TG Therapeutics

BRIUMVI™ (ublituximab-xiiy) FDA Approval Call

December 29, 2022

TG Therapeutics Conference Call Participants

Prepared Remarks

Introduction

- Jenna Bosco, Corporate Communications

Opening Remarks

- Michael S. Weiss, Chairman & Chief Executive Officer

BRIUMVI Overview & USPI Review

- Lawrence Steinman, MD, Zimmermann Professor of Neurology & Neurological Sciences, and Pediatrics at Stanford University and Global Lead of the ULTIMATE I & II Phase 3 Trials
- Bruce Cree, MD, PhD, MAS, Zimmermann Endowed Professor in Multiple Sclerosis, and Professor of Neurology at UCSF Weill Institute for Neurosciences, University of California San Francisco

Commercial Launch

- Adam Waldman, Chief Commercialization Officer

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 the timing and 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, and statements regarding the results of the ULTIMATE I & II Phase 3 studies and BRIUMVI as a potential treatment for RMS. 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, 2021 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.

Michael S. Weiss

Chairman & Chief Executive Officer

TG Therapeutics

First & Only CD20 for RMS that offers a twice yearly one-hour infusion option, after the starting dose

BRIUMVI is now approved for the treatment of adult patients with

RMS

relapsing forms of multiple sclerosis (RMS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease

Lawrence Steinman, MD

Global Lead of the ULTIMATE I & II Phase 3 Trials
Zimmermann Professor of Neurology & Neurological Sciences, and Pediatrics at Stanford University

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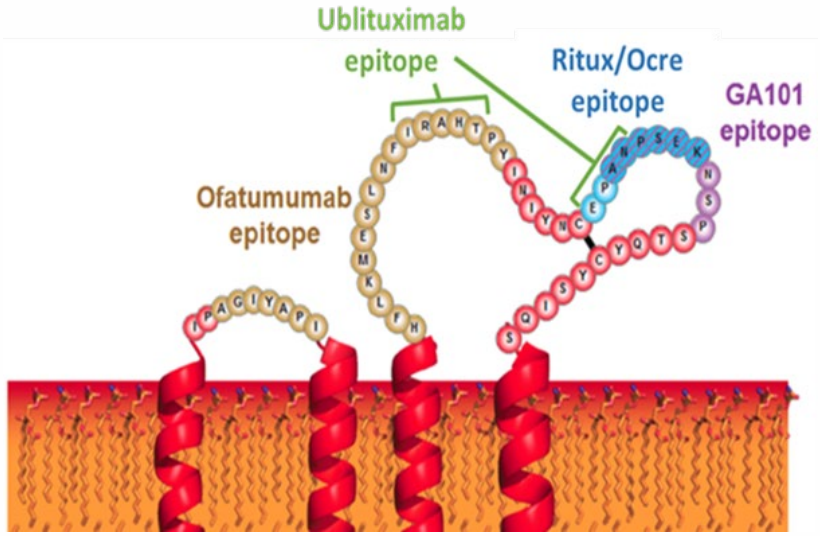
BRIUMVI (ublituximab-xiiy)

Binding Epitopes of Anti-CD20 Antibodies



Adapted from Klein et al, 2013. Copyright ©2013 Landes Bioscience

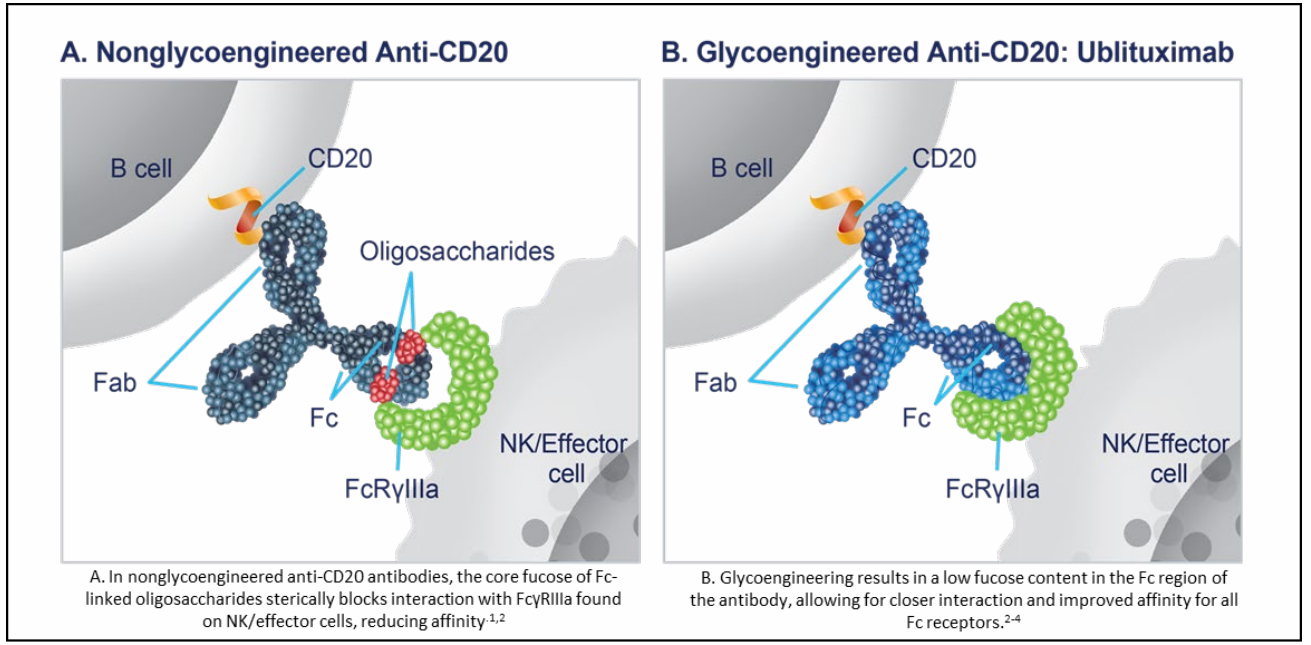
- BRIUMVI is a novel monoclonal antibody that targets a unique epitope on the CD20 antigen[1]
- **BRIUMVI is the first and only anti-CD20 monoclonal antibody that can be administered in a one-hour infusion twice a year, following the starting dose***
- The precise mechanism by which BRIUMVI works is unknown

