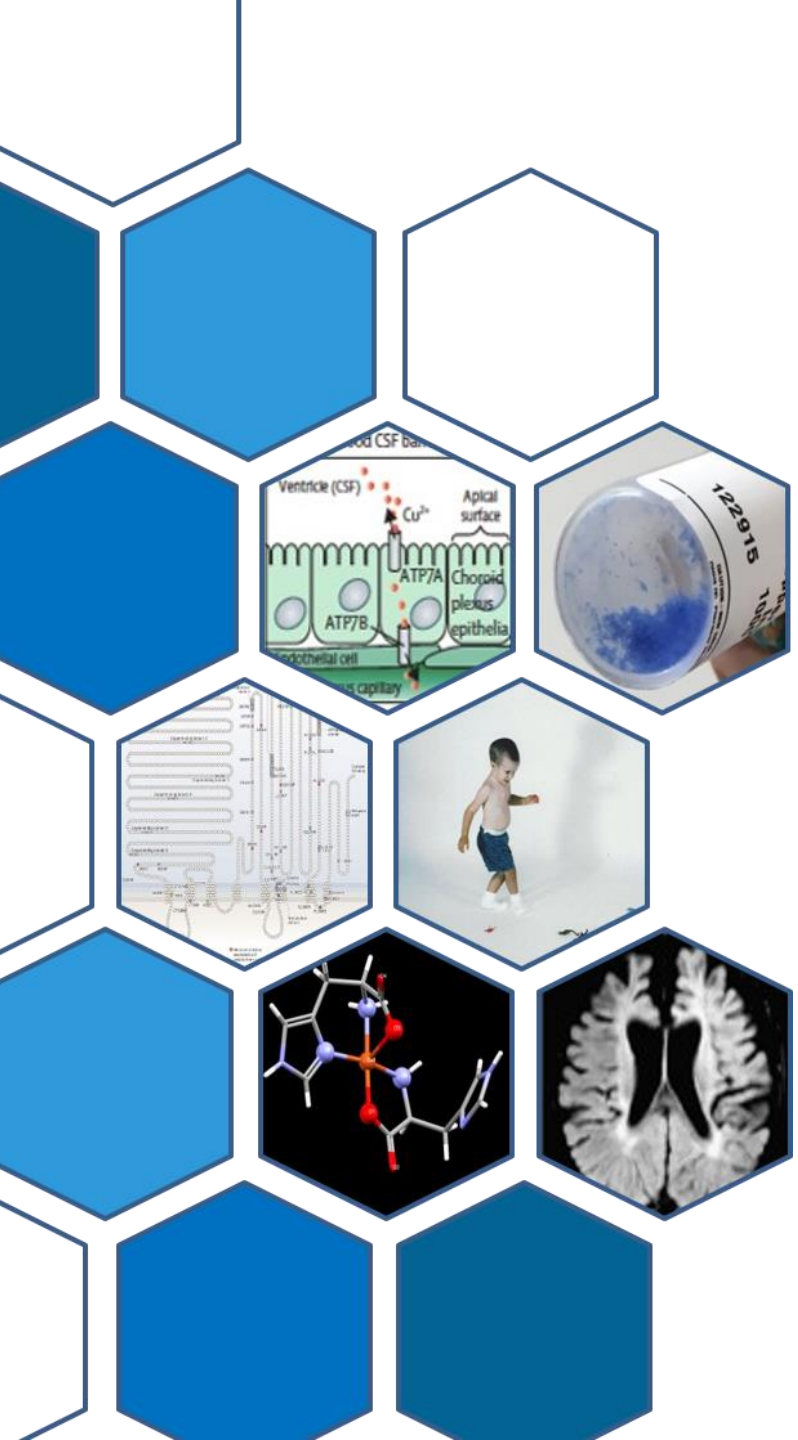


CYPRIUM THERAPEUTICS

Corporate Presentation

May 2025

Forward Looking Statements

Some statements in this presentation that are not descriptions of fact may be forward-looking statements, for which we claim the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995. Such statements include, but are not limited to, any statements relating to our growth strategy, products and product development programs. Forward-looking statements are based on management's current expectations and are subject to risks and uncertainties that could negatively affect our business, operating results, and financial condition. Factors that could cause actual results to differ materially from those currently anticipated include: risks relating to our growth strategy; government regulation; our ability to obtain, perform under and maintain financing and strategic agreements and relationships; risks relating to research, development and manufacturing activities; uncertainties relating to preclinical and clinical testing; risks relating to regulatory approvals and eligibility of our product candidates under certain government regulations; risks pertaining to drug safety; our dependence on third-party suppliers; our ability to attract, integrate, and retain key personnel; our need for additional funds; patent and intellectual property matters; competition; as well as other risks described in the Securities and Exchange Commission filings of our parent, Fortress Biotech, Inc. We expressly disclaim any obligation or undertaking to release publicly any updates or revisions to any forward looking statements contained herein to reflect any change in our expectations or any changes in events, conditions or circumstances on which any such statement is based, except as