

CASI Pharmaceuticals Inc.

Business and Clinical Update

May 21, 2025

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Except for statements of historical fact, certain information contained herein constitutes forward-looking statements, which include but are not limited to statements regarding: expectations regarding our ability to advance product candidates through preclinical and clinical development; expectations regarding the efficacy, durability of effect and safety of our product candidates; expectations regarding our plans for preclinical studies, clinical trials and research and development programs, including timing of clinical trials and receipt of data readouts; and the time periods over which the Company's capital resources will be sufficient to fund its anticipated operations; the Company's business strategy objectives and goals; and management's assessment of future plans and operations, which are based on current internal expectations, estimates, projections, assumptions and beliefs, which may prove to be incorrect.

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Agenda

CEO Opening Remarks and Business Update

Wei-Wu He, Ph.D.

Chairman and Chief Executive Officer

Pipeline Update

Alexander Zukiwski, M.D.

Chief Medical Officer and Executive Vice President

Q&A

Business Highlights

Transforming CASI into an autoimmune innovator



Completion of Definitive Agreement for the Divestiture of Assets in China



Entered into the agreement regarding Precision Autoimmune Therapeutics. After the consummation of the transaction contemplated thereunder and divestiture of China Assets, CASI holds rights to CID-103 in Japan and non-Asia regions



CNCT19 and Evomela not transferred in agreement. Awards or settlements in Juventas and Acrotech disputes to be equally split per agreement



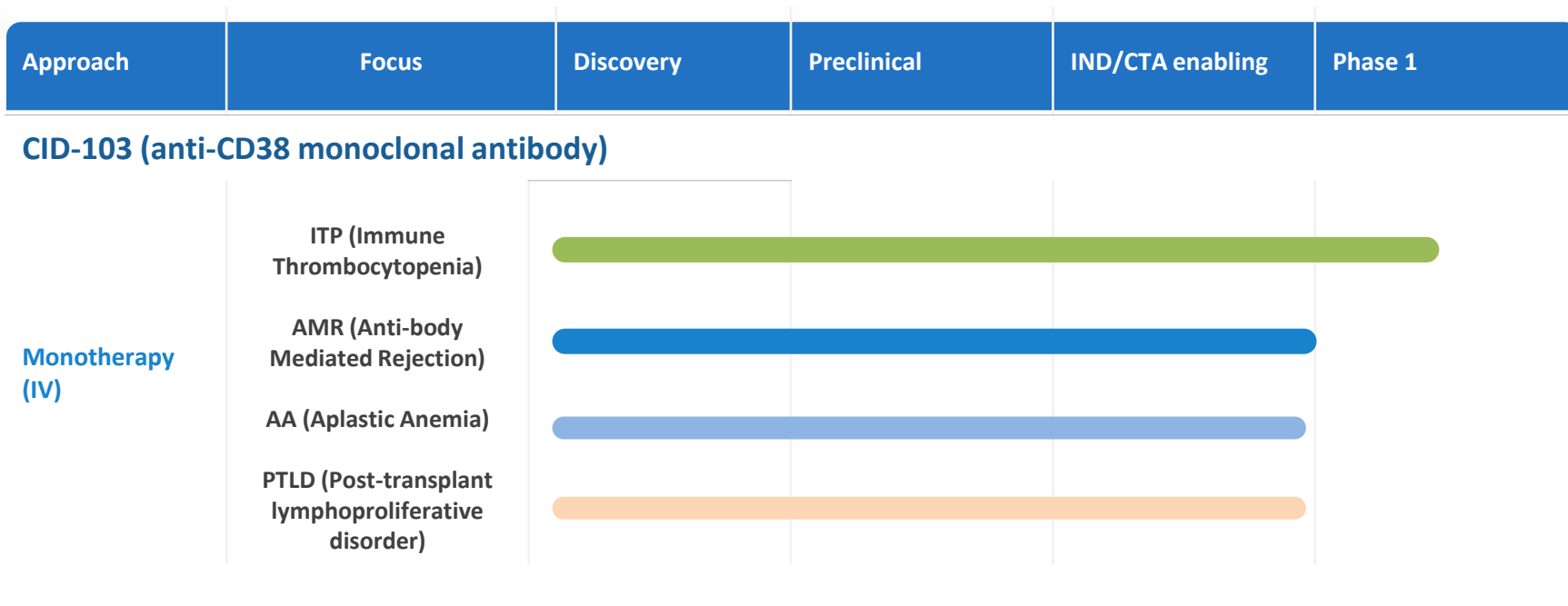
CID-103 represents an anti-CD38 “Franchise in a Product”, with multiple near-term milestones to deliver potential novel treatment options



