melt PHARMACEUTICALS®

Corporate Presentation

Revolutionizing the surgical patient experience.

MAY 2024

meltpharma.com

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Needles and Opioids are the Problem

A lack of innovation in outpatient procedural sedation has created a significant unmet need, with IV-administered medications being a procedural sedation mainstay over the last 20+ years.

- Trypanophobia (fear of needles) affects 25% of adult population. [1]
- Needle stick can be the most painful and anxiety-inducing part of the surgical procedure.

Increased usage of opioids led to the Department of Health and Human Services (HHS) declaring a public health emergency in 2017 and renewing the declaration in 2018.

- 107,000 Americans died of overdoses in 2021, the highest figure in history and a nearly 15% increase from 2020.[2]
- Fentanyl usage continues to be high, as a recent report showed 80% of 20,116 ophthalmic procedures at Mayo Clinic and 97% of over 3,200 cataract cases performed by 33 surgeons at Duke University received fentanyl.[3]
- Patients receiving fentanyl had a prolonged recovery period in the PACU resulting in higher ER visits and hospitalization in the first 48 hours post-op[4] and an increase in the risk of addiction or relapse.[5]

“No matter the setting, everyone was doing the same thing, there’s a lack of advancement in sedation techniques.” – Anesthesia Specialist [6]

Melt is the Answer

Revolutionizing short-term procedures without IVs and opioids to allow patients to receive appropriate sedation and analgesia and improve the patient experience.

Company Overview

1

Statistically superior, late clinical-stage product candidate that could revolutionize procedural sedation.

2

Reduced risk in clinical development and FDA 505(b)(2) regulatory path to approval with Phase 3 program including a three-arm study to reconfirm robust Phase 2 data.

3

Initial target market in cataract surgeries expected to be 5+ million procedures in the U.S. at time of commercial launch.

Label expansion could increase market opportunities to 100+ million outpatient procedures worldwide.

4

Favorable reimbursement environment.

"The greatest value proposition for MELT-300 is, its sublingual, non-IV which helps the economy of efficiency, its clearly efficacious, and opioid free." - Anesthesiologist [6]

IV- and Opioid-Free Procedural Sedation

Our Lead Drug Candidate: MELT-300

Fixed dose sublingual tablet combining 3 mg midazolam + 50 mg ketamine (non-opioid), two known and proven FDA-approved molecules in a novel form.

Technology

Dissolves in seconds under the tongue, using proprietary Zydis® manufacturing technology exclusively licensed from Catalent.[3]

Zydis® technology has been used in over 35 NDA-approved products spanning almost three decades. Because of the uniqueness and trade secrets of Catalent's technology, the Zydis® technology has never been genericized.

Administration

Easy, quick absorption in the sublingual mucosa resulting in rapid, systemic circulation and better bioavailability profile than via GI tract absorption.

"MELT-300 is simple and sublingual, shares the benefits of midazolam and ketamine, with additive sedation effect." – Anesthesiologists and Ophthalmologists[6]

Proprietary Product with Potential to Impact Many Markets

Patents and Exclusivity

5 Issued U.S. Patents with additional patents resulting from Phase 2 data to come.

Broad Composition of Matter Patent, valid through 2036.

Patents also Issued in Japan, South Korea, Australia and Canada, as well as patents pending in Europe and other territories.

Targets and Expansion

Initial Target of Cataract Surgery with the Potential to Expand.

According to Market Scope reports, cataract surgeries are expected to be greater than 5 million annually in the US and over 20 million globally in the coming years.

With label expansion, **MELT-300 could impact over 100 million short duration procedures in a number of markets.**

"I could see switching to MELT-300; it's even faster, not as uncomfortable. There's a good percentage of ophthalmologists who would find it useful, and there's increasing potential for it over time." – Ophthalmologist [6]

"I see all sorts of potential in other procedures. Anxiety of the upcoming procedure is going to be alleviated by MELT-300 as much as the intraoperative procedure." - Ophthalmologist [6]

About Melt Pharmaceuticals

Seasoned Management, Board of Directors, and Advisors

- Extensive experience in 505(b)(2) drug approvals.
- Deep expertise in the fields of pharmaceuticals, ophthalmology, and other life sciences.
- Scientific Advisory Board consists of established key opinion leaders.

Core Intellectual Property

- Patented series of combination non-opioid sedation drug formulations that we believe have multiple clinical applications for potential indications of use.
- Multiple product candidates in varying stages of development.

