

HANSA BIOPHARMA

Corporate Presentation

November 2026

Forward-looking statements

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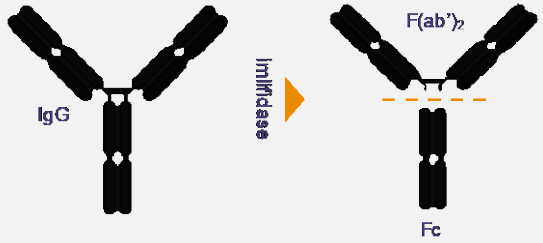
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Novel, first-in-class IgG-cleaving enzyme from proprietary technology platform

Hansa's IgG-cleaving Platform

Imlifidase – proprietary, first in class IgG cleaving enzyme

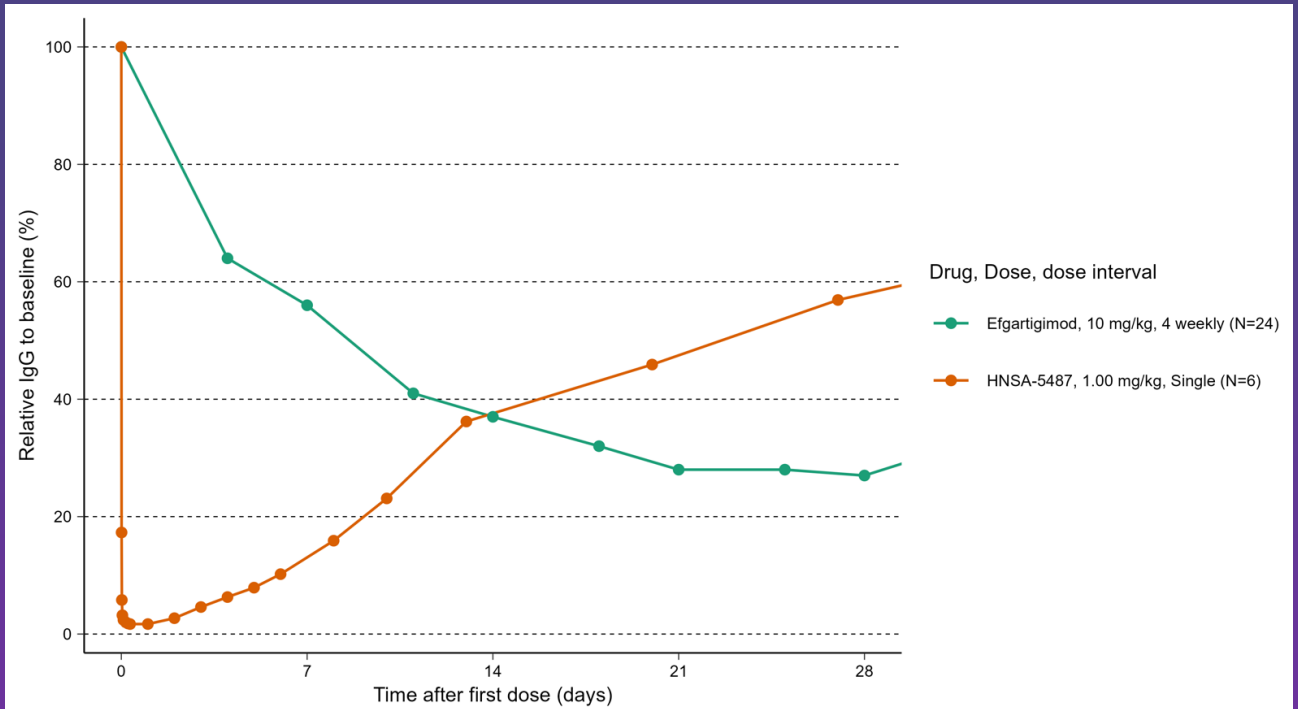
- Rapid and targeted reduction of all IgG to > 95% in 2-6 hours
- Cleaves all classes of IgG both intra- and extra-vascularly



HNSA-5487 – novel IgG cleaving enzyme

- Targeting late-stage clinical program in Guillain-Barré syndrome (GBS), a serious autoimmune disease with no approved drugs

Provides unmatched speed in reducing IgG



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).

