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U.S. FDA Approval of Afrezza® in Pediatrics

May 29, 2026

Cautionary Statement

Statements in this presentation that are not statements of historical fact are forward-looking statements that involve risks and uncertainties. Words such as "believes", "anticipates", "plans", "expects", "intend", "will", "goal", "potential" and similar expressions are intended to identify forward-looking statements. These forward-looking statements are based upon MannKind's current expectations.

Actual results and the timing of events could differ materially from those anticipated in such forward-looking statements as a result of risks and uncertainties, which include, without limitation, risks associated with manufacturing and supply, risks associated with developing product candidates, stock price volatility and other risks detailed in our filings with the Securities and Exchange Commission ("SEC"), including under the "Risk Factors" heading our Annual Report on Form 10-K for the year ended December 31, 2025, filed with the SEC on February 26, 2026, and subsequent periodic report on Form 10-Q and current reports on Form 8-K.

You are cautioned not to place undue reliance on these forward-looking statements. which speak only as of the date of this presentation. All forward-looking statements are qualified in their entirety by this cautionary statement, and we undertake no obligation to revise or update any forward-looking statements to reflect events or circumstances after the date of this presentation.

Agenda

1. Pediatric Approval
2. Launch Strategy
3. Roadmap for Growth
4. Closing Remarks
5. Q&A

Michael Castagna
Chief Executive Officer

Kevin Kaiserman
Senior VP, Therapeutic Area Head – Diabetes

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Approval of Afrezza® in Pediatrics

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Afrezza Now Approved for Pediatric Patients Living with Diabetes 6 Years and Older

The first alternative to mealtime injections in **100+ years** of pediatric treatments

Differentiated clinical profile

- **Ultra-rapid onset** and **earlier peak** — insulin action closer to how children actually eat and live day-to-day
- Improved **patient satisfaction**
- Demonstrated **glycemic control**
- **No safety signals** observed

Simplified mealtime management

- **Eliminates mealtime injections** and simplifies administration
- Supports true mealtime dosing without complex timing requirements

Established experience and immediate access

- Backed by **more than a decade** of clinical and commercial use
- **Available today** for **$35 or less*** regardless of insurance coverage

* Pediatric Bridge Program effective from 6/1/2026 to 12/31/2026; for eligible Commercial, Medicaid or cash pay patients and is available exclusively through MannKind Cares

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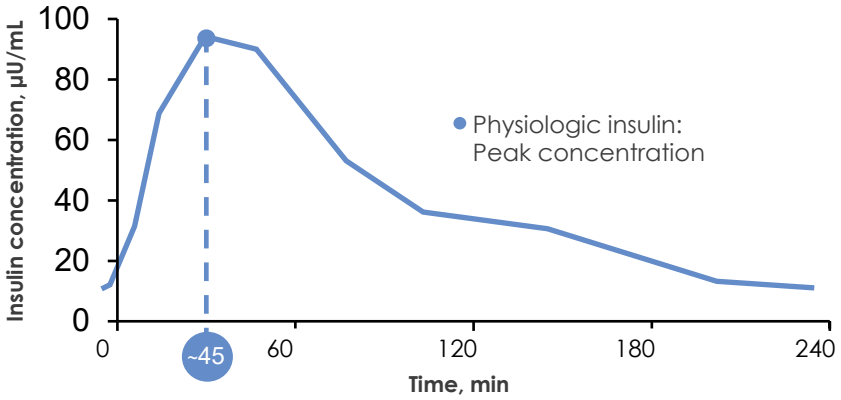
Afrezza Closely Mimics Physiologic Insulin[1,2]

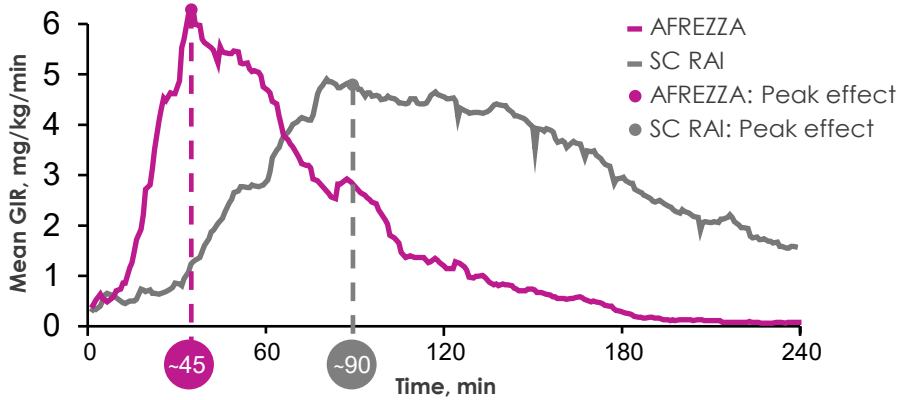
PEOPLE WITHOUT DIABETES

TIME TO PEAK CONCENTRATION IS ~45 MINUTES[2,a]



TIME-ACTION PROFILES

AFREZZA AND SC RAI COMPARATOR[1,3,4,b]



AUC, area under curve; GIR, glucose infusion rate; IV, intravenous; PD, pharmacodynamics; SC RAI, subcutaneous rapid-acting insulin; T1D, type 1 diabetes.

