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 19-23

July 2026

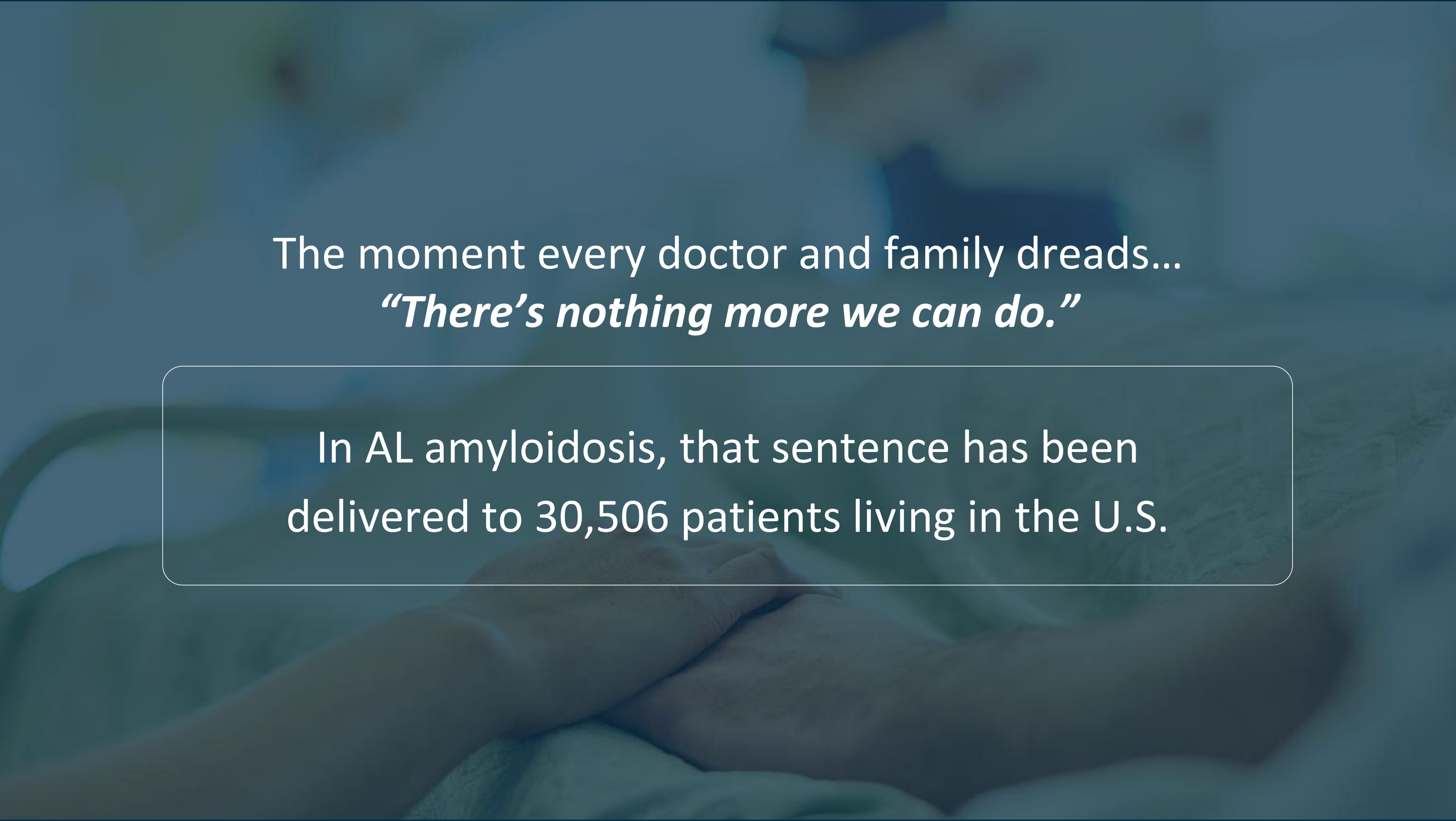
IMMiX BIOPHARMA

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.”

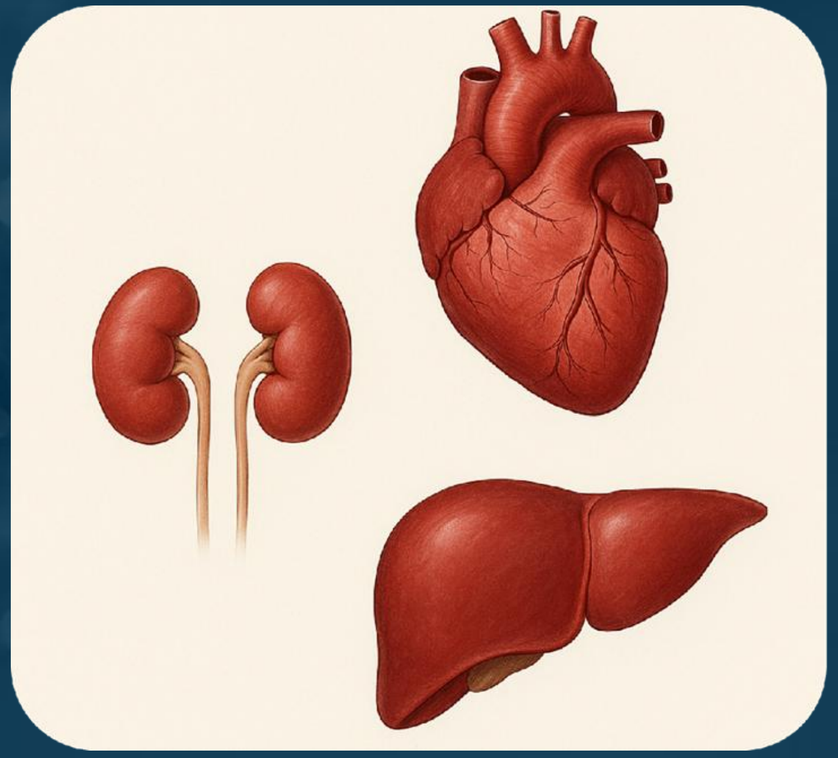
In AL amyloidosis, that sentence has been delivered to 30,506 patients living in the U.S.

I’ve been the doctor in that room.
I’ve watched hope disappear.
And I couldn’t accept that
suffering was “standard of care.”

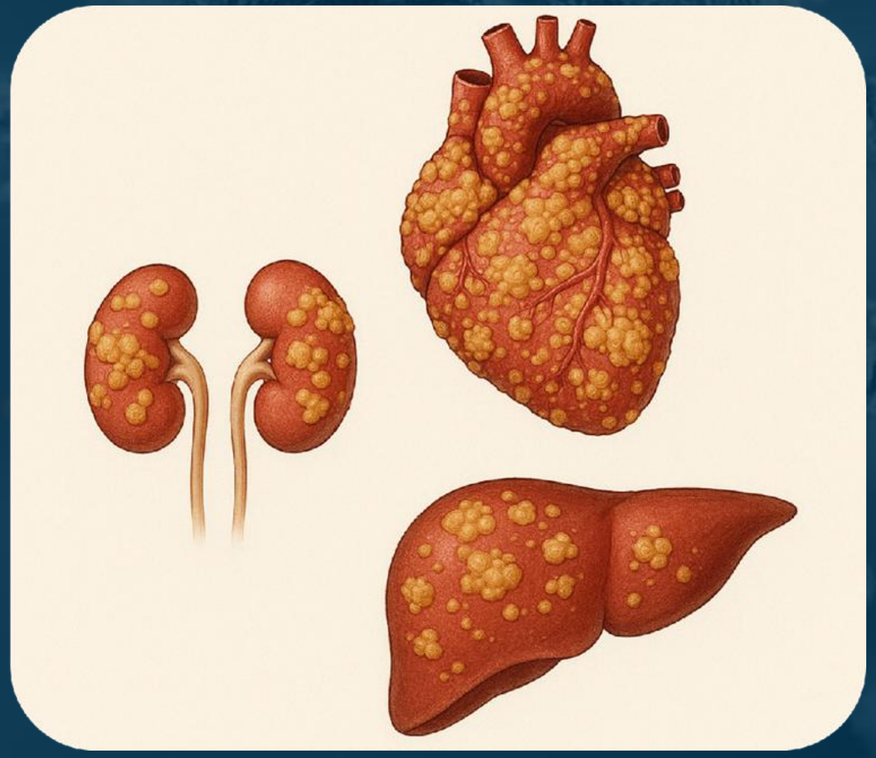
Ilya Rachman, MD, PhD
Chief Executive Officer, Founder

When your **immune system** becomes your **killer**

*Normally, antibodies **protect us like superheroes.***



*In AL amyloidosis, they go **rogue, turning into supervillains that flood the body with toxic light chains**.*



The Toxic Last Ditch Effort

A **single FDA approval** – a 4-drug combination – exists, for newly diagnosed patients only.