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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; IND submission to FDA with HNSA-5487 before YE 2026

Listed on Nasdaq OMX Stockholm (HNSA)

Regulatory Status

Idefirix conditionally approved in Europe and UK

- For desensitization prior to kidney transplantation with deceased donor
- Filing for full approval with EMA in Q4
- Out-licensing transaction with SERB closed July 1, 2026, for Idefirix in EU, UK, Switzerland, Norway, Liechtenstein, Iceland and MENA

Idefirix provisionally approved in Australia

- For desensitization prior to kidney transplantation (including living donor)

US Regulatory Process for Imlifidase

PDUFA* date: Dec 19, 2026

*PDUFA= Prescription Drug User Fee Act

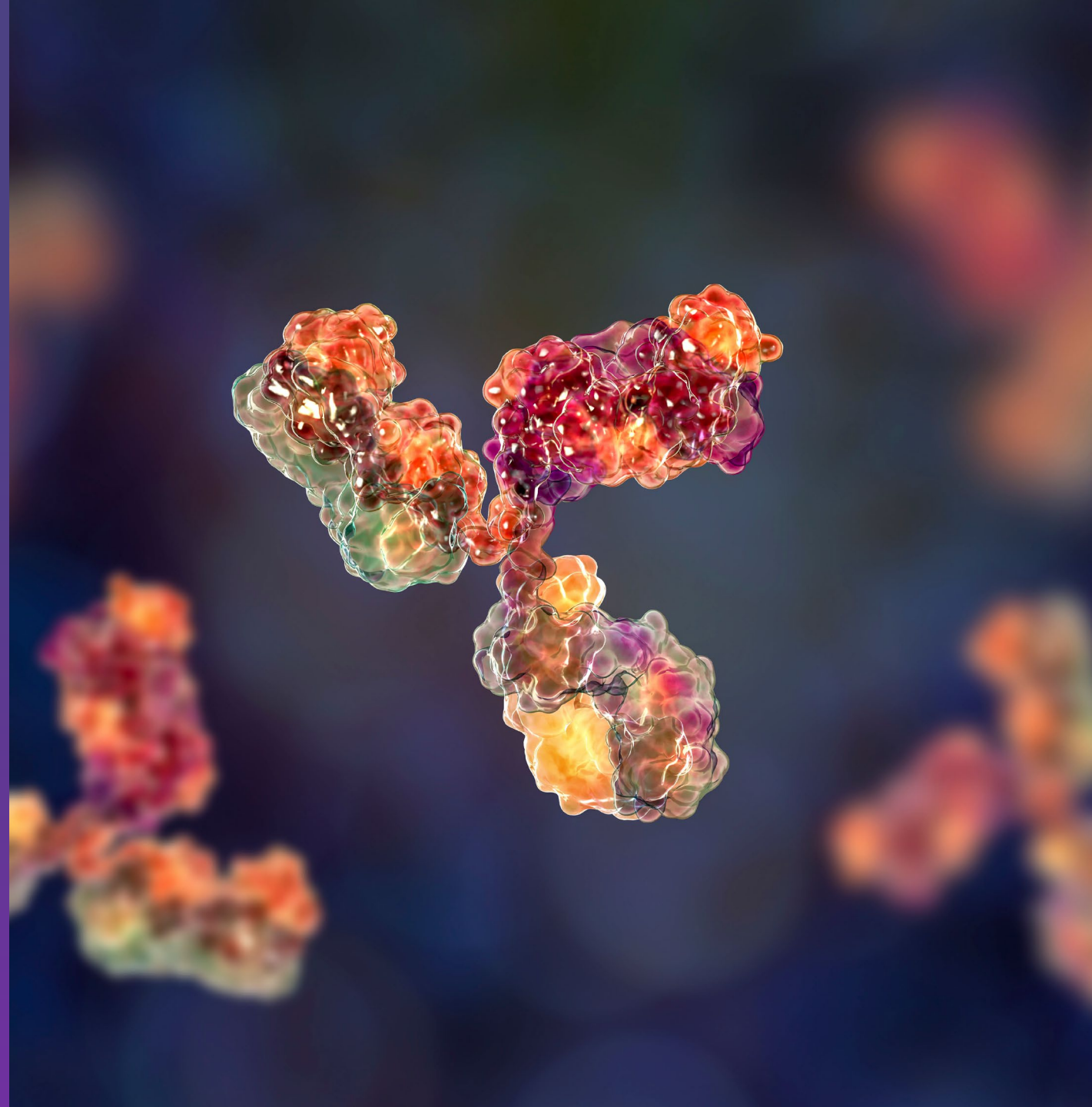


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DESENSITIZATION

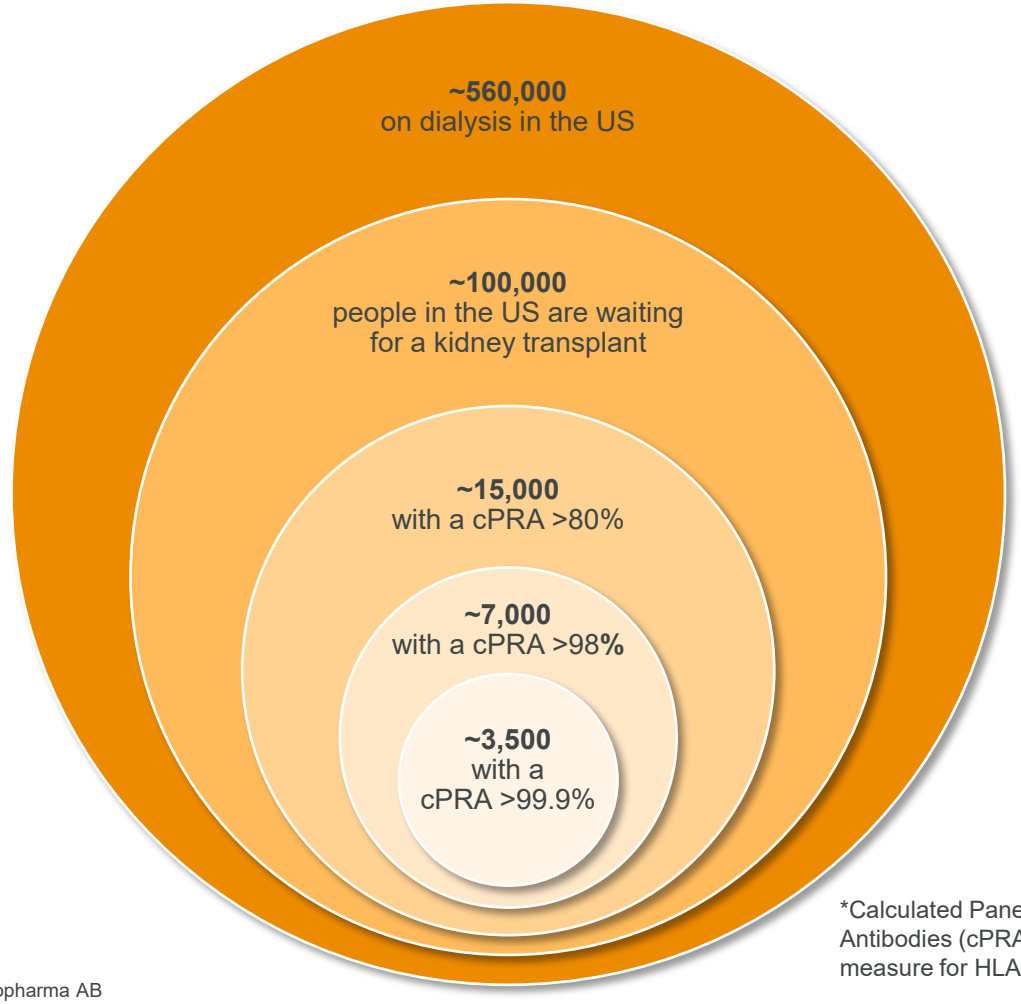
Transplantation



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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 Kidney Transplant Waitlist is Growing

~27,000
