CITIUS PHARMA

Citius Pharmaceuticals, Inc.

Nasdaq: CTXR

JULY 2026

Forward-looking statements

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This presentation contains "forward-looking statements" within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Such statements are made based on our expectations and beliefs concerning future events impacting Citius Pharmaceuticals. You can identify these statements by the fact that they use words such as "will," "anticipate," "estimate," "expect," "plan," "should," and "may" and other words and terms of similar meaning or use of future dates. Forward-looking statements are based on management's current expectations and are subject to risks and uncertainties that could negatively affect our business, operating results, financial condition and stock price. Factors that could cause actual results to differ materially from those currently anticipated are: our need for substantial additional funds and our ability to raise additional money to fund our operations for at least the next 12 months as a going concern; our ability to obtain, perform under and maintain financing, strategic and third party agreements and relationships, including obtaining a new bulk drug substance supplier; our ability to regain compliance with Nasdaq's continued listing standards; our ability through our subsidiary to successfully commercialize LYMPHIR and establish a sustainable revenue stream; the estimated markets for LYMPHIR and our product candidates and the acceptance thereof by any market; our ability to secure strategic partnerships and expand international access to LYMPHIR; our ability to use the latest technology to support our commercialization efforts for LYMPHIR; physician and patient acceptance of LYMPHIR in a competitive treatment landscape; our reliance on third-party logistics providers, distributors, and specialty pharmacies to support commercial operations; our ability to educate providers and payers, secure adequate reimbursement, and maintain uninterrupted product supply; post-marketing requirements and ongoing regulatory compliance related to LYMPHIR; the ability of LYMPHIR and our product candidates to impact the quality of life of our target patient populations; risks relating to the results of research and development activities, including those from any new pipeline assets; our ability to procure cGMP commercial-scale supply; market and other conditions; risks related to our growth strategy; patent and intellectual property matters; government regulation; as well as other risks described in our Securities and Exchange Commission ("SEC") filings. These risks have been and may be further impacted by any future public health risks. Accordingly, these forward-looking statements do not constitute guarantees of future performance, and you are cautioned not to place undue reliance on these forward-looking statements. Risks regarding our business are described in detail in our SEC filings which are available on the SEC's website at www.sec.gov, including in Citius Pharmaceutical's Annual Report on Form 10-K for the year ended September 30, 2025, filed with the SEC on December 23, 2025 and as amended on January 28, 2026 and Citius Oncology's Annual Report on Form 10-K for the year ended September 30, 2025, filed with the SEC on December 23, 2025. These forward-looking statements speak only as of the date hereof, and we expressly disclaim any obligation or undertaking to release publicly any updates or revisions to any forward-looking statements contained herein to reflect any change in our expectations or any changes in events, conditions or circumstances on which any such statement is based, except as required by law.

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.

Investment Highlights

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Commercial-stage biopharma: one product launched and two de-risked late-stage programs

LYMPHIR®
(denileukin diftitox-cxdl)

COMMERCIAL • LAUNCHED DEC 2025

- First commercial asset — FDA-approved for relapsed/refractory cutaneous T-cell lymphoma (CTCL)
- Majority-owned via Citius Oncology (NASDAQ: CTOR); direct oncology upside
- $5.6M revenue in first 4 months — growing formulary adoption, payer access, and repeat ordering

ADDRESSABLE MARKET
~$400M+ U.S.[1]

Mino-Lok®
Catheter salvage therapy

PHASE III TRIAL COMPLETE

- Only therapy designed to salvage colonized catheters causing CLABSI
- Phase 3 complete (2024) — met primary and secondary endpoints

ADDRESSABLE MARKET
>$1.8B worldwide[1]

Halo-Lido
Rx hemorrhoid therapy

PHASE IIB TRIAL COMPLETE

- Only Rx therapy in development for hemorrhoids
- Phase 2b trial complete

ADDRESSABLE MARKET
>10M patients reporting hemorrhoidal symptoms[2]

- **Recent financings:** $36.5M May 2026 ($25M debt + $11.5M equity) + $5M April 2026 offering extend cash runway[3]
- **Founder alignment:** $26.5M invested to date by founders

[1] Addressable-market estimates per Company analysis and third-party research (IQVIA, DelveInsight). [2] Source: https://www.mayoclinic.org/medical-professionals/digestive-diseases/news/hemorrhoidal-disease-diagnosis-and-management/mac-20430067 [3] Cash runway into November 2026 per fiscal Q2 2026 results (filed May 2026).

