

Global Leader in Relapsed/Refractory AL Amyloidosis

This presentation contains
NEXICART-2 clinical data update on pages
19-24

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

Source: 30,506 – prevalence = patients eligible for treatment with NXC-201 as of 2026 which excludes 1,271 mayo stage 3b (4%, Zanwar et al.) / 5.9 years average survival (Staron et al.) = 5,389 annual incidence (Laires et al.)

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%). Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024. Staron A, et al. Marked progress in AL amyloidosis survival: a 40-year longitudinal natural history study. Blood Cancer Journal. 2021;11:139.

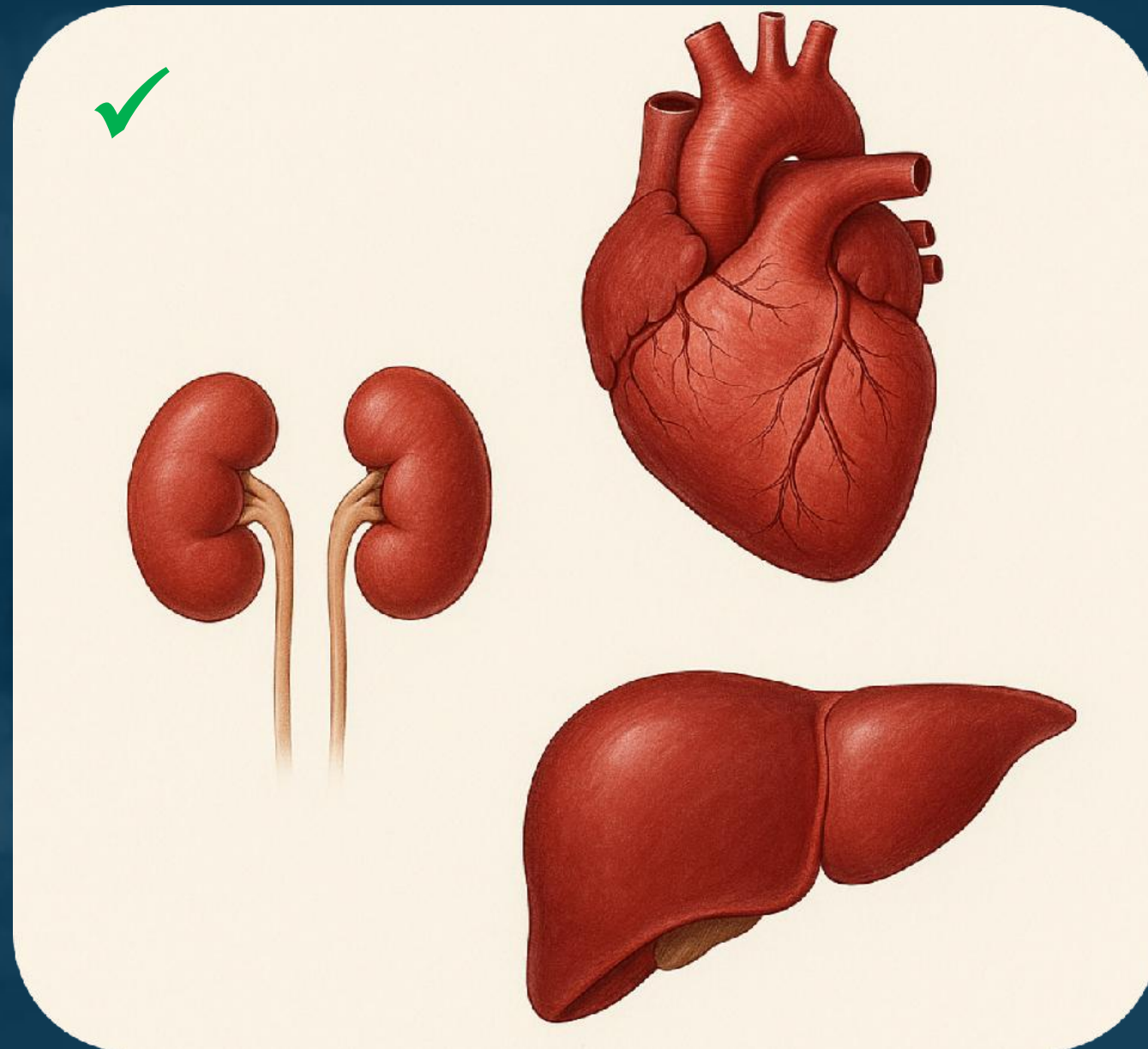
*I've been the doctor in that room.
I've watched hope disappear.
**And I couldn't accept that
suffering was "standard of care."***

Ilya Rachman, MD, PhD
Chief Executive Officer, Founder

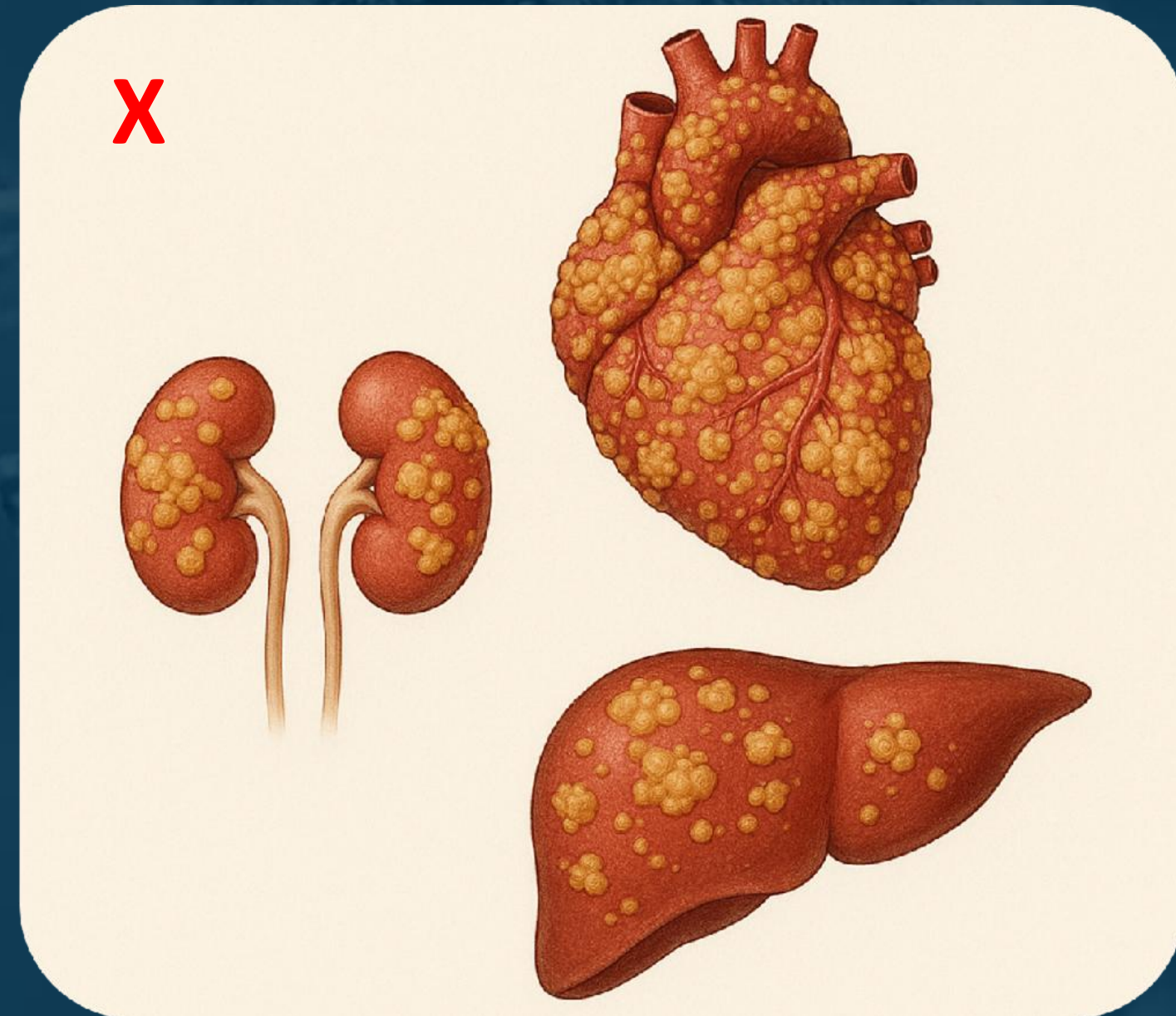


When your immune system becomes your killer

One week of antibody production clears a cold/flu like a superhero



Mutations cause continuously produced antibodies to flood organs with toxic light chains, transforming into supervillains



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 **off-label drug use, despite their limited efficacy**

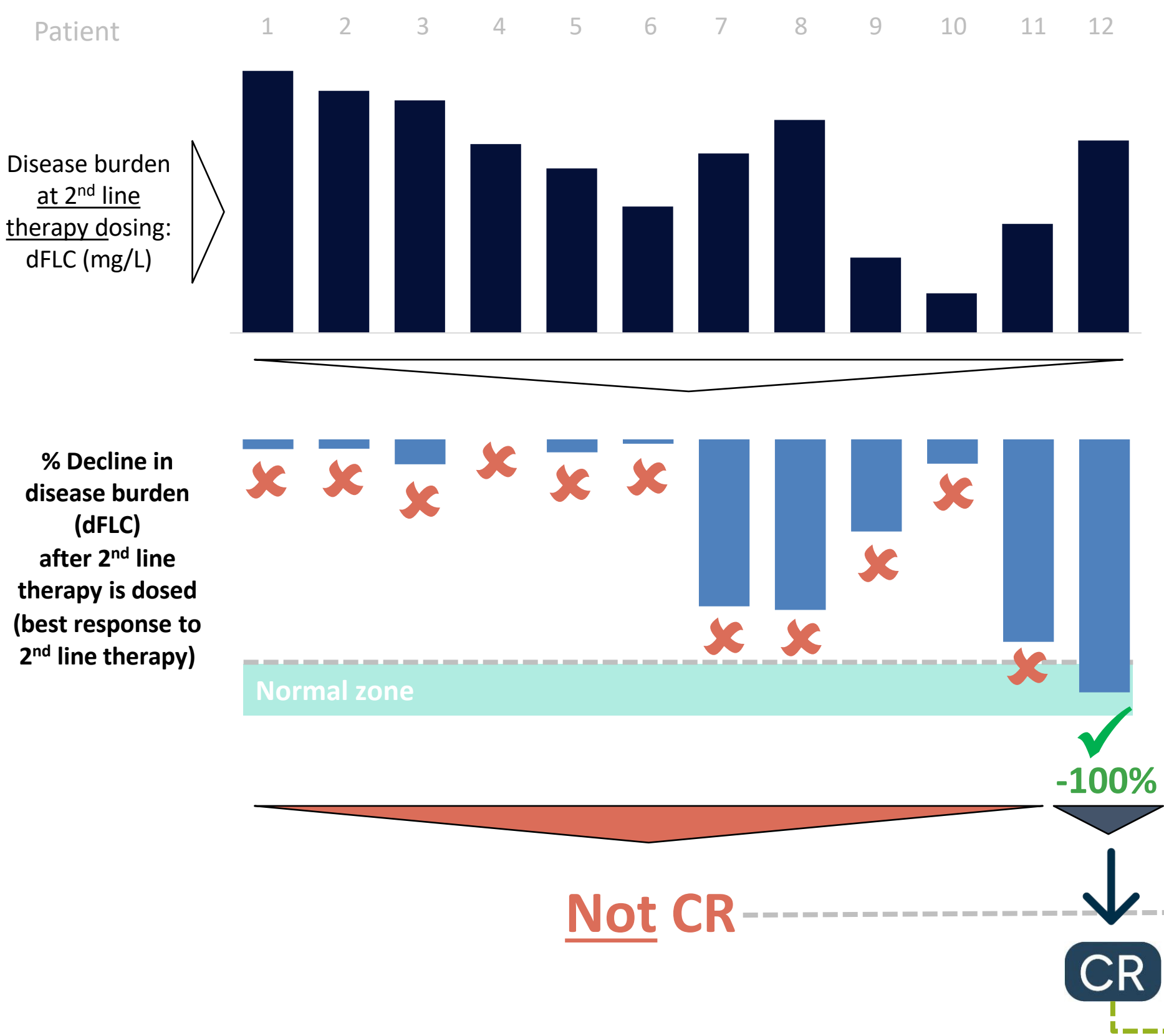


Note: ~2/3 of patients are estimated to require a second-line therapy after the FDA-approved 4-drug combination

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 RELAPSED/REFRACTORY AL AMYLOIDOSIS RECEIVING SECOND LINE THERAPY IN US



