Autolus

Developing Next Generation Programmed T Cell Therapies



April 2026

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Autolus.com

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Autolus is positioned for value creation

Obe-cel product franchise supports multiple growth opportunities

Initial Indication: Adult r/r B-ALL
Strong Execution in First Year of Launch

Pipeline expansion opportunities grow future commercial potential in new indications

AUCATZYL®
obecabtagene autoleucel
suspension for IV infusion

FY 2025 Net Product Revenue

$74.3 million

- Achieved CAR T market leadership in r/r B-ALL
- Significant opportunity to grow overall CAR T market in adult r/r B-ALL
- Physician interest to pursue investigator sponsored trials in 1st line ALL

Product	Indication	Target	Preclinical	Phase 1	Phase 2/Pivotal	Approved
AUCATZYL®	Adult ALL	CD19				
obe-cel	Pediatric ALL	CD19				
obe-cel	Lupus Nephritis	CD19				
obe-cel	Progressive Multiple Sclerosis	CD19				

Opportunity to establish a pipeline in a product with recent data presentations supporting potentially pivotal Phase 2 clinical trials with obe-cel in lupus nephritis and pediatric ALL

Commercial and pipeline opportunities supported by proven manufacturing and product delivery capabilities and established authorized treatment centers

Autolus is a leader in CAR T manufacturing & product delivery

Executing on manufacturing and product delivery in the first year of launch:

- Manufacturing success rate >90%
- Fast, reliable and consistent product delivery
- No capacity limitations





Manufacturing Life Cycle Strategy: Opportunities for Innovation to Improve Margins

1. Optimizing the current manufacturing process and operating model
2. Enhancing automation opportunities on our existing process
3. Developing next-generation manufacturing platform with a step change in the cost and capacity profile



AUTOLUS' FIRST APPROVED PRODUCT

AUCATZYL®

A potentially best-in-class, standalone CD19 CAR T cell therapy

AUCATZYL® now approved in US, UK and EU

AUCATZYL indicated for the treatment of adults with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (B-ALL)

- Highly active, fast off-rate CD19 CAR T therapy with a well managed safety profile[1] – approved in US, UK, EU
- First and currently only approved CAR T therapy with customized, tumor-burden guided dosing – no FDA REMS obligation
- Established infrastructure for manufacturing and commercialization
- Commercial presence in more than 70 US centers
- NICE determined AUCATZYL to be cost effective, UK* launched in January 2026
- Approval in EU† in 2025; pricing and reimbursement evaluation ongoing on a country-by-country basis

AUCATZYL®
obecabtagene autoleucel
suspension for IV infusion



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Obecabtagene Autoleucel in Adults with B-Cell Acute Lymphoblastic Leukemia

[1]Roddie C, et al "Obecabtagene autoleucel in B-cell acute lymphoblastic leukemia" N Engl J Med 2024; DOI: 10.1056/NEJMoa2406526; *Conditional marketing authorization, †European Commission (EC) conditional approval

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

AUCATZYL geographic growth opportunities in ALL

Expansion

UK Launch Q1 2026

- ✓ Conditional marketing authorization in the UK received April 2025
  - ✓ Successful NICE pricing and reimbursement process Nov 2025
  - ✓ AUCATZYL available in routine commissioning in NHS Dec 2025



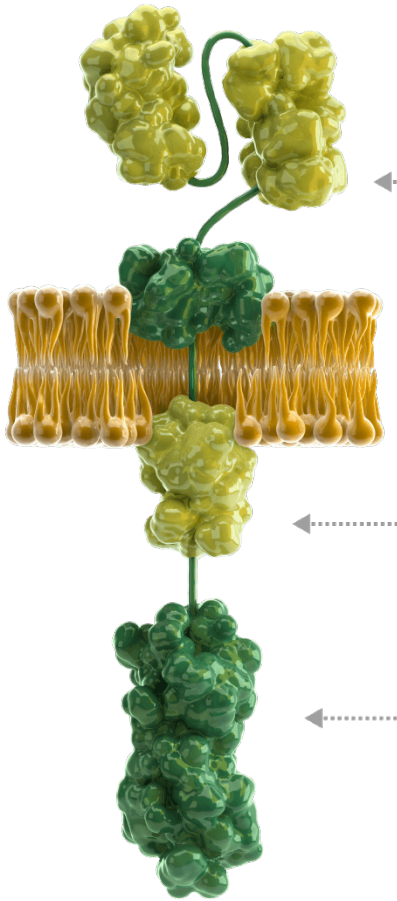
EU market access - pending

- ✓ European Commission (EC) conditional approval received July 2025
  - Ongoing country-by-country evaluation of pricing and reimbursement decisions to assess feasibility of market entry; no anticipated EU sales in 2026
  - Exploration of alternate market access mechanisms in 2026



We believe AUCATZYL® has a unique mechanism of action

Clinical data show increased activity and reduced toxicity



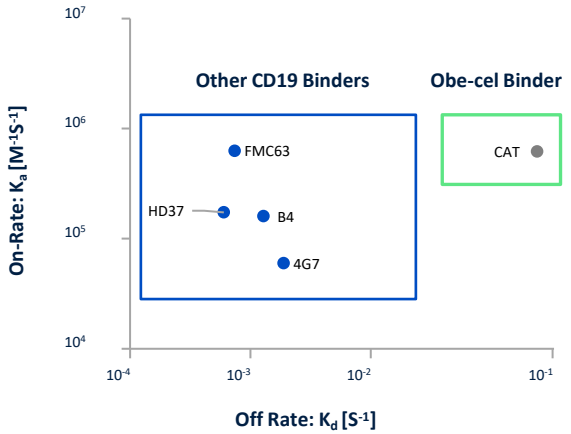
CAT19 fast off-rate binder[2]

CD8-derived hinge region/ transmembrane domain[2]

4-1BB co-stimulatory domain[1,4]
Shown to enhance CAR T-cell expansion and reduce exhaustion compared with CD28 CARs in preclinical studies

CD3Ζ activation domain[1]

Fast off-rate



Shorter half-life of interaction compared to binders used in other approved products

- AUCATZYL® = 9.8 seconds
- Kymriah® = 21 minutes

Potential for improved potency, reduced toxicity

Avoided over-activation of CAR T cells	→	Reduced toxicities
Increased CAR T peak expansion	→	Improved peak activity and persistence
Avoided exhaustion of CAR T-cells	→	Improved engraftment Improved persistence

References:1. AUCATZYL. Prescribing Information. Autolus, Inc. 2024. 2. Ghorashian S, Kramer AM, Onuoha S, et al. Enhanced CAR T cell expansion and prolonged persistence in pediatric patients with ALL treated with a low-affinity CD19 CAR. Nat Med. 2019;25:1408-1414. 3. Data on file. Autolus, Inc. 2024. 4. Zhao X, Yang J, Zhang X, et al. Efficacy and safety of CD28- or 4-1BB-based CD19 CAR-T cells in B cell acute lymphoblastic leukemia. Mol Ther Oncolytics. 2020;18:272-281.

