Autolus

Q4 2025 Financial Results and Business Updates

March 27, 2026

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Agenda

- Welcome and Introduction: Amanda Cray, ED, Investor Relations & External Communications
- Operational Highlights: Dr. Christian Itin, CEO
- Financial Results: Rob Dolski, CFO
- Upcoming Milestones and Conclusion: Dr. Christian Itin, CEO
- Q&A: Dr. Christian Itin and Rob Dolski

Strong first year of U.S. AUCATZYL® launch

AUCATZYL Net Product Revenue

Q4 2025: $23.3 Million

FY 2025: $74.3 Million

Strong initial launch based on:

- Treatment center activation (67 as of 12/31/25)
- Positive physician and patient experience
- Reliable manufacture and delivery of product

2026 Expectations

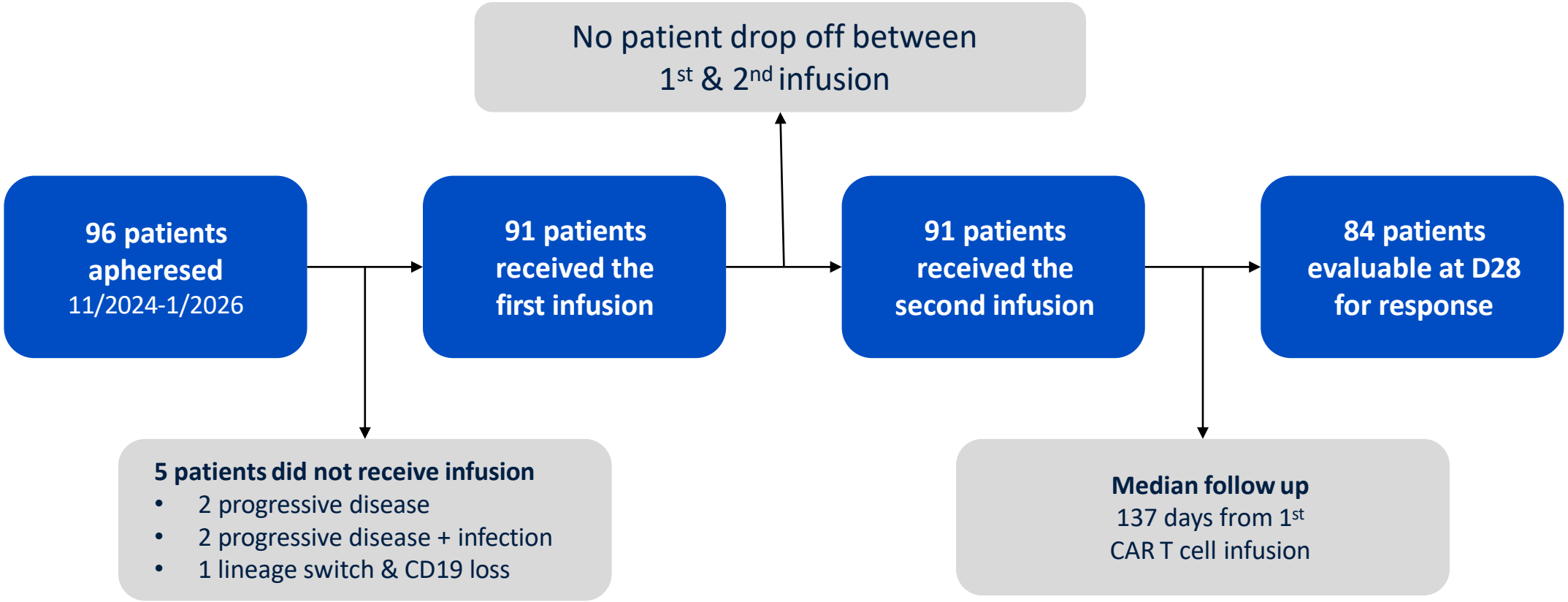
FY 2026 Net Product Revenue:
$120-$135 million

Shift to **positive gross margin in 2026** based on increasing volumes and improved manufacturing plant operation

Increase commercial footprint in the US to more than 80 treatment centers and ongoing launch in the UK