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

11 out of 12

1 out of 12

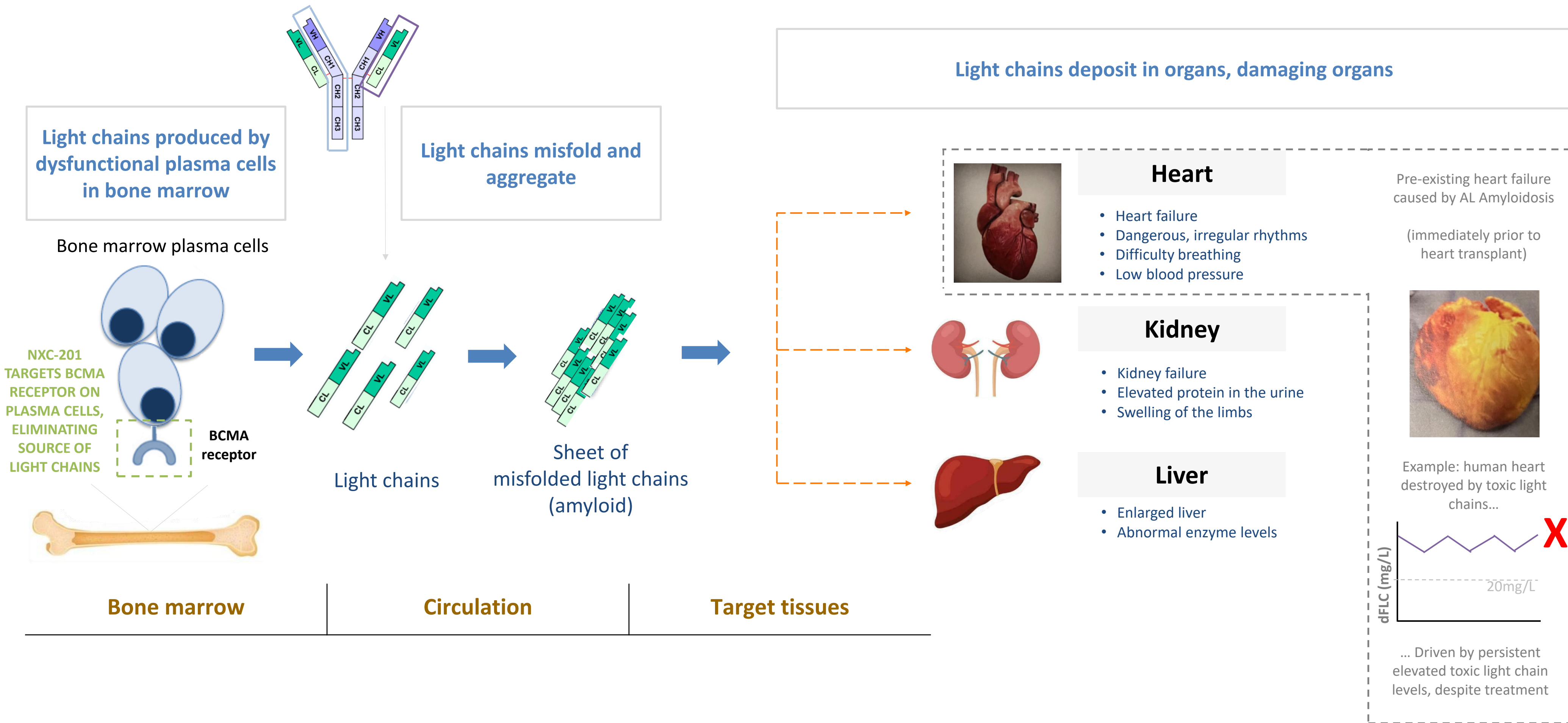
Death due to Disease

Remission: No Symptoms

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 PLASMA CELLS THAT CONTINUOUSLY PRODUCE TOXIC LIGHT CHAINS



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're developing a **breakthrough** with the goal to change that hopeless sentence

Our mission is simple:

Create medicines that work without destroying the person.

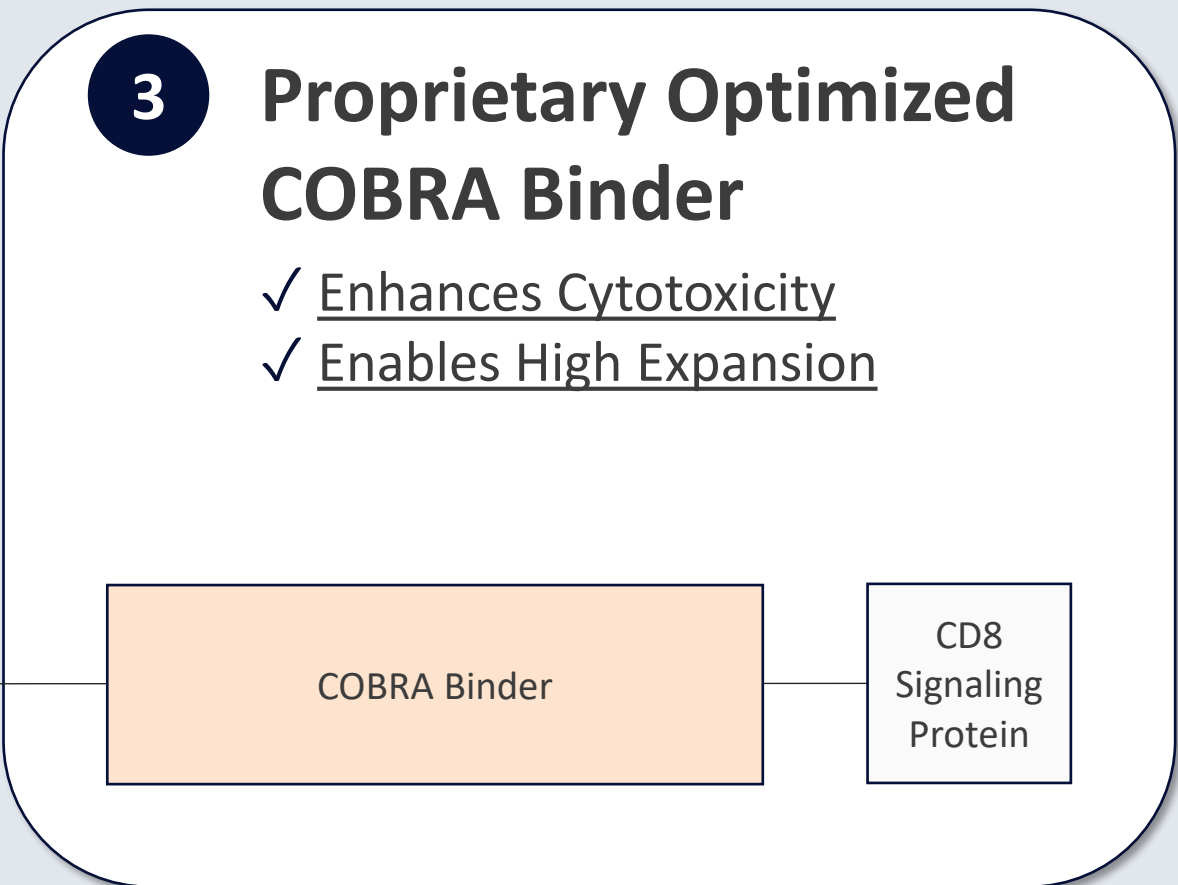
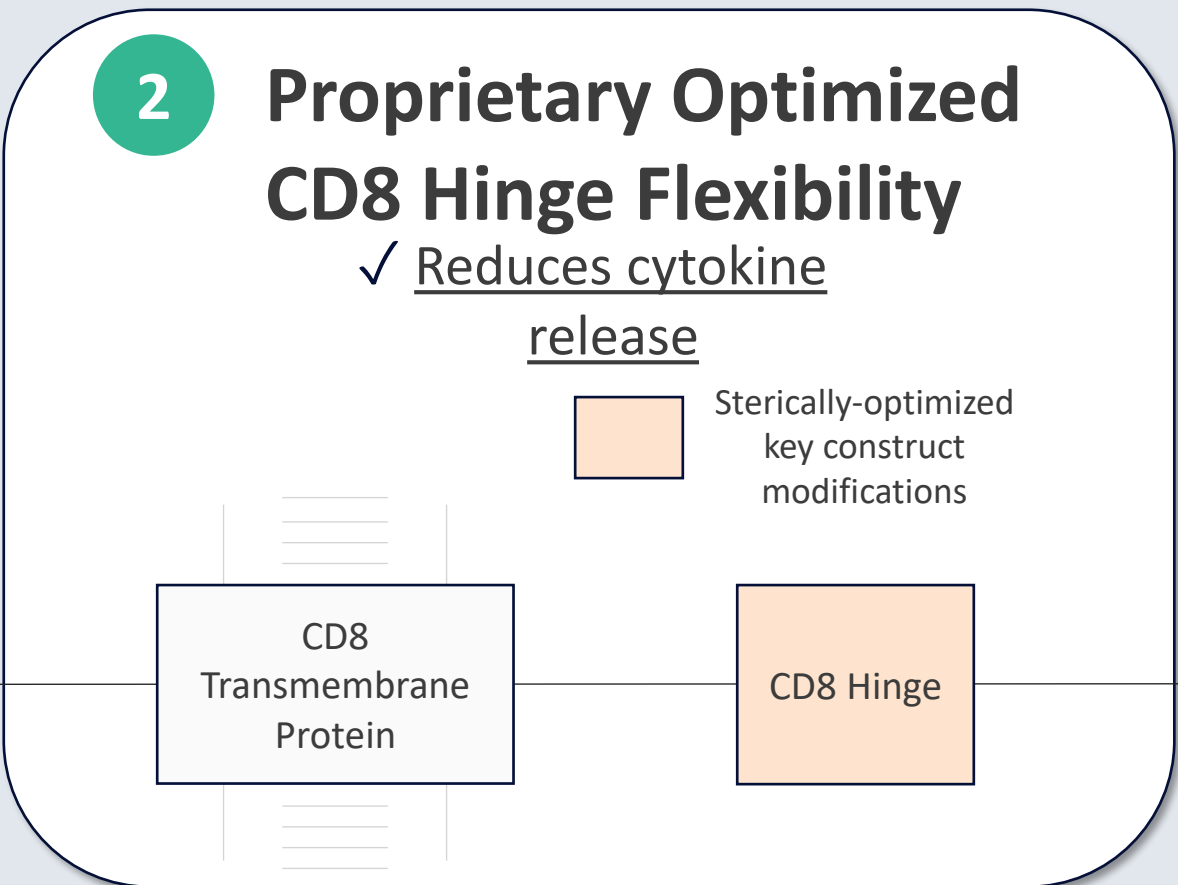
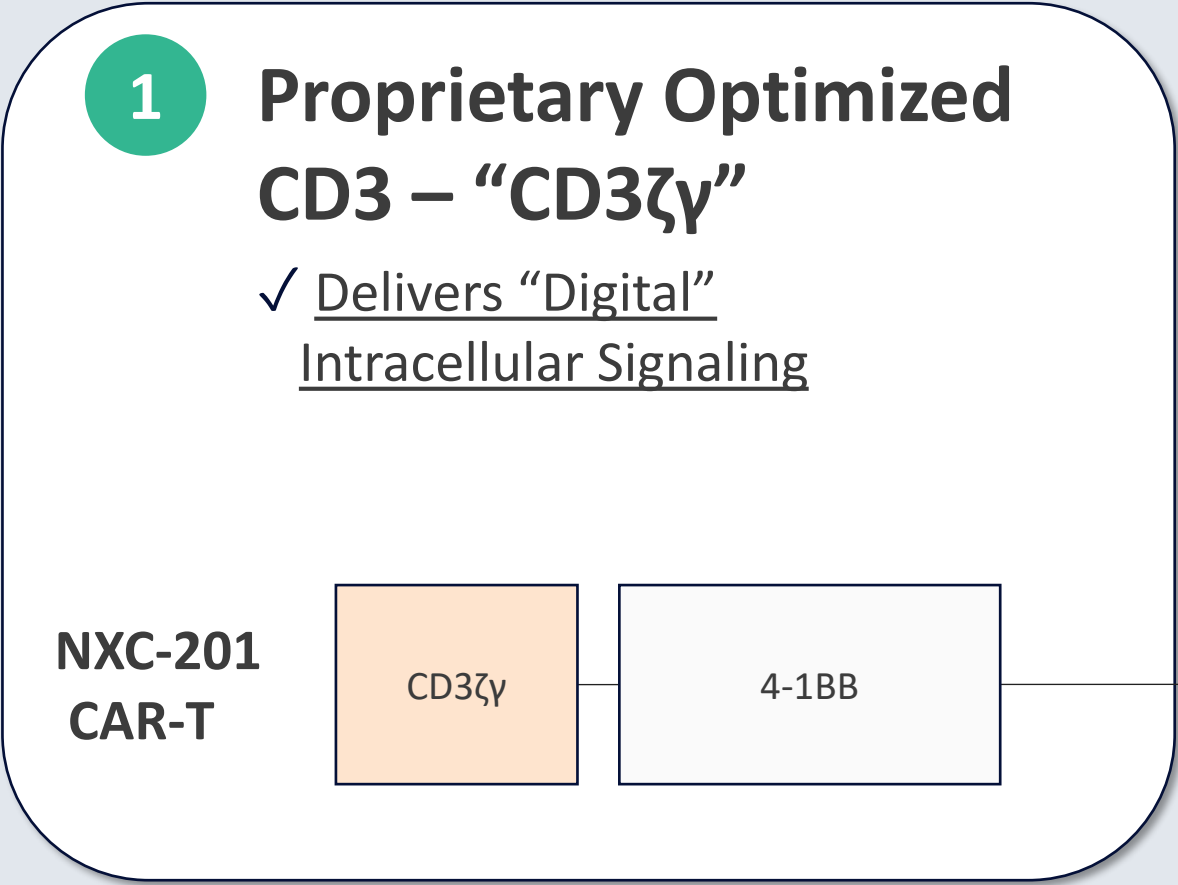
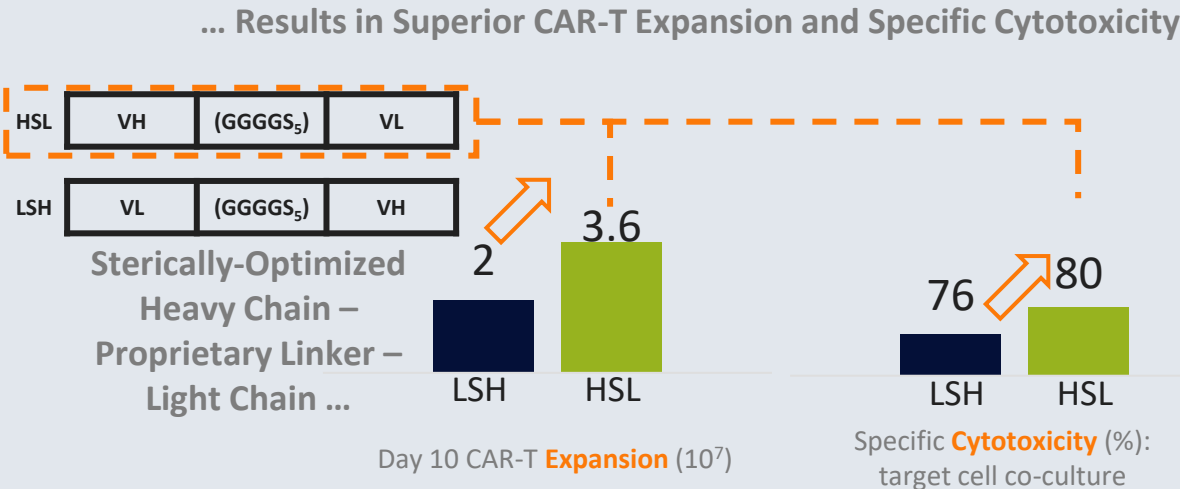
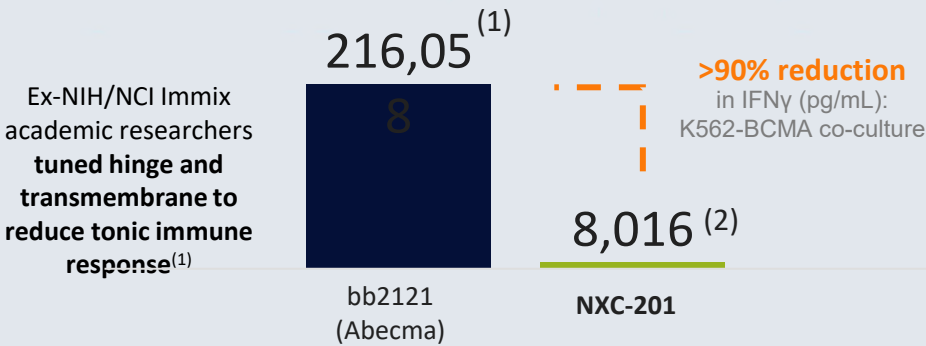
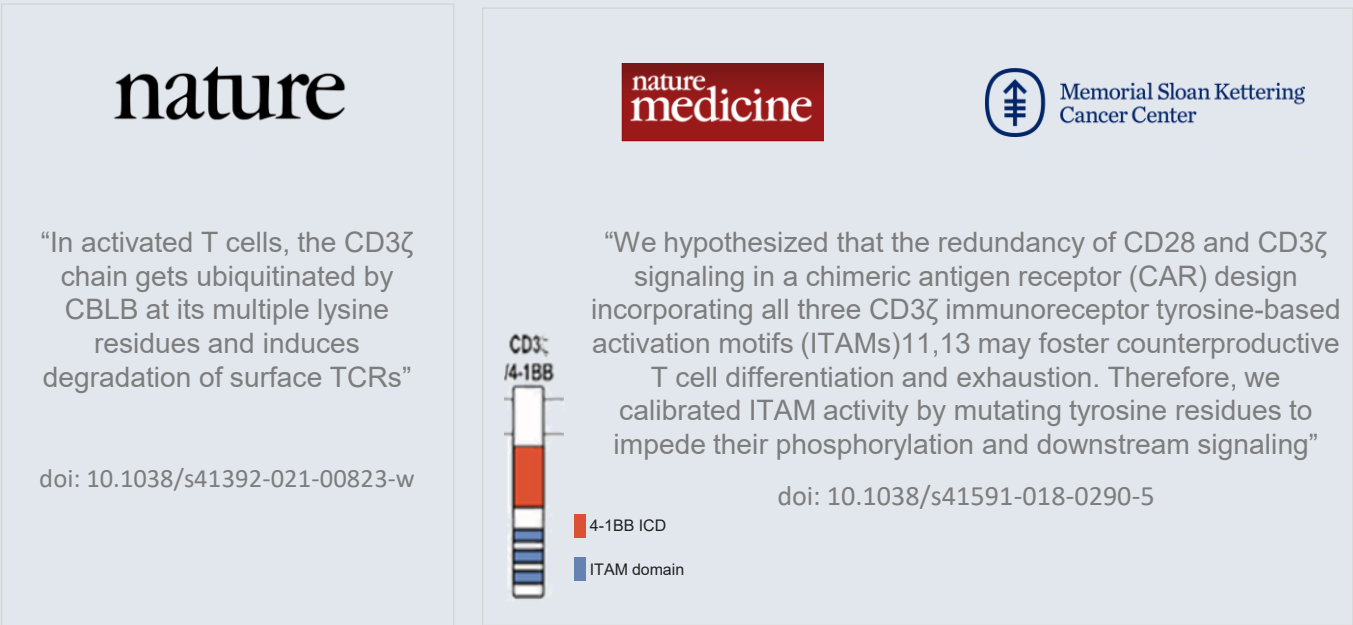
The Science That Enables Our Platform

