MYOVANT SCIENCES

Redefining Care

FOR WOMEN
FOR MEN
FOR YOU

J.P. Morgan Healthcare Conference

Dave Marek

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January 12, 2022

Forward-Looking Statements

This presentation contains forward-looking statements, including without limitation, statements related to: Myovant's expected financial results for the quarter ended December 31, 2021; Myovant's aspiration to redefine care for women and for men; Myovant's expectations regarding the potential benefits and commercial opportunities of its drug products; Myovant's expected upcoming milestones; the expected benefits and success of collaborations with Myovant's collaboration partners; Myovant's corporate development opportunities, the timing and success of Myovant's future clinical data announcement, regulatory filings and potential approvals; and Myovant's business strategies, financial condition and trends, competitive position, potential growth opportunities, and expectations or probabilities for success. Forward-looking 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 results expressed or implied by the forward-looking statements. Factors that could cause or contribute to such differences include, but are not limited to, the anticipated financial results are preliminary and may be adjusted at a later date following the completion of customary quarterly financial reviews and audit procedures and those risks discussed under the heading "Risk Factors" in Myovant Sciences' Quarterly Report on Form 10-Q filed on October 26, 2021, as such risk factors may be amended, supplemented or superseded from time to time.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 forward-looking statements to reflect events or circumstances after the date of such statements.

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Myovant at a Glance

Myovant Sciences (NYSE: **MYOV**) is a commercial-stage biopharmaceutical company focused on the development and commercialization of innovative therapies that redefine care through purpose-driven science, empowering medicines, and transformative advocacy

- Founded: 2016
- Headquarters: Basel, CH and Brisbane, CA
- Employees: 564[1]
- Number of approved products: 2 in U.S. & 1 in EU/UK
- Collaborations with Pfizer, Gedeon Richter, Takeda, Sunovion
- Majority owned by Sumitomo Dainippon Pharma[2]

(1) As of December 31, 2021.
(2) Myovant's majority shareholder is Sumitovant Biopharma Ltd. ("Sumitovant"), a wholly-owned subsidiary of Sumitomo Dainippon Pharma Co., Ltd. ("Sumitomo Dainippon Pharma"). As of September 30, 2021, Sumitovant directly, and Sumitomo Dainippon Pharma indirectly, owned 50,041,181, or approximately 53.8%, of Myovant's outstanding common shares.

Myovant Sciences:

Aspiring for category leadership in women's health and oncology

- ORGOVYX and MYFEMBREE are differentiated therapies with significant growth potential in oncology and women's health, respectively
- Leveraging strategic partnerships to maximize potential of ORGOVYX and MYFEMBREE
- Strong financial position with potential to generate significant future revenues and milestone payments
- Resourcing in place to leverage lifecycle management and business development opportunities
- Track record of clinical and regulatory success
- Seasoned management team coupled with deeply-experienced Board of Directors

Notable 2021[1] Achievements

Commercial & Patient Impact

- **~$65M of net product revenues**[2]
- Over **11K cumulative patients**[3] treated with **ORGOVYX** in first year of launch
- **~1,400 cumulative patients**[3] treated with **MYFEMBREE** from June through November
- **RYEQO** launched by Gedeon Richter in 11 countries since July

Clinical Development

- In **uterine fibroids:**
  - Phase 3 data published in the ***New England Journal of Medicine***
  - Positive two-year LIBERTY **randomized withdrawal study** data
- In **endometriosis**, positive **SPIRIT LTE data** after 1 year
- **SERENE** study initiated to evaluate **contraceptive efficacy**

Regulatory

- **MYFEMBREE approved** by FDA; **RYEQO approved** by EC and MHRA for treatment of uterine fibroids
- **sNDA for endometriosis** accepted for review by FDA; target action date in May 2022
- **MAA for prostate cancer** validated for review by EMA; EC decision expected in mid-2022

