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Targeted science, Tailored solutions

for people with autoimmune disease

MG & CIDP Results

March 2025

Forward-looking statements

This presentation contains forward-looking statements for the purposes of the safe harbor provisions under The Private Securities Litigation Reform Act of 1995 and other federal securities laws. The use of words such as "can," “may,” “might,” “will,” “would,” “should,” “expect,” “believe,” “estimate,” “design,” “plan,” "intend," "anticipate," and other similar expressions are intended to identify forward-looking statements. Such forward looking statements include Immunovant’s expectations regarding the goals of its clinical development programs, including the efficacy, safety, and clinical success of batoclimab in Immunovant’s myasthenia gravis (MG) and chronic inflammatory demyelinating polyneuropathy (CIDP) programs; belief in the performance, magnitude of benefit, or best-in-class results shown with batoclimab relative to therapies evaluated in other trials; plans and expectations for a pivotal trial of IMVT-1402 in MG, including the timing thereof; expectations regarding the potential for IMVT-1402 to meet or exceed the results observed in studies of batoclimab; beliefs regarding the best-in-class potential of IMVT-1402; and the anticipated benefits of Immunovant’s strategic reprioritization from batoclimab to IMVT-1402. All forward-looking statements are based on estimates and assumptions by Immunovant’s management that, although Immunovant believes to be reasonable, are inherently uncertain. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that Immunovant expected. Such risks and uncertainties include, among others: initial results or other preliminary analyses or results of early clinical trials may not be predictive of final trial results or of the results of later clinical trials; results of animal studies may not be predictive of results in humans; the timing and availability of data from clinical trials; the timing of discussions with regulatory agencies, as well as regulatory submissions and potential approvals; the continued development of Immunovant’s product candidates, including the timing of the commencement of additional clinical trials; Immunovant’s scientific approach, clinical trial design, indication selection, and general development progress; future clinical trials may not confirm any safety, potency, or other product characteristics described or assumed in this presentation; any product candidate that Immunovant develops may not progress through clinical development or receive required regulatory approvals within expected timelines or at all; Immunovant’s product candidates may not be beneficial to patients, or even if approved by regulatory authorities, successfully commercialized; the effect of global factors such as geopolitical tensions and adverse macroeconomic conditions on Immunovant’s business operations and supply chains, including its clinical development plans and timelines; Immunovant’s business is heavily dependent on the successful development, regulatory approval and commercialization of batoclimab and IMVT-1402; Immunovant is in various stages of clinical development for IMVT-1402 and batoclimab; Immunovant’s intellectual property position; and Immunovant will require additional capital to fund its operations and advance IMVT-1402 and batoclimab through clinical development. These and other risks and uncertainties are more fully described in Immunovant’s periodic and other reports filed with the Securities and Exchange Commission (SEC), including in the section titled “Risk Factors” in Immunovant’s most recent Quarterly Report on Form 10-Q for the quarter ended December 31, 2024, filed with the SEC on February 6, 2025, and Immunovant’s subsequent filings with the SEC. Any forward-looking statement speaks only as of the date on which it was made. Immunovant undertakes no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events or otherwise.

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Batoclimab MG and CIDP Data Set New Benchmarks for Efficacy and Further Confirm Deeper IgG Reduction is Better

MG Efficacy

- Statistically significant and clinically meaningful outcomes across multiple endpoints
- Clear dose response across endpoints:
  - 340 mg results consistent with other FcRn programs achieving mid-60s % IgG reduction
  - 680 mg showed meaningfully greater improvements than 340 mg
  - 680 mg showed best-observed absolute improvements on many measures for any Phase 3 trial to date
- Placebo MG-ADL improvements greater than in earlier generation FcRn studies, consistent with recent nipocalimab data
- Period 2 maintenance data in line with expectations from dose/frequency reduction

CIDP Efficacy

- Available data support best-in-class profile (pooled due to ongoing study)
- Observed clear link between IgG reduction and clinically meaningful measures

Safety & Tolerability

- Consistent with prior data for batoclimab and other anti-FcRn antibodies

Dose response & link to IgG reduction position IMVT-1402 to win even in difficult to study indications

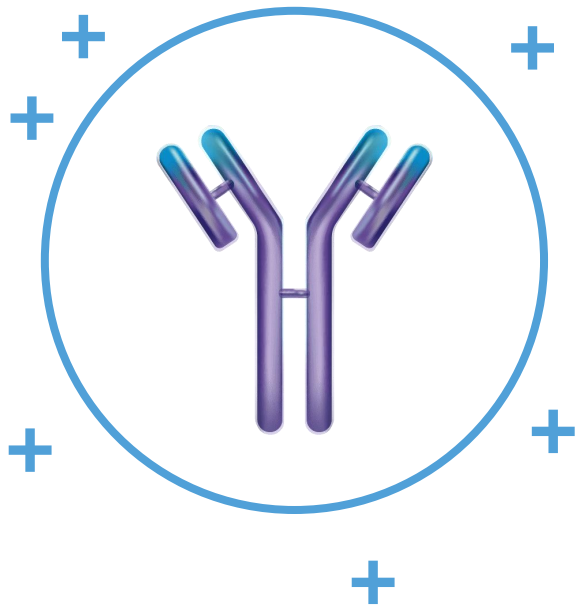
Robust Datasets Support IMVT-1402's Long-Term Value Creation Opportunity

IMVT's Lead Asset with 6 cleared INDs

Robust IgG lowering and favorable safety profile drive optimism for differentiation vs. other FcRn inhibitors

Internal Data Validates Deeper is Better in multiple studies across GD, MG, and CIDP with notably improved clinical benefits for patients with IgG reduction >70%*

IMVT-1402



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

Deep IgG Lowering Phase 1 data suggests deep dose-dependent IgG lowering; expected to reach ~80% with continued weekly dosing of 600 mg

Ongoing Clinical Progress with Graves' Disease pivotal study actively enrolling and a multi-year lead over competitors; registrational trials in MG and CIDP expected to begin imminently

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* Compared to those with IgG reduction <70% in the same study

IMVT-1402 has a combination of potentially best-in-class attributes not seen with other FcRn inhibitors

- Demonstrated best-in-class IgG reductions, similar to batoclimab, in simple subcutaneous form factor[1]
- Demonstrated minimal to no impact on albumin and minimal to no impact on LDL[1]
- Product profile differences between batoclimab and IMVT-1402 due to optimized binding orientation on Fc receptor
- IMVT-1402 starting pivotal trials with intended commercial formulation and device: 2.25 mL YpsoMate® autoinjector

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Notes: 1. See corporate presentation for IMVT-1402 Phase 1 program data. Ypsomate® is a registered trademark of Ypsomed AG

Goals for the Batoclimab Myasthenia Gravis and CIDP Programs

- **Establish best-in-class efficacy in MG and CIDP** ✓
- **Demonstrate ability to meet key unmet need of deep and durable clinical response** ✓
- **Settle Lower is Better debate: showcase deeper IgG reductions drive greater clinical benefit, defined as ≥10% relative improvement** ✓
- **Create opportunity to accelerate registrational programs for IMVT-1402 in MG and CIDP** ✓

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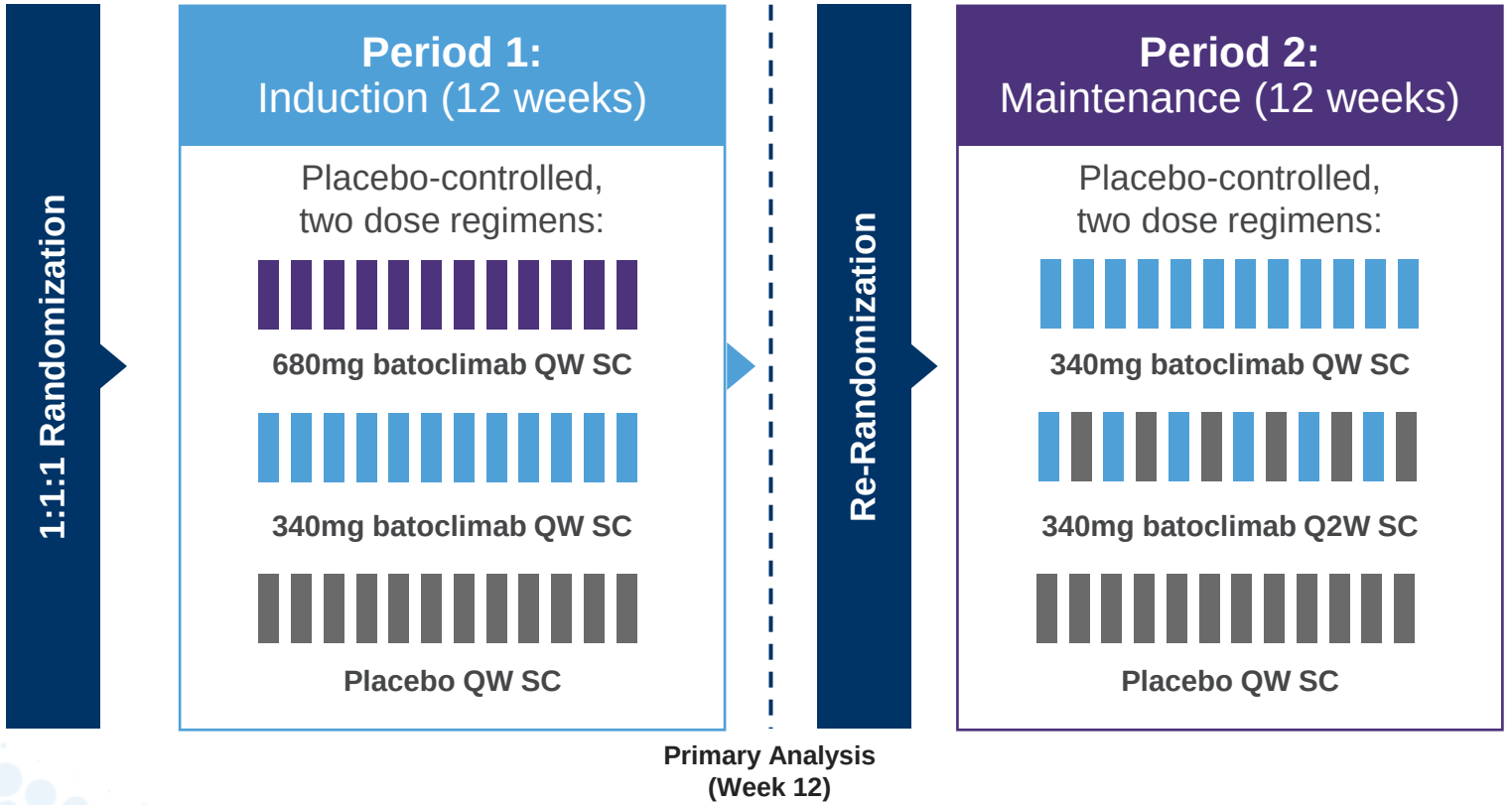
MG Topline Results

Phase 3 trial designed to potentially demonstrate best-in-class, dose dependent efficacy in MG patients



Primary analysis population:
AChR Ab+

Primary endpoint: change in MG-ADL through 12 weeks

Inclusion Criteria: generally similar to other pivotal MG trials

Data presented in the following slides is from the Period 1 primary AChR+ analysis population

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Notes: 1. Responder defined as ≥2-point improvement in MG-ADL score from baseline. Period 2 followed by Long-Term Extension (LTE) study. QW: Weekly; Q2W: Bi-weekly; SC: Subcutaneous injection; AChR Ab+: Acetylcholine receptor antibody-positive; MG-ADL: Myasthenia Gravis Activities of Daily Living scale.

