HANSA BIOPHARMA

Corporate Presentation

July 2026

Forward-looking statements

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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 prevent delivery of therapy or procedure
- Autoimmune Disease: IgG becomes harmful and attacks the body's cells and tissues

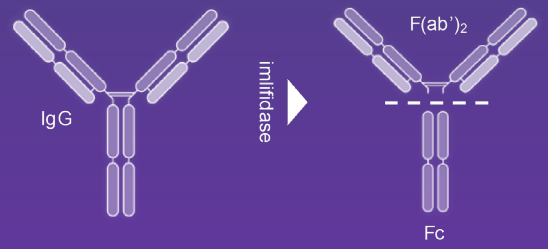
Benefits / Opportunity of IgG Reduction

- Rapid IgG reduction key to enable lifesaving treatments such as transplants
- Targeted treatments to rapidly cleave antibodies and enable dosing of gene therapy for appropriate patients
- Potential to address acute / severe autoimmune diseases

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 11 clinical programs from preclinical to market
- Cleaves all types of IgG both intra- and extra-vascularly

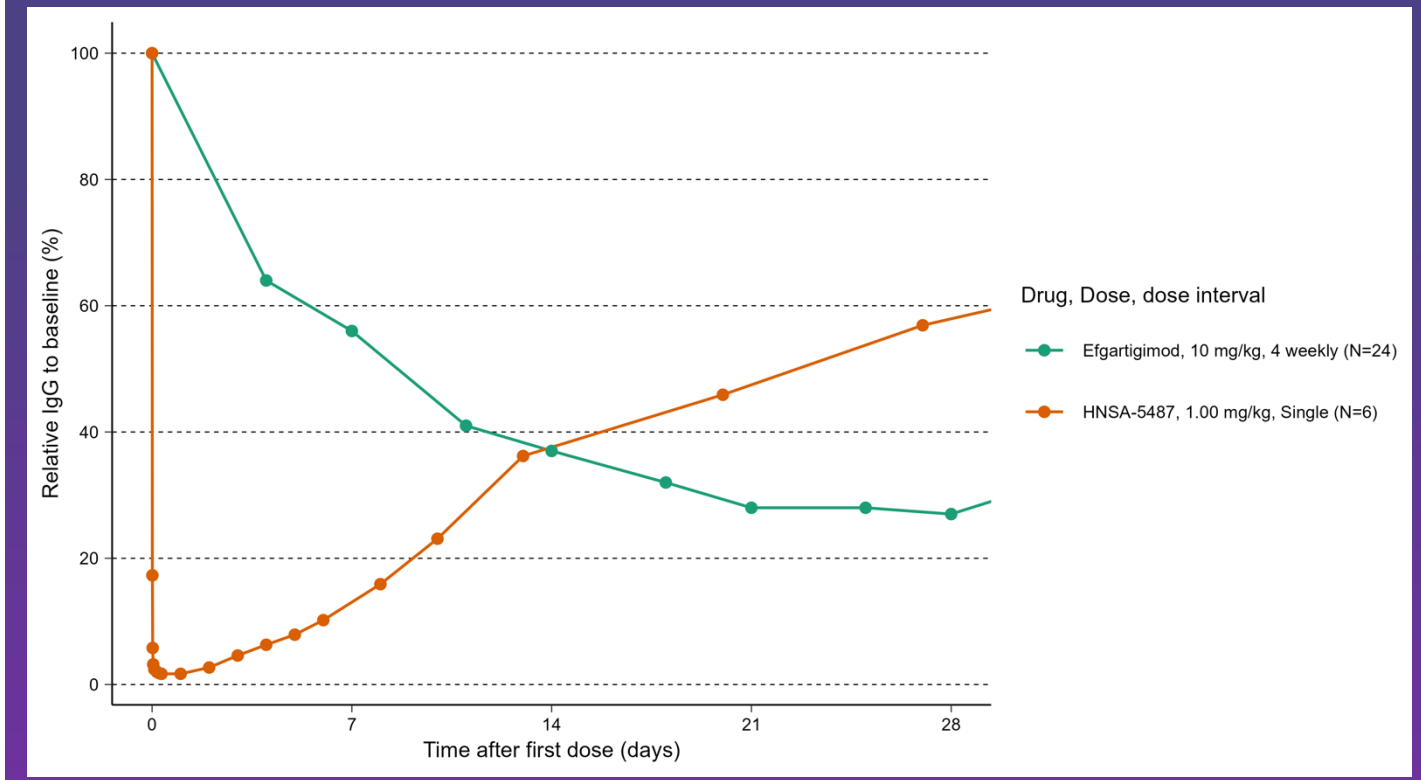


HNSA-5487 – next generation IgG cleaving enzyme

- Targeting late-stage clinical program in GBS, a serious autoimmune disease with no approved drugs
- FDA interactions in Q2 2026 to advance clinical development program

Unique platform targeting serious immune mediated conditions; 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,. IgG 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 orphan and rare autoimmune indications

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

GBS
Following successful POC Phase 2 trial with imlifidase; FDA interaction in Q2 2026 for clinical development program

20+
Countries with reimbursement

11
Clinical & preclinical programs

>200
Patients treated

idefirix®

Idefirix conditionally approved in EU & UK
For desensitization prior to kidney transplantation with deceased donor

Out-licensing Agreement SERB Pharmaceuticals
€115 million licensing transaction closed July 1, 2026