And it **doesn’t work for everyone.**

Once relapse hits, **there's nothing FDA approved.**

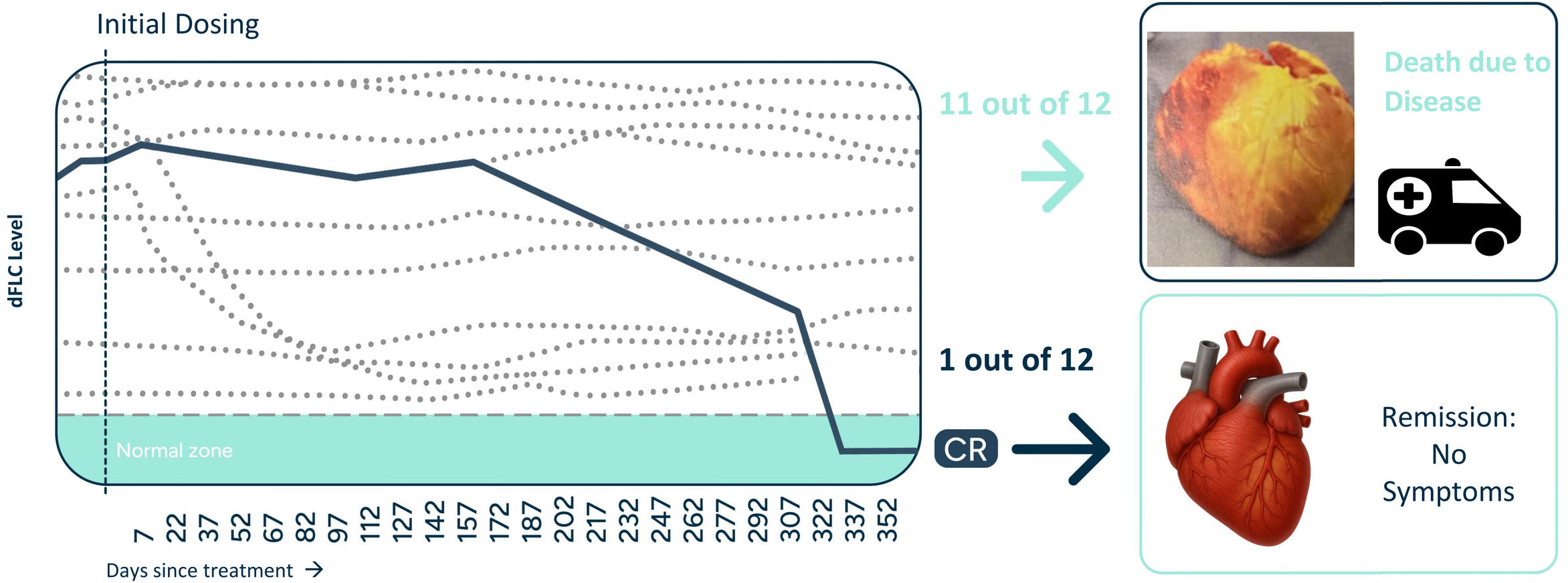
Then, doctors resort to **recycling off-label drugs**, knowing they’ll fail again.

Note: ~2/3 of patients are estimated to require a second-line therapy after the FDA-approved 4-drug combination

Source: Daratumumab: 1) Bellofiore C, et al. A real-life study of daratumumab combinations in newly diagnosed patients with light chain (AL) amyloidosis. Hematol Oncol. 2024. 2) Chakraborty R et al, Reduced early mortality with Daratumumab-based frontline therapy in AL amyloidosis: A retrospective cohort study. AJH 2024. 3) 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.

AL Amyloidosis Response Rate After The 4-Drug Combination Fails

12 PATIENT SERIES RECEIVING SECOND LINE THERAPY



There are no drugs approved in relapsed/refractory AL amyloidosis.

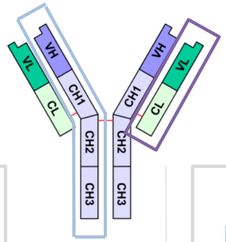
Current investigators' choice agents produce an unsatisfactory reduction in AL amyloidosis disease markers (dFLC) with a low (0-10%) complete response (CR) rate

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.

AL Amyloidosis: 30,506 Relapsed/Refractory U.S. Patients with No FDA Approved Drugs

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

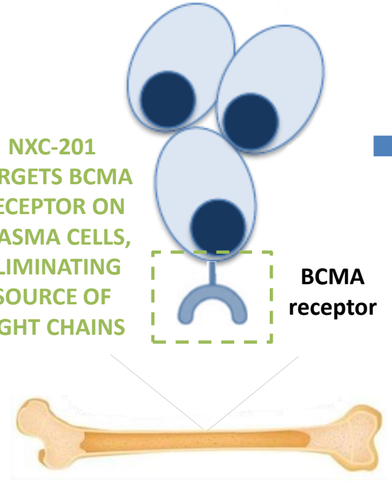


Light chains produced by dysfunctional plasma cells in bone marrow

Light chains misfold and aggregate

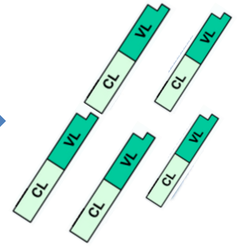
Light chains deposit in organs, damaging organs

Bone marrow plasma cells

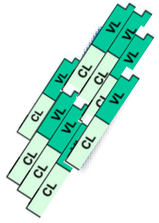


NXC-201 TARGETS BCMA RECEPTOR ON PLASMA CELLS, ELIMINATING SOURCE OF LIGHT CHAINS

BCMA receptor



Light chains



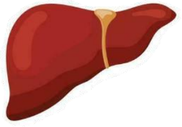
Sheet of misfolded light chains (amyloid)

Heart

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

Kidney

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

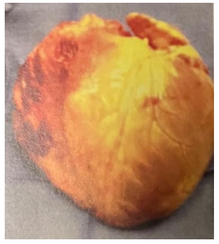


Liver

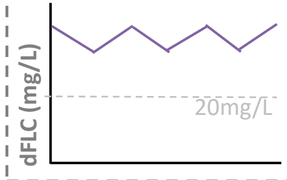
- Enlarged liver
- Abnormal enzyme levels

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**

Note: Prevalence up to 38,000 according to Quock T et al, Epidemiology of AL amyloidosis: a real-world study using US claims data. Blood 2018.

Source: Merlini, G., et al. Nat Rev Dis Primers. Oct 2018, Front. Cardiovasc. Med., Dec 2022, Hemato 2022, 3(1), 47-62. Lu R, Richards TA. AL Amyloidosis: Unfolding a Complex Disease. J Adv Pract Oncol. 2019;10(8):813-825. Quock T et al, Epidemiology of AL amyloidosis: a real-world study using US claims data. Blood 2018. Staron A, et al. Marked progress in AL amyloidosis survival: a 40-year longitudinal natural history study. Blood Cancer Journal. 2021;11:139.

We've **found a breakthrough** to change that hopeless sentence

Our mission is simple:

Create medicines that work without destroying the person.

