Legend Biotech

CORPORATE PRESENTATION

JANUARY 14, 2025

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Statements in this presentation about future expectations, plans and prospects, as well as any other statements regarding matters that are not historical facts, constitute "forward-looking statements" within the meaning of The Private Securities Litigation Reform Act of 1995.

These statements include, but are not limited to, statements relating to Legend Biotech's strategies and objectives; statements relating to CARVYKTI® (ciltacabtagene autoleucel; cilta-cel), including patient population of CARVYKTI®, Legend Biotech's expectations for CARVYKTI®, including manufacturing expectations for CARVYKTI®; and statements about regulatory submissions for CARVYKTI®, statements related to Legend Biotech's ability to achieve operating profit; and the progress of such submissions with the FDA, the EMA and other regulatory authorities; and expected results and timing of clinical trials; Legend Biotech's expectations for LB2102 and its potential benefits; the potential benefits of the licensing transaction; Legend Biotech's expectations on advancing their pipeline and product portfolio; and the potential benefits of Legend Biotech's product candidates. The words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "will," "would" and similar expressions are intended to identify forward- looking statements, although not all forward-looking statements contain these identifying words. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors. Legend Biotech's expectations could be affected by, among other things, uncertainties involved in the development of new pharmaceutical products; unexpected clinical trial results, including as a result of additional analysis of existing clinical data or unexpected new clinical data; unexpected regulatory actions or delays, including requests for additional safety and/or efficacy data or analysis of data, or government regulation generally; unexpected delays as a result of actions undertaken, or failures to act, by our third party partners; uncertainties arising from challenges to Legend Biotech's patent or other proprietary intellectual property protection, including the uncertainties involved in the U.S. litigation process; competition in general; government, industry, and general product pricing and other political pressures; as well as the other factors discussed in the "Risk Factors" section of Legend Biotech's Annual Report on Form 20-F for the year ended December 31, 2023, filed with the Securities and Exchange Commission (SEC) on March 19, 2024 and Legend Biotech's other filings with the SEC.

Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those described in this presentation as anticipated, believed, estimated or expected. Any forward-looking statements contained in this presentation speak only as of the date of this presentation. Legend Biotech specifically disclaims any obligation to update any forward-looking statement, whether as a result of new information, future events or otherwise.

LEGEND BIOTECH

Legend Biotech – Transforming Cancer Care

Pioneer
and Leader in
CAR-T Therapy
Revolution

CARVYKTI®

2,500+
Employees
450+ Focused
on R&D

11 Pipeline Programs
in Hematologic
Malignancies, Solid Tumors,
and Autoimmune Diseases

Stand-alone
with
End-to-end
Capabilities

Partnerships
Johnson & Johnson
And
Novartis

$1.2B
in Cash, Cash Equivalents and
Time Deposits[1]

Nasdaq : LEGN

1. As of September 30, 2024

LEGEND BIOTECH

CARVYKTI®

Proven Leader on the Path to Cure

CARVYKTI™ (ciltacabtagene autoleucel) Suspension for IV Infusion

- **First and only** CAR-T cell therapy providing superior OS vs SoC in Multiple Myeloma
- **>4,500** treated patients treated
- Significant sales **growth trajectory, strong 2L+ launch with the OS benefit achieved**
- **Strongest CAR-T launch to date,** with $286M in net trade sales in 3Q24
- **Outpatient** commercial advantage (48% out-patient use in 3Q24)

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Multiple Myeloma

Blood Cancer with a High Unmet Need

3RD MOST COMMON BLOOD CANCER

accounting for 14% of all hematologic cancer[1]

187,952

NEW CASES WORLDWIDE IN 2022[1,2]

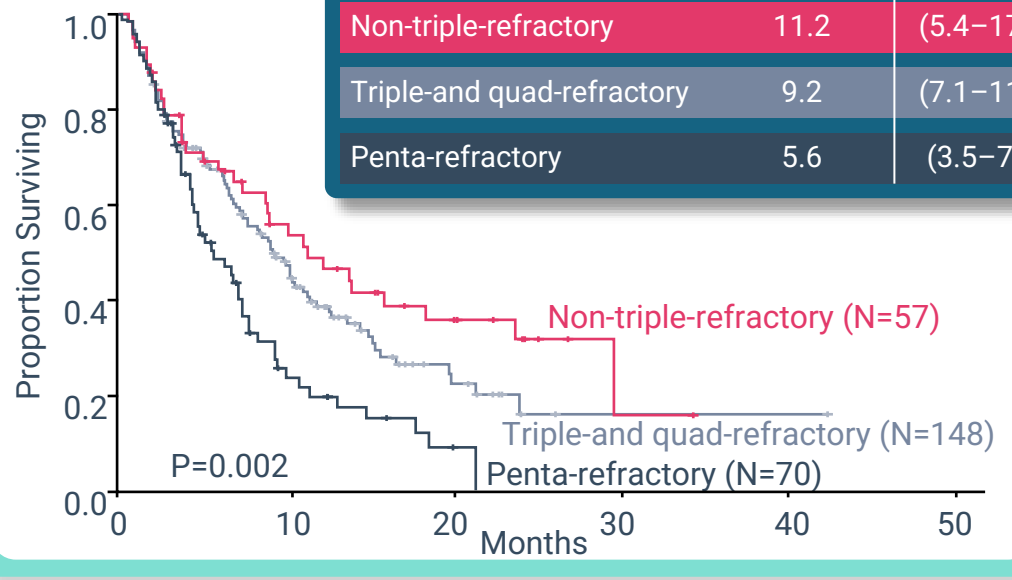
POOR SURVIVAL OUTCOMES IN MULTIPLE REFRACTORY MM

Median OS < 12 months

in patients refractory to anti-CD38, ≥ 1 PI(s) and / or ≥ 1 IMiD(s)[6]

Median OS for each group

	Median OS (months)	95% CI
Non-triple-refractory	11.2	(5.4–17.1)
Triple-and quad-refractory	9.2	(7.1–11.2)
Penta-refractory	5.6	(3.5–7.8)



