Transforming Urothelial Cancer Care

Through Innovation

May 2026

UroGen® Pharma

Disclaimers

This investor presentation contains forward-looking statements as that term is defined in the Private Securities Litigation Reform Act of 1995, including, without limitation: the estimated addressable patient population and market and revenue opportunity for JELMYTO® and UGN-104 in LG-UTUC, ZUSDURI™ (formerly UGN-102) and UGN-103 in LG-IR-NMIBC, and UGN-501 in HG-NMIBC; the potential of UroGen's proprietary RTGel® technology platform including to improve therapeutic effects of existing products (other than mitomycin for our approved products); the potential benefits of JELMYTO and UGN-104, ZUSDURI and UGN-103, and UGN-501, including to transform the treatment paradigm in LG-UTUC, recurrent LG-IR-NMIBC, and HG-NMIBC and other potential cancers, respectively; the interpretation and summary of results of the ENVISION trial for ZUSDURI and of the Phase 3 Olympus trial and real world retrospective studies of JELMYTO; the potential of ZUSDURI to set the new standard of care for recurrent LG-IR-NMIBC; the potential advantages of ZUSDURI over TURBT; the performance of the ongoing commercial launch of ZUSDURI and revenue drivers; expectations regarding the NMIBC landscape, including expected competitor clinical and regulatory milestones; UroGen's estimates regarding target HCPs, market opportunity coverage and operational support for ZUSDURI; the expectations regarding the continued growth of JELMYTO revenue and patient demand, including full year revenue guidance for 2026; UroGen's leadership growth strategy, including to deliver long-term sustainable growth; the planned clinical studies for UGN-501; the potential benefits of and expected length of patent protection for UGN-103 and UGN-104; the ongoing Phase 3 UTOPIA study of UGN-103 in recurrent LG-IR-NMIBC and the expected NDA submission in the second half of 2026; the Phase 3 trial to evaluate UGN-104 in LG-UTUC and the expectation to complete enrollment in the trial by the end of 2026; and UroGen's plans to explore the potential of RTGel technology through future research collaborations. These statements are subject to a number of risks, uncertainties and assumptions, including, but not limited to: the potential for payors to delay, limit or deny coverage for ZUSDURI, and other challenges associated with the launch of a new commercial product; new data relating to ZUSDURI, including from spontaneous adverse event reports and from the ongoing ENVISION trial, may result in changes to the product label and may adversely affect sales, or result in withdrawal of ZUSDURI from the market; UroGen's pending patent applications may not be successful and in such event the duration of its intellectual property protection would be more limited; the timing and success of clinical trials and potential safety or other complications encountered therein; results from prior or ongoing clinical trials and real-world retrospective studies may not be indicative of results that may be observed in the future; unforeseen delays that may impact the timing of progressing clinical trials and reporting data; the ability to obtain regulatory approval within the timeframe expected, or at all; the ability to maintain regulatory approval; complications associated with product development and commercialization activities; the labeling and packaging for any approved product; competition in UroGen's industry; the scope, progress and expansion of developing and commercializing UroGen's products and product candidates; the size and growth of the market(s) therefor and the rate and degree of market acceptance thereof vis-à-vis alternative therapies or procedures; RTGel technology may not perform as expected and UroGen may not successfully develop and receive regulatory approval of any product candidate beyond JELMYTO and ZUSDURI that incorporates its RTGel technology; UroGen's financial condition and need for additional capital; the impacts of macroeconomic and geopolitical conditions, inflation, tariffs, and pharmaceutical pricing regulatory reform; and UroGen's ability to attract or retain key management, members of the board of directors and other personnel. In light of these risks and uncertainties, and other risks and uncertainties that are described in the Risk Factors section of UroGen's Quarterly Report on Form 10-Qfor the quarter ended March 31, 2026, filed with the Securities and Exchange Commission (SEC) on May 6, 2026, and other filings that UroGen makes with the SEC from time to time, the events and circumstances discussed in such forward-looking statements may not occur, and UroGen's actual results could differ materially and adversely from those anticipated or implied thereby. Any forward-looking statements speak only as of the date of this presentation and are based on information available to UroGen as of the date of this presentation.

UroGen® Pharma

Revenue Generating Company Pioneering New Therapies for Patients Living with Urothelial & Specialty Cancers

PROPRIETARY TECHNOLOGY + **PROVEN AND NOVEL MEDICINES** *(SMALL & LARGE MOLECULES)* + **UNPRECEDENTED DATA**

Commercial Products

Zusduri™ (mitomycin) for intravesical solution

Jelmyto® (mitomycin) for pyelocalyceal solution

Next-Generation Pipeline

UGN-103 & UGN-104: Next-gen novel mitomycin-based formulations

UGN-501: Next-gen investigational oncolytic virus

Strong Balance Sheet

$140.3 million
in cash, equivalents and marketable securities

1. Cash, cash equivalents, and marketable securities as of March 31, 2026. Excludes restricted cash on Balance Sheet.

LG-UTUC=Low-Grade Upper Tract Urothelial Carcinoma; LG-IR-NMIBC=Low-Grade Intermediate Risk Non-Muscle Invasive Bladder Cancer HG-NMIBC=High-Grade Non-Muscle Invasive Bladder Cancer

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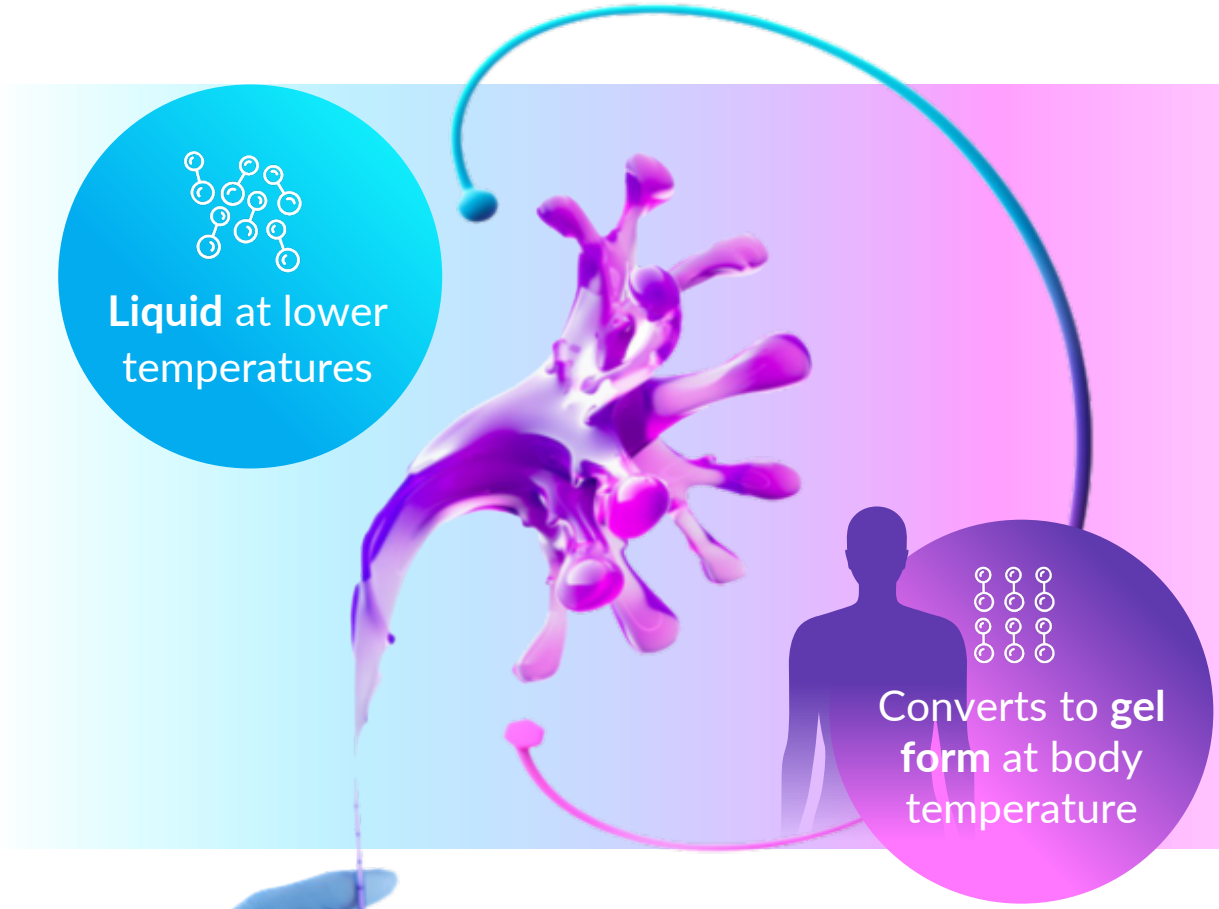
Novel, Sustained Release Therapeutic Delivery: RTGel®

