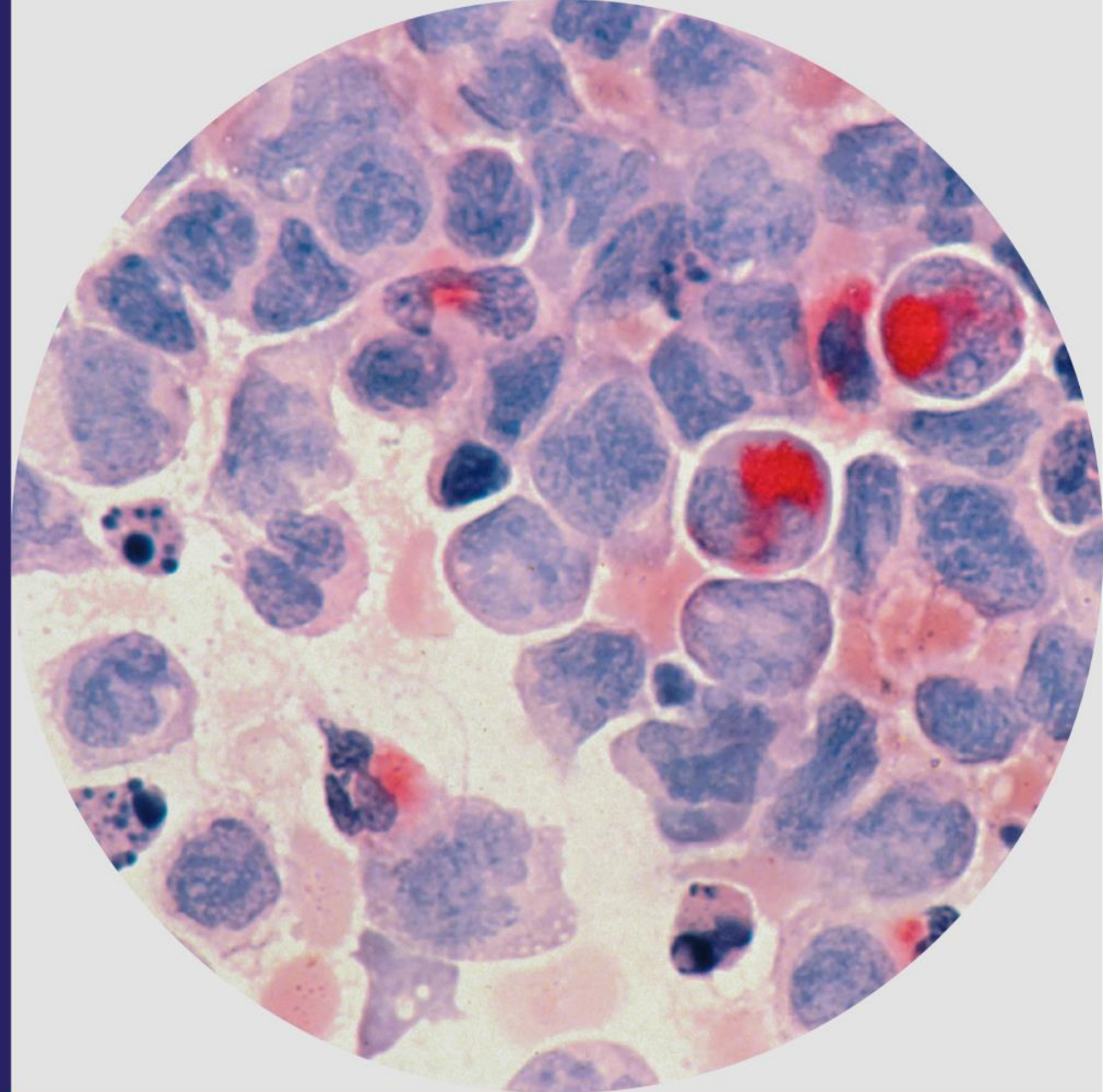


Financial Results and Business Update for the Third Quarter Ended Dec. 31, 2023

roivant



February 13, 2024

Speakers



**Matthew
Gline**

Chief
Executive Officer



**Richard
Pulik**

Chief
Financial Officer



**Frank
Torti, MD**

Vant Chair



**Eric Venker, MD,
PharmD**

President and
Chief Operating
Officer



**Mayukh
Sukhatme, MD**

President and
Chief Investment
Officer

Forward-Looking Statements

This presentation includes forward-looking statements that are subject to substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. All statements other than statements of historical facts contained in this presentation, including statements regarding our future results of operations and financial position, business strategy, potential uses of cash and capital allocation, research and development plans, profitability, the anticipated timing, costs, design and conduct of our ongoing and planned preclinical studies and clinical trials for our products and product candidates, including the information presented in this presentation with respect to (i) the ADORING 1, ADORING 2 and ADORING 3 topline study results and (ii) initial data from a Phase 1 trial of IMVT-1402 and the potential for IMVT-1402 to be best-in-class with respect to IgG lowering and with respect to albumin and LDL impact, and any commercial potential of our product candidates, are forward-looking statements.

These forward-looking statements are based upon the current expectations and beliefs of our management as of the date of this presentation and are subject to certain risks and uncertainties that could cause actual results to differ materially from those described in the forward-looking statements. Although we believe that our plans, intentions, expectations and strategies as reflected in or suggested by those forward-looking statements are reasonable, we can give no assurance that the plans, intentions, expectations or strategies will be attained or achieved. Furthermore, actual results may differ materially from those described in the forward-looking statements. The ADORING 1, ADORING 2 and ADORING 3 topline study results presented here are based on an initial analysis of key efficacy and safety data and such data may not accurately reflect the complete results of the ADORING 1, ADORING 2 and ADORING 3 studies.

