



Outro – Investment Framework

Links

Website: <https://www.outro.com/>

Pitch Deck: <https://docsend.com/view/bgnjvsimz8795w3t>

Demo: <https://vimeo.com/1080895047/bd19543f1f>

Team

Outro Health was co-founded by Brandon Goode, Tyler Dyck, and Dr. Mark Horowitz, who bring a blend of healthcare, operational, and scientific expertise. Goode - with prior experience at Novo Nordisk, and Dyck - formerly Director of Finance at Field Trip Health and HelloFresh Canada, teamed up with Dr. Horowitz - a Clinical Research Fellow with the UK's NHS and Visiting Lecturer at King's College London, whose pioneering work in psychiatric deprescribing forms the clinical backbone of Outro's approach.

Tech

Outro is a virtual clinic providing structured, evidence-based support for antidepressant tapering. The platform offers personalized hyperbolic tapering plans, 1:1 support from trained clinicians, and compound medications tailored to gradual dose reductions. The digital experience helps patients manage withdrawal symptoms while maintaining access to psychiatric care. Monetization comes from direct-to-consumer subscriptions, pharmacy revenue from custom compounding, and future payer and provider contracts.

Traction

Outro has launched its clinical platform and is actively enrolling patients, but is still in beta phase which they plan to come out of this month. They scaled from 2 treating clinicians to 10 clinicians and have screened over 170 patients for tapering. 24% MoM revenue growth up to \$18k MRR currently.

Timing

Antidepressant use is at record highs, with many patients struggling to discontinue medications due to withdrawal symptoms. As millions of patients remain on antidepressants for years—despite guidelines recommending short-term use—there's rising demand for safe, evidence-based tapering solutions. Regulatory bodies are also beginning to address the need for deprescribing support infrastructure, creating a timely inflection point for deprescribing innovation.

TAM

Over 80 million people in the U.S. and Europe are on antidepressants, many of whom will attempt tapering at some point. The addressable market for psychiatric medication deprescribing is massive and largely untapped. Outro's approach applies to a broad set of drug classes, including antidepressants, benzos, Z-drugs, and more, representing a combined TAM of \$280B, with \$98B in long-term antidepressant prescriptions alone. Compounded pharmacy services and clinical reimbursement models further expand revenue potential.

Terms

Outro is actively fundraising to scale its clinical infrastructure, expand to the U.S., and build partnerships with pharmacy, payer, and employer stakeholders. They raised a \$850,000 pre-seed round in April 2022 to do a pilot in Canada (Lionheart VC) and a \$1,950,000 pre-seed 2 in June 2024 to launch in the US (Hannah Grey, K50 Ventures). SVA is investing alongside other investors at \$10M post-money valuation.

Accelerator Impact Assessment

SVA programming will focus on product market fit and GTM support. Feedback from SV Advisors, along with introductions to payers, health plans, and pharmacy benefit managers, will help refine messaging and expand reach with early adopters, shortening time to product-market fit.



- Clinical Sensitivity** – Antidepressant tapering is complex and must be done with high clinical oversight.
- Market Stigma** – Mental health stigma and prescriber resistance may slow adoption.
- Regulatory Navigation** – Operating in multiple jurisdictions requires careful clinical and pharmacy compliance.

Application Responses

| Company Name | Outro Health |
|--|--|
| Year Founded | 2022 |
| Describe your company (Word limit - 50) | <p>The first virtual platform for deprescribing, starting with the 50M Americans on antidepressants. We leverage the first neuroscience-based tapering method, invented by our co-founder.</p> |
| What problem are you solving, and why does it matter | <p>We're solving the absence of dedicated deprescribing solutions for several drug classes, used by 100M+ people in the western world. Particularly for psychiatric medications: 10s of millions are using the drugs for longer than guidelines recommend - subject to side effects and long-term effects - and withdrawal symptoms keep them trapped on medications (and drives up healthcare costs). We believe that deprescribing will become a revolutionary category of medicine - a response to the epidemic of overprescribing.</p> |
| Name and title of co-founders (Please include LinkedIn profiles) | <p>Brandon Goode, CEO (https://www.linkedin.com/in/goodebrandon/)</p> <p>Dr. Mark Horowitz, Head of Research (https://markhorowitz.org/)</p> |
| Who is building your technology and product, and is any of it built by someone who is not part of your team? | <p>Jack Weatherilt, Founding Engineer (https://www.linkedin.com/in/jack-weatherilt/)</p> <p>Brandon Goode, CEO</p> |
| What is the total team size and split between functional departments (e.g. engineering, G&A, etc.)? | <p>G&A: 3 full time, 2 fractional</p> <p>Engineering: 1 full time</p> <p>Clinical: 1 full time, 10 1099s</p> |
| How did you meet your co-founder, and what made you decide to work together? | <p>I met Dr. Horowitz in 2021, after coming across the problem of antidepressant withdrawal and searching to see if there was an evidence-based way to stop them. His was the only methodology I could find. We got along well and my experience in healthcare commercialization complemented his medical expertise and budding KOL status.</p> |
| Are you in-market with a product/service? If so, for how long? | <p>Yes. We've been running our first US tapering cohort since June 2024.</p> |
| Who is your target customer, and what is their biggest pain point? | <p>Currently, people who want to stop their antidepressants - expanding to other psych medication classes, and eventually to people who want to get off hard-to-stop medications, in general. Their pain points are that doctors either (1) don't want them to stop meds or (2) don't know how to help them do it (>80% of Rx's by PCPs; though psychiatrists don't know how either).</p> |
| What is the size of your target market? | <p>With consumer demand and clinical data, we'll grow into a deprescribing platform for payers and employers - reducing current pharmacy spend, future increase, and the cost associated with withdrawal.</p> |
| | <p>Near-term market: Over 100M psychiatric medication prescriptions in the US (most, >2/3, taken longer than guidelines recommend).</p> |



Who are your competitors? What do they get wrong?

Staying on medication: ineffective, long-term risks, unnecessary.
PCPs deprescribing: Not trained on it, don't have the time.
Psychiatrists: Expensive, limited, largely believe medications are needed long-term due to pharma-driven education
Telemedicine prescribers: Similar beliefs as psychiatrists on long-term medication; business model fundamentally not built for deprescribing; drop in the bucket of overall prescriptions.

What is your business model? How do you generate (or plan to generate) revenue?

Cash pay: \$250-295/month for Taper Management (12-24 month tapers)
FFS (starting H2 2025): using common E/M codes that cover medication management
VBC (goal): bundled payments based on different levels of patient needs and complexity (similar to OUD and eating disorders)
Compounding pharmacy (future vision): additional opportunity that is needed for tapering psych meds and (likely) GLP-1s

What is your current traction over the last 6 months?

Over 170 patients screened for tapering. 24% MoM revenue growth up to \$18k MRR. Scaled from 2 treating clinicians to 10 clinicians. Still in beta phase, coming out in May.

How many customers do you have? Please describe your sales pipeline today.

We currently have 60 active patients in our taper management program, with 937 accounts created, 26 in the evaluation phase, and 42 eligible who've yet to sign up. 1500+ on waitlist from other states.

How many of them are paying and what is the current pricing structure?

All are paying. We currently have two models:
Taper Management: all-inclusive (1 appt/month) for \$295/month
Taper Platform: \$149/month + \$175 per appointment

What is the typical sales cycle you have and who needs to be involved in the buying decision?

N/A for our current situation. Moving into payers and employers, this would be typical to a virtual care company (particularly BH).

What market signals or customer research supports your go to market approach?

General tailwinds around distrust in pharma, health policy (my degree), media coverage and non-drug healthcare. Deprescribing has gained a lot of steam, and our co-founder is a main KOL. He rewrote the UKs antidepressant tapering guidelines in 2022, his textbook the Maudsley Deprescribing Guidelines sells more than the Prescribing Guidelines, and he helped write the new ASAM benzo tapering guidelines, published in March 2025.