EC = European Commission; LTE = Long-term extension; FDA = U.S. Food and Drug Administration; MHRA = Medicines and Healthcare products Regulatory Agency; sNDA = Supplemental New Drug Application; MAA = Marketing Authorisation Application; EMA = European Medicines Agency

(1) Calendar-year 2021.
(2) Based on mid-point of estimated ORGOVYX, MYFEMBREE, and RYEQO net product revenues generated in fiscal Q3 2021 (unaudited) + fiscal Q4 2020 actuals + fiscal Q1-Q2 2021 actuals.
(3) Includes patients on free and commercial volumes. Excludes patients using product samples.

2022 Objectives

Delivering for Today **with Commercial Execution**

- Drive ORGOVYX growth by increasing breadth and depth of HCP adoption & increasing patient engagement
- Accelerate MYFEMBREE uptake in uterine fibroids by building HCP coverage confidence and activating patients
- Launch MYFFEMBREE in endometriosis, if approved

While Building for Tomorrow **through Pipeline Expansion**

- Complete two-year SPIRIT LTE in endometriosis and initiate other relugolix lifecycle studies to strengthen market positioning
- Submit sNDA for two-year randomized withdrawal study in uterine fibroids
- Advance MVT-602 clinical development
- Expand geographically through international partnership for relugolix in oncology & Richter MAA submission in endometriosis
- Explore business development opportunities, focused on urology, oncology, and women's health

HCP = Healthcare provider; LTE = Long-term extension; sNDA = Supplemental New Drug Application; MAA = Marketing Authorisation Application

ORGOVYX®
Launch Update

Prostate Cancer is the 2nd Most Common Cancer Affecting Men[1]

~3M men diagnosed with prostate cancer alive in the U.S.[2]

~300K men in U.S. expected to be treated with ADT in 2022[3]

~100K men in U.S. expected to initiate ADT in 2022[3]

Among associated risk factors, **2 out of 3 men** have cardiovascular disease risk[4,5]

ADT = Androgen deprivation therapy

(1) American Cancer Society.

(2) SEER Incidence Data, 2017.

(3) IQVIA National Sales Perspective data and claims data.

(4) Leong DP, Fradet V, Shayegan B, et al.. Cardiovascular risk in men with prostate cancer: insights from the RADICAL PC Study. J Urol 2020 Jun;203(6):1109-1116.

(5) Other risk factors in prostate cancer include pre-existing diabetes, which has been seen in 18% to 24% of men with prostate cancer at diagnosis, and osteoporosis, which has been seen in 9% to 53% of patients treated with ADT.

Current ADT Standard of Care

Attributes of LHRH Agonist Class


Injectable


Testosterone surge and potential clinical flare


Testosterone suppression only by Day 28


PSA response can take weeks


Delayed testosterone recovery following treatment discontinuation

Required Agonist Class Warnings and Precautions[1]

- Hyperglycemia and Diabetes
- Cardiovascular Diseases: Increased risk of developing myocardial infarction, sudden cardiac death, and stroke

ADTs may prolong the QT/QTc interval

ADT = Androgen deprivation therapy; LHRH = Luteinizing Hormone-Releasing Hormone; PSA = Prostate-specific antigen

(1) FDA Safety Alert: https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-update-ongoing-safety-review-gnrh-agonists-and-notification

ORGOVYX is First and Only Oral Androgen Deprivation Therapy Approved for Advanced Prostate Cancer

ORGOVYX® (relugolix) 120 mg tablets

- Rapid, profound, and sustained testosterone suppression[1]
- MOA does not result in testosterone surge or flare
- Testosterone recovery within 90 days of treatment discontinuation in sub-group analysis[1]
- Low incidence of major adverse cardiovascular events suggested by available safety data[1,2]
- One-pill, once-a-day[3]

ADTs may prolong the QT/QTc interval. Most common adverse reactions (≥ 10%) in patients receiving ORGOVYX were hot flush (54%), musculoskeletal pain (30%), fatigue (26%), constipation (12%), and diarrhea (12%).

