



3D Printing of Personalized Medicine.

pharmather.com · m3dicines.com

Corporate Presentation · October 2026

CSE: PHRM | OTCQB: PHRRF

IMPORTANT NOTICE

Forward-Looking Statements

This presentation contains “forward-looking information” within the meaning of applicable Canadian securities legislation with respect to PharmaTher Holdings Ltd. (the “Company”). All information other than statements of historical fact is forward-looking information, including statements regarding: the Company’s corporate strategy and business model; the M3DICINES™ platform and brand; the M3DICINES™ National Network Program, including the enrollment of Network Partners, the terms on which CraftMake™ systems are placed in the network and the expectation that nodes will generate product, licensing, white-label, CDMO, consumables, service, research and government revenue; the commercial plan for CraftMake™, including initial orders, the target of up to 50 placements over the next 12 months, the estimated number of potential placement sites and the expectation that placements will generate recurring revenue; the development, launch timing and commercialization of the Company’s 503A products, including Rx wellness, peptide and ketamine products, and the potential compounding of additional peptides following FDA rulemaking; the Company’s FDA rare pediatric disease program, including planned designation applications, a pre-IND meeting, clinical development, the timing of an NDA submission, potential approval, orphan exclusivity and potential eligibility for, and the value of, a priority review voucher; the evaluation and potential development of products for ultra-rare diseases; plans to supply psychedelic medicines for clinical trials and special access programs; plans to identify and reintroduce discontinued medicines and to make medicines in short supply; the planned National Emergency Preparedness Node Network, its demonstration and potential readiness contracts; partnering opportunities, including CDMO services, white-label products, formulation licensing and research collaborations; the timing and amount of payments from the sale of the Company’s ketamine ANDA; the potential licensing, sale, partnering or spin-out of strategic assets; anticipated market growth; and upcoming milestones and catalysts. Forward-looking information is based on management’s current expectations, estimates and assumptions, including that Craft Health, PD Labs and the Company’s GMP manufacturing and other partners will perform as expected, that Network Partners will join the network on acceptable terms, that the Company will maintain its exclusive distribution rights and obtain financing on acceptable terms, and that regulatory frameworks will develop as expected. It is subject to known and unknown risks, uncertainties and other factors that may cause actual results to differ materially from those expressed or implied, including the risks that Network Partners may not join the network or placements may not generate the expected revenue, that expanding the network requires capital that may not be recovered, that compounding is subject to substance eligibility under Section 503A and state pharmacy laws, that there is no finalized FDA framework for distributed pharmaceutical manufacturing, and that government funding and procurement are uncertain. No assurance can be given that any of the events anticipated will occur or, if they do, what benefits the Company will derive from them. Product candidates described in this presentation are at a development stage. Compounded drugs are not FDA-approved, and certain peptides, including BPC-157, may not be compounded unless and until the FDA completes the applicable rulemaking. Ketamine, psilocybin and MDMA are controlled substances. Program cost, timing and voucher-value figures are internal estimates. Market, industry and third-party data have not been independently verified by the Company. This presentation does not constitute an offer to sell or a solicitation of an offer to buy any securities of the Company in any jurisdiction. Readers are cautioned not to place undue reliance on forward-looking information and should review the Company’s public filings on SEDAR+ (www.sedarplus.ca) for a full discussion of risk factors. The Company undertakes no obligation to update forward-looking information except as required by law.

CraftMake™, CraftControl™ and CraftBlends™ are trademarks of Craft Health. M3DICINES™ is a trademark of PharmaTher Holdings Ltd. KetaMist® is a trademark of its owner.

WHO WE ARE

Pharmaceutical 3D printing for personalized medicine.



PLATFORM

M3DICINES™

Validated formulations · GMP-ready CraftMake™ printing · Any dose, release or combination



PIPELINE

Proprietary products

503A peptides & ketamine · Rare & ultra-rare · Psychedelics · Discontinued & short-supply



NETWORK & PARTNERING

M3DICINES™ National Network

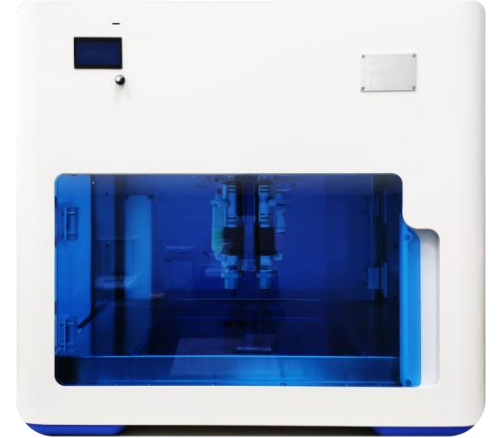
503A pharmacies, hospitals, CDMOs, 503B, research and government sites

MEDICINES™

Any dose.

Any release.

*Any combination —
in one unit.*



Q4 2026 Network launch;
first 503A products

Up to 50 CraftMake™ placements
targeted in the next 12
months

10,000+ Potential network sites in
North America
(management estimate)

Q4 2028 Rare pediatric NDA target —
potential voucher, reported
sales US\$100–155M

OUR MISSION

Medicine is made for everyone.

