Top-Line Results:
– Phase 3 Endometriosis SPIRIT 1 Study

June 23, 2020

MYOVANT SCIENCES
Redefining Care

Forward-Looking Statements

This presentation contains forward-looking statements, including without limitation: statements and quotes regarding Myovant Sciences' aspirations to become the leading healthcare company focused on redefining care for women and for men; statements summarizing and characterizing data from the SPIRIT 1 and SPIRIT 2 and competitor studies; the expected timing of results from additional clinical studies; 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 and uterine fibroids and relugolix monotherapy for men with advanced prostate cancer; the timing and success of Myovant's regulatory filings and potential approvals in any indication; Myovant's business and commercial strategies, financial condition and trends, competitive position, potential growth opportunities, and 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' Annual Report on Form 10-K filed on May 18, 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 1 Study

June 23, 2020

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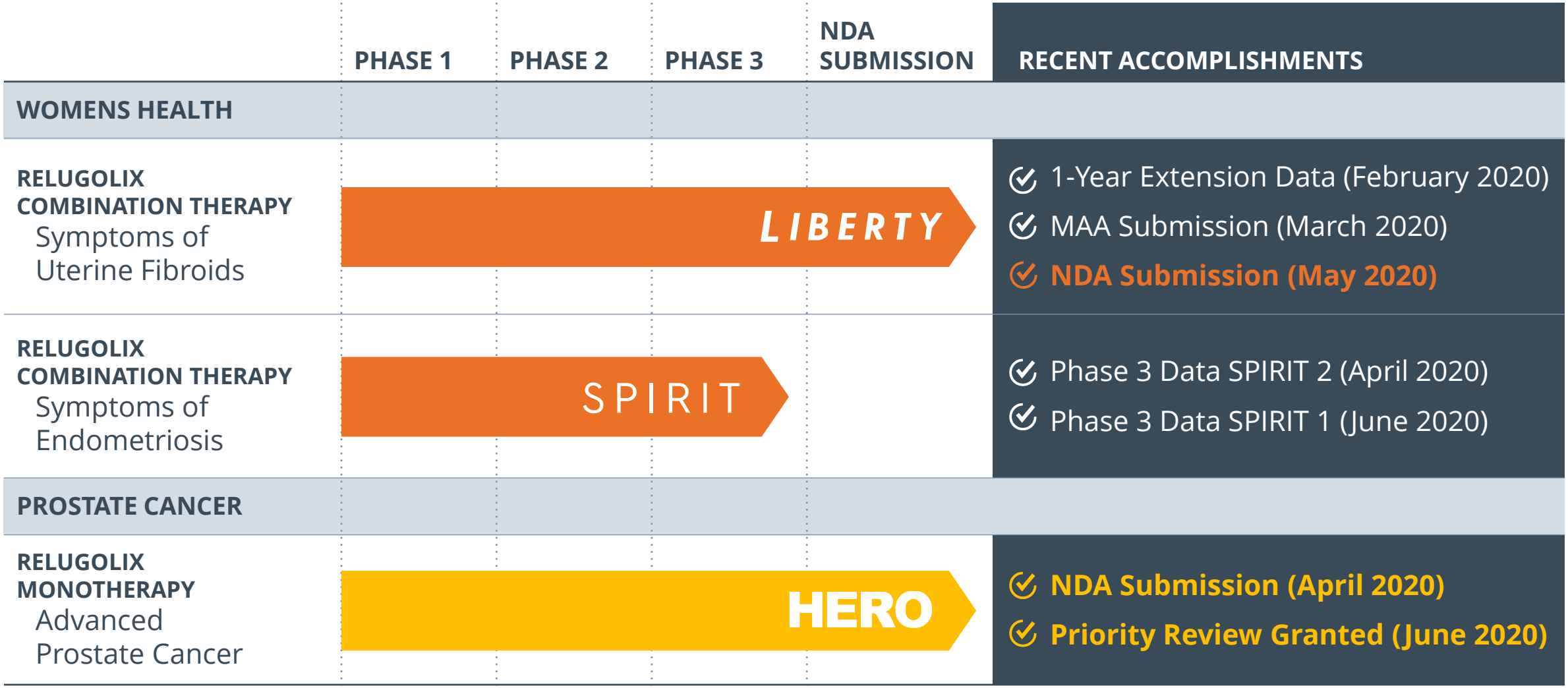
Redefining Care

Myovant's Late-Stage Pipeline



MAA = Marketing Authorisation Application for European Medicines Agency

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

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One Pill, Once a Day

Two Distinct Therapeutic Candidates

WOMEN'S HEALTH

Relugolix 40 mg
+ estradiol 1.0 mg
+ norethindrone acetate 0.5 mg*

RELUGOLIX COMBINATION TABLET

Designed for the treatment of women with symptomatic uterine fibroids or endometriosis as an alternative to surgery or other invasive procedures.

PROSTATE CANCER

Relugolix 120 mg
(following single
360 mg loading dose)*

RELUGOLIX MONOTHERAPY TABLET

Designed for the treatment of men with advanced prostate cancer with the potential to be the first and only oral androgen deprivation therapy.

***Relugolix and relugolix combination tablet are investigational drugs that have not been approved for any use**

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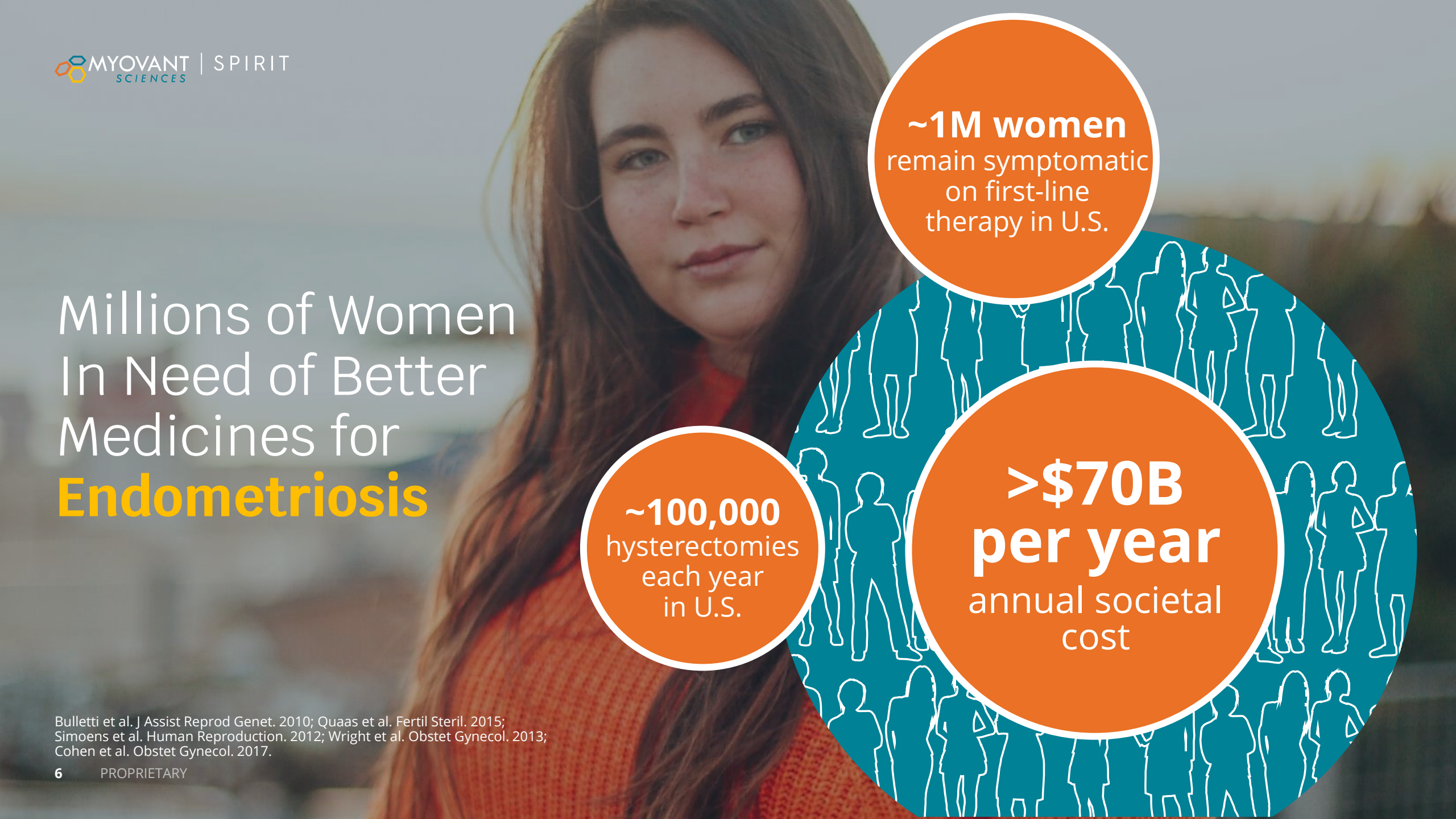
Millions of Women In Need of Better Medicines for **Endometriosis**



