



Transforming Urothelial Cancer Care *Through Innovation*

March 2026

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 expectations regarding the continued growth of JELMYTO revenue and patient demand; 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, respectively; the interpretation and summary of results of Phase 3 Olympus trial and real world retrospective studies of JELMYTO and of the OPTIMA Phase 2b, ATLAS and ENVISION trials for UGN-102; 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; UroGen's launch strategy for ZUSDURI; UroGen's estimates regarding target HCPs, market opportunity coverage and operational support for ZUSDURI; 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 patent protection for UGN-103 and UGN-104; the ongoing Phase 3 UTOPIA study of UGN-103 in recurrent LG-IR-NMIBC; the planned Phase 3 trial to evaluate UGN-104 in LG-UTUC, the planned Phase 3 trials to evaluate UGN-102 in HG-NMIBC and as an adjuvant in IR-NMIBC and the timing thereof; 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 Form 10-K for the year ended December 31, 2025, filed with the Securities and Exchange Commission (SEC) on March 2, 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.

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

Pioneering New Therapies for Patients Living with Urothelial Cancers

Revenue generating company with vision to shift treatment paradigm for urothelial cancers and potential other specialty cancers in the future

PROPRIETARY
TECHNOLOGY



PROVEN AND NOVEL MEDICINES
(SMALL & LARGE MOLECULES)



PRECISE
DELIVERY

Commercial Products

ZUSDURI™: APPROVED JUNE 2025

- First and only FDA-approved minimally invasive, non-surgical option with potential to set the new standard of care for recurrent LG-IR-NMIBC
- **Potential \$5B+ U.S. Market¹**

JELMYTO®: First and only FDA-approved non-surgical treatment for patients with LG-UTUC

Immuno-Oncology Pipeline

UGN-501: Next-generation investigational oncolytic virus for potential use in HG-NMIBC

Strong Balance Sheet

\$120.5 million in cash, cash equivalents and marketable securities (December 31, 2025)

Refinanced Pharmakon debt facility, reducing cost of capital and securing additional non-dilutive funding in first quarter of 2026

1. ACS Cancer Facts & Figures 2023; SEER, AUA/SUO joint guideline; Babjuk et al. European Urology (2019), Simon (2019)
LG-UTUC=Low-Grade Upper Tract Urothelial Carcinoma; LG-IR-NMIBC=Low-Grade Intermediate Risk Non-Muscle Invasive Bladder Cancer (LG-IR-NMIBC); HG-NMIBC=High-Grade Non-Muscle Invasive Bladder Cancer (HG-NMIBC)

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

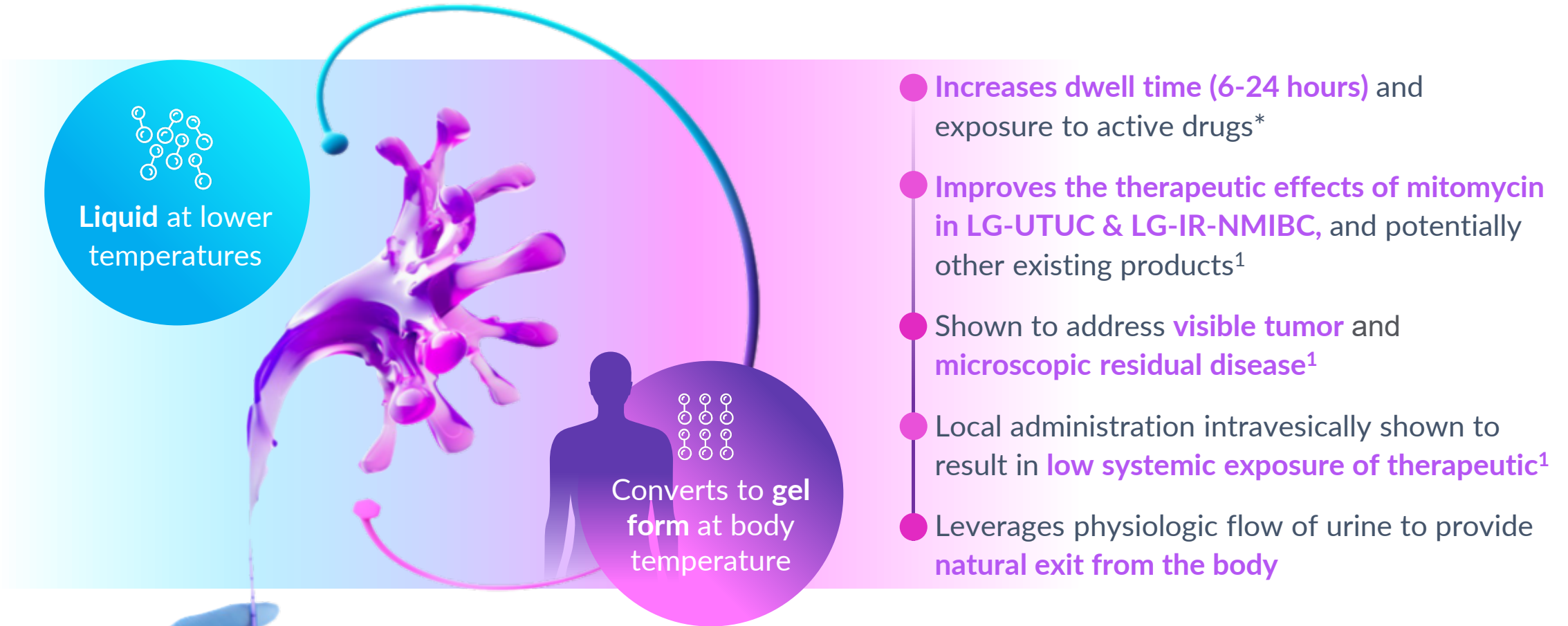
Limited dwell time for aqueous chemotherapies