US Regulatory Process for imlifidase

BLA Acceptance: Feb 18, 2026

PDUFA* date: Dec 19, 2026

*PDUFA= Prescription Drug User Fee Act

Listed on Nasdaq OMX Stockholm (HNSA)

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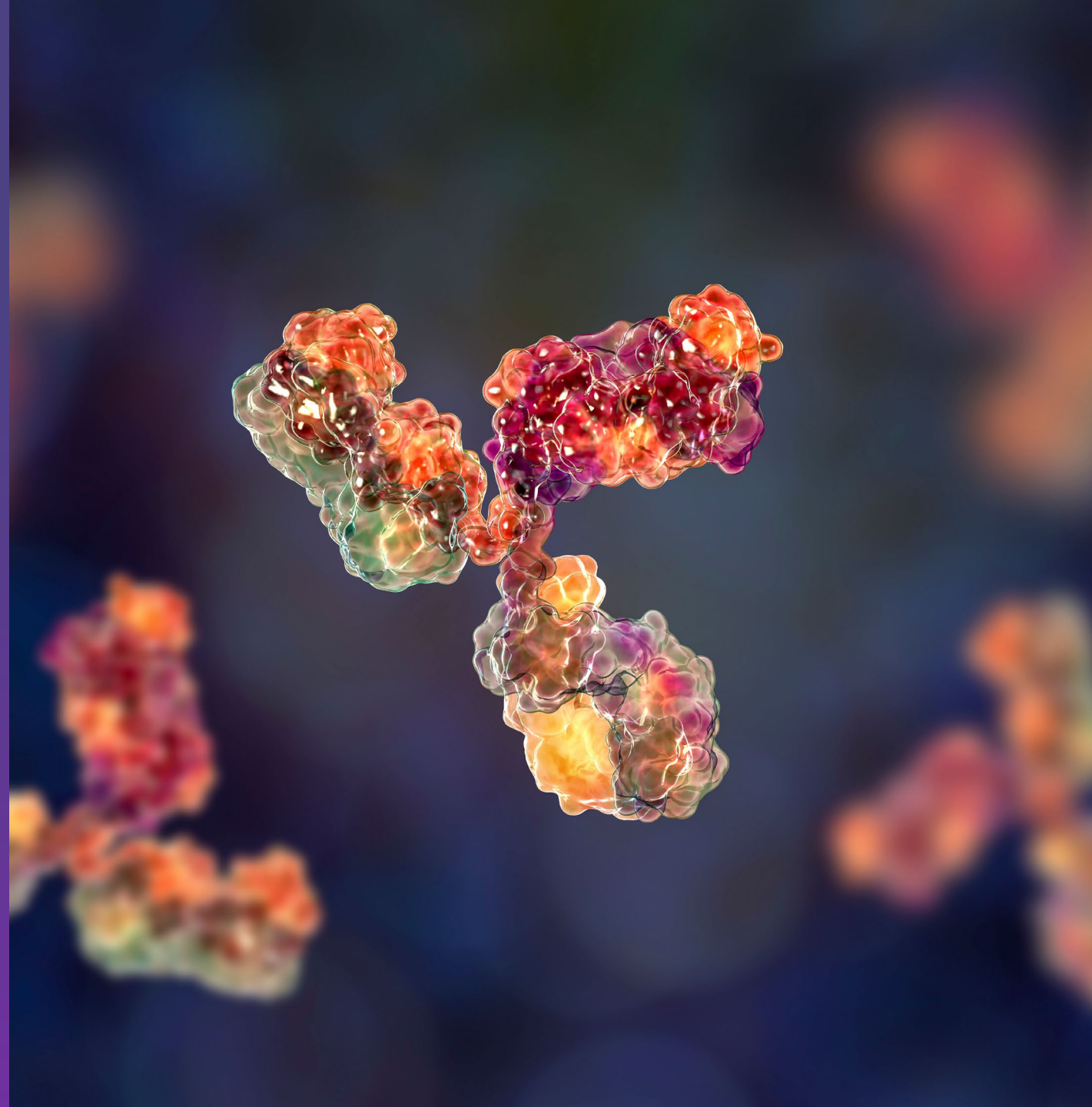
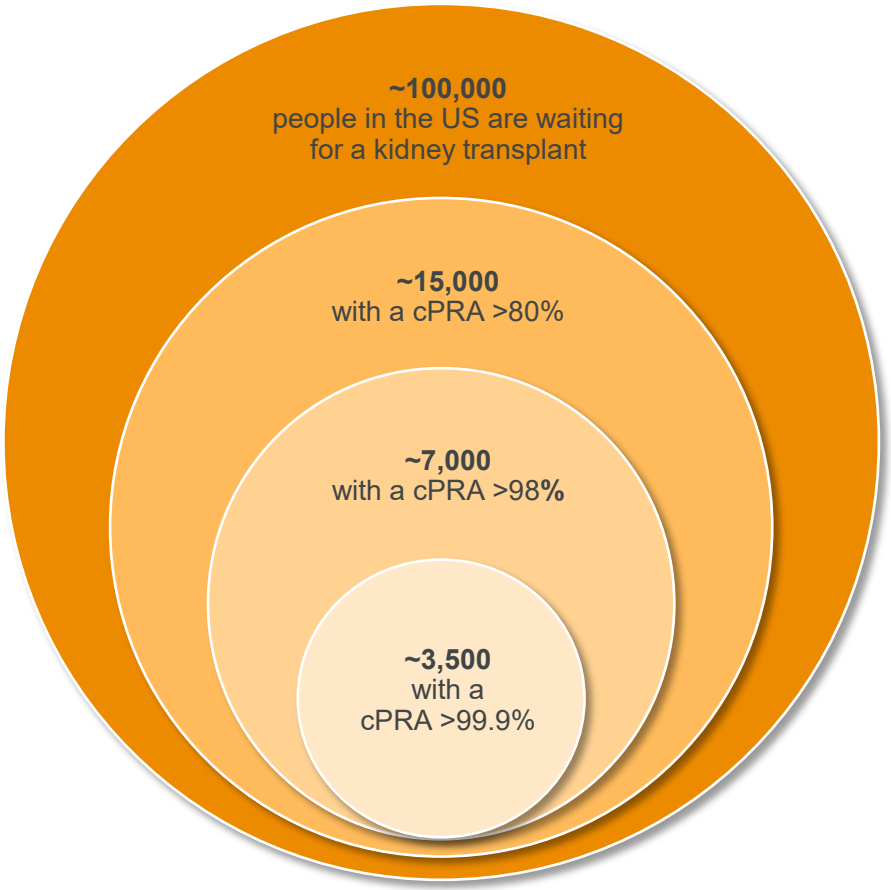
DESENSITIZATION