ASTCT 2026: AUCATZYL® patient characteristics in real world setting

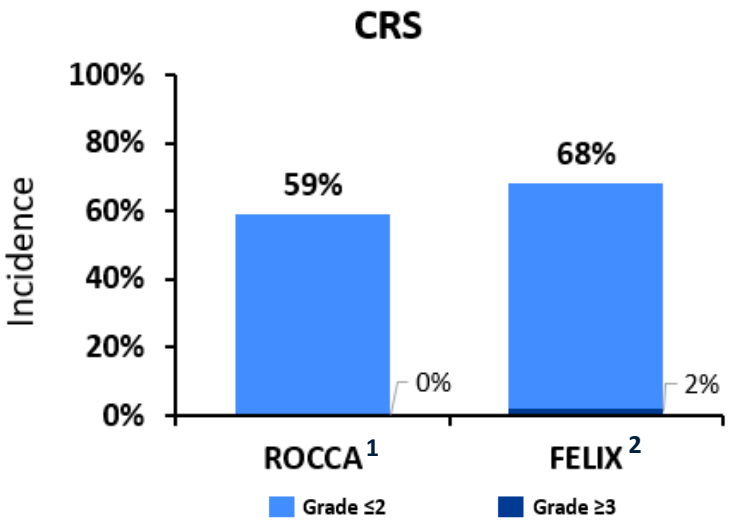
ROCCA Consortium registry covers approximately 60% of U.S. commercial patients at data cutoff of 1/5/26

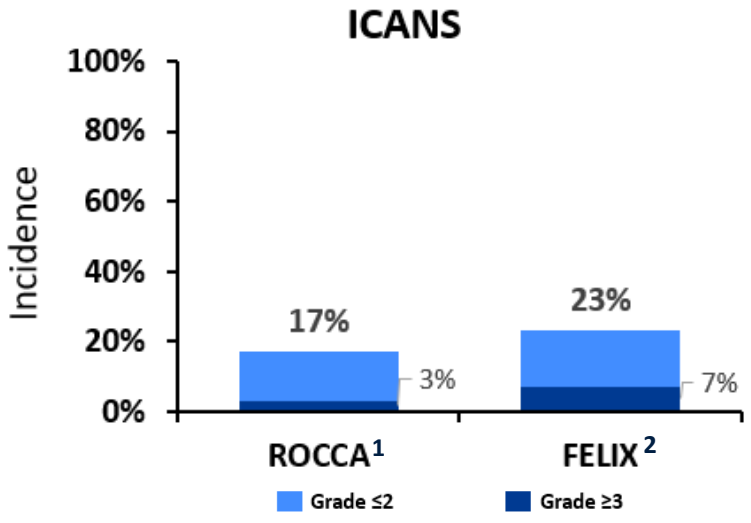


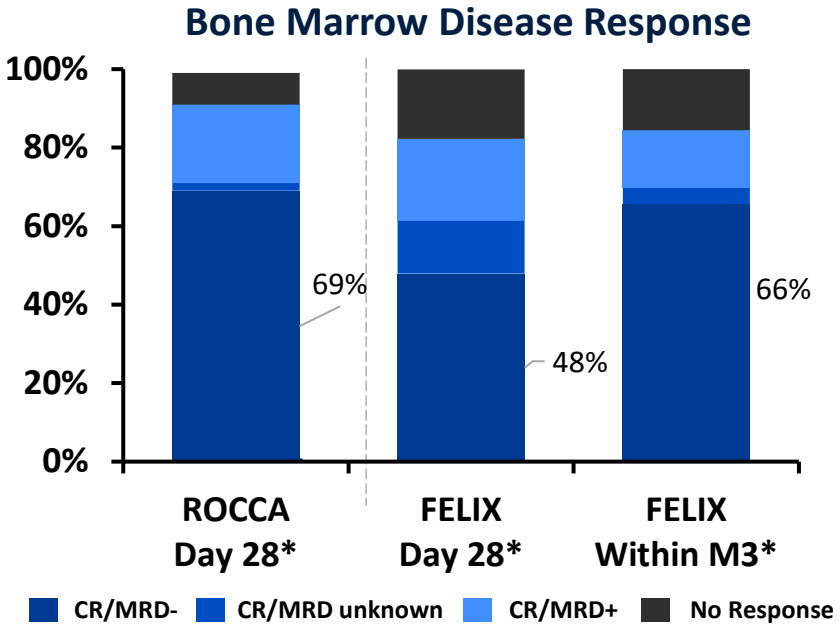
1 Valtis Y, et al. "Patient characteristics, toxicity, and response after real world administration of obecabtagene autoleucel and brexucabtagene autoleucel for R/R ALL: A ROCCA analysis"; TANDEM Transplantation & Cellular Therapy Meetings of ASTCT & CIBMTR; February 2026

