MYOVANT SCIENCES

Redefining Care

FOR WOMEN
FOR MEN
FOR YOU

MYFEMBREE®

(relugolix, estradiol, and norethindrone acetate)
Moderate to Severe Pain Associated with Endometriosis
FDA Approval Conference Call

August 8, 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: Myovant's aspiration to redefine care for women and for men; the expectations that MYFEMBREE's approval in the U.S. for use by patients with endometriosis would contribute to significant growth opportunities; the timeline and expectations regarding the launch of MYFEMBREE for the management of moderate to severe pain associated with endometriosis by Myovant and Pfizer in the U.S.; the anticipated timeline of commercial coverage for MYFEMBREE endometriosis patients; the expectations of extending support for endometriosis patients; as well as statements related to Myovant's financial position, commercial execution success, market leadership, patient impact, and targeted pipeline investments and focus of new pipeline programs; Myovant's position for its corporate and business development opportunities; the timing and expectations of potential regulatory submissions, including the timing and expectation of submitting the MYFEMBREE sNDA to FDA based on 2-year data in endometriosis; commercial launches by Myovant and/or its partners; anticipated regulatory review results; 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 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 July 27, 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 forward-looking statements to reflect events or circumstances after the date of such statements.

Opening Remarks

Dave Marek
Chief Executive Officer
Myovant Sciences, Inc.

MYFEMBREE Now Approved in the U.S. for Use By Patients with Endometriosis

Myfembree®
relugolix, estradiol, and norethindrone acetate

MYFEMBREE is the first and only once-daily oral treatment indicated for both:

- The management of heavy menstrual bleeding associated with **uterine fibroids**

  AND

- The management of moderate to severe pain associated with **endometriosis**

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf

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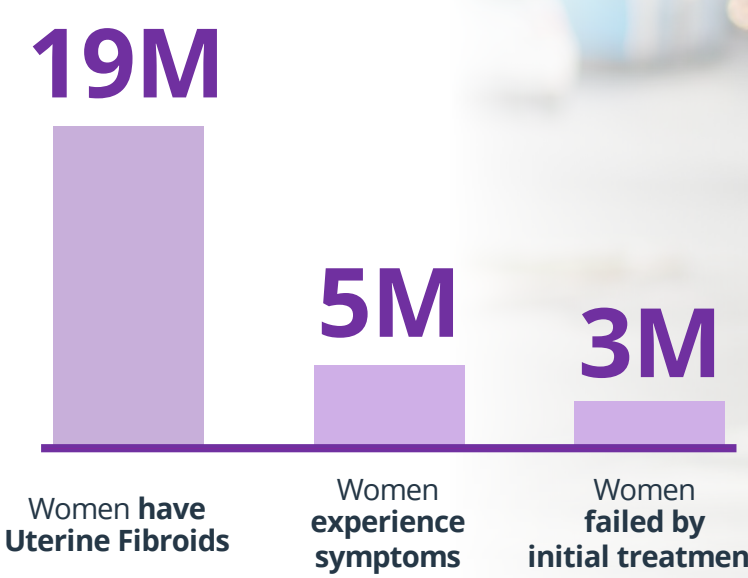
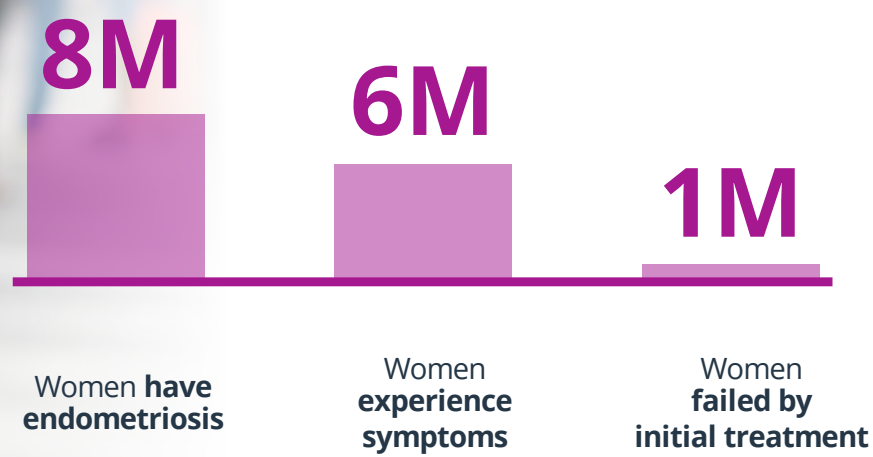
Expanding Our Impact to More Women in Need

UTERINE FIBROIDS MEDICAL NEED (U.S. WOMEN AGES 15-49)[1,2,3]



ENDOMETRIOSIS MEDICAL NEED (U.S. WOMEN AGES 15-49)[2,4,5]



(1) Stewart. Uterine Fibroids. *New England Journal of Medicine*. 2015;372(17):1646-1655.
(2) 2020 US Census data.
(3) Marjoribanks, et al. Surgery versus medical therapy for heavy menstrual bleeding. *Cochrane Database Syst Rev*. 2006;19(2):CD003855.
(4) Louis, et al. Incidence of endometriosis by study population and diagnostic method: the ENDO Study. *Fertil Steril*. 2011;96(2):360-365.
(5) Quaas, et al. On-label and off-label drug use in the treatment of endometriosis. *Fertil Steril*. 2015.103(3):612-625.

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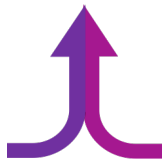
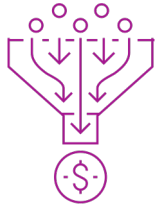
Approval Contributes to Significant Growth Opportunity in 2022 and Beyond

MYFEMBREE brings both significant efficacy and a well characterized safety profile for long-term[1] use, in a convenient **one-pill, once-daily dose**



New indication creates promotional **synergies across uterine fibroids and endometriosis** leading to a highly efficient launch, starting later this month

Approval triggers **$100M milestone payment** from Pfizer



Approval further enables MYOVANT's ability to achieve **significant growth**, while building our pipeline

(1) Up to 2 years

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf

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Review of U.S. Prescribing Information and Clinical Data

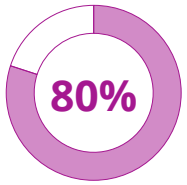
Juan Camilo Arjona, MD
Chief Medical Officer
Myovant Sciences, Inc.

Endometriosis: A Significant Quality of Life Impact

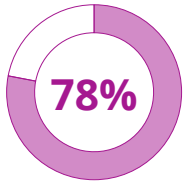
3 in 4

women with endometriosis experience symptoms[1]

MOST COMMON SYMPTOMS REPORTED BY WOMEN[2]



Menstrual pain & cramping (dysmenorrhea)



Non-menstrual Pelvic Pain

Painful Intercourse (dyspareunia)

UNMET NEEDS IN ENDOMETRIOSIS[3]

- Effective treatments that deliver relief from the pain associated with endometriosis
- Medical treatment options that reduce repeated surgical procedures
- Treatments with manageable tolerability profiles
- Less reliance on prescription medications to manage pain associated with endometriosis
- Affordable and easy to access treatment options

(1) Bulletti, et al. Endometriosis and infertility. *J Assist Reprod Genet*. 2010;27(8):441–447.
(2) Agarwal et al, Real-world characteristics of women with endometriosis-related pain entering a multidisciplinary endometriosis program, *BMC Women's Health*. 2021;21:19.
(3) HCP market research.

