

Redefining Care FOR WOMEN FOR MEN FOR MEN FOR YOU

Fourth Fiscal Quarter 2021 Earnings Conference Call

May 10, 2022

Introduction

Uneek Mehra Chief Financial and Business Officer

Myovant Sciences, Inc.



Forward-Looking Statements

This presentation contains forward-looking statements, including without limitation, statements related to: the potential benefits and commercial opportunities of ORGOVYX and MYFEMBREE; the expected benefits and success of collaborations with Myovant's collaboration partners, including Myovant's expectations to receive from Accord an upfront payment in the first fiscal quarter 2022, other commercial launch, sales-based and other milestones, as well as tiered royalties from the high-teens to mid-twenties on net sales; the timeline of the commercial launch of ORGOVYX by Accord in Europe; the timeline and expectations of Myovant's clinical data announcement and presentation; the expectations of Myovant's and its collaboration partners' regulatory filings, including the EMA submission for endometriosis by Gedeon Richter and the New Drug Submission to Health Canada for ORGOVYX and MYFEMBREE; Myovant's continued efforts to support FDA's ongoing review of the endometriosis sNDA and MYFEMBREE's potential to become a therapeutic option for the management of endometriosis-associated pain; Myovant's financial position, commercial execution and targeted pipeline investments; Myovant's position for Myovant's corporate and business development opportunities; potential approvals and commercial launches; Myovant's business strategies, financial condition and trends, competitive position, potential growth opportunities, and expectations or probabilities for success. Forwardlooking statements can be identified by the use of words such as "anticipate," "believe," "can," "continue," "could," "estimate," "expect," "intend," "likely," "may," "might," "objective," "ongoing," "plan," "potential," "predict," "project," "should," "to be," "will," "would," or the negative or plural of these words or other similar expressions or variations, although not all forward-looking statements contain these identifying words. Myovant cannot assure you that the events and circumstances reflected in the forward-looking statements will be achieved or occur and actual results could differ materially from those expressed or implied by these forward-looking statements. Forward-looking statements are subject to a number of risks, uncertainties, assumptions and other factors known and unknown that could cause actual results and the timing of certain events to differ materially from future result expressed or implied by the forward-looking statements. Factors that could cause or contribute to such differences include, but are not limited to, those risks discussed under the heading "Risk Factors" in Myovant's Quarterly Report on Form 10-Q filed on January 26, 2022, as such risk factors may be amended, supplemented or superseded from time to time. These risks are not exhaustive. New risk factors emerge from time to time and it is not possible for its management to predict all risk factors, nor can Myovant assess the impact of all factors on its business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements. These statements are inherently uncertain, and investors are cautioned not to unduly rely upon these statements. Except as required by law, Myovant undertakes no obligation to update any forwardlooking statements to reflect events or circumstances after the date of such statements.



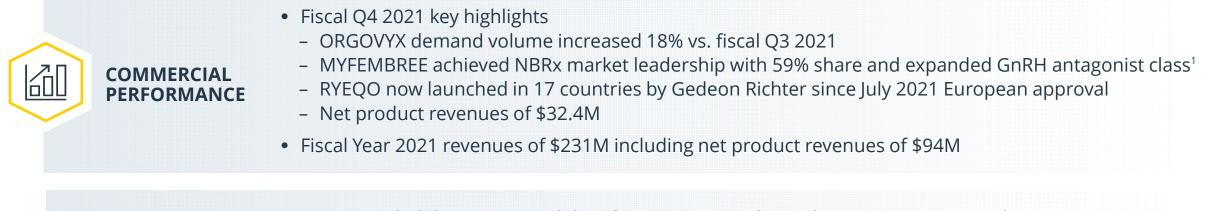
Business Update

Dave Marek Chief Executive Officer

Myovant Sciences, Inc.



