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): May 2, 2025

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

Delaware	001-39620	47-5195942
(State or other jurisdiction of incorporation)	(Commission File Number)	(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:

Title of each class	Trade Symbol(s)	Name of each exchange on which registered
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 May 2, 2025, Praxis Precision Medicines, Inc. (the "Company") updated its corporate presentation for use in meetings with investors, analysts and others. The presentation is available in the "Investors + Media" portion of the Company's website at investors.praxismedicines.com and a copy is furnished as Exhibit 99.1 to this Current Report on Form 8-K (the "Current Report").

The information in this Current Report under Item 7.01, including Exhibit 99.1 attached hereto, is intended to be furnished and 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 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 filing.

Item 8.01. Other Events.

On May 2, 2025, the Company provided updates on its programs in developmental and epileptic encephalopathies ("DEEs") at an investor event, including:

- The Company reported updated data from the initial cohort of patients with SCN2A gain-of-function and SCN8A DEEs participating in the EMBOLD study's open-label extension as of April 2025, demonstrating a sustained and increasing effect on seizure reduction and increased seizure-free periods through 11 months of treatment with relutrigine (n=12).
- The Company announced the trial design for its EMERALD study, a randomized double-blind, placebo-controlled Phase 3 clinical trial evaluating the efficacy (motor seizure frequency), safety, tolerability and pharmacokinetics of relutrigine in a broader DEE patient population aged 2 to 65 years (n=160). Patients will be randomized to receive either relutrigine (1mg/kg/day starting dose; dose modification permitted up to 1.5mg/kg/day at day 35) or placebo for 16 weeks.
- The Company announced plans to nominate a development candidate for its early-stage antisense oligonucleotide program, PRAX-100, in mid-2025. PRAX-100 is targeting SCN2A loss-of-function mutations, the largest monogenetic cause of de novo autism spectrum disorders.

Forward-Looking Statements

This Current Report contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 and other federal securities laws, including statements regarding the clinical development and potential regulatory submissions of relutrigine and the plans for future development candidates, and the timing of any of the foregoing. The forward-looking statements included in this Current Report are subject to a number of risks, uncertainties and assumptions, including, without limitation, uncertainties inherent in clinical trials, the expected timing of submission for regulatory approval or review by governmental authorities and other risks as described in the Company's Annual Report on Form 10-K for the year ended December 31, 2024 and its other filings with the Securities and Exchange Commission. These statements are based only on facts currently known by the Company and speak only as of the date of this Current Report. As a result, you are cautioned not to rely on these forward-looking statements and the Company undertakes no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future developments or otherwise.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Praxis Precision Medicines, Inc. May 2025 Corporate Presentation
104	Cover Page Interactive Data File (embedded within the inline XBRL document)

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: May 2, 2025

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

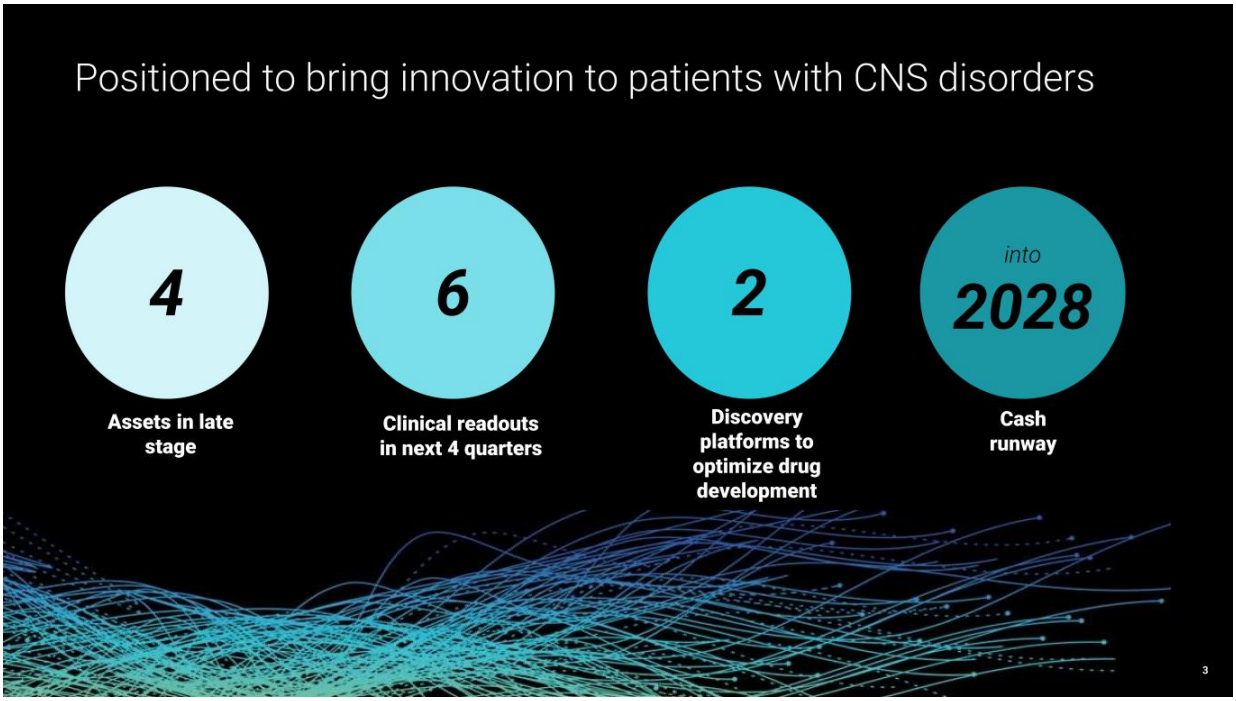

PRAXIS
DARE FOR MORE®
CORPORATE OVERVIEW
May, 2025

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, statements regarding the estimated market for our product candidates, if approved, our development plans, our preclinical and clinical results and other future conditions, including our cash runway, and the safety, efficacy, and regulatory and clinical design or progress, potential regulatory submissions, approvals and timing thereof of any of our product candidates. 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' product development activities, (iv) the timing of and 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 collaboration partners' abilities to manufacture our product candidates and scale production, (viii) our ability to meet any specific milestones set forth herein, and (ix) the potential addressable market sizes for product candidates. 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 our expectations and actual results, you should review the "Risk Factors" section of our Annual Report on Form 10-K for the year ended December 31, 2024 filed with the Securities and Exchange Commission ("SEC") and our other filings with the SEC.

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.