Specifically to SSRIs, online groups like Surviving Antidepressants get 30k visits/month, Cymbalta Hurts Worse has 42k members. Pharma companies with new drugs in the pipeline will be spending \$10Ms on disparaging SSRIs/SNRIs to make their market (we'll ride on this coverage)

For GLP-1s, there's big employer concerns about costs.

How have you funded the company to date? Who are your investors, if any?

\$850,000 pre-seed round in April 2022 to do a pilot in Canada (Lionheart VC)
\$1,950,000 pre-seed 2 in June 2024 to launch in the US (Hannah Grey, K50 Ventures)

How much runway do you have?

8 months

Are you currently fundraising?

TRUE

What specific outcomes do you hope to achieve during the program?

I want to start conversations with payers, employers and brokers to learn how to build our programs, pricing, evidence and language with them in mind. Trying to close Seed in Q4 2025, I'd like to be in a position to secure 2 health system or payer partnerships in 2026.



What are your company's greatest barriers to success?

Market education on the problem of antidepressant withdrawal. Solving using pharma tactics to market creation and unmet need communication (learned launching obesity drug class at Novo Nordisk).

What gaps in knowledge, network, support do you currently have?

Scaling up provider training on deprescribing. Solving by leveraging Dr. Mark Horowitz and Dr. Bryan Shapiro as KOLs, developing CME and presenting at relevant conferences.

Please describe a major piece of feedback or learning you've received and how you used it to pivot the company or your career.

We currently don't have anyone on the team dedicated to developing provider channel and payer/health system relationships. I see a big opportunity with both channels. In pharma we'd call that Medical Affairs and Market Access. Advisors Barry Herman (launched Zoloft & Vyvanse) and Melissa Reilly (former CGO of BH at Evernorth) are currently supporting on this.

How did you learn about this program?

I was working in the psychedelic therapy space doing drug development and clinical infrastructure, after Novo Nordisk and before starting Outro. After 30+ patient interviews, and more messages, it hit me that antidepressants were hard to stop - they aren't these benign multivitamins. People were seeking out psychedelic therapy for the primary reason of trying to get off Lexapro or Prozac, not for depression or anxiety. I learned that antidepressants are hard to stop primarily due to physical dependence and withdrawal, not because people "relapse" into depression or anxiety. This learning pivoted me to working on deprescribing.

If you were referred by in network contact, what is their name?

Allison Baum Gates

Allison Baum Gates



We're a virtual care platform that helps people safely stop antidepressants, for good.

HIGHLIGHTS

First to use neurobiology-based tapering methods.

Co-founder is the world-leading expert in deprescribing.

3-month retention above 90%; NPS of 90; LTV > \$3,000.

OPPORTUNITY

The deprescribing market is over \$100B.

Insurance reimbursement pathways already exist.

Adjacent markets in benzos, Z-drugs, lifestyle medicine.

Compounded medications represent high margin opportunity.



Brandon Goode
Co-Founder & CEO



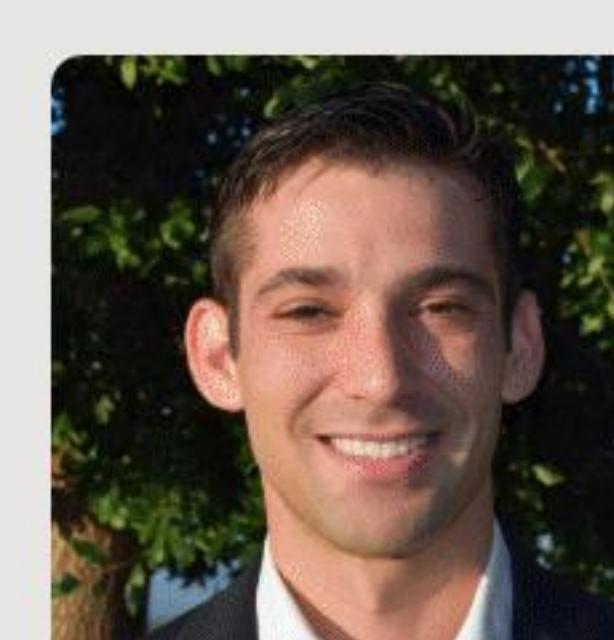
Mark Horowitz, MD, PhD
Scientific Co-Founder



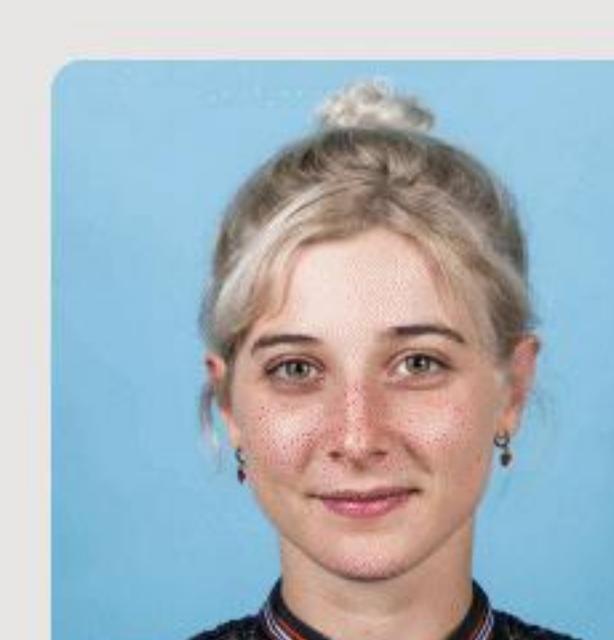
Jack Weatherilt
Engineering & Product



Charlotte Herring, NP
Lead Nurse Practitioner



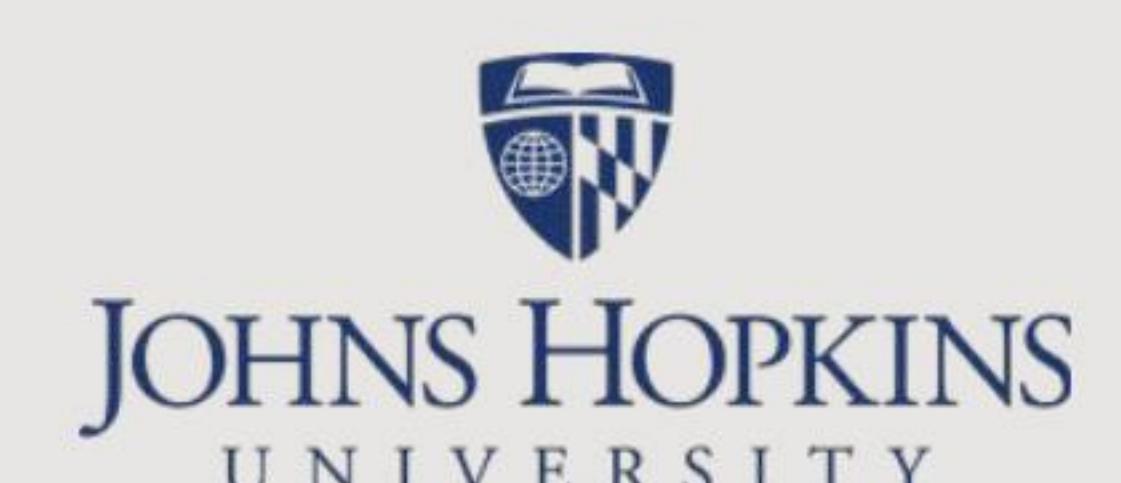
Bryan Shapiro, MD
Medical Director



Emma Frati
Partnerships & Ops



Patrick Casey
Growth & SEO



Co-Founders

We've been at the forefront of generational health trends

GLP-1 Medications



Led the private market strategy for the obesity portfolio (and tried to build GLP-1 deprescribing).

Psychedelic Medicine



Led partnerships and supported the commercialization of the first ketamine-assisted therapy model.

• Deprescribing




Partnering with the world-leading expert on deprescribing to build the next resonant, revolutionary market.