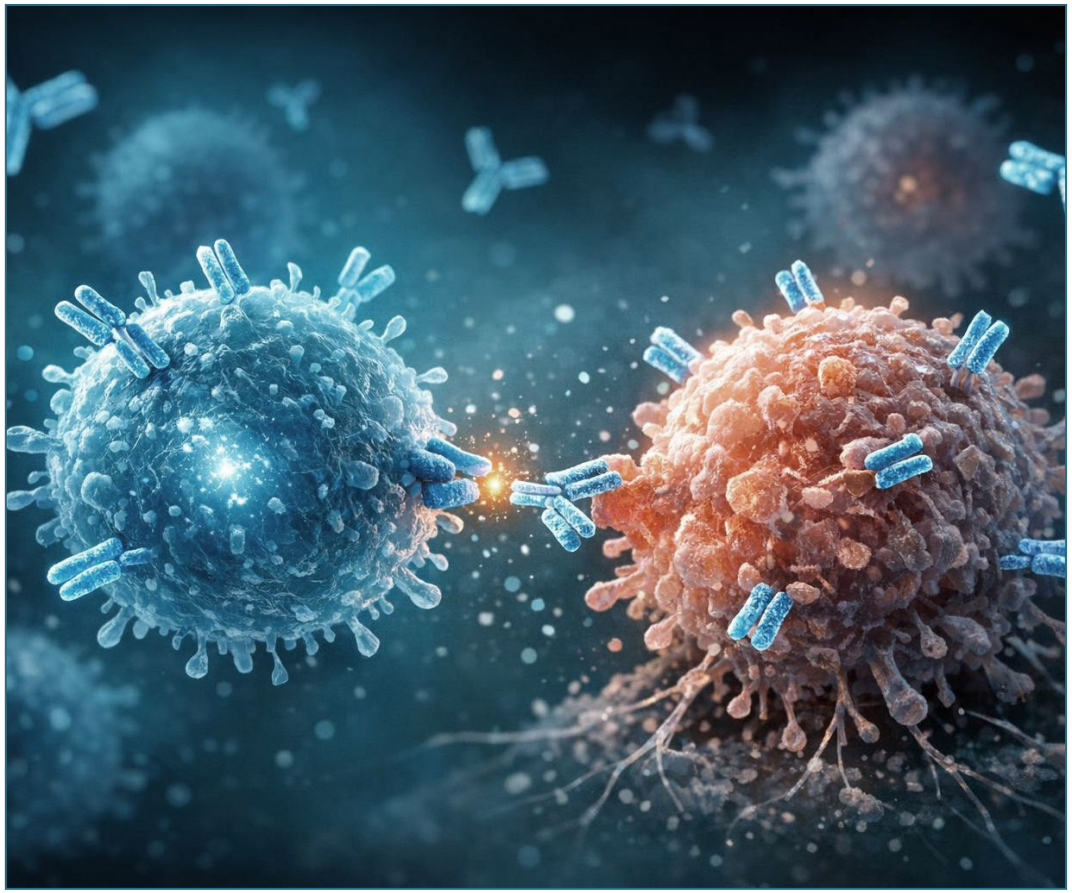
LYMPHIR

Commercialization underway

About Citius Oncology, Inc.

Focused on developing and commercializing innovative targeted oncology therapies

- Majority-owned (~71%) subsidiary of Citius Pharmaceuticals (NASDAQ: CTXR)
  - NASDAQ: CTOR | Stand-alone public company since August 2024
  - Shared management services agreement with CTXR for operational efficiency
- LYMPHIR®: First commercial product now in market
  - $400M+ est. addressable U.S. market with strong growth opportunities[1]; rights to all markets except India, Japan and certain parts of Asia
  - Investigator-led studies exploring potential expansion into immunomodulatory combination therapy and CAR-T conditioning



[1] Internal estimates based on IQVIA market research.

LYMPHIR commercially available in U.S. and abroad

INDICATION: LYMPHIR is an IL 2-receptor-directed cytotoxin indicated for the treatment of adult patients with relapsed or refractory Stage I-III cutaneous T-cell lymphoma (CTCL) after at least one prior systemic therapy

- Commercial supply established across U.S. wholesalers
- Early adoption at target institutions with repeat ordering observed
- Broad payer access supporting prescription
- International expansion initiated via Named Patient Programs

LYMPHIR early commercial traction

Initial launch metrics indicate strong adoption trajectory

$5.6M	83%	~135	~100%
Fiscal 1H revenue 2026	Target accounts in formulary or review	Health plans secured	Covered lives represented

Demand Momentum

- Sequential growth in orders from target institutions since launch
- Multiple accounts placing repeat orders
- Initial penetration into community infusion centers
- CL Foundation awareness campaign

Payer Access

- No reported reimbursement denials to date
- No prior-authorization barriers encountered

Field Expansion

- Key national and regional managers onboarded
- Broader field team expansion underway
- 6KAMs, 1 MSL (April 6);
- Additional 11 KAMs, 6 MSL, 2 TLL in process

CTOR's experienced management team

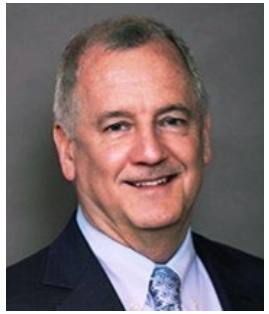
Shared management services agreement with Citius Pharmaceuticals mitigates execution risk, maximizes capital efficiency and leverages industry expertise

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

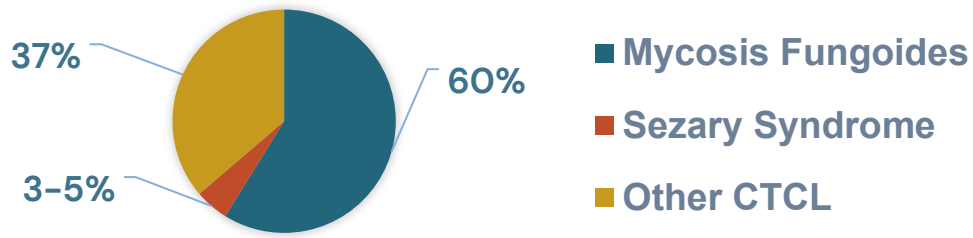
OMAR LANSARI
DIR, MARKETING

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

- Orphan cancer
- Severe quality-of-life impact: pain, pruritus, skin lesions
- Patients with persistent or recurrent CTCL require systemic therapy
- Limited systemic treatment options
- Patients cycle therapies creating recurring treatment opportunities

CTCL Prevalence by Subtype[2,3,4]



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

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: https0://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

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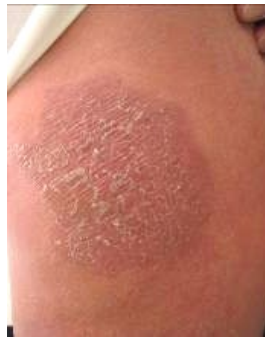
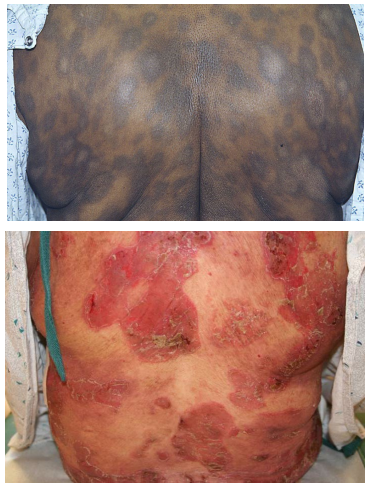
T1

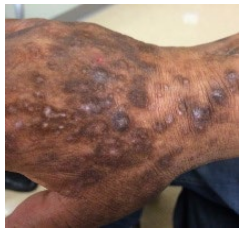


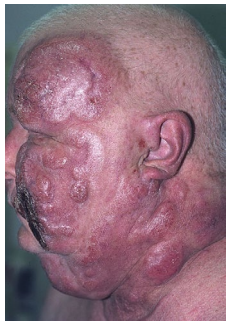
T2

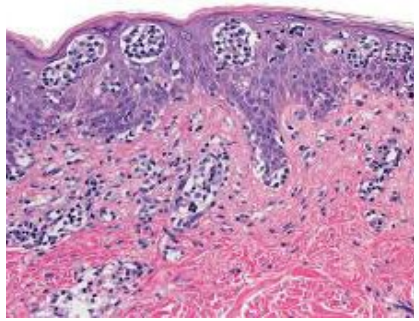


Skin Stage	Description	10-Yr Relative Survival, %
T1	Patches, papules, or plaques covering < 10% of the skin surface	100
T2	Patches, papules, or plaques covering ≥ 10% of the skin surface	67.4
T3	Tumors (≥ 1)	39.2
T4	Generalized erythroderma	41.0

