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WELCOME

balanced pHarma™ incorporated

Less painful, faster-acting, more reliable dental injections

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EXECUTIVE SUMMARY

Making dental injections less painful, faster-acting, and more reliable

balanced pHarma incorporated

Problem / Market Need

- Dental injections are notoriously painful, slow-acting, and unreliable
- 90% of dentists surveyed reported that they want a better anesthetic

Lead product (Libracaine Dental)

- New, highly-differentiated, best-in-class dental anesthetic - Lidocaine 2% / Epinephrine 1:100,000 buffered to pH 7.0
- TPP (vs SOC): Faster-acting, less painful, more reliable; with identical safety, depth/duration of anesthesia, shelf-life
- No change in clinical practice, no new equipment or protocols
- < 1% of procedure cost, no cost to patients, no payor involvement

Enabling Technology Platform / Intellectual Property

- Patented cartridge technology improves drug performance, including local anesthetics, without loss of shelf-life
- 2 granted patents – expiration Q1 2038 (~12 yrs. post-launch)
- 1 pending patent – expiration Q1 2044 (~18 yrs. post-launch)

Market Validation

- 96% of dentists surveyed reported likely to purchase Libracaine
- > 150 clinicians (end-users) invested $2.1 MM in early rounds

Regulatory

- 505(b)(2) NDA regulatory path agreed on with FDA
- Minimal time, expense, risk; NDA approval target Q4 2026

Market Size / Competitive Landscape

- Market dominated by two old generics with nearly identical profiles
- NA/EU/JP/ROK SAM: 744 MM units/yr. (of 1.9 B units/yr. WW TAM)
- Peak share of SAM (SOM/SAM) est. @ 35% (260 MM units/yr.)

Business Model / Forecast

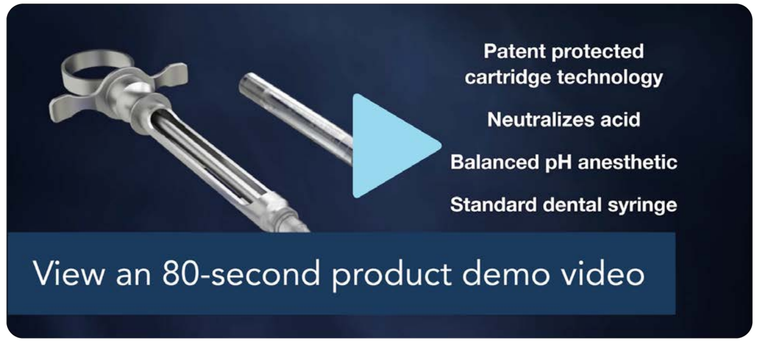
- Wholesale sales through existing distribution channels
- Target AWSP/ARSP: $3.00/$4.00
- Base case revenue/income forecast at peak: $1.6 B / $1.1 B

Current Raise

- $20 MM priced equity – months 1-24

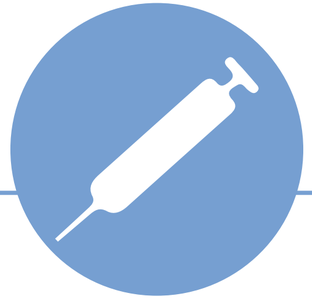
Development & Commercialization Use of Funds / Timing

- $6 MM equity, months 1-12: Registration batch, IND submission
- $4 MM equity, m. 1-12: Initiate comm. mfr. line
- $10 MM equity, m. 13-24: Small clinical, NDA submit; Install comm. line
- $7 MM equity, months 25-32: US launch; Revenue



https://balancedpharma.com/demo

PROBLEM



Dental injections are notoriously painful, slow-acting, and unreliable.

Hydrochloric acid, a preservative in the current drugs, causes all these issues.

No way currently exists to provide an acid-free anesthetic in a standard dental cartridge.

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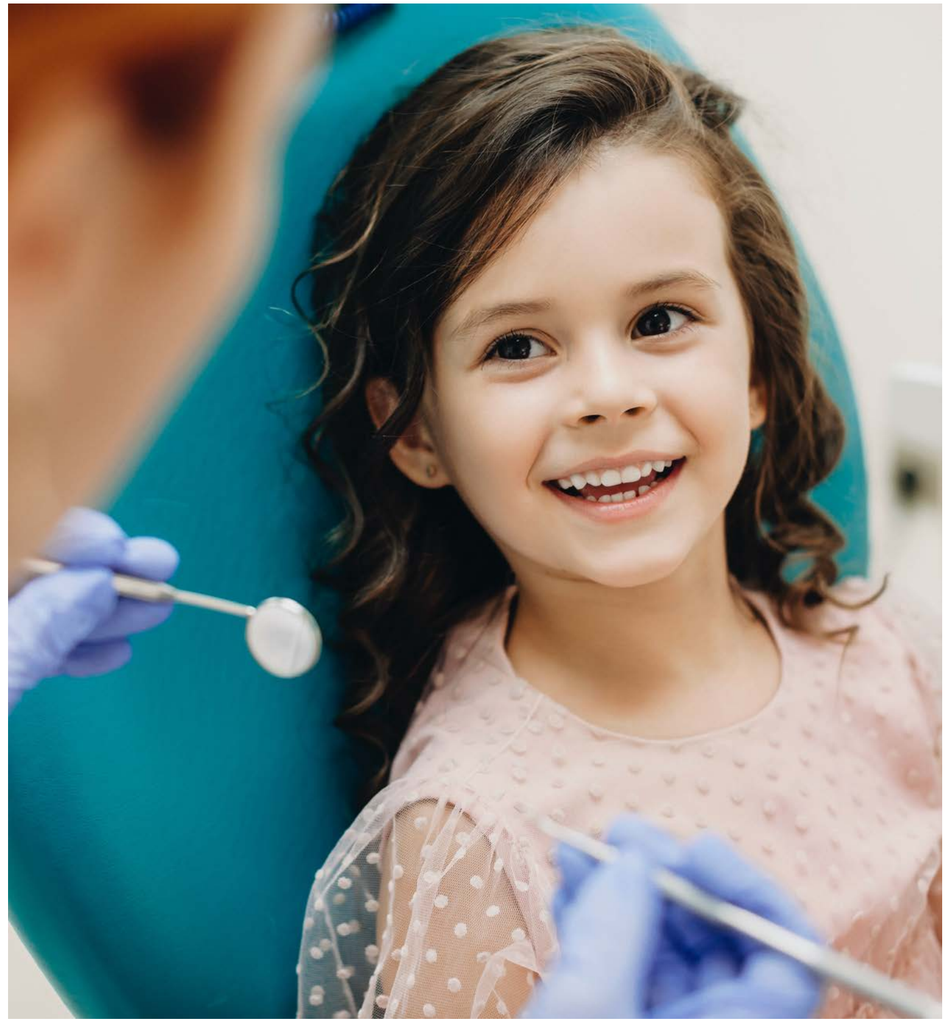
OUR PRODUCT / SOLUTION

Libracaine Dental: A pH-balanced reformulation of the most common dental anesthetic