[a]Data are from a study of healthy individuals (n=10) that estimated insulin sensitivity during a frequently sampled IV glucose test or meal glucose tolerance test.[2]

[b]Data are from a single-center, open-label, randomized, controlled, crossover study that compared the area under the glucose infusion rate vs the time curve (GIR AUC) of AFREZZA (12 units) with SC RAI lispro (8 units) in 30 patients with T1D.[3,4] Each volunteer received 3 different doses of each treatment over a series of 6 euglycemic clamps.[3] The time course of insulin action may vary considerably in different individuals or within the same individual. The clinical significance of the differences in PD parameters has not been established.

1. AFREZZA. Prescribing information. MannKind Corporation; 2026. **2.** Caumo A et al. *J Clin Endocrinol Metab.* 2000;85(11):4396-4402. **3.** Grant M et al. *Clin Pharmacokinet*. 2022;61(3):413-422. **4.** Data on file. MannKind Corporation.

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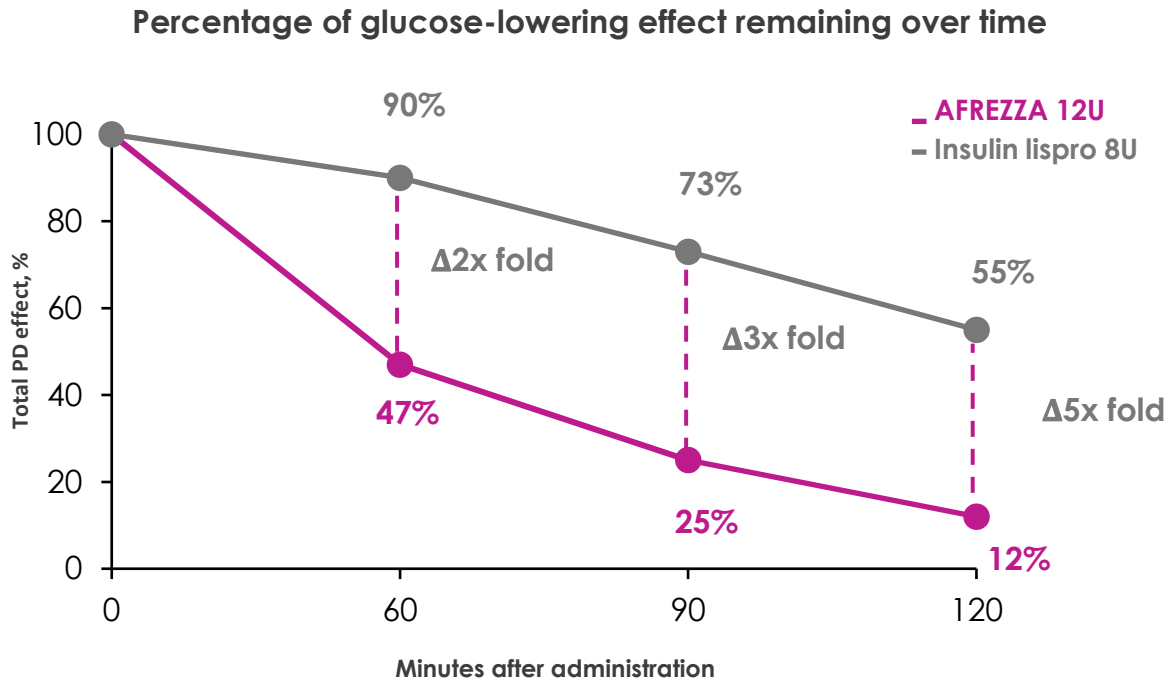
AFREZZA® Outpaces RAA with a Faster Start, Earlier Peak, and Quicker Finish - Bringing Insulin Action Closer to Real-Time Eating



PD, pharmacodynamic; RAA, rapid-acting insulin analog; U, units.
Data on file. MannKind Corporation.

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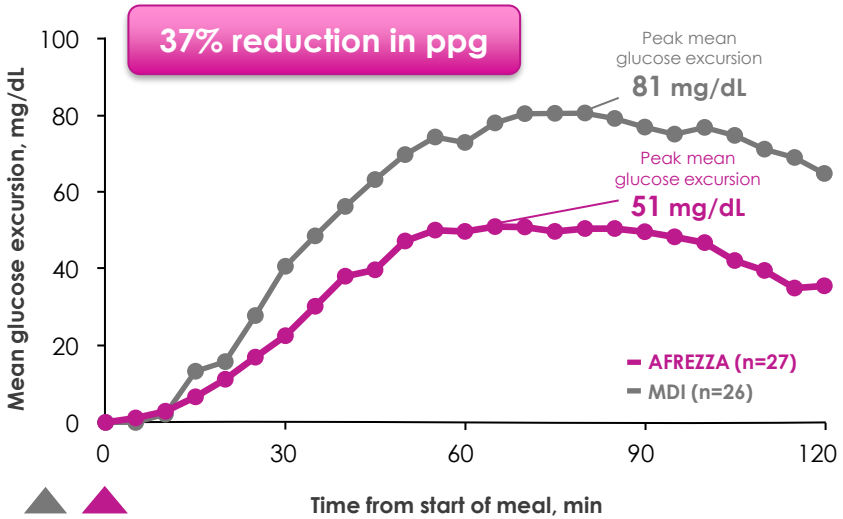
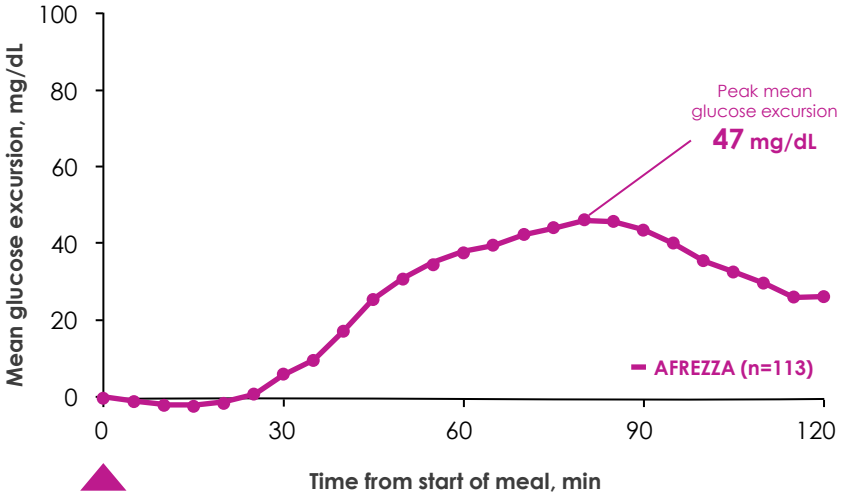
Pediatric and Adult Patients Receiving Afrezza Achieved Similar Glucose Meal Excursion Results