**The administration schedule of BRIUMVI consists of a day one infusion of 150mg administered in four hours, a day 15 infusion of 450mg administered in one hour, followed by 450mg infusions every 24 weeks administered in one hour Source: 1. Steinman L, et al. Presented at American Academy of Neurology. April 2021*

BRIUMVI: Designed to achieve efficient b-cell depletion at low doses

- **BRIUMVI is glycoengineered to exclude certain sugar molecules normally present on antibodies that can interfere with their function**

- Removal of these sugar molecules enhances affinity for the NK/effector cells leading to efficient B-cell depletion at low doses



A. In nonglycoengineered anti-CD20 antibodies, the core fucose of Fc-linked oligosaccharides sterically blocks interaction with FcγRIIIa found on NK/effector cells, reducing affinity.[1,2]

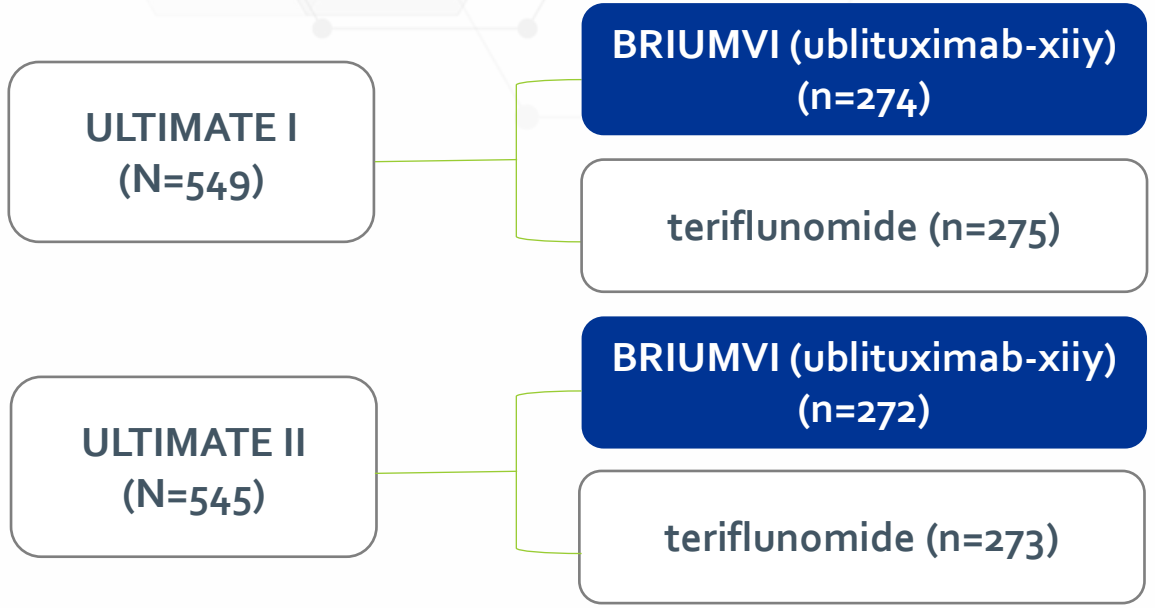
B. Glycoengineering results in a low fucose content in the Fc region of the antibody, allowing for closer interaction and improved affinity for all Fc receptors.[2-4]

NK, natural killer; Sources: 1. Ferrara C, et al. Proc Natl Acad Sci U S A. 2011;108(31):12669-12674. 2. Sun Y, et al. J Biol Chem. 2021;297(1):100826.3. de Romeuf C, et al. Br J Haematol. 2008;140(6):635-643. 4. Fox E, et al. Mult Scler. 2021;27(3):420-429.

ULTIMATE I & II: Phase 3 Study Design

Inclusion Criteria:
Relapsing forms of multiple sclerosis, EDSS 0-5.5, at least 1 relapse within prior year or 2 or more in 2 prior years, and/or 1 or more Gd+ T1 MRI lesion in the prior year

Neurological evaluations were performed every 12 weeks, and patients underwent MRI scans at weeks 12, 24, 48 and 96

