



Investor Relations

Q3 2026

Forward-Looking Statements

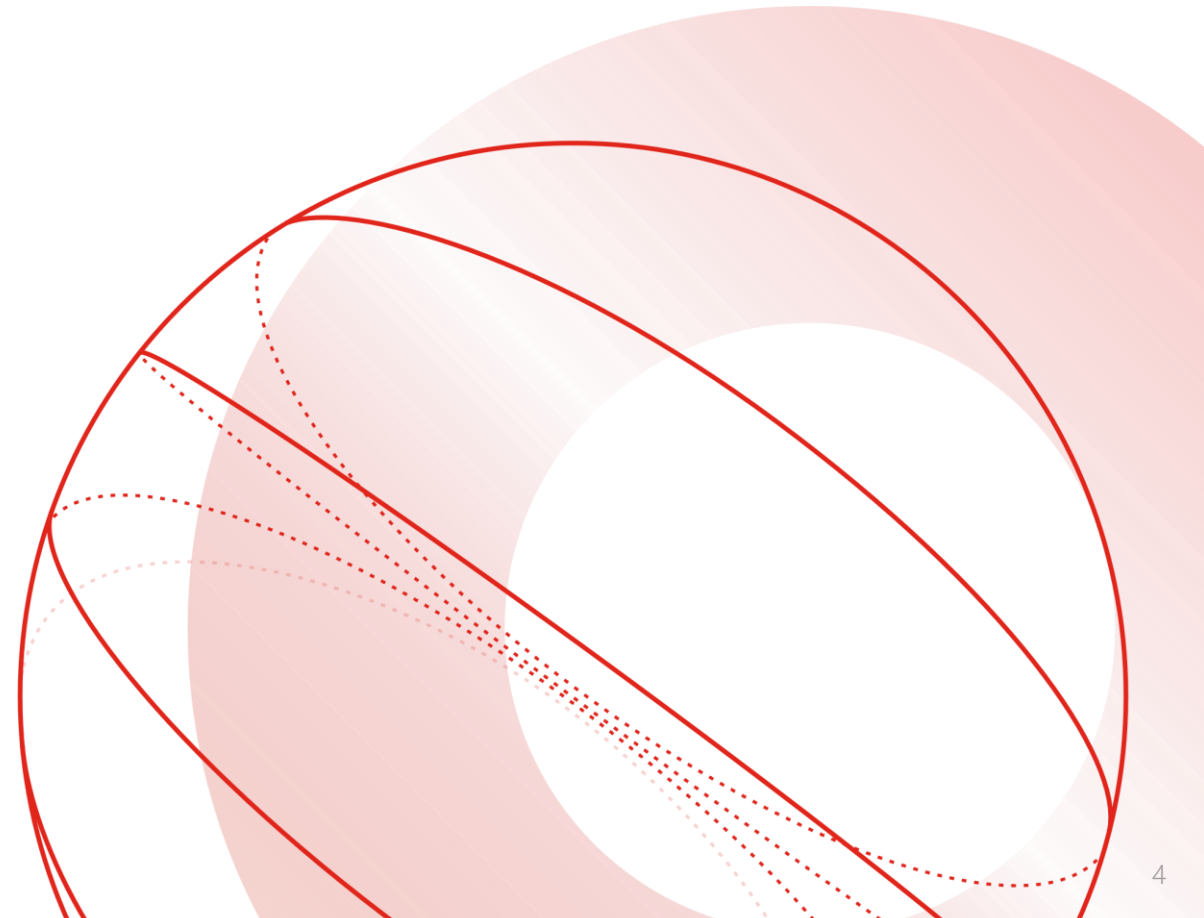
- The financial information in this document are consolidated earnings results based on K-IFRS.
- This document is provided for the convenience of investors only, before the external audit on our Q2 2026 financial results is completed. The audit outcomes may cause some parts of this document to change. Please note that Hanmi will not be responsible for individual investment decisions sole based on this material. In addition, Hanmi will not be responsible for update of this material which based on current business results.
- This presentation contains forward-looking statements with respect to the financial condition, results of operations and businesses of Hanmi Pharmaceutical Company. By their nature, forward-looking statements and forecasts involve risk and uncertainty because they relate to events and depend on circumstances that will occur in the future. There are a number of factors that could cause actual results and developments to differ materially from that expressed or implied by these forward-looking statements. These factors include, among other things, the loss or expiration of patents, marketing exclusivity or trade marks; exchange rate fluctuations; the risk that R&D will not yield new products that achieve commercial success; the impact of competition, price controls and price reductions; taxation risks; the risk of substantial product liability claims; the impact of any failure by third parties to supply materials or services; the risk of delay to new product launches; the difficulties of obtaining and maintaining governmental approvals for products; the risk of failure to observe ongoing regulatory oversight; the risk that new products do not perform as we expect; and the risk of environmental liabilities.
- **Consolidated subsidiaries (K-IFRS)**
: Beijing Hanmi Pharmaceutical Co., Ltd 73.68%, Hanmi Fine Chemical Co., Ltd 63.00%

Contents

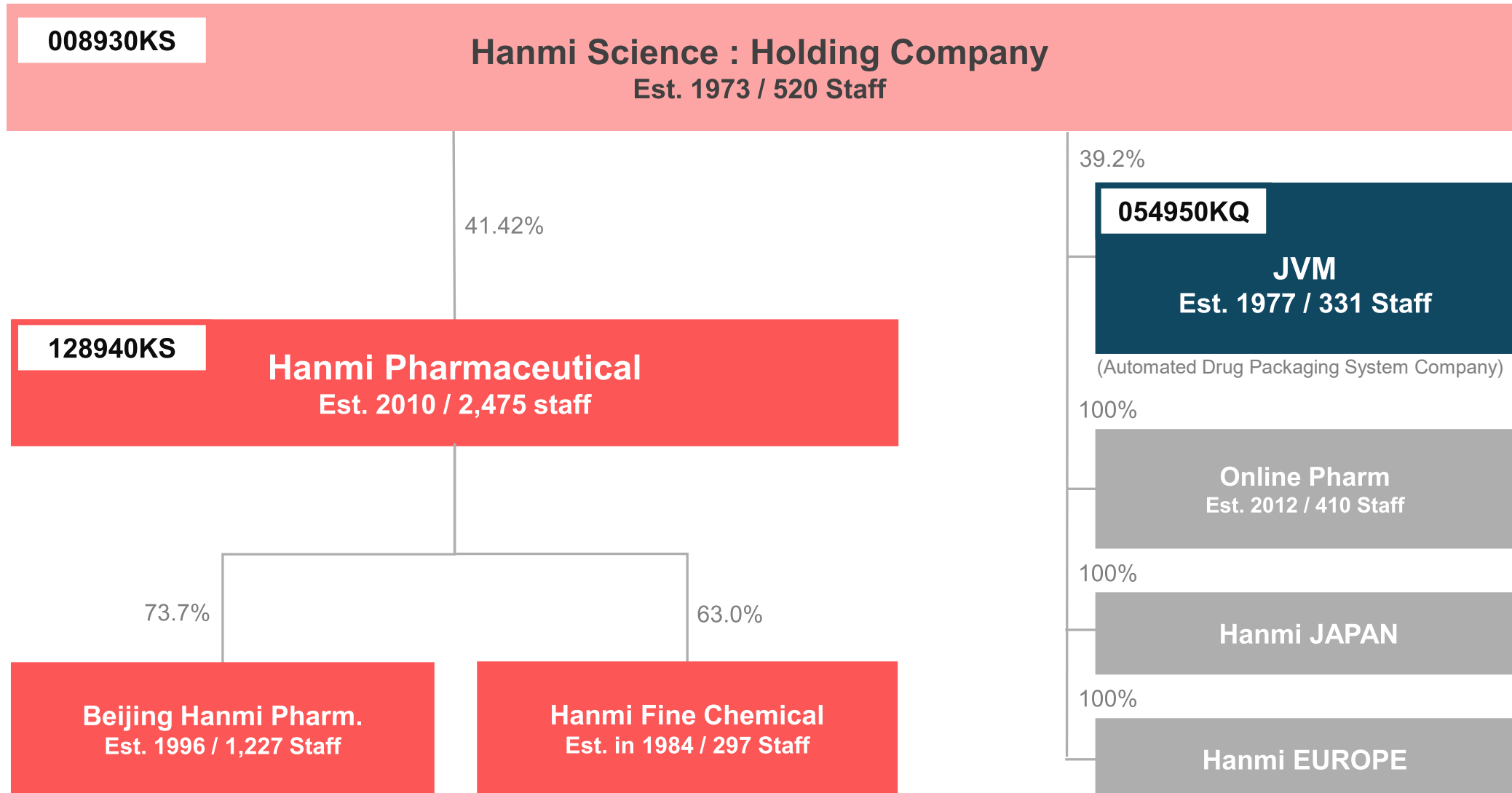
- 1 Company Overview
- 2 Hanmi R&D
- 3 Financial Performance
- 4 Appendix



Company Overview



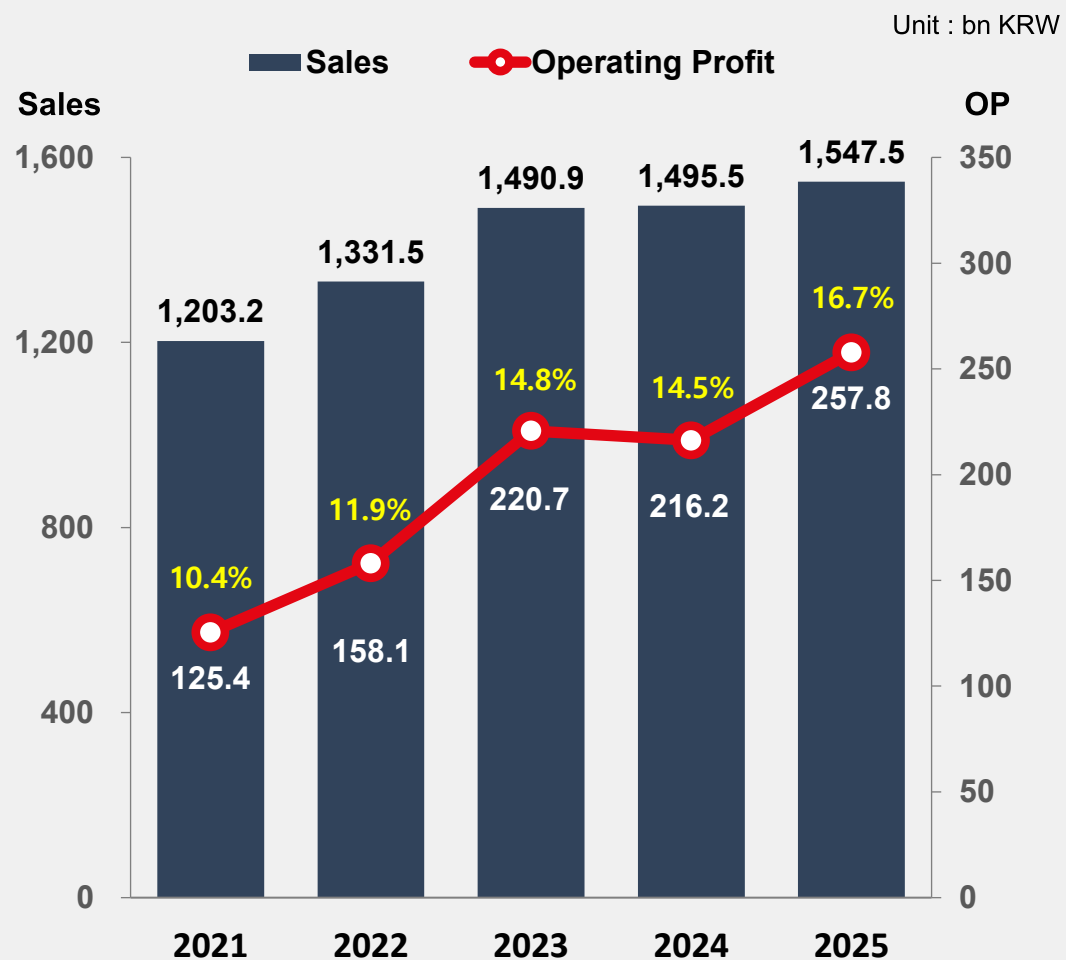
(As of Jun 2026)



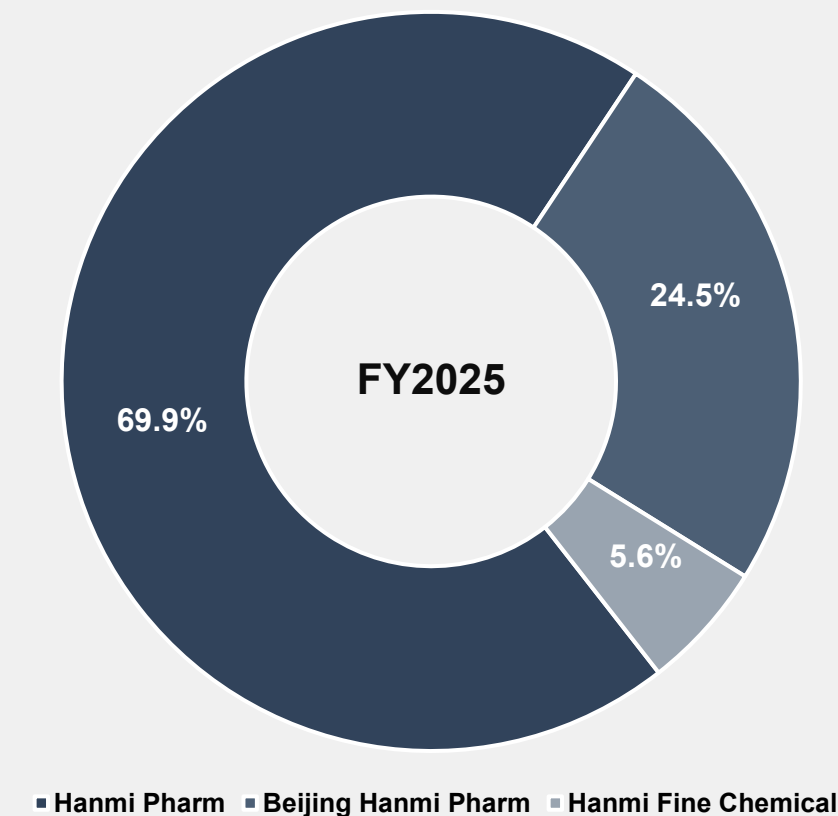
5-year Performance Trend Consolidated Business Results

- 2025 Annual sales KRW 1,547.5bn, +3.5% YoY. OP KRW 257.8bn, +19.2% YoY

5-year Performance Trend

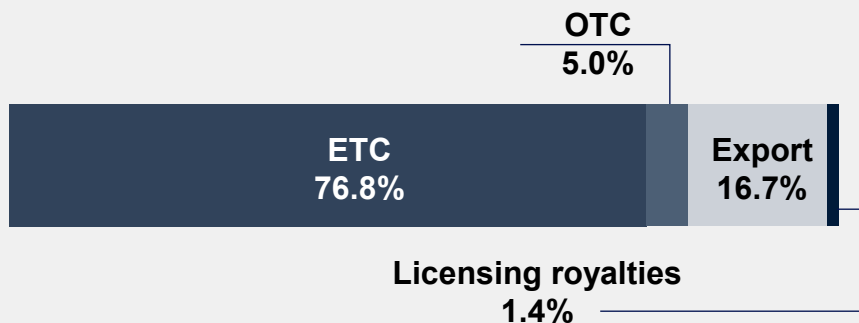


Sales Breakdown*



*% based on the aggregated sales of Hanmi Pharm & its subsidiaries before eliminating internal transactions

2025 Sales Breakdown

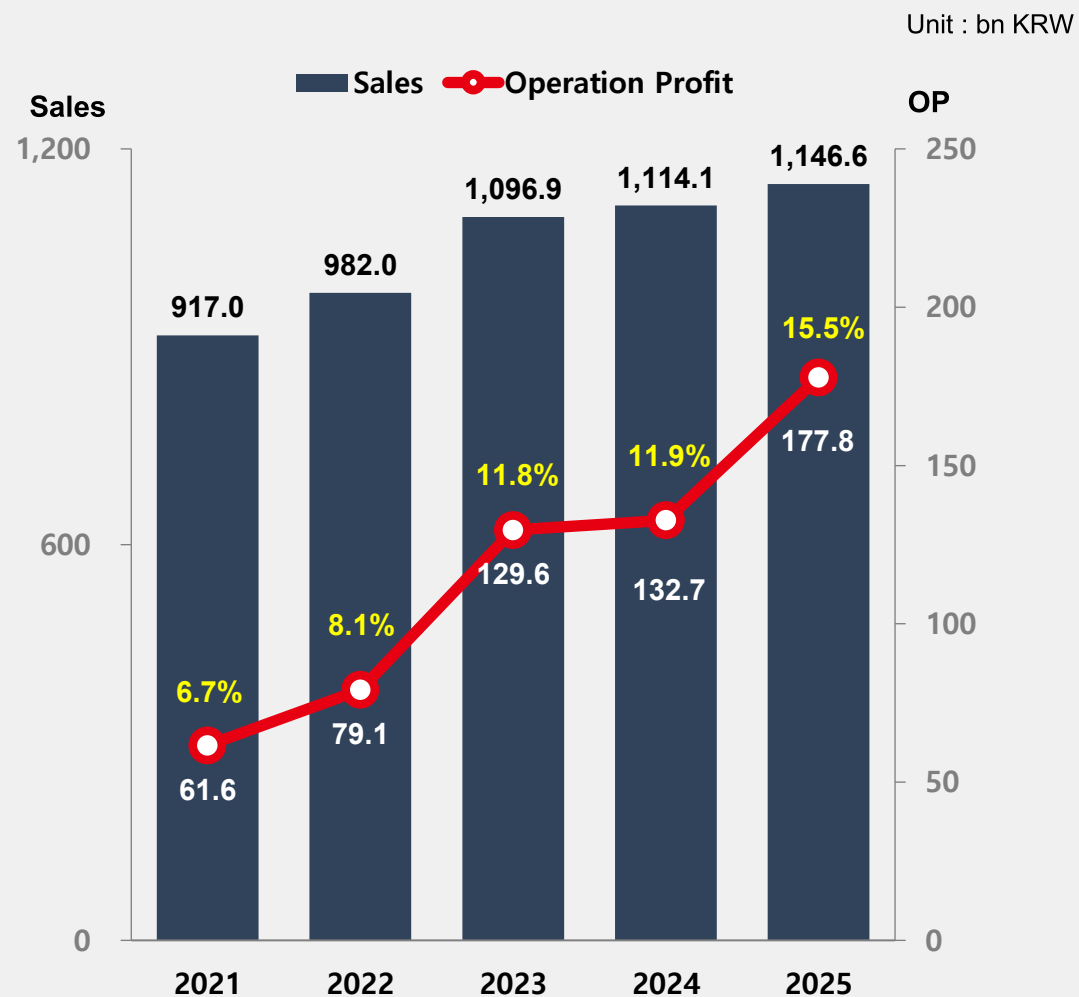


Top ETC Products (Outpatient prescription Sales)

