



Corporate Presentation

Targeting Multiple Diseases with Substantial Market Opportunities

Dyscorban®

DMD cardiomyopathy

Vasculan®

systemic sclerosis

Fibroban®

pulmonary fibrosis

+ additional expansion programs

October 2026

Why Cumberland, Why Now



Significant value creation opportunities

Lead DMD program advancing to an NDA, plus multiple Phase 2 programs built on one core molecule



Compelling Phase 2 data in DMD

Positive, dose-dependent cardiac data (+5.4% LVEF vs. control, $p = 0.002$), corroborated by biomarkers



Established safety profile

~1,400 subjects dosed across ~30 clinical studies, with no new safety concerns in DMD through 36 months



Strong balance sheet

~\$100M+ net divestiture proceeds and no debt; able to fund clinical development.



Attractive, underserved markets

Limited or no effective treatment options for addressable patient populations — no approved DMD cardiac therapy



Defined path to NDA

Pre-NDA meeting held and FDA granted rolling review; NDA submission planned on FIGHT DMD data



Worldwide commercial rights

Cumberland possesses the worldwide commercial rights for all of its candidates in clinical development



Expected near-term news flow

Rolling NDA submission, 24- and 36-month extension data and milestones across multiple programs

Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 are made only as of the date of this presentation. Forward-looking statements may be identified by words such as “may,” “will,” “expect,” “plan,” “anticipate,” “intend,” “believe,” “estimate,” “potential,” “continue,” “could,” “should,” “would” and similar expressions, although not all forward-looking statements contain these words. These statements include, among others, statements concerning our product candidates and their development, our technology, our competitors, our intellectual property, our financial condition, the results of our strategic transaction, and our plans for our research and development programs such as the timing, content and completion of the NDA submission, its rolling review; Cumberland's plan to seek approval based on the FIGHT DMD™ trial and natural history data without conducting a Phase 3 trial; the results of the ongoing open-label extension and the 24- and 36-month analyses; regulatory review, approval and labeling; the potential benefits of Orphan Drug, Rare Pediatric Disease, including eligibility for a priority review voucher, and Fast Track designations, which may not be realized; the proprietary name; patent protection and exclusivity; manufacturing; commercialization and market acceptance; the need for additional capital; competition; reliance on third parties; and other ifetroban programs.

These statements are based on current assumptions and plans of Cumberland's management and are subject to risks, uncertainties, assumptions and other factors that could cause actual results to differ materially from those expressed or implied by the forward-looking statements. Important factors that could cause such differences include, among others, the risk that the FDA will refuse to file the NDA or will not approve ifetroban, including because of concerns about the LVEF endpoint, the natural-history comparator or the statistical analysis plan; the risk that the FDA will not agree with Cumberland's interpretation of the minutes or outcomes of its meetings with the FDA; the risk that the FDA will require a Phase 3 trial or other additional studies or data, which could significantly delay or prevent approval and require substantial additional capital; the risk that data from the open-label extension, including the 24- and 36-month MRI analyses, will not be favorable; Cumberland's ability to meet the FDA's other approval requirements, including a significant evidence of efficacy and chemistry, manufacturing and controls requirements; the risk that rolling review will not shorten the review timeline; restrictions that may be placed on the label, if approved; changes in FDA requirements, policies or regulatory pathways; and the risks described under the heading "Risk Factors" in Cumberland's most recent Form 10-K and subsequent Form 10-Q filings, as well as other reports filed with the Securities and Exchange Commission. You should not place undue reliance on these forward-looking statements, which speak only as of the date of this presentation with respect to statements in this presentation or related press release. Cumberland undertakes no obligation to update any forward-looking statement except as required by law.

References to the recent divestiture of the company's commercial products, including approximate proceeds, reflect management estimates and remain subject to customary adjustments. Anticipated milestone timing reflects management's current expectations and is subject to change; milestones identified as directional planning assumptions are illustrative of sequence and are not commitments or guidance. Clinical data described herein derive from early- and mid-stage studies; cross-study and cross-trial comparisons are provided for illustrative purposes only and may be unreliable due to differences in trial design, endpoints and populations. Results described for the various expansion studies reflect exploratory analyses of small, non-powered studies; with some observed differences were not statistically significant and should not be interpreted as evidence of efficacy.. Market-size figures referenced reflect published category estimates and are not forecasts of Cumberland product revenue. For more information, please see www.cumberlandpharma.com.

