TG Therapeutics

J.P. Morgan Healthcare Conference

January 2025

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 as well as the long term safety study 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. The preliminary, estimated financial results for the fourth quarter and fiscal year ended 2024 and the 2025 guidance estimates provided in this presentation contain forward-looking statements and are subject to the completion of management's and the audit committee's final reviews and our other financial closing procedures and are therefore subject to change.

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, 2023 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 treatments for B-cell mediated diseases

Corporate HQ in Research Triangle, NC

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

…a next-generation, anti-CD20 monoclonal antibody

• 2022
December 28
BRIUMVI approved by the U.S. FDA to treat RMS

• 2023
January 26
TG launched BRIUMVI making it commercially available in the U.S.

• 2024
February 26
BRIUMVI launched in Germany with ex-U.S. partner NeuraxPharm

• 2042
BRIUMVI U.S. composition of matter patent exclusivity expiration

BRIUMVI Indication: For the treatment of adults with relapsing forms of multiple sclerosis (RMS), including Relapsing Remitting, Clinically Isolated Syndrome and Active Secondary Progressive MS

Anti-CD20 agents have transformed the treatment paradigm in Relapsing MS market

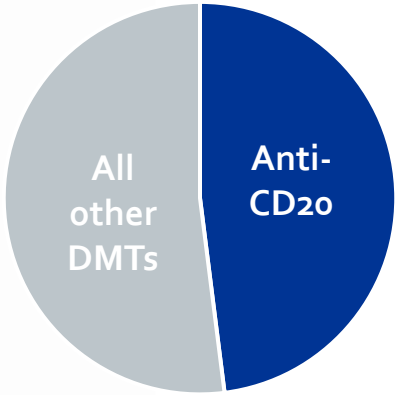
3

Anti-CD20 monoclonal antibodies currently approved

BRIUMVI 3rd to market; no near-term additional anti-CD20 approvals expected in RMS

~48%

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



Collectively, represent the most prescribed class of MS drugs

~$8B

Annualized US anti-CD20 class sales[2]

As of end Q3 2024

Growing to $12B by 2030[3]

[1]*Komodo Claims. May-July 2024;*
[2]*Based on earnings call reports from Roche, NVS and TGTX;*
[3]*Based on Ocrevus, Kesimpta and Briumvi FactSet analyst sales consensus as of 12/20/2024 and historical US vs Ex-US revenue split*

The BRIUMVI Difference

Administration
- One hour infusion, twice per year, following the starting dose

Efficacy
- BRIUMVI is the first and only anti-CD20 therapy to achieve less than 0.1 ARR in two phase 3 trials[a]