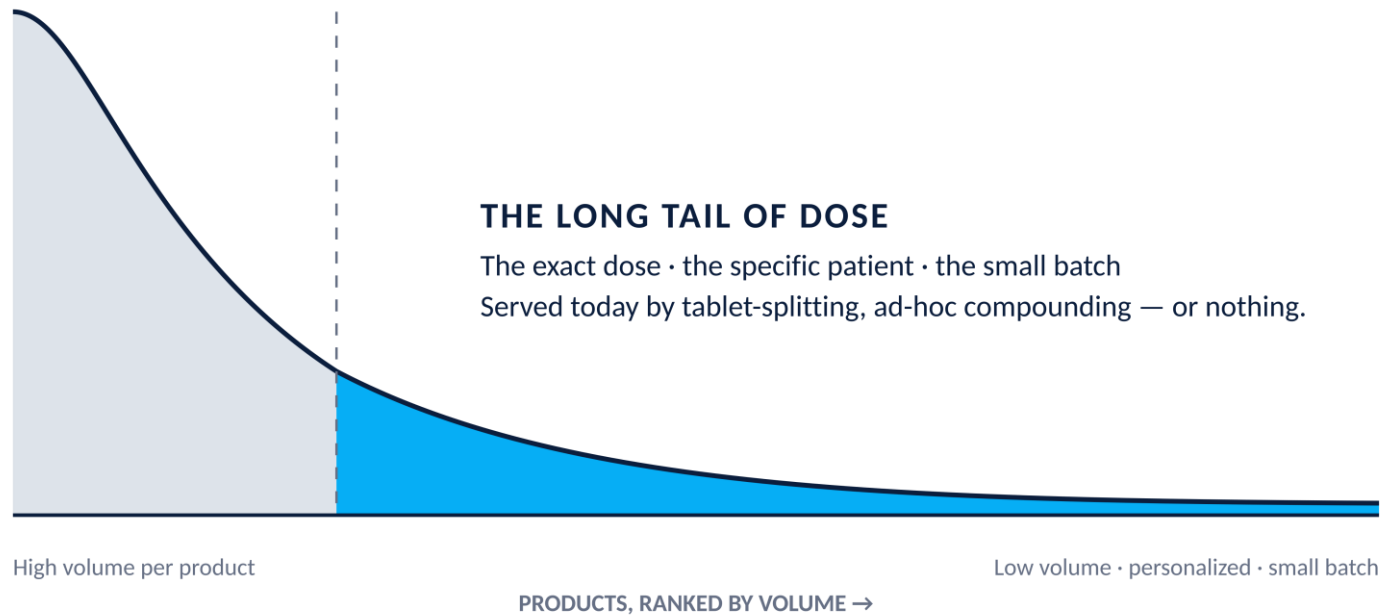
We make it for one.

Mass manufacturing leaves many patients poorly served.

Conventional manufacturing pays off only at hundreds of thousands to millions of identical units.

MASS MANUFACTURING

Millions of identical units. Fixed strengths. Central plants.



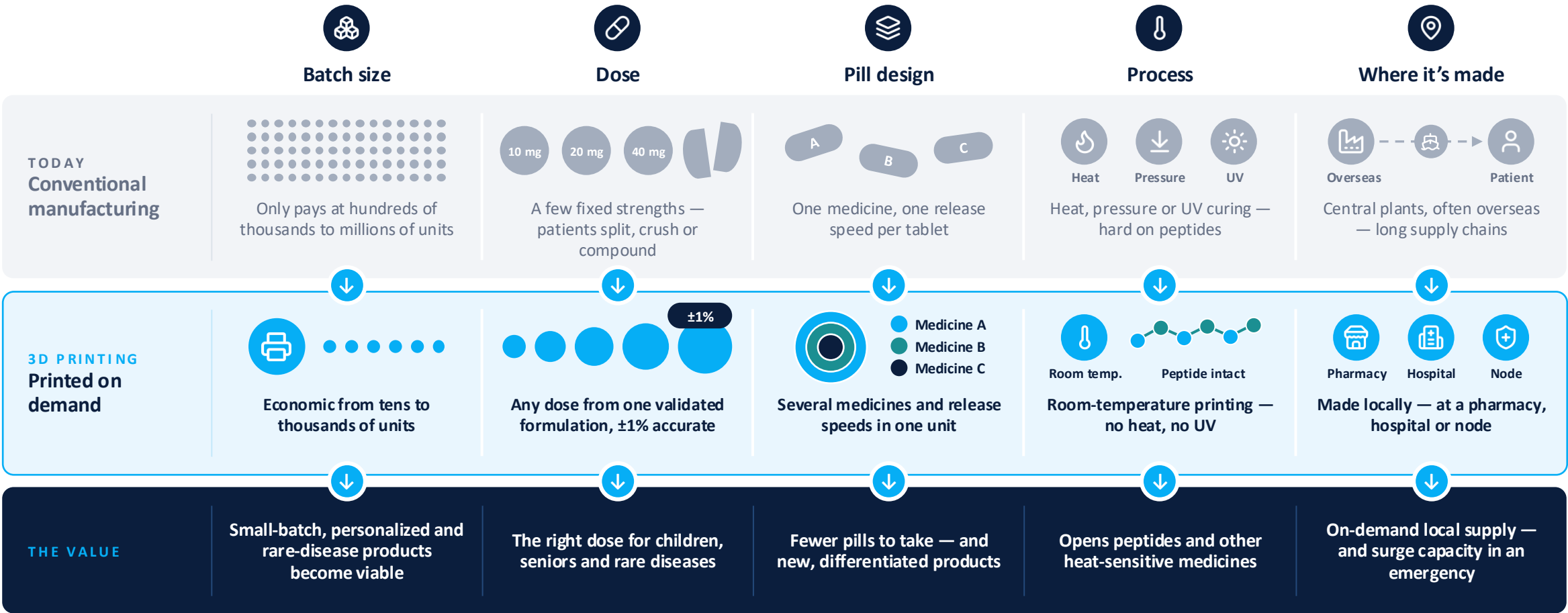
Source: U.S. National Institutes of Health (rare diseases). Chart is illustrative.

-  **Personalized doses**
Often only injections or a few fixed strengths
-  **Children and rare diseases**
Adult tablets cut at home; ~95% of rare diseases untreated
-  **Discontinued medicines**
Demand became too small for a production line
-  **Drug shortages**
Made in central plants, often overseas, far from patients
-  **Clinical and research supply**
Many strengths, in batches of a few hundred units
-  **National emergencies**
Limited stockpiles in a few standard strengths and forms

WHY PHARMACEUTICAL 3D PRINTING

The exact dose, for the specific patient, on demand — economically.

Five things mass production can't do economically — and why each one creates value.



Sources: Craft Health platform specifications (±1% dose accuracy, room-temperature semi-solid extrusion); ASPR Industrial Base Assessment 2022. Graphics are illustrative.

OUR PLATFORM

M3DICINES™ 3D-printed medicines.



PHARMATHER OWNS THE VALUE LAYER

 Formulations and dosage-form designs

 Analytical, stability and production data

 Print files, methods and protocols

 Regulatory filings, software integrations and brands

HARDWARE PARTNER

CraftMake™ by Craft Health is already sold and operating in multiple markets.
PharmaTher is the exclusive North American distributor.



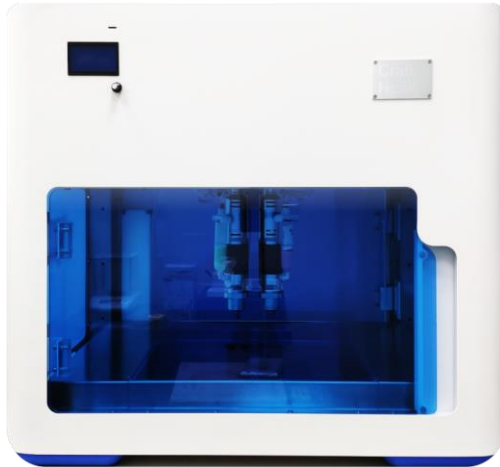
Images: Craft Health platform-capability imagery shared with PharmaTher under the companies' collaboration and distribution agreements. Recipe values are illustrative; ±1% reflects Craft Health system specifications. *Oral films to be confirmed with Craft Health.

