



Citius Pharmaceuticals, Inc.
(NASDAQ: CTXR)

Corporate Overview
OCTOBER 2025



FORWARD-LOOKING STATEMENTS

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Biopharmaceutical company with multiple advanced development programs

- **LYMPHIR™** (denileukin diftitox-cxdI)
 - **APPROVED for the treatment of cutaneous T-cell lymphoma (CTCL)**
 - Commercialization planned in Q4 2025
 - Spun-off into Citius Oncology, Inc. (NASDAQ: CTOR) in August 2024
- **Mino-Lok®**
 - Only treatment designed to salvage infected catheters causing CLABSI
 - Phase 3 trial completed in 2024
 - Positive Topline data – met primary and secondary endpoints
- **Halo-Lido**
 - Only Rx therapy under development for hemorrhoids
 - Phase 2b trial completed



ABOUT CITIUS ONCOLOGY, INC. (NASDAQ: CTOR)

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)
 - CTXR intends to distribute a portion of its shares of CTOR to CTXR shareholders in the future²
 - Shared management services agreement with CTXR

CITIUS IS PREPARING TO LAUNCH LYMPHIR IN Q4 2025

Commercial launch readiness nearing completion through disciplined financial strategy



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

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



Significant pre-commercial activities have been completed

Manufactured inventory for launch
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

WHAT IS CUTANEOUS T-CELL LYMPHOMA (CTCL)?

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

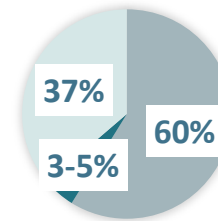


CTCL accounts for approximately 4% of all non-Hodgkin lymphoma (NHL)¹



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

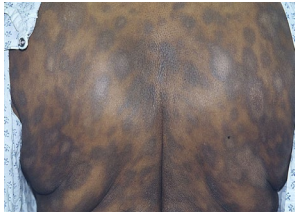
Patients with persistent or recurrent CTCL require systemic therapy

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

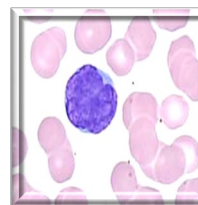
T3



T4



Sézary cell



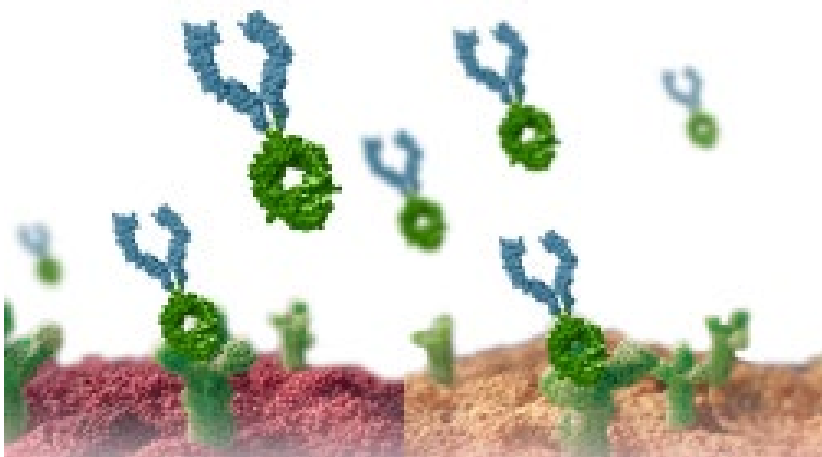
Zackheim. J Am Acad Dermatol. 1999;40:418.

Slide credit: clinicaloptions.com

DIFFERENTIATED MECHANISM OF ACTION (MOA)