INHALE-3 meal challenge in adults: AFREZZA vs MDI



INHALE-1 meal challenge in children: AFREZZA



▲ **5 to 15** minutes prior to meal (RAA) ▲ **0** minutes at start of meal (AFREZZA)

MDI, multiple daily injections; RAA, rapid-acting insulin analog.
The AFREZZA dose was calculated by rounding the usual RAA dose to the nearest whole number, multiplying by 2, and then rounding down to the nearest 4-unit dose of AFREZZA.
Data on file. MannKind Corporation.

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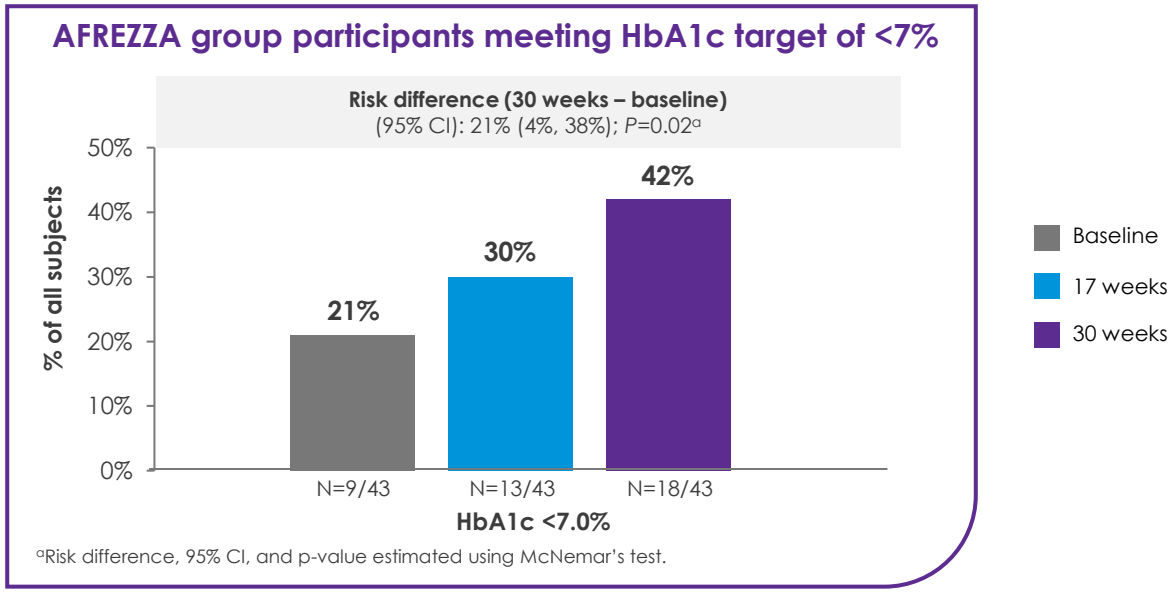
INHALE-3: People who Switched from MDI/AID (pumps/pods) to Afrezza; Twice as Many Achieved A1C Goal Over 30 Weeks



*Participants in the Usual Care group were instructed to follow their usual diabetes management consisting of automated insulin delivery systems, insulin pumps, or multiple daily injections, along with their personal CGM/blood glucose monitor.[1]

CGM, continuous glucose monitor; FEV_1, forced expiratory volume in 1 second; HbA1c, glycated hemoglobin.

References: 1. Hirsch IB, et al. *Diabetes Care*. 2025;48(3):353-360. doi:10.2337/dc24-1832 **2.** Beck RW, et al. *Diabetes Technol Ther*. 2025;27(3):170-178. doi:10.1089/dia.2024.0582 **3.** AFREZZA® (insulin human) Inhalation Powder Prescribing Information. MannKind Corporation.

Please see Important Safety Information for AFREZZA, including BOXED WARNING, on slides 12 to 14. Full Prescribing Information, including BOXED WARNING, is available on afrezzahcp.com, or from your MannKind representative.

