



Fourth Quarter & Full Year 2023 Financial Results

March 6, 2024

Fourth Quarter & Full Year 2023 Financial Results



Welcome, Fourth Quarter Highlights & Pipeline Review

- Jacqueline Shea, PhD, President and CEO



Regulatory & Medical Affairs Update

- Michael Sumner, MBBS, MBA, Chief Medical Officer



Commercial Update

- Mark Twyman, MBA, Chief Commercial Officer



Financial Update

- Peter Kies, Chief Financial Officer

Forward-Looking Statements

This presentation includes statements that are, or may be deemed, “forward-looking statements,” within the meaning of Section 27A of the Securities Act of 1933, as amended. All statements, other than statements of historical facts, included in this presentation regarding our strategy, future operations, future financial position, future revenue, projected costs, prospects, plans and objectives of management are forward-looking statements. In some cases, you can identify forward-looking statements by terms such as “may,” “might,” “will,” “objective,” “intend,” “should,” “could,” “can,” “would,” “expect,” “believe,” “anticipate,” “project,” “target,” “design,” “estimate,” “predict,” “opportunity,” “proposition,” “strategy,” “potential,” “plan” or the negative of these terms and similar expressions intended to identify forward-looking statements.

You should not place undue reliance on these forward-looking statements. Forward-looking statements include, but are not limited to, statements about: the timing and success of preclinical studies and clinical trials; the ability to obtain and maintain regulatory approval of our product candidates; the scope, progress, expansion and costs of developing and commercializing our product candidates; our expectations regarding the amount and timing of our expenses and revenue; the sufficiency of our cash resources, plans for the use of our cash resources and needs for additional financing; our ability to adequately manufacture our product candidates; our ability to obtain and maintain intellectual property protection for our product candidates; our expectations regarding competition; the size and growth of the potential markets for our product candidates and the ability to serve those markets; the rate and degree of market acceptance of any of our product candidates; our anticipated growth strategies; the anticipated trends and challenges in our business and the market in which we operate; our ability to establish and maintain development partnerships; our ability to attract or retain key personnel; our expectations regarding federal, state and foreign regulatory requirements; regulatory developments in the United States and foreign countries and other factors that are described in the “Risk Factors” and “Management’s Discussion and Analysis of Financial Condition and Results of Operations” sections of our Annual Report on Form 10-K for the year ended December 31, 2023, which has been filed with the Securities and Exchange Commission (SEC) and are available on the SEC’s website at www.sec.gov.

In addition, the forward-looking statements included in this presentation represent INOVIO’s views as of the date hereof. INOVIO anticipates that subsequent events and developments may cause its views to change. However, while INOVIO may elect to update these forward-looking statements at some point in the future, the company specifically disclaims any obligation to do so, except as may be required by law. These forward-looking statements should not be relied upon as representing INOVIO’s views as of any date subsequent to the date of this presentation.

Third-party industry and market information included herein has been obtained from sources believed to be reliable, but the accuracy or completeness of such information has not been independently verified by, and should not be construed as a representation by, INOVIO. The information contained in this presentation is accurate only as of the date hereof. “INOVIO” and the INOVIO logo are trademarks and service marks of INOVIO. All other trademarks, service marks, trade names, logos and brand names identified in this presentation are the property of their respective owners.

Welcome: Review of 2023 & Recent Progress



Progress Over Last Twelve Months

- **Prioritized pipeline, reshaped organization** to focus on candidates with greatest clinical promise, achievable pathways to market and strong commercial potential
- **Reduced operating expenses** nearly in half over the past year
- Substantial **progress with lead candidate INO-3107** for RRP with a target BLA filing date of 2H2024
- **Announced clinical supply collaboration with Coherus for INO-3112** development in HPV-related throat cancer
- **Announced positive Phase 1 data for INO-4201** a preventative Ebola booster vaccine candidate
- Continued to advance other clinical-stage candidates

2024 Key Catalysts

- Finalize trial design for INO-3112 in throat cancer
- Determine next steps for INO-5401 in GBM
- Finalize plans for INO-4201 Ebola booster based on FDA feedback, discuss with collaborators and potential partners
- INO-3107: Submit BLA, initiate confirmatory trial
- First clinical data from Phase 1 dMAb trial (anti-SARS-CoV-2)