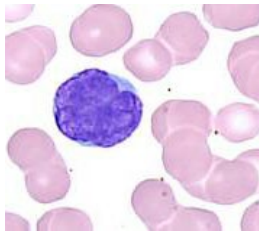
T3

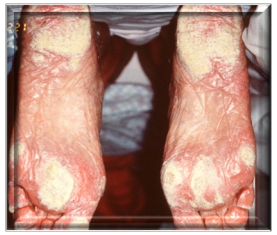




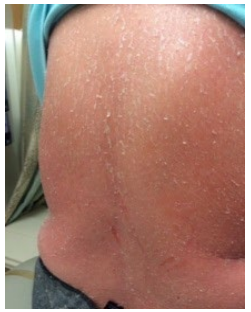


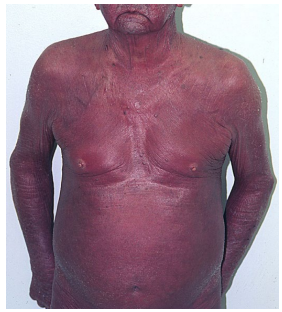
Sézary cell





T4



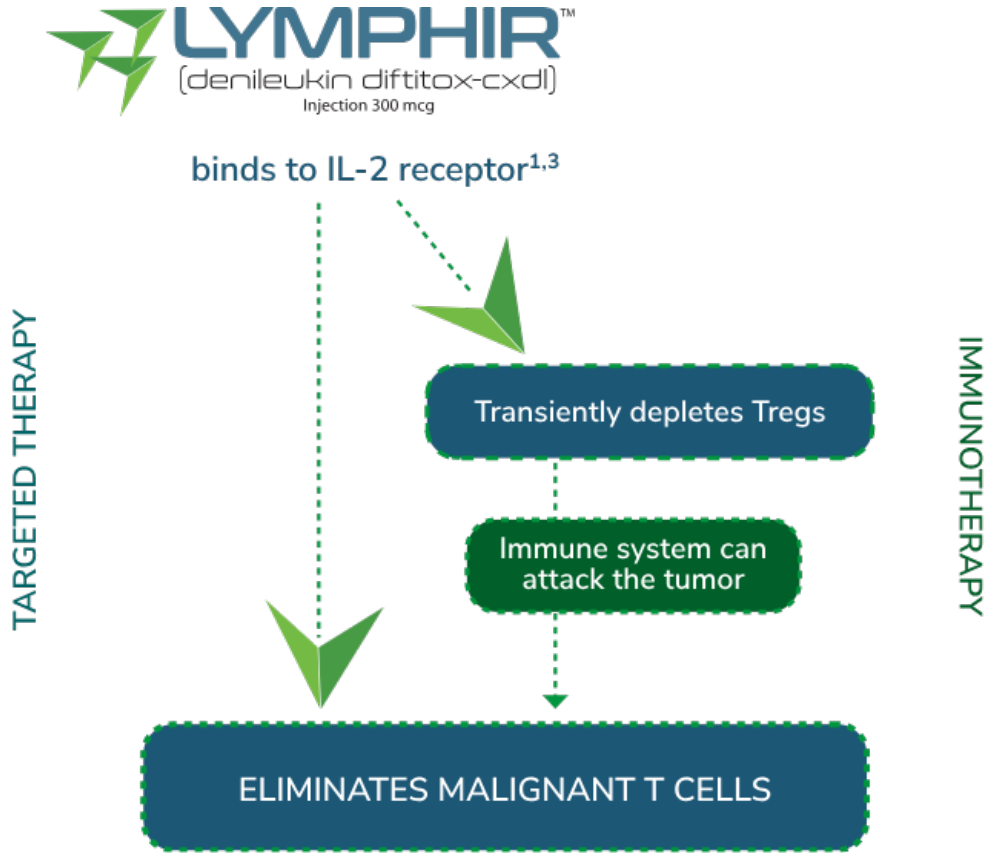


Zackheim. J Am Acad Dermatol. 1999;40:418.

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



- Targeting this shared receptor through an immunotoxin has the potential to:
  - Directly kill malignant T cells that express the IL-2 receptor
  - Transiently deplete Tregs so that the body's own immune response can focus its attack
- LYMPHIR binds to the IL-2 receptor on the cell surface, which drives its internalization into the cell[2]
- Once internalized, diphtheria toxin fragments are cleaved from IL-2 to inhibit protein synthesis and induce apoptosis[1,3]

References: 1. LYMPHIR. Prescribing information. Citius Oncology, Inc.; 2024. 2. Foss FM. DAB389IL-2 (denileukin diftitox, ONTAK): a new fusion protein technology. Clin Lymphoma. 2000;1(suppl 1):S27-S31. doi:10.3816/CLM.2000.s.005 3. Data on file. Citius Oncology, Inc.

Competitive landscape

Today's CTCL treatments are non-curative; LYMPHIR address key limitations of existing CTCL therapies

Current Therapy Limitations

ADCETRIS® (brentuximab vedotin)

- Requires CD30+ biomarker
- Peripheral neuropathy may limit use

POTELIGEO® (mogamulizumab-kpkc)

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

ISTODAX® (romidepsin) for injection 10-MG SINGLE-USE VIAL

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

LYMPHIR™ (denileukin diftitox-cxdl) Injection 300 mcg

- No biomarker needed
- Broad label
- No cumulative toxicity

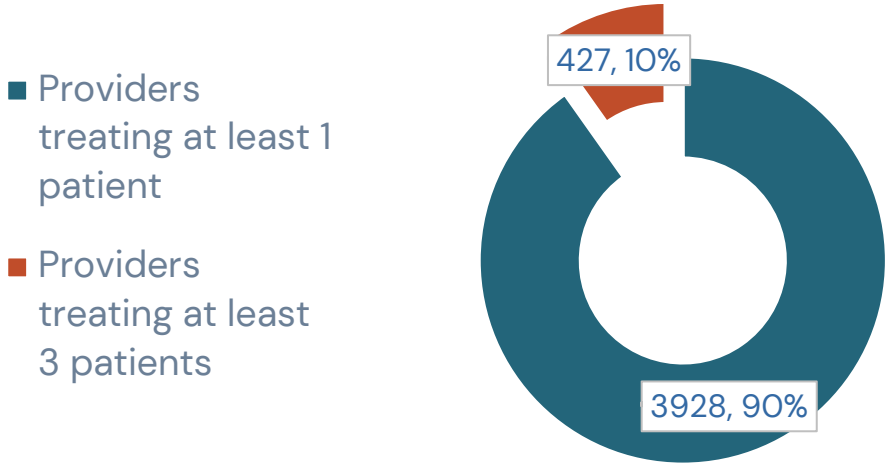
- Skin relief
- Rapid response
- No cumulative toxicity