Pivots towards a US biotech focused on autoimmunity and organ transplant rejection, continues to evaluate multiple in-licensing opportunities in the autoimmune therapeutic area

CID-103 Clinical Update

A promising and advancing pipeline



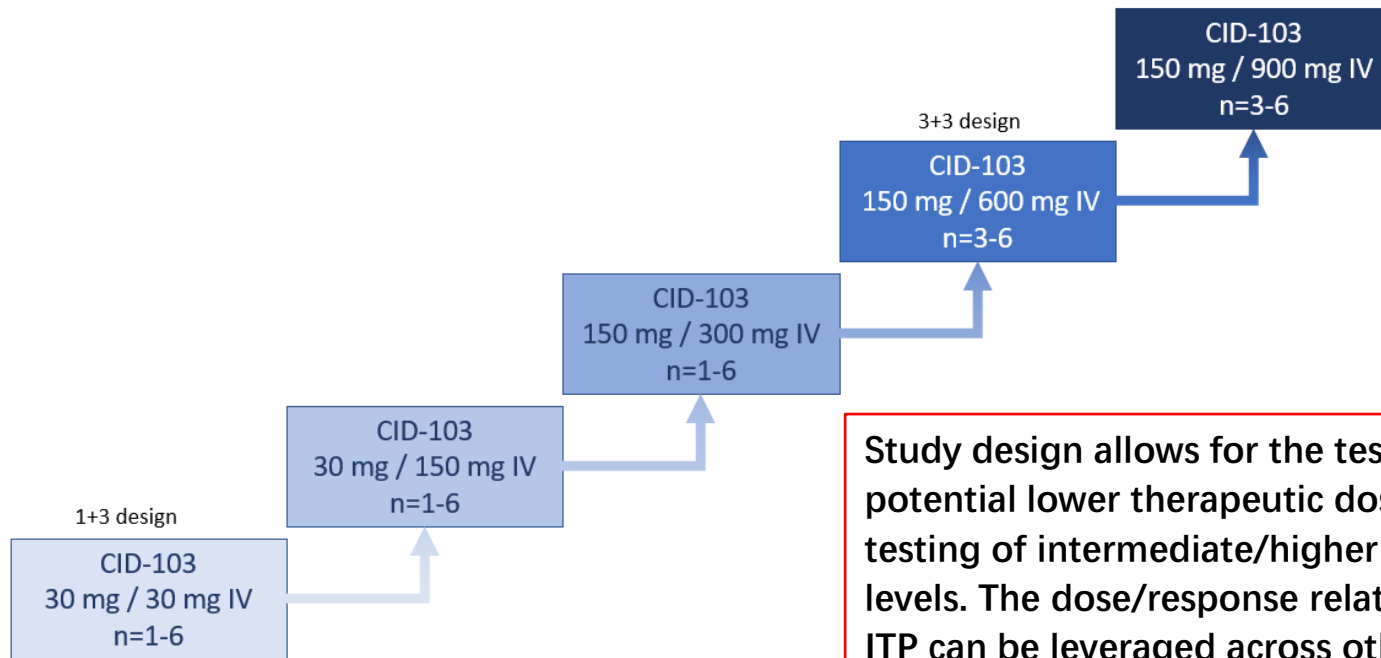
CID-103 Pre-clinical Summary

- Different binding epitope provides intellectual property coverage, diminished red blood cell binding and decreased pre-transfusion testing interference
- Decreased Infusion related reactions relative to other but not all molecules in the class
- Preclinical activity indicates potential increased potency relative to other molecules in the class