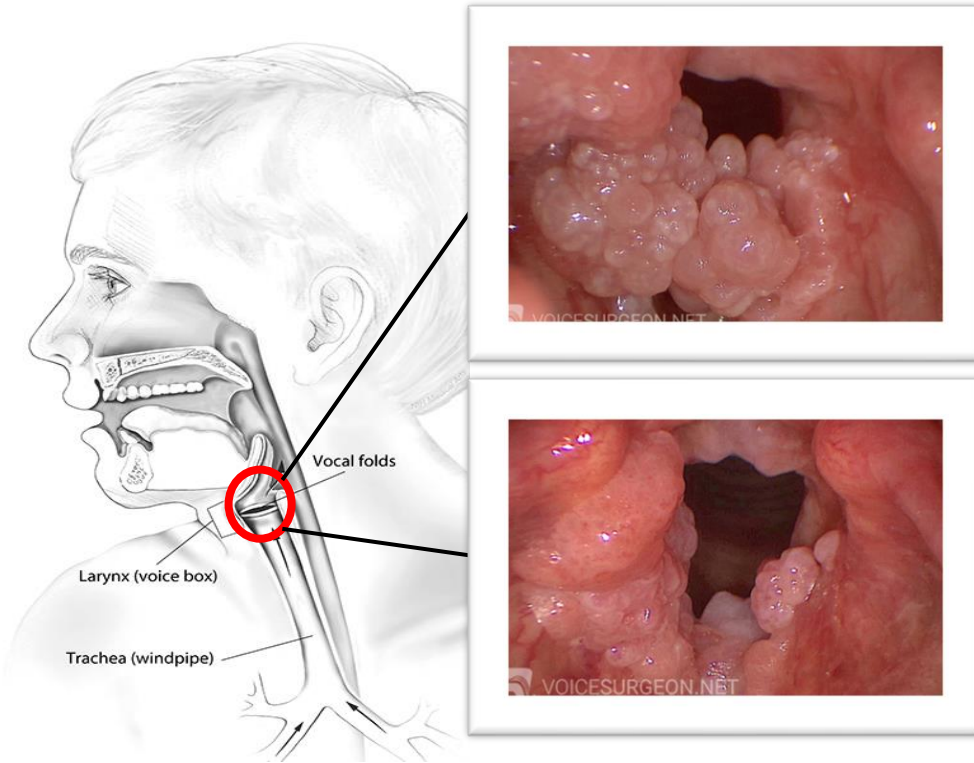
1H2024

2H2024

Regulatory & Medical Affairs Update



Recurrent Respiratory Papillomatosis (RRP)