Unit: bn KRW

Category	Product	2025	Sales(%)	YoY
Cardiovascular	Rosuzet	227.9	21.0%	8.4%
Cardiovascular	Amosartan Family	145.4	13.4%	-0.9%
Gastrointestinal	Esomezol Family	63.1	5.8%	-3.3%
Urology	Hanmi Tams/OD	45.8	4.2%	0.3%
Urology	Pal Pal	36.8	3.4%	-12.6%
NSAIDs	Amodipin	24.7	2.3%	-2.9%
Cardiovascular	Naxozol	24.3	2.2%	-5.7%
Urology	Gugu	22.6	2.1%	-4.0%
Total Sales		1,083.6	100%	1.2%

OP margin surpasses 15% on solid domestic business and expanded licensing deals & clinical trial materials supply



Core Value-added product **Rosuzet** (Hypercholesterolemia Treatment)

Hanmi

Achieved No.1 in domestic outpatient prescriptions, **Rosuzet**

✓ Robust domestic growth led by evidence-oriented marketing

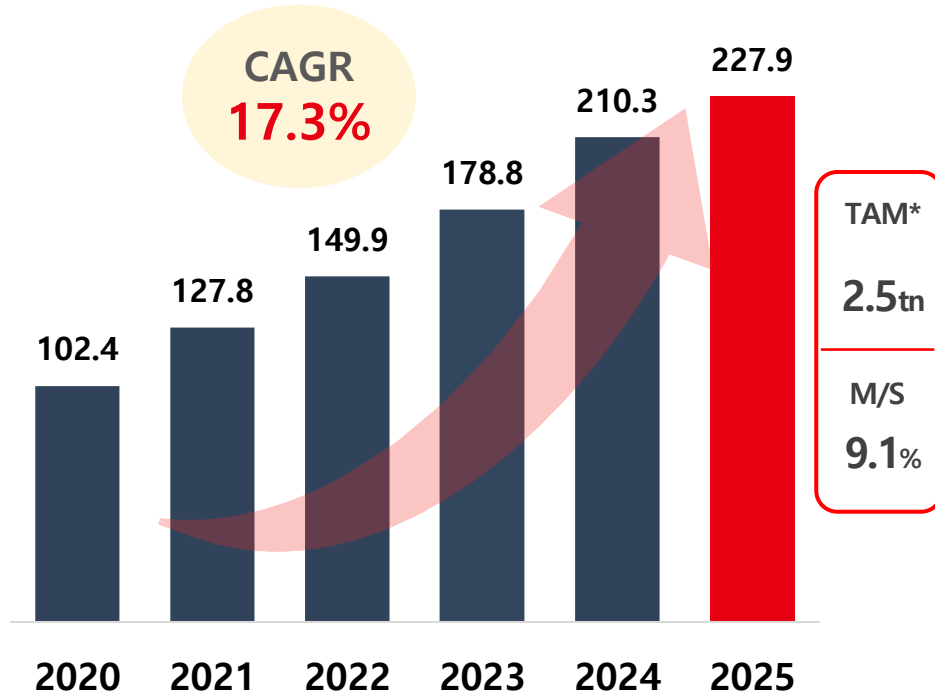
✓ Expanding efficacy & safety profile through multiple Real World Data

✓ Building physician trust through data-driven engagement



Annual sales of **Rosuzet**

Unit : bn KRW



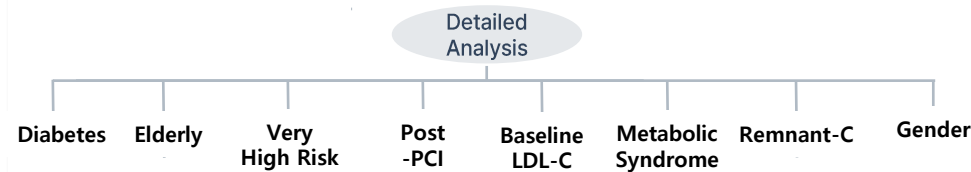
(Source: UBIST data)

* Statin Mono/Combination Therapy market size

Expanded Post-Marketing Evidence and Physician Confidence in High Risk Patients

[RACING Study Results]

3,780 ASCVD Patients Evaluated
Non-Inferior CV Outcomes and Superior LDL-C Goal Attainment vs. High Intensity Statins



[Real-World Key Studies]

Demonstrated LDL-C Reduction Across Multiple Comorbidities

[EROICA]	[ROSETTA -Stroke]	[EASY-ROSUZET]	[SWITCH]	[CEREbRO]
Low-Moderate Intensity Statins → to Rosuzet	History of Stroke	Hypercholesterolemia	Statin Monotherapy → to Rosuzet	Rheumatoid Arthritis, Osteoarthritis

Published in Leading Journals Worldwide

THE LANCET

European Heart Journal

JAMA Cardiology

JACC JOURNALS

eClinicalMedicine
Part of THE LANCET Discovery Science

And Other Leading Journals...

Growth Strategy for Key Domestic Products

Strengthening Market Leadership through Proprietary-Co-Promotion Products portfolio synergies

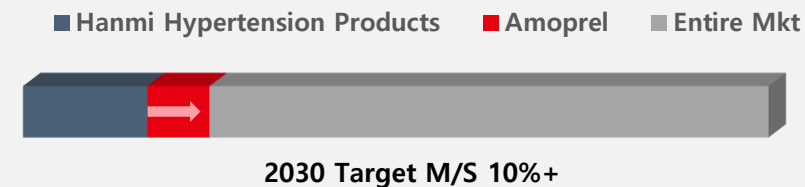
[Proprietary Products]

(2025 UBIST Outpatient Prescription Data)

Amosartan
Family
Hypertension

Hypertension
Mkt Size KRW **2.1T**
Hanmi Pharm.
M/S **8.6%**

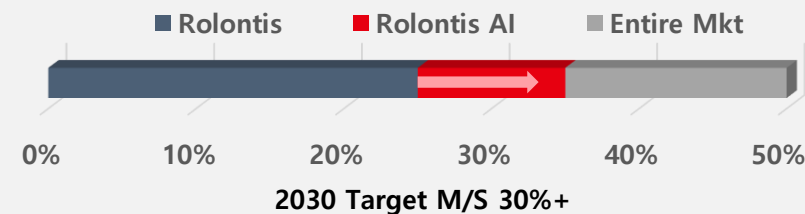
1. Amoprel : First-Line Positioning Following Guideline Updates
2. Amosartan : Broad BP Control Option for Diabetes-CKD-Stroke
3. Amosartan XQ : Next 'Rosuzet' in Hypertension Market



ROLONTIS
Neutropenia

LA G-CSF
Mkt Size KRW **0.1T**
Hanmi Pharm.
M/S **24.8%**

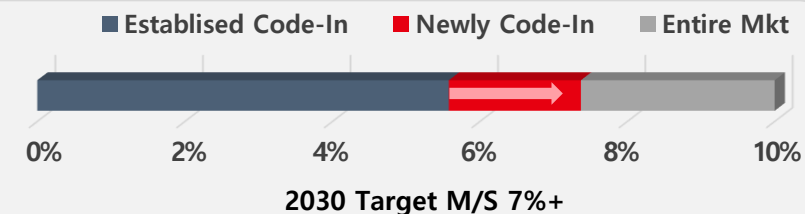
1. Korea's First LA G-CSF Auto-Injector
2. Reduced Patient Burden & Improved Treatment Convenience
3. Unlocking New Demand through Convenient Self-Administration



Hyalu^{mini}
Dry Eye Syndrome

D.E.D
Mkt Size KRW **0.3T**
Hanmi Pharm.
M/S **5.6%**

1. Targeting ~1900 Reimbursed Ophthalmology Clinics in Korea
2. Chronic & Repeated Outpatient Prescriptions → Code-in Critical
3. New Code-In at Tertiary Hospitals (eg., Asan Medical Center)



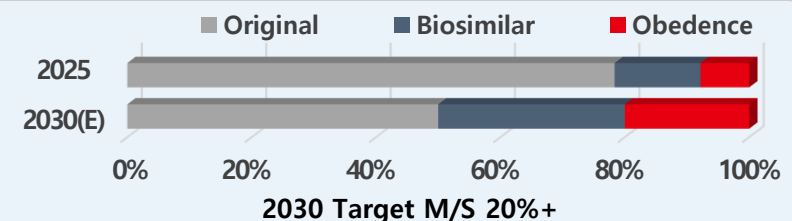
[Co-Promotion Product]

(2025 IQVIA Data)

Obodence
Osteoporosis

Denosumab
Mkt Size KRW **0.2T**¹⁾
Hanmi Pharm.
M/S **8.5%**²⁾

1. Co-Promotion of a Prolia Biosimilar with Samsung Bioepis
2. Bundle Strategy for Comorbidity Management, including Cal MD
3. Enhanced Synergies between Co-Promotion & Existing Products



1) Based on the osteoporosis indication market (Denosumab 60MG) 2) Market share as of Q4 2025 for a product launched in Q3 2025

Beijing Hanmi 5-year Performance Trend

- Est.1996. Full Value Chain (R&D to commercialization)
- 2025 Annual sales KRW 402.4bn +4.3% YoY

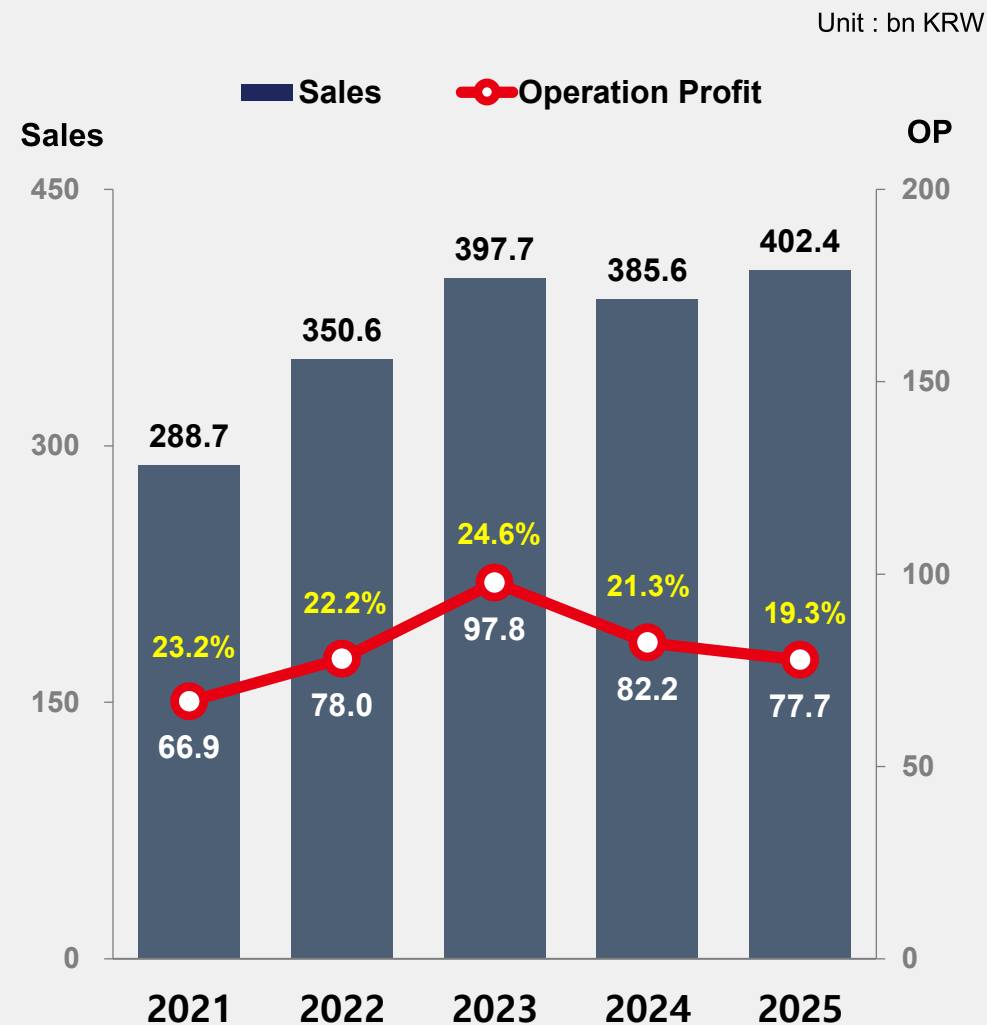
Operating profit KRW 77.7bn -5.4% YoY

Flagship Products

Unit : 1,000 RMB

Product	Indication	2025	Sales(%)	YoY
Li Dong	Constipation	609,844	29.9%	6.3%
Itanjing	Antitussive expectorants	547,800	26.8%	-22.7%
Mami Ai	Probiotics for infants	291,710	14.3%	-1.8%
Mechangan	Probiotics for adults	200,565	9.8%	23.4%
Yianping	Antitussive expectorants	182,133	8.9%	31.1%
Total Sales		2,042,317	100%	0.1%

5-year Performance Trend



Hanmi R&D

R&D Overview





R&D Pipeline

25 Candidates

(2026.06.)



R&D investment

15% ^(*25)

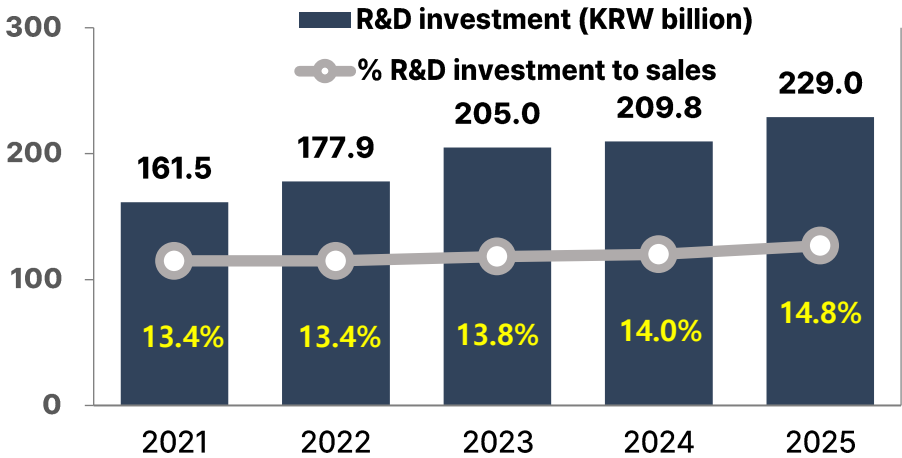
on revenue basis



Total R&D Staff

670*

(2026.06.)

