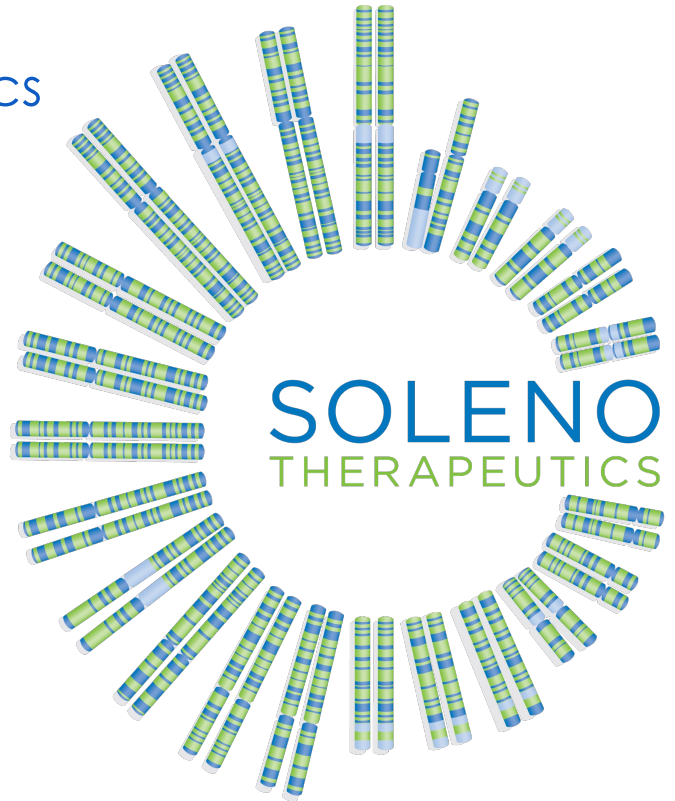


Corporate Presentation

September 2024 | Soleno Therapeutics



Certain Notices and Disclaimers

Forward-Looking Statements

This presentation contains forward-looking statements that are subject to many risks and uncertainties. Forward-looking statements appear in a number of places throughout this presentation and include statements regarding our intentions, beliefs, projections, outlook, analyses or current expectations concerning, among other things, our ongoing and planned product development and clinical trials; the timing of, and our ability to make, regulatory filings and obtain and maintain regulatory approvals for our product candidates; our intellectual property position; the degree of clinical utility of our products, particularly in specific patient populations; our ability to develop commercial functions; expectations regarding product launch and revenue; our results of operations and cash needs; financial condition, liquidity, prospects, growth and strategies; the industry in which we operate; and the trends that may affect the industry or us.

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You should also read carefully the factors described in the “Risk Factors” sections and other parts of our Annual Reports on Form 10-K and Quarterly Reports on Form 10-Q, available at www.sec.gov, in order to better understand the risks and uncertainties inherent in our business and underlying any forward-looking statements. As a result of these factors, we cannot assure you that the forward-looking statements in this presentation will prove to be accurate. Furthermore, if our forward-looking statements prove to be inaccurate, the inaccuracy may be material. In light of the significant uncertainties in these forward-looking statements, you should not regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified timeframe, or at all. Any forward-looking statements that we make in this presentation speak only as of the date of such statement, and we undertake no obligation to update such statements to reflect events or circumstances after the date of this presentation or to reflect the occurrence of unanticipated events.

Analyses in this presentation are preliminary and may be subject to change

Soleno Therapeutics (NASDAQ: SLNO)

Strategic Highlights

**NDA for DCCR¹
in PWS²
PDUFA date
Dec -'24**

**Topline data from
randomized
withdrawal period
reported in Sept 2023**

Met primary endpoint with
significant differences in
hyperphagia

Decades-long safety
profile of parent molecule

**IP protection to
mid-2030s**

**Protected by
multiple layers of
granted and
pending patents**

Provides composition of
matter protection, as
well as protection of
formulations and
method of use

Potential for substantial
patent term extension

**Breakthrough,
Orphan
and
Fast Track
Designations**

**Orphan designation in
US and EU. Breakthrough
and Fast Track granted
in US**

Significant upside potential
in other indications
Orphan designation
granted for GSD1a in US

**>\$2B US PWS
market
opportunity**

**Addresses
the hallmark
symptoms
of PWS**

Significant commercial
potential in PWS,
an orphan indication with
high unmet need.

No approved treatments
for hyperphagia, the
hallmark symptom of PWS

**Strong balance
sheet**

**Cash runway extends
beyond potential
launch of DCCR**

June 2024 cash ~\$295m
Sufficient to fund Company
well into commercial
launch

1. DCCR (Diazoxide Choline) Extended-Release tablets
2. Prader-Willi syndrome

Prader-Willi Syndrome: A Complex Rare, Genetic Neurobehavioral/ Metabolic Disorder with Dire Unmet Needs

Disease Overview

- Due to loss or lack of expression of genes on chromosome 15
- Birth incidence ~1:15,000, diagnosed around birth in most cases
- Characteristics: Hyperphagia, significant behavioral problems, low IQ, low muscle mass, scoliosis
- High mortality rates with mean age of death ~30 years² but with many now living into the 50s or longer

Highest Unmet Needs

- Hyperphagia, an insatiable desire to eat, is present in virtually all patients with hyperphagia^{1,4}
- Disruptive PWS-related behaviors food and non-food related (e.g. significant aggression leading to ER visits)
- Abnormal body composition with low muscle mass and high fat mass⁴

Quality of Life

- People with PWS require supervised care for life¹ with children typically living with families and adults often in group homes
- Constant monitoring and creation of food secure zones greatly interfere with activities of daily life
- Caregiver burden is highest after onset of hyperphagia; higher than those measured in caregivers for persons with Alzheimer's³
- 92% of the siblings indicated moderate-to-severe PTSD⁵

1. Soleno proprietary quant research
2. Butler MG, et al., *Genet Med*. 2017 Jun;19(6):635-642.
3. Kayadjanian N et al., *PLoS One* 2018 Mar 26; 12(3): e0194655
4. Global survey conducted by the Foundation for Prader-Willi Research
5. Mazaheri MM, et al., *J Intellect Disabil Res*. 2013 Sep;57(9):861-73.

