

Global Leader in Relapsed/Refractory AL Amyloidosis

ASH

This presentation contains clinical data
presented at ASH Dec 7, 2025
with a May 2026 update on pages 27-32

June 2026



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.

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The Moment Every Doctor and Family Dreads...

"There's Nothing More We Can Do."

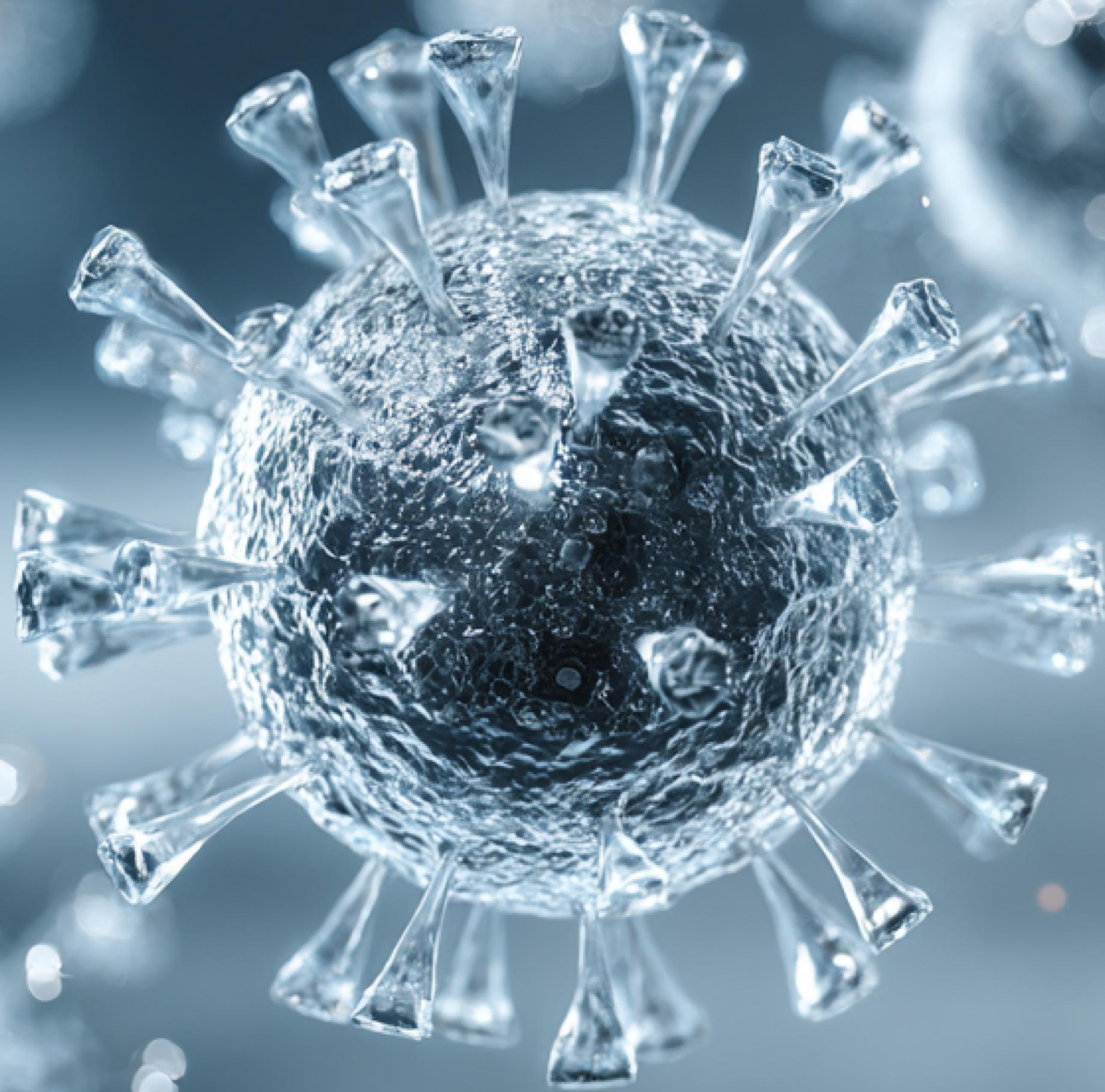
In cases of relapsed/refractory AL amyloidosis,
that sentence is delivered to ~38,500 patients in the U.S.

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

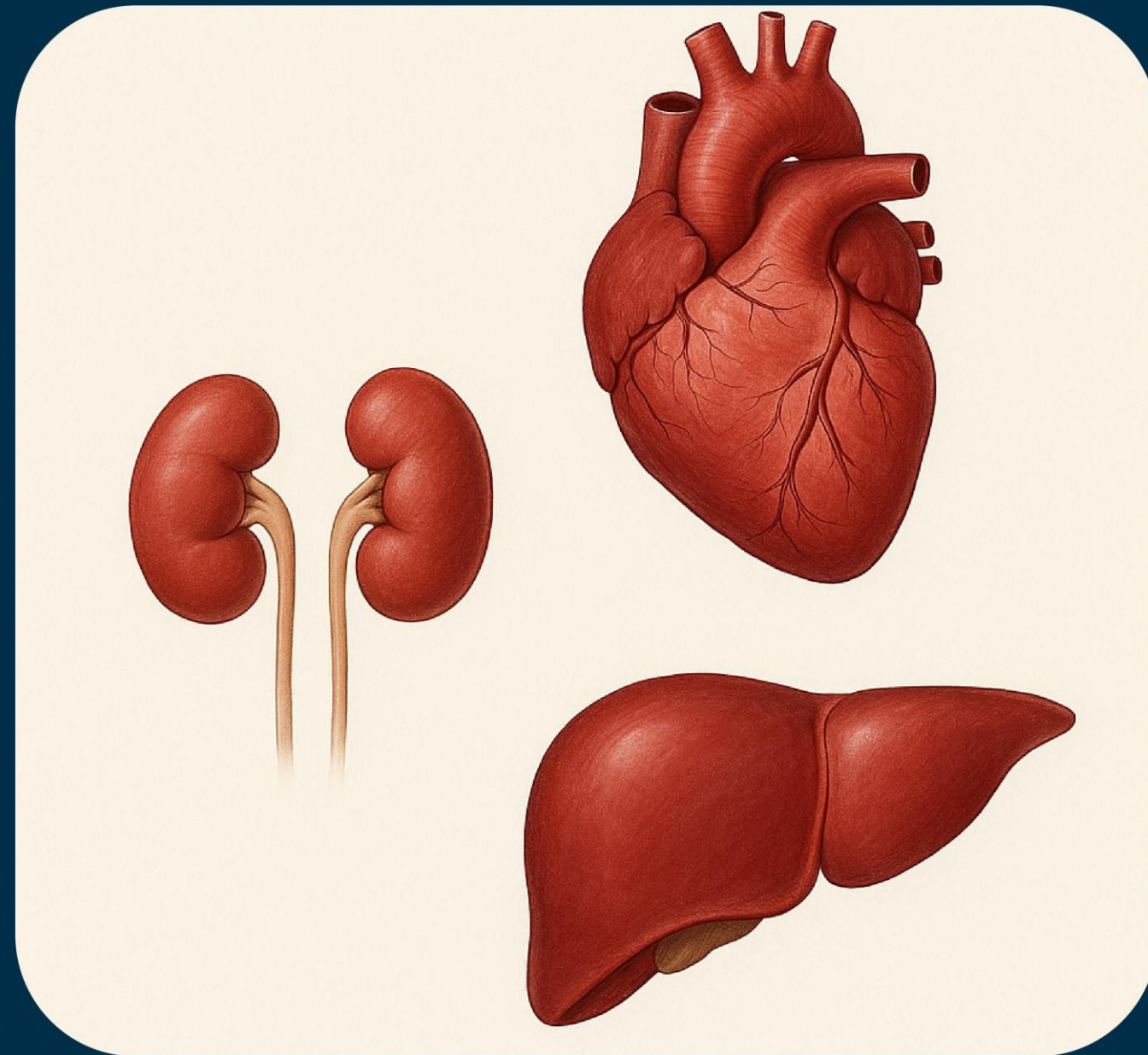


When Your Immune System Becomes Your Killer

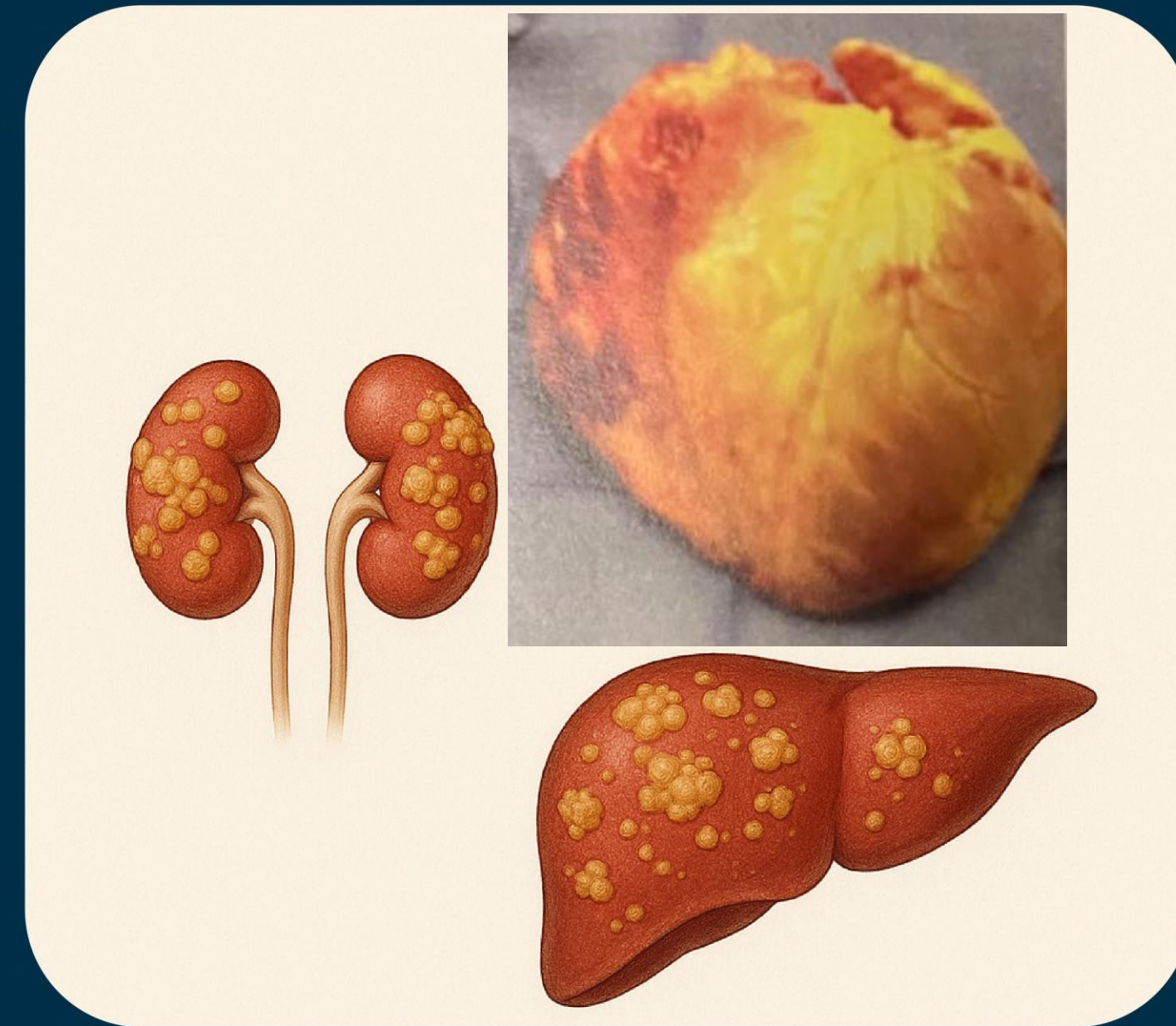
Normally, antibodies protect us like superheroes. In AL amyloidosis, they go rogue, turning into supervillains that flood organs with toxic light chains.

