



Palatin Technologies, Inc.
NYSE American: PTN

CORPORATE PRESENTATION
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Company Profile

Melanocortin System Drug Development Platform

Therapeutics for Inflammatory & Autoimmune Diseases, Sexual Dysfunctions & Obesity



Demonstrated expertise moving programs from discovery to FDA approval



Expertise in the biology and chemistry of melanocortin system (MCS) & natriuretic peptides (NPR)



1st company to gain FDA approval for a melanocortin agent (Vyleesi®)



Strategy leverages our expertise across multiple therapeutic opportunities



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

Commercial Product and Development Programs


| Commercial Product | | |
|---|--|--|
| Vyleesi® (bremelanotide) Hypoactive Sexual Desire Disorder | Asset Sale for FSD Rights to Cosette December 2023 | Up to \$159 million in potential sales milestones and \$10.5 million in potential regulatory milestones |

| Pipeline Development Programs | Pre-clinical | Phase 1 | Phase 2 | Phase 3 | NDA | Status/Next Steps |
|--|--------------|---------|---------|---------|-----|---|
| PL9643 MCr Agonist Dry eye disease | | | | | | Phase 3 MELODY-1 Phase 3 topline data announced 1Q/2Q 2024 Melody-2 and Melody-3 targeted for 2H 2024 |
| PL9654 MCr Agonist Retinal diseases | | | | | | IVT delivery Topical delivery |
| PL8177 Oral MC1r Agonist Ulcerative colitis (UC) | | | | | | Phase 2 enrolling Interim data expected 2Q 2024 Final data 2H 2024 |
| MCr Agonist Diabetic nephropathy | | | | | | Phase 2 Open label Enrollment completed Final data expected 2Q 2024 |
| Bremelanotide + PDE5i* PDE5i failures | | | | | | Phase 2 PK dosing co-administration study Targeting First Patient In 2Q 2024 Data 2H 2024 Co-formulation IND 2H 2024 |
| Bremelanotide * Obesity GLP1 adjunct therapy | | | | | | Phase 2 GLP1 patients gap days Targeting First Patient In 2Q 2024 Data 2H 2024 |
| Novel MCR4 Agonist* Multiple obesity indications | | | | | | Daily and extended dosing formats Peptide therapeutic IND filing 1H 2025 Oral small molecule lead ID 1H 2025 |

* These programs are planned, dependent on funding.



Ophthalmology MCr Programs

- Dry Eye Disease – PL9643
 - Glaucoma – PL9588
 - Retinal Diseases – PL9654
- 

Ophthalmic Diseases with Unmet Medical Need: Front to Back

Conjunctiva/Cornea/Ocular surface

- Dry eye
- Ocular surface protection

Cornea endothelium

- Protect donor corneas for transplantation
- Improve corneal transplant survival
- Protection of cornea with cataract surgery
- Fuchs Dystrophy

Iris/Ciliary Body/Choroid

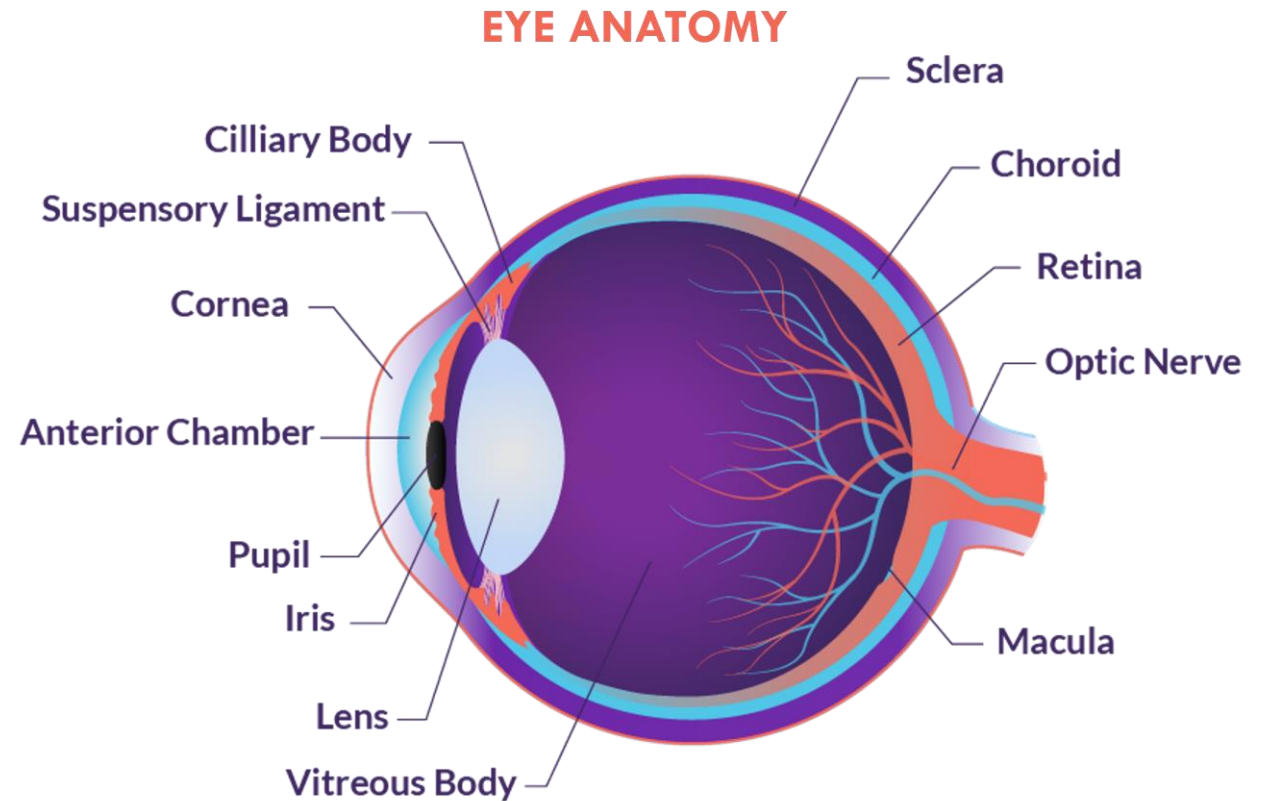
- Non-infectious uveitis

Retina

- Diabetic retinopathy
- Geographic atrophy
- Age-related macular degeneration
- Diabetic macular edema
- Retinal vein occlusion

Optic nerve

- Glaucoma



Dry Eye Overview

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

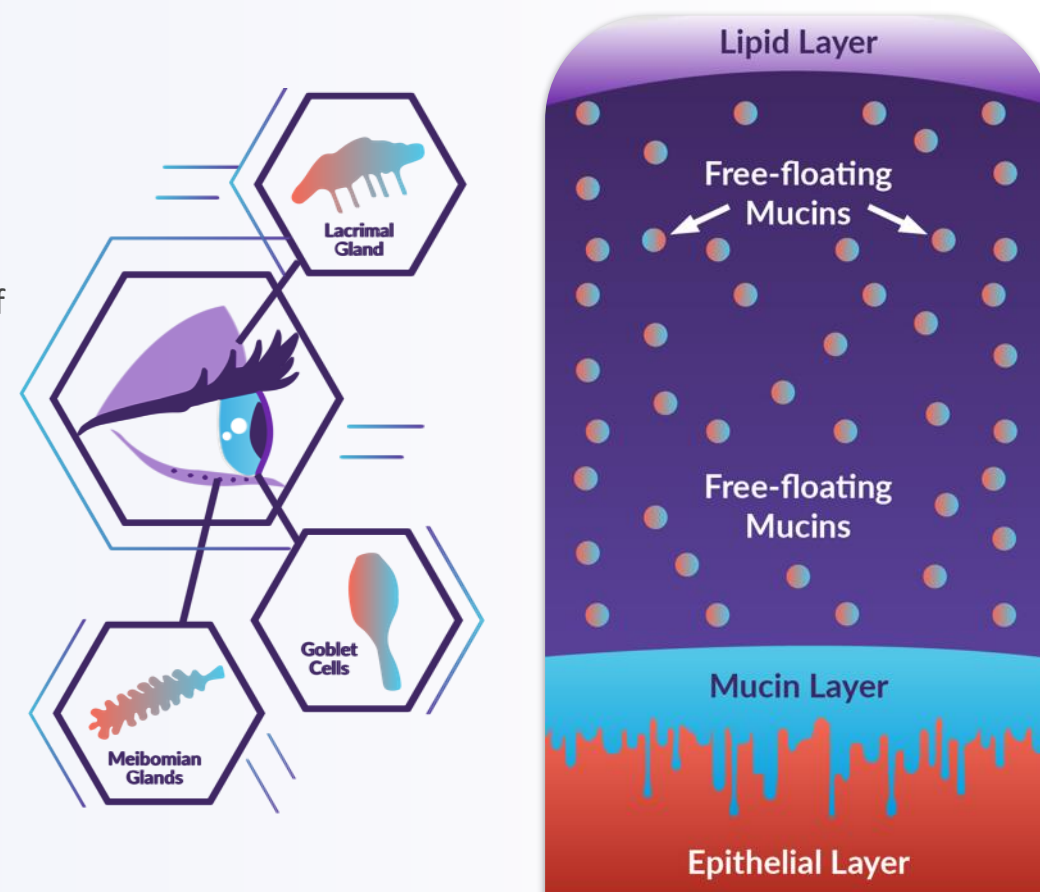
Symptoms include dryness, irritation, redness, discharge and blurred vision

