Q1 2026 Report Conference Call

23rd of April 2026

Forward-looking statements

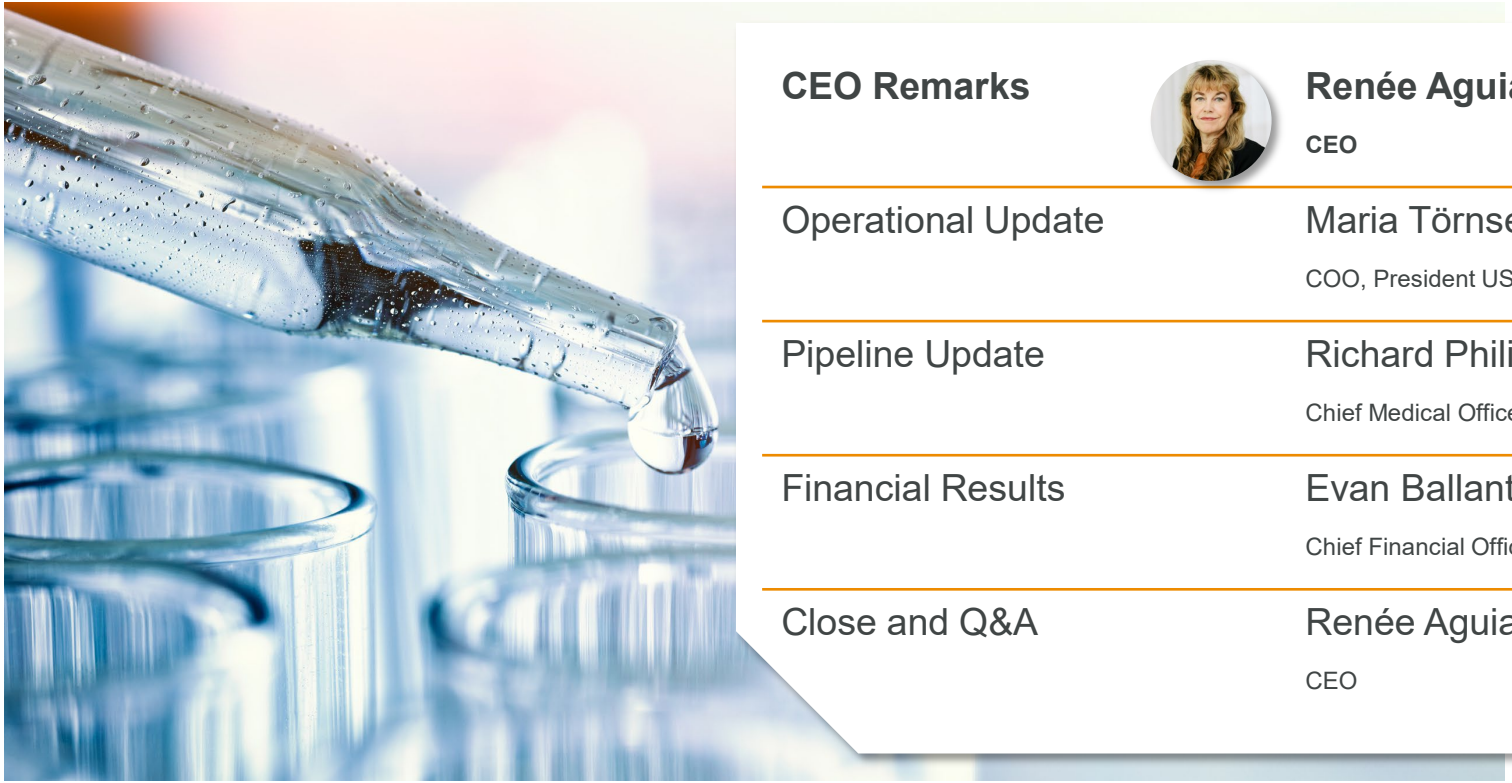
This presentation may contain certain forward-looking statements and forecasts based on our current expectations and beliefs regarding future events and are subject to significant uncertainties and risks since they relate to events and depend on circumstances that will occur in the future. Some of these forward-looking statements, by their nature, could have an impact on Hansa Biopharma's business, financial condition and results of operations or that of its affiliates or subsidiary companies. Terms such as "anticipates", "assumes", "believes", "can", "could", "estimates", "expects", "forecasts", "intends", "may", "might", "plans", "should", "projects", "will", "would" or, in each case, their negative, or other variations or comparable terminology are used to identify forward-looking statements. There are a number of factors that could cause actual results and developments to differ materially from those projected, whether expressly or impliedly, in a forward-looking statement or affect the extent to which a particular projection is realized. Such factors may include, but are not limited to, changes in implementation of Hansa Biopharma's strategy and its ability to further grow; risks and uncertainties associated with the development and/or approval of Hansa Biopharma's product candidates; ongoing clinical trials and expected trial results; the ability to commercialize imlifidase if approved; changes in legal or regulatory frameworks, requirements, or standards; technology changes and new products in Hansa Biopharma's potential market and industry; the ability to develop new products and enhance existing products; the impact of competition, changes in general economy and industry conditions and legislative, regulatory and political factors.

The factors set forth above are not exhaustive and additional factors could adversely affect our business and financial performance. We operate in a very competitive and rapidly changing environment, and it is not possible to predict all factors, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements. Given these risks and uncertainties, investors should not place undue reliance on forward-looking statements as a prediction of actual results.

Hansa Biopharma expressly disclaims any obligation to update or revise any forward-looking statements to reflect changes in underlying assumptions or factors, new information, future events or otherwise, and disclaims any express or implied representations or warranties that may arise from any forward-looking statements. You should not rely upon these forward-looking statements after the date of this presentation.

Q1 2026 Conference Call: Agenda

23rd of April, 2026



CEO Remarks		**Renée Aguiar-Lucander** **CEO**
Operational Update		Maria Törnsén COO, President US
Pipeline Update		Richard Philipson Chief Medical Officer
Financial Results		Evan Ballantyne Chief Financial Officer
Close and Q&A		Renée Aguiar-Lucander CEO

Key Achievements in Q1 2026

Business Overview

Quarters remain highly variable, impact on Q1 from reorganization as expected: Q1 revenues: 34.6 MSEK vs 66.3 MSEK Q1 25

Capital raise: $30M in convertible note

HNSA-5487 briefing package submitted to FDA in early April for GBS

Reorganization implemented in Q1
Structural changes including leadership, reporting lines, systems and processes rolled out

Commercial & Pipeline Update

FDA review ongoing
Constructive interactions. Ongoing Q&A process

ConfIdeS abstract accepted for ATC
Abstract related to Phase 3 data set accepted for oral presentation at ATC

SVP of US Commercial hired Teona Johnson joined the US leadership team

Key European Initiative

	Actions to Date	Focus and Key Events
Company-wide Updates	✓ New leadership ✓ Integrated medical affairs and commercial organization under one leader ✓ ATC acceptance of oral presentation of ConfIdeS data ✓ Planning for rollout of upcoming PAES data	• Upcoming topline data from PAES • Real world data from France KOLs to be published • ConfIdeS data to be presented at ATC in June • Strategic focus on pre and post data roll out activities
Commercial Updates	✓ CRM system rolled out in January ✓ Tracking of activities / focus on key accounts ✓ New incentive system rolled out in Q1	• Investment in systems, KPIs, reporting and training • Reorganization of commercial operating structure • Focus on key markets
Best Practices	✓ EU Excellence Educational Program under development – leveraging France's positive experience	• Focus on sharing of best practices and delisting approaches

General Outlook 2026

- One year in – **structural changes across the business implemented**. Substantial improvements achieved with regards to financial stability, runway, pipeline strategy, internal expertise and experience.
- **Positive outlook for the year** reflecting several key data related milestones and potential US approval.
- The strategic and tactical commercial initiatives in Europe are close to be fully implemented and **early positive results reflected in strong start to the quarter.**
- Recent **progress across both Germany and Spain.**
- **Release of PAES data in Q2** will provide a basis for intense and repeat interactions with physicians across the region and significantly increase clinical knowledge and confidence among KOLs which should positively impact uptake.
- **ConfIdeS Phase 3 data to be presented at ATC in June** – first time that substantial, controlled clinical data is available to characterise imlifidase efficacy and safety.
- **Capital Markets Day June 25, 2026** in New York and virtually.

