HANSA BIOPHARMA

Corporate Presentation

November 2025

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.

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Novel, first-in-class IgG-cleaving enzyme from proprietary technology platform

What is IgG

- Immunoglobulin G (IgG): a protective antibody
- Transplantation / Gene Therapy: High antibody (IgG) levels prevents delivery of therapy or procedure
- Autoimmune Disease: IgG becomes harmful and attacks the body's cells and tissues

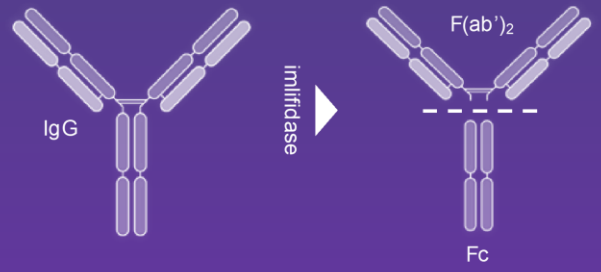
Benefits / Opportunity of IgG Reduction

- Rapid IgG reduction key to enable life saving treatments
- Targeted treatments to rapidly cleave antibodies and enable dosing of gene therapy for appropriate patients
- Potential for addressing acute / severe autoimmune diseases
- Orphan indications / no approved agents

Hansa's IgG-cleaving Platform

Imlifidase – proprietary, first in class IgG cleaving enzyme

- Rapid and targeted reduction of all IgG to > 95% in 2-6 hours
- Have run 8 clinical programs from preclinical to market
- US Phase 3 trial (Sep 25) with clinically relevant 12-month eGFR endpoint ($p < 0.0001$)

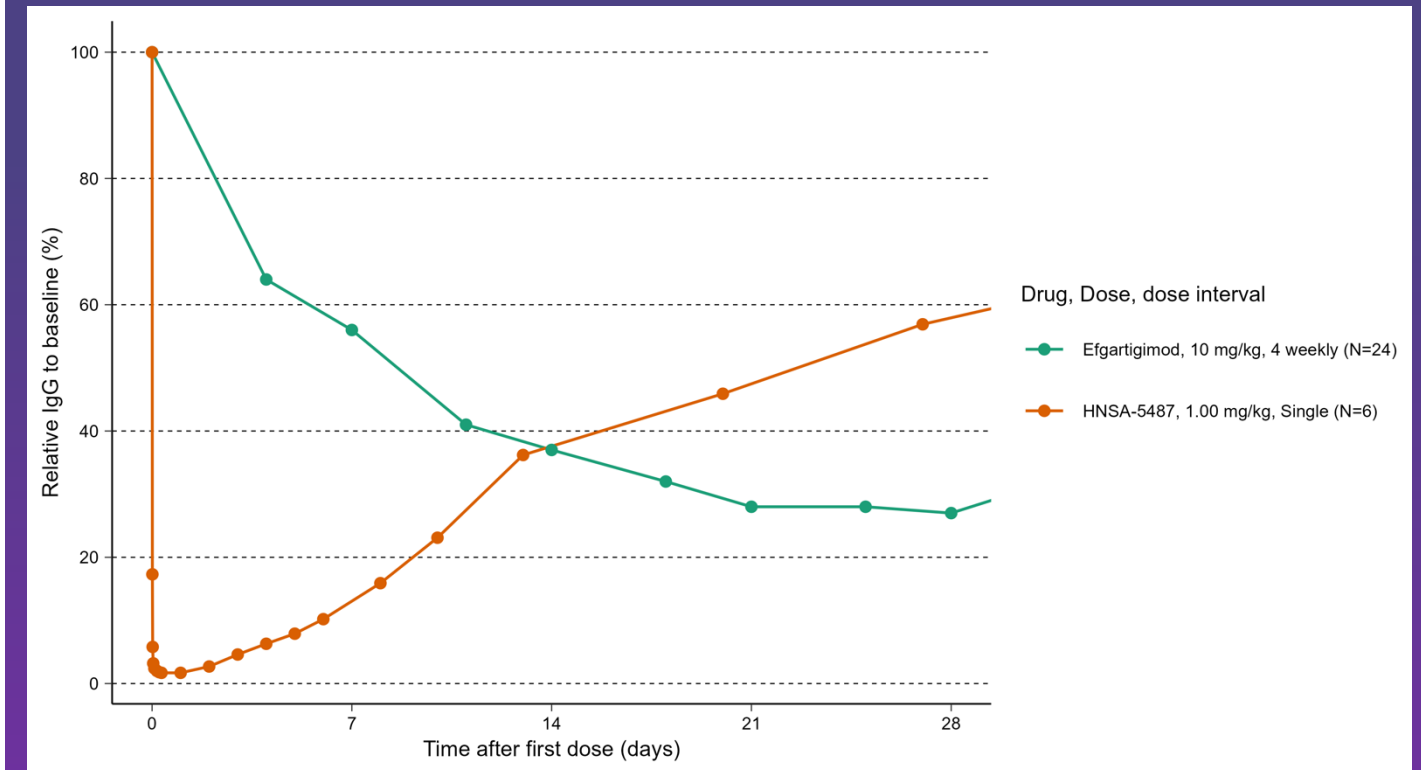


HNSA-5487 – next gen, IgG cleaving enzyme

- Targeting late-stage clinical program in GBS, a serious autoimmune disease with no approved drugs. Exploring redosing of gene therapies.
- FDA meeting in 1H 2026 to advance clinical development program

Platform is uniquely positioned to treat serious immune mediated diseases or challenges due to its rapid IgG reduction

Provides unmatched speed in reducing IgG



IgG cleaving enzymes cleave antibodies across all domains

IgG lowering modalities	Intravascular IgG	Extravascular IgG	Cell bound IgG
Imlifidase	✓	✓	✓
HNSA-5487	✓	✓	✓
FcRn inhibitor	✓	-	✗
PLEX	✓	✗	✗

Idefirix Summary of Product Characteristics. https://www.ema.europa.eu/en/documents/product-information/idefirix-epar-product-information_en.pdf. Accessed June 2024.
Gil I. Wolfe, E. Sally Ward, Hans de Haard, Peter Ulrichts, Tahseen Mozaffar, Mamatha Pasnoor, Gestur Vidarsson,. gG regulation through FcRn blocking: A novel mechanism for the treatment of myasthenia gravis, Journal of the Neurological Sciences,Volume 430, 2021,118074, ISSN 0022-510X,https://doi.org/10.1016/j.jns.2021.118074.(https://www.sciencedirect.com/science/article/pii/S0022510X2100770X).

Addressing Serious Immune Mediated Conditions

THERAPEUTIC FOCUS

Desensitization

Enabling Transplantation
Paradigm shift for highly sensitized kidney transplant patients

Enabling Gene Therapy
Partnerships for pre-treatment to enable AAV gene therapy treatments

Rare autoimmune disease

Anti-GBM
Phase 3 readout in Q4 2025

GBS
Following successful POC Phase 2 trial; plan FDA interaction in 1H26 for clinical development program

21+
Countries with reimbursement

11
Clinical & preclinical programs

+30
Nationalities represented in our workforce

idefirix (imlifidase)

IDEFIRIX® conditionally approved in the EU
For desensitization prior to kidney transplantation

Revenue generating
IDEFIRIX® YTD 9m 2025 sales of ~SEK 144m

Positive US Phase 3 trial (p<0.0001)
Supporting a planned BLA submission end of Q4 2025

Diversified market segments
Desensitization for kidney transplants, enable AAV gene therapy and to treat IgG-mediated monophasic autoimmune diseases

Listed on Nasdaq OMX Stockholm (HNSA)
US$71m capital raised on October 1, 2025

Experienced and Proven 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

Global Regulatory Affairs

Successfully filed and got approvals of several BLAs during his long tenure 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

