



Leading antibody science for better futures.

Investor Presentation

February 2025



Forward looking statement

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Towards 2030: Evolving Into a Fully Integrated Biotech Innovation Powerhouse



Core Purpose

Our unstoppable team will improve the lives of patients through innovative and differentiated antibody therapeutics.

Our Strategy

- Focus on core competence
- Turn science into medicine
- Build a profitable & successful biotech

Vision

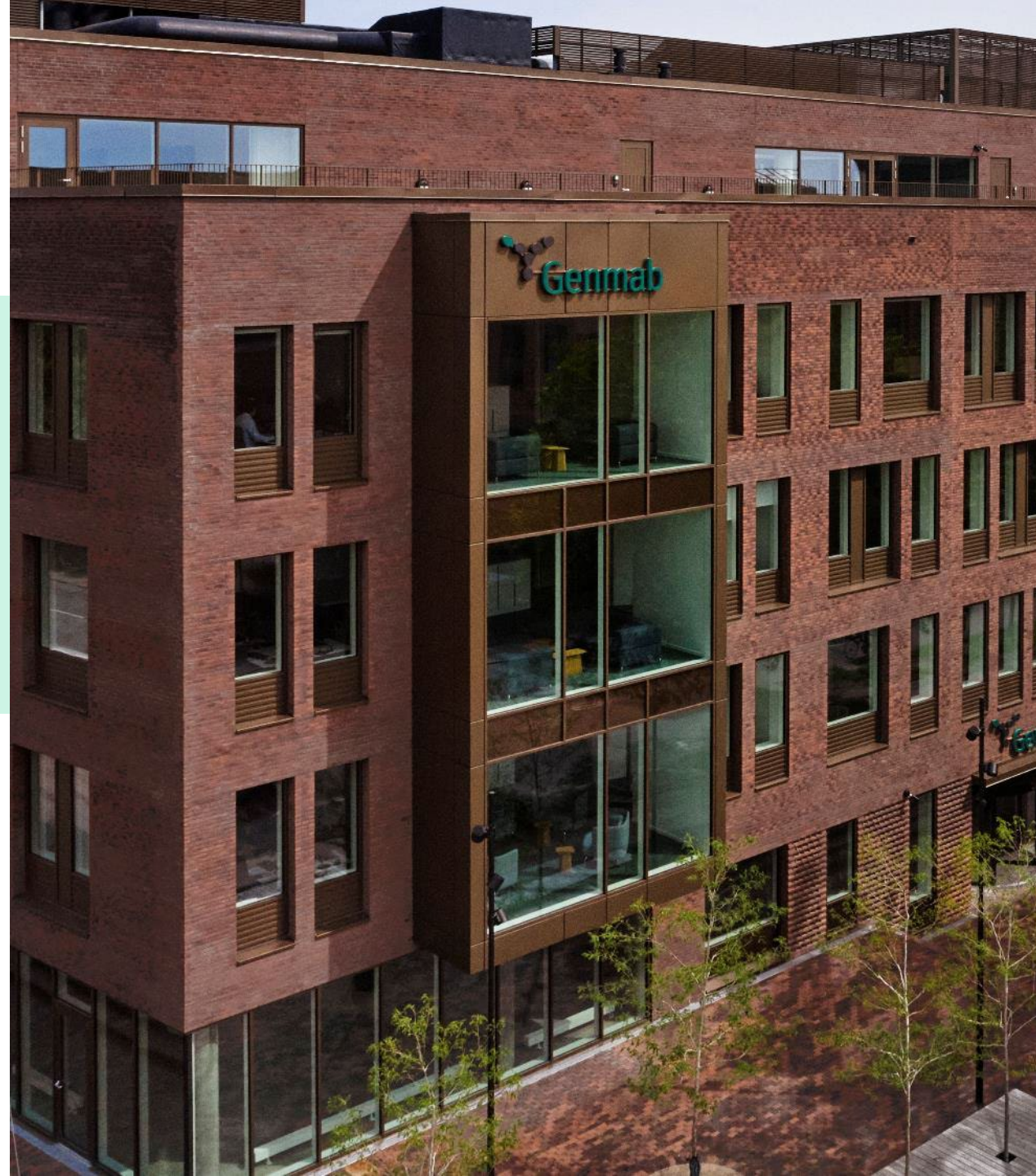
By 2030, our KYSO[®] antibody medicines are fundamentally transforming the lives of people with cancer and other serious diseases.