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)

Novel, Precise Therapeutic Delivery Approach: RTGel®

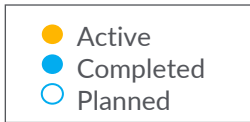
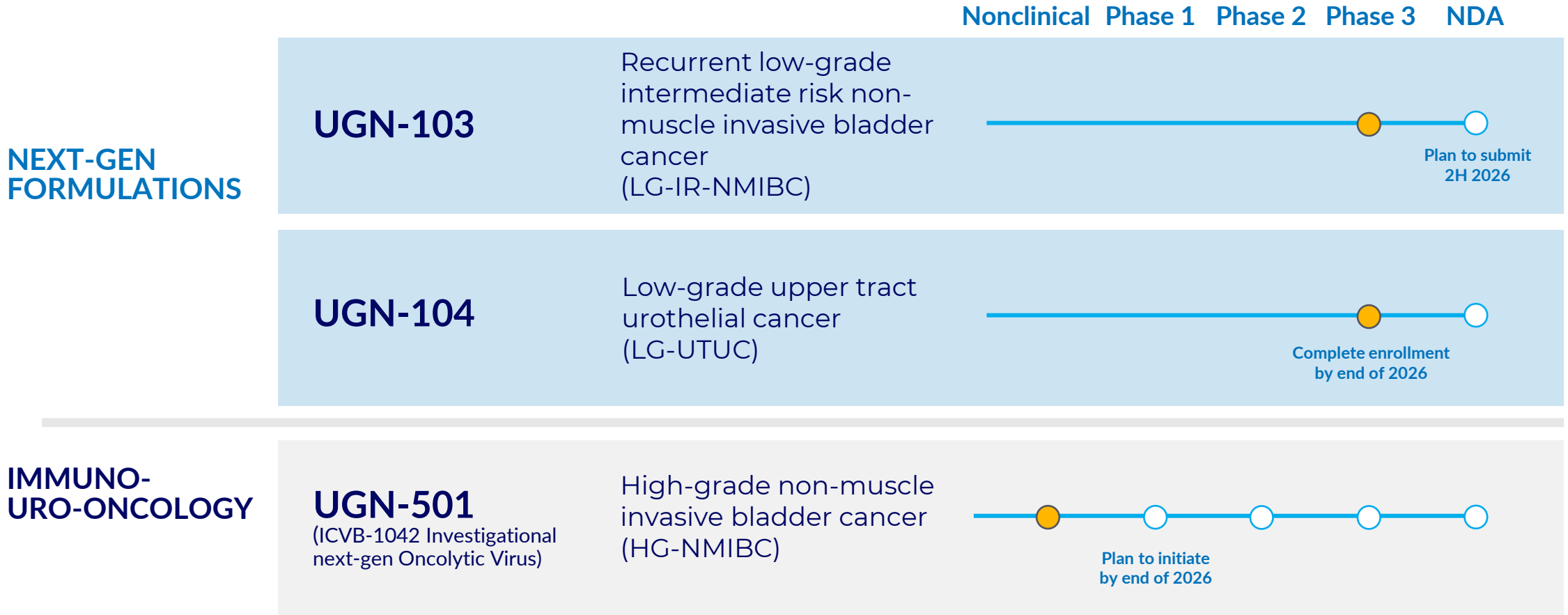
Proprietary reverse-thermal hydrogel technology designed to improve local medicine delivery



1. Kleinmann et al. 2020 Jun;21(6):776-785; Prasad et al. J Urol, 7 Aug 2023; 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

Diverse Pipeline Driving Forward 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.



