

Treating Inflammation through
Resolution Therapy

SynAct Pharma AB

ØU Life Science

29 October 2025



Forward Looking Statements

Certain information set forth in this presentation contains “forward-looking information”, including “future-oriented financial information” and “financial outlook”, under applicable securities laws (collectively referred to herein as forward-looking statements). Except for statements of historical fact, the information contained herein constitutes forward-looking statements and may include, but is not limited to, the (i) projected financial performance of the Company; (ii) completion of, and the use of proceeds from, the sale of the shares being offered hereunder; (iii) the expected development of the Company’s business, projects, and joint ventures; (iv) execution of the Company’s vision and growth strategy, including with respect to future M&A activity and global growth; (v) sources and availability of third-party financing for the Company’s projects; (vi) completion of the Company’s projects that are currently underway, in development or otherwise under consideration; (vi) renewal of the Company’s current customer, supplier and other material agreements; and (vii) future liquidity, working capital, and capital requirements. Forward-looking statements are provided to allow potential investors the opportunity to understand management’s beliefs and opinions in respect of the future so that they may use such beliefs and opinions as one factor in evaluating an investment.

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Lead compound Resomelagon (AP1189):

Potential first-in-class
non-suppressive therapeutic

Enables key immune cell
modulation

Reduce inflammatory activity
and promote resolution



Moving forward on key clinical trials! Strong news flow ahead

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Recent milestones:

Resomelagon Ph2b study in RA (ADVANCE Study) (n=240) recruiting at sites in Europe and the U.S.

Resomelagon initiated a Ph2a study in host-directed therapy in virus infections - RESOVIR-2 study in Dengue.

Successful financing of more than 137m SEK / 12,5m EUR in the past 12 months - extending runway into 2027

Strong news flow:

ADVANCE study- early diagnosed patients with high disease activity. Topline data Q1 2026.

Conduct and report RESOVIR-2 study in dengue at next epidemic outbreak at sites.

Complete preclinical development of TXP-11 – and plan for Ph1 to be conducted in 2026

Business development – Pharma Co's

SynAct listed
on NASDAQ in
Stockholm

Science
partnerships
with global
leaders

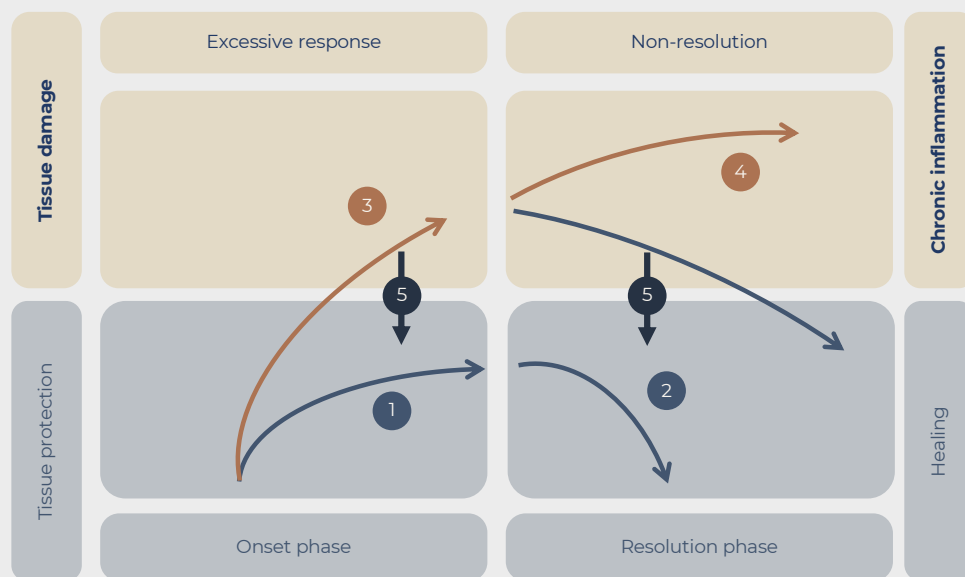
Ready for
partnership
and business
development

Lean
organization

Highly skilled
management

Our compounds promotes resolution of inflammation

SYNACT ■ PHARMA



Cartoon adapted from Perretti *et al. Trends Pharmacol Sci* 2015;36:737–55

The inflammatory response

Physiological immune response:

- 1 Inflammatory response effectively controlled in extent and time – protects tissues and limits damage
- 2 Pathways activated (normal physiology) to safely terminate the inflammatory response and promote healing

Pathological immune response:

- 3 Exaggerated response to inflammatory stimuli can have detrimental consequences and harm tissues-
- 4 Failure to achieve resolution of inflammation can result in chronic inflammation (irreversible loss of function)

SynAct Pharma compounds:

- 5 Activation of the immune system to limit inflammatory response and promote endogenous resolution pathways has the potential to restore tissues and function

Resomelagon MoA

Novel biased melanocortin receptor agonists

Exhibits anti-inflammatory activity via MC1R and MC3R stimulation on targets cells – such as lowering the release of pro-inflammatory cytokines

Promotes pro-resolution pathways

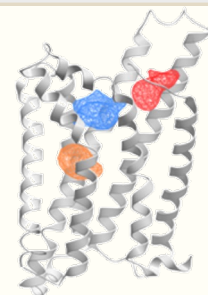
following stimulation of MC1R and MC3R on targets cells – such as increasing efferocytosis in macrophages

No stimulatory effect on melanogenesis

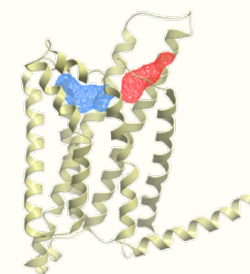
NB: These mechanisms may not all be relevant for resomelagon due to differences in signaling pathways and receptor usage between different melanocortin receptor agonists

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MC1R Model

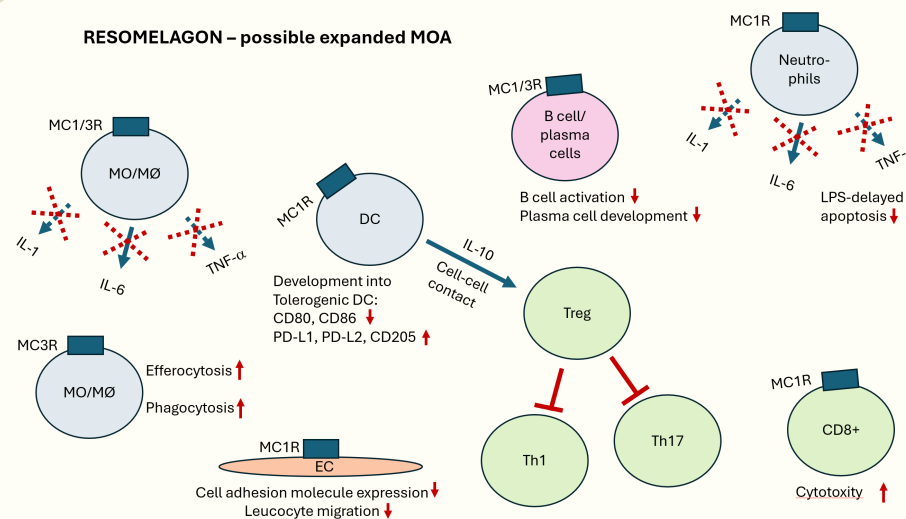


MC3R Model



Simplified view of immune cell populations

RESOMELAGON – possible expanded MOA



Resomelagon (AP1189) dual development strategy

18m diagnosed
with **Rheumatoid Arthritis**
globally



Unmet need:
safer treatments
for early sustained remission

Millions hospitalized
for inflammation due to
viral infections



Unmet need:
reduced time in
hospital and ICU care

Underlying surge of systemic inflammation of monocytes and of site specific neutrophils and macrophages

Inflammatory and autoimmune diseases

- Potential to be a new safer effective treatment in RA and other autoimmune and inflammatory diseases
- Phase 2b development based on positive data in newly diagnosed Rheumatoid Arthritis (RA) patients

Host-directed therapy in viral infections

- Clinical proof of concept in Phase 2 study in severe COVID-19 with faster recovery and shorter hospitalization
- Potential to run parallel development track in respiratory infections associated with hospitalization