Recent Key Developments





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REGULATORY & DEVELOPMENT PROGRESS

- FDA extended the PDUFA goal date for MYFEMBREE for endometriosis-associated pain to August 6, 2022, enabling review of additional analyses of BMD data
- SPIRIT long-term extension study of MYFEMBREE in women with endometriosis demonstrated a consistent efficacy and safety profile through 2 years
- EC approval of ORGOVYX as the first and only oral androgen deprivation therapy for advanced hormone-sensitive prostate cancer in Europe in April 2022



- Entered into exclusive license agreement with Accord Healthcare to commercialize ORGOVYX in Europe; total deal value up to \$140.5M, inclusive of upfront payment of \$50.0M, plus tiered royalties
- Well-capitalized with cash and committed financing of \$475.5M as of March 31, 2022

NBRx = New-to-brand prescription; EC = European Commission; FDA = U.S. Food and Drug Administration; PDUFA = Prescription Drug User Fee Act; BMD = Bone Mineral Density ⁽¹⁾ Among GnRH antagonists FDA-approved for uterine fibroids. Data from Symphony Health.



Accord Healthcare is the Ideal Partner to Commercialize ORGOVYX in Europe

Total Deal Value up to \$140.5M

upfront payment expected in **first fiscal quarter 2022**

UP TO

\$90.5M

\$50.0M

of commercial launch, sales-based and other **milestones**



One of the fastest growing European oncology companies

Over 40 oncology and oncology-related treatments

Commercial infrastructure with access to 95% of European population

ROYALTIES high-teens to mid-twenties

Eligible to receive **tiered royalties** on net sales



Commercial Update

Lauren Merendino Chief Commercial Officer

Myovant Sciences, Inc.



ORGOVYX® Performance Update

ORGOVYX, for adults with advanced prostate cancer. More information including full prescribing information is available at https://www.myovant.com/orgovyx-prescribing-information.pdf

Exiting Fiscal Q4 with Strong Momentum on Multiple Fronts



~14,500 Patients

estimated cumulative patients treated since launch¹

\$83.0 Million

net product revenues recorded in fiscal year 2021

18% Growth

commercial demand volume vs. fiscal Q3 2021²



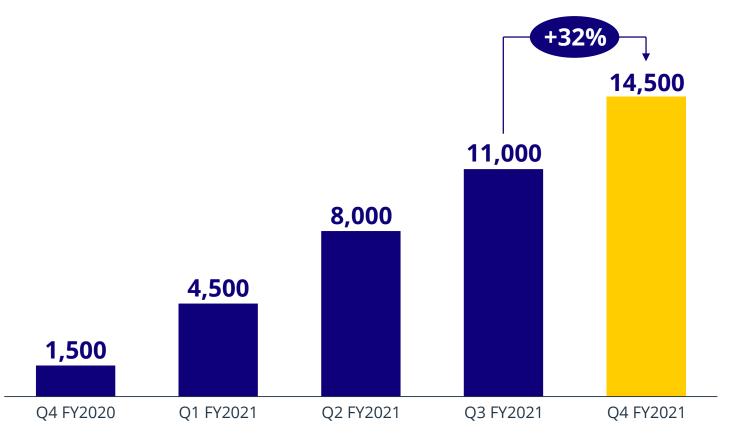
(1) Through March 31, 2022. ORGOVYX was launched on January 3, 2021. Includes patients on free and commercial volumes, excludes patients utilizing product samples.
(2) Account level sales excluding inventory fluctuations at Specialty Distributors and Specialty Pharmacies. Prior quarter growth of 40% referenced ex-factory volume growth.

Significant Growth in New Patient Starts



Estimated Cumulative Patients Treated with ORGOVYX¹

(includes patients on free and commercial drug, excludes patients utilizing product samples)



- 3,500 new patient starts in fiscal Q4
- Wide range of patients receiving ORGOVYX:
 - 60% ADT naïve / 40% ADT transition patients
 - 55% with localized PC²
 - 32% with metastatic PC²
 - 20% receiving combination therapy²

PC = Prostate Cancer; ADT= Androgen Deprivation Therapy

⁽¹⁾ Patient estimates are approximate based on Specialty Pharmacy data extrapolation. Includes patients on free and commercial drug, excludes patients utilizing product samples.

In November 2021 ORGOVYX sampling was initiated and free trial enrollment was discontinued.