A New Cumberland: Value Unlocked, Focused on Innovation

THE STRATEGIC TRANSACTION

STRATEGIC TRANSACTION • CLOSED SUMMER 2026

Cumberland Pharmaceuticals

integrated its commercial products and organization with

Apotex Health

U.S. Branded Business

Apotex: Canada's largest pharmaceutical company, subsequently listed on the TSX



\$100M+

Received

From the transaction

75%

Expenses Eliminated

Dramatically leaner cost base

Retained

Clinical Pipeline

Our most valuable asset

OUR NEW STRATEGY

TAG LINE

Advancing innovative therapies



MISSION

Advancing new therapies that address significant unmet medical needs



DESCRIPTION

Cumberland is an innovation-driven biopharmaceutical company developing new therapies to address significant unmet medical needs and improve patient outcomes.



FOCUS

Late-stage clinical development, led by ifetroban, building on our record of developing, registering and delivering differentiated medicines

Ifetroban: A De-Risked Molecule with Multiple Commercial Opportunities



Positive Phase 2 DMD Data

Ifetroban improved heart function vs. a declining natural-history course — addressing a leading cause of death in Duchenne muscular dystrophy patients.



Well-Established Safety Profile

~1,400 subjects dosed across ~30 clinical studies, providing a well-characterized safety profile.



Key FDA Designations

Orphan Drug, Rare Pediatric Disease and Fast Track designations; FDA granted rolling review of the planned NDA.



Platform Opportunity

One molecule across DMD, SSc and IPF, plus other expansion programs.



Proven Approval Track Record

A team with a strong history of prior FDA drug approvals — experience that de-risks ifetroban's path to market.



Well-Capitalized

Balance sheet strengthened by a ~\$100M+ divestiture of the company's commercial assets, with no debt.

Three core clinical programs, one core molecule: three ifetroban Phase 2 indications, now supported by a shared ~1,400-subject safety database.

A Well-Capitalized Company Focused on Its Rare-Disease Pipeline

~\$100M+

Net Divestiture Proceeds

From sale of commercial assets

3 Core

Clinical Programs

3 ifetroban Ph2 + other expansion

~30

Ifetroban Studies

~1,400 subjects dosed

A Proven Record of FDA Approvals

- Long track record of successfully developing and gaining FDA approval for branded products
- This proven development and regulatory experience de-risks ifetroban's path forward
- Recently divested its commercial portfolio for ~\$100M+ — a strong validation of that track record
- Now singularly focused on advancing the ifetroban pipeline

Ifetroban — The Value Driver

- Cumberland's first new chemical entity
- Potent, selective thromboxane-receptor antagonist
- Originally discovered & developed by Bristol-Myers Squibb
- Both IV and oral formulations manufactured
- Collaborations with Vanderbilt research and clinical teams.

Ifetroban: Once-Daily Oral Dosing, With Several Mechanisms of Action

What it is

- Once-daily oral capsules taken in a fasted state
- Originally developed by BMS as an antiplatelet agent
- Cumberland's first new chemical entity; both IV and oral formulations manufactured

Why it is de-risked

-  ~1,400 subjects across ~30 clinical studies
-  Advanced in collaboration with Vanderbilt's globally recognized medical center and development capabilities
-  ~90 patient-years of DMD exposure to date

How it works

Ifetroban is a potent, selective antagonist of the thromboxane receptor (TPr) — expressed on cardiomyocytes, immune cells, smooth-muscle cells and endothelium. Blocking this single receptor interrupts three injury pathways at once.



Targets inflammatory signaling

Antagonizes TPr-mediated immune and inflammatory signaling that has been implicated in tissue injury.



Targets fibrosis (scarring)

Fibrotic scarring contributes to progression in DMD, SSc and IPF; reducing TPr-driven injury is intended to slow it.