Proprietary reverse-thermal hydrogel technology designed to improve local medicine delivery



- **Increases dwell time (6-24 hours)** and exposure to active drugs*
- **Improves the therapeutic effects of mitomycin in LG-UTUC & LG-IR-NMIBC**
- Shown to address **visible tumor** and **microscopic residual disease**[1]
- Local administration intravesically results in **low systemic exposure of therapeutic**[1]
- Leverages physiologic flow of urine to provide **natural exit from the body**

1. Kleinmann et al. 2020 Jun;21(6):776-785; Prasad et al. JURol, 7Aug2023; Prasad SM, et al. *J Urol.* 2024;213:205-216.

*Due to the RTGel® reverse-thermal hydrogel technology, JELMYTO allows for a dwell time of approximately 6 hours. For ZUSDURI, a median dwell time of 5 hours, with reports of up to 24 hours based on patient-reported visibility of gel in the urine post-treatment

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LG-IR-NMIBC vs. HG-NMIBC Market

Low-Grade IR-NMIBC		High-Grade NMIBC
Chronic recurrence; rarely progresses to high-grade disease	ISSUES	Progression, metastasis & death
Repetitive TURBT	SOC	TURBT, BCG, radical cystectomy, clinical trials

VS

Newly diagnosed
~23K/year[1,2,3]

Recurrent:
~59K/year[1,2,3]

Limited competition: ZUSDURI™ is the only FDA-approved non-surgical chemoablative treatment in this disease

BCG is not widely used in low-grade disease

Incidence:
~25K/year[4]

BCG-refractory:
~19K/year[4]

Clinical trials ongoing in BCG-refractory populations

Significant unmet need given low response rates and durability

Goal is to avoid radical cystectomy

1. ACS Cancer Facts & Figures 2023
2. SEER, AUA/SUO joint guideline
3. Babjuk et al. European Urology (2019), Simon (2019),
4. SEER*Stat Database (2019) Surveillance Research Program; Curr Urol Rep (2016) 17: 68; Ther Adv Urol. 2012 Feb; 4(1): 13–32; UroGen Market Research.

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Patients Living with Urothelial Cancers Have Unique Needs

~59K
Addressable recurrent U.S. population[3,4,5]

Low-Grade
Intermediate Risk
Non-Muscle Invasive
Bladder Cancer
(LG-IR-NMIBC)

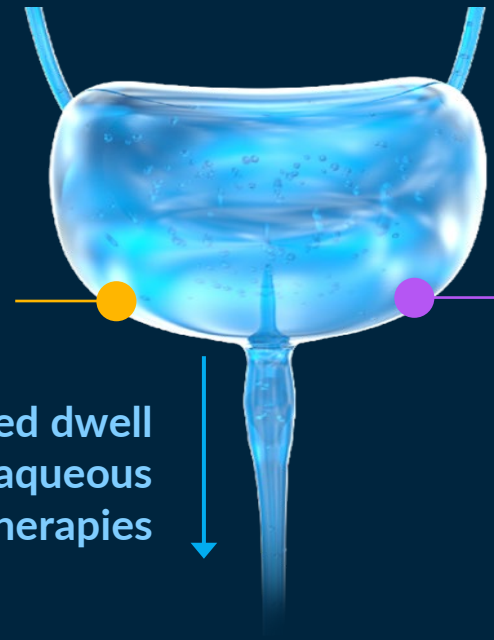
~6-7K
addressable U.S. population[1,2]

Low-Grade
Upper Tract
Urothelial Carcinoma
(LG-UTUC)

~19K
addressable U.S. population[4,6]

High-Grade
Non-Muscle
Invasive Bladder
Cancer
(HG-NMIBC)

Urinary tract is an elimination system resulting in challenging-to-treat cancers:



Anatomical barriers

Limited dwell time for aqueous chemotherapies

Intolerance of foreign materials in the urinary tract

1. Upfill-Brown 2018 2. Cutress 2012 3. ACS Cancer Facts & Figures 2023
4. SEER, AUA/SUO joint guideline 5. Babjuk et al. European Urology (2019), Simon et al (2019) PLoS ONE 14(2): e0211721
6. UroGen commissioned third party assessment (Lion Healthcare Strategies, Ambaw)

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ZUSDURI™ (formerly UGN-102) Approved by FDA!

ZUSDURI is the first and only FDA-approved medication for recurrent low-grade intermediate-risk non-muscle invasive bladder cancer

Zusduri™

(mitomycin) for intravesical solution

To see ZUSDURI's full Prescribing Information and Important Safety Information visit Zusduri.com and https://www.urogen.com/download/pdf/zusduri_prescribing.pdf

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Clear Patient Need with Frustrating Cycle of Treatment for Recurrent LG-IR-NMIBC

59,000
Recurrent Patients[1,2,3]

23,000
New Patients[1,2,3]

~68% of recurrent patients have **2 or more recurrences**[4]

~23% of recurrent patients have **5 or more recurrences**[4]

~14% **greater risk of death for patients who have had 2 to 4 TURBT procedures** compared to patients who have only had 1 procedure[5]

1. ACS Cancer Facts & Figures 2023
2. SEER, AUA/SUO joint guideline
3. Babjuk et al. European Urology (2019), Simon (2019)
4. Babjuk et al. European Urology (2019), Simon (2019), UroGen projections based on SEER (2016)
5. Erikson et al. Scan J Urol & Nephrol (2020)

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ZUSDURI™: First and Only FDA-Approved Medicine For Patients with Recurrent LG-IR-NMIBC[1,2]

ZUSDURI™ represents a new approach specifically for recurrent LG-IR-NMIBC, with strong efficacy and safety data in the ENVISION phase 3 trial[1]

Innovative reverse-thermal hydrogel containing mitomycin offers potent tumor ablation[1]

Can be administered intravesically in an outpatient setting[1]

79.6% Complete Response (CR) Rate at 3-months[1]