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

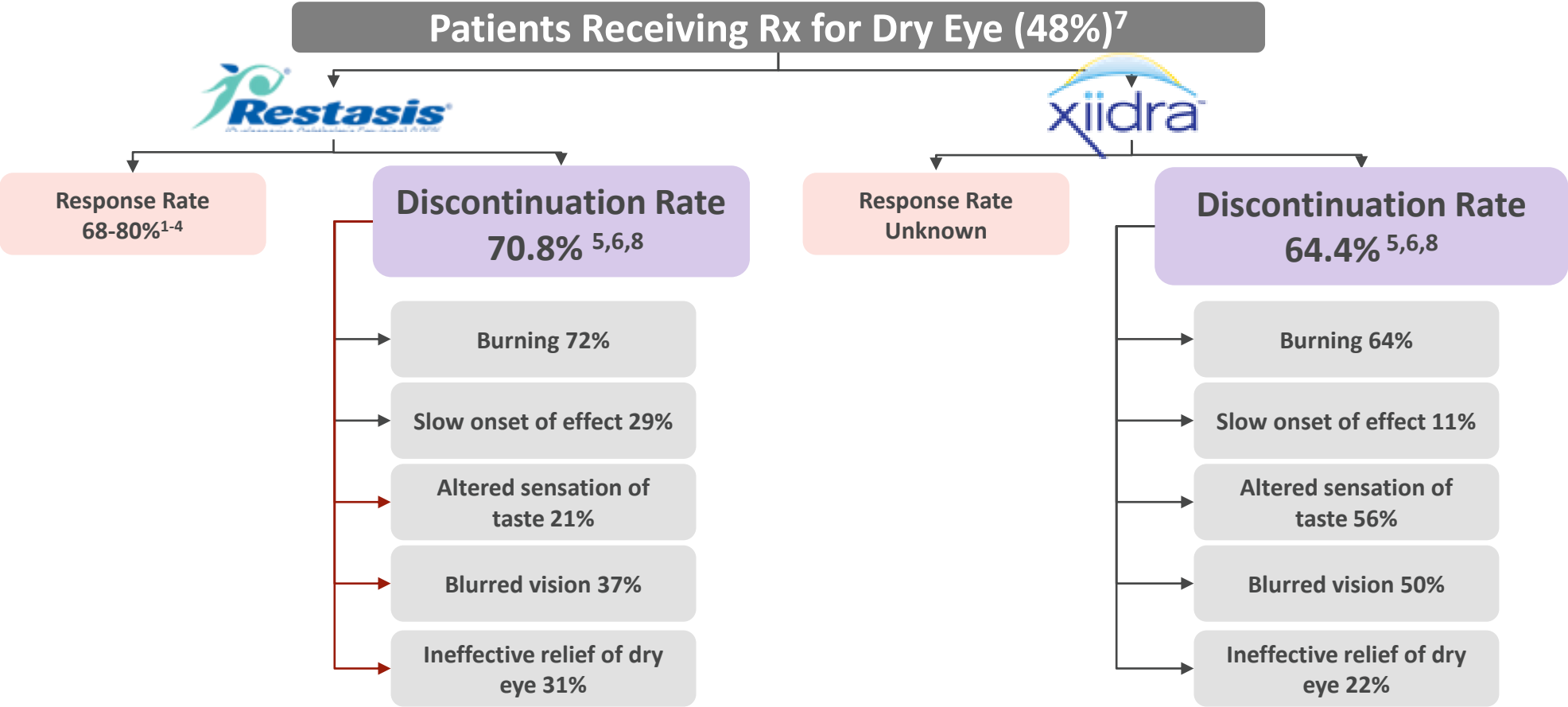
- Restasis® / Cequa® - topical cyclosporine
- Xiidra® - topical integrin inhibitor
- Tyrvaya® - nasal varenicline
- Eyesuvis® - topical steroid(s)
- Miebo – perfluorohexyloctane
- Artificial tears

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



Patient Satisfaction is an Issue with Current Therapies

Poor tolerability leads to high discontinuation rates



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

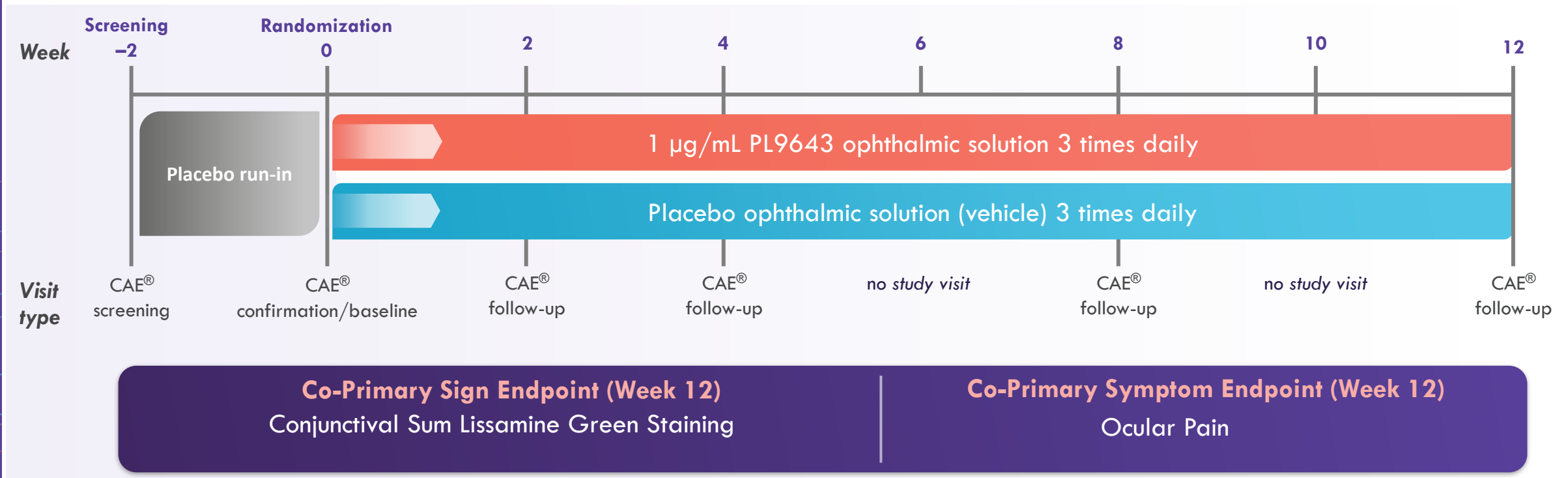
Sources: 1. Sall K et al., (2000); 2. Schultz et al., (2014); 3. Torricelli et al., (2014); 4. Williamson et al., (2015); 5. Mah et al., Clin Ophthalmol (2012); 6. White et al. Clin Ophthalmol (2019); 7. Lum et al. Amer. Academy of Optometry (2018), 8. White et al. Clin Ophthalmol (2020)

PL9643 Melody-1 Phase 3 Study Design

12-week, Multicenter, 1:1 Randomized, Double-Masked, Vehicle-Controlled Adaptive Design Study