Baseline characteristics well-balanced across arms

AChR+ Population	Placebo (N=55)	Batoclimab 340mg (N=52)	Batoclimab 680mg (N=57)
Age	51.9	53.8	54.4
Gender, female	33 (60%)	32 (62%)	32 (56%)
Race			
White	51 (93%)	41 (79%)	52 (91%)
Black	1 (2%)	3 (6%)	1 (2%)
Asian	1 (2%)	5 (10%)	1 (2%)
Other	2 (4%)	2 (4%)	3 (5%)
Unknown	0 (0%)	1 (2%)	0 (0%)
Weight, kg	79.6	78.1	80.7
Time since diagnosis, years	7.2	7.6	6.1
MGFA Class at Screening			
II	27 (49%)	28 (54%)	31 (54%)
III	28 (51%)	23 (44%)	24 (42%)
IV	0 (0%)	1 (2%)	2 (4%)
AChR autoantibody-positive	55 (100%)	52 (100%)	57 (100%)
Total MG-ADL score	8.7	8.5	8.8
Total QMG score	15.9	15.5	16.4
Total MGC score	18.3	17.4	19.0
Total MG-QOL15r score	15.9	17.0	16.2
Baseline corticosteroid use	25 (46%)	30 (58%)	25 (44%)
Baseline NSIST use	17 (31%)	21 (40%)	20 (35%)

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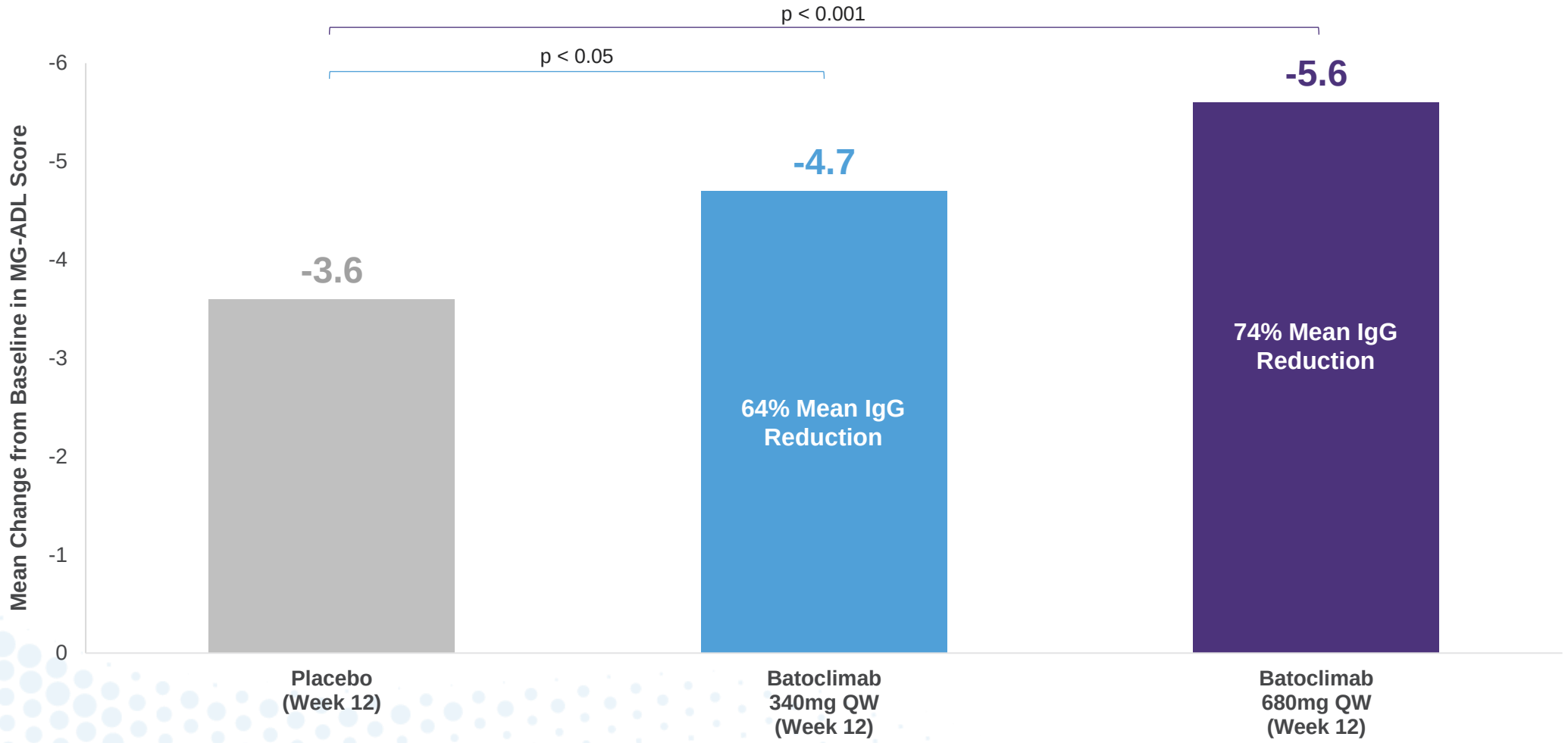
Notes: Data are mean or n (%); AChR: Acetylcholine receptor; MG-ADL: Myasthenia Gravis Activities of Daily Living scale; QMG: Quantitative Myasthenia Gravis; MGC: Myasthenia Gravis Composite; MG-QOL15r: Myasthenia Gravis Quality of Life 15-item Scale – Revised; NSIST: Non-steroidal immunosuppressant therapy.

Batoclimab met its primary endpoint of change in MG-ADL from baseline in AChR+ patients, with the 680mg dose setting a new benchmark for magnitude of benefit



Notes: Placebo N=55, 340mg Batoclimab N=52, 680mg Batoclimab N=57. QW: Once Weekly; IgG: Immunoglobulin G; AChR+: Acetylcholine receptor antibody-positive; MG-ADL: Myasthenia Gravis Activities of Daily Living scale.

340mg performs in line with other FcRn's; 680mg breaks the therapeutic ceiling by reaching the highest MG-ADL reduction observed in Phase 3 trials to-date

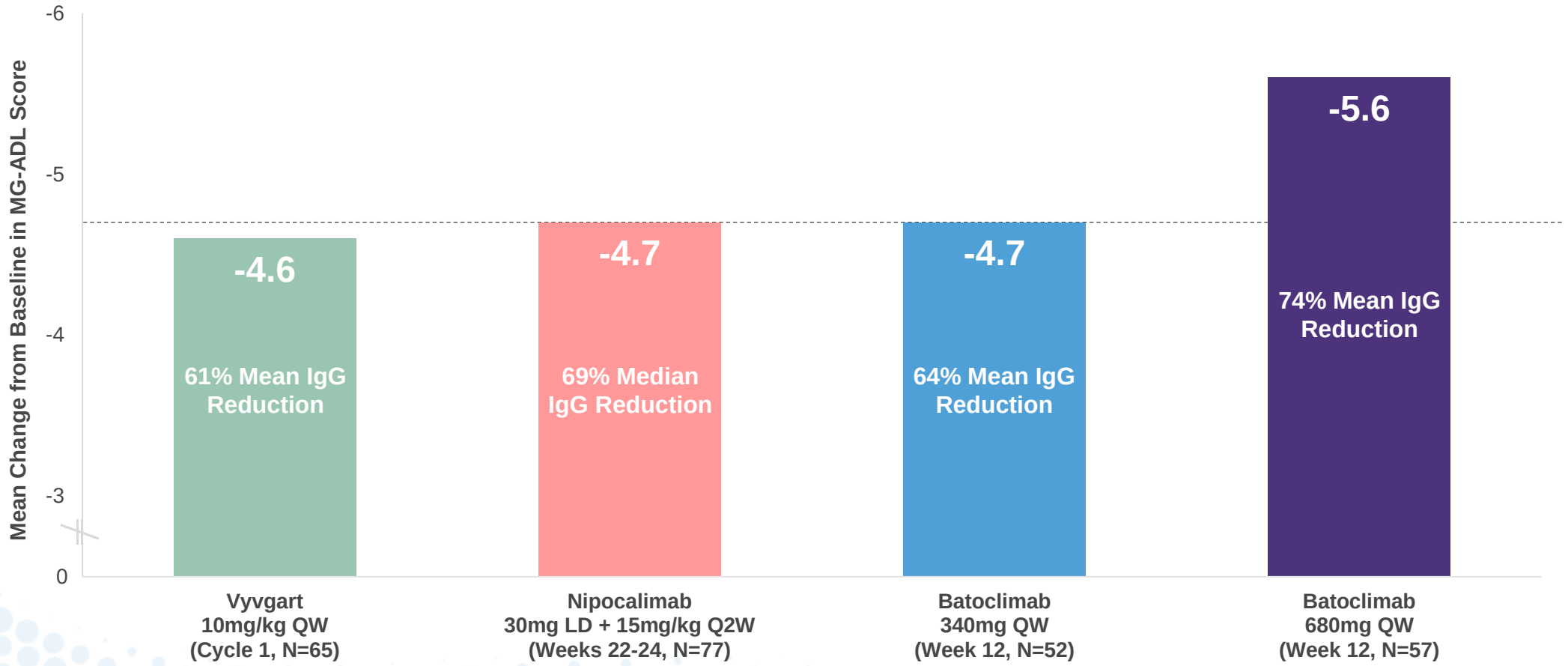


Figure reflects cross-trial comparisons and not data from head-to-head studies.
Differences exist between trial designs and participant characteristics and caution should be exercised when comparing data across trials.

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Notes: Vyvgart data reflects Phase 3 ADAPT publication Howard et al., 2021, Figure 2A (MG-ADL reduction), p. 533 (mean IgG reduction); Cycle 1 includes four infusions (1 infusion per week), Nipocalimab data reflects Phase 3 VIVACITY-MG3 publication: Antozzi et al., 2025, Figure 2A (MG-ADL reduction), p.112 (median IgG reduction, mean not reported). All data reported at primary endpoint analysis timeframe. Vyvgart and batoclimab data represent AChR+ patients, nipocalimab data represents all seropositive patients (including AChR+, MuSK+, and LRP4+). QW: Once Weekly; IgG: Immunoglobulin G; AChR+: Acetylcholine receptor antibody-positive; MG-ADL: Myasthenia Gravis Activities of Daily Living scale.

Batoclimab 680mg demonstrates the best-in-class MG-ADL response rate, raising the ceiling of therapeutic effect observed with any FcRn

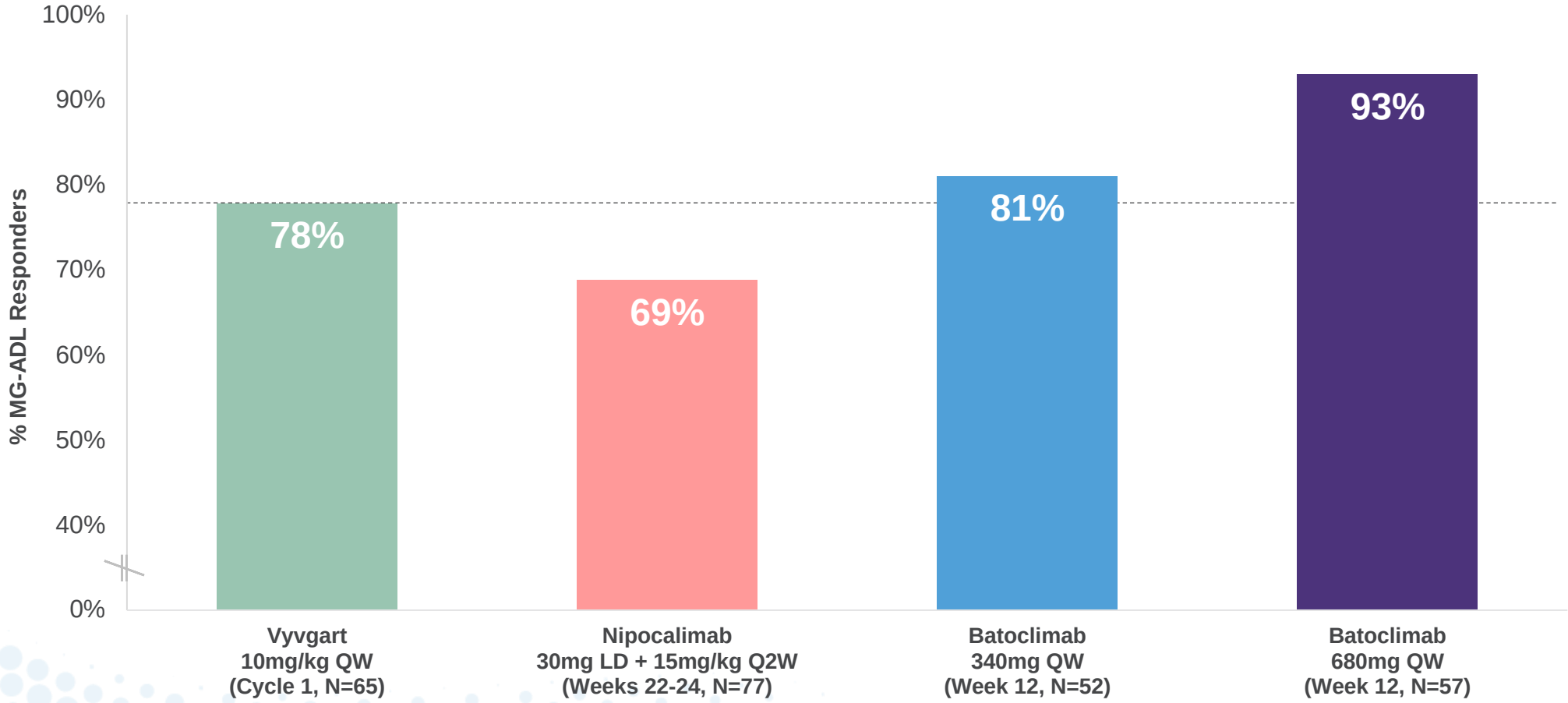

Figure reflects cross-trial comparisons and not data from head-to-head studies.
Differences exist between trial designs and participant characteristics and caution should be exercised when comparing data across trials.

