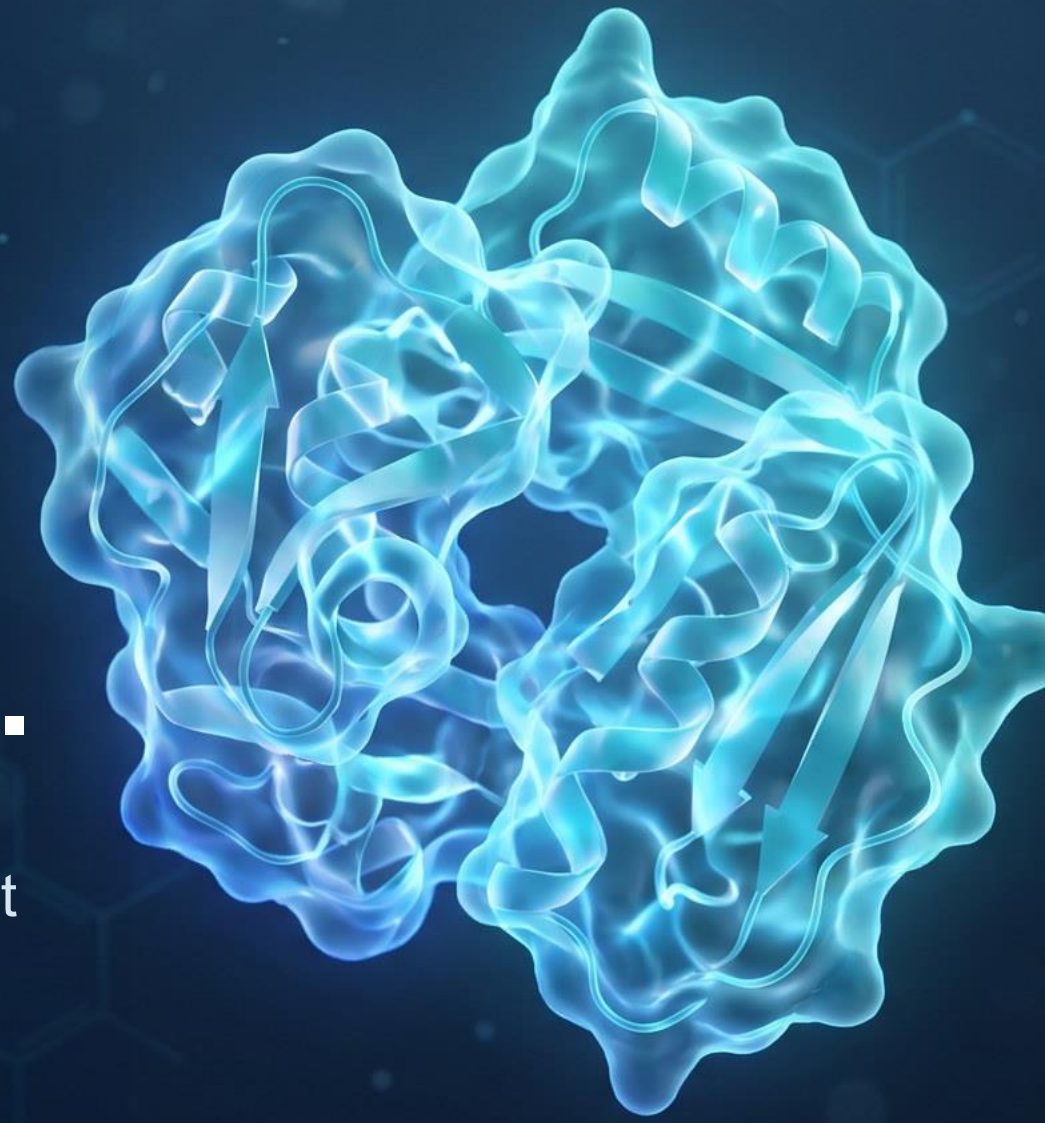
NASDAQ: NVCT

Nuvectis Pharma, Inc.

Precision Medicine for the Treatment of Complement Related Diseases and Cancer

November 2026



Forward Looking Statements

This presentation contains "forward-looking statements" within the meaning of the U.S. federal securities laws, which statements are subject to substantial risks and uncertainties. All statements, other than statements of historical fact, contained in this presentation are forward-looking statements. Forward-looking statements contained herein may be identified by the use of words such as "anticipate", "believe", "contemplate", "could", "estimate", "expect", "intend", "seek", "may", "might", "plan", "potential", "predict", "project", "target", "aim", "should", "will", "would", or the negative of these words or other similar expressions, although not all forward-looking statements contain these words. These forward-looking statements include, but are not limited to, statements regarding future events, including statements about the use of proceeds from the public offering and the approvability and market potential of our pipeline products. Forward looking statements are based on Nuvectis' current expectations, estimates, and projections and past interpretations of data and information available, including preclinical and clinical safety, pharmacokinetics, pharmacodynamics, and efficacy data generated to date for its pipeline products NXP100, NXP200, and NXP900, and estimates and projections regarding the approvability and commercial potential of these pipeline products, as well as Nuvectis' financial condition.

The outcome of the events described in these forward-looking statements are subject to inherent uncertainties, risks, assumptions, market and other conditions, and other factors that are difficult to predict. Further, certain forward-looking statements are based on assumptions as to future events that may not prove to be accurate. These and other risks and uncertainties are subject to market and other conditions and described more fully in the section titled "Risk Factors" in our second quarter 2026 Form 10-Q, and our other public filings with the U.S. Securities and Exchange Commission ("SEC"). However, these risks are not exhaustive and new risks and uncertainties emerge from time to time, and it is not possible for us to predict all risks and uncertainties that could have an impact on the forward-looking statements contained in this presentation or other filings with the SEC. Any forward-looking statements contained herein speak only as of the date of this presentation. We expressly disclaim any obligation or undertaking to release publicly any updates or revisions to any forward-looking statements contained herein to reflect any change in our expectations or any changes in events, conditions or circumstances on which any such statement is based, except as may be required by law, and we claim the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995.