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Overview of U.S. Prescribing Information for MYFEMBREE

INDICATION

Management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women

Management of moderate to severe pain associated with endometriosis in premenopausal women

- Use of MYFEMBREE should be limited to 24 months due to the risk of continued bone loss which may not be reversible

DOSING

One tablet taken orally once daily, at approximately the same time each day, with or without food

DOSAGE FORM AND STRENGTH

Tablet containing a fixed-dose combination of relugolix 40 mg, estradiol 1 mg, and norethindrone acetate 0.5 mg

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf

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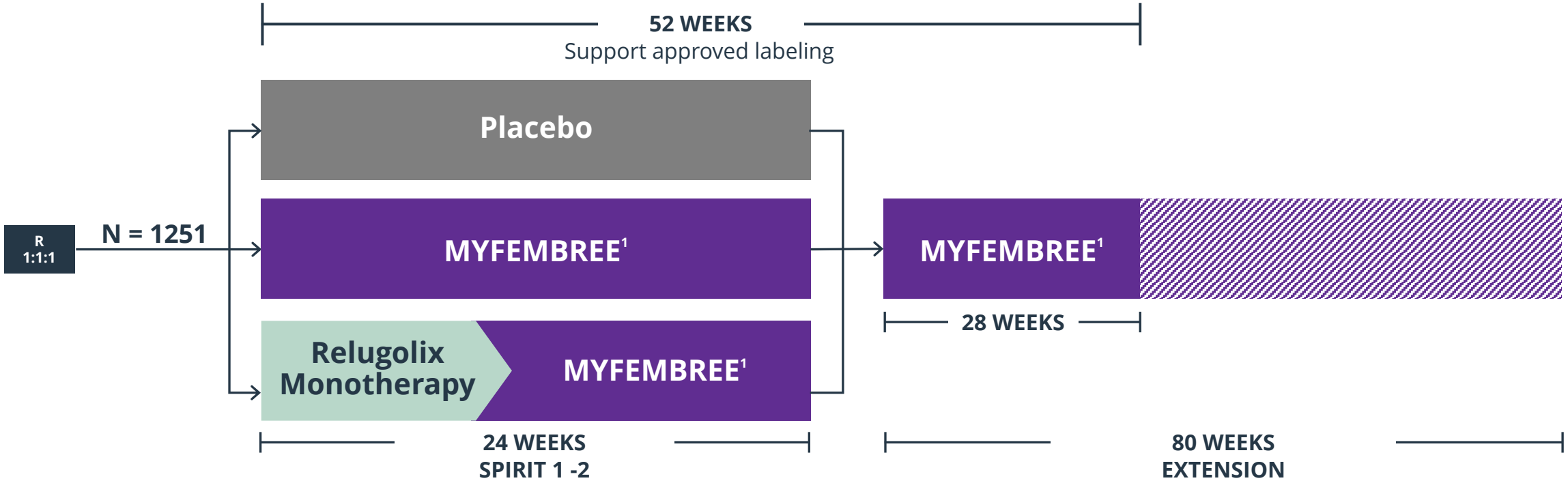
Phase 3 SPIRIT Clinical Program

Two replicate, 24-week, multinational, double-blind trials involving women with moderate to severe pain associated with endometriosis randomized 1:1:1 to receive once-daily placebo, MYFEMBREE[1], or delayed[2] MYFEMBREE[1] followed by optional open-label 80-week extension study

Co-Primary Endpoints:

- Proportion of women with a reduction from baseline of at least 2.8 points on the NRS for dysmenorrhea
- Proportion of women with a reduction from baseline of at least 2.1 points on the NRS for NMPP



NRS = Numerical Rating Scale; NMPP = Non-menstrual Pelvic Pain

(1) In the SPIRIT 1 and 2 studies, women randomized to receive MYFEMBREE were dosed with a once daily relugolix 40 mg tablet plus an over encapsulated tablet of estradiol (E2) 1 mg and norethindrone acetate (NETA) 0.5 mg (relugolix+E2/NETA), which is equivalent to 1 tablet of MYFEMBREE.

(2) Relugolix 40 mg monotherapy for 12 weeks followed by MYFEMBREE[1] for 12 weeks.

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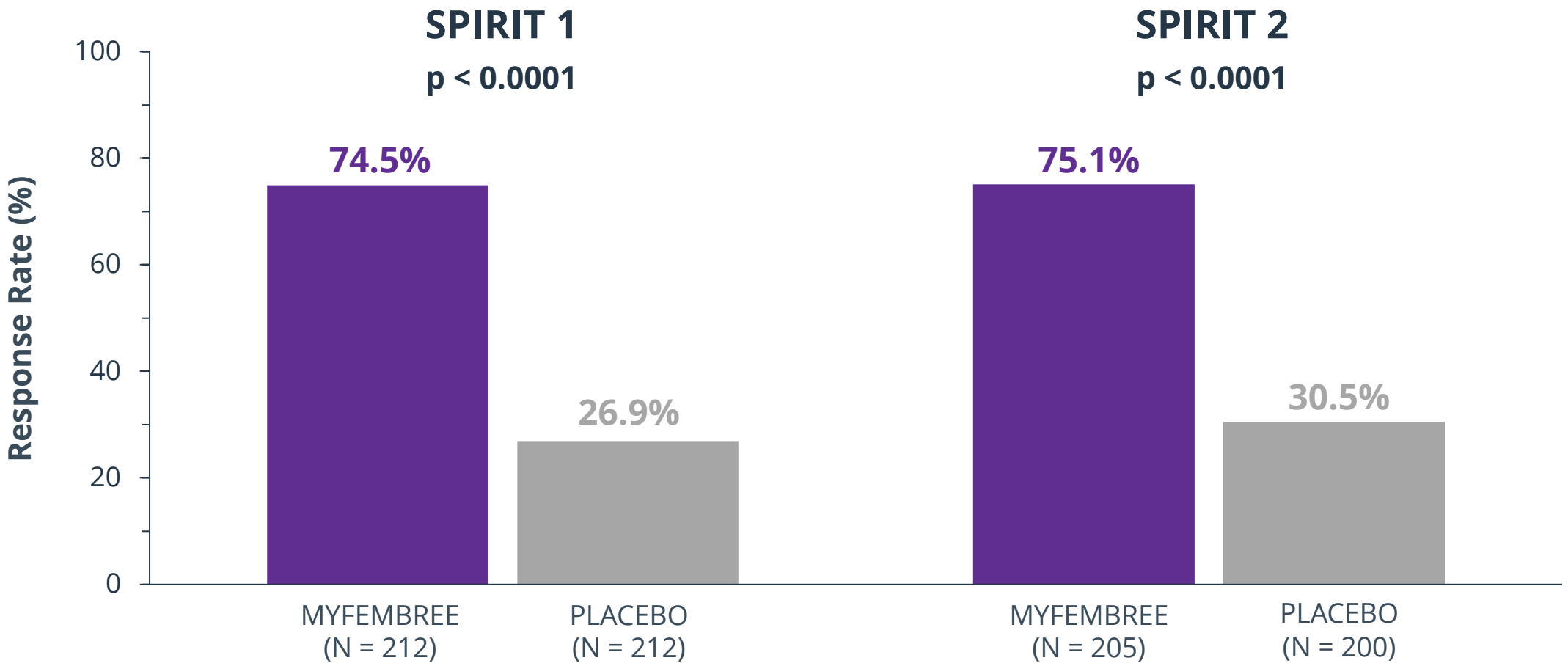
MYFEMBREE Achieved Significant Response Rates[1] for Dysmenorrhea in SPIRIT 1 and 2



(1) Response rate defined as the proportion of women with a reduction from baseline of at least 2.8 points on the NRS for dysmenorrhea and no increase in analgesic use over the last 35 days of treatment at Week 24/EOT.