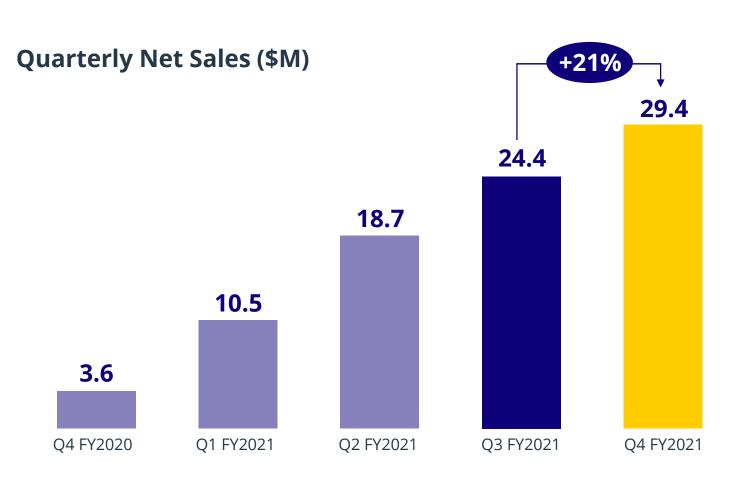


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21% Quarter Over Quarter Net Sales Growth Despite Seasonality of Payer Benefits



- Typical seasonality in patient refill patterns due to annual reset of Part D plan and payer deductibles
- Broad payer coverage established¹:
 - Commercial 82% of lives
 - Medicare Part D 99% of lives
- Leading growth indicators continue to be strong, including:
 - New patient starts
 - Account growth
 - Prescriber satisfaction



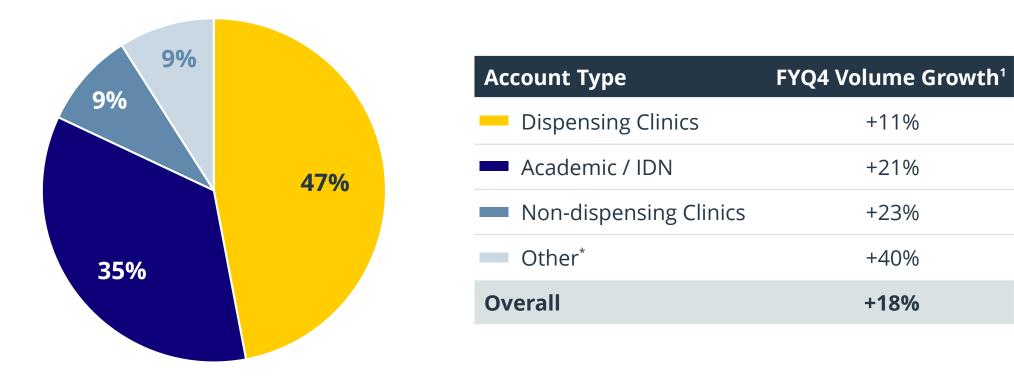
11 VA = Veterans Administration; DoD = U.S. Department of Defense

⁽¹⁾ Percentages of covered lives based on 178 million total Commercial/Exchange lives (including VA and DoD/Tricare) and 47 million total Medicare Part D lives. Source: MMIT March 2022.

Broad Adoption and Strong Growth Across All Treatment Settings



Fiscal Q4 2021 ORGOVYX Commercial Volume and Volume Growth by Account Type





ORGOVYX Differentiated Clinical Profile Leads to High Prescriber Satisfaction

FAST ON: No testosterone surge as seen with other ADTs

PROFOUND T SUPPRESSION: 95% of men achieved T <20 ng/dL¹

SUSTAINED T SUPPRESSION: 97% of men maintained T <50 ng/dL through week 48²

FAST OFF: 55% of men had T return to above the lower limit of the normal range or baseline values within 90 days of discontinuation

SAFETY PROFILE: Hot flash was the most common adverse event observed in 54% of men and incidence of major adverse cardiovascular events was 2.9%

EASY FOR PATIENTS: One-pill, once-a-day

ADT = Androgen Deprivation Therapy; T = Testosterone; HCP = Healthcare Provider, ⁽¹⁾ On day 29. ⁽²⁾ From day 29 through week 48. Full prescribing information for ORGOVYX is available at <u>www.myovant.com/wp-content/uploads/2020/12/NDA-214621-Final-USPlandPl.pdf</u> ⁽³⁾ April 2022 HCP Awareness Trial Usage (ATU) report. **NOT FOR PROMOTIONAL USE.**