transplanted/year with 80% being deceased donor organs

~45,000
added to the waitlist each year

~10,000
die or become too sick to transplant each year

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

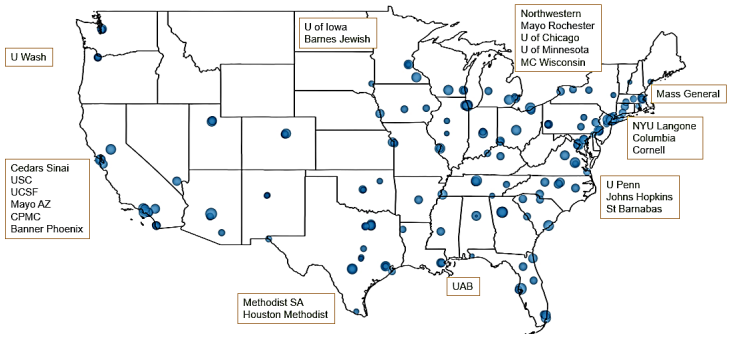
~9,000
recovered kidneys are discarded and 60%, or >5,000, due to a recipient not located and list exhausted

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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

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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

- Delisting of select antigens in order to enable organ offers to enrolled subjects
- Patients enrolled in control arm were able to accept subsequent organ offers after randomization

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Summary of ConfIdeS study outcomes

Highly statistically significant outcome (p<0.0001)

- 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 m2 which was superior to 19.3 mL/min/1.73 m2 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. 18 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