CORPORATE OVERVIEW

About Nuvectis

Management team with track record of success

Global regulatory approvals (FDA, EMA and PMDA) in renal, anemia and oncology indications

MANAGEMENT TEAM



Ron Bentsur
Chairman, Chief Executive Officer and President



Enrique Poradosu, PhD
EVP, Chief Scientific and Business Officer



Shay Shemesh
EVP, Chief Development and Operations Officer

APPROVED PRODUCT	APPROVED PRODUCT	APPROVED PRODUCT
Auryxia® (ferric citrate) tablets	Jelmyto® (mitomycin)	ELZONRIS® (tagraxofusp-erzs) Injection
COMPANY	COMPANY	COMPANY
KERYX BIOPHARMACEUTICALS, INC	UroGen Pharma	Stemline®

CORPORATE OVERVIEW

Transformative Licensing Agreement with Haisco in June 2026

Well capitalized to execute a broad clinical plan

$115M

Completed $115M follow-on offering (July 2026)

FINANCIAL HIGHLIGHTS

- Well-positioned to reach key inflection points
- Multiple near-term clinical and regulatory catalysts expected

THE PARTNER

海思科医药集团
HAISCO PHARMACEUTICAL GROUP

Haisco Pharmaceutical Group (China)

- ~50 marketed products and ~70 research programs
- Licensing deals with Eli Lilly and AbbVie (2Q2026)
- Assets from Haisco formed the basis of two new U.S. companies founded in 2026

Licensing



June 2026

POTENTIAL BEST-IN-CLASS, ADVANCED CLINICAL-STAGE PIPELINE

Multibillion-dollar markets

Ciprocopan (NXP100)

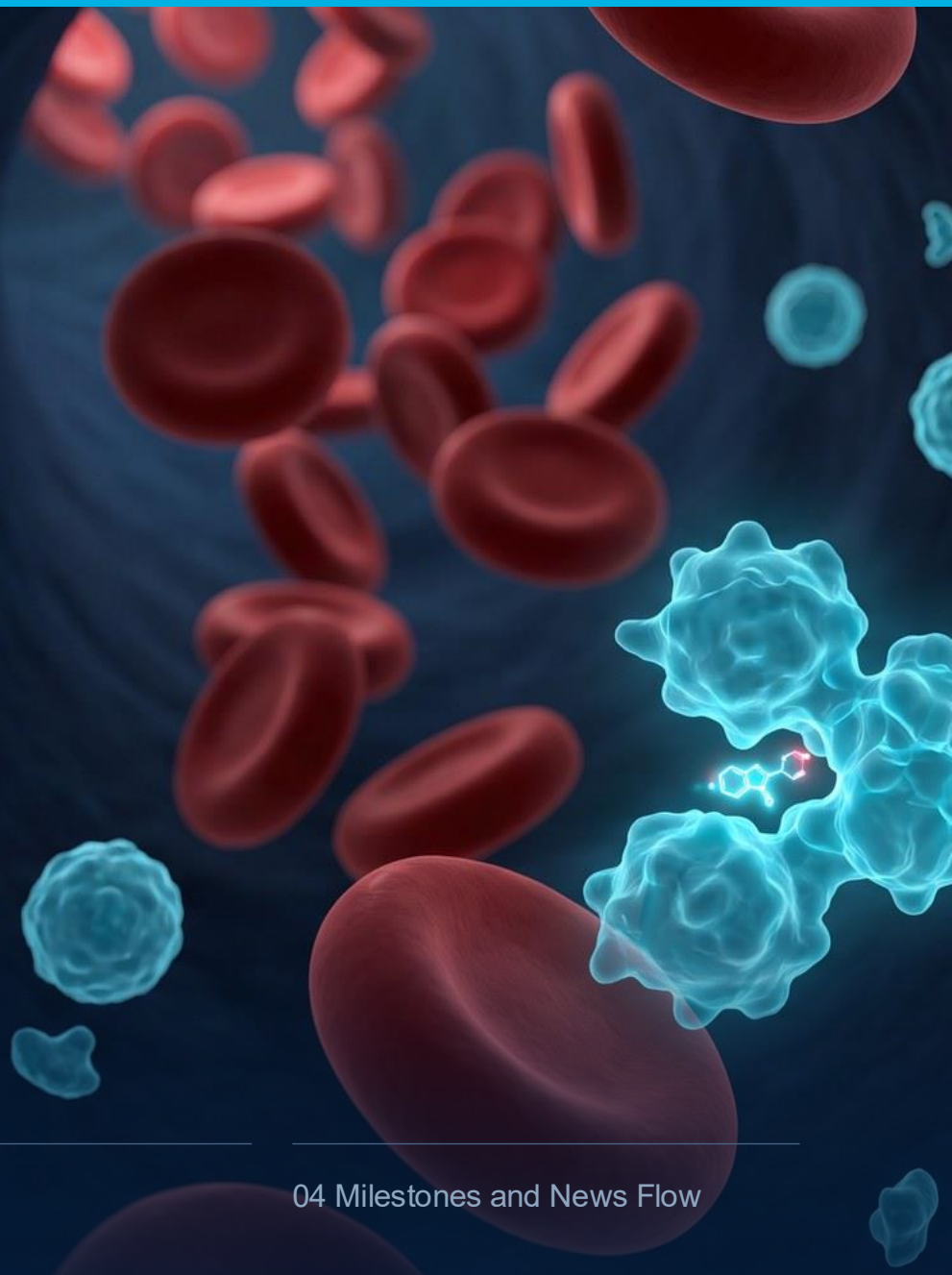
oral, once-daily Factor B inhibitor.

NXP200

oral, paradox-breaker BRAF inhibitor, in Phase 1b study in China

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NuvectisPharma, Inc.



01 · COMPLEMENT

Ciprocopan (NXP100)

Once Daily, Oral Factor B Inhibitor for the Treatment of Complement Related Diseases

01 Ciprocopan (NXP100) | 02 NXP200 | 03 NXP900 | 04 Milestones and News Flow

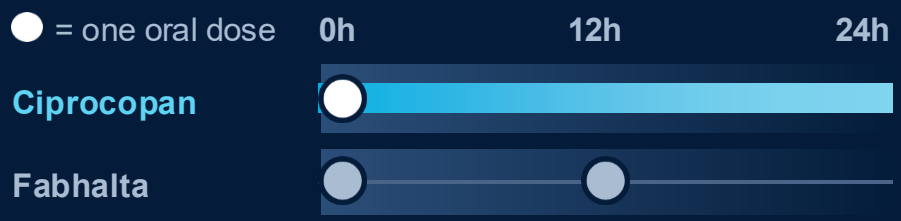
CIPROCOPAN (NXP100)

Ciprocopan (NXP100): Convenient, Once-Daily Oral Factor B Inhibitor

Potential best-in-class complement Factor B inhibitor (CFBi)

1×

Convenient, once-daily oral administration



Single oral dose provides 24-hour target inhibition

Differentiated from oral, twice-daily Fabhalta (iptacopan), the only approved Factor B inhibitor