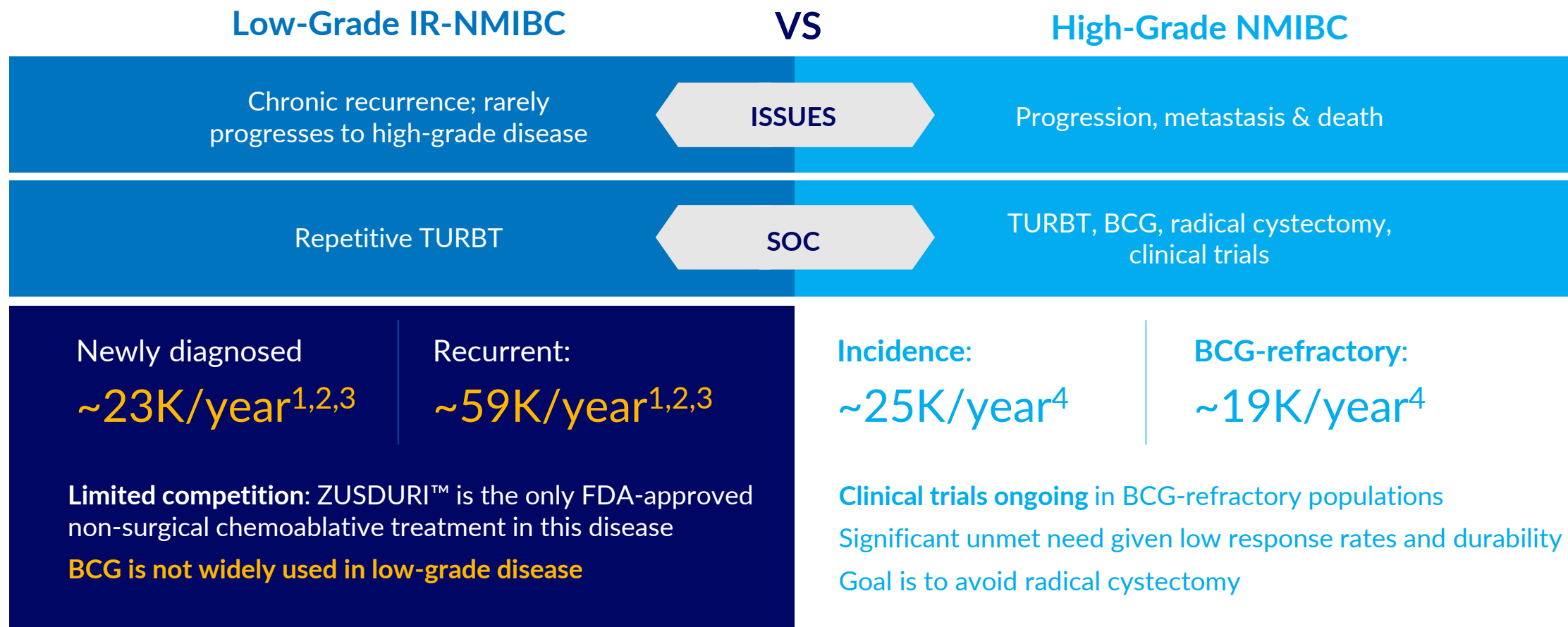
ZUSDURI™

First and only FDA-approved medicine
for adult patients with recurrent Low-
Grade Intermediate Risk Non-Muscle
Invasive Bladder Cancer
(LG-IR-NMIBC)

UGN-102



LG-IR-NMIBC vs. HG-NMIBC Market



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.

NMIBC Landscape: Opportunity in LG-IR-NMIBC^{1,2}



*Excludes BCG therapies approved or in development

10 1. Data pulled from company websites as of November 1, 2025
 2. Mikolaj Filon et al.; New Treatment Options for Non-Muscle-Invasive Bladder Cancer. Am Soc Clin Oncol Educ Book 45, e471942(2025).



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

23,000
New Patients^{1,2,3}



59,000
Recurrent
Patients^{1,2,3}

~68%

of recurrent patients have
2 or more recurrences⁴

~23%

of recurrent patients have
5 or more recurrences⁴

~14%

greater risk of death for patients
who have had 2 to 4 TURBT
procedures compared to patients
who have only had 1 procedure⁵

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)

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 trial¹

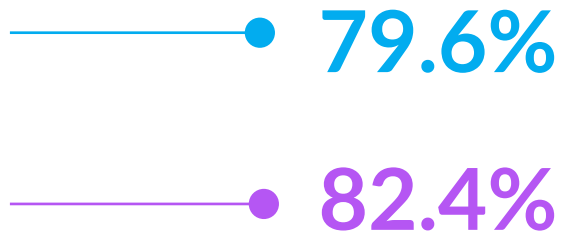


Innovative reverse-thermal hydrogel containing mitomycin offers potent tumor ablation¹