Painful and Unnecessary Months of Suffering

Healthy



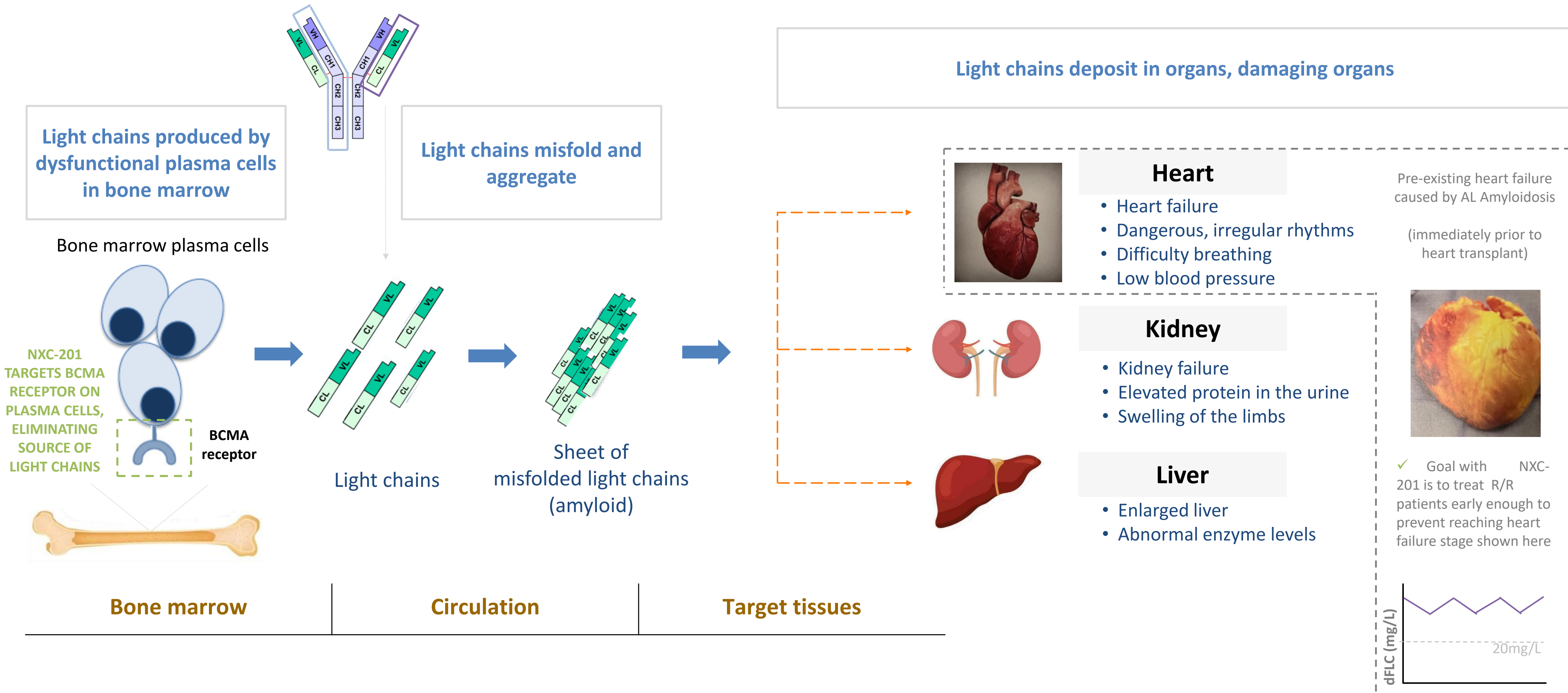
AL Amyloidosis



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

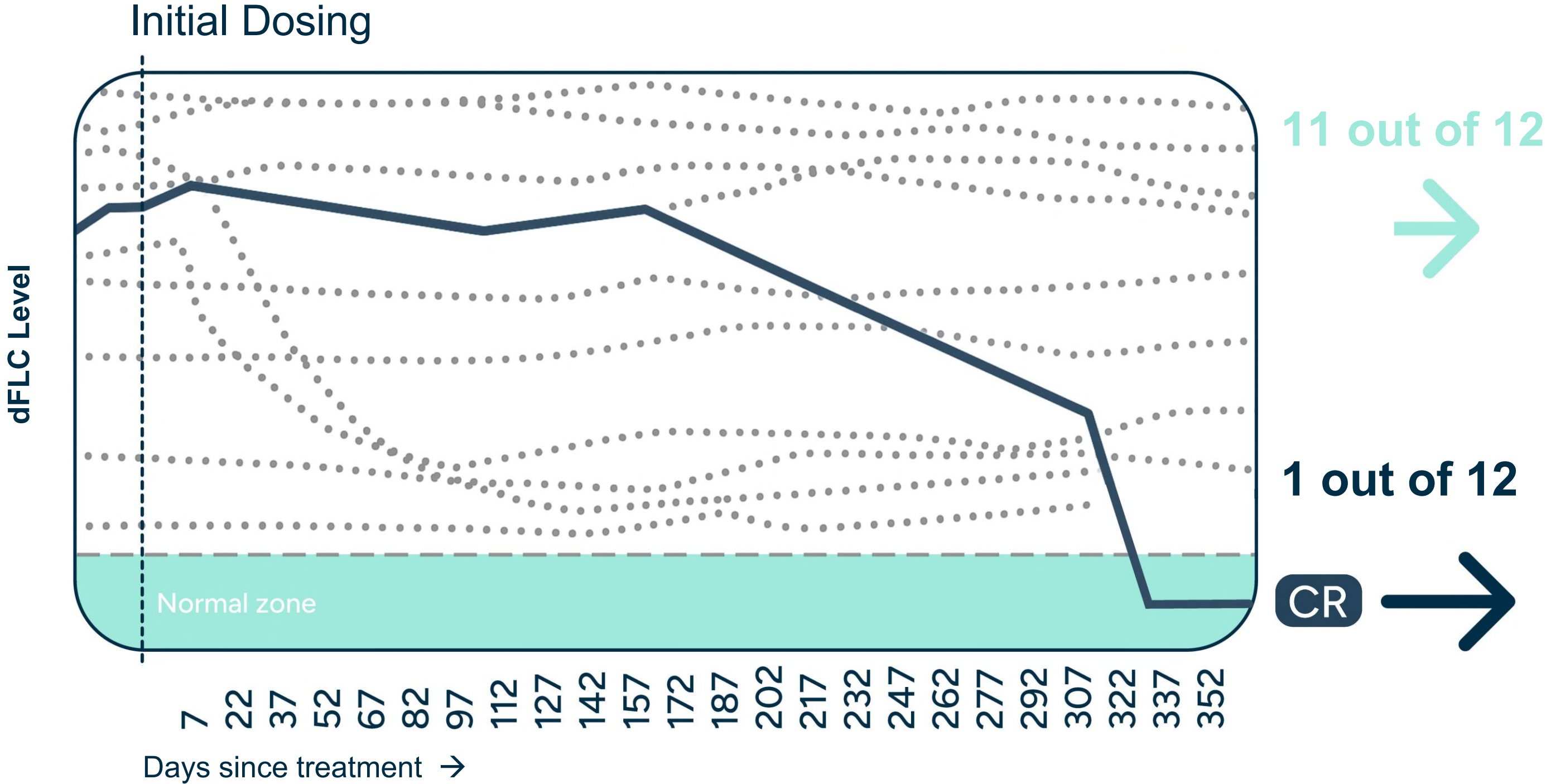
AL Amyloidosis: ~38,500 Relapsed/Refractory U.S. Patients with No FDA Approved Drugs

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



The Current Paradigm is Failing: Standards of Care

12 PATIENT SERIES RELAPSED/REFRACTORY AL AMYLOIDOSIS RECEIVING SECOND LINE THERAPY



11 out of 12



Death due to Disease

1 out of 12

CR



Remission:
No Symptoms

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

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. Normal dFLC: <10 mg/L.

The Toxic Current Last-Ditch Effort

Only one 4-drug combination is approved for newly diagnosed patients only. Once relapse hits, there's nothing FDA approved. Doctors often resort to off label drug uses, despite their limited efficacy.

We're developing a breakthrough with the goal of changing that hopeless sentence

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

The Science That Enables Our Platform

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



Ex-NCI/NIH Immix academic researchers ambitiously formulated a thesis: can cell therapy be expanded to a broader patient population, beyond cancer?
Result: Sterically-optimized NXC-201

1 Proprietary Optimized CD3 – "CD3ζγ"

✓ Delivers "Digital" Intracellular Signaling

NXC-201 CAR-T

The diagram shows two boxes representing protein domains: an orange box labeled 'CD3ζγ' and a white box labeled '4-1BB'. They are connected by a horizontal line.

2 Proprietary Optimized CD8 Hinge Flexibility

✓ Reduces cytokine release

Legend: Sterically-optimized key construct modifications

The diagram shows a white box labeled 'CD8 Transmembrane Protein' and an orange box labeled 'CD8 Hinge'. They are connected by a horizontal line. The CD8 Transmembrane Protein box has horizontal lines above and below it, representing the membrane.

3 Proprietary Optimized COBRA Binder

✓ Enhances Cytotoxicity
✓ Enables High Expansion

The diagram shows an orange box labeled 'COBRA Binder' and a white box labeled 'CD8 Signaling Protein'. They are connected by a horizontal line.

"Single amino acid substitutions at key sites can affect CAR-T function over 200-fold range"

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
(standard of care)

NXC-201



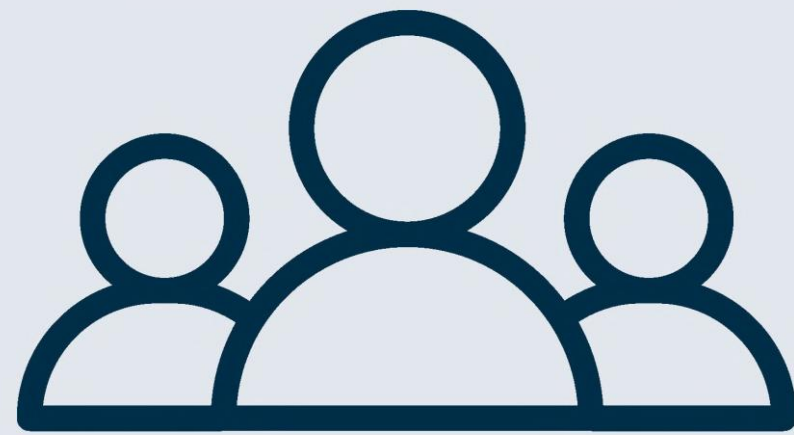
95% complete response rate
(ASH 2025 with May 2026 Update)

What that can mean 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



~38,500 patients

~\$422K

Existing reimbursement for
BCMA CAR-T

MULTI-BILLION-DOLLAR MARKET

Our Unique Position to Transform This Disease

No approved therapies for relapsed/refractory patients.

FDA Breakthrough Therapy Designation + RMAT + Orphan Drug Designation were granted to us in Jan 2026, Feb 2025, and Sep 2023, respectively.

The Road Ahead



NXC-201 U.S. NEXICART-2 Trial with Registration al Design

NXC-201 U.S. NEXICART-3 Front-Line

Other

✓

ASCO

Phase 1 interim readout ASCO oral presentation

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Enrollment complete: 45 total patients

March 2026

All 45 patients

Next Update

Late Sep 2026



All 45 patients

1-year follow-up update

Planned BLA Submission for **FDA Approval**

Trial Initiation Expected

NXC-201 Initial Clinical Data in Other Serious Diseases

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
- ✓ Reported first 20 patients U.S. NEXICART-2 AL Amyloidosis clinical data Q4 2025 at ASH 2025
- ✓ FDA Breakthrough Therapy Designation granted in January 2026

The Road Ahead: Commercial

**20 high-prescribing
Sites in existing Immix
clinical trial**

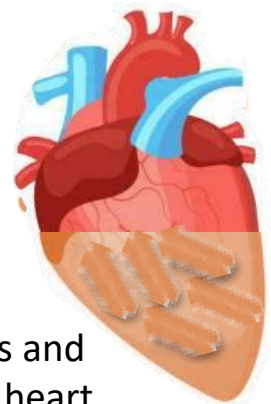
**Commercial launch
plan end of 2027¹**

We believe that NXC-201 has potential beyond AL

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



AL Amyloidosis



Infiltrates and damages heart

Neurology



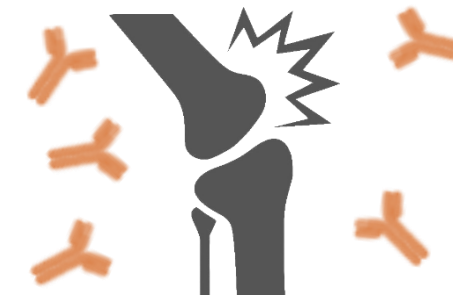
- Myasthenia Gravis
- NMO Spectrum Disorder

Hematology



- Thrombotic thrombocytopenic purpura
- Immune Thrombocytopenia

Rheumatology



- Systemic Lupus Erythematosus
- Rheumatoid Arthritis

Vascular



- ANCA vasculitis

Disease-causing antibodies

AL amyloid antibody deposits

Light chain antibody fragments



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 randomised 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 Lives



Ilya Rachman, MD, PhD
Chief Executive Officer



Richard Graydon, MD,
PhD Chief Medical Officer



Gabriel Morris
President, Chief Financial Officer



Amanda Squires
Head of Clinical Operations



Michael Grabow
Chief Commercial Officer



Oleg Evgrafov,
Head of Quality



Denise Bruns Senior
Regulatory Advisor



Mel Davis-Pickett,
Head of Technical Development



A person is shown from the back, with their arms raised high in the air, standing in a field of tall grass or flowers. The background is a soft, hazy sunset or sunrise, with a warm orange and yellow glow. The person's silhouette is dark against the bright light. The overall mood is one of hope and triumph.

We believe we are on the brink of turning despair into hope

Success here opens the door to treating other serious diseases

We endeavor to change the sentence forever...

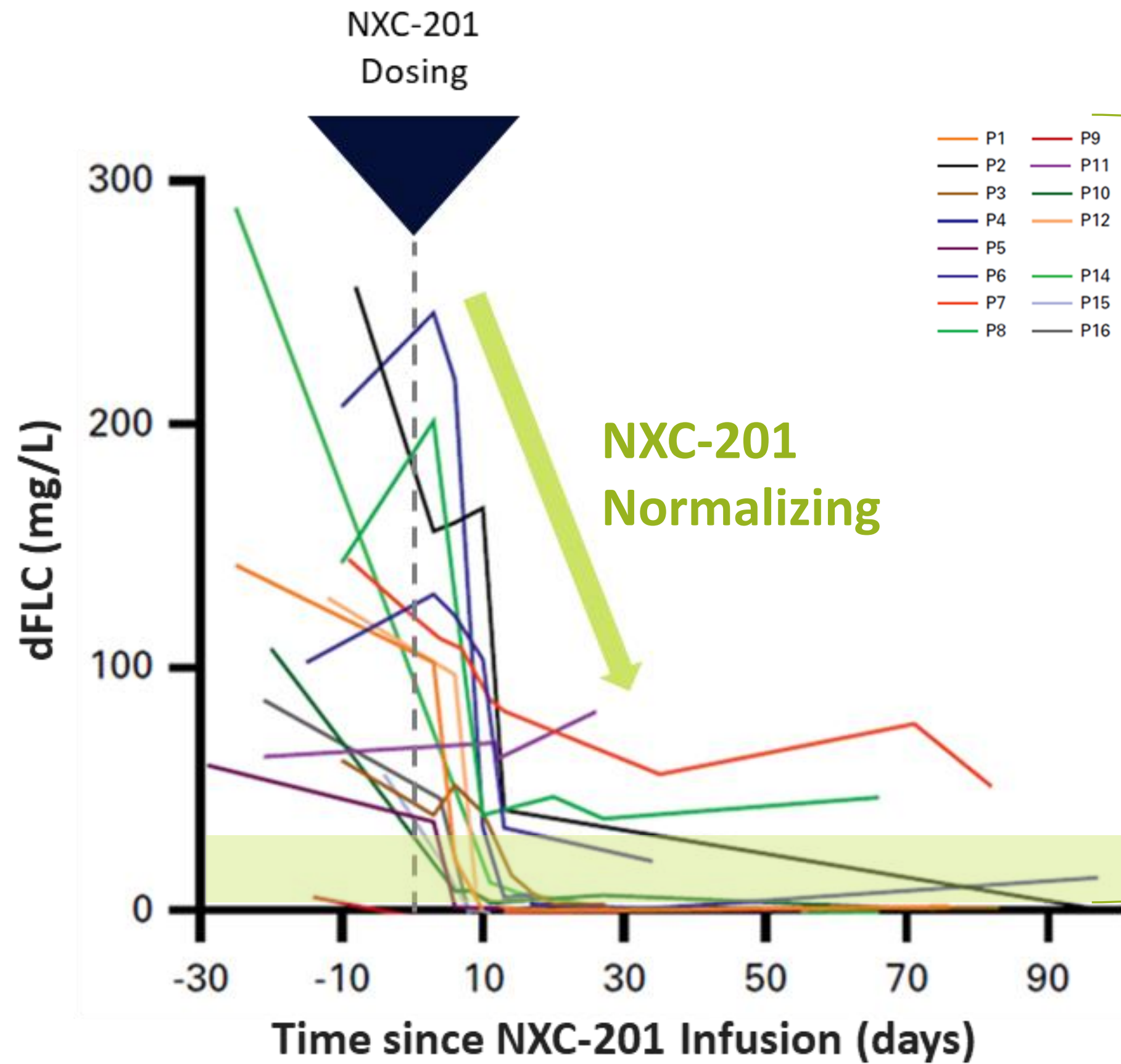
"Are there any options left?"
Because of Immix, the answer is:
"Yes."