Libracaine Dental[1] [lidocaine 2% / epinephrine 1:100,000, buffered with 0.7 sodium bicarbonate] TARGET PRODUCT PROFILE, compared with SOC lidocaine HCl 2% /epinephrine 1:100,000	
Injection comfort	**25% less painful[2]**
Anesthesia onset time	**75% less latency[2]**
Reliability in inflamed teeth	**33% more reliable[3]**
Shelf-life	Better - 33% longer
Salt balance (Osmolarity)	Better - isotonic
Acid balance (pH)	Better - neutral
Active ingredients (API)	Same as SOC
Anesthetic depth/duration	Same[2]
Safety profile	Same[2]
1.7 ml drug volume	Same
Technique / Protocol	Same
Use in standard dental syringe	Same



[1]LIBRACAINE HAS NOT BEEN APPROVED BY FDA AND IS NOT AVAILABLE FOR SALE; [2]2018 Meta-analysis: Guo et al from University of Southern California School Of Dentistry concluded: “Buffered lidocaine **significantly decreased onset time and injection pain** (VAS) compared with non-buffered lidocaine in inferior alveolar nerve block.”; 2017 Clinical Study: Phero et al from University Of North Carolina School Of Dentistry concluded: “Buffered lidocaine **reduces the pain on injection** with a maxillary field block and results in similar lengths of pulpal anesthesia as non-buffered 2% lidocaine.” 2017 Clinical Study: Warren et al from University Of North Carolina School Of Dentistry concluded: “After mandibular nerve block, buffered 1% lidocaine can produce similar duration of pulpal anesthesia as non-buffered 2% lidocaine and **lower pain on injections**.”; [3]2019 Meta-analysis: Kattan et al from University Of Pennsylvania School Of Dentistry concluded: “Buffered local anesthetics have **2.29 times greater likelihood of achieving successful anesthesia [in pulpally involved teeth]**.

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ENABLING TECHNOLOGY

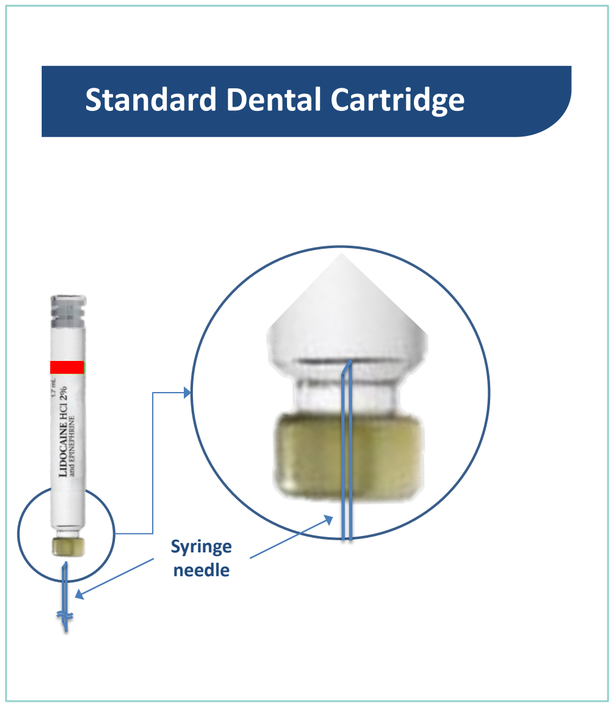
Patented cartridge delivers a pH-neutral formulation, without loss of shelf-life

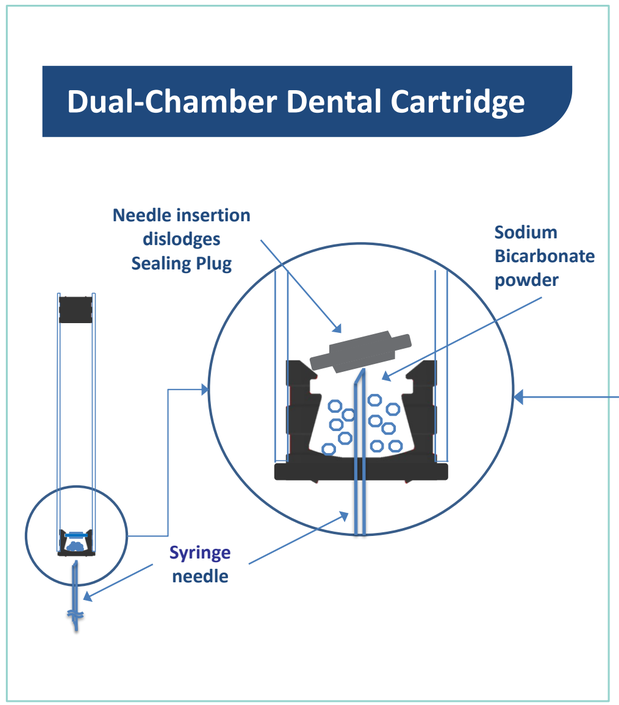
Incumbent SOC Dental Anesthetics

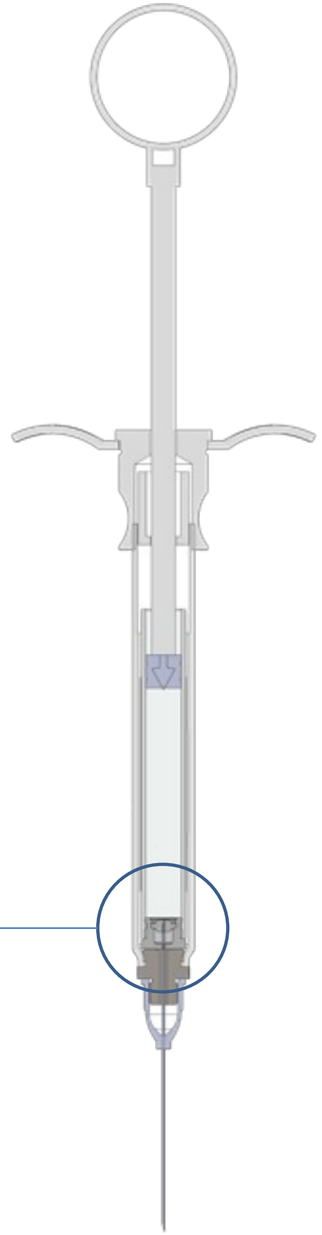
- Lidocaine 2% HCl with Epinephrine, or
- Articaine 4% HCl with Epinephrine
- Acidic injected solution (as low as pH 3.0)
- Acid causes sting and delayed onset

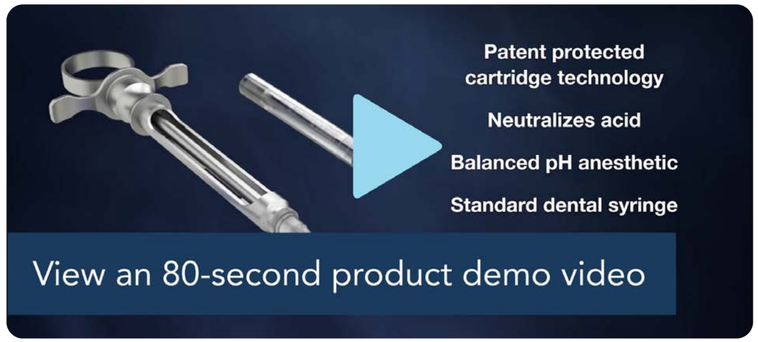
Libracaine Dental

- ✓ Neutralizes acid prior to injection
- ✓ Same efficacy & safety profile
- ✓ Same equipment/technique
- ✓ Same 24-month shelf-life