Market Deprescribing

Deprescribing is a massive, untapped market

Our tapering method applies to most
psychiatric medications (e.g., benzos,
gabapentinoids, Z-drugs, stimulants).





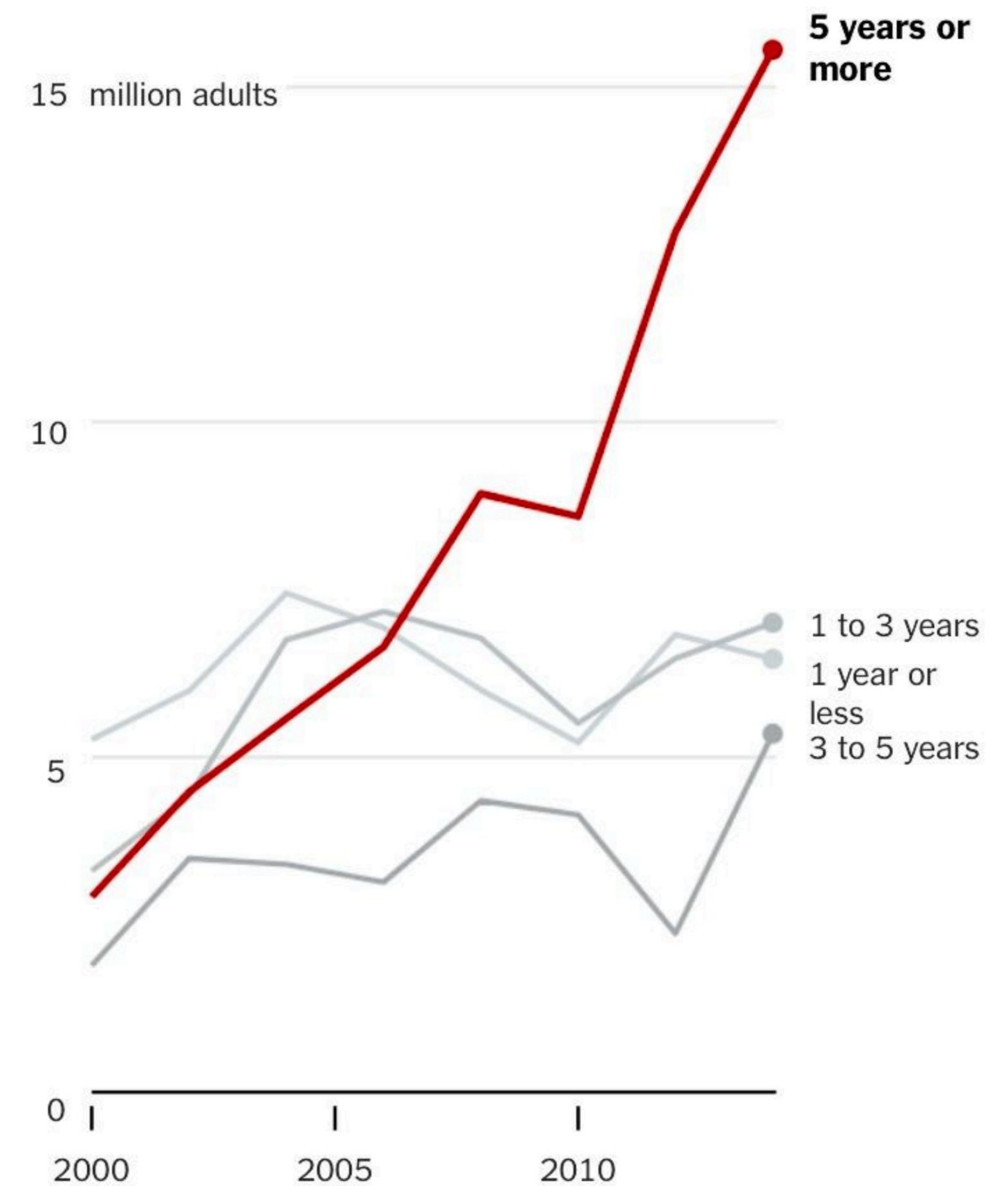
Problem Long-Term Antidepressant Use

Currently, millions of people are using these drugs for years, or even decades

Guidelines recommend 6-9 months of treatment, and clinical trials are 6-8 weeks long.

Long-term Antidepressant Use

Nearly 7 percent of American adults have taken prescription antidepressants for at least five years.



• • •

Problem Antidepressant Withdrawal

Withdrawal symptoms have been long-hidden, and make it difficult for patients to stop

56% More than half of people experience withdrawal symptoms from antidepressants.

1996 Pfizer memo

Following our conversation, I think Norway should have some guidance over what they should submit. I have looked through manuscript and think it would be appropriate to use the introduction, the section on sertraline, the conclusion and an edited list of references (include only those directly related to SSRI / sertraline withdrawal syndrome). It would probably be helpful if they also submit copies of the most important references (Australian ADR Bulletin, "MCA" paper, SSRI withdrawal symptoms paper? -check with

We should not volunteer to describe the withdrawal symptoms, but have an agreed list prepared in case they insist.

"We should not volunteer to describe the withdrawal symptoms, but have an agreed list prepared in case they insist."

FIDELITY I could discuss over the phone. I missed you today. Tomorrow I'm in a meeting 10:30 am until noon otherwise should be in my office (or you could call directly if you can't catch me).

Basically we suggest that Norway first submits manuscript perhaps also together with the same arguments provided to Austria. If they don't agree to this, we suggest they propose wording on withdrawal for which we'd have to convene a meeting with

Source: BBC Panorama

BBC

• • •

Problem Antidepressant Withdrawal

Most doctors can't (or won't) help their patients stop medications

- ❗ No training in deprescribing
- ❗ 10-30% success rate in current clinical practice
- ❗ Mistaking withdrawal for relapse in depression
- ❗ Most Rx's from primary care



The New York Times

Many People Taking Antidepressants Discover They Cannot Quit

Share full article

1.1K

Dr. Mark Horowitz Co-Founder

Our co-founder is the world-leading expert in deprescribing

Dr. Mark Horowitz is the developer of hyperbolic tapering, co-author of the United Kingdom national guidelines, and the lead author of the Maudsley Deprescribing Guidelines.

nature **The New York Times** **BBC**

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Why Now The Deprescribing Movement

We're at the forefront
of the deprescribing
movement

Patients are seeking alternative solutions for their mental health, after losing trust in the pharma-driven, pill-per-day paradigm that has failed to solve the mental health crisis.

The New York Times

[GIVE THE TIMES](#)

Many People Taking Antidepressants Discover They Cannot Quit

[Give this article](#)

1.1K

A woman with long, light-colored hair is seen from the side, looking out of a window. The window has a light-colored, diamond-patterned curtain. The scene is dimly lit, with the woman's face partially in shadow.

Elon Musk  
@elonmusk

Subscribe

...

There is an argument that the negatives of SSRIs outweigh the positives

12:50 AM · Jun 18, 2023 · 839.1K Views

1,338 Retweets 146 Quotes 25.8K Likes

The image is the cover of a NewswEEK magazine. At the top, the text "QAnon's Biggest Booster: Truth Social" is displayed in a black serif font. Below this, the magazine's name "NewswEEK" is written in large, bold, white letters. The "E" in "NewswEEK" is partially obscured by a large pile of various colored pills (white, green, blue, orange) that is spilling out from behind the letters. The date "09.30.2022" is printed in a small white box above the "E". Below the title, the main headline "HOOKED ON HYPER" is written in large, bold, black and red letters. The "O" in "HOOKED" and the "O" in "HYPER" are red. The "E" in "HYPER" is black. Below the headline, there is a sub-headline in black text: "ANTIDEPRESSANTS WORK NO BETTER THAN SUGAR PILLS FOR MOST OF THE 43 MILLION". The background of the cover is white, and the overall theme is a critical look at the pharmaceutical industry and its impact on society.