Nuvectis PHARMA

01 Clinical and regulatory validation in PNH

- China approval in treatment-naïve patients
- Previously treated PNH indication approval pending in China
- Ciprocopan efficacy demonstrated in treatment naïve and previously treated PNH patients
- Safety profile similar to iptacopan

02 Compelling efficacy supports best-in-class potential

- Robust hemoglobin improvement demonstrated in PNH
- Robust proteinuria reduction and eGFR increases in Phase 2 IgAN

03 Broad development program targets additional large markets

- Well-positioned in PNH
- Phase 3 study in IgAN and Phase 2 in lupus nephritis ongoing in China
- Additional optionality in MG, dry AMD, C3G and other diseases

CIPROCOPAN (NXP100) · PNH

Ciprocopan/NXP100: Factor B Becoming a Paramount Target in PNH

Treatment is gradually shifting toward Factor B inhibition (oral, better efficacy)

PNH MARKET

~$4.7B → ~$7.4B

Today, projected to 2030 (a)

1ST GENERATION

C5 Inhibitors

Injectable anti-C5 antibodies

Soliris · Ultomiris

AstraZeneca / Alexion

~$6.4B

combined revenue

2ND GENERATION

Complement Factor B Inhibitors (CFBIs)

Fabhalta (iptacopan) · Novartis · Dosed twice daily orally

The only approved Factor B inhibitor

Worldwide Sales (YTD, thru 3Q)



> **Strong ramp-up continues in 2026**

NEXT GENERATION CFBI

Ciprocopan – Once-a-day, oral CFBI

Positioned as potential best-in-class

Market approval in China in treatment-naïve PNH, with approval pending in previously-treated PNH

Pivotal, Phase 3 study in IgAN and Phase 2 in lupus nephritis ongoing in China

NXP100 and Fabhalta each demonstrated superiority over C5 inhibitors in head-to-head studies in PNH

This sets the stage for CFBIs to become the dominant class in PNH

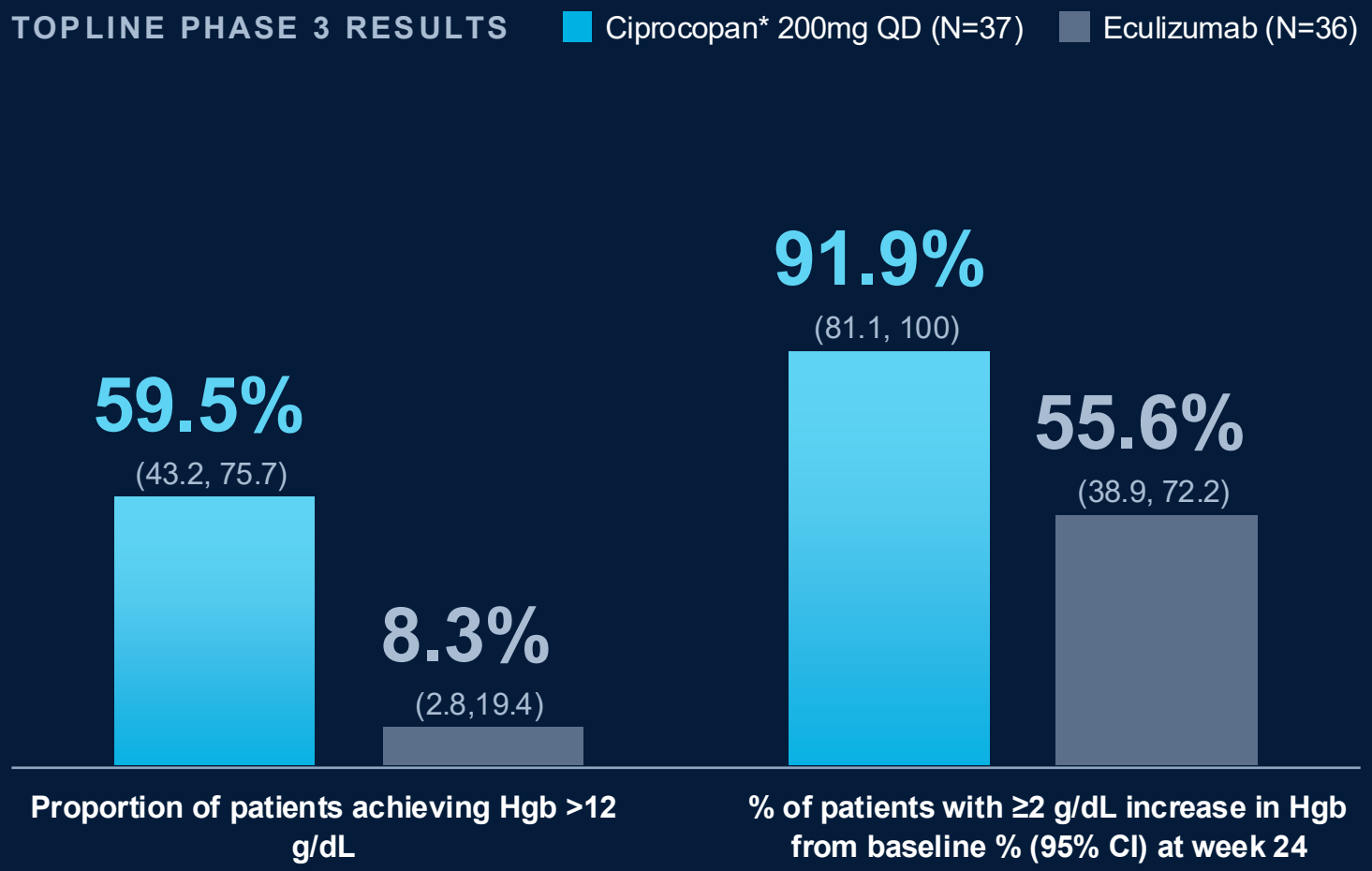
a. Analyst report: https://www.thebusinessresearchcompany.com/report/paroxysmal-nocturnal-hemoglobinuria-pnh-global-market-report

CIPROCOPAN (NXP100) · PNH

Ciprocopan's First Global Approval (China): Treatment Naive PNH

Demonstrated superiority vs Soliris (eculizumab, injectable C5 inhibitor class)

TOPLINE PHASE 3 RESULTS



STUDY DESIGN

Randomized 1:1 · Treatment Period 24 weeks

Ciprocopan* 200mg QD

Eculizumab

Primary endpoint - Proportion of participants achieving hemoglobin levels≥12 g/dL at least on three out of four measurements in the absence of RBC transfusions