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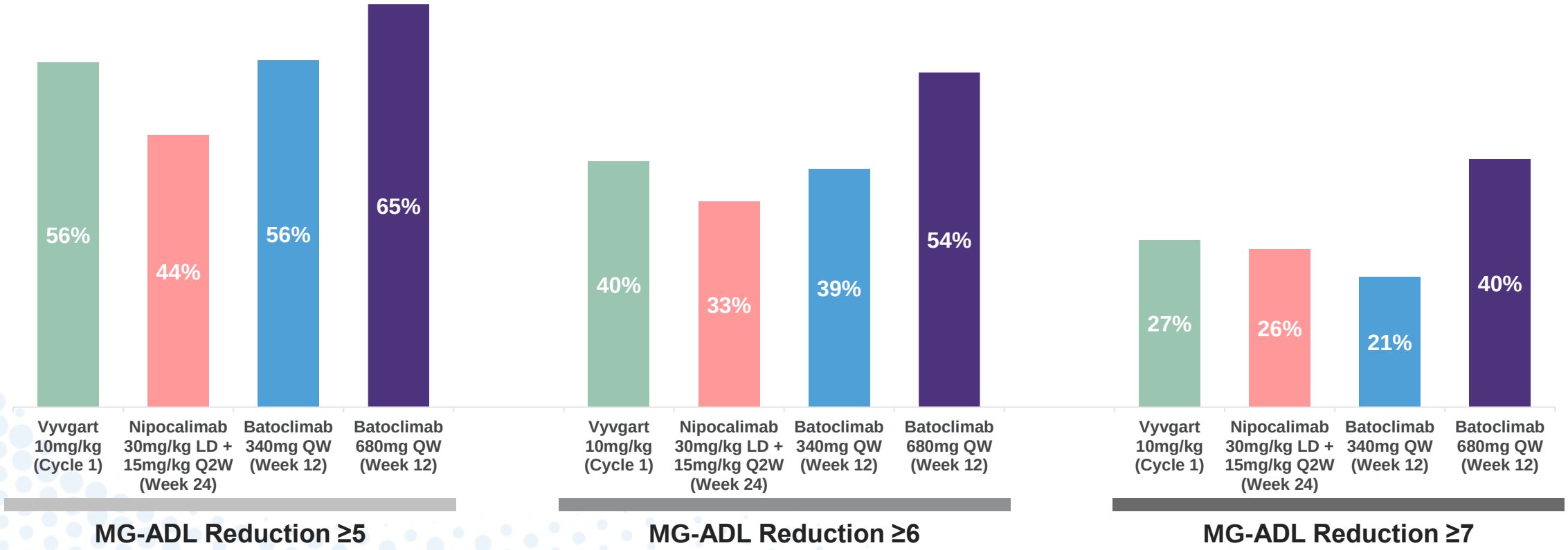
Notes: MG-ADL response defined as ≥2-point reduction from baseline. Vyvgart data reflects Phase 3 ADAPT publication: Howard et al., 2021, Figure 3A; Cycle 1 includes four infusions (1 infusion per week), Nipocalimab data reflects Phase 3 VIVACITY-MG3 publication: Antozzi et al., 2025, Figure 3. All data reported at primary endpoint analysis timeframe. Vyvgart and batoclimab data represent AChR+ patients, nipocalimab data represents all seropositive patients (including AChR+, MuSK+, and LRP4+). QW: Once Weekly; Q2W: Bi-weekly; LD: Loading Dose; AChR+: Acetylcholine receptor antibody-positive; MG-ADL: Myasthenia Gravis Activities of Daily Living scale.

Batoclimab 680mg outperforms other FcRn's in achieving deep response rates in MG patients across Phase 3 programs

Super-Responder Rates

% of Antibody-Positive Patients Achieving MG-ADL Change from Baseline ≥5, ≥6, ≥7 Points



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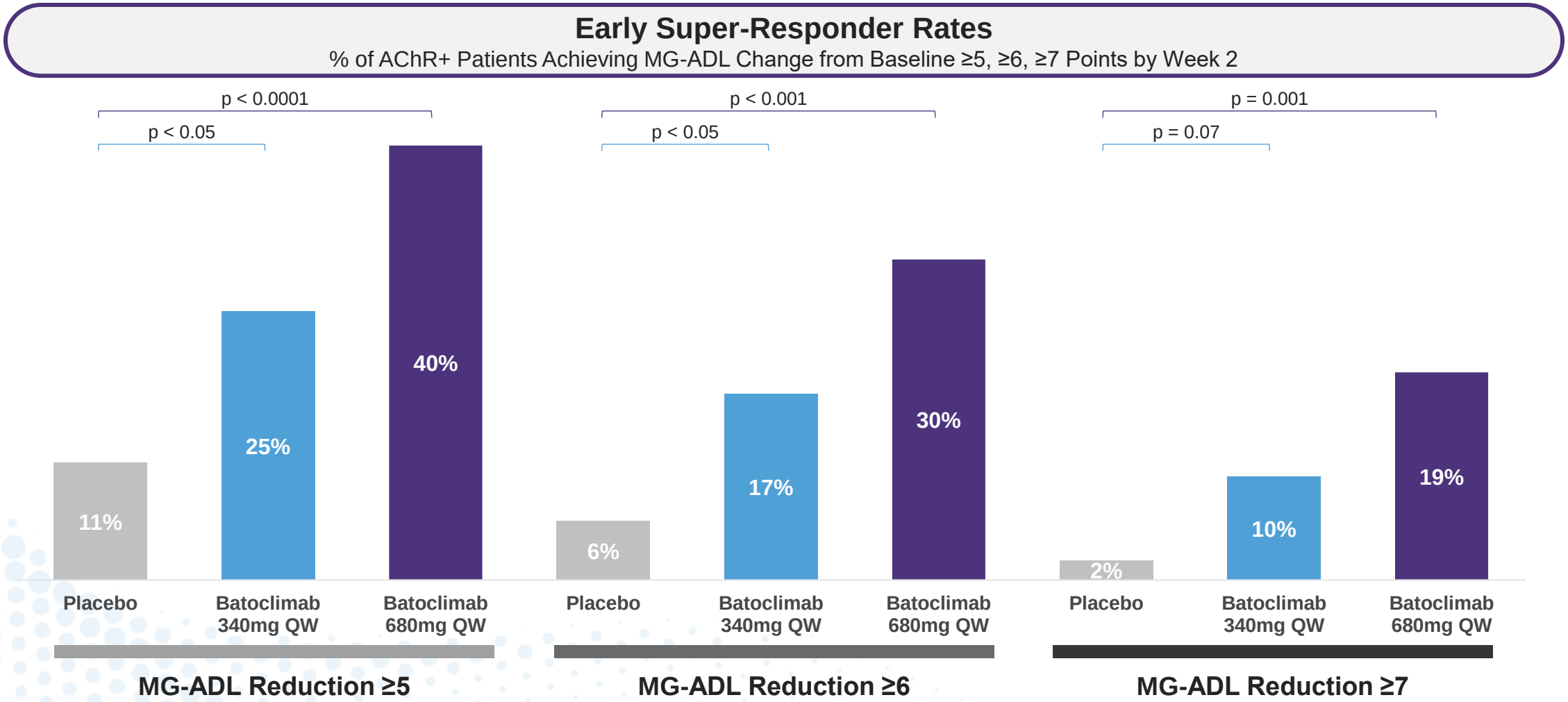
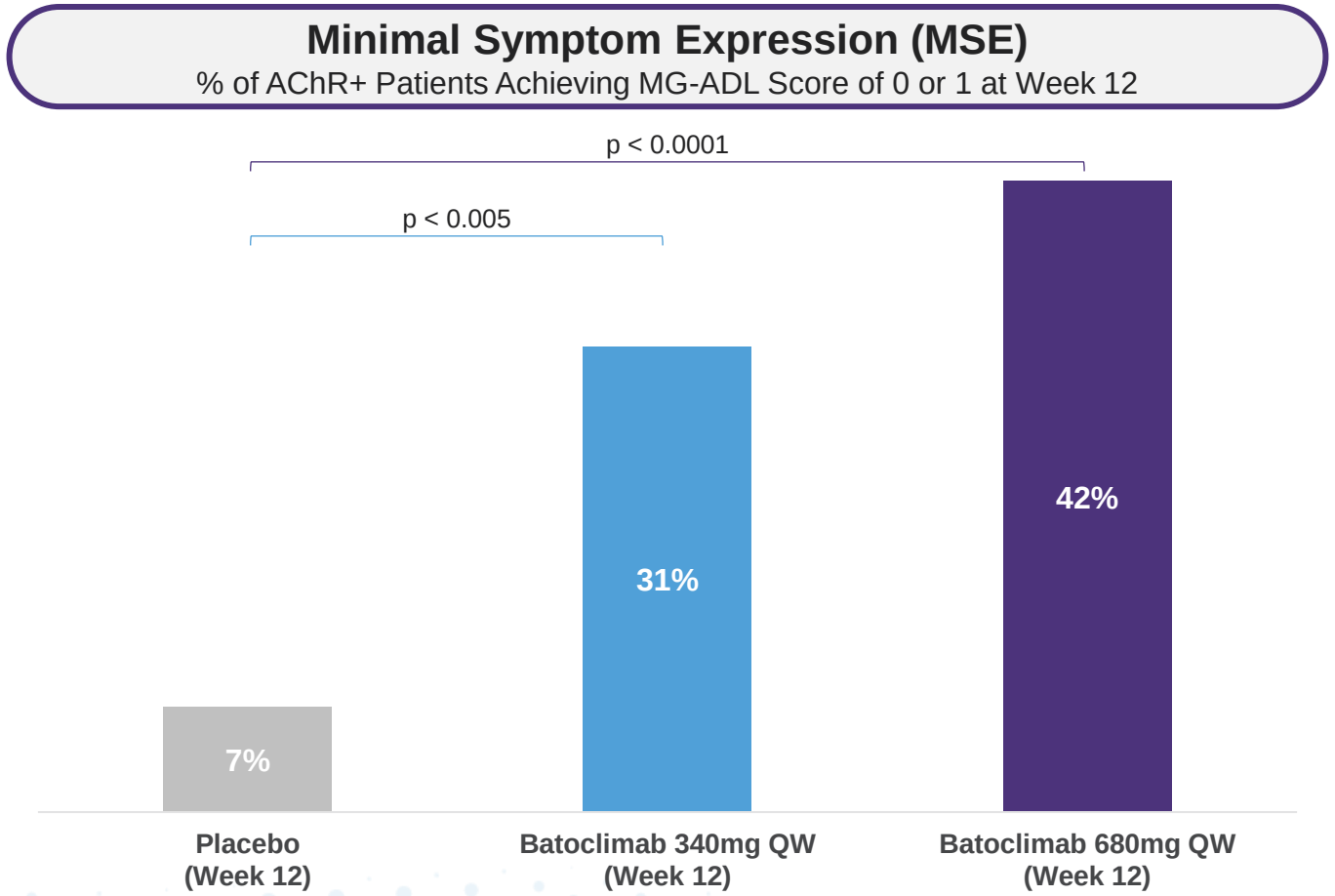
Notes: Vyvgart data reflects Phase 3 ADAPT publication: Howard et al., 2021, Figure 3A (N=65); Cycle 1 includes four infusions (1 infusion per week). Nipocalimab data reflects Phase 3 VIVACITY-MG3 publication: Antozzi et al., 2025, Supplementary Figure 2Ea (N=77) – data is approximate and estimated from graphs. All data reported at primary endpoint analysis timeframe. Vyvgart and batoclimab data represent AChR+ patients, nipocalimab data represents all seropositive patients (including AChR+, MuSK+, and LRP4+). Notes: QW: Once Weekly; Q2W: Bi-weekly; LD: Loading Dose; AChR+: Acetylcholine receptor antibody-positive; MG-ADL: Myasthenia Gravis Activities of Daily Living scale.

Dose-dependent early Super-Responder rates observed by Week 2



Notes: QW: Once Weekly; AChR+: Acetylcholine receptor antibody-positive; MG-ADL: Myasthenia Gravis Activities of Daily Living scale.

