Top-Line Results:

- Phase 3 Endometriosis SPIRIT 2 Study
- Ovulation Inhibition Study

April 22, 2020

MYOVANT SCIENCES

Redefining Care

Forward-looking Statements

This presentation contains forward-looking statements, including without limitation, statements related to: statements and quotes regarding Myovant Sciences' aspirations to become the leading healthcare company focused on redefining care for women's health and prostate cancer; statements summarizing and characterizing data from the SPIRIT 2 and ovulation inhibition studies; the expected timing of results from the second Phase 3 study in endometriosis (SPIRIT 1); Myovant's vision of a one dose, one pill, once a day treatment that balances clinically meaningful symptom relief with a well-tolerated safety profile for women suffering from endometriosis and uterine fibroids; the estimated market size for endometriosis and commercial potential for relugolix combination tablet for the treatment of women with endometriosis; the timing and success of Myovant's regulatory filings and potential approvals; Myovant's business strategies, financial condition and trends, competitive position, potential growth opportunities, the effects of competition and expectations or probabilities for success. Forward-looking statements can be identified by "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, risks relating to those discussed under the heading "Risk Factors" in Myovant Sciences' Quarterly Report on Form 10-Q filed on February 10, 2020, and other filings that Myovant makes with the SEC 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.

Top-Line Results:

- Phase 3 Endometriosis SPIRIT 2 Study
- Ovulation Inhibition Study

April 22, 2020

MYOVANT SCIENCES

Redefining Care

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

- Phase 3 LIBERTY 1 Study in Uterine Fibroids
- Phase 3 LIBERTY 2 Study in Uterine Fibroids
- Phase 3 HERO Study in Prostate Cancer
- NDA Submission in Prostate Cancer

“It feels like I’m constantly being stabbed on the inside… I don’t want to move, because every time I move it feels like my insides are ripping themselves apart.”

Redefining **care for women.**

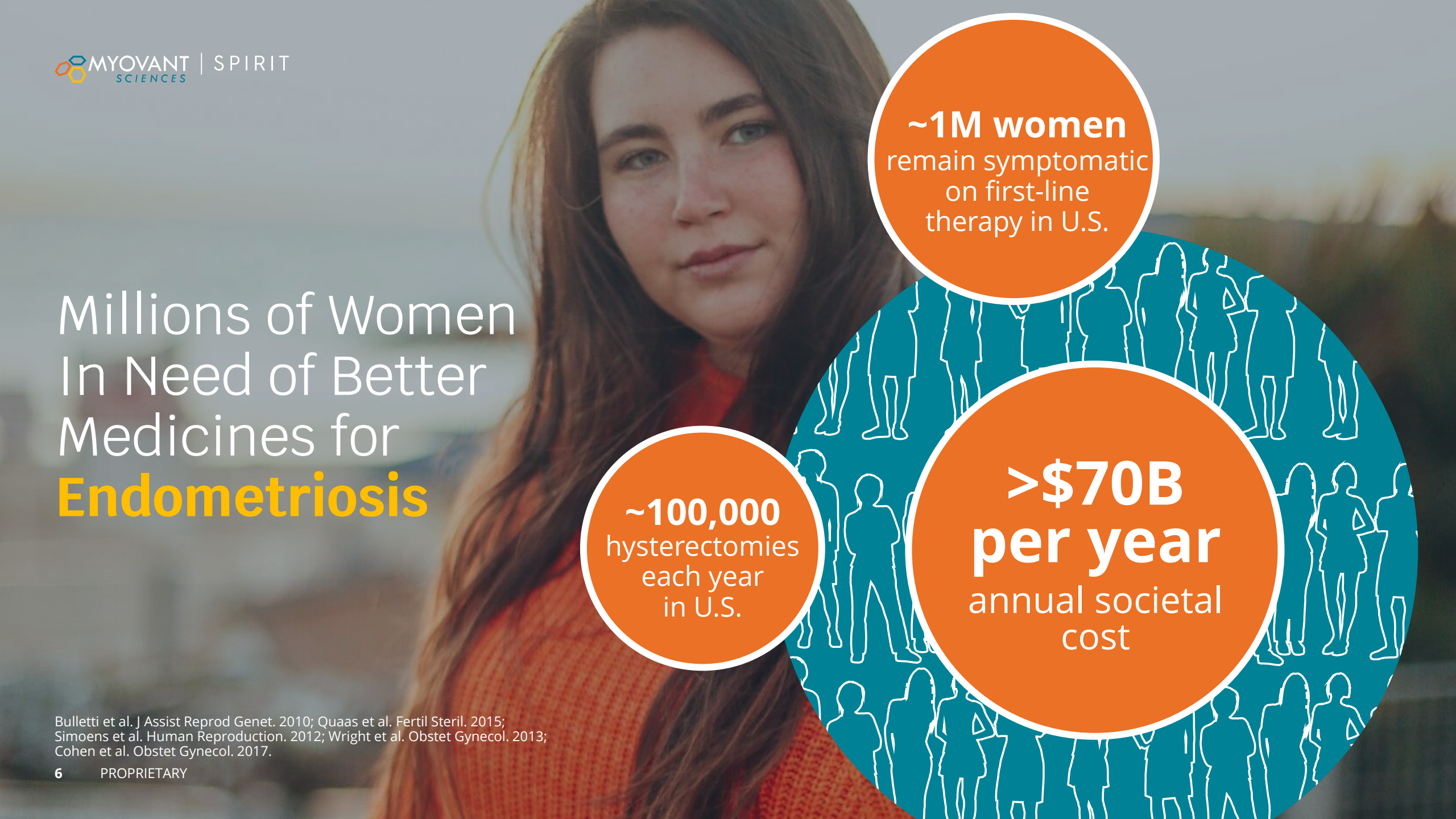
“When I am in pain, I want to either stay at home on a couch or stay in bed and don’t really want to be around anybody.”

