TG Therapeutics

# J.P. Morgan Healthcare Conference

January 2024

FIERCELY FOCUSED

# Forward Looking Safe Harbor Statement

This presentation contains forward-looking statements that involve a number of risks and uncertainties. For those statements, we claim the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995.

Such forward looking statements include but are not limited to statements regarding expectations for success of our commercial launch and availability of BRIUMVI® (ublituximab-xiiy) for relapsing forms of multiple sclerosis (RMS); anticipated healthcare professional and patient acceptance and use of BRIUMVI for the FDA-approved indications, statements regarding the results of the ULTIMATE I & II Phase 3 studies and BRIUMVI as a potential treatment for RMS and our statements regarding our potential revenue targets, operating expenses and cash position. Additional factors that could cause our actual results to differ materially include the following: the Company's ability to establish and maintain a commercial infrastructure for BRIUMVI, and to successfully or in the timeframe projected, launch, market and sell BRIUMVI; the failure to obtain and maintain requisite regulatory approvals, including the risk that the Company fails to satisfy post-approval regulatory requirements, the potential for variation from the Company's projections and estimates about the potential market for BRIUMVI due to a number of factors, including, further limitations that regulators may impose on the required labeling for BRIUMVI (such as modifications, resulting from safety signals that arise in the post-marketing setting or in the long-term extension study from the ULTIMATE I and II clinical trials); the Company's ability to meet post-approval compliance obligations (on topics including but not limited to product quality, product distribution and supply chain, pharmacovigilance, and sales and marketing); the Company's reliance on third parties for manufacturing, distribution and supply, and other support functions for our clinical and commercial products, including BRIUMVI, and the ability of the Company and its manufacturers and suppliers to produce and deliver BRIUMVI to meet the market demand for BRIUMVI; potential regulatory challenges to the Company's plans to seek marketing approval for the product in jurisdictions outside of the U.S.; the uncertainties inherent in research and development; and general political, economic and business conditions, including the risk that the ongoing COVID-19 pandemic could have on the safety profile of BRIUMVI and any of our other drug candidates as well as any government control measures associated with COVID-19 that could have an adverse impact on our research and development plans or commercialization efforts.

Further discussion about these and other risks and uncertainties can be found in our Annual Report on Form 10-K for the fiscal year ended December 31, 2022 and in our other filings with the U.S. Securities and Exchange Commission. Any forward-looking statements set forth in this presentation speak only as of the date of this presentation. We do not undertake to update any of these forward-looking statements to reflect events or circumstances that occur after the date hereof.

# About TG Therapeutics

- Founded in 2012 with a focus on B-cell mediated diseases
- Primarily focused on the commercialization of BRIUMVI, approved for relapsing forms of multiple sclerosis (RMS)
- Seek to broaden the use of BRIUMVI and our pipeline for MS and other autoimmune diseases

# Introducing BRIUMVI


briumvi®
ublituximab-xiiy 150 mg/6 mL injection for IV

- BRIUMVI is the first and only anti-CD20 for RMS with a twice yearly one-hour infusion, after the starting dose
- BRIUMVI received US FDA approval on December 28, 2022 to treat RMS
- Launched in the US on January 26, 2023
- Partnered ex-US commercialization of BRIUMVI with Neuraxpharm, set to launch early 2024

# Early BRIUMVI Adoption

**$40M**
U.S. Net Sales
4Q 2023

THE
**FIRST & ONLY**
ANTI-CD20 FOR RMS DELIVERED IN A
**1-HOUR INFUSION EVERY 6 MONTHS**
AFTER STARTING DOSE

**~400**
Centers
LTD

**>625**
Prescribers
LTD

**$89M**
U.S. Net Sales
YTD

**1/26/23**
BRIUMVI US Launch

**$89M**
Cumulative U.S. Net Sales
LTD

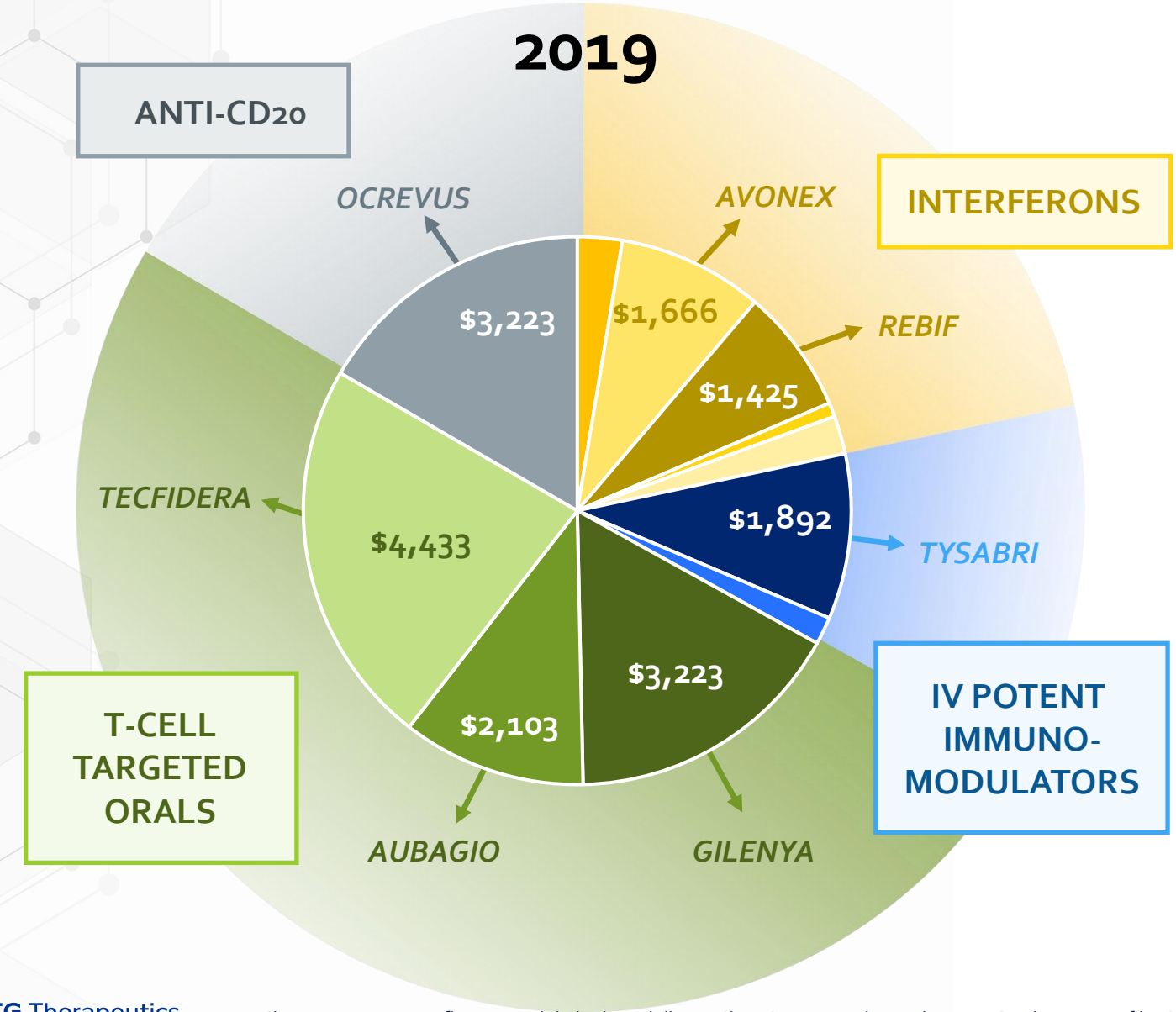
**>3,200**
NBRxs into the Hub
LTD

***BRIUMVI launch significantly exceeded expectations***

- ***2023 Consensus at time of launch was $67 million***

*YTD: Year to Date; LTD: Launch to Date; US: United States; NBRxs: New to Brand Briumvi Prescriptions received into the TG Hub; All information on this slide includes approximate data available through YE 2023; 4Q 2023 and YTD/LTD net sales numbers are preliminary and unaudited; Preliminary selected financial information presented in this presentation are unaudited, subject to adjustment, and provided as an approximation in advance of the Company's announcement of complete financial results*