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

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

Sterically-Optimized Binder ... led to enhanced cytotoxicity



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: E. Lebel, et, al. Safety And Efficacy of a Locally Produced Novel Anti-BCMA Chimeric Antigen Receptor T-Cell (CAR-T) (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 MM cohort as of EBMT 2023. NXC-201in 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. Moreno-Cortes E, et al. ICOS and OX40 tandem co-stimulation enhances CAR T-cell cytotoxicity and promotes T-cell persistence phenotype. Frontiers in Oncology. 2023. 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 H88B bar measures to 8,016 pg/mL.

Extraordinary Results in Clinical Trials

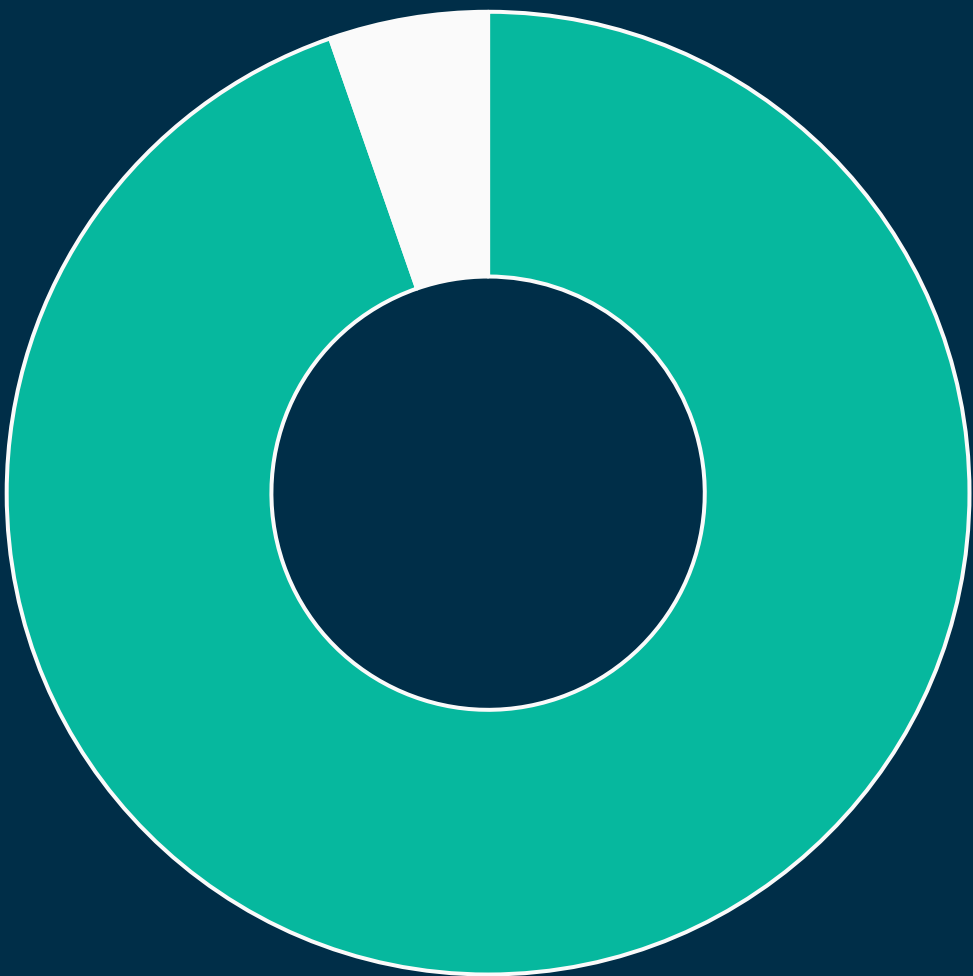
Relapsed/refractory AL Amyloidosis - Market Situation

Current Standards of Care



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

NXC-201



89% complete response rate,
potentially increasing to 98%
(NEXICART-2 45 patients)