ORGOVYX PRESCRIBER SATISFACTION³

73% April 2022



MYFEMBREE® Launch Update

MYFEMBREE has a **BOXED WARNING for THROMBOEMBOLIC DISORDERS AND VASCULAR EVENTS**. More information including full prescribing information is available at https://www.myovant.com/myfembree-prescribing-information.pdf

MYFEMBREE is the #1 Prescribed for New **GnRH Patients and Driving Class Growth**¹



MYFEMBREE now market leader¹

~3,400 **Patients**

cumulative patients treated since launch²

59% **NBRx Share**

of GnRH antagonist therapies FDA-approved for uterine fibroids¹

~137% **Class Growth**

in TRx for GnRH antagonist therapies FDA-approved for uterine fibroids since MYFEMBREE launch³

Fiscal year 2021⁴ net revenues of \$6.4M; fiscal Q4 2021 net revenues of \$2.2M

NBRx = New-to-brand Prescription; GnRH = Gonadotropin-releasing Hormone; TRx = Total Prescription; FDA = U.S. Food & Drug Administration; data through Mar 31, 2022; ⁽¹⁾ In March 2022 for new-to-brand prescriptions among GnRH antagonists FDA-approved for the treatment of uterine fibroids

⁽²⁾ Through March 31, 2022. Includes patients on MYFEMBREE free goods programs and commercial volumes. Excludes patients using product samples

⁽³⁾ 4-week moving average TRx for GnRH antagonists for uterine fibroids since MYFEMBREE launch in June 2021.

⁽⁴⁾ April 1, 2021 through March 31, 2022. MYFEMBREE launch in June 2021.

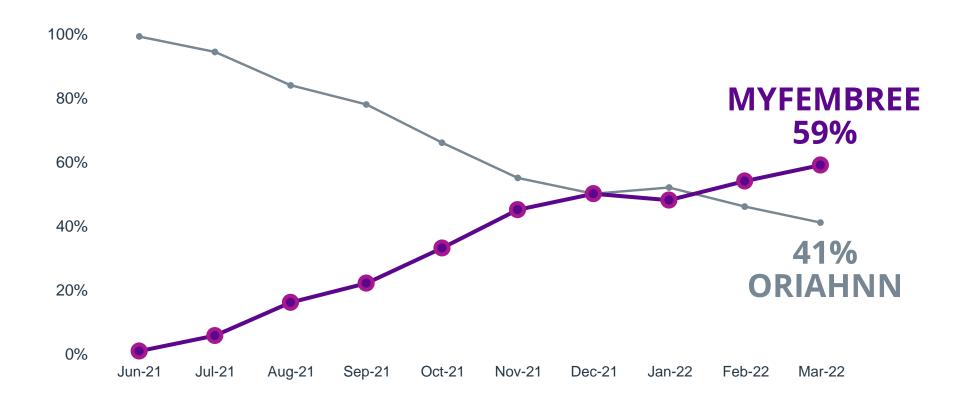
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Market Leader 8-Months After Launch¹ Based on Our Clinical Profile & Commercial Strategy



Monthly NBRx Share Among GnRH Antagonists FDA-Approved for the Treatment of Uterine Fibroids



GnRH = Gonadotropin-releasing Hormone; UF = Uterine Fibroid; NBRx = New-to-brand Prescription; FDA = U.S. Food and Drug Administration; data through Mar-31, 2022 Data from Symphony Health.

(1) In new-to-brand prescriptions among GnRH antagonists FDA-approved for the treatment of uterine fibroids.
ORIAHNN is a registered trademark of AbbVie Inc.



Driving Expansion of the GnRH Antagonist Market¹ for Uterine Fibroids



4-Week Moving Average TRx for GnRH Antagonists for Uterine Fibroids Since MYFEMBREE Launch²

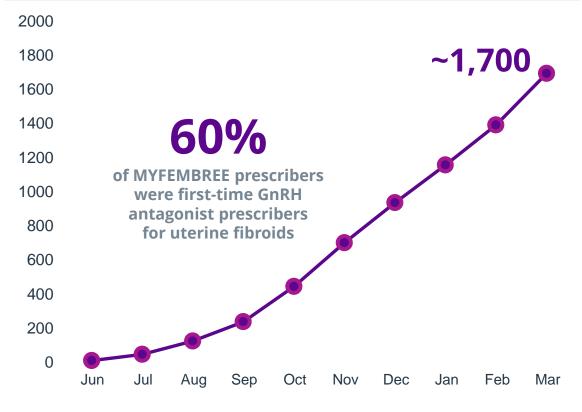


GnRH = Gonadotropin-releasing Hormone; TRx = Total Prescriptions; FDA = U.S. Food and Drug Administration TRx data from Symphony Health, through March 31, 2022.

