Autolus

AUCATZYL®
(*obecabtagene autoleucel*)

FDA Approval Conference Call

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AUCATZYL® now FDA approved

- ✓ **AUCATZYL indicated for the treatment of adults with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (B-ALL)**
- ✓ **First chimeric antigen receptor T-cell (CAR T) therapy approved by the FDA with no requirement for a REMS program (Risk Evaluation Mitigation Strategy)**
- ✓ **Novel and differentiated mechanism of action: first and currently only approved CD19 CAR T with a fast off-rate**
- ✓ **First and currently only approved CAR T therapy with customized, tumor-burden guided dosing**

Please see full prescribing information Prescribing information

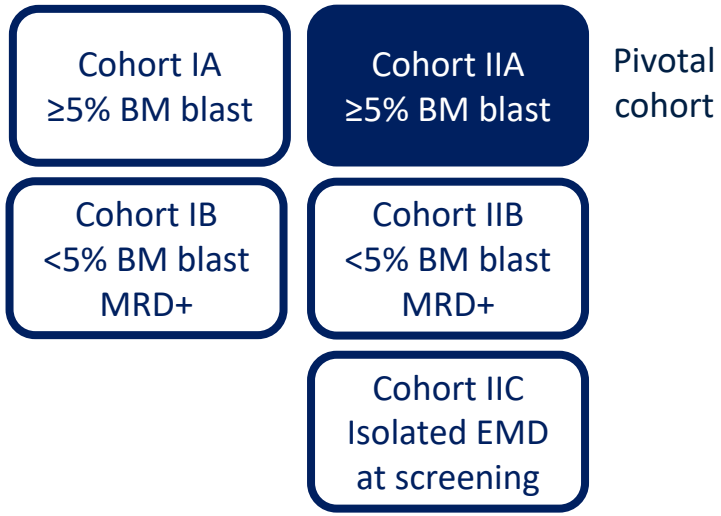
Important Safety Information

- The safety of AUCATZYL includes a boxed warning for CRS, neurologic toxicities, and secondary hematological malignancies. ICANS, including fatal or life-threatening reactions, occurred in patients receiving AUCATZYL. T-cell malignancies have occurred following treatment of hematologic malignancies with BCMA- and CD19-directed genetically modified autologous T-cell immunotherapies.
- In the FELIX trial, severe, including life-threatening and fatal infections occurred in patients after AUCATZYL infusion. The non-COVID-19 infections of all grades occurred in 67% (67/100) of patients. Grade 3 or higher non-COVID-19 infections occurred in 41% (41/100) of patients.
- Please see full Prescribing Information, including **BOXED WARNING** and Medication Guide.

AUCATZYL was approved based on results from the FELIX trial

FELIX 19

FELIX Phase 1b/2



Patients (N)	Ph1b/2 pooled[1]	Ph2 pivotal IIA cohort[2]
Enrolled	153	112
Infused	127	94

Background

- Open-label, multicenter, multinational, single-arm Phase 1b/2 trial in adult patients with R/R B-ALL[1-2]
- Largest CAR T cell therapy trial in R/R B-ALL to date (N=153 enrolled)
- Conducted during COVID-19 pandemic with highly immune compromised patients