- Priming dose on week 1 to diminish/avoid infusion related reactions
- Weekly dosing weeks 2-6
- Q2week dosing week 8, 10 and 12
- Q4week dosing week 16, 20 and 24 for a maximum of 6 months

CID-103: Approved ITP Study Design

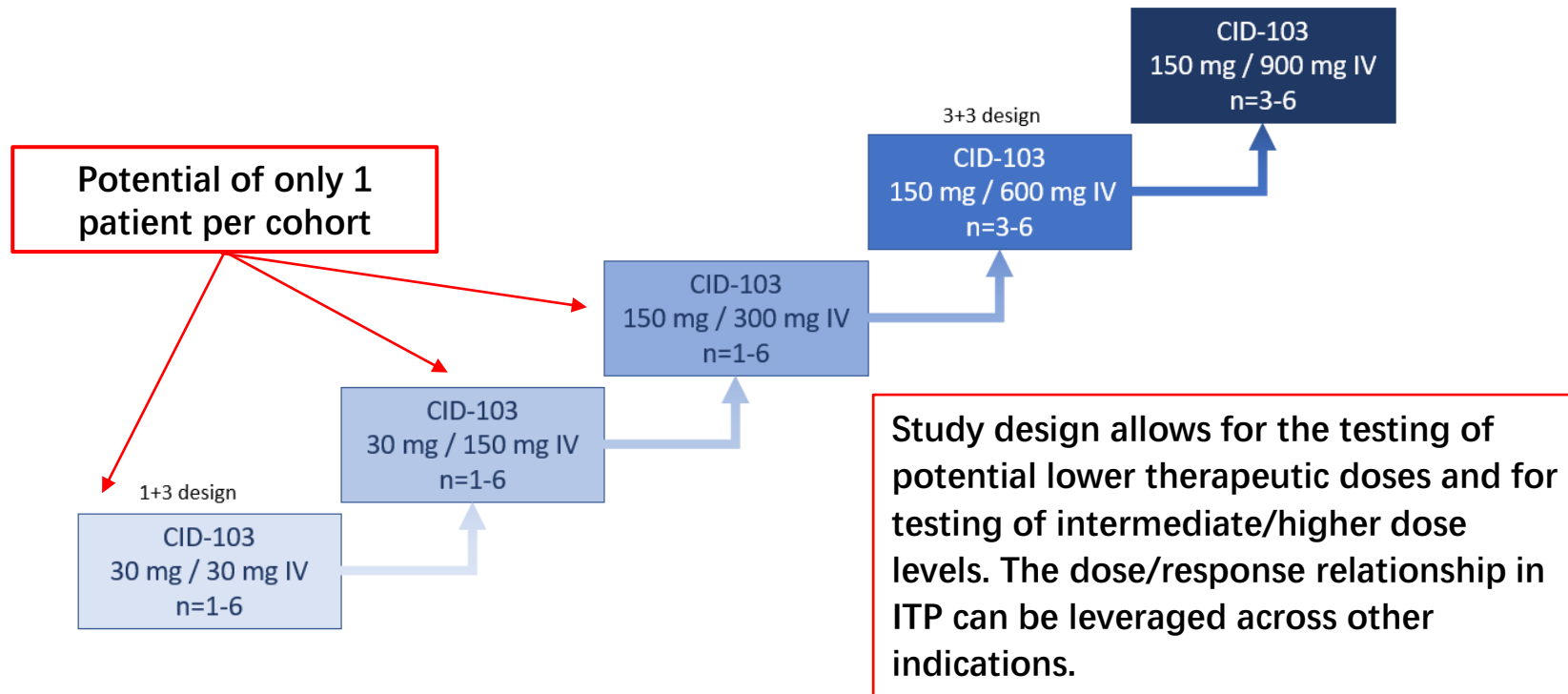
Part A Study Schematic Dose Escalation



Study design allows for the testing of potential lower therapeutic doses and for testing of intermediate/higher dose levels. The dose/response relationship in ITP can be leveraged across other indications.