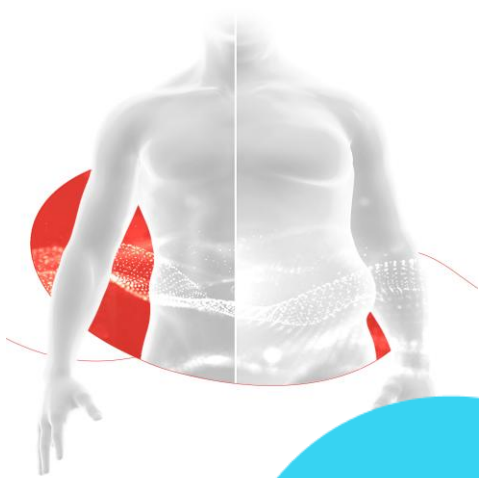


Partners	Pipeline	Progress Status	Date of Agreement	Out-Licensing Value
Zydus Lifesciences (India)	Rolvedon®/Rolontis®	Launched in the U.S. and S.Korea	2012.01.31	Not disclosed
	Poziotinib (pan-HER)	Preparing for global phase 3 trial – Receipt of CRL from the U.S. FDA	2015.02.27	
MSD (U.S.)	efinopegdutide (LAPS GLP-1/GCG agonist)	Global phase 2 Completed	2020.08.04	US\$870M
Health Hope Pharma (HK)	ORASCOVERY™	Submission of NDA in the U.S. – Receipt of CRL Submission of MAA in the U.K. – Receipt of CRL	2011.12.16	US\$42.44M
Genentech (U.S.)	belvarafenib (pan-RAF)	Global phase 1 trial	2016.09.28	US\$910M
Aptose (U.S./Canada)	tuspetinib (MKI)	Global and S. Korea phase 1/2 trial	2021.11.04	US\$420M
AffaMed Therapeutics (China)	Luminate® (ALG-1001)	Approval of phase 3 IND/CTA in China (for AMD)	2021.12.31	US\$145M
NOBO Medicine (Korea)	poseltinib (Multi-TEC)	S. Korea phase 2 trial	2024.06.03	Not disclosed
Gilead Sciences (U.S.)	encequidar (P-gp inhibitor)	-	2025.09.29	US\$34.5M
Eli Lilly and Company (U.S.)	sonefpeglutide (LAPS GLP-2 analog)	Global phase 2 trial	2026.05.31	US\$1,260M

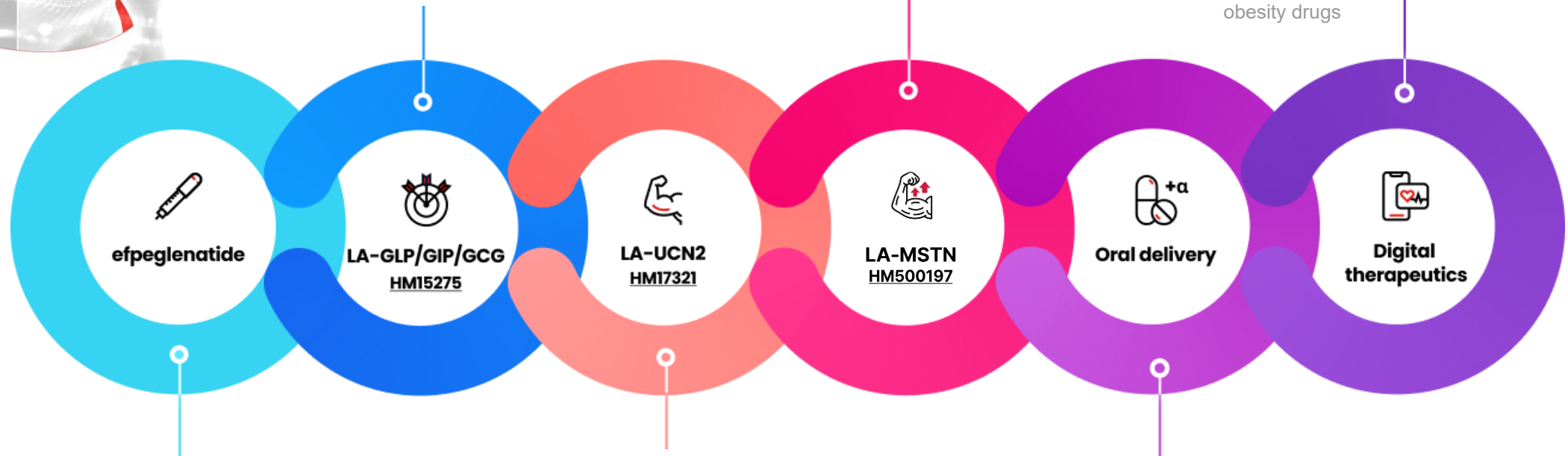
* Consolidated basis, Hanmi Pharm R&D Staff: 420

	Pre-clinical	Phase 1	Phase 2	Phase 3	Approved
Obesity/ Metabolism	Efpeglerglucagon+Efpeglenatide [LAP ^S Glucagon Combo] Obesity/Metabolic disease	HM17321 [LA-UCN2] Obesity	HM15275 [LA-GLP-1/GIP/GCG] Obesity, T2DM	Efpeglenatide [LAP ^S Exd4 analog] Obesity, T2DM	
	HM500197 [LA-MSTN] Obesity		Efinopegdutide [LAP ^S GLP-1/GCG agonist] MASH, formerly NASH MSD		
			Efocipegtrutide [LAP ^S Triple agonist] MASH, formerly NASH		
Oncology	HM100714 [sHER2] Non-small cell lung cancer	Rolvedon® [Eflapegrastim] Chemotherapy-induced Neutropenia (Same Day Administration) Zydus	Belvarafenib [pan-RAF Inhibitor] BRAF mutant/fusion solid tumor, NARS-mutant melanoma Roche	Poziotinib [pan-HER Inhibitor] HER2 exon 20-mutated NSCLC (2nd line) Zydus	Rolvedon® [Eflapegrastim] Chemotherapy-induced Neutropenia Zydus
		Belvarafenib [pan-RAF Inhibitor] Solid tumors (melanoma) Genentech	Tivumecirnon [FLX475] Gastric cancer RAPT	Oraxol® [Encequidar+Paclitaxel] Solid tumors (breast cancer) Health Hope Pharma	
		BH2950 [PD-1/HER2 BsAb] Solid tumors Innovent	Poseltinib [multi-TEC] B-cell lymphoma NOBO Medicine		
		Tuspetinib [MKI] Acute Myeloid Leukemia Aptose			
		HM97662 [EZH1/2 Inhibitor] Solid tumors, hematologic cancers			
		BH3120 [PD-L1/4-1BB BsAb] Solid tumors, Combination with 'KEYTRUDA' B			
		HM16390 [LAP ^S IL-2 analog] Solid tumors			
Rare Diseases/ Other	Efocipegtrutide [LAP ^S Triple agonist] Idiopathic Pulmonary Fibrosis	HM15421 [LA-GLA] Fabry disease GC	Efpeglerglucagon [LAP ^S Glucagon analog] Congenital Hyperinsulinism		Synjoynt® [Sodium hyaluronate] Pain in osteoarthritis of the knee Arthrex
			Sonefpeglutide [LAP ^S GLP-2 analog] Short Bowel Syndrome Lilly*		
			Efpegsomatropin [LAP ^S hGH] Growth Hormone Deficiency		
			Luminate® Dry Age-related Macular Degeneration Allegro Heifei AffaMed		

Research on Building a Patient-centric Portfolio for the **Entire Obesity Lifecycle:** Treatment, Post-Weight Loss Management, and Comprehensive Care



- Obesity Treatment for Severe Obesity Patients Worldwide
- Best-in-class Weight Loss Efficacy
- First-in-Class Peptide-Based Selective Myostatin Inhibitor
- Obesity Therapy Enabling Quality Weight Management through Muscle Preservation and combination use
- Development of digital platform to guide patients' lifestyle and to improve drug adherence
- Further improvement in efficacy/safety profiles of obesity drugs



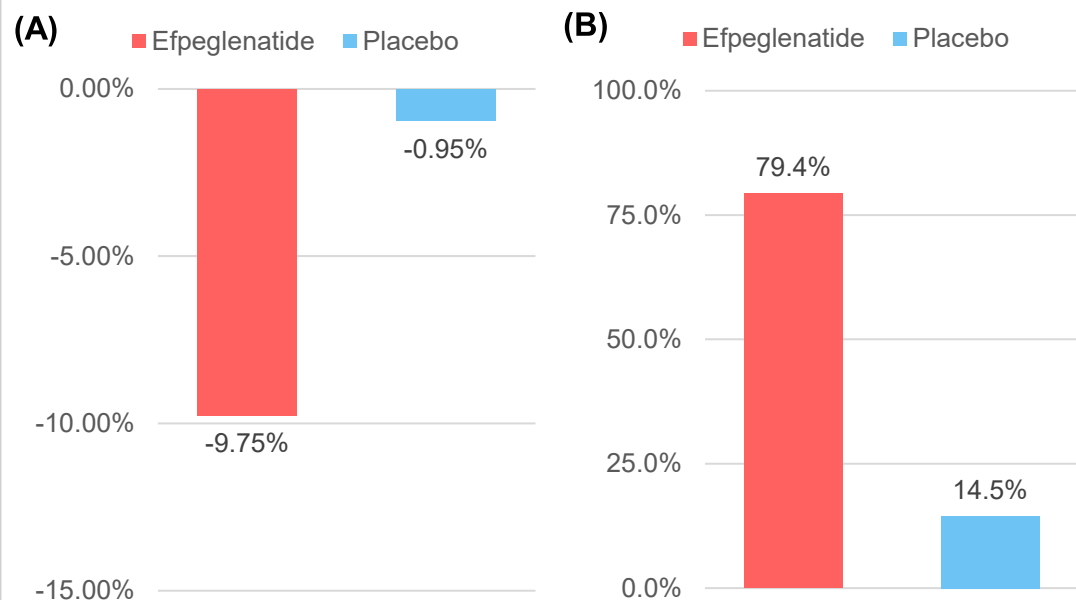
- Optimized GLP-1 obesity drug for populations with low prevalence of severe obesity, such as Koreans
- Best-in-class protective efficacy for cardio-renal disease among GLP-1s
- Patient-centric GLP-1 obesity treatment based on excellent treatment adherence
- First-in-class obesity drug with AI and structural modeling technology that enables simultaneous weight loss and muscle gain
- An obesity drug that can be used in combination with incretins as well as alone for high quality weight management
- Development of next generation formulation technology for oral delivery
- Maximize dosing convenience with patch and monthly formulation

K-Obesity : First Korean GLP-1-based obesity therapy utilizing the LAPSCOVERY™ Platform

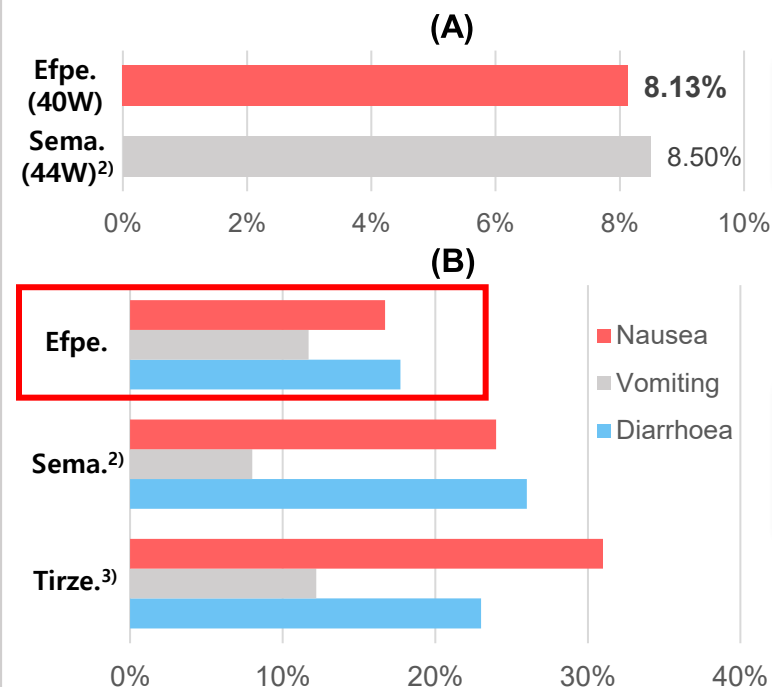
- Phase 3 data announced Oct 2025 :At Week 40, significant weight loss vs placebo and superior safety vs competitors
- Superior cardio-renal protection among GLP-1 therapies¹⁾
- Korean NDA Filed with MFDS fast-track review (GIFT) Targeting Launch in 2H26 / Phase 3 Diabetes IND Approved in Jan-26

Top-line Results of Phase 3 (Week 40)

(A) BW change (%) / (B) Subjects with ≥5% WL (%)

**Demonstrated Superiority over Placebo in Phase 3****Comparison of Efficacy and Safety among competitors**

(A) BW change (Placebo-adjusted) / (B) Incidence rate of gastrointestinal adverse events

**Comparable weight loss efficacy to Wegovy®****Superior safety profile compared to Wegovy® and Mounjaro®**

1) N Engl J Med 2021;385:896-907 2) STEP 7 study : Conducted primarily in East Asian participants (91% Asian), including individuals with comorbid diabetes 3) SURMOUNT-1 study

Triple Agonist for Obesity with Best-in-Class Potential

LA-GLP-1/
GIP/GCG

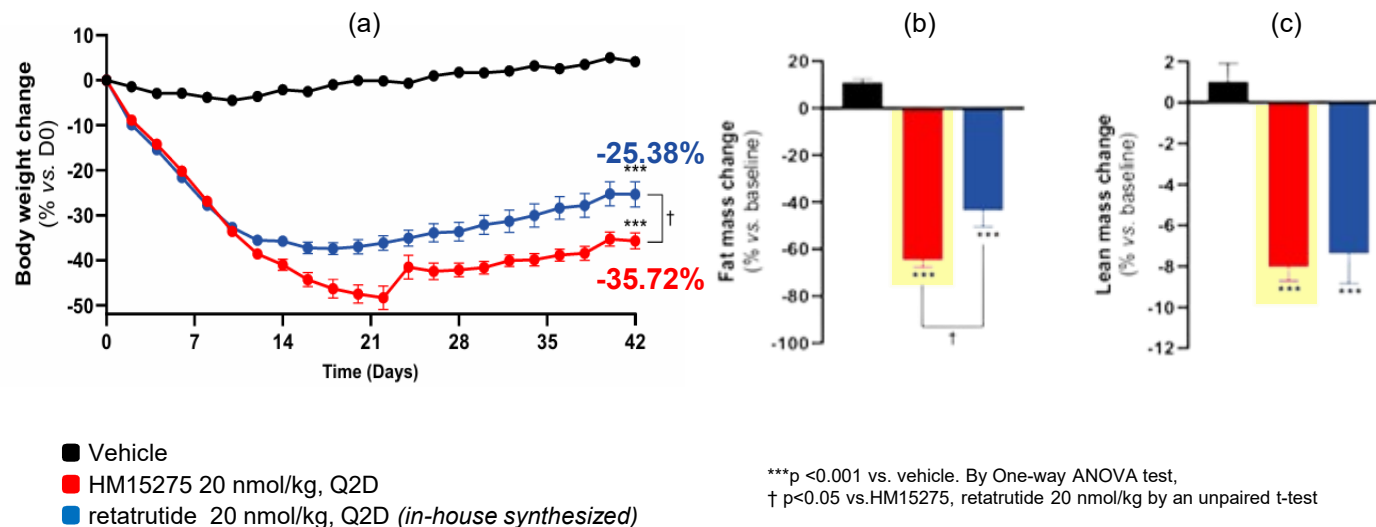
- Demonstrated potential for weight reduction comparable to surgical methods($\geq 25\%$ anticipated)
- Potential of improved weight loss quality compared to existing obesity treatments has been confirmed
- **Phase 1 showed favorable safety and tolerability, with body weight reduction observed at Week 4**
- **Stage: Phase 2 obesity-diabetes trial ongoing in the U.S.**

Safety/Tolerability and Weight Loss in Obese Patients¹⁾

Subject with any (n, %)	MAD					
	HM15275 (mg)					Pooled Placebo (N=10)
	0.5/0.5/0.5/0.5 (N=8)	1.0/1.0/1.0/1.0 (N=8)	0.5/0.5/2.0/2.0 (N=8)	0.5/1.0/2.0/4.0 (N=8)	0.5/2.0/4.0/8.0 (N=8)	
TEAE	7 (87.5)	7 (87.5)	7 (87.5)	6 (75.0)	8 (100.0)	10 (100.0)
TRAE	3 (37.5)	7 (87.5)	7 (87.5)	4 (50.0)	6 (75.0)	5 (50.0)
Maximum Severity						
Grade 1	2 (25.0)	5 (62.5)	6 (75.0)	1 (12.5)	5 (62.5)	3 (30.0)
Grade 2	1 (12.5)	2 (25.0)	1 (12.5)	3 (37.5)	1 (12.5)	2 (20.0)
Grade 3	0	0	0	0	0	0
Serious TEAE	0	0	0	0	0	0
TEAE leading to study discontinuation	0	1 (12.5) ^b	1 (12.5) ^c	0	0	0

• Placebo-adjusted D29 % Change from baseline

Dose (mg)	HM15275 0.5/0.5/0.5/0.5	HM15275 1.0/1.0/1.0/1.0	HM15275 0.5/0.5/2.0/2.0	HM15275 0.5/1.0/2.0/4.0	HM15275 0.5/2.0/4.0/8.0
Mean (SD)	-2.12 (0.87)	-3.65 (1.41)	-2.96 (0.96)	-2.70 (1.03)	-4.81 (1.01)

Comparison of (a) Body Weight, (b) Fat Mass, and (c) Lean Mass in Obese Mice²⁾

1) Marcus Hompesch, et al. ADA 2025, Jun 22, 2025, 2) Sang Hyun Park, et al. ADA 2025, Jun 22, 2025