These forward-looking statements may be affected by a number of risks, uncertainties and assumptions, including, but not limited to, those risks set forth in the sections captioned “Risk Factors” and “Forward-Looking Statements” of our filings with the U.S. Securities and Exchange Commission, available at www.sec.gov and investor.roivant.com. We operate in a very competitive and rapidly changing environment in which new risks emerge from time to time. These forward-looking statements are based upon the current expectations and beliefs of our management as of the date of this presentation, and are subject to certain risks and uncertainties that could cause actual results to differ materially from those described in the forward-looking statements. Except as required by applicable law, we

assume no obligation to update publicly any forward-looking statements, whether as a result of new information, future events or otherwise.

This presentation includes data for certain of our products or product candidates, including IMVT-1402, as compared to certain other products and product candidates generated from separate, independent studies and that do not come from head-to-head analysis. Differences exist between study or trial designs and subject characteristics and caution should be exercised when comparing data across studies. Data regarding other products and product candidates is based on publicly available information.

VTAMA cream is only FDA-approved for the topical treatment of plaque psoriasis in adults but is under clinical investigation for the treatment of atopic dermatitis in adults and children aged two (2) years old and above.

Non-GAAP Financial Information

The discussions during this conference call will include certain financial measures that were not prepared in accordance with U.S. generally accepted accounting principles (GAAP). Additional information regarding non-GAAP financial measures can be found on slide 31 and in our earnings release furnished with our Current Report on Form 8-K dated February 13, 2024. Any non-GAAP financial measures presented are not, and should not be viewed as, substitutes for financial measures required by U.S. GAAP, have no standardized meaning prescribed by U.S. GAAP and may not be comparable to the calculation of similar measures of other companies.












Disclaimer

This presentation is intended for the investor community only; it is not intended to promote the product candidates referenced herein or otherwise influence healthcare prescribing decisions.

Agenda

- **Roivant in 2024**
- **Recent Immunovant Data**
- **Brepocitinib Upcoming POC Readout in NIU**
- **VTAMA® Psoriasis Launch and Atopic Derm Update**
- **Upcoming Catalysts**
- **Financial Update**
- **Q&A**

Roivant Made Significant Progress in 2023

 <p>Expanded VTAMA Coverage and Reach</p> 	 <p>ADORING 1 and 2 - VTAMA Phase 3 Readouts in AD</p> 	 <p>RVT-3101 (Anti-TL1A) UC Phase 2b Data</p> <p>Sale to Roche</p>	 <p>IMVT-1402 (Next-Gen Anti-FcRn) Initial Human Data</p> 	 <p>Breprocitinib (TYK2/JAK1) Pivotal Trial Readout in SLE</p> 	 <p>Batoclimab Initial Phase 2 Data in Graves Disease</p> 
<p>Coverage expanded to 83% of commercial lives in October</p>	<p>Positive results pave the way to atopic dermatitis market, which is ~4x the size of psoriasis market. AD filing on track for this quarter</p>	<p>Positive final data from global Phase 2b in ulcerative colitis validates best-in-class potential. Sale to Roche closed in 4Q 2023</p>	<p>Two potentially best-in-class anti-FcRn antibodies with deeper IgG reduction and simple subQ dosing give flexibility to maximize value across indications</p>	<p>Breprocitinib did not meet primary endpoint of SRI-4 at week 52 despite observing some of the highest SRI-4 responder rates in an SLE study</p>	<p>Positive results from the initial cohort of patients meaningfully exceeded 50% response rates</p>

Roivant's R&D Productivity in 2023 Matched the Productivity of the Top Global Pharma Companies, at a Fraction of the Cost

Company	Total Phase 2 & Phase 3 Readouts in 2023	Non-Oncology Phase 2 & Phase 3 Readouts in 2023	2022 R&D Expense (\$BN)
Pharma A	28	3	10.1
Pharma B	20	6	9.8
Pharma C	14	6	14.7
Pharma D	13	8	15.2
Pharma E	12	9	6.9
Pharma F	12	9	7.1
Pharma G	11	2	8.4
Pharma H	10	7	10.0
Pharma I	9	7	6.5
Roivant	7	7	0.6
Pharma J	7	2	4.6
Pharma K	7	3	2.9
Pharma L	6	2	4.8
Pharma M	5	4	10.4
Pharma N	4	4	3.4
Pharma O	2	2	3.0

2024 Will Be a Year of Expansion for Roivant



Deliver Clinical Data for Leading Anti-FcRn Franchise and Announce Development Plans for 1402

Anticipate that deeper IgG suppression may lead to greater efficacy across multiple indications with readouts for batoclimab in CIDP and MG



Advance Clinical Development In a Range of Underappreciated Pipeline Opportunities

Expect clinical trial readouts for brepocitinib and namilumab to inform portfolio expansion decisions



File VTAMA sNDA in AD & Accelerate PsO Revenue Growth

Expect to file sNDA this quarter; accelerate PsO revenue growth through script expansion and GTN yield accretion



Expand Pipeline Through Mid-Late-Stage Business Development

Bolster pipeline through creative, win-win deals with partners, enabled by execution track record and strong balance sheet



Finalize Capital Allocation Strategy Across Best Value Creation Opportunities

Plan to be prudent and thoughtful; will prioritize optimizing shareholder base for next era of Roivant growth

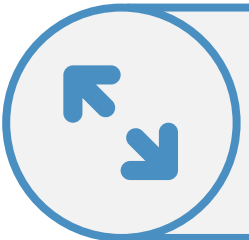
Extraordinary Capital Infusion Creates Financial Flexibility

Roivant will be prudent and thoughtful on capital allocation decisions with \$6.7BN cash balance¹



Capitalize Roivant to Profitability

Roivant's current programs are funded to profitability with meaningful capital to spare



Expand Pipeline through Additional Business Development

Provides dedicated capital for proven BD engine to bring in differentiated growth drivers
























Potential for Capital Return

Expect to be prudent and thoughtful and prioritize reducing shareholder concentration

Our Next Chapter is Anchored by Our Robust Late-Stage Pipeline

Exciting late-stage I&I pipeline with six ongoing registrational trials in multi-billion dollar markets