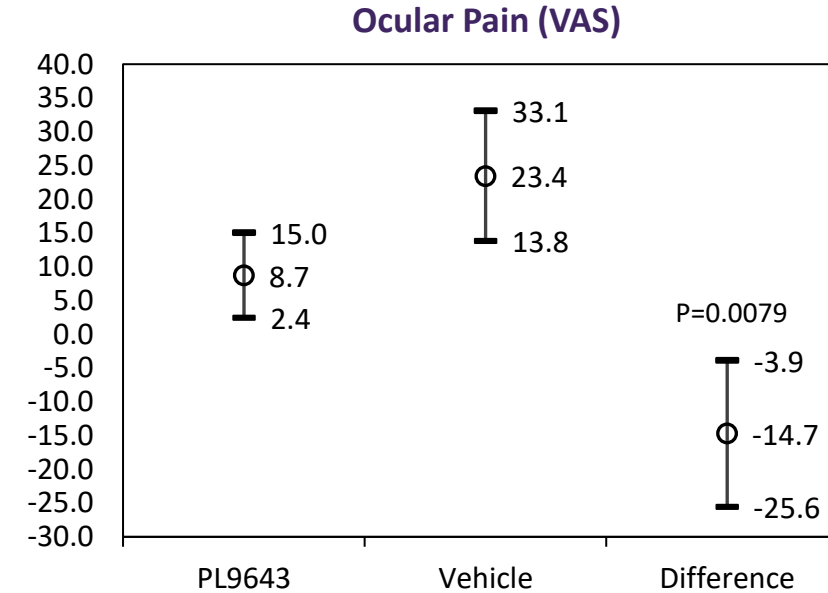
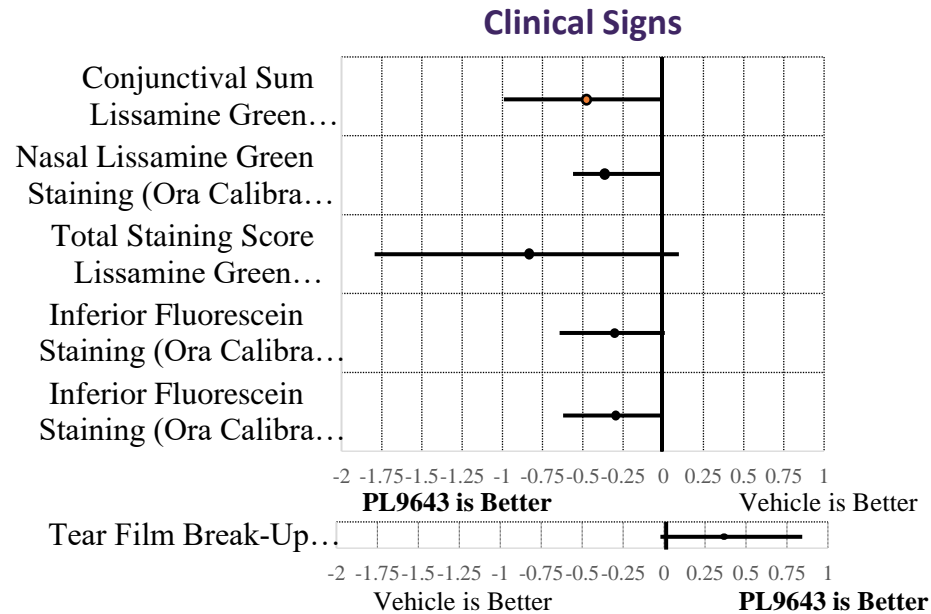
Evaluate the efficacy and safety of PL9643 (575 patients enrolled) with moderate or severe dry eye disease defined as:

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



CAE[®], controlled adverse environment

Analyses Lead-In Population: Clinical Signs & Symptoms at 12 Weeks



- PL9643 was superior to vehicle for planned **primary and secondary endpoints** clinical signs evaluated
- PL9643 has a “global effect” on improving the clinical signs of DED
- PL9643 had a statistically significant and clinically meaningful change over vehicle of 14.7 points [symptom sub-population]
- PL9643 would be the only DED treatment with a primary effect on ocular pain

Data from the Lead-In population (LIP) of initial 120 patients of MELODY-1

PL9643 Phase 3 Melody-1 Study Topline Results

- **Positive Phase 3 Study Topline Results**
 - **Co-primary symptom endpoint of pain met statistical significance** ($P < 0.025$)
 - **7 of 11 secondary symptom endpoints met statistical significance** ($P < 0.05$), 12-week treatment period
 - Rapid onset of Efficacy at the **2-week** treatment period
 - **Multiple symptom endpoints**, including the **co-primary pain** endpoint, **met statistical significance**
 - Continued to improve over the 12-week treatment period
 - At the **2-week treatment period**, **multiple sign endpoints**, including all 4 fluorescein staining endpoints, **met statistical significance** ($P < 0.05$)
 - **Excellent safety and tolerability** Profile
 - Discussions with FDA on regulatory approval path planned for 2Q 2024
- **Additionally**, identified a substantial patient population with **statistically significant efficacy results after two weeks** of treatment with PL9643 for **multiple sign endpoints**
 - Including all four fluorescein staining endpoints, which improves ocular surface disorders and facilitates the identification and treatment of epithelial damage and corneal injuries

PL9643 Safety & Ocular Tolerability Comparability

| Approved Products | | PL9643 | | | |
|------------------------------|-------|--------------------------|-------------------|---------------------------------|--------------------|
| | | Phase 2 Study (N=160) | | Phase 3 All Patients (N=575) | |
| Restasis | | PL9643 (N=80) | Vehicle (N=80) | PL9643 (N=287) | Vehicle (N=288) |
| Ocular Burning | 17% | 0% | 0% | 0% | 0% |
| Xiidra | | | | | |
| Instillation Site Irritation | 18% | 0% | 0% | 0% | 0% |
| Dysgeusia | 13% | 0% | 0% | 0% | 0% |
| Reduced Visual Acuity | 4.7% | 0% | 1% | 0.3% | 0.3% |
| Cequa | | | | | |
| Instillation Site Pain | 22% | 0% | 9% | 3.1% | 4.5% |
| Conjunctival hyperemia | 6% | 0% | 0% | 0% | 0.3% |
| Eysuvis | | | | | |
| Instillation Site Pain | 5% | 0% | 9% | 3.1% | 4.5% |
| Tyrvaya | | | | | |
| Sneezing | 82% | 0% | 0% | 0% | 0% |
| Cough | 5-16% | 0% | 0% | 0% | 0% |
| Throat Irritation | 5-16% | 0% | 0% | 0% | 0% |
| Site Instillation Irritation | 5-16% | 0% | 0% | 0% | 0% |
| Miebo | | | | | |
| Blurred Vision | 1-3% | 0% | 1% | 0.3% | 0.3% |
| Eye Redness | 1-3% | 0% | 0% | 0% | 0.3% |

Phase 3 Melody-1 Study

- *PL9643 eye drop formulation was well-tolerated*, similar to artificial tears
- Fewer ocular treatment related adverse events in the PL9643 arm (5.6%, N=16/288) compared to vehicle (6.3%, N=18/287)
- Fewer study discontinuations in the PL9643 arm (7.0%, N=20/288) compared to vehicle (11.1%, N=32/287)

Dry Eye Market Landscape

- PL9643 represents an opportunity to bring relief to dry eye sufferers
 - DED is one of the most common ocular disorders
 - Affecting an estimated 38 million people in the U.S.¹
 - About 18 million are diagnosed and less than 10% of those diagnosed are treated with an Rx product¹

Global DED Rx Market ~ \$6.11 in 2024 and projected to be >\$7.46 in 2029

- Expected to reach \$7.46 billion by 2029, growing at a CAGR of 4.09% during the forecast period (2024-2029)²
- Data shows the significant unmet medical need for an effective treatment that also has an excellent safety and tolerability profile¹

¹ Market Scope 2023 Dry Eye Product Market Review; does not include OTC artificial tears and other Rx anti-inflammatory and tear stimulants.

² Mordor Intelligence – Dry Eye Disease Market Size & Share Analysis – Growth Trends & Forecasts (2024-2029).