Positioned to bring innovation to patients with CNS disorders
4
Assets in late stage
6
Clinical readouts in next 4 quarters
2
Discovery platforms to optimize drug development
into
2028
Cash runway
3

Four pillars guide how we develop medicines

GENETICS

Focus on therapeutic targets identified through human genetics

TRANSLATIONAL TOOLS

Translational tools validate potential of target and product candidate and can provide early proof of biology

EFFICIENT & RIGOROUS

Efficient, rigorous clinical development paths to proof-of-concept in humans applying an agile way of working

PATIENT-GUIDED

Patient-guided development strategies to deliver on what patients actually need

Two platforms to generate optimized therapies

CEREBRUM™

SMALL MOLECULE PLATFORM

Cerebrum™ utilizes deep understanding of neuronal excitability and neuronal networks and applies a series of computational and experimental tools to develop orally available precision therapies

Molecule	Indication	Mechanism
ulixacaltamide	Essential Tremor	T-type calcium channel modulator
vormatrigine	Focal Onset Seizures & Generalized Epilepsy	Sodium channel functional state modulator for broad use
relutrigine*	DEE Epilepsies	Sodium channel functional state modulator for pediatric use
PRAX-020^	KCNT1 Epilepsy	KCNT1 specific inhibitor
PRAX-050	Not disclosed	Not disclosed

SOLIDUS™

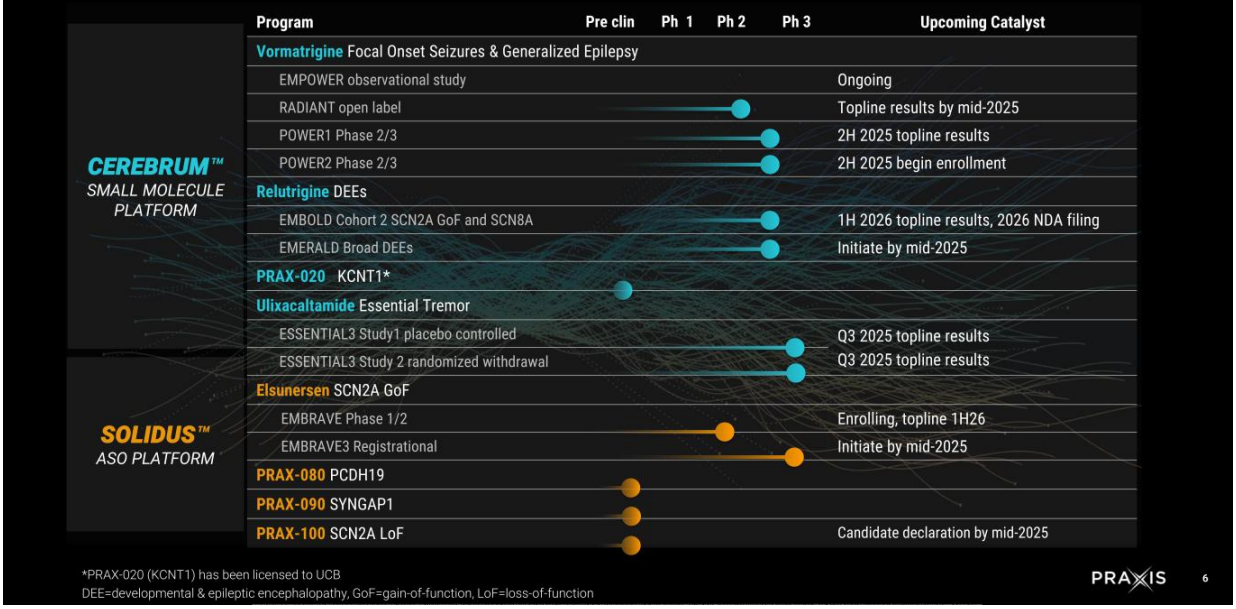
ANTISENSE OLIGONUCLEOTIDE (ASO) PLATFORM

Solidus™ is an efficient, targeted precision medicine discovery and development engine for ASOs anchored on proprietary, computational methodology

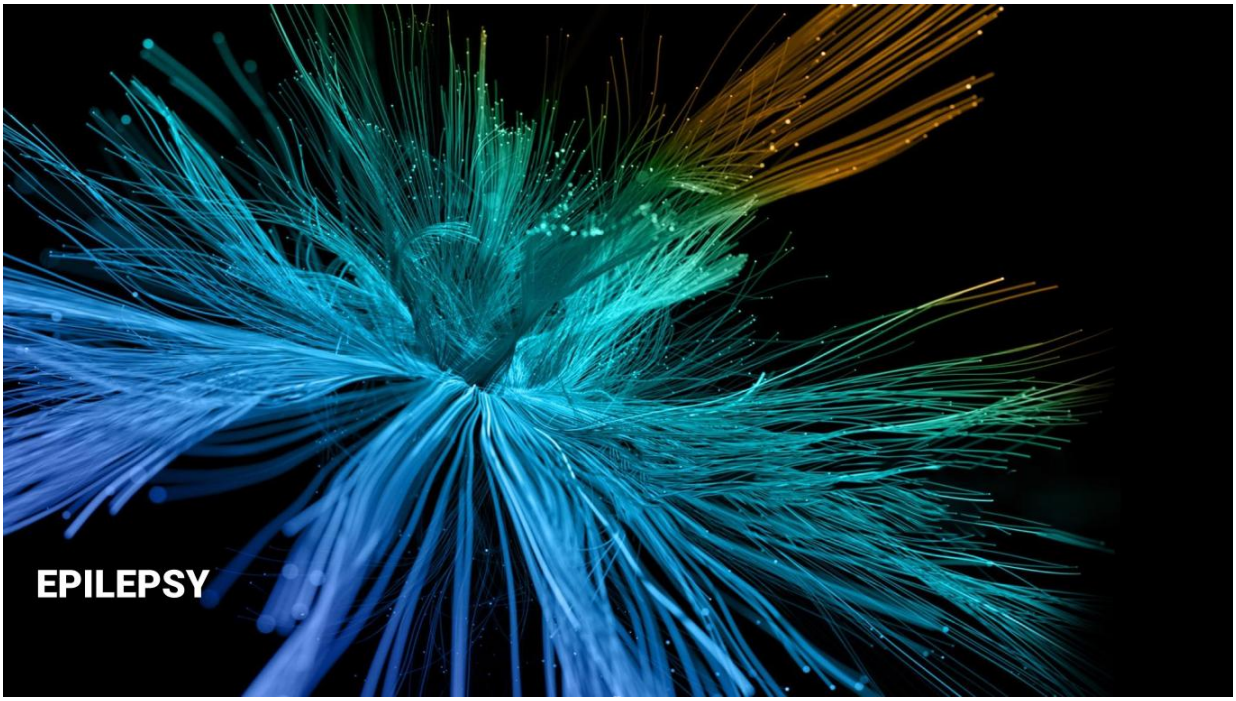
Molecule	Indication	Mechanism
elsunersen*	SCN2A GoF	Gapmer ASO
PRAX-080	PCDH19 Mosaic expression	Gapmer ASO
PRAX-090	SYNGAP1 LoF	Splice switching ASO
PRAX-100	SCN2A LoF	Undisclosed mechanism ASO

