UROGEN CORPORATE PRESENTATION

Stifel 2020 Virtual Healthcare Conference
November 17, 2020

UroGen® Pharma

FORWARD LOOKING STATEMENTS

This investor presentation contains forward-looking statements as that term is defined in the Private Securities Litigation Reform Act of 1995, including, without limitation: the potential market opportunity of Jelmyto in LG-UTUC; commercial plans for favorable market access and both patient and physician uptake, including the anticipated receipt of a J Code and an anticipated label update for Jelmyto; the continued successful launch of Jelmyto; the potential of UroGen's proprietary RTGel™ technology platform to improve therapeutic profiles of existing drugs to advance the treatment of specialty cancers and urologic disease; the opportunity and potential of UGN-102 for LG-NMIBC and potential advantages over TURBT; plans to commence a pivotal phase 3 trial for UGN-102 in LG NMIBC in 2020; the market opportunity for UGN-102 in LG-NMIBC; plans to initiate a Phase 1 study with UGN-201 in HG-NMIBC; plans to investigate UGN-201 in combination with UGN-301 (AGEN1884) in HG-NMIBC; the market opportunity and potential of UGN-301 in HG-NMIBC; plans to build a sustainable growth company; projections of revenue opportunities in markets of interest; capitalization to advance Jelmyto launch and specific clinical development programs; and plans to continue exploration of the RTGel hydrogel formulation in combination with AbbVie's portfolio of clostridial toxins in OAB and other patient populations; and financial strength and guidance. These statements are subject to a number of risks, uncertainties and assumptions, including, but not limited to: the risks associated with Covid-19 and other pandemic risks, as more fully described in the accompanying pandemic disclosure; the timing and success of clinical trials, including the OLYMPUS Phase 3 trial, the OPTIMA II Phase 2b trial, the Atlas Phase 3 trial and potential safety and other complications thereof; the ability to obtain regulatory approval within the timeframe expected, or at all; the ability to maintain regulatory approval; complications associated with product development and commercialization activities; the labeling and packaging for any approved product; the scope, progress and expansion of developing and commercializing UroGen's product candidates; the size and growth of the market(s) therefor and the rate and degree of market acceptance thereof vis-à-vis alternative therapies; and UroGen's ability to attract or retain key management, members of the board of directors and personnel. In light of these risks and uncertainties, and other risks and uncertainties that are described in the Risk Factors section of UroGen's Form 10-Q filed with the SEC on November 9, 2020, subsequent 10-Q filings, and other filings that UroGen makes with the SEC from time to time (which are available at http://www.sec.gov), the events and circumstances discussed in such forward-looking statements may not occur, and UroGen's actual results could differ materially and adversely from those anticipated or implied thereby. Any forward-looking statements speak only as of the date of this presentation and are based on information available to UroGen as of the date of this presentation.

UroGen Pharma

OUR BUSINESS COULD BE ADVERSELY AFFECTED BY THE EFFECTS OF HEALTH PANDEMICS OR EPIDEMICS, INCLUDING THE COVID-19 PANDEMIC

The recent outbreak of the novel strain of coronavirus, SARS-CoV-2, causing COVID-19 disease, which has been declared by the World Health Organization to be a pandemic, has spread across the globe and is impacting worldwide economic activity. A pandemic, including COVID-19 or other public health epidemic, poses the risk that we or our employees, contractors, suppliers, potential customers, and other partners may be prevented from conducting certain business activities for an indefinite period of time, including due to spread of the disease within these groups or due to shutdowns that may be requested or mandated by governmental authorities. While it is not possible at this time to estimate the impact that COVID-19 could have on our business, the COVID-19 pandemic and mitigation measures have had and may continue to have an adverse impact on global economic conditions which could have an adverse effect on our business and financial condition, including impairing our ability to raise capital when needed. The continued spread of COVID-19 and the measures taken by various governments could disrupt the supply chain of material needed for our product candidates and our approved product, Jelmyto, interrupt healthcare services, delay coverage decisions from Medicare and third party payors, delay ongoing and planned clinical trials involving our product candidates and have a material adverse effect on our business, financial condition and results of operations. In addition, we, our customers, partners and other collaborators are or may be subject to stay-at-home orders or other mitigation measures as a result of the ongoing COVID-19 pandemic. While we, our clinical trials sites and certain of our vendors, including our third-party contract manufactures, are currently exempt from stay-at-home, shelter-in-place or similar orders for certain operations, any of the applicable exemptions may be curtailed or revoked, which would further adversely impact our business. In addition, our commercial launch of Jelmyto could be hindered by the COVID-19 pandemic, although we are currently not able to predict or quantify any such potential impact with any degree of certainty. However, the worldwide spread of the COVID-19 virus has resulted and may continue to result in a global slowdown of economic activity which is likely to decrease demand for a broad variety of goods and services, including potentially for Jelmyto, while also disrupting sales channels and marketing activities for an unknown period of time until the disease is contained. Moreover, the global outbreak of the COVID-19 coronavirus continues to rapidly evolve, and the extent to which the COVID-19 coronavirus may impact our business, results of operations and financial position will depend on future developments, which are highly uncertain and cannot be predicted with confidence, such as the ultimate geographic spread of the disease, the duration of the outbreak, travel restrictions and social distancing in the United States and other countries, business closures or business disruptions, and the effectiveness of actions taken in the United States and other countries to contain and treat the disease.

UroGen Pharma

LEADING IN **URO-ONCOLOGY & BEYOND**

Building a growth company starts with the unmet need

WE BUILD NOVEL SOLUTIONS TO TREAT SPECIALTY CANCERS AND UROLOGIC DISEASES BECAUSE PATIENTS DESERVE BETTER OPTIONS

ADDRESS CHALLENGING DISEASE WITH TRANSFORMATIVE THERAPIES

Addressing **high unmet-need diseases** in **Urology & Gyn/GI cancers**

Must advance SOC

MAXIMIZE BENEFIT OF LOCAL DELIVERY

Leverage **RTGel capabilities and expertise** where unique solutions are needed to overcome anatomical and biological barriers

Opportunistically gain access to additional delivery platforms

PATIENT CENTRICITY

Ensure patients who can benefit from our **medicines** have **access** to them.

Provide a **holistic approach** with tools that help patients manage their disease and live their **best lives** possible

NIMBLE, SOLUTION-ORIENTED ORGANIZATION

Through our **nimble approach**, UroGen is designed to develop and commercialize medicines faster and more efficiently while creating a dynamic environment for employees

VALUES

ACT BOLDLY | BE INVENTIVE | STAY CONNECTED

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RTGEL™ REVERSE-THERMAL HYDROGEL TECHNOLOGY THAT CAN POTENTIALLY SOLVE ANATOMICAL CHALLENGES IN MULTIPLE DISEASES

Exists as a liquid at lower temperatures and converts to gel form at body temperature

Has the potential to advance the treatment of specialty cancers and urologic diseases by:

- Increasing dwell time and exposure of active drugs, potentially improving the therapeutic effects of existing products
- Potentially increasing the viability of organ-sparing techniques and providing alternatives to radical surgery

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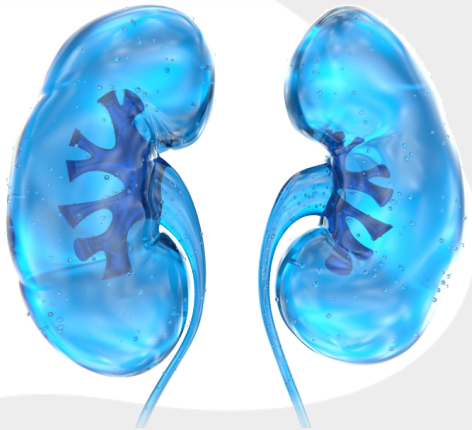
UNLOCKING THE URO-ONCOLOGY MARKET-BUILDING A COMPANY

LOW-GRADE UPPER TRACT UROTHELIAL CARCINOMA (UTUC)