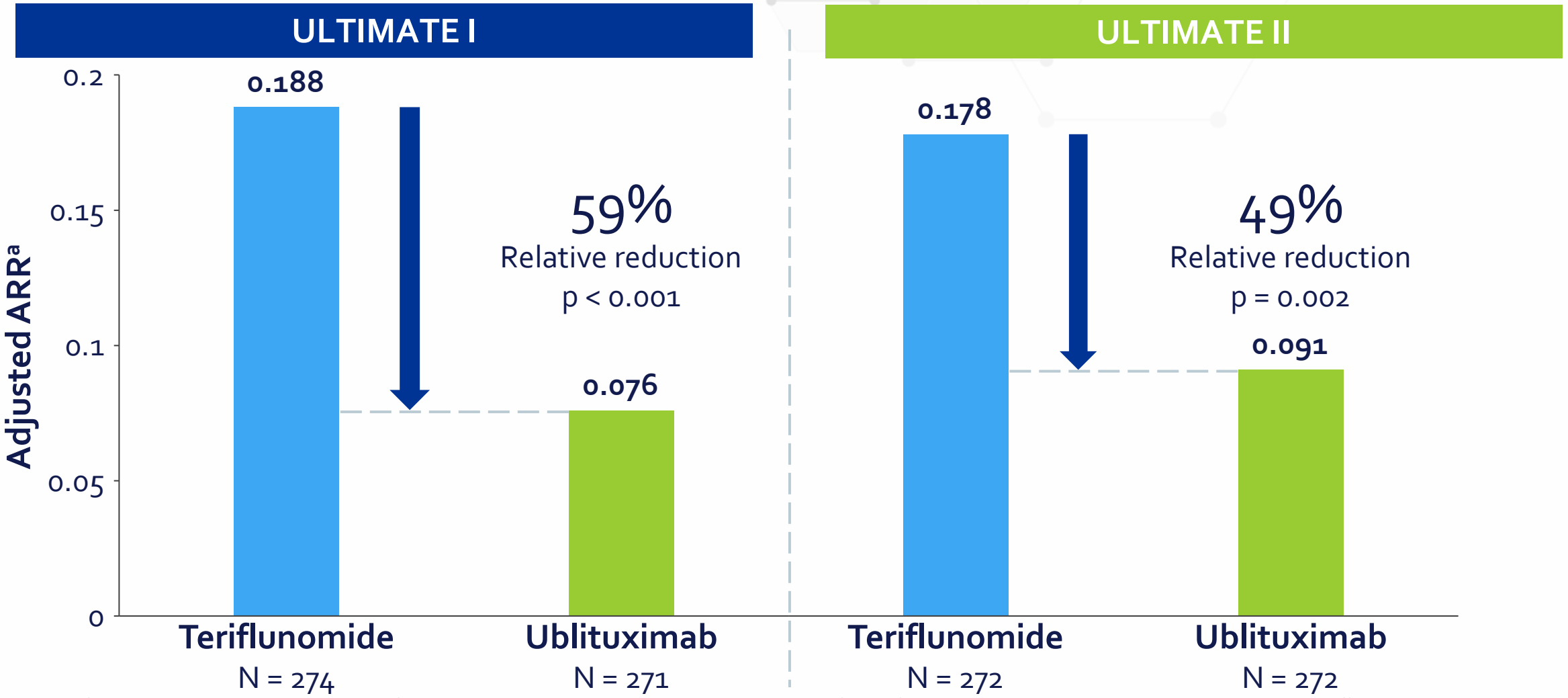


Primary endpoint
- Annualized Relapse Rate (ARR) at 96 weeks

Secondary endpoints
- The number of MRI T1 Gd-enhancing lesions by Week 96
- The number of new or enlarging MRI T2 hyperintense lesions by Week 96
- Time to confirmed disability progression (CDP) for at least 12 weeks

Source: Steinman L, et al. Presented at American Academy of Neurology. April 2021

Annualized Relapse Rate (ARR)

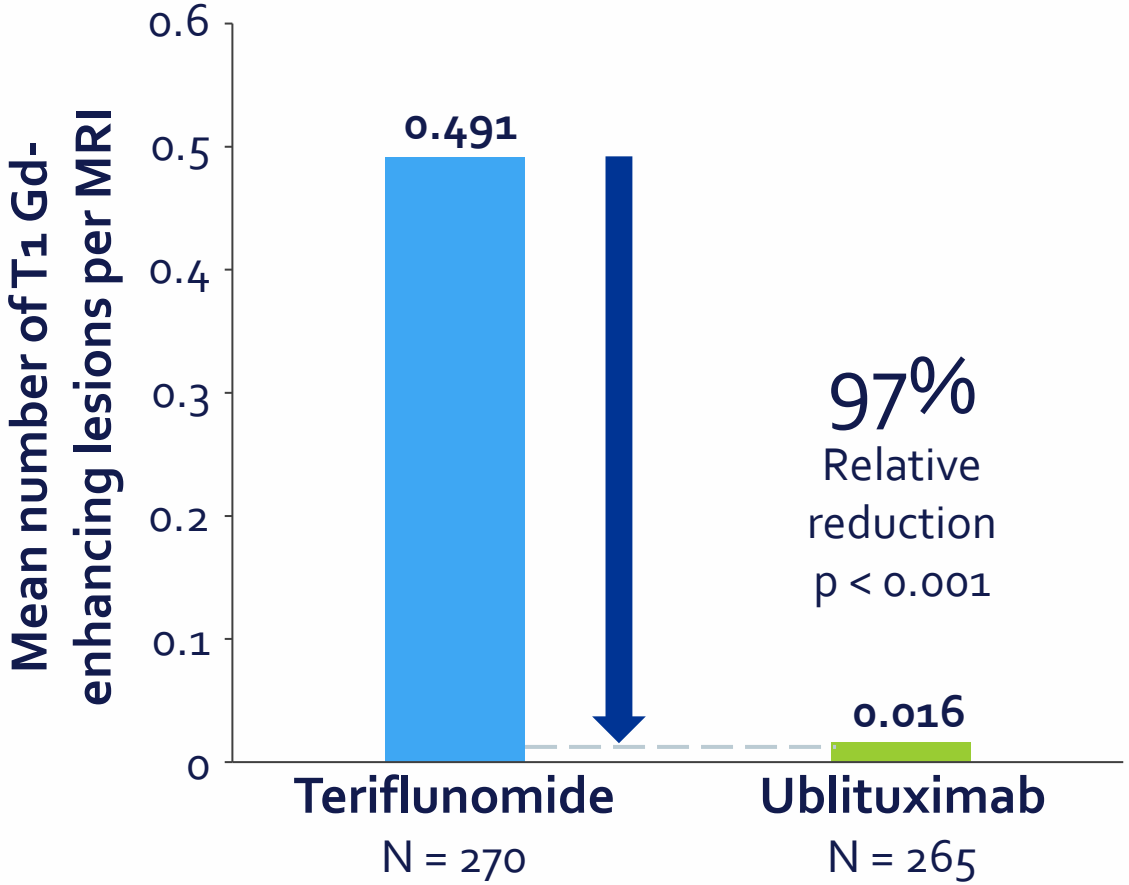


Based on Modified Intent-to-Treat (mITT) Population, defined as all randomized patients who received at least one infusion of study medication and had one baseline and post-baseline efficacy assessment.
[a]Negative binomial model (GEE) for the relapse count per subject with logarithmic link function, treatment, region, and baseline EDSS strata as covariates and log (years of treatment) as offset

