ROIVANT SCIENCES

Overview

January 2022

Forward-Looking Statements

Forward–Looking Statements and Disclaimer

This presentation will include 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. Our forward-looking statements include, but are not limited to, statements regarding our or our management team's expectations, hopes, beliefs, intentions or strategies regarding the future, and statements that are not historical facts, including statements about the clinical and therapeutic potential of our product candidates, the availability and success of topline results from our ongoing clinical trials and any commercial potential of our product candidates. In addition, any statements that refer to projections, forecasts or other characterizations of future events or circumstances, including any underlying assumptions, are 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 and will 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.

Key Performance Indicators

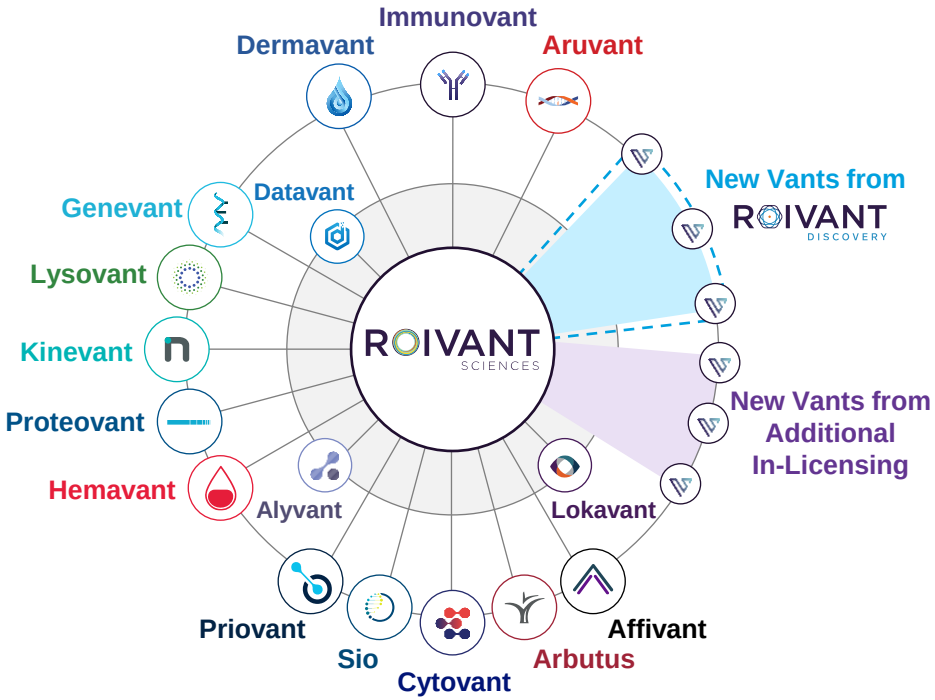
This presentation will include certain key performance indicators (“KPIs”). Management regularly reviews these and other KPIs to assess the Company’s operating results. We believe these KPIs are useful to investors in assessing operating results and returns on historical investments. These KPIs should not be considered in isolation from, or as an alternative to, financial measures determined in accordance with GAAP. There is no assurance the future investments will achieve similar results.

Roivant: Redefining “Big Pharma” from End to End

We are a biopharmaceutical company discovering, developing and commercializing transformative medicines faster by building technologies and deploying talent in creative ways

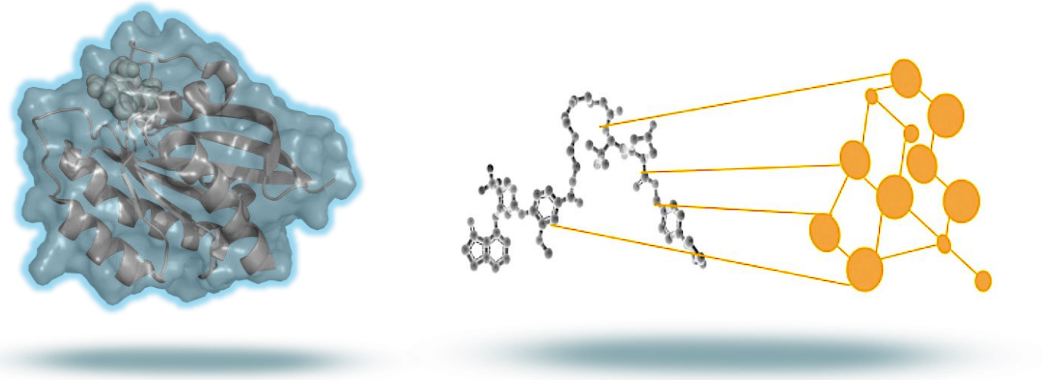
Vant Model

Aligning incentives to promote successful execution, with Vants benefiting from support of the Roivant platform



Computational Tools

Technologies built to address inefficiencies in drug discovery, development and commercialization processes



Potential Blockbuster Launch Followed By Broad Clinical-Stage Pipeline, Discovery Engine & Strong Capital Position Driving Growth

Near-term commercial launch of tapinarof

- Expected launch of potential blockbuster tapinarof in psoriasis in 2Q 2022 with upside in atopic dermatitis

Broad, differentiated clinical-stage pipeline

- Roivant expects at least 8 pivotal or proof-of-concept trials running by year end 2022
- Batoclimab's target flexible dosing regimen and subcutaneous administration provide a unique opportunity for the treatment of FcRn-mediated diseases
- ARU-1801 is a one-time potentially curative gene therapy for sickle cell disease using reduced intensity conditioning regimen
- RVT-2001, recently added to our pipeline, is a potential first-in-class oral SF3B1 modulator for transfusion-dependent anemia in patients with lower-risk MDS
- Namilumab is an anti-GM-CSF monoclonal antibody and potentially first-in-class in pulmonary sarcoidosis

Asymmetric upside potential

- Genevant has an expansive intellectual property portfolio and decades of experience with deep scientific expertise in nucleic acid delivery
- Early-stage pipeline with promising preclinical data across a range of therapeutic areas