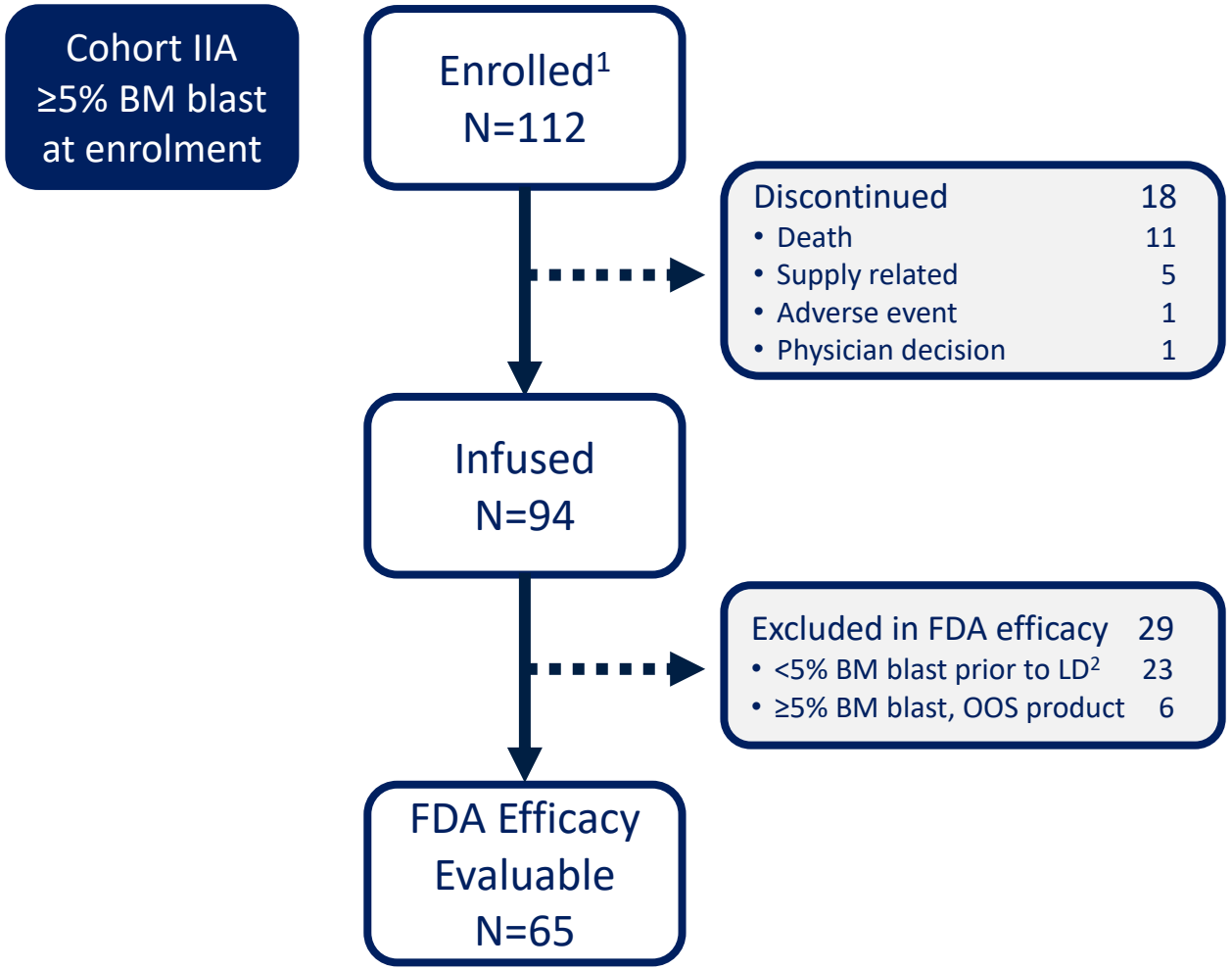
Summary of Trial Experience

- High ORR, encouraging EFS/OS and favorable tolerability with low levels of high-grade cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS)
- Timely and reliable clinical product supply and logistics
- Across all Phase 1b/2 cohorts, 40% of responders in ongoing remission without subsequent stem cell transplant/other therapy[1]
- Survival outcomes suggesting potential of long-term plateau[1]

[1] FELIX Ph1b/2 pooled data presented at ASH 2023 (data cut off Sept. 13, 2023; median follow up 16.6 months) and ASCO & EHA 2024 (data cut off Feb. 7, 2024; median follow up 21.5 months)
[2] FELIX Ph2 pivotal data (morphological cohort IIA) presented at ASCO 2023 (data cut off Mar. 16, 2023; median follow up 9.5 months)

FELIX trial was conducted during pandemic, in real-world setting

FDA efficacy excludes 23 patients with <5% bone marrow blasts prior to lymphodepletion as a result of bridging therapy



Bridging therapy prior to lymphodepletion (LD)