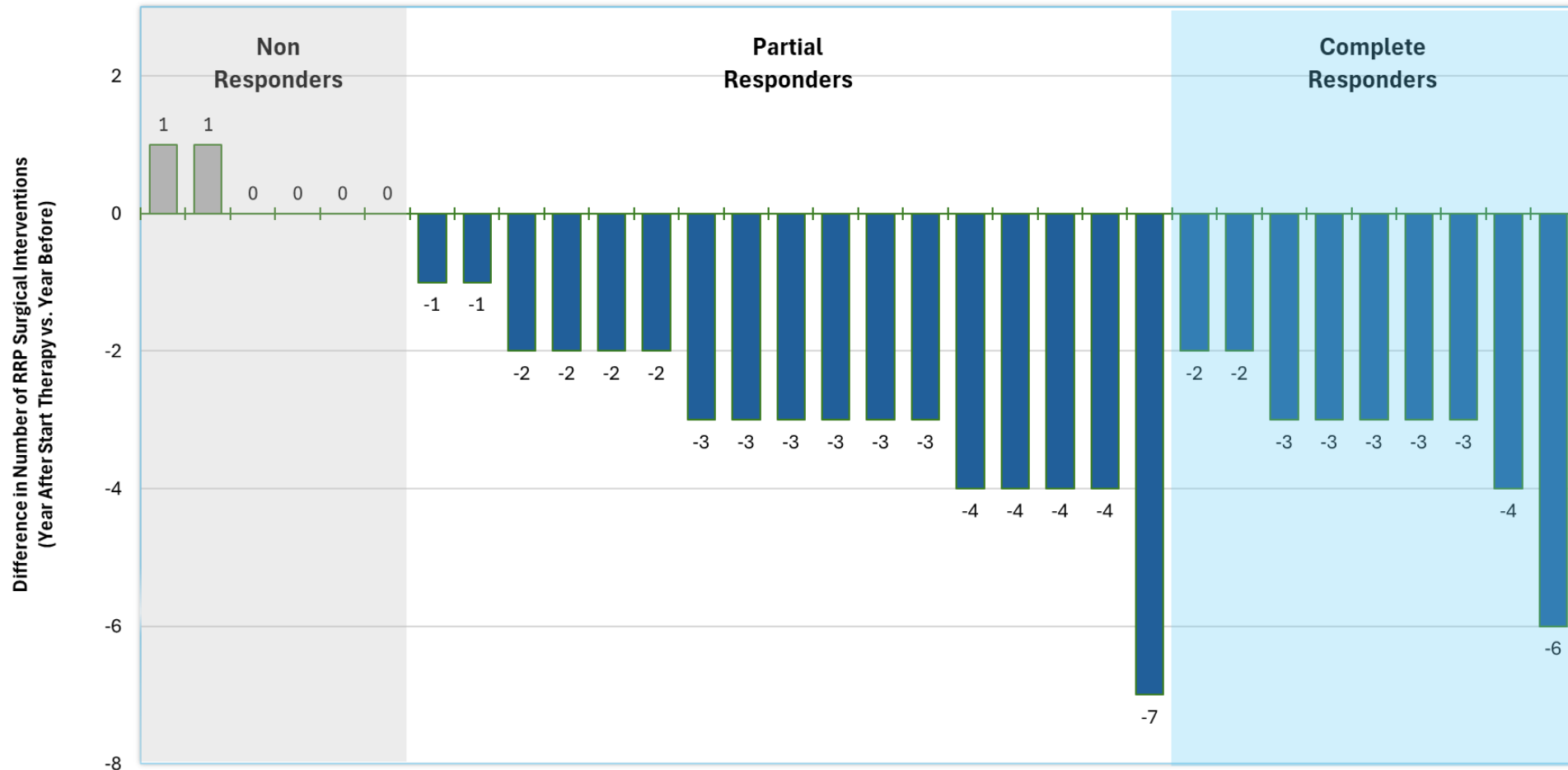
- **Rare disease characterized by small, wart-like growths (papillomas) in the respiratory tract**
 - Can form anywhere but primarily affect larynx & vocal cords
 - Can cause difficulty speaking or complete voice loss, difficulty swallowing, shortness of breath and choking episodes
 - In rare cases, can spread to lungs or become malignant
- **Caused by HPV-6 & HPV-11**, affects adults & children
- **Annual estimated U.S. prevalence/incidence**
 - ~14k active cases (juveniles and adults)
 - ~1.8 per 100,000 adults
- **Surgery is current standard of care**
 - Papillomas grow back since underlying infection remains
 - Average 4 surgeries per year
 - Severe RRP may require frequent medical intervention involving 100s of surgeries over a lifetime

“*RRP patients will tell you that even one reduction in the number of disruptive, invasive surgeries they face would be life-changing. The potential impact of this treatment gives me great hope for the future and I'm happy to see that RRP is finally getting the attention it deserves.*”

– Kim McClellan, President of RRP Foundation

INO-3107: In Phase 1/2 trial 81.3% of participants had a decrease in surgeries

Difference in RRP Surgical Interventions by Responder Group
During Year After Start of INO-3107 Therapy Compared to Year Before



Source: RRP-01 Trial Data Set. Includes surgeries performed during the dosing window.