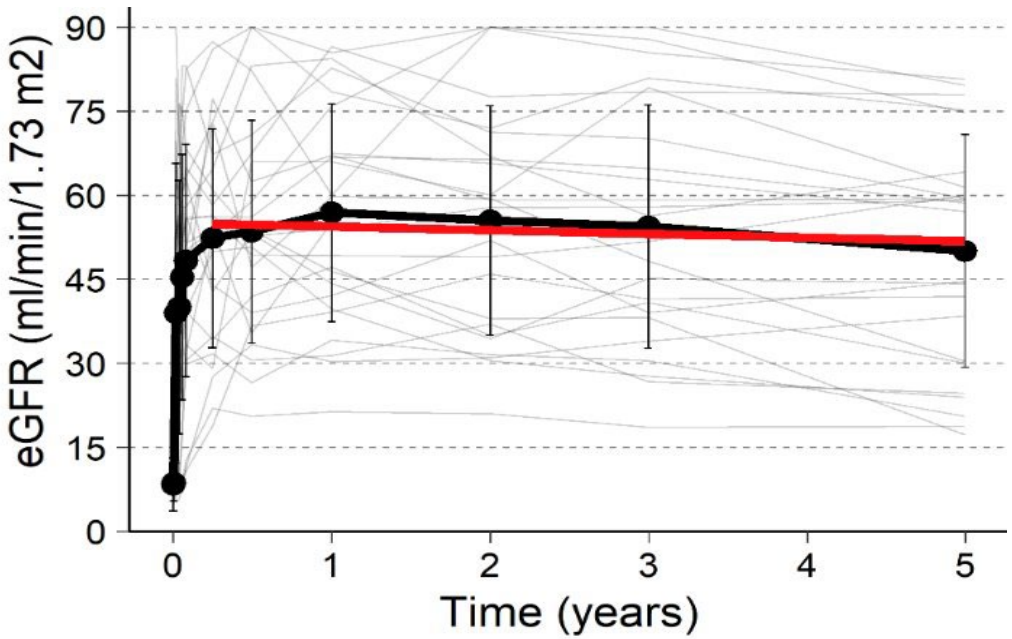
Extracted from American Transplant Congress (ATC) oral presentation by Dr R. Montgomery, June 22, 2026.

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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)

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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

Positive Data from Post Approval Confirmatory Study (PAES)

PAES Topline Results

- 50 highly sensitized patients transplanted across 22 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%

Out-licensing Transaction

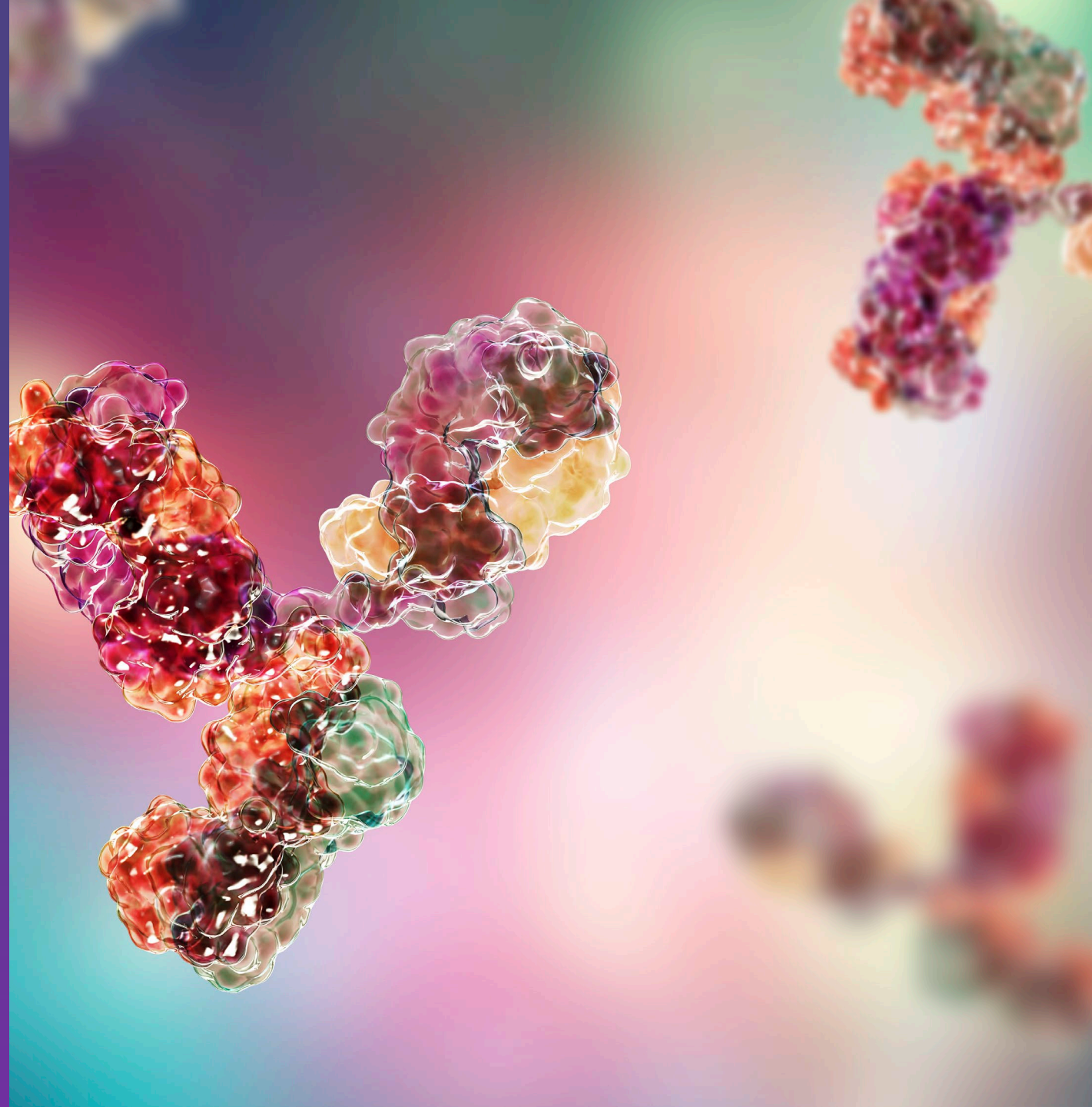
- €110 million Transaction closed July 1st, 2026.
- Exclusive out-licensing of Idefirix for transplantation in EU, UK, Switzerland, Norway, Liechtenstein, Iceland and Middle East and North Africa (MENA) to SERB Pharmaceuticals.
- Upon acceptance by EMA of filing for full approval, additional payment of €5 million.
- Submission targeted for Q4 2026.

