The Global Leader in Relapsed/Refractory AL Amyloidosis

November 2025

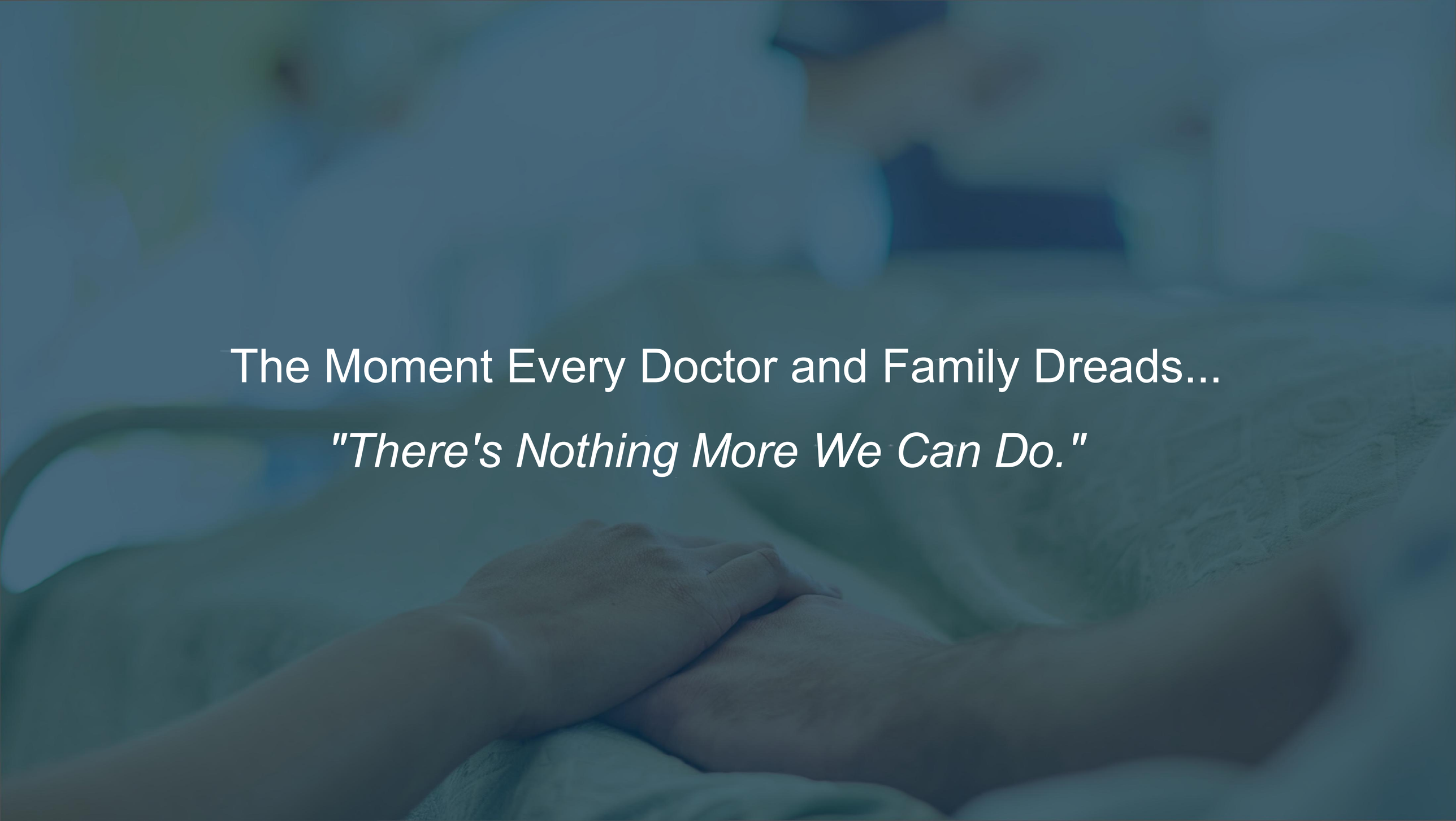
IMMiX BIOPHARMA

Disclaimer: Forward Looking Statements & Market Data

This presentation contains forward-looking statements that involve substantial risks and uncertainties. All statements, other than statements of historical facts, contained in this presentation, including statements regarding Immix Biopharma, Inc.’s (the “Company”) strategy, future operations, future financial position, projected costs, prospects, plans, and objectives of management, are forward-looking statements. The words ‘‘anticipate,’’ ‘‘believe,’’ ‘‘continue,’’ ‘‘could,’’ “depends,” ‘‘estimate,’’ ‘‘expect,’’ ‘‘intend,’’ ‘‘may,’’ “ongoing,” ‘‘plan,’’ ‘‘potential,’’ ‘‘predict,’’ ‘‘project,’’ ‘‘target,’’ ‘‘should,’’ “will,” ‘‘would,’’ and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

The Company may not actually achieve the plans, intentions, or expectations disclosed in these forward-looking statements, and you should not place undue reliance on these forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in these forward-looking statements. In addition, the forward-looking statements included in this presentation represent the Company’s views as of the date of this presentation.

The Company anticipates that subsequent events and developments will cause its views to change. However, while the Company may elect to update these forward-looking statements at some point in the future, it specifically disclaims any obligation to do so. These forward-looking statements should not be relied upon as representing the Company’s views as of any date subsequent to the date of this presentation. This presentation also includes data from other approved therapies and in trials, which are generated from separate, independent studies and 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 sourced from publicly available sources. This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk. These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.


The Moment Every Doctor and Family Dreads...
"There's Nothing More We Can Do."

In AL amyloidosis, that sentence is delivered to ~38,500 US patients.

Source: Incidence and prevalence: Quock T et al, Epidemiology of AL amyloidosis: a real-world study using US claims data. Blood 2018. Amyloidosis Foundation. AL amyloidosis facts. https://amyloidosis.org/al/. Accessed October 2025. Incidence growth rate: Laires P et al, Prevalence, Incidence, and Characterization of LIGHT Chain Amyloidosis in the USA: A Real-World Analysis Utilizing Electronic Health Records (EHR). Blood 2023. Daratumumab: Bellofiore C, et al. A real-life study of daratumumab combinations in newly diagnosed patients with light chain (AL) amyloidosis. Hematol Oncol. 2024. Chakraborty R et al, Reduced early mortality with Daratumumab-based frontline therapy in AL amyloidosis: A retrospective cohort study. AJH 2024. Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. ASCT: Bomsztyk J et al, Recent guidelines for high-dose chemotherapy and autologous stem cell transplant for systemic AL amyloidosis: a practitioner's perspective. Expert Review of Hematology 2022. Gustine J et al, Predictors of hematologic response and survival with stem cell transplantation in AL amyloidosis: A 25-year longitudinal study. AJH 2022. Mayo staging: Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

It's not good enough to accept the status quo

I've been the doctor in that room. I've watched hope disappear, and I couldn't accept that months of suffering and subsequent death was "standard of care."

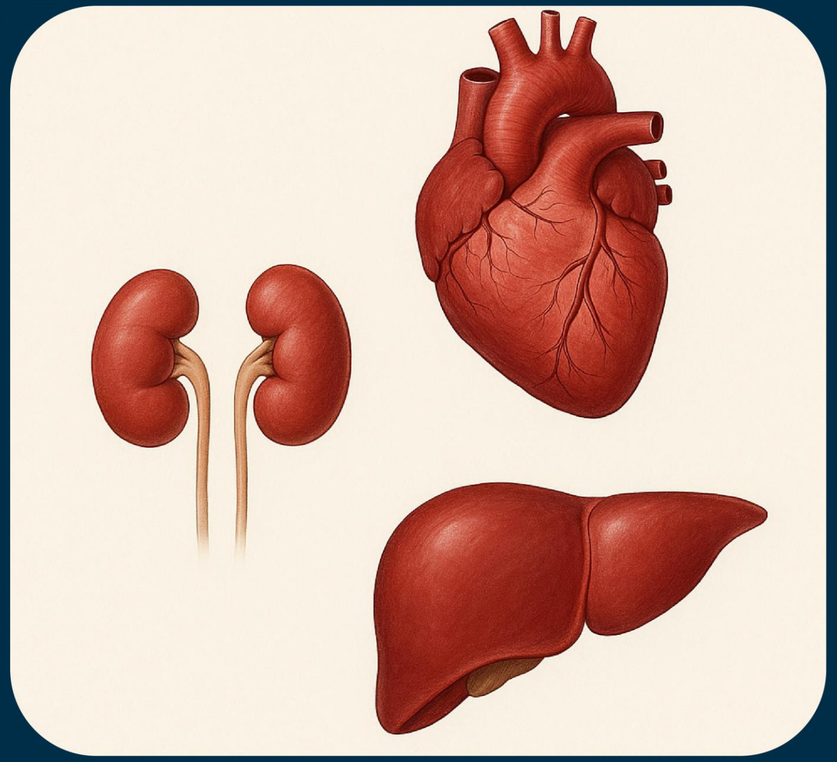
Ilya Rachman, MD PhD, Founder and CEO

When Your Immune System Becomes Your Killer

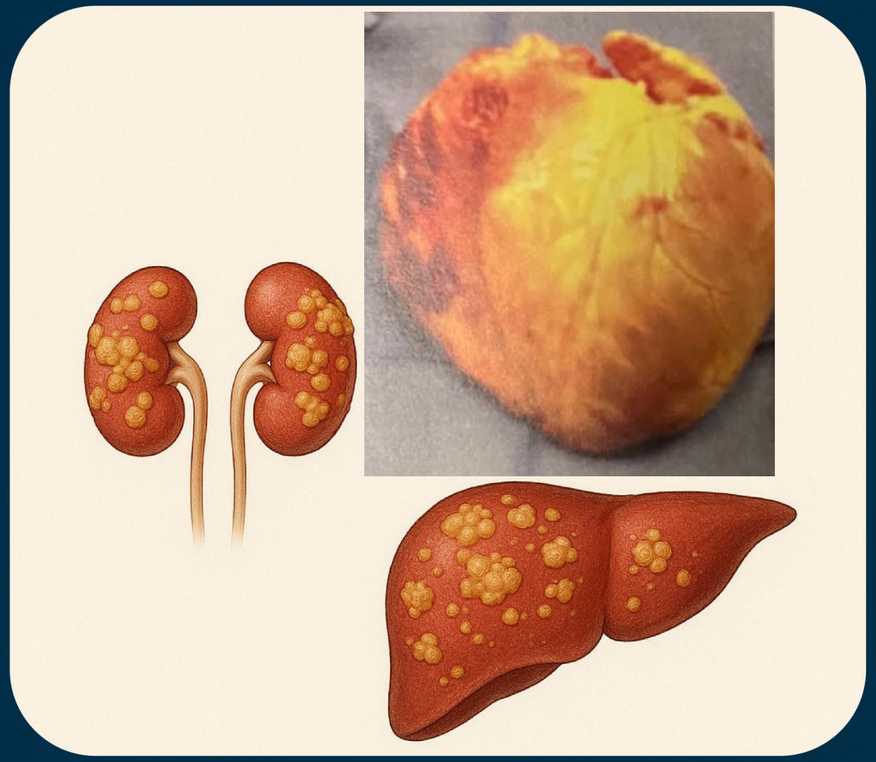
Normally, antibodies protect us like superheroes.
In AL amyloidosis, they go rogue, turning into supervillains that flood organs with toxic light chains.