~6,000 – 7,000 addressable population

Jelmyto – only FDA-approved medicine

LOW-GRADE NON-MUSCULAR INVASIVE BLADDER CANCER (NMIBC)

~80,000 intermediate-risk LG NMIBC

Last drug approved >15 years ago

~$1 BILLION POTENTIAL PEAK REVENUE OPPORTUNITY

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STRONG MOMENTUM ACROSS PIPELINE

PIPELINE	NONCLINICAL	PHASE 1	PHASE 2	PHASE 3	REGISTRATION	APPROVED
URO-ONCOLOGY						
Jelmyto® (mitomycin) for pyelocalyceal solution: Low-grade upper tract urothelial carcinoma (UTUC)						
UGN-102: Low-grade intermediate risk non-muscle invasive bladder cancer (NMIBC)						
IMMUNO-URO-ONCOLOGY						
UGN-201 (TLR 7/8 agonist): High-grade non-muscle invasive bladder cancer (NMIBC)						
UGN-302: High-grade non-muscle invasive bladder cancer (NMIBC)						
UGN-201 + zalifrelimab (CTLA-4) Local Delivery						

PARTNERS	NONCLINICAL	PHASE 1	PHASE 2	PHASE 3	REGISTRATION	APPROVED
UROLOGY						
Abbvie Toxin proteins /RTGel reverse-thermal hydrogel						

The safety and efficacy of UGN-102, UGN-201, UGN-302 for the specific conditions have not been established.

[1] Worldwide license agreement with Agenus; does not include Argentina, Brazil, Chile, Colombia, Peru, Venezuela and their respective territories and possessions.

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JELMYTO®

Low-grade upper tract urothelial carcinoma (LG-UTUC)

JELMYTO (mitomycin) for pyelocalyceal solution; formerly known as UGN-101

FOLLOWING FDA APPROVAL, RAPID INCLUSION IN LITERATURE AND TREATMENT GUIDELINES

FDA Approval

UroGen Pharma Receives U.S. FDA Expedited Approval for Jelmyto™, the First and Only Non-Surgical Treatment for Patients with Low-Grade Upper Tract Urothelial Cancer

April 15, 2020 at 6:22 PM EDT

- *Approval Based on Phase 3 Trial Results Showing a Complete Response Rate of 58%*
- *Median Duration of Response Has Not Been Reached*
- *Therapy Provides an Effective, Kidney-Sparing Option for Patients With This Rare and Difficult-To-Treat Cancer*
- *First-in-Class Approval Validates UroGen's Innovative Technology and Future Opportunity Across its Specialty Cancers and Urologic Diseases Portfolio*
- *Company to Host Conference Call on Thursday, April 16 at 8:30 AM Eastern Time*

PRINCETON, N.J.--(BUSINESS WIRE)--Apr. 15, 2020-- UroGen Pharma Ltd. (Nasdaq: URGN) today announced the U.S. Food and Drug Administration (FDA) granted expedited approval for Jelmyto™(mitomycin) for pyelocalyceal solution, a first-in-class treatment

April 15, 2020

NCCN Guidelines

National Comprehensive Cancer Network®

NCCN Guidelines Version 4.2020
Bladder Cancer

NCCN Guidelines Index
Table of Contents
Discussion

Updates in Version 4.2020 of the NCCN Guidelines for Bladder Cancer from Version 3.2020 include:

BL-F (2 of 3)
- Mitomycin ureteral gel was added as a primary therapy option:
  - Complete or near complete endoscopic resection or ablation is recommended prior to mitomycin ureteral gel application which is most suitably indicated for a residual, low-grade, low volume (5-15 mm), solitary tumor in the upper urinary tract for a patient not a candidate for or not seeking nephroureterectomy as a definitive treatment. Mitomycin for pyelocaliceal application may be administered via ureteral catheter or a nephrostomy tube

UTT-1
- Footnote f is new: "Complete or near complete endoscopic resection or ablation is recommended prior to mitomycin ureteral gel application which is most suitably indicated for a residual, low-grade, low volume (5-15 mm), solitary tumor in the upper urinary tract for a patient not a candidate for or not seeking nephroureterectomy as a definitive treatment. Mitomycin for pyelocaliceal application may be administered via ureteral catheter or a nephrostomy tube."

Updates in Version 3.2020 of the NCCN Guidelines for Bladder Cancer from Version 2.2020 include:

BL-3
- Pembrolizumab was added as a treatment option in select patients. Also for BL-4.
  - Footnote q is new: "Pembrolizumab is indicated for the treatment [illegible] bladder cancer with Tis with or without papillary tumors who are ineligible for or have elected not to undergo cystectomy."

BL-4
- Bladder positive pathway: "If BCG-unresponsive" options are new.

MS-1
- The discussion section was updated to reflect the changes in the algorithm.

Updates in Version 2.2020 of the NCCN Guidelines for Bladder Cancer from Version 1.2020 include:

Principles of Systemic Therapy
BL-G (4 of 7)
- Enfortumab vedotin was added as a preferred treatment option.

Updates in Version 1.2020 of the NCCN Guidelines for Bladder Cancer from Version 4.2019 include:

Bladder Cancer
Global Changes
- "FDG" was added at each mention of "PET/CT" throughout the Guidelines.

BL-1
- Initial Evaluation
  - Imaging bullets were combined into the 4th bullet: "Abdominal/pelvic ~~CT or MRI~~ *imaging that includes imaging of upper urinary tract collecting system* before transurethral resection of bladder tumor (TURBT)"
  - The last bullet is new: "Screen for smoking (See NCCN Guidelines for Smoking Cessation)"
- Primary Evaluation/Surgical Treatment
  - "especially in bladder preservation" was removed from the 4th bullet
  - "Consider transurethral biopsy of prostate" was removed as a sub bullet
- Presumptive Clinical Stage "Non-*muscle* invasive" was updated
- Additional Staging Workup, Muscle invasive: "Bone scan" changed to "Bone *imaging*"
- Footnote a is new: "For tools to aid optimal assessment and management of older adults with cancer, see NCCN Guidelines for Older Adult Oncology."

BL-2
- Clinical Staging: "Low grade" and "High grade" were removed from cT1
- Adjuvant Intravesical Treatment, cTa, low grade: "Intravesical chemotherapy" changed to "Intravesical *therapy*"
- Footnote l is new: "Intravesical chemotherapy is preferred, although BCG may be considered when not in shortage."
- Footnote n was updated: "Cystectomy is generally reserved for residual T1, high-grade, and muscle-invasive disease at re-resection, *and variant histology associated with adverse outcomes*."
- "low grade" was added to footnote o.

Continued
UPDATES

April 28, 2020

Lancet Oncology

Articles

Primary chemoablation of low-grade upper tract urothelial carcinoma using UGN-101, a mitomycin-containing reverse thermal gel (OLYMPUS): an open-label, single-arm, phase 3 trial

Nir Kleinmann, Surena F Matin, Phillip M Pierorazio, John L Gore, Ahmad Shabsigh, Brian Hu, Karim Chamie, Guilherme Godoy, Scott Hubosky, Marcelino Rivera, Michael O'Donnell, Marcus Quek, Jay D Raman, John J Knoedler, Douglas Scherr, Joshua Stern, Christopher Weight, Alon Weizer, Michael Woods, Hristos Kaimakliotis, Angela B Smith, Jennifer Linehan, Jonathan Coleman, Mitchell R Humphreys, Raymond Pak, David Lifshitz, Michael Verni, Mehrad Adibi, Mahul B Amin, Elyse Seltzer, Ifat Klein, Marina Konorty, Dalit Strauss-Ayali, Gil Hakim, Mark Schoenberg, Seth P Lerner

Summary

Background Most patients with low-grade upper tract urothelial cancer are treated by radical nephroureterectomy. We aimed to assess the safety and activity of a non-surgical treatment using instillation of UGN-101, a mitomycin-containing reverse thermal gel.