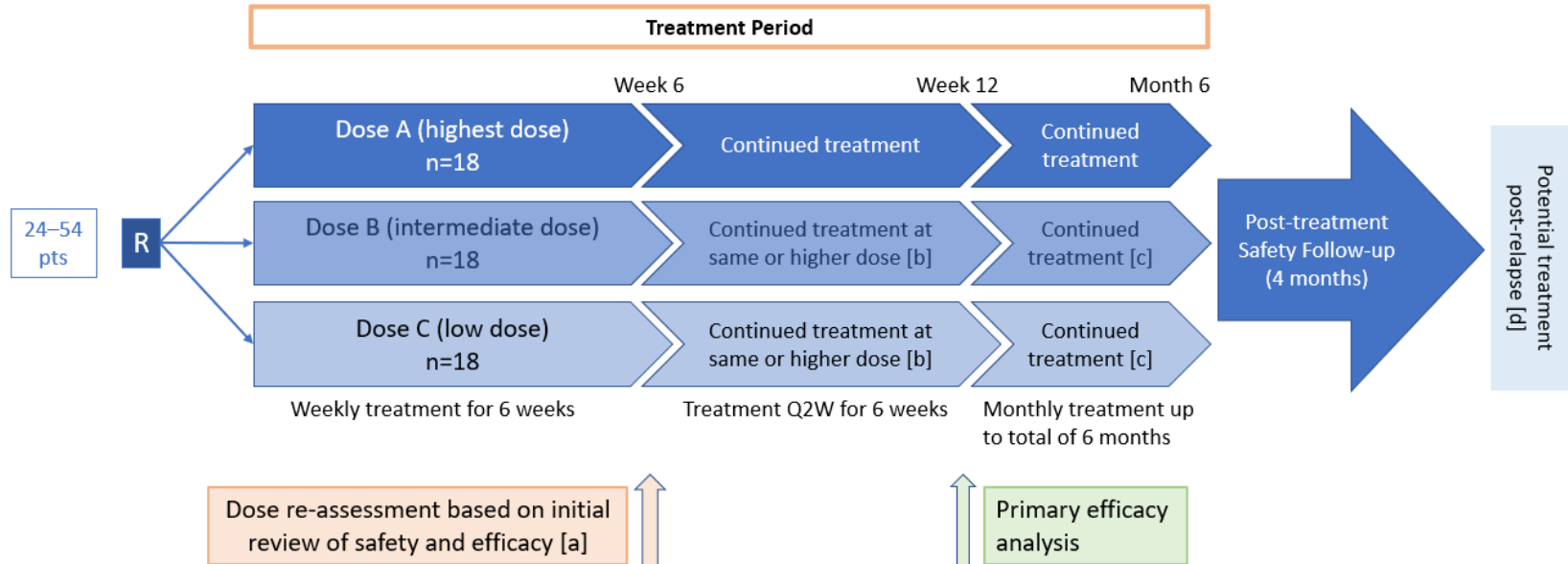
CID-103: Approved ITP Study Design

Part A Study Schematic Dose Escalation



CID-103: Approved ITP Study Design

Part B Study Schematic Treatment and Assessment Plan

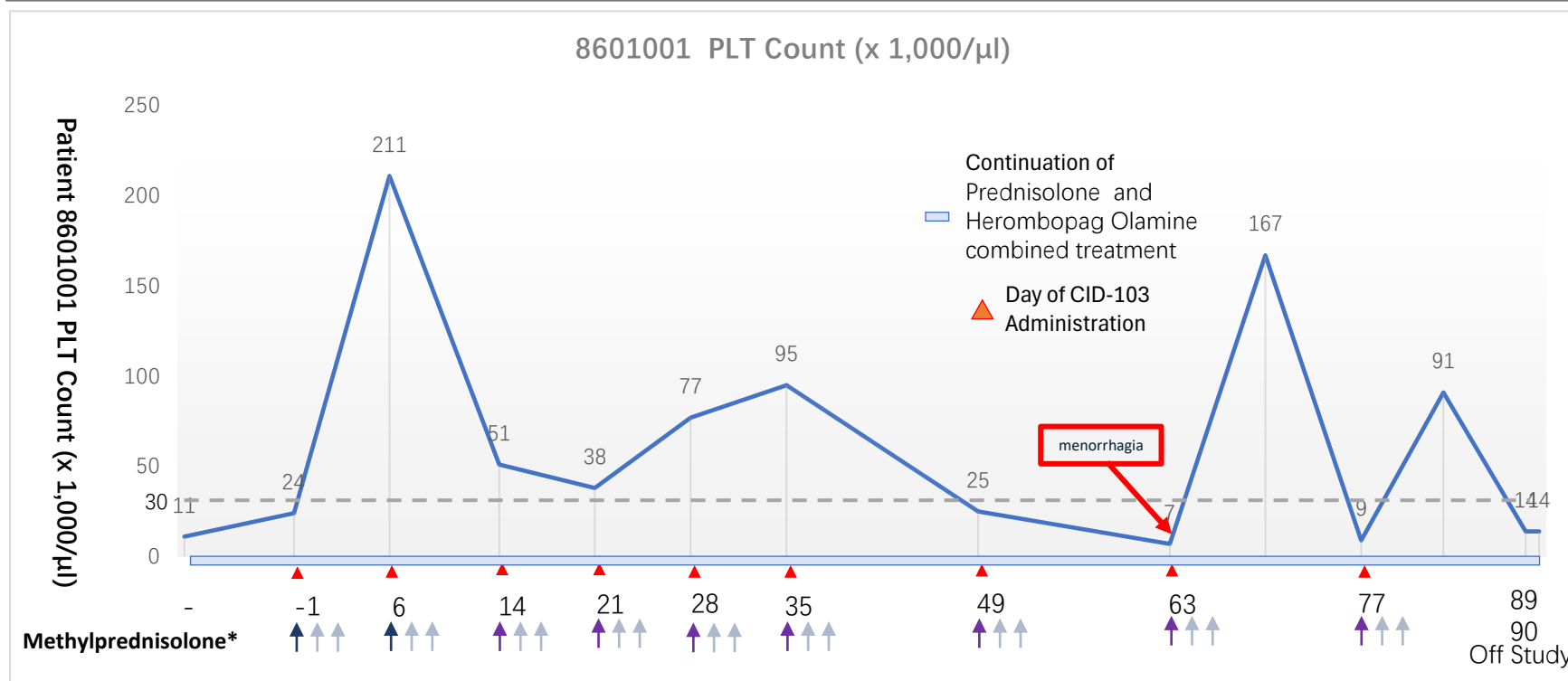


An initial review of safety and efficacy will be completed by the SMC once approximately 24 evaluable subjects (8 subjects per arm) have completed approximately 6 weeks of treatment to determine if there is one or more sub-optimal dose(s) that should be closed to further recruitment or if dose / regimens require adjustment.