# MS Treatment Landscape




## 2023 Update[1]:

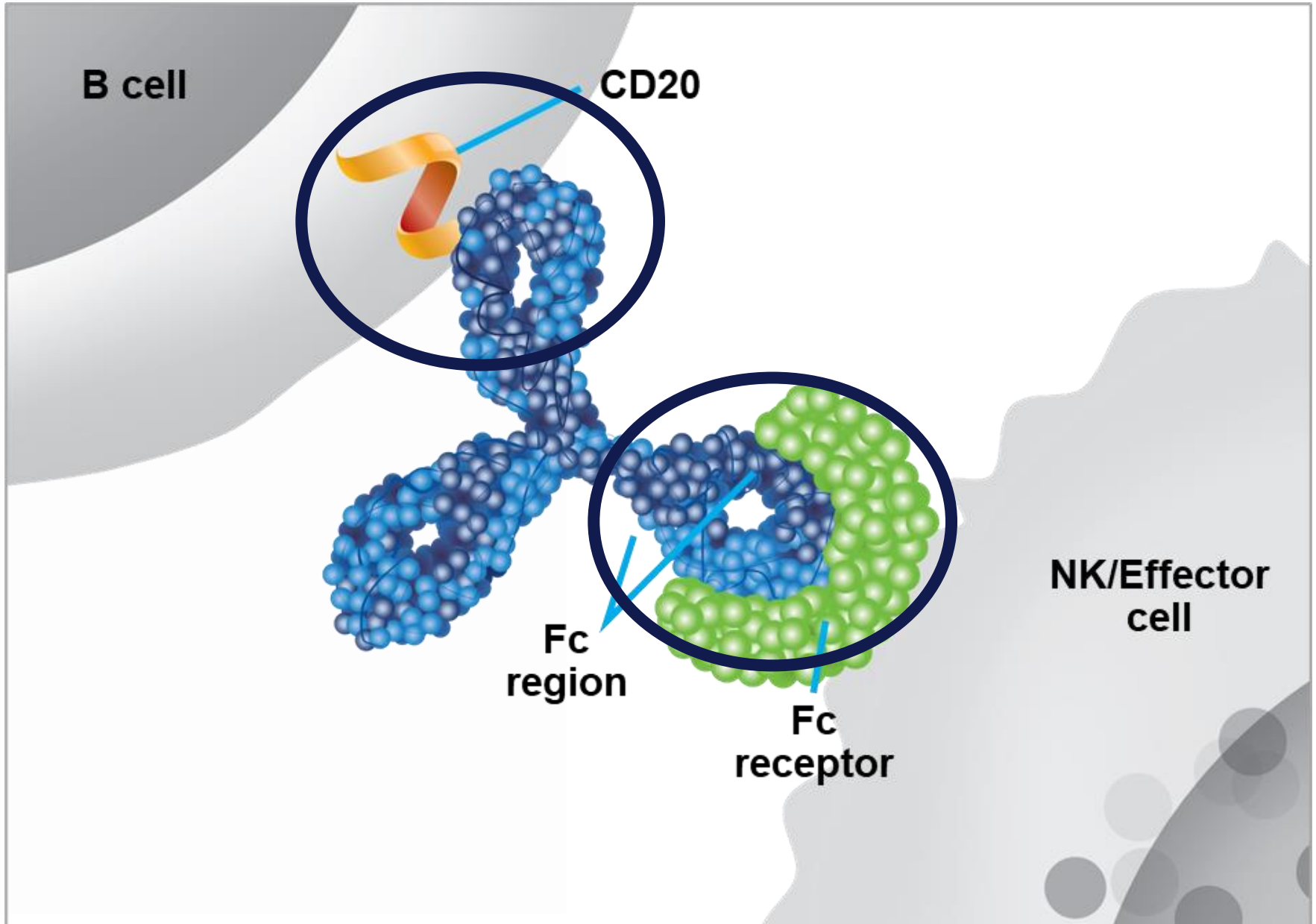
- CD20s capturing 50% of Dynamic Share
- Represent ~40% of total share

Chart Note: Figures reflect 2019 global sales in billions; Chart Source: Evaluate Pharma MS Indication Profile, October 2020; 1: ~40% based on Q3'23 Komodo Claims; : ~52% based on Q3'23 Komodo Claims. ~50% based on Q4'22 Komodo Claims .

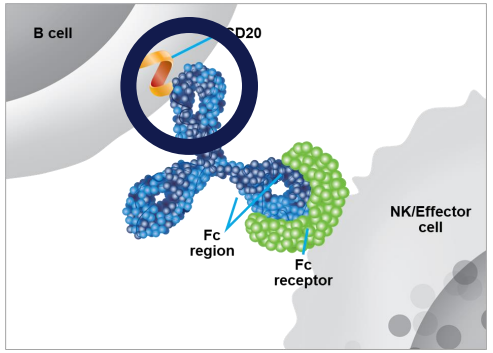
# Key Attributes for BRIUMVI

- Glycoengineered for Efficient B Cell Depletion
- Only CD20 achieve an ARR of Less than .1 in Phase 3 trials
- Safety in-line with CD20 class, without a Breast Cancer warning in the label
- Tolerability and convenience of a 1-hour infusion that provides centers and patients confidence in scheduling their infusions

# BRIUMVI: Differentiated by Design

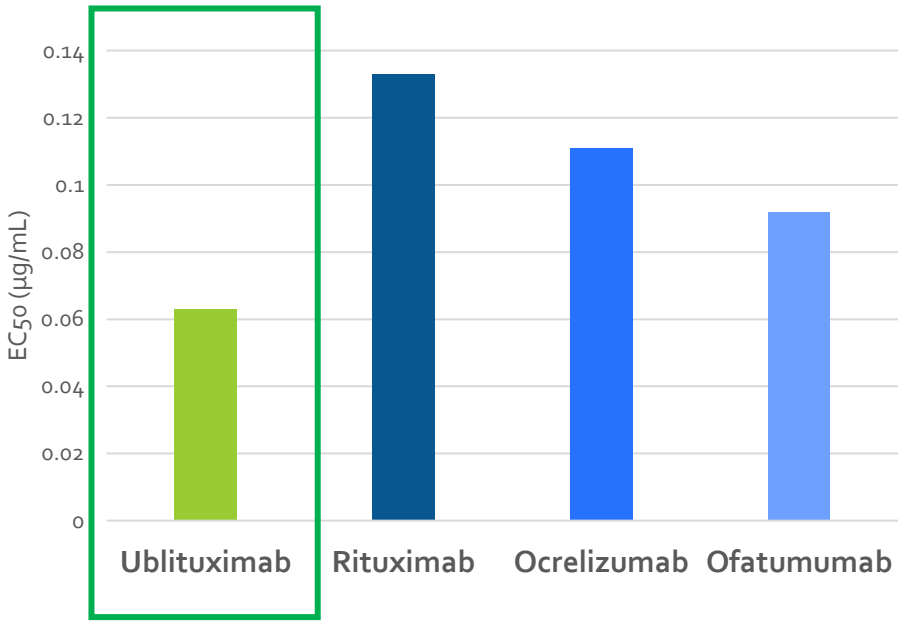


# BRIUMVI: Differentiated by Design




- **High Binding Affinity to CD20**
- Efficient in inducing ADCC
- High Binding Affinity to FC Receptor, regardless of Polypmorphism

## CD20 Antigen Binding ($EC_{50}$)[2]

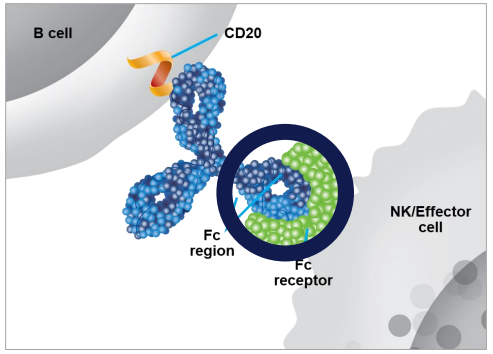



**In the absence of head-to-head studies, conclusions regarding relative safety or efficacy between products cannot be drawn**