	Modality	Preclinical	Phase 1	Phase 2	Phase 3	Approved
 VTAMA (tapinarof) cream 1% Psoriasis <i>Dermavant</i>	Topical					
 VTAMA (tapinarof) cream 1% Atopic Dermatitis <i>Dermavant</i>	Topical				Completed	
 BATOCLIMAB Myasthenia Gravis <i>Immunovant</i>	Biologic					
 BATOCLIMAB Thyroid Eye Disease <i>Immunovant</i>	Biologic					
 BATOCLIMAB Chronic Inflammatory Demyelinating Polyneuropathy <i>Immunovant</i>	Biologic					
 BATOCLIMAB Graves' Disease <i>Immunovant</i>	Biologic					
 IMVT-1402 Numerous Indications <i>Immunovant</i>	Biologic					
 BREPOCITINIB Dermatomyositis <i>Priovant</i>	Small Molecule					
 BREPOCITINIB Other Indications <i>Priovant</i>	Small Molecule					
 NAMILUMAB Sarcoidosis <i>Kinevant</i>	Biologic					
 UNDISCLOSED Undisclosed Indications	Undisclosed					

 Roivant has discontinued the development of RVT-2001 after an interim data analysis from the Phase 1/2 study

 Represents potentially registrational trials

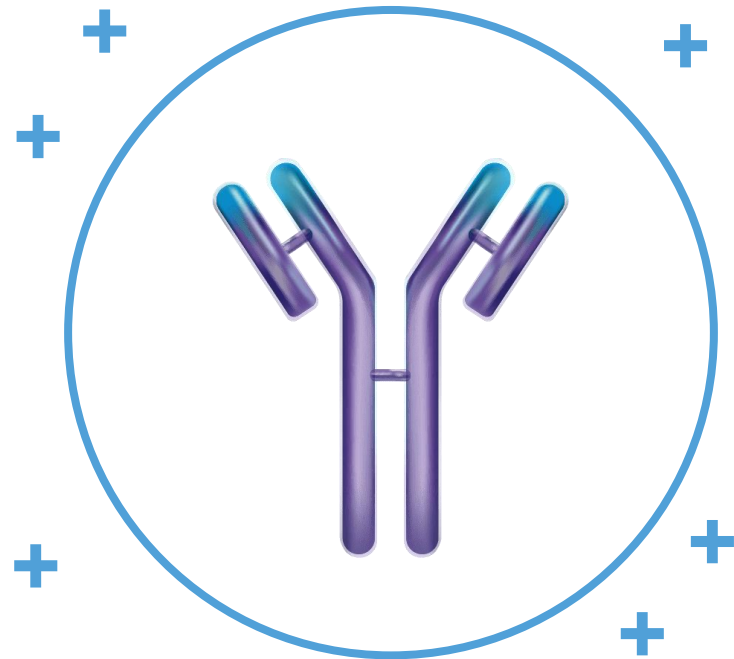
Recent Immunovant Data

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IMVT-1402 Has Potentially Best-In-Class Attributes to Address Large Unmet Need in Autoimmune Disease

IMVT-1402



Novel, fully human, monoclonal antibody inhibiting FcRn-mediated recycling of IgG



Deep IgG Lowering Initial Phase 1 data suggests deep dose-dependent IgG lowering similar to batoclimab



Favorable Analyte Profile Initial Phase 1 data supports a favorable analyte profile with no or minimal effect on albumin and LDL









Convenient Administration Formulated for simple subcutaneous injection that may enable self-administration at home



Compelling Patent Protection Pending composition of matter patent expected for IMVT-1402 to 2043*

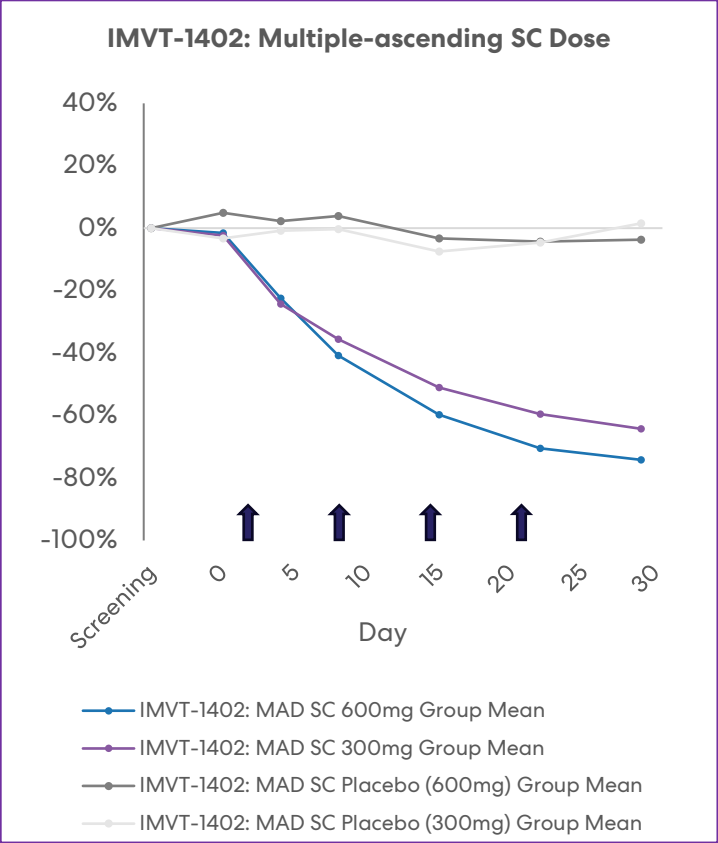
Consistent Evidence Across Programs and Indications that Greater IgG Reduction Leads to Greater Efficacy*

	Company	Evidence of Greater IgG Reductions Translating to Clinical Benefit
MG	 	Patient-level scatter plot showed that greater IgG declines → greater MG-ADL improvements
TED		Greater IgG reduction across arms → higher rates of anti-TSHR antibody reduction and greater clinical response rates
GD		Greater IgG reduction across treatment cohorts → higher rates of anti-TSHR autoantibody reduction and numerically higher responses for ATD dose tapering and ATD discontinuation observed
ITP		Greater IgG reduction across arms → greater platelet responses
RA		In those patients with greater IgG reduction → correlation with greater autoAb reduction → correlation with greater clinical response

