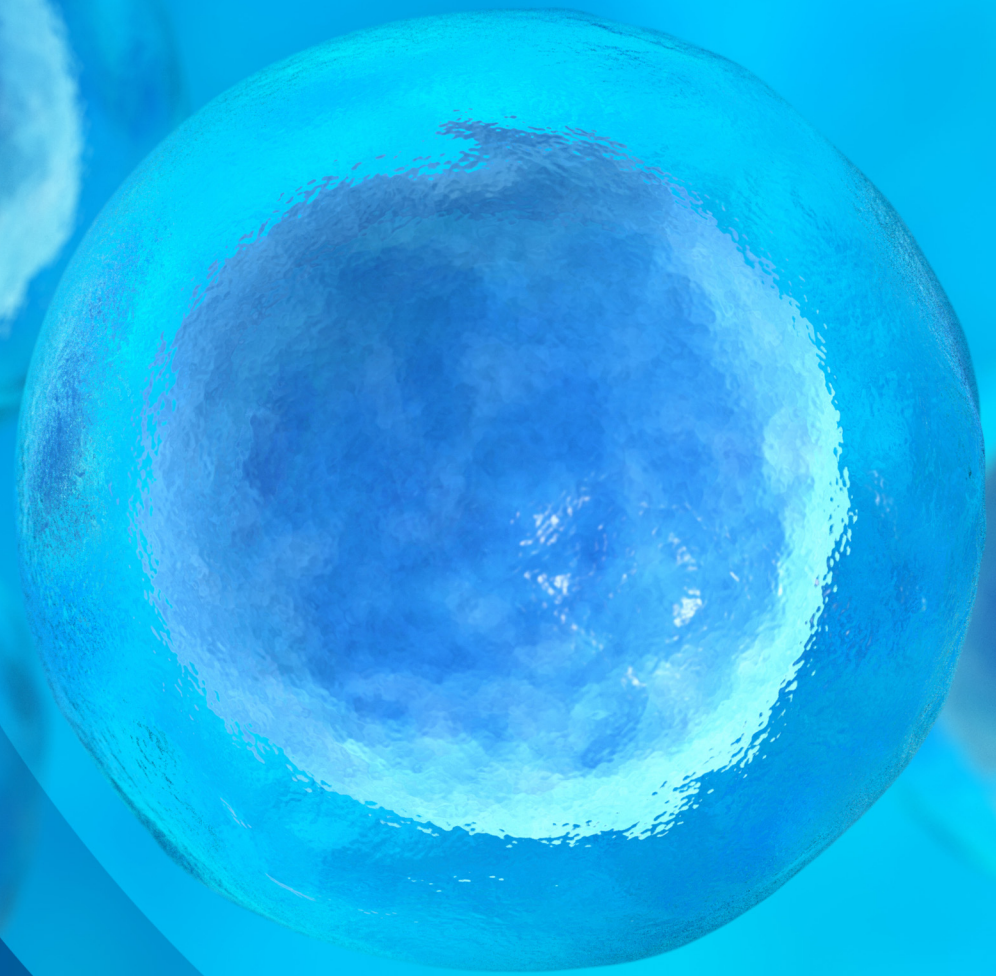
gamida Cell

Investor Day

June 29, 2023



© 2023 Gamida Cell. All rights reserved.

Cautionary Note Regarding Forward-Looking Statements

This presentation contains forward-looking statements as that term is defined in the Private Securities Litigation Reform Act of 1995, including with respect to the potentially life-saving or curative therapeutic and commercial potential of Gamida Cell's product, Omisirge® (omidubicel-onlv) and with respect to potential increased access to stem cell transplant, as well as the timing of initiation and progress of, and data reported from, the clinical trials of Gamida Cell's product candidate, GDA-201. Any statement describing Gamida Cell's goals, expectations, financial or other projections, intentions or beliefs is a forward-looking statement and should be considered an at-risk statement. Such statements are subject to a number of risks, uncertainties and assumptions including those related to clinical, scientific, regulatory and technical developments and those inherent in the process of developing and commercializing product candidates that are safe and effective for use as human therapeutics. In light of these risks and uncertainties, and other risks and uncertainties that are described in the Risk Factors section and other sections of Gamida Cell's Quarterly Report on Form 10-Q, filed with the Securities and Exchange Commission (SEC) on May 15, 2023, and other filings that Gamida Cell 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 Gamida Cell's actual results could differ materially and adversely from those anticipated or implied thereby. Although Gamida Cell's forward-looking statements reflect the good faith judgment of its management, these statements are based only on facts and factors currently known by Gamida Cell. As a result, you are cautioned not to rely on these forward-looking statements.

 © 2023 Gamida Cell. All rights reserved.

At Gamida Cell, we turn cells into powerful therapeutics with the potential to cure cancers

 © 2023 Gamida Cell. All rights reserved.

NOW APPROVED

Omisirge®

(omidubicel-onlv) Suspension for IV Infusion

Learn more at Omisirge.com

Please see full Prescribing Information, including Boxed Warning.

gamida cell

OMISIRGE Indication and Important Safety Information

INDICATIONS & USAGE

OMISIRGE is a nicotinamide modified allogeneic hematopoietic progenitor cell therapy derived from cord blood indicated for use in adults and pediatric patients 12 years and older with hematologic malignancies who are planned for umbilical cord blood transplantation following myeloablative conditioning to reduce the time to neutrophil recovery and the incidence of infection.

IMPORTANT SAFETY INFORMATION

WARNING: INFUSION REACTIONS, GRAFT VERSUS HOST DISEASE, ENGRAFTMENT SYNDROME, AND GRAFT FAILURE

- **Infusion reactions: Infusion reactions may be fatal. Monitor patients during infusion and discontinue for severe reactions. Use is contraindicated in patients with known allergy to dimethyl sulfoxide (DMSO), Dextran 40, gentamicin, human serum albumin, or bovine material [see Contraindications, Warnings and Precautions].**
- **Graft-vs-Host Disease (GvHD): GvHD may be fatal. Administration of immunosuppressive therapy may decrease the risk of GvHD [see Warnings and Precautions].**
- **Engraftment Syndrome: Engraftment syndrome may be fatal. Treat engraftment syndrome promptly with corticosteroids [see Warnings and Precautions].**
- **Graft Failure: Graft failure may be fatal. Monitor patients for laboratory evidence of hematopoietic recovery [see Warnings and Precautions].**

CONTRAINDICATIONS

OMISIRGE is contraindicated in patients with known hypersensitivity to dimethyl sulfoxide (DMSO), Dextran 40, gentamicin, human serum albumin, or bovine products.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Allergic reactions may occur with the infusion of OMISIRGE. Reactions include bronchospasm, wheezing, angioedema, pruritis and hives. Serious hypersensitivity reactions, including anaphylaxis, may be due to DMSO, residual gentamicin, Dextran 40, human serum albumin (HSA) and bovine material in OMISIRGE. OMISIRGE may contain residual antibiotics if the cord blood donor was exposed to antibiotics in utero. Patients with a history of allergic reactions to antibiotics should be monitored for allergic reactions following OMISIRGE administration.

Please see full Prescribing Information, including Boxed Warning.

Omisirge® (omidubicel-onlv) Suspension for IV Infusion

 © 2023 Gamida Cell. All rights reserved.

OMISIRGE Important Safety Information

WARNINGS AND PRECAUTIONS (cont'd)

Infusion Reactions

Infusion reactions occurred following OMISIRGE infusion, including hypertension, mucosal inflammation, dysphagia, dyspnea, vomiting and gastrointestinal toxicity. Premedication with antipyretics, histamine antagonists, and corticosteroids may reduce the incidence and intensity of infusion reactions. In patients transplanted with OMISIRGE in clinical trials, 47% (55/117) patients had an infusion reaction of any severity. Grade 3-4 infusion reactions were reported in 15% (18/117) patients. Infusion reactions may begin within minutes of the start of infusion of OMISIRGE, although symptoms may continue to intensify and not peak for several hours after the completion of the infusion. Monitor patients for signs and symptoms of infusion reactions during and after OMISIRGE administration. When a reaction occurs, pause the infusion and institute supportive care as needed.

Graft-versus-Host Disease

Acute and chronic GvHD, including life-threatening and fatal cases, occurred following treatment with OMISIRGE. In patients transplanted with OMISIRGE Grade II-IV acute GvHD was reported in 58% (68/117). Grade III- IV acute GvHD was reported in 17% (20/117). Chronic GvHD occurred in 35% (41/117) of patients. Acute GvHD manifests as maculopapular rash, gastrointestinal symptoms, and elevated bilirubin. Patients treated with OMISIRGE should receive immunosuppressive drugs to decrease the risk of GvHD, be monitored for signs and symptoms of GvHD, and treated if GvHD develops.

Engraftment Syndrome

Engraftment syndrome may occur because OMISIRGE is derived from umbilical cord blood. Monitor patients for unexplained fever, rash, hypoxemia, weight gain, and pulmonary infiltrates in the peri-engraftment period. Treat with corticosteroids as soon as engraftment syndrome is recognized to ameliorate symptoms. If untreated, engraftment syndrome may progress to multiorgan failure and death.

Graft Failure

Primary graft failure occurred in 3% (4/117) of patients in OMISIRGE clinical trials. Primary graft failure, which may be fatal, is defined as failure to achieve an absolute neutrophil count greater than 500 per microliter blood by Day 42 after transplantation. Immunologic rejection is the primary cause of graft failure. Monitor patients for laboratory evidence of hematopoietic recovery.

Please see full Prescribing Information, including Boxed Warning.

Omisirge® (omidubicel-onlv) Suspension for IV Infusion

 © 2023 Gamida Cell. All rights reserved.

OMISIRGE Important Safety Information

WARNINGS AND PRECAUTIONS (cont'd)

Malignancies of Donor Origin

Two patients treated with OMISIRGE developed post-transplant lymphoproliferative disorder (PTLD) in the second-year post-transplant. PTLD manifests as a lymphoma-like disease favoring non-nodal sites. PTLD is usually fatal if not treated. The etiology is thought to be donor lymphoid cells transformed by Epstein-Barr virus (EBV). Serial monitoring of blood for EBV DNA may be warranted in patients with persistent cytopenias. One patient treated with OMISIRGE developed a donor-cell derived myelodysplastic syndrome (MDS) during the fourth-year post-transplant. The natural history is presumed to be the same as that for de novo MDS. Monitor life-long for secondary malignancies. If a secondary malignancy occurs, contact Gamida Cell at (844) 477-7478.

Transmission of Serious Infections

Transmission of infectious disease may occur because OMISIRGE is derived from umbilical cord blood. Disease may be caused by known or unknown infectious agents. Donors are screened for increased risk of infection, clinical evidence of sepsis, and communicable disease risks associated with xenotransplantation. Maternal and infant donor blood is tested for evidence of donor infection. See full Prescribing Information, Warnings and Precautions, Transmission of Serious Infections for list of testing performed. OMISIRGE is tested for sterility, endotoxin, and mycoplasma. There may be an effect on the reliability of the sterility test results if the cord blood donor was exposed to antibiotics in utero. Product manufacturing includes bovine-derived reagents. All animal-derived reagents are tested for animal viruses, bacteria, fungi, and mycoplasma before use. These measures do not eliminate the risk of transmitting these or other transmissible infectious diseases and disease agents. **Test results may be found on the container label and/or in accompanying records**. If final sterility results are not available at the time of use, Quality Assurance will communicate any positive results from sterility testing to the physician. Report the occurrence of transmitted infection to Gamida Cell at (844) 477-7478.

Transmission of Rare Genetic Diseases

OMISIRGE may transmit rare genetic diseases involving the hematopoietic system because it is derived from umbilical cord blood. Cord blood donors have been screened to exclude donors with sickle cell anemia, and anemias due to abnormalities in hemoglobins C, D, and E. Because of the age of the donor at the time cord blood collection takes place, the ability to exclude rare genetic diseases is severely limited.

ADVERSE REACTIONS

The most common adverse reactions (incidence > 20%) are infections, GvHD, and infusion reaction.

Please see full Prescribing Information, including Boxed Warning.

Omisirge® (omidubicel-onlv) Suspension for IV Infusion

 © 2023 Gamida Cell. All rights reserved.

Agenda

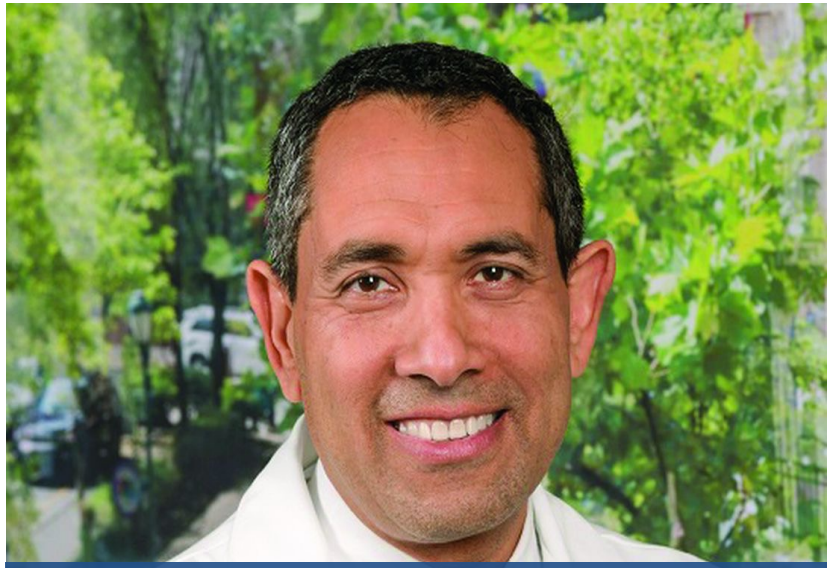
8:00–8:10 am	**Company Overview**	**Abbey Jenkins, MS** *President and CEO, Gamida Cell*
8:10–8:25 am	**Omisirge® Label**	**Ronit Simantov, MD** *CMO and CSO, Gamida Cell*
8:25–8:40 am	**Unmet Needs in Stem Cell Transplant**	**Steven Devine, MD** *Chief Medical Officer NMDP/Be The Match, Senior Scientific Director, CIBMTR*
8:40–8:55 am	**Barriers to Hematopoietic Stem Cell Transplantation**	**Usama Gergis, MD, MBA** *Professor of Oncology and Director of Transplant and Cellular Therapy at Sidney Kimmel Cancer Center, Thomas Jefferson University*
8:55–9:10 am	**Commercial Launch Plan for Omisirge**	**Michele Korfin, RPh, MBA** *CCO and COO, Gamida Cell*
9:10–9:30 am	**Q&A and Closing Remarks**	**All Presenters + Terry Coelho, MBA**

gamida cell

 © 2023 Gamida Cell. All rights reserved.