MVT-601-038 Humanistic Burden Findings.

MYOVANT SCIENCES | SPIRIT

MYOVANT SCIENCES | SPIRIT

Millions of Women In Need of Better Medicines for **Endometriosis**



Bulletti et al. J Assist Reprod Genet. 2010; Quaas et al. Fertil Steril. 2015; Simoens et al. Human Reproduction. 2012; Wright et al. Obstet Gynecol. 2013; Cohen et al. Obstet Gynecol. 2017.

A Clearly Defined Gap in Treatment in Endometriosis

HIGHER ESTROGEN

Contraceptives

GnRH Antagonist Monotherapy
Low Dose

TARGET

LOWER ESTROGEN

GnRH Antagonists Monotherapy
High Dose

GnRH Agonists

INCOMPLETE SYMPTOM RELIEF

- Menstrual pain
- Non-menstrual pelvic pain
- Painful intercourse

TREATMENT-INDUCED SIDE EFFECTS

- Bone loss
- Hot flashes

Relugolix Combination Vision

Intentionally Designed to Fill Treatment Gap

HIGHER ESTROGEN

Contraceptives

GnRH Antagonist Monotherapy Low Dose

INCOMPLETE SYMPTOM RELIEF

- Menstrual pain
- Non-menstrual pelvic pain
- Painful intercourse

TARGET

RELUGOLIX COMBINATION VISION

- **Reduction in pain**
- **Well-tolerated with bone health maintained**
- **One dose, one pill, once a day**

LOWER ESTROGEN

GnRH Antagonist Monotherapy High Dose

GnRH Agonists

TREATMENT-INDUCED SIDE EFFECTS

- Bone loss
- Hot flashes

***Relugolix is an investigational drug that has not been FDA approved for use; these are aspirational statements**

MYOVANT SCIENCES | SPIRIT

Positive Study Results

SPIRIT 2 STUDY

- **Co-primary endpoints achieved with significant pain reduction (p<0.0001)**
  - Dysmenorrhea responders: **75.2%**
  - Non-menstrual pelvic pain responders: **66.0%**
- **75.1% reduction on NRS for menstrual pain from 7.2 (severe) to 1.7 (mild)**
- **Six key secondary endpoints achieved**
- **Generally well-tolerated including minimal bone mineral density loss**

OVULATION INHIBITION STUDY

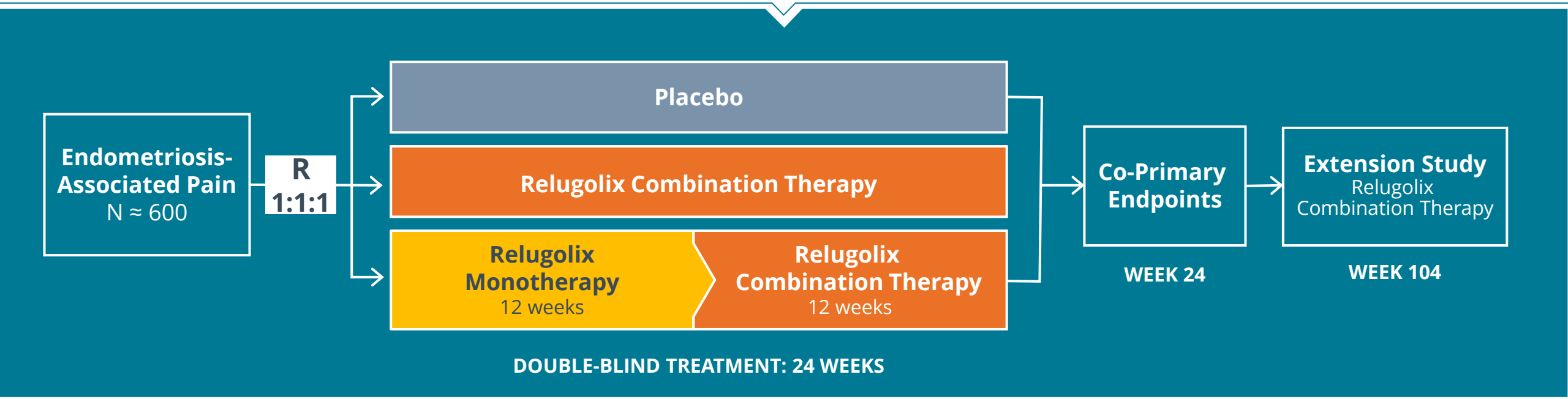
- **100% ovulation inhibition & 100% return to ovulation or menses**

NRS = Numerical Rating Scale

Phase 3 Study Design – SPIRIT 2

Inclusion Criteria
Moderate-to-severe pain in women with a surgical diagnosis of endometriosis in the last 10 years

Co-Primary Endpoints
Proportion of women with a clinically-meaningful reduction in dysmenorrhea (menstrual pain) and non-menstrual pelvic pain as assessed using the Numerical Rating Scale (NRS)