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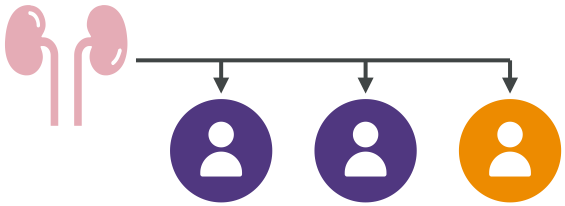
Idefirix has unique position in Europe: large market with no competition

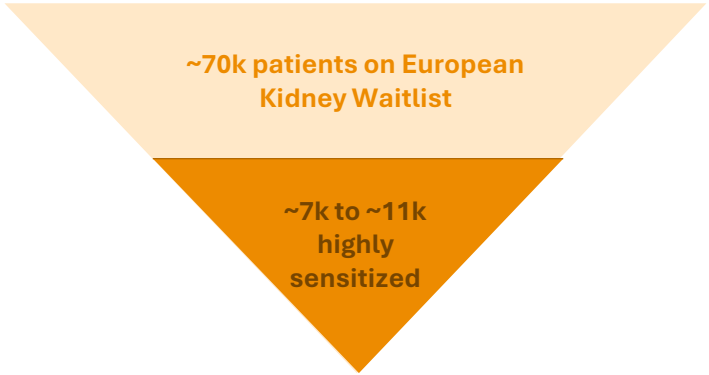
OPPORTUNITY

- No competition – there are no approved desensitization approaches apart from Idefirix
- 7,000-11,000 Highly Sensitized patients wait 7-12 years for a transplant(1)
- 40 centers with clinical experience and >200 patients treated
- Additional clinical data provides further validation of Idefirix efficacy and safety
  - US ConfIdeS Phase 3
  - 5-year data published in Transplant International
  - Real World Evidence from European centers and French registry
  - Upcoming PAES read out mid 2026

(1) Across European countries.



Highly sensitized patients are less likely to find a matching donor



Q1 Performance impacted by organizational changes in European business

Performance

33.9M SEK product sales

Continued strong performance in France and International Markets

Short term impact of organizational changes; expect improved performance in coming quarters

Operational activities

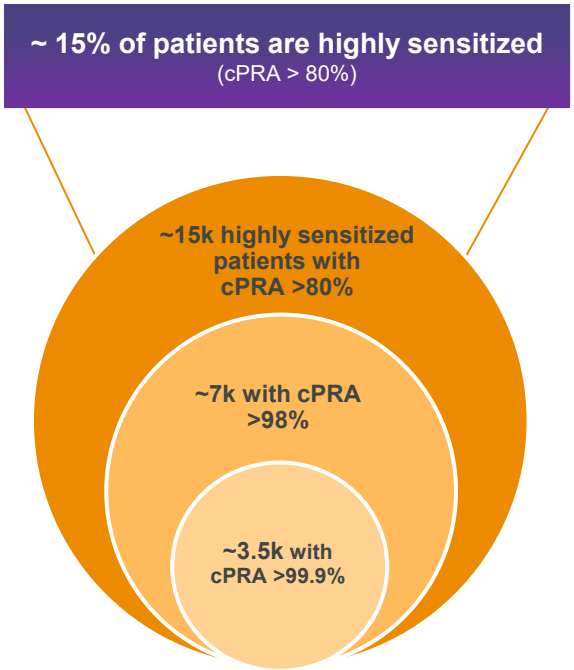
German KOLs submitted new consensus recommendations for publication; already discussed in webinar with large German transplant centers

KOL expert meetings and webinars held across all major European markets

Investment in systems and activities to drive growth in H2 2026

Reimbursement in Catalonia was resolved April 1; Successful renegotiation in Belgium with price maintained

The US Market Represents a Significant Opportunity



US Transplant Waitlist

The US represents a significant market opportunity

~100,000
on the wait list

~45,000
new additions to the wait list each year with highly sensitized representing 20%

~10,000
die or become too sick to transplant, with highly sensitized representing 25%

7 years
median wait time for an organ for highly sensitized patients

~27,000
transplants each year with diseased donor representing 80%

Calculated Panel Reactive Antibodies (cPRA) is a measure for HLA-sensitization

Recent US Market Research Studies Confirm Commercial Opportunity

- **High unmet need:** current off-label treatments are not seen as great options for patients
- **Multiple stakeholders involved in transplants:** HLA Lab Director plays a critical role in management of antigen profile and delisting protocols
- **P&T approval** will be critical and seen as likely by stakeholders, given the clinical profile of imlifidase
- **Initial launch drivers:** prior clinical experience and existing high volume kidney transplant centers

*"We use combinations of things, **nothing protocolized**. The current **options do not have great outcomes**." - Pharmacist*

*"The alternative is that these patients **remain on dialysis for years**, spending a significant portion of their lives coming in for treatment – that is the real burden." - Financial Decision Maker*

*"The HLA lab is **involved in every meeting** to help make decisions. We talk about a bunch of different things in the meetings, **and they play a robust role**." –Nephrologist*

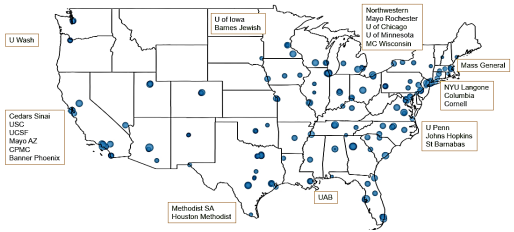
U.S. launch preparations continuing with focus on site of care strategy and market access

200 transplant centers

100 Centers › **~80%** of transplant volume

50 Centers › **~50%** of transplant volume

25 Centers in ConfIdeS › **~25%** of transplant volume



Initial focus on top 100 centers

Pre-launch engagements led by medical affairs and market access

Pricing and Reimbursement

Majority of Transplants are paid by Medicare

~60% have Medicare; patients on commercial will switch to Medicare as primary insurance after 30 months on dialysis

Market research completed

Financial decision makers in transplant centers recognize the value proposition of imlifidase and the significant unmet need and high dialysis burden

Focus Speed of Access at launch and enabling breadth of adoption

NTAP and Outlier payments important; Modeling CAR-Ts for center engagement

Pre-launch activities

Organizational Build

Expanding field access and medical roles; expect to hire commercial sales team in Q4 2026

Medical Affairs

Congress attendance at CEOT and Regional transplant meetings; ConfIdeS oral presentation at ATC and preparations for ATC symposium and KOL engagements

Commercial

Site of Care Strategy developed to enable targeted account management and smooth incorporation of imlifidase into transplant center workflow