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

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



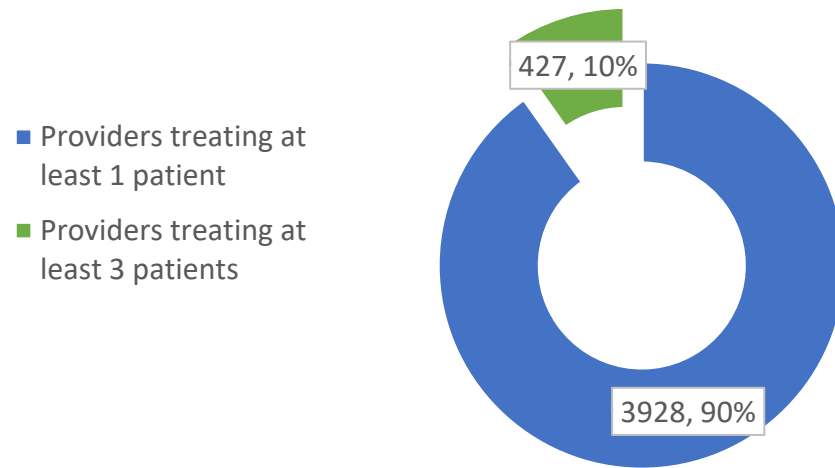
- Use limited by cumulative bone marrow toxicity
- Quality of life issues



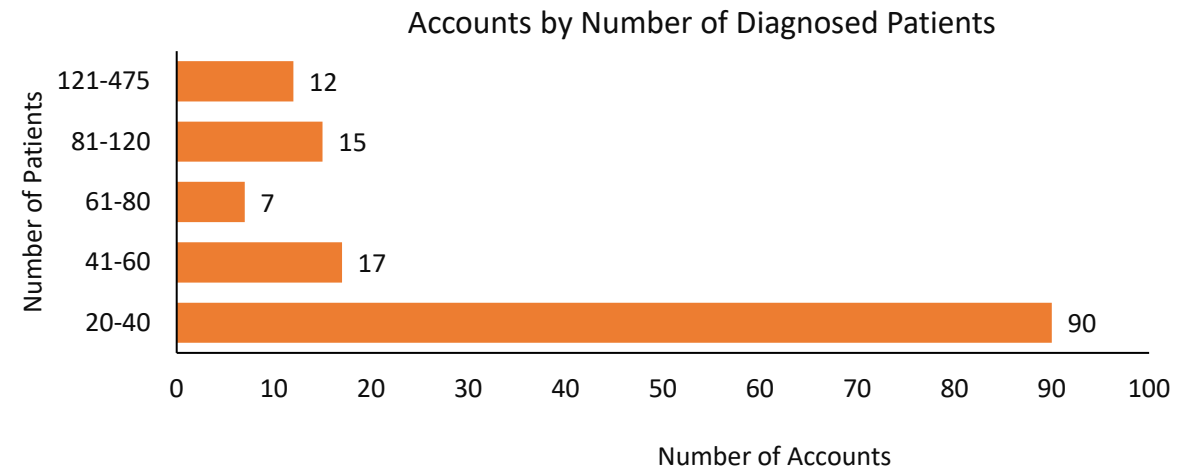
- No biomarker needed
- Broad label
- No cumulative toxicity
- Skin relief
- Rapid response
- No cumulative toxicity
- Refined patient profile

VERY CONCENTRATED PRESCRIBER BASE

10% of Providers (Physicians) Treat ≥3 Patients



141 Accounts Diagnose ≥20 Patients



Source: IQVIA Medical (Dx) & Pharmacy (Rx) Claims Data; IQVIA Citius CTCL HCP Targeting Report – September 2022

