



Palatin Technologies, Inc.
NYSE American: PTN

CORPORATE PRESENTATION
March 2026

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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 manufactures 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 – targeting the melanocortin system

Therapeutics for Obesity (primary focus rare MC4R diseases), 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

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

Novel 'next generation' MC4R agonists for treatment of rare neuroendocrine diseases

Multiple Clinical Trials Targeted in 2026 for the Treatment of Rare MC4R Pathway Diseases

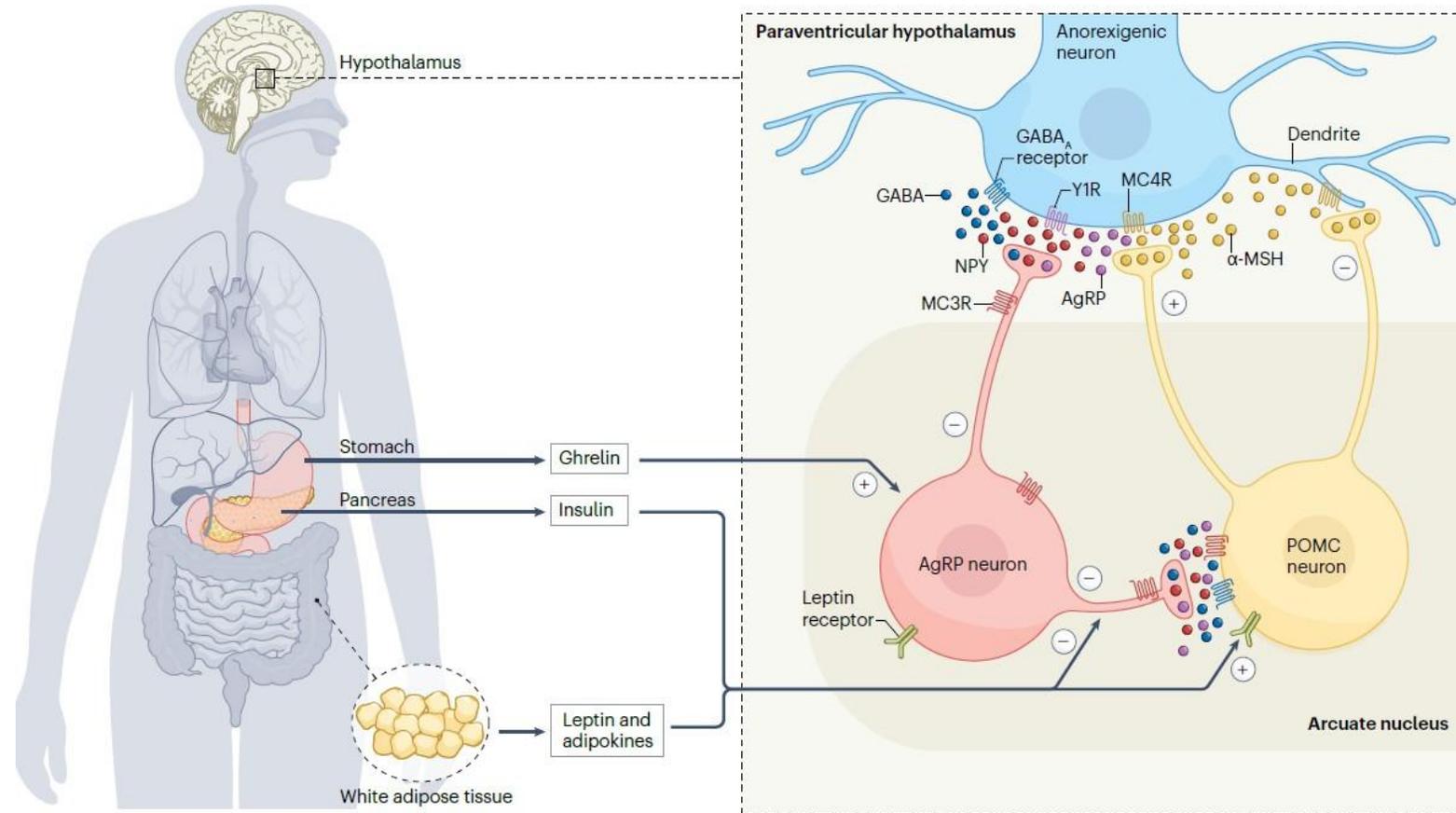
Product/Indication	R&D Pre-clinical	Phase 1	Phase 2	Phase 3	NDA	Status/Next Steps
PL7737 Oral Small Molecule MC4R Agonist Multiple obesity indications with focus on rare MC4R pathway diseases, like Hypothalamic Obesity (HO) and Prader-Willi Syndrome (PWS)						Daily dosing format IND enabling – CMC activities ongoing IND filing 1H26 Phase 1 SAD/MAD start 1H26 / data 2H26
Novel Once-Weekly Peptide MC4R Agonist Multiple obesity indications with focus on rare MC4R pathway diseases, like Hypothalamic Obesity (HO) and Prader-Willi Syndrome (PWS)						Identify optimal compound 1H26 Extended dosing formats IND enabling – CMC activities ongoing IND filing 2H26 Phase 1 SAD/MAD start 2H26 / data 1H27
Bremelanotide (PoC Study) Obesity GLP-1 adjunct therapy Proof-of-concept study only						Phase 2 - tirzepatide patients Positive Topline data reported 1Q25

HO and PWS patients to be included in Phase 2/3 studies / programs

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

MC4R Obesity Programs

MC4R pathway regulates obesity and energy management through satiety & food intake



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

The Melanocortin Receptor System

Review of weight loss maintenance; obesity management by way of MC4R agonism

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 counteracts many of the metabolic, autonomic, neuroendocrine and behavioral adaptations that strongly favor weight regain



Rare MC4R Pathway Diseases

- *Hypothalamic Obesity (HO)*
- *Prader-Willi Syndrome (PWS)*



Hypothalamic Obesity (HO)

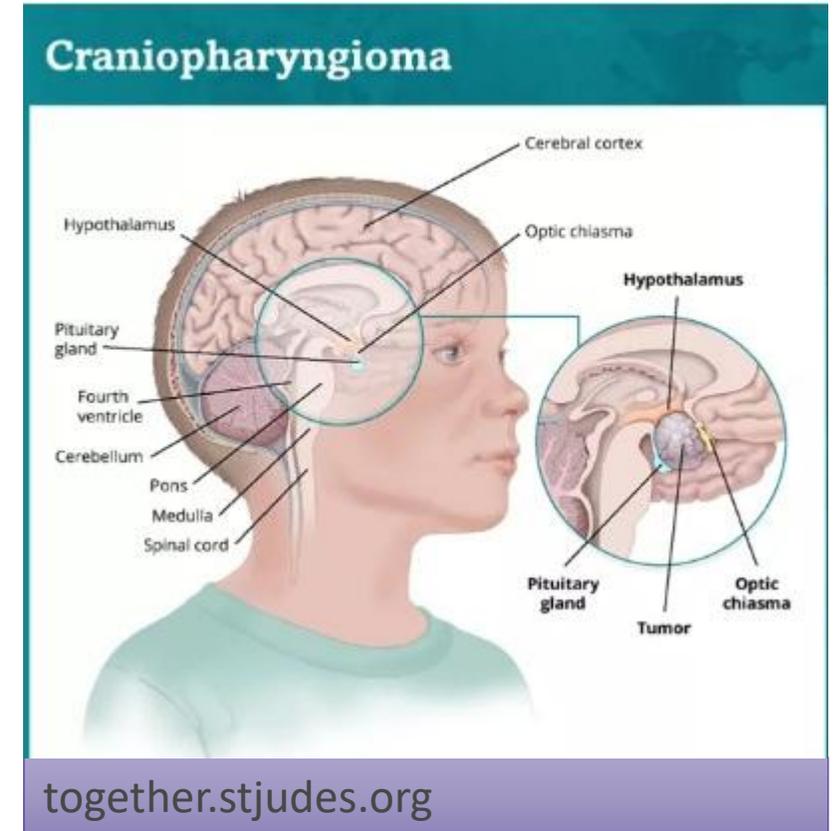
A rare, acquired form of obesity following injury to the hypothalamus or congenital

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.