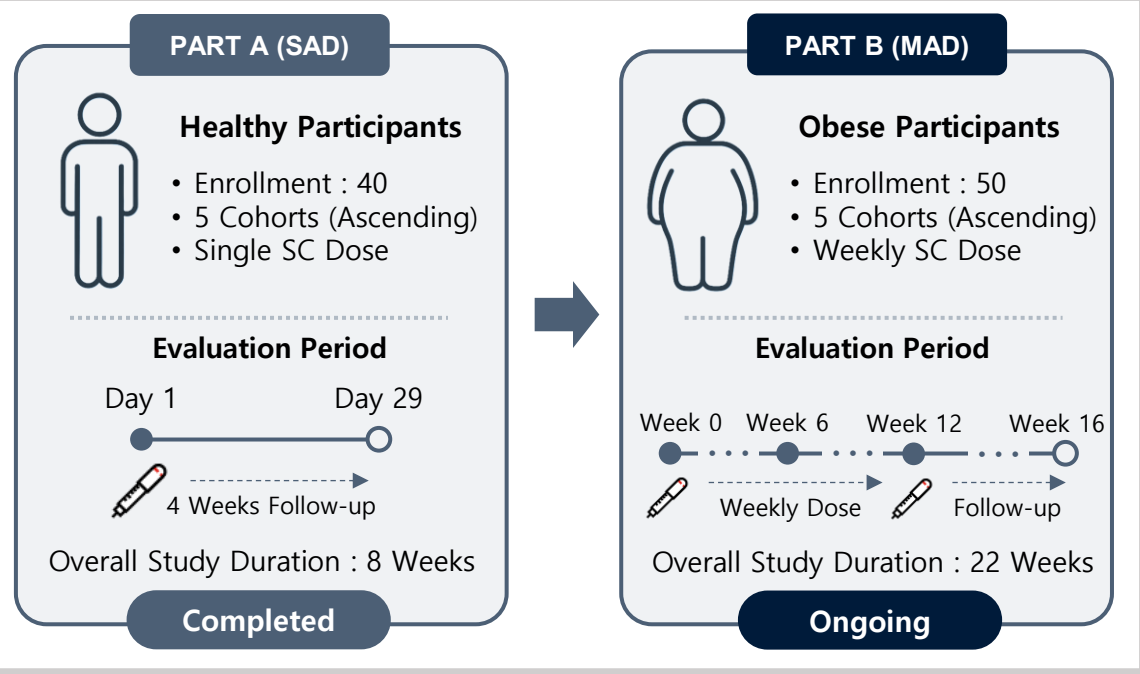
MAD: Multiple ascending dose

Innovative Obesity Treatment Achieving Both Weight Loss and Muscle Gain

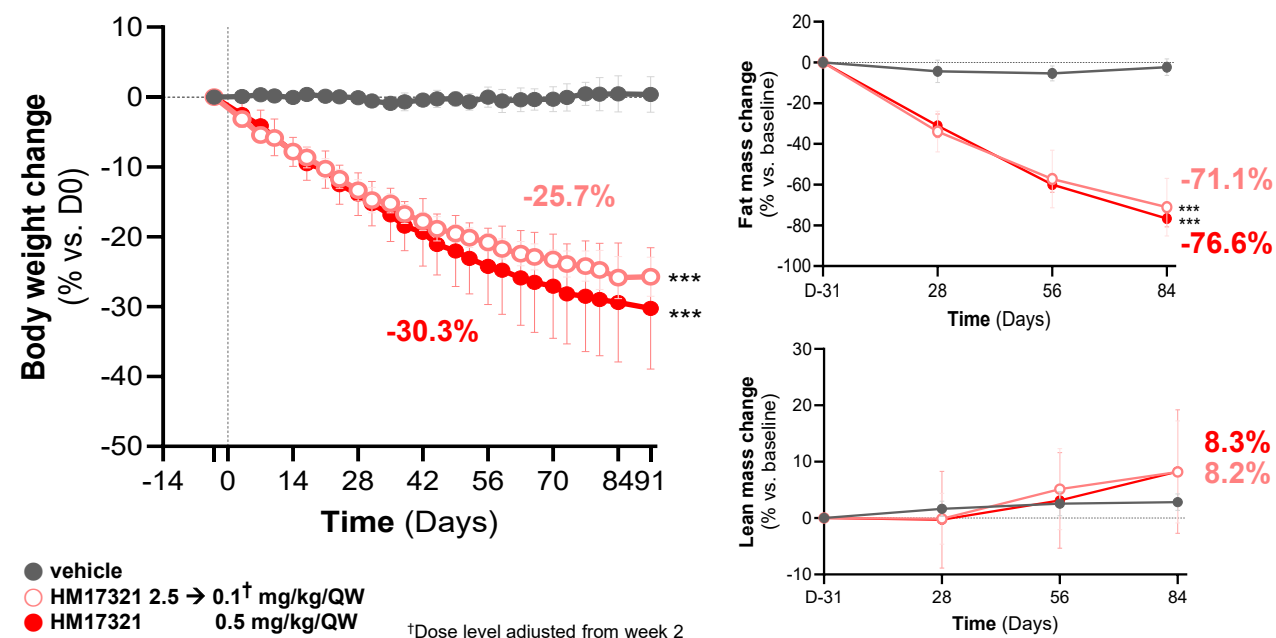


- Preclinical Data Presented at ADA 2026
→ Potential for diverse combination including Amylin, demonstrated musculoskeletal, CV, and renal benefits¹⁾
- Achieves targeted pharmacological effects (Fat ↓, Muscle ↑) through AI/SAR(HARP*)-Based Drug Design
→ Accelerates development timeline
- Stage: Phase 1 trial ongoing in the U.S.

Phase 1 Design²⁾



Weight reduction and body composition analysis in an obese NHP model³⁾



1) Yohan Kim, et al. ADA 2026, Jun 7, 2026, 2) NCT07219589, 3) Jeong A Kim, et al. EASD 2025, Sep 18, 2025

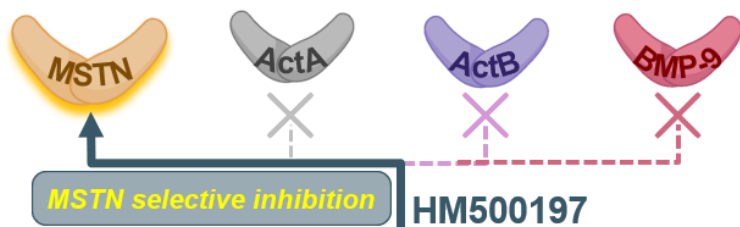
* HARP: Hanmi AI-driven research platform

First-in-Class Peptide Selective MSTN Inhibitor as Optimal GLP-1 Combination Partner



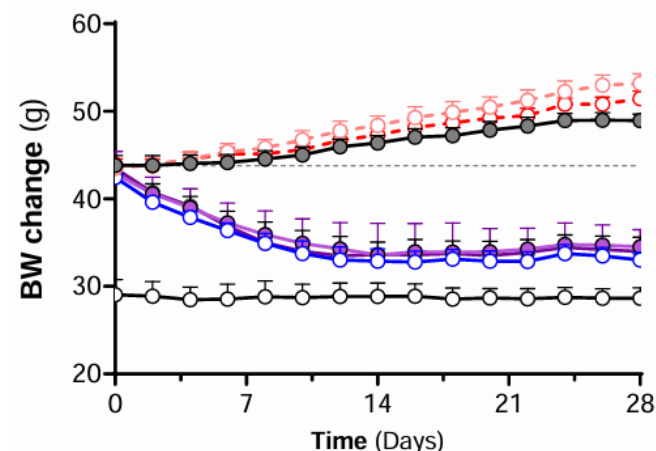
- Differentiated **Peptide-based Modality** in an Antibody-Dominated MSTN/Activin competitive Landscape
 - **Improved Combination Convenience-Adherence** through Aligned Dosing Route-Schedule with GLP-1 therapies
- **As selective MSTN Inhibition, Minimizes Off-Target Risk** vs. Bimagrumab(broad ligand blocker)¹⁾
- First Unveiled at ADA 2026 with preclinical data presented
 - **Supports healthy weight loss through Fat-Focused Reduction with Muscle Loss Prevention¹⁾**

Differentiated Myostatin Selectivity of HM500197 vs Bimagrumab¹⁾



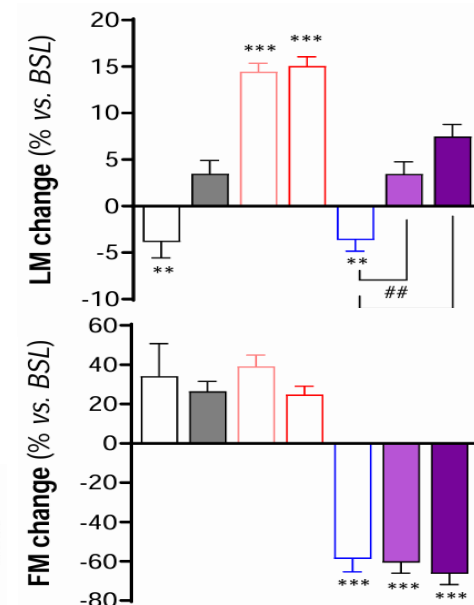
Materials	% Relative activity (vs IC ₅₀ of Bimagrumab)			
	Myostatin	Activin A	Activin B	BMP9
Bimagrumab	100%	100%	100%	100%
HM500197	106.8%	< 0.01%	< 0.01%	0.02%

Muscle Preservation with Tirzepatide Combination in an Obese Mouse Model¹⁾



○ Normal, Vehicle
 ● DIO, Vehicle
 ○ HM500197, A nmol/kg, Q2D
 ● HM500197, B nmol/kg, Q2D
 ○ Tirzepatide, 10 nmol/kg, Q2D
 ● HM500197, A nmol/kg + TZP, 10 nmol/kg
 ● HM500197, B nmol/kg + TZP, 10 nmol/kg

p<0.01, *p<0.001 vs. DIO vehicle, by One-way ANOVA test
 p<0.01, *p<0.001 by an unpaired t-test



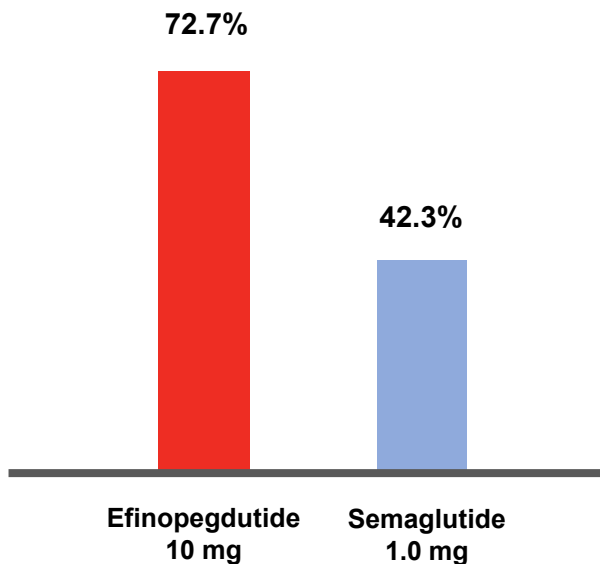
- Global pharmaceutical companies **are building portfolios covering the entire obesity lifecycle**
- H.O.P **differentiates itself from global pharmaceutical companies** with a competitive pipeline spanning the entire obesity lifecycle, including **game-changing therapies**

		N Pharm.	L Pharm.	Hanmi
“Entire Obesity Lifecycle” Incretin-Based Injectable Therapies	Overweight / Obesity WL <25%	Saxenda® / Wegovy® -5.4% / -14.4%	Zepbound® -20.1%	Efpeglenatide Wegovy®-Level Weight Loss + Superior Cardiovascular and Renal Protection
	Severe Obesity WL >25%	CagriSema (P3) -22.7% (Did not meet the predefined weight loss target)	Retatrutide (P3) -24% (Less than 40% of Patients Achieved ≥25% Weight Loss, 10.9% Reduction in Lean Mass)	HM15275 Expected Weight Loss of Over 25% + Minimal Lean Mass Reduction
“Prevention of Muscle Loss and High-Quality Weight Management” Game changer through novel mechanism		LX9851 (P1) Combination therapy or maintenance therapy after weight loss	bimagrumab (P2) Not Suitable for Monotherapy (Combination Only) Partial discontinuation(T2D)– Sep 2025	HM17321 Suitable for Both Monotherapy and Combination Weight Loss (Fat Reduction) + Muscle Mass Gain
				HM500197 Lean Mass Preservation with Incretin Combo. Quantitative and Functional Muscle Recovery
“Maximize Dosing Convenience” Oral GLP-1RA & DDS		Wegovy® pill -13.6% (Peptide-Based with strict requirements)	Foundayo™ -11.2% (AE-related discontinuation: 10.3%)	HM15275 Patch, Oral Formulation, Improved-safety Small Molecule Compound
“Digital Healthcare”		WeGoTogether® Wegovy® adherence support service (No DTx clinical trial or approval)	LillyDirect™ Home Delivery Service (Aiming to Reduce Drug Costs)	Development of Digital Platform Lifestyle Modification for Patients Improvement of Medication Adherence

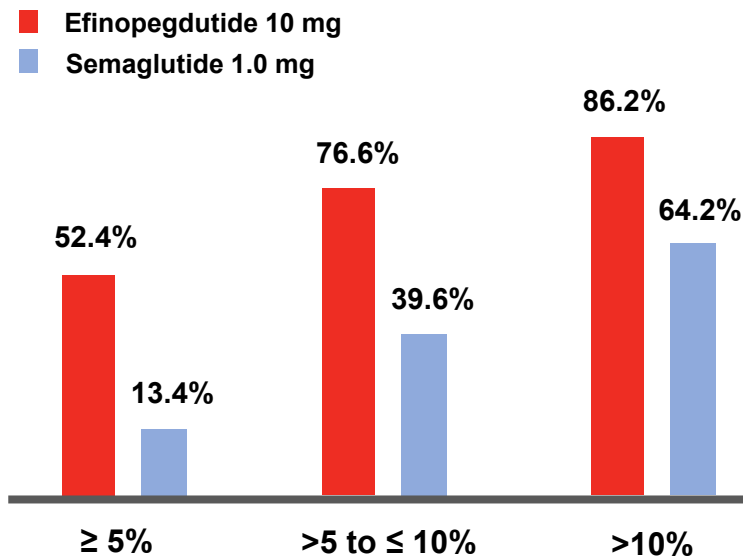
Once-Weekly Subcutaneous GLP-1/GCG Dual Agonist for MASH Treatment

- Phase 2a: 72.7% liver fat reduction at Week 24, showing superior efficacy vs. semaglutide
- Head-to-head study with semaglutide, which received MASH approval in 2025
- **Stage : Phase 2b completed. Results to be disclosed in accordance with the policy of our partner, MSD**

Relative Reduction from Baseline
in LFC at Week 24¹⁾

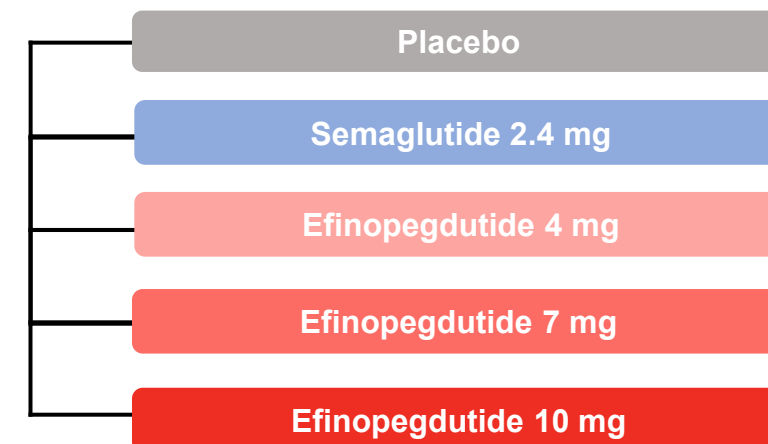


Percent Reduction from Baseline
in BW at Week 24¹⁾



Study Design of Phase 2b

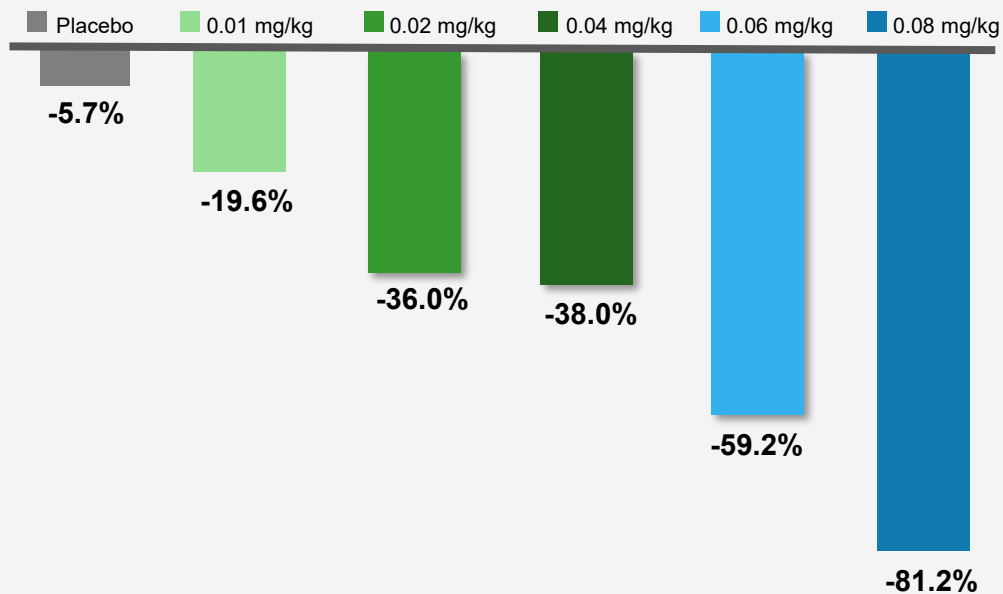
- 52-week study in F2-F3 MASH patients (N=381)
- Primary Endpoint: NASH Resolution Without Worsening of Fibrosis & Adverse Events
- Secondary Endpoint: ≥1 Stage Improvement in Fibrosis Without Worsening of Steatohepatitis & Change from Baseline in BW



GLP-1/GCG/GIP triple agonist with liver-specific distribution and optimized efficacy

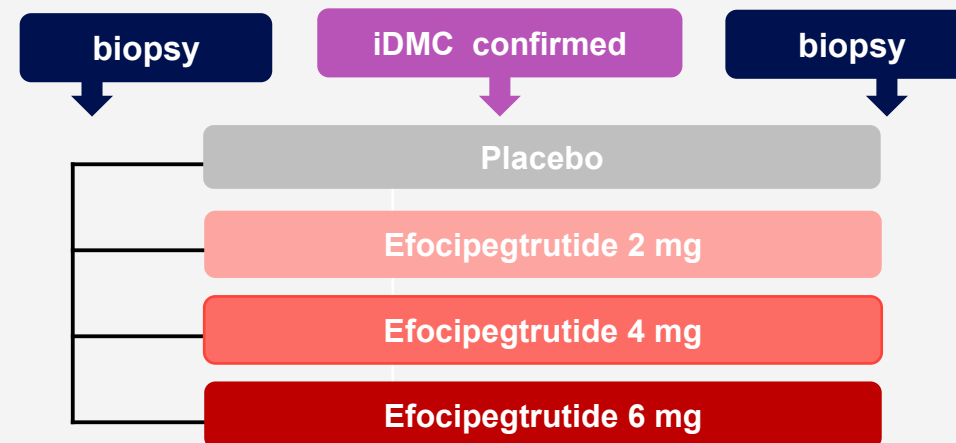
- Multiple modes of action in liver are employed to manage inflammation, fibrosis, and steatosis resolution
- **Stage: Phase 2b in biopsy-confirmed MASH patients ongoing, Estimated Completion: 2H26**

Relative Liver Fat Changes after 12 Weeks¹⁾



Study Design of Phase 2b²⁾

- Population: MASH F1~F3(biopsy-confirmed), regardless of type 2 diabetes status
- Enrollment: 215
- Study Duration: 52W
- Primary endpoint: resolution of steatohepatitis on overall histopathological reading and no worsening of liver fibrosis



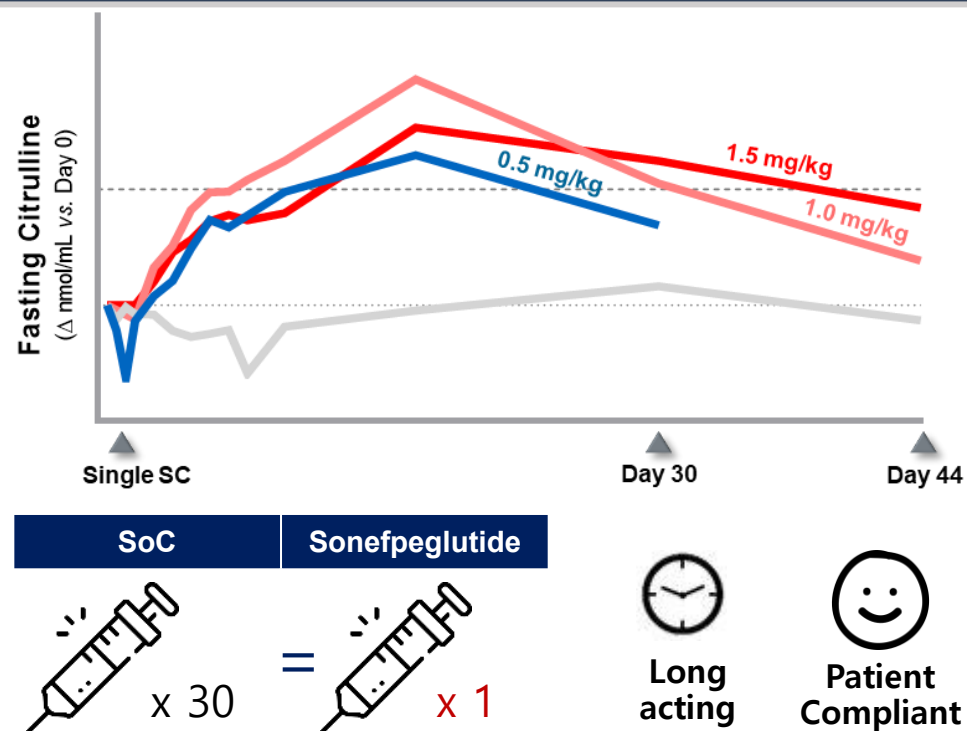
1) Manal F. Abdelmalek. EASL 2020 2) NCT04505436.