- FELIX permitted standard of care bridging therapy, including high dose chemotherapy, inotuzumab and TKIs; blinatumomab not used for bridging
- Intense bridging therapy can reduce bone marrow blast prior to LD and dosing below 5% and prolong bone marrow recovery time
- Patients had highly advanced disease:
  - Disease progression resulting in death drove >60% of dropout before CAR T dosing
  - Median age 51 years
- 84% of enrolled patients were infused

FDA efficacy evaluation

- 69% of infused patients had more than 5% BM blast at LD and were evaluated for efficacy
- 24% of infused patients were below 5% BM blast at LD and were not evaluated for efficacy
- Remaining patients were out-of-specification (OOS) and not evaluated

[1] FELIX Ph2 pivotal data (morphological cohort IIA) presented at ASCO 2023
[2] 1 of the 23 patients also had OOS/non-conforming product

FDA evaluable patients/analysis

FDA efficacy-evaluable patients	n = 65
OCR (CR+CRi)[#]	63%
CR within 3 months	42%
CR "At Anytime"	51%
CRi "At Anytime"	12%
DoR[#] of OCR (mos)	14.1
FDA safety-evaluable patients	**n = 100**
CRS ≥3	3%
ICANS ≥3	7%
Neurotox* ≥3	12%

* Not reported at time of event/analysis

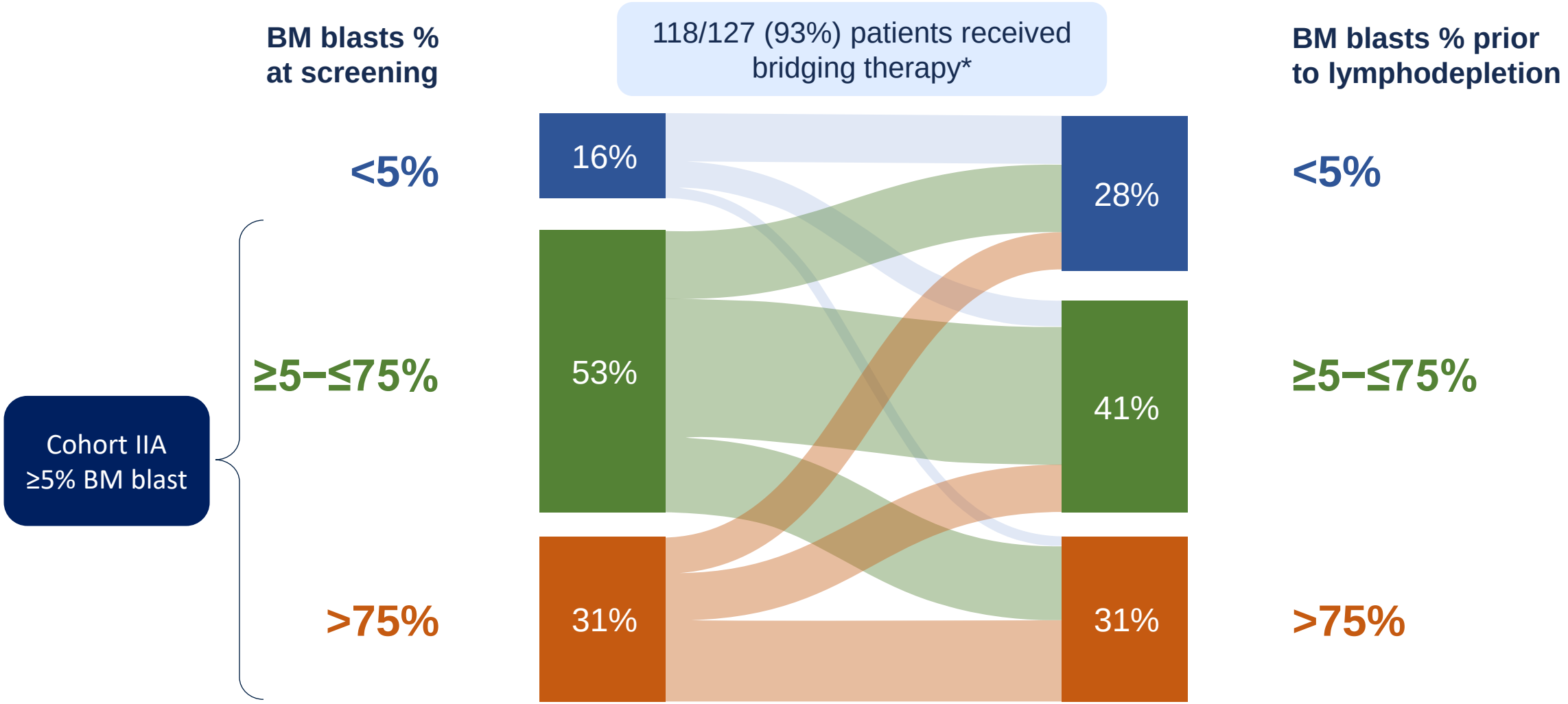
From 94 patients infused, 65 were analyzed for efficacy:

- 23[1] patients were removed for less than 5% bone marrow blasts prior to lymphodepletion (LD)
- 6 patients with more than 5% bone marrow blasts were removed with out-of-specification (OSS) products

[#]OCR (CR+Cri) = overall complete remission includes complete remission (CR) and complete remission with incomplete hematologic recovery (CRi)
[#]DoR = duration of response
[1] 1 of the 23 patients also had OOS/non-conforming product

Illustrative purposes - ASH 2023 FELIX Phase 1b/2 pooled data

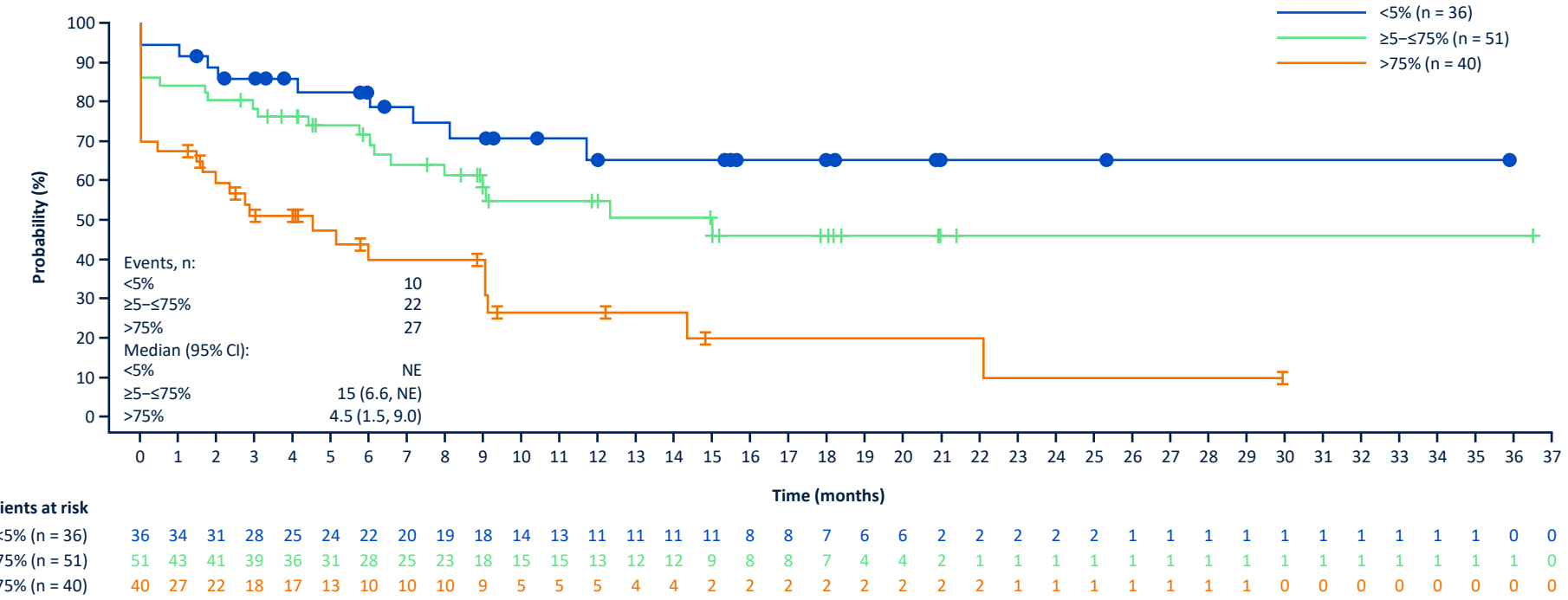
Leukemic burden at screening is not predictive of leukemic burden prior to lymphodepletion