Chip-to-clinic discovery platform

- Leading computational drug discovery platform, with proprietary tools for atom-by-atom simulation capabilities and broad discovery pipeline of programs designed or optimized in silico to address challenging, high-value targets

Strong capital position

- $2.5BN cash balance as of September 30 plus ~$870M in public equity stakes[1] and additional private holdings, including ~12%[2] of Datavant

ROIVANT SCIENCES

1. Public equity values based on December 31, 2021 closing share price. Refers to shares of Myovant Sciences Ltd. as to which Roivant has a return right subject to certain conditions. 2. In June 2021, Datavant entered into a definitive merger agreement to combine with Ciox Health. The transaction closed on July 27, 2021. The implied enterprise value of the combined company at the conversion price cap of the new preferred equity investment made concurrently with closing of the merger was $7.0 billion. This enterprise value implies an equity value of $6.1 billion (after netting out approximately $900 million of debt and other adjustments). No assurance can be given that the implied enterprise or equity value is an accurate reflection of the value of the combined business at closing or in the future. At closing of the merger and assuming a $7.0 billion enterprise value, Roivant's ongoing, fully diluted equity ownership in the combined entity was approximately 12% (without giving effect to certain liquidation preferences held by the preferred equity shareholders). For more information on Datavant's valuation and Roivant's ownership interest, please refer to Note 4 to Roivant's condensed consolidated financial statements included in the Form 10-Q filing made on November 15, 2021.

Strong Track Record with 8 Successful Phase 3 Trials, 4 FDA Approvals and Pipeline Built Through Efficient In-Licensing Deals

Clinical Achievements

- ✓ **8** positive Phase 3 trials of 9 total[1]
- ✓ **4 FDA approvals** from Vants launched by Roivant and owned by Sumitovant[1]
- ✓ **>40 medicines** brought into development[1]
- ✓ NDA for tapinarof accepted for filing; first expected Roivant product launch

Study	Drug	Indication	Topline Results	Primary p-value
PSOARING 1	Tapinarof	Psoriasis	August 2020 ✔	P < 0.0001
PSOARING 2	Tapinarof	Psoriasis	August 2020 ✔	P < 0.0001
SPIRIT 1**	Relugolix*	Endometriosis	June 2020 ✔	P < 0.0001
SPIRIT 2**	Relugolix*	Endometriosis	April 2020 ✔	P < 0.0001
HERO	Relugolix*	Prostate Cancer	November 2019 ✔	P < 0.0001
LIBERTY 2	Relugolix*	Uterine Fibroids	July 2019 ✔	P < 0.0001
LIBERTY 1	Relugolix*	Uterine Fibroids	May 2019 ✔	P < 0.0001
EMPOWUR	Vibegron*	Overactive Bladder	March 2019 ✔	P < 0.001
MINDSET	Intepirdine	Alzheimer's	September 2017 ✘	P > 0.05

Strong Financial Track Record

- ✓ **$3BN upfront** transaction with Sumitomo Dainippon Pharma (DSP), yielding **4.3x return** on Vants and technology sold[2]
- ✓ **$2.5BN** consolidated cash balance as of September 30
- ✓ **$320M** in cash and 12% equity stake in Datavant, following merger with Ciox Health[3]

ROIVANT SCIENCES

Cited figures and associated investment multiples are Key Performance Indicators. Please refer to the information included on Slide 2 with respect to our KPIs.

1. Medicine, Vant launch, and approval figures include Vants transferred to Sumitovant, a wholly-owned subsidiary of Sumitomo Dainippon Pharma ("Sumitomo"), in December 2019. *Relugolix and Vibegron are owned by Myovant and Urovant, respectively, which were transferred to Sumitovant. **SPIRIT 1 and SPIRIT 2 were completed subsequent to Myovant's transfer to Sumitovant. 2. Based on aggregate Roivant investments in tech assets and in the five transferred Vants from Vant inception to transaction close, and aggregate proceeds received at closing of the Sumitomo Transaction, excluding (i) a $1BN allocation to Sumitomo's purchase of Roivant equity and (ii) $99.1M initial liability related to Option Vants. Excludes investment in Sinovant and proceeds received from the termination of Sumitomo's options to purchase Roivant's ownership interests in the Option Vants. 3. In June 2021, Datavant entered into a definitive merger agreement to combine with Ciox Health. The transaction closed on July 27, 2021. The implied enterprise value of the combined company at the conversion price cap of the new preferred equity investment made concurrently with closing of the merger was $7.0 billion. This enterprise value implies an equity value of $6.1 billion (after netting out approximately $900 million of debt and other adjustments). No assurance can be given that the implied enterprise or equity value is an accurate reflection of the value of the combined business at closing or in the future. At closing of the merger and assuming a $7.0 billion enterprise value, Roivant's ongoing, fully diluted equity ownership in the combined entity was approximately 12% (without giving effect to certain liquidation preferences held by the preferred equity shareholders). For more information on Datavant's valuation and Roivant's ownership interest, please refer to Note 4 to Roivant's condensed consolidated financial statements included in the Form 10-Q filing made on November 15, 2021.

Near-Term Potential Commercial Launch of Tapinarof

Tapinarof's Five Key Attributes as a Transformational 2-in-1 Asset for Psoriasis and Atopic Dermatitis

Novel & differentiated attributes observed – NDA filed in psoriasis; PDUFA action expected in 2Q 2022

Treatment Effect	**PSOARING 1 and PSOARING 2 PGA primary endpoints met (P<0.0001) and PASI75 secondary endpoints met, with 35.4% and 40.2% of patients achieving PGA treatment success at week 12 with tapinarof 1% cream QD vs. 6.0% and 6.3% for vehicle, respectively – data published in *The New England Journal of Medicine***
Durability (On-Therapy)	**Improvement in treatment effect observed with continued use beyond 12 weeks**
Remittive Effect (Off-Therapy)	**Approximately 4-month median remittive effect (off-therapy) observed among patients entering PSOARING 3 LTE study with PGA = 0 (n=79)**
Safety	**No treatment-related serious adverse events reported in PSOARING 1, 2 or PSOARING 3**
Tolerability	**Consistent tolerability observed for all skin locations and durations of treatment studied**

PSOARING 1 and 2 primary endpoint: proportion of subjects who achieved a Physician Global Assessment (PGA) score of clear (0) or almost clear (1) with a minimum 2-grade improvement from Baseline at Week 12.
All data reference results from PSOARING 1, PSOARING 2, and PSOARING 3 clinical trials. No head-to-head trials of tapinarof have been conducted against other psoriasis treatments.
For investor audiences only.