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**

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Positive Study Results

SPIRIT 1 STUDY

- **Co-primary endpoints achieved with significant pain reduction ($p < 0.0001$)**
  - Dysmenorrhea responders: **74.5%**
  - Non-menstrual pelvic pain responders: **58.5%**
- **73.3% reduction on NRS for menstrual pain from 7.3 (severe) to 1.8 (mild)**
- **All seven key secondary endpoints achieved, including dyspareunia**
- **Generally well-tolerated including minimal bone mineral density loss**

NRS = Numerical Rating Scale

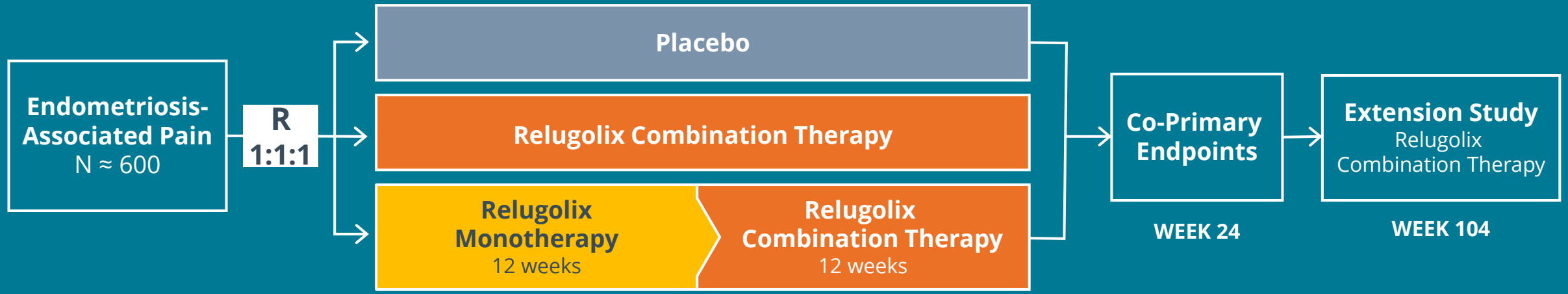
Phase 3 Study Design for SPIRIT 1

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)



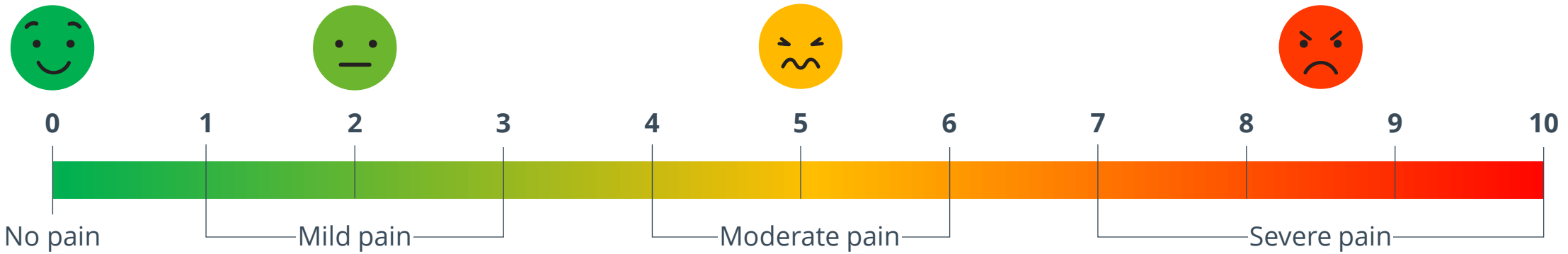
Relugolix Combination Therapy = relugolix 40 mg + estradiol 1.0 mg and norethindrone acetate 0.5 mg

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)



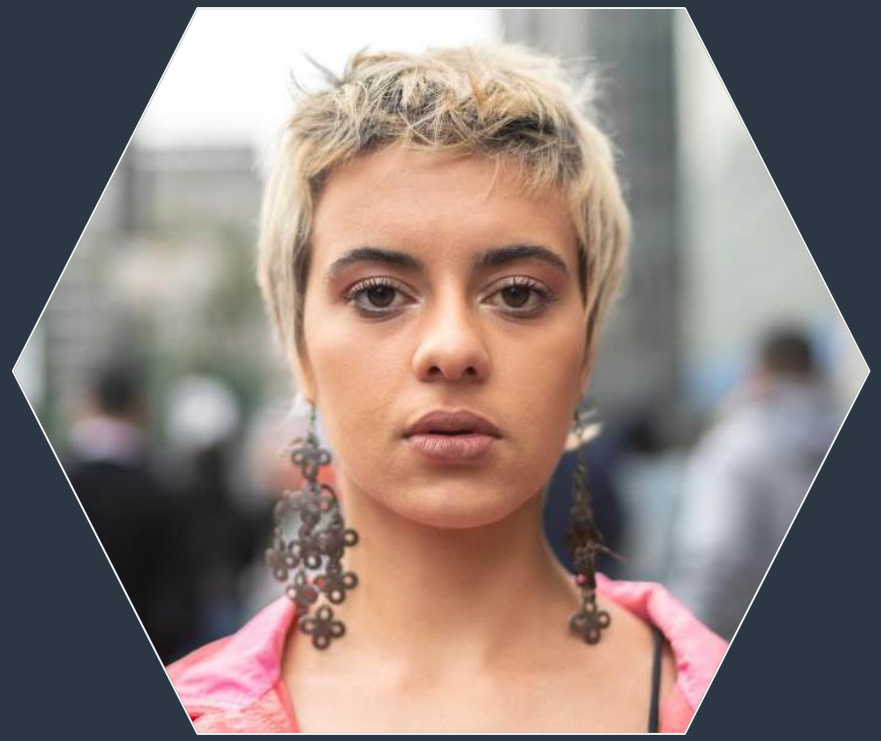
Description is illustrative; face icons not part of instrument. Women selected individual integers in SPIRIT 1.