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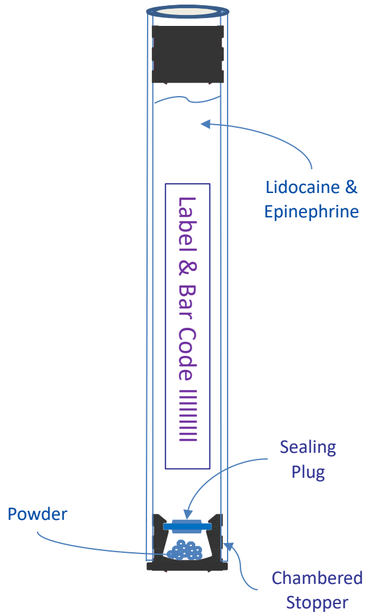

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MARKET VALIDATION

Strong Positive Reaction from Dentists & Key Opinion Leaders

96% Are “**likely to use Libracaine**”[1,2]

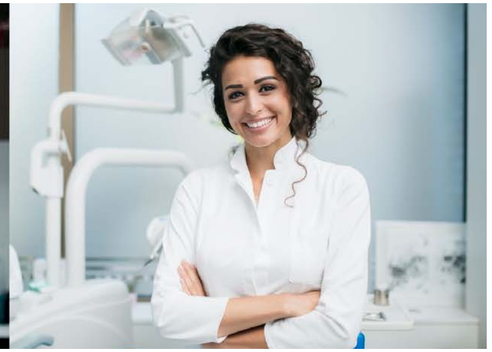
91% Think “using **Libracaine will increase referrals**”[1,2]

88% Are “**likely to feature Libracaine** on their **website** and in their **marketing materials**”[1,2]

> “A pH-balanced anesthetic in a standard dental cartridge will be a *game changer*.”
>
> **- Jason Goodchild, DMD**

Dr. Goodchild holds academic appointments at the University of Pennsylvania School of Dental Medicine, Rutgers School of Dental Medicine, and Creighton University School of Dentistry. He has authored more than 50 research papers on the subject of dental pain management.



[1]Olson Research Group, “U.S. Dentist Quantitative Report, Conducted For Balanced Pharma, August 13th, 2021,” Total Sample Size: 181 Dentists; [2]LIBRACAINE HAS NOT BEEN APPROVED BY FDA AND IS NOT AVAILABLE FOR SALE;

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REGULATORY PATH

Libracaine Dental [BPI-001] – Regulatory Summary

LIDOCAINE HCl 2% with EPINEPHRINE 1:100,000; sodium bicarbonate 0.7% buffer

BPI-001 has a well-defined 505(b)(2) regulatory path with minimal expense, time & risk

FDA meeting minutes from 15 August, 2023, form the basis for our regulatory plan:

- BPI-001 is a drug submission (not a device or combination product) and a 505(b)(2) NDA is the appropriate approval path
- We plan the following non-clinical and clinical studies, at a total time & cost of < 18 months and < $2 MM
  - Two-species neuro-toxicology to show local safety.
  - Small bio-equivalence to show systemic safety.
  - Small acute clinical study (n ~120) to show local anesthetic non-inferiority, faster onset time, and lower injection pain.
  - Small human factors study (n ~20) to show clinical functionality
- Strong existing evidence predicts that BPI-001, when compared with the reference drug (current SOC generic: Lidocaine 2% with Epinephrine 1:100,000), will demonstrate local safety, systemic bio-equivalence, non-inferiority of local anesthesia, faster onset time, lower injection pain, and clinical functionality

Balanced Pharma has retained ProPharma Group (formerly Weinberg Group)

ProPharma is among the leading experts in FDA Liaison

- ProPharma will oversee regulatory operations through approval including IND submission, clinical design, CMC activities and drafting of 505(b)(2)

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COMPETITIVE LANDSCAPE

Libracaine Dental [BPI-001] vs Other Dental Local Anesthetic Products

	1949	1973	2011	2026
Product/Feature	**Lidocaine (SOC)**	**Articaine (SOC)**	**Buffering devices**	**Libracaine® Dental**
Market share	~50%	~40%	< 1%	Pre-launch
Less painful	No	No	Yes	**Yes**
Faster-acting	No	No	Yes	**Yes**
More reliable	No	No	Yes	**Yes**
FDA drug approval	Yes	Yes	No	**Yes***
No mixing or training required	Yes	Yes	No	**Yes**
Standard dental cartridge	Yes	Yes	No	**Yes**
24-month shelf life	No	Yes	No	**Yes**
Current or est. avg. retail sale price**	~$0.97	~$1.12	~$10.00	~$4.00 (est.)

*Libracaine has not been approved by FDA. BPI is currently pursuing a 505(b)(2) NDA.

**Anesthetic expense (for Libracaine or current market leaders) represents less than 1% of the cost of a typical dental procedure.

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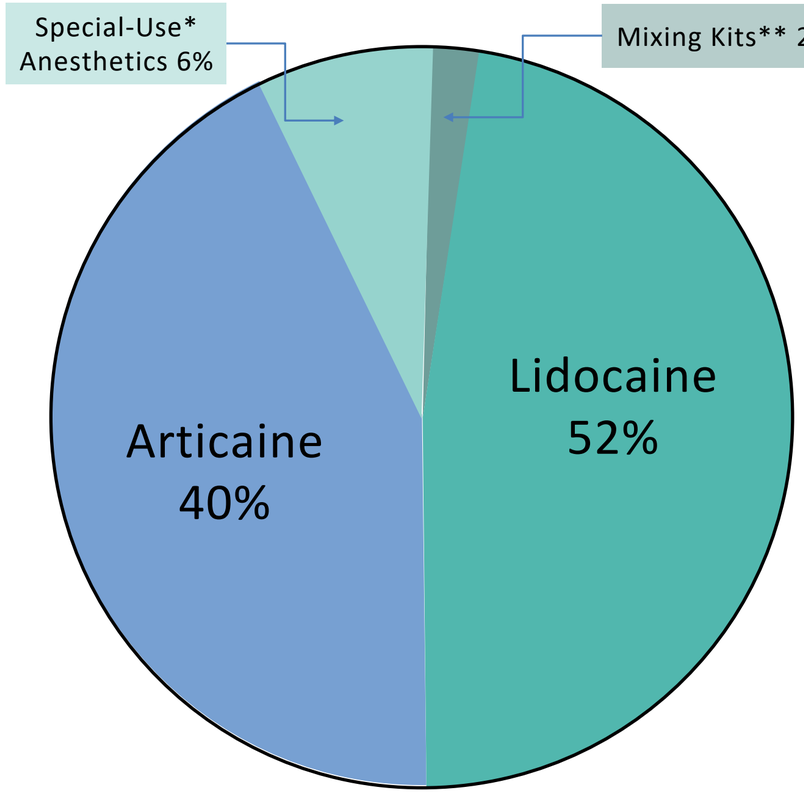
MARKET SIZE