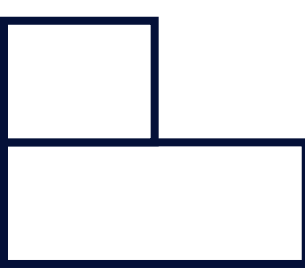
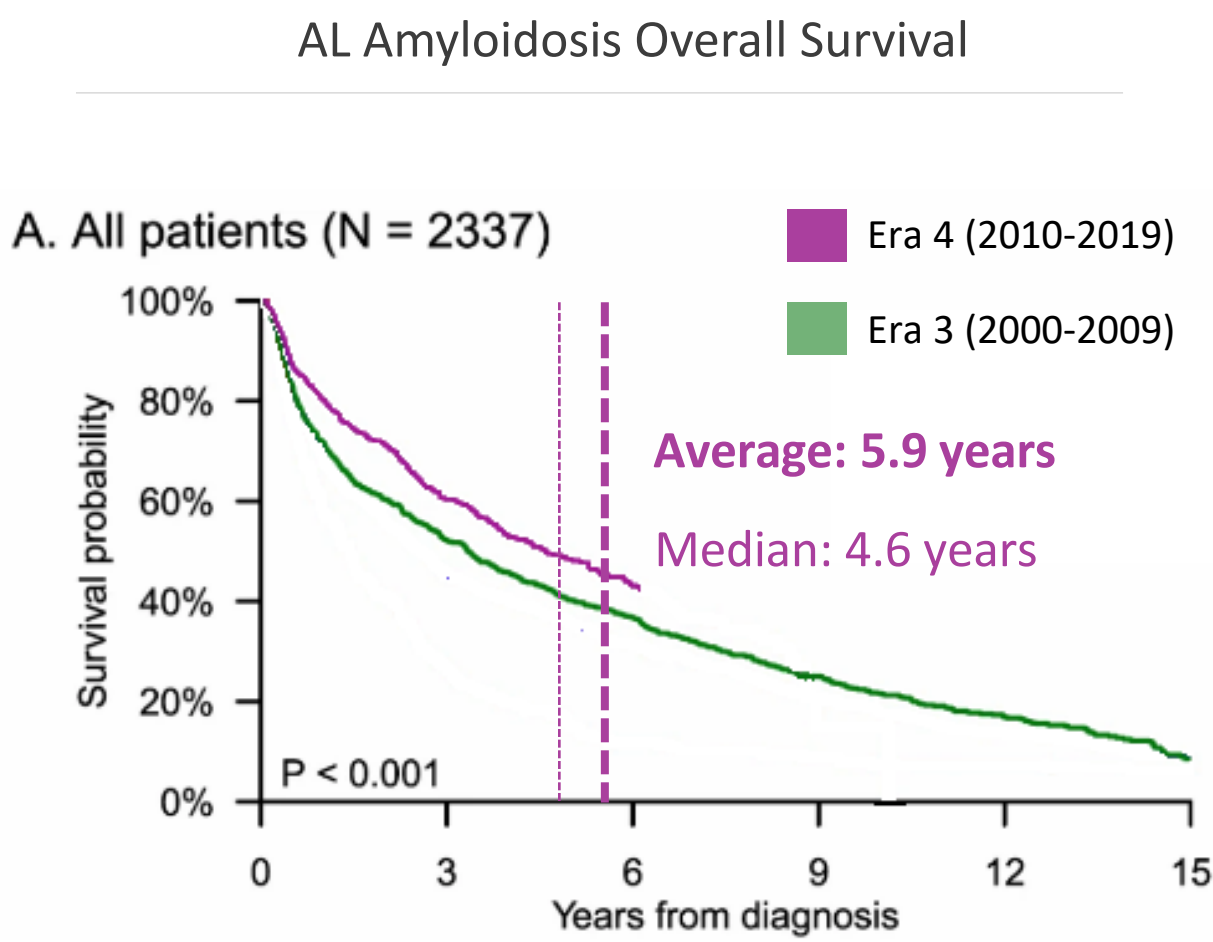
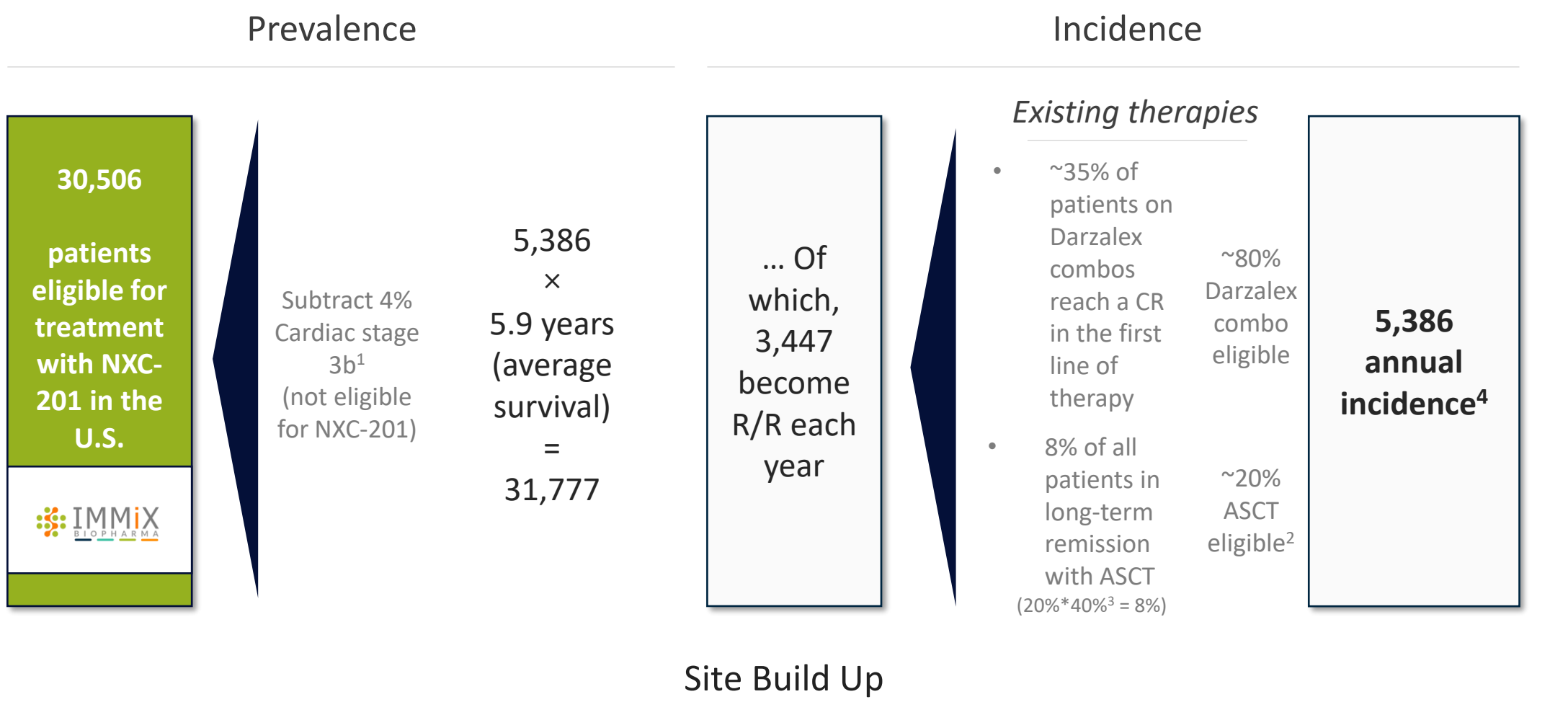
Note: R/R AL current standard of care therapies included: Dara-VCd, Dara-Vd, Dara-VRd, Dara-Dex, Dara-Cd, Dara-Pom-Dex, Bendamustine-Dex
Source: Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. 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



Number of Treating Sites

20

60

(Expected)



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

\$588K

2026 Carvykti/BCMA CAR-T Pricing

MULTI-BILLION-DOLLAR OPPORTUNITY

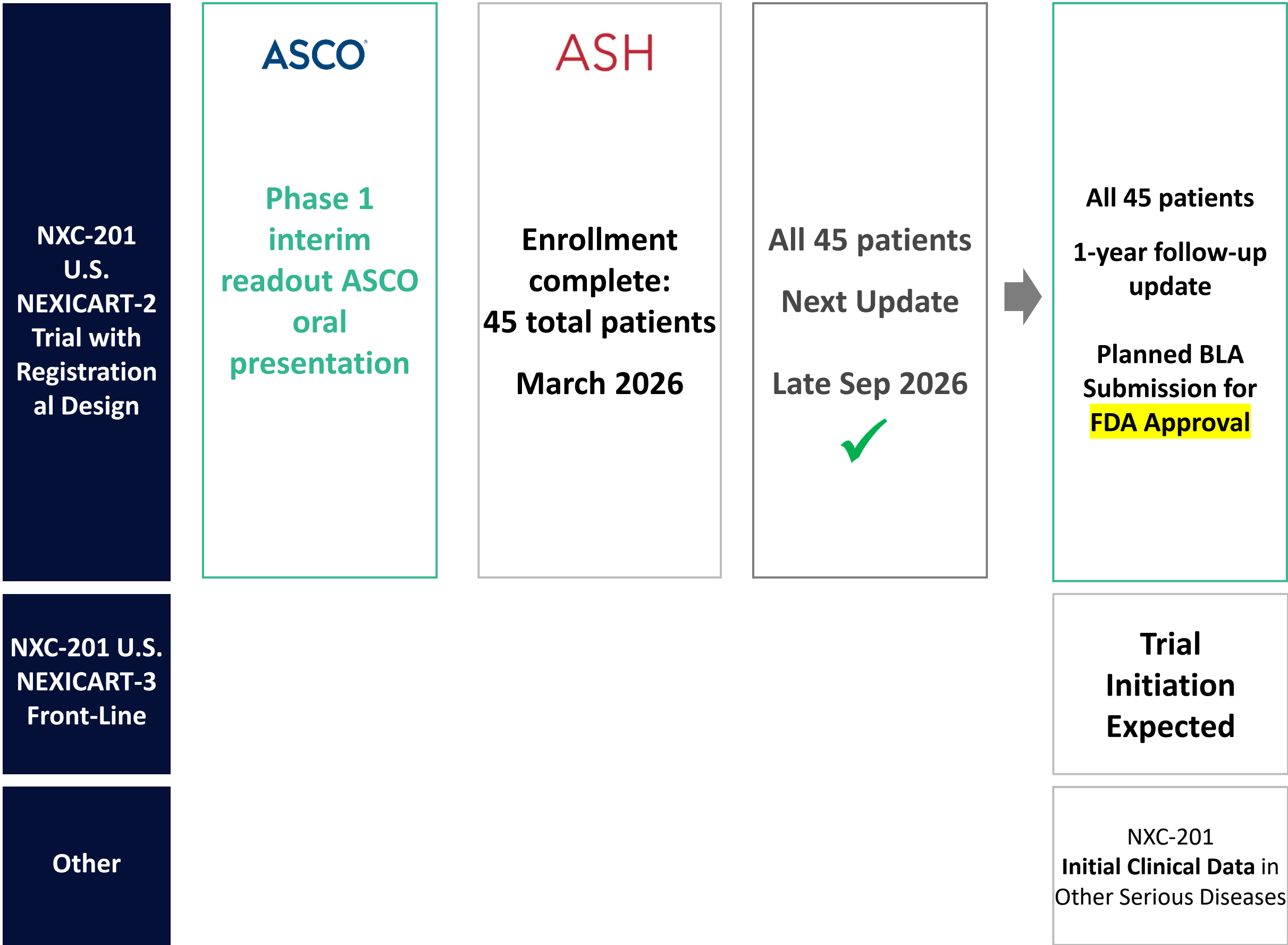
Note: Prevalence up to 38,000 according to Quock T et al, Epidemiology of AL amyloidosis: a real-world study using US claims data. Blood 2018. Site numbers are illustrative.
Source: Mayo staging: 1) Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, 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**
- ✓ **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 at **ASH 2025**
- ✓ May 2026 update: additional follow up on **ASH 2025** patients
- ✓ Reported 45 patients Sep 2026

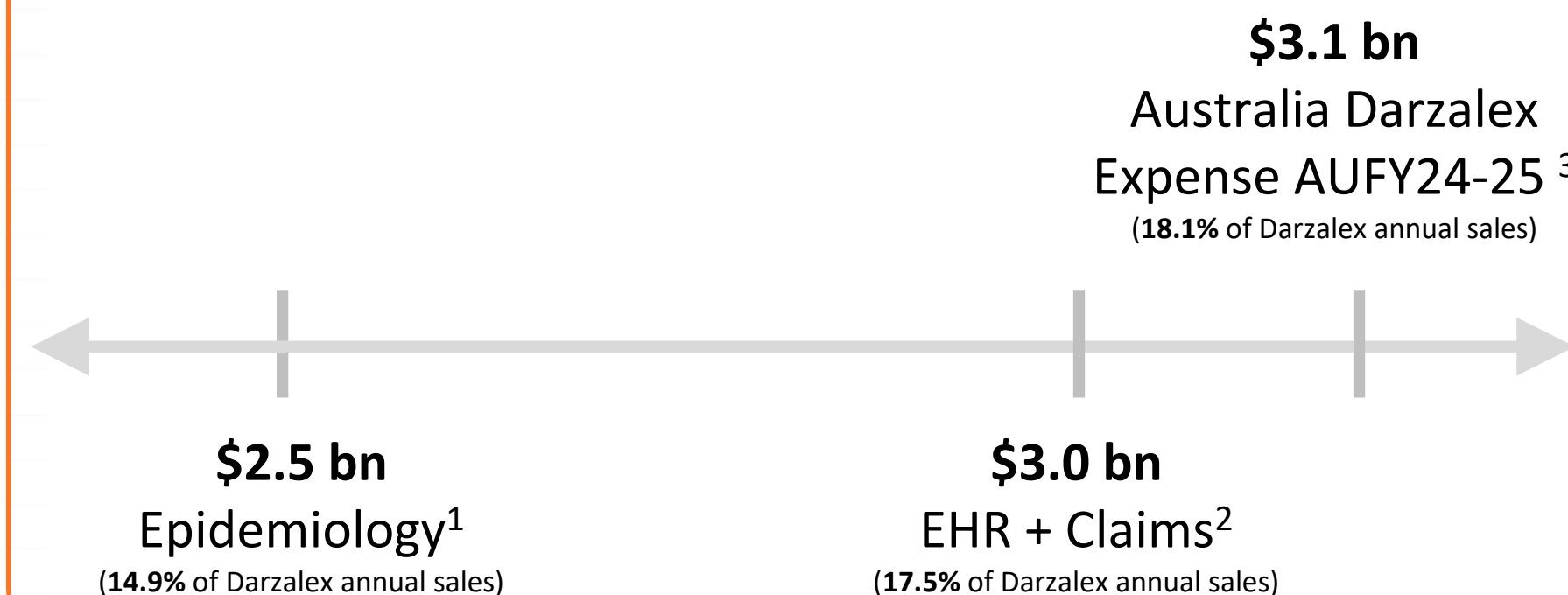


Commercial

20 high-prescribing Sites in existing Immix clinical trial



Darzalex AL Amyloidosis estimated annual sales: \$2.5-3.1bn
(of \$16.8bn annual run rate global Darzalex sales)