Changing What it Means to Live with PWS



Potential to be the **first-to-market treatment** for hyperphagia in patients with PWS



Clinical program demonstrates ability to significantly reduce hyperphagia and impact other PWS-related comorbidities



DCCR can become the foundational therapy for patients with PWS

DCCR Was Developed to Facilitate Once Daily Dosing and Improve Response

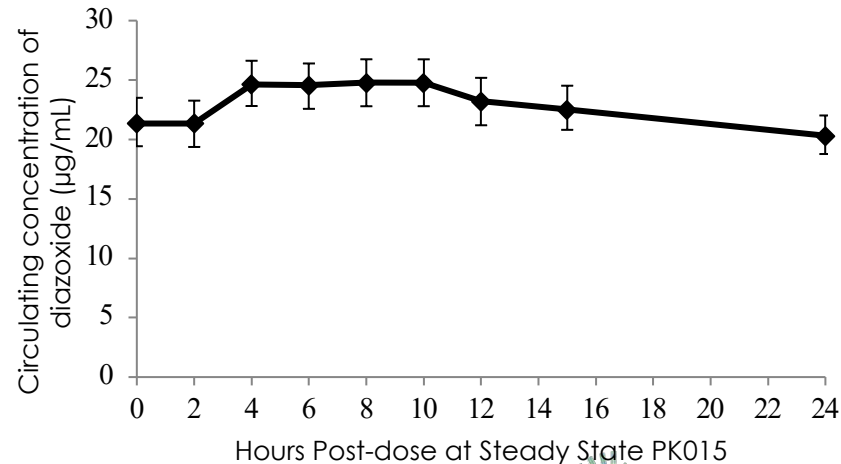
- Choline salt chosen to improve solubility
- Formulation developed to extend absorption throughout the GI tract



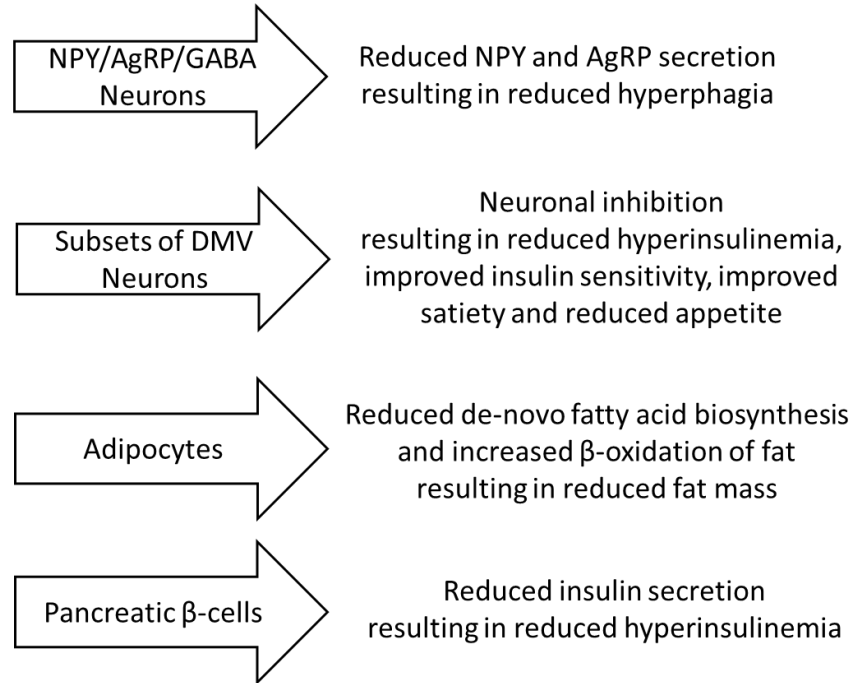
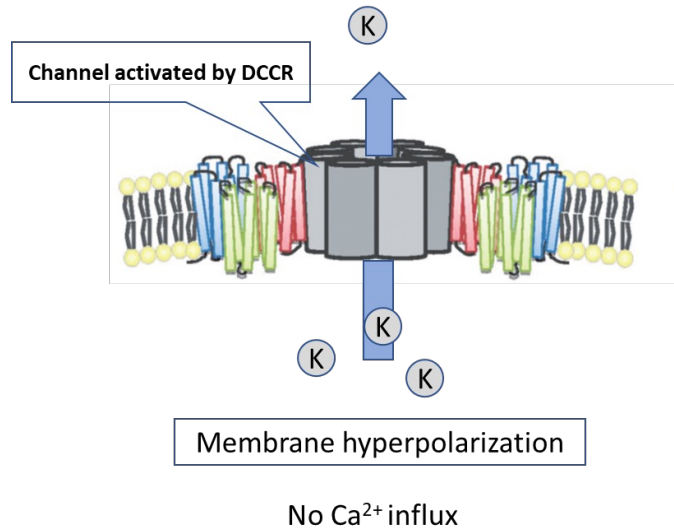
- Titration and dosing optimized to safely reach target dose and maintain therapeutic response



- DCCR dosed once daily to achieve stable intraday circulating drug levels
- Strong relationship between circulating drug levels with DCCR and therapeutic responses in PWS



