



# Corporate Presentation



Revolutionizing the surgical  
patient experience.

JULY 2023

[meltpharma.com](https://meltpharma.com)





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This presentation contains express “forward-looking statements,” which are all statements other than statements of historical facts, including statements regarding our future financial performance and condition, pro forma projections, timing for and outcomes of clinical results, estimates, business strategy and plans and objectives for future operations. These forward-looking statements include terminology such as ‘believe’, ‘will’, ‘may’, ‘estimate’, ‘continue’, ‘anticipate’, ‘contemplate’, ‘intend’, ‘target’, ‘project’, ‘should’, ‘plan’, ‘expect’, ‘predict’, ‘could’, ‘potentially’, or the negative of these terms. You are cautioned not to rely on these forward-looking statements, which involve substantial risks and uncertainties. These statements are based on current expectations of future events and other assumptions that are preliminary in nature. If underlying assumptions prove inaccurate or known or unknown risks or uncertainties materialize, actual results could vary materially from Melt Pharmaceuticals, Inc.’s (the “Company”) expectations and projections. Important factors that could cause such differences include, but are not limited to: our lack of operating history; the timing, progress and results of our clinical trials of our lead product candidate, MELT-300, our other product candidates and any future product candidates, including statements regarding the timing of our planned IND submissions, initiation and completion of studies or trials and related preparatory work, the period during which the results of the trials will become available and our research and development programs; the expectation that we will incur operating losses for the foreseeable future; our estimates regarding expenses, future revenue, current and future capital requirements to support our development and commercialization efforts for our product candidates and our ability to satisfy our capital needs and our needs for additional financing; our dependence on our product candidates, which are still in early stages of clinical development; our ability to attract and retain key executives and medical and scientific personnel; our ability to complete required clinical trials for our product candidates, the timing of any submission of filings for regulatory approval of, and our ability to obtain and maintain regulatory approvals from the FDA or other regulatory agencies in different jurisdictions for MELT-300, our other product candidates and any future product candidates; our ability to identify patients that can be treated by our product candidates and to enroll these patients in our clinical trials; our expectations regarding the size of the patient populations, market acceptance and opportunity for and clinical utility of MELT-300, our other product candidates and any future product candidates, if approved for commercial use; our lack of a sales and marketing organization and our ability to commercialize MELT-300 and our other product candidates if we obtain regulatory approval; business disruptions affecting the initiation, patient enrollment, development and operation of our clinical trials, including a public health emergency, such as the COVID-19 pandemic; our expectations regarding the potential market size and the rate and degree of market acceptance for MELT-300, our other product candidates or any future product candidates that we may develop; our expectations regarding the pricing of and third-party reimbursement for our product candidates; the effects of competition with respect to MELT-300, our other product candidates or any future product candidates, as well as innovations by current and future competitors in our industry; our dependence on third-parties to manufacture our product candidates; our ability to maintain or protect the validity of our licensed patents and other intellectual property; our ability to internally develop new inventions and intellectual property; interpretations of current laws and the passages of future laws; acceptance of our business model by investors; our ability to obtain additional funding for our operations and our expected use of proceeds from this offering; our financial performance and our ability to effectively manage our anticipated growth; and our ability to adequately support organizational and business growth. All forward-looking statements are qualified in their entirety by this cautionary statement. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. The Company expressly disclaims any intent or obligation to update these forward-looking statements except as required by law. Harrow Health Inc.’s (“Harrow Health”) compounded formulations are not FDA approved and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated.