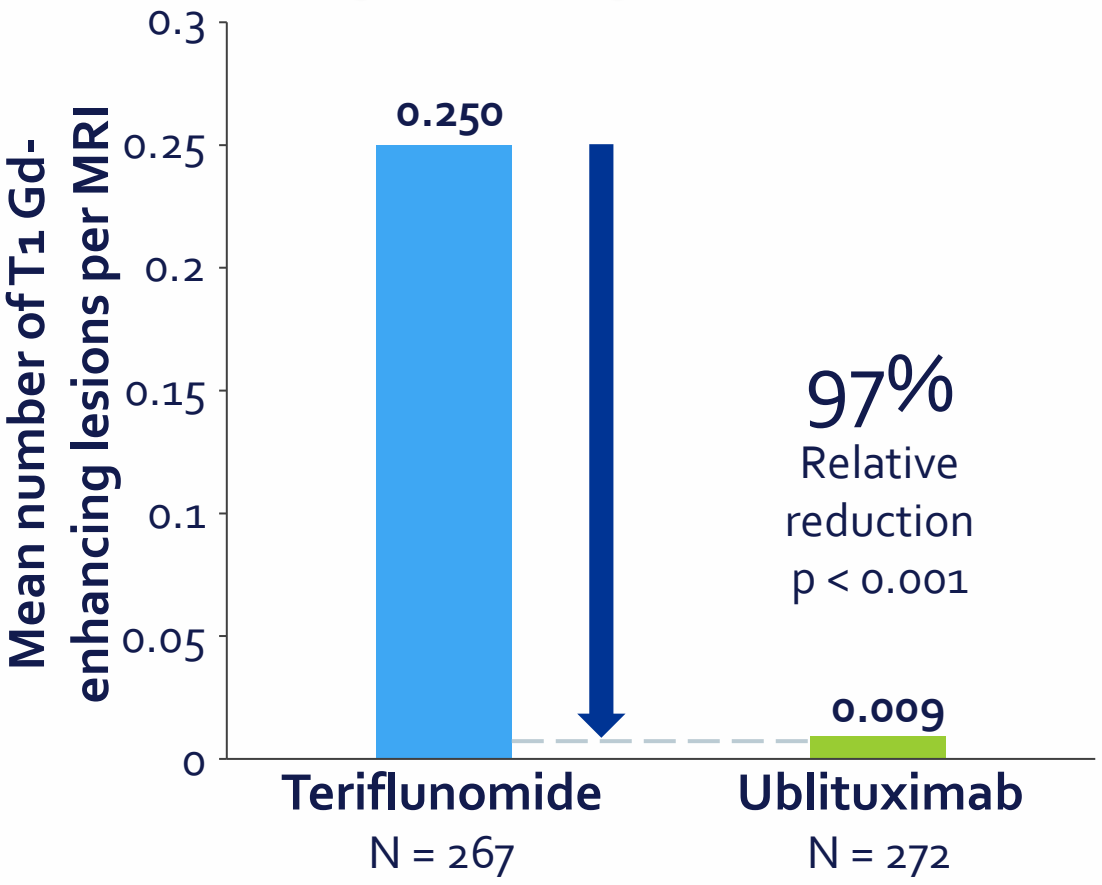
Source: BRIUMVI (ublituximab-xiiy) US Prescribing Information 2022

MRI: Total Number of Gd+ T1 Lesions

ULTIMATE I



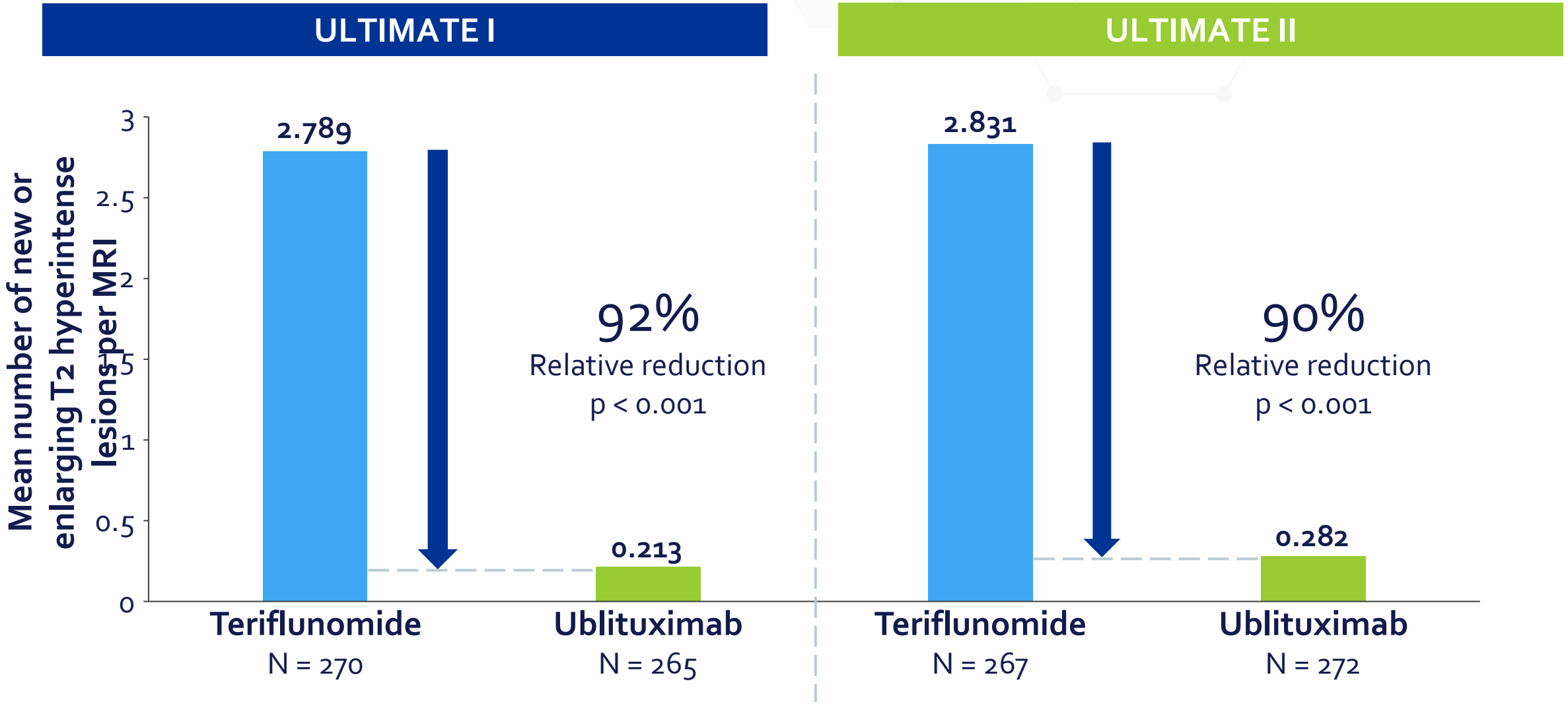
ULTIMATE II



Based on MRI-mITT population (mITT patients who have baseline and post-baseline MRI). Assessed at Week 96