NTAP= New Technology Add on Payment; CEOT=Cutting Edge of Transplantation

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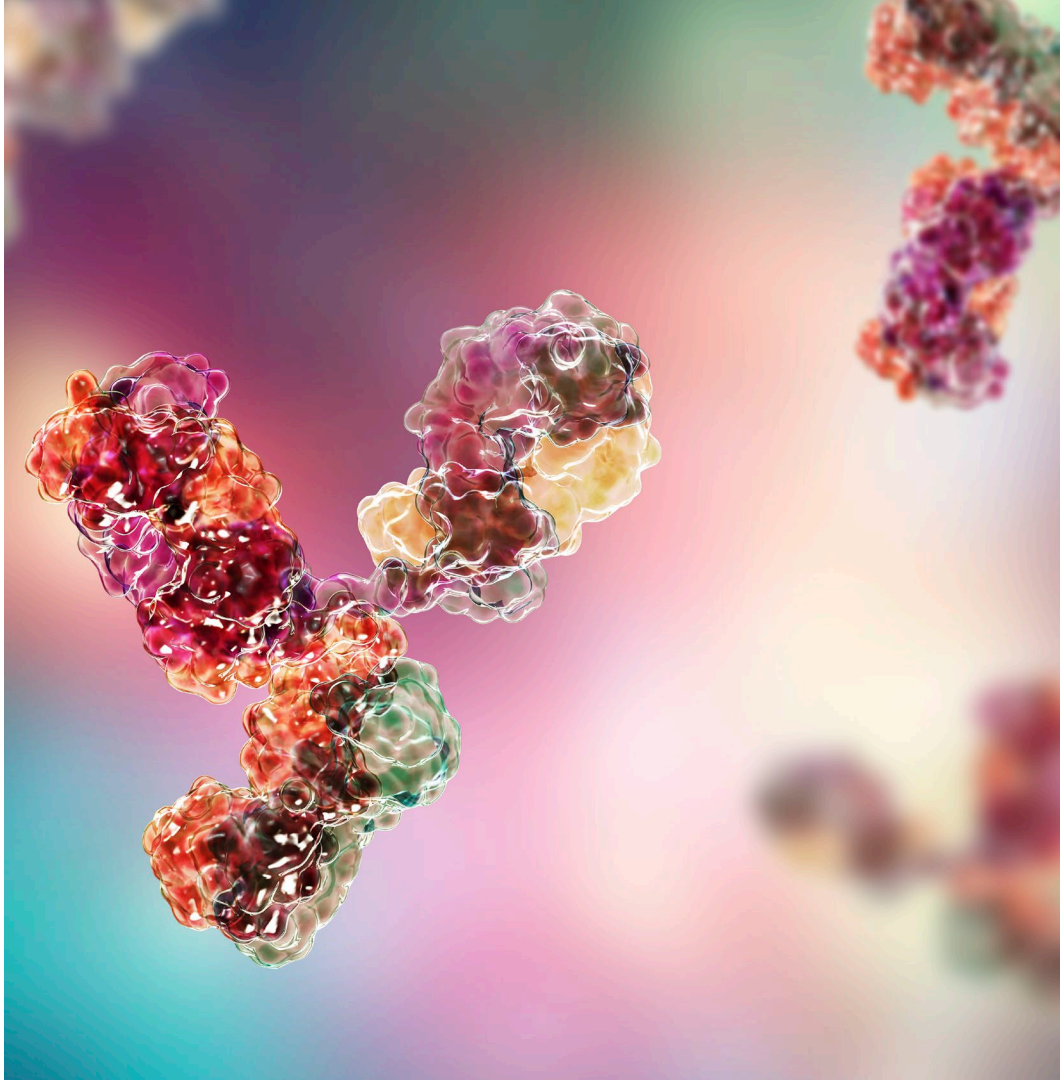
Study 20-HMedIdeS-19 (PAES)

A controlled, open-label post-authorisation efficacy and safety study in imlifidase desensitised kidney transplant patients with positive crossmatch against a deceased donor prior to imlifidase treatment, including non-comparative registry and concurrent reference cohorts.



Objectives

Primary

To determine the 1-year graft failure-free survival in highly sensitized kidney transplant patients, pre-treated with imlifidase to turn a positive crossmatch against a deceased donor into a negative crossmatch

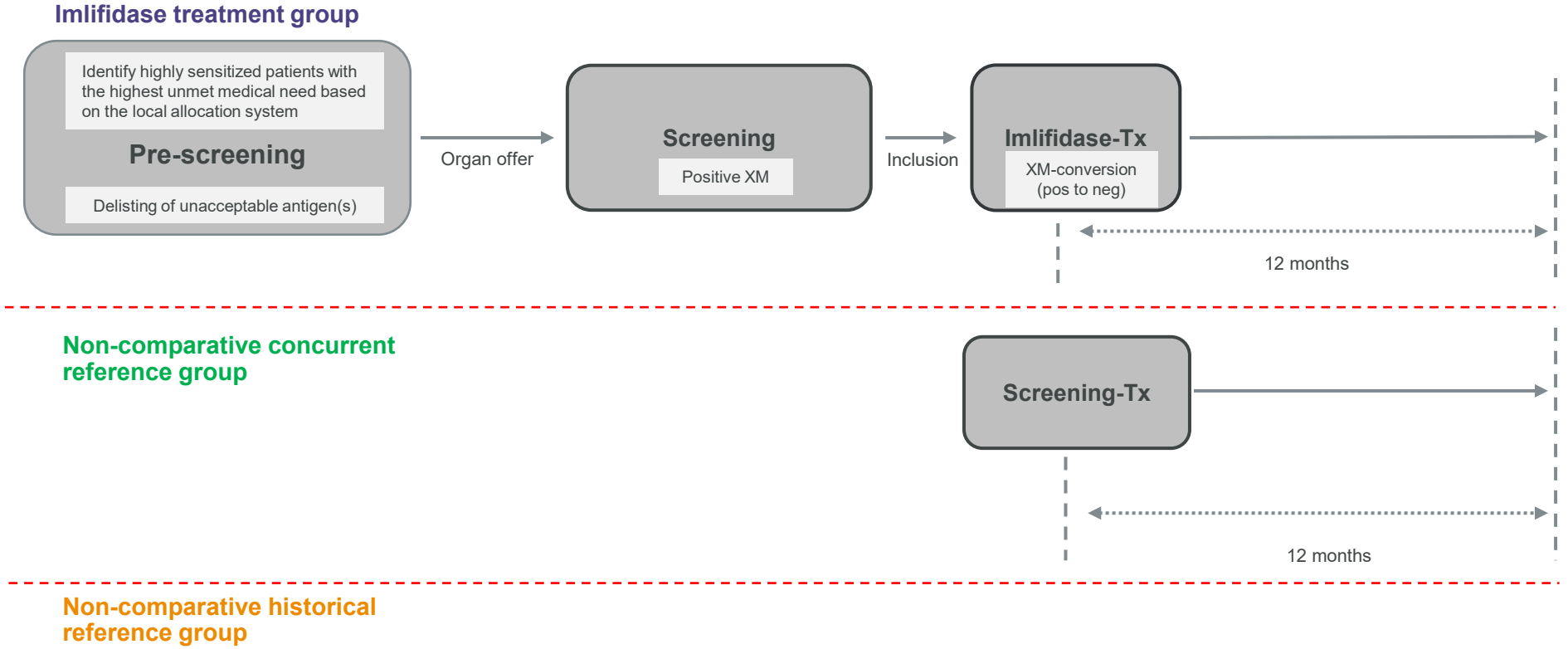
Secondary

To evaluate, up to 1 year after transplantation:

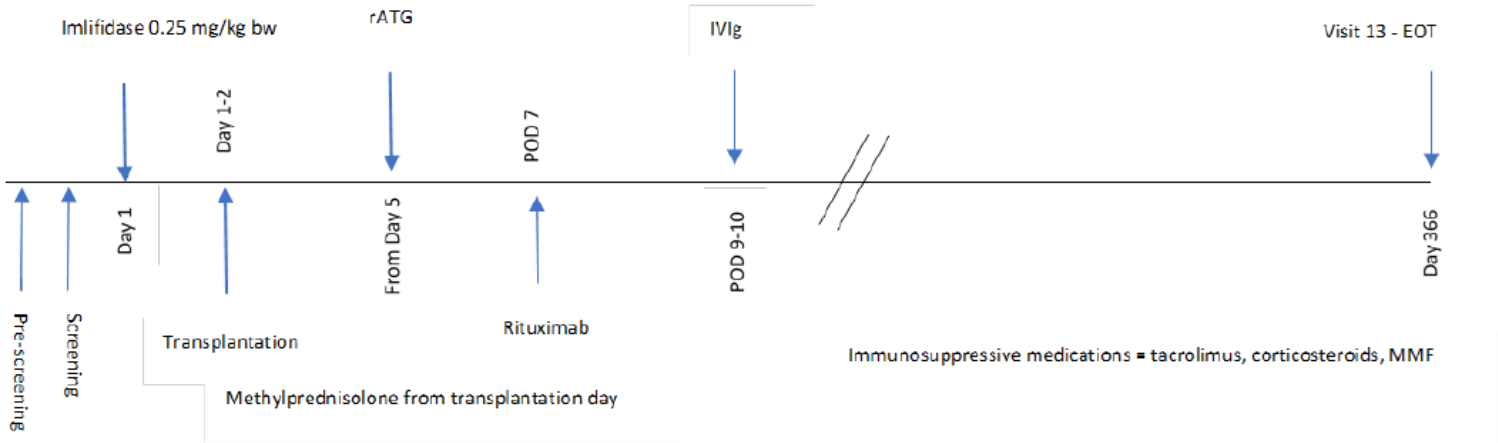
- Renal function
- Patient survival
- Graft survival

Safety

Study Design



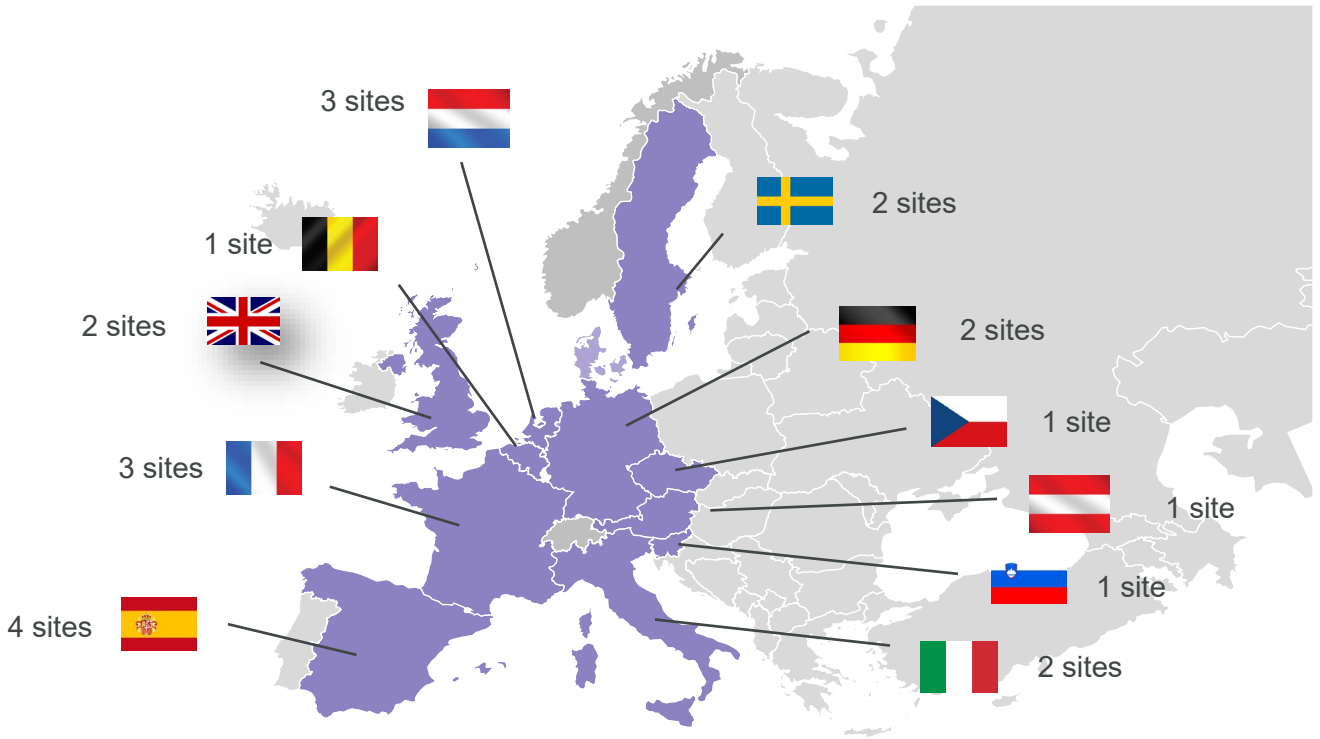
Treatment Schema – Imlifidase Treatment



- All patients premedicated with intravenous methylprednisolone (250 mg) and an antihistamine (oral loratadine 10 mg or equivalent)
- 2nd dose of imlifidase can be given within 24 hours, if required