Strong dose-dependent effect observed with >40% of patients on 680mg batoclimab achieving Minimal Symptom Expression at Week 12



Batoclimab's MSE definition is more stringent than competitors' and requires patients to have an MG-ADL score of 0 or 1 at Week 12 vs. at any timepoint during the blinded treatment period

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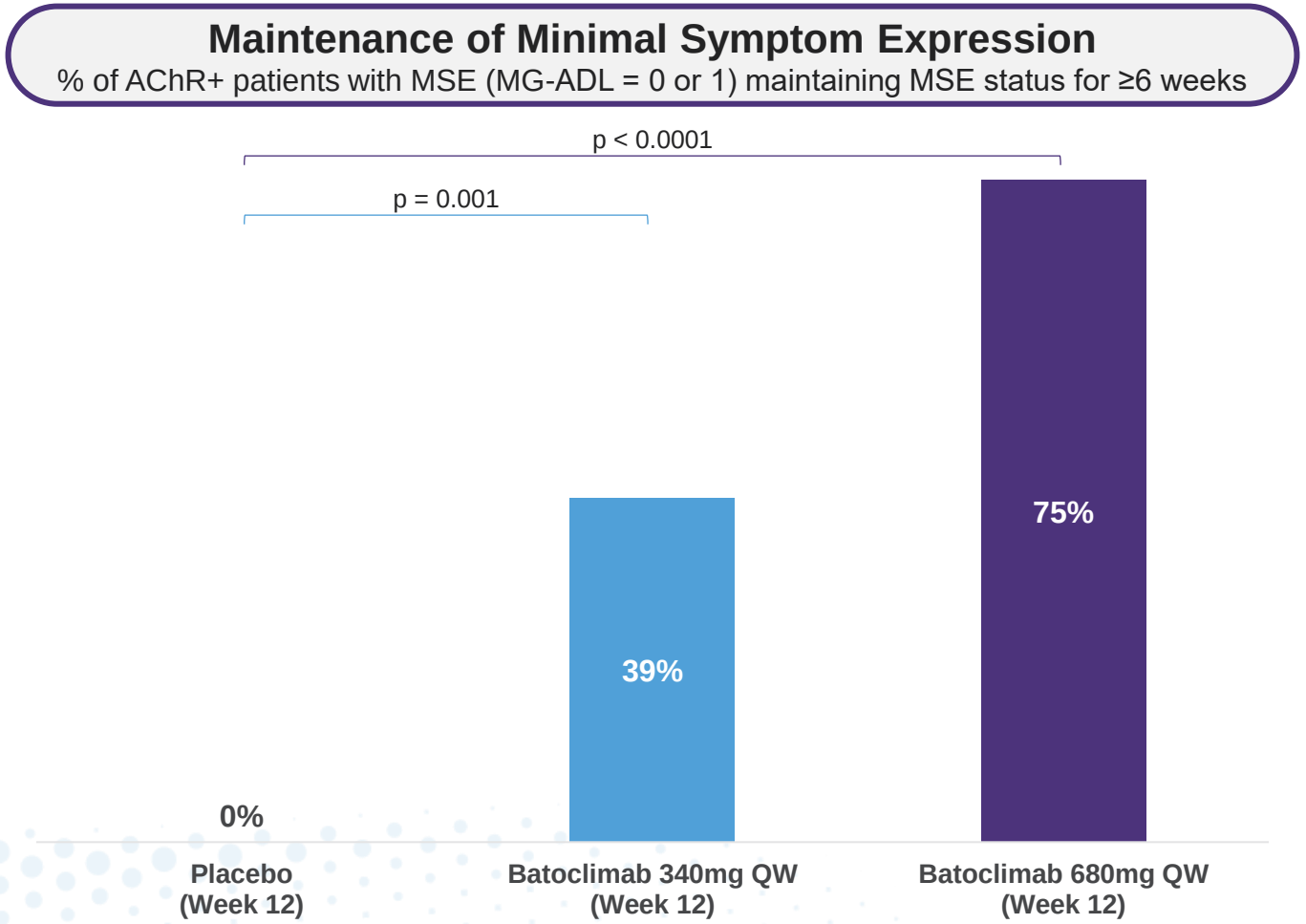
Notes: Argenx's efgartigimod ADAPT Phase 3 trial and JNJ nipocalimab Vivacity-MG3 Phase 3 trial defined MSEs as patients achieving an MG-ADL score of 0 or 1 at any time during the treatment period; Batoclimab's definition is more stringent in requiring patients to be an MSE at the primary endpoint evaluation (Week 12). Argenx Vyvgart ADAPT Phase 3 placebo-adjusted MSE rate = 29% (Howard et al., 2021, p. 532). JNJ nipocalimab VIVACITY-MG3 placebo-adjusted MSE rate = 18% (Antozzi et al., 2025, p.112). QW: Once Weekly; AChR+: Acetylcholine receptor antibody-positive; MG-ADL: Myasthenia Gravis Activities of Daily Living scale.

Batoclimab demonstrates strong durability of Minimal Symptom Expression

75% of patients who achieved Minimal Symptom Expression (MG-ADL = 0 or 1) on 680mg dose by Week 6 maintained MSE status for ≥6 weeks



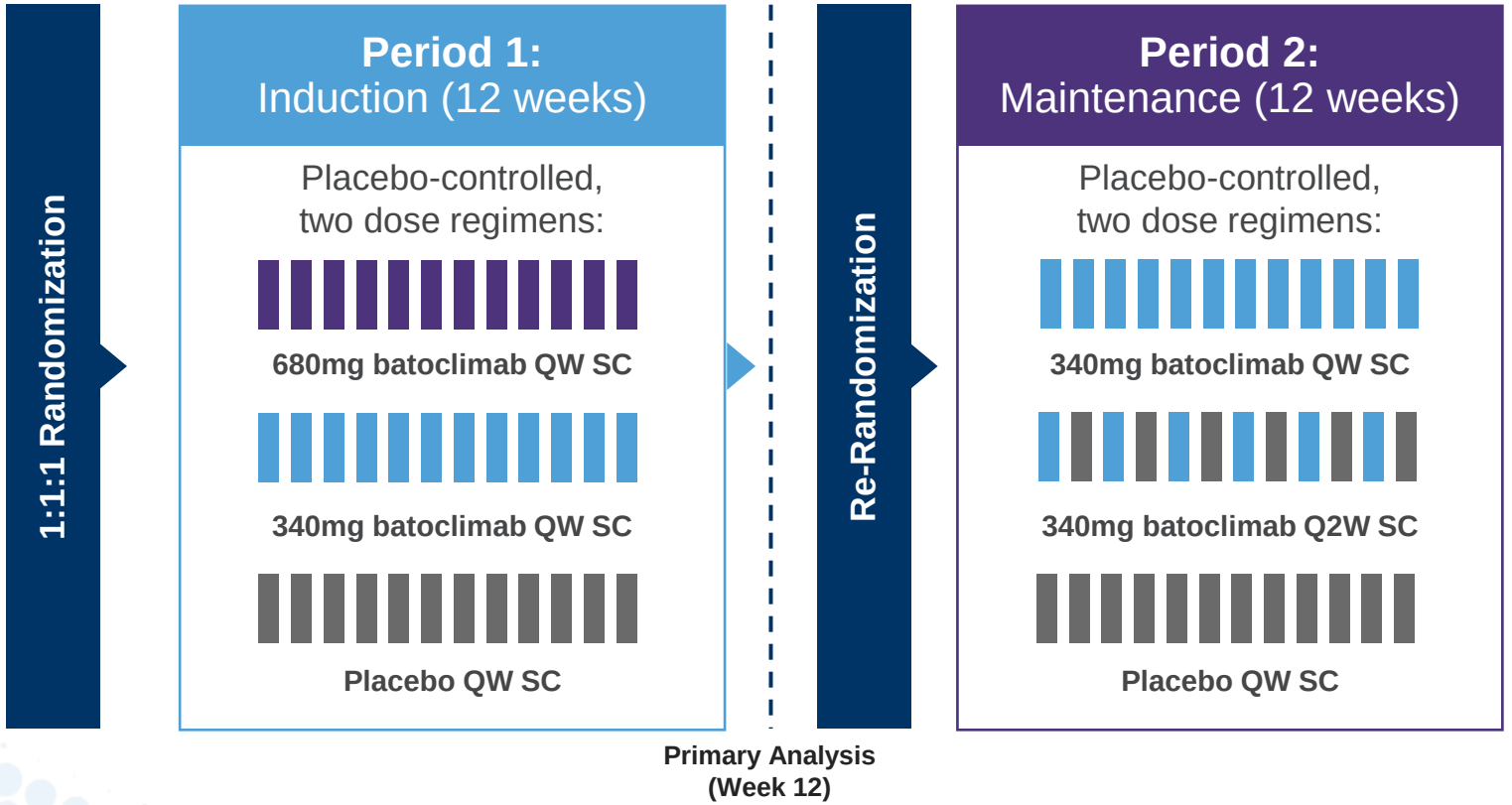
Notes: MSE defined as MG-ADL = 0 or 1; participants included in analysis had to achieve MSE status by Week 6. QW: Once Weekly; MG-ADL: Myasthenia Gravis Activities of Daily Living scale; AChR+: Acetylcholine receptor antibody-positive.

Safety data are consistent with previously reported safety profile for batoclimab

AChR+ Population	Placebo (N=55)	Batoclimab 340mg (N=52)	Batoclimab 680mg (N=57)
Patients with any Treatment-related TEAE during Period 1	17 (30.9%)	22 (42.3%)	32 (56.1%)
Patients with any Treatment-related Serious TEAE during Period 1	0 (0%)	1 (1.9%)	2 (3.5%)
Patients with any TEAE Leading to Study Drug Modification during Period 1	0 (0%)	0 (0%)	0 (0%)
Patients with any TEAE Leading to Study Discontinuation during Period 1	2 (3.6%)	2 (3.8%)	3 (5.3%)
Deaths	1 (1.8%)	0 (0%)	0 (0%)

Notes: Consistent with efficacy analyses on prior slides, safety data reflects AChR+ population. TEAE: Treatment-emergent adverse event

Maintenance of response observed in period 2 where dosing consistent



Primary analysis population:
AChR Ab+

Primary endpoint: change in MG-ADL through 12 weeks

Inclusion Criteria: generally similar to other pivotal MG trials

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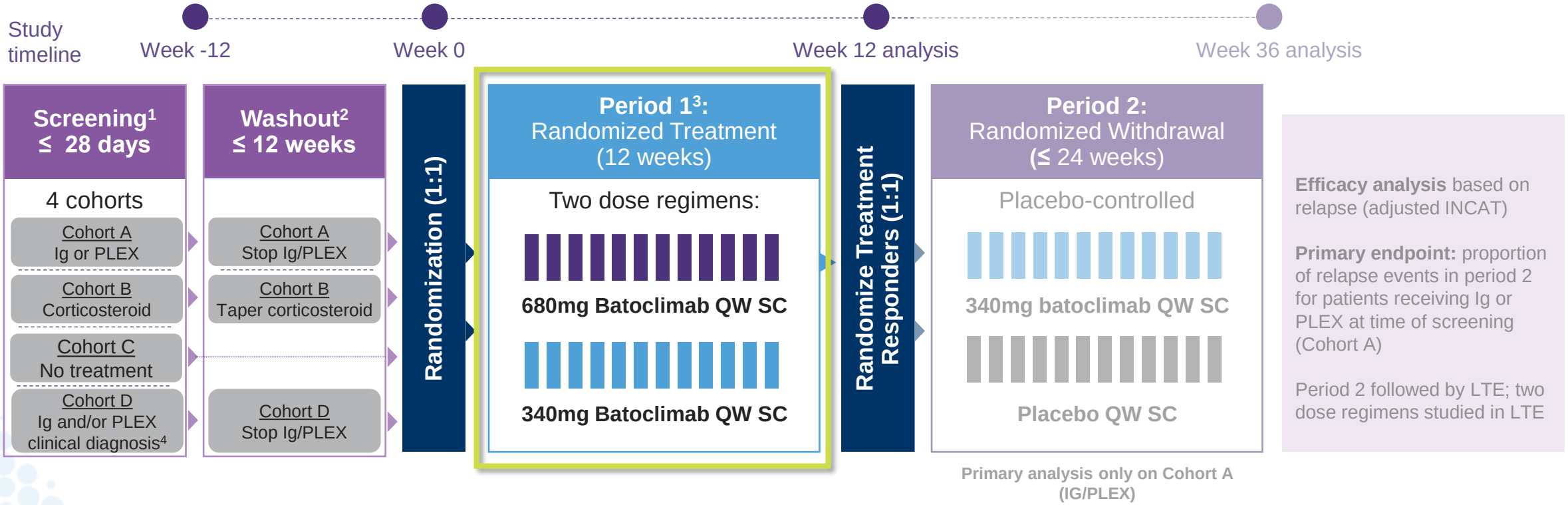
Notes: 1) Responder defined as ≥2-point improvement in MG-ADL score from baseline. Period 2 followed by Long-Term Extension (LTE) study. QW: Weekly; Q2W: Bi-weekly; SC: Subcutaneous injection; AChR Ab+: Acetylcholine receptor antibody-positive; MG-ADL: Myasthenia Gravis Activities of Daily Living scale.