Can be administered intravesically in an outpatient setting¹

Zusduri™
(mitomycin) for intravesical solution



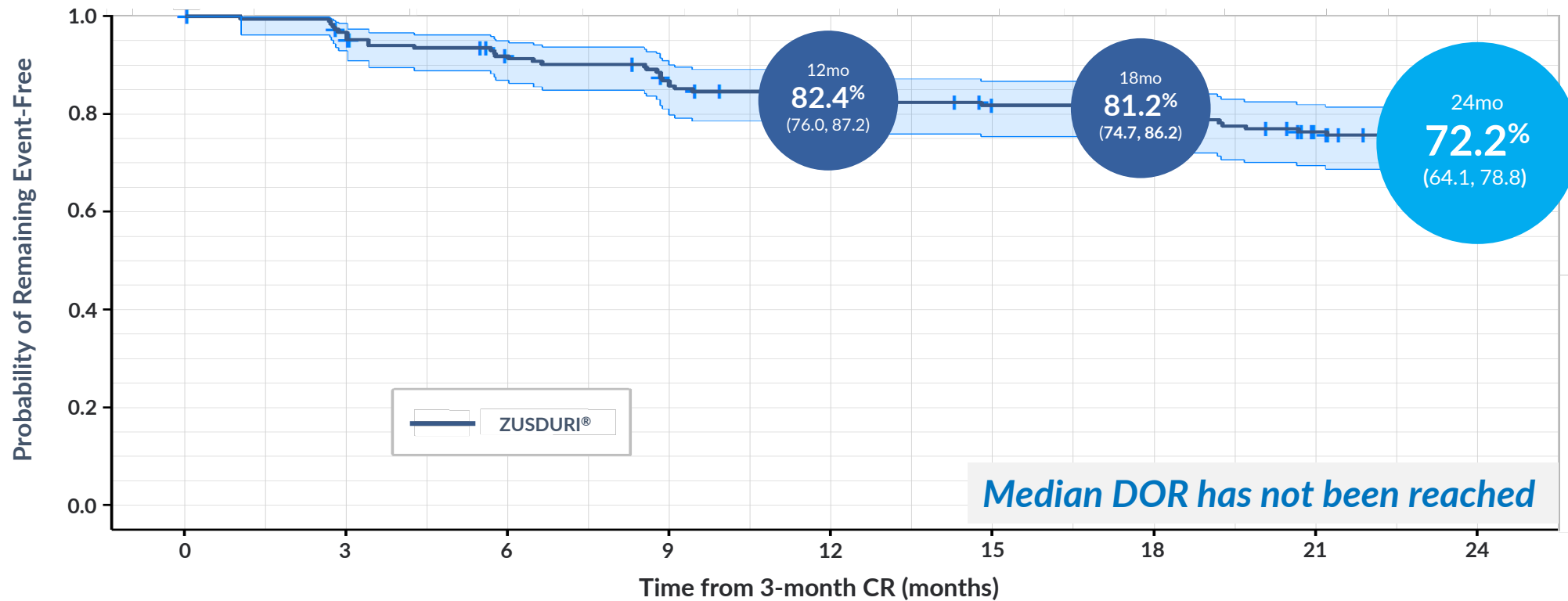
Complete Response Rate (CRR) at 3-months¹

Durability of Response (DOR) at 12-months by Kaplan-Meier analysis following a 3-month CR¹

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)

Sustained CR Ongoing at 24 months by KM estimate¹



Number at risk² 191 180 166 155 145 140 137 120 41

1. 24-month DOR of 72.2% (95% CI 64.1%, 78.8%) by Kaplan-Meier analysis in patients who achieved CR at 3 months from the Phase 3 ENVISION trial of ZUSDURI™
2. Based on Kaplan-Meier analysis of the Phase 3 ENVISION Intent to Treat (ITT) population (n=240)

Adverse Events (AEs) Mainly Related To Lower Urinary Tract Symptoms¹

	ZUSDURI (N=240) n (% incidence)	
Any Adverse Events	140 (58.3)	Treatment-emergent AEs (TEAEs) were generally mild to moderate in severity leading to minimal treatment discontinuation (3%)
Any Serious Adverse Events	30 (12.5)	
Any TEAEs	137 (57.1)	
Any Grade \geq 3 TEAEs	33 (13.8)	
Any Serious TEAEs	29 (12.1)	The 2 treatment-related SAEs were urethral stenosis and urinary retention (both resolved)
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)	

* Deaths in the trial (3) were unrelated to treatment: cardiac event, pneumonia, and not reported