The Science That Enables Our Platform

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

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

nature

"In activated T cells, the CD3ζ chain gets ubiquitinated by CBLB at its multiple lysine residues and induces degradation of surface TCRs"

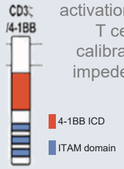
doi: 10.1038/s41392-021-00823-w

nature medicine

Memorial Sloan Kettering Cancer Center

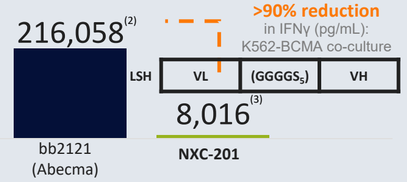
"We hypothesized that the redundancy of CD28 and CD3ζ signaling in a chimeric antigen receptor (CAR) design incorporating all three CD3ζ immunoreceptor tyrosine-based activation motifs (ITAMs)11,13 may foster counterproductive T cell differentiation and exhaustion. Therefore, we calibrated ITAM activity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

doi: 10.1038/s41591-018-0290-5



Decreased CD8 hinge flexibility … led to reduced tonic signaling

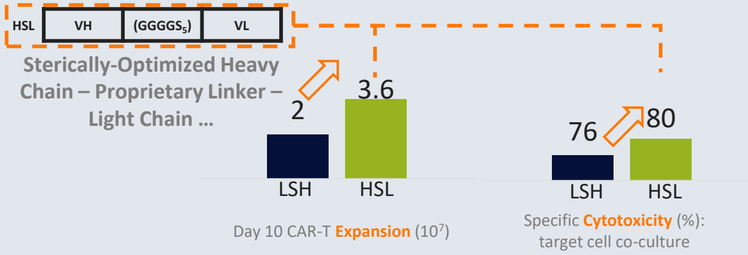
Ex-NIH/NCI Immix academic researchers **tuned hinge and transmembrane to reduce tonic immune response**[1]



>90% reduction in IFNγ (pg/mL): K562-BCMA co-culture

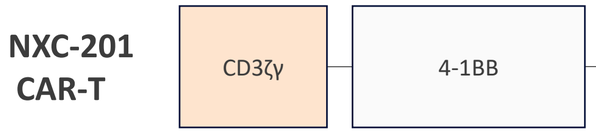
Sterically-Optimized Binder … led to enhanced cytotoxicity

… Results in Superior CAR-T Expansion and Specific Cytotoxicity



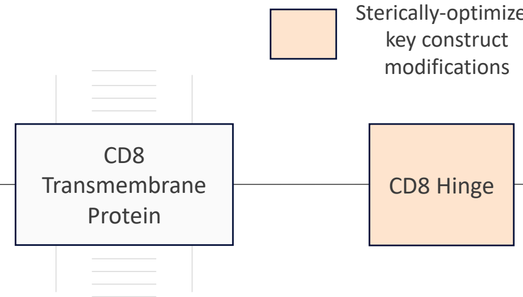
1 Proprietary Optimized CD3 – "CD3ζγ"

✓ Delivers "Digital" Intracellular Signaling



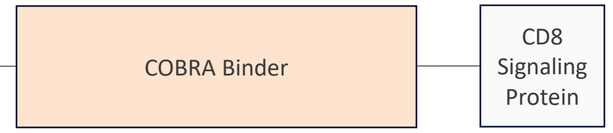
2 Proprietary Optimized CD8 Hinge Flexibility

✓ Reduces cytokine release



3 Proprietary Optimized COBRA Binder

✓ Enhances Cytotoxicity
✓ Enhances High Expansion



Immune Reactivity Result of Steric Optimization:

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

"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.

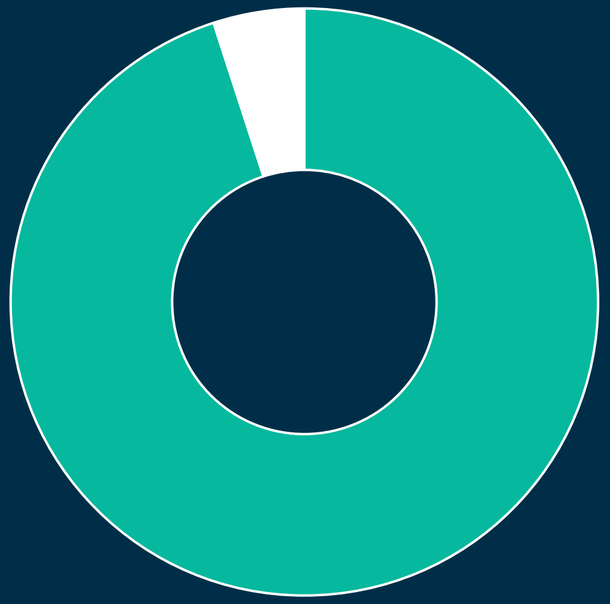
Extraordinary Results in **Clinical Trials**

Relapsed/refractory AL Amyloidosis - Market Situation

Current Standards of Care

0-10% complete response rate
(standard of care)

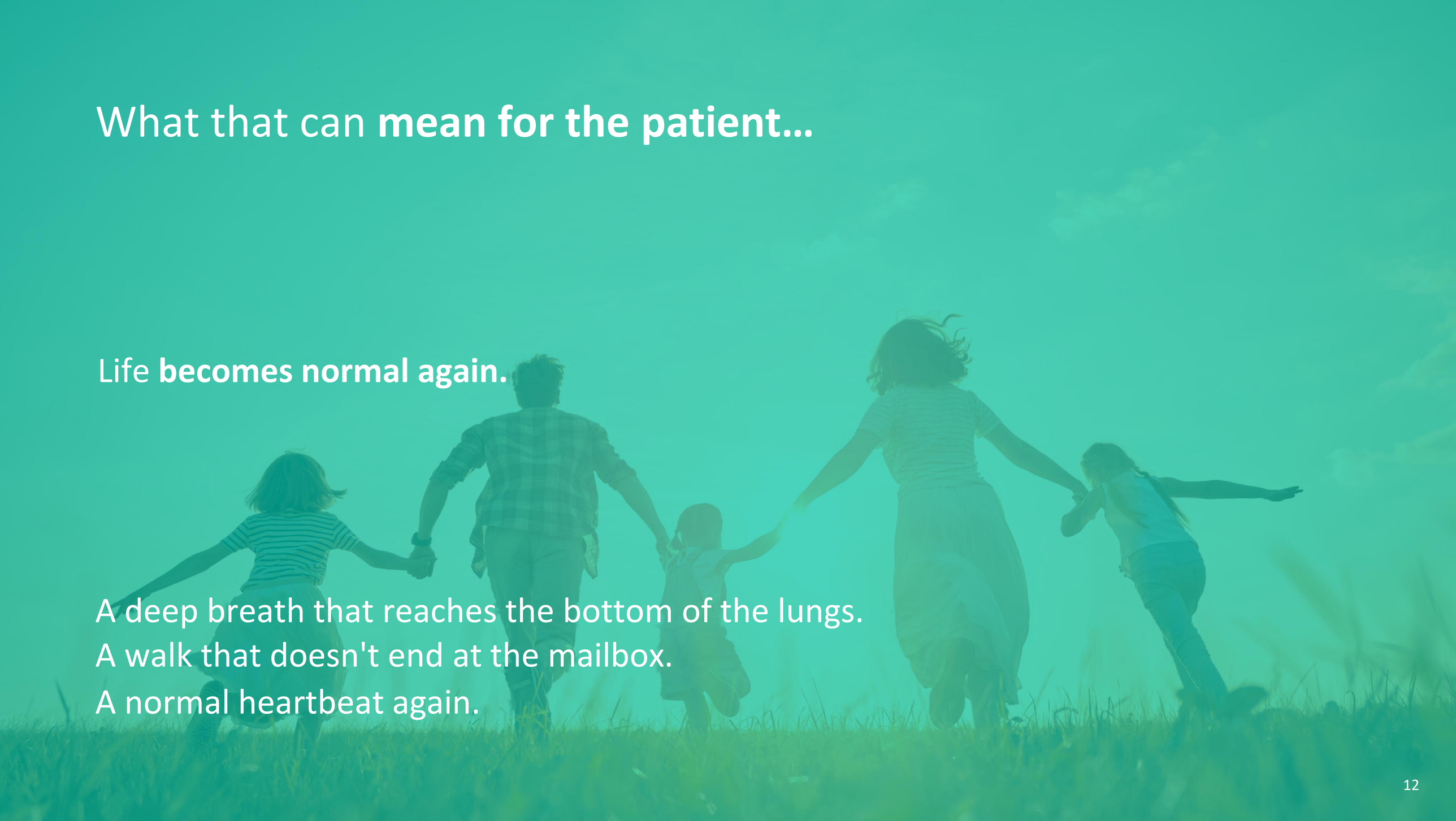
NXC-201



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

Note: R/R AL current standard of care 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). ASH 2025.