Thought leader presentations

Steven Devine, MD
Chief Medical Officer at the National Marrow Donor Program® (NMDP)/Be The Match®



Usama Gergis, MD, MBA
Professor of Oncology & Director of Transplant and Cellular Therapy, Sidney Kimmel Cancer Center, Thomas Jefferson University

gamida cell

 © 2023 Gamida Cell. All rights reserved.

About Gamida Cell

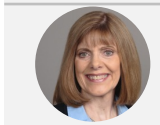
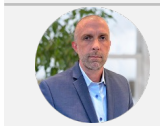
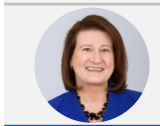
- Public company (NASDAQ: GMDA) with 20+ years of experience developing cell therapies
- Proprietary NAM technology potentiates intrinsic properties of cells, producing novel enhanced and expanded cell therapies
- Offices in Boston and Israel with a state-of-the-art GMP manufacturing facility in Kiryat Gat, IL

NAM=nicotinamide.

 © 2023 Gamida Cell. All rights reserved.

Team on a mission to deliver innovative cell therapies for patients with cancer

Senior team includes leaders with expertise in cell therapy R&D, manufacturing and launch as well as experts in commercialization and finance

Executive Leadership Team		
	**Abigail Jenkins, MS**	President and Chief Executive Officer
	**Michele Korfin, RPh**	Chief Operating and Chief Commercial Officer
	**Terry Coelho, MBA**	Chief Financial Officer
	**Ronit Simantov, MD**	Chief Medical and Chief Scientific Officer
	**Josh Patterson, Esq.**	General Counsel and Chief Compliance Officer
	**Penny Bushell**	Chief Human Resources Officer

gamida cell

 © 2023 Gamida Cell. All rights reserved.

Innovative, proprietary pipeline of NAM-modified cell therapies with curative potential

Program	Indication	Discovery	Phase 1	Phase 2	Phase 3	Commercialization	Status
Omisirge® (omidubicel-onlv) Allogeneic stem cell therapy	Hematologic malignancies[a]						FDA approved, US launch April 2023
	Severe aplastic anemia[b]						
GDA-201[c] NK cell immunotherapy	Non-Hodgkin lymphoma						Q1 2024: Phase 1 readout expected

NAM=nicotinamide; NK=natural killer.

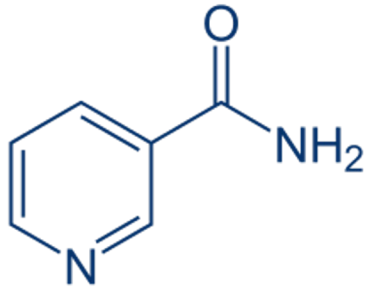
[a]Omisirge is a nicotinamide modified allogeneic hematopoietic progenitor cell therapy derived from cord blood indicated for use in adults and pediatric patients 12 years and older with hematologic malignancies who are planned for umbilical cord blood transplantation following myeloablative conditioning to reduce the time to neutrophil recovery and the incidence of infection. [b]Investigator sponsored study. [c]GDA-201 is an investigational candidate. Its safety and efficacy have not been determined by any agency.

gamida cell

 © 2023 Gamida Cell. All rights reserved.

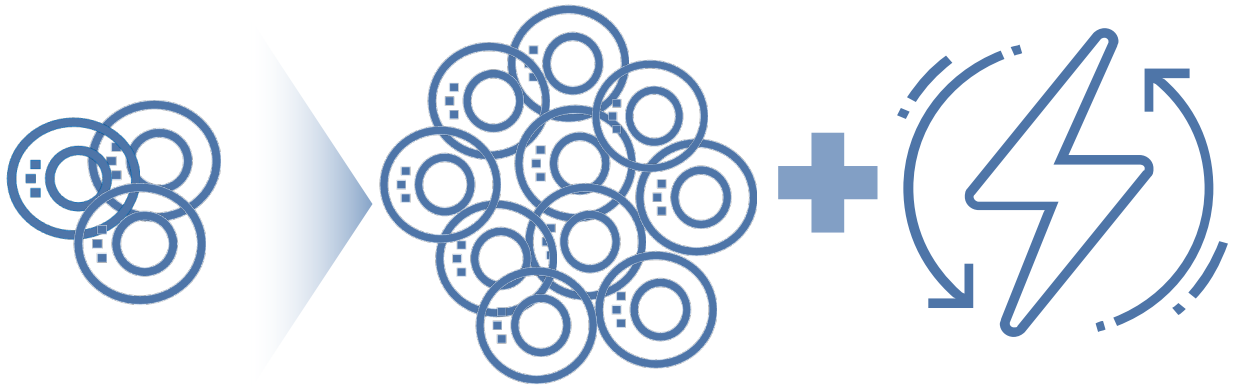
Proprietary nicotinamide (NAM) technology enhances and expands cells

NAM produces enriched HPC cells



- Ex-vivo culturing of cord-derived HPCs in the presence of NAM leads to:
  - Preservation of their stemness
  - Increased homing to the bone marrow
  - Retention of engraftment capacity

Our proprietary NAM technology multiplies the number of cells while maintaining their intrinsic properties



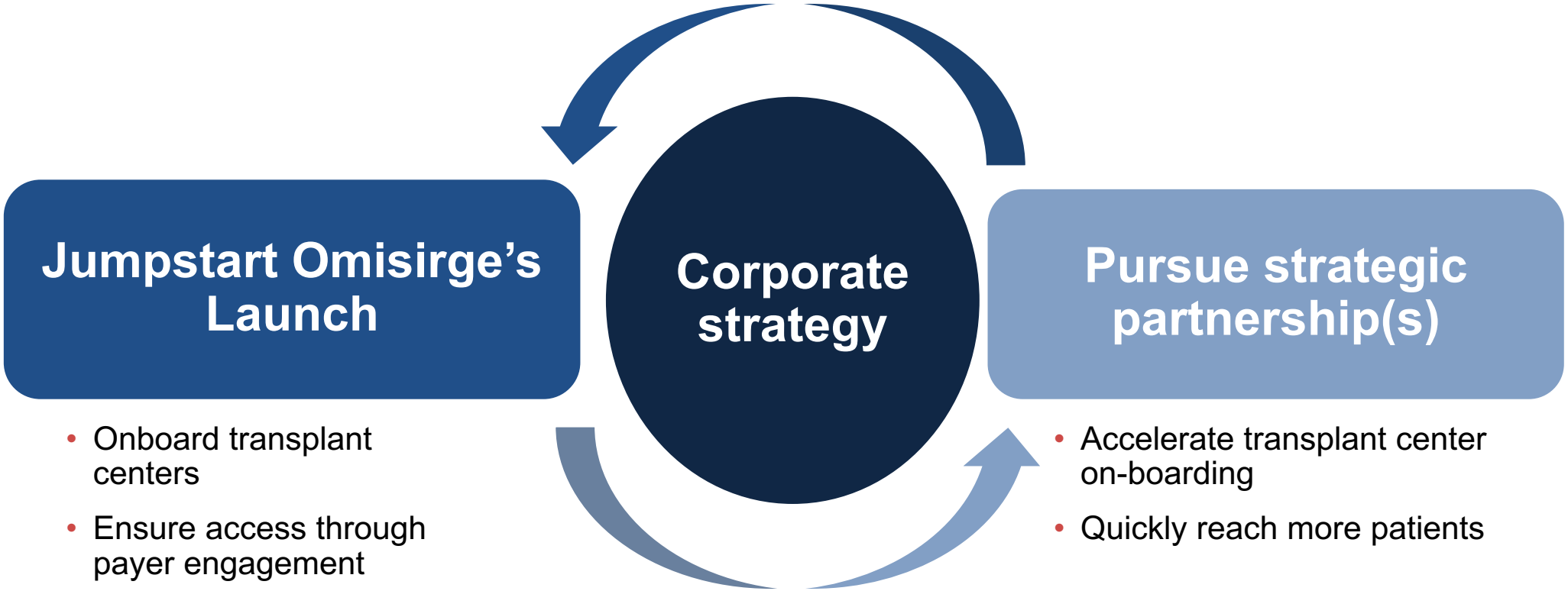
Source cells | **Expand** | **Enhance**

HPC=hematopoietic progenitor cells; NAM=nicotinamide.

gamida cell

 © 2023 Gamida Cell. All rights reserved.

We are pursuing a two-pronged corporate strategy



 © 2023 Gamida Cell. All rights reserved.

We are well-positioned to execute the two-pronged strategy

Omisirge® (omidubicel-onlv) Suspension for IV Infusion

Jumpstarting Launch	Highly Targeted Market	~$500M Potential at Peak	Seeking Strategic Partners	Strong Leadership Team
Plan to have 10-15 transplant centers on boarded by YE'23 >70% commercial lives with confirmed payer coverage	Just 70 top transplant centers account for 80% of volume Ability for market expansion and share shift from existing donor sources with small field footprint	Ability to generate 20% market share by 2028 IP protection through 2038 No direct competition in market or on the horizon	Partner to accelerate progress toward projected peak	Experienced executives, including cell therapy development and launch New CFO on board to facilitate strategy

gamida cell

 © 2023 Gamida Cell. All rights reserved.

Agenda

8:00–8:10 am	**Company Overview**	**Abbey Jenkins, MS** *President and CEO, Gamida Cell*
8:10–8:25 am	**Omisirge Label**	**Ronit Simantov, MD** *CMO and CSO, Gamida Cell*
8:25–8:40 am	**Unmet Needs in Stem Cell Transplant**	**Steven Devine, MD** *Chief Medical Officer NMDP/Be The Match, Senior Scientific Director, CIBMTR*
8:40–8:55 am	**Barriers to Hematopoietic Stem Cell Transplantation**	**Usama Gergis, MD, MBA** *Professor of Oncology and Director of Transplant and Cellular Therapy at Sidney Kimmel Cancer Center, Thomas Jefferson University*
8:55–9:10 am	**Commercial Launch Plan for Omisirge**	**Michele Korfin, RPh, MBA** *CCO and COO, Gamida Cell*
9:10–9:30 am	**Q&A and Closing Remarks**	**All Presenters + Terry Coelho, MBA**

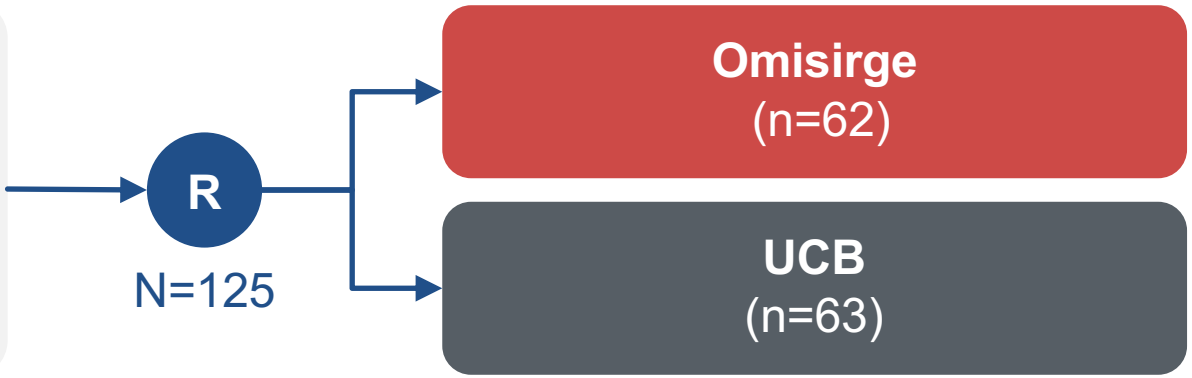
gamida cell

 © 2023 Gamida Cell. All rights reserved.

Phase 3 trial to evaluate the efficacy of Omisirge compared to umbilical cord blood (UCB)[1,2]

Randomized, controlled, multi-center, global Phase 3 registrational trial

- Ages 12-65
- Hematologic malignancies
- Eligible for allogeneic HCT
- No readily available matched donor



- **Primary endpoint:** Time to neutrophil engraftment
- **Secondary endpoints:** Platelet engraftment, infections, hospitalizations
- **Additional endpoints:** Adverse events, acute GvHD, chronic GvHD, non-relapse mortality, disease-free survival, overall survival

GvHD=graft vs host disease; HCT=hematopoietic cell transplantation; UCB=umbilical cord blood.

1. Horwitz et al. *Blood*. 2021;138:1429-1440 2. Omisirge Prescribing Information. Gamida Cell Inc.

 © 2023 Gamida Cell. All rights reserved.