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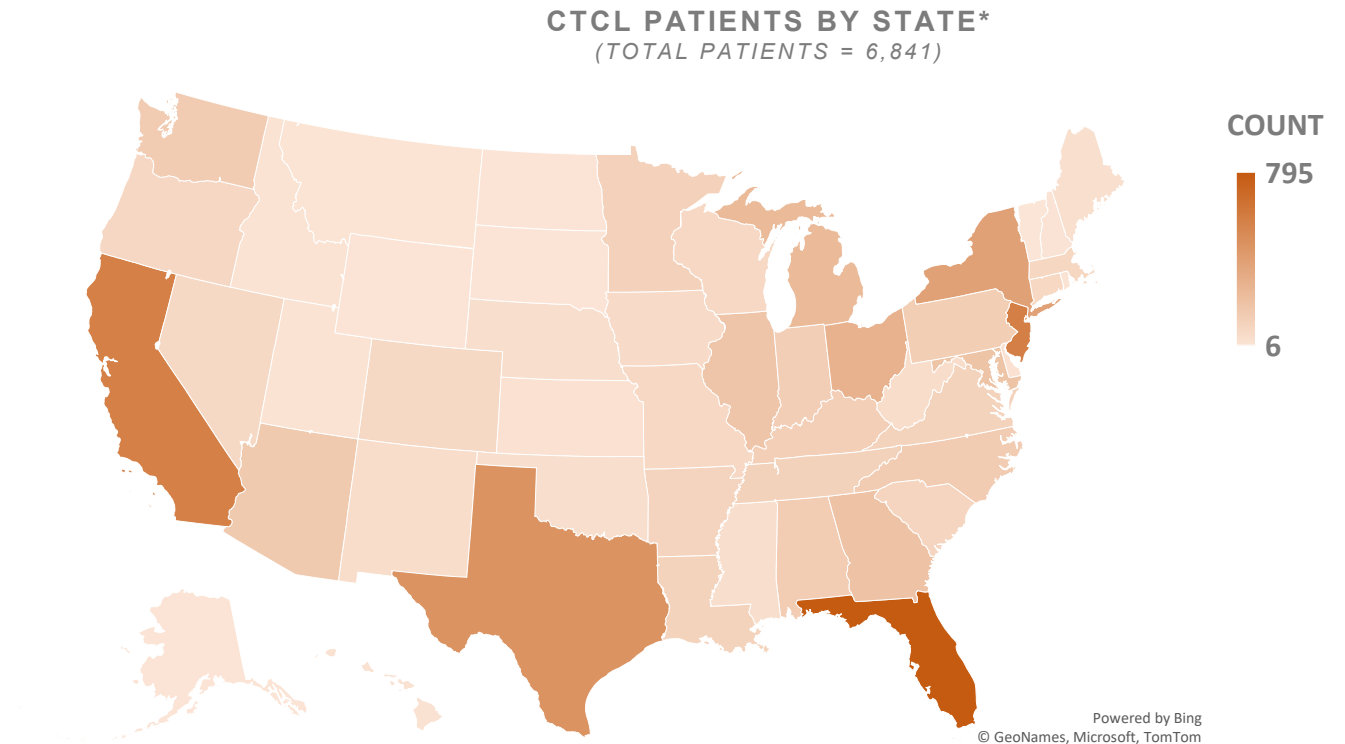
Patients may be double counted if treated by multiple providers.

Accounts include institutions with multiple prescribing physicians or centers of care.

PATIENT AND HCPS CLUSTERED NEAR MAJOR CANCER CENTERS

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.

DISTRIBUTION READINESS AND CHANNEL ACCESS

Patient-Centric Distribution Strategy aims to provide 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

OPPORTUNITIES FOR GROWTH BEYOND CTCL

- University of Pittsburgh: an investigator-initiated trial is underway to evaluate LYMPHIR for potential use as an immuno-oncology 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				

LYMPHIR IS COMPETITIVELY POSITIONED

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



MINO-LOK

Phase 3 Trial Completed: Positive Topline Data

MINO-LOK OVERVIEW



A novel antibiotic lock solution designed to salvage catheters in patients with catheter-related bloodstream infections



Mino-Lok addresses the complications, discomfort and cost of catheter removal and replacement



No drugs currently approved to salvage catheters in patients with central-line associated bloodstream infections (CLABSI) or catheter-related bloodstream infections (CRBSI)



Phase 3 Trial completed: multi-center, randomized, open label, blinded assessor, active control superiority study



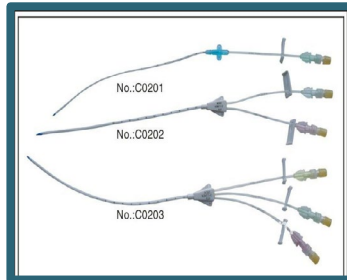
Estimated global market expected to exceed \$2 billion¹

Achieved primary and secondary endpoints of Phase 3 Trial

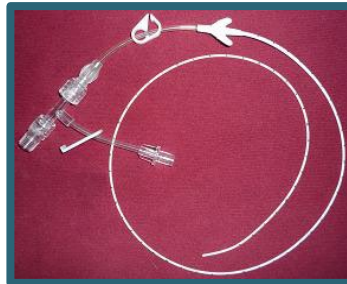
- ✓ Time to catheter failure exceeded expectations
- ✓ Majority of patients in the Mino-Lok group achieved overall treatment success
- ✓ Well tolerated with no drug-related serious adverse events

