PRESS RELEASE - September 22, 2025 - 7:30am CEST - Montpellier, France - Euronext: MEDCL

New Data Show that UZEDY® Initiation in Hospitalized Patients is Associated with Faster Discharge and an Overall Clinician Preference Compared to Invega Sustenna®

UZEDY® was associated with a 2.89-day shorter length of hospital stay compared with Invega Sustenna® (paliperidone palmitate)

This translates to estimated direct cost savings of $3200 per hospitalization

More Healthcare Practitioners (HCPs) favored UZEDY® over Invega Sustenna® for ease of administration, initiation, dosing characteristics and subcutaneous injection features

The new data were showcased in one of ten schizophrenia-related posters presented by Medincell's partner, Teva, at the 2025 Psych Congress, held from September 17 to 21 in San Diego, California

UZEDY® (1-month and 2-month subcutaneous risperidone for treatment of schizophrenia), is the first product based on Medincell's long-acting injection technology that reached commercial stage. UZEDY was approved in the U.S. for the treatment of schizophrenia in adults in 2023.

Medincell's partner Teva led the clinical development and regulatory process and is responsible for commercialization. Medincell is entitled to receive royalties on net sales, along with development and commercial milestone payments.

Extract from Teva's press release - September 20, 2025

In a retrospective observational cohort study that included HCPs who prescribed UZEDY or Invega Sustenna® (paliperidone palmitate) for patients with schizophrenia during hospitalization, found that the initiation of UZEDY (n = 137) was associated with shorter hospital stays compared to Invega Sustenna® (n = 94).[1] UZEDY was associated with a 2.89-day shorter LOS compared with Invega Sustenna® (12.57 [SD:10.03] vs 15.46 days [10.15], P=0.033), which translates to estimated direct cost savings of $3,200 per hospitalization.[1] UZEDY was favored over Invega Sustenna® for ease of administration (45% vs 34%), initiation (47% vs 33%), dosing characteristics (40% vs 38%), and subcutaneous injection features (40% vs 33%). Overall, 45% preferred UZEDY, while 38% preferred Invega Sustenna®.[1]

Additionally, a real-world qualitative study of 56 healthcare professionals (20 physicians, 23 nurse practitioners/physician assistants [NP/PAs], 13 registered nurses [RNs]) show high levels of satisfaction with UZEDY.[1] Additional findings include:

- **Satisfaction:** For physicians, the most common areas of satisfaction were familiarity with UZEDY (87%) and subcutaneous injection (67%). For NP/PAs, they were effectiveness (42%), no loading dose (26%), and tolerability (26%).[1]
- **Initiation regimen:** Across HCP types, attributes of UZEDY most reported as slightly/significantly better when compared with other LAIs included lack of required loading dose (89%) and subcutaneous administration (86%).[1]
- **Plasma concentration:** UZEDY was more often reported as slightly/significantly better compared to other LAI options by NP/PAs (87%) and physicians (79%) than by RNs (69%) when asked about plasma concentrations.[1]

No comparisons can be made regarding efficacy, safety, or any other clinical outcomes as this was not studied.

Read the full Teva's press release: https://ir.tevapharm.com/news-and-events/press-releases/press-release-details/2025/New-Long-term-Safety-Data-from-the-Completed-Phase-3-SOLARIS-Trial-Support-the-Potential-of-Olanzapine-LAI-TEV-749-as-the-First-Long-Acting-Olanzapine-Treatment-Option-for-Schizophrenia-with-No-PDSS-Observed/default.aspx

[1] Data on file. Parsippany, NJ: Teva Neuroscience, Inc.
Invega Sustenna® is a product of Janssen Pharmaceuticals, Inc.

Schizophrenia data presented by Teva at the 2025 Psych Congress

TEV-'749 (olanzapine LAI):

- (De novo) Long-Term Safety of Subcutaneous Long-Acting Injectable Olanzapine (TV-44749) in Schizophrenia: Results From the Phase 3 SOLARIS Trial
- (De novo) Long-Term Effectiveness With Subcutaneous Long-Acting Injectable Olanzapine (TV-44749) in Adults With Schizophrenia: Results From Up to 48 Weeks Open Label Treatment in the Phase 3 SOLARIS Trial
- (De novo) Evaluating Long-Term Weight Gain and Other Metabolic Changes With Subcutaneous Long-Acting Injectable Olanzapine (TV-44749) in Adults With Schizophrenia: Results From the Phase 3 SOLARIS Trial
- (De novo) Real-World Evidence of the Burden of Non-Adherence to Oral Olanzapine on Relapse and Healthcare Resource Utilization Among Adults With Schizophrenia
- (De novo) Clinician Perspectives on Olanzapine-Associated Adverse Event Mitigation Strategies for Schizophrenia Treatment: Results From the SONAR (Survey on Olanzapine Needs and Attitudes Research) Study
- (De novo) Clinician Perspectives on Long-Acting Injectable Olanzapine Treatment Barriers and Unmet Needs From the SONAR (Survey on Olanzapine Needs and Attitudes Research) Study

UZEDY® (risperidone):

- (De novo) Outcomes and Healthcare Professional Preferences for Initiating TV-46000, a Long-Acting Subcutaneous Antipsychotic, or Intramuscular Paliperidone Palmitate in Patients Hospitalized With Schizophrenia
- (De novo) Switching Patients With Schizophrenia to TV-46000, a Long-Acting Subcutaneous Antipsychotic, From Aripiprazole Once Monthly: Pharmacokinetic-Pharmacodynamic Modeling and Simulation
- (De novo) Real-World Experiences Using TV-46000 in Adults With Schizophrenia: A Qualitative Study of Healthcare Professionals
- (De novo) Time-Varying Predictors of Relapse in Patients Treated With TV-46000 or Placebo in the RISE Study: A Machine-Learning Analysis

For full prescribing information, visit https://www.uzedy.com/globalassets/uzedy/prescribing-information.pdf.

About Medincell

Medincell is a clinical- and commercial-stage biopharmaceutical licensing company developing long-acting injectable treatments across multiple therapeutic areas. Our innovative treatments are designed to ensure adherence to medical prescriptions, enhance the effectiveness and accessibility of medicines, and reduce their environmental impact.

These treatments combine active pharmaceutical ingredients with our proprietary BEPO® technology, which enables controlled drug delivery at therapeutic levels for several days, weeks, or months following a subcutaneous or local injection of a small, fully bioresorbable deposit.

The first treatment based on BEPO® technology was approved for schizophrenia by the FDA in April 2023 and is now marketed in the United States by Teva under the name UZEDY® (BEPO® technology is licensed to Teva under the name SteadyTeq™).

Our investigational pipeline includes numerous innovative therapeutic candidates in various stages of development, from formulation to Phase 3 clinical trials. We collaborate with leading pharmaceutical companies and foundations to advance global health through new treatment options.

Headquartered in Montpellier, France, Medincell employs over 140 people representing more than 25 nationalities.

medincell.com

Contact

David Heuzé
Head of Corporate and Financial Communications, and ESG
david.heuze@Medincell.com / +33 (0)6 83 25 21 86

Grace Kim
Chief Strategy Officer, U.S. Finance
grace.kim@medincell.com / +1 (646) 991-4023

Nicolas Mérigeau / Arthur Rouillé
Media Relations
Medincell@newcap.eu / +33 (0)1 44 71 94 94

Louis-Victor Delouvrier / Alban Dufumier
Investor Relations France
Medincell@newcap.eu / +33 (0)1 44 71 94 94