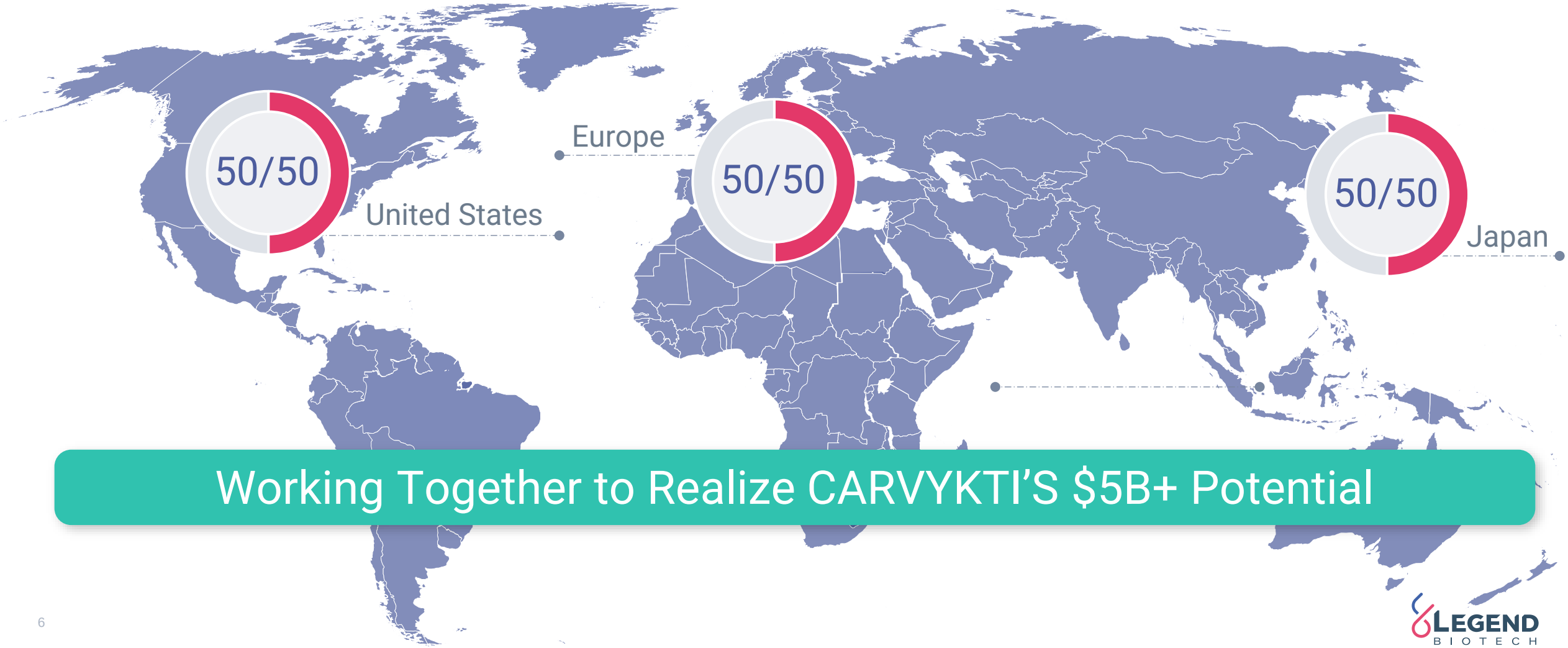
CI, confidence interval; PI, Proteasome Inhibitor; IMiD, immunomodulatory drug; MM, multiple myeloma; OS, overall survival

1. Globocan 2022 World Fact Sheet: https://gco.iarc.who.int/media/globocan/factsheets/cancers/35-multiple-myeloma-fact-sheet.pdf. Accessed March 2024. 2. Globocan 2022 World Fact Sheet: World. https://gco.iarc.who.int/media/globocan/factsheets/cancers/35-multiple-myeloma-fact-sheet.pdf. Accessed March 2024.

Legend and J&J Global Collaboration

CARVYKTI™ (ciltacabtagene autoleucel) Suspension for IV Infusion

Worldwide Collaboration and License Agreement to Develop and Commercialize Cilta-cel with J&J, the #1 Global Multiple Myeloma Market Leader



Working Together to Realize CARVYKTI'S $5B+ Potential

LEGEND BIOTECH

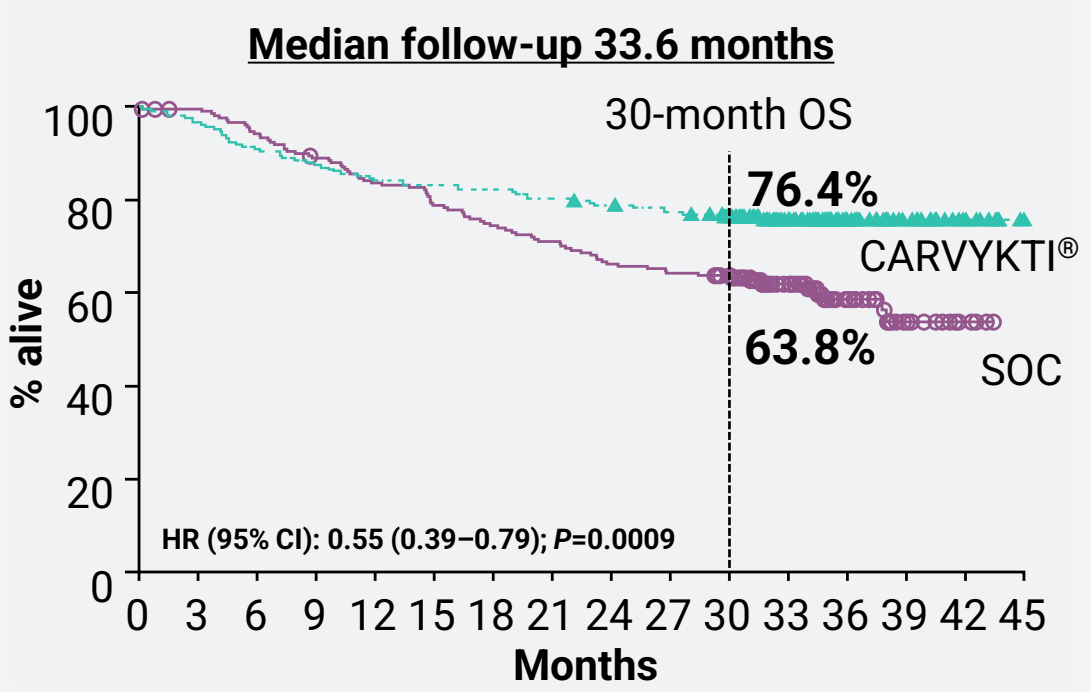
CARVYKTI® - First CAR-T in MM to Achieve OS Benefit vs SOC