CIDP Initial Period 1 Combined Results

Pivotal Phase 2b trial intended to develop potentially best-in-class anti-FcRn therapy in CIDP



Data presented in the following slides is from Period 1 and pooled across 340mg and 680mg dose groups

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Notes: 1. Cohorts are defined by CIDP treatment at Screening. 2. Participants who fail to worsen by Week 0 will be withdrawn from the study at Week 0. 3. Period 1 Non-Responders who complete Period 1 will be withdrawn from the study after completing Week 12 and the subsequent 4-week Follow-Up visit. 4. Included participants who were currently receiving treatment for CIDP with IVIg, SCIg, or PLEX and met clinical diagnostic criteria for CIDP but do not fulfill the additional requirements for a CIDP diagnosis that would have otherwise qualified them for Cohort A. Ig: Immunoglobulin (IVIG and SCIG) therapy; LTE: Long-term Extension; PLEX: Plasma exchange; QW: Once weekly; SC: Subcutaneously; INCAT = Inflammatory Neuropathy Cause and Treatment

Baseline characteristics across Period 1 batoclimab participants (680mg and 340mg combined) consistent with prior CIDP pivotal studies

	Combined Batoclimab (680mg & 340mg) (N=73)
Age	52.7
Gender, % female	31 (43%)
Race	
White	71 (97%)
Black	1 (1%)
Asian	1 (1%)
Weight, kg	83.2
Time since diagnosis, years[1]	5.3
CIDP Treatment at Screening	
Cohort A: Ig or PLEX	33 (45.2%)
Cohort B: Corticosteroid	14 (19.2%)
Cohort C: No treatment	23 (31.5%)
Cohort D: Ig and/or PLEX clinical diagnosis[2]	3 (4.1%)
Baseline INCAT score	4.5
Baseline I-RODS score	45.3
Baseline mean grip strength, kPa	43.9
Baseline MRC-SS	49.3
Baseline concomitant medication use	65 (89%)

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Notes: Notes: Data are mean or n (%); 1. Represents time from CIDP diagnosis to Period 1 randomization; 2. Included participants who were currently receiving treatment for CIDP with IVIg, SCIg, or PLEX and met clinical diagnostic criteria for CIDP but do not fulfill the additional requirements for a CIDP diagnosis that would have otherwise qualified them for Cohort A. Ig: Immunoglobulin (IVIG and SCIG) therapy; PLEX: Plasma exchange; INCAT: Inflammatory Neuropathy Cause and Treatment; I-RODS: Inflammatory Rasch-built Overall Disability Scale, based on centile metric; MRC-SS: Medical Research Council Sum-Score; kPa: kilopascal

Batoclimab treated patients achieved a best-in-class mean change from baseline in aINCAT score at Week 12

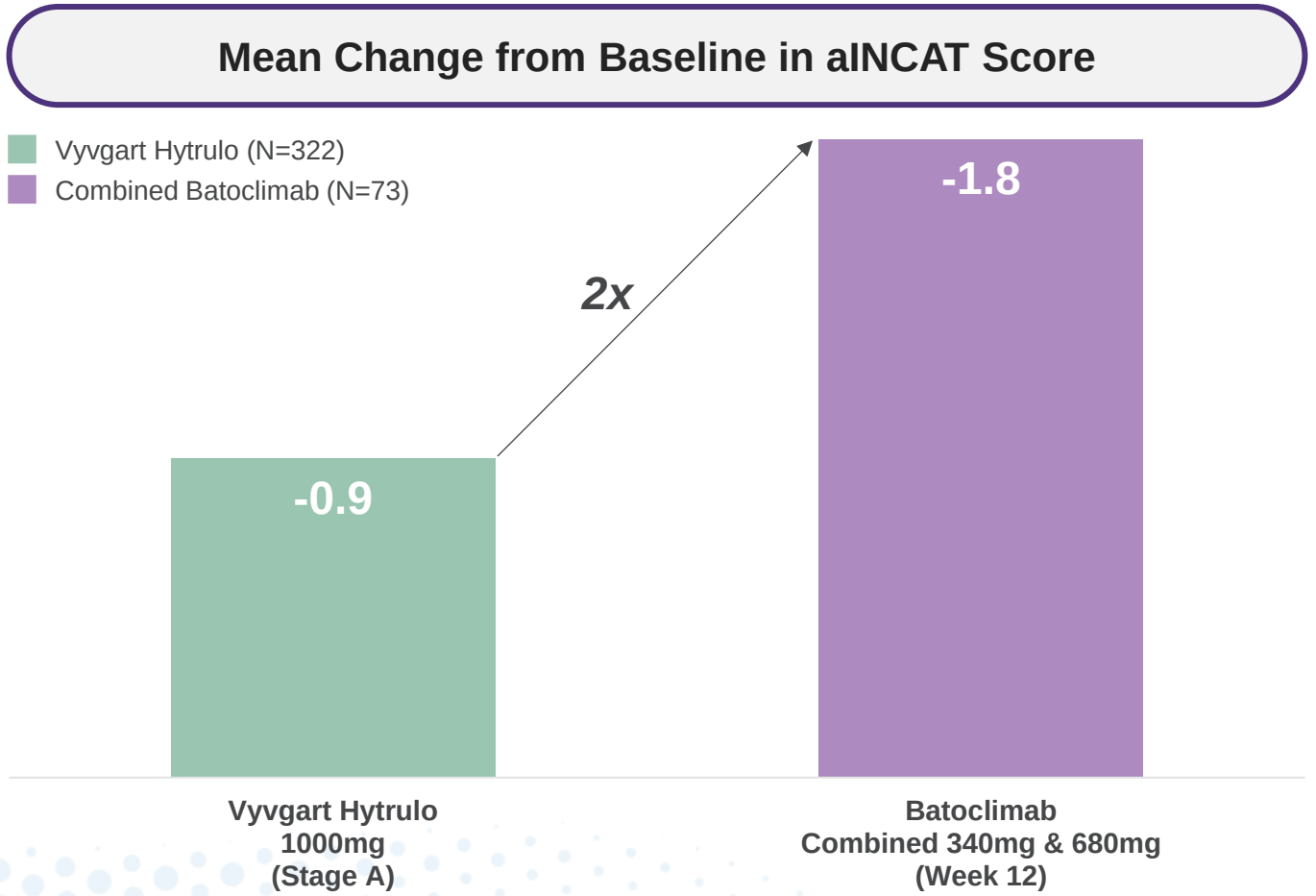


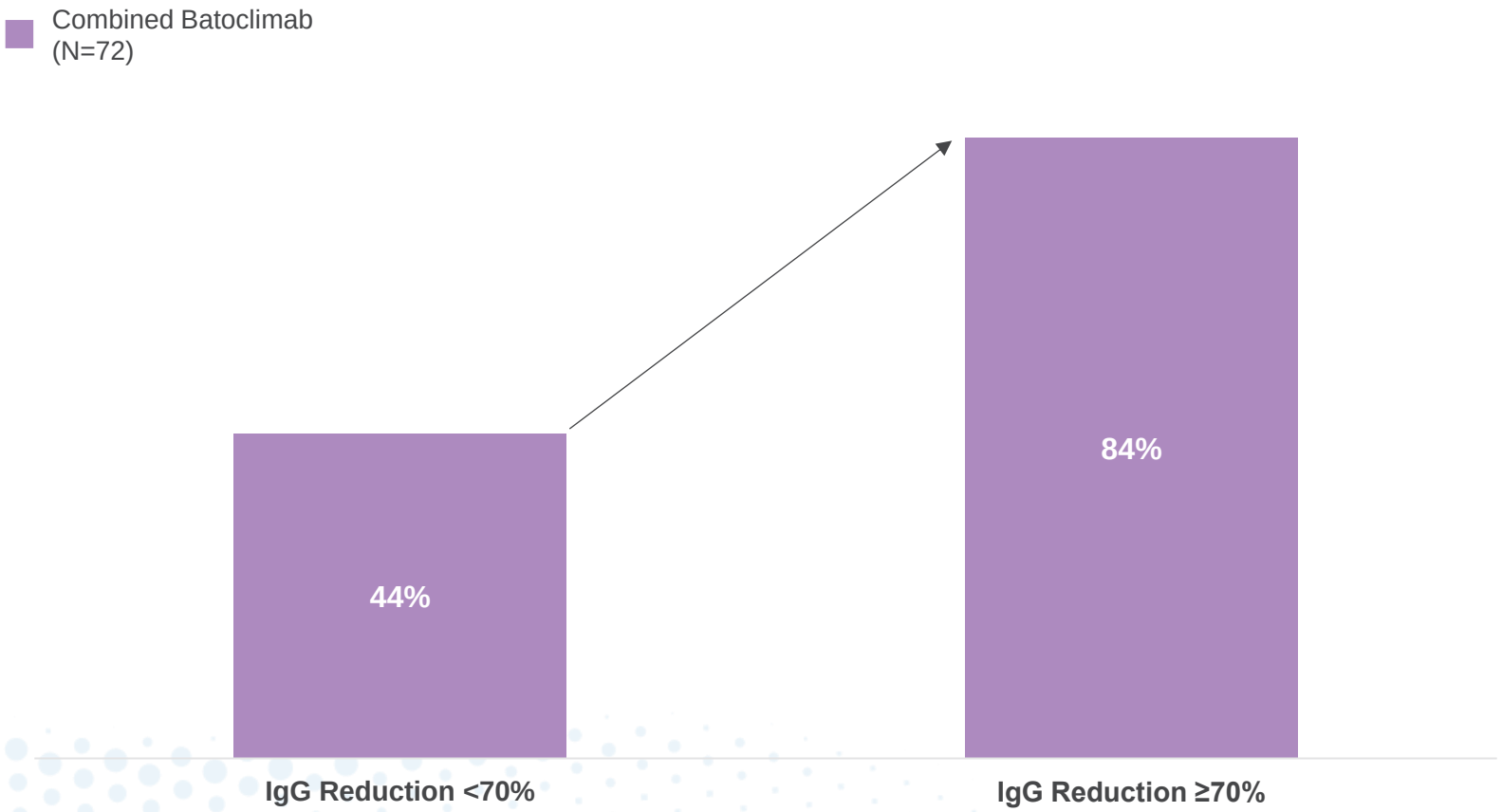
Figure reflects cross-trial comparisons and not data from head-to-head studies.
Differences exist between trial designs and participant characteristics and caution should be exercised when comparing data across trials.

Notes: Vyvgart Hytrulo based on ADHERE Phase 2b pivotal trial publication: Allen et al., 2024 (Supplementary Table 2) reported for Stage A (open-label period). aINCAT: Adjusted Inflammatory Neuropathy Cause and Treatment.

Batoclimab patients with deeper IgG reductions from baseline achieved higher aINCAT response rates at Week 12

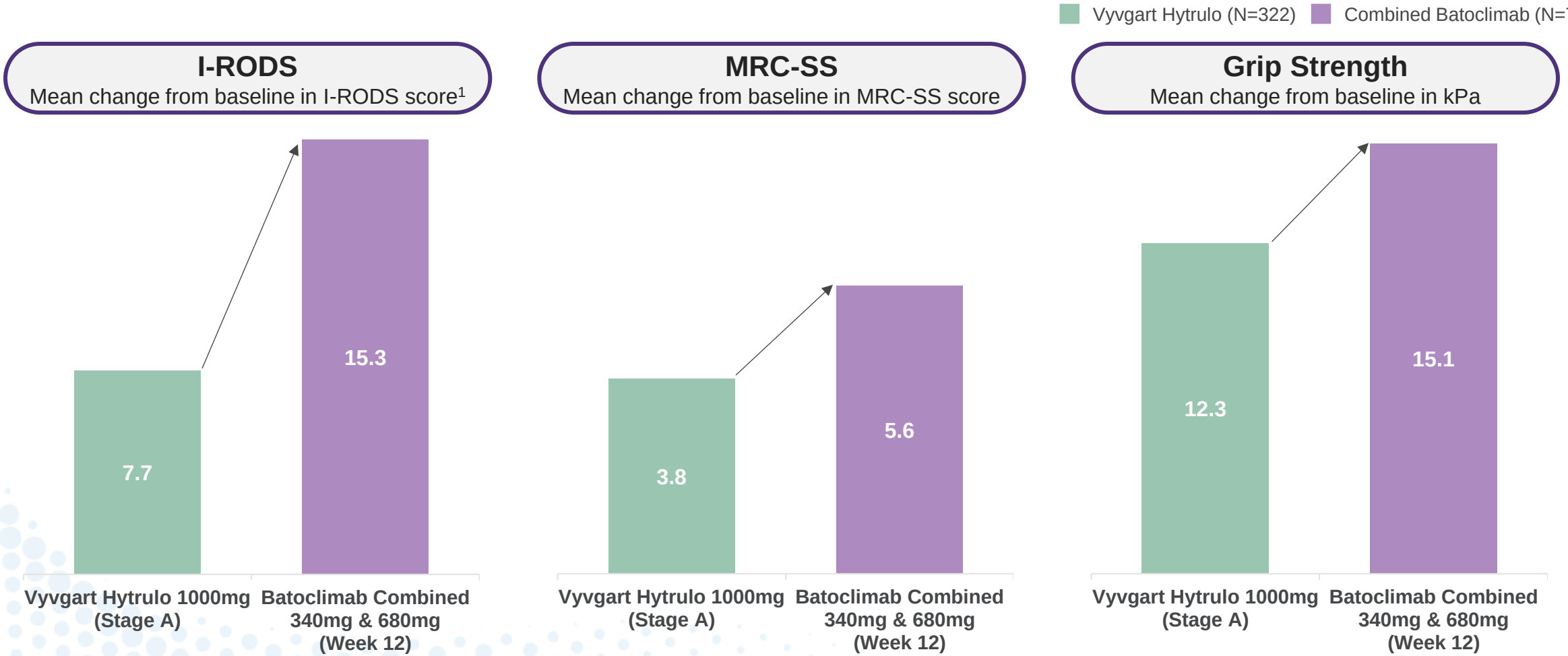
Week 12 aINCAT Response Rate by % IgG Reduction

Week 12 aINCAT Response Rate (≥1-point reduction) based on IgG Reduction Achieved in Treatment Period



Notes: Excludes N=1 patient due to missing IgG values post-baseline. aINCAT: Adjusted Inflammatory Neuropathy Cause and Treatment; IgG: Immunoglobulin G.

