



Second Quarter 2025 **Financial Results**

August 2025

Agenda

Introduction

Jennie Willson, Director, Communications

CEO Perspective & Corporate Progress

Jacqueline Shea, PhD, President & Chief Executive Officer

INO-3107 Update

Michael Sumner, MBBS, MBA, Chief Medical Officer

Steve Egge, MBA, Chief Commercial Officer

Financial Results

Peter Kies, Chief Financial Officer



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Recent Progress on 2025 Strategic Priorities

Submit BLA for INO-3107

- On track to submit BLA in second half of 2025
 - Completed device design verification (DV) testing required for IND update and BLA submission
 - Requested rolling submission from FDA in July 2025
 - Long-term efficacy data published in *The Laryngoscope*
 - Goal: receive acceptance from FDA by EOY; plan to request priority review

Advance Commercialization Preparations

- Ongoing market research with physicians, patients and payors
- Refining go to market plans

Advance Pipeline

- Anticipate results from ongoing proof-of-concept Phase 1 trial with next gen DMAb technology to be published in peer-reviewed journal 2H25

LEAD CANDIDATE:

INO-3107 for Recurrent Respiratory Papillomatosis (RRP)

Potentially transformational therapy under
accelerated approval pathway



2025 Progress Toward BLA Goal



Regulatory Timelines on Track

- Completed DV testing for device
- Requested rolling submission of BLA in July 2025
- Submit BLA in 2H25
- Goal: receive acceptance of file for review by FDA by year-end



Confirmatory Trial Preparations Underway

- Updating active IND for trial initiation
- Targeting 20+ sites at major US medical centers



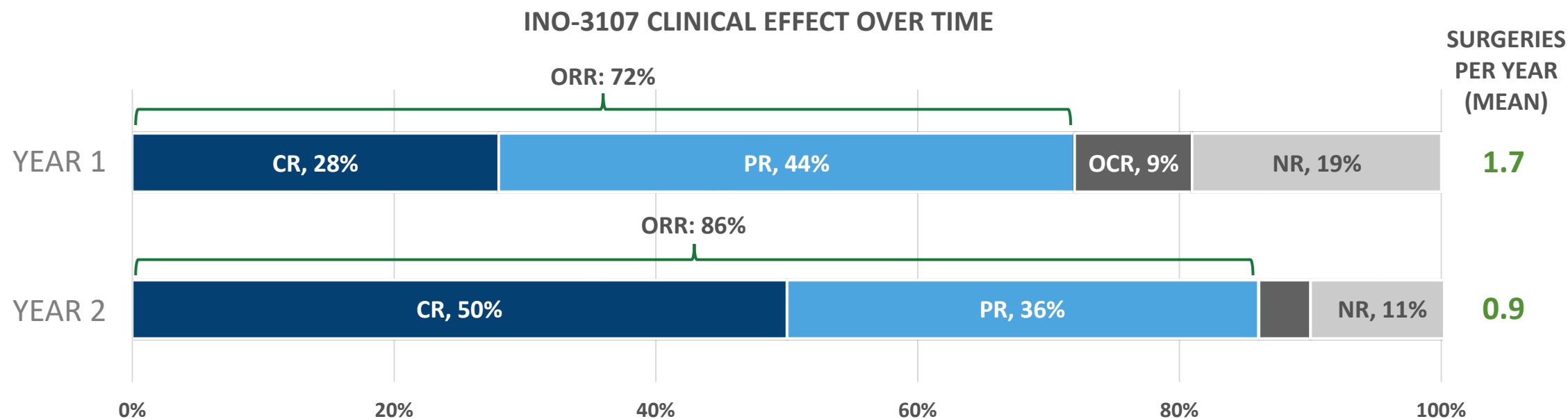
Clinical, Durability and Immunology Data Presented & Published in Peer- Reviewed Journals

- Clinical and safety data from Ph1/2 trial (RRP-001) published in *Nature Communications* in February 2025
- Durability data from retrospective trial (RRP-002) published in *The Laryngoscope* in August 2025
- Presented data at several scientific conferences in 1H25; more planned for 2H25

Reduction in Surgeries Continued to Improve After Year 1

ORR was 72% at Week 52, improving to 86% by Week 104 for second twelve-month period

The pre-treatment mean for surgeries in the year prior to start of INO-3107 was 4.1 (range 2-8)



PARAMETERS

CR

Complete Response: no surgeries during a 52-week treatment phase

PR

Partial Response: a $\geq 50\%$ reduction and less than 100% in surgeries compared to previous year