Methods In this open-label, single-arm, phase 3 trial, participants were recruited from 24 academic sites in the USA and Israel. Patients (aged ≥18 years) with primary or recurrent biopsy-proven, low-grade upper tract urothelial cancer (measuring 5–15 mm in maximum diameter) and an Eastern Cooperative Oncology Group performance status score of less than 3 (Karnofsky Performance Status score >40) were registered to receive six instillations of once-weekly UGN-101 (mitomycin 4 mg per mL; dosed according to volume of patient's renal pelvis and calyces, maximum 60 mg per instillation) via retrograde catheter to the renal pelvis and calyces. All patients had a planned primary disease evaluation 4–6 weeks after the completion of initial therapy, in which the primary outcome of complete response was assessed, defined as negative 3-month ureteroscopic evaluation, negative cytology, and negative for-cause biopsy. Activity (complete response, expected to occur in >15% of patients) and safety were assessed by the investigator in all patients who received at least one dose of UGN-101. Data presented are from the data cutoff on May 22, 2019. This study is registered with ClinicalTrials.gov, NCT02793128.

Findings Between April 6, 2017, and Nov 26, 2018, 71 (96%) of 74 enrolled patients received at least one dose of UGN-101. 42 (59%, 95% CI 47–71; p<0·0001) patients had a complete response at the primary disease evaluation visit. The median follow-up for patients with a complete response was 11·0 months (IQR 5·1–12·4). The most frequently reported all-cause adverse events were ureteric stenosis in 31 (44%) of 71 patients, urinary tract infection in 23 (32%), haematuria in 22 (31%), flank pain in 21 (30%), and nausea in 17 (24%). 19 (27%) of 71 patients had study drug-related or procedure-related serious adverse events. No deaths were regarded as related to treatment.

Interpretation Primary chemoablation of low-grade upper tract urothelial cancer with intracavitary UGN-101 results in clinically significant disease eradication and might offer a kidney-sparing treatment alternative for these patients.

Funding UroGen Pharma.

Introduction

Upper tract urothelial cancer is a rare malignancy most commonly diagnosed in patients older than 70 years and is routinely treated by radical nephroureterectomy.[1] Biopsy grade coupled with cross-sectional imaging data and urine cytology have been integrated into European Association of Urology (EAU) guidelines for clinical stage stratification.[2,3] Patients with high-grade cancer are routinely offered extirpative surgery that may include segmental removal of portions of the ureter (usually distal) or, more commonly, radical nephroureterectomy. Conversely, 10–20% of patients with low-grade disease manifesting as a solitary, small (<20 mm), and favourably located lesion within the upper tract are offered kidney-preserving approaches such as endoscopic ablation.[3,5,6] Endoscopic surgery carries specific surgical risks and is associated with a high rate of local disease recurrence.[7] Ultimately, 70–80% of patients with low-grade and low-stage upper tract urothelial cancer undergo radical nephroureterectomy.[3,8] This procedure is associated with the typical hazards of major surgery and the additional long-term deleterious effects of renal insufficiency, exacerbation of pre-existing comorbidities, and the potential need for dialysis dependence.[9–12]

www.thelancet.com/oncology Published online April 29, 2020 https://doi.org/10.1016/S1470-2045(20)30147-9

April 29, 2020

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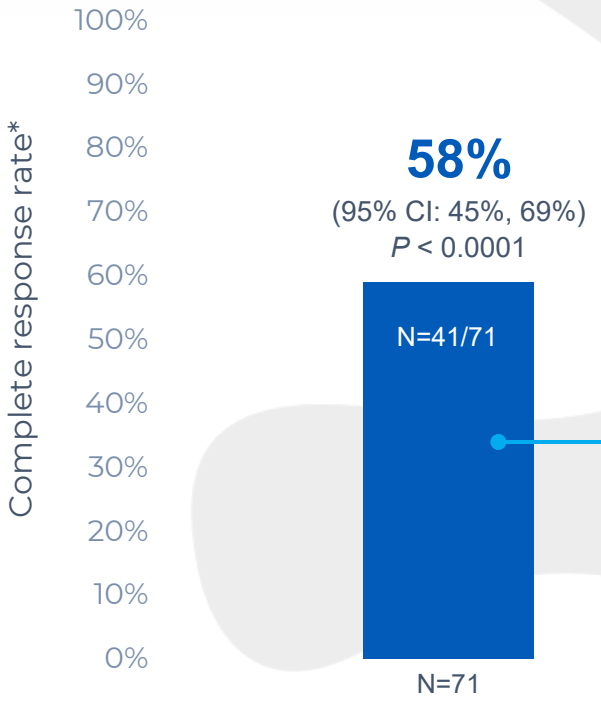
OLYMPUS DEMONSTRATED CLINICALLY SIGNIFICANT RESPONSE WITH JELMYTO

Complete response was achieved in over half of patients[1,2]



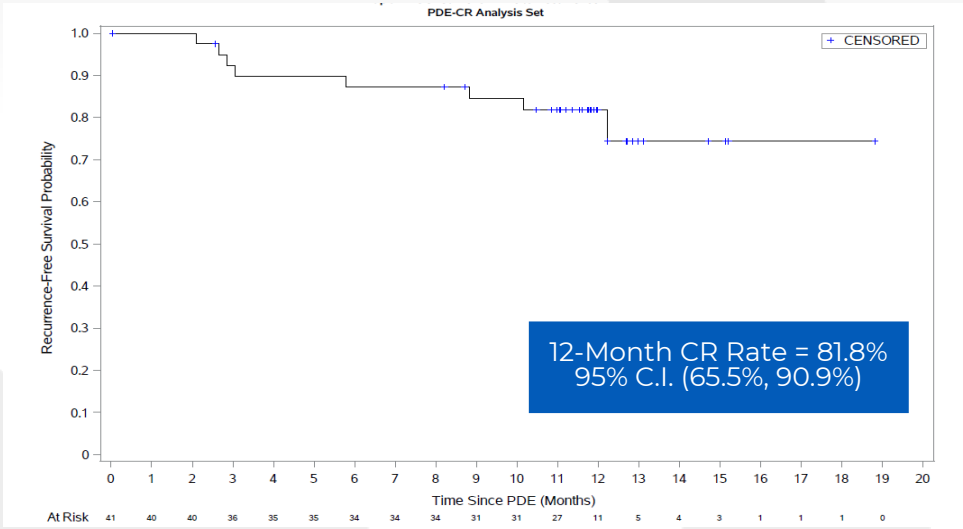
Sub-group analysis

- 48% of patients had tumors located in regions not amenable to endoscopic resection.
- Complete response was similar in patients with **unresectable tumors** at screening

*Evaluated 4-6 weeks after up to 6 weekly instillations of JELMYTO.
Complete response was determined by ureteroscopy, cytology and/or biopsy.

CI=confidence interval.

Kaplan-Meier Curve: Durability of CR as of June 2020



Most Common Adverse Events (AEs)

- Most commonly reported AEs (≥ 20%): ureteric obstruction, flank pain, urinary tract infection, hematuria, renal dysfunction, fatigue, nausea, abdominal pain, dysuria, and vomiting.

1. JELMYTO Prescribing Information. **2.** Lerner, Seth. Primary Chemoablation for the treatment of Low-Grade Upper Tract Urothelial Carcinoma: The Olympus Trial. 2020 by American Urological Association Education and Research, Inc.

