

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): June 8, 2022

**VistaGen Therapeutics, Inc.**

(Exact name of registrant as specified in its charter)

**Nevada**  
(State or other jurisdiction of  
incorporation)

**000-54014**  
(Commission File Number)

**20-5093315**  
(IRS Employer  
Identification Number)

**343 Allerton Ave.**  
**South San Francisco, California 94090**  
(Address of principal executive offices)

**(650) 577-3600**  
(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:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value \$0.001 per share	VTGN	Nasdaq Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR 230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR 240.12b-2)

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 June 8, 2022, VistaGen Therapeutics, Inc. (the “Company”) began utilizing a new corporate presentation, a copy of which is attached to this Current Report on Form 8-K as Exhibit 99.1.

The information in Item 7.01 of this Current Report on Form 8-K, including the information set forth in Exhibit 99.1, is being furnished and shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), nor shall Exhibit 99.1 filed herewith be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

**Item 9.01 Financial Statements and Exhibits.**

**(d) Exhibits Index**

<u>Exhibit No.</u>	<u>Description</u>
<a href="#">99.1</a>	VistaGen Therapeutics, Inc. Corporate Presentation, dated June 2022
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

**Signatures**

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 thereunto duly authorized.

VistaGen Therapeutics, Inc.

Date: June 8, 2022

By: /s/ Shawn K. Singh  
Shawn K. Singh  
Chief Executive Officer

# A Visionary Approach to Mental Health Care

## Corporate Presentation

June 2022

[www.vistagen.com](http://www.vistagen.com)



Looking beyond the standard of care for anxiety, depression and other CNS disorders

## Forward-Looking Statements

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This presentation contains “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995. These forward-looking statements involve known and unknown risks that are difficult to predict and include all matters that are not historical facts. These forward-looking statements include information concerning the impact of the COVID-19 pandemic, our product candidates, development efforts, collaborations, intellectual property, financial condition, plans, development programs, prospects or future events and involve known or unknown risks that are difficult to predict. In some cases, you can identify forward-looking statements by the use of words such as “may,” “could,” “expect,” “project,” “outlook,” “strategy,” “intend,” “plan,” “seek,” “anticipate,” “believe,” “estimate,” “predict,” “potential,” “strive,” “goal,” “continue,” “likely,” “will,” “would” and variations of these terms and similar expressions, or the negative of these terms or similar expressions. Such forward-looking statements are necessarily based upon estimates and assumptions that, while considered reasonable by us and our management, are inherently uncertain.

Our actual results or developments may differ materially from those projected or implied in these forward-looking statements. Factors that may cause such a difference include, without limitation, risks and uncertainties relating to the impact of the COVID-19 pandemic; market conditions; the impact of general economic, industry or political conditions in the United States or internationally; adverse healthcare reforms and changes of laws and regulations; manufacturing and marketing risks, including risks related to the COVID-19 pandemic, which may include, but are not limited to, unavailability of or delays in delivery of raw materials for manufacture of our CNS drug candidates and difficulty in initiating or conducting clinical trials; inadequate and/or untimely supply of one or more of our CNS drug candidates to meet demand; entry of competitive products; and other technical and unexpected hurdles in the development, manufacture and commercialization of our CNS drug candidates; and the risks more fully discussed in the section entitled “Risk Factors” in our most recent Annual Report on Form 10-K for the year ended March 31, 2021, and in our most recent Quarterly Report on Form 10-Q for the quarter ended December 31, 2021, as well as discussions of potential risks, uncertainties, and other important factors in our other filings with the U.S. Securities and Exchange Commission (SEC).

Our SEC filings are available on the SEC’s website at [www.sec.gov](http://www.sec.gov). Given these uncertainties, you should not place undue reliance on these forward-looking statements, which apply only as of the date of this presentation and should not be relied upon as representing our views as of any subsequent date. We explicitly disclaim any obligation to update any forward-looking statements, other than as may be required by law. If we do update one or more forward-looking statements, no inference should be made that we will make additional updates with respect to those or other forward-looking statements.



# Our Vision: Radically Improve Mental Health Care - *One Mind at a Time™*



Differentiated clinical-stage CNS drug candidates



Targeting large anxiety, depression and neurology markets



Numerous potential catalysts in 2022 and beyond



New MOAs bringing value to patients, physicians, and payers



Strong balance sheet and institutional shareholder base



Experienced leadership to execute through commercialization



# Our Pipeline



## PALISADE Phase 3 Program Social Anxiety Disorder

- PALISADE-1** (Ongoing)
- PALISADE-2** (Ongoing)
- PALISADE-Long Term Safety** (Ongoing)
- PALISADE-Global** (Planned)
- PALISADE-Dose Response Study** (Planned)
- PALISADE Dosing Interval Study** (Planned)

## Exploratory Phase 2A Program

- Adjustment Disorder with Anxiety** (Ongoing)
- Post Traumatic Stress Disorder (Biomarker)** (Planned)
- Procedural Anxiety (fMRI)** (Planned)



## Major Depressive Disorder

- Phase 2B Study** (Planned)



## Potential CNS Indications

- Phase 1B DDI Study** (Ongoing)

Ongoing Planned

The commencement of all potential studies is subject to U.S. FDA regulatory authorization.



## PH94B vs. PH10 – Similar but Different

PH94B and PH10 are chemically distinct but physiologically similar.

Both bind to nasal chemosensory receptors, but each activates different nasal chemosensory neurons and interneurons resulting in different pharmacological effects.

PH94B	Properties	PH10
Nasal Chemosensory Cells	Primary target	Nasal Chemosensory Cells
Androstane	Chemical Molecule	Pregnane
Sympatholytic	Nervous System Effect	Sympathomimetic
Anti-anxiety	Pharmacological Effect	Anti-depressant





# PH94B

for  
Social Anxiety Disorder

[www.vistagen.com](http://www.vistagen.com)



Looking beyond the standard of care for anxiety, depression and other CNS disorders

# Social Anxiety Disorder is a debilitating mental health condition

*SAD is more than just shyness. It is a serious and **disabling** disorder characterized by ...*

## Debilitating emotional and physical symptoms



### Emotional symptoms:

- Surges of intense and overwhelming anxiety and fear of embarrassment, judgment and humiliation
- Extreme self-consciousness
- Isolation leading to depression and addiction



### Physical symptoms:

- Blushing / Sweating
- Trembling
- Nausea
- Fast Heartbeat / Chest Discomfort
- Shortness of Breath / Dizziness

## In everyday social or performance situations



Meeting new people



Presenting at work or school



Public speaking



Interviewing for a job



Eating/drinking in front of others



Going to the doctor/dentist

Sources: ADAA Social Anxiety Brochure 2021; [Social anxiety disorder - Symptoms and causes - www.mayoclinic.org](https://www.mayoclinic.org/health-essentials/social-anxiety-disorder/symptoms-and-causes)

# Social Anxiety Disorder impacts multiple facets of patient lives

## Leading to occupational, social and academic impairment

- ⊖ Leading a **limited, isolated & discouraging life**
- ⊖ **Missing out** on moments with family & friends
- ⊖ **Constant worry** about what others are thinking
- ⊖ Unable to bring full self to work and **loss of opportunities**
- ⊖ Daily changes in symptoms and **unpredictability** of triggers
- ⊖ **Declining health** due to cumulative impact