may be required by law. The information contained herein is intended to be reviewed in its totality, and any stipulations, conditions or provisos that apply to a given piece of information in one part of this presentation should be read as applying mutatis mutandis to every other instance of such information appearing herein.

Cover Page Image Sources: Kaler SG, NIH

Cyprium Overview

Cyprium Therapeutics is focused on the development of novel therapies for the treatment of Menkes disease, a rare and fatal pediatric condition, and related copper metabolism disorders

AAV-ATP7A

Gene Therapy

- Preclinical; expect to nominate candidate for clinical development in next 12 months
- Granted Orphan Drug Designation from FDA

CUTX-101*

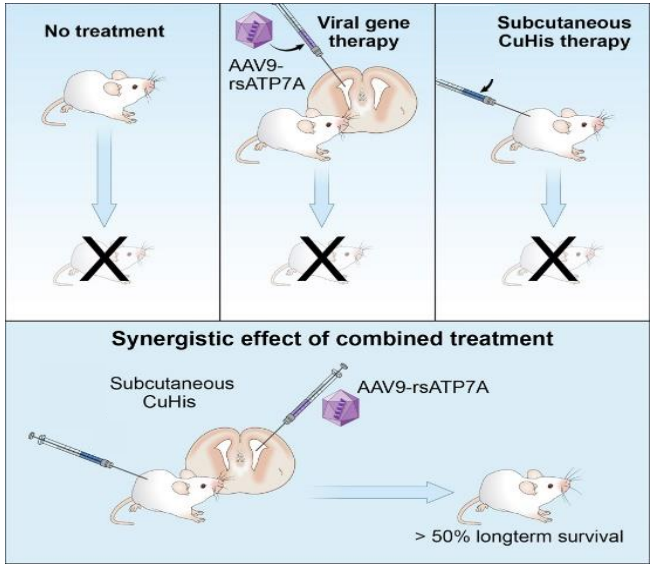
(Copper Histidinate Injection)

- PDUFA target action date of Sept. 30, 2025
- Eligible for Priority Review Voucher worth $100M+

**Cyprium completed Asset Transfer to Sentynl Therapeutics, Inc. in December 2023; Sentynl to complete development of CUTX-101 and responsible for commercialization*

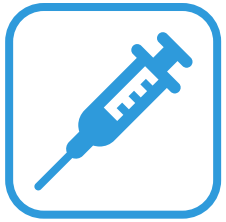
AAV-ATP7A Gene Therapy for Menkes Disease

- *Mottled–brindled* mouse model recapitulates the disease phenotype
  - Atp7a$^{mo\text{-}br}$ phenotype
  - A 6 bp in-frame deletion in exon 11 of Atp7a
  - Depigmented coat color and curly whiskers
  - Premature death (~13 days of age)
  - Poor growth; Neurological symptoms
  - Low brain copper; abnormal catecholamine levels
- NICHD developed several constructs for reduced size, codon-optimized AAV-ATP7A gene therapy
- AAV-ATP7A + SC copper histidinate administration led to:
  - Improvements in muscle strength, balance and coordination in preclinical model
  - Improved biochemical phenotype (Cu and catecholamine)
  - Improved survival



