FDA Accelerated Approval of ZYNLONTA™ (loncastuximab tesirine-lpyl) April 23, 2021
Agenda

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Chief Executive Officer  

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02  Jay Feingold  
Chief Medical Officer  

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03  Jennifer Herron  
Chief Commercial Officer  

Commercial Highlights

04  All + Jenn Creel  
Chief Financial Officer  

Q&A
Forward-looking statements

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Introduction

Chris Martin, Chief Executive Officer
Accelerated Approval of ZYNLONTA Granted by the FDA

ZYNLONTA™ (loncastuximab tesirine-lpyl) is indicated for the treatment of adult patients with relapsed or refractory (r/r) large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, DLBCL arising from low-grade lymphoma, and high grade B-cell lymphoma.

ZYNLONTA has been approved by the FDA under accelerated approval based on overall response rate. Continued approval for the indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.
From First Patient to Approval in 5 Years

First patient dosed in Ph1 trial for ZYNLONTA
March 2016

Positive results from Ph2 trial for ZYNLONTA
January 2020

4 PBD-based ADCs in clinical development,
7 preclinical research programs

First FDA approval:
ZYNLONTA for r/r DLBCL
April 2021

Pipeline advancement & company growth
2021+

Team committed to accelerating development to
deliver transformational ADC therapies to patients

ADC: Antibody-Drug Conjugate; PBD: Pyrrolobenzodiazepine; r/r DLBCL: Relapsed/ refractory Diffuse Large B-Cell Lymphoma
Clinical Highlights

Jay Feingold, Chief Medical Officer
ZYNLONTA: First and Only CD-19 Targeted ADC Approved for the Treatment of r/r DLBCL

Compelling single-agent activity across broad patient population and manageable toxicity profile
Pivotal LOTIS-2 Trial Included Patients with Poor Prognosis

145 patients were enrolled and received a mean of 4.3 cycles of ZYNLONTA (range: 1–15)

<table>
<thead>
<tr>
<th>Patient characteristics</th>
<th>Total (N=145)</th>
<th>Sex, n (%)</th>
<th>Female</th>
<th>Male</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>n (%)</td>
<td>60 (41.4)</td>
<td>85 (58.6)</td>
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<td>Age, years, median (min, max)</td>
<td></td>
<td>66.0 (23–94)</td>
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<td>Histology, n (%)</td>
<td></td>
<td>DLBCL</td>
<td>127 (87.6)</td>
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<tr>
<td></td>
<td></td>
<td>HGBCL</td>
<td>11 (7.6)</td>
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<tr>
<td></td>
<td></td>
<td>PMBCL</td>
<td>7 (4.8)</td>
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<td>Double/triple hit, n (%)</td>
<td>15 (10.3)</td>
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<td>Double/triple expressor, n (%)</td>
<td>20 (13.8)</td>
<td></td>
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<td>Transformed disease, n (%)</td>
<td>29 (20.0)</td>
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<td>Stage, n (%)</td>
<td>I–II</td>
<td>33 (22.8)</td>
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<tr>
<td></td>
<td>III–IV</td>
<td>112 (77.2)</td>
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<thead>
<tr>
<th>Patient treatment history</th>
<th>Total (N=145)</th>
<th>No. of previous systemic therapies, median (range)</th>
<th>3 (2–7)</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>First-line systemic therapy response, n (%)</td>
<td>Relapse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99 (68.3)</td>
<td>29 (20.0)</td>
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<td></td>
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<td>Last-line systemic therapy response, n (%)</td>
<td>Relapse</td>
</tr>
<tr>
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<td>43 (29.7)</td>
<td>84 (57.9)</td>
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<td></td>
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<td>Refractory to all prior therapies, n (%)</td>
<td>Yes</td>
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<td>25 (17.2)</td>
<td>115 (79.3)</td>
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<td></td>
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<td>Prior stem cell transplant, n (%)</td>
<td>Allogeneic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 (1.4)</td>
<td>21 (14.5)</td>
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Data as of April 6, 2020
Strong Efficacy Across Difficult to Treat Patient Population

ORR in the total population was 48.3% (95% CI: 39.9, 56.7) and additional 15.2% (22 pts) had stable disease.

- **Complete Response**
  - All patients (N=145): 48.3% (70/145)
  - DLBCL-NOS (n=127): 50.4% (64/127)
  - HGBCL (n=11): 45.5% (5/11)
  - PMBCL (n=7): 14.3% (1/7)

- **Partial Response**
  - All patients (N=145): 24.1% (35/145)
  - DLBCL-NOS (n=127): 23.6% (29/127)
  - HGBCL (n=11): 45.5% (5/11)
  - PMBCL (n=7): 14.3% (1/7)

CI: Confidence Interval; ORR: Objective Response Rate; Data as April 6, 2020
Initial Median Duration of Response of 10.25 Months

Median duration has since matured to 12.58 months; 13.37 months for patients with a CR