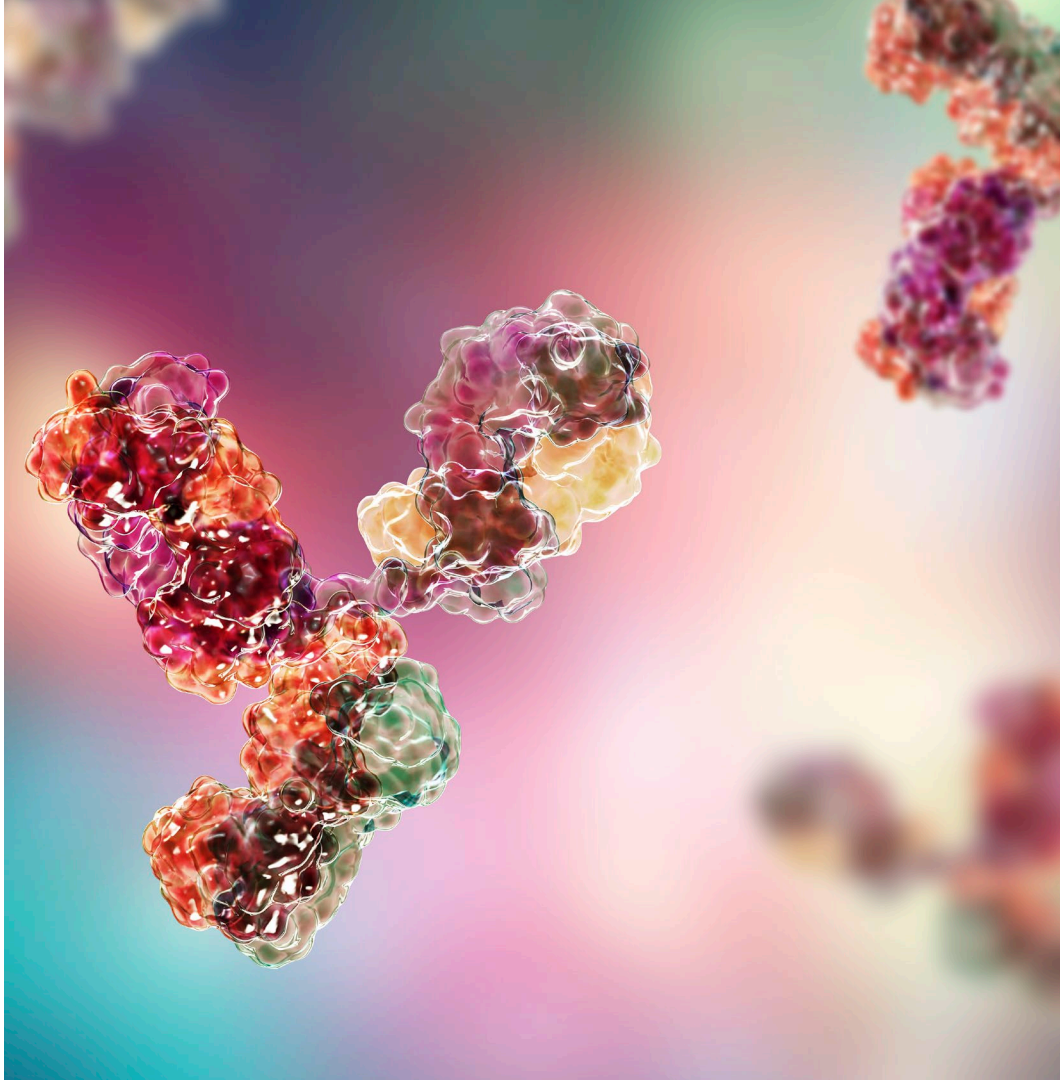
Study Conduct and Status

- Study started May 2022 (FPFV)
- 11 countries (10 EU and UK)
- 22 sites
- Database lock expected in May



HNSA-5487

HSNA-5487 in Guillain-Barré Syndrome



Guillain-Barré Syndrome Overview

Guillain-Barré Syndrome

a rare, acute, paralyzing, inflammatory disease of the peripheral nervous system caused by the immune system damaging nerve cells and structures.

Symptoms

Rapid onset and progression of muscle weakness leading to severe paralysis of the arms and legs. Most GBS patients also have sensory disturbance (tingling or numbness or ataxia) and pain, and some patients have double vision or problems with swallowing.

Treatment

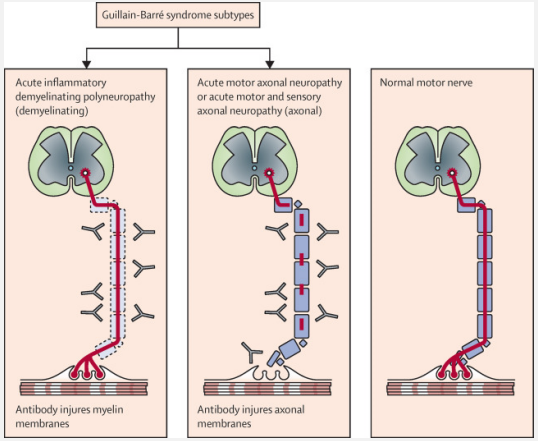
No FDA approved treatments. IVIg/PLEX are considered standard of care. IVIg is approved in the EU.

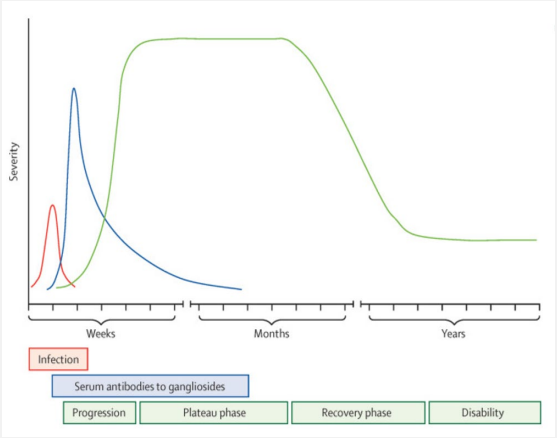
Prevalence

Affects 1-2 in 100,000 people annually.[3] Approximately 3,500 – 7,000 cases annually in the US.

Unmet Need: Approximately 25% of patients require mechanical ventilation for days to months following the acute autoimmune attack, and 20% are unable to walk after six months.[1, 2]

IgG is a key driver of inflammatory attacks on peripheral nerves and has been clinically linked to the severity and progression of the disease.





Willison et al, Lancet, 2016, Vol 388:10045:717-727

"In the treatment of GBS and subsequent recovery process, early improvement and the ability to walk independently are important clinical milestones as they indicate a return to basic mobility and independence, and to an improved quality of life for patients. This analysis supports the potential role of imlifidase followed by standard of care IVIg as a potentially new treatment option in GBS. These are important results for patients and clinicians in the GBS community."

Professor Shahram Attarian,
Head of Department of Neuromuscular Diseases and ALS, Hopitaux Universitaires de Marseille (APHM).

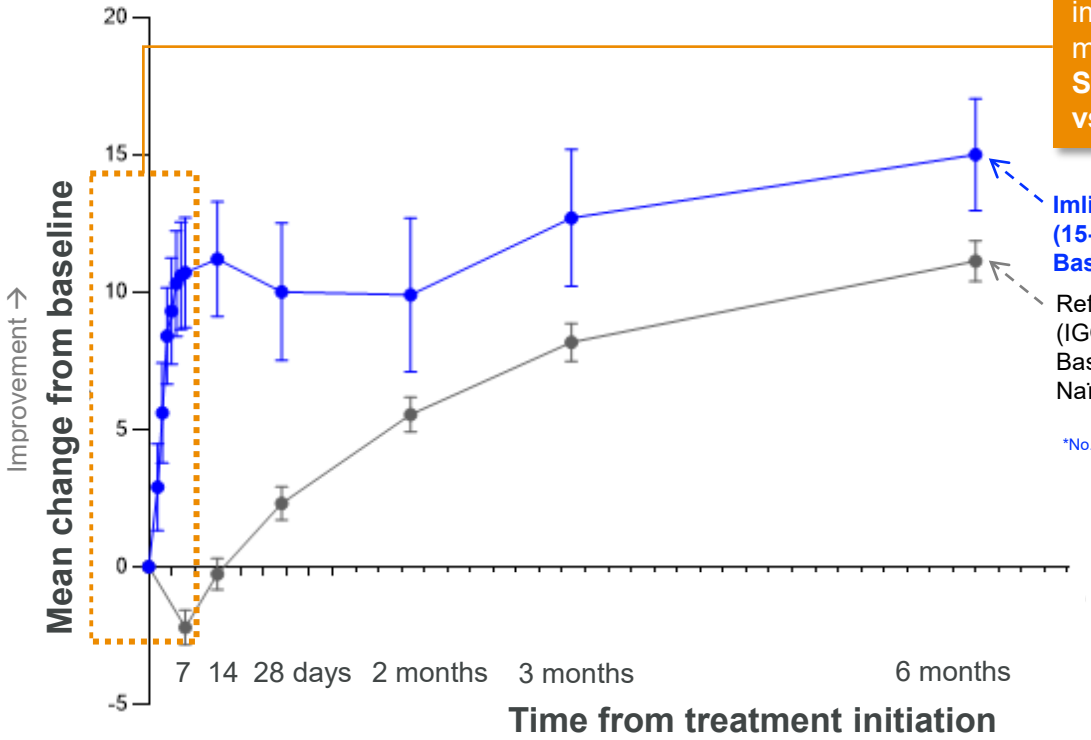
1. Fletcher DD et al. Long-term outcome in patients with Guillain-Barré syndrome requiring mechanical ventilation. Neurology. 2000 Jun 27;54(12):2311-5. doi: 10.1212/wnl.54.12.2311
2. Van Doorn PA. Diagnosis, treatment and prognosis of Guillain-Barré syndrome (GBS). Presse Med. 2013 Jun;42(6 Pt 2):e193-201. doi: 10.1016/j.lpm.2013.02.328
3. McGrogan A, et al. Neuroepidemiology. 2009; 32(2):150-63