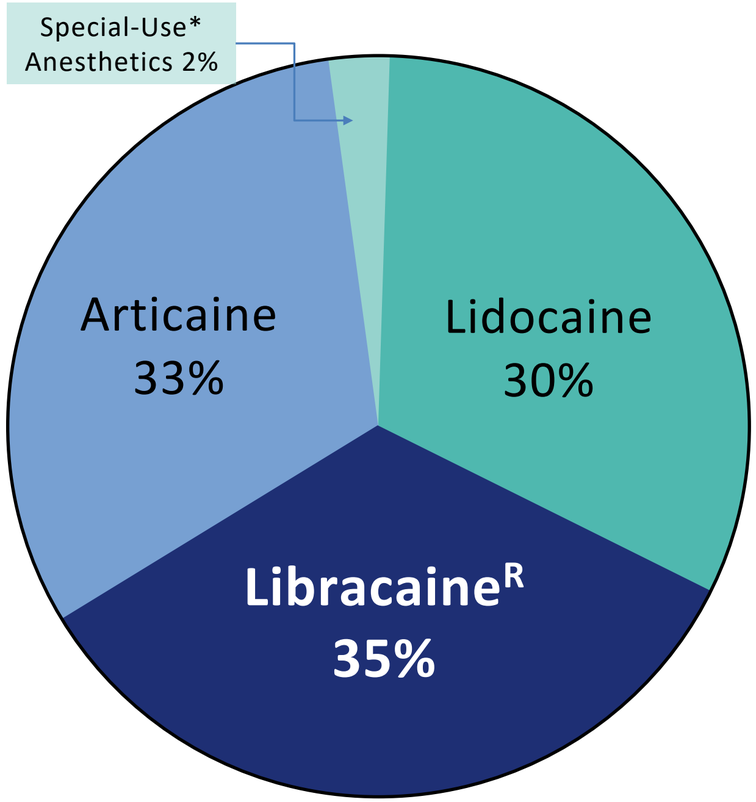
Target SAM: Affluent markets with existing distribution channels in NA/EU/JP/SK



Current SAM (NA/EU/JP/SK)
744 MM units (of 1.9 B TAM)

SDM Northcoast report, "Injectable Cartridges Market Size Analysis, United States, Canada, Mexico, 2019 Units", July 15, 2021; Key-stone Research, "European Local Anesthetics Market Survey," September 20, 2021; Balanced Pharma Internal Estimates.
https://www.dentistrytoday.com/dental-pain-control-and-local-anesthesia-a-40-year-journey/

3 years post-launch



Projected SAM (NA/EU/JP/SK)
Libracaine 260 MM units SOM (35% of SAM)

Based on estimated 35% of SAM – Olson Research Group, "U.S. Dentist Quantitative Report, Aug 13th, 2021," n =181 Dentists; Key-Stone Research, "European Local Anesthetics Market Survey, Sep 20, 2021," n = 433 Dentists.

*Mepivacaine, bupivacaine, and prilocaine are used in special circumstances, but are not typical stand-alone drugs for most procedures.

**Mixing kits are devices intended to aid manual "physician-compounding" of anesthetics with buffering agents and are not FDA-approved drugs.

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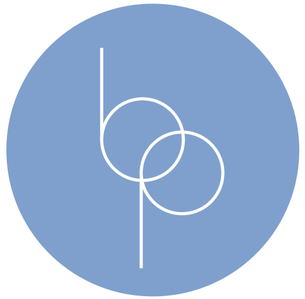
BUSINESS MODEL

BPI will sell wholesale through existing distributors & expects ~67% operating margin



BPI will sell wholesale to well-established distributors

- AWSP est. $3.00/unit
- COGS est. < $1.00/unit
- EBIT to BPI est. >$2.00/unit

Distributors will re-sell to end-user dentists

- ARSP est. $4.00/unit
- Distributors will 5x profit on each unit compared to selling generic

Dentists do not bill patients or insurers for anesthetic

- Current drugs priced ~0.003 x procedure costs
- Libracaine est. price ~ 0.010 x procedure costs
- Est. ROI > 7x (marketing advantage + time saved)

Example Distributors

Atlanta Dental

Benco Dental

Darby Dental

Henry Schein Dental

Patterson Dental

Example Marketing Partners

Dentsply/Sirona

Inibsa

Pierrel

Septodont

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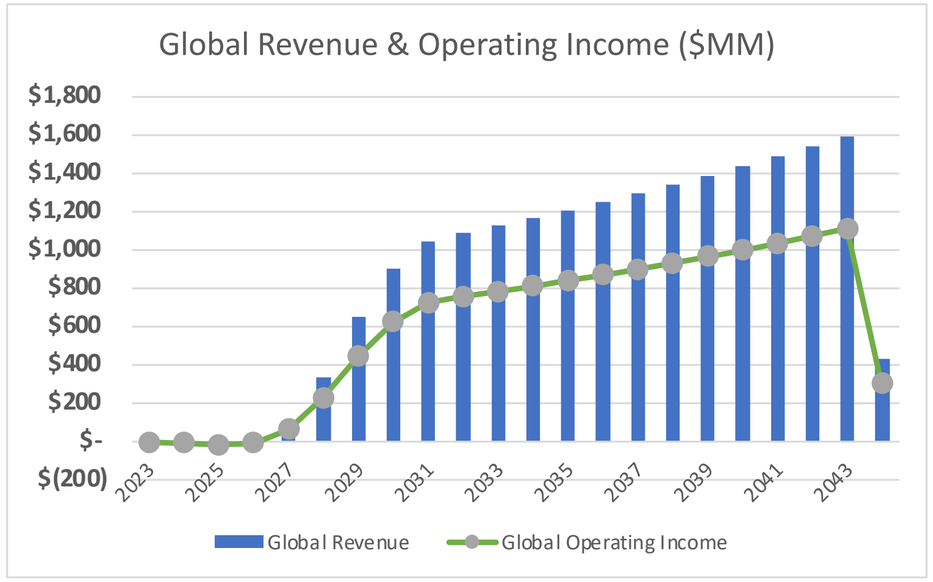
FORECAST

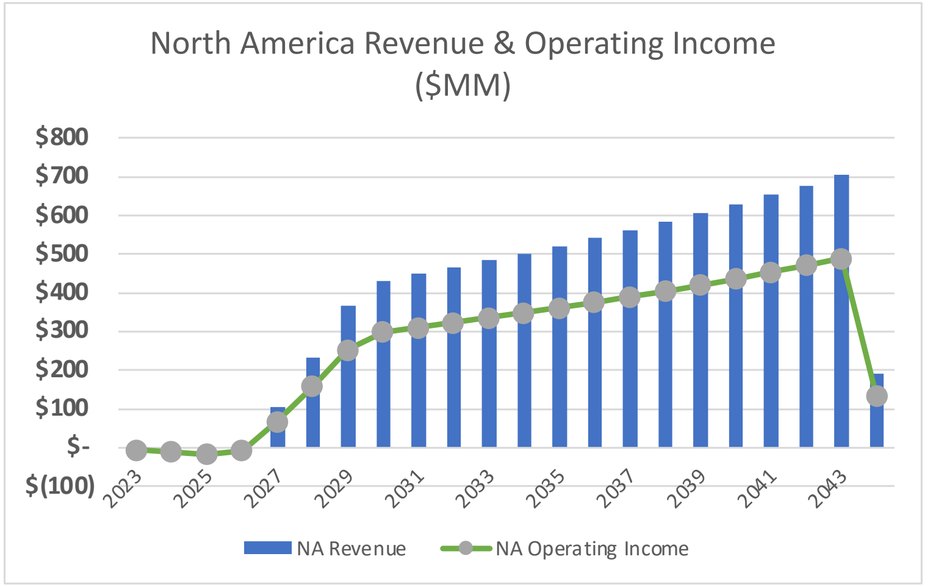
Base case forecast @ 35% peak market share