ADT = Androgen deprivation therapy; MOA = Mechanism of Action

(1) Full prescribing information for ORGOVYX is available at www.myovant.com/orgovyx-prescribing-information.pdf

(2) Exploratory data regarding cardiovascular events in HERO trial, Shore ND, Saad F, Cookson MS, et al. *Oral relugolix for androgen-deprivation therapy in advanced prostate cancer*. New England Journal of Medicine. 2020 May 29. DOI: 10.1056/NEJMoa2004325

(3) Following initial loading dose of 360 mg (three 120 mg tablets) on first day of treatment.

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Commercial Achievements in Launch Year

~11,000
cumulative patients treated[1]

~$57 Million
net revenues generated[2]

40%
sequential volume growth in fiscal Q3 2021[3]

~1,800
unique treatment centers have prescribed

258M
covered lives across all channels[4]

(1) Includes patients on free and commercial volumes. Excludes patients using product samples.
(2) Through December 31, 2021. Based on mid-point of estimated ORGOVYX net product revenue generated in fiscal Q3 2021 (unaudited).
(3) Compared with fiscal Q2 2021. Fiscal Q3 2021 represents the three months ended December 31, 2021. Fiscal Q2 2021 represents the three months ended September 30, 2021.
(4) As of January 2022. Includes commercial, Medicare Part D, Medicaid, and Veterans Administration/Department of Defense lives.

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Significant Long-Term Opportunity for ORGOVYX

Key factors expected to drive commercial opportunity:

- Compelling product profile continues to drive robust sequential volume growth
- Broad payer coverage established with potential to further improve
- Leverage lifecycle opportunities to further strengthen ADT market position
- 2 out of 3 prostate cancer patients prefer an oral treatment vs. an injectable alternative[2]

ADT = Androgen deprivation therapy
(1) IQVIA National Sales Perspective data.
(2) April 2021 Awareness Trial Usage (ATU) report.

MYFEMBREE®
Launch Update

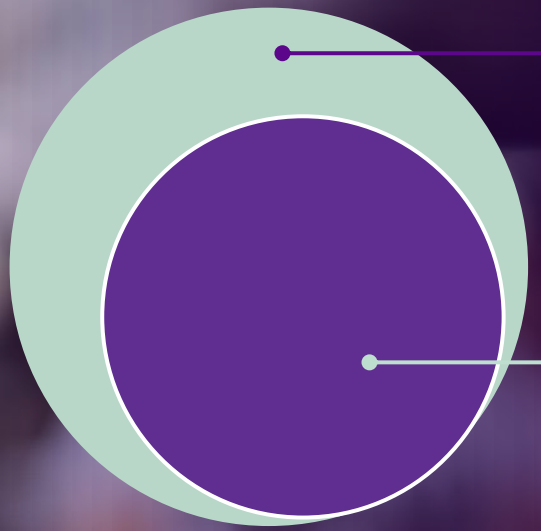
MYFEMBREE has a **BOXED WARNING for THROMBOEMBOLIC DISORDERS AND VASCULAR EVENTS**. More information including full prescribing information is available at whttps://www.myovant.com/wp-content/uploads/2021/05/Approved-MYFEMBREE-PI-and-PPI_26May2021.pdf.

High Unmet Need for Women with Uterine Fibroids

Medical options have been insufficient for many providers who desire[4]:

- Meaningful symptom reduction, primarily heavy menstrual bleeding
- Minimal side effects
- Easy, convenient dosing

OF THE 19 MILLION U.S. WOMEN AGED 15-49[1,2]



5M
Women seek treatment for their symptoms

3M
Women failed by initial treatment

Hysterectomies for uterine fibroids in the U.S. each year[3]

250,000

(1) Stewart. Uterine Fibroids. *New England Journal of Medicine*. 2015;372(17):1646-1655.
(2) Marjoribanks, et al. Surgery versus medical therapy for heavy menstrual bleeding. *Cochrane Database Syst Rev*. 2006;19(2):CD003855.
(3) Wright et al. "Nationwide Trends in the Performance of Inpatient Hysterectomy in the United States." *Obstet Gynecol*. 2013. 122:233-241.
(4) GYN Segmentation Research, Q2 2020: N = 405 OB/GYNs.

