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Company presentation

July 2025

Forward looking statements

This presentation contains forward-looking statements that provide our expectations or forecasts of future events such as new product developments and regulatory approvals and financial performance.

Camurus is providing the following cautionary statement. Such forward-looking statements are subject to risks, uncertainties and inaccurate assumptions. This may cause actual results to differ materially from expectations and it may cause any or all of our forward-looking statements here or in other publications to be wrong. Factors that may affect future results include currency exchange rate fluctuations, delay or failure of development projects, loss or expiry of patents, production problems, unexpected contract, patent, breaches or terminations, government-mandated or market-driven price decreases, introduction of competing products, Camurus' ability to successfully market products, exposure to product liability claims and other lawsuits, changes in reimbursement rules and governmental laws and interpretation thereof, and unexpected cost increases.

Camurus undertakes no obligation to update forward-looking statements.

Camurus snapshot

Rapidly growing commercial stage company

Leader in opioid dependence treatment with Buvidal® and Brixadi® weekly and monthly depots

Unique FluidCrystal® technology platform

Commercially validated with a broad range of applications

Advancing late-stage pipeline with blockbuster potential

Prospect for multiple new approvals in endocrinology and rare disease indications

Strong operational and financial performance

Sustainable profitability since 2022

Listed on Nasdaq Stockholm
Ticker **CAMX;**
Employees: **275+**

Strategy for continued value creation

1. Grow Buvidal/Brixadi sales and expand to new markets
2. Advance R&D pipeline to new approvals and launches
3. Diversify and grow through business development
4. Drive operational excellence and sustainable profitability

Camurus' vision 2027

Sustainable value creation for all stakeholders:

5x

Five-fold revenue growth (to SEK 4.5 billion)

Establish-ment of US commercial infrastructure

4

Approvals for four R&D pipeline programs

~50%

Operating margin around 50 percent

Significant recent progress

- Global leadership in long-acting treatment of opioid dependence
- Double-digit Buvidal sales growth in Europe, Australia and MENA
- Best-in-class US launch of Brixadi
- Establishment of own commercial infrastructure in the US

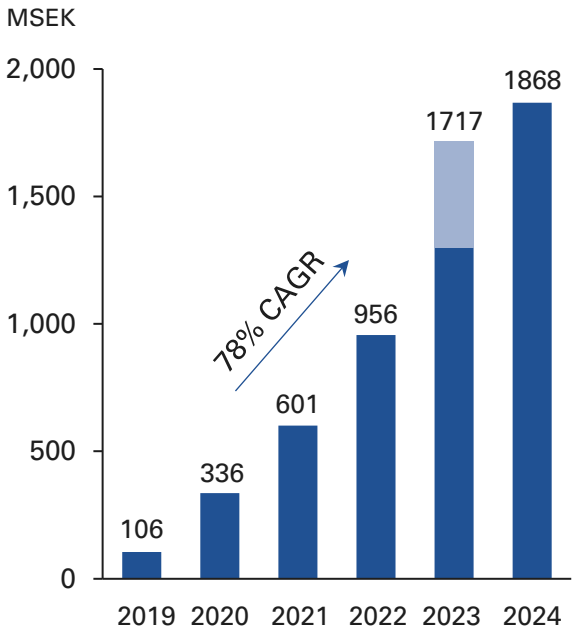
- Oczyesa® approved in the EU for the treatment of acromegaly
- Positive results from POSITANO Phase 2b study main part
- SORENTO Phase 3 study advancing in GEP-NET
- Clinical study of once-monthly semaglutide, CAM2056

- Solid financial performance with high profitability
- Meaningful investment in R&D and US infrastructure
- Strong cash position ~ SEK 3.3 billion – no debt
- License agreement with Lilly for FluidCrystal® long-acting incretins

MENA – Middle East and North Africa; CHMP – European Committee for Medicinal Products for Human Use; GEP-NET – gastroenteropancreatic neuroendocrine tumors; PLD – polycystic liver disease

Strong financial development

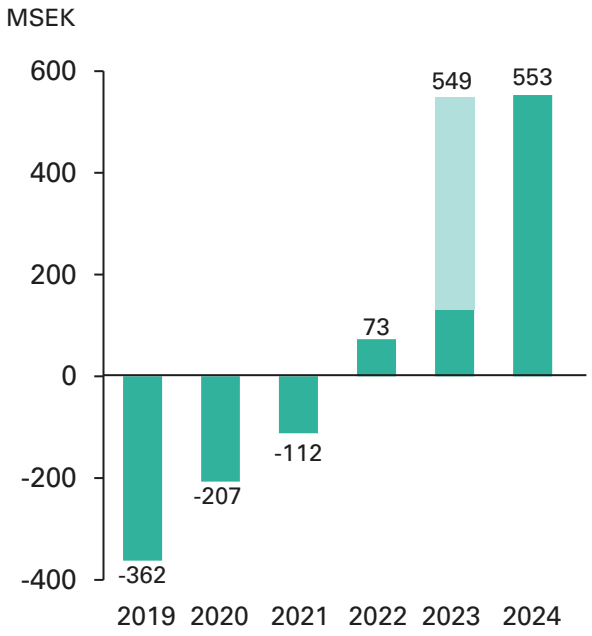
Revenues



One-time revenue related to Brixadi US approval

Revenues excl. one-times for Brixadi US approval

Profit before tax



One-time revenue related to Brixadi US approval

Profit before tax excl. Brixadi US approval revenue

Full year 2025 guidance

Revenue

SEK 2.7 – 3.0 billion

+ 45 – 61% vs. 2024

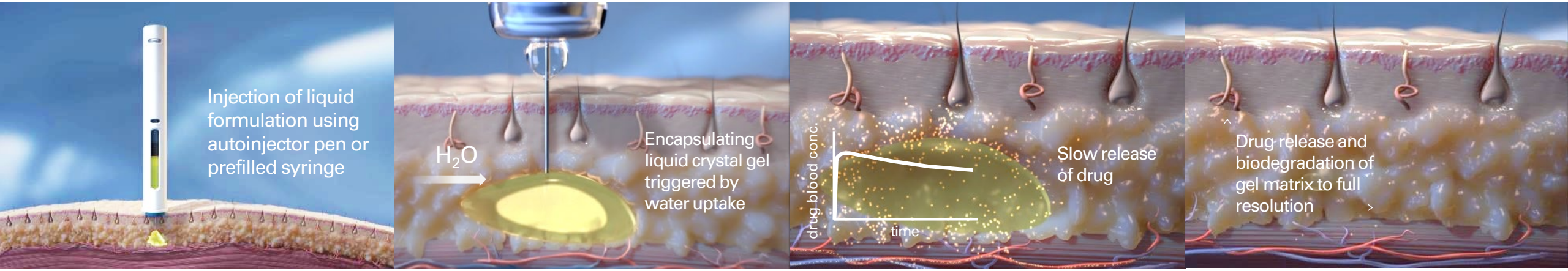
Profit before tax

SEK 0.9 – 1.2 billion

+ 63 – 117% vs. 2024

FluidCrystal® extended-release technology

- Easy and convenient administration
- Rapid onset & long-acting release
- Controlled by composition, liquid crystal phase structure and biodegradation
- Applicable across substance classes
- Compatible with prefilled syringes, auto-injector pens, and other advanced devices
- Manufacturing by standard processes



Source; Tiberg F, et al. Chapter in Long Acting Injections and Implants, Advances in Delivery Science and Technology 2012; Tiberg F, et al. OnDrugDelivery 2010; Tiberg F, et al. Drug Del. Sci. Tech., 21 (1) 101-109 2011.

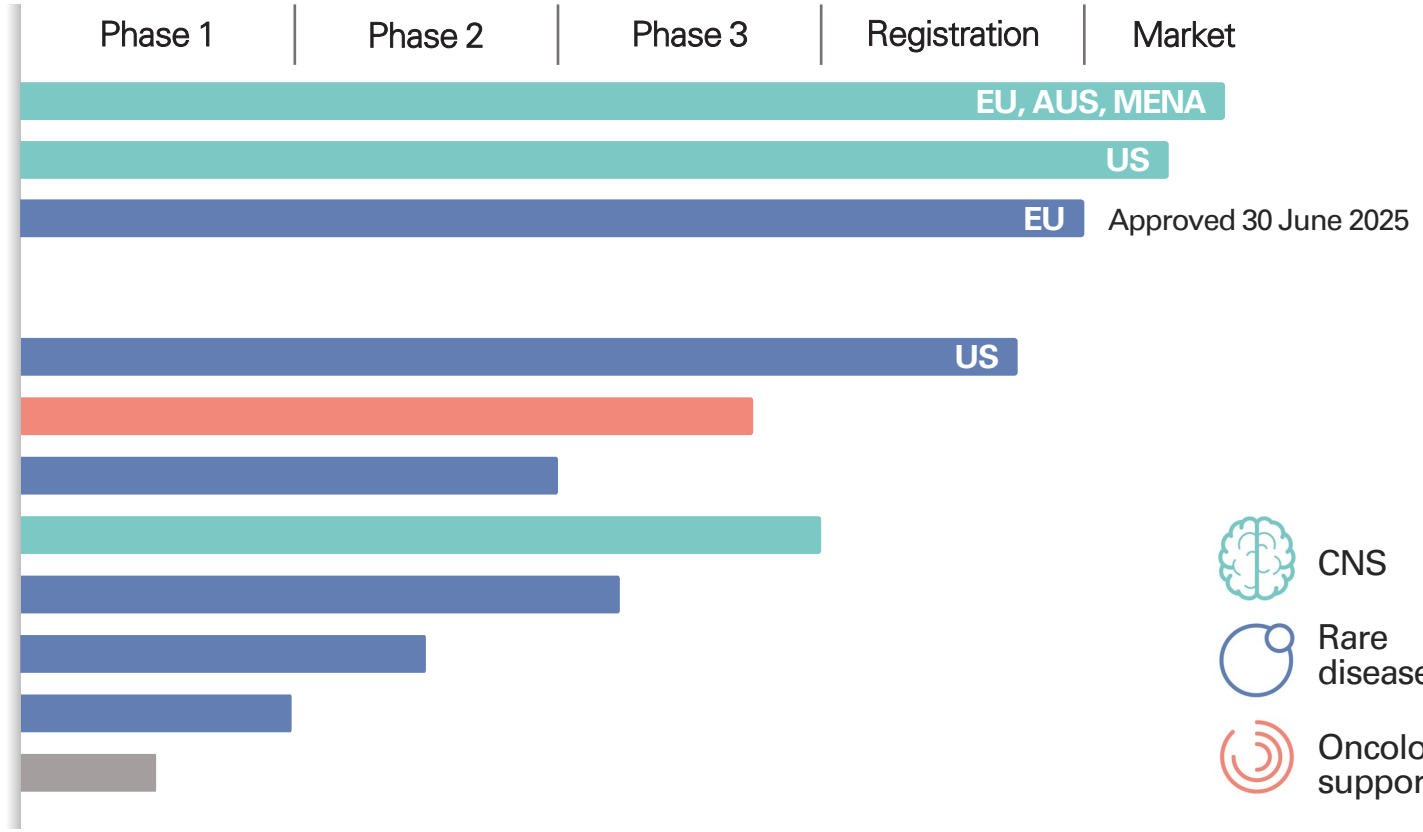
Broad and diversified product portfolio and pipeline