Source: Stephen G. Kaler, MD; Haddad et al, 2018

CUTX-101 for Menkes Disease



- **CUTX-101 (Copper Histidinate Injection)** ODD FT RPD BTD OMP
  - NDA accepted and granted priority review by FDA; target PDUFA action date of Sept. 30, 2025
  - Sentynl Therapeutics assumed development from Cyprium in December 2023
    - Sentynl to complete development of CUTX-101 and responsible for commercialization
    - Sentynl also continuing CYP-001 (Intermediate-Size Expanded Access Protocol (NCT04074512)) to provide CUTX-101 for newly diagnosed Menkes disease patients
  - Received $4.5M milestone; Cyprium remains eligible to receive royalties and up to $129M in aggregate development and sales milestones
  - Cyprium retains 100% ownership over any FDA Priority Review Voucher (PRV) that may be issued
  - Previously reported positive topline clinical efficacy data showed a nearly 80% reduction in the risk of death (Hazard Ratio = 0.21, $p<0.0001$)
  - FDA granted Breakthrough Therapy, Orphan Drug, Fast Track, and Rare Pediatric Disease Designations

Copper is Required in Human Development and Health

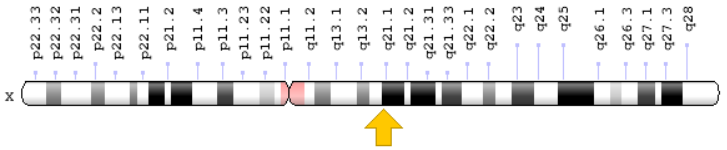
Biological Functions	Copper Containing Proteins
Brain Development	
Catecholamine production	Dopamine β-hydroxylase
Mitochondrial respiration	Cytochrome C oxidase
Iron and copper transport	Ceruloplasmin
Peptide amidation	Peptidylglycine α-amidating monooxygenase
Antioxidant defense	Superoxide dismutase
Connective tissue formation	Lysyl oxidase
Pigment formation	Tyrosinase

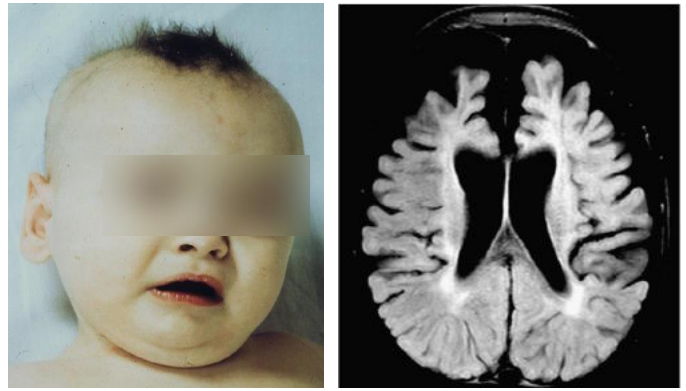
Source: de Bie, et al, 2007

Menkes Disease is a Rare Pediatric Disease Causing a Disorder of Copper Metabolism

Menkes Disease

- First described by Dr. John Menkes in 1962
- X-linked recessive disease: affecting mostly boys
- Minimum birth prevalence for Menkes disease believed to be 1 in 34,810 live male births, but could potentially be as high as 1 in 8,664 live male births, higher than previously recognized
- Disorder of copper metabolism caused by mutations in the Copper transporter ATP7A
- **If untreated, premature death in under 2 years**





Distinctive clinical phenotypes

- Sparse, depigmented hair (“kinky hair”)
- Onset of neurologic symptoms: seizures, hypotonia, and developmental delays
- Failure to thrive
- Connective tissue problems

Diagnosis

- Low serum copper and ceruloplasmin levels
- Abnormal catecholamine levels
- ATP7A gene sequencing confirmation