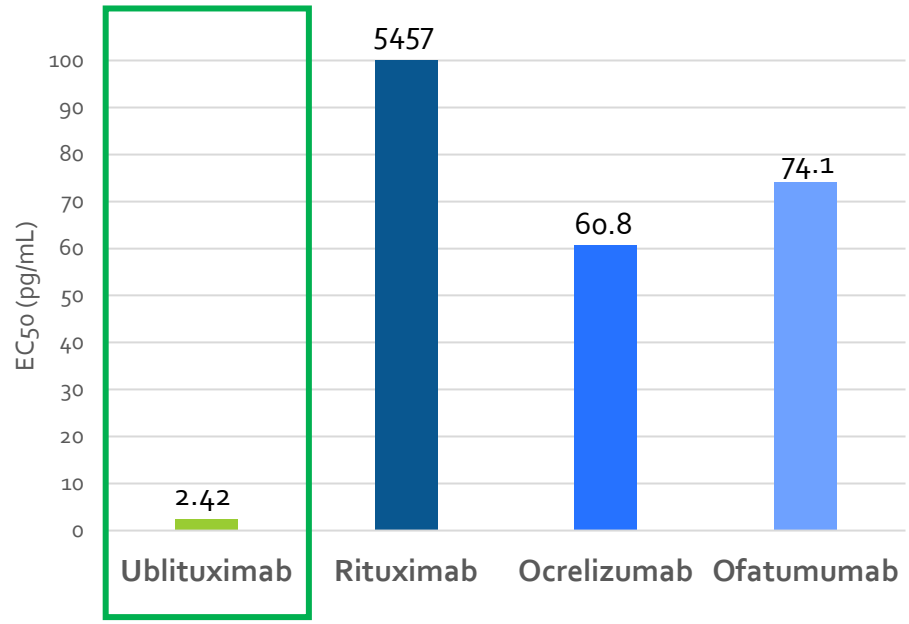
*1. Briumvi (ublituximab-xiiy). Prescribing information. TG Therapeutics, Inc.; 2022. 2. Foley J, et al. Presented at: AAN; April 22-27, 2023; Boston, MA. Poster P7.011.*

# BRIUMVI: Differentiated by Design




- High Binding Affinity to CD20
- **Efficient in inducing ADCC**
- High Binding Affinity to FC Receptor, regardless of Polypmorphism

## ADCC Activity ($EC_{50}$)[2]

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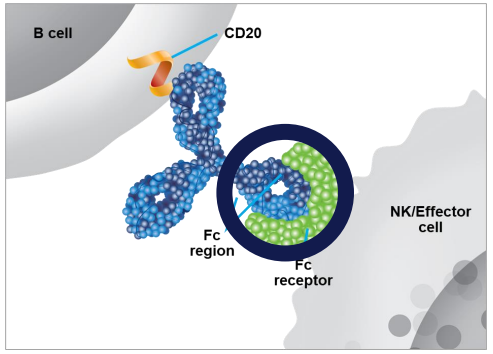
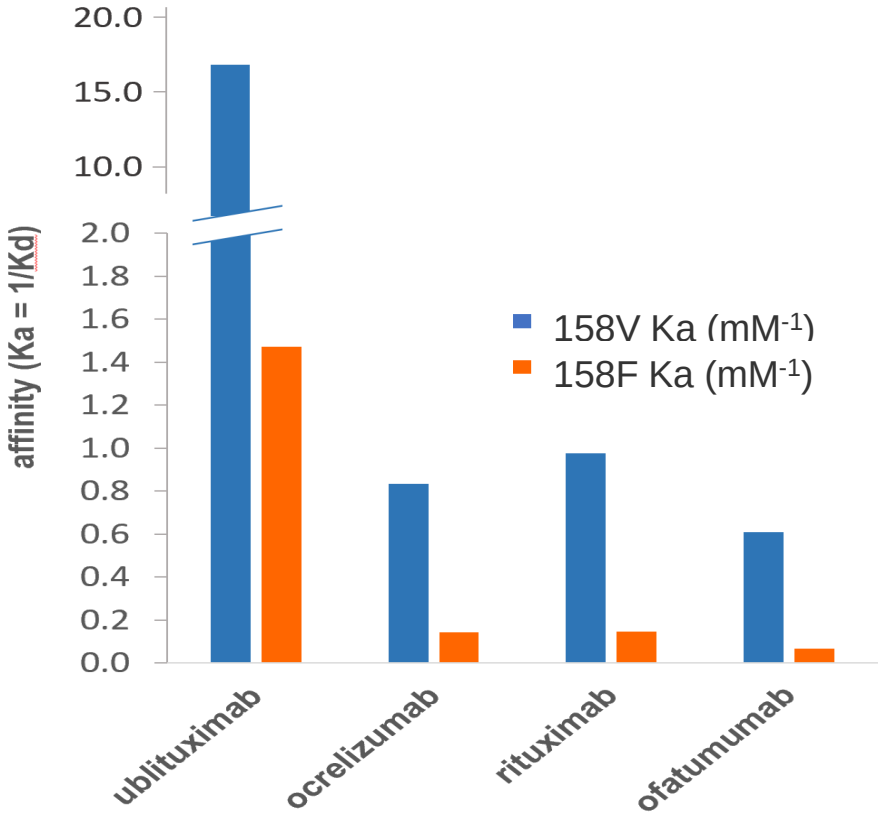
# BRIUMVI: Differentiated by Design




- High Binding Affinity to CD20
- Efficient in inducing ADCC
- **High Binding Affinity to FC Receptor, regardless of Polymorphism**

**In the absence of head-to-head studies, conclusions regarding relative safety or efficacy between products cannot be drawn**

## Binding Affinity Based on FcγR Polymorphism[2]



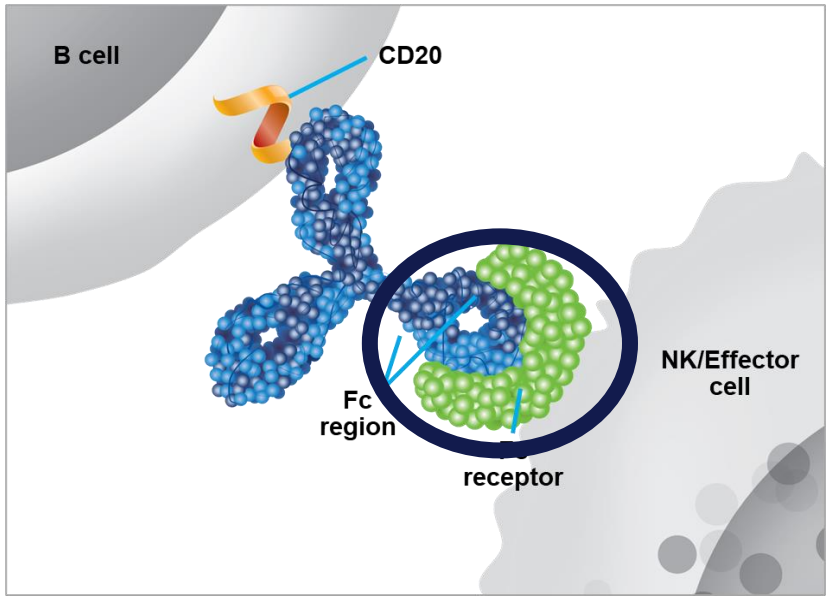



1. Briumvi (ublituximab-xiiy). Prescribing information. TG Therapeutics, Inc.; 2022. 2. Foley J, et al. Presented at: AAN; April 22-27, 2023; Boston, MA. Poster P7.011.