Demographics and Baseline characteristics of patients in the Phase 3 study

- 58% patients were male and 42% were female with median age 41 years (range: 13–65)
- > 40% patients were racially and ethnically diverse
  - 58% patients were White, 16% were Black, 14% were Asian and 13% were of other races or unknown
  - 13% of patients identified as Hispanic or Latino
- Disease types included AML, ALL, MDS, CML, lymphomas and some rare leukemias
- 34% of patients had high/very high disease risk index and 42% had moderate disease risk index
- Hematopoietic Cell Therapy (HCT)-specific co-morbidity index was ≥ 3 in 51% of patients

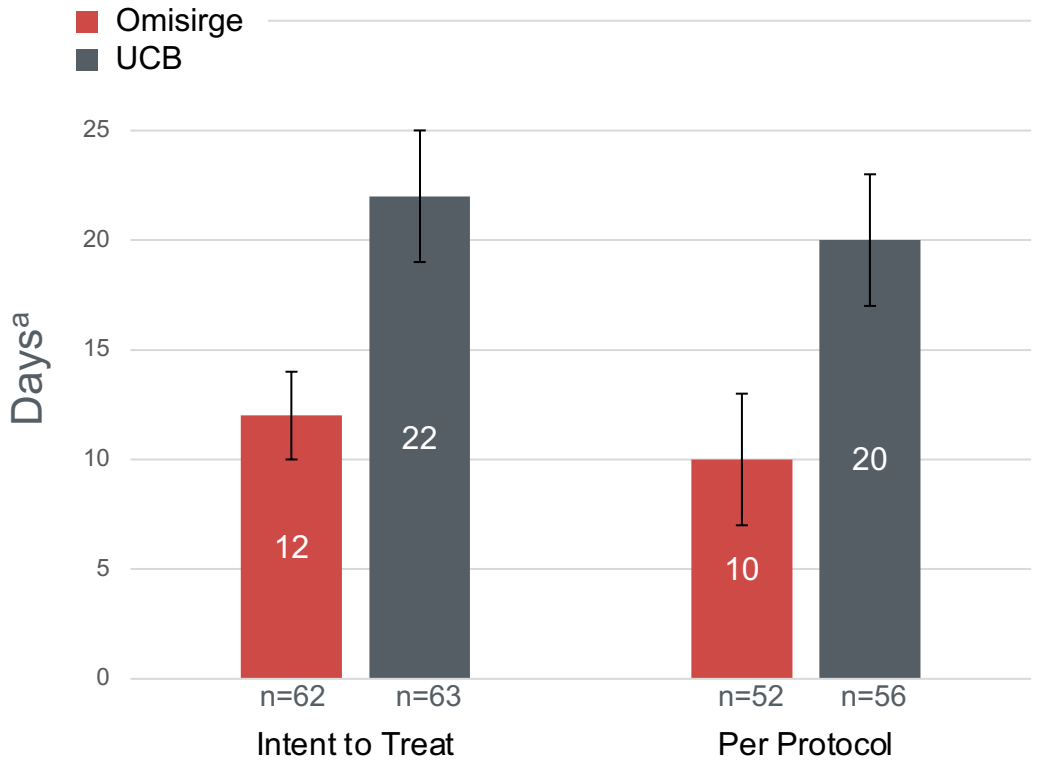
ALL= acute myelogenous leukemia; AML=acute lymphoblastic leukemia; CML= chronic myeloid leukemia; HCT=hematopoietic cell transplantation; MDS= myelodysplastic syndrome.
Omisirge Prescribing Information. Gamida Cell Inc.

gamida cell

 © 2023 Gamida Cell. All rights reserved.

Omisirge led to significantly faster time to neutrophil recovery than UCB in Phase 3 study

Median time to neutrophil recovery (days)



% patients with neutrophil recovery at 42 days (per protocol population)

94% Omisirge

vs.

89% UCB

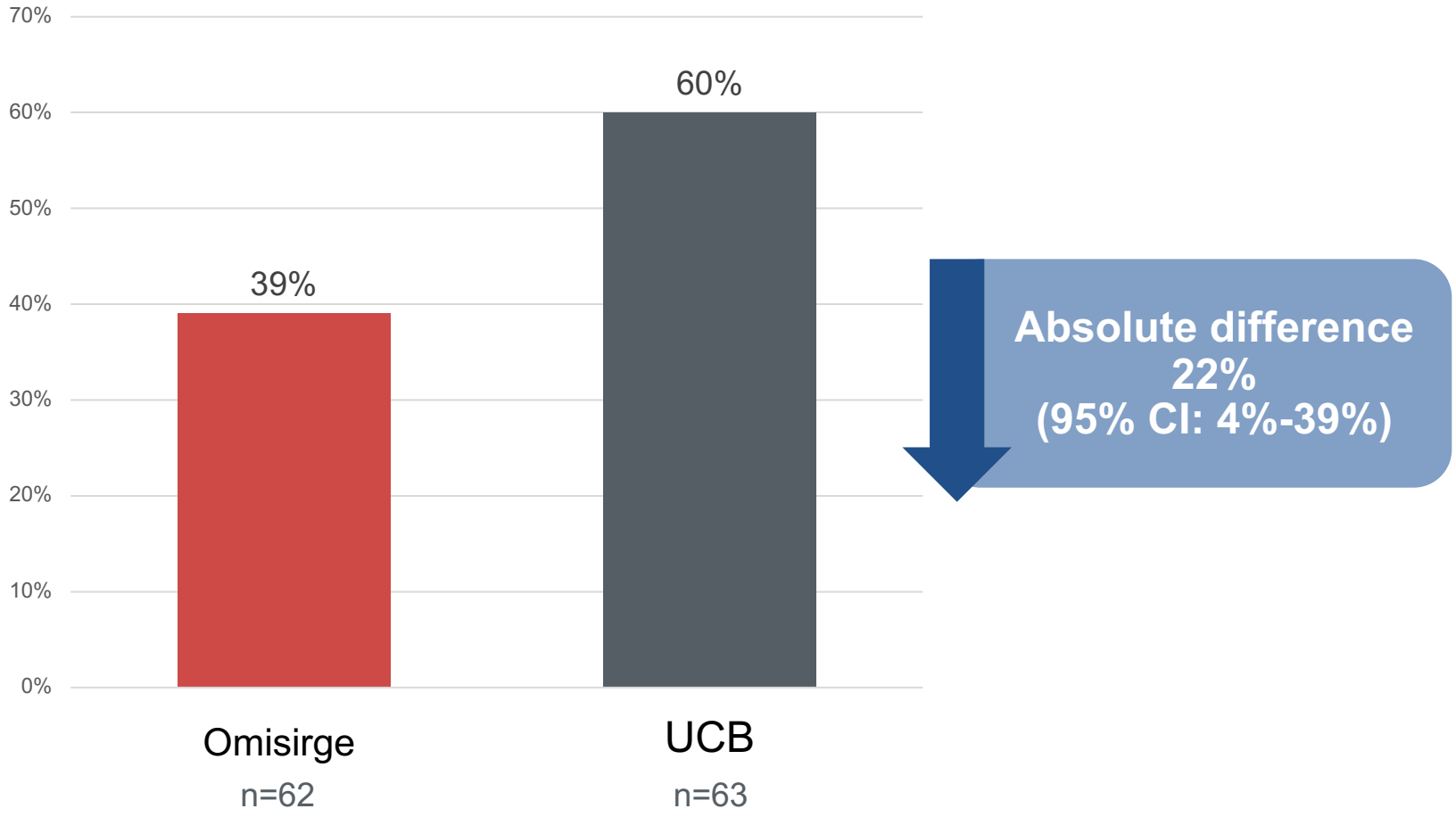
[a](95% CI)
UCB=umbilical cord blood.
Omisirge Prescribing Information. Gamida Cell Inc.

 © 2023 Gamida Cell. All rights reserved.

gamida cell

Lower incidence of grade 2-3 bacterial or grade 3 fungal infections in patients transplanted with Omisirge in Phase 3 study

Incidence of BMT-CTN Grade 2/3 bacterial or Grade 3 fungal infections through 100 days following transplantation (ITT population)



BMT-CTN=Blood and Marrow Transplant Clinical Trials Network; ITT=intent to treat; UCB=umbilical cord blood.

Omisirge Prescribing Information. Gamida Cell Inc.

gamida cell

 © 2023 Gamida Cell. All rights reserved.

Omisirge Key Takeaways

- Safety Information:
  - Boxed Warnings: Infusion reactions, graft versus host disease, engraftment syndrome, and graft failure
  - Clinically significant adverse events include hypersensitivity reactions, infusion reactions, graft versus host disease, engraftment syndrome, graft failure and malignancy of donor origin
- Demographics: >40% of patients in Phase 3 trial were ethnically diverse
- Outcomes:
  - Time to neutrophil recovery: Omisirge 12 days vs UCB 22 days
  - Incidence of BMT-CTN first grade 2/3 bacterial infections or grade 3 fungal infections through 100 days following transplantation: Omisirge 39% vs UCB 60%

Omisirge FDA Approval April 17, 2023

Omisirge prescribing information.

Omisirge is a registered trademark of Gamida Cell Inc.

 © 2023 Gamida Cell. All rights reserved.

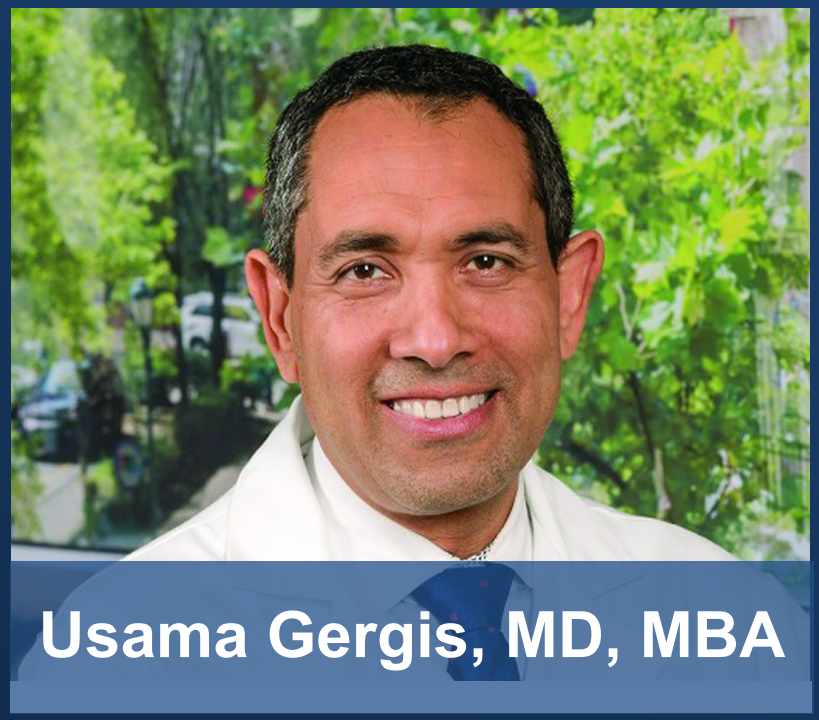
gamida cell

Steven Devine, MD

- Chief Medical Officer, National Marrow Donor Program®/Be The Match®
- Senior Scientific Director, Center for International Blood and Marrow Transplant Research®
- Former Director, Blood and Marrow Transplant Program at Ohio State University Comprehensive Cancer Center in Columbus
- Primary research interest in stem cell transplantation for patients with acute leukemia and myelodysplastic syndrome

gamida cell

 © 2023 Gamida Cell. All rights reserved.



Usama Gergis, MD, MBA

- Director, Transplant and Cellular Therapy at Sidney Kimmel Cancer Center, Thomas Jefferson University
- Former Director, Global Services at New York Presbyterian Hospital
- Former Senior Faculty, Transplant and Cellular Therapy, Weill Cornell Medical College
- Areas of expertise: alternative donor transplantation, high-risk myeloid malignancies, graft-versus-host (GvHD), Immune Effector Cellular Therapy (IECT)

gamida cell

 © 2023 Gamida Cell. All rights reserved.

Agenda

8:00–8:10 am	**Company Overview**	**Abbey Jenkins, MS** *President and CEO, Gamida Cell*
8:10–8:25 am	**Omisirge Label**	**Ronit Simantov, MD** *CMO and CSO, Gamida Cell*
8:25–8:40 am	**Unmet Needs in Stem Cell Transplant**	**Steven Devine, MD** *Chief Medical Officer NMDP/Be The Match, Senior Scientific Director, CIBMTR*
8:40–8:55 am	**Barriers to Hematopoietic Stem Cell Transplantation**	**Usama Gergis, MD, MBA** *Professor of Oncology and Director of Transplant and Cellular Therapy at Sidney Kimmel Cancer Center, Thomas Jefferson University*
8:55–9:10 am	**Commercial Launch Plan for Omisirge**	**Michele Korfin, RPh, MBA** *CCO and COO, Gamida Cell*
9:10–9:30 am	**Q&A and Closing Remarks**	**All Presenters + Terry Coelho, MBA**

gamida cell

 © 2023 Gamida Cell. All rights reserved.

