Week 78 COACH Trial Data & Achondroplasia Program Update

August 6, 2026

ascendis pharma

Cautionary Note on Forward-Looking Statements

This presentation contains forward-looking statements. All statements other than statements of historical facts contained in this presentation, such as, statements regarding our product features, goals, efficacy and safety, future plans, expected patient recruitment and timing, and market position are forward-looking statements. These forward-looking statements are based on our current expectations and beliefs, as well as assumptions concerning future events. These statements involve known and unknown risks, uncertainties and other factors that could cause our actual results to differ materially from the results discussed in the forward-looking statements. These risks, uncertainties and other factors are more fully described in our reports filed with or submitted to the Securities and Exchange Commission (SEC), including, without limitation, our most recent Annual Report on Form 20-F filed with the SEC on February 11, 2026, particularly in the sections titled "Risk Factors" and "Operating and Financial Review and Prospects." In light of the significant uncertainties in our forward-looking statements, you should not place undue reliance on these statements or regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified timeframe, or at all.

Any forward-looking statement made by us in this presentation speaks only as of the date of this presentation and represents our estimates and assumptions only as of the date of this presentation. Except as required by law, we assume no obligation to update these statements publicly, whether as a result of new information, future events, changed circumstances or otherwise after the date of this presentation.

TransCon CNP is approved in the United States under the trade name YUVIWEL® to increase linear growth in pediatric patients 2 years of age and older with achondroplasia with open epiphyses. All other uses discussed in this presentation, including treatment with TransCon CNP in combination with TransCon hGH and treatment of infants and adolescents with achondroplasia, are investigational and have not been approved by the U.S. Food and Drug Administration or any other regulatory authority. TransCon hGH is investigational in achondroplasia and is approved and marketed as SKYTROFA® for the treatment of pediatric and adult growth hormone deficiency. No representation is made as to the safety or effectiveness of any investigational use.

Program Overview

Combination Therapy Overview & Recent Data

- TransCon CNP overview
- COACH Trial design
- Baseline characteristics
- Week 78 efficacy and safety
- Key takeaways

TransCon CNP Monotherapy Overview & Recent Data

- ApproaCH Trial design
- Recently presented long-term data from ApproaCH Trial
- Broader achondroplasia development program
- Key takeaways

YUVIWEL® U.S. Launch Update

- Key FDA label takeaways
- U.S. pediatric achondroplasia market overview
- Enrollment update and launch progress highlights

Combination Therapy Overview & Recent Data

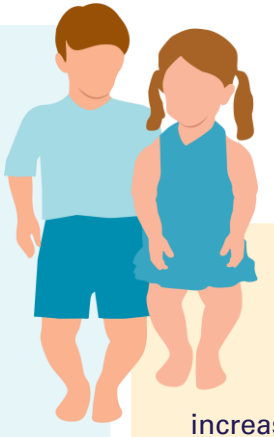
TransCon CNP Monotherapy Overview & Recent Data

YUVIWEL® U.S. Launch Update

Medical Complications Over a Lifespan

Medical complications of achondroplasia vary and may include spinal cord compression, sleep-disordered breathing, otitis media, hearing loss, abnormal curvature of the spine, spinal stenosis (narrowing), and more.[1-7]

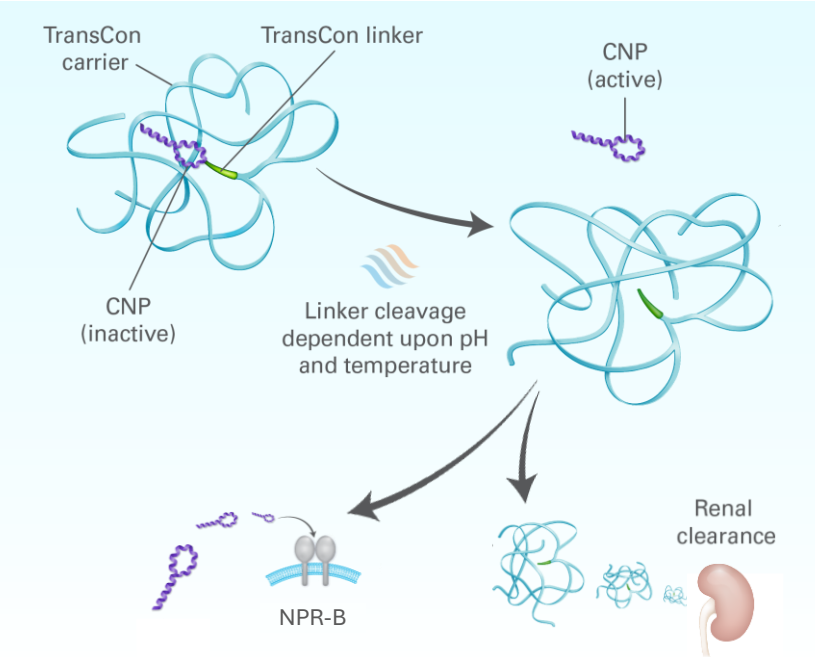
- Leg bowing
- Otitis media
- Hearing loss
- Spinal abnormalities
- Spinal stenosis
- Foramen magnum stenosis
- Obesity
- Skeletal dysplasia
- Enlargement of specific brain structures
- Limited elbow extension
- Low muscle tone with weakness
- Impaired muscle strength and stamina
- Upper airway obstruction
- Sleep-disordered breathing
- Restricted hip mobility
- Speech delay
- Misalignment of teeth



Major treatment goals are to decrease the incidence and severity of achondroplasia-related medical complications, increase height, promote proportional growth, and improve quality of life.[8,9]

1. Ireland PJ, et al. *Appl Clin Genet* 2014; 7: 117-25. 2. Horton WA, et al. *Lancet* 2007; 370(9582): 162-72. 3. Sims DT, et al. *J Appl Physiol* 2018; 124(3): 696-703. 4. de Vries OM, et al. *Am J Med Genet* A 2021;185(4): 1023-32. 5. Pauli RM. *Orphanet J Rare Dis* 2019;14(1):1. 6. Dhiman N, et al. *Qual Life Res* 2017; 26(5): 1337-48. 7. Savarirayan R, et al. *Nat Rev Endocrinol* 2022; 18(3): 173-89. 8. McGraw SA, et al. *Adv Ther* 2022; 39(7): 3378-91 9. U.S. FDA. Minutes of a Joint Meeting of the Pediatric Advisory Committee and the Endocrinologic and Metabolic Drugs Advisory Committee. 2018. https://www.fda.gov/media/114640/download.

TransCon® CNP (Navepegritide)



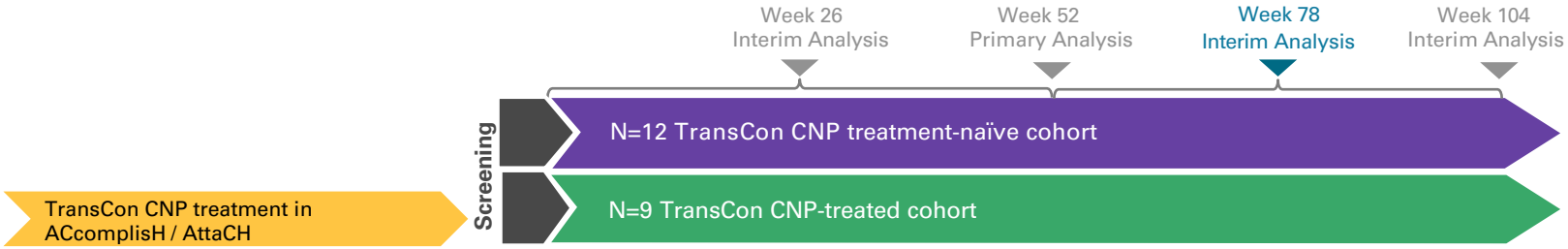
- TransCon CNP (marketed as YUVIWEL® in the U.S.) is a prodrug of CNP administered once weekly and designed to provide continuous exposure to active CNP (amino acid sequence identical to endogenous CNP [89-126])
- Active CNP released from TransCon CNP binds to NPR-B throughout the body to counteract the constitutively active FGFR3 signaling in achondroplasia
- TransCon CNP is approved by the FDA to increase linear growth in children 2 years and older with achondroplasia with open epiphyses

CNP = C-type natriuretic peptide; FDA = Food and Drug Administration; FGFR3 = fibroblast growth factor receptor 3; NPR-B = natriuretic peptide receptor B

Breinholt VM, et al. *J Pharmacol Exp Ther* 2019;370(3):459-471.