≡ **abc** NEWS



Hyperbolic Tapering The Outro Difference

The first neurobiology-based tapering method that minimizes withdrawal

Based on the hyperbolic relationship between drug dose and receptor occupancy, the hyperbolic tapering method is designed to minimize antidepressant withdrawal symptoms.

- ✓ Based on fundamental science ✓ Personalized drug algorithms
- ✓ Minimizes the risk of withdrawal ✓ Reduces hospitalizations
- ✓ Endorsed by national healthcare bodies like the NHS

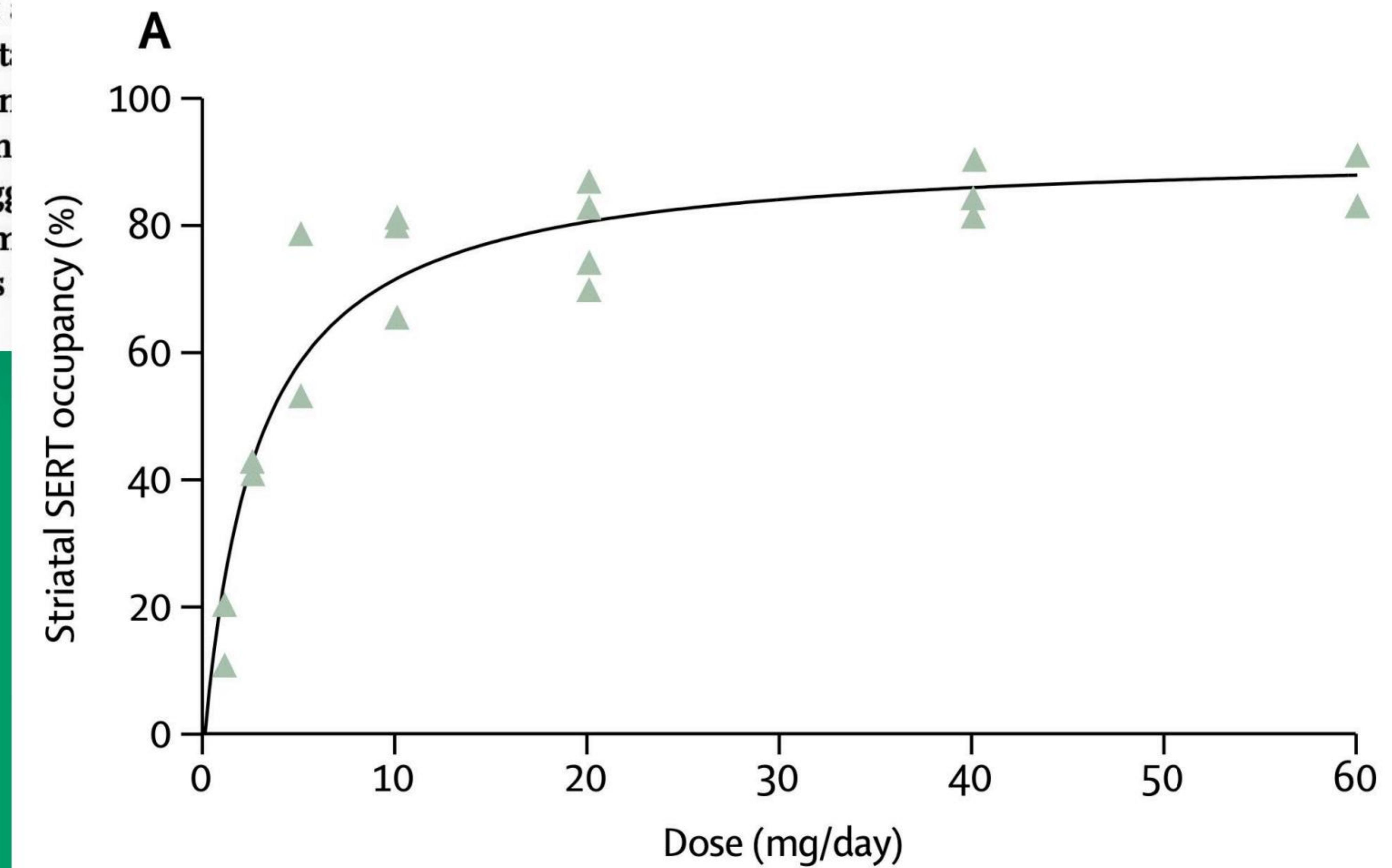


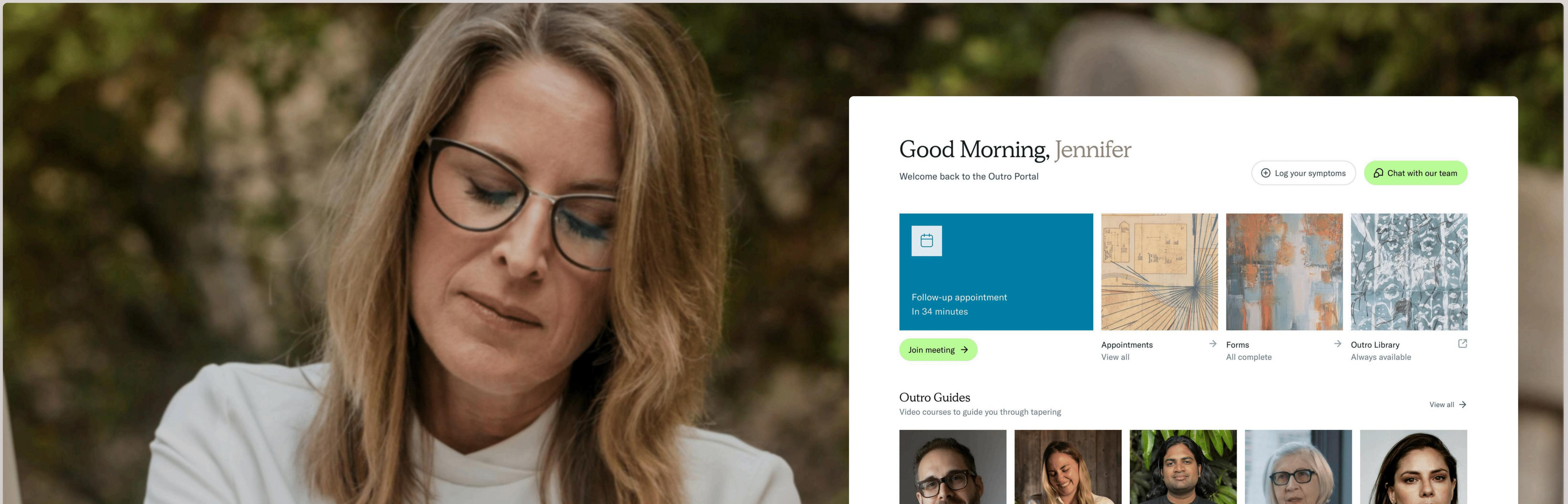
Tapering of SSRI treatment to mitigate withdrawal symptoms

Mark Abie Horowitz, David Taylor

All classes of drug that are prescribed to treat depression are associated with withdrawal syndromes. SSRI withdrawal syndrome occurs often and can be severe, and might compel patients to re-commence their medication. Although the withdrawal syndrome can be differentiated from recurrence of the underlying disorder, it might also be mistaken for recurrence, leading to long-term unnecessary medication. Guidelines recommend short tapers, of between 2 weeks and 4 weeks, down to therapeutic minimum doses, or half-minimum doses, before complete cessation. Studies have shown that these tapers show minimal benefits over abrupt discontinuation, and are often not tolerated by patients. Tapers over a period of months and down to doses much lower than minimum therapeutic doses have shown greater success in reducing withdrawal symptoms. Other types of medication associated with withdrawal, such as benzodiazepines, are tapered to reduce their biological effect symptoms. These dose reductions are done with exponential t method could have relevance for tapering of SSRIs. We exar occupancy by SSRIs and found that hyperbolically reduc transporter inhibition in a linear manner. We therefore sug slowly to doses much lower than those of therapeutic minimum associated with withdrawal symptoms. Withdrawal symptoms