AUCATZYL was approved based on results from the FELIX trial

FELIX 19

FELIX Phase 1b/2

Cohort IA ≥5% BM blast	Cohort IIA ≥5% BM blast
Cohort IB <5% BM blast MRD+	Cohort IIB <5% BM blast MRD+
	Cohort IIC Isolated EMD at screening

Patients (N)	Ph1b/2 pooled[1]
Enrolled	153
Infused	127

Background

- Open-label, 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 CRS and ICANS
- Timely and reliable clinical product supply and logistics despite COVID-19 pandemic restrictions
- 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]

[1,2] **Roddie C, et al "Obecabtagene autoleucel in B-cell acute lymphoblastic leukemia" N Engl J Med 2024; DOI: 10.1056/NEJMoa2406526**

FELIX trial published in New England Journal of Medicine[1]

Favourable response rate and tolerability, despite challenging patient population

High overall response rate with deep molecular responses

- Durable responses, particularly in patients with a low-to-intermediate bone marrow burden

Response by disease status at lymphodepletion	Overall Remission Rate (CR/CRi)
All patients (n=127)	77%
Morphological disease (n=91)	75%
Measurable residual disease (n=29)	96%
Isolated extramedullary disease (n=7)	71%

Excellent tolerability profile

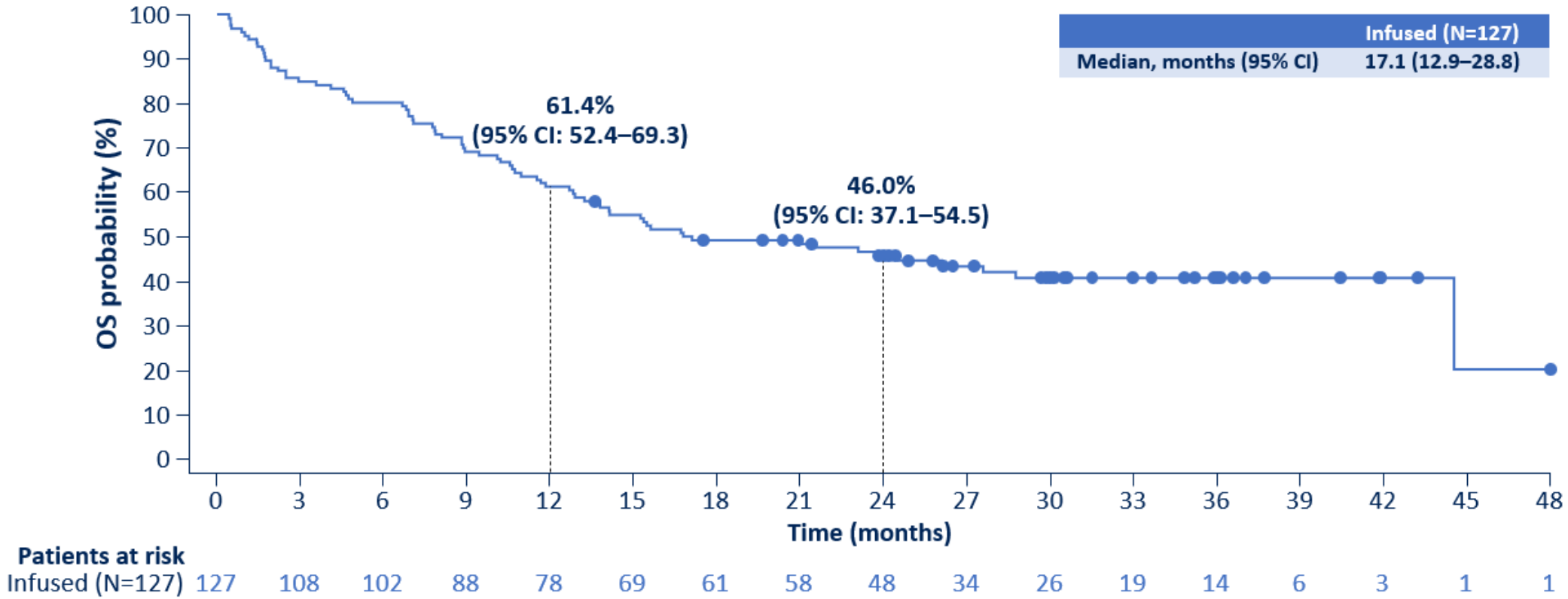
- Very low rates of high-grade immunotoxicities
- No high-grade events in low disease burden patients

Safety by disease burden at lymphodepletion	Grade ≥3 CRS	Grade ≥3 ICANS
All patients (n=127)	2%	7%
>75% Blasts (n=40)	2%	12%
5-75% Blasts (n=51)	4%	8%
<5% Blasts (n=36)	0%	0%

1. Roddie C, et al "Obecabtagene autoleucel in B-cell acute lymphoblastic leukemia" N Engl J Med 2024; DOI: 10.1056/NEJMoa2406526

