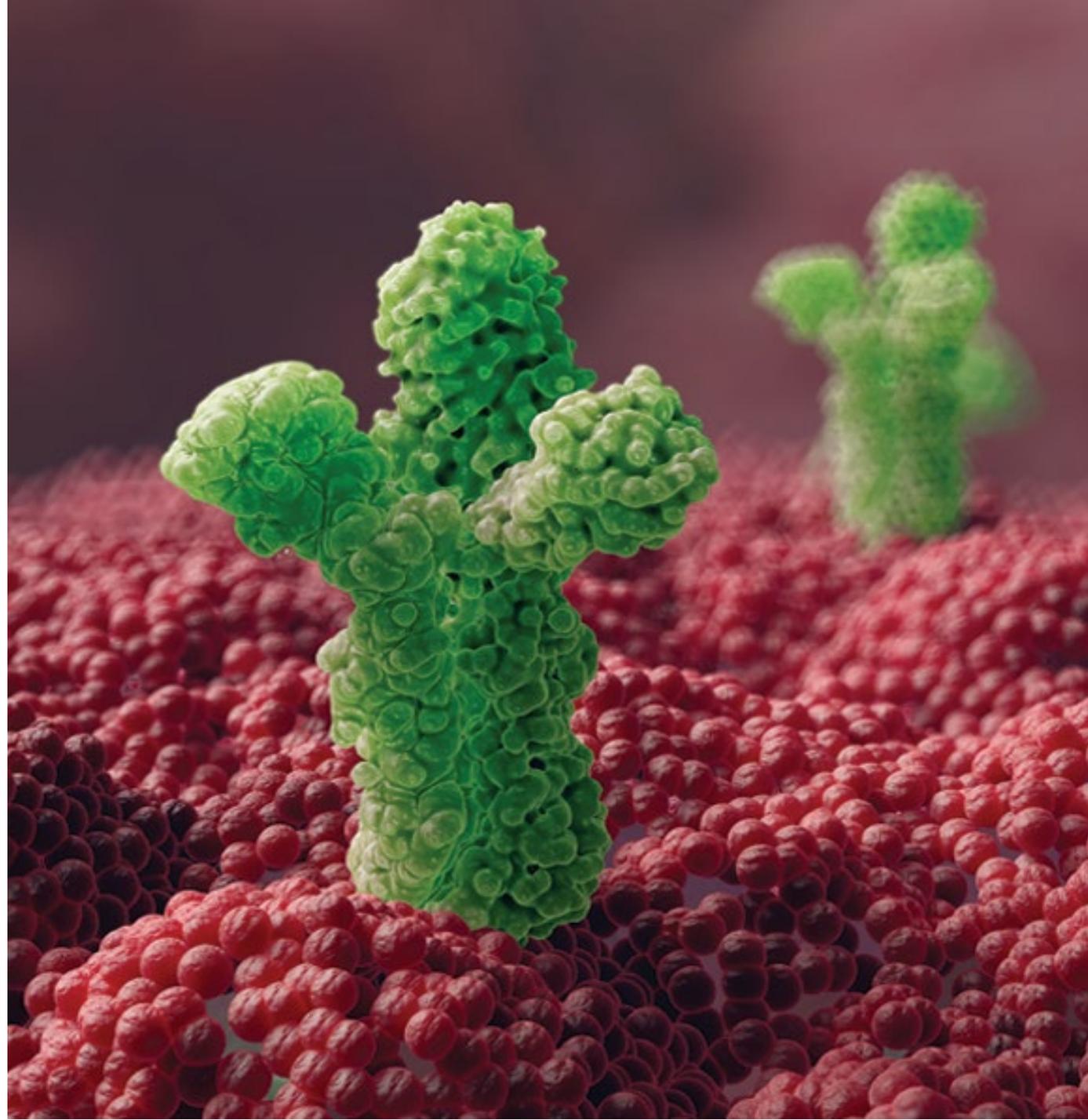




CORPORATE OVERVIEW

NASDAQ: CTOR

OCTOBER 2025



FORWARD LOOKING LANGUAGE

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As a matter of course, we do not make public projections as to our expected sales or profitability due to, among other reasons, the inherent uncertainty of the underlying assumptions and estimates. Similarly, as a matter of course, we do not comment on ongoing or potential partnership discussions, the expected timing of future financial raises or potential long-term strategic plans.