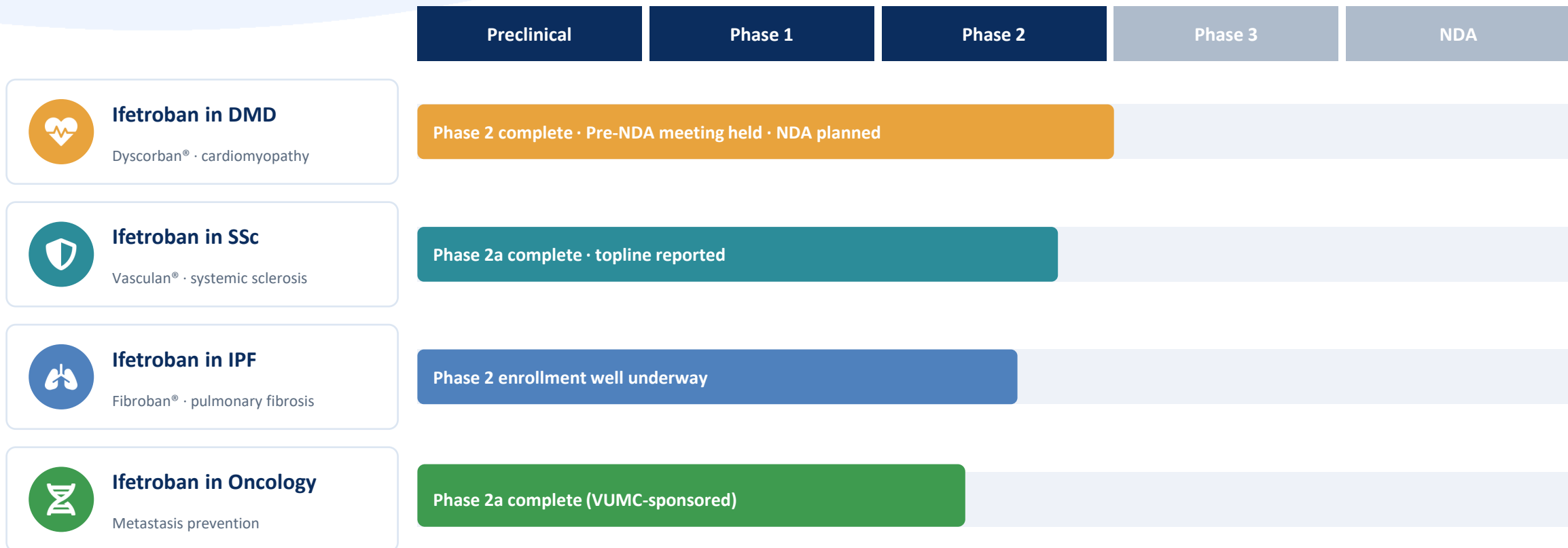
Relaxes blood vessels

Inhibits smooth-muscle contraction and platelet aggregation, improving perfusion to affected tissue.