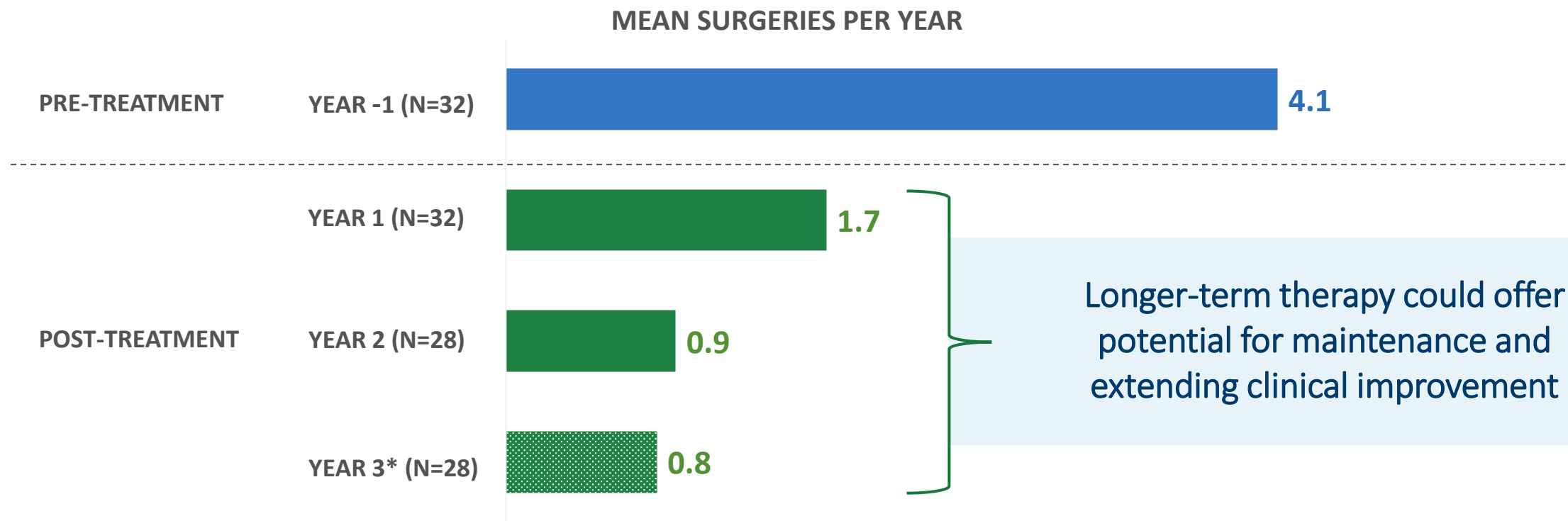
OCR

Overall Clinical Response: reduction of ≥ 1 surgery compared to previous year

NR

Non-Responders: No reduction in surgeries vs. baseline

Over 75% Fewer Surgeries 2 Years After Initial Treatment Regimen



*Median follow up Year 3: 0.8 years

Foundational Strengths of RRP Program

Designed with every surgery—and every patient—in mind

Unmet Medical Need

- Debilitating rare disease caused primarily by HPV-6 & HPV-11, characterized by small, wart-like growths in respiratory tract
 - Current standard of care (repeat surgeries) does not address underlying disease
-

Mechanism of Action

- Designed to elicit an antigen-specific T cell response against HPV-6 & HPV-11
 - Targeted T cells seek out and kill infected cells, preventing or slowing growth of new papilloma
-

Phase 1/2 Trial (RRP-001)

- Majority of patients saw a 50-100% reduction in surgery
 - Well tolerated with minimal adverse events
 - INO-3017 elicited antigen-specific T cell response correlated to clinical benefit (reduction in surgery)
-

Retrospective Trial (RRP-002)

- Clinical outcomes maintained or improved upon through year 2 and into year 3 with no additional dosing
-

Confirmatory Trial

- Randomized, placebo-controlled; 100 patients to be enrolled at 20+ sites
- Suitable to support global registration