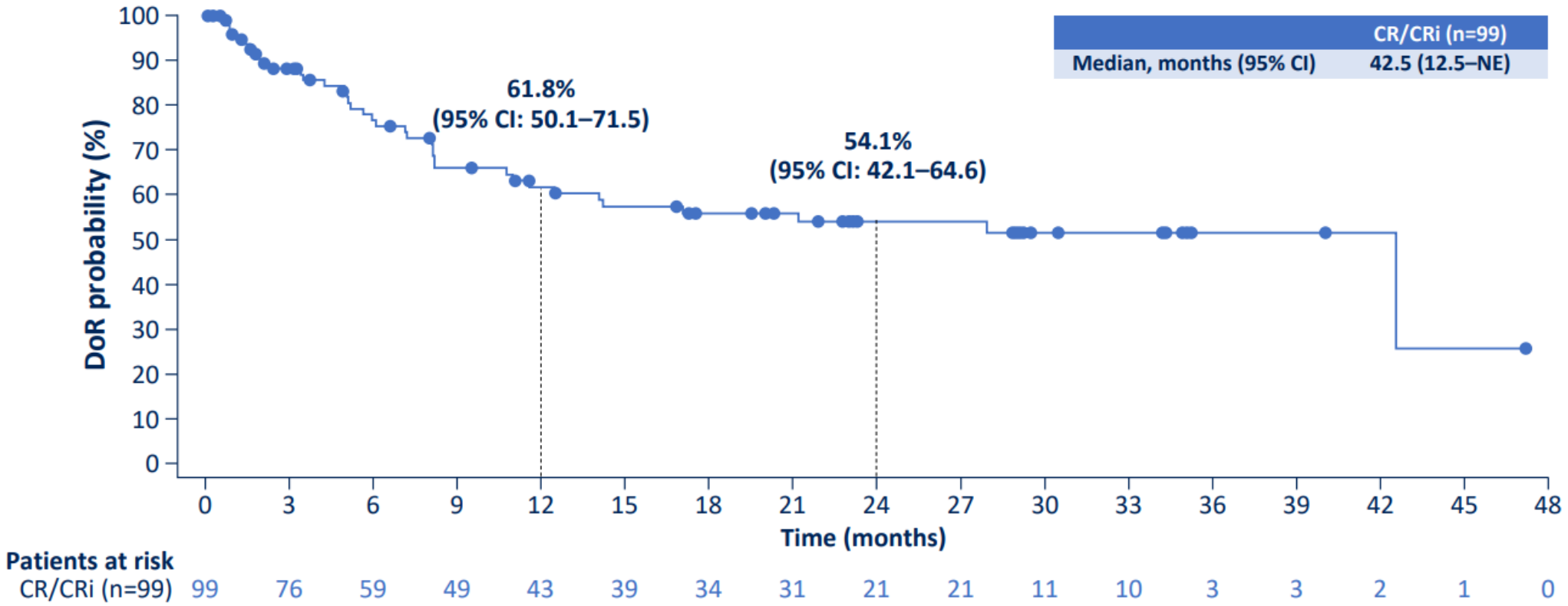
Data continue to show long term remissions in r/r adult B-ALL

At 24 months, overall survival probability was 46.0%



Duration of response: median 42.6 months at last data cut

More than half of patients still in remission at 24 months



Expanding the obe-cel opportunity

Deep value program with potentially broad applicability

Pipeline supports growth with multiple development opportunities

Near-Term Growth Drivers

Product	Indication	Target	Preclinical	Phase 1	Phase 2/Pivotal	Approved	Status
AUCATZYL® (obe-cel)	**Adult ALL**	**CD19**					**FDA, MHRA^ & EC approved†**
obe-cel	Pediatric ALL	CD19					**Currently enrolling**
obe-cel	Lupus Nephritis	CD19					**Currently enrolling**
obe-cel	Progressive Multiple Sclerosis	CD19					**Currently enrolling**

Early Stage / UCL Collaborations

Product	Indication	Target	Preclinical	Phase 1	Status
AUTO8*	Multiple Myeloma	CD19 & BCMA			**Currently enrolling**
AUTO8*	Light Chain Amyloidosis	CD19 & BCMA			**Currently enrolling**
AUTO1/22*	Pediatric ALL	CD19 & CD22			**Currently enrolling**

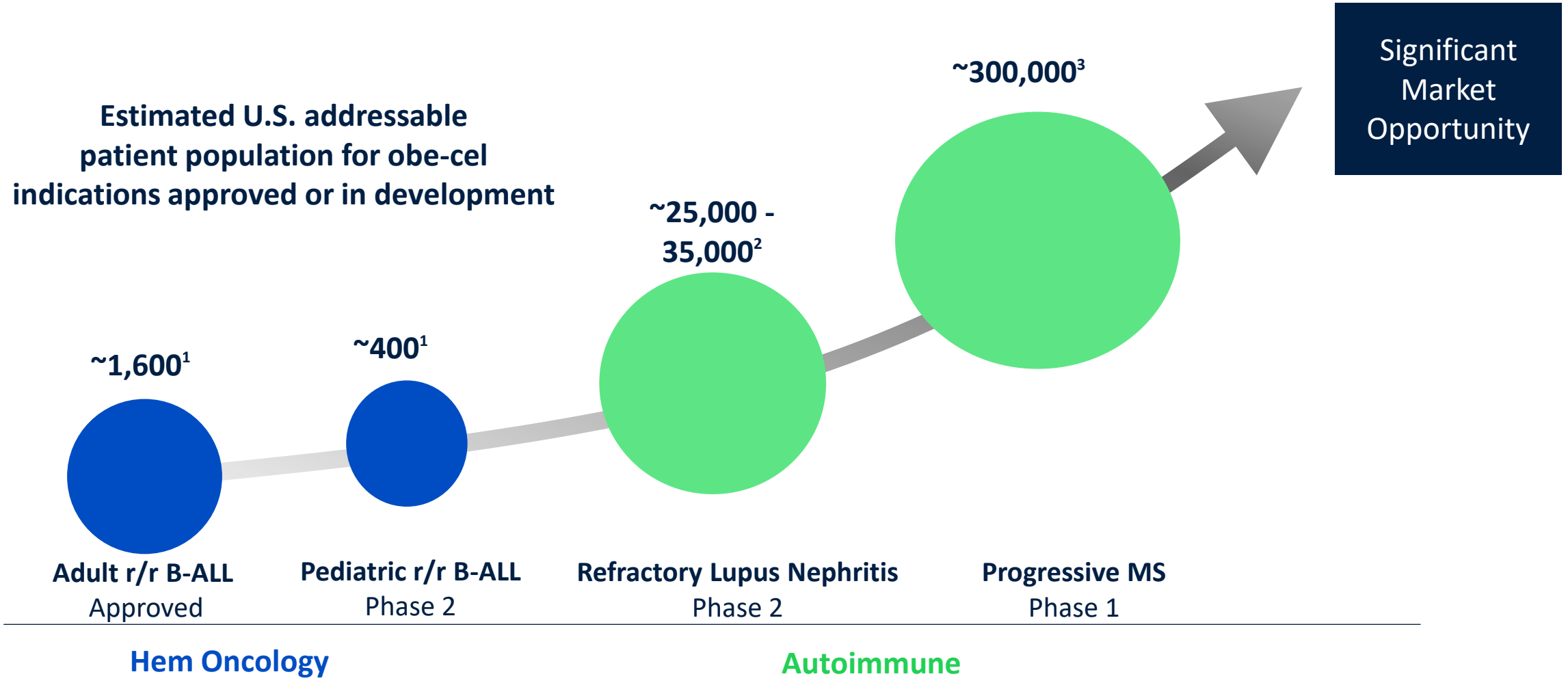
^Conditional marketing authorization; †European Commission (EC) conditional approval; *UCL Collaboration