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DESENSITIZATION

Gene Therapy



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Collaborating to bridge access to gene therapies for more patients

Current Partnerships

Indication exclusivity

- Duchenne Muscular Dystrophy (DMD) - 1/3,500 to 5,000 male births worldwide

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

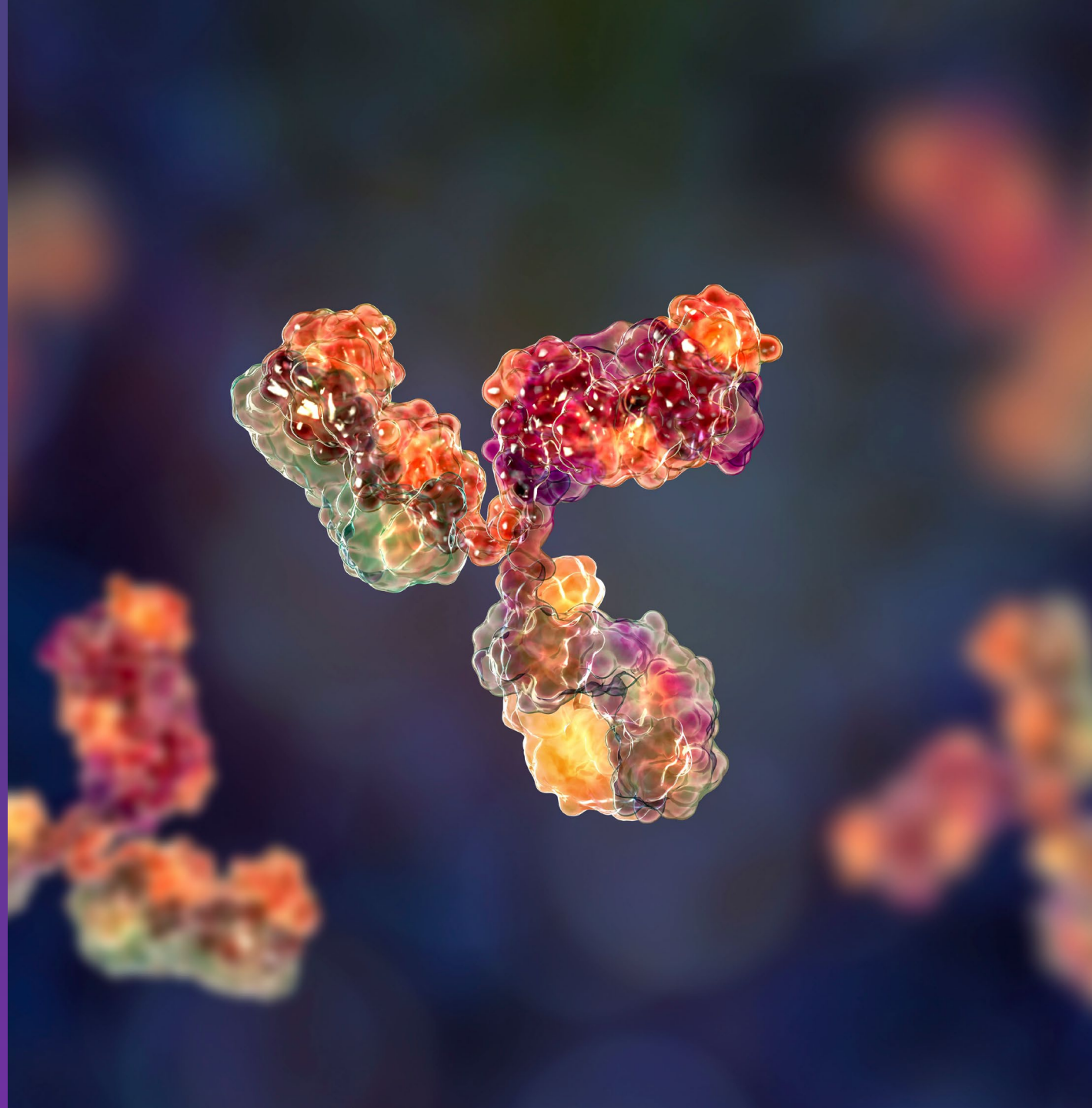
Our objective is to bridge the anti-AAV antibody access gap, enabling life-changing treatment to patients otherwise excluded due to immune related issues