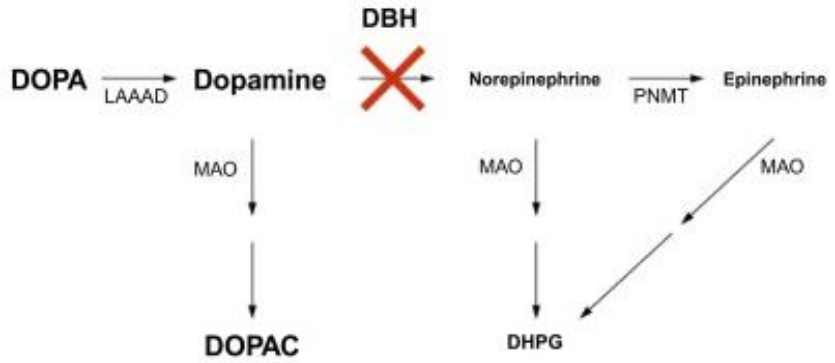
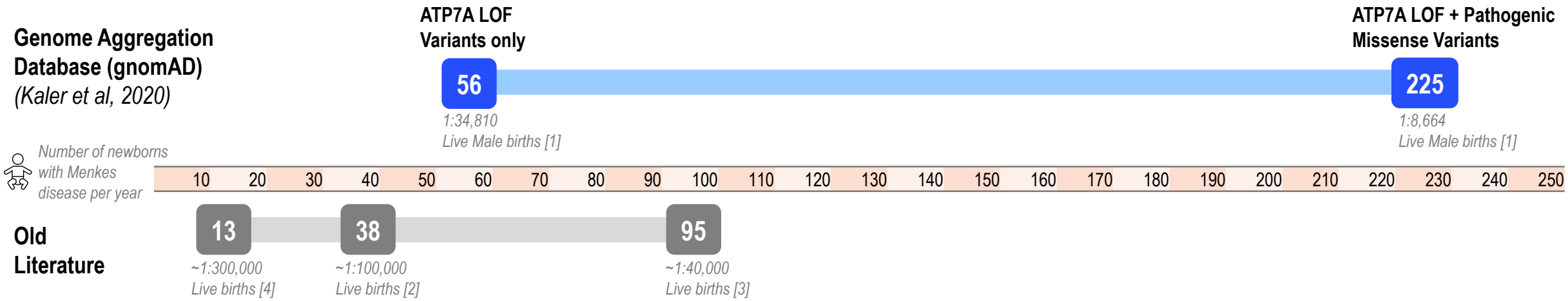


Image Source: Stephen G. Kaler, MD; NCBI

Menkes Disease is Under-estimated and Under-diagnosed