^PRAX-020 (KCNT1) has been iicensed to UCB
* Relutrigine has received ODD and RPD from the FDA, and ODD from the European Medicines Agency (EMA) for the treatment of SCN2A-DEE and SCN8A-DEE and RPD for Dravet Syndrome
** Elsunersen has received ODD and RPD from the FDA, and ODD and PRIME designations from the EMA for the treatment of SCN2A-DEE

Praxis pipeline and upcoming catalysts



*PRAX-020 (KCNT1) has been licensed to UCB
DEE=developmental & epileptic encephalopathy, GoF=gain-of-function, LoF=loss-of-function


EPILEPSY

The Praxis Epilepsy portfolio targets significant unmet need and market opportunity in the common and rare epilepsy markets

Program	US Prevalence	US Market Opportunity
Vormatrigine Sodium channel modulator	**3.5M** Common Epilepsy	**>$2.5B**
Relutrigine Sodium channel modulator	**>200k** Developmental Epilepsies with high seizure burden using sodium channel blockers*	**>$3B**
Elsunersen Gapmer ASO	**~2K SCN2A** Genetically typified Developmental Epilepsies	**>$500M**

* Poke G, Stanley J, Scheffer IE, Sadleir LG. Epidemiology of Developmental and Epileptic Encephalopathy and of Intellectual Disability and Epilepsy in Children

Vormatrigine presents an ideal precision ASM profile

VORMATRIGINE

FOCAL AND GENERALIZED EPILEPSIES

NO TITRATION

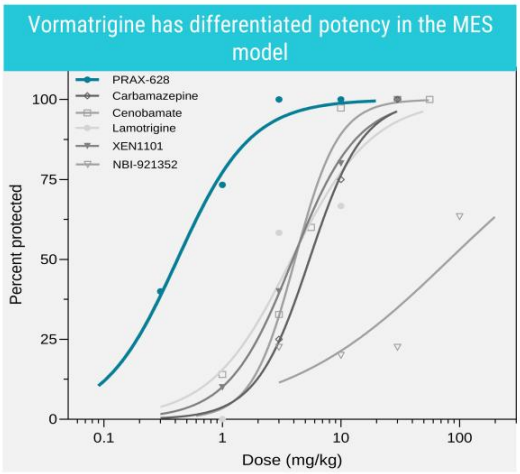
SMALL MOLECULE

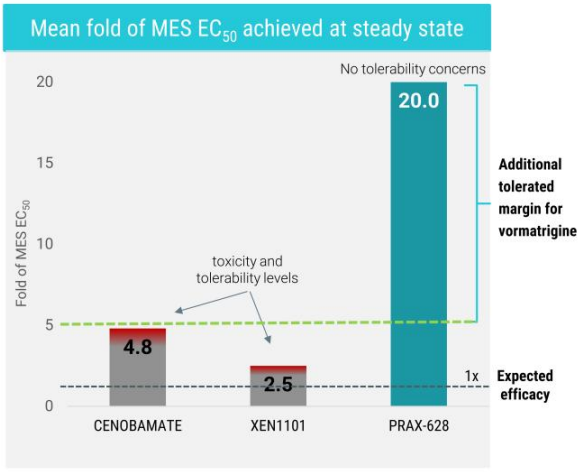
FUNCTIONAL STATE MODULATOR

- Significantly more potent than competitive molecules in highly translatable pre-clinical models
- Rapidly achieves therapeutic concentrations after once-daily dose with no food effect
- Ability to significantly exceed therapeutic concentrations while well tolerated
- Proof of concept achieved in epilepsy patients

Vormatrigine: Differentiated pre-clinical profile and competitive potency

Unprecedented margins over best-in-class ASMs based on MES efficacy and clinical tolerability in humans





Protective index (PI) measured as tolerability / efficacy (TD50 / ED50); MES = maximal electroshock seizure; Praxis data on file; Bialer et al 2024 *Epilepsia*
Source: Praxis data on file (Ph1 study), Cenobamate Cmax: >46,100 ng/mL, 400 mg Cmax (Vernillet et al 2020), XEN1101 Cmax: >107 ng/mL (Phase 1 data)
x MES EC50 = multiple of predicted human EC50 based on the rodent MES model; IEC2023_628-SAD-MAD_2025 AAN Phase1 Study Update

The Phase 2 vormatrigine Photo Paroxysmal Response (PPR) study demonstrated proof of concept; de-risks advancing to studies in focal and generalized epilepsy

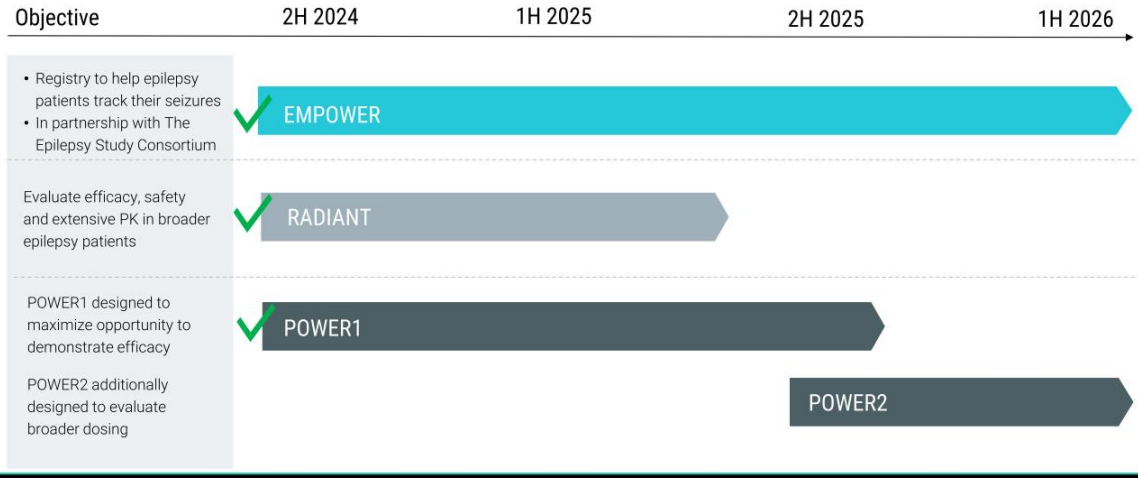
Study Results

- 100% response in treated patients
- Vormatrigine achieved between 3-13x multiples of MES EC_{50} exposure
- Safety was consistent with prior dose escalation study and AEs were mild

- Patients must demonstrate PPR response during screening and baseline to be evaluable
- Response Assessment
  - **Partial:** Reduction, other than to zero, in the number of generalized PPR events at any assessment period vs baseline
  - **Complete:** Reduction to zero in the number of generalized PPR events at any assessment period vs baseline
- Safety monitored and PK samples collected during observation period