Gold Standard for Oncology Trials

- One-time infusion significantly prolonged **overall survival** and **improved quality of life**[1]
- **45% reduction in risk of death** with CARVYKTI® vs SOC in patients with lenalidomide-refractory MM after 1–3 prior LOT[1]
- **Safety profile consistent** with previous analysis[1,2]

CARVYKTI®

CARVYKTI® Significantly Improved OS vs SOC[1]



1. Mateos, et al. Overall Survival (OS) With Ciltacabtagene Autoleucel (Cilta-cel) Versus Standard of Care (SoC) in Lenalidomide (Len)-Refractory Multiple Myeloma (MM): Phase 3 CARTITUDE-4 Study Update. International Myeloma Society 2024 Annual Meeting. September 2024.
2. San-Miguel J, et al. N Engl J Med 2023;389:335-47. OS: overall survival; PFS: progression-free survival; SOC: standard of care; MM: multiple myeloma; LOT: line(s) of therapy; MNT: movement and neurocognitive treatment-emergent adverse event

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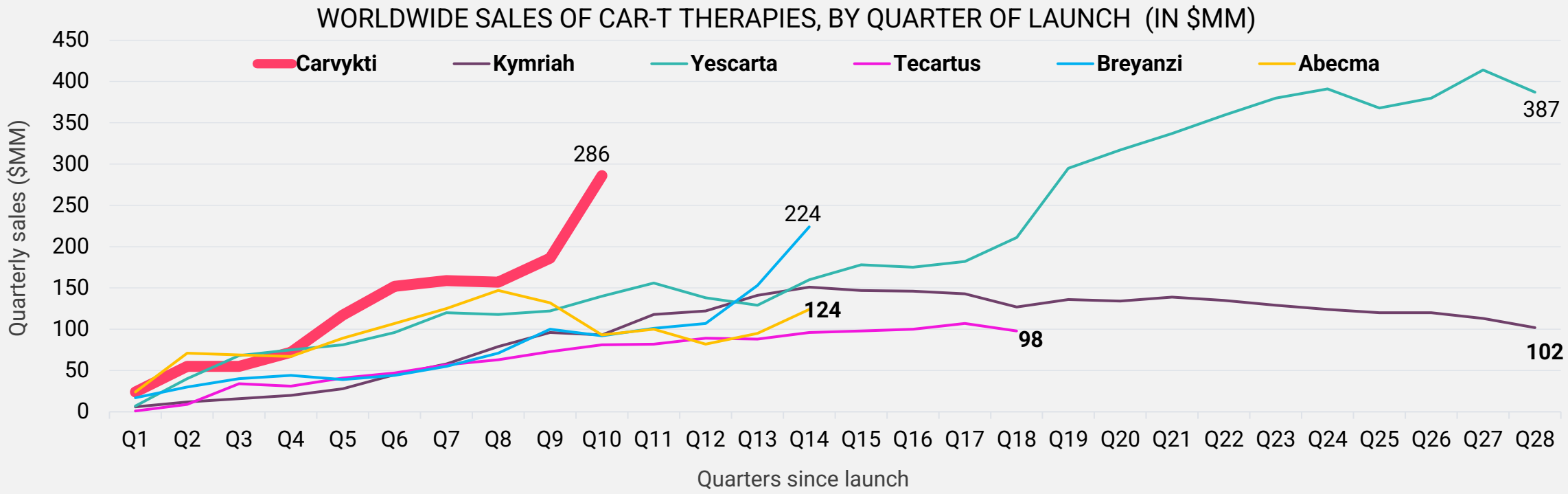
MAXIMIZING OUR CARVYKTI MARKET LEADERSHIP

A New Standard for CAR-T Launches

CARVYKTI® - INDUSTRY LEADING EARLY LAUNCH PERFORMANCE

FIRST TEN QUARTERS OUTPERFORMING HISTORICAL CAR-T LAUNCHES



Data Source: Companies' public filings.

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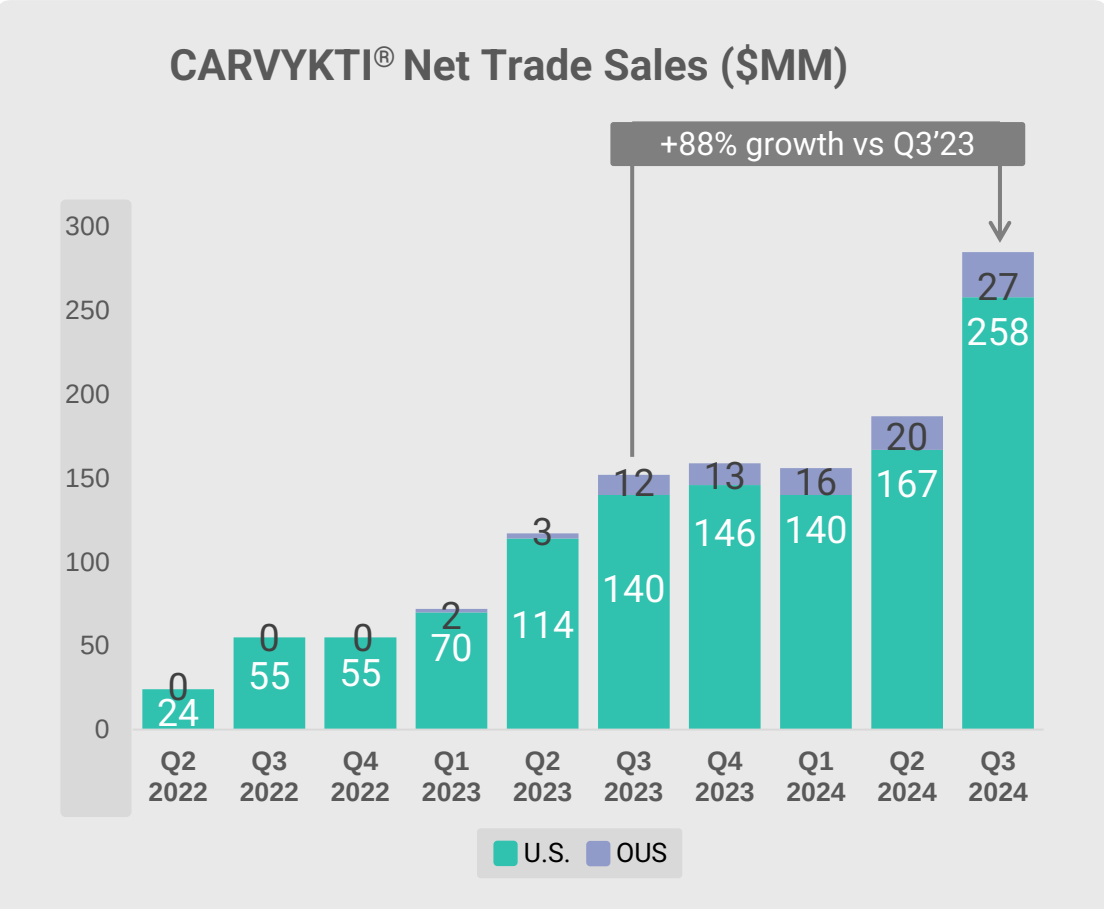
CARVYKTI® Uptake Continues