Elevidys is a registered trademark of Sarepta Therapeutics

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Novel Compound – Autoimmune Focus

HNSA-5487



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Rare autoimmune disease - IgG mediated conditions

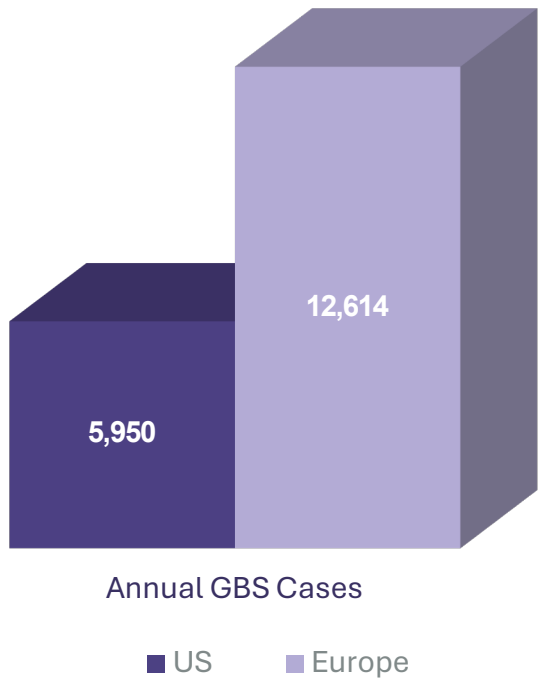
Guillain-Barré Syndrome

- A rare, acute, paralyzing, inflammatory disease of the peripheral nervous system caused by the immune system damaging nerve cells and structures.
- 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.
- Affects 1.2-3 in 100,000 people annually. Approximately 4,000 – 10,000 cases annually in the US.

Significant Unmet Need

- ~25% of patients require mechanical ventilation for days to months following the acute autoimmune attack and 20% are unable to walk after six months
- Nothing approved in the US for GBS

Guillain-Barré Syndrome Incidence



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

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

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

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

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Non-human host derived; Phase 1 clinical data with HNSA-5487

Data demonstrated significantly lower immunogenicity for HNSA-5487 with rapid and robust IgG reduction