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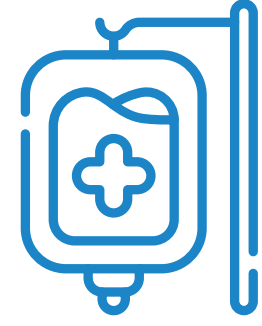
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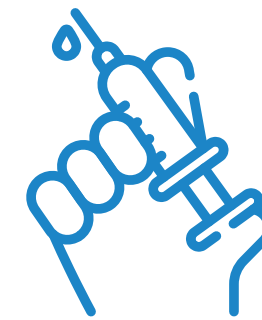
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# Needles and Opioids are the Problem



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.<sup>1</sup>
- 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.<sup>2</sup>
- 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.<sup>3</sup>
- 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<sup>4</sup> and an increase in the risk of addiction or relapse.<sup>5</sup>

*“No matter the setting, everyone was doing the same thing, there’s a lack of advancement in sedation techniques.” - Anesthesia Specialist<sup>6</sup>*



A close-up photograph of an elderly man with grey hair, smiling broadly and showing his teeth. He is wearing a light blue hospital gown. The background is a soft, out-of-focus white with some faint, overlapping circles in light green and blue.

# 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.

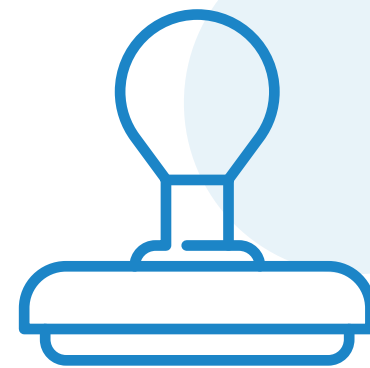
# Company Overview

1



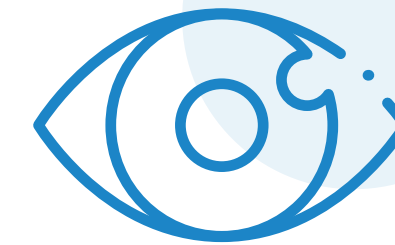
Statistically superior, late clinical-stage product candidate that could revolutionize procedural sedation.

2



Reduced risk in clinical development and FDA 505(b)(2) regulatory path to approval with Phase 3 study vs either placebo or confirming highly 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.



# 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 from Catalent.

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.



# 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.

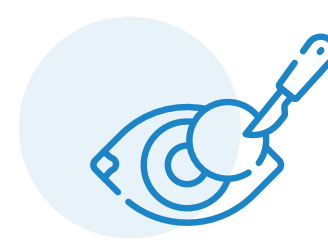


**Broad Composition of Matter Patent**, valid through 2036.



**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.**

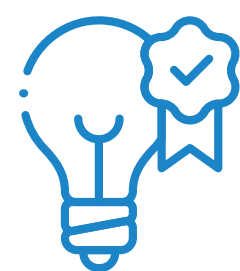
*"I could see switching to MELT-300; it's even faster, not as uncomfortable. There's a good percentage of ophthalmologists who would find it useful, and there's increasing potential for it over time." - Ophthalmologist <sup>6</sup>*