82.3% Durability of Response (DOR) at 12-months by Kaplan-Meier analysis following a 3-month CR[1]

1. Prasad et al. JUrol, 25Feb2024; Based on Kaplan-Meier analysis of the Phase 3 ENVISION Intent to Treat (ITT) population (n=240)
U.S. Food and Drug Administration (FDA). ZUSDURI for intravesical instillation, Prescribing Information. UroGen Pharma, Inc.; June 13 2025: https://www.urogen.com/download/pdf/zusduri_prescribing.pdf.
The FDA approved ZUSDURI on June 12, 2025, based on the observed rate of the Phase 3 ENVISION trial results of the FDA Analysis Population (n=223, excludes censored patients) demonstrating 78% of this population achieved a CR at three months, and 79% of those responders maintained CR at 12 months after the three-month visit (using the observed rate)

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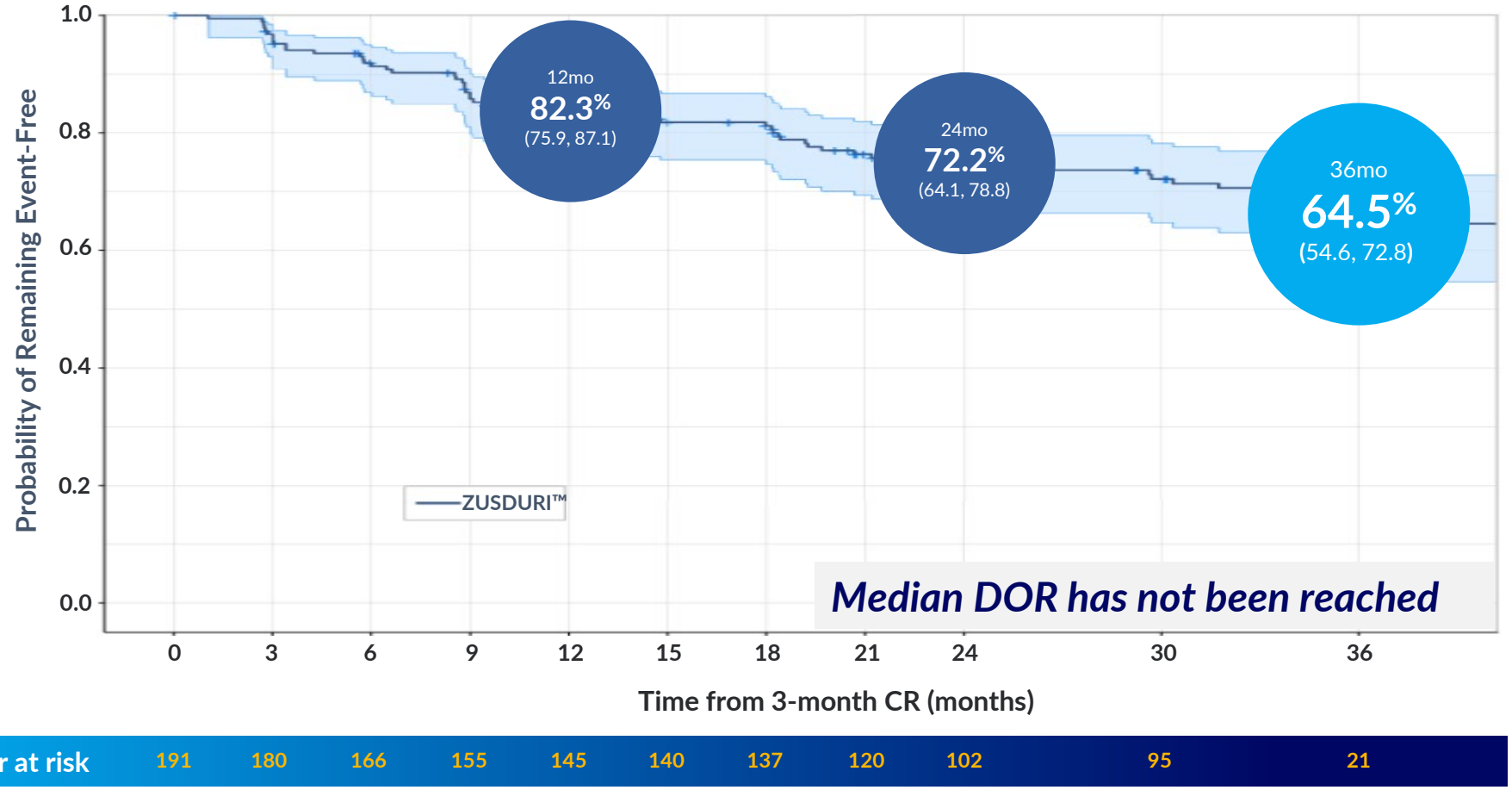
Sustained CR Ongoing at 36 Months by Kaplan-Meier Estimate[1]



1. 36-month DOR of 64.5 (95% CI 54.6%, 72.8%) by Kaplan-Meier analysis in patients who achieved CR at 3 months from the Phase 3 ENVISION trial of ZUSDURI™. Median follow-up time of 35.5 months.

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Adverse Events Mainly Related To Lower Urinary Tract Symptoms[1]

	ZUSDURI (N=240) n (% incidence)
Any Adverse Events	140 (58.3)
Any Serious Adverse Events	30 (12.5)
Any TEAEs	137 (57.1)
Any Grade >=3 TEAEs	33 (13.8)
Any Serious TEAEs	29 (12.1)
Any Treatment or Procedure Related Serious TEAEs	4 (1.7)
Any Treatment Related Serious TEAEs	**2 (0.8)**
Any Procedure Related Serious TEAEs	3 (1.3)

TEAEs were generally **mild to moderate** in severity **leading to minimal treatment discontinuation (3%)**

The 2 treatment-related SAEs were **urethral stenosis** and **urinary retention (both resolved)**

1. Prasad SM, et al. *J Urol.* 2024;213:205-216
AEs = Adverse Events; SAE = Serious Adverse Events; TEAS = Treatment-Emergent AE
Deaths in the trial (3) were unrelated to treatment: cardiac event, pneumonia, and not reported

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Surveyed ENVISION Patients Preferred ZUSDURI™ and Physicians Said They Will Use It

ENVISION Patient Perspectives on ZUSDURI™ vs. TURBT[1]

- Less impact on activities/ responsibilities (work, recreation & exercise, sexual activity)
- Less bleeding, catheter issues shorter lasting
- Patients would recommend because ZUSDURI™ was perceived to be less invasive, painful, and time-consuming

92%
of surveyed
UROLOGISTS
stated they would use ZUSDURI[2]

1. Stover et al. 2025JUrol. Forty-one US patients from 31 sites in the ENVISION trial were eligible, and 29 of 41 completed both interviews. Patients were asked to compare TURBT with a ZUSDURI™ (UGN-102) for acceptability and impact on their routine/responsibilities.
2. Based on survey conducted by UroGen in Q3 2023 of 111 board-certified urologists. Vendor IQVIA

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Delivering Industry-Leading Clinical Education and Operational Support

Expanded field team is fully scaled and actively supporting the ZUSDURI launch

~8,500

Target HCPs

Covering
90% of Market
Opportunity

Sales Force
- Regional Business Director (RBD)
- Territory Business Manager (TBM)

Field Support
- Clinical Nurse Educator (CNE)
- Regional Operations Manager (ROM)

Market Access
- Key Account Director (KAD)
- Field Reimbursement Manager (FRM)