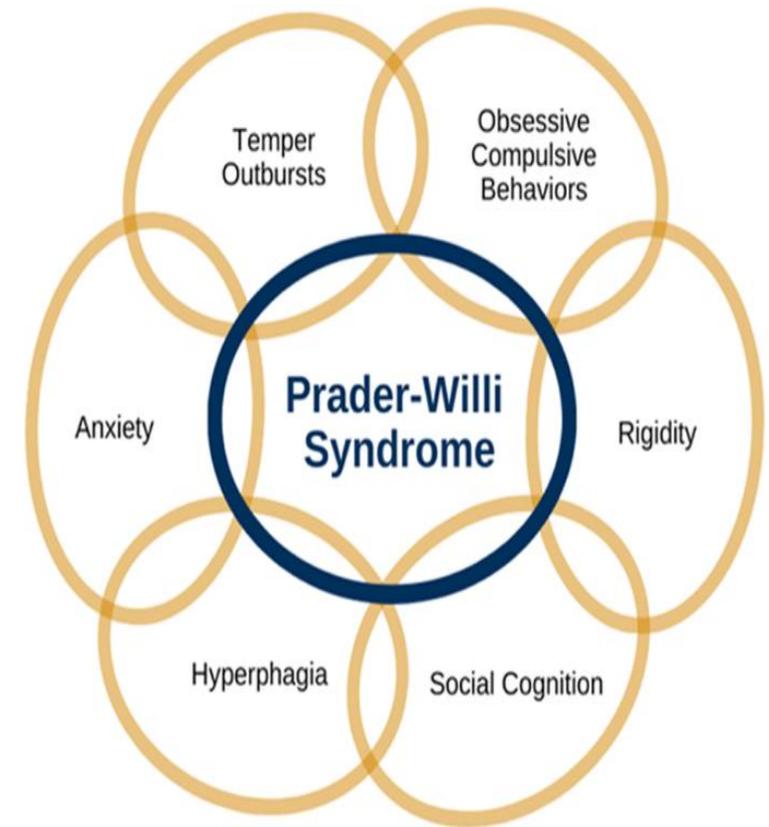


Prader-Willi Syndrome (PWS)

A complex, multi-system disorder

PWS

- PWS by deletion ~70% of cases
 - Part of the chromosome 15 that was inherited from the person's father is missing, or deleted, in this critical region.
- PWS by maternal uniparental disomy (UPD) ~30% of cases
 - Occurs when an individual inherits two chromosome 15s from their mother and none from their father.
- Hallmark symptom of PWS is **hyperphagia**, or continuous, extreme hunger
 - A person with PWS **never feels full**.
 - Those with PWS have a **slow metabolism** and need only a fraction of the calories of their typical peers resulting in **easy weight gain**.
 - PWS is recognized as the **leading genetic cause of life-threatening obesity in children**.



MC4R Obesity Programs for Treating Rare MC4R Pathway Diseases

Prevalence of HO and PWS – a severe, life-long burden for patients

Acquired Hypothalamic Obesity (HO)

5,000 – 10,000

*Estimated U.S. prevalence**

3,500 – 10,000

*Estimated European prevalence***

5,000 – 8,000

*Estimated Japanese prevalence****

Prader-Willi Syndrome (PWS)

5,000 – 10,000

*Estimated U.S. prevalence*****

3,500 – 10,000

*Estimated Worldwide prevalence*****

- **High unmet and unsatisfied medical need**
- **MC4R agonism is a validated target**
- **Patients**
 - Require life-long treatment
 - Easily identified
 - Engaged with the health system receiving specialist care for endocrine complications

* U.S. estimates based on reported incidence of hypothalamic obesity following craniopharyngioma and long-term survival rates, (Zacharia, et al., Neuro-Oncology 14(8):1070–1078, 2012. doi:10.1093/neuonc/nos142; and Muller, et al., Neuro-Oncology 17(7), 1029–1038, 2015 doi:10.1093/neuonc/nov044.).

** European estimates limited to the EU4 (Germany, France, Spain, Italy), UK and the Netherlands and prevalence of 0.1-0.3 in 10,000 patients.

*** Palatin estimates the prevalence of acquired hypothalamic obesity in Japan to be approximately 5,000 to 8,000 based on our review of certain data; Prevalence is 2-3 times higher than in the USA & Europe due to a higher reported frequency of craniopharyngioma.

**** Palatin estimates the prevalence of prader-willi syndrome in the U.S. to be approximately 10,000-20,000 based on our review of certain data; with worldwide prevalence estimated at 300,000-400,000.

Melanocortin-4 Receptor (MC4R) Obesity Programs

- *Novel “Next Generation” MC4R Selective Agonists*
 - *PL7737 Oral MC4R Selective Small Molecule*
 - *MC4R Selective Peptides Once Weekly Dosing*

Melanocortin-4 Receptor (MC4R) Obesity Programs

MC4R selective oral small molecule programs for treatment of rare MC4R pathway diseases

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, including compound structure and/or formulation, to reduce GI AE's



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

MC4R Obesity Programs for Treatment of Rare MC4R Pathway Diseases

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:

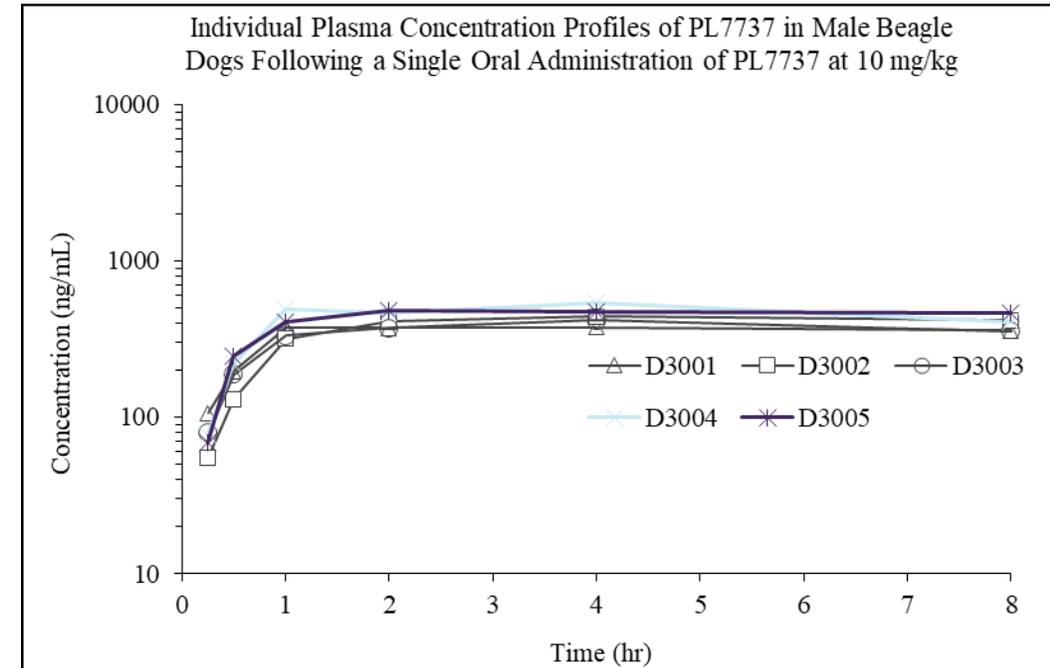
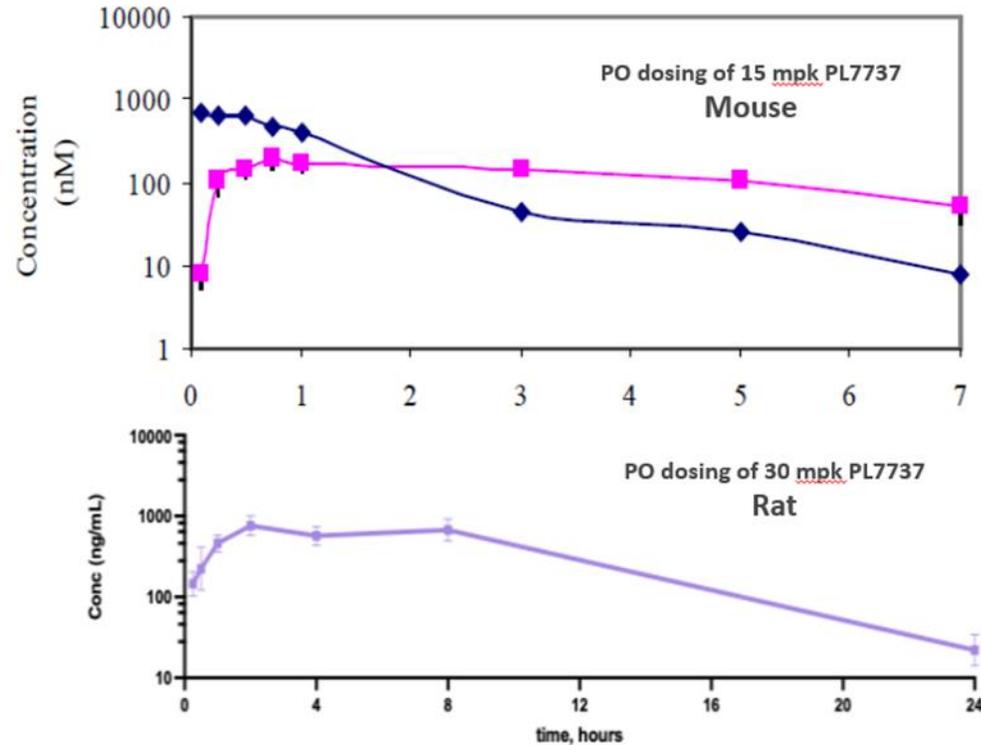
- Optimal PK curve for max therapeutic window
- Properties required for a successful oral small molecule
 - ✓ Molecular weight
 - ✓ Polar surface area
 - ✓ hERG activity
 - ✓ Human plasma protein binding
 - ✓ CYP activity
- MC4R mechanism-based weight loss
- Limited MC1R activity (hyperpigmentation minimized)
- 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.