Transplantation



US Kidney Transplant: A Growing Market with High Unmet Needs

Significant unmet medical need with thousands of highly sensitized patients waiting for a transplant



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

US Transplant Waitlist is growing

~45,000
added to the waitlist each year
(~ 9,000 cPRA> 80%, ~4,000 cPRA >98%, ~2,000 cPRA>99.9%)

~10,000
die or become too sick to transplant each year and 2,500 of those have a cPRA>80%

7 years
median time on waitlist for patients with a cPRA >99.9%

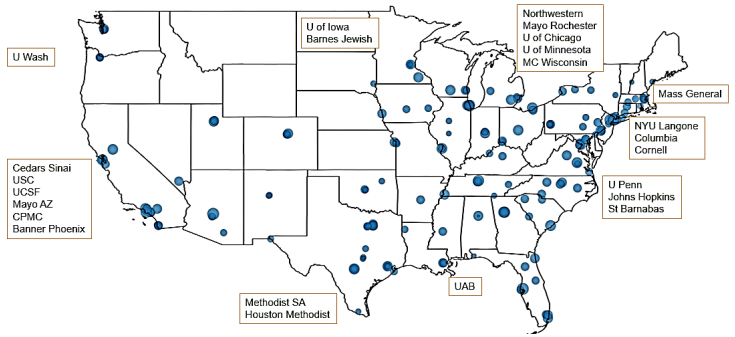
~9,000
recovered kidneys are discarded and 60%, or >5,000, due to a recipient not located and list exhausted

~$2Bn
estimated market opportunity for cPRA>98%

Robust U.S. commercialization strategy established

Concentrated Market

~200 kidney transplant centers



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

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

Pricing and Reimbursement

2/3 of patients have Medicare

- Medicare covers kidney transplant via **DRG and outlier payments**
- Hansa will apply for **NTAP** in 2026; precedence exists from other novel therapies
- **Commercial plans have policies** with contracted rates for kidney transplants; **Imlifidase can be covered via commercial policies or single-case agreements**,
- Pricing research confirm **stakeholders recognize the value of imlifidase**

Experienced US Team

Medical Affairs
Focused field-based team with strong transplant market experience

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

Analytics and Insights
Inhouse Business Analytics expertise with recent US launch experience in nephrology

Commercial
SVP US Commercial with transplant and nephrology expertise; Expect to hire a field team of ~20 FTEs

DRG= Diagnosis Related Group; NTAP= New Technology Add on Payment

Successful US ConfIdeS Phase 3 study

Highly statistically significant outcome (p<0.0001)

	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

- Randomized and controlled study with 64 patients enrolled across 25 sites
- 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 strongly favouring imlifidase treatment (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

Summary of ConfIdeS study outcomes

At 1-year post-randomization, desensitization with imlifidase was associated with clinically meaningful and statistically significant kidney function measured as eGFR

- 51.5 mL/min/1.73 m^2 which was superior to 19.3 mL/min/1.73 m^2 in control arm ($p<0.0001$)

Imlifidase enabled successful transplantation and resulted in a higher transplant rate compared with control

1-year dialysis dependency: 5 patients in imlifidase arm vs. 17 patients in control arm (p=0.0007)

No imlifidase grafts were lost due to AMR, and did not impact kidney function

Imlifidase treatment was well tolerated with a safety profile typical of transplant recipients

Imlifidase offers a novel and effective therapeutic option for highly sensitized patients to receive a successful kidney transplant

