Shift to Growth

November 2025

IMPORTANT NOTICE - YOU MUST READ THE FOLLOWING BEFORE CONTINUING

This presentation and the Fiscal Year 2024-25 results conference (French and English sessions) contain forward-looking statements, including statements regarding Company's expectations for (i) the timing, progress and outcome of its clinical trials; (ii) the clinical benefits and competitive positioning of its product candidates; (iii) the ability of its products to obtain regulatory approvals, commence commercial production and achieve market penetration and sales; (iv) its future product portfolio; (v) its future partnering arrangements; (vi) its future capital needs, capital expenditure plans and ability to obtain funding; and (vii) prospective financial matters regarding our business. Although the Company believes that its expectations are based on reasonable assumptions, any statements other than statements of historical facts that may be contained in this This presentation and the Fiscal Year 2024-25 results conference (French and English sessions) relating to future events are forward-looking statements and subject to change without notice, factors beyond the Company's control and the Company's financial capabilities.

These statements may include, but are not limited to, any statement beginning with, followed by or including words or phrases such as "objective", "believe", "anticipate", "expect", "foresee", "aim", "intend", "may", "anticipate", "estimate", "plan", "project", "will", "may", "probably", "potential", "should", "could" and other words and phrases of the same meaning or used in negative form. Forward-looking statements are subject to inherent risks and uncertainties beyond the Company's control that may, if any, cause actual results, performance, or achievements to differ materially from those anticipated or expressed explicitly or implicitly by such forward-looking statements. A list and description of these risks, contingencies and uncertainties can be found in the documents filed by the Company with the Autorité des Marchés Financiers (the "AMF") pursuant to its regulatory obligations, including the Company's universal registration document, filed with the AMF on July 28, 2022, (the "Universal Registration Document"), as well as in the documents and reports to be published subsequently by the Company. In particular, readers' attention is drawn to the section entitled "Facteurs de Risques" on page 24 of the Universal Registration Document.

Any forward-looking statements made by or on behalf of the Company speak only as of the date they are made. Except as required by law, the Company does not undertake any obligation to publicly update these forward-looking statements or to update the reasons why actual results could differ materially from those anticipated by the forward-looking statements, including in the event that new information becomes available. The Company's update of one or more forward-looking statements does not imply that the Company will make any further updates to such forward-looking statements or other forward-looking statements. Readers are cautioned not to place undue reliance on these forward-looking statements.

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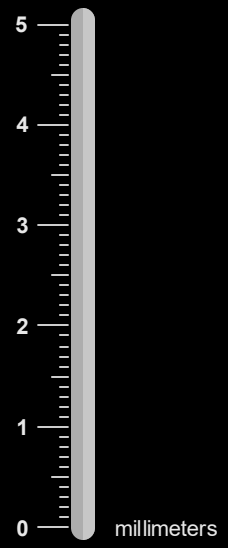
UZEDY® is a trademark of Teva Pharmaceuticals.

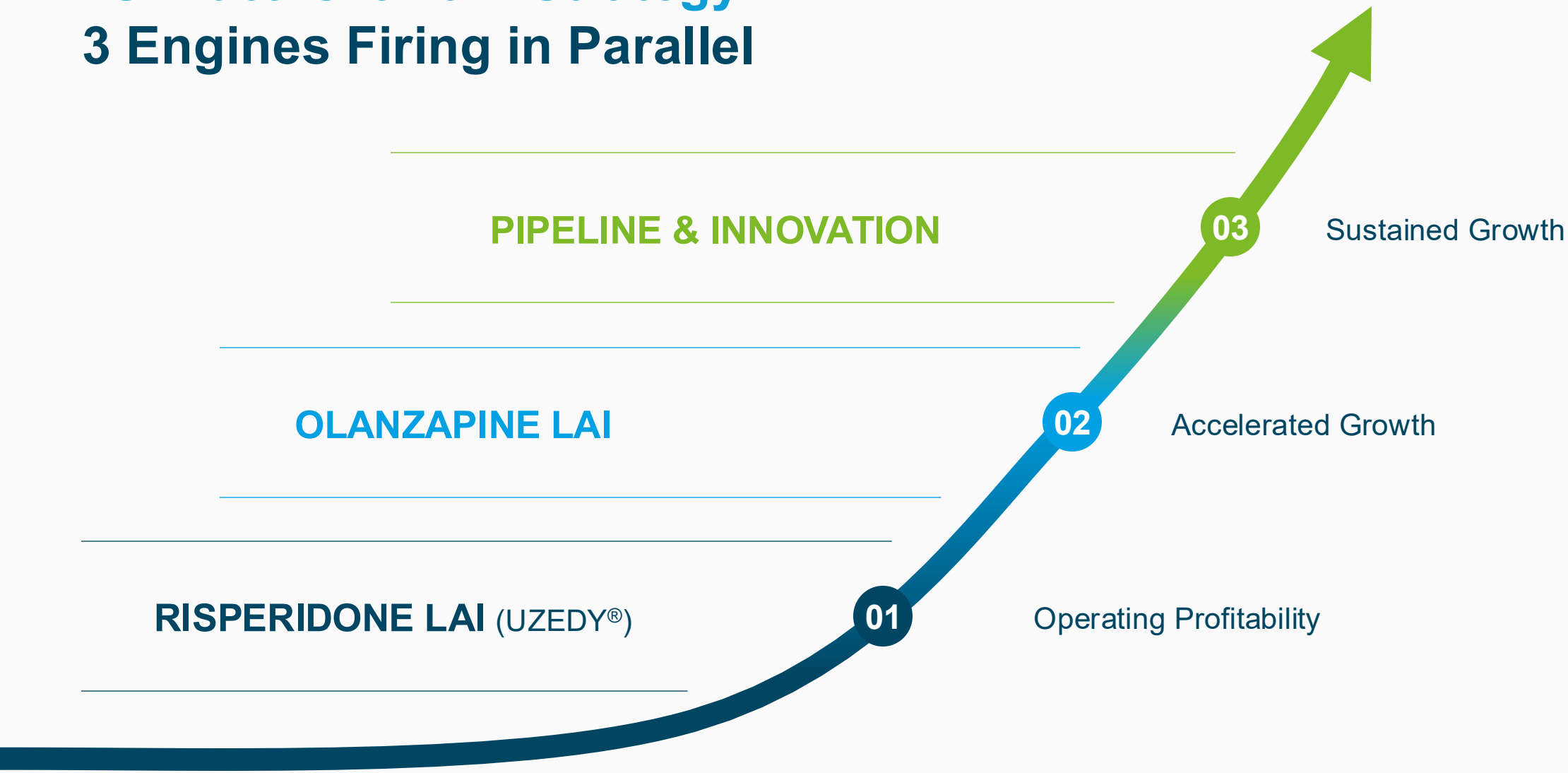
The next two years will be the most transformative of Medincell's history

BEPO®

Cutting Edge
Long-Acting Injectable (LAI)
Technology



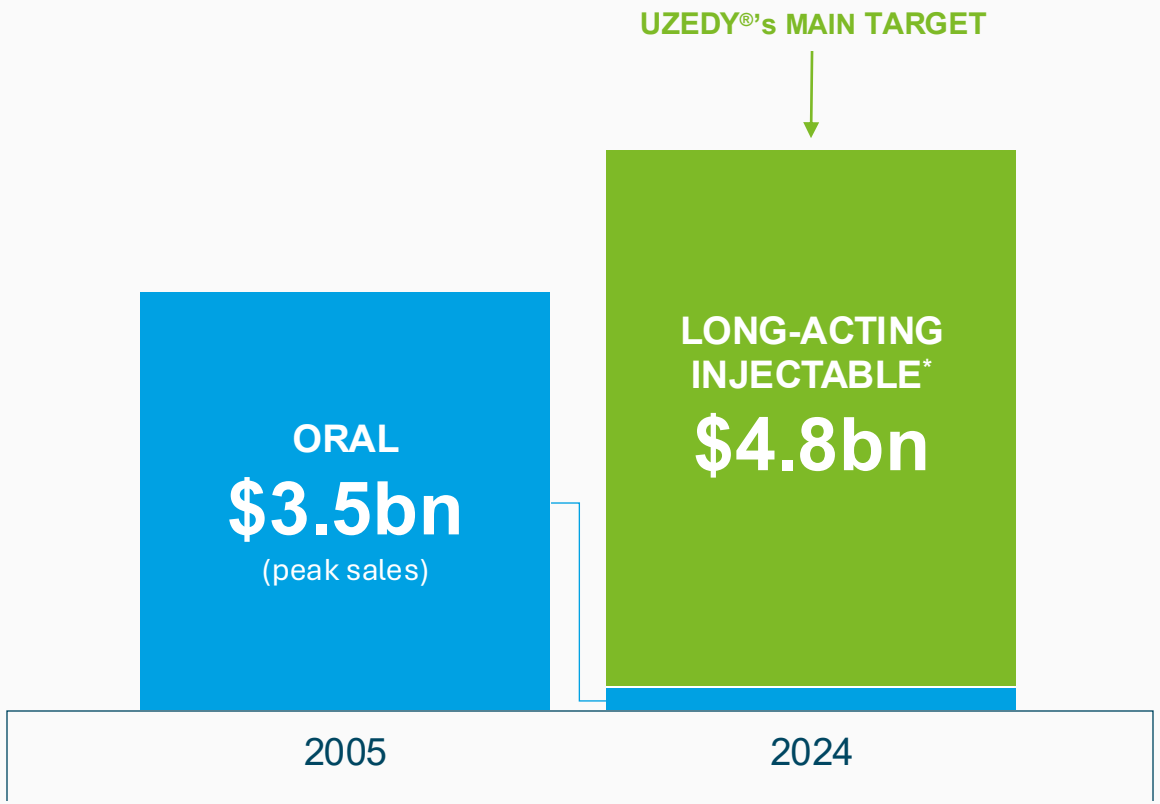
“Shift to Growth” Strategy
3 Engines Firing in Parallel