MRI-PDFF: Magnetic Resonance Imaging-Proton Density Fat Fraction, **iDMC:** independent Data Monitoring Committee

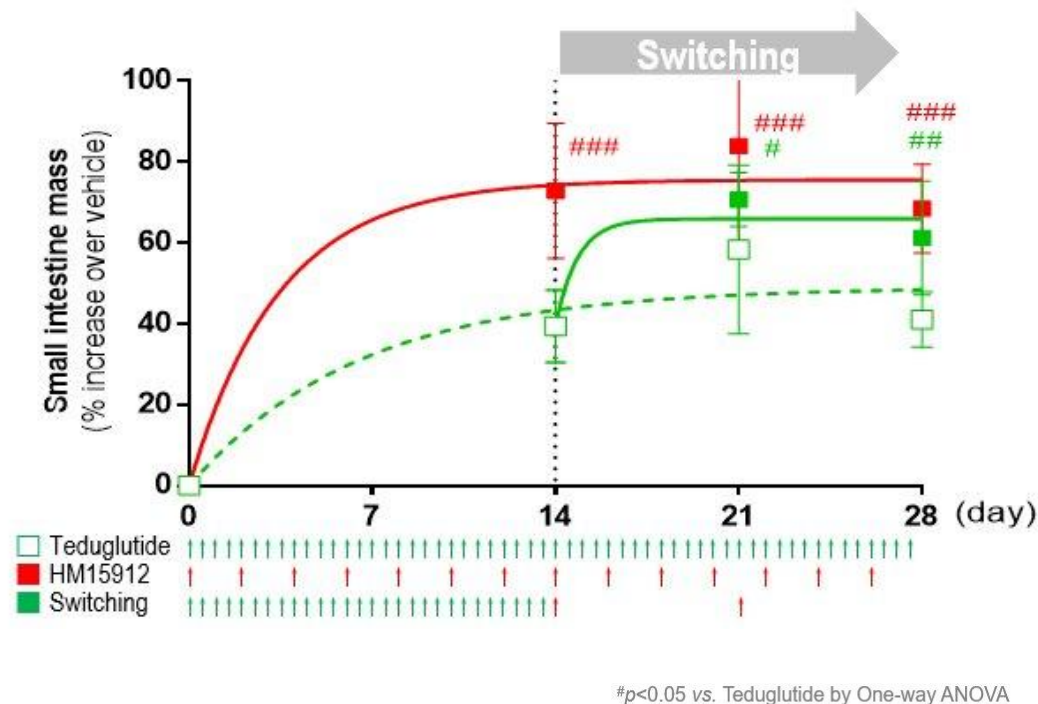
First once-monthly subcutaneous GLP-2 agonist designed to enhance patient convenience

- Designated as an Orphan Drug (FDA, EMA, MFDS, 2019) | FDA Rare Pediatric Disease (2020), Fast Track (2021)
- **LAPSCOVERY™ extends half-life and enables ready-to-use self-administration, improving patient preference and adherence**
- Global Phase 2 trial for evaluating the safety, tolerability and efficacy of SBS-IF Stoma — **Estimated Completion: Q2 2028**

Potential for monthly administration enabled by LAPSCOVERY™¹⁾



Increase in small intestine mass when switching from the existing GLP-2 analog (Gattex®, teduglutide) to sonefpeglutide²⁾



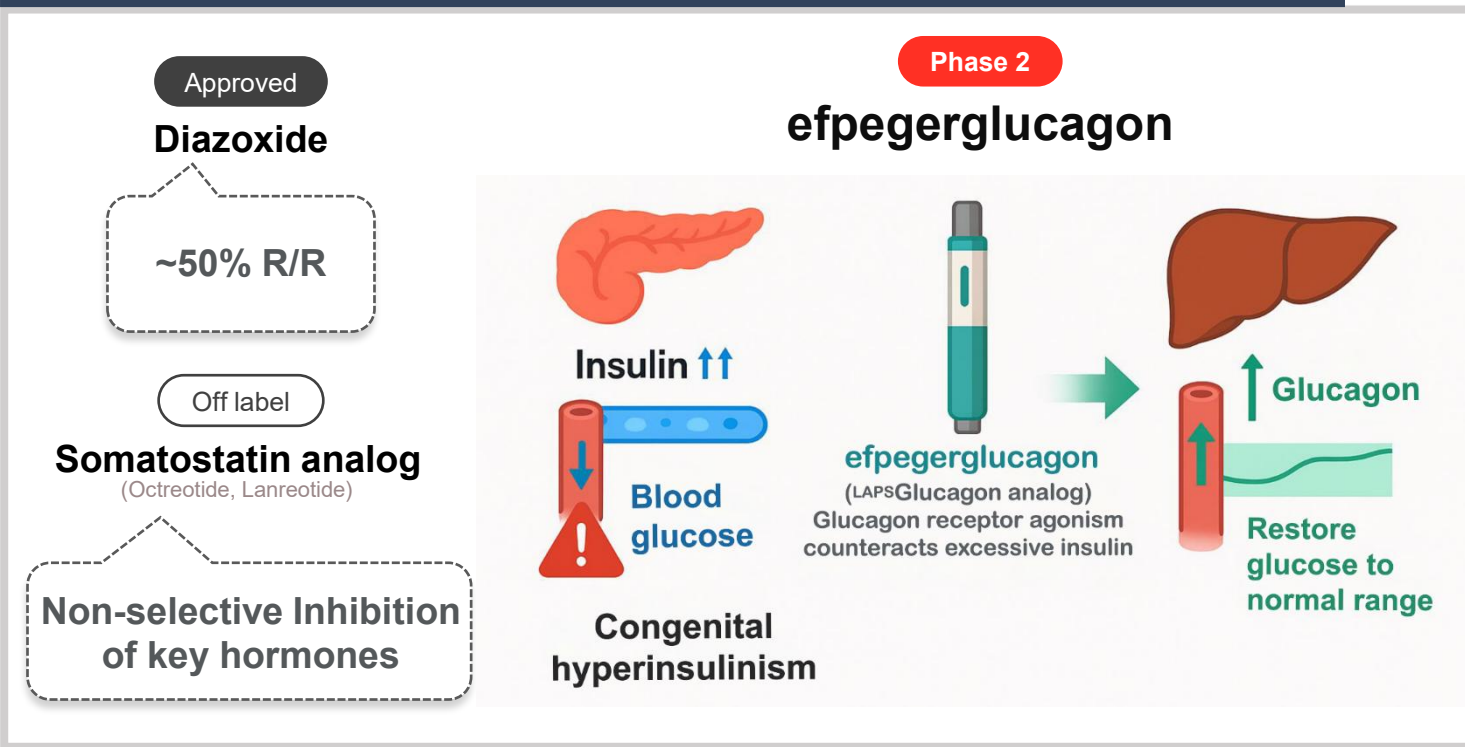
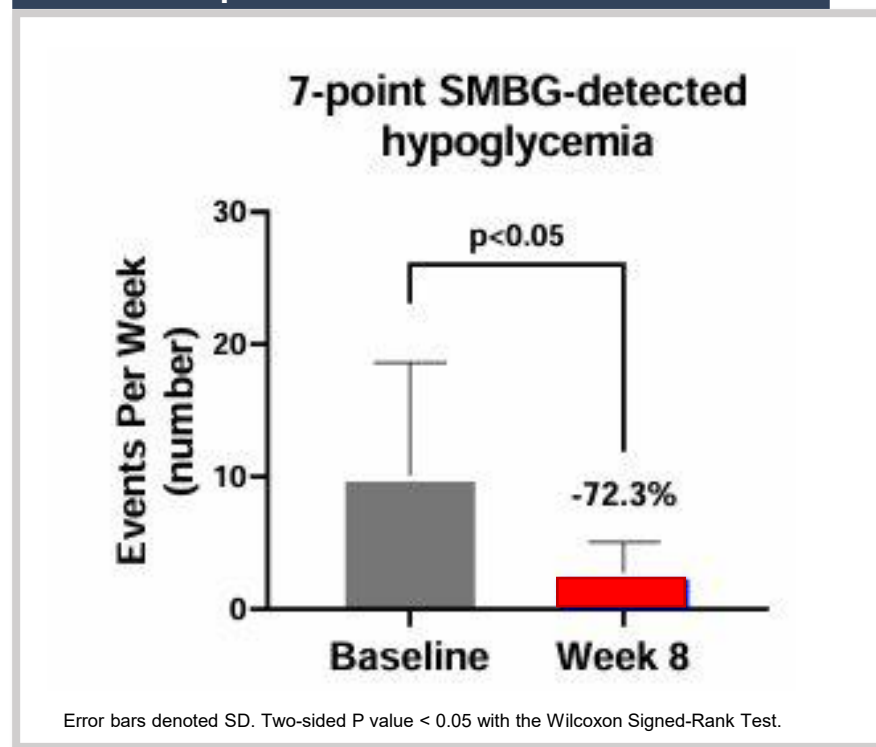
1) PD data from HM-GLP2-101 Study, a FIH, double-blind, randomized, placebo-controlled, SAD study in healthy Korean subjects. NCT04076293. 2) Cho Rong Park. et al. ENDO 2023.

* Lilly is separately developing outside Korea, while Hanmi retains rights in Korea.

First-in-class glucagon receptor agonist for CHI, with once-weekly dosing

- **Breakthrough Therapy Designation : FDA ('26.02)** | Orphan Drug Designation : FDA, EMA, MFDS (2018) | FDA Rare Pediatric Disease Designation (2020)
- **Phase 2 interim: -72.3% reduction in frequency & duration of hypoglycemia** (<70mg/dL) and severe hypoglycemia (<54mg/dL)
- **Phase 2 'ACHIEVE' trial** in congenital hyperinsulinism (CHI) patients is ongoing, **with Core Treatment Completed**

Enhanced PK and physicochemical profile vs. Diazoxide (only approved drug)

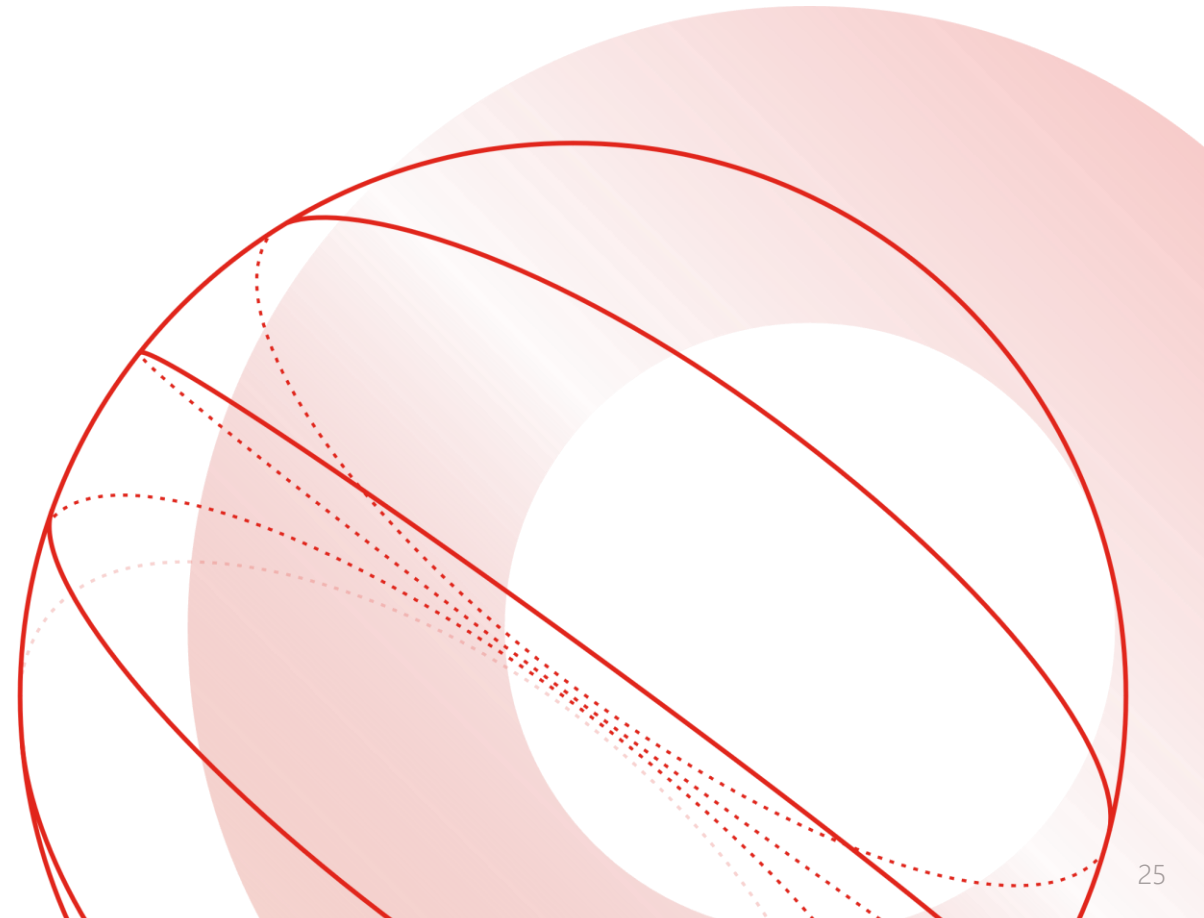
Phase 2 interim results: Hypoglycemia based on 7-point SMBG* measurements¹⁾

R&D Key Milestones

	2026	2027	2028
efpeglenatide LAPSExd4 analog		Obesity Korean Approval	Diabetes Ph3 Completion
efinopegdutide LAPSGLP-1/GCG agonist MSD	MASH Ph2b Completion	MASH Ph3 Initiation	
efocipegtrutide LAPSTriple agonist		MASH Ph3 Initiation	
HM15275 LA-GLP-1/GIP/GCG	Diabetes Ph2 Initiation	Obesity Ph2 Completion	Diabetes Ph2 Completion
HM17321 LA-UCN2	Obesity Ph1 SAD Completion	Obesity Ph1 MAD Completion	Obesity Ph2 Initiation
HM500197 LA-MSTN		Obesity Ph1 Initiation	
ROLVEDON®/ROLONTIS® Zydus	Rolontis® Korean Approval of Auto-Injector		
BH3120 PD-L1/4-1 BB BsAb Beijing Hanmi			Solid Cancer Ph1 Completion
Poseltinib Multi-TEC NOBO Medicine		PCNSL/DLBCL(Triple Therapy) Ph2 Completion	
Tuspetinib MKI Aptose		R/R PCNSL Korean Approval	
HM97662 EZH1/2		AML 1L(Triple Therapy) Ph1/2 Completion	AML 1L(Triple Therapy) Ph2/3 Initiaion
efpegerglucagon LAPSGlucagon analog			Solid Cancer Ph1 Completion
sonepeglutide LAPSGLP-2 analog Lilly	Congenital Hyperinsulinism Ph2 Completion	Congenital Hyperinsulinism Ph3 Initiation	
HM15421 LA-GLA GC			Short bowel syndrome Ph2 Completion
			Fabry Disease Ph1/2 Completion

LAPS: LAPSCOVERY™, LA: long-acting, MASH: metabolic dysfunction-associated steatohepatitis, PCNSL: primary central nervous system lymphoma, R/R: relapsed/refractory, AML: acute myeloid leukemia

Financial Performance



- ▶ 2Q26 Sales KRW 467.2bn, +29.3% YoY
- ▶ Operating profit KRW 131.1bn, Net income KRW 84.1bn
- ▶ Operating profit delivered +116.9% YoY, driven by lump-sum recognition of Upfront Revenue and growth in the domestic pharma business

Unit : Billion KRW

Category	2026 2Q	2025 2Q	YoY	2026 1Q	QoQ
Sales	467.2	361.3	29.3%	392.9	18.9%
Operating Profit (%)	131.1 (28.1%)	60.4 (16.7%)	116.9%	53.6 (13.7%)	144.4%
Pre-tax Income (%)	120.1 (25.7%)	49.6 (13.7%)	142.5%	55.4 (14.1%)	116.9%
Net Income (%)	84.1 (18.0%)	43.0 (11.9%)	95.5%	51.1 (13.0%)	64.6%