*"Making a phone call would send me into a hot sweat."*

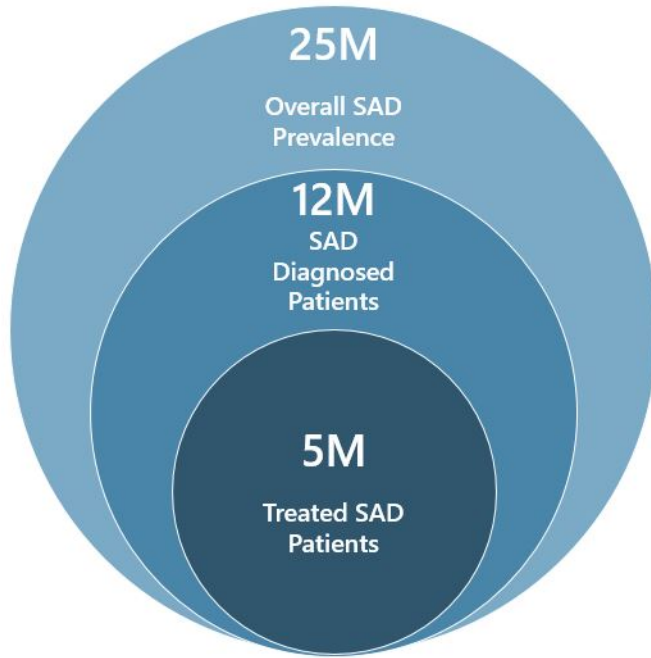
*"...I do not like to tell others I'm avoiding them because of anxiety. I feel it may seem silly to others that do not struggle with it..."*

*"I feel like I'm missing most out on just living life being HAPPY and FREE. It would take for me to learn how to overcome SAD and how to control it ..."*

Sources: Vistagen Proprietary Market Research October 2021



# Social Anxiety Disorder affects ~10% of the US population, with only ~20% of patients helped by current pharmacotherapy



## Future Patients

Patients suffering but unaware of SAD as a condition or not yet motivated to seek professional help

## Underserved Patients

Patients unsatisfied with or unwilling to use current treatment options due to poor efficacy, unwanted side effects, and/or risk of addiction potential

## Existing Patients

Patients cycling through treatments, often unsatisfied with their current treatment options but without satisfactory alternatives

Sources: Kantar Health. Nov 2021. National Health and Wellness Survey (NHWS), 2021. [US]. Malvern, PA.



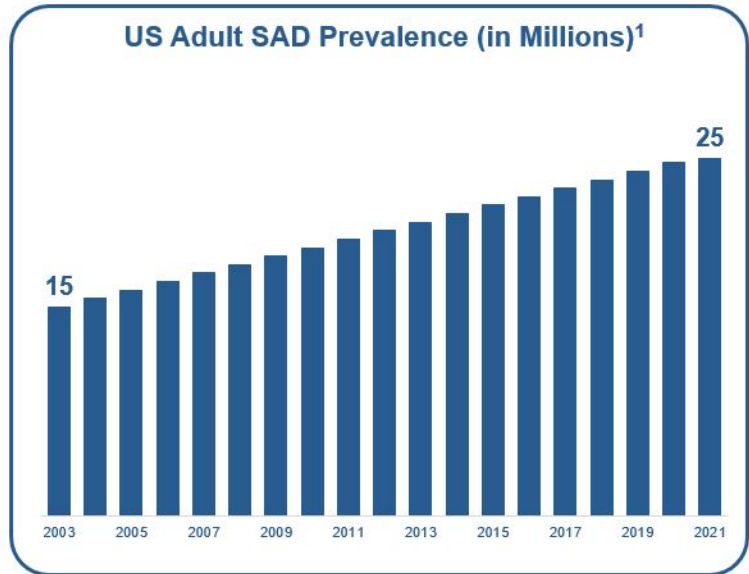
# It has been ~2 decades since a new/novel therapy was approved for treatment of Social Anxiety Disorder



SAD is a highly prevalent condition which continues to affect increasing numbers of people in the US each year



SAD disease burden continues to grow but scientific innovation has been lacking



Sources: 1. NCS-R Survey, 2003; Kantar NHWS 2021, Internal Projections 2. Google Trends result May-2022

# Current Standard of Care for Social Anxiety Disorder is Inadequate

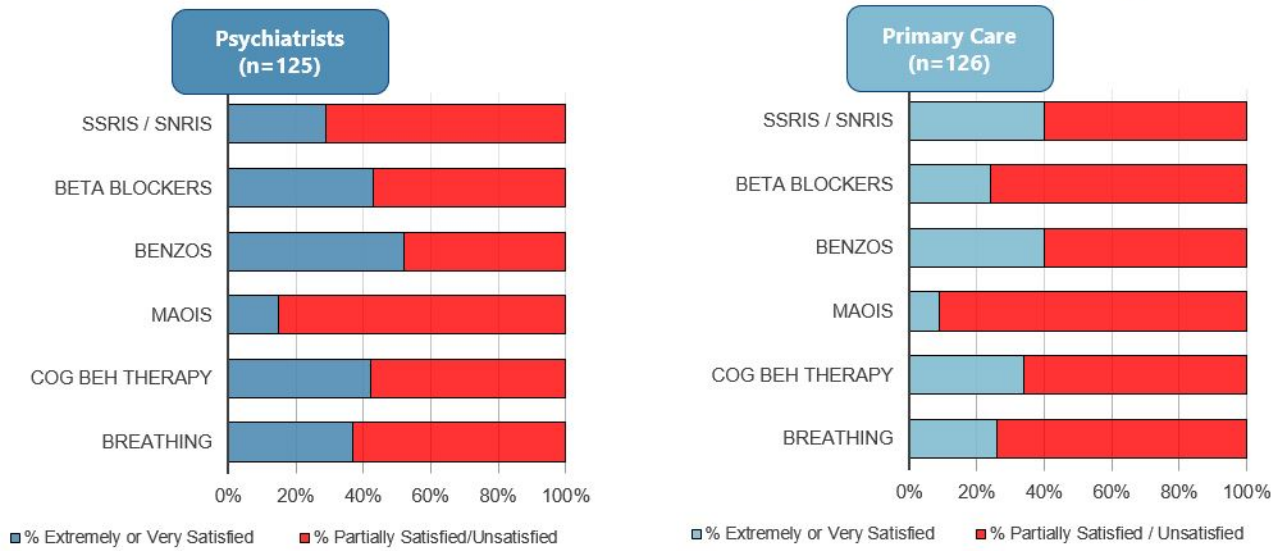
TREATMENTS FOR SOCIAL ANXIETY ORDER							
Drug	Fast Acting	No Systemic Absorption	No Long-Term Side Effects (Sexual dysfunction etc.)	Non-Sedating	No Cognitive/Motor Impairment	No Withdrawal Syndrome	No Abuse Potential
<b>FDA Approved</b> (SSRIs/SNRIs: sertraline, paroxetine, venlafaxine)	✖	✖	✖	✔	✔	✖	✔
<b>Off-Label*</b> (benzodiazepines)	✔	✖	✖	✖	✖	✖	✖
<b>Preferred Novel SAD Therapy</b>	✔	✔	✔	✔	✔	✔	✔

\* Beta blockers are sometimes used in subjects with performance anxiety for reducing physical symptoms such as rapid heart rate, however they do not address psychic anxiety. They are also contraindicated in patients with depression and asthma and can cause physical side effects such as dry mouth, fatigue, nausea, cold extremities, dizziness, or fainting



# Physician satisfaction with current therapies is modest, leaving significant opportunity for new, differentiated therapies