Important Safety Information and the full Prescribing Information available at https://www.urogen.com/download/pdf/jelmyto_prescribing.pdf

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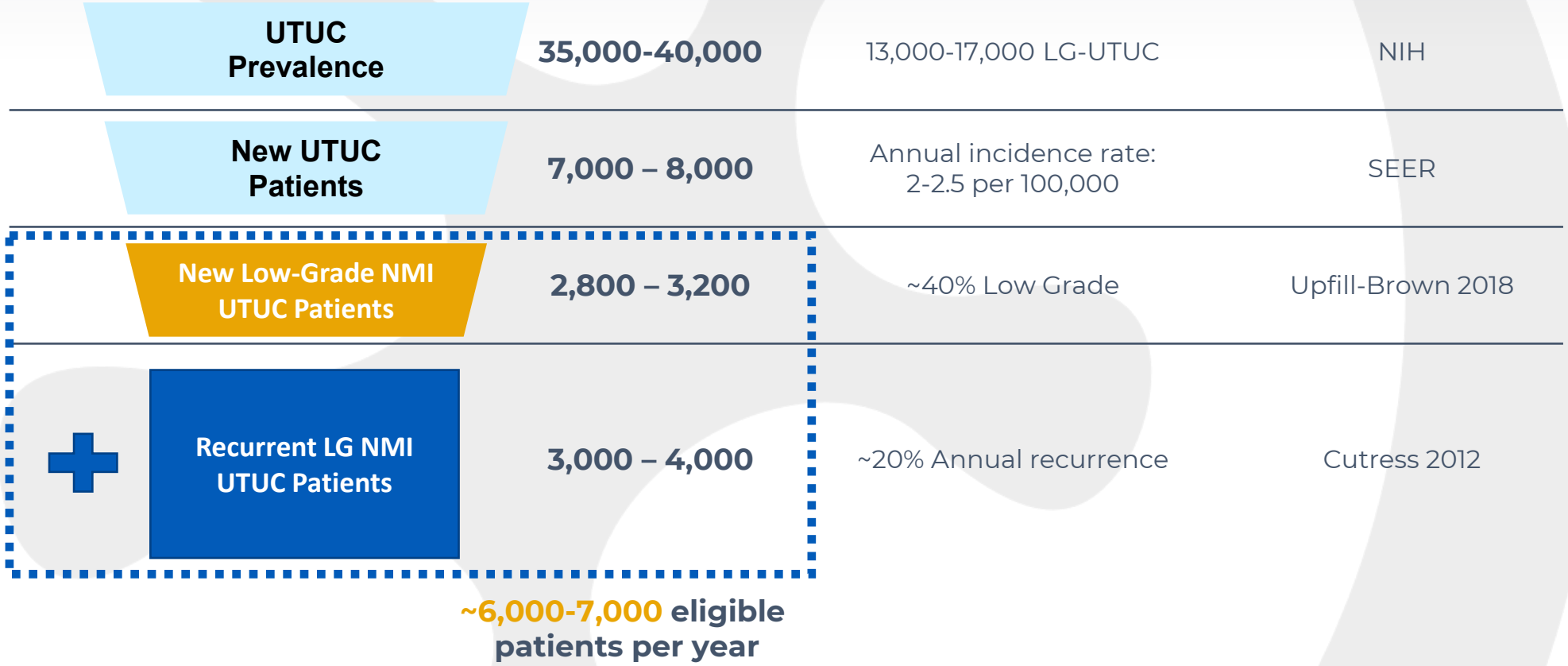
JELMYTO MARKET OPPORTUNITY: ~6-7,000 LG-UTUC ELIGIBLE PATIENTS



The First and Only Non-Surgical Treatment for Patients with LG-UTUC

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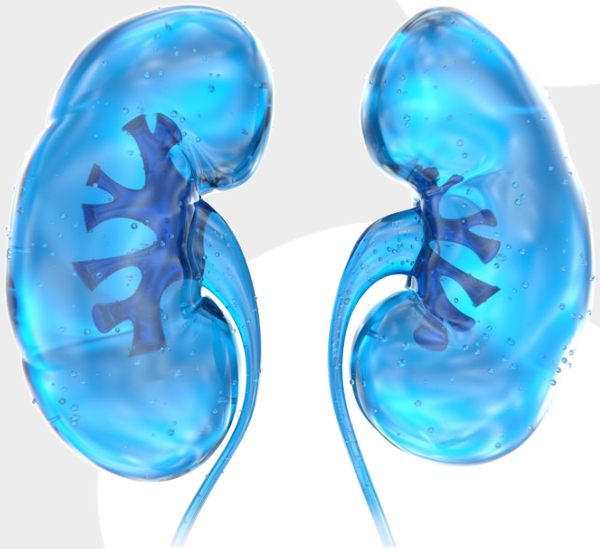
LG-UTUC, A TYPE OF UROTHELIAL CARCINOMA, IS AN ORPHAN, COSTLY CANCER WITH SIGNIFICANT QOL IMPACT

LOW-GRADE UTUC

- Kidney-sparing treatments are achievable and may decrease overtreatment and loss of renal units
- 70%-80% of LG UTUC patients receive nephroureterectomies

LOW-GRADE UPPER TRACT UROTHELIAL CARCINOMA (UTUC)

Cancer that happens in the lining of the kidneys or the ureters



UC is the **most costly cancer** in the US health care system on a per-patient basis[1]

[1]Yeung et al. (2014) Pharmacoeconomics

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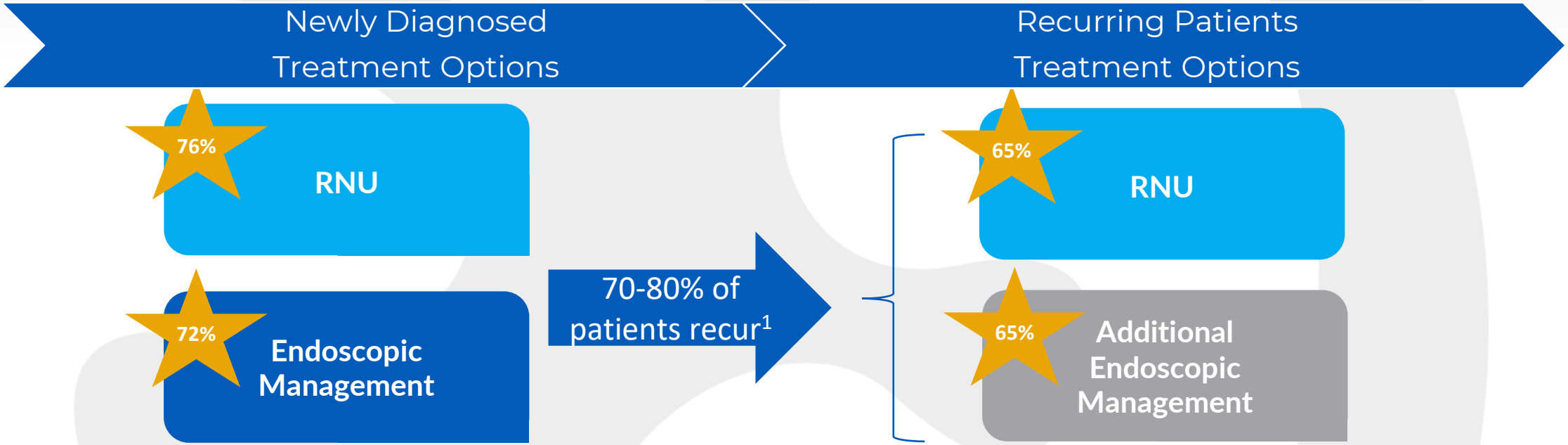
ACCELERATING EARLY ADOPTION: **JELMYTO®**

Bringing Jelmyto to patients

MULTIPLE OPPORTUNITIES TO INCORPORATE JELMYTO INTO PHYSICIAN TREATMENT OF LG-UTUC

Treatment Continuum: Low-Grade UTUC



★ = Percent of urologists who are "likely/very likely to use" UGN-101 in each specific setting.