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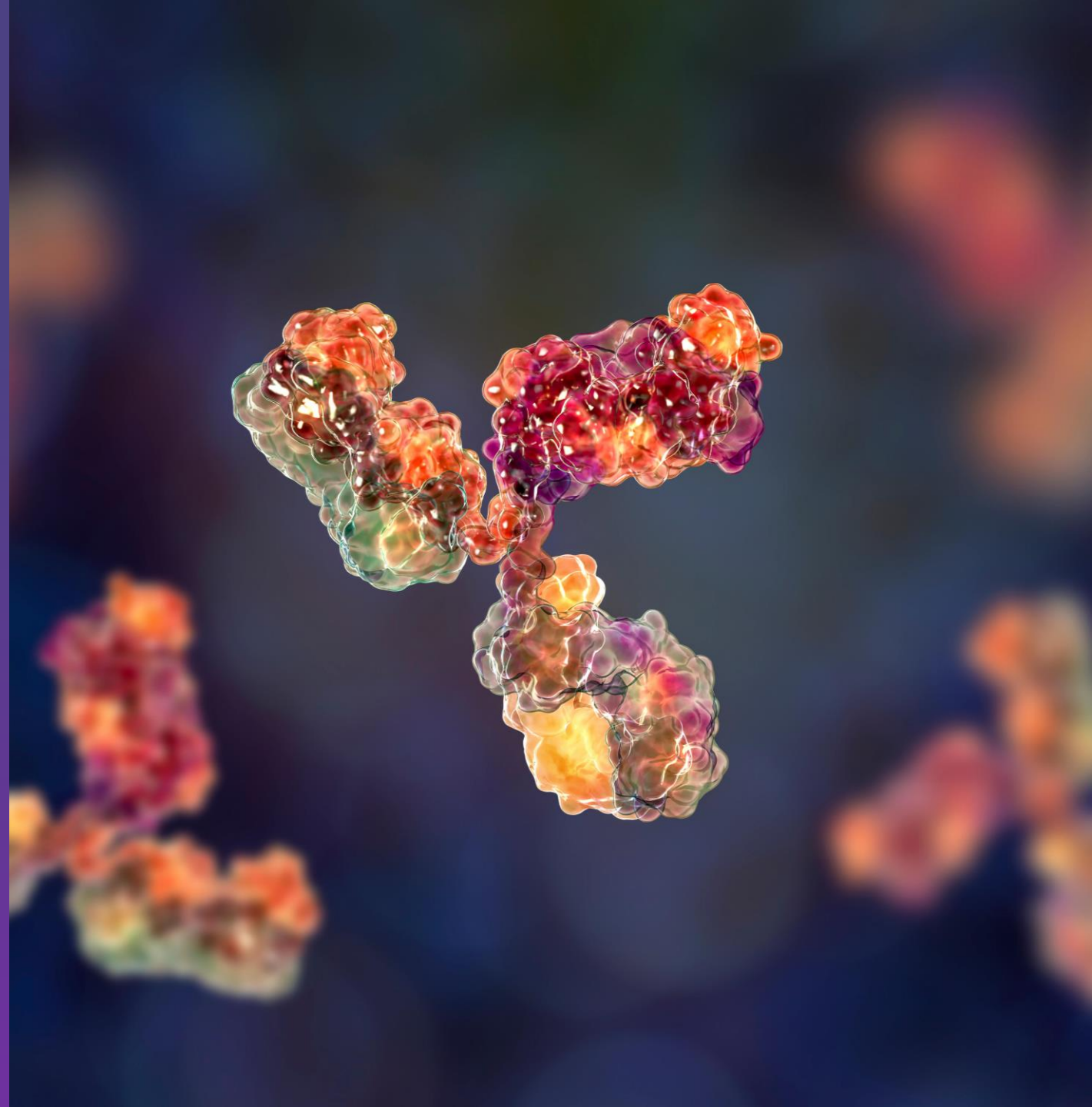
DESENSITIZATION

Transplantation



Transplantation: High Unmet Need with Significant Market Potential

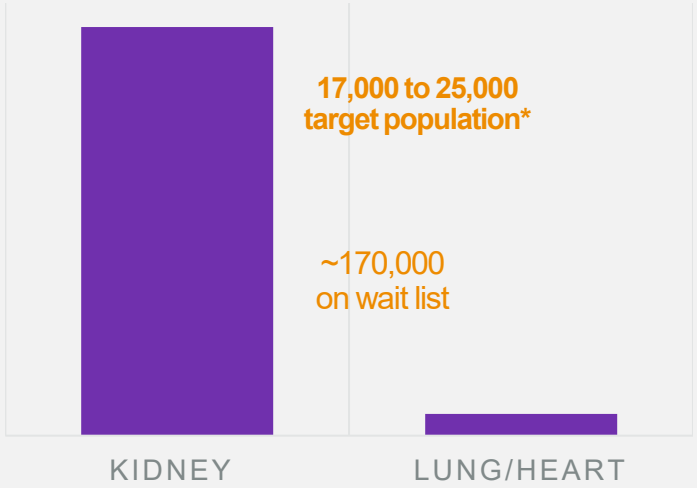
- Pioneering breakthrough for patients with significant unmet medical need
- Commercially available in Europe - no approved therapies in the US
- Highly sensitized patients stay on the wait list for a long time and may never find a matching organ
- Lack of overall organ availability / organ allocation system rules / patient voice and institutional risk-reward profile assumed to impact rate of adoption

Desensitization

TRANSPLANTATION

Potential market opportunity > $2bn

Europe and the US



* Highly sensitized patients cPRA > 80% :

- Potentially significantly larger population as not all patients are referred to the waitlist (over 550,000 patients on dialysis in the US)
- Need for a consistent, predictable and efficacious procedure to address this patient pool
- Significant number of new patients being referred to the waitlist on annual basis – list remains stable or grows year over year

Kindey Transplant
EU source Global Observatory on donation and transplant, 2023 report, https://www.transplant-observatory.org/wp-content/uploads/2025/02/2023-data-global-report-20022025.pdf US:Organ data on Procurement and Transplantation Network (OPTN) as of March 30 2025

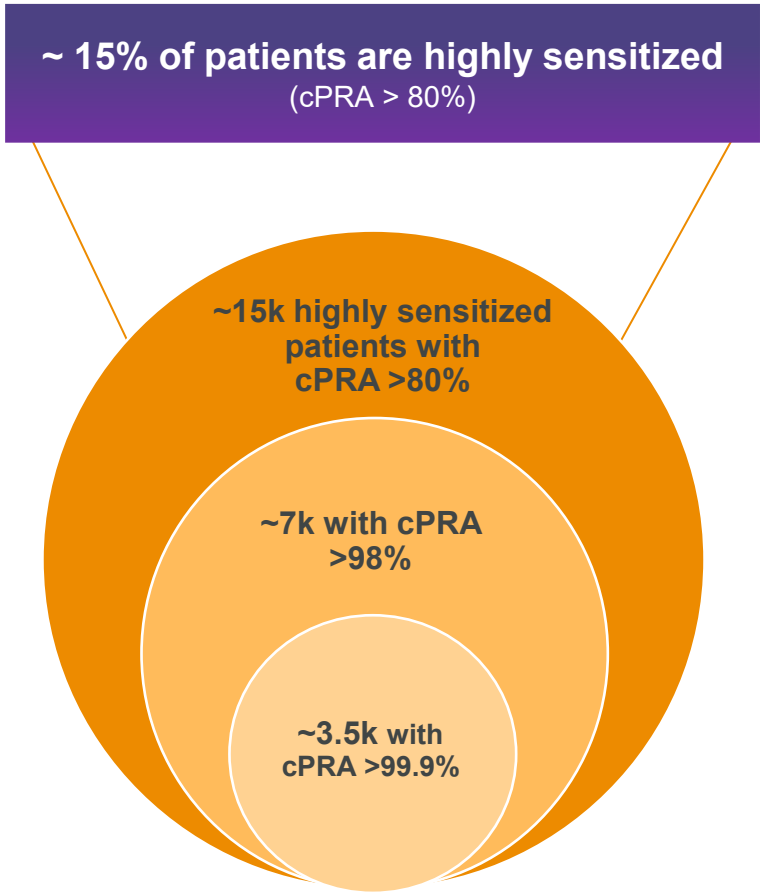
Lung Transplant
Global Observatory on Donation and Transplantation. https://www.transplant-observatory.org/export-database/. Accessed February 24, 2025.
Appel J, Hartwig M, R. Davis D, Reinsmoen N, Utility of Peritransplant and Rescue Intravenous Immunoglobulin and Extracorporeal Immunoadsorption in Lung Transplant Recipients Sensitized to HLA Antigens, Human Immunology, Volume 66, Issue 4. 2005, Pages 378-386, ISSN 0198-8859,htttps://doi.org/10.1016/j.humimm.2005.01.025.
Witt CA, Gaut JP, Yusen RD, Byers DE, Iuppa JA, Bennett Bain K, Alexander Patterson G, Mohanakumar T, Trulock EP, Hachem RR. Acute antibody-mediated rejection after lung transplantation. J Heart Lung Transplant. 2013 Oct;32(10):1034-40. doi: 10.1016/j.healun.2013.07.004. Epub 2013 Aug 13. PMID: 23953920; PMCID: PMC3822761.