*Bridging therapy per physician's choice, including inotuzumab ozogamicin; BM, bone marrow; Roddie et al., ASH 2023

Illustrative purposes - ASH 2023 FELIX Phase 1b/2 pooled data

Lower leukemic burden prior to lymphodepletion* is associated with better outcomes



Patients with <5% BM blast prior to LD had most favorable EFS outcomes

BM blasts % prior to lymphodepletion	<5% (n = 36)	≥5–≤75% (n = 51)	>75% (n = 40)
Median EFS (95% CI), months	**NE**	**15.0** (6.6, NE)	**4.5** (1.5, 9.0)
6-month EFS (95% CI), %	**83** (65, 92)	**72** (57, 82)	**40** (23, 56)
12-month EFS (95% CI), %	**65** (44, 80)	**55** (38, 69)	**27** (12, 44)

*Censoring new non-protocol anti-cancer therapies including SCT with disease assessment by IRRC (data cut-off date: September 13, 2023); BM, bone marrow; CI, confidence interval; EFS, event-free survival; IRRC, Independent Response Review Committee; NE, not evaluable; SCT, stem cell transplant; Roddie et al., ASH 2023

Pillars to drive launch success

Prioritizing activation of centers Post-approval

30 key centers primed for activation
covering ~ 60% of r/r B-ALL target population
with **~30** additional centers to follow by end 2025

Robust and reliable supply

The Nucleus: Autolus' state-of-the-art, dedicated purpose-built facility

Target vein-to-release time
of **~16 days**

Team dedicated to successful commercial efforts

Experienced team with multiple CAR T launches

Strong **scientific communication** and **physician engagement** within medical affairs

Dedicated single point-of-contact for every center

Pricing strategy focused on delivering value to customers and achieving broad coverage

$525,000
WAC[1]

Pricing reflects clinical evidence, differentiated safety profile, economic value

[1]Wholesale acquisition cost, or WAC, before any discounts, rebates or other price concessions

Dedicated-point of contact and comprehensive set of services for treatment centers, patients and caregivers

Autolus Assist™

AutolusAssist™ Services

Treatment Centers, Patients & Caregivers

- Dedicated AutolusAssist case manager
- Scheduling and cell journey logistics
- Medical information
- Product reporting

Personalized patient support services

- Disease education
- Transportation, lodging & meal support*
- Copay & Insurance support*
- Patient Assistance program*

*For eligible patients; not an exhaustive list of services. Eligibility may vary. More information can be found at www.autolusassist.com

Origins of obe-cel/AUCATZYL®

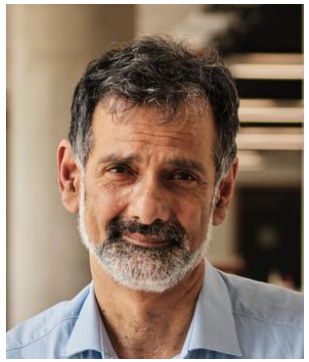
Close collaboration with University College London (UCL) and Great Ormond Street Hospital (GOSH) in London, UK

Sara Ghorashian
GOSH

Claire Roddie
UCL

Martin Pule
Autolus/UCL

Leila Mekkaoui
Anne Kramer
Gordon Cheung
Autolus/UCL



Persis Amrolia
GOSH

Karl Peggs
UCL

THANK YOU

We are truly grateful for all those who have helped us bring AUCATZYL to patients and supported our mission of developing life changing therapies for cancer and autoimmune disease

Autolus

Q&A

Dr. Christian Itin, Chief Executive Officer

Chris Vann, Chief Operating Officer

Rob Dolski, Chief Financial Officer