Baseline Demographics Balanced Across Groups

SPIRIT 1 Demographics	Placebo (N = 212)	Relugolix Combination Therapy (N = 212)	Relugolix → Relugolix Combination Therapy (N = 211)
Age (Median, Range In Years)	34.5 (19 – 49)	34.0 (18 – 49)	34.0 (18 – 49)
Geographic Region (Number, %)			
North America	40 (19%)	41 (19%)	40 (19%)
Rest Of World	172 (81%)	170 (81%)	172 (81%)
Race (Number, %)			
White	193 (91%)	194 (92%)	194 (92%)
Black	12 (6%)	13 (6%)	10 (5%)
Other	7 (3%)	5 (2%)	7 (3%)
Body Mass Index (Mean, SD In kg/m^2)	26.1 (6.4)	25.6 (6.0)	25.7 (6.1)

SD = standard deviation

Before Treatment: Women in SPIRIT 1



57% of women had severe dysmenorrhea on the NRS (≥7)

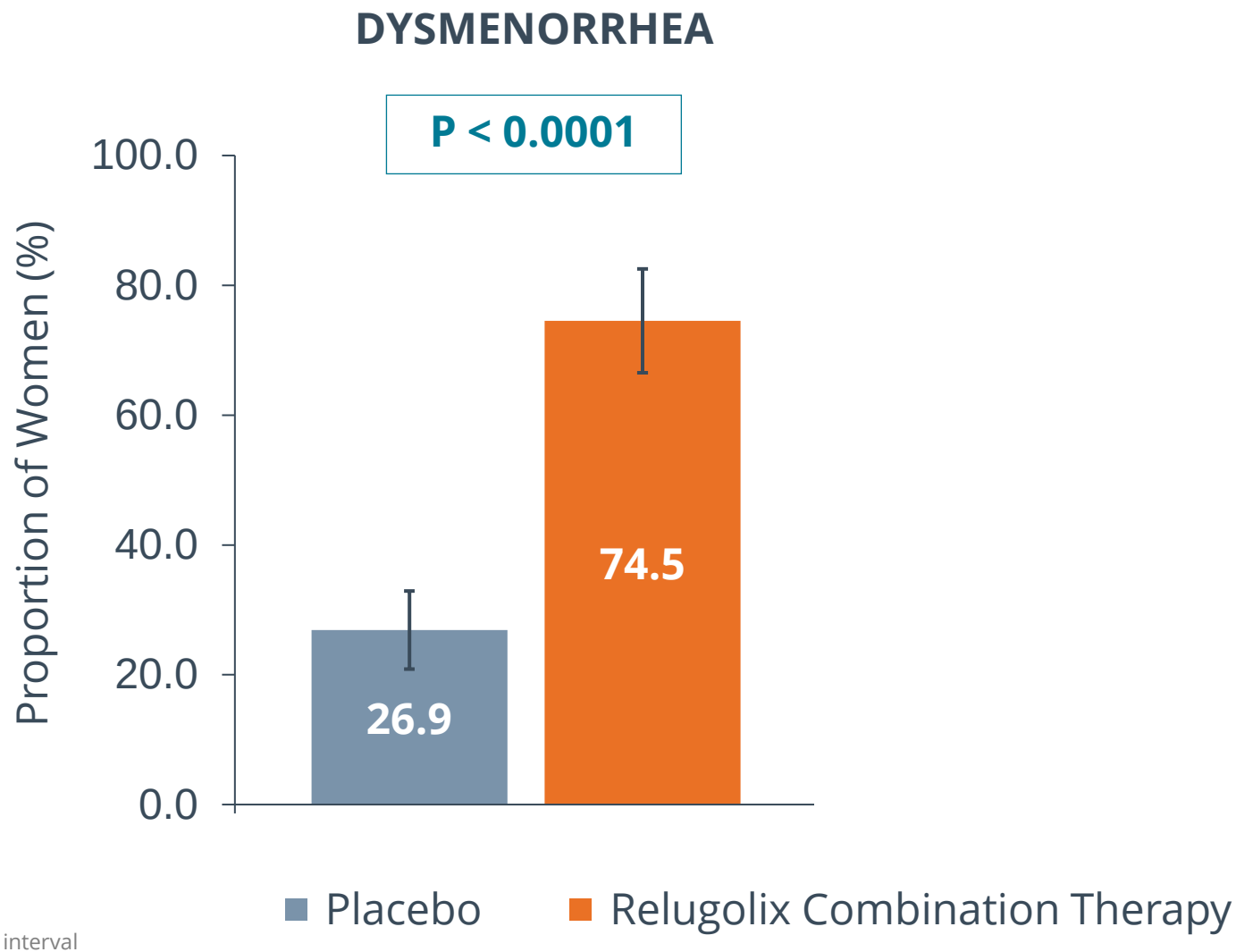
81% of women had dyspareunia

93% of women reported moderate, significant, or very significant impact on their daily activities

29% of women were taking opioids

NRS = Numerical Rating Score

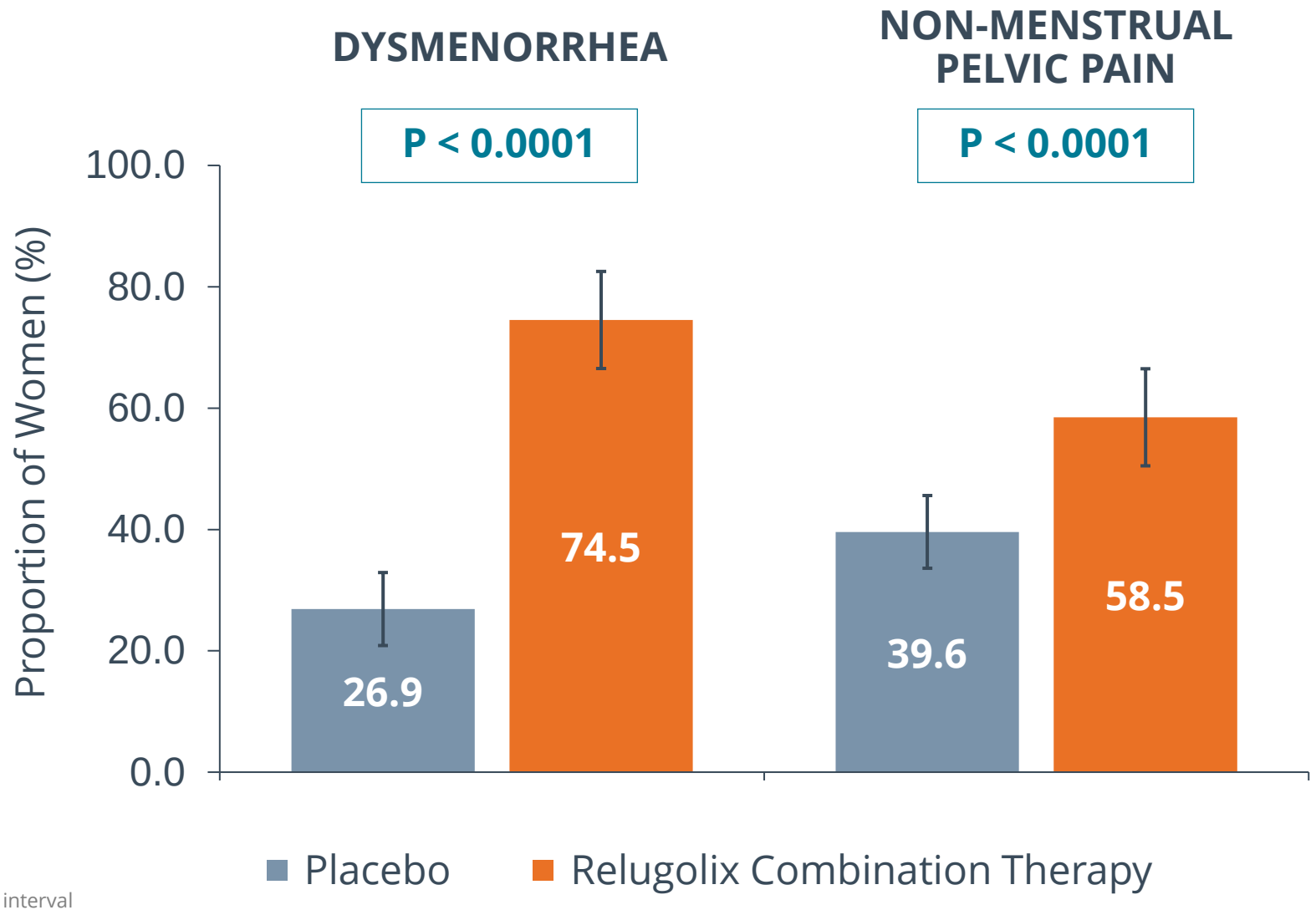
Achieved Co-Primary Endpoints in SPIRIT 1



