

A hand in a white glove holds a small, dark, rectangular object in front of a computer monitor. The monitor displays a colorful, abstract image with red, blue, and green elements. The background is a blurred office setting.

Strategic Separation to Maximize Shareholder Value

Sept. 29, 2025



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Today, Anaptys is an integrated company with significant biopharma operations and royalty assets



Immune Cell Modulators

Rosnilimab

(Pathogenic T cell depleter)

P2b complete in
Rheumatoid Arthritis

P2 in
Ulcerative Colitis

ANB033

(CD122 antagonist)

P1b in
Celiac Disease

ANB101

(BDCA2 modulator)

P1 in
Healthy Volunteers

Autoimmune and inflammatory diseases including gastroenterology, rheumatology and dermatology

Research-driven • Preclinical pipeline of immunology targets

Capital Position & Royalties

Strong capital position

- Expected cash runway: YE 2027
 - Q2 2025 cash: ~\$294MM
 - Includes GSK \$75MM milestone for *Jemperli* \$1B annual WW sales

Royalty income

- Cash runway excludes significant royalty potential:
 - GSK royalty potential for *Jemperli*
 - Vanda royalty and milestone potential for imsidolimab

Intention to separate Anaptys into two independent, publicly traded companies



Royalty Management Co

Focus on protecting and returning value of the royalties to shareholders

- Hold and continue to manage rights to
 - Potential substantial *Jemperli* royalties from GSK
 - Insidolimab milestones and royalties from Vanda Pharmaceuticals
- Expect minimal infrastructure and staff
- Anticipate will retain Anaptys' net operating loss (NOL) carryforwards

Biopharma Co

Focus on developing and potentially commercializing innovative therapeutics

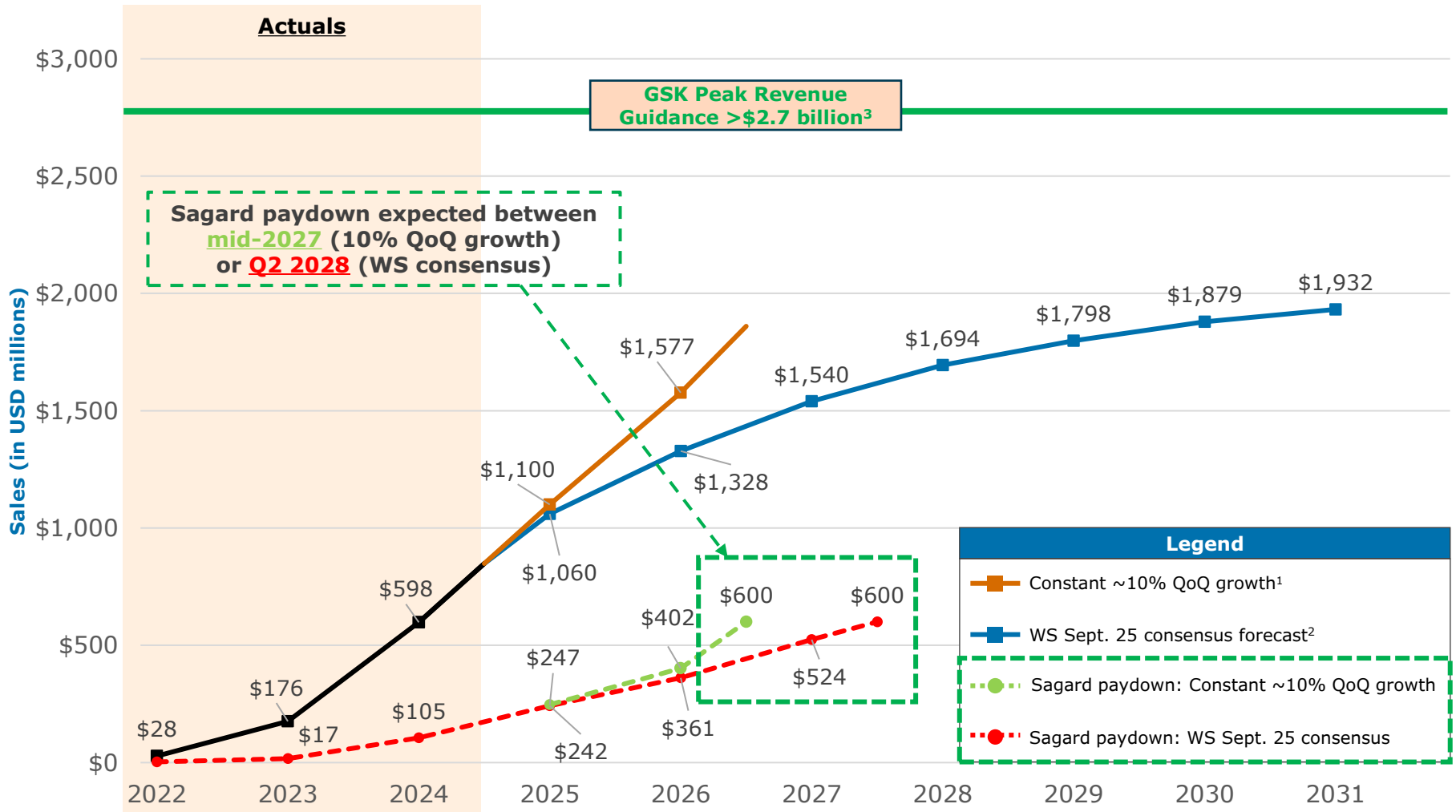
- Autoimmune and inflammatory diseases focus
- Multiple best-in-class development stage programs: rosnilimab, ANB033 and ANB101
- Retains antibody R&D capabilities
- To launch with adequate capital to fund operations for at least two years through significant potential corporate milestones

