SOlvonis

THERAPEUTICS

Innovative therapeutics for high-burden CNS disorders

December 2025

Corporate Deck

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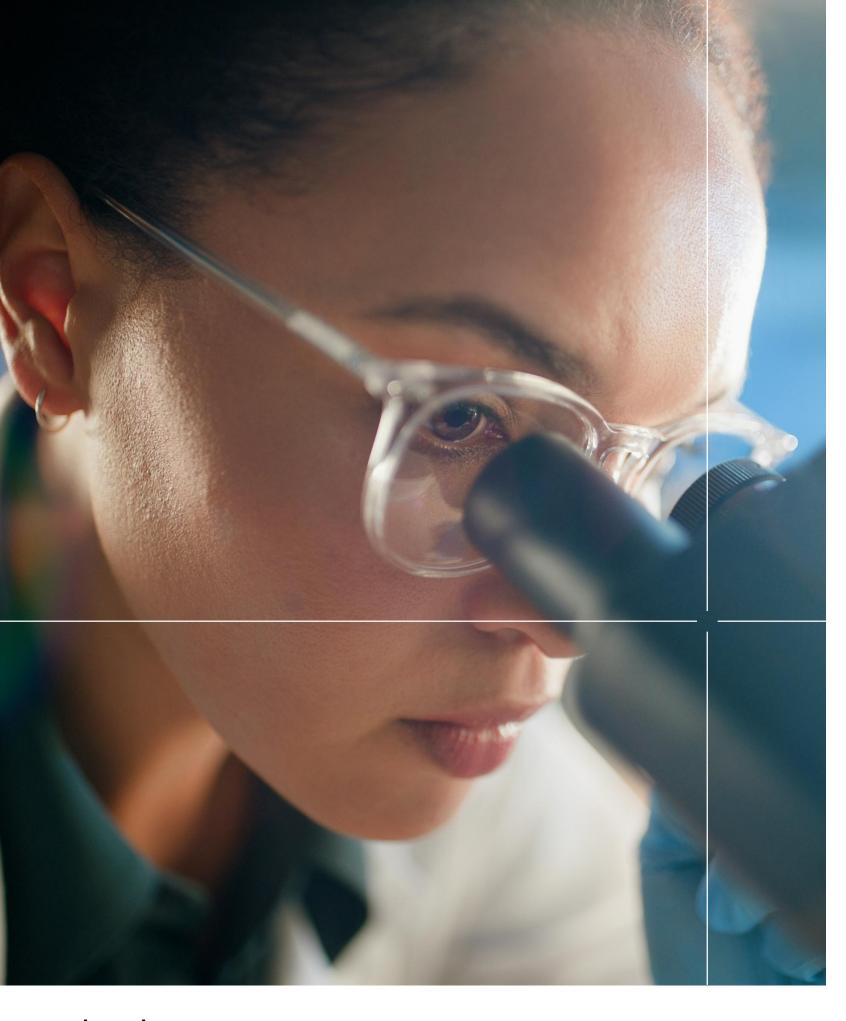
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Solvonis is an emerging biopharmaceutical company developing innovative smallmolecule therapeutics for high-burden CNS disorders.

Strategy: Building a Diversified CNS Portfolio Across Addiction, Psychiatry, and Neurology

Executing in AUD, SUD and PTSD today

Expanding deeper into Psychiatry and evaluating entry into Neurology.

Addiction

Alcohol Use Disorder (AUD)

Stimulant Use Disorder (SUD)