CR: Complete Response; Data as of April 6, 2020
Warnings and Precautions

▪ Effusion and edema (Grade 3)
▪ Serious of severe myelosuppression including neutropenia, thrombocytopenia and anemia
▪ Infections
▪ Serious cutaneous reactions
▪ Embryo-fetal toxicity

Most common adverse events (≥20%) were thrombocytopenia, increased gamma-glutamyltransferase, neutropenia, anemia, hyperglycemia, transaminase elevation, fatigue, hypoalbuminemia, rash, edema, nausea, and musculoskeletal

Safety Highlights

▪ Manageable safety profile
▪ No Black Box warnings
▪ No contraindications
▪ 19% discontinuation due to treatment-related adverse event
Expanding ZYNLONTA Potential

**LOTIS-2**
- ZYNLONTA monotherapy

**LOTIS 3**
- ZYNLONTA + ibrutinib

**LOTIS 5**
- ZYNLONTA + rituximab

**Additional trials in 2021**
- Pivotal Ph 2 trial in r/r FL
- ZYNLONTA in multiple combinations in NHL
- Dose-finding study of ZYNLONTA in combination with R-CHOP in 1L DLBCL

**LOTIS-3**
- ZYNLONTA + ibrutinib

**LOTIS-2**
- Pivotal Ph 2 monotherapy trial in 3L+ DLBCL, basis of BLA

**LOTIS 3**
- Ph 2 trial in combination with ibrutinib for r/r DLBCL or MCL
- Enrollment ongoing

**LOTIS 3**
- Intended to support a supplemental BLA for ZYNLONTA in 2L DLBCL patients who are not eligible for stem cell transplant

FL: Follicular Lymphoma; MCL: Mantle Cell Lymphoma; NHL: Non-Hodgkin Lymphoma; R-CHOP: rituximab + cyclophosphamide, doxorubicin, vincristine, and prednisone
Commercial Highlights

Jennifer Herron, Chief Commercial Officer
ZYNLONTA addresses unmet need in 3L+ DLBCL market

**Significant Unmet Need in r/r DLBCL**
- 3L+ r/r DLBCL includes heavily pretreated patients with difficult to treat disease, including patients who:
  - Did not respond to first-line or any prior line of therapy
  - Failed CAR T therapy or stem cell transplant
  - Have high grade B cell lymphoma, including double hit/triple hit genetics

**Differentiated approval in broad 3L+ DLBCL population:**
- DLBCL Not Otherwise Specified (NOS)
- DLBCL arising from low grade lymphoma
- High grade B-cell lymphoma
- Transplant eligible / ineligible patients
Launch in 3L+ with Plans to Develop ZYNLONTA in Earlier Lines

US and EU5 DLBCL Treatment Landscape

Initial Launch Opportunity

3L+ (10 – 11K Pts)

2L Transplant-Eligible (~11K Pts)

2L Non-Transplant Eligible (~11K Pts)

DLBCL 1st Line (~58K Pts)

US/EU5 launch market size: ~$1bn with 10,500 3L+ DLBCL patients estimated in the US and EU5

Opportunity to expand into additional lines of therapy
ZYNLONTA Launch Imperatives

- Effectively communicate the differentiated profile
- Ensure a positive first experience for physicians and patients
- Optimize broad open access and comprehensive patient support services

Establishing ZYNLONTA to become the standard of care in r/r DLBCL
Attractive Value Proposition Supported by Extensive Market Research

**Need:** Fills unmet medical need in DLBCL market

**Efficacy:** Promising single-agent activity

**Ease of use:** Convenient method of administration

**Expansion Potential:** Interest to use in earlier lines of therapy
Fully-Trained Commercial Team with Extensive Oncology Experience to Support ZYNLONTA launch

- Sales force with average 13 years of Oncology and 8 years of Hematology experience
- Seasoned oncology professionals with strong local networks
- Market Access Team: Average 22 years Oncology and 8 years Hematology experience
- 70+ member team covering 90%+ of DLBCL opportunity
- Targeted focus on both academic and community-based healthcare practitioners
- Flexibility to engage all customers in COVID environment
Launching TODAY

Availability

- ZYNLONTA expected to be commercially available next week
- Commercial supply in stock to support launch and beyond
- Wholesale acquisition cost (WAC): 10 mg vial: $23,500

Access

- Account directors and MSLs have actively engaged payers and other key stakeholders for months
- Broad coverage of ZYNLONTA across commercial and government plans
- Comprehensive patient support program in place
Comprehensive Patient Support Program to Facilitate Access to ZYNLONTA

**Coverage support** with benefits investigation, prior authorization/ precertification and approvals/ claims support

**Financial support** with commercial co-pay program and patient assistance program

**Nursing support** to help answer patient questions about medication and to help connect patients with other available services and support
Closing Remarks

Chris Martin, Chief Executive Officer
Company Focused and Well-Positioned for Next Phase of Growth

- Strong foundation based on proprietary next-generation ADC technology
- Major milestone of first FDA approval validates ADC platform
- Multiple ongoing and planned trials in different hematology and solid tumor indications and lines of therapy
- Team of dedicated employees with a strong commitment to transform the lives of patients
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