MC4R Obesity Programs for Treatment of Rare MC4R Pathway Diseases

Ideal PK profile for an obesity treatment (PK consistency across mouse, rat, dog)

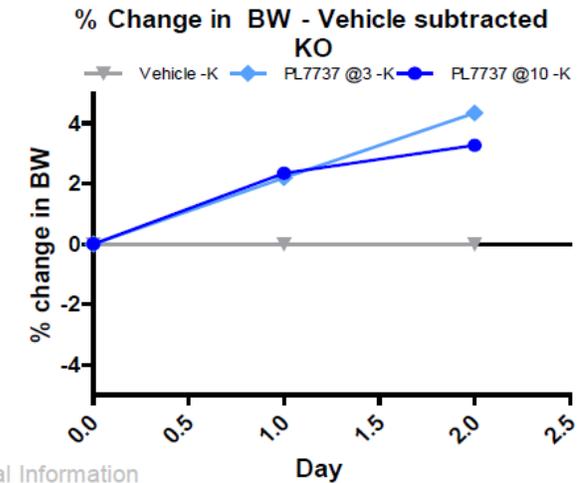
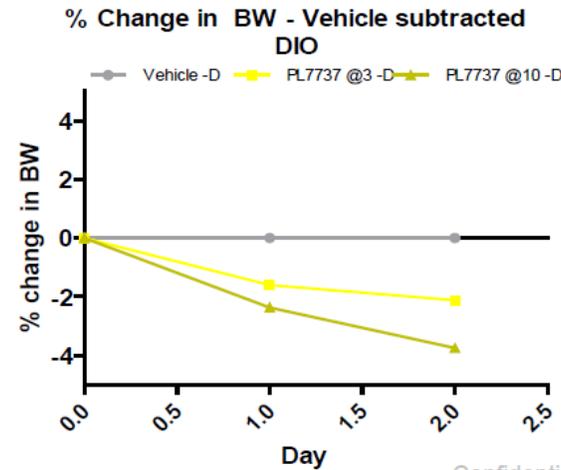
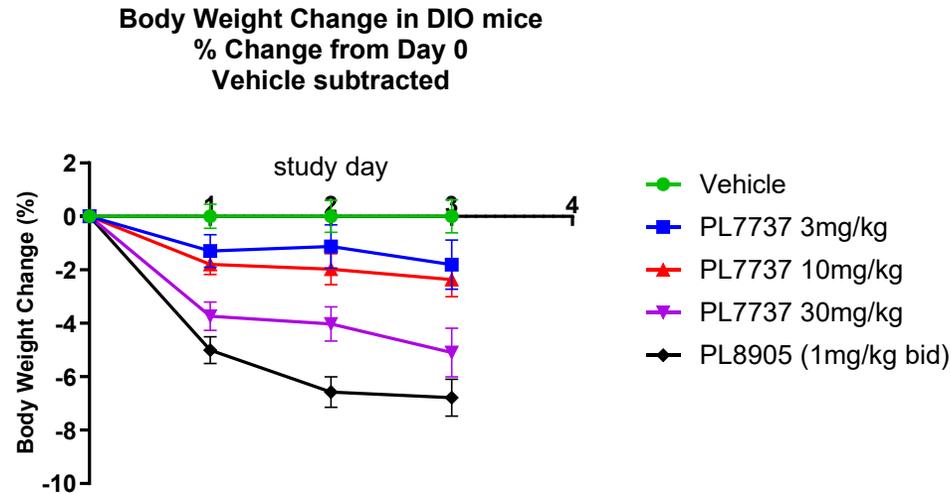


- Oral administration
- Protein binding facilitates efficacious levels without surpassing them
- PL7737 does not have a high transient C_{max} helps to avoid AE's
- Once per day dosing with steady state reached day 3
- Low PK variability

MC4R Obesity Programs for Treatment of Rare MC4R Pathway Diseases

MC4R selective oral small molecule PL7737 @ 3, 10 and 30mg/kg reduces body weight in DIO mice

PL7737 is a novel MC4R selective oral small molecule agonist.

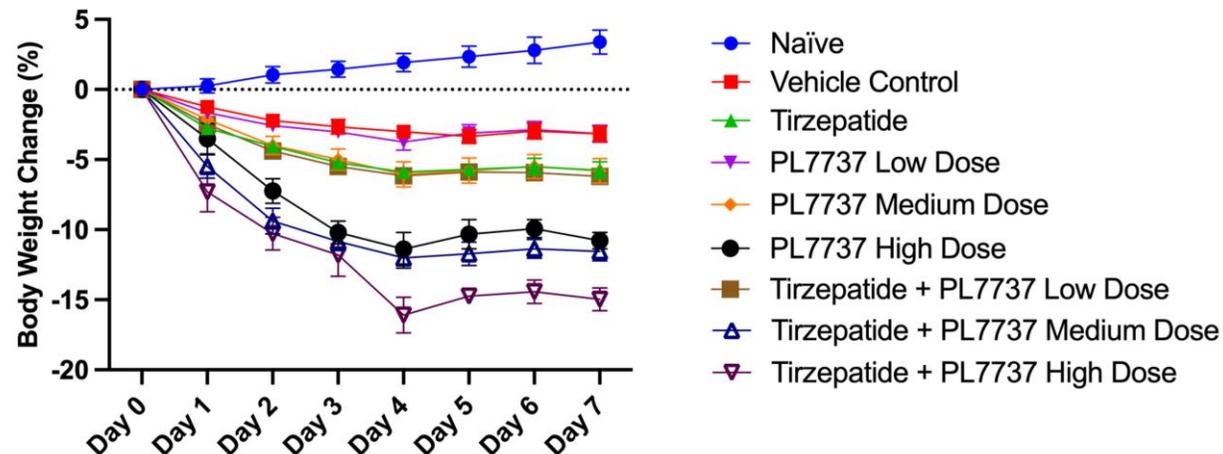
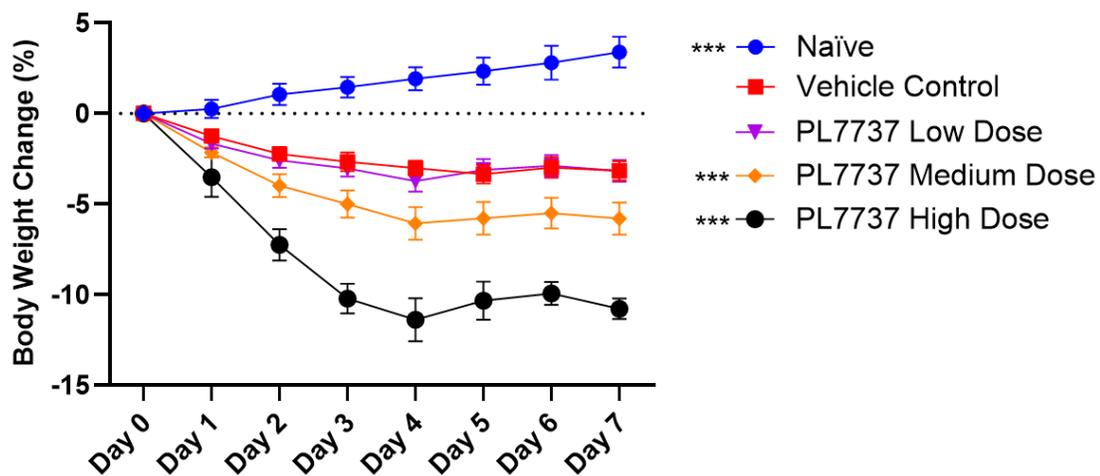


- PL7737 oral dosing days 0, 1 & 2
- PL8905 SC BID (selective peptide MC4R agonist)
- Oral treatment with PL7737 resulted in significant body weight loss
- Effects of PL7737 is MC4R dependent

MC4R Obesity Programs for Acquired and Congenital Obesity

Oral PL7737 monotherapy causes significant weight loss in diet-induced obesity (DIO) rats

PL7737 is a novel MC4R selective oral small molecule agonist.