PL9643 Topical Treatment for Dry Eye Disease Summary

Emerging profile indicates PL9643 could address significant unmet need in DED treatment

| PL9643 | Category | Attribute |
|--------|----------------------------|--|
| | Indication | Dry Eye Disease |
| | Product Overview | PL9643 is a melanocortin agonist which resolves inflammation and promotes tissue healing |
| | Safety/Ocular tolerability | Excellent - Based on Phase 2 and Phase 3 data sets |
| | Efficacy | Broad efficacy in multiple signs and symptoms - consistent with mechanism of action |
| | Dosing | Topical: TID administration |
| | Differentiating Factors | Superior safety & ocular tolerability and broad efficacy compared to current treatments |

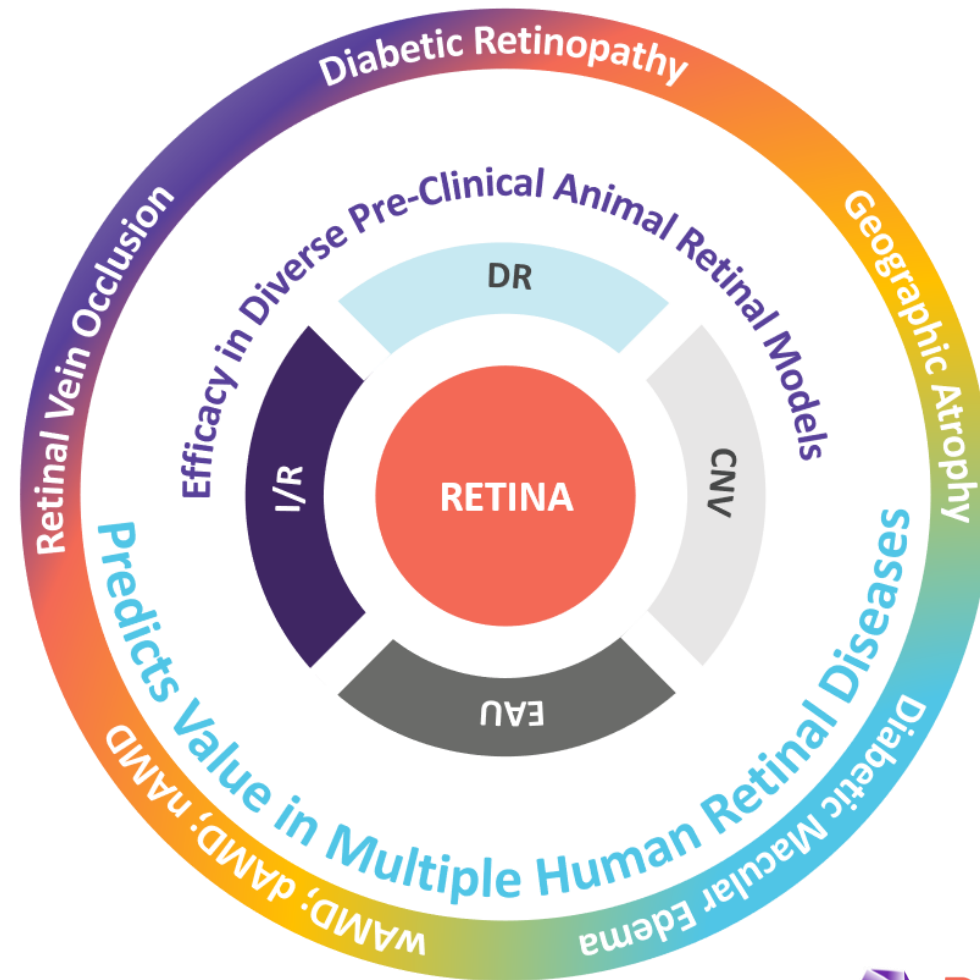
- 1Q 2024 – Melody-1 Phase 3 completed and positive topline results reported
- 2Q 2024 – Meet with FDA on next pivotal Phase 3 trial design and regulatory approval path
- 2H 2024 – MELODY-2 & MELODY-3 initiation (est.)
- 2H 2025 – NDA submission (est.)

Broad Potential for Retinal Diseases

Retinal disorders current drug market USD **\$20B**, projected to be **\$27B** by 2026

DR/DME estimated ~**\$10B**

- Palatin melanocortin agonists active in 4 pre-clinical retinal disease models*
 - Unprecedented versatility
 - Predictive of potential efficacy across human retinal diseases



Retinopathy – Desired Target Product Profile for Commercial Success

PL9654 Preclinical Data:

- Efficacy in 4 diverse preclinical animal models
- Broad efficacy supports clinical development
- Genomic and proteomic data on MOA
- Topical, IVT & SC dosing
- Excellent IP position

Ongoing Activities:

- Expanding preclinical models
- Genomic & proteomic studies to define MOA
- Extensive PK
- Exploring SC and topical delivery

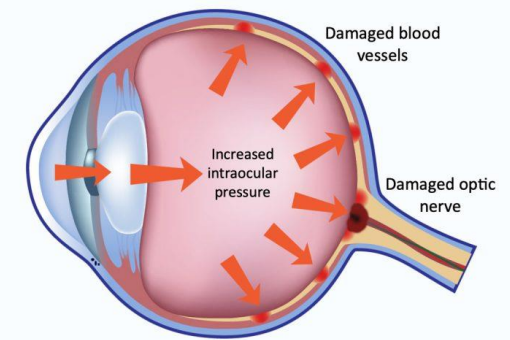
Next Steps:

- IND enabling studies
- Phase 1 SAD/MAD
- First Phase 2 efficacy study

Exploring non-IVT patient self-dosing for superior patient comfort and compliance.

PL9588 Treating Glaucoma & Optic Neuropathy

- Group of progressive eye diseases characterized by elevated intraocular pressure (IOP) resulting in or from ocular nerve damage
- Elevated IOP results in loss of retinal ganglion cells and progressive loss of vision (open angle glaucoma), 2nd leading cause of blindness
- In the U.S. there are ~3.4M people with open angle glaucoma
 - ~50% have been diagnosed and on treatment
- Goal of drug therapy is reduction and maintenance of lower IOP
 - Prostaglandins, 1st line therapy [U.S. (2019): \$1.62 billion]*
 - β -agonists and α -agonists, main adjunct treatments [U.S. (2019): \$690 million]*
- New treatments with novel MOA and potential for neuroprotection are desired
- PL9588 novel mechanism for treating glaucoma
 - Lowers IOP & provides neuroprotection
 - Ready to initiate clinical development



* IQVIA 2019 (TD Cowen , March 2023, Thera DED and Glaucoma, p. 35)

PL8177 Oral 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 1 receptor

Why a Melanocortin Peptide for Ulcerative Colitis?

Phase 2 study evaluating safety and efficacy
of PL8177-Oral in UC patients ongoing; interim
assessment 2Q 2024; final data 2H 2024

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**

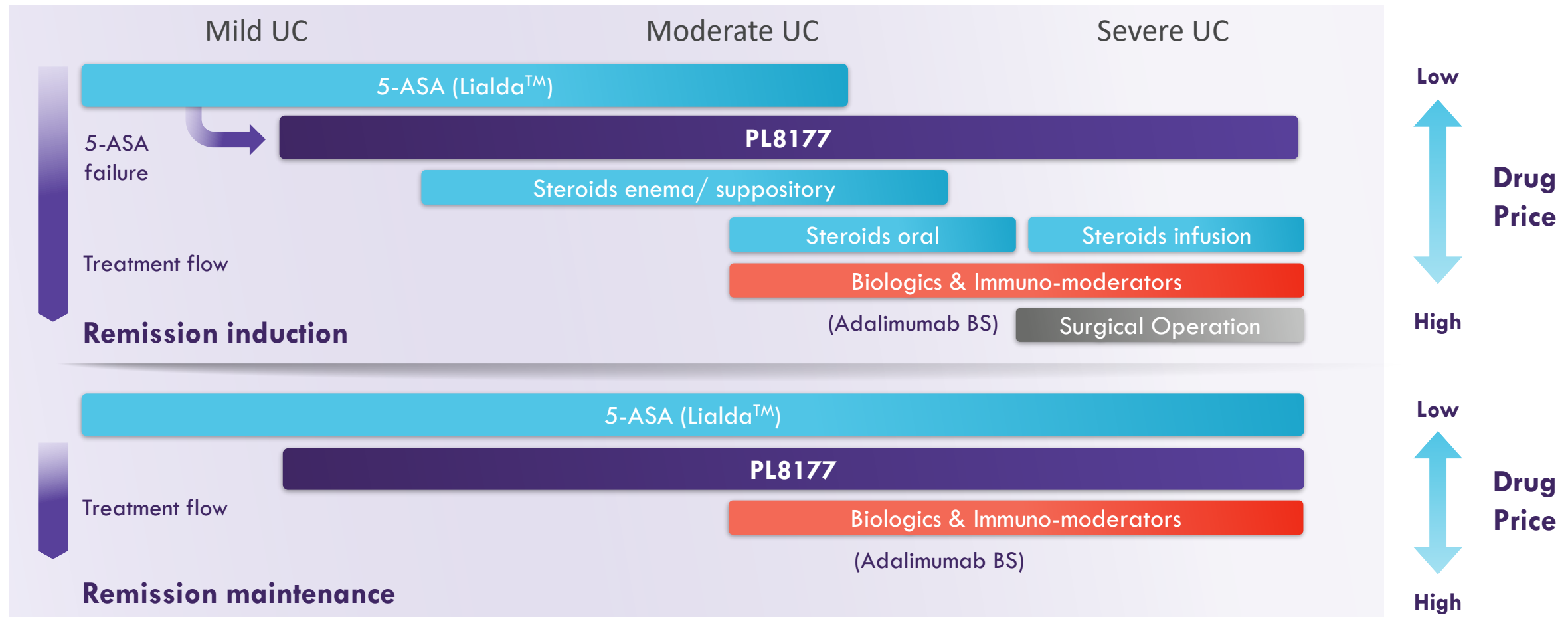
- Potential for excellent efficacy without safety concerns
- Phase 1 SC SAD/MAD study - no significant findings
- Oral Phase 1 study – confirms colon delivery