CASI-CID-103-201

Preliminary Platelet and Safety Data for ITP

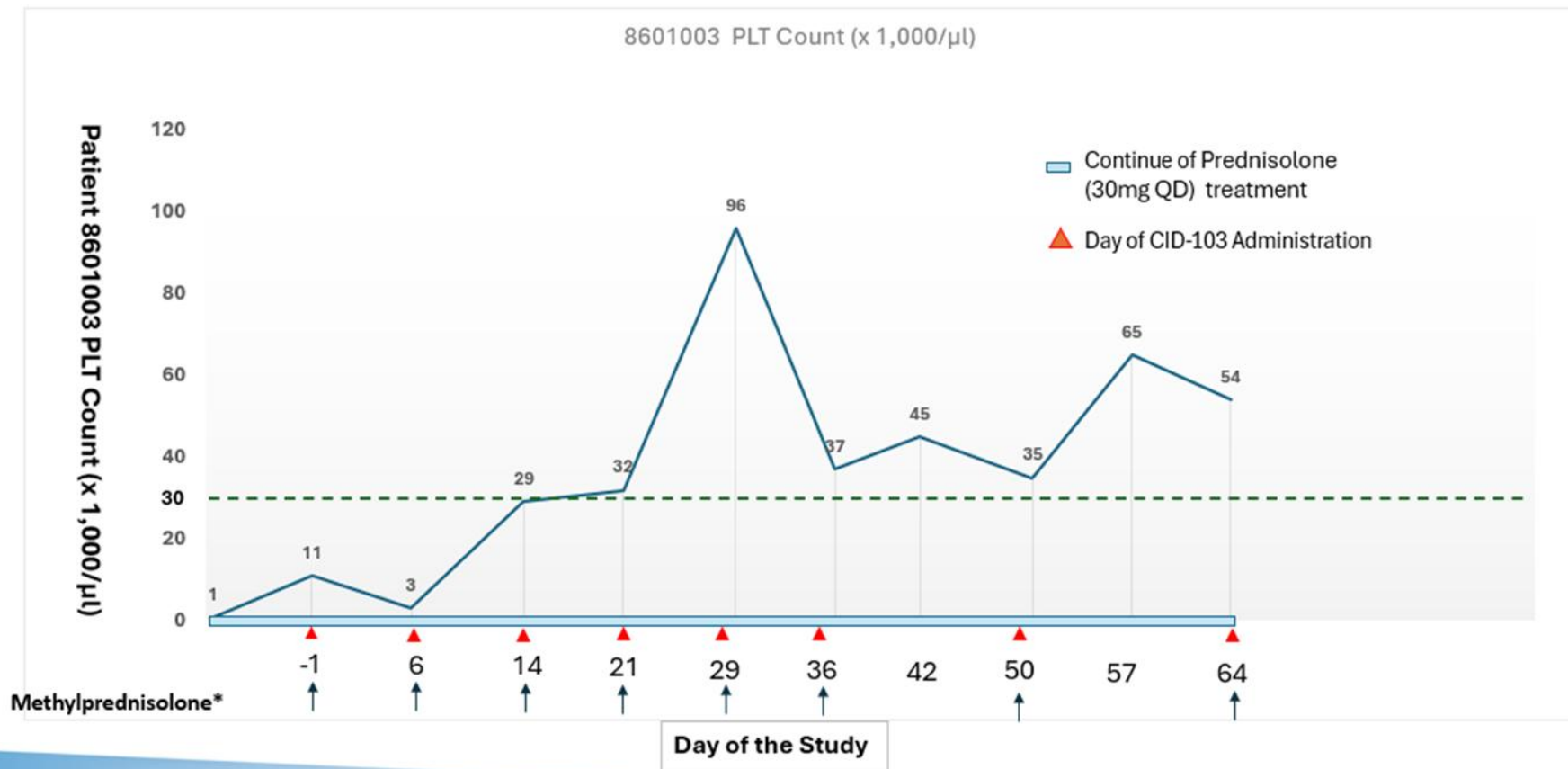
Cohort 1 – patient #8601001 Platelet Count on 30mg/30mg