BE THE MATCH BioTherapies®

Addressing the Unmet Need in HCT

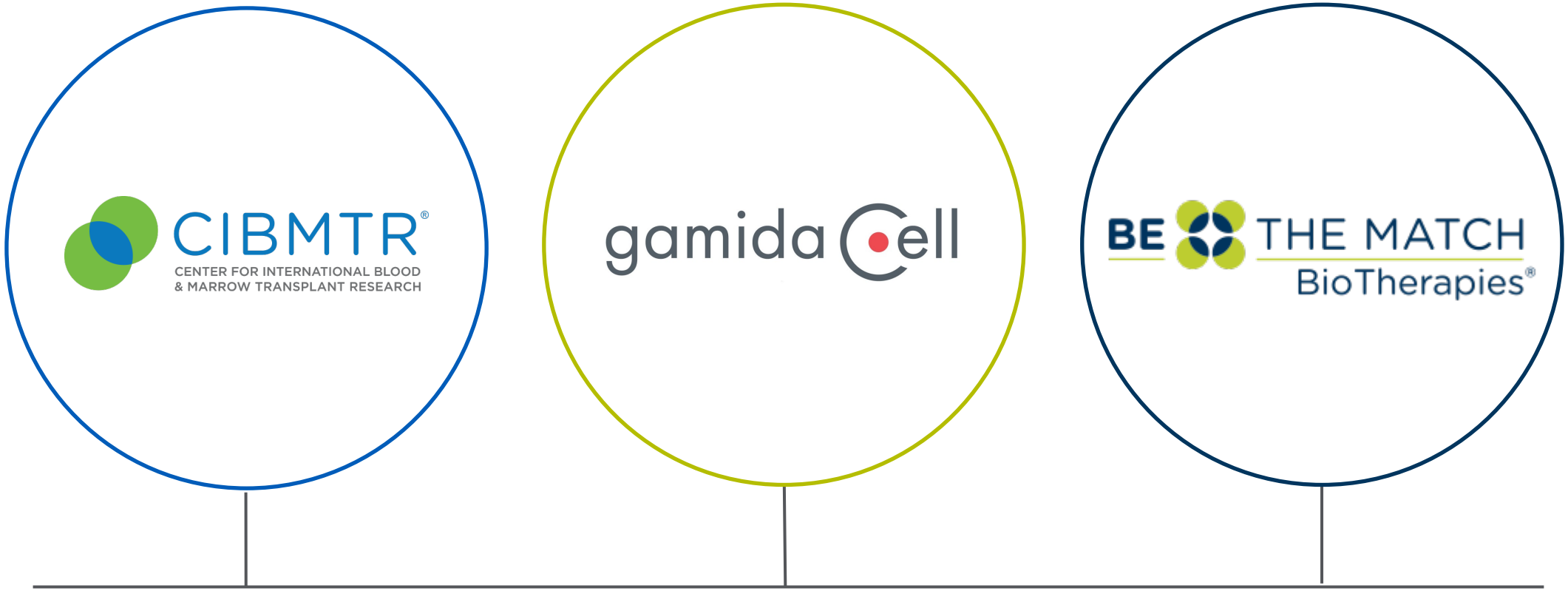
Steven Devine, MD

Chief Medical Officer NMDP/Be The Match

Senior Scientific Director, CIBMTR

Extending our mission to save lives through cellular therapy

We've broadened our strategic collaboration with Gamida Cell in support of Omisirge®



Sourcing a **HEALTHY** and **STABLE** supply of cellular starting material

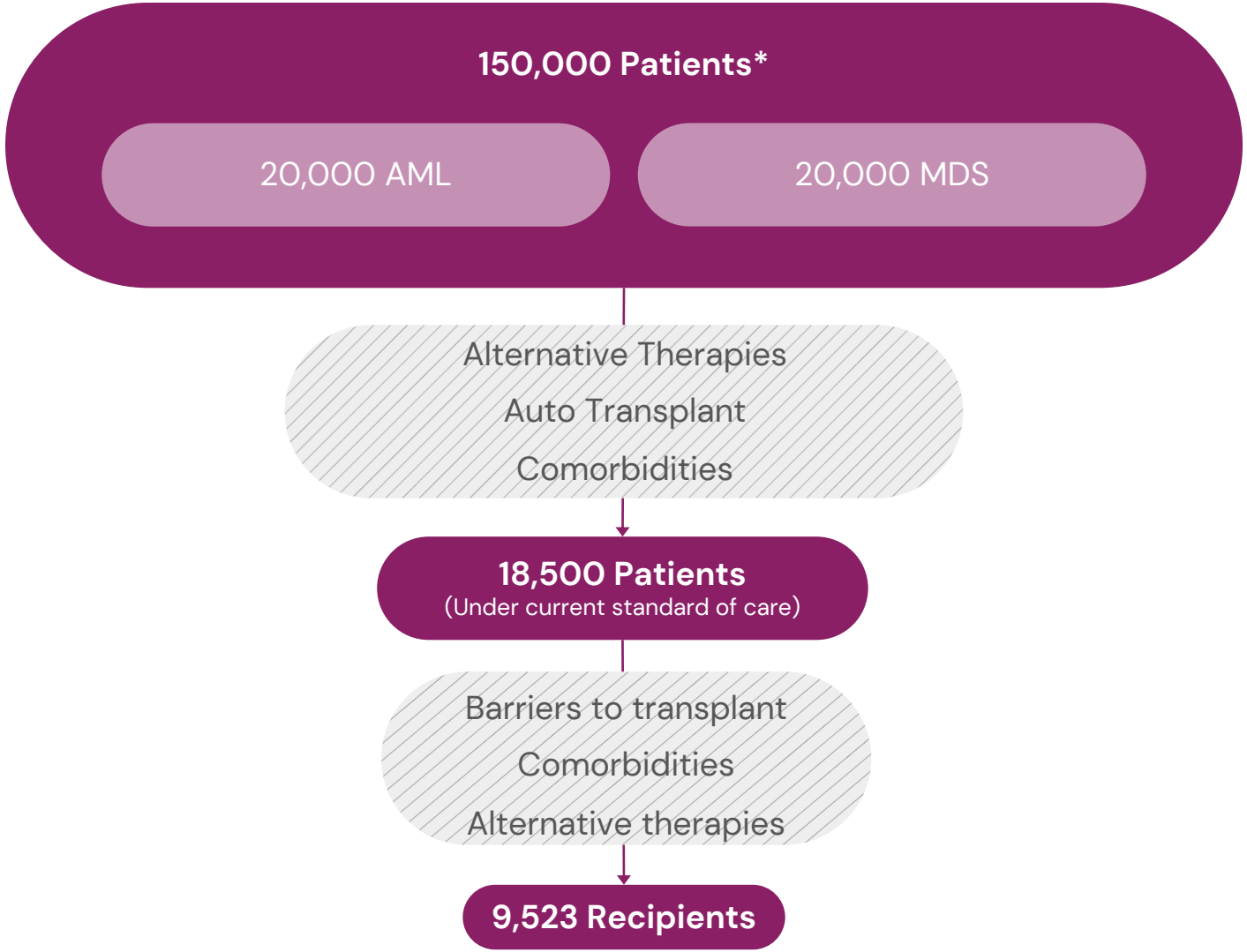
Leveraging existing **INFRASTRUCTURE** and **TECHNOLOGY** to accelerate commercialization

COLLECTING and **ANALYZING** therapy outcomes to improve patient care

There are still too many patients not going to transplant who could benefit from one.

Of the 150,000 U.S. patients diagnosed with blood cancers or diseases annually, 18,500 patients are eligible for allogenic transplants under current standard of care but only 9,523 received a transplant in 2022 (5,200 unrelated transplants).

Further, there are significant numbers of patients with AML and MDS who are not considered eligible for transplant under the current standard of care.

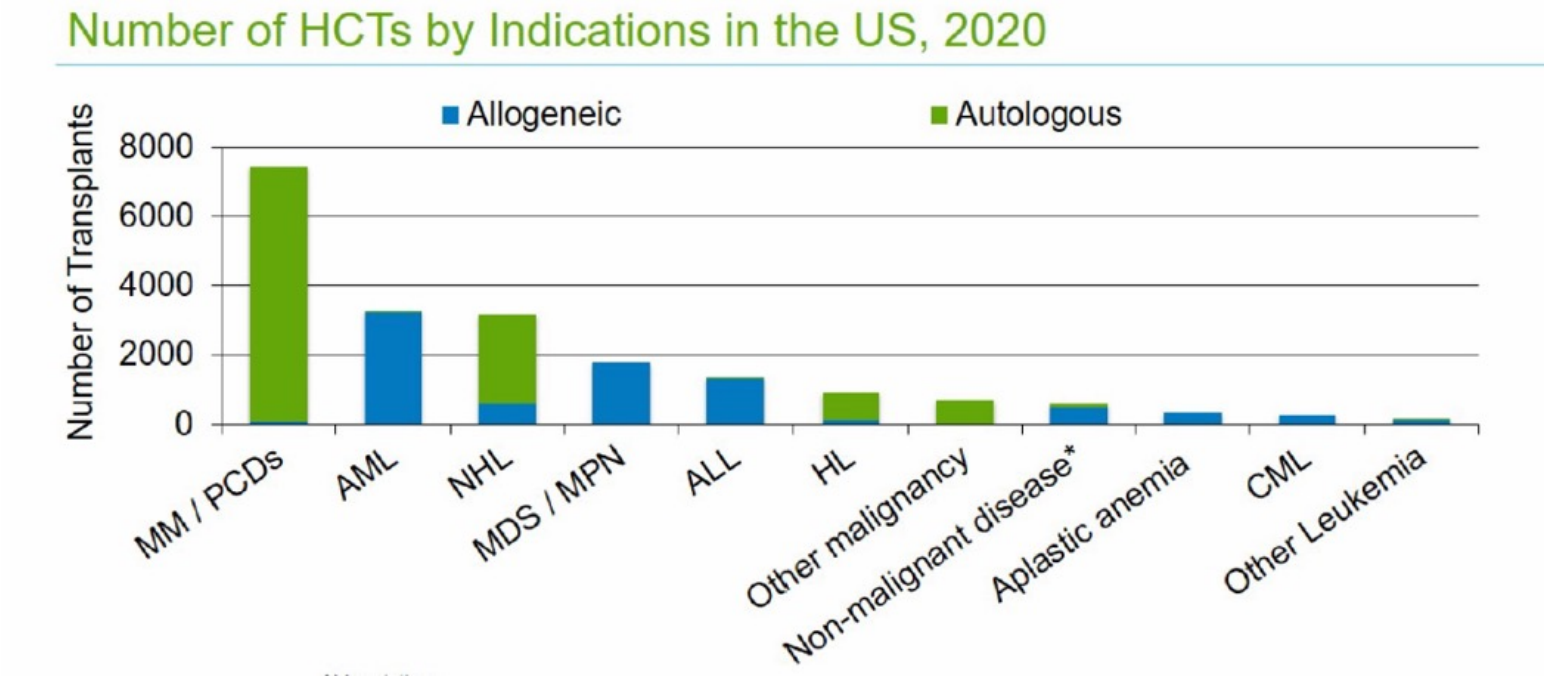


*US only.
AML=acute myeloid leukemia; MDS=myelodysplastic syndromes.

Applied our systems capacity initiative methodology to the entire US population to determine eligibility based on treatment guidelines for each disease and age of the patient, a significant portion of patients will have an auto transplant or another alternative therapy such as chemotherapy (e.g. chemotherapy is fairly effective for pediatric ALL so only 25% are considered "eligible for allogenic transplant")

Unmet need for HCT in US

- ~3,300 US HCTs for AML in 2020
- ~1,800 US HCTs for MDS in 2020
- 30-40% of newly diagnosed patients are potentially eligible
- Conservatively in these two disease alone, growth potential is of 30-50%, particularly if mismatched donors can be used successfully



MM: Multiple Myeloma
PCDs: Plasma Cell Disorders
AML: Acute Myelogenous Leukemia
NHL: Non-Hodgkin Lymphoma
MDS: Myelodysplastic Syndromes

MPN: Myeloproliferative Neoplasms
ALL: Acute Lymphoblastic Leukemia
HL: Hodgkin Lymphoma
CML: Chronic Myeloid Leukemia
PCDs: Plasma Cell Disorders
***Excludes Aplastic Anemia**

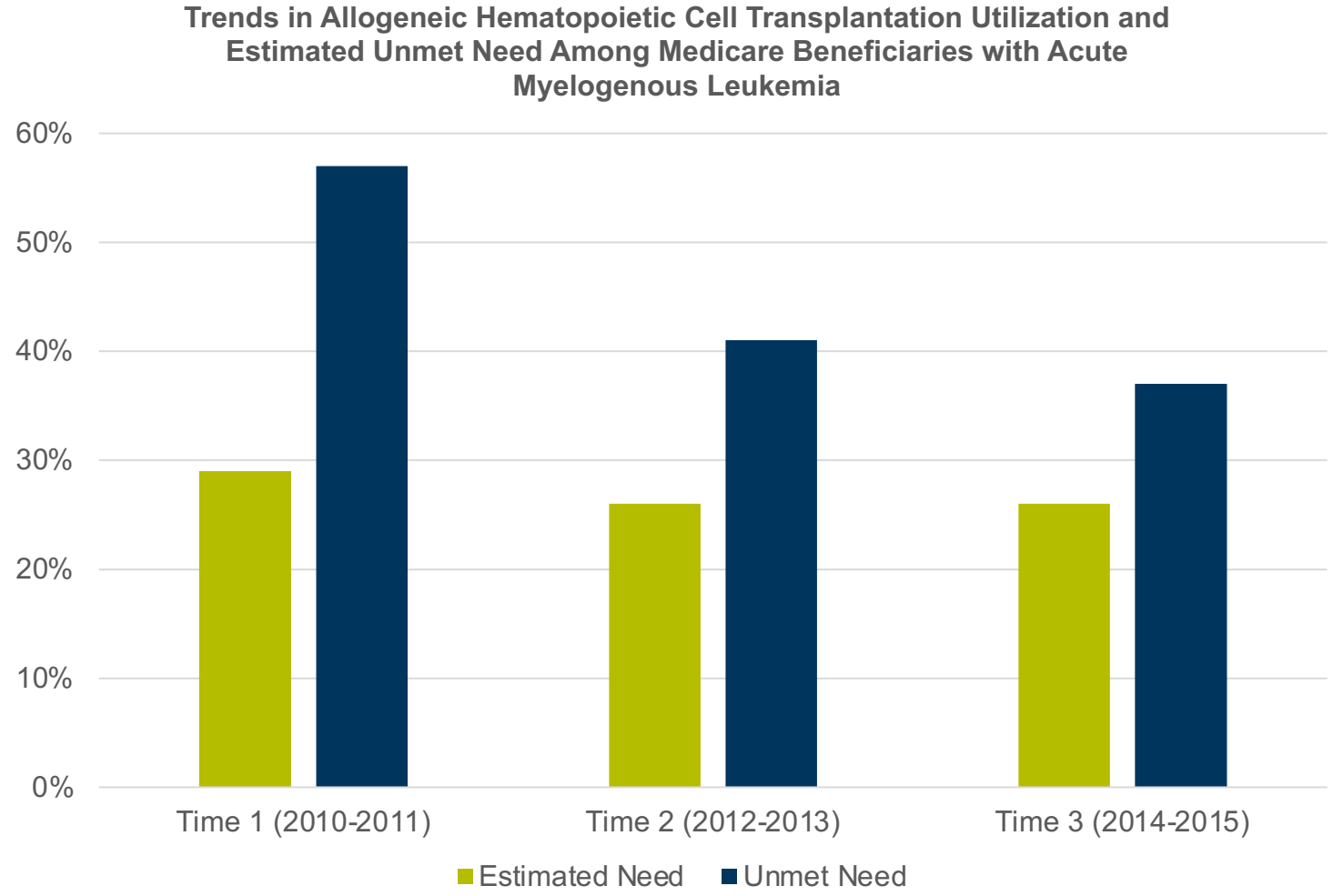
ALL=acute lymphoblastic leukemia; AML=acute myeloid leukemia; CML=chronic myelogenous leukemia; HCT=hematopoietic cell transplantation; HL=Hodgkin's lymphoma. MDS=myelodysplastic syndromes; MM=multiple myeloma; MPN=myeloproliferative neoplasms; NHL=non-Hodgkin's lymphoma; PCD=plasma cell dyscrasias.