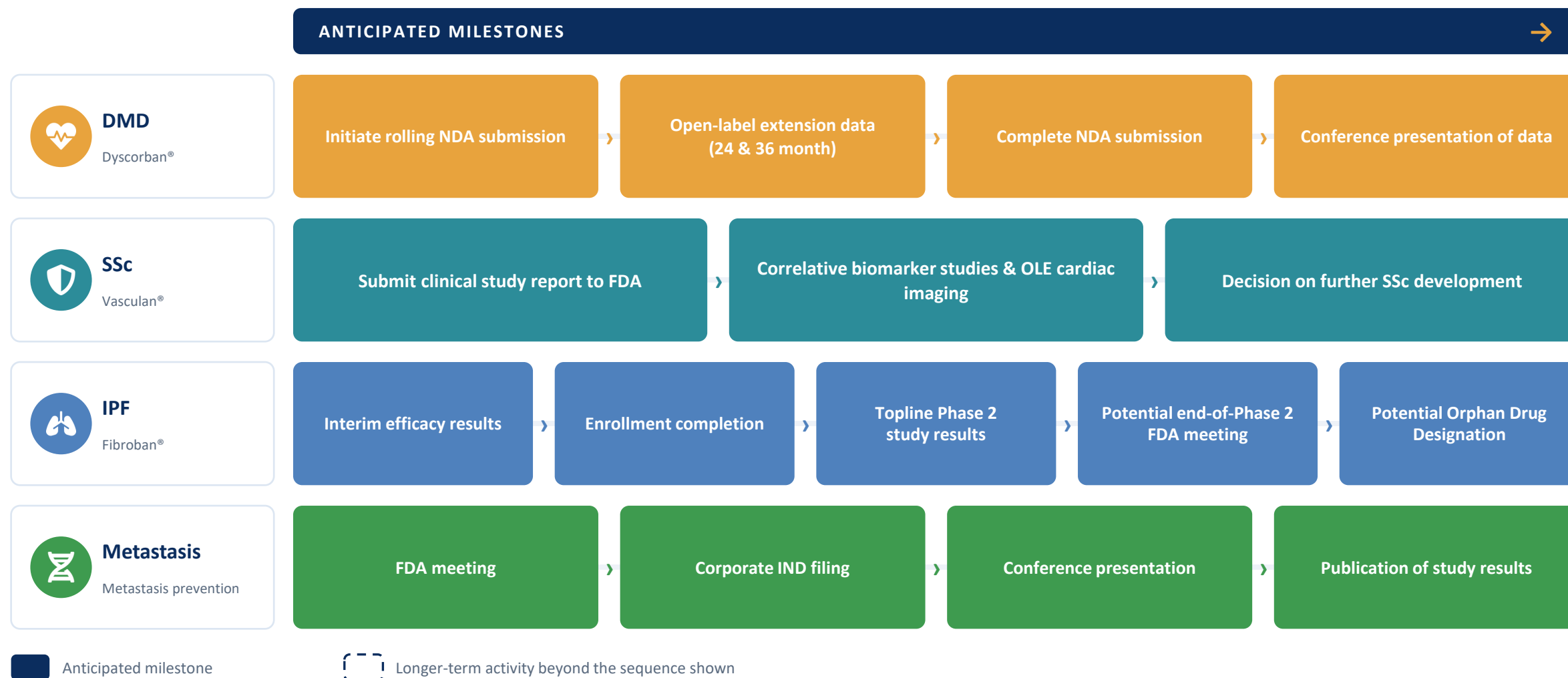
One target, many tissues: a shared, targetable pathway supports developing one molecule across DMD, SSc and IPF.

Mechanism adapted from Capra, J Thromb Haemost 2014.

1 Molecule, 3 Core Programs — and Expansion Opportunities



Anticipated Milestones Across the Portfolio



Illustrative of anticipated sequence only. Milestones appear in expected order and are not associated with any date, quarter or period. Sequences are independent by program and imply no alignment of timing across programs. Not a commitment or guidance as to timing.

LEAD PROGRAM

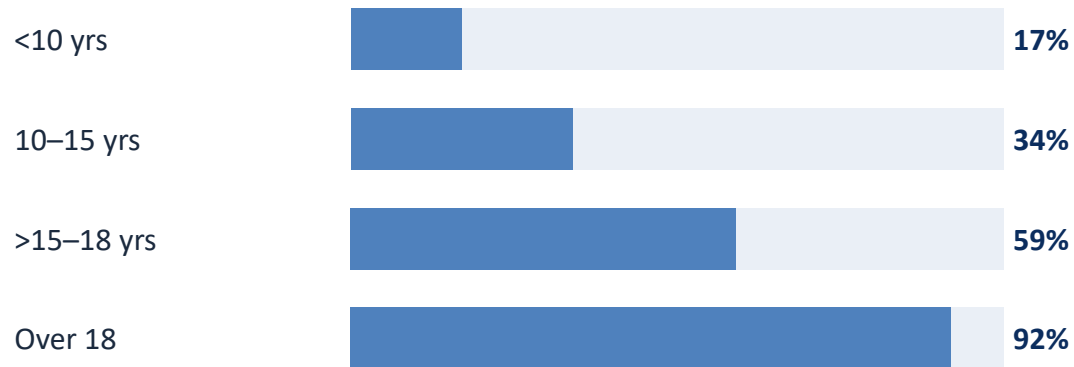
Ifetroban in Duchenne Muscular Dystrophy

Addressing cardiomyopathy — the leading cause of death in DMD



DMD Cardiomyopathy: A Progressive, Fatal & Underserved Problem

Cardiomyopathy prevalence rises with age



Share of DMD patients with cardiomyopathy by age

Standard of care slows — but does not stop — decline

- Current therapies (ACEi, ARB, ARNi, beta-blockers, aldosterone inhibitors) slow progression but offer no cure
- Heart failure remains a leading cause of mortality in DMD
- Ifetroban acts through thromboxane-receptor antagonism, a mechanism distinct from current DMD therapies, and was studied as add-on to standard of care

Sources: Hor et al. 2013; Kamdar & Garry 2016.