BALANCED PHARMA FORECAST - DRAFT FOR DISCUSSION ONLY

Key outputs in MM USD	
NA peak sales ($MM)	704
Europe peak sales ($MM)	606
Japan & S. Korea peak sales ($MM)	283
Cons. global peak sales ($MM)	1,593
Sum of distributions ($MM)	**10,229**
Risk-adj pre-tax NPV from today ($MM)	**3,398**

Key inputs			
Overall PoS (risk)	80%	AWSP/unit (all markets)	$3.00
Servicable Available Market (MM units)	744	Total mfr. costs/unit	$0.87
Peak NA share	35%	Marketing, sales costs ($MM)	15.0
Peak EU share	35%	Corporate G & A costs ($MM)	2.2
Peak JASK share	35%	Launch Timing - NA	2026.92
Years to peak - NA	3	LOE - NA	2044.25





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DEVELOPMENT FINANCE & TIMING

$9 MM equity raise enables registration batch, IND, tox, initiate commercial line mfr.

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Months	0-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36	37-39	40-42	43-45	46-48	49-51	52-54	55-57	58-60
R&D & Regulatory - $8 MM	$6 MM							$2 MM												
Mfr. Registration Batch	Mfr. registration batch																			
IND & Pivotal (Phase III)			IND submission & approval			Pivotal study														
Tox & Bio-equivalence			Tox & Bio-equivalence studies																	
Stability				Stability & analysis																
NDA						NDA submission		NDA approval												
Commercialization - $19 MM		$3 MM			$9 MM				$7 MM*											
Manufacturing		Commercial Machinery Build & Install (by others) – 24 months								Pre-launch inventory	U.S. launch& revenue									
Brand, Marketing, Sales								Pre-market campaign, Price/Volume research			Brand, Marketing, Sales									
Finance Summary: $27 MM Equity Investment to Profitability	**$20 MM equity**								**$7 MM* equity**					**Profitability**						

**Note: Total cash needs include ~$19 MM in commercial debt to be collateralized by inventory.*

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OPPORTUNITY

Libracaine Dental [BPI-001] vs other life science opportunities

Large, Known, Existing Market	• Estimated 744 MM units/year in US/EU/Japan/ROK for current SOC products • Estimated peak $3.7B wholesale SAM & $1.3B wholesale SOM for BPI-001
Long Patent Life	• Two granted patents, one patent pending • Patent term and market exclusivity expected until Q1-2044
Very Low Regulatory Risk	• Buffered reformulation of well-known drug & indication • All product components are well-characterized
Very Low R&D Cost, Fast Exit Potential	• Abbreviated 505(b)(2) FDA pathway • Total runway to NOI < $54 MM, launch & revenue potential in 33 months
No Change in Clinical Practice	• Standard dental cartridge works with all existing syringes • No training or new protocols required
Ripe Competitive Landscape	• Only two incumbents, articaine & lidocaine, both decades-old generics • Libracaine Dental will be highly-differentiated, best-in-class
No Reimbursement Issues	• Dental anesthetics are an incidental cost to dentists • Libracaine Dental will be economical & comprise < 1% of procedure cost
Accessible Distribution Channels	• Wholesale sales to multiple distributors • Well established distribution network; BPI-001 enables higher margins vs SOC generics
Proven Market Need	• Over 150 clinicians (end-users) invested over $2.1 MM in early rounds • 90 % of 614 US/EU dentists surveyed want at least one of our improved features

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LEADERSHIP

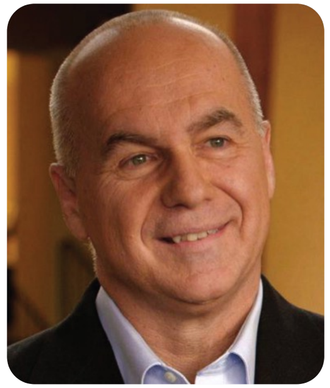
Expertise in Pharma, Dental, Finance, Regulatory, Manufacturing, & Commercial

J. Scott Keadle, DDS
Chairman, Chief Executive Officer

Founder and CEO at Balanced Pharma, 30+ years as a dentist, practice owner and business executive

John Selig
Director

Managing Partner at WaveEdge Capital, 25+ years in life science investment banking and M&A practice



Mark Sebree
Director, *Chief Development Officer

Fmr. CEO, Becton Dickinson Rx; 35+ years in strategy, acquisitions, and operations in the pharma industry

Eric Sherb
*Chief Financial Officer

13 years experience in accounting advisory, auditing, and M&A; extensive experience in financial reporting

Jason Suggs
*Chief Communications Officer

CEO at Orange Reef, 20+ years in brand strategy, communications, and technology

Nita U. Patel, Ph.D.
*Senior Advisor—CMC

SVP, Global Reg. Issues and Head of CMC, at ProPharma Group; 30+ years of R&D and pharmaceutical industry experience

Steve Jensen
*Senior Advisor—Regulatory

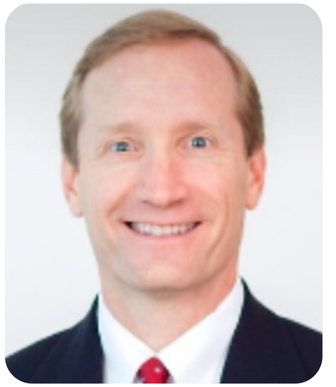
EVP, Head of U.S. Regulatory Sciences, at ProPharma Group; 22+ years of pharmaceutical industry experience

Alex Sadusky
*Senior Advisor – Commercial

CEO, TruBlu Dental; Fmr. Dentsply-Sirona Sr. Exec.; Fmr. Sr. Ext. Advisor, McKinsey & Co. Pharma & Med Products Division

Sara Hanks, Esq.
*Outside Securities Counsel

CEO, CrowdCheck Law Firm



Byron Kirkland, Esq.
*Outside Corporate Counsel

Managing Partner,
Smith Anderson Law Firm

*Note: Management and advisory roles other than Chief Executive Officer are fractional.

SCIENTIFIC ADVISORS

Scientific Advisory Board

Balanced Pharma's Scientific Advisory Board includes experts in Pharma, Dental Anesthesiology, Oral Surgery, and Dermatology.

Bishr Al-Dabagh, MD, MBA, FAAD, FACMS

*Scientific Advisor

Board-certified dermatologist (American Board of Dermatology), fellowship-trained dermatologic surgeon (American College of Mohs Surgery), and a fellow of the American Academy of Dermatology (AAD). Dr. Al-Dabagh has published over 20 peer-reviewed articles and book chapters.