Auletta JJ, Kou J, Chen M, Shaw BE. Current use and outcome of hematopoietic stem cell transplantation: CIBMTR US summary slides, 2021

Unmet need for HCT in AML

NMDP/CIBMTR Study focused on Medical Beneficiaries

Situation improving over time, but substantial #'s of patients eligible for HCT not receiving one



Lih-Wen Mau [1,2], Jaime M. Preussler [1,2], Christa L. Meyer [1,2], Mary K. Senneka [1], Sophie Wallerstedt [1], Patricia Steinert [6,3], Nandita Khera [4], Wael Saber [6,5]

1 National Marrow Donor Program/Be The Match, Minneapolis, Minnesota
2 Center for International Blood and Marrow Transplant Research, Minneapolis, Minnesota
3 Medical College of Wisconsin, Milwaukee, Wisconsin
4 Department of Hematology/Oncology, Mayo Clinic Arizona, Phoenix, Arizona
5 Department of Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin
6 Center for International Blood and Marrow Transplant Research, Milwaukee, Wisconsin

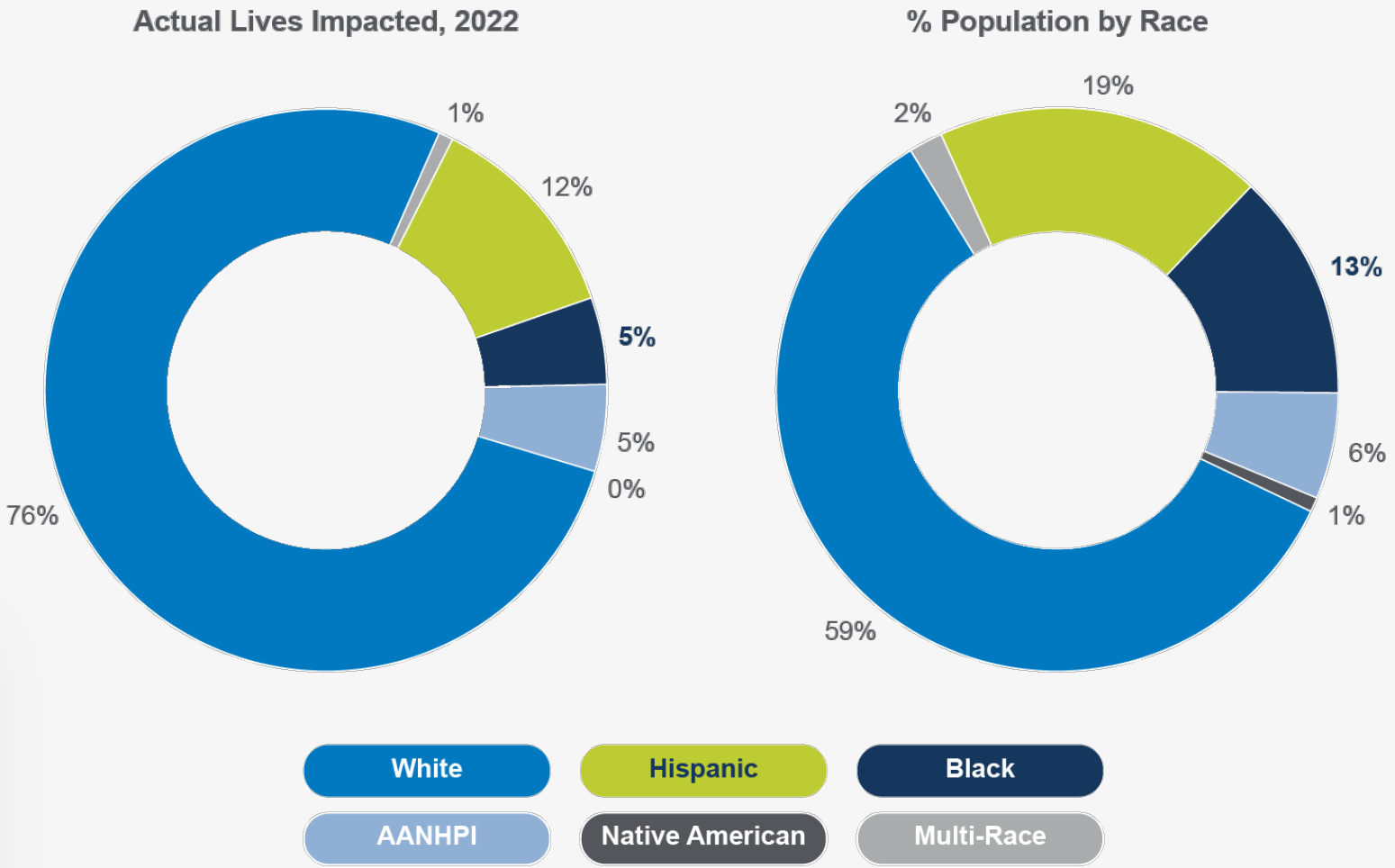
HCT=hematopoietic cell transplantation.

Mau et al, JTCT, 2022

Despite improvements, there's still much to be done to address equity disparities in cell therapy.

The ability to access their life-saving cell therapy is still strongly unfavorable for ethnically diverse populations compared to white patients.

The disparity is still greatest among Black patients. Representing 13% of the population they accounted for just 5% of lives saved.



Our vision is to create a world where every patient can receive their life saving cell therapy

Tiana (left), blood stem cell donor, with her recipient, Donna (100,000th recipient)

BE THE MATCH BioTherapies®

Thank You

Steve Devine, MD
sdevine2@nmdp.org
BeTheMatchBioTherapies.com
(800) 471-4431

@BTMBioTherapies

Agenda

8:00–8:10 am	**Company Overview**	**Abbey Jenkins, MS** *President and CEO, Gamida Cell*
8:10–8:25 am	**Omisirge Label**	**Ronit Simantov, MD** *CMO and CSO, Gamida Cell*
8:25–8:40 am	**Unmet Needs in Stem Cell Transplant**	**Steven Devine, MD** *Chief Medical Officer NMDP/Be The Match, Senior Scientific Director, CIBMTR*
8:40–8:55 am	**Barriers to Hematopoietic Stem Cell Transplantation**	**Usama Gergis, MD, MBA** *Professor of Oncology and Director of Transplant and Cellular Therapy at Sidney Kimmel Cancer Center, Thomas Jefferson University*
8:55–9:10 am	**Commercial Launch Plan for Omisirge**	**Michele Korfin, RPh, MBA** *CCO and COO, Gamida Cell*
9:10–9:30 am	**Q&A and Closing Remarks**	**All Presenters + Terry Coelho, MBA**

gamida cell

 © 2023 Gamida Cell. All rights reserved.

Barriers to Hematopoietic Stem Cell Transplantation

Usama Gergis MD MBA

Director, Stem Cell Transplant & Cellular Therapy

Thomas Jefferson University

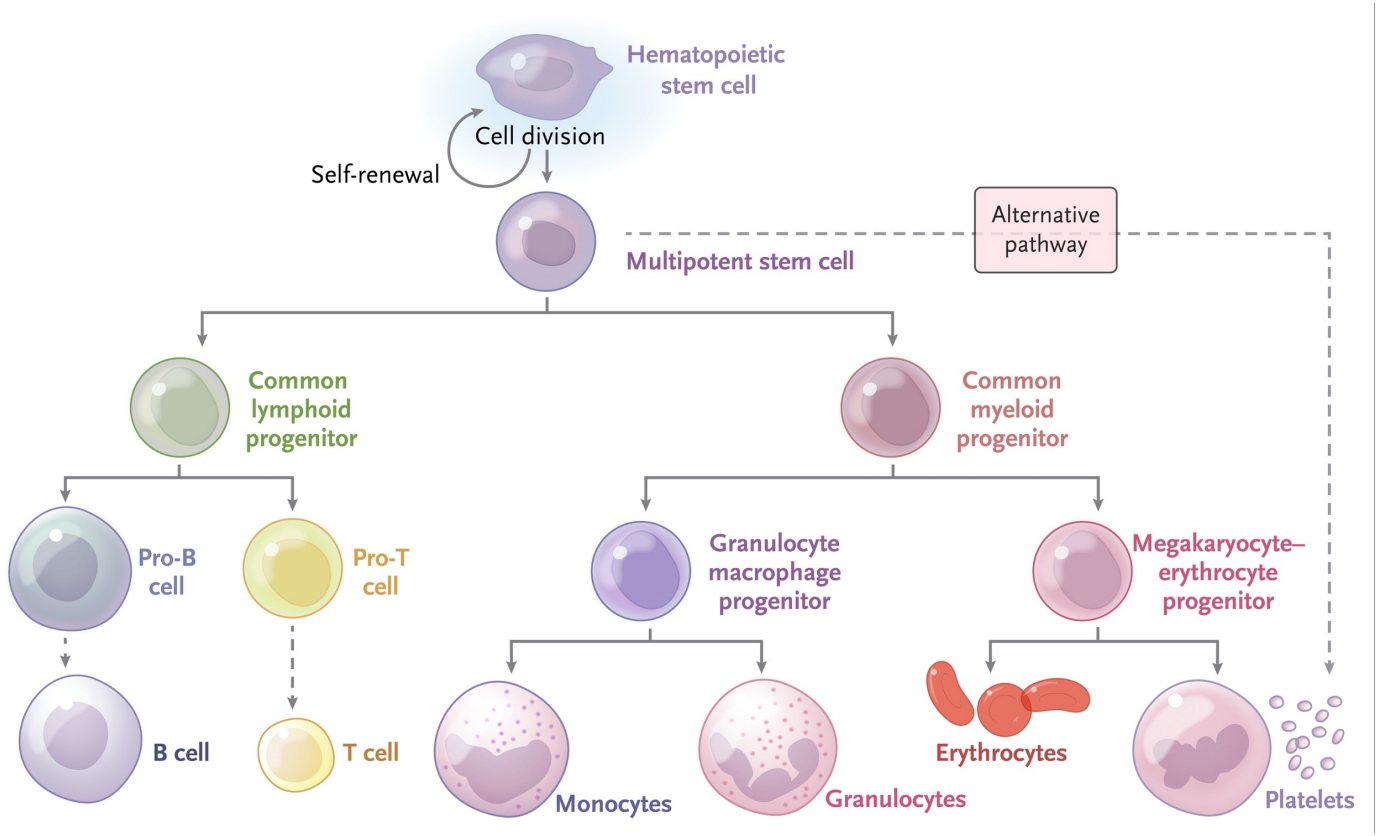
Sidney Kimmel Cancer Center

Hematopoiesis. NEJM Illustrated Glossary. Accessed June 28. 2023.

Outline

- Barriers to curative hematopoietic stem cell transplantation (HCT)
- Potential role of omidubicel

Job Title: Chasing Bad Stem Cells



Hematopoiesis. NEJM Illustrated Glossary. Accessed June 28. 2023.

UCB Transplant

1982	• Dr. Broxmeyer
1988	• The first UCBT
2011	• CTN 0604 dUCB
2021	• CTN 1101 UCB vs HI
2021	• Omidubicel vs UCBT
2023	• FDA approves Omidubicel

UCB= umbilical cord blood
UCBT= umbilical cord blood transplant
dUCB= double umbilical cord blood
HI= Haploidentical

Barriers to curative HCT

55% of transplant eligible patients don’t receive allografts

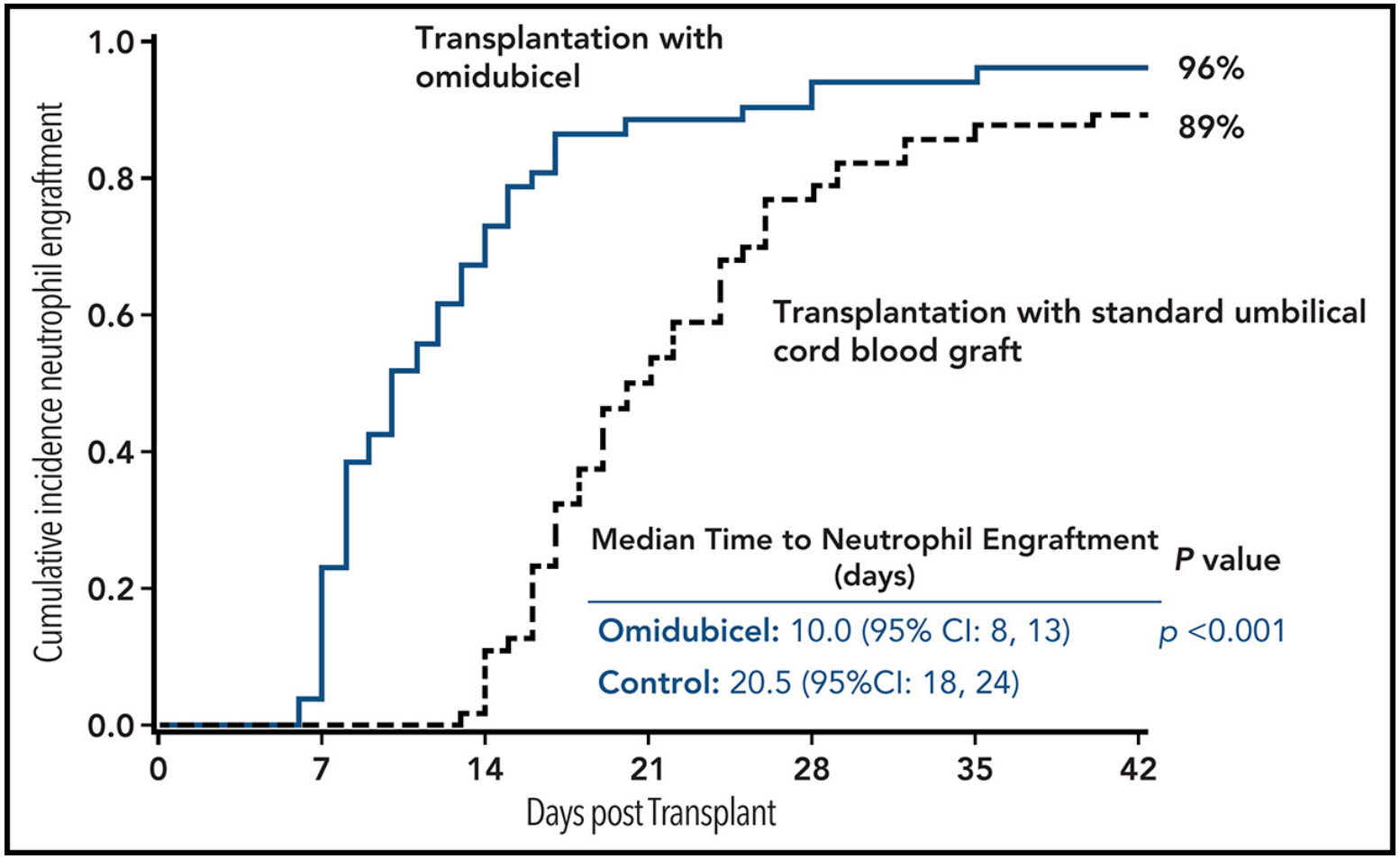
Mean time from transplant assignment to transplant procedure is 11.4 weeks