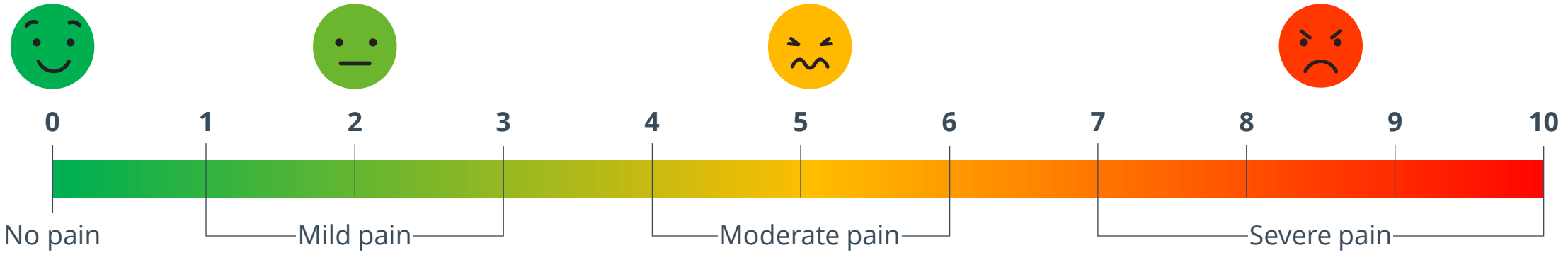
Relugolix Combination Therapy = relugolix 40 mg + estradiol 1.0 mg and norethindrone acetate 0.5 mg

Primary Endpoint Assessment

Numerical Rating Scale by Daily Electronic Diary

Primary Endpoint #1	Primary Endpoint #2
Clinically-meaningful reduction in **dysmenorrhea score**	Clinically-meaningful reduction in **non-menstrual pelvic pain score**

Numerical Rating Scale (NRS)



Description is illustrative; face icons not part of instrument. Women selected individual integers in SPIRIT 2.

Baseline Demographics Balanced Across Groups

SPIRIT 2 Demographics	Placebo (N = 204)	Relugolix Combination Therapy (N = 206)	Relugolix → Relugolix Combination Therapy (N = 206)
Age (Median, Range In Years)	34 (18-50)	34 (20-49)	34 (18-49)
Geographic Region (Number, %)			
North America	49 (24%)	50 (24%)	50 (24%)
Rest Of World	155 (76%)	156 (76%)	156 (76%)
Race (Number, %)			
White	183 (90%)	186 (90%)	188 (91%)
Black	12 (6%)	14 (7%)	10 (5%)
Other	9 (4%)	6 (3%)	8 (4%)
Body Mass Index (Mean, SD In kg/m^2)	25.8 (6.0)	26.1 (6.5)	26.2 (5.9)

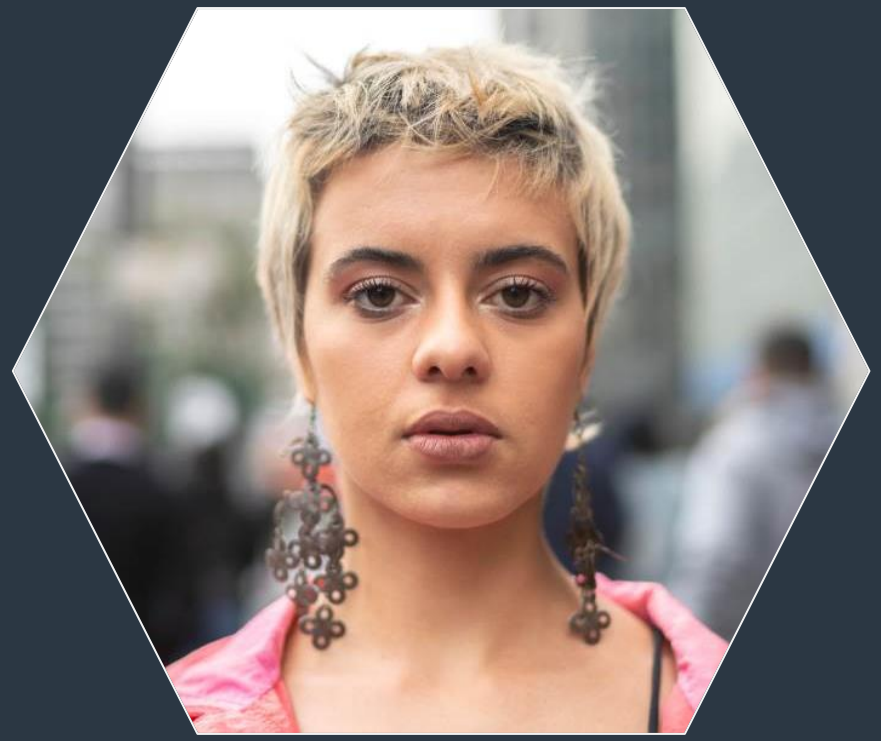
SD = standard deviation

Baseline Characteristics Balanced Across Groups

SPIRIT 2 Characteristics	Placebo (N = 204)	Relugolix Combination Therapy (N = 206)	Relugolix → Relugolix Combination Therapy (N = 206)
Time Since Surgical Diagnosis (Mean, SD in Years)	3.8 (3.0)	4.1 (3.5)	4.2 (3.5)
Dysmenorrhea NRS score (Mean, SD)	7.0 (1.6)	7.1 (1.6)	6.9 (1.5)
Non-Menstrual Pelvic Pain NRS Score (Mean, SD)	5.5 (1.9)	5.8 (1.9)	5.5 (1.9)
EHP-30 Pain domain (Mean, SD)	55.0 (16.2)	56.2 (17.1)	55.5 (15.2)

NRS = Numerical Rating Scale. EHP-30 = Endometriosis Health Profile-30, ranges 0-100 with 100 = incapacitation.