Schizophrenia Strategy

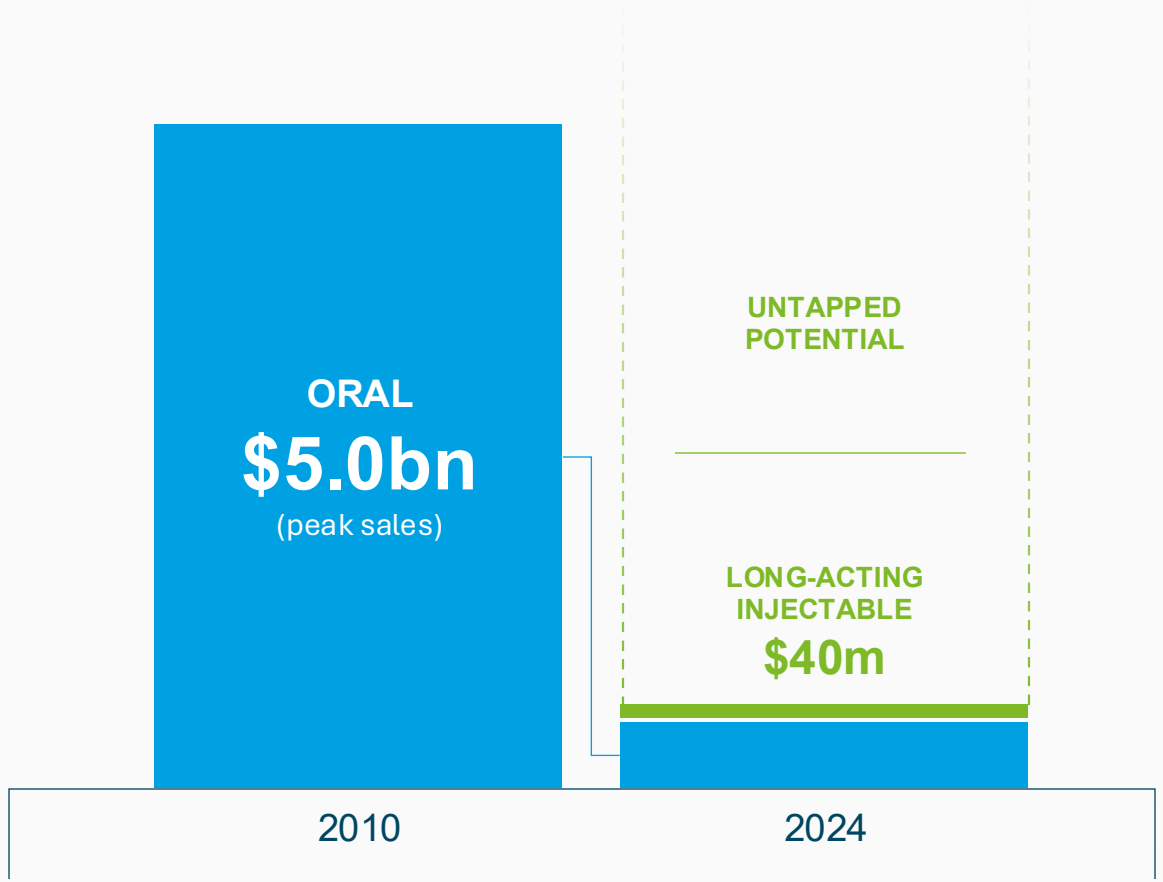
RISPERIDONE

Johnson & Johnson: successful shift from oral to LAI



OLANZAPINE

Eli Lilly: failed shift from oral to LAI



Sources: 7 Major Markets - Companies reported sales, IQVIA
* Risperidone and its metabolite

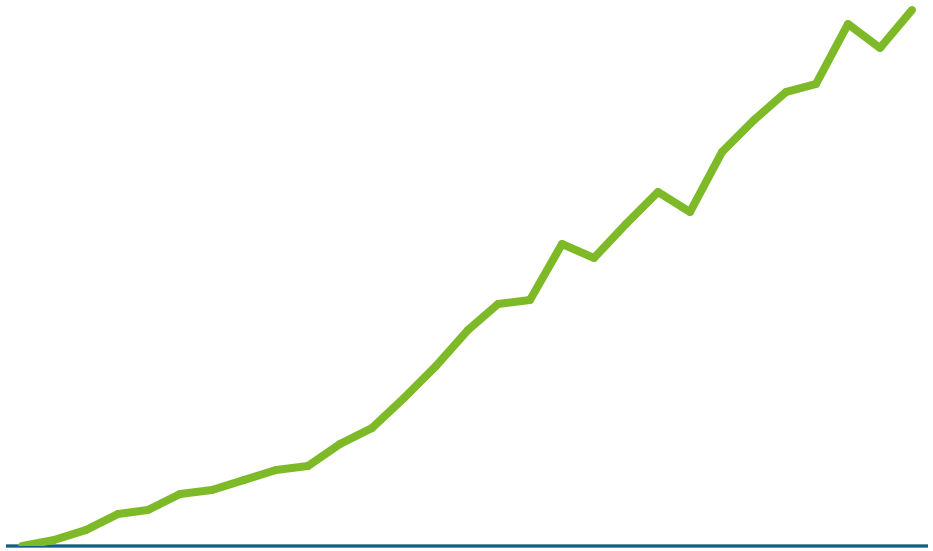
RISPERIDONE LAI (UZEDY®)

Monthly and every 2 months subcutaneous risperidone

2023	Approved in the US for schizophrenia (UZEDY®)
2025	Approved in South Korea for Schizophrenia (유제디)
	Approved in Canada for Schizophrenia (LONGAVO®)
	Approved in the US for Bipolar I Disorder (UZEDY®)

UZEDY® Accelerates in the US

Trend of UZEDY prescriptions in the US



May-23 September-25

Source : Bloomberg (data from Symphony Health)

Net sales

	2024	2025
Q1	$75 M	$136 M +82%
Q2		
Q3		
Q4	$42 M	*$55-65 M*
Total	**$117 M**	***$190-200 M***

Revenue outlook by Teva

UZEDY®:
Fully Differentiated, Best-in-Class Features

Subcutaneous vs intramuscular

Immediate onset vs several weeks

Ready-to-use vs reconstitution

Same effect regardless of location of injection

UZEDY® Shows Strong Real-World Benefits

UZEDY® vs second-generation oral antipsychotics (SGOAs) – May 2025

RELAPSE RATE: -42%

INPATIENT RATE: -47%

MEAN TIME TO RELAPSE: +54%

MEAN LENGTH OF HOSPITAL STAY: -50%

MEAN ALL-CAUSE HCRU COSTS: -29%

Source: Poster presented by Teva Pharmaceuticals at the Annual Psych Congress Elevate; May 28–31, 2025; Las Vegas, NV : Treatment Patterns and Healthcare Resource Utilization Among Patients Receiving the Long-Acting Injectable Antipsychotic TV-46000 Versus Second-Generation Oral Antipsychotics. HCRU: healthcare resource utilization