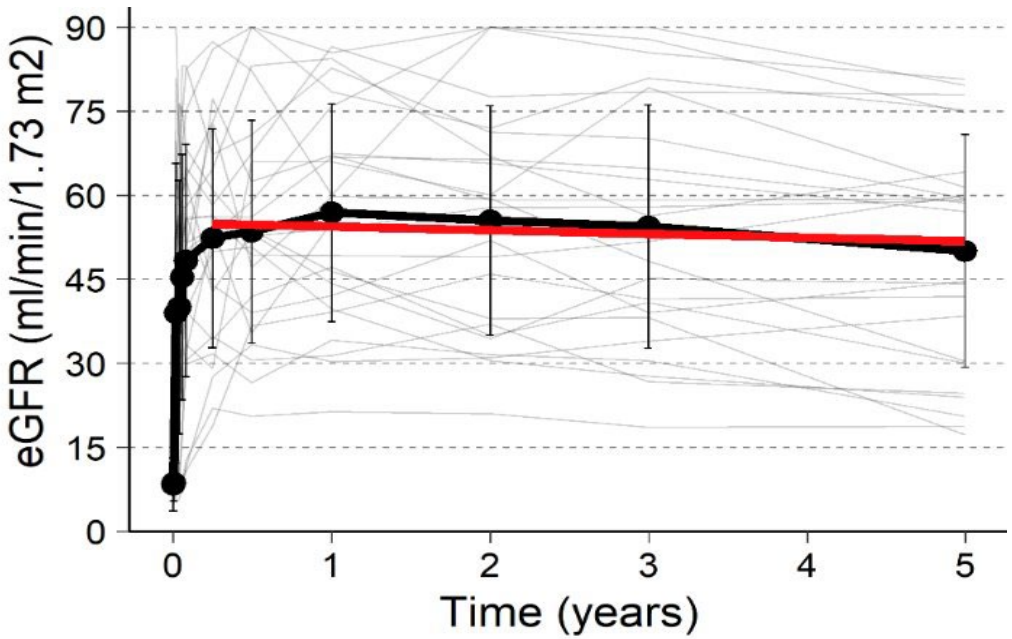
AMR, antibody-mediated rejection; eGFR, estimated glomerular filtration rate.

Extracted from American Transplant Congress (ATC) oral presentation by Dr R. Montgomery, June 22, 2026

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

(outcomes similar to non-sensitized patients)

- 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

* Graft survival at 5 years ranges from 75% to 85% for transplant patients. Frontiers in Transplantation March 2024

Europe: Positive Data from Post Approval Confirmatory Study (PAES)

PAES Topline Results

- 50 highly sensitized patients transplanted across 23 sites
- Primary objective successfully achieved: failure free graft survival at 12 months: 90%
- eGFR levels at 12 months was 52.4 mL/min/1.73 m², outcomes substantially similar to non comparative reference cohort of non sensitized patients
- Graft survival at 12 months: 92%
- Survival at 12 months: 98%

Current Status in Europe

Reimbursement

20+ markets across the EU representing 90% of the transplant market

Product revenue

Full Year 2025 product sales of ~205 MSEK (~$21m)
+ 46% growth YoY

Clinical adoption

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

Out-licensing Transaction

- Competitive process for potential European partner initiated in early 2026
- Transaction announced on May 19th, 2026
- SERB Pharmaceutical (SERB) selected as out-licensing partner
- Transaction closed on July 1, 2026
- Business as usual until transition to SERB is completed

Transaction Overview:
€115 million licensing agreement for Idefirix

Transaction Scope

Exclusive out-licensing of Idefirix for transplantation in EU, UK, Switzerland, Norway, Liechtenstein, Iceland and Middle East and North Africa (MENA) to SERB Pharmaceuticals.

Agreement closed July 1st, 2026.

Transaction Financials

- **€110 million paid upfront upon closing.**
- Upon **acceptance by EMA of filing for full approval**, additional payment of **€5 million**

Transition and Next Steps

- Transfer of European MAH to SERB to be initiated immediately post-closing
- Transfer of certain European staff to take place during a transition period, subject to consultation process
- Hansa and SERB to focus on ensuring a smooth, well-coordinated handover

Partnership Responsibilities

SERB Pharmaceuticals

- **Commercialization & medical affairs** across licensed territories from closing
- **Post closing transfer of Marketing Authorization Holdership (MAH):**
  - Filing and obtaining full marketing authorization with EMA
  - Sponsorship of long-term PAES follow-up and pediatric study

Hansa Biopharma

- Preparation of submission dossier to **EMA for conversion to full approval**
- Hansa to initiate **transfer of MAH** to SERB
- **Support SERB** in its EMA submission for full marketing authorization of Idefirix, and the EMA review process
- **Supply of Idefirix** to the licensed region