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

MRI: Number of New or Enlarging T2 Lesions

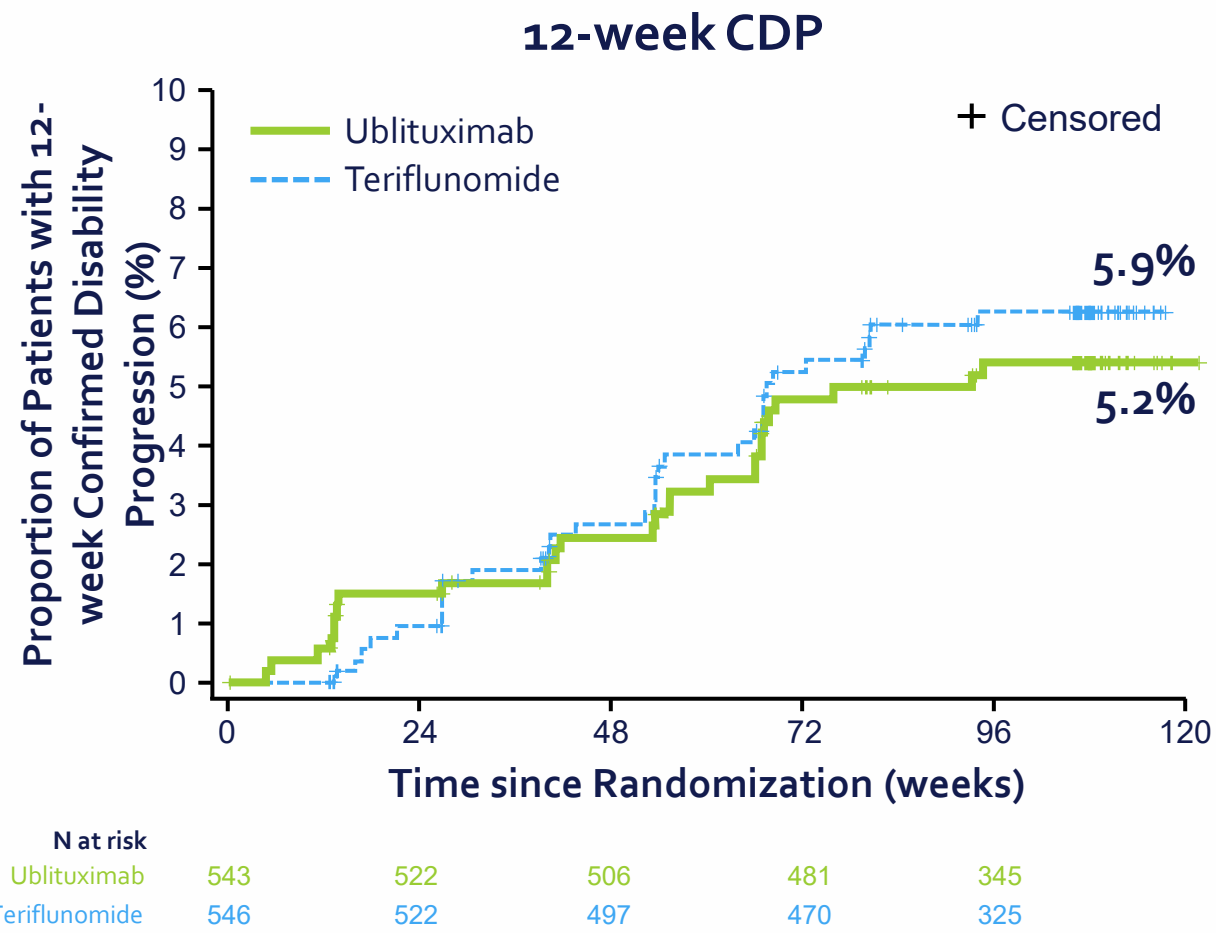


Based on MRI-mITT population (mITT patients who have baseline and post-baseline MRI). Assessed at Week 96

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

Confirmed Disability Progression (CDP)
Pre-specified pooled analysis

ULTIMATE I & II Pooled Data



16%
Risk Reduction
p = 0.510

Note: Differences in CDP between study arms did not reach statistical significance. Source: BRIUMVI (ublituximab-xiiy) US Prescribing Information 2022

Bruce A. Cree, MD, PhD, MAS

Zimmerman Endowed Professor of Multiple Sclerosis and Professor of Clinical Neurology at UCSF Weill Institute for Neurosciences, University of California San Francisco

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BRIUMVI (ublituximab-xiiy) U.S. Prescribing Information

Highlights of Prescribing Information

INDICATIONS AND USAGE	BRIUMVI is a CD20-directed cytolytic antibody indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults
DOSAGE AND ADMINISTRATION	Administer BRIUMVI by intravenous infusion: • First infusion: 150mg intravenous infusion over 4 hours • Second Infusion: 450 mg intravenous infusion administered two weeks after the first dose given over 1 hour • Subsequent Infusions: 450 mg intravenous infusion administered 24 weeks after the first infusion and every 24 weeks thereafter given over 1 hour
SCREENING, PREMEDICATION, AND MONITORING	• Hepatitis B virus screening and quantitative serum immunoglobulin screening are required before first dose • Pre-medicate with 100 mg of methylprednisolone administered intravenously (or an equivalent oral dosage or equivalent corticosteroid) prior to each BRIUMVI infusion • Pre-medicate with an antihistamine (e.g., diphenhydramine) administered orally or intravenously prior to each BRIUMVI infusion • Monitor patients closely during and for at least one hour after the completion of the first two infusions. Post-infusion monitoring of subsequent infusions is at physician discretion unless infusion reaction and/or hypersensitivity has been observed

These highlights do not include all the information needed to use BRIUMVI safely and effectively. See full prescribing information for BRIUMVI.