INO-3107: Accelerated Progress

- Orphan Drug designation – U.S.
- First patient dosed in Ph 1/2 trial

- Positive Ph 1/2 trial results – both cohorts
- Results published in Laryngoscope
- Orphan Drug designation – EU
- Breakthrough Therapy designation

- Positive Ph 1/2 trial results - 1st cohort

- Announced plans to submit BLA in 2H24

2020

2021

2022

2023

2024

Key Catalysts for INO-3107 in 2024

- Completing submission of BLA under accelerated approval program 2H24
- Initiating confirmatory trial prior to BLA submission
- Requesting rolling submission and Priority Review – possible action on application within ~6 months (compared to usual ~10 month review)
- Publish immunological data supporting mechanism of action of INO-3107
- Commercial launch in 2025 if FDA approval received

INO-3112: Clinical Collaboration and Supply Agreement with Coherus BioSciences



INO-3112: DNA medicine candidate targeting HPV-16/18, combined with interleukin-12 (immune activator)

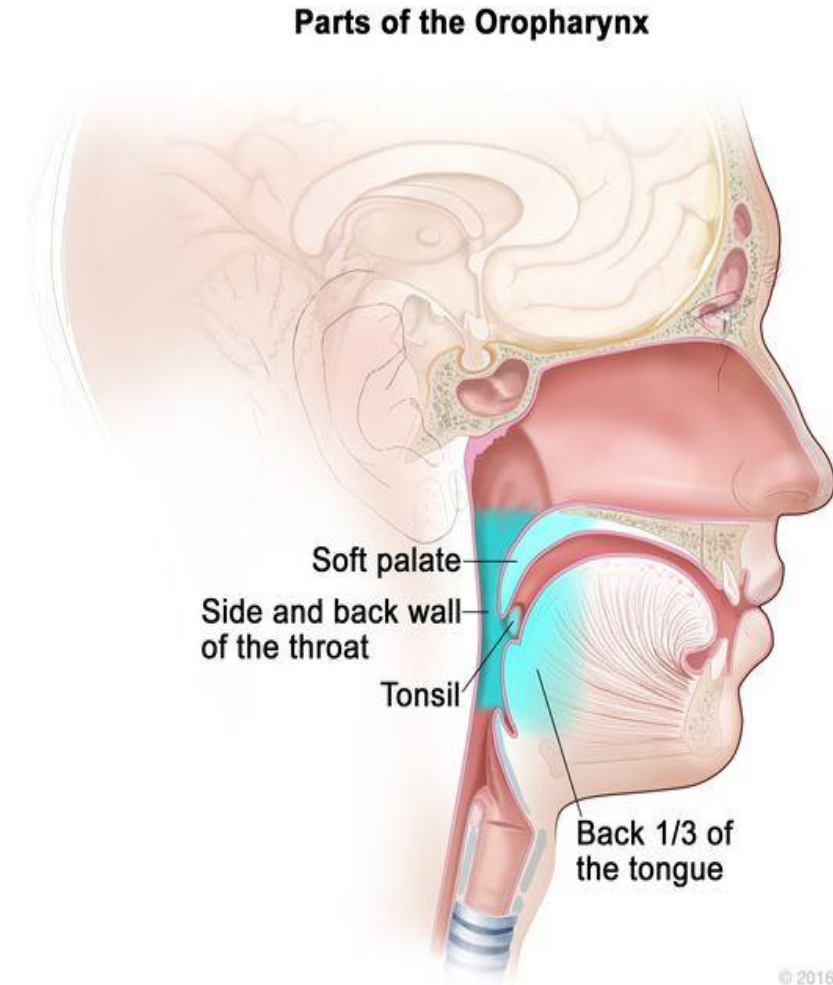
LOQTORZI™

LOQTORZI: Proven anti-PD-1 monoclonal antibody

Will evaluate combination therapy as treatment for locoregionally advanced, high-risk, HPV-16/18+ oropharyngeal squamous cell carcinoma (OPSCC/throat cancer)

What is Oropharyngeal Squamous Cell Carcinoma?

- Type of head and neck cancer commonly known as throat cancer
- Occurs in the base of the tongue, tonsils and/or soft palate
- Typically causally related to high-risk subtypes of HPV, some cases are carcinogen-driven
- HPV+ throat cancer rapidly increasing in incidence among patients in high-income countries
 - Surpassed cervical cancer as most common HPV-related cancer diagnosed in the U.S. (~ 20,000 new cases/yr)
- HPV estimated to cause 70%-80% of all oropharyngeal cancers diagnosed in the U.S.