UZEDY® vs Invega Sustenna® (J&J)

Length of stay for patients who initiated UZEDY® or Invega Sustena® during hospitalization

Source: Poster presented by Teva Pharmaceuticals at the Annual Psych Congress Elevate, May 28–31, 2025; Las Vegas, NV : Treatment Patterns and Healthcare Resource Utilization Among Patients Receiving the Long-Acting Injectable Antipsychotic TV-46000 Versus Second-Generation Oral Antipsychotics

420K US Patients in Schizophrenia + 310K in Bipolar Disorder treated with Risperidone*

SCHIZOPHRENIA

~420,000 patients
including ~140,000 patients on LAI

BIPOLAR DISORDER

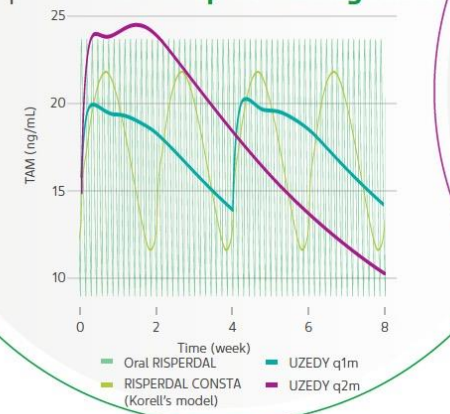
~310,000 addressable patient pool

*Risperidone and its metabolite - **www.tevapharm.com/product-focus/research/pipeline/ - Sources: Companies reported sales / IQVIA, market research by Company- *** Rebates, typically ranging from 5% to 25%, are commonly applied to the WAC (Wholesale Acquisition Cost)

UZEDY BD-1 Approval Used Innovative Strategy to Decrease Time to Patients

Pharmacology

Despite different PK profile shapes, concentration-time profiles **overlap at steady state**

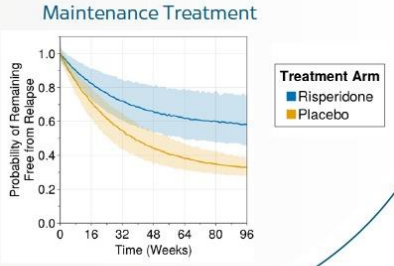


Safety

Existing **safety data for UZEDY** and other risperidone formulations support UZEDY in BD-1

Efficacy

Model-based meta-analysis found a **significant effect of risperidone vs placebo** in acute and maintenance treatment of BD-1[1]



UZEDY® (risperidone) extended-release injectable suspension, for subcutaneous injection Current Prescribing Information. Parsippany, NJ. Teva Neuroscience, Inc.
Data on file. Parsippany, NJ: Teva Neuroscience, Inc.
Merikangas KR, Akiskal HS, Angst J, et al. Lifetime and 12-Month Prevalence of Bipolar Spectrum Disorder in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2007;64(5):543–552. doi:10.1001/archpsyc.64.5.543

Source: Teva Pharmaceuticals – 3rd Quarter 2025 Results Presentation - https://s24.q4cdn.com/720828402/files/doc_financials/2025/q3/Q325-Earnings-Presentation.pdf

OLANZAPINE LAI

Once-monthly subcutaneous injection of olanzapine

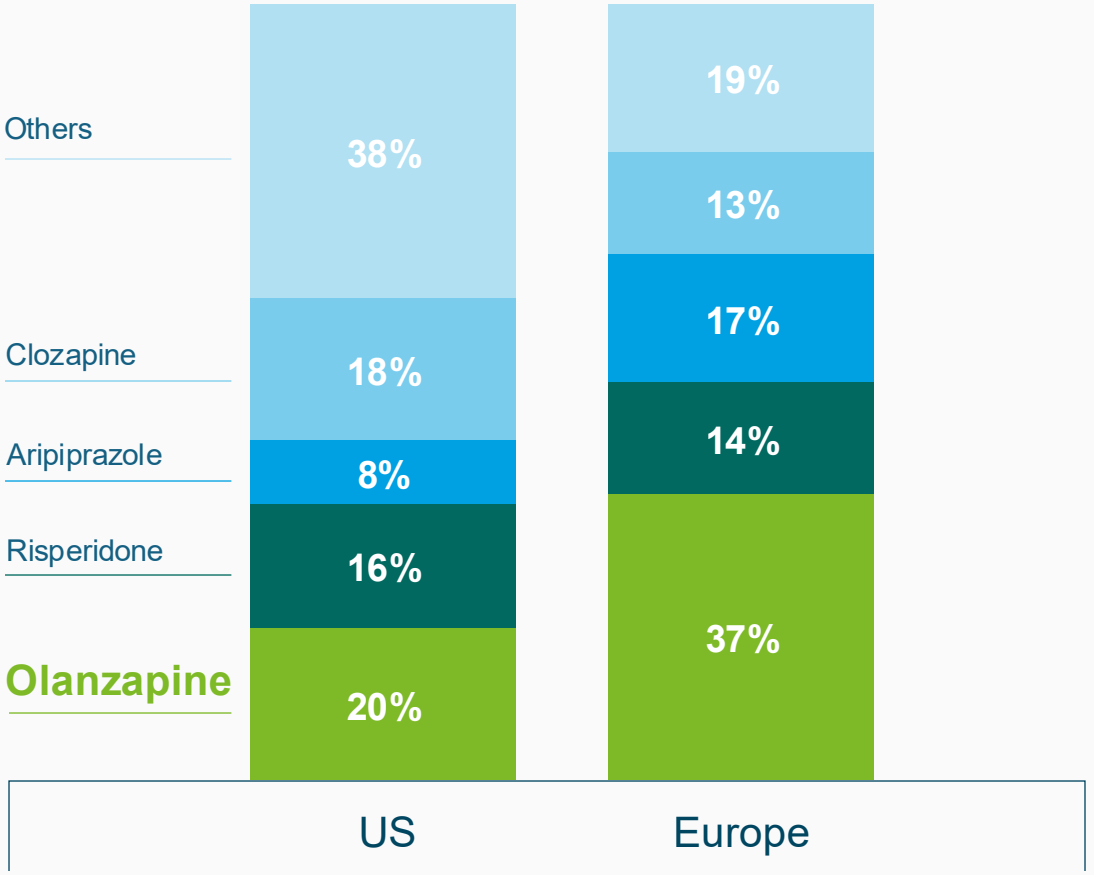
2023	Positive Phase 3 efficacy results
2025	Positive Phase 3 long-term safety results – No PDSS
	> US FDA filing anticipated in Q4 (10-Month review by FDA)

Olanzapine LAI Offers Blockbuster Potential

Most-used antipsychotic in schizophrenia

Used for most severe patients

First-in-class potential, No valid competitor



Source: Teva Innovation & Strategy Day, May 29, 2025 - Note: Share per treatment are based on IQVIA MIDAS MATQ4 2024 for EU (covering 17 countries) and IQVIA NPA Dec24 Trx data for US

The PDSS Risk of the Existing Olanzapine LAI (Eli Lilly)

Risk of PDSS (overdose) at each injection

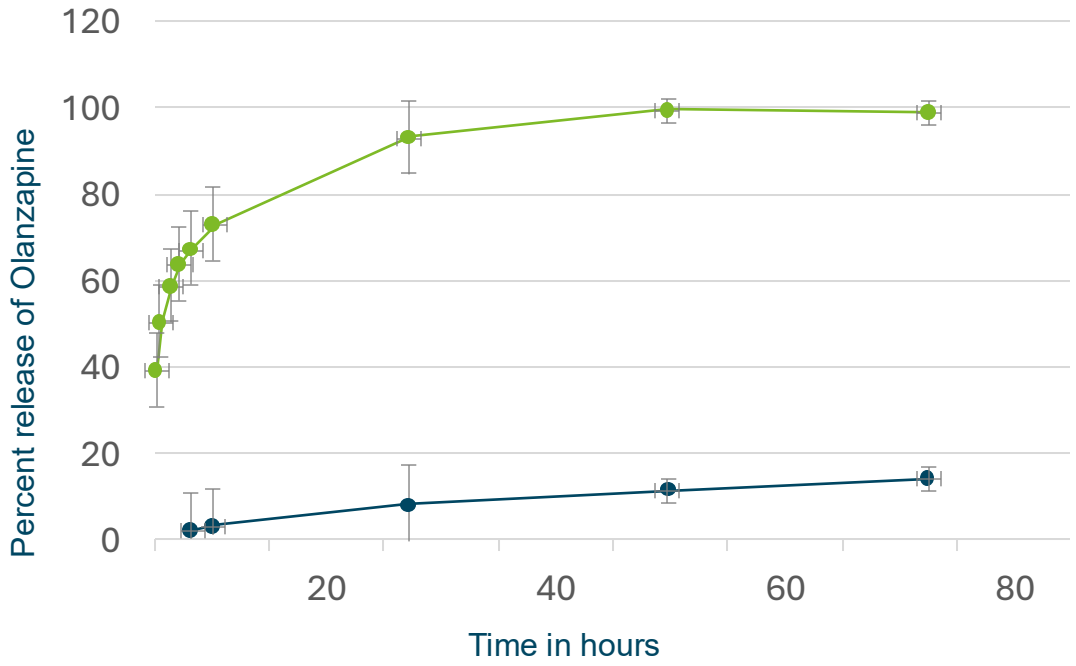
<0.1% of injections, ~2% of patients

Commercial failure due to

- **Mandatory 3-hour monitoring post-injection**
- **Restricted distribution (Risk Evaluation and Mitigation Strategy)**
  - Prescribers must follow training
  - Injections must be performed in a certified health care facility
  - Each injection must be documented