COMMERCIAL FOUNDATION

Exclusive North American distributor of CraftMake™ pharmaceutical 3D printing.



10,000+ potential M3DICINES™ Network sites across North America (management estimate).



CraftMake™

3D printing system by Craft Health

ENCLOSED · GMP-READY

ROOM TEMP · NO HEAT, NO UV

1% PRECISION · >95% REPEATABILITY

WHAT WE DISTRIBUTE

- CraftMake™ printers: enclosed, GMP-ready, dual printheads
- CraftControl™ no-code software: audit trails, multi-printer
- CraftBlends™ ready-to-use premixes of FDA GRAS excipients
- Consumables, printheads and annual service
- Installation, qualification support, training and validation

SIGNIFICANCE

Every placement is infrastructure, not a one-time sale: it seeds recurring consumables, software and service revenue, and runs M3DICINES™ formulations.

Every placement can become an M3DICINES™ Network node, making products, partner programs and research supply — and, in time, medical countermeasures.

NETWORK PARTNERS AND CUSTOMERS



503A and 503B pharmacies

~7,500 U.S. 503A pharmacies alone



Telehealth and consumer health

White-label products and a manufacturing layer



CDMOs, pharma and biotech

Clinical supply, specialty production, licensing



Hospitals and health systems

Pediatric and special-population doses



Academic and research labs

Feasibility and formulation science



Government and defence

Preparedness nodes and countermeasures

WHY NOW

Regulation, demand, technology and preparedness are converging.

US\$141B → US\$295B

Peptide therapeutics market,
2025 → 2033



REGULATION IS MOVING
TOWARD US

Six peptides recommended by FDA PCAC for 503A compounding in July 2026 and potentially five more in February 2027; FDA rulemaking is still required.

Rare pediatric priority review vouchers reauthorized to September 2029.

FDA advanced-manufacturing designation signals support for distributed production.

US\$567B → US\$1.2T

Global personalized-medicine market,
2024 → 2033



DEMAND IS
FRAGMENTING

Telehealth is the fastest-growing route to the U.S. patient.

Children with rare diseases still split adult tablets.

Drug shortages persist for medicines made in central plants, often overseas.

US\$41B → US\$59B

Medical countermeasures market,
2025 → 2030



MEDICAL
COUNTERMEASURES ARE
GOING LOCAL

By executive order, the U.S. Strategic API Reserve will hold ingredients for ~26 critical drugs — doses must be made when needed.

ASPR is piloting point-of-need drug manufacturing; the FY2027 budget request seeks US\$327M (+US\$317M) to onshore supply.

Stockpiles hold limited quantities of finished medicines in a few standard strengths and forms.



THE CATEGORY IS OPEN

FDA approved the first 3D-printed medicine in 2015.

Technology-led companies have proven medicines can be printed.

We believe no North American company has yet built a diversified product pipeline and partnering business on it.

PharmaTher intends to be that company.

Sources: Grand View Research (Peptide Therapeutics Market Report; Personalized Medicine Market Report); The Business Research Company, Medical Countermeasures Global Market Report 2026; FDA PCAC meeting July 23–24, 2026; Consolidated Appropriations Act 2026; FDA AMT designation program; Executive Order 14336 (Aug. 2025); ASPR EQUIP-A-Pharma (2025); ASPR FY2027 President's Budget Request. Market data not independently verified by the Company.

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BUSINESS MODEL

Two pillars. One platform.

WE OWN the products, formulations and network.

PILLAR 1 · PRODUCT PIPELINE

- Personalized 503A products, including peptides and ketamine
- FDA rare and ultra-rare disease programs
- Psychedelic, discontinued and short-supply medicines
- The M3DICINES™ National Network and preparedness nodes



WE OPEN the platform to partners.

PILLAR 2 · PARTNERING & TECHNOLOGY

- Network placements: exclusive CraftMake™ distribution
- M3DICINES™ formulation licensing
- White-label products for telehealth and consumer health
- CDMO services, including clinical trial supply
- Research collaborations and feasibility studies
- Government readiness contracts, if awarded

REVENUE STACK

Product sales

System placements

Consumables & service

Development fees

Licences & royalties

Government contracts

Voucher sales

Asset monetization

The pipeline creates proprietary value. The network and partners create reach, adoption and recurring revenue, and surface new products. Each feeds the other.

PRODUCT PIPELINE

Five pipeline areas. One printing platform.

Where a precise dose, a combination or a small batch makes a medicine possible.

PROGRAM	PATHWAY	STATUS	NEXT MILESTONE
 503A personalized products NAD+, glutathione, sermorelin, PT-141 and a ketamine dissolvable tablet for telehealth	503A compounding	LAUNCH PLANNED	Q4 2026 first launches Q1 2027 ketamine dissolvable tablet
 Rare pediatric disease program Printed dissolvable tablet of a never-approved active; compound and indication undisclosed	FDA 505(b)(1) NDA	DESIGNATIONS	Oct 2026 designation applications Q1 2027 pre-IND · Q4 2028 NDA (target)
 Ultra-rare disease program Diseases with no FDA-approved treatment, where a printed dose could become the first	FDA, same approach as lead program	EVALUATING	2027–28 program selection
 Psychedelic medicines Precisely dosed psilocybin and MDMA for clinical trials and special access programs	Supply via licensed GMP partners	PLANNED	2027–28 program build-out
 Discontinued & short-supply medicines Medicines discontinued for low volume or in short supply, with ongoing patient need	FDA abbreviated pathways or 503A	EVALUATING	2027–28 candidate selection

ALONGSIDE THE PIPELINE

 **Medical countermeasures** Planned preparedness network · 12-month demonstration

 **Strategic assets** ANDA payments expected from Q1 2027 · four assets to partner

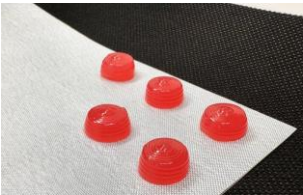
Timelines are internal estimates and forward-looking. 503A products are patient-specific compounded prescriptions prepared by a licensed pharmacy and are not FDA-approved. Peptides such as BPC-157 may follow only if the FDA completes the required rulemaking. Psilocybin and MDMA are controlled substances, available only through authorized trials and access programs. NDA = new drug application.