Strong Track Record and Solid Financial Foundation

- >40 cumulative INDs since 1999
 - Innovative pipeline: >10 Genmab owned $\geq 50\%$
 - 8 approved medicines based on Genmab's innovation and antibody expertise
 - Two co-owned medicines:
Tivdak[®] (tisotumab vedotin-tftv) and
EPKINLY[®] (epcoritamab-bysp)/TEPKINLY[®] (epcoritamab)
-
- Growing recurring revenue
 - Sustainably profitable with cash position of ~USD 3B
 - Investing to drive performance and advance pipeline
 - Acquisition of ProfoundBio
 - Experienced, international leadership team






Tivdak is being co-developed and co-promoted by Genmab and Pfizer. EPKINLY is being co-developed and co-promoted by Genmab and AbbVie
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Innovative Clinical Pipeline: Genmab Proprietary and Partnered Products - Most Advanced Development Phase

Genmab owned products ≥50%

Technology	Program	Target	Clinical Phase			Regulatory Approval*
			PHASE 1	PHASE 2	PHASE 3	
	Epcoritamab (EPKINLY/TEPKINLY)	CD3, CD20	█	█	█	█
	Acasunlimab (GEN1046)	PD-L1, 4-1BB	█	█	█	█
	GEN1042 (BNT312)	CD40, 4-1BB	█	█	█	█
	GEN1059 (BNT314)	EpCAM, 4-1BB	█	█	█	█
	GEN1057	FAPα, DR4	█	█	█	█
	Tisotumab vedotin (Tivdak)	Tissue factor	█	█	█	█
	Rinatabart sesuteacan (Rina-S™)	FRα	█	█	█	█
	GEN1160	CD70	█	█	█	█
	GEN1107	PTK7	█	█	█	█
	GEN1286	EGFR, cMET	█	█	█	█
	GEN3014	CD38	█	█	█	█
	GEN1055 (BNT315)	OX40	█	█	█	█

Royalty Medicines

Technology	Program	Dev. by	Clinical Phase			Regulatory Approval*
			PHASE 1	PHASE 2	PHASE 3	
	Amivantamab (RYBREVANT®)	J&J	█	█	█	█
	Teclistamab (TECVAYLI®)	J&J	█	█	█	█
	Talquetamab (TALVEY®)	J&J	█	█	█	█
	Mim8	Novo Nordisk	█	█	█	█
UltiMAB®	Daratumumab/daratumumab hyaluronidase-fihj (DARZALEX®/DARZALEX FASPRO®)	J&J	█	█	█	█
	Ofatumumab (Kesimpta®)	Novartis	█	█	█	█
	Teprotumumab (TEPEZZA®)	Amgen	█	█	█	█
	Inclacumab	Pfizer	█	█	█	█
	Amlenetug	Lundbeck	█	█	█	█



*See local prescribing information for full indications / safety information; Tivdak is being co-developed and co-promoted by Genmab and Pfizer; EPKINLY is being co-developed and co-promoted by Genmab and AbbVie; GEN1042, GEN1059 and GEN1055 are being co-developed with BioNTech; Genmab is developing HexaBody-CD38 in an exclusive worldwide license and option agreement with Janssen
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EPKINLY (epcoritamab-bysp)

First Bispecific Approved for Both DLBCL and FL

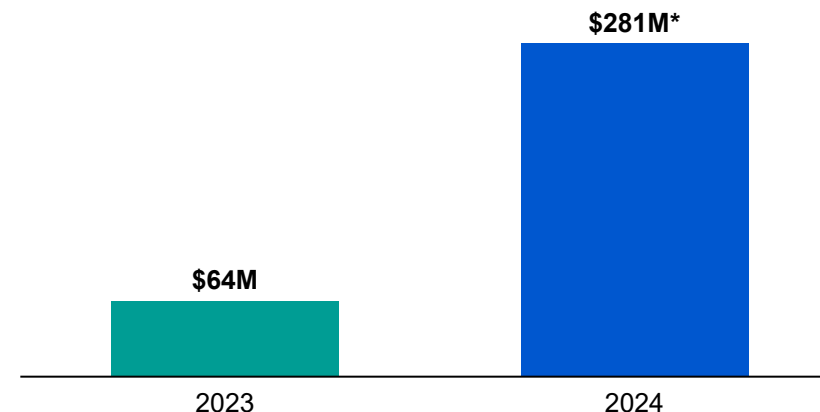


Brand Opportunity



- Differentiated clinical profile - deep and durable responses, manageable safety, subcutaneous administration, efficacy and safety demonstrated across multiple subtypes of B-NHL
- Approved in U.S., Europe, Japan and other territories¹
- Clinical development across histologies, earlier lines of therapy to expand addressable patient population
- 20+ ASH abstracts with data supporting EPKINLY's potential as the Core Therapy in B-cell lymphomas, including 3-year data in 3L+ R/R DLBCL