- ▶ 2Q26 Sales KRW 407.0bn, +47.3% YoY
- ▶ Sales breakdown: Finished Products 58%, Merchandise 13%, Licensing revenue 28%
- ▶ Continued solid performance of key products such as ‘Rosuzet’, with Merchandise Sales increasing on expanded global pharma Co-Promotion
- ▶ OP increased +195.8%, driven by lump-sum recognition of Upfront Revenue from Eli Lilly for Sonefpeglutide

Unit : Billion KRW

Category	2026 2Q	2025 2Q	YoY	2026 1Q	QoQ
Sales	407.0	276.4	47.3%	285.2	42.7%
Finished Products	237.4	233.1	1.8%	229.6	3.4%
Merchandise	51.9	33.5	54.9%	49.9	4.1%
Upfront/Milestones	112.8	2.2	5,057.3%	0.1	170,218.0%
Others	4.9	7.6	-35.7%	5.7	-13.8%
Operating Profit	128.7	43.5	195.8%	30.2	325.5%
(%)	(31.6%)	(15.7%)		(10.6%)	
Pre-tax Income	119.8	32.9	263.7%	57.7	107.6%
(%)	(29.4%)	(11.9%)		(20.2%)	
Net Income	82.9	28.0	196.4%	55.0	50.7%
(%)	(20.4%)	(10.1%)		(19.3%)	

- ▶ ‘Rosuzet’ sales increased +10.1% YoY at KRW 61.6bn, with continued solid performance from key products including ‘Amosartan’
- ▶ ‘Hyalu Mini’ enters TOP 5 products driven by expanded Code-In and strengthened bundling strategy
- ▶ Global Pharma Co-Promotion gaining traction, strengthening synergies with existing products including ‘Mirabek’

Unit : Billion KRW

Category	Product	2026 2Q	2025 2Q	YoY	2026 1Q	QoQ
TOP 5 Reimbursed Products	Rosuzet	61.6	56.0	10.1%	59.3	4.0%
	Amosartan Family	37.0	36.0	2.9%	36.4	1.9%
	Esomezole Family	14.6	15.7	-6.8%	14.6	0.1%
	Hanmi Tams/OD	11.6	11.3	2.6%	11.2	3.1%
	Hyalu Mini	6.0	4.7	26.3%	5.4	10.8%
Next-Gen Growth Drivers	Mirabek	4.8	4.3	12.5%	4.7	1.7%
	Dapalon Family	3.8	3.0	26.6%	3.5	8.2%
	Amoprel	1.6	-	-	1.1	51.2%
	Co-Promotion Products*	8.5	-	-	8.3	2.0%

* Amosartan Family (Amosartan, Amosartan Plus, AmosartanQ, Amoprel), Esomezol Family (Esomezole, Esomezole Plus)

* 4 new Co-Promotion; 2 from Boehringer Ingelheim (Vahelva, Spiriva), 2 from Perring Korea (Minirin, Nocdurna)

- ▶ 2Q26 Exports* KRW 39.8bn, with Domestic Sales increased +8.6% YoY driven by new product launches and Co-Promotion synergies

Unit: billion KRW

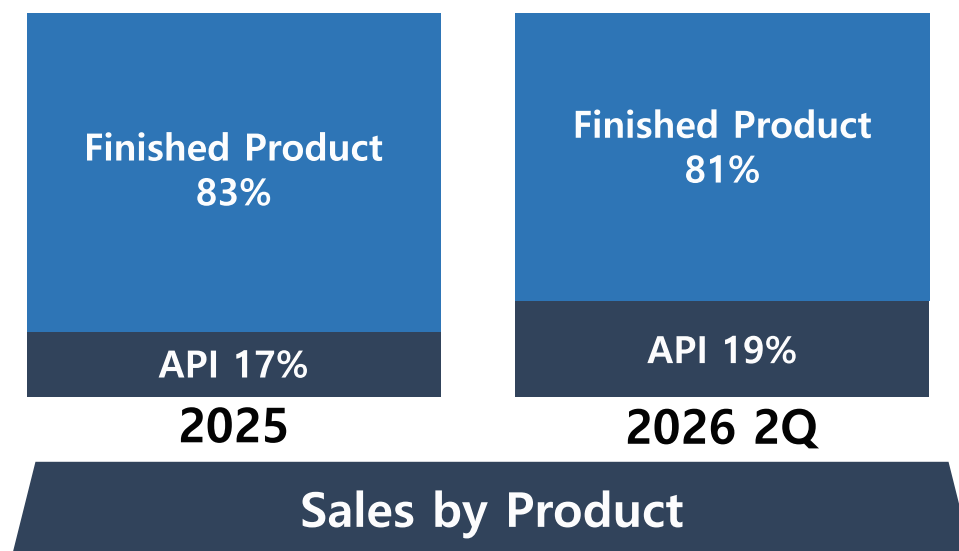
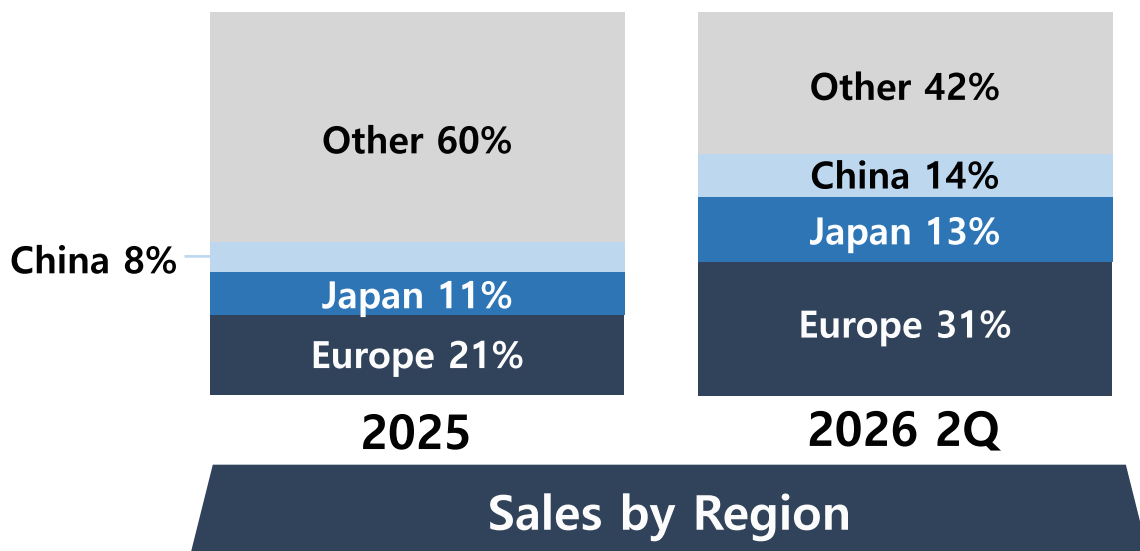
	2026 2Q	2025 2Q	YoY	2026 1Q	QoQ
Domestic	254.3	234.3	8.6%	248.5	2.4%
Export	39.8	39.9	-0.3%	36.6	8.7%

*Excludes licensing revenue

▶ Export details

Increased European sales mix of JVM products driven by expanded sales activities in Southern Europe

Growth in Non-Cepha API exports to Japan



- ▶ 2Q26 Sales KRW 60.7bn, -29.9% YoY
- ▶ OP declined on lower sales due to seasonality and intensified impact from VBP*
- ▶ Strengthening resilience by expanding share within VBP-competing categories, focusing on Non-VBP product, and accelerating internal R&D

Unit	Category	2026 2Q	2025 2Q	YoY	2026 1Q	QoQ
Billion KRW	Sales	60.7	86.7	-29.9%	106.4	-42.9%
	Operating Profit (%)	0.6 (0.9%)	16.7 (19.3%)	-96.6%	23.6 (22.2%)	-97.6%
	Pre-tax Income (%)	-1.1 (-1.9%)	16.8 (19.4%)	TTR	25.6 (24.1%)	TTR
	Net Income (%)	0.1 (0.1%)	15.5 (17.9%)	-99.5%	21.8 (20.4%)	-99.6%
1,000 RMB	Sales	270,011	447,440	-39.7%	502,756	-46.3%
	Operating Profit	232	85,690	-99.7%	111,400	-99.8%
	Pre-tax Income	-7,868	86,215	TTR	121,202	TTR
	Net Income	-1,809	79,612	TTR	102,805	TTR

* Volume-Based Procurement

- ▶ 2Q26 Sales KRW 24.0bn, +4.4% YoY
- ▶ OP increased +76.7% YoY, driven by increased volumes from new CDMO orders and Hanmi Pharm's new drug development

Unit : Billion KRW

Category	2026 2Q	2025 2Q	YoY	2026 1Q	QoQ
Sales	24.0	23.0	4.4%	21.7	10.8%
Operating Profit (%)	3.5 (14.6%)	2.0 (8.6%)	76.7%	0.9 (4.3%)	277.2%
Pre-tax Income (%)	3.2 (13.3%)	1.6 (7.1%)	95.7%	0.5 (2.4%)	515.3%
Net Income (%)	2.5 (10.4%)	1.6 (7.1%)	53.3%	0.4 (1.9%)	524.0%

- ▶ 2Q26 R&D investment*: KRW 60.3bn, 12.9% of revenue on a consolidated basis
- ▶ R&D expenses increased due to clinical progression of obesity pipeline, HM15275 and HM17321

Unit : Billion KRW

Category		2026 2Q	2025 2Q	YoY	2026 1Q	QoQ
Consol.	SG&A	120.0	100.3	19.7%	106.5	12.7%
	R&D Investment	60.3	50.9	18.4%	65.2	-7.4%
Hanmi Pharm	SG&A	84.1	66.6	26.2%	65.7	28.0%
	R&D Investment	50.6	43.4	16.5%	53.6	-5.6%
Beijing Hanmi	SG&A	33.9	31.7	7.0%	38.6	-12.3%
	R&D Investment	7.8	5.9	30.7%	9.3	-16.5%
Hanmi Fine Chem	SG&A	2.1	2.0	3.2%	2.2	-5.8%
	R&D Investment	2.0	1.6	26.7%	2.3	-13.3%

*R&D Investment = Ordinary development expense(clinical trials + formulation research) + capitalized development costs (intangible assets)

Unit: Billion KRW

Category	2026 2Q	2025 2Q	YoY	2026 1Q	QoQ
Sales	467.2	361.3	29.3%	392.9	18.9%
COGS %	164.0 (35.1%)	156.5 (43.3%)	4.8%	175.6 (44.7%)	-6.6%
SG&A %	120.0 (25.7%)	100.3 (27.8%)	19.7%	106.5 (27.1%)	12.7%
Ordinary development expense %	52.1 (11.1%)	44.0 (12.2%)	18.2%	57.1 (14.5%)	-8.8%
Operating profit %	131.1 (28.1%)	60.4 (16.7%)	116.9%	53.6 (13.7%)	144.4%
Pre-tax income %	120.1 (25.7%)	49.6 (13.7%)	142.5%	55.4 (14.1%)	116.9%
Net income %	84.1 (18.0%)	43.0 (11.9%)	95.5%	51.1 (13.0%)	64.6%

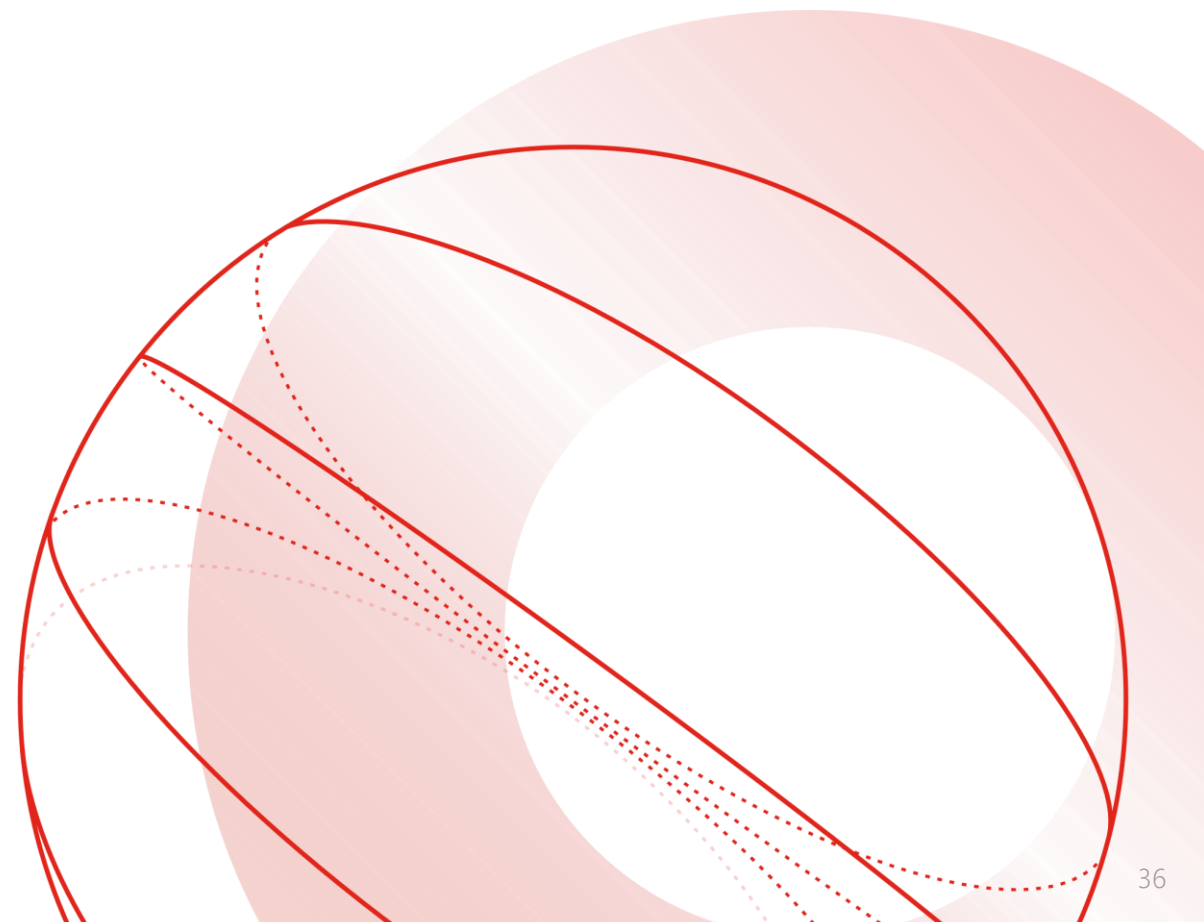
Unit: Billion KRW

Category	As of Jun 2026	As of Dec 2025	Growth rate
Current Asset	1,158.3	893.9	29.6%
Non-Current Asset	1,175.4	1,243.6	-5.5%
<i>Total Asset</i>	<i>2,333.7</i>	<i>2,137.6</i>	<i>9.2%</i>
Current Liability	638.5	605.2	5.5%
Non-Current Liability	109.6	109.5	0.1%
<i>Total Liability</i>	<i>748.1</i>	<i>714.7</i>	<i>4.7%</i>
<i>Total Equity</i>	<i>1,585.6</i>	<i>1,422.9</i>	<i>11.4%</i>

Unit: Billion KRW

Category	2026 2Q	2025 2Q	YoY	2026 1Q	QoQ
Sales	367.9	338.3	8.7%	353.7	4.0%
COGS	346.5	322.5	7.4%	342.1	1.3%
Operating profit	59.1	34.6	70.9%	33.6	76.2%
Pre-tax income	56.6	31.5	79.5%	45.3	24.9%
Net income	43.7	28.3	54.2%	42.3	3.3%

Business Review Appendix



Key Events

Category	Month	Details
R&D	MAY	First Patient Dosed in Korean Phase 3 Diabetes Trial of Efpeglenatide, the K-Obesity Treatment
	JUN	- LAP⁵GLP-2 analog 'Sonefpeglutide', Licensed-Out to Eli Lilly 'HM500197' Debuts at ADA 2026; 8 Posters Presented, Including 'HM17321' Preclinical Data - Interim Data of Phase 1-2 Data of 'Tuspetinib' Presented Orally at EHA 2026
	JUL	Poster Presentation on 'Belvarafenib' Phase 2 Study Design and Progress at KCA 2026
Products	MAY	- Partnership with Organon for three CV-Respiratory Combination Products in MY & PH - MFDS Approval for Phase 3 Trial of 'HCP1803-4' (High Dose 'Amoprel')
	JUN	- Latest Clinical Evidence Presented for 'Ovodense' and 'Naxozol' at KSSS 2026 'Amoprel' Phase 2-3 Meta-Analysis Presented at ESH 2026
	JUL	Prostate Cancer Therapy 'Enzaron Soft Cap.' launched, strengthening Urology Leadership

✓ 2 New products launched

구분	시점	내용
ETC	APR	Olopatadine hydrochloride based Allergic Conjunctivitis Therapy 'Olotadine Eye Drops 0.2%(Single Use)'
OTC	MAY	Four-in-One Therapy for Diarrhea with Abdominal Pain 'Sulmum Chew Tab.'