Capital Raise History

$11.5 million
Series A in 2019

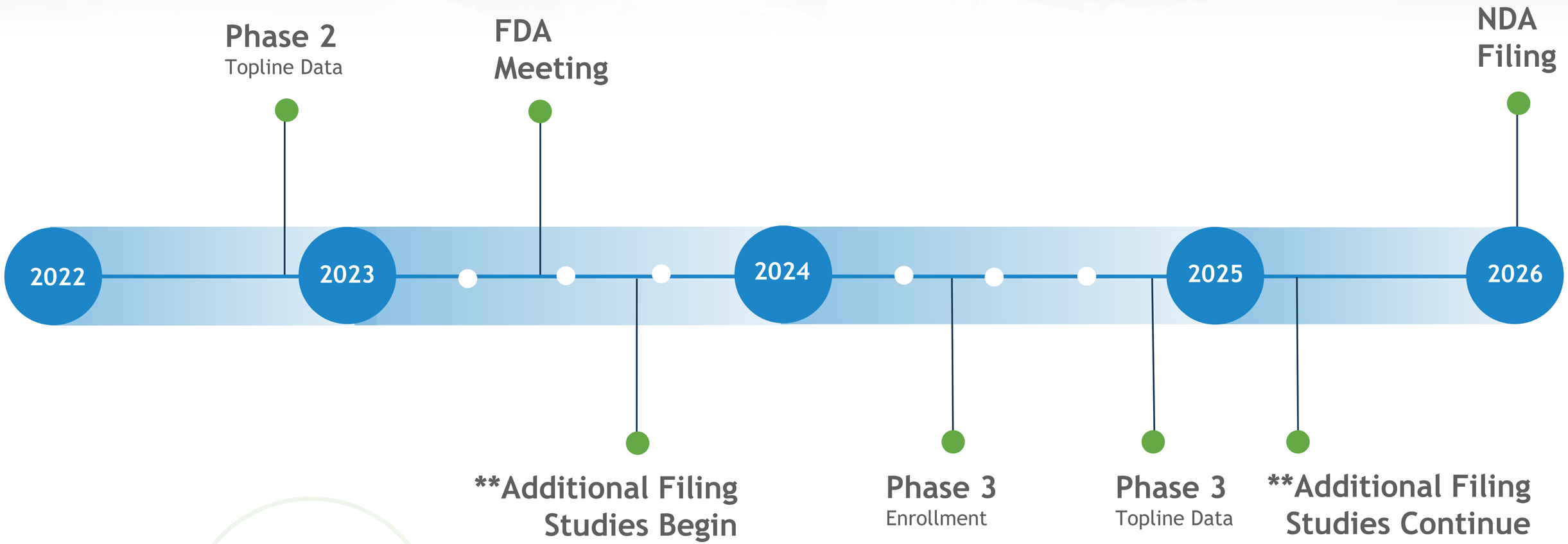
$13.5 million
Note in 2021*

$24 million
Series B in 2023/2024**

* In December 2023, Melt reached an agreement with and paid in full all amounts owed under this loan facility with Harrow through the issuance of shares of Melt Series B and B-1 Preferred Stock.

** From July 2023 through March 2024, the Company conducted a Series B financing with new and existing investors at a pre-money valuation that increased nearly 150% from the Series A pre-money valuation.

Timeline: Cataract Surgery Program (MELT-300)*



* Timeline is subject to only one Phase 3 study being required and timing and results of capital raising.
** Certain studies (e.g., hepatic and renal impairment studies, thorough QTc, and pivotal PK study) are required to be completed prior to NDA filing and timing of completion of these studies is subject to availability of capital to complete the studies.

MELT-300 Phase 2 Clinical Program* in Cataract Surgery Completed

Phase 2

Single Factorial Design Study vs Active Comparator

Establish tolerability, safety, and individual contribution of components vs combination

4-arm design: 336 patients

310 full data evaluable patients

- **ARM 1**
  Combination **(MELT-300)**
- **ARM 2**
  Midazolam 3 mg SL **(MELT-210)**
- **ARM 3**
  Ketamine 50 mg SL **(MELT-400)**
- **ARM 4**
  Placebo

Comparisons

- **Combo vs Midazolam**
  Intraoperative Pain Endpoint
- **Combo vs Ketamine**
  Procedural Sedation Endpoint
- **Combo vs Placebo**
  Intraoperative Pain Endpoint
- **Combo vs Placebo**
  Procedural Sedation Endpoint