Approved products

Buvidal®	Opioid dependence
Brixadi®	Opioid use disorder[1]
Oczyesa®	Acromegaly

Key pipeline programs

CAM2029	Acromegaly
CAM2029	GEP-NET[2]
CAM2029	Polycystic liver disease
CAM2038	Chronic pain
CAM4072	Genetic obesity diseases[3]
CAM2043	Raynaud's phenomenon
CAM4071	Endocrine disorders
CAM2056	Metabolic diseases (q4w semaglutide)



Other clinical stage programs include CAM2032 (prostate cancer), CAM2043 (PAH[4]), and CAM2047 (CINV[5])

[1]Licensed to Braeburn Pharmaceuticals in North America; [2]GEP-NET – Gastroenteropancreativ neuroendocrine tumors; [3]Licensed to Rhythm Pharmaceuticals worldwide; [4]PAH – Pulmonary arterial hypertension; [5]CINV – Chemotherapy-induced nausea and vomiting

Opioid dependence – an escalating global health crisis

Largest society burden of all drugs[1]

– 60 million opioid users worldwide[1]

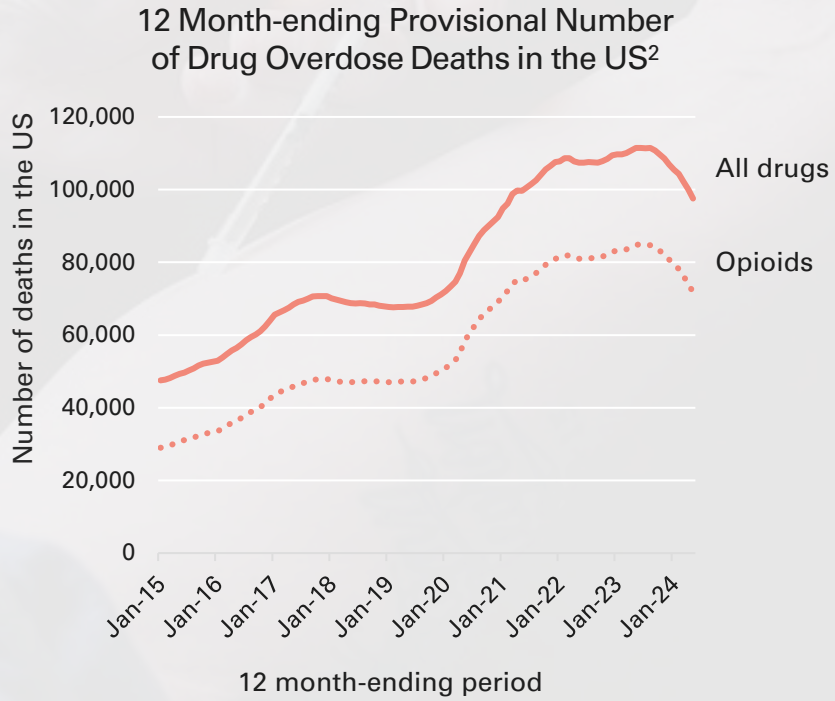
– Escalating US opioid overdose deaths[2]

High need for better access to care and new treatment alternatives

Significant limitation with current daily medications

– Burdens and stigma of daily medications, limited treatment compliance, medication diversion, misuse and unintended pediatric exposure

High US overdose death rate



[1] United Nations: World drug report 2024; [2] www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

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“Buvidal became my way out”

Justin, Buvidal patient in Australia

Buvidal – game changing opioid dependence treatment

Weekly and monthly, subcutaneous buprenorphine for individualized treatment of opioid dependence within a framework of medical, social and psychological treatment in adults and adolescents 16 years or over[1]

[1] *SmPC Buvidal*

Buvidal has demonstrated significant benefits to patients and society

- Superior treatment outcome and patient satisfaction[1-4]
- Blocks subjective opioid effects from first dose[2]
- Reduces treatment burden and improve quality of life[4,5]
- Decrease risk of diversion, misuse and pediatric exposure[6,7]
- Provides cost savings[8]

[1]Lofwall et al. JAMA Int. Med. 2018;178(6); 764-773; [2]Walsh et al, JAMA Psychiatry 2017;74(9):894-902; [3]Frost , M., et al. Addiction. 2019;114(8):1416-1426. doi: 10.1111/add.14636; [4]Lintzeris, N., et al. JAMA Network Open. 2021;4(5):e219041. doi:10.1001/jamanetworkopen.2021.9041, [5]Barnett et al Drug and Alcohol Dependence 2021; https://doi.org/10.1016/j.drugalcdep.2021.108959 ; [6]EPAR for Buvidal; [7]Dunlop, A. J., et al. Addiction. 2021. https://doi.org/10.1111/add.15627; [8]Dunlop, A. Oral presentation at CPDD June 2020.

Global leadership in long-acting opioid dependence treatment

Wide and growing access to Buvidal and Brixadi

– Available across four continents
– Estimated 65,000 in treatment with Buvidal in Europe and Australia end of June 2025

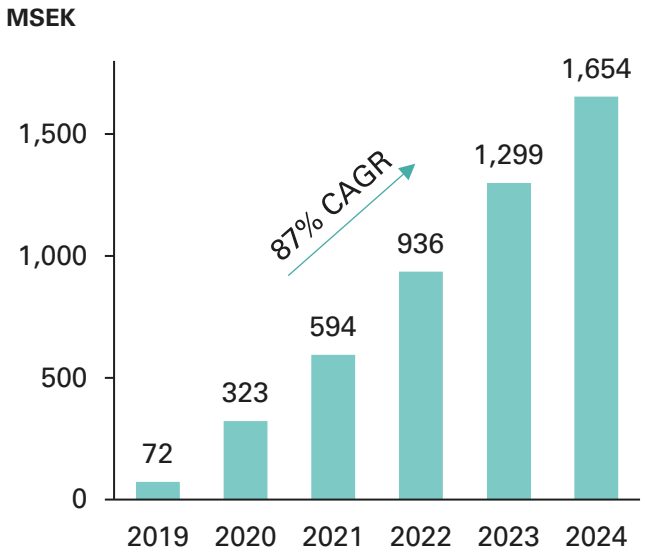
Robust Buvidal sales growth

– 87% CAGR since first launch in 2019
– Target more than 100,000 patients on Buvidal in 2027

Market expansion continues

– Three new markets being introduced in 2025 (Switzerland, Luxembourg, Portugal)
– Four market authorization applications under review

Strong growth of Buvidal sales



LAIB – Long-Acting Injection of Buprenorphine

Brixadi performance in the US

US opioid crisis continues

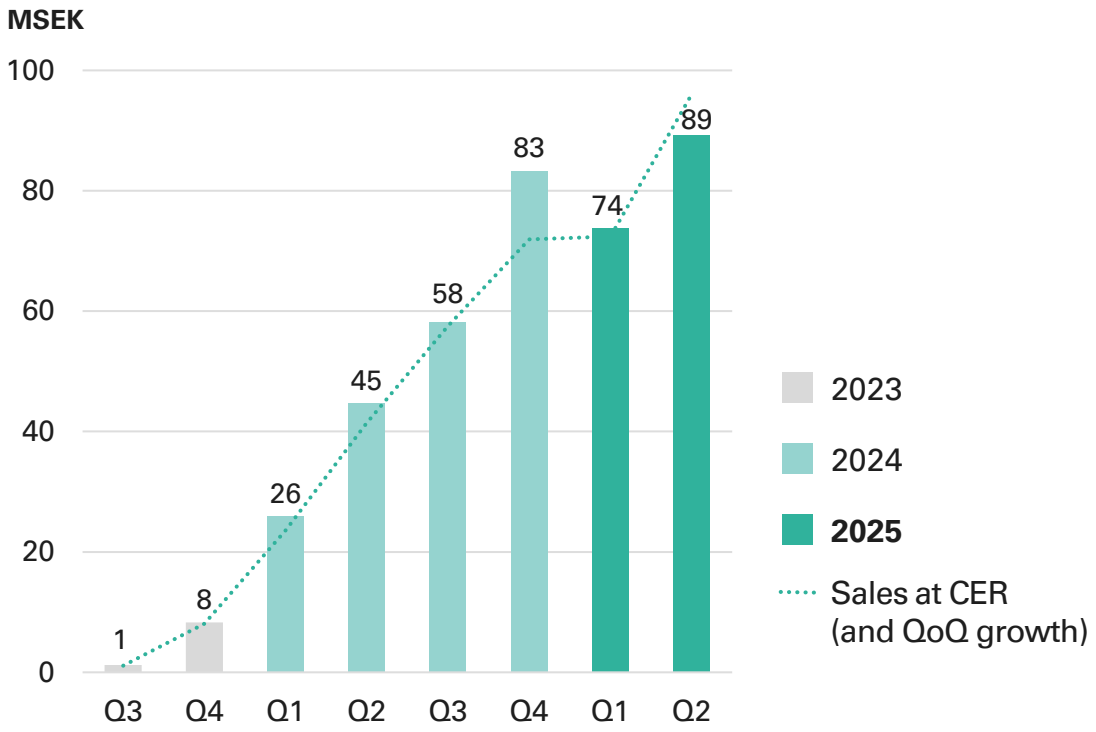
– Overall, 6-7 million people with OUD in the US[1-3]
– Total number of ~2.3 million patients in treatment in 2023 of which ~1.8 million on buprenorphine[4]