Overview of Imlifidase Phase 2 Study in GBS

- 30 patients with severe GBS included (GBS DS ≥3)
- Assessment of safety, disability status, need of mechanical ventilation and hospitalization/ICU admittance

Mean change in MRC sum score (+/-SEM) over time in patients treated with imlifidase followed by IVIg compared to IGOS cohort (naïve comparison)

MRC sum scores increase rapidly following imlifidase dosing and continue to increase in the months of follow-up
Statistically significant[a] differences observed vs IGOS cohort up to week 4



Imlifidase followed by IVIg (15-HMedIdes-09, n=27*) Baseline mean score = 39

Reference cohort (IGOS patients treated with IVIg) Baseline mean score = 41.3 Naïve comparison (no-adjustment)

*No. of patients with confirmed GBS diagnosis post-treatment

[a] 2-way ANOVA Šídák's multiple comparisons test
p-values:
1 week <0,0001
2 weeks <0,0001
4 weeks 0.0098
2 months 0.4045
3 months 0.3638
6 months 0.5707

Confidential information

Current Status of HNSA-5487

- Phase 1 healthy volunteer study completed
  - Rapid and robust IgG reduction by more than 95% within a few hours
  - Significantly reduced ADA response
  - At least as efficacious as imlifidase in reducing total IgG levels
  - No tolerability or safety concerns
- Design of clinical development program completed
- Briefing document submitted to FDA in early April; response expected in May
  - Briefing document outlines the proposed clinical program and development strategy
- Target for study start before end-2026

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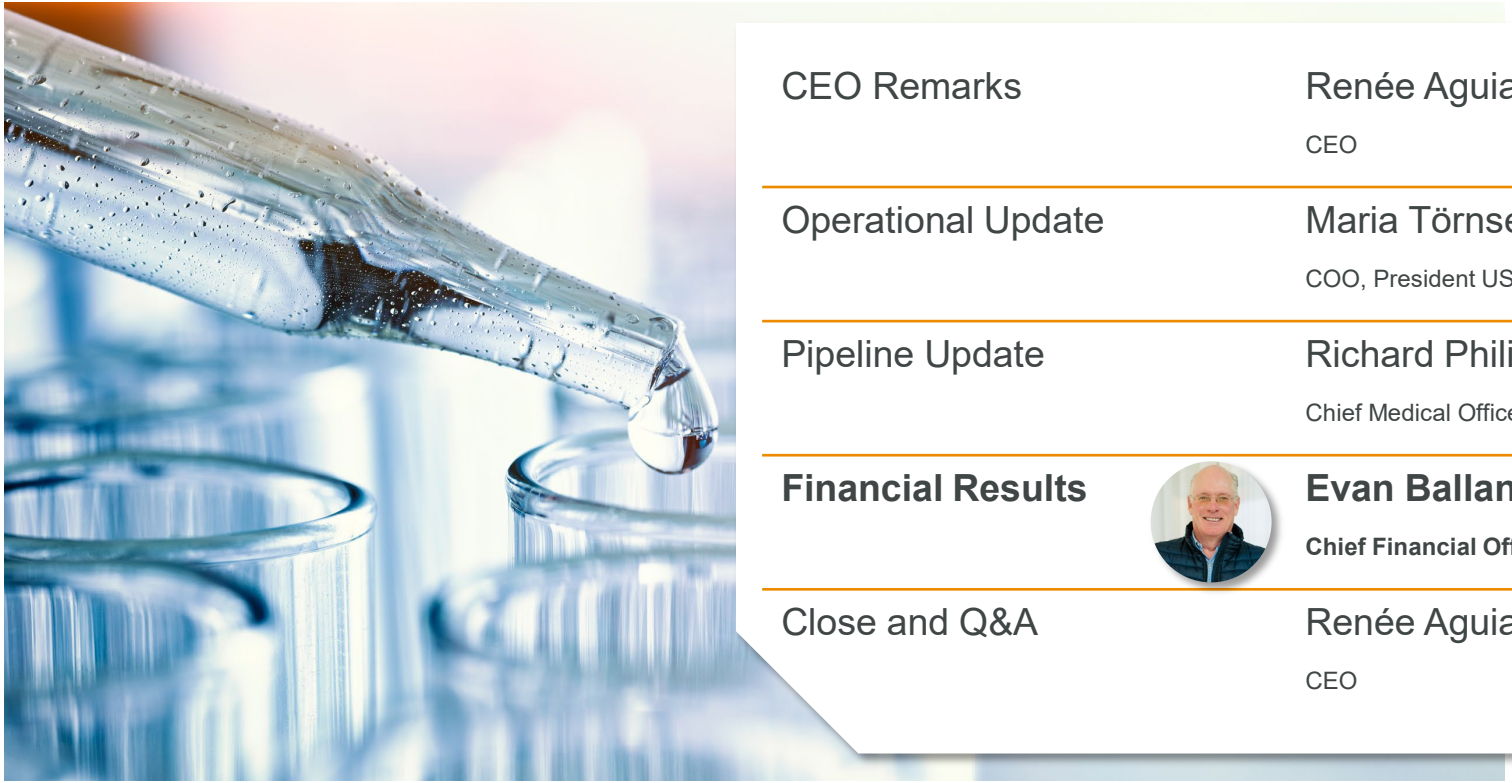