CENTRAL VENOUS CATHETERS

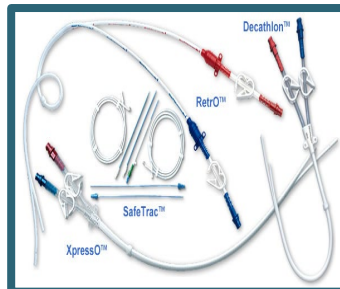
Central Venous Catheters (CVCs), Peripherally Inserted Central Catheter (PICCs), and Hemodialysis



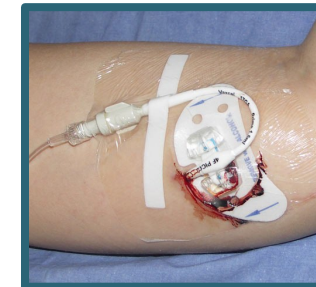
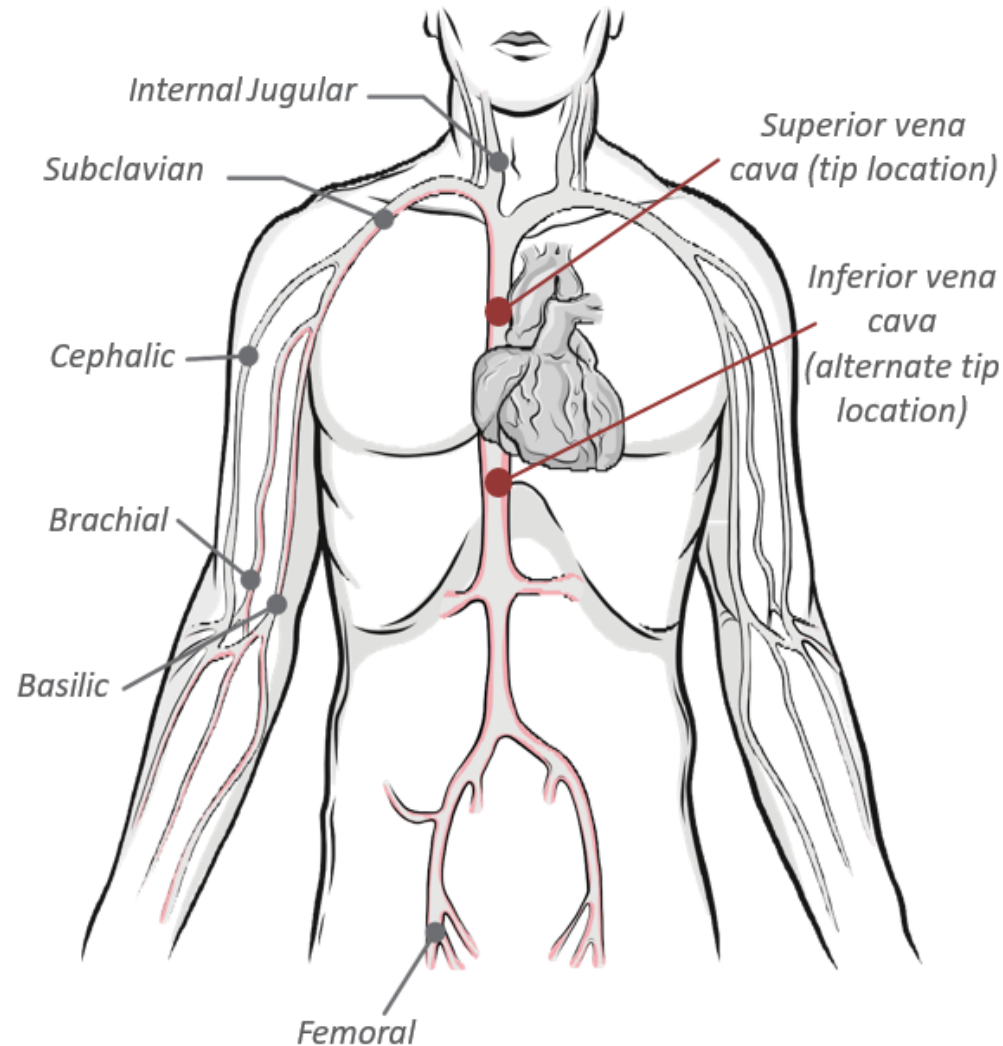
Central Venous Catheter