Growing Brixadi market share

– Renewed high growth in Q2 after a soft Q1 2025
  • Royalty +32% at CER QoQ
  • Easing temporary headwinds seen in early 2025
– Expanding and protecting access to treatment
  • States allocating funding to expand OUD treatment
  • Federal Medical Assistance Percentage for Medicaid remains at current levels in budget bill
  • Exempts Medicaid substance use disorder patients from the work requirement
– Brixadi LAIB est. share in the US around 25%

Brixadi peak market potential est. > USD 1 bn[6]

Brixadi royalty by quarter



OUD – Opioid Use Disorder; LAIB – Long-Acting Injectable Buprenorphine; CER – constant exchange rate
[1]Keyes KM, et al. Drug Alc. Dep. Reports 2022; [2]CDC, Opioid Use Disorder: https://www.cdc.gov/dotw/opioid-use-disorder; [3]Symphony Health Data ; [4]SAHMSA 2025; [5]Veeva Compass Claims data. [6]Company estimate

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Buvidal/Brixadi – well differentiated

Convenient and flexible administration

– Weekly and monthly dosing
– Multiple dose strengths (four weekly, three monthly)
– Thin needle and small dose volumes
– Room temperature stability (no cold chain required)

Strong scientific evidence base

– Superior efficacy and patient reported treatment satisfaction vs daily standard of care

Competitive label[1]

– Switch from daily sublingual buprenorphine using conversion table for dose equivalency

LAI features[2]	Sublocade	Vivitrol	Buvidal Brixadi
Weekly dosing	–	–	✓
Monthly dosing	✓	✓	✓
Multiple doses	–	–	✓
Smallest needle	(19G)	(20G)	✓ (23G)
Lowest dose volume	0.5–1.5mL	3.4mL	✓ 0.16–0.64mL
Room temp. storage	–	–	✓
Clin. data vs active control	–	–	✓
Launched	US, CAN, DE, AUS, SE, FI, IL	US	US, EU, UK, AUS

LAI – long acting injectable
[1]Brixadi US label; [2]See product information

Growing scientific evidence base

Strong scientific support for Buvidal/Brixadi

– More than 240 scientific publications

Selected recent and planned scientific conference participation in 2025

	Q1/Q2 2025				Q3/Q4 2025		
International	**ASAM** *24-27 Apr Denver, US*	**ISAM** *26-28 May Hamburg, DE*	**ALBATROS** *10-12 Jun Paris, FR*	**CPDD** ***14-18** Jun New Orleans, US*	**IMiA** **29-31 Aug** *Sydney, AUS*	**ATHS** *21-24 Oct Biarritz, FR*	
National (selected)	**RCGP & AP** *16 – 17 January Manchester, UK*	**APSEP** *27-28 March Paris, FR*	**Addiction Z** *April – May Gold Coast, AUS*	**Fed. Addiction** *22-23 May Angers, FR*	**Suchtmedizin** *3 – 5 July Munich, DE*	**Suchtsymp.** *Oct Grundlsee, AT*	**APSAD** *9-12 Nov Sydney, AUS*
	APP *Feb Gold Coast, AUS*	**Sigtunadagarna** *Apr SE*	**Subst. Forum.** *May Mondsee, AT*	**SEPD** *4-7 Jun Madrid, ES*	**Prison congr.** *Oct Montpellier, FR*	**RCPsych AC&E** 9-10 Oct *Wales, UK*	**Addiktum** Nov/Dec *Helsinki, Fi*

Recent key publications[1-3]

Substance Abuse and Rehabilitation — Dovepress, Taylor & Francis Group

ORIGINAL RESEARCH

Patient Satisfaction and Resource Utilization Following Introduction of Long-Acting Injectable Buprenorphine (LAIB) in Scottish Prisons

Craig Sayers[1], Daniel Mogford[2]

[1]Prison Healthcare, NHS Forth Valley, Stirling, Scotland, UK; [2]Camurus Ltd., Duxford, Cambridge, UK

Correspondence: Craig Sayers, Prison Healthcare NHS Forth Valley, National Prison Care Network, c/o HMP Glenochil Health Centre, HMP Glenochil, King O'Muir Road, Tullibody, Clackmannanshire, FK10 3AD, UK, Tel +44 1259 767309, Email craig.sayers@nhs.scot

Journal Pre-proof

Characterizing withdrawal from long-acting injectable buprenorphine: an observational case series.

Running Title: Withdrawal from long-acting injectable buprenorphine

VICTORIA HAYES[1], LLEWELLYN MILLS[1,2,3], GAYE BYRON[4], CAROLYN STUBLEY[4], ELEANOR BLACK[5], BENJAMIN T TREVITT[1], ANDREW A SOMOGYI[6], ARSHMAN SAHID[1,2], NICHOLAS LINTZERIS[1,2,3].

Drug and Alcohol Dependence Reports 15 (2025) 100328

Contents lists available at ScienceDirect

Drug and Alcohol Dependence Reports

journal homepage: www.elsevier.com/locate/dadr

ELSEVIER

Long acting injectable buprenorphine: Perspectives from service-users, staff and stakeholders☆

Rebecca Fish[a,*], Céu Mateus[a], Hannah Maiden[a], Euan Lawson[b], Mark Limmer[a]

[a] Division of Health Research, Lancaster University, UK
[b] Lancaster Medical School, Lancaster University, UK

[1] Sayers C and Mogford D. Substance Abuse & Rehabilitation 2025; [2] Hayes V. Drug and Alcohol Dependence Report. 2025. [3] Fish R. Drug and Alcohol Dependence Report. 2025.

Octreotide SC depot, CAM2029

CAM2029 is a long-acting octreotide in development for three serious rare disease indications

- Acromegaly
- Gastroenteropancreatic neuroendocrine tumors (GEP-NET)
- Polycystic liver disease (PLD)

Designed for enhanced efficacy and patient convenience vs. current somatostatin receptor ligands (SRLs)

CAM2029 designed to address key limitations of current first-generation SRLs

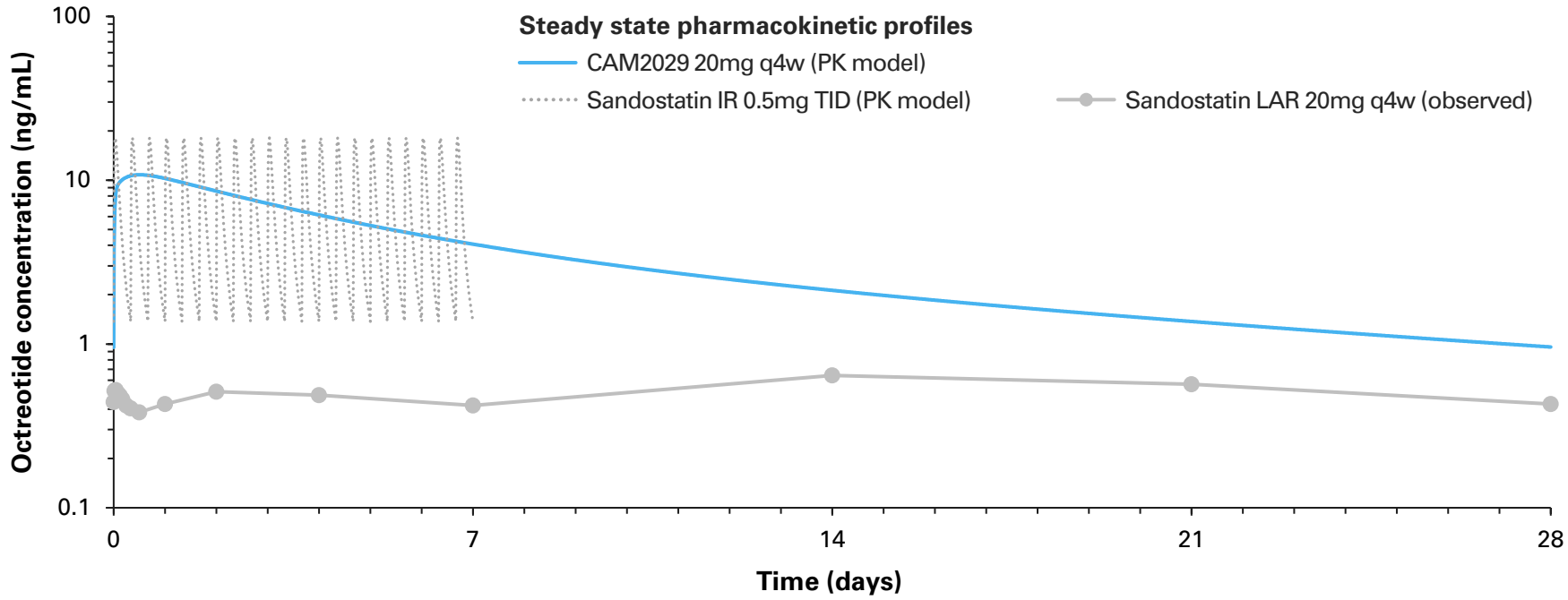
- Ready-to-use FluidCrystal® technology
- Rapid onset and long-acting octreotide release[1]
- 5-fold octreotide bioavailability vs Sandostatin LAR with potential for improved efficacy[1-3]
- State-of-the-art, pre-filled autoinjector pen enabling convenient patient self-administration
- Subcutaneous administration with thin needle (22-gauge, 12.5mm)
- Room temperature storage

1. Tiberg F, et al., Br J Clin Pharmacol. 2015; 80(3): 460-472; 2. Constant dose; 3. Pavel M , et al., Cancer Chemotherapy and Pharmacology 2019; 83: 375-383; 4. Adelman D et al. Adv Ther. 2020;37(4):1608-19.