Unlock and maximize value by enabling investors to align their investment philosophies with each company's different strategic and financial objectives

Jemperli on a steep growth trajectory with GSK guiding to greater than £2 billion (\$2.7 billion) peak monotherapy sales



Jemperli Revenue Forecasts



1. Actual Jemperli Q1 to Q2'25 QoQ growth was 19%, Forecast assumes constant ~10% QoQ sales growth from Q2'25 through Q2'27 and dMMR rectal approval; 2. GSK analyst consensus as of 9/15/2025 converted from GBP to USD using Q3 2025 average exchange rate (1.35x), GSK Analyst Consensus website; 3. CEO Emma Walmsley, 2025 JP Morgan CEO Series fireside chat, 9/11/2025, "there's no change to our peak year sales overall ambition for Jemperli, that's for sure, which is for more than £2 billion."

Royalty Management Co would protect and return value to shareholders



***Jemperli*: GSK Financial Collaboration**

- Q2 2025 sales: \$262m (>19% US QoQ growth rate)
 - >\$1b annualized run rate¹
- Significant royalties on global net sales
 - 8% (\$0 to \$1b), 12% (\$1 - \$1.5b), 20% (\$1.5 - \$2.5b), and 25% (>\$2.5b)
- Anticipate Sagard paydown between mid-2027 and Q2 2028 projected from *Jemperli's* continued strong growth rate
- Substantial ongoing investment in additional indications for *Jemperli* monotherapy and combos
 - 2H:26: top-line data from registrational dMMR rectal trial

***Imsidolimab*: Vanda Financial Collaboration**

- 10% royalty on global net sales
- \$35 million in future milestones
 - \$5 million – FDA approval in GPP
 - \$5 million – EMA approval in GPP
 - \$25 million – \$100 million annual sales milestone
- FDA BLA submission for GPP expected in 2025
- Exploring potential in other inflammatory diseases²

Biopharma Co would retain leading pipeline of immune cell modulating antibodies with significant upcoming catalysts



Development Stage and Anticipated Milestones

Antibody Program	Therapeutic Indication	Development Stage and Anticipated Milestones			
		IND Enabling	Phase 1	Phase 2	Phase 3
Rosnilimab (Pathogenic T cell depleter)	Rheumatoid Arthritis			P2b trial complete Final data to be presented at a future medical conference	
	Ulcerative Colitis			P2 data through Week 12 anticipated Nov./Dec. 2025	
ANB033 (CD122 antagonist) <i>Focused IR event Oct. 14</i>	Celiac Disease		P1b initiated		
	Inflammatory Disease		P1b to initiate in 2026		
ANB101 (BDCA2 modulator)	Inflammatory Disease		P1 in healthy volunteers ongoing		

Immune Cell Modulators



Next steps for rosnilimab

Rheumatoid Arthritis

Positive Phase 2b data reported

- Best-in-disease profile
- Favorable safety and tolerability
- JAK-like efficacy through 6 months
 - Max response rates not yet observed due to trial design
- Sustained 12-14 week off-drug responses through 9 months
- Plan to present data at future medical congress

Ulcerative Colitis

Phase 2 data through Week 12 anticipated in Nov./Dec. 2025

- Blinded surveillance data suggest favorable safety and tolerability profile
- TPP guidance
 - 3-months – Stat sig on primary endpoint (Δ MMS)
 - 6-months – “IL-23-like” clinical and endoscopic remission measured by imputed ITT
 - 6-12 months – Better durability than biologics where 1/3 to 1/2 relapse within 1 year

- Additional potential activities in 2026+
 - P3 enablement: drug supply scale-up and end-of-phase 2 regulatory interactions
 - Potentially initiate P2 studies in additional indications

- *Assessing strategic paths, including:*
 - *Partnership to develop in all indications, including RA and UC, or*
 - *Independently advance one Phase 3 indication, following UC data*
- *Outcome could impact how economic value of rosnilimab is allocated between Royalty Management Co and Biopharma Co*