Label
- BRIUMVI label does not include a risk of Breast Cancer

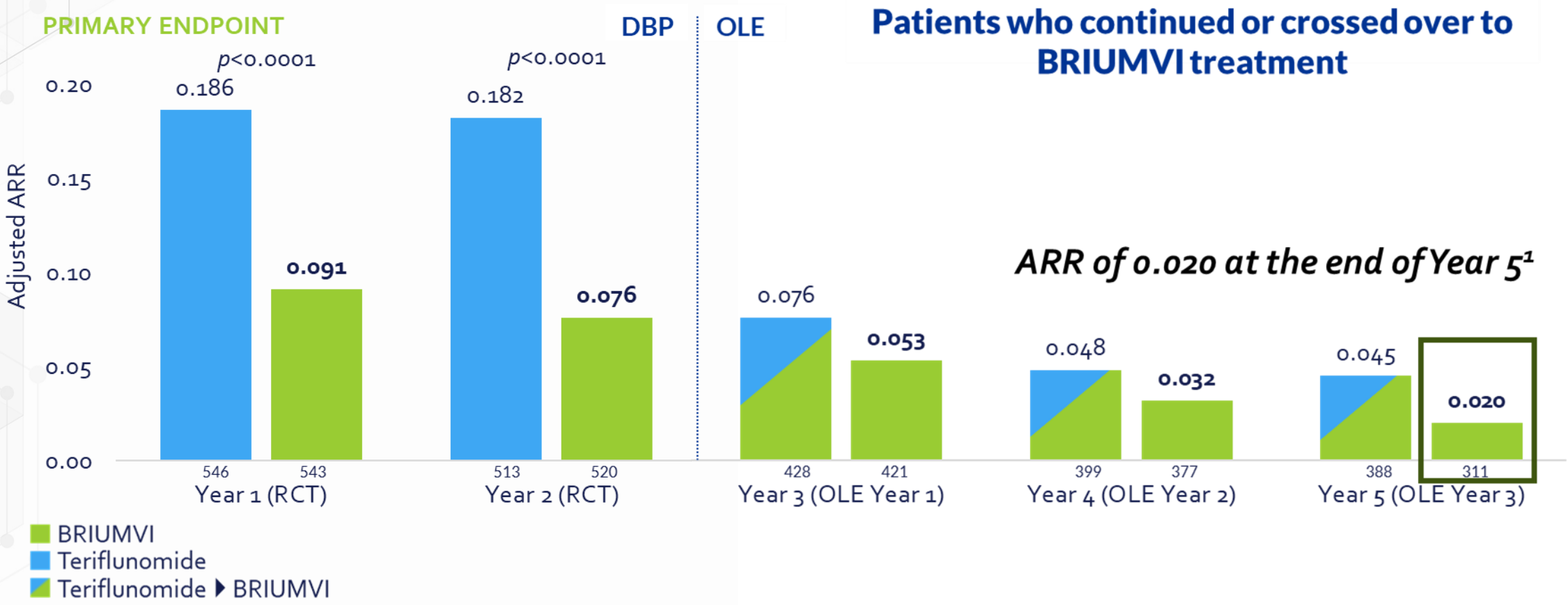
Design
- Glycoengineered to exclude certain sugar molecules that allows for tighter binding to NK cells with the goal of efficient B-cell depletion[b]

Price
- Lowest price branded DMT available for MS

[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 enrolled across different trials.*
[b] *The precise mechanism by which BRIUMVI exerts its therapeutic effects is unknown. Glycoengineering cannot be linked to any efficacy outcomes*

Demonstrated Efficacy in Phase 3 Trials [1]

Annualized Relapse Rate[a]



Now backed by 5-year long-term data

Patients who continued or crossed over to BRIUMVI treatment

ARR of 0.020 at the end of Year 5[1]

[1]*Cree BAC, Fox E, Hartung H, et al. Five Years of Ublituximab in Relapsing Multiple Sclerosis: Results from the Open-Label Extension of ULTIMATE I and II Studies. Poster presented at: 2024 European Committee for Treatment and Research in Multiple Sclerosis; September 18-20, 2024; Copenhagen, Denmark.*

[a] *Based on pooled data from two studies;*

DBP = double blind period of the ULTIMATE trials; OLE= Open Label Extension of ULTIMATE trials

BRIUMVI has an Established Safety Profile[1]

Adverse reactions with an incidence of at least 5% and greater than that of teriflunomide from ULTIMATE I & II trials

Adverse Reactions	BRIUMVI (n=545) %	Teriflunomide (n=548) %
Infusion reactions	48	12
Upper respiratory tract infections[a]	45	41
Lower respiratory tract infections[b]	9	7
Herpes virus-associated infections[c]	6	5
Pain in extremity	6	4
Insomnia	6	3
Fatigue	5	4

- Rates of discontinuation were similar between both arms, with ~90% of participants completing the 2-year treatment across both ULTIMATE I and II
- Overall infection rates of BRIUMVI (56%) and teriflunomide (54%) were similar. In the BRIUMVI arm, infections were predominantly mild to moderate in severity and consisted of upper respiratory tract infections (45%) and urinary tract infections (10%)
- Serious infections were 3% and 5% for teriflunomide and BRIUMVI, respectively
- 3 total deaths occurred among participants on BRIUMVI
  - Pneumonia, encephalitis (post measles), salpingitis (post ectopic pregnancy)