Development Programs

COMPOUND	INDICATION	PRE-CLINICAL	PHASE I	PHASE IIa	PHASE IIb	STATUS & NEXT MILESTONE
RESOMELAGON	Rheumatoid Arthritis (RA)					ADVANCE Phase IIb study - ongoing
RESOMELAGON	Host-derived therapy in viral-infections					Phase IIa – Proof of Concept study PoC in Arboviral infection - Dengue fever
RESOMELAGON	Idiopathic Membranous Nephropathy					Phase IIa study – ongoing (rare disease potential)
RESOMELAGON	Polymyalgia Rheumatica (PMR)					Phase IIa study – to be initiated
TXP-11	Organ protection – surgery/acute care					Preclinical pharmacology to support Phase I CTA ongoing – aim to be phase I ready in 2025
Next generation	Autoimmune & inflammatory diseases					Discovery

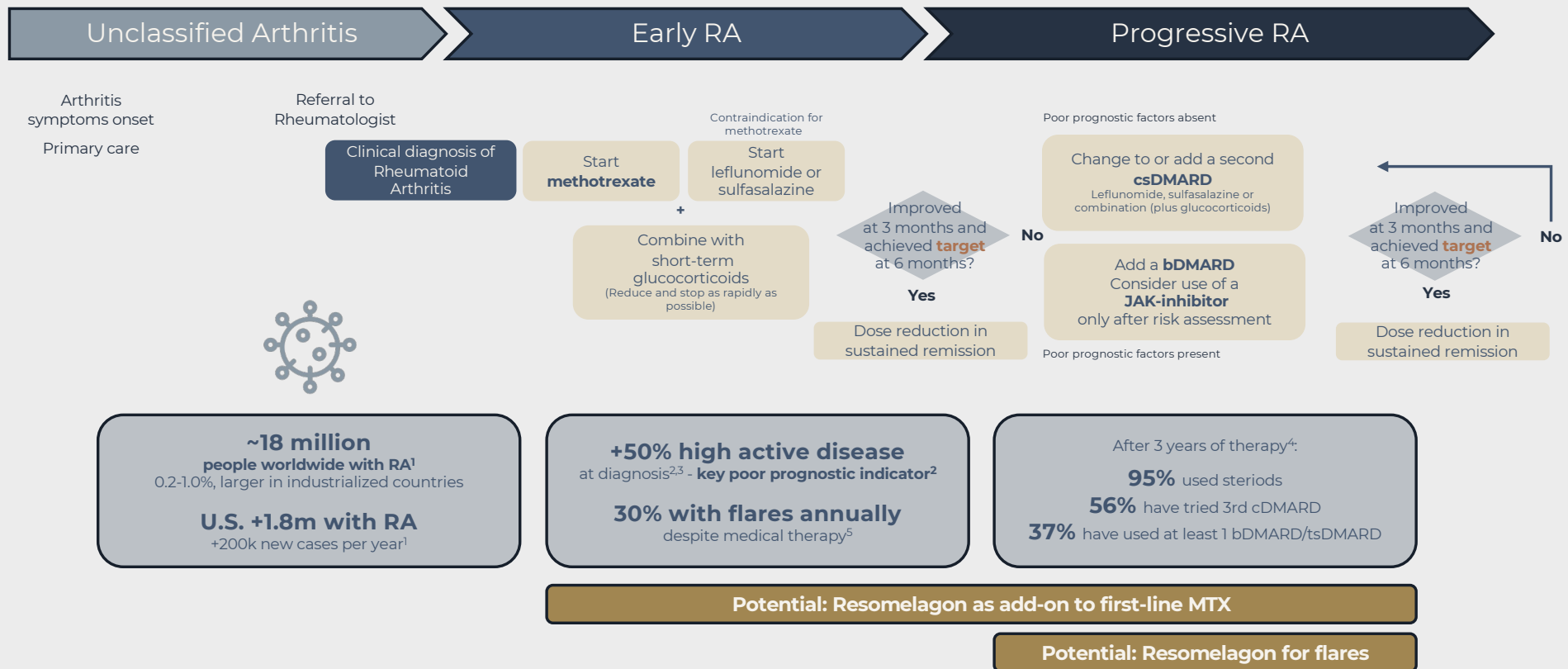
 Completed phase  Ongoing phase

Rheumatoid Arthritis

Resomelagon –lead indication

Patient Journey in RA

Treat-to-Target recommendations. Avoid damage to joints in the first 2–3 years²



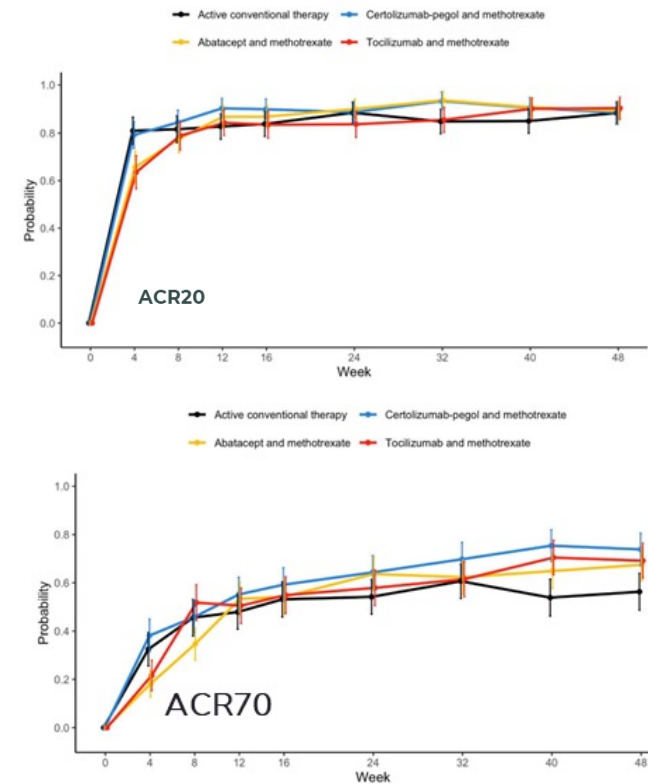
1. Global Data; 2. Albrecht and Zink Arthritis Research & Therapy (2017) 19:68; 3. Shpatz et al. IMAJ (2021) vol 23; 4. Baganz et al. Seminars in Arthritis and Rheumatism 48 (2019) 976/982; 5. Abe et al. 2024, Reumatologia Clinica.