# 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**

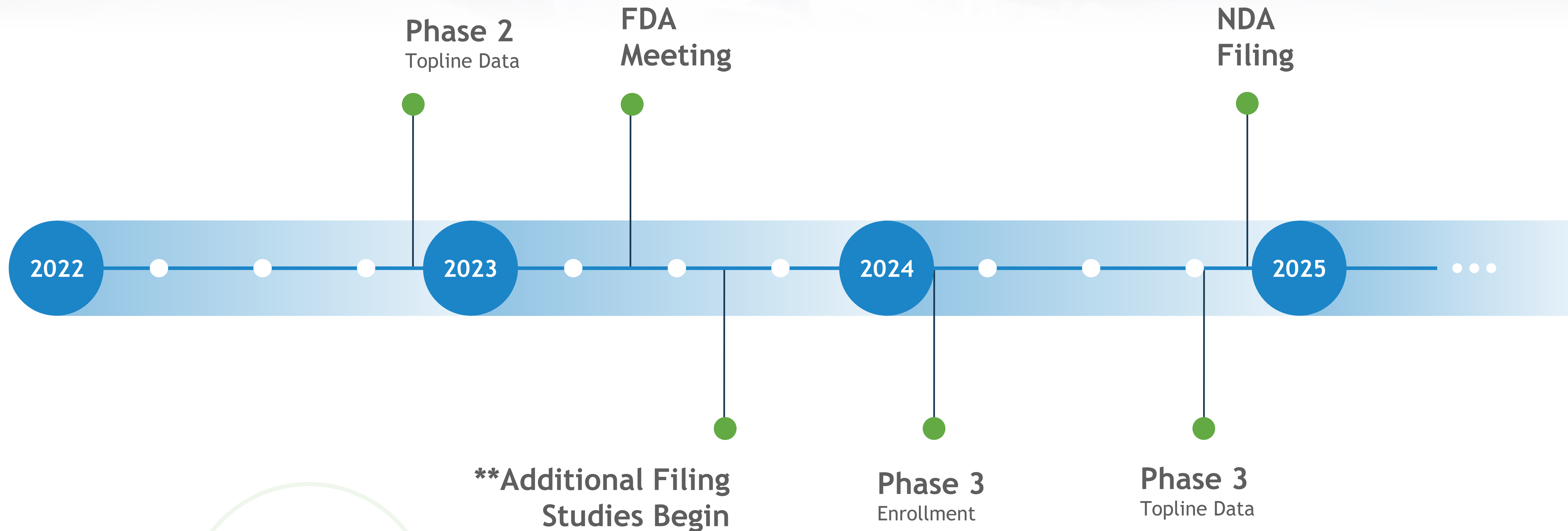
Series A in 2019

**\$13.5 million**

Note in 2021



# Timeline: Cataract Surgery Program (MELT-300)\*



# 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