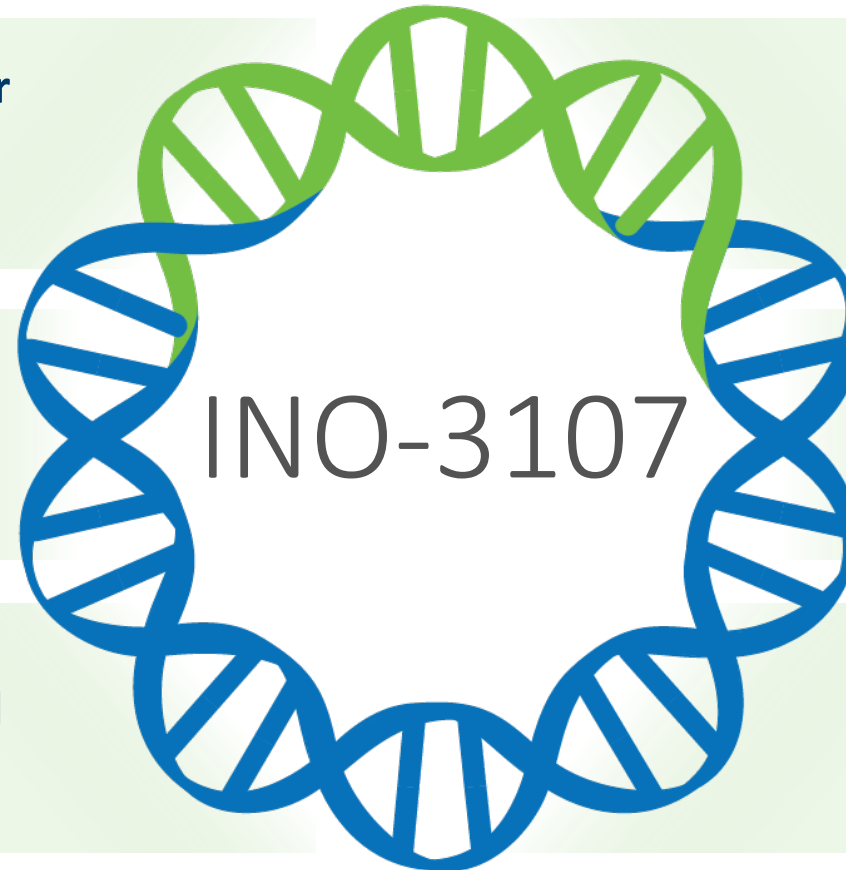
RRP Represents a Significant Market Opportunity

Disease-modifying therapeutic option

14,000 patients in the U.S., 1.8 per 100,000 new cases annually; similar estimates in Europe

HPV vaccination unlikely to have significant impact on RRP prevalence in near term

Payor research supports potential for rare disease pricing*



No regulatory-approved therapeutic currently available

Surgical standard of care has potential to cause irreparable harm; does not impact underlying disease

Potential to develop continuation of therapy regimen - opportunity to maintain/extend outcomes

*Potential analog for INO-3107 is Ogsiveo®, a recently approved first-in-class product that treats desmoid tumors, which are also life-altering benign growths that had previously been treated by repetitive surgeries

Sources: Pingali C et al. National Vaccination Coverage Among Adolescents Aged 13–17 Years — National Immunization Survey–Teen, US, 2023. *MMWR* 2024;73:708–714. <http://dx.doi.org/10.15585/mmwr.mm7333a1>. Lewis RM et al. Estimated Prevalence and Incidence of Disease-Associated Human Papillomavirus Types Among 15- to 59-Year-Olds in the US. *Sex Transm Dis*. 2021 Apr 1;48(4):273–277. doi: 10.1097/OLQ.0000000000001356. PMID: 33492097; PMCID: PMC10037549. Shapiro GK. HPV Vaccination: An Underused Strategy for the Prevention of Cancer. *Current Oncology*. 2022; 29(5):3780–3792. <https://doi.org/10.3390/curroncol29050303>. Zhang Y, Fakhry C, D'Souza G. Projected Association of Human Papillomavirus Vaccination With Oropharynx Cancer Incidence in the US, 2020–2045. *JAMA Oncol*. 2021;7(10):e212907. doi:10.1001/jamaoncol.2021.2907. Cancer Trends Progress Report National Cancer Institute, March 2024, <https://progressreport.cancer.gov>.

Market Research Continues to Support Preferred Product Profile

EFFICACY

Improving response over time

- Overall Response Rate (50% to 100% reduction in surgeries): 72% in year 1; 86% in year 2*
- Complete response (no surgeries): 28% in year 1; 50% in year 2



The complete response rate of 50% is good... but a 50-100% reduction in surgeries in ~8 out of 10 patients, that's the most compelling. The vast majority see significant benefit from treatment."