CAM2029 provides high SRL exposure

~5x higher octreotide plasma exposure for CAM2029 vs. Sandostatin LAR

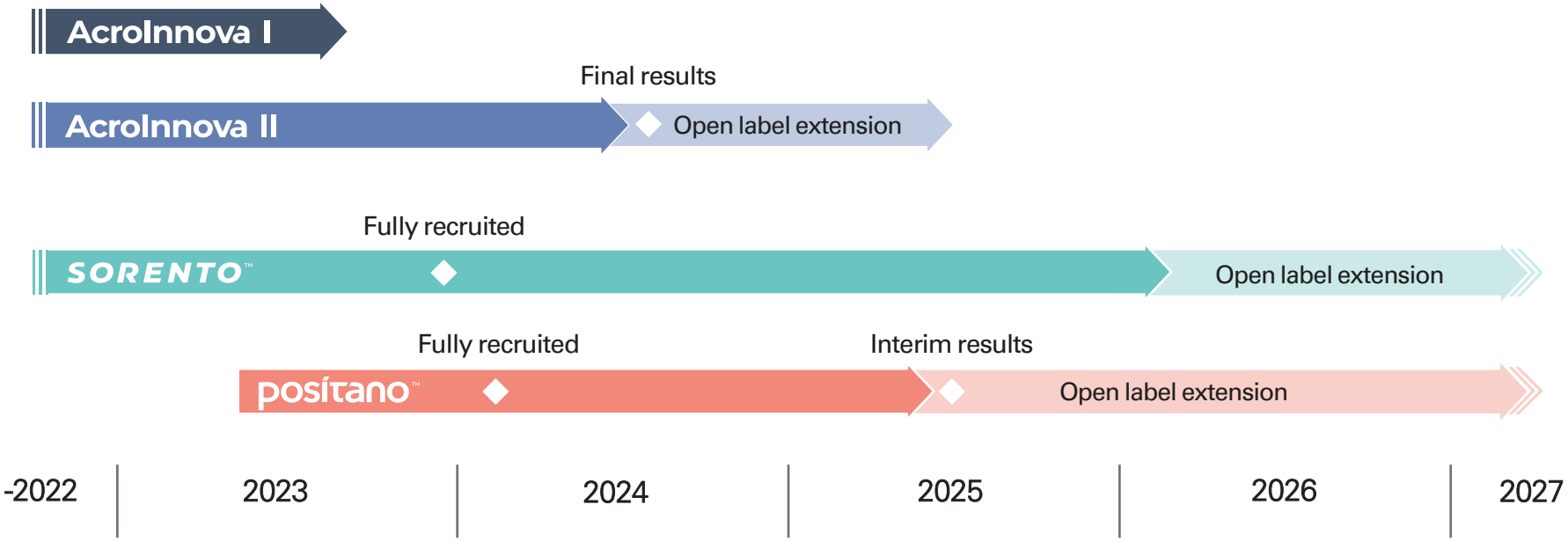
– CAM2029 octreotide plasma levels in the range of immediate release octreotide



SRL – somatostatin receptor ligand; PK – pharmacokinetic; IR – immediate release; LAR – long-acting release; TID – three times per day; q4w – every 4 weeks
Data on file

CAM2029 clinical program overview

5 completed Phase 1 and 2 clinical trials characterizing PK, PD and safety in healthy subjects and patients



ACROINNOVA 1 Phase 3 RCT
Randomized, double-blind, placebo-controlled trial in SRL responders

ACROINNOVA 2 Phase 3 LST
Open label, long-term safety and extension trial in partial and full SRL responders

SORENTO Phase 3 RCT
Active controlled Phase 3 trial in patients with metastatic/ unresectable GEP-NET

POSITANO Phase 2/3 RCT
Randomized, double-blind, placebo-controlled Phase 2/3 trial in patients with PLD

Timelines are indicative. PK – pharmacokinetic; PD – pharmacodynamic; RCT – randomized control trial; LST – long-term safety trial; ACRO – acromegaly, GEP-NET – gastroenteropancreatic neuroendocrine tumors; PLD – polycystic liver disease; SRL – Somatostatin receptor ligands

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Towards a patient-centric acromegaly treatment

Acromegaly is a rare, slowly progressive, chronic and serious condition typically caused by a tumor of the pituitary gland and overproduction of growth hormone. This results in excess growth of bones and tissue and a range of other symptoms and, if untreated, to premature death.

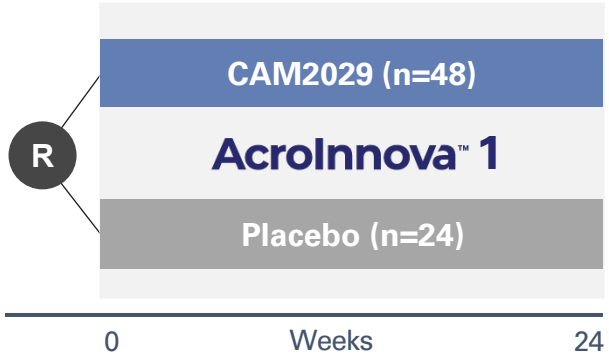
Positive results from ACROINNOVA 1 – CAM2029 provided robust biochemical control

ACROINNOVA 1 study design

– 24-week, randomized, double blind, placebo-controlled Phase 3 study

Patient population

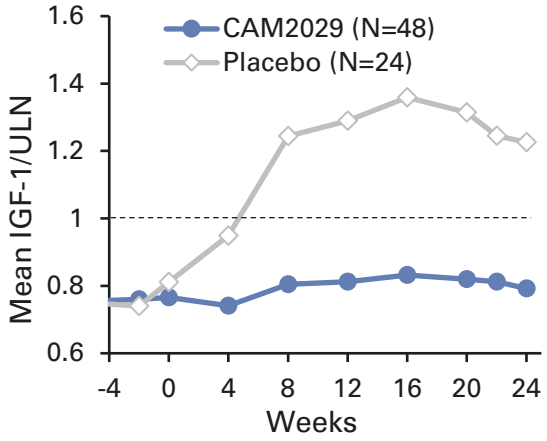
– Biochemically controlled on first-generation SRL*



Superiority achieved

– 77.2% vs. 37.5% patients with IGF-1 ≤1 ULN with CAM2029 versus placebo, p=0,00018

IGF-1 levels well controlled



CAM2029 improved

– Treatment convenience
– Acromegaly quality of life
– Patient satisfaction

CAM2029 was well tolerated

– Safety profile comparable to well established profile for first generation SRLs
– Most AEs were mild or moderate and transient injection site reactions and gastrointestinal side-effects
– No serious reactions related to CAM2029

**IGF-1 ≤ULN and mean GH <2.5 µg/L at screening, on stable octreotide LAR or lanreotide ATG for ≥ 3 months*

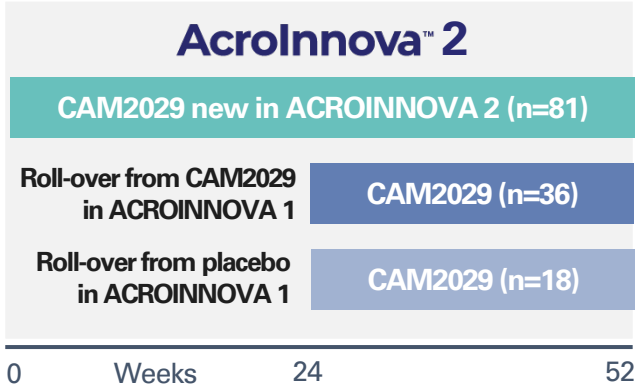
Positive topline results from ACROINNOVA 2

ACROINNOVA 2 study design

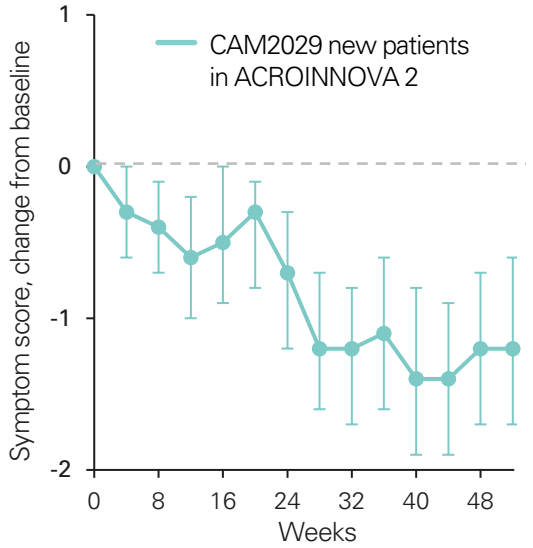
– 52-week, open-label safety study with further extension

Patient population

– New patients; uncontrolled or controlled with IGF-1<2xULN
– Patients who completed ACROINNOVA 1



Improved acromegaly symptoms with CAM2029



ACROINNOVA 2 results

– Reinforcing long-term safety and effectiveness in ACROINNOVA 1
– Increased response rate from SoC baseline in new recruited patients
– Roll-over placebo patients from ACROINNOVA 1 regained IGF-1 control with CAM2029