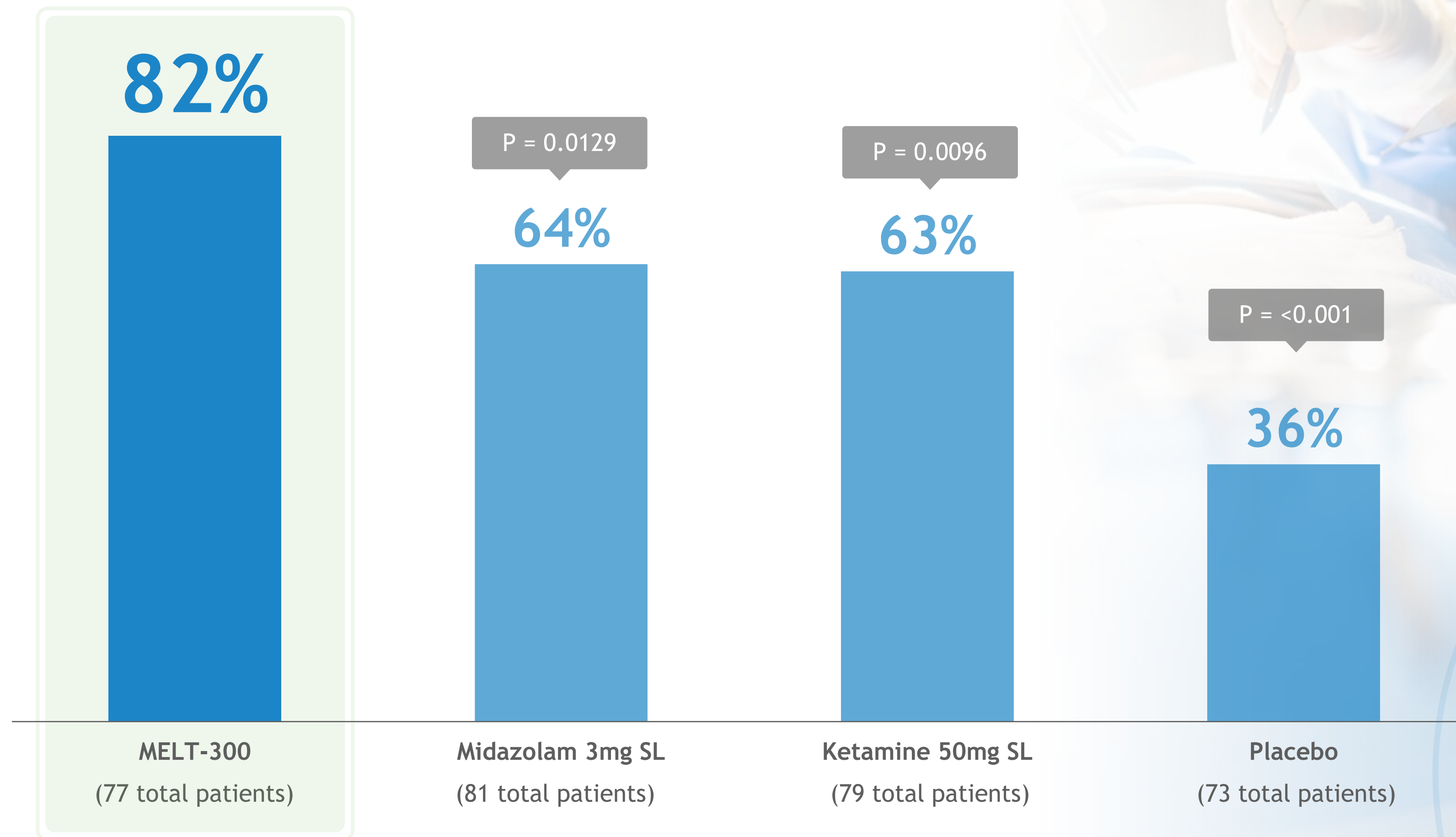
### Current Status

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



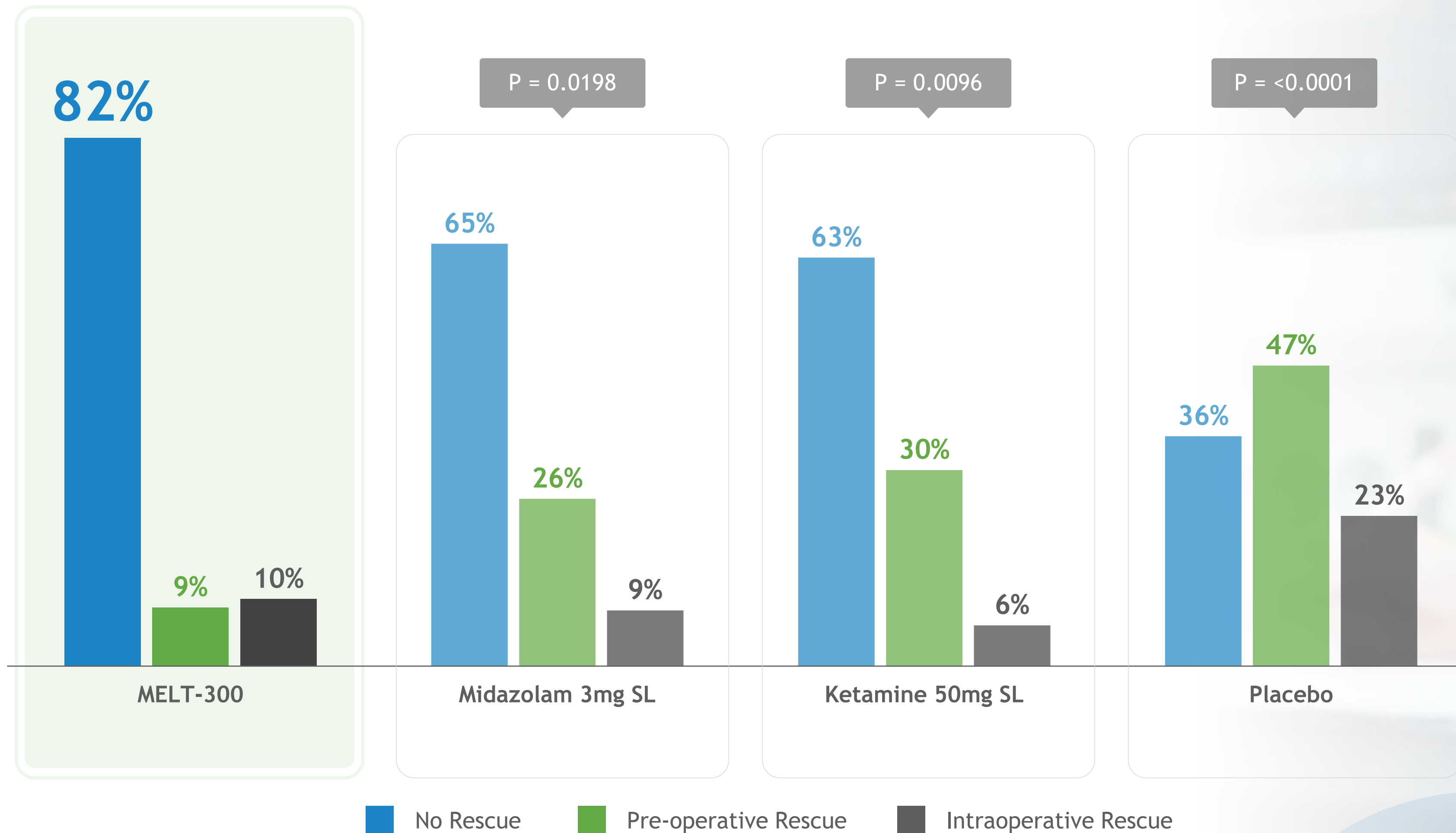
# MELT-300 is Statistically Superior to Midazolam Alone (Standard of Care)