Biopharmaceutical company focused on developing and commercializing innovative targeted oncology therapies

- Lead product, LYMPHIR™, FDA approved August 2024
 - Orphan Indication: treatment of adult patients with relapsed or refractory Stage I-III cutaneous T-cell lymphoma (CTCL) after at least one prior systemic therapy
 - 12-year BLA exclusivity
 - First new systemic CTCL therapy since 2018
- Commercialization planned for Q4 2025
- Estimated \$400M+ addressable U.S. market with growth opportunities¹
- Publicly traded on NASDAQ since August 2024 (Ticker: CTOR)
 - Majority-owned (~79%) subsidiary of Citius Pharmaceuticals, Inc. (NASDAQ: CTXR)
 - Shared management services agreement with CTXR

1. Internal estimates based on IQVIA market research.

Commercial launch readiness nearing completion through disciplined financial strategy



Citius has invested ~\$90 million in LYMPHIR to date

- \$40M Upfront purchase
- \$43+M Development and precommercial efforts
- \$5M Spinout to form Citius Oncology



Significant pre-commercial activities have been completed

- Manufactured inventory for launch (12-18 month supply; 5-year shelf life)
- Negotiated supply chain and CSO agreements
- Secured new permanent J-code (HCPCS Level II code – J9161) and inclusion of LYMPHIR in NCCN guidelines
- Developed targeted machine learning trigger system for salesforce to identify potential patients
- Initiated marketing strategy to raise brand awareness
- Hired key sales force management team



Additional pre-commercial activities underway

- Hire and onboard salesforce to initiate sales
- Ship product to wholesalers
- Implement digital media plan and ad campaign
- Launch Patient Services Hub
- Named Patient Program expansion to ex-US markets

Shared management services agreement with Citius Pharmaceuticals mitigates execution risk, maximizes capital efficiency and leverages industry expertise



LEONARD MAZUR
CHAIRMAN & CEO



JAIME BARTUSHAK
EVP, CFO & CBO



MYRON HOLUBIAK
EXECUTIVE VICE CHAIRMAN



DR. MYRON CZUCZMAN
EVP, CHIEF MEDICAL OFFICER



MICHAEL MCGUIRE
VP, COMMERCIAL



OMAR LANSARI
DIR, MARKETING



Considered to be incurable, CTCL is a Subgroup of Non-Hodgkin Lymphomas (NHL) that can be Indolent or Aggressive and is Driven by Malignant T Cells



CTCL is a general term for T-cell lymphoma that involves the skin, but may also involve the blood, lymph nodes, and internal organs

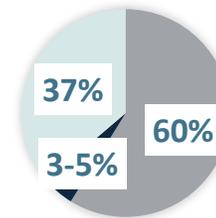


CTCL accounts for approximately 4% of all non-Hodgkin lymphoma (NHL)¹



More prevalent in men than women and usually appears in patients in their 50s and 60s

CTCL Prevalence by Subtype²



- Mycosis Fungoides
- Sezary Syndrome
- Other CTCL

Patients with persistent or recurrent CTCL require systemic therapy

1. Dummer R, et al. *Nat Rev Dis Primers*. 2021;7(1):61. 2. Rangoonwala, HI and Cascella M. 2022, StatPearls Publishing: Treasure Island, FL. 3. Cleveland Clinic. *Cutaneous T-Cell Lymphoma*. 2023. Available from: <https://my.clevelandclinic.org/health/diseases/17940-cutaneous-t-cell-lymphoma> 4. Hristov AC, et al. *Am J Hematol*. 2019;94(9):1027-1041.