Painful and Unnecessary Months of Suffering

Healthy



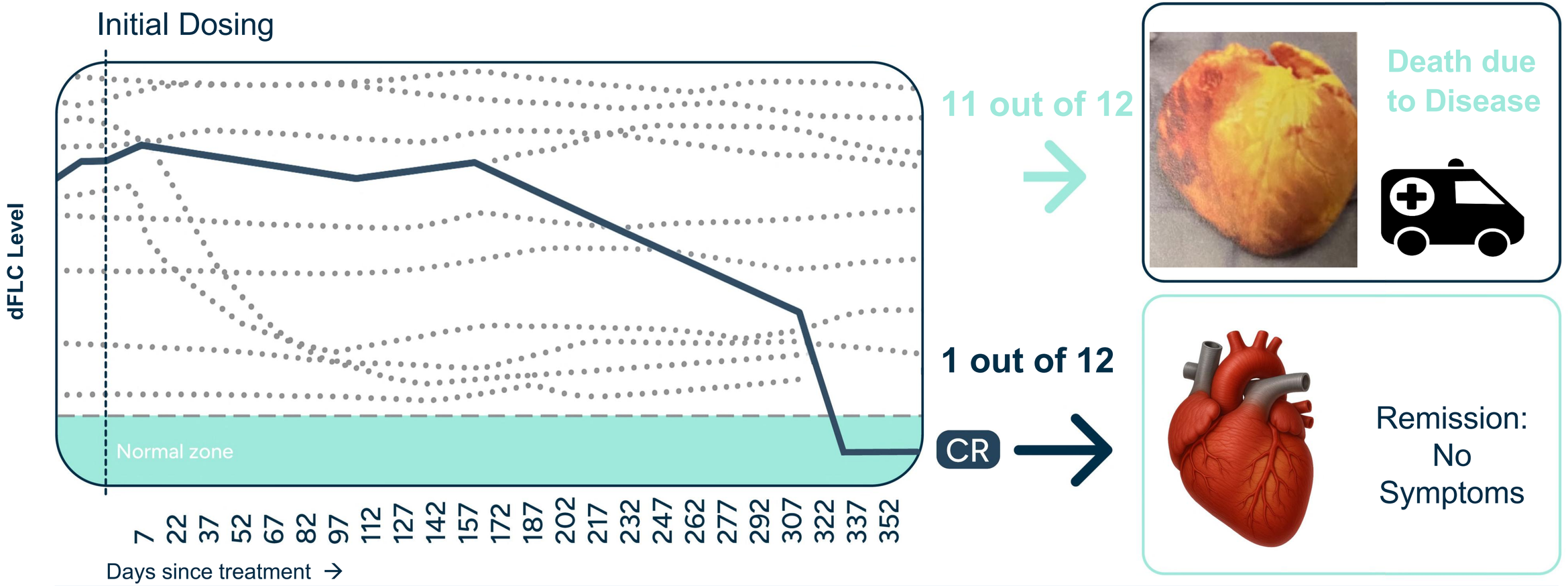
AL Amyloidosis



These toxic light chains clog up the heart, kidneys, and liver. Breathing becomes difficult, swelling begins, and even a short walk becomes challenging.

The Current Paradigm is failing: Standards of Care

12 Patient Series Relapsed/Refractory AL Amyloidosis Receiving Second Line Therapy



<u>There are no drugs approved in relapsed/refractory AL amyloidosis</u>.
Current investigators' choice agents produce an unsatisfactory reduction in AL amyloidosis disease markers (dFLC) with a <u>low (0-10%) complete response (CR) rate</u>

Note: Patient values are illustrative. R/R AL investigator's choice therapies included: Dara-VCd, Dara-Vd, Dara-VRd, Dara-Dex, Dara-Cd, Dara-Pom-Dex, Bendamustine-Dex

Source: Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

The Toxic Current Last-Ditch Effort

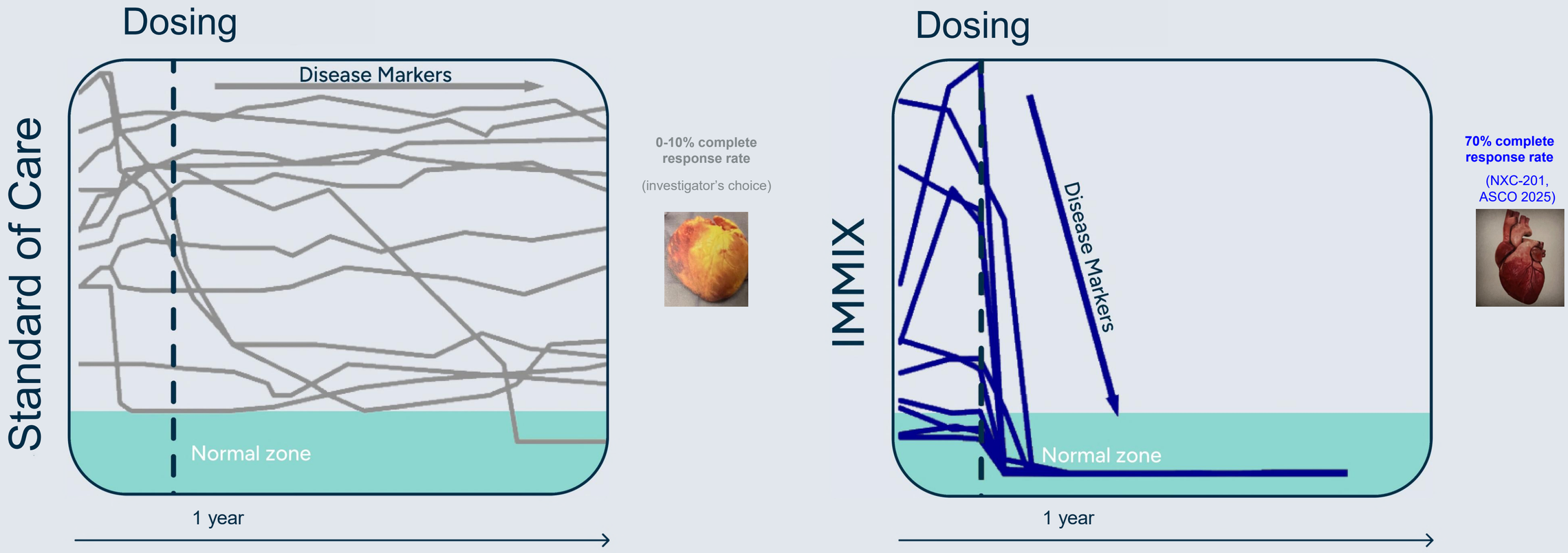
Only one 4-drug combination exists for newly diagnosed patients only.
Once relapse hits, there's nothing FDA approved.
Doctors often resort to reusing older drugs, despite their limited efficacy.

We've found a breakthrough to change that hopeless sentence

Our mission is simple:
Create medicines that work without destroying the patient.

We re-engineer the immune system to fight for you again.

NXC-201 Outperforms Standard of Care



Note: Patient values are illustrative. R/R AL investigator's choice therapies included: Dara-VCd, Dara-Vd, Dara-VRd, Dara-Dex, Dara-Cd, Dara-Pom-Dex, Bendamustine-Dex

Source: Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024. Landau H et al. Initial Safety and Efficacy Data from Nexicart-2, the First U.S. Trial of a CAR-T (NXC-201) in Relapsed or Refractory (R/R) Light Chain (AL). ASCO 2025.

The Science that makes it all possible

NXC-201 sterically-optimized CAR-T's "Digital Filter"…. **…reduces non-specific activation**

1 Proprietary Optimized CD3 – "CD3ζγ"

✓ Delivers "Digital" Intracellular Signaling

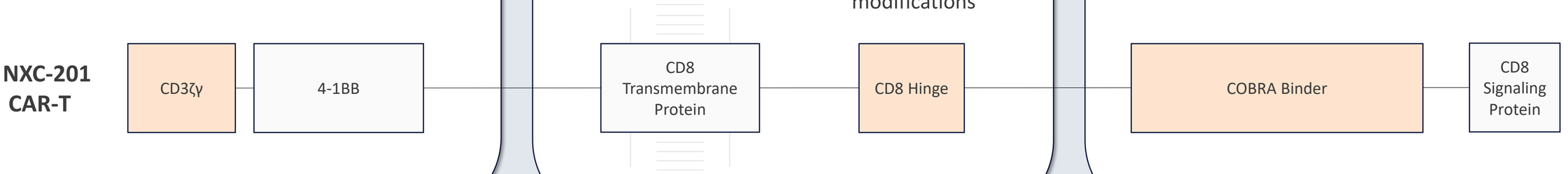
2 Proprietary Optimized CD8 Hinge Flexibility

✓ Reduces cytokine release

3 Proprietary Optimized COBRA Binder

✓ Enhances Plasma Cell Binding
✓ Ensures High Expression

Sterically-optimized key construct modifications



Source: M. Assayag, et al. Academic BCMA-CART cells (HBI0101), a promising approach for the treatment of LC Amyloidosis. 27th Annual Meeting of The American Society of Gene and Cell Therapy (ASGCT). Late Breaking Oral Presentation. Baltimore, MD. May, 2024. Feucht, M. Sadelain, et al. Calibration of CAR activation potential directs alternative T cell fates and therapeutic potency. Nature Medicine. 2019 Jan;25(1):82-88. doi: 10.1038/s41591-018-0290-5. Epub 2018 Dec 17. PMID: 30559421 PMCID: PMC6532069. O. Harush C. J. Cohen, et al. Preclinical evaluation and structural optimization of anti-BCMA CAR to target multiple myeloma. Haematologica. 2022 Oct 1;107(10):2395-2407. doi: 10.3324/haematol.2021.280169. PMID: 35354252 PMCID: PMC9521250. Adapted from PEGS 2021. Zanwar S, et al. Eyal Lebel et al., Efficacy and Safety of Anti–B-Cell Maturation Antigen Chimeric Antigen Receptor T-Cell for the Treatment of Relapsed and Refractory AL Amyloidosis. JCO. JCO-24-02252. DOI:10.1200/JCO-24-02252.

