
**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): December 17, 2021

PRAXIS PRECISION MEDICINES, INC.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

001-39620
(Commission
File Number)

47-5195942
(I.R.S. Employer
Identification No.)

Praxis Precision Medicines, Inc.
99 High Street, 30th Floor
Boston, Massachusetts 02110
(Address of principal executive offices, including zip code)

(617) 300-8460
(Registrant's telephone number, including area code)

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

<u>Title of each class</u>	<u>Trade Symbol(s)</u>	<u>Name of each exchange on which registered</u>
Common Stock, \$0.0001 par value per share	PRAX	The Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01. Regulation FD Disclosure.

On December 17, 2021, Praxis Precision Medicines, Inc. (the “Company”) held its previously announced 2021 Movement Disorder Day. A copy of the slide presentation for the Movement Disorder Day, which has been made available through the Events & Presentations page of the Investors + Media section of the Company’s website, is attached as Exhibit 99.1 to this Current Report on Form 8-K (the “Form 8-K”).

The information in this Item 7.01 of this Form 8-K and Exhibit 99.1 attached hereto shall not be deemed filed for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that section, nor shall any of it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Item 8.01. Other Events.

The Company is providing the following update regarding the open-label stage of the Phase 2a clinical trial of PRAX-944 (“Study 221, Part A & Part B”) for the treatment of essential tremor (“ET”):

As of December 10, 2021, 19 patients had enrolled and received treatment in Study 221, seven patients in Part A and 12 patients in Part B, including patients who discontinued from the trial. PRAX-944 was observed to be well-tolerated in Study 221, with all treatment-emergent adverse events (“TEAEs”) considered to be mild to moderate. The most common TEAEs reported by \geq two participants were dizziness, headache and cognitive disorder. Four patients who completed Part B down titrated to a lower dose of PRAX-944 and five patients total, one in Part A and four in Part B, discontinued drug treatment due to mild or moderate TEAEs.

The Company previously reported topline efficacy results from Part A. As of December 10, 2021, preliminary efficacy data from nine patients in Part B showed a reduction in ET symptoms as measured by The Essential Tremor Rating Assessment Scale Combined Upper Limb and the Activities of Daily Living (“ADL”) and Modified ADL scales. The Company expects to announce topline open-label and placebo-controlled, randomized withdrawal results from Part B of this trial in the first half of 2022.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Copy of Praxis Precision Medicines, Inc. presentation slides dated December 17, 2021 (furnished herewith)
104	Cover page from this Current Report on Form 8-K, formatted in Inline XBRL

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

PRAXIS PRECISION MEDICINES, INC.

Date: December 17, 2021

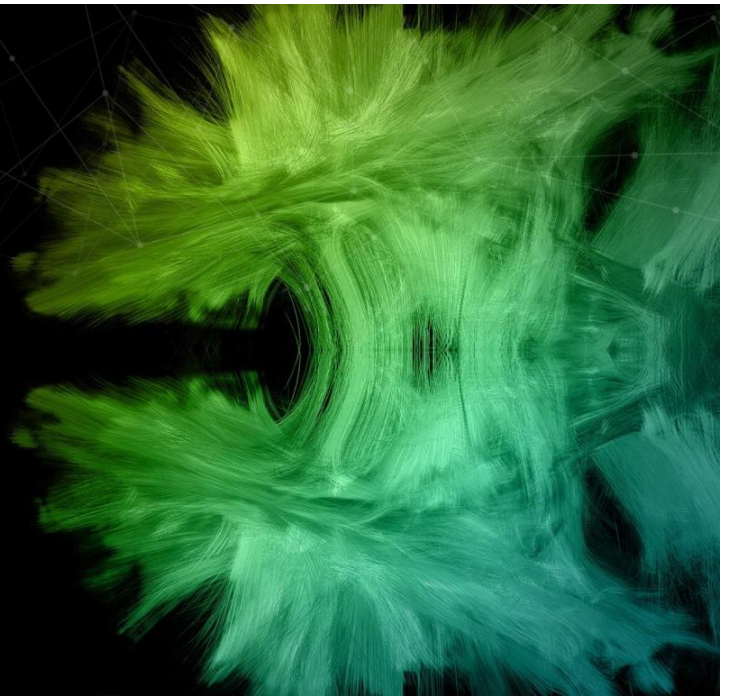
By: /s/ Marcio Souza
Marcio Souza
Chief Executive Officer



PRAX**IS**

**Movement
Disorder Day**

FRIDAY, DECEMBER 17, 2021



Forward-looking statements

This presentation may contain "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995 relating to our business, operations, and financial conditions, including but not limited to express or implied statements regarding the current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, our development plans, our preclinical and clinical results and other future conditions. Words such as, but not limited to, "look forward to," "believe," "expect," "anticipate," "estimate," "intend," "plan," "would," "should" and "could," and similar expressions or words, identify forward-looking statements. Any forward-looking statements in this presentation are based on management's current expectations and beliefs and are subject to a number of risks, uncertainties and important factors that may cause actual events or results to differ materially from those expressed or implied by any forward-looking statements contained in this presentation, including, without limitation, risks relating to: (i) the success and timing of our ongoing clinical trials, (ii) the success and timing of our product development activities and initiating clinical trials, (iii) the success and timing of our collaboration partners' ongoing and planned clinical trials, (iv) our ability to obtain and maintain regulatory approval of any of our product candidates, (v) our plans to research, discover and develop additional product candidates, (vi) our ability to enter into collaborations for the development of new product candidates, (vii) our ability to establish manufacturing capabilities, and our and our collaboration partners' abilities to manufacture our product candidates and scale production, (viii) our ability to meet any specific milestones set forth herein, and (ix) uncertainties and assumptions regarding the impact of the COVID-19 pandemic on our business, operations, clinical trials, supply chain, strategy, goals and anticipated timelines. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise. Although we believe the expectations reflected in such forward-looking statements are reasonable, we can give no assurance that such expectations will prove to be correct. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements.

For further information regarding the risks, uncertainties and other factors that may cause differences between Praxis' expectations and actual results, you should review the "Risk Factors" section of our Annual Report on Form 10-K filed for the year ended December 31, 2020, our Quarterly Reports on Form 10-Q and our other filings with the Securities and Exchange Commission.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and our own internal estimates and research. While we believe these third-party sources to be reliable as of the date of this presentation, we have not independently verified, and make no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal research is reliable, such research has not been verified by any independent source.

PRAXIS 2021 MOVEMENT DISORDER DAY DECEMBER 17, 2021

- Praxis - A Leader in CNS & Movement Disorders
- Essential Tremor (ET) - More Than Tremor
- Daring for More for People Living with ET
- Daring for More Beyond ET
- Praxis - The Year Ahead
- Q&A

Today's Speakers



MARCIO SOUZA
President &
Chief Executive Officer



NICOLE SWEENY
Chief Commercial Officer



BERNARD RAVINA
Chief Medical Officer



TIM KELLY
Chief Financial Officer



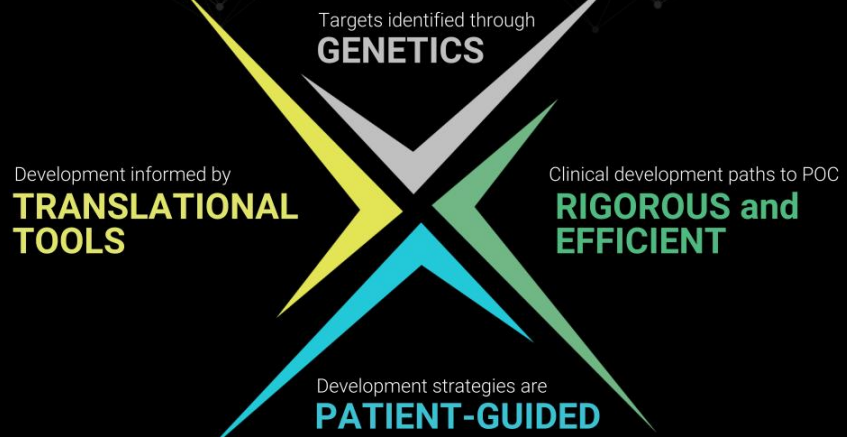
Praxis – A Leader in CNS and Movement Disorders

PRA~~X~~IS

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The needs of patients with CNS disorders are devastatingly urgent. Our **mission** is to help patients by delivering life-altering treatments faster and more effectively than has ever been done before — and to do it again and again.