Medical
- Medical Science Liaisons (MSL)

Note: Based on management expectations and latest forecast

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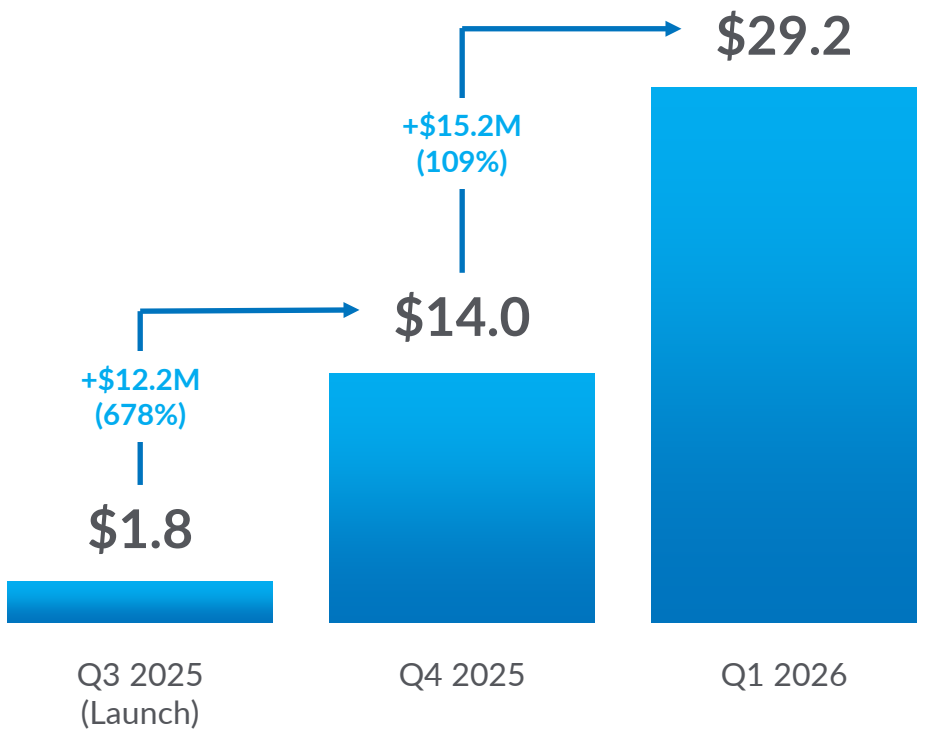
ZUSDURI™ Strong Revenue Momentum Since Launch

Achieved $45M in Cumulative ZUSDURI™ Revenue

Quarterly ZUSDURI™ Revenues ($MM) Since Launch[1]



Net Revenue Drivers

- Strong sequential quarterly growth since FDA approval in June 2025
- Unique J-Code effective January 1, 2026, improving reimbursement confidence and accelerating Q1 2026 uptake
- Rapid physician adoption driven by strong clinical data and first-mover advantage

1. Underlying demand revenue growth excludes CREATES Act sales

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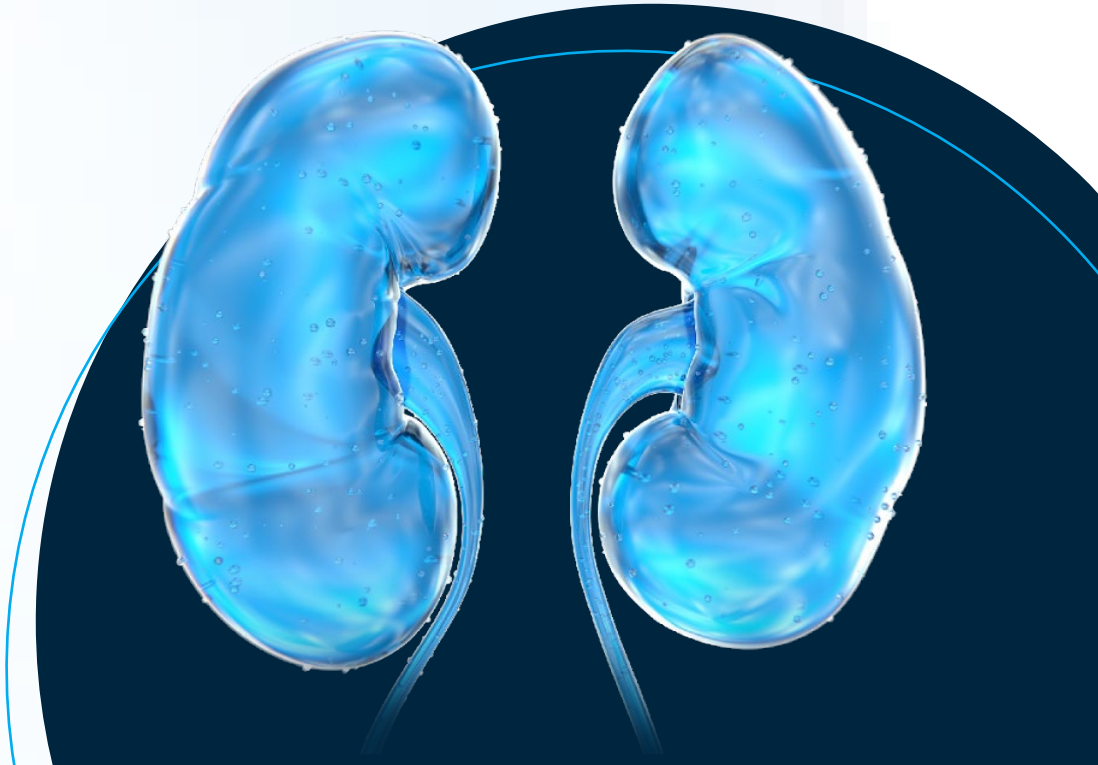
JELMYTO®

First and Only FDA-Approved Non-Surgical Treatment for Patients with LG-UTUC

Jelmyto®
(mitomycin) for pyelocalyceal solution



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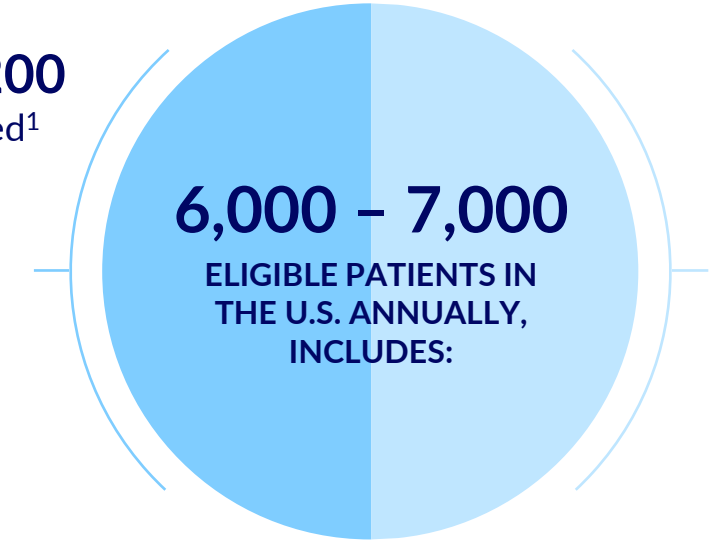
LG-UTUC: Rare Disease with High Recurrence

Radical nephroureterectomy (RNU) and costly treatment drive need for innovation

2,800 – 3,200
Newly Diagnosed[1]

Treatment Options

- RNU
- Endoscopic Management



3,000 – 4,000
Recurrent Patients[2]

Treatment Options

- RNU
- Additional Endoscopic Management

Substantial cost to the U.S. healthcare system associated with management of UTUC[4]

50%-80%
of LG-UTUC patients ultimately receive nephroureterectomies[1,3]

1. Upfill-Brown 2018
2. Cutress et al. (2012 BJU International 2012)
3. Kohut R, Zhu H. JUrol May 2012
4. Fero et al. JNCI Cancer Spectr. 2021 Oct 1;5(6):pkab085.