Batoclimab achieves deeper therapeutic effect than Vyvgart Hytrulo in CIDP patients across multiple efficacy endpoints at Week 12



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Notes: Vyvgart Hytrulo based on ADHERE Phase 2b pivotal trial publication: Allen et al., 2024 (Supplementary Table 2) reported for Stage A (open-label period). 1. Represents centile metric of I-RODS for both Vyvgart Hytrulo and Batoclimab. I-RODS: Inflammatory Rasch-built Overall Disability Scale (PRO assessing disability); MRC-SS: Medical Research Council Sum-Score (physician-reported muscle function scale).

Lower is Better

The totality of Phase 3 data confirms lower is better, with deeper IgG reductions translating to superior treatment benefit across multiple indications

1. **Best-in-class IgG reduction demonstrated with the 680mg batoclimab dose**
2. **Phase 3 MG data indicated deeper IgG reduction leads to improved clinical outcomes across multiple efficacy endpoints**
3. **Demonstrated greatest change from baseline to primary endpoint in MG-ADL observed across any mechanism in a Phase 3 MG trial**
4. **Highest rate of patients with minimal symptom expression observed in MG patients across any FcRn in a Phase 3 trial**
5. **Observed greatest in-class mean change from baseline in aINCAT score in CIDP patients**

Lower is Better

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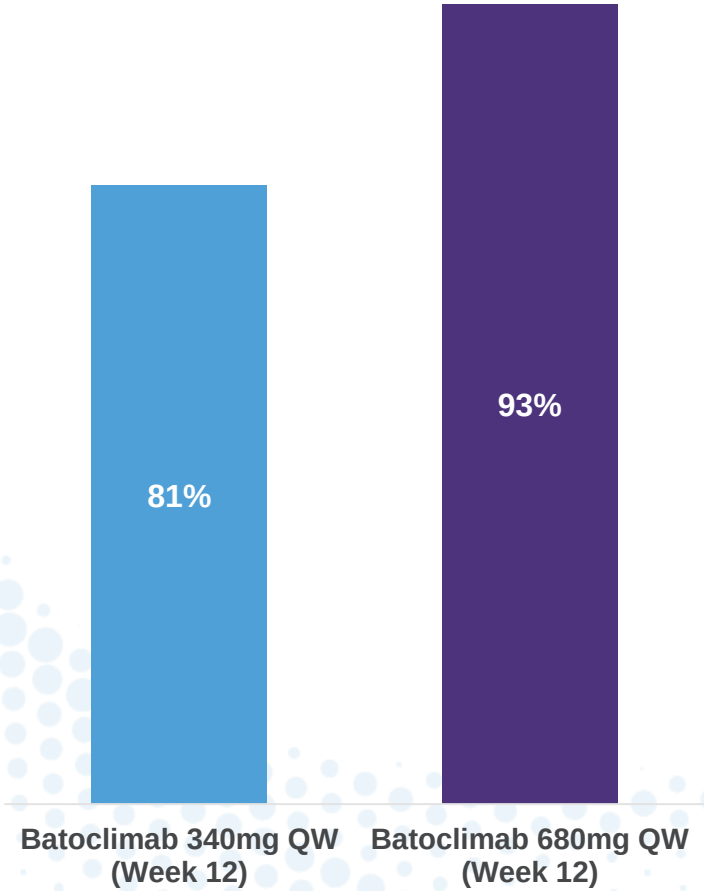
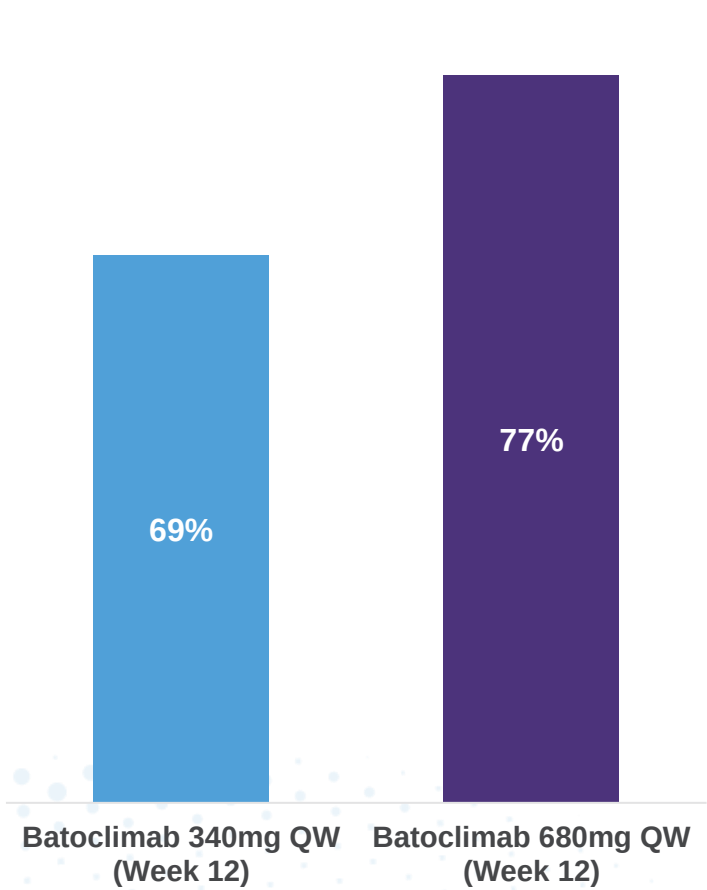
Notes: Minimal symptom expression = MG-ADL score of 0 or 1 at Week 12; IgG: Immunoglobulin G; MG-ADL: Myasthenia Gravis Activities of Daily Living scale.

Strong, dose-dependent results seen across multiple efficacy endpoints evaluated in the Phase 3 MG trial

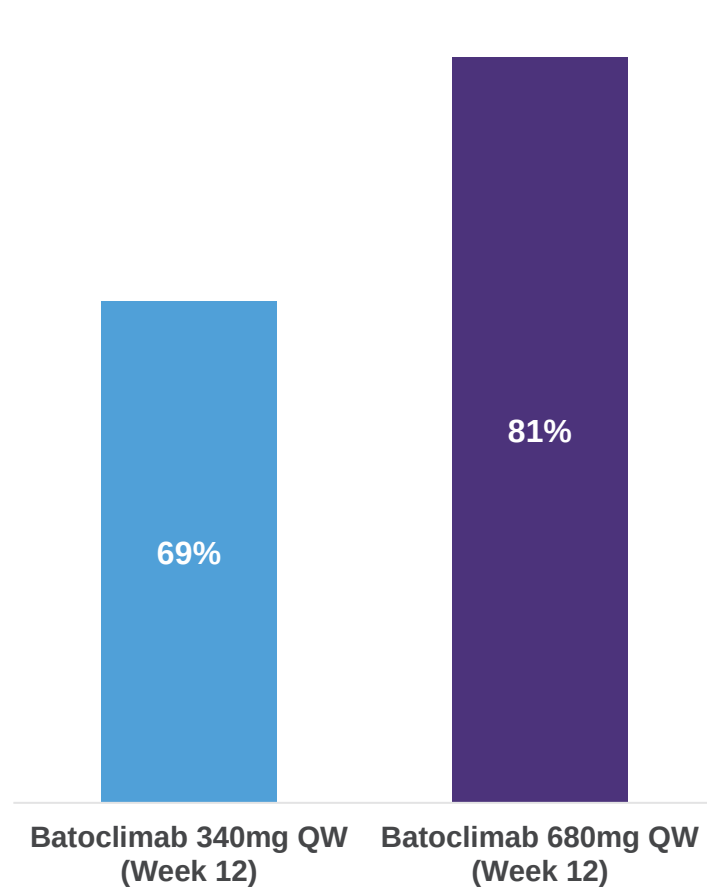
MG-ADL Week 12 Responders
≥2-point reduction in MG-ADL score



QMG Week 12 Responders
≥3-point reduction in QMG score



MGC Week 12 Responders
≥5-point reduction in MGC score



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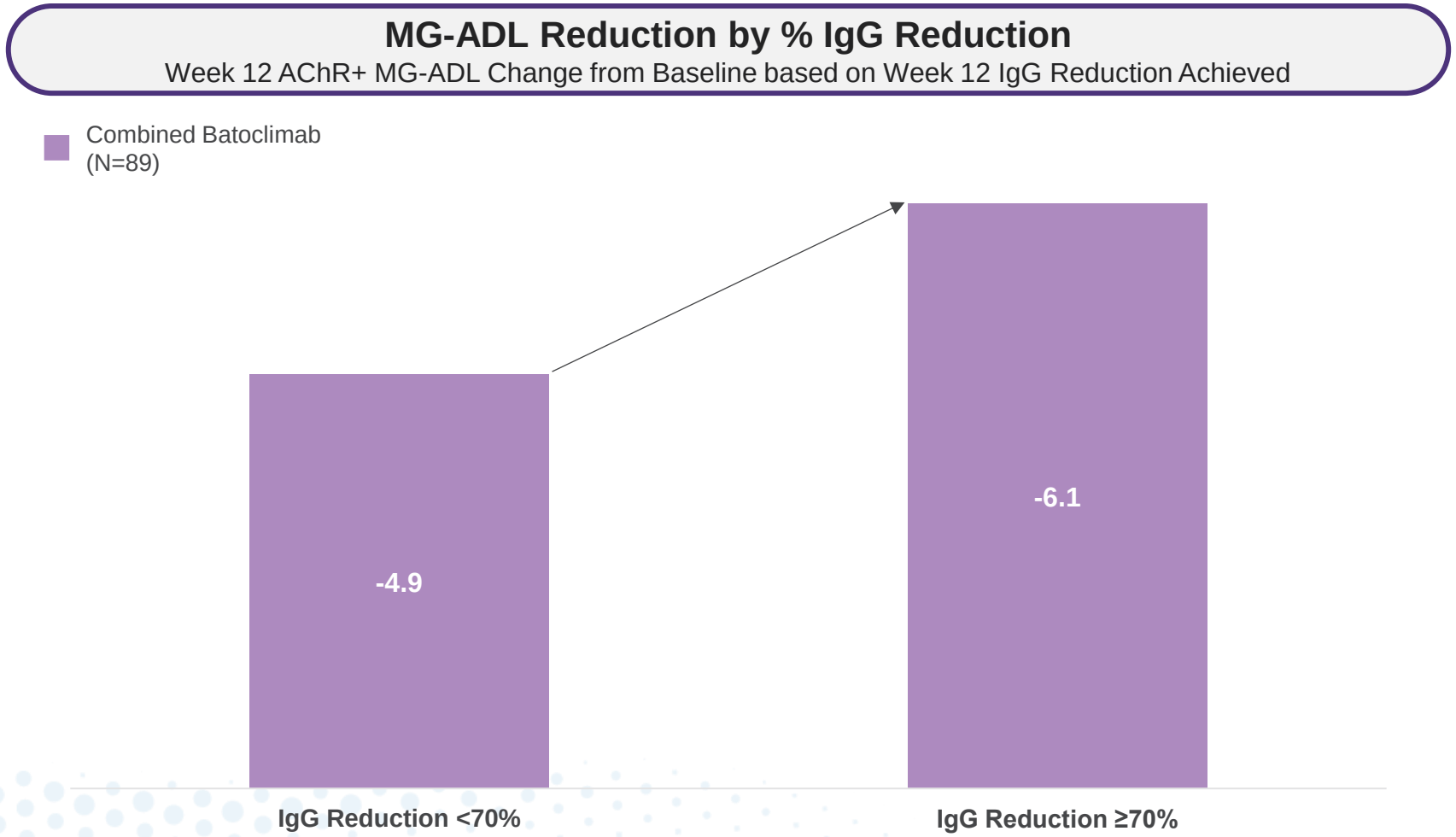
Notes: All data reported for acetylcholine receptor antibody-positive population as a reduction from baseline. QW: Once Weekly; MG-ADL: Myasthenia Gravis Activities of Daily Living scale; QMG: Quantitative Myasthenia Gravis scale; MGC: Myasthenia Gravis Composite scale.