CTCL PATIENTS HAVE A HIGH DISEASE BURDEN

T1



T2

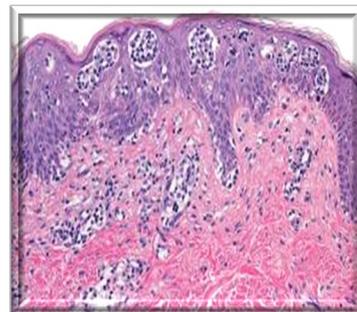


Skin Stage	Description	10-Yr Relative Survival, %
T1	Patches, papules, or plaques covering < 10% of the skin surface	100
T2	Patches, papules, or plaques covering ≥ 10% of the skin surface	67.4
T3	Tumors (≥ 1)	39.2
T4	Generalized erythroderma	41.0

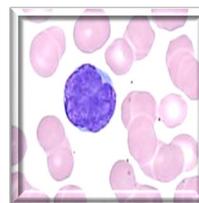
T3



T4



Sézary cell



Zackheim. J Am Acad Dermatol. 1999;40:418.

Slide credit: clinicaloptions.com

LYMPHIR targets the IL-2 receptor, working both as a targeted therapy against malignant T-cells AND as an immunotherapy against Tregs

Malignant T-cells and Tregs share a common marker: the IL-2 receptor



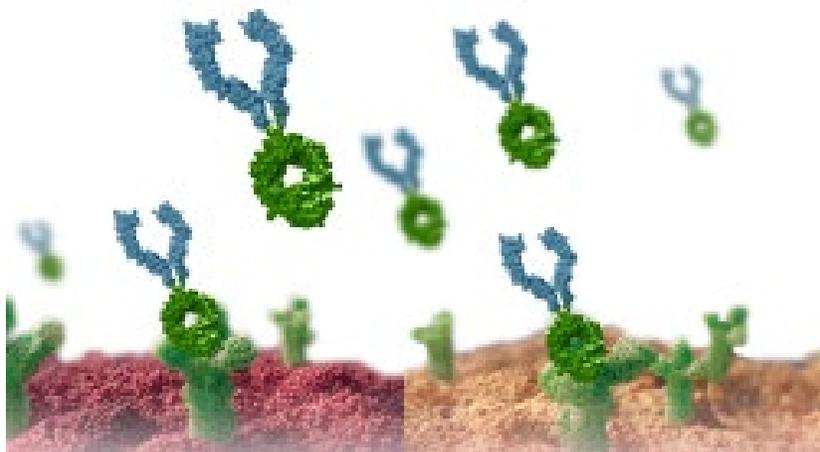
IL-2 receptor offers a unique treatment opportunity in CTCL

Targets Malignant Cells

Binds to IL-2 receptors to deliver diphtheria toxin, killing tumor cells directly

Eliminates Immunosuppressive Tregs

Reduces number of Treg cells, subsequently enhancing anti-tumor immunity



LYMPHIR addresses CTCL's heavy Quality of Life burden

OBJECTIVE RESPONSE RATE¹

36%

9% achieved complete response
27% achieved partial response

RAPID RESPONSE TIME

1.4 months

Median number of months to achieve an objective response (complete or partial response)

REDUCED SKIN BURDEN

84.4%



Reduction in skin tumor burden among evaluable patients
48.8% of patients with $\geq 50\%$ reduction in skin tumor burden²

DURABLE RESPONSE

6.5 months

Median months of disease control among patients who responded to E7777³

1. Objective Response is Complete Response and Partial Response according to the ISCL/EORTC Global Response Score.

2. In the Primary Efficacy Analysis set, 84.4% (54/64) of skin evaluable subjects had a decrease in skin tumor burden, with 48.4% subjects with $\geq 50\%$ reduction in skin tumor burden. Complete clearing of skin disease (skin CR) was observed in 12.5% (8/64) subjects.

3. The duration of response (DOR) was at least 6 months for 52% of responders and at least 12 months for 20% of responders (25/69 patients).