Praxis is built on four key pillars

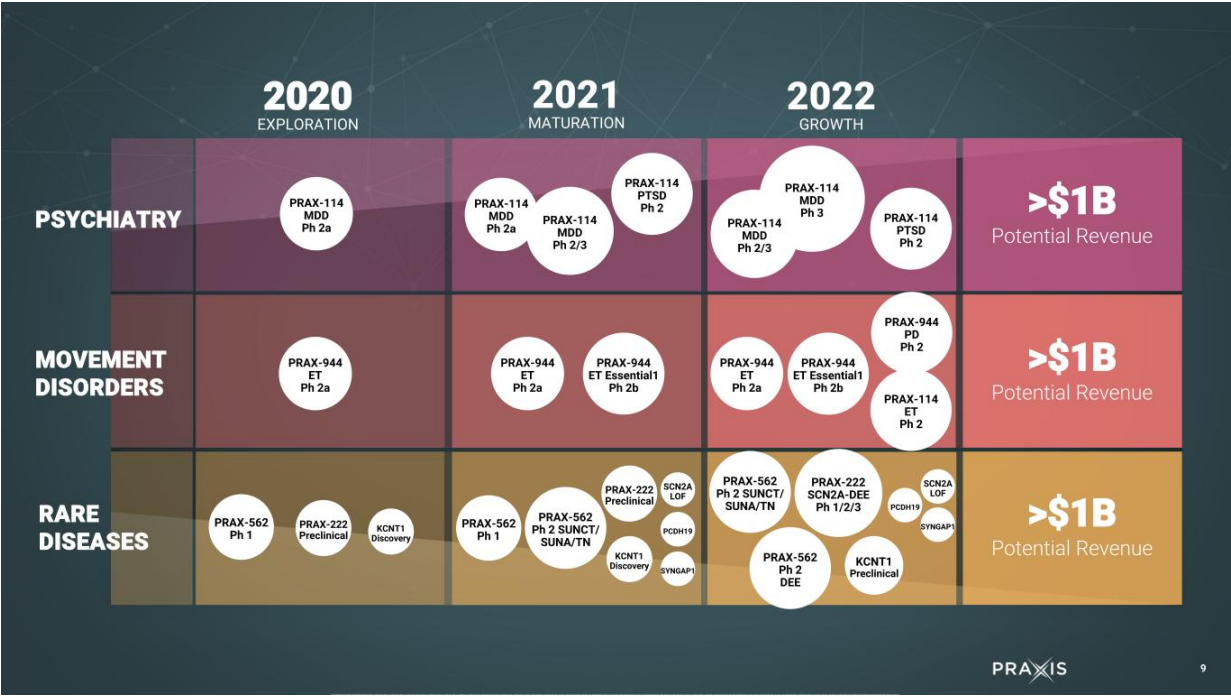


THREE DISTINCT FRANCHISES PRIMED FOR GROWTH IN 2022

PSYCHIATRY

**MOVEMENT
DISORDERS**

RARE DISEASE



Movement Disorder franchise focus for 2022

PRAX-944:
for Essential Tremor

Identify dose for
registrational study

Essential1 Study
Topline Data: 2H2022

PRAX-114:
for Essential Tremor

Demonstrate well-
tolerated GABA_A-PAM
with daytime dosing

Ph2 Study
Topline Data: 2H2022

PRAX-944:
for Parkinson's disease

Demonstrate motor
improvement

Initiate Ph2 Study
1H2022



Essential Tremor (ET) – More Than Tremor



0

Medications developed
specifically for Essential Tremor
patients



1

Medication approved for Essential Tremor over 50 years ago based on a 2-week study of nine patients



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Million people in the US with daily symptoms of Essential Tremor need better and more options

DARE *for* MORE

Why Essential Tremor matters



Most common movement disorder ~7x the prevalence of Parkinson's disease¹



~ 50% of patients have a family history^{2,3}



Daytime action tremor that primarily affects the hands^{3,4}



Heterogeneous condition with progressive disability³

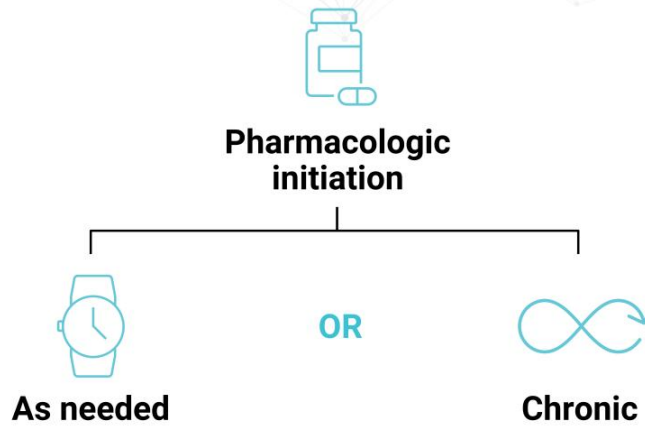
SOURCE: 1. GHOSH (2016) (P:231, C:1, PH:1, L:1-2). 2. LIU (2016) (P:1009, C:1, PH:2, L:1-3.3.) 3. Elble RJ. Curr Neurol Neurosci Rep. 2013 Jun;13(6):353. 4. Putzke JD, et al. J Neurol Neurosurg Psychiatry. 2006 Nov;77(11):1235-7. 5.

ET burden of disease extends beyond the tremor



1. LOUIS ED, ET AL. PARKINSONISM RELAT DISORD. 2015;21(7):729-735. 2. HOLDING SJ, ET AL. CHRONIC ILLN. 2015 MAR;11(1):69-71. 3. SHALASH AS, ET AL. TREMOR OTHER HYPERKINET MOV (N Y). 2019;9. 4. JANICKI SC, ET AL. THER ADV NEUROL DISORD. 2013;6(6):353-368. 5. LOUIS ED, ET AL. EUR J NEUROL. 2007 OCT;14(10):1138-46.

Current management of ET is based on trial and error



**PHARMACOLOGIC
TREATMENT IS
DETERMINED BY:**

- severity of tremor
- body part affected
- occupation of the patient
- degree of disability
- comorbidities

As needed treatment options offer minimal utility



As needed

CURRENT MANAGEMENT

- Alcohol use 10-15 min before event
- Propranolol one hour before event

Chronic use options increase tolerability concerns



Chronic

CURRENT MANAGEMENT

- Propranolol
- Primidone
- Topiramate



What have we learned?