Current Status

- Phase 2 study completed
- Reported positive topline data, December 2022

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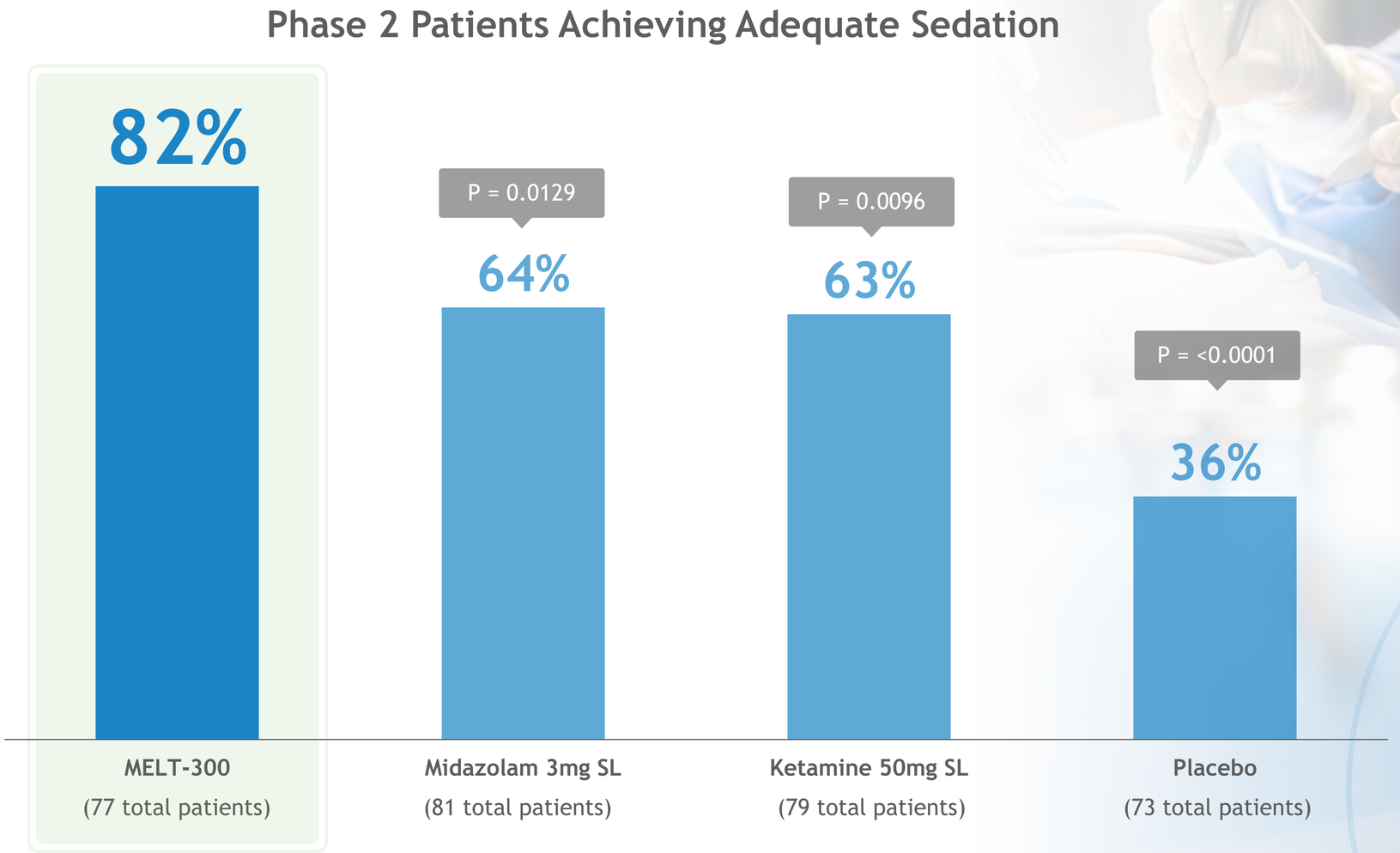
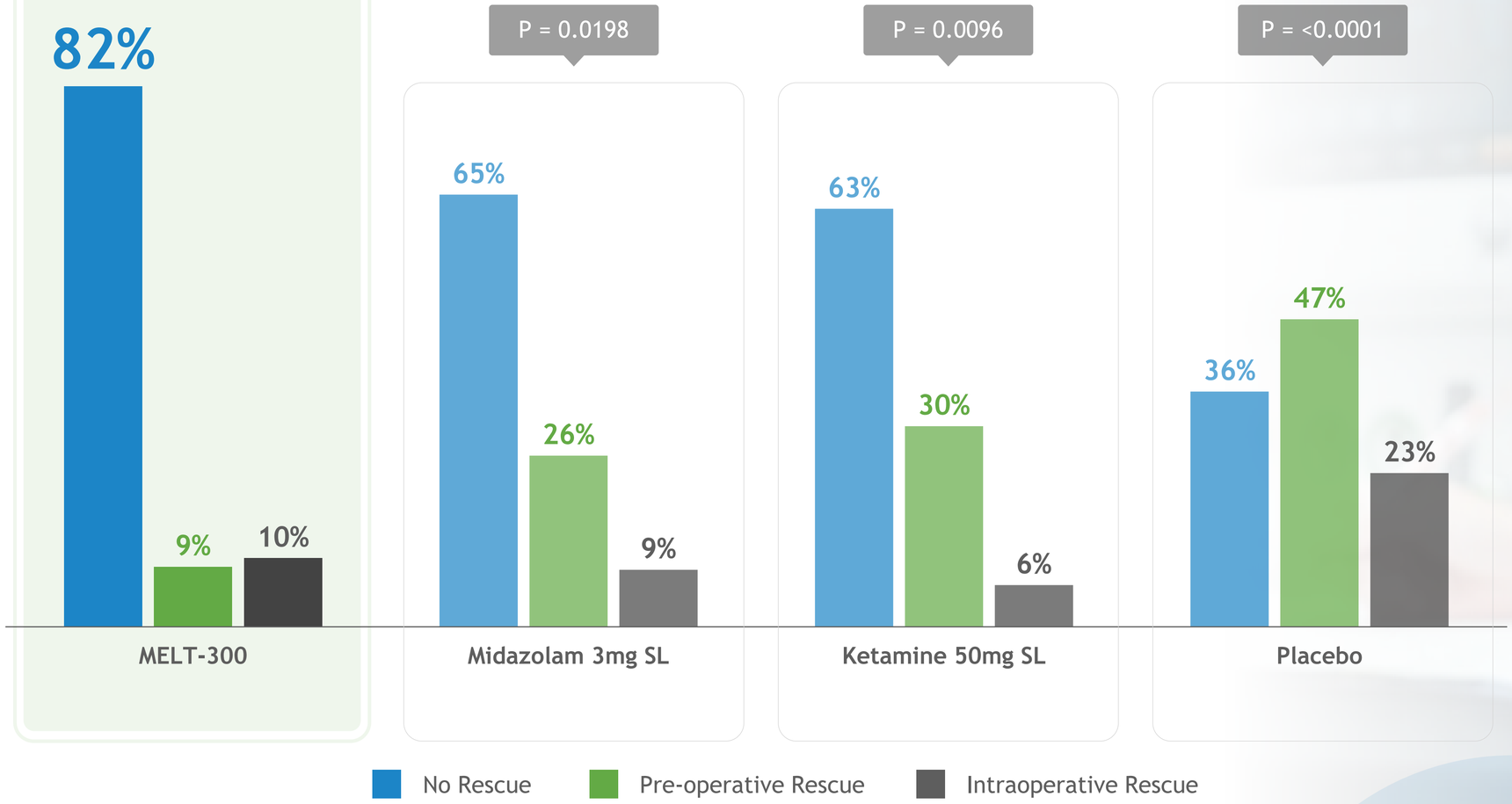
* Study design and endpoints based on Type C Meeting with FDA in May 2020.