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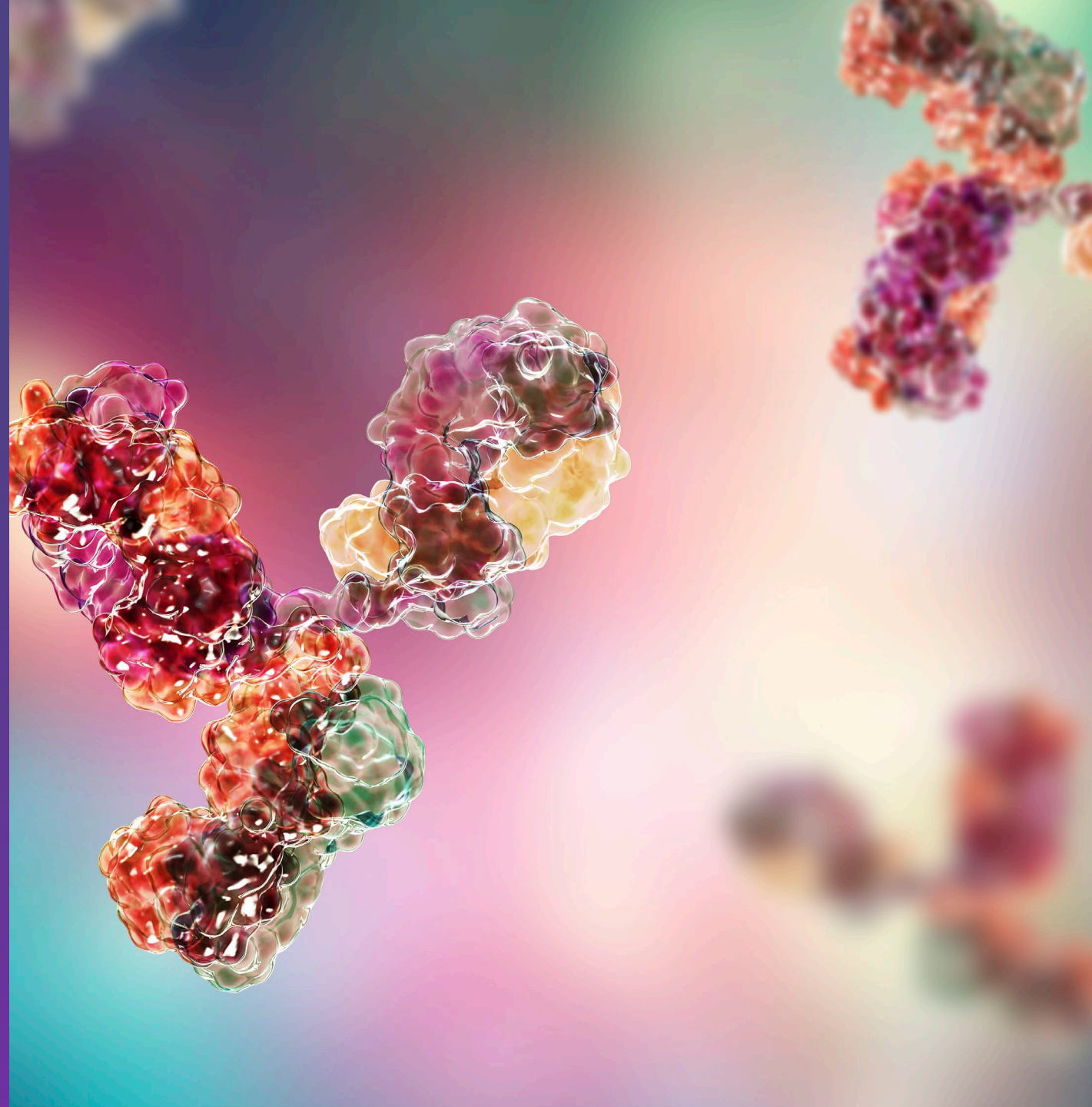
DESENSITIZATION

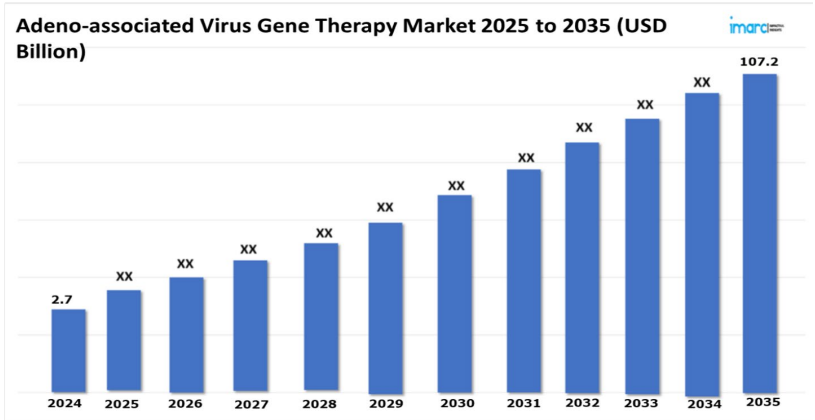
Gene Therapy



Compelling opportunity in high-growth gene therapy sector

SIGNIFICANT GROWTH OF GENE THERAPY MARKET

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

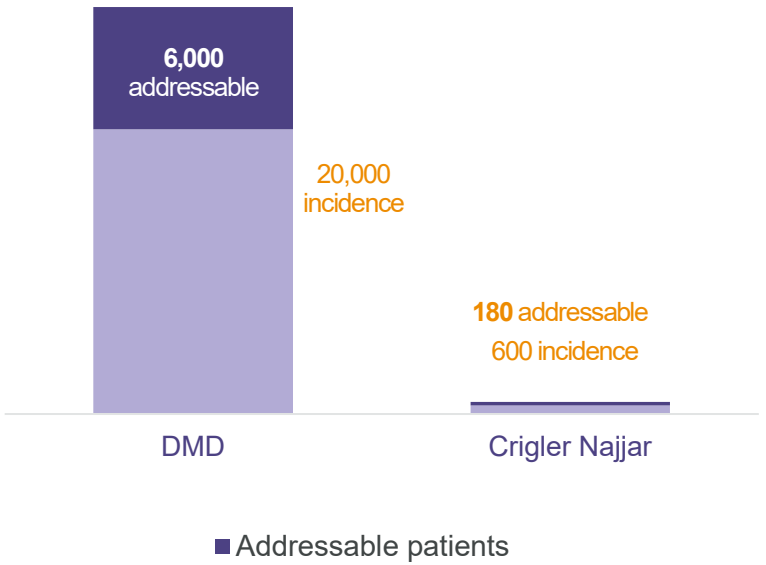


7 Major markets - Annual Compound Growth ~ 39%

Global Annual Compound Growth ~ 19%

CURRENT MARKET OPPORTUNITY

~6,000 patients with current partnerships



- 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
- Over 300 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