The ET market today: immediate addressable U.S. market

COMPREHENSIVE CLAIMS ANALYSIS 2019 SNAPSHOT

~1M patients
On-treatment

Patients are
coping with
Treatment Burden

~1M patients
Not on-treatment

Patients are
coping with
Disease Burden

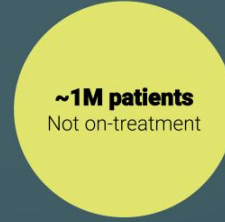
SOURCE: US CLAIMS DATA FROM THE COMPILE DATABASE FROM 2015-2019, PRIMARY MARKET RESEARCH AND PRAXIS INTERNAL MODELING AND PROJECTIONS

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Currently, there is an equilibrium between patients who discontinue treatment and those who initiate treatment

Each year 200K patients
discontinue treatment



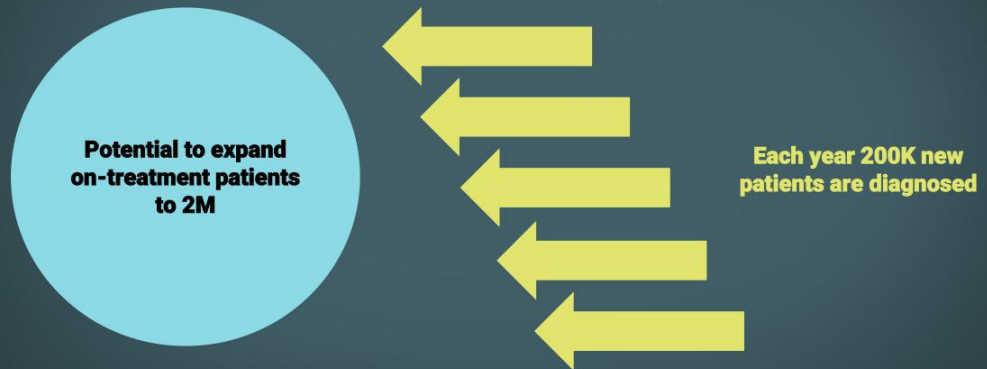
SOURCE: US CLAIMS DATA FROM THE COMPILE DATABASE FROM 2015-2019; PRIMARY MARKET RESEARCH AND PRAXIS INTERNAL MODELING AND PROJECTIONS

Patients not on treatment could (re)join the on-treatment pool which increases treatment utilization



SOURCE: US CLAIMS DATA FROM THE COMPILE DATABASE FROM 2015-2019; PRIMARY MARKET RESEARCH AND PRAXIS INTERNAL MODELING AND PROJECTIONS

Newly diagnosed patients initiate treatment earlier which increases the total addressable patient market



SOURCE: US CLAIMS DATA FROM THE COMPILE DATABASE FROM 2015-2019; PRIMARY MARKET RESEARCH AND PRAXIS INTERNAL MODELING AND PROJECTIONS

Our focus is on elevating the standard of care to capture the \$4B+ US ET market



PRIMARY MARKET RESEARCH AND PRAXIS INTERNAL MODELING AND PROJECTIONS
1. CLAIMS ANALYSIS INDICATES THAT 50% OF DIAGNOSED PATIENTS ARE ON TREATMENT; 2. BASED ON MINIMUM OF RANGE FOR NET PRICE ESTIMATES FROM PRAXIS COVERING ANALYSTS AS OF 16-DECEMBER-2021-\$3.6K

Praxis treatments will allow patients to fit the right therapy to their needs to realize improved outcomes



As needed

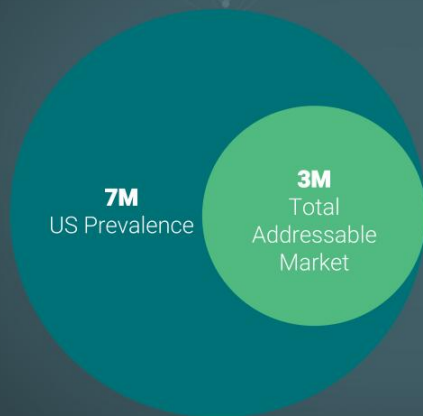


Chronic

- Patients will initiate ET treatment sooner
- Patients will treat as needed
- Patients will maintain ET therapy



Longer-term opportunity extends into capturing the undiagnosed



Disease awareness

Earlier adoption of treatment in disease course

Access

Multiple effective, well-tolerated therapies



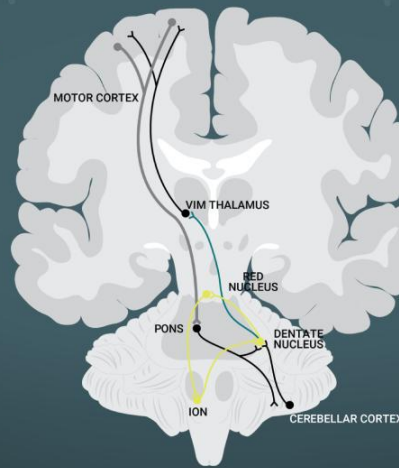
Daring for More for People Living with Essential Tremor

Tackling Movement Disorders through two mechanisms of action

CEREBELLO-THALAMO-CORTICAL (CTC) CIRCUIT

T-TYPE CALCIUM CHANNELS

PRAX-944



GABA_A RECEPTORS

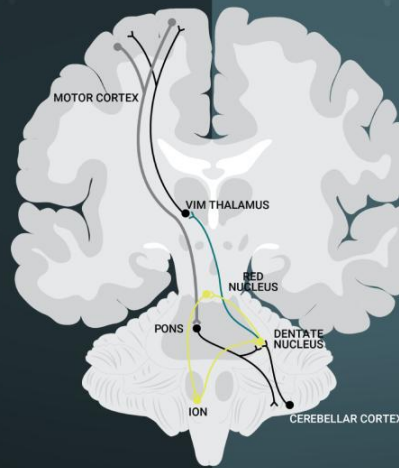
PRAX-114

Tackling Movement Disorders through two mechanisms of action

CEREBELLO-THALAMO-CORTICAL (CTC) CIRCUIT

T-TYPE CALCIUM CHANNELS

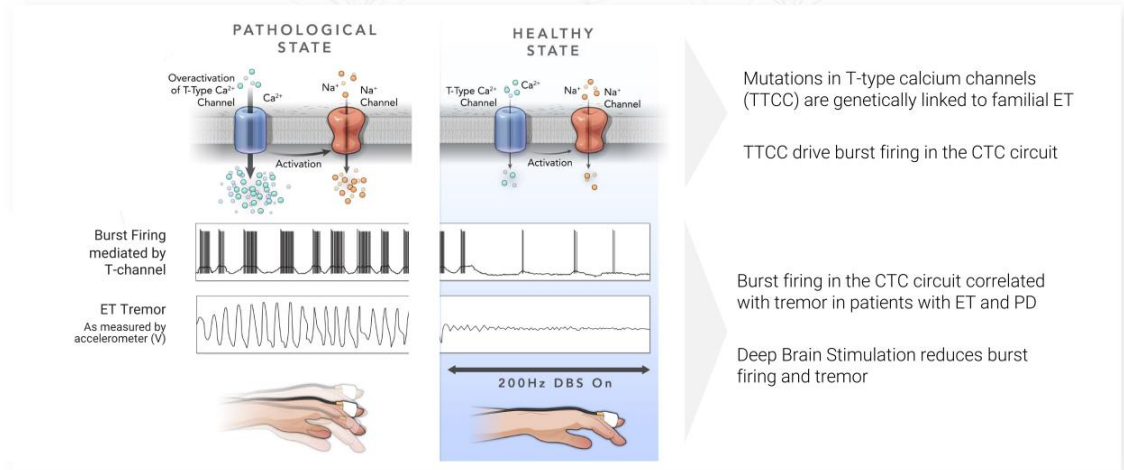
PRAX-944



GABA_A RECEPTORS

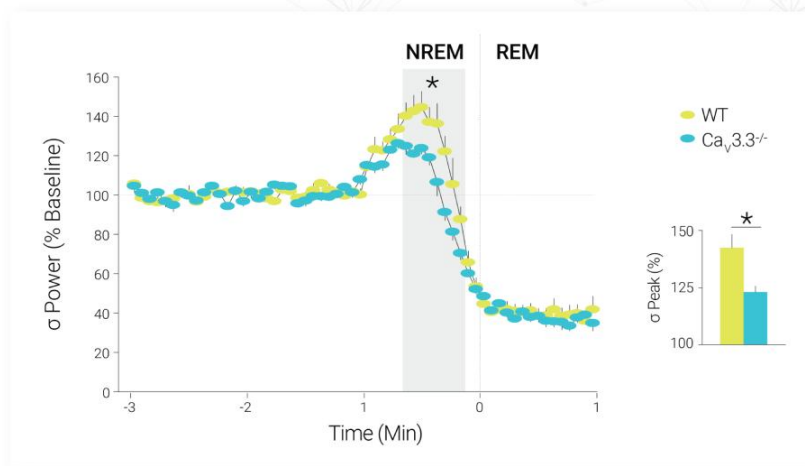
PRAX-114

T-Type calcium channels are gatekeepers of neuronal firing patterns in the CTC circuit