MYFEMBREE has Potential to Redefine Care for Women with Uterine Fibroids

Myfembree®
(relugolix, estradiol, and norethindrone acetate) tablets
40 mg, 1 mg, 0.5 mg

- Sustained reduction in menstrual blood loss (MBL) volume in over 70% of women[1]
- Average reduction in MBL volume of 83.7%[1]
- Hot flush observed in less than 11%[2] of women[1]
- Bone loss: mean change in lumbar spine bone mineral density of -0.80% at month 12
- One-pill, once-a-day

Adverse reactions occurring in at least 3% of women treated at a greater incidence than placebo were hot flush (10.6%), abnormal uterine bleeding (6.3%), alopecia (3.5%), and decreased libido (3.1%)

(1) At 24 weeks.
(2) Includes hot flush, hyperhidrosis, or night sweats.
Full prescribing information for MYFEMBREE, including **BOXED WARNING for THROMBOEMBOLIC DISORDERS AND VASCULAR EVENTS** is available at https://www.myovant.com/wp-content/uploads/2021/05/Approved-MYFEMBREE-PI-and-PPI_26May2021.pdf.
NOT FOR PROMOTIONAL USE.

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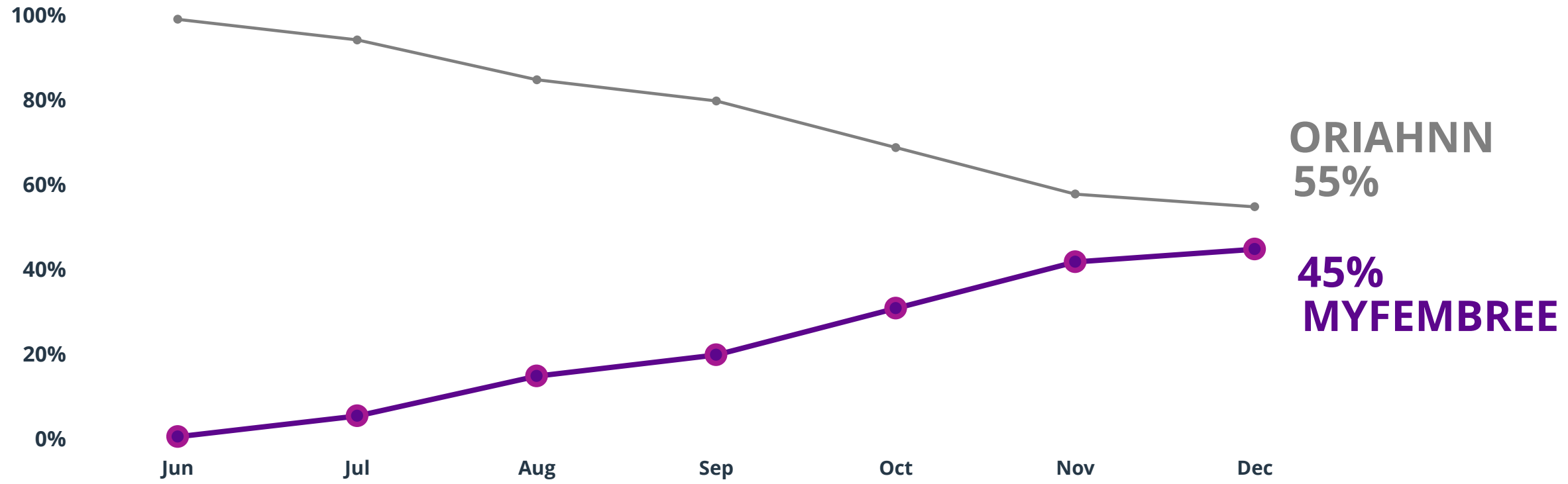
MYFEMBREE Rapidly Capturing Significant New-to-Brand Prescription Share Since Launch…

