



Palatin Technologies, Inc.
OTCQB: PTNT

CORPORATE PRESENTATION
October 2025

Carl Spana, Ph.D.
President & CEO

Stephen T. Wills, CPA/MST
CFO / COO

Forward Looking Statements

The statements in this presentation that relate to future plans, events or performance are forward-looking statements, which are made pursuant to the safe harbor provisions of Section 27A of the Securities Act of 1933, as amended. Such forward-looking statements involve significant risks and uncertainties, and actual results, events and performance may differ materially from those expressed or implied in this presentation. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our financial condition, results of operations, business strategy and financial needs. These forward-looking statements include, but are not limited to, statements concerning the following: (i) estimates of our expenses, future revenue and capital requirements; (ii) our ability to obtain additional funding on terms acceptable to us, or at all; (iii) our ability to advance product candidates into, and successfully complete, clinical trials; (iv) the initiation, timing, progress and results of future preclinical studies and clinical trials, and our research and development programs; (v) the timing or likelihood of regulatory filings and approvals; (vi) our expectation regarding timelines for development of our other product candidates; (vii) the potential for commercialization of our other product candidates, if approved for commercial use; (viii) our ability and the ability of our licensees to compete with other products and technologies similar to our product candidates; (ix) the ability of third party collaborators to timely carry out their duties under their agreements with us and our licensees; (x) the ability of contract manufacturers to perform their manufacturing activities in compliance with applicable regulations; (xi) our ability to recognize the potential value of our licensing arrangements with third parties; (xii) the potential to achieve revenues from the sale of our product candidates; (xiii) our ability to maintain product liability insurance at a reasonable cost or in sufficient amounts, if at all; (xiv) the retention of key management, employees and third-party contractors; (xv) the scope of protection we are able to establish and maintain for intellectual property rights covering our product candidates and technology; (xvi) our compliance with federal and state laws and regulations; (xvii) the timing and costs associated with obtaining regulatory approval for our product candidates; (xviii) the impact of legislative or regulatory healthcare reforms in the United States; and (xix) other risks disclosed in our SEC filings. The forward-looking statements in this presentation do not constitute guarantees of future performance. We undertake no obligation to publicly update these forward-looking statements to reflect events or circumstances that occur after the date of this presentation.

Company Profile

Technology platform – validated drug development based on the melanocortin system

Therapeutics for Obesity, Inflammatory & Autoimmune Diseases



Demonstrated expertise moving programs from discovery to FDA approval



Expertise in the biology and chemistry of melanocortin system (MCS)



1st company to gain FDA approval for a melanocortin agent - Vyleesi® for female sexual dysfunction



MOA with potential to modify underlying disease pathologies – not just treat symptoms



Strategy leverages our expertise across multiple therapeutic opportunities

Palatin Leadership

Strong team, with broad and extensive biopharma experience



Carl Spana, PhD

President and Chief Executive Officer

Co-founder with 25-plus years in drug research, development, approval and board directorships



Stephen T. Wills, CPA/MST

*Chief Financial Officer and
Chief Operating Officer*

25-plus years in finance, operations, M&A, licensing, capital markets and board directorships

John Dodd, PhD
*Senior Vice President
Research / Development*

40-plus years in drug discovery and development

Paul Kayne, PhD
*Vice President
Biological Sciences*

25-plus years in drug discovery and development

J. Don Wang, PhD
*Vice President
Product Development*

30-plus years in CMC and supply chain

Stephen A. Slusher
Chief Legal Officer

30-plus years of legal leadership with a focus on Intellectual property

Robert Jordan
*Senior Vice President
Program Operations*

20-plus years in drug development and clinical operations

James Hattersley
*Senior Vice President
Business Development*

25-plus years of identifying and executing deals



Johnson & Johnson
Caltech



Development Programs Overview

Pipeline Development Programs	Preclinical	Phase 1	Phase 2	Phase 3	NDA	Status/Next Steps
Obesity Bremelanotide Obesity - GLP-1 adjunct therapy						Phase 2 MC4R agonist + GLP-1 in obese patients initiated Positive topline data reported 1Q25
Novel Once-Weekly Peptide MC4R Agonist Multiple obesity indications						IND enabling – CMC activities 1Q25 – 4Q25 IND filing 1Q26 Phase 1 SAD/MAD data 2Q26
PL7737 Oral Small Molecule MC4R Agonist Multiple obesity indications						IND enabling – CMC activities 1Q25 – 4Q25 IND filing 1Q26 Phase 1 SAD/MAD data 2Q26
Spin-Out / Out-License Product Candidates - Seeking Development & Commercial Partnerships						
Ocular PL9643 MCR Agonist Dry eye disease (DED)						Phase 3 MELODY-1 completed, positive data FDA confirmation on protocols and endpoints Phase 3 Melody-2 & -3 start targeted for 1H26
Proprietary MCR Agonists Retinal diseases						Research Collaboration / License Agreement with Boehringer Ingelheim August 2025 
Gastroenterology PL8177 Oral MC1R Agonist Ulcerative colitis (UC)						Phase 2 Proof-of-Concept Positive topline data reported 1Q25
Renal MCR Agonist Diabetic nephropathy						Phase 2 Open Label Trial Positive topline data reported 4Q24

Melanocortin-4 Receptor Obesity Management

- Co-administration of Bremelanotide & Tirzepatide (GLP-1/GIP)
 - Bremelanotide (BMT) MC4R Agonist
 - ✓ FDA Approved (Vyleesi® for Female HSDD)
- Novel “Next Generation” MC4R Selective Agonists
 - MC4R Selective Peptides Once Weekly Dosing
 - Oral MC4R Selective Small Molecules

Melanocortin-4 Receptor Obesity Management

Emerging obesity treatment landscape

U.S. market value – metabolic/obesity over \$5 billion (2023) growing to \$44 Billion (2030)

Two treatment objectives will define the market

- Safe, tolerable weight loss for all patients
- Long-term maintenance of a healthy weight range

Incretin based therapeutics will be standard of care

- Can drive substantial rapid weight loss
- Issues are tolerability, safety and rebound
- New mechanisms are needed to meet long term treatment goals

The Opportunity

- 2nd line monotherapy
- Co-administration with incretin therapeutics
- Weight loss maintenance

- Central Leptin-Melanocortin pathway is a critical pathway that regulates feeding and body weight to maintain energy homoeostasis
- MC4R agonist is a validated drug target for treating obesity
- MC4R agonists are additive to incretin therapeutics
- MC4R agonists counter the negative pathology which drives weight regain

MC4R agonists will be a highly valuable addition to the emerging obesity treatment landscape.

Melanocortin-4 Receptor Obesity Management

Review of weight loss maintenance

Realizing the long-term benefits of obesity treatment



Excess body weight and fat is associated with negative health conditions

Including cardiovascular disease, diabetes, fatty liver disease, musculoskeletal disorders and some cancers



Current and next “generation” incretin based anti-obesity treatments result in significant weight loss and improved health outcomes, but for most patients, weight loss stops after 1st year



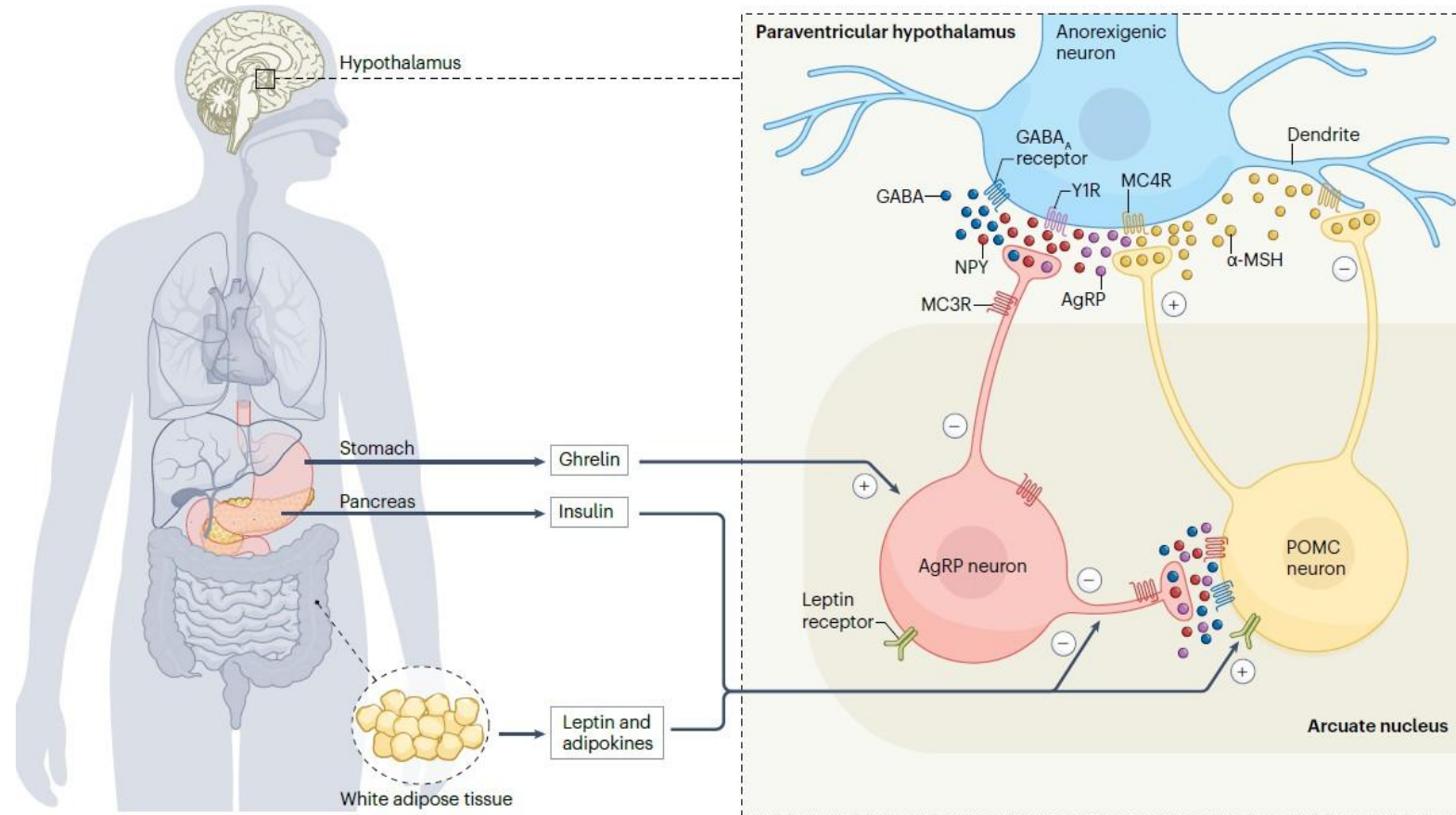
Current research indicates that persistent long-term intervention will be required to maintain a “healthy” weight reduced state and realize the benefits of anti-obesity treatment



MC4R agonism counter acts many of the metabolic, autonomic, neuroendocrine and behavioral adaptations that strongly favor weight regain

Melanocortin-4 Receptor Obesity Management

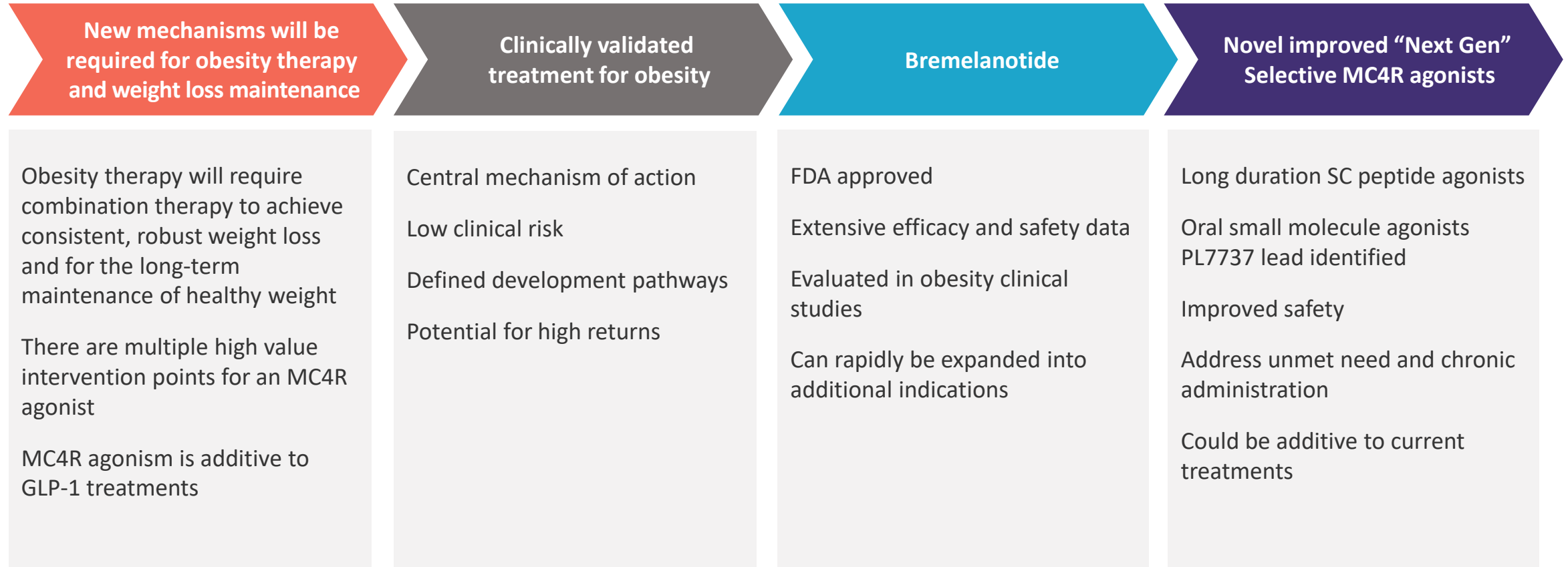
The melanocortin receptor system: obesity and energy management



Central leptin-melanocortin pathway is a critical pathway that regulates feeding and body weight to maintain energy homoeostasis