The Natural History

~3% typical annual LVEF decline in DMD

Once heart function declines, it does not recover with existing therapy — making early cardioprotection a critical unmet need.



Monitored By

- Cardiac MRI
- Echocardiography



Broad Eligibility

Potential benefit across DMD patients regardless of underlying mutation type

Dyscorban®: ~15,300 U.S. DMD Patients, No Approved Cardiac Therapy

~15,300

U.S. DMD patients

Published estimates: 15,000–17,500

300+

New U.S. cases each year

~1 in 5,000 live male births

>90%

Develop cardiomyopathy as adults

Prevalence rises with age

0

Approved cardiomyopathy therapies

Standard care slows, but does not stop, decline

U.S. DMD-Cardiomyopathy Development Pipeline

Dyscorban is the only oral candidate of the three in development

3 candidates

CANDIDATE	APPROACH	DOSING	U.S. STATUS
Dyscorban® (ifetroban) Cumberland Pharmaceuticals	Oral small molecule	Once-daily capsule	NDA planned; rolling review granted
Deramiciel Capricor Therapeutics	Donor-derived cell therapy	IV infusion every 3 months	Under FDA review, now for upper-limb function
SRD-003 Medera	AAV-SERCA2a gene therapy	Single intracoronary infusion	Phase 1b

Why This Market Is Compelling



Leading cause of death in DMD

No approved DMD-cardiomyopathy therapy



Potential mutation-agnostic indication

Potential use across all DMD patients



Chronic, once-daily oral add-on

Taken every day, alongside standard cardiac care



De-risked asset

+5.4% LVEF Ph2 benefit; NDA planned

Source: U.S. Census Bureau 2023 National Population Projections; CDC MMWR (2009) and published DMD incidence and prevalence estimates; Buddhe et al., Pediatrics 2018; Capricor, Medera and FDA public disclosures as of September 2026. U.S. prevalence estimated at 2.587 per 10,000 males age 26 and under. Dyscorban (ifetroban) is investigational and has not been approved by the FDA.

How Ifetroban Protects the Heart



The problem

DMD gene mutation leads to weakened muscle cells resulting in calcium overload in heart cells, oxidative stress, cardiomyocyte death and progressive cardiac fibrosis.



The target

Ifetroban is a potent, selective antagonist of the thromboxane receptor (TPr) expressed on cardiomyocytes, immune, smooth-muscle and endothelial cells.