PICC

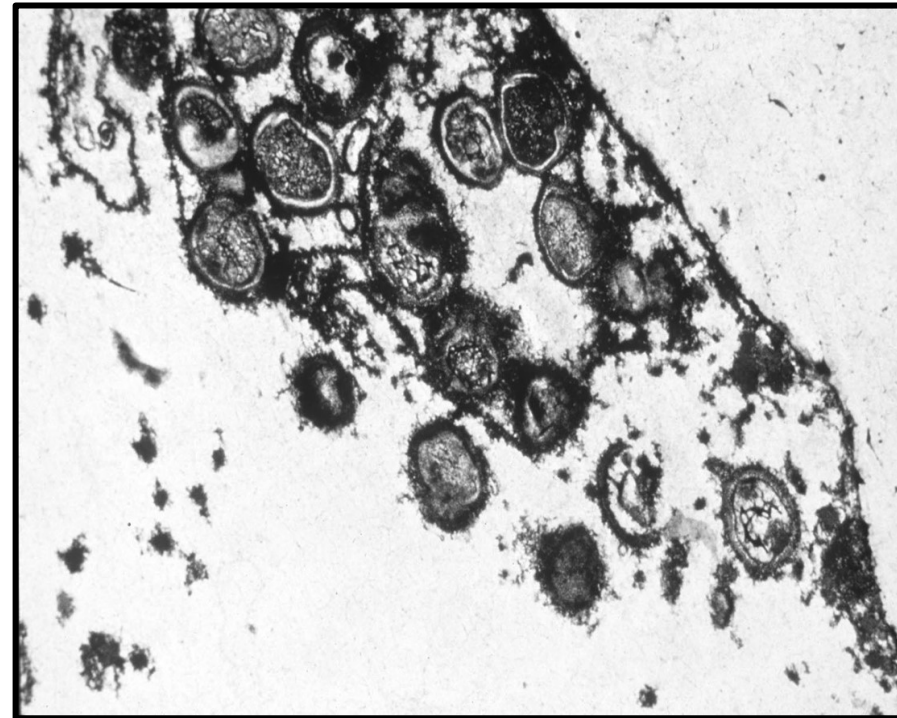
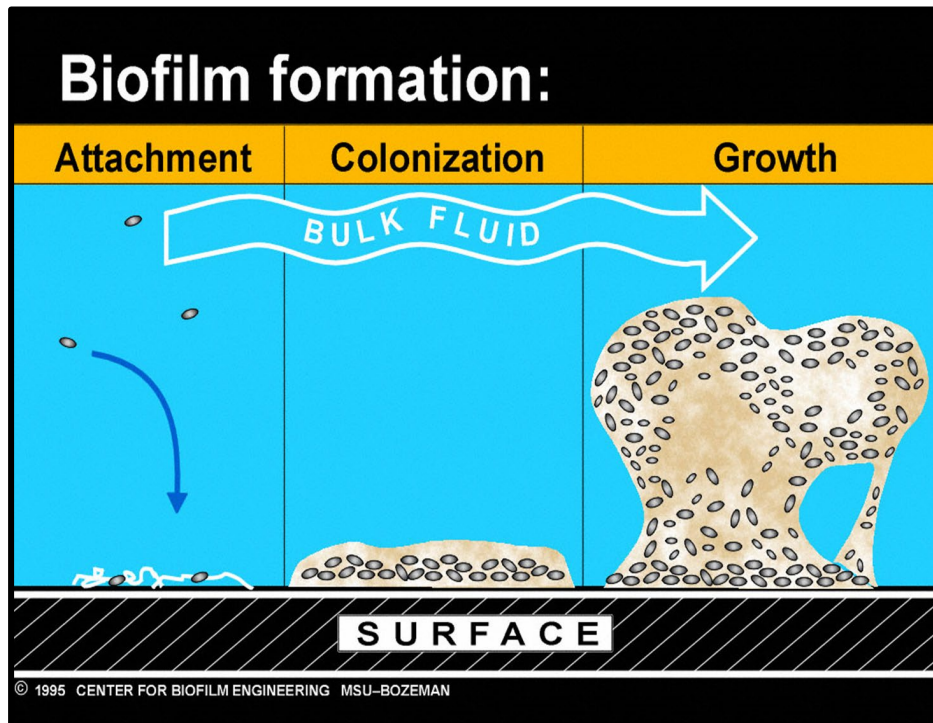