Overall, LYMPHIR was well-tolerated with the use of pre-medications, close patient monitoring, and prompt initiation of supportive measures and drug management

- No evidence of cumulative toxicity
- Most patients experienced grade 1/2 treatment emergent adverse events (TEAEs)

CAPILLARY LEAK SYNDROME	6%	Grade \geq3
INFUSION REACTION	6%	Grade \geq3
VISUAL IMPAIRMENT	0%	Grade \geq3 loss in visual acuity

OPPORTUNITIES FOR GROWTH BEYOND CTCL

- University of Pittsburgh: an investigator-initiated trial is underway to evaluate LYMPHIR for potential use as an immunoncology therapy in combination with KEYTRUDA® in patients with recurrent or metastatic solid tumors (NCT05200559)
 - Encouraging preliminary results of interim analysis:
 - 15 evaluable patients showed 27% ORR; 33% Clinical Benefit Rate; median Progression Free Survival of 57 weeks (for patients that achieved a clinical benefit)
 - The data supports further evaluation of this combination across a broader range of solid tumor types
 - Phase 1 Preliminary study data (n=25) anticipated Q4 2025/Q1 2026
- University of Minnesota: LYMPHIR in combination with CAR T therapies (NCT04855253)
 - Phase 1 study to evaluate the potential benefit of LYMPHIR given prior to CAR T therapy in patients with high risk relapsed/refractory B-cell lymphomas
 - Preliminary study results anticipated Q1 2026
- Logical label expansion potential in PTCL where there is a high unmet need and no curative therapies

Program	Investigational Indication	Preclinical	Phase I	Phase II	Phase III
UNIVERSITY OF PITTSBURGH MEDICAL CENTER, HILLMAN CANCER CENTER	COMBINATION WITH PD-1 INHIBITOR (KEYTRUDA®) ¹				Prelim Interim data published
UNIVERSITY OF MINNESOTA, MASONIC CANCER CENTER	COMBINATION WITH CAR-T (KYMRIAH) ¹				
LYMPHIR-P	PERIPHERAL T-CELL LYMPHOMA				

Clinical profile and market dynamics supports market entry

- **Differentiated MOA** targeting the IL-2 receptor reinforces rationale for inclusion among the current core therapeutic options in the U.S. market
- CTCL treatments are **non-curative**, often have a limited duration of response and/or are discontinued early
- Patients are put on multiple alternate therapies and **cycle to 2nd line treatments within 5 months**, on average
- Key growth drivers expected to **increase overall market size** and facilitate market penetration
 - Evolving treatment paradigm; incremental therapeutic option for pre-treated patients
 - Historically, market growth has followed introduction of new therapeutics
 - Competitively priced
 - No new therapy approved since 2018

Today's CTCL treatments are non-curative LYMPHIR excels where current therapies are limited

Limitations



- Requires CD30+ biomarker
- Peripheral neuropathy may limit use



- Most effective in SS subsegment of CTCL (<5%)
- Acts on blood disease rather than skin disease
- ORR 21% in MF



- Use limited by cumulative bone marrow toxicity
- Quality of life issues



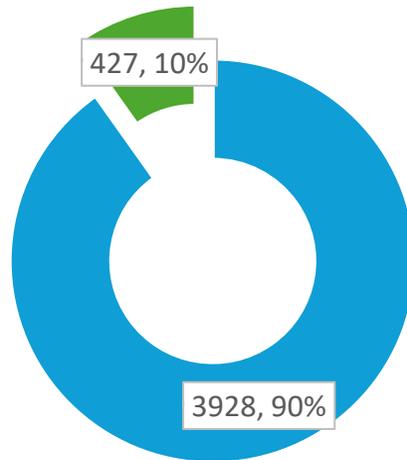
- No biomarker needed
- Broad label
- No cumulative toxicity