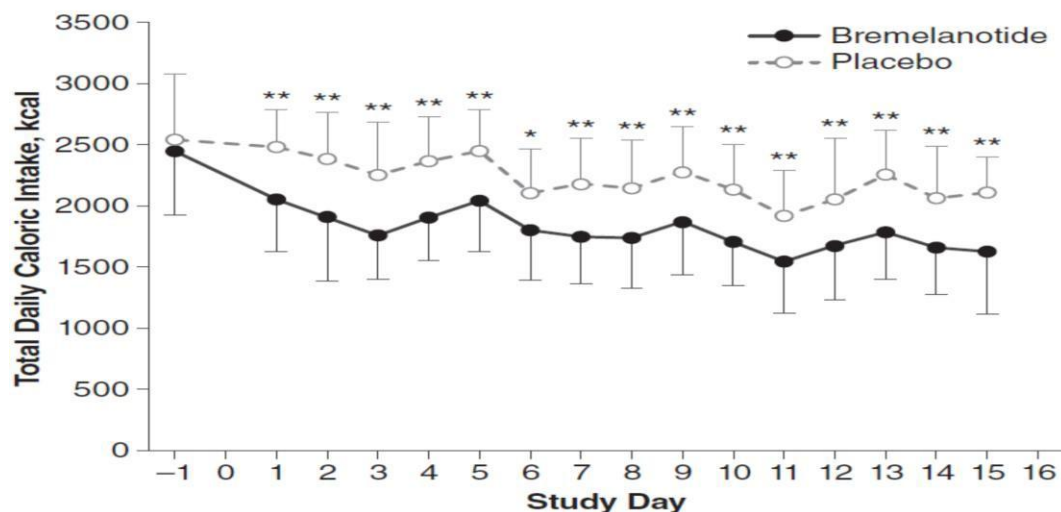
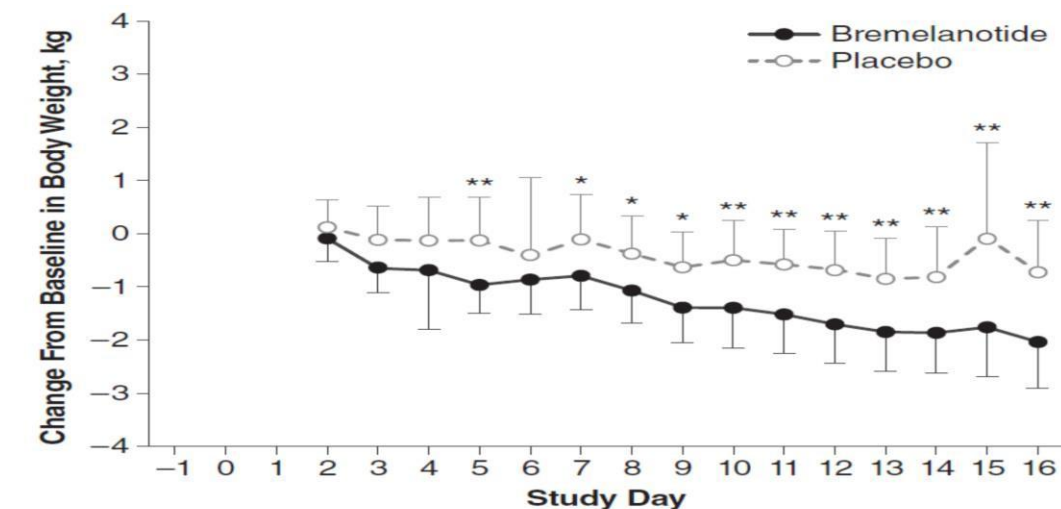
Melanocortin-4 Receptor Obesity Management

Value of Palatin's MC4R agonist portfolio



Melanocortin-4 Receptor Obesity Management

Bremelanotide MC4R agonist obesity Phase 1b clinical weight loss study in general obese subjects



2-Week Study

- General obese subjects: BMI ~35
 - Bremelanotide: n=27
 - Vehicle: n=26
- Weight loss:
 - Placebo -0.7kg;
 - Bremelanotide: -2.2kg $p<0.001$
- Bremelanotide reduction daily caloric intake ~400kcal $p<0.01$
- Steady weight loss over the duration of treatment

Melanocortin-4 Receptor Obesity Management

*GLP-1/GIP agonist + MC4R agonist: co-administration clinical data**

- No prospective studies have been done with combination pharmacotherapy
- Previously published combination of setmelanotide plus 2.5mg of tirzepatide for obesity in BBS
- 2 patients lost 26% in 34 weeks and 30% TBW at 52 weeks never moving past 2.5mg dose

Patient 1 change in BMI

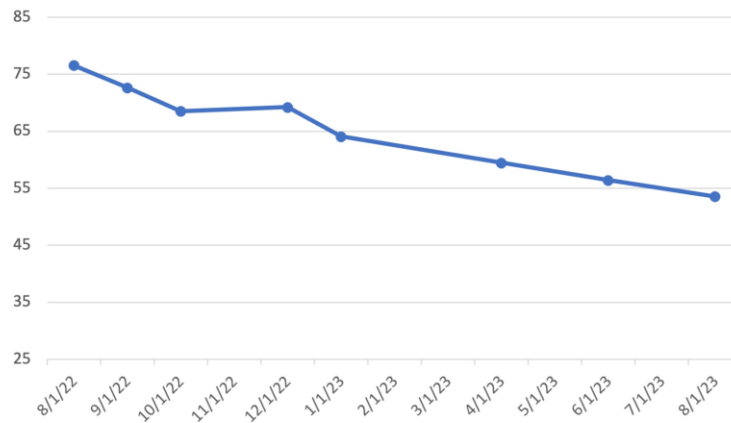


Image 1: Rate of change of BMI in Patient 1 taking combination therapy over a 52-week period.

Patient 2 change in BMI

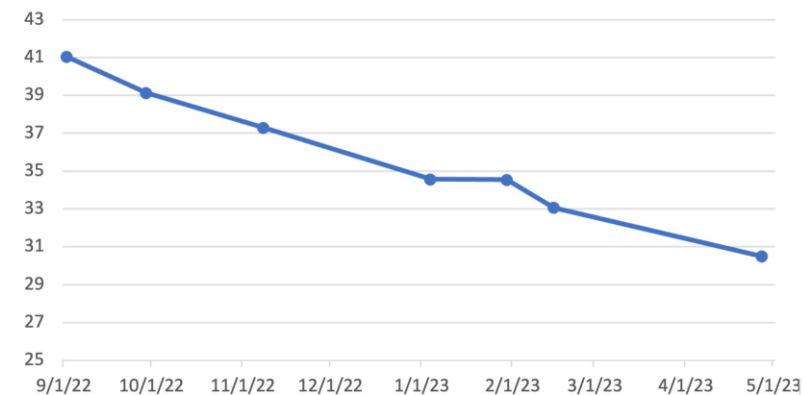


Image 2: Rate of change of BMI in Patient 2 taking combination therapy over a 34-week period.

Melanocortin-4 Receptor Obesity Management

BMT-801 Phase 2 signal detection study objectives

Co-Administration GLP1/GIP Agonist Tirzepatide (2.5mg Weekly) + MC4R Agonist Bremelanotide (1.25mg Daily)

Main Research Questions

- Does co-administration result in increased weight loss?
- Does MC4R agonism blunt the weight regain seen post-incretin treatment?
- Evaluate the safety and tolerability of co-administration

Pro's

- Appropriate control arms included
- Co-administration arm powered to see a statistically significant weight loss effect
- Evaluating a comprehensive set of secondary end points

Limitations

- MC4R agonist given at a low dose 1x day in the morning
- Not powered for between arm comparisons
- Short duration of treatment

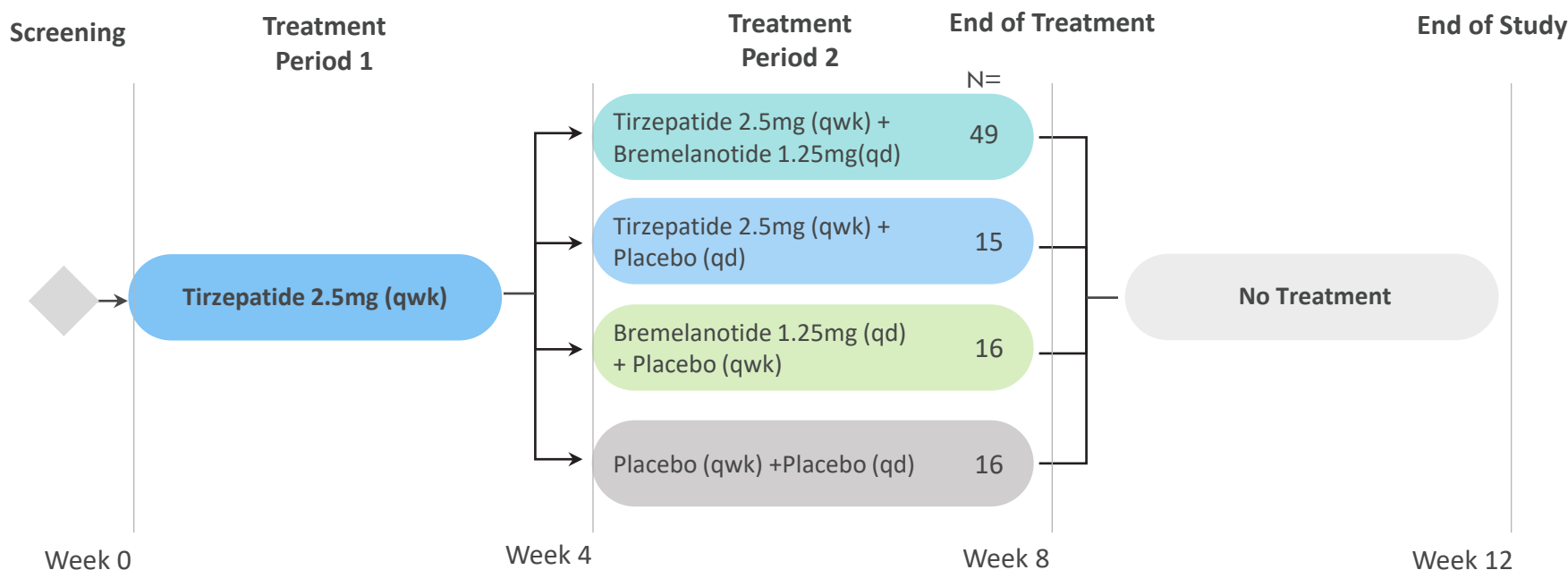
Combination therapy will be an important approach in helping many subjects reach their weight loss goals.

Melanocortin-4 Receptor Obesity Management

BMT-801 Phase 2 signal detection study

Co-Administration GLP1/GIP Agonist Tirzepatide & MC4R Agonist Bremelanotide

Study Design: Randomized, double-blind, placebo-controlled trial evaluating the safety and efficacy of the addition of an MC4R agonist (BMT) to tirzepatide in n=96 obese subjects



- Primary endpoint:** % change in weight loss tirzepatide/bremelanotide compared to pbo/pbo at week 8
- Additive effect of BMT:** % of subjects with $\geq 5\%$ weight loss at week 8 tirzepatide/bremelanotide compared to tirzepatide/pbo
% subjects greater weight loss in Treatment Period 2 vs Treatment Period 1, tirzepatide/bremelanotide compared to tirzepatide/pbo
% change in weight loss tirzepatide/bremelanotide compared to tirzepatide/pbo Treatment Period 2 (week 4–week 8)
- Weight loss maintenance:** % change weight loss bremelanotide/pbo vs pbo/pbo (week 4–week 8)

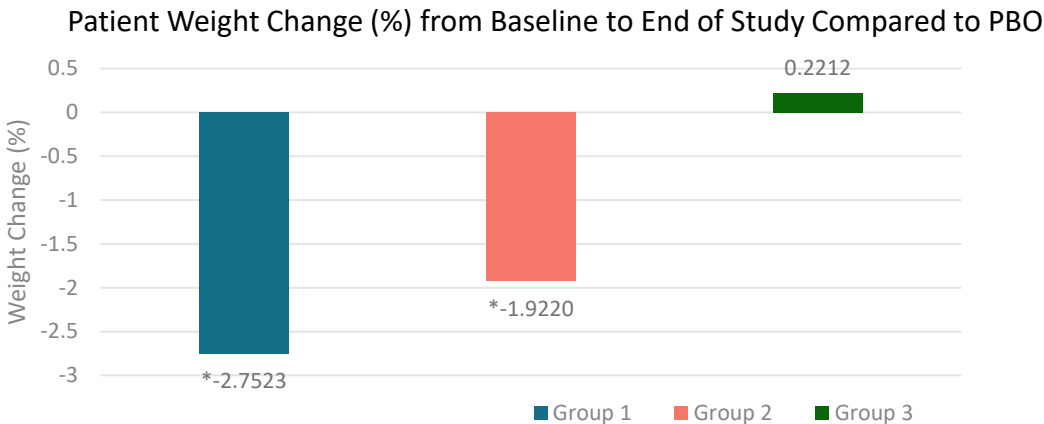
Melanocortin-4 Receptor Obesity Management

BMT-801 patient weight loss from baseline to end of study

Primary Endpoint – Co-Administration Group Greatest Weight Loss

Patient Weight Change (%) from Baseline to End of Study Compared to PBO

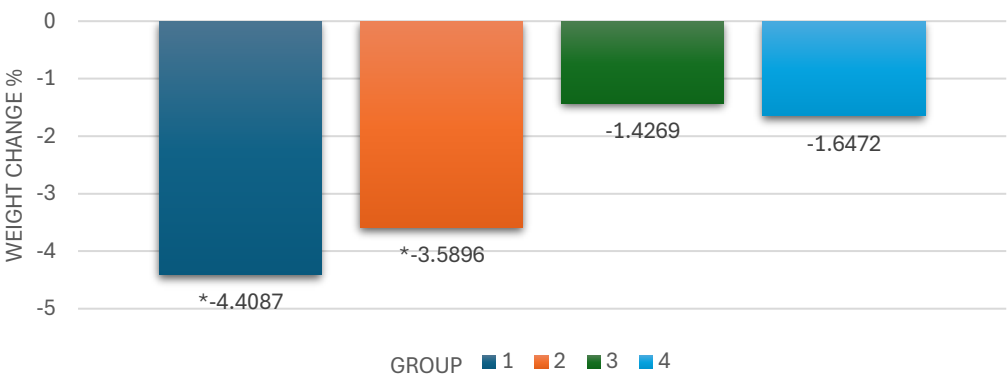
Group	PBO/PBO	Visit	LS Mean Difference	Prob. Value
1 (n=49)	4 (n=16)	Baseline end of study	-2.7523	0.0001
2 (n=15)	4 (n=16)	Baseline end of study	-1.9220	0.0257
3 (n=16)	4 (n=16)	Baseline end of study	0.2212	0.7913



Patient Weight Change (%) from Baseline to End of Study

Group	LS Mean	Visit	Prob. Value
1 (n=49)	-4.4087	Baseline end of study	<0.001
2 (n=15)	-3.5896	Baseline end of study	<0.001
3 (n=16)	-1.4269	Baseline end of study	0.0174
4 (n=16)	-1.6472	Baseline end of study	0.0062