PSOARING 3 LTE Study – 41% of Tapinarof Treated Patients Achieved PGA 0

PGA of 0 corresponds to complete disease clearance

% Patients Achieving PGA of 0 *(ITT, OC)*			
	Overall (n=763)	Patients who Entered LTE Trial on Tapinarof 1% QD & **Continued** on Tapinarof 1% QD **(n=508)**	Patients who Entered LTE Trial on Vehicle QD & **Started** on Tapinarof 1% QD **(n=255)**
Number of Patients Who Entered the Study with PGA≥1	233	144	89
Number of Patients Who Entered the Study with PGA=0	79	74	5
Overall achievement of a PGA=0 during the study, n (%)	**312/763 (40.9%)**	**218/508 (42.9%)**	**94/255 (36.9%)**

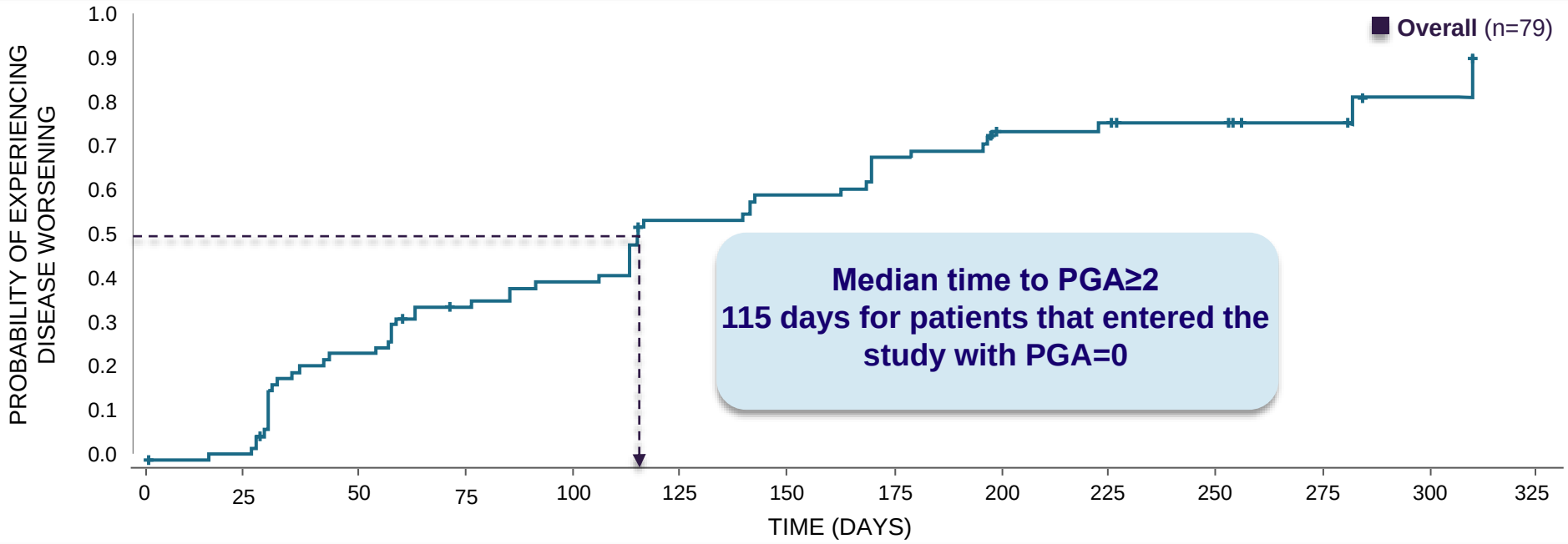
ROIVANT SCIENCES

ITT, intention-to-treat, OC, observed cases; PGA, Physician Global Assessment; QD, once daily.
For investor audiences only.

PSOARING 3 – Clear or Almost Clear for ~4 months Off Treatment

Remittive Effect (off-therapy) observed among patients entering with or achieving a PGA=0

Time to First PGA≥2 *(ITT, OC)*



Key Points

- For patients that entered the LTE Study with a PGA=0 (complete disease clearance), the median time to a PGA≥2 was 115 days.
- Additional n=233 that entered the LTE Study with a PGA≥1 achieved a PGA=0 with continued use of product during the LTE Study.
- Overall, among the 312 subjects that entered with or achieved a PGA=0, the mean total duration of Remittive Effect (off-therapy) was 130 days.

ROIVANT SCIENCES

ITT, intention-to-treat; OC, observed cases; PGA, Physician Global Assessment.
For investor audiences only.

Recent Updates Highlight Continued Progress at Dermavant

- **NDA submission for tapinarof in plaque psoriasis remains on track, with no expectation of advisory committee; PDUFA date in 2Q 2022**
- **Manufacturing and commercial production readiness remains on track to ensure high quality and predictable supply of drug substance and drug product**
- **Buildout of organization ongoing in preparation for potential commercial launch of tapinarof for plaque psoriasis**
- **Data from PSOARING 1 and 2 trials published in *The New England Journal of Medicine***
- **Continued enrollment in ADORING 1 and 2 Phase 3 trials evaluating tapinarof for the treatment of atopic dermatitis, with topline data expected 1H 2023**

Broad, Differentiated Clinical Stage Pipeline

Broad and Differentiated Development Stage Pipeline

Note: All drugs in current pipeline are investigational and subject to regulatory approval.