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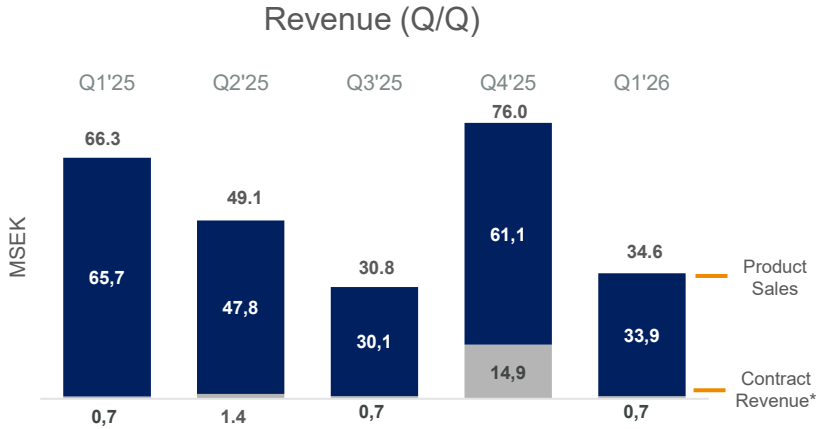
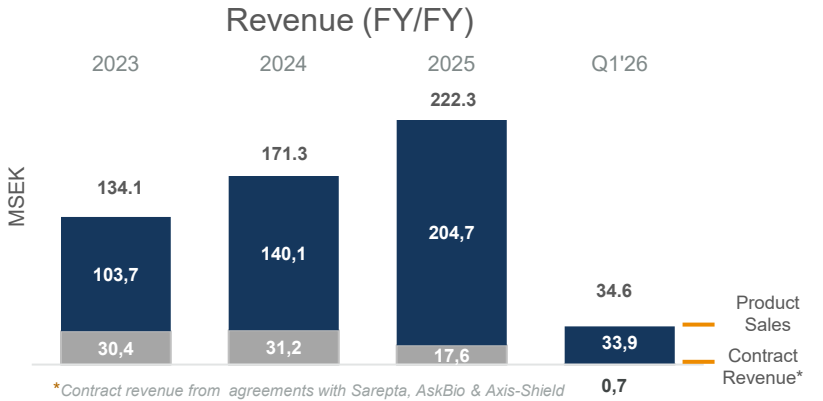
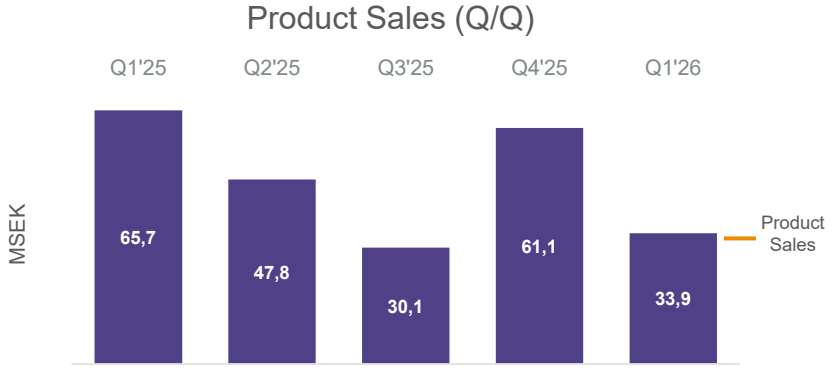
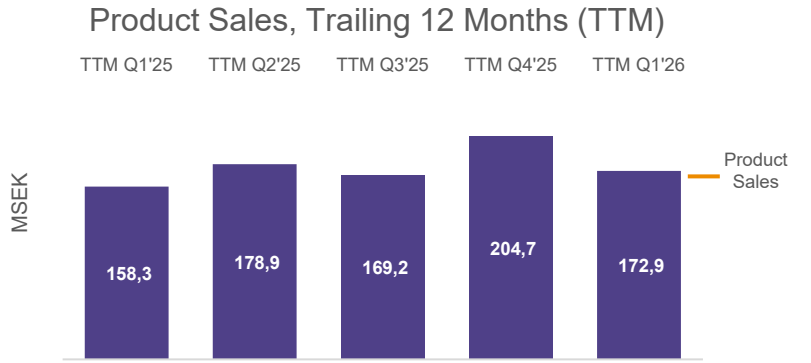
Q1 2026 IDEFIRIX Sales Performance





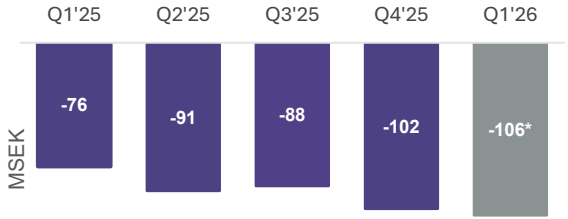
*Contract revenue from agreements with Sarepta, AskBio & Axis-Shield





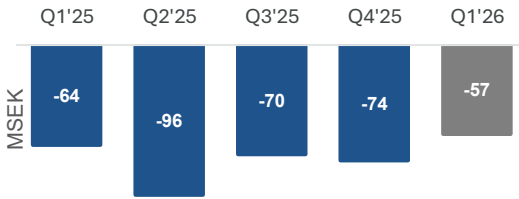
Continued Investments in R&D & Commercialization

SG&A Expenses (Q/Q)

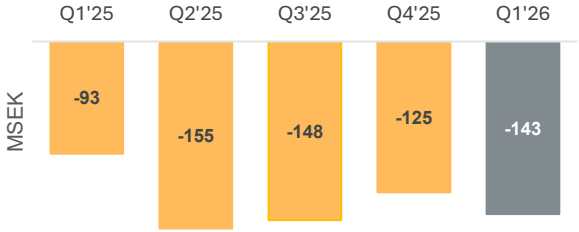


* - Includes one-off fees of ~10.0 MSEK related to convertible note financing

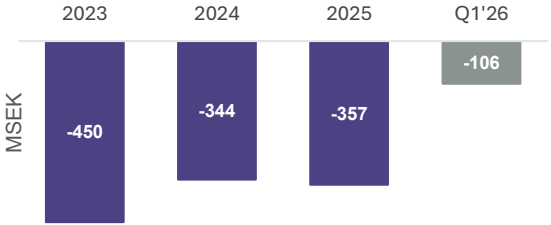
R&D Expenses (Q/Q)



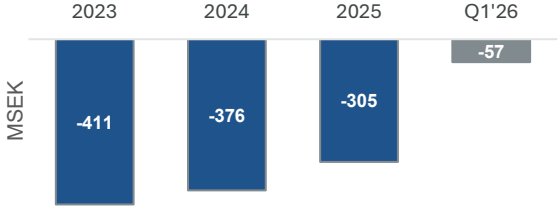
Operating Loss (Q/Q)



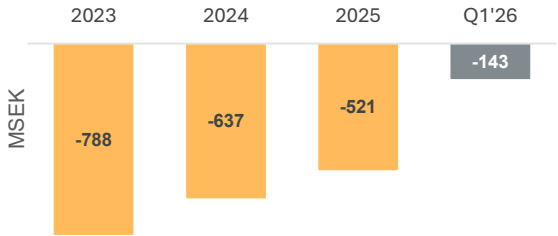
SG&A Expenses (FY/FY)



R&D Expenses (FY/FY)

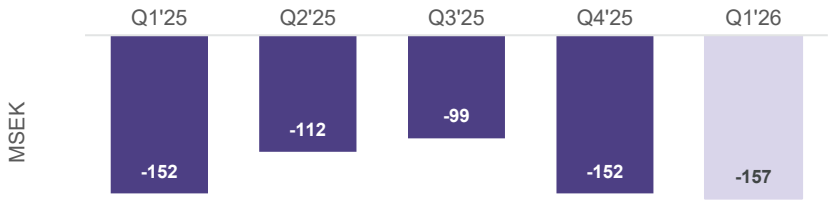


Operating Loss (FY/FY)