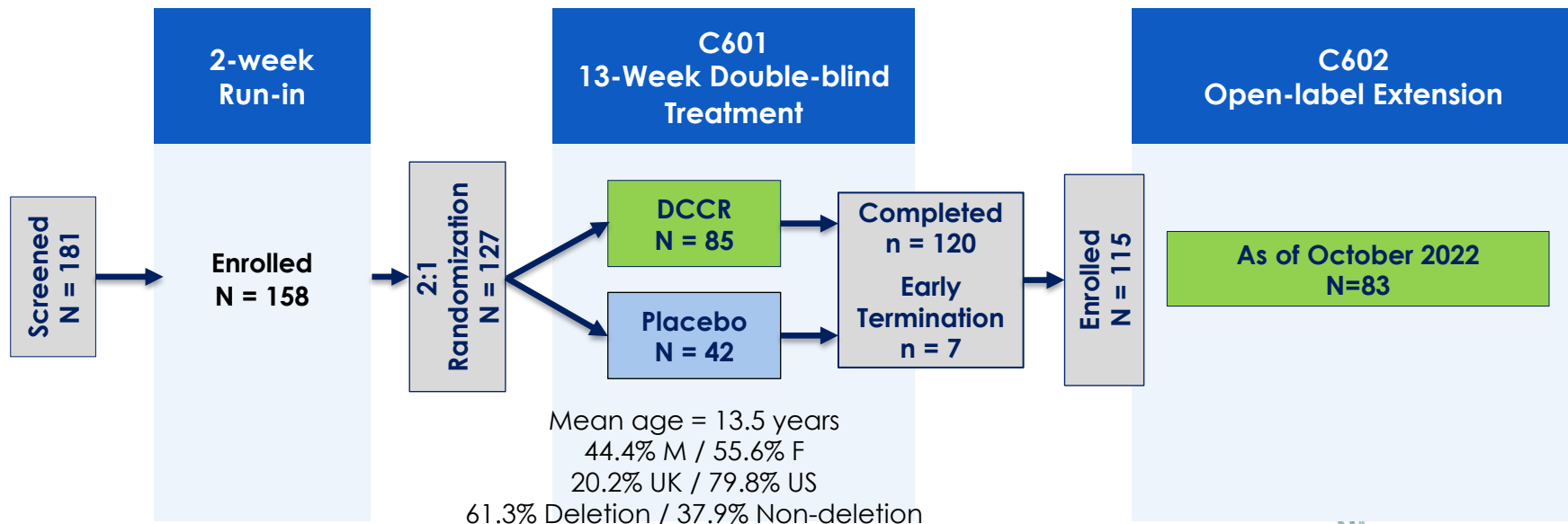
Mechanism of Action in PWS



Genes, 11(4), 450. <https://doi.org/10.3390/genes11040450>.

DCCR Phase 3 Clinical Program Design

- C601 (DESTINY PWS): Multi-center, randomized, double-blind, placebo-controlled, parallel arm study in patients with PWS (Phase 3)
- C602: Open-label safety extension study



C601 Primary and Key Secondary Endpoints

Primary Endpoint	All Data		Observed Data through March 1, 2020	
	DCCR (N = 82)	Placebo (N = 42)	DCCR (N = 82)	Placebo (N = 42)
Mean (SE) Change from Baseline in Hyperphagia at Visit 7	-5.94 (0.88)	-4.27 (1.15)	-6.64 (1.00)	-3.51 (1.28)
LS Mean Difference [DCCR-Placebo] (SE)	-1.67 (1.29)		-3.13 (1.48)	
p-value	0.198		0.037	
Key Secondary Endpoints	p-value		p-value	
Clinical Global Impression of Improvement at Visit 7 (CGI-I)	0.03		0.015	
Mean Change From Baseline in Body Fat Mass (DXA) at Visit 7	0.023		0.003	
Caregiver Global Impression of Change at Visit 7 (Caregiver GI-C)	0.41		0.031	

C601 Additional Endpoints

Change from Baseline at Week 13

PWSP Domain	DCCR vs Placebo p-value
Aggressive Behaviors	0.048
Anxiety	0.018
Rigidity, Irritability	0.003
Compulsivity	0.008
Depression	0.185
Disordered Thinking	0.011

Observed values through March 1, 2020

Key Hormonal and Metabolic Markers	DCCR vs Placebo p-value
Decreased Acylated Ghrelin (active form)	0.0182
Decreased Leptin	<0.0001
Decreased Insulin	0.0110
Increased Adiponectin	<0.0001

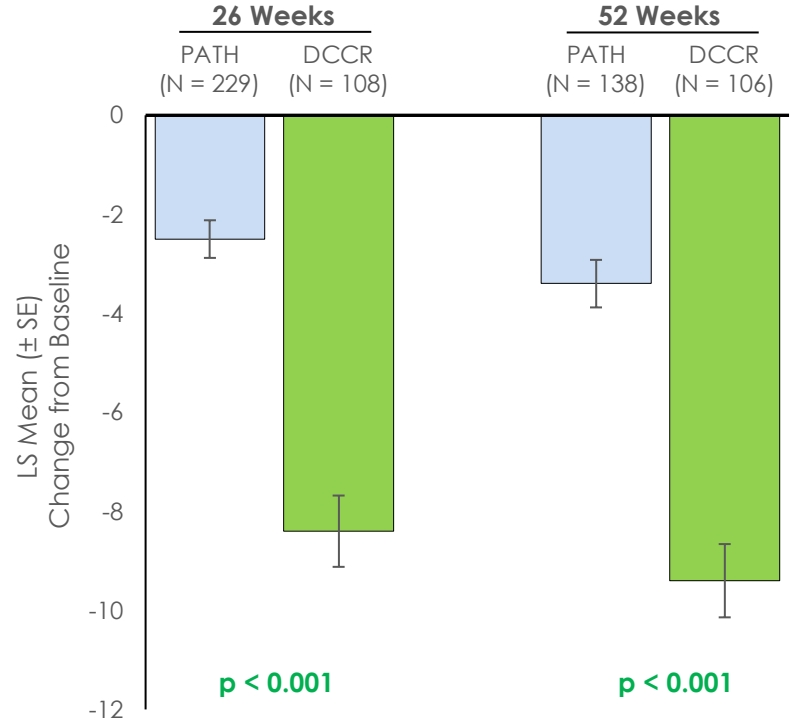
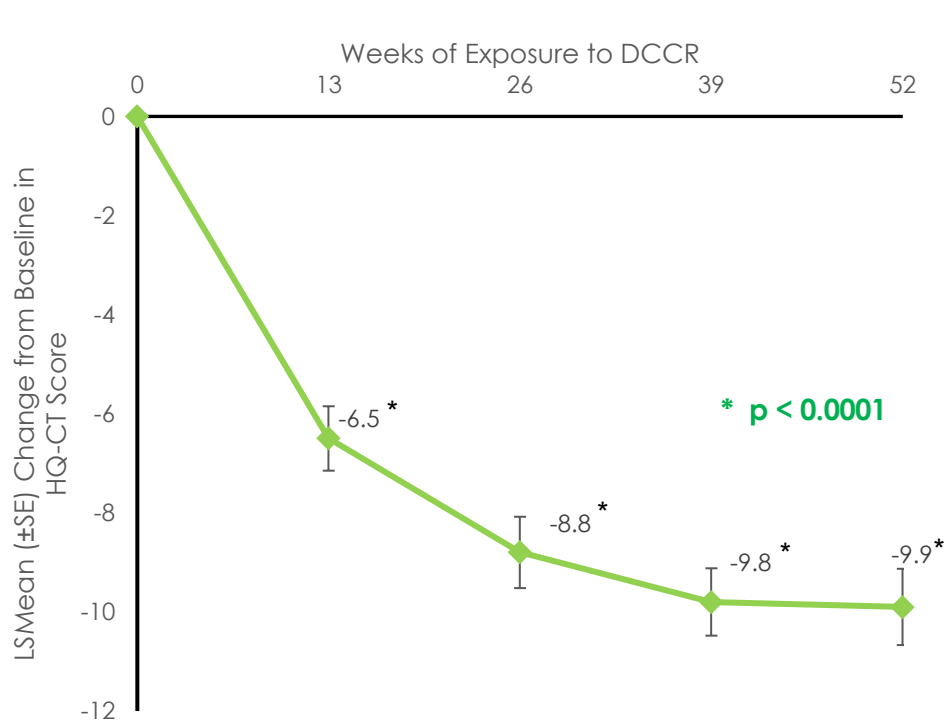
All observed values