Adapted from EULAR 2019: Ann Rheum Dis 2020;79:685–699; ACR 2021: Arthritis Care & Research 2021: 73, 7:924–939; EULAR 2022: Ann Rheum Dis 2023;82:3–18.

Rheumatoid Arthritis

Room for improvement in the treatment

- More than 20% do not have any improvement in diseases activity following to the most aggressive treatment options, ie MTX +GC or Biologic treatment
- 35-50% will not reach disease control on the most aggressive treatment options, ie MTX +GC or biologic treatment
- The current treatment options are associated with often treatment limiting side effects
- The current treatment are associated with marked risk of introducing chronic GC treatment

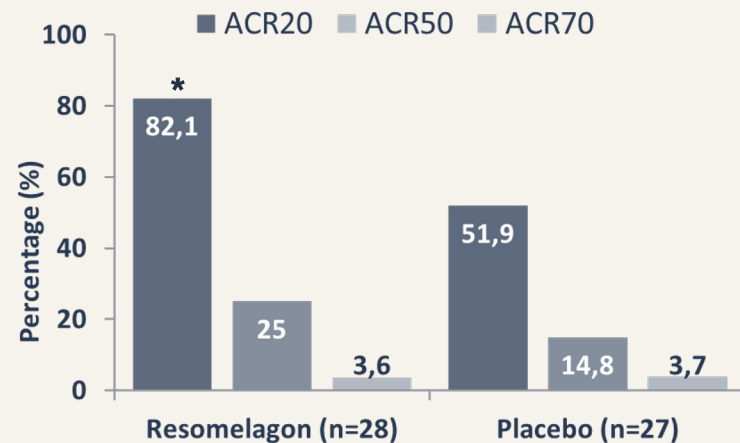


Ostergaard M et al. Certolizumab pegol, abatacept, tocilizumab or active conventional treatment in early rheumatoid arthritis: 48- week clinical and radiographic results of the investigator initiated randomised controlled NORD-STAR trial. Ann Rheum Dis 2023

Resomelagon EXPAND study

Significant treatment effect in subset of patients defined as newly diagnosed with sign of systemic inflammation