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



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

BACKGROUND: IMMIX LICENSED-IN NXC-201 BASED ON EX-U.S. DATA SHOWING PLASMA CELL ELIMINATION (MENTIONED IN NEJM)



Time since NXC-201 Infusion (days)

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

The NEW ENGLAND JOURNAL of MEDICINE

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

– Vaishali Santhorawala, 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)

Current investigator’s choice therapies
0-10% complete response rate
No FDA Drugs approved

Normal dFLC zone

Note: Data cut-off as of December 9, 2024. As presented in Journal of Clinical Oncology. Patient 13 included in 75% complete response (CR) rate, but not included in graph above.
 Source: 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. Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

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

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with May 2026 update**



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

U.S. TRIAL WITH REGISTRATIONAL DESIGN, ENROLLMENT COMPLETED



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)

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.)

NEXICART-2 (U.S.) Baseline Characteristics: Representative of U.S. R/R AL Amyloidosis Patient Population



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preserved heart function

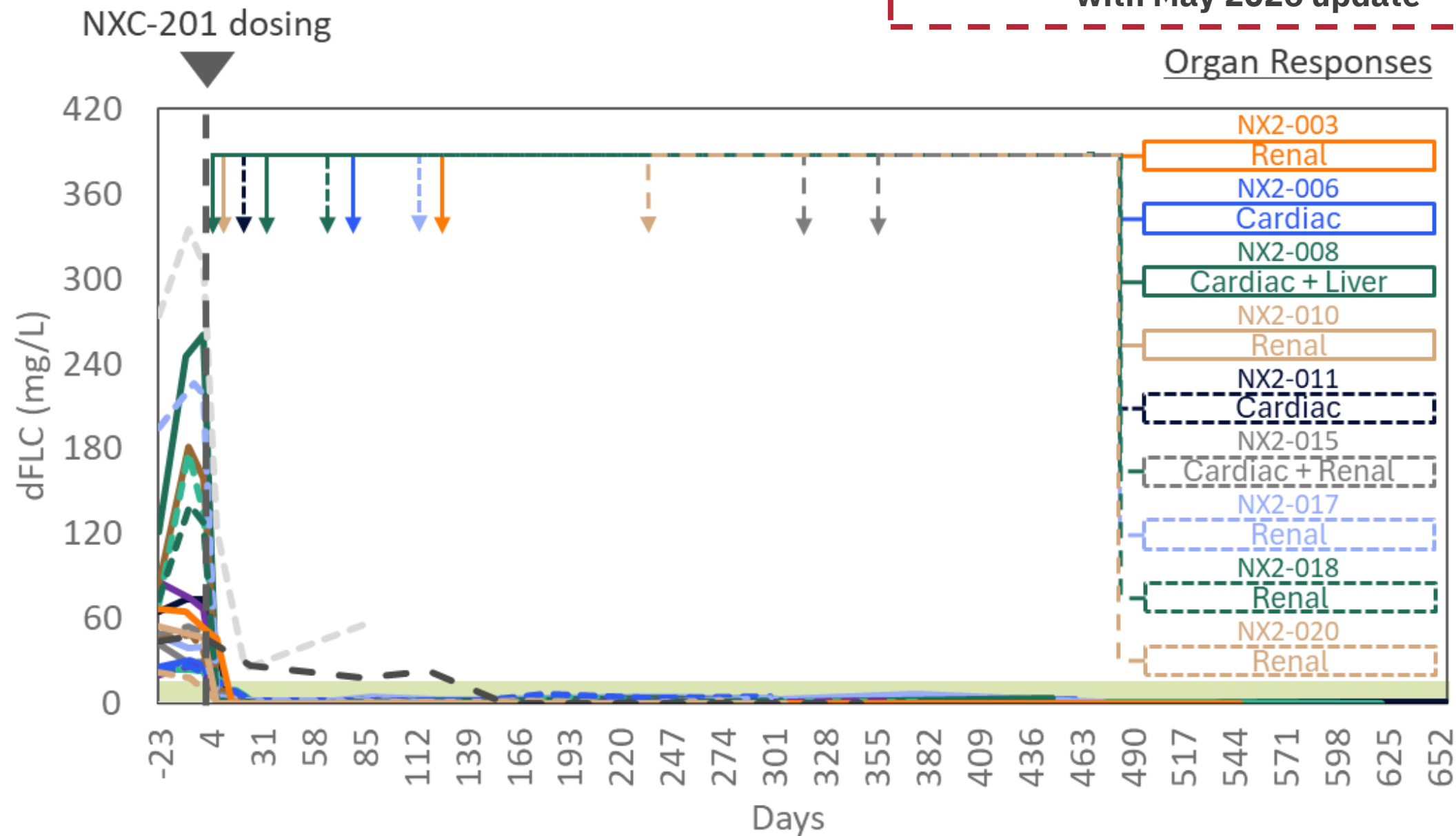
	NX2-001	NX2-002	NX2-003	NX2-004	NX2-005	NX2-006	NX2-007	NX2-008	NX2-009	NX2-010	NX2-011	NX2-012	NX2-013	NX2-014	NX2-015	NX2-016	NX2-017	NX2-018	NX2-019	NX2-020	Median (range)
Age	56	67	82	64	62	72	77	66	63	80	65	65	59	49	73	59	71	71	82	64	66 (49-82)
Gender	Female	Female	Male	Female	Female	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Male	Male	Female	Female	Female	-
Prior lines of therapy	4 [^]	6 ^{^^}	2	4	4 [^]	3	4 [^]	4 [^]	4 [^]	3 [^]	1	10	4 ^{^^}	1	8 [^]	5	2	9 [^]	2	3 [^]	4 (1-10)
Follow-up (days)	687	659	603	473	127	512	484	477	469	427	420	414	90	392	385	364	351	329	329	322	417 (90-687)
dFLC (mg/L)	65	24	-	86	42	26	47	121	84	-	-	70	274	26	54	24	194	73	45	22	54 (22-274)
M-Spike (g/dL, if dFLC not inclusion criteria)	-	-	0.79	-	-	-	-	-	-	0.65	0.52	-	-	-	-	-	-	-	-	-	-
Organ involvement	Heart/ Soft Tissue	Heart/GI/ Nerve	Kidney	Heart/ GI/Nerve	Kidney	Heart	Nerve/ Skin	Heart/ Liver	Heart/ Tongue	Kidney/ Heart	Heart/ Nerve/GI	Heart/GI	Heart	Heart/GI/ Nerve	Kidney	Nerve	Heart/ Kidney	Kidney	GI	Kidney	-
NYHA stage	I	II	I	I	I	I	I	II	I	II	II	II	I	II	I	I	II	I	I	I	-
NT-ProBNP (ng/L)	146	560	1,297	218	805	989	143	909	289	290	2,017	232	155	355	1,385	113	627	526	231	NA	355 (113-2,017)
hs-Troponin-I (ng/L)	7	6	42	7	11	31	14 [†]	47 [*]	6	52	6	11 [†]	13	10 [*]	8	14 [*]	75 [*]	7	5	0	10 (0-75)
Creatinine (mg/dL)	0.7	1.1	2.2	0.7	2.7	0.8	1.3	0.8	0.9	0.9	0.5	1.0	0.9	0.6	1.3	1.0	1.0	0.7	0.8	1.2	0.9 (0.5-2.7)
Albuminuria (mg/24 hrs)	143	0	3,032	0	10,274	0	135	360	13	2,153	135	144	136	310	2,061	6	5,660	2,000	140	4,478	144 (0-10,274)
Mayo Stage at Diagnosis	II	II	II	IIIa	I	IIIa	-	II	IIIb	IIIa	II	I	IIIa	II	II	I	IIIa	I	I	I	-
Mayo Stage at Enrollment	I	II	IIIa	IIIa	II	IIIa	-	II	I	II	II	I	II	I	II	I	IIIa	II	I	I	-

[^] Prior autologous stem cell transplantation (ASCT)
^{^^} Two prior ASCT
^{*} Denotes hs-Troponin-T; [†] Denotes Troponin-T
 Note: Data cut-off as of May 14, 2026

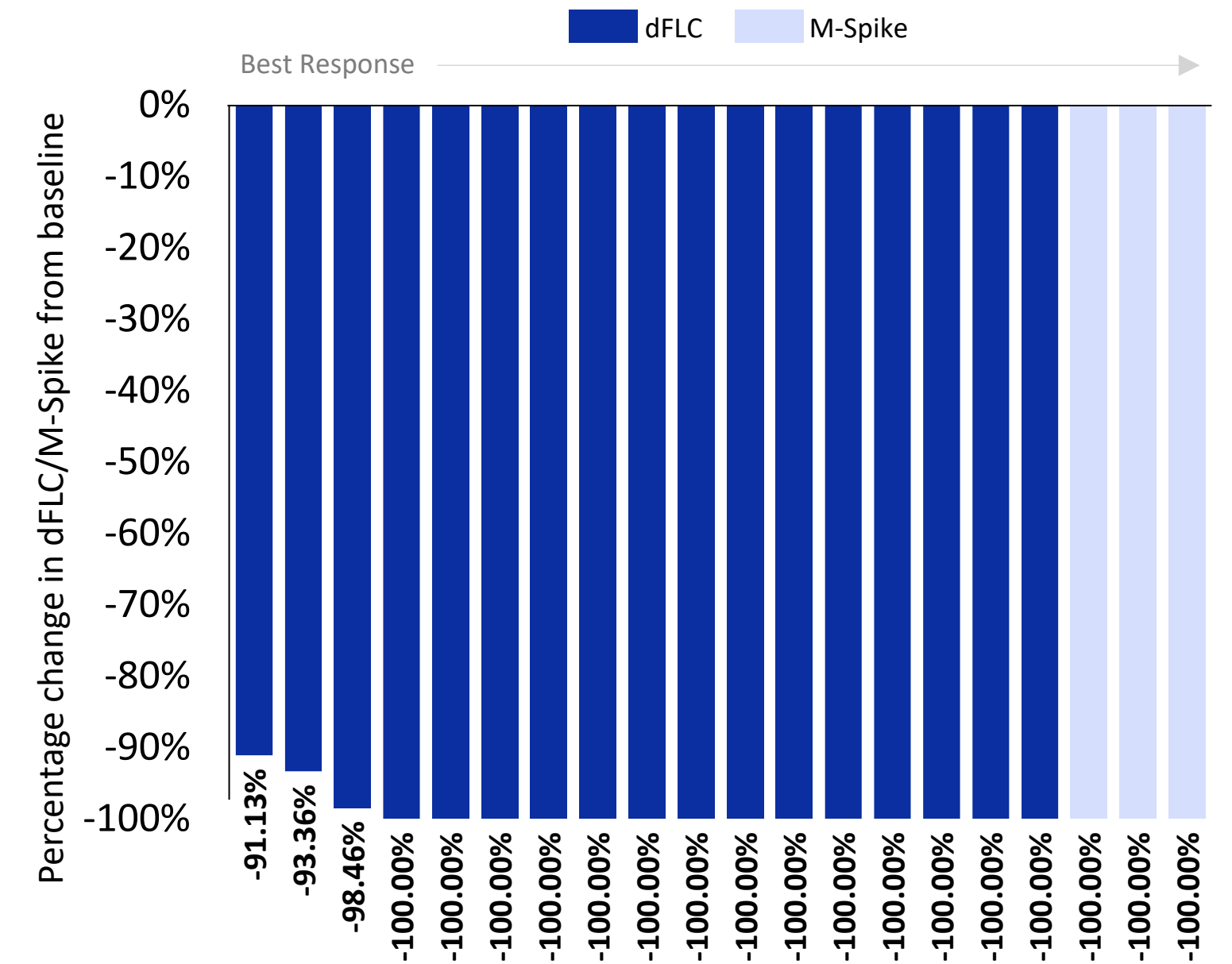
NEXICART-2 (U.S.) Efficacy: Rapid Normalization of Diseased Light Chains within ~First Week



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• Organ responses in 100% (11/11) evaluable (100% ❤️, 100% 🍷, 100% 🍷)



Subject #NX2-	13	16	07	01	02	04	05	06	08	09	12	14	15	17	18	19	20	11	10	03
Time to response (days)	7	7	7	14	7	7	7	7	7	7	7	7	7	7	7	7	7	160	7	15
Disease Marker Normal (✓) as of data cutoff	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Follow-up (days)	90	364	484	687	659	473	127	512	477	469	414	392	385	351	329	329	322	420	427	603

Note: Data cut-off as of May 14, 2026. 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). Most recent available dFLC reading for patient NX2-001 as of day 656. For patient NX2-002, as of day 622. 4 out of 4 cardiac organ responses evaluable – NX2-006, NX2-008, NX2-011, NX2-015. 6 out of 6 renal responses evaluable – NX2-003, NX2-010, NX2-015, NX2-017, NX2-018, NX2-020. 1 out of 1 liver response evaluable – NX2-008. AL Amyloidosis disease markers on line graph: All patient data is dFLC (left-hand side vertical axis), except for patients NX2-003, NX2-010, and NX2-011 which are m-spike (right-hand side vertical axis). Patient NX2-013 withdrawn from study on D+90 days due to hematologic progression. NX2-011 M-spike igg type (longer half-life) NX2-003, NX2-010 M-spike iga type (shorter half-life).