Strong Launch Performance to Propel Future Growth



Five Phase 3 Trials Completed by 2030 Expand Patient Opportunity into Earlier Lines of Therapy

✓ 1L DLBCL: Epcor + R-CHOP (EPCORE DLBCL-2)

✓ 2L+ DLBCL: Epcor vs. SOC (EPCORE DLBCL-1)

2L+ DLBCL: Epcor + lenalidomide (EPCORE DLBCL-4)

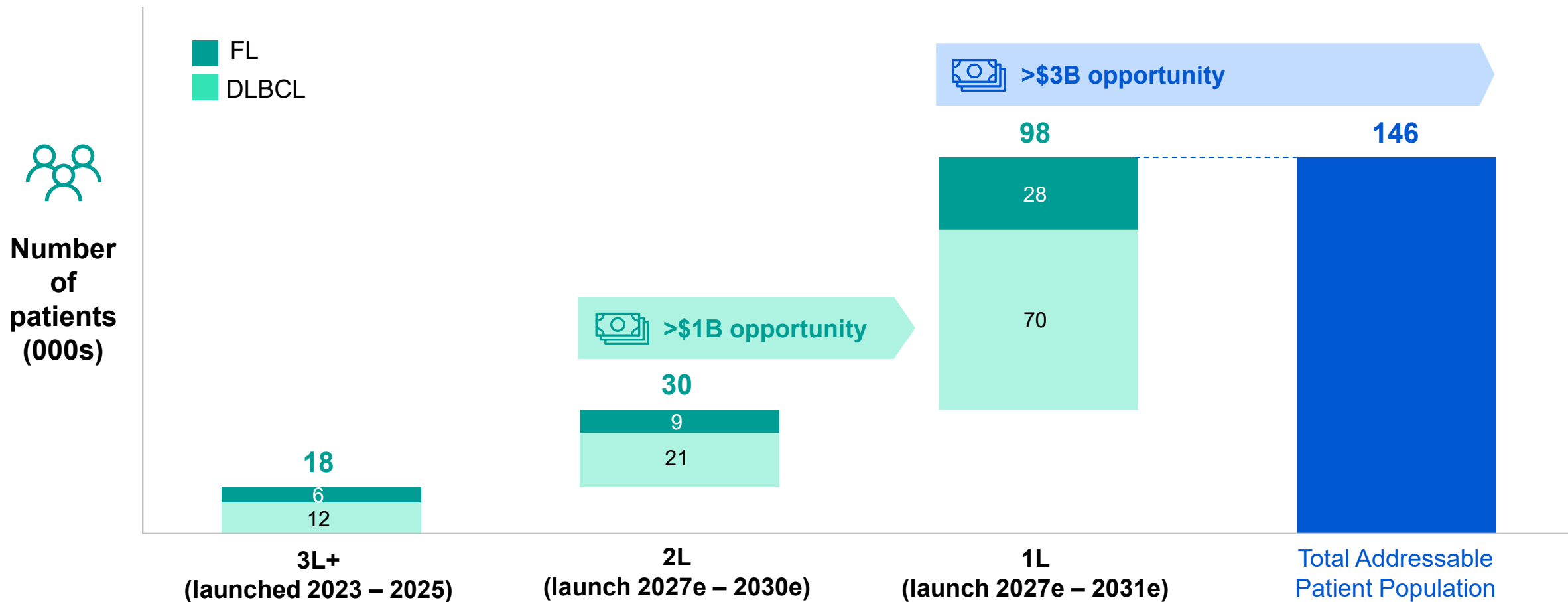
1L FL: Epcor + R2 (EPCORE FL-2)

✓ 2L+ FL: Epcor + R2 (EPCORE FL-1)

✓ Fully recruited

EPKINLY Market Opportunity in DLBCL and FL

Significant Potential as the Core Therapy in B-cell Lymphomas



Tivdak (tisotumab vedotin-tftv)

First-and-only ADC in Cervical Cancer Sets Foundation for Gynecological Oncology Portfolio Growth