Lancet Psychiatry 2019
Published Online
March 5, 2019
[http://dx.doi.org/10.1016/S2215-0366\(19\)30032-X](http://dx.doi.org/10.1016/S2215-0366(19)30032-X)
Prince of Wales Hospital,
Sydney, NSW, Australia
(M A Horowitz PhD); Health and
Environment Action Lab,





Outro packages hyperbolic
tapering into the complete
virtual care platform



- ✓ Personalized, science-based tapering plans
- ✓ Regular clinician visits
- ✓ Asynchronous messaging & monitoring
- ✓ Access to compounded medications
- ✓ Lifestyle medicine support

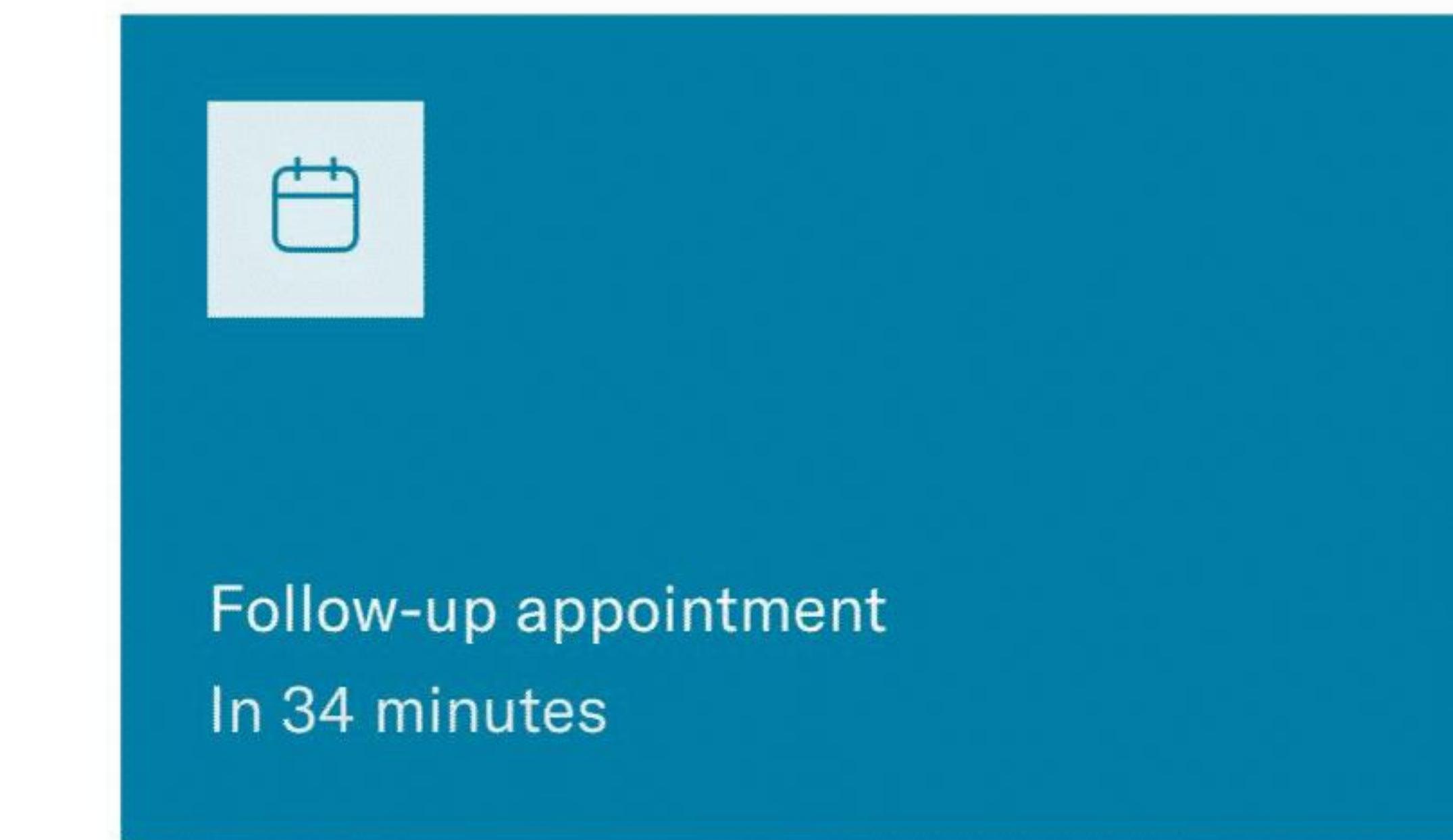
A virtual platform purpose-built for tapering

Outro's digital tools and care model are build specifically for the needs of people coming off their antidepressants.

- ✓ Monitor and minimize withdrawal symptoms
- ✓ Reduce the risk of depression relapse
- ✓ Coordinate access to compounded medications
- ✓ Build new skills for long-term mental wellness

Good Morning, Jennifer

Welcome back to the Outro Portal

[Log your symptoms](#)[Chat with our team](#)[Join meeting](#)