PRODUCT SPOTLIGHT · 503A PERSONALIZED PRODUCTS

From injection to a printed oral dose.

Today’s 503A-eligible peptides are prescribed and compounded through U.S. telehealth platforms, mostly as injections. We print them as chewables, dissolvable tablets and multi-layer combinations, each made at the dose prescribed.

FIRST LAUNCHES · Q4 2026



CHEWABLE

NAD+

Rx wellness · dosed as prescribed



LIQUID-EMBEDDED

Glutathione

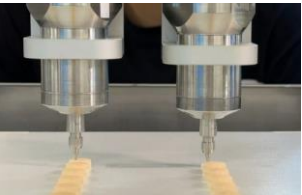
Rx wellness · dosed as prescribed



MULTI-LAYER STACK

Sermorelin + NAD+ longevity stack

One unit replacing two products



SUBLINGUAL ODT

PT-141 (bremelanotide)

503A-eligible peptide · oral alternative to injection

NEXT, IF FDA RULEMAKING ALLOWS

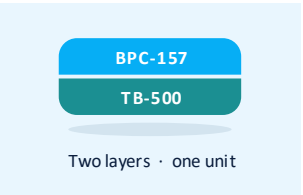


Coated core · gut release

DELAYED-RELEASE

BPC-157

Coated core for lower-GI release



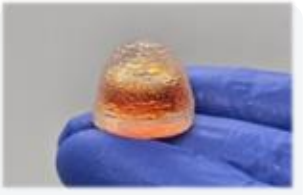
Two layers · one unit

BI-LAYER STACK

BPC-157 + TB-500 stack

Two peptides, two layers, one unit

NUTRACEUTICAL



LIQUID-CORE GUMMY

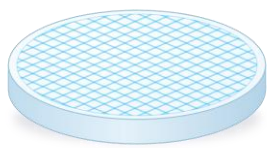
Nutraceutical gummy

Multi-active supplement · no prescription

NEXT WAVE ON FDA RULEMAKING BPC-157 · KPV · TB-500 · MOTS-c · Epitalon · Semax — recommended by FDA advisers July 2026; five more under review before Feb 2027.

Telehealth precedents: Hims & Hers Q2 2026 results and Aug 2026 statements (sermorelin, glutathione, NAD+ by year-end 2026; BPC-157 and five others pending FDA rulemaking); Strut Health, Luvo Health, Live Vital, Bodybuilding Health+, Tactus Health product pages (accessed Sept 2026). 503A eligibility reflects the current FDA framework (components of FDA-approved drugs or Category 1 bulk substances) and is verified per product before launch; oral formulations require PharmaTher validation and stability work. BPC-157 and TB-500 can be compounded only once FDA completes rulemaking adding them to the 503A bulks list (July 2026 PCAC votes are non-binding). The nutraceutical gummy would be sold as a dietary supplement, not a compounded drug. Compounded drugs are not FDA-approved; dose ranges and tablet diagrams are illustrative. Dosage-form photos courtesy of Craft Health; they show print formats, not the products listed.

One ketamine formulation, two markets.



KETAMINE ODT

Printed dissolvable tablet

Dissolves in the mouth — no water, no needle.
Printed size sets the dose; the formulation stays the same.



10 mg



25 mg



50 mg



75 mg



100 mg

TELEHEALTH 10–100 mg in fine increments, titrated to each patient

MEDICAL COUNTERMEASURES weight bands, 25–100 mg



TELEHEALTH · 503A · Q1 2027

Precision-dosed dissolvable tablets

- ✓ 10–100 mg in fine titration increments at $\pm 1\%$ — personalized to patient and protocol
- ✓ Documented content uniformity and digital batch records for every dose
- ✓ Deployable through 503A compounding pharmacies and telehealth partners



MEDICAL COUNTERMEASURES · DoD / BARDA / DRDC · NEXT

Non-injectable analgesia for mass-casualty and field care

- ✓ Weight-banded dissolvable tablet, 25–100 mg — the same validated formulation
- ✓ No FDA-approved oral or sublingual ketamine product exists today
- ✓ 505(b)(2) pathway; DoD/DHA, BARDA and DRDC as target sponsors and funding partners

Ketamine is the molecule we know.

PharmaTher developed an FDA-approved ketamine ANDA, sold December 2025, with first payments expected Q1 2027 · KetaVault™ CMC, IND and orphan-designation data · Ketamine microneedle patch

Compounded ketamine products are not FDA-approved. Ketamine is a controlled substance; compounding, manufacture and distribution require DEA registrations. The MCM format would require a 505(b)(2) NDA with clinical studies. Ketamine ANDA transaction: PharmaTher press release, Dec 2, 2025. ODT graphic is illustrative; tablet sizes shown for a single formulation at constant thickness.

Dose precision is the product.

Children with rare diseases are often dosed from adult tablets cut at home.

TODAY



One adult strength, quartered at home

Dose accuracy: unknown. Every new strength is a separate campaign no manufacturer tools up for.

WITH PHARMATHER



5 kg

10 kg

15 kg

20 kg

30 kg

One validated formulation prints every weight band at $\pm 1\%$. A new strength — or a titration series as the child grows — is a file change, not a factory change.

LEAD FDA-TRACK PROGRAM • 505(b)(1) • ORPHAN + PRIORITY REVIEW VOUCHER

Undisclosed compound • rare pediatric disease

NDA Q4 2028



Serious, early-onset and dosed by body weight — a dose that must change as the child grows



No FDA-approved product exists; today's treatment is improvised



Printed weight-banded, taste-masked dissolvable tablet in place of hand-measured doses



Designation applications draw on published literature; an objective endpoint supports a compact, single-arm program