Error bars denote 95% confidence interval

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

Achieved Co-Primary Endpoints in SPIRIT 1



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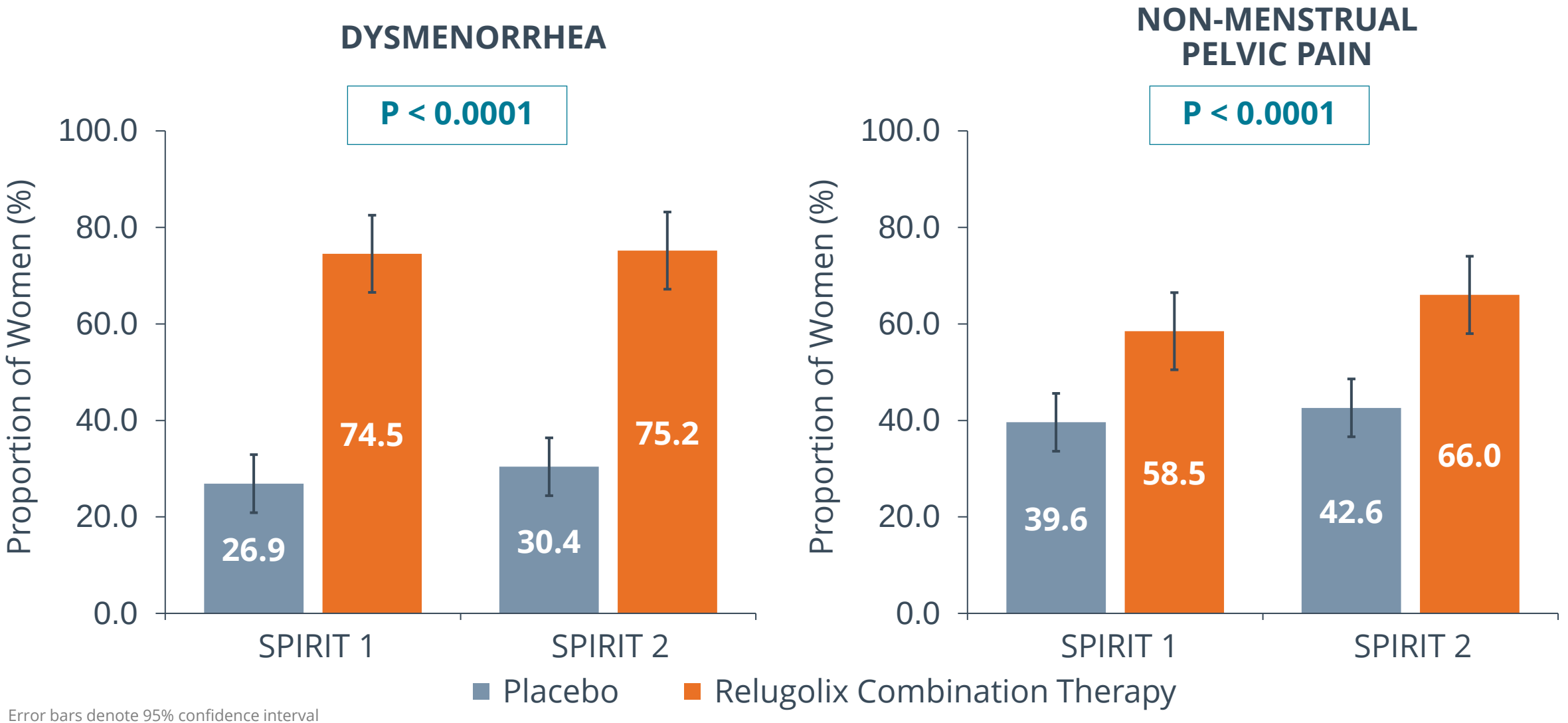
Two Consistent Positive Studies in SPIRIT Program



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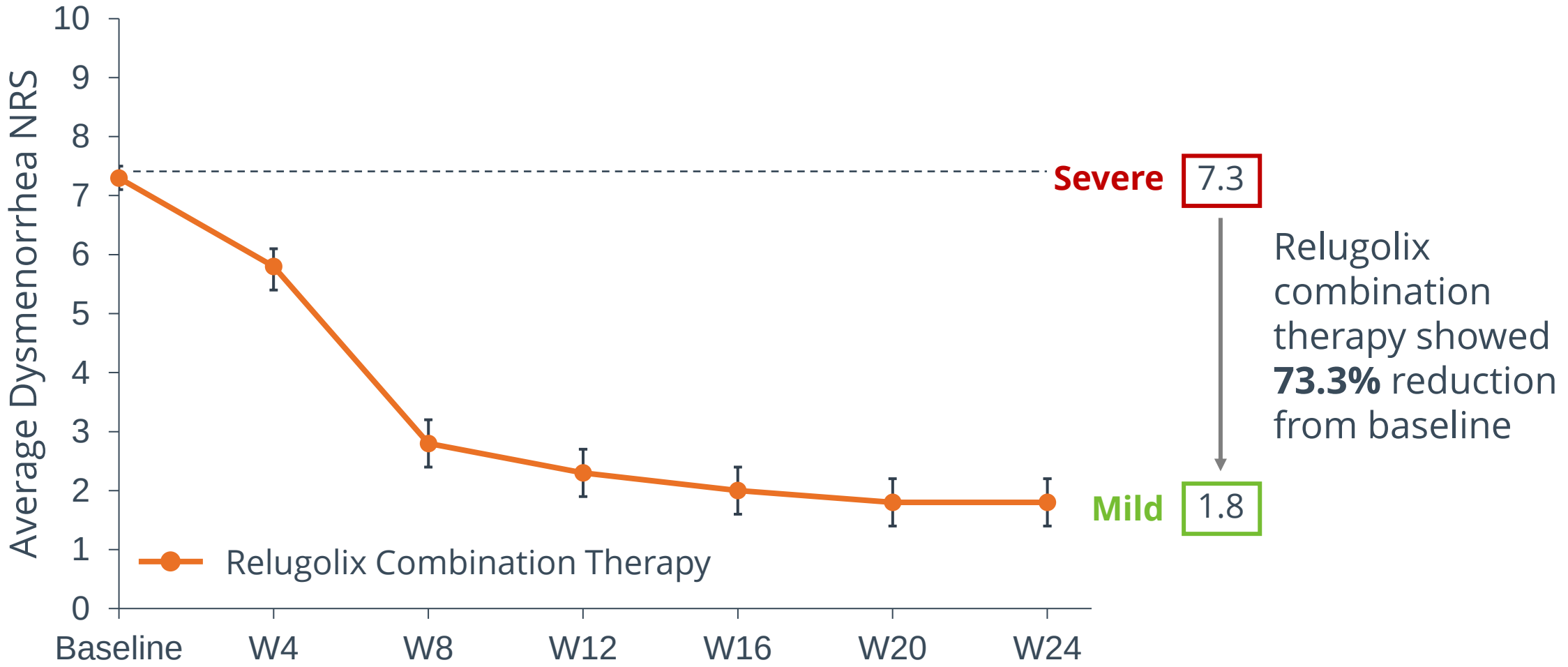
Average Menstrual Pain NRS Score Through Week 24