– Laryngologist, manages ~50 RRP patients

*YR 1 = first 12-month treatment period,
YR 2 = second 12-month treatment period

TOLERABILITY

Well tolerated

- 41% (13/32) reported treatment-related AEs grade 2 or lower
- Most common AEs: transient injection site pain (31%) and fatigue (9%)
- No discontinuations



The tolerability profile looks good – 31% with pain, fatigue 9%. This suggests patients can go back to work... this is important, especially when patients receive multiple doses over a relatively short timeframe."

– Laryngologist, manages ~15 RRP patients

SIMPLICITY

Patient-centric treatment

- Office-based administration that leaves doctor in control
- CELLECTRA device easy to use by HCPs
- No requirement for scoping/surgeries during dosing window



Sending my patients on a referral is not always the best thing. You're defeating yourself by handing off care. I prefer to treat patients in my clinic, so I can maintain control."

– Laryngologist, manages ~30 RRP patients

Advancing Launch Preparations

- Developed distribution/channel strategy and identified channel partners (3PL, specialty pharmacy, specialty distributor)
- Identified a HUB (patient services) partner
- Developed initial pricing strategy
- Completed targeting, segmentation and product positioning work - supporting positive differentiation
- Finalizing GTM model and planning further build-out of commercial organization
 - Small/efficient field force footprint



300-400

**laryngologists treat
the majority of
RRP patients**

2Q25 Financial Update



Making Progress on Strategic Goals While Reducing Costs

	THREE MONTHS			SIX MONTHS		
	ENDED JUNE 30, 2025 (UNAUDITED)			ENDED JUNE 30, 2024 (UNAUDITED)		
	2025	2024	% CHANGE	2025	2024	% CHANGE
Operating expenses	\$23.1	\$33.3	(31%)	\$48.2	\$64.8	(26%)
Net loss	(\$23.5)	(\$32.2)	(27%)	(\$43.2)	(\$62.7)	(31%)
Net loss per share	(\$0.61)	(\$1.19)	(49%)	(\$1.12)	(\$2.48)	(55%)

- \$47.5M in cash, cash equivalents and short-term investments at June 30, 2025
- \$22.5M in net proceeds from July 2025 offering
- No debt
- Cash runway projected into 2Q 2026

Pipeline Update



INOVIO Pipeline

PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	REGISTRATION
DMAbs Various Targets	INO-5401 BRCA 1/2 Mutation	VGX-3100 Anal Dysplasia		INO-3107 * RRP
DPROTs Various targets	INO-4201 Ebola Booster	INO-3112 Head & Neck Cancer		
DLNPs Various targets	INO-6172 HIV	INO-5401 Glioblastoma		
	INO-6160 HIV			
	DMAbs COVID-19			

OUT-LICENSED

	VGX-3100 ** Cervical Dysplasia (HSIL)
	INO-4800 *** COVID-19

■ HPV-RELATED DISEASES
 ■ IMMUNO-ONCOLOGY
 ■ INFECTIOUS DISEASES
 ■ VARIOUS DISEASE TARGETS

* Preparing BLA submission under accelerated approval program
 ** VGX-3100 to ApolloBio for China
 *** INO-4800 to Advaccine for China

Q&A



Anticipated Outreach at Key Scientific Conferences in 2H25

- **American Academy of Otolaryngology** OCTOBER 10-13
- **World Vaccine Congress Europe** OCTOBER 13-16
- **European Society for Medical Oncology** OCTOBER 17-21
- **37th International Papillomavirus Society Conference** OCTOBER 23-26
- **World Orphan Drug Congress** OCTOBER 27-29
- **ISV Congress** OCTOBER 28-30

Upcoming Key Catalysts

Submit BLA for INO-3107

- Begin submitting modules on a rolling basis in 2H25
- Submit revised IND for confirmatory trial
- Submit longer-term therapy trial design for sBLA to FDA after BLA submission
- Continue to present/publish data

Commercialization Preparations

- Be ready to launch quickly and efficiently if approved
- Continue to build on market research
- Finalize planning for go-to-market strategy
- Complete plans for commercial organization

Progress Pipeline

DMAb

- Complete Phase 1 trial
- Present/publish data

INO-3112 for OPSCC

- Finalize protocol for Phase 3
- Complete manufacture of drug supply for trial

INO-5401 for GBM

- Finalize protocol for Phase 2
- Complete manufacture of drug supply for trial

Why each day—and each surgery—matters to RRP patients:

“ RRP patients will tell you that even one reduction in the number of disruptive, invasive surgeries they face would be life-changing.”

Kim McClellan
President, RRP Foundation



Contact:
investor.relations@inovio.com