Continued Market Penetration and Earlier Lines of Treatment Represents Significant Opportunity for Continued Growth



	YoY Growth[1]	QoQ Growth[2]
U.S.	84%	54%
OUS	125%	35%
Global	88%	53%

1. Q3 2024 vs Q3 2023
2. Q3 2024 vs Q2 2024

Earlier Line Studies

Another Opportunity to Change the Treatment Paradigm

CARTITUDE-2[1]

NCT04133636

- Global, multi-cohort study
- Phase II open-label study of cilta-cel in various clinical settings
- Active, Not Recruiting

CARTITUDE-5[2]

NCT04923893

- Global, randomized, registrational study
- Phase III open-label study of VRd followed by cilta-cel vs. VRd followed by Rd maintenance, in patients with NDMM for whom ASCT is not planned as initial therapy
- Enrollment completed

CARTITUDE-6[3]

NCT05257083

- Global, randomized, registrational study
- Phase III open-label study comparing DVRd followed by cilta-cel vs. DVRd followed by ASCT in NDMM patients who are transplant eligible
- Enrolling

ASCT, autologous stem cell transplant; DVRd, daratumumab, bortezomib, lenalidomide, dexamethasone; NDMM, newly diagnosed multiple myeloma; VRd, bortezomib, lenalidomide, dexamethasone.
1. Clinicaltrials.gov: NCT04133636. 2. Clinicaltrials.gov: NCT04923893. 3. Clinicaltrials.gov: NCT05257083. CARTITUDE-6 is a collaborative study sponsored by the European Myeloma Network.

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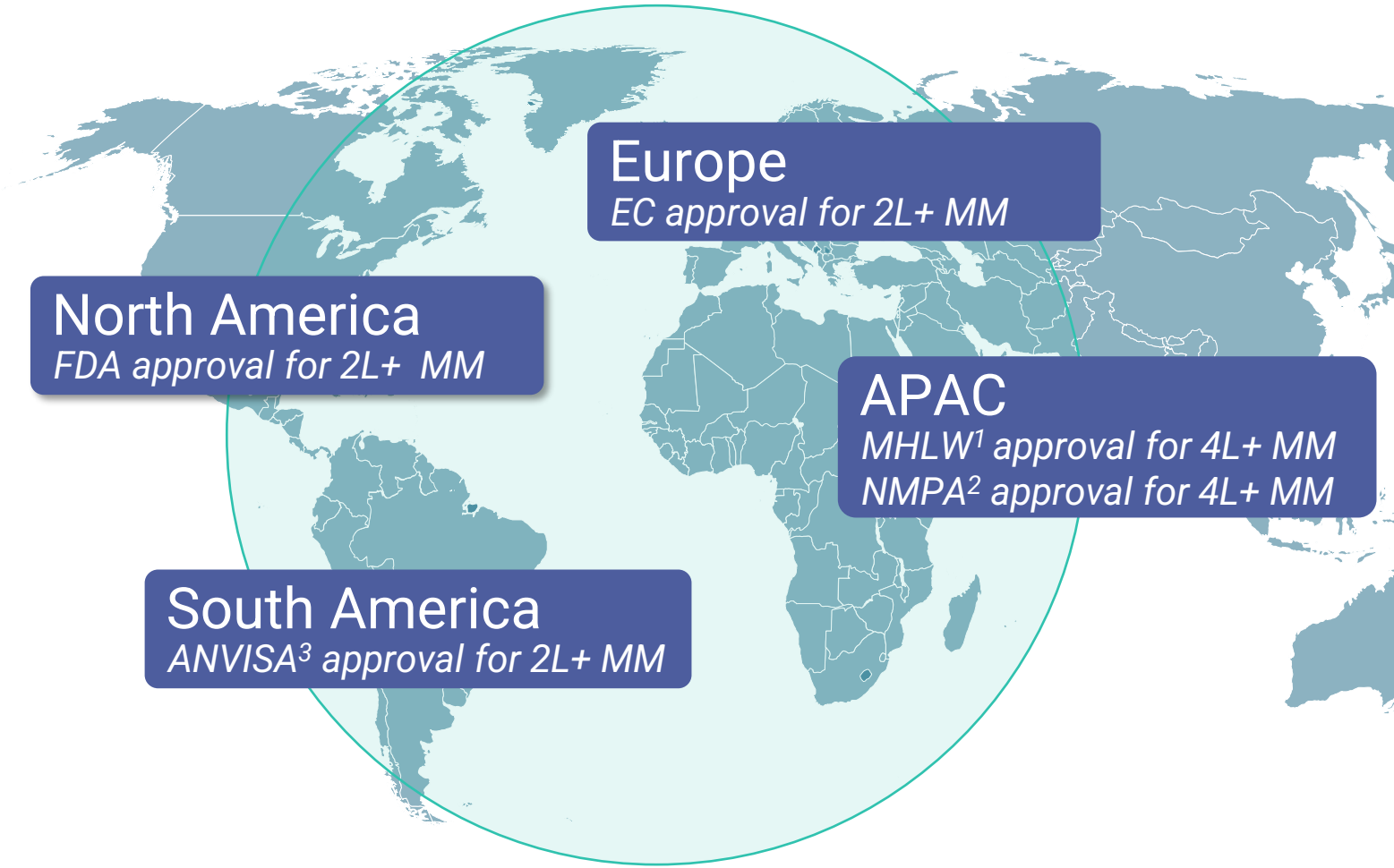
Unlocking the Blockbuster Global Market Opportunity