“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.”

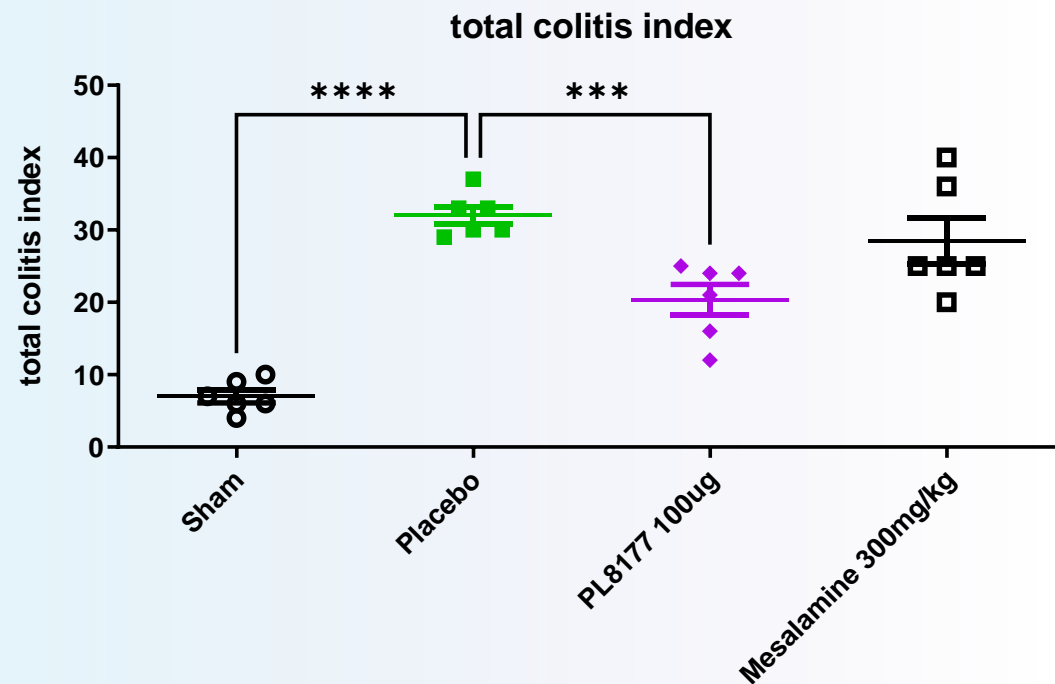
N. ENGL J MED 385:14 September 30, 2021

UC Patient Treatment Paradigm

Opportunity for PL8177 in UC Treatment throughout the treatment paradigm



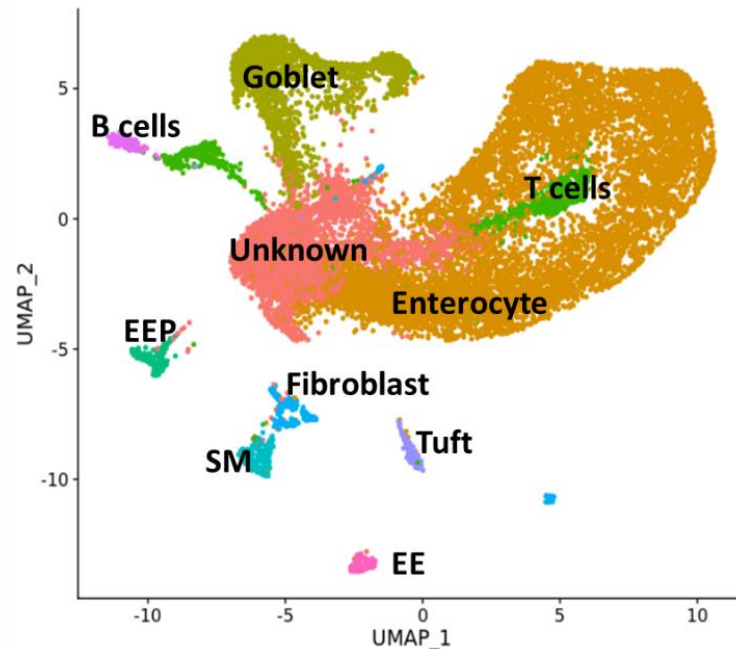
PL8177 Pre-Clinical Histological Findings (Total Colitis Index in Rats)



Total Colitis Index

- Abnormalities of mucosal architecture
- Extent of inflammation
- Erosion or ulceration
- Epithelial regeneration
- Percentage involvement by the disease process
- Superior to mesalamine (SOC) positive control

PL8177-Oral Pre-Clinical Cell Analysis in Rat Ulcerative Colitis Model



Single nuclei RNAseq of rat colon

In a rat DSS colitis model:

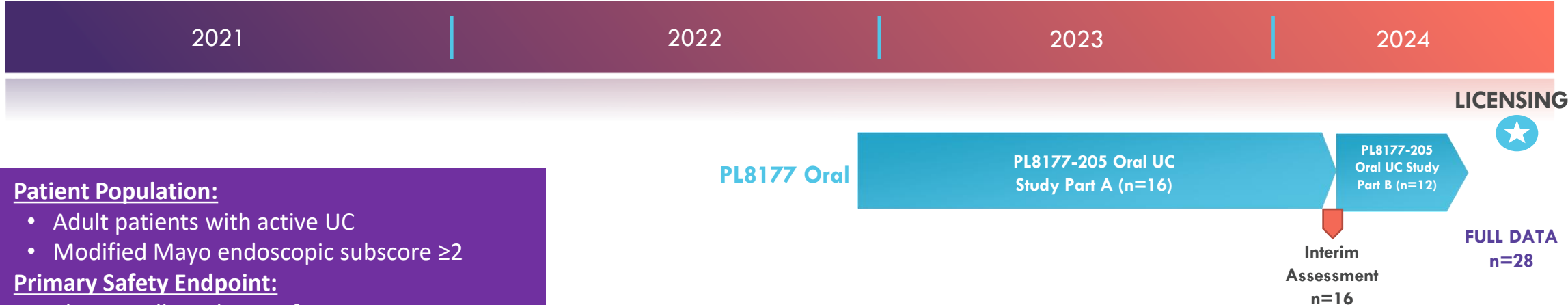
PL8177 **preserves** relative **enterocyte cell** population

PL8177 **prevents increase** in relative **T cell** population

PL8177 **prevents increase** in multiple **inflammatory pathways**

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)

| Time Point | Dosing Regimen | Placebo | PL8177 |
|---|----------------|---------|--------|
| Leading into the Interim Assessment | QD | n = 4 | n = 12 |
| Target Sample Size Following the Interim Assessment | QD | n = 7 | n = 21 |

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
- Phase 2 study enrolling UC patients
 - Interim data 2Q 2024

PL8177 Oral Formulation – novel non-immunosuppressive mechanism of action

Melanocortin Receptor 4 Erectile Dysfunction (ED) Program

- Bremelanotide (BMT) MCR4 Agonist
 - FDA Approved – Vyleesi® for Female HSDD
- Co-administration (co-formulation) of BMT & Tadalafil
 - PDE5i Failures

Value of MCR4 Agonists for Sexual Dysfunction

Low clinical risk, defined development pathways with potential for high returns

Bremelanotide has extensive efficacy and safety data and can be rapidly expanded to ED indication

- Evaluated in over 70 clinical studies and 10,000 patients

Novel co-formulation of bremelanotide with a PDE5i

- Extend IP
- Improved PK and delivery
- Potential to effectively and safely treat PDE5i failures

PDE5i failures large underserved market

- >30 million men in US have ED
- ~35% of ED patients are inadequately treated by PDE5i therapy with limited treatment options
 - Vacuum devices
 - Direct penile injection of vasodilators
 - Surgery for installation of penile implants

A safe and effective non-invasive treatment is needed.