MELT-300 is Statistically Superior to Midazolam Alone (Standard of Care)



MELT-300 is Less Likely to Require Sedation Rescue

Phase 2 Patients Requiring Sedation Rescue



MELT-300 High-Level Safety Profile*

- Favorable safety profile that was generally comparable to placebo.
- No severe adverse events.
- No discontinuations due to adverse events.
- No clinically meaningful differences in vital signs, ECGs, or neurocognitive function across treatment group.

* High level safety observations from MELT-300 Phase 2 study.

MELT-300 Phase 3 Clinical Trial Plan

Phase 3 Program

MELT-300 vs. Placebo*

- 3-arm study (no ketamine comparator arm).
- Highly statistically significant Phase 2 data suggests high probability of confirmation.
- 528 patients with a 4-1-1 ratio of MELT-300-sublingual midazolam-placebo.

Establish Superiority to Placebo for:

- Sedation endpoint.
- Need for rescue medications (midazolam).
- Secondary endpoints to be considered to potentially establish a cataract surgery regimen that does not require the use of opioids.

Based on statistical analysis of the Phase 2 data, we believe it is highly probable that another trial designed similarly to our Phase 2 study for procedural sedation only would reproduce similar results as our Phase 2 study[7].

* - The Company received responses from the FDA in November 2023 with recommendations for its Phase 3 program, which included eliminating the need for a comparator arm against sublingual ketamine. Based on discussions with its regulatory and biostatistical consultants, the Company believes that it may be possible that only one three-arm Phase 3 study will be needed for NDA filing. The Company will discuss this possibility along with the Phase 3 study results with the FDA following the completion of the Phase 3 study.

Physician Perspectives from Market Research

Physicians recognize unmet needs in sedation during cataract surgery

- Most physicians reported that the majority of their patients would prefer to avoid IV placement if possible.

Physicians rated MELT-300 more favorably than even their most common IV approaches

- Compared MELT-300 to most commonly reported sedation approaches on an overall basis and specifically for efficacy, safety, tolerability, surgical efficiency, and abuse potential.
- MELT-300 rated as “slightly outperforms” or “greatly outperforms” in all categories.

Physicians were receptive to transitioning to MELT-300 in a large number of their patients

- Physicians may adopt MELT-300 in approximately 50% of IV sedation cases and 86% of non-IV sedation cases.
- Patients with increased anxiety, healthy patients, and needle averse patients identified as particular patient segments where MELT-300 would provide benefit.

Source: Triangle Insights Group Interviews with n=10 Ophthalmologists and n=10 Anesthesia staff, conducted February-March 2023 [6]

What the Physicians are saying

"MELT-300 is effective and can clearly provide adequate sedation."

- Anesthesiologists and Ophthalmologists

"If we don't need to start an IV, in that regard MELT-300 is more tolerable and superior to the standard of care."

- Anesthesiologist

"One of our rare limiting factors of getting patients ready for surgery is getting those IVs started, and if we can avoid it even on half the patients, I think that could be a pretty big deal for our surgery center."

- Ophthalmologist

"Not having to place the IV makes MELT-300 as efficient as possible, it can improve patient experience and free up anesthesia staff to do other things."

- Anesthesiologist

"I'd probably switch all of my patients. MELT-300 would make my job easier, and probably make everyone's job easier. Some of those patients who refuse sedation are doing it because of needle phobia."

- Anesthesiologist

"MELT-300 is sublingual, non-IV. It's clearly efficacious and opioid free which is huge for me. This is a pretty easy sell to me."

- Anesthesiologist

Source: Triangle Insights Group Interviews with n=10 Ophthalmologists and n=10 Anesthesia staff, conducted February-March 2023 [6]

Favorable Reimbursement Environment Should Drive Adoption

Public and Private Payors*

J-Code

- Eligible for a J-Code under the Healthcare Common Procedure Coding System (HCPCS).
- Long-term separate payment in appropriate medical settings.

Pass-through Payment

- Eligible for pass-through status.
- Separate payment from Centers for Medicare & Medicaid Services (CMS).
- Transitional pass-through status (i.e., separately billable) under Medicare Part B for three years — Reimbursed to ASC at ASP + 6% where the drug price could be in excess of $500.

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* Information is our current expectation based on advice from reimbursement experts.

Payor Perspectives from Market Research

Payors validated the long-term pricing expectations for MELT-300 (post transitional pass-through period)

- Payors expect to cover MELT-300 at or near $200 with likely no coverage restrictions

What the Payors are saying

"MELT-300 is an intriguing sedation product that looks safe and could improve throughput, patient satisfaction, and maybe even safety."

- Payor

"Most patients don't want to get an IV, but they expect that they're going to get one in this situation. They would be happily surprised if they had an opportunity to avoid the IV."

- Payor

"Utilizing nursing and/or anesthesia to start IVs, particularly in more difficult patients…Sublingual? BOOM. You're done. They're going to be able to increase numbers with significant ease."