⁽¹⁾ Among GnRH antagonists FDA-approved for use in uterine fibroids.

⁽²⁾ Incremental growth since June 2021 to December 2021 and March 2022 shown on graph.

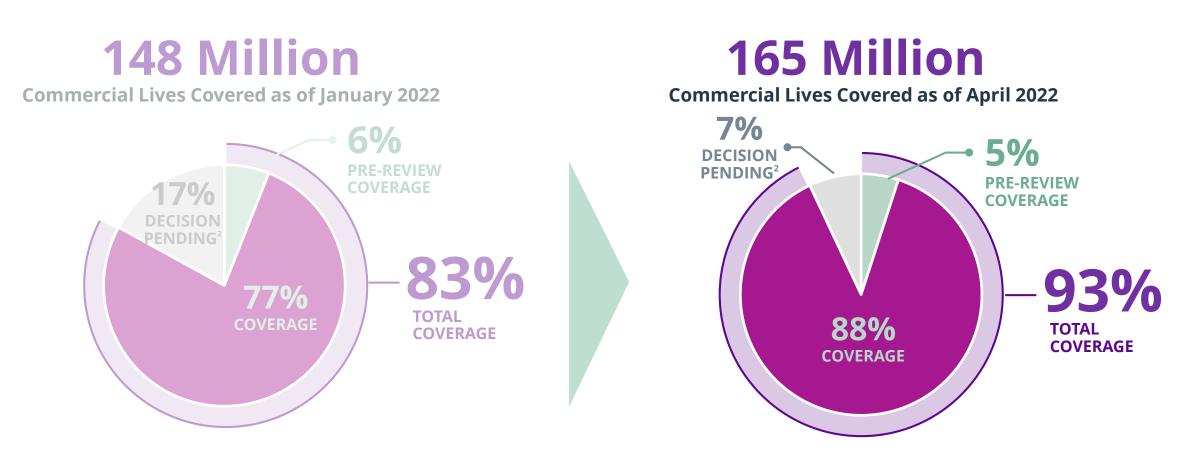
Cumulative Monthly MYFEMBREE Prescribers From Launch Through March 2022





Broad Access Established with 165 Million Commercial Lives Covered¹





VA = Veterans Administration; DoD = U.S. Department of Defense

18 Note: Percentages of covered lives based on 177.8 million total Commercial/Exchange lives, including VA and DoD/Tricare. Source: MMIT March 2022.



⁽²⁾ Coverage can be obtained via medical/formulary exception process.



Differentiated Clinical Profile Driving Intent to Prescribe

SUBSTANTIAL MBL REDUCTION: Average reduction in MBL volume of 83.7%¹

SUSTAINED MBL REDUCTION: Sustained reduction in MBL volume in over 70% of women¹

ANEMIA IMPROVEMENT: Almost half of women with anemia saw hemoglobin improvement

SAFETY PROFILE: Hot flush² observed in less than 11% of women.¹ Mean change in lumbar spine bone mineral density of -0.80% at month 12

EASY FOR PATIENTS: One-pill, once-a-day

MBL = Menstrual Blood Loss; HCP = Healthcare Provider

¹⁾ At 24 weeks.

⁽²⁾ Includes hot flush, hyperhidrosis, or night sweats.

Full prescribing information for MYFEMBREE is available at www.myovant.com/myfembree-prescribing-information.pdf

⁽³⁾ March 2022 HCP Awareness Trial Usage (ATU) report. NOT FOR PROMOTIONAL USE.

HCP AIDED AWARENESS³

91% Mar 2022

HCP INTENT TO PRESCRIBE³

(high and medium priority target prescribers)

87% Mar 2022



Clinical and Regulatory Updates

Juan Camilo Arjona Ferreira, MD Chief Medical Officer

Myovant Sciences, Inc.