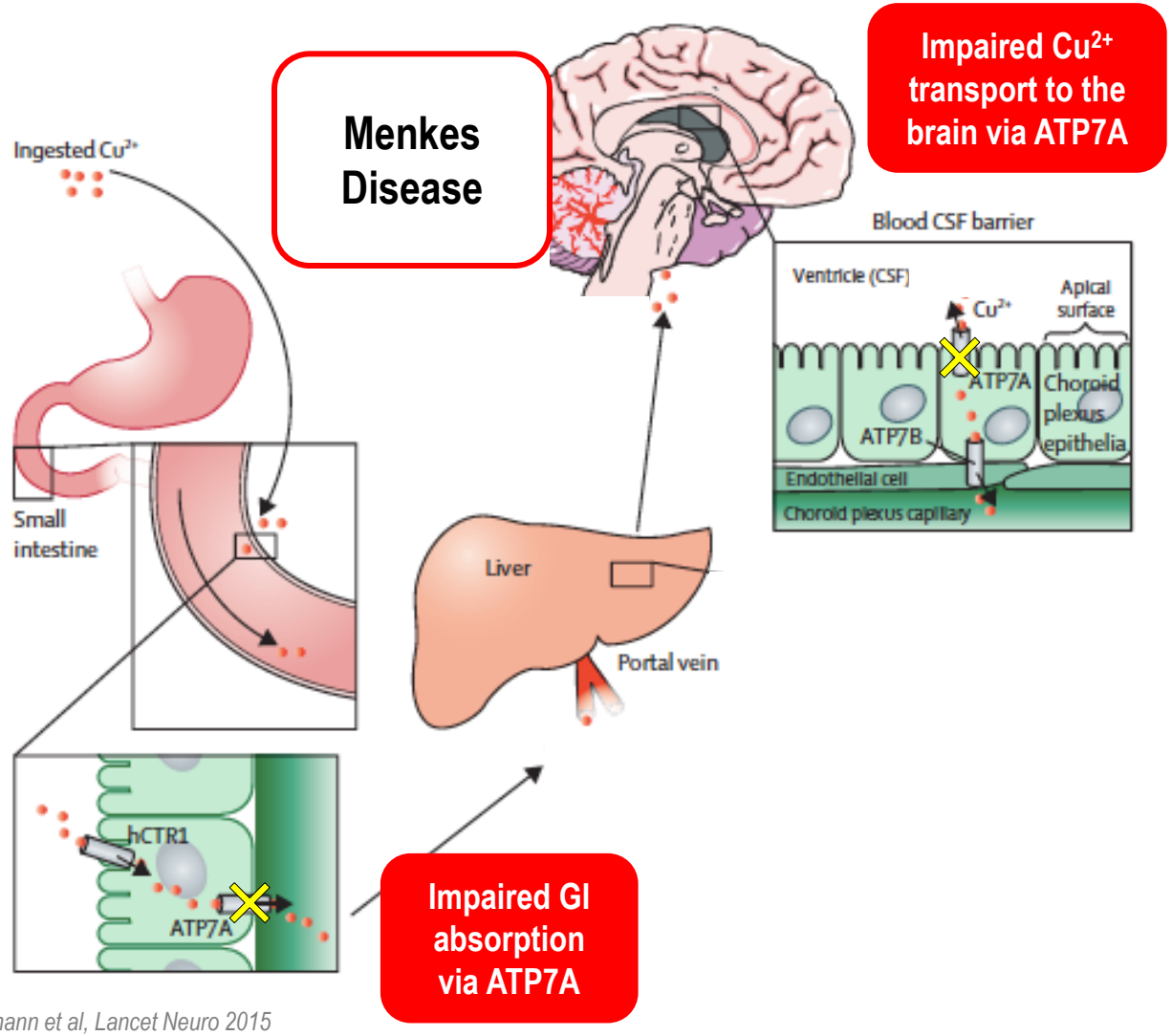
New study estimated birth prevalence of Menkes disease based on the Genome Aggregation Database