- **70%-80% of LG UTUC patients receive nephroureterectomies**
- **Jelmyto may decrease the need for RNU, potentially sparing the kidney**

UroGen market research, 108 urologists surveyed (March 2019), [1]Grasso et al. (2012) BJU International

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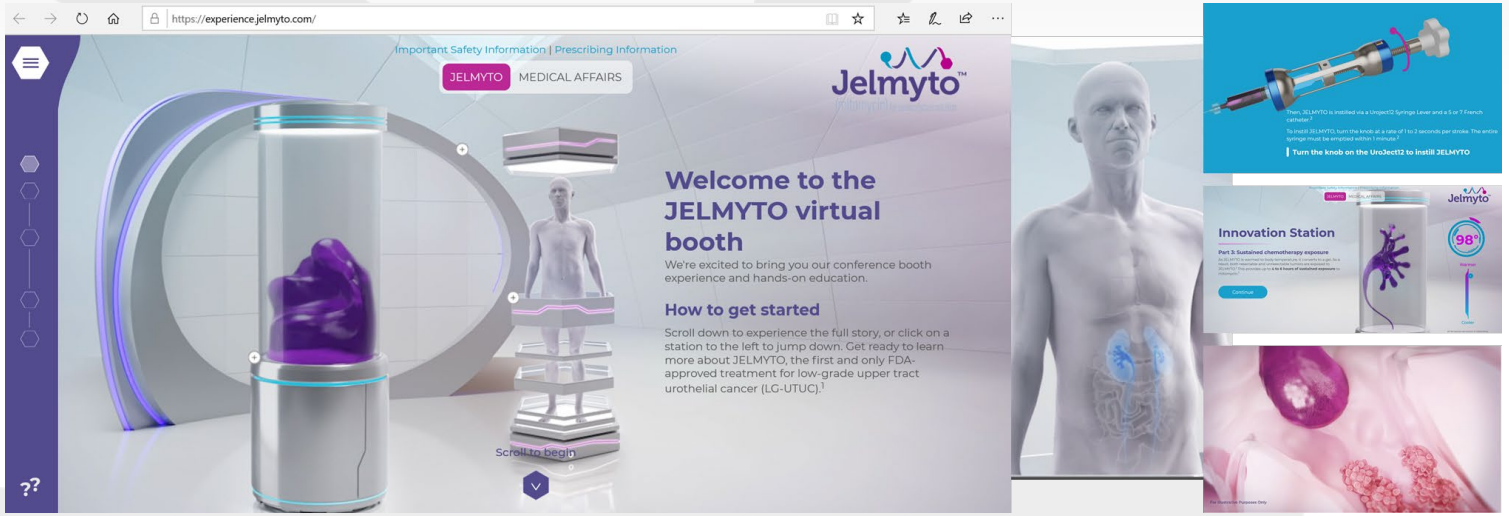
SETTING A NEW STANDARD FOR LAUNCHING IN A DIGITAL WORLD



- Jelmyto.com continues to drive strong engagement
  - In September **650 visitors** engaged with **3 or more pages** of content, well over industry benchmarks
- Our virtual booth had over **5,000 new users** in the first 5 months, with increased engagement rates month over month (time on site is increasing)

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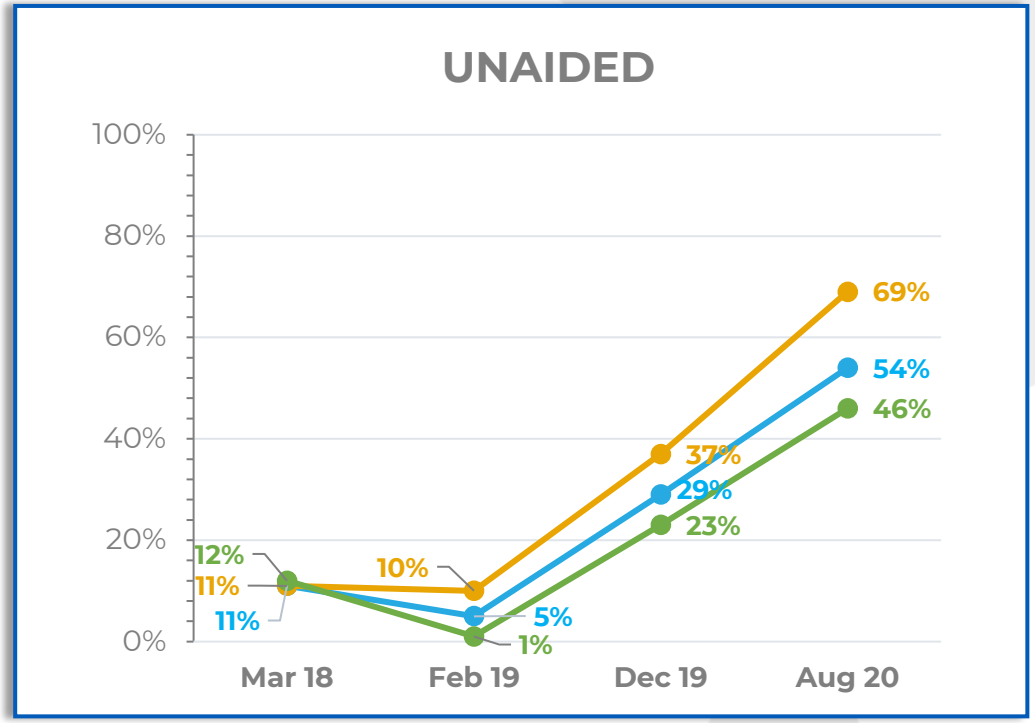
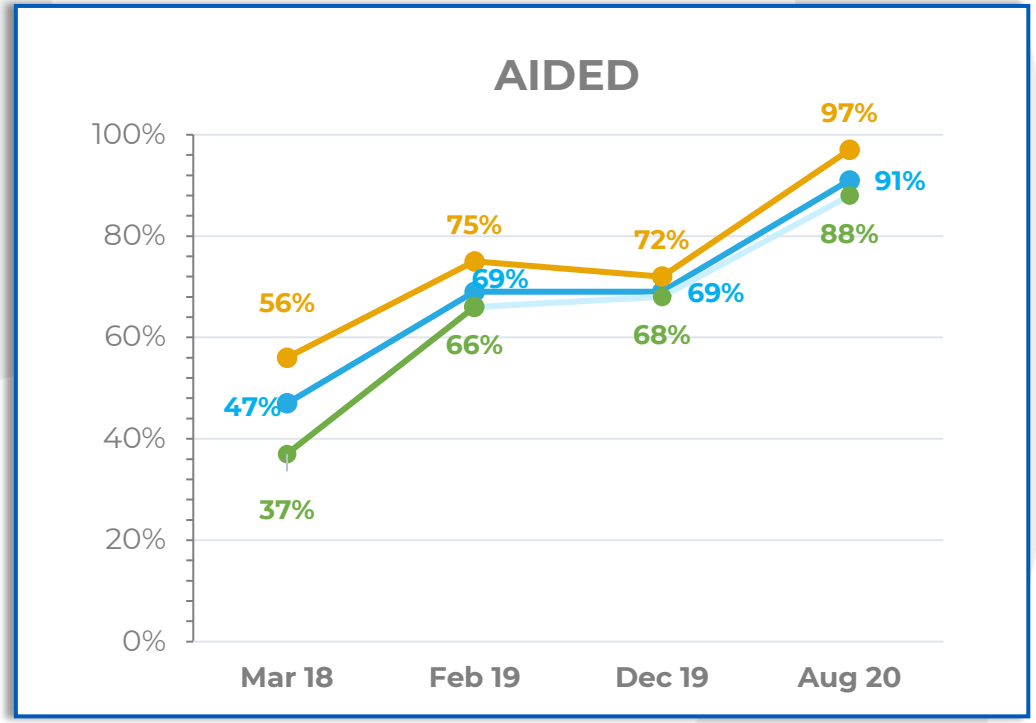
AWARENESS OF JELMYTO CONTINUES TO GROW SIGNIFICANTLY AS A RESULT OF COMMERCIAL EFFORTS





Total Hospital Office

Urogen market research (Mar 18 n=106, Feb 19 n=108, Dec 19 n=108, Aug 20 n=101)