© 2016 Terese Winslow LLC
U.S. Govt. has certain rights.

HPV-Related Locoregionally Advanced Throat Cancer

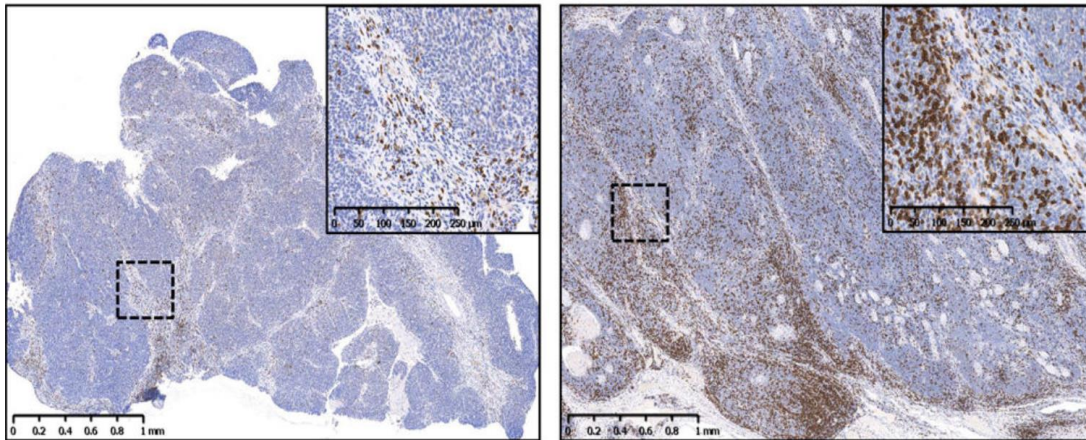
Unmet need exists in preventing relapse in high-risk patients

- Most throat cancer patients diagnosed with locoregionally advanced (LA) disease
- Current treatment:
 - Curative intent through use of multi-modal therapy, including surgery & CRT
- Outcomes:
 - 3-year probability of PFS is good (70-75%)
 - Patients who progress: clinical outcomes poor, even with addition of immune-checkpoint blockade therapy
 - Survival of patients who progress is under a year on average
- Trial target high-risk patients with HPV-related LA throat cancer
 - Estimate 3k - 4k new patients per year in US

INO-3112: Previously Completed Trials

Monotherapy: Phase 1/2a in pre-surgery or post CRT patient

Published in *Clinical Cancer Research*, 2019



CD8 staining prior to dosing

CD8 staining after dosing

Combination Therapy: Phase 1b/2a in recurrent/metastatic patients

- Combined with AstraZeneca's PD-L1 checkpoint inhibitor, durvalumab
- ORR: 27.6% (4 CR, 4 PR) in 29 evaluable patients
 - Median OS was 29.2 months (15.2—not calculable)
 - Peripheral HPV-specific T cells and tumoral CD8+ T cells were increased
- Updated results and published in *Clinical Cancer Research*, 2023

Existing trial data highlights strong rationale & potential benefit of combining INO-3112 to generate T cells targeting the HPV E6 & E7 oncogenes with a PD-1 inhibitor in HPV-16/18 related OPSCC

Commercial Update



INO-3107: On Track to Launch in 2025

- **Dedicated to understanding patients and their experiences**
 - Continuing to build insights into patient journey
 - Advisory board panels held in Q4
- **Mapping the HCP landscape**
 - Initiated comprehensive market analysis of RRP HCPs
 - Will allow us to focus field deployment, make smart investment decisions
- **Experienced commercial team**
 - Well versed in every aspect of commercialization process
 - Experience in rare disease and innovative products
 - Expertise in putting essential systems in place for a successful launch
- **Clinical and commercial advantages**
 - Critical foundation for commercial efforts
 - Underpins commercial launch strategy

Key Characteristics for INO-3107

Clinical Advantages

- Completed Phase 1/2 trial
 - Can be used to file BLA under accelerated approval program
- Significant efficacy data & well tolerated
 - 81.3% of patients saw a reduction in surgeries; including 28.1% with CR
 - Trial counted all surgeries during treatment window
 - Median reduction of 3 surgeries
 - Durability of response for CR throughout trial period; 52 weeks
 - Favorable tolerability profile
 - Efficacy across disease spectrum
- Breakthrough Therapy Designation in U.S.