FDA Communication on Endometriosis sNDA

- The FDA extended the review period for the supplemental New Drug Application (sNDA) for MYFEMBREE for the management of moderate to severe pain associated with endometriosis
- Additional time required to review additional analyses of bone mineral density data requested by the FDA. No new clinical data was requested by the FDA
- New PDUFA goal date set for August 6, 2022
- We remain confident in the clinical profile of MYFEMBREE and its potential to become a therapeutic option for the management of endometriosis-associated pain
- We will continue to work with FDA to support its ongoing review of the sNDA



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SPIRIT Long-Term Extension Study 2-Year Data



SPIRIT \$

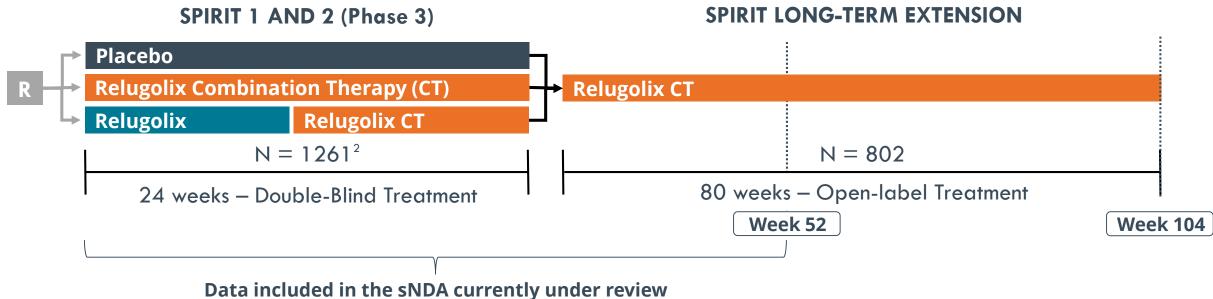
SPIRIT Long-Term Extension Study

Study Population

Women who completed 24 weeks of blinded treatment in SPIRIT 1 or 2 and were eligible and willing to participate in the 80-week long-term extension

Primary endpoints at Week 52 and Week 104 assessed by Numerical Rating Scale (NRS; 0 to 10 scale):

- Proportion of dysmenorrhea (menstrual pain) responders¹
- Proportion of non-menstrual pelvic pain (NMPP) responders¹



Data included in the SNDA currently under re

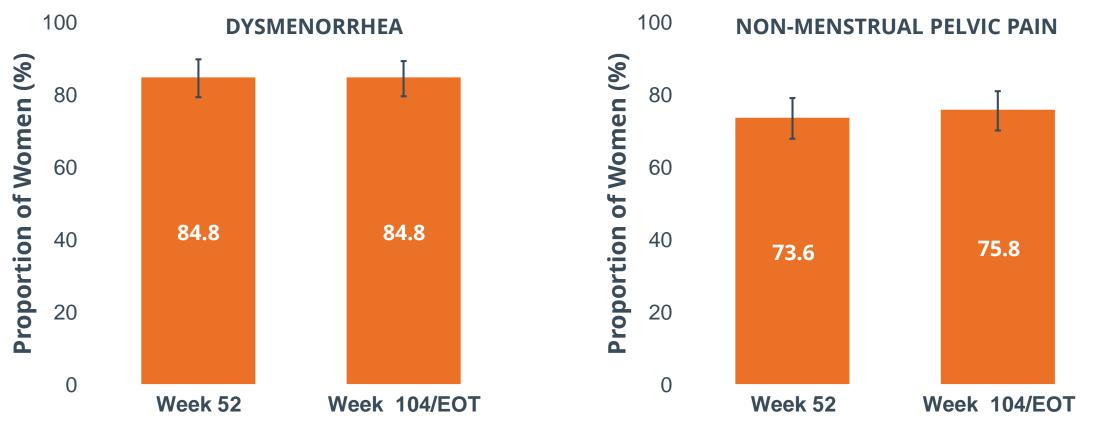
sNDA = supplemental new drug application

(1) Responders were defined as those achieving a mean reduction in NRS scores of ≥ 2.8 points for dysmenorrhea OR ≥ 2.1 points for non-menstrual pelvic pain AND no increase in use of analgesic medications
(2) Number patients randomized SPIRIT 1: 638 patients; SPIRIT 2: 623 patients



SPIRIT Efficacy Maintained Over Two Years in Women Treated With Relugolix Combination Therapy