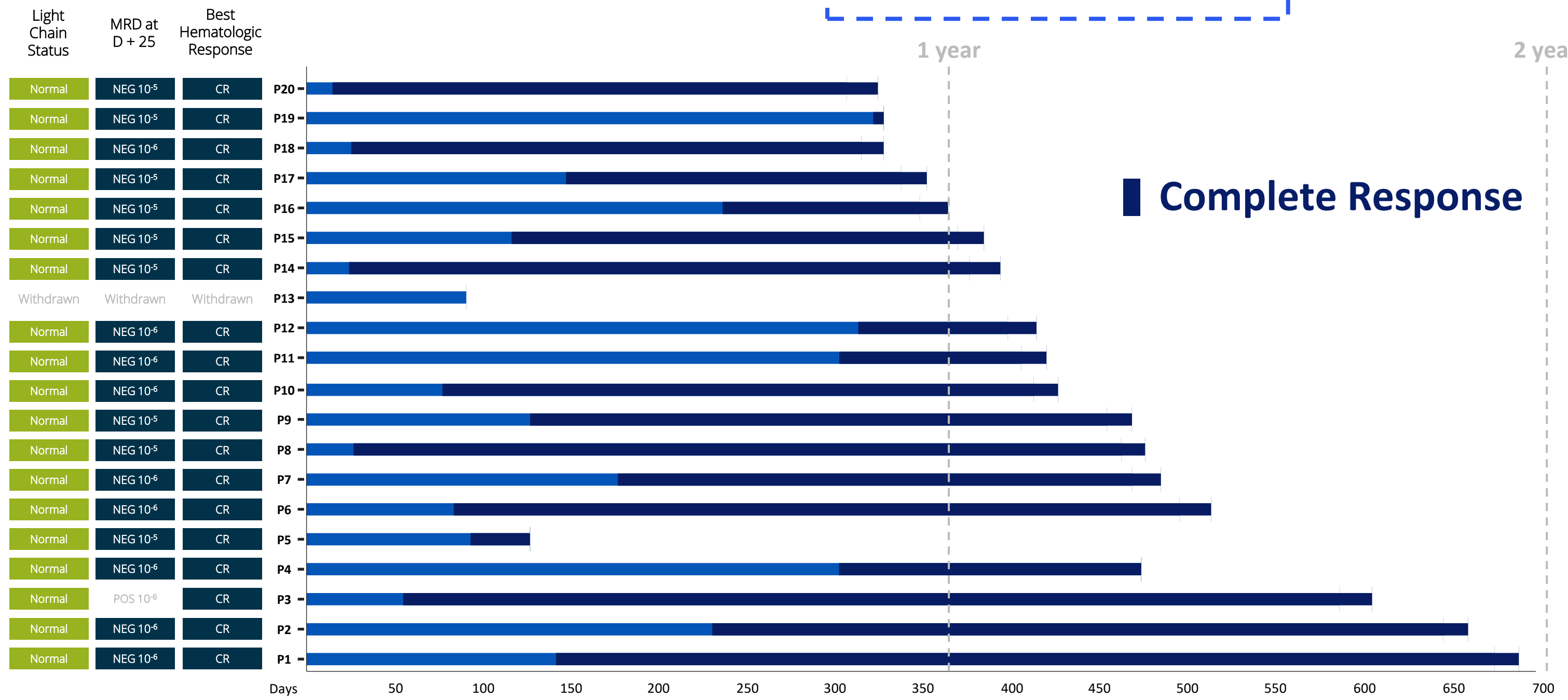
NEXICART-2 (U.S.) Clinical Activity: 95% Complete Responses (CR) – 19/20 Patients



Subject #	NX2-001	NX2-002	NX2-003	NX2-004	NX2-005	NX2-006	NX2-007	NX2-008	NX2-009	NX2-010	NX2-011	NX2-012	NX2-013	NX2-014	NX2-015	NX2-016	NX2-017	NX2-018	NX2-019	NX2-020
Time to response (days)	14	7	15	7	7	7	7	7	7	7	160	7	7	7	7	7	7	7	7	7
Hematologic response	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	Withdrawn	CR	CR	CR	CR	CR	CR	CR

Complete response (CR) is FDA Regulatory Endpoint

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

- Organ responses in 100% (11/11) evaluable (100% ❤️, 100% 🍷, 100% 🍷)

Note: Data cut-off as of May 14, 2026. 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.) Patients NX2-003, NX2-010, and NX2-011 enrolled on M-Spike. NX2-011 M-spike igg type (longer half-life) NX2-003, NX2-010 M-spike iga type (shorter half-life). Patient NX2-005: Death in CR, unrelated to NXC-201. Patient NX2-013: Withdrawn due to progression. 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.) TEAEs Consistent or Improved Compared to Ex-US Dataset



- No patient experienced a Grade 5 TEAE across any cohort related to NXC-201

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Subject		NX2-001	NX2-002	NX2-003	NX2-004	NX2-005	NX2-006	NX2-007	NX2-008	NX2-009	NX2-010	NX2-011	NX2-012	NX2-013	NX2-014	NX2-015	NX2-016	NX2-017	NX2-018	NX2-019	NX2-020	Median (Range)	
Dose	CART Cell Dose (x10 ⁶)	150	150	150	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	-
	CRS	None	None	Grade 2	Grade 1	Grade 1	Grade 1	Grade 1	Grade 1	Grade 1	Grade 1	Grade 2	Grade 1	None	Grade 2	Grade 2	None	Grade 1	Grade 1	Grade 1	None	1 (1-2)	
	CRS Onset (days)	None	None	3	3	1	1	1	1	1	1	3	2	1	None	1	1	None	1	1	2	None	1 (1-6)
	CRS Duration (days)	None	None	2	1	1	1	1	4	1	2	1	5	None	1	2	None	1	1	1	None	1 (1-5)	
	Neurotoxicity	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	-
Other	Neutropenia	Grade 3	Grade 3	Grade 3	Grade 4	Grade 4	Grade 2	Grade 4	Grade 4	Grade 4	Grade 2	Grade 4	Grade 4	Grade 4	Grade 4	Grade 3	Grade 3	Grade 3	Grade 3	Grade 3	Grade 4	None	4 (2-4)
	Febrile Neutropenia	None	None	None	None	None	None	None	Grade 3	None	None	None	None	None	None	None	None	None	None	None	None	None	-
	Anemia	Grade 1	Grade 2	Grade 3	Grade 1	Grade 3	Grade 1	Grade 2	Grade 2	Grade 2	Grade 1	Grade 2	Grade 2	Grade 1	Grade 3	Grade 3	Grade 1	Grade 2	Grade 2	Grade 3	Grade 3	Grade 3	2 (1-3)
	Thrombocytopenia	Grade 1	Grade 1	Grade 1	Grade 1	Grade 3	Grade 2	None	Grade 4	Grade 3	Grade 1	Grade 1	Grade 3	Grade 1	Grade 2	Grade 3	Grade 1	Grade 2	Grade 1	Grade 1	Grade 1	None	1 (1-4)
	Acute kidney failure	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	None	None	None	None	None	None	None	None	None	None	None	-
	LFT Abnormalities	None	None	None	None	None	None	None	Grade 1	None	None	None	Grade 3	None	Grade 3	None	None	Grade 1	None	None	None	None	-
	≥ Grade 3 Infections	None	None	None	None	Grade 5**	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	-
	Fatigue	None	Grade 2	Grade 2	Grade 2	Grade 1	Grade 1	None	None	None	None	Grade 2	Grade 2	None	Grade 2	None	Grade 2	Grade 2	None	None	None	None	2 (1-2)
≥ Grade 2 Cardiac Events	None	None	None	Grade 2‡	None	None	None	None	None	None	Grade 2‡	None	None	None	None	None	None	None	None	None	None	-	

**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 arrhythmias responsive to beta-blockers
 Note: Data cut-off as of May 14, 2026. CRS and ICANS reported according to ASTCT Consensus Grading (Lee et al. 2019). Patient NX2-013 withdrawn on day 90. TEAE = treatment-emergent adverse events

Complete Response Rate Improving Over Time

ASH
 Presented Dec 7, 2025 at ASH



Data Cutoff April 11, 2025

ASCO[®]

70% CR RATE

Subject #	NX2-001	NX2-002	NX2-003	NX2-004	NX2-005	NX2-006	NX2-007	NX2-008	NX2-009	NX2-010
Time to response (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 ⁻⁵)	CR



Data Cutoff November 13, 2025

ASH

100% CR RATE

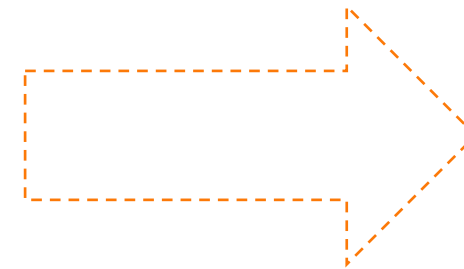
Subject #	NX2-001	NX2-002	NX2-003	NX2-004	NX2-005	NX2-006	NX2-007	NX2-008	NX2-009	NX2-010
Time to response (days)	14	7	15	7	7	7	7	7	7	7
Hematologic response	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR

Complete Response Rate Improved Dec 2025 → May 2026

Dec 2025

ASH

75% CR RATE



May 2026

95% CR RATE

Subject # NX2-001 NX2-002 NX2-003 NX2-004 NX2-005 NX2-006 NX2-007 NX2-008 NX2-009 NX2-010 NX2-011 NX2-012 NX2-013 NX2-014 NX2-015 NX2-016 NX2-017 NX2-018 NX2-019 NX2-020

Time to response (days) 14 7 15 7 7 7 7 7 7 7 160 7 7 7 7 7 7 7 7 7

Hematologic response CR CR CR CR CR CR CR CR CR CR CR Pending MRD (-)10⁻⁶ Pending MRD (-)10⁻⁶ - CR CR Pending MRD (-)10⁻⁵ CR CR Pending MRD (-)10⁻⁵ CR

Subject # NX2-001 NX2-002 NX2-003 NX2-004 NX2-005 NX2-006 NX2-007 NX2-008 NX2-009 NX2-010 NX2-011 NX2-012 NX2-013 NX2-014 NX2-015 NX2-016 NX2-017 NX2-018 NX2-019 NX2-020

Time to response (days) 14 7 15 7 7 7 7 7 7 7 160 7 7 7 7 7 7 7 7 7

Hematologic response CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR CR - CR CR CR CR CR CR CR CR

NEXICART-3: Newly diagnosed,
Multi-Center, Randomized, CAR-T
NXC-201 Clinical Trial



NEXICART-3 U.S. Newly Diagnosed AL Amyloidosis Trial

PHASE 3 RANDOMIZED CONTROLLED TRIAL –INITIATION PLANNED FOR 1H 2027



Study design

- **Randomized 1:1, multi-site phase 3 study**
- **Arm A: NXC-201**
- **Arm B: DaraCyBorD**

Key criteria

Inclusion

- **Newly diagnosed AL Amyloidosis patients**

Exclusion

- **Cardiac: Mayo stage 3b, NYHA stage III/IV**
- **Concomitant Multiple Myeloma**

Outcome measures

- **Primary endpoint: Complete hematologic response (CR)**
- **Safety**

Global Leader in relapsed/refractory AL Amyloidosis

June 2026

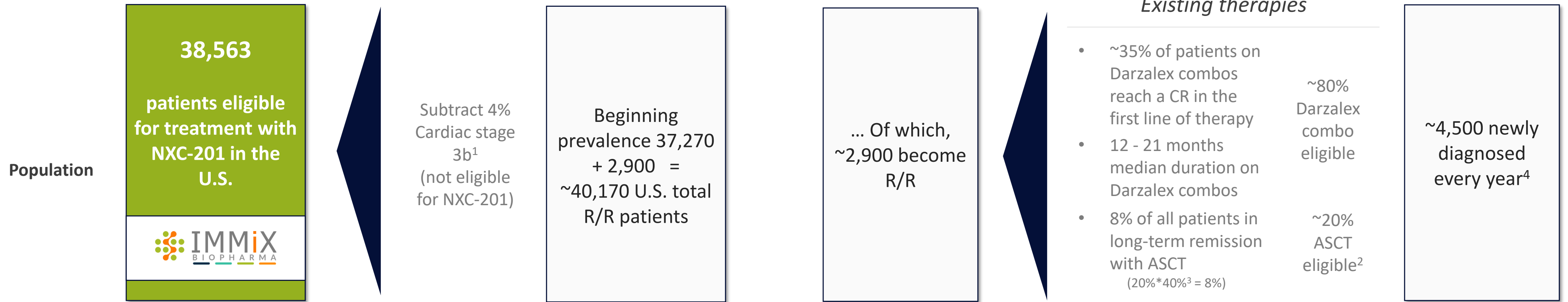


NXC-201 Addresses Sizable U.S. Relapsed/Refractory AL Amyloidosis Patient Population



Prevalence: Relapsed/Refractory (“R/R”)