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf

NOT FOR PROMOTION.

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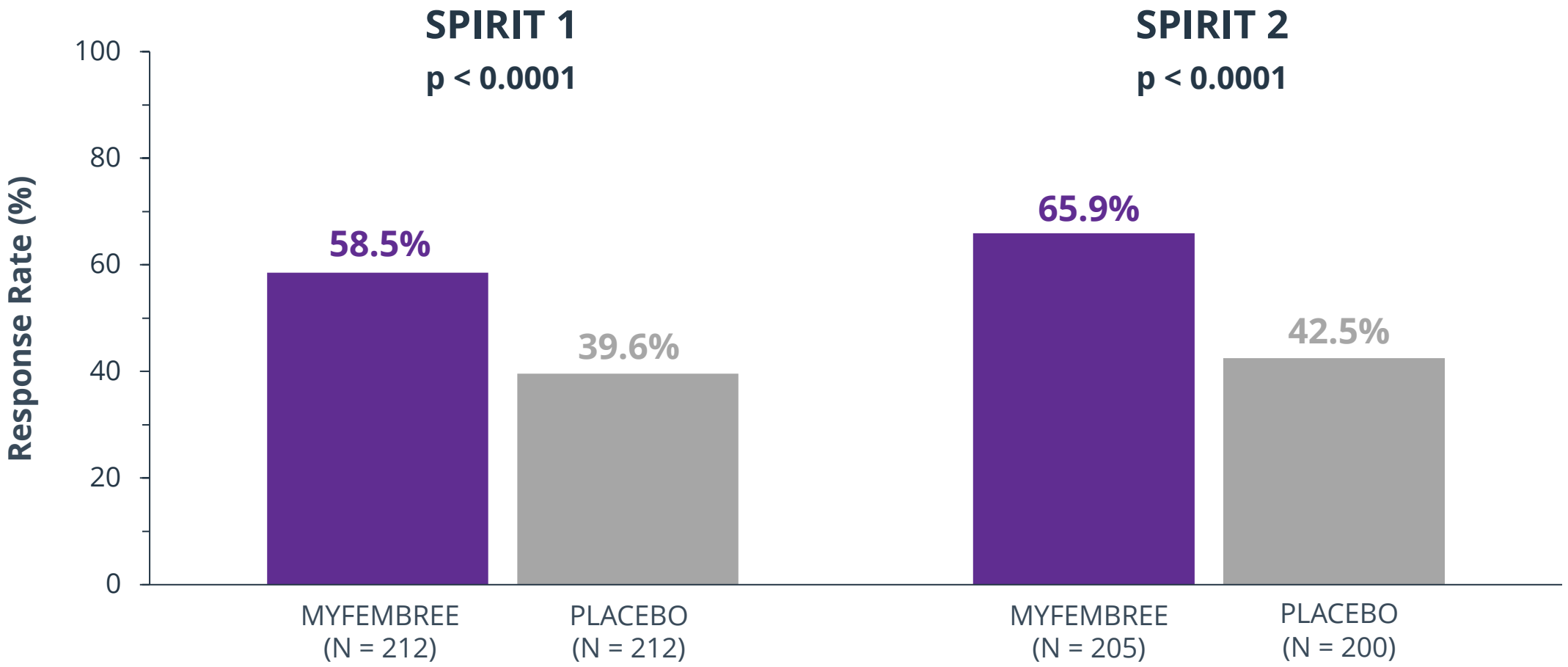
MYFEMBREE Achieved Significant Response Rates[1] for Non-menstrual Pelvic Pain in SPIRIT 1 and 2



(1) Response rate defined as the proportion of women with a reduction from baseline of at least 2.1 points on the NRS for non-menstrual pelvic pain and no increase in analgesic use over the last 35 days of treatment at Week 24/EOT.

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf

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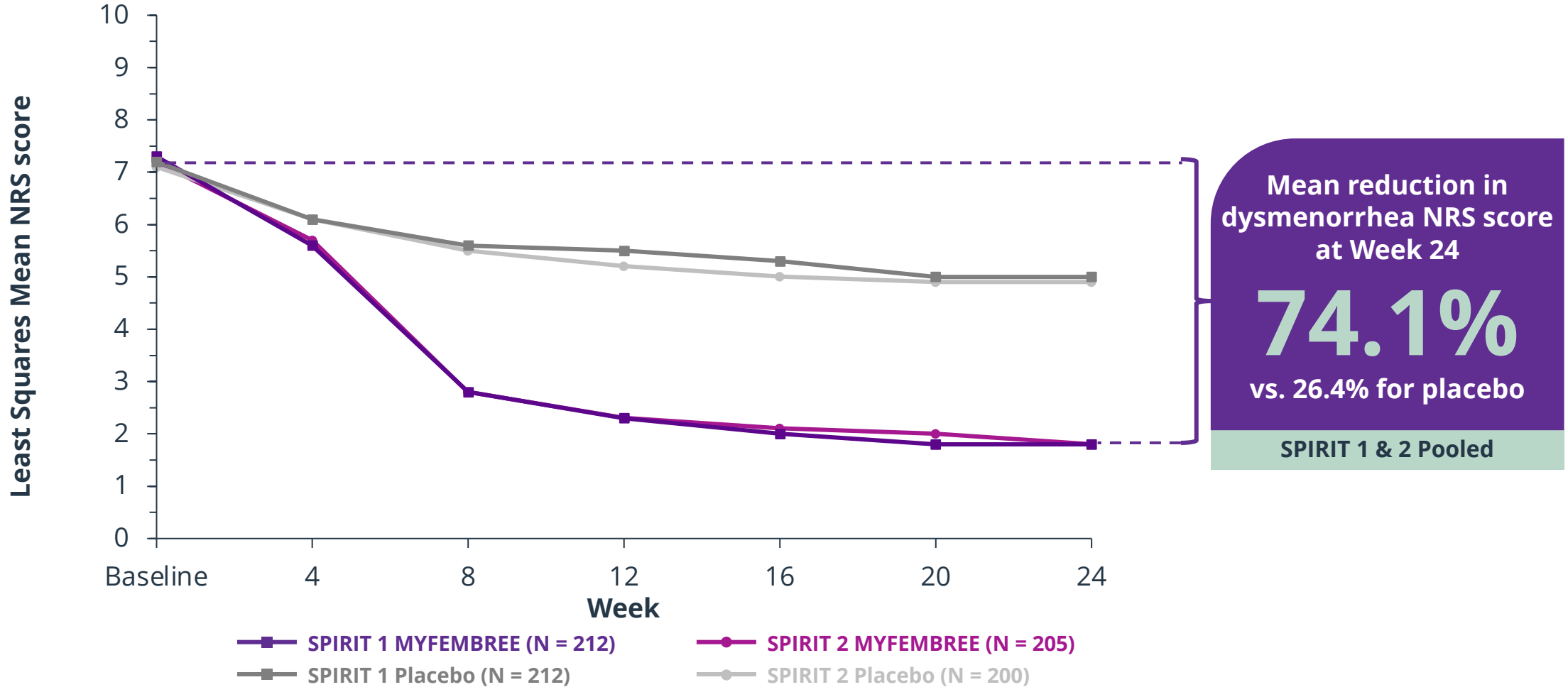
MYFEMBREE Achieved Sustained Reductions in Dysmenorrhea NRS Scores[1]



NRS = Numerical Rating Scale

(1) Up to week 24.