PATH TO NDA

ODD/RPD applications October 2026	Pre-IND meeting Q1 2027	Clinical 2027–28	NDA submission Q4 2028 (target)
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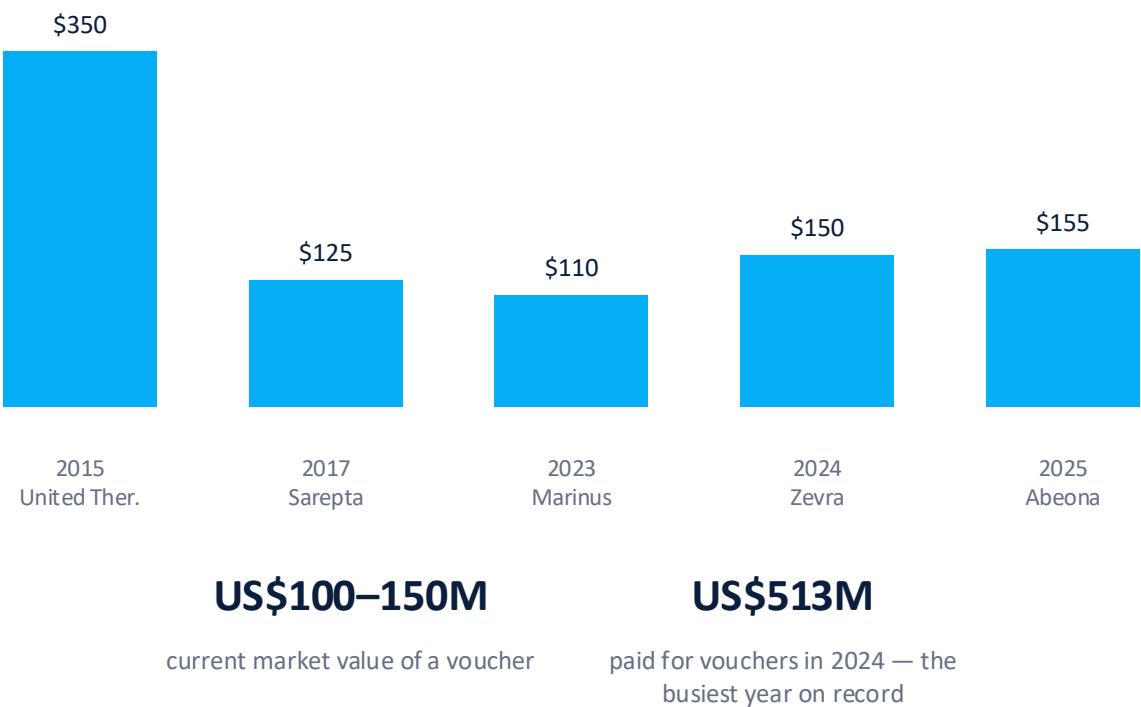
One never-approved therapy, one printed weight-banded treatment — and a potential priority review voucher on approval. Designation applications will be announced once filed.

Compound and indication undisclosed. Timelines and program costs are internal estimates subject to FDA feedback. Weight-band graphic is illustrative. RPD = rare pediatric disease.
CSE: PHRM | OTCQB: PHRRF

THE PRV OPPORTUNITY

Approval can earn a priority review voucher — a potential US\$100M+ asset.

WHAT RARE PEDIATRIC VOUCHERS HAVE SOLD FOR (US\$ MILLIONS, REPORTED)



HOW THE INCENTIVES WORK

- 1 Orphan Drug Designation**
7 years of market exclusivity, NDA fee waiver and a clinical-trial tax credit.
- 2 Rare Pediatric Disease Designation**
A designated, never-approved active approved under a full NDA earns a voucher.
- 3 The Priority Review Voucher**
A transferable ticket to a six-month FDA review of any future drug. Large pharma buys them; small companies sell them.

PharmaTher: lead rare pediatric NDA targeted Q4 2028 — a potential voucher on approval.

Sources: 21 USC 360ff; FDA OOPD; BioSpace "Priority Review Vouchers: By the Numbers" (Mar 2025); company press releases on each transaction. Voucher award and value are not assured; eligibility is determined at approval.

Three underserved markets where small-batch production is an advantage.

Each is too small for a production line, and exactly right for pharmaceutical 3D printing.



EVALUATING

Ultra-rare diseases

Too few patients for a production line. Exactly right for printing.

Ultra-rare diseases affect fewer than 1 in 50,000 people. Patients may need only a few thousand doses a year, often in weight-based strengths.

~10,000

known rare diseases

~95%

have no FDA-approved treatment

FDA Rare Disease Evidence Principles (2025): for certain genetic diseases affecting fewer than 1,000 U.S. patients, approval can rest on one adequate and well-controlled study plus confirmatory evidence.

NEXT Program selection, 2027–28



PLANNED

Psychedelic medicines

Precisely dosed psilocybin and MDMA for trials and access programs.

Small GMP batches in several strengths, plus matching placebos, supplied through licensed GMP partners and building on our ketamine experience.



Strength 1



Strength 2



Strength 3



Placebo

Same look and size, so trials stay blinded

Access is opening: Health Canada Special Access Program · Australia’s Authorised Prescriber Scheme · a 2026 U.S. executive order directing a Right to Try pathway.

NEXT Program build-out, 2027–28



EVALUATING

Discontinued & short-supply

Bringing back medicines patients still need, made closer to them.

Many medicines are discontinued because demand became too small for a production line; others run short because they are made in central plants, often overseas.

Minimum run for a production line

Printed in the batch size patients need

Two routes back: FDA abbreviated pathways or 503A compounding, from a team that has already taken a ketamine ANDA through FDA approval.