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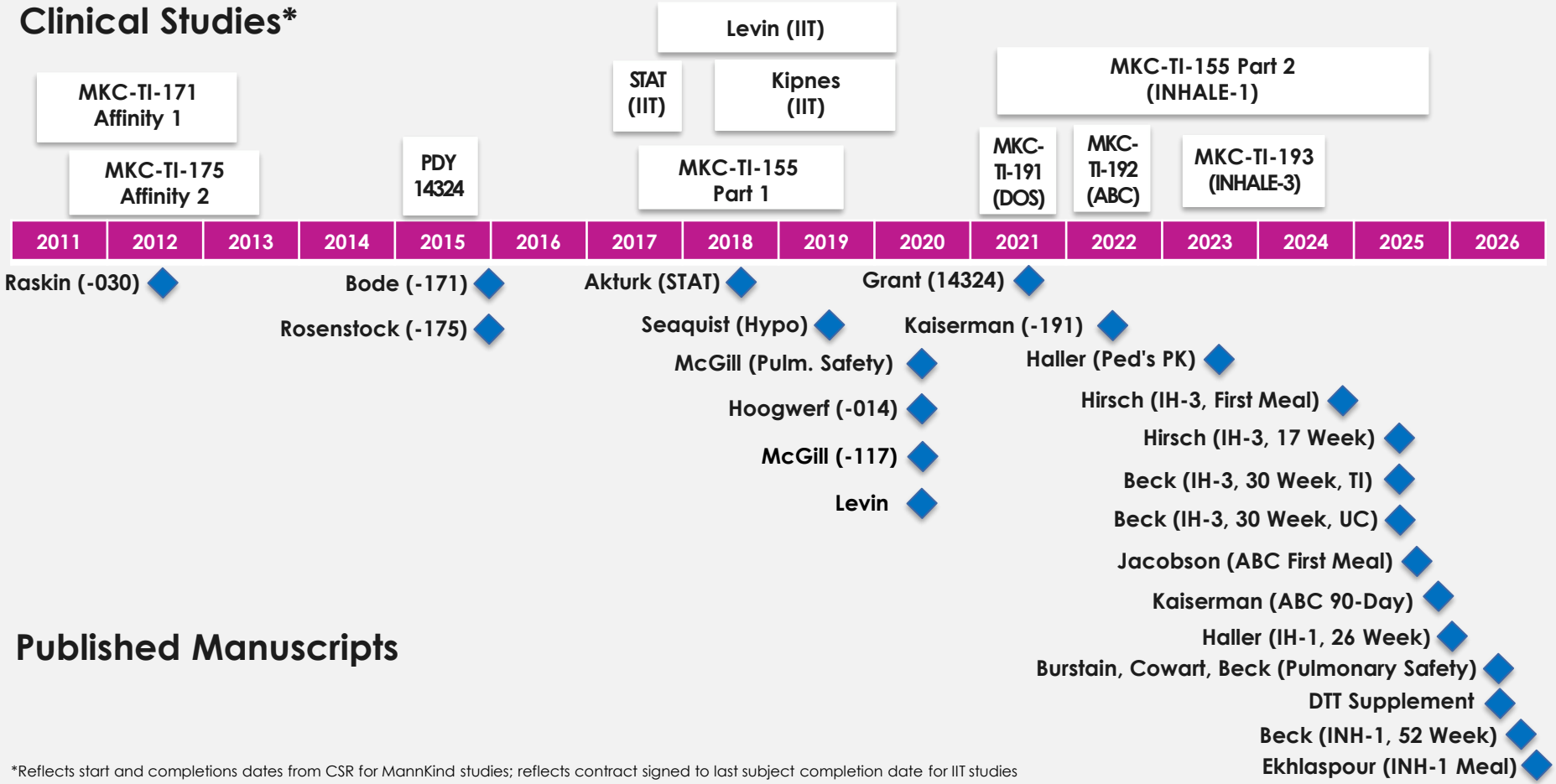
Clinical Studies and Manuscripts

Clinical Studies*



Published Manuscripts

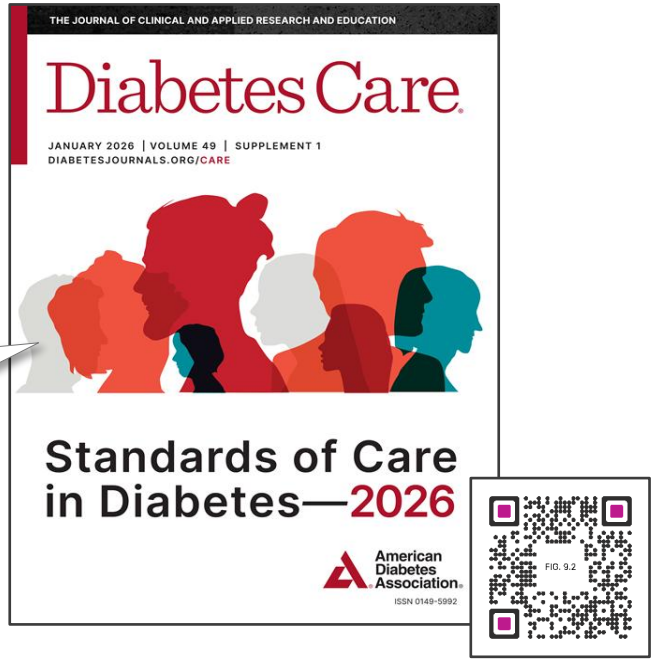
*Reflects start and completions dates from CSR for MannKind studies; reflects contract signed to last subject completion date for IIT studies

Afrezza Now Recognized in ADA Standards of Care

Inhaled insulin is recognized as a therapeutic option along with MDI and AID

- ADA Standards (Section 9: Pharmacologic Treatment; Figure 9.2) now recommend clinicians evaluate inhaled insulin as a prandial option at *every* patient visit—moving it into routine care conversations and creating a catalyst for broader adoption

Assess adequacy of insulin dose and insulin-taking behaviors at every visit. Consider person-specific considerations and clinical signs to evaluate for need for modification of administration method **(switch to or from MDI, AID, inhaled insulin)**.