Patient Weight Change (%) from Baseline to End of Study

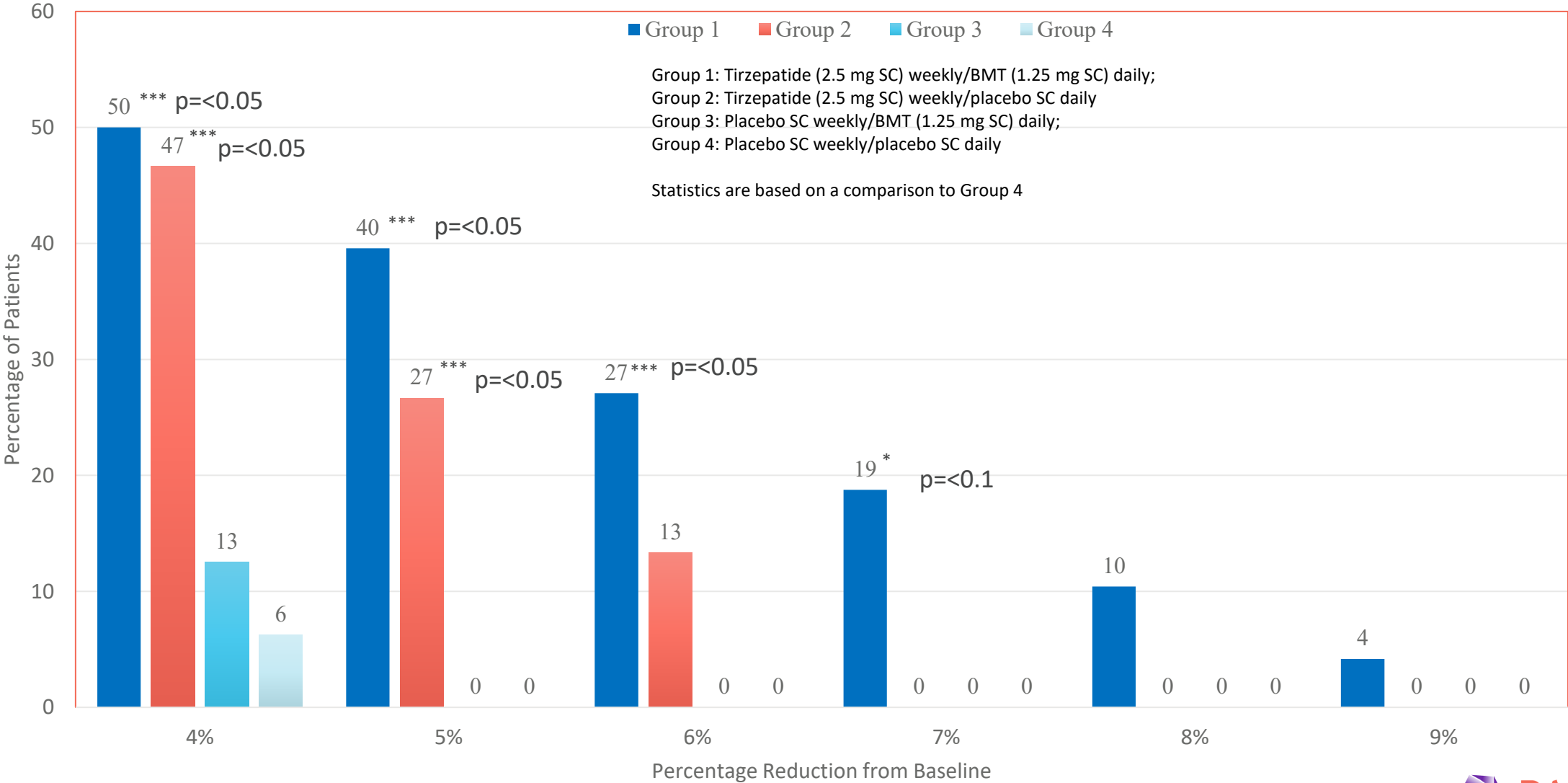


Group 1: Tirzepatide (2.5 mg SC) weekly/BMT (1.25 mg SC) daily;
Group 2: Tirzepatide (2.5 mg SC) weekly/placebo SC daily
Group 3: Placebo SC weekly/BMT (1.25 mg SC) daily;
Group 4: Placebo SC weekly/placebo SC daily

Melanocortin-4 Receptor Obesity Management

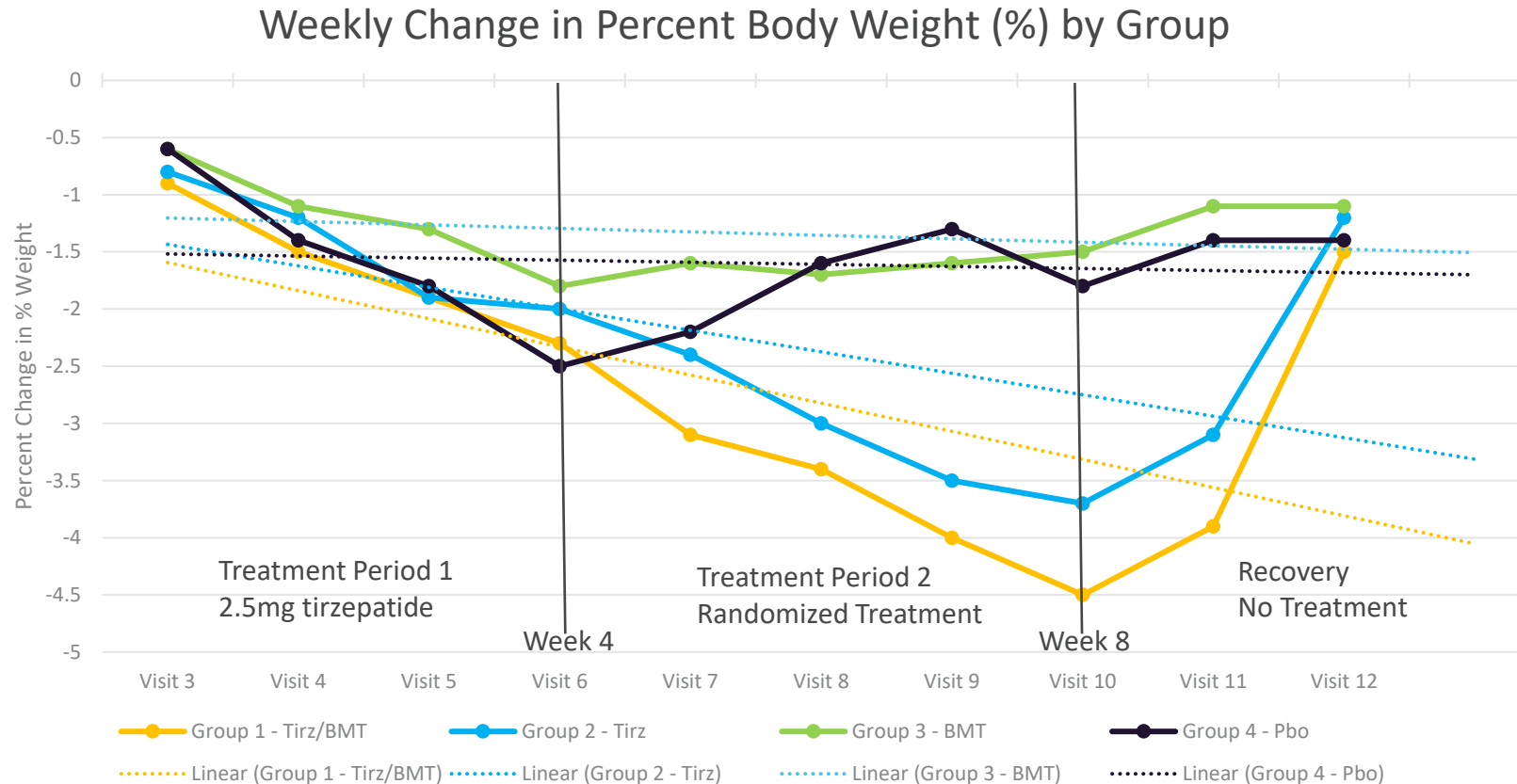
Co-administration additive effect – primary analysis

Analysis for Additive Effect Percent of Subjects with ≥4% Reduction in Percent Weight Loss at End of Study



Melanocortin-4 Receptor Obesity Management

Effect of co-administration on increased weight loss



- Comparison of Group 4 to Group 3 during Treatment Period 2 demonstrates a **weight loss maintenance effect**
- Comparison Group 1 to Group 2 at week-8 demonstrates **additive effect of co-administration**
- **Rapid weight regain seen post-treatment**

Melanocortin-4 Receptor Obesity Management

BMT-801 Phase 2 signal detection study questions / outcomes

Co-Administration GLP1/GIP Agonist Tirzepatide (2.5mg Weekly) + MC4R Agonist Bremelanotide (1.25mg Daily)

Main Research Questions

1. Does co-administration result in increased weight loss?
2. Any increased safety and tolerability issues with co-administration?
3. Does MC4R agonism blunt the weight regain seen post-incretin treatment?

Main Study Outcomes

1. YES
 - Primary endpoint met (statistically significant)
 - Co-administration resulted in increased weight loss
2. NO
 - No increase of safety and expected tolerability observed across all treatment arms
3. YES
 - MC4R agonism blunts the weight regain seen post-incretin treatment

Combination therapy could be an important approach in helping many subjects reach their weight loss goals.

Melanocortin-4 Receptor Obesity Management

BMT-801 MC4R/GLP-1-GIP co-administration detection study

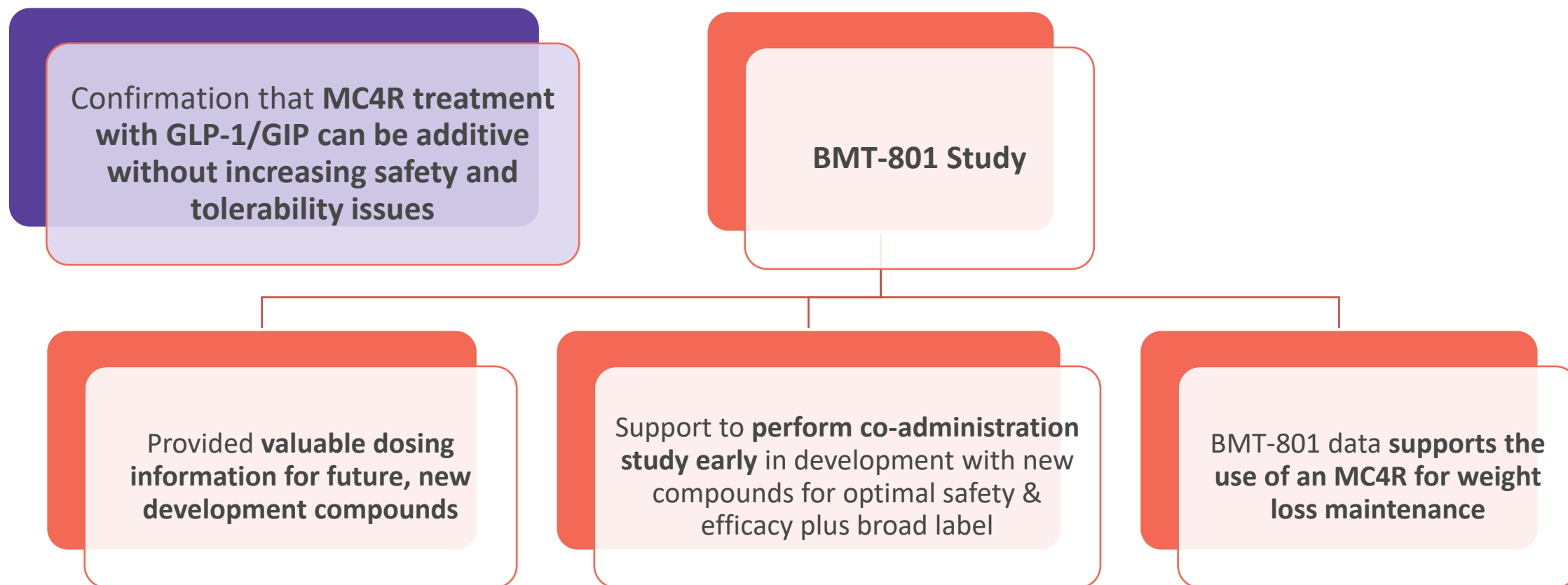
Appetite Suppression (Patient-Reported Outcomes)

- Patients receiving co-administered bremelanotide + tirzepatide, tirzepatide alone, and bremelanotide alone, experienced significant improvements in appetite suppression, fullness, and satiety
- Patients who transitioned to placebo after initial weight loss on tirzepatide showed no improvement for appetite suppression
 - **Overall appetite suppression**
 - Bremelanotide + tirzepatide: 71% increase
 - Tirzepatide only: 73% increase
 - Bremelanotide only: 71% increase
 - **“How full do you feel (fullness)?”**
 - Bremelanotide + tirzepatide: 65% increase
 - Tirzepatide only: 62% increase
 - Bremelanotide only: 79% increase
 - **“How satisfied do you feel (satiety)?”**
 - Bremelanotide + tirzepatide: 56% increase
 - Tirzepatide only: 56% increase
 - Bremelanotide only: 68% increase

Melanocortin-4 Receptor Obesity Management

BMT-801 MC4R/GLP-1-GIP co-administration detection study

Value of the study results and next steps



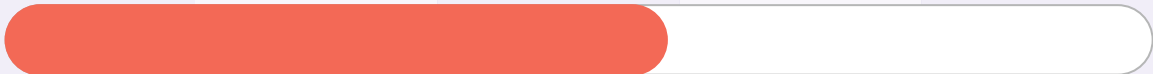


Novel “Next Generation” MC4R Selective Agonists

- MC4R selective peptides once weekly dosing
- Oral MC4R selective small molecules

Novel "Next Generation" Selective MC4R Agonists

Obesity focused development programs

Multiple clinical trials targeted in 1H26 with novel, long-acting MC4R peptide and PL7737 small molecule compound for treating general obesity, weight loss management, and rare MC4R pathway diseases such as hypothalamic obesity.

Product/Indication	R&D	Phase 1	Phase 2	Phase 3	NDA	Status/Next Steps
Bremelanotide (PoC Study) Obesity GLP-1 adjunct therapy						Phase 2 - tirzepatide patients Positive Topline data reported 1Q25
Novel Once-Weekly Peptide MC4R Agonist Multiple obesity indications						Identify optimal compound 1H25 Daily and extended dosing formats IND enabling – CMC activities 1Q25-4Q25 IND filing 1Q26 Phase 1 SAD/MAD data 1H26
PL7737 Oral Small Molecule MC4R Agonist Multiple obesity indications						Daily dosing format IND enabling – CMC activities 1Q25-4Q25 IND filing 1Q26 Phase 1 SAD/MAD data 1H26 Phase 2 HO patients' study initiation 2H26

PL7737 granted FDA orphan drug designation for obesity due to leptin receptor (LEPR) deficiency.