[1]BRIUMVI (ublituximab-xiiy) Prescribing information. TG Therapeutics, Inc.; 2024. 2. Steinman L, et al. N Engl J Med. 2022;387(8):704-714.
[a]Includes the following: nasopharyngitis, upper respiratory tract infection, respiratory tract infection, respiratory tract infection viral, pharyngitis, rhinitis, sinusitis, acute sinusitis, tonsillitis, laryngitis, chronic sinusitis, viral pharyngitis, viral rhinitis, viral upper respiratory tract infection, chronic tonsillitis, pharyngitis streptococcal, sinusitis bacterial, and tonsillitis bacterial.
[b]Includes the following: bronchitis, pneumonia, tracheitis, tracheobronchitis, COVID-19 pneumonia, bronchitis bacterial, and pneumonia viral. [c]Includes several related terms.

5-Year Data Underscore Consistency in the BRIUMVI Safety Profile[1,2]

Overall safety profile of BRIUMVI remained consistent over 5 years of treatment,[a] with no new safety signals emerging with prolonged treatment as of the cutoff date of January 1, 2024

	Ublituximab group, ULTIMATE I/II Pooled **DBP** (n=545, PY=1145.57) EAIR [95% CI] per 100 PY	Ublituximab group, **Pooled DBP+OLE** (n=974, PY=3603.90) EAIR [95% CI] per 100 PY
Any treatment emergent adverse event (TEAE)	374.84 [363.79, 386.22]	205.08 [200.46, 209.81]
TEAE leading to treatment discontinuation	1.66 [1.06, 2.60]	1.69 [1.32, 2.18]
Infection	80.92 [75.88, 86.30]	48.61 [46.39, 50.94]
Infusion-related reaction	54.12 [50.02, 58.55]	26.69 [25.06, 28.43]
Malignancy	0.17 [0.04, 0.70]	0.17 [0.07, 0.37]
Serious adverse event	5.59 [4.37, 7.14]	5.88 [5.14, 6.73]
Serious infection	2.10 [1.40, 3.13]	2.58 [2.11, 3.16]
Deaths	0.26 [0.08, 0.81]	0.17 [0.07, 0.37]

[1]Cree BAC, Fox E, Hartung H, et al. Five Years of Ublituximab in Relapsing Multiple Sclerosis: Results from the Open-Label Extension of ULTIMATE I and II Studies. Poster presented at 2024 European Committee for Treatment and Research in Multiple Sclerosis; September 18-20, 2024; Copenhagen, Denmark.
[2]TG Therapeutics. Data on file,
[a] In an exposure-adjusted analysis of adverse events; DBP: Double blind period of the ULTIMATE trials; OLE: Open Label Extension; EAIR, exposure-adjusted incidence rate; IRR, infusion-related reaction; PY, patient-years; SAE, serious adverse event; TEAE, treatment-emergent adverse event

US Commercial Launch Strategy

Staged-approach to maximize ROI

Implementing for 2025

Year 1

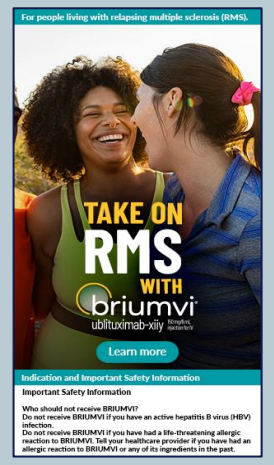
Hyper-Focused Targeting HCPs in Top MS Centers

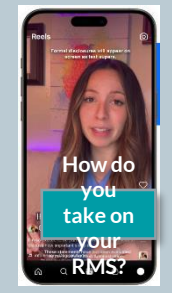
Year 2

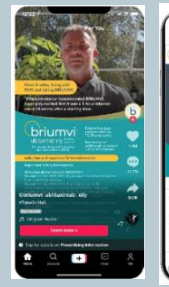
Expanded Reach & Increased Investment in HCP Education and Differentiation