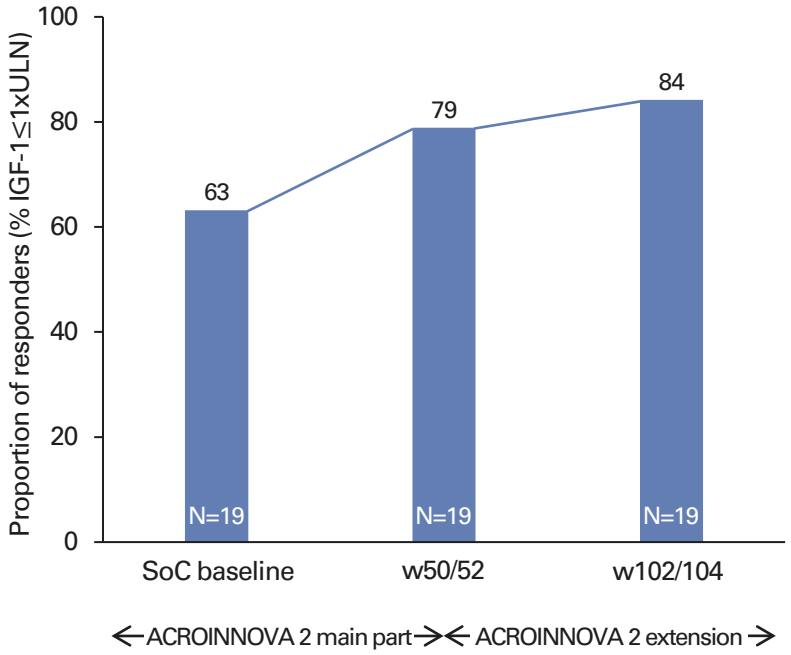
Improved patient reported outcomes for CAM2029 vs standard-of-care baseline

– Treatment satisfaction
– Quality of life
– Injection experience

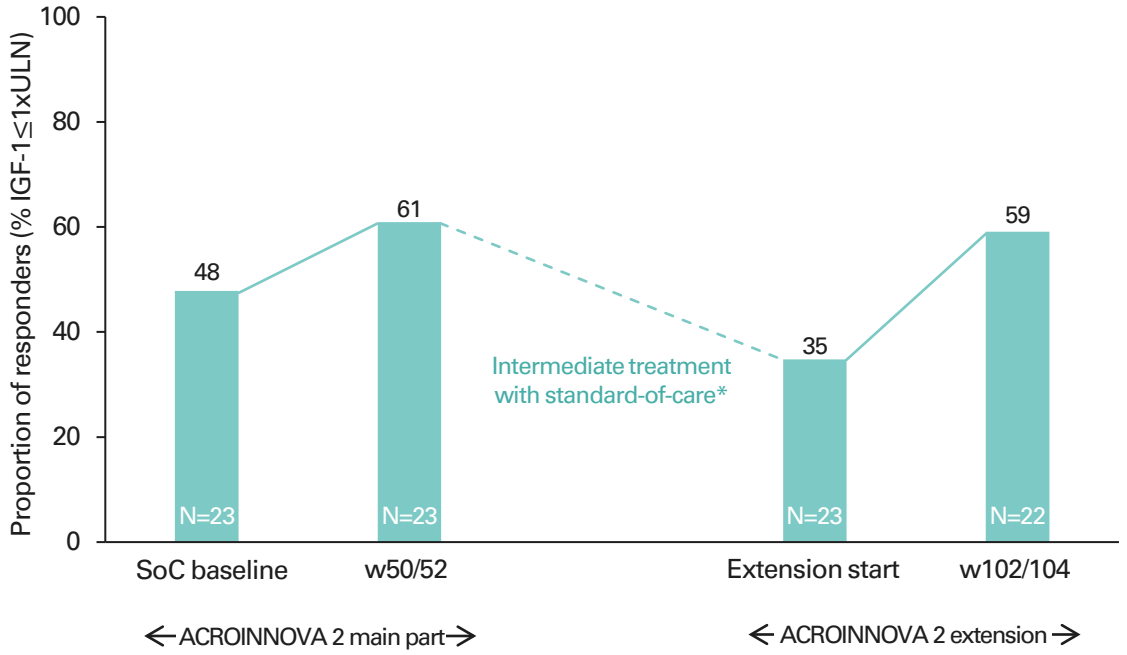
Positive ACROINNOVA 2 extension study data

Improved biochemical response for patients during treatment with CAM2029

Patients continuously on CAM2029 for 2 yrs



Reinvited patients after intermediate treatment with SoC*



TSQM – treatment satisfaction questionnaire for medication

** Transferred to standard-of-care (SoC) – either octreotide LAR or lanreotide Autogel – after completion of ACROINNOVA 2 main part. When ACROINNOVA extension study started, patients were reinvited to join study for another year on CAM2029. Time on SoC between 15 to 95 weeks (median 35 weeks)*

Medical information and dissemination of ACROINNOVA results

Pre-launch activities

- Meeting with acromegaly stakeholders
- National and regional advisory board meeting
- Payer engagement and submissions
- Commercial and medical affairs readiness

Scientific conferences in 2025

Q1 2025	Q2 2025	Q3 2025	Q4 2025
ENETS 5-7 Mar *Krakow PL*	AACE 15-17 May *Orlando US*	IPS 9-11 Jul *San Francisco US*	NANETS 23-25 Oct *Austin US*
DGE 19-21 Mar *Baden-Baden DE*	ESPE/ESE 10-13 May *Copenhagen DK*	ENDO 12-15 Jul *San Francisco US*	ENEA 3-5 Dec *Marseille FR*

ACRO NET

Rapid fire presentation, educational program and posters of ACROINNOVA results at ENDO[1]

[1] *Endocrine Society's annual meeting ENDO 2025, 12-15 July in San Francisco*

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Potential to become new standard of care for GEP-NET

Neuroendocrine tumors are cancerous tumors originating from cells in the endocrine and nervous system. The tumors can occur throughout the body, most common they occur in the gastrointestinal tract and lungs. The disease can be chronic with serious symptoms and complications.

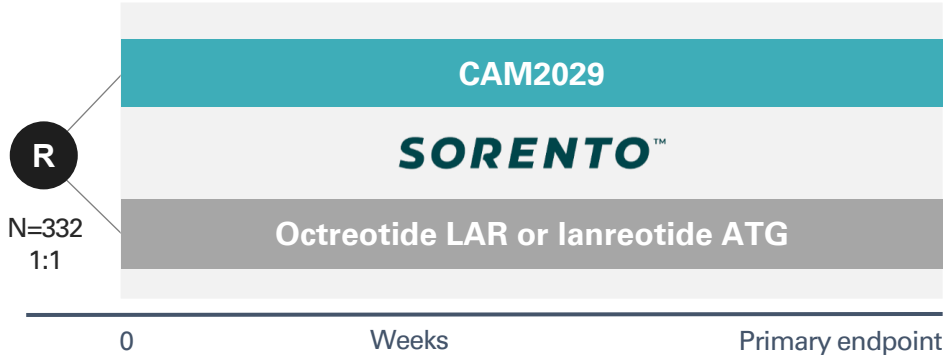
SORENTO assessing CAM2029 superiority in PFS vs SoC in patients with GEP-NET

Randomized, active-controlled Phase 3 study

- Randomized, multi-center, open-label, active-controlled Phase 3 study of CAM2029 vs. long-acting octreotide or lanreotide in patients with GEP-NET
- Single trial fulfilling regulatory requirements for safety and efficacy

Patient population

- Patients with confirmed, advanced and well-differentiated GEP-NET (grade 1 to grade 3)



Primary endpoint

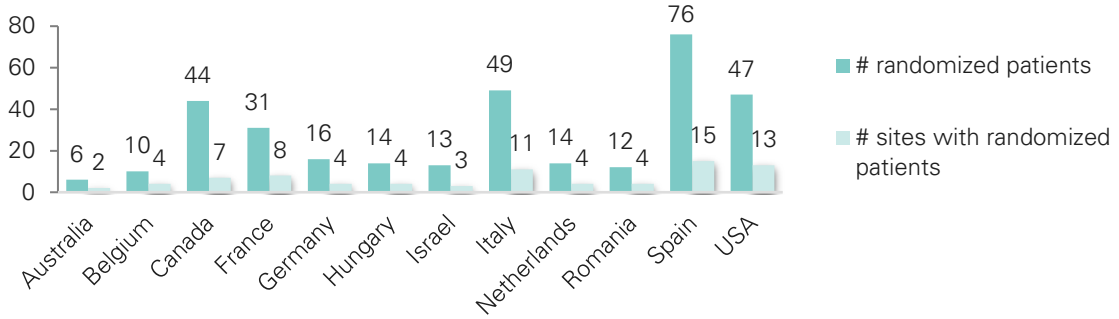
- Superiority in progression free survival, PFS, vs. standard of care (first-line medical treatment)
- Assessed after 194 documented PFS events

Secondary endpoints include

- Overall survival
- PROs (e.g., treatment satisfaction, quality of life)
- Safety

Recruitment completed

- Enrollment of 332 patients across 12 countries exceeding randomization target (302)



PFS – progression free survival; SOC – Standard of Care; GEP-NET – gastroenteropancreatic neuroendocrine tumors; PRO - patient reported outcome; LAR – long-acting release; ATG - autogel

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Positive results from POSITANO in polycystic liver disease

Polycystic liver disease is a rare, genetic, and chronic disorder characterized by progressive growth of cysts in the liver, which can cause severe symptoms and result in impaired quality of life for patients.