Gene Therapy | Cell Therapy | Topical | Biologic | Small Molecule

Roivant Track Record of Capital Efficient Deal-Making to Maximize Value to Patients

We have continued to identify attractive low up-front opportunities with shared risk/reward for partners

Vant	Asset	Partner	Indications	Upfront Payment	Status
MYOVANT SCIENCES *	Relugolix	Takeda	Prostate cancer, uterine fibroids, endometriosis	12% equity in Myovant	Approved**
UROVANT SCIENCES *	Vibegron	MERCK	Overactive bladder	$25M in cash	Approved
IMMUNOVANT	Batoclimab	HANALL BIOPHARMA	FcRn-mediated autoimmune disease	$30M in cash	Expect to initiate three pivotal trials in 2022
ARUVANT	ARU-1801	Cincinnati Children's	Sickle cell disease	$25M, 12% equity in Aruvant	Phase 1/2 ongoing
HEMOVANT	**RVT-2001**	Eisai	**Transfusion-dependent anemia in patients with lower-risk MDS**	**$8M in cash, $7M in Roivant shares**	**Phase 1/2**
priovant therapeutics	**To be announced**	**To be announced**	**Severe autoimmune diseases**	**$10M, minority equity stake in Priovant**	**To be announced**

ROIVANT SCIENCES

*Myovant and Urovant were transferred to Sumitovant, a wholly-owned subsidiary of Sumitomo Dainippon Pharma ("Sumitomo"), in December 2019. Relugolix and Vibegron were approved subsequent to the transfer of Myovant and Urovant to Sumitovant.
**FDA approved only for prostrate cancer and uterine fibroids. PDUFA date for endometriosis in 2Q 2022.

Hemavant

RVT-2001: Potential First-in-Class Small Molecule SF3B1 Modulator for the Treatment of Transfusion-Dependent Anemia in Patients with Lower-Risk MDS

Lower-Risk MDS is a Commercially Validated Market

Transfusion-dependent anemia in MDS has limited treatment options

Luspatercept (Reblozyl), approved for RS+ MDS in 2020, annualizing at >$500M 5 quarters after launch; BMS potential projected peak >$4B[1]

Encouraging Proof-of-Concept Data

First-in-class potential as the only known SF3B1 modulator currently in clinical development

Compelling data in a highly refractory population

80+ subjects treated in Phase 1/2 study; generally well-tolerated to date[2]

Multipronged Strategy to Optimize RVT-2001's Clinical Impact

Planned development strategy optimizing dosing, utilizing precision medicine enrollment, and excluding certain refractory patients

Precedent suggests minimal data decay between Phase 2 and Phase 3[3]

Expect Fast, Well-Established Path to Potential Approval

Intend to conduct a robust open-label expansion of an ongoing Phase 1/2 trial in 2022

Precedent in the space is a single pivotal study with approximately 200-250 patients[4]

Strong Intellectual Property Position

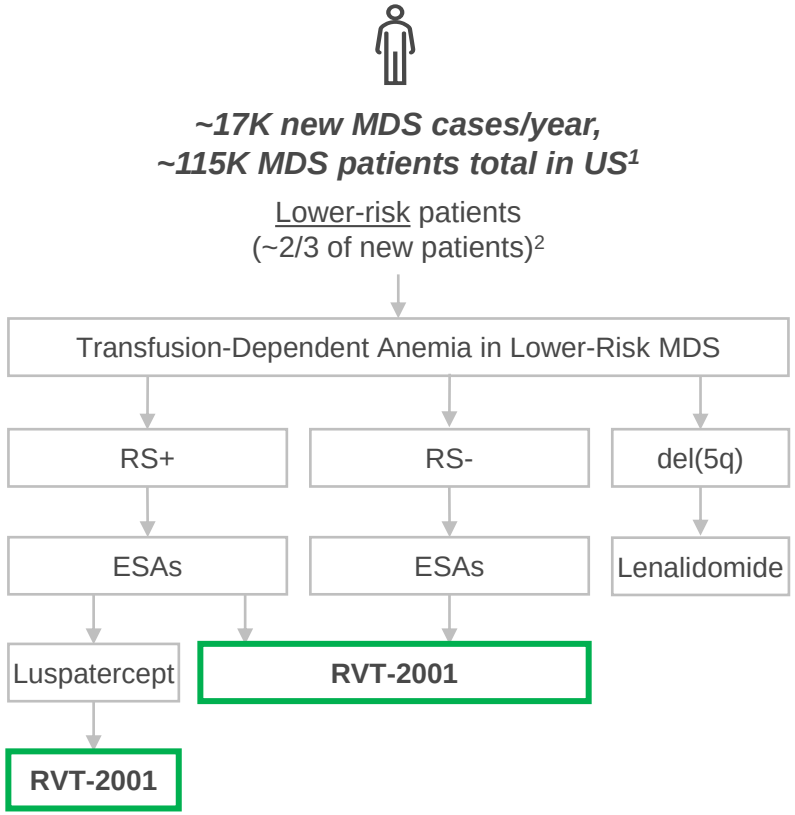
Composition of matter IP protection expected until 2035, before any potential patent term extensions

ROIVANT SCIENCES

All product candidates are investigational and subject to regulatory approval.
1. Bristol Myers Squibb filings, November 16, 2021 Investor Event.
2. Steensma et al., 2021
3. Platzbecker et al., 2017; Fenaux et al., 2020; List et al., 2006; Fenaux et al., 2011
4. Fenaux et al., 2021; Fenaux et al. 2011; Santini et al. 2016

High Unmet Need for an Oral Therapy in Transfusion-Dependent Anemia in Lower-Risk MDS