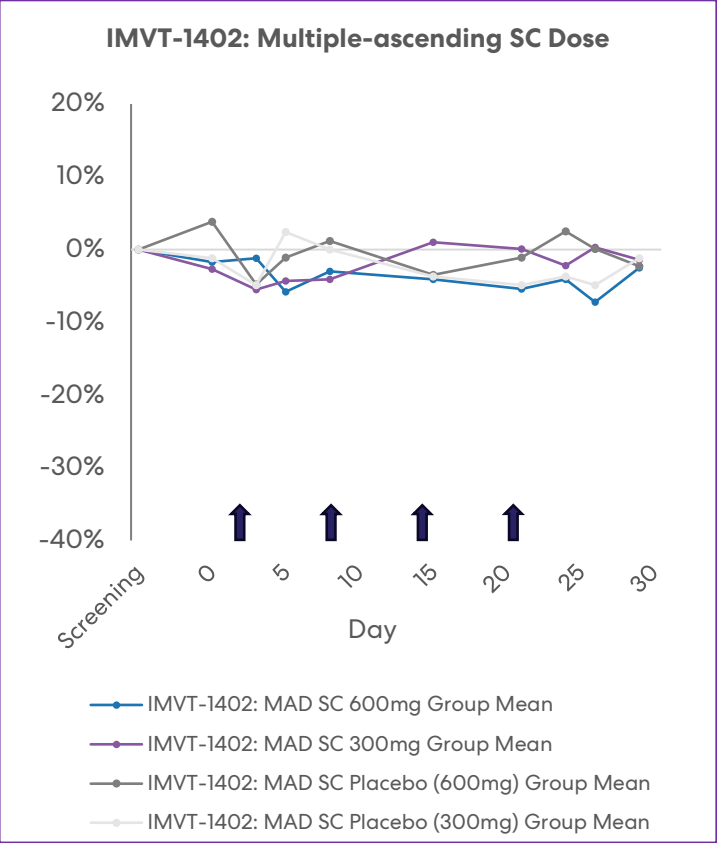
IMVT-1402 Demonstrated Potentially Best-in-Class Profile in Initial Phase 1 Clinical Trial Data in Healthy Adults

Deep IgG reduction with minimal to no impact on albumin and LDL

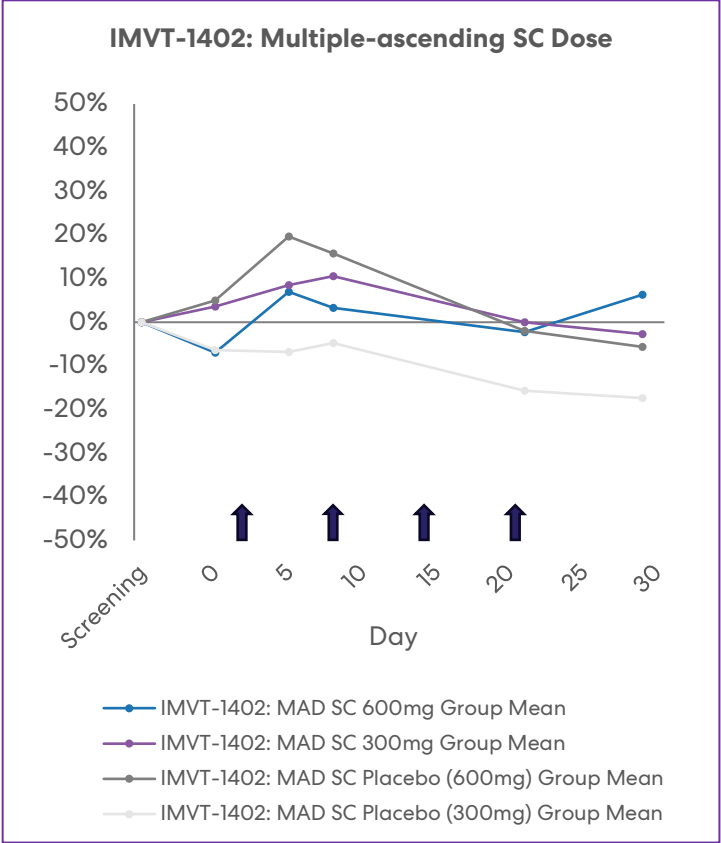
IgG % change over time



Albumin % change over time



LDL % change over time



IMVT-1402 Showed a Favorable Safety Profile in Initial Phase 1 Data Set

	SC SAD			SC MAD		
	Placebo	300mg	600mg	Placebo	300mg	600mg
	N = 4 n (%)	N = 6 n (%)	N = 6 n (%)	N = 4 n (%)	N = 10 n (%)	N = 10 n (%)
Participants with at least one TEAE	3 (75)	4 (67)	5 (83)	4 (100)	7 (70)	6 (60)
Participants with at least one TESAE	0	0	0	0	0	0
Participants discontinued study due to TEAEs	0	0	0	0	1 (10) ¹	0
Participants with dose reduction or interruption due to TEAE	0	0	0	0	0	0
Deaths	0	0	0	0	0	0
TEAE (≥ 2 Participants in any 1402 treated cohort)						
Injection site pain	0	1 (17)	0	1 (25)	0	3 (30)
Catheter site bruise ²	0	0	0	1 (25)	0	2 (20)
Catheter site pain ²	0	1 (17)	0	1 (25)	2 (20)	0

All TEAEs were either mild or moderate with no severe TEAEs reported across any arm to date

The First and Only Anti-FcRn Program Targeting Graves' Disease^{1,2}

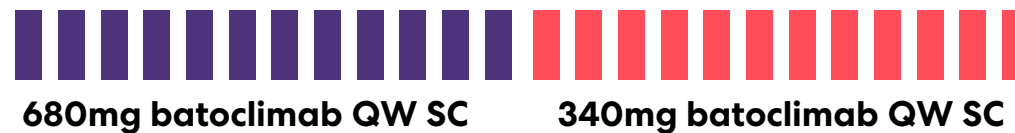
Inclusion^A

- Subjects with active GD as documented by presence of elevated stimulatory TSH-R-Ab
- Subjects on an ATD for ≥ 12 weeks before the Screening Visit
- Subjects hyperthyroid despite ATD