Heart
Wu GW, Kobashigawa JA, Fishbein MC, Patel JK, Kittleson MM, Reed EF, Kiyosaki KK, Ardehali A. Asymptomatic antibody-mediated rejection after heart transplantation predicts poor outcomes. J Heart Lung Transplant. 2009 May;28(5):417-22. doi: 10.1016/j.healun.2009.01.015. Epub 2009 Mar 14. PMID: 19416767; PMCID: PMC3829690.
Kobashigawa, J.A. et al.. Post-Transplant Outcome of the Highly Sensitized Patient Awaiting Heart Transplant Treated with Desensitization. The Journal of Heart and Lung Transplantation, Volume 40, Issue 4, S44

Thousands of highly sensitized U.S. patients face indefinite dialysis

Significant Unmet Medical Need

Inability to match or effectively desensitize patients remains a barrier for transplantation in highly sensitized patients



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%

up to 7 years
median time on waitlist for highly sensitized patients

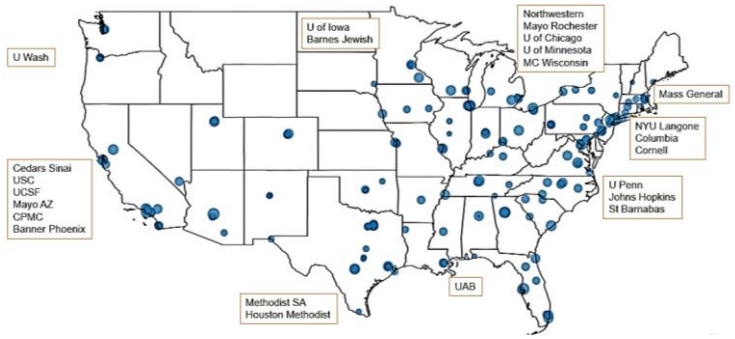
~27,000
transplants each year with diseased donor representing 80%

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

Robust U.S. commercialization strategy established

Concentrated Market

~200 adult transplant centers



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

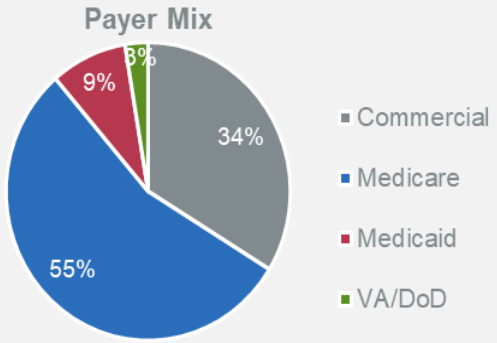
50 Centers › **~50%** of transplant volume

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

- Significant clinical experience creates foundation for commercial launch

Pricing and Reimbursement

~55%
paid by Medicare



- Kidney transplants are in-patient care covered by DRG codes
- NTAP can be applied for in 2026; precedence exists from other new therapies
- Pricing research will inform US price

Experienced US Team

Medical Affairs
Field team with multiple years in the transplant market; SVP Medical Affairs has recent nephrology launch experience

Market Access
VP Market Access with recent launch experience in nephrology and multiple other US launches

Analytical Capabilities
Inhouse expertise with recent US launch experience in nephrology

Field Team
Expect to hire a field team of ~20FTE

NTAP= New Technology Add on Payment

US ConfIdeS Phase 3 study supports BLA filing

Strong topline data reported in September 2025

	Imlifidase n	Control n	Imlifidase eGFR (mean)	Control eGFR (mean)	p-value
Primary endpoint eGFR at 12 months in FAS	32	32	51.5	19.3	<0.0001
Rank-based non-parametric analysis of eGFR at 12 months *Median	32	32	50.0*	0*	0.0001
eGFR at 12 months in patients transplanted based on organ offer at randomization	27	3	59.3	23.1	0.0138

- 64 patients enrolled across 25 sites with >90% retention
- Primary Endpoint (12 months):
  - Mean eGFR: 51.5 (imlifidase) vs 19.3 (control) mL/min/1.73m²
  - Difference: 32.2 mL/min/1.73m² (p<0.0001)
- Secondary Endpoint:
  - Dialysis dependency at 12 months (p=0.0007)
- Good tolerability with consistent safety profile

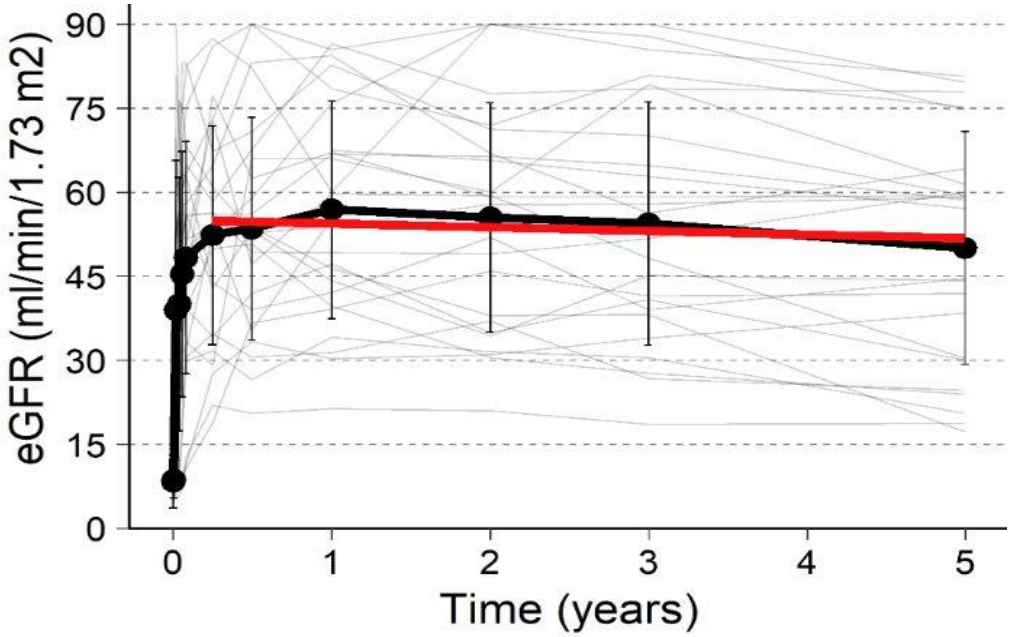
"There have been few major breakthroughs in desensitization strategies in kidney transplantation for the last 30 years. The unmet need remains high for kidney transplant patients who are considered highly sensitized, with many remaining on the wait list with little to no hope of receiving a suitable match for transplantation. The result from the US ConfIdeS trial are highly encouraging and demonstrate the significant potential for imlifidase to transform standard of care for highly sensitized table match kidney transplant patients."

Robert Montgomery, MD, PhD, New York University Langone Health

Long-term follow-up study showed durable graft and patient survival

Study Overview

- Extended pooled analysis from the 17-HMedIdeS-14 study
- A long-term follow-up study of patients who have received a kidney transplant following desensitization with imlifidase



Key Takeaways

- 82% five-year graft survival
- 90% patient survival
- 50 ml/min/m^2 eGFR
- Presented at AST (June 2024)
- ESOT: recommended imlifidase as a desensitization strategy for kidney transplant
- Kidney International Reports/AST: Real World Evidence Study (June 2024)

EGFR estimated glomerular filtration rate is a measure of how well kidneys are functioning

Europe: Upcoming Milestones and Growth Initiatives

EU Market Challenges

- Fragmented market
- Limited KOL experience
  - Phase 2 with 2 European sites
- Pioneering approach for patient pool considered challenging
- Varied, national organ allocation systems
- Need for drafting and implementation of national guidelines
- Long & complex reimbursement process at country, regional & hospital level
- Large 50 patient Ph3 trial ongoing

Current Status in Europe

Reimbursement

21 markets across the EU representing 90% of the transplant market

Product revenue

9M ’24: 114.5 MSEK
9M ’25: 143.6 MSEK
+ 25% YTD

Clinical adoption

~ 40 clinics with clinical experience; ~ 70% have repeat utilization; >200 patients treated

Accelerating Initiatives

- Focus on resolving regional market access challenges
- Targeted public affairs and medical activities in Germany
- Organizational structure reviewed for accountability, focus and efficiencies
- Investment in systems, KPIs, reporting and training
- Focus on dissemination of recent clinical data, delisting education, best practice and peer to peer interactions
- **PAES 50 patient trial – topline results mid 2026 => Full EMA approval 2027**