Oncology Autoimmune / B-cell mediated

Growing the obe-cel franchise commercial opportunity

Robust clinical database and demonstrated commercial capabilities position Autolus for efficient path in new indications

Graphic is illustrative, not to scale



1. Based on National Cancer Institue SEER estimates and internal analysis; 2. Clarivate/DRG Epidemiology, Arthritis Rheumatol. 2023 Apr;75(4):567-573, Arthritis & Rheumatology. 2017;69(10):2006-2017; 3. GlobalData MS Market Forecast 2020-2030 April 2023;

Pediatric r/r B-ALL development strategy

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 1

Complete

- Data reported at ASH 2025 annual meeting
- ORR of 95%, CRR of 91%
- Low rates of high-grade CRS and ICANS

CATULUS Phase 2

- 30 patients, SAT
- 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

CATULUS Phase 1 data support progressing into Phase 2

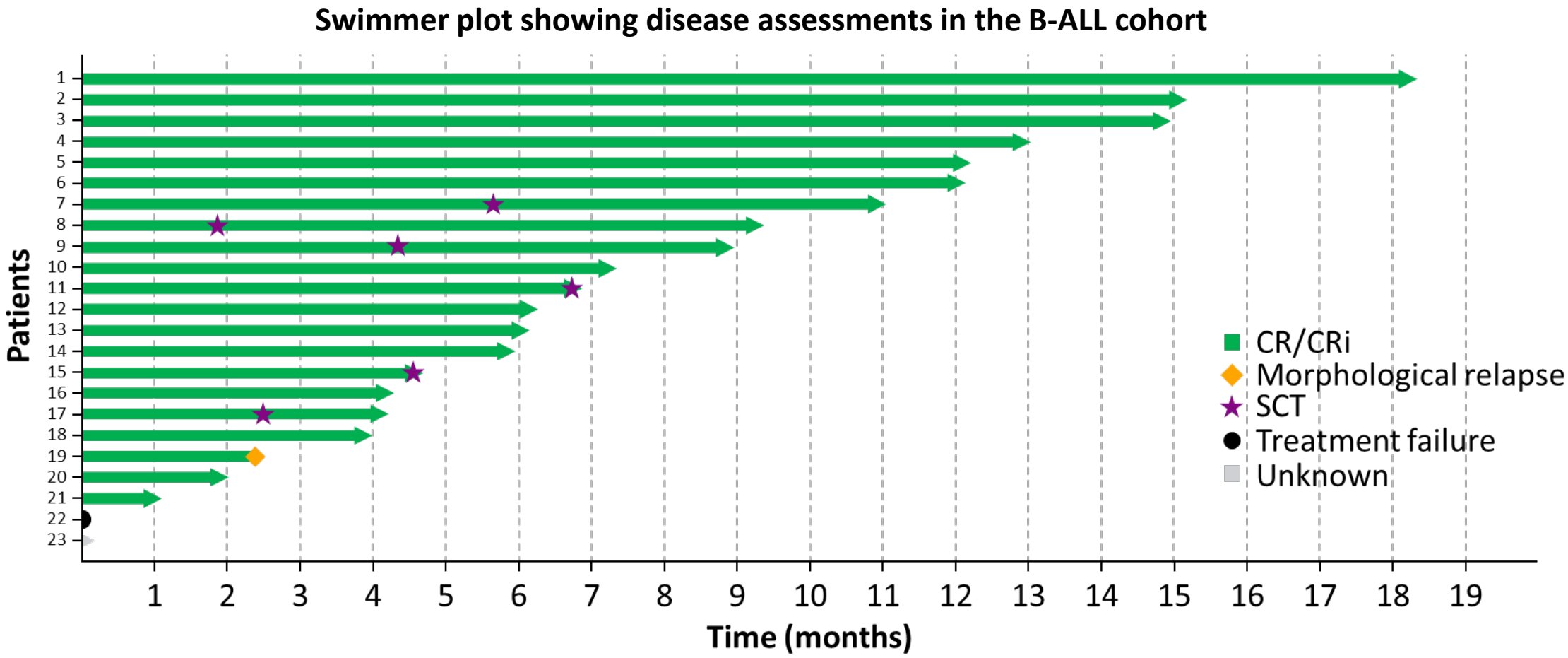
Safety profile of obe-cel in pediatric patients consistent with that previously reported in adults

	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)
Time to onset of CRS in days,‡ median (range)	7.0 (1–11)	9.5 (8–11)
ICANS, n (%)	4 (17.4)	2* (8.7)
Time to onset of ICANS in days,‡ median (range)	8.5 (8–20)	8.5 (8–9)
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)
IVIG use, n (%)	19 (82.6)	
Treatment-related mortality, n (%)	0	

*One patient experienced both Grade 3 CRS and Grade 3 ICANS.
‡Time to onset (days) = [(Date of start of Any grade/Grade≥3 CRS/ICANS − Date of first obe-cel infusion) +1].
B-ALL, B-cell acute lymphoblastic leukemia; CRS, cytokine release syndrome; ICANS, immune effector cell-associated neurotoxicity syndrome; IVIG, intravenous immunoglobulin

CATULUS data demonstrate promising initial efficacy in pediatric patients

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%**



MOA and commercial capabilities are key differentiators in AID

Obe-cel is the only CD19 CAR approved in other indications that is now being tested for autoimmune disease

Autolus Potential Advantage

- Favorable tolerability to drive acceptability in non-oncology indications
- Deep cut into the CD19+ B cells and plasma blasts
- Robust, economical and scalable manufacturing and established commercial infrastructure
- Potential for accelerated clinical program
- FDA-approved CAR-T therapy, with existing safety database, now in development for autoimmune indications

Supports differentiated approach and potential for obe-cel in autoimmune disease areas

CARSLYLE: Obe-cel shows promise as a new approach for SLE/LN

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 complete renal 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

Next Steps:

- Completion of adolescent (aged 12–17 years) and higher dose level patient cohorts
- Data support progression into a Phase 2 lupus nephritis trial