Case study*

- 42 AA, FLT3 ITD AML, CR1
- Sister with lupus is HI
- Parents are unfit
- Few MMUDs
- Many CBUs

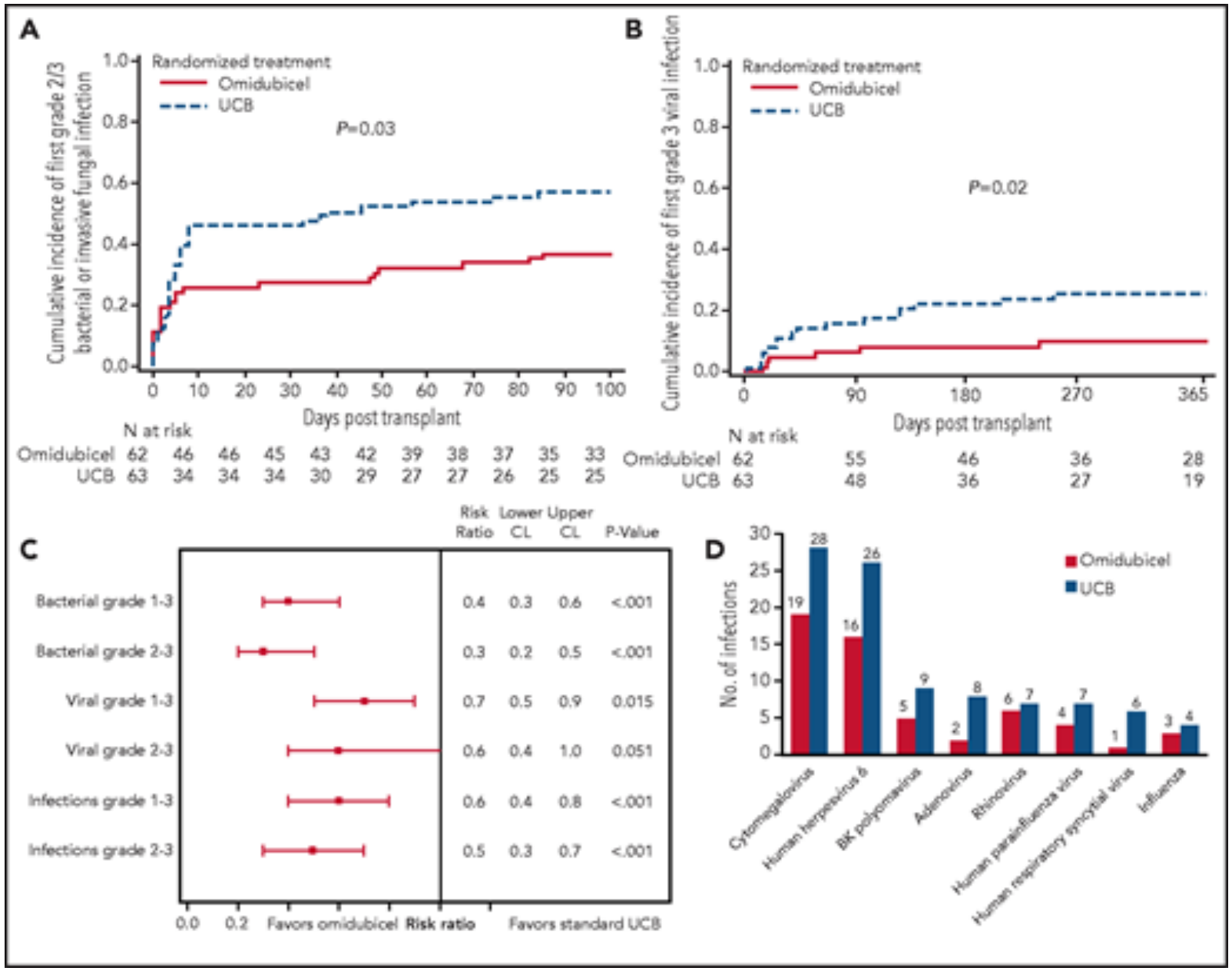
*Real patient

Omidubicel vs UCB Neutrophil Engraftment



Horwitz ME, et al. *Blood*. 2021;138(16):1429-1440

Omidubicel vs UCB Infections



Horwitz ME, et al. *Blood*. 2021;138(16):1429-1440

Disparity of allo HCT access in the US

66% of White patients undergo allo-HCT

31% of Hispanic

24% of Asian

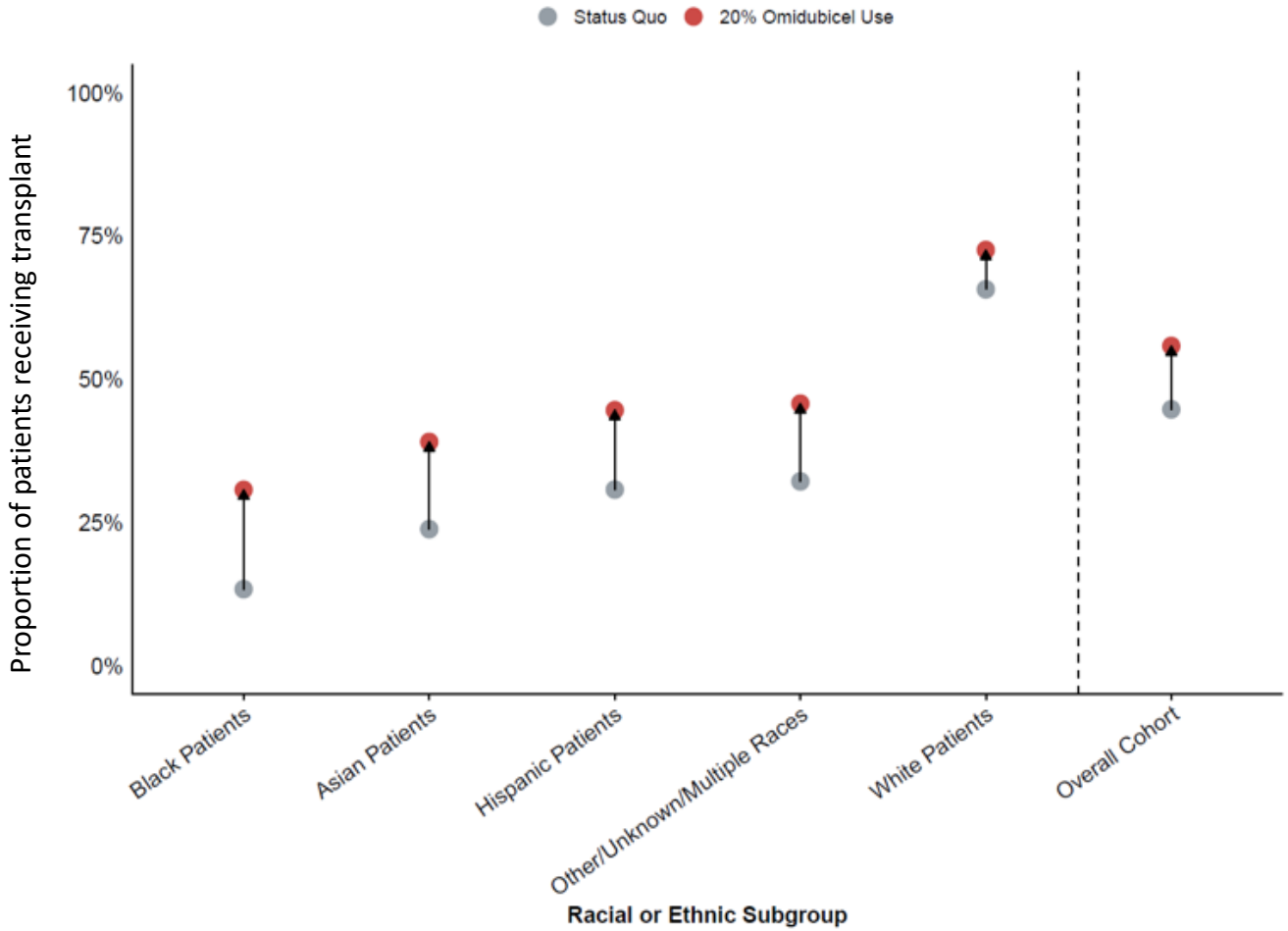
13% of Black

Khera N et al manuscript (submitted)
Gergis U, et al *JTCT* Volume 28, Issue 3, S253 - S254

Helping to close the access gap

A decision tree model was developed to project allo-HCT access and clinical outcomes in a hypothetical population of 10,000 allo-HCT-eligible patients in the US.

In a scenario evaluating 20% omidubicel uptake, the proportion of patients receiving a transplant increased overall by 25%.

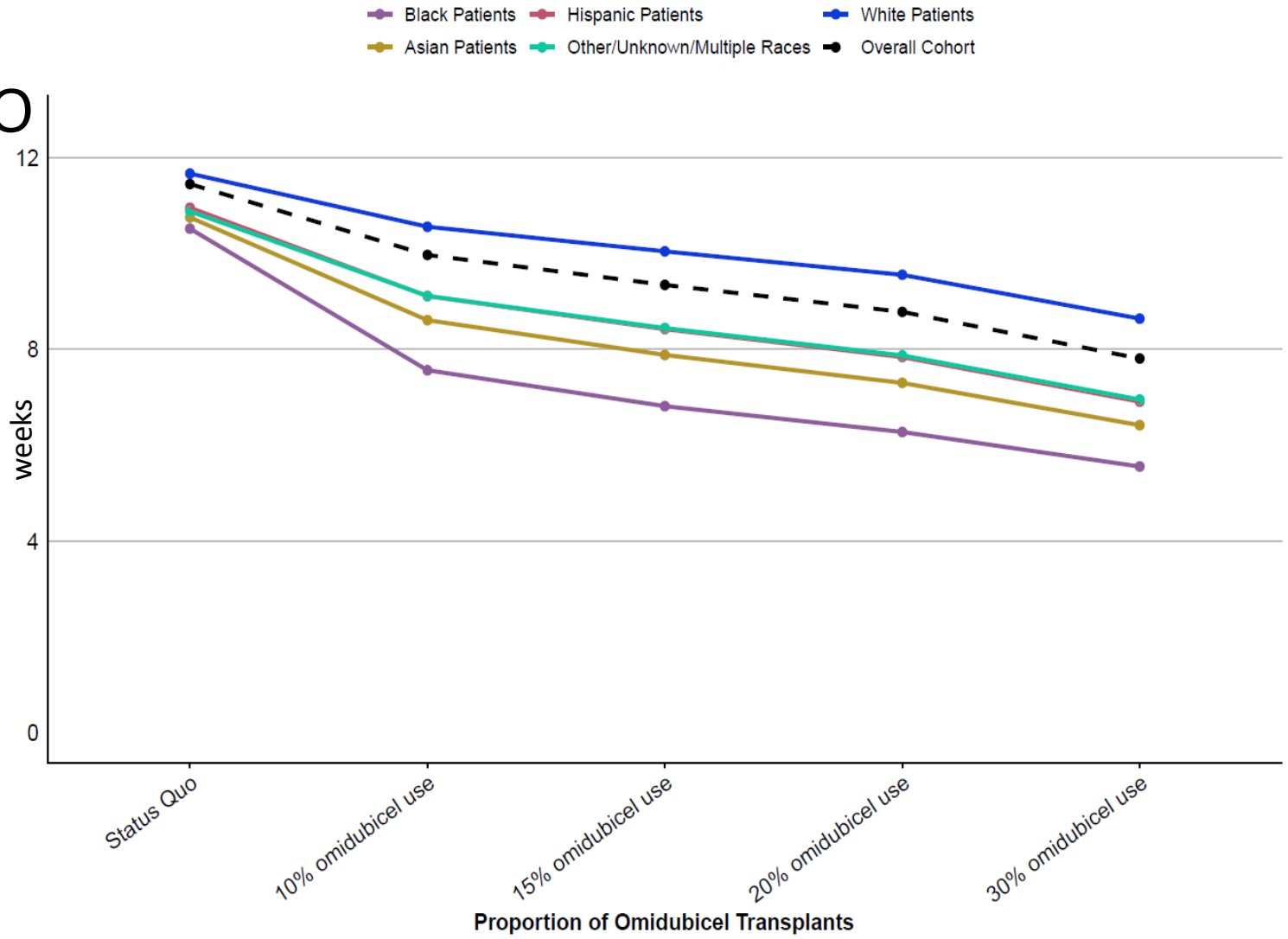


	Black Patients	Asian patients	Hispanic Patients	Other/Unknown/ Multiple Races	White Patients	Overall Cohort
Percent Change from Status Quo[a]	129.4%	63.8%	45.0%	42.1%	10.4%	24.7%

Khera N et al manuscript (submitted)
Gergis U, et al *JTCT*, Volume 28, Issue 3, S253 - S254

Omidubicel shortens time to allo HCT

- Modeled time to allo-HCT improved 23%; from 11.4 weeks to 8.8 weeks



Khera N et al manuscript (submitted)
Gergis U, et al *JTCT*, Volume 28, Issue 3, S253 - S254

Case study*

- 42 AA, FLT3 ITD AML, CR1
- Sister with lupus is HI
- Parents are unfit
- Few MMUDs
- Many CBUs

*Real patient

Potential role of omidubicel

- More access to potentially curative HCT
- Help close the access gap
- Fast graft procurement
- Rapid blood count recovery
- Less infections

Jefferson
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Thank you!