Screening (4 weeks)

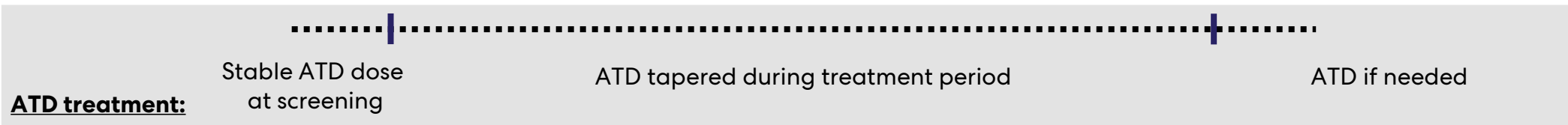
Treatment Period: (24 weeks)
N = up to 40

Two doses tested
over 24 weeks



Follow-up Period

Primary endpoint:
Proportion of participants who achieve normalization of T3 and T4 at Week 24 with ATD dose < baseline ATD dose



Positive Initial Phase 2 Proof-of-Concept Data Enhances First-in-Class Opportunity in GD



Results from the initial cohort of patients in the ongoing 24-week clinical trial meaningfully exceeded 50% response rates



Numerically higher responses for ATD dose tapering and ATD discontinuation observed in patients receiving 680 mg batoclimab as compared with 340 mg



12 weeks of 680 mg batoclimab treatment demonstrated potential best-in class IgG reduction, up to 87% and a mean of 81%, greater than 340 mg IgG reduction



Future development in GD will be on IMVT-1402, with plans expected to be announced later in 2024

Our Market: Autoimmune Diseases Driven by Harmful IgG Autoantibodies

22 indications currently announced or in development across the anti-FcRn class¹



NEUROLOGY

Chronic inflammatory demyelinating polyneuropathy (CIDP)

Myasthenia gravis (MG)

Autoimmune encephalitis

COVID-POTS

Myelin oligodendrocyte glycoprotein antibody disorders (MOG-antibody disorder)



ENDOCRINOLOGY

Thyroid eye disease (TED)

Graves' disease

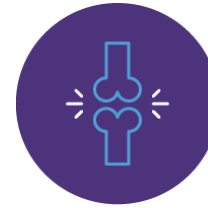


HEMATOLOGY

Hemolytic disease of the fetus and newborn

Idiopathic thrombocytopenic purpura

Warm autoimmune hemolytic anemia (WAIHA)



RHEUMATOLOGY

Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis

Myositis

Primary Sjogrens syndrome

Rheumatoid arthritis

Severe fibromyalgia syndrome

Systemic lupus erythematosus



DERMATOLOGY

Bullous pemphigoid

Pemphigus foliaceus

Pemphigus vulgaris



RENAL

Antibody-mediated rejection

Lupus nephritis

Membranous nephropathy

Brepocitinib Upcoming POC Readout in NIU

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Oral Brepocitinib Overview

Potential multi-billion dollar specialty autoimmune franchise with upcoming catalysts in 2024 and 2025

Six Positive Placebo-Controlled Phase 2 Studies Conducted

- Clinically meaningful efficacy demonstrated in Psoriasis, Alopecia, Psoriatic Arthritis, Ulcerative Colitis, Hidradenitis Suppurativa, and Crohn's disease
- Did not meet primary endpoint in Systemic Lupus Erythematosus
- Safety in line with other JAKs

Registrational Data in DM Expected in 2025

- **Dermatomyositis:** Large orphan indication with no NCEs approved in past 60 years and no other oral therapies in late-stage development
- P3 study ongoing – data expected to read out in 2025 and be sufficient for NDA filing

Potential for Multiple Additional Large Market Orphan Indications with Rapid Path to Market

- **Hidradenitis Suppurativa:** Phase 2 results suggest potential for better efficacy than selective JAK1 inhibitors and comparable to leading biologics
- **Non-infectious uveitis:** PoC data expected Q1 2024
- Potential 2024 initiation of a registrational study (e.g., in NIU or HS) and additional POC studies

Strong Intellectual Property Position

- IP protection expected until at least 2039*

Non-Infectious Uveitis: A Sight-Threatening Ocular Disease

Opportunity for brepocitinib to become the first approved oral therapy for the treatment of a leading cause of blindness

30,000

New cases of legal blindness attributable to NIU in the US each year¹

>75,000

Patients living with non-anterior NIU in the United States¹

Most Common Symptoms

Light sensitivity, pain, redness and floaters

Etiology

Idiopathic, or secondary to systemic autoimmune diseases²

1

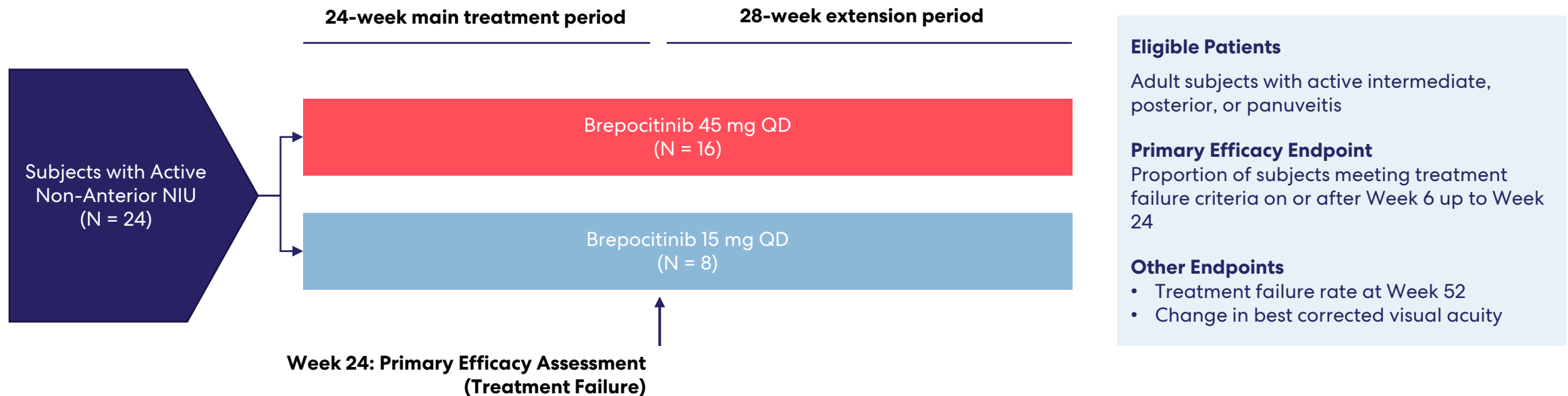
Approved targeted therapy (Humira)