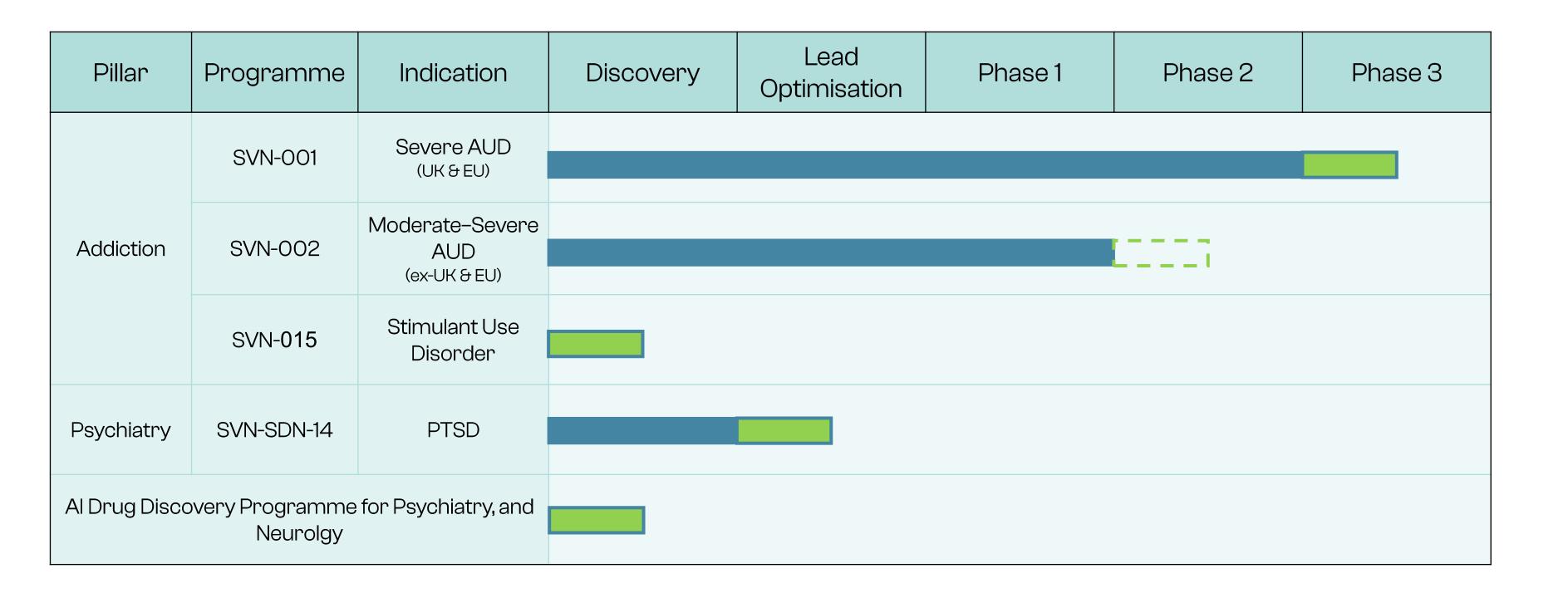
Psychiatry

Post-Traumatic Stress Disorder (PTSD)