Strong Evidence that Medincell / Teva Olanzapine LAI will not cause PDSS

In vitro release tested in human plasma - worst case



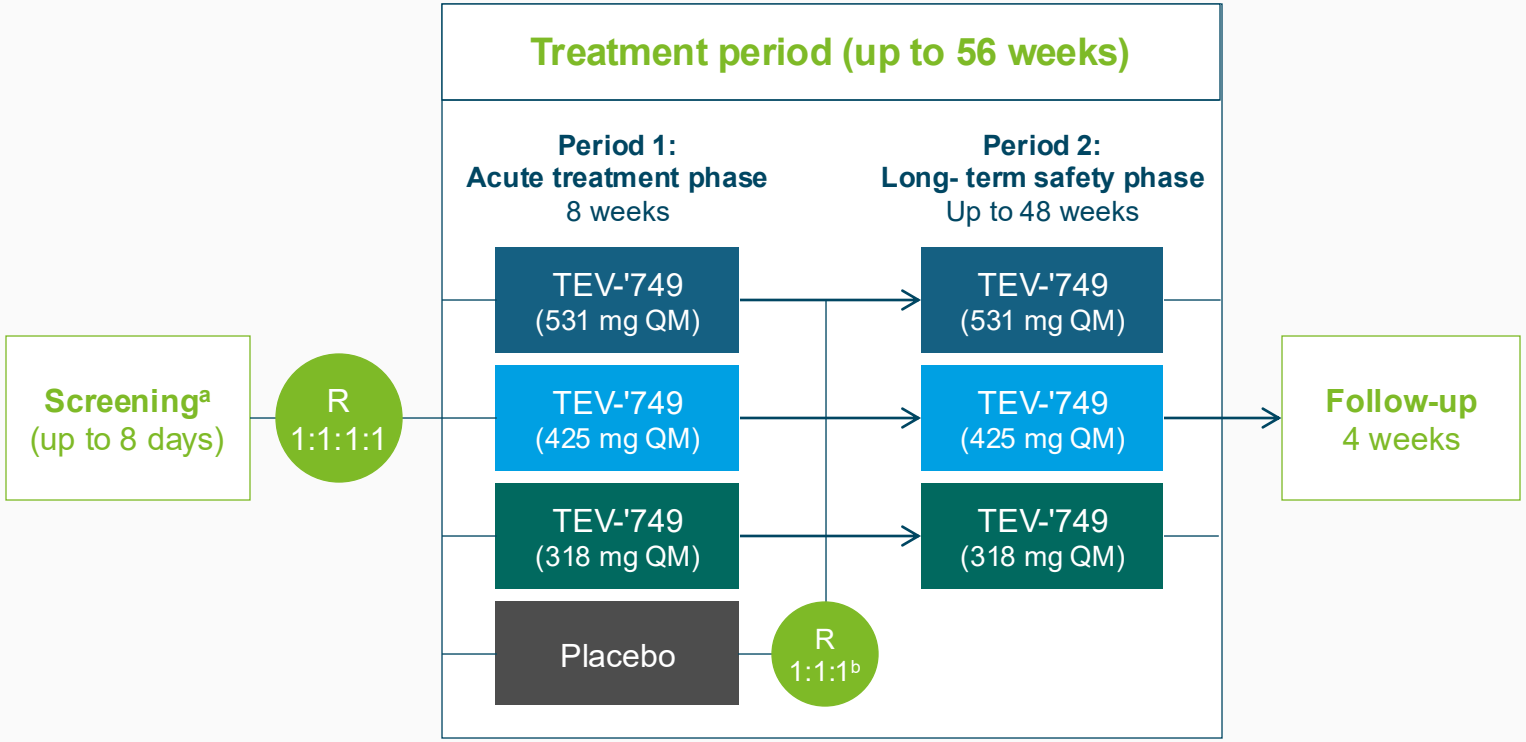
Rapid uncontrolled release
from Zyprexa Relprevv®, which may cause PDSS in combination with intra-muscular injection

Slow, controlled release
enabled by Medincell's formulation

~4,000 injections across multiple clinical studies, with no PDSS observed

SOLARIS Study Design

Phase 3 randomized, double-blind, placebo-controlled (Period 1), open- label long-term safety (Period 2) trial to evaluate efficacy, safety in adult patients with acute exacerbation of schizophrenia



Period 1 (8 weeks, n=675) aimed to assess the efficacy and safety, of TEV- '749 schizophrenia.

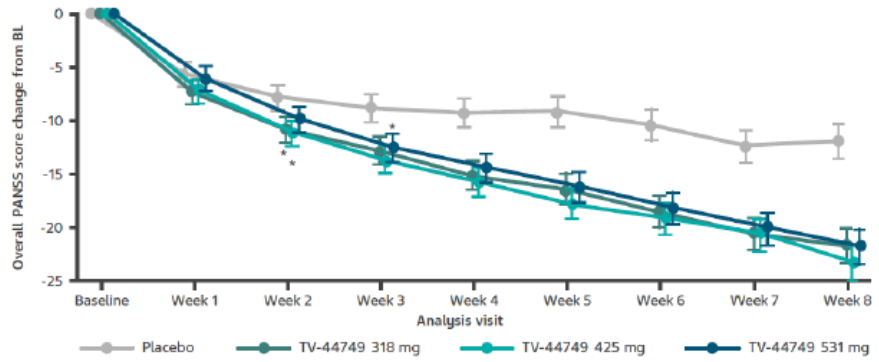
In Period 2 (n=423), Period 1 TEV-'749 participants retained their treatment, placebo patients were re-randomized 1:1:1 to TEV-'749 (318 mg, 425 mg, or 531 mg).

TEV-'749 doses were comparable to daily oral olanzapine doses of 10 mg, 15 mg, and 20 mg.

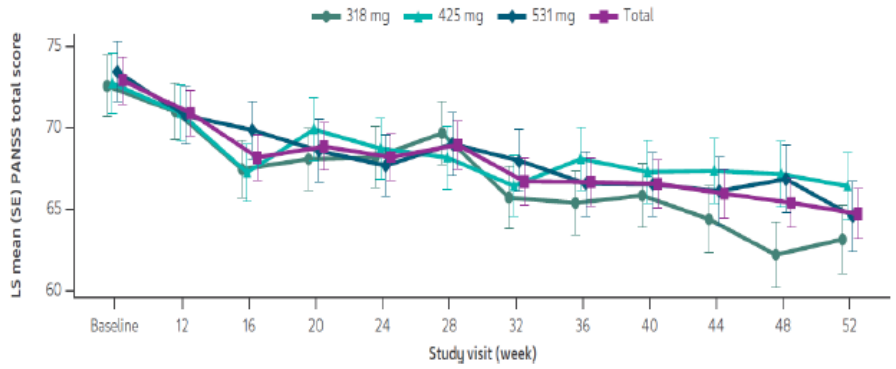
a. Participants entering the trial who had not previously received oral olanzapine within the last year received 2 oral doses of olanzapine for 2 consecutive days at the screening period to assess tolerability. The investigator verified the previous use, tolerability, and duration of olanzapine treatment to assure prior tolerability.
b. To maintain the blinding in Period 1, all participants were re-randomized between Periods 1 and 2; participants previously assigned to the active treatment groups retained their Period 1 treatment assignment (rerandomization was done to maintain blinding of Period 1, and de facto is a deterministic assignment and not randomization), and participants previously assigned to placebo were randomized to one of the active treatment groups in a 1:1:1 ratio. Participants were hospitalized for >28 days after receiving the first injection. QM, once monthly; R, randomization.
Correll CU, et al. Poster #97 presented at the 38th Psych Congress 2025; November 17-21, 2025; San Diego, CA, USA

TEV-’749 Demonstrated Long-Term Clinical Effectiveness with Improvements in PANSS Total Score From Period 2 Baseline Through End of Treatment

LS mean change from baseline to Week 8 in PANSS total score[1]



Mean PANSS total score from Period 2 baseline[a] by visit and treatment group (full analysis set)[2]



- Mean change from baseline to end of treatment at any time for all TEV-’749 groups was -7.2 (SD: 16.21)
- In addition to PANSS total scores, all TEV-’749 groups showed sustained improvement in CGI-S and PSP scale scores to end of treatment

PANSS, Positive and Negative Syndrome Scale; SD, standard deviation; CGI-S, Clinical Global Impression-Severity; PSP, Personal and Social Performance.