## Satisfaction with current treatments for ACUTE episodes of SAD from a large online survey



Sources: VistaGen Proprietary Market Research, Online Survey, Jan 2022

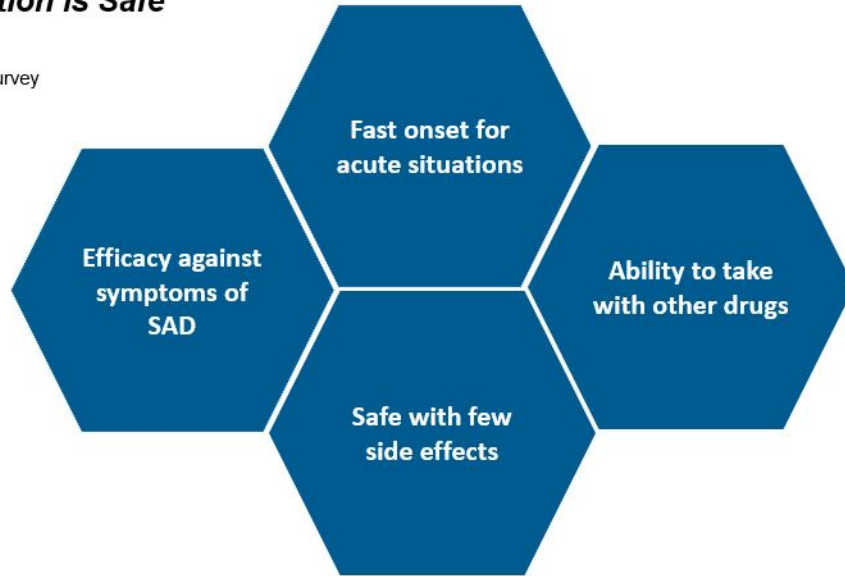




# SAD patients desire new treatment options to fill unmet needs

## *The Ideal SAD Medication is Safe & Works Quickly*

– patient survey



Sources: Vistagen Proprietary Market Research October 2021



# PH94B has potential to be 1<sup>st</sup> FDA-approved fast-acting, acute treatment of SAD



Odorless & Tasteless



Differentiated MoA Specific for SAD



Used on as-needed basis



Designed to be fast-acting (within 15 mins)



Designed to be non-systemic, non-sedating



Designed to be non-addictive



Well-tolerated in all clinical studies to date



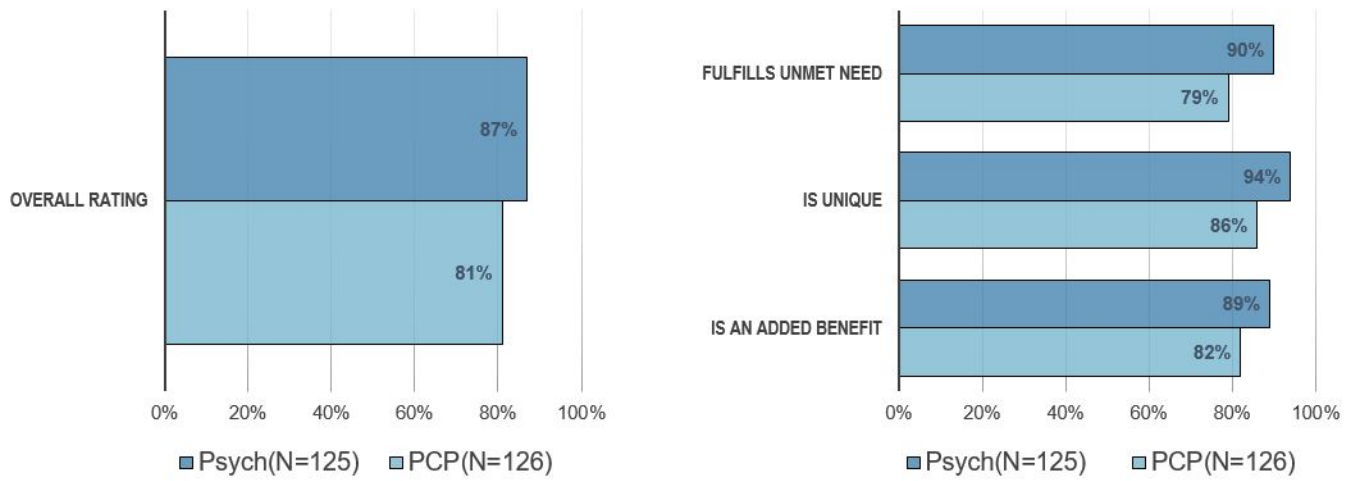
FDA Fast Track designation



**PH94B is a novel synthetic neuroactive steroid nasal spray**

# PH94B is rated highly by physicians and recognized as a potentially valuable and differentiated approach to treating acute episodes of SAD

Physician assessment of a blinded PH94B product profile from a large online survey of 251 respondents

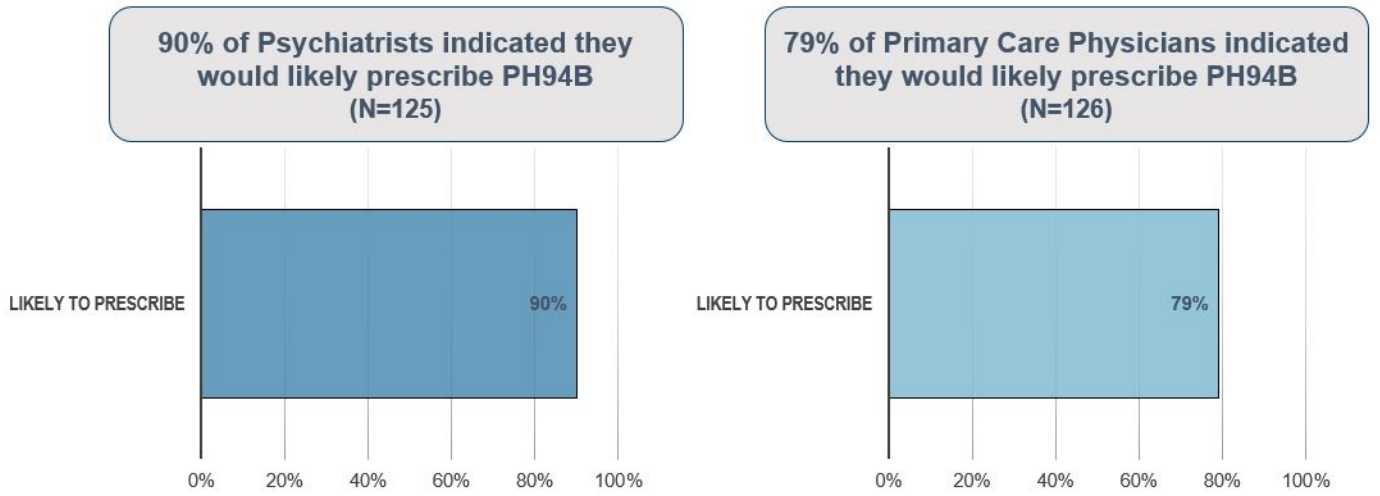


Sources: Vistagen Proprietary Market Research, Online Survey, Jan 2022 (n=251); top 2-box of 5-pt scale, based on the profile of a product consistent with our investigational compound PH94B



# Physicians indicate very high intent to prescribe PH94B for SAD

After reviewing a blinded PH94B product profile . . .