Posterior Segment Inflammation
Diffuse areas of capillary leakage and disc hyperfluorescence

Phase 2 POC Study Designed to Provide Rapid Validation of TYK2/JAK1 Approach in NIU

Enrollment complete; topline data expected in CQ1 2024



- Phase 2 study of filgotinib confirmed therapeutic relevance of JAK1 inhibition in NIU; TYK2-mediated cytokines (IL-12/23) are also involved in pathobiology
- Success criteria for brepocitinib study: 45mg treatment failure rate of no greater than 70%*

VTAMA® Psoriasis Launch and Atopic Derm Update

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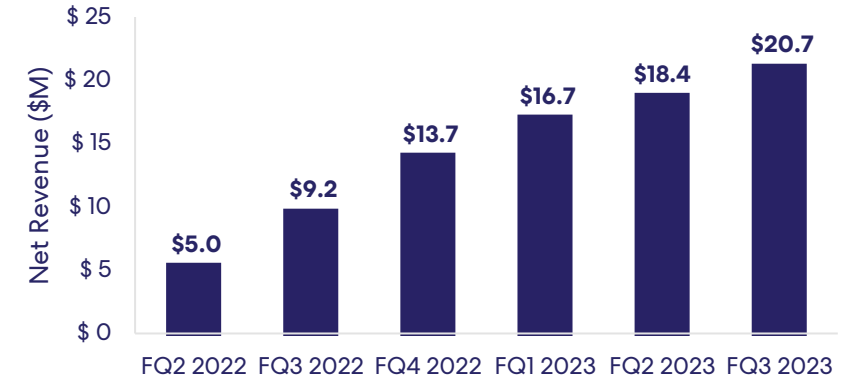
Another Quarter of VTAMA Launch Execution & Strong Demand

\$20.7M net product revenue for quarter ended Dec. 31, 2023

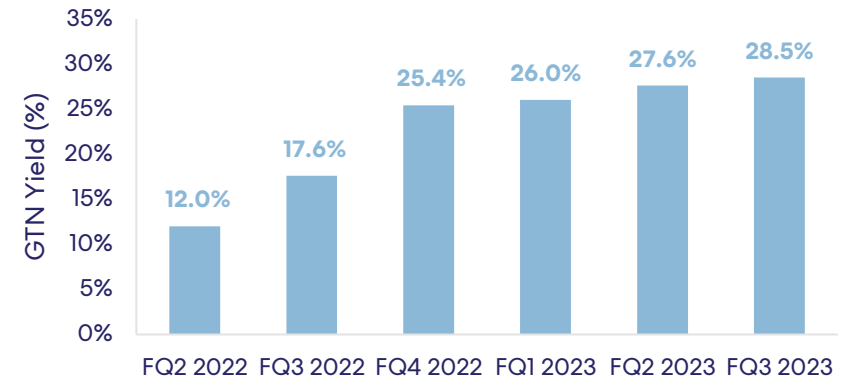
28.5% net yield for quarter ended Dec. 31, 2023

137M commercial lives covered (83% of total)

Net Product Revenue Since Launch



GTN Yield Since Launch

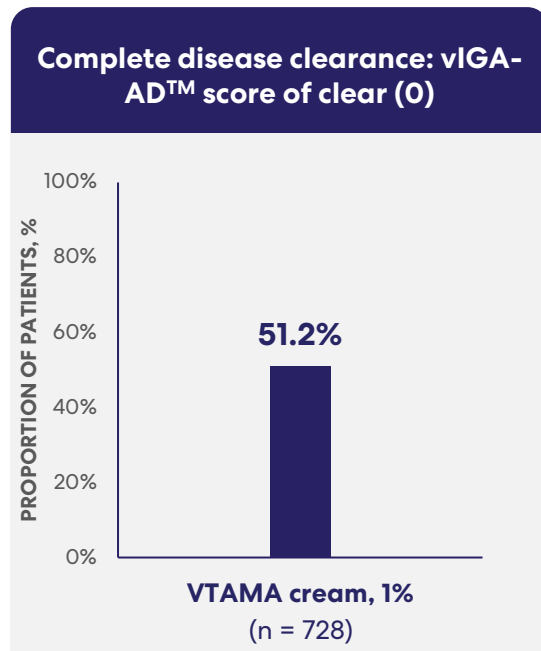


Continued growth in product revenue shows strong patient demand and good payer progress