SOURCE: BASED ON MILOSEVIC 2018 FIGURE ON ACTUAL ET PATIENT INTRAOPERATIVE REAL-TIME SINGLE-UNIT RECORDINGS OF ACTION POTENTIALS OF INDIVIDUAL NEURONS

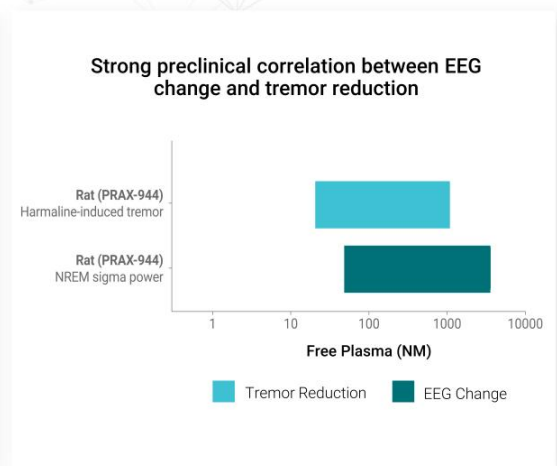
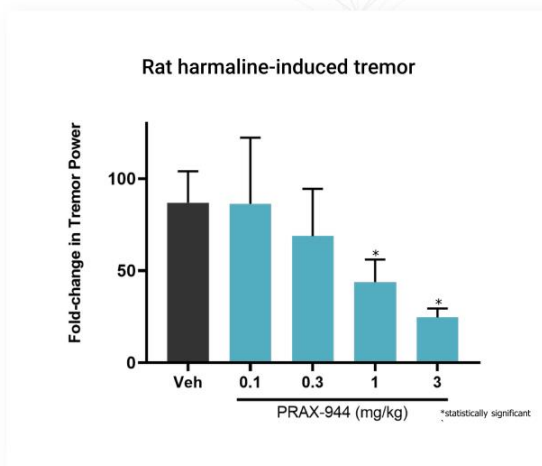
EEG biomarker of T-Type calcium channels: sigma frequency



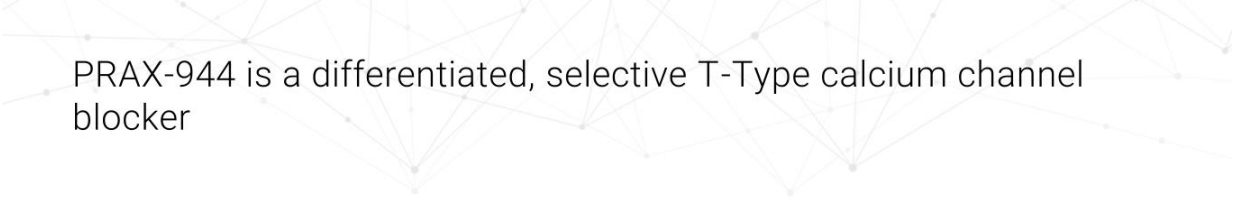
- Sigma frequency (10-14 Hz) occurs during NREM sleep
- Thought to be generated by thalamic-cortical pathways
- Reduced with $Ca_v3.3$ knock-out of T-type Calcium Channels

SOURCE: ASTORI, PNAS, 2011.

PRAX-944 dose-dependently reduced rat harmaline-induced tremor and sigma band EEG



SOURCE: Puryear, et al - CNS Summit 2021, PRAXIS DATA ON FILE



PRAX-944 is a differentiated, selective T-Type calcium channel blocker

**HIGHLY POTENT ON
ALL 3 ISOFORMS**

HIGHLY SELECTIVE

**NO ACTIVE
METABOLITES**

Extensive safety and PK data from > 165 Healthy Volunteers

Predictable PK

Wide dosing range up to 120mg

Flexibility in titration

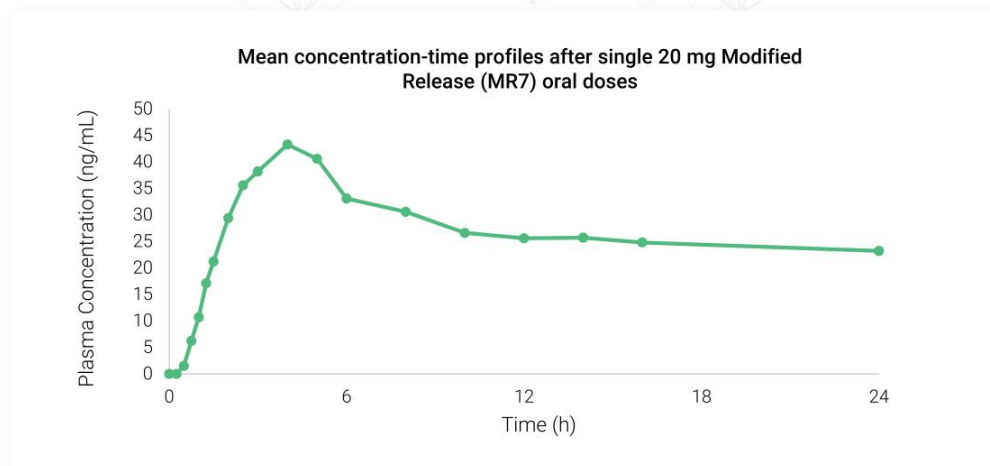
SAFETY SUMMARY

- Studied multiple IR, MR formulations
- Most common AEs included:
 - CNS: dizziness, headache, euphoric mood, illusion, disturbed attention
 - GI: nausea
- AEs generally transient and C_{Max} related

SAFETY SUMMARY – MR7 FORMULATION

- MR7 titrated to 120mg in HV
 - No MTD
 - No SAE
 - Most common CNS AEs: dizziness and headache

PRAX-944 modified release is optimized to enable once daily daytime dosing with a well-tolerated safety profile

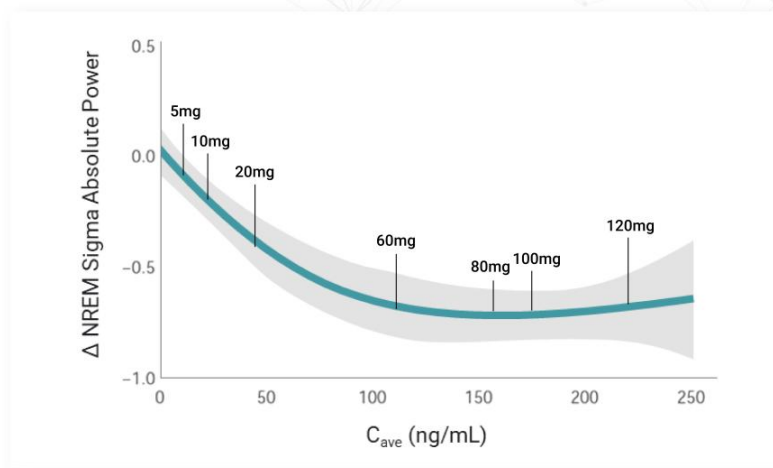


SOURCE: PRAXIS STUDY-944-105; PRAXIS DATA ON FILE

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PRAX-944 showed robust PK:PD relationship to guide dosing



KEY TAKEAWAYS

- Dose-dependent reduction in sigma-band power
- Effect observed over >20x dose range
- Provides confidence that PRAX-944 is reaching functionally relevant brain concentrations and targets