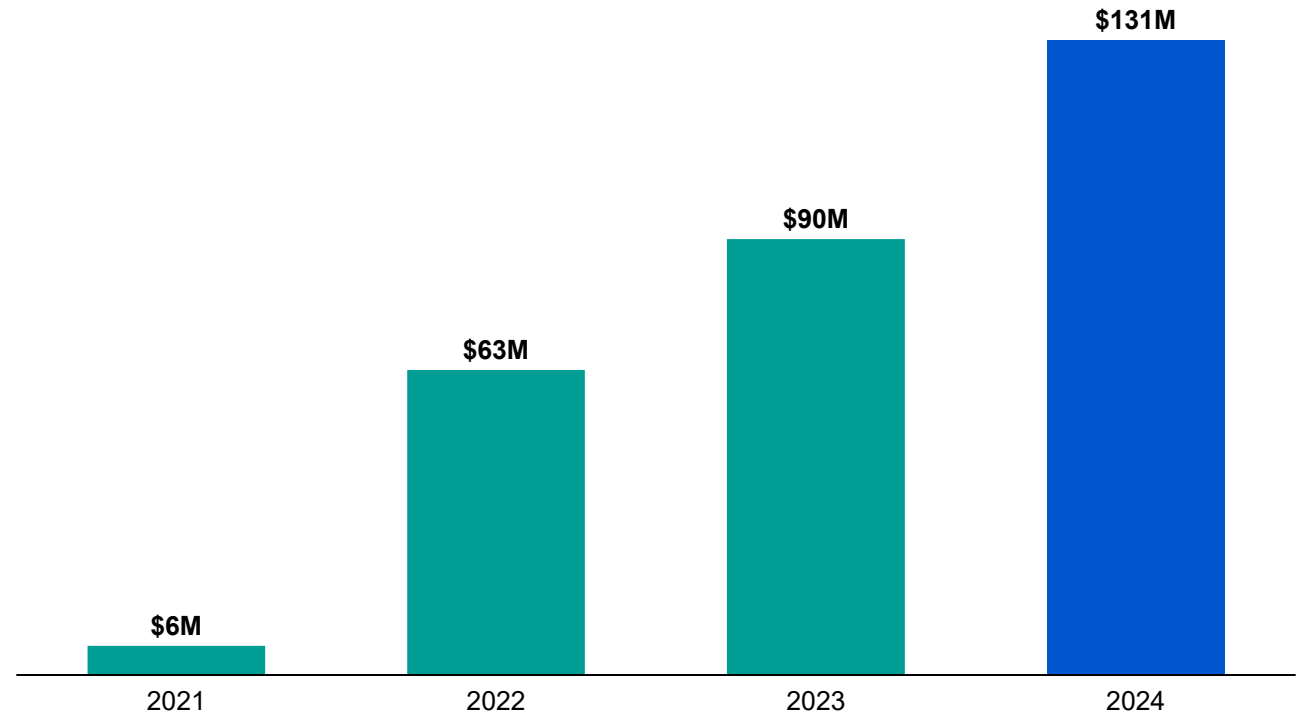


Brand Opportunity



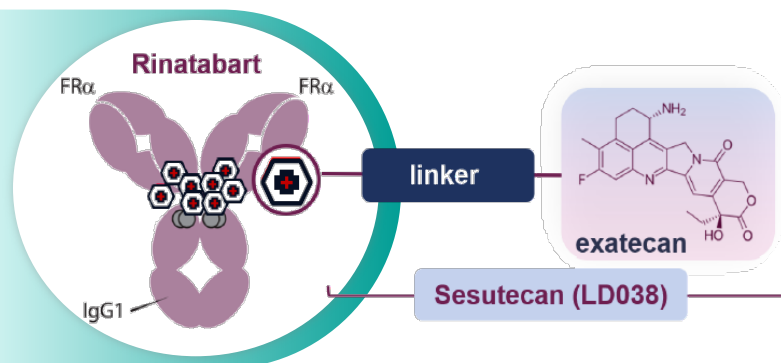
- Globally, high clinical need with more than 8,700 2L+ advanced cervical cancer patients annually
- Proven overall survival benefit represents a significant advancement in disease treatment
- Expanding global opportunity with Japan regulatory approval expected in 1H 2025

Consistent growth since launch



Rinatabart Sesutecan (Rina-S): FR α -targeted TOPO1 ADC

Wholly Owned Genmab Program in Late-stage Development



Human monoclonal antibody directed at FR α

Novel hydrophilic protease-cleavable linker

Exatecan, a topoisomerase I inhibitor

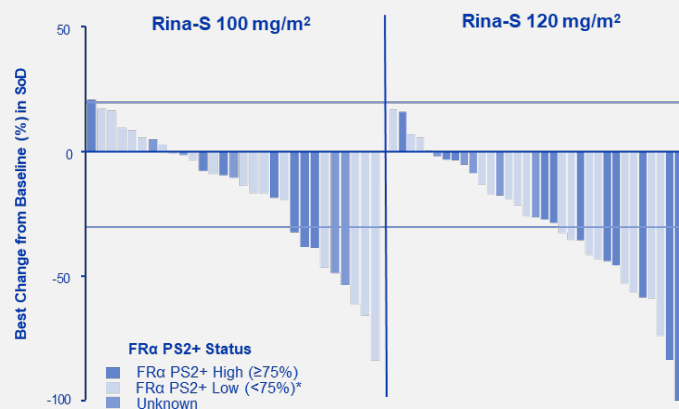
A high, homogenous drug-to-antibody ratio (DAR) of 8