Average hemoglobin increase

5.0 g/dL vs **2.2 g/dL**

Average hemoglobin increase 5.0 g/dL in the ciprocopan arm vs 2.2 g/dL in the eculizumab arm

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* Ciprocopan = HSK39297/NXP100

CIPROCOPAN (NXP100) · PNH

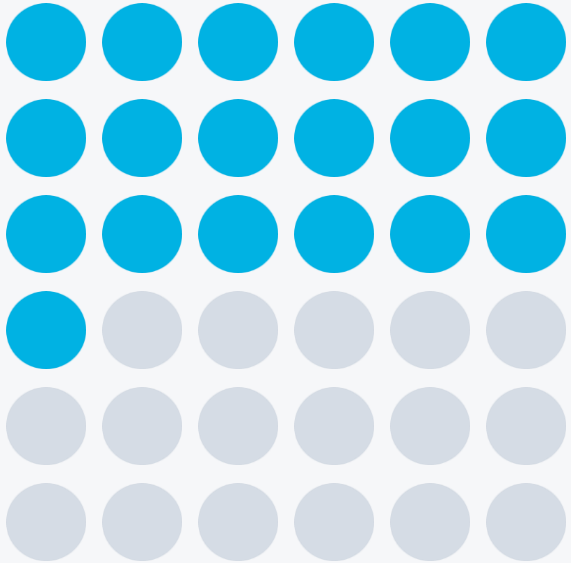
Ciprocopan's 2nd Marketing Application in China

Previously-treated PNH - Patients with persistent anemia despite treatment with anti-C5

STUDY DESIGN

Ciprocopan* 200 mg QD · Treatment Period 24 weeks

Primary endpoint - Proportion of participants achieving hemoglobin levels≥12 g/dL at least on three out of four measurements in the absence of RBC transfusions



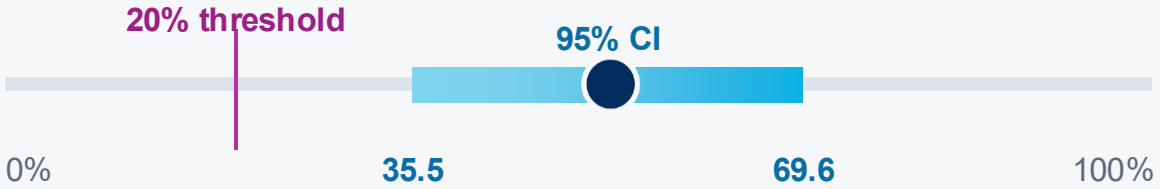
Hgb >12 g/dL Other patients

Proportion of patients achieving Hgb >12 g/dL · Ciprocopan* (N=36)

52.8%

19/36

(35.5, 69.6)



Efficacy prospectively defined as having the lower bound of the 95% CI of the point estimate exceeding 20%.

The study met primary endpoint with a 52.8% response rate and met all secondary endpoints

* Ciprocopan = HSK39297/NXP100

CIPROCOPAN (NXP100) · IGAN

Ciprocopan (NXP100) Has Best In Class Potential in IgAN

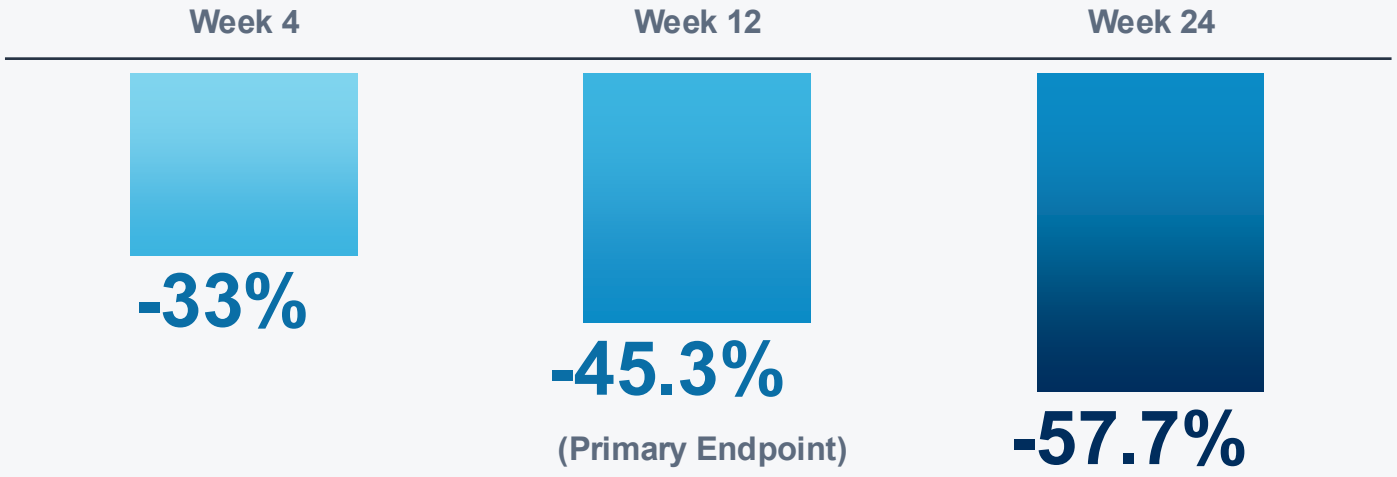
Phase 2 data efficacy positions ciprocopan potentially in line with APRIL/BAFF inhibitors (all injectables)

Urine Protein to Creatinine Ratio (UPCR) reduction: rapid onset of response and treatment effect increase over time; similar magnitude than APRIL/BAFF inhibitors approved or in development and numerically greater than Fabhalta (cross-trial comparison)

Change in Estimated Glomerular Filtration Rate (eGFR): increase in eGFR indicates disease modifying potential

Pivotal phase 3 study ongoing in China

Reduction in 24h-UPCR* relative to baseline vs. placebo



Change from baseline in estimated glomerular filtration rate (eGFR, mL/min/1.73m²)

Week 24



* Urine Protein to Creatinine Ratio

CIPROCOPAN (NXP100)

Complement Factor B FDA Approvals and Ongoing Clinical Trials

	Indication	Est. US addressable patient population	Fabhalta approvals and ongoing clinical trials	Ciprocopan (Status)
APPROVALS	PNH - Naive PNH - Experienced	~5,500	●	● Treatment naïve (China) ○ Approval pending (China)
	IgAN	~200,000	●	○ Phase 3 Ongoing (China)
	C3G	~9,000	●	—
DEVELOPMENT	LN	~100–200,000	—	○ Phase 2 Ongoing (China)
	IC-MPGN	~10,000	●	—
	aHUS	~2,000	●	—
	AAV	~140,000	●	—
	gMG	~70,000	●	—
	dAMD	~18MM	●	○ IND accepted (China)