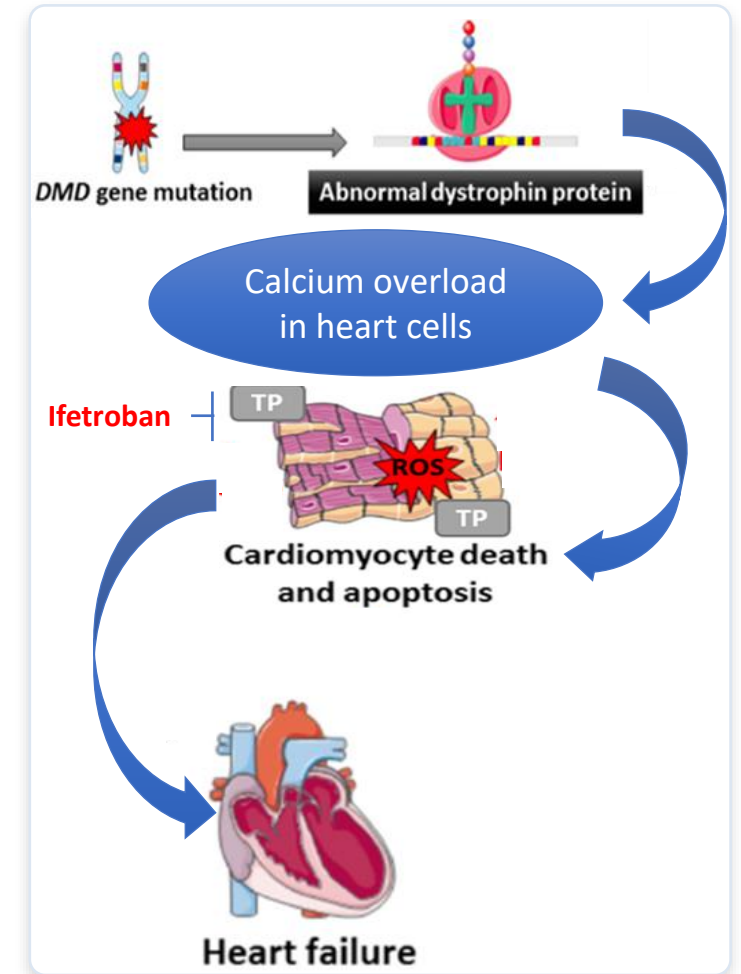
The effect

By blocking damaging TPr signaling, ifetroban reduces cell damage — resulting in less fibrosis and less loss of heart function over time.



The evidence base

Safety established in ~1,400 subjects across ~30 studies; once-daily oral dosing.



Adapted from Capra, J Thromb Haemost 2014.

Ifetroban Improved Survival & Cardiac Output in Severe DMD Models

↑ Survival

Extended survival in two severe DMD mouse models

vs. vehicle controls

↑ Output

Improved cardiac index and stroke volume

vs. vehicle controls

↓ Vasoconstriction

Reduced abnormal coronary vasoconstriction

young & aged models



Peer-Reviewed

Published in Journal of the American Heart Association

From bench to bedside



Thromboxane signaling is enhanced in young mdx/DMD models — validating the target biologically.



Ifetroban improved cardiac function & reduced cardiac fibrosis across multiple models.



Reduced abnormal coronary vasoconstriction, improving blood supply to the heart.



Preclinical rationale translated directly into the FIGHT DMD clinical program.

Sources: West et al. JAHA 2019; Mitchell et al. Am J Physiol Heart Circ Physiol 2021.

A Randomized, Placebo-Controlled Phase 2 Trial



41

patients with DMD
treated

- Ages 7+
- All mutation types
- On standard of care



High-dose ifetroban

n=18 · 300 mg/day



Low-dose ifetroban

n=12 · 100 mg/day



Placebo

n=11

Open-Label Extension

- All participants receive high-dose ifetroban
- 21 subjects through 36 months; 16 to 48 months
- ~90 patient-years of ifetroban exposure to date



Cardiac MRI (LVEF)

Efficacy endpoint at Month 12



Blood Biomarkers

NT-proBNP & proteomics



One Year of Treatment

Blinded study included 52 weeks of treatment



10 U.S. Sites

Leading pediatric centers

ClinicalTrials.gov Identifier: NCT03340675.

Ifetroban Improved Heart Function After 12 Months



Heart Pumping — Preserved vs. Control

+5.4% LVEF

Between-group difference in LVEF at 12 months, high-dose ifetroban vs. placebo-plus-natural-history (p = 0.002)