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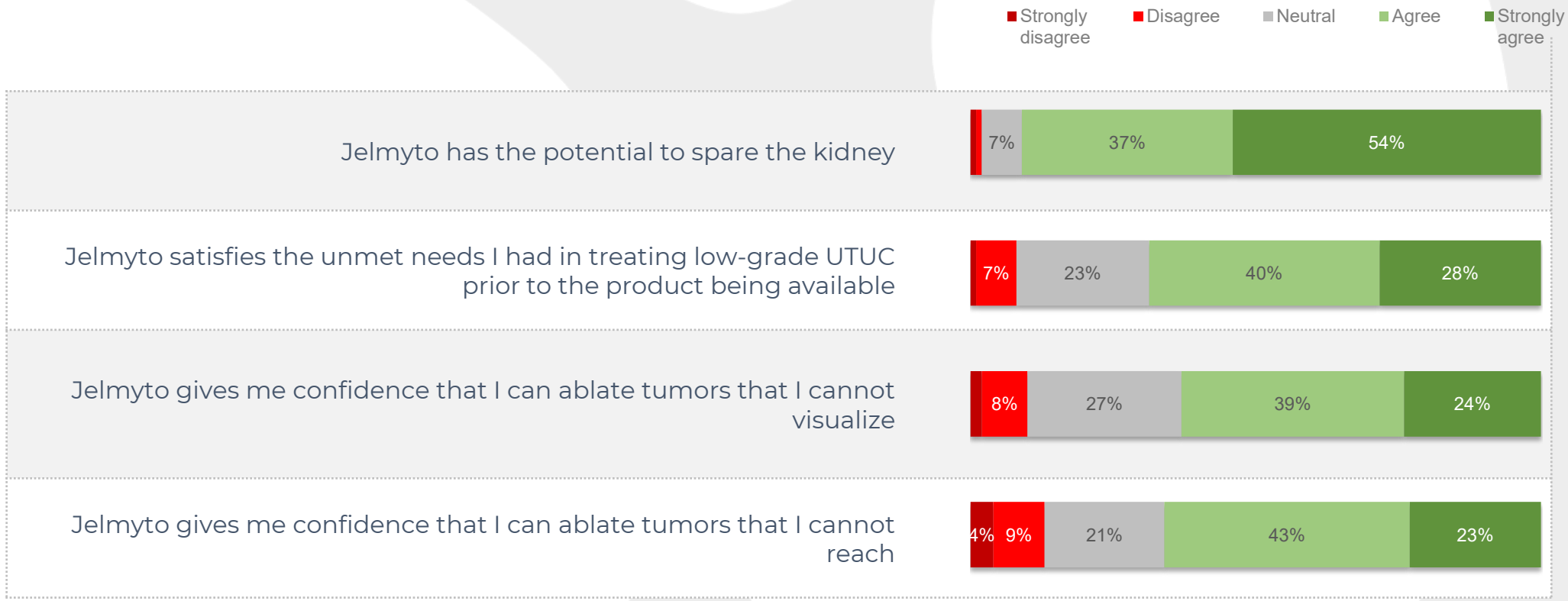
PHYSICIANS EXHIBIT MANY POSITIVE ATTITUDES FOLLOWING APPROVAL THAT WE EXPECT TO DRIVE JELMYTO UPTAKE



UroGen market research, 101 urologists surveyed (September 2020)

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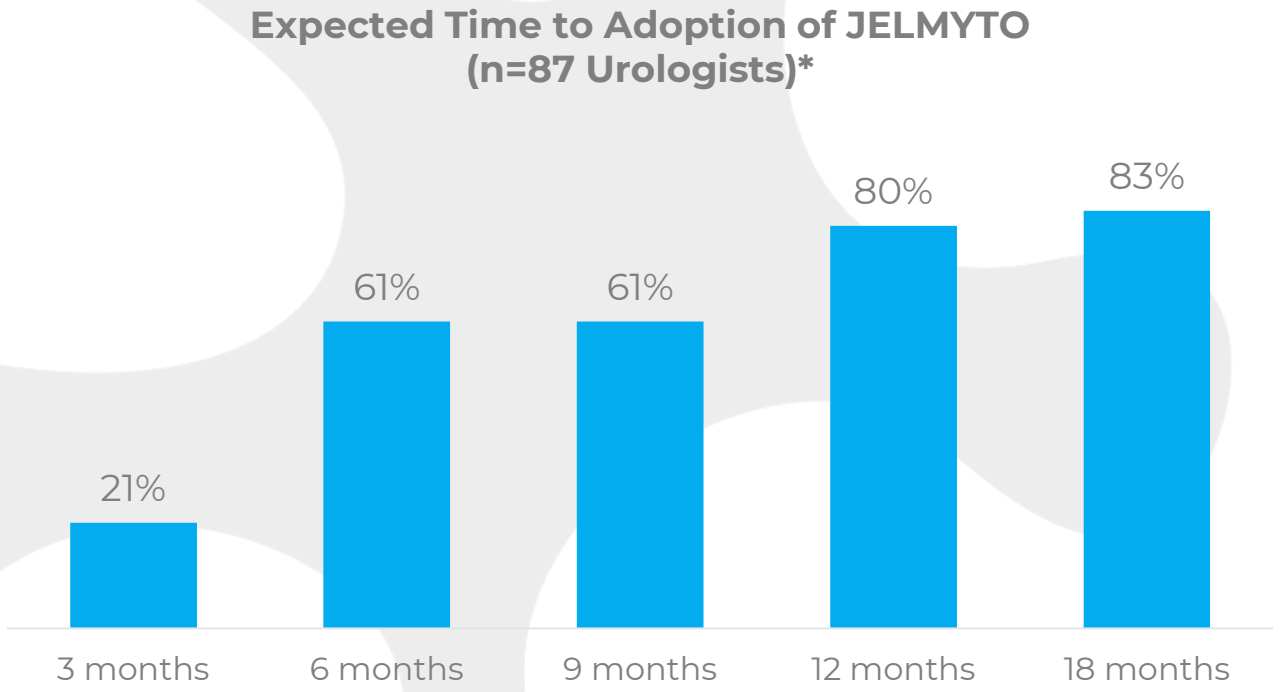
RESEARCH SUGGESTS CONTINUED JELMYTO UPTAKE BY UROLOGISTS OVER THE NEXT 12 MONTHS



*UroGen market research, 87 urologists surveyed who are not currently prescribing Jelmyto (September 2020)

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KEY COMMERCIAL UPDATES: JELMYTO 3Q20 NET PRODUCT REVENUE OF $3.5 MILLION

JELMYTO PATIENT ADOPTION

- ✓ **Over 165 sites now activated***
- ✓ High volume of completed patient enrollment forms indicate future uptake in patients for Jelmyto

REIMBURSEMENT

- ✓ Claims have been paid for both commercial and Medicare to date
- ✓ **Permanent J code effective January 1, 2021** to standardize and facilitate reimbursement in surgery centers and hospitals
- ✓ Majority of large commercial plans have policies in place, covering over 150 million lives

SEAMLESS INTEGRATION INTO PHYSICIAN PRACTICE

- ✓ **13 accounts** have treated more than one patient*
- ✓ National Pharmacy partner provides prepared admixture to accounts on demand
- ✓ Acceptance at major institutions, including Mayo Clinic, MD Anderson, Memorial Sloan Kettering, Johns Hopkins, Loyal University, Ohio State University, University of Indiana, University of MO

*As of November 1, 2020

UroGen Pharma

OUR PIPELINE: **UGN-102**

Low-grade non-muscle invasive bladder cancer (LG Intermediate Risk NMIBC)

UGN-102 (mitomycin) for intravesical solution is an investigational agent. The safety and effectiveness of UGN-102 have not been established.

WHY LG INTERMEDIATE-RISK NMIBC?

- **“Surgical failure” cohort: risk of progression low, recurrence high**
- **Cost & morbidity of repetitive surgery**

How many of the following 4 factors does the patient have?