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JELMYTO® First and Only FDA-Approved Non-Surgical Treatment for Patients with LG-UTUC

Clinically Meaningful OLYMPUS Phase 3 Data[1]

58% Complete Response Rate at 3 months[2]

82% Durability of Response at 12 months by Kaplan-Meier estimate[2]

47.8 months Median Duration of Response (95%CI: 13.1, 57.5; n=41) data from long-term OLYMPUS follow-up study[3,4]

1. Important Safety Information and the full Prescribing Information available at https://www.urogen.com/download/pdf/jelmyto_prescribing.pdf
2. Kleinmann et al. 2020 Jun;21(6):776-785
3. UroGen Data on File: Post-hoc analysis from the OLYMPUS trial that evaluated the long-term efficacy of JELMYTO in patients who experienced a CR
4. Limitations of long-term follow-up study include patient population N=41. Amongst the 41 patients followed after initial complete response at 3-months median duration of response was 47.8 months (95% CI 13.0, not estimable) (median follow-up 28.1 months (95% CI: 13.1, 57.5)). Please refer to the referenced citations disclosures of such limitations.

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Growing Body of Real-World Evidence Supports JELMYTO®*

*Independent multicenter reviews support JELMYTO® **real-world effectiveness*****

69%
CR[1]

When JELMYTO® treated residual disease following laser ablation (overall CR 58% in OLYMPUS).

23%
Ureteric Stenosis[1]

As compared to 44% in OLYMPUS. ~1/2 of patients were treated with antegrade administration.

Favorable Recurrence Free Survival (RFS) rates for patients with LG-UTUC who respond to initial induction[2]

86% RFS at 24-months for LG-UTUC patients who were complete responders to induction therapy[2]

100% RFS at 24-months in patients who received maintenance therapy of JELMYTO®, compared to 61% in those who did not[3]

Additional Insights

No differences in RFS were observed regarding[2,3]:

- ✓ Usage of chemoablation vs. post-endoscopic resection
- ✓ Tumor size
- ✓ Multifocality
- ✓ Tumor location

* Real world retrospective studies have inherent evidentiary limitations. Please refer to the referenced citations for disclosures of such limitations.

** Including as a chemoablative agent and treatment of residual disease following endoscopic resection. Evaluated outcomes in range of tumor types; evidence for favorable response in patients with low-volume residual disease. Varied practice patterns, with antegrade method of administration via nephrostomy tube shown as viable

1. Woldu, et al. Early Experience with UGN-101 for the Treatment of Upper Tract Urothelial Cancer – A Multicenter Evaluation of Practice Patterns and Outcomes. *Urol Oncol*.
2. Woldu et al. Exploring Recurrence After Initial Response to UGN-101 Induction in Expanded Settings. AUA 2024 Presentation
3. Woldu et al. Longitudinal Follow Up of Multicenter Study of UGN-101 for Upper Tract Urothelial Cancer. AUA 2024 Presentation

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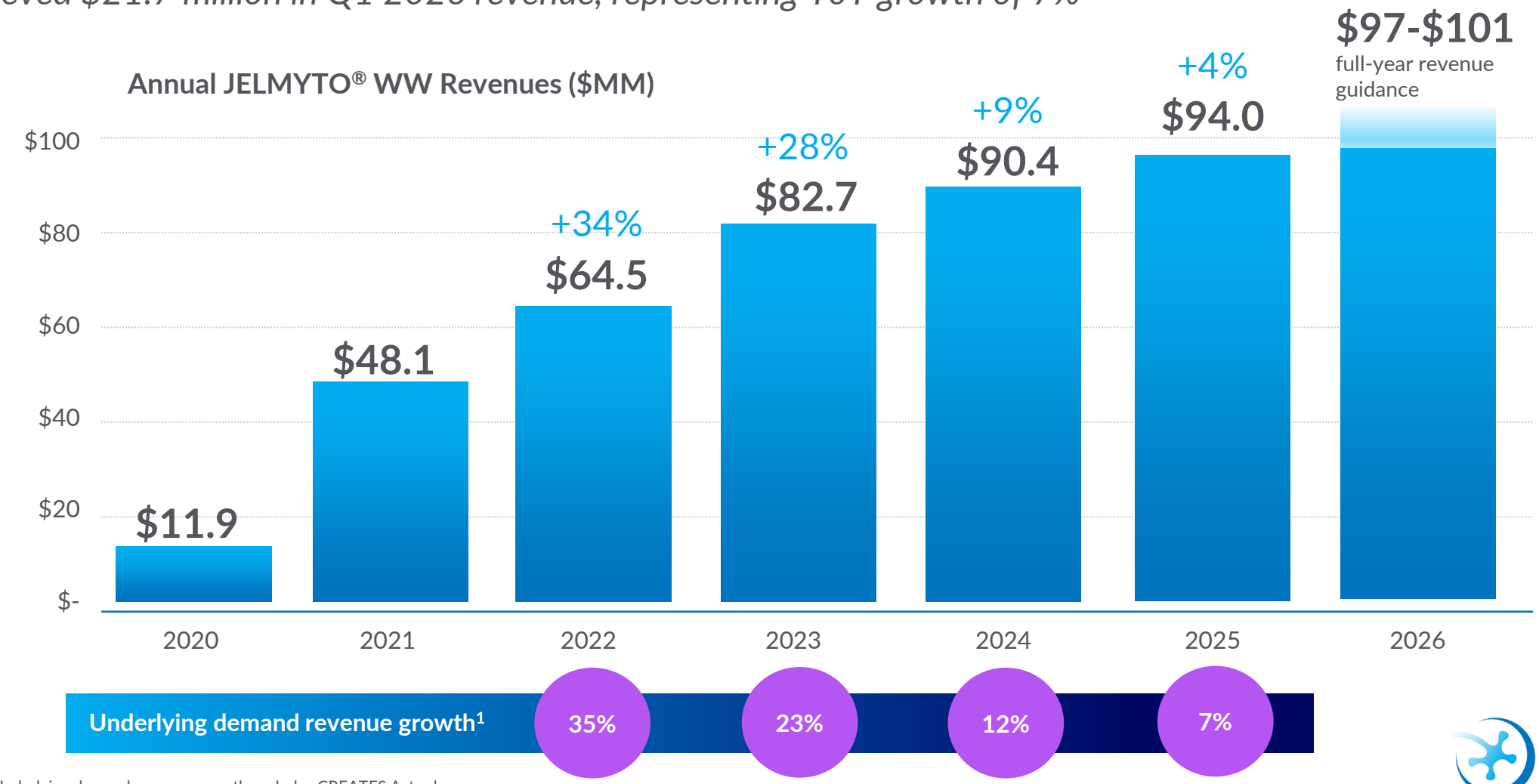
JELMYTO® Revenue Trend Reflects Continued Growth