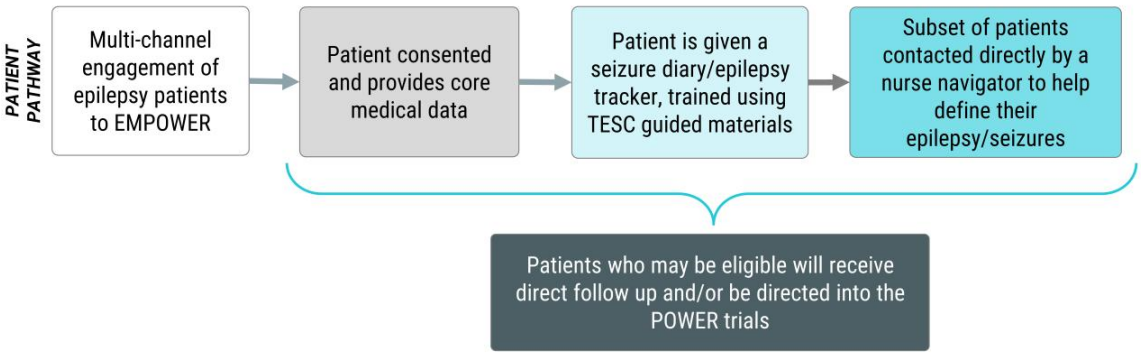
Dose	Categorical Response	Response Rate
15 mg	None	0% (0/5)
	Partial	20% (1/5)
	Complete	80% (4/5)
45 mg	None	0% (0/3)
	Complete	100% (3/3)
Evaluable Response		**100% (8/8)**

Vormatrigine ENERGY program to demonstrate efficacy and bring an improved therapy to focal and generalized epilepsy patients

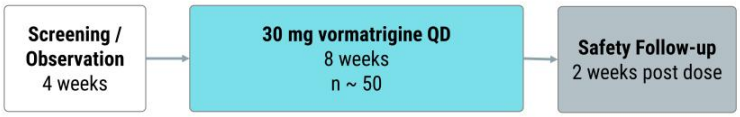


EMPOWER Observational Study to better understand patient journey

In partnership with The Epilepsy Study Consortium (TESC)



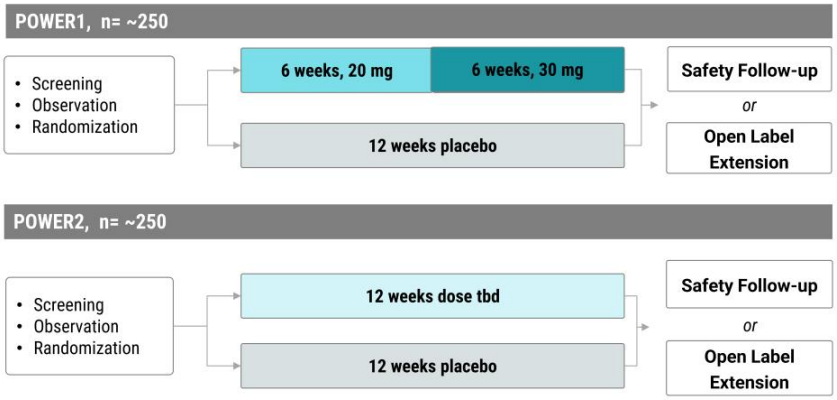
RADIANT Phase 2 open label study to evaluate safety and efficacy in focal onset or generalized epileptic seizures



- Measuring seizure frequency, seizure freedom, safety and pharmacokinetics
- Will allow the evaluation of vormatrigine in a broader population, including generalized epilepsy
- Topline results by mid-year 2025

QD = Once daily

Pivotal POWER1 study enrolling and POWER2 to initiate in 2H 2025



- POWER1 topline readout 2H 2025
- Design for POWER2 to be finalized reflecting results from RADIANT study

Relutrigine: Potential for class leading efficacy and tolerability

RELUTRIGINE

ORAL SOLUTION, NO TITRATION, ONCE DAILY ADMINISTRATION

FORMULATED FOR PEDIATRIC USE

SMALL MOLECULE

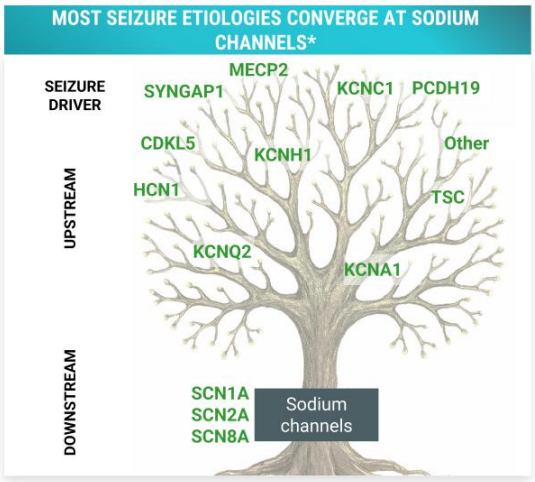
FUNCTIONAL STATE MODULATOR

- Demonstrated robust seizure reduction and unprecedented seizure-free status per 28-day period
- Superior selectivity for hyperactive Na_V channels, a known cause of seizure manifestation in all DEEs regardless of etiology
- Generally well-tolerated with mostly mild to moderate AEs, no drug-related SAEs and no relutrigine dose reduction required
- Three Rare Pediatric Drug designations for SCN1A (Dravet Syndrome), SCN2A DEE and SCN8A DEE

AE=adverse event, DEE=developmental & epileptic encephalopathy, Na_V=voltage-gated sodium channel, SAE=serious adverse event

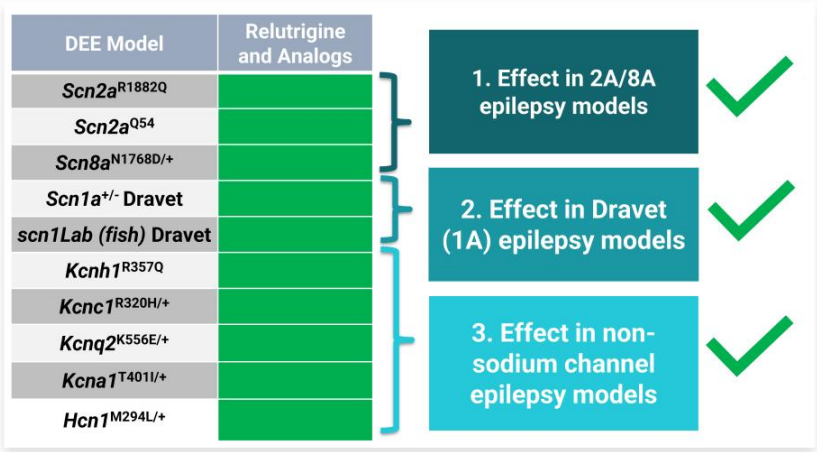
Broad applicability across multiple etiologies

- All genetically driven DEEs result in hyperactivation of sodium channels, manifesting in epilepsy syndromes
- Relutrigine's mechanism of action is to target hyperactive Na_V channels to address the neuronal hyperexcitability driving seizures
- Targeting the root cause of DEE symptomology allows for broad use of relutrigine not seen in other therapies before