Usama Gergis
917-698-4310
Usama.gergis@Jefferson.edu

Agenda

8:00–8:10 am	**Company Overview**	**Abbey Jenkins, MS** *President and CEO, Gamida Cell*
8:10–8:25 am	**Omisirge Label**	**Ronit Simantov, MD** *CMO and CSO, Gamida Cell*
8:25–8:40 am	**Unmet Needs in Stem Cell Transplant**	**Steven Devine, MD** *Chief Medical Officer NMDP/Be The Match, Senior Scientific Director, CIBMTR*
8:40–8:55 am	**Stem Cell Transplant Clinical Landscape**	**Usama Gergis, MD, MBA** *Professor of Oncology and Director of Transplant and Cellular Therapy at Sidney Kimmel Cancer Center, Thomas Jefferson University*
8:55–9:10 am	**Commercial Launch Plan for Omisirge**	**Michele Korfin, RPh, MBA** *CCO and COO, Gamida Cell*
9:10–9:30 am	**Q&A and Closing Remarks**	**All Presenters + Terry Coelho, MBA**

gamida cell

 © 2023 Gamida Cell. All rights reserved.

NOW APPROVED

Omisirge®

(omidubicel-onlv) Suspension for IV Infusion

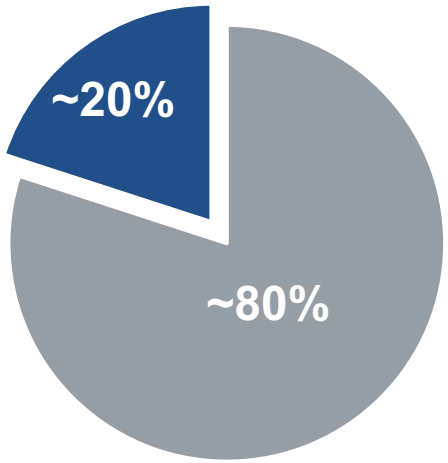
Learn more at Omisirge.com

Please see full Prescribing Information, including Boxed Warning.

gamida cell

Omisirge® has the potential to capture significant market share by ~2028

Omisirge® (omidubicel-onlv) Suspension for IV Infusion



Projected market share at peak[a]

- Potentially increasing the number of patients able to access an appropriate donor source
- Favorable clinical profile based on approved labelling

Four independent blinded market insight studies prior to approval consistently supported that Omisirge could capture 20% market share at peak[a]

Post-approval blinded research was consistent with pre-approval research findings

[a]Data on file. Gamida Cell Inc.

gamida cell

 © 2023 Gamida Cell. All rights reserved.

Prior donor sources each have risks and limitations

Donor source	US Market share[a] (2021)	Donor may be unavailable	Long wait times for graft source	Lack of diversity in registry	Post-transplant cyclophosphamide needed	Low cell dose	Long time to neutrophil engraftment	Increased risk of infections	Increased risk of non-relapse mortality
Matched related donor (MRD)	19%	■							
Matched unrelated donor (MUD)	44%	■	■	■					
Mismatched unrelated donor (MMUD)	9%	■	■	■	■				
Haploidentical donor	25%	■			■				
Umbilical cord blood	3%					■	■	■	■

There is an opportunity for a new donor source that can help address certain limitations

[a]Company analysis. Market share data from CIBMTR 2019: Allogenic transplants in patients 12+ years with hematological malignancies by center. CIBMTR 2021: The US Summary Slides - HCT Trends and Survival Data. Anon. Available at: https://www.cibmtr.org/ReferenceCenter/SlidesReports/SummarySlides/Pages/index.aspx

gamida cell

 © 2023 Gamida Cell. All rights reserved.

Healthcare provider responses to post-approval blinded research show potential for Omisirge ("product X") to help address limitations across donor sources

"The matched related would be considered for product X since an **older donor age is less preferable**, especially if the **disease is severe"**

"The patient who **received umbilical cord blood** would receive product X instead"

"Product X will be used for all patients unable to find a **matched related donor**"

"For the minority patient that received haplo, it was suggested that the **immune reconstituted infections could be reduced** with product X"

"Patients who received haplo would receive product X if it can **reduce the adverse events seen with haplo"**

Gamida Cell Market Research, Completed May 2023.

 © 2023 Gamida Cell. All rights reserved.

At least 1,200 patients each year who are eligible for transplant cannot find an appropriate donor[a]

Health disparities are a key contributor to patients not being able to find a match

If a patient is not white, it can be very difficult to find a **match in the public database**

The Omisirge Phase 3 study had **>40% of patients** who were racially and ethnically diverse – demonstrating the unmet need

Odds of finding a match based on ethnic background

Black or African American	Asian or Pacific Islander	Hispanic or Latino	Native American
29%	47%	48%	60%

compared to

White

79%

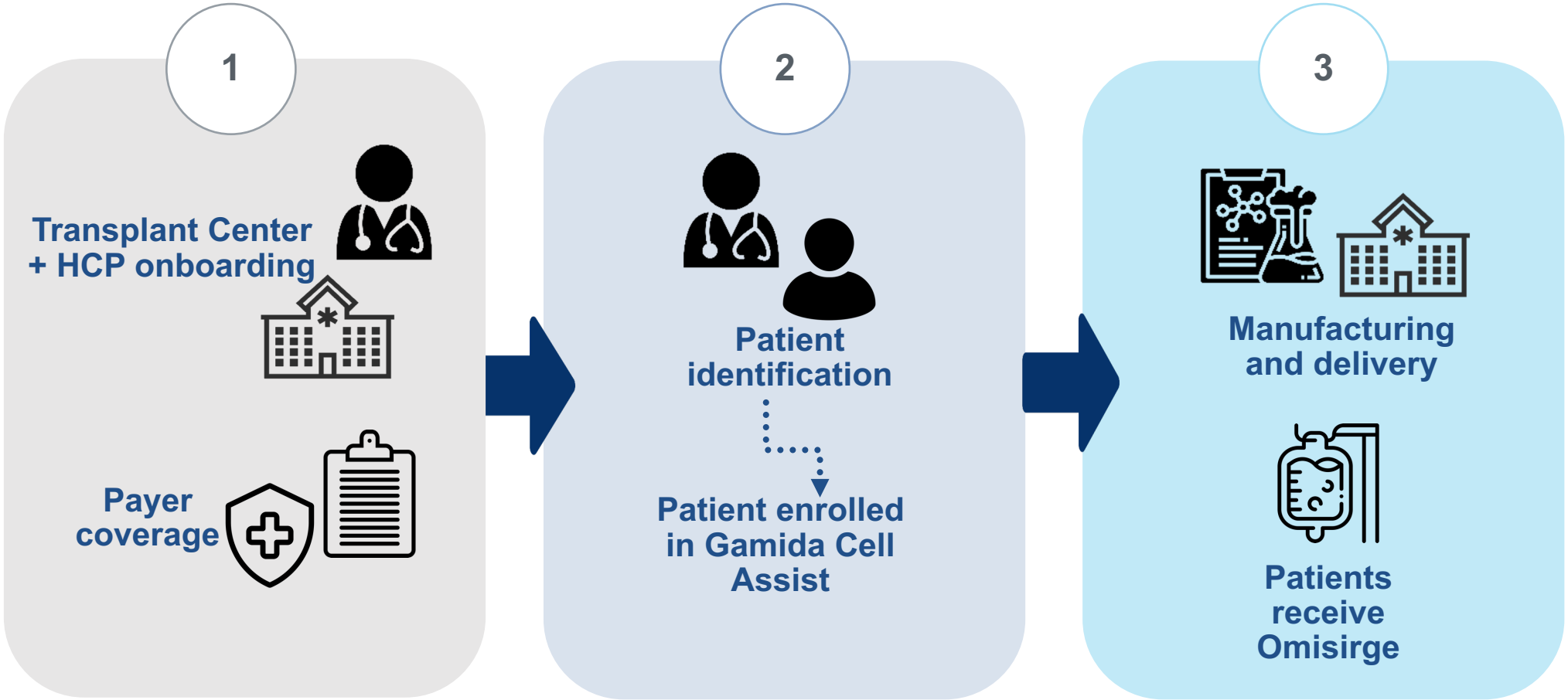
Source: Be The Match® website (accessed 5/30/23);
IT-Ideation Department, February 2021 (ethnic background %)

[a]Data on file. Gamida Cell Inc.

 © 2023 Gamida Cell. All rights reserved.

gamida cell

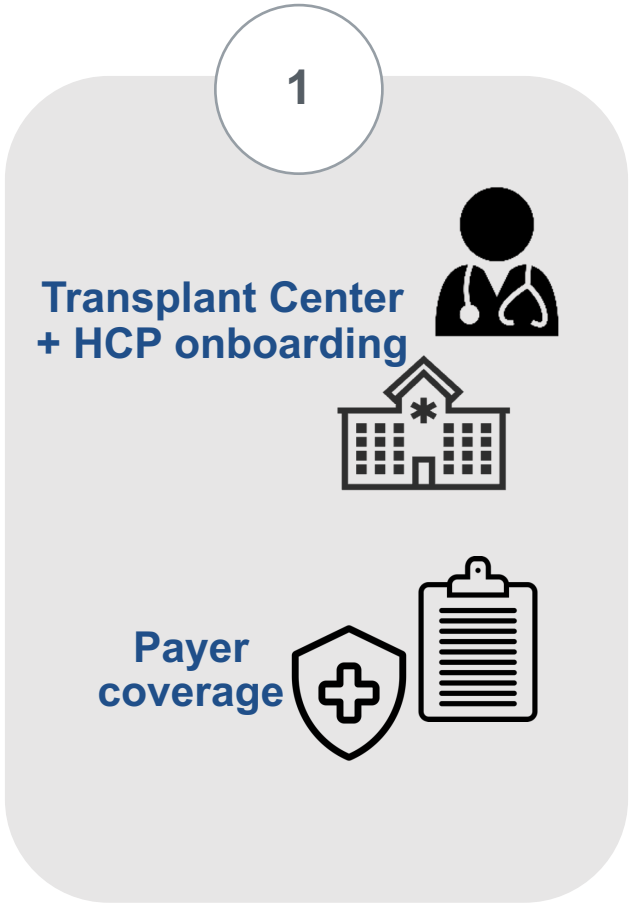
Omisirge launch is off to a strong start, with initial focus on transplant center onboarding and securing payer coverage



HCP=healthcare professional.

 © 2023 Gamida Cell. All rights reserved.

8 transplant centers onboarded as of June 28, 2023

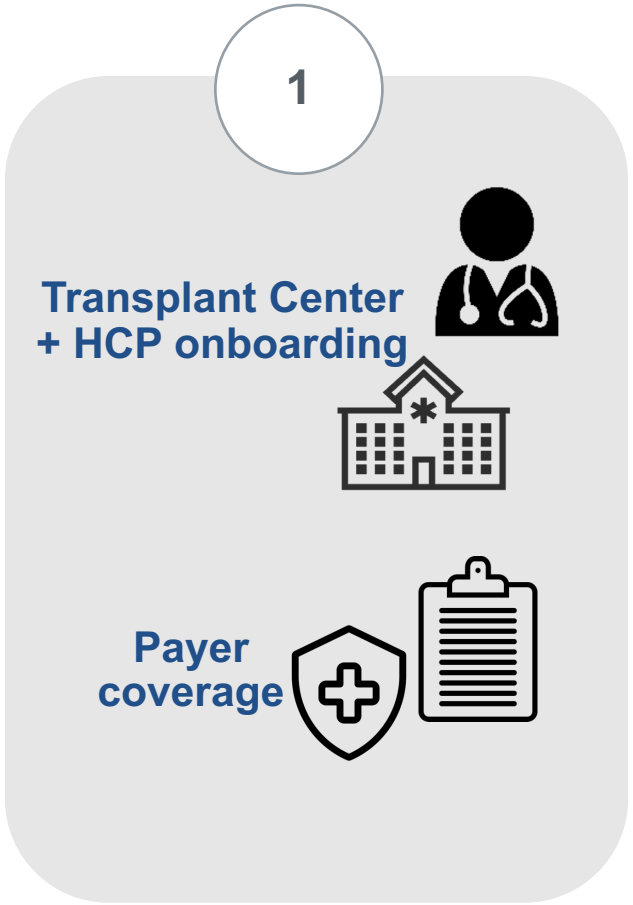


- Actively engaged with >40 centers
- On track with our goal to onboard 10-15 transplant centers by the end of 2023
- 8 sites onboarded as of June 28, 2023, including sites that were not part of the clinical trial

HCP=healthcare professional.

 © 2023 Gamida Cell. All rights reserved.