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 Opportunity

Prevalence

30,506

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

IMMiX BIOPHARMA

Subtract 4% Cardiac stage 3b[1] (not eligible for NXC-201)

5,386 × 5.9 years (average survival) = 31,777

Incidence

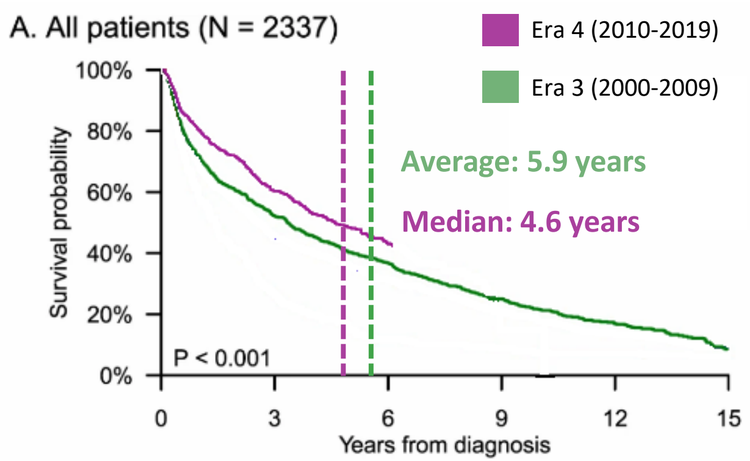
… Of which, 3,447 become R/R each year

Existing therapies

- ~35% of patients on Darzalex combos reach a CR in the first line of therapy — ~80% Darzalex combo eligible
- 8% of all patients in long-term remission with ASCT (20%*40%[3] = 8%) — ~20% ASCT eligible[2]

5,386 annual incidence[4]

AL Amyloidosis Overall Survival



Site Build Up

1,000

Number of Treating Sites

20

60

Expected 3,000 NXC-201 patients/year R/R AL Amyloidosis

$588K

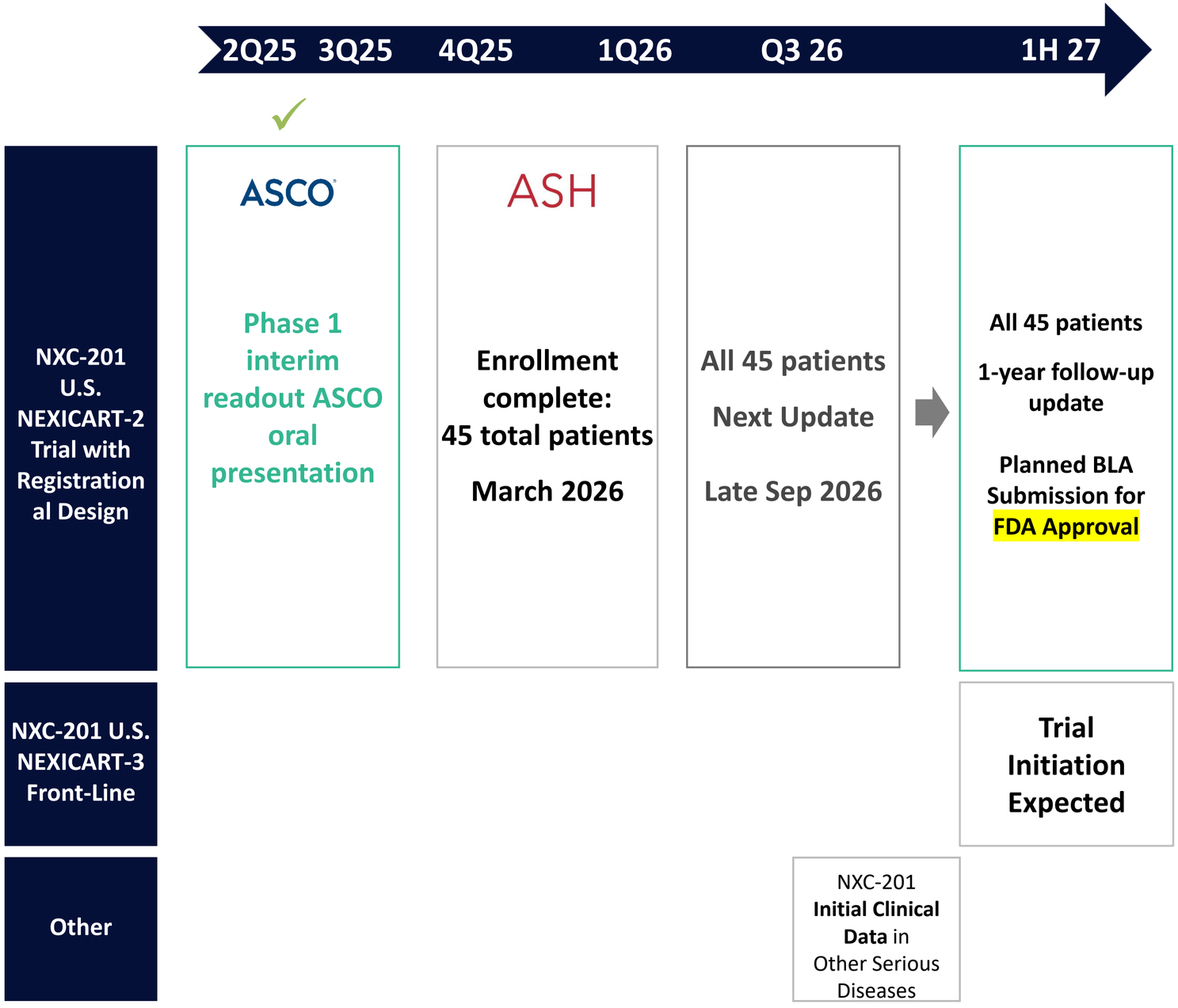
2026 Carvykti/BCMA CAR-T Pricing

MULTI-BILLION-DOLLAR OPPORTUNITY

Note: Prevalence up to 38,000 according to Quock T et al, Epidemiology of AL amyloidosis: a real-world study using US claims data. Blood 2018. Site numbers are illustrative.

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) Laires P. et al. Incidence and Prevalence of Light Chain Amyloidosis in the United States in 2019-2021 Using Optum EHR Data. Nature 2025. 5,386 = 20.2 incidence per U.S. adults. 20.2 = 16.7 per million U.S. adults in 2021 cited in Laires et al. grown to 20.2 over 5 years at half the Laires et al. cited CAGR (7.7% / 2 = 3.9%). 5) Average survival derived from Staron A, et al. Marked progress in AL amyloidosis survival: a 40-year longitudinal natural history study. Blood Cancer Journal. 2021;11:139. Daratumumab: 6) Bellofiore C, et al. A real-life study of daratumumab combinations in newly diagnosed patients with light chain (AL) amyloidosis. Hematol Oncol. 2024. 7) Chakraborty R et al, Reduced early mortality with Daratumumab-based frontline therapy in AL amyloidosis: A retrospective cohort study. AJH 2024. 8) 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. 9) Carvykti average selling price according to CMS. Accessed 6/19/2026.