Neurology

Exploratory Entry via
Discovery Programme

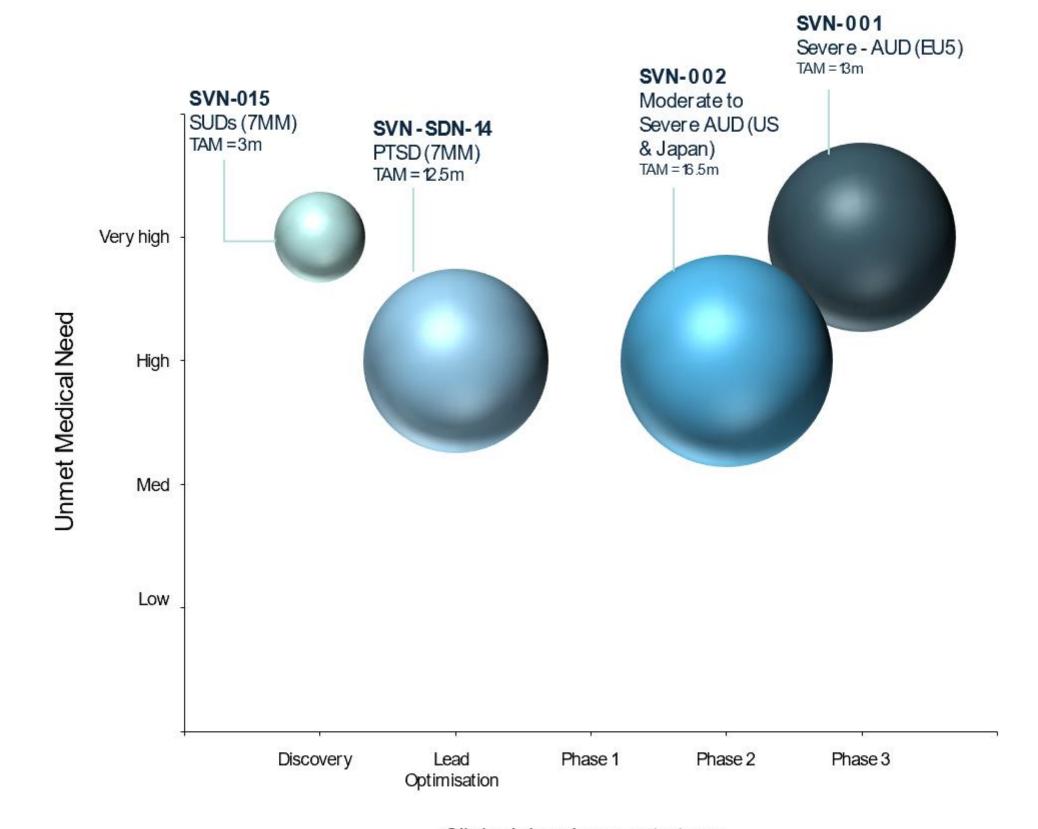
Pipeline: A diversified pipeline across Addiction and Psychiatry



Pipeline Focused on High-Burden CNS Disorders with Major Unmet Need

- AUD relapse >75% on SoC
- No FDA-approved PTSD drug
- No approved therapeutics for SUDs

7MM = 7 major markets (US, Japan, UK, Germany, Italy, France, Spain)



Clinical development stage

ALCOHOL USE DISORDER: ~280m people worldwide meet criteria for AUD

(WHO/GBD; ~5% of adults)

Responsible for ~3M deaths annually and a top-five contributor to global disability and premature mortality

ALCOHOL USE DISORDER: A Massive Global Crisis and a 30M+ Patient Market in the 7MM

~29.6M

patients with clinically significant AUD

(moderate-severe/severe), 25% with Severe AUD and 50% with Moderate to Severe AUD

75%

relapse within 12 months on existing therapies

(acamprosate, naltrexone, disulfiram + psychosocial care)

<10%

treatment uptake

— stigma, access, poor efficacy

>\$250bn

Direct medical costs annually in US

>\$90bn

Direct medical costs annually in EU

A huge, under-addressed global crisis, with Solvonis initially targeting the ~30M moderate-severe/severe patients in the 7MM:

SVN-001

For Severe AUD for the UK & EU, 13 million total addressable market in EU5

SVN-002

For Moderate to Severe AUD for RoW ex EU5, 16.6 million total addressable market in US 7 Japan (7mm ex EU5)

SVN-001:

Novel Combination Therapy for Severe AUD for the UK & EU Markets

THE APPROACH

SVN-001 is a first-of-its-kind combination therapy combining IV ketamine (an NMDA receptor antagonist) with copyrighted manualized relapse prevention cognitive behavioural therapy (CBT) targeting both the biological and psychosocial aspects of Severe AUD

THE NEED

- Severe AUD: ~13M patients in EU5
- Current treatments relapse >75% within 12 months
- Severe AUD associated with highest morbidity, mortality, and healthcare burden within AUD

INTEGRATED APPROACH:

IV ketamine (NMDA antagonist) + copyrighted relapse-prevention CBT

TREATMENT CYCLE

3 IV sessions + structured CBT across 12 weeks; practical for outpatient delivery

WEEK 1

- Initial medical assessment hour long initial assessment (IMA)
- Prep session with client & therapist 90 mins
- Ketamine 1
- Integration 1