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



NBRx = New-to-brand prescription; GnRH = Gonadotropin-releasing hormone; FDA = U.S. Food and Drug Administration
Data from Symphony Health.
ORIAHNN is a registered trademark of Abbvie Inc.

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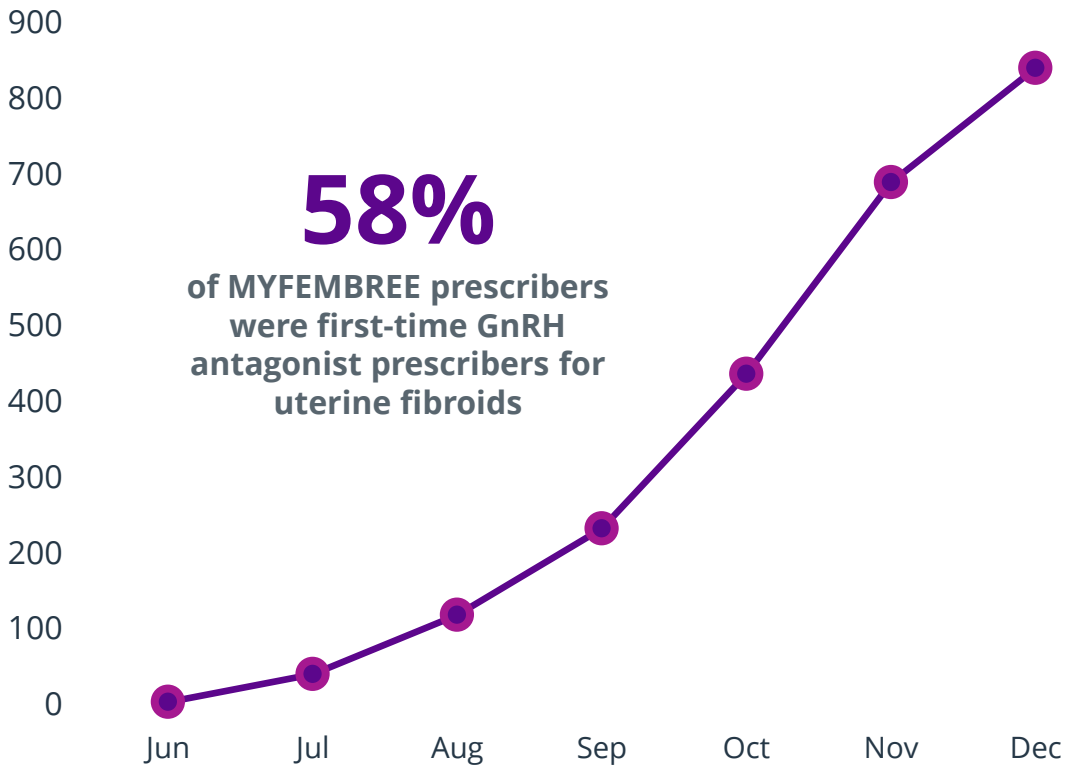
…While Growing the GnRH Antagonist Market[1] for Uterine Fibroids

Cumulative Monthly MYFEMBREE Prescribers Since Launch



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

GnRH = Gonadotropin-releasing hormone; TRx = Total prescriptions; FDA = U.S. Food and Drug Administration
TRx data from Symphony Health.
(1) Among GnRH antagonists FDA-approved for use in uterine fibroids.