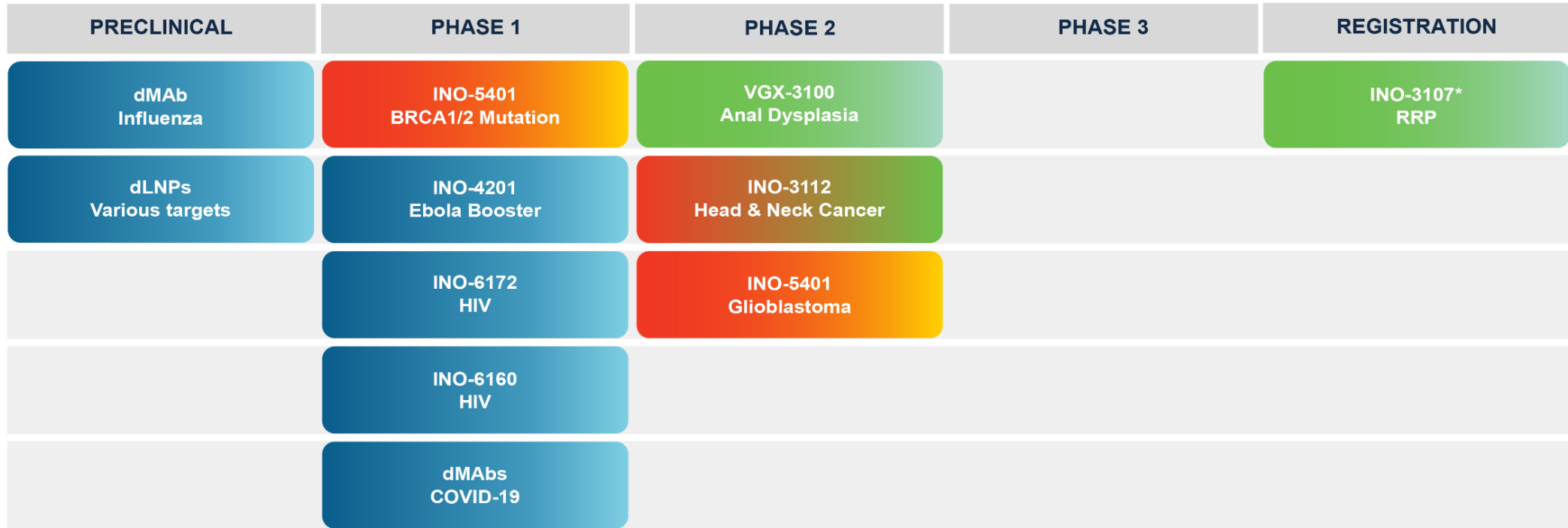
Commercial Advantages

- Targets/similar efficacy against both HPV-6 and HPV-11 (strains that cause RRP)
- Potential for redosing
- Refrigerator stable for up to 3 years
- Electroporation device well-tolerated by patients & easy to use by HCPs
- Well-defined manufacturing process
- Orphan Drug Designation in U.S. and EU