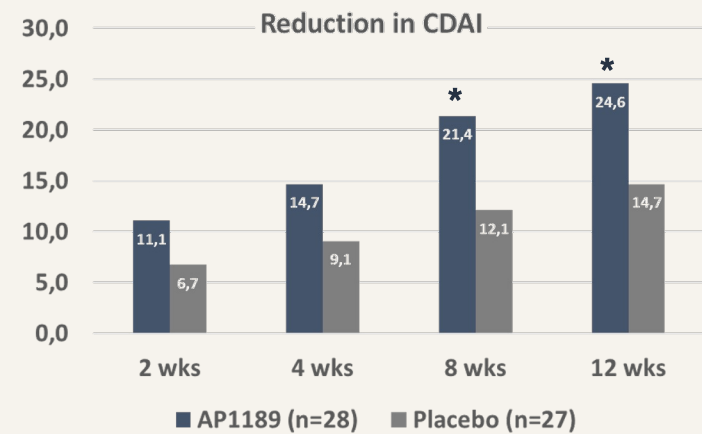
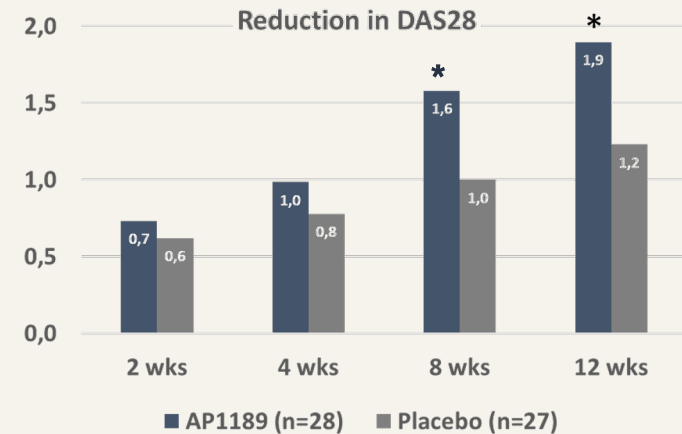
Support continued development in RA
BL CRP>3_ RA diagnose within 6 months from BL



*: p<0.023 vs placebo (Fischer exact test).

Arthritis Rheumatol. 2024; 76 (suppl 9)- ACR convergence 2024 abstract no 2274.

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Mean per group *:p<0.01 vs placebo

Resomelagon ADVANCE Study P2b

Dose-range study in newly diagnoses treatment naïve RA patients with high disease activity - Ongoing

Patient Population:

Newly diagnosed treatment naïve RA pts, eligible for initiation of MTX treatment

CRP at baseline >3 mg/L

CDAI >22 at baseline DAS28-CRP >5.1 – min of 6 swollen and tender joints

Intervention:

Resomelagon (AP1189) 3 dose levels in combination with MTX

Placebo, combination with MTX

_____ 12 Weeks dosing _____

Dosing and Duration

12 weeks of once-daily dosing of resomelagon (AP1189) tablet or placebo- conducted at sites in US and Europe

Study Size and Sites

Designed to recruit 60 patients per group – dose levels: 40, 70 and 100 mg once daily
+20 sites in US and Europe

Primary Endpoints

Safety and Tolerability
Change in **DAS28 –CRP** during the 12 weeks treatment period

Secondary Endpoints

ACR20/ACR50/ACR70;
CDAI score;
HAQ/RAQoI

Host-directed therapy in viral infections

Resomelagon

Patient Journey in Host Directed Viral Infections

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Pre-hospital

Hospitalization

Symptoms of viral infection
Primary care

Inadequate pulmonary function

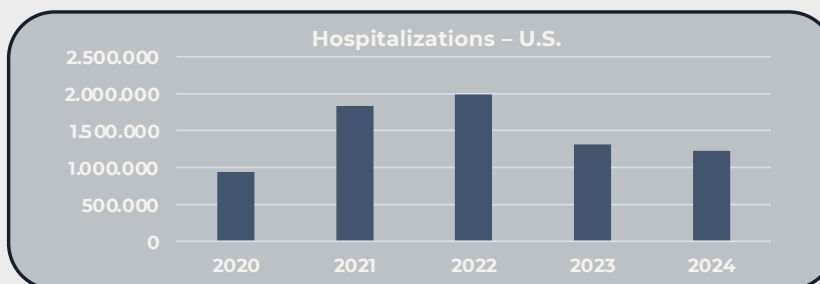
Pathogen	ICU % (approx)	Common inpatient therapeutics / services
COVID-19	~15–22% (varies by age/season)	Oxygen, dexamethasone (if O ₂), remdesivir (selected pts), tocilizumab/baricitinib for some, ICU/ventilation for severe.
Influenza	~10–20%	Oxygen, oseltamivir (antiviral), ICU care for severe complications.
RSV	ICU admissions estimated ~24k–35k (U.S.)	Oxygen, respiratory support (HFNC, intubation), ribavirin in select high-risk cases; passive immunoprophylaxis in infants.