C601/C602 and PATH for PWS

- C602 was an ongoing, open-label extension study of DCCR in subjects who completed DESTINY PWS successfully
- PATH is an ongoing study evaluating the natural history of subjects with PWS
 - Sponsored by FPWR
 - ~ 650 active participants
 - Completion of several questionnaires online every 6 months, including HQ-CT and PWSP by caregivers of people with PWS
 - PATH for PWS analysis set included subjects who met C601/602 inclusion criteria of age, baseline hyperphagia, weight and caregiver
- The statistical comparison of DCCR data to PATH was conducted by an independent CRO



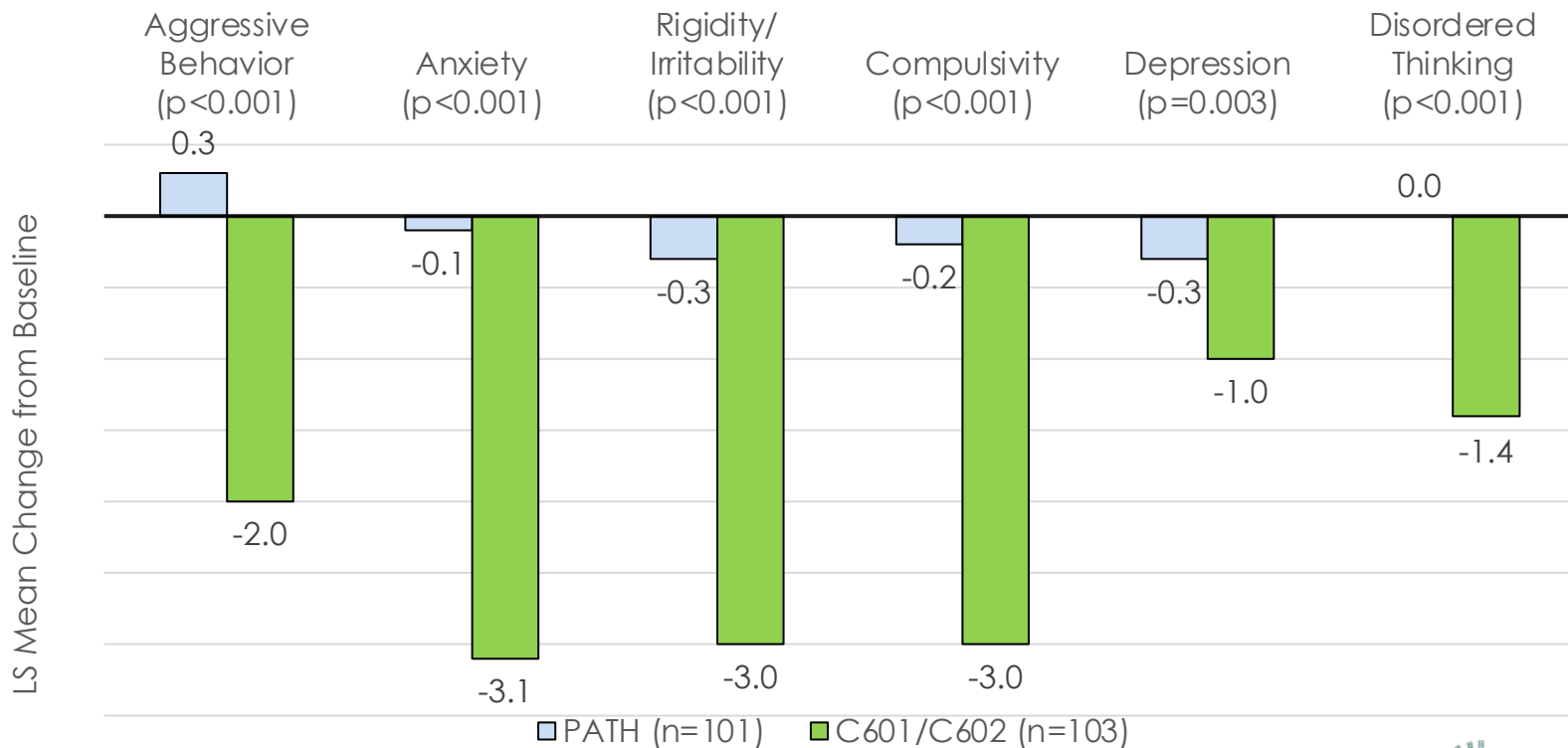
C601/C602 Hyperphagia Change from Baseline