PROPORTION OF RESPONDERS¹



nd of treatment

24 onders were defined as those achieving a mean reduction in NRS scores of \geq 2.8 points for dysmenorrhea OR \geq 2.1 points for non-menstrual pelvic pain AND no increase in use of analgesic medications





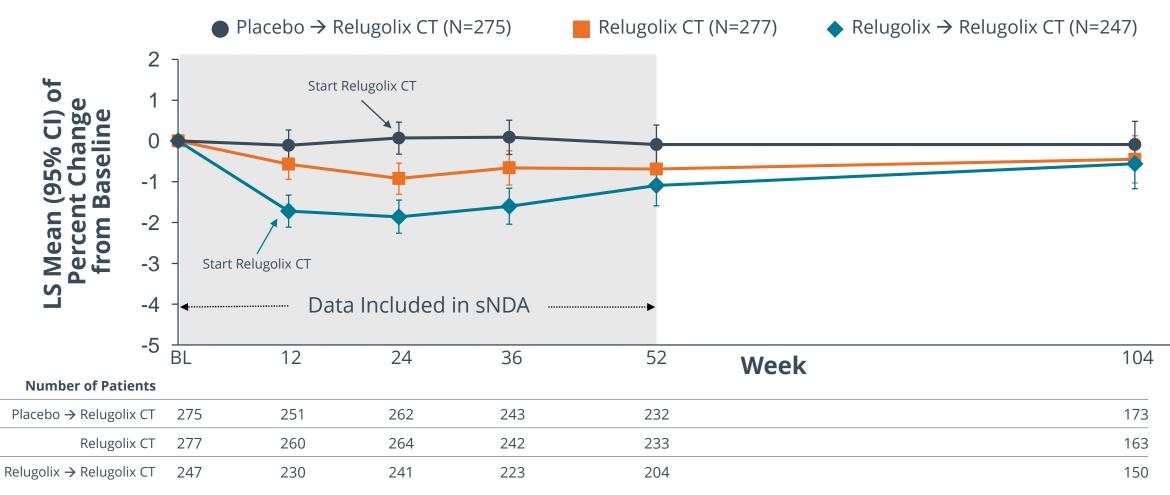
Safety Profile Consistent Over Two Years

No. of Patients With ≥1 AE, n (%)	Placebo → Relugolix CT (N = 275)	Relugolix CT (N = 277)	Relugolix → Relugolix CT (N = 247)		
Any	249 (90.5%)	258 (93.1%)	224 (90.7%)		
Leading to study treatment discontinuation	23 (8.4%)	19 (6.9%)	23 (9.3%)		
Related to study drug	177 (64.4%)	172 (62.1%)	175 (70.9%)		
Serious and related to study drug	4 (1.5%)	1 (0.4%)	2 (0.8%)		
Fatal	0	0	0		
Most Common Adverse Events					
Headache	121 (44.0%)	146 (52.7%)	119 (48.2%)		
Nasopharyngitis	46 (16.7%)	63 (22.7%)	30 (12.1%)		
Hot flush	40 (14.5%)	41 (14.8%)	106 (42.9%)		
Pregnancy	1 (0.4%)	3 (1.1%)	3 (1.2%)		



Bone Mineral Density Stable up to Week 104

Percent Change from Baseline in Bone Mineral Density – Lumbar Spine





SPIRIT

Relugolix CT = Relugolix Combination Therapy; LS = Lumbar Spine; CI = Confidence Interval; sNDA = Supplemental New Drug Application

Financial Review

Uneek Mehra Chief Financial and Business Officer

Myovant Sciences, Inc.



Composition of Total Net Revenues

Unaudited, in millions **Fourth Fiscal Quarter Fiscal Year** 2021 2020 2021 2020 (ended March 31, 2022) (ended March 31, 2021) (ended March 31, 2022) (ended March 31, 2021) **Product revenue, net:** 3.6 29.4 \$ 3.6 \$ 83.0 ORGOVYX S 2.2 6.4 **MYFEMBREE Richter product supply and royalties 0.8** 5.0 3.6 Total product revenue, net 32.4 94.3 3.6 Pfizer collaboration revenue¹ 21.0 25.1 105.0 22.4 License and milestone revenue² 31.7 33.3 57.6 \$ 24.6 \$ \$ 231.0 \$ 59.3 **Total net revenues**

⁽¹⁾ For Fourth Fiscal Quarter 2021 and Fiscal Year 2021, represents partial amortization of the upfront payment (\$21.0 million and \$83.9 million, respectively) and of the regulatory milestone payment associated with the FDA approval of MYFEMBREE in uterine fibroids (\$4.2 million and \$21.1 million, respectively) received from Pfizer pursuant to the Pfizer Collaboration and License Agreement. For Fourth Fiscal Quarter 2020 and Fiscal Year 2020, represents the partial amortization of the upfront payment received from Pfizer.