SOURCE: PRAXIS STUDY-944-105; PRAXIS DATA ON FILE

Key PRAX-944 development questions in ET

**PRAX-944-221
Phase 2a**

Tolerability of PRAX-944 in ET and sufficient evidence of effect

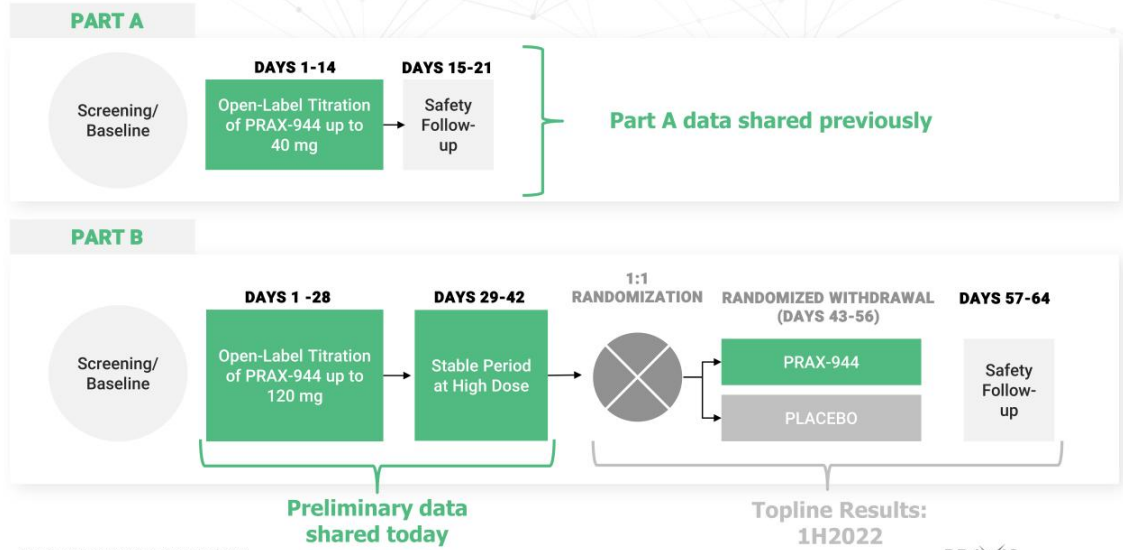
**PRAX-944-222
Phase 2b
Essential1 Study**

Dose ranging safety, tolerability, and efficacy to support dose selection for Phase 3

**PRAX-944
Phase 3**

Demonstrate efficacy and safety for registration

Study 221 design



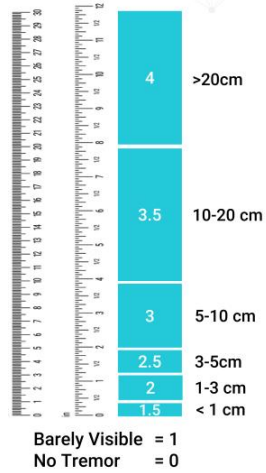
CLINICALTRIALS.GOV/CT2/SHOW/NCT05021978

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Examples of clinical measures used in Study 221

- TETRAS Upper Limb – Performance Scale



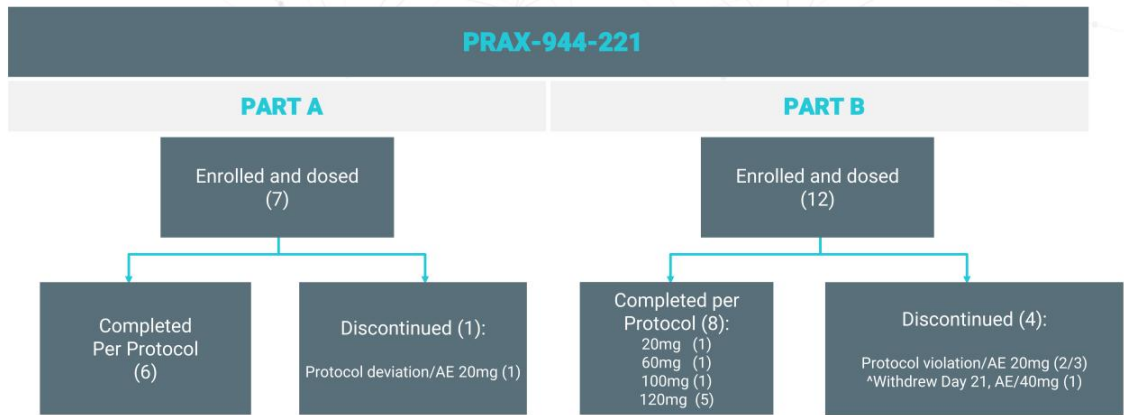
- TETRAS Activities of Daily Living (ADL)



POURING A GLASS OF WATER

4	Cannot pour
3	Must use two hands or use other strategies to avoid spilling
2	Must be very careful to avoid spilling, but may spill occasionally
1	Tremor is present but does not interfere with pouring
0	Normal

Current patient disposition



All discontinuations included in safety data set
^ Discontinuation with evaluable post dose efficacy

Study 221 demographics representative of the ET population

BASELINE DEMOGRAPHICS	PART A (N = 7)	PART B (N = 12)	OVERALL (N = 19)
Age, mean (range)	68 (58-75)	59 (43-75)	62 (43-75)
Disease Duration, mean (range)	42 (14-57)	32 (11-52)	36 (11-57)
Gender (Male/Female) (n, %)	5 / 2 (71%/29%)	11 / 1 (92%/8%)	16/3 (84%/16%)
# presently on Propranolol (n, %)	6 (86%)	2 (17%)	8 (42%)
# previously on ET medication (n, %)	3 (43%)	9 (75%)	12 (63%)
Family History – First-degree relative with ET (n, %)	2 (29%)	8 (67%)	10 (53%)
TETRAS Combined Upper Limb (CUL), mean (SD)	22.2 (4.5)	20.9 (5.5)	21.4 (5.1)
TETRAS ADL, mean (SD)	--	26.3 (3.5)	26.3 (3.5)
TETRAS Modified ADL, mean (SD)	--	16.2 (3.7)	16.2 (3.7)

PRELIMINARY DATA AS OF 10-DEC-2021 CUTOFF; ONGOING CLINICALTRIALS.GOV/CT2/SHOW/NCT05021978

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TEAEs are mild to moderate and consistent with safety profile for the program

NUMBER OF PARTICIPANTS WITH CNS RELATED TREATMENT EMERGENT ADVERSE EVENTS *		
Preferred Term	Part A	Part B
Any TEAE**	6	10
Dizziness	4	3
Headache	3	1
Cognitive disorder		3
Fatigue		2
Insomnia		2
Paraesthesia		2

*Preferred terms reported by ≥ 2 ET participants in the OL period; all reported events to date have been mild to moderate in intensity

**Any participant who experienced a TEAE

PRELIMINARY DATA AS OF 10-DEC-2021 CUTOFF; ONGOING CLINICAL TRIALS.GOV/CT2/SHOW/NCT05021978

TEAEs leading to dose down-titration or discontinuation were mild-moderate

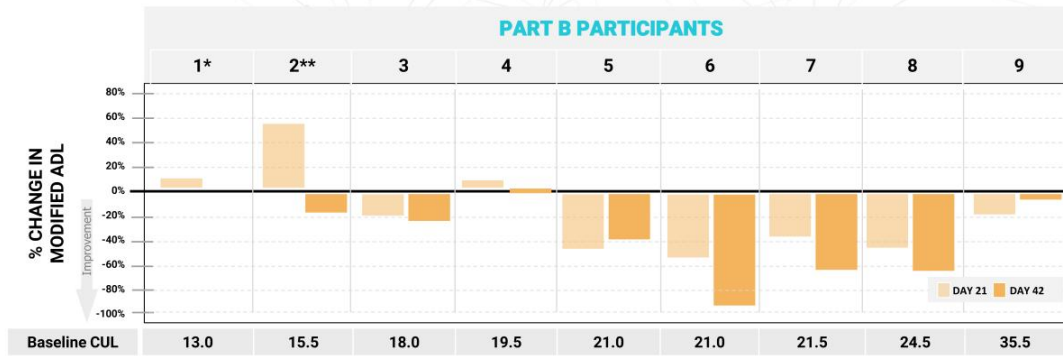
TEAEs LEADING TO DOWN TITRATION IN 4 PARTICIPANTS*	
Preferred Term	Part B
Confusional state	1
Disturbance in attention	1
Dizziness postural	1
Paraesthesia	1
Somnolence	1