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf

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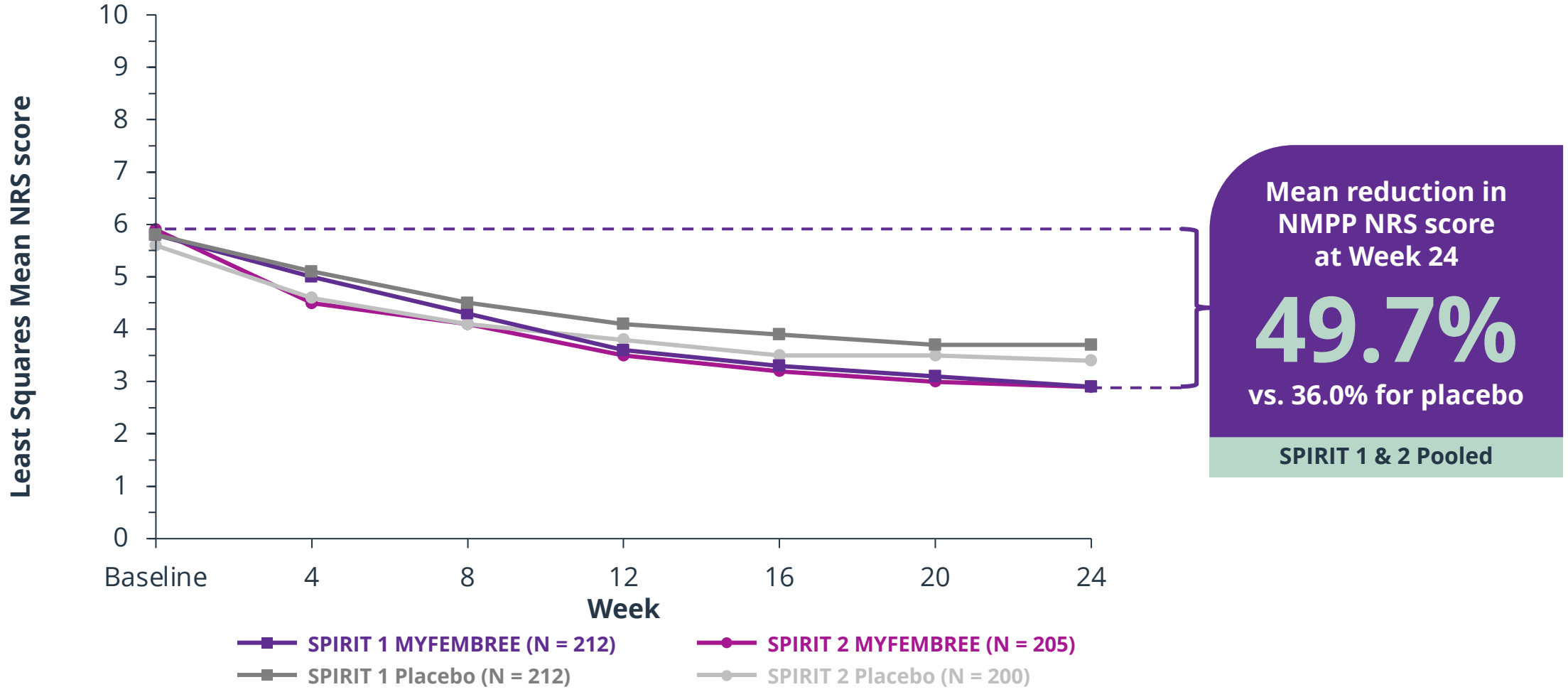
MYFEMBREE Achieved Sustained Reductions in Non-Menstrual Pelvic Pain NRS Scores[1]



NRS = Numerical Rating Scale; NMPP = Non-menstrual pelvic pain

(1) Up to week 24.

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf

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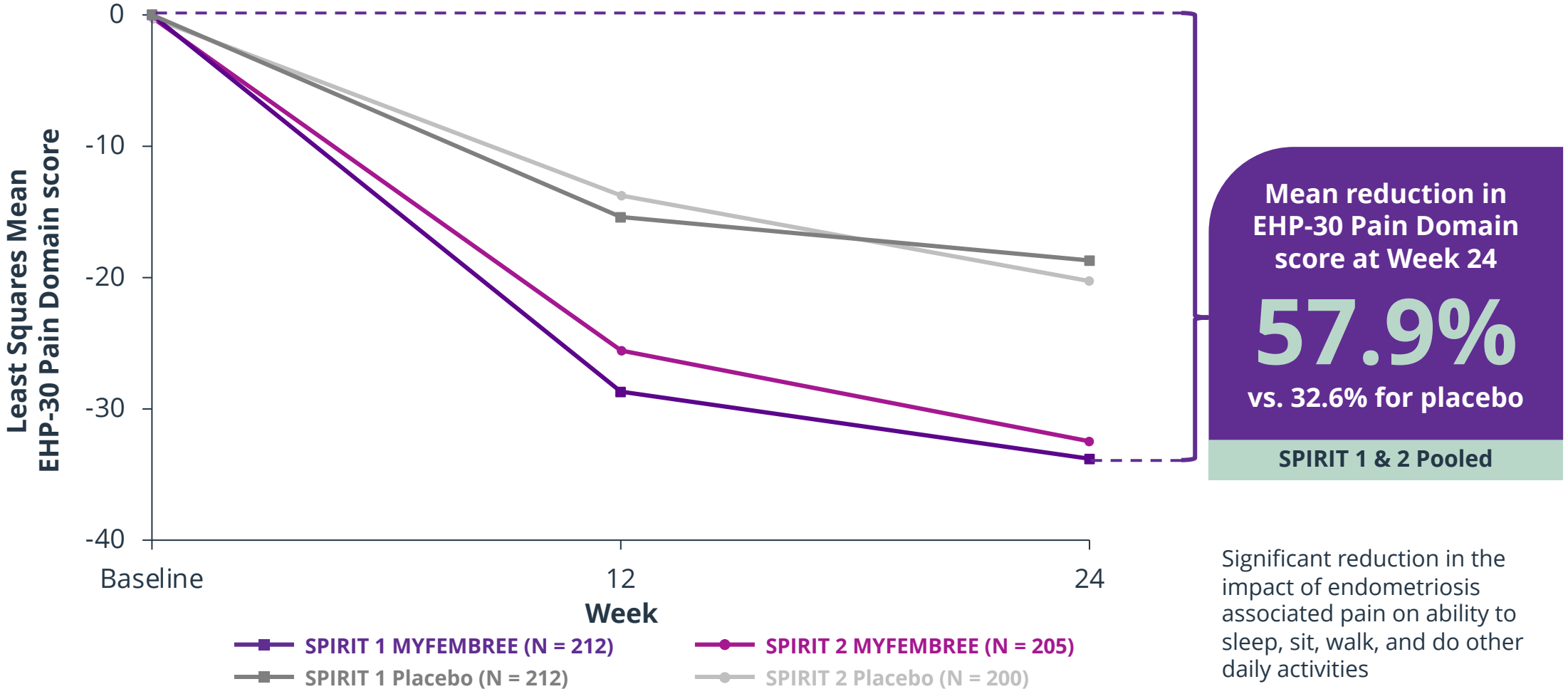
MYFEMBREE Reduced the Impact of Pain on Activities as Shown By EHP-30 Pain Domain[1]



Significant reduction in the impact of endometriosis associated pain on ability to sleep, sit, walk, and do other daily activities

EHP-30 = Endometriosis Health Profile 30

(1) Up to week 24.