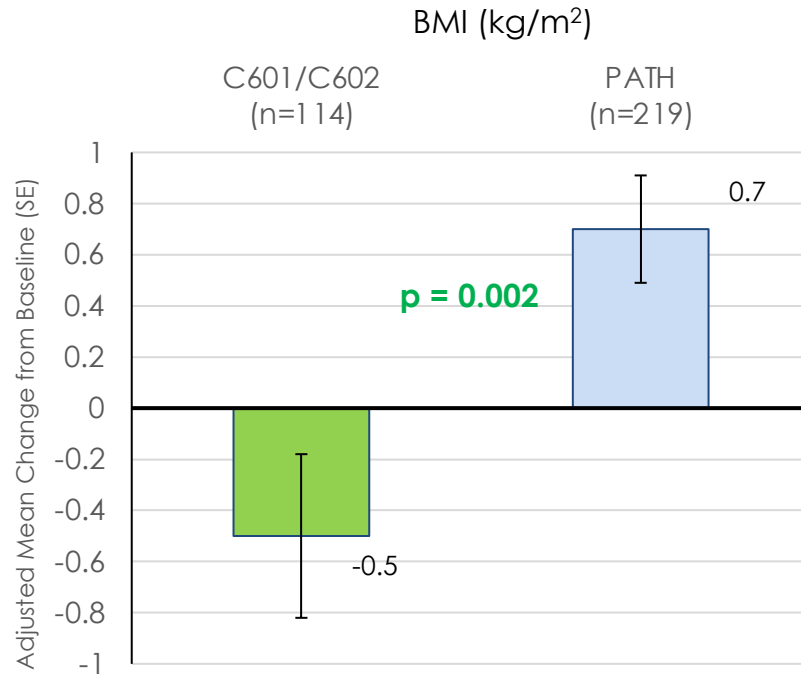
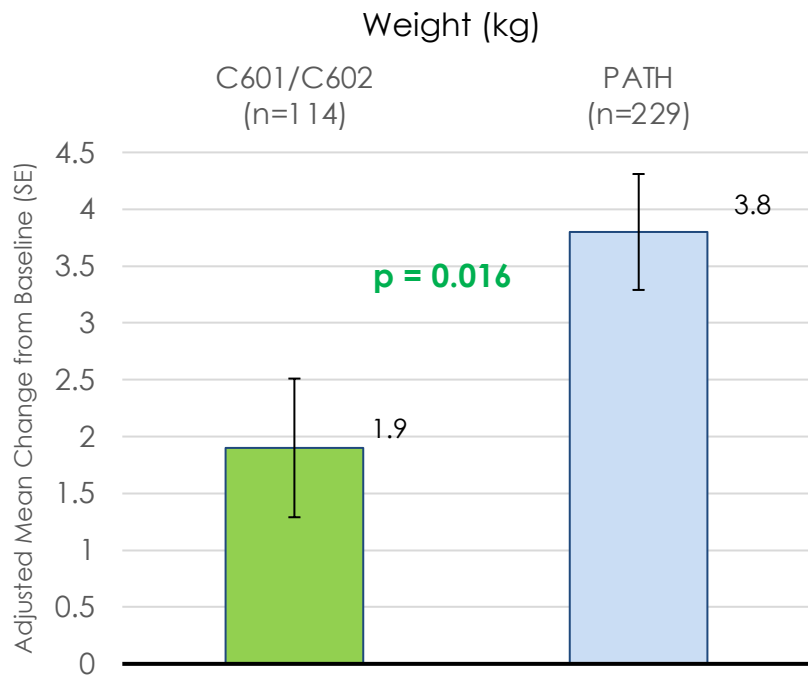
C601/C602 PWS Profile Behavioral Change Results after One Year of DCCR

Domain	p-value
Aggressive Behaviors	<0.0001
Anxiety	<0.0001
Compulsivity	<0.0001
Depression	<0.0001
Disordered Thinking	<0.0001
Rigidity Irritability	<0.0001

C601/C602 Comparison to PATH – LS Mean Change in Behaviors from Baseline at Week 52



C601/C602 Comparison to PATH – Mean Change in Body Composition from Baseline at Week 52



Endocrine and Hormonal Parameters After One-Year of DCCR

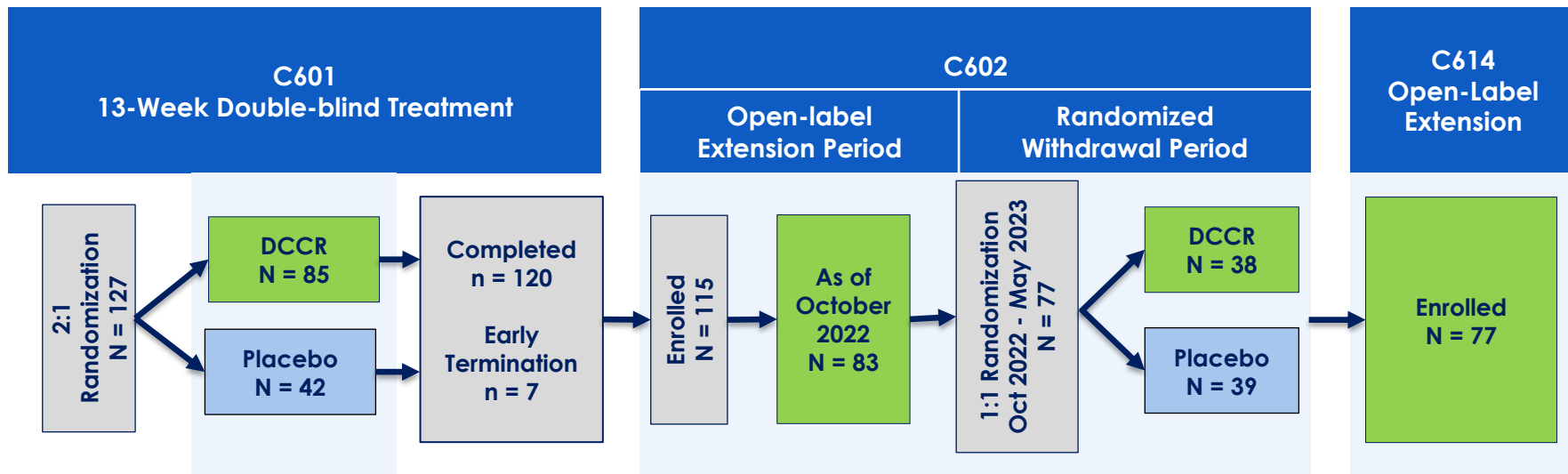
Mean change from Baseline at 1 Year	p-value
Decreased Leptin	<0.0001
Decreased Insulin	0.0005
Decreased HOMA-IR	0.0236
Increased Adiponectin	<0.0001

DCCR Safety Profile

- >100 PWS patients treated >1 year
 - >400 total person-years of experience, including some patients with up to 6 years of continuous exposure
- Safety profile generally consistent with prior experience with DCCR and the known profile of diazoxide
- The most common adverse events reported were hypertrichosis/hirsutism, peripheral edema and hyperglycemia
- Most were Grade 1 or 2 in severity, no Grade 4 or higher events
- Typically self-limiting, some needing dose adjustment or treatment (e.g., with oral antidiabetics or short course diuretics)
- Two SUSARs (suspected unexpected serious AEs) – 1 event each of aggression and major depressive episode in patients with known psychiatric histories

DCCR Phase 3 Updated Clinical Program

- FDA stated that additional controlled data are necessary to support an NDA submission
- In June 2022, the FDA acknowledged that data from a proposed randomized withdrawal period of C602 would potentially suffice
- Randomized Withdrawal only included subjects who were currently enrolled in C602, no new subjects