ASTCT 2026: AUCATZYL® real world data consistent with FELIX pivotal trial

ROCCA Consortium registry covers approximately 60% of U.S. commercial patients at data cutoff of 1/5/26







- ✓ Patients with lower tumor burden being treated in real-world setting compared to FELIX trial[1]
- ✓ Improvements in both safety and efficacy in real-world data compared to FELIX trial[1]
- ✓ Real world data show favorable safety profile with no high-grade CRS; 3% high-grade ICANS[1]
- ✓ Disease response in FELIX trial deepened between Day 28 and Month 3[2]

1 Valtis Y, et al. "Patient characteristics, toxicity, and response after real world administration of obecabtagene autoleucel and brexucabtagene autoleucel for R/R ALL: A ROCCA analysis"; TANDEM Transplantation & Cellular Therapy Meetings of ASTCT & CIBMTR; February 2026
2 Roddie C, et al "Obecabtagene autoleucel in B-cell acute lymphoblastic leukemia" N Engl J Med 2024; DOI: 10.1056/NEJMoa2406526;
* ROCCA: MRD measured by NGS/flow per institutional standards; FELIX: MRD measured by clonoSEQ® next-generation sequencing (NGS) assessment at 10^{-6} level among all patients with NGS calibration.

Pipeline-in-a-product: expanding obe-cel's potential beyond adult B-ALL

Indication	Trial	Status
Pediatric r/r B-ALL	CATULUS Phase 1/2	Phase 2 expansion enrolling; data expected at end of 2027 Aligned with FDA on protocol design to support potential registration
Systemic Lupus (SLE)	CARLYSLE Phase 1	Initial data reported; longer-term follow up expected at end of 2026
Lupus Nephritis (LN)	LUMINA Phase 2	Phase 2 enrolling; data expected in 2028 Aligned with FDA on protocol design to support potential registration
Progressive Multiple Sclerosis	BOBCAT Phase 1	Phase 1 enrolling; initial data expected at end of 2026; full data in 2027

Supported by external opportunities:

- Investigator-sponsored trials in earlier line settings of acute lymphoblastic leukemia (ALL)
- Real world experience obe-cel data being generated by ROCCA Consortium in r/r aALL

● Oncology ● Autoimmune

Pediatric r/r B-ALL: CATULUS phase 1 safety data[1]

Safety profile of obe-cel in pediatric patients consistent with that previously reported in adults