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf

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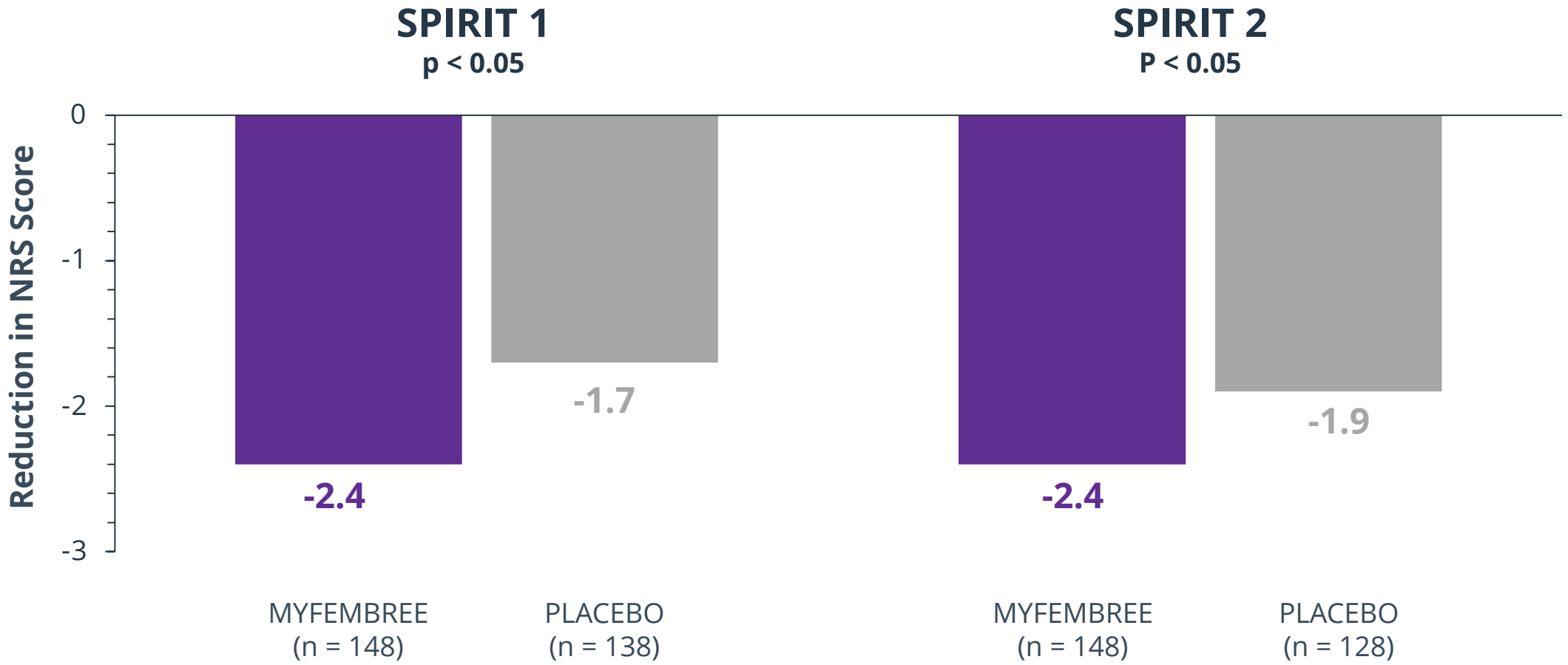
MYFEMBREE Improved Dyspareunia[1] in Women Who Had Pain with Sexual Intercourse at Baseline[2]



n = Subset of women who reported dyspareunia at baseline and who engaged in sexual activity with vaginal intercourse at baseline and during treatment; Dyspareunia = Pain with sexual intercourse

(1) Assessed at Week 24/EOT

(2) Dyspareunia (pain during sexual intercourse) was assessed daily using an 11-point Numerical Rating Scale (NRS) ranging from 0 ("no pain") to 10 ("pain as bad as you can imagine")

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf

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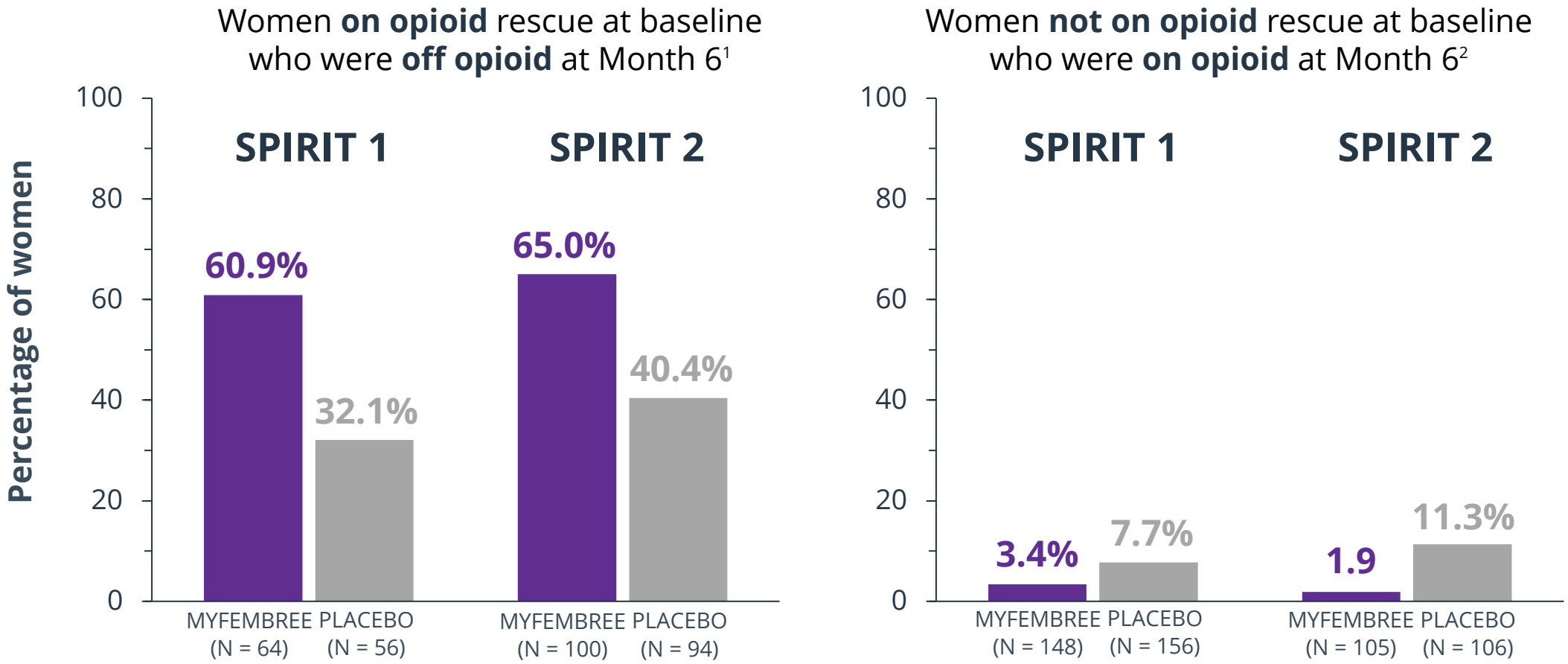
Majority of Women Treated with MYFEMBREE Who Used Opioids at Baseline Were Opioid-free at Week 24



The clinical relevance of these data has not been demonstrated

(1) Denominator is the number of subjects on opioid rescue analgesics at baseline.
(2) Denominator is the number of subjects off opioid rescue analgesics at baseline