ESMO 2024*

At 120 mg/m² Q3W: confirmed ORR of 50%, incl. one CR in heavily-pretreated ovarian cancer

Responses in patients were observed regardless of FR α expression levels



*Clinical activity was observed at lower cutoffs (FR α PS1+ <25%).

Treatment was well tolerated with manageable TEAEs, no signals of ocular tox., neuropathy or ILD observed

OC Dose Expansion	Rina-S 100 mg/m ² n = 22	Rina-S 120 mg/m ² n = 20
Any-grade TEAE, %	100.0	100.0
Grade 3/4	63.6	60.0 ^b
TEAEs leading to dose reductions, %	18.2	20.0
TEAEs leading to treatment discontinuation^c, %	4.5	10.0
GCSF use^d, %	31.8	50.0

*Lee et al, "A Phase 1/2 study of Rinatabart Sesutecan (Rina-S) in Patients With Advanced Ovarian or Endometrial Cancer," ESMO Congress, September 2024

Expanded Vision for Rina-S

Potential Best-in-class Treatment for Ovarian Cancer and Other FR α -expressing Tumors



Phase 3 Trials

Phase 3 trial in 2L+ PROC enrolling

- All comers, regardless of FR α expression
- Includes patients with prior exposure to mirvetuximab soravtansine

Phase 3 trial in 2L+ endometrial cancer by end of year

Ongoing Trials

Phase 1/2 dose escalation/expansion in solid tumors

ongoing combination cohorts -
+carboplatin (PSOC),
+bevacizumab (PROC, PSOC),
+PD1 (endometrial cancer)



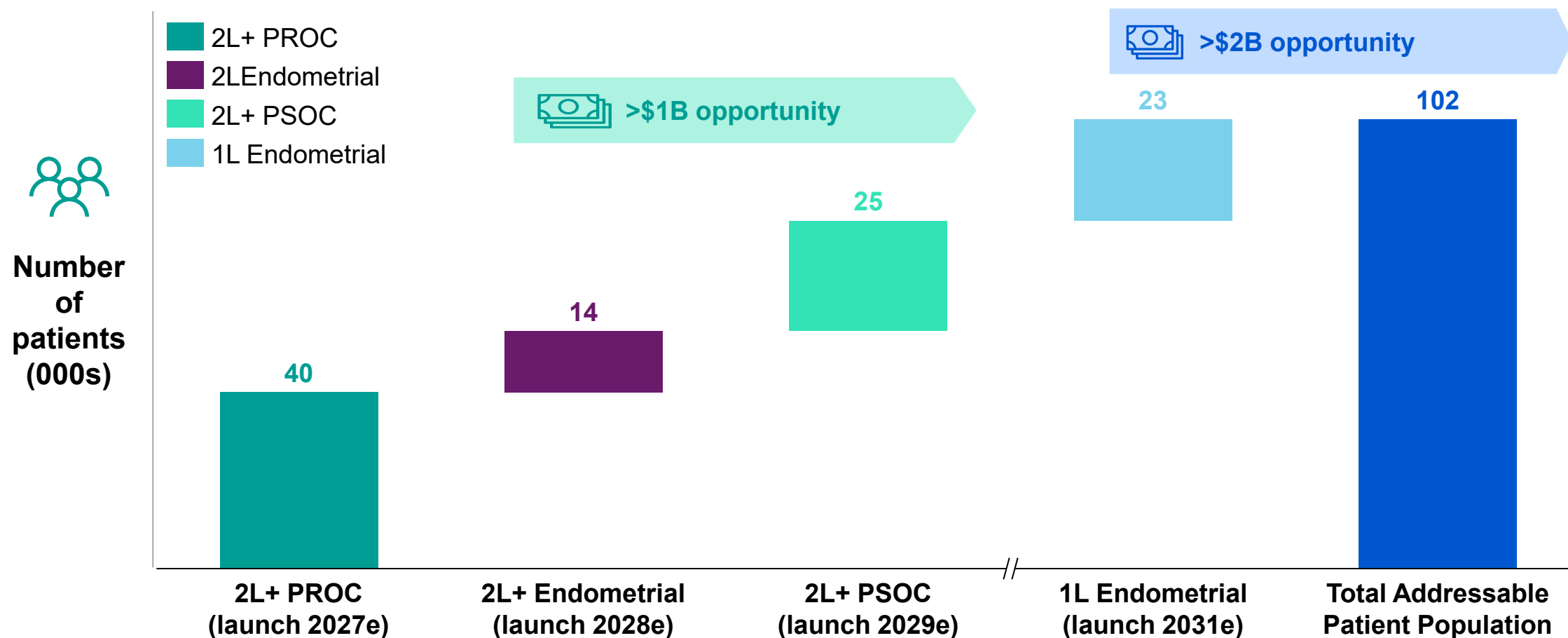
2025 data readouts:

- Endometrial cancer
- Platinum resistant ovarian cancer



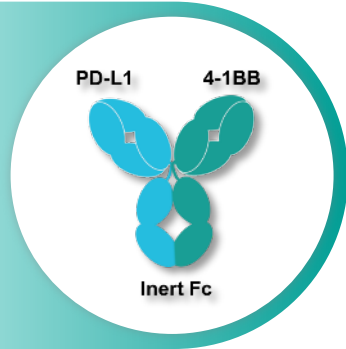
Rina-S Market Opportunity in Ovarian and Endometrial Cancer

Total Addressable Patient Population in US, JP and EU5



Acasunlimab (GEN1046)

Wholly Owned Genmab Program in Late-stage Development



Bispecific with potential in solid tumors

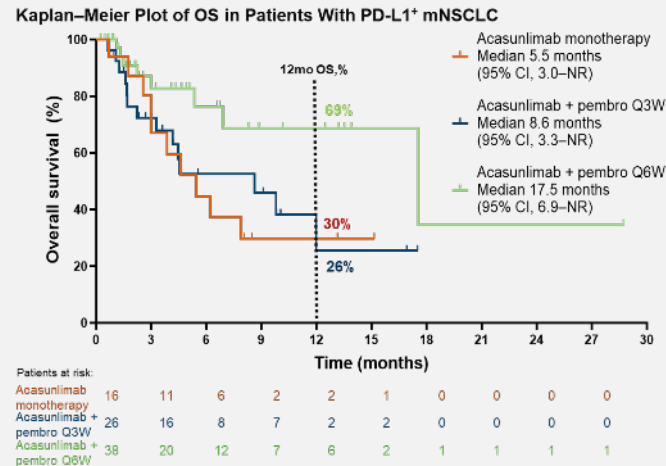
Encouraging data support first-in-class potential in NSCLC following treatment with checkpoint inhibitor



*Aerts et al, "Acasunlimab (DuoBody-PD-L1x4-1BB) Alone or in Combination With Pembrolizumab in Patients With Previously Treated Metastatic Non-Small Cell Lung Cancer: Initial Results of a Randomized, Open-Label, Phase 2 Trial," ASCO Annual Meeting, June 2024
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ASCO 2024*

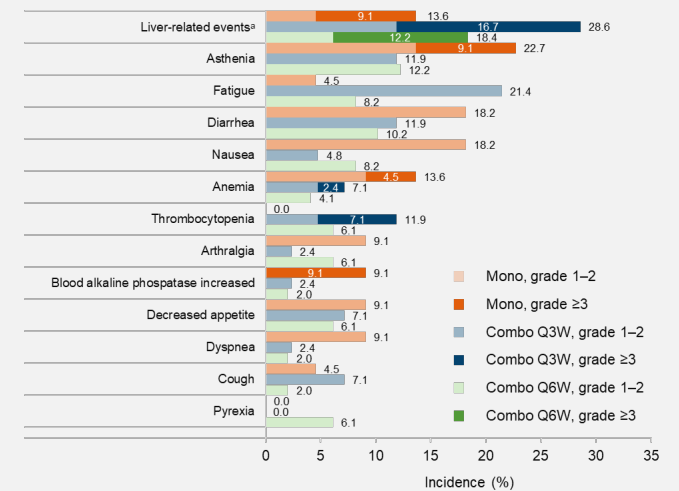
Selected dose of acasunlimab + pembro administered Q6W: in centrally confirmed PD-L1+ mNSCLC, median OS of 17.5 months and 12-month OS rate of 69%



Data cutoff: May 1, 2024. Centrally confirmed PD-L1+ patients are shown.