Phase 2 Patients Achieving Adequate Sedation



# 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.

# MELT-300 Phase 3 Clinical Trial Plan

## Phase 3 Program

### MELT-300 vs. Placebo\*

- 2-arm study, ~300 subjects
- Reduced risk comparing to placebo.

Or

### Confirming Robust Phase 2 Data\*

- 4-arm study, ~450 subjects
- Highly statistically significant Phase 2 data suggests high probability of confirmation.

### 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<sup>7</sup>.**



# 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.

# 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*



# 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.

# 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



# 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<sup>8</sup>

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

# Pipeline

Product Candidate	Indication	Pre-Clinical	Phase 1	Phase 2	Phase 3	Anticipated Next Milestone(s)
MELT-300	Procedural sedation during cataract surgery					Confirmation from FDA on Phase 3 trial design following May 2023 End-of-Phase 2 Meeting.
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<sup>®</sup> manufacturing technology from Catalent, MELT-210 dissolves in seconds under the tongue.



### Licensing

Exclusive development and license agreement with Catalent for Zydis<sup>®</sup> 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



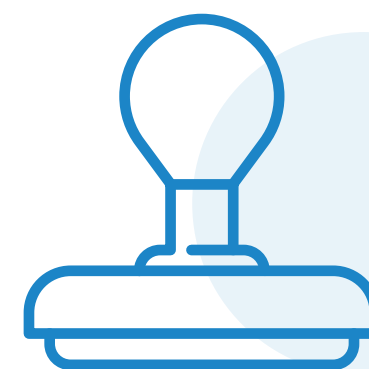
Patented non-IV, non-opioid drug development platform.