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf

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MYFEMBREE Safety Highlights

BOXED WARNING: THROMBOEMBOLIC DISORDERS AND VASCULAR EVENTS

CONTRAINDICATIONS

- High risk of arterial, venous thrombotic, or thromboembolic disorder
- Pregnancy
- Known osteoporosis
- Current or history of breast cancer or other hormone-sensitive malignancies
- Known hepatic impairment or disease
- Undiagnosed abnormal uterine bleeding
- Known hypersensitivity to components of MYFEMBREE

WARNINGS AND PRECAUTIONS

Bone loss; Suicidal ideation and mood disorders (including depression); Hepatic impairment and transaminase elevations; Elevated blood pressure; Change in menstrual bleeding pattern and reduced ability to recognize pregnancy; Risk of early pregnancy loss; Uterine fibroid prolapse or expulsion; Hypersensitivity reactions

Adverse Reactions (≥ 3% of Women) Treated with MYFEMBREE and at a Greater Incidence Than Placebo

	MYFEMBREE (N = 418), %	Placebo (N = 416), %
Headache	**33.0**	26.4
Vasomotor symptoms[1]	**13.2**	7.2
Mood disorders[2]	**9.1**	7.2
Abnormal uterine bleeding[3]	**6.7**	4.6
Nausea	**6.0**	4.1
Toothache	**5.5**	2.4
Back pain	**4.8**	2.9
Decreased sexual desire and arousal[4]	**4.3**	1.2
Arthralgia	**3.6**	2.2
Fatigue	**3.1**	2.4
Dizziness	**3.1**	1.2

Adverse reactions most commonly reported in the SPIRIT extension study were similar to those in the placebo-controlled SPIRIT 1 and 2 studies.

NOTE: Table includes data from SPIRITY 1 and 2 studies pooled only. Does not include extension study.
(1) Includes hot flush, hyperhidrosis, night sweats, and flushing.
(2) Includes affect lability, affective disorder, anxiety, depressed mood, depression, emotional distress, generalized anxiety disorder, irritability, mixed anxiety and depressive disorder, mood altered, mood swings, and suicidal ideation.
(3) Includes menorrhagia, metrorrhagia, vaginal hemorrhage, uterine hemorrhage, polymenorrhea, and menstruation irregular.
(4) Includes libido decreased, libido disorder, and female sexual arousal disorder.
Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf
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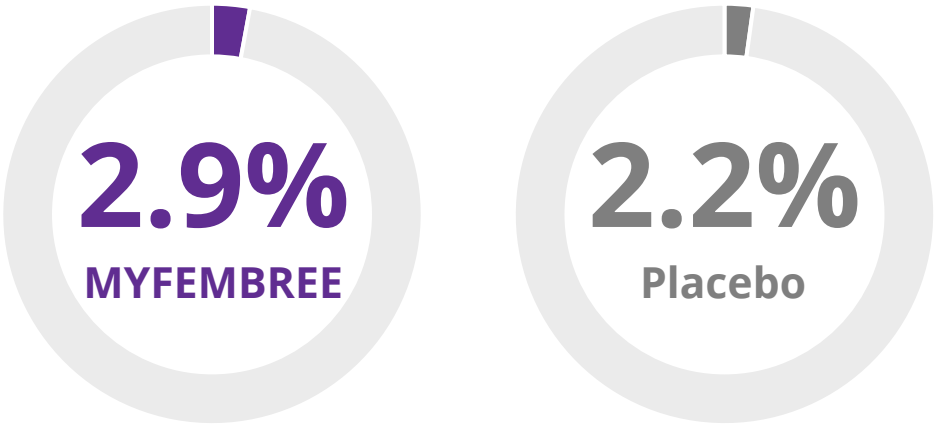
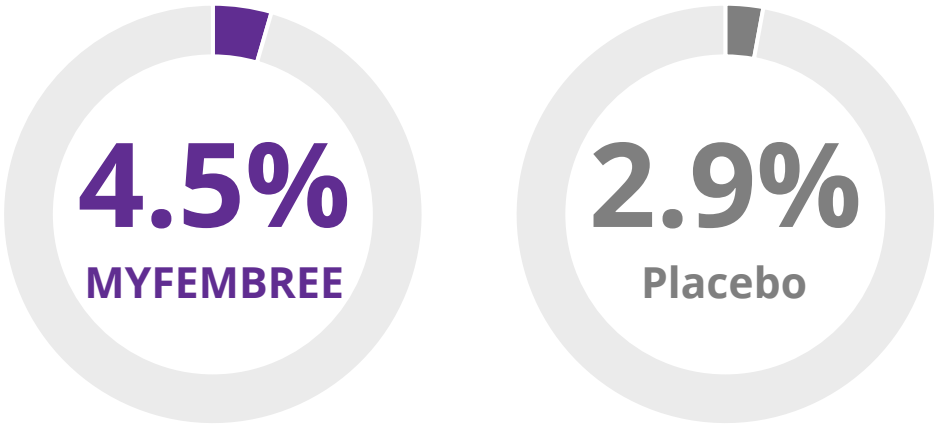
MYFEMBREE Serious Adverse Reactions and Adverse Reactions Leading to Study Discontinuation Similar to Placebo

Proportion of women in which serious adverse reactions were reported



Proportion of women in which adverse reactions led to discontinuation



NOTE: SPIRIT 1 and 2 studies only. Does not include extension study.
Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf
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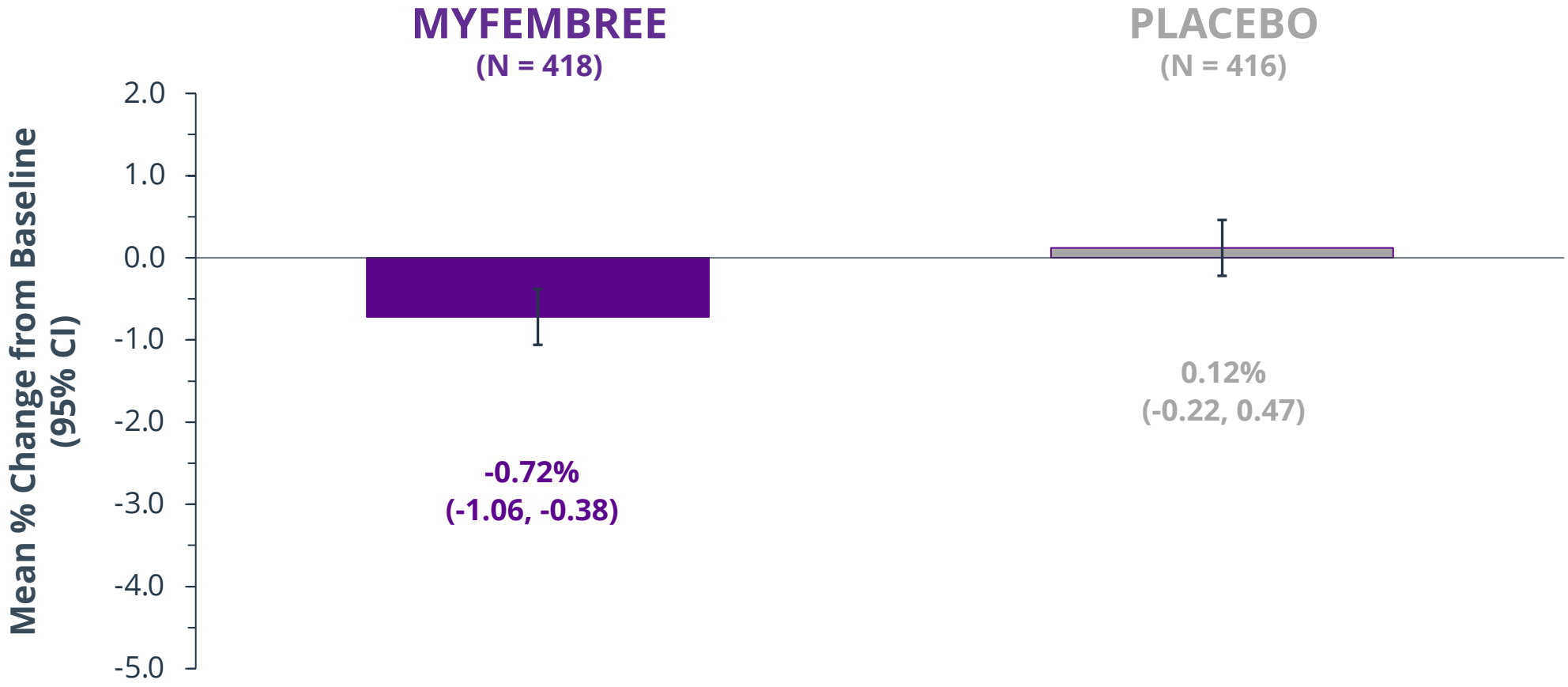
Change from Baseline in Lumbar Spine BMD at Month 6 in Pooled Data from SPIRIT 1 and 2 Studies