*Protocol permitted patients to dose titrate down once during Part B

TEAEs ASSOCIATED WITH STUDY DRUG DISCONTINUATION IN 5 PARTICIPANTS*		
Preferred Term	Part A	Part B
Anxiety	1	
Cognitive disorder		2
Confusional state		1
Disturbance in attention		1
Dizziness		1
Hallucinations		1

*1 participant discontinued in Part A and 4 in Part B

Preliminary Part B data: modified ADL by baseline CUL score

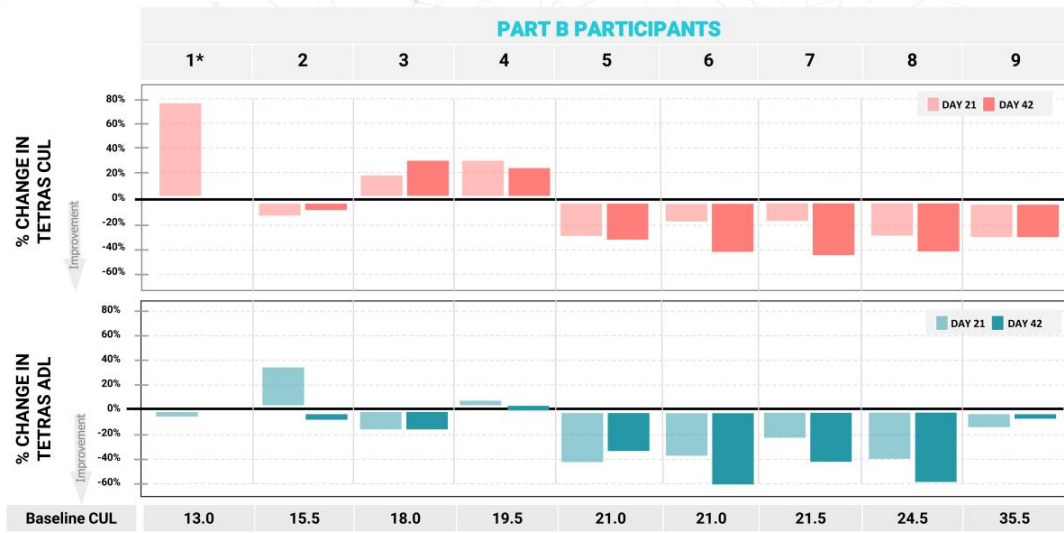


Modified ADL as suggested by FDA:

- Score of 1 re-coded as 0; highest score of 3
- Exclude social impact
- Include: handwriting and spirals

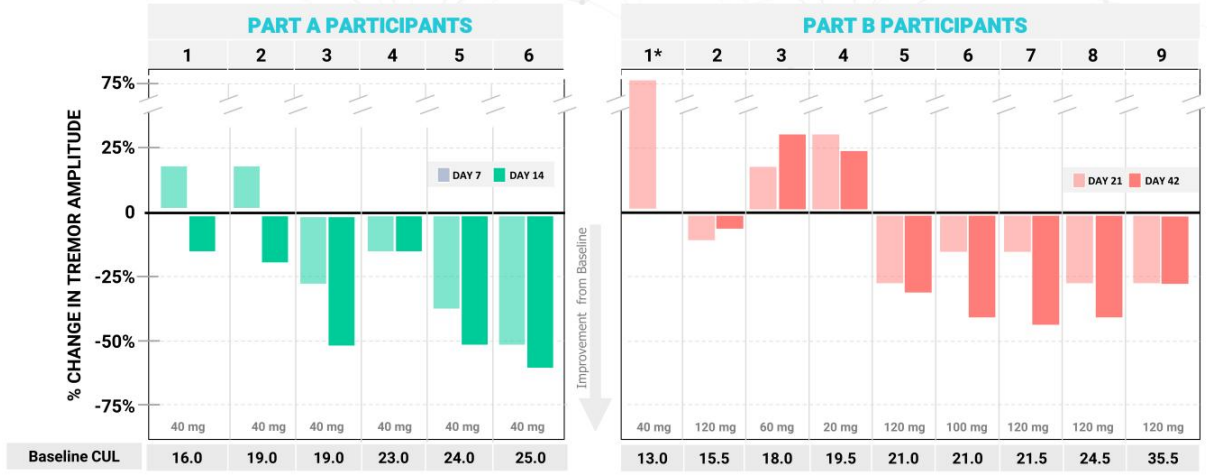
PRELIMINARY DATA AS OF 10-DEO-2021 CUTOFF: ONGOING CLINICALTRIALS.GOV/CT2/SHOW/NCT05021978
 *PART B PATIENT 1 DISCONTINUED AFTER DAY 21 ASSESSMENT
 **PART B PATIENT 2 DAY 42 - MODIFIED ADL INCLUDED MISSING DATA FOR ONE ITEM; % CHANGE CALCULATED BASED ON IMPUTED WORST SCORE

Preliminary Part B data: TETRAS CUL and TETRAS ADL



PRELIMINARY DATA AS OF 10-DEO-2021 CUTOFF; ONGOING CLINICALTRIALS.GOV/CT2/SHOW/NCT05021978
 *PART B PATIENT 1 DISCONTINUED AFTER DAY 21 ASSESSMENT.

Preliminary data: PRAX-944-221 TETRAS CUL



PRELIMINARY DATA AS OF 10-DEC-2021 CUTOFF; ONGOING CLINICALTRIALS.GOV/CT2/SHOW/NCT05021978
 *PART B PATIENT 1 DISCONTINUED AFTER DAY21 ASSESSMENT; FINAL DOSE LEVEL NOTED IN CHART

Key learnings from Part A/Part B: implications to Essential1 and program

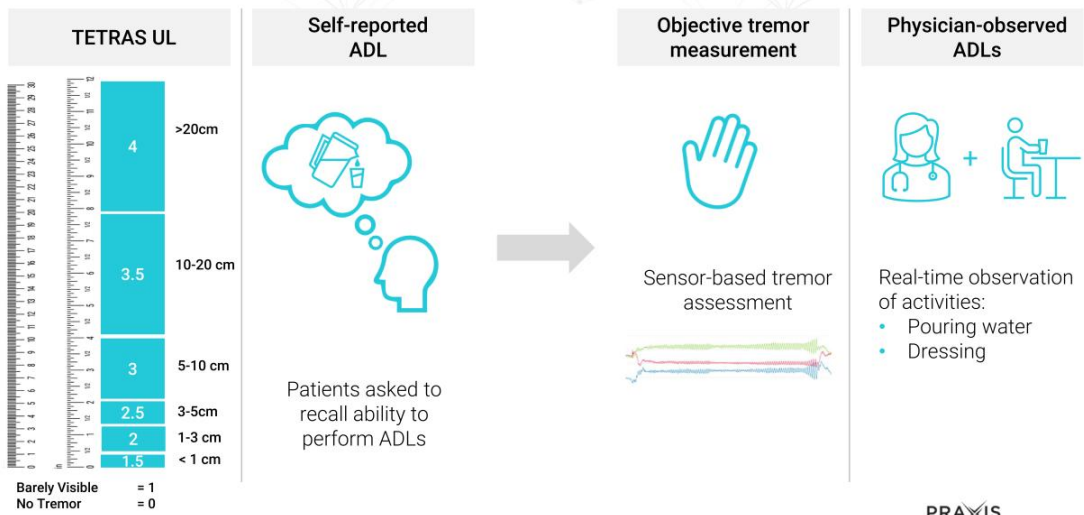
PRAX-944-221 Phase 2a Part B

- Safety and tolerability
- Efficacy: consistency, plausibility, magnitude, dose response