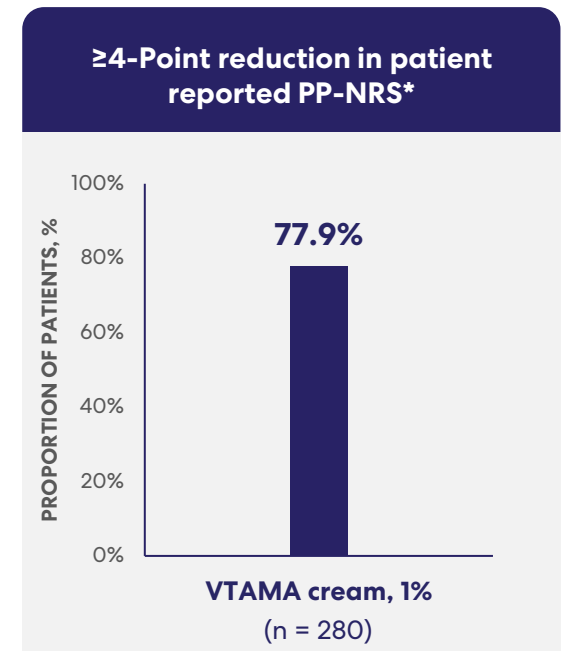
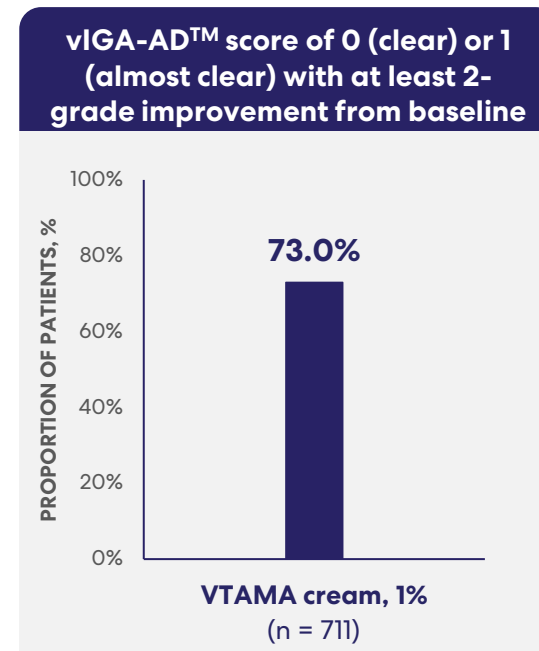
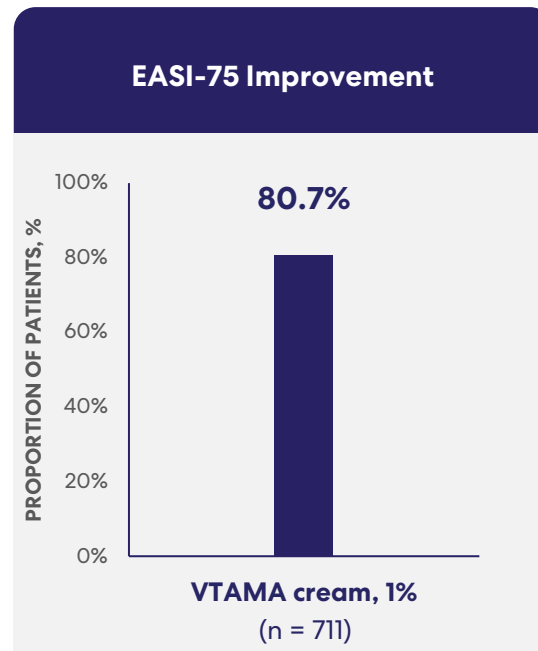
Long-Term Positive Data Shows Continued Efficacy Improvement for VTAMA in AD with Strong Safety Profile

Two interim analyses of ADORING program in adults and children as young as age 2 validate that VTAMA cream may provide patients with long-term disease control

ADORING 3 Study (48 weeks)



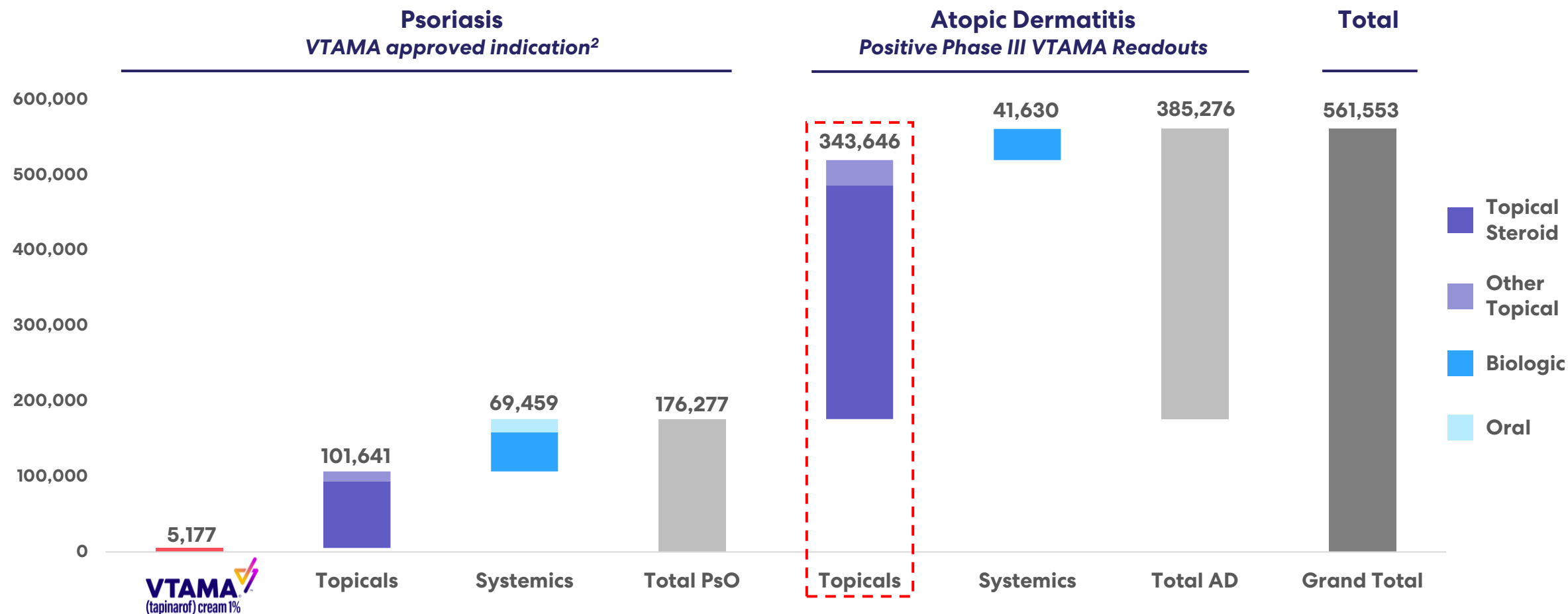
Integrated Analysis of ADORING 1/2/3 and MUPK Studies (up to 56 weeks)