- Skin relief
- Rapid response
- No cumulative toxicity

- No cumulative toxicity
- Refined patient profile

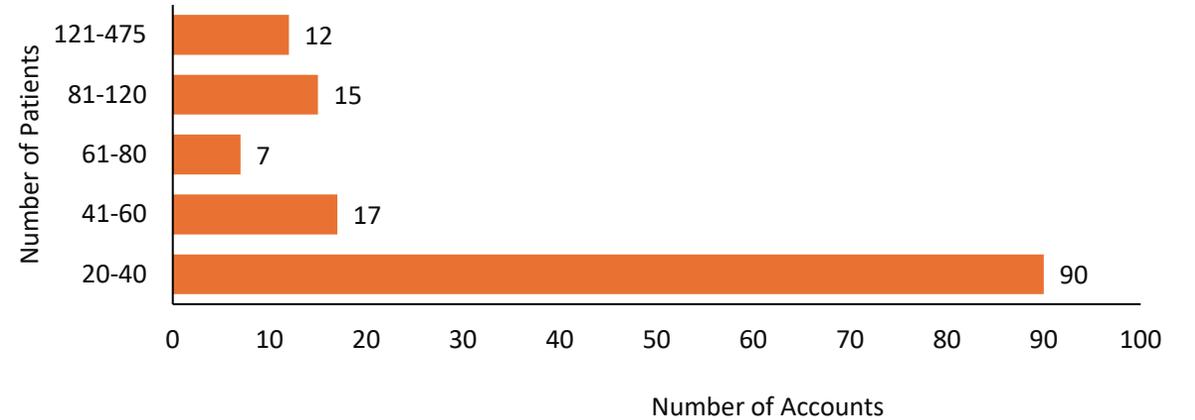
10% of Providers (Physicians) Treat ≥3 Patients