*Illustrative etiologies, not limited by examples shown
DEE=developmental & epileptic encephalopathy, Na_V=voltage-gated sodium channel

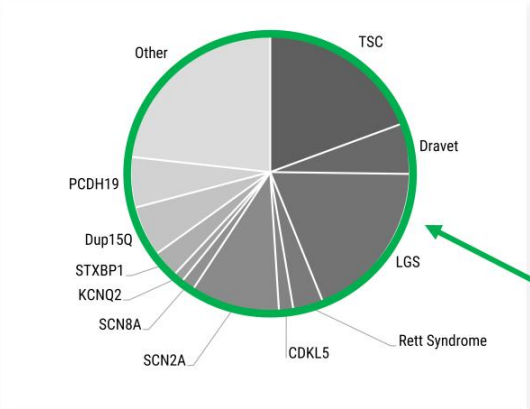
Consistent efficacy in diverse number of DEE models



Praxis data on file, Anderson LL, et al. Epilepsia. 2014;55(5):1274-83., Baker EM, et al. Epilepsia. 2018;59(60):1166-76.; Anderson LL, et al. Sci Rep. 2017;7(1):1682., Johnson JP, et al. Elife. 2022:11:e72468., Hawkins NA, et al. Ann Clin Transl Neurol. 2017;4(5):326-339., Bleakley LE, et al. Epilepsia. 2023;64(1):e1-e8., Merseburg A, et al. Elife. 2022:11:e70826., Prof Kearney Lab 2025.

Current US DEE market is over 200,000 patients

Expected to increase in coming years as care and diagnosis improve



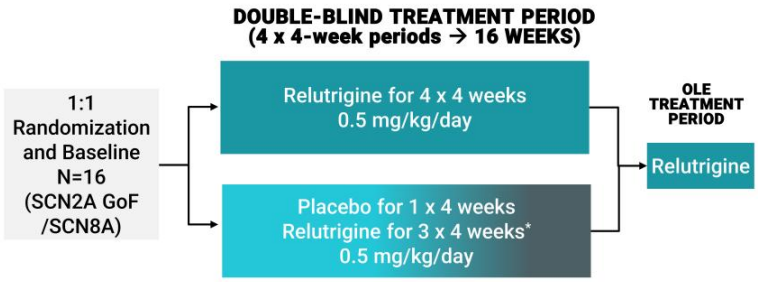
- **Different levels of severity along the disease spectrum**
- **Opportunity for multiple approaches to address unmet need**

EMERALD study expected to provide evidence to support a broad label

Poke G, et al. Neurology. 2023;100(13):e1363-75., Lopez-Rivera JA, et al. Brain 2020;143(4):1099-1105., Wu YW, et al. Pediatrics 2015;136(5):e1310-15., Scheffer IE, et al. Nat Rev Dis Primers.2024;10(61):1-19., LGS Foundation. "How Many People Have LGS?", Boston Children's Hospital. "Tuberous Sclerosis Complex (TSC).", SCN8A Alliance. "What Is SCN8A?", Stoke Therapeutics. "SYNGAP1", Roche. "Dup15q Syndrome Clinical Trials,", Angelman Syndrome Foundation. "What Is Angelman Syndrome?", Acadia Pharmaceuticals Inc. "Rett Syndrome Overview.", The Cute Syndrome Foundation. "PCDH19 Epilepsy Overview", FamilieSCN2A Foundation. "SCN2A-Related Autism."

DEE=developmental & epileptic encephalopathy, LGS=lennox gastaut syndrome, TSC=tuberous sclerosis complex

EMBOLD Cohort1 study design: controlled trial targeting DEE seizure burden in patients receiving standard of care ASMs



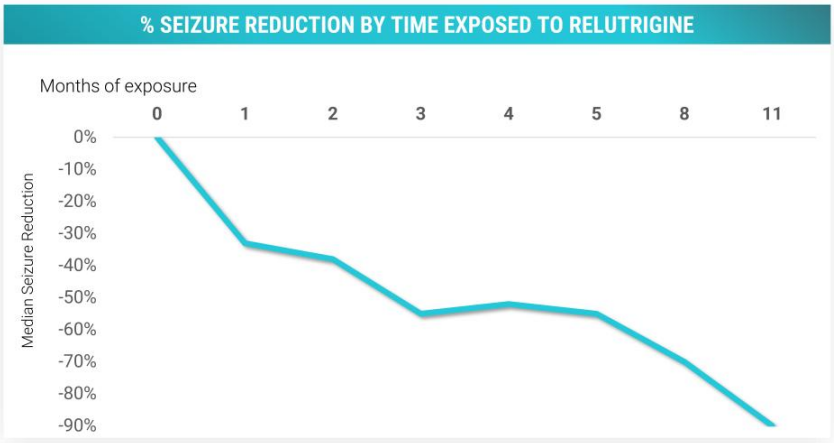
KEY ENDPOINTS:

- **Incidence and severity of treatment-emergent adverse events (TEAEs)**
- **Change from baseline in monthly motor seizure frequency**
- **Length of seizure freedom achieved over a 28-day period**
- **Clinical and Caregiver Global Impression of Improvement and Severity**

EMBOLD

ClinicalTrials.gov Identifier: NCT05818553.
ASM=anti-seizure medication, QD=daily

EMBOLD Cohort 1 results: sustained seizure reduction with continued exposure on top of SOC



70% of patients were at stable doses of Sodium Channel Blockers at baseline

AEs were mostly mild to moderate

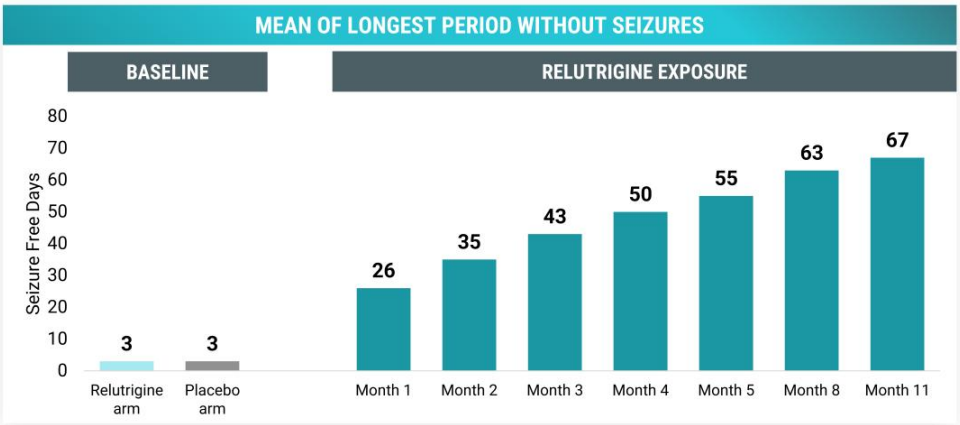
No drug-related SAEs

No dose reduction of relutrigine required

EMBOLD

*Inclusive of open-label extension period as of April 24, 2025
Praxis Data on File
AE=adverse event, SAE=serious adverse event, SOC = standard of care