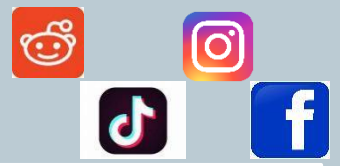
Year 3

Broad Media to Increase Patient Engagement









BRIUMVI U.S. Strong Uptake Continues[1]

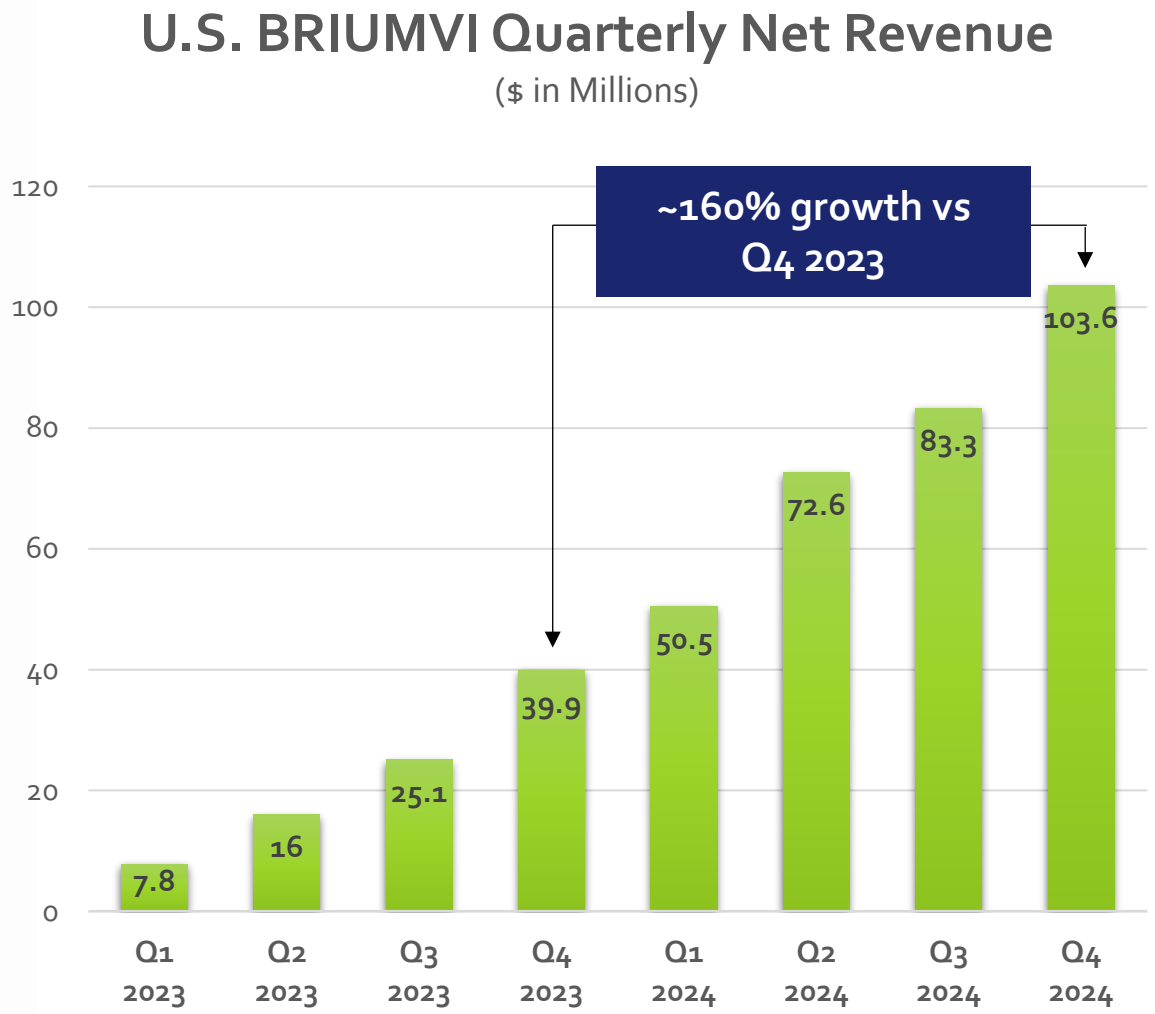