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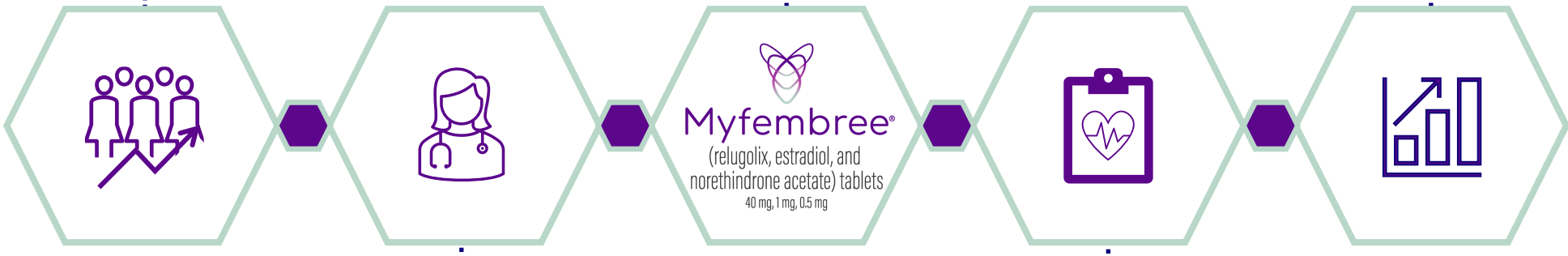
Commercial Achievements Since Launch

~1,400
cumulative patients treated through Nov[1]

~$4 Million
net revenues generated[2]

45%
new-to-brand prescription share[3]



800+
unique prescribers

83%
commercial lives covered[4]

(1) Through November 30, 2021. Includes patients on free and commercial volumes. Excludes patients using product samples.
(2) Through December 31, 2021. Based on mid-point of estimated MYFEMBREE net product revenue generated in fiscal Q3 2021 (unaudited).
(3) New-to-brand prescription (NBRx) share as of December 2021 among GnRH antagonist therapies FDA-approved for the treatment of uterine fibroids.
(4) As of January 2022. Includes commercial and Veterans Administration/Department of Defense lives. Percentage based on 177.8 million total Commercial/Exchange lives as of December 2021.