Batoclimab patients achieving ≥70% IgG reductions from baseline achieved the highest MG-ADL reduction from baseline ever seen in an MG Phase 3 trial

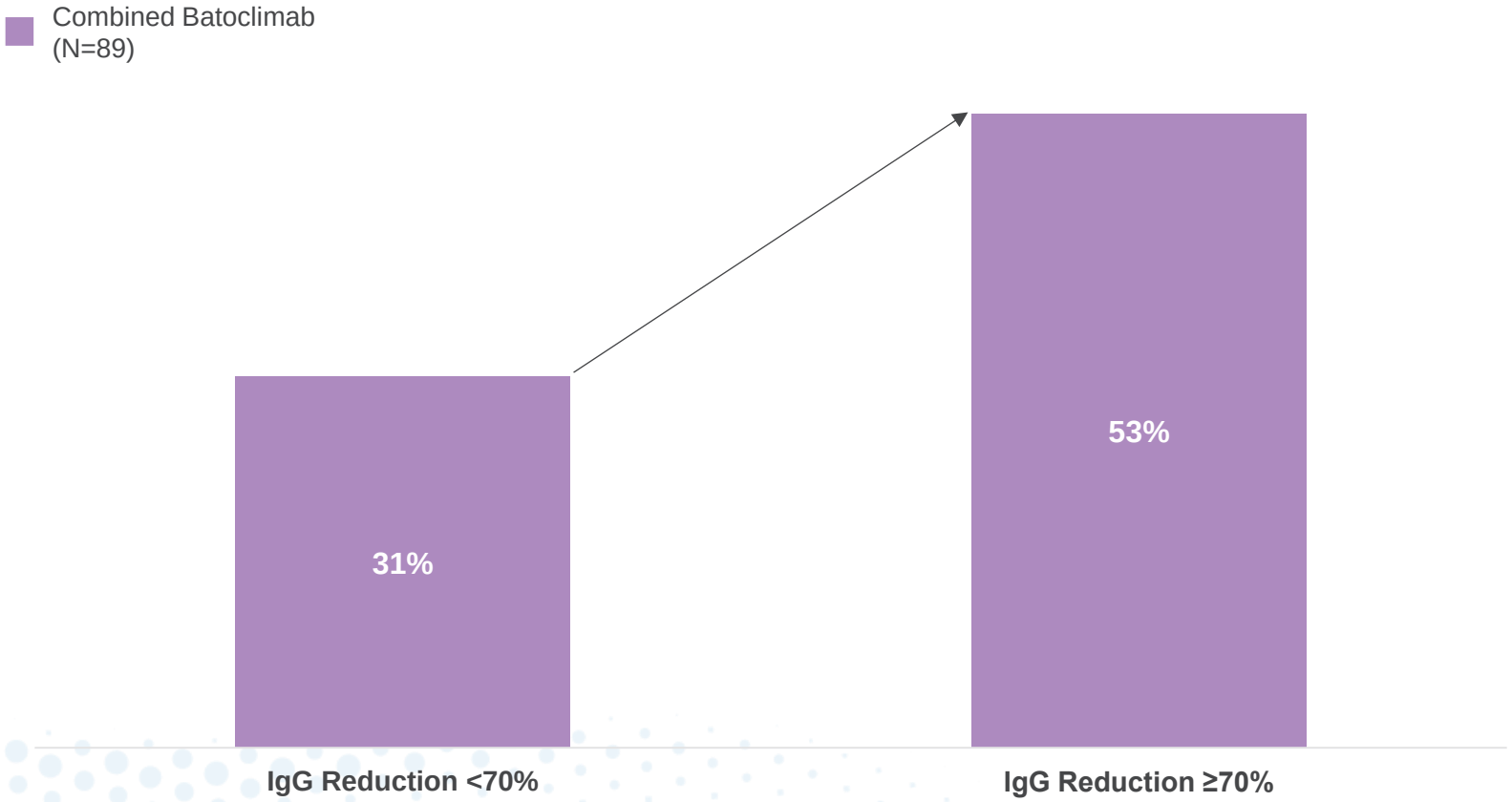


Notes: Excludes N=20 patients with invalid or missing Week 12 IgG values. MG-ADL: Myasthenia Gravis Activities of Daily Living scale; IgG: Immunoglobulin G; AChR+: Acetylcholine receptor antibody-positive.

Batoclimab patients achieving ≥70% IgG reductions from baseline achieved the highest Minimal Symptom Expression rate ever seen in an MG Phase 3 trial

Minimal Symptom Expression (MSE) Rate by % IgG Reduction

Week 12 AChR+ MSE Rate (MG-ADL = 0 or 1 at Week 12) based on Week 12 IgG Reduction Achieved



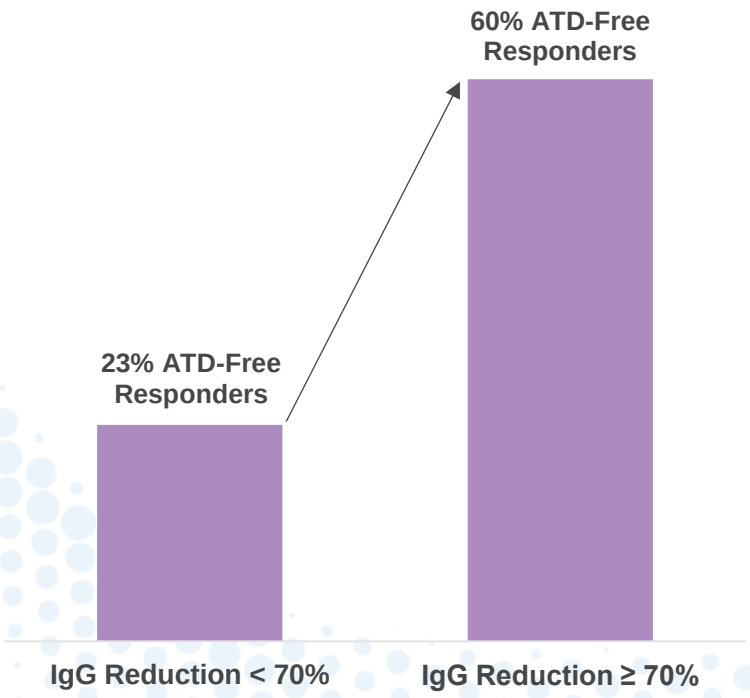
Notes: Excludes N=20 patients with invalid or missing Week 12 IgG values. MG-ADL: Myasthenia Gravis Activities of Daily Living scale; IgG: Immunoglobulin G; AChR+: Acetylcholine receptor antibody-positive.

Settling the Lower is Better debate

Clinical data generated across multiple indications consistently shows that deeper IgG reduction leads to improved clinical outcomes for patients

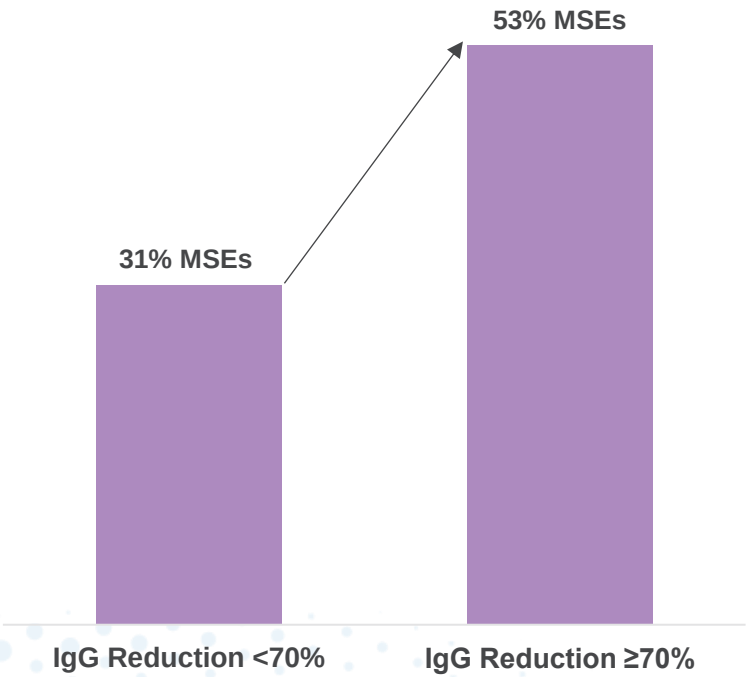
Graves' Phase 2a

ATD-Free Response: % of participants who achieve normal T3 and T4 or have T3 or T4 below LLN, and ceased all ATD medications



MG Phase 3

Minimal Symptom Expression: % of participants who achieve MG-ADL score of 0 or 1 at Week 12



CIDP Phase 2b

aINCAT Response: % of participants who achieve aINCAT improvement ≥1 at Week 12

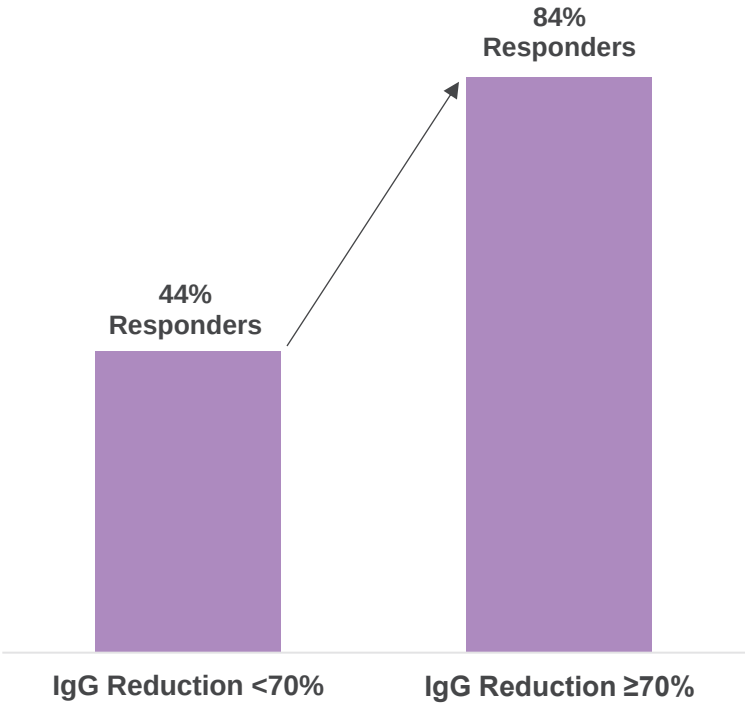


Figure reflects cross-trial comparisons. Differences exist between trial designs and participant characteristics and caution should be exercised when comparing data across trials.

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Notes: MG data presented for acetylcholine receptor antibody-positive patients; ATD: Antithyroid drug; aINCAT: aINCAT: Adjusted Inflammatory Neuropathy Cause and Treatment; IgG: Immunoglobulin G; MSE: Minimal Symptom Expression; LLN: Lower limit of normal.