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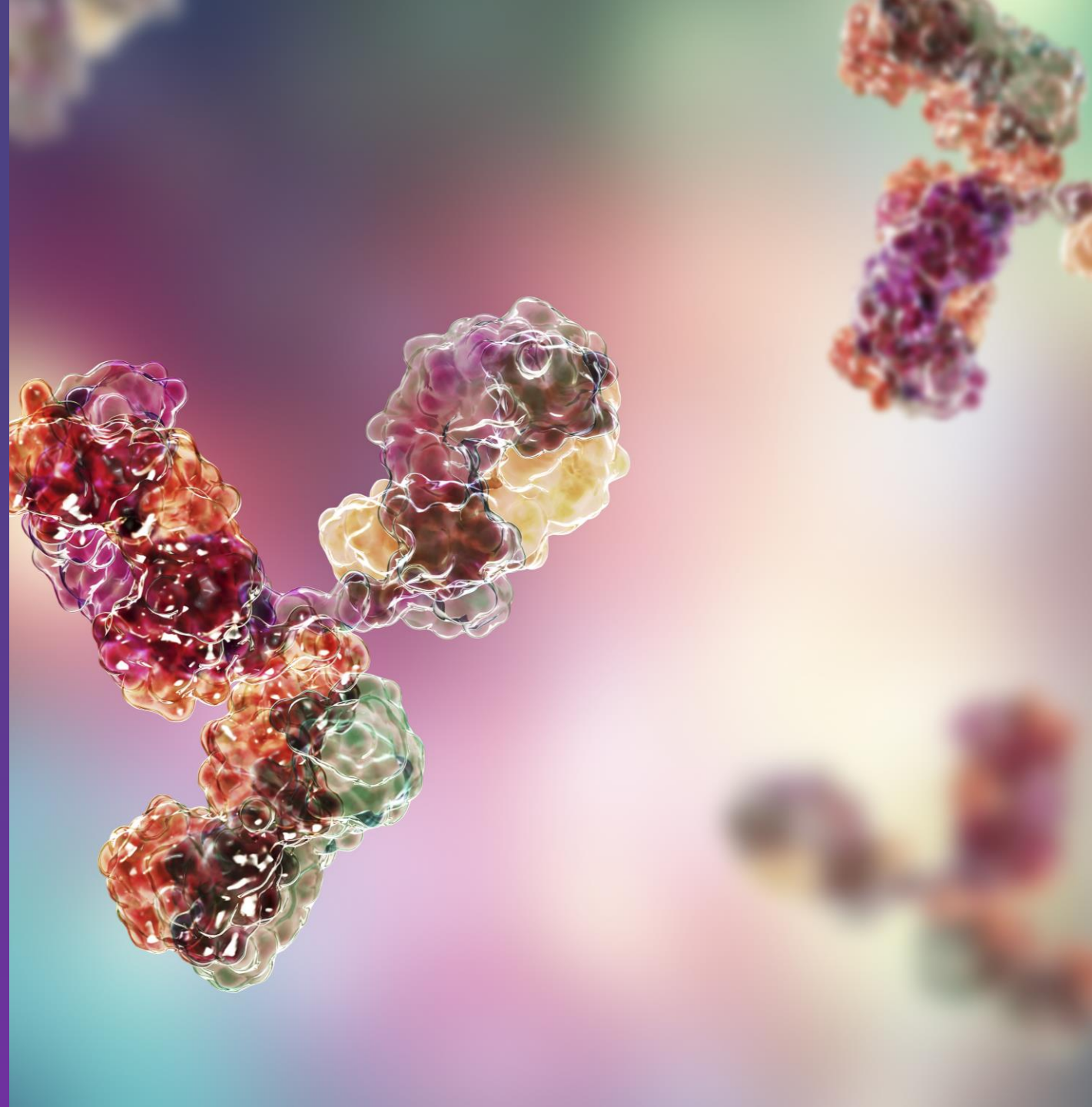
DESENSITIZATION

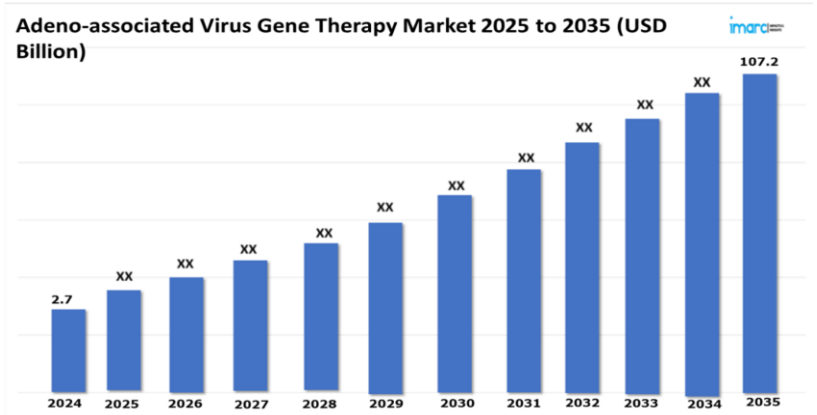
Gene Therapy



Compelling opportunity in high-growth gene therapy sector

GENE THERAPY MARKET
SIGNIFICANT GROWTH EXPECTED

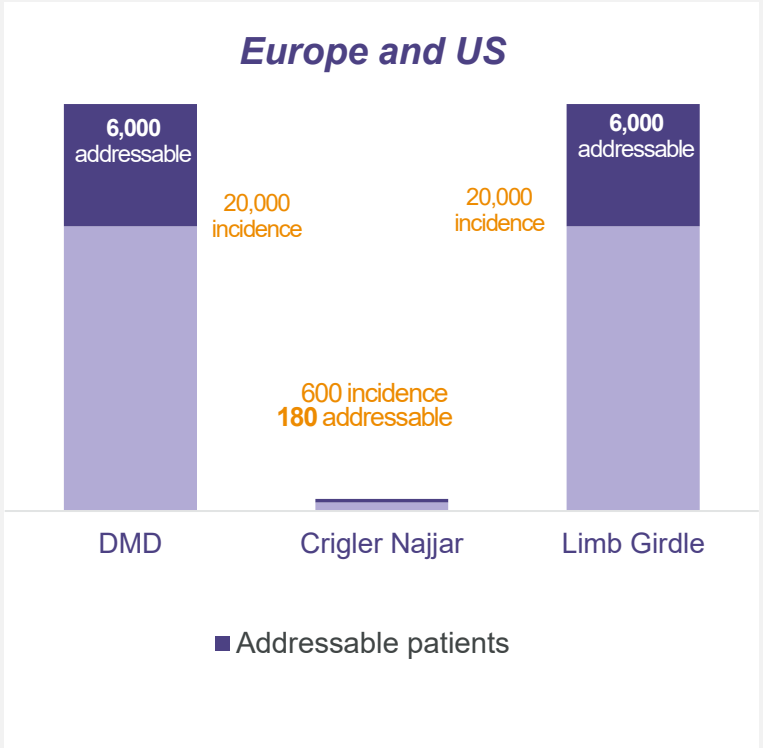
Existing $2bn+ market in 2024
Expected to reach $23.9B by 2028



7 Major markets - Annual Compound Growth ~ 39%

Global Annual Compound Growth ~ 19%

DESENSITIZATION
GENE THERAPY



- Multiple gene therapy drugs with 10 – 40% of patients eligible who cannot be treated due to AAV vector antibodies
- Existing Hansa partnerships estimated to address ~ 6,000 patients with high levels of anti-AAV antibodies
- Clinical data supports ability to cleave AAV antibodies to enable gene therapy dosing
- ~ 195 ongoing clinical trials with AAV vector-based gene therapies

Gene Therapy
Muscular Dystrophy Association. Duchenne Musclar Dystrophy Fact Sheet. https://www.mda.org/sites/default/files/2019/03/Duchenne_Muscular_Dystrophy_Fact_Sheet.pdf. Accessed February 2025.
Market Research Future, June 2025. Biospace Report 2025. Roots Analysis 2025.