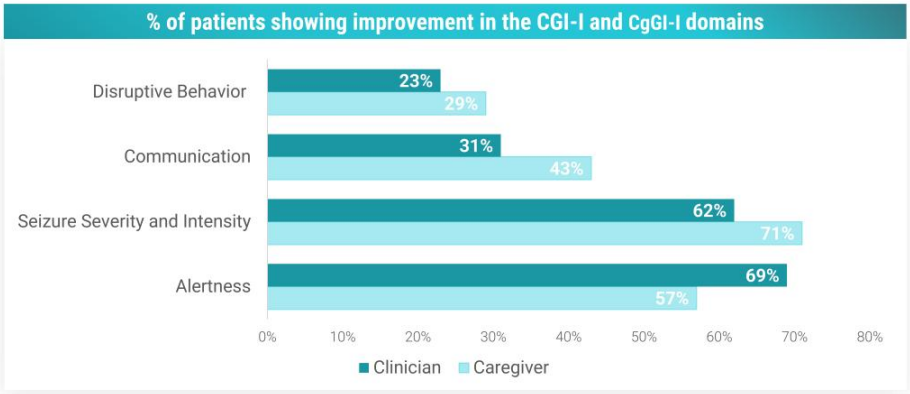
EMBOLD Cohort 1 results: sustained seizure-free periods reflect both clinical and daily life improvements



EMBOLD

*Inclusive of open-label extension period at data cutoff as of April 24, 2025
Praxis Data on File

Relutrigine treatment led to disease modifying impact

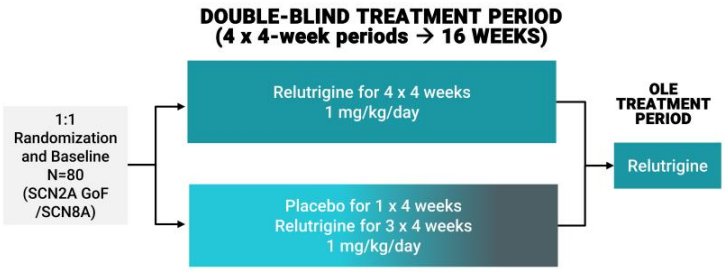


Meaningful gains in overall well-being of patients, despite severity and historical lack of improvement with available treatments

EMBOLD

Clinical Global Impression of Improvement and Caregiver Global Impression of Improvement assessed at Week-16 visit

EMBOLD Cohort 2 is designed as a pivotal study to confirm relutrigine's efficacy



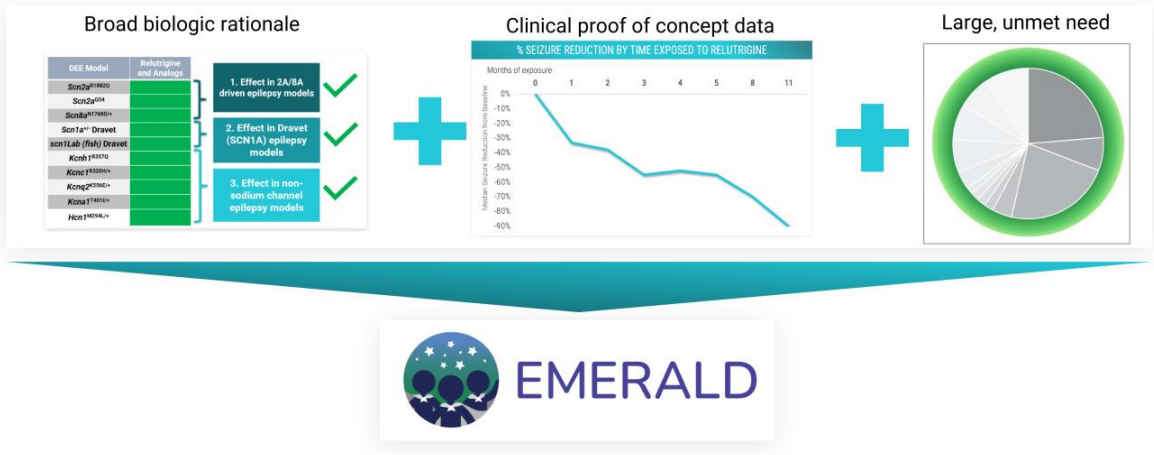
KEY ENDPOINTS:

- **Change from baseline in monthly motor seizure frequency**
- **Length of seizure freedom achieved over a 28-day period**
- **Incidence and severity of treatment-emergent adverse events (TEAEs)**
- **Clinical and Caregiver Global Impression of Improvement and Severity**

EMBOLD

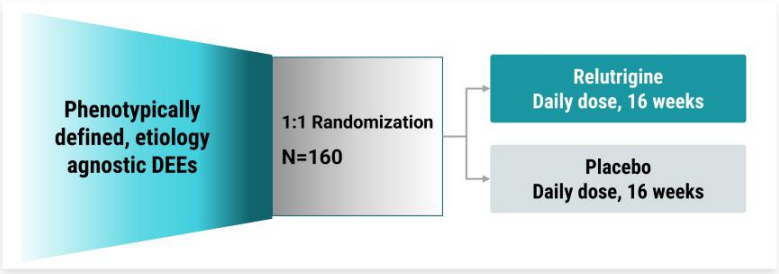
ClinicalTrials.gov Identifier: NCT05818553.
ASM=anti-seizure medication, QD=daily

Relutrigine's clinical profile expanding with EMERALD study



EMERALD

EMERALD targets phenotypic DEEs regardless of etiology



Primary endpoint: Change from baseline in monthly motor seizure frequency

- No titration period
- Once-daily, oral-dose

Key Inclusion Criteria
• Ages ≥2 and ≤65 years • Has a documented diagnosis of a developmental and epileptic encephalopathy in childhood • Has 4 or more countable motor seizures during the 28-day observation period
Treatment
• Relutrigine or matching placebo 1mg/kg/day. At day 35, the dose may be escalated to 1.5 mg/kg/day

Elsunersen is the first drug designed for SCN2A GoF DEE

ELSUNERSEN

SCN2A GoF

INTRATHECAL

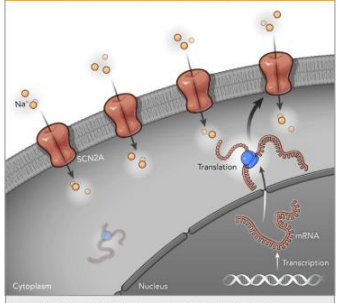
ANTISENSE OLIGONUCLEOTIDE (ASO)