Path Forward in MG with IMVT-1402

Immunovant does not plan to seek regulatory approval for batoclimab in MG or CIDP at present

MG patients and providers indicate a need for deeper and more durable disease control

95% Neurologists agree that despite recent advancements with FcRn inhibitors, there is room for greater disease control (e.g., deeper responses)[1]

95% Neurologists indicate that their existing MG patients could benefit from a new therapy that offers greater durability[2]

84% Neurologists report that their patients experience breakthrough symptoms with currently available FcRn inhibitors[1]

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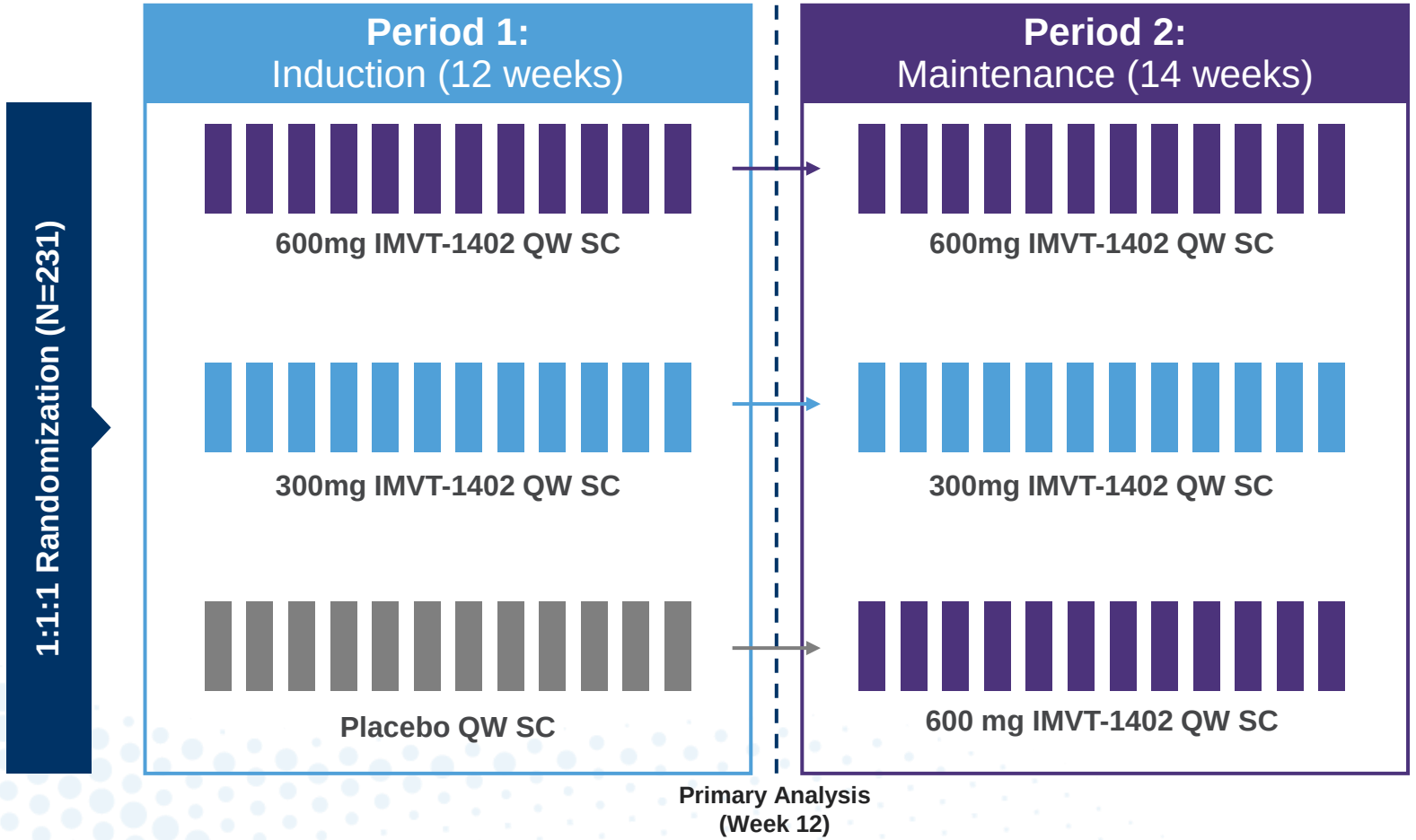
Notes: 1. IMVT Market Research HCP MG Unmet Need: Part II (n=85), 2025 Neurologists/Neuromuscular Specialists treating ~28 gMG patients/month, reporting T3B percentages; 2: GMG treatment preferences survey 2024 (n=7), Neurologists/Neuromuscular Specialists treating ~38 gMG patients/year.

Propel: IMVT-1402 registrational MG trial is designed to enable demonstration of deep, durable responses

Clinical data generated across multiple indications consistently shows that deeper IgG reduction leads to improved clinical outcomes for patients



Primary Analysis Population:
AChR Ab+, MuSK+, LRP4+

Primary Endpoint:
Change in MG-ADL from baseline through 12 weeks

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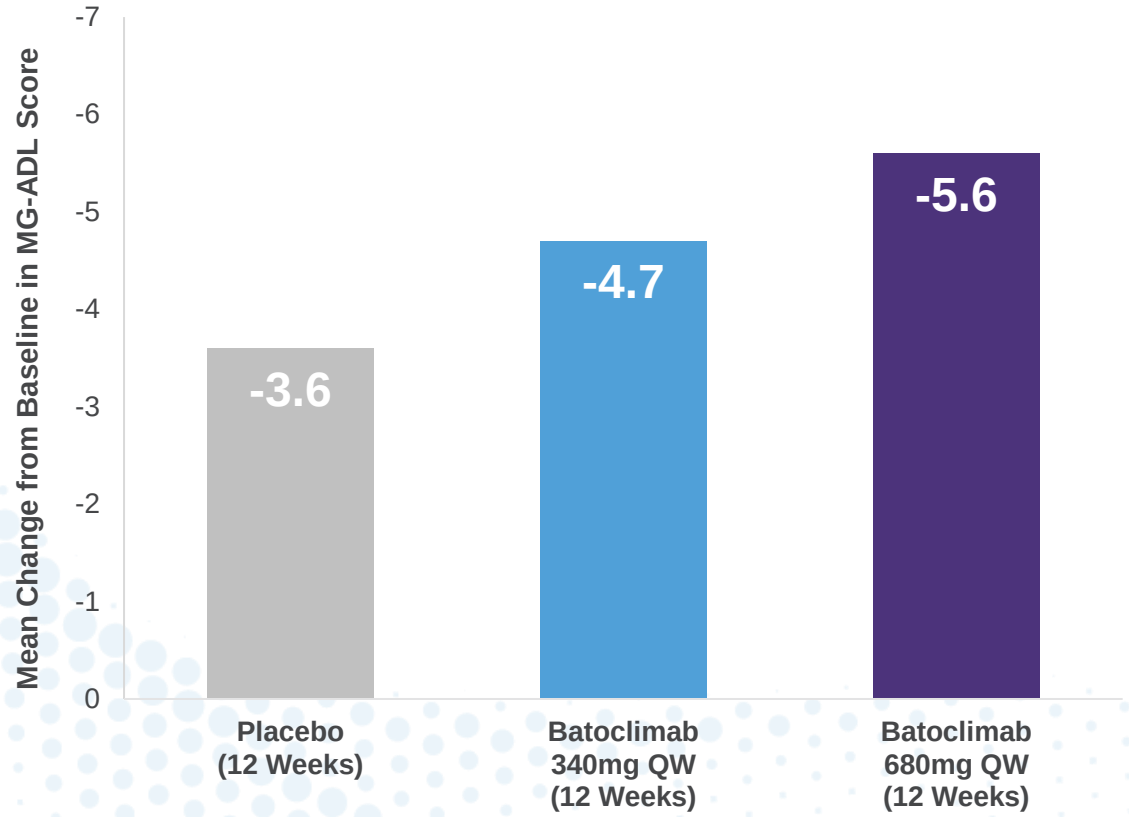
Notes: Period 2 followed by Long-Term Extension (LTE) study. QW: Weekly; SC: Subcutaneous injection; AChR Ab+: Acetylcholine receptor antibody-positive; MuSK+: Muscle-specific tyrosine kinase antibody-positive; LRP4: Low-density lipoprotein receptor-related protein 4 antibody-positive; MG-ADL: Myasthenia Gravis Activities of Daily Living scale; QMG: Quantitative Myasthenia Graves scale.

Concluding Thoughts: 1402 Positioned to be Best-in-Class

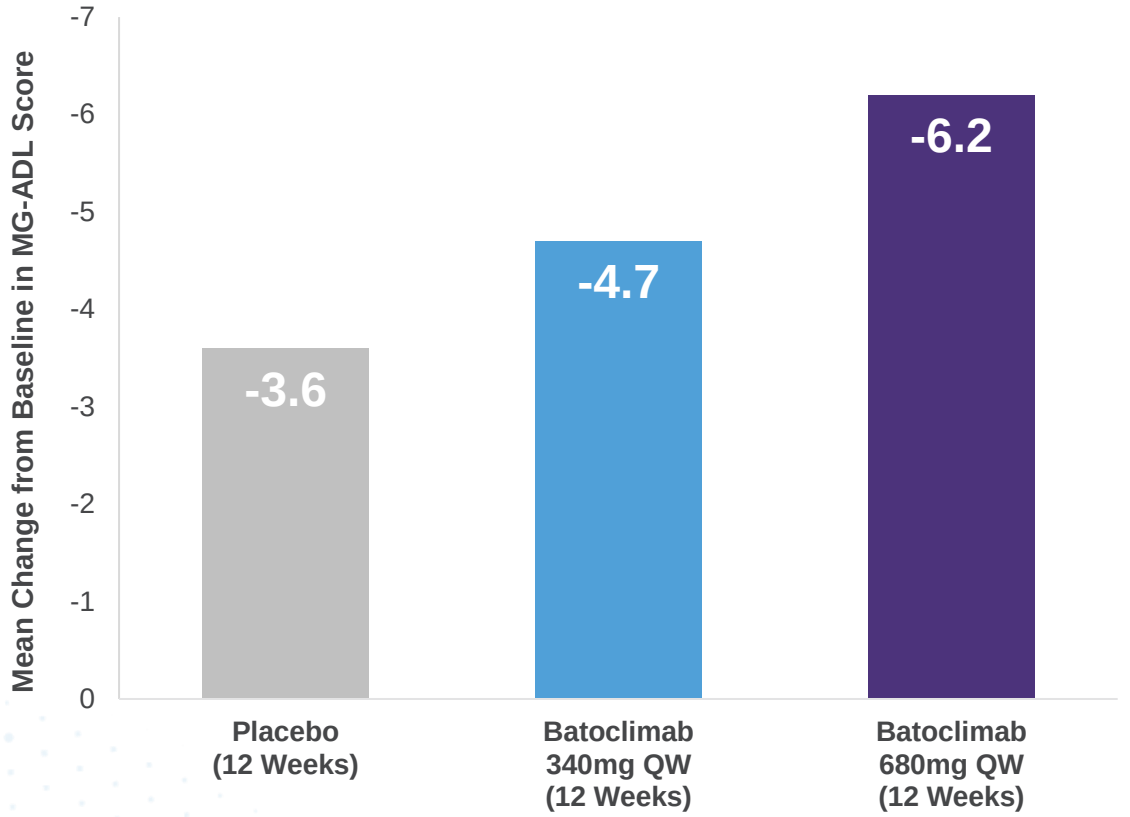
IMVT-1402's improved tolerability profile positions it to demonstrate a potentially superior therapeutic benefit vs. batoclimab in MG patients

Ad-hoc analysis on cohort of patients with no missed doses in the last 4 weeks of the treatment period shows a >6 point change from baseline in MG-ADL score (680mg dose)

Efficacy Analysis Population
(N=164 AChR+ patients)



Fully Dosed Cohort for Last 4 Weeks
(N=129 AChR+ patients[1])



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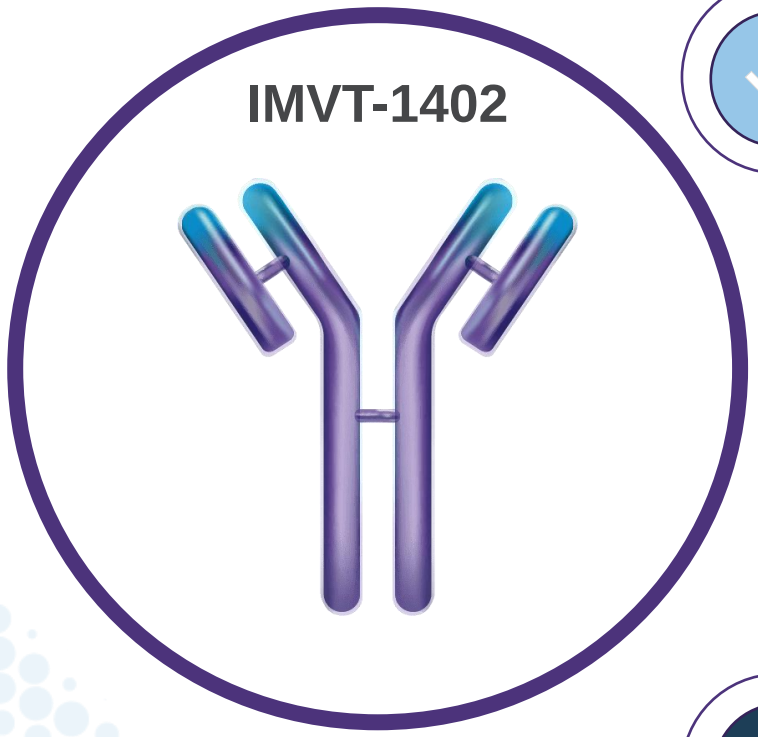
Notes: 1. Excludes N=1 patient with an incorrect dose. QW: Once Weekly; MG-ADL: Myasthenia Gravis Activities of Daily Living scale; AChR+: Acetylcholine receptor antibody-positive.

Batoclimab data positions IMVT-1402 as potentially best-in-class FcRn and enables acceleration of IMVT-1402 registration programs in MG and CIDP



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

- **MG and CIDP data indicates greater IgG reduction correlates to improved clinical outcomes**
- **Learnings from batoclimab Phase 3 MG and CIDP programs will accelerate IMVT-1402's registration programs in both indications**
- **IMVT-1402 is the only FcRn positioned to launch in an autoinjector as the commercial presentation for the first and all subsequent indications**
- **Long IP run-time with issued composition of matter patent to 2043***

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Notes: *Not including any potential patent term extension; IP: Intellectual Property