+1bn cases of influenza
globally with 3-5m cases of severe disease
Covid, RSV, & Dengue virus

Source: WHO, Feb 2025

Potential: Resomelagon during hospital stay (up to 14 days therapy)



Source: CDC.gov; RESP-NET

Estimated 1.5-2.0m
hospitalizations per year in
US and Europe due to viral
infections

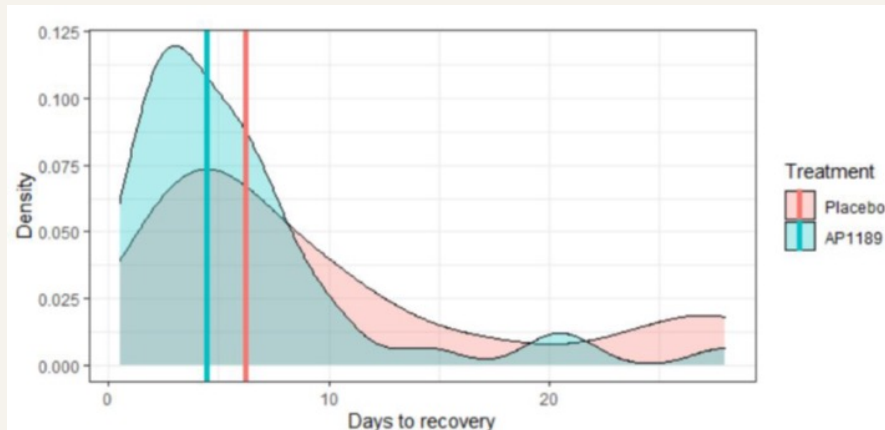
Source: Company estimates

Host-directed therapy in viral infections (RESOVIR-1)

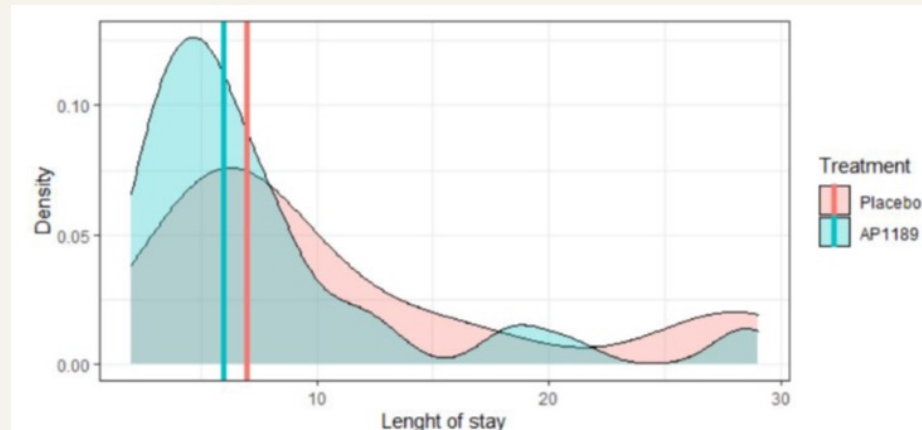
Once a day tablet to induce pharmacological resolution

The RESOVIR-1 study in patients in need for supplementary oxygen therapy showed that resomelagon (AP1189) given once daily significantly reduced time to respiratory recovery, and reduced time to hospital discharge in patients with severe COVID-19 infection.

Faster respiratory recovery



Reduced time at hospital



The RESOVIR-2 study

Phase 2 proof of concept- initiated in Brazil- recruitment to be conducted and next epidemic at site(s):

Double-blind placebo controlled once daily dosing for 5 days.

Treatment initiation: more than 36 and less than 72 hours of symptoms

Primary clinical read out(s): reduction in composite disease score at treatment day 0-10.

Once daily 100 mg resomelagon (AP1189) tablets vs placebo tablet as add on to standard treatment.