Vast majority of patients have access to Omisirge



Commercial Payers

- Confirmed coverage with payers that cover >70% of U.S. commercial lives[a]
- Active dialogue with centers that have patients in screening to assure the patients' payer is prepared for prior authorization, coverage and reimbursement

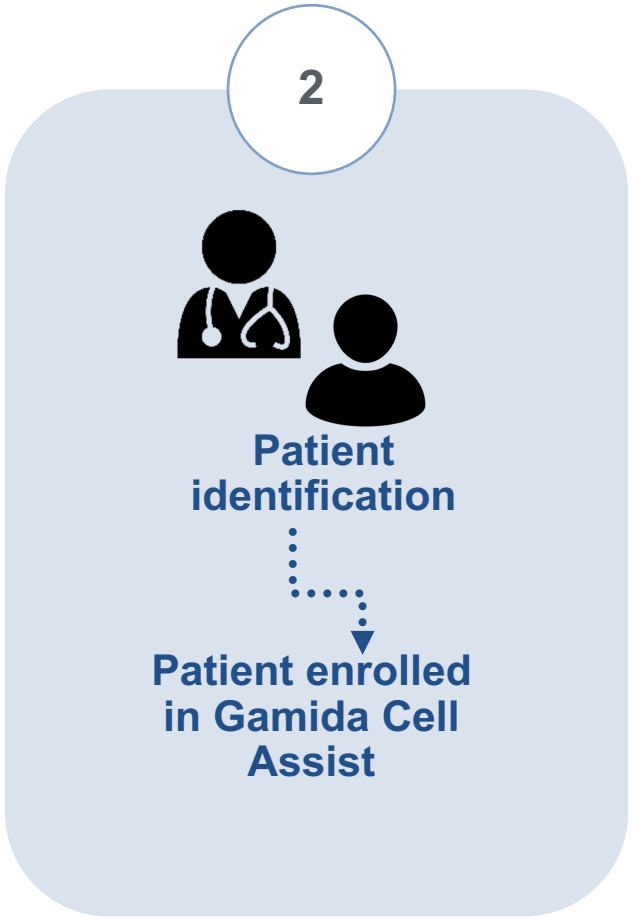
CMS

- Confirmed coverage and reimbursement pathway for Medicare
- ICD-10 PCS codes in place since October 2022
- All documents in place for patients covered under Veterans Affairs, Department of Defense or Medicaid

CMS=Centers for Medicare & Medicaid Services; HCP=healthcare professional; ICD=international classification of diseases; PCS=procedure coding system.
[a]Includes both commercial and public employer lives.

 © 2023 Gamida Cell. All rights reserved.

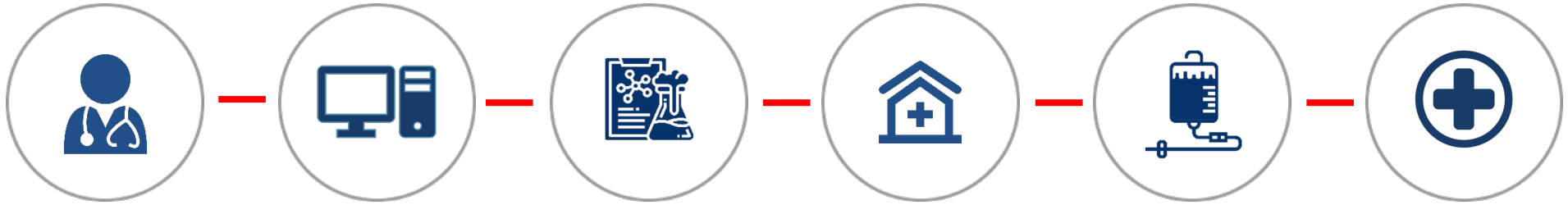
Once transplant center onboarding target is reached, focus to shift to delivering Omisirge to patients



- Patients actively being evaluated
- Anticipate initiating manufacturing for eligible patients by early 3Q given patient evaluation for transplant can take several weeks
- Gamida Cell Assist is live and ready
- Patients are enrolled in Gamida Cell Assist which means physicians have the intention to move forward with Omisirge as the donor source for those patients

 © 2023 Gamida Cell. All rights reserved.

Gamida Cell Assist® was created to ensure healthcare providers and patients can access therapy and have a personalized positive experience



- ✓ Ordering through online hospital portal
- ✓ Case managers providing a personalized experience
- ✓ Oversight of entire Omisirge journey from ordering through manufacturing and delivery
- ✓ Patient assistance[a], including benefit verification, uninsured/rendered uninsured program, copay/coinsurance assistance
- ✓ Referral to psychosocial support

HCP=healthcare professional.
[a]Eligibility requirements apply.

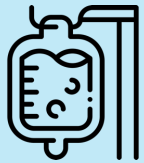
gamida cell

 © 2023 Gamida Cell. All rights reserved.

State-of-the-art manufacturing facility ready to reliably deliver Omisirge within 30 days from start of manufacturing

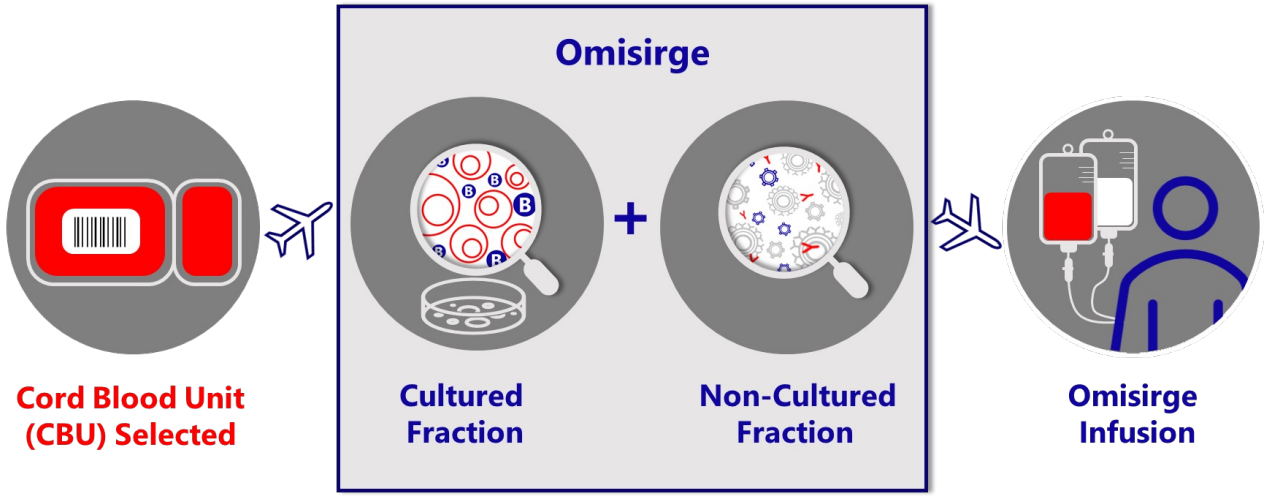
3

Manufacturing and delivery



Patients receive Omisirge

- Wholly owned, fully licensed GMP manufacturing facility
- Modular facility that can add capacity as demand grows
- Successfully manufacturing clinical batches for ~1 year

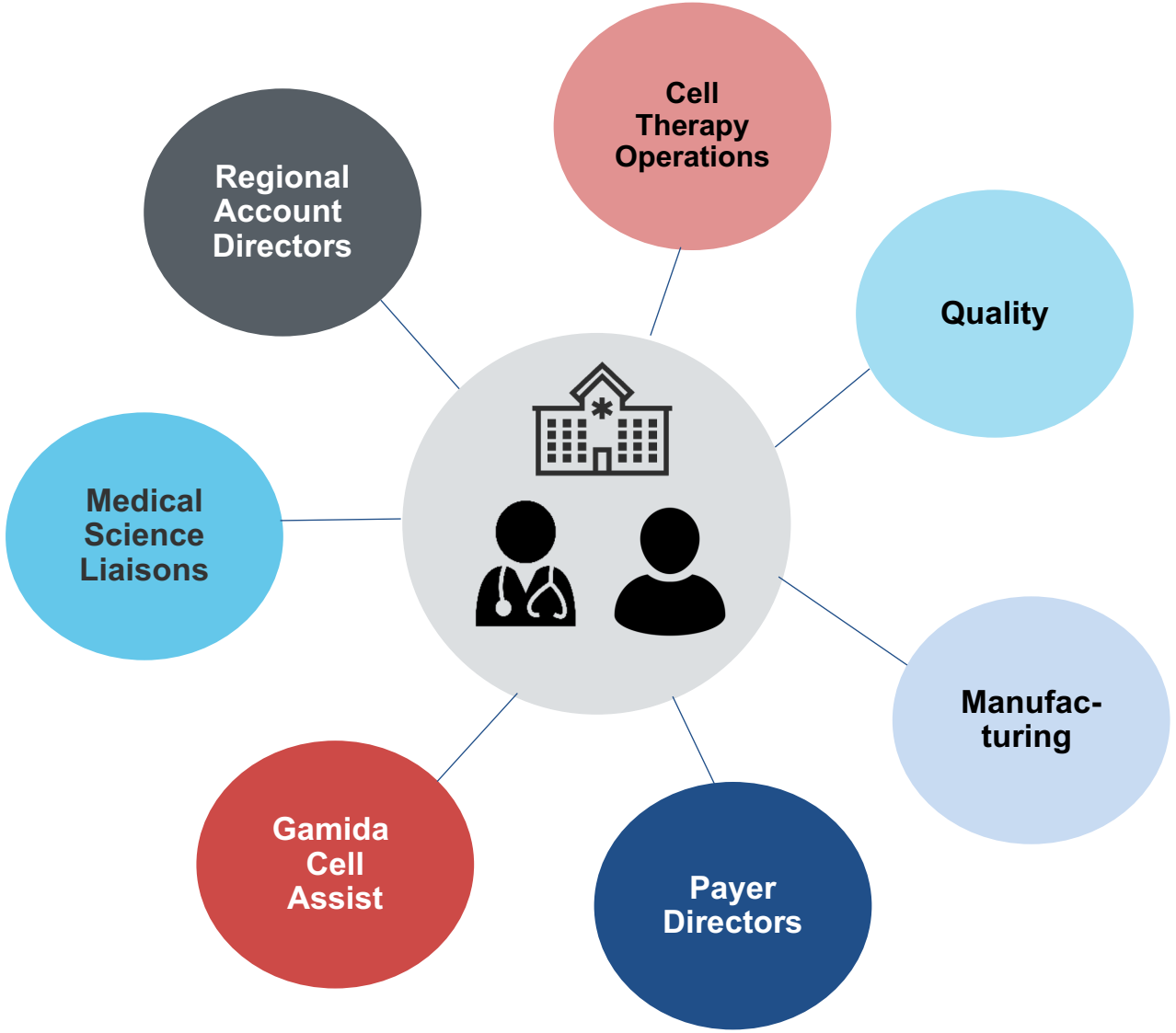


GMP=good manufacturing practice.

 © 2023 Gamida Cell. All rights reserved.

The team making this happen

- Field team has great expertise in hematology and cellular therapy
- Seeking strategic partners to fully resource launch efforts
- Potential to ramp up to the maximum field team resources:
  - 24 Account Managers
  - 12 MSLs
  - 7 Payer Directors



MSL=medical science liaison.

gamida cell

 © 2023 Gamida Cell. All rights reserved.

Omisirge offers a new option for patients and launch is underway!

Positive healthcare provider feedback post-launch

Opportunity to help address certain limitations of other donor sources, provide a new source to those who may have had no option

Important for diverse populations under-represented in donor registry

Potential to capture 20% market share at peak (~2,000 patients per year)[a]

Significant payer coverage secured

Confirmed coverage with payers that cover >70% of U.S. commercial lives

Coverage and reimbursement pathway in place for Medicare

Rapid transplant center onboarding demonstrates strong interest

8 centers onboarded of 10-15 targeted by EOY; actively engaged with >40 additional centers

Patients are enrolled in Gamida Cell Assist which means physicians have the intention to move forward with Omisirge as the donor source for those patients

[a]Data on file. Gamida Cell Inc.

 © 2023 Gamida Cell. All rights reserved.

gamida cell

Agenda

8:00–8:10 am	**Company Overview**	**Abbey Jenkins, MS** *President and CEO, Gamida Cell*
8:10–8:25 am	**Omisirge Label**	**Ronit Simantov, MD** *CMO and CSO, Gamida Cell*
8:25–8:40 am	**Unmet Needs in Stem Cell Transplant**	**Steven Devine, MD** *Chief Medical Officer NMDP/Be The Match, Senior Scientific Director, CIBMTR*
8:40–8:55 am	**Barriers to Hematopoietic Stem Cell Transplantation**	**Usama Gergis, MD, MBA** *Professor of Oncology and Director of Transplant and Cellular Therapy at Sidney Kimmel Cancer Center, Thomas Jefferson University*
8:55–9:10 am	**Commercial Launch Plan for Omisirge**	**Michele Korfin, RPh, MBA** *CCO and COO, Gamida Cell*
9:10–9:30 am	**Q&A and Closing Remarks**	**All Presenters + Terry Coelho, MBA**

gamida cell

 © 2023 Gamida Cell. All rights reserved.

Q & A

Abbey Jenkins, MS
President and CEO, Gamida Cell

Ronit Simantov, MD
CMO and CSO, Gamida Cell

Steven Devine, MD
Chief Medical Officer NMDP/Be The Match, Senior Scientific Director, CIBMTR

Usama Gergis, MD, MBA
Professor of Oncology and Director of Transplant and Cellular Therapy at Sidney Kimmel Cancer Center, Thomas Jefferson University

Michele Korfin, RPh, MBA
CCO and COO, Gamida Cell

Terry Coelho, MBA
CFO, Gamida Cell

gamida cell

 © 2023 Gamida Cell. All rights reserved.

Closing Remarks

Abbey Jenkins

 © 2023 Gamida Cell. All rights reserved.

Thank You

 © 2023 Gamida Cell. All rights reserved. Omisirge is a registered trademark of Gamida Cell Inc. Be The Match® is a registered trademark of the National Marrow Donor Program®