Second Quarter 2026 Financial Results

August 3, 2026

Presentation intended for the investment community

Agenda

Introduction

Susie Lisa, CFA, Senior Vice President, Investor Relations

CEO Perspective and Pipeline Update

Reshma Kewalramani, M.D., Chief Executive Officer and President

Commercial Update

Duncan McKechnie, Executive Vice President and Chief Commercial Officer

Financial Results

Charlie Wagner, Executive Vice President and Chief Operating & Financial Officer

Safe harbor statement & non-GAAP financial measures

This presentation contains forward-looking statements as defined in the Private Securities Litigation Reform Act of 1995, including, without limitation, the information provided regarding future financial and operating performance, including the statements under “Reiterate full year 2026 financial guidance,” and statements regarding (i) expectations, goals, development and commercialization plans and timelines for the company’s products, product candidates and pipeline programs, (ii) expectations with respect to the potential acquisition of Crinetics Pharmaceuticals, including with respect to accelerating the Company’s revenue growth and enhancing the Company’s long-term earnings profile, expectations that the Company’s capabilities will accelerate Crinetics’ launches and pipeline development, and with respect to the commercial progress for PALSONIFY, and the Company’s beliefs with respect to the clinical benefits and best-in-class potential of Crinetics’ Phase 3 endocrinology assets, (iii) expectations to continue expand market leadership with respect to the company’s CF medicines, including with respect to treatable patient population size, treating younger patients, the progress of the ongoing commercial launch of ALYFTREK and continued uptake in younger patients, the clinical benefits of ALYFTREK, that the majority of eligible CF patients will switch from TRIKAFTA to ALYFTREK over time, advancing global regulatory submissions for ALYFTREK in patients 2 to 5 years of age and for TRIKAFTA in patients 1 to 2 years of age, expectations with respect to the clinical benefits of other next generation CF compounds, plans to share results from the VX-828 study in H2 2026, and plans to advance other next-generation CF compounds, (iv) expectations regarding povetacicept, including the company’s beliefs regarding the clinical benefits, safety, and potential as a best-in-class treatment for IgAN, securing accelerated approval in the U.S., for the potential launch of povetacicept in IgAN, including with respect to potential providers and capabilities of renal field force, expectations that approximately 70% of patients will have commercial coverage for povetacicept, and beliefs with respect to patient programs for access to povetacicept and treatment support, expectations regarding the company's capabilities and potential leadership in renal medicine, beliefs with respect to povetacicept as a potential a pipeline-in-a-product, the clinical benefits and potential for povetacicept to treat additional B cell driven renal and other non-kidney diseases, expectations regarding the Phase 3 portion of the study in pMN and to complete enrollment in gMG study by the end of 2026, (v) expectations for CASGEVY, including with respect to the acceleration of patient infusions, commercial potential, including as a potential multi-billion dollar franchise and to contribute meaningfully to the $500 million revenue goal for non-CF products in 2026, reaching more eligible patients and treating younger patients, including with respect to the advancement of the regulatory submissions for patients 5 to <12 years of age, and expanding patient access to CASGEVY in new countries, (vi) expectations for JOURNAVX in 2026, including with respect to prescription and revenue growth in the U.S., progress towards more than 3x prescription growth and more than 3x revenue growth in 2026 versus 2025, the expansion of the number of covered lives, driving HCP adoption, and plans to secure regulatory approval in Canada, expectations for the pain program, including plans to complete enrollment in both ongoing studies evaluating suzetrigine in DPN by the end of 2026 and to complete enrollment in the Phase 2 study of VX-993 in DPN by the end of 2026, (vii) expectations for the T1D program, including with respect to study advancement for zimislecel, sharing updated T1D program updates, and to with respect to VX-017, including its clinical benefits, treatable patient population, broader market opportunities, and plans to initiate a Phase 1/2 study for VX-017 in the near term, (viii) expectations for inaxaplin as a treatment for AMKD, including with respect to completing full study enrollment by year end and to share data from the Phase 3 interim analysis of AMPLITUDE in early 2027, filing for U.S. accelerated approval if results are supportive, and to complete the Phase 2 AMPLIFIED study and share data in H2 2026, (ix) expectations for the clinical development of VX-407 in ADPKD, and (x) expectations for VX-670 in DM1 patients, including with respect to completing dosing and sharing results from the Phase 1/2 study of VX-670 in DM1 in H2 2026. While Vertex believes the forward-looking statements contained in this presentation are accurate, these forward-looking statements represent the company's beliefs as of the date of this presentation and there are risks and uncertainties that could cause actual events or results to differ materially from those expressed or implied by such forward-looking statements. Those risks and uncertainties include, among other things, that the company's expectations regarding future revenues or expenses may be incorrect, that the company may be unable to further successfully commercialize its marketed products, that the company may be unable to complete the Crinetics Acquisition, successfully integrate Crinetics’ business, or realize the potential commercial benefits of the strategic acquisition, that regulatory submissions or approvals may not occur on the anticipated timeline, or at all, that data from clinical trials, especially if based on a limited number of patients, may not to be indicative of final results, that anticipated commercial launches may be delayed, if they occur at all, actual patient populations eligible for the company’s products may