C602 RWP Participant Demographics and Baseline Characteristics Comparable Across Treatment Groups

At RWP Randomization	DCCR N=38	Placebo N=39	All Subjects N=77
Age (Range) (yrs)	15.6 (7 – 29)	14.2 (9 – 23)	14.9 (7 – 29)
Female / Male (%)	47 / 53	64 / 36	56 / 44
Race (% White / % Black / % Multiple)	84 / 5 / 11	87 / 8 / 5	86 / 7 / 8
Weight (Range) (kg)	73.7 (29.7 – 143.2)	61.7 (33.3 – 92.4)	67.6 (29.7 – 143.2)
BMI (Range) (kg/m ²)	28.5 (15.6 – 49.0)	25.3 (16.1– 37.6)	26.9 (15.6 – 49.0)
Growth Hormone Use (n)	33	36	69
USA / UK (%)	84 / 16	77 / 23	81 / 20
HQ-CT Total Score	9.0 (0 – 26)	8.1 (0 – 19)	8.5 (0 – 26)
HQ-CT Category (<13 / 13-36 [%])	74 / 26	77 / 23	75 / 25

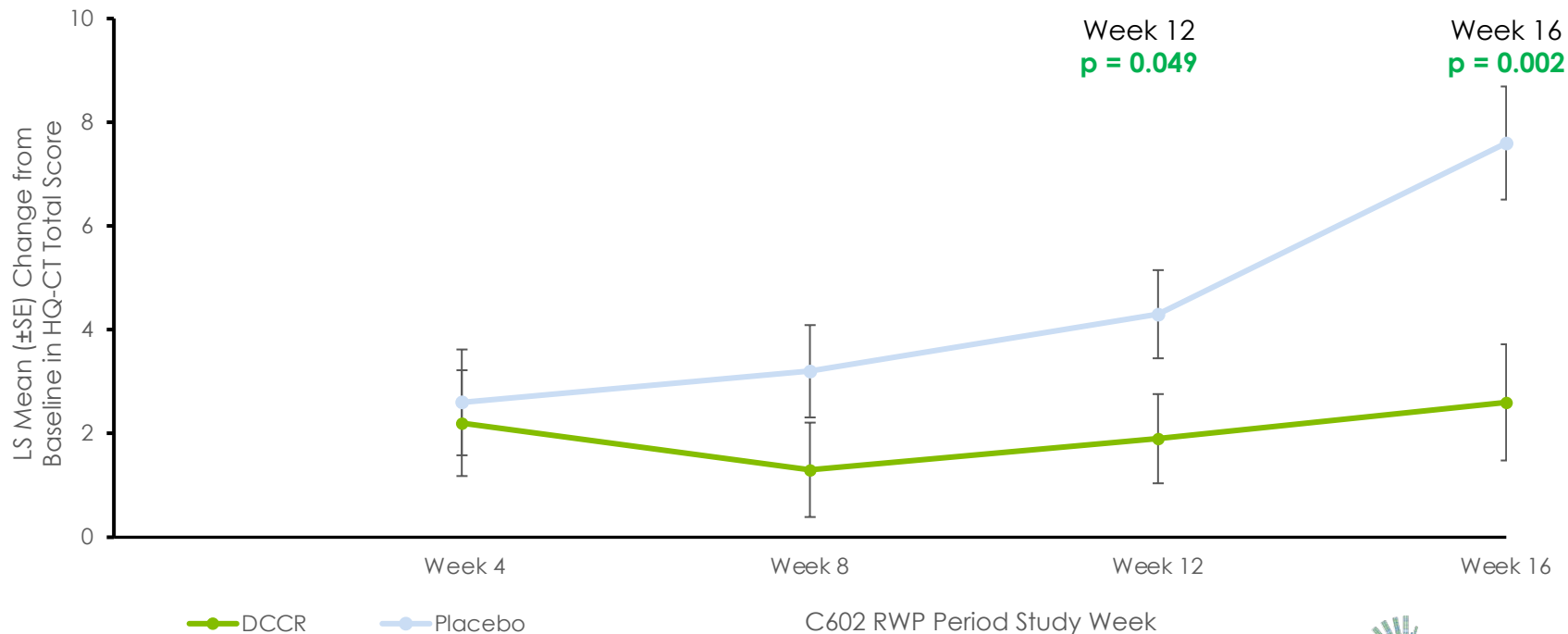
C602 RWP Primary Endpoint:
HQ-CT Total Score at Week 16
Change from Baseline – Highly Statistically Significant

Week 16	DCCR N=38	Placebo N=39	DCCR vs Placebo
LSMean Change from Baseline in HQ-CT Total Score	2.6 (0.3, 4.8)	7.6 (5.4, 9.7)	-5.0 (-8.1, -1.8)
			p=0.0022