TransCon CNP + TransCon hGH Combination Therapy

COACH Trial Design



Primary Efficacy Objective
- Evaluate effect of combination treatment with TransCon CNP and TransCon hGH on linear growth compared to TransCon CNP alone

Population
- Children with achondroplasia, aged 2-11 years, with open epiphyses

Treatment
- TransCon CNP 100 µg/kg/week + TransCon hGH 0.30 mg hGH/kg/week (starting dose)

Primary Efficacy Endpoint
- Annualized growth velocity (AGV) at Week 52

Selected Secondary Endpoints
- Change from baseline in height Z-score
- AGV over time
- Upper to lower body segment ratio (body proportionality)
- Radiological endpoints including lower limb alignment and interpedicular distance (IPD)
- Arm span

Safety Endpoints
- Treatment-emergent AEs, including injection site reactions

Data on file, Ascendis Pharma 2026.

Demographics and Baseline Characteristics (1/2)

Full analysis set	TransCon CNP Treatment-Naïve Cohort (N=12)	TransCon CNP-Treated Cohort (N=9)
Age at baseline, years, mean (SD)	5.26 (2.24)	8.32 (1.86)
Age group, n (%)		
< 5 years	6 (50.0)	0
5 to < 8 years	5 (41.7)	3 (33.3)
≥ 8 years	1 (8.3)	6 (66.7)
Sex, n (%)		
Male	8 (66.7)	6 (66.7)
Female	4 (33.3)	3 (33.3)
Genetic variant, n (%)		
1138G>A	11 (91.7)	8 (88.9)
1138G>C	0	1 (11.1)
1144G>A	1 (8.3)	0

McDonnell CM, Irving M, Nolting LA, et al. Navepegritide combined with lonapegsomatropin for the treatment of children with achondroplasia: 52-week results from the phase 2 COACH trial. *Eur J Endocrinol.* 2026;194(6):745-755. doi:10.1093/ejendo/lvag082.

Data on file, Ascendis Pharma 2026.

TransCon CNP + TransCon hGH Combination Therapy

Demographics and Baseline Characteristics (2/2)

Full analysis set	TransCon CNP Treatment-Naive Cohort (N=12)	TransCon CNP-Treated Cohort (N=9)
Years of exposure to TransCon CNP 100 µg/kg/wk, mean (range)	Not Applicable	2.56 (2.30, 2.95)
AGV (cm/year), mean (SD)	4.92 (2.18)	5.14 (0.53)
CDC-based[1] height Z-score, mean (SD)	-4.46 (0.77)	-4.04 (0.66)
ACH-specific[2] height Z-score, mean (SD)	0.46 (0.70)	1.28 (0.81)
ACH-specific[3] arm span Z-score, mean (SD)	0.18 (1.12)	0.61 (0.84)
IGF-1 SDS, mean (SD)	-0.63 (1.32)	-0.70 (0.48)

Trial population is representative of children with achondroplasia and treatment benefit of TransCon CNP

[1]CDC Stature for Age Charts, available at: https://www.cdc.gov/growthcharts/who-growth-charts.htm. [2]Hoover-Fong JE, et al. *US. Orphanet J Rare Dis.* 2021;16(1):522. [3]Merker A, Neumeyer L, Hertel NT, et al. *Am J Med Genet A* 2018;176(9):1819–1829. doi:10.1002/ajmg.a.40356. McDonnell CM, Irving M, Nolting LA, et al. Navepegritide combined with lonapegsomatropin for the treatment of children with achondroplasia: 52-week results from the phase 2 COACH trial. *Eur J Endocrinol.* 2026;194(6):745-755. doi:10.1093/ejendo/lvag082.

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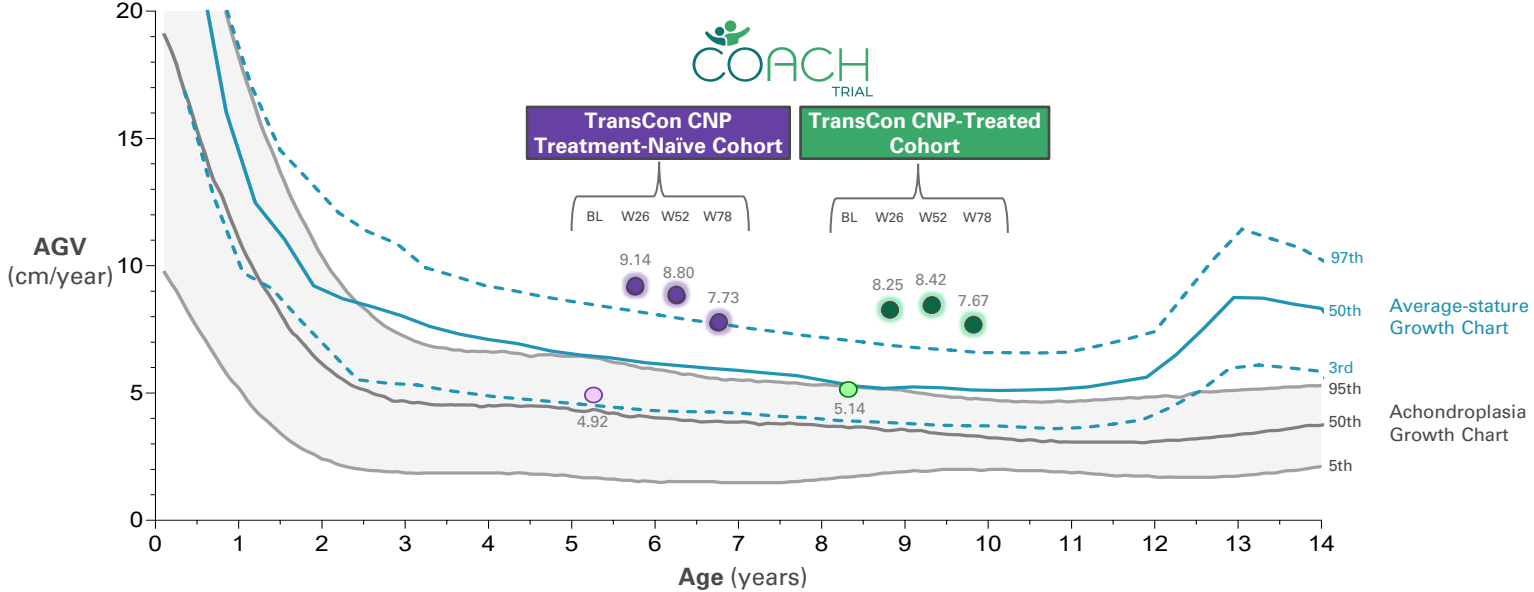
TransCon CNP + TransCon hGH Combination Therapy