1. Correll CU, et al. Poster P5365 presented at the European College of Neuropsychopharmacology; September 21–24, 2024; Milan, Italy. 2. Correll CU, et al. Poster #96 presented at the 38th Psych Congress 2025; September 17–21, 2025; San Diego, CA, USA.

Long-Term Safety Profile of TEV-'749 is Consistent With Other olanzapine Formulations, With No PDSS Events

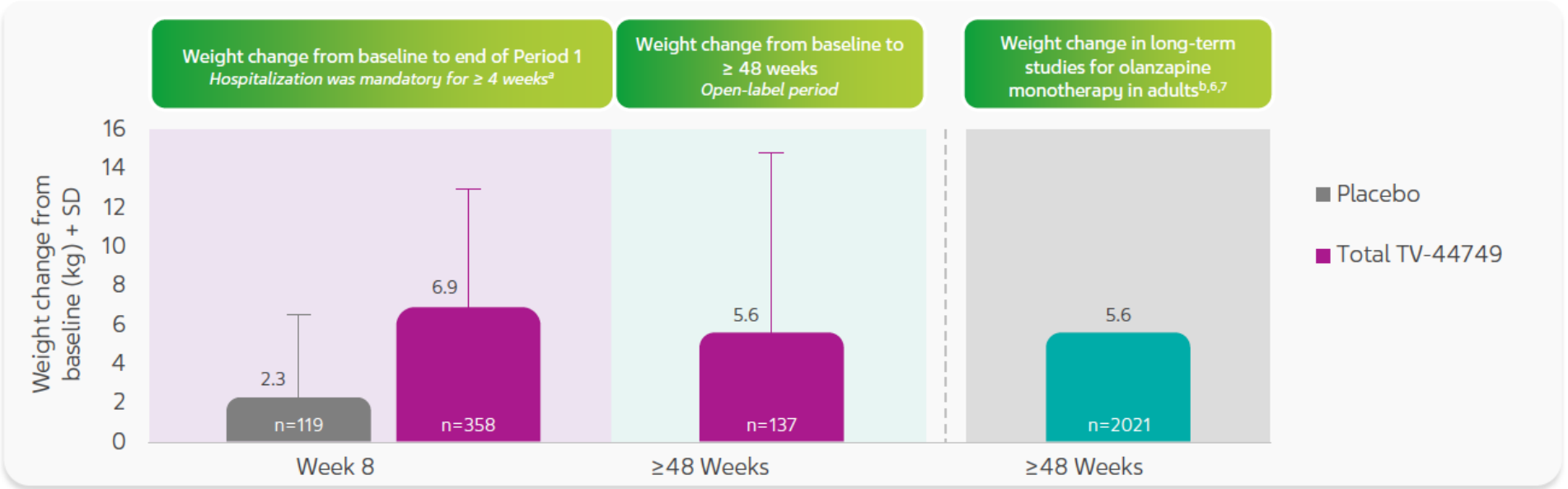
Most Common Adverse Events in SOLARIS Integrated Trial Period	318 mg (n=204)	425 mg (n=203)	531 mg (n=197)	Total (N=604)
Participants with treatment-emergent AEs, n (%)				
Weight increased	73 (36)	78 (38)	69 (35)	220 (36)
Injection-site induration	20 (10)	27 (13)	28 (14)	75 (12)
Injection-site pain	25 (12)	25 (12)	24 (12)	74 (12)
Injection-site erythema	15 (7)	24 (12)	22 (11)	61 (10)
Injection-site pruritus	13 (6)	12 (6)	16 (8)	41 (7)
Somnolence	17 (8)	11 (5)	15 (8)	43 (7)
Headache	9 (4)	15 (7)	8 (4)	32 (5)
Injection-site swelling	11 (5)	11 (5)	8 (4)	30 (5)
Constipation	7 (3)	12 (6)	9 (5)	28 (5)

- No new systemic safety signals were identified over the long-term follow-up period, and consistent with other olanzapine formulations
- Injection site reactions (ISRs) were mild/moderate and decrease with continued dosing
- There were no suspected or confirmed PDSS events (3470 injections)

Treatment-emergent AEs are defined as AEs that occurred after the first dose of TEV-'749 was administered through end of the trial. AE, adverse event.

Correll CU, et al. Poster #97 presented at the 38th Psych Congress 2025; September 17–21, 2025; San Diego, CA, USA

TEV-'749 Long-Term Change in Weight and Caridometabolic Parameters Comparable to Other olanzapine Formulations



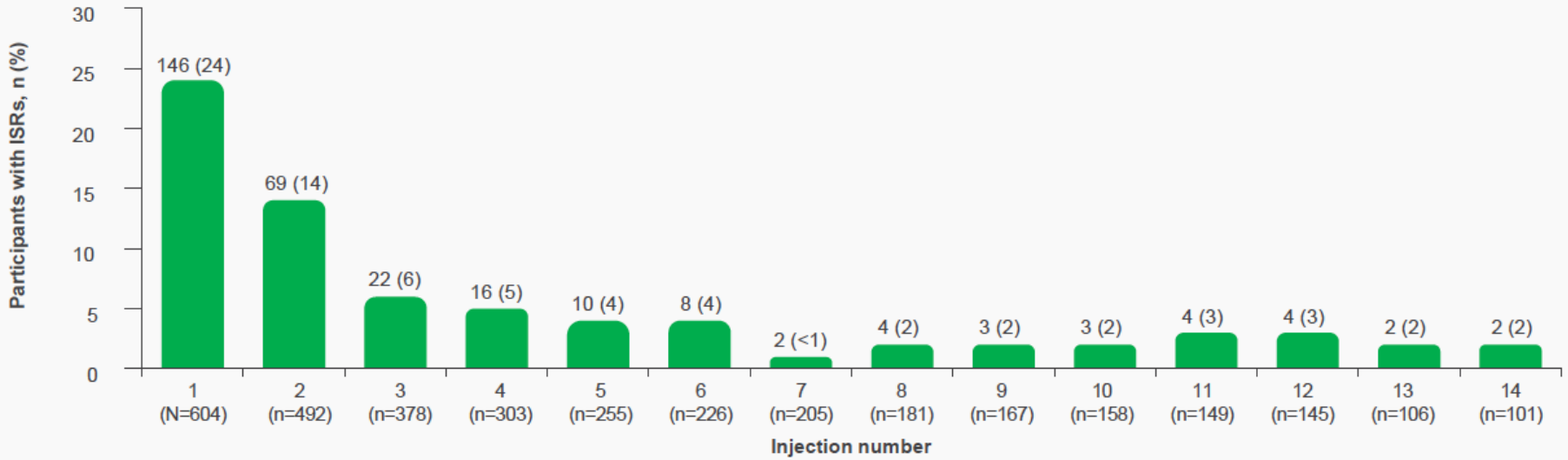
Treatment and/or trial discontinuation due to metabolic AEs were infrequent:

- Period 1: 7 (1%) participants with TEV-'749; none in the placebo group.
- Integrated trial periods: 18 (3%) participants with TEV-'749.

EoT, end of treatment.
Correll CU, et al. Poster #95 presented at the 38th Psych Congress 2025; September 17–21, 2025; San Diego, CA, USA.
1) ZYPREXA RELPREVV (olanzapine) intramuscular [package insert]. Indianapolis, IN: Lilly USA, LLC; 2025; 2) ZYPREXA (olanzapine) oral and intramuscular [package insert]. Indianapolis, IN: Lilly USA, LLC; 2025.