C602 RWP HQ-CT Total Score at Week 16

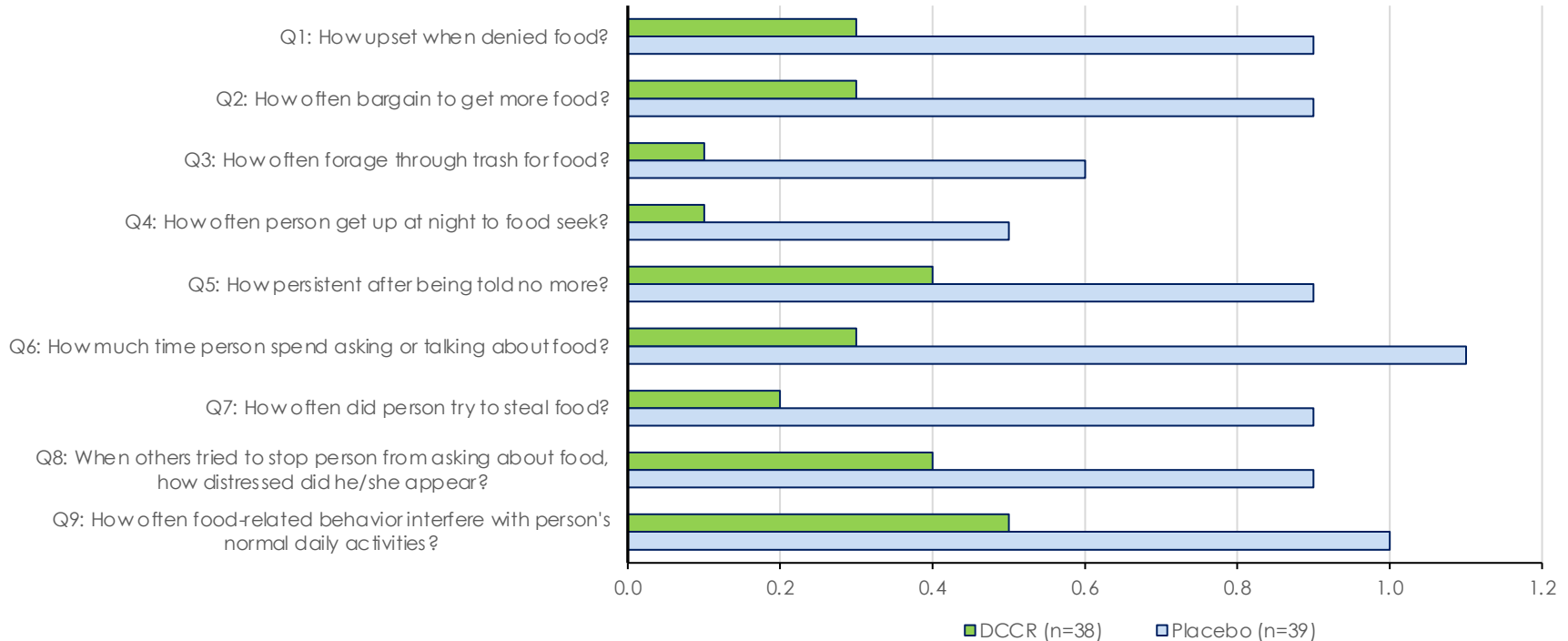
Change from Baseline for DCCR Compared to Placebo

LS Mean change from baseline highly statistically significant at Week 16;
also statistically significant at Week 12



C602 RWP HQ-CT Question by Question at Week 16

Mean changes from baseline were worse (i.e., increased) for placebo than for DCCR on every question



C602 RWP HQ-CT Total Score at Week 16

Statistically Significant Change from Baseline in Subgroups

Subgroup	LS Mean Difference (95% CI)	p-value
Overall	-5.0 (-8.1, -1.8)	0.0022
Sex		
Male	-6.0 (-11.0, -1.1)	0.019
Female	-4.7 (-9.0, -0.5)	0.031
Baseline HQ-CT Total Score		
< 13	-4.9 (-8.6, -1.1)	0.012
13 - 36	-6.5 (-12.4, -0.6)	0.033
Country		
USA	-4.5 (-8.3, -0.7)	0.020
UK	-7.9 (-12.3, -3.6)	0.002

C602 RWP Secondary and Behavioral Endpoints at Week 16

Strong trends showing worsening with Placebo

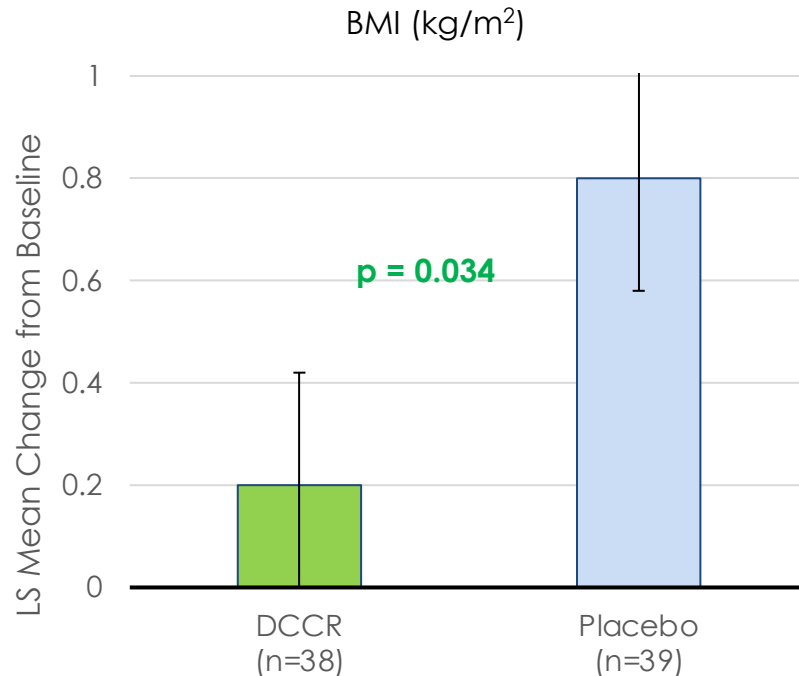
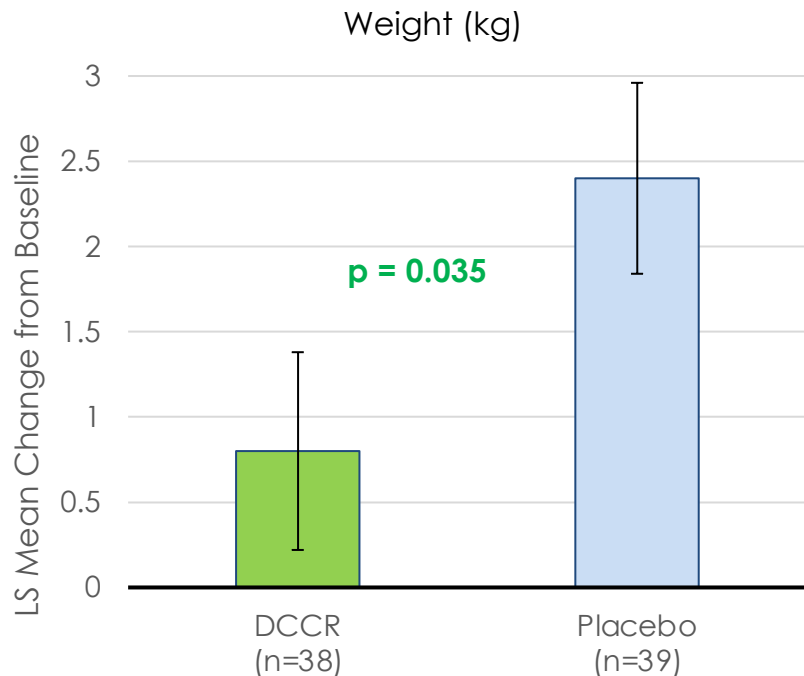
Secondary Endpoint	DCCR vs Placebo
Clinical Global Impression of Severity (CGI-S)	p = 0.079
Clinical Global Impression of Improvement (CGI-I)	p = 0.092