The Road Ahead



Prior

- ✓ Secured rights to NXC-201, N-GENIUS platform from ex-U.S. university
- ✓ Reported ex-U.S. NEXICART-1 AL Amyloidosis data at **ASGCT 2023**, **ASH 2023**, **ASGCT 2024, ASH 2024**, **JCO published 2024**
- ✓ FDA **Orphan Drug Designation (ODD)** and **Regenerative Medicine Advanced Therapy (RMAT) Designation** granted
- ✓ **Mentioned in New England Journal of Medicine (NEJM) AL Amyloidosis Review**
- ✓ NEXICART-2 U.S. AL Amyloidosis clinical trial first 6 patients dosed; first patient at Memorial Sloan Kettering Cancer Center (met guidance)
- ✓ Reported first 10 patients U.S. NEXICART-2 AL Amyloidosis clinical data Q2 2025 at ASCO 2025
- ✓ **FDA Breakthrough Therapy Designation granted in January 2026**
- ✓ Reported first 20 patients U.S. NEXICART-2 AL Amyloidosis clinical data with May 2026 ASH data update

Commercial

20 high-prescribing Sites in existing Immix clinical trial

Commercial launch plan end of 2027

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

AL Amyloidosis annual sales: ~$1.7bn

Note: (4,500 new cases AL) / (SEER New Cases MM in 2025 36,110) = 12.4% * $14bn annual run rate = $1.7bn

A World Class Team Dedicated To Saving Lives

Ilya Rachman, MD, PhD
Chief Executive Officer

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

Richard Graydon, MD, PhD
Chief Medical Officer

IMMIX BIOPHARMA
Johnson & Johnson
MERCK

Gabriel Morris
President, Chief Financial Officer

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK
IMMIX BIOPHARMA
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