Long-Term Safety Profile of TEV-'749 Injection Site Reactions Were Mild/Moderate and Decreased Over Time

Participants with ISRs, by injection number (safety analysis set)



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Olanzapine LAI on track for FDA filing in Q4 2025

10-Month review by FDA

U.S. approval and commercial launch expected in late 2026

Anticipated opportunity

- LAI- suitable patients on oral olanzapine representing 20-30% of oral patients
- Absence of required monitoring expected to drive Olanzapine LAI usage growth

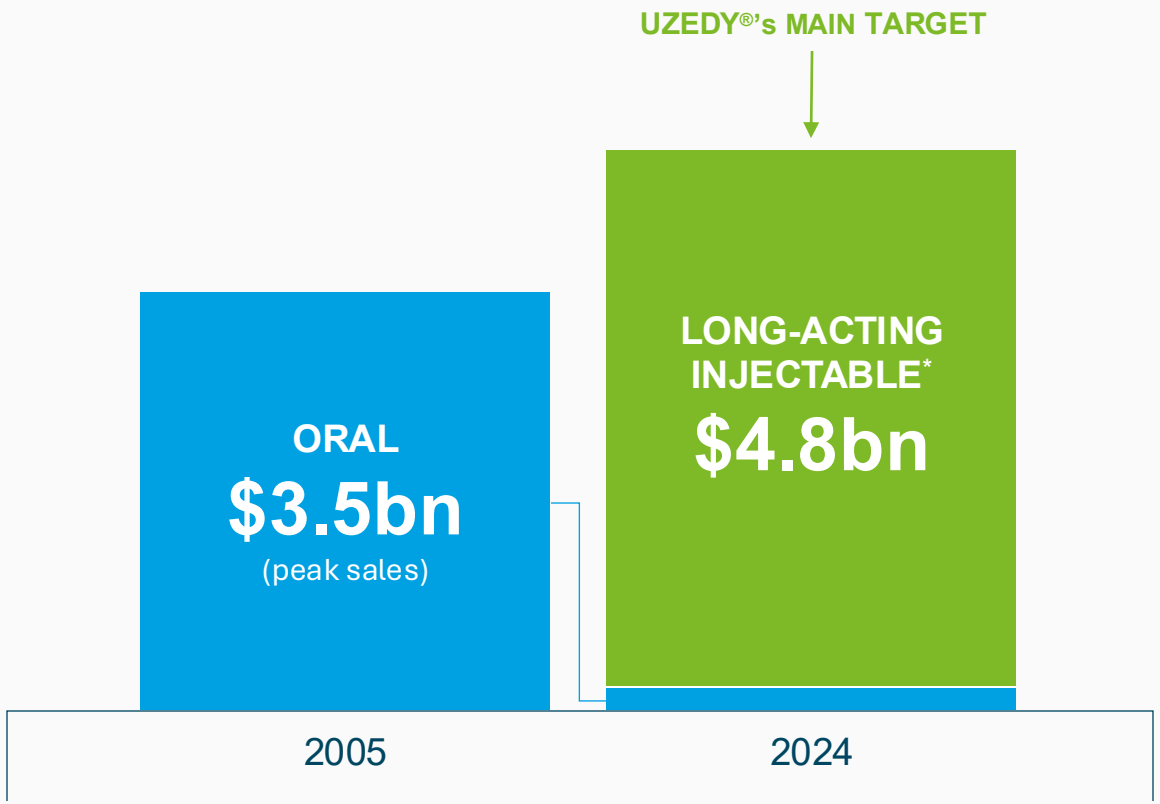
Source: Teva Pharmaceuticals – 3rd Quarter 2025 Results Presentation - https://s24.q4cdn.com/720828402/files/doc_financials/2025/q3/Q325-Earnings-Presentation.pdf

Risperidone and Olanzapine LAIs to Drive Medincell's Accelerated Growth

Schizophrenia Strategy

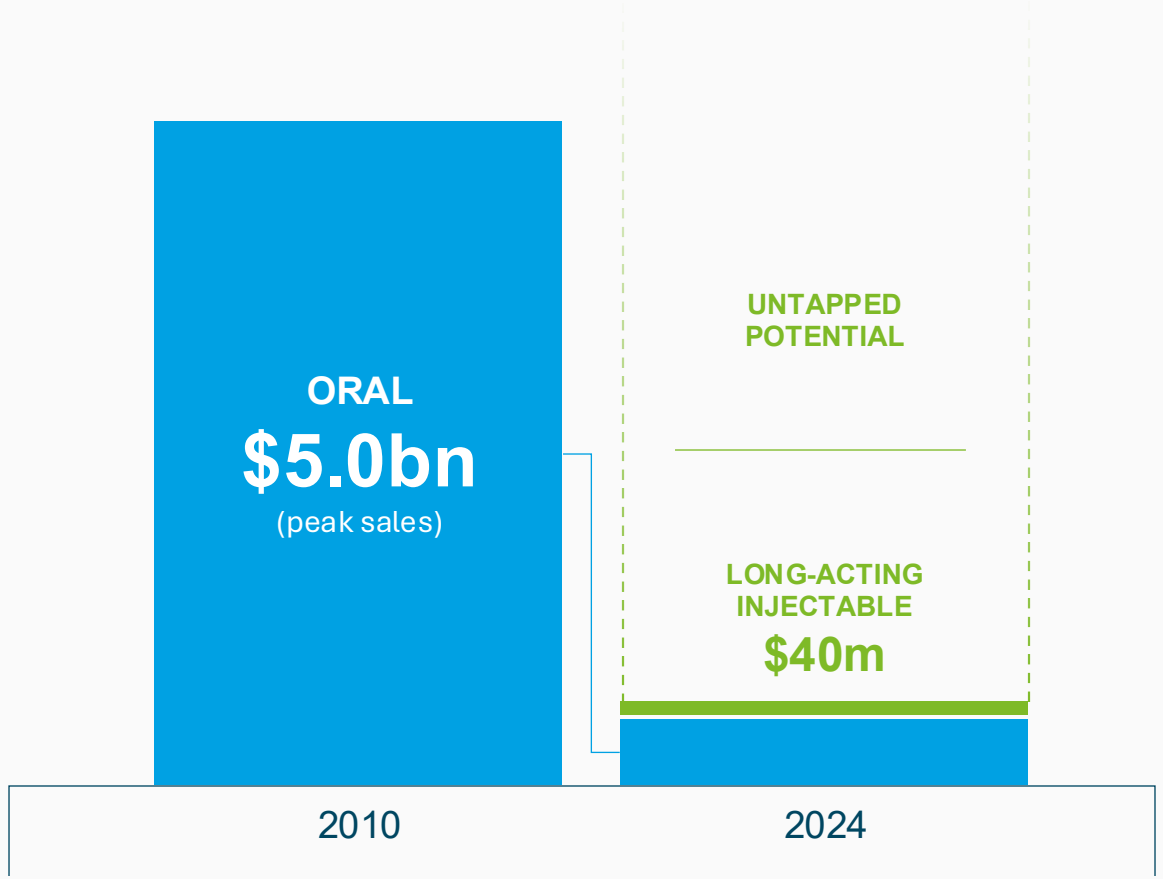
RISPERIDONE

Johnson & Johnson: successful shift from oral to LAI



OLANZAPINE

Eli Lilly: failed shift from oral to LAI



Sources: 7 Major Markets - Companies reported sales, IQVIA
* Risperidone and its metabolite

Teva is the Ideal Partner

UZEDY® and Olanzapine LAI are key assets in Teva's *Pivot to Growth* strategy

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Teva's sales force has shown very strong recent commercial performance in the CNS field

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Worldwide reach

Confirmed Blockbuster Potential

	RISPERIDONE LAI UZEDY®	OLANZAPINE LAI	TOTAL FRANCHISE
Teva peak sales expectation[1]	*undisclosed*	*undisclosed*	**$1.5B – $2.0B**
Medincell's analysts' peak sales forecasts[2] Evercore, Truist, HCW H.C. Wainwright & Co., Jefferies, Stifel, Oddo BHF, Portzamparc BNP Paribas Group, Kepler Cheuvreux, TP ICAP	**$0.6B – $2.2B** **consensus: $1.2B**	**$1.5B – $2.9B** **consensus: $2.0B**	**$2.2B – $5.1B** **consensus: $3.2B**

[1] Teva Conference call – November 22, 2025 - https://ir.tevapharm.com/Events-and-Presentations/events-and-presentations/event-details/2025/Q3-2025-Teva-Pharmaceutical-Industries-Ltd-Earnings-Conference-Call/default.aspx
[2] Based on most recent information received from analysts: Evercore, Truist, HC Wainwright, Jefferies, Stifel, Oddo BHF, Portzamparc, Kepler Chevreux, TP-Icap. Any opinions, estimates, or forecasts regarding Medincell's performance made by analysts are theirs alone and do not represent opinions, forecasts, or predictions of Medincell or its management.