COACH Trial Mean AGV at Week 78

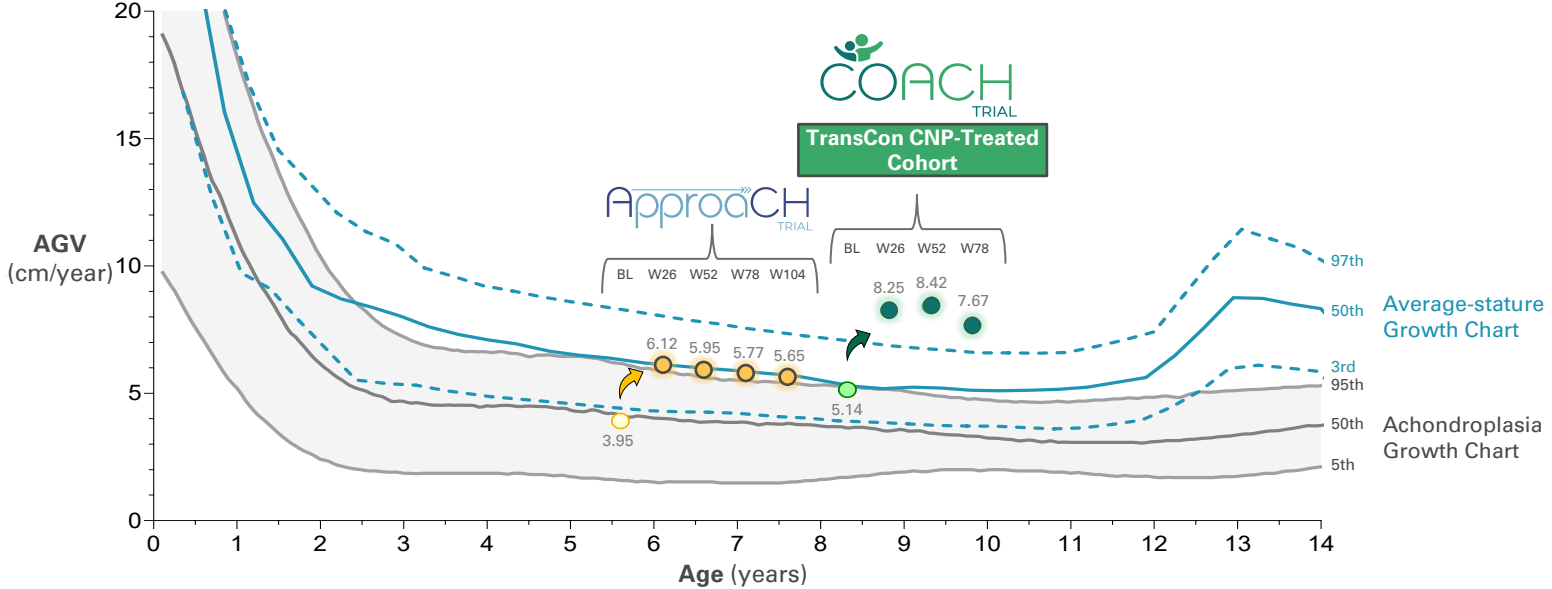


At Week 78, children on the combination maintained AGV at or above the 97th percentile of children of average stature, with changes over time in line with expected age-related growth patterns

Adapted from: Hoover-Fong JE, et al. *Am J Clin Nutr.* 2008 Aug;88(2):364-71. Natural history AGV curves presented for male children; curves for average stature children from 0-3y reflect 10th, 50th, and 90th percentile. The data have been plotted on the growth curves for boys as the majority of participants enrolled in COACH were boys, and the growth curves for girls and boys are similar for the age range enrolled in COACH.; McDonnell CM, Irving M, Nolting LA, et al. Navepegritide combined with lonapegsomatropin for the treatment of children with achondroplasia: 52-week results from the phase 2 COACH trial. *Eur J Endocrinol.* 2026;194(6):745-755. doi:10.1093/ejendo/lvag082.

Data on file, Ascendis Pharma 2026.

Long-Term ApproaCH and COACH Mean AGV

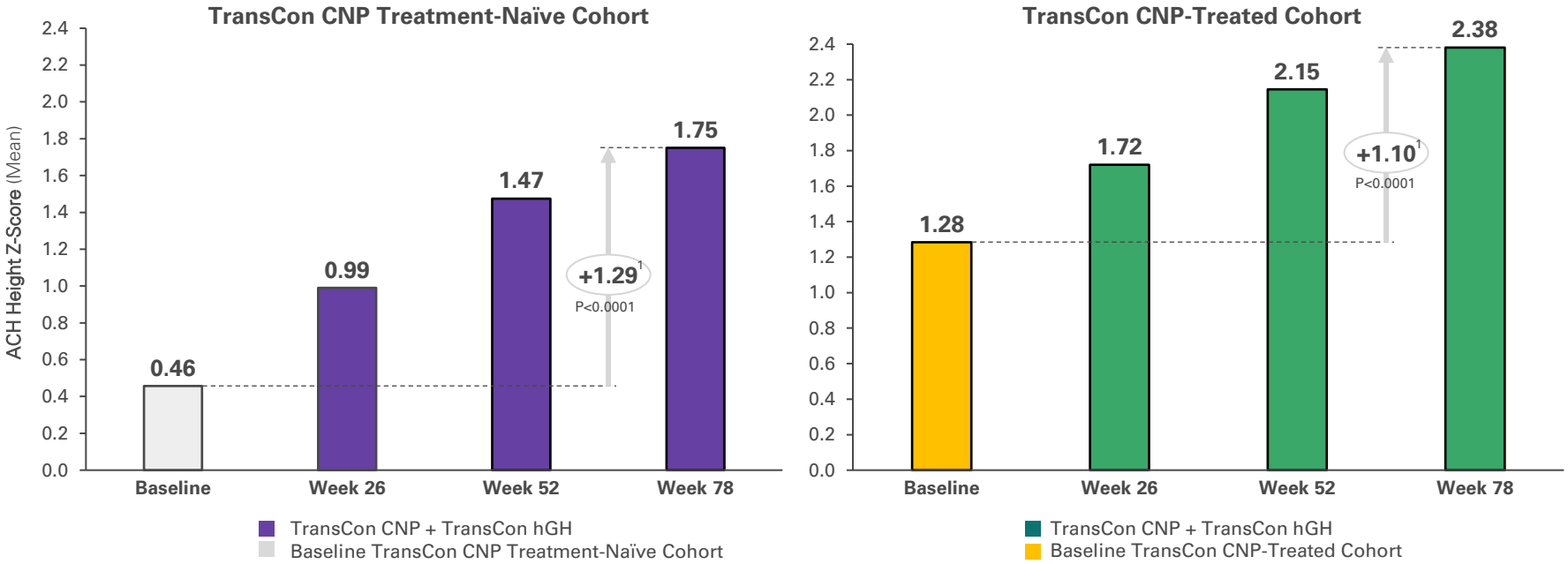


TransCon CNP monotherapy improved growth rates in line with children of average stature, while combination therapy enhanced growth even further

Adapted from: Hoover-Fong JE, et al. *Am J Clin Nutr.* 2008 Aug;88(2):364-71. Natural history AGV curves presented for male children; curves for average stature children from 0-3y reflect 10th, 50th, and 90th percentile. The data have been plotted on the growth curves for boys as the majority of participants enrolled in COACH were boys, and the growth curves for girls and boys are similar for the age range enrolled in COACH.; McDonnell CM, Irving M, Nolting LA, et al. Navepegritide combined with lonapegsomatropin for the treatment of children with achondroplasia: 52-week results from the phase 2 COACH trial. *Eur J Endocrinol.* 2026;194(6):745-755. doi:10.1093/ejendo/lvag082.; Savarirayan R, et al. American College of Medical Genetics and Genomics Annual Meeting (ACMG). 2026. Oral Presentation; Data on file, Ascendis Pharma 2026.