Additional information on the intended separation



- Anticipate separation of Biopharma Co will be completed by YE 2026
 - Focused on minimizing overall corporate- and shareholder-level taxation across the entire transaction
- Specific decisions regarding the structure, Board of Directors, leadership and financial operations of the two companies will be disclosed at a later time
 - Daniel Faga, president and CEO of Anaptys, is anticipated to be CEO of Biopharma Co
- Completion subject to final approval by Anaptys' Board of Directors and other customary conditions

Potential transformative strategic advancement to unlock strong, sustainable growth and maximize the value recognized across these two sets of assets:
the royalties and the biopharma development portfolio



Appendix

Potential royalties and milestones to Anaptys from GSK immuno-oncology financial collaboration



Financial terms to Anaptys



**Royalty rate
(annual WW
net sales)**

8% - \$0 to \$1 billion
12% - \$1.0 to \$1.5 billion
20% - \$1.5 to \$2.5 billion
25% - >\$2.5 billion

**Remaining retained
milestones**

\$75MM when
annual net sales ≥ \$1 billion¹

Sagard “Jemperli – only” capped non-recourse monetization

- *Jemperli* receivables payable to Sagard until cumulative \$600MM paydown by Mar. 31, 2031^{1,2}
- Anticipate ~\$250MM accrued to Sagard by YE 2025
- Projected cumulative \$600MM paydown mid-2027 and Q2 2028³

1. The \$75MM commercial milestone is excluded from Sagard monetization. The following *Jemperli* milestones are also still potentially payable from GSK but contribute to Sagard paydown: \$15MM on regulatory approvals and \$50MM on annual net sales of \$750MM.

2. If cumulative \$600MM not paid to Sagard by Mar. 31, 2031, the cumulative paydown increases to \$675MM.

3. Forecast assumes constant ~10% QoQ sales growth from Q2'25 through Q2'27 and dMMR rectal approval and Q2 2028 derived from GSK analyst consensus as of 9/15/2025 converted to USD (1.35x conversion rate), GSK website - <https://www.gsk.com/en-gb/investors/analyst-consensus/>

Note: Anaptys' capped non-recourse monetizations resulted in \$300MM of non-dilutive capital, including \$250MM in Oct. 2021 and \$50MM in May 2024.

Note: Separate sale of Anaptys' *Zejula* (niraparib) royalty interest occurred in September 2022 to DRI Healthcare Trust for \$35MM upfront + \$10MM potential milestone upon FDA approval of *Zejula* for the treatment of endometrial cancer, to the extent that such approval occurs on or before 12/31/25. At present, the *Jemperli* plus *Zejula* combination demonstrated significantly improved PFS in primary advanced or recurrent endometrial cancer in the RUBY Phase III trial. 11



Endometrial cancer (approved indications)

- **1L endometrial cancer:** Approved in US and EU for primary advanced or recurrent EC in combination with chemo
- **2L endometrial cancer:** Approved (monotherapy) in US and EU for dMMR/MSI-H recurrent or advanced EC after progressing on a platinum-containing regimen
- Significant U.S. market opportunity with 23,000 eligible diagnoses/year¹

Colorectal cancer and dMMR pan tumors

- **MSI-H Pan Tumors:** Accelerated approval (monotherapy) in US for dMMR recurrent or advanced solid tumors that have progressed on or following prior treatment and who have no satisfactory alternative treatment options
- **Rectal cancer:** P2 AZUR-1 trial (monotherapy) in dMMR/MSI-H in locally advanced rectal cancer
 - Registrational, fully enrolled, with top-line data in H2 2026
- **Colon cancer:**
 - P3 AZUR-2 registrational, trial (monotherapy vs SoC adjuvant chemo) perioperative in patients with high-risk early-stage dMMR/MSI-H cancer
 - P2 AZUR-4 trial (dostarlimab + chemo combination) in neoadjuvant MMRp/MSS cancer

Head & Neck squamous cell carcinoma

- **LA-HNSCC:** P3 JADE registrational trial (monotherapy) sequentially after chemoradiation
 - Significant U.S. market opportunity with 54,000 eligible diagnoses/year¹

Additional combination studies and comparative data

Liver cancer (1L HCC): P1 AMBER Cohort F trial (dostarlimab + cobolimab)

ADC combination opportunities

Head-to-Head vs. Keytruda: P2 PERLA trial (46% cORR for dostarlimab + chemo vs. 37% cORR for pembrolizumab + chemo, HR 0.70)

- *Not for registration*; data reported in December 2022

Imsidolimab (IL-36R antagonist) out-licensed to Vanda

Financial terms to Anaptys



Exclusive global license to Vanda

announced February 2025

\$15 million upfront payment

\$10 million upfront and \$5 million for existing drug supply

\$35 million future milestones

\$5 million – FDA approval in GPP

\$5 million – EMA approval in GPP

\$25 million – Achievement of \$100 million WW annual net sales

10% royalties on global net sales

FDA BLA submission for generalized pustular psoriasis (GPP) expected in 2025¹

Imsidolimab: two positive global Phase 3 studies in GPP

Vanda plans to expand development into additional indications²