MULTIPLE MYELOMA PATIENTS ELIGIBLE FOR CAR-T THERAPY

Frontline: **~52k** patients

2L to 4L: **~80k** patients

5L+: **~22k** patients

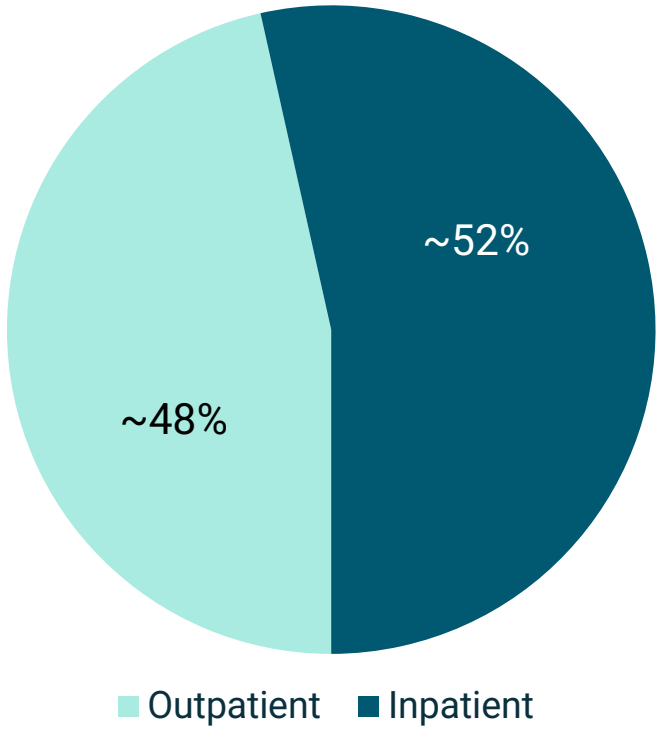


1. MHLW is the Ministry of Health, Labour and Welfare in Japan. 2. NMPA is the National Medical Products Administration in China. 3. ANVISA is the Brazilian Health Regulatory Agency, Agência Nacional de Vigilância Sanitária. 2L denotes second-line. 4L denotes fourth-line. 5L+ denotes fifth-line and beyond.

Outpatient Administration: Key Competitive Advantage

- Extensive use of CARVYKTI in outpatient setting is a key differentiator
  - Unique delayed CRS[1] onset allows for outpatient administration options to best serve patient needs
- Patients and caregivers prefer to return home after treatment
- Support hospital infrastructure for the increased 2L+ patient population in community setting
- Expect majority of CARVKYTI patients will be treated in outpatient setting by year end 2025

CARVYKTI® Treatment Setting Volume: U.S.



*Outpatient treatment represents **up to 48%** of CARVYKTI volume. **97 ATCs[2]** in the U.S.*

1. CRS – Cytokine release syndrome
2. ATC – Authorized treatment center

Global Manufacturing Footprint

Expanding to Meet Growing Global Demand

US FACILITIES

Raritan, NJ
US / EU / JP / ROW Launch/ Commercial Site for CARVYKTI®

✓ GMP Operational

- Approval of new Raritan section expected in 2H25

Morris Plains, NJ
Novartis CMO Site

✓ Clinical production started July 2024

- Commercial production expected in 1H 2025

EU FACILITIES

Ghent, Belgium: Tech Lane
Future Site for CARVYKTI®

- Clinical production expected in 1Q25 and commercial production expected in 4Q25 pending regulatory approval

Ghent, Belgium: Obelisc
Commercial Site for CARVYKTI®

✓ Clinical production started January 2024 and commercial production started in September 2024

Current Median Turn Around Time is 32 Days

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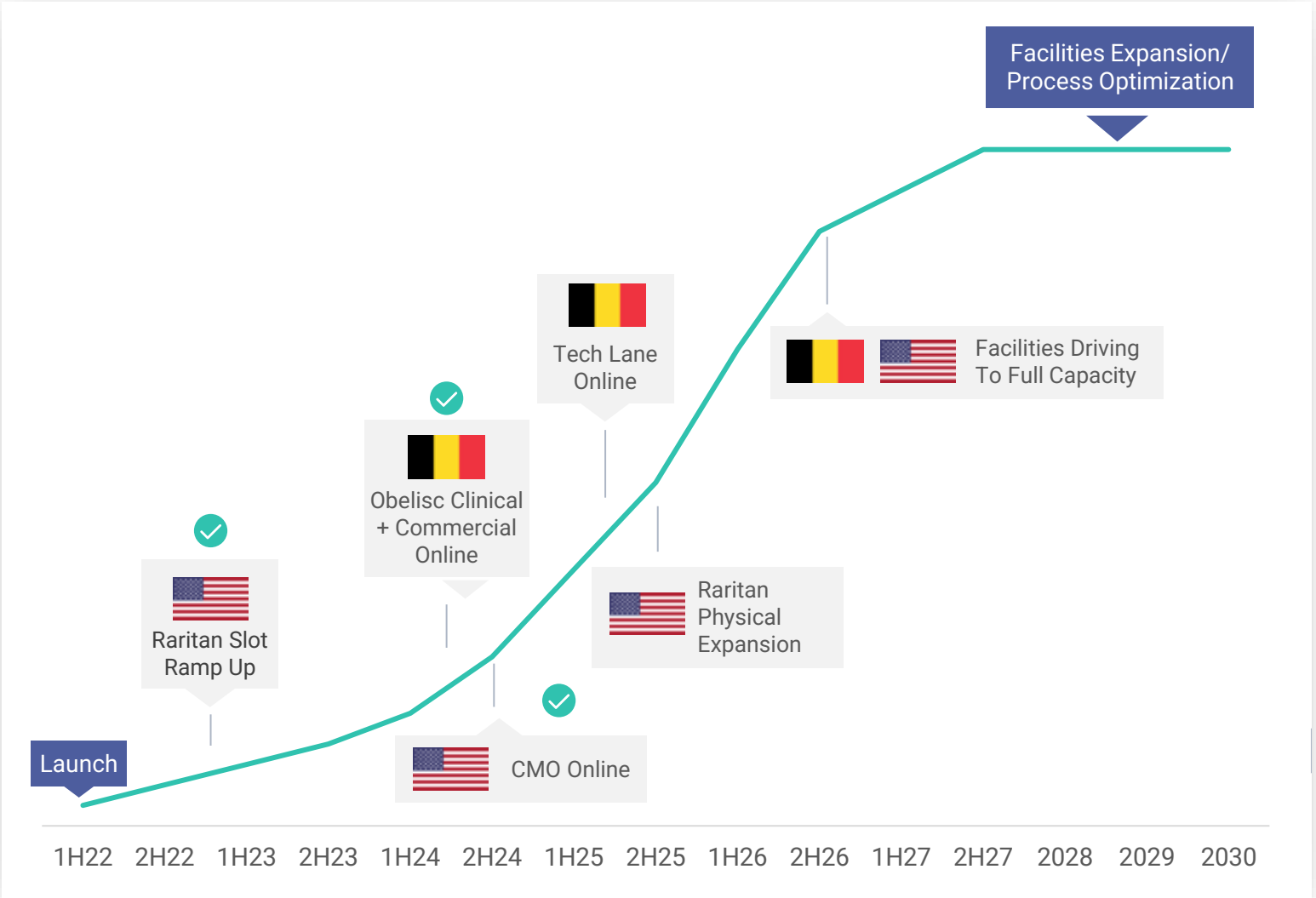
US and EU CARVYKTI® Supply Overview