TransCon CNP + TransCon hGH Combination Therapy

Mean ACH Height Z-score Through Week 78



Sustained increases in ACH height Z-scores, indicating a tripling of efficacy compared to TransCon CNP monotherapy[2]

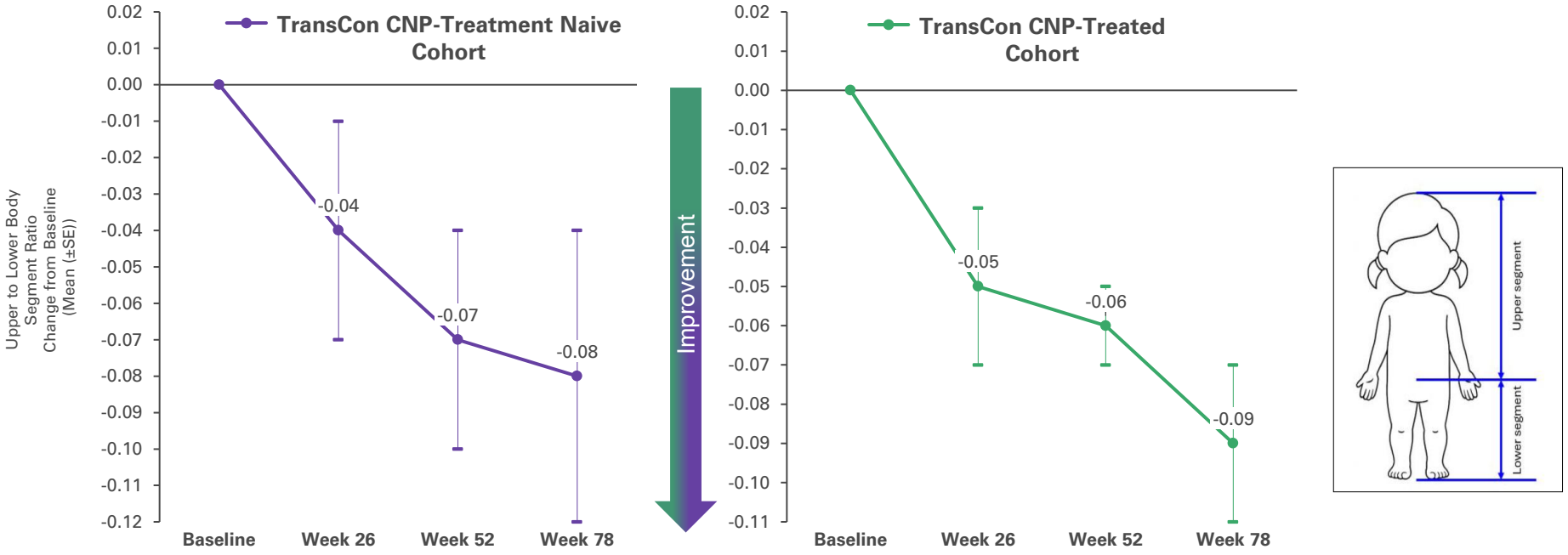
[1]Gray arrow indicates change from baseline

[2]COACH is a single-arm, open-label Phase 2 trial in 21 children and does not include a monotherapy comparator arm. Comparisons to results from ApproaCH, a separate randomized trial, are cross-trial and descriptive only; the trials differ in design, population, and duration, and no statistical inference of relative efficacy should be drawn.

Data on file, Ascendis Pharma 2026.

TransCon CNP + TransCon hGH Combination Therapy

COACH Body Proportionality Through Week 78



TransCon CNP + TransCon hGH showed continued improvement in body proportionality

Data on file, Ascendis Pharma 2026.

Safety Profile Consistent with Monotherapies Through Week 78

Safety analysis set	All Participants (N=21)
Participants experiencing any treatment-emergent AE, n (%)	20 (95.2)
Grade 1 (Mild)	20 (95.2)
Grade 2 (Moderate)	14 (66.7)
Grade 3 (Severe) [a]	2 (9.5)
Grade 4 & 5 (Life-threatening or Death)	0
Participants experiencing any SAE, n (%) [b, c]	2 (9.5)
Acquired hydrocele	1 (4.8)
Respiratory tract infection viral	1 (4.8)
Syncope	1 (4.8)
Participants with at least one treatment-related AEs, n (%)	8 (38.1)
Participants experiencing AE related to TransCon hGH	7 (33.3)
Participants experiencing AE related to TransCon CNP	5 (23.8)
Participants experiencing AE related to TransCon hGH and TransCon CNP [d]	1 (4.8)
Treatment-related SAEs, n (%)	0
Participants discontinuing treatment due to AE, n (%)	0

[a] One participant reported OSA (not related to treatment by the investigator), 2 weeks after initial dose in COACH (participant had prior medical history of OSA that resolved in Jan 2023). Participant recovered and no action taken with treatment. Refer to footnote c for second participant.
[b] One participant reported 2 SAEs: viral respiratory tract infection (moderate; assessed not related to treatment by the investigator) and acquired hydrocele (moderate; assessed not related to treatment by the investigator). Participant recovered and no action taken with treatment.
[c] One participant reported vasovagal syncope (severe; not related to treatment by the investigator), 14 months after initial dose in COACH, approximately 45 minutes after eating. Participant recovered and no action taken with treatment.
[d] One participant reported injection site atrophy of the right buttock (mild). Because the injection site was used for both drugs, the investigator attributed the atrophy to both drugs rather than a single agent. AE is ongoing and no action taken with treatment.

Safety and Tolerability Summary

- Combination treatment showed safety data consistent with those observed for TransCon CNP and TransCon hGH monotherapies, and was generally well tolerated, with generally mild TEAEs
- Majority of TEAEs were mild (Grade 1) or moderate (Grade 2) and typical for children of these ages
- No TEAEs led to treatment discontinuation or withdrawal from trial; no SAEs assessed as related to study drugs
- No fractures or other bone-related safety events observed
- No evidence of hypotensive effect
- No deaths were reported
- Injection-site reactions were consistent with that observed for TransCon CNP and TransCon hGH monotherapies, with all events adjudicated as mild

Data on file, Ascendis Pharma 2026.

TransCon CNP + TransCon hGH Combination Therapy

COACH Trial Week 78 Key Takeaways

Potential to establish a new bar for healthy and proportional growth in children with achondroplasia

- **Combination therapy continued to demonstrates durable unprecedented efficacy**
  - Children on the combination maintained AGV at or above the 97th percentile of children of average stature, with changes over time in line with expected age-related growth patterns
  - Sustained increases in ACH height Z-scores, indicating a tripling of efficacy compared to TransCon CNP monotherapy
- **Body proportionality continued to improve through Week 78,** aligning with the increase in height
- **Combination treatment was generally well tolerated**, with generally mild TEAEs and safety and tolerability consistent with those observed with TransCon CNP and TransCon hGH monotherapies
- **100% of children completed 78 weeks of treatment in COACH** and remain in the trial as of today

At Week 78, combination therapy with once-weekly TransCon CNP + TransCon hGH delivered a tripling of efficacy compared to TransCon CNP monotherapy, without compromising safety or tolerability

