



Prescription Digital Therapeutics

Software-based Medicines for the
Treatment of Serious Disease

STATE OF NEW MEXICO
July 2022

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Safe Harbor Statements

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Unless the context indicates otherwise, the terms "Pear," "Company," "we," "us," and "our" refer to Pear Therapeutics, Inc.

This presentation contains forward-looking statements within the meaning of the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995. Forward-looking statements may be identified by their use of terms such as "anticipate," "believe," "confident," "could," "estimate," "expect," "intend," "may," "plan," "predict," "potential," "project," "target," "will," "would" and other similar terms. Examples of forward-looking statements include, among others, statements we make regarding the PDTs becoming a first-line treatment for most conditions; the market opportunities for PDTs; our ability to obtain and maintain adequate payor coverage, and reimbursement for our products. These forward-looking statements are based upon estimates and assumptions that, while considered reasonable by Pear and its management are inherently uncertain. Factors that may cause actual results to differ materially from current expectations include, but are not limited to: (i) changes in applicable laws or regulations; (ii) the possibility that Pear may be adversely affected by other economic, business, regulatory, and/or competitive factors; (iii) the evolution of the markets in which Pear competes; (iv) the ability of Pear to implement its strategic initiatives and continue to innovate its existing products; (v) the ability of Pear to defend its intellectual property and satisfy regulatory requirements; (vi) the ability of Pear to obtain funding for its operations, including funding necessary to complete further development, authorization and, if authorized, commercialization of our product candidates; (vii) the impact of the COVID-19 pandemic on Pear's business; and (viii) other risks and uncertainties set forth in Pear's filings with the SEC. These filings will identify and address other important risks and uncertainties that could cause actual events and results to differ materially from those contained in the forward-looking statements.

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Major trends converge to highlight a need for **software-based medicines**

GROWING BURDEN OF CHRONIC DISEASE

90% of U.S. \$3.8 trillion in annual health care expenditures is for people with chronic and mental health conditions¹ which have been exacerbated by COVID-19



TRANSITION TO TELEMEDICINE

Number of people who have used telehealth doubled, from 39.4% pre-COVID-19 to 79.5% post-quarantine²



PROVIDER SHORTAGE

Across many key disease areas (i.e., substance abuse and insomnia), there are tens of millions of patients with only a few thousand (or less) trained specialists³⁻⁵



TECHNOLOGY IS PERVERSIVE

Americans spend an average of 5.4 hours on their mobile phones daily as big data drives deeper insights from engagement⁶



reSET® and reSET-O®: FDA-Authorized Prescription Digital Therapeutics (PDT) for Substance Use and Opioid Use Disorders

reSET Product Description



INDICATIONS FOR USE

reSET is intended to provide cognitive behavioral therapy, as an adjunct to a contingency management system, for patients 18 years of age and older, who are currently enrolled in outpatient treatment under the supervision of a clinician. reSET is indicated as a 12-week (90-day) prescription-only treatment for patients with substance use disorder (SUD) who are not currently on opioid replacement therapy, who do not abuse alcohol solely, or who do not abuse opioids as their primary substance of abuse.

It is intended to:

- Increase abstinence from a patient's substances of abuse during treatment, and
- Increase retention in the outpatient treatment program.

reSET-O Product Description



INDICATIONS FOR USE

reSET-O prescription digital therapeutic is a 12-week (84-day) software application intended to increase retention of patients with opioid use disorder (OUD) in outpatient treatment by providing cognitive behavioral therapy, as an adjunct to outpatient treatment that includes transmucosal buprenorphine and contingency management, for patients 18 years or older who are currently under the supervision of a clinician. reSET-O is indicated as a prescription-only digital therapeutic.

It is intended to:

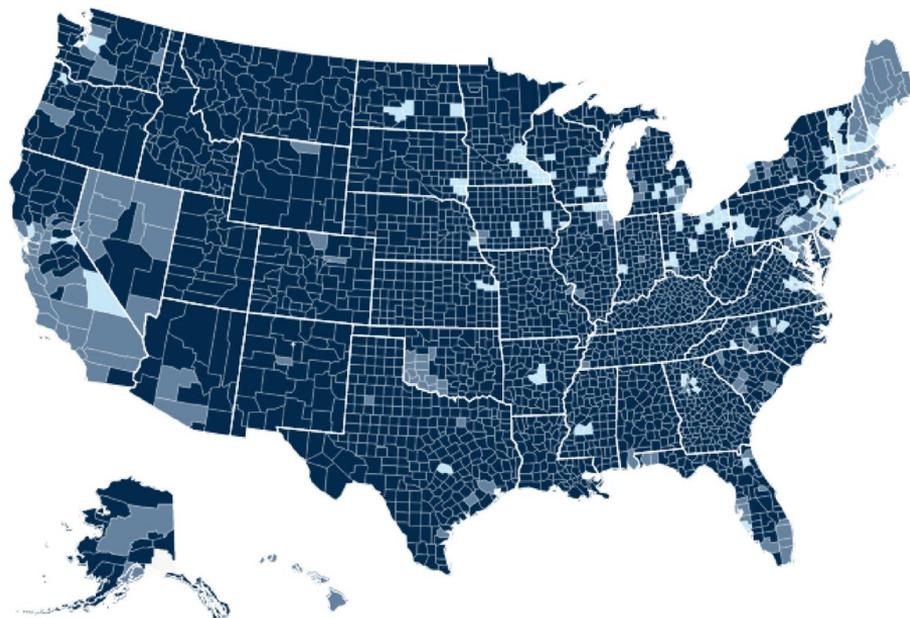
- Increase retention in the outpatient treatment program.