Hypothalamic Obesity (HO) patients to be included in Phase 1 SAD/MAD studies.

The Melanocortin-4 Receptor Obesity Program

MC4R selective oral small molecule program: pathway for obesity management

Current Therapy Challenges

Injection Frequency

Skin Pigmentation

Nausea / Vomiting

Cardiovascular Effects

Palatin Achieved Solutions



Palatin identified small molecules show excellent preclinical oral bioavailability.



Palatin small molecules interact weakly with MC1 receptors, and with limited potential to cause skin pigmentation.



Palatin research has identified multiple approaches to reduce GI AE's.



Multiple structural features in Palatin compounds have demonstrated the ability to eliminate cardiovascular effects.

Novel "Next Generation" Selective MC4R Agonists

First series of 'next generation' MC4R peptide agonists for obesity:

- Palatin studies in MC4R knock-out model confirm weight loss is dependent on a functional MC4R
- PL8905 lead development candidate
 - Selective MC4R agonist: Significant multiples of binding selectivity for MC4R over MC1R
 - Protein binding tail for extended duration
 - Efficacy in weight loss and food intake at doses that do not have blood pressure effects
 - Confirms validity of structure/function relationships, new compounds are extending the selectivity for MC4R over MC1R

Second series of 'next generation' MC4R peptide agonists for obesity:

- Palatin has generated novel structures/compounds that bias for MC4R selectivity over MC1R
 - Extended *in vivo* stability allows for 1x weekly dosing

The Melanocortin-4 Receptor Obesity Program

Novel “next generation” MC4R selective agonists: understanding what is required for success

Historically, MC4R small molecule programs have failed due to a lack of understanding the receptor biology and the structure/function relationship that determine weight loss versus side effects.

Target profile for orally active selective MC4R agonist:

- Optimal PK curve for max therapeutic window
- Properties required for a successful oral small molecule
 - ✓ Molecular weight
 - ✓ Polar surface area
 - ✓ hERG activity
 - ✓ Human plasma protein binding
 - ✓ CYP activity
- MC4R mechanism-based weight loss
- Limited MC1R activity (hyperpigmentation minimized)
- No sexual or blood pressure effects
- 30-day non-GLP toxicity completed
- IP protection out to 2044, with patent term extension



Palatin's PL7737 has the TARGET PROFILE for a successful MC4R selective, oral small molecule entity.

PL7737 Oral MC4R Agonist

Preclinical data highlights / 4-Day Diet-Induced Obese (DIO) Rat Study

Treatment Arm	Weight Loss (% after 4 days)
PL7737 – Middle Dose	5%
PL7737 – High Dose	10%
Tirzepatide Alone	5%
PL7737 Middle Dose + Tirzepatide	11%
PL7737 High Dose + Tirzepatide	15%

- Rapid, dose-dependent weight loss
- PL7737 monotherapy produced
 - Rapid and significant weight loss after just 4 days of treatment
- Additive effect with tirzepatide
- **No observed hyperpigmentation**

Hypothalamic Obesity (HO)



Hypothalamic Obesity (HO)

A rare, form of obesity following injury to the hypothalamus region

Acquired HO

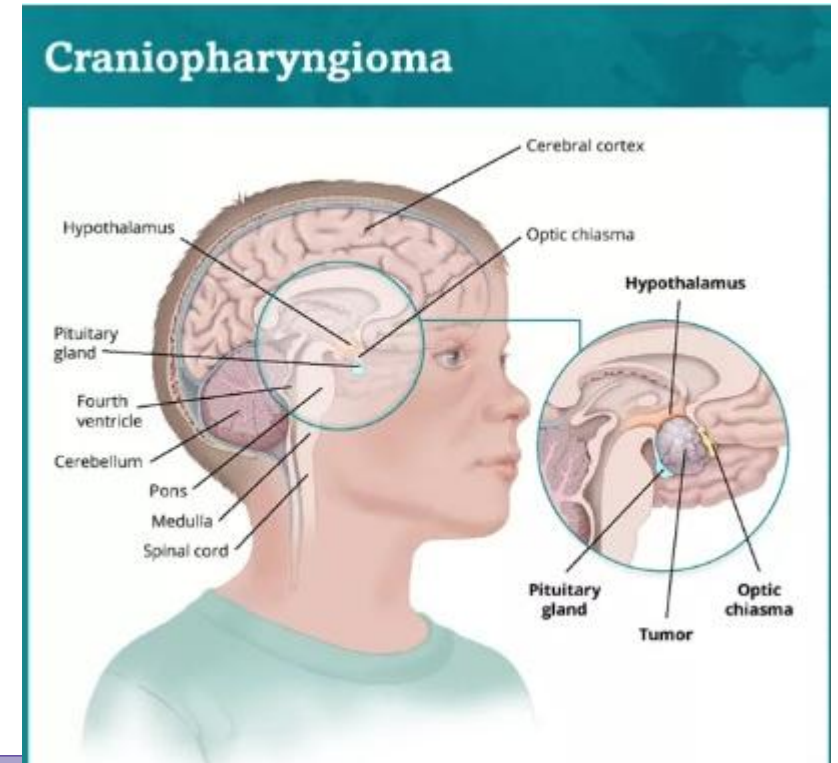
Craniopharyngioma are brain tumors that develop near the hypothalamus and pituitary gland

Treatments include tumor resection surgery, radiation or both

Treatment damages the hypothalamus leading to disruption of **MC4R signaling pathway** causing reduced energy, hyperphagia and rapid-onset, severe obesity

Congenital HO

Hypothalamic dysfunction as a result of a genetic disorder which can disrupt **MC4R signaling pathway** causing reduced energy, hyperphagia and rapid-onset, severe obesity



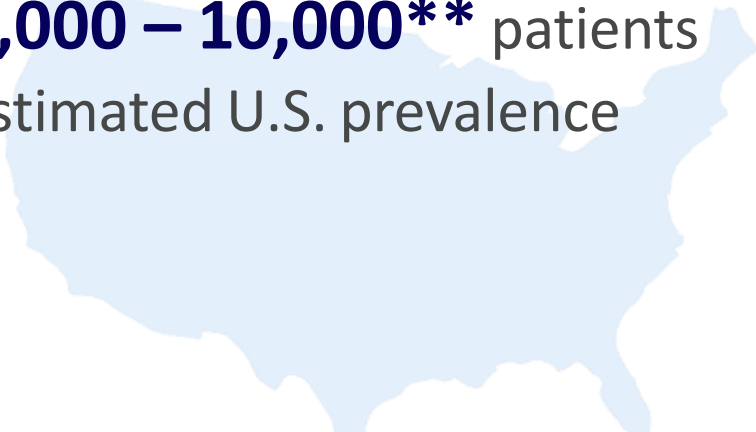
together.stjudes.org

No approved treatments available for acquired or congenital HO

Hypothalamic Obesity (HO)

Palatin's next generation melanocortin agonists for the advanced treatment of HO

5,000 – 10,000** patients
Estimated U.S. prevalence



~600* cases diagnosed in U.S.
in 2023

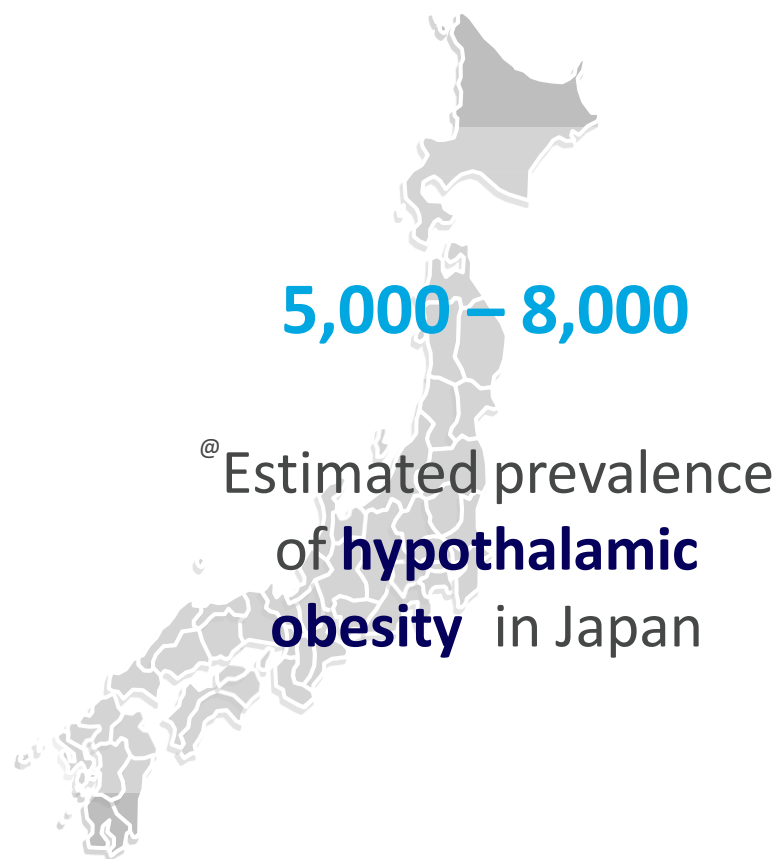
- ✓ Unmet medical need is high; no approved therapies
- ✓ MC4R pathway deficiency following injury to hypothalamic region
- ✓ Patients are easily identified
- ✓ Patients are engaged with the health system receiving specialist care for endocrine complications

* In 2023, approximately **600 people** in the United States were diagnosed with craniopharyngiomas ([Changing Care for Craniopharyngioma – NCI](#))

** To estimate the number of patients with incident and prevalent craniopharyngioma and astrocytoma with obesity, Palatin analyzed the literature and used the number of new cases of each per year in the United States, overall survival rates after a diagnosis of each brain tumor type and obesity rates among those patients at diagnosis or post-diagnosis.

Hypothalamic Obesity (HO)

Significant opportunity in Japan i.e., higher per-capita incidence and prevalence of HO



- Prevalence in **Japan is approximately 2X higher** than in the USA & Europe due to a higher frequency of craniopharyngioma
 - Could be genetic or environmental
- > **100** health care centers treating patients with hypothalamic obesity
- Single-payer system with established history of recognizing rare diseases

	US	Japan
% of Brain Tumors which are Craniopharyngiomas	1-3% ^{&}	5.8%*
% of Pediatric Brain Tumors which are Craniopharyngiomas	6-10% [#]	12.5%*

[#] Memon, F., Humayun, K.N., Riaz, Q. *et al.* Pediatric craniopharyngioma: a 20-year study on epidemiological features, clinical presentation, and survival outcomes in a tertiary care center from LMIC. *Childs Nerv Syst* **40**, 427–434 (2024). <https://doi.org/10.1007/s00381-023-06177-8>
& Craniopharyngioma - American Brain Tumor Association | Learn More

*K. Sano, A Statistical Study of Brain Tumors in Japan: General Features, *Japanese Journal of Clinical Oncology*, Volume 17, Issue 1, March 1987, Pages 19–28, <https://doi.org/10.1093/oxfordjournals.jjco.a039178>

@ As announced by Rhythm in February 2024

Obesity Program Next Steps

Treating general obesity & rare obesity indications

Primary focus on hypothalamic obesity (HO).

Development Timeline


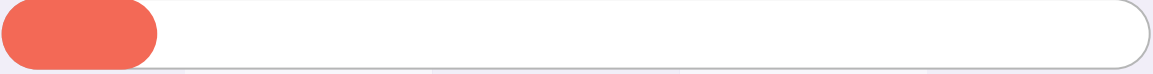

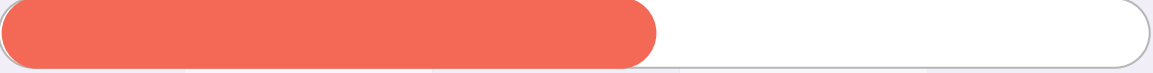
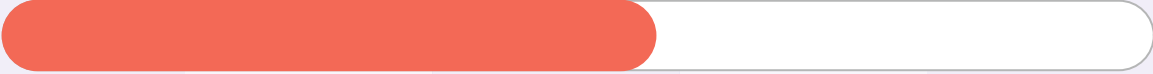
- MC4R agonists:
 - PL7737 oral (daily) small molecule
 - Long-acting peptide (weekly SC administration)
- **IND submissions planned 1Q 2026**
- Phase 1 SAD/MAD clinical study initiation expected 1Q 2026 / **Topline data target 2Q 2026**
 - Hypothalamic obesity patients will be included (topline data target 3Q 2026)
- Phase 2 clinical study initiation (HO patients only) expected 2H 2026

Strategic Opportunity in hypothalamic obesity

- Clinically validated mechanism for safe, effective treatment of obesity
- Significant unmet need
- No approved treatments available for acquired or congenital HO
- Potential best-in-class MC4R oral and long-acting peptide therapies

Spin-Out / Out-License Programs

Spin-Out / Out-License Programs

Product/Indication	R&D	Phase 1	Phase 2	Phase 3	NDA	Status/Next Steps
Ocular PL9643 MCR Agonist Dry eye disease (DED)						Phase 3 MELODY-1 completed - positive data FDA confirmation on protocols and endpoints Phase 3 Melody-2 & -3 target start 1H26 Phase 3 Melody-2 & -3 target data 1H27
Proprietary MCR Agonists Retinal Diseases						Research Collaboration / License Agreement with Boehringer Ingelheim August 2025 
Gastroenterology PL8177 Oral MC1R Agonist Ulcerative colitis (UC)						Phase 2 Proof-of-Concept Positive topline data reported 1Q25
Renal MCR Agonist Diabetic nephropathy						Phase 2 Open Label Trial Positive topline data reported 4Q24