- No cumulative toxicity
- Refined patient profile

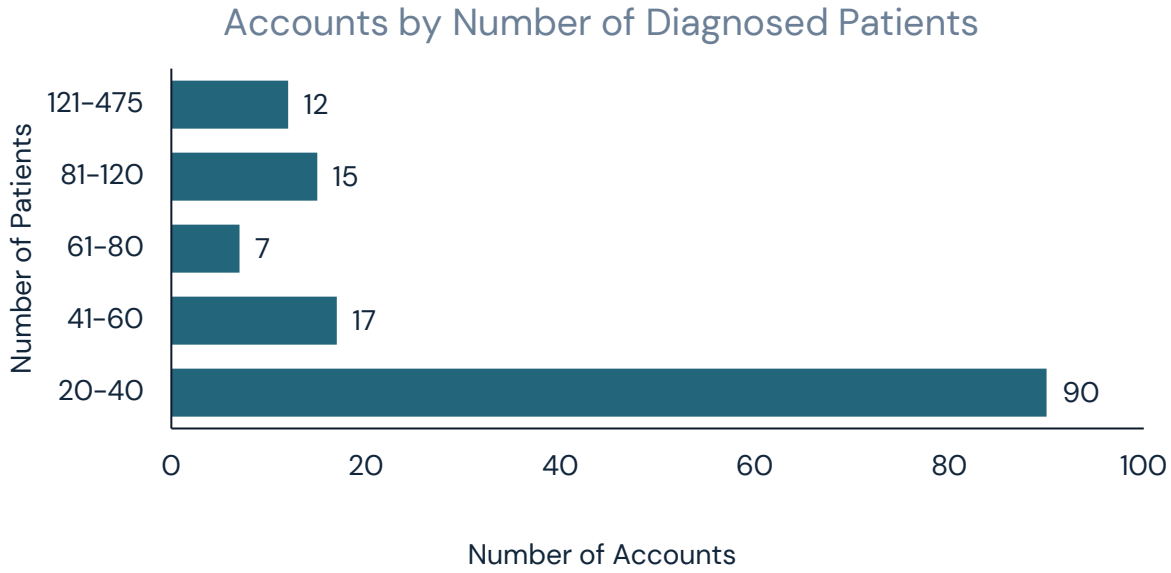
Prioritization of concentrated prescriber base

Highly concentrated prescriber base enables efficient, targeted commercialization strategy

10% of Providers (Physicians) Treat ≥3 Patients



141 Accounts Diagnose ≥20 Patients



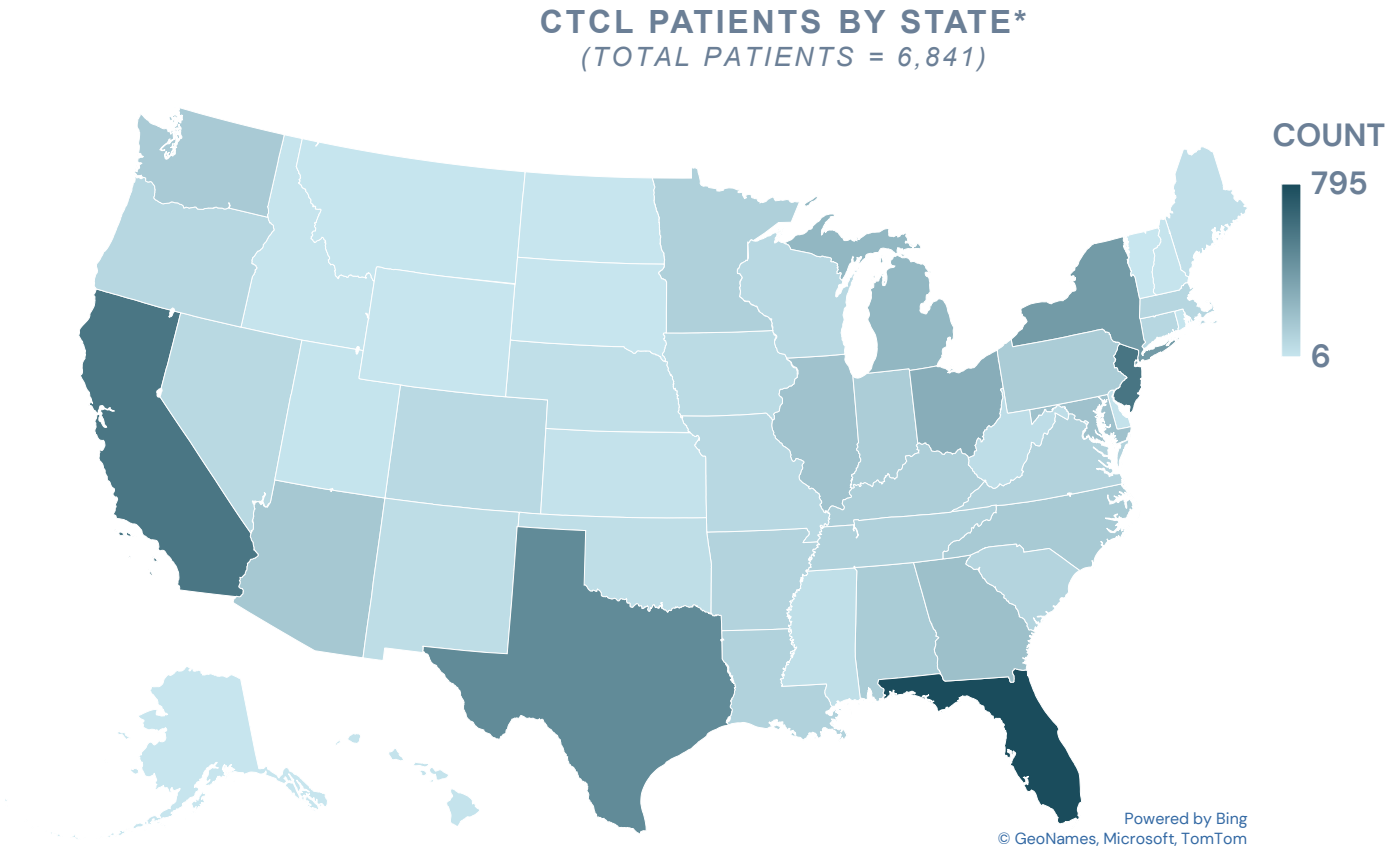
Source: IQVIA Medical (Dx) & Pharmacy (Rx) Claims Data; IQVIA Citius CTCL HCP Targeting Report – September 2022.