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 3 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

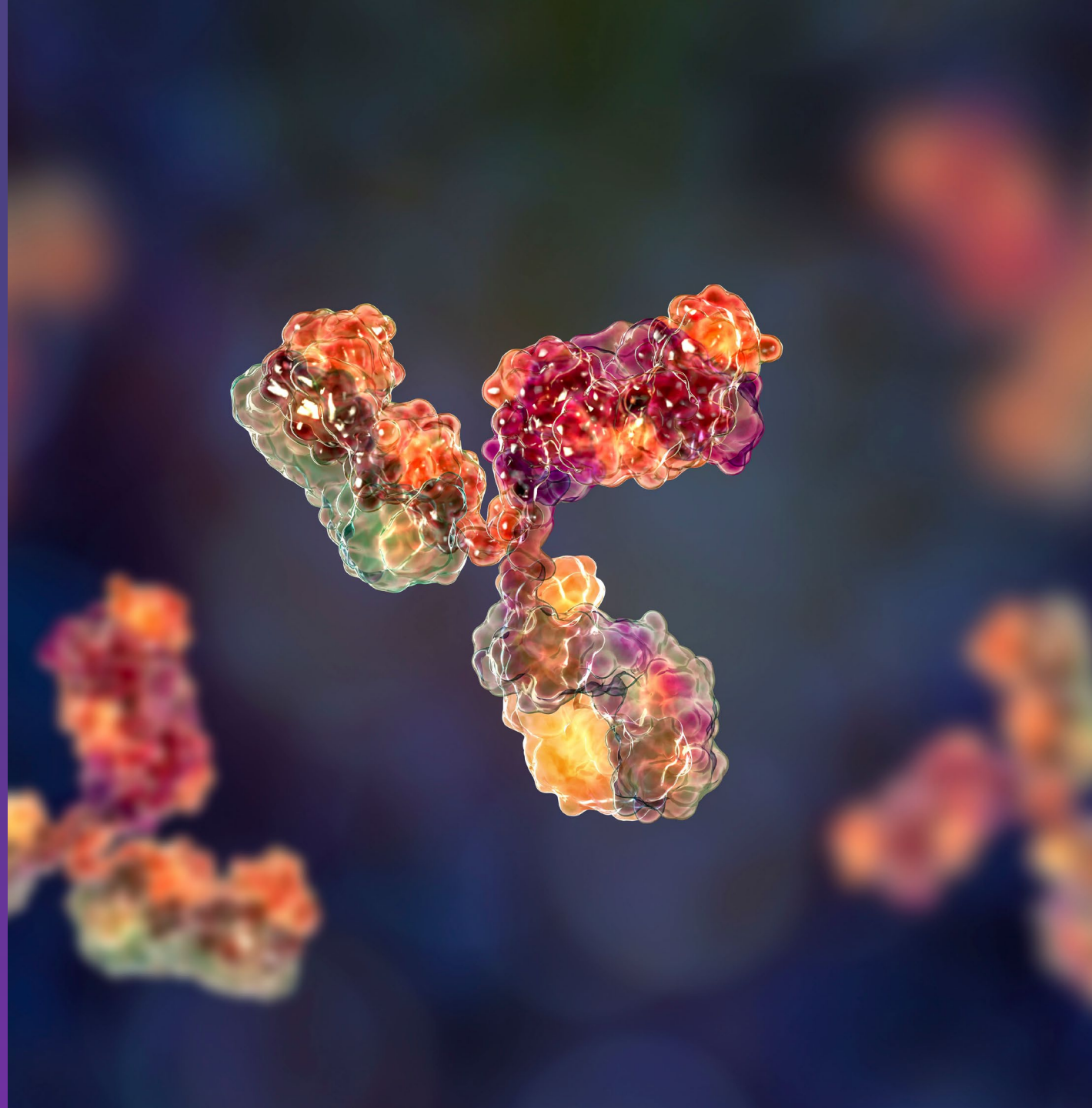
Together we generate program-specific, partner-led evidence, with regulatory alignment

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

Elevidys is a registered trademark of Sarepta Therapeutics

Next generation Compound – Autoimmune Focus

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 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

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

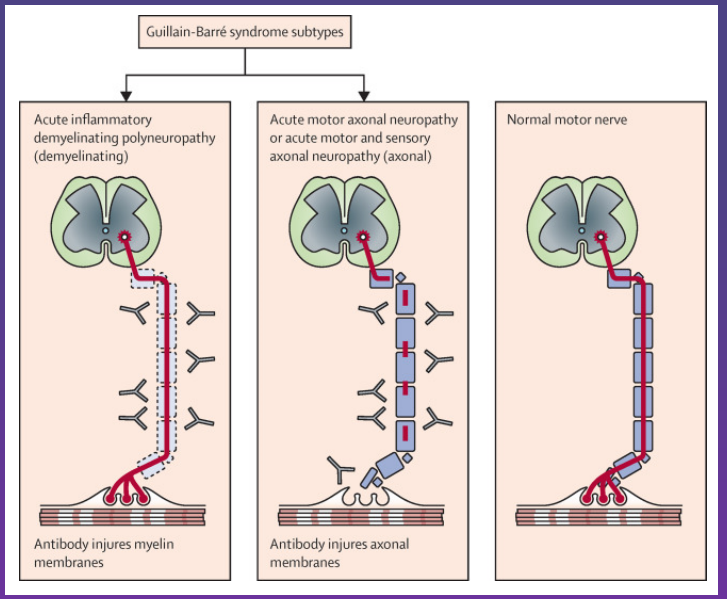
Affects 1.2-3 in 100,000 people annually. Approximately 4,000 – 10,000 cases annually in the US.