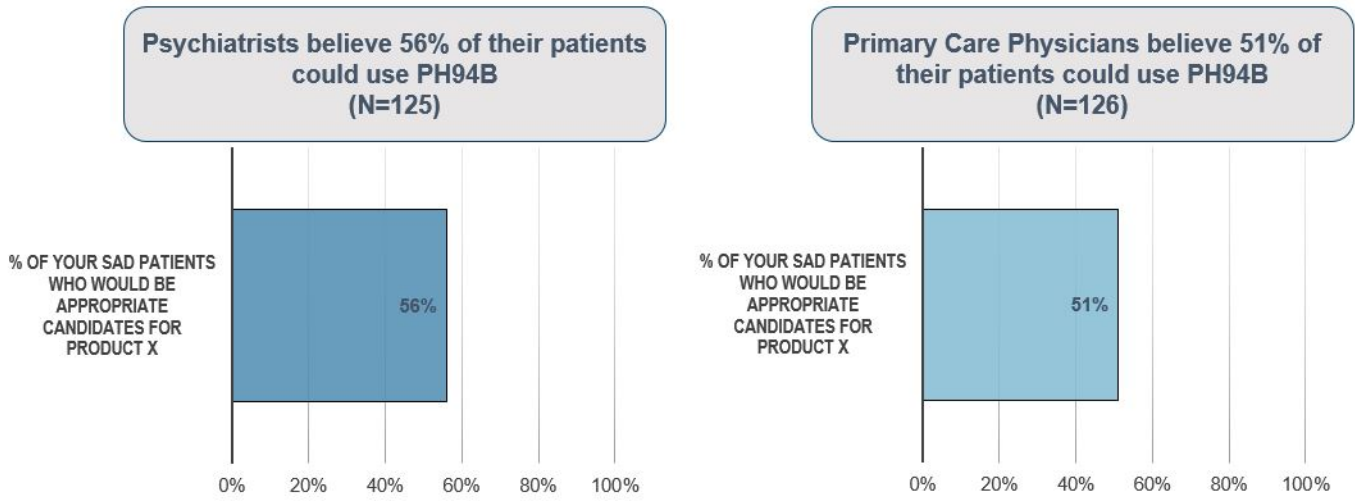


Sources: Vistagen Proprietary Market Research, Online Survey, Jan 2022 (n=251); top 2-box of 5-pt scale, based on the profile of a product consistent with our investigational compound PH94B.



# Physicians believe that PH94B would be appropriate for the majority of their SAD patients

After reviewing a blinded PH94B product profile . . .

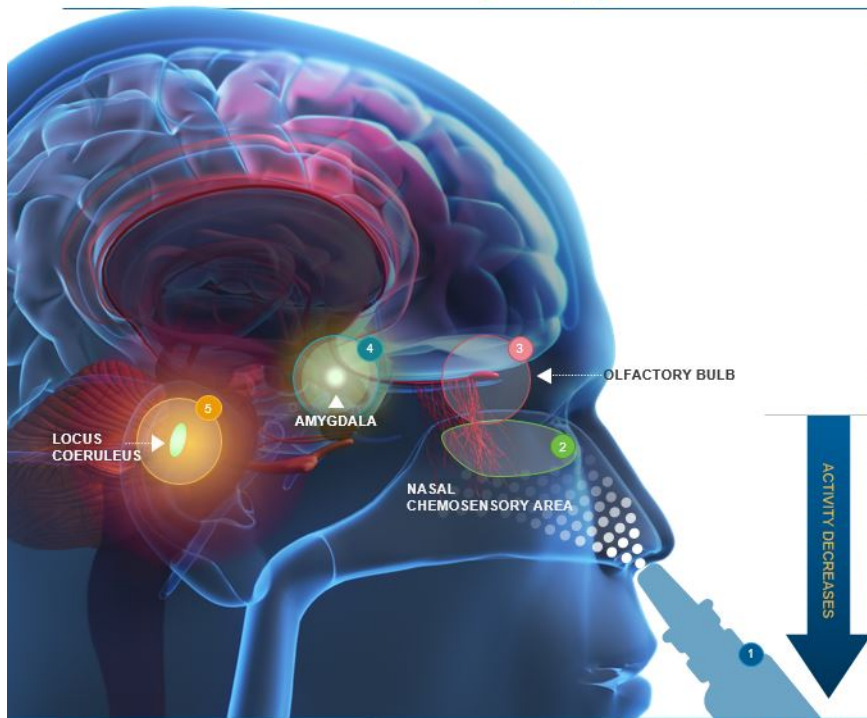


Sources: Vistagen Proprietary Market Research, Online Survey, Jan 2022 (n=251); top 2-box of 5-pt scale, based on the profile of a product consistent with our investigational compound PH94B



## PH94B

# Novel MOA via olfactory-amygdala circuit



- 1 Microgram-level intranasal dose of PH94B (3.2 mcg) is administered
- 2 PH94B engages peripheral receptors in nasal chemosensory neurons (NCNs)
- 3 Once stimulated with PH94B, NCNs then trigger subsets of interneurons in the olfactory bulbs (OB)
- 4 Neurons in the OB then stimulate inhibitory GABAergic neurons in the limbic amygdala, the main fear and anxiety center of the brain
- 5 The stimulation of the limbic amygdala DECREASES the activity of the sympathetic nervous system which facilitates fear extinction activity of the limbic-hypothalamic system as well as in other parts of the brain

Monti L, and Liebowitz MR (2020). Neural circuits of anxiolytic and antidepressant pherine molecules. *CNS Spectrums* <https://doi.org/10.1017/S109285262000190X>





## PH94B

# Positive Phase 1 Data

### Sympatholytic effects observed in healthy volunteers after PH94B administration



**Design:** Three similarly designed Phase 1 studies in healthy volunteers



**Target Enrollment:** N = 64, 32 male & 32 female



**Dose administered:** 0.2 µg to 0.4 µg locally and topically using an experimental nasal spray device



**Results:** PH94B transiently reduced all the physiologic biomarkers (Respiratory rate, heart rate and electrodermal activity) in all three studies



**Implications:** Data suggest that PH94B has the potential for anxiolytic activity via modulation of CNS mechanisms

Physiologic biomarkers showed transiently reduced autonomic nervous system activity after intranasal administration of PH94B in normal healthy volunteers



<sup>1</sup> Multifunctional Miniprobe ©; L. Monti US Patent 5,303,703



## Highly Significant Phase 2 Data in Social Anxiety Disorder

- Phase 2B randomized, double-blind, placebo-controlled multi-center study (n=91)
- Study uniquely designed to assess the efficacy of a fast-acting drug for social anxiety disorder in an acute anxiety setting
- Stressors included both public speaking and social interaction challenges



### Primary efficacy endpoints:

- ✓ Change in Subjective Units of Distress Scale (SUDS) scores from baseline vs. placebo
- ✓ Met primary efficacy endpoints
  - ✓  $p=0.002$  for public speaking challenge
  - ✓  $p=0.009$  for social interaction challenge
- ✓ Very well-tolerated

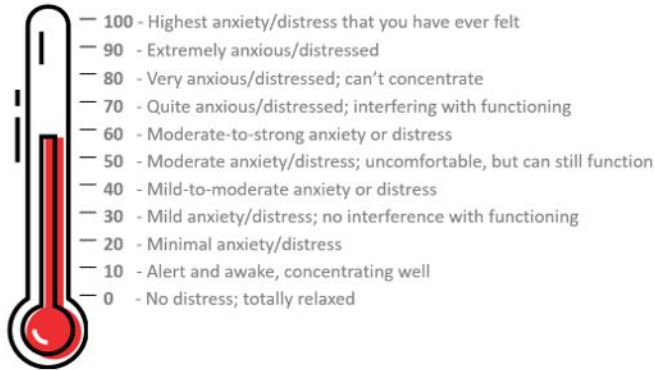


PH94B demonstrated potential to be a novel, fast-acting, well-tolerated acute treatment of anxiety in adults with SAD