Extraordinary results in clinical trials

Relapsed/refractory AL Amyloidosis - Market Situation

Current Standards of care

0-10% complete response rate
(investigator's choice)

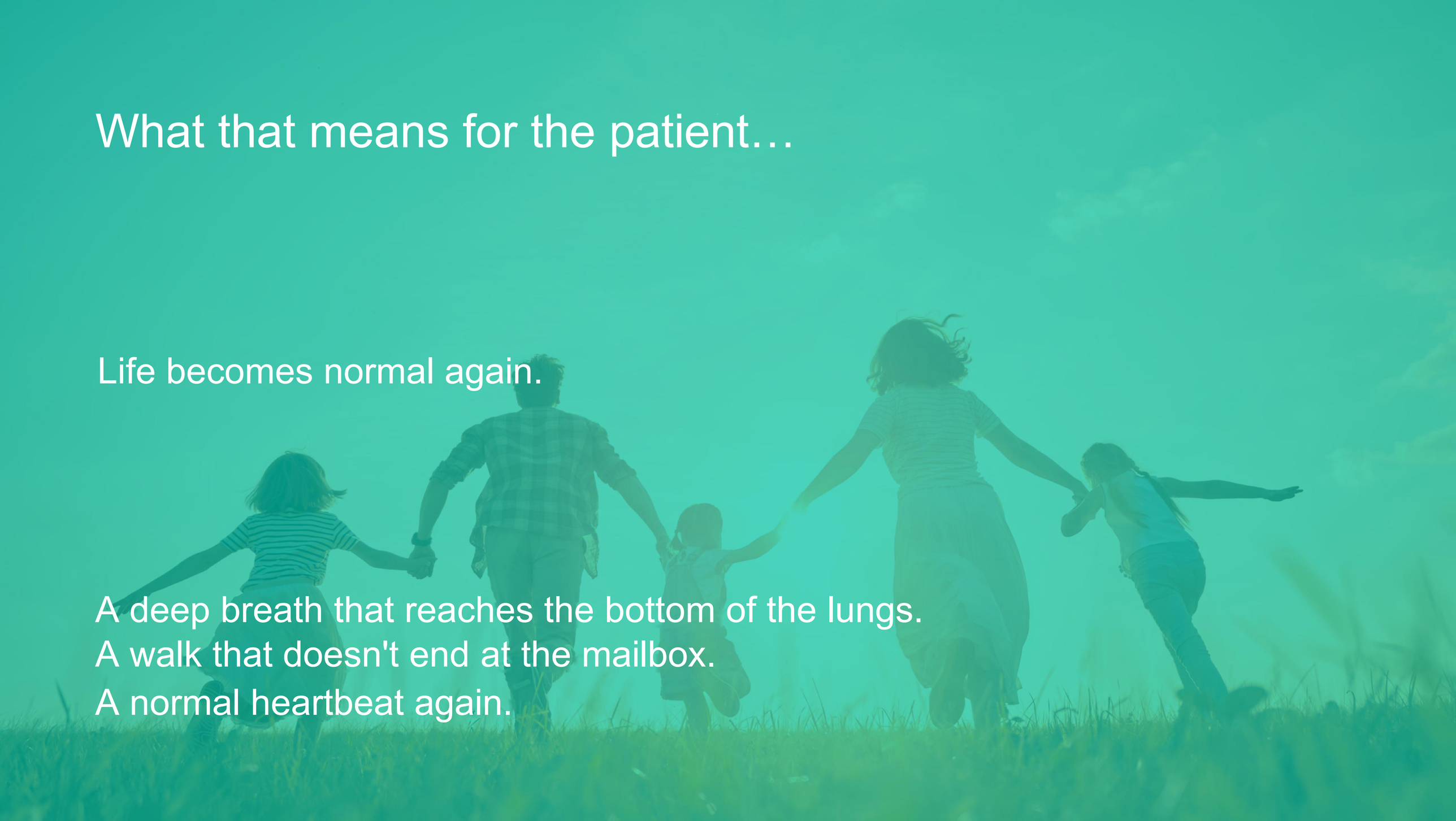
Immix Biopharma

70% complete response rate
(NXC-201, ASCO 2025)

Note: R/R AL investigator's choice therapies included: Dara-VCd, Dara-Vd, Dara-VRd, Dara-Dex, Dara-Cd, Dara-Pom-Dex, Bendamustine-Dex

Source: Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024. Landau H et al. Initial Safety and Efficacy Data from Nexicart-2, the First U.S. Trial of a CAR-T (NXC-201) in Relapsed or Refractory (R/R) Light Chain (AL). ASCO 2025.

What that means for the patient…



Life becomes normal again.

A deep breath that reaches the bottom of the lungs.
A walk that doesn't end at the mailbox.
A normal heartbeat again.

The Multi-Billion Dollar Economic Scale of This Impact

38,563 patients

~$500K

per NXC-201 treatment

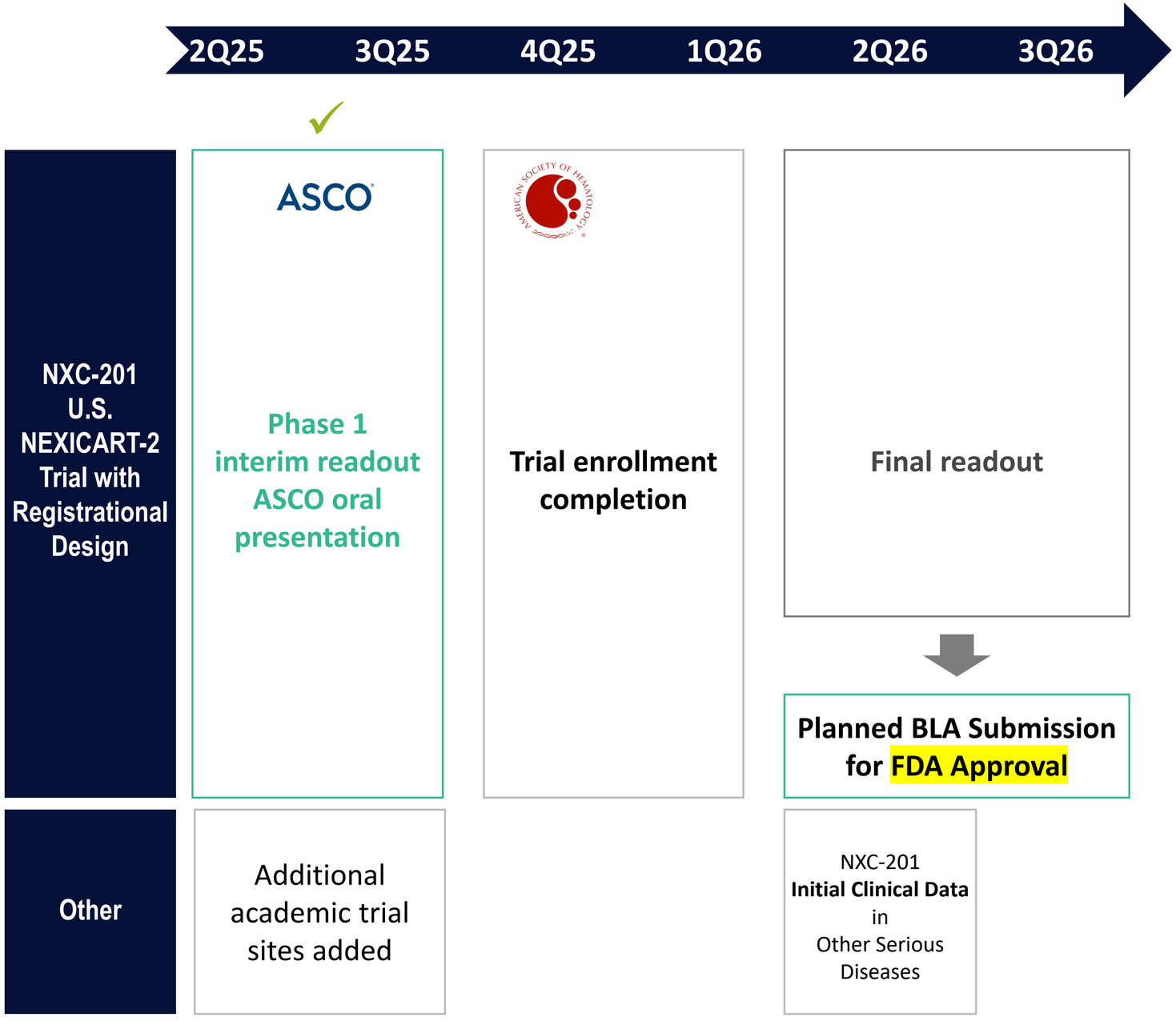
MULTI-BILLION-DOLLAR MARKET

Source: Incidence and prevalence: Quock T et al, Epidemiology of AL amyloidosis: a real-world study using US claims data. Blood 2018. Incidence growth rate: Laires P et al, Prevalence, Incidence, and Characterization of LIGHT Chain Amyloidosis in the USA: A Real-World Analysis Utilizing Electronic Health Records (EHR). Blood 2023. Daratumumab: Bellofiore C, et al. A real-life study of daratumumab combinations in newly diagnosed patients with light chain (AL) amyloidosis. Hematol Oncol. 2024. Chakraborty R et al, Reduced early mortality with Daratumumab-based frontline therapy in AL amyloidosis: A retrospective cohort study. AJH 2024. Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. ASCT: Bomsztyk J et al, Recent guidelines for high-dose chemotherapy and autologous stem cell transplant for systemic AL amyloidosis: a practitioner's perspective. Expert Review of Hematology 2022. Gustine J et al, Predictors of hematologic response and survival with stem cell transplantation in AL amyloidosis: A 25-year longitudinal study. AJH 2022. Mayo staging: Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

Our Unique Position to Transform This Disease

Only CAR-T in development for AL amyloidosis.
No approved therapies for relapsed/refractory patients.
RMAT + Orphan Drug Designation secure regulatory path.