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

CARSLYLE: Obe-cel is well tolerated with no ICANS or Grade ≥2 CRS

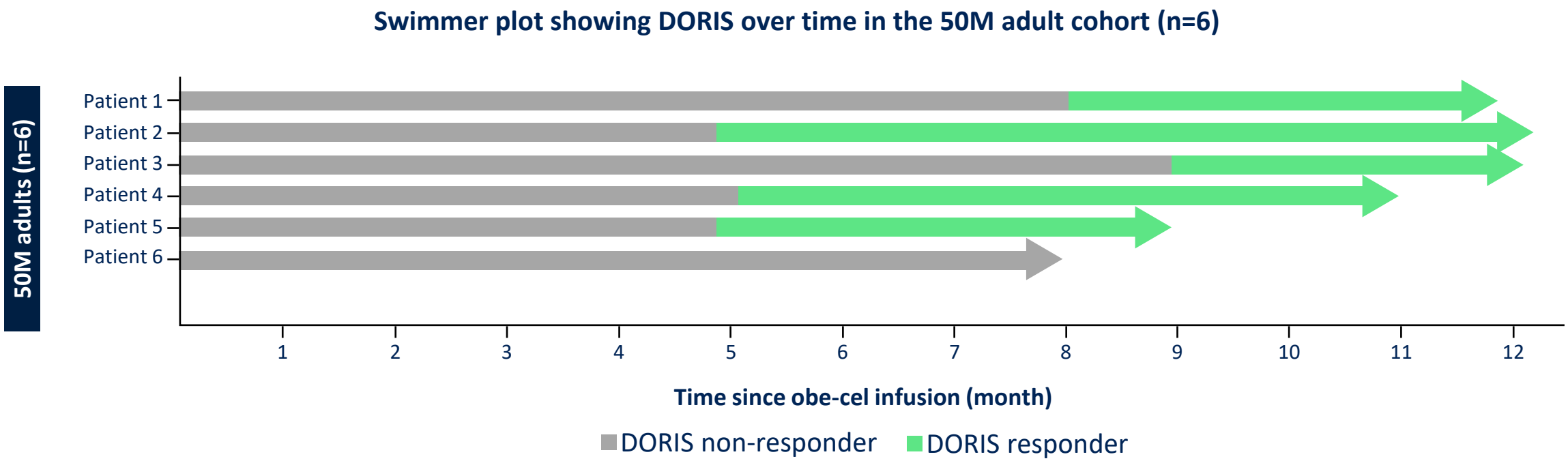
	Infused adult patients, 50M (n=6)		Infused adult patients, 100M (n=3)	
	Any grade, n (%)	Grade ≥3, n (%)	Any grade, n (%)	Grade ≥3, n(%)
CRS	3 (50.0)	0	3 (100)	0
ICANS	0	0	0	0
Any treatment-emergent adverse event	6 (100)	6 (100)	3 (100)	2 (66.7)
Neutropenia	6 (100)	6 (100)	2 (66.7)	2 (66.7)
Infection	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, 50×10^6 CAR T-cells; 100M, 100×10^6 CAR 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.

5 of 6 patients achieved DORIS with median onset of 5.1 months



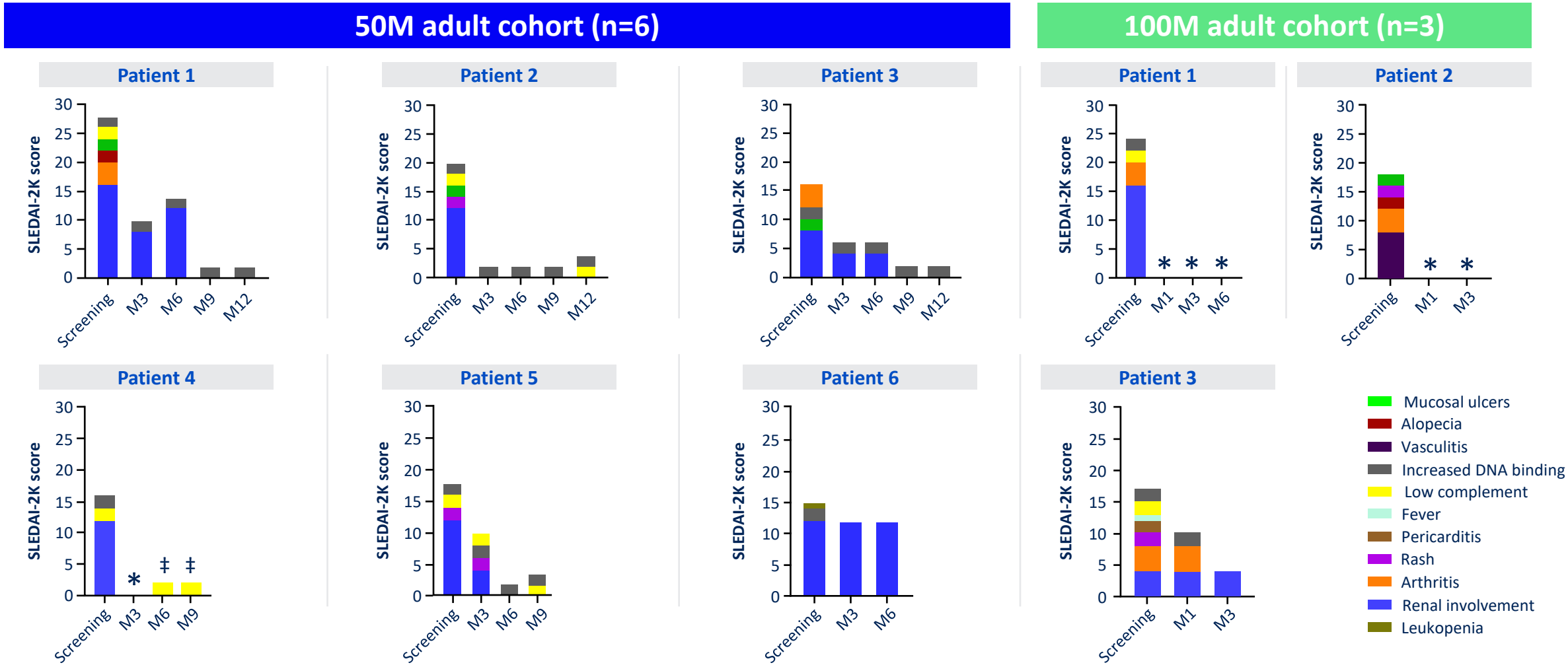
- Renal responses reported at last follow-up visit in the 50M adult cohort indicate that three patients (50.0%) achieved CRR with onset at Month 1 and one patient (16.7%) achieved PRR with onset at Month 7
- The length of follow up was insufficient to calculate DORIS response or CRR/PRR for the 100M 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, 50×10^6 CAR T-cells; 100M, 100×10^6 CAR 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.**

Clinically meaningful reduction in SLEDAI-2K score observed



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, 50×10^6 CAR T-cells; 100M, 100×10^6 CAR 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.