# Subjective Units of Distress Scale (SUDS) is the ideal scale to measure acute anxiety in the moment of a stressful event

## The SUDS scale measures the patient's self-reported intensity of anxiety and/or distress at a point in time

- Patients are asked to rate their current level of anxiety/distress on a scale of 0-100

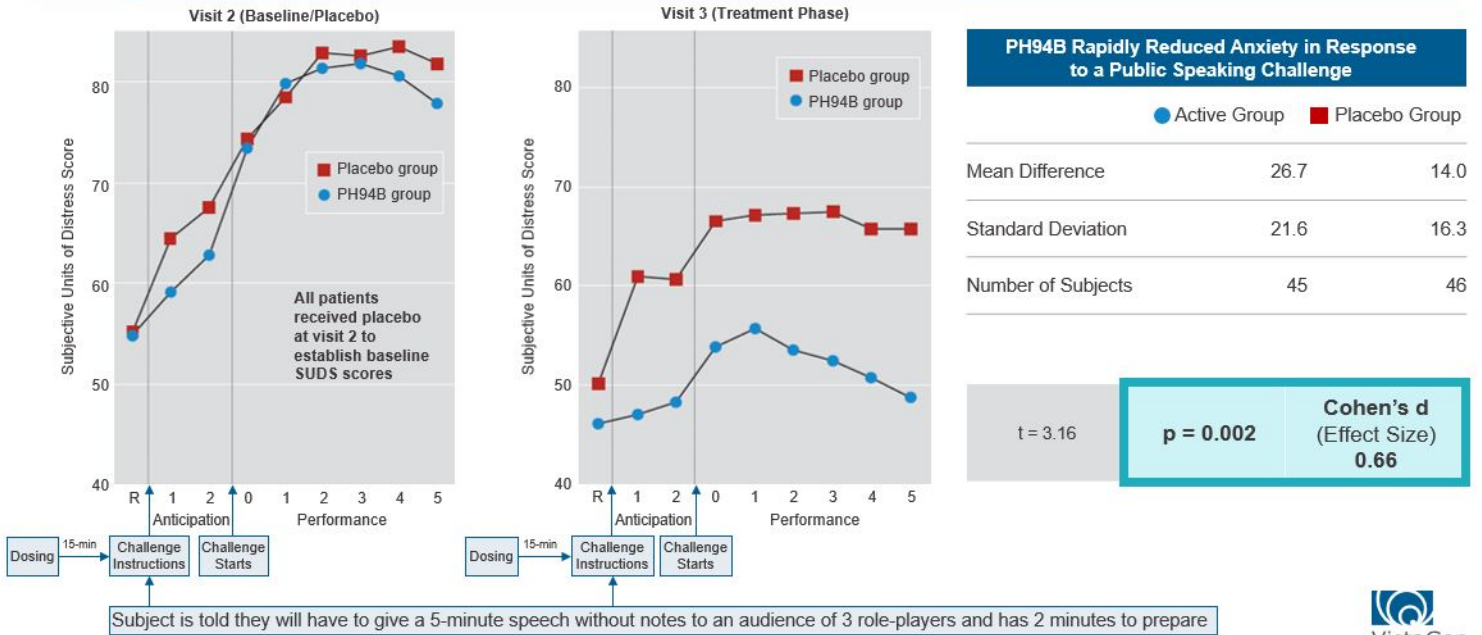


## The SUDS scale is the primary endpoint for PH94B Phase 2 and Phase 3 trials

- SUDS has become the standard for acute measurement of anxiety, now leveraged in several ongoing clinical trials
- SUDS captures patient-reported rather than investigator-reported outcomes
- LSAS is used as inclusion criteria given its focus on the past two weeks, and is used to diagnose and measure the severity of SAD over longer periods of time

# Phase 2 SAD Study — Public Speaking Challenge (n = 91)

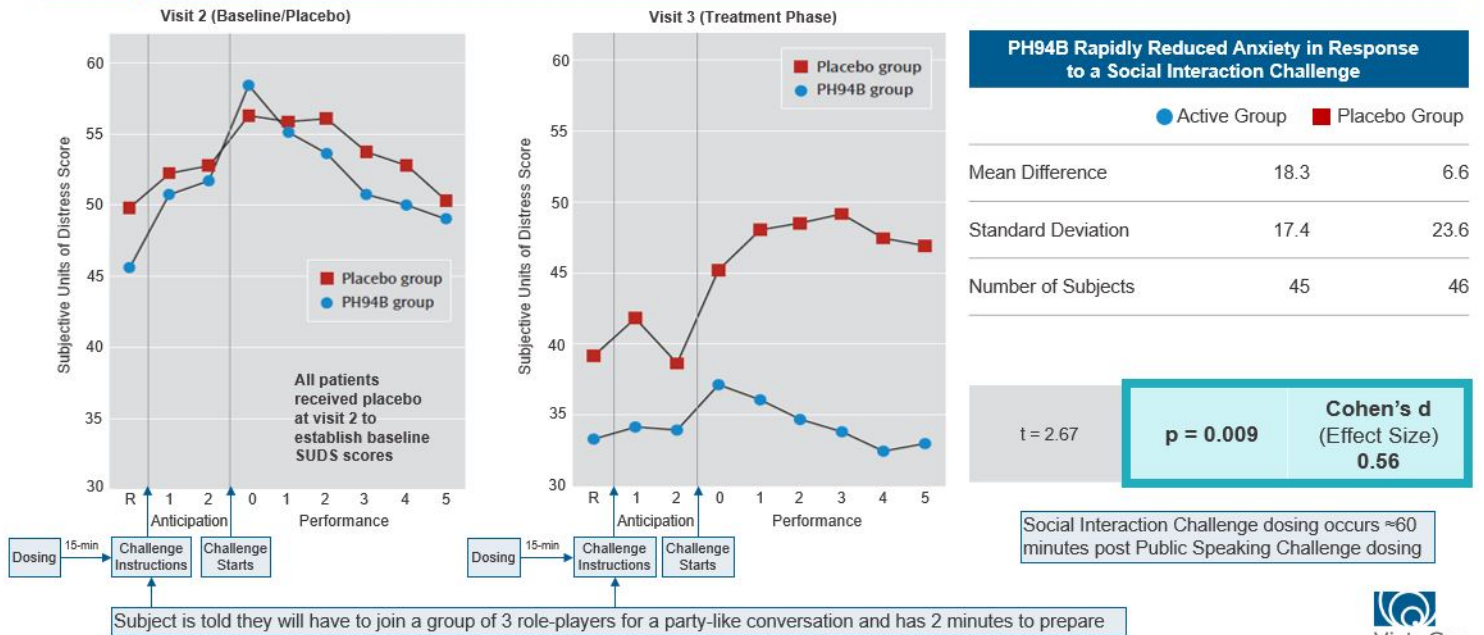
## Minute-by-Minute SUDS Scores



Liebowitz, MR, Salman, E, Nicolini, H, Rosenthal, N, Hanover, R, Monti, L (2014). Effect of an acute intranasal aerosol dose of PH94B on social and performance anxiety in women with social anxiety disorder. Am. J. Psychiatry 171:875-882.