# FcγIIIa polymorphisms have been associated with variable clinical response to rituximab

- NMO patients (N = 100)[2]
  - 158F was associated with a greater risk of relapse and insufficient memory B-cell depletion
  - Inebilizumab (glycoengineered) activity not impacted by FcγIIIa polymorphisms[3]
- RA patients (N = 212)[4]
  - Significantly higher rate of clinical response to rituximab for 158V (89.5%), compared to 158F (66.2%)
- SLE patients (N = 262)[5]
  - 158V homozygotes demonstrated a 2.5-fold improved responses (p = 0.03) compared to 158F

**FcγIIIa polymorphisms modify binding strength[1]**



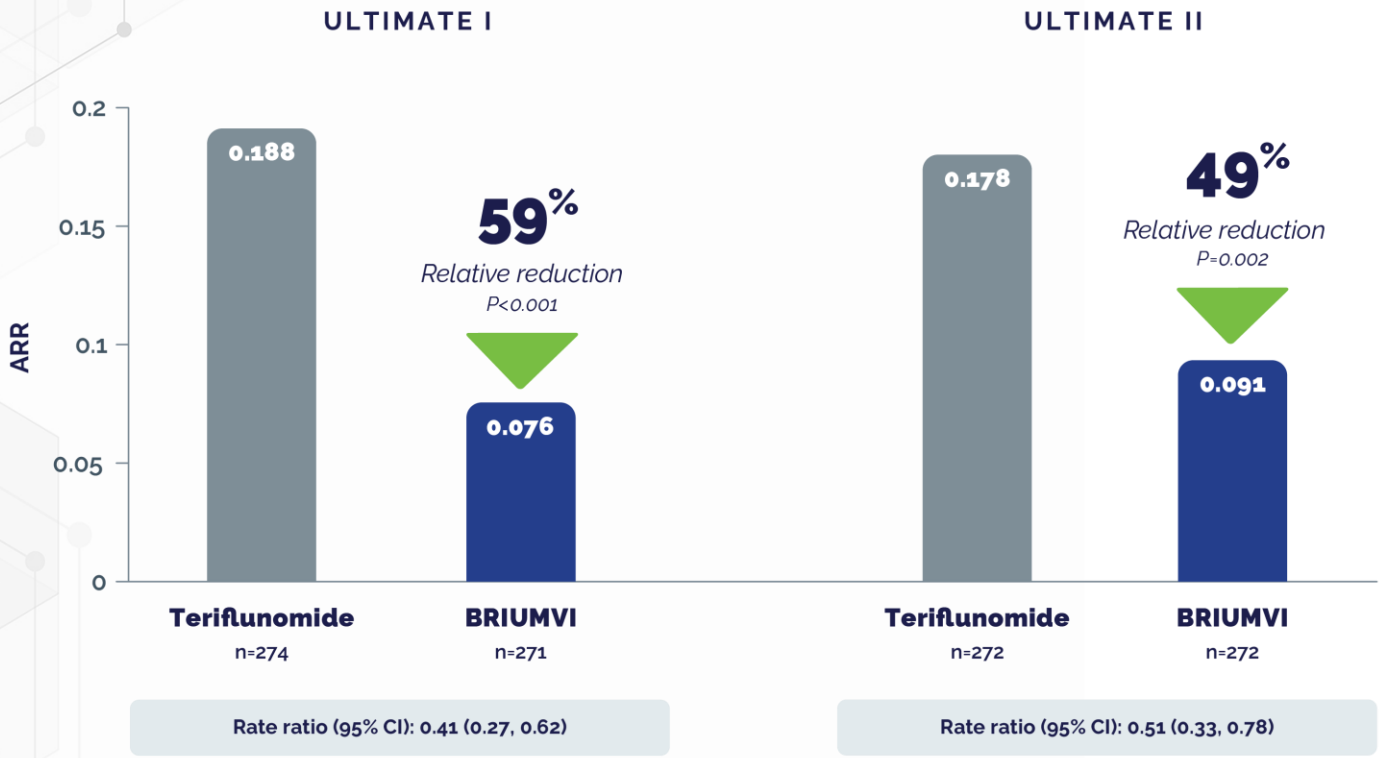

**Clinical impact of FcγRIIIa 158F polymorphism is not well characterized in MS**



*[1] Adapted from Fox EJ, et al. Presented at: AAN; April 2-7, 2022; Seattle, WA; April 24-26, 2022; Virtual. Poster P6.010; [2] Kim et al. 2015; [3] Aktas et al. CMSC 2022; [4] Quartuccio et al. 2014; [5] Robinson et al. 2022*

# BRIUMVI is the First & Only Anti-CD20 to Achieve an ARR of <0.1 in Two Phase 3 Clinical Trials[1,2,a]

Based on mITT population




More participants stayed relapse free with BRIUMVI across the 2 clinical trials

**ULTIMATE I**

***One Relapse every 13 treatment Years[b]***

**ULTIMATE II**

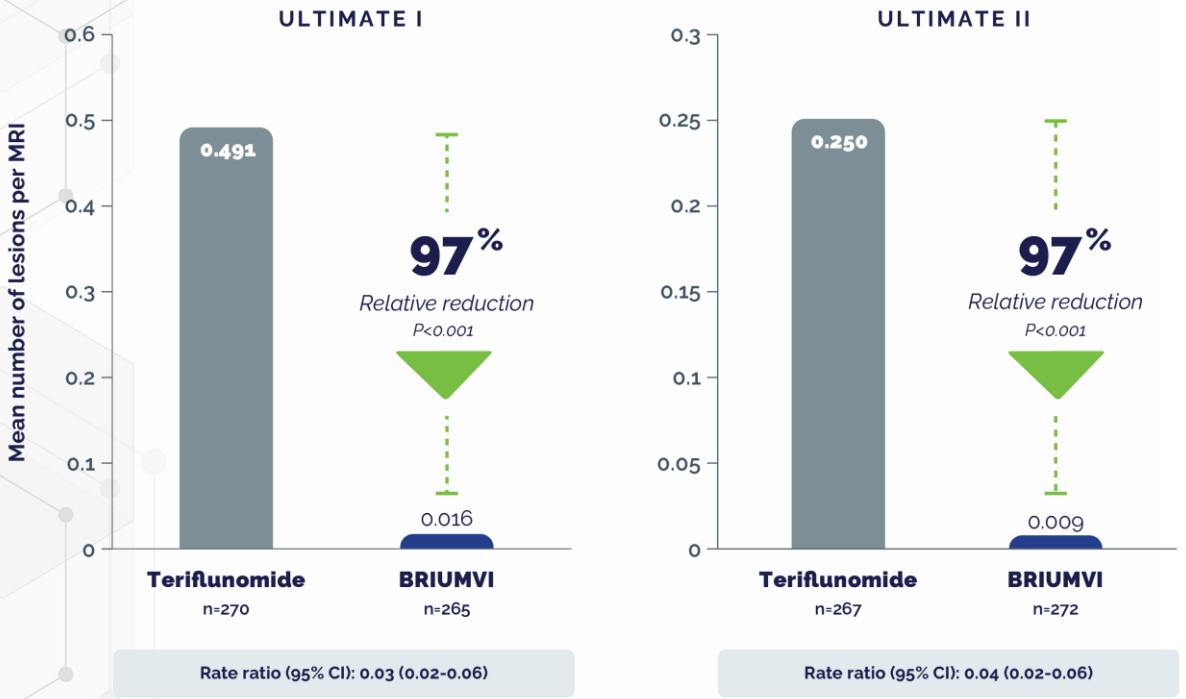
***One Relapse every 11 treatment Years[b]***

[a]*ARR for BRIUMVI observed in the ULTIMATE I and II Phase 3 trials. Cross-trial comparisons are not appropriate given variation in patient populations.*
[b]*Based on Kaplan-Meier estimates. ITT, intention-to-treat; mITT, modified intention-to-treat. The mITT population consists of all subjects in the ITT population who received at least 1 dose of study medication and had at least 1 baseline and postbaseline efficacy assessment.*