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Dr. Kevin Kaiserman

Senior Vice President, Therapeutic Area Head - Diabetes

Board-certified pediatric endocrinologist with 30+ years of clinical and academic experience focused on improving outcomes for children and young adults with diabetes

- Leads MannKind's efforts to advance pediatric use of Afrezza®
- Joined MannKind in 2020, bringing deep clinical and medical leadership in pediatric diabetes
- Former Clinical Associate Professor of Pediatrics and Medical Director of the Clinical Diabetes Program at Children's Hospital Los Angeles (USC Keck)
- Published researcher and recognized thought leader in diabetes care
- Los Angeles board roles with the American Diabetes Association and Juvenile Diabetes Research Foundation

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1 Out of 5 Adolescents are Not at Goal

Adolescents are among the most poorly controlled patients with diabetes[1]

38% using AID systems report missing >15% of doses

Emotional & Social

Injection anxiety, fear of needles[3]

Discomfort with injection or pump-site activity in public[1,3], fear of a hypoglycemia

Functional

Changing insulin sensitivity and needs[2]

Irregular eating patterns[2]

Up to 1 out of 5

Doses missed for mealtime

References: 1. Robinson S, et al. *Diabetes Technol Ther.* 2021;23(12):844-856. doi:10.1089/dia.2021.0164 **2.** Demeterco-Berggren C, et al. *Clin Diabetes.* 2023;41(1):68-75. doi:10.2337/cd22-0073 **3.** Hanberger L, et al. *Pain Manag Nurs.* 2021;22(4):516-521. doi:10.1016/j.pmn.2021.01.007

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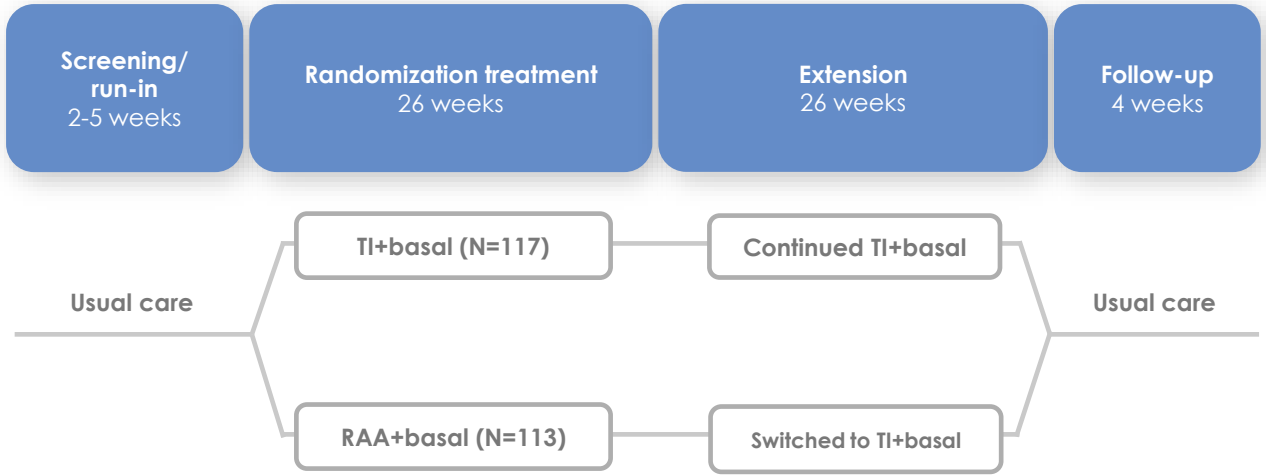
INHALE-1 is a Phase 3, Open-Label, Randomized Control Trial[1,2]

- **Primary outcome**[1]
  - HbA1c (noninferiority) at 26 weeks
- **Secondary outcomes**[1]
  - CGM metrics, insulin dose, weight, DTSQ scores
- **Safety outcomes**[1]
  - Severe hypoglycemia/DKA
  - Pulmonary and other adverse events
  - FEV_1



DTSQ, Diabetes Treatment Satisfaction Questionnaire.