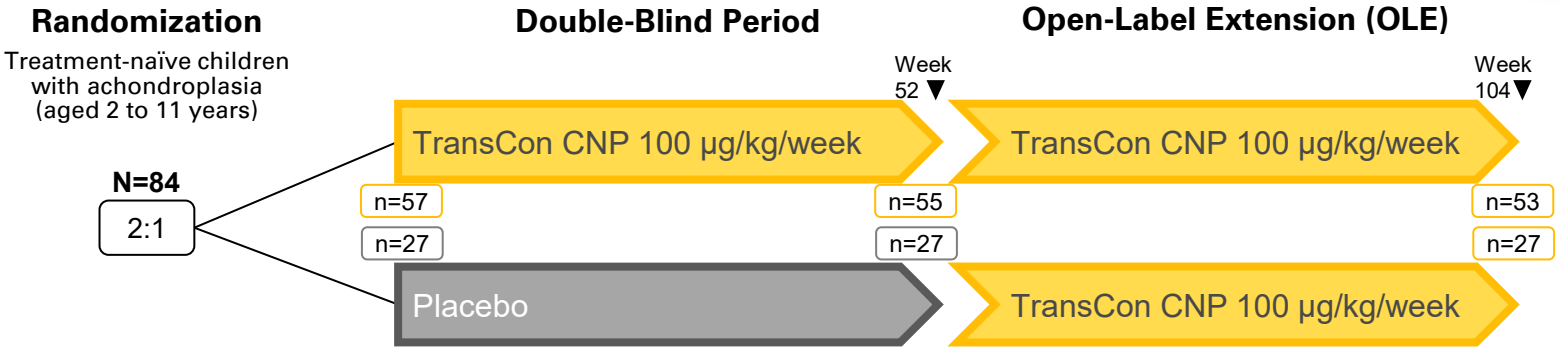
Data on file, Ascendis Pharma 2026.

Combination Therapy Overview & Recent Data

TransCon CNP Monotherapy Overview & Recent Data

YUVIWEL® U.S. Launch Update

Pivotal ApproaCH Trial Design



Key Assessments

Growth
- AGV through Week 104
- Change from baseline in ACH height Z-score

Safety
- Treatment emergent adverse events (AEs)
- Tolerability

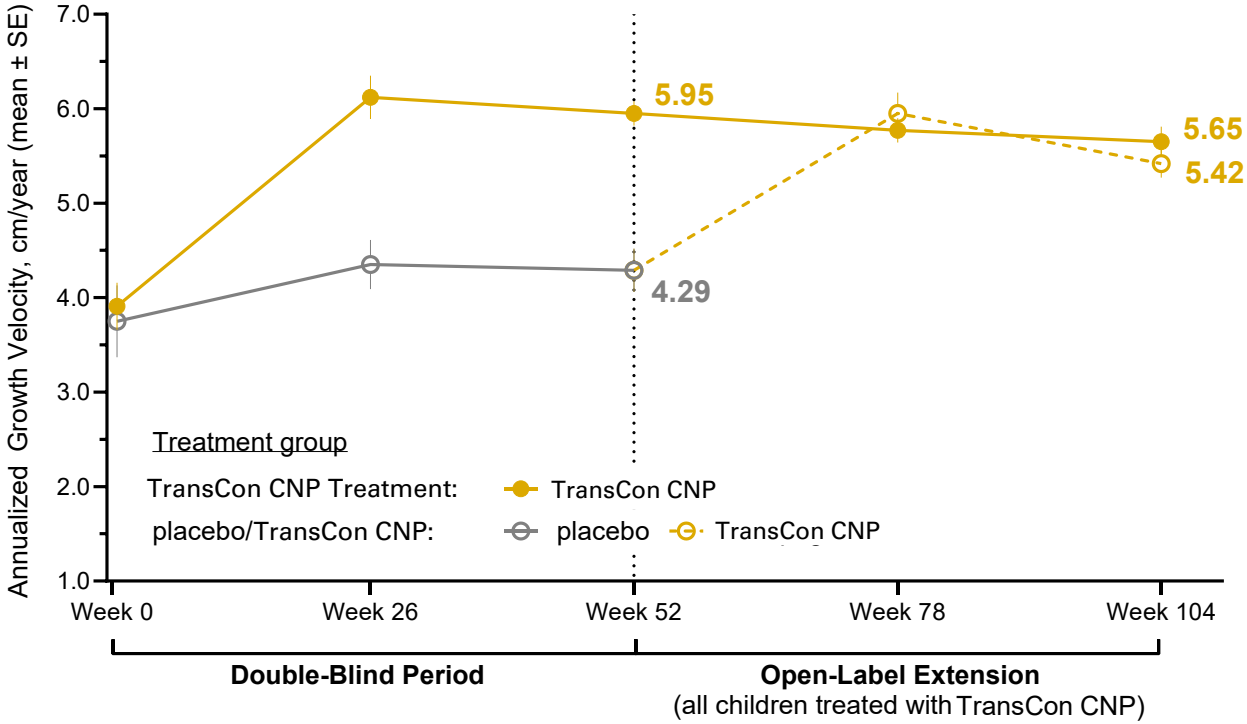
Exploratory
- Change from baseline in key orthopedic features of skeletal dysplasia
  - Radiographs collected at baseline, Week 52, and Week 104 were assessed by blinded, expert central readers

Baseline Characteristics

	TransCon CNP N=57	placebo N=27
Age, years; mean (SD) [min, max]	5.6 (2.6) [2.0, 11.9]	6.0 (2.7) [2.1, 12.0]
Sex, male; n (%)	31 (54.4)	14 (51.9)
ACH height Z-score; mean (SD)	0.18 (0.92)	-0.11 (0.73)

N = number of children that received at least one dose of investigational medicinal product. ACH, achondroplasia; AGV, annualized growth velocity
[1]For an overview of the trial design see Savarirayan R, et al. *JAMA Pediatr.* 2026;180(1):18–25.

Annualized Growth Velocity (AGV) Through Week 104



Children continuing TransCon CNP in the Open-Label Extension maintained AGV through 104 weeks

Children who switched from placebo to TransCon CNP at Week 52 had increased AGV at Week 104, comparable to TransCon CNP-related gains observed in the double-blind period

Note: Data shown are observed mean (±SE) Annualized Growth Velocity (AGV).

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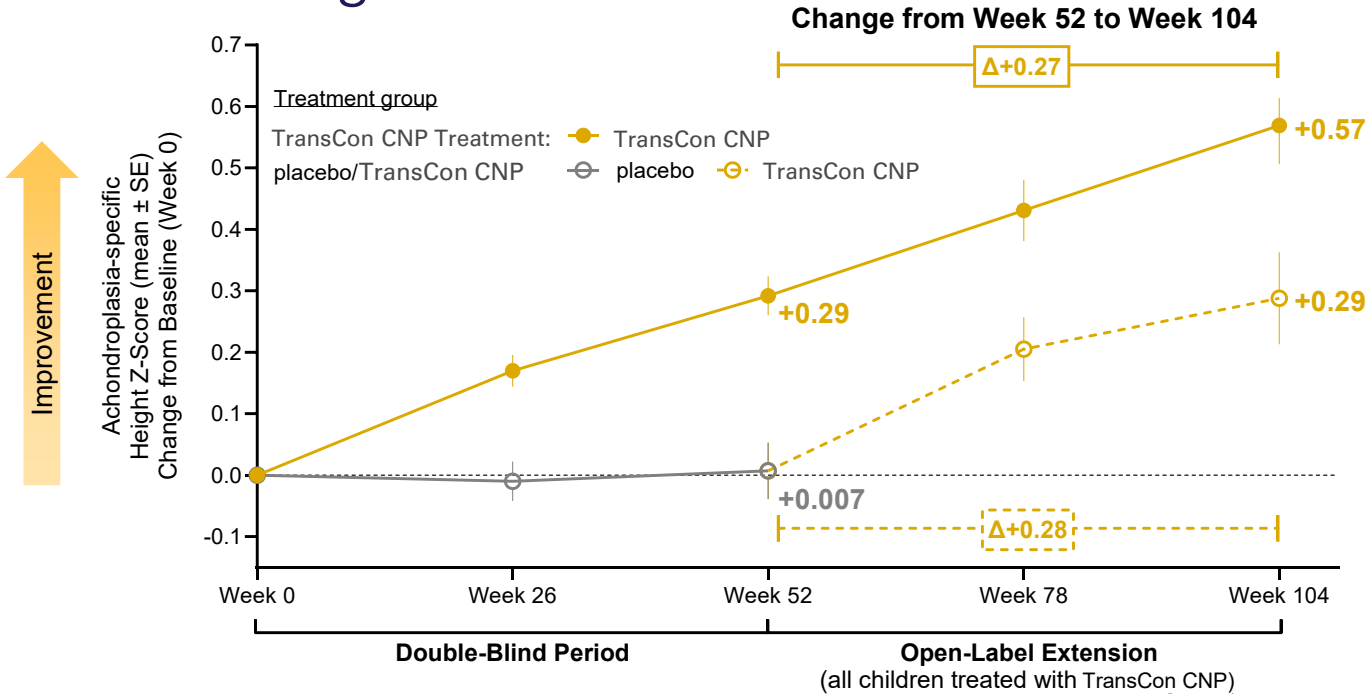
Change in ACH Height Z-score