28 (2) For Fiscal Year 2021, represents the recognition of a \$15.0 million regulatory milestone associated with the European Commission approval of RYEQO for uterine fibroids as well as the recognition of the remaining portion (\$16.7 million) of the upfront and initial regulatory milestone payments received from Gedeon Richter (Richter) pursuant to the Richter Development and Commercialization Agreement. For Fiscal Year 2020 represents the partial recognition of the upfront and initial regulatory milestone payments received from Richter.



Income Statement Highlights

Unaudited, in millions,									
except per share data	I	Fourth Fiscal Quarter			Fiscal Year				
		2021 (ended March 31, 2022)		2020 (ended March 31, 2021)		2021 (ended March 31, 2022)		2020 (ended March 31, 2021)	
Total net revenues	\$	57.6	\$	24.6	\$	231.0	\$	59.3	
Cost of operations:									
Cost of product revenue		3.6		0.3		11.5		0.3	
Collaboration expense to Pfizer		14.1		1.7		40.0		1.7	
Research and development (R&D) ¹		24.5		21.6		107.4		136.7	
Selling, general and administrative (SG&A) ¹		67.2		78.0		259.4		181.4	
Loss from operations		(51.9)		(77.0)		(187.3)		(260.8)	
Net loss	\$	(59.3)	\$	(81.4)	\$	(206.0)	\$	(255.1)	
Net loss per common share ²	\$	(0.63)	\$	(0.89)	\$	(2.22)	\$	(2.83)	

(1) For Fourth Fiscal Quarter 2021 and Fiscal Year 2021, includes \$4.8 million and \$22.9 million, respectively, of non-cash stock-based compensation (SBC) in SG&A expenses, and \$3.8 million and \$16.0 million, respectively, of non-cash SBC in R&D expenses. For Fourth Fiscal Quarter 2020 and Fiscal Year 2020, includes \$28.9 million and \$39.6 million, respectively, of non-cash SBC in SG&A expenses, and \$3.0 million and \$14.0 million, respectively, of non-cash SBC in R&D expenses.



⁽²⁾ Basic and diluted.

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Summary of Cash and Committed Financing							
		March 31, 2022					
Total of cash and marketable securities	\$	434.2					
Financing available from Sumitomo Pharma		41.3					
Total of cash and committed financing from Sumitomo Pharma	\$	475.5					

Strong financial position to fund commercial execution of MYFEMBREE and ORGOVYX and further expand pipeline



Positioned to Deliver on Key Growth Drivers

Delivering for Today

ORGOVYX – further leverage our differentiated clinical profile to drive continued growth across treatment settings

MYFEMBREE – expand on NBRx market leadership while continuing to grow the GnRH antagonist class

Entered into exclusive license agreement with **Accord** to commercialize ORGOVYX in Europe

Strong financial position fuels successful commercial execution and targeted pipeline investments

While Building for Tomorrow

Two-year data from **SPIRIT** extension study to be presented at scientific conference mid 2022¹

Continue to support FDA's ongoing review of the **endometriosis sNDA**; PDUFA August 6, 2022

EMA submission for endometriosis by Gedeon Richter in 2022¹

New Drug Submission to Health Canada for ORGOVYX and MYFEMBREE in 2022¹

ORGOVYX commercial launch in Europe by Accord expected in 2022¹

Details on **new pipeline programs** in FY2022



Q&A Panel

Myovant Sciences, Inc.



Dave Marek Chief Executive Officer **Uneek Mehra** Chief Financial & Business Officer Lauren Merendino Chief Commercial Officer Juan Camilo Arjona Ferreira, MD Chief Medical Officer





Redefining Care. For Women. For Men. For You.

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