Before Treatment: Women in SPIRIT 2



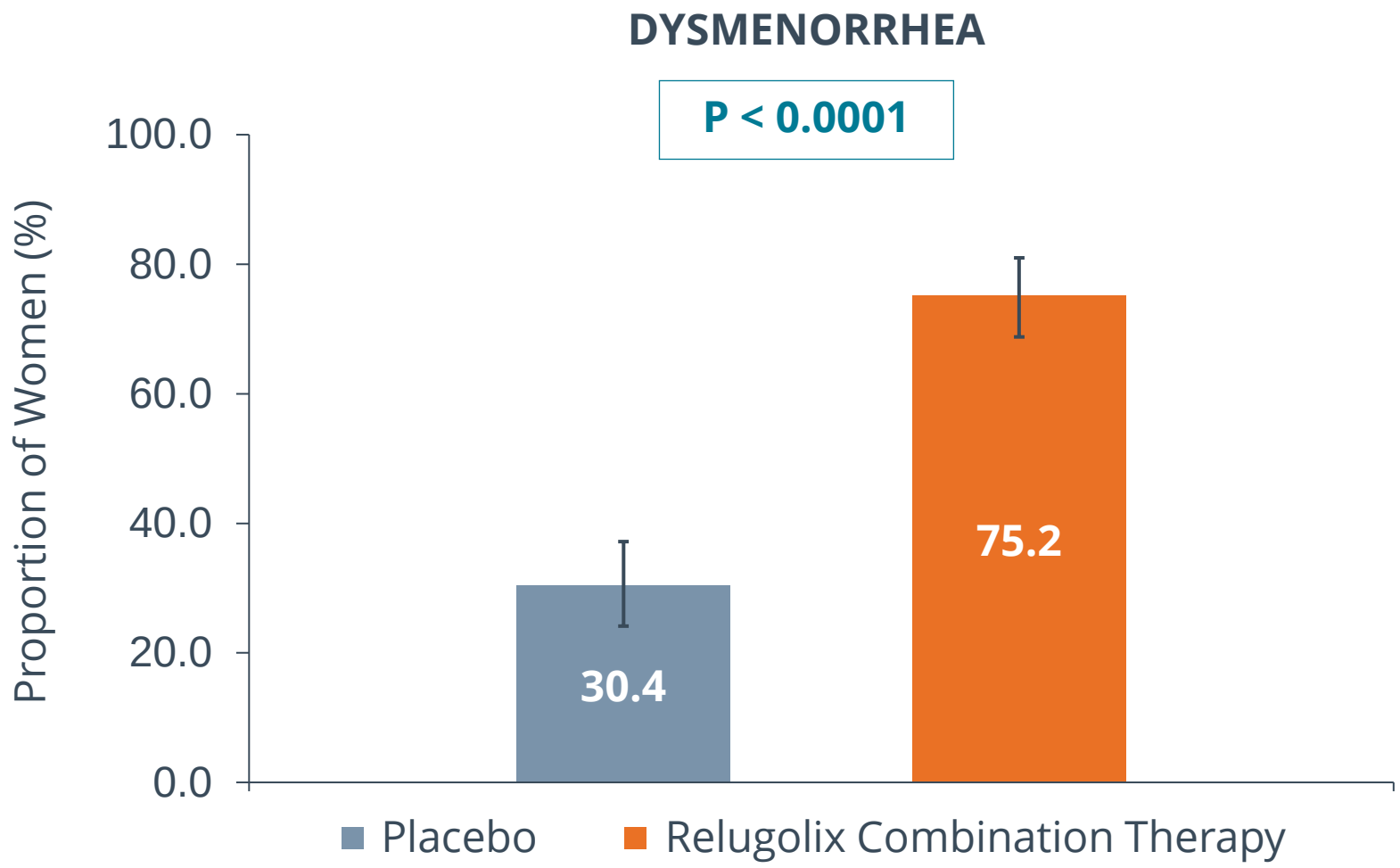
54% of women had severe dysmenorrhea on the NRS (≥7)

48% of women taking opioids

92% of women reported moderate, significant, or very significant impact on their daily activities