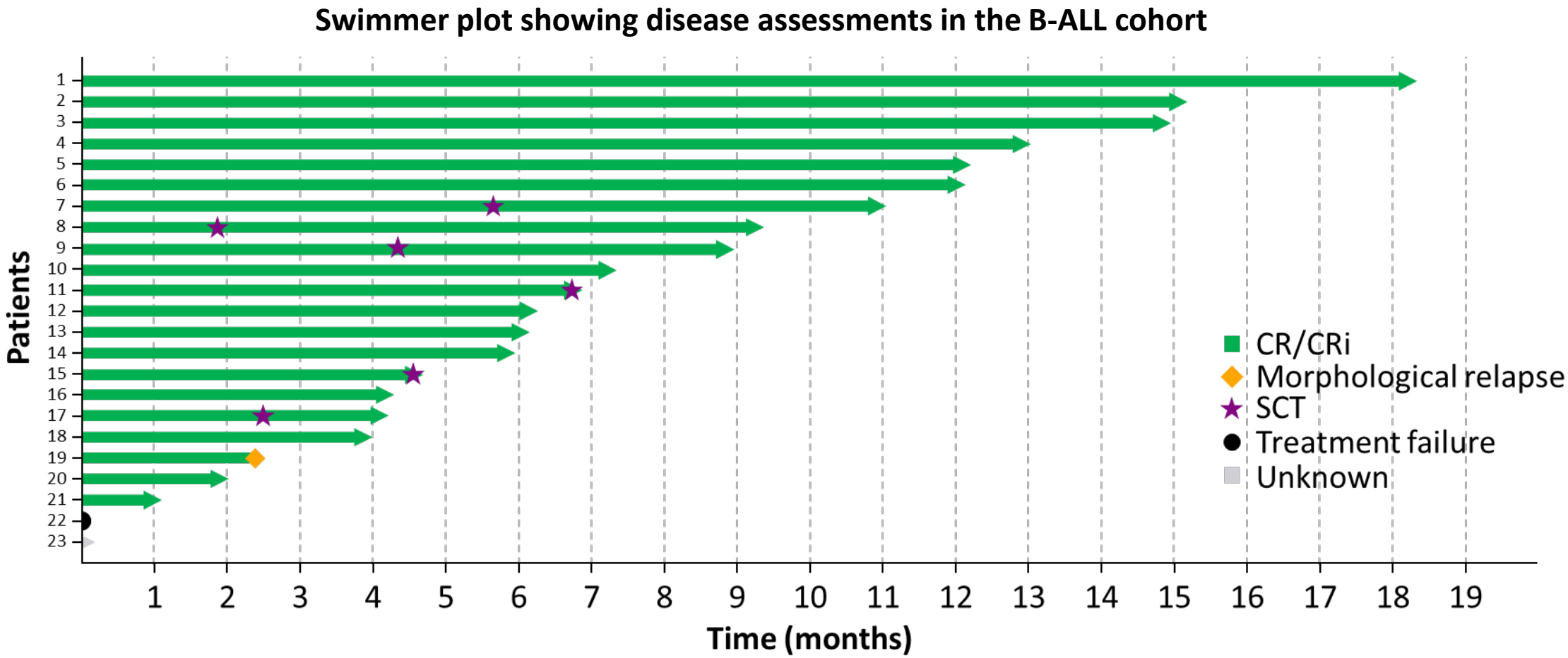
	All infused patients, B-ALL cohort (N=23)	
	Any-grade	Grade ≥3
Treatment-emergent adverse events, n (%)	23 (100)	17 (73.9)
CRS, n (%)	12 (52.2)	2* (8.7)
ICANS, n (%)	4 (17.4)	2* (8.7)
Infections, n (%)	15 (65.2)	5 (21.7)
Sepsis, n (%)	2 (8.7)	2 (8.7)
Febrile neutropenia, n (%)	7 (30.4)	6 (26.1)
Treatment-related mortality, n (%)	0	

*One patient experienced both Grade 3 CRS and Grade 3 ICANS.
B-ALL, B-cell acute lymphoblastic leukemia; CRS, cytokine release syndrome; ICANS, immune effector cell-associated neurotoxicity syndrome; IVIG, intravenous immunoglobulin

[1]Ghorashian et. al. ASH 2025 Annual Meeting (subset of presented data)

Pediatric r/r B-ALL: CATULUS Phase 1 data show promising initial response

At median follow-up of 8.8 months in pediatric r/r B-ALL patients: **ORR was 95.5%; CR was achieved in 90.9%**



Pediatric r/r B-ALL: CATULUS progressed to pivotal Phase 2

Regenerative Medicine Advanced Therapy (RMAT) designation supports development pathway

Development Rationale: High Unmet Medical Need

- Kymriah approved for refractory and 2nd relapse patients - *excluding* first line high-risk relapsed patients
- Obe-cel aims to include all patients post-frontline therapy, *including* first line high-risk relapsed patients

CATULUS Phase 2 Pivotal

- 30 patients
- International study (US, UK, SP)
- Collaboration with Children's Oncology Group (COG)
- Ages 0 - 18 and a minimum weight of 6 kg
- Single weight-based infusion of 1 million cells per kg

CATULUS trial is currently enrolling; data expected at end of 2027

srSLE: CARLYSLE study data support advancing into pivotal trial

50 million cell dose selected as recommended Phase 2 dose

Patient population:

- Patients were significantly impaired with their kidney function and had across the board some of the highest SLEDAI-2K disease scores included in current SLE studies

Efficacy: Median follow up of 11.4 months in 50 million cell dose cohort

- Achievement of DORIS in 83.3% (n=5/6) of patients
- Achievement of renal complete remission in 50% (n=3/6 pts) of patients

Safety: Obe-cel was generally well tolerated in all patients with no ICANS, no high-grade CRS

PK/Biomarkers: All patients showed deep B-cell depletion shortly after infusion, which was subsequently followed by a predominance of naïve B-cell reconstitution, suggesting an obe-cel-driven immune reset

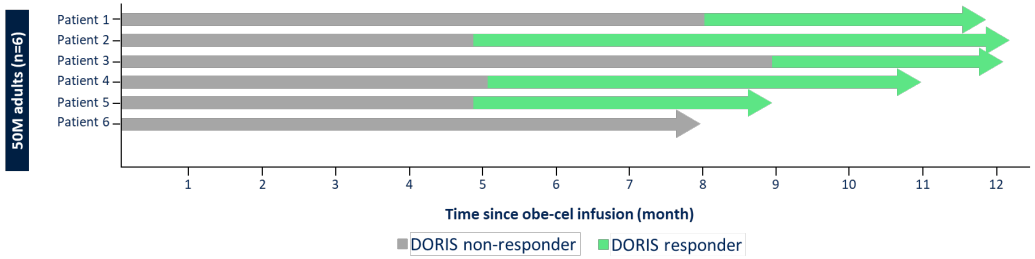
Leandro et al., American College of Rheumatology Conference 2025 Abstract #2458

srSLE: CARLYSLE Phase 1 interim data summary

	Infused adult patients, 50M (n=6)		Infused adult patients, 100M (n=3)	
	Any grade, n (%)	Grade ≥3, n (%)	Any grade, n (%)	Grade ≥3, n(%)
CRS	3 (50.0)	0	3 (100)	0
ICANS	0	0	0	0
Any treatment-emergent adverse event	6 (100)	6 (100)	3 (100)	2 (66.7)
Neutropenia	6 (100)	6 (100)	2 (66.7)	2 (66.7)
Infection	6 (100)	2 (33.3)	3 (100)	0
Hypertension*	5 (83.3)	4 (66.7)	0	0
Anemia	4 (66.7)	3 (50.0)	1 (33.3)	1 (33.3)
Febrile neutropenia	2 (33.3)	2 (33.3)	0	0
Thrombocytopenia	2 (33.3)	1 (16.7)	1 (33.3)	1 (33.3)
Liver injury	0	0	1 (33.3)	1 (33.3)

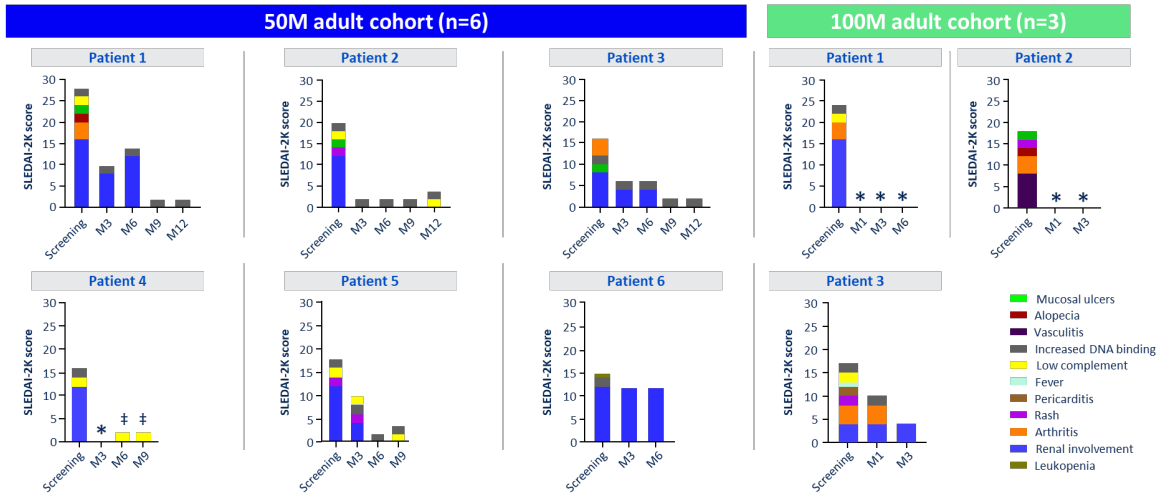
Data cut-off: 04 November 2025. Roddie et al. 2025 ASH Annual Meeting
*Three patients in the 50M adult cohort had a pre-existing history of hypertension.
50M, 50×10⁶ CAR T-cells; 100M, 100×10⁶CAR T-cells; CAR, chimeric antigen receptor; CRS, cytokine release syndrome; DLT, dose-limiting toxicity; ICANS, immune effector cell-associated neurotoxicity syndrome; obe-cel, obecabtagene autoleucel.