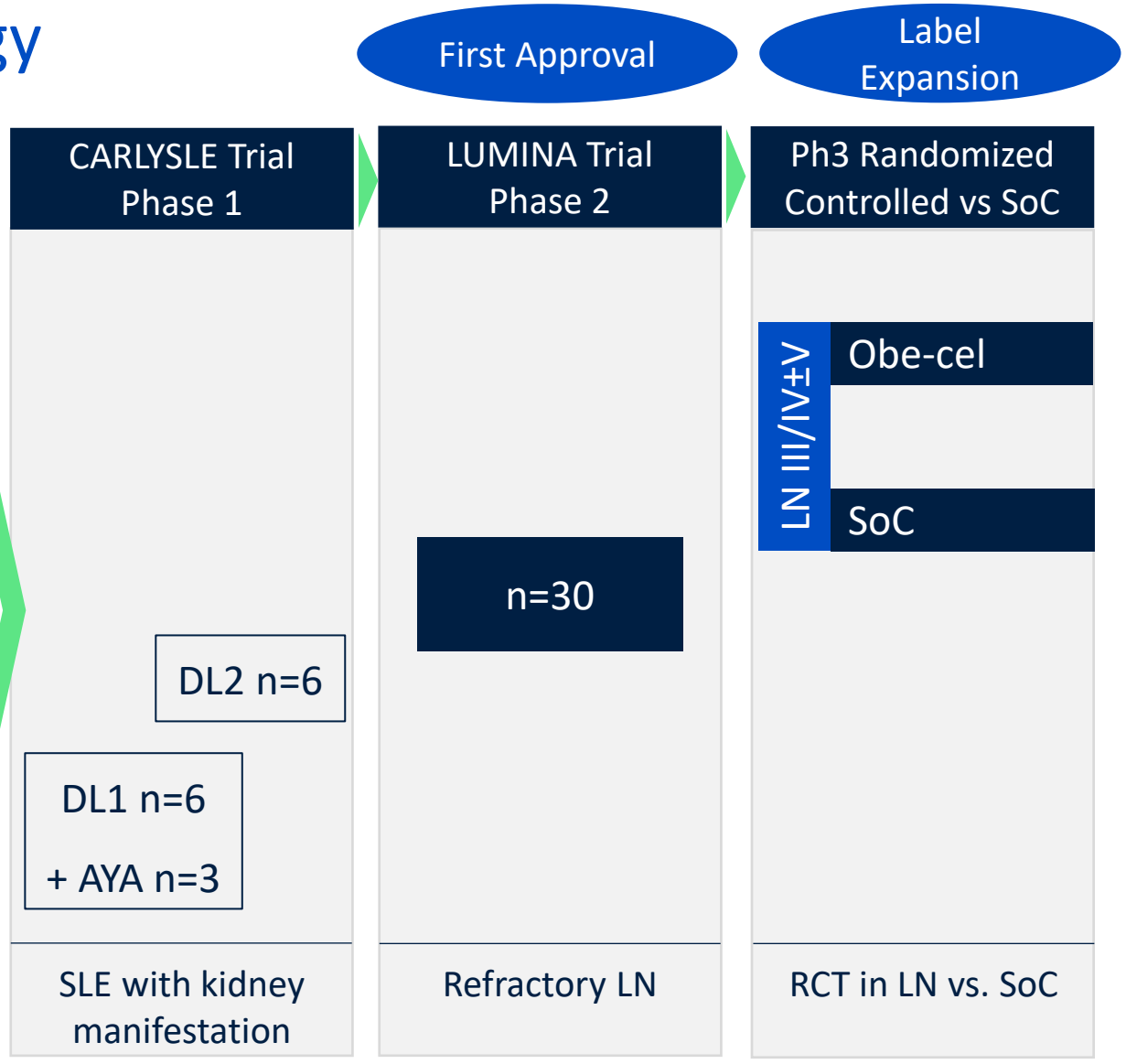
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Lupus nephritis development strategy

Leveraging a fast to market strategy

Development Rationale

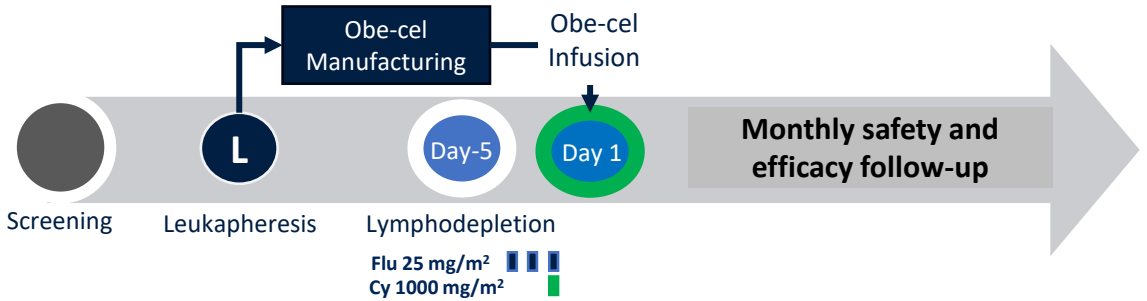
- LN is assessed by quantitative lab- parameter based endpoints (CRR) vs. SLE with a composite endpoint depending on clinical assessments
- Current guidelines require for Class III/IV LN triple therapy including B-cell modifier or CNI, without any treatment options for those being refractory to both
- 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