WEEK 2

- Prep session 2
- Ket session 2
- integration session 2



WEEK 3

- Prep 3
- Ket 3
- Int 3
- Close out session with Dr. Therapist & Patient

SVN-001:

Novel Combination Therapy for Severe AUD for the UK & EU Markets

Phase 2a/b: a successful UK, Medical Research Counsel funded, and University of Exeter run phase 2ab trail:

86%

abstinent at 6 months

VS

2%

pre-trail

~50%

reduction in heavy drinking days

VS

placebo



Improvements in:

- Liver function
- Depression
- Quality of life



No drug-related SAEs

(Am J Psychiatry, 2022)



Durability:

Efficacy maintained through 6-month follow-up

Strongest dataset yet generated in Severe AUD; demonstrates both practicality and durability.

SVN-001:

Phase 3, Regulatory & Partnering

Pivotal trial launched Jul 2024

(280 patients, 8 NHS sites)

Late-stage, low-cost pivotal programme with clear upcoming catalysts and strong licensing potential.

FUNDING:

Majority UK government-funded; Total trial cost ~£2.5 - £3.5m vs £25-35m typical cost for similar trial

REGULATORY:

Targeting EU/UK "mixed-full" MAA; 8-10 years data protection;

CATALYSTS:

2026-27: Interim recruitment/engagement updates (non-price sensitive)

2028: Phase 3 readout

2028-29: EU/UK filing

SVN-002:

Commercial Opportunity & Catalysts

CURRENT GAP

No reimbursable therapies; high relapse and healthcare costs (>US\$250bn annually in US)

INNOVATION

Sublingual/buccal esketamine OTF + digital psychosocial support

TREATMENT CYCLE

Supervised in-clinic dosing, aligned to Spravato® CPT/J-codes

REGULATORY:

505(b)(2) pathway referencing Spravato® — leverages established efficacy/safety precedent

INDICATION:

Moderate-Severe AUD (~16.6M patients in US & Japan)

PROGRESS:

- Phase 1 complete (favourable safety/PK)
- FDA pre-IND (Dec 2025): no additional human data required before Phase 2b
- Patent applications filed (formulation + method-of-use); Orange Book listable if granted

SVN-002:

Commercial Opportunity & Catalysts

MARKET SCALE:

- Moderate-Severe AUD: ~16.6M patients in US/Japan
- 2× TRD patient population (Spravato® target indication)
- Commercial analogue: Spravato® (esketamine nasal spray, J&J) surpassed US \$1 billion in annual global sales in 2024* from a patient population of ~7 million with treatment-resistant depression (TRD) SVN-002 targets a >2× larger population with moderate-to-severe Alcohol Use Disorder (AUD)
- Delivery infrastructure: ~15,000 US addiction clinics suitable for supervised administration

CATALYSTS:

2026: Phase 2 initiation

2027-28: Phase 2b data readout

2028+: Licensing opportunity

(Phase 2b CNS deal benchmarks >\$150m total

economics)

^{*} Source: J&J Investor Relations - Q4 2024 Earnings Transcript, <u>s203.q4cdn.com</u>

SVN-Al-Enabled Discovery Programme:

Creating Novel Monoaminergic Modulators for CNS Pipeline Expansion and Future Partnerships

MODALITY & MECHANISM

Multiple novel chemical series generated via Alenabled discovery

Targeting serotonin (SERT), dopamine (DAT), and noradrenaline (NET) transporters

Integrated modulation of monoaminergic systems to rebalance dysregulated CNS signalling

Differentiated from traditional single-transporter approaches

PROGRESS TO DATE

Patents filed covering novel CNS-active chemical matter

Several compound series advancing to Hit-to-Lead

First output: SVN-SDN-014 (PTSD) emerging from this discovery engine

STRATEGIC ROLE

Core engine for Solvonis' preclinical pipeline

Expands CNS pipeline depth across addiction, neuropsychiatry, and possible entry to neurology