Appointments
View all



Outro Guides

Video courses to guide you through tapering



Withdrawal 101
Dr. Mark Horowitz



Lifestyle Medicine 101
Charlotte Herring, NP



Coping with Symptoms
Dr. Appasani



Support Systems
Adele Framer

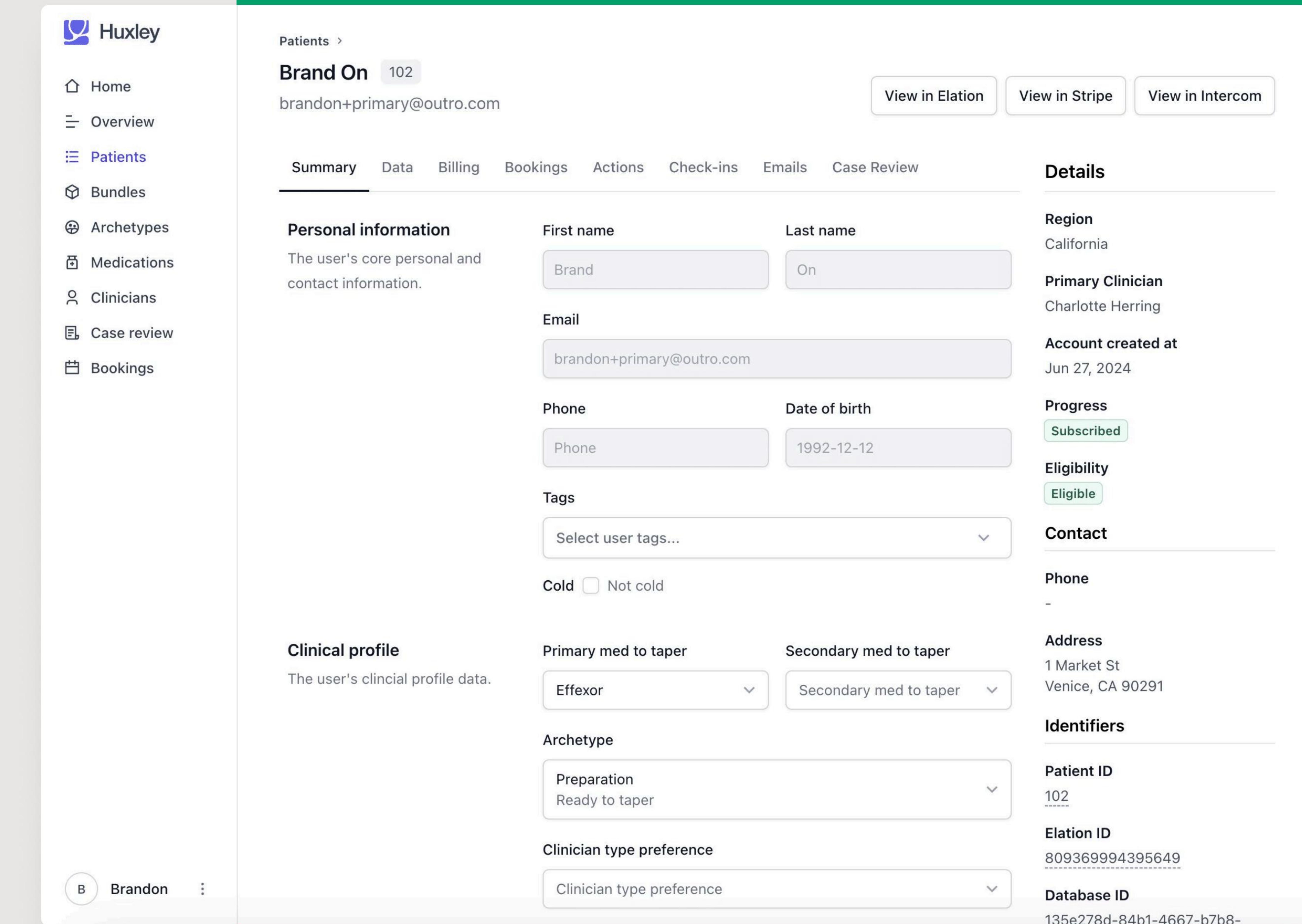


Tapering Stories
Various Speakers

A clinical platform enabling scalability & defensibility

Huxley, our proprietary deprescribing tool, allows care teams to efficiently make clinical decisions, monitor patient progress, and collaborate with providers internally and externally.

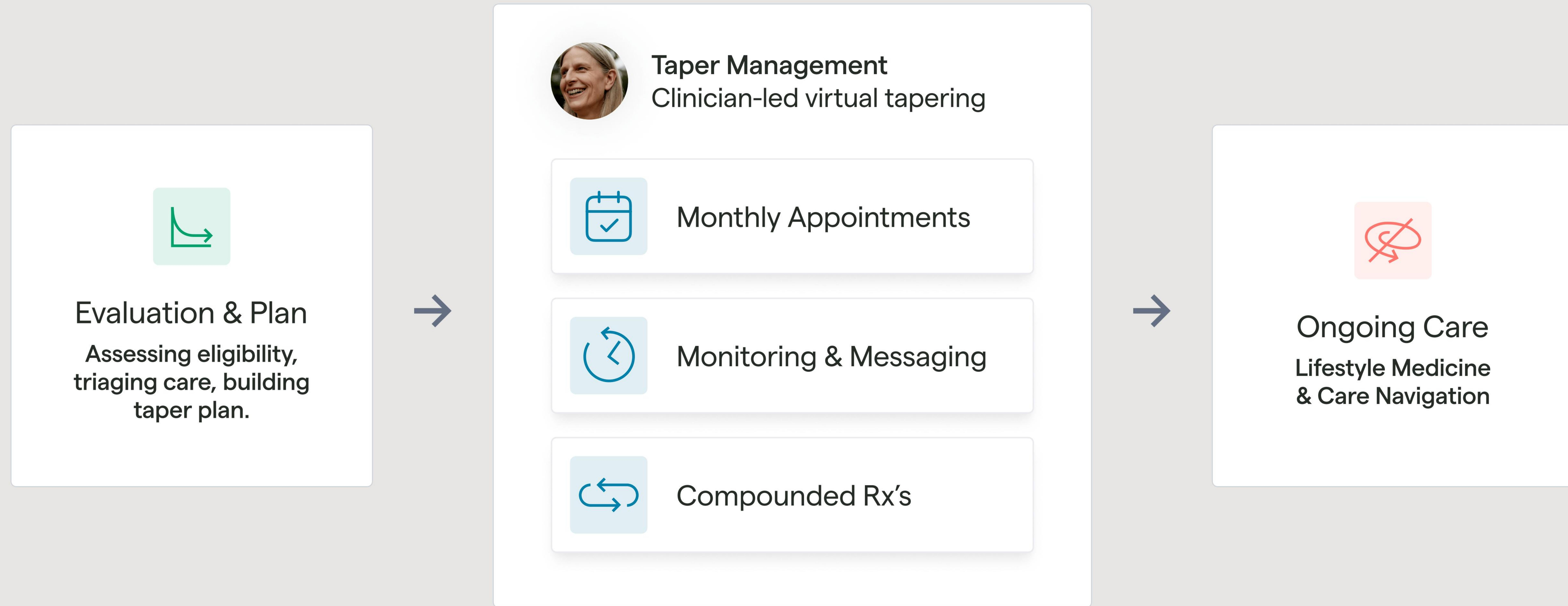
- ✓ AI agents purpose built for deprescribing
- ✓ Optimizing for a specific workflow, personalized to patients
- ✓ Enabling collaborative care with external clinicians.
- ✓ Data for patient archetypes to optimize care and outcomes.



The screenshot displays the Outro clinical platform. On the left, a sidebar for 'Huxley' shows navigation links: Home, Overview, Patients (selected), Bundles, Archetypes, Medications, Clinicians, Case review, and Bookings. The main content area shows a patient profile for 'Brand On' (102). The profile includes sections for Personal information (First name: Brand, Last name: On, Email: brandon+primary@outro.com), Clinical profile (Primary med to taper: Effexor, Secondary med to taper: Secondary med to taper), Archetype (Preparation: Ready to taper), and Clinician type preference. The right side of the interface is a 'Details' panel with sections for Region (California), Primary Clinician (Charlotte Herring), Account created at (Jun 27, 2024), Progress (Subscribed), Eligibility (Eligible), Contact (Phone: -), Address (1 Market St, Venice, CA 90291), Identifiers (Patient ID: 102, Elation ID: 809369994395649), and Database ID (135e278d-84b1-4667-b7b8-).