Pipeline Update



INOVIO Pipeline



OUT-LICENSED**



HPV-RELATED DISEASES ■ IMMUNO-ONCOLOGY ■ INFECTIOUS DISEASES ■

* Preparing BLA submission under accelerated approval program

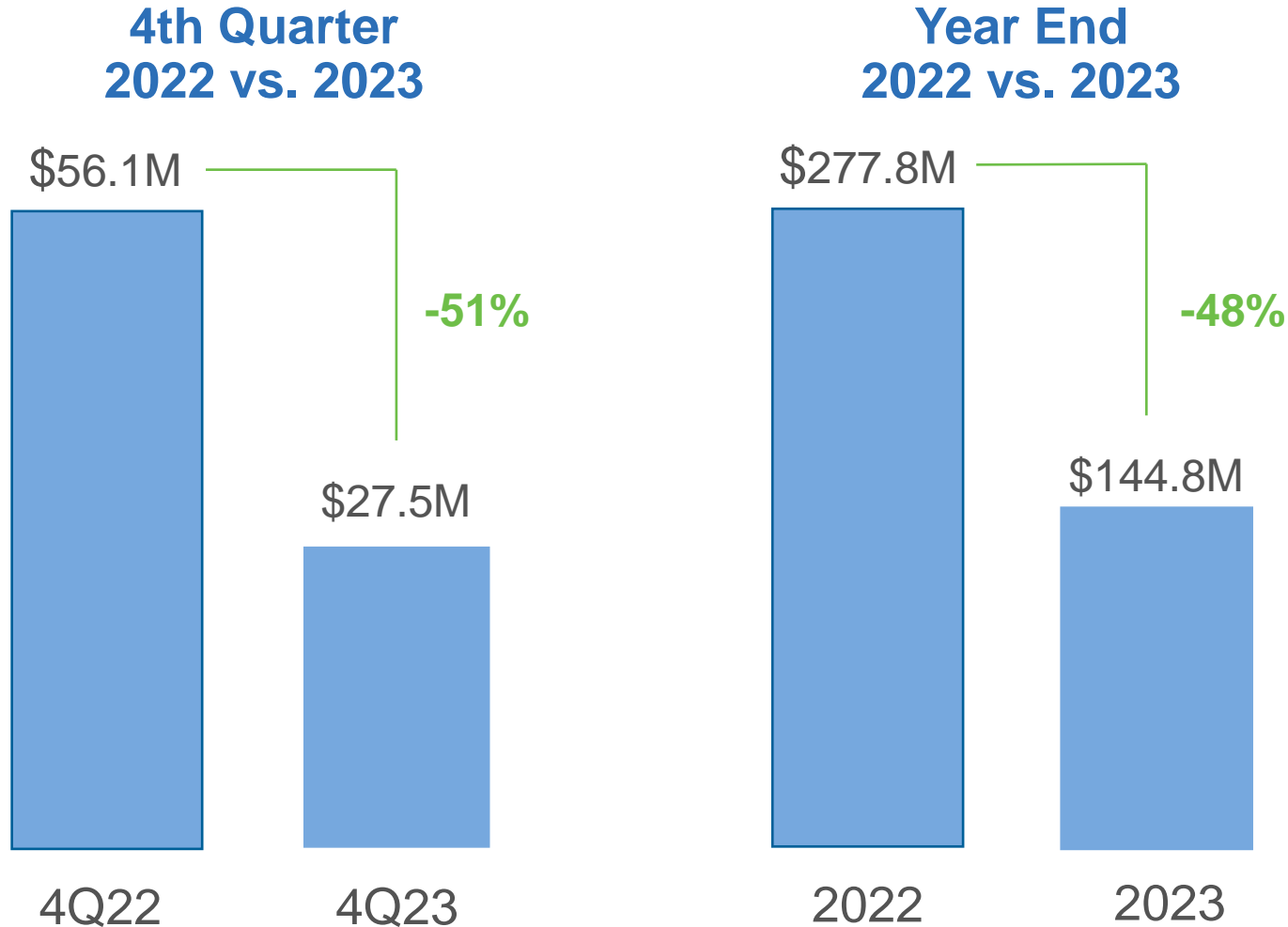
** VGX-3100 to ApolloBio for China; INO-4800 to Advaccine for China

Financial Update



Commitment to Financial Discipline Key to Strategy

Total Operating Expense



Financial Strengths

- \$145.3M in cash, cash equivalents, short-term investments as of 12/31/23
- Cash runway into 2Q 2025
- Operational cash burn of \$26M for 1Q24 plus repayment of \$17M on convertible senior notes

Q&A



2024 Key Catalysts

- Finalize trial design for INO-3112 in throat cancer
- Determine next steps for INO-5401 in GBM
- Finalize plans for INO-4201 Ebola booster based on FDA feedback, discuss with collaborators and potential partners
- INO-3107: Submit BLA, initiate confirmatory trial
- First clinical data from Phase 1 dMAb trial (anti-SARS-CoV-2)

1H2024

2H2024

Thank you.