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."

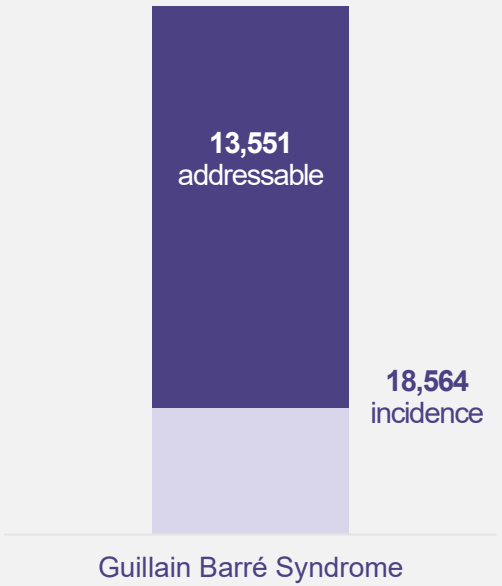
Professor Shahram Attarian,
Head of Department of Neuromuscular Diseases and ALS, Hopitaux Universitaires de Marseille (APHM).

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

Rare disease focus; IgG mediated conditions

Guillan Barré Syndrome

Europe and US



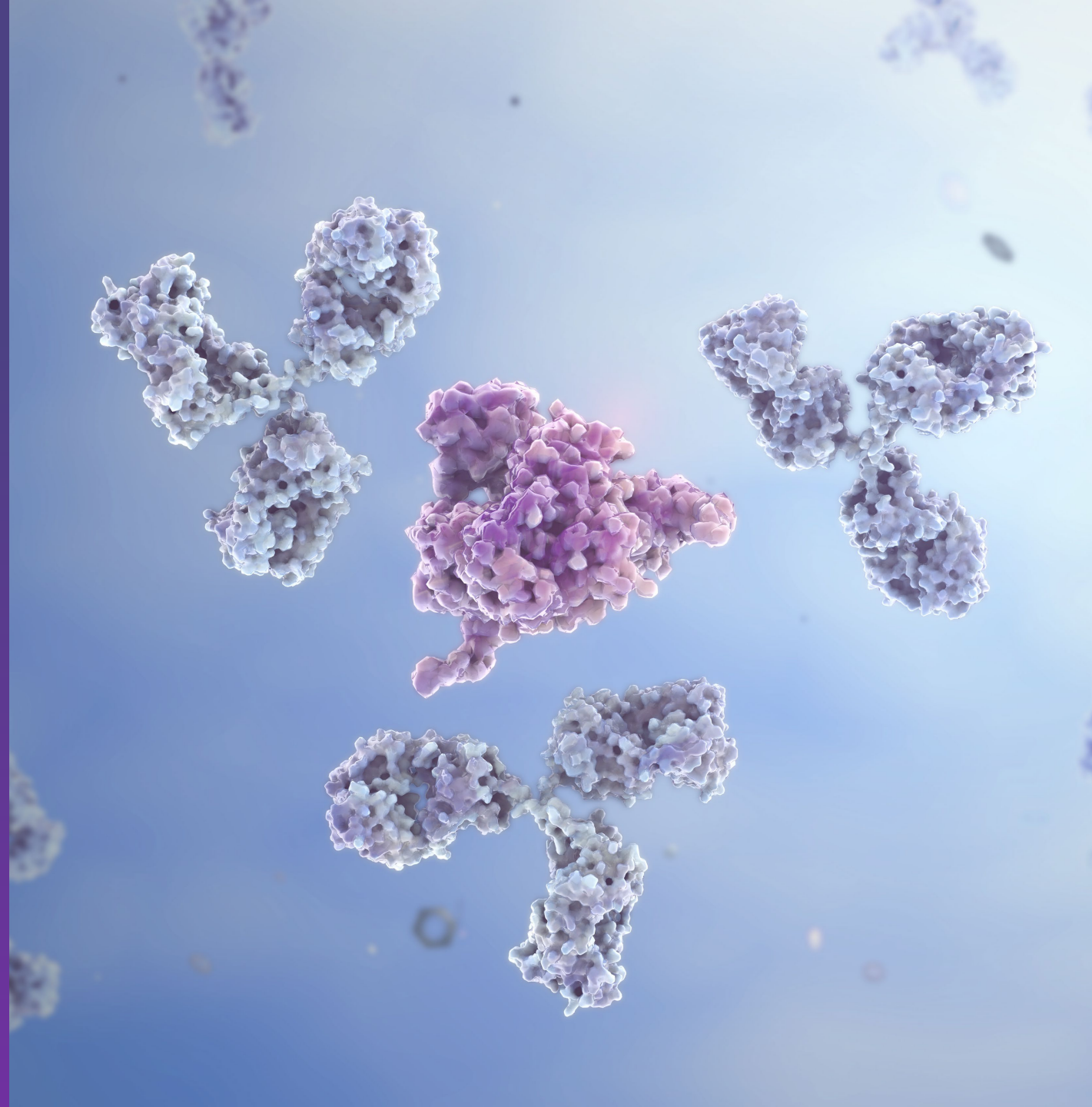
Significant unmet medical need – nothing approved in the US for GBS

Strong Phase 2 data with imlifidase provides basis for further clinical development

Submission of IND to FDA and initiate Clinical Development Program in GBS with HNSA-5487 before YE 2026

GBS
McGrogan, A., Madle, G.C., Seaman, H.E., et al. (2009) The Epidemiology of Guillain-Barré Syndrome Worldwide. Neuroepidemiology, 32, 150-163

FINANCIALS AND OUTLOOK



Company profile & financial highlights

Idefirix **conditionally approved in Europe. PAES data supporting filing for full approval with EMA**, targeted for Q4, 2026.