- PL7737 dosed orally at 3, 10 and 30mg/kg
- PL7737 monotherapy had rapid, dose-dependent weight loss with of 4 days of tx
- PL7737 + Tirzepatide - additive effect on weight loss
- No observed hyperpigmentation

[NOTE: Dose of tirzepatide = 2 nmol/kg, SC injection, once daily]

MC4R Obesity Programs for Treatment of Rare MC4R Pathway Diseases

Current & planned activities for PL7737 novel MC4R selective oral small molecule agonist

IND-enabling toxicology activities started

- Toxicology studies ongoing
- IND planned for submission 1H 2026

CMC activities ongoing

- Non-GMP tox API manufactured
- GMP clinical API manufactured
- Phase 1 drug product planned for delivery 1H 2026
- Phase 2/3 study drug product planned for delivery 2H 2026

Phase 1 Single- and Multiple-Ascending (SAD/MAD), Phase 2/3 Studies

- Phase 1 SAD/MAD initiation 1H 2026 with data 2H 2026
 - SAD: healthy obese patients / MAD: healthy obese patients
- Phase 2/3 study Initiation in HO & PWS patients planned to start 4Q 2026

Novel "Next Generation" MC4R Selective Peptide Agonists

Legacy challenges of MC4R peptide agonists have been solved

Current Therapy Challenges

Injection Frequency



Palatin's compounds with high potency coupled with structural elements, extend drug residency time (≥ 1 week)

Skin Pigmentation



Multiple structural elements have been identified by Palatin and demonstrate reduced MC1R agonism (a known contributor to hyperpigmentation)

Nausea / Vomiting



Palatin research and development has identified multiple approaches to reduce gastrointestinal AE's

Cardiovascular Effects



Palatin structure-function studies have identified achievable modifications which eliminate cardiovascular effects

Palatin Achieved Solutions

Novel "Next Generation" MC4R Selective Peptide Agonists

First series / Second series

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 class lead development candidate
 - Selective MC4R agonist: Significant multiples of binding selectivity for MC4R over MC1R
 - Protein binding tail added for extended duration
 - Efficacy in weight loss and food intake at without blood pressure effects
 - Confirms validity of structure/function relationships
 - ✓ New compounds extend 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**
 - **Hyperpigmentation minimized, potentially eliminated**

Novel "Next Generation" MC4R Selective Peptide Agonists

Second series - new Palatin peptide compounds reduce/eliminate MC1R agonism

Agonist	MC1R EC50 (E _{max})	MC4R EC50 (E _{max})	MC4R Selectivity ^a
Bremelanotide	0.23 nM (91.8%)	5.01 nM (91.0%)	0.05
Setmelanotide	0.4 nM (106%)	0.66 nM (98.8%)	0.61
PL8905	30.2 nM (78.5%)	4.99 nM (88.3%)	6.05
2	199.6 nM (98.8%)	2.99 nM (107.4%)	66.76
3	69.1 nM (89.9%)	0.74 nM (94.9%)	93.38
4	352.3 nM (32.5%)	9.69 nM (90.5%)	Undefined ^b

- MC1R agonism results in skin darkening
- Bremelanotide is FDA approved for treating hypoactive sexual desire disorder in women
- Setmelanotide is FDA approved for treating several orphan obesity indications

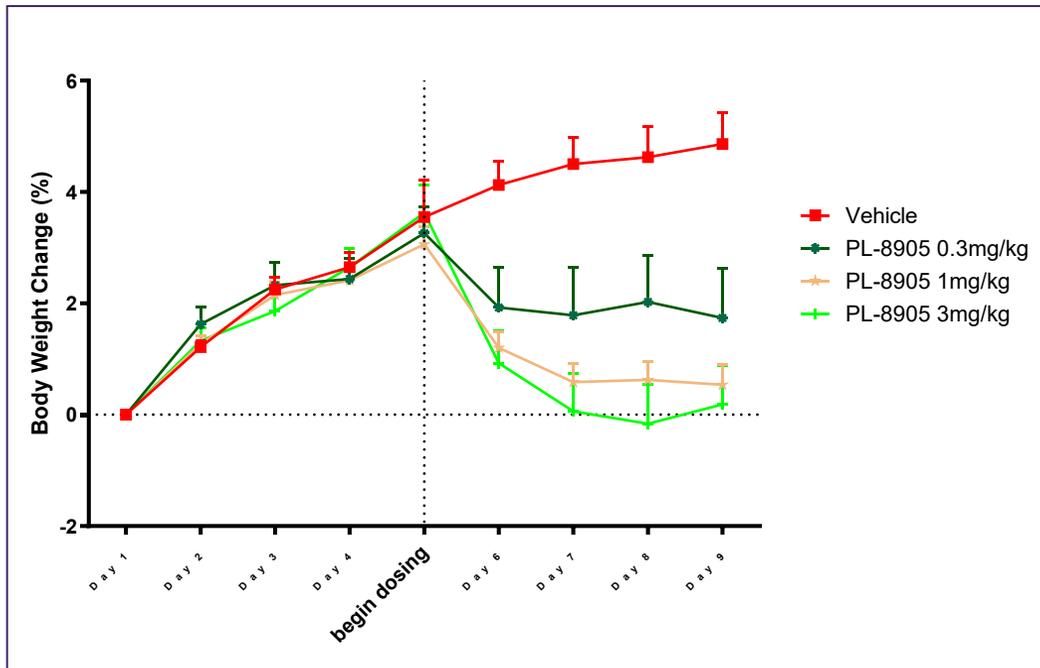
^aSelectivity is defined as ratio of MC4R EC₅₀ to MC1R EC₅₀ (larger # is more MC4R relative to MC1R)

^bUndefined indicates that the compound is not an agonist at MC1R

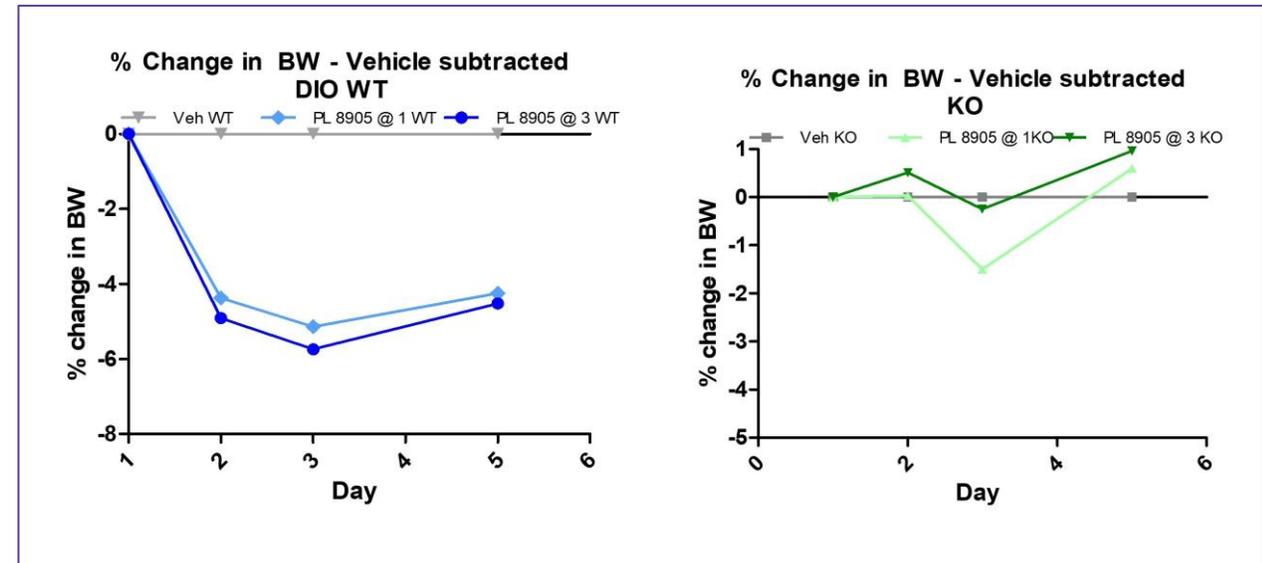
Novel "Next Generation" MC4R Selective Peptide Agonists

In vivo PL8905 weight loss studies in diet-induced obese (DIO) and MC4R knockout (KO) mice