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

ENVISION Patient Perspectives on ZUSDURI™ vs. TURBT¹

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
ZUSDURI²

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

Building the Foundation for a Successful ZUSDURI™ Launch

A strategic multi-faceted approach to enable broad adoption and patient access



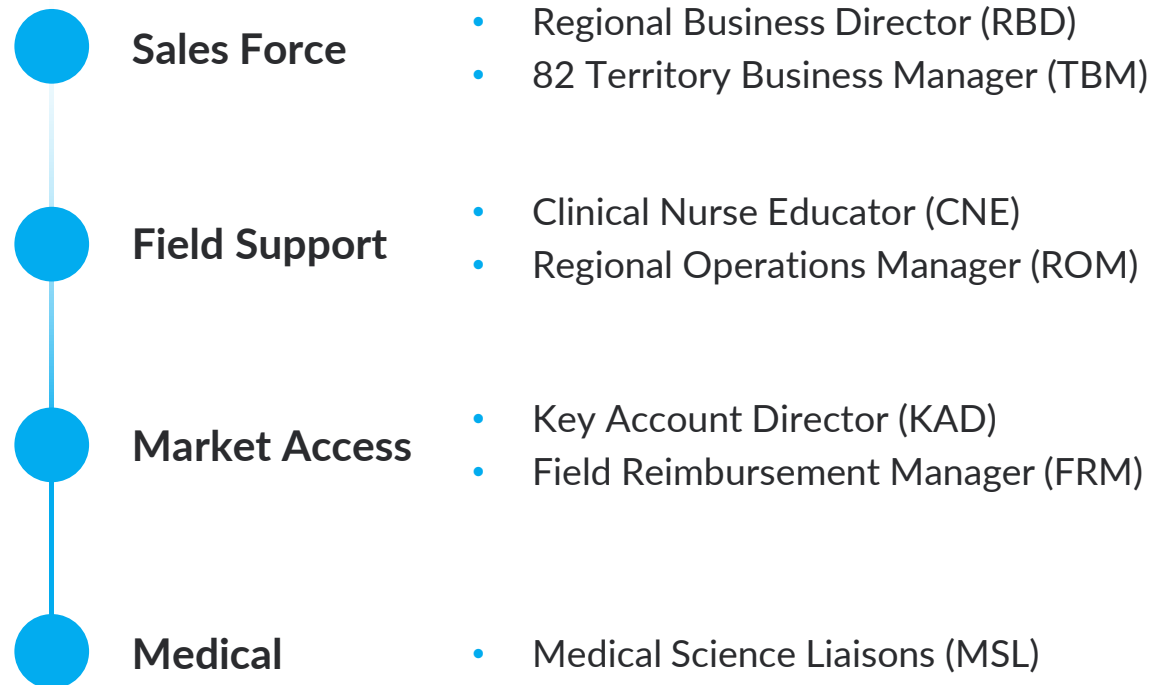
Delivering Industry-Leading Clinical Education and Operational Support

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

~8,500

Target HCPs

**Covering
90% of Market
Opportunity**



Note: Based on management expectations and latest forecast

JELMYTO®

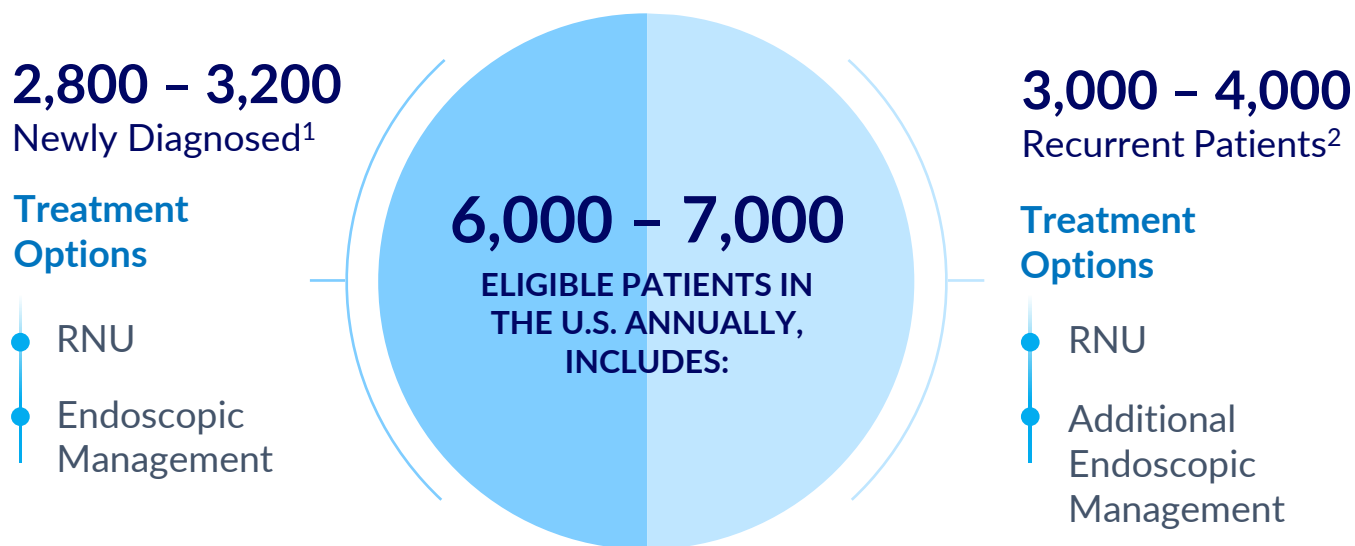
First and Only FDA-Approved
Non-Surgical Treatment for
Patients with LG-UTUC