- Multiple tumors
- Tumor size >3cm
- Early recurrence (<1 year)
- Frequent recurrences (>1 per year)

0

Treatment as low risk

- TURBT + single immediate post-op chemotherapeutic dose, or
- Office fulguration
- Intravesical chemotherapy

1-2

Treatment as intermediate risk

- TURBT plus adjuvant intravesical therapy

≥3

Treatment as high risk

- TURBT + BCG induction + maintenance

Kamat et al. (2014) J. Urology, TURBT = trans urethral resection of bladder tumor; BCG = Bacillus Calmette-Guérin

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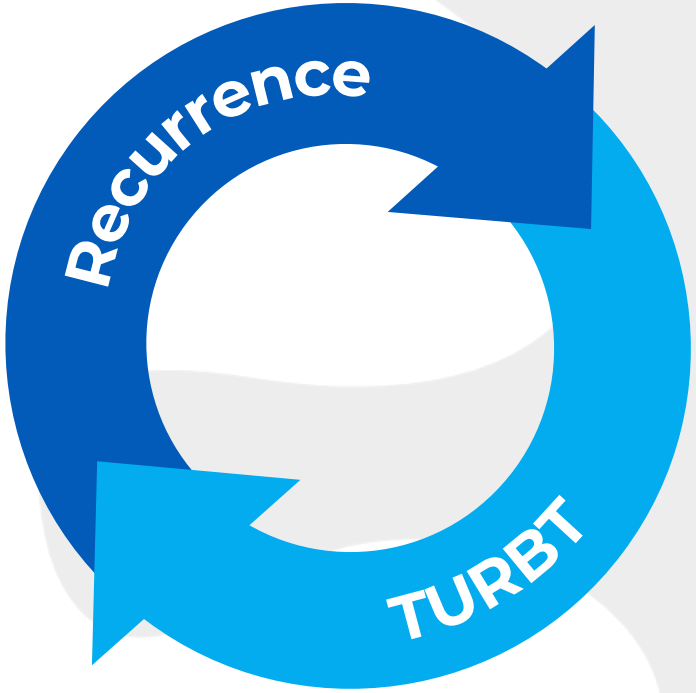
UROLOGISTS BECOME LESS SATISFIED WITH TURBT AMONG FREQUENTLY RECURRING PATIENTS



The subset of **LG Intermediate Risk NMIBC** patients fall into a cycle of **frequent recurrences** after repeated **TURBT failures**

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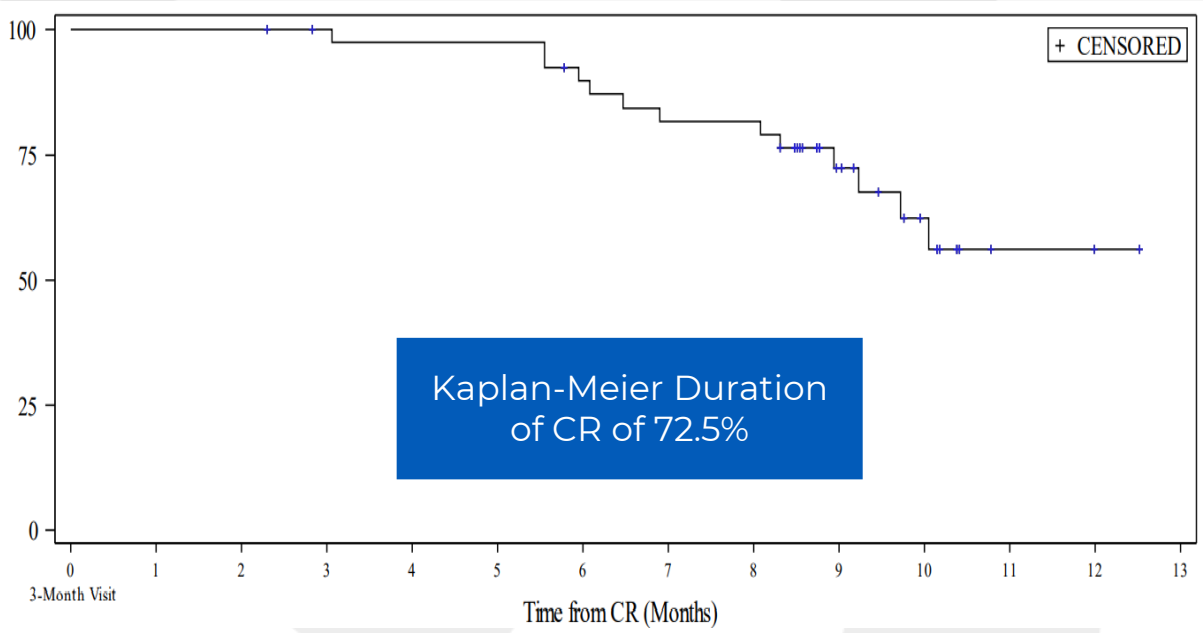
COMPLETE AND DURABLE RESPONSES OBSERVED WITH UGN-102 IN PHASE 2B OPTIMA II TRIAL

65% (41/63) Complete Response at 3-months*

Duration of response estimated to be 72.5% at 12 months from initiation of therapy by Kaplan-Meier method

Median duration of response was not reached



The majority of adverse events were reported as mild or moderate; the most commonly reported AEs (≥ 10%) were: dysuria, hematuria, urinary frequency, fatigue, urgency and urinary tract infection

UGN-102: POTENTIAL TO REPLACE SOC:
Moves care from **OR to office/ASC** with a potential to **decrease cost** and morbidity of contemporary therapy

*Primary endpoint of complete response based on evaluation at 3-month timepoint

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UGN-102: ~80,000 LG IR NMIBC PATIENTS

Bladder Cancer Prevalence	700,000		NIH
Bladder Cancer Incidence	80,000		NIH
Non Muscle Invasive BC	60,000	75% NMIBC	SEER
Low Grade NMIBC	35,000	55% of NMIBC	SEER
Newly Diagnosed Intermediate Risk	20,000	60% Intermediate Risk	SEER AUA/SUO Joint Guideline
+ Recurrent Intermediate Risk NMIBC	60,000	Recurrence rates Frequency of recurrence	Babjuk 2019 Simon 2019

~80,000 LG IR NMIBC

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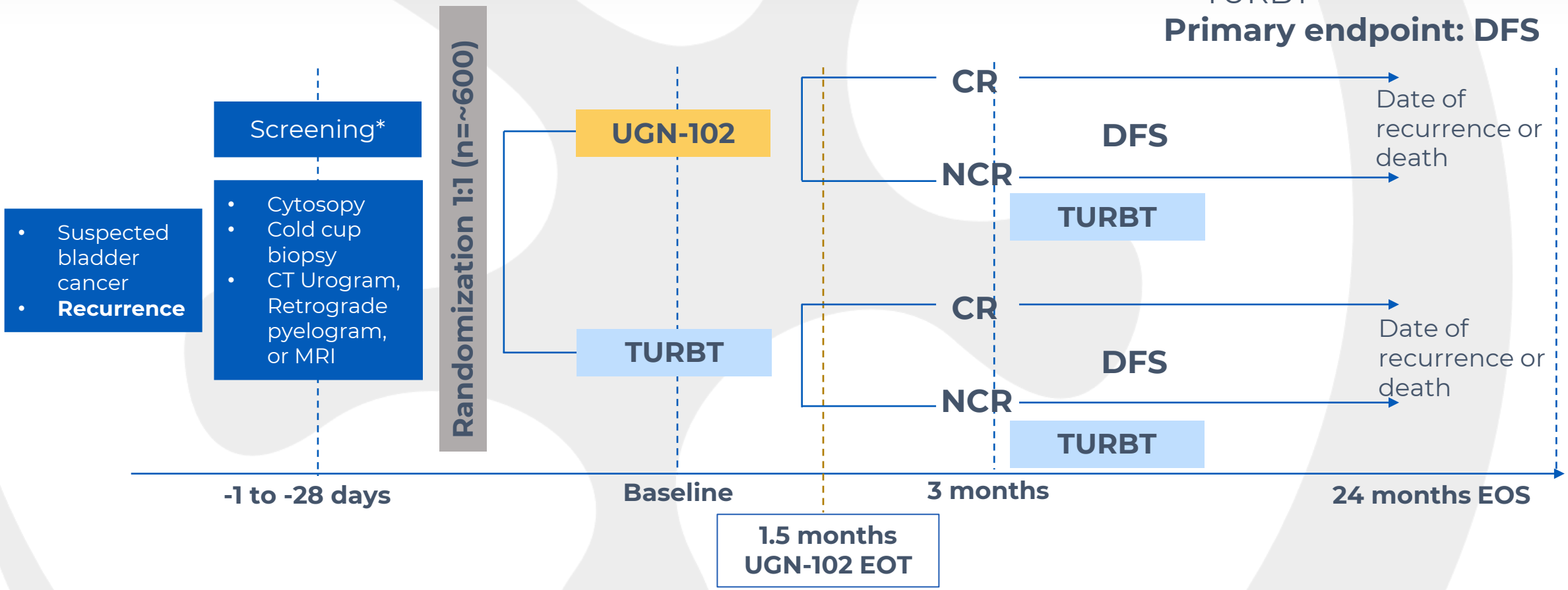
ATLAS PHASE 3 TRIAL: PHASE 3 TRIAL INITIATION EXPECTED BY YEAR-END 2020