Larina Chu, DDS, M-PA, CLS

*Scientific Advisor

Dentist anesthesiologist serving the greater Hesperia, California area. Dr. Chu is a professional member of the American Board of Dental Anesthesiologists, the American Dental Association, the California Dental Association and the Tri-County Dental Society.

Mark Donaldson, Pharm.D.

*Scientific Advisor

Associate Principal at Vizient Pharmacy Advisory Solutions, 17+ years as a recognized expert in dental pharmacology, He holds academic appointments at the University of Montana and the Oregon Health & Sciences University and serves on the editorial board of the Journal of the American Dental Association

Jay B. Reznick, D.M.D., M.D.

*Scientific Advisor

Director of the Southern California Center for Oral and Facial Surgery in Tarzana, California; Diplomate of the American Board of Oral and Maxillofacial Surgery; the first specialist in the U.S. to integrate CBCT and CAD/CAM in his practice; has been published extensively in dental and medical literature

John B. Roberson, DMD

*Scientific Advisor

Oral & Maxillofacial Surgeon; CEO and Co-Founder of AAFDO (Accreditation Association For Dental Offices); CEO and Co-founder of the Institute of Medical Emergency Preparedness; author and lecturer; selected as a CE Leader for Dentistry Today for 10 consecutive years

*Note: Scientific Advisory roles are fractional.

THE BALANCED PHARMA TEAM

Clinical Advisory Board

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Balanced Pharma's Clinical Advisory Board includes over 75 practicing clinicians across every specialty that uses local anesthetic.

Mamta Patel, DDS
Dentist; Owner, Stamford Dental Spa; University of Connecticut; Licensed in New York, Connecticut

Marcus Johnson, DDS, MSD
Endodontist, Lecturer, Teacher, Interfaith Hospital; NYU College of Dentistry

Arthur DiMarco, DMD
Co-Author, *Local Anesthesia for Dental Professionals*, Professor, Eastern Washington University

Kathy Bassett, BSDH, RDH, MEd, QOM
Co-Author, *Local Anesthesia for Dental Professionals*; Prof., Univ. of Washington

Karin Davis, DMD, MPAS, PA-C
Oral & Maxillofacial Surgeon; Diplomate, National Dental Board of Anesthesiology

Dean DeLuke, DDS
Professor Emeritus, Oral & Maxillofacial Surgery, VCU; Frequent Lecturer on Local Anesthesia in Dentistry

Katie Post, DDS
Owner, Northwest Dental Group; Board Member, Ronald McDonald House; University of Iowa

Ethan Chase, DMD, CAGD
Dentist; Clinical Lecturer, Boston University Goldman School of Dental Medicine

Pedram Mastour, DDS
Dentist; Clinical Assistant Professor, Division IV, The Herman Ostrow School of Dentistry, USC

Traci McCormick, MD
Radiation Oncologist; CEO and Medical Director, Precision MD Wellness; Residency, Indiana University

Scott Harper, MD
Vice Chair, Department of Anesthesiology, UAB; Chief of Anesthesia, St. Vincent's Hospital

Ivory Hancock, DMD
President, IVORY Dental Centre, Washington, D.C.; Temple University, NYU College of Dentistry

Raymond Jone, DDS, FAGD, FICOI, DIDIA,
Owner, Pacific Sky Dental; Columbia University School of Dentistry; USC

Elaine Vowell, DDS, FAGD
Founder, Your Best Shot; Creighton University School of Dentistry

Dentonio Worrell DDS, FICD
Commander, COL, U.S. Army Dental Activity (DENTAC), HI; Tripler Army Medical Center

Wenhong Peng, DDS, MPH, MBA
Dentist; Owner, Peng Dental Health; Harvard School of Public Health; USC

*Note: Clinical Advisory roles are fractional.

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THANK YOU

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Thank you for your consideration.

For further inquiry, please contact CEO Scott Keadle:

mobile 704-650-0249

Scott.Keadle@BalancedPharma.com

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Appendix

Slide(s)	Title
20	*Market Need*
21	*Target Product Profile*
22	*Intellectual Property*
23	*Scientific Literature*
24-26	*Buffered Anesthetic Benefits*
27	*Provider Economics*

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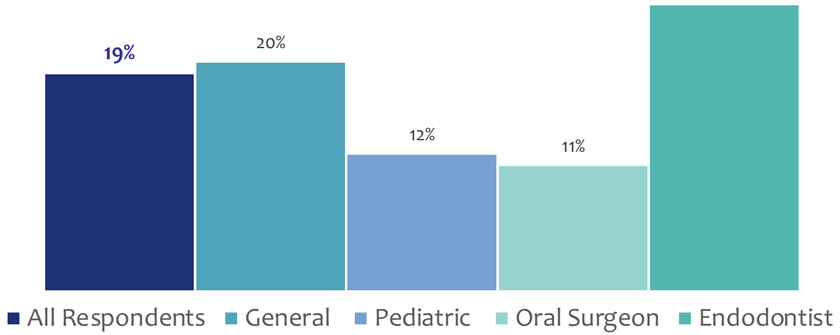
Market Need

Dental injections: Plenty of room for improvement

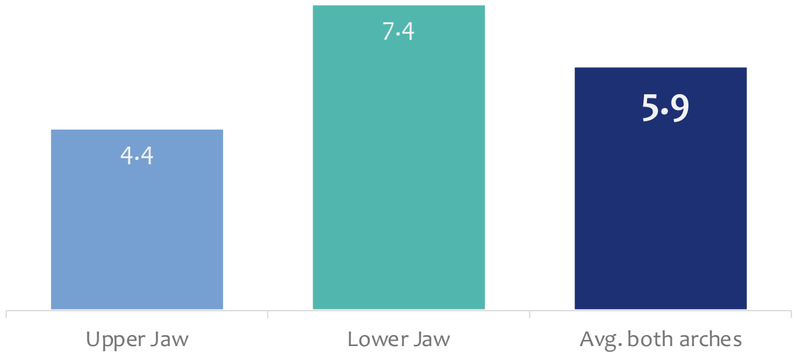
58% of PATIENTS

say the **injection** is the **worst part** of the dental experience

Anesthetic difficulties are the cause of running late **19%** of the time



Average reported time to numb is **5.9 minutes**



90% of dentists **would change their current anesthetic** to be one or more of the following:

Faster acting	Less painful	More reliable
(56%)	(56%)	(47%)

*All data presented on this page are based upon a market survey conducted by Olson Market Research in 2021 of 181 U.S. dentists and 150 U.S. patients.