Incidence: Newly Diagnosed / Front Line



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

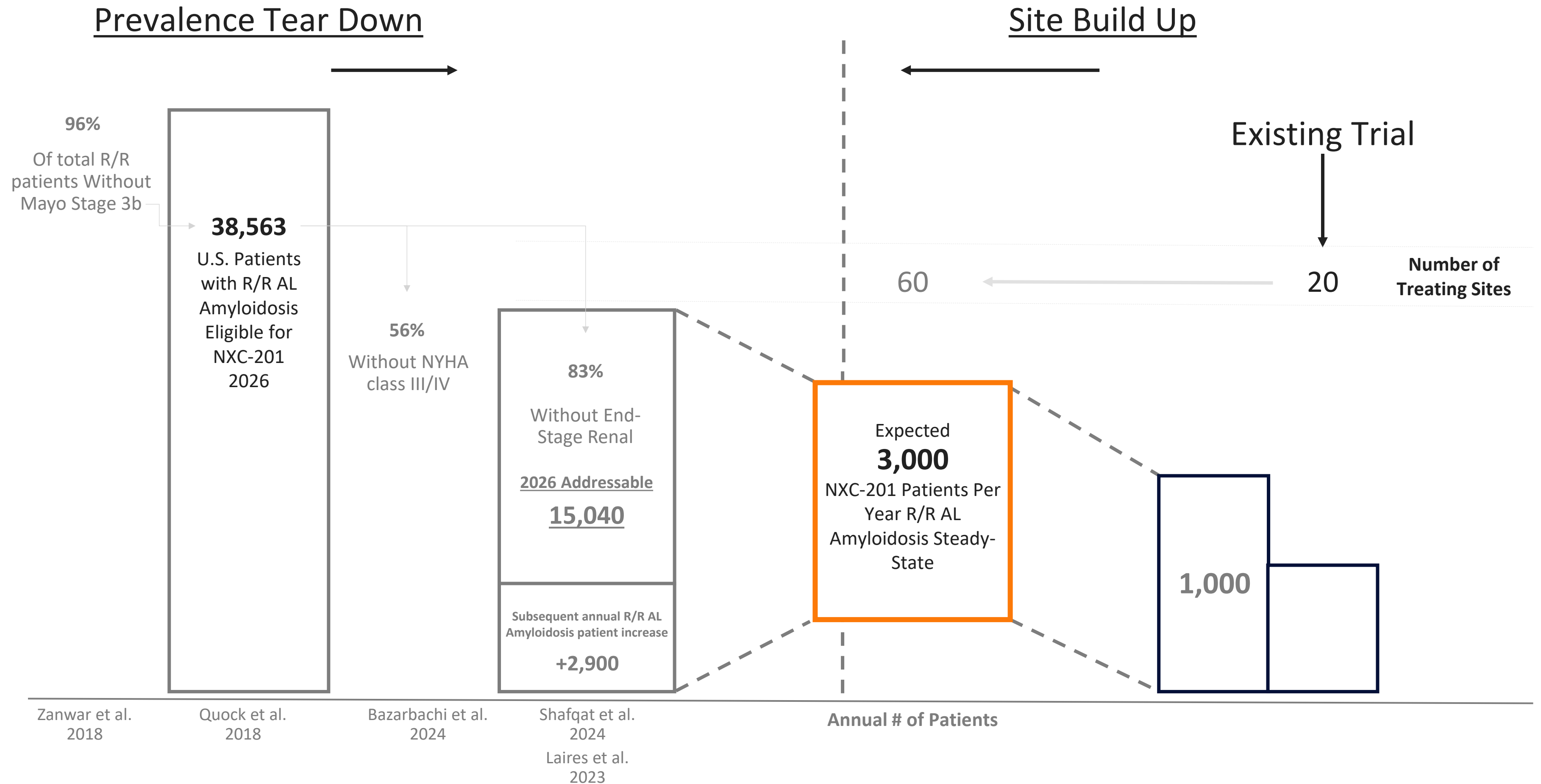


(Darzalex combined with cyclophosphamide, bortezomib, and/or dexamethasone)

Source: Mayo staging: 1) Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. *Leukemia* 2024. ASCT: 2) 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. 3) Gustine J et al, Predictors of hematologic response and survival with stem cell transplantation in AL amyloidosis: A 25-year longitudinal study. *AJH* 2022. Incidence and prevalence: 4) According to Amyloidosis Foundation. Accessed 11/30/2025. 5) Quock T et al, Epidemiology of AL amyloidosis: a real-world study using US claims data. *Blood* 2018. Incidence growth rate: 6) 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: 7) Bellofiore C, et al. A real-life study of daratumumab combinations in newly diagnosed patients with light chain (AL) amyloidosis. *Hematol Oncol*. 2024. 8) Chakraborty R et al, Reduced early mortality with Daratumumab-based frontline therapy in AL amyloidosis: A retrospective cohort study. *AJH* 2024. 9) 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.

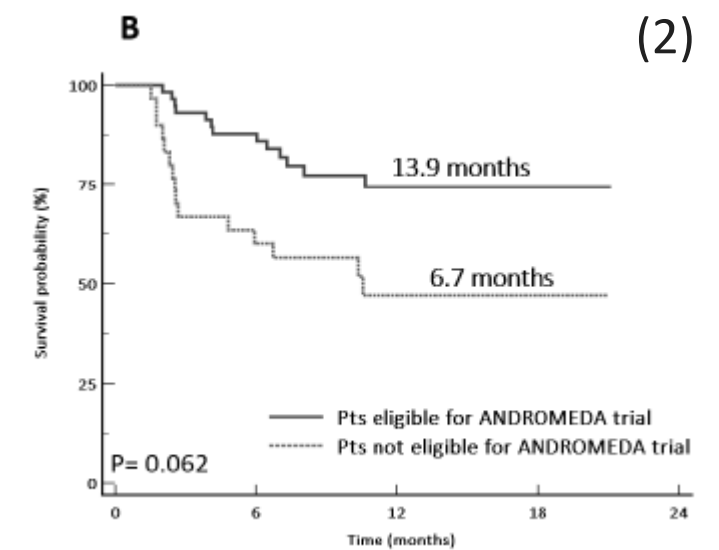
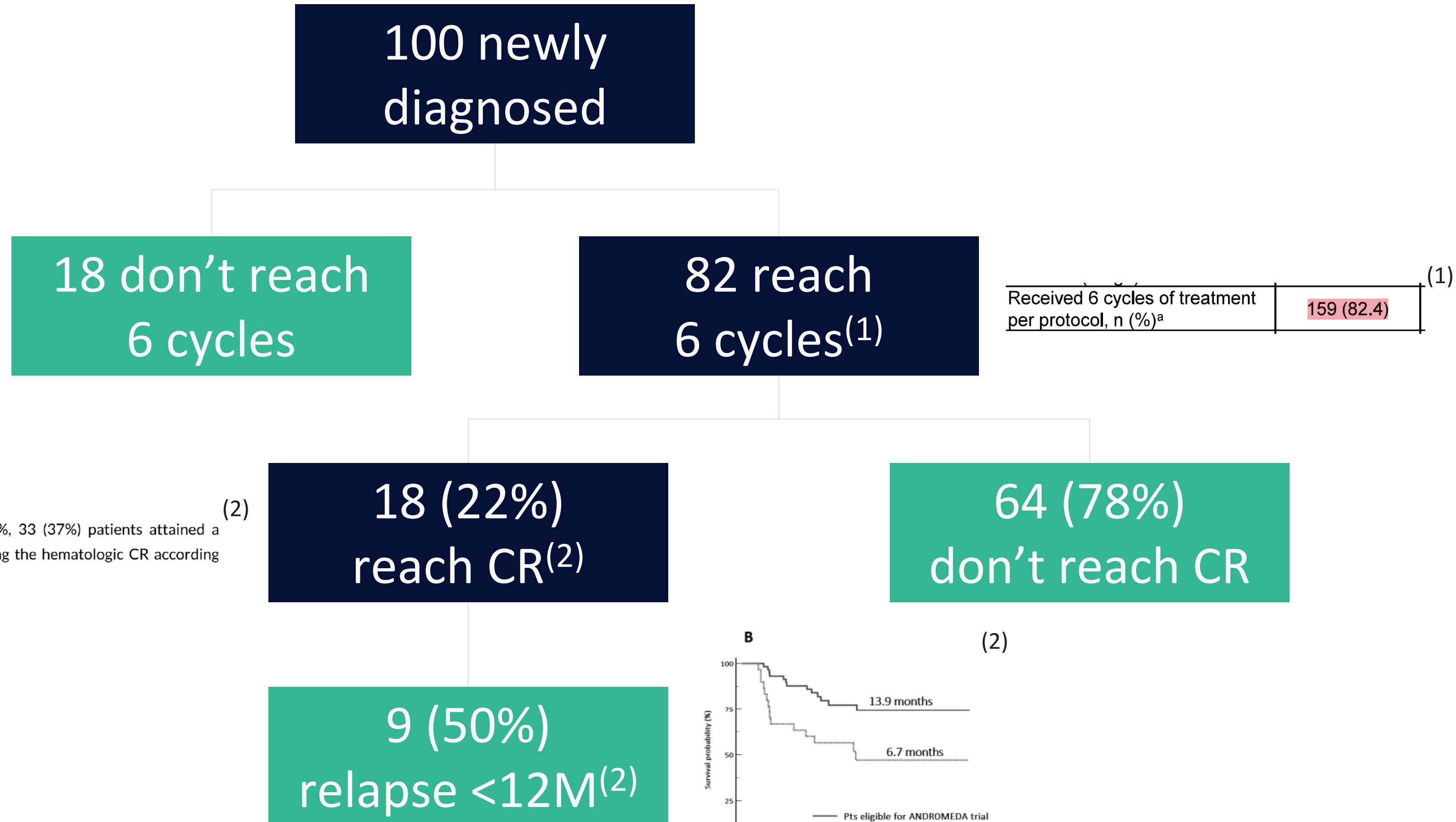
Expected Annual U.S. NXC-201 Patient Dosing: R/R AL Amyloidosis

NXC-201 TARGET PATIENTS RECENTLY RELAPSED WITH ADEQUATE HEART/KIDNEY FUNCTION



Note: Site numbers are illustrative; based on Company calculations taking into account number of patients with long-term remission from NXC-201 treatment and annual deaths due to AL Amyloidosis
 Source: Management estimates, prevalence: Quock T et al, Epidemiology of AL amyloidosis: a real-world study using US claims data. Blood 2018. Mayo staging: Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024. End stage renal: Shafqat A, et al. Renal AL Amyloidosis: Updates on Diagnosis, Staging, and Management. J Clin Med 2024. NYHA Class: Bazarbachi A, et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. American Journal of Hematology 2024. 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

Up to 91% (=18+64+9) of AL Amyloidosis Patients Receiving Frontline Dara-Cy-Bor-D Require 2nd Line Therapy within 12 Months based on peer studies



Note: Example 100 newly diagnosed patient scenario based on sources listed below. Dara-Cy-Bor-D: daratumumab, cyclophosphamide, bortezomib, dexamethasone
 Source:
 1) Kastritis E, et al. ASH 2024
 2) Bellofiore C, et al. A real-life study of daratumumab combinations in newly diagnosed patients with light chain (AL) amyloidosis. Hematol Oncol. 2024

NXC-201 Tolerability Drives AL Amyloidosis Leadership

ALL BCMA CAR-TS ARE NOT CREATED EQUAL



NXC-201's short CRS duration, if proven to be safe and effective, 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

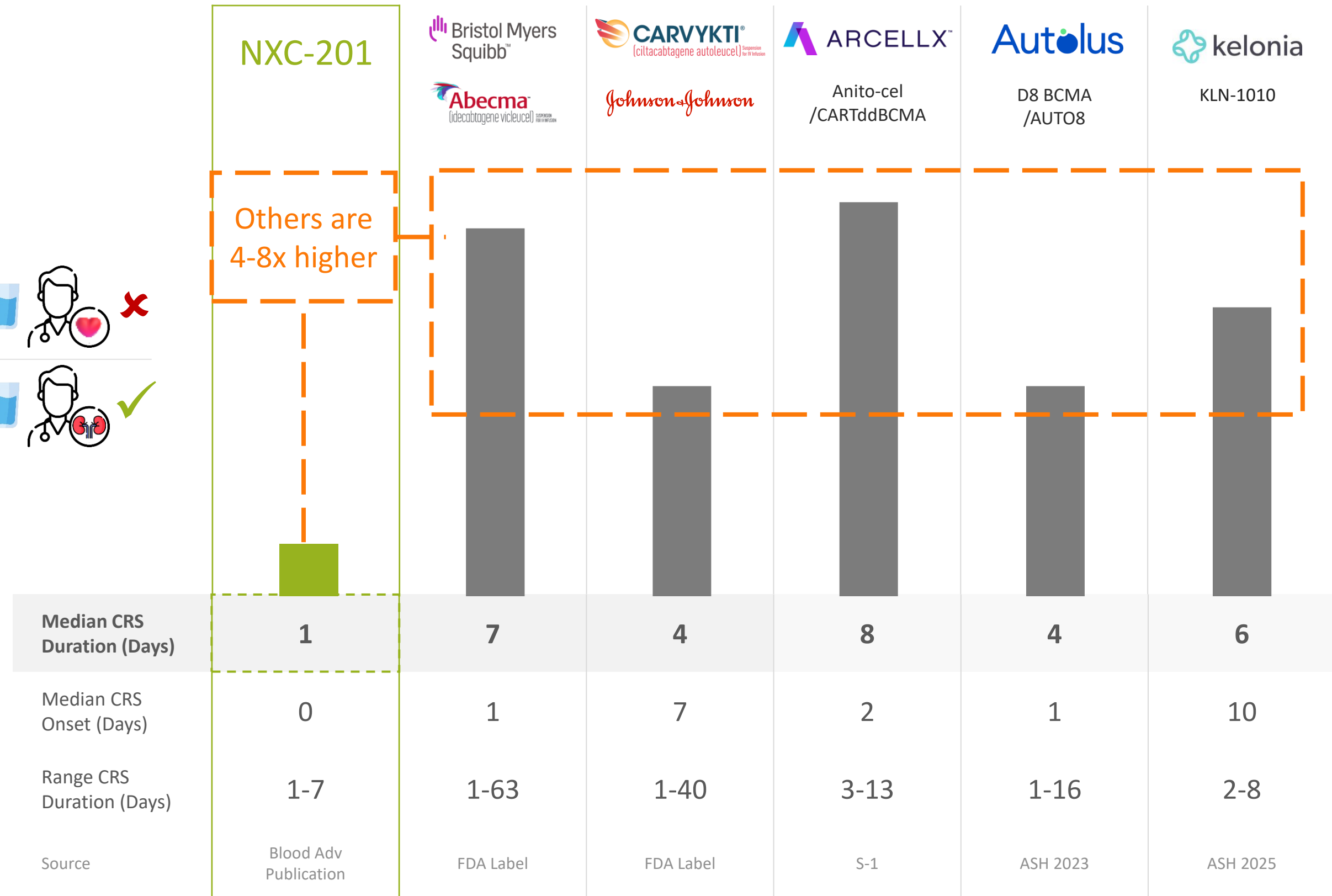
- Long CRS duration causes extended cardiovascular stress
- Other CARTs have 4-8x longer CRS duration