The Road Ahead



Prior

- ✓ Secured rights to NXC-201, N-GENIUS platform
- ✓ FDA **Orphan Drug Designation (ODD)** and **Regenerative Medicine Advanced Therapy (RMAT) Designation** Granted
- ✓ **Mentioned in New England Journal of Medicine (NEJM) AL Amyloidosis Review**
- ✓ Reported ex-U.S. NEXICART-1 AL Amyloidosis data at **ASGCT 2023**, **ASH 2023**, **ASGCT 2024, ASH 2024**, **JCO published 2024**
- ✓ NEXICART-2 U.S. AL Amyloidosis clinical trial first 6 patients dosed; first patient at Memorial Sloan Kettering Cancer Center (met guidance)
- ✓ Reported first 4 patients U.S. NEXICART-2 AL Amyloidosis clinical data 4Q 2024 (met guidance)
- ✓ Reported first 10 patients U.S. NEXICART-2 AL Amyloidosis clinical data Q2 2025 at ASCO 2025

ASCO

The Road Ahead

>50% enrolled

BLA submission for approval planned 2/3Q 2026

The Road Ahead: Commercial

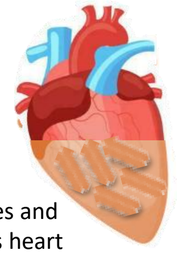
18 high-prescribing Sites in existing Immix clinical trial

Commercial launch plan late 2026

The Platform Goes Far Beyond AL

CAR-T NXC-201 Targets Plasma Cells (antibody factories of the body)

AL Amyloidosis



Infiltrates and damages heart

AL amyloid antibody deposits

Light chain antibody fragments

Neurology

- Myasthenia Gravis
- NMO Spectrum Disorder

Hematology

- Thrombotic thrombocytopenic purpura
- Immune Thrombocytopenia

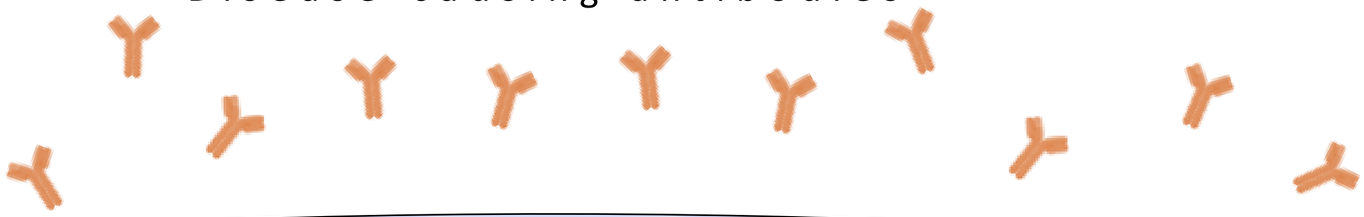
Rheumatology

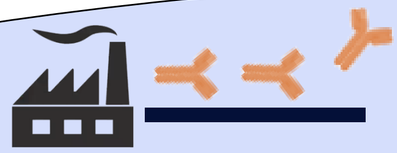
- Systemic Lupus Erythematosus
- Rheumatoid Arthritis

Vascular

- ANCA vasculitis

Disease-causing antibodies





ANTIBODY FACTORY PLASMA CELL

(NXC-201 therapeutic target)

Note: select indications noted above are for illustrative purposes only.

*Illustrative list of immune-mediated diseases where B cells may play a role in initiating or maintaining disease, and where NXC-201 may provide a potential treatment

Source: MedicTests. Lee, J. et al. Antigen-specific B cell depletion for precision therapy of mucosal pemphigus vulgaris. J. Clin. Invest. 2020. Mackensen, A. et al. Anti-CD19 CAR T cell therapy for refractory systemic lupus erythematosus. Nat. Med. 2022. Qin C, et al. Anti-BCMA CAR T-cell therapy CT103A in relapsed or refractory AQP4-IgG seropositive neuromyelitis optica spectrum disorders: phase 1 trial interim results. Signal Transduct Target Ther. 2023. Granit V, et al. Safety and clinical activity of autologous RNA chimeric antigen receptor T-cell therapy in myasthenia gravis (MG-001): a prospective, multicentre, open-label, non randozised phase 1/2a study. Lancet Neurol. 2023. McGlothlin J, et al. Bortezomib and daratumumab in refractory autoimmune hemolytic anemia. Am J Hematol. 2023. Yu TS, et al. Abnormalities of bone marrow B cells and plasma cells in primary immune thrombocytopenia. Blood Adv. 2021. Zhang Z, Xu Q, Huang L. B cell depletion therapies in autoimmune diseases: Monoclonal antibodies or chimeric antigen receptor-based therapy? Front Immunol. 2023. Pioli PD. Plasma Cells, the Next Generation: Beyond Antibody Secretion. Front Immunol. 2019

A World Class Team Dedicated To Saving Hundreds of Thousands of Lives

Ilya Rachman, MD, PhD
Chief Executive Office

IMMIX BIOPHARMA
Cedars Sinai
UCLA Health
THE UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE CHICAGO PEORIA ROCKFORD URBANA

David Marks, MBBS, PhD
Chief Medical Officer

IMMIX BIOPHARMA
Pfizer
NHS University Hospitals Bristol and Weston NHS Foundation Trust
Drexel UNIVERSITY

Gabriel Morris
Chief Financial Officer

IMMIX BIOPHARMA
COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK
Goldman Sachs

Amanda Squires
Head of Clinical Operations

IMMIX BIOPHARMA
Kite A GILEAD Company
GILEAD

Michael Grabow
Chief Commercial Officer

IMMIX BIOPHARMA
SPECTRUM PHARMACEUTICALS Redefining Cancer Care
CHIMERIX
AMGEN

Oleg Evgrafov,
Head of Quality

IMMIX BIOPHARMA
AMGEN

Denise Bruns Senior
Regulatory Advisor

IMMIX BIOPHARMA
MIRATI
Pfizer
Bristol Myers Squibb™

Mel Davis-Pickett,
Head of Technical Development

IMMIX BIOPHARMA
Bristol Myers Squibb™


We are on the brink of turning despair into hope
Success here opens the door to treating dozens of immune diseases,
unlocking billions in market potential and changing millions of lives.

Changing the sentence forever...

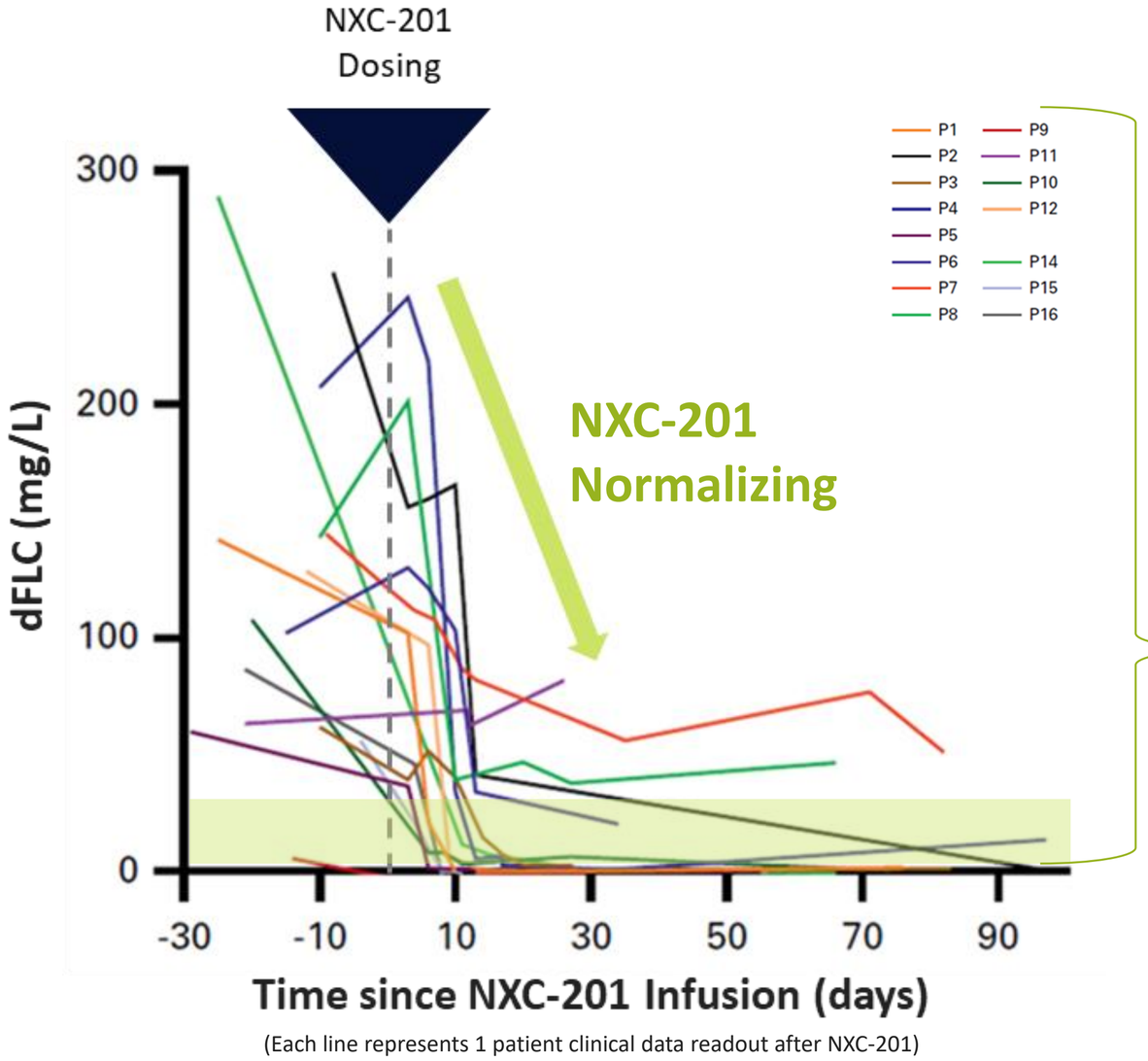
"Are there any options left?"
Because of Immix, the answer is finally:
"Yes."