- Accessed Genome Aggregation Database (gnomAD) at MIT/Broad Institute → over 200,000 ATP7A alleles
- Identified 1,106 ATP7A variants
  - 4 Loss-of-Function (LOF) variants → 4 alleles → 1:34,810 live male births → **56 patients per year**
  - 28 potentially pathogenic missense variants (PolyPhen-2) → 12 alleles with high confidence (REVEL >0.85)
  - Including both LOF and pathogenic missense variants → 1:8,664 live male births → **225 patients per year**
- Newborn screening (NBS) will likely increase the number of Menkes disease patients identified for early diagnosis and treatment with CUTX-101



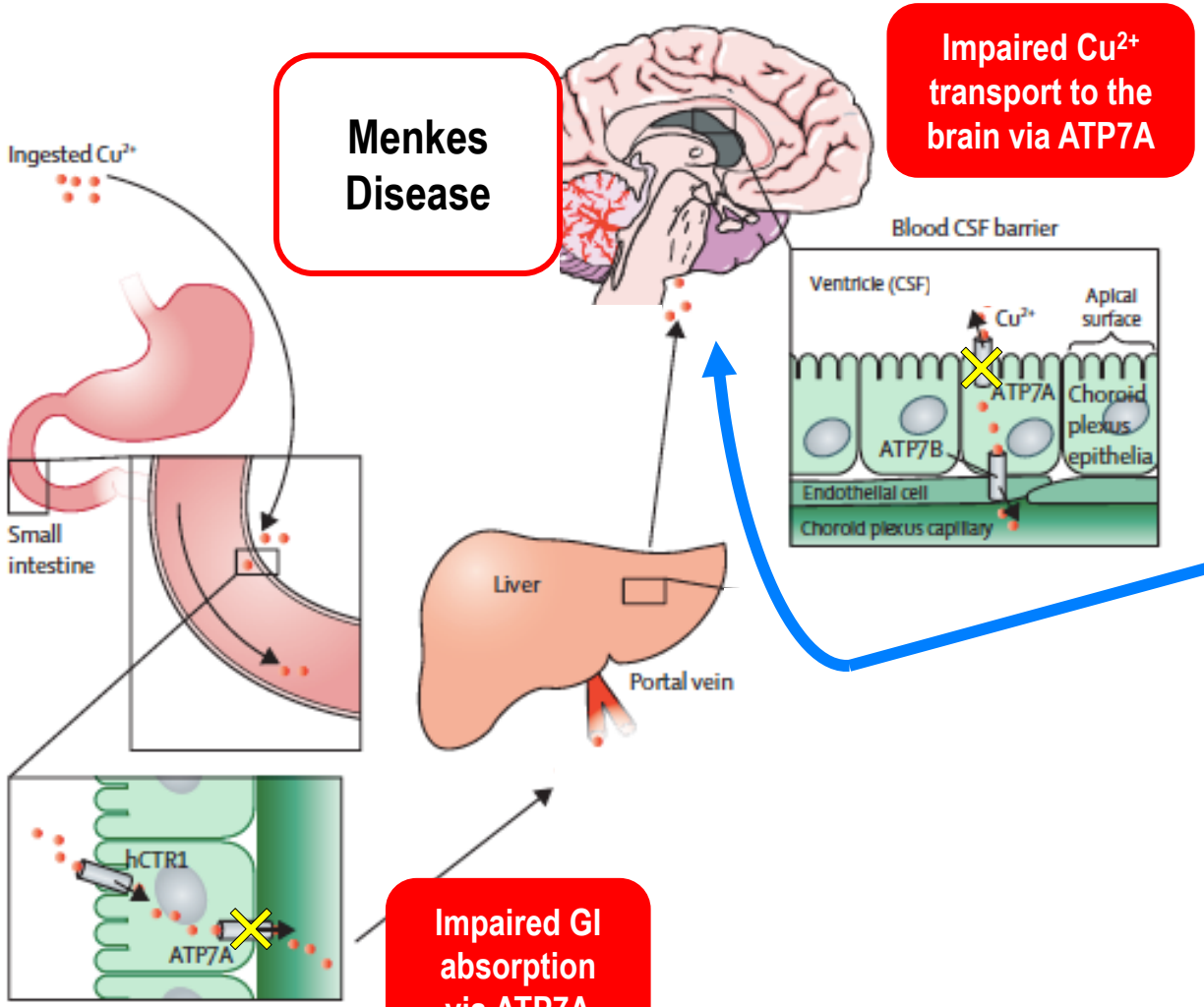
References: [1] Kaler, et al, 2020; [2] Kaler, SG, 1998; [3] Danks DM, 1971; [4] Tonnesen et al 1991

Copper Transport is Impaired in Menkes Disease



Adapted from: Bandmann et al, Lancet Neuro 2015

Therapeutic Strategy for Menkes Disease: CUTX-101 (Copper Histidinate)



1

CUTX-101 Copper Histidinate (CuHis)

SC injection to replenish CuHis

- Bypass GI absorption of Cu^{2+} (impaired in Menkes patients)
- Better tolerability (pH 7.4)
- May not be sufficient alone in some Menkes patients