Swimmer plot showing DORIS over time in the 50M adult cohort (n=6)



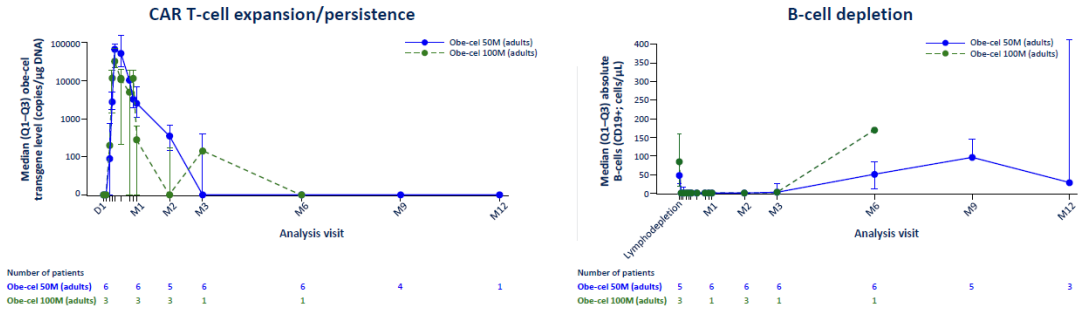
- Renal responses reported at last follow-up visit in the 50M adult cohort indicate that three patients (50.0%) achieved CRR with onset at Month 1 and one patient (16.7%) achieved PRR with onset at Month 7
- The length of follow up was insufficient to calculate DORIS response or CRR/PRR for the 100M adult cohort

Data cut-off: 04 November 2025.
DORIS is defined as: SLEDAI = 0 (irrespective of serology), PGA <0.5, and ≤5 mg/day corticosteroid use. Use of stable antimalarials and immunosuppressives, including biologics, is allowed.
50M, 50×10⁶ CAR T-cells; 100M, 100×10⁶CAR T-cells; CAR, chimeric antigen receptor; CRR, complete renal response; **DORIS, Definition of Remission in systemic lupus erythematosus; PGA, Physician Global Assessment; PRR, partial renal response; SLEDAI-2K, Systemic Lupus Erythematosus Disease Activity Index 2000.**



Data cut-off: 04 November 2025. **SLEDAI-2K is an instrument designed to evaluate current SLE activity (not chronic damage) across 9 different organ systems. *SLEDAI-2K score of zero.** ‡C3=0.84 g/L considered presence of low complement at M6 and M9 using a local lab lower limit of normal of 0.9 g/L.
50M, 50×10⁶ CAR T-cells; 100M, 100×10⁶CAR T-cells; C3, complement 3; CAR, chimeric antigen receptor; DNA, deoxyribonucleic acid; M, month; SLE, systemic lupus erythematosus; SLEDAI-2K, SLE Disease Activity Index 2000.