NRS = Numerical Rating Score

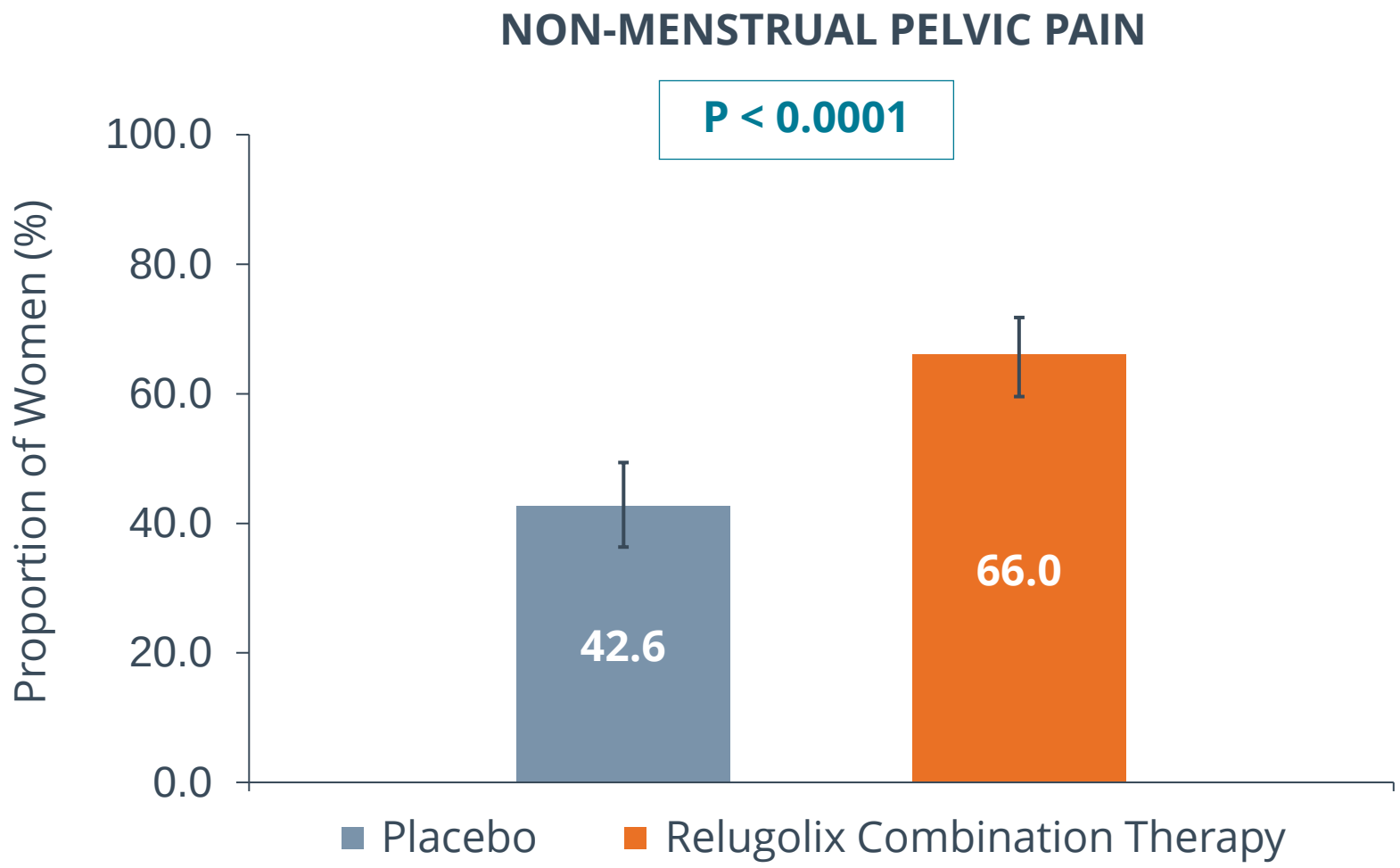
SPIRIT 2: Achieved Co-Primary Endpoints



Error bars denote 95% confidence interval

Relugolix Combination Therapy = relugolix 40 mg + estradiol 1.0 mg and norethindrone acetate 0.5 mg

