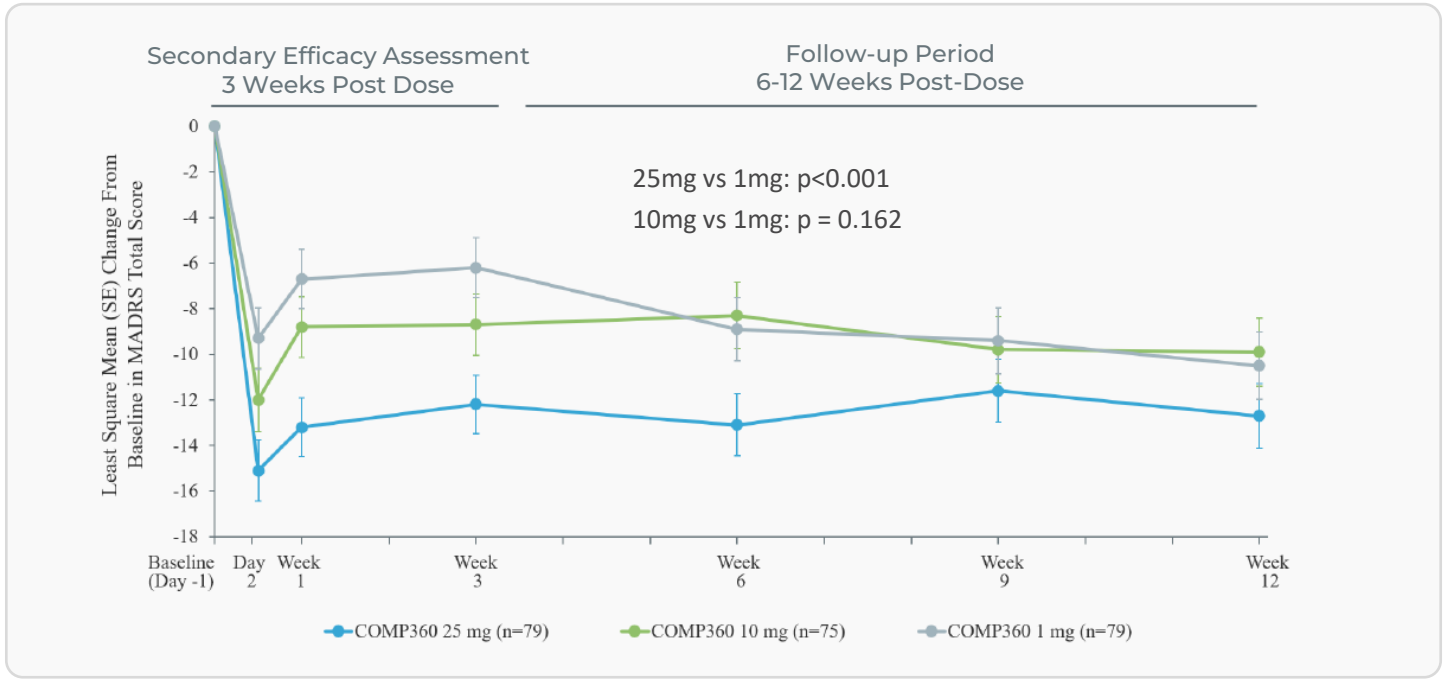
In a randomized, controlled, double-blind trial, three groups of participants were given a single dose (either 1mg, 10mg or 25 mg) of COMP360 psilocybin

Results were measured as a change on the MADRS* depression scale from baseline (a day prior to administration) over 12 weeks.

The primary endpoint of this study was the change from baseline in MADRS total score at week 3 (25mg vs 1mg).



- **Clinical Effect:** statistically significant and clinically meaningful reduction in depression (25mg vs 1 mg)
- **Rapid onset of action:** The effect occurred the day after the administration.
- **Safety:** 90% of TEAEs were mild and moderate and 77% of them resolved on the same or next day. most frequent TEAEs across the 10mg and 25mg doses were headaches, nausea, fatigue, insomnia and anxiety.

NOTE: **Least square mean change from baseline in MADRS total score; MADRS = Montgomery-Åsberg Depression Rating Scale; the above analysis is from the NEJM Supplement and does not include the imputation for use of anti-depressants (see appendix for the trial protocol analysis)

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