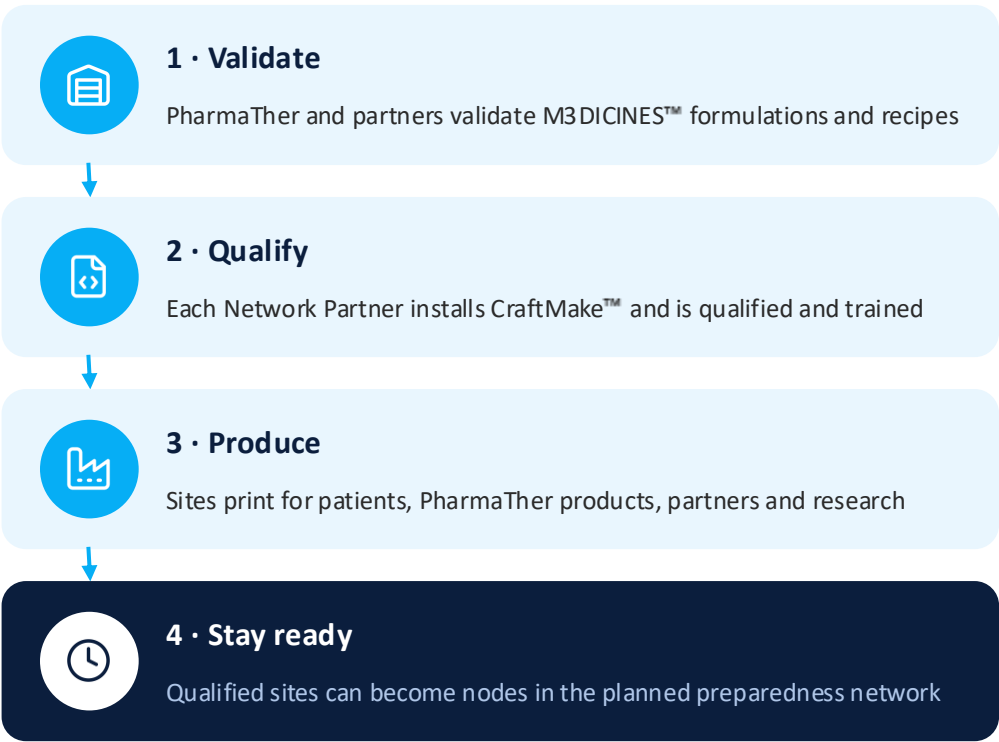
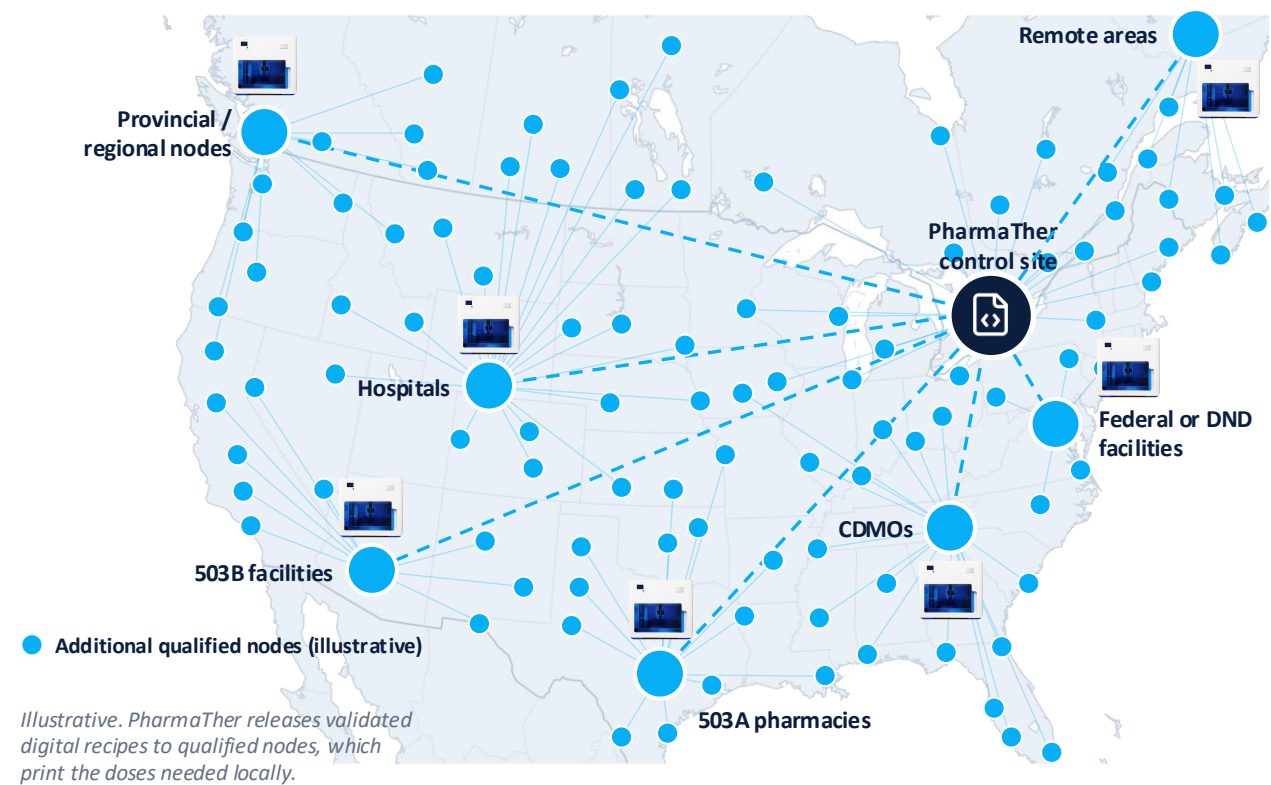
NEXT Candidate selection, 2027–28

Sources: U.S. National Institutes of Health (NCATS); U.S. FDA, Rare Disease Evidence Principles (September 2025). Psilocybin and MDMA are Schedule I controlled substances in the United States and are controlled in Canada; they are not approved by the FDA, and their manufacture, supply and use require licences and authorizations from the DEA, Health Canada and other regulators. Reintroducing a discontinued medicine depends on FDA confirmation that it was not withdrawn for safety or effectiveness reasons, or on 503A eligibility. Plans and timelines are internal estimates and forward-looking.

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A national medicines network.

Qualified sites make medicines close to the patients who need them.