- Payor

Source: Triangle Insights Group Interviews with n=2 MCO Medical Directors (up to 44 million managed lives) and n=2 IDN Medical Directors (up to 8.5 million responsible lives), conducted February-March 2023 [6]

Life Cycle Management

Over
100,000,000
Total Estimated Annual Procedures (US)

With further development and label expansion, opportunity to impact large numbers of one-hour-or-less surgical procedures within these markets[8]

Dental (root canals) 15,000,000	**Colonoscopy** 19,000,000	**Upper GI Endoscopy** 17,000,000
Breast/Prostate Biopsies 3,900,000	**Emergency Room** 15,100,000	**Cosmetic/Dermatology** 500,000
Ophthalmologic 3,400,000 (Non-Cataract)	**MRI** 35,700,000	**Oculoplastic** 800,000

"I think this is going to be a good product. I'm just not sure how we arrived at cataract surgery as the indication for the product, because it's going to be useful for lots of different things. I'm really actually very upbeat about the product for many of these other procedures." - Ophthalmologist [6]

Pipeline

Product Candidate	Indication	Pre-Clinical	Phase 1	Phase 2	Phase 3	Anticipated Next Milestone(s)
MELT-300	Procedural sedation during cataract surgery					Begin Phase 3 enrollment in Q2 2024.
MELT-300	Procedural sedation for procedures with mild-to-moderate pain					Further clinical development to be determined upon discussion with FDA.
MELT-210	Procedural sedation for panic attacks and other acute anxiety conditions					Meet with FDA in the future to discuss MELT-210 arm data from MELT-300 Phase 2 study and further development.
MELT-400 (IND open)	Acute mild-to-moderate pain management					Clinical development to be determined upon discussion with FDA.

MELT-210: Sublingual Midazolam

Our Drug Candidate: MELT-210

Developed based on learnings of lead program (MELT-300)

Target

Will target panic attacks and other acute anxiety conditions.

Technology

Utilizes proprietary Zydis® manufacturing technology from Catalent, MELT-210 dissolves in seconds under the tongue.

Licensing

Exclusive development and license agreement with Catalent for Zydis® technology in place.

Shortened Approval

Leverage data, CMC and experience with MELT-300 to inform clinical program and shorten time-frame to approval.

MELT-400: Sublingual Ketamine

Our Drug Candidate: MELT-400

Developed based on learnings of lead program (MELT-300)

Target

Will target acute mild to moderate pain.

Technology

Utilizes proprietary Zydis® manufacturing technology from Catalent, MELT-400 dissolves in seconds under the tongue.

Shortened Approval

Leverage data, CMC and experience with MELT-300 to inform clinical program and shorten time-frame to approval.

In Development

IND is open and clinical development plan is under development.

Summary

1

Patented non-IV, non-opioid drug development platform.

2

Statistically superior Phase 2 clinical data for MELT-300.

3

Reduced risk in clinical and regulatory FDA approval pathway for MELT-300.

4

Significant market opportunity with favorable reimbursement environment.

Appendix

Senior Management Team

LARRY DILLAHA, M.D.
CHIEF EXECUTIVE OFFICER

- Clinical physician with over 20 years experience in the pharmaceutical industry
- Former CEO of Repros Therapeutics (sold to Allergan) and CavtheRx
- Prior roles include: CMO Harrow Health; EVP of Operations, New Haven Pharmaceuticals; CMO of Shionogi (formerly Sciele Pharma and First Horizon Pharmaceutical); and Medical Director for Sanofi-Aventis
- Responsible leader on multiple FDA-approved 505(b)(2) development programs across a broad range of therapeutics, generating more than $1 billion in revenue

BRAD OSBORNE
CHIEF FINANCIAL OFFICER

- Experienced pharmaceutical and biotechnology finance and accounting executive with over 20 years experience
- Former Vice-President, Finance and Accounting of Precigen (formerly Intrexon)
- Former Audit Senior Manager with KPMG, LLP
- Extensive experience with IPOs, pre-IPO and public follow-on capital raises, SEC reporting and compliance, budgeting, and cash management