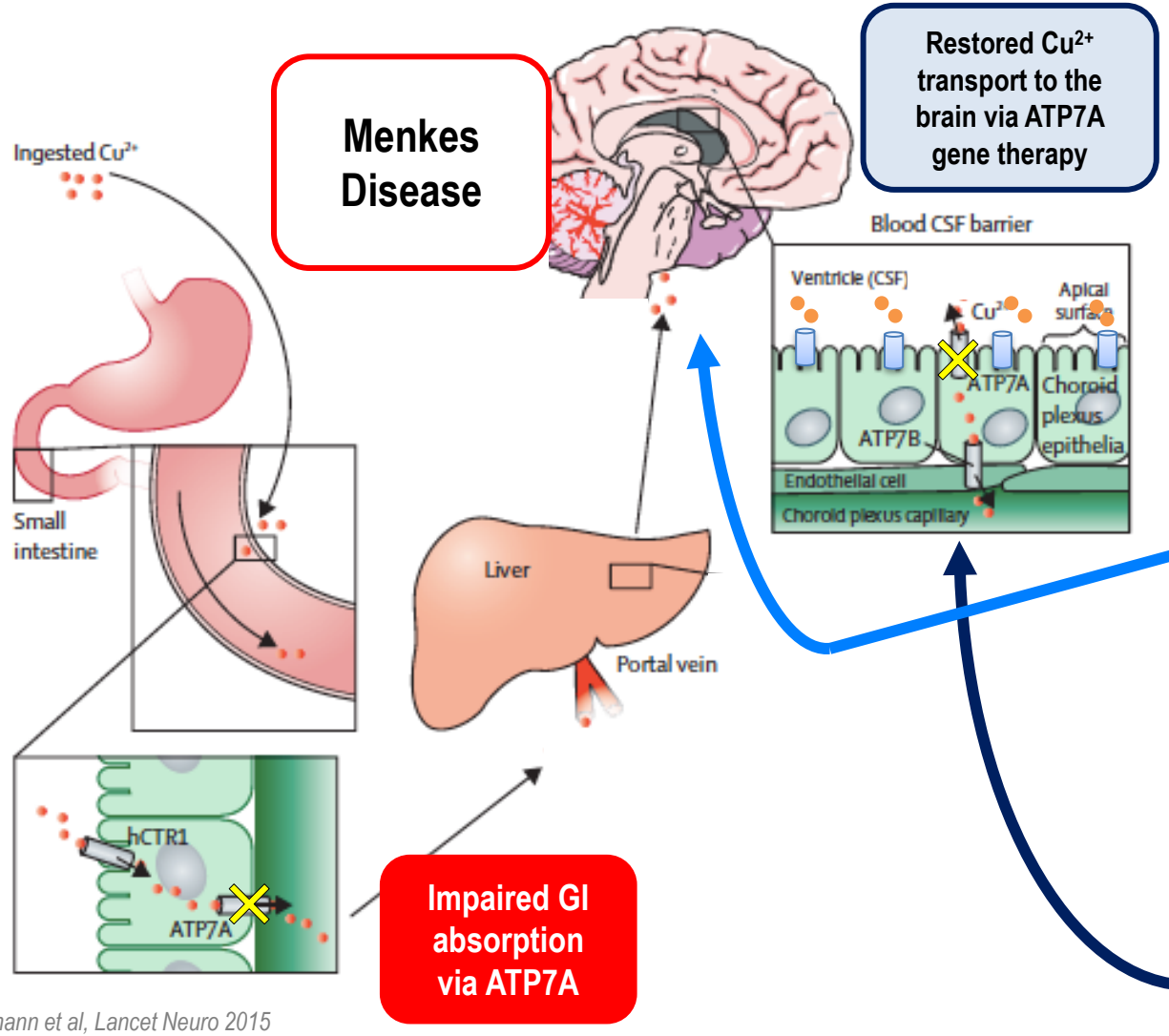
◆NDA accepted and granted priority review by the FDA; target PDUFA action date of September 30, 2025

◆ Positive topline clinical efficacy data

◆◆Expanded Access protocol ongoing

Adapted from: Bandmann et al, Lancet Neuro 2015

Therapeutic Strategy for Menkes Disease: CUTX-101 (Copper Histidinate) + AAV-ATP7A Gene Therapy



Adapted from: Bandmann et al, Lancet Neuro 2015

1

CUTX-101 Copper Histidinate

SC injection to replenish CuHis

- Bypass GI absorption of Cu^{2+} (impaired in Menkes patients)
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- May not be sufficient alone in some Menkes patients

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◆ Positive topline clinical efficacy data
◆◆Expanded Access protocol ongoing

2

AAV-ATP7A Gene Therapy

- Codon-optimized reduced-sized ATP7A to be delivered via AAV vector
- May restore Cu^{2+} transport
- Co-administration with CUTX-101 injections