Medincell's Revenue from Global Net Sales

	RISPERIDONE LAI UZEDY®	OLANZAPINE LAI
Royalties	Mid- to high-single digit	
Milestones	Approval: $ 4 M Commercial: $105 M	Commercial: $105 M

Multi-Hundred Million Dollar Annual Pure Profit Potential

Patents Granted on UZEDY® and Olanzapine Support Long-Term Exclusivity

RISPERIDONE LAI (UZEDY®)
US patent protection

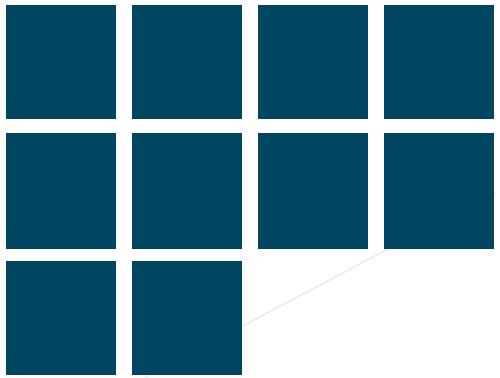
2042

OLANZAPINE LAI
US patent protection

2044

Pipeline & Innovation
The Third Growth Engine

Advancing Innovation Across the Pipeline

FORMULATION	PRECLINICAL	CLINICAL PHASE 3	NDA PREPARATION	MARKET
~10 **in-house and partnered programs** 	**AbbVie** (1/6) abbvie	**Celecoxib Intraarticular** (mdc-CWM) Postoperative pain AiC	**Olanzapine LAI** (mdc-TJK) Schizophrenia teva	**Risperidone LAI** **UZEDY®** Schizophrenia / BP-I teva
	Progestin 6-Month (mdc-WWM) Contraception Gates Foundation			
	Ivermectin 3-Month (mdc-STM) Malaria			

Strategic Co-Development and Licensing Agreement with AbbVie

1st program candidate selected

Preclinical activities initiated in Sept. 2024

Up to 5 additional LAI programs

A multibillion-dollar revenue potential

- $35 million upfront payment
- Up to $315 million/program in potential commercial and development milestones
- Tiered mid-single to low-double digit royalties

Intraarticular Celecoxib for Postoperative Recovery (mdc-CWM) > Regulatory Path to Approval

Unique impact on long-term functional outcomes

Clear differentiation from approved and investigational therapies

FDA Q1 2025 meeting confirmed clear guidance for a second Phase 3 design focused on TKR-naïve subgroup

AIC is actively preparing the next Phase 3 study

Expanding Contraception Alternatives for Women worldwide (mdc-WWM, 6-Month Contraceptive)

An estimated 74 million women living in low and middle-income countries become pregnant unintentionally every year leading to 25 million unsafe abortions and 47,000 maternal deaths

(WHO)

Essential features for best-in-class potential

- Progestin molecule (non-MPA)
- 6-month duration
- Subcutaneous injection
- Self injectable
- Full bio resorption
- Affordability

All commercial rights owned by Medincell

- Contraception is a $5bn market in the U.S.
- LARC (Long-Acting Reversible Contraceptives, primarily solid implants and intrauterine devices) represent 28% of US market, i.e., $1.4bn with 5-CAGR at 7.8% (Source: IQVIA)

Financial support from Gates Foundation

$22.5m financing grant by the Gates Foundation for Global Access rights in low- and middle-income countries (WHO)

Breaking Malaria Transmission (mdc-STM)

Malaria

- **263 million cases (↑) and 597,000 deaths (↓) in 2023**
- **Mostly in Africa, with children <5 being the most affected**

License agreement with Medicines Patent Pool covering all low- and middle-income countries

Community-based intervention

- Administration of sustained-release ivermectin at the beginning of transmission season to people living in malaria endemic areas
- Anopheles mosquitoes that transmit malaria to be neutralized avoiding further malaria parasites transmission
- Decreasing mosquito numbers, can benefit the whole community by lowering the risk of malaria transmission, particularly in children

Ivermectin for effective vector control

- Evidence of effectiveness of ivermectin in neutralizing Anopheles mosquitoes that transmit malaria
- BOHEMIA trial (2024) in Kenya demonstrated 26% reduction in malaria transmission in the Ivermectin arm
- Modelling shows potential improvement from 26% reduction to cir. 60%

Early-Stage Pipeline

FORMULATION

~10

in-house and partnered programs

In-house programs & partnerships
(Big Pharma, Late-Stage Biotech, Global Health)