Bremelanotide Sexual Dysfunction Clinical Experience

The MCR4 agonist bremelanotide has been evaluated in multiple sexual dysfunction trials

Female sexual dysfunction studies

- Clinical studies in pre and post menopausal patients with HSDD and/or FSAD
- Statistically significant and clinically meaningful effects on improving desire, arousal and distress
- FDA approved for treating premenopausal women with HSDD

Male sexual dysfunction studies

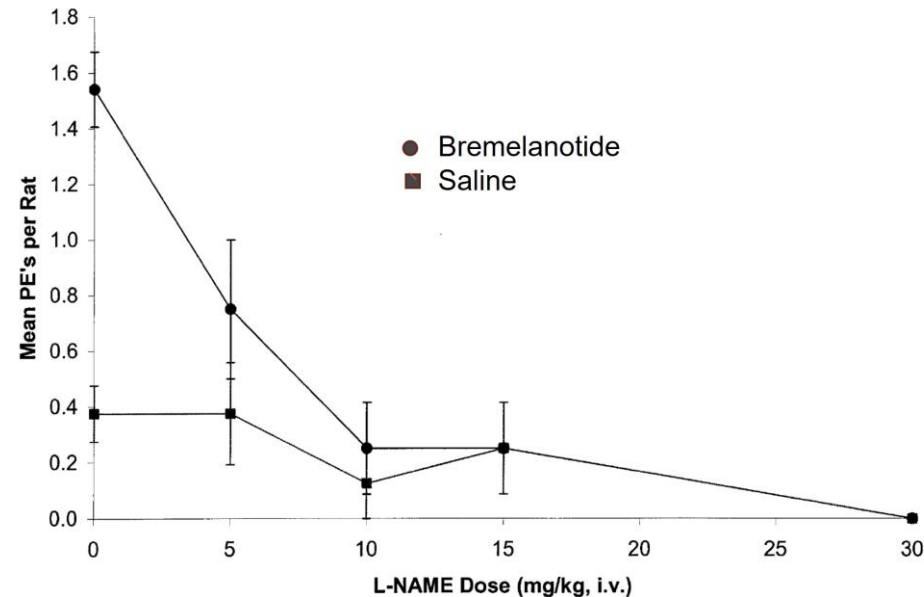
- Multiple clinical studies in men with erectile dysfunction (ED)
- Monotherapy in ED patients and ED patients with diabetes
- Co-administration with PDE5 inhibitor in ED patients that failed PDE5-I therapy
- Statistically significant and clinically meaningful effects on improving erectile activity

Post-approval experience in men with sexual dysfunction

- Bremelanotide is being prescribed off-label to men with ED and low sexual desire
- Re-fill rates ~70%

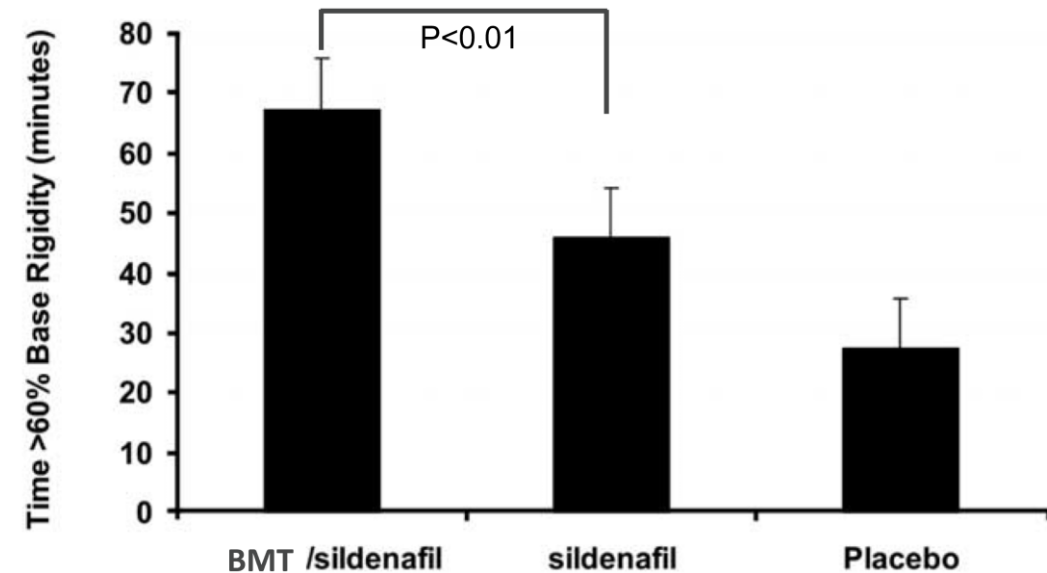
Bremelanotide for Treating ED

30%-40% of ED patients have an inadequate response to PDE5i therapy, there remains an unmet need for drugs to treat men in whom PDE5i treatment fails*



BMT drives erectile activity through production of NO and cGMP

- In multiple Phase 2b clinical studies bremelanotide has demonstrated statistical and clinically significant effects on improving erectile function in a broad range of ED patients including moderate/severe and patients inadequately treated by PDE5is



IN ED patients BMT co-administered with sildenafil significantly improves rigidity of penile erections

BMT-ISR-001 in ED – Study Design

Investigator Sponsored Research Study



Screening subjects will be included in a 4-week roll-in period with tadalafil only to confirm non-response to PDE5-I (Day 28 to 0) - Non-responsiveness will be defined as having an IIEF-EF score of less than 30



Eligible subjects will begin the study with Treatment Period 1 (4 weeks) which will be a combination of low dose BMT and tadalafil



Treatment period 2 (4 weeks) will be a combination of high dose BMT and tadalafil. At the end of 8 weeks (~Day 56) subjects will return to the clinic to complete their End of Treatment visit and bring their previously completed Sexual Encounter Profile (SEP) questionnaires



Subjects will return to the clinic at the end of 12 weeks (~Day 84) to complete their End of Study visit inclusive of safety labs and at the end of the visit will be discharged from the study

BMT/Tadalafil Co-Formulation

PTN IND program in parallel to clinical PoC ISR study (BMT-ISR-001)



Type C meeting with FDA – 2Q 2024

Adequacy of bridging tox study
Confirmation of clinical program for approval
•PK study / Phase 2/3 study