Current treatment options fail in multiple segments of the patient population



- Lower-risk MDS is a chronic condition; therapy is focused on management of symptoms
  - Goal of treatment is to reduce or eliminate red blood cell (RBC) transfusion dependence with minimal toxicity
- Erythropoiesis-stimulating agents (ESA) used in 1L
  - Ineffective in >50% of patients, primarily used in patients with low transfusion burden and EPO levels[3]
- Luspatercept is ineffective in >50% of patients and is most effective in patients with low transfusion burden[4]
- Lenalidomide is associated with significant toxicities and is only approved for 10-15% of MDS patients[5]
- RVT-2001 is a potential oral therapy targeting SF3B1, a genetically validated target mutated in up to 80% of certain MDS patient subsets[6]
  - Mutations cause alterations in mRNA splicing thought to be an initiating event in MDS[7]
  - *In vitro* and *in vivo,* RVT-2001 corrects splicing defects caused by SF3B1 mutations in mRNA transcripts that encode proteins that are thought to be associated with the development of MDS[8]

**Initial plan to target second line in SF3B1-mutated patients,
with potential to expand to other spliceosome mutations and first line**

ROIVANT SCIENCES

All product candidates are investigational and subject to regulatory approval.
1. Cogle et al., 2015, prevalence based on midpoint, incidence based on lower end of range using 2021 US population.
2. Cazzola et al. 2020
3. Carraway et al., 2020, overall response rates of 20% to 40% and an 18- to 24-month duration of response.
4. Fenaux et al., 2020, 38% of patients achieve RBC-transfusion independence (RBC-TI).
5. Giagounidis et al., 2006
6. Mortera-Blanceo et al., 2017
7. Malcovati et al., 2020
8. Seiler et al., 2018; Steensma et al., 2021

Encouraging Early Data Demonstrate RVT-2001's Clinical Potential

Meaningful Clinical Impact in Refractory Patient Population to Date

- **RVT-2001: RBC-TI rate of >30%** in Phase 1/2 study in subset of 19 patients with lower-risk, transfusion-dependent MDS, 15 of whom had documented prior treatment with lenalidomide and/or HMAs[1]
  - Median duration of treatment for responders of approximately 2 years[1,2]
  - **Luspatercept: 13% RBC-TI** among patients with prior lenalidomide exposure in Phase 2 trial[3]
  - **Lenalidomide: 12% HI-E** among patients with prior HMA exposure in investigator-sponsored trial[4]
- RVT-2001 was generally well-tolerated in Phase 1/2 study (n=84 in patients with MDS, AML, and CMML), with the majority of events classified as Grade 1[1]; significant need remains for additional tolerable, effective therapies

Potential for Improved Therapeutic Effect in Earlier-Line Patients

- Hemavant plans to enroll earlier-line patients in RVT-2001 trials, who have been more responsive in trials for other therapies to treat anemia associated with lower-risk MDS
  - Luspatercept Phase 3 trial excluded prior lenalidomide exposure following reduced RBC-TI responses in Phase 2[3]
    - In luspatercept's Phase 2 trial, **44% RBC-TI** in patients **without prior lenalidomide** exposure vs. **13% with prior lenalidomide** exposure[3]
  - In a lenalidomide investigator-sponsored trial of patients with lower-risk, non-del(5q) MDS, **HI-E of 38% prior to HMAs** vs. **12% post-HMAs**[5]

Note: No head-to-head studies of RVT-2001 have been conducted

ROIVANT SCIENCES

All product candidates are investigational and subject to regulatory approval.
AJ/CJ: Ratio of aberrant splicing junction to canonical splicing junction.
RBC-TI: Red blood cell-transfusion independence.
HMA: Hypomethylating agents.
AML: Acute myeloid leukemia.
CMML: Chronic myelomonocytic leukemia.
Hi-E: Erythroid hematologic improvement

1. Internal unpublished data.
2. Steensma et al., 2021
3. Platzbecker et al., 2017
4. Zeidan et al. 2015
5. Luspatercept Phase 3 Protocol, *NEJM*

Plan to Amend Ongoing Open-Label Phase 1/2 Trial to Target Improved and Extended Responses

Robust signal-enhancing design can provide multiple paths to demonstrate value through potential high response rates and/or long duration either in the overall population or in genetically defined subsets

Target Genetically Defined Subpopulations

- Selectively enroll lower-risk MDS patients with *SF3B1* mutations (~30% of MDS patients)[1]
- Expand dataset in high TMEM14C ratio subset
  - **RBC-TI of 71% (5/7) to date** among patients in RVT-2001 Phase 1/2 study with the highest levels of aberrant TMEM14C transcripts (as measured by elevated AJ/CJ ratios)[2]
  - High ratios of aberrantly spliced TMEM14C transcripts were associated with SF3B1 mutations[2]

Improve Dosing

- Strengthen pharmacodynamic effect by optimizing dosage of RVT-2001

Minimal Data Decay

- Minimal data decay observed historically from Phase 2 to Phase 3 in precedent trials for other therapies in MDS

ROIVANT SCIENCES

All product candidates are investigational and subject to regulatory approval.
AJ/CJ: Ratio of aberrant splicing junction to canonical splicing junction.
1. Malcovati et al., 2015
2. Steensma et al., 2021

Immunovant

Alignment to Move Forward in Myasthenia Gravis (MG)

Important for patients, with potential to offer a differentiated treatment option in MG, and enables broad development of batoclimab

- We have achieved alignment with the FDA to move forward in MG. We plan to start a Phase 3 study for batoclimab (IMVT-1401) in MG in the first half of calendar year (CY) 2022.
- In CY 2022, we expect to begin pivotal studies in three indications (including MG). We also plan to announce studies in at least two new indications (beyond MG, TED and WAIHA) by August 2022.
- Our Phase 3 trial in MG is designed to uniquely address unmet patient needs by leveraging batoclimab's broad therapeutic window and simple subcutaneous delivery device to provide a differentiated offering.