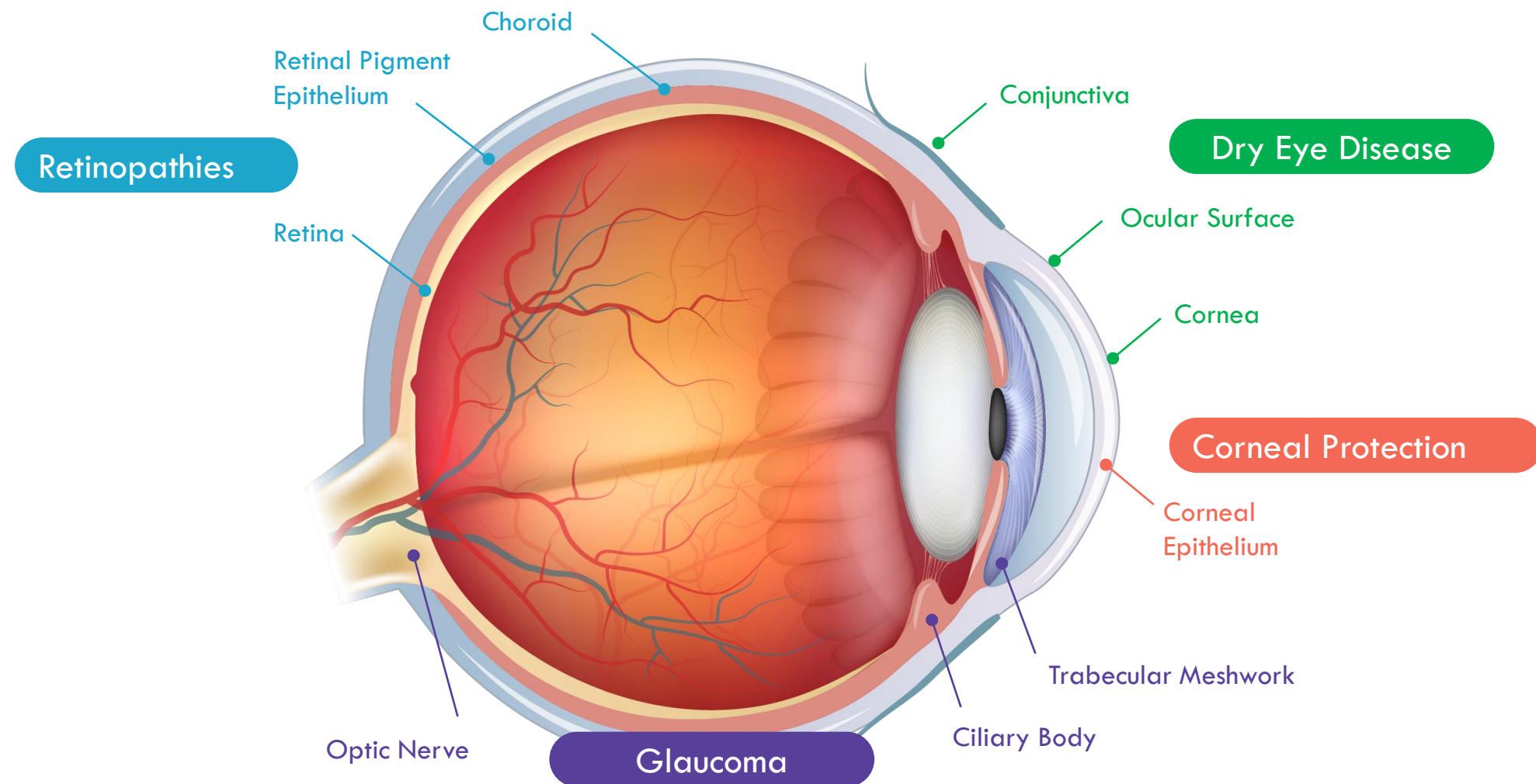
Ophthalmology MCR Programs

- Proprietary Development for Retinal Disease Indications
**Research Collaboration / License Agreement
with Boehringer Ingelheim August 2025**
- Dry Eye Disease – PL9643

Melanocortin Agonists for Ophthalmic Disease

Back of the eye (BOTE)

Front of the eye (FOTE)



Melanocortin Agonists for Ophthalmic Disease

Target markets and opportunities

Dry Eye Disease

Global Market (2024 Est.) **\$7.0 Billion**
Global Market (2032 Est.) **\$12.3 Billion**

- Unsatisfied need for better tolerability, and more rapid relief of symptoms
- Current market leaders have high discontinuation rates after initial Rx's

Retinopathies

Global Mkt (2021 Act.) **\$20 Billion**
Global Mkt (2027 Est.) **\$27 Billion**
DR/DME (2023 Act.) **\$10 Billion**
DR/DME (2034 Est.) **\$17.5 Billion**

- Novel MOA expands treatment, addresses non-responders in addition to neovascularization, and treats fibrosis
- Potential for topical formulation to treat patients with early-stage disease before onset of substantial retinal damage

Glaucoma

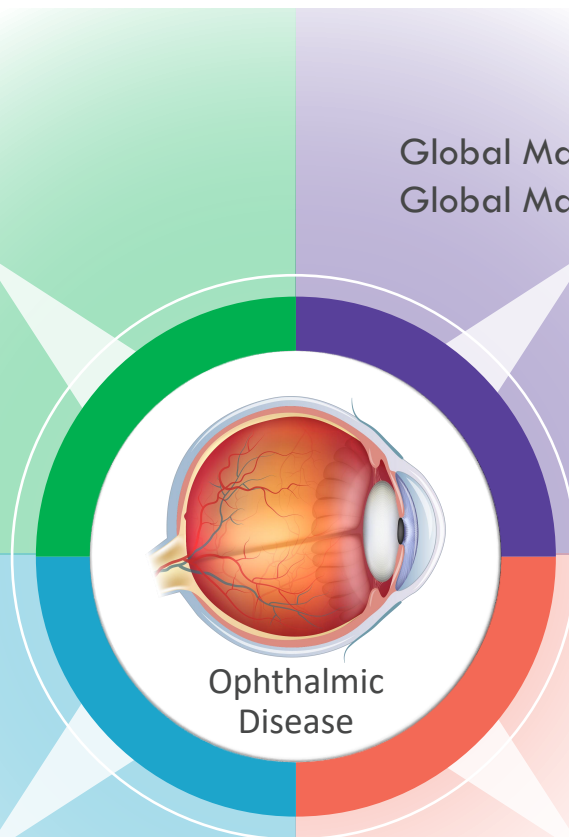
Global Market (2022 Act.) **\$8.03 Billion**
Global Market (2030 Est.) **\$11.52 Billion**

- Important dual effects; lowers IOP and protects the optic nerve (neuroprotection)
- **No current therapy provides direct protection of the optic nerve!**

Cornea Protection

**Significant Unmet Medical Need
Novel Indication**

- Protection against serious ocular adverse events



Proprietary MCR Assets for the Treatment of Retinal Diseases

Research Collaboration / License Agreement with Boehringer Ingelheim August 2025

Boehringer Ingelheim and Palatin to develop potential first-in-class melanocortin receptor targeted treatment for patients with retinal diseases.



- Collaboration strengthens Boehringer's pipeline in Eye Health.
- Many patients with diabetic retinopathy (DR) continue to experience vision loss or treatment fatigue, underscoring an unmet need.
- Melanocortin receptor agonists offer a promising, differentiated mechanism that targets key drivers of retinal diseases, including DR.

- Upfront payment of €2.0 million (\$2.3 million USD) August 2025.
- €5.5 million (\$6.5 million USD) research milestone achieved (September 2025).
- ***Up to €12.5 million (\$14.4 million USD) in near-term research milestone payments.***
- Up to €260 million (\$307 million USD) in success-based milestones
- Tiered royalties on net sales.

- DR, including diabetic macular edema (DME), **affects one in three people with diabetes** and is the **leading cause of blindness in working-age people**.
- Studies suggest that **patients with DME face 30-50% higher healthcare costs than those with diabetes alone**, underscoring the need for new approaches that mitigate the necessity of long-term, intensive care that often requires frequent monitoring and specialized procedures.

Dry Eye Overview

Dry eye disease (DED) or **keratoconjunctivitis** is a multifactorial disorder of the tears and ocular surface

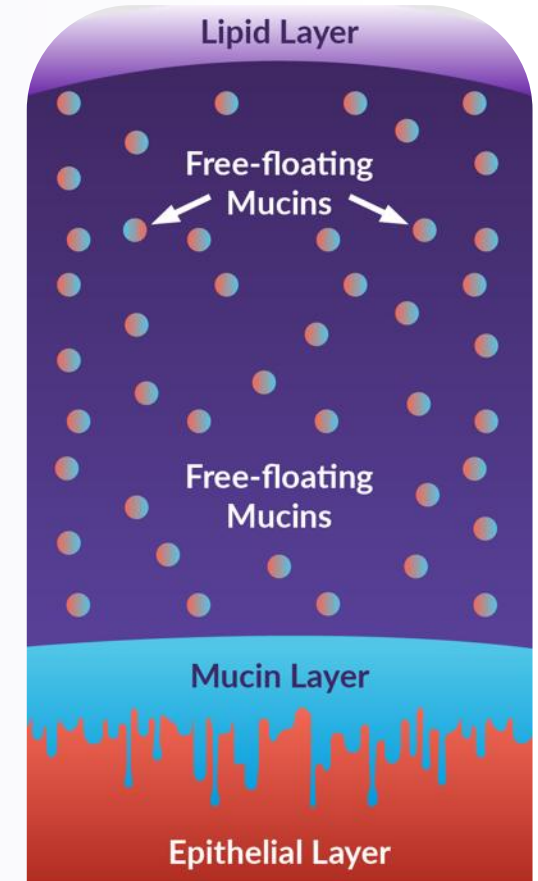
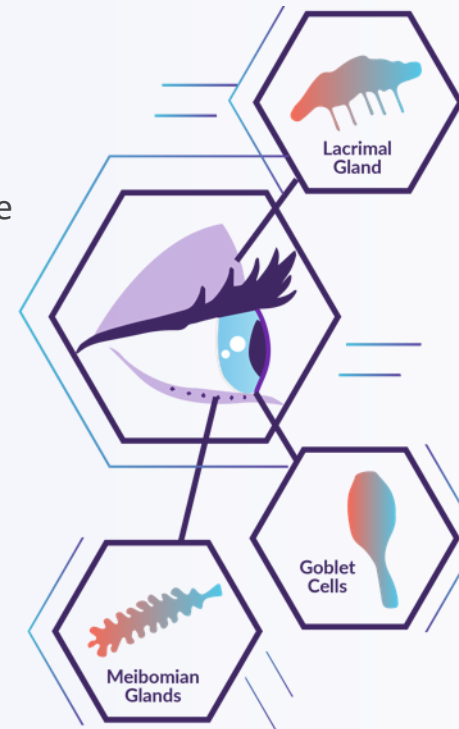
Symptoms include dryness, irritation, redness, discharge and blurred vision

Inflammation plays a prominent role in the development and amplification of the signs and symptoms of DED

A few of the approved **Treatments** within the current global dry eye products market ~\$6.1 billion²⁰²⁴ projected to reach ~\$7.46 billion²⁰²⁹

- Restasis® / Cequa® - topical cyclosporine
- Xiidra® - topical integrin inhibitor
- Tyrvaya® - nasal varenicline
- Eyesuvis® - topical steroid(s)
- Miebo® – perfluorohexyloctane
- Artificial tears

Current treatments have efficacy and tolerability issues, whereas **PL9643** *addresses a high medical need for innovative treatments that treat underlying disease processes with better ocular tolerability.*



PL9643 for Dry Eye Disease

U.S. market value \$1.65 billion¹

The Problem

- No effective chronic treatment that can provide rapid relief of dry eye disease symptoms without tolerability issues

The Opportunity

- 30MM patients (18MM diagnosed)
- <10% treated by Rx

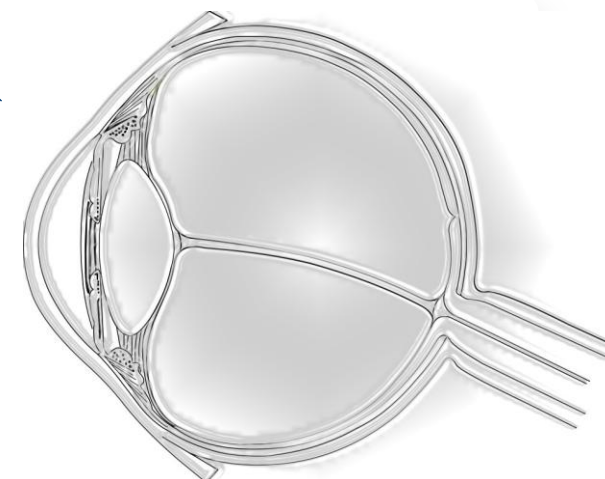
Current Treatment

- OTC artificial tears, Rx anti-inflammatories and nasal tear stimulants
- Current Rx products are not effective in many patients
- Approved products have significant tolerability issues

Melanocortin agonism

Resolves
inflammation of
corneal surface

Melanocortin
Receptors present on
multiple cell types of
the ocular surface



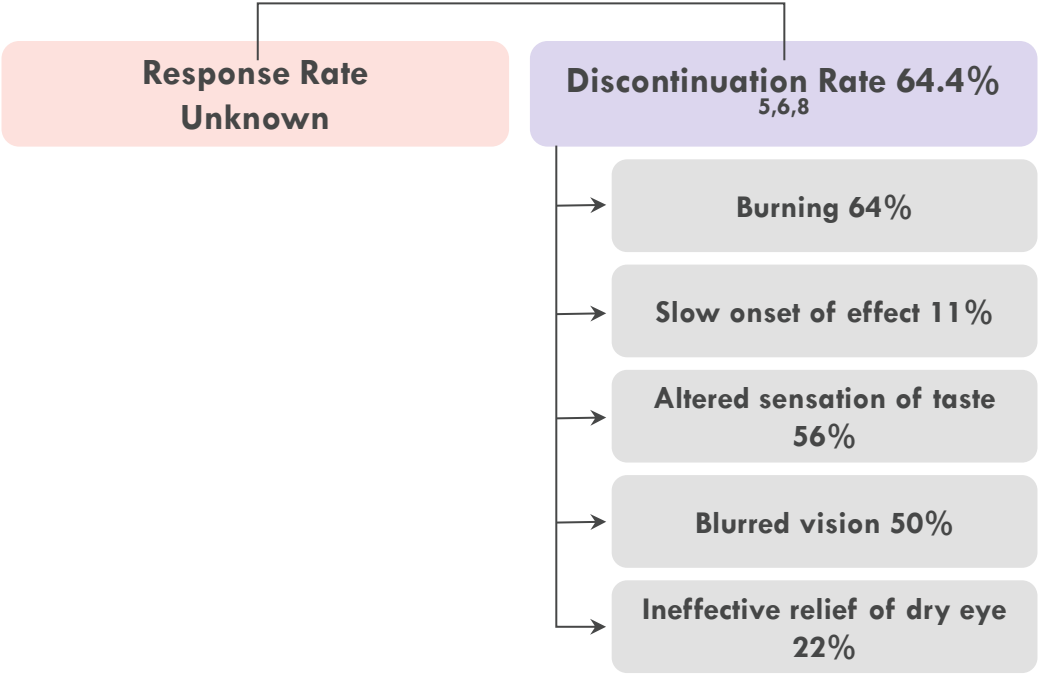
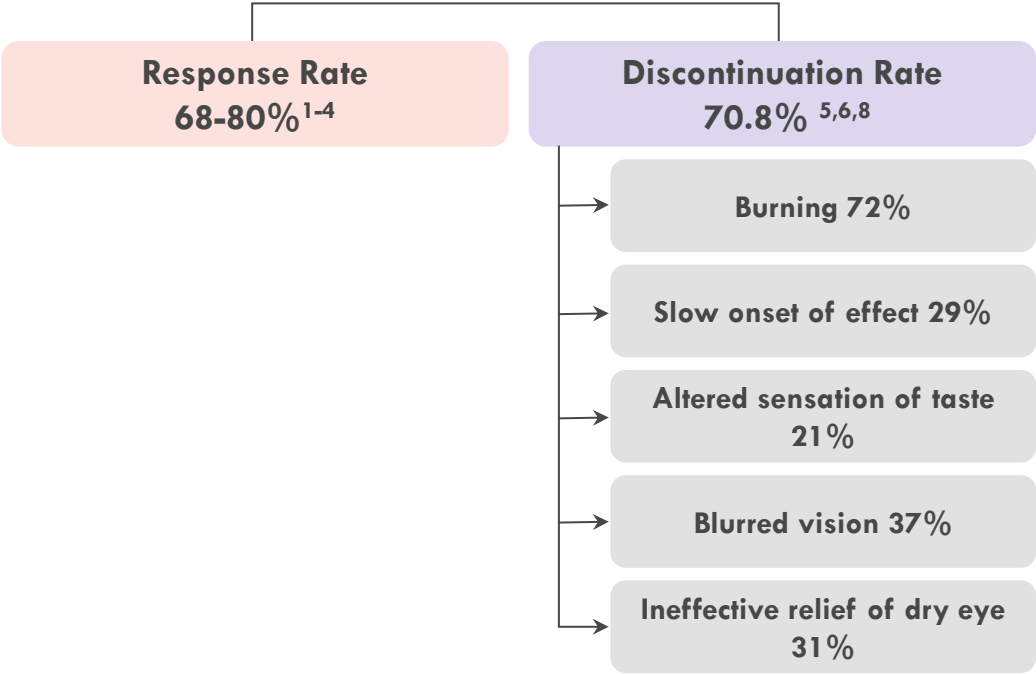
Melanocortin agonism leads to resolution of inflammation and promotes tissue repair, resulting in rapid relief of dry eye symptoms.