- Designed to selectively decrease SCN2A gene expression
- Significant reduction in seizures achieved in SCN2A GoF patients
- No adverse events related to the study were considered treatment-emergent or serious
- Orphan Drug Designation (ODD) and Rare Pediatric Disease (RPD) designation from the FDA, and ODD and PRIME designations from the EMA

DEE=developmental & epileptic encephalopathy, GoF=gain-of-function, PRIME= Priority Medicines

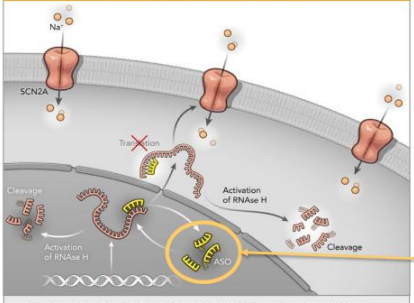
Precision targeting of SCN2A GoF patients positions elsunersen as a potential disease-modifying therapy

DISEASE STATE: EXCESSIVE SCN2A ACTIVITY



- SCN2A mutation leads to hyperactive $Na_V1.2$ sodium channels
- Hyperactive channels leads to an increased ion flow leading to seizure

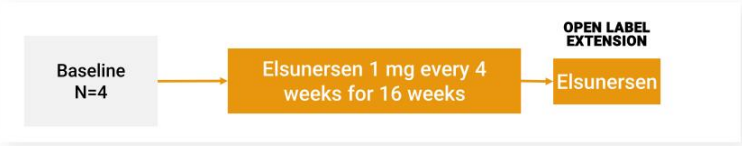
ASO TREATED: NORMALIZED SCN2A ACTIVITY

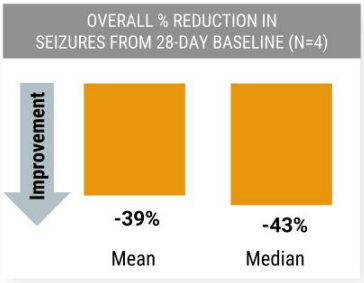


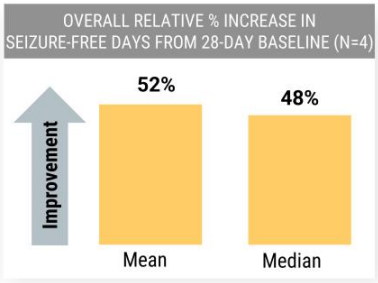
- Elsunersen selectively interacts with SCN2A mRNA causing RNase H1 mediated degradation
- The number of SCN2A sodium channels is reduced, which normalizes ion flow and reduces seizure activity

ASO=antisense oligonucleotide, DEE=developmental & epileptic encephalopathy, Na_V=voltage-gated sodium channel

EMBRAVE Part 1 showed clinically meaningful seizure reduction in SCN2A GoF patients







KEY ENDPOINTS:

- **Incidence and severity of treatment-emergent adverse events (TEAEs)**
- **Change from baseline in monthly (28-day) motor seizure frequency**

SAFETY:

- **No TEAEs or SAEs considered related to study drug**
- **All TEAEs recovered/resolved**

EMBRAVE

Frizzo S, et al. EEC 2024, Praxis data on file. , U.S. National Library of Medicine. Study of PRAX-222 in Pediatric Participants With SCN2A Developmental and Epileptic Encephalopathy (EMBRAVE). ClinicalTrials.gov Identifier: NCT05127564.
GoF=gain-of-function, SAE=serious adverse event

Ongoing EMBRAVE Part A supports registrational package

- **Starting dose of 1 mg with optional dose escalation up to 8 mg based on individual tolerability at each dose**
- **Enrollment expected to complete by mid-year**

Key Inclusion criteria
• Documented SCN2A GoF variant with seizures prior to 3 months of age • Between the ages of 2 to ≤18 years at Screening • Seizure frequency of 8 or more countable motor seizures per 28-day during Baseline
Primary Endpoint
• Median percent change in monthly motor seizure frequency from baseline

EMBRAVE

*option to increase to n=16

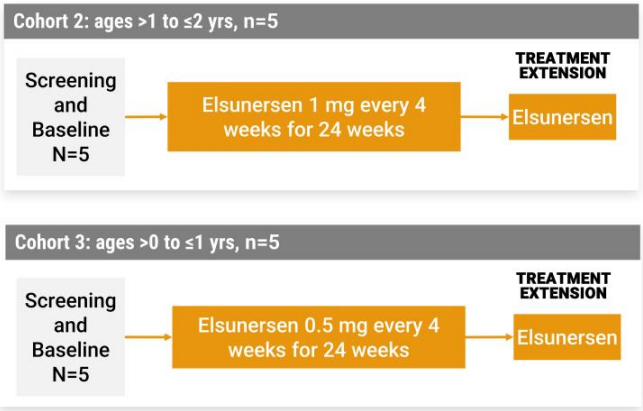
EMBRAVE3 registrational trial

Key Inclusion Criteria
• Documented SCN2A GoF variant with seizures prior to 3 months of age • Between the ages of 0 to ≤18 years at Screening (ages 2-18 go to Cohort 1, 1-2 to Cohort 2, 0-1 to Cohort 3) • Seizure frequency of 4 or more countable motor seizures per 28-day during Baseline
Primary Endpoint
• Median percent change in monthly motor seizure frequency from baseline

EMBRAVE③

GoF=gain-of-function

Extending treatment to birth: systematic age-based coverage in EMBRAVE3



- **Cohort 1 results will support registration**
- **Cohort 2 and 3 will allow for label expansion to patients at birth**
- **Same inclusion criteria and endpoints as Cohort 1**

EMBRAVE③

GoF=gain-of-function

Complementary development of elsunersen and relutrigine targeting both the genetic driver and downstream network dysfunction in SCN2A GoF

Elsunersen targets root genetic cause of disease

Relutrigine targets residual network hyperexcitability

Relutrigine expected to complement other genetically focused DEE therapies, e.g. PRAX 80, 90

DEE=developmental & epileptic encephalopathy, GoF=gain-of-function

Solidus pre-clinical portfolio on-track for clinical trials in 2026

	PRAX-80	PRAX-90	PRAX-100
Indication	*PCDH19* Clustering Epilepsy: X-linked mosaic expression disorder with early-onset clustered seizures and cognitive impairment	*SYNGAP1* DEEs: Leading genetic cause of severe intellectual disability and early-onset epilepsy caused by LoF variants	*SCN2A* Haploinsufficient Autism: A neuro-developmental disorder caused by *SCN2A* LoF variants with early-onset autism
Target	*PCDH19*	*SYNGAP1*	*SCN2A*
Mechanism	Gapmer ASO-mediated *PCDH19* silencing, informed by the benign phenotype of null-expressing carrier males	ASO-mediated upregulation of *SYNGAP1* protein expression	ASO-mediated upregulation of *SCN2A* protein expression
Program Update	Candidate declaration by year end	Candidate declaration by year end	Candidate declaration by mid-year