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

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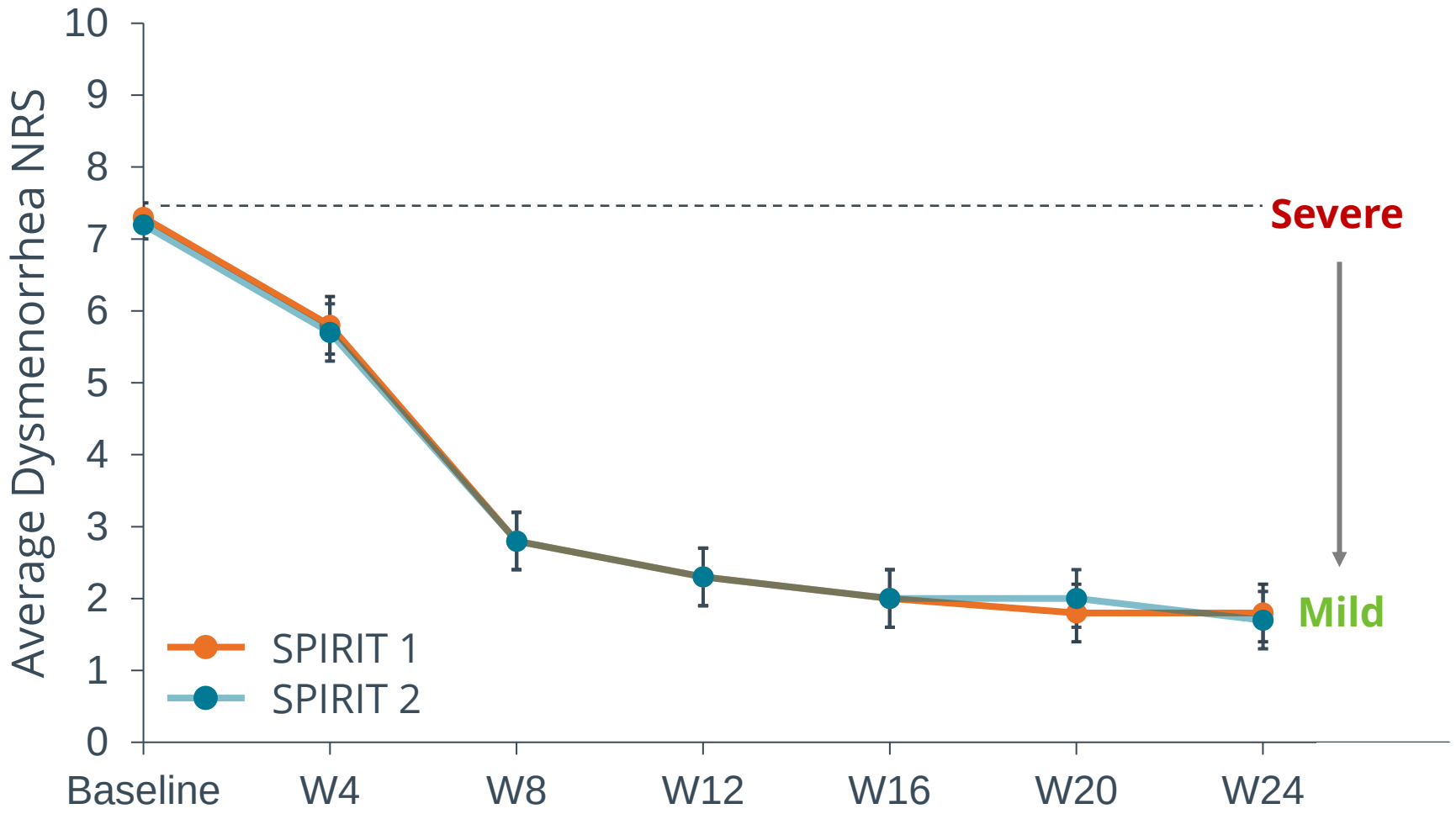
Consistent Reduction in Menstrual Pain in SPIRIT Program



Relugolix combination therapy showed **>73%** reduction from baseline in both studies

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

All Seven Key Secondary Endpoints Achieved

Key Secondary Endpoints (SPIRIT 1)		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 Analgesic Use	Proportion of women not using analgesics 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 = 0.0002**
Reduction in Opioid Use	Proportion of women not using opioids for endometriosis-associated pain at Week 24	**p = 0.0005**
Reduction in Pain During Intercourse	Change in dyspareunia NRS from baseline to Week 24	**p = 0.0149**

NRS = Numerical Rating Scale.