PL9643 solves 3 recognized problems with current treatments: Efficacy, Onset Time to Effect, and Tolerability.

Patient Satisfaction is an Issue with Current Therapies

Poor tolerability leads to high discontinuation rates

Patients Receiving Rx for Dry Eye (48%)⁷



Side effects such as burning, blurry vision, and bad taste are main reasons for poor compliance, while lack of efficacy is also a main driver for discontinuation of Restasis.

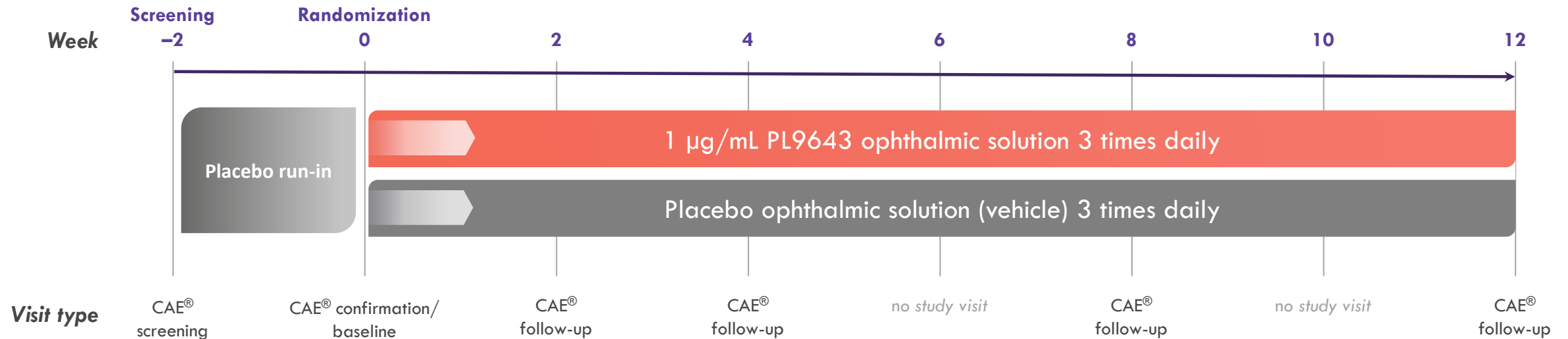
Sources: 1. Sall K et al., (2000); 2. Schultz et al., (2014); 3. Torricelli et al., (2014); 4. Williamson et al., (2015); 5. Mah et al., Clin Ophthalmol (2012); 6. White et al. Clin Ophthalmol (2019); 7. Lum et al. Amer. Academy of Optometry (2018), 8. White et al. Clin Ophthalmol (2020)

PL9643 Melody-1 Phase 3 Study Design

12-week, multicenter, 1:1 randomized, double-masked, vehicle-controlled adaptive design study

Evaluate the efficacy and safety of PL9643 (575 patients enrolled) with moderate or severe dry eye disease defined as:

Disease duration ≥ 5 years; Inferior Corneal Staining score >1 ; Eye Discomfort score ≥ 25 as measured by the Visual Analog Scale (VAS)



Co-Primary Sign Endpoint (Week 12)
Conjunctival Sum Lissamine Green Staining

Co-Primary Symptom Endpoint (Week 12)
Ocular Pain

PL9643 for Dry Eye Disease

Melody-1 Phase 3 clinical trial

Solves 3 recognized problems with current treatments: Efficacy, Onset Time to Effect, and Tolerability

Broad Efficacy Across Multiple Signs and Symptoms

- Co-Primary symptom endpoint of pain met statistical significance ($P < 0.025$)
- 7 of 11 Secondary symptom endpoints met statistical significance ($P < 0.05$)

Rapid Onset of Efficacy in 2-weeks

- Statistically significant efficacy for multiple signs and symptoms at 2-Weeks
- Continual improvement in symptom endpoints over the 12-week treatment period
- Fluorescein sign 2-Week evaluation all 4 fluorescein staining endpoints met statistical significance ($P < 0.05$)

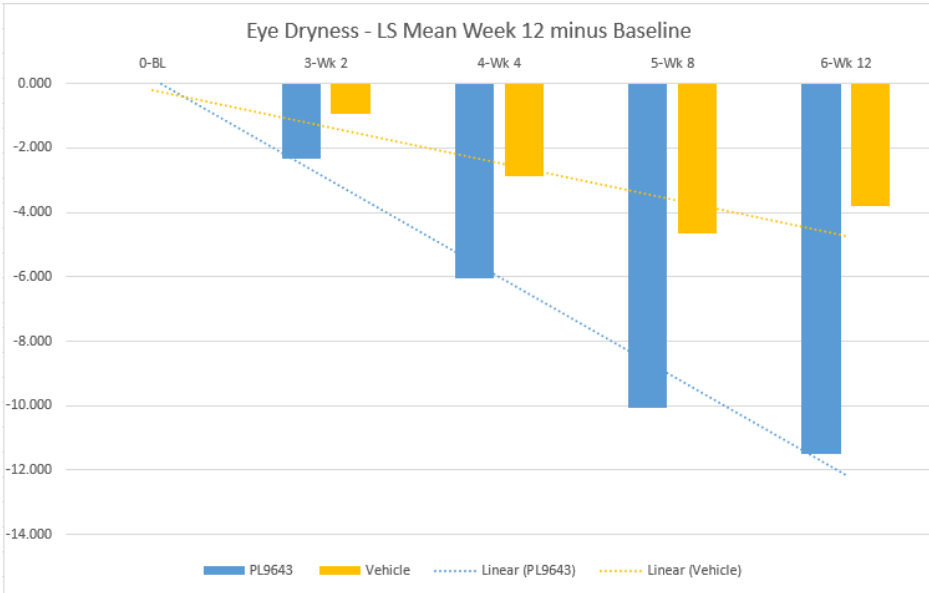
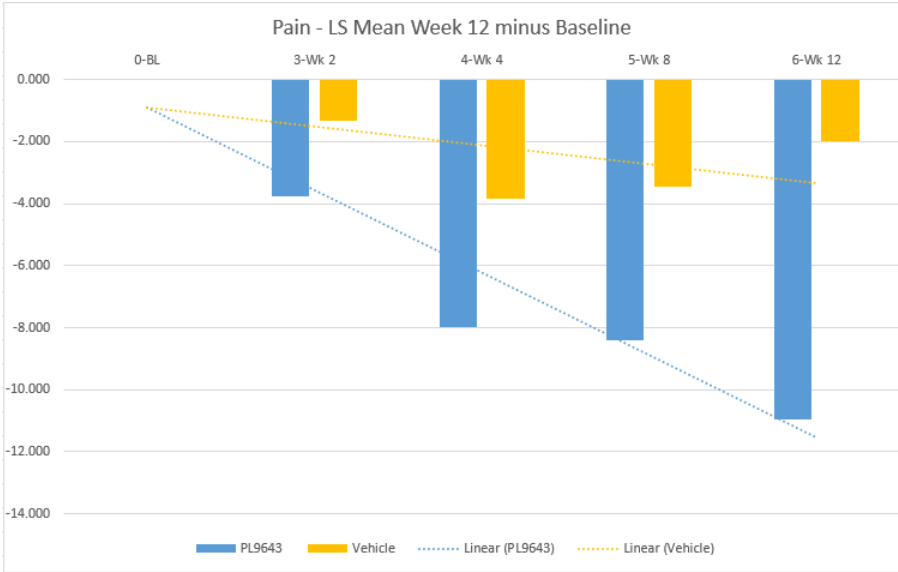
Excellent Ocular Tolerability & Safety

- PL9643 had numerically fewer ocular AEs than artificial tears
- No discontinuations due to ocular AE's

**Symptom relief and tolerability will drive market uptake.
PL9643 is differentiating on both symptom relief and tolerability.**

PL9643 for Dry Eye Disease

Pain & Eye Dryness symptoms: best-in-class symptom relief



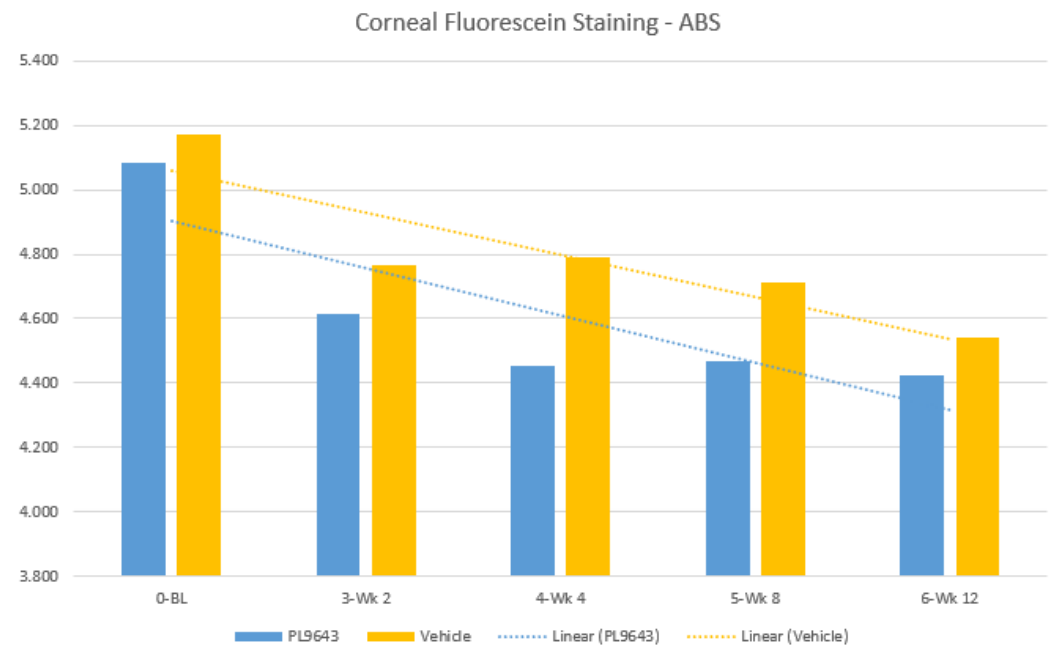
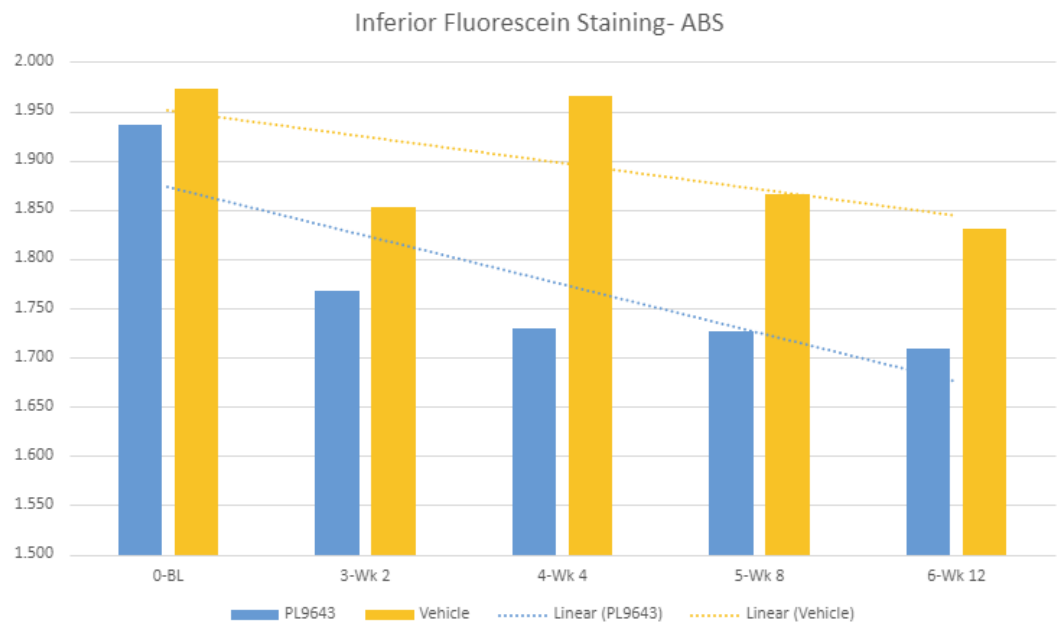
- Multiple symptom endpoints statistically significant including co-primary Pain endpoint
- Rapid onset of efficacy at 2-weeks (earliest time point measured)
- Continuous improvement over the 12 weeks of treatment
- DED studies enroll mainly older women (65%-80%, mean age ≥60) and response can vary by age and gender

DED Symptom	ITT Population P-value	All Subjects Age >60 P-value
Burning	0.0370	0.0111
Burning/Stinging	0.1792	0.0026
Dryness	0.0417	0.0136
Eye Dryness	0.0043	0.0119
Grittiness	0.2357	0.0255
Ocular Discomfort	0.0091	0.0077
Pain	0.0217	0.0017
Photophobia	0.0078	0.0032