References: 1. Haller MJ, et al. *Diabetes Care*. 2026;49(1):179-187. doi:10.2337/dc25-1994 **2.** ClinicalTrials.gov. Accessed March 13, 2025. https://clinicaltrials.gov/study/NCT04974528

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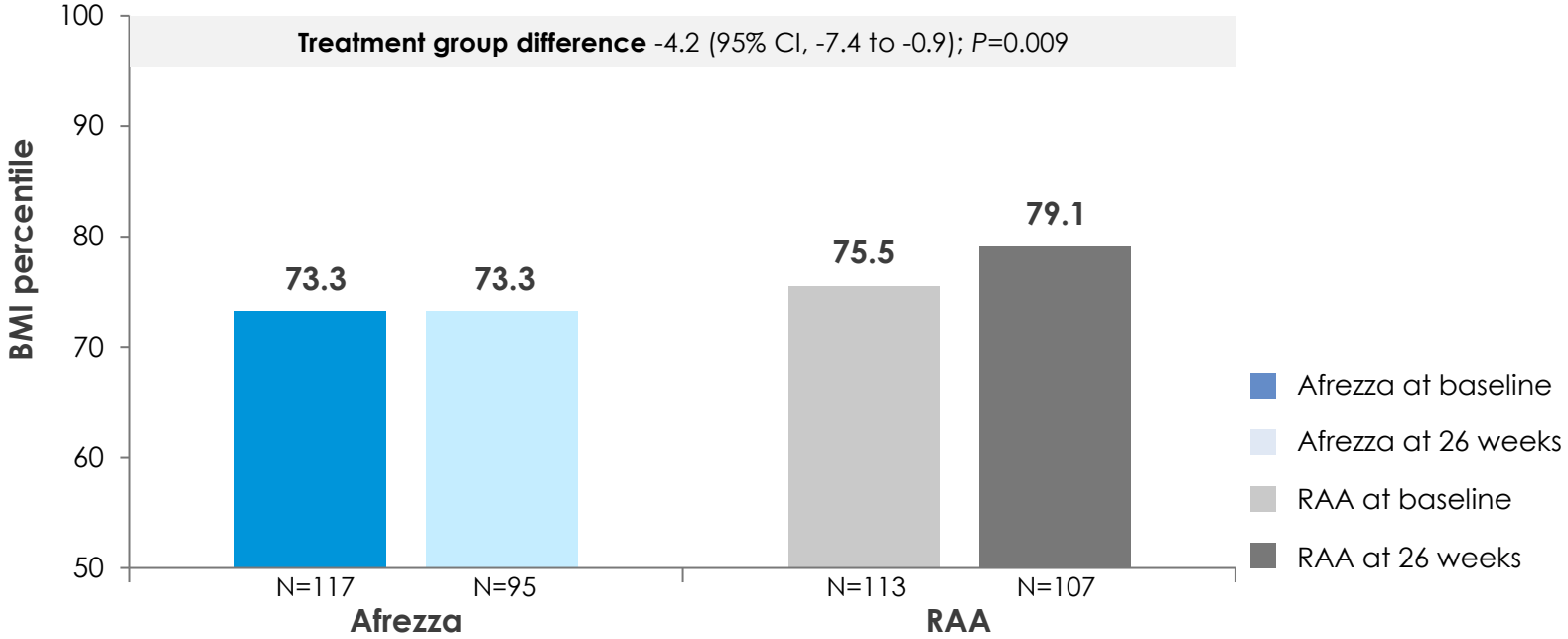
Afrezza Showed No Increase in BMI Percentile Compared with a 3.6% Increase with Injected RAA

Change in BMI percentile from baseline to 26 weeks



Reference: Haller MJ, et al. *Diabetes Care*. 2026;49(1)(suppl):1-33. doi:10.2337/figshare.30456095

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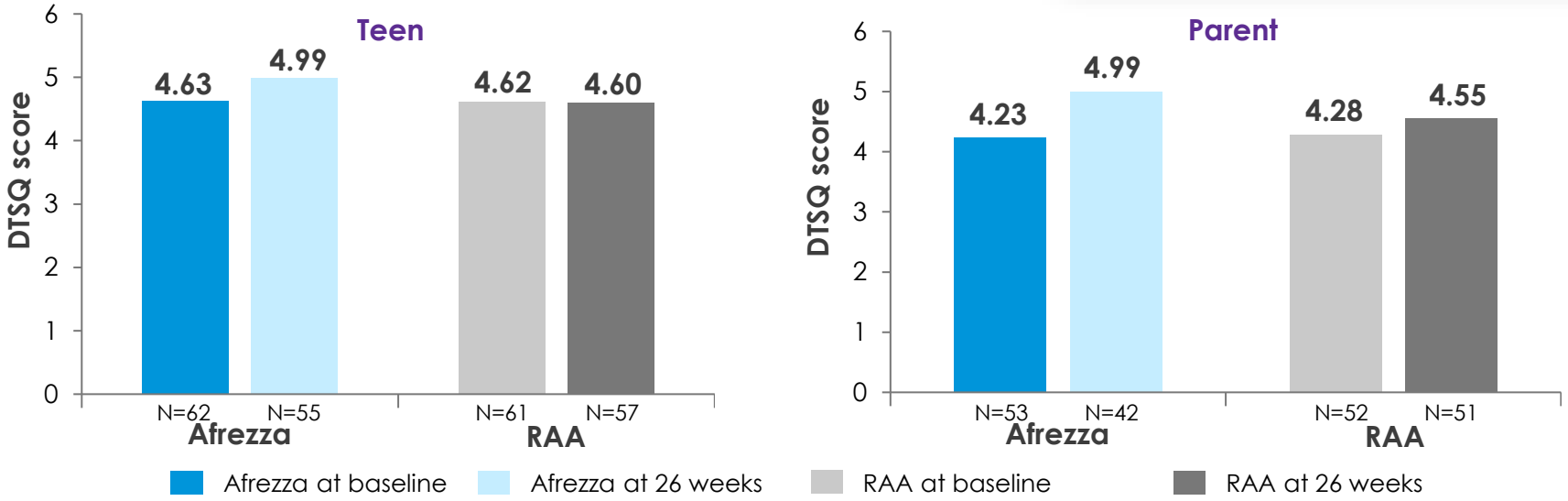
Parents and Teens Reported Greater Treatment Satisfaction with Afrezza than with Injected RAA