How It Works

A safe, sustainable path off of antidepressants



Business Model

A business model that leverages common billing codes

Cash pay

Go-to-market



Average taper

18 months

Monthly

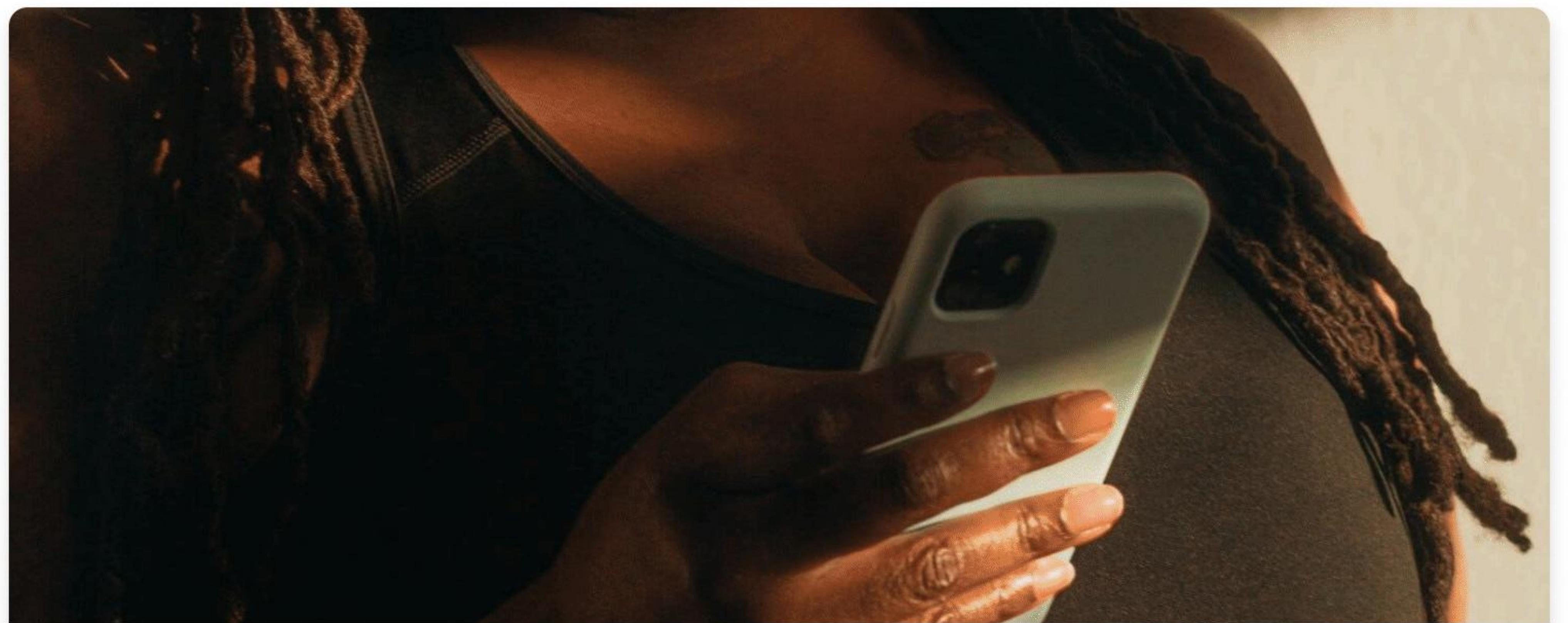
\$295

LTV

\$5,000/patient

In-network insurance

Q2 2025



Main codes

99204, 99214

Monthly

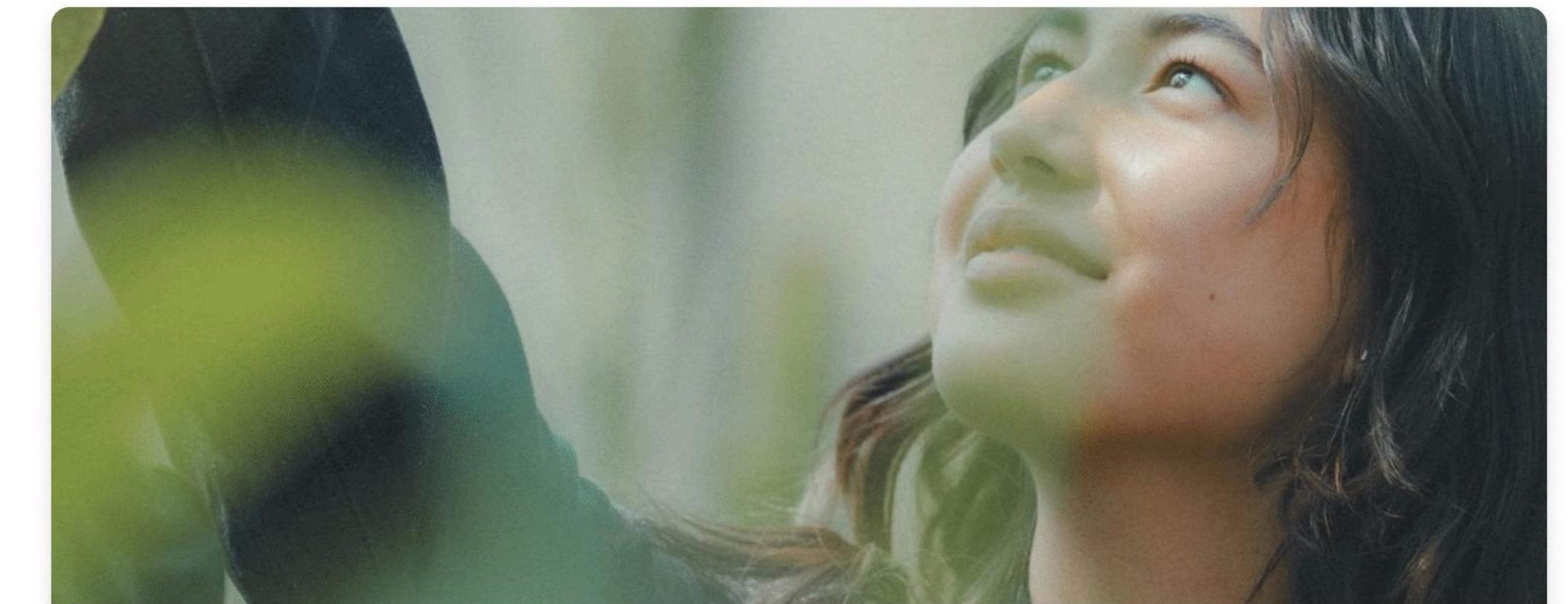
\$235+

LTV

\$4,000/patient

Value-based care

2026 →



\$100M ARR

30k patients

Monthly

\$300+

LTV

>\$5,000/patient

Go-To-Market D2C then B2B2C

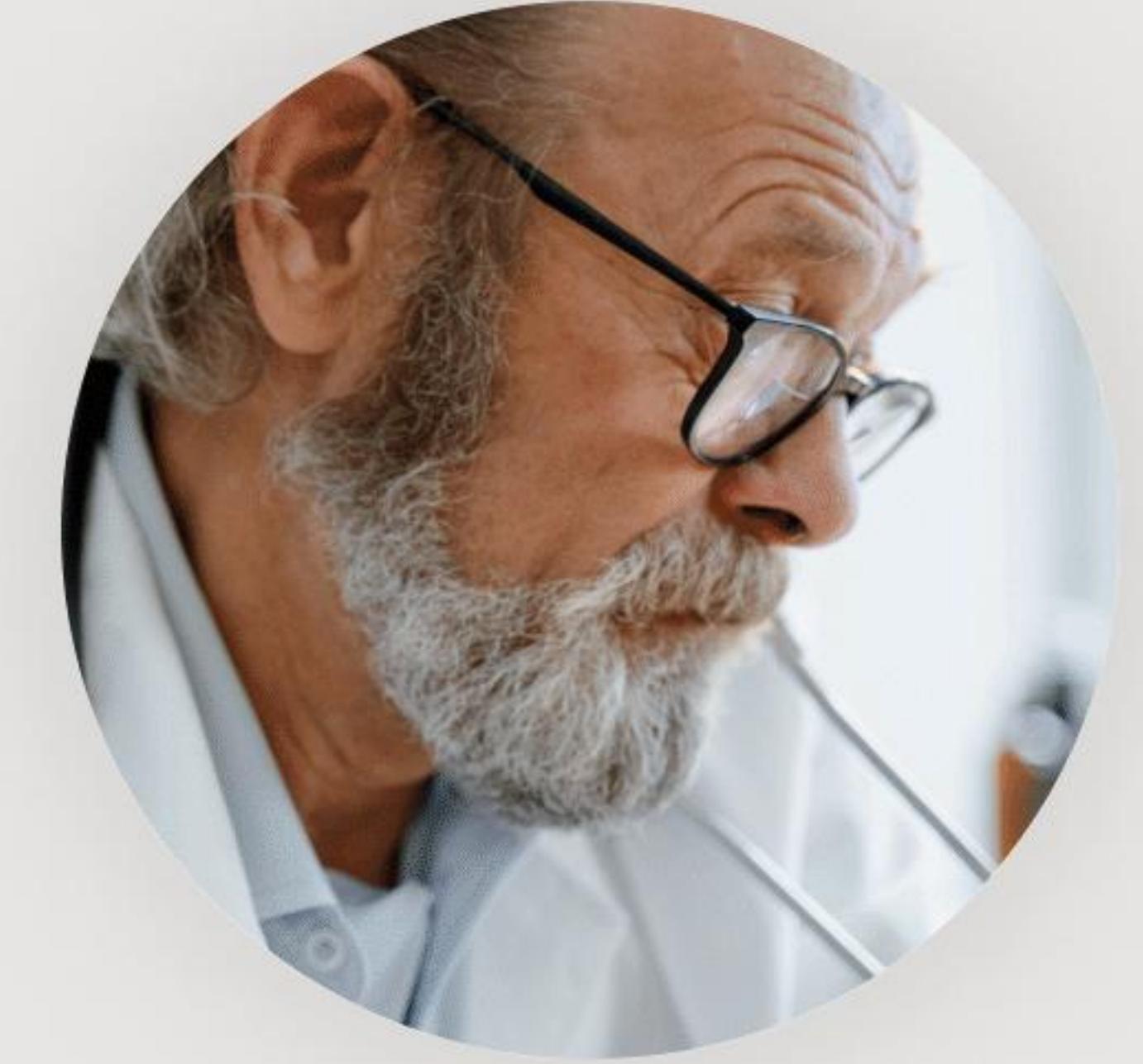
Starting with consumers and channel partners

We're leveraging the unmet need and cultural zeitgeist to collect outcomes data and demonstrate demand, then moving towards partnerships with health systems and payers.