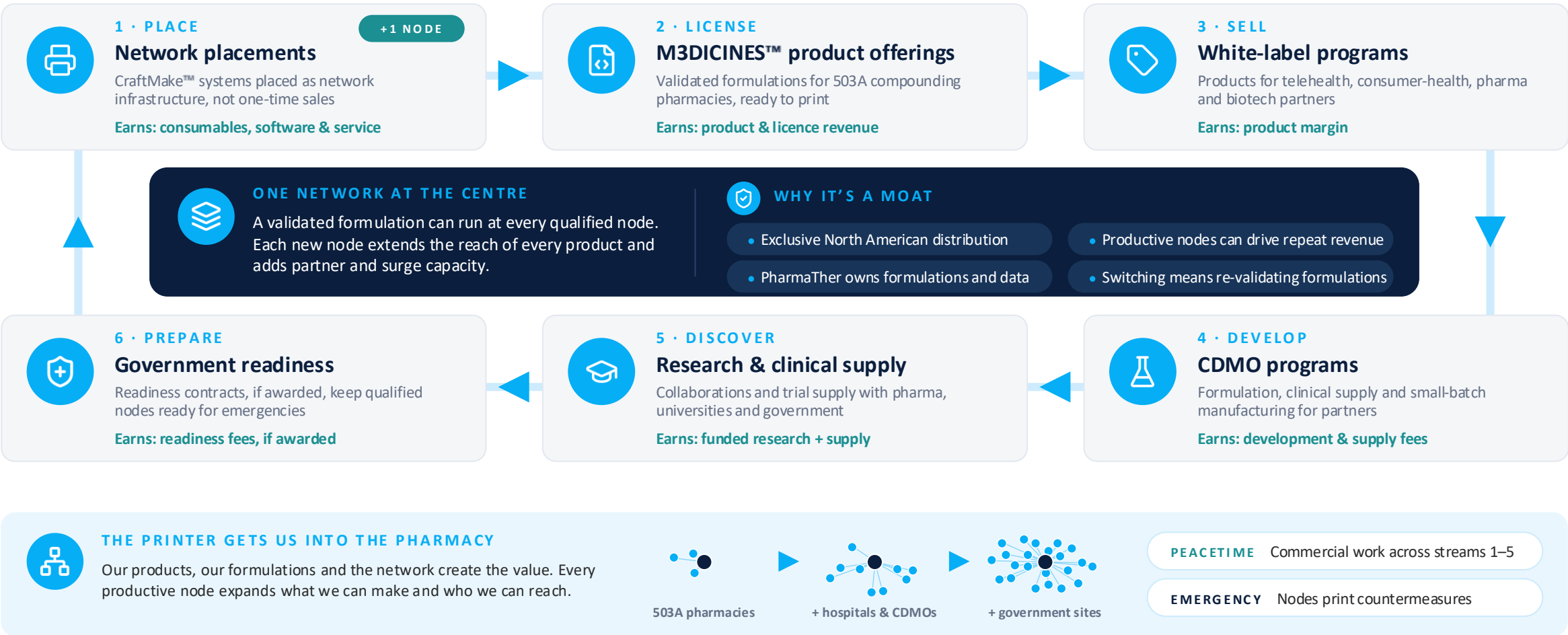


503A pharmacies first, then hospitals, CDMOs, 503B, research and government sites

10,000+ potential network sites in North America (management estimate)

Up to 50 CraftMake™ placements targeted in the next 12 months

Built on the network, not on selling as many printers as possible.



Illustrative business model, not a forecast. Streams are at different stages; most are pre-revenue. Nodes require site qualification; Network Partner terms are subject to definitive agreements; readiness contracts are prospective. CraftMake™ is a Craft Health product; PharmaTher is its exclusive North American distributor.

Commercial work in peacetime. Countermeasures in an emergency.

Stockpile the inputs, not the pills.



~26 critical drugs: the U.S. Strategic API Reserve will stock ingredients, not finished doses

2025 ASPR is piloting point-of-need drug manufacturing

12 mo planned network demonstration; readiness contracts pursued with ASPR and DRDC

Designed to complement national stockpiles, not replace them. The National Emergency Preparedness Node Network is planned; nodes require site qualification and readiness contracts are prospective. There is no finalized FDA framework for distributed pharmaceutical manufacturing, and government funding and procurement are uncertain. Sources: Executive Order 14336 (Strategic API Reserve, Aug 2025); ASPR / DARPA / FDA EQUIP-A-Pharma (2025).

EXECUTION FOOTPRINT

An asset-light model with three partners, already in place.



HARDWARE

Exclusive North American distributor

CraftMake™ systems, software, materials and service. Every placement seeds recurring revenue and runs M3DICINES™ formulations.



DISPENSING AND R&D

Center of Excellence

PD Labs: a U.S. national 503A compounding pharmacy with 26+ years of experience, for dispensing and R&D. It hosts the first CraftMake™ placement.



MANUFACTURING

GMP contract manufacturer

FDA-track products and CDMO services, including clinical trial supply.

RECENT MILESTONES



STRATEGIC ASSETS

Non-dilutive upside outside the 3D printing core.

Ketamine ANDA payments expected to begin Q1 2027. Other assets available to license, sell, partner or spin out.



Ketamine ANDA

FDA-approved ketamine ANDA developed by PharmaTher and sold December 2025; payments expected to begin Q1 2027.

>US\$25M

potential over time (milestones + 7-year profit share), subject to commercial performance



KetaVault™

CMC package, INDs, protocols and five orphan designations: a licensable gateway for ketamine programs.

5

orphan designations: ALS, CRPS, IRI organs, seizures, Rett syndrome



Ketamine patch

Microneedle patch; IND-enabling study complete; Phase 1-ready.

40 h

extended delivery demonstrated



KetaMist®

Needle-free, patient-controlled ketamine; collaboration signed July 2026 toward an FDA pathway.

9,000+

patient treatments to date



Sairiyo Therapeutics

PharmaTher's 49% interest in Sairiyo, which is developing patented, orally bioavailable cepharanthine.

US\$3.5M

U.S. Defense investment (Ebola)

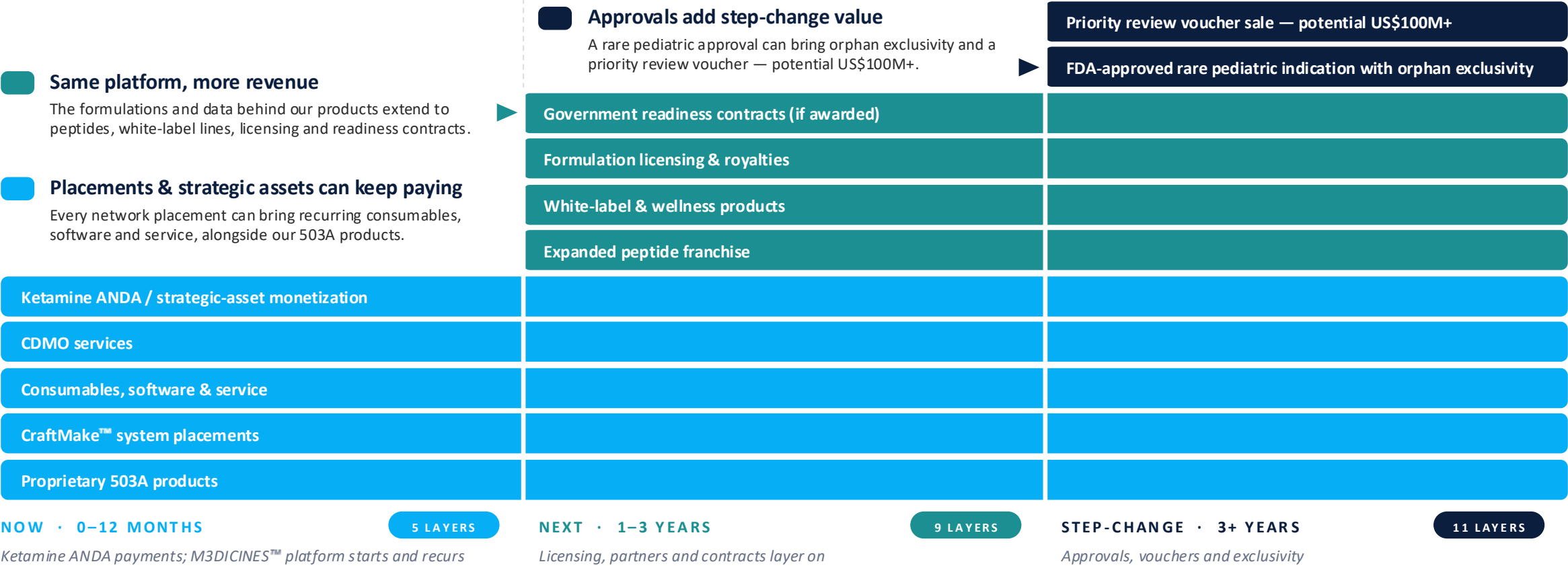
Available to partner Business development and licensing teams can request a non-confidential summary of any asset: info@pharmather.com