Phase 2 LUMINA trial supports efficient path to market

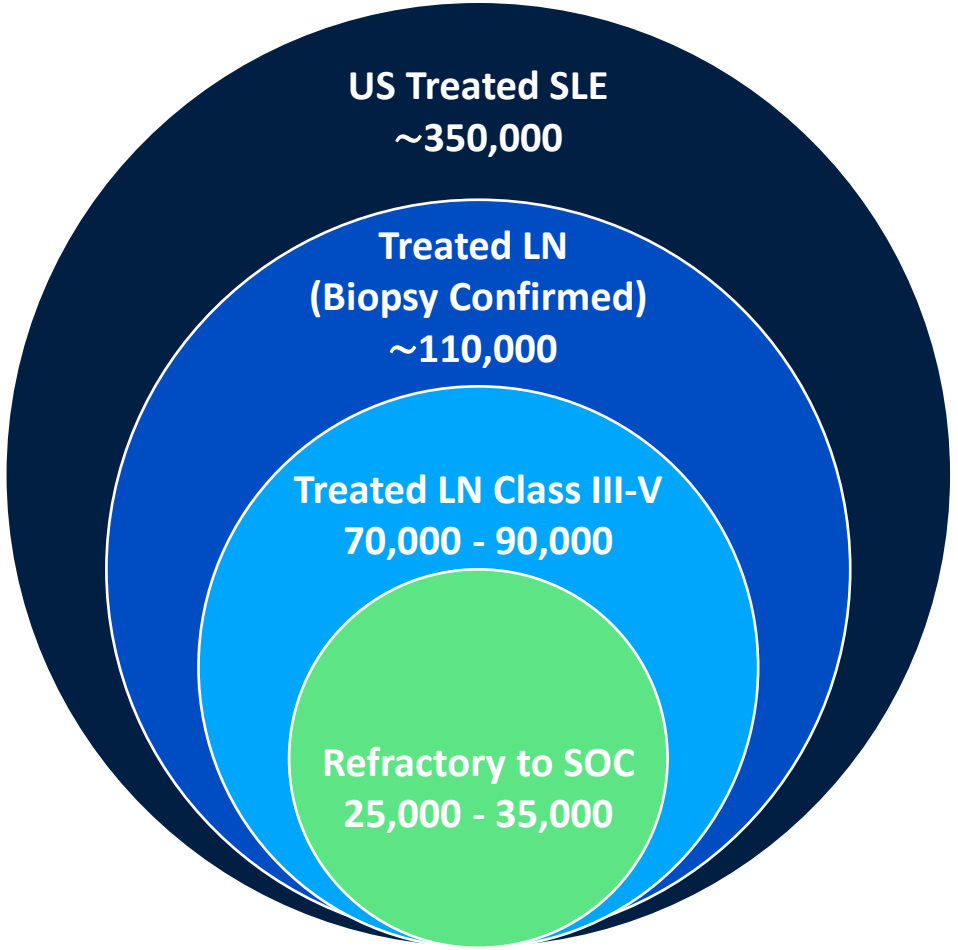
Evaluating severe, refractory lupus nephritis (LN)



Trial design	Single arm, open-label, multi-centre, phase 2
Sample size	30 patients
Patient population	• 12-65 years of age, body weight ≥ 40kg • Diagnosis of SLE based on (EULAR)/ (ACR) 2019 classification • Positive (ANA) (≥ 1:80), or anti-dsDNA (≥ 30 IU/mL) or anti-Smith (> ULN), anti-histone or anti-chromatin (> ULN) • Severe, refractory LN (ongoing active class III, IV or V (only in combination with III or IV) • Prior immunosuppressive and biologic therapies with inadequate response or intolerance
Treatment	50 x 10^6 CAR positive T-cells following Flu/Cy lymphodepletion
Endpoints	Primary: Complete Renal Response at 6 months Key Secondary: DORIS at 6 months
Timing	• **LUMINA trial is currently enrolling**

Refractory lupus nephritis is a high unmet medical need

- Kidneys are one of the most common organs involved in SLE - 30% – 40% are lupus nephritis patients
- High disease activity is associated with inflammatory processes
- Uncontrolled inflammation leads to high chronicity due to accumulated kidney damage
- Despite treatment advances including regulatory approvals of belimumab and voclosporin the goal to sufficiently improve short and long-term outcomes in patients with LN remains unmet
- There are no treatment options for refractory patients



Clarivate/DRG Epidemiology, Arthritis Rheumatol. 2023 Apr;75(4):567-573, Arthritis & Rheumatology. 2017;69(10):2006-2017

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 +

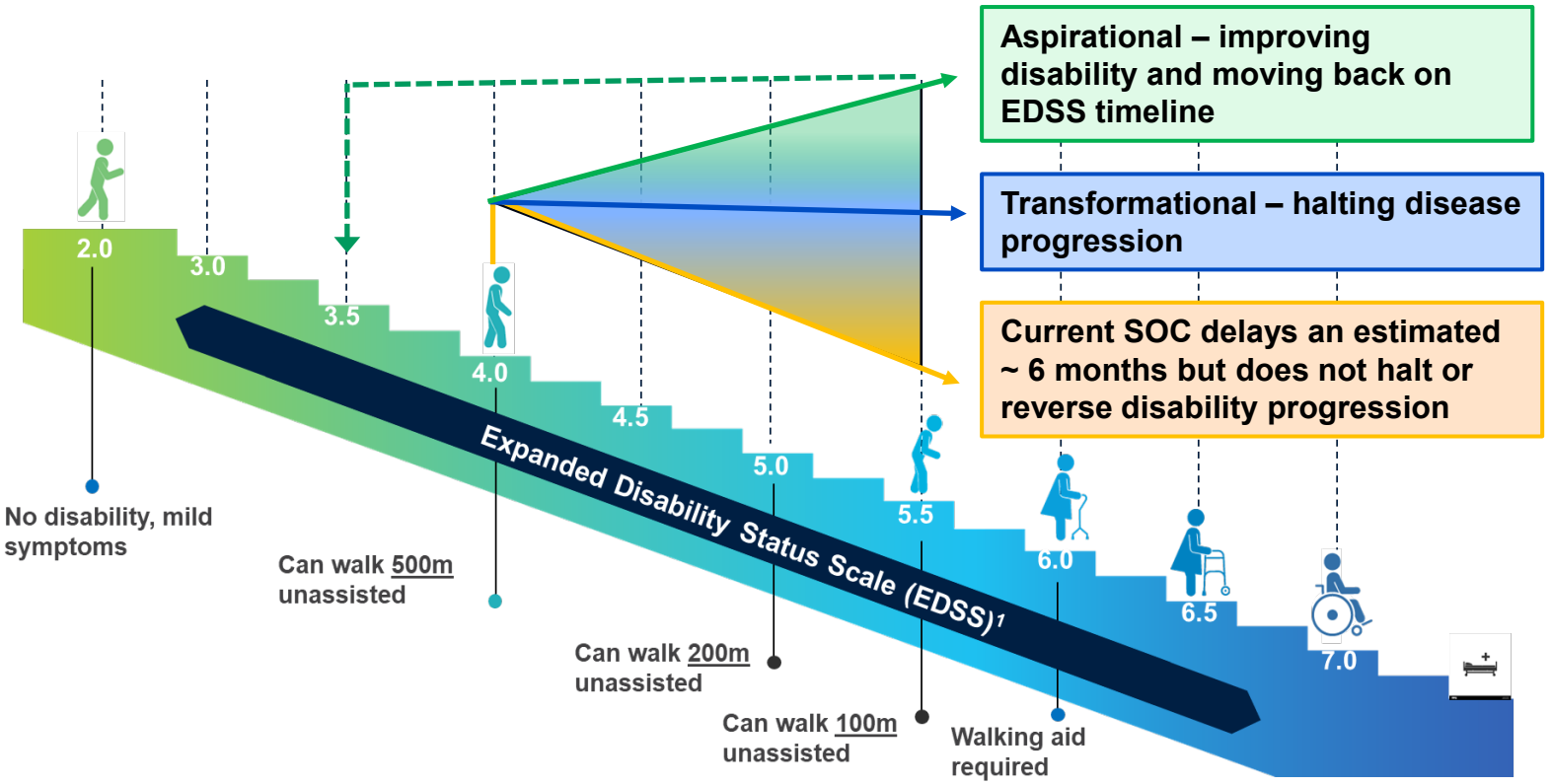
Initiate Phase 2/3 study in progressive MS patients exhibiting PIRA