BRIUMVI (ublituximab-xiiy) U.S. Prescribing Information

Highlights of Prescribing Information

WARNINGS AND PRECAUTIONS	Infusion Reactions: Management recommendations for infusion reactions depend on the type and severity of the reaction. Permanently discontinue BRIUMVI if a life-threatening or disabling infusion reaction occurs Infections: Serious, including life-threatening and fatal infections, have occurred. Delay BRIUMVI administration in patients with an active infection until the infection is resolved. Vaccination with live-attenuated or live vaccines is not recommended during treatment with BRIUMVI and after discontinuation, until B-cell repletion. There were 3 infection-related deaths that occurred in controlled clinical trials in patients with relapsing forms of multiple sclerosis (RMS), all in patients treated with BRIUMVI; the infections leading to death were post-measles encephalitis, pneumonia, and post-operative salpingitis following an ectopic pregnancy. Reduction in Immunoglobulins: Monitor the level of immunoglobulins at the beginning, during, and after discontinuation of treatment with BRIUMVI, until B-cell repletion, and especially when recurrent serious infections are suspected. Consider discontinuing BRIUMVI in patients with serious opportunistic or recurrent serious infections, and if prolonged hypogammaglobulinemia requires treatment with intravenous immunoglobulins Fetal Risk: May cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception during treatment and for at least 6 months after stopping BRIUMVI
ADVERSE REACTIONS	The most common adverse reactions (≥10%) were infusion reactions and upper respiratory tract infections

These highlights do not include all the information needed to use BRIUMVI safely and effectively. See full prescribing information for BRIUMVI.

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

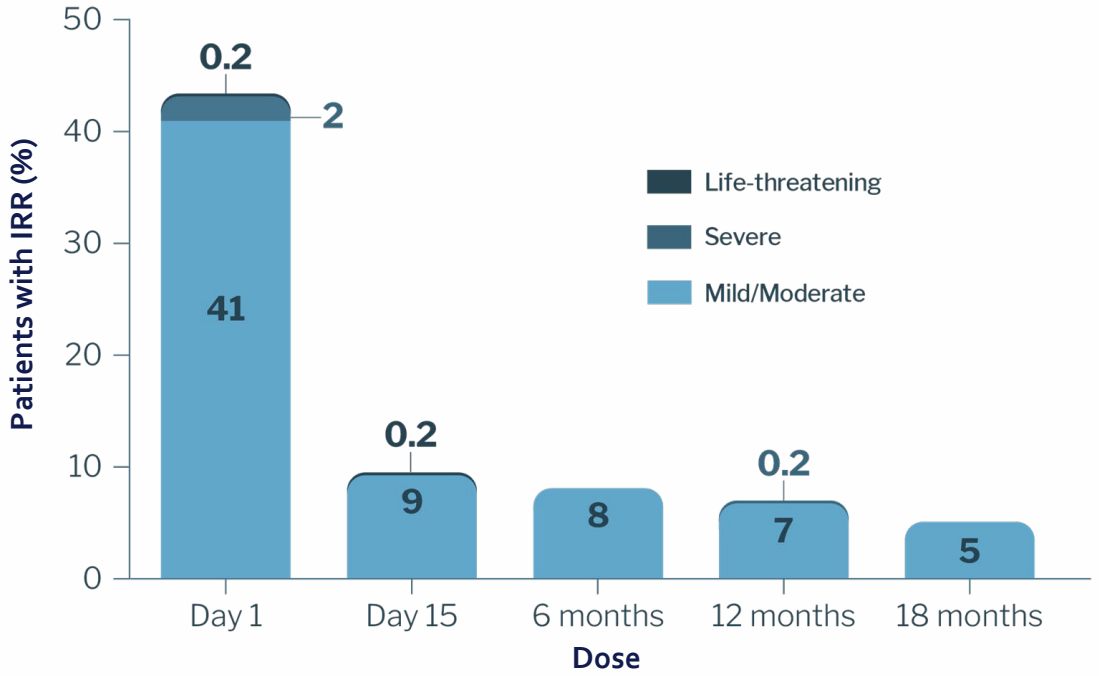
Adverse Reactions	BRIUMVI 450 mg IV (N=545) %	Teriflunomide 14 mg PO (N=548) %
Infusion reactions	48	12
Upper respiratory tract infections	45	41
Lower respiratory tract infections	9	7
Herpes virus-associated infections	6	5
Pain in extremity	6	4
Insomnia	6	3
Fatigue	5	4

- **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

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

Most Common AE: Infusion Reactions

Infusion Related Reactions by Dose & Severity in BRIUMVI Treated Patients on ULTIMATE I & II



- **Infusion related reactions were primarily mild to moderate in severity and decreased with every infusion**
- Incidence of Infusion Reactions:
  - 43% - First Dose
  - 10 % - Second Dose
  - 8% - Third Dose
- Three patients (0.6%) treated with BRIUMVI reported serious infusion reactions
- **95%** of all BRIUMVI one-hour infusions were completed in 1 hour without interruption†

† Infusion was completed within 55-65 minutes

Sources: Steinman L, et al. Ublituximab versus Teriflunomide in Relapsing Multiple Sclerosis (NEJM 8.25.22); BRIUMVI (ublituximab-xiiy) Prescribing Information 2022

Adam Waldman

Chief Commercialization Officer

TG Therapeutics

Anti-CD20 antibodies have transformed the treatment landscape for patients with Relapsing MS

~80,000

Patients in the US start their first or switch to a new MS therapy each year[1]

>50%

of patients start on an anti-CD20 as a new MS therapy[2]

>100,000

MS patients in the US are currently on an anti-CD20[3]

The anti-CD20 class is now the most common disease modifying therapy used for relapsing forms of MS