Phase 3 Trial in MG is Designed to Address Unmet Patient Needs and Differentiate Batoclimab

Need for significant improvement initially:

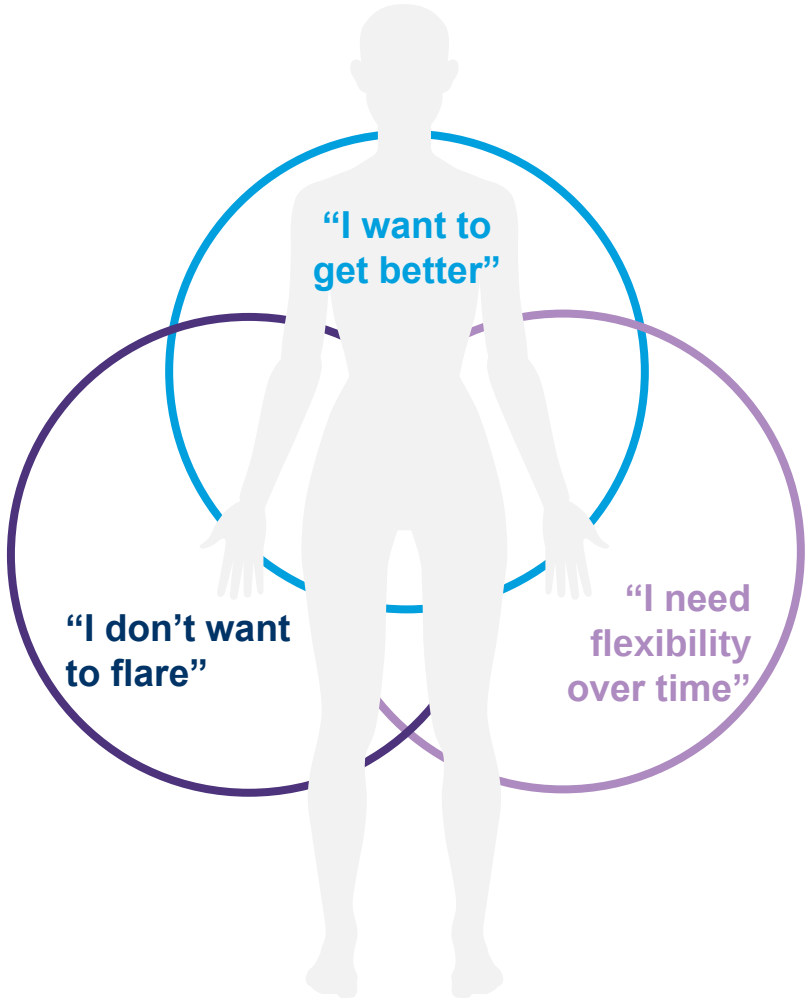
High doses included in the induction period to achieve maximum efficacy at the beginning of treatment

Peace of mind over time:

Chronic treatment to provide consistent symptom relief while lowering the dose to maintain efficacy with potentially fewer side effects

Flexible dosing to match disease fluctuations:

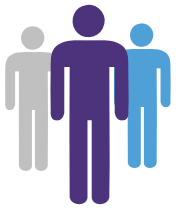
Myasthenia gravis waxes and wanes over time; clinicians and patients desire a data-driven approach to optimize care over time



Flexible Phase 3 Design That is Common in Immunology Trials But a First for an MG Trial

Batoclimab's Phase 3 Trial in MG Designed to Deliver Differentiated Value

EFGARTIGIMOD	NIPOCALIMAB	BATOCLIMAB
4 infusions, 10 mg/kg QW; then additional cycles based on loss of response	15 mg/kg Q2W for 22 weeks, after single loading dose of 30 mg/kg	Continuous dosing via induction, maintenance (3 different doses)
Symptomatic exacerbations treated with additional intravenous cycle	Down titration allowed in long term extension (LTE)	Down titration allowed and rescue for symptomatic exacerbations in LTE
IV administration, bridge to Halozyme	IV administration	Routine SC administration



Patient Needs Addressed

1. Quick, deep response to gain control
2. Steady, chronic dosing
3. Flexible dosing in chronic phase for disease fluctuations
4. Ease of administration

Plan to Initiate Three Pivotal Trials in 2022

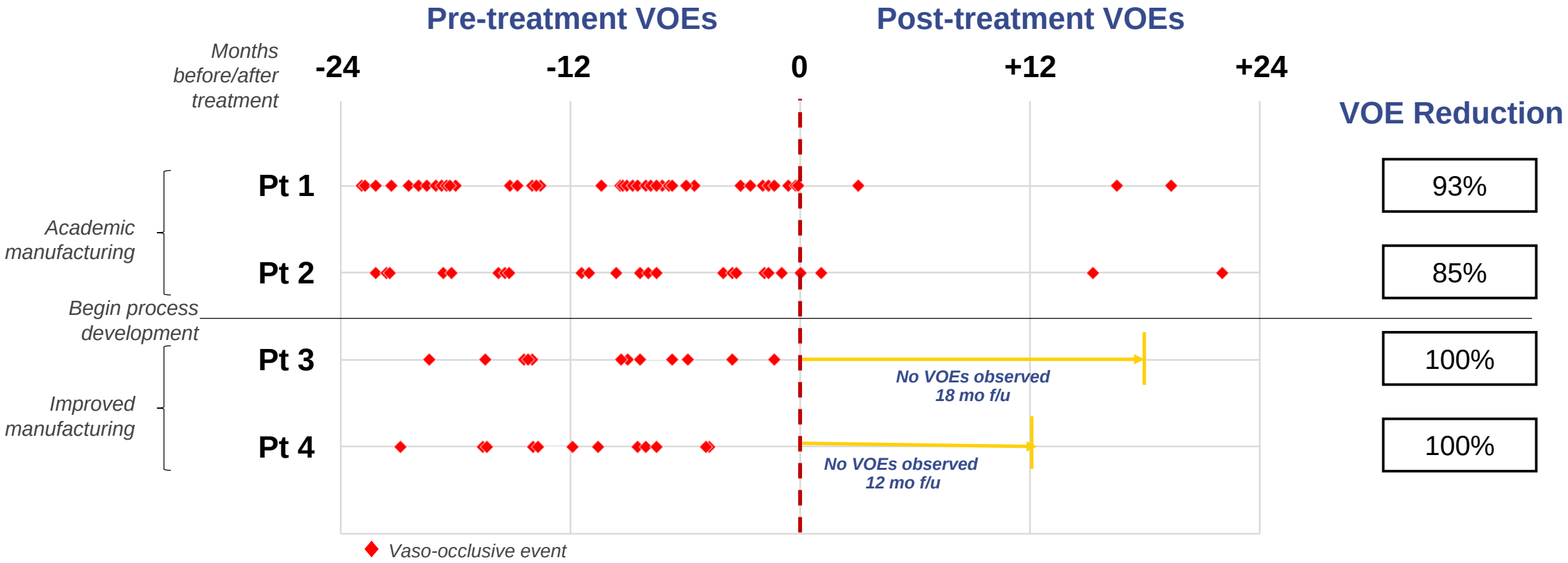
Target Indication	Phase 1	Phase 2	Phase 3	Anticipated Milestones
Myasthenia Gravis (MG)				**Topline results expected 2024**
Thyroid Eye Disease (TED)				**Expecting to initiate pivotal trials in 2022 for two of these four indications**
Warm Autoimmune Hemolytic Anemia (WAIHA)				
Indication 4*				
Indication 5*				