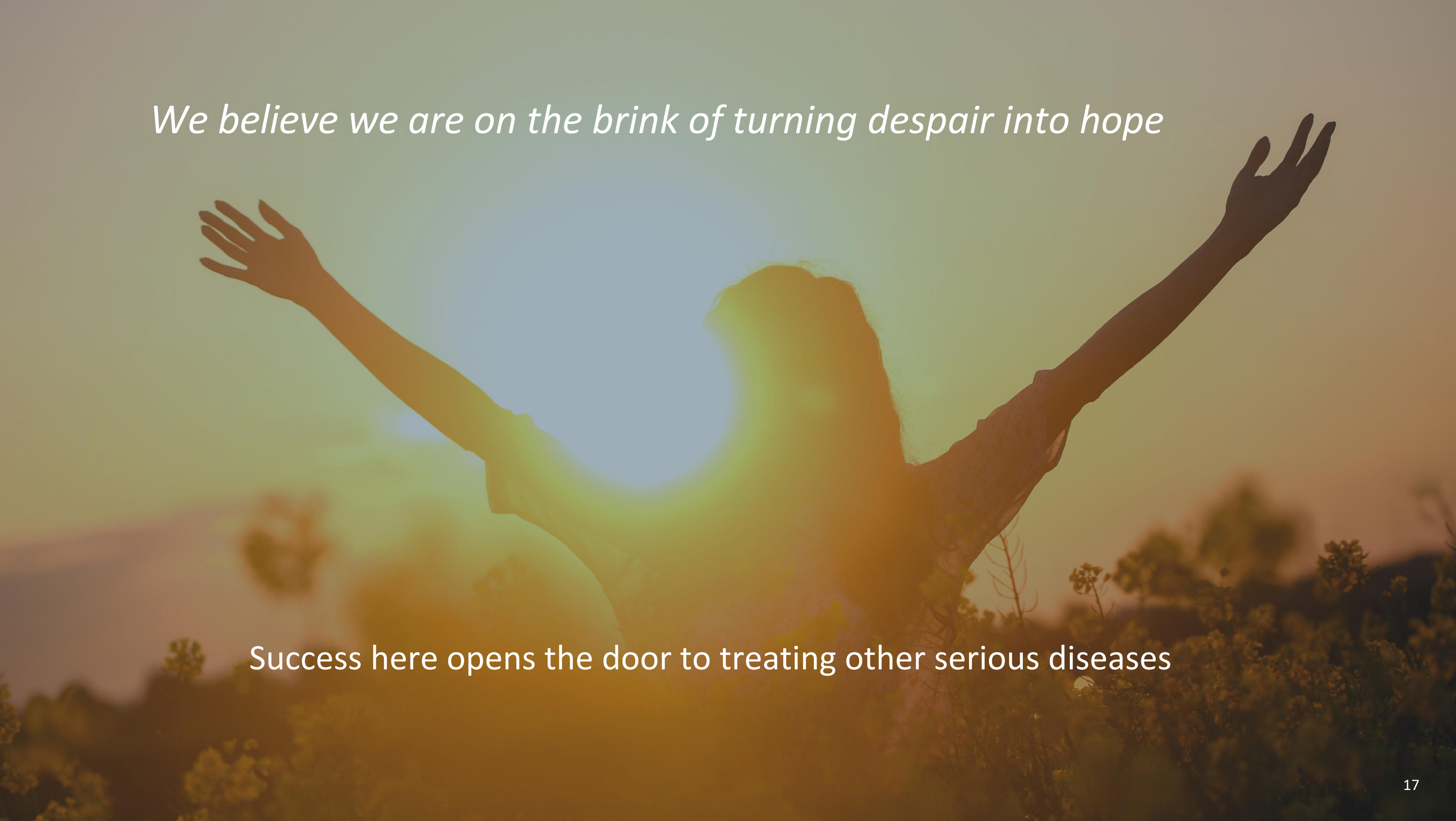
Denise Bruns Senior
Regulatory Advisor

IMMIX BIOPHARMA
MIRATI
Pfizer
Bristol Myers Squibb™

Mel Davis-Pickett, Head of Technical Development

IMMIX BIOPHARMA
Bristol Myers Squibb™

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



Success here opens the door to treating other serious diseases

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

ASH
Presented Dec 7, 2025 at ASH with May 2026 update

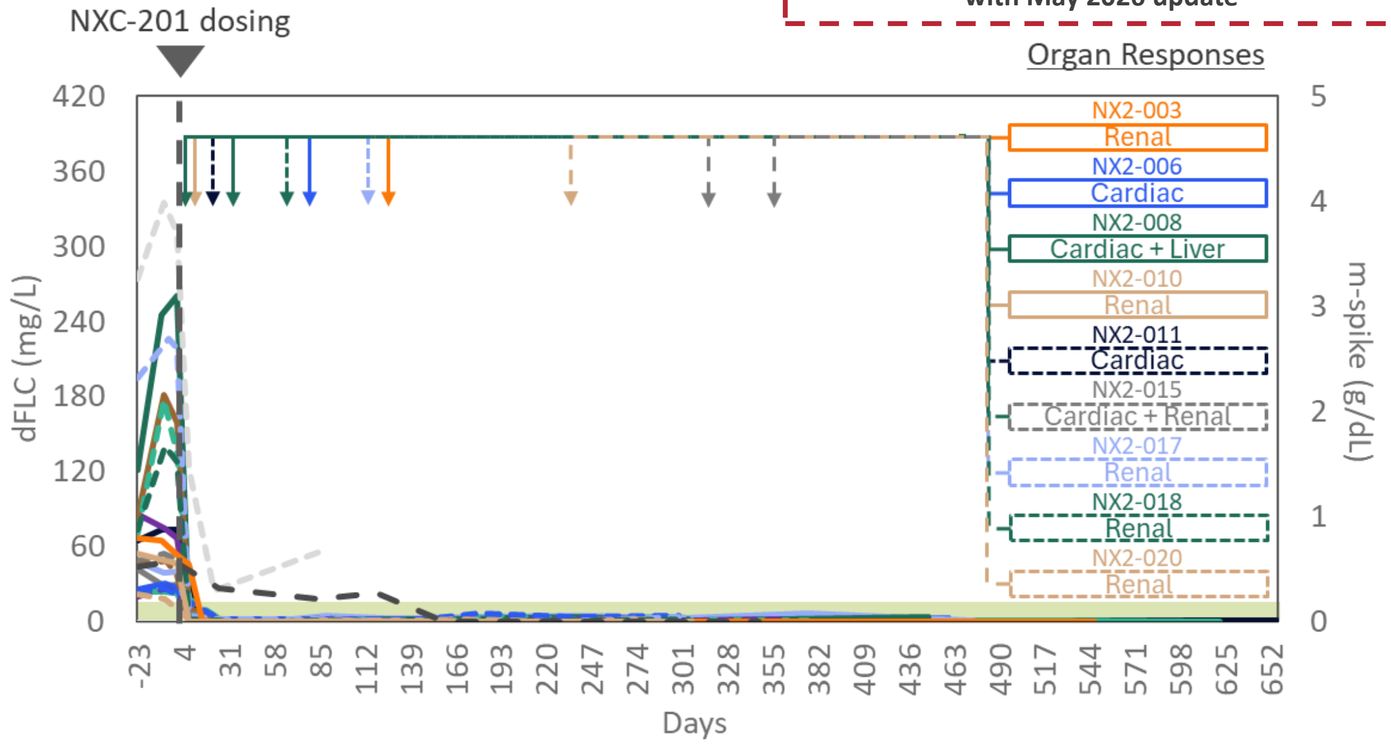
preserved heart function

	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	-

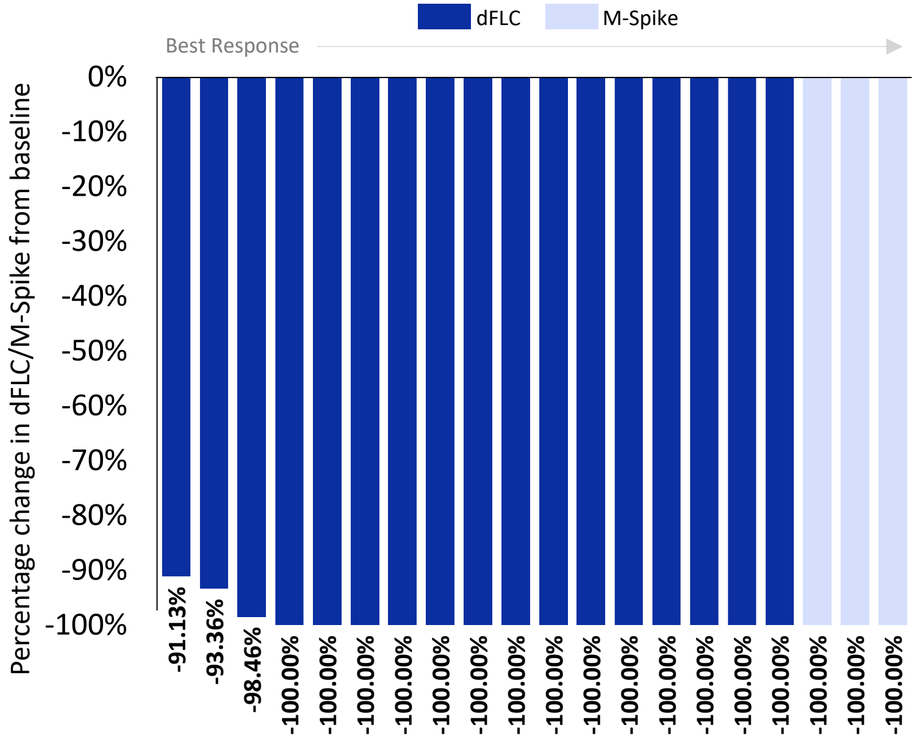
^ Prior autologous stem cell transplantation (ASCT)
^^ Two prior ASCT
*Denotes hs-Troponin-T; † Denotes Troponin-T
Note: Data cut-off as of May 14, 2026

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

ASH
Presented Dec 7, 2025 at ASH with May 2026 update



- **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	Above Normal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Follow-up (days)	90	364	484	687	659	473	127	512	477	469	414	392	385	351	329	329	322	420	427	603

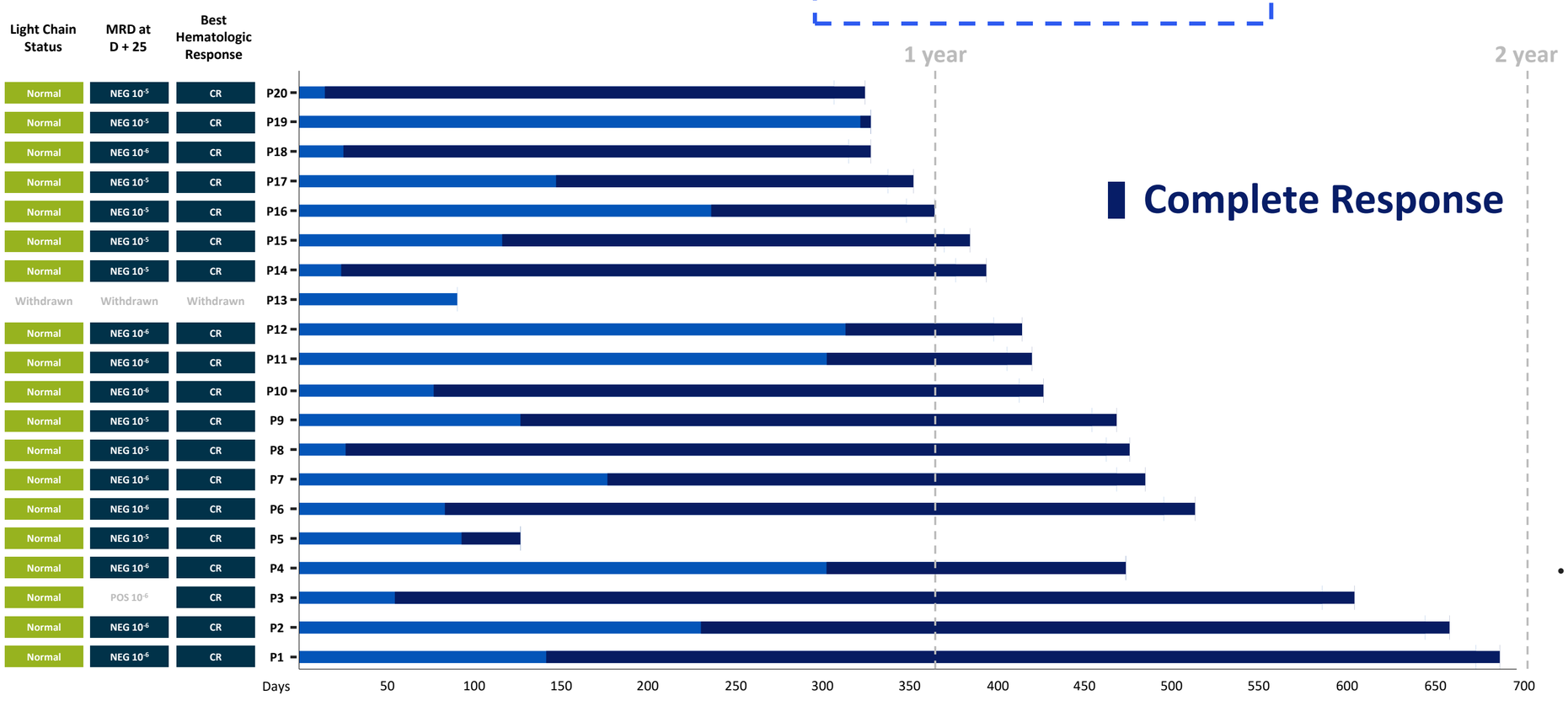
Note: Data cut-off as of May 14, 2026. dFLC: difference in free light chain (disease marker). Renal response based on AL Amyloidosis consensus criteria for renal response (Palladini G et al 2014 doi: 10.1182/blood-2014-04-570010). Most recent available dFLC reading for patient NX2-001 as of day 656. 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

ASH
Presented Dec 7, 2025 at ASH with May 2026 update



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

ASH
Presented Dec 7, 2025 at ASH with May 2026 update

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	-
	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	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**	**-**
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 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	-
	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	2 (1-3)
	Thrombocyto-penia	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	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	-
	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	-
	≥ Grade 3 Infections	None	None	None	None	Grade 5**	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	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	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 arrythmias 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