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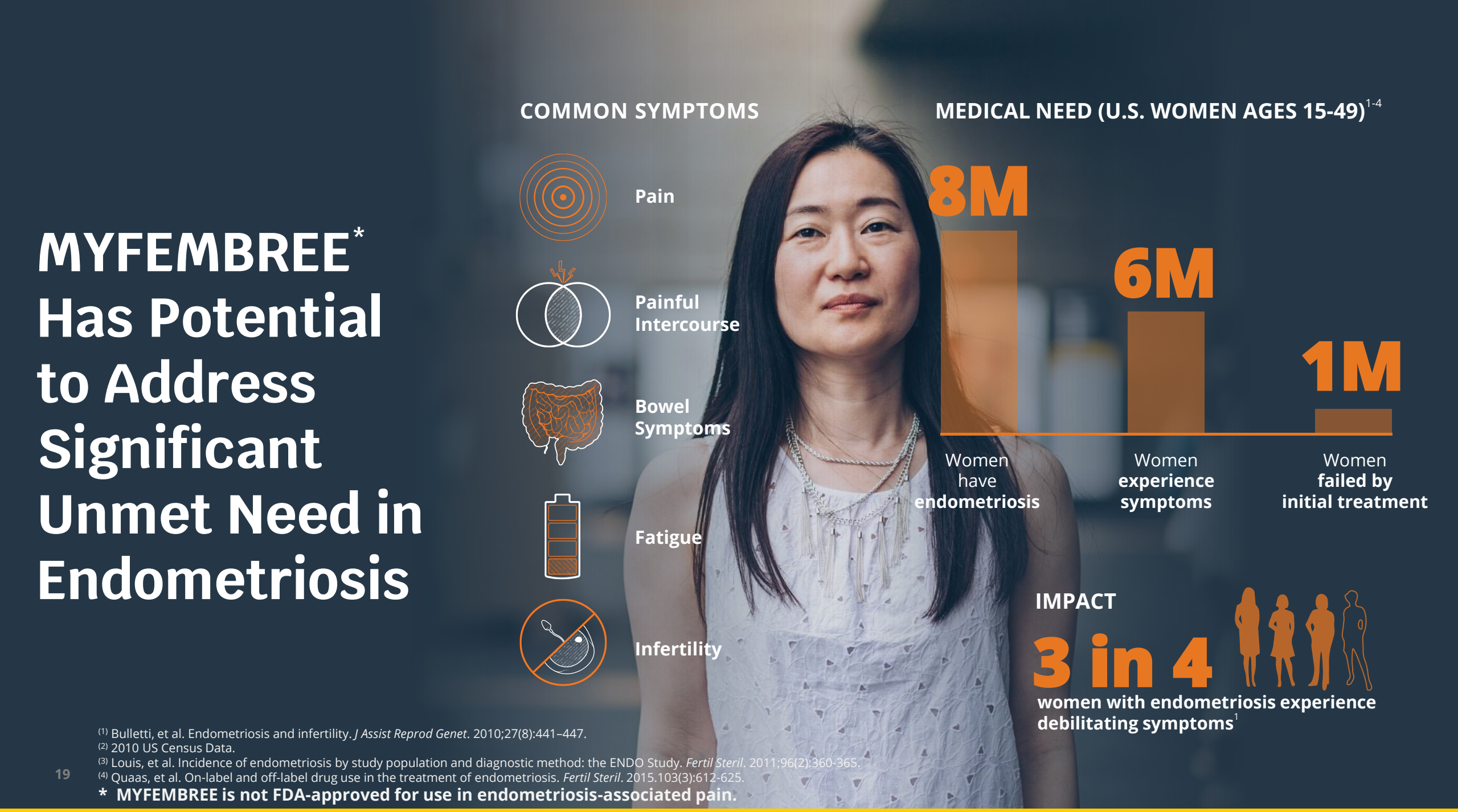
MYFEMBREE* Has Potential to Address Significant Unmet Need in Endometriosis



COMMON SYMPTOMS

- Pain
- Painful Intercourse
- Bowel Symptoms
- Fatigue
- Infertility

MEDICAL NEED (U.S. WOMEN AGES 15-49)[1-4]

IMPACT

3 in 4 women with endometriosis experience debilitating symptoms[1]