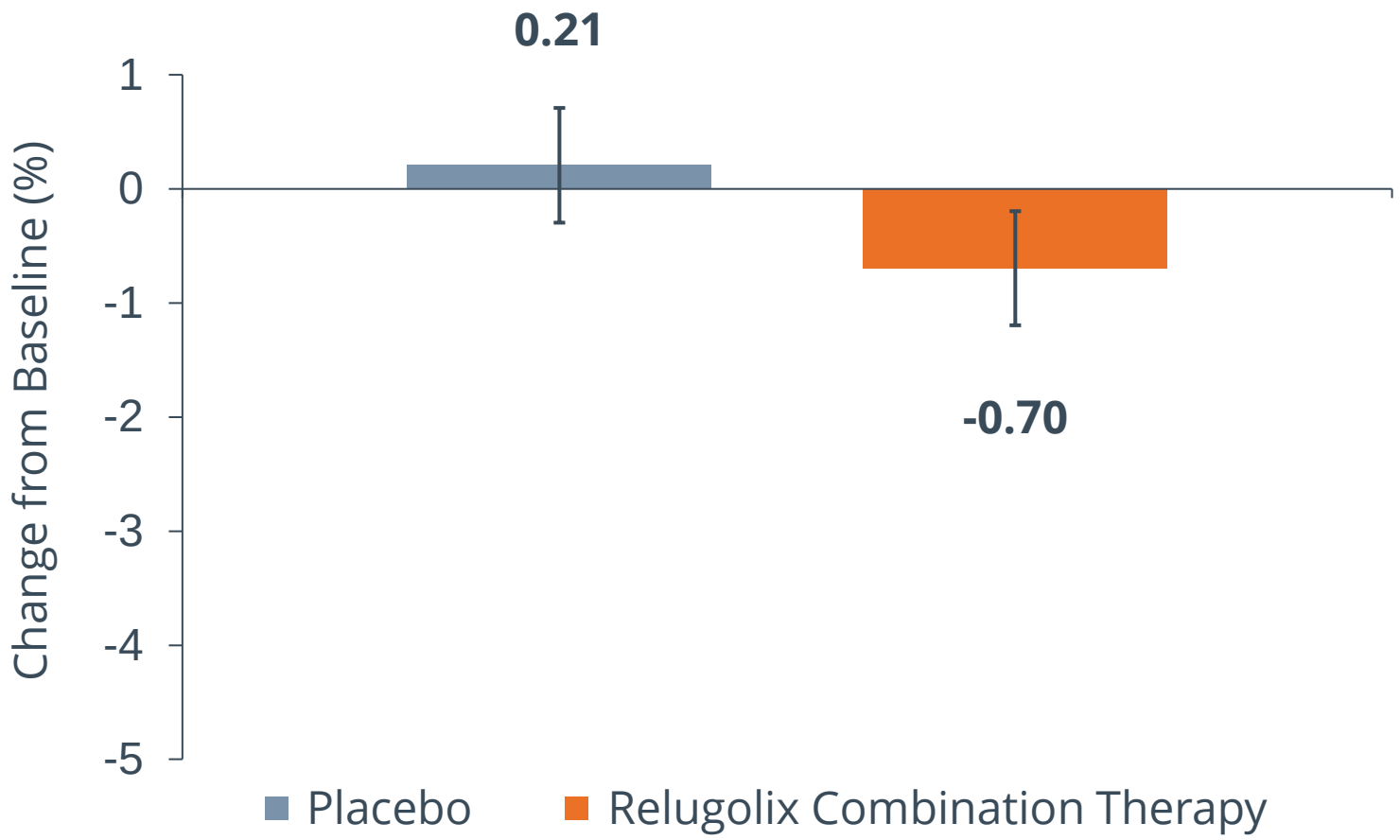
Summary of Adverse Events

Number (%) of Women	Placebo (N = 212)	Relugolix Combination Therapy (N = 212)	Relugolix → Relugolix Combination Therapy (N = 211)
At least one adverse event	140 (66.0%)	151 (71.2%)	163 (77.3%)
Adverse event leading to study discontinuation	4 (1.9%)	8 (3.8%)	9 (4.3%)
Serious adverse event related to study drug	0 (0.0%)	0 (0.0%)	1 (0.5%)
Pregnancy	3 (1.4%)	1 (0.5%)	2 (0.9%)*
Adverse Events Occurring in ≥ 10% of Women			
Headache	46 (21.7%)	57 (26.9%)	67 (31.8%)
Hot flashes	21 (9.9%)	22 (10.4%)	71 (33.6%)

* One additional pregnancy reported after treatment discontinuation and during the safety follow-up.

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) in SPIRIT 1



Error bars denote 95% confidence interval

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

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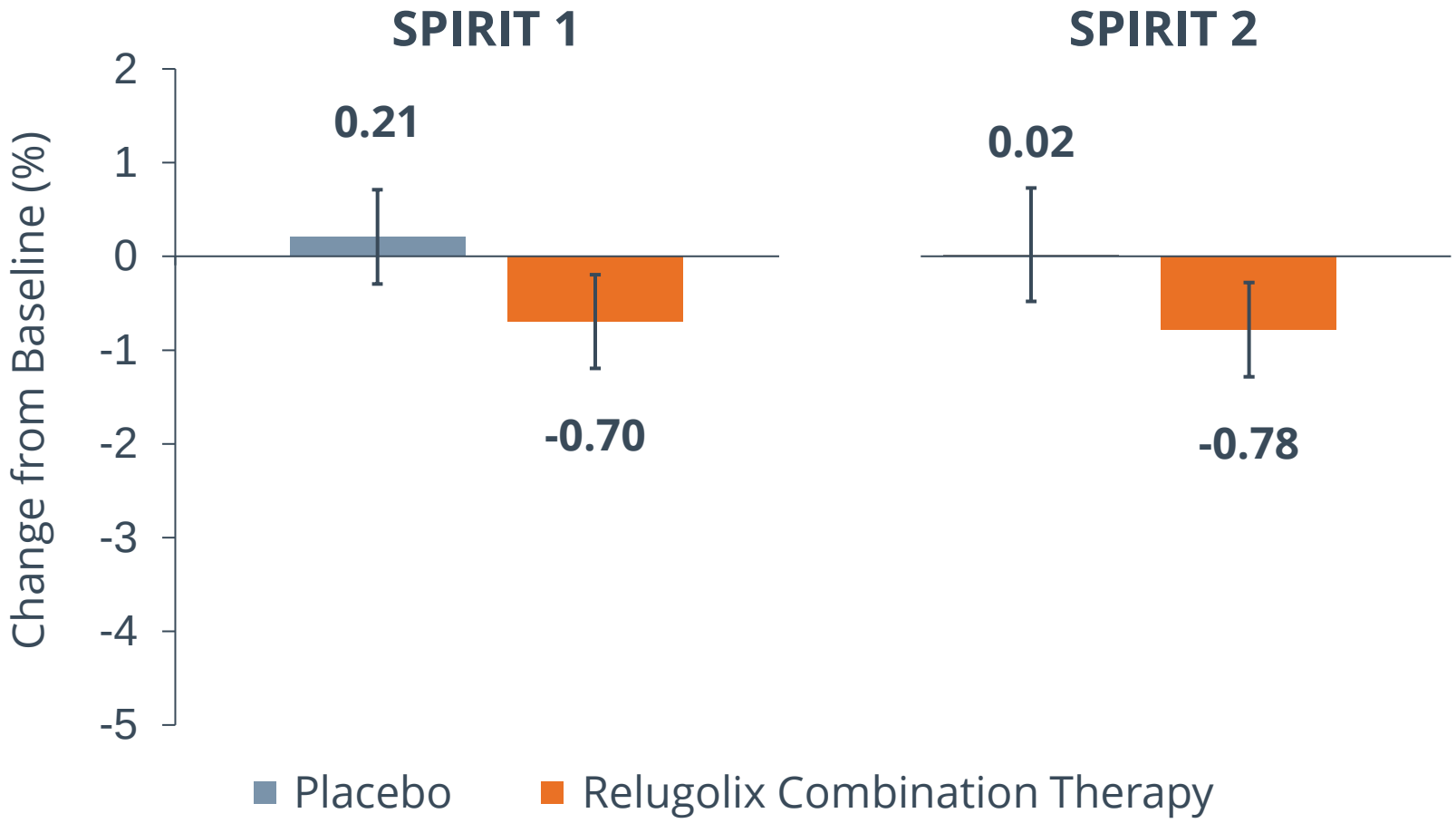
Minimal Bone Mineral Density Loss at Week 24 (Lumbar Spine) in SPIRIT Program