Overall adverse event profile in ADORING 3 with up to 48 weeks of treatment was consistent with ADORING 1 and 2 trials; majority of AEs were mild to moderate in nature and the discontinuation rate due to AEs was only 2.6%

AD Data Supports Potential Market Expansion from ~100K Weekly Topical TRx in Psoriasis to ~450K Combined Weekly Topical TRx Market

Psoriasis and Atopic Dermatitis Total Market – Weekly TRx¹

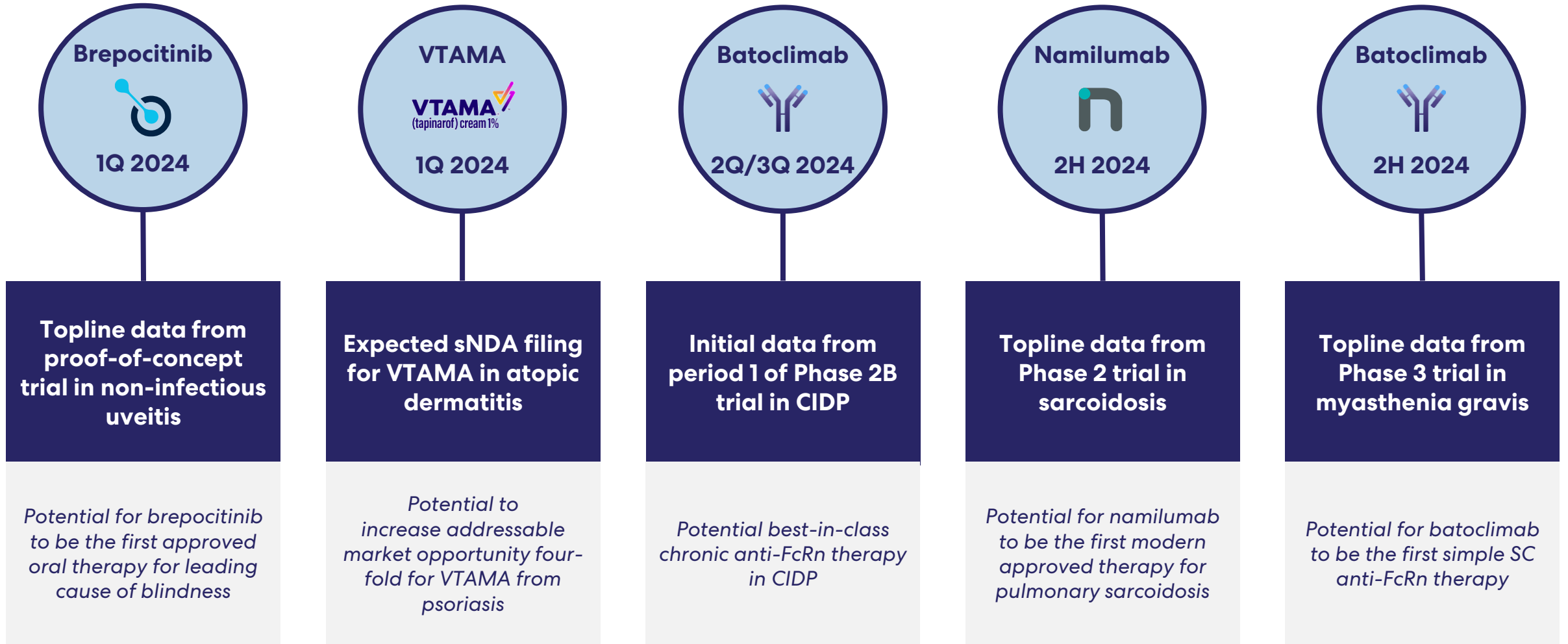


Upcoming Catalysts

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Clinical Trial Readouts and Milestones Will Drive Significant Potential Value Creation Opportunities in 2024



Financial Update

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Key Financial Items











Income Statement Metrics and Select Non-GAAP Metrics for the Three Months Ended December 31, 2023

- Net revenue of \$37.1M, including net product revenue of \$20.7M
- R&D expense of \$124M; adjusted R&D expense (non-GAAP) of \$115M
- SG&A expense of \$197M; adjusted SG&A expense (non-GAAP) of \$148M
- Net income of \$5.1B; adjusted net loss (non-GAAP) of \$175M

Balance Sheet Metrics at December 31, 2023

- Cash, cash equivalents and restricted cash of \$6.7B as of December 31, 2023
- Debt as of December 31, 2023 consists of:
 - Credit facility with net carrying value of \$37M
 - VTAMA royalty financing with net carrying value of \$191M
 - Financing in the form of regulatory and sales milestones with a fair value of \$222M
- 805,846,006 common shares issued and outstanding as of February 9, 2024

Rich Catalyst Calendar Through 2025

Program	Vant	Catalyst	Expected Timing
VTAMA (tapinarof) cream		Updates on commercial launch of VTAMA in psoriasis	Ongoing
Roivant pipeline growth		New mid/late-stage in-licensing announcements	Ongoing
LNP platform		Updates to LNP patent litigation	Ongoing
Brepocitinib		Topline data from proof-of-concept trial in non-infectious uveitis	1Q 2024
VTAMA (tapinarof) cream		Expected sNDA filing for VTAMA in atopic dermatitis	1Q 2024
Batoclimab		Initial data from period 1 of Phase 2B trial in chronic inflammatory demyelinating polyneuropathy	2Q/3Q 2024
Namilumab		Topline data from Phase 2 trial in sarcoidosis	2H 2024
Batoclimab		Topline data from Phase 3 trial in myasthenia gravis	2H 2024
Batoclimab		Topline data from Phase 3 trials in thyroid eye disease	1H 2025
Brepocitinib		Topline data from Phase 3 trial in dermatomyositis	2025

Thank you.

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