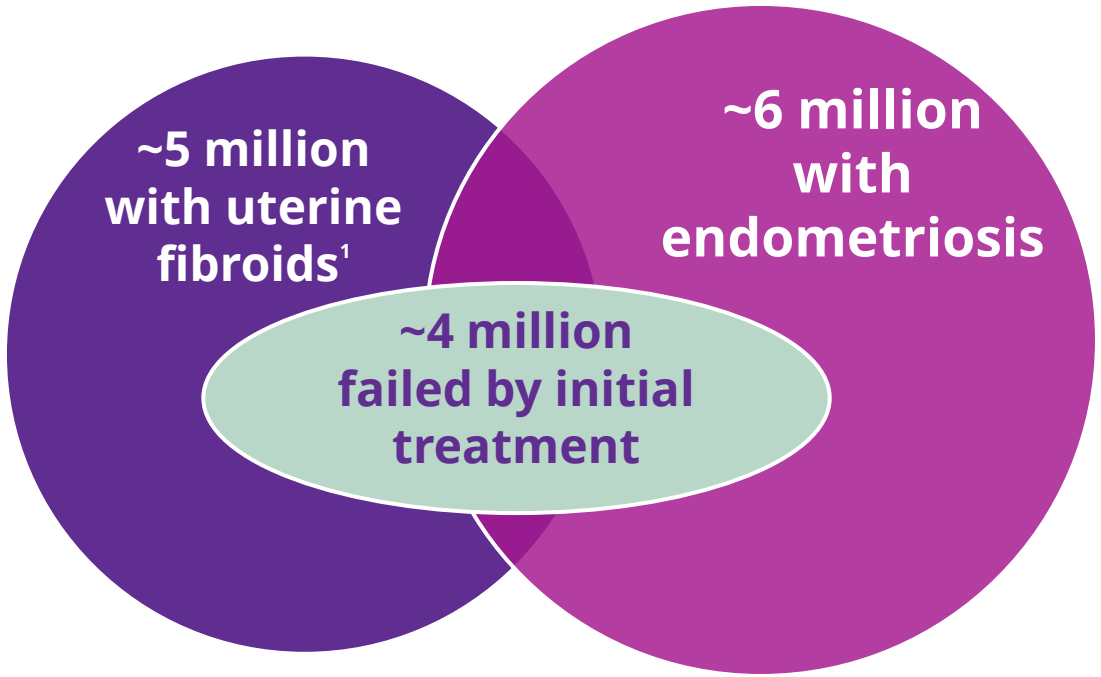
(1) Bulletti, et al. Endometriosis and infertility. *J Assist Reprod Genet*. 2010;27(8):441–447.
(2) 2010 US Census Data.
(3) Louis, et al. Incidence of endometriosis by study population and diagnostic method: the ENDO Study. *Fertil Steril*. 2011;96(2):360-365.
(4) Quaas, et al. On-label and off-label drug use in the treatment of endometriosis. *Fertil Steril*. 2015.103(3):612-625.

*** MYFEMBREE is not FDA-approved for use in endometriosis-associated pain.**

Women's Health Commercial Opportunity Driven by Ability to Unlock Large Patient Populations

U.S. WOMEN AGED 15-49 WITH SYMPTOMS:

Illustrative



Key factors expected to drive significant commercial opportunity:

- Strong clinical profile for MYFEMBREE, aligned to prescriber and patient needs
- Patient preference for medical options vs. surgery
- Shared physician-patient decision-making per revised ACOG guidelines
- Improve patient education and access to effective care
- Establish payor coverage that minimizes patient out-of-pocket costs and other hurdles to adoption

ACOG = American College of Obstetricians and Gynecologists

(1) Represents uterine fibroid patients that are symptomatic and seeking treatment for their condition.

*** MYFEMBREE is not FDA-approved for use in endometriosis-associated pain.**

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Myovant Well-Positioned for Strong Commercial Execution and Sustainable Growth

ORGOVYX positioned to become the androgen deprivation therapy standard of care over time

MYFEMBREE has potential to transform multiple hormone-driven diseases in large populations in women's health

Plan to expand pipeline of potential medicines

Strong financial position with $527.8 million of cash, cash equivalents and marketable securities[1] to support U.S. launch activities and pipeline expansion

Expected Upcoming Milestones

MYFEMBREE FDA submission of LIBERTY randomized withdrawal study results, including 2-year BMD data

Two-year data from SPIRIT program in endometriosis

FDA decision on endometriosis sNDA filing by May 6, 2022

European Commission decision on advanced prostate cancer filing in mid-2022

MAA submission for endometriosis[2]

FDA = U.S. Food and Drug Administration; BMD = Bone mineral density; sNDA = Supplemental New Drug Application; MAA = Marketing Authorisation Application

(1) Estimated as of December 31, 2021 (unaudited).

(2) Richter to complete MAA submission.

J.P. Morgan Fireside Chat Panel

Myovant Sciences, Inc.

Dave Marek
Chief Executive Officer

Uneek Mehra
Chief Financial & Business Officer

Lauren Merendino
Chief Commercial Officer

Juan Camilo Arjona, MD
Chief Medical Officer

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