Hemodialysis



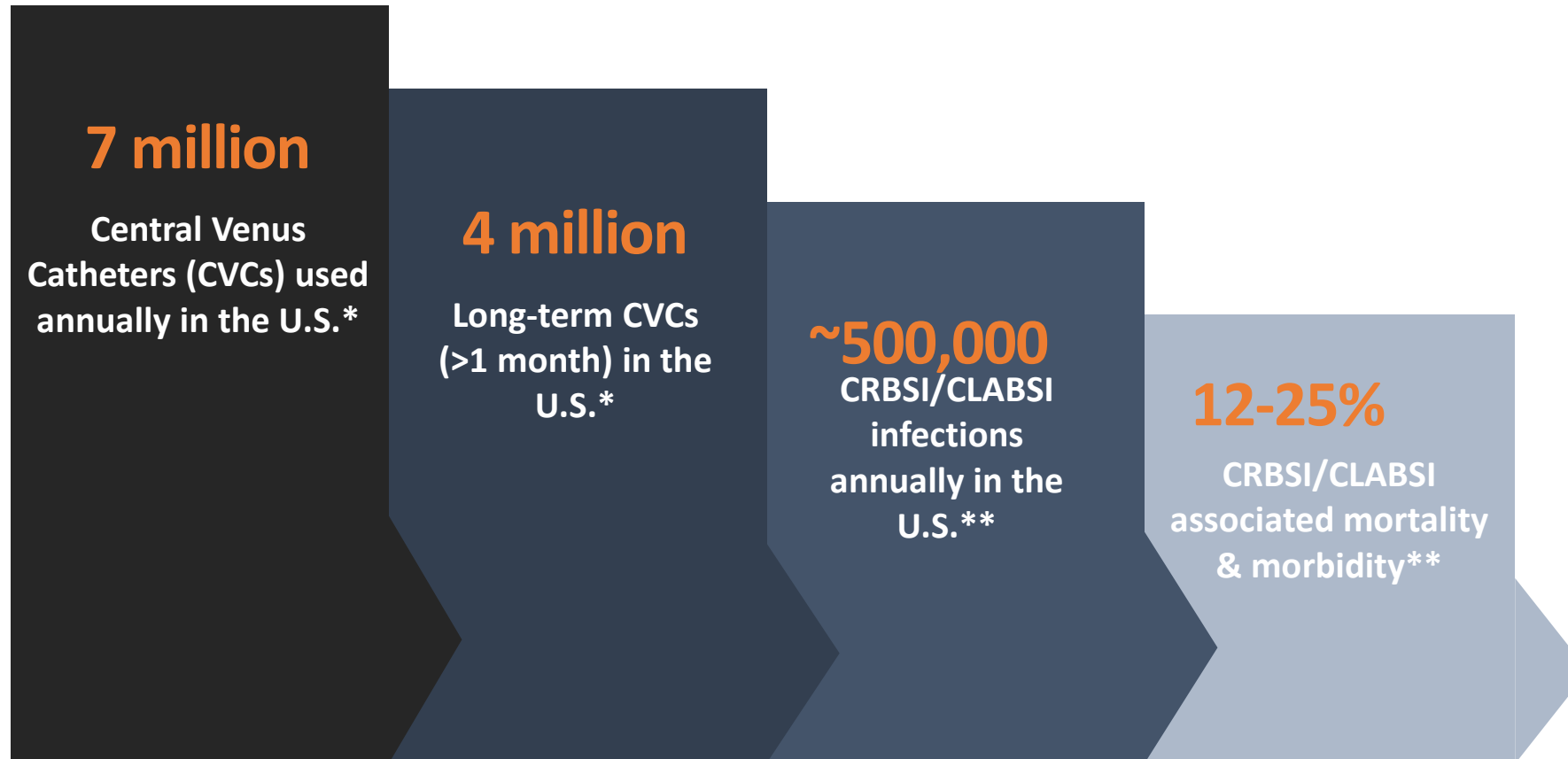
BIOFILM FORMATION PROTECTS COLONIES

- Pathogens attach to the surface of the lumen in a central venous catheter and form colonies.
- Colonies grow and exude a fibrous glycocalyx that protects the organisms from antibiotics, even when shown to be sensitive *in vitro*



MARKET POTENTIAL: \$1B+ IN US AND \$2B+ GLOBALLY

High incidence of catheter-related infections support need for effective treatment options



* Shah H., Bosch W., Hellinger W. C., Thompson K. M. (2013). Intravascular catheter-related bloodstream infection. *Neurohospitalist* 3, 144–151. doi: 10.1177/1941874413476043.