Collaborating to bridge access to gene therapies for more patients

Current partnerships

SAREPTA THERAPEUTICS

Indication exclusivity

- Duchenne Muscular Dystrophy (DMD) - 1/3,500 to 5,000 male births worldwide
- Limb-Girdle Muscular Dystrophy - global prevalence of ~1.6 per 100K individual

GENETHON
CURE THROUGH INNOVATION

Indication exclusivity

- Crigler-Najjar syndrome – ultrarare condition with approximate incidence is 0.6-1 case per one million people

Clinical Progress

Reported supportive DMD topline data and safety in three patients treated with imlifidase prior to ELEVIDYS

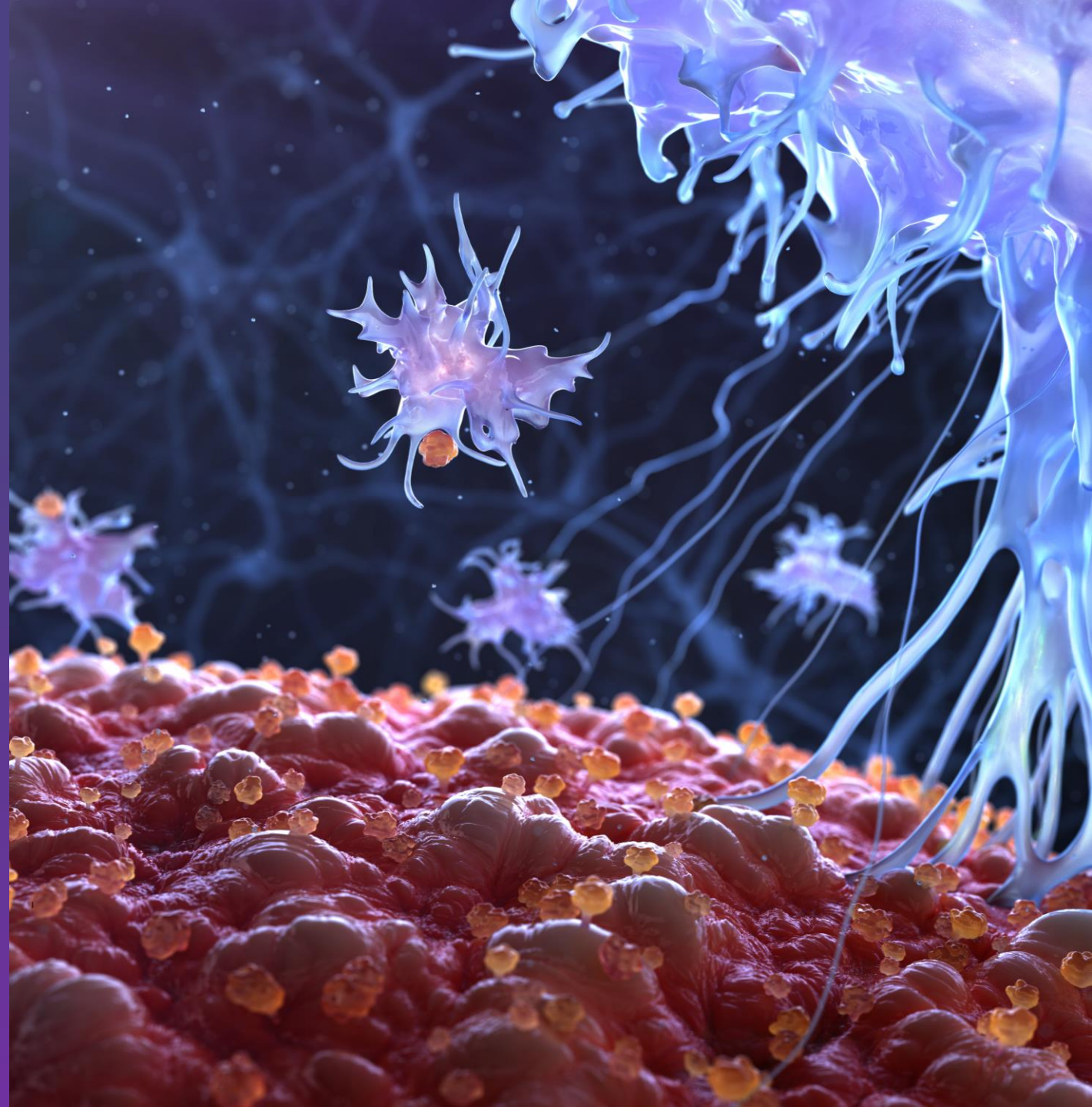
Reported the first successful treatment of a Crigler–Najjar patient with pre-existing AAV8 antibodies.

We partner with gene therapy companies at the forefront of innovation to leverage our technology platform and ensure reach for all eligible patients

Together we generate program-specific, partner-led evidence with regulatory alignment

Our goal is to bridge the anti-AAV antibody access gap, enabling life-changing treatment to patients otherwise excluded due to immune related issues

AUTOIMMUNE DISEASE

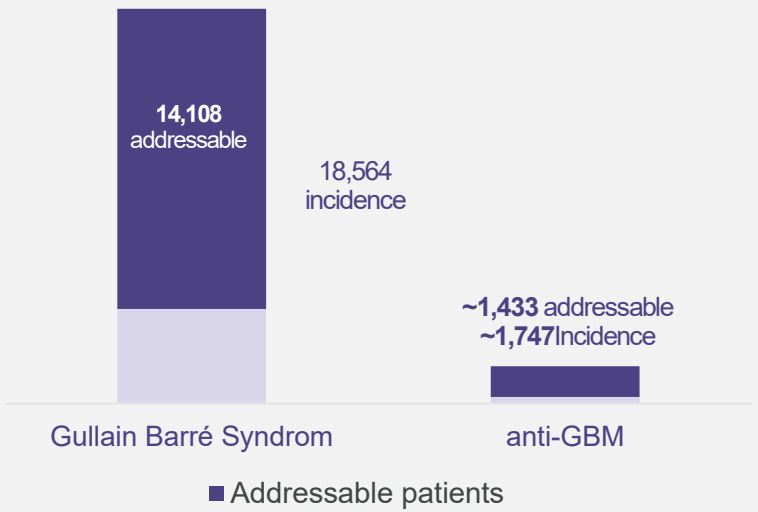


Rare disease focus; IgG mediated conditions

Autoimmune

IVIg market growth $40B by 2032

Europe and US



Addressable Populations: GBS: ***14,108***
Anti-GBM: ***1,433***

Significant unmet medical need – nothing approved in Europe or the US for GBS & Anti-GBM

Strong Phase 2 data in both indications provided basis for further clinical development

Phase 3 trial in Anti-GBM reads out in Q4 2025. Preliminary plan to file sBLA following potential approval in the US for desensitization in highly sensitized patients waiting for a kidney transplant

Plans to advance H5487 in GBS with FDA interaction in 1H 2026 to review accelerated clinical program

GBS
McGrogan, A., Madle, G.C., Seaman, H.E., et al. (2009) The Epidemiology of Guillain-Barré Syndrome Worldwide. Neuroepidemiology, 32, 150-163
Anti-GBM
Canney et al, Spatial and Temporal Clustering of Anti-Glomerular Basement Membrane Disease. Clin J Am Soc Nephrol. 2016 Aug 8;11(8):1392-1399

Anti-GBM is a rare, acute inflammatory disease driven by IgG

Anti-Glomerular Basement Membrane Disease

An acute, rare, and very severe inflammatory disease in which IgG autoantibodies attack the glomerular basement membrane in the kidneys and, in some patients, the lungs.

Symptoms

Early signs are often unspecific which can vary from malaise, weight loss, fatigue and fever. Kidney symptoms usually include blood and protein in the urine. Lung symptoms include coughing up blood, chest pain, cough, and shortness of breath.

Prevalence

Affects around 1.6 people per million annually. Only one in three will have a preserved renal function after six months with current standard of care.[5]

Treatment

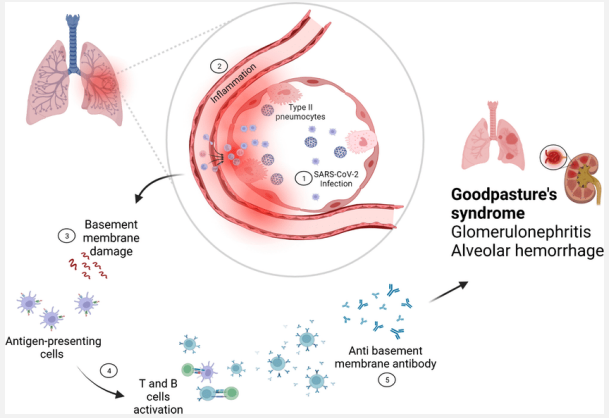
There are no approved drugs for anti-GBM. Standard of care consists of a combination of immunosuppressives, glucocorticoids, and plasma exchange.

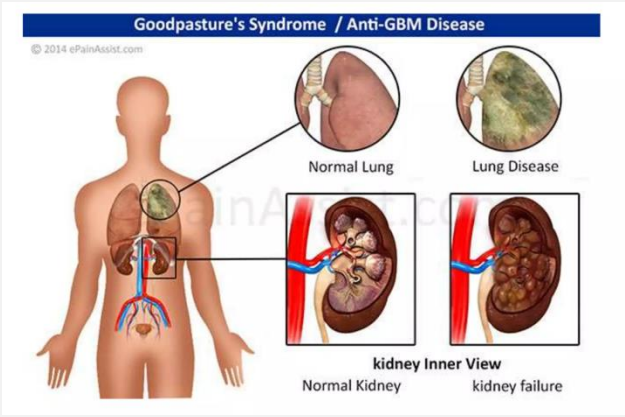
Unmet Need

Severe anti-GBM can be life-threatening resulting in kidney failure and bleeding in the lungs. The acute autoimmune attacks can become fatal in up to one in eight patients in the first year, while most patients lose their kidney function and end up on dialysis.