Patients may be double counted if treated by multiple providers. Accounts include institutions with multiple prescribing physicians or centers of care.

Patients 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 targeting system enables identification of key treatment patterns, personalization of provider engagement, and more efficient allocation of commercial resources 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 and channel access

Commercial-stage global distribution established and scalable with minimal infrastructure investment

- **Nationwide U.S. distribution**
  - Agreements with Cencora, Cardinal Health, and McKesson, the three largest U.S. specialty distributors, cover academic and community oncology sites nationwide
  - Payer access secured: coverage approaching 100% of U.S. commercial lives, with 83% of target accounts on formulary or in review
  - Permanent CMS reimbursement code (J-code J9161) in place, streamlining provider ordering and payment
  - Commercial inventory with 60-month shelf life on hand to meet up to 18 months of projected demand

- **Ex-U.S. commercialization underway**
  - Exclusive ex-U.S. distribution agreements executed with Uniphar and Integris Pharma and Er-Kim covering 19 markets in Europe and the Middle East
  - Named Patient Program framework generates near-term revenue ahead of formal EU regulatory applications and approvals
  - First LYMPHIR shipments to Europe began April 2026

Opportunities for growth beyond CTCL

Clinical data supports potential of LYMPHIR in treatment of additional cancers

1. University of Minnesota · Investigator initiated Phase I trial · CAR-T combo · ASTCT/CIBMTR 2026

86% Overall response rate at 1 month	**57% / 29%** Complete / Partial response
77% One-year progression-free survival	**84%** One-year overall survival

LYMPHIR given prior to CAR-T in high-risk r/r B-cell lymphomas (NCT04855253).
No dose-limiting toxicities observed; Treg depletion seen in all but one patient.
Investigator-initiated Phase 1 topline data presented at ASTCT/CIBMTR 2026.

2. University of Pittsburgh · Investigator initiated Phase I trial · KEYTRUDA® combo · ASCO 2026

24% Overall response rate (n=21)	**33%** ORR in r/r endometrial cancer
48% Clinical benefit rate	**20.5 mo** Median PFS in patients achieving clinical benefit

LYMPHIR + KEYTRUDA® in heavily pre-treated r/r gynecologic malignancies (NCT05200559).
20.5-month median PFS in patients achieving clinical benefit; median 5 prior therapies.
No unexpected safety signals or serious immune-related adverse events. ASCO 2026 Abstract #2564.

Clinical activity in solid tumors • Positive signal in CAR-T setting • Favorable safety profile

3. Label expansion potential in PTCL — high unmet need, no curative therapies

Denileukin diftitox approved for PTCL in Japan*

KEYTRUDA is a registered trademark of Merck & Co., Inc.
*Denileukin diftitox is marketed in Japan as Remitoro®, a registered trademark of Eisai Co., Ltd.

Multi-layered protection raises barriers to entry

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1 **12 years of BLA exclusivity**
Marketing exclusivity in the U.S.

2 **Orphan Drug Exclusivity (7 years)**
ODD granted for CTCL and PTCL; CTCL exclusivity determined at BLA review

3 **Complex proprietary manufacturing**
Trade secret

4 **2 patents pending**
LYMPHIR as combination therapy with checkpoint inhibitors

Mino-Lok

Phase 3 Trial Completed: Positive Topline Data

Mino-Lok overview

First-in-class catheter salvage with positive Phase 3 trial data

- 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 addressable market ~$1.8 billion[1]

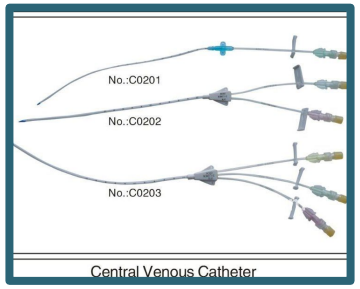
Achieved primary and secondary endpoints of Phase 3 Trial

- ✓ 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

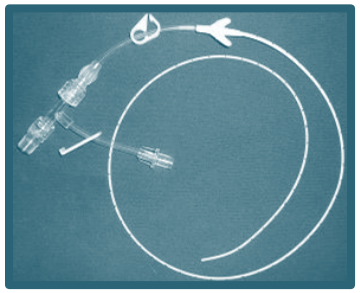
[1] Addressable-market estimates per Company analysis and third-party research (IQVIA, DelveInsight).

Central venous catheters

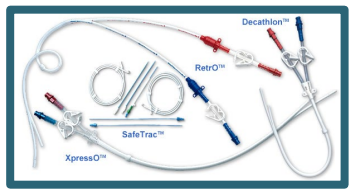
Central Venous Catheters (CVCs), Peripherally Inserted Central Catheter (PICCs), and Hemodialysis