Change from baseline at 12-weeks pre-CAE PL9643 v. Vehicle

PL9643 for Dry Eye Disease

MELODY-1 sign endpoint



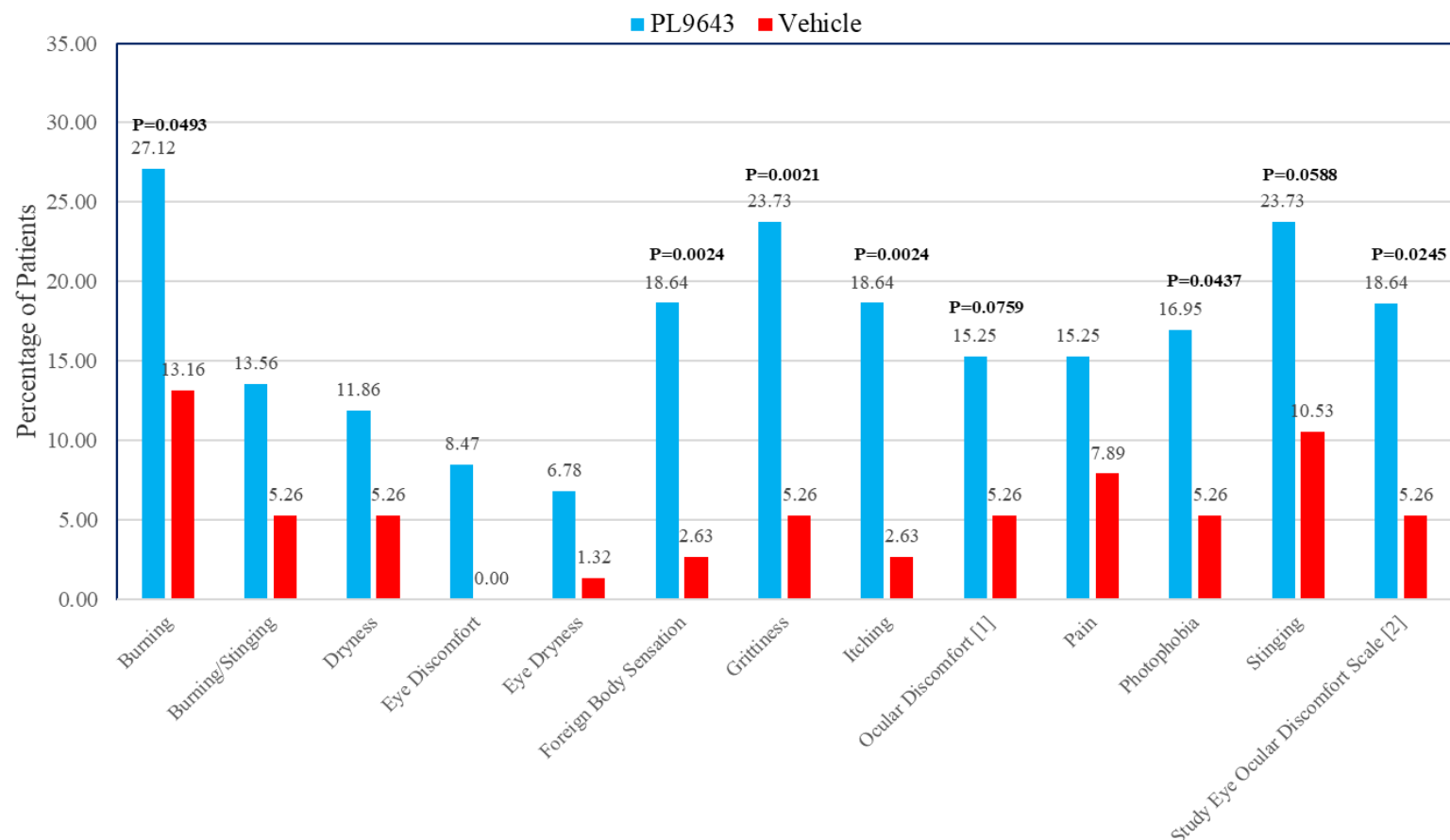
- PL9643 separates from Vehicle at 2-weeks (earliest time point measured) and continues to improve over 12 weeks
- Primary sign endpoint did not reach statistical significance
- Fluorescein staining endpoints statistically significant ITT population at 2-weeks post-CAE
- IFCS 2-weeks post-CAE primary sign endpoint for MELODY 2 & 3

2-weeks post-CAE	P-Value
Inferior Fluorescein Staining	0.0082
Corneal Fluorescein Staining	0.0065
Central Fluorescein Staining	0.0080
Total Eye Fluorescein Staining	0.0551

PL9643 for Dry Eye Disease

MELODY-1 symptom responder analysis

The First DED Therapy to Demonstrate Significant Clearing of Multiple Symptoms!



- For ALL symptoms PL9643 had a higher percentage of patients clearing symptoms
- 6 of 13 symptom endpoints were significant ($p < 0.05$) in favor of PL9643
- 2 of the 13 symptom endpoints were highly suggestive ($p < 0.1$) in favor of a PL9643
- Clearing is defined as the patients score going to 0
- FDA guidance supports complete clearing of a symptom an approvable endpoint

Updated Phase 3 analyses position PL9643 as a potential first-in-class therapy achieving full symptom resolution in dry eye disease.

PL9643 for Dry Eye Disease

Safety and ocular tolerability

PL9643	Phase 2 Study		Phase 3 Study	
Ocular Adverse Events	PL9643 (N=80)	Vehicle (N=80)	PL9643 (N=287)	Vehicle (N=288)
Instillation Site Pain	0%	9%	3.1%	4.5%
Blurred Vision	0%	1%	0.3%	0.3%
Reduced Visual Acuity	0%	1%	0.3%	0.3%
Eye Redness	0%	0%	0%	0.3%
Conjunctival hyperemia	0%	0%	0%	0.3%
Instillation Site Irritation	0%	0%	0%	0%
Dysgeusia	0%	0%	0%	0%
Ocular Burning	0%	0%	0%	0%
Sneezing	0%	0%	0%	0%
Cough	0%	0%	0%	0%
Throat Irritation	0%	0%	0%	0%

PL9643	Phase 2 Study		Phase 3 Study	
Discontinuations	PL9643 (N=80)	Vehicle (N=80)	PL9643 (N=287)	Vehicle (N=288)
Adverse Event	0%	1%	1%	2%
Ocular Adverse Event	0%	0%	0%	0%
Lost to Follow-up	0%	0%	0.7%	2%
All other reasons	1%	2.5%	5.6%	7.3%

Phase 3 Melody-1 Study (n=575)

- PL9643 eye drop formulation was well-tolerated, similar to artificial tears
- No treatment related serious adverse events
- Ocular adverse events were mild
- Fewer ocular treatment related adverse events and discontinuations in the PL9643 arm compared to vehicle

Phase 2 (n=160)

- No treatment-related serious AE's or ocular adverse events were observed with PL9643 treatment

PL9643 for Dry Eye Disease

Program summary / next steps

Robust Phase 3 Program



- Three Efficacy/Long Term Safety Studies:
 - MELODY-1 (completed)
 - MELODY-2 & -3
 - ✓ FDA confirmation of protocols & endpoints
 - Long term safety study

NDA Package & Target Filing



- NDA File: Efficacy, Safety and CMC data
- NDA File Date (Est.): 2H 2027
- FDA Approval/Launch (Est.): 2H 2028

Expected Phase 3 Data Read Out

- Remaining Phase 3 pivotal trials
 - Melody-2 & -3 initiation target 1H 2026
 - ✓ Topline data readout 1H 2027
- MELODY-2 & MELODY-3 safety extension:
 - 6-month data in 1H 2027 /12-month data in 2H 2027

Best Overall Product Profile



- Broad efficacy across multiple signs and symptoms
- Rapid onset of efficacy in as little as 2-weeks
 - Treats multiple symptoms and signs
- **Breakthrough symptom resolution**
- **Excellent ocular safety and tolerability**

Solves 3 main problems with current treatments: Efficacy, Onset Time, and Tolerability.

Palatin Melanocortin Agonists for Ophthalmic Diseases

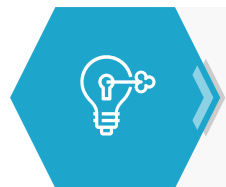
Summary



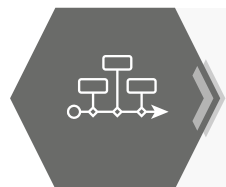
Novel differentiated products for ophthalmic indications



Melanocortin MoA delivers efficacy with excellent safety & tolerability



Proprietary compounds with long term IP estate



Short, well defined, clinical pathways for regulatory approval



Potential high return on investment

- Multi-billion USD portfolio with low upfront investment

PL8177 Oral Formulation for Ulcerative Colitis

PL8177 Oral Formulation for Ulcerative Colitis

Global ulcerative colitis (UC) market USD
\$5.5 billion 2021, projected to be **\$8 billion**
by 2026

Most treatments for UC are systemic
and have **tolerability and safety
limitations**

PL8177 is a **highly potent selective**
agonist at melanocortin receptor 1

Why a Melanocortin Peptide for Ulcerative Colitis?

Phase 2 study evaluating safety and efficacy
of PL8177-Oral in UC patients ongoing;
enrollment completed; topline data 1Q 2025

MC1R **on colon epithelial cells** is accessible
from the lumen of the colon. PL8177-Oral
demonstrated robust efficacy in UC animal
models

PL8177 is **not systemically absorbed**

- Potential for excellent efficacy without safety concerns
- Phase 1 SC SAD/MAD study - no significant findings
- Oral Phase 1 study – confirms colon delivery

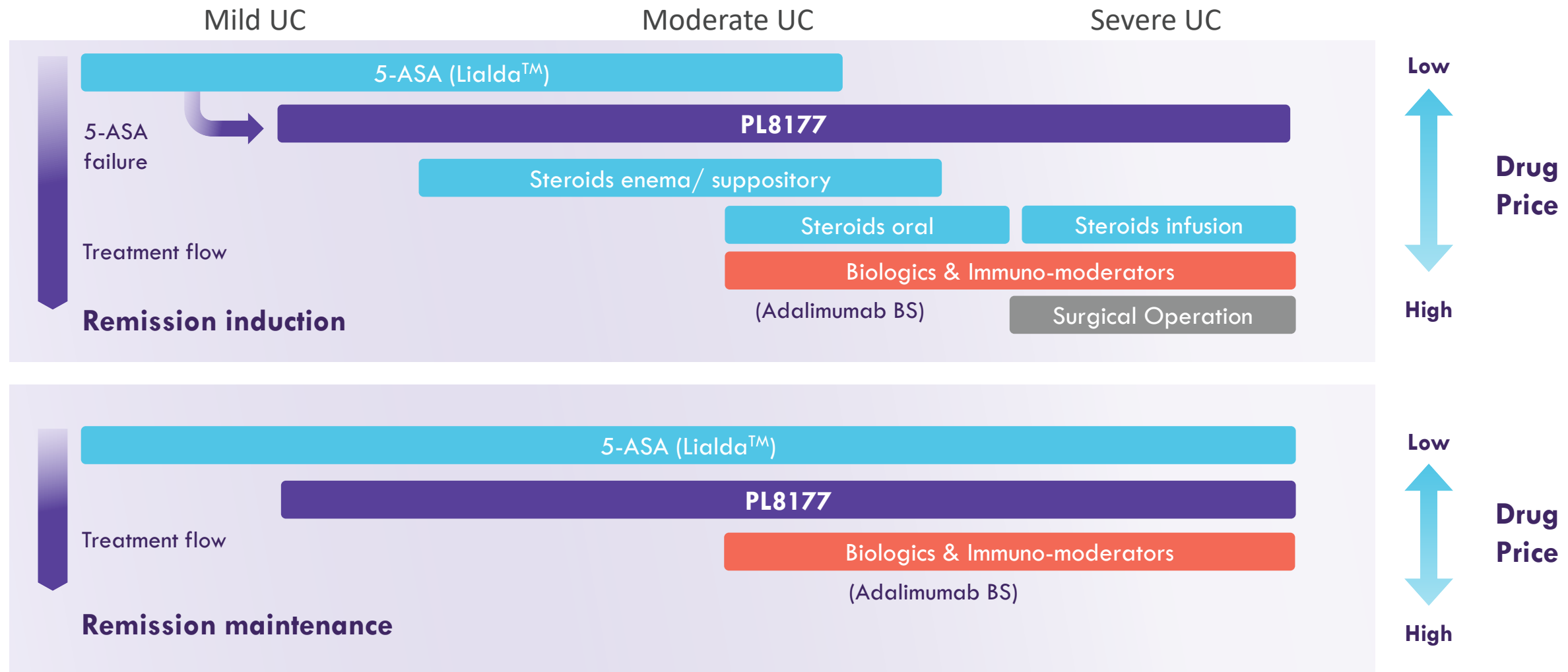
“Currently available therapies cannot cure IBD, but many of them target various inflammatory pathways, resulting in more or less durable remission. However, these therapies come at a high price economically and physically, with potentially life-threatening side effects.”