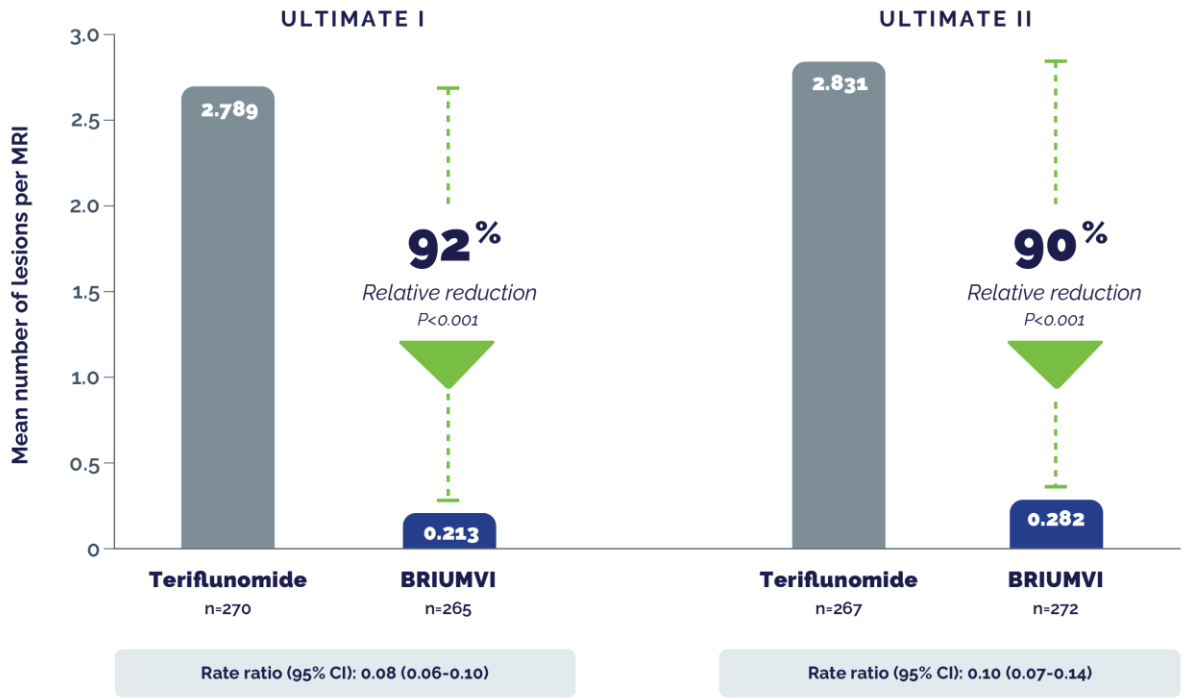

*1. Steinman L, et al. N Engl J Med. 2022;387(8):704-714. 2. BRIUMVI (ublituximab-xiiy) Prescribing information. TG Therapeutics, Inc.; 2022.*
*2. Steinman L, et al. Presented at: AAN; April 2-7, 2022; Seattle, WA; April 24-26, 2022; Virtual. Oral presentation.*

# BRIUMVI Showed Near-Complete Suppression of Gd+ T1 and T2 Lesions Compared With Teriflunomide Over 96 Weeks

## Gd+ T1 lesions were suppressed by 97% compared with teriflunomide.




## T2 lesions were suppressed by 92% in ULTIMATE I and by 90% in ULTIMATE II compared with teriflunomide.




**Based on MRI-mITT population (mITT participants who have baseline and postbaseline MRI).**



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*1. BRIUMVI (ublituximab-xiiy) Prescribing information. TG Therapeutics, Inc.; 2022. 2. Steinman L, et al. N Engl J Med. 2022;387(8):704-714.*

# BRIUMVI Safety

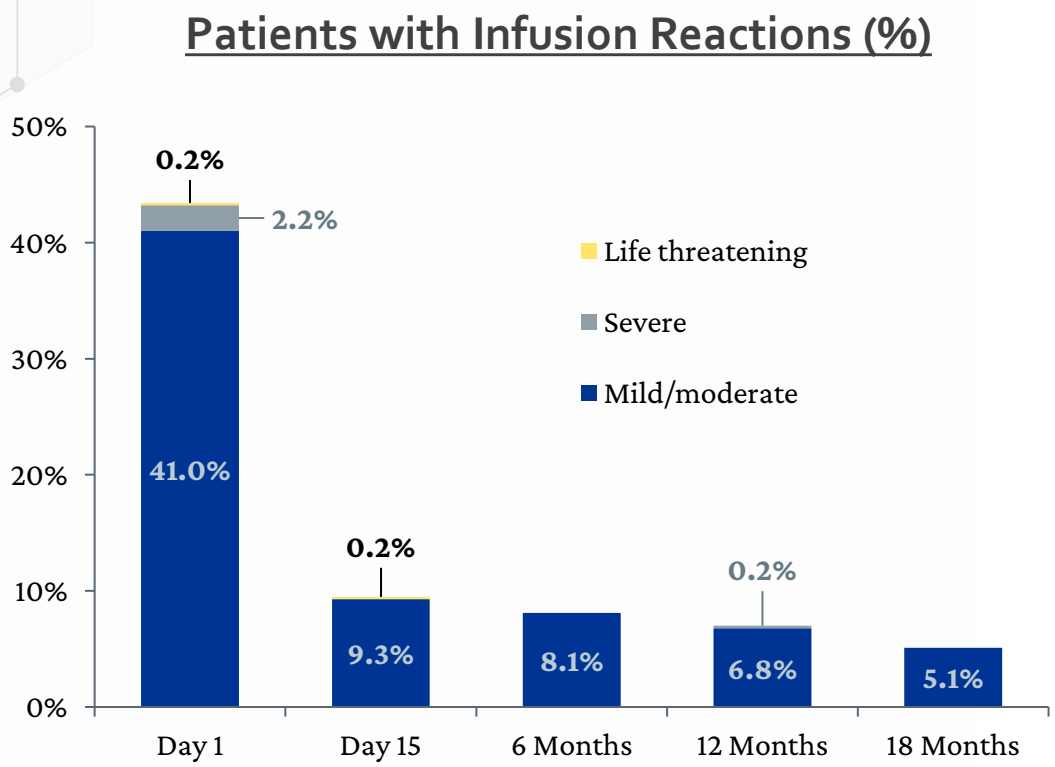
**Adverse Reactions in Adult Patients with RMS with an Incidence of at least 5% for BRIUMVI and Higher than Teriflunomide from ULTIMATE I & II**

| Adverse Reactions | BRIUMVI 450 mg IV (N=545) % | Teriflunomide 14 mg PO (N=548) % |
|---|---|---|
| Infusion reactions | 48 | 12 |
| Upper respiratory tract infections | 45 | 41 |
| Lower respiratory tract infections | 9 | 7 |
| Herpes virus-associated infections | 6 | 5 |
| Pain in extremity | 6 | 4 |
| Insomnia | 6 | 3 |
| Fatigue | 5 | 4 |

- **BRIUMVI has a well-established safety profile**
- The most common adverse reactions occurring in >10% of patients were infusion reactions and upper respiratory tract infections
- The overall rate of infections in MS patients treated with BRIUMVI was similar to patients who were treated with teriflunomide (55.8% vs 54.4%, respectively)
- Serious infections were 5% and 3% for BRIUMVI and teriflunomide, respectively
- No Breast Cancer warning in the Label