● Fabhalta (Iptacopan) Market ● Iptacopan (investigational) ● Ciprocopan/NXP100 NMPA approval ○ Ciprocopan/NXP100 (investigational)

Footnotes: US prevalence, approximate estimates based on epidemiology, claims, and registry estimates; dAMD represents early/intermediate AMD; Iptacopan = Fabhalta in investigational indications. LN = lupus nephritis; IC-MPGN = Immune Complex-mediated membranoproliferative glomerulonephritis; aHUS = atypical hemolytic uremic syndrome; AAV = ANCA-associated vasculitis; gMG = generalized myasthenia gravis; dAMD = dry age-related macular degeneration

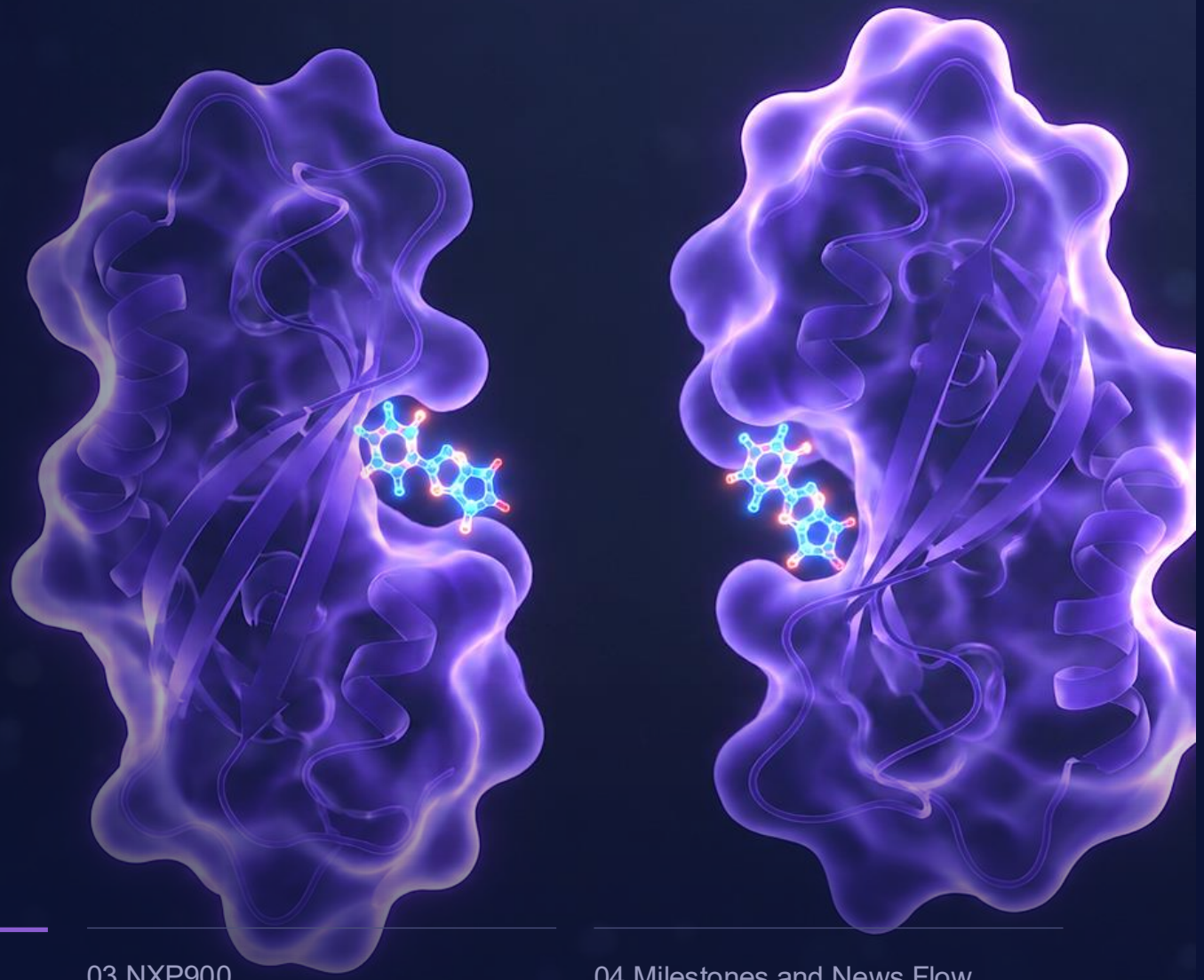
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02 · ONCOLOGY

NXP200

A Paradox-Breaker BRAF Inhibitor for the Treatment of Cancer



NXP200

BRAF in Cancer

Cancers with high prevalence of BRAF mutations	Melanoma	Colorectal	NSCLC	Papillary Thyroid	CNS	Cholangio-carcinoma

THE BRAF MUTATION		FIRST GENERATION BRAF INHIBITORS	WHY IT MATTERS FOR NXP200
Class 1	mutations in codon 600 (most commonly V600E), active single monomers, RAS independent	✓ **Targeted**	✓ **Targeted**
Class 2	Non-V600 mutations or fusions, RAF dimerization dependent and RAS independent.	— Not targeted	✓ **Targeted**
Class 3	low activity/kinase impaired mutations, RAF dimerization and RAS dependent	— Not targeted **Can target only Class 1 mutations**	✓ **Targeted** **Can target all classes of BRAF mutations, brain-penetrant.**
Paradoxical activation		**Paradoxical activation leads to:** • Short duration of response • Frequent skin side effects and skin tumors • Need to combine with MEK inhibitors	NXP200 is a paradox-breaking, BRAF inhibitor designed to block the pathway without triggering the paradoxical activation seen with first-generation BRAF inhibitors. **Demonstrated, durable, single-agent clinical activity in solid tumors and primary brain cancer**

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NXP200

NXP200: A Large Next-Generation BRAF Opportunity

Oral, brain-penetrant, paradox-breaker BRAF inhibitor with potential best-in-class properties

MARKET TODAY

$5BN

First-generation BRAF inhibitors

MARKET POTENTIAL

$12BN

With next-generation paradox-breaker inhibitors*

BENCHMARK DEAL

$2.5BN

Servier's April 2026 acquisition of Day One Biopharmaceuticals, for BRAFi in pediatric glioma, just one subset of the CNS cancers NXP200 could address

Development status: Phase 1b expansion ongoing in China in patients with BRAF-mutated solid tumors. Granted Breakthrough Therapy Designation for BRAF V600-Mutant, Recurrent or Progressive, High-Grade Glioma in China

Best-in-class potential: durable, single-agent responses in heavily pre-treated patients with primary CNS cancer and other solid tumors (CRC, NSCLC, melanoma, papillary thyroid, and others).