Treatment satisfaction scores from baseline to 26 weeks

Afrezza group vs RAA group pooled for teens and parents (*P*=0.004)

A statistically significant difference in pooled parent and teen DTSQ scores was observed between treatment groups



Reference: Haller MJ, et al. *Diabetes Care*. 2026;49(1):179-187. doi:10.2337/dc25-1994

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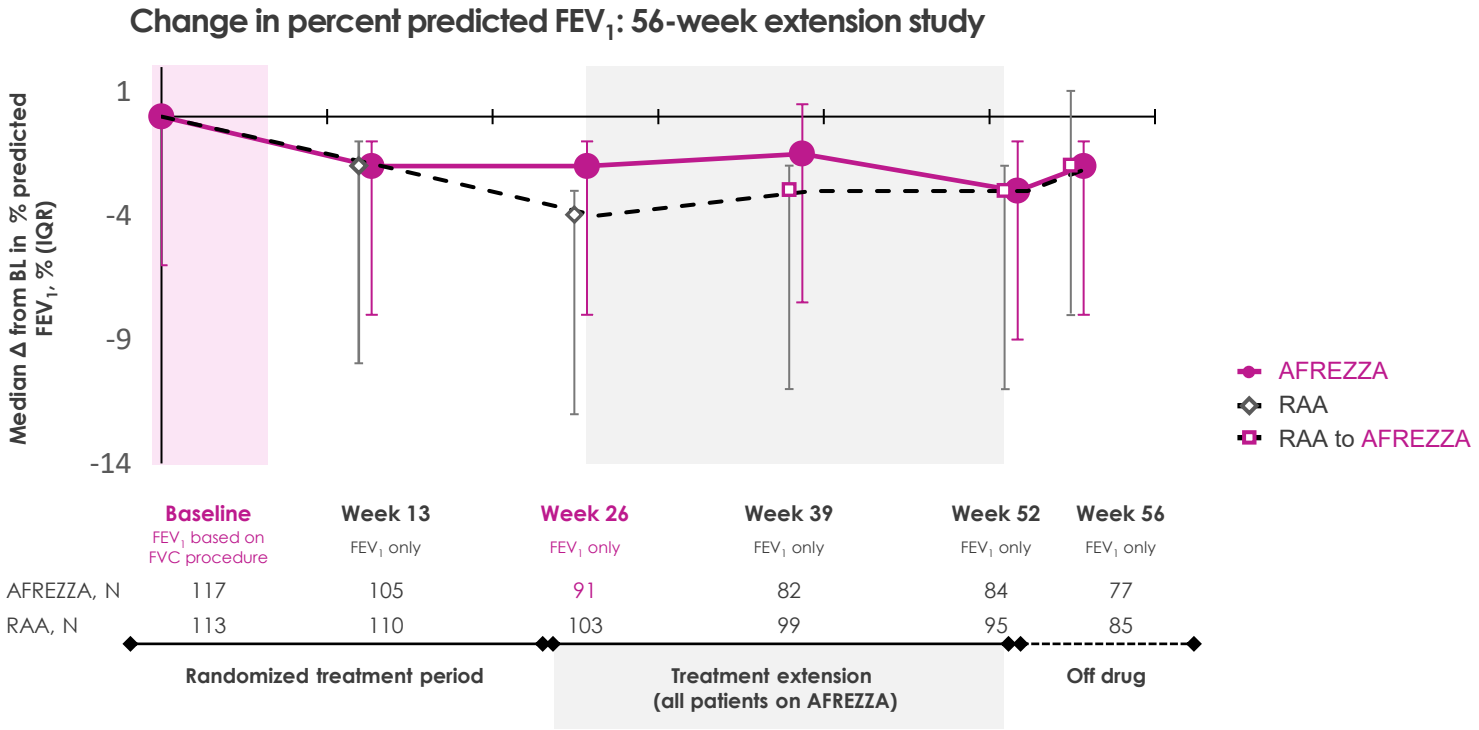
No Difference in Change in FEV_1 Between AFREZZA® and RAA



BL, baseline; FEV_1, forced expiratory volume in 1 second; FVC, force vital capacity; IQR, interquartile range; RAA, rapid-acting insulin analog.

Haller MJ et al. *Diabetes Care*. 2026;49(1):179-187.