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

IgG plays a central role in anti-GBM binding to the GBM and causing damage to the kidneys





"Given the severity of anti-GBM's acute phase, the autoimmune reaction needs to be counteracted and stopped as quickly as possible if we want to limit the damage to the organs. Only if treatment is instituted early, there is a chance of salvaging the organ's function."

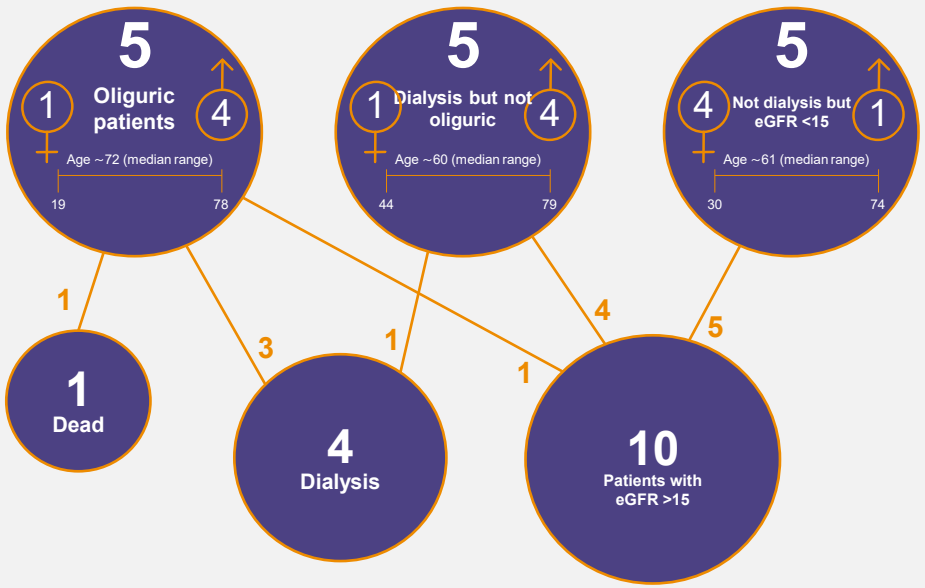
Mårten Segelmark,
Professor of Nephrology at Lund University.

UNC Kidney Center: Anti-GBM Disease. Available at: https://unckidneycenter.org/kidneyhealthlibrary/glomerular-disease/anti-gbm-disease/.
Qu, Z., Cui, Z., Liu, G. et al. The distribution of IgG subclass deposition on renal tissues from patients with anti-glomerular basement membrane disease. BMC Immunol 14, 19 (2013). https://doi.org/10.1186/1471-2172-14-19
Canney M, et al. Spatial and Temporal Clustering of Anti-Glomerular Basement Membrane Disease. Clin J Am Soc Nephrol. 2016 Aug 8;11(8):1392-1399. doi: 10.2215/CJN.13591215.
McAdoo SP, Pusey CD. Anti-Glomerular Basement Membrane Disease. Clin J Am Soc Nephrol. 2017 Jul 7;12(7):1162-1172. doi: 10.2215/CJN.01380217
Kluth DC, Rees AJ. Anti-glomerular basement membrane disease. J Am Soc Nephrol. 1999 Nov;10(11):2446-53. doi: 10.1681/ASN.V10112446.
Hellmark T, Segelmark M. Diagnosis and classification of Goodpasture's disease (anti-GBM). J Autoimmun. 2014 Feb-Mar;48-49:108-12. doi: 10.1016/j.jaut.2014.01.024.
Sánchez-Agesta M, et al. (2022) Anti-glomerular Basement Membrane Glomerulonephritis: A Study in Real Life. Front. Med. 9:889185. doi: 10.3389/fmed.2022.889185
Uhlin et al JASN (2022)
McAdoo et al; Kidney Int 92: 693–702, 2017

Topline data from Phase 3 anti-GBM trial expected in Q4 2025

Results from Phase 2 Study Results Published in JASN (2022)

10 out of 15 patients were dialysis independent after six months vs. the historical cohort, where only 18% had functioning kidney



Imlifidase granted orphan drug designation by US FDA and EMA

GOOD-IDES-02 Open Label Phase 3 Trial

- Fully enrolled 50 patients from 30+ centers in US, UK and EU
- Primary Endpoints: eGFR at 6 months and need for dialysis
- Secondary Endpoints: anti-GBM antibody levels, pulmonary symptoms, safety, PK/PD and health related quality of life
- 25 patients were randomized to receive imlifidase in combination with SOC and 25 patients received only SOC

SOC: Standard of Care consisting of a combination of immunosuppressives, glucocorticoids, and plasma exchange,

Ohlin et al. JASN (2022)
Journal of the American Society of Nephrology https://pubmed.ncbi.nlm.nih.gov/35260419/
McAdoo et al.: Patients double-seropositive for ANCA and anti-GBM antibodies have varied renal survival, frequency of relapse, and outcomes compared to single-seropositive patients. Kidney Int 92: 693–702, 2017

Phase 2 Study demonstrated the role imlifidase may play in halting the progression of GBS

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, 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

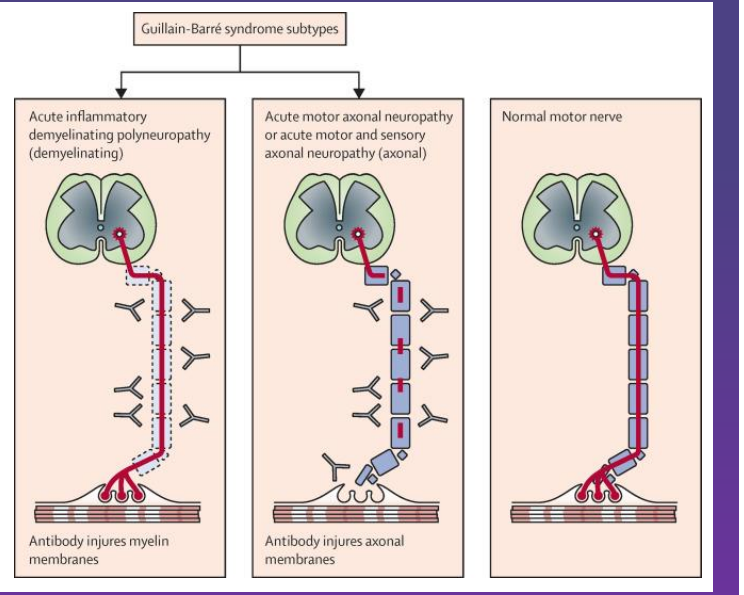
Affects 1.2-3 in 100,000 people annually. Approximately 4,000 – 10,000 cases annually in the US.

Unmet Need

~25% of patients require mechanical ventilation for days to months following the acute autoimmune attack[1] and 20% are unable to walk after six months.

Phase 2 Study Results

- Rapid overall improvement in functional status including expedited muscle recovery
- 37% of patients able to walk independently at Week 1
- 67% of patients able to walk independently at Week 8
- 63% of patients able to run or had no functional disability (GBS DS<1) at 6 months
- Administration of imlifidase was overall safe and well tolerated