CMC activities – 2Q 2024 – 3Q 2024

Characterization tasks/stability / tox material manufacture



Bridging tox study – draft design

N=52 dogs only / Initiate 3Q 2024; Data end-4Q 2024



IND fling – 4Q 2024



PK clinical study start 4Q 2024; data 1Q 2025



Phase 2b study start 1H 2025; data Mid-2025

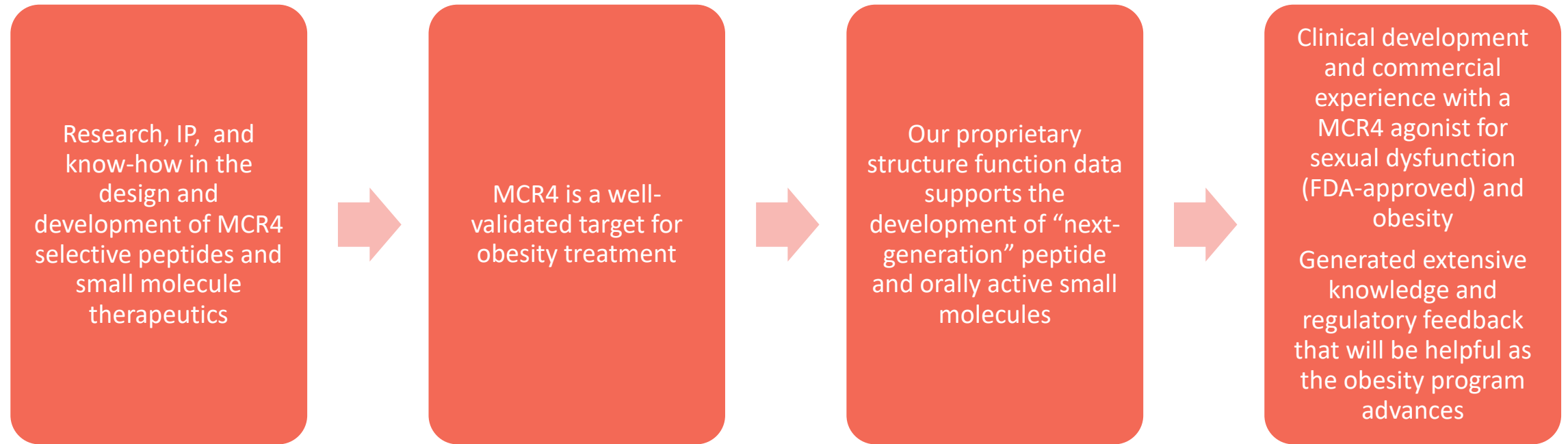


Phase 3 program start 2H 2025; data 2H 2026

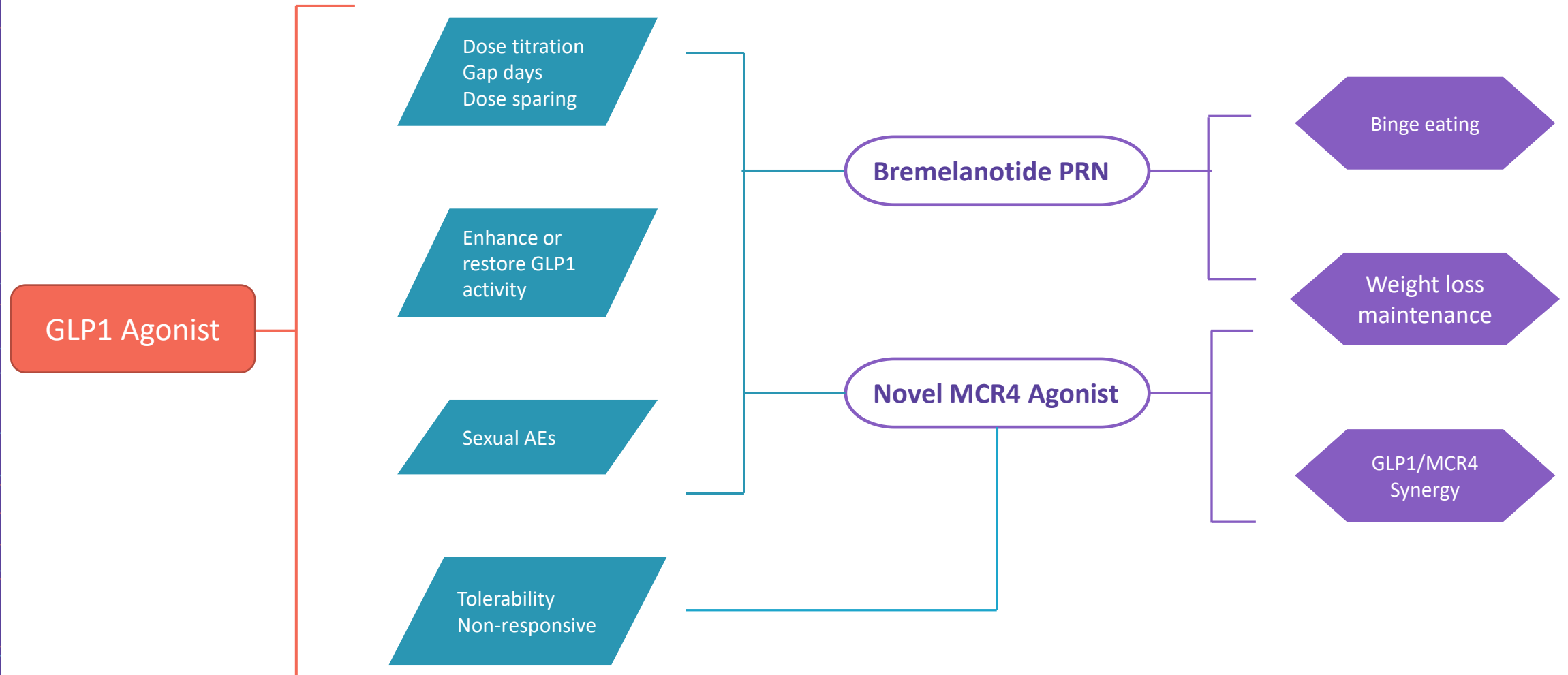
Melanocortin Receptor 4 Obesity Management Program

- Bremelanotide (BMT) MCR4 Agonist
 - FDA Approved (Vyleesi® for Female HSDD)
- Co-administration of BMT & Tirzepatide
- Novel MCR4 Selective Peptides
- Oral MCR4 Selective Small Molecules