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* Analyst report: https://www.datainsightsmarket.com/reports/braf-inhibitors-301717

NXP200 · FREE BASE (OLD) FORMULATION

NXP200: Paradox Breaker BRAFi

Clinical proof of concept: Single agent responses in heavily pre-treated patients

Preliminary Efficacy Data – Phase I dose escalation

(all pts. Previously treated with recurrent metastatic disease)

Cancer Type (all with V600X mutations)	Patients Treated	# of Confirmed Responses
Adult Glioma	22	9 (41%)
Colorectal Cancer	17	1 (6%)
Melanoma	10	2 (20%)
NSCLC	11	2 (18%)
Craniopharyngioma Cholangiocarcinoma Papillary Thyroid Carcinoma	3 (1 each disease)	3 (100%)

Treatment with NXP200 resulted in **ORR of 37% (7/19)** including 1 CR in high-grade glioma (HGG) and **67% (2/3)** in low-grade glioma (LGG).

The reported ORR of the dabrafenib plus trametinib combination is 33% in HGG and 54% in LGG *(The Lancet Oncology, 2022)*.

SAFETY SUMMARY

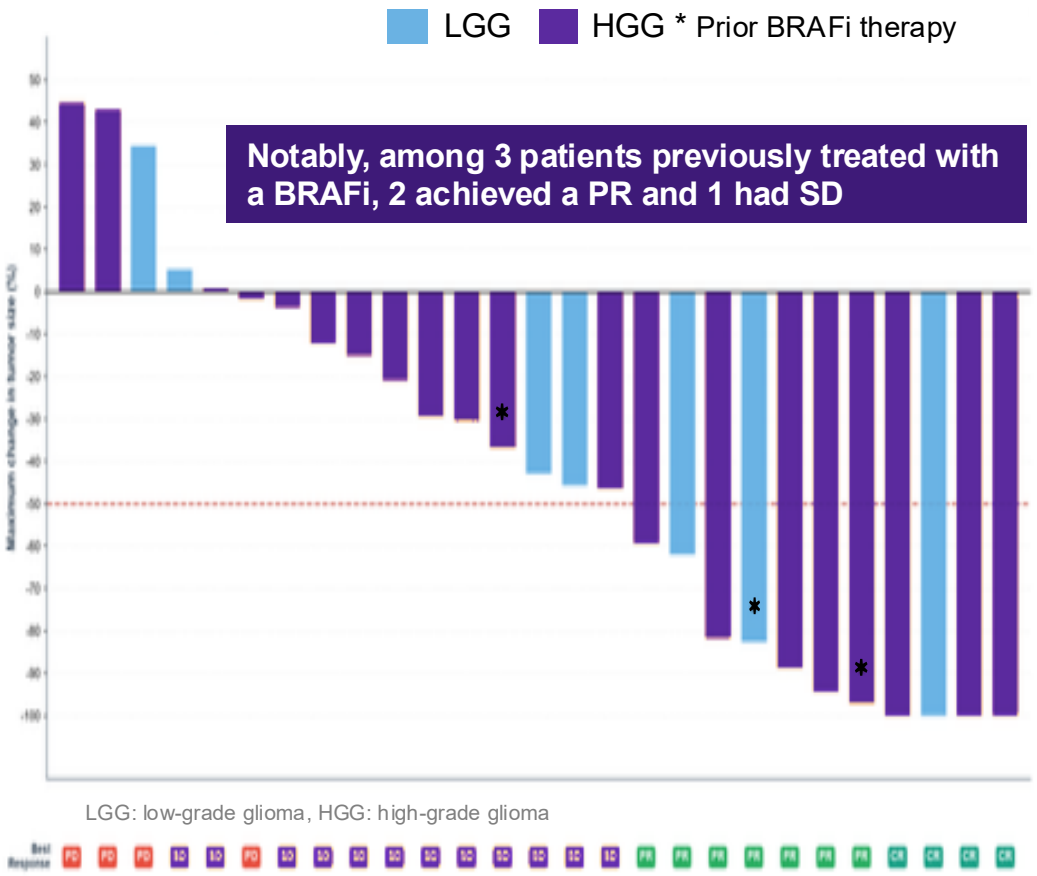
- No DLTs, MTD not reached (doses: 200 – 3600 mg/day).
- No AEs led to drug discontinuation or death.
- Most TRAEs were grade 1 (76%), primarily asymptomatic laboratory.
- No severe drug-related cutaneous toxicity reported.

New salt form generated to enhance the PK properties of NXP200 – currently used in the Phase 1b clinical program in China

NXP200: ESMO 2026 Recurrent/Progressive Glioma Clinical Data Update

Phase 1b: Durable Single Agent Responses (Including CRs) in BRAF V600-mutate recurrent or progressive gliomas

NXP200: Anti-tumor Activity: Early Evidence by RANO 2.0



Single Agent Efficacy Data

n(%)	LGG(N=7)	HGG(N=20)
CR	1 (14.3)	3 (15.0)*
PR	2 (28.6)	5 (25.0)
SD	3 (42.9)	9 (45.0)
ORR (%) (95% CI)	42.9 (9.90, 81.59)	40.0 (19.12, 63.95)
DCR (%) (95% CI)	85.7 (42.13, 99.64)	85.0 (62.11, 96.79)

Responders	N=3	N=8
Deep Response (>80% Reduction)	2 (66.7%)	7 (87.5%)

	LGG(N=7)	HGG(N=20)
mDOR (95% CI)	NR (NR, NR)	6.97 (2.79, NR)
mOS (95% CI)	NR (NR, NR)	17.15 (12.35, NR)
12m OS% (95%CI)	100 (100, 100)	94.44 (66.64, 99.20)

*Including 1 preliminary CR

NXP200: New Salt Form

Clinical proof of concept (pilot study): single agent responses in heavily pre-treated patients

New Salt form enhances NXP200 systemic exposure

Geometric Mean and Ratio			
Parameter (unit)	**NXP200-Na 200 mg**	**NXP200 1200 mg**	**NXP200-Na/ NXP200 (%)**
$AUC_{0\text{-}t}$ (h*µg/mL)	154	139	**111.23**
$AUC_{0\text{-}inf}$ (h*µg/mL)	157	143	**110.25**
C_{max} (µg/mL)	26.1	16.7	**155.68**