1. Darzalex annual run rate is \$4.2Bn * 4 quarters = \$16.8bn (<https://www.sec.gov/ix?doc=/Archives/edgar/data/0000200406/000020040626000153/jnj-20260628.htm#fact-identifier-1919>). 5,386 new cases AL / (SEER New Cases MM in 2025 36,110) = 14.9% * \$16.8bn = \$2.5bn Darzalex sales into AL/year.
2. In 2025, 17.57% of Darzalex administered patient days are on AL or AL+MM. 17.57%*\$16.8bn = \$2.95bn Darzalex sales into AL. (Immx database covers EHR+Claims for >130M U.S. population >20k clinics, >900 hospitals)
3. AU healthcare expenditures indicate that Jul 2024- Jun 2025, AU\$211M spent on Darzalex, of which \$38.2M was spent on AL = 18.1% of Darzalex \$ spent on AL, in-line with the following). 18.1% * \$16.8bn annual run rate = \$3bn of Darzalex expenditure in AL per AU Jul 2024-Jun2025 analogy. (<https://www.pbs.gov.au/statistics/expenditure-prescriptions/2024-2025/Expenditure-prescriptions-report-tables-2024-25.PDF>) (<https://www.pbs.gov.au/industry/listing/participants/public-release-docs/2025-10/daratumumab-AL-amyloidosis-DUSC-PRD-2025-10-final.PDF>)

A World Class Team Dedicated To Saving Lives



Ilya Rachman, MD, PhD
Chief Executive Officer



David Marks, MBBS, 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



Karin McIntosh
Head of Regulatory Affairs



David He,
Head of Technical Operations



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=45 patients	
Key criteria	
Inclusion	•AL Amyloidosis patients exposed to at least 1 line of therapy including a CD38 monoclonal antibody and proteasome inhibitor
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)	

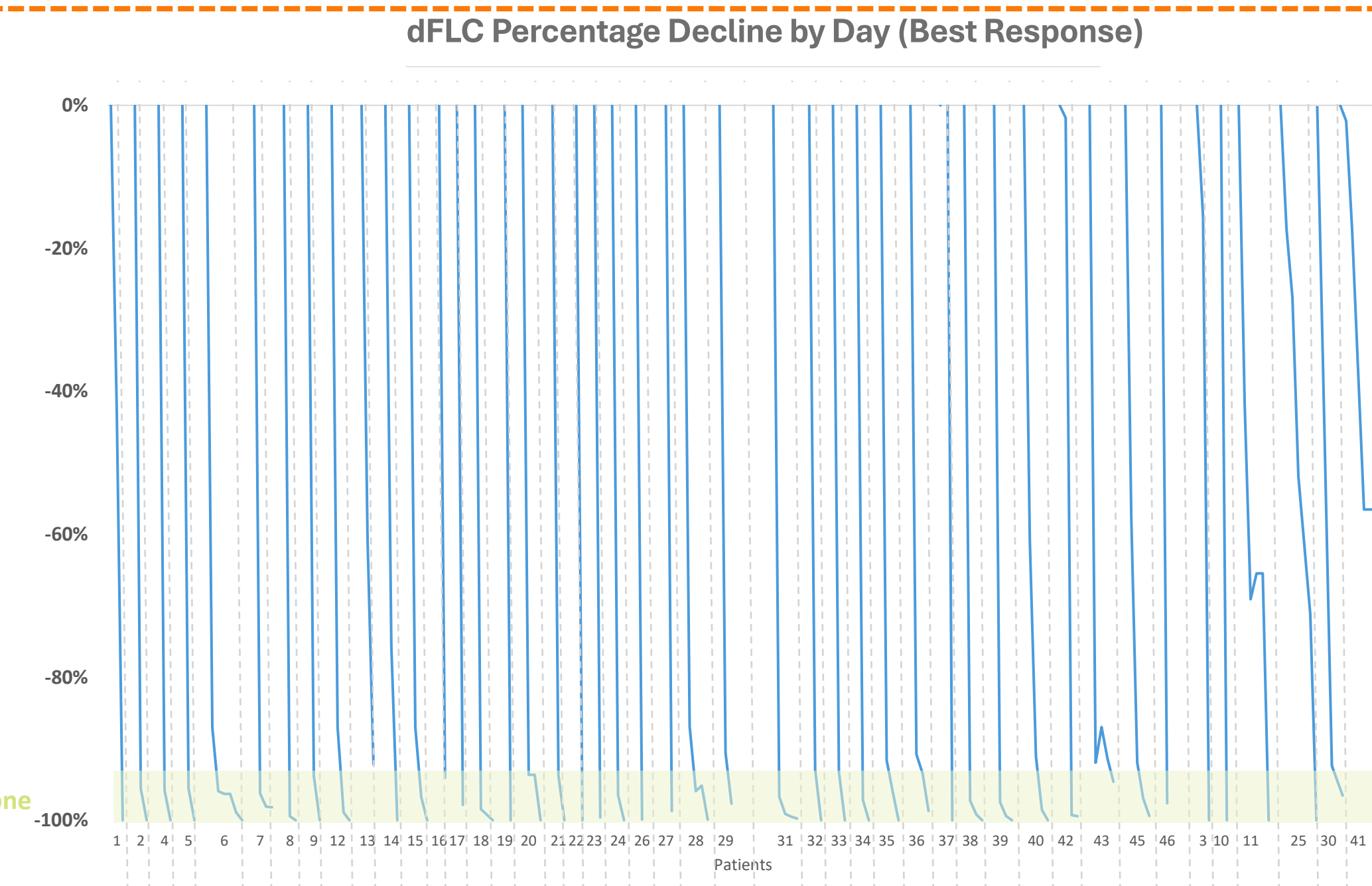
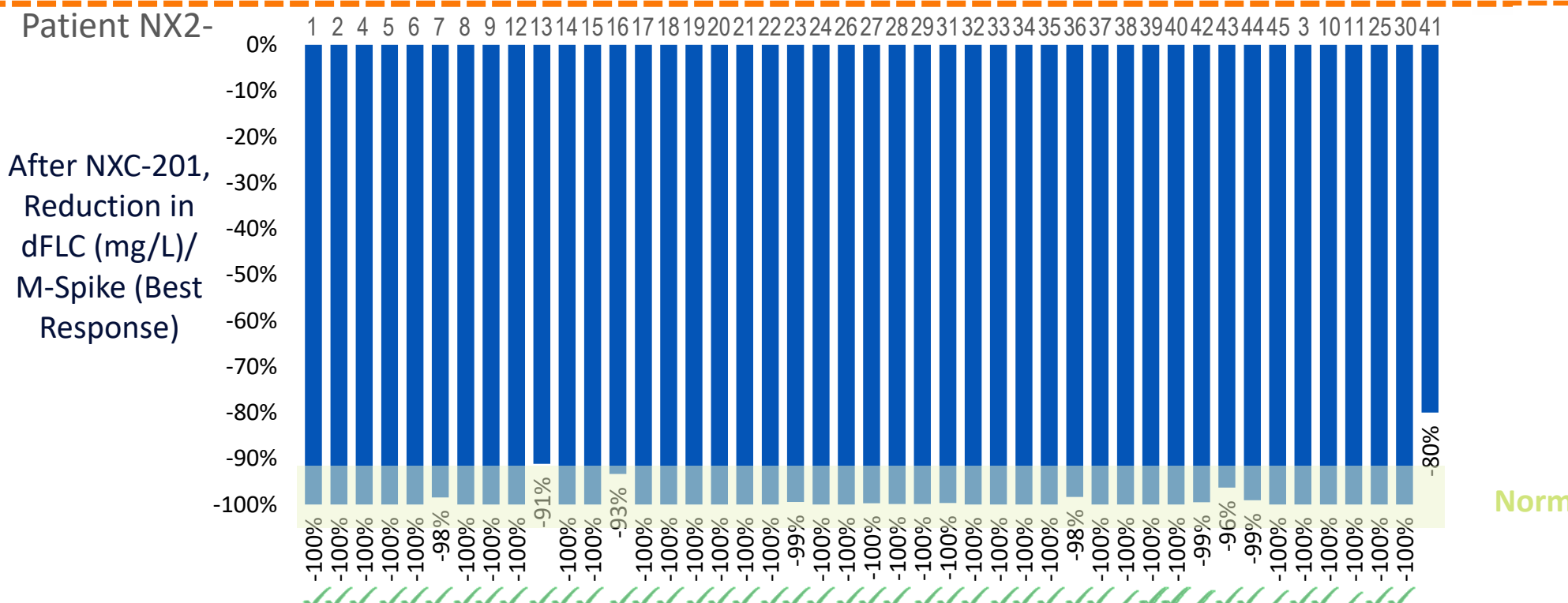
Note: Complete Response according to consensus recommendations in AL amyloidosis (Palladini, et al. 2012. "Consensus guidelines for the conduct and reporting of clinical trials in systemic light-chain amyloidosis." Leukemia 26(11): 2317-2325.)



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

CART Cell Dose (x10 ⁶)		150 (n=3)	450 (n=42)
Age, median years (range)		67 (56-82)	65 (47-82)
Sex, female (%)		2 (67%)	18 (43%)
Number of prior lines of therapy, median (range)		4 (2-6)	3 (1-10)
Had prior stem cell transplant (yes), n (%)		2 (67%)	15 (36%)
Follow-up (days)		741 (685-769)	282 (90-594) Last 25 patients: 200 (103-376)
		← First 20 patients: 474 (90-769) →	
dFLC (mg/L)*		45 (24-65)	65 (22-310)
NYHA Stage		1 (1-2)	1 (1-2)
NT-proBNP, median ng/L (range)		560 (146-1,297)	355 (36-6,088)
Creatinine, median (mg/dL) (range)		1.1 (0.7-2.2)	1.0 (0.0-2.1)
Proteinuria (mg/24 hrs), median (range)		143 (0-3,032)	165 (0-10,274)
Organ involvement at enrollment, n (%)	Cardiac	2 (67%)	26 (62%)
	Renal	1 (33%)	16 (38%)
	Hepatic	0	4 (10%)
Cardiac risk stage 3a at diagnosis, n (%)		0	10 (24%)
Cardiac risk stage 3a at enrollment, n (%)		1 (33%)	7 (17%)

* Excludes patients enrolled exclusively on M-spike
Note: Data cut-off as of August 04, 2026

[illegible]

- Organ responses in 95% (20/21) evaluable (100% ❤️ , 92% 🚫👤)

MRD negativity in bone marrow predicts future complete response, potentially **increasing future CR rate to 98%**



Complete Response

Median time to CR: 3 months

- Organ responses in 95% (20/21) evaluable (100% ❤️, 92% 🫘)

Existing investigator's choice therapies

0-10% complete response rate

No FDA Drugs approved

Note: Data cut-off as of August 04, 2026. Complete Response according to consensus recommendations (Palladini, et al. 2012). *Consensus guidelines for the conduct and reporting of clinical trials in systemic light-chain amyloidosis." *Leukemia* 26(11): 2317-2325).

Note: Data cut-off as of August 04, 2020. Complete response according to consensus recommendations in AL amyloidosis (Palandin, *et al.*, 2012). Consensus guidelines for the conduct and reporting of clinical trials in systemic light-chain amyloidosis. Leukemia 2012;26(12):2121-2129.

No treatment-related deaths were recorded. Four deaths occurred in complete response (CR) (none treatment related) due to: a recurrent dialysis catheter infection; accidental fall leading to aspiration pneumonia respiratory failure; pre-existing hypokalemia and subsequent arrhythmia due to non-compliance with potassium supplementation; pre-existing pharyngeal soft tissue amyloid infiltration causing dysphagia resulting in chronic aspiration pneumonia and respiratory failure; (NX2-005, NX2-004, NX2-024, NX2-023).

MRD: 10^{-5} denotes ≥ 5 or higher; 10^{-4} denotes ≥ 4 or higher

Patients NX2-009 consent withdrawn in complete response (CR) due to treatment for preexisting, unrelated disease; NX2-015 consent withdrawn in complete response (CR) due to travel

Source: Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. *Leukemia* 2024.