Acasunlimab + pembro Q6W assoc. with lower incidence of grade ≥3 TRAEs and lower incidence of treatment-related liver-related events

TRAEs Reported in ≥5% of Patients in Any Treatment Group



Data Cutoff: March 22, 2024.

Expanded Vision for Acasunlimab

Potential First-in-class Bispecific for CPI-exposed Solid Tumors



Ongoing Phase 3 Trial

Phase 3 trial in 2L+ NSCLC enrolling

- PD-L1 positive patients who have progressed on a checkpoint inhibitor
- Estimated Completion in 2027

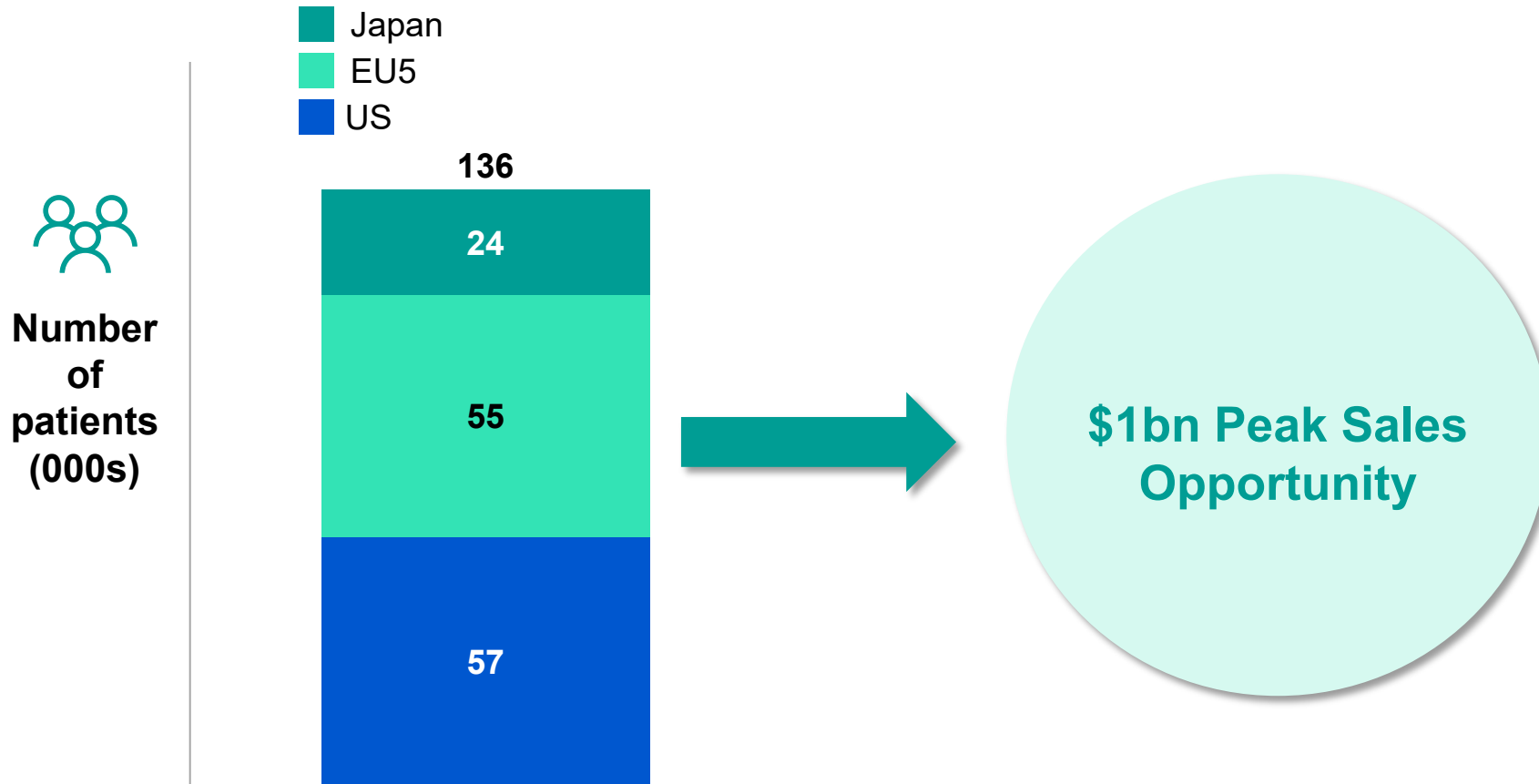


Additional trials to be announced



Billion Dollar Market Opportunity for Acasunlimab in NSCLC

Total Addressable Patient Population in US, JP and EU









High unmet need: patients that have progressed on CPI


- ✓ Non-driver mutated 2L NSCLC - area of high unmet need
- What's needed: treatment options that deliver durable survival benefit without significant safety concerns