“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)



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;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. Harrison S. et al. Minimal residual disease (MRD)-negative outcomes following a novel, in vivo gene therapy generating anti-B-cell maturation antigen (BCMA) chimeric antigen receptor (CAR)-T cells in patients with relapsed and refractory multiple myeloma (RRMM): preliminary results from inMMycAR, the first-in-human phase 1 study of KLN-1010: results of a phase 2 trial. Blood 2025. Studies not head-to-head
Note: FDA label information sourced from initial labels post approval

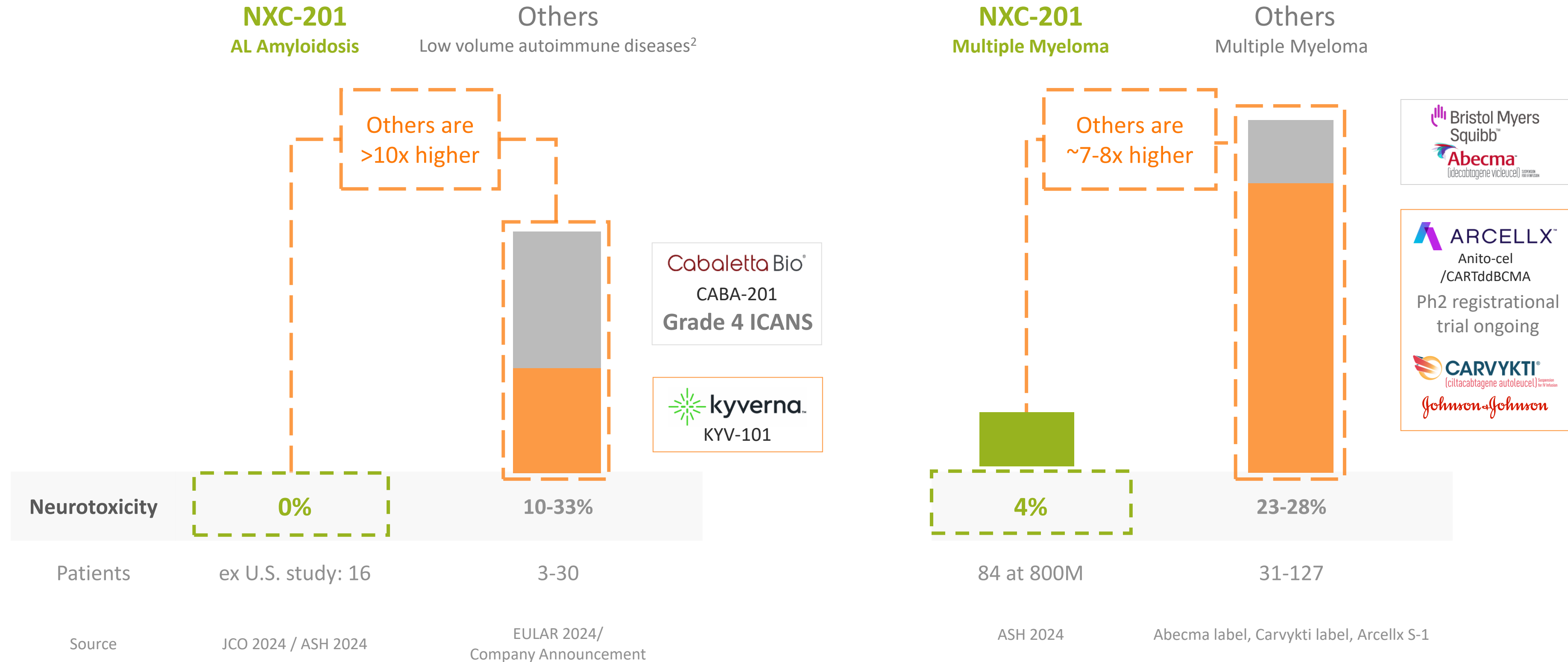
NXC-201 Advantage: Overcoming Neurotoxicity¹

ALL BCMA CAR-TS ARE NOT CREATED EQUAL



LOW VOLUME DISEASE

HIGH VOLUME DISEASE



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.

Note: FDA label information sourced from initial labels post approval

1) 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.

2) 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. High volume disease NXC-201 CRS data from ASH 2024 Abstract which included 84 MM patients. NXC-201 data from NEXICART-1 clinical study.

NXC-201: 1 Deepest Responses, 2 In Most Heavily Pretreated Population



abbvie

REGENERON

Johnson & Johnson

		NXC-201	Etentamig	Linvoseltamab	Teclistamab
NXC-201: Later Phase ...	n	20	34	20	52
	Phase	Phase 2	Phase 1	Phase 2	Retrospective
... in heavily pre-treated population ...	Median Prior Lines	4	2	1	2
	Prior CD38 monoclonal antibody?	100%	100%	60%	?
	Prior CD38 monoclonal antibody+PI?	100%	100%	?	?
	Prior ASCT ?	55%	21%	?	NA
... with independent review committee (IRC) adjudicated responses ...	Complete Response Rate	95%	91%	80% (16/20)	41%
	Independent Review Committee (IRC)?	Yes ⁽¹⁾ ✓	No ⁽²⁾ X	No X	No X
... faster, deeper, and more frequent downstream organ responses	Cardiac Organ Responses	100%	43%	?	65%
	Median Time to Cardiac Response	1.1 Months	2.1 Months	?	NA
	Renal Responses	100%	54%	?	78%
	ICANS	0%	0%	5%	0%
	Infections (≥Grade 3)	0%	6%	25%	21% (Deaths: n=11)
	IVIg Prophylaxis	NA	100%	?	83% ⁽³⁾
	Dosing Frequency	1-Time	24 Months (QW4)	Weekly 8W, Monthly M2-M11	Monthly

Source: Landau H. et al. ASH 2025 with May 2026 update. Kastiris, et al 2026 EHA P1 Dose Escalation of Etentamig .EHA Library. Kastiris E. 06/12/2026; 4206763; S209. Carpinteiro et al EHA Library. Carpinteiro A. 06/11/2026; 4208424; PS1873; Wechalekar et al EHA library. INITIAL EFFICACY AND SAFETY DATA FROM THE PHASE 1/2 LINKER-AL2 STUDY OF LINVOSELTAMAB 2026. Note: Q4W: every 4 weeks. NXC-201 organ response denominator reflects patients eligible for organ response; etentamig and teclistamab organ response denominator reflects patients with involved organ; (1) One patient evaluated by site; (2) AbbVie ASH 2025 abstract. (3) Substitution with intravenous or subcutaneous immunoglobulins (IRT). Immix infection rate reflects infections deemed related to treatment

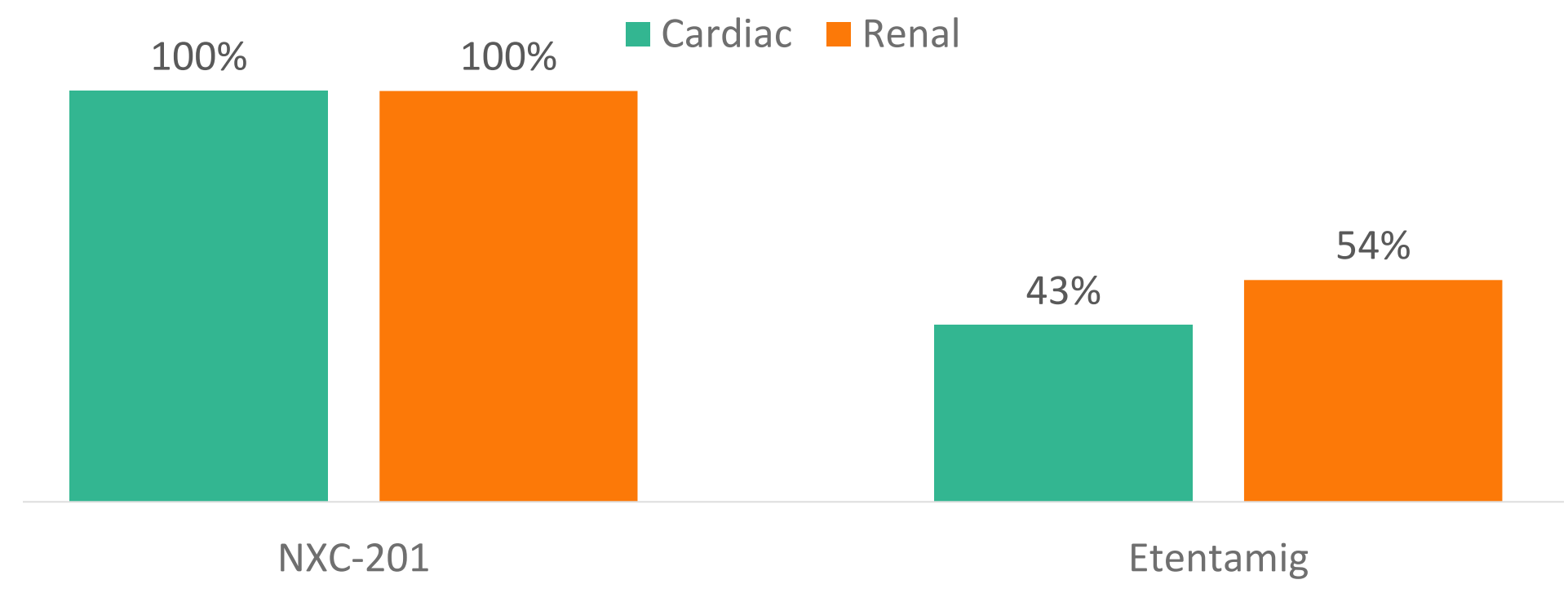
NXC-201: Deepest Responses...

Complete Response Rate



- Despite the more difficult patient population, Immix saw **similar complete response rates**
- **Immix CR rates adjudicated by IRC vs AbbVie results which are investigator assessed***

Organ Response



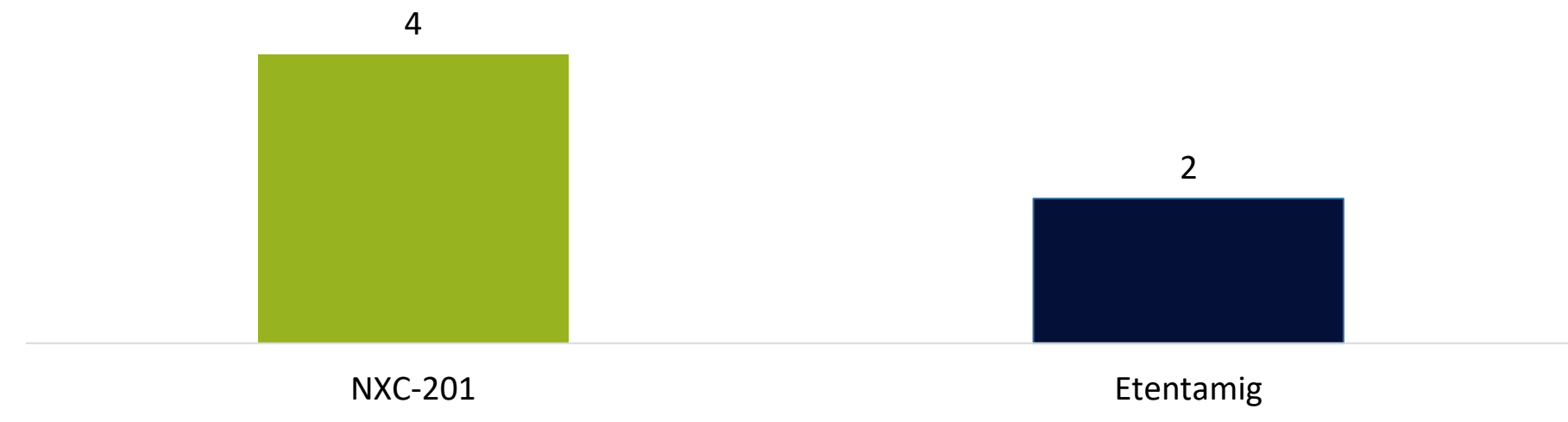
- Immix had **higher organ responses**

Source: Company Public Filings. Landau H. et al. ASH 2025 with May 2026 update. Kastritis, et al 2026 EHA P1 Dose Escalation of Etentamig .EHA Library. Kastritis E. 06/12/2026; 4206763; S209. Carpinteiro et al EHA Library. Carpinteiro A. 06/11/2026; 4208424; PS1873;
 * One patient evaluated by site
 Note: All data from ASH December 2025