Achieved $21.7 million in Q1 2026 revenue, representing YoY growth of 7%



1. Underlying demand revenue growth excludes CREATES Act sales

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Advancing our Mission to Transform Cancer Care

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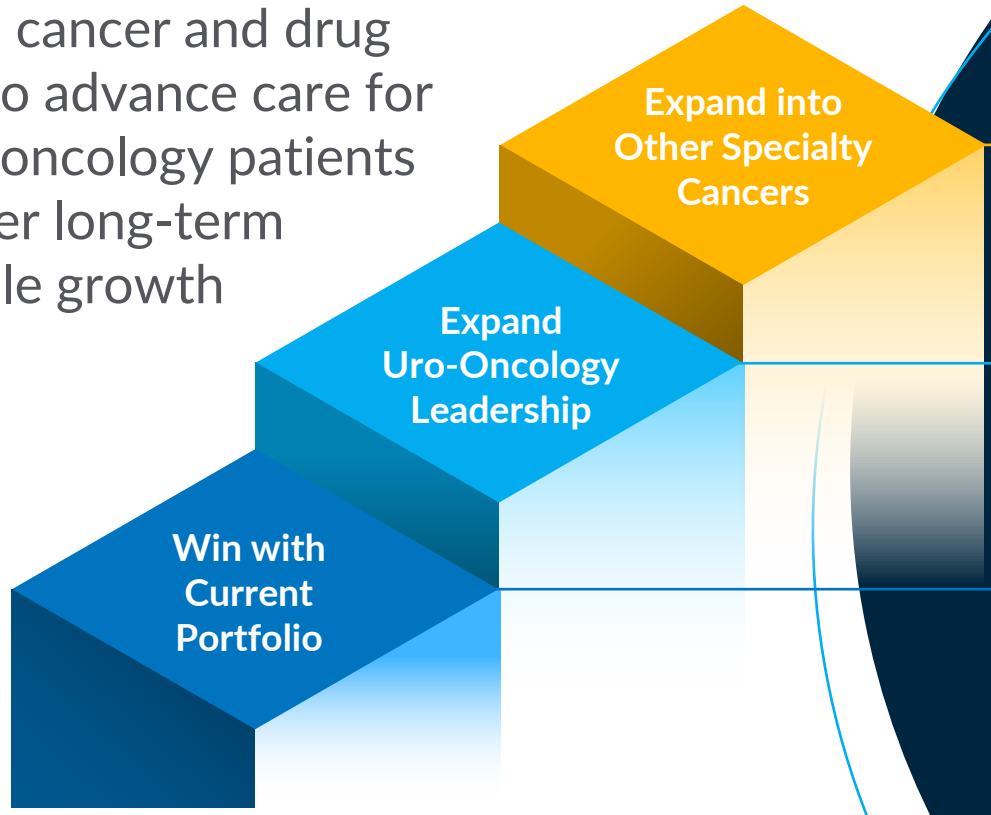
Leadership Growth Strategy

Leverage leadership in urothelial cancer and drug delivery to advance care for specialty oncology patients and deliver long-term sustainable growth

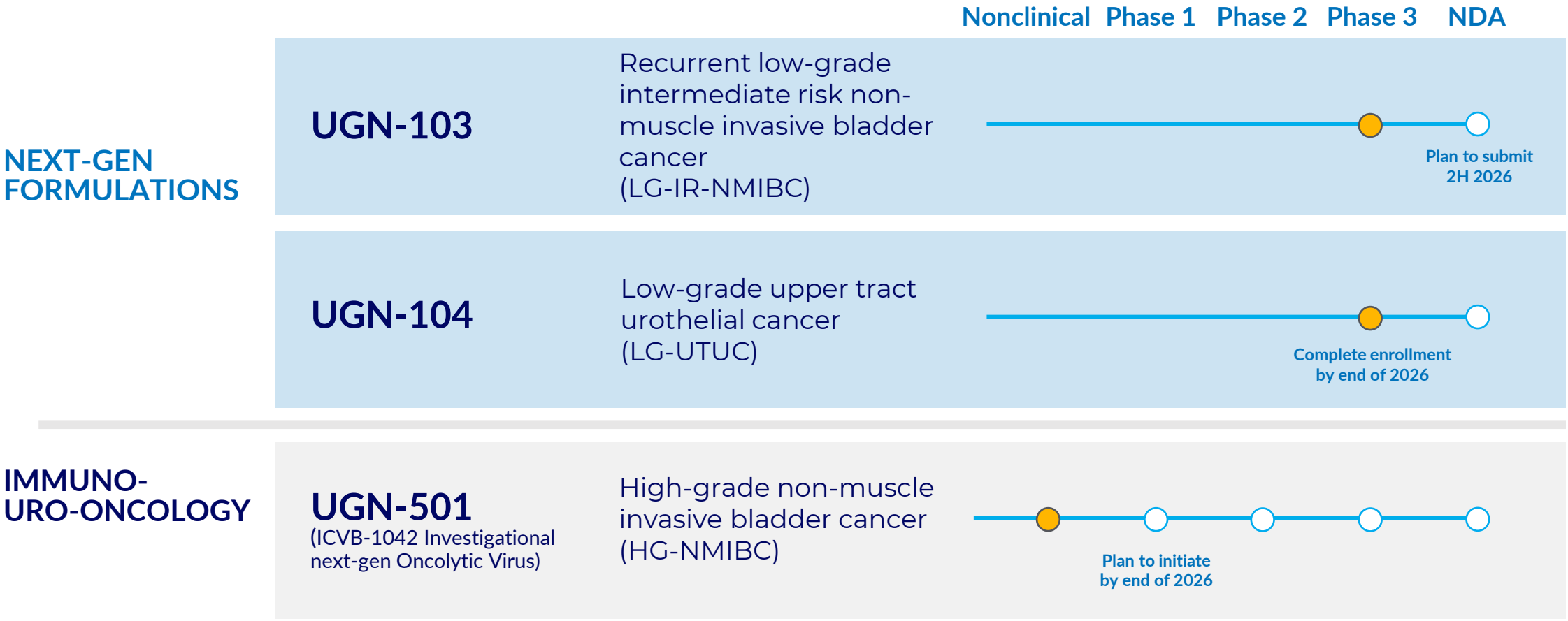


Establish Leadership in Specialty Oncology

- Evaluate UGN-501 in other tumor types
- Consider next best tumor for RTGel®
- Evaluate and execute life cycle management of current portfolio beginning with UGN-103 in HG-NMIBC and as an adjuvant in IR-NMIBC
- Develop UGN-501 in High-Risk NMIBC
- Forge strategic research collaborations to leverage benefits of *RTGel*®, including delivery of large and small molecules
- Commercialize ZUSDURI™ and establish a new standard of care for recurrent LG-IR-NMIBC
- Optimize JELMYTO® investment to maximize return
- UGN-103 & UGN-104: Next-Generation Novel Mitomycin-Based Formulation

LG-IR-NMIBC: Low-grade intermediate-risk non-muscle invasive bladder cancer
HG-NMIBC: High-grade non-muscle invasive bladder cancer

Diverse Pipeline Driving Innovation



UGN-103, UGN-104, and UGN-501 are investigational drugs in development.
The safety and efficacy of these agents have not been established by any regulatory body including the FDA.