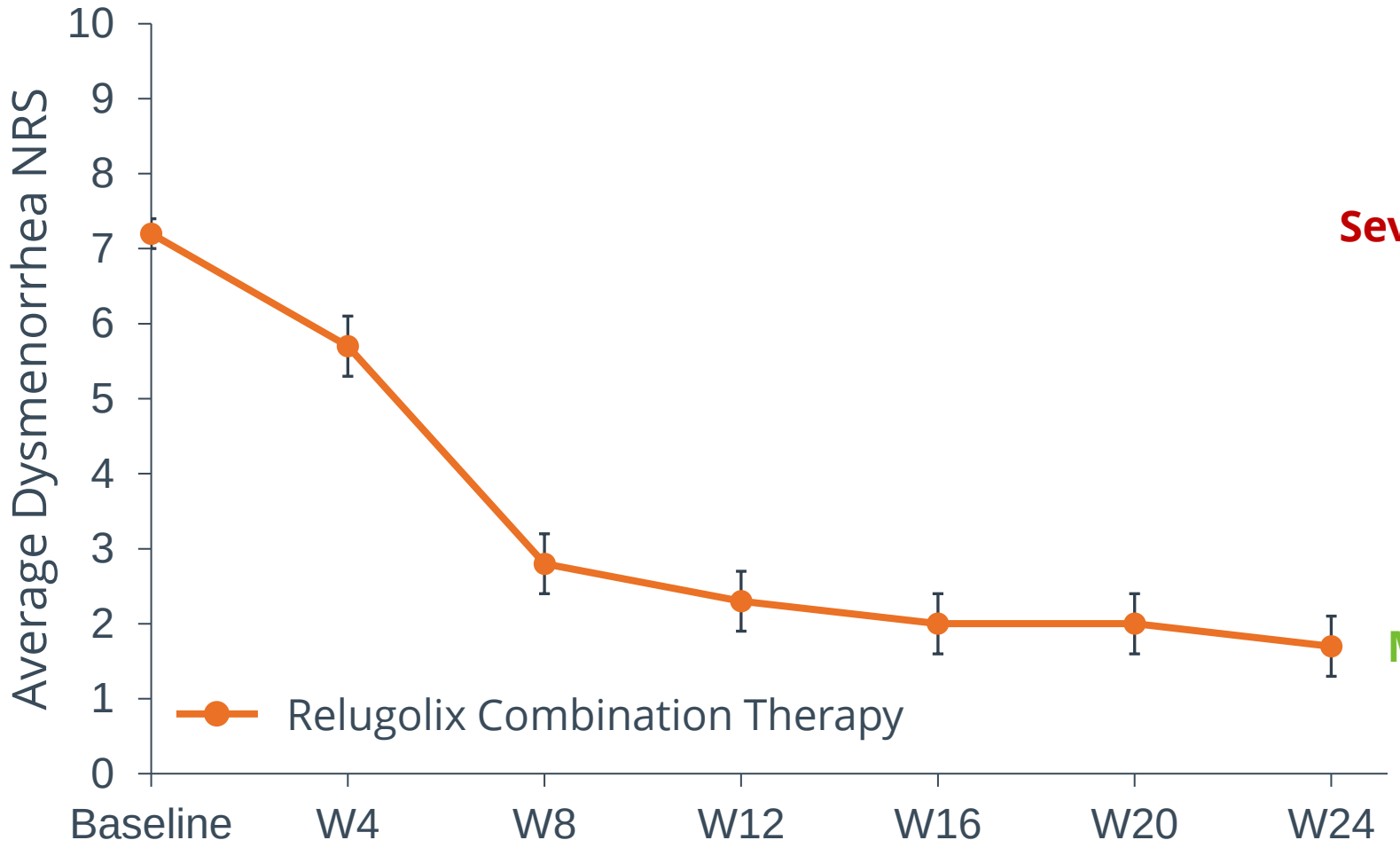
SPIRIT 2: Achieved Co-Primary Endpoints



Error bars denote 95% confidence interval

Relugolix Combination Therapy = relugolix 40 mg + estradiol 1.0 mg and norethindrone acetate 0.5 mg

Average Menstrual Pain NRS Score Through Week 24



Severe 7.2

Relugolix combination therapy showed **75.1%** reduction from baseline

Mild 1.7

Error bars denote 95% confidence interval. NRS = Numerical Rating Scale.

Relugolix Combination Therapy = relugolix 40 mg + estradiol 1.0 mg and norethindrone acetate 0.5 mg

MYOVANT SCIENCES

Six Key Secondary Endpoints Achieved

Key Secondary Endpoints (SPIRIT 2)		p-value
Reduction in Menstrual Pain	Change in dysmenorrhea NRS from baseline to Week 24	**p < 0.0001**
Reduction in Overall Pelvic Pain	Change in pelvic pain NRS from baseline to Week 24	
Improvement in Daily Activities	Change in EHP-30 Pain Domain from baseline to Week 24	
Reduction in Opioid Use	Proportion of women not using opioids for endometriosis-associated pain at Week 24	
Reduction in Non-menstrual Pelvic Pain	Change in non-menstrual pelvic pain NRS from baseline to Week 24	**P = 0.0012**
Reduction in Pain During Intercourse	Change in dyspareunia NRS from baseline to Week 24	**p = 0.0489**
Reduction in Analgesic Use	Change in analgesic use from baseline to Week 24	**p = 0.114***

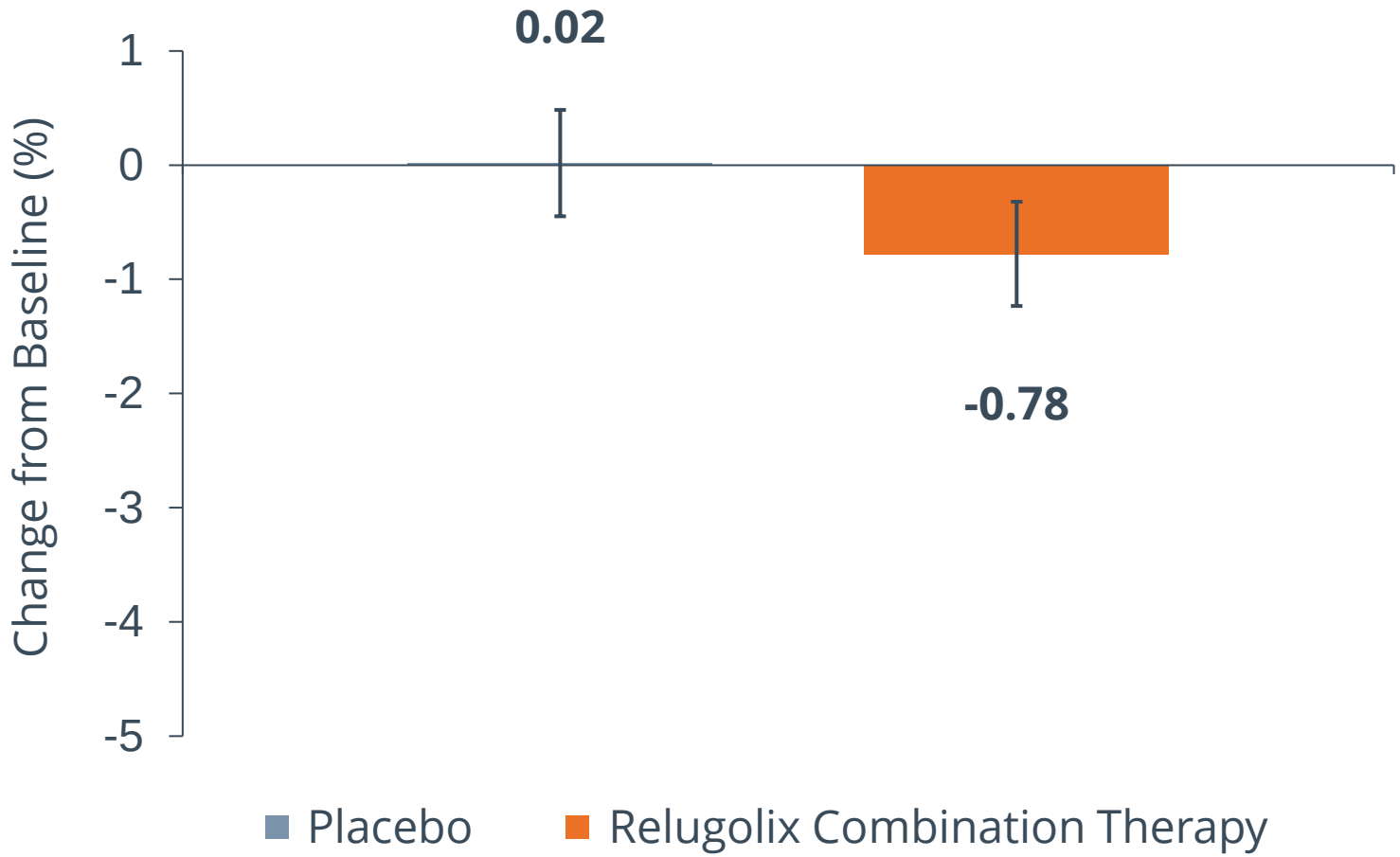
NRS = Numerical Rating Scale. * = not statistically significant.