$103.6M
U.S. Net Sales
Q4 2024

$310M
U.S. Net Sales
FY 2024

$399M
Cumulative Net Sales
LTD

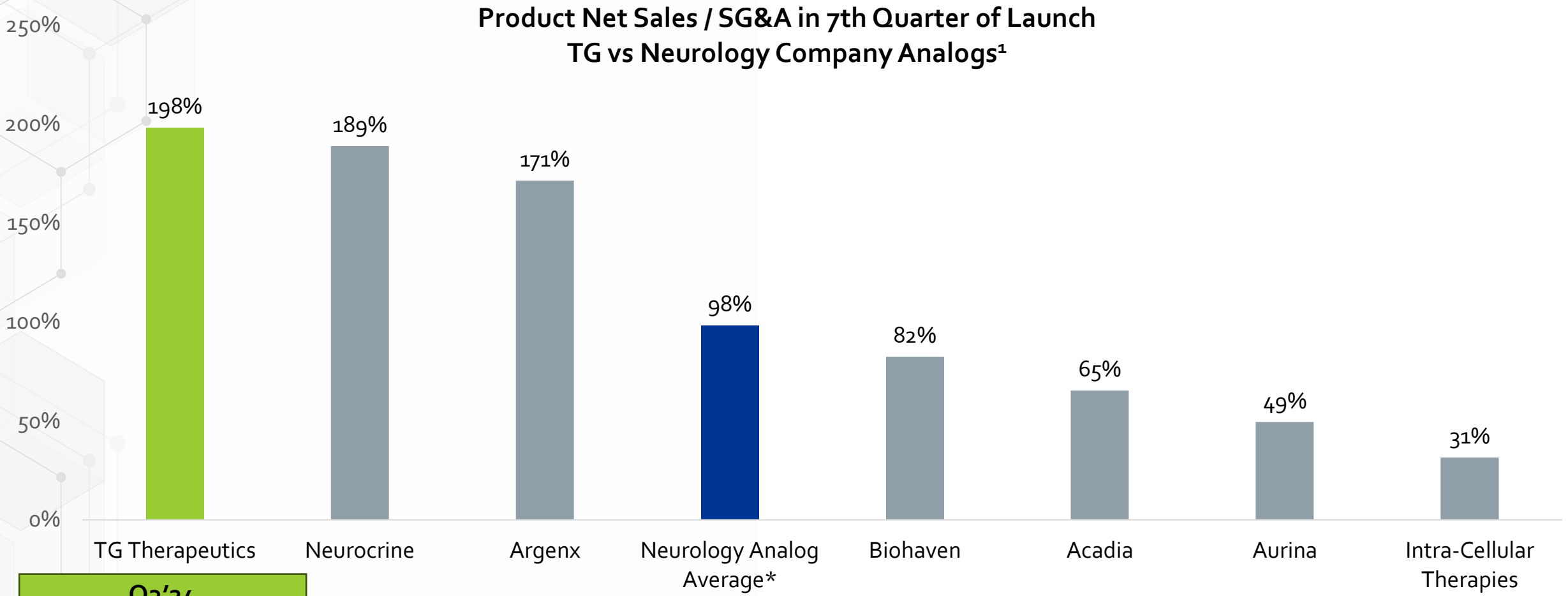
Jan 2024 FY consensus $250 million[2]