# Phase 2 SAD Study — Social Interaction Challenge (n = 91)

## Minute-by-Minute SUDS Scores



Liebowitz, MR, Salman, E, Nicolini, H, Rosenthal, N, Hanover, R, Monti, L. (2014). Effect of an acute intranasal aerosol dose of PH94B on social and performance anxiety in women with social anxiety disorder. *Am. J. Psychiatry* 171:675-682.



PH94B

## PALISADE-1 and PALISADE-2 Phase 3 SAD Studies

Acute Treatment of Anxiety for Adults with Social Anxiety Disorder



**Principal Investigator:** Dr. Michael Liebowitz, Columbia University



**Objectives:** Evaluate efficacy, safety, and tolerability of PH94B for the acute treatment of anxiety in adults with social anxiety disorder



**Study design:** U.S. randomized, multi-center, double-blind, placebo-controlled clinical trials



**Primary Endpoint:** Change in SUDS scores from baseline vs. placebo



**Target enrollment:** N = 208



**PALISADE-1:** Initiated mid-2021; topline results expected mid-2022








**PALISADE-2:** Initiated Q3 2021; topline results expected 2H 2022

If successful,  
intended to support  
PH94B US NDA  
submission for acute  
treatment of anxiety  
in adults with SAD





# PH94B – Potential Opportunities Beyond Social Anxiety Disorder

	Adjustment Disorder	Prevalence: <b>~18M</b>	Current treatment paradigm lacks major studies to support pharmacotherapy. A need exists for evidence based clinical interventions for adjustment disorder
	Post Traumatic Stress Disorder	Prevalence: <b>~9M</b>	A minority of PTSD patients (< 30%) achieve full remission, leaving unmet need for new effective and preventive medications
	Procedural Anxiety	Prevalence: <b>~9M</b>	Current treatment options come with safety issues & variable efficacy and are not ideal for many patients and procedural situations
	Post-partum Anxiety	Prevalence: <b>~0.6M</b>	Drugs are prescribed that are approved for the general population, but none are ideal for the needs of new mothers.
	Panic Disorder	Prevalence: <b>~7M</b>	Treatments lack consistent symptom control, with bother-some side effects and risk of abuse. Options do not provide acute symptomatic relief

The efficacy of PH94B for these indications is theoretical. VistaGen has not conducted clinical trials that could demonstrate efficacy of our investigational product for such potential uses.  
Sources: 1. [Mauro et al. 2009](#), 2. [Reisman et al. 2016](#), 3. [Antonin et al. 2021](#), 4. [Carske et al. 2005](#), 5. [Julia et al. 2019](#).



# PH10

for  
Major Depressive Disorder

[www.vistagen.com](http://www.vistagen.com)

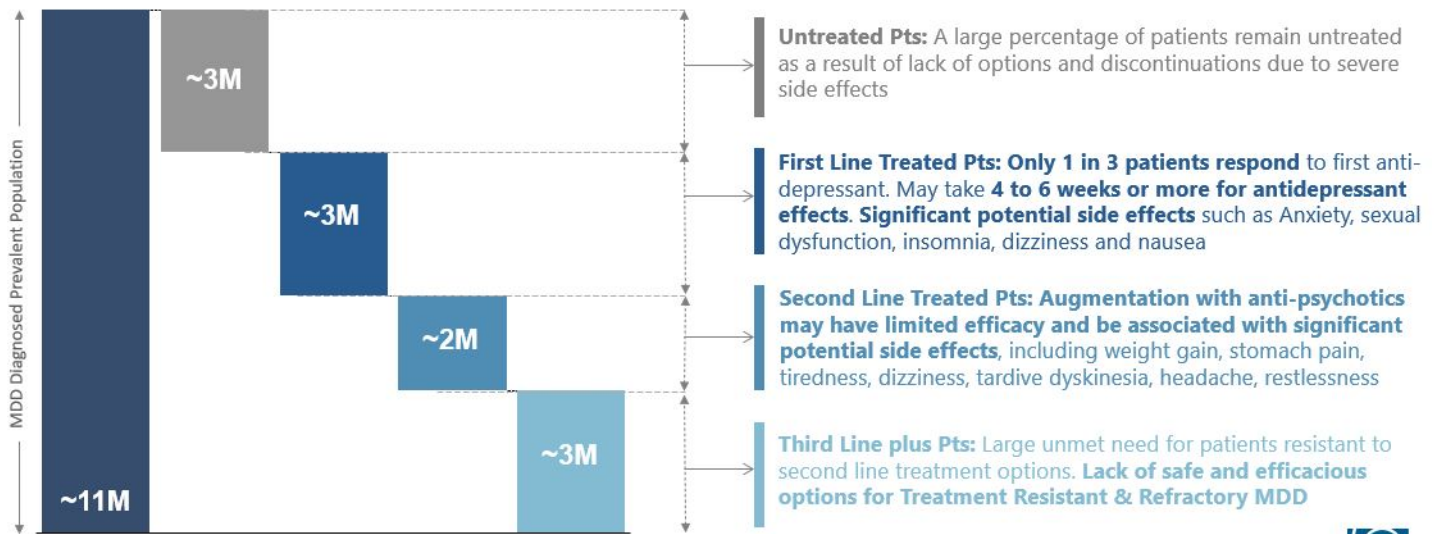


Looking beyond the standard of care for anxiety, depression and other CNS disorders



# Significant Unmet Need in Major Depressive Disorder (MDD)

21 million US Adults had at least one major depressive episode in 2020



1. Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health  
2. World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/depression>; 3. Rush AJ, et al. Am J Psychiatry. 2008, 163(11): 1905-1917 (STAR\*D Study)

# PH10 is a potential stand-alone treatment for Major Depressive Disorder

PH10 is an odorless & tasteless novel synthetic neuroactive steroid nasal spray



Designed to be non-systemic,  
non-sedating



Designed to be non-addictive



Well-tolerated in all clinical  
studies to date

## Safety



Differentiated MoA  
(doesn't potentiate GABA-A)



Designed to be used as a  
monotherapy



Designed for rapid onset  
antidepressant effects

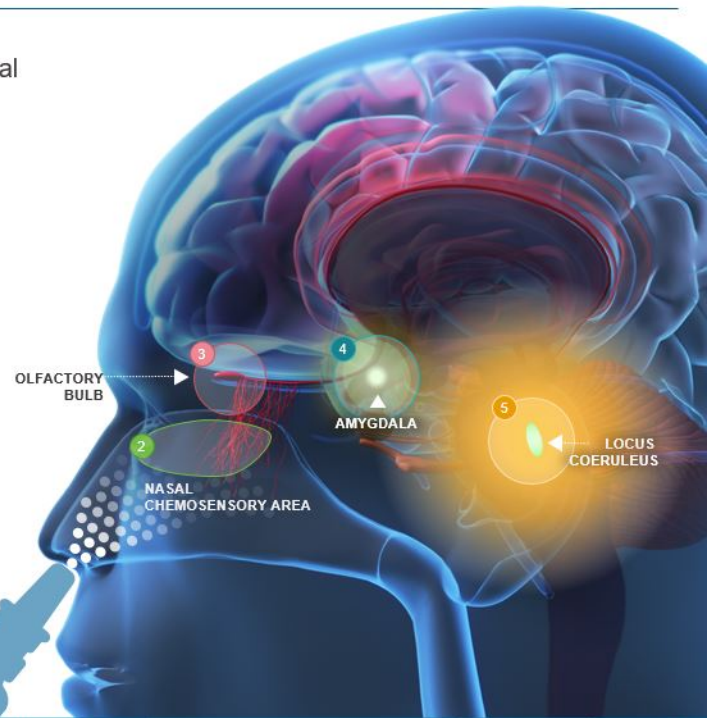


## Efficacy



## Novel MOA via olfactory-amygdala circuit

- 1 Microgram-level intranasal dose of PH10 engages peripheral receptors in nasal chemosensory neurons (NCNs)
- 2 Chemosensory receptors in nose
- 3 Trigger subsets of neurons in the olfactory bulbs
- 4 Which stimulate neurons in the limbic amygdala
- 5 Which INCREASES activity of limbic-hypothalamic sympathetic nervous system and increases the release of catecholamines