UGN-101



LG-UTUC: Rare Disease with High Recurrence

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



Substantial cost to the U.S. healthcare system associated with management of UTUC⁴



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.

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



Clinically Meaningful OLYMPUS Phase 3 Data¹

● **58%**

Complete Response Rate at 3 months²

● **82%**

Durability of Response at 12 months by Kaplan-Meier (KM) estimate²

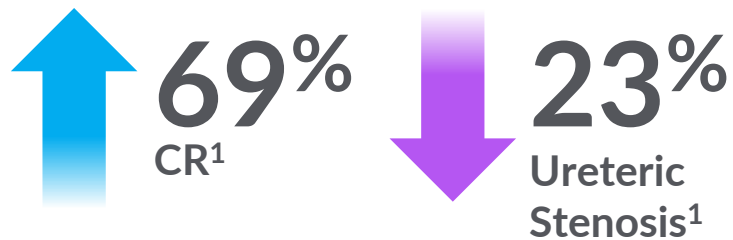
● **47.8
months**

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.

Growing Body of Real-World Evidence Supports JELMYTO[®]*

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



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

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 induction²

86%

RFS at 24-months for LG-UTUC patients who were complete responders to induction therapy²

100%

RFS at 24-months in patients who received maintenance therapy of JELMYTO[®], compared to 61% in those who did not³

Additional Insights

No differences in RFS were observed regarding^{2,3}:

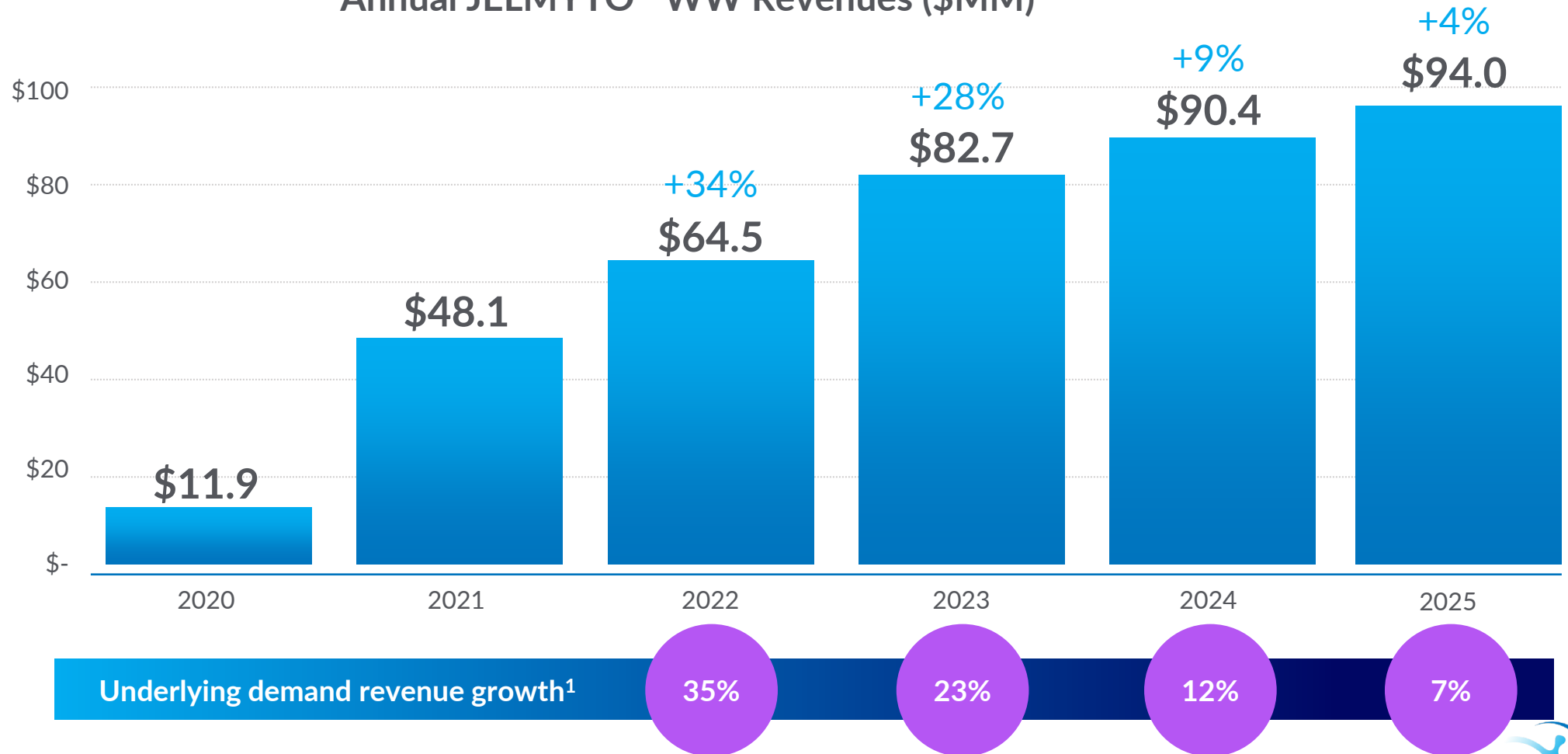
- ✓ Usage of chemoablation vs. post-endoscopic resection
- ✓ Tumor size
- ✓ Multifocality
- ✓ Tumor location