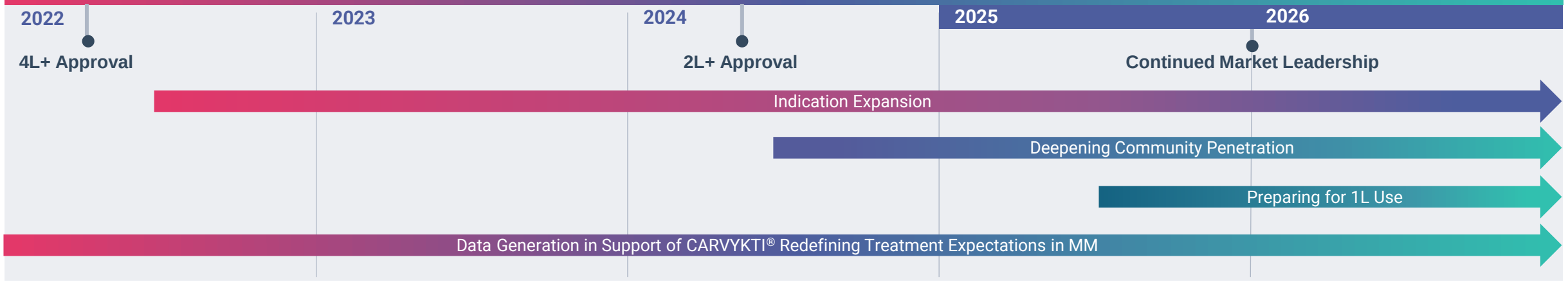
UPCOMING MILESTONES

- Double commercial supply in 2025
- Initiate commercial production at Novartis facility in 1H 2025
- Initiate commercial production at Tech Lane facility in 2H 2025
- New section approval expected in Raritan facility in 2H 2025



Building Upon CARVYKTI®'s Leadership Position

Established Position in MM Treatment Paradigm Since 2022



CARVYKTI® Leads Potential Competition by >4 Years

Manufacturing
Expect full capacity to support 10,000 dose production goal

Extensive Data
Real-world use and CARTITUDE 1 - 4 trials provide robust data to support use across entire RR/MM treatment paradigm

First and Only Approved BCMA Targeting Therapy in 2L+ MM
Additional BCMA therapeutics are expected in 2L+ MM no earlier than 2H25

Significant Market Opportunity
Over 150,000 MM patients worldwide eligible for CAR-T

Proven Outpatient Reimbursement
Outpatient use currently accounts for nearly 50% of total U.S. volume across 97 ATCs[1]

Global Market Availability
- United States (2L+)
- Canada (2L+)
- China (4L+)
- Europe (2L+)
- Japan (4L+)
- Brazil (2L+)
- Anticipated additional global submissions

1. ATC – Authorized treatment center

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BUILDING NEXT GENERATION CAR-T PROGRAMS

Our Pipeline

Global US China

CARVYKTI® (ciltacabtagene autoleucel) Cilta-cel Clinical Studies

	PHASE 1	PHASE 2			PHASE 3		
BCMA-directed autologous therapy	LEGEND-2† RRMM NCT03090659	CARTIFAN-1* RRMM NCT03758417	CARTITUDE-1* RRMM NCT03548207	CARTITUDE-2* MM NCT04133636	CARTITUDE-4* RRMM 1-3 Prior Lines NCT04181827	CARTITUDE-5* NDMM Transplant Not Intended NCT04923893	CARTITUDE-6* NDMM Transplant Eligible NCT05257083

Johnson&Johnson

Additional Pipeline Assets

	PRECLINICAL	PHASE 1					
Autologous Therapies		AUTOIMMUNE† (CD19 X CD20 X CD22)	NHL† /ALL† (CD19 X CD20 X CD22)	MM† (CD19 X GPRC5D), (GPRC5D)	COLORECTAL† (GCC)	SCLC & LCNEC‡# (DLL3) NOVARTIS	GASTRIC & PANCREATIC‡ (CLAUDIN 18.2)
Allogeneic Therapies	AUTOIMMUNE (CD19 X BCMA)	NHL† (CD20) CAR-αβ T	NHL† (CD19 X CD20) CAR-γδ T	MM† (BCMA) CAR-γδ T	MM† (BCMA) CAR-NK		

*In collaboration with Janssen, Pharmaceutical Companies of Johnson & Johnson. †Phase 1 investigator-initiated trial in China. ‡IND applications have been cleared by the U.S. FDA. #Subject to an exclusive license agreement with Novartis Pharma AG.
The safety and efficacy of the agents and/or uses under investigation have not been established. There is no assurance that the agents will receive health authority approval or become commercially available in any country for the uses being investigated. Additionally, as some programs are still confidential, certain candidates may not be included in this list.
INDICATIONS: ALL: acute lymphoblastic leukemia; LCNEC: large cell neuroendocrine carcinoma; MM: multiple myeloma; NDMM: newly diagnosed multiple myeloma; NHL: non-Hodgkin lymphoma; RRMM: relapsed or refractory multiple myeloma; SCLC: small cell lung cancer
TARGETS: BCMA: B-cell maturation antigen; DLL3: delta-like ligand 3; GCC: guanylyl cyclase C; GPRC5D: G-protein coupled receptor, family C, group 5, member D

LEGEND BIOTECH

Our Differentiated R&D Approach

Potential best-in-class proprietary technology platforms and end-to-end capability

Armoring strategy for solid tumors

Multiple armored CAR-T strategies to overcome challenges in treatment of solid tumors

Antibody screening & engineering

In-house antibody generation and CAR-T-specific functional screening technologies

Diverse platform for allogeneic treatments

Diverse allogeneic platforms, including non-gene editing universal CAR-T and NK

CORE TECHNOLOGIES

CAR-T

NK

γδ - T

PRODUCT PLATFORMS

Autologous

Allogeneic

DISEASE AREAS

Hematologic malignancies

Solid tumors

Antibody Screening Platforms

Binding Domain Selection and Construct Design

Pre-clinical Validation

Clinical Proof of Concept

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Legend and Novartis Collaboration

Legend and Novartis have an exclusive, global license agreement to advance certain DLL3-targeted CAR-T therapies, including LB2102, an investigational therapy for small cell lung cancer.