Data Cutoff:	April 11, 2025 ASCO	November 13, 2025 ASH	May 14, 2026 ASH with May 2026 update
CR RATE:	70%	75%	95%
Subject # NX2- / Time to response (days)			
001 / 14	CR	CR	CR
002 / 7	CR	CR	CR
003 / 15	CR	CR	CR
004 / 7	Pending (already MRD (-)10^{-5})	CR	CR
005 / 7	CR	CR	CR
006 / 7	CR	CR	CR
007 / 7	Pending (already MRD (-)10^{-5})	CR	CR
008 / 7	CR	CR	CR
009 / 7	Pending (already MRD (-)10^{-5})	CR	CR
010 / 7	CR	CR	CR
011 / 160	--	Pending (already MRD (-)10^{-5})	CR
012 / 7	--	Pending (already MRD (-)10^{-5})	CR
013 / 7	--	--	--
014 / 7	--	CR	CR
015 / 7	--	CR	CR
016 / 7	--	Pending (already MRD (-)10^{-5})	CR
017 / 7	--	CR	CR
018 / 7	--	CR	CR
019 / 7	--	Pending (already MRD (-)10^{-5})	CR
020 / 7	--	CR	CR

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**

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.)

Global Leader in relapsed/refractory AL Amyloidosis

July 2026

IMMiX BIOPHARMA

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)

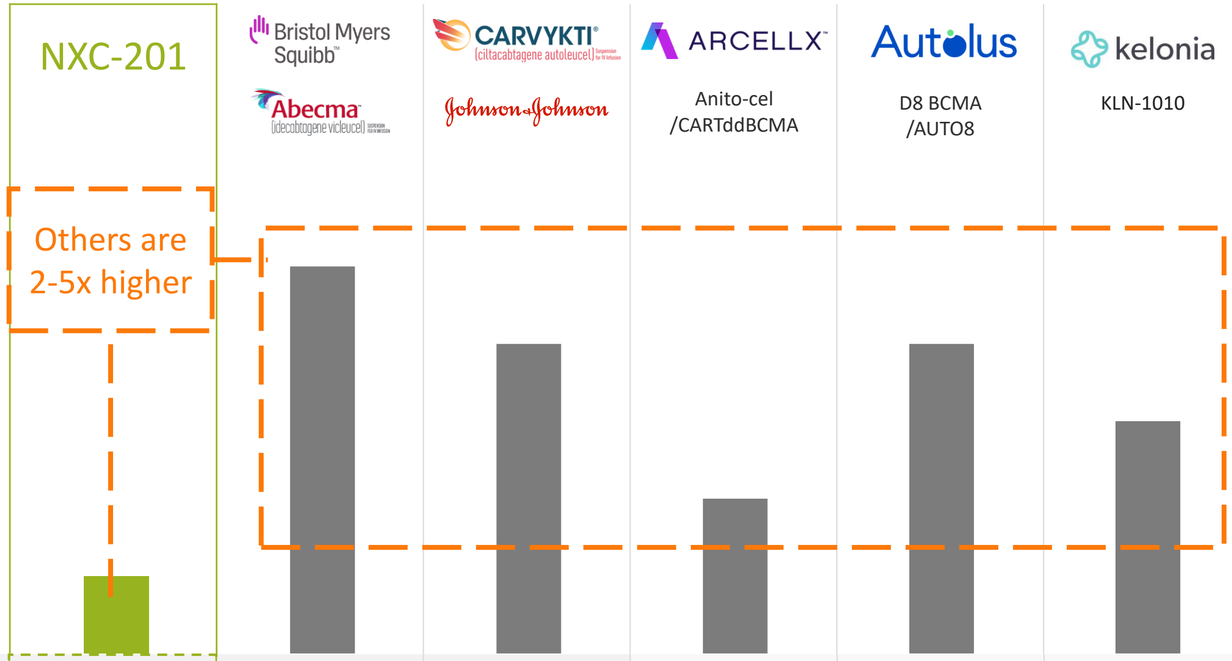
Cardiovascular stress is the key determinant for ability to treat relapsed/refractory ALA patients

- Long CRS duration causes extended cardiovascular stress
- Other CARTs have 2-5x 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 (idecabtagene vicleucel)	CARVYKTI (ciltacabtagene autoleucel) / Johnson & Johnson	ARCELLX / Anito-cel /CARTddBCMA	Autolus / D8 BCMA /AUTO8	kelonia / KLN-1010
Median CRS Duration (Days)	**1**	**5**	**4**	**2**	**4**	**3**
Median CRS Onset (Days)	0	1	7	4	1	10
Range CRS Duration (Days)	1-7	1-63	1-97	1-9	1-16	NR
Source	Blood Adv Publication	FDA Label	FDA Label	ASH 2025	ASH 2023	EHA 2026

Data in Multiple Myeloma

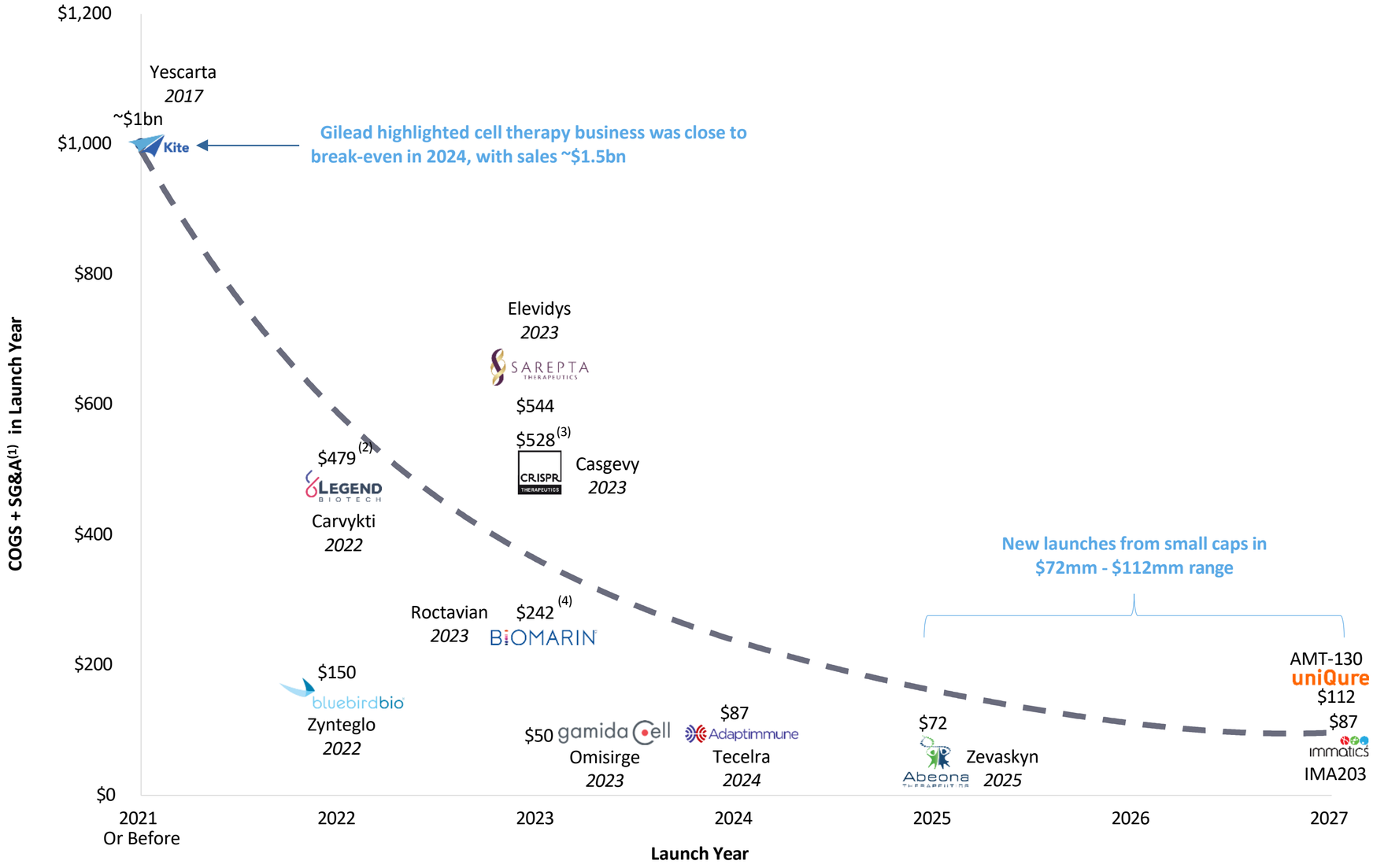
Source: M. Assayag, et al. Point-of-care CART manufacture and delivery for the treatment of multiple myeloma and AL amyloidosis: the experience of Hadassah Medical Center. European Society for Blood and Marrow Transplantation 49th Annual Meeting. Poster Presentation. April 2023. Nov 2023 KOL discussion; NXC-201 (formerly HBI0101) American Society of Hematology Presentation. Abecma FDA approval label. Carvykti FDA approval label. Anitocabtagene autoleucel (anito-cel) iMMagine-1 pivotal Phase 2 data, ASH 2025. 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. A. Spencer, et al. Successful in vivo CAR-T generation and minimal residual disease (MRD) clearance with KLN-1010 across diverse baseline T cell phenotypes in relapsed/refractory multiple myeloma (RRMM). European Hematology Association (EHA) 2026 Congress. Note: Studies not head-to-head