Heart Strain Marker — Reduced

-54 pg/mL

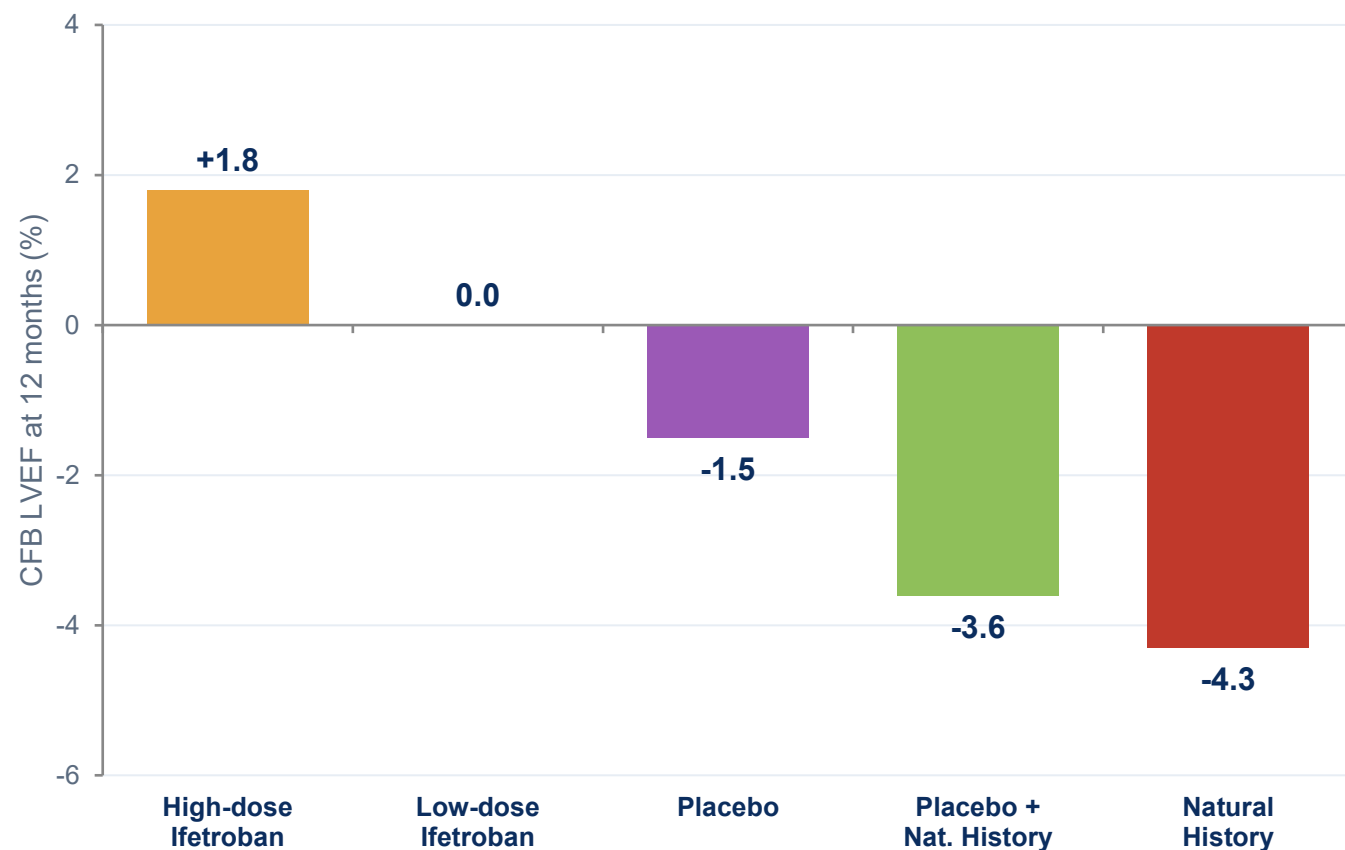
Average reduction in NT-proBNP, a blood marker of heart strain (p = 0.017)

Significance of these Findings

- A 5.4-point LVEF difference vs. control, set against the ~3-point median annual decline expected in untreated DMD patients
- The 3% year one decline carried HR 1.32 for all cause mortality in the natural history database
- High-dose ifetroban vs. placebo-plus-natural-history cohort showed a statistically significant benefit
- Effect was dose-dependent — high dose outperformed low dose and placebo
- Biomarker changes were consistent with heart-muscle protection

Cross-study comparisons are illustrative only; not head-to-head comparisons.

A Clear, Dose-Dependent Preservation of Cardiac Function



Key Takeaways

+1.8%

High-dose ifetroban improved LVEF over one year

0%

Low-dose held function flat

-3.6% to -4.3%

Placebo-plus-natural-history & matched natural-history cohorts declined

Δ 5.4%

High-dose vs. placebo-plus-natural history cohort (p = 0.002)

Source: Parent et al., MDA 2025; FIGHT DMD topline. Cross-study comparisons illustrative only.

Blood Biomarkers Support Heart-Muscle Protection

Circulating proteins moved in directions consistent with protection & repair — corroborating the functional (LVEF) results.