Error bars denote 95% confidence interval

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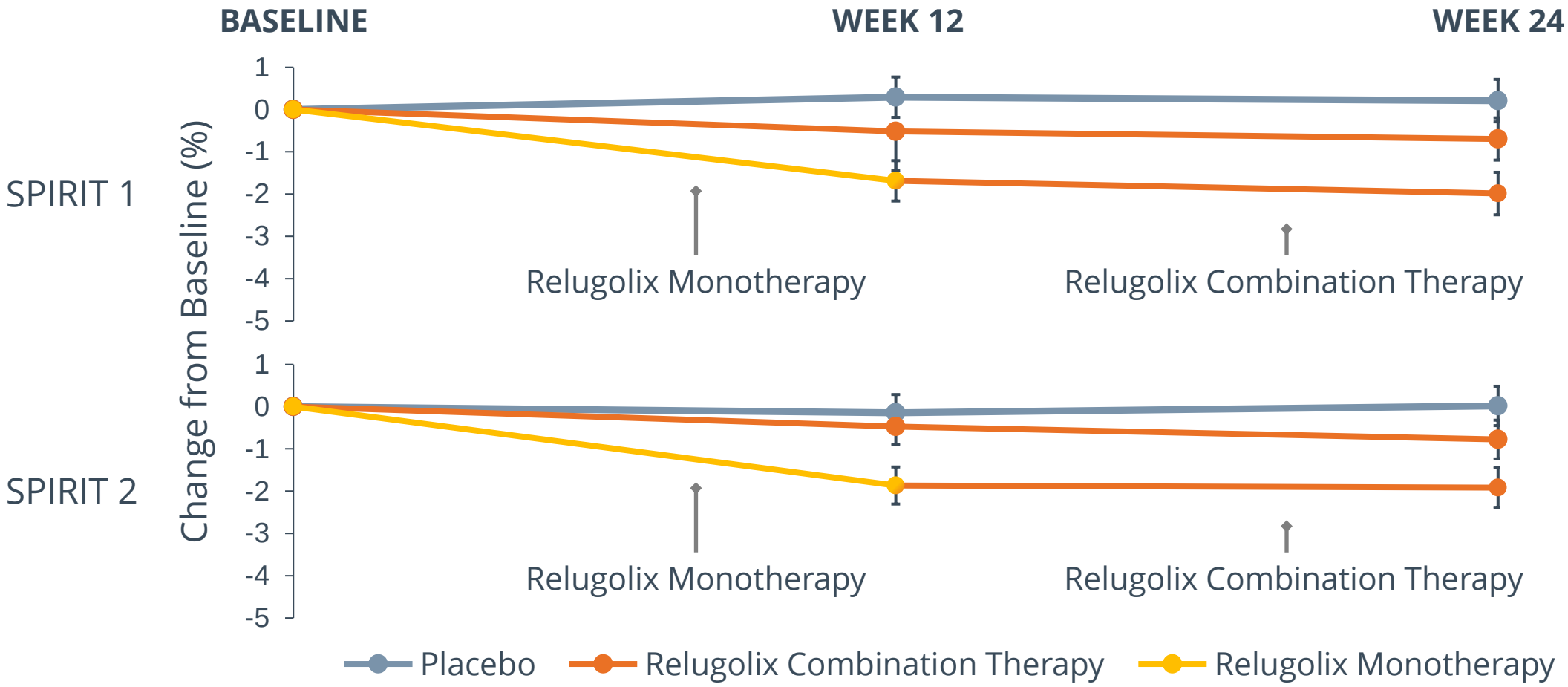
Minimal Bone Mineral Density Loss Through Week 24 (Lumbar Spine) in SPIRIT Program



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

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SPIRIT 1 Key Takeaways

- Achieved co-primary endpoints
- 73.3% reduction in menstrual pain
- Met all seven key secondary endpoints
- Minimal bone mineral density loss
- Generally well-tolerated

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

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		Elagolix Monotherapy Week 24*			
Dose	**40 mg QD**		**150 mg QD**		**200 mg BID**	
Responder Rate *(placebo)*	SPIRIT 1	SPIRIT 2	Elaris EM-1	Elaris EM-2	Elaris EM-1	Elaris EM-2
Dysmenorrhea	**74.5%** (26.9%)	**75.2%** (30.4%)	**42.1%** (23.1%)	**46.2%** (25.4%)	**75.3%** (23.1%)	**76.9%** (25.4%)
Non-Menstrual Pelvic Pain	**58.5%** (39.6%)	**66.0%** (42.6%)	**45.7%** (34.9%)	**51.6%** (40.6%)	**62.1%** (34.9%)	**62.2%** (40.6%)
Dyspareunia	✓	✓	X	X	✓	✓
Hot flashes *(placebo)*	**10.4%** (9.9%)	**13.6%** (3.4%)	**23.7%** (7.0%)	**22.6%** (10.3%)	**42.3%** (7.0%)	**47.6%** (10.3%)
Bone Mineral Density Loss, Lumbar Spine *(placebo)*	**-0.70%** (0.21%)	**-0.78%** (0.02%)	**-0.32%** (0.47%)	**-0.72%** (0.56%)	**-2.61%** (0.47%)	**-2.49%** (0.56%)

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**

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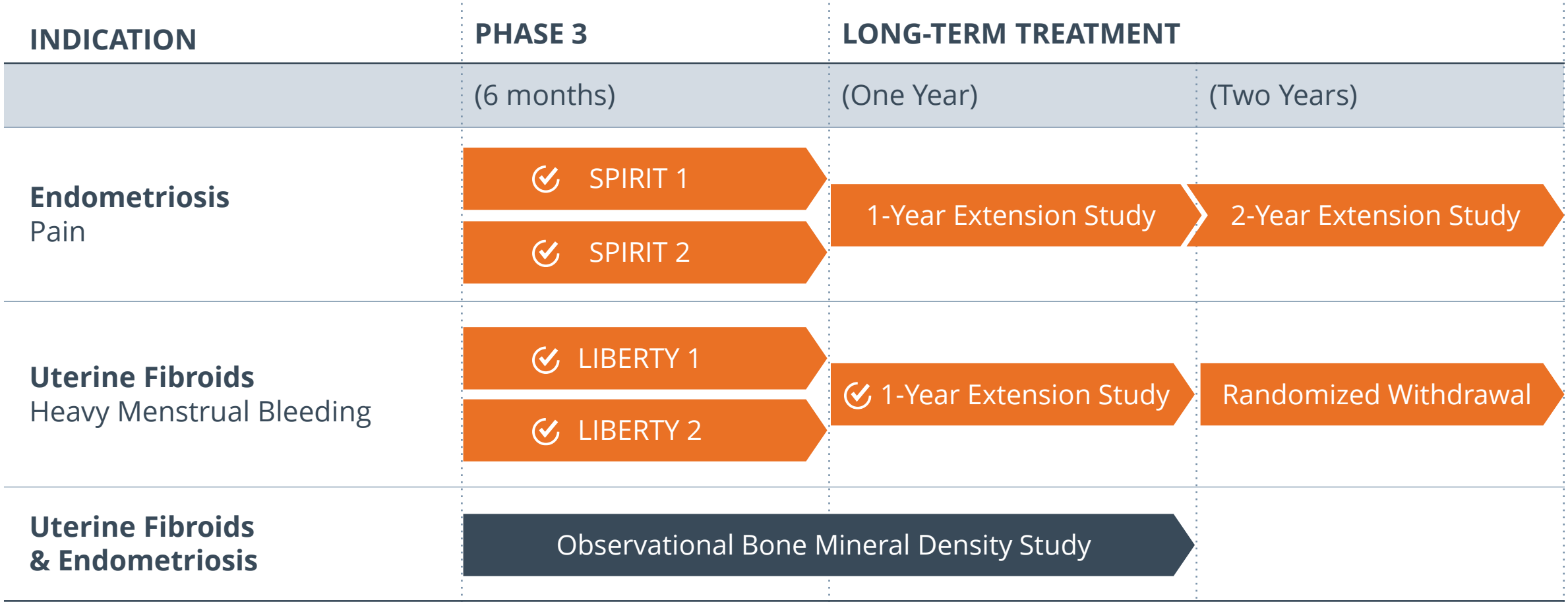
Long-Term Development Plan: Relugolix Combination Therapy