Online Peer Support Forums

Partnering with Surviving ADs and FB Groups, which have > 100,000 US members.



Provider Referral Channels

Leveraging connections into therapists and ketamine clinics, and existing PCP networks.



Paid Search & SEO


Focusing on Effexor, Cymbalta, & Paxil, tapering & withdrawal with volumes of 100k+.



Unique PR Opportunities

Dr. Horowitz has already been featured in major news outlets & podcasts.

Live in several states, expanding through 2025



TRACTION

Since onboarding our first cohort, we've positioned ourselves to grow our patient base in Q2 2025

25%

MoM growth
Past 6 months

>\$200k

ARR

92

NPS

>\$3k

Revenue/patient
Annual

>70%

Engage for 6+ months
Retention in cash pay

Future expansion opportunities

Across Rx classes

Benzodiazepines
Z-drugs
Gabapentinoids
Stimulants (ADHD)
GLP-1s

Expands TAM

Additional Services

Clinical wrap-arounds
(e.g., collaborative care)
Health coaching
Functional Medicine

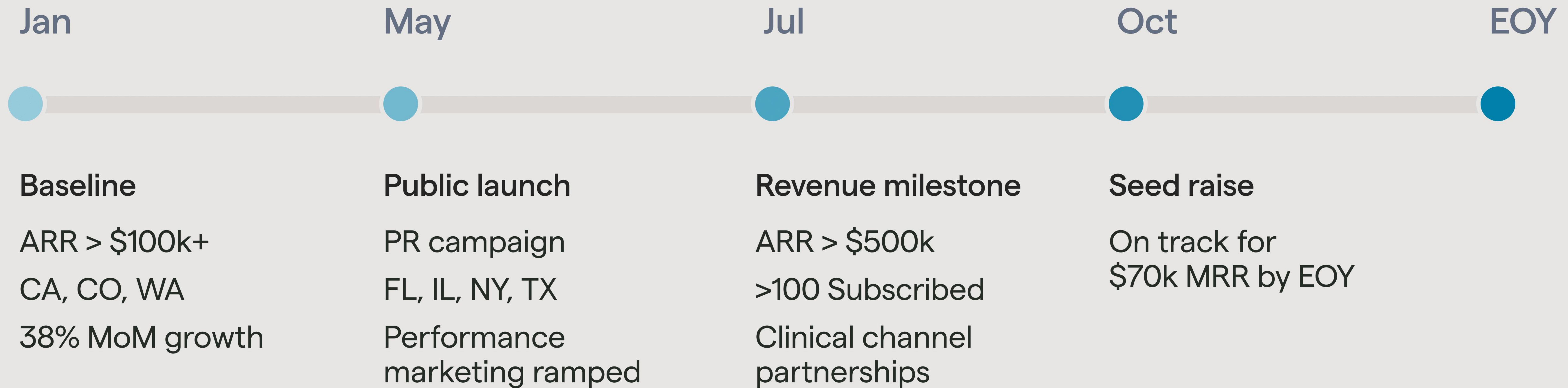
Expands ARPU + LTV

Compounded Rx's

Currently partnering
Necessary for tapering
High margin (>70%)

Expands ARPU

H2 2024 focused on clinical model development and clinician training, with 2025 focusing on growth



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Company milestones

Pre-Seed

PoC in Canada

Co-founder expertise

Q2 2024

Seed

>150 Patients

>\$500k ARR

Strong retention & NPS
Early payer testimonials
MVP provider referrals
Clinical model economics

Q4 2025

Series A

>1,000 Patients

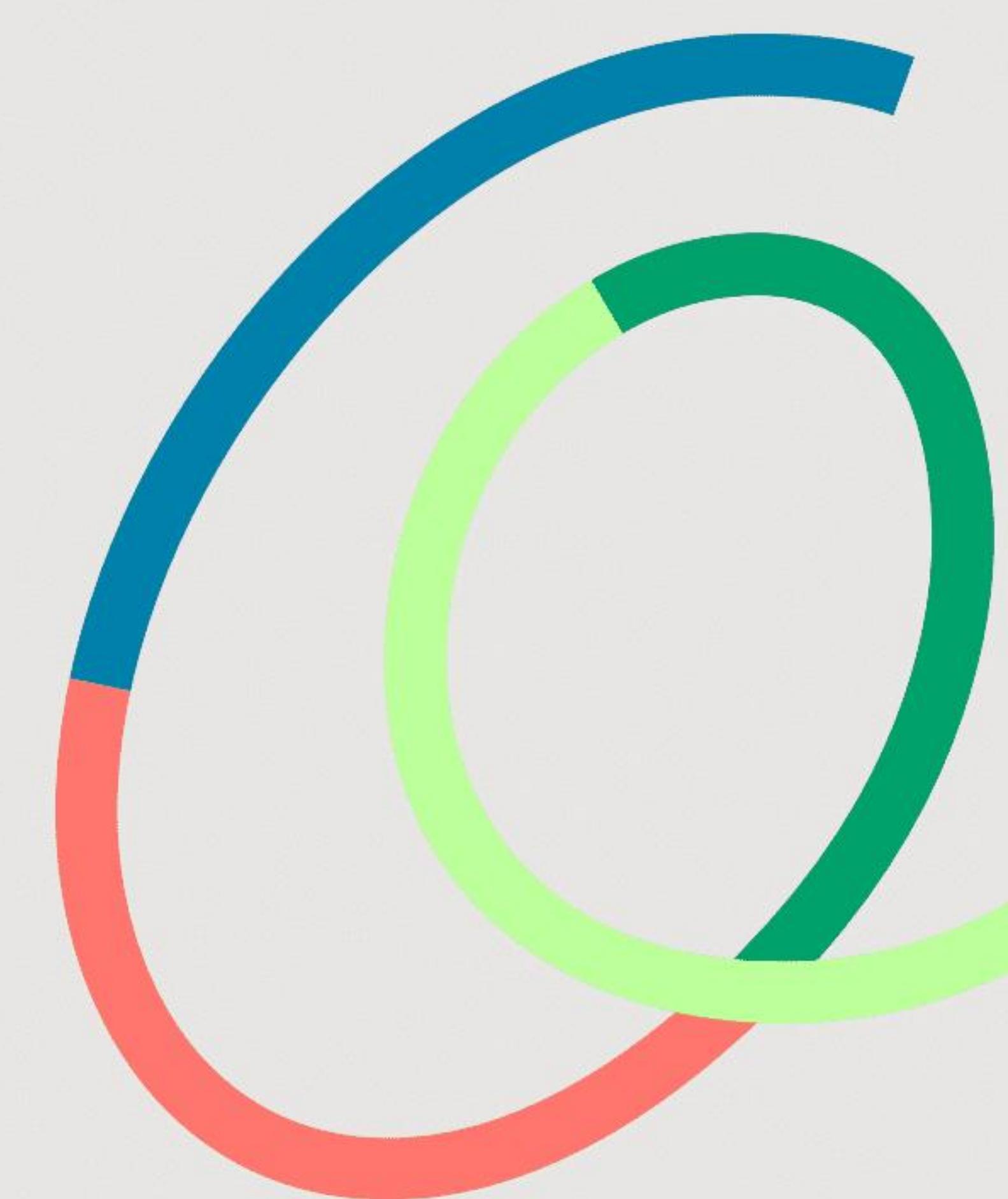
\$2.5-3M ARR

Outcomes data
2-3 payer pilots
Matured provider referrals
Clinical model economics

Q4 2025

Because people deserve a life after medication

brandon@outro.com

 **Outro**



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