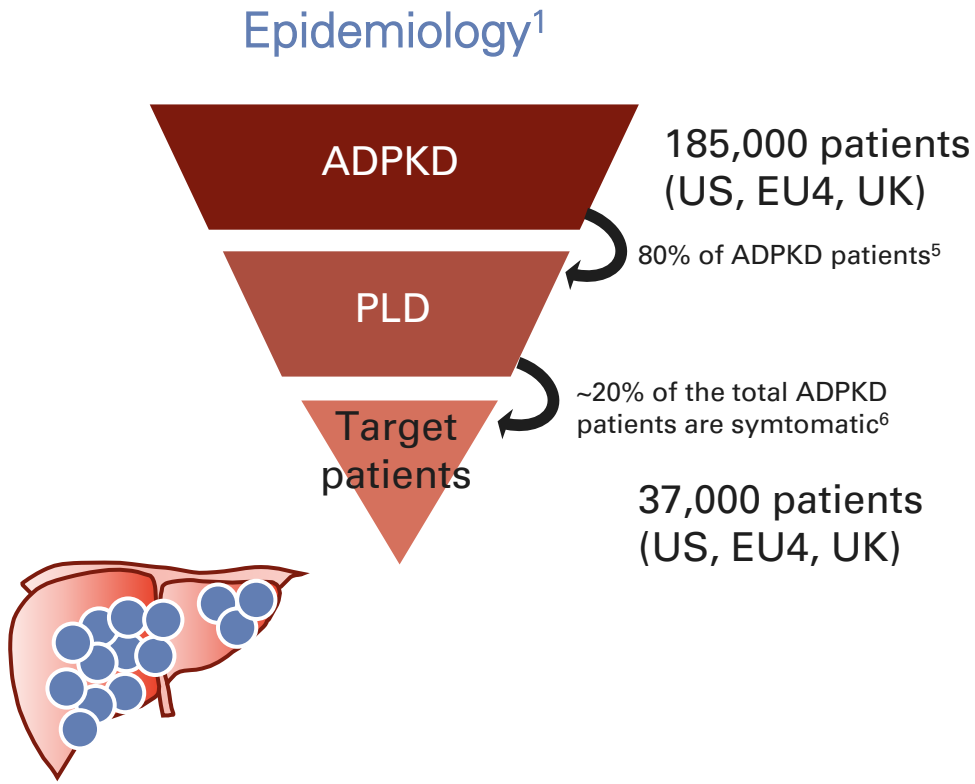
Polycystic liver disease

Disease characteristics and prevalence

- Progressive growth of liver cysts of various sizes
- Estimated 37,000 target patients with symptomatic polycystic liver disease (PLD) in US, EU4 and UK[1]
- No available pharmacological treatment for PLD

Treatment options

- Somatostatin receptor ligands show promise in clinical studies: decreasing liver volume, symptoms, and improving quality of life in symptomatic patients PLD[2-4]
- CAM2029 has orphan drug designation for ADPLD in EU and the US and ongoing applications for PLD associated with AKPKD



[1]Globe Life Sciences report 2020; data on file ; [2]Gevers TJ, et al., Liver Int. 2015 May;35(5):1607-14.; [3]Pisani A, et al., Clin Gastroenterol Hepatol. 2016 Jul;14(7):1022-1030.; [4]van Aerts R, et al., Gastroenterology. 2019 Aug;157(2):481-491; [5]Bergmann et al., Polycystic kidney disease. Nat Rev Dis Primers. 2018;4(1):50.; [6]Abu-Wasel et al., World J Gastroenterol. 2013;19:5775-86

POSITANO – Phase 2b study in PLD

Trial design

- 53-week randomized, placebo-controlled, three-arm study
- Open label extension for 120 weeks

Key eligibility criteria

- Symptomatic PLD (isolated or associated with ADPKD)
- htTLV ≥1800ml/m at screening

Primary endpoint

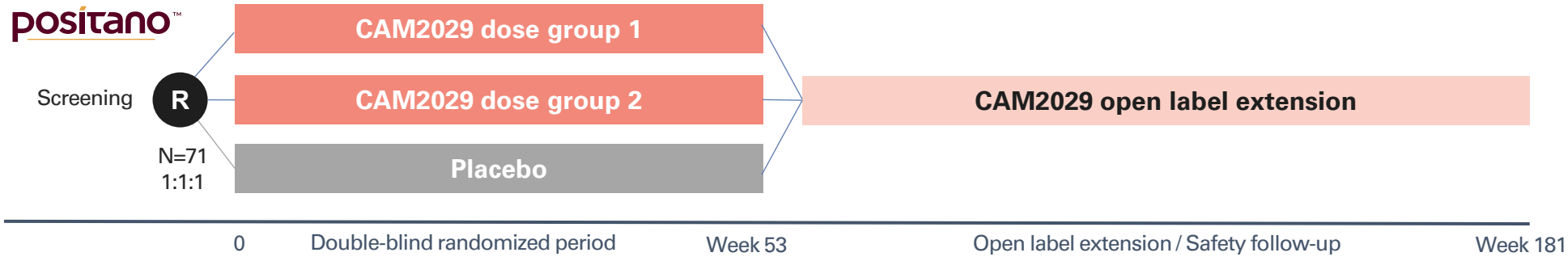
- Liver volume change from baseline to week 53 compared to placebo

Key secondary endpoint

- Camurus' developed PRO, PLD-S

Secondary endpoints

- Total liver cyst volume
- Total kidney volume in ADPKD patients
- PLD symptoms and quality of life
- Safety
- PK and immunogenicity

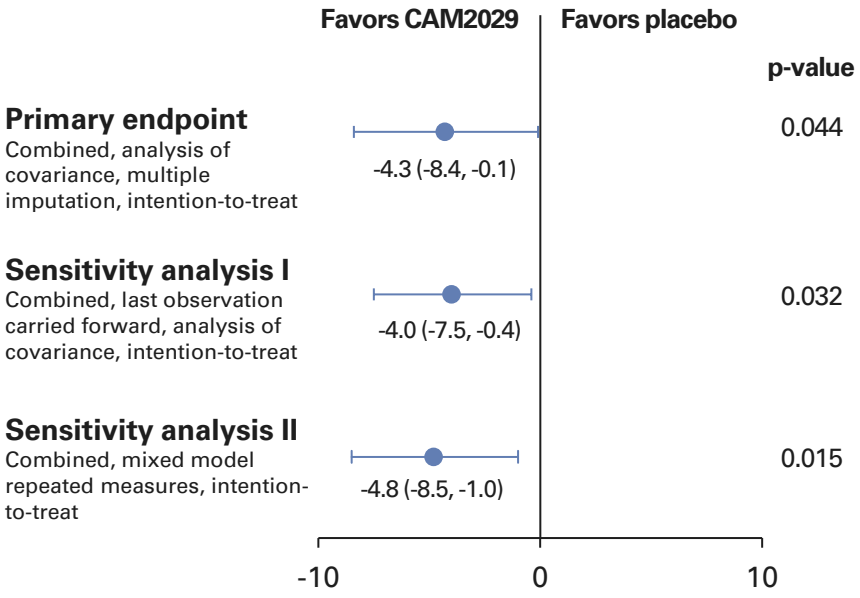


PLD – polycystic liver disease, ADPKD – autosomal dominant polycystic kidney disease; htTLV-height adjusted total liver volume; PRO – patient reported outcome; PLD-S – PLD symptoms,
[1]Globe Life Science 2020