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UGN-103 & UGN-104: Next-Generation Novel Mitomycin-Based Formulation

Phase 3 UTOPIA trial of UGN-103 in recurrent LG-IR-NMIBC patients and UGN-104 Phase 3 trial for LG-UTUC are ongoing

Received new U.S. patent allowance for next-generation mitomycin-based products expected to provide protection until December 2041

Combines UroGen's RTGel® technology with medac's proprietary mitomycin

Potential Advantages

- Manufacturing efficiencies
- Supply
- Product convenience

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UGN-103: Advancing a Next-Generation Formulation for Patients with Recurrent LG-IR-NMIBC

Results to date from Phase 3 UTOPIA trial are consistent with Phase 3 ENVISION trial[2,3,4]

	3-Month CR Rate	6-Month Duration of Response (DOR)[5]
UTOPIA	**77.8%** (CI 95%, 68.3, 85.5)	**94.5%** (CI 95%, 86.1, 97.9)
ENVISION	**79.6%** (CI 95%, 73.9, 84.5)	**91.9%** (CI 95%, 86.9, 95.0)

UGN-103

- Built on *RTGel*® technology
- Novel mitomycin formulation (licensed from medac)
- Shorter manufacturing process
- Simplified reconstitution procedure

Regulatory Pathway

- FDA alignment on single-arm Phase 3 design to support NDA
- NDA Submission: 3Q26[1]
- Potential Approval: 2027[1]

1. Based on management's expectations
2. Phase 3 UTOPIA trial: Single-arm, same dosing as ENVISION (6 weekly intravesical instillations of 75mg), patients followed up to 15 months, fully enrolled, study population = recurrent LG-IR-NMIBC (n=99), primary endpoint = CRR at 3 months, secondary endpoint = DOR
3. Data on file. Based on UTOPIA Intent to Treat (ITT) analysis set (n=99);
4. Compared to the ITT analyses set in the ENVISION trial (n=240)
5. Six-month durability of response for patients who achieved a complete response three months after first instillation of ZUSDURI or UGN-103 as determined by Kaplan-Meier analysis

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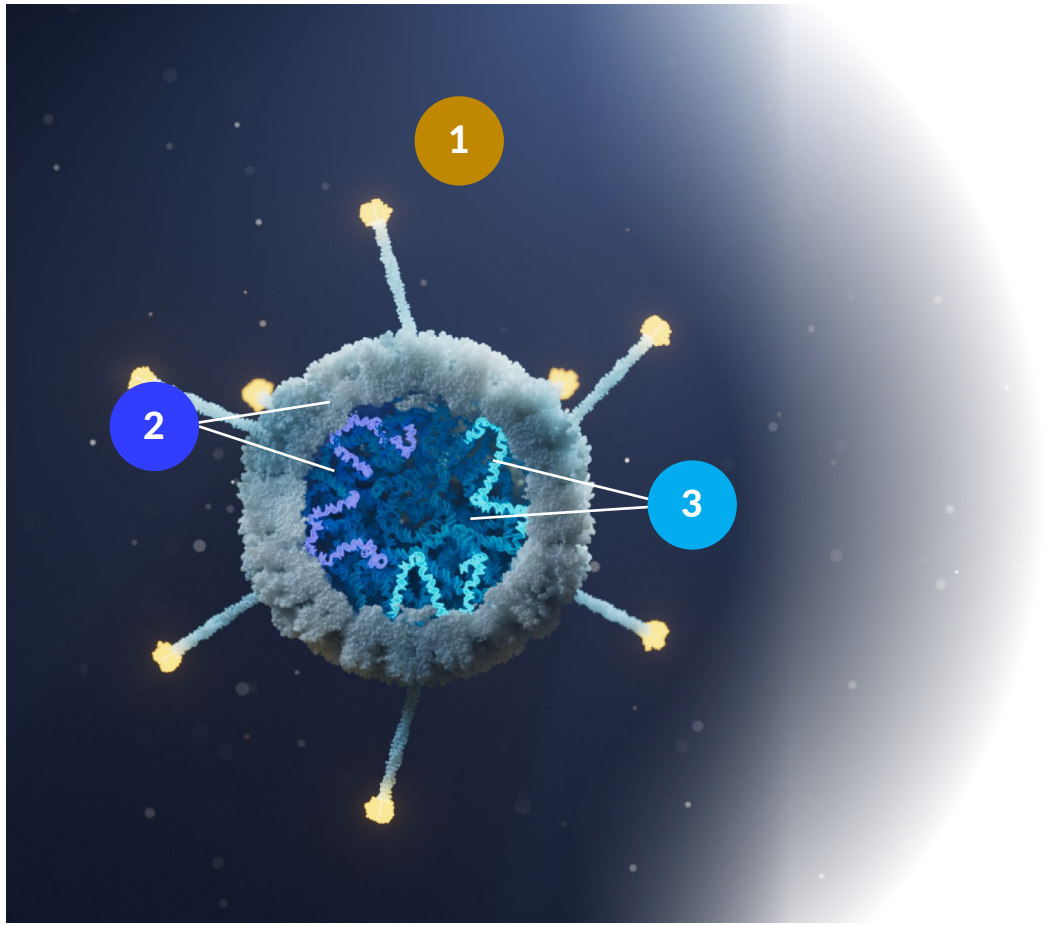
UGN-501: A Next-gen Investigational Oncolytic Virus (OV) With Pipeline-in-a-Product Potential[1]



Potential Benefits

1

Tropism: Broad cell entry

- Specialized chimeric fiber for pan-tumor tropism
- Enables the virus to enter cells expressing specialized receptor

2

Selectivity: Tumor dependent replication

- Selective replication in E2F-dysregulated tumors
- Targets rapidly dividing tumor cells

3

Potency: Direct cell death & immune activation

- Enhanced tumor cell lysis
- Mutations enhance replication kinetics & potency

1. Kato, Y., Rice, N., Pokrass, M. et al. Commun Biol 7, 1132 (2024).

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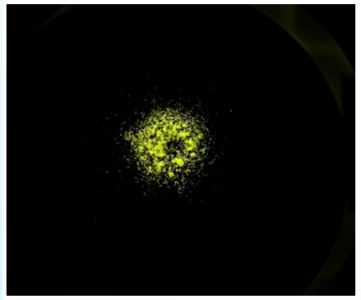
UGN-501 IND-Enabling Studies Suggest the OV's Rapid Replication Improves Cancer Cell Death

WT Ad5

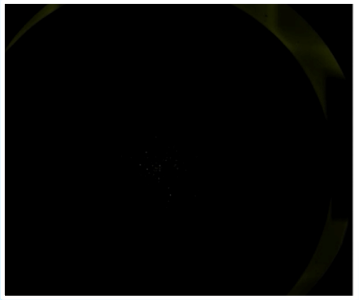
✗ Selectivity ✓ Tropism ~ Potency



Modest
Viral Replication

Investigational OV 1

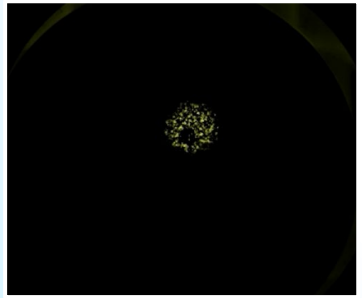
✓ Selectivity ✗ Tropism ✗ Potency



No Visible
Viral Replication

Investigational OV 2

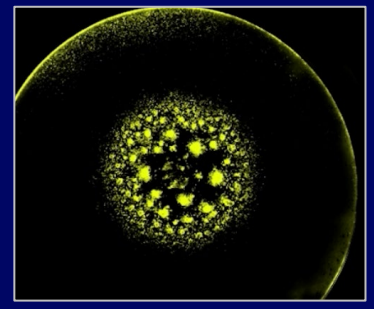
✓ Selectivity ✓ Tropism ✗ Potency



Limited
Viral Replication

UGN-501

✓ Selectivity ✓ Tropism ✓ Potency



Rapid
Viral Replication

UGN-501 evaluated in 120+ tumor cell lines in over a dozen indications and results demonstrated broad cancer cell destruction