HUMAN BRIDGING STUDY DEMONSTRATES

Greater than 6x exposure with salt form

Preliminary Single Agent Efficacy Data

(all pts. previously treated with recurrent metastatic disease)

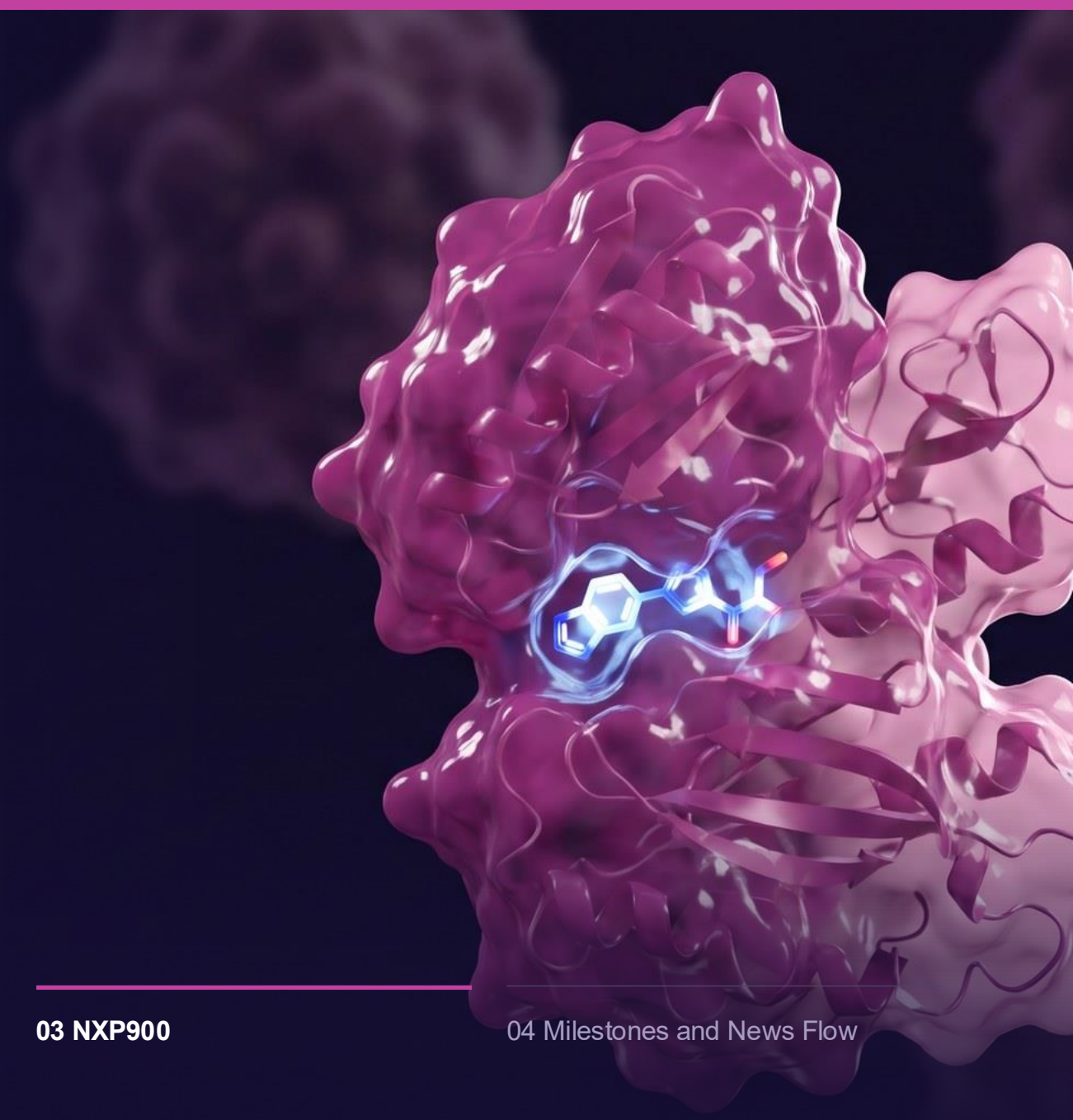
Cancer Type (V600X mutations)	# of Patients Treated	Efficacy
Colorectal Cancer	**5**	**2 confirmed PRs** (59% and 50.2% tumor reductions, >14 and 4 months and ongoing) **2 SD** (27% and 12% tumor reductions, including one BRAF resistant patient, >6 months, ongoing)
Papillary Thyroid Carcinoma	**1**	**1 PR** (63.5% tumor reduction, >10 months)
NSCLC	**1**	Voluntary withdrawal, SD after 2 months

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03 · ONCOLOGY

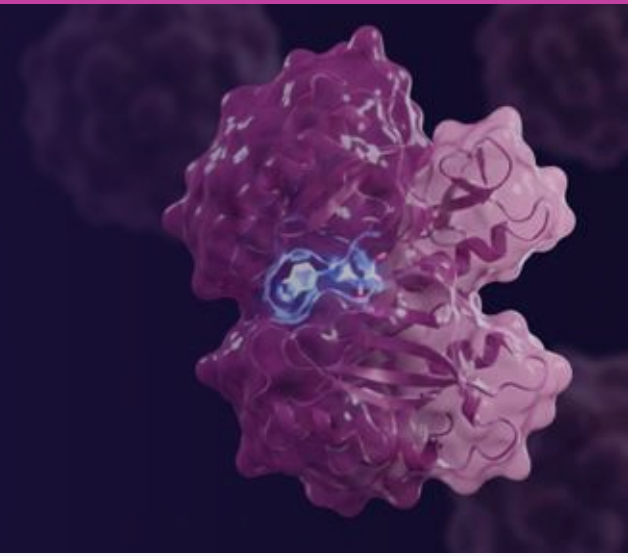
NXP900

A SRC/YES1 Kinase Inhibitor for the treatment of Cancer



NXP900

NXP900 Phase 1b Ongoing



Highly selective, unique mechanism of action:

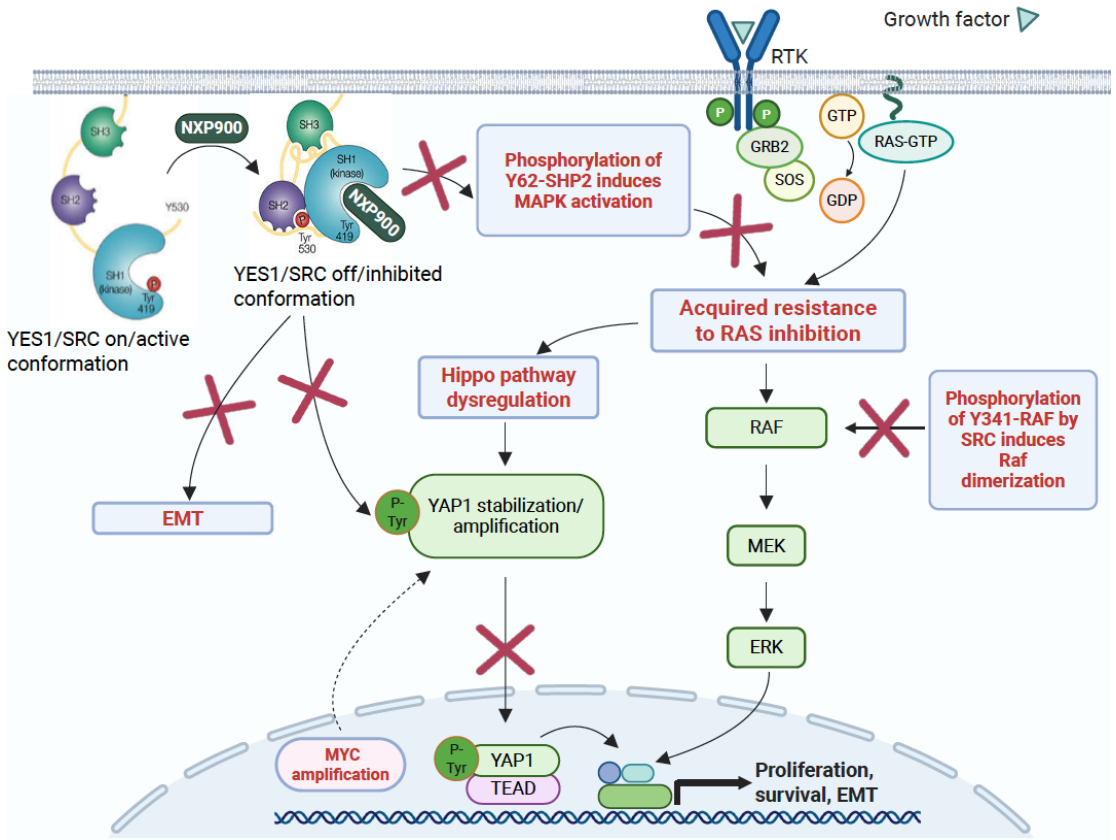
Complete shut-down of the YES1/SRC pathways by inhibiting the catalytic and scaffolding properties

STUDY	INDICATION	COMBINATION	PATIENTS	STATUS
#1	NSCLC	osimertinib combination	EGFR mutated, previous response to osimertinib	● Ongoing
#2	NSCLC	lorlatinib combination	ALK fusion, previous response to lorlatinib	● Ongoing
#3	Pancreatic Cancer	KRAS inhibitor combination	—	○ Investigator initiated study planned

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NXP900 Combination With RAS Inhibitors

SRC activation is involved in multiple pathways leading to acquired resistance to Ras inhibition**



Created with BioRender

1 SRC, YES1 and YAP1 activation have been validated preclinically as drivers of resistance to RAS inhibitors.

2 NXP900 inhibits at low nanomolar concentrations SRC overactivation in sotorasib-resistant NSCLC cells and inhibits YAP1 nuclear localization (a marker of acquired resistance).

3 Low nanomolar concentrations of NXP900 result in potent synergy in cell proliferation assays in combination with sotorasib in sensitive and resistant NSCLC cells.

Cancer Res (2026) 86 (7_Supplement): 6495. ** AACR 2026

04

Milestones and News Flow

MILESTONES AND NEWS FLOW

Expected Near-Term News Flow & Catalysts

PROGRAM	July 2026	H2 2026	Q4 2026	Dec 2026	H1 2027
Complement	**Approval (China) — treatment-naïve PNH**	US IND submission Phase 2 LN data update (China) Fabhalta data updates across multiple indications (starting H2 2026)	Approval (China) — previously-treated PNH	PNH Phase 3 data (China) presentations at ASH	IgAN Pivotal Phase 3 Topline (China)
Oncology	—	—	NXP200 Phase 1b expansion update (China) NXP200 US IND submission NXP900 Phase 1b combination data update	—	—

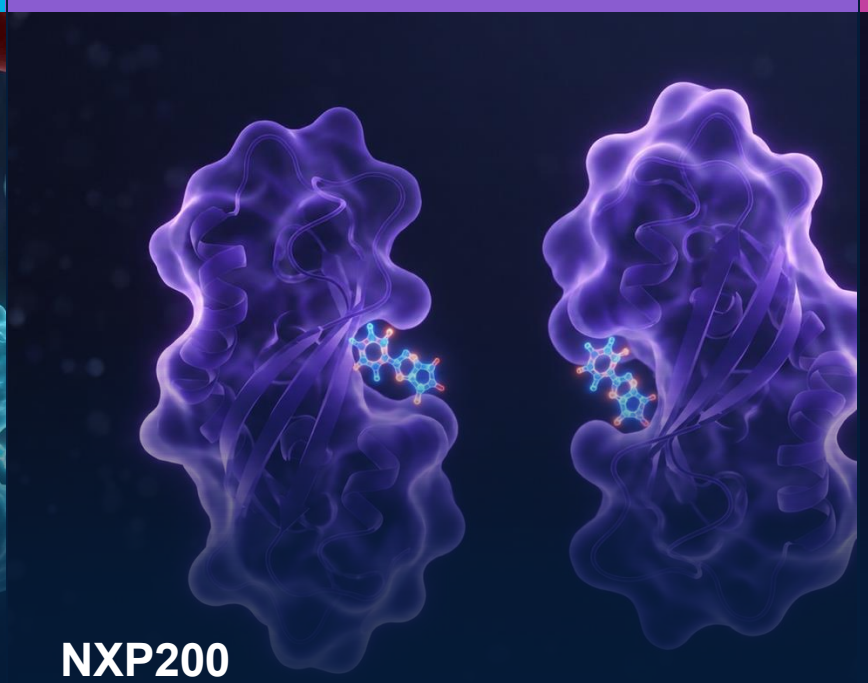
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Estimated timelines



Ciprocopan (NXP100)

Factor B Inhibitor



NXP200

Paradox-breaker BRAF Inhibitor



NXP900

SRC/YES1 Kinase Inhibitor

Thank You

Precision Medicine for the Treatment of Complement Related Diseases and Cancer

Nuvectis PHARMA

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