*Two new indications to be announced by Aug 2022

Aruvant

ARU-1801 is a One-time Potentially Curative Therapy for SCD with Reduced Intensity Conditioning (RIC) Regimen

Significant improvements to date in VOEs including 100% resolution in recently treated patients



RIC has Potential Benefits for Patients, Providers, and Payors

Unique potency allows ARU-1801 to engraft with only RIC. Melphalan may provide significant clinical benefit vs. competitors' busulfan-based regimens, including shorter hospital stays and reduced toxicity

Note: no head-to-head studies of these products have been conducted

	Busulfan 3.2 mg/kg/day* (Used by myeloablative gene therapies)	**Melphalan 140 mg/m² (Used by ARU-1801)**
Neutropenia Recovery Time	20 days[1]	**8 days[2]**
Platelet Recovery Time	28 days[1]	**8 days[2]**
Neurotoxicity	Seizure prophylaxis required[3]	**No seizure prophylaxis required[4]**
Ovarian Failure	70 - 80%[5]	**30 - 40%[5]**
Chemo Administration	4 days[6] daily PK monitoring	**1-hour infusion[4]**
Days in Hospital (Median)	44 days[6]	**0-5 days[7]**
Potential for Outpatient Administration	Low[3] *(longer cytopenias, multiple infusions)*	**High[7]** ***(common in multiple myeloma)***
Backup Collection	Required[8]	**Not required[9]**
Risk if No Engraftment	Rescue transplant required[8]	**No rescue required[9]**

ROIVANT SCIENCES

Table reflects combination of gene therapy protocols, reported results from gene therapy trials, and literature on the use of these conditioning agents in other settings.
*Dose adjusted to a targeted AUC for busulfan of 4200 μM*min. 1. bluebird bio ASGCT 2020. Resolution of Sickle Cell Disease (SCD) Manifestations in Patients Treated with LentiGlobin Gene Therapy: Updated Results of Phase 1/2 HGB-206 Group C Study. 2. Based on data from 5 treated ARU-1801 patients. 3. Busulfan label; seizure prophylaxis required but not with phenytoin due to PK interaction with busulfan. 4. ALKERAN label. 5. Estimated based on Kaplan-Meier plot in post-pubescent female children based on time to elevated FSH level with up to 8 years follow up (Panasuik et al. BJH 2015). 6. ZYNTEGLO EPAR. 7. Boston Medical Center. B Freeman et al. (2014) Bone Marrow Transplantation and Guru Murthy GS et al. (2019) Biol. Blood Marrow Transplant; outpatient autologous HSCT are already performed for multiple myeloma and AL amyloidosis 8. Rescue cell collection required per bluebird bio protocol. 9. Based on Aruvant protocol. Drugs are investigational and subject to regulatory approval.

Continued Development Execution with Six New Clinical Trials Expected in 2022

2022

Three pivotal study initiations expected for batoclimab at Immunovant

1H 2022

Remain on track to initiate Phase 2 trial of namilumab for sarcoidosis at Kinevant; IND accepted December 2021

1H 2022

Remain on track to initiate MAD trial of LSVT-1701 for SAB at Lysovant; IND submitted December 2021

2022

Intend to conduct robust open-label expansion of ongoing Phase 1/2 trial of RVT-2001 in lower-risk MDS patients at Hemavant

All timelines reference calendar year.

Asymmetric Upside Potential

Recent Court Decisions Highlight Genevant Innovation and Robust Nucleic Acid Delivery-Related Patent Estate

Genevant is an industry-leading nucleic acid delivery solutions company that develops optimal delivery systems for its collaborators' identified payloads or target tissues

Genevant has over 700 LNP-related patents and pending patent applications, including several patents licensed from Arbutus such as:

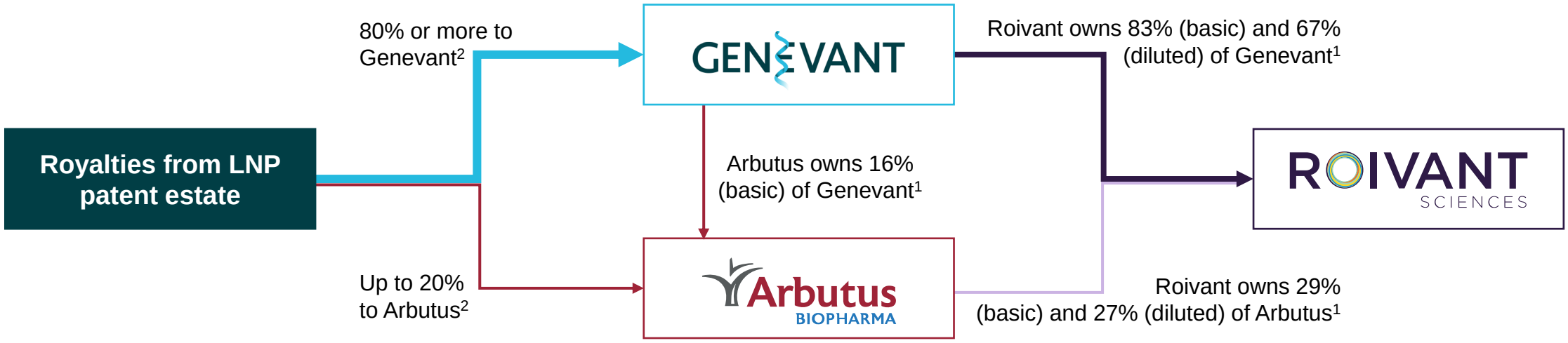
Subject Matter	US Patent No.	Expiration Date	Geography
Particle Composition (Molar Ratios)	8,058,069	April 2029	US, EU, Japan, Australia, Canada[1]
	8,492,359	April 2029	
	8,822,668	April 2029	
	9,364,435	April 2029	
	11,141,378	April 2029	
Particle Morphology	9,518,272	June 2031	US
mRNA-LNP Formulations	9,504,651	July 2023	US