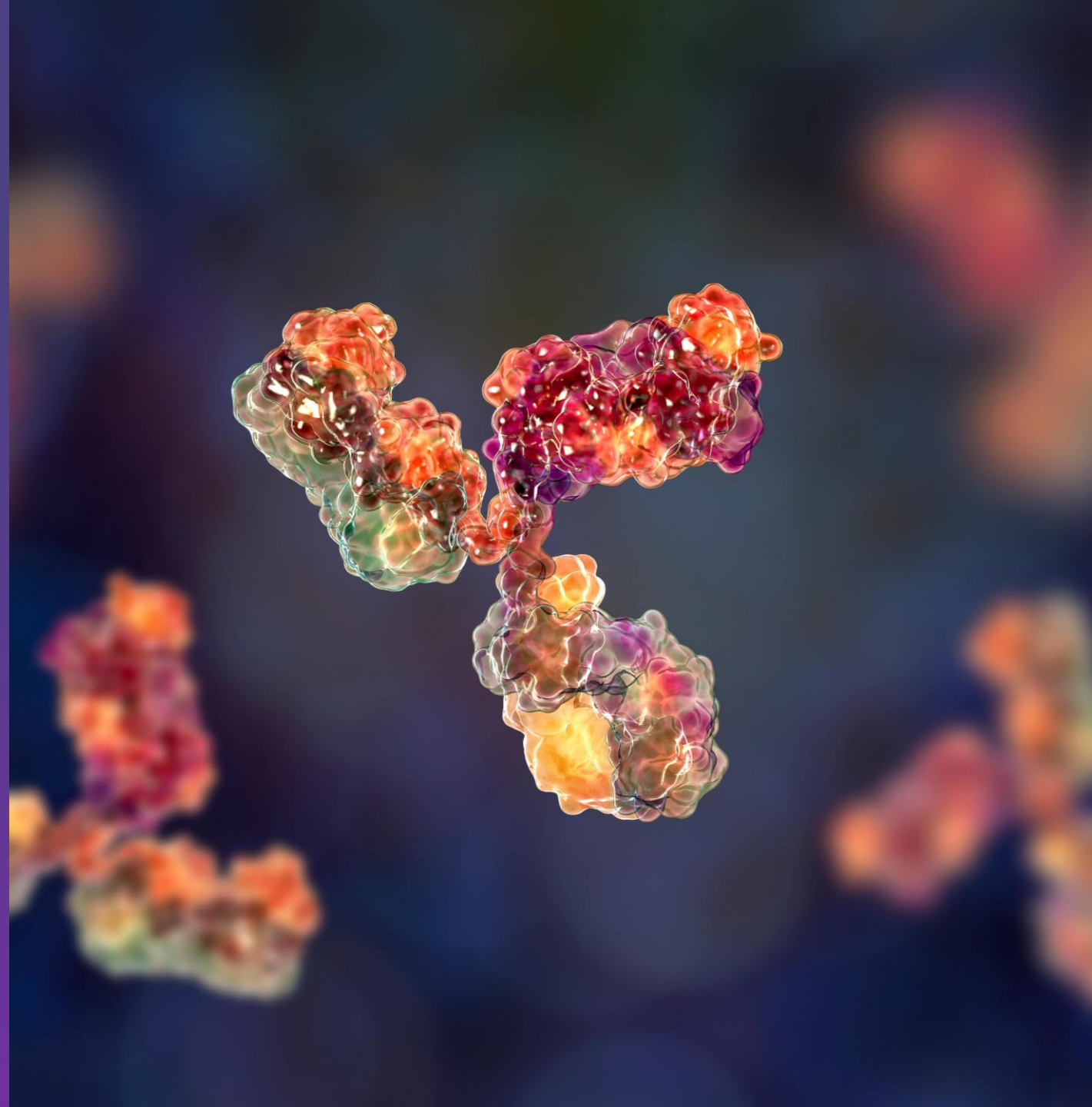
"In the treatment of GBS and subsequent recovery process, early improvement and the ability to walk independently are important clinical milestones as they indicate a return to basic mobility and independence, and to an improved quality of life for patients. This analysis supports the potential role 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).

GBS disability score (DS) is defined as: 0 = Healthy; 1 = Minor symptoms and capable of running; 2 = Able to walk independently 10 meters or more but unable to run; 3 = Able to walk more than 10 meters across an open space with help; 4 = Bedridden or chair bound; 5 = Needing mechanical ventilation; 6 = Dead

Innovative next generation Compound

HNSA-5487



Non-human host derived; Phase 1 clinical data

Data demonstrated significantly lower immunogenicity for HNSA-5487 with rapid and robust IgG reduction – targeting FDA interaction in 1H 2026 for GBS

Study Overview

- Double blind, randomized, placebo-controlled trial in 36 healthy volunteers received a single ascending doses of HNSA-5487 administered as a single intravenous (IV) infusion.
- Assessed safety, tolerability, PK and PD, and immunogenicity.

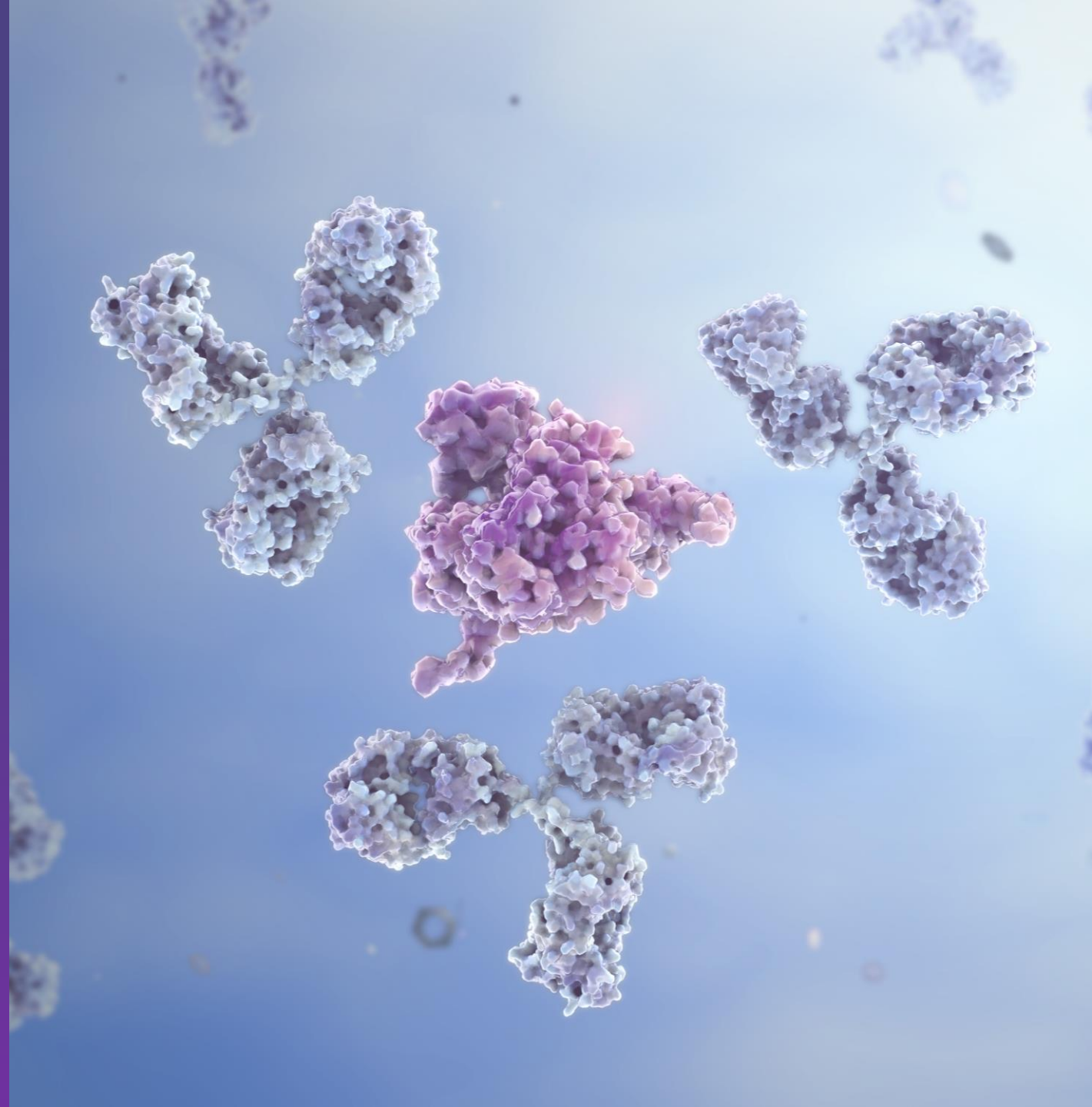
Rapid and robust IgG reduction by more than 95% within a few hours

Significantly reduced ADA response*

Efficient IgG cleaving ability in serum samples at 6 and 12 months post initial dose

At least as efficacious as imlifidase in reducing total IgG levels

FINANCIALS AND OUTLOOK



Commercial traction & financial highlights

IDEFIRIX® sales grew by **+25% YTD** Q3 **2025** to **SEK 143.6m (~$15m)**; 102% of full year 2024 revenues, reflecting **continued adoption**.

The product is available in **~20 European markets**, with **117 clinics** equipped and **~70%** repeat utilization indicating sustained clinical confidence.

Ended **Q3 2025** with **SEK 252m cash**, proforma SEK 888m ($93m) post capital raise on October 1, **extending runway into 2027.**

On 1st of October 2025 raised **USD 71 million** through directed share issue, adding **new shareholders incl Polar Capital LLP**, and continued support from **existing shareholders incl Redmile**.