Our Business

Strong Strategic Alliances around the Globe ***“We value our partners and our innovation”***



“Global Standard Quality & Specification”



Paltan Plant – FPP Manufacturing Sites

- ODM Partnership with global partners : MSD, Sanofi, etc.
- Global Smart Plant completed & approved in Dec 2016
- Annual capsule production capacity : 2B → Max. 10B



Pyeongtaek Plant – Bio Plant

- Clinical-grade biologics manufacturing facility established
- Second Bio Plant construction completed in 4Q18
- Certified by PIC/S



Hanmi Fine Chem – API Business

- 30% M/S of European cephalosporin antibiotics API market
- FDA(US), BSG(GER), TGA(AUS), PMDA(JPN), EDQM(EU), MHRA(GB) GMP received



Beijing R&D center

R&D Staff 176 (PhD. 3, MS. 60)

Focused Areas

Bispecific Antibody Biopharmaceutical Research

PENTAMBODY™

Manufacturing



Sales & Marketing

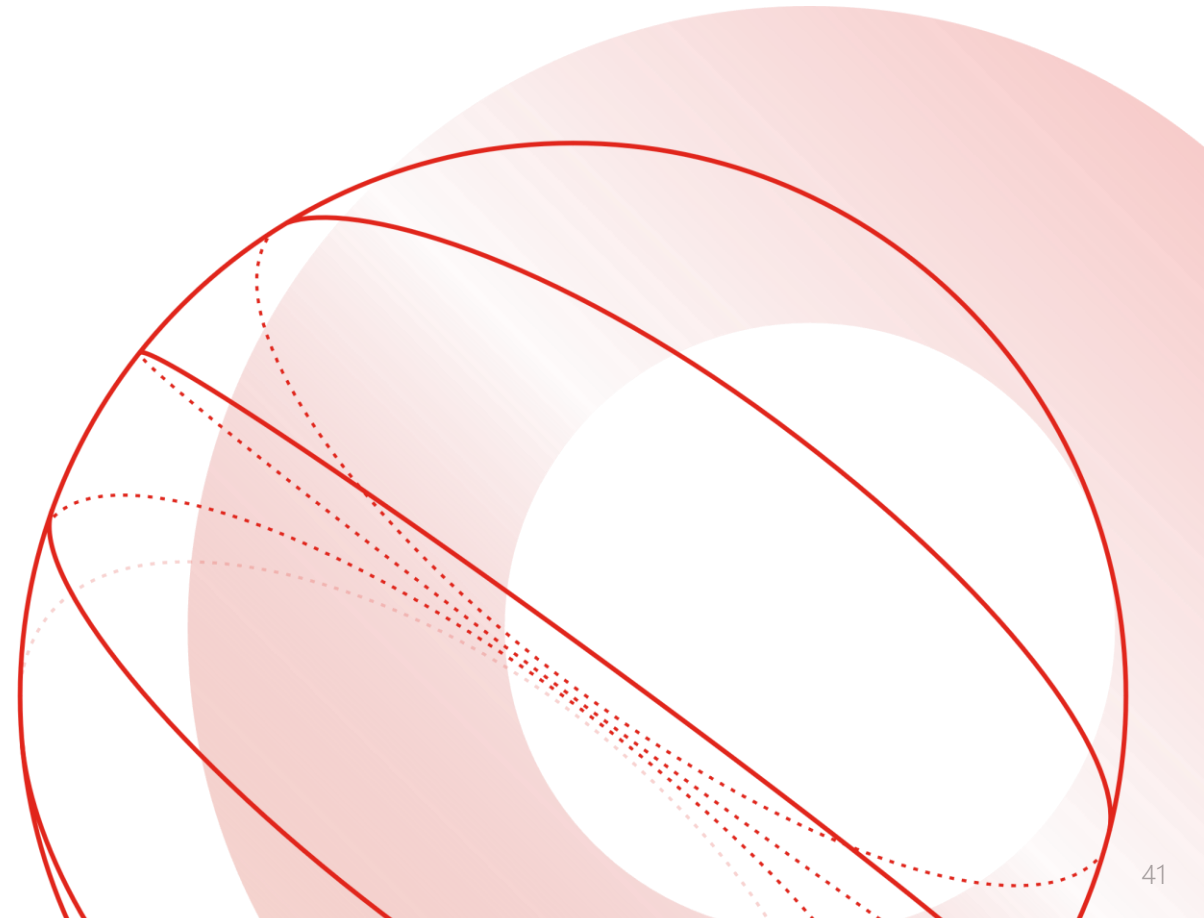
Sales force 1,000+

About 70% : Doctors and Pharmacists Directly covering 9,000 hospitals

Unit : 1,000 RMB

Product	Indication	2Q26	YoY	1Q26	QoQ	1Q25	2Q25	3Q25	4Q25	2025
Mami Ai	Probiotics for infants	53,832	42.5%	113,094	-52.4%	77,320	37,775	70,598	106,018	291,710
Itanjing	Antitussive expectorants	25,416	-82.3%	81,089	-68.7%	118,356	143,336	112,548	173,561	547,800
Li Dong	Constipation	78,038	-43.4%	149,811	-47.9%	161,541	137,838	164,562	145,903	609,844
Mechangan	Probiotics for adults	40,138	-18.8%	52,703	-23.8%	48,610	49,448	56,256	46,251	200,565
Yianping	Antitussive expectorants	40,136	2.2%	52,662	-23.8%	45,349	39,278	39,531	57,976	182,133

R&D Appendix



Obesity: HM15275 (LA-GLP-1/GIP/GCG) + HM17321 (LA-UCN2) Combo

Preclinical

Hanmi

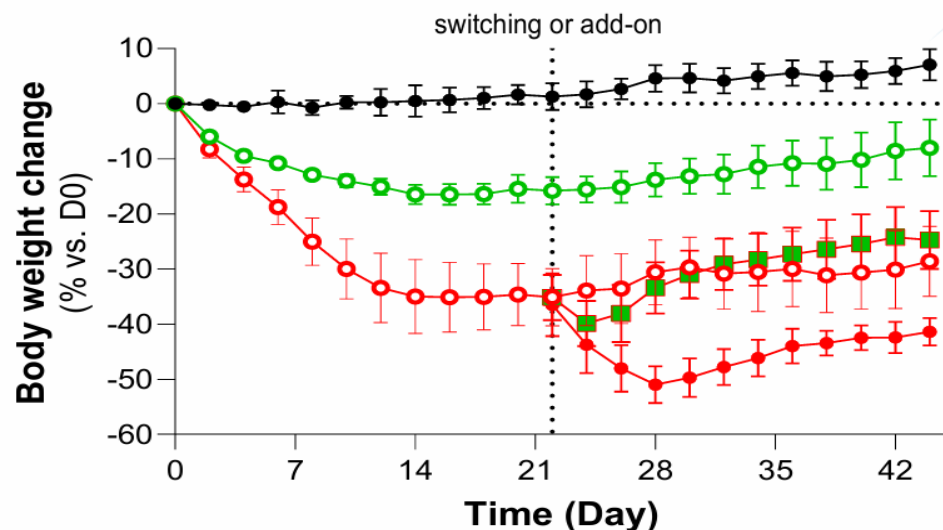
A Game Changer in High-Quality Weight Management Suitable for all patients from overweight to severe obesity



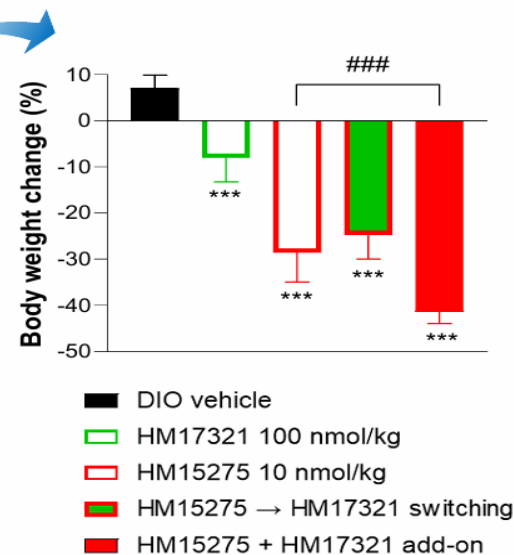
- Product Characteristics: Once weekly, SC formulation currently in preclinical development
- **Maximized Weight Loss Efficacy and Improved Quality of Life For Patients with Severe Obesity (BMI ≥ 40)**
- **Functional and Metabolic Benefits** of HM17321 via Muscle Gain Confirmed at ADA 2025¹⁾
- **Facilitates Optimal Combination Therapy Development through a common modality applied to both drugs**

HM17321 Switch/Add-On in Obese Mice: Comparison of (A) Body Weight, (B) Fat Mass, and (C) Lean Mass

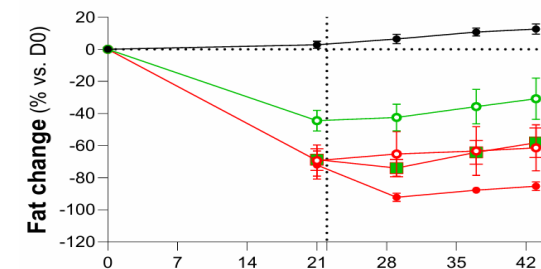
(A) Body weight change



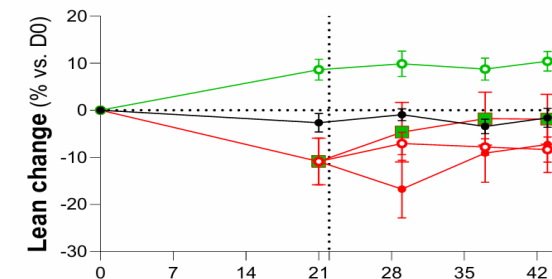
*~***p<0.05~0.001 vs.vehicle, by One-way ANOVA test, #~### p<0.05~0.001 vs.by an unpaired t-test



(B) Fat mass change



(C) Lean mass change



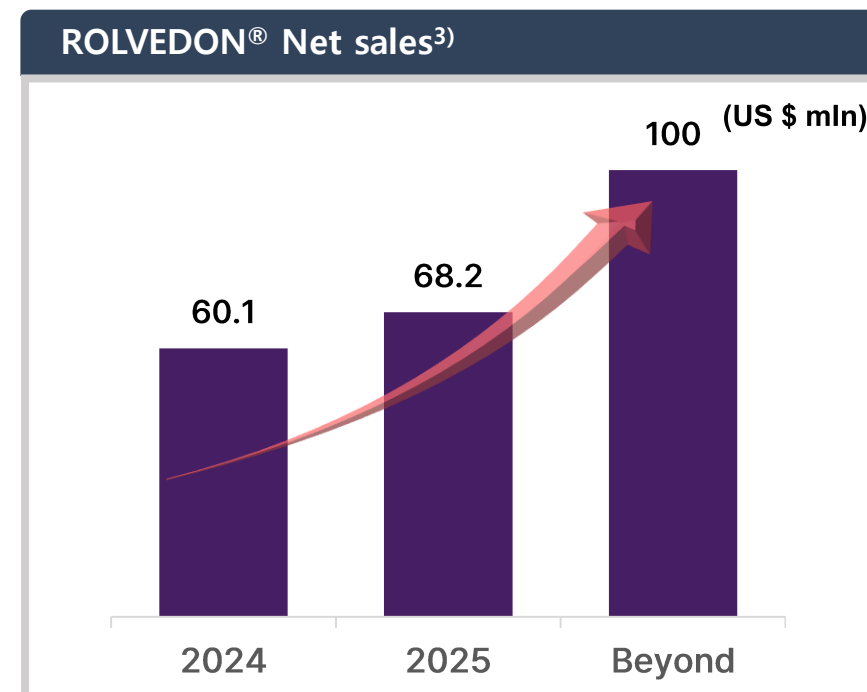
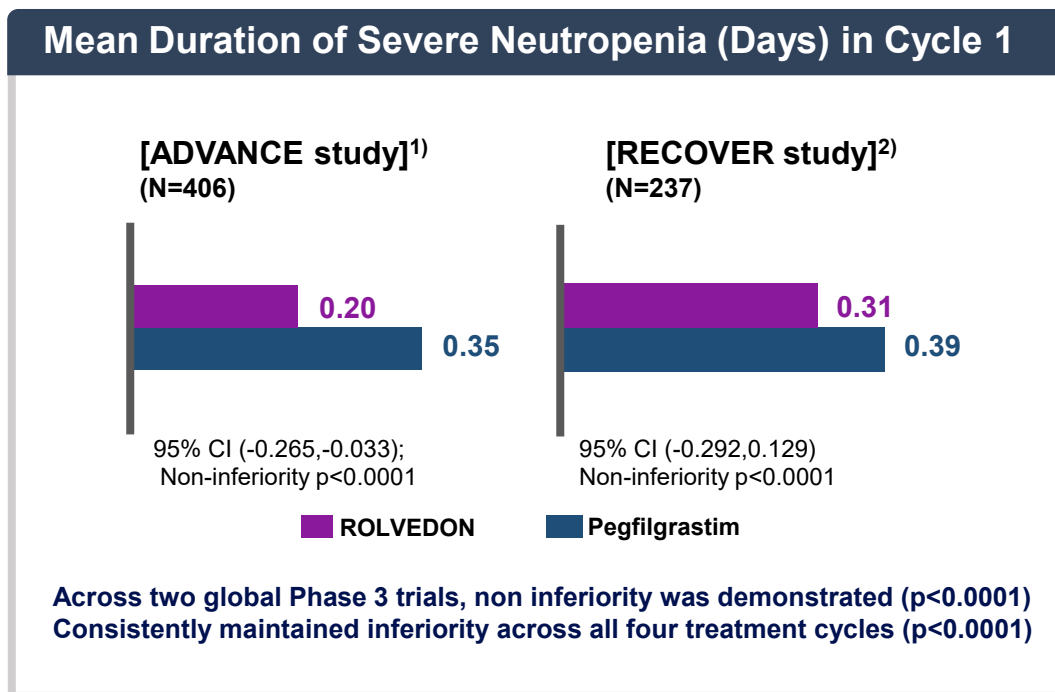
Oncology: ROLONTIS®/ROLVEDON® (Eflapegrastim)

Launched

Hanmi

The First novel long-acting G-CSF analog with the LAPSCOVERY platform, launched with an auto-injector formulation

- **Approved in 2021 by MFDS (South Korea) under the name of ROLONTIS® and in 2022 by FDA (U.S.) under the name of ROLVEDON®** as a treatment for the chemotherapy-induced neutropenia
- ROLVEDON® was included in **NCCN* Guidelines in oncology for Hematopoietic Growth Factors** as an appropriate option for cancer patients who are at risk for febrile neutropenia and received permanent J-Code (J1449)
- **Open-Label, Phase 1 Study on same day dosing, 30 minutes after the patient's chemotherapy treatment, confirming efficacy and safety**
- **Domestic approval for AI (Auto-Injector) formulation** to enhance patient convenience and treatment efficacy → **Targeting 2H26 launch**



1) Schwartzberg LS, et al. Oncologist. 2020 Aug;25(8):e1233-e1241. 2) Cobb PW, et al. Cancer Med . 2020 Sep;9(17):6234-6243. 3) Spectrum Pharmaceuticals, Assertio Holdings.
G-CSF: granulocyte-colony stimulating factor, NCCN: National Comprehensive Cancer Network

Oral, once-daily, highly potent myeloid kinome inhibitor (MKI)

- Ongoing Phase 1/2 clinical trial evaluating tuspetinib (TUS) for the treatment of relapsed/refractory acute myeloid leukemia (AML)¹⁾
- TUS/VEN/AZA triplet is in development as a **mutation-agnostic 1L therapy** for newly diagnosed AML, demonstrating **improved efficacy, safety, and tolerability vs. VEN/AZA** across genetic subtypes (e.g., TP53, FLT3)

Phase 1/2 interim data for TUS/VEN/AZA triplet²⁾

Response Rates N=32

Endpoint	n/N (%)
ORR	26/32 (81.3%)
CRc	25/32 (78.1%)
CR	16/32 (50.0%)
MRD Neg in CRc	19/25 (76.0%)

Subgroup	CRc
FLT3-Mutated	100% (7/7)
NPM1-Mutated	80% (4/5)
TP53-Mut/CK	70% (7/10)

Safety / Tolerability N=28

TRAEs	TUS	VEN	AZA
Grade ≥ 3 (≥25%)			
Thrombocytopenia	13 (40.6%)	15 (46.9%)	15 (46.9%)
Leukopenia	11 (34.4%)	14 (43.8%)	15 (46.9%)
Neutropenia	11 (34.4%)	14 (43.8%)	15 (46.9%)
Anemia	8 (25.0%)	9 (28.1%)	9 (28.1%)

- Febrile neutropenia rate 29% of total TEAEs (42% Reported in VEN/AZA)
- TUS-Related Grade ≥ 3 Cytopenia observed less frequently than VEN- or AZA- related events
- No drug-related deaths reported

1) NCT03850574, 2) Gabriel Mannis et al. ASH 2025, 3) Döhner Blood. 2024 Nov 21;144(21):2211-2222.