In December 2021, in response to Moderna's appeals, the Federal Circuit affirmed the prior Patent Trial and Appeal Board decision regarding the validity of all claims of the '069 patent and dismissed Moderna's appeal as to the '435 patent

1. In addition to the United States, molar ratio patents have also issued in the EU, Japan, Australia, and Canada. The EU molar ratio patent has been validated in certain major European countries.

Roivant Maintains Significant Economic Interest in Genevant's LNP Patent Estate

Through our ownership stakes in Genevant and Arbutus, Roivant retains 76% basic and 62% diluted economic interest in potential royalties derived from Genevant's LNP patent estate[1,2]



1. Ownership as of September 30, 2021. Ownership percentages are approximate.
2. Actual amount may vary depending on licensing structure.

Roivant Discovery Powered by Computational Capabilities

Roivant's Differentiated Approach to Drug Discovery

Leading Computational Drug Discovery Platform

- Advanced computational physics and machine learning capabilities for the *in silico* design and optimization of small molecule therapeutics powered by supercomputing cluster with over 600 GPUs
- Molecular dynamics to simulate biological motions, including agonism, allostery, biased signaling, and ternary structures

World-Class Teams

- Expertise across all areas of molecular simulations, including software engineering, high-performance computing, methods development, applications
- Experienced drug designers leveraging medicinal chemistry, modeling, simulation, and biophysics

In-House Wet Lab Facilities

- 10,000 square foot facility equipped for biology, chemistry, and biophysics enables unique ability to combine experimental and computational data
- Ability to evaluate highest value candidates with in-house labs, enabling highest quality and rapid turnaround

ROIVANT DISCOVERY

Integrated capabilities in small molecule discovery, with an initial focus on protein degraders

Fully Integrated Binding Simulation with Hydrogen-Deuterium Exchange Data

Most Accurate Ternary Structure Prediction Known

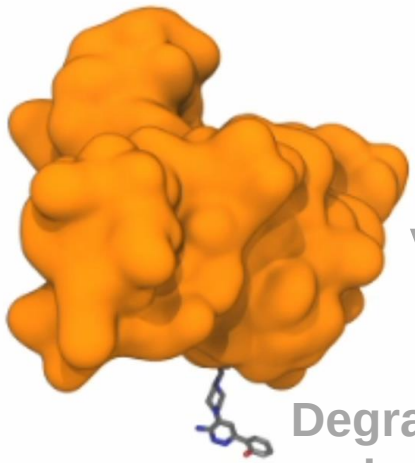
Integration of experimental hydrogen-deuterium exchange mass spectrometry (HDX-MS) data offers unique advantage

Final Statistics:

- Warhead-interface RMSD = 0.40 Å
- Ligand-interface RMSD = 0.65 Å
- Protein-protein interface RMSD = 1.3 Å
- Fraction of native contacts = 90%

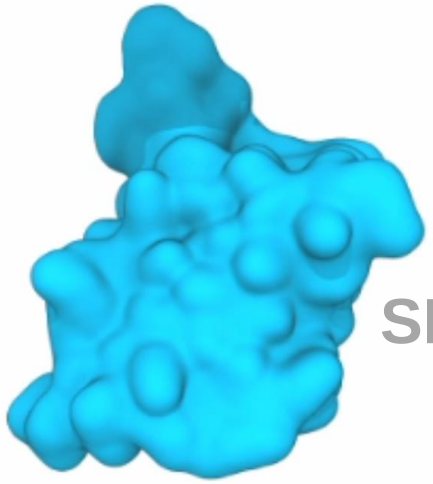
Computational Details:

- **Simulation times:**
  - 4 μs for formation of encounter complex
  - 4 μs for re-arrangement
- **GPUs and time to solution:**
  - 64 GPUs x 1 day
- **System size:**
  - 125K atoms
- **Weighted Ensemble Collective Variables (CVs):**
  - CV1: Minimum distance
  - CV2: Number of native contacts
  - CV3: HDX-MS protection



VHL

Degrader molecule



SMARCA2

ROIVANT SCIENCES

Catalysts

Vant	Catalyst	Expected Timing
dermavant™	FDA approval decision on tapinarof for psoriasis	2Q 2022
	Topline data from tapinarof Phase 3 trials in atopic dermatitis	1H 2023
IMMUNOVANT	Batoclimab pivotal trial initiation in MG	1H 2022
	Initiate three pivotal programs, including MG	2022
	Progress TED, WAIHA, and two new indications to be announced	2022
ARUVANT	ARU-1801 Phase 3 initiation	1H 2023
kinevant	Namilumab Phase 2 initiation in sarcoidosis	1H 2022
lysovant	LSVT-1701 MAD initiation	1H 2022
HEMOVANT	Expand ongoing RVT-2001 Phase 1/2 trial in lower-risk MDS	2022
proteovant THERAPEUTICS	Phase 1 initiation for first degrader candidate	2022
ROIVANT DISCOVERY proteovant THERAPEUTICS	Multiple additional degrader candidates entering IND-enabling studies each year	Starting 2022

All timelines reference calendar year.

ROIVANT
SCIENCES