There are **not enough CBT** Providers to **Meet Demand**

U.S. Mental Health Professional Shortage, by County (2022)²

Cognitive Behavioral Therapy (CBT) is provided by mental health professionals (MHPs), but the shortage of MHPs in the U.S. means a lack of access to CBT

As of 2014, most individual and small group health insurance plans, including all ACA-compliant plans, are required to cover mental health and SUD services including CBT.¹



None of county is shortage area

Part of county is shortage area

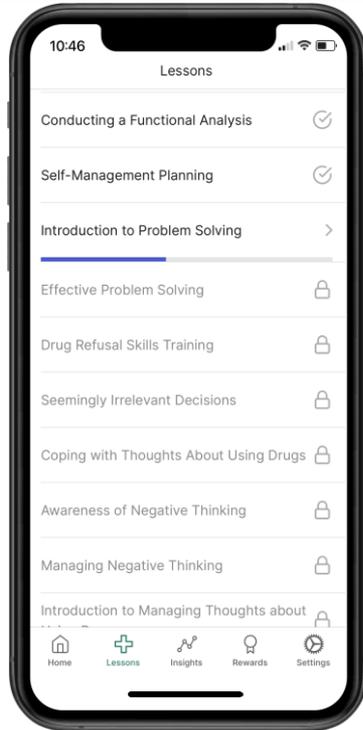
Whole county is shortage area

1. MentalHealth.gov. Health Insurance and Mental Health Services. March 2020. <https://www.mentalhealth.gov/get-help/health-insurance>.

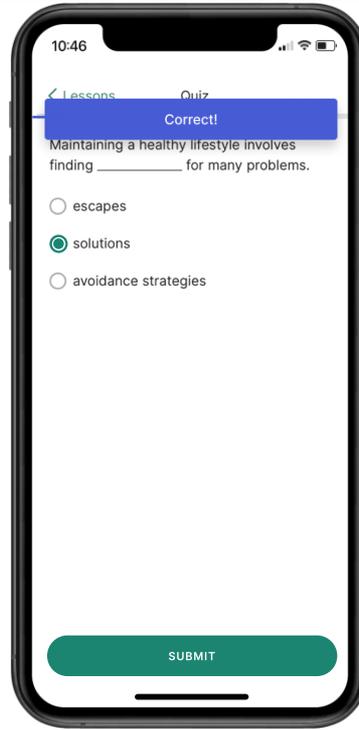
2. Health Resources and Services Administration. Health Professional Shortage Areas. January 2022. <https://www.ruralhealthinfo.org/charts/5>

reSET® and reSET-O® have 3 Primary Mechanisms of Action

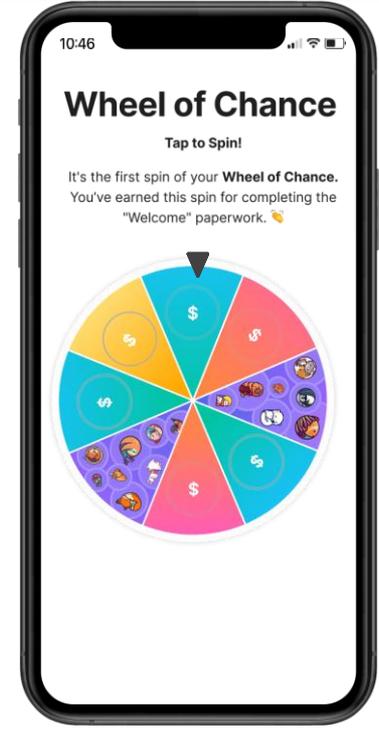
Addiction Specific Cognitive Behavioral Therapy Lessons



Fluency Training



Contingency Management (CM)