NEXICART-1: Single-Center Ex-US CAR-T NXC-201 Clinical Trial

IMMIX BIOPHARMA

NEXICART-1 (Israel): Normalization of Diseased Free Light Chains 30 Days after Dosing

NXC-201 RAPIDLY ELIMINATES DISEASED AL AMYLOIDOSIS PLASMA CELLS WITHIN ~30 DAYS



(Each line represents 1 patient clinical data readout after NXC-201)

Normal dFLC zone

The NEW ENGLAND JOURNAL of MEDICINE

"An early and deep hematologic response has been found to lead to significantly prolonged survival"

– *Vaishali Sanchorawala, M.D.*
Professor, Hematology and Oncology
Director, Amyloidosis Center at Boston University School of Medicine
Director, Stem Cell Transplantation at Boston Medical center

doi: 10.1056/NEJMra2304088

NXC-201
75% complete response rate
(NEXICART-1)

Existing Investigator's choice
0-10% complete response rate
No FDA Drugs approved

Note: Data cut-off as of December 9, 2024. E Lebel et al. Efficacy and Safety of Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) for the Treatment of Relapsed and Refractory AL Amyloidosis. Presentation. ASH 2024.
Source: Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

NEXICART-2: Multi-Center U.S. CAR-T NXC-201 Clinical Trial with Registrational Design

IMMIX BIOPHARMA

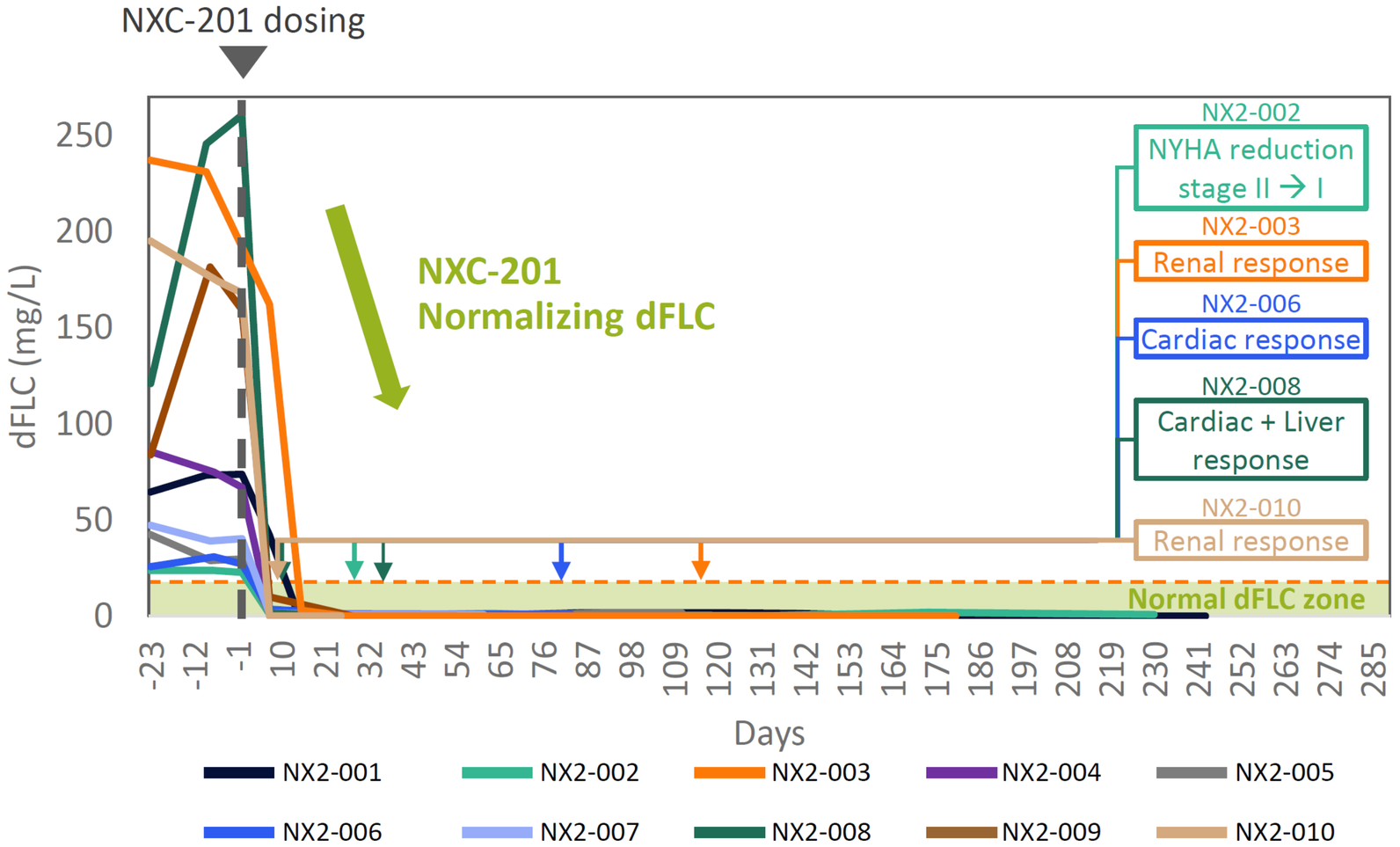
NEXICART-2 (U.S.): Patient enrollment focused on patients with preserved heart function at enrollment

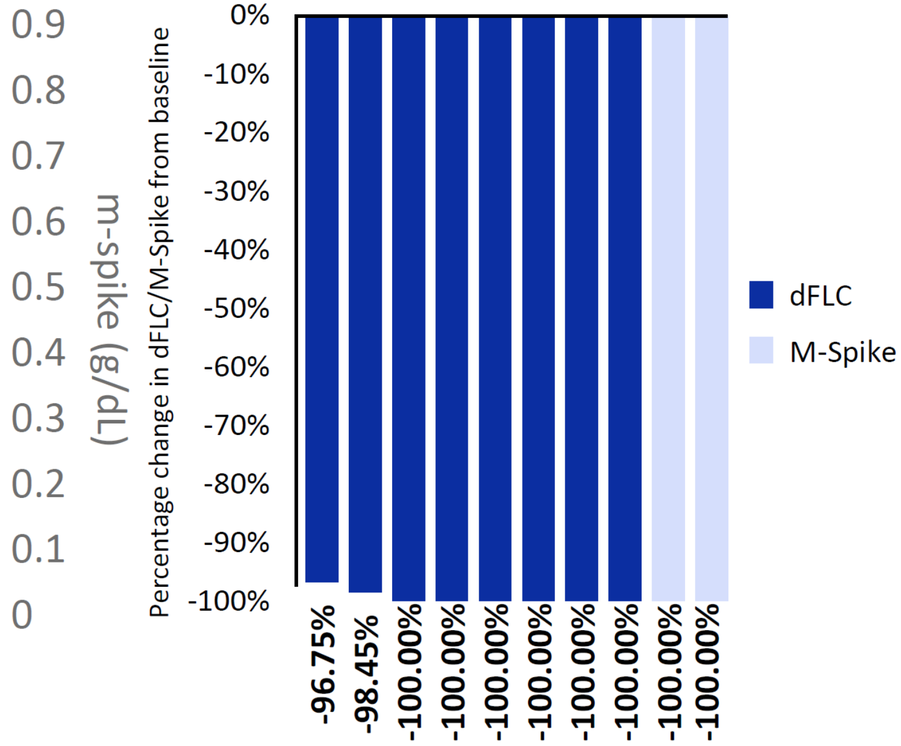
Preserved heart function

	NX2-001	NX2-002	NX2-003	NX2-004	NX2-005	NX2-006	NX2-007	NX2-008	NX2-009	NX2-010	Median (range)
Age	56	67	82	64	62	72	77	66	63	80	67 (56-82)
Gender	Female	Female	Male	Female	Female	Male	Male	Male	Male	Male	-
Prior lines of therapy	4*	6**	2	4	4*	3	12*	4*	4*	3*	4 (2-12)
dFLC (mg/L)	65	24	-	86	42	26	47	121	84	-	56 (24-121)
M-spike (g/dL) ¥	-	-	0.79	-	-	-	-	-	-	0.65	-
Organ involvement	Heart	Heart/GI/ nerve	Kidney	Heart/GI	Kidney	Heart	Nerve	Heart	Heart	Kidney/ Heart	-
NYHA stage	I	II	I	I	I	I	I	II	I	II	-
NT-ProBNP (ng/L)	146	560	1,297	218	805	989	143	909	289	290	425 (143-1,297)
hs-Troponin-I (ng/L)	7	6	42	7	9	31	14†	47	6	52	9 (6-52)
Mayo Stage At Diagnosis	II	II	II	IIIa	I	IIIa	I	II	IIIb	IIIa	
At Enrollment	I	II	-	I	-	IIIa	-	IIIa	I	II	-
Creatinine (mg/dL)	0.7	1.1	2.2	1.8	2.7	0.8	1.3	0.8	0.9	0.9	1.0 (0.7-2.7)
Albuminuria (mg/24 hrs)	143	0	3,032	10	10,274	0	135	360	13	2,153	143 (0-10,274)

* Prior autologous stem cell transplantation (ASCT)
** Two prior ASCT
¥ M-spike value if used as measurable disease

NEXICART-2 (U.S. 2025): Rapid Normalization of Diseased Light Chains (FDA Endpoint) within First ~Month; Consistent with Ex-US Dataset