N= 60 per group

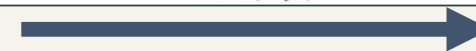
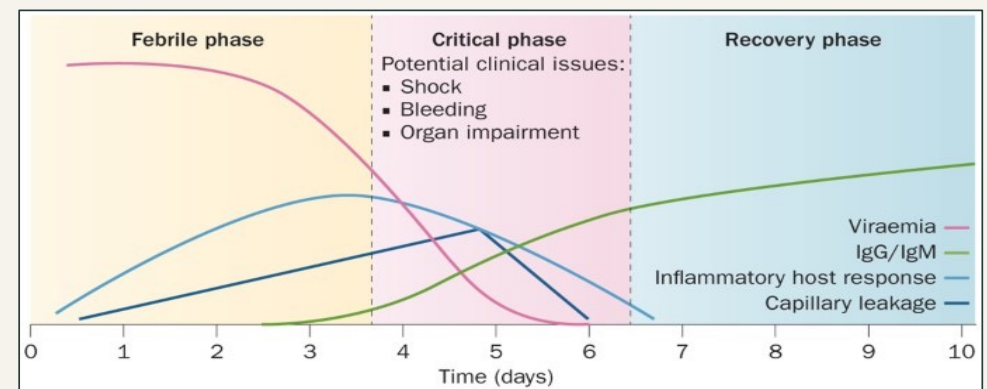


Mauro Teixeira, MD, PhD

Professor of Immunology

Universidade Federal de Minas Gerais (UFMG), Brazil

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Treatment period

Leadership

Dedicated and Experienced Top Management Team



Jeppe Øvlesen, MBA

CEO

Over 20 years of experience as CEO of various companies

Founding Board Member of more than 10 biotech and MedTech companies

Co-founder of TXP Pharma

Former CFO and VP of Business Development at Action Pharma



Thomas Jonassen, MD

CSO, co-founder

Associate Professor at Cardiovascular Pharmacology, University of Copenhagen

Visiting Professor at WHRI, Barts and London School of Medicine

Co-founder of TXP Pharma and ResoTher Pharma

Co-founder and former CSO of Action Pharma



Björn Westberg, MSc

CFO

Over 25 years of experience within various financial roles in the pharmaceutical industry

Former CFO of Recipharm, Bonesupport, Enea

Various finance management roles in AstraZeneca

Experience in investor relations, financing, acquisitions and other business deals



Kirsten Harting, MD,

Executive MBA – CMO

Over 30 years of experience from the global

pharmaceutical industry and biotech

Senior Vice president & Chief Medical Officer

Responsible for development and approval of several new innovative drugs

Global launch of new medicine

Integrating medical and commercial understanding



Thomas Boesen, PhD

COO

Over 20 years of experience in the biotech and pharmaceutical industry

Inventor on 35 granted patents

Co-founder of MedChem and TXP Pharma

Former VP of Discovery at Action Pharma



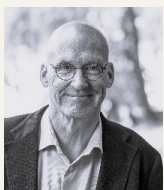
Mads Bjerregaard, MSc

CBO

Over 20 years of experience in the pharma, biotech, and med-tech industry, commercial leadership and business development roles.

Held various CxO, VP and GM positions.

Very experienced Board of Directors



Anders Kronborg

Chairman of the Board

CEO or CFO, during 1996-2007 in Danish media companies

Kinnevik, 2007-2015, various positions including COO between 2012-2015

LEO Pharma, 2015-2022 as CFO and interim CEO supporting growth by several M&A activities

Resother Pharma, CEO since 2022

Shareholder

Company or management dependent

Independent to major shareholders



Sten Scheibye

Board Member

Started as medical sales rep, registration officer before moving into more commercial roles and senior leadership

Coloplast as CEO. During his tenure, Coloplast 6-doubled turnover and 8-doubled share performance

Chairman of Novo Nordisk A/S, where he had a board seat for 10 years, then became Chairman of the Novo Nordisk Foundation. Various board positions

Shareholder

Company independent

Independent to major shareholders



Sten Sørensen

Board Member

Over 30 years in the pharmaceutical and biotech industries

Head of marketing positions in Monsanto and AstraZeneca

Initiated two groundbreaking preventive survival studies in heart failure

Cereno Scientific, CEO since 2015

Shareholder

Company or management dependent

Independent to major shareholders



Jeppe Ragner Andersen

Board Member

Extensive financial and leadership experience spanning around 20 years.

CEO of Sanos Group A/S and NBCD A/S (Part of Sanos Group). Board member in Arctic Therapeutics (IS) .

Shareholder

Company independent

Dependent of major shareholders



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Thank You