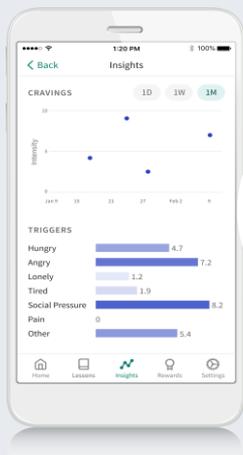


Capabilities and Functionalities

Patient

Provides Intervention^{1,2}

- Cognitive Behavioral Therapy (CBT) Modules
- Fluency Training
- Contingency Management
- Craving & Trigger Assessment
- Medication Reminders and Tracking



Clinician

Provides Insights^{3,4}

- Real-World Engagement
- CBT Module Use
- Fluency Training
- Contingency Management
- Cravings & Triggers
- Urine Drug Screens & Appointments

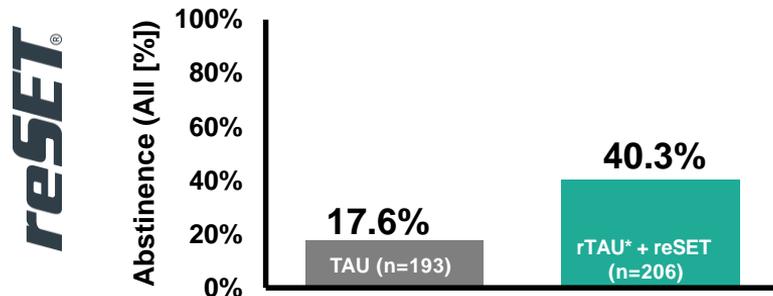


1. reSET® Patient Directions for Use. Boston, MA: Pear Therapeutics, Inc; 2019.
2. reSET-O® Patient Directions for Use. Boston, MA: Pear Therapeutics, Inc; 2019.

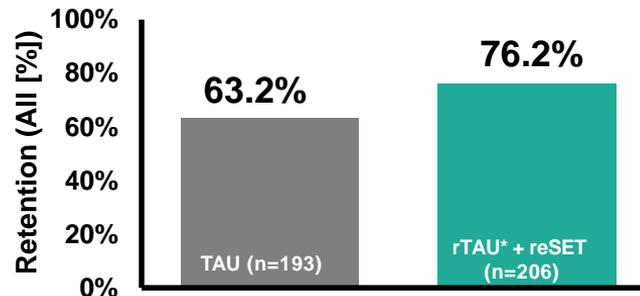
3. reSET® Clinician Directions for Use. Boston, MA: Pear Therapeutics, Inc; 2020.
4. reSET-O® Clinician Directions for Use. Boston, MA: Pear Therapeutics, Inc; 2020.

reSET® and reSET-O®: Topline Randomized Control Trial (RCT) Outcomes Summary

Abstinence Rates by Treatment Group¹⁻⁴

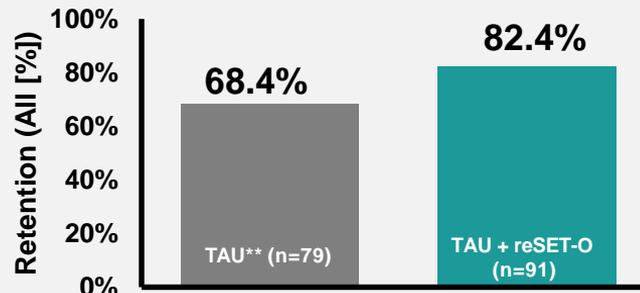


Retention Rate by Treatment Group¹⁻⁴



reSET-O®

reSET-O is not authorized to improve abstinence.



rTAU: reduced treatment as usual in which 2 hours of face-to-face therapy each week was replaced with use of a desktop-based Therapeutic Education System, which has equivalent content to reSET.
 TAU: Outpatient treatment including face-to-face therapy every other week, contingency management and buprenorphine pharmacotherapy.

1. Campbell et al. American Journal of Psychiatry. 2014. 171(6):683-690; 2. Pear Internal data and Pear regulatory submission. DEN160018 3. Christensen et al. J Consult Clin Psychol. 2014;82(6):964-972. doi:10.1037/a0037496; 4. Maricich YA, et al. *Curr Med Res Opin*. 2021