- 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

BOBCAT study population represents the highest unmet need in MS

1. Progressive forms of MS including all forms of progressive MS with EDSS scores of 3.5 to 6.5 included
2. Will include both active and non-active patients
3. Have failed high efficacy therapy for at least six months (e.g. CD20 mAb, S1P inhibitor)



1. Graphic based on Kurtzke JF Neurology 1983 Nov;33(11):1444-52.

BOBCAT Phase 1 study design

Sample size: 12-18 patients infused with obe-cel

Dosing: Standard Flu/Cy based preconditioning and a single infusion of 100 or 200 million CART cells and flexibility to adjust dose up or down

Primary endpoint:

- Safety

Secondary endpoints:

- 12-week confirmed disability progression (CDP) at one-year, composite measure of disability at one year, confirmed disability improvement
- Other functional measures: cognition, fatigue, QoL
- Imaging: MRI lesion counts (T1 Gd+, T2), MRI – MTR, MRI – regional brain volumes, MRI – cervical spinal cord volume, SEL, PRL)
- Biomarkers (blood and CSF): OCBs, IgG index, NfL, GFAP, Kappa chains, PK

Interim analysis at 6 months:

- Biomarkers including OCBs, IgG index, NfL, MRI lesions, MTR, Kappa chains, PK

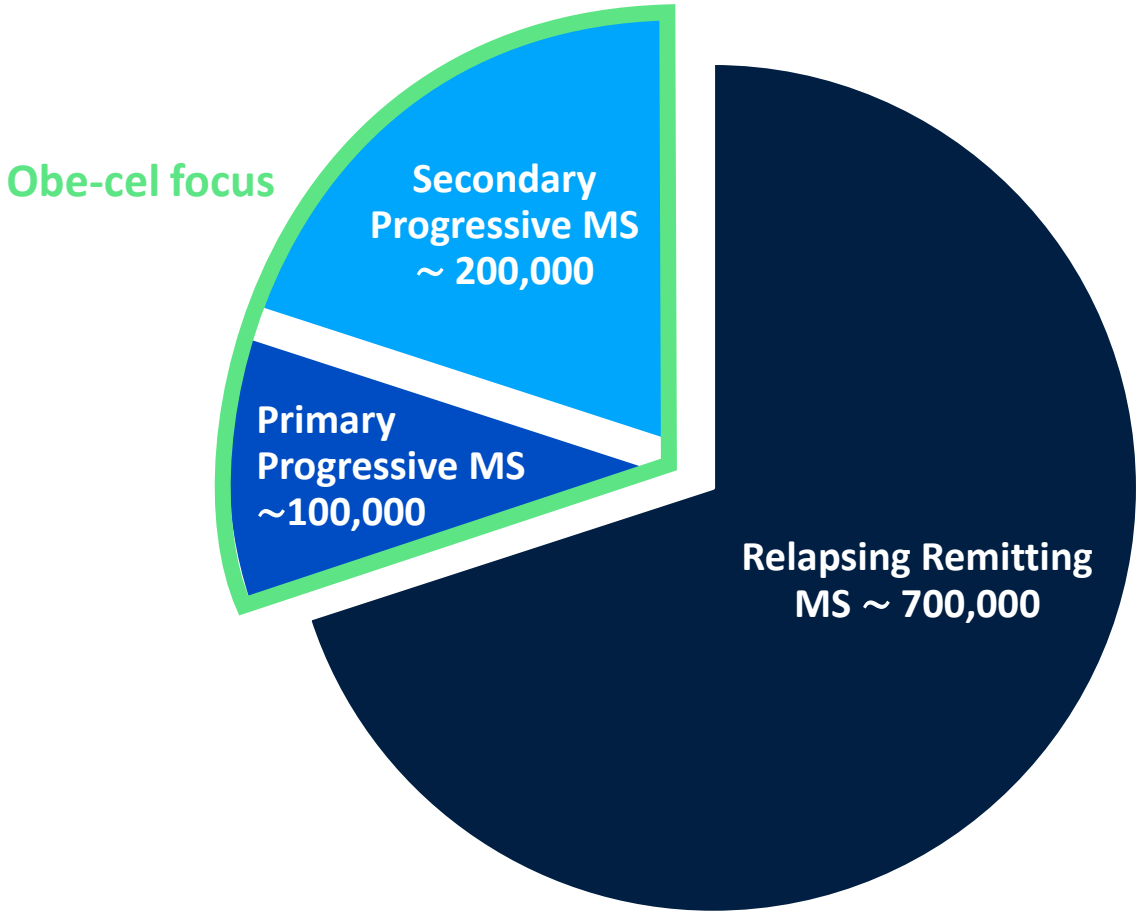
SEL: slowly expanding lesions, PRL: paramagnetic rim lesions, NfL: Neurofilament light chain, GFAP: glial fibrillary acidic protein

Progressive multiple sclerosis is a high unmet medical need

- MS impacts approximately 1,000,000 individuals in the US[1] and there is currently no known cure

- Around 30% of patients have progressive disease and more than half of Progressive MS patients experience disability progression despite receiving disease modifying agents[2]

- Highest unmet need for patients who continue to progress despite being treated with highly effective agents for at least 6 months



1: GlobalData MS Market Forecast 2020-2030 April 2023
2:Watson, C., Thirumalai, D., Barlev, A. et al. Treatment Patterns and Unmet Need for Patients with Progressive Multiple Sclerosis in the United States: Survey Results from 2016 to 2021. Neurol Ther 12, 1961–1979 (2023). https://doi.org/10.1007/s40120-023-00532-2

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

Building value with obe-cel



Strong execution in r/r B-ALL:

- ✓ Market leadership
- ✓ Broad market access / coverage
- ✓ Reliable product delivery
- ✓ Significant opportunity to grow CAR T market in adult B-ALL
- ✓ Physician interest in ISTs in 1L ALL

Leveraging investments:

- Optimize manufacturing operating model and technology
- Business process efficiencies targeting margin improvement

Potential “pipeline in a product" new indications:

- Pediatric ALL – Potential pivotal study
- Lupus nephritis – Potential pivotal study
- Multiple sclerosis – Phase 1 study

2026 Focus: Drive market share in ALL – Improve margins – Expand beyond ALL

Autolus

Thank you

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