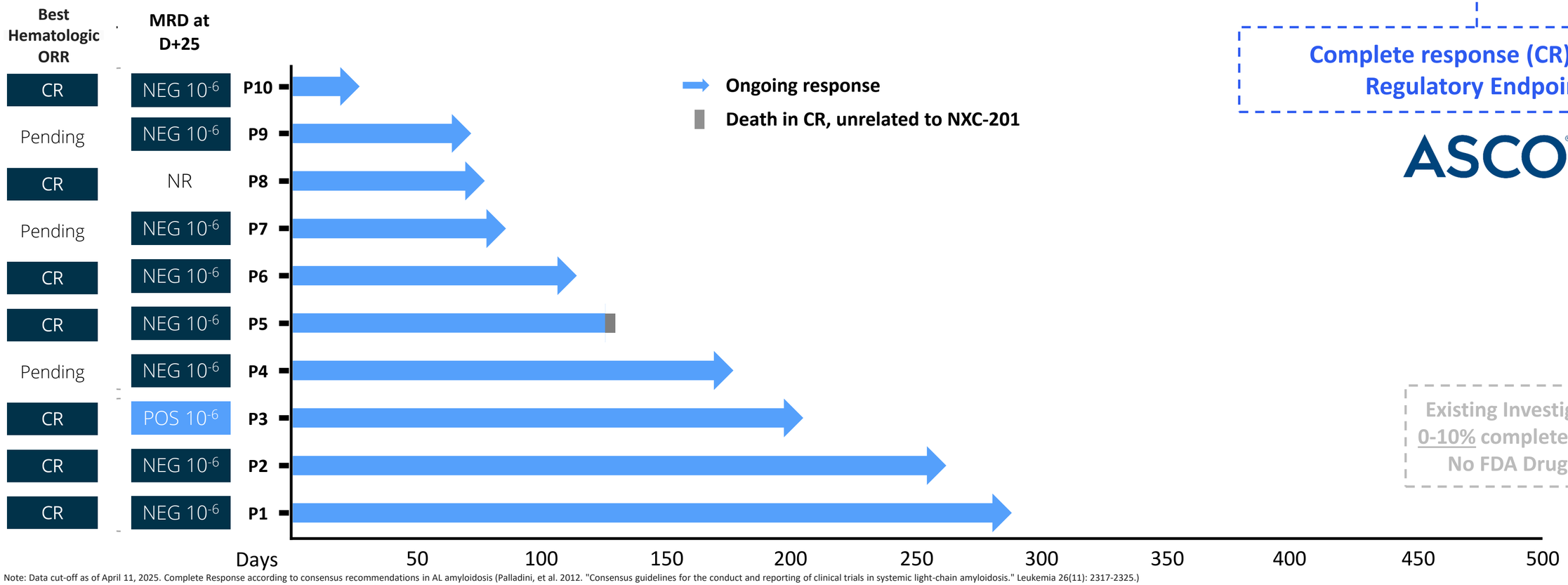


Subject #	NX2-006	NX2-007	NX2-001	NX2-002	NX2-004	NX2-005	NX2-008	NX2-009	NX2-003	NX2-010
Time to response (days)	7	7	14	7	7	7	7	7	15	7
Disease Marker status as of data cutoff	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
Follow-up (days)	114	86	289	261	177	127	79	71	205	29

Note: Data cut-off as of April 11, 2025. Both graphs show trend of relapsed/refractory AL Amyloidosis pathologic disease markers after NXC-201 dosing. dFLC: difference in free light chain (disease marker). Renal response based on AL Amyloidosis consensus criteria for renal response (Palladini G et al 2014 doi: 10.1182/blood-2014-04-570010). 2 out of 2 cardiac organ responses evaluable – NX2-006, NX2-008 responded. 2 out of 3 renal responses evaluable – NX2-003, NX2-010. 1 out of 1 liver response evaluable – NX2-008. Most recent available dFLC reading for patient NX2-001 as of day 243. For patient NX2-002, as of day 230. AL Amyloidosis disease markers on line graph: All patient data is dFLC (left-hand side vertical axis), except for patients NX2-003 and NX2-010, which are m-spike (right-hand side vertical axis)

NEXICART-2 (U.S.) Clinical Activity: 70% Complete Responses (CR) in 7/10 Patients; Remaining Three MRD- negative 10^{-6}, predicting future CR

	Subject #	NX2-001	NX2-002	NX2-003	NX2-004	NX2-005	NX2-006	NX2-007	NX2-008	NX2-009	NX2-010
	NXC-201 Dose (million CAR+T cells)	150	150	150	450	450	450	450	450	450	450
AL Amyloidosis Disease Markers	Status as of data cutoff	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
	Time to normalization (days)	14	7	15	7	7	7	7	7	7	7
	Hematologic response	**CR**	**CR**	**CR**	Pending (already MRD(-)10^{-6})	**CR**	**CR**	Pending (already MRD(-)10^{-6})	**CR**	Pending (already MRD(-)10^{-6})	**CR**



Complete response (CR) is FDA Regulatory Endpoint

ASCO®

Existing Investigator's choice
0-10% complete response rate
No FDA Drugs approved

Note: Data cut-off as of April 11, 2025. Complete Response according to consensus recommendations in AL amyloidosis (Palladini, et al. 2012. "Consensus guidelines for the conduct and reporting of clinical trials in systemic light-chain amyloidosis." Leukemia 26(11): 2317-2325.)
Source: Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

NEXICART-2 (U.S.) Safety: Consistent or Improved Compared to Ex-US Dataset

- No ICANS neurotoxicity of any kind
- Grade 2 CRS in one patient, Grade 1 CRS in seven patients, median 1-day duration

Subject		NX2-001	NX2-002	NX2-003	NX2-004	NX2-005	NX2-006	NX2-007	NX2-008	NX2-009	NX2-010	Median (Range)
Dose	CART Cell Dose (x10^6)	150	150	150	450	450	450	450	450	450	450	-
	Neurotoxicity	None	None	None	None	None	None	None	None	None	None	-
	CRS	None	None	Grade 2	Grade 1	Grade 1	Grade 1	Grade 1	Grade 1	Grade 1	Grade 1	1 (1-2)
	CRS Onset (days)	None	None	3	3	1	1	1	1	1	3	1 (1-3)
	CRS Duration (days)	None	None	1	1	1	1	1	4	1	2	1 (1-4)
Other	Neutropenia	Grade 3	Grade 3	Grade 3	Grade 4	Grade 4	Grade 2	Grade 4	Grade 4	Grade 4	Grade 2	4 (2-4)
	Febrile Neutropenia	None	None	None	None	None	None	None	Grade 3	None	None	-
	Anemia	Grade 1	Grade 2	Grade 3	Grade 1	Grade 3	Grade 1	Grade 1	Grade 2	Grade 1	Grade 1	1 (1-3)
	Thrombocytopenia	Grade 1	Grade 1	Grade 1	Grade 1	Grade 3	Grade 2	None	Grade 4	Grade 3	Grade 1	1 (1-4)
	Acute kidney injury	None	None	None	None	Grade 4 acute on chronic kidney Injury (pre-existing stage 4 chronic kidney disease at enrollment)	None	None	None	None	None	-
	LFT Abnormalities	Grade 2	None	None	None	None	None	None	Grade 1	None	None	-
	≥ Grade 3 Infections	None	Grade 3	Grade 3	None	Grade 5*	None	None	None	None	None	-
	Fatigue	None	Grade 2	Grade 2	Grade 2	None	Grade 1	None	None	None	None	2 (1-2)
	Cardiac Event	None	None	None	Grade 2**	None	None	None	None	None	Grade 2**	-

Note: Data cut-off as of April 11, 2025. CRS and ICANS reported according to ASTCT Consensus Grading (Lee et al. 2019)

*Event unrelated to NXC-201; acute on chronic kidney injury in patient with stage 4 CKD at enrollment

**Two patients with pre-existing atrial fibrillation experienced transient arrythmias responsive to beta-blockers

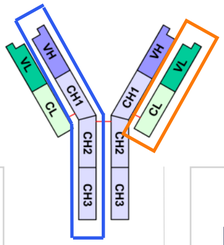
The Global Leader in relapsed/refractory AL Amyloidosis

November 2025

IMMiX BIOPHARMA

AL Amyloidosis: 38,563 Relapsed/Refractory U.S. Patients with No FDA Approved Drugs

NXC-201 TARGETS AL AMYLOIDOSIS PLASMA CELLS THAT EXPRESS BCMA ON CELL SURFACE

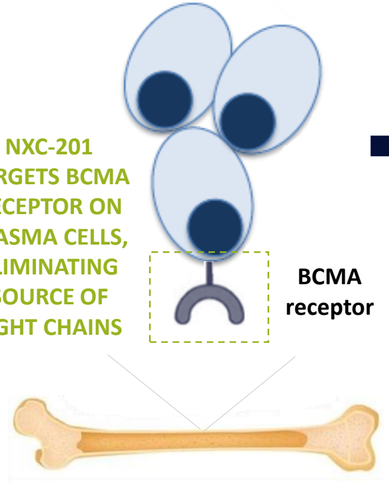


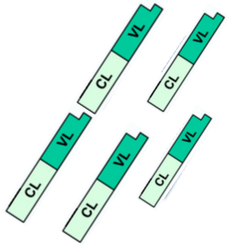
Light chains produced by dysfunctional plasma cells in bone marrow

Light chains misfold and aggregate

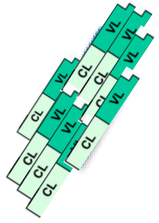
Light chains deposit in organs, damaging organs

Bone marrow plasma cells





Light chains



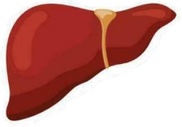
Sheet of misfolded light chains (amyloid)

Heart

- Heart failure
- Dangerous, irregular rhythms
- Difficulty breathing
- Low blood pressure

Kidney

- Kidney failure
- Elevated protein in the urine
- Swelling of the limbs

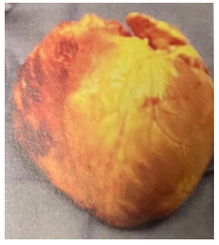


Liver

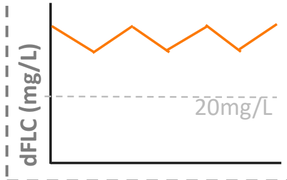
- Enlarged liver
- Abnormal enzyme levels

Pre-existing heart failure caused by AL Amyloidosis

(immediately prior to heart transplant)



✓ Goal with NXC-201 is to treat R/R patients early enough to prevent reaching heart failure stage shown here



Bone marrow	Circulation	Target tissues

Source: Merlini, G., et al. Nat Rev Dis Primers. Oct 2018, Front. Cardiovasc. Med., Dec 2022, Hemato 2022, 3(1), 47-62; https://doi.org/10.3390/hemato3010005. Quock TP, Yan T, Chang E, Guthrie S, Broder MS. Epidemiology of AL amyloidosis: a real-world study using US claims data. Blood Adv. 2018 May 22;2(10):1046-1053. doi: 10.1182/bloodadvances.2018016402. PMID: 29748430; PMCID: PMC5965052. Lu R, Richards TA. AL Amyloidosis: Unfolding a Complex Disease. J Adv Pract Oncol. 2019;10(8):813-825.