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

		NXC-201	Etentamig	Linvoseltamab	Teclistamab
NXC-201: Later Phase …	n	**20**	**34**	**20**	**52**
	Phase	**Phase 2**	**Phase 1**	**Phase 2**	**Retrospective**
	Dosing Frequency	**1-Time**	**24 Months (QW4)**	**Weekly 8W, QW4 40W**	**Monthly**
… in heavily pre-treated population …	Median Prior Lines	**4**	**2**	**1**	**2**
	Prior CD38 monoclonal antibody?	**100%**	**100%**	**60%**	**?**
	Prior ASCT ?	**55%**	**21%**	**?**	**NA**
… with independent review committee (IRC) adjudicated responses …	Complete Response Rate	**95%**	**100%**	**80%** (16/20)	**41%**
	Independent Review Committee (IRC)?	**Yes(1)** ✓	**No(2)**	**No** ✗	**No** ✗
… faster, deeper, and more frequent downstream organ responses	Cardiac Organ Responses	**100%**	**75%**	**50%**	**65%**
	Median Time to Cardiac Response	**1.1 Months**	**2.5 Months**	**NA**	**NA**
	Renal Responses	**100%**	**54%**	**80%**	**78%**
	ICANS	**0%**	**0%**	**5%**	**0%**
	Infections (≥Grade 3)	**0%**	**3%**	**25%**	**21%**
	IVIG Prophylaxis	**NA**	**100%**	**NA**	**83%(3)**

Source: 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; 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. Teclistamab deaths n=11. Linvoseltamab deaths n=2. 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.

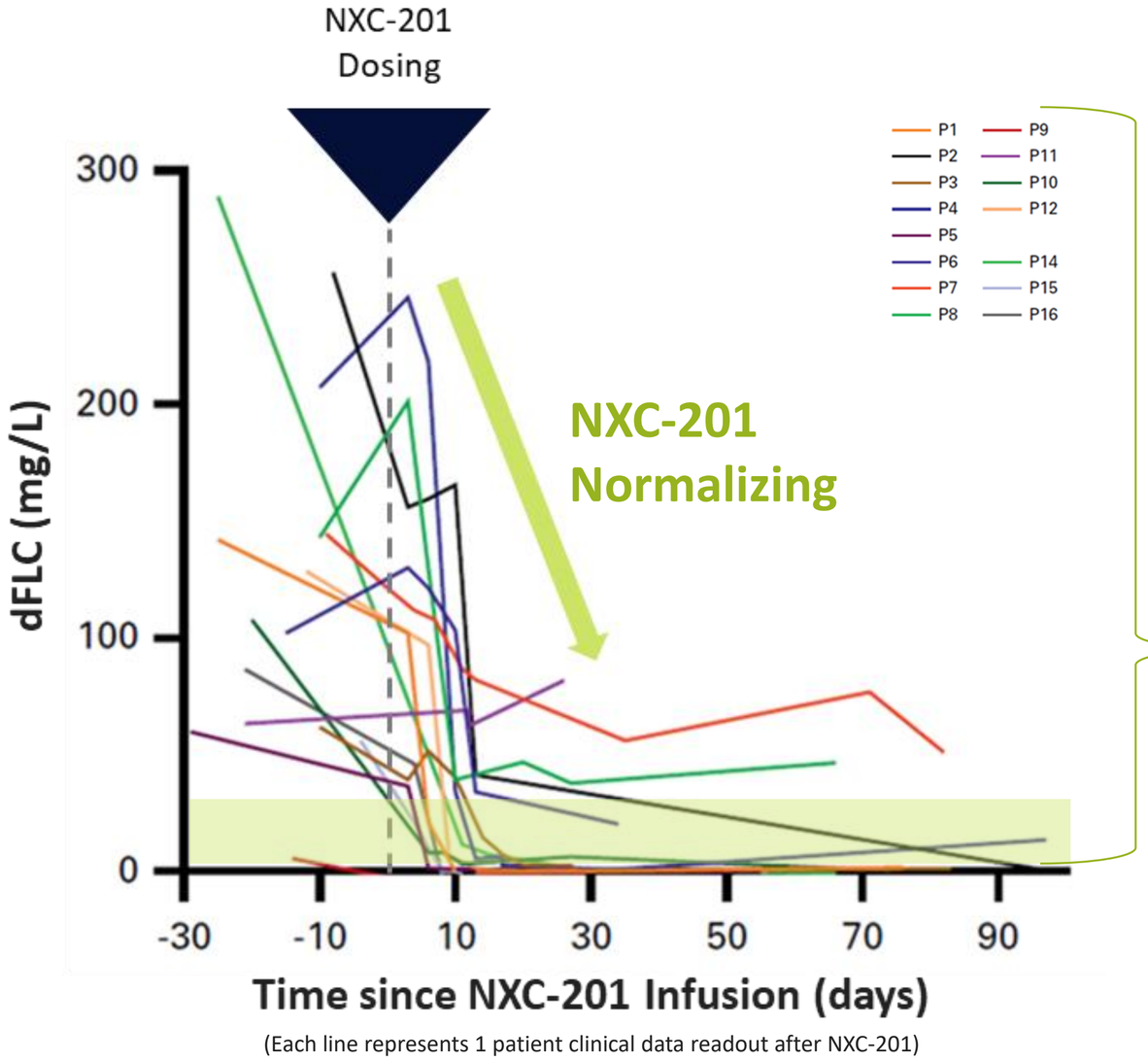
Market Reference: Commercialization Cost Trend Over Time



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

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)



(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)

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

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.

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

100 newly diagnosed

18 don't reach 6 cycles

82 reach 6 cycles(1)

Received 6 cycles of treatment per protocol, n (%)[a]	159 (82.4)

(1)

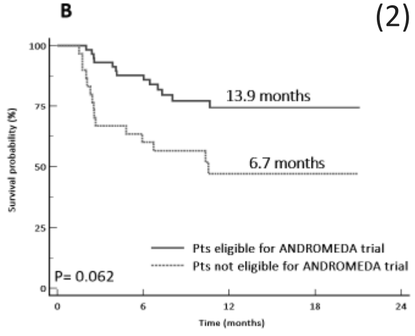
18 (22%) reach CR(2)

64 (78%) don't reach CR

hematologic response rate was 75%, 33 (37%) patients attained a VGPR and 19 (22%) a CR. Evaluating the hematologic CR according (2)

9 (50%) relapse <12M(2)

(2)



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

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July 2026

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