Novel IO combination approaches could address unmet need in CPI-exp NSCLC

- ✓ Meaningful opportunity for novel treatments in 2L setting to provide improved response rate / durability of response
- ✓ Need more tolerable, chemo-free regimens for 2L+ patients

Strong Growth Projected For Royalty Medicines Portfolio

Net sales (USD)*	2024	2030e			
 DARZALEX (daratumumab)	\$11.67B	\$16.4B**	DARZALEX¹ (12% - 20% royalty excl. Halozyme contribution)	Kesimpta² (10% royalty)	TEPEZZA³ (Mid-single digit royalty)
 Kesimpta (ofatumumab)	\$3.2B	\$5.6B	<ul style="list-style-type: none"> Share gains across all lines of therapy driven by 1L 	<ul style="list-style-type: none"> > \$6.0B peak sales potential according to Novartis 	<ul style="list-style-type: none"> Approved in U.S. and Japan
 TEPEZZA teprotumumab-trbw	\$1.9B	\$2.9B			
 TECVAYLI teclistamab	\$549M	\$3.0B	TECVAYLI¹ (Mid-single digit royalty)	TALVEY¹ (Mid-single digit royalty)	RYBREVANT¹ (8% - 10% tiered royalty)
 TALVEY (taquetamab-tgvs)	\$227M	\$3.2B	<ul style="list-style-type: none"> Strong launch performance in relapsed/refractory setting 	<ul style="list-style-type: none"> Strong launch performance in relapsed/refractory setting 	<ul style="list-style-type: none"> BLA submitted to U.S. FDA for subcutaneous formulation in patients with EGFR-mutated NSCLC based on PALOMA-3
 RYBREVANT (amivantamab-vmjw)	\$392M	\$2.9B			



Mim8⁴ Phase 3 program with expected filing in 2025

Inclacumab⁵

Amlenetug⁶ Phase 3 programs with near term potential filings

*Source: For DARZALEX and TECVAYLI 2024 sales, J&J FY 2024 financial results; for Kesimpta 2024 sales, Novartis FY 2024 financial results; for TEPEZZA 2024 sales, Amgen FY 2024 results; all other sales numbers, Bloomberg Consensus Estimates accessed January 2025

** Genmab entitled to royalties until 2029 in US and 2031 in RoW

1Development and/or discovery by J&J; 2Development by Novartis; 3Development by Amgen; 4Development by Novo Nordisk; 5Development by Pfizer; 6Development by Lundbeck

2025 Guidance: Double Digit Top-line and Operating Profit Growth

<i>USD Millions</i>	2025 Guidance	2025 Guidance Mid-point
Revenue	3,340 - 3,660	3,500
Gross Profit	3,120 - 3,420	3,270
Operating Expenses*	(2,055) - (2,225)	(2,140)
Operating Profit	895 - 1,365	1,130

*Operating expenses do not include Cost of Product Sales

12% total revenue growth & 18% recurring revenue growth

- Improving revenue quality

7% growth in operating expenses




- Prioritizing investments in late-stage development and commercialization

16% growth in operating profit

- Delivering sustained double-digit growth

2025 Priorities

- ✓ Advance mid-to-late-stage pipeline assets: epcoritamab, Rina-S, acasunlimab
- ✓ Expand our pipeline through organic and inorganic opportunities
- ✓ Focus investments to optimize and enable growth strategy
- ✓ Deliver on our financial commitments and capital allocation strategy

 Program	 Indication	 Event	Anticipated Timing
HexaBody-CD38 (GEN3014)	R/R hematologic malignancies	J&J opt-in decision	1Q 2025
Epcoritamab	3L+ R/R FL	JP regulatory decision & launch	1Q 2025
Tivdak	2L R/M cervical cancer	EU regulatory decision	2025
Tivdak	2L R/M cervical cancer	JP regulatory decision & launch	2025
Acasunlimab	2L+ NSCLC	Phase 2 data update	2025
Rina-S	2L+ endometrial cancer	Phase 2 data and next steps	1H 2025
DuoBody-CD40x4-1BB (GEN1042/ BNT312)	1L HNSCC	Decision on next steps	2025

Driving Towards Our 2030 Vision

Proven Track Record and Solid Financial Foundation



Bring Own Medicines to Patients

Two wholly owned assets in Phase 3: Rina-S and acasunlimab

Multiple wholly owned assets in clinical development



Become a Leading Integrated Biotech Innovation Powerhouse



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Rooted in Science, Inspired by Patients