NXC-201 Addresses Sizable U.S. Relapsed/Refractory AL Amyloidosis Patient Population

Prevalence: Relapsed/Refractory ("R/R")

Incidence: Newly Diagnosed / Front Line

Population

38,563

patients eligible for treatment with NXC-201 in the U.S.

Subtract 4% Cardiac stage 3b (not eligible for NXC-201)

Beginning prevalence 37,270 + 2,900 = ~40,170 U.S. total R/R patients

… Of which, 2,900 become R/R

Existing therapies

- ~35% of patients on Darzalex combos reach a CR — ~80% Darzalex combo eligible
- 12 - 21 months median duration on therapy
- 8% of all patients in long-term remission with ASCT (20%*40% = 8%) — ~20% ASCT eligible

~4,500 newly diagnosed

Blue Ocean Opportunity

- **0-10% complete response rate** for existing therapies in R/R AL
- No FDA Approved Drugs in Relapsed / Refractory AL Amyloidosis

Therapies

Front-line only **Approved**

DARZALEX® (daratumumab) injection for intravenous infusion 100 mg/5 mL, 400 mg/20 mL

(Darzalex combined with cyclophosphamide, bortezomib, and/or dexamethasone)

Source: Incidence and prevalence: Quock T et al, Epidemiology of AL amyloidosis: a real-world study using US claims data. Blood 2018. Incidence growth rate: Laires P et al, Prevalence, Incidence, and Characterization of LIGHT Chain Amyloidosis in the USA: A Real-World Analysis Utilizing Electronic Health Records (EHR). Blood 2023. Daratumumab: Bellofiore C, et al. A real-life study of daratumumab combinations in newly diagnosed patients with light chain (AL) amyloidosis. Hematol Oncol. 2024. Chakraborty R et al, Reduced early mortality with Daratumumab-based frontline therapy in AL amyloidosis: A retrospective cohort study. AJH 2024. Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. ASCT: Bomsztyk J et al, Recent guidelines for high-dose chemotherapy and autologous stem cell transplant for systemic AL amyloidosis: a practitioner's perspective. Expert Review of Hematology 2022. Gustine J et al, Predictors of hematologic response and survival with stem cell transplantation in AL amyloidosis: A 25-year longitudinal study. AJH 2022. Mayo staging: Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

NXC-201 Tolerability Drives AL Amyloidosis Leadership
All BCMA CAR-Ts are not created equal

NXC-201's short CRS duration makes it **uniquely suitable to treat ALA patients** (in whom the #1 source of mortality is heart failure)

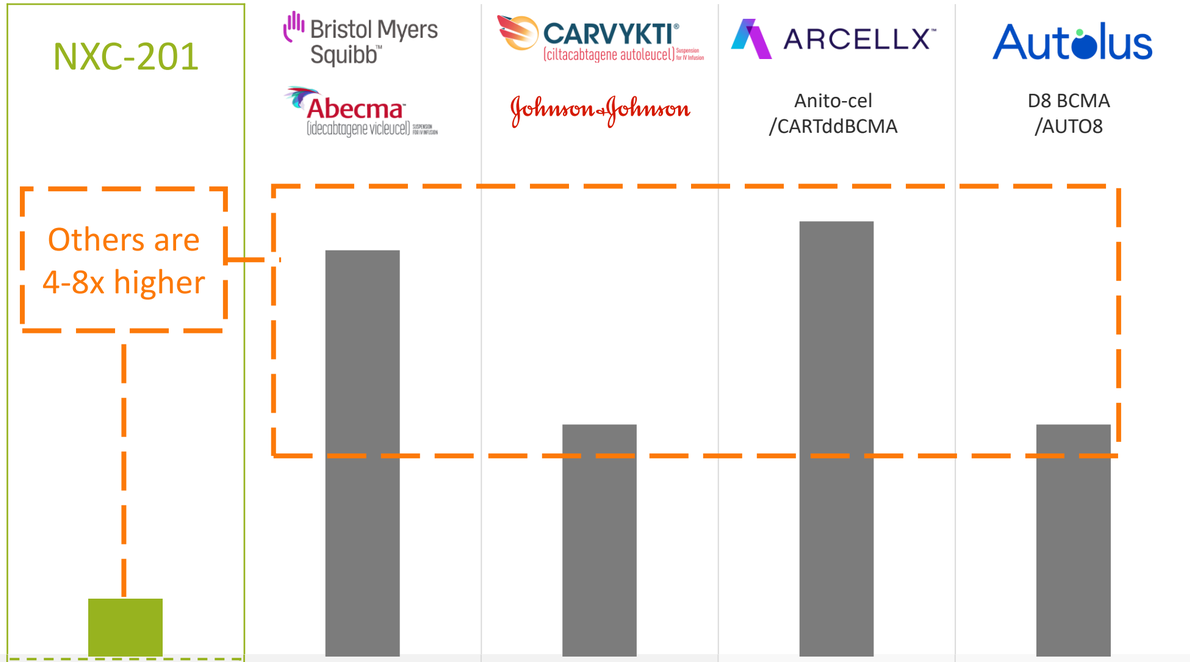
Cardiovascular stress is the key determinant for ability to treat relapsed/refractory ALA patients

- Long CRS duration causes extended cardiovascular stress
- Other CARTs have 4-8x longer CRS duration

"The biggest challenge … has been applicability of these therapies in amyloidosis **when the patients are particularly frail and have organ dysfunction** … where the key lies in the safety rather the efficacy in a low-volume disease setting is going to be key … "

– *Dr. Susan Bal, MD*
Assistant Professor, Hematology
University of Alabama at Birmingham

Median CRS Duration (Days)



	NXC-201	Bristol Myers Squibb / Abecma	CARVYKTI / Johnson & Johnson	ARCELLX Anito-cel /CARTddBCMA	Autolus D8 BCMA /AUTO8
Median CRS Duration (Days)	**1**	**7**	**4**	**8**	**4**
Median CRS Onset (Days)	0	1	7	2	1
Range CRS Duration (Days)	1-7	1-63	1-40	3-13	1-16
Source	Blood Adv Publication	FDA Label	FDA Label	S-1	ASH 2023

Data in Multiple Myeloma

Source: M. Assayag, et al. Point-of-care CART manufacture and delivery for the treatment of multiple myeloma and AL amyloidosis: the experience of Hadassah Medical Center. European Society for Blood and Marrow Transplantation 49th Annual Meeting. Poster Presentation. April 2023. Nov 2023 KOL discussion https://lifescievents.com/event/immixbio/;NXC-201 (formerly HBI0101) American Society of Hematology Presentation, Abecma FDA approval label, Carvykti FDA approval label, Arcellx S-1. NXC-201 data from NEXICART-1 clinical study. L. Lee, et al. Development of a Phase 1 Study Evaluating the Activity of Modular CAR T for Multiple Myeloma (MCARTY) Targeting BCMA and CD19 for Improved Persistence. ASH 2023.

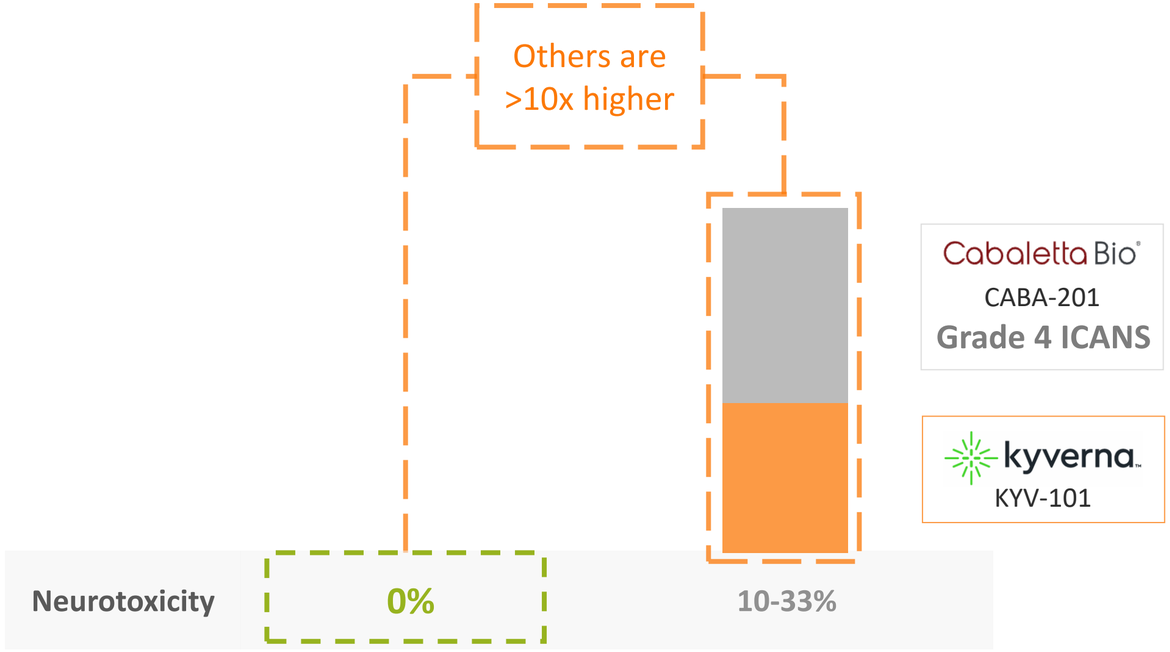
NXC-201 Advantage: Overcoming Neurotoxicity