Small Cell Lung Cancer

A Large Unmet Medical Need

Lung Cancer is the **Second Most Diagnosed** Cancer in the US[1]

And the leading cause of cancer death in both men and women, accounting for **~20% of all cancer deaths[1]**

Small Cell Lung Cancer

Accounts for ~15% of all Lung Cancer Diagnoses[1]

and in 2 out of 3 people with SCLC have extensive stage disease by time of diagnosis[2]

1. American Cancer Society, Key Statistics for Lung Cancer. https://www.cancer.org/cancer/types/lung-cancer/about/key-statistics.html
2. American Cancer Society, Small Cell Lung Cancer Stages. https://www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/staging-sclc.html

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LB2102: Legend Armored CAR-T Targeting DLL-3

For Small Cell Lung Cancer

TARGET

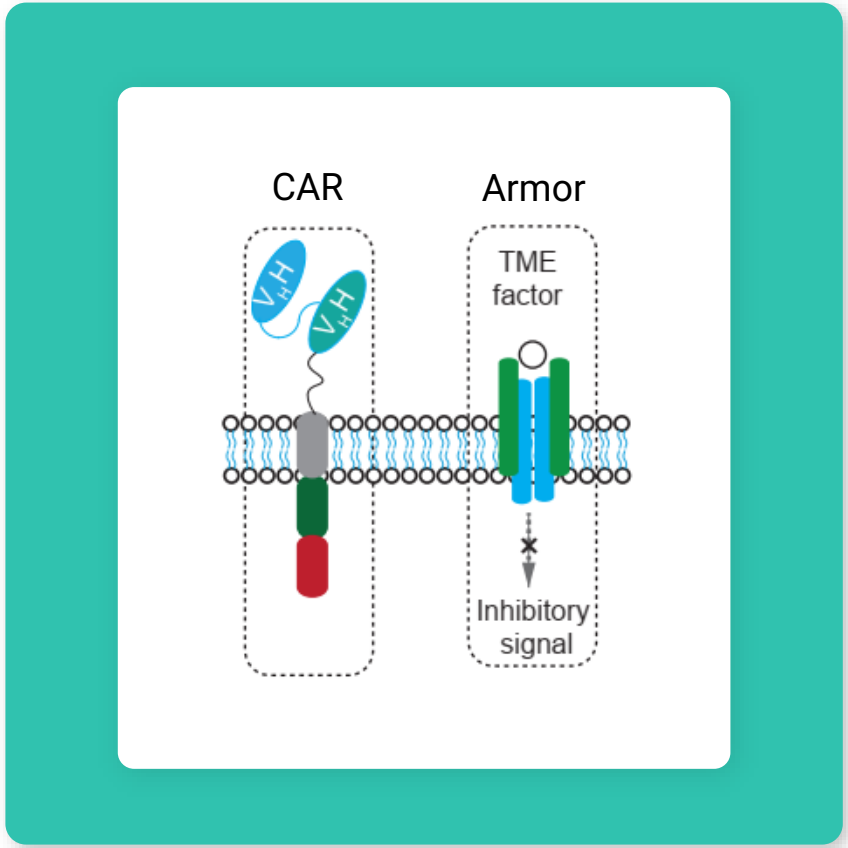
- DLL-3, a promising target with prevalent & homogeneous expression in SCLC (~80% positive) and other neuroendocrine tumors
- Minimal to no expression in normal tissues

MoA/Scientific Rationale

- Tandem humanized binders with high affinity and specificity
- An armor overcoming suppressive TME to promote CAR-T cell expansion, persistence and infiltration

PRECLINICAL & Clinical Development strategy

- Well-tolerated in vivo in s.c and pulmonary orthotopic xenograft models
- US IND was cleared on November 21, 2022
- Orphan Drug Designation was granted by FDA on June 21, 2023
- The US clinical trial is actively recruiting at four sites



LB1908 (LCAR-C18S): Legend CAR-T Targeting CLDN18.2

For gastric cancer, esophageal cancer and pancreatic cancer

TARGET

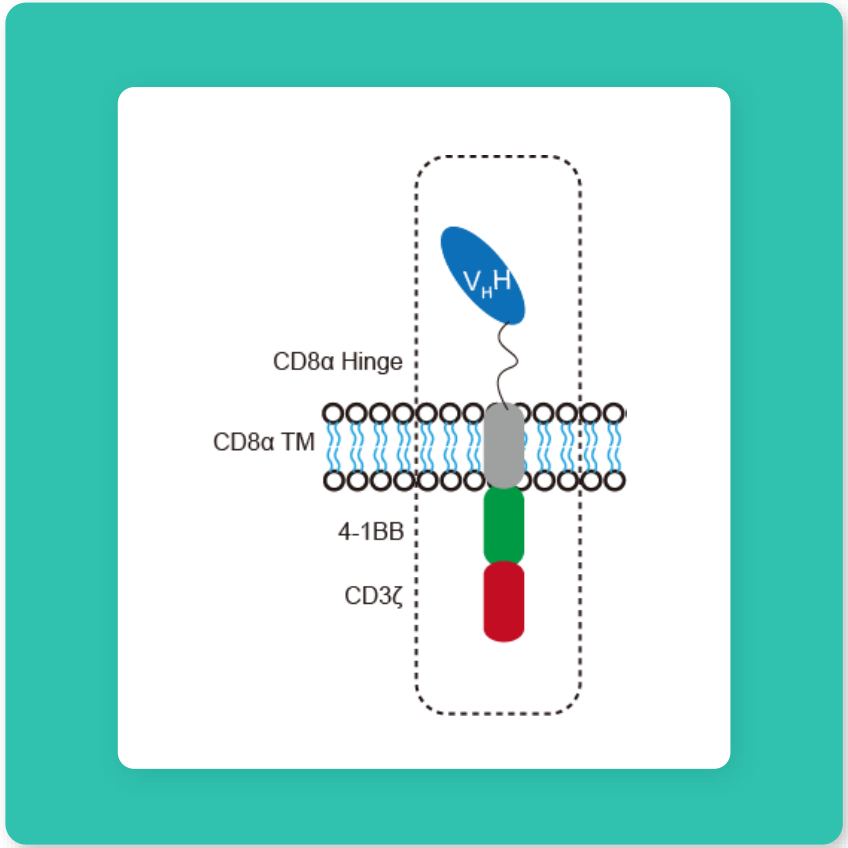
- Claudins (CLDN) are a family of tight junction proteins[1]
  - CLDN18.2 is expressed in gastric cancer and pancreatic cancer[2]