All PWSP Domains Trending in Favor of DCCR

PWSP Domain	DCCR worse than Placebo	Placebo worse than DCCR*
Aggressive Behaviors		✓
Anxiety		✓
Rigidity, Irritability		✓
Compulsivity		✓
Depression		✓
Disordered Thinking		✓

* p = not significant

C602 RWP LS Mean (SE) Changes from Baseline at Week 16 in Body Weight and BMI



Scientific Outreach & Community Engagement

Increasing levels of engagement with PWS community, physicians and advocacy groups



Growing body of clinical evidence presented at medical and scientific conferences by key opinion leaders and study physicians



Independent town hall meetings with study participants and caregivers sharing their testimony about DCCR



Independent FDA Externally-led Patient-Focused Drug Development (EL-PFDD) meeting on PWS, led by PWSA-USA



PWS Advocacy Coalition submitted a petition with 14,271 signatures requesting FDA filing and priority review of DCCR NDA

Extensive IP Protection

Three families of patents prosecuted in major pharma markets – primary cases in all three issued



Uses of pharmaceutical formulations of K_{ATP} channel activators

PWS relevant claims: treatment of hyperphagia in PWS with diazoxide

20-Year Expiration 8/2025



Salts of K_{ATP} channel activators and uses thereof

PWS relevant claims: composition of matter (salt and polymorph), formulation, method of manufacture, methods to treat overweight, obese and obesity prone individuals

5 US patents

20-year expiration 12/2026

Potential expiration w/PTA 3/2029

Potential expiration w/PTA & PTE 2034



Methods to treat PWS Patients

Specific claims to behavioral, body composition, and cardiometabolic marker changes in response to treatment with DCCR, diazoxide or K_{ATP} channel activators, dependent claims to treating hyperphagia

4 US patents + 1 application

20-Year expiration 11/2035

Potential expiration w/PTE 2038/2039

PWS US Market is an Attractive Opportunity with a Clearly Defined Addressable Population

~85% of diagnoses are made within the first year of life¹

~10,000 patients identified in claims database



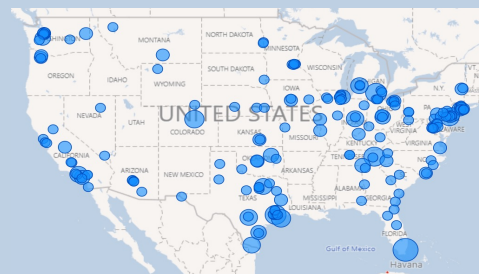
95% of HCPs state willingness to prescribe DCCR²



Primary driver for patients falling out of routine care is lack of available treatment for hyperphagia²

Majority of HCPs believe a product launch will encourage PWS patients re-engage²

~300 HCPs are primary treaters of ~2,100 PWS patients and influence treatment decisions for an additional ~2,000 patients³



1. Wheeler, A.C., Gantz, M.G., Cope, H. et al. *J Neurodevelopmental Disorders* 15, 37 (2023)
2. Soleno proprietary quant research
3. ICD10 claims data – Soleno purchased data

The PWS Market: Specific Considerations for Different Age Groups

Young patients (<25 years)

01

- Onset of hyperphagia and increasing disruptive PWS-related behaviors
- Caregivers and families are actively engaged in care (~4 visits/year)¹
- Majority live with family, with support from schools
- Pediatric Endocrinologists are primary point of care, with support from multiple specialties

Adult patients (>25 years)

02

- Transition to adult care disrupts continuity of care, coincides with increased desire for independence
- Often isolated and reliant on food-security and 24/7 monitoring
- Majority of adults still live with family members, with ~20% individuals living in residential programs²
- Adult Endocrinologists are the primary treaters, mostly focused on mitigating health deterioration

1. Soleno proprietary quant research
2. ICD10 claims data

Ideal Therapeutic Profile: Impact on the Hallmark Symptoms of PWS



**Significant improvement
in hyperphagia**



**Durable improvement in
cardiometabolic
markers & body
composition**



**Reduction PWS-related
behaviors, improving
quality of life**



**Well-tolerated
safety profile**

Pathway to Successful US Launch of DCCR

Robust Clinical Program

- Differentiated MOA
- Efficacy observed in multiple aspects of the disease in clinical trials
- ~5 years of response in clinical trial data
- Well characterized response profile

Rare Disease & Launch Capabilities

- Invested in analytics to map TAM
- Account profiling to define influence and catchment areas
- Hiring teams with deep rare disease and launch experience

Comprehensive Access Strategy

- Mapped payer mix to support rapid uptake
- Educating payers on value proposition
- Distribution partners with extensive rare disease experience

Stakeholder Engagement

- Deep community and advocacy engagement
- Launched digital property www.support4PWS.com
- Strong presence at medical congresses

Significant Opportunity in Europe

- Confirmed high unmet need
- Strong thought leader support
- Concentrated market driven by centers of excellence
- Estimated ~9,500 diagnosed PWS patients in EU4 and UK¹
- Planning to submit MAA in 1H2025



1. Orpha Net Birth Prevalence of 1/22.5k

Financial Highlights

Cash, cash equivalents and investments

Time	Cash
June 30, 2024	\$294.6m
Outstanding warrants ¹	\$14.4m
Pro Forma Total Cash	\$309.0m

¹ 5,775,000 Dec 2022 Tranche B warrants remaining to be exercised for a total of \$14.4m

Fully Diluted Share Count

June 30, 2024	In Millions
Common stock	38.4
Pre-funded warrants	2.7
March 2022 warrants – \$4.50	1.5
Dec 2022 Tranche B - \$2.50 ¹	5.8
Options and RSUs	5.1
Pro Forma Total	53.6

Call from Caregivers and Families¹ for a Medicine to Alleviate Hyperphagia

“My son is 4 and already cannot stop eating. He is always distracted by food that hinders his daily life routine. Its simply just hard for him to survive in a world that revolves around food.”

“Recently it has been very difficult to regulate her hunger and well as her tantrums. [We] try very hard to help her lead a normal life.”

“Once weight is gained, it is exceptionally difficult to lose the weight!”

“The cruel hyperphagia aspect of PWS prevents an independently lived life and is painful and distressing.”

“PWS not only effects the individual living with PWS, but it largely impacts the lives of everyone in their family and cause extreme distress and health crisis.”

Corporate Presentation

September 2024 | Soleno Therapeutics