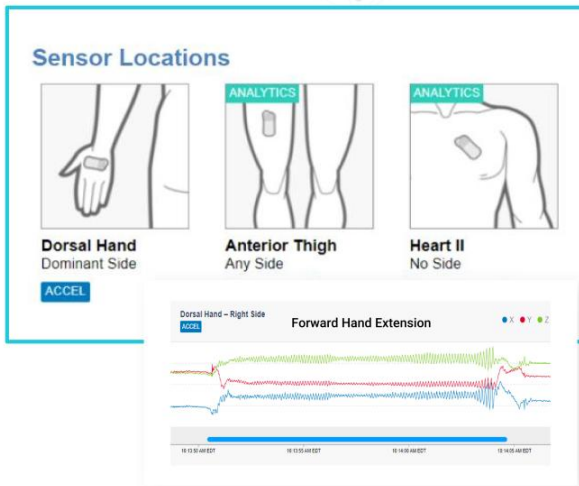
PRAX-944-222 Phase 2b Essential1 Study

- Titration: planning 5-100 mg, increase weekly
- Dose: parallel dose group
- Patient selection: baseline severity/variability
- Endpoint evolution

Moving towards more objective assessments for clinical endpoints



We are testing innovative, objective ways of measuring tremor



Key PRAX-944 development questions in ET

PRAX-944-221
Phase 2a
Part B

Tolerability of PRAX-944 in ET and sufficient evidence of effect

PRAX-944-222
Phase 2b
Essential1 Study

Dose ranging safety, tolerability, and efficacy to support dose selection for Phase 3

PRAX-944
Phase 3

Demonstrate efficacy and safety for registration



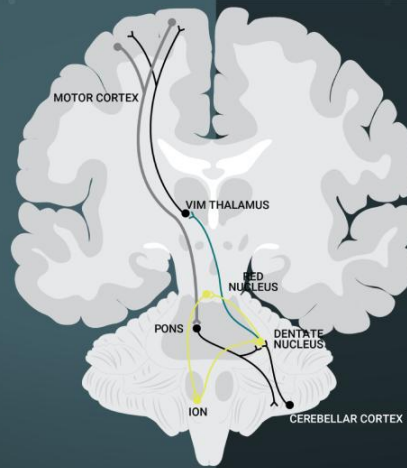
Daring for More for People Living with ET: PRAX-114

Tackling Movement Disorders through two neuronal systems

CEREBELLO-THALAMO-CORTICAL (CTC) CIRCUIT

T-TYPE CALCIUM CHANNELS

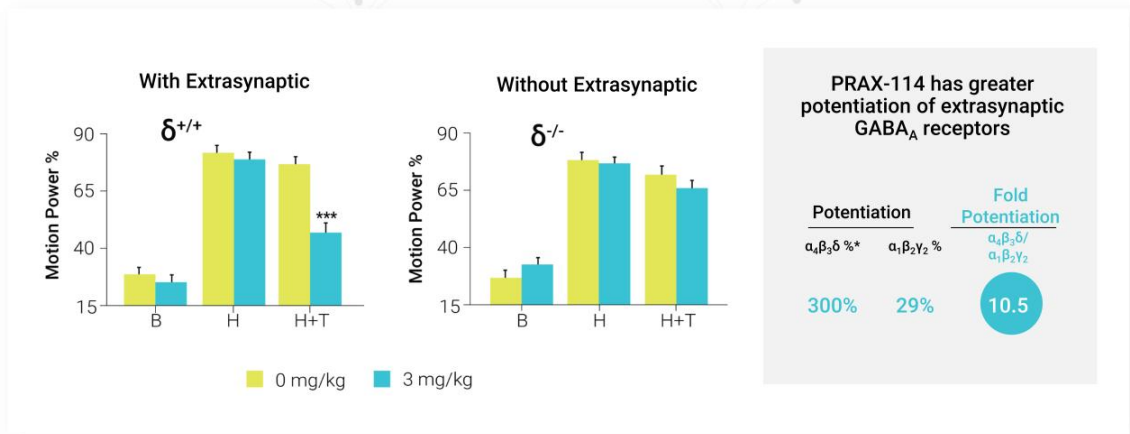
PRAX-944



GABA_A RECEPTORS

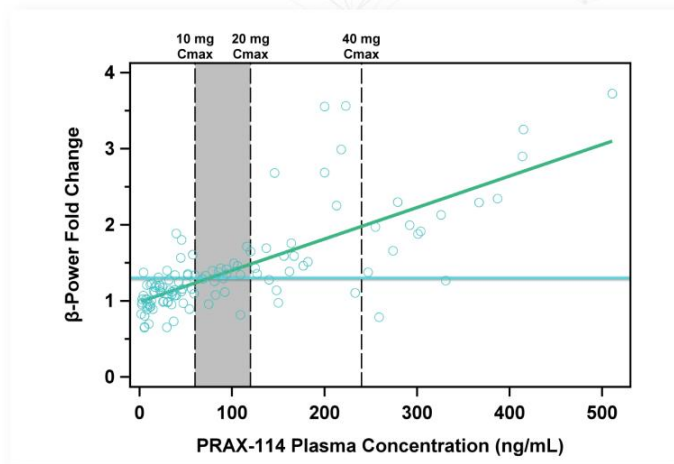
PRAX-114

Evidence suggests central role of extrasynaptic GABA_A receptors targeting tremor pathophysiology



$\alpha_1\beta_3\delta$: EXTRASYNAPTIC GABA_A RECEPTOR
 $\alpha_1\beta_2\gamma_2$: SYNAPTIC GABA_A RECEPTOR
 *EQUIVALENT OF FULL GABA ACTIVATION
 SOURCE: PRAXIS DATA ON FILE

Targeting doses that activate the system without expected sedation



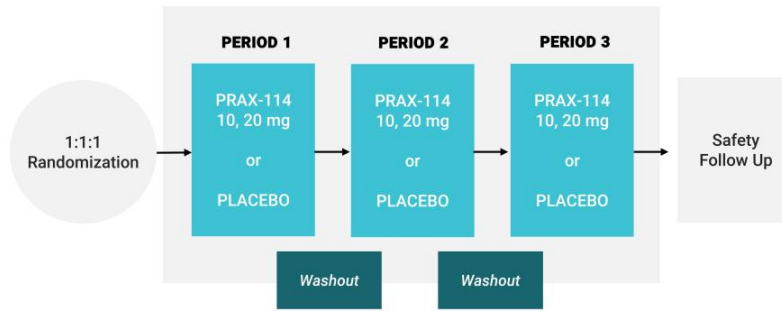
KEY LEARNINGS:

- β -Power of ~ 1.3 corresponds to efficacy in harmaline tremor model with PRAX-114
- In HV studies β -Power achieved with 10-20mg at Cmax
- This dose range showed no AE of somnolence or sedation with daytime dosing in HV

SOURCE: PRAXIS DATA ON FILE

PRAX-114 ET Phase 2 study initiated to evaluate safety, tolerability, PK and efficacy of daytime dosing

Study Design: Randomized, double-blind, placebo-controlled, cross-over study
N = ~15 participants



KEY QUESTION:

Is there a dose that enables reduction in tremor without somnolence or sedation?

TOPLINE DATA:

2H2022

Praxis treatments will allow patients to fit the right therapy to their needs to realize improved outcomes

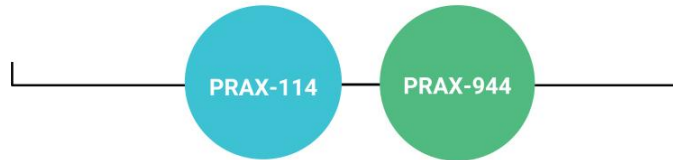


As needed



Chronic

- Patients will initiate ET treatment sooner
- Patients will treat as needed
- Patients will maintain ET therapy





Daring for More Beyond ET

Why Parkinson's disease matters?



Affects ~1 million people in the US, with 85% of patients treated pharmacologically



Incidence is age related. Average age of onset is early 60s. High risk in men.