Change in Body Weight

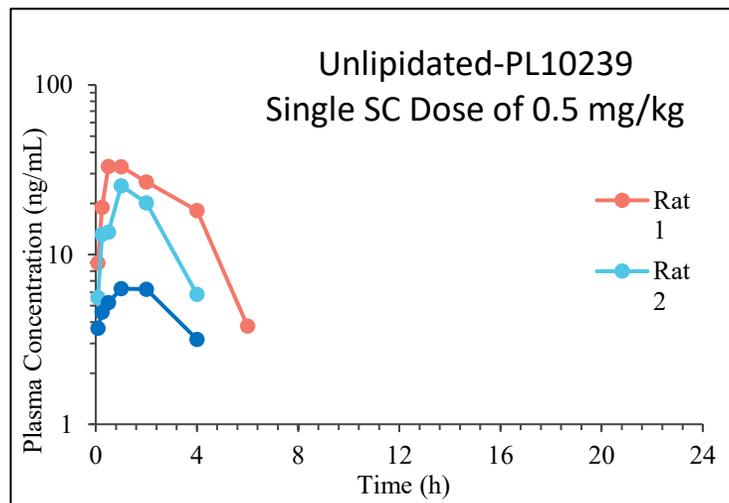
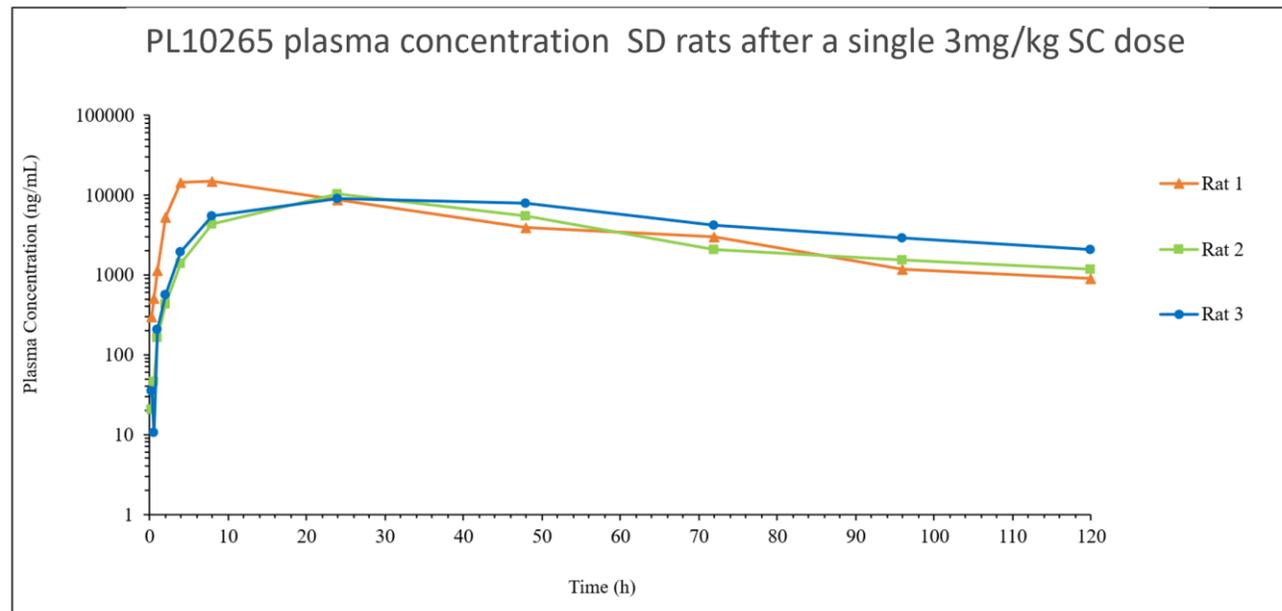
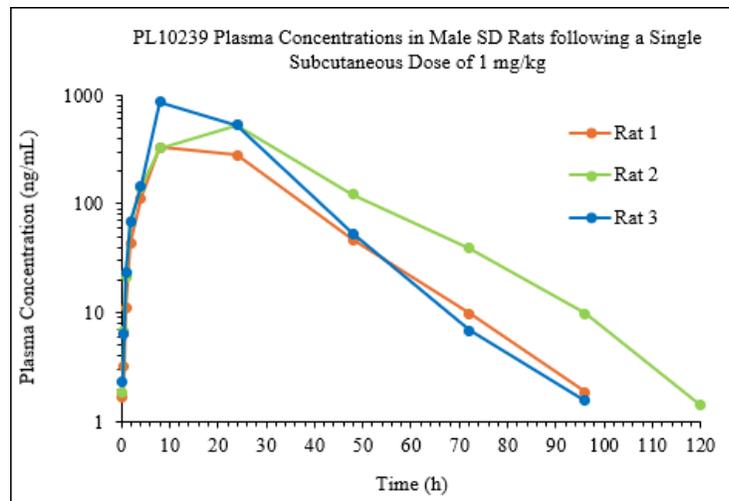


Body Weight in Wild Type DIO Mice and MC4R-Knockout Mice



Novel "Next Generation" MC4R Selective Peptide Agonists

Proprietary technology for extending peptide PK



- Proprietary technology for extending peptide pk
- Enhances patent protection
- Allows for once weekly dosing

Novel "Next Generation" MC4R Selective Peptide Agonists

Current/Planned activities – long-acting once weekly administration SC peptides

Highly selective MC4R agonists to avoid hyperpigmentation, no blood pressure effects and enabling once weekly injection into one compound accomplished

- Multiple candidates being profiled for receptor selectivity, PK analysis and efficacy in obesity models
- Novel intellectual property with full-term patent coverage
- Final development candidate will be selected based on superior profile
 - High selectivity for MC4R over MC1R
 - Potential to eliminate hyperpigmentation
 - PK that supports ≥ 1 week dosing
 - Excellent weight loss in obesity models
- IND enabling studies planned for 2H 2026
- IND submission planned for 2H 2026
- Phase 1 SAD/MAD initiation 4Q 2026 with data 1H 2027
- Phase 2/3 study Initiation in HO & PWS patients planned to start 2H 2027

Melanocortin-4 Receptor (MC4R) Obesity Programs

Next steps and development timeline overview

Treating rare MC4R pathway diseases: primary focus on Hypothalamic Obesity (HO) and Prader-Willi Syndrome (PWS)

MC4R agonists

- **PL7737 oral (daily) small molecule**
 - IND submission planned for 1H 2026
 - Phase 1 SAD/MAD initiation 1H 2026 / data 2H 2026
 - Phase 2/3 clinical study(ies) initiation (HO & PWS patients) targeted for 4Q 2026
- **Long-acting peptide (weekly SC administration)**
 - IND submission planned for 2H 2026
 - Phase 1 SAD/MAD initiation 2H 2026 / data 1H 2027
 - Phase 2/3 clinical study(ies) initiation (HO & PWS patients) targeted for 2H 2027

Strategic Opportunity in HO and PWS

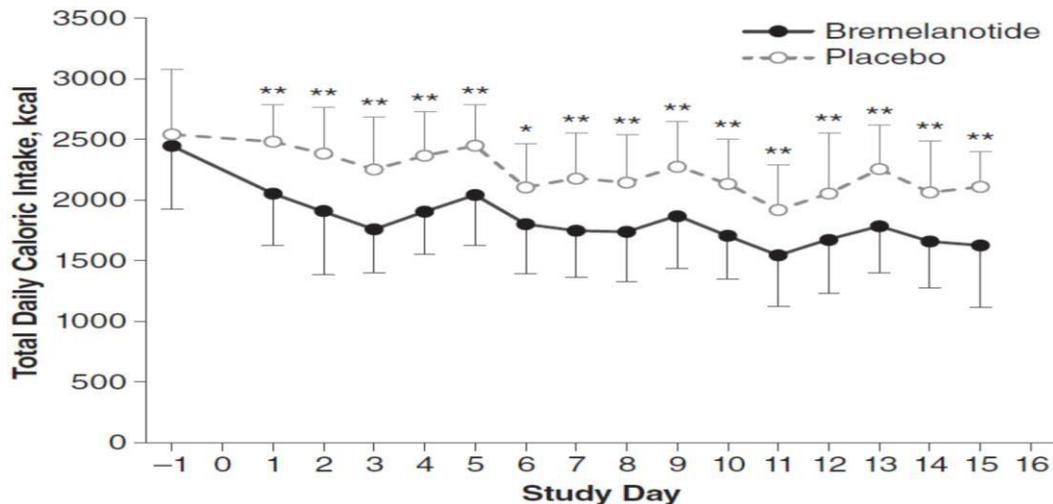
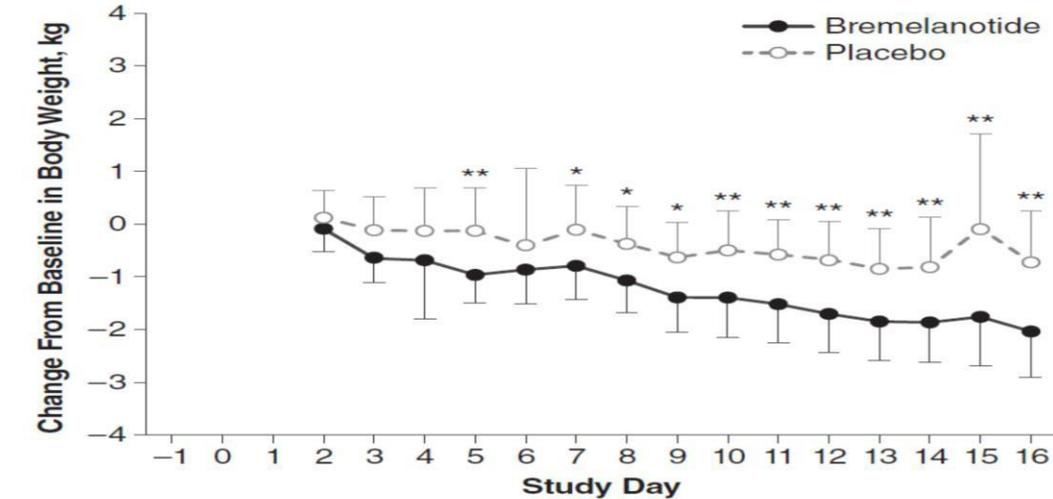
- Clinically validated mechanism for safe, effective treatment of obesity
- Significant unmet need
- MC4R is a validated target
- Potential best-in-class MC4R oral and long-acting peptide therapies

MC4R Agonist Generalized Obesity Management

- *Bremelanotide MC4R agonist Phase 1b clinical weight loss study in general obese subjects*
- *Co-administration of Bremelanotide MC4R & Tirzepatide (GLP-1/GIP)*
 - *Bremelanotide (BMT) MC4R Agonist*
 - ✓ *FDA Approved (Vyleesi® for Female HSDD)*