BMD = Bone mineral density; CI = Confidence interval
Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf
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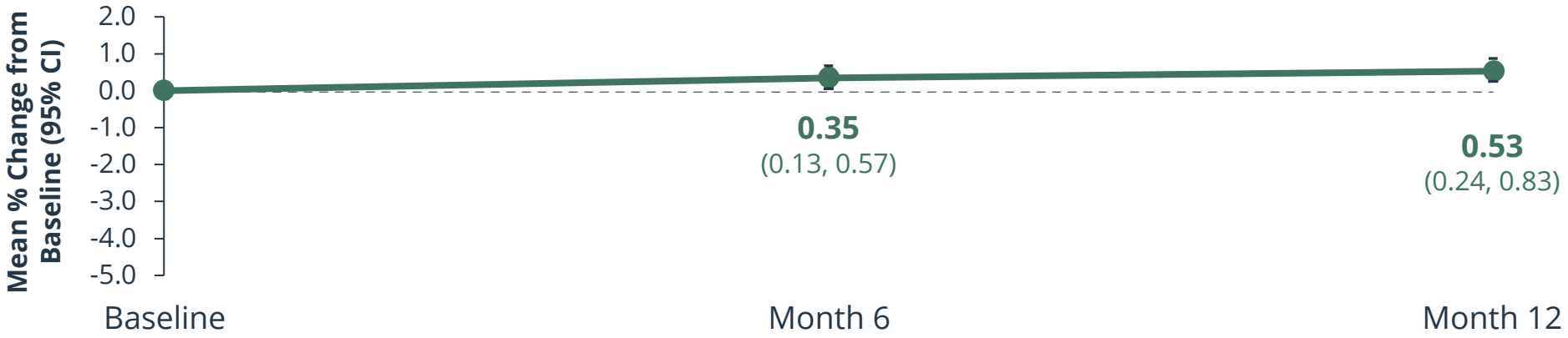
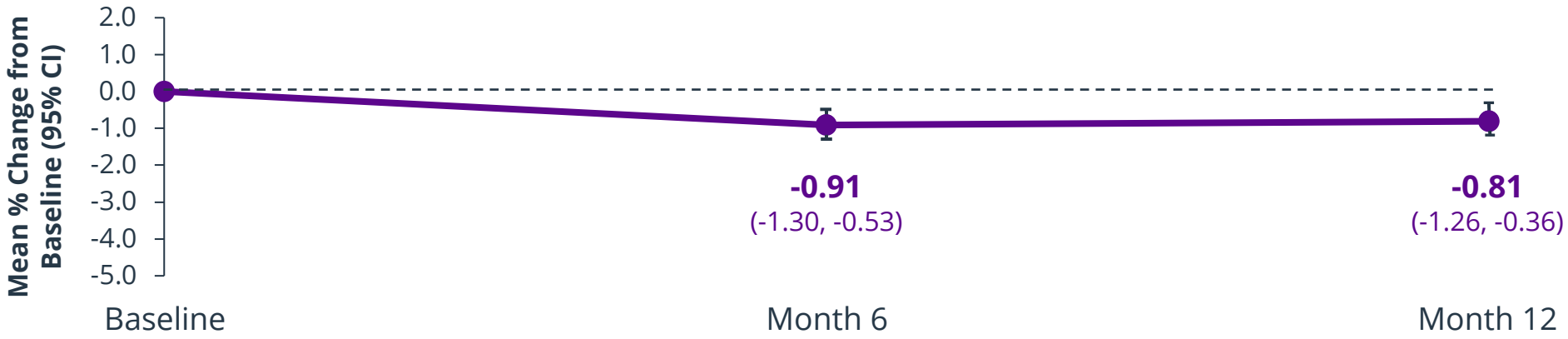
Change from Baseline in Lumbar Spine BMD at Month 6 and Month 12

Natural History Observational Study[1]
(N = 452)



SPIRIT Open-Label Extension Study
(N = 277)



BMD = Bone mineral density; CI = Confidence interval
(1) A separate concurrent prospective observational study enrolled 452 women with endometriosis who were age-matched to participants of the SPIRIT 1 and 2 studies. These women did not receive treatment for endometriosis and underwent DXA scans at Month 6 and Month 12 to monitor for changes in BMD.

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MYFEMBREE for Pain Associated with Endometriosis

CLINICAL PROFILE	MYFEMBREE® (placebo)	
Dose and Dosing Regimen	40 mg once-daily	
Duration of treatment	2 years	
EFFICACY	SPIRIT 1	SPIRIT 2
• Dysmenorrhea	74.5% (26.9%)	75.1% (30.5%)
• Non-Menstrual Pelvic Pain	58.5% (39.6%)	65.9% (42.6%)
• Dyspareunia	✓	✓
EHP 30	✓	✓
Vasomotor Symptoms[1]	13.2% (7.2%)	
Bone Mineral Density Loss, Lumbar Spine *(placebo)*	-0.70% (0.12%)	

- Best in class results for dysmenorrhea, NMPP, and dyspareunia for a product approved with 2 years duration of use
- Demonstrated improvement in the impact of pain on daily function
- Vasomotor symptoms, were infrequent, mild to moderate in severity, and unlikely to lead to discontinuation
- Less than 1% BMD loss over 1 year

Dysmenorrhea = menstrual pain; Dyspareunia = painful intercourse

(1) Includes hot flush, hyperhidrosis, night sweats, and flushing

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf

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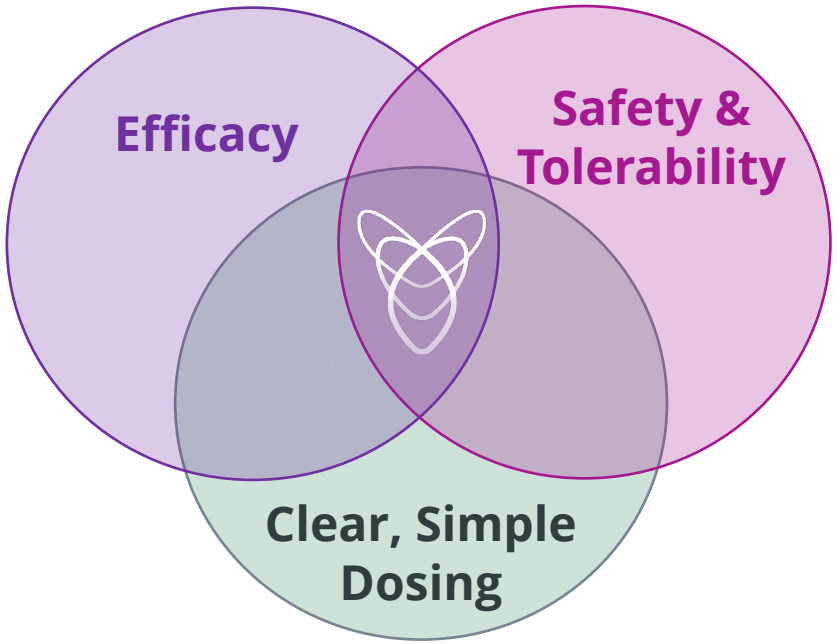
MYFEMBREE Launch Readiness Update

Lauren Merendino
Chief Commercial Officer
Myovant Sciences, Inc.