[1]Wallin MT, Culpepper WJ, Campbell JD, et al. The prevalence of MS in the United States: a population-based estimate using health claims data. Neurology 2019;92:e1029–e1040 & From September 2021 to September 2022; Komodo Claims [2]From July 2022 to September 2022; Komodo Claims. [3]Roche and Novartis Q3'22 Earnings Call Statements

Introducing BRIUMVI (ublituximab-xiiy)

briumvi™
(ublituximab-xiiy) injection

- The next evolution of CD20 therapy designed to achieve efficient b-cell depletion at low doses
- The only DMT that is administered as a twice-yearly one-hour infusion (following the starting dose*)
- Indicated for the treatment of relapsing forms of multiple sclerosis (RMS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults

**The administration schedule of BRIUMVI consists of a day one infusion of 150mg administered in four hours, a day 15 infusion of 450mg administered in one hour, followed by 450mg infusions every 24 weeks administered in one hour; Source: BRIUMVI (ublituximab-xiiy) US Prescribing Information 2022*

BRIUMVI has the potential to become the #1 prescribed anti-CD20 in the US market

TG Therapeutics

The Next Evolution of B-Cell Therapy

Powerful Efficacy	The first and only anti-CD20 to achieve an **ARR <0.10 in two phase 3 trials**
Established Safety	**No cases of breast cancer** reported in the trials; Overall infection rates were similar for BRIUMVI (56%) & Teriflunomide (54%) The infections were predominantly mild to moderate in severity and consisted primarily of respiratory tract-related infections.
Convenience and Flexibility	Twice yearly, one-hour infusion after the starting dose*, choice of oral pre-meds and no post monitoring requirement after the starting dose**
Predictability	**95%** of all BRIUMVI one- hour infusions were completed in 1 hour without interruption†

**The administration schedule of BRIUMVI consists of a day one infusion of 150mg administered in four hours, a day 15 infusion of 450mg administered in one hour, followed by 450mg infusions every 24 weeks administered in one hour; **Post-infusion monitoring for the third and subsequent infusions is at physician discretion unless infusion reaction and/or hypersensitivity has been observed; † Infusion was completed within 55-65 minutes*

BRIUMVI's profile appeals to patients, physicians and payers

For patients who want

- High efficacy therapy while minimizing treatment burden
- Flexibility and convenience of a twice yearly- one-hour infusion*

For providers who want

- A high efficacy therapy that balances safety/tolerability
- Efficiency and predictability
- Observable patient adherence

For payors who want

- Increased competition
- A high efficacy therapy at the lowest price

**The administration schedule of BRIUMVI consists of a day one infusion of 150mg administered in four hours, a day 15 infusion of 450mg administered in one hour, followed by 450mg infusions every 24 weeks administered in one hour*

We have built a truly exceptional team to launch BRIUMVI

Commercial leadership team hired from premier MS companies with mix of both large and small company experience with an average of 12 years experience in MS

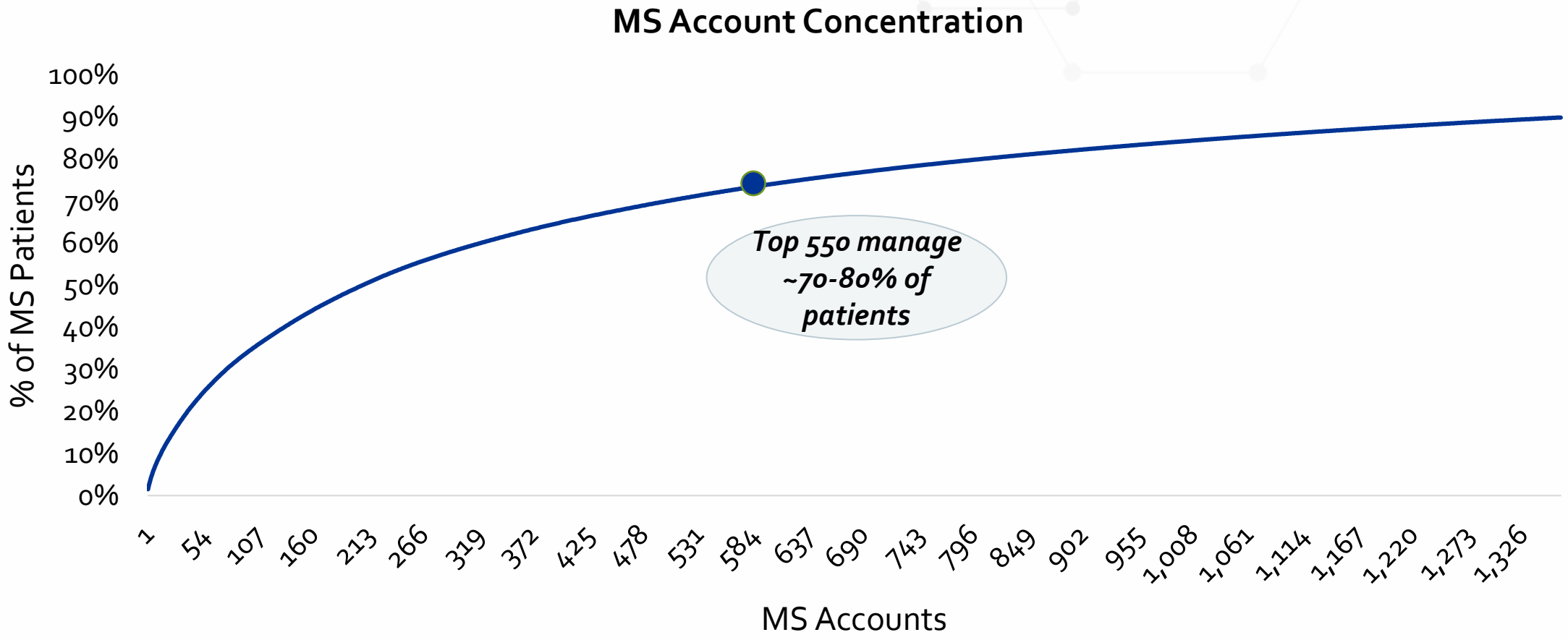
NOVARTIS · Biogen · Celgene · Roche · Genentech A Member of the Roche Group · Bristol Myers Squibb