MC4R Agonist Generalized Obesity Management

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



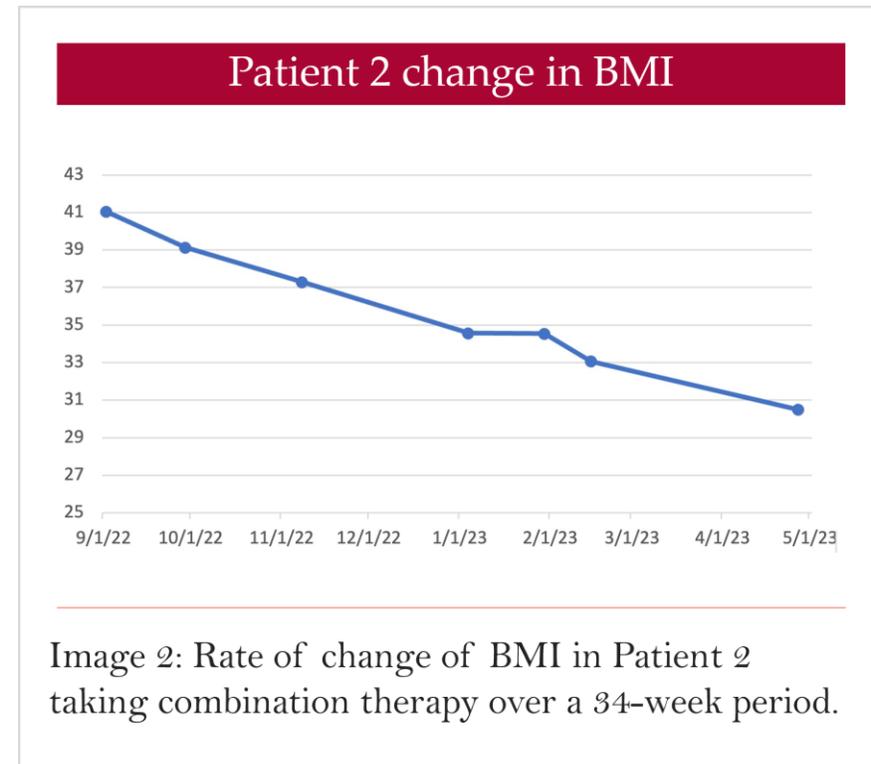
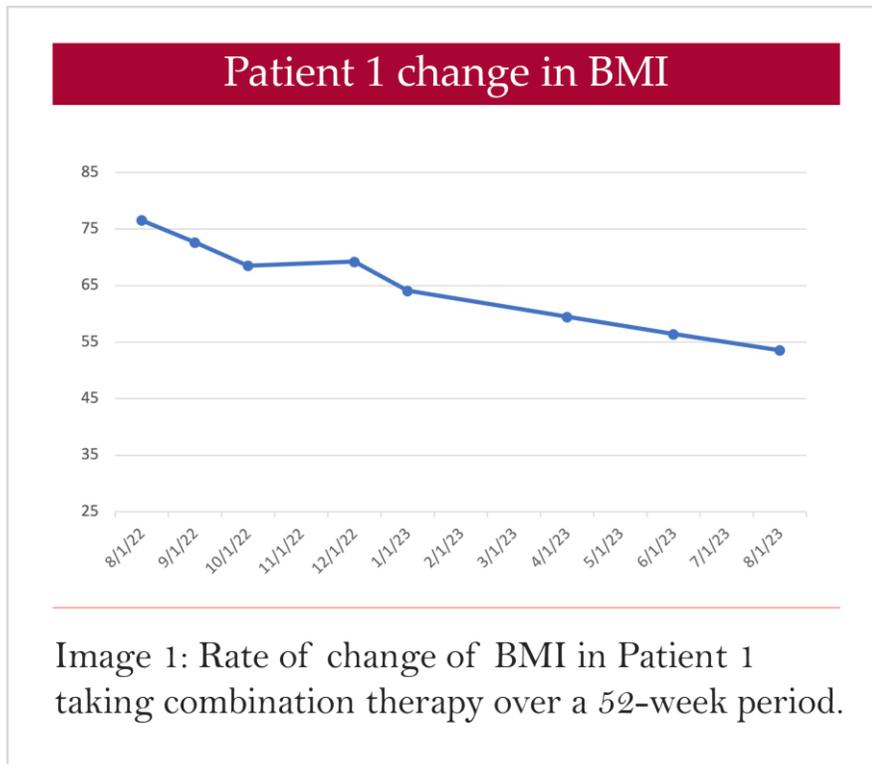
2-Week Study

- 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

MC4R Agonist Generalized 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



MC4R Agonist Generalized 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

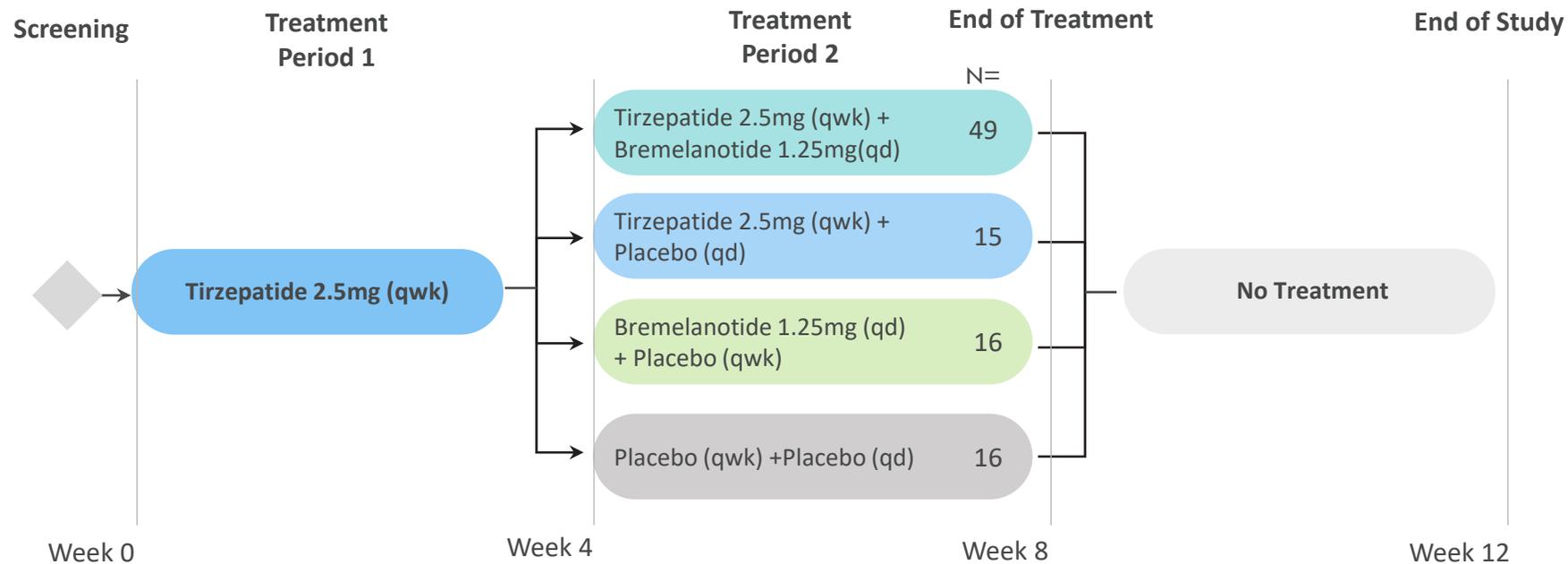
Combination therapy will be an important approach in helping many subjects reach their weight loss goals