Summary of Adverse Events

Number (%) of Women	Placebo (N = 204)	Relugolix Combination Therapy (N = 206)	Relugolix → Relugolix Combination Therapy (N = 206)
At least one adverse event	153 (75.0%)	166 (80.6%)	168 (81.6%)
Adverse event leading to study discontinuation	8 (3.9%)	11 (5.3%)	15 (7.3%)
Serious adverse event related to study drug	1 (0.5%)	5 (2.4%)	2 (1.0%)
Pregnancy	5 (2.4%)	3 (1.4%)	0 (0.0%)
Adverse Events Occurring in ≥ 10% Women in Any Group			
Headache	64 (31.4%)	81 (39.3%)	79 (38.3%)
Nasopharyngitis	17 (8.3%)	29 (14.1%)	14 (6.8%)
Hot flashes	7 (3.4%)	28 (13.6%)	72 (35.0%)

Relugolix Combination Therapy = relugolix 40 mg + estradiol 1.0 mg and norethindrone acetate 0.5 mg

Minimal Bone Mineral Density Loss at Week 24 (Lumbar Spine)

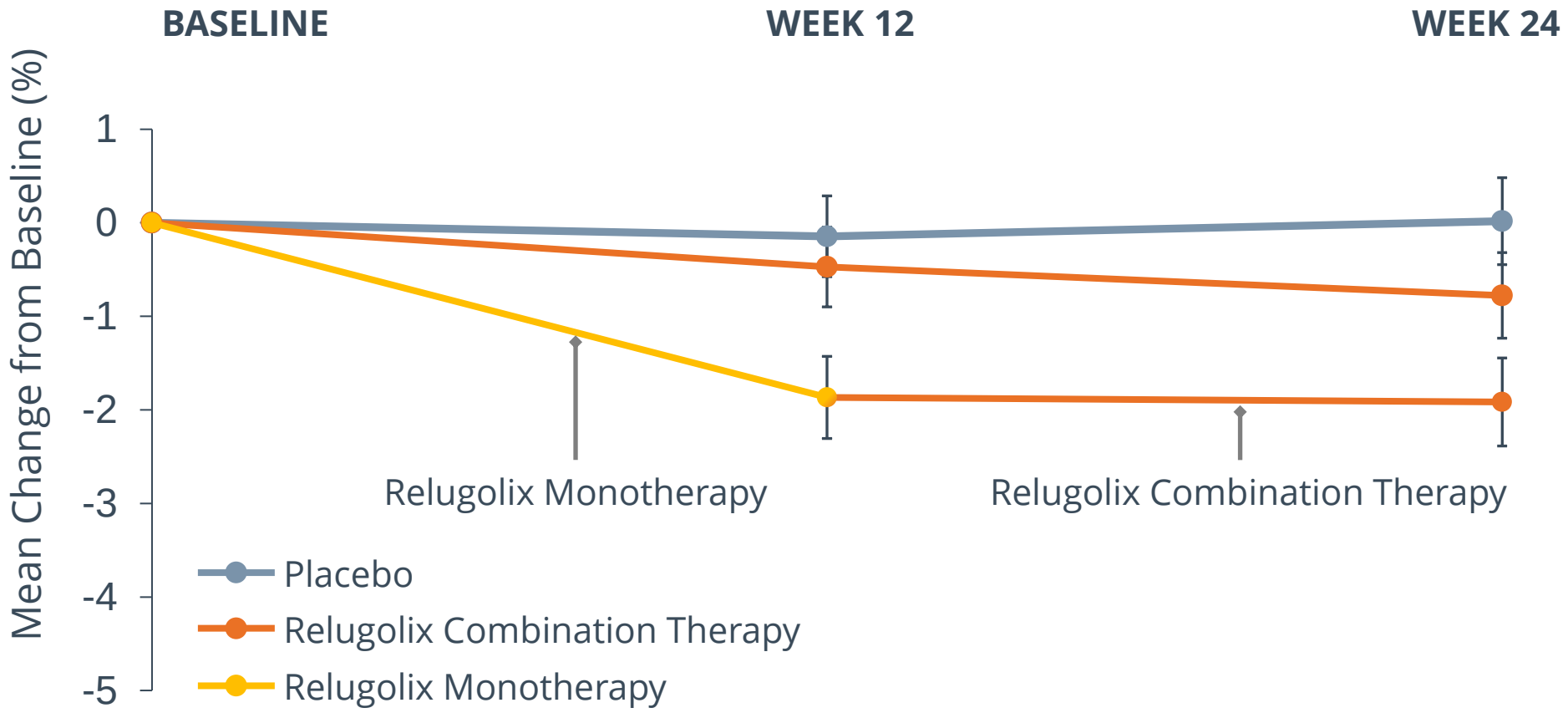


Error bars denote 95% confidence interval

Relugolix Combination Therapy = relugolix 40 mg + estradiol 1.0 mg and norethindrone acetate 0.5 mg