N. ENGL J MED 385:14 September 30, 2021

PL8177 Oral Formulation for Ulcerative Colitis

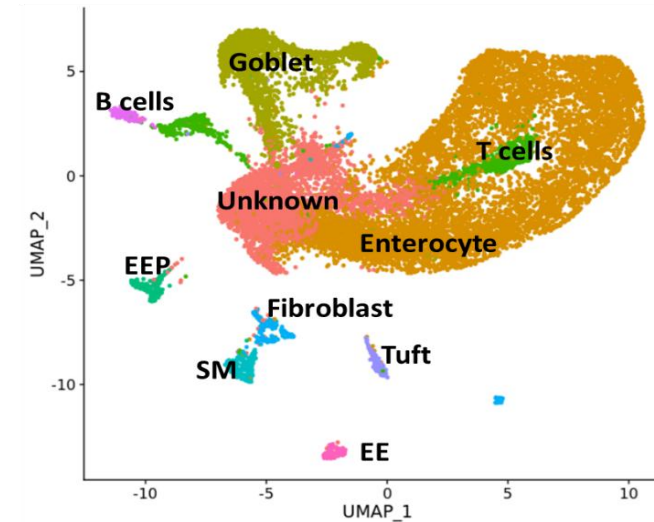
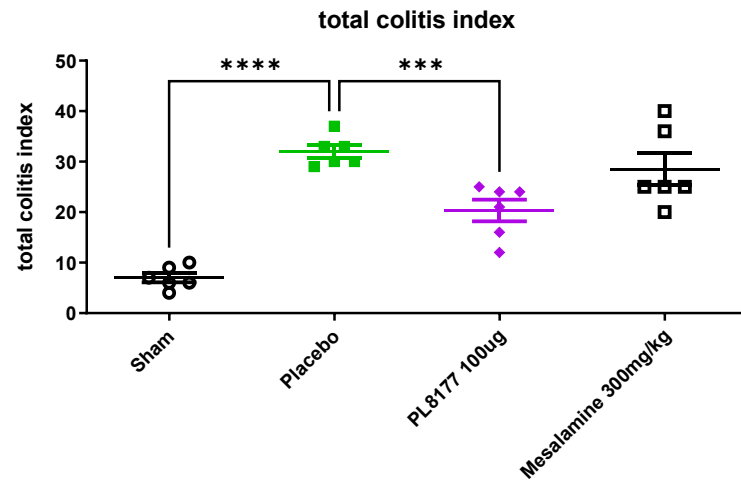
UC patient treatment paradigm

Opportunity for PL8177 in Treating UC Indication Throughout the Treatment Paradigm



PL8177 Oral Formulation for Ulcerative Colitis

Preclinical data rat DSS model



Total colitis index

- Abnormalities of mucosal architecture
- Extent of inflammation
- Erosion & ulceration
- Epithelial regeneration
- Percentage involvement by the disease process

Single nuclei RNAseq of DSS rat colon

- Preserves enterocyte cell population
- Prevents increase of inflammatory T cell population
- Down regulation of multiple inflammatory pathways

PL8177 Oral Formulation for Ulcerative Colitis

PL8177-205 Phase 2 study design & timelines

Phase 2 RCT Parallel Group Study Using an Adaptive Design to Evaluate Safety, Tolerability and Efficacy



Patient Population

- Adult patients with active UC
- Modified Mayo endoscopic subscore ≥ 2

Primary Safety Endpoint

- The overall incidence of treatment-emergent adverse events (TEAEs)

Primary Efficacy Endpoint

- Proportion of patients that have MES of 0 or 1 (endoscopic improvement)

PL8177 Oral UC Study



Licensing



Full Data
N=14

Corporate decision made to end enrollment and pursue licensing with current patient numbers (N=14).

PL8177 Oral Formulation for Ulcerative Colitis

Topline data PL8177-205 Phase 2 UC study

- Clinical Remission
 - **Achieved in 33% of PL8177 treated subjects** versus 0% on placebo after 8-weeks of treatment
- Clinical Response
 - **Achieved in 78% of PL8177 treated subjects** versus 33% on placebo ($p < 0.005$) after 8-weeks of treatment
- Symptomatic Remission
 - **Achieved in 56% of PL8177 treated patients** versus 33% of on placebo
- Safety and tolerability was **excellent - no adverse events**
- For the subset of patients with moderate disease (segment endoscopic score of greater than or equal to 1 in the rectum, descending colon, and sigmoid colon segments) at baseline were
 - **Three of five (60%) PL8177-treated patients showed improvement in all three segments**
 - **Four of five (80%) PL8177-treated patients showed improvement in two of the three segments**
 - **Zero of one (0%) placebo patients showed improvement in two or more segments**

PL8177 Oral Formulation for Ulcerative Colitis

Target product profile for commercial success

PL8177 Preclinical Profile

- High potency at melanocortin receptors 1
- Efficacy in multiple animal models including gold standard disease model
- Efficacy as good/better than 5-ASA and glucocorticoids in animal model data
- No toxicological findings in pre-clinical studies doses >100-fold above planned clinical doses

PL8177 Oral Formulation PK

- Phase 1 radiolabeled micro-dose study with the oral formulation, **confirmed colonic delivery** of PL8177
- Orally dosed PL8177 remains in the colon – there is no systemic exposure

PL8177 Clinical

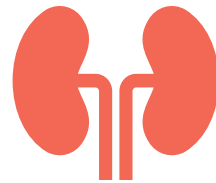
- Phase 1 clinical SAD/MAD study with the systemic formulation (SC) completed, no adverse events or safety signals
- Positive Phase 2 study in UC patients: PL8177 treated patients had improvement in clinical remission and response

PL8177 Oral Formulation – Novel, Non-Immunosuppressive Mechanism of Action

Melanocortin Agonist for Diabetic Nephropathy

Melanocortin Agonist for Diabetic Nephropathy

Diabetic nephropathy



Diabetic nephropathy (DN) is a severe microvascular complication of diabetes mellitus (DM)

It is the most common form of chronic kidney disease (CKD)

A leading cause of renal failure in end-stage renal disease

No currently available treatment can achieve complete cure



Diabetes and DN prevalence

~ 30 million US patients have CKD secondary to the combination of hypertension and Type 2 diabetes mellitus

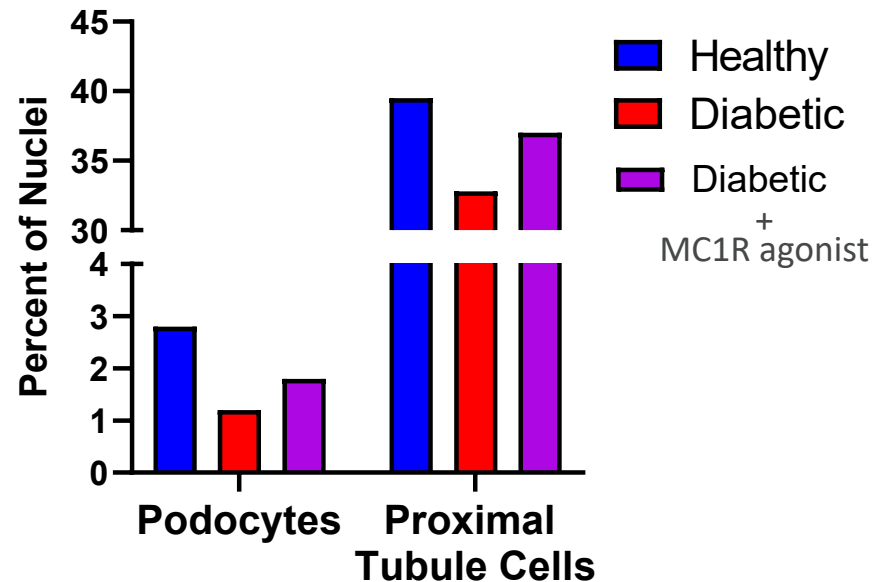
>590 million people are predicted to have diabetes worldwide by the year 2035

~50% of patients with diabetes will develop DN

Melanocortin Agonist for Diabetic Nephropathy

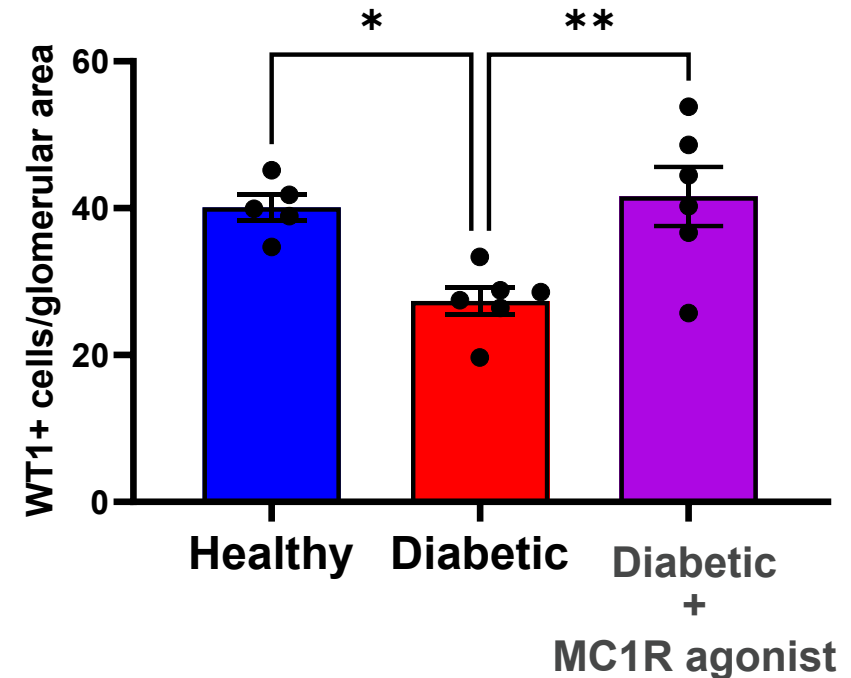
Melanocortin agonists increase key kidney cell types in diabetic rats

Cell Populations by snRNAseq*



Melanocortin agonist increases relative podocyte and proximal tubule cell populations in diabetic rat, essential for healthy kidney function.

Podocyte Density by Histopathology

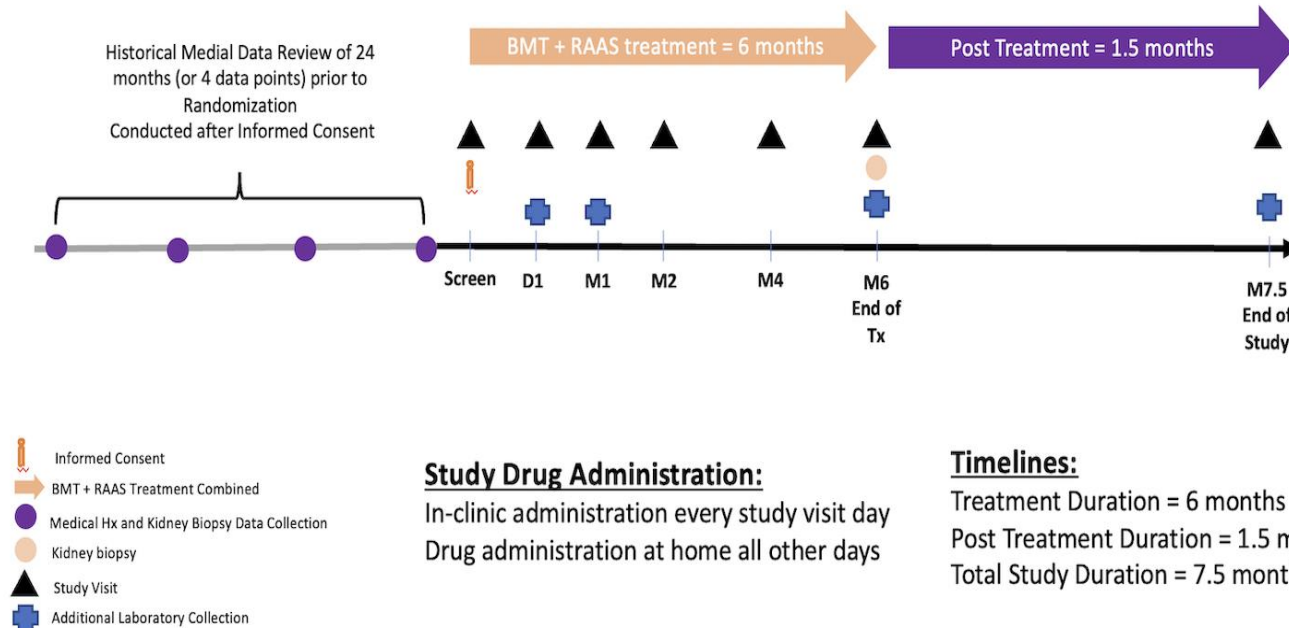


Podocyte density increases in diabetic rats when treated with a melanocortin agonist.

Melanocortin Agonist for Diabetic Nephropathy

BREAKOUT study in diabetic nephropathy

BREAKOUT Study Schema



Primary Research Question

- Proportion of subjects with a $\geq 50\%$ reduction in UP/Cr

Secondary Research Questions

- Proportion of subjects that achieve a reduction in UP/Cr ratios of $\geq 30\%$ from baseline
- Proportion of subjects that achieve a < 5.0 ml/min/year drop in eGFR
- Proportion of subjects with a $\geq 50\%$ increase in urinary VEGF levels

All evaluated at six months in subjects on maximum tolerated RAAS inhibition therapy plus BMT

- Patients with biopsy-proven type II diabetic kidney disease and ≥ 1000 mg/gm UP/Cr ratio
- Enrollment concluded with N=16 (N=8 evaluable patients)
- BMT 0.5 mg SC (BID) plus maximum tolerated RAAS inhibition

Melanocortin Agonist for Diabetic Nephropathy

Topline results – BREAKOUT Study in Diabetic

- Addition of Bremelanotide to maximum tolerated RAAS inhibition therapy
 - Resulted in positive and clinically beneficial improvements in kidney function and delaying disease progression
- The data from this trial is encouraging
 - Validates modulation of the melanocortin system as a potentially new therapeutic strategy
 - Potential disease-modifying treatment option for people living with this progressive kidney disease

Results

- 57% of patients achieved a clinical response >30% reduction from baseline in UP/Cr
- 14% of patients achieved partial remission >50% reduction from baseline in UP/Cr
- 71% of patients achieved improved or stabilized estimated glomerular filtration rate (eGFR)
- 37.5% of patients had a > 50% increase in urinary vascular endothelial growth factor (VEGF) levels
- 50% of evaluable patients had a >30% reduction in urinary synaptopodin

Financial / Cap Table Snapshot

Milestones Recap

Financial Snapshot / Cap Table

Financial Highlights as of June 30, 2025

Cash and Cash Equivalents	\$2.6 million*
---------------------------	----------------

No debt


* Does not include \$2.3 million upfront payment and \$6.5 million milestone related to Boehringer Ingelheim collaboration

Summary Capitalization as of September 2025

Common Shares and Equivalent

Common Stock	1.0 million shares
Warrants	0.7 million shares
Options and RSUs	0.1 million shares
Fully Diluted Shares	1.8 million shares
Total Shares Authorized	300.0 million shares

Milestones Recap

Melanocortin System Development Programs		Date
Obesity - MC4R Agonists – Weight Loss (Maintenance)		
Phase 2 BMT-801 Clinical Study Bremelanotide + GLP-1 – Positive Topline Data Reported Novel MC4R Selective Long-Lasting Agonist – IND Filing / SAD/MAD Data (to include HO patients) PL7737 MC4R Oral Small Molecule Agonist – IND Filing / SAD/MAD Data (to include HO patients)		Completed 1Q26 / 1H26 1Q26 / 1H26
Spin-Out / Out-License Product Candidates: Seeking Development & Commercial Partnerships		
PL9643 – Dry Eye Disease (DED)		
Phase 3 Melody-1 Clinical Trial - Positive Results Reported Melody-2 and -3 Phase 3 Pivotal Clinical Trials Initiation Target (FDA Confirmation on Protocols and Endpoints)		Completed 1H26
Proprietary MCR Agonists – Retinal Diseases (preclinical assets)		
Research Collaboration / License Agreement with Boehringer Ingelheim	 Boehringer Ingelheim	August 2025
PL8177 Oral – Ulcerative Colitis		
Phase 2 Proof-of-Concept – Positive Topline Data Reported		Completed
MC4R Agonist – Diabetic Nephropathy		
Phase 2 Open Label Trial – Positive Topline Data Reported		Completed

Thank You.