** Antoňáková Němčíková A, Bednárovská E. Catheter-related bloodstream infections: do we know all of it? *Klin Onkol.* 2017;30(6):405–411. doi: 10.14735/amko2017405.

POTENTIAL TO CHANGE STANDARD OF CARE

Mino-Lok addresses the complications, discomfort and cost of CVC removal and replacement salvage existing catheters



Limited duration IV therapy designed to eradicate bacterial colonization with a short 2-hour dwell time



Limits disruption of infusion therapy allowing continued use of the catheter for intended treatments



Ease of Administration: Locking a catheter is a well-known standard operating procedure



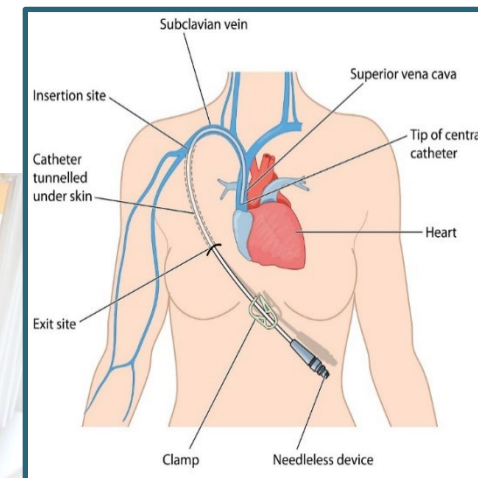
Non-invasive and adjunct to systemic therapy



Lowers risks to patient



Lower cost alternative: significantly less than removal and replacement



MINO-LOK PHASE 3 TRIAL TOPLINE RESULTS

Mino-Lok significantly outperforms hospital-specific anti-infective lock solutions

- Kaplan Meier Analysis demonstrated clear separation between Mino-Lok and control arms, illustrating Mino-Lok's superiority in extending time to catheter failure

Primary Endpoint: Median Time to Failure	Control arm: 33 days Mino-Lok arm: exceeded the trial period (6 weeks) (p-value = 0.0006)
Key Secondary Endpoint: Overall Treatment Success	A greater percentage of patients in the Mino-Lok arm achieved overall treatment success compared to the control arm (p-value = 0.0025)
Safety Profile	Mino-Lok was well-tolerated with no drug-related serious adverse events Comparable adverse events between Mino-Lok (45.1%) and control (46.1%) arms, as expected in very ill patients Mino-Lok is instilled into the catheter and never enters the patient



HALO-LIDO

Halobetasol/Lidocaine

Potentially the **first** FDA-approved prescription product to treat hemorrhoids

- 10+ Million patients report symptoms of hemorrhoidal disease; 1/3 seek physician treatment¹
- A cream formulation containing halobetasol propionate (highly potent steroid) and Lidocaine HCl
- Phase 2b enrollment completed
 - 5 cohorts of 60 subjects each
 - Primary endpoint: reduction in hemorrhoidal symptoms
 - Subject self-reported using proprietary mobile app (PRO)
- Positive Phase 2b results
 - Meaningful reduction in symptom severity when compared to individual components alone
 - Dose for Phase 3 trial selected
 - Trial validates Patient Reported Outcome (PRO) instrument developed to support a pivotal Phase 3 study
 - Ongoing FDA engagement regarding next steps over the coming months
- Citius anticipates monetizing the value of this asset with a strategic or financial partner



SUMMARY



WHY INVEST? WHY NOW?

**Diversified late-stage biopharmaceutical company with
commercialization anticipated in 2025**

- LYMPHIR poised to launch in Q4 2025
 - \$400+M est. addressable market with multiple opportunities for growth
 - First new systemic CTCL therapy since 2018
 - 12-year BLA exclusivity
- Pipeline of additional late-stage assets
- Management and shareholder alignment
 - \$26.5 M invested by founders
 - Successful pharma/biotech track record
- Attractive investor entry points



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