*Source: BRIUMVI (ublituximab-xiiy) US Prescribing Information 2022*

# Infusion Reactions Were Primarily Mild to Moderate in Severity and Decreased with Each Infusion[1-3]

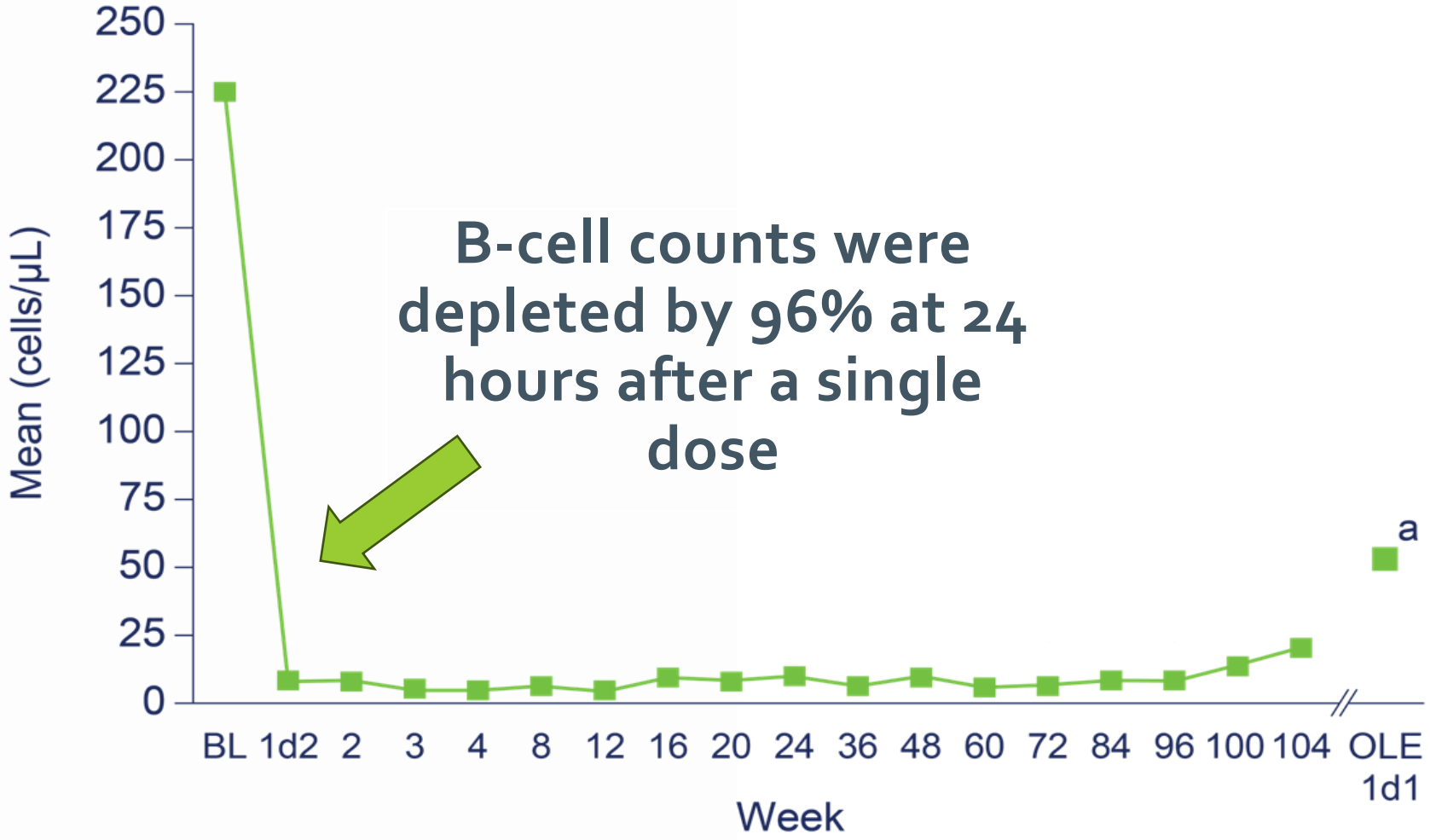



- 0.6% of the reported infusion reactions were serious, and none were fatal
  - A total of 6 participants discontinued treatment due to infusion reactions (5 participants with Grade 2 infusion reactions and 1 participant with a Grade 4 infusion reaction)
- Premedicate with an oral or IV corticosteroid and antihistamine to reduce frequency and severity of infusion reactions
  - Infusion premedication in ULTIMATE I & II did not include oral acetaminophen for the first infusion
- BRIUMVI can cause infusion reactions, which can include pyrexia, chills, headache, influenza-like illness, tachycardia, nausea, throat irritation, erythema, and anaphylactic reaction.



*1. Fox EJ, et al. Presented at: AAN; April 2-7, 2022; Seattle, WA; April 24-26, 2022; Virtual. Poster P6.010. 2. Steinman L, et al. N Engl J Med. 2022;387(8):704-714.*
*3. Briumvi (ublituximab-xiiy). Prescribing information. TG Therapeutics, Inc.; 2022.*

# B-Cell Levels – Pooled Post-Hoc Analysis from ULTIMATE I & II[1]



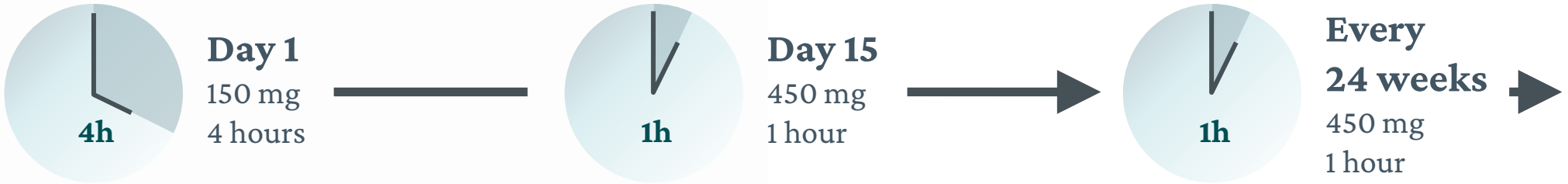

[a]*Mean time since last dose was 54.8 weeks for participants with B-cell counts at OLE 1d1. Pooled post hoc analysis. Data cutoff May 1, 2021. Modified intention-to-treat population. Data presented as the mean B-cell count among participants evaluable at each time point.*

*1d1, Week 1 Day 1; 1d2, Week 1 Day 2; BL, baseline; LLN, lower limit of normal; OLE, open-label extension.*

*1. Fox E, et al. Presented at the 2022 Americas Committee for Treatment and Research in Multiple Sclerosis (ACTRIMS) Forum. February 2022.*

# BRIUMVI is the Only DMT that is Administered as a Twice-Yearly 1 Hour Infusion

**BRIUMVI is a 1-hour, 450-mg intravenous (IV) infusion given every 24 weeks following the starting dose.[1]**



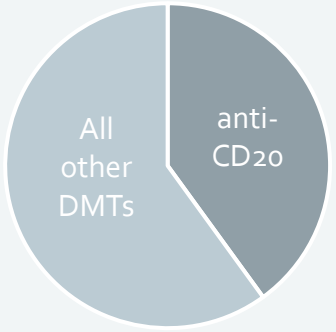

**95%** **of all infusions** were completed on time without interruption in clinical trials.[2,a]

[a]±5 minutes.

1. Briumvi (ublituximab-xiiy). Prescribing information. TG Therapeutics, Inc.; 2022. 2. Fox EJ, et al. Presented at: AAN; April 2-7, 2022; Seattle, WA; April 24-26, 2022; Virtual. Poster P6.010.

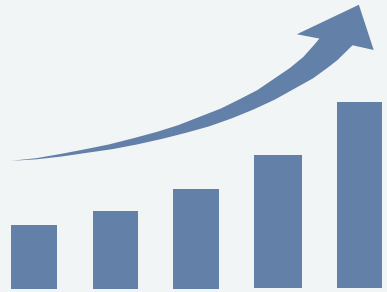
# CD20 Market Opportunity

**~40%** of patients in the US who are on a DMT are on an anti-CD20[1]




*Up from ~35% since Q3'22*

**~140k** MS Patients on an anti-CD20 DMT in the US as of Q3'23[3]



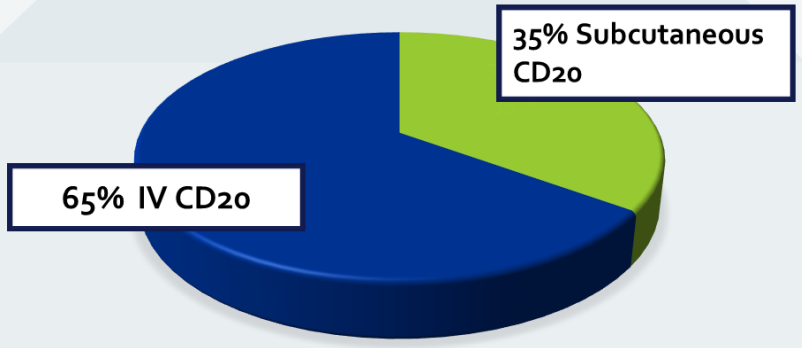
*Estimated average duration of therapy: >4 years[4]*