Board of Directors

LARRY DILLAHA, M.D. Melt Pharmaceuticals Chief Executive Officer	• Clinical physician with over 20 years experience in the pharmaceutical industry • Former CEO of Repros Therapeutics (sold to Allergan) and CavtheRx • Prior roles include: CMO, Harrow Health; EVP of Operations, New Haven Pharmaceuticals; CMO of Shionogi (formerly Sciele Pharma and First Horizon Pharmaceutical); and Medical Director for Sanofi-Aventis • Responsible leader on multiple FDA-approved 505(b)(2) development programs across a broad range of therapeutics, generating $1 billion in revenue
MARK L. BAUM Harrow Health Founder, Chairman of the Board, Chief Executive Officer	• CEO, Chairman and founder of Harrow Health, Inc. • 2017 EY Entrepreneur of the Year in life sciences category for San Diego region • Founder of Surface Ophthalmics, Melt Pharmaceuticals, Visionology.com and Eton Pharmaceuticals
JOHN BERDAHL, M.D. Equinox Ophthalmic, Inc. Founder, Board Member, Chief Medical Officer	• Board-certified and highly regarded leading international cataract surgeon, co-inventor of Melt's technologies • Founder, Director and Chief Medical Officer of Equinox Ophthalmic Inc. • Participated in 37 FDA clinical trials • Created astigmatismfix.com and co-founded ExpertOpinion.MD
J. ANDY CORLEY Flying L. Partners Partner	• Partner at Flying L Partners • Former President of Bausch and Lomb Surgical • Founder and former CEO of Eyeonics and co-founder of Chiron Ophthalmics • Chairman of the Board of RxSight, Neurolenses, Inc. Equinox Ophthalmic, Inc. and eyeBrain Medical
ARTHUR LAFFER, PH.D. Laffer Associates Founder and Chief Economist	• Founder and Chief Economist of Laffer Associates, an economic research and consulting firm • Served as Chairman of Laffer Investments, a registered investment advisor, from 1999 to 2019 • Extensive public company board experience

Scientific Advisory Board

Name	Specialty	Affiliation
John Berdahl, M.D.	Ophthalmology	Vance Thompson Vision, Sioux Falls, SD
Vance Thompson, M.D.	Ophthalmology	Vance Thompson Vision, Sioux Falls, SD
Bill Wiley, M.D.	Ophthalmology	Cleveland Eye Clinic, Cleveland, OH
Chris Bender, CRNA	Anesthesiology	Vance Thompson Vision, Sioux Falls, SD
Maggie Jeffries, M.D.	Anesthesiology	Avanti Anesthesia, Houston, TX
Eric Donnenfeld, M.D.	Ophthalmology	Long Island Ophthalmology, Garden City, NY
Liz Yeu, M.D.	Ophthalmology	Virginia Eye Consultants, Norfolk, VA
Tina Tran, M.D.	Anesthesiology	Wilmer Eye Institute (Johns Hopkins), Baltimore, MD
Richard Lindstrom, M.D.	Ophthalmology	Minnesota Eye Consultants, Minneapolis, MN
Terry Kim, M.D.	Ophthalmology	Duke University Eye Center, Durham, NC (Joining Alcon as Chief Medical Officer)

Melt Pharmaceuticals Patent Summary

PATENT #	BRIEF DESCRIPTION	COUNTRY	STATUS	APPLICATION #	DATE FILED
U.S. 9,918,993	Pharmaceutical compositions and methods are described, the compositions comprising a benzodiazepine-based compound, a NMDA antagonist, and optionally a β-blocker and, optionally, antiemetic.	U.S.	Granted	USSN 15/184,768	June 16, 2016
U.S. 10,179,136	Composition claims expanded to include additional non-benzodiazepine compounds and NSAIDs and/or antihistamine	U.S.	Granted	USSN 15/903,615	February 23, 2018
U.S. 10,166,240	Methods of use related to patent '136	U.S.	Granted	USSN 15/903,529	February 23, 2018
U.S. 10,391,102	Additional methods of use	U.S.	Granted	USSN 15/995,875	June 1, 2018
U.S. 10,555,952	Additional methods related to nystagmus	U.S.	Granted	USSN 16/021,973	June 28, 2018
	Pharmaceutical compositions comprising a benzodiazepine, a NMDA antagonist, which are molded or compressed with a binder.	U.S.	Published	USSN 17/116,277	December 9, 2020
	Solid pharmaceutical compositions formulated for buccal and/or sublinguial administration comprising a benzodiazepine and an NMDA antagonist.	U.S.	Published	USSN 17/732,667	April 29, 2022
	Same as USSN 63/434,196 and USSN 63/433,985 above	U.S.	Pending	18/390,9263	December 20, 2023
	INTERNATIONAL STAGES				
	Same as US patent '993	WO	National Phase	PCT/US2016/037893	June 16, 2016
2016280161	Same as US patent '993	Australia	Granted	2016280161	June 16, 2016
CA 2,989,319	Same as US patent '993	Canada	Granted	2,989,319	December 12, 2017
6570015	Same as US patent '993	Japan	Granted	2017-566010	December 19, 2017
6705029	Same as US patent '136	Japan	Granted	2019-010699	January 24, 2019
10-1964571	Same as US patent '993	S. Korea	Granted	10-2018-7000815	January 10, 2018
3310439	Same as US patent '993	Europe	Granted	16812447.7	January 19, 2018
1253720	Same as US patent '993	Hong Kong	Granted	18112868.4	October 10, 2018
	Same as USSN 63/434,196 and USSN 63/433,985 above	PCT	Pending	PCT/US2023/085192	December 20, 2023
	Same as USSN 63/434,196 and USSN 63/433,985 above	Taiwan	Pending	112149497	December 19, 2023
	Same as USSN 63/434,196 and USSN 63/433,985 above	Argentina	Pending	20230103452	December 19, 2023