ALL BCMA CAR-TS ARE NOT CREATED EQUAL

LOW VOLUME DISEASE

NXC-201
AL Amyloidosis

Others
Low volume autoimmune diseases



Cabaletta Bio®
CABA-201
Grade 4 ICANS

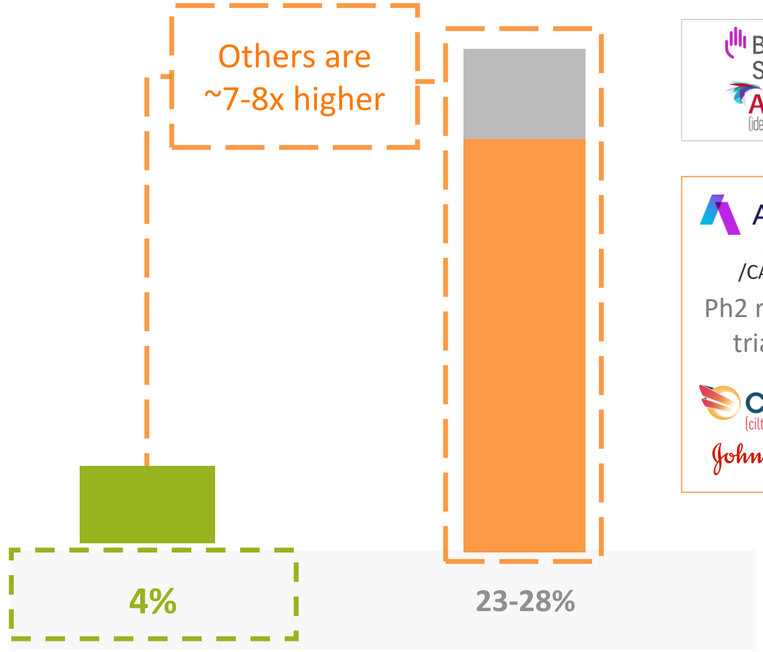
kyverna™
KYV-101

Neurotoxicity	**0%**	**10-33%**
Patients	ex U.S. study: 16 U.S. study: 4	3-30
Source	JCO 2024 / ASH 2024	EULAR 2024/ Company Announcement

HIGH VOLUME DISEASE

NXC-201
Multiple Myeloma

Others
Multiple Myeloma



Bristol Myers Squibb™
Abecma® (idecabtagene vicleucel)

ARCELLX™
Anito-cel
/CARTddBCMA
Ph2 registrational trial ongoing

CARVYKTI® (ciltacabtagene autoleucel)
Johnson & Johnson

Neurotoxicity	**4%**	**23-28%**
Patients	84 at 800M	31-127
Source	ASH 2024	Abecma label, Carvykti label, Arcellx S-1

Source: Carvykti and Abecma FDA labels, Arcellx S-1. Assayag, et al. Academic BCMA-CART cells (HBI0101), a promising approach for the treatment of LC Amyloidosis. 27th Annual Meeting of The American Society of Gene and Cell Therapy (ASGCT). Late Breaking Oral Presentation. Baltimore, MD. May, 2024 Assayag, N., et al. European Society for Blood and Marrow Transplantation 49th Annual Meeting. Lebel E, et al. Efficacy and Safety of a Locally Produced Novel Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) (HBI0101) for the Treatment of Relapsed and Refractory Multiple Myeloma, International Myeloma Society 20th Annual Meeting. 2023. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data across studies. Figures reflect cross-trial comparison and not results from a head-to head study. Kyverna corporate presentation June 14, 2024. Accessed through https://www.sec.gov/ix?doc=/Archives/edgar/data/0001994702/000095017024073312/kytx-20240614.htm. Low volume diseases refers to ANCA vasculitis, autoimmune encephalitis, anti-synthetase syndrome, CIDP, DAGLA encephalitis, IgG4 related disease, Lambert-Eaton myasthenic syndrome, lupus nephritis, myasthenia gravis, multiple sclerosis, rheumatoid arthritis, systemic sclerosis, Stiff Person syndrome Cabaletta 2Q 2024 earnings press release: https://www.cabalettabio.com/investors/news-events/press-releases/detail/114/cabaletta-bio-reports-second-quarter-2024-financial-results. High volume disease NXC-201 CRS data from ASH 2024 Abstract which included 84 MM patients. NXC-201 data from NEXICART-1 clinical study.

In AL Amyloidosis, NXC-201 Overcomes Limitations of Other Modalities in Performance and Tolerability

Challenges of bispecifics/ T-cell engagers	NXC-201 overcomes these challenges
• No clinical trials with clinical data available in relapsed/refractory AL amyloidosis • Early data from select centers indicates bispecific responses and tolerability are inferior to CAR-T (NXC-201) in relapsed/refractory AL amyloidosis • Retrospective study with 17 R/R multiple myeloma + AL Amyloidosis patients: ✗ 41% CR ✗ 35% severe infections including death ✗ Grade 3 ICANS neurotoxicity reported • Repeat/ongoing dosing with need for healthcare provider to administer	✓ **75% CR in relapsed/refractory AL amyloidosis** ✓ **0 deaths from drug-related infection in relapsed/refractory AL amyloidosis** ✓ **0% neurotoxicity (0/16) in relapsed/refractory AL amyloidosis patients** • **One-time dosing with durable responses**

Source: Feasibility of a Novel Academic Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) (HBI0101) for the Treatment of Relapsed and Refractory AL Amyloidosis, 65th ASH Annual Meeting and Exposition, San Diego, CA. October 2023. R. Chakraborty, et al. Safety and efficacy of teclistamab in systemic immunoglobulin light chain amyloidosis. Blood Cancer Journal. October 2023. N. Forgeard, et al. Teclistamab in relapsed or refractory AL amyloidosis, a multinational retrospective case series. Blood. February 2024. One NXC-201 relapsed/refractory AL amyloidosis patient died of COVID-19

NEXICART-2 U.S. Relapsed/Refractory AL Amyloidosis Trial (NCT06097832)

U.S. trial with registrational design ongoing

Study design

- **Open-label, single-arm, multi-site phase 1/2 study**
- **n=40 patients**

Key criteria

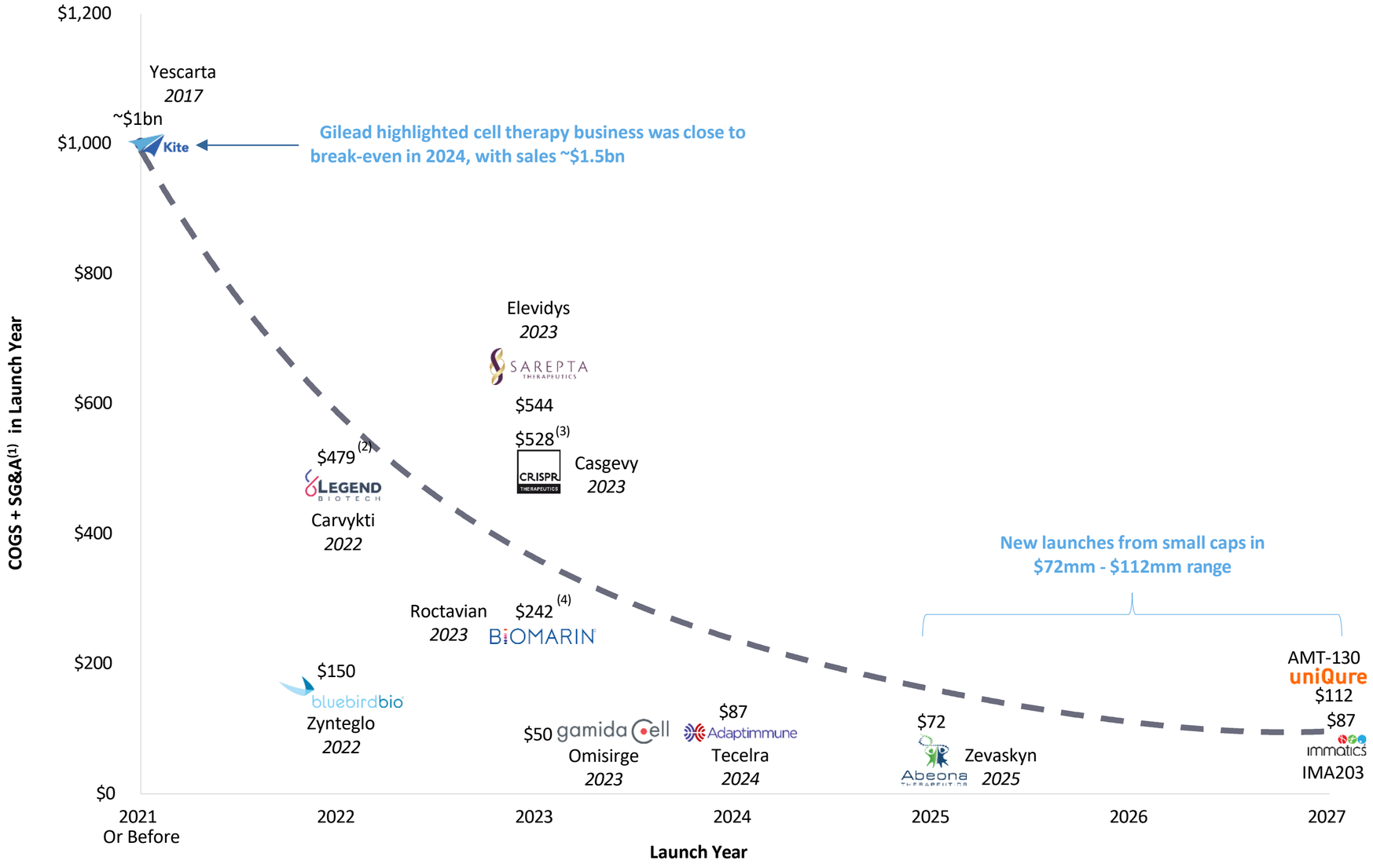
Inclusion	•AL Amyloidosis patients exposed to at least 1 line of therapy including a CD38 monoclonal antibody
Exclusion	•Prior anti-BCMA directed therapy •Cardiac: Mayo stage 3b, NYHA stage III/IV •Concomitant Multiple Myeloma

Outcome measures

- **Safety**
- **Efficacy: Complete hematologic response (CR) based on validated criteria (normalized light chains and negative immunofixation)**

Note: Complete Response according to consensus recommendations in AL amyloidosis (Palladini, et al. 2012. "Consensus guidelines for the conduct and reporting of clinical trials in systemic light-chain amyloidosis." Leukemia 26(11): 2317-2325.)

Market Reference: Commercialization Cost Trend Over Time



Source: Company Materials, Wall Street Research
Note: $ in millions; (1) Calculated as COGS and SG&A in launch year; (2) Represents COGS of Carvykti shared between J&J and Legend (50/50 profit share) and Legend SG&A multiplied by 2 to more closely reflect total costs; (3) Represents total costs for Casgevy between CRISPR and Vertex; (4) Represents total costs for Roctavian, disclosed as R&D + SG&A

AL Amyloidosis – an active, multi-billion dollar indication

Annual sales into AL Amyloidosis

$1.4-2.8 billion

DARZALEX® (daratumumab) injection for intravenous infusion 100 mg/5 mL, 400 mg/20 mL

J&J

Acquisition

$500M

CAELUM BIOSCIENCES

AstraZeneca

Valuation

$426M

attralus

Janus Henderson INVESTORS

Source: Company, Pitchbook, Public information