Day of the Study

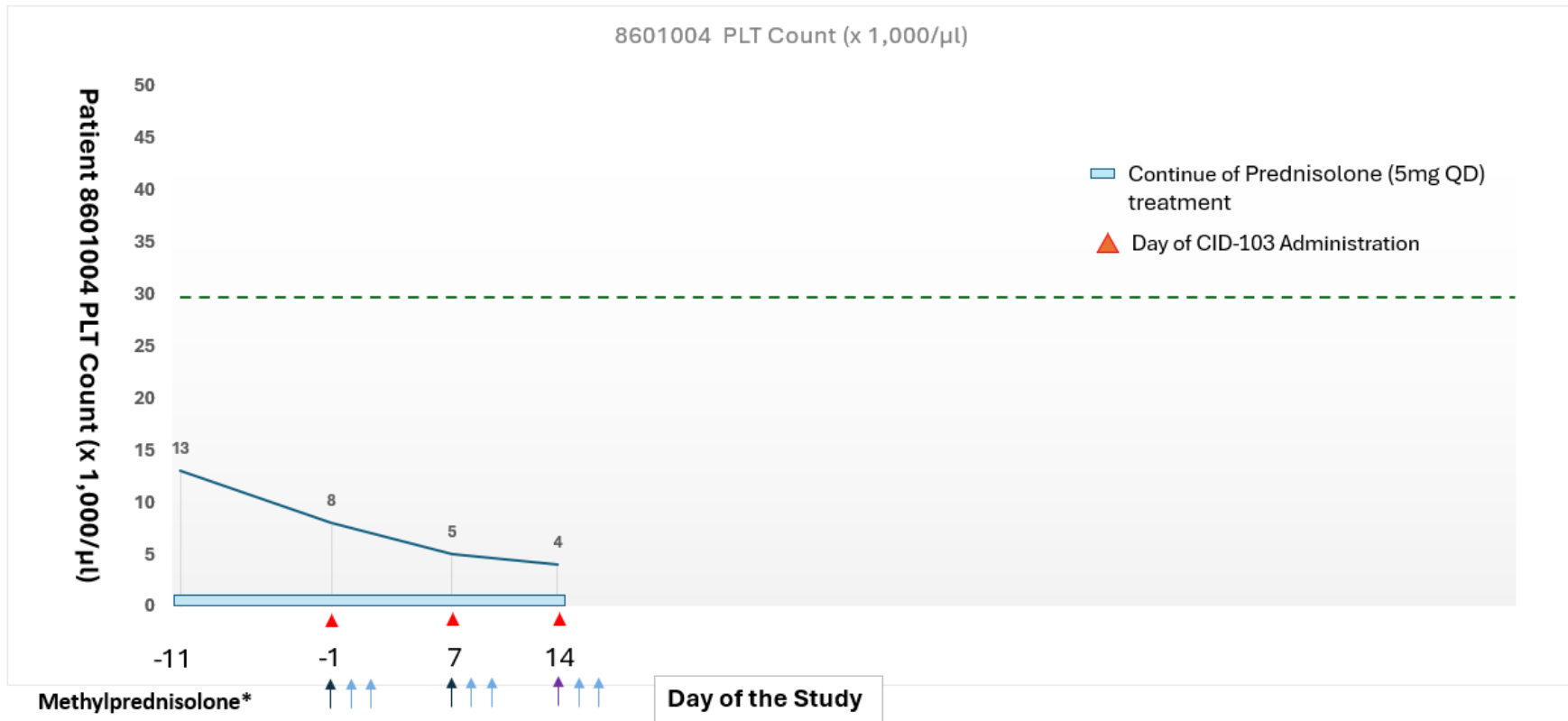
- pre-medication prior to the CID-103 infusion, methylprednisolone 100 mg IV, after 2nd CID-103 infusion, the dose of methylprednisolone was reduced to 60 mg IV.
- post CID-103 infusion, oral corticosteroid (20 mg methylprednisolone or equivalent on each of the two days following all CID-103 infusions (beginning the day after the infusion).

Cohort 2 – patient #8601003 Platelet Count on 30mg/150mg



- pre-medication prior to the CID-103 infusion, methylprednisolone 100 mg IV, after 2nd CID-103 infusion, the dose of methylprednisolone was reduced to 60 mg IV.