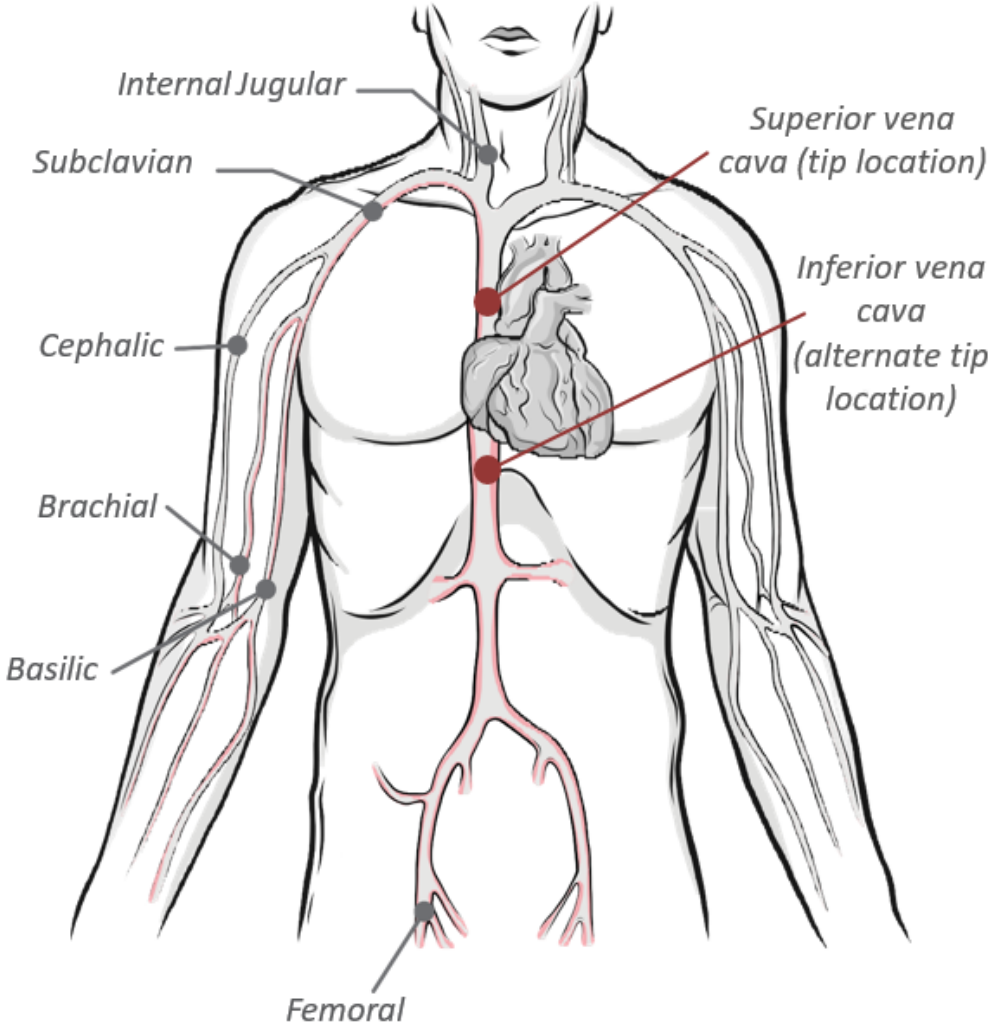
Central Venous Catheter

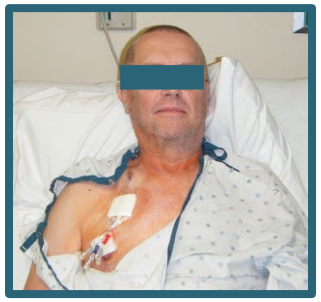


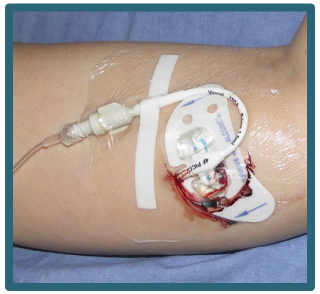
PICC

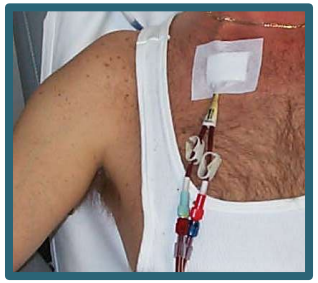


Hemodialysis





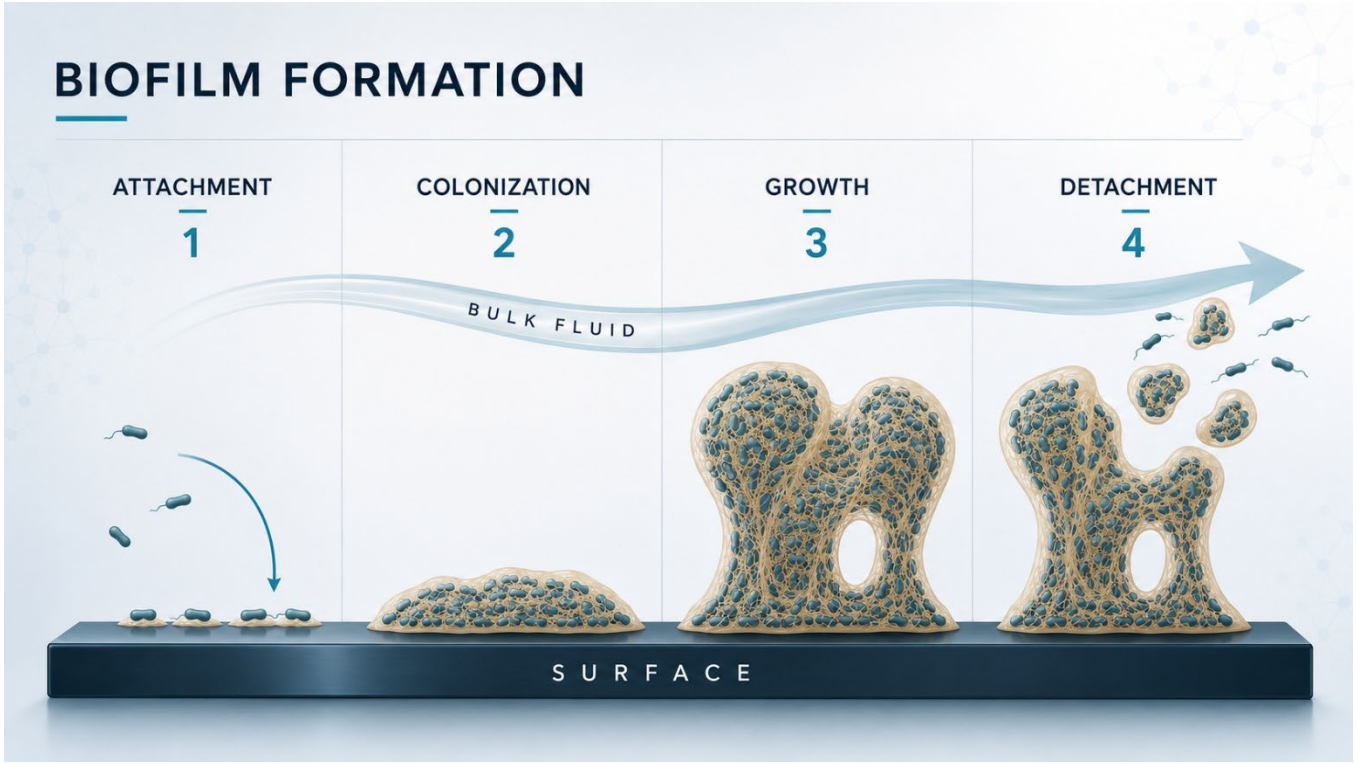


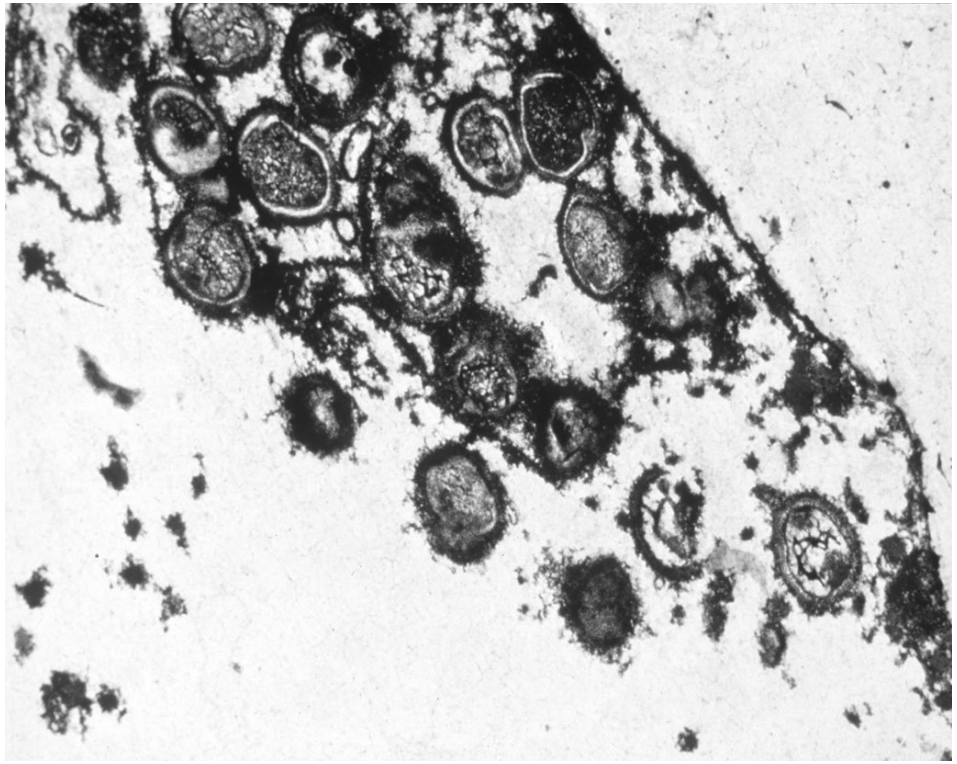


Biofilm formation protects colonies