Median (Q1–Q3) in CAR T-cell expansion/persistence and B-cell depletion over time



- The median time to loss of CAR T-cell persistence was 3.0 months (95% CI: 1.6–NE) in the 50M adult cohort and 2.0 months (95% CI: 0.8–NE) 100M adult cohort*
- The median time to B-cell recovery‡ was 6.0 months (95% CI: 2.8–NE) in the 50M adult cohort and 5.8 months (95% CI: NE–NE) 100M adult cohort*

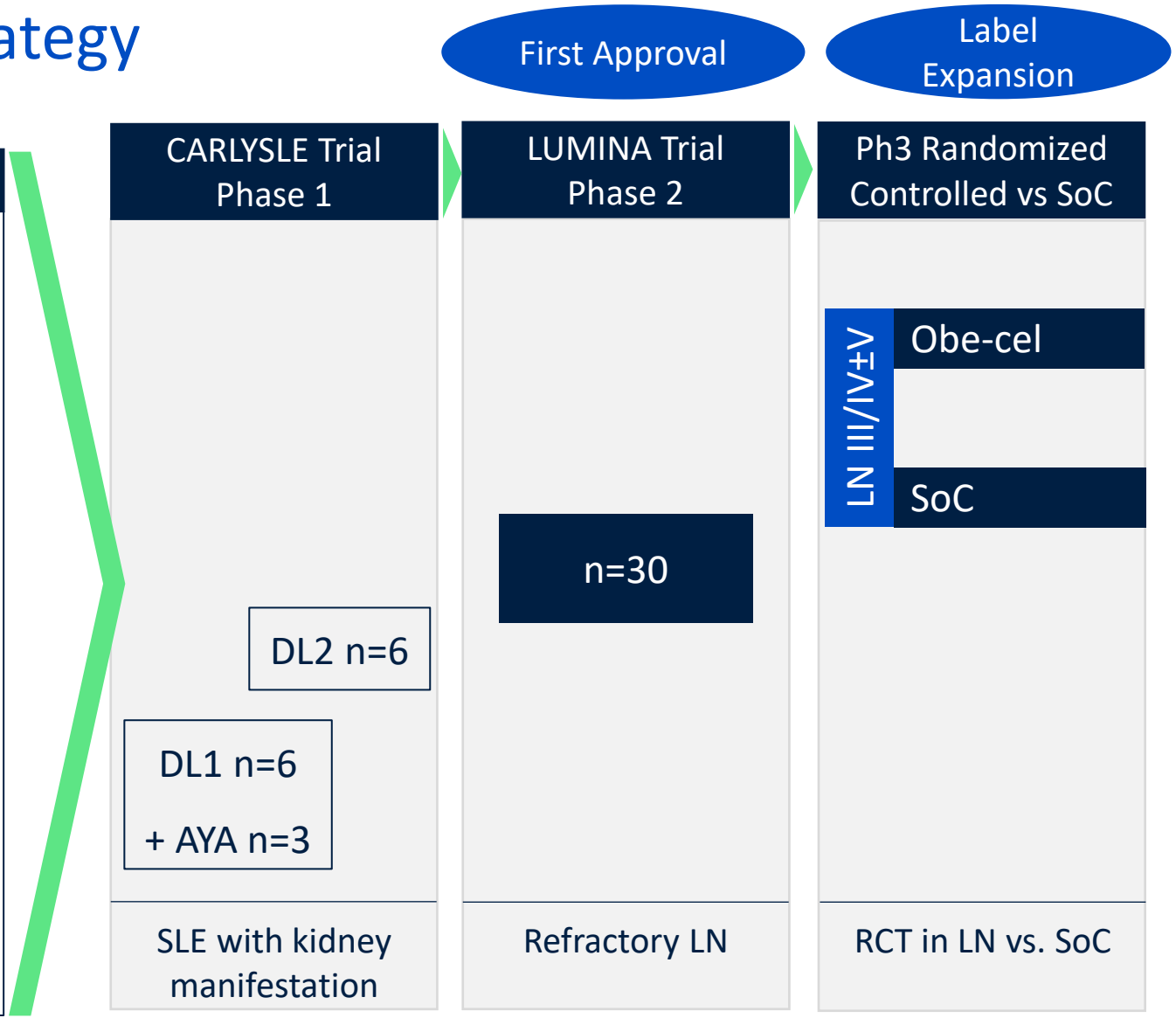
Data cut-off: 04 November 2025.
*Based on Kaplain-Meier analysis. ‡B cell recovery definition: ≥20 cells/µl.
50M, 50×10⁶ CAR T-cells; 100M, 100×10⁶ CAR T-cells; CAR, chimeric antigen receptor; CI, confidence interval; D, day; DNA, deoxyribonucleic acid; M, month; NE, not estimable; obe-cel, obecabtagene autoleucel; Q, quartile.