*1: ~40% based on Q3'23 Komodo Claims. ~35% based on Q3'22 Komodo Claims. 2: ~52% based on Q3'23 Komodo Claims. ~50% based on Q4'22 Komodo Claims 3: Q3'23 Komodo Claims 4. Komodo Ocrevus Claims and TG internal analysts*

# CD20 Market Opportunity

**≈40,000** patients start anti-CD20 as a new MS therapy each year[2]

CD20 US DYNAMIC MARKET SHARE[3]



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*2: ~52% based on Q3'23 Komodo Claims. ~50% based on Q4'22 Komodo Claims*
*3: Q3'23 Komodo Claims*

# CD20 Market Opportunity

**≈40,000** patients start anti-CD20 as a new MS therapy each year[2]

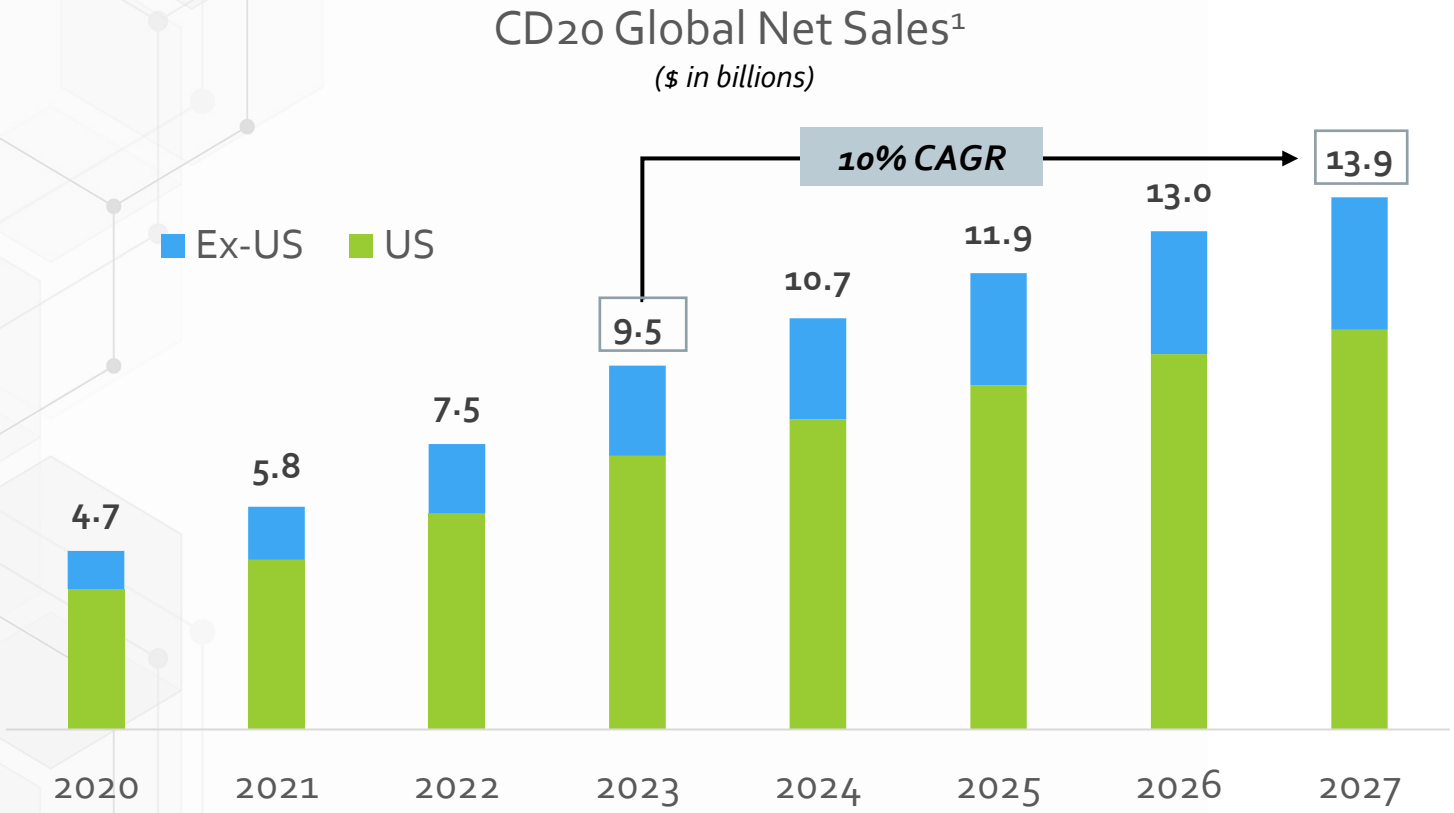
**=~10,000 per Quarter**

**~1,000 BRIUMVI NBRx to Hub in 4Q**

**~ 10% NBRx**

*2: ~52% based on Q3'23 Komodo Claims. ~50% based on Q4'22 Komodo Claims*

# CD20 Global Market Projected to Reach ~$14.0B by 2027




## CD20 Momentum Continues to Build

- Treatment paradigm continues to evolve toward using the most effective therapies first
- Low competitive threat to class
- Limited to no impact from generic competition
- Historical precedence for multiple agents in the same class carving out meaningful share

*1: 2023+ based on Ocrevus, Kesimpta and Briumvi sales consensus*
*2: Q3'23 Komodo Claims*

# US Commercial Launch Strategy

## *Our Long-Term Goal:*
## *For BRIUMVI to be #1 Prescribed CD20 in Dynamic Market Share*

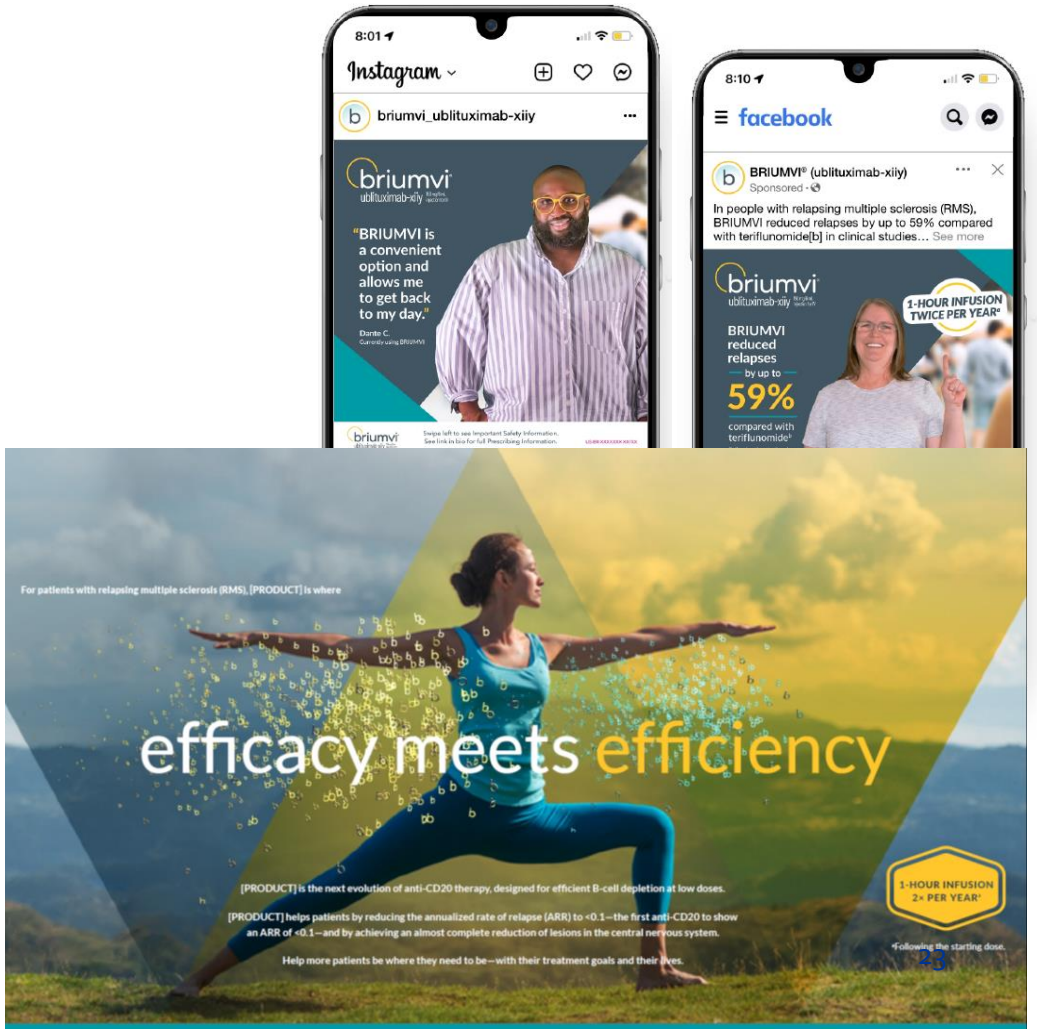
1. **Educate HCPs on the value of BRIUMVI and its differentiated profile**