MC4R Agonist Generalized 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

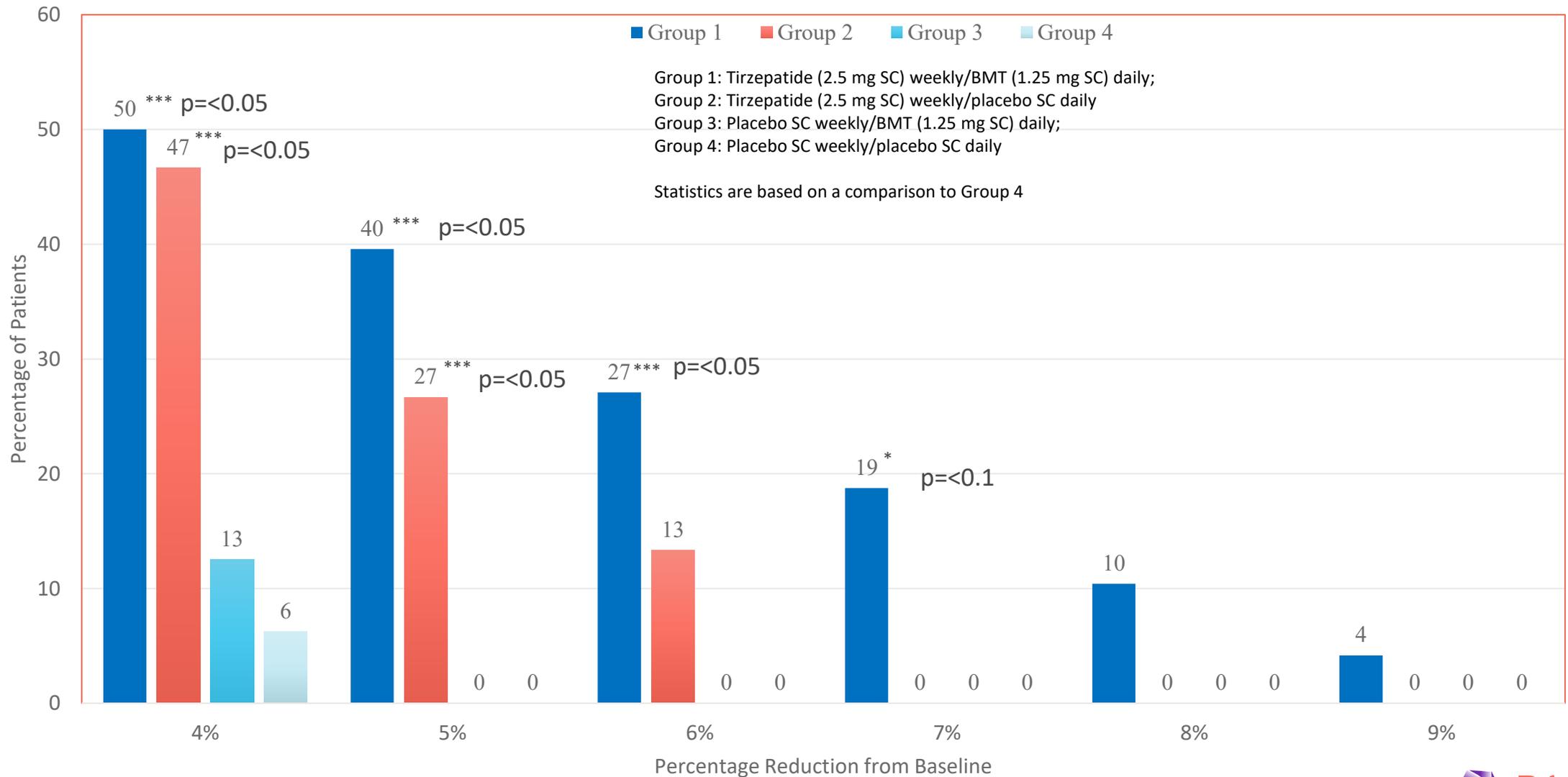
Additive effect of BMT: % of subjects with $\geq 5\%$ weight loss at week 8 tirzepatide/bremelanotide compared to tirzepatide/pbo
 % subjects greater weight loss in Treatment Period 2 vs Treatment Period 1, tirzepatide/bremelanotide compared to tirzepatide/pbo
 % change in weight loss tirzepatide/bremelanotide 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)

MC4R Agonist Generalized Obesity Management

Co-administration additive effect – primary analysis

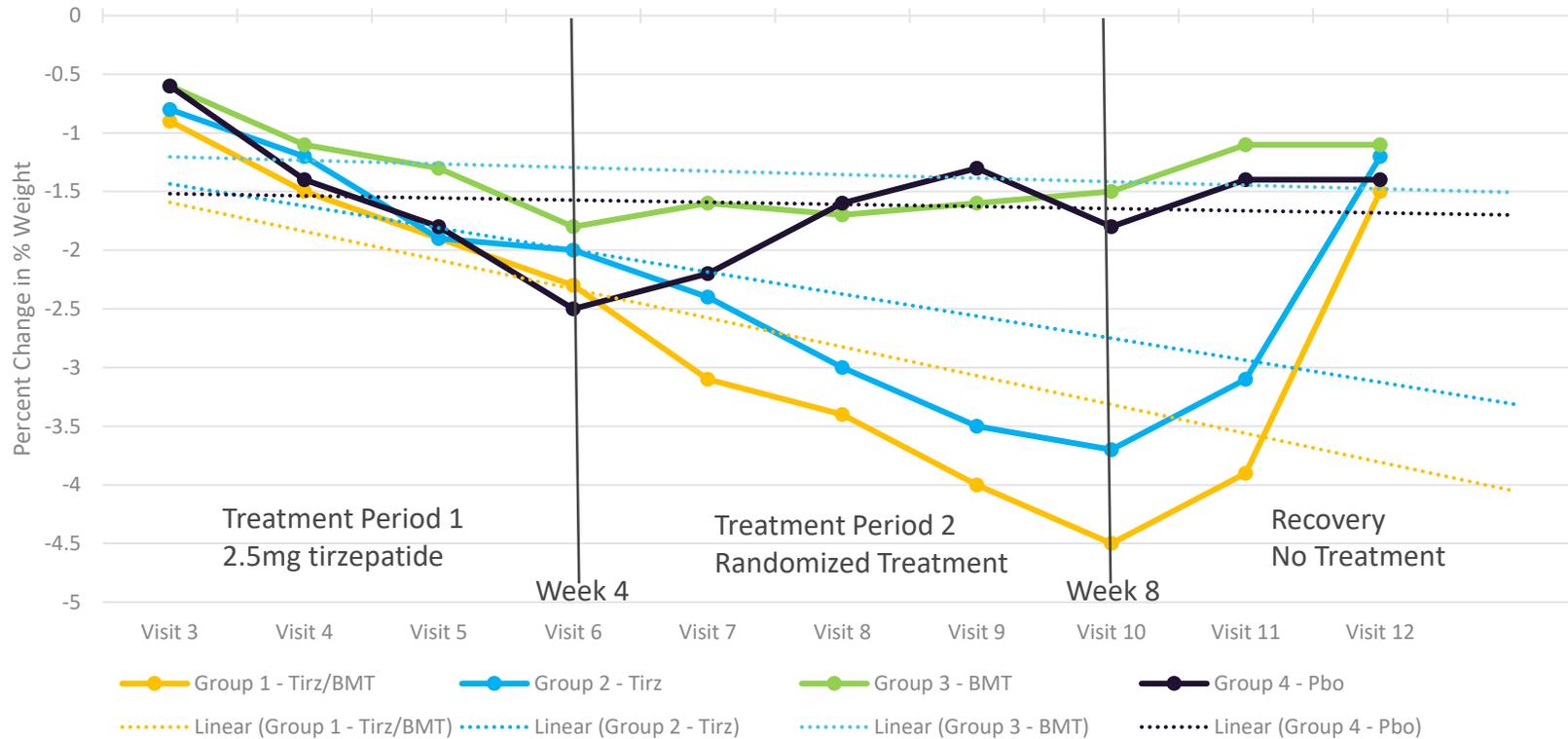
Analysis for Additive Effect Percent of Subjects with $\geq 4\%$ Reduction in Percent Weight Loss at End of Study