Deep, Rapid, Sustained Organ Responses Observed to date in NEXICART-2

Representative Sequence of Events for NEXICART-2

Median day 7: toxic light chains normalize



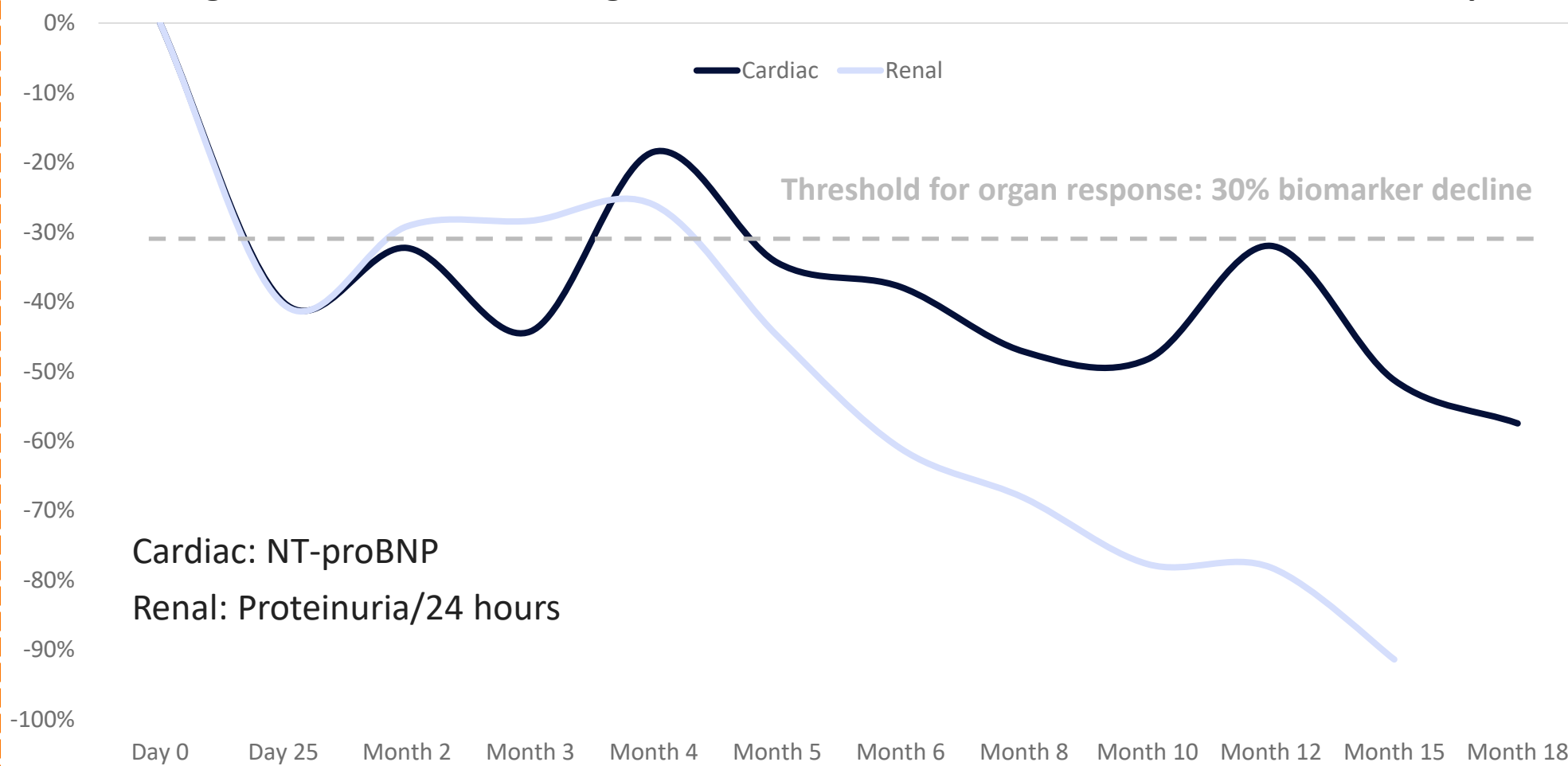
Day 25: MRD negativity



Median Time to Complete Response After NXC-201	Median Time to Organ Response After NXC-201		
3 months	Cardiac	26 Days	
	Renal	59 Days	

- Organ responses in 95% (20/21) evaluable (100% , 92%)

Median Organ Disease Marker Change from Baseline After NXC-201: Cardiac and Renal Response



“In all organs, the deeper the organ response achieved, the longer the survival.”

– Eli Muchtar, M.D.
Associate Professor
Mayo Clinic

nature

doi: 10.1038/s41375-018-0060-x

“Response and progression of NT-proBNP significantly affected survival both at 6 and at 3 months”

– Giovanni Palladini, M.D., Ph.D.
Professor, Head and Director of the Medical Staff
Università di Pavia

doi: 10.1200/JCO.2011.37.7614

Journal of
Clinical Oncology®

Organ Response Eligibility Thresholds at Enrollment

Cardiac

NT-proBNP $\geq$ 650 ng/L

Renal

proteinuria $\geq$ 0.5 g/24 hours

Response Criteria Post Treatment

Cardiac

>30% and >300 ng/L decrease

Renal

$\geq$ 30% decrease or a drop in proteinuria below 0.5g/24 hours

NEXICART-2 (U.S.) TEAE Summary

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

CART Cell Dose (x10 ⁶)		150 (n=3)		450 (n=42)	
Grade		Any Grade	Grade <u>≥</u> 3	Any Grade	Grade <u>≥</u> 3
Any TEAE, n (%)		3 (100%)	3 (100%)	45 (100%)	36 (92%)
CRS	n (%)	1 (33%)	0	37 (88%)	0 (0%)
	Onset, days (range)	2 (n=1)	none	1 (1-8)	none
	Duration, days (range)	2 (n=1)	none	1 (1-5)	none
	Neurotoxicity, n	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Neutropenia, n		3 (100%)	3 (100%)	28 (66%)	24 (57%)
Febrile Neutropenia, n		0 (0%)	0 (0%)	1 (2%)	1 (2%)
Infections, n		0 (0%)	0 (0%)	3 (7%)	1 (2%)
Anemia, n		1 (33%)	1 (33%)	9 (21%)	7 (16%)
Thrombocytopenia, n		0 (0%)	0 (0%)	9 (21%)	5 (11%)
LFT abnormalities, n		0 (0%)	0 (0%)	6 (14%)	4 (9%)
Fatigue, n		0 (0%)	0 (0%)	15 (35%)	0 (0%)
≥ Grade 2 cardiac events, n		0 (0%)	0 (0%)	1 (2%)	0 (0%)

Note: Data cut-off as of August 04, 2026. CRS and ICANS reported according to ASTCT Consensus Grading (Lee et al. 2019). TEAE = treatment-emergent adverse events. Green background denotes <10%. CRS = cytokine release syndrome. LFT = liver function test.

Complete Response Rate Improving Over Time

Data Cutoff:

April 11, 2025

November 13, 2025

May 14, 2026

August 4, 2026

ASCO®

ASH

ASH

with May 2026 update

CR RATE:

70%



75%



95%



89%

MRD negativity in bone marrow predicts future complete response, potentially **increasing future CR rate up to 98%**

Subject # NX2-		Subject # NX2-		Subject # NX2-	
001	CR		CR		CR
002	CR		CR		CR
003	CR		CR		CR
004	Pending (already MRD (-))		CR		CR
005	CR		CR		CR
006	CR		CR		CR
007	Pending (already MRD (-))		CR		CR
008	CR		CR		CR
009	Pending (already MRD (-))		CR		CR
010	CR		CR		CR
		011	Pending (already MRD (-))		CR
		012	Pending (already MRD (-))		CR
		013	--		--
		014	CR		CR
		015	CR		CR
		016	Pending (already MRD (-))		CR
		017	CR		CR
		018	CR		CR
		019	Pending (already MRD (-))		CR
		020	CR		CR
		021			CR
		022			CR
		023			CR
		024			CR
		025			CR
		026			CR
		027			CR
		028			CR
		029			CR
		030			CR
		031			CR
		032			CR
		033			CR
		034			CR
		035			CR
		036			CR
		037	Pending (already MRD (-))		
		038			CR
		039			CR
		040			CR
		041	Pending (already MRD (-))		
		042			CR
		043			CR
		044	Pending (already MRD (-))		
		045	Pending (already MRD (-))		

NEXICART-3 U.S. Newly Diagnosed AL Amyloidosis Trial (NCT07709715)

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

October 2026



NXC-201 Tolerability Drives AL Amyloidosis Leadership

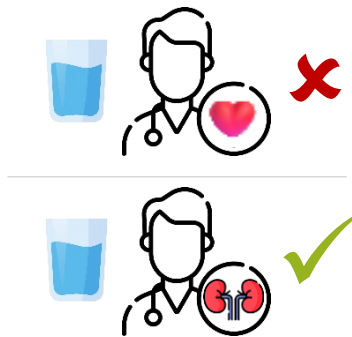
ALL BCMA CAR-TS ARE NOT CREATED EQUAL



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

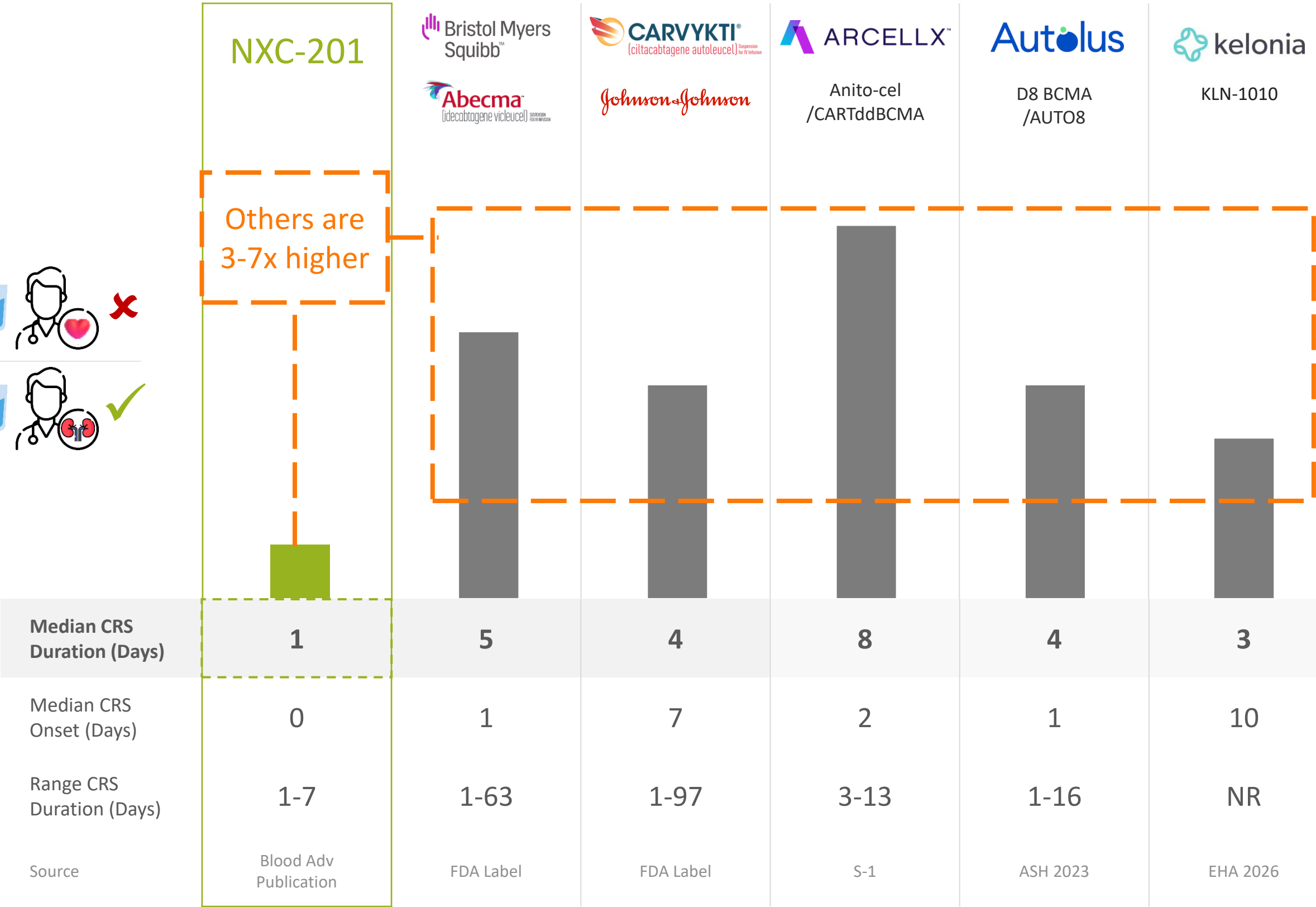
- Long CRS duration causes extended cardiovascular stress
- Other CARTs have 3-7x longer CRS duration



“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: Note: Studies not head-to-head