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

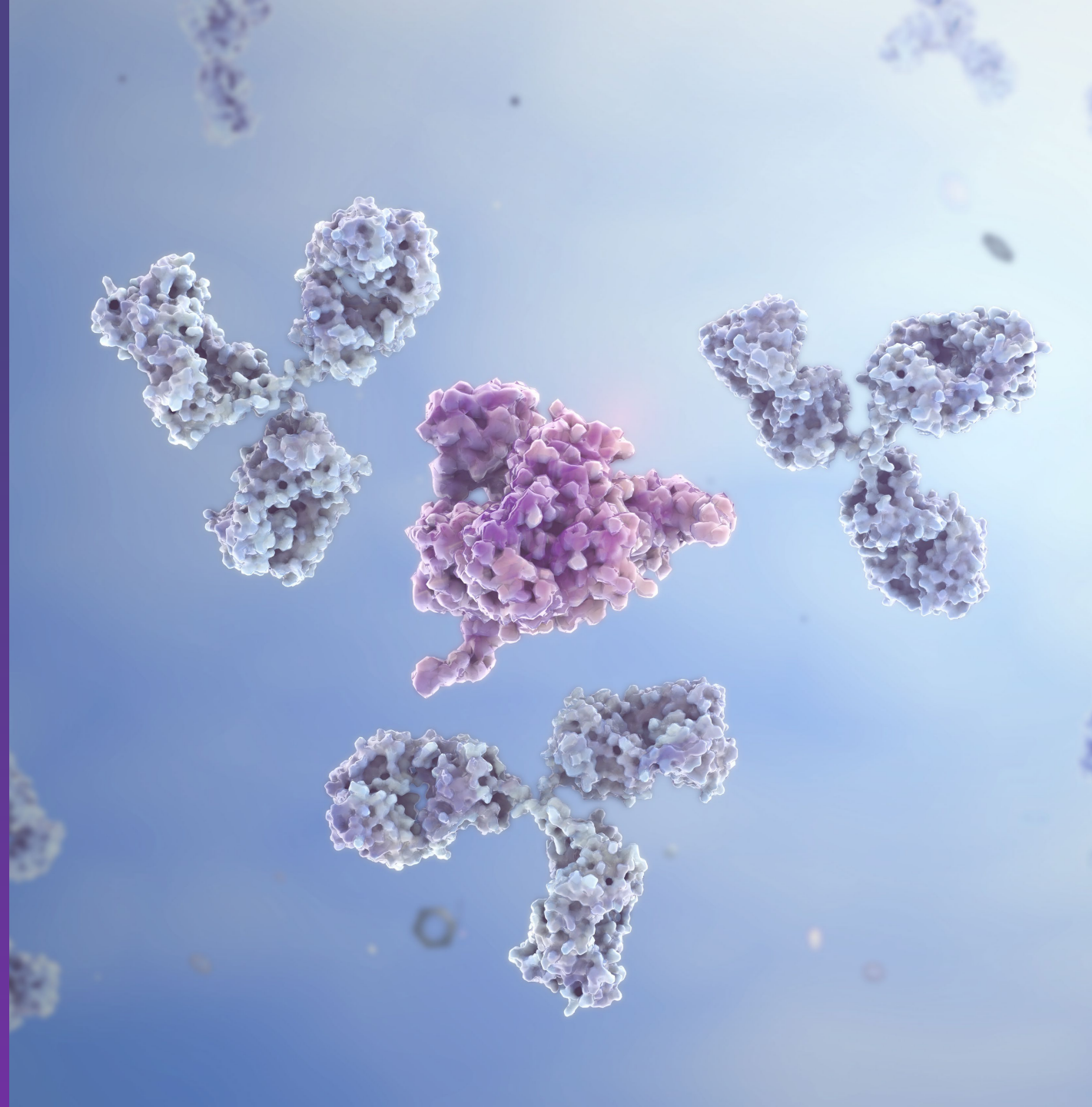
Efficient IgG cleaving ability in serum samples at 6 and 12 months post initial dose

At least as efficacious as imlifidase in reducing total IgG levels

IND submitted to FDA and planned initiation of Clinical Development Program in GBS with HNSA-5487 before YE 2026

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FINANCIALS AND OUTLOOK



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Company profile & financial highlights

Positive PAES data supporting filing for full approval of Idefirix in Europe with EMA, targeted for Q4, 2026.

Successful US ConfIdeS Phase 3 study with statistically significant and clinically meaningful difference **(p<0.0001).**

PDUFA date December 19, 2026

Followed by US commercial launch, subject to approval.

IND submission to FDA and initiation of Clinical Development Program in GBS with HNSA-5487 before YE 2026.