ASO=antisense oligonucleotide, DEE=developmental and epileptic encephalopathy, LoF=loss-of-function


MOVEMENT DISORDERS

Surveys of >400 ET patients across the US highlight ongoing hidden burden of ET and associated challenges in managing everyday life

ET burden has a profound impact on daily activities

Up to 80% of patients with ET reported needing to adjust how they complete daily tasks due to their symptoms

Top Challenges:

- working / attending social events
- writing
- drinking from a glass

Patients with ET experience high psychosocial burden

Nearly all patients with ET experience a level of psychosocial burden, with many reporting feeling:

- hopeless
- ashamed
- worried
- frustrated
- sad

ET is inadequately managed and undertreated

Up to 77% of patients do not feel their ET symptoms are manageable with current treatments

Up to 50% of patients are not receiving treatment for their ET

Praxis data on file. The Essential Tremor Patient Research was conducted by Fuel Insights (www.fuelinsights.com) from June-July 2024. Two separate surveys were completed online and included 150 US adults living with ET and a further 261 US adults living with ET who were pre-screened, but did not qualify, for the Essential3 study (https://essential3study.com/)

US neurologists emphasize the need for more effective treatments and the importance of patient-physician dialogue in ET

ET burden has a profound impact on daily activities

>90% of neurologists stated their patients' descriptions of their ET symptoms and impact on daily activities influence treatment decisions

Patients with ET experience high psychosocial burden

60% of neurologists reported **mental and emotional challenges** among the top three challenges for their ET patients

ET is inadequately managed and undertreated

85% of neurologist visits are for patients seeking ET treatment

40% of patients seen by neurologists are not receiving treatment

Nearly 1/2 of neurologists rarely refer ET patients for specialist management

Praxis data on file. The Essential Tremor HCP Research was conducted by Fuel Insights (www.fuelinsights.com) in April 2024. The survey was fielded at the American Academy of Neurology meeting and included 152 neurologists who treat ET in the US, and who were primarily affiliated with academic centers.

Two Phase 3 studies measuring what matters: Activities of Daily Living

11 items from the well-established TETRAS ADL scale

Each item is individually scored, up to a total of 33

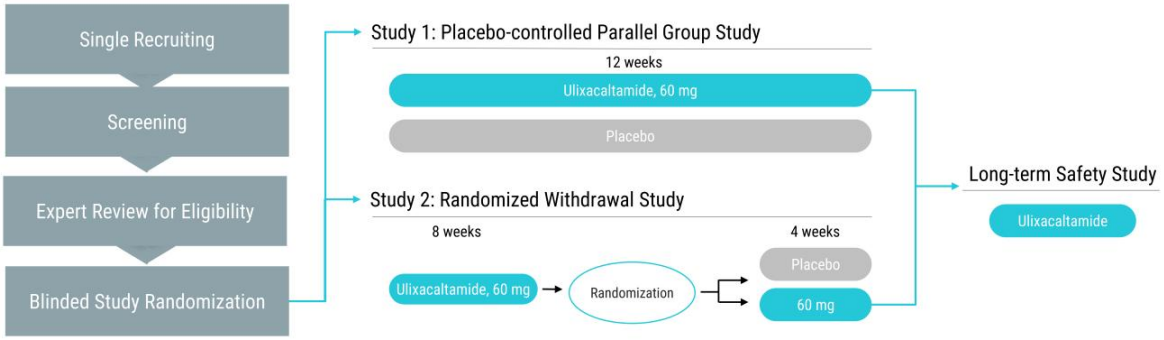
0 = Slightly abnormal. Tremor is present but does not interfere with __.
1 = Mildly abnormal. Spills a little.
2 = Moderately abnormal. Spills a lot or changes strategy to complete task.
3 = Severely abnormal. Cannot drink from a glass or uses straw or sippy cup.

Each point reduction provides benefit to a patient's ability to perform regular activities

- Improvement based on regaining function
- ADL assessment performed by a physician
- Aligned with FDA as primary endpoint for Essential3 studies

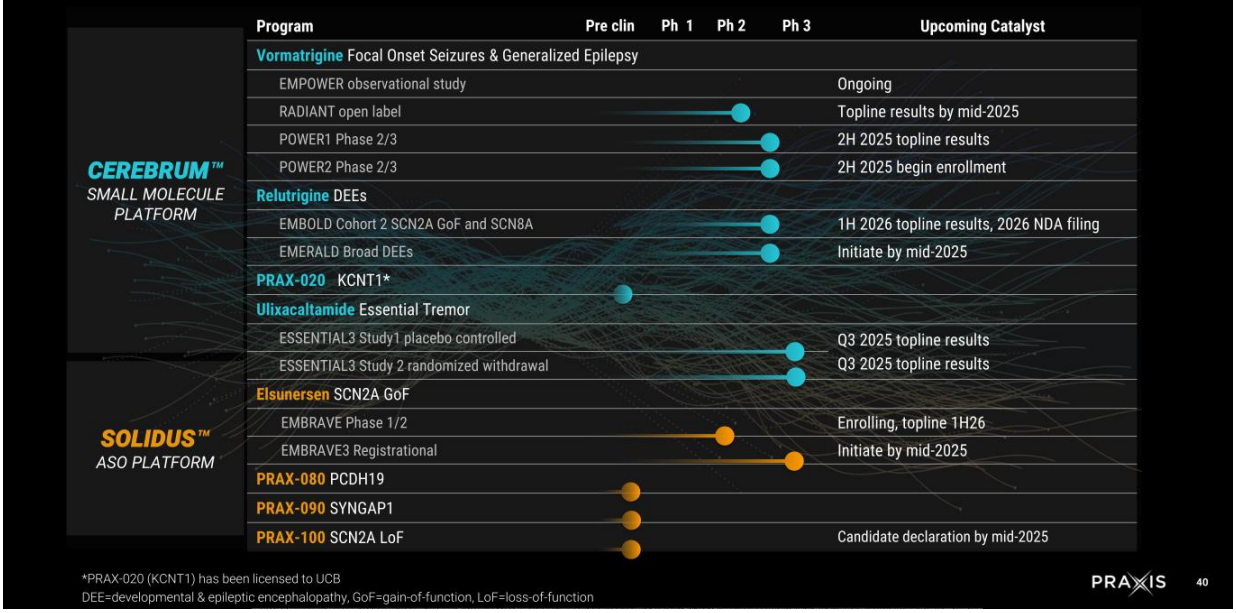
TETRAS = TRG Essential Tremor Rating Assessment Scale; ADL = Activities of Daily Living

Essential3: An innovative Phase 3 program



ESSENTIAL 3
AN AT-HOME RESEARCH STUDY

Praxis pipeline and upcoming catalysts



*PRAX-020 (KCNT1) has been licensed to UCB
DEE=developmental & epileptic encephalopathy, GoF=gain-of-function, LoF=loss-of-function


PRAXIS
DARE FOR MORE®