Lupus nephritis development strategy

Leveraging a fast to market strategy

Development Rationale

- LN is assessed by quantitative lab- parameter based endpoints (CRR) vs. SLE with a composite endpoint depending on clinical assessments
- Current guidelines require for Class III/IV LN triple therapy including B-cell modifier or CNI, without any treatment options for those being refractory to both
- Lack of SOC for refractory LN opens the possibility to single arm trial path for initial approval
- Outcome of refractory LN single arm trial serves as good predictor for RCT in earlier LN vs. SOC



LUMINA trial is currently enrolling; data anticipated in 2028

Multiple sclerosis development strategy

Establish Phase 1 Clinical Proof of Concept in MS

- ☑ 3 x 6 dose escalation design - a higher dose may be required for CNS effect
- ☑ Biomarker readouts to provide nearer term evidence of biological effect at 6 months +
- ☑ Definitive clinical outcomes based on clinical disability progression at 12 months +

Initiate Phase 2/3 study in progressive MS patients exhibiting PIRA

- Anticipate a randomised phase 2/3 study design as path to approval
- Phase 1 clinical PoC is derisking for initiation of development in other neurology indications

First patient dosed in BOBCAT trial in October 2025

Financial Results

Financial summary – key metrics*

Refinement in product revenue accounting: Now recognize both the full value of product sales and the associated cost of goods sold upon confirmation of the second dose administration for Aucatzyl.

USD ($' 000)	Q4 2025	Q4 2024	Variance
Product revenue, net	**23,269**	--	--
Cost and operating expenses:			
Cost of sales	(25,330)	(11,387)	(13,943)
Research and development expenses, net	(35,633)	(30,830)	(4,803)
Selling, general and administrative expenses	(35,792)	(33,676)	(2,116)
Loss from operations	**(72,466)**	**(75,864)**	**3,398**
Total comprehensive loss	**(90,768)**	**(55,882)**	**(34,886)**

*Select metrics only; for full financials please refer to the Company's 10-K filing

$300.7M**
as of December 31, 2025

Based on current operating plans, including anticipated AUCATZYL® net revenues, Autolus expects that its current and projected cash, cash equivalents and marketable securities will be sufficient to fund the Company's operations into Q4 2027.

**Cash, cash equivalents and marketable securities

Upcoming news flow

Upcoming milestones

Anticipated Milestone or Catalyst	Anticipated Timing
Virtual KOL Event Webcast: Spotlight on ALL	April 8, 2026
Longer-term follow up data from CARLYSLE trial	Year End 2026
Initial clinical data from BOBCAT Phase 1 trial in progressive MS	Year End 2026
Initial clinical data from ALARIC Phase 1 trial in AL amyloidosis (UCL collab)	Year End 2026
BOBCAT trial Phase 1 full data	2027
CATULUS trial pediatric Phase 2 data	Year End 2027
LUMINA trial LN Phase 2 data	2028

Obe-cel Oncology | Obe-cel Autoimmune/B cell Mediated Disease

Join us: Spotlight on Acute Lymphoblastic Leukemia (ALL) Program

Autolus *Investor Event*

Wednesday, April 8, 2026
1:00pm EDT / 6:00pm BST

- **Dr. Jae Park, MSKCC:** Adult ALL treatment landscape and unmet medical need
- **Dr. Lori Muffly, Stanford Medicine:** ROCCA real world experience - AUCATZYL® first year of launch
- **Dr. Elias Jabbour, MDACC:** Investigator sponsored trials and opportunity to move into earlier lines of therapy
- **Dr. Michael Pulsipher, Utah University Huntsman CI:** Medical need in pediatric patients and Autolus' recent CATULUS data

The **event will be webcast live and can be accessed on the Events page of the Autolus website: https://www.autolus.com/investor-relations-media/events/**

A replay will be available following the event.

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Thank you