Markers of Protection & Repair — Increased

2.4×

FGF16

Heart-protective factor

2.1×

TSPAN7

Tissue-repair factor

Markers of Cell Damage — Reduced

↓ 30%

MYL3

Heart-muscle injury marker

↓ 50%

MYOD1

Cell-damage marker



A consistent, multi-modal signal

Functional imaging (LVEF), a heart-strain marker (NT-proBNP) and a proteomic panel of protection, repair and damage markers all point in the same direction. **Convergent evidence like this strengthens the biological case for ifetroban in DMD cardiomyopathy.**

Biomarker group N=21 (blinded + open-label extension) vs. N=24 placebo + natural history. Exploratory analysis.

A Well-Characterized Safety Profile

~1,400

Participants Dosed

across ~30 clinical studies

0

Drug-Related SAEs

in the FIGHT DMD double-blind period

~90 yrs

Cumulative Exposure

patient-years of ifetroban in DMD participants

What we observed

- SAEs consistent with known DMD complications (e.g., pneumonia, fractures)
- No SAEs assessed as related to study drug (double-blind period)
- Probably related AEs: bruising, petechiae, nausea, rash, weight gain
- Given as add-on to standard DMD background therapies
- No treatment-related SAEs or new safety concerns through 36 months



Why safety de-risks the platform

A large, multi-study safety database suggests that the primary risk in each program is efficacy, not tolerability — a favorable profile for a chronic, add-on therapy in vulnerable populations. Ifetroban was also well tolerated in the Phase 2a ASSIST-SSc trial.

FDA Designations, IP & the Path to NDA



Orphan Drug

Designation approved



Rare Pediatric Disease

Priority Review Voucher eligible



Fast Track

Designation granted (Feb 2026)

Plus >\$1M in FDA Orphan Products Grant funding awarded to support development.

Multiple issued patents covering ifetroban for cardiac fibrosis associated with DMD, with terms through May 2035.

Program timeline

Feb 2025

Feb 2026

Fall 2026

Next



FIGHT DMD topline results announced

Fast Track Designation granted

Pre-NDA meeting held; FDA granted rolling review

Rolling NDA submission

PLATFORM EXPANSION

Beyond DMD: Expanding the Franchise

Two additional Phase 2 programs in high-value fibrotic diseases



Two Additional Phase 2 Programs with the Same Molecule



Systemic Sclerosis

Vasculan®

- Debilitating, chronic autoimmune disease — skin thickening & fibrosis of internal organs
- Highest death rate of any rheumatic condition; ~11-year average survival from diagnosis
- A clear unmet medical need - No approved therapy for the underlying systemic sclerosis disease, with approvals limited to specific organ complications
- Phase 2a ASSIST-SSc topline: ifetroban was well tolerated, with a safety profile consistent with prior experience

Next steps: CSR to FDA; biomarker & cardiac imaging analyses



Idiopathic Pulmonary Fibrosis

Fibroban®

- IPF is the most common progressive fibrosing interstitial lung disease (PF-ILD)
- Irreversible lung scarring drives lung-function decline and early mortality
- Orphan disease; approved antifibrotics slow, but do not stop, decline
- FIGHTING FIBROSIS® Phase 2 enrolling — interim efficacy analysis

Near-term catalyst: Interim safety & efficacy analysis

Sources: Pieri et al., Advanced Biology 2021; Bukiri & Volkmann, Curr Opin Pharmacol 2022.

Well-Capitalized Balance Sheet



Recent Commercial Divestiture

~\$100M+

in net proceeds from the sale of the company's commercial products

- Non-dilutive capital raised at attractive value
- Validates the team's development & approval track record
- Company now singularly focused on ifetroban

~\$100M+

Net Divestiture Proceeds

Non-dilutive capital

3

Phase 2 Programs

Fully funded to advance

1

Core Molecule

Focused strategy



A clean, focused balance sheet with no debt. With ~\$100M+ in net divestiture proceeds, Cumberland can fund its clinical development, including the planned DMD NDA, with a reduced need for dilutive capital.

In Summary



Significant value creation opportunities



Compelling clinical trial results to date in DMD



Established safety profile



Ownership of worldwide commercial rights



Solid financial position



Expected near-term news flow

Reimagining Treatment Across Multiple Diseases

A de-risked, novel molecule — led by DMD and expanding across multi-billion-dollar opportunities



Proven

Positive Phase 2 data



Safe

~1,400 subjects, dosed across ~30 studies



Scalable

Multiple programs, one core molecule