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Prospective Observational Bone Mineral Density Study

Designed to evaluate bone mineral density change in women with uterine fibroids or endometriosis not receiving GnRH therapy

713 women with uterine fibroids or endometriosis with bone mineral density evaluated over one year

- Pre-defined age categories used to match women with those in LIBERTY and SPIRIT
- Dual-energy x-ray absorptiometry (DXA) scans at baseline, Week 24, and Week 52

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

Ovulation Inhibition Study

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

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

Women and OB/GYNs Share Motivations for Treatment

Motivating treatment attributes for women with endometriosis

1. Reduction in painful intercourse
2. Reduction in menstrual pain
3. Return to ovulation within 1-month post discontinuation

Motivating treatment attributes for OB/GYNs

1. Reduction in menstrual pain
2. Benefits of one dose, one pill, once a day
3. Reduction in painful intercourse

Target product profile market research with patients, N = 300, 2019. Healthcare provider segmentation market research, N = 405, 2020.

OB/GYNs: Clear Preference for One, Simple Treatment

OB/GYN response to relugolix combination tablet product profile

> “Two prevalent female problems with a one pill solution”

> “It will be easy for providers and patients alike”

> “I can just be really familiar with one medication but use it for multiple indications”

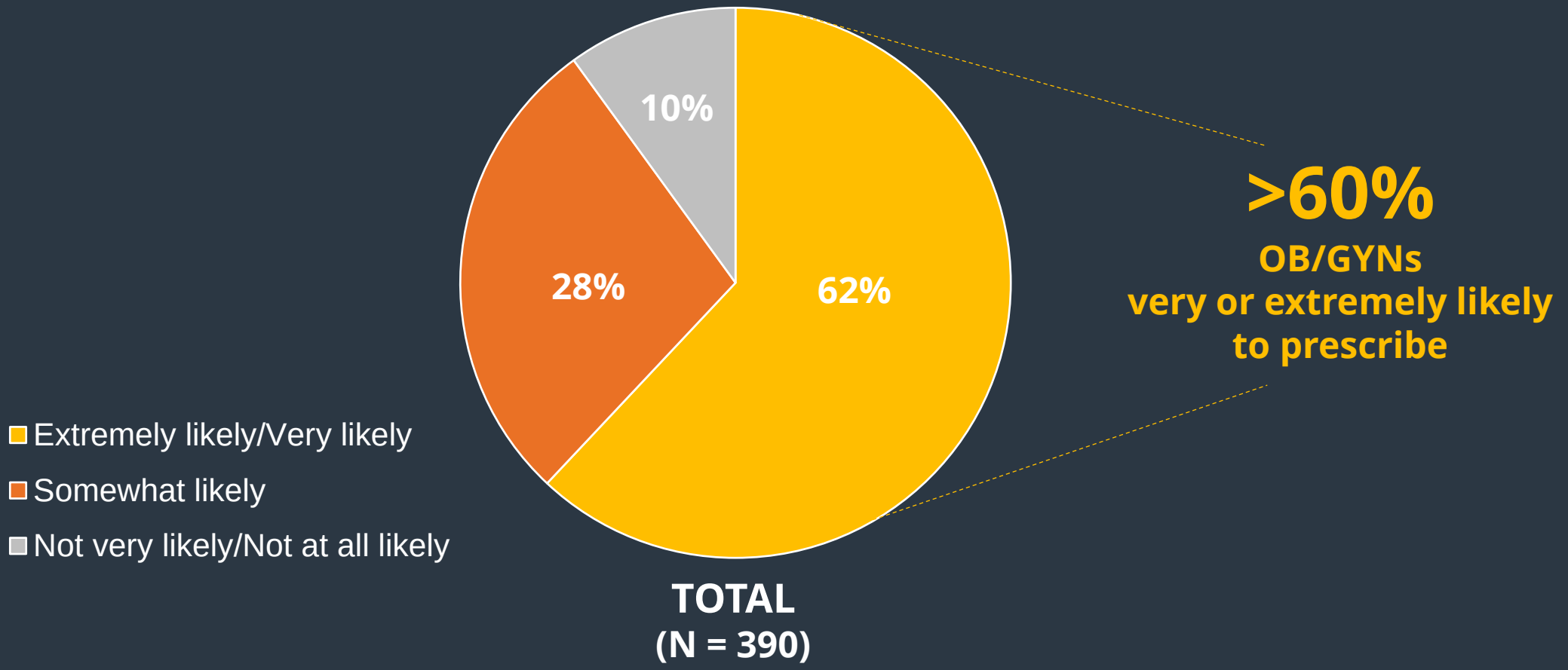
~90%

of OB/GYNs prefer once-daily dosing

***Relugolix combination tablet is not approved for any use. OB/GYNs participating in market research given target product profile for a potential new treatment.**

Emotional drivers market research with patients (N = 170) and OB/GYNs (N = 160), 2019. Healthcare provider segmentation quantitative study, N = 409, 2020.

90% of OB/GYNs Likely to Prescribe Treatment with Target Product Profile Consistent with SPIRIT Program



>60%
OB/GYNs very or extremely likely to prescribe

Target product profile market research with patients, N = 300, 2019. Healthcare provider segmentation market research, N = 405, 2020.

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Eric L. Brown, MD

Obstetrician-Gynecologist
in Atlanta, Georgia

U.S. Coordinating Investigator
for the SPIRIT Study

Financial Disclosures: Myovant Sciences

Andrea Lukes, MD

Founder and Director of the Carolina Women's Research and Wellness Center

LIBERTY Program Steering Committee Member

Financial Disclosures: AbbVie, Antev, Bayer, Myovant Sciences, StarPharma, Sebela Pharmaceuticals

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Upcoming Milestones

Uterine Fibroids

Observational BMD study in **Q3 2020**

Randomized withdrawal study in **Q1 2021**

Endometriosis

One-year data from extension study in **Q1 2021**

Prostate Cancer

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

PDUFA date for NDA on **December 20, 2020**

BMD = bone mineral density. PDUFA = Prescription Drug User Fee Act. NDA = New Drug Application.

Eric L. Brown, MD

OB/GYN and SPIRIT Investigator

Andrea Lukes, MD

OB/GYN and LIBERTY Steering Committee

Lynn Seely, MD

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President and Chief Financial Officer

Adele Gulfo

Interim Chief Commercial Officer

Juan Camilo Arjona Ferreira, MD

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investors@myovant.com