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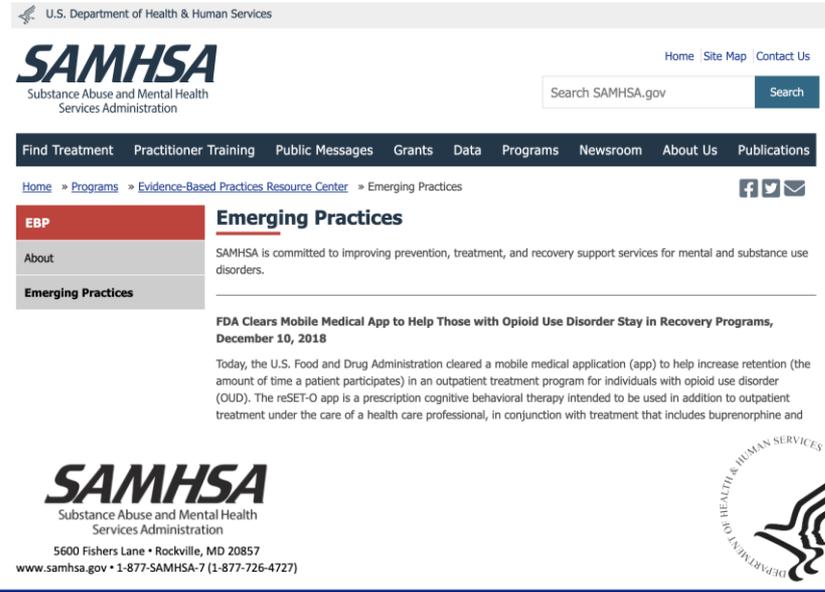
What are Federal Health Agencies Saying?



“Prescription digital therapeutics are software-based disease treatments intended to prevent or treat a disease that are regulated by the US Food and Drug Administration. For example, one prescription digital therapeutic authorized in 2018 delivers cognitive behavioral therapy for individuals receiving buprenorphine for opioid use disorder. Further exploration of such digital therapeutics and other health technology in the form of digital screening, assessment and treatment could help increase services for a wide array of patients.”

Explore reimbursement for evidence-based motivational incentives such as contingency management, and explore emerging evidence for digital screening, assessment, and treatment (digital therapeutics). Coverage should be explored for the incentives themselves, as well as for the provider costs for administering them and the digital tools that help enable the treatment **(including FDA-cleared and evidence-based approaches).**”

April 2022



May 18, 2021

Dear Single State Authority Director and State Mental Health Commissioner:

- Develop and expand the use of FDA-approved medications and digital therapeutics as a part of addiction treatment that can provide interactive, evidence-based behavioral therapies for the treatment of opioid use disorders, alcohol use disorders, and tobacco use disorders, along with the implementation of other evidence-based treatments and practices.

QUESTIONS?

INDICATIONS FOR USE:

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IMPORTANT SAFETY INFORMATION

Warnings: reSET is intended for patients whose primary language is English with a reading level of 7th grade or above, and who have access to an Android/iOS tablet or smartphone. reSET is intended only for patients who own a smartphone and are familiar with use of smartphone apps (applications).

Clinicians should not use reSET to communicate with their patients about emergency medical issues. Patients should be clearly instructed not to use reSET to communicate to their clinician any urgent or emergent information. In case of an emergency, patients should dial 911 or go to the nearest emergency room.

The long-term benefit of reSET has not been evaluated in studies lasting beyond 12 weeks (90 days) in the substance use disorder population. The ability of reSET to prevent potential relapse after therapy discontinuation has not been studied.

Please see the Clinician Brief Summary Instructions for reSET.

INDICATIONS FOR USE:

reSET-O is intended to increase retention of patients with opioid use disorder (OUD) in outpatient treatment by providing cognitive behavioral therapy, as an adjunct to outpatient treatment that includes transmucosal buprenorphine and contingency management, for patients 18 years or older who are currently under the supervision of a clinician. reSET-O is indicated as a prescription-only digital therapeutic.

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Warnings: reSET-O is intended for patients whose primary language is English with a reading level of 7th grade or above, and who have access to an Android/iOS tablet or smartphone. reSET-O is intended only for patients who own a smartphone and are familiar with use of smartphone apps (applications).

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reSET-O is not intended to be used as a stand-alone therapy for Opioid Use Disorder (OUD). reSET-O does not replace care by a licensed medical practitioner and is not intended to reduce the frequency or duration of in-person therapy. reSET-O does not represent a substitution for a patient's medication. Patients should continue to take their medications as directed by their healthcare provider.

Patients with opioid use disorder experience mental health disease and co-morbid medical problems at higher rates than the general population. Patients with opioid use disorder have higher baseline rates of suicidal ideation, and suicide attempts, and suicide completion. Clinicians should undertake standard of care to monitor patients for medical problems and mental health disease, including risk for harming others and/or themselves.

The long-term benefit of reSET-O has not been evaluated in studies lasting beyond 12 weeks (84 days) in the OUD population. The ability of reSET-O to prevent potential relapse after therapy discontinuation has not been studied.

Please see the Clinician Brief Summary Instructions for reSET-O.