MC4R Agonist Generalized Obesity Management

Effect of co-administration on increased weight loss

Weekly Change in Percent Body Weight (%) by Group

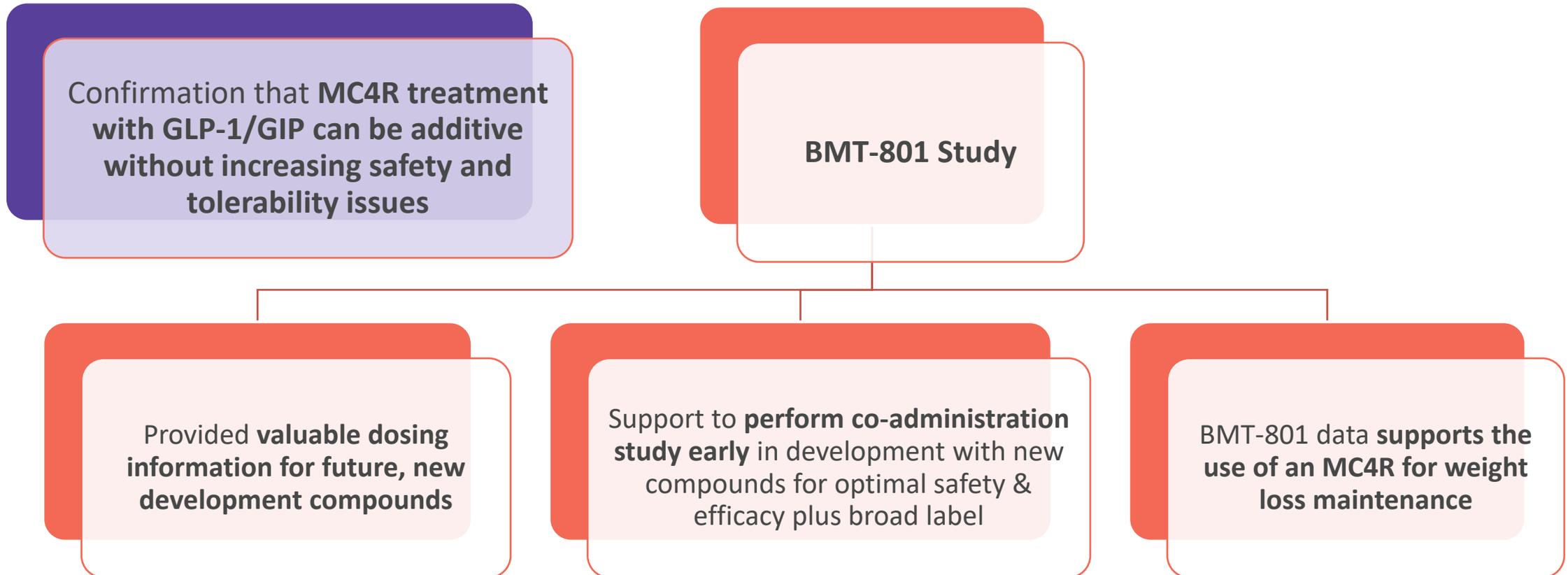


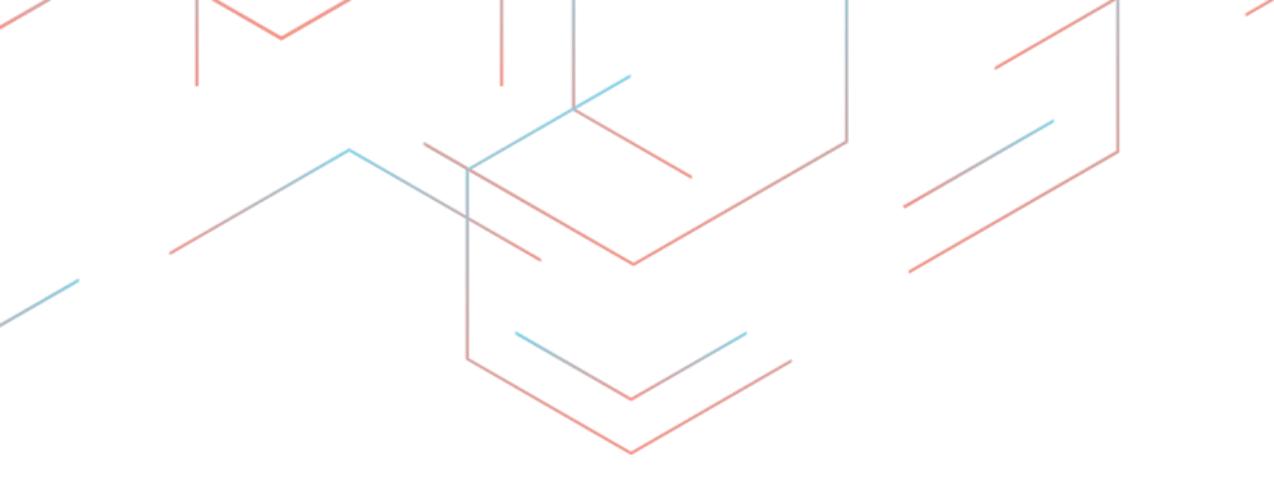
- Comparison of Group 4 to Group 3 during Treatment Period 2 demonstrates a **weight loss maintenance effect**
- Comparison Group 1 to Group 2 at week-8 demonstrates **additive effect of co-administration**
- **Rapid weight regain seen post-treatment**

MC4R Agonist Generalized Obesity Management

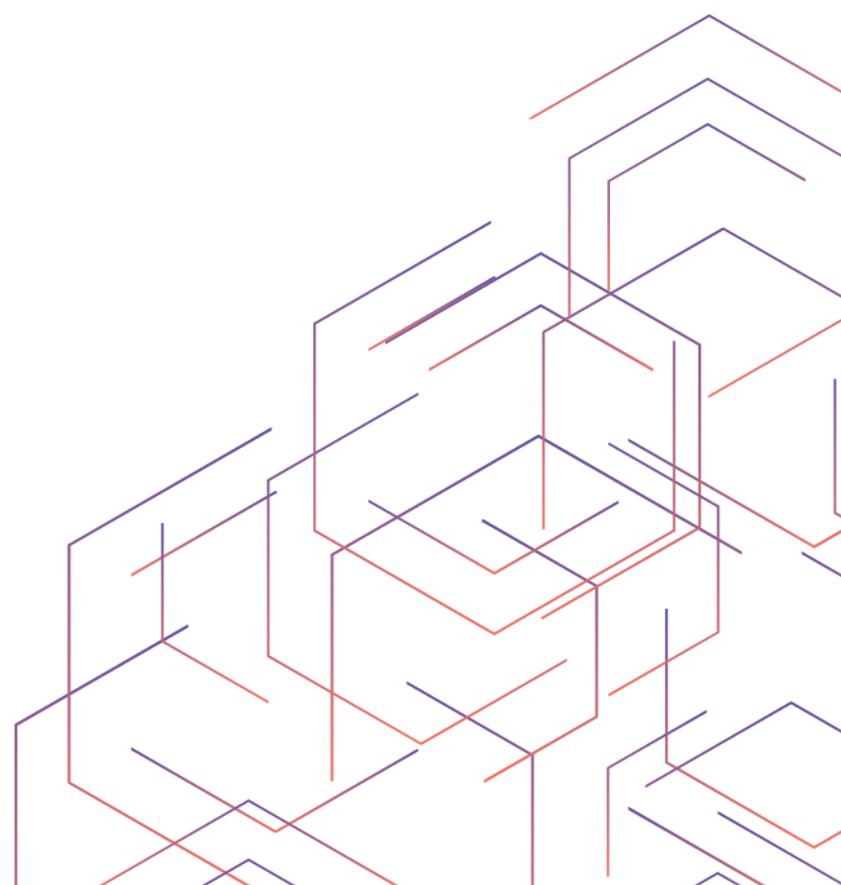
BMT-801 MC4R/GLP-1-GIP co-administration detection study

Value of the study results and next steps





Financial Snapshot / Cap Table
Spin-Out / Out-License Programs
Development Programs Overview
Milestones Recap



Financial Snapshot / Cap Table

Financial Highlights as of December 31, 2025

Cash and Cash Equivalents	\$14.5 million
No debt	

Summary Capitalization as of December 31, 2025

	Common Shares and Equivalent
Common Stock	1.7 million shares
Warrants (includes PF warrants of ~2.1M)	8.5 million shares
Options and RSUs	0.1 million shares
Fully Diluted Shares	10.3 million shares
Total Shares Authorized	300.0 million shares

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 Phase 3 Melody-2 & -3 potential initiation 2026 Sublicense Agreement with Altanispac Labs January 2026
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 Discussions Ongoing
Renal MCR Agonist Diabetic nephropathy						Phase 2 Open Label Trial Positive topline data reported 4Q24 Discussions Ongoing

Development Programs Overview

Research Collaboration / License Agreement with Boehringer Ingelheim August 2025

Boehringer Ingelheim and Palatin to develop potential first-in-class proprietary 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).
- Up to €18.0 million (\$20.9 million USD) in near-term research milestone payments.
- Up to €260 million (\$301.6 million USD) in success-based development, regulatory, and commercial milestone payments.
- Tiered royalties on net commercial sales of Products.

- 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.

Development Programs Overview

Pipeline

Obesity Development Programs	Preclinical	Phase 1	Phase 2	Phase 3	NDA	Status/Next Steps
PL7737 Oral Small Molecule MC4R Agonist Multiple obesity indications with focus on HO and PWS diseases						IND enabling – CMC activities ongoing IND filing 1H26 Phase 1 SAD/MAD start 1H26 / data 2H26
Novel Once-Weekly Peptide MC4R Agonist Multiple obesity indications with focus on HO and PWS diseases						IND enabling – CMC activities ongoing IND filing 2H26 Phase 1 SAD/MAD start 2H26 / data 1H27
Bremelanotide Obesity - GLP-1 adjunct therapy Proof-of-concept study only						Phase 2 MC4R agonist + GLP-1 in obese patients initiated Positive topline data reported 1Q25
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 Phase 3 Melody-2 & -3 potential initiation 2026 Sublicense Agreement with Altanispac Labs – January 2026
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 Discussions ongoing
Renal MCR Agonist Diabetic nephropathy						Phase 2 Open Label Trial Positive topline data reported 4Q24 Discussions ongoing



Milestones Recap

Melanocortin System Development Programs	Date
Obesity - MC4R Agonists – Treatment of Rare MC4R Pathway Diseases (primary focus on HO and PWS)	
Phase 2 BMT-801 Clinical Study Bremelanotide + GLP-1 (proof-of-concept study only) – Positive Topline Data Reported PL7737 MC4R Oral Small Molecule – IND Filing / Phase 1 SAD/MAD Start/Data (to include HO patients) Novel MC4R Selective Long-Lasting Peptide – IND Filing / phase 1 SAD/MAD Start/Data (to include HO patients)	Completed 1H26 / 2H26 2H26 / 1H27
Spin-Out / Out-License Product Candidates: Seeking Development & Commercial Partnerships	
PL9643 – Dry Eye Disease (DED)	
Phase 3 Melody-1 Clinical Trial - Positive Results Reported Phase 3 Melody-2 and -3 Pivotal Clinical Trials Potential Initiation 2H 2026	Sublicense Agreement: Altanispac Labs January 2026
Proprietary MCR Agonists – Retinal Diseases (Preclinical Assets)	
Research Collaboration / License Agreement with Boehringer Ingelheim 	Executed August 2025
PL8177 Oral – Ulcerative Colitis	
Phase 2 Proof-of-Concept – Positive Topline Data Reported	Discussions Ongoing
MC4R Agonist – Diabetic Nephropathy	
Phase 2 Open Label Trial – Positive Topline Data Reported	Discussions Ongoing

Thank You.