Treatment arms:
- UGN-102 +/- TURBT
- TURBT

Primary endpoint: DFS



*Screening procedures to provide evidence of low grade NMIBC; no evidence of high grade disease
CR = complete response, CT=computed tomography, MRI=magnetic resonance imaging, NCR= non-complete response, DFS= disease-free survival, TURBT= transurethral resection of bladder tumor, EOT=end of treatment, EOS =end of study

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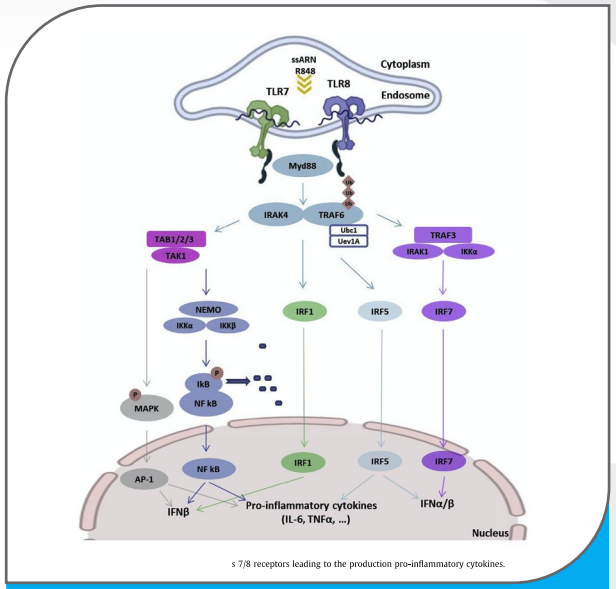
OUR PIPELINE: **UGN-302**

High-grade non-muscle invasive bladder cancer (HG-NMIBC)

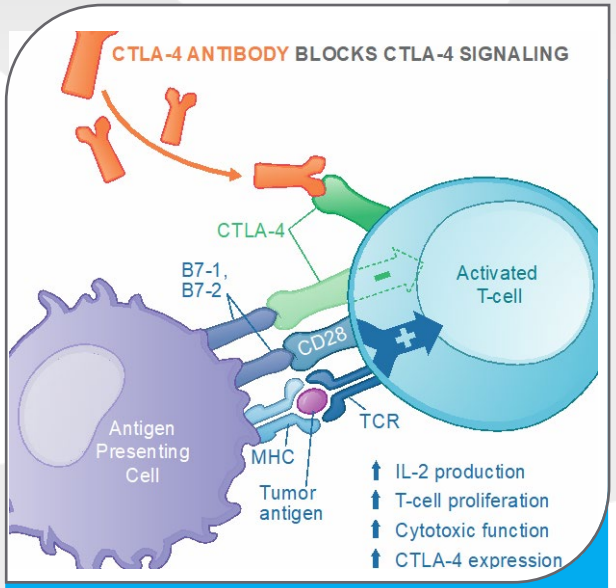
UGN-302 is an investigational agent. The safety and effectiveness of UGN-302 have not been established.

UGN-302: COMBINATION INTRAVESICAL IMMUNOTHERAPY FOR BLADDER CANCER

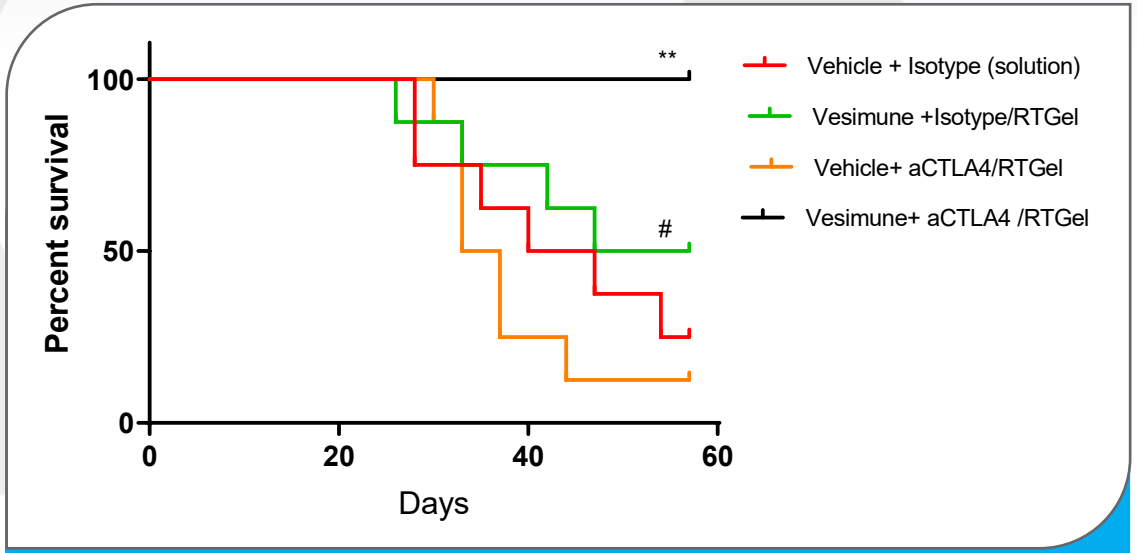


s 7/8 receptors leading to the production pro-inflammatory cytokines.

TLR 7/8 (UGN-201): stimulate cytokines and T & B cells



Anti-CTLA4 UGN-301 (AG-1884): blocks ”cancer masking” action of CTLA4



Ph 1&2 human data suggest UGN-201 activity in human bladder cancer

UGN-201 + UGN-301 = UGN-302: Non-clinical data suggest improved survival (murine) when 201 and a CTLA4 inhibitor are combined

Patinote (2020); Falke (2013), Arends (2015), Donin (2017); Donin (2016)

UroGen Pharma

STRONG BALANCE SHEET & FINANCIAL FUNDAMENTALS

STRONG FINANCIAL PROFILE

$125.5 million in cash, cash equivalents and marketable securities, as of September 30, 2020*	**Well-capitalized** for Jelmyto launch and **advancement** of clinical development programs, including initiation of the UGN-102 Phase 3 trial by year-end 2020	**22.1** million shares outstanding as of September 30, 2020	Company has no Debt on Balance Sheet

Q3 2020 10-Q Filed with the SEC on November 9, 2020
*Cash, cash equivalents, and marketable securities as of September 30, 2020 excludes restricted cash on Balance Sheet

UroGen Pharma

DELIVERING TODAY, SETTING GROUNDWORK FOR TOMORROW

Launched Jelmyto, first and only non-surgical treatment for LG-UTUC, in June 2020

Achieving commercial milestones: patient identification, reimbursement and integration into physician practices

Experienced management team in place to lead the company forward

Establishing leadership in specialty cancers and urologic disease

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