Progressive disability motor and non-motor symptoms

Current treatment adds to the burden of Parkinson's disease



Progressive &
debilitating



Inconsistent
therapeutic effect
over time



High treatment
burden

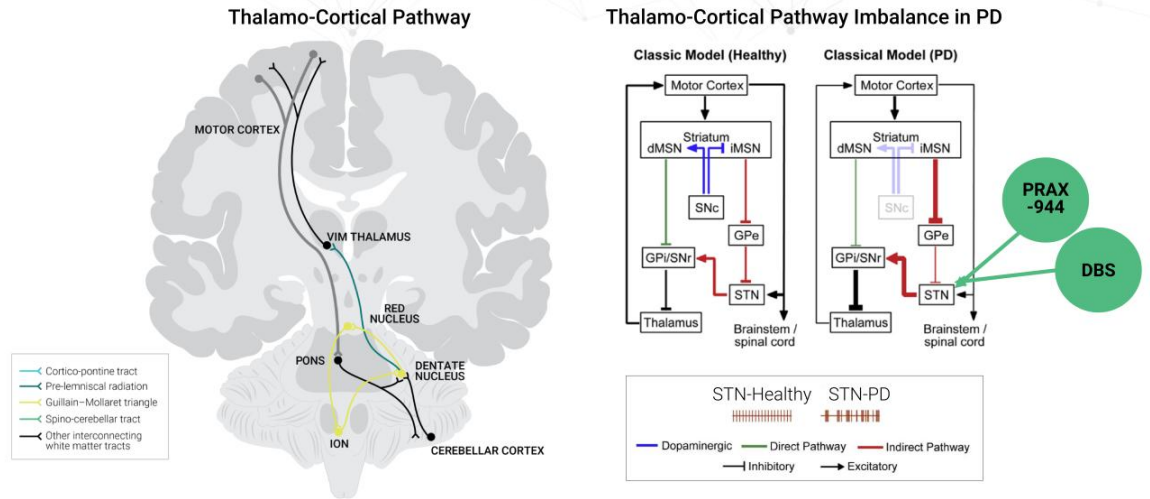
Limitations of dopaminergic therapy

**Dopamine
promotes
movement**

**Dopamine related
motor and non-
motor
complications**

**PRAX-944 has potential to
be a non-dopaminergic
therapy for
Parkinson's disease**

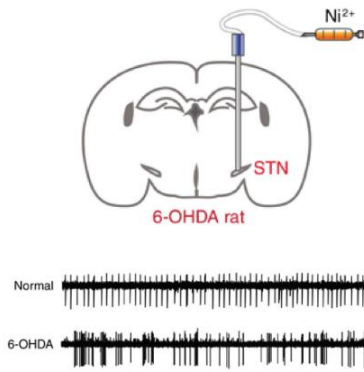
T-type Calcium Channels modulate the motor circuit in Parkinson's disease and overlap with target for Deep Brain Stimulation



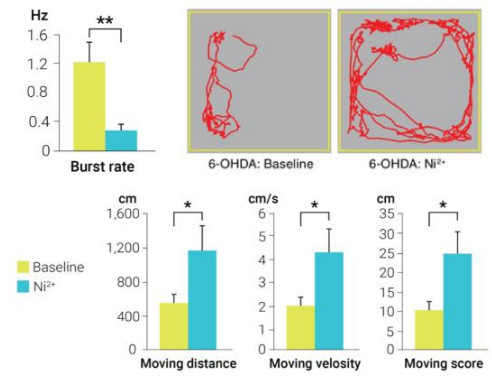
MCGREGOR MM, NELSON AB. NEURON. 2019. DOI:10.1016/J.NEURON.2019.03.004
 TAI C-H ET AL. J CLIN INVEST. 2011. DOI:10.1172/JCI46482

Blocking T-type Calcium Channels improves motor activity in 6-OHDA model of Parkinson's disease

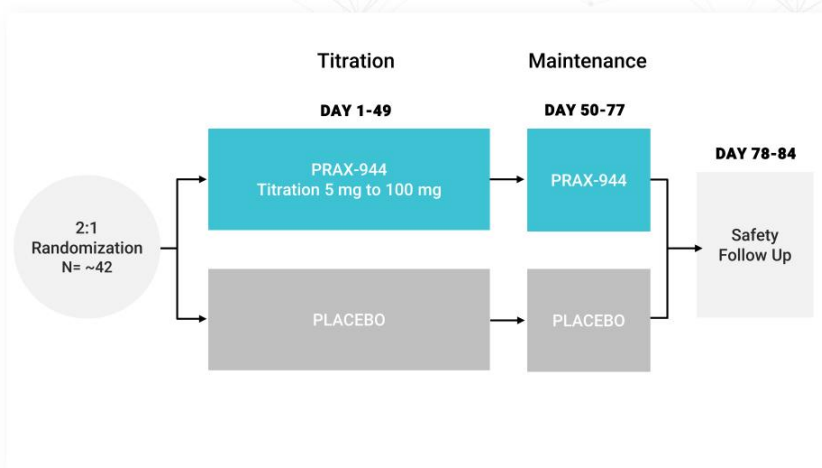
BURST FIRING IN STN OF 6-OHDA PARKINSON'S MODEL



BLOCK OF BURST FIRING IMPROVES MOVEMENT IN 6-OHDA PARKINSON'S MODEL



PRAX-944 in Parkinson's disease - study design



CLINICAL MEASUREMENTS:

Motor function

KEY QUESTION:

Does PRAX-944 demonstrate motor improvement in patients?



Daring for More The Year Ahead

Our focus is on elevating the standard of care to capture the \$4B+ US ET market



PRIMARY MARKET RESEARCH AND PRAXIS INTERNAL MODELING AND PROJECTIONS
1. CLAIMS ANALYSIS INDICATES THAT 50% OF DIAGNOSED PATIENTS ARE ON TREATMENT; 2. BASED ON MINIMUM OF RANGE FOR NET PRICE ESTIMATES FROM PRAXIS COVERING ANALYSTS AS OF 16-DECEMBER-2021-\$3.6K

Upcoming catalysts for Movement Disorders in 2022

	PROGRAM	INDICATION	Q1 2022	Q2 2022	Q3 2022	Q4 2022
MOVEMENT DISORDERS	PRAX-944	ET	Phase 2a Part B Randomized Withdrawal Topline	Phase 2b Essential1 Study	Phase 2b Essential1 Study Topline	
	PRAX-114	ET	Phase 2 Trial		Phase 2 Topline	
	PRAX-944	PD	Initiate Phase 2 Trial			

Upcoming catalysts throughout portfolio in 2022

	PROGRAM	INDICATION	Q1 2022	Q2 2022	Q3 2022	Q4 2022
PSYCHIATRY	PRAX-114	MDD	Phase 2/3 Aria Study <small>Topline</small>			
		PTSD	Phase 2 Acapella Study <small>Topline</small>			
			Phase 2 Trial		Phase 2 <small>Topline</small>	
MOVEMENT DISORDERS	PRAX-944	ET	Phase 2a Part B Randomized Withdrawal <small>Topline</small>			
	PRAX-114	ET	Phase 2b Essential1 Study		Phase 2b Essential1 Study <small>Topline</small>	
	PRAX-944	PD	Phase 2 Trial		Phase 2 <small>Topline</small>	
RARE DISEASES	PRAX-562	SUNCT/SUNA/TN	Phase 2 Trial			
		DEEs	Phase 1 <small>Topline ASSR Biomarker</small>			
		SCN2A - DEE	Initiate Phase 2 Trial			
	PRAX-222		Initiate Phase 1/2/3 Trial			

Upcoming portfolio events in 1H 2022

RARE DISEASE DAY

- PRAX-562: Cephalgias and DEEs
- PRAX-222: SCN2A-DEE
- Preclinical Portfolio
 - KCNT1
 - SYNGAP1
 - PCDH19
 - SCN2A (LoF)

PSYCHIATRY DAY

- PRAX-114: Major Depressive Disorder
- PRAX-114: Post Traumatic Stress Disorder

DARE *for* **MORE**