Biofilm shields catheter colonies from antibiotics, underscoring the need for a biofilm-penetrating therapy

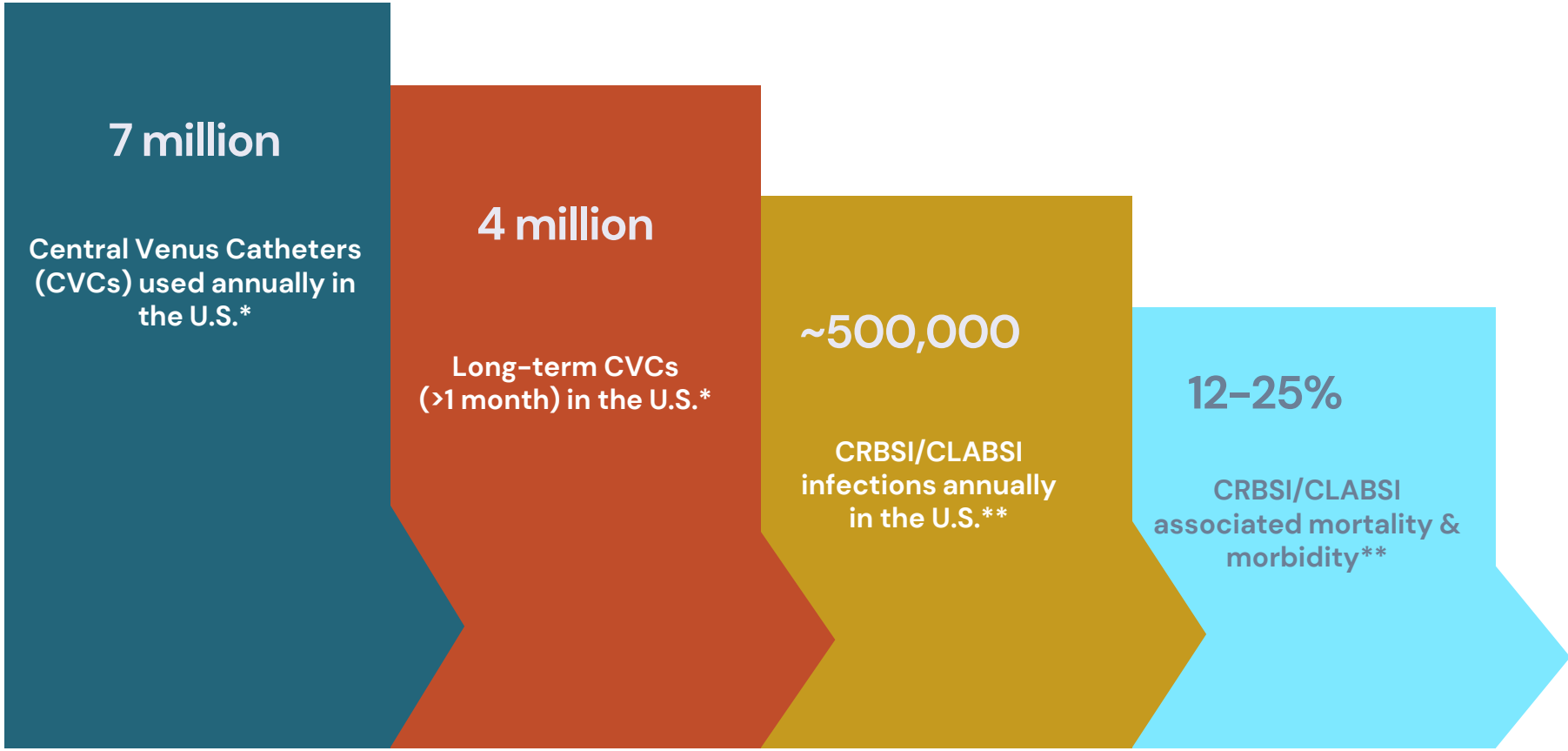
- Pathogens attach to the surface of the lumen in a central venous catheter and form colonies.
- Colonies grow and exude a fibrous glycocalyx that protects the organisms from antibiotics, even when shown to be sensitive *in vitro*