Only MYFEMBREE Delivers Meaningful Pain Relief and Tolerability in One Simple Pill for Up to 2 Years

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

- **REDUCTION IN MOST COMMON SYMPTOMS[1]:**
  - Dysmenorrhea
  - Non-menstrual pelvic pain
  - Dyspareunia
- **REDUCED IMPACT OF PAIN:** 58% improvement in composite pain score[1]
- **DEMINISHED PAIN MEDICATION USE:** >60% women stopped opioid and analgesic use[1]



- **MOST COMMON ADVERSE EVENTS:** headache, vasomotor symptoms & mood disorders
- **BONE MINERAL DENSITY:** Mean change in lumbar spine bone mineral density of <1% at 1 year
- **USE FOR UP TO 2 YEARS**

ONE BRAND, ONE DOSE, ONE-PILL, ONCE-A-DAY

(1) At 24 weeks.
(2) Includes hot flush, hyperhidrosis, night sweats or flushing.
(3) At 52 weeks

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf
NOT FOR PROMOTION.

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Driving Launch Success Through Focus on Providers, Payers and Patients

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

Position MYFEMBREE as an effective, well-tolerated and simple treatment option for women with endometriosis whose oral contraceptive failed to provide meaningful relief

Rapidly establish high-quality coverage for endometriosis

Ensure positive initial experience for patients

MYFEMBREE's market opportunity approximately doubles with endometriosis approval

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Highly Efficient Launch By Established Team with Existing Relationships

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

High Overlap of Endometriosis & Uterine Fibroid Targets

- Myovant & Pfizer teams prepared for launch in August
- Rapid engagement strategy for priority endometriosis targets
- Existing relationships with vast majority of endometriosis prescribers
- Dual indication calls for vast majority of customers
- Additional efficiencies in speaker programs, conferences and non-personal promotions

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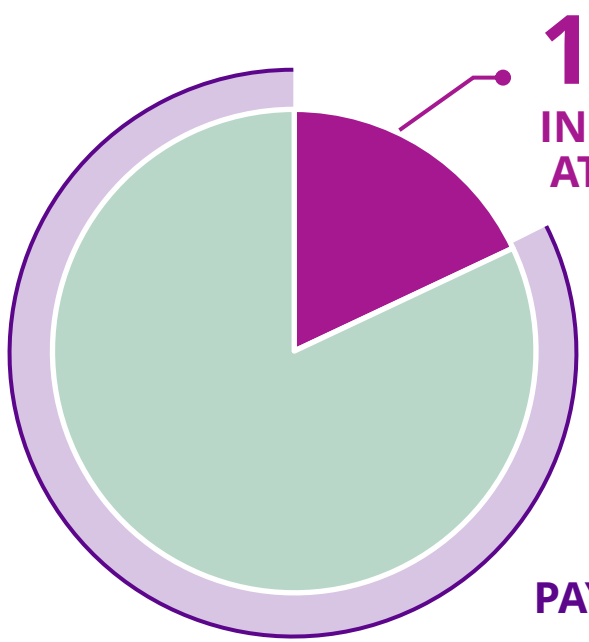
18% of Commercial Lives Covered for Endometriosis at Launch

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

Estimated Commercial Lives Covered
August 2022



18%
INITIAL COVERAGE AT LAUNCH

82%
PAYER DISCUSSIONS ONGOING

Preliminary discussions with payers began pre-launch

Goal of achieving broad commercial coverage within 6 months of launch

(1) Internal assessment of current commercial payer coverage policies
Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf

MYOVANT SCIENCES

Extending Support for Endometriosis Patients to Deliver Positive First Experience

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

Benefits Investigation

Prior Authorization & Appeals Support

Patient Assistance Program for Eligible Uninsured Patients

Starter and Bridge Programs

Copay Support for Commercially Insured Patients

VIRTUAL REIMBURSEMENT MANAGERS

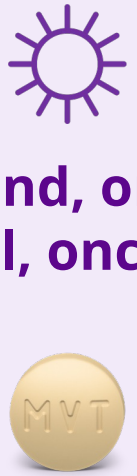
- Works with practices to support efforts in obtaining coverage
- Identifies support services for eligible patients

Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf
NOT FOR PROMOTION.

MYOVANT SCIENCES

Simplicity Across Indications Sets MYFEMBREE Apart

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

	MYFEMBREE	Other GnRH Antagonist Brands
UTERINE FIBROIDS	One brand, one dose, one pill, once-a-day 	300 mg E2/N + 300 mg
ENDOMETRIOSIS		150 mg QD OR 200 mg + 200 mg

GnRH = Gonadotropin-releasing hormone; E2/N = Estradiol and norethindrone acetate; mg = milligram; QD = Once-daily
NOTE: Chart not intended to make any implied or direct comparative conclusions between MYFEMBREE and any other product; pills shown are representative and do not reflect actual size
Full prescribing information for MYFEMBREE, including **Black Box Warning**, is available at www.myovant.com/myfembree-prescribing-information.pdf
NOT FOR PROMOTION.

MYOVANT SCIENCES

Positioned to Deliver on Key Growth Drivers

Delivering for Today

ORGOVYX – drive continued growth across patient types and treatment settings towards establishing a new standard of care

MYFEMBREE – leverage clinical profile and one-brand, one-pill, once-daily advantage to **expand market share** while **growing the class**[1] for both uterine fibroids and endometriosis

Leverage **strategic partnerships** to expand our patient impact globally

Strong **financial position** fuels successful commercial execution and targeted pipeline investments

While Building for Tomorrow

EMA submission for endometriosis by Gedeon Richter in 2022[2]

New Drug Submission to Health Canada for ORGOVYX and MYFEMBREE in 2022[2]

ORGOVYX commercial launch in Europe by Accord expected in 2022[2]

Support FDA's review of the accepted **MYFEMBREE sNDA** based on 2-year data in uterine fibroids; PDUFA January 29, 2023

Submit **MYFEMBREE sNDA** to FDA based on 2-year data in endometriosis in first half of 2023[2]

Details on **new pipeline programs** focused on women's health and hormone-sensitive oncology in FY2022

NBRx = New-to-Brand Prescription; TRx = Total Prescriptions; GnRH = Gonadotropin-releasing Hormone; FDA = U.S. Food and Drug Administration; sNDA = Supplemental New Drug Application; PDUFA = Prescription Drug User Fee Act; EMA = European Medicines Agency

(1) GnRH antagonist class

(2) Calendar year

MYOVANT SCIENCES

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

MYOVANT SCIENCES

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

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