Preclinical

Compelling Top-Line Clinical Efficacy Data for CUTX-101

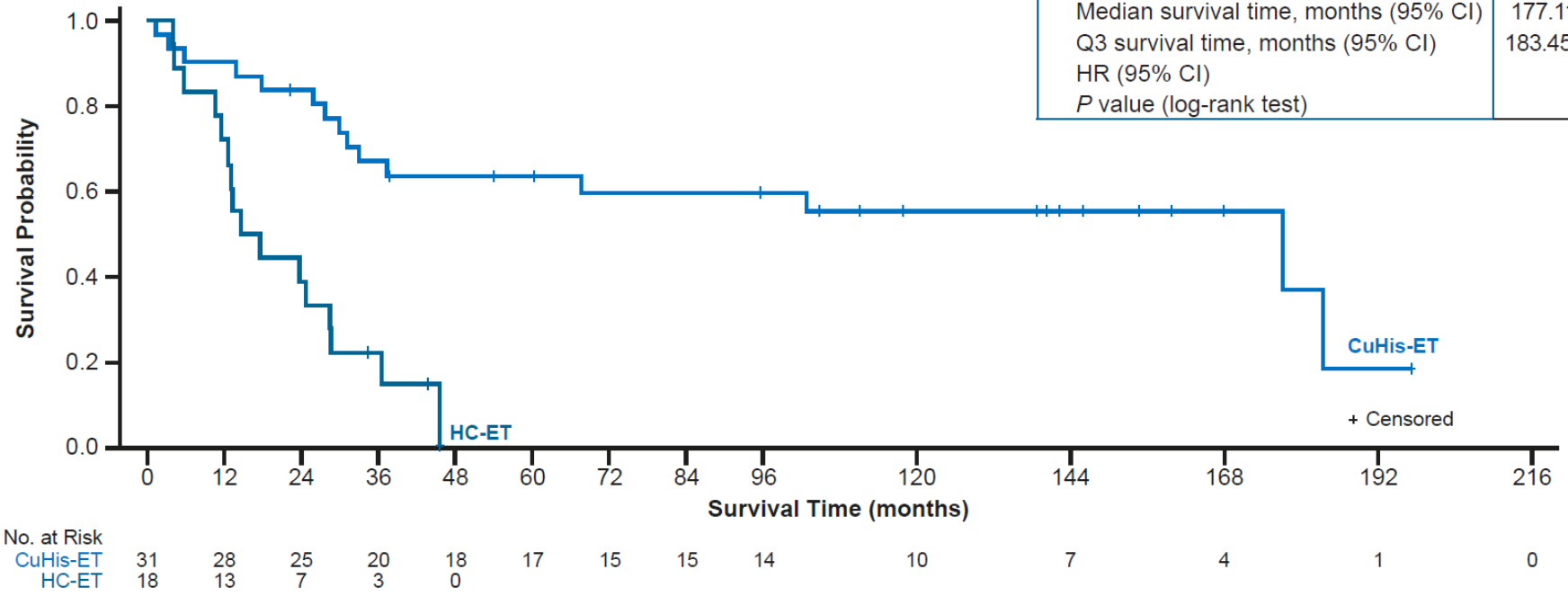
	Early-Treatment (ET) Cohort		Late-Treatment (LT) Cohort	
	CuHis-ET (n=31)	Historical Control (HC-ET) (n=18)	CuHis-LT (n=35)	Historical Control (HC-LT) (n=17)
Median Overall Survival	**14.8 years (177.1 months)**	1.3 years (15.9 months)	**5.2 years (62.4 months)**	1.5 years (17.6 months)
Hazard Ratio (95% CI)	**0.208 (0.094, 0.463)**		**0.253 (0.119, 0.537)**	
p-value	**<0.0001**		**<0.0001**	
Reduction in Risk of Death	**79%**		**75%**	

- CUTX-101 showed significant clinical benefit in both CuHis-ET and CuHis-LT cohorts, with 75-79% reduction in risk of death compared to untreated Historical Control (HC-ET and HC-LT) arms, and increase in Median OS from 1.3 years to 14.8 years in the ET cohort

Early-treatment cohort: initiated treatment with CUTX-101 within 4 weeks of age
Data presented as a virtual poster at the 2021 American Academy of Pediatrics (AAP) National Conference & Exhibition: Kaler SG, et al, Copper Histidinate Treatment for Menkes Disease (Kinky Hair Syndrome)

Kaplan-Meier Overall Survival Curves for Early Treatment Cohorts

	CuHis-ET (N=31)	HC-ET (N=18)
Subjects alive, n (%)	16 (51.6)	2 (11.1)
Q1 survival time, months (95% CI)	29.88 (5.75–67.66)	11.54 (3.98–13.28)
Median survival time, months (95% CI)	177.11 (32.98–NE)	16.08 (11.54–28.47)
Q3 survival time, months (95% CI)	183.45 (177.11–NE)	28.64 (17.62–45.63)
HR (95% CI)	0.208 (0.094–0.463)	
P value (log-rank test)	<0.0001	



NE, not estimable; Q1, quarter 1; Q3, quarter 3

- Data presented as a virtual poster at the 2021 American Academy of Pediatrics (AAP) National Conference & Exhibition: *Kaler SG, et al, Copper Histidinate Treatment for Menkes Disease (Kinky Hair Syndrome)*

Thank you!

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