- Providers treating at least 1 patient
- Providers treating at least 3 patients



141 Accounts Diagnose ≥20 Patients

Accounts by Number of Diagnosed Patients

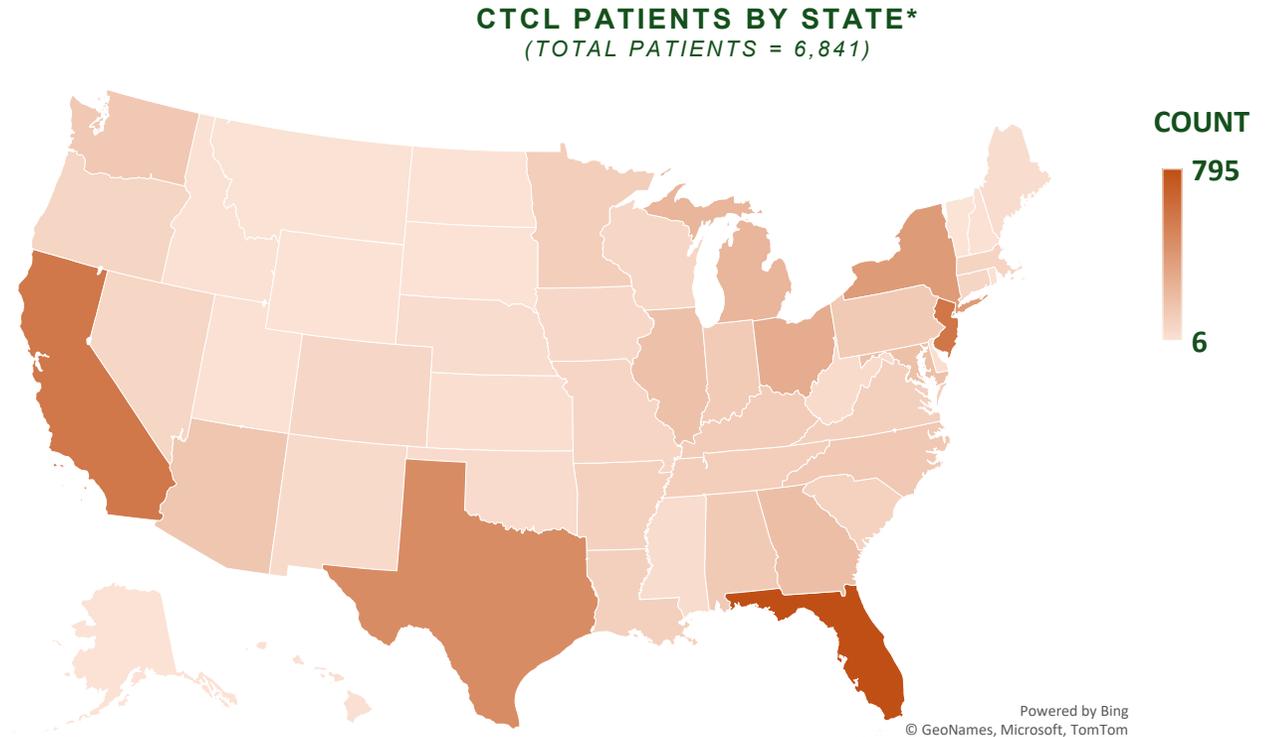


Source: IQVIA Medical (Dx) & Pharmacy (Rx) Claims Data
 IQVIA Citius CTCL HCP Targeting Report – September 2022
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Patients may be double counted if treated by multiple providers.
 Accounts include institutions with multiple prescribing physicians or centers of care.

60% of CTCL patients are concentrated in 10 states

- Concentration of providers and accounts allows for a focused field force approach (~25 reps)
- AI-driven trigger system will direct the field force to optimize opportunities with providers and patients



* Source: IQVIA Medical (Dx) & Pharmacy (Rx) Claims Data IQVIA Citius CTCL HCP Targeting Report – September 2022. Cumulative Data 2017-2021. Patient State based on patient ZIP 3. US Territories removed from visualization.

Patient-Centric Distribution Strategy aims to promote timely product availability for eligible CTCL patients across all care settings, reinforcing Citius' commitment to access

- Nationwide U.S. distribution network established
 - All major distribution agreements operational
 - Citius Oncology has executed agreements with Cencora, Cardinal Health, and McKesson to support U.S. distribution of LYMPHIR
 - These partnerships ensure nationwide coverage across academic centers and community clinics
 - Commercial-ready inventory with a 60-month shelf life is in place to meet projected demand 12–18 months post-launch
- Ex-U.S. strategy to leverage country-specific Named Patient Programs
 - Exclusive distribution agreement with Integris Pharma S.A. (Oct 2025)
 - Establishes coverage for 12 markets: Greece, Cyprus, Malta, Bulgaria, Romania, Croatia, Serbia, Albania, Bosnia Herzegovina, Kosovo, Montenegro and North Macedonia
 - Citius Pharma is in active discussions with multiple additional prospective distribution partners across several European Union member states, in South America, and in select Middle Eastern territories

Solid foundation supporting potential market share ramp in Year 1 with targeted salesforce



Patients

- We plan to target the cohort of U.S. patients with relapsed or refractory CTCL that receive intravenous systemic therapeutics
- Overall U.S. prevalence is estimated to be approximately 3,000¹



Providers

- Concentrated HCP universe with most prescribers located in major metropolitan centers/major cancer centers
- 427 physicians (10% of providers) treat 3 or more patients



Payers

- Reimbursement expected to be in line with other targeted therapies
- Added to NCCN guidelines
- Unique J-code awarded

12 years of BLA exclusivity

**Complex Proprietary Manufacturing
Process**

trade secret

2 Patents Pending

**LYMPHIR use as combination therapy
with check point inhibitors**

**Orphan Drug Exclusivity
(7 years)**

**ODD designation granted for CTCL
and PTCL
(CTCL exclusivity determined upon
BLA review)**

LYMPHIR is poised for successful launch with potential upside opportunities beyond CTCL

- LYMPHIR is an approved therapy in a rare indication with no curative therapies
- Estimated \$400M+ addressable U.S. market¹ with potential upside potential driven by expanded indications, immunology opportunities, and international markets
- Orphan indication with 12-year BLA exclusivity
- First new systemic CTCL therapy since 2018; existing therapies are non-curative
- Concentrated prescriber base: small number of oncologists generate sales volume (~10% or 427 providers treat ≥3 patients)
- Potential market share ramp can be achieved beginning year 1 with a targeted salesforce of ~25 reps
- Launch expected Q4 2025

1. Internal estimates based on IQVIA market research.