   **2024: Expand Target HCPs**

2. **Ensure broad coverage and streamlined access via support services**

3. **2024:**

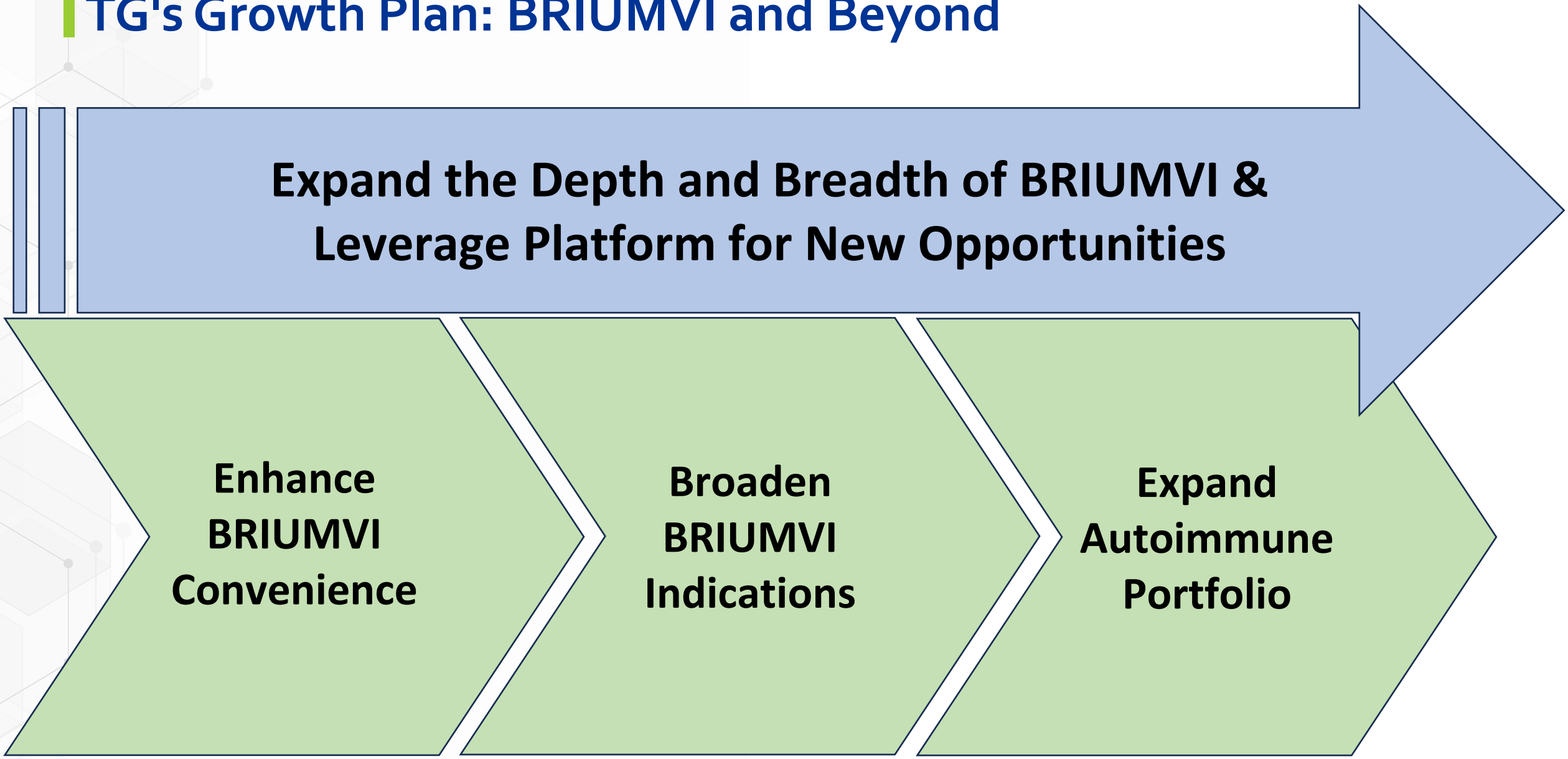
   **Expand Direct to Patient initiatives**



# Ex-US Commercialization Agreement with NEURAXPHARM®

- Neuraxpharm's dedicated neurology focus and established European presence makes them an attractive partner
- Total deal size of ~$650 million, including $140 million in upfront payment and $12.5 million payment upon launch in first EU country
- EU approval of BRIUMVI granted June 2023; UK approval granted October 2023
- BRIUMVI's European launch targeted in early 2024

# TG's Growth Plan: BRIUMVI and Beyond



# Enhance BRIUMVI Convenience

## Further Improve Convenience for IV CD20

- ENHANCE Study:
  - Eliminate 4hr starting dose in CD20 Switches
- Strategies to minimize Day 1 and beyond infusion times

## Develop Attractive SubQ CD20

- Completed Preliminary SubQ Formulation
- Preparing to enter human bioequivalence studies
- SubQ CD20 market would represent a significant new market opportunity

*SubQ: subcutaneous*

# Broaden BRIUMVI Indications

- "Pipeline in a Product"
- CD20's have potential utility in over 20 disease indications
- Preparing to commence first Autoimmune Disease study outside of MS

# Expand Autoimmune Portfolio

TG Therapeutics Announce Global Licensing Agreement with Precision Biosciences for Allogeneic CD19 CAR-T, AZER-CEL for non-oncology applications

- Allogeneic CAR-T offers compelling profile:
  - the convenience of off the shelf therapy; and
  - more limited residency time may:
    - Permit faster immune reconstitution and
    - reduce the risk of genetic alterations leading to secondary malignancies

# Expand Autoimmune Portfolio

TG Therapeutics Announce Global Licensing Agreement with Precision Biosciences for Allogeneic CAR-T, AZER-CEL for non-oncology indications

- Upfront and near-term milestones (within 12-18 months) of $17.5 million
  - $7.5 million upfront (cash and Precision stock @ 100% premium)
  - $2.5 million due within 12 months (Precision stock @ 100% premium)
  - $7.5 million in near term milestones (cash and precision stock @ 100% premium)
- Up to an additional $288 million in milestones
- High single to low double-digit royalties

# Key Non-Financial Goals and Objectives for 2024

- Commence clinical development of SubQ BRIUMVI
- Commence BRIUMVI trial in Autoimmune disease (outside MS)
- Commence Azer-cel trial in Autoimmune disease
- Present data from our Enhance CD20 switch trial at multiple conferences throughout the year

# Financial Guidance[1] for 2024

- 1Q24 Revenue Target: **$41-$46 mm**
- FY 2024 Revenue Target: **$220-$260 mm**
- 2024 Operating Expense Target: **~$250 mm**
- Beginning 2024 Cash Estimate[2]: **~$215 mm**

*Current Q1 2024 Consensus:~$43 mm[2]*

*Current FY 2024 Consensus: ~$238 mm[2]*

**2024 Ex-US Guidance:**

- Milestone payments: $12.5 mm
- Ex-US Royalties: Not material

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*[1]Preliminary selected financial information presented herein are unaudited, subject to adjustment, and provided as an approximation in advance of the Company's announcement of complete financial results*
*2: Consensus numbers for 2024 were obtained from FactSet on 1/5/2024 and include ex-US royalties and milestones; Q1: First Quarter; FY: Full Year*

# TG Therapeutics

## NASDAQ: TGTX

# Thank You!