MoA/Scientific Rationale

- LB1908 targets CLDN 18.2 via a proprietary VHH antibody
- High selectivity against the closely related CLDN 18.1

Clinical Development strategy

- POC achieved in IIT with 43 patients enrolled
- US IND was cleared on June 1, 2022
- Orphan Drug Designation was granted by FDA on November 22, 2022
- The US clinical trial is actively recruiting at six sites



[1] Zhang J, et al. Chin J Cancer Res. 2020 Apr;32(2):263-70.
[2] Sahin U,et al. Clin Cancer Res. 2008 Dec 1;14(23):7624-34

Upcoming Anticipated Legend Milestones

COMMERCIAL

- Increasing demand and deepening penetration into the community
- Outpatient program expansion
- OS label update

MANUFACTURING

- US - Raritan expansion completion and approval in 2H25
- US - Novartis to start commercial production in 1H
- Belgium – Tech Lane to initiate commercial production

CLINICAL

- Topline data in CART-5
- Advance pipeline programs, advance two programs into IND enabling
- Other clinical development milestones, potentially Phase 1 data from GC and DLL-3 programs
- Philadelphia R&D site to open

*Novartis Pharmaceuticals Corporation

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CARVYKTI® is the proven leader forging the path to cure.

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THANK YOU

APPENDIX

Parkinsonism Incidence Decreased to <1% in CARTITUDE-4

CARTITUDE-1

- 5 cases of Parkinsonism (5%) with median 12.4 months of follow up (ASH 2020)
- In the label, CARTITUDE-1: 6% (4% Grade 3/4) (n=97)

CARTITUDE-4

- 1 case of Parkinsonism (**0.6%**, Grade 1) with median 15.9 months follow up (ASCO 2023)
- In the label, CARTITUDE-4: **1%** (no Grade 3/4) (n=188)

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Competitive Landscape in RRMM

Treatment	Trial	Comparator	PFS (months)	PFS HR	OS (months)	OS HR
Carvykti	CARTITUDE-4	PVd or DPd	NR vs 11.8	0.29	NR vs NR	0.55
Abecma	KarMMa-3[1]	SoC	13.8 vs 4.8	0.49	41.1 vs 37.9	1.01
PVd	OPTIMISMM[2]	Vd	11.7 vs 6.9	0.56	35.6 vs 31.6	0.94
DPd	APOLLO[3]	Pd	9.9 vs 6.6	0.66	34.4 vs 23.7	0.82
IsaPd	ICARIA[4]	Pd	11.4 vs 5.6	0.59	24.6 vs 17.7	0.78
DVd	CASTOR[5]	Vd	9.3 vs 4.4	0.36	28.9 vs 32.6	0.96
KdD	CANDOR[6]	Kd	28.4 vs 15.2	0.64	50.8 vs 43.6	0.78
IsaKd	IKEMA[7]	Kd	35.7 vs 19.2	0.58	NR vs 50.6	0.86

1. Ailawadhi S, Arnulf B, Patel K, et al. Ide-cel vs standard regimens in triple-class-exposed relapsed and refractory multiple myeloma: updated KarMMa-3 analyses. Blood. 2024 Dec 5;144(23):2389-2401. doi: 10.1182/blood.2024024582. PMID: 39197072.
2. Beksac M, Richardson PR, Oriol A, et al. Pomalidomide, bortezomib, and dexamethasone versuss bortezomib and dexamethasone in relapsed or refractory multiple myeloma (OPTIMISMM): final survival outcomes from a randomized, open-label, phase 3 trial. Presented at: 2023 International Myeloma Society Annual Meeting; September 27-30, 2023; Athens, Greece. Abstract OA-44.
3. Sonneveld P, Terpos E, Boccadoro M, et al. Pomalidomide and Dexamethasone with or without Subcutaneous Daratumumab in Patients with Relapsed or Refractory Multiple Myeloma: Updated Analysis of the Phase 3 Apollo Study, Blood, Volume 138, Supplement 1,2021,Page 2747,ISSN 0006-4971,https://doi.org/10.1182/blood-2021-146907.
4. Attal M, Richardson PG, Rajkumar SV, ICARIA-MM study group, et al. Isatuximab plus pomalidomide and low-dose dexamethasone versus pomalidomide and low-dose dexamethasone in patients with relapsed and refractory multiple myeloma (ICARIA-MM): a randomised, multicentre, open-label, phase 3 study. Lancet. 2019;394(10214):2096-2107. doi:10.1016/S0140-6736(19)32556-5.
5. Spencer A, Lentzsch S, Weisel K, et al. Daratumumab plus bortezomib and dexamethasone versus bortezomib and dexamethasone in relapsed or refractory multiple myeloma: updated analysis of CASTOR. Haematologica. 2018 Dec;103(12):2079-2087. doi: 10.3324/haematol.2018.194118. Epub 2018 Sep 20. PMID: 30237264; PMCID: PMC6269293.
6. Usmani SZ, Quach H, Mateos MV, et al.. Final analysis of carfilzomib, dexamethasone, and daratumumab vs carfilzomib and dexamethasone in the CANDOR study. Blood Adv. 2023 Jul 25;7(14):3739-3748. doi: 10.1182/bloodadvances.2023010026. PMID: 37163358; PMCID: PMC10368773.
7. Hong RX, Xu F, Xia W, et al. Metronomic Capecitabine Plus Aromatase Inhibitor as Initial Therapy in Patients With Hormone Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative Metastatic Breast Cancer-The Phase III MECCA Trial. J Clin Oncol. 2025 Jan 2:JCO2400938. doi: 10.1200/JCO.24.00938. Epub ahead of print. PMID: 39746176.

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