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Launch Strategy

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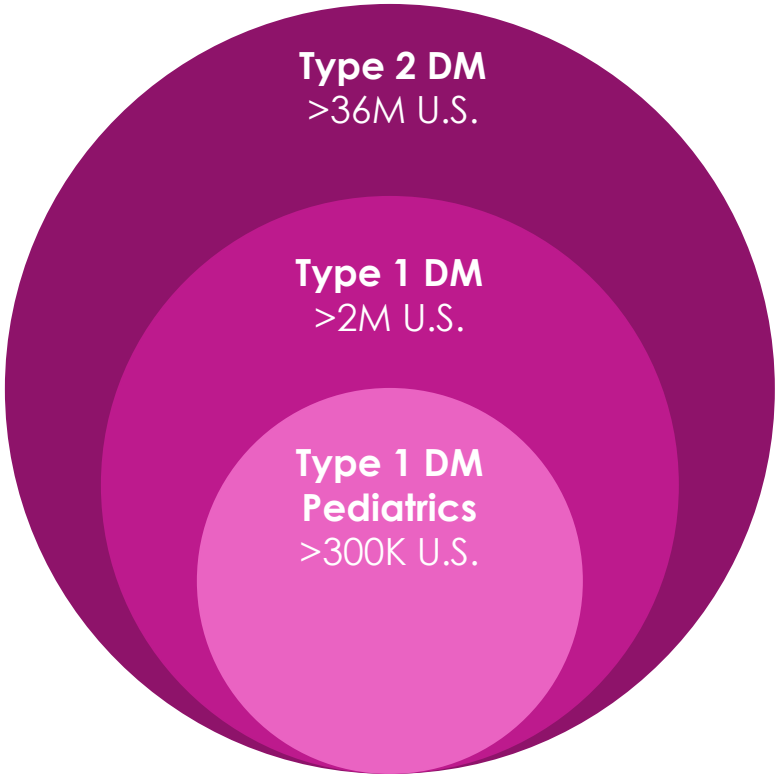
Defined Pediatric Diabetes Entry Point That Will Fuel Growth into Adult Segments Over Time



AFREZZA PEDIATRIC LAUNCH FOCUS

~360K
Age 6-22 living with T1D

~30K
pediatric patients newly diagnosed with T1D annually

Source: Diabetes.org, CDC; Circles not to scale.

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Turning Afrezza Friction Points Into Pediatric Opportunity

	Friction Point	Opportunity	Launch Tactics
1	*Low prescriber / patient awareness*	Drive prescriber awareness and consumer request	▪ *Simple messaging and digital* ▪ *Impactful conference presence* ▪ *Prescriber and consumer media*
2	Long-term safety (e.g., lung)	Ability to leverage long-term safety data	▪ *Robust clinical data (10yr safety)*
3	*FEV-1 testing requirements*	Integration to minimize burden	▪ *Pediatric starter kit*
4	*Dosing complexity*	Minimize complexity with training and tools	▪ *Online dosing calculator* ▪ *EMR and Prescriber Portal to simplify prescribing*
5	Prior authorization & affordability	Contract for access to minimize utilization management; accelerate fulfillment	▪ *$35 bridge program*

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Demand Signals Point to a Meaningful Opportunity in Pediatric Diabetes

~50%

Driven to Eliminate Mealtime Injections

2 out of 3

Likely to Prescribe Afrezza

1 out of 4

Potential to Use at Diagnosis

Launched INHALE-1ST pediatric study with newly-diagnosed T1D

23-37%

Share Potential

Recent market research suggests positive demand for Afrezza; **Every 10% share = approximately $150M**

Market research on file, 2026.

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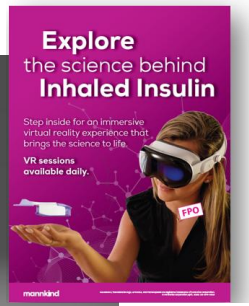
Presence at American Diabetes Association

2026 Scientific Sessions



- 9 poster presentations; highlights include:
  - Pediatric efficacy and A1c
  - Youth treatment satisfaction
  - AID algorithm and inhaled insulin use
  - Inhaled insulin in gestational diabetes
- Live data / product presentations at booth
- Immersive virtual reality experience
- Educational dinner programs

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Roadmap for Growth

INHALE 1st (Naïve Treatment T1D) Pediatrics

INHALE-1ST

Positioning Afrezza As A First-line Mealtime Insulin At Diagnosis

Study Objective: To evaluate the efficacy and safety of inhaled insulin plus basal for youth (aged 10 to <18) with newly-diagnosed T1D, up to 100 patients across 10 sites

Anschutz | Barbara Davis Center for Diabetes

Yale University

UCSF University of California San Francisco

The University of Oklahoma Health Sciences Center

UF | University of Florida

Baylor University

University of Virginia Children's Hospital

Children's Hospital Los Angeles

Beth Israel Lahey Health Joslin Diabetes Center

Indiana University

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Innovation Roadmap in Afrezza

Product Development, Digital Advancements and Global Expansion

Global Expansion

Afrezza pediatric indication approval

Afrezza launches in India
Cipla

Afrezza 2-unit cartridge
Anticipated approval

INHALE IQ
Anticipated product launch

High Concentration Afrezza
Potential for up to a 20-unit cartridge, enabling entry into the type 2 patient population

2026 | 2027 | 2028

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Closing Remarks

Major Catalysts Driving 2026 & Beyond

Afrezza Pediatrics

- Population expansion
- Unique value proposition addressing patient unmet needs
- Compounds growth as adolescents age into adults

APPROVED ☑

FUROSCIX ReadyFlow Autoinjector

- Reduces administration from hours to seconds
- Supports broader adoption
- Would significantly reduce cost of goods

PDUFA July 26

Nintedanib DPI

- Urgent need for new, effective therapies in IPF
- Lung targeted delivery addresses IPF tolerability barriers
- Key clinical de-risking step

Ph1b Readout Q3
Ph2 First Patient Q2

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Upcoming Investor Events

NEW YORK

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Q&A

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