* 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

JELMYTO[®] Revenue Trend Reflects Continued Growth

Annual JELMYTO[®] WW Revenues (\$MM)

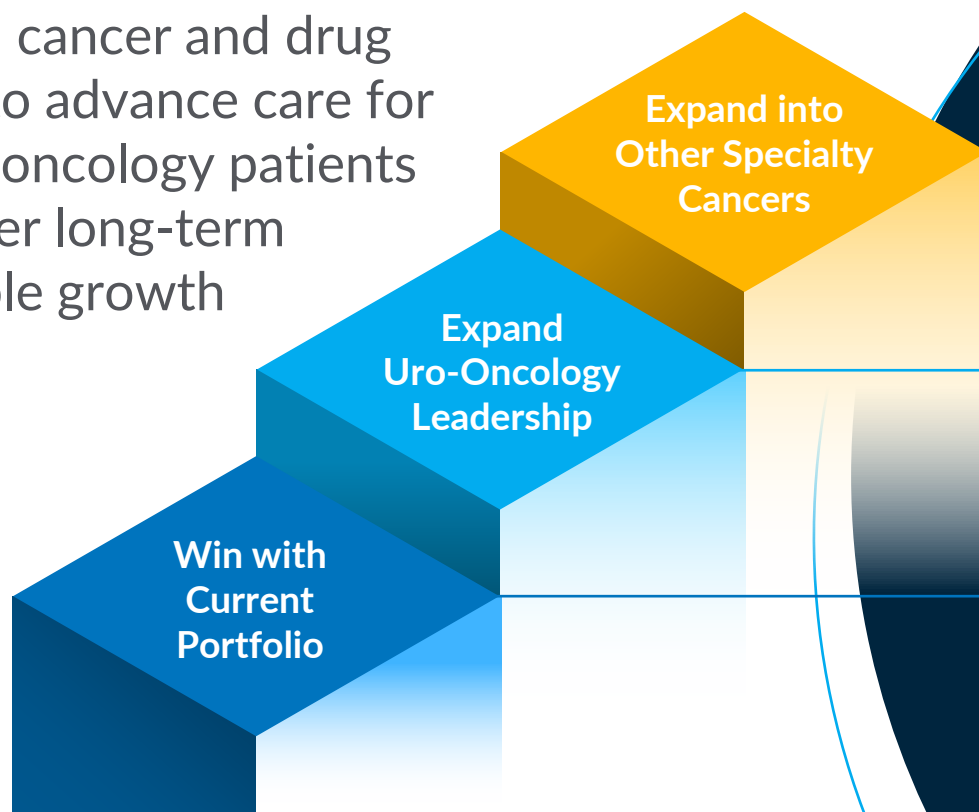


Advancing our Mission to Transform Cancer Care



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

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

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

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

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

Potential Advantages

- ✓ Manufacturing efficiencies
- ✓ Supply
- ✓ Product convenience

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

3-Month Complete Response Rate (CRR)^{2,3}

77.8%
(CI 95%, 68.3, 85.5)

Consistent with ENVISION Phase 3 results⁴

UGN-103:

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

Regulatory Pathway

- FDA alignment on single-arm Phase 3 design to support NDA
- NDA Submission: 2H26¹
- Potential Approval: 2027¹