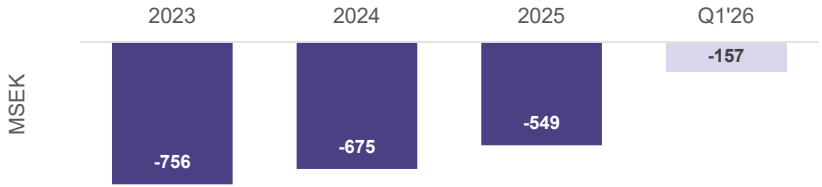


Summary of Cash & Headcount

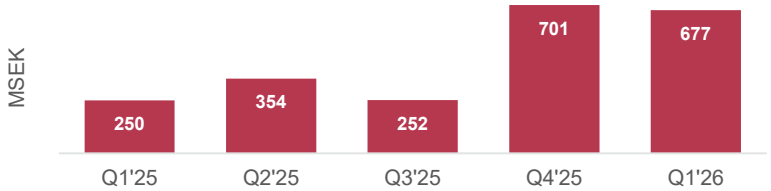
Operating Cash Flow (Q/Q)



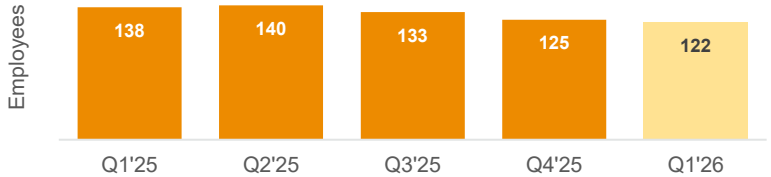
Operating Cash Flow (FY/FY)



Cash & Cash Equivalents (Q/Q)



Number of Employees (Q/Q)



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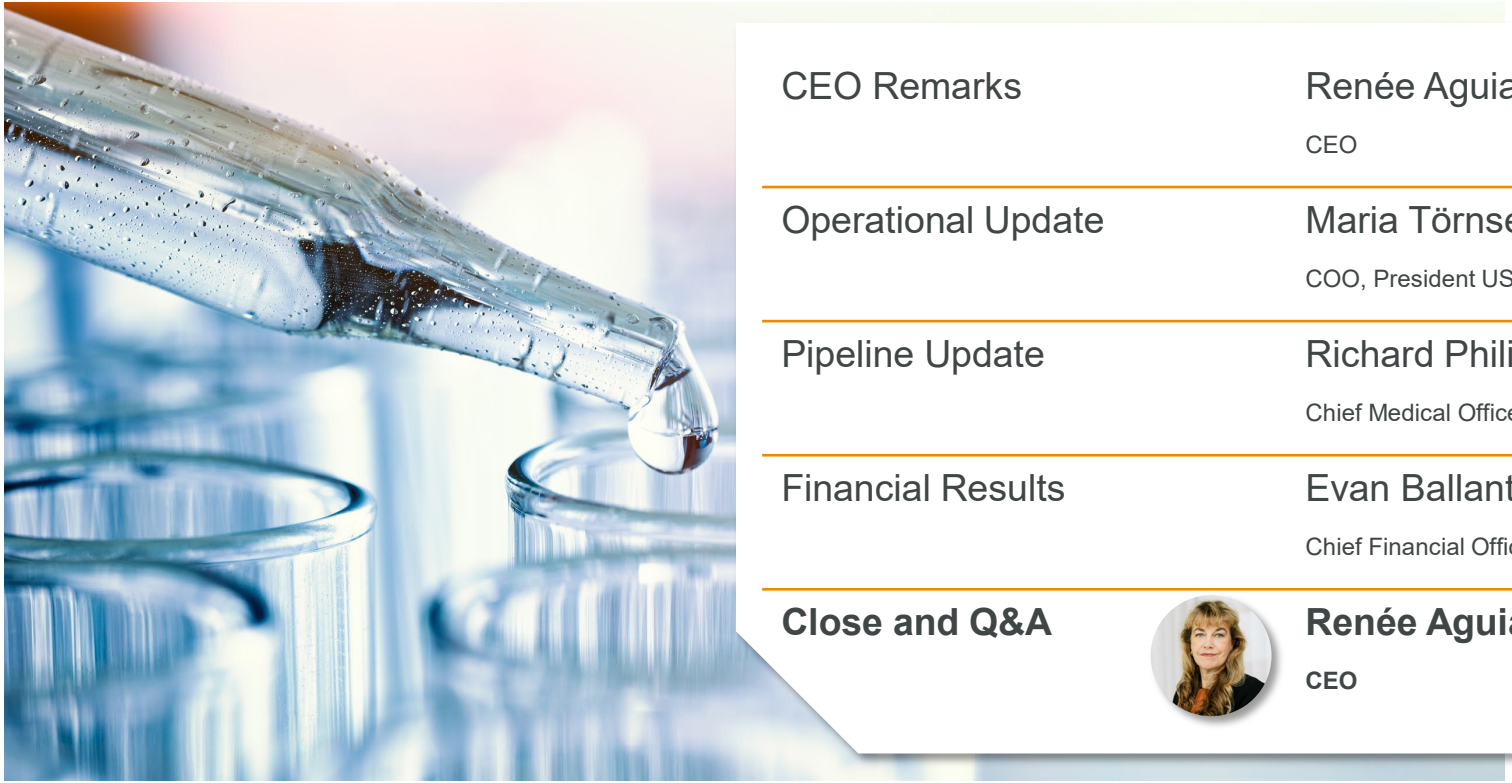

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Summary

Strong foundation and clear roadmap

Robust financial position

Value inflection points in Q2 and Q4

Execution focus

Experienced team

Hansa Biopharma Capital Markets Day

Featuring Key European and American Medical Experts

Thursday 25th of June, 2026 from 9:00 AM to 12:00 PM EDT

Location:

- **In-Person:** The St. Regis Hotel New York, U.S.
- **Virtual:** Live webcast

In-Person Sign-up and Webcast Access:

Hansa Biopharma Capital Markets Day

More details and full agenda to follow…

Highly experienced leadership team

Proven track record delivering growth, approvals, and launches across renal, rare disease, and immunology

Renée Aguiar-Lucander

CEO

20+ yrs rare disease leader and former investor, took Calliditas to NASDAQ and a $1.1bn exit

Evan Ballantyne

CFO

Veteran biotech CFO with significant public company financing and M&A experience

Hitto Kaufmann, PhD

Chief Scientific and Technology Officer

20+ years of immunology drug development from Sanofi and Boehringer Ingelheim

Frank Bringstrup

Chief Regulatory Affairs Officer

25+ years of pharmaceutical industry experience; successfully filed several BLAs with Novo Nordisk

Maria Törnsén

COO, President US

Successfully launched multiple orphan drugs in the US. Previous roles at Calliditas, Sarepta Therapeutics, Sanofi Genzyme and Shire plc

Richard Philipson, MD, PhD

Chief Medical Officer

Four approvals over 25+ years incl. rare disease & gene therapy; senior roles at Calliditas, GSK and Takeda

Brian Gorman

Chief Legal Officer and Corporate Secretary

Seasoned life-sciences lawyer at Sinclair, Calliditas, Endo, AstraZeneca; led acquisitions, integrations and global expansion

Sandra Frithiof

Chief Human Resources Officer

25+ years of experience in human resources in different industries

Q&A

Hansa Biopharma contacts and key events

Contacts

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Chief Financial Officer
Email: ir@hansabiopharma.com

Upcoming Events 2026

19 MAY	H.C.W. Annual BioConnect Investor Conference, NY
19 MAY	LSX Nordic Congress, Copenhagen
20 MAY	Investerar-AW med Inderes x InvesteraMera, Stockholm
1 JUN	Hansa Biopharma Annual General Meeting 2026, Lund
2 JUN	Jefferies Global Healthcare Conference, NY
20 JUN	American Transplant Congress 2026, Boston
25 JUN	**Hansa Biopharma Capital Markets Day, NY and Virtual**


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