Melanocortin Receptor 4 Obesity Management Program Overview

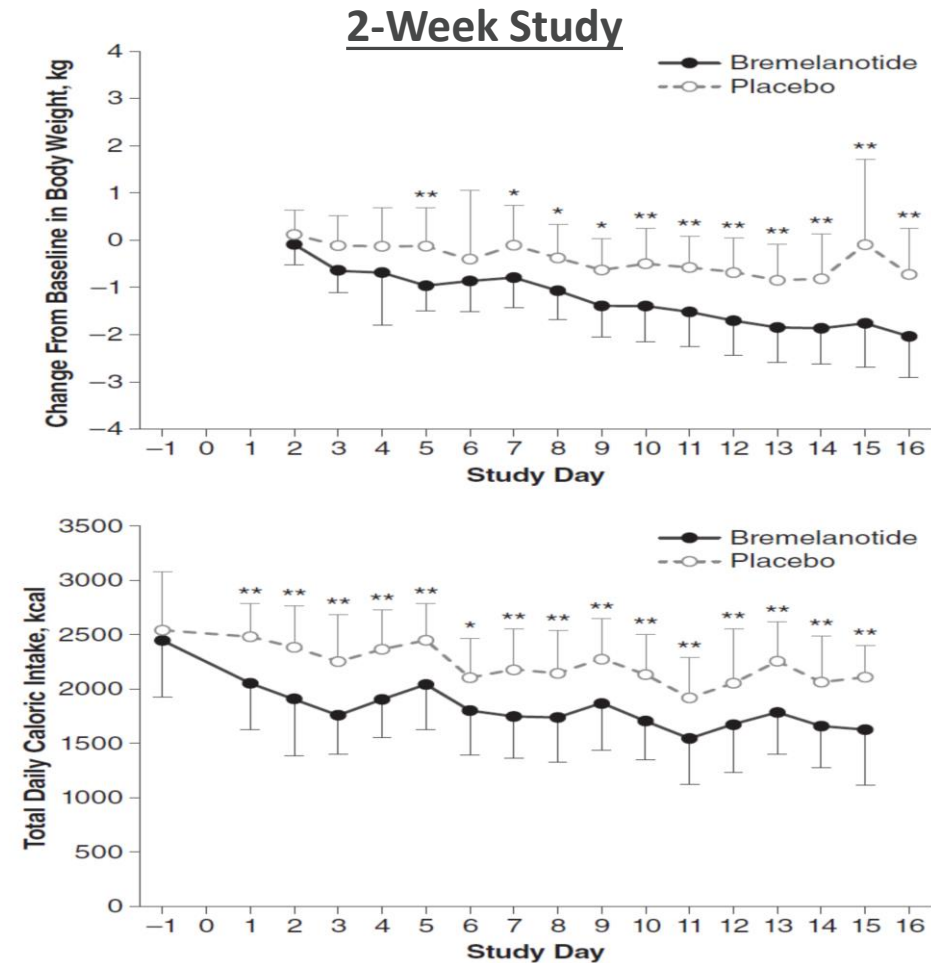


Melanocortin Agonist in Obesity Management

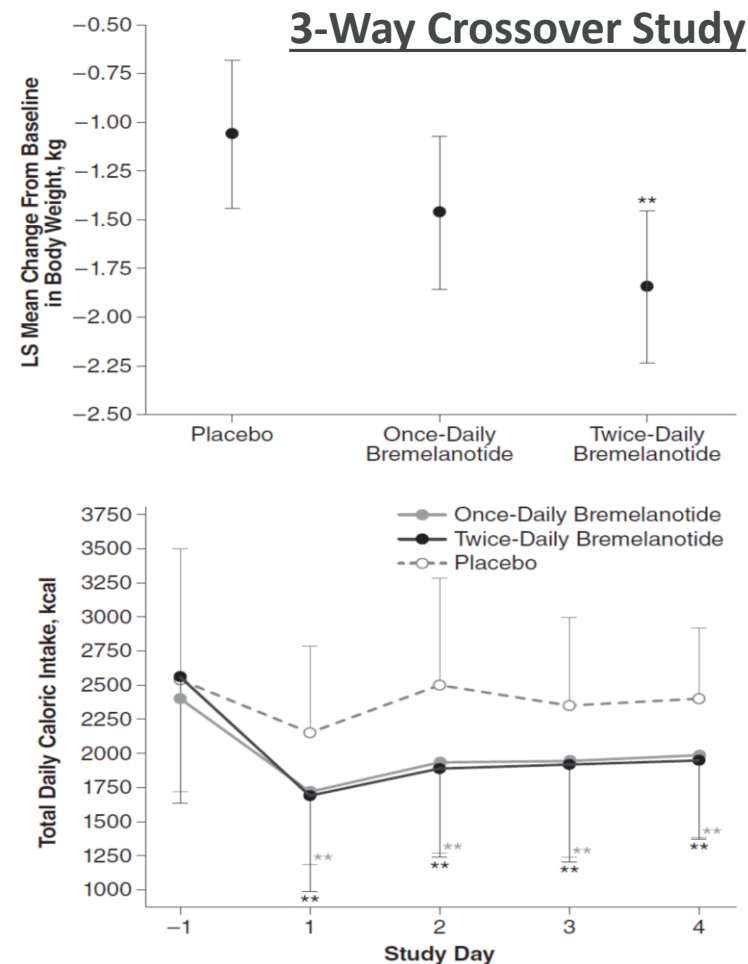


Melanocortin Receptor 4 Obesity Management Program

Bremelanotide Clinical Weight Loss Studies



- Weight loss placebo -0.7kg; bremelanotide -2.2kg $p < 0.001$
- Bremelanotide reduction daily caloric intake ~400kcal $p < 0.01$



- Weight loss placebo -0.9kg, bremelanotide -1.7kg $p < 0.001$ after 4 days of dosing
- Reduction daily caloric intake $p < 0.001$

BMT-801 Phase 2 Co-administration of BMT & Tirzepatide

Study Objective

- Evaluate the safety and efficacy data for the addition of an MCR4 agonist (BMT) to tirzepatide in treating obese subjects

Study Design

- Randomized, double-blind, placebo-controlled trial

Primary Efficacy Endpoint

- Change in body weight

Secondary Endpoints (change from baseline)

- Appetite suppression measured by visual analog scale (VAS)
- Appetite suppression subscales (hunger, fullness, satiety, prospective food consumption)
- Lean muscle mass
- Cardiometabolic laboratory values
- Neck and waist measurements

Review of Weight Loss Maintenance

The other side 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 significantly improved health outcomes
- However, if long term use of medication is stopped or no longer tolerated then maintenance of the weight loss state is difficult for almost all individuals, with most failing to maintain a weight reduced state
- To experience the many health benefits of anti-obesity treatment will require the long-term maintenance of the reduced weight state
- Current research indicates that persistent long-term intervention will be required to maintain a “healthy” weight reduced state

Pathway to an Oral Small Molecule MCR4 for Obesity Management

Current Issues

- Oral bioavailability



- Skin pigmentation



- Nausea/vomiting



- Cardiovascular effects



Palatin Solutions

- Small molecules with excellent preclinical oral bioavailability have been identified.
- Palatin small molecules lack the structural motif necessary for activation of MCR1 and therefore lack the potential to cause skin pigmentation
- Our research has identified multiple approaches to reduce GI AE's
- Multiple structural features have demonstrated the ability to eliminate cardiovascular effects

Vyleesi® - FDA Approved for Female HSDD

- Developed by Palatin
- Acquired by Cosette (December 2023)



FDA Approved Vyleesi® For Female HSDD

Helping Premenopausal Women with Hypoactive Sexual Desire Disorder (HSDD)

vyleesi
(bremelanotide injection)
1.75 mg/0.3 mL for subcutaneous use only

**Hey, you. Meet Vyleesi.
...it's Now Approved**

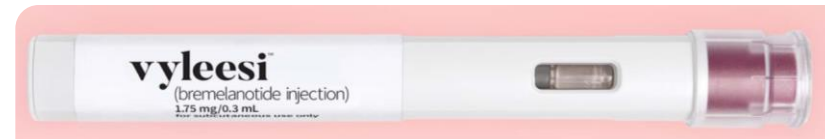
Vyleesi is the first and only as-needed* treatment for premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD).



**Reconnect with
your desire**



*Administer subcutaneously as needed at least 45 minutes before anticipated sexual activity. The duration of its effect after each dose is unknown. Do not administer more than one dose within 24 hours or more than 8 doses per month.



Visit: www.vyleesi.com / www.vyleesipro.com

Sale of Vyleesi to Cosette Pharmaceuticals – December 2023



Cosette acquired Vyleesi asset and rights for FSD (HSDD)

Palatin retained rights and use of bremelanotide (Vyleesi) for obesity and male ED treatments



\$12 million upfront



Plus, potential sales-based milestones of up to \$159 million

Based on annual net sales ranging from \$15 million to \$200 million



Eligible to receive regulatory approval milestones of \$10.5 million
Fosun (\$7.5M China) and Kwangdong (\$3.0M S. Korea) licenses



Palatin will provide and be reimbursed for certain transitional services to Cosette for a defined period of time



Milestones Recap

Financial / Cap Table Snapshot

Milestones

| Melanocortin System Development Programs | | Date |
|---|--|----------------------------------|
| PL9643 – Dry Eye Disease (DED) | | |
| Phase 3 Melody-1 Topline Results Meet with FDA to Discuss Next Steps Towards Regulatory Approval | | Completed 2Q 2024 |
| PL8177 Oral – Ulcerative Colitis | | |
| Phase 2 Proof-of-Concept Interim Data Phase 2 Proof-of-Concept Data Readout | | 2Q 2024 2H 2024 |
| MC4r Agonist – Diabetic Nephropathy | | |
| Phase 2 Open Label Trial – Patient Enrollment Topline Data Readout | | Completed 2Q 2024 |
| MC4r Agonist + GLP-1 – Weight Loss | | |
| Co-administration Pre-clinical Data Shows Increased Weight Loss and Greater Glucose Control Above Monotherapy Phase 2 Clinical Study Initiation Target | | 2Q 2024 |
| Bremelanotide/MC4r + PDE5i – Erectile Dysfunction (ED) | | |
| Developed a Co-formulation of Bremelanotide and a PDE5i to be Administered as a Single Injection Phase 2 Clinical Study in PDE5i Non-responder ED Patients Initiation Target | | 2Q 2024 |
| Vyleesi (bremelanotide) for Hypoactive Sexual Desire Disorder (HSDD) | | |
| Asset Sale for FSD Rights to Cosette Pharmaceuticals December 2023 | | Completed |
| Up to \$159 Million in Potential Sales Milestones Plus \$10.5 Million in Potential Regulatory Approval Milestones | | |

Financial Snapshot / Cap Table

Financial Highlights as of March 31, 2024

| | |
|---------------------------|----------------|
| Cash and Cash Equivalents | \$10.0 million |
| No debt | |

Summary Capitalization as of May 14, 2024

| | Common Shares and Equivalent |
|-------------------------|------------------------------|
| Common Stock | 16.1 million shares |
| Warrants | 6.4 million shares |
| Options | 1.5 million shares |
| RSUs | 0.9 million shares |
| Fully Diluted Shares | 24.9 million shares |
| Total Shares Authorized | 300.0 million shares |

Thank You.