2 ... In Most Heavily Pretreated Population

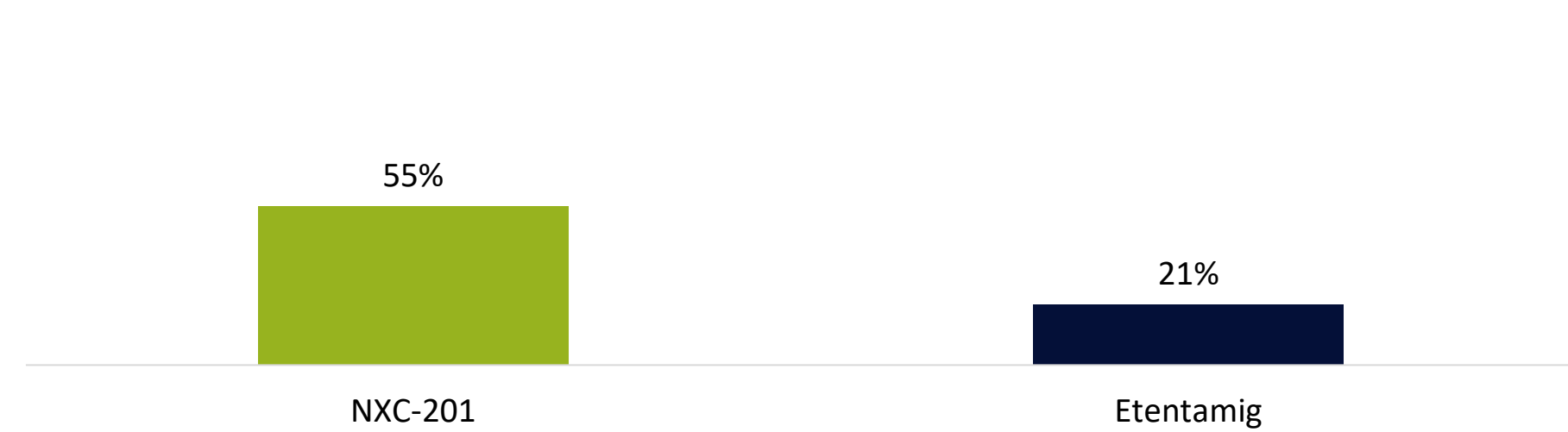


Prior Lines of Therapy



- Immix enrolled a **more refractory patient population**

Prior ASCT



- **Significantly more NXC-201 patients had prior stem cell transplants**

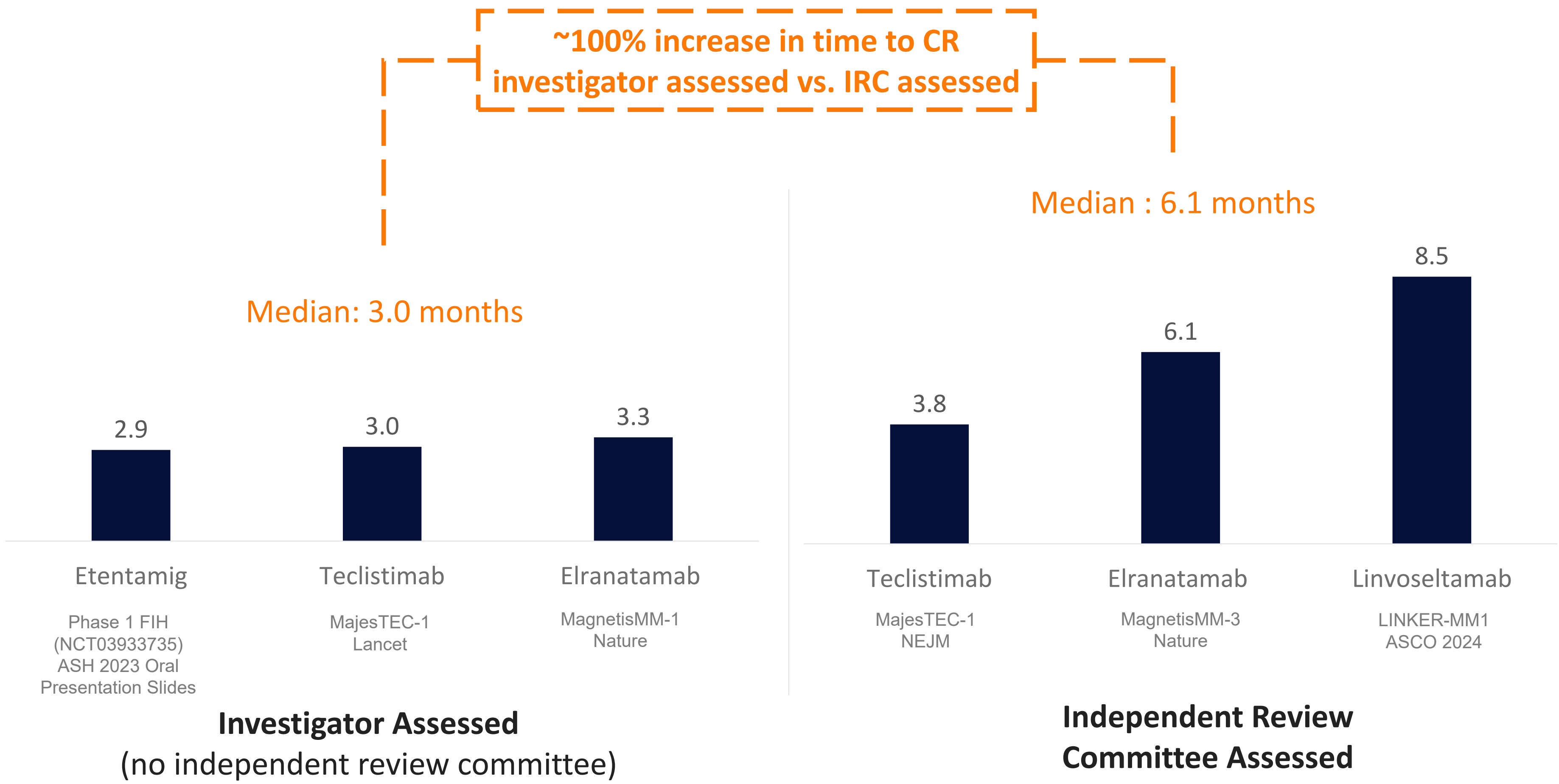
Dosing Regimen

Treatment	Dosing Regimen
NXC-201	Single IV infusion post apheresis and conditioning
Etentamig	24 infusions; 20 - 60 mg Q4W 3 dose levels: 20, 40, 60 mg

- Immix provides a **one-and-done therapy** vs a 24-month therapy

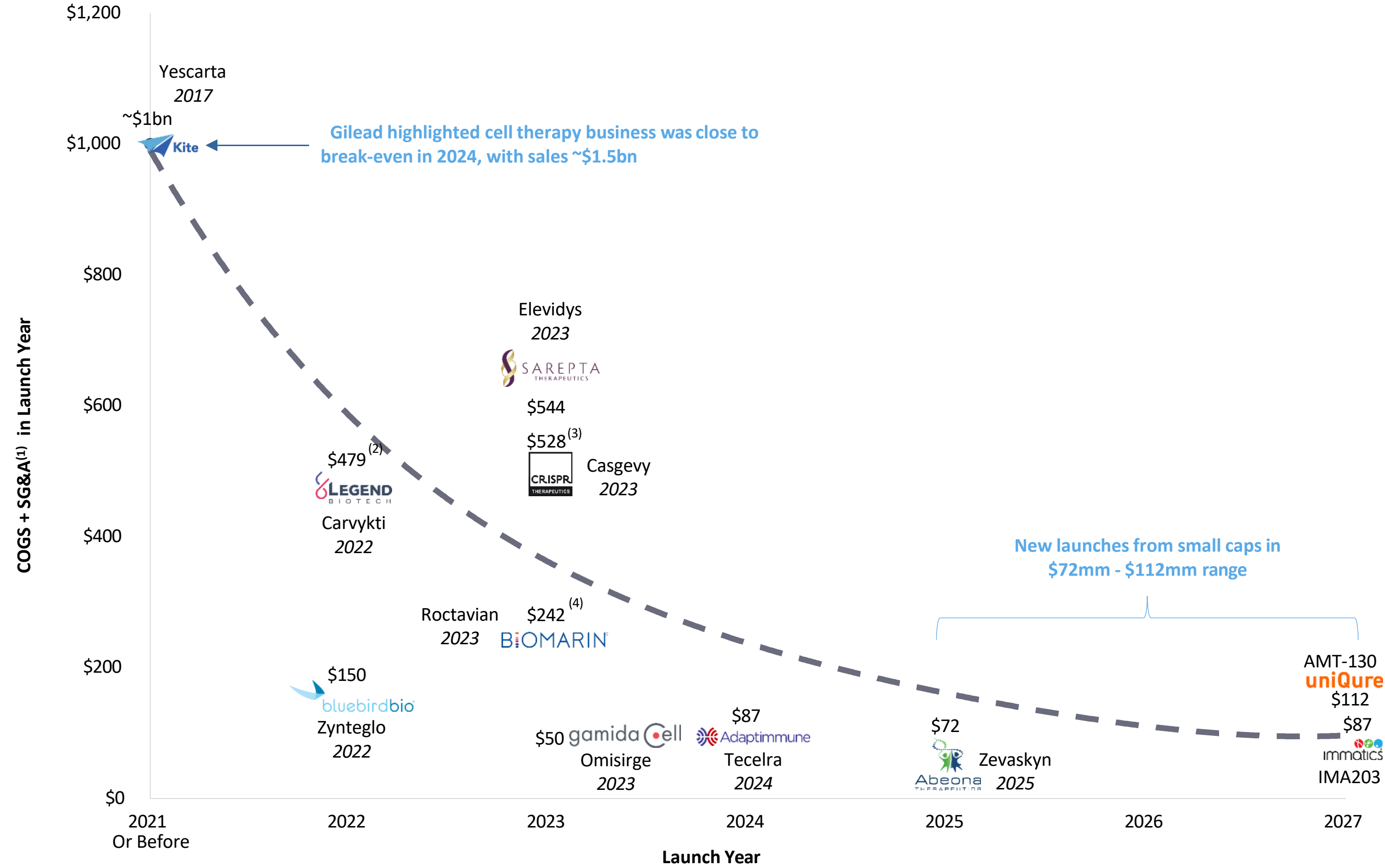
Source: Company Public Filings. Landau H. et al. ASH 2025 with May 2026 update. Kastritis, et al 2026 EHA P1 Dose Escalation of Etentamig .EHA Library. Kastritis E. 06/12/2026; 4206763; S209. Carpinteiro et al EHA Library. Carpinteiro A. 06/11/2026; 4208424; PS1873; Note: All data from ASH December 2025

Reported Time-to-CR in MM



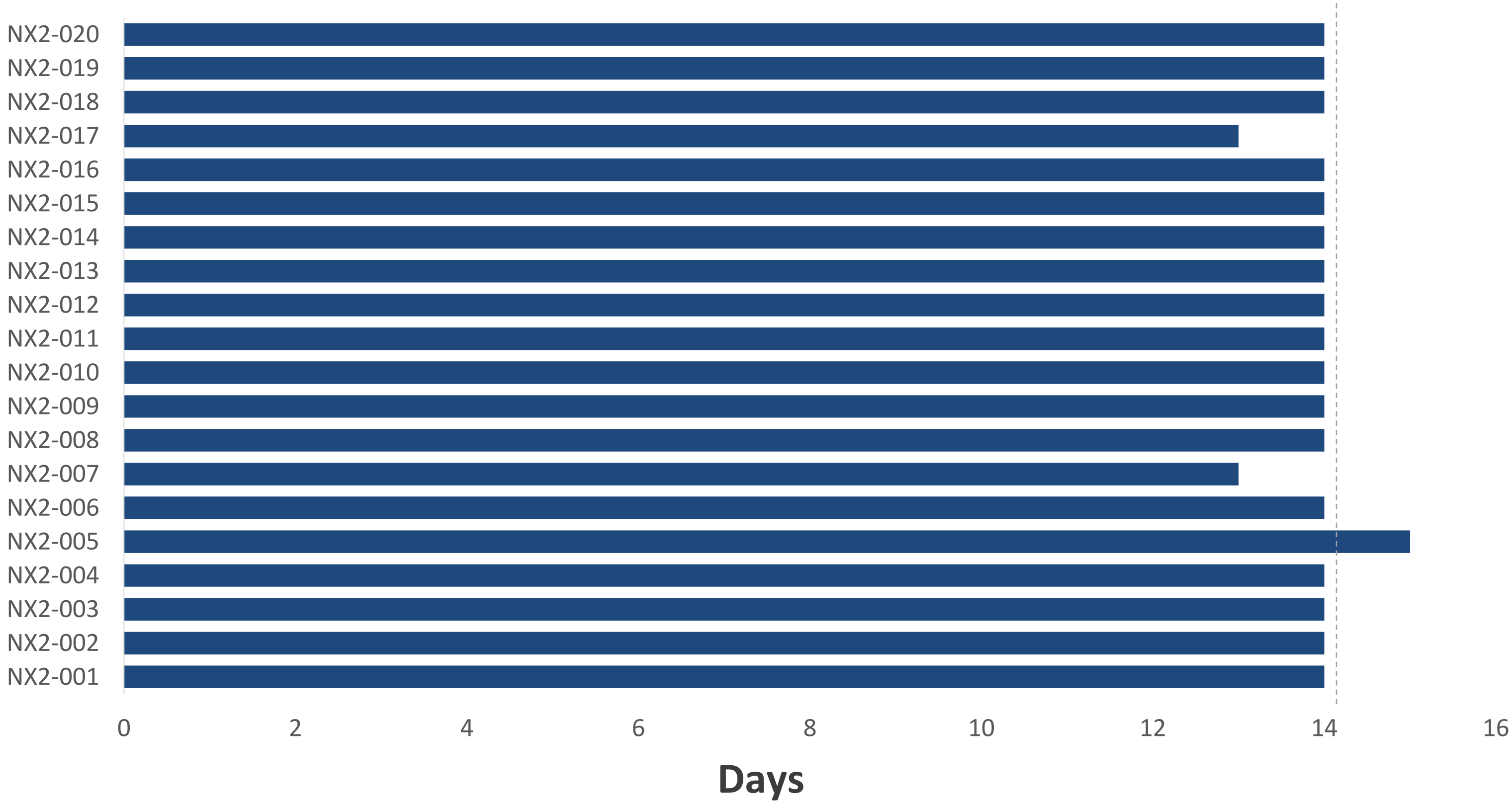
Source: Bahlis N et al. Elranatamab in relapsed or refractory multiple myeloma: the MagnetisMM-1 phase 1 trial. Nature 2023. Lesokhin A et al. Elranatamab in relapsed or refractory multiple myeloma: phase 2 MagnetisMM-3 trial results. Nature 2023. Bumma N et al. 2024. Linvoseltamab for Treatment of Relapsed/Refractory Multiple Myeloma. ASCO 2024. Moreau P et al. Teclistamab in Relapsed or Refractory Multiple Myeloma. NEJM 2022. Usmani S et al. Teclistamab, a B-cell maturation antigen x CD3 bispecific antibody, in patients with relapsed or refractory multiple myeloma (MajesTEC-1): a multicentre, open-label, singlearm, phase 1 study. Lancet 2021. Vij R et al. Updated Safety and Efficacy Results of ABBV-383, a BCMA x CD3 Bispecific T-cell Redirecting Antibody, in a First-in-Human Phase 1 Study in Patients With Relapsed/Refractory Multiple Myeloma. ASH 2023 Oral Presentation.