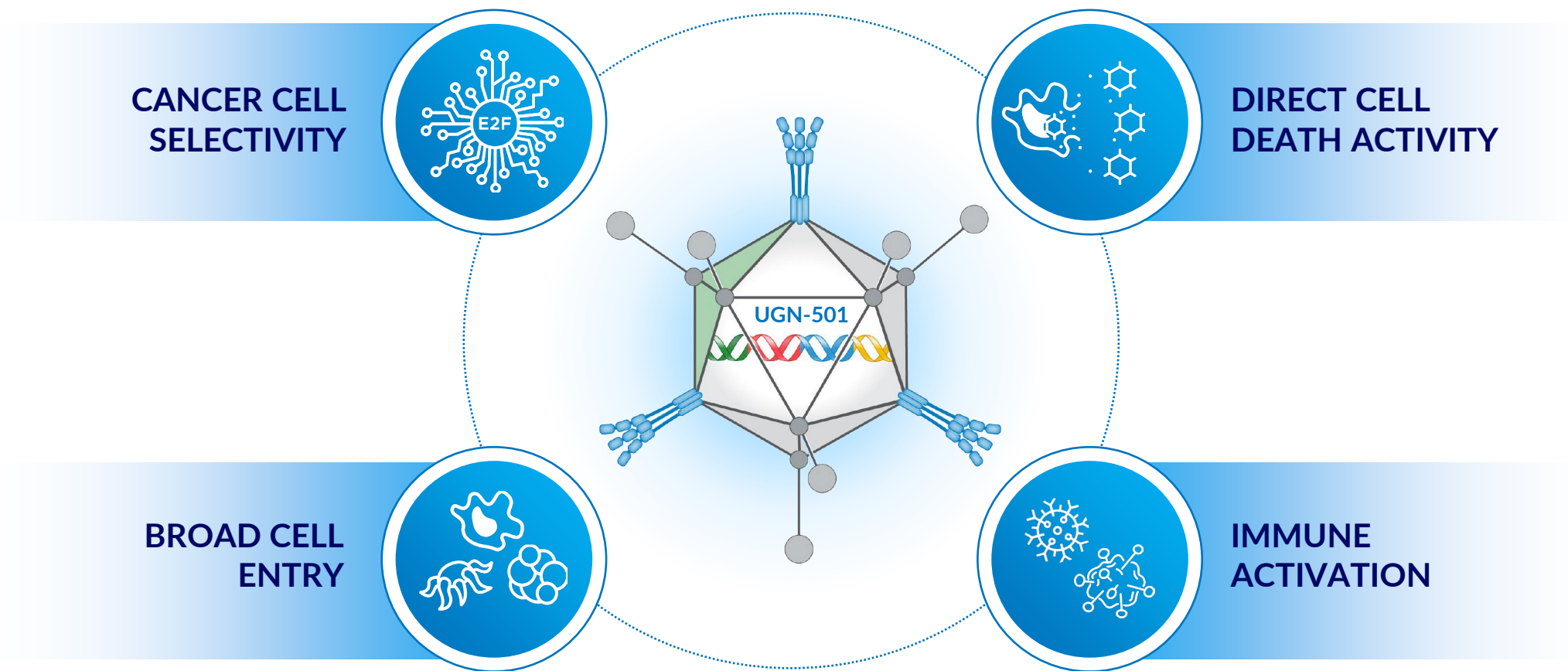
1. Based on management's expectations

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) which demonstrated a 3-month CRR of 79.6% (CI 95%, 73.9, 84.5)

UGN-501: Next-Generation Investigational Oncolytic Virus



Strong Financial Position

\$120.5M

Cash, cash equivalents, and marketable securities¹

\$109.8M

FY 2025 Total Revenue²

\$200M

Refinanced term loan with Pharmakon³

50.0M

Shares outstanding as of December 31, 2025⁴

1. Cash, cash equivalents, and marketable securities as of December 31, 2025. Excludes restricted cash on Balance Sheet.
2. Total FY 2025 revenue consists of \$94.0 million and \$15.8 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. All outstanding loans will accrue interest at a fixed rate of 8.25% and be repaid in four equal quarterly payments commencing in Q1 2030.
4. Includes 48.35 million ordinary shares issued and outstanding and 1.6 million ordinary shares underlying pre-funded warrants outstanding as of December 31, 2025. 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.

Poised to Transform Urothelial Cancer Care Through Innovation



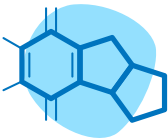
ZUSDURI™ first and only FDA-approved medicine in recurrent LG-IR-NMIBC; focus on commercial launch activities; unique J-Code became effective January 1, 2026; field team scaled to support launch



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**





Thank You