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

<p><b>LARRY DILLAHA, M.D.</b> Melt Pharmaceuticals Chief Executive Officer</p>	<ul style="list-style-type: none"> <li>• Clinical physician with over 20 years experience in the pharmaceutical industry</li> <li>• Former CEO of Repros Therapeutics (sold to Allergan) and CavtheRx</li> <li>• 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</li> <li>• Responsible leader on multiple FDA-approved 505(b)(2) development programs across a broad range of therapeutics, generating \$1 billion in revenue</li> </ul>
<p><b>MARK L. BAUM</b> Harrow Health Founder, Chairman of the Board, Chief Executive Officer</p>	<ul style="list-style-type: none"> <li>• CEO, Chairman and founder of Harrow Health, Inc.</li> <li>• 2017 EY Entrepreneur of the Year in life sciences category for San Diego region</li> <li>• Founder of Surface Ophthalmics, Melt Pharmaceuticals, Visionology.com and Eton Pharmaceuticals</li> </ul>
<p><b>JOHN BERDAHL, M.D.</b> Equinox Ophthalmic, Inc. Founder, Board Member, Chief Medical Officer</p>	<ul style="list-style-type: none"> <li>• Board-certified and highly regarded leading international cataract surgeon, co-inventor of Melt's technologies</li> <li>• Founder, Director and Chief Medical Officer of Equinox Ophthalmic Inc.</li> <li>• Participated in 37 FDA clinical trials</li> <li>• Created astigmatismfix.com and co-founded ExpertOpinion.MD</li> </ul>
<p><b>J. ANDY CORLEY</b> Flying L. Partners Partner</p>	<ul style="list-style-type: none"> <li>• Partner at Flying L Partners</li> <li>• Former President of Bausch and Lomb Surgical</li> <li>• Founder and former CEO of Eyeonics and co-founder of Chiron Ophthalmics</li> <li>• Chairman of the Board of RxSight, Neurolenses, Inc. Equinox Ophthalmic, Inc. and eyeBrain Medical</li> </ul>
<p><b>ARTHUR LAFFER, PH.D.</b> Laffer Associates Founder and Chief Economist</p>	<ul style="list-style-type: none"> <li>• Founder and Chief Economist of Laffer Associates, an economic research and consulting firm</li> <li>• Served as Chairman of Laffer Investments, a registered investment advisor, from 1999 to 2019</li> <li>• Extensive public company board experience</li> </ul>

# 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



# 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 $\beta$ -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
	Extended release vehicle related to compositions listed in patent '136	U.S.	Pending	USSN 16/250,450	January 17, 2019
	Pharmaceutical compositions comprising antiemetics and alpha-2-adrenergic receptor agonists and methods of using the same for anesthesiological applications	U.S.	Published	USSN 16/940,740	July 28, 2020
	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 sublingual administration comprising a benzodiazepine and an NMDA antagonist.	U.S.	Published	USSN 17/732,667	April 29, 2022
	A composition for improved sedation comprising midazolam and ketamine. The composition includes fixed doses of midazolam and ketamine in one rapidly dissolving tablet administered sublingually for procedural sedation.	U.S.	Pending	USSN 63/434,196	December 21, 2022
	A composition for improved sedation comprising midazolam and ketamine. The composition includes fixed doses of midazolam and ketamine in one rapidly dissolving tablet administered sublingually for procedural sedation.	U.S.	Pending	USSN 63/433,985	December 20, 2022
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
	Same as US patent '993	Europe	Pending	16812447.7	January 19, 2018
	Same as US patent '993	Hong Kong	Pending	18112868.4	October 10, 2018
	Same as USSN 16/250,450 above	PCT	Pending	PCT/US2020/013116	January 10, 2020
	Same as US patent '136	PCT	Pending	PCT/US2019/034034	May 24, 2019

# 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:

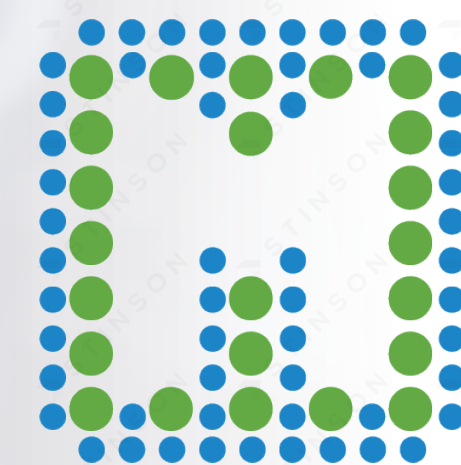
- The compositions comprising a benzodiazepine-based compound, a NMDA antagonist, a  $\beta$ -blocker and antiemetic. Methods for fabricating the compositions and using them for anesthesiological applications are also described.
- (a) a therapeutically effective quantity of a first pharmaceutically active 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.psychom.net/trypanophobia-fear-of-needles>. (accessed September 3, 2021).
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