Market Reference: Commercialization Cost Trend Over Time



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

100% of doses manufactured successfully, median vein-to-vein time of 14 days



Notes: Source: Based on Company internal metrics.

Building a National Treatment Infrastructure



AL Amyloidosis – an active, multi-billion dollar indication

Annual sales into AL Amyloidosis

\$1.7 billion¹⁺



Acquisition



Company



Source: Company, Pitchbook, Public information
1) (4,500 new cases AL) / (SEER New Cases MM in 2025 36,110) = 12.4% * \$14bn annual run rate = \$1.7bn

Appendix

June 2026



NXC-201 Background

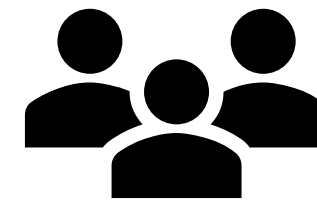
A Solid Foundation

Based on the groundbreaking research in the early 2010s of Dr. Steve Rosenberg at NIH/NCI, the first cell therapies were approved in the United States in 2017, including Kymriah and Yescarta for certain types of blood cancers. These therapies had optimal efficacy, but tangible toxicity.



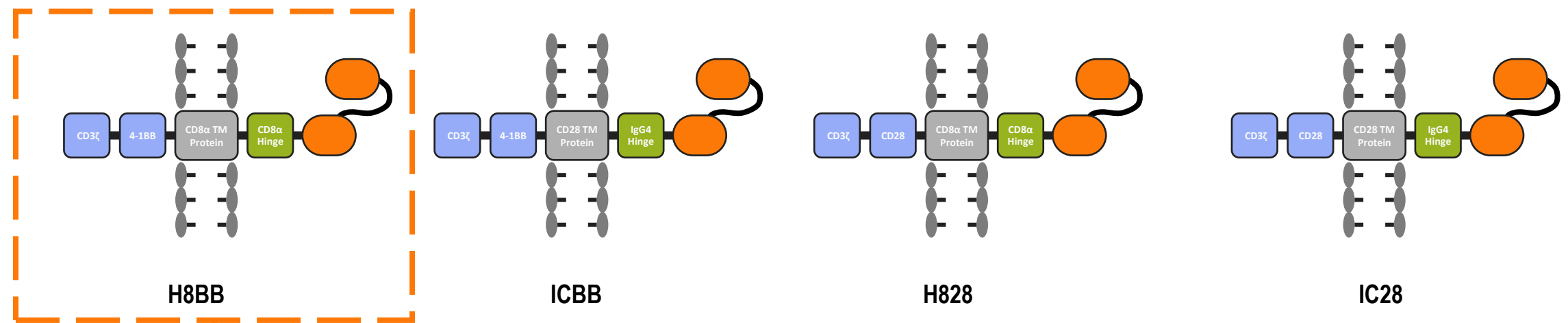
Hypothesis

Ex-NCI/NIH Immix academic researchers ambitiously formulated a thesis: can cell therapy be expanded to a broader patient population, beyond cancer?

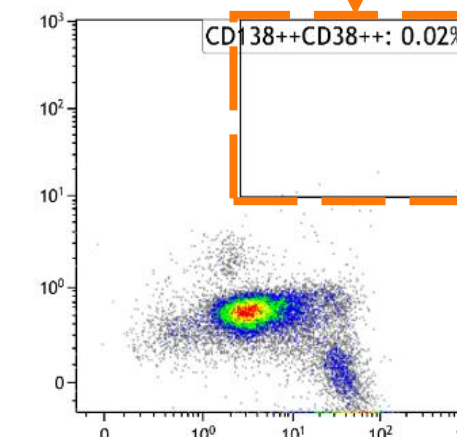
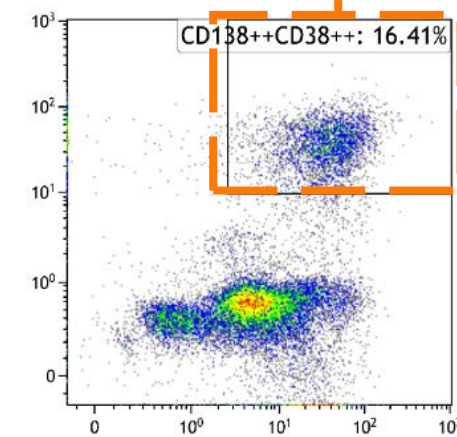


NXC-201 Sterically-Optimized Result

Immix researchers sterically-optimized and tested 4 hypotheses ...



...with our best candidate completely eliminating AL Amyloidosis aberrant plasma cells in diseased patient samples from patient bone marrow



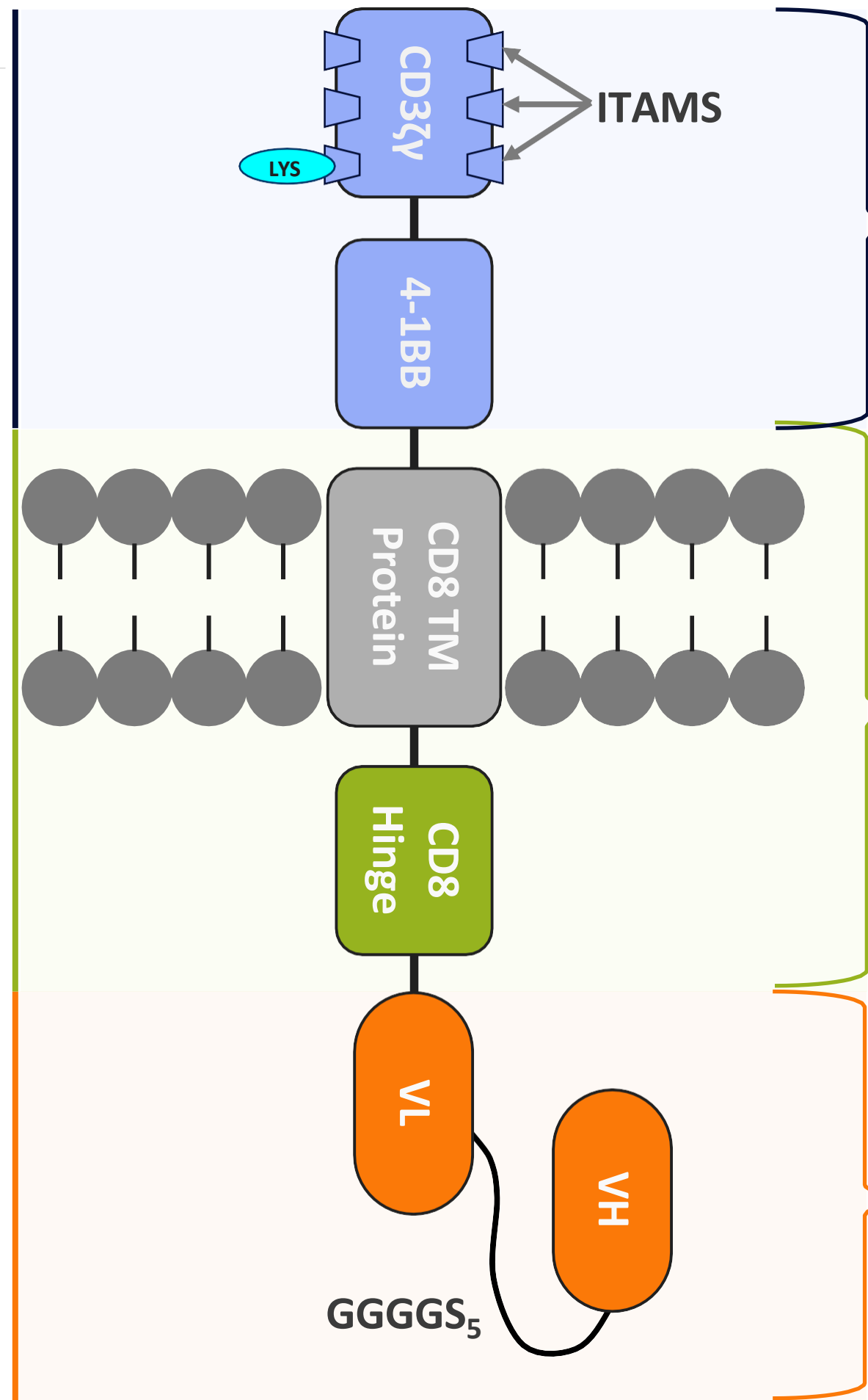
NXC-201 Construct: Rationale For Optimization

Ex-NCI/NIH Immix academic researchers ambitiously formulated a thesis: can cell therapy be expanded to a broader patient population, beyond cancer?
Result: Sterically-optimized NXC-201



Result of Steric Optimization:

Immune Reactivity Delta



1
Impeded phosphorylation of ITAM1, added ubiquitination site... led to "digital" quick on/off

2
Decreased CD8 hinge flexibility ... led to reduced tonic signaling

3
Sterically-Optimized Binder ... led to enhanced cytotoxicity

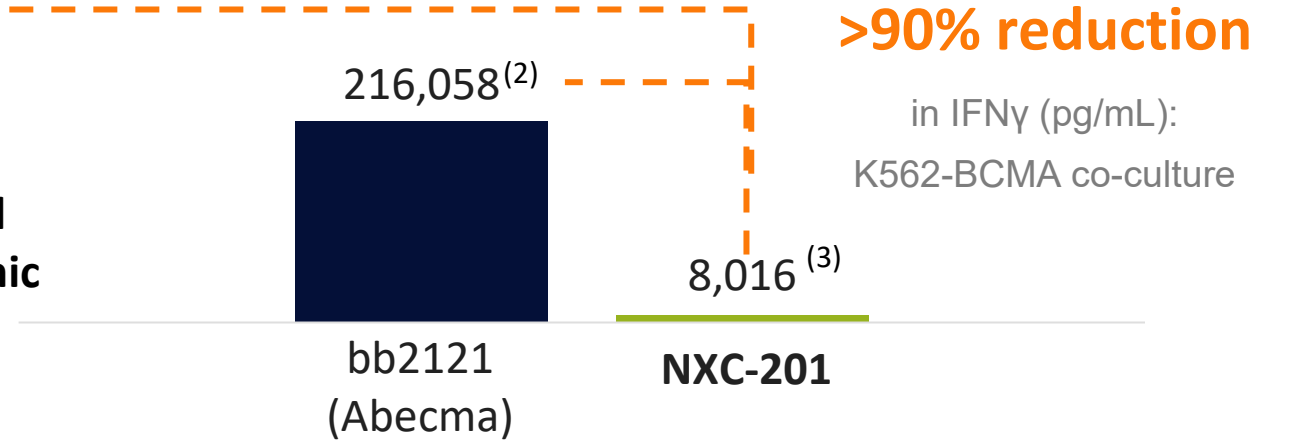
nature Signal Transduction and Targeted Therapy

"In activated T cells, the CD3ζ chain gets ubiquitinated by CBLB at its multiple lysine residues and induces degradation of surface TCRs"
doi: 10.1038/s41392-021-00823-w



"We hypothesized that the redundancy of CD28 and CD3ζ signaling in a chimeric antigen receptor (CAR) design incorporating all three CD3ζ immunoreceptor tyrosine-based activation motifs (ITAMs)11, 13 may foster counterproductive T cell differentiation and exhaustion. Therefore, we calibrated ITAM activity by mutating tyrosine residues to impede their phosphorylation and downstream signaling"
doi: 10.1038/s41591-018-0290-5

Ex-NIH/NCI Immix academic researchers **tuned hinge and transmembrane to reduce tonic immune response**⁽¹⁾



Sterically-Optimized Heavy Chain – Proprietary Linker – Light Chain ...

... Results in Superior CAR-T Expansion and Specific Cytotoxicity



Source: E. Lebel, et al. Safety And Efficacy of a Locally Produced Novel Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) (HBI0101) for the Treatment of Relapsed and Refractory Multiple Myeloma. 65th ASH Annual Meeting and Exposition, San Diego, CA. December 2023. Ying Z, et al. Nat Med. 2019; Schuster SJ, et al. N Engl J Med. 2019; Assayag, M., et al EBMT 2023; Abecma FDA label; Harush O, et al. Haematologica. 2022; Friedman KM, et al. Hum Gene Ther. 2018. Kymriah: Preclinical is an average of CD8+ and CD4+ T-cells, source: Milone MC, et. Al. Mol Ther. 2009 Aug;17(8):1453-64. doi: 10.1038/mt.2009.83. Epub 2009 Apr 21. Erratum in: Mol Ther. 2015 Jul;23(7):1278. PMID: 19384291; PMCID: PMC2805264. *1 Day CRS occurred in high dose MIM cohort as of EBMT 2023. NXC-201 in multiple myeloma data from ASH 2023 95% ORR in patients without prior anti-BCMA therapy exposure. Moreno-Cortes E., et al Front Oncol. 2023; Mazinani M, et al. Biomark Res. 2022.
Note:; (1) Li, J., Chen, Y., & Zhao, H. (2023). Advances in targeted therapy for triple-negative breast cancer. Frontiers in Oncology, 13, 10316256.; (2) Friedman KM et al. Hum Gene Ther., 592 (Figure C), 2018. Per ruler measurements, the BB2121 bar measures to 216,058 pg/mL (converted from the ng/ml measurement shown in the Figure). (3) Harush O, et al. Haematologica, 2398 (Figure A), 2022. Per ruler measurements, the H8BB bar measures to 8,016 pg/mL.

Global Leader in Relapsed/Refractory AL Amyloidosis

ASH

This presentation contains clinical data
presented at ASH Dec 7, 2025
with a May 2026 Update on pages 27-32

June 2026