Provides a renewable source of proprietary IP to underpin future partnerships

SVN-SDN-14:

First Programme from the SVN-Al-Enabled Discovery Engine

INDICATION & NEED

Post-Traumatic Stress Disorder (PTSD): ~13M patients across US/EU5/Japan

No FDA-approved pharmacotherapies specifically indicated for PTSD

High unmet need: current treatments often inadequate or off-label

MECHANISM OF ACTION

Novel monoaminergic modulator targeting SERT, DAT, and NET transporters

Designed to rebalance dysregulated neurotransmission in PTSDrelevant circuits

PROGRESS TO DATE

Patents filed covering novel chemical matter

Hit-to-Lead completed with multiple compounds advanced

In vitro and in vivo efficacy signals demonstrated

STATUS & PATHWAY

2025(f): Lead optimisation begins

2028(f): IND-enabling studies

2029(f): IND submission

SVN-015:

a novel selective serotonin and dopamine re-uptake inhibitor for Stimulant (cocaine and methamphetamine) Use Disorder

Al-Discovered Candidate for SUDs

Accepted into NIDA's Addiction Treatment Discovery Program (ATDP).

NIDA to fund and conduct preclinical safety and efficacy studies.

Strategic Significance

Expands pipeline beyond AUD/PTSD into stimulant addictions — major unmet need with no approved drug treatments

Creates a clear, non-dilutive pathway: fully funded preclinical evaluation → potential NIH clinical development grants (up to US\$3m/year for 5 years)

Market Opportunity

~3.0-3.2 million patients with SUDs across US, EU5, and Japan

No approved pharmacological treatments; psychosocial interventions only, with limited outcomes

Leadership Team with Deep CNS and Capital Markets Expertise

Experts in:

- Addiction, psychiatry, and neurology
- Biopharma capital markets and M&A
- Drug development & commercialisation

MANAGEMENT



Chief Executive Officer Anthony Tennyson

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Chief Scientific Officer Prof. David Nutt

Imperial College London



Chief Financial Officer Ryan Neates



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NON-EXECUTIVE DIRECTOR Paul Carter







NON-EXECUTIVE DIRECTOR Nicholas Nelson



Peer Comparables: Material valuation gap to peers











Addiction & Psychiatry	Psychiatry	Psychiatry & Addiction	Psychiatry	Psychiatry & Addiction
Phase 3	Phase 3	Phase 2	Phase 2	Phase 2a
LSE	Nasdaq	Nasdaq	Nasdaq	Private
SVNS	MNM	ATAI	GHRS	N/A
£20-25m	£750m - £1b	£1b - £1.25b	£750m – £1b	Bought by AbbVie for £1b

Investment summary



Significant unmet need in the space - addressing AUD and PTSD which are both underserved markets with few or no approved therapies



Targeting >30m AUD patients across major markets and >\$250 billion in annual healthcare costs, with the potential to address 280m individuals who meet the criteria for AUD



Dual approach tackling both biological and psychological aspects of addiction



High impact, low risk diversified pipeline & efficient and de-risked business model



Strong upside vs. others in the sector - Innovating disease classes, that have lacked innovation for decades



Vast industry experience in leadership team

2026 Catalysts: Building the next generation CNS Biopharma

SVN-001: Targeted out-licensing agreement for the Phase 3 severe AUD programme.

SVN-002: Completion of scientific bridging work to J&J's Spravato® under the 505(b)(2) pathway and IND submission to enable a Phase 2b trial in moderate-to-severe AUD.

SVN-SDN-14: Lead candidate for PTSD identified, declared, and advanced into preclinical development.

Al Drug Discovery Programme: Preclinical readouts across additional addiction and psychiatric indications, with exploratory opportunities in neurology.

Capital Structure

Common shares	6,806,403,493	
Warrants	989,798,765	
Options	298,000,000	
Fully Diluted Capital Structure	8,094,202,258	

Thank You