* MKI: Myeloid kinase inhibitor, CR: Complete Remission, CRh: Complete Remission with partial hematologic recovery, Cri: Complete Remission with incomplete hematologic recovery, MRD^{NEG}: Minimal residual disease negative, ITD: Internal tandem duplication, WT: wild-type, TP53^{mut}/CK: TP53 Mutation/Complex karyotype, AML-MR: Acute Myeloid Leukemia with Myelodysplasia-Related changes, TEAE: Treatment-Emergent Adverse Event, DLT: Dose Limiting Toxicity

Next-generation Oral EZH1/2 Dual Inhibitor

- Ongoing Phase 1¹⁾ trial to assess the safety, tolerability, PK, and preliminary efficacy in patients with advanced or metastatic solid tumors
- Efficacy in solid tumors (mono&combo)²⁾ and anti-resistance potential of selective EZH2 inhibitor confirmed in nonclinical studies³⁾**
- Interim Phase 1 data presented at ESMO 2025 → **Evaluation of Safety, tolerability & potential anti-tumor effect⁴⁾**

Study Design of Phase 1

Part 1: Dose escalation

(Interim Phase 1 data)

Dose level 7: 350 mg (n=6)

Dose level 6: 300 mg (n=6)

Dose level 5: 250 mg (n=3)

Dose level 4: 200 mg (n=3)

Dose level 3: 150 mg (n=4)

Dose level 2: 100 mg (n=3)

Dose level 1: 50 mg (n=3)

Part 2: Dose determination

R
1:1

Dose level B

Dose level A

Part 3: Dose expansion (Subject to change)

• Cohort 1

Indication 1,
n=10

Indication 1,
n=15

• Cohort 2

Indication 2,
n=10

Indication 2,
n=15

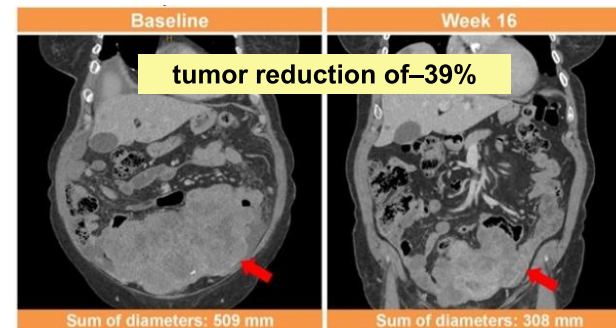
Phase 1 Interim Results

• Types and incidence of AEs

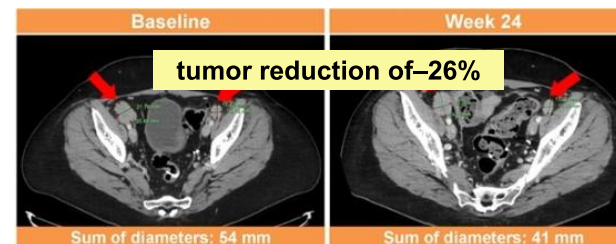
Type of AEs, n (%)	Total (N = 28)
TEAEs	26 (92.9)
TEAEs with Grade ≥3	13 (46.4)
SAEs	7 (25.0)
TRAEs	21 (75.0)
TRAEs with Grade ≥3	9 (32.1)
DLTs*	2 (8.7)
TEAEs leading to dose modification	13 (46.4)
TEAEs leading to treatment discontinuation	0 (0.0)
TEAEs leading to death	0 (0.0)

* Incidence is based on DLT evaluable population

• SMARCA4-deficient Uterine Sarcoma



• Ovarian Cancer

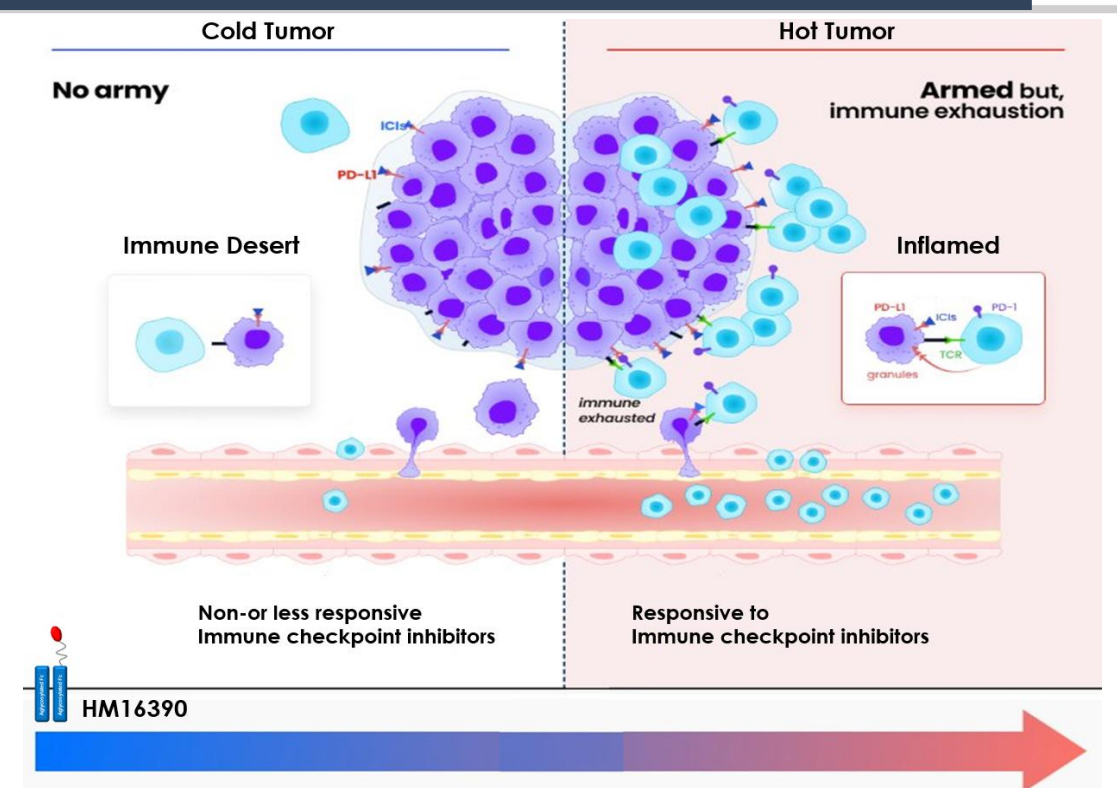


Safety & Tolerability confirmed; PR and durable SD observed → early anti-tumor signal⁴⁾

Next-Gen. long-acting IL-2 analog for SC with optimized dosing schedule for cancer therapy

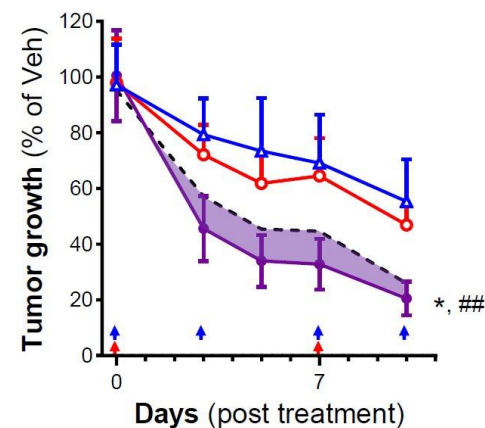
- CD122 (IL-2R β) binding for 'best-in-class' anti-tumor efficacy, with optimized CD25 (IL-2R α) affinity to minimize adverse effects
- Potent anti-tumor activity as monotherapy and in combination with immune checkpoint inhibitors (ICI) in preclinical studies^{1,2)}
- Phase 1^{3, 4)} clinical trial ongoing to assess pharmacokinetics and efficacy, a **combination clinical study with KEYTRUDA[®]** (March 2026)

Cold-to-Hot tumor conversion to enhance ICI



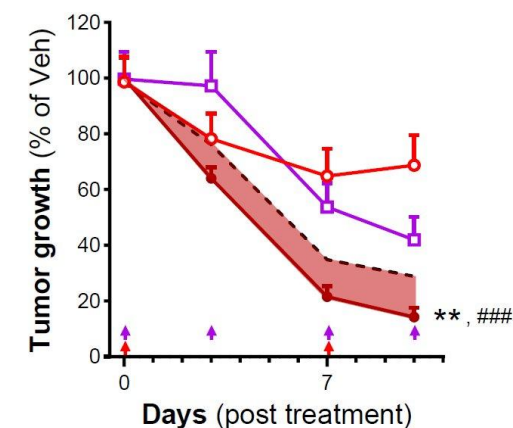
Combinatorial efficacy with multiple ICIs in melanoma models

Anti PD-1 Combo



Δ α -mPD1 10 mg/kg, (BIW, i.p)
 $\circ$ HM16390, 0.3 mg/kg, (QW, s.c)
 $\bullet$ Combo 10 mg/kg + 0.3 mg/kg
 --- Additive

Anti CTLA-4 Combo



$\square$ α -mCTLA4 10 mg/kg, (BIW, i.p)
 $\circ$ HM16390, 0.3 mg/kg, (QW, s.c)
 $\bullet$ Combo 10 mg/kg + 0.3 mg/kg
 --- Additive

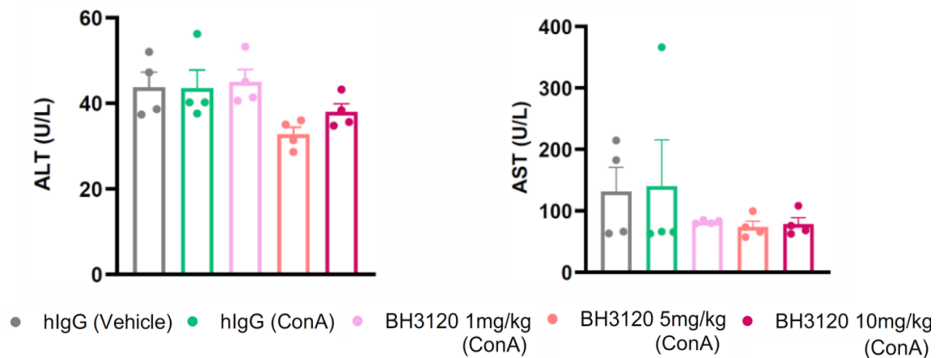
**p<0.01, *p<0.05 vs. Immune checkpoint inhibitor mono; ###p<0.001, ##p<0.01 vs. HM16390 mono by unpaired t-test.

PD-L1/4-1BB Bispecific Antibody

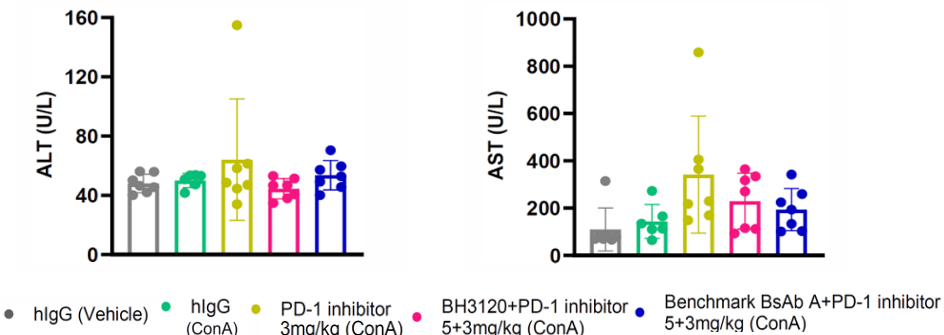
- 4-1BB x PD-L1 bispecific antibody designed to minimize the liver toxicity associated with earlier 4-1BB agents¹⁾
- It activates 4-1BB only in PD-L1-positive tumours, boosting local immunity while sparing normal tissue
- An ongoing global Phase 1²⁾ dose-escalation trial of BH3120, evaluating **monotherapy & combination with KEYTRUDA®(pembrolizumab)** in advanced solid tumors

Hepatotoxicity in mono and PD-1 combination therapy¹⁾

BH3120 monotherapy

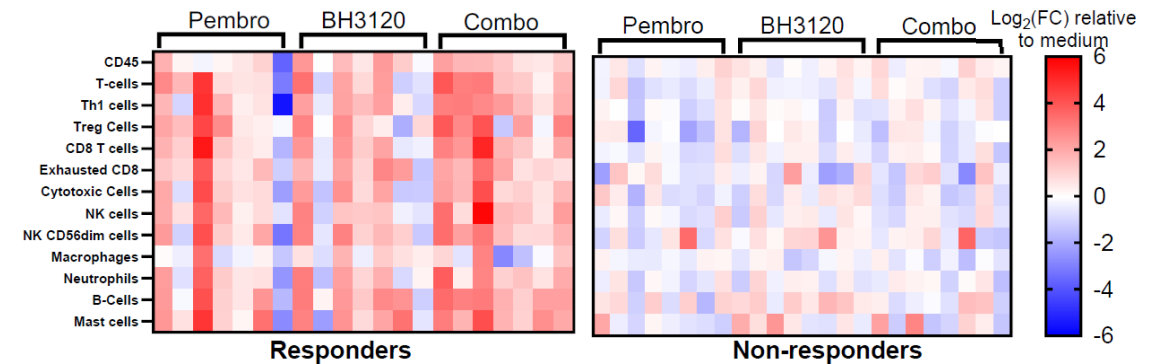


BH3120+PD-1 combo

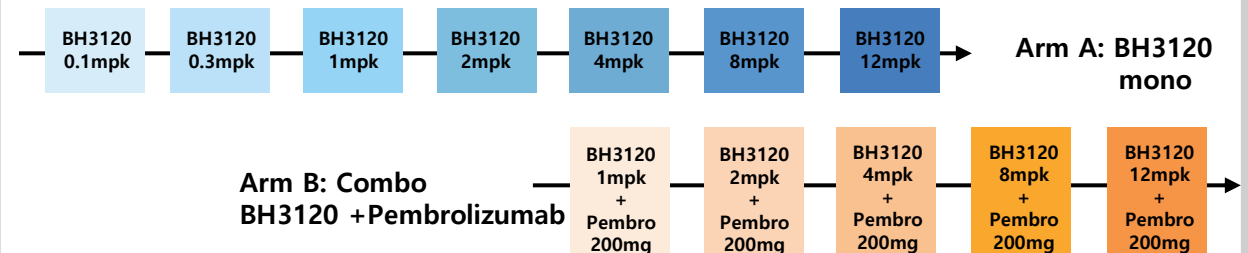


Tumor microenvironment (TME) in mono and PD-1 combination therapy²⁾

- T-cell, NK-cell and broader immune activation with BH3120 mono & BH3120+pembro



Study Design of Phase 1 (3+3)



Fast Track Designation Status by Country

	FDA	EMA	MFDS	Others
Efocipegtrutide (LAPSTriple agonist)	Orphan Drug - Primary Biliary Cholangitis - Primary Sclerosing Cholangitis - Idiopathic Pulmonary Fibrosis	Fast Track -NASH	Orphan Drug - Primary Biliary Cholangitis - Primary Sclerosing Cholangitis - Idiopathic Pulmonary Fibrosis	
Efinopegdutide (LAPSGLP-1/GCG agonist)		Fast Track -NASH		
Efpegerglucagon (LAPSGlucagon analog)	Orphan Drug - Congenital Hyperinsulinism Rare Pediatric Disease: - Congenital hyperinsulinism	Breakthrough Therapy Designation -Congenital hyperinsulinism	Orphan Drug - Congenital Hyperinsulinism - Autoimmune Insulin Syndrome	Orphan Drug - Congenital Hyperinsulinism
Sonefpeglutide (LAPSGLP-2 analog)	Orphan Drug - Short Bowel Syndrome Rare Pediatric Disease - Short Bowel Syndrome	Fast Track - Short Bowel Syndrome	Orphan Drug - Short Bowel Syndrome	Orphan Drug - Short Bowel Syndrome
Oraxol®	Orphan Drug - Angiosarcoma		Orphan Drug - Soft Tissue Sarcoma	Promising Innovative Medicine - M. Breast Cancer in the UK MHRA
Poziotinib (pan-HER)		Fast Track - NSCLC		
Poseltinib (multi-TEC)			Orphan Drug - Primary Central Nervous System Lymphoma (PCNSL)	
Tuspentinib (MKI)	Orphan Drug - Acute Myeloid Leukemia	Fast Track - Relapsed/Refractory AML with FLT3 mutation	Orphan Drug - Acute Myeloid Leukemia	
Efpegsomatropin (LAPShGH)			Orphan Drug - Growth Hormone Deficiency	
HM15421 (LA-GLA)	Orphan Drug - Fabry disease		Orphan Drug - Fabry disease	

*Orphan Drug Designation grants fee waivers and review support. In the U.S., it provides 7 years of market exclusivity post-approval; in Europe, 10 years.

In Korea, no separate market exclusivity exists, but protection is offered via Data Exclusivity for approval data.

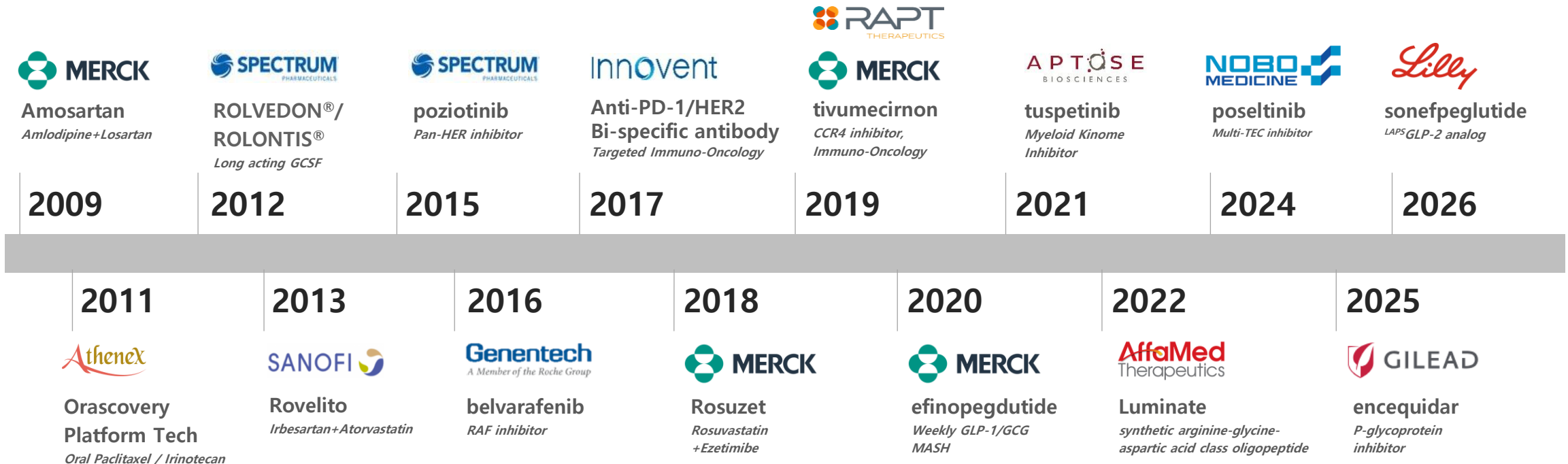
*Fast Track (U.S. FDA) supports accelerated development and approval of drug candidates addressing serious diseases with unmet medical needs.

Benefits: Enables frequent FDA consultations during clinical development to mitigate risks early; eligible drugs can receive Priority Review, shortening review time from 10 to 6 months.

*UK MHRA designates promising innovative therapies for serious or limited treatment options diseases. Benefits: Allows early use before approval and streamlined regulatory processes, including linkage to Priority Review for faster approval.

“Korea’s largest licensing-out, with active global partnership”

Over the past 10 years, cumulative innovative drug licensing contracts reached KRW 10 trillion, with KRW 1 trillion received in upfront and milestone





Thank you