European out licensing transaction to SERB Pharma, **Euro 115 million** value. Closed on July 1, 2026.

Ended Q2 **2026** with 553 **MSEK** in cash, (~ $57 M), proforma for SERB transaction ~ **1.8 BSEK** (~ $185 M) **runway into 2028 assuming no product launch.**

Headquartered in Lund, Sweden with offices in Stockholm and New York. Total of ~150 FTEs.

Listed on Nasdaq OMX Stockholm

Ticker: HNSA

# of Shares Outstanding

101.8 million

Authorized Shares

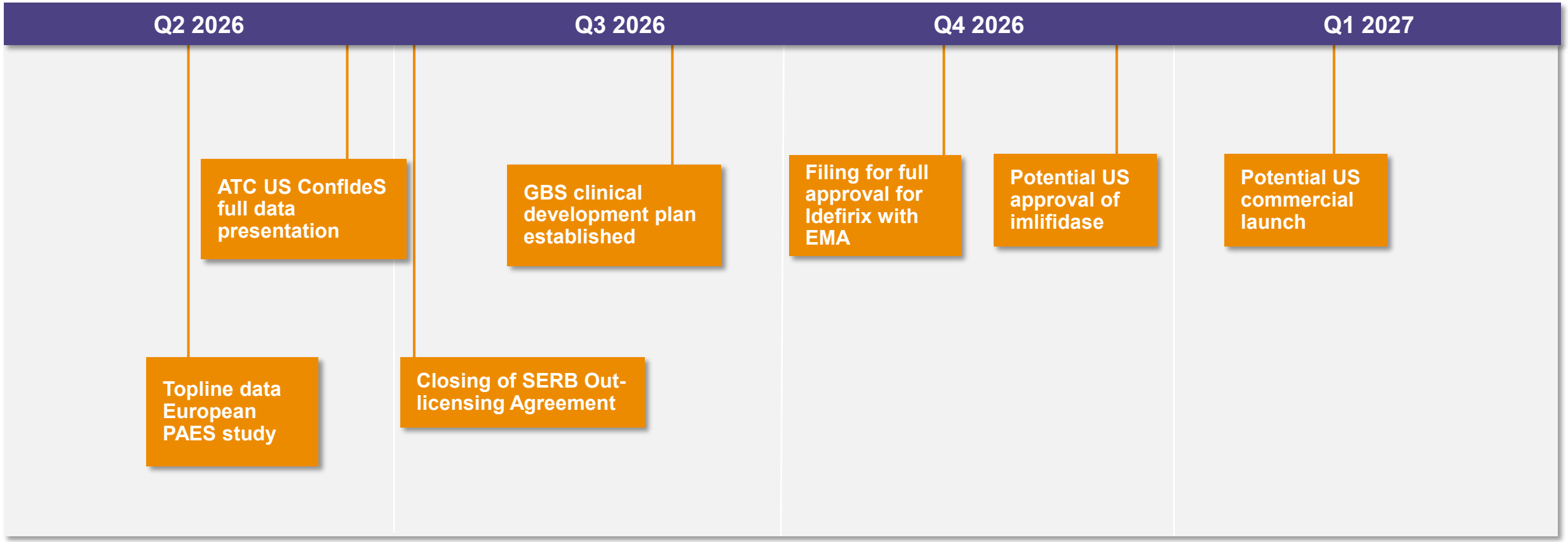
26.5 million available

Cash & Equivalents

June 30, 2026

553 MSEK (~$57 M)

Validated, high value pipeline with transformative milestones ahead



Diversified Market Segments

- Desensitization kidney transplant – highly sensitized patients
- Desensitization – patients with pre-formed AAV antibodies
- Rare autoimmune mediated diseases

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						Filing with EMA for full approval in Q4
imlifidase	Desensitization Kidney Transplantation						PDUFA* date Dec 19, 2026
imlifidase	Desensitization Gene Therapy (Crigler Najjar)					GENETHON	H2 2026: complete enrollment
imlifidase	Desensitization Gene Therapy (DMD)					SAREPTA THERAPEUTICS	Discussions ongoing regarding next steps
imlifidase	Autoimmune AAV Investigator Initiated Trial (IIT)[1]						Follow-up phase concluded
HNSA-5487	Autoimmune GBS						IND submission to the FDA enabling GBS study initiation targeted for Q4 2026

DMD: Duchenne muscular dystrophy
AAV: ANCA-associated vasculitis
GBS: Guillain-Barré Syndrome

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

*Prescription Drug User Fee Act

Experienced and Proven Leadership Team

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

Renée Aguiar-Lucander

Chief Executive Officer

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

Adam Cutler

Chief Financial Officer

Seasoned biotech CFO with significant public company experience, previously with Mural Oncology and Q32 Bio

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

Chief Operating Officer, 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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