Market potential: $1B+ in U.S. and $1.8B+ globally

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



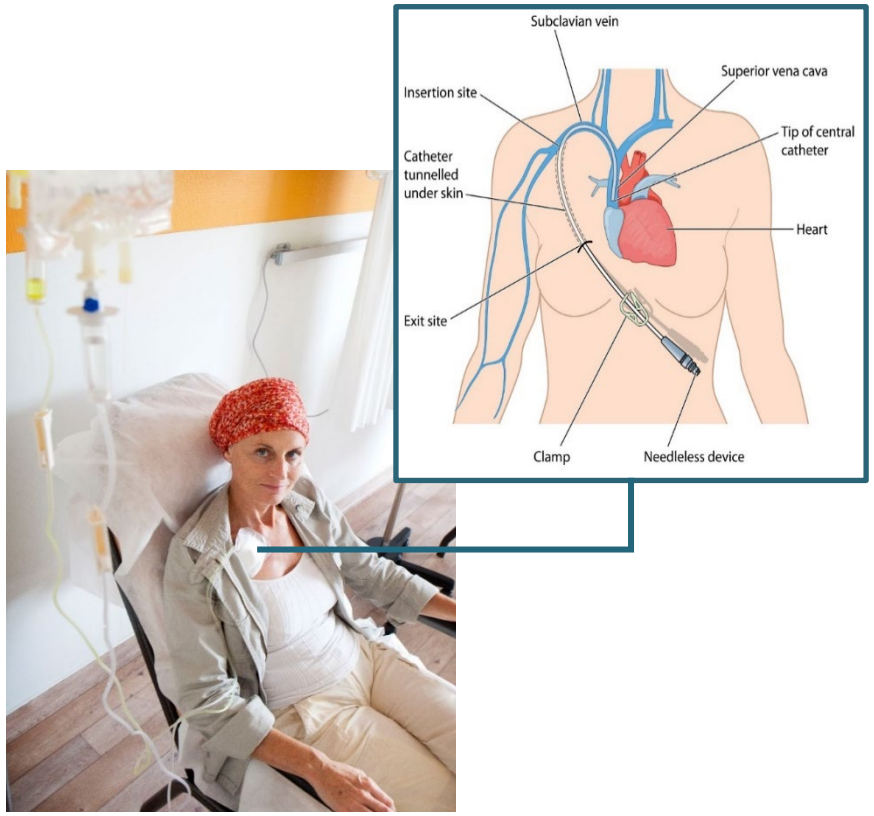
* Shah H., Bosch W., Hellinger W. C., Thompson K. M. (2013). Intravascular catheter-related bloodstream infection. Neurohospitalist 3, 144–151. doi: 10.1177/1941874413476043.

** 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 become the 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



Positive 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	Key Secondary Endpoint: Overall Treatment Success	Safety Profile
>6 weeks	**Significantly higher with Mino-Lok**	**45.1% vs 46.1%** (Mino-Lok vs. Control)
Mino-Lok median time to failure exceeded the 6-week (42 day) trial period Control arm: 33 days	A greater percentage of Mino-Lok patients achieved overall treatment success vs control	Comparable adverse events to control; Mino-Lok is instilled in the catheter and never enters the patient
p = 0.0006	p = 0.0025	No drug-related SAEs

Halo-lido

Halobetasol/Lidocaine

Halo-lido overview

Potentially the first FDA-approved prescription product to treat hemorrhoids

- **Large unmet market need:** 10M+ patients report hemorrhoidal symptoms; ~1/3 seek physician treatment[1]
- **Differentiated product:** topical cream of halobetasol propionate (highly potent steroid) + lidocaine HCl

Phase 2b trial completed

- 5 cohorts × 60 subjects;
- Symptoms tracked via a proprietary patient reported outcome (PRO) mobile app

Positive Phase 2b results

- Meaningful reduction in symptom severity when compared to individual components alone;
- Phase 3 trial dose selected;
- PRO validated

FDA engagement

Ongoing FDA engagement on next steps

Monetize asset

Pursue a strategic or financial partner to realize full value

[1] Source: https://www.mayoclinic.org/medical-professionals/digestive-diseases/news/hemorrhoidal-disease-diagnosis-and-management/mac-20430067

Summary

Financial position & capitalization

Revenue-generating and recently recapitalized

$5.6M
LYMPHIR net revenue, H1 FY2026[1]

~80%
Gross margin on LYMPHIR sales

~71%
Ownership of Citius Oncology (CTOR)

up to ~$41+M
New financing secured as of May 2026[2]

Capital structure

- Two Nasdaq listed companies: CTXR and majority-owned subsidiary CTOR
- ~71% ownership of CTOR provides direct exposure to LYMPHIR commercialization
- Shared management services agreement with CTOR drives capital efficiency
- CTXR: 27,452,570 shares outstanding as of 5/14/26
- CTOR: 92,981,204 shares outstanding as of 5/14/26

Funding & runway

- April 2026: CTXR completed a $5.0M registered direct offering
- May 2026: CTOR arranged up to $36.5M in combined debt and equity financing
- Combined funds expected to support operations into Q4 CY2026[3]

[1] Net revenue over four months since the December 2025 U.S. launch (as of March 31, 2026) [2] CTXR $5.0M registered direct offering plus CTOR facilities of up to $36.5M. [3] Management expectation as of the fiscal Q2 2026 update; subject to operating results and market conditions.

Why invest? Why now?

A sum-of-the-parts opportunity: launched oncology platform plus two de-risked pipeline programs

Citius Oncology (CTOR)
~71% owned · commercial

- Publicly traded, commercial-stage oncology (Nasdaq: CTOR)
- LYMPHIR launched Dec 2025; $400M+ U.S. addressable market
- Early traction: ~80% gross margin, near-100% payer coverage
- Optionality: PTCL, CAR-T and checkpoint-inhibitor combinations

Mino-Lok®
Wholly owned · Phase 3 complete

- Phase 3 met primary & key secondary endpoints (p=0.0006)
- Only therapy designed to salvage infected catheters (CLABSI)
- $1B+ U.S. / $1.8B+ global addressable market
- Catalyst: regulatory path decision and partnering

Halo-Lido
Wholly owned · Phase 2b complete

- Phase 2b complete; Phase 3 dose selected, PRO validated
- Potential first FDA-approved Rx therapy for hemorrhoids
- 10M+ patients report symptoms; ~1/3 seek treatment
- Catalyst: FDA alignment and asset monetization

WHY NOW

- Commercial inflection— LYMPHIR launched and ramping with growing account base, repeat orders and near 100% payer coverage, at ~80% gross margin
- Recently recapitalized
- Value of CTOR stake plus pipeline not reflected at current valuation

ALIGNMENT

- $26.5M insider investment
- CTXR owns ~71% of CTOR

CITIUS PHARMA

NASDAQ: CTXR

Investor Inquiries: ir@citiuspharma.com

CTXR | CTOR | LYMPHIR®