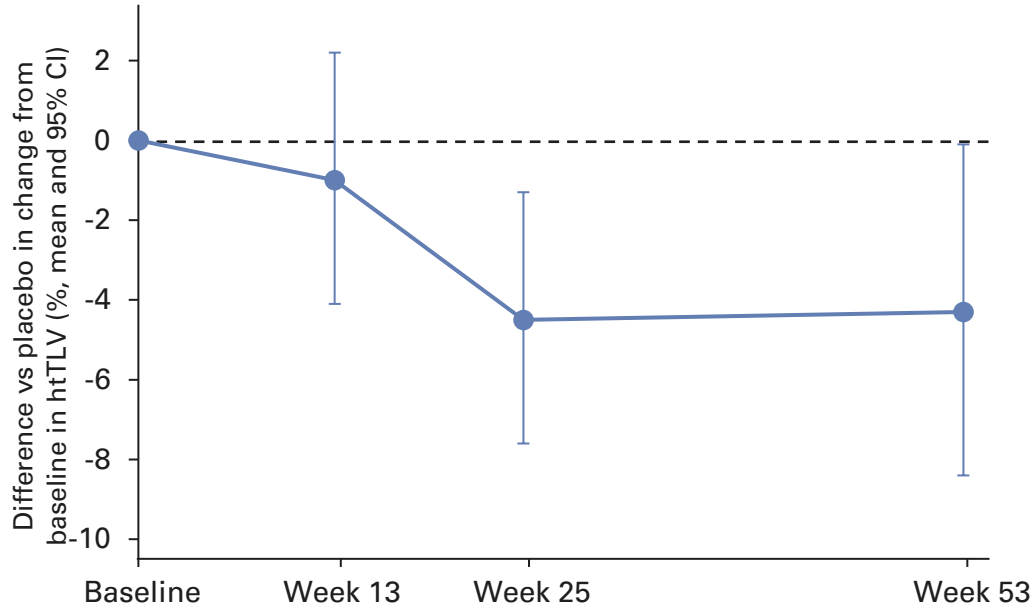
POSITANO met the primary endpoint

Reduction in height adjusted total liver volume change with CAM2029 vs baseline

Main and sensitivity analyses for the primary endpoint Week 53

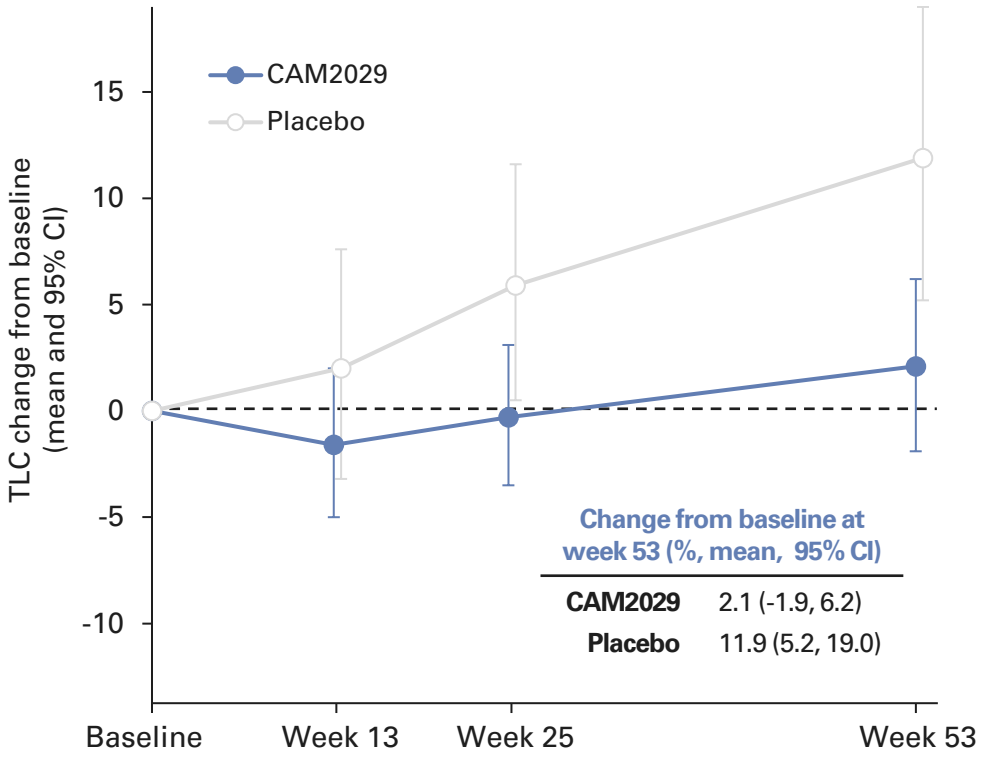


Treatment difference between CAM2029 groups and placebo

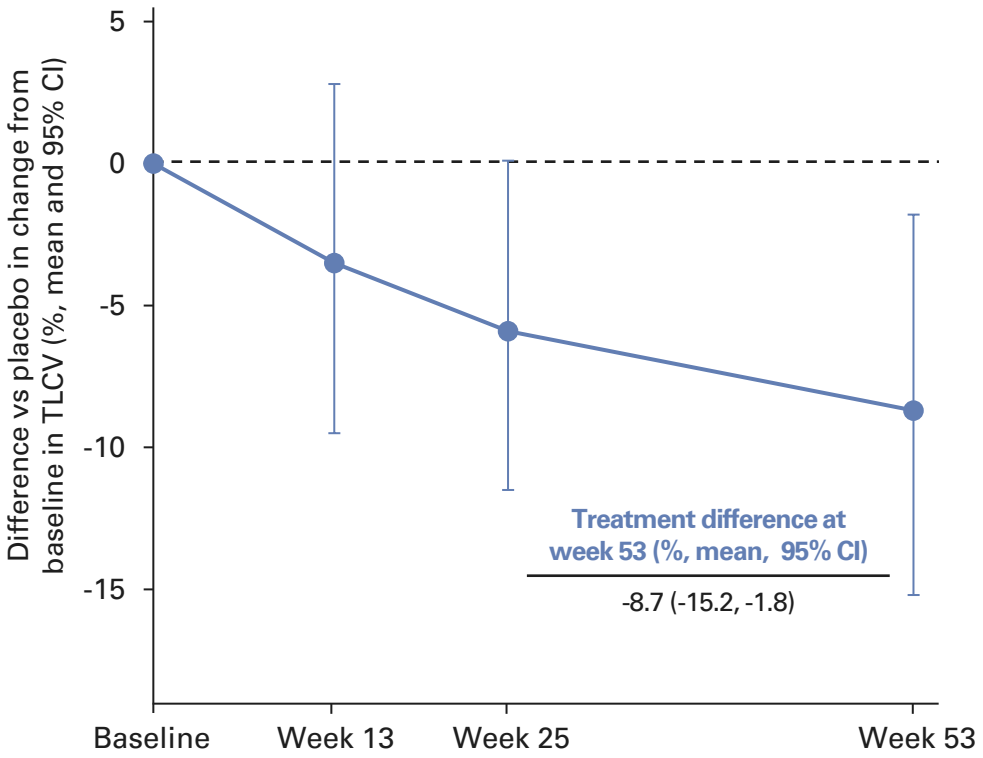


CAM2029 reduces liver cyst volume vs placebo

Total liver cyst volume change from baseline



Difference CAM2029 vs placebo



POSITANO topline results summary for CAM2029

Efficacy conclusions

- **Reduction of liver volume growth vs placebo**
  - Primary endpoint supported by sensitivity analyses
- **Reduction of total liver cyst volume growth vs placebo**
- **Kidney volume reduction indicated in patients with PLD associated with ADPKD**
- **Improved PLD symptoms**
  - Reduction of PLD-S score versus baseline
  - Improved symptoms indicated in several additional PROs (PLD-Q, PGI-S, CGI-S)
- **Robust decrease of IGF-1 vs placebo**

Safety profile

- **Treatment generally well tolerated**
- **Safety profile consistent with that of other injectable SRLs**
- **No new or unexpected safety issues were identified**
- **High study and treatment retention**
- **All eligible patients entered the extension phase**

PLD-S – Polycystic Liver Disease symtoms; PLD-Q – Polycystic Disease Questionnaire; PGI-S – Patient Global Impression of Severity;, CGI-S – clinical global impression of severity

CAM2029 recent milestones and expected progress ahead

AcroInnova™

Pivotal randomized placebo controlled and long-term safety trials in acromegaly

- Positive results from ACROINNOVA 1 and 2
- NDA acceptance in the US – CRL for manufacturer
- **Positive CHMP opinion in April 2025**
- **EC approval decision in June 2025**
- **NDA resubmission planned for Q3***
- **Further regulatory approvals**

SORENTO™

Subcutaneous Octreotide Randomized Efficacy in Neuroendocrine TumOrs

- SORENTO Phase 3 start Q4 2021
- SORENTO fully enrolled Q4 2023
- **Target number of events for primary endpoint est. early 2026**

positano™

Polycystic liver Safety and efficacy TriAl with subcutaneous Octreotide

- POSITANO fully enrolled Q1 2024
- Orphan drug designation in EU and US
- **Positive clinical study results in June 2025**
- **End-of-phase 2 meeting with FDA**

**Planned after completion of a recently announced routine GMP inspection of a third-party manufacturer by a national authority **

Commercial readiness for launch of CAM2029 in acromegaly

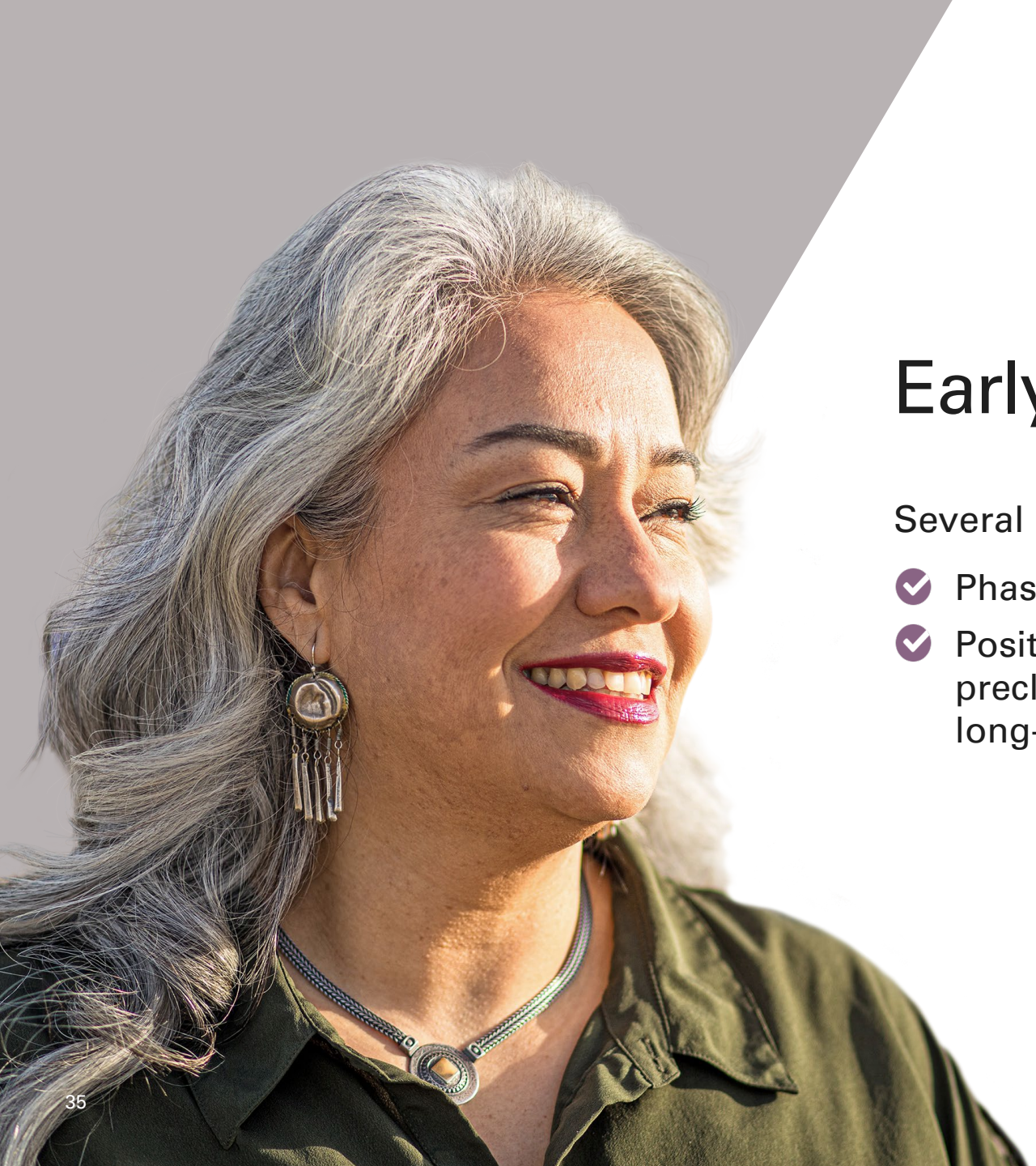
Pre-launch activities in US and EU

- In-depth market research
- Optimizing the distribution and supply chain model
- Payor interactions and advisory meetings
- Increasing awareness of Camurus among stakeholders

CAM2029 peak sales estimates >2 billion USD across indications[1-3]

	TERRITORY	PATIENT POPULATION	EST. PEAK PATIENT SHARE	EST. PEAK SALES
ACRO[1]	EU/AUS	16,500[4]	20 – 35%	€30 – 65 million
	US	10,000	25 – 40%	$150 – 280 million
NET[1]	EU/AUS	68,000[4]	30%	€300 – 400 million
	US	37,000	40%	$1,200 – 1,500 million
PLD[1]	EU/AUS	15-18,000[4]	30 – 40%	€80 – 100 million
	US	12-13,000	30 – 40%	$200 – 300 million