1. Yellow fluorescent protein variant (YPET) expression shows *in vitro* viral replication in a breast cancer cell line. OV=Oncolytic Virus. OV1 and OV2 are modified versions of third-party investigational OVs.
2. Caution is required for the interpretation of the above visual representations. This nonclinical information is not intended to suggest or imply comparisons in clinical activity, effectiveness or safety for the agents depicted
3. Unpublished data on file

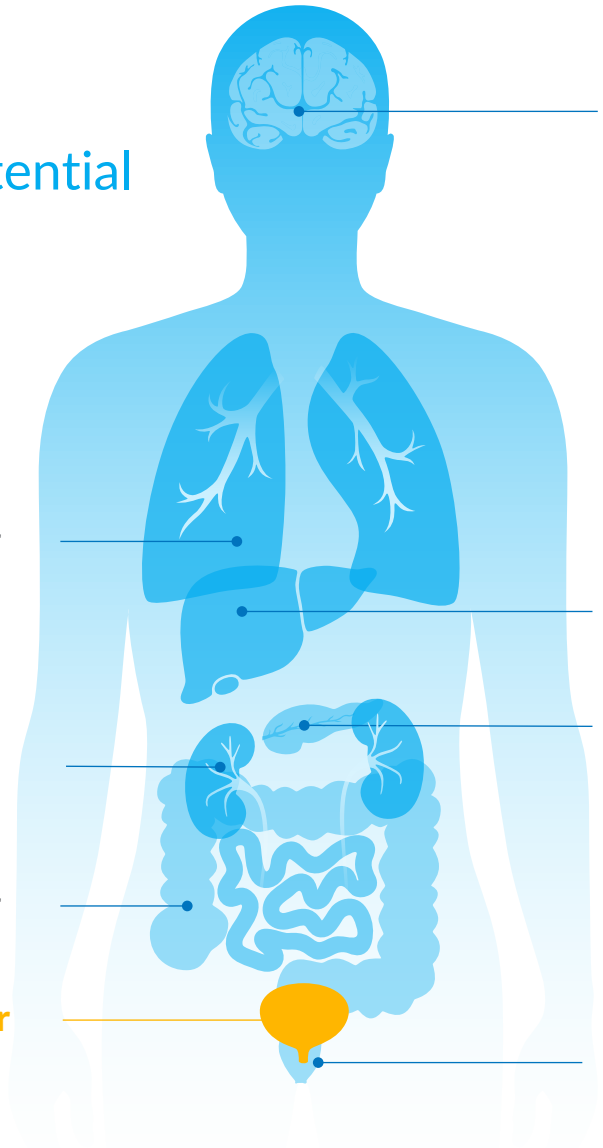
UroGen® Pharma

UGN-501 is Engineered for Impact in Bladder Cancer and Beyond[1]

Bladder cancer opportunity

- **Precision engineered OV asset**
- **Localized delivery – compatibility with *RTGel*™**
- **IO responsive cancer**
- **Deep expertise, established track record in bladder cancer**

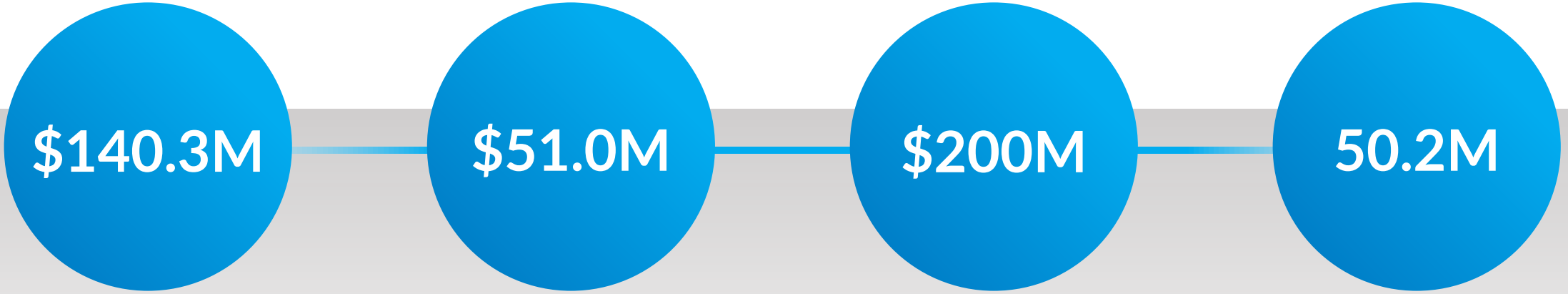
Therapeutic potential across several malignancies



UroGen® Pharma

1. Kato, Y., Rice, N., Pokrass, M. et al. Commun Biol 7, 1132 (2024).

Strong Financial Position



Cash, cash equivalents, and marketable securities[1]

Q1 2026 Total Revenue[2]

Refinanced term loan with Pharmakon[3]

Shares outstanding as of March 31, 2026[4]

1. Cash, cash equivalents, and marketable securities as of March 31, 2026. Excludes restricted cash on Balance Sheet.
2. Total Q1 2026 revenue consists of $21.7 million and $29.2 million of JELMYTO and ZUSDURI net product revenue, respectively.
3. On February 26, 2026, UroGen refinanced its loan agreement with Pharmakon Advisors providing for a senior secured term loan facility of up to $250 million, consisting of two tranches. The initial tranche of $200 million was funded at closing to refinance the prior $125 million facility and provide additional non-dilutive capital. A second tranche of $50 million is available at the Company's discretion through June 30, 2027, subject to customary conditions. All outstanding loans will accrue interest at a fixed rate of 8.25% and be repaid in four equal quarterly payments commencing in Q2 2030.
4. Includes 48.7 million ordinary shares issued and outstanding and 1.6 million ordinary shares underlying pre-funded warrants outstanding as of March 31, 2026. The Company's pre-funded warrants require the holder to pay nominal consideration to receive the Company's ordinary shares and are therefore considered outstanding shares in determining basic and diluted earnings per share. The pre-funded warrants may not be exercised if such exercise would exceed specified beneficial ownership limitations applicable to the holder.

UroGen® Pharma

Poised to Transform Urothelial Cancer Care Through Innovation

ZUSDURI™ first and only FDA-approved medicine in recurrent LG-IR-NMIBC; focus on commercial launch activities; unique J-Code became effective January 1, 2026; field team scaled to support launch

Increasing adoption of JELMYTO®, recent durability data supporting continued use

Strong balance sheet with focus on **ZUSDURI™** commercial execution, strategic and efficient capital deployment

Next-generation novel mitomycin-based formulations provide opportunity for lifecycle management strategy to further address unmet needs in urothelial cancers

Organic and inorganic opportunities support **long-term, sustainable business growth**

UroGen® Pharma

Thank You

UroGen® Pharma