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TARGET PRODUCT PROFILE

Libracaine Dental vs lidocaine 2% / epinephrine 1:100k

Drug Product Feature	Xylocaine Dental 2% with Epinephrine 1:100,000	Target change from Reference Drug	Libracaine Dental (target)
Pain of injection score target	4 / 10 pain score	**25% less pain on injection**	**3 / 10 pain score**
Pulpal anesthesia onset time target	6.4 min. average	**75% less time to anesthesia**	**1.5 min. average**
Inflamed tissue reliability target	43% failure rate	**33% lower failure rate**	**29% failure rate**
Dosage Form	Injection solution	No Change	Injection solution
Administration Route	Subcutaneous injection	No Change	Subcutaneous injection
Conditions of Use	Dental clinicians in clinical setting	No Change	Dental clinicians in clinical setting
Anesthetic API	Lidocaine 2% (20 mg/ml)	No Change	Lidocaine 2% (20 mg/ml)
Vasoconstrictor API	Epinephrine 0.001% (0.01 mg/ml)	No Change	Epinephrine 0.001% (0.01 mg/ml)
Excipient	Potassium metabisulfite 1.2 mg/ml	No Change	Potassium metabisulfite 1.2 mg/ml
Excipient	Edetate disodium 0.25 mg/ml	No Change	Edetate disodium 0.25 mg/ml
Excipient	Sodium Chloride 6.5 mg/ml	**-6.5 mg/ml**	Sodium Chloride 0.0 mg/ml
Excipient Buffer	None (HCl titration to pH target)	**+ 7.0 mg/ml**	**Sodium bicarbonate 7.0 mg/ml (0.7%)**
Labeling	See reference drug label details	**Very slight change anticipated**	See reference drug label details
Primary packaging	1.7ml single chamber dental cartridge	1.7 ml **dual** chamber dental cartridge	1.7ml **dual** chamber dental cartridge
Secondary packaging	10-unit plastic blister pack	**Eliminates unnecessary part & process**	**None**
Shipping package	Thin cardboard shipping box - 50 units	**Secondary seal, no piston movement**	**Sealed metal canister – 50 units**
Storage pH target (range)	pH 4.0 (3.5 - 4.5)	No Change	pH 4.0 (3.5 - 4.5)
Delivered pH target (range)	pH 4.0 (3.0 - 4.5)	**+ ~3.00 to pH 7.00 target**	**pH 7.00 (6.nn - 7.nn)**
Storage osmolality target	365 mOsm/kg	**- 206 mOsm/kg**	**159 mOsm/kg**
Delivered osmolality target	365 mOsm/kg	**-65 mOsm/kg**	**300 mOsm/kg**

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INTELLECTUAL PROPERTY

Balanced Pharma – Intellectual Property Summary

BPI owns the following granted patents and pending patent applications:

- **U.S. Patent** No. 11,305,064 (issue date April 19th, 2022)
  - Expiration and LOE: 04 October 2038
- **U.S. Patent** No. 11,554,218 (issue date January 17th, 2023)
  - Expiration and LOE: 02 January 2038
- **Canadian Application** No. 3,111,347 (Canadian National Phase of PCT/IB2018/052598)
- **European Application** No. 18897951.2 (European Regional Phase of PCT/IB2018/052598)
- **Japanese Application** No. 2020-556351 (Japanese National Phase of PCT/IB2018/052598)
- **Korean Application** No. 10-2020-7021685 (Republic of Korea National Phase of PCT/IB2018/052598)
- **U.S. Application** No. 17/682,846
- **U.S. Application** No. 63/486,085 (provisional)
  - Expiration and LOE: Q1 2044

BPI also owns one U.S. registered trademark, for LIBRACAINE®

BPI is represented by Greg Carlin, Esq., a partner at the Atlanta, Georgia IP law firm of Meunier, Carlin, & Curfman

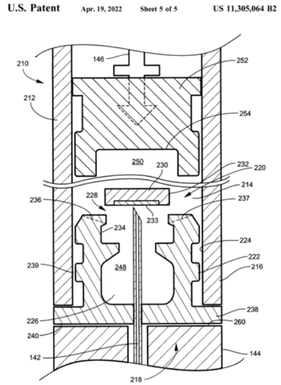


FIG. 10

U.S. Grant – expires Q1 2038

Pending – Other Jurisdictions

Dental
Aesthetic
Dermatological Surgery
Emergency Medicine
ENT Surgery
Interventional Radiology
Plastic Surgery
Podiatry
Urology

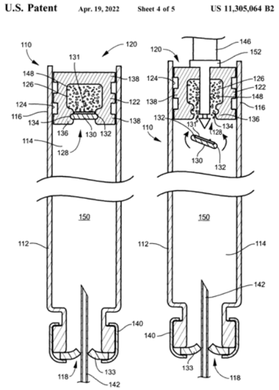


FIG. 8 FIG. 9

U.S. Grant – expires Q4 2038

Pending – Other Jurisdictions

Dental
Aesthetic
Dermatological Surgery
Emergency Medicine
ENT Surgery
Interventional Radiology
Plastic Surgery
Podiatry
Urology

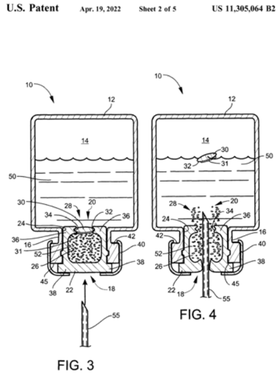


FIG. 3 FIG. 4

Pending – All Jurisdictions

Aesthetic
Dermatological Surgery
Emergency Medicine
ENT Surgery
Interventional Radiology
Plastic Surgery
Podiatry
Urology

SCIENTIFIC LITERATURE

Neutral pH: Faster, Less Painful, More Reliable

Peer-Reviewed Clinical Research & Meta-analyses – Buffered Anesthetic in Dentistry

1. **2018 Meta-Analysis: Significantly Decreased Onset Time and Injection Pain**
   Guo et al from University of Southern California School of Dentistry concluded: *"Buffered lidocaine significantly decreased onset time and injection pain (VAS) compared with non-buffered lidocaine in inferior alveolar nerve block."*

2. **2017 Clinical Study: Reduces the Pain on Injection**
   Phero et al from University of North Carolina School of Dentistry concluded: *"Buffered lidocaine reduces the pain on injection with a maxillary field block and results in similar lengths of pulpal anesthesia as non-buffered 2% lidocaine."*

3. **2017 Clinical Study: Lower Pain on Injections**
   Warren et al from University of North Carolina School of Dentistry concluded: *"After mandibular nerve block, Buffered 1% lidocaine can produce similar duration of pulpal anesthesia as non-buffered 2% lidocaine and lower pain on injections."*

4. **2019 Meta-analysis: 2.29 Times More Reliable in Inflamed Teeth**
   Kattan et al from University of Pennsylvania School of Dentistry concluded: *"Buffered local anesthetics have 2.29 times greater likelihood of achieving successful anesthesia [in pulpally involved teeth]."*