Listed on Nasdaq OMX Stockholm

Ticker: HNSA

# of Shares Outstanding

101.8 million

Authorized Shares

26.5 million available

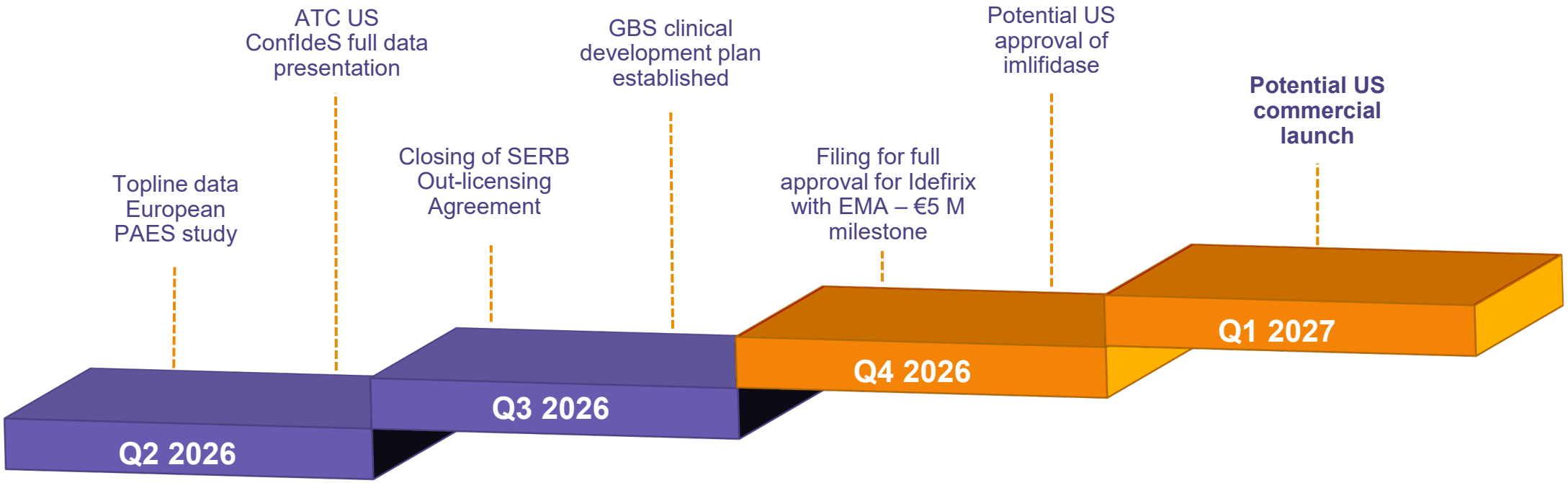
Cash & Equivalents

June 30, 2026

Proforma ~1.8 BSEK (~$185 M)

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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

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Focused Pipeline in Desensitization and Autoimmune Diseases

	Preclinical	Phase 1	Phase 2	Phase 3	Marketed	Partner	Upcoming Milestone
idefirix (imlifidase)	Desensitization Kidney Transplantation					SERB Pharmaceuticals Out-licensing agreement effective July 1, 2026*	Filing with EMA for full approval in Q4
imlifidase	Desensitization Kidney Transplantation (US)						PDUFA* date Dec 19, 2026
imlifidase	Desensitization Gene Therapy (Crigler Najjar)					GENETHON	Q4 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 under FDA review; GBS study initiation planned for Q4 2026

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

*Exclusive out-licensing of Idefirix for transplantation in EU, UK, Switzerland, Norway, Liechtenstein, Iceland and Middle East and North Africa (MENA) to SERB Pharmaceuticals.
[1] Investigator-initiated study by Dr. Adrian Schreiber and Dr. Philipp Enghard, at Charité Universitätsmedizin, Berlin, Germany

*Prescription Drug User Fee Act

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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

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



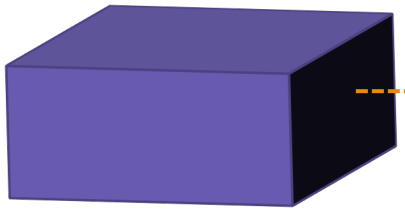
Sandra Frithiof

Chief Human Resources Officer

25+ years of experience in human resources in different industries

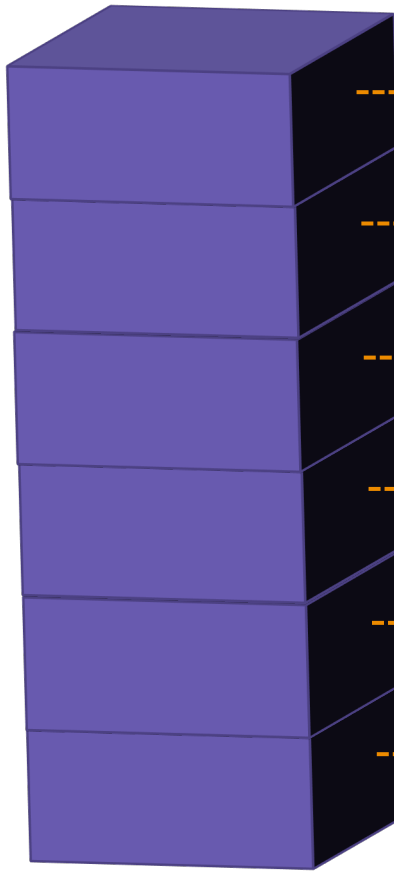
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Other opportunities



Kidney transplantation, deceased donor

Present Hansa Biopharma



Transplantation, other solid organs

Kidney transplantation, living donor

Desensitization to enable gene therapy

IgG generated Autoimmune diseases as GBS

Potential in licensing and/or acquisitions

Potential out licensing to other geographical regions (Asia, LatAm)

Future Opportunities

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