Commercialized several of the biggest blockbuster brands in the history of MS with average of 2 launches each

COPAXONE (glatiramer acetate injection) · OCREVUS ocrelizumab · TYSABRI (natalizumab) · Tecfidera (dimethyl fumarate) · Kesimpta (ofatumumab) · ZEPOSIA (ozanimod) · GILENYA (fingolimod) · AUBAGIO (teriflunomide)

Vast network of relationships within the MS community throughout the US

MS market dynamics enable a targeted commercial approach



Source: Komodo Claims

BRIUMVI launch strategy is focused on 3 key priorities

HCP

Drive demand from top centers who are likely early adopter accounts

Access

Ensure access is easy and simple

Patient

Educate patients and care partners to drive treatment requests to HCPs

BRIUMVI Patient Support offers a flexible program designed to support the treatment journey in a way that works best for patients

briumvi™ ublituximab-xiiy 150 mg/6 mL injection for IV patient support

Insurance Support

Patients can receive support in understanding their insurance coverage, eligibility for financial assistance, and educational resources about their infusion

Co-pay Assistance

Eligible patients may pay **as little as $0** copay per BRIUMVI treatment with an additional benefit to help cover infusion-related costs

Quick Start

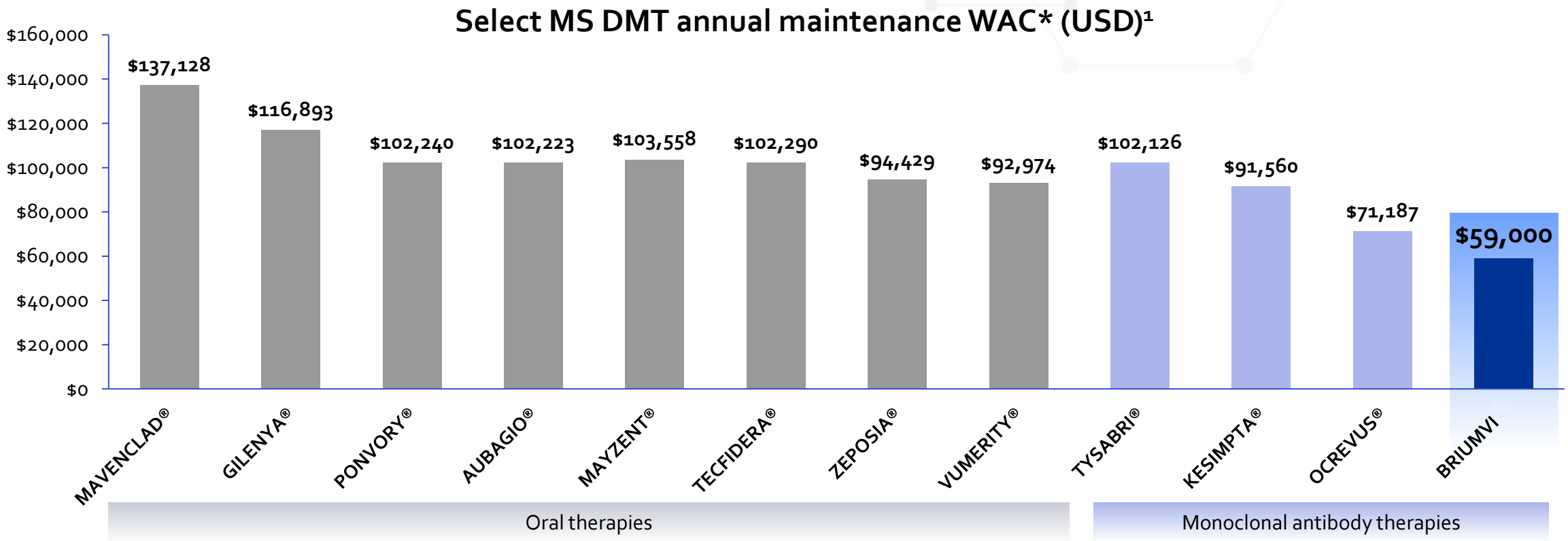
Patients experiencing a coverage delay may be eligible to receive **up to their first 2 infusions at no cost** (Day 1 and 15)

Visit **www.BRIUMVIpatientsupport.com** to learn about our offerings and download the **BRIUMVI Start Form** to enroll patients

** For commercially insured patients only. Other eligibility requirements apply. See full Terms and Conditions.*

† Delay of 10 business days or more after all required prior authorization documentation has been received by patient's insurance company. Other terms and conditions may apply.

BRIUMVI is the lowest priced, branded disease modifying therapy (DMT) approved for MS



TG Therapeutics is committed to responsible pricing and partnership across the healthcare system to support patients in accessing our medicines

** Price comparisons between products are not meant to be clinical comparisons. No conclusions on efficacy and safety between products can be drawn.*

1. Analysource WAC pricing updated November 10, 2022. TG Therapeutics data on file. Calculation notes: Treatment WAC does not reflect the cost of treatment initiation nor loading doses

BRIUMVI has the potential to become the market leading anti-CD20 in RMS

The Next Evolution of B-Cell Therapy

FDA Label

- Confirms high efficacy and well-established safety profile

Potentially Best in Class Profile

- The first only anti-CD20 to achieve an ARR <0.10 in two phase 3 trials
- Only anti-CD-20 with twice yearly one hour infusion following the starting dose*
- No cases of breast cancer reported in the trials

Access

- Clinical value and price of BRIUMVI can unlock access
- Lowest priced, branded disease modifying therapy approved for MS
- BRIUMVI Patient Support supports patients throughout the treatment journey in a way that works best for them

Launch Ready

- Highly experienced MS field team with deep relationships and network

**The administration schedule of BRIUMVI consists of a day one infusion of 150mg administered in four hours, a day 15 infusion of 450mg administered in one hour, followed by 450mg infusions every 24 weeks administered in one hour*

Q&A Session

Concluding Remarks

THANK YOU!