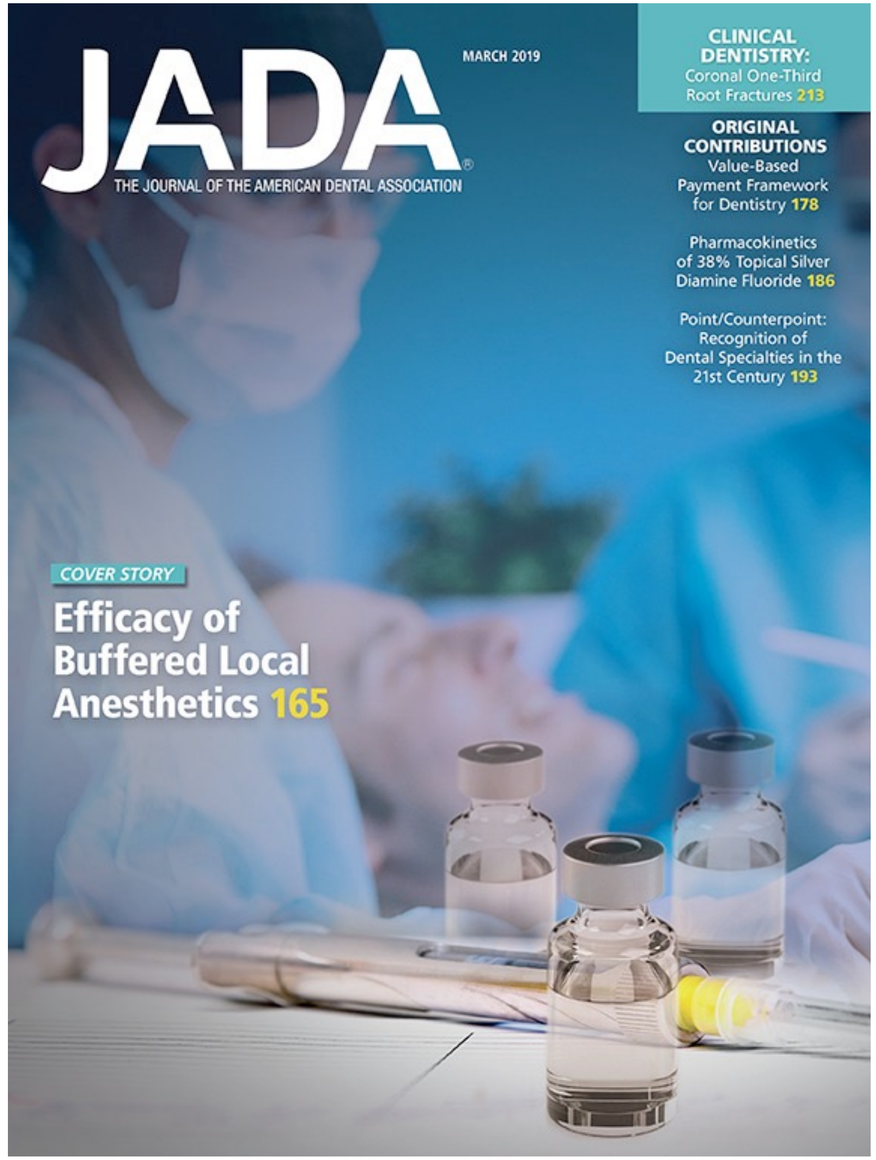
Malamed – *Handbook of Local Anesthesia, 7th Edition*:

"Buffering local anesthetic cartridges benefits both dentists and their patients if the benefits of buffering are consistently reliable and if buffering is available in a system that incorporates the standard dental anesthetic cartridge."

"**This author is an advocate for the use of buffered local anesthetics in all dental injections**, particularly those in the mandibular arch."

Dr. Malamed is a leading authority on dental anesthesia, and has authored more than 140 scientific papers and 17 chapters in various medical and dental journals and textbooks in the areas of physical evaluation, emergency medicine, local anesthesia, sedation and general anesthesia.

DR. MALAMED HAS NO AFFILIATION WITH OR FINANCIAL INTEREST IN BALANCED PHARMA



BUFFERED ANESTHETIC BENEFITS

Less painful = More referrals, less marketing expense, more income

Patients want a less painful dental injection, both for themselves and their children

58% of patients believe the injection is the worst part of the dental experience[1]
86% of patients stated a desire for a less painful dental injection[1]

For dentists, a less painful injection means more referrals, less marketing expense and more income

56% of dentists stated a need for a less painful dental injection in their practice[2]

Research shows that pH-balanced anesthetics are less painful when injected

2018 Meta-Analysis: Significantly Decreased Onset Time and Injection Pain

Guo et al from University of Southern California School of Dentistry concluded: *"Buffered lidocaine significantly decreased onset time and injection pain (VAS) compared with non-buffered lidocaine in inferior alveolar nerve block."*

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[1]Olson Research Group, "US Patient Dental Care Study Quantitative Report, May 7, 2021" N=140; [2]Olson Research Group, "US Dentist Quantitative Report, August 13, 2021" N=181.

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BUFFERED ANESTHETIC BENEFITS

Faster-acting = Shorter visits for patients, more time for dentists, more income

Patients want less time in the dental chair, both for themselves and their children

87% of patients expressed a desire for a faster-acting dental anesthetic with less wait time in the dental chair[1]
100% of parents expressed a desire for a faster-acting dental anesthetic with less wait time in the dental chair for their children[1]

For dentists, a faster-acting injection increases practice efficiency, revenue and income

56% of dentists state a need for a faster-acting anesthetic[2]
Dentists report an average delay of 5.9 minutes with current anesthetics[2]
Dentists report that anesthetic delays are responsible for running late 19% of the time[2]

Research shows that pH-balanced injections are faster-acting

2018 Meta-Analysis: Significantly Decreased Onset Time and Injection Pain

Guo et al from University of Southern California School of Dentistry concluded: *"Buffered lidocaine significantly decreased onset time and injection pain (VAS) compared with non-buffered lidocaine in inferior alveolar nerve block.*

2013 Clinical Study: Significantly reduces anesthetic onset time

Malamed, Tavana & Falkel concluded: "Alkalinizing lidocaine with epinephrine toward physiologic pH immediately before injection significantly reduces anesthetic onset time…"

[1]Olson Research Group, "US Patient Dental Care Study Quantitative Report, May 7, 2021" N=140; [2]Olson Research Group, "US Dentist Quantitative Report, August 13, 2021" N=181.

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BUFFERED ANESTHETIC BENEFITS

More reliable anesthesia = Happier patients, time saved for dentists, more income

Patients want to know the anesthetic will work, for themselves and their children

69% of patients said that being more likely to get their tooth numb before the procedure starts is a significant benefit of an anesthetic[1]

26% of patients said that they had to get extra injections after anesthetic failure[1]

Dentists want an anesthetic that is reliable, even in the presence of inflammation

47% of dentists state a need for a more reliable anesthetic[2]

Dentists report a failure rate of 20% for current anesthetics[2]

Research shows that pH-balanced injections are more reliable

2019 Meta-analysis: 2.29 Times More Reliable in Inflamed Teeth

Kattan et al from University of Pennsylvania School of Dentistry concluded: *"Buffered local anesthetics have 2.29 times greater likelihood of achieving successful anesthesia [in pulpally involved teeth]."*

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PROVIDER ECONOMICS

Example ROI for GP dentists (time savings only, does not include marketing advantage)

Assumptions:

- 60-minute restorative visit
- 2 cartridges per procedure; 5 procedures per day
- 3-minute average time savings per procedure
- 200 working days per year, $800,000 annual revenue

	Current SOC products (annual)	Libracaine® Dental (annual)	Net Change (annual)
Operating time	1,000 hours	1,000 hours	0
Number of procedures (recapture 3-minute time savings)	1,000	1,052	+52
Revenue (adjusted for 3-minute time savings)	$800,000	$841,600	+$41,600
Anesthetic Cost (2 cartridges @ $0.84/$4.00 ARSP)	-$1,680	-$8,416	-$6,736
Net Revenue (after anesthetic costs)	$798,320	$833,184	**+$34,864**
ROI (not incl. marketing advantage)			**5.2x**

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