BRIUMVI significantly exceeded expectations since launch



[1]*Q4 2024 and FY 2024 figures included are preliminary, unaudited, subject to adjustment, and provided as an approximation in advance of the Company's announcement of complete financial results*
[2]*Consensus number for 2024 was obtained from FactSet on 1/5/2024 and include ex-US royalties and milestones;*
Q4: Fourth Quarter; FY: Full Year; LTD: Launch to date

Exceeding Revenue Expectations with Operational Efficiency



Q3'24
$83.3M Net Sales /
$42.0M SG&A

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[1]Neurology analogs shown include companies with a single product for 7th quarter of launch analysis. Earliest approval was Nuplazid (Acadia) in Apr'16

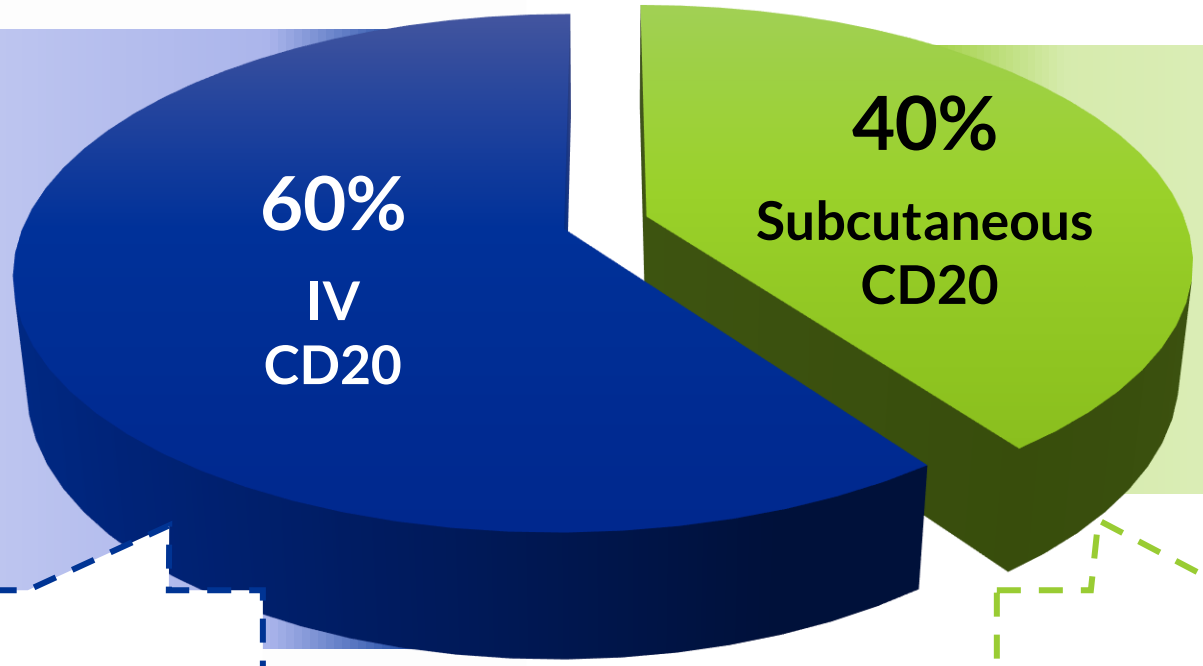
**Average of neurology analog Net Sales / SG&A ratio %'s; Sources: Neurology analog company quarterly earnings*

Our Goal is to be the #1 prescribed CD20 in RMS based on Dynamic Market Share

Significant Opportunity to Grow the BRIUMVI Franchise Across Both Distinct anti-CD20 Markets

CD20 U.S. Dynamic Market Share[1]

Continue to drive market share gains for IV BRIUMVI



Develop potentially best-in-class patient administered SubQ BRIUMVI

BRIUMVI
OCRELIZUMAB

OFATUMUMAB

[1]*Komodo Claims Q1-Q3 2024; SubQ: Subuctaneous*

Continue to Drive Market Share Gains with IV BRIUMVI

1. Execute Stage 3 of Launch Plan
2. Enhance the patient experience on IV BRIUMVI

Current Regimen

95% **of all BRIUMVI 1-hour infusions** were completed in 1 hour without interruption in clinical trials[a]