Cohort 3 – patient #8601004 Platelet Count on 150mg/300mg



- pre-medication prior to the CID-103 infusion, methylprednisolone 100 mg IV, after 2nd CID-103 infusion, the dose of methylprednisolone was reduced to 60 mg IV.
- post CID-103 infusion, oral corticosteroid (20 mg methylprednisolone or equivalent on each of the two days following all CID-103 infusions (beginning the day after the infusion).

CID-103-201 Summary Safety Data (cut-off date May 13, 2025)

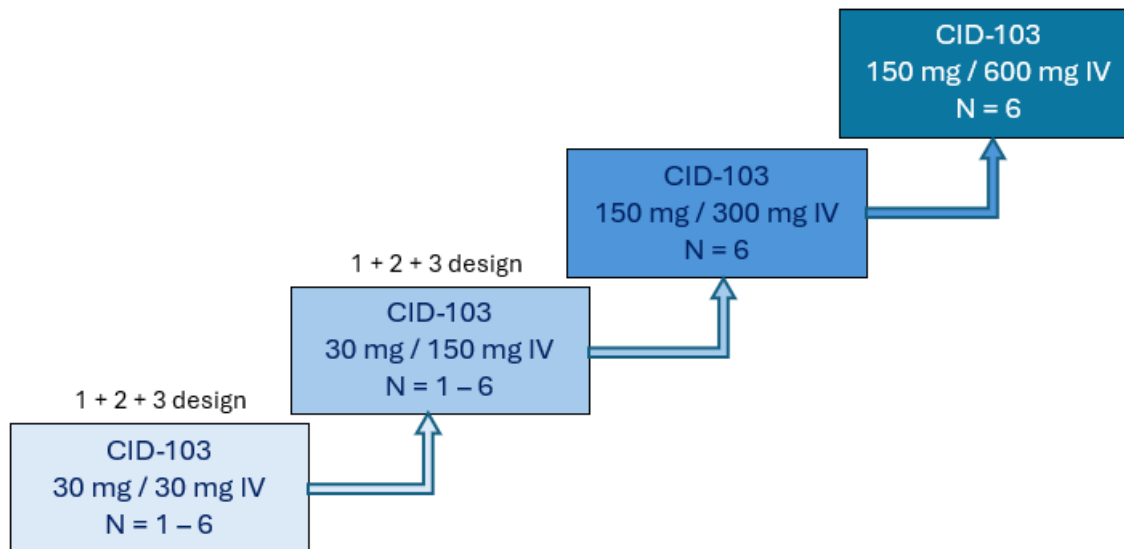
AEs	Cohort 1 (30mg/30mg)		Cohort 2 (30mg/150mg)		Cohort 3 (150mg/300mg)	Total
	8601001		8601003		8601004	
	DLT-Period	Post DLT-Period	DLT-Period	Post DLT-Period	DLT-Period	
DLT	0	NA	0	0	0	0
TEAE	1 (Urine white blood cell increased,G1, Recovered)	9	2 (Cold-like symptoms,G1, Recovered; Hypokalemia,G1,Recovered)	0	0	12
≥G3 TEAE	0	2 (Aggravated iron deficiency anemia,G3,Recovered)	0	0	0	2
TRAE	0	3	0	0	0	3
≥G3 TRAE	0	2 (Aggravated iron deficiency anemia,G3, Recovered)	0	0	0	2
SAE	0	0	0	0	0	0
Related	0	0	0	0	0	0
IRR (grade)	0	0	0	0	0	0

CASI-CID-103-202

AMR Study Update

- Recent FDA feedback via e-mail provided clear guidance, required CASI to submit a “acceptable” written response via e-mail to one last item
- If the response is found acceptable by The Division of Transplant Medicine, the revised IND will be submitted ASAP

CID-103: AMR Study Design Dose Escalation



IV = intravenous

Doses represent priming dose / target dose

Study design allows for the testing of potential of intermediate dose levels.

FDA has requested an End of Phase 1 meeting prior to starting Randomized Phase 2 study.



Q&A

CASI Pharmaceuticals Inc.