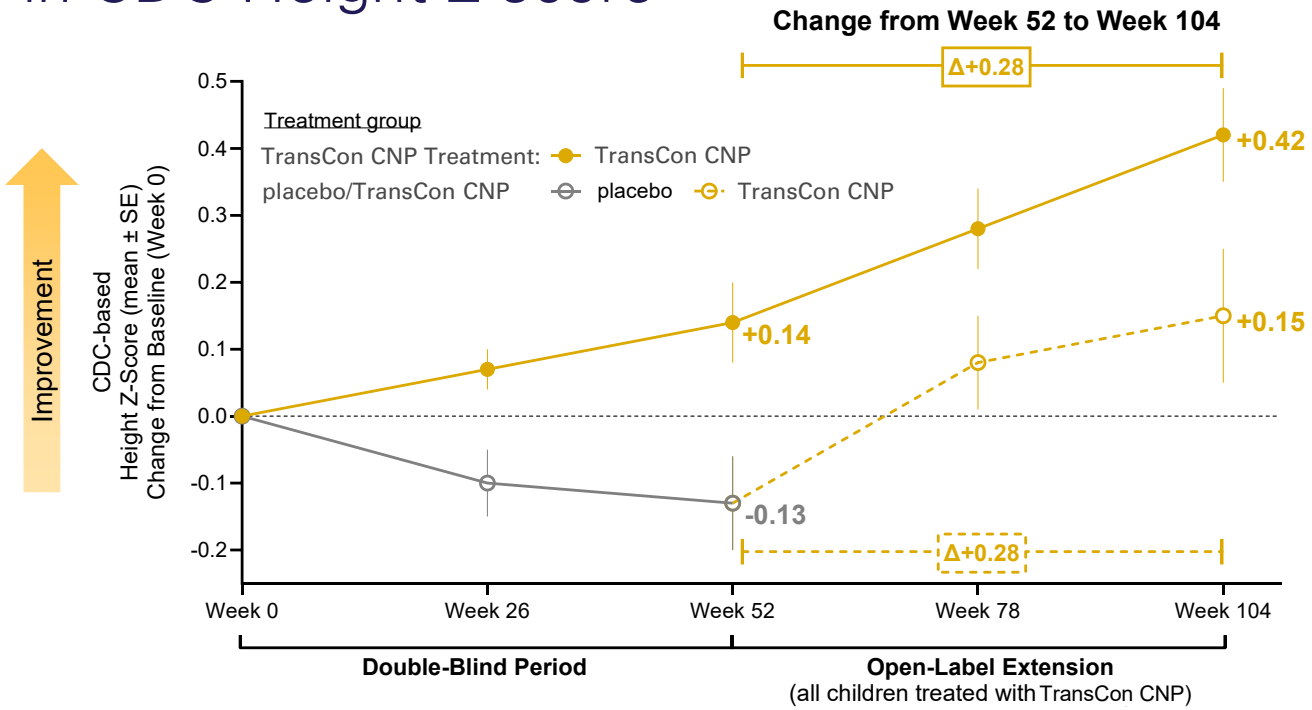


In the Open-Label Extension, ACH height Z-score increased with TransCon CNP treatment, consistent with TransCon CNP-related improvements seen in the double-blind period

ACH = achondroplasia

TransCon CNP Monotherapy

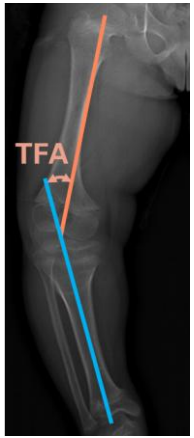
Change in CDC Height Z-score



CDC height Z-score improved with TransCon CNP treatment in the double-blind period, and continued to increase with TransCon CNP treatment in the Open-Label Extension

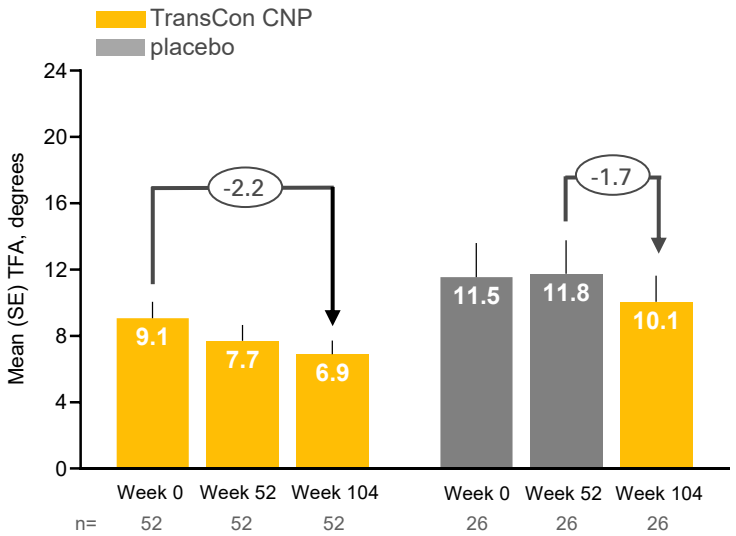
CDC = Centers for Disease Control and Prevention

TFA Decreased Through Week 104



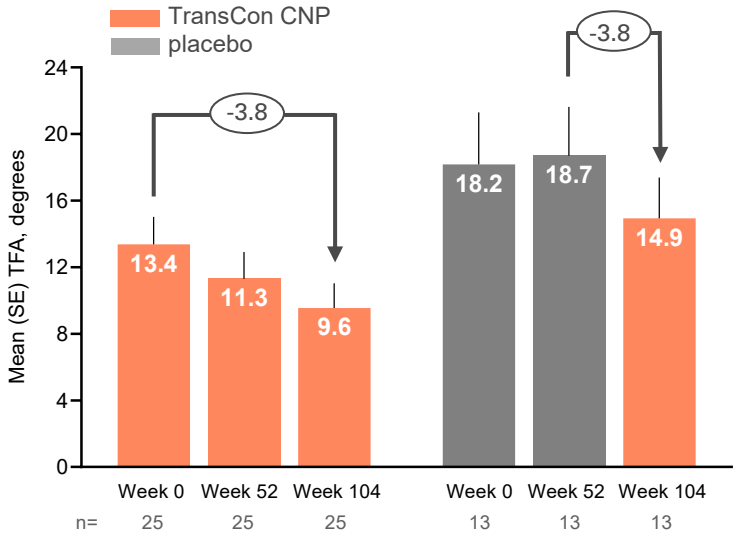
Improved alignment

All children



Consistent improvements for children continuing on or switching to TransCon CNP treatment