[1]Globe Life Science 2020-22, data on file;
[2]Assuming €10-12.5ks (EU/AUS) and $60-70K (US) per year net pricing in acromegaly, €15-20k (EU/AUS) and $80-100K (US) per year net pricing in NET, and €17.5k (EU/AUS) and $60K (US) per year net pricing in PLD
[3]Patient numbers extrapolated from EU4+UK estimates by assuming same prevalence across European countries and Australia



Early-stage programs

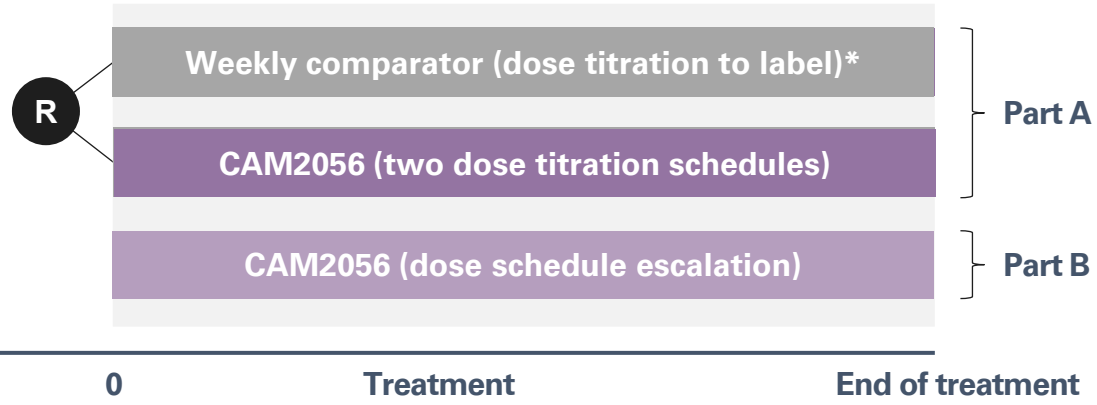
Several early-stage programs advancing

- Phase 1 study of CAM2056
- Positive data and assessments of multiple preclinical drug candidates, including long-acting incretins

Progress of clinical study of CAM2056

CAM2056 – once monthly FluidCrystal semaglutide

- ✓ Completed preclinical program met target profile
- ✓ All patients dosed in Phase 1 study evaluating pharmacokinetics, weight loss, tolerability and safety of CAM2056 in overweight or obese participants
- ○ Top-line results expected Q4 2025



Potential indications

- Type 2 diabetes
- Weight management
- Inflammation
- Neuropsychiatric disorders
- Substance use disorders

** Wegovy®*

License agreement with Lilly on long-acting incretins

Partnership focused on long-acting therapies based on FluidCrystal and Lilly's proprietary drug compounds

– Lilly obtained license to research, develop, manufacture and commercialize long-acting incretin products based on FluidCrystal

– Includes up to four Lilly proprietary drug compounds within the exclusivity scope:

- Dual GIP and GLP-1 receptor agonists
- Triple GIP, glucagon and GLP-1 receptor agonists
- An option to include amylin receptor agonists

Camurus eligible to receive:

– Up to $290 million in license fees, development and regulatory milestone payments

– Up to $580 million in sales-based milestone payments

– Tiered mid-single digit royalties on global net product sales

Significant near-term opportunities

- Continued Buvidal growth in Europe and RoW
- Increasing Brixadi penetration in the US
- Market approvals of CAM2029 in acromegaly
- Clinical results for CAM2029 and CAM2056
- Diversification through business development
- Positive financial outlook 2025 with expected high growth revenues (+45-61%) and profitability (+63-117%)

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P +46 46 286 57 30 | info@camurus.com | camurus.com

Shareholders and analyst coverage

Shareholders as of 30 June 2025	Number of shares	% of capital	% of votes
Sandberg Development AB	18,280,692	30.6	30.6
Fourth Swedish National Pension Fund	2,808,776	4.7	4.7
Swedbank Robur Fonder	2,518,251	4.2	4.2
Fredrik Tiberg, CEO	1,615,000	2.7	2.7
Handelsbanken fonder	1,453,740	2.5	2.5
Vanguard	1,263,698	2.2	2.2
Avanza Pension	1,260,629	2.1	2.1
Capital Group	1,087,307	1.9	1.9
Afa Försäkring	1,008,883	1.7	1.7
SEB Funds	981,497	1.7	1.7
Norges bank	767,117	1.3	1.3
Carnegie Fonder	715,129	1.2	1.2
Länsförsäkringar Fonder	666,056	1.1	.1.1
Jupiter Asset Management	656,428	1.1	1.1
Baillie Gifford & Co	644,309	1.1	1.1
Other shareholders	23,933,072	40.0	40.0
In total	**59,660,584**	**100.0**	**100.0**

Source: Modular Finance, Monitor report

Analysts

DNB Carnegie
Erik Hultgård

Handelsbanken
Suzanna Queckbörner

Jefferies
Shan Hama

Nordea
Viktor Sundberg

Pareto
Dan Akschuti

Stifel
Oscar Haffen Lamm

SEB
Christopher Uhde

ABG Sundal Collier
Georg Tigalonov-Bjerke

Experienced and committed management team

Fredrik Tiberg, PhD
President & CEO, CSO
In Company since *2002*
Holdings*: 1,615,000 shares, 42,000 employee options and 13,500 PSP units*

Education: M.Sc. in Chem. Eng., Lund Institute of Technology, PhD and Assoc. Prof. Physical Chemistry, Lund University.
Previous experience: More than 20 years executive leadership experience from the pharmaceutical industry. Prof Physical Chemistry, Lund University; Visiting Prof at Oxford University; Section Head, Inst. for Surface Chemistry.

Richard Jameson
Chief Commercial Officer
In Company since: *2016*
Holdings*: 29,193 shares and 6,082 PSP units*

Education: B.Sc. in Applied Biological Sciences from University West of England
Previous experience: General Manager, UK & Nordics for Reckitt Benckiser (2010 – 2013) and Area Director Europe, Middle East and Africa for Indivior (2013 – 2016).

Markus Johnsson
Senior VP R&D
In Company since: *2003-2017, 2019-*
Holdings*: 21,000 shares, 9,500 employee options and 2,918 PSP units*

Education: Ph.D. in physical chemistry and M.Sc. in chemistry from Uppsala University.
Previous experience: More than 20 years of experience from pharmaceutical development and project management

Alberto M. Pedroncelli
Chief Medical Officer
In Company since *2023*
Holdings*: 1,000 shares, 20,000 employee options and 1,500 PSP units*

Education: MD University of Milan. Ph. D. endocrinology post-graduate school University of London
Previous experience: Head of Clinical Development and Medical Affairs Recordati, Senior Leadership positions Novartis, clinician and research fellow Dept. Endocrinology, University Hospital Bergamo, Italy

Agneta Svedberg
VP Clinical Dev.
In Company since: *2015*
Holdings*: 22,987 shares, 16,000 employee options and 2,918 PSP units*

Education: M.Sc. In Radiophysics and B.Sc. In Medicine from Lund University, Executive MBA from Executive Foundation Lund
Previous experience: More than 25 years of experience in drug development, incl. as COO at Zealand Pharma, CEO of Cantargia, Senior VP Clinical Development at Genmab.

Susanne Lagerlund
VP, Technical Operations
In Company since *2023*
Holdings*: 250 shares, 9,500 employee options and 2,618 PSP units*

Education: M. Sc. Chemical Engineering and studies Business Econoics, Lund University
Previous experience: More than 30 years of experience from pharmaceutical industry, including Global Regulatory CMC Director at AstraZeneca, VP Regulatory Affairs at Cantargia, and Global Portfolio Lead at LEO Pharma.

Anders Vadsholt
Chief Financial Officer
In Company since: *2025*
Holdings*: 2,300 PSP units*

Education: M.Sc. In Corporate Law and Economics, Copenhagen Business School, and MBA, University of Melbourne
Previous experience: More than 25 years experience in corporate finance, venture capital, and the biotech industry, incl. Orphazyme A/S, MinervaX ApS, and Topotarget A/S.

Fredrik Joabsson, PhD
Chief Business Dev. Officer
In Company since *2001*
Holdings*: 40,170 shares and 2,918 PSP units*

Education: M.Sc. in Chemistry, PhD in Physical Chemistry, Lund University
Previous experience: More than 20 years of experience in pharmaceutical R&D, business development, alliance management and investor relations.

Maria Lundqvist
Head of Global HR
In Company since *2021*
Holdings*: 4,000 employee options and 2,918 PSP units*

Education: B.Sc: in Business and Economics, Uppsala University.
Previous experience: More than 20 years of experience of leadership roles within Human Resources, including HR Director Nordics at Teva Pharmaceuticals and HR positions at Tetra Pak, Vestas and AstraZeneca.

Annette Mattsson
VP Regulatory Affairs
In Company since: *2017*
Holdings*: 2,004 shares and 2,918 PSP units*

Education: Bachelor of Pharmacy, Uppsala University and Business Economics, Lund University
Previous experience: More than 25 years of experience within regulatory affairs, including European RA Director/Global RA Lead at AstraZeneca and Global RA Lead at LEO Pharma.

Behshad Sheldon
President Camurus Inc.
In Company since *2024*
Holdings*: 1,000 shares, 2,000 employee options and 2,918 PSP units*

Education: B.Sc. in Neuroscience from University of Rochester
Previous experience: More than 25 years of experience from the international pharma industry, including President & CEO of Braeburn Pharmaceuticals and senior positions within Smithkline Beecham, Bristol-Myers Squibb and Otsuka Pharmaceuticals.

Bo A. C. Tarras-Wahlberg
VP Legal & Group General Councel
In Company since *2024*
Holdings: *2,918 PSP units*

Education: LLM from Lund University and studies at Queen Mary College
Previous experience: More than 20 years of experience as lawyer and from international senior legal positions, incl. as Assoc. General Counsel at Baxter, Gambro, legal private practice and as law clerk at District Court.

PSP units – Performance Share Plan units