Nasdaq OMX Stockholm

HNSA

# of Shares Outstanding

101.8 million

Authorized Shares

4.2 million available

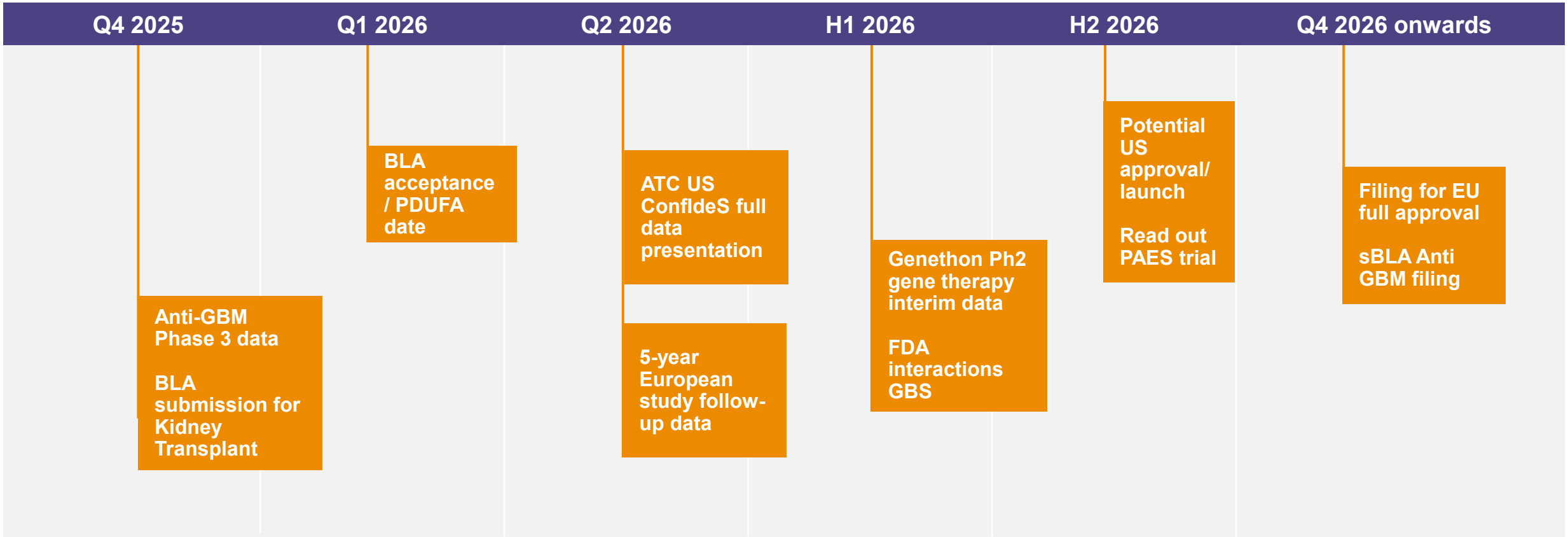
Cash & Equivalents

September 30, 2025

888.1 MSEK (~$93 M)*

* Proforma for USD 71 million capital raise on October 1, 2025

Validated, high value pipeline with transformative milestones ahead



Diversified Market Segments

- Desensitization kidney transplant – highly sensitized patients
- Desensitization gene therapy dosing
- Rare autoimmune mediated diseases (Anti-GBM & GBS)

Extensive exclusivity protection

- Orphan indication
- 12 years data exclusivity
- IP portfolio with coverage until mid 2030s

Focused Pipeline in Desensitization and Autoimmune Diseases

	Preclinical	Phase 1	Phase 2	Phase 3	Marketed	Partner	Upcoming Milestone
idefirix (imlifidase)	Desensitization Kidney Transplantation						2026: EU PAES data read out
	Desensitization Kidney Transplantation						Q4 2025: BLA submission to FDA based on ConfIdeS US Phase 3 data
	Desensitization Gene Therapy (Crigler Najjar)					GENETHON	1H 2026: complete enrolment
	Desensitization Gene Therapy (DMD)					SAREPTA THERAPEUTICS	Discussions ongoing regarding next steps
	Autoimmune GBS						1H 2026: data publication
	Autoimmune anti-GBM						Q4 2025: Phase 3 data read out
	Autoimmune ANCA Investigator Initiated Trial (IIT)[1]						Recruitment phase concluded
Hansa 5487	Hansa 5487						Indication: GBS, continued development to be discussed with FDA

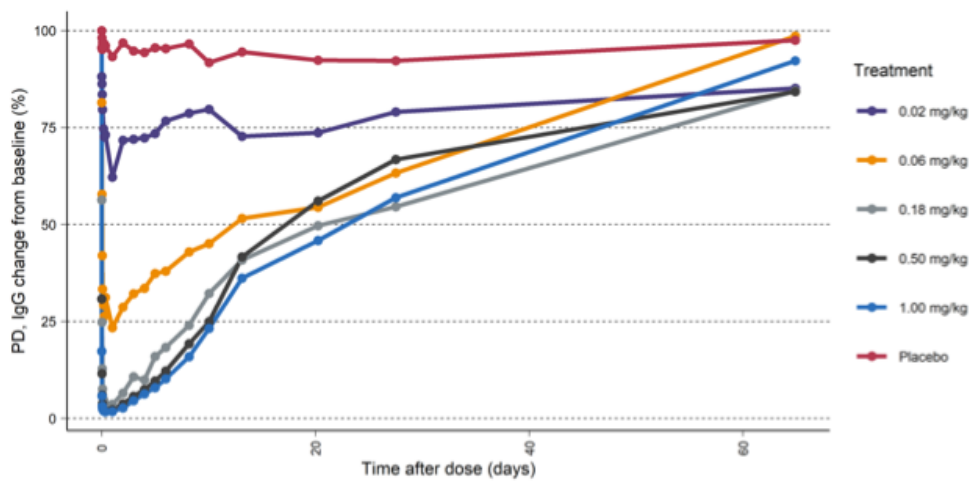
[1] Investigator-initiated study by Dr. Adrian Schreiber and Dr. Philipp Enghard, at Charité Universitätsmedizin, Berlin, Germany


HANSA
BIOPHARMA

NICE-01 first in human trial

HNSA-5487 demonstrated rapid, robust reduction of IgG by 95% after a single dose

As efficacious as imlifidase in IgG reduction

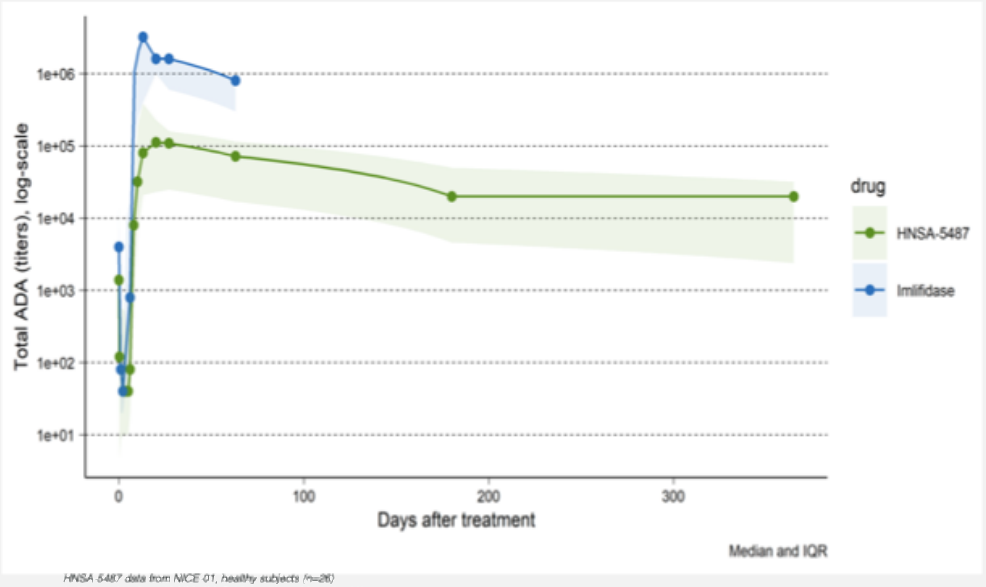


	0.02 mg/kg n=4	0.06 mg/kg n=4	0.18 mg/kg n=6	0.50 mg/kg n=6	1.00 mg/kg n=6	Imlifidase** 0.25 mg/kg n=23
Responders*	0%	25%	83%	100%	100%	88%

*A subject with IgG level <5% of baseline 24 hours post dosing
** Data from 18-HMedIdes-15 and 21-HMedIdeS-29

Effective redosing at 6 and 12-months

Data plotted using two separate Phase 1 trials in healthy human subjects
No head-to-head trial has been conducted between HNSA-5487 and imlifidase



HNSA-5487 data from NICE-01, healthy subjects (n=26)
Imlifidase data from 18-HMedIdeS-15, healthy subjects (n=11)