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



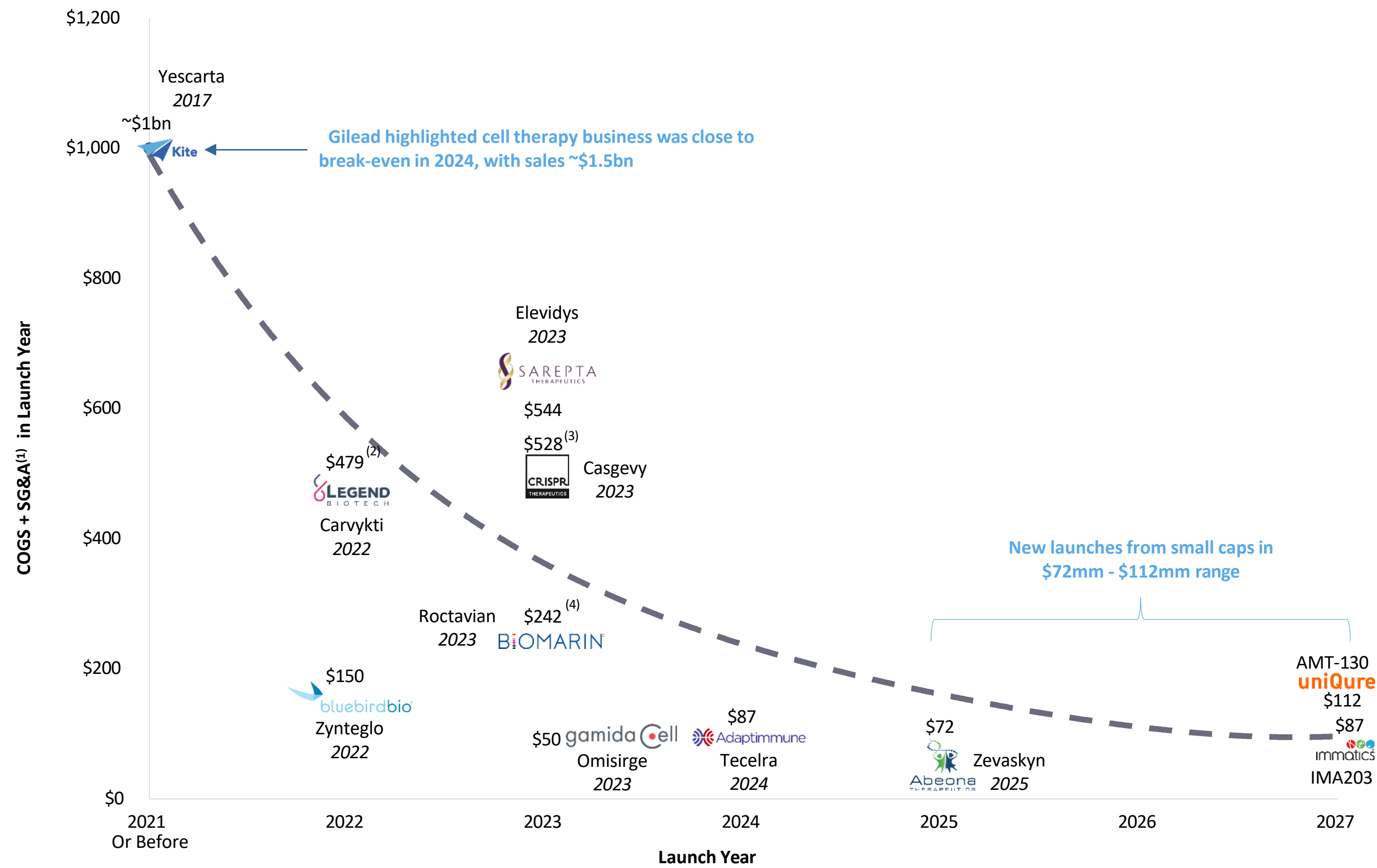
abbvie

REGENERON

Johnson&Johnson

NXC-201		NXC-201	Etentamig	Linvoseltamab	Teclistamab
NXC-201: Later Phase ...	n	45	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	3	2	1	2
	Prior CD38 monoclonal antibody?	100%	100%	60%	100%
	Prior ASCT ?	38%	21%	NR	NA
... with independent review committee (IRC) adjudicated responses ...	Complete Response Rate	89% (up to 98% with MRD-negativity)	91%	90% (18/20)	41%
	Independent Review Committee (IRC)?	Yes ⁽¹⁾ ✓	No ⁽²⁾ ✗	No ✗	No ✗
... faster, deeper, and more frequent downstream organ responses	Cardiac Organ Responses	100%	43%	50%	65%
	Median Time to Cardiac Response	0.9 Months	2.5 Months	NA	NA
	Renal Responses	92%	54%	73%	78%
Safety	ICANS	0%	0%	5%	0%
	Treatment-Related Infections (Any Grade)	7%	77%	85%	Total infection events: 104 42% (deaths n=6 [12%])
	Treatment-Related Infections (≥Grade 3)	2%	6%	25%	
	IVIg Prophylaxis	NA	100%	NA	83% ⁽³⁾

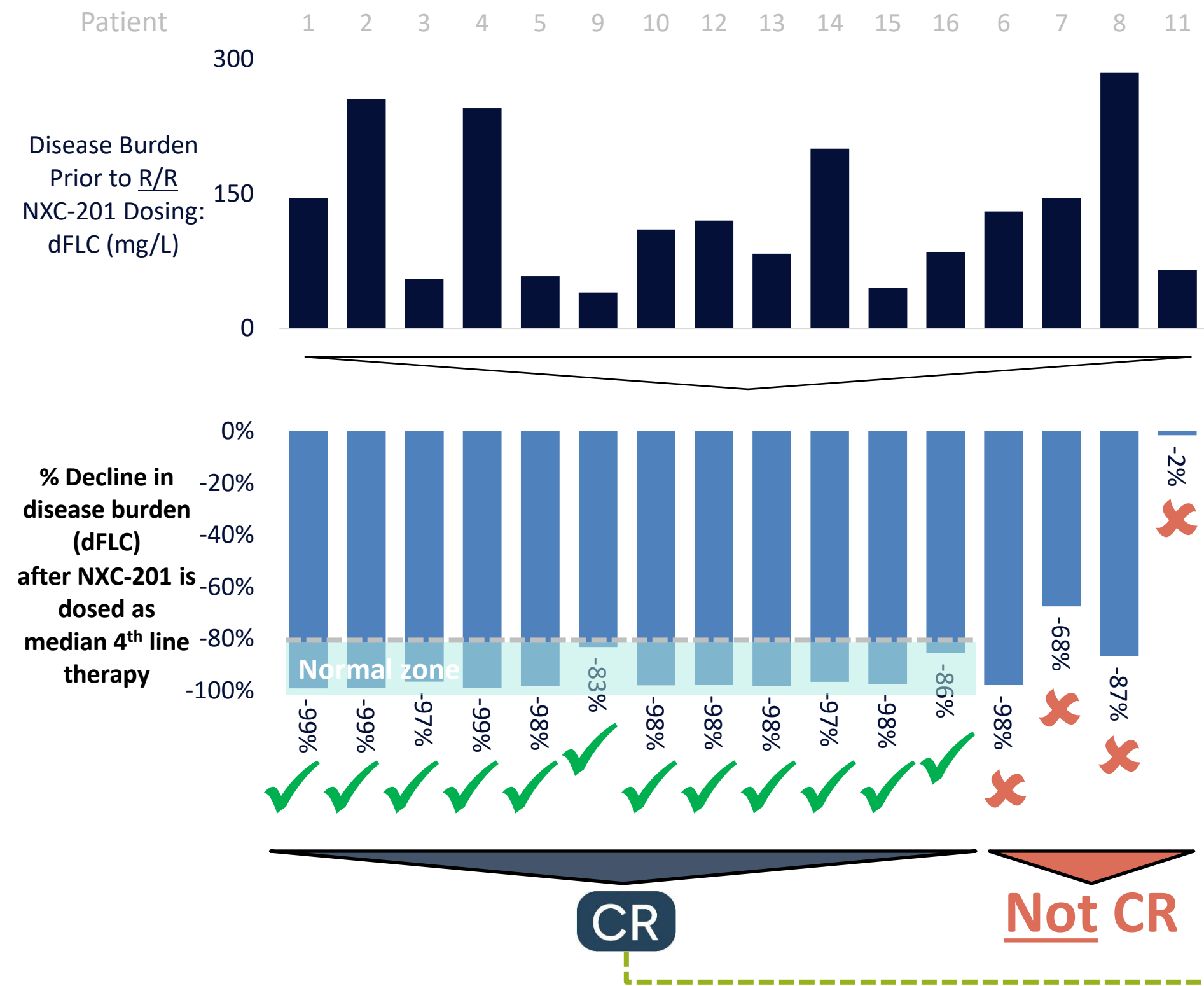
Market Reference: Commercialization Cost Trend Over Time



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 IN RELAPSED/REFRACTORY AL AMYLOIDOSIS(MENTIONED IN NEJM)





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% (12/16) complete response rate

(NEXICART-1)

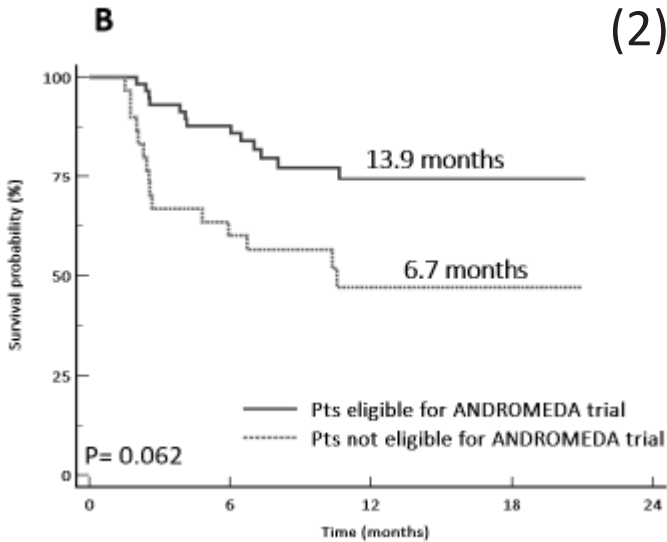
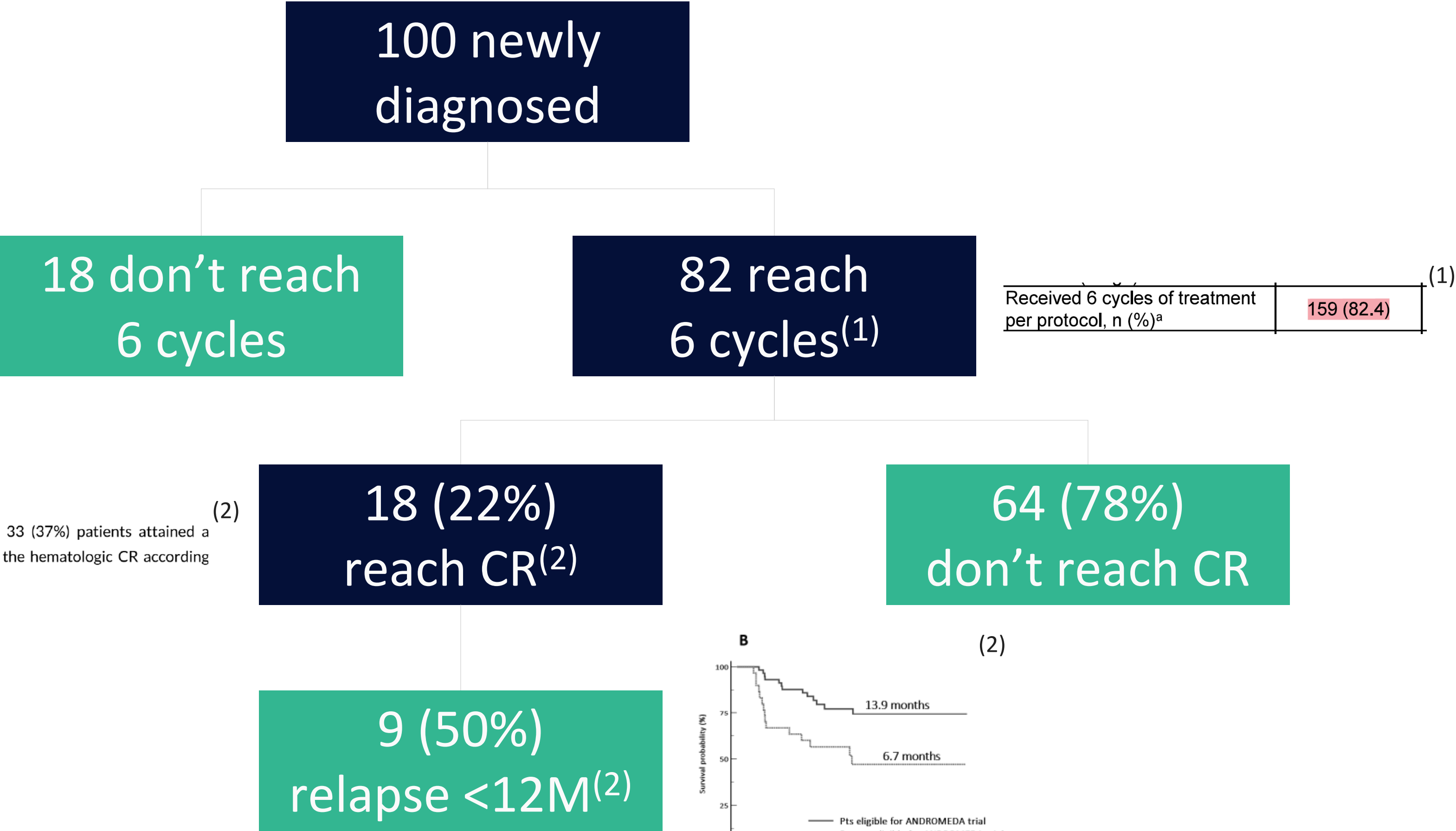
Current investigator’s choice therapies

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 decline illustrative, dFLC decline excluded from publication line graph. Patients 6 and 8 not a CR due to immunofixation
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



Note: Example 100 newly diagnosed patient scenario based on sources listed below. Dara-Cy-Bor-D: daratumumab, cyclophosphamide, bortezomib, dexamethasone

Source:

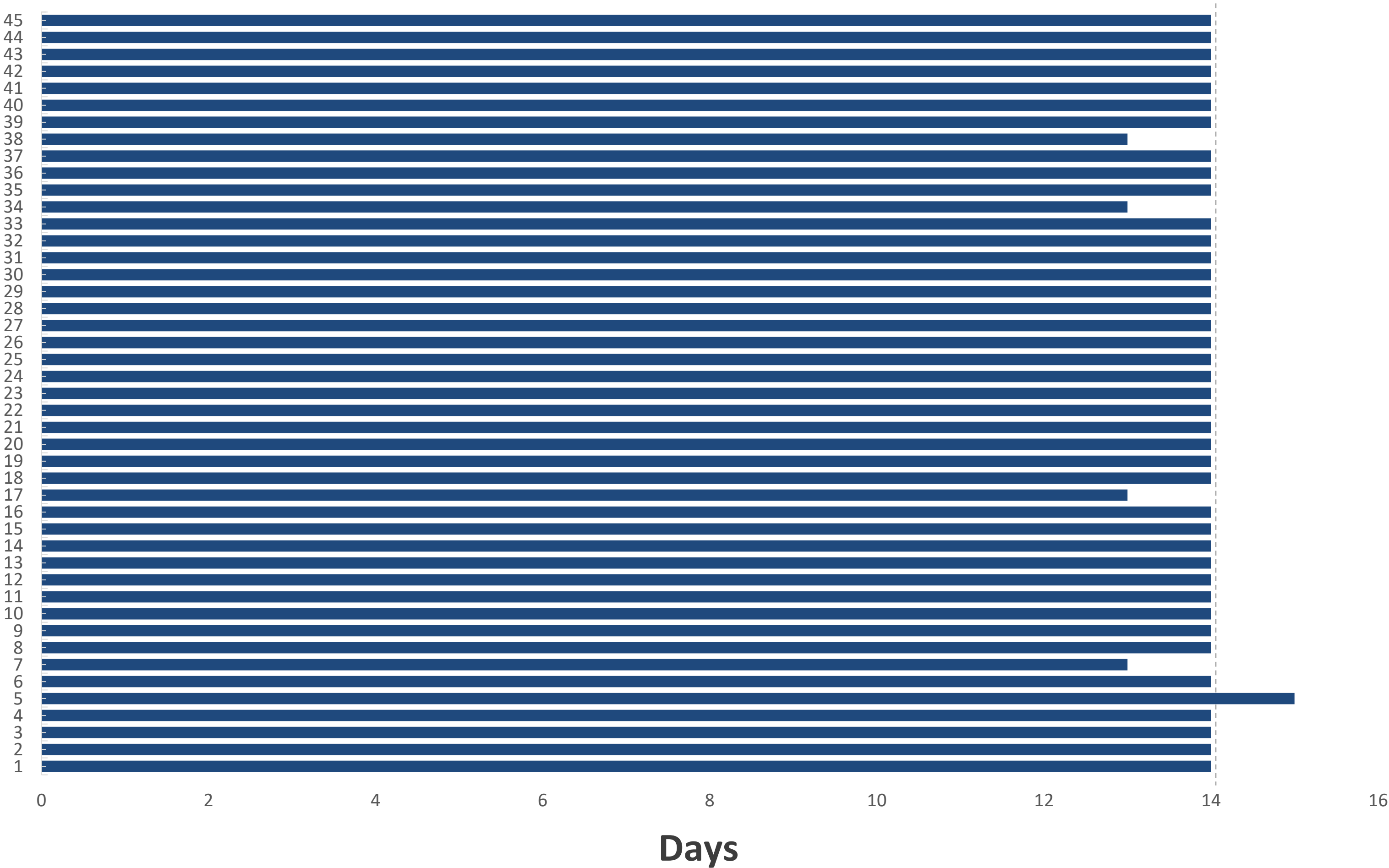
1) Kastritis E, et al. ASH 2024

2) Bellofiore C, et al. A real-life study of daratumumab combinations in newly diagnosed patients with light chain (AL) amyloidosis. Hematol Oncol. 2024

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



Patient



Notes: Source: Based on Company internal metrics.

Sequencing Matters: CAR-T First, Bispecifics Later

PER NEJM 2026: DANA FARBER’S KEN C. ANDERSON



“When feasible, **CAR T cells should be ...used early, whereas bispecific antibodies are preserved for later therapy.**”

“The IMWG immunotherapy committee accordingly recommends **early collection of CAR T cells, ideally before bispecific antibody exposure**”

“Previous bispecific antibody exposure appears to reduce subsequent BCMA CAR T-cell efficacy through impaired T-cell fitness and antigen escape, whereas CAR T-cell therapy followed by bispecific antibody therapy is less detrimental”

“Directed T-cell redirection [bispecifics] can be associated with downregulation, mutation, or genetic deletion of BCMA.”

– *Kenneth C. Anderson, M.D.*
Dana-Farber Cancer Institute
doi: 10.1056/NEJMra2605253



The NEW ENGLAND
JOURNAL of MEDICINE



Preferred Sequence

Source: Mouhieddine TH, Anderson KC. Treatment Decisions in Multiple Myeloma. N Engl J Med. 2026 Sep 10;395(10):992-1008. doi: 10.1056/NEJMra2605253. PMID: 42715563.

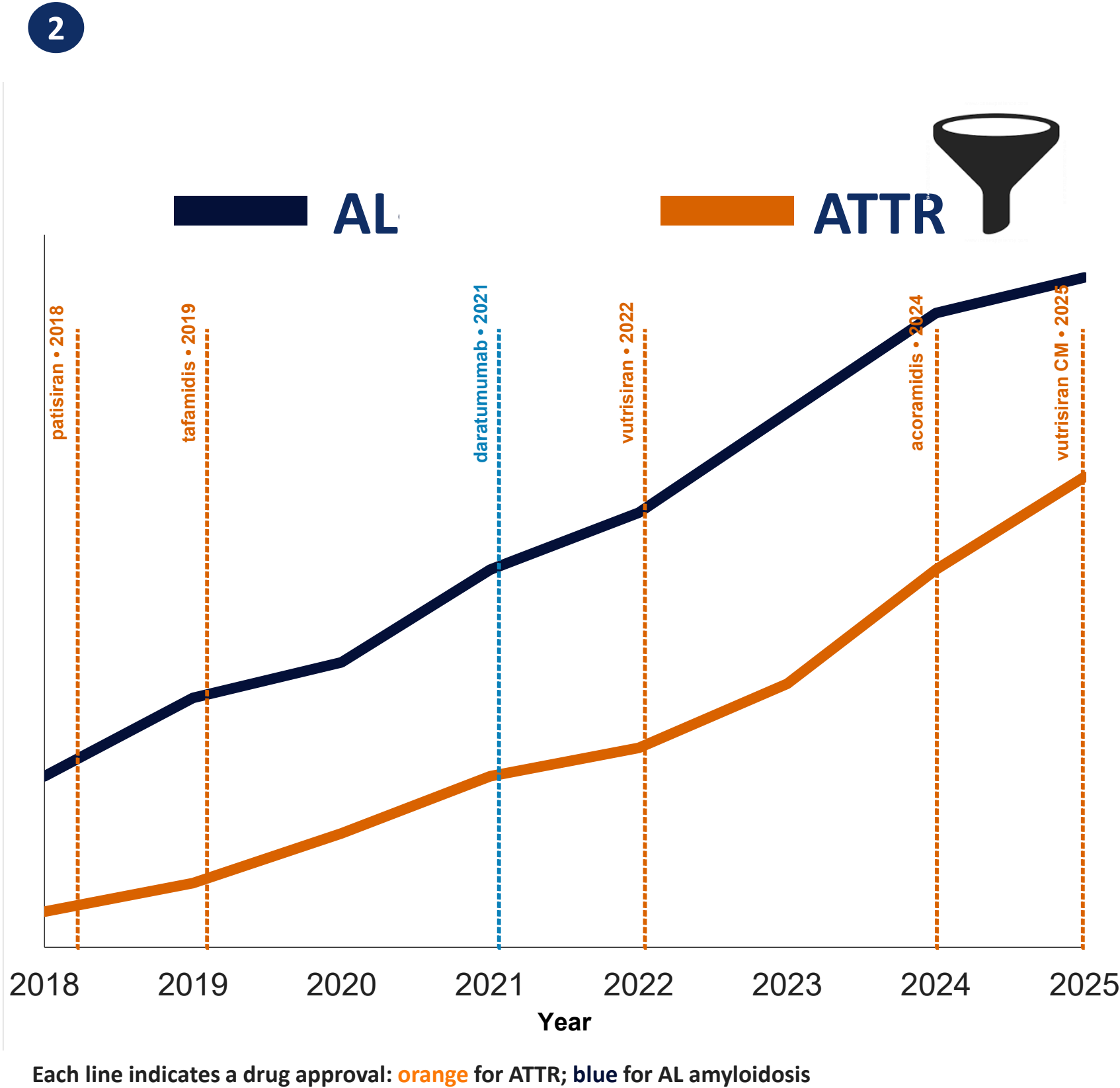
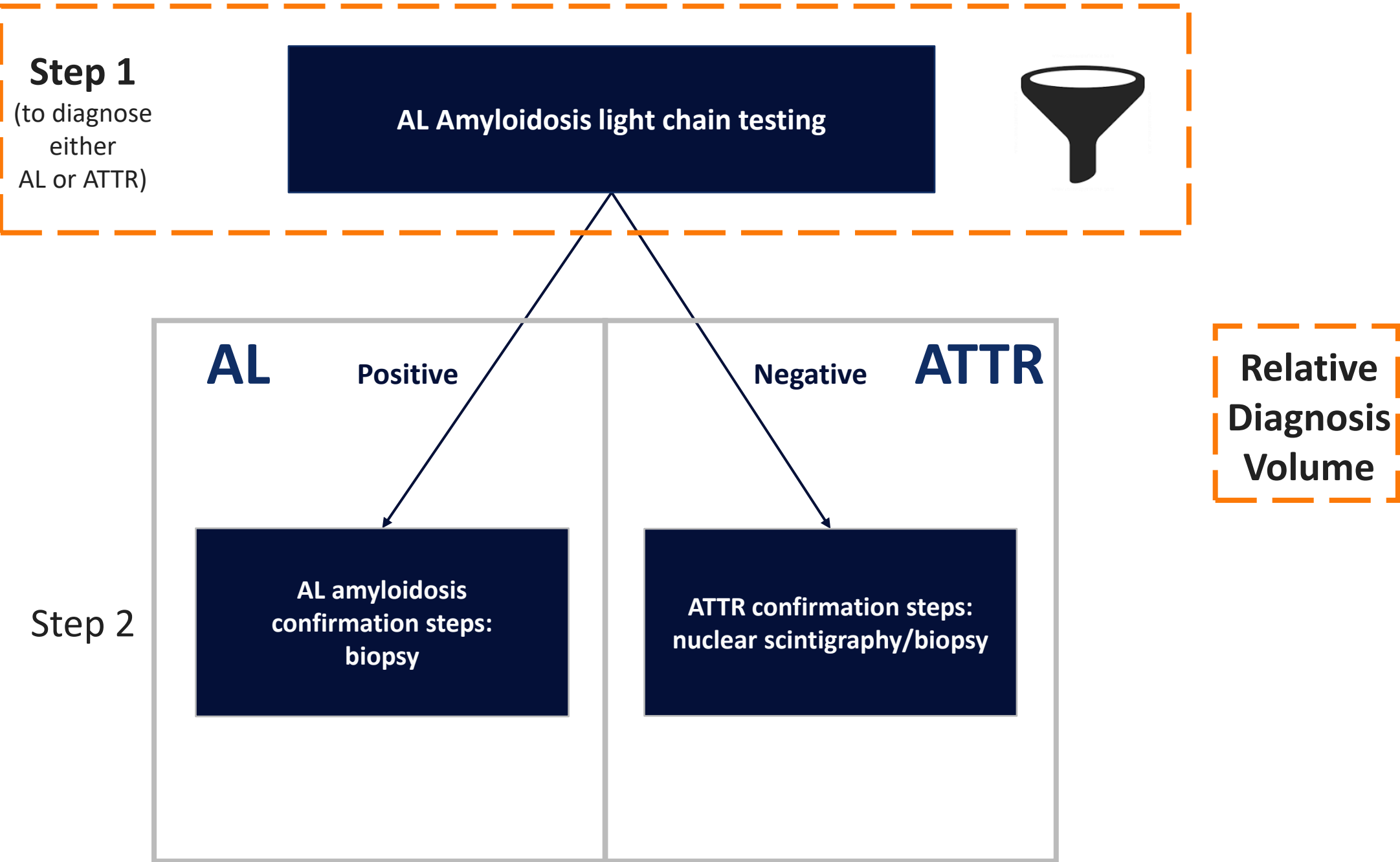
AL Amyloidosis Diagnoses Have Increased, Driven by Awareness and ATTR Diagnosis Steps



Every ATTR Diagnosis Requires AL Light Chain Test (to Rule Out AL Amyloidosis)

US AL Diagnoses are Trending Up, Paralleling ATTR²

1 Amyloidosis (both ATTR and AL) present as heart failure



Source: 1) Alnylam investor presentation; 2) Anonymized electronic health records for over 100 million Americans, AL and ATTR values determined from one ICD code diagnosis relative number

Global Leader in Relapsed/Refractory AL Amyloidosis

This presentation contains NEXICART-
2 clinical data update on pages 19-24

October 2026