Monti L, and Liebowitz MR (2020). Neural circuits of anxiolytic and antidepressant *phenine* molecules.  
*CNS Spectrums* <https://doi.org/10.1017/S109285292000190X>

## PH10

# Antidepressant Effects in Exploratory Phase 2A Study



**Study design:** Phase 2A randomized, double-blind, placebo-controlled, parallel design POC clinical study



**Dose administered:** 3.2 mcg or 6.4 mcg of PH10 or placebo given intranasally 2 times per day, every day for 8 weeks



**Target enrollment:** N = 30



**Primary Endpoint:** Change in HAM-D-17 scores from baseline compared to placebo



**Results:** 6.4 mcg dose significantly reduced depressive symptoms as early as one week based on HAM-D-17 scores compared to placebo ( $p=0.022$ )



**Safety:** Well-tolerated, no dissociative side effects or serious adverse events observed



**Implications:** Supports advancement to Phase 2B clinical development

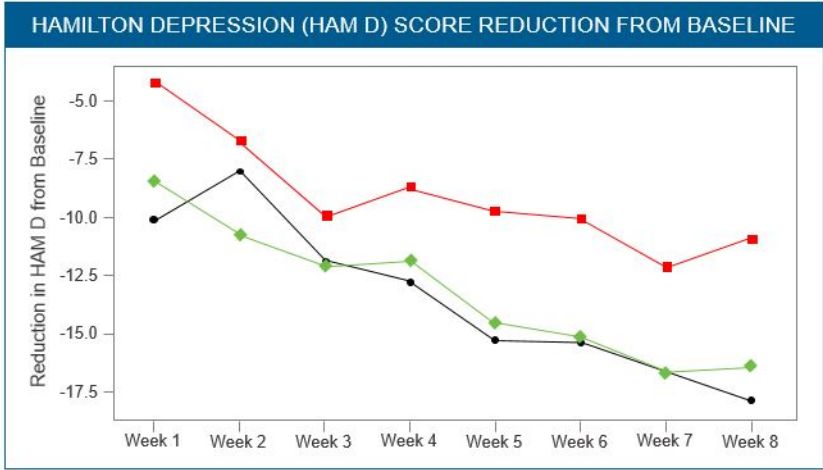
Monti, L., Nicolini, H., Liebowitz, M., & Hanover, R. (2019). "A Placebo Controlled Trial of PH10: Test of a New Rapidly Acting Intranasally Administered Antidepressant." *Br J Phar Med Res* 4(6): 2157-2168.

Rapid-onset  
antidepressant  
effects with PH10  
observed in MDD  
patients with minimal  
side effects



VistaGen


**PH10**  
**Phase 2A MDD Study (n = 30)**



PH10 Dose	HAM D Score	p (PH10 vs Placebo)	Cohen's D (Effect Size)
3.2 mg (Low Dose)	16.3	.101	0.74
6.4 mg (High Dose)	17.8	.022	0.95
Placebo	10.9		

Monti, L., Nicolini, H., Liebowitz, M., & Hanover, R. (2019). "A Placebo Controlled Trial of PH10: Test of a New Rapidly Acting Intranasally Administered Antidepressant." *Br J Phar Med Res* 4(8): 2157-2168.

6.4 mcg dose produced rapid-onset and sustained antidepressant effects in MDD patients with minimal side effects



VistaGen



# PH10 - Potential Opportunities Beyond Major Depressive Disorder



Treatment Resistant Depression

Prevalence:  
**~7M**

Treatment lacks consistent symptom control, bothersome side effects and tolerance, and risk of abuse. Options do not provide acute symptomatic relief



Post Partum Depression

Prevalence:  
**~0.5M**

Concern of PPD treatments is high among patients; non-systemic options are needed especially for breastfeeding mothers



Suicidal Ideation

Prevalence:  
**~12M**

Suicidal Ideation is undertreated and lacks awareness outside of comorbid diagnosis. Overall HCPs lack understanding of suicidal antecedent validators and skills for suicide risk assessments

The efficacy of PH10 for these indications is theoretical. VistaGen has not conducted clinical trials that could demonstrate efficacy of our investigational product for such potential uses.

Sources: 1. Results from the 2019 National Survey on Drug Use and Health; 2. Zhdanova M, et al. J Clin Psychiatry. 2021;82(2):20m13899; 3. Wang, Z et al. Transl Psychiatry 11, 543 (2021); 4. Cox EQ, et al. J Clin Psychiatry. 2016;77(9):1189-1200; 5. Piscopo K, et al. 2016 6. Bommersbach T.J, et al. JAMA Psychiatry. 2022;79(3):219-231.



# AV-101

for  
Multiple CNS Disorders



Looking beyond the standard of care for anxiety, depression and other CNS disorders



## AV-101

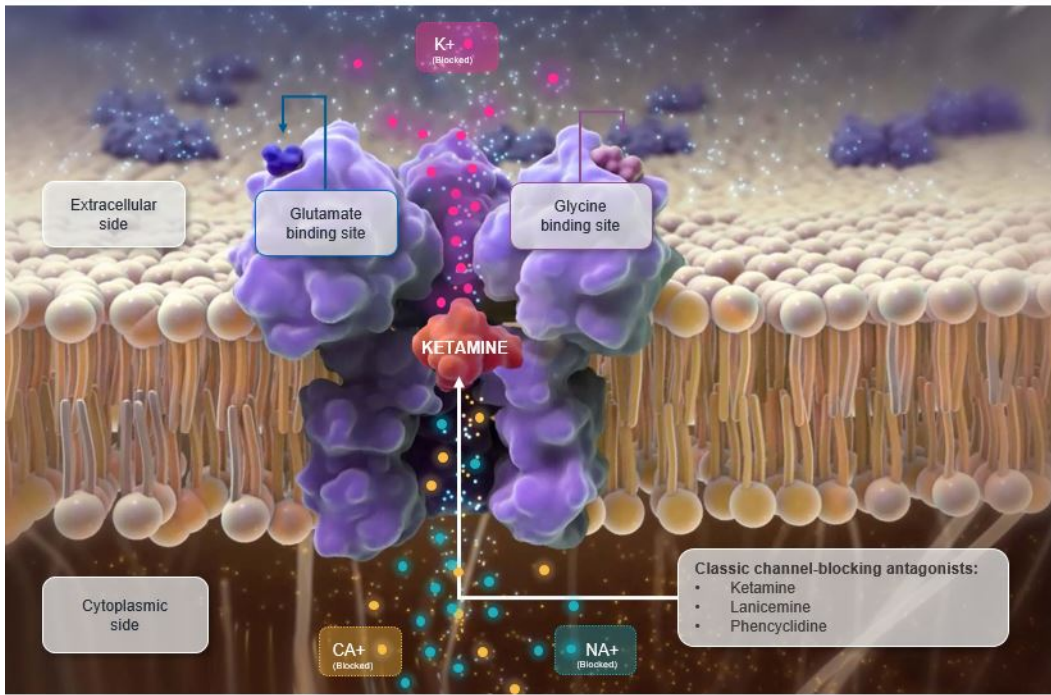
# For Multiple CNS Disorders

Designed to Inhibit (but not block) NMDA Receptor Activity

- Oral prodrug of 7-Cl-KYNA, a potent and selective full antagonist at the glycine site of the NMDA receptor
- Well-tolerated in all clinical studies to date
- Two positive preclinical studies show increased brain concentrations of 7-Cl-KYNA when administered in combination with FDA-approved probenecid
- Assessing go forward opportunities in a DDI study in combination with probenecid
- FDA Fast Track designations for adjunctive treatment of MDD and treatment of neuropathic pain