[a] *+/- 5 minutes, data obtained from ULTIMATE trials*

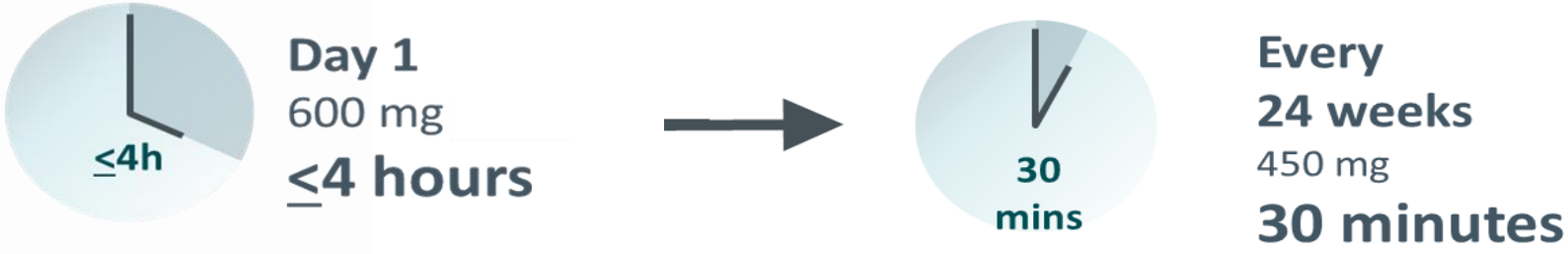
Continue to Drive Market Share Gains with IV BRIUMVI

1. **Execute Stage 3 of Launch Plan**

2. **Enhance the patient experience on IV BRIUMVI**

LAUNCH PIVOTAL TRIAL
GOAL- Combining the current day 1 and day 15 IV doses of BRIUMVI into one 600mg day 1 dose

LAUNCH PIVOTAL TRIAL
GOAL – Reducing the infusion time for all maintenance IV BRIUMVI infusions to 30 min



Develop Patient-Administered Subcutaneous BRIUMVI

Sub Q Target Profile

Key Attributes:

Mode of Delivery:	SubQ Auto-Injector
Site of Delivery:	At home
HCP Required:	No
Frequency:	At least every other month

Sub Q Update

- Preliminary bioavailability studies providing support for at least every other month dosing
- Targeting pivotal trial to commence mid-year 2025

Beyond BRIUMVI in RMS

BRIUMVI Indications Outside MS

- First indication for exploration Myasthenia gravis (MG)
- First MG patient enrolled
- Other indications under evaluation

Azer-cel in MS & Beyond

- Allogeneic, "off-the-shelf" CD19 CAR-T partnered with Precision Bio
- IND-cleared
- First indication Progressive MS

Allocate Capital to Generate Returns

- Explore new pipeline opportunities
- Continue to repurchase shares
- Evaluate other Invest opportunities

Key Development Goals and Objectives for 2025

Commence pivotal program for SubQ BRIUMVI

Commence pivotal IV BRIUMVI trials to:
1) combine the current Day 1 & 15 dose and
2) develop 30 minute maintenance infusions

Enroll BRIUMVI trial in Autoimmune disease (outside MS)

Enroll into Azer-cel trial in Autoimmune disease (starting with Primary Progressive MS)

Financial Guidance[1] for 2025

~$540M	FY 2025 Total Global Revenue
~$525M	FY 2025 BRIUMVI U.S. Net Revenue
~$300M	FY 2025 Operating Expense Target *(excluding non-cash compensation)*
~$310M	Cash Estimate (beginning 2025)

[1]*All figures presented on this slide are estimates, unaudited, subject to adjustment , and provided as an approximation in advance of the Company's announcement of complete financial results FY: Full Year*

TG Therapeutics

NASDAQ: TGTX