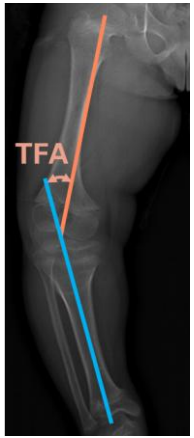
Children with baseline TFA ≥5°



Greater effects observed in children with genu varum TFA ≥5°

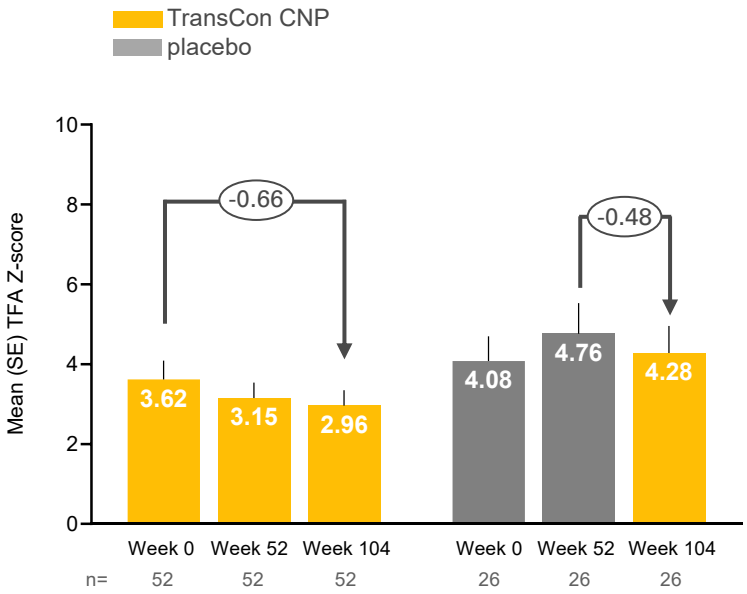
Data reported are paired analyses for children with data available at all timepoints; error bars indicate standard error. TFA is reported as the average of the absolute values (deviations from straight alignment) from each leg; change from baseline represents absolute change from Week 0.
TFA = tibial-femoral angle

TFA Z-scores Continued to Decrease Through Week 104

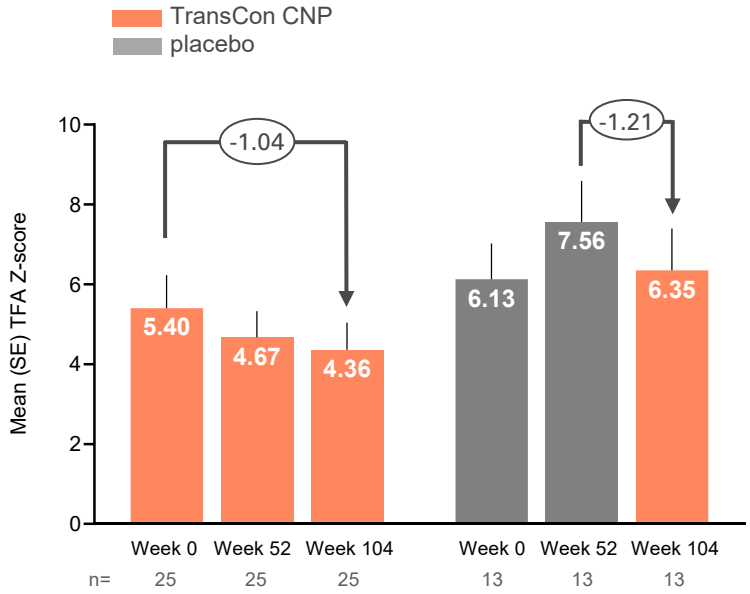


Improved alignment

All children



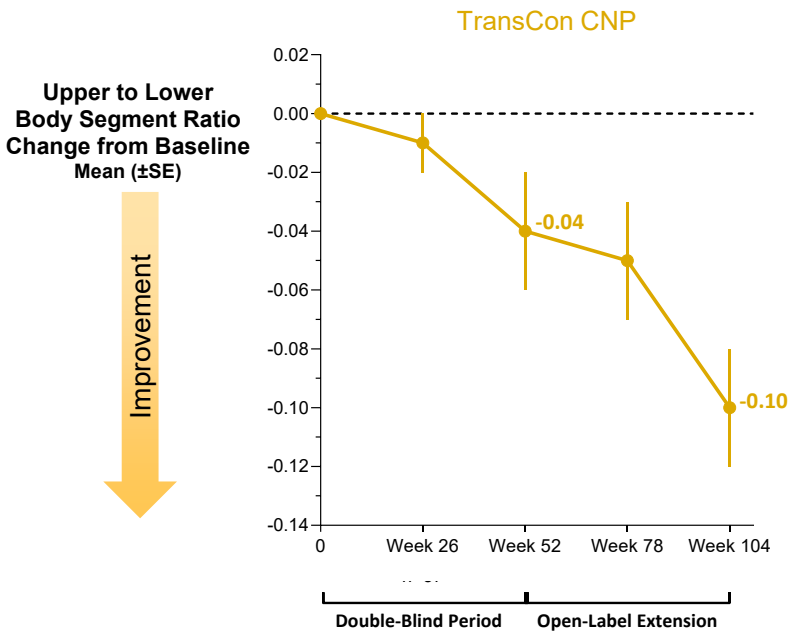
Children with baseline TFA ≥5°

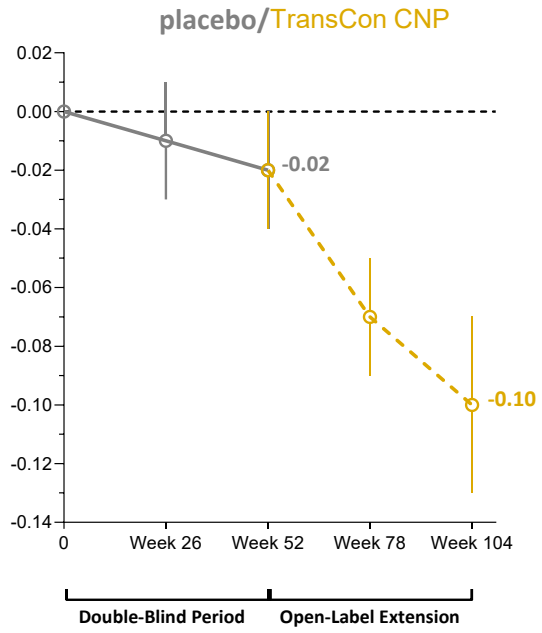


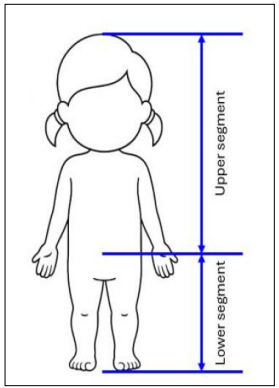
Data reported are paired analyses for children with data available at all timepoints; error bars indicate standard error. TFA Z-scores were calculated as the average of the absolute values of the TFA Z-scores from both legs, using reference data from children of average stature (Sabharwal S and Zhao C, *J Bone Joint Surg Am* 2009); change from baseline represents absolute change from Week 0.
TFA = tibial-femoral angle

TransCon CNP Monotherapy

Change in Upper-to-Lower Body Segment Ratio







Continued improvement in body proportionality through Week 104

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Safety and Tolerability Through 104 Weeks

	Total TransCon CNP-Treated Population (N=84)
Treatment exposure	**137.1 person-years**
Events through Week 104	**n (%)**
Any Treatment-Emergent Adverse Event (AE)	76 (90.5)
Grade 1 (Mild)	74 (88.1)
Grade 2 (Moderate)	39 (46.4)
Grade 3 (Severe)	7 (8.3)
Grade 4 (Life-threatening) or 5 (Death)	0 (0.0)
Treatment-related AEs	19 (22.6)
Injection Site Reaction (ISR)	17 (20.2)
Serious Adverse Events (SAE)	3 (3.6)
Treatment-related SAEs	0 (0.0)
Symptomatic hypotension	0 (0.0)

- The overall rate of ISRs was low and all were mild
  - ISRs per person-year of exposure is equivalent to ~1 ISR for every 3 years of treatment
- No symptomatic hypotension occurred through up to 104 weeks of TransCon CNP treatment

Most adverse events in TransCon CNP-treated children were mild or moderate, with none leading to treatment discontinuation or withdrawal from the trial

N = number of participants with observation.