Potential ANDA payments depend on the purchaser's commercial performance and are not assured (PharmaTher press release, Dec 2, 2025). The licensing, sale, partnering or spin-out of strategic assets may not occur on acceptable terms. KetaMist® is a trademark of its owner and is not FDA-approved. Sairiyo: US patent 10,576,077.
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POTENTIAL REVENUE MODEL

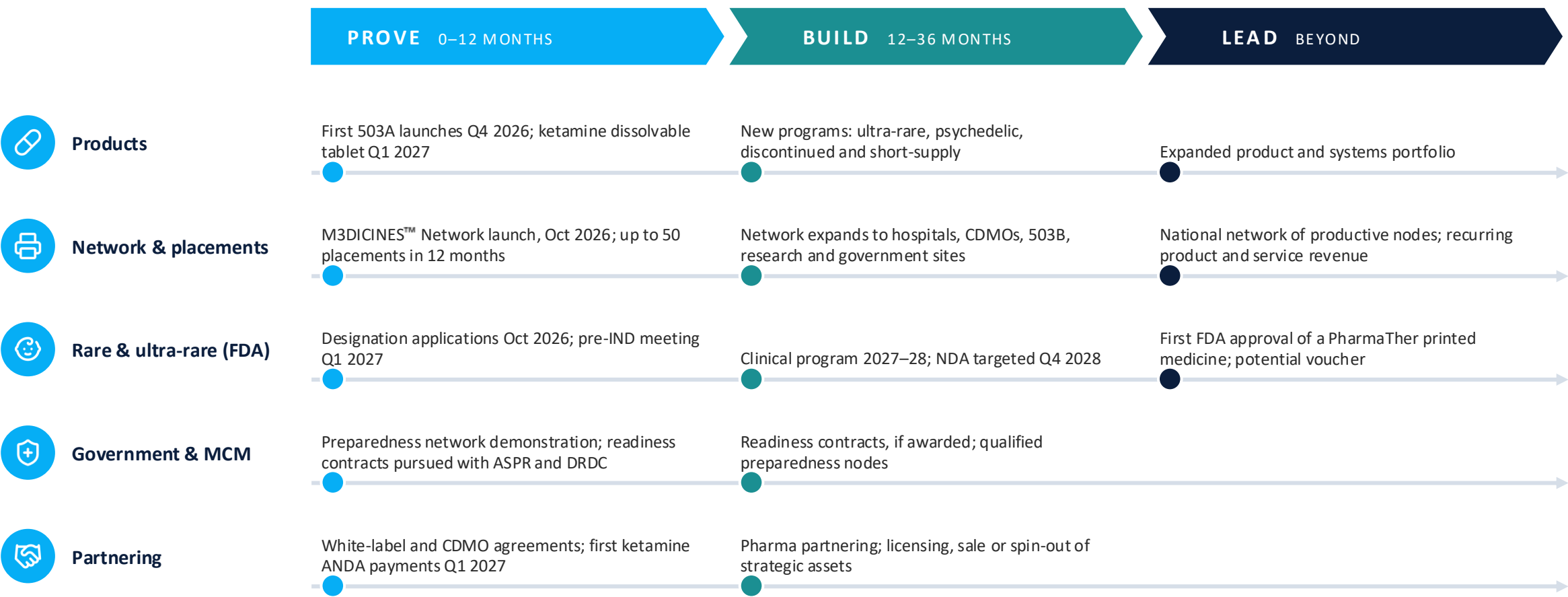
How our revenue stacks — each layer builds on the last.

Revenue layers are designed to build on each other — all from the same M3DICINES™ platform, formulations and data.



MILESTONES

Prove. Build. Lead.



Milestones and timelines are internal targets and forward-looking statements; they may change. Compounded products are not FDA-approved.

OUR TEAM

Leadership across drug development, FDA approvals, commercialization, manufacturing and capital markets.



Fabio Chianelli

Founder, Chairman & CEO

25+ years in specialty life sciences and investing; founder of PharmaTher and Revive Therapeutics.



Carmelo Marrelli

Chief Financial Officer

Public-company finance and administration; principal of Marrelli Support Services since 2009.



Dr. Beverly J. Incledon

Director

30+ years in pharma and drug delivery; former EVP R&D at Ironshore Pharmaceuticals.



Carlo Sansalone

Director

Investor across biotech, technology and real estate; President at Sanscon.

COMPANY

Capital structure

As at September 30, 2026

91,019,065

Issued and outstanding common shares

1,500,000

Stock options outstanding

~19%

Insider ownership

PHRM (CSE)

PHRRF (OTCQB)

COMPANY FACTS

Transfer agent

Marrelli Trust Company Limited

Auditor

Truster Zweig Raithatha (TZR)

Fiscal year-end

June 30

Filings

SEDAR+ (www.sedarplus.ca)

SUMMARY

The opportunity in front of us.



 **Non-dilutive upside:** ketamine ANDA >US\$25M potential · 49% of Sairyo Therapeutics.

Market sizes are third-party estimates of total markets, not PharmaTher revenue (Grand View Research; The Business Research Company). Nodes require site qualification; readiness contracts are prospective. Voucher values: company press releases on 2024–25 sales; award and value not assured. Ketamine ANDA value is potential (PharmaTher press release, Dec 2, 2025). Targets and timelines are internal estimates and forward-looking; compounded products are not FDA-approved.



Thank You

info@pharmather.com · 1-888-846-3171

PharmaTher Holdings Ltd.

pharmather.com · m3dicines.com

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