Commercial stage & development stage drugs

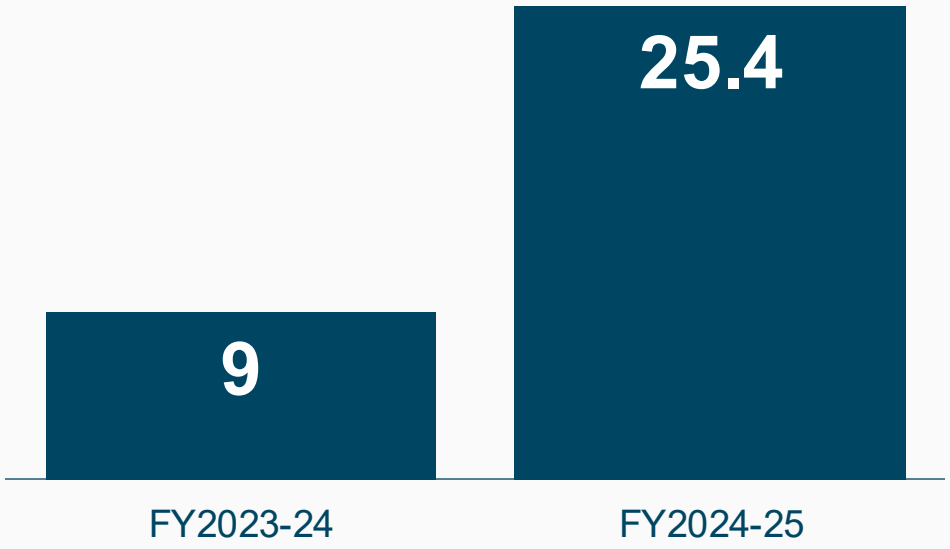
5 therapeutic areas

Several candidates with blockbuster potential

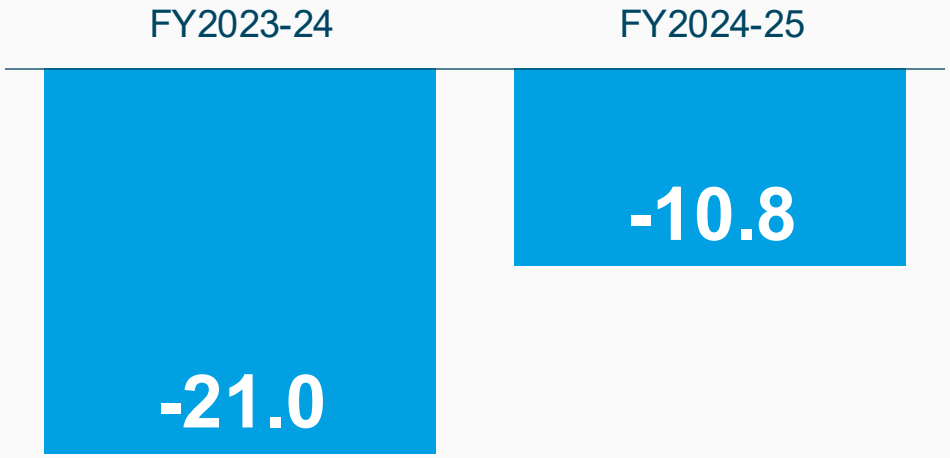
Financials

FY 2024-25 Revenue and EBITDA

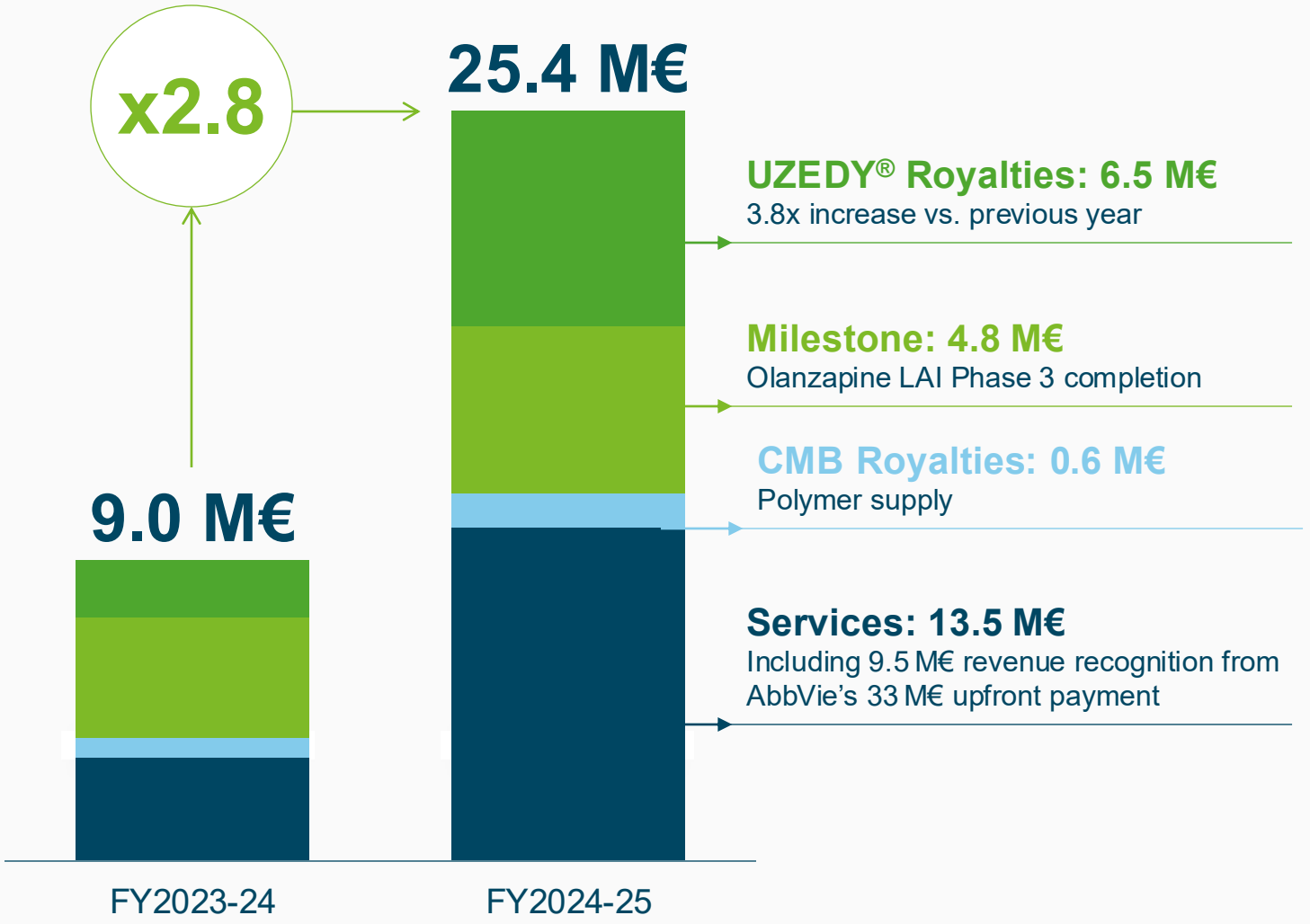
Revenue Up 2.8x



Operating Losses
Cut in Half



Revenues Up 2.8x, Royalties Surged in FY 2024-25*



* April 2024 – March 2025

FY 2024-25 Income Statement

Total income	**27.7**	**+130% YoY**
of which revenue	25.4	+180% YoY
Operating expenses	**38.5**	**+17% YoY**
Operating result	**-10.8**	**48% improvement YoY**
Financial result	**-7.4**	**Ongoing discussion with EIB to eliminate warrants impact**
of which non-cash Impact of the change in the fair value of EIB Warrants	-2.8	
Net result	**-18.4**	**26% improvement YoY**

Cash Position

CASH AND CASH EQUIVALENT

43 M€ fund raising in February 2025

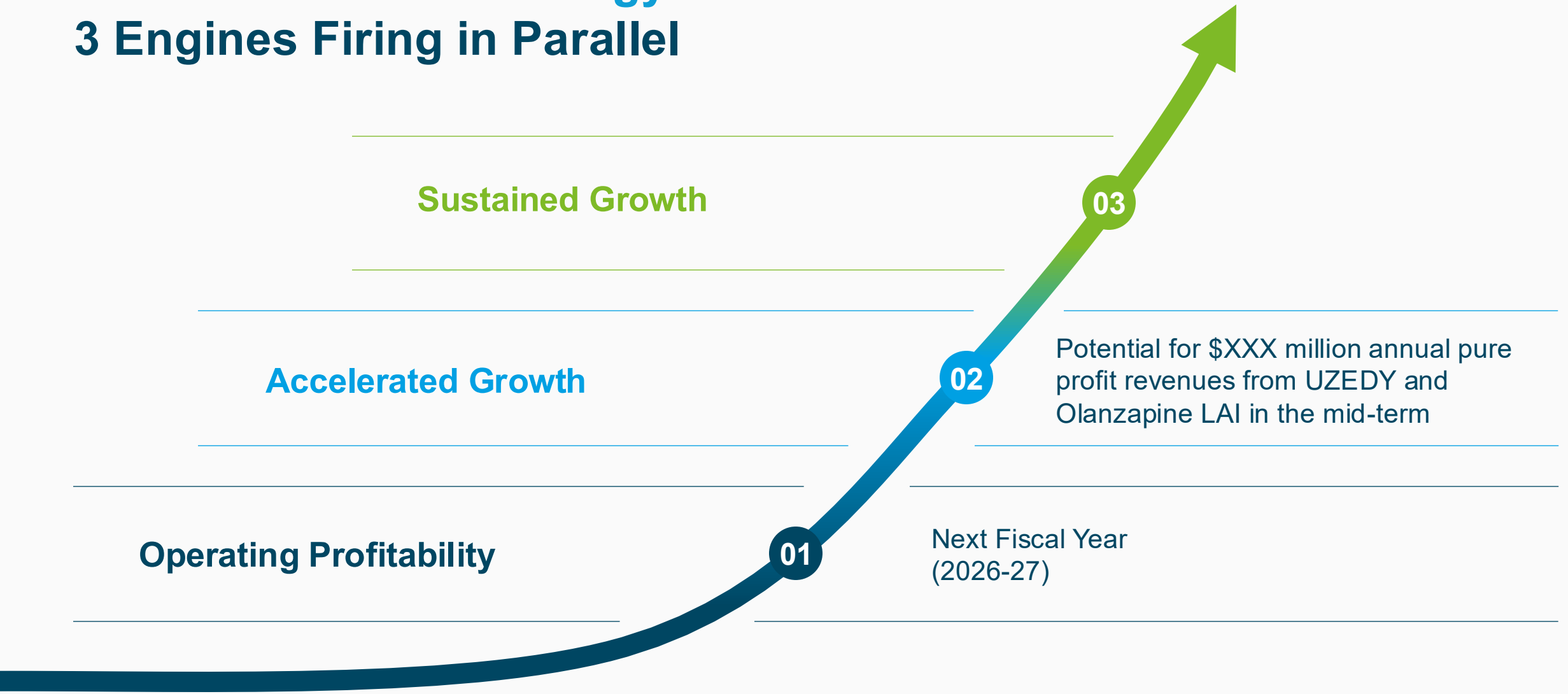
33 M€ upfront payment from AbbVie
(May 2024)

Balance Sheet

	March 31, 2025	March 31, 2024
Equity of the consolidated group	**(16 367)**	**(40 824)**
Total non-current liabilities*	**76 945**	**61 304**
Total current liabilities	**29 874**	**16 466**
Total non-current assets	**9 835**	**9 690**
Total current assets	**80 617**	**27 258**
of which cash and cash equivalents	59 040	19 460
of which low-risk financial investments	12 857	-

*** Including a €40 million EIB loan divided into three tranches maturing between December 2027 and July 2028, currently under renegotiation**

“Shift to Growth” Strategy
3 Engines Firing in Parallel



Thank you