Achondroplasia TransCon CNP Monotherapy Program

Ascendis clinical program for TransCon CNP covers age groups from newborns through growth plate closure

AGE	TRIAL NAME	DESCRIPTION	STATUS
Natural history (aged 0 to 8 years)	ACHieve[1]	Observational study of untreated children with achondroplasia	Completed
Infants (aged 0 to <2 years)	reACHin[2]	Pivotal trial evaluating the safety, tolerability, and efficacy of TransCon CNP in infants with achondroplasia	Ongoing
Children (aged 2 to 10 years)	ACcomplisH[3]	Phase 2 dose-finding trial	Completed
Children (aged 2 to 11 years)	ApproaCH[4]	Pivotal trial	Completed
Adolescents (aged 12 to <18 years)	teACH[5]	Pivotal trial evaluating the safety, tolerability, and efficacy of TransCon CNP in adolescents	Ongoing
Long-term outcomes	AttaCH[6]	Long-term open-label extension trial following participants from other Ascendis TransCon CNP monotherapy trials to near-final adult height	Ongoing

CNP, C-type natriuretic peptide;
1-6. Clinicaltrials.gov. Accessed January 23, 2025. 1. https://clinicaltrials.gov/study/NCT03875534. 2. https://clinicaltrials.gov/study/NCT06079398 3. https://clinicaltrials.gov/study/NCT04085523. 4. https://clinicaltrials.gov/study/NCT05598320. 5. https://clinicaltrials.gov/study/NCT06732895. 6. https://clinicaltrials.gov/study/NCT05929807.

Monotherapy Key Takeaways & Next Steps

- **Consistent and durable improvements in proportional growth seen through 2 years in ApproaCH**
  - Durable height improvements as measured by annualized growth velocity (AGV) and height Z-scores
  - Durable improvements in tibial-femoral angle and upper-to-lower body segment ratio
- **High retention rate in completed and ongoing trials,** with 96% of the 140 enrolled in AttaCH long-term open-label extension trial remain on TransCon CNP monotherapy or in the ongoing COACH combination therapy trial
- **Completed target enrollment for pivotal reACHin Trial** supporting planned regulatory filings for infants 0 to <2 years of age with achondroplasia
- **TransCon CNP monotherapy was generally well tolerated,** with most adverse events being mild to moderate
  - No AEs led to treatment discontinuation or withdrawal from trial, no occurrences of symptomatic hypotension, and an overall rate of injection-site reaction of 0.35 per person year of exposure

Once-weekly TransCon CNP positioned to be a foundation of care for children with achondroplasia

Data on file, Ascendis Pharma 2026.

Combination Therapy Overview & Recent Data

TransCon CNP Monotherapy Overview & Recent Data

YUVIWEL® U.S. Launch Update

Key FDA Label Takeaways

ONCE-WEEKLY yuviwel® navepegritide

- Indicated to increase linear growth in pediatric patients 2 years of age and older with achondroplasia with open epiphyses
- LS mean treatment difference between YUVIWEL and placebo was estimated from an analysis of covariance (ANCOVA) model[1]
  - AGV of 1.5 cm/year[2] at week 52 for YUVIWEL vs placebo in all children (primary endpoint)
  - AGV of 1.8 cm/year[2] at week 52 for YUVIWEL vs placebo in children aged ≥5 years
  - AGV was maintained among those who had received 2 years of treatment with YUVIWEL[3]
- Once-weekly dosing results in continuous systemic exposure of CNP over the dosing interval[4]
- Low incidence of injection-site reactions (ISRs) at 0.4 events/child/year observed for YUVIWEL
- Switch guidance: Start once-weekly YUVIWEL on the day after completing the last dose of daily CNP therapy
- No food or fluid intake required when administering YUVIWEL

1. Included treatment, strata (defined by sex and age), baseline age, and baseline achondroplasia-specific height Z-score as covariates. Results from clinical trial of TransCon CNP consisting of a randomized, double-blind, placebo-controlled 52-week period, followed by a single-arm 52-week OLE period (Trial 1; NCT05598320).
2. Least-squares mean difference in annualized growth velocity.
3. Results from 52-week randomized, double-blind, placebo-controlled Phase 2 dose-finding trial (Trial 2; NCT04085523) where all 57 patients entered the single-arm OLE and continued treatment with TransCon CNP.
4. Mean apparent elimination half-life of released CNP was 5.3 days.
YUVIWEL [package insert]. Princeton, NJ: Ascendis Pharma Growth Disorders A/S. February 2026.

Achondroplasia U.S. Landscape at Time of YUVIWEL Launch (April 2026)

U.S. Pediatric Achondroplasia Market[1,2]

~2,600

Potential to address the unmet needs for those living with achondroplasia:

- Currently on a daily therapy
- Previously tried a daily therapy and have since discontinued due to tolerability, adherence challenges, or perceived lack of benefit
- Naïve to pharmacological treatment

YUVIWEL is expected to grow the therapeutic class with uptake from both treated and untreated patients

1. Children with achondroplasia aged ≤ 18 years. Stevenson et al. *Am J Med Genet* A 2012; 158A(5): 1046–1054.; 2. Waller DK, et al. *Am J Med Genet* A 2008; 146A(18): 2385–2389.

YUVIWEL: U.S. Launch Update through June 30

UNIQUE PATIENT ENROLLMENTS	PRESCRIBING HCPs	REIMBURSEMENT APPROVAL RATE
>170	**~90**	**>65%**
		as of June 30, 2026

Launch Progress Highlights

- **Demand Trajectory:** Pace of enrollments steady through June, with all patients new to YUVIWEL therapy
- **Payor Approval:** Encouraging early reimbursement experience; approval rate for Q2 enrollments of >65%
- **Patient Breadth:** Demand from switch, naïve and return-to-treatment patients indicates significant unmet need and broad-based appeal while pointing to market expansion

HCPs: healthcare providers

Summary and Next Steps

We are committed to providing therapies to address the medical complications of achondroplasia

- A strong foundation backed by unparalleled clinical trial monotherapy and combination therapy data
- Positioned to offer the broadest choice to address individual treatment goals from infancy through adulthood
- Anticipated next steps:
  - In the European Union, decision anticipated for TransCon CNP Marketing Authorisation Application in the fourth quarter of 2026
  - COACH Week 104 results with radiographic data around year end 2026
  - Expect to begin patient recruitment for Phase 3 combination therapy trial in children with achondroplasia during the fourth quarter of 2026

Ascendis is well-positioned to be leader in growth disorder care with two foundational therapies

Data on file, Ascendis Pharma 2026.

Ascendis ®

Thank you

ascendis pharma