MYOVANT SCIENCES | SPIRIT

Minimal Bone Mineral Density Loss Through Week 24 (Lumbar Spine)



Error bars denote 95% confidence interval

Relugolix Combination Therapy = relugolix 40 mg + estradiol 1.0 mg and norethindrone acetate 0.5 mg

MYOVANT SCIENCES | SPIRIT

MYOVANT SCIENCES

SPIRIT 2 Key Takeaways

- **Achieved co-primary endpoints**
- **75.1% reduction in menstrual pain**
- **Met six key secondary endpoints**
- **Minimal bone mineral density loss**
- **Generally well-tolerated**

*Relugolix is an investigational drug that has not been FDA approved for use

Ovulation Inhibition Study

Primary Endpoint – proportion of women who achieved inhibition of ovulation based on the Hoogland-Skouby assessment scale (score of < 5)

67 healthy women on relugolix combination therapy evaluated during an 84-day treatment period

- Baseline cycle confirmed ovulation
- 3 cycles determined impact of relugolix combination therapy on ovulation
- Follow up determined time to return of ovulation

Relugolix Combination Therapy = relugolix 40 mg + estradiol 1.0 mg and norethindrone acetate 0.5 mg

Ovulation Inhibition Study

100%
ovulation inhibition

No women ovulated during treatment

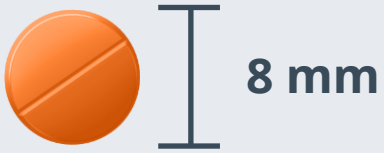
All women resumed ovulation after treatment

Avg time of return to ovulation
23.5 days

Well-tolerated

100%
return to ovulation or menses

Relugolix Combination Vision: One Dose, Two Diseases

	RELUGOLIX COMBINATION TABLET*	OTHER
ENDOMETRIOSIS	One pill, once a day 	QD 150 mg OR BID 200 mg + 200 mg OR BID* 200 mg + 200 mg E2/N
UTERINE FIBROIDS		BID* 300 mg + 300 mg OR BID* 300 mg + 300 mg E2/N

Pills and tablets to scale (except 300 mg; size is unknown)
E2/N = estradiol and norethindrone acetate

*In late-stage clinical development

Relugolix is an investigational drug that has not been FDA approved for use

MYOVANT SCIENCES | SPIRIT

GnRH Antagonists for Endometriosis: Recent Studies

No direct head-to-head data available – caution advised when comparing clinical studies with different assessment measures

	Relugolix Combination Therapy 40 mg QD	Elagolix Monotherapy Week 24*			
		150 mg QD		200 mg BID	
	SPIRIT 2	Elaris EM-1	Elaris EM-2	Elaris EM-1	Elaris EM-2
Responder Rate *(placebo)*					
Dysmenorrhea	**75.2%** *(30.4%)*	**42.1%** *(23.1%)*	**46.2%** *(25.4%)*	**75.3%** *(23.1%)*	**76.9%** *(25.4%)*
Non-Menstrual Pelvic Pain	**66.0%** *(42.6%)*	**45.7%** *(34.9%)*	**51.6%** *(40.6%)*	**62.1%** *(34.9%)*	**62.2%** *(40.6%)*
Bone Mineral Density Loss, Lumbar Spine *(placebo)*	**-0.78%** *(0.02%)*	**-0.32%** *(0.47%)*	**-0.72%** *(0.56%)*	**-2.61%** *(0.47%)*	**-2.49%** *(0.56%)*
Ovulation Inhibition Study Results					
Ovulation Inhibition	100%	48%		68%	
Ovulation or Menses Return at 100%	✓	?		?	

Taylor et al. New England Journal of Medicine. 2017; Chiu et al. Reproductive Sciences. 2017.

*Co-primary endpoints in ELARIS EM-1 and EM-2 tested at Week 12

MYOVANT SCIENCES | SPIRIT

Linda Giudice, MD, PhD

The Robert B. Jaffe, MD Endowed Professor in the Reproductive Sciences at the University of California, San Francisco

SPIRIT Steering Committee Chair

Financial Disclosures: AbbVie, Merck, Forendo Pharma

Upcoming Milestones

Uterine Fibroids

NDA submission in **May 2020**

Endometriosis

Phase 3 SPIRIT 1 study results in **Q2 2020**

Prostate Cancer

NDA submitted in **April 2020**

Castration resistance-free survival data in **Q3 2020**

Linda Giudice, MD, PhD
Ob/Gyn, Professor (UCSF)

Lynn Seely, MD
Chief Executive Officer

Frank Karbe
President and
Chief Financial Officer

Kim Sablich
Chief Commercial Officer

Juan Camilo Arjona Ferreira, MD
Chief Medical Officer

Redefining Care.
For women. For men. For you.

investors@myovant.com