Key Claims of U.S. Patent 9,918,993

- Entitled "Pharmaceutical compositions for anesthesiological applications" was issued on March 20, 2018 (priority date: June 19, 2015) – similar claims issued in Australia, Japan, Canada and South Korea
- Patent does not require inclusion of ondansetron; only a benzodiazepine (e.g., midazolam) and analgesic/anesthetic (e.g., ketamine)
- Filed divisional and CIP for additional composition of matter and methods of use claims; additional routes of administration claims pending (nasal, buccal, suppository, etc.)

Key Claims Summary:

- The compositions comprising a benzodiazepine-based compound, a NMDA antagonist, a ß-blocker and antiemetic. Methods for fabricating the compositions and using them for anesthesiological applications are also described.
- (a) a therapeutically effective quantity of a first pharmaceutically active compound selected from the group consisting of midazolam, diazepam, lorazepam, flunitrazepam, alprazolam, chlordiazepoxide, clonazepam and clorazepate, and pharmaceutically acceptable salts, hydrates, solvates or N-oxides thereof;
- (b) a therapeutically effective quantity of a second pharmaceutically active compound selected from the group consisting of ketamine, dextrorphan, etomidate, methadone, memantine, amantadine, dextromethorphan, and pharmaceutically acceptable salts, hydrates, solvates or N-oxides thereof;
- (c) a pharmaceutically suitable binder therefor; and
- (d) optionally, a pharmaceutically acceptable excipient,
- wherein the pharmaceutical composition is formulated as a solid item adapted for sublingual or buccal administration, the solid item being selected from the group consisting of a troche, a lozenge, a capsule, a pill, a cap and a bolus.

References

1. Black, Rosemary et al. 2021. Trypanophobia: Fear of Needles and How to Overcome It. https://www.psycom.net/trypanophobia-fear-of-needles. (accessed September 3, 2021).
2. CDC, National Center for Health Statistics, https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm (May 11, 2022).
3. Davidson, Richard S. MD; Donaldson, Kendall MD, MS; Jeffries, Maggie MD; Khandelwal, Sumitra MD; Raizman, Michael MD; Rodriguez Torres, Yasaira MD; Kim, Terry MD. Persistent Opioid Use in Cataract Surgery Pain Management and the Role of Non-Opioid Alternatives. Journal of Cataract & Refractive Surgery: June 2022 – Volume 48 – Issue 4 – p 730 - 740 (2022).
4. Russell K, Warner M, et al. Anesthesia recovery after ophthalmic surgery at an ambulatory surgical center. J Cataract Refractive Surg. 2019 Jun;45(6):823-829 (2019).
5. Alam A, Gomes et al.. Long-term analgesic use after low-risk surgery: a retrospective cohort study. 2012. https://pubmed.ncbi.nlm.nih.gov/22412106/
6. Triangle Insights Group Commercial Assessment of MELT-300, March 2023.
7. FDA Type D Meeting Information Package submitted June 2023: p 28 – 40.
8. Multiple references, including:

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   MRI: Retrieved and calculated on January 13, 2023 from https://data.oecd.org/healthcare/magnetic-resonance-imaging-mri-exams.htm; total U.S. exams per 1,000 inhabitants, 2021 or latest available

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