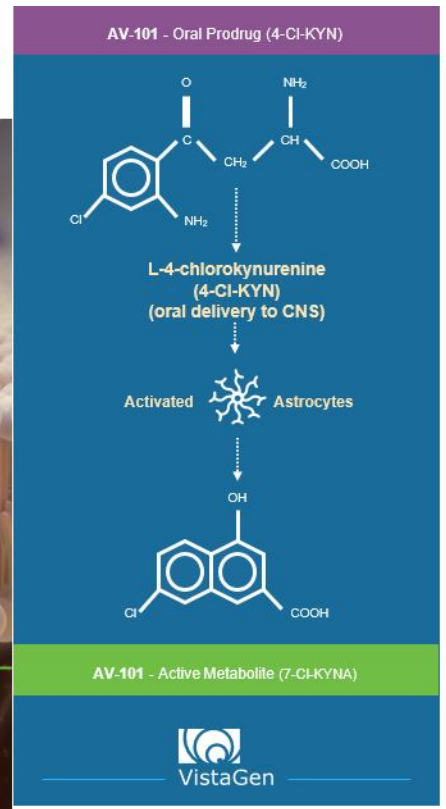
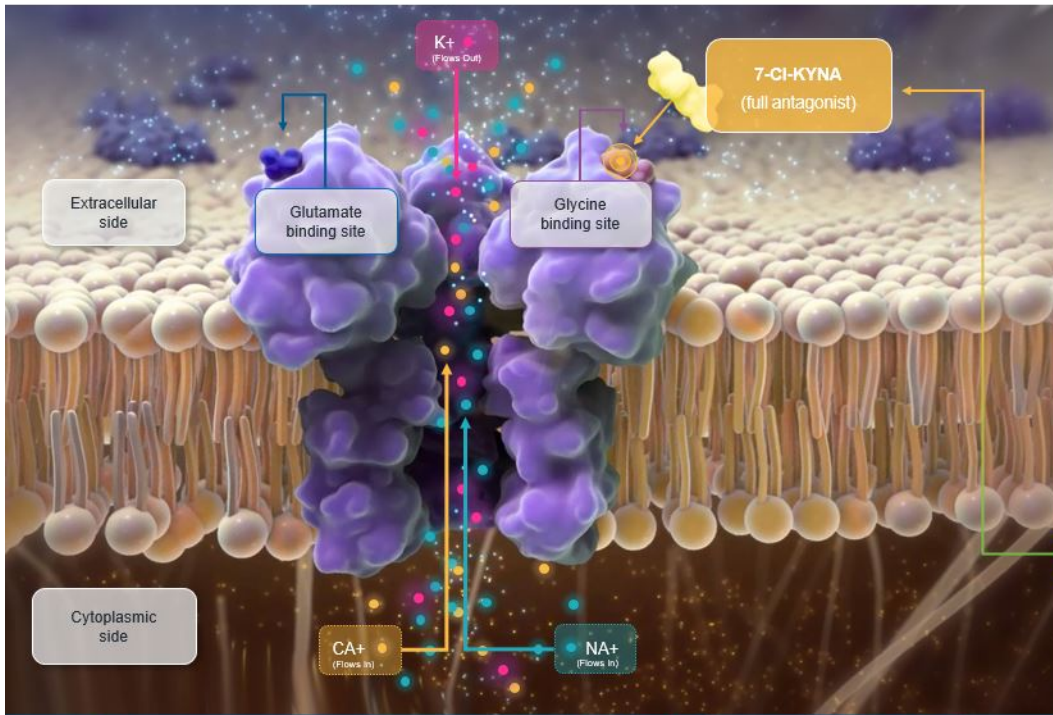
# Ketamine Therapy



Ketamine completely blocks the ion channel of NMDAR, causing undesirable safety concerns



# AV-101's Potential MOA



## Recent Preclinical Data Demonstrate Substantial Increases in Brain Concentrations of 7-CL-KYNA

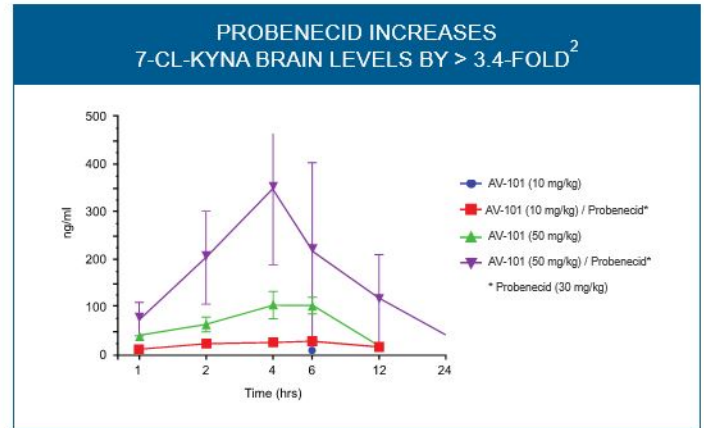
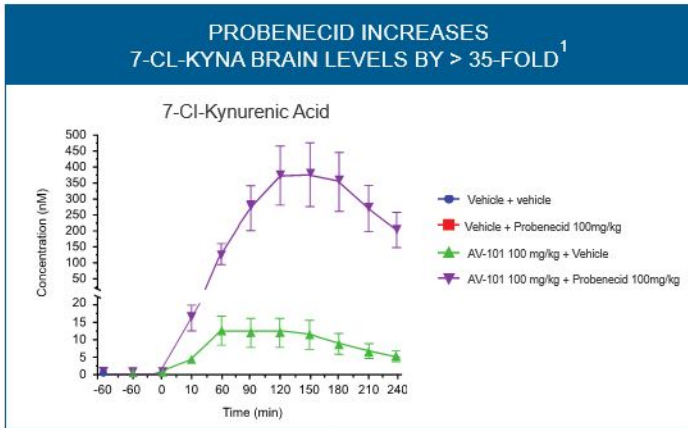


Figure 2 → Levels of 7-CL-KYNA in PFC of adult male Sprague-Dawley rats following IP administration (T=0) of AV-101 and probenecid alone or in combination (100mg/kg each) Data are represented as mean ± SEM. N = 4 6/group.

1. Rodent: Dickens, D., (2019, December). Drug transporters at the blood-brain barrier as targets for personalized CNS therapeutics. Speaker at British Pharmacological Society, Pharmacology 2019, Edinburgh, UK.  
 2. Canine: Internal Data: there was high degree of variation in this experiment due to the limited number of animals from which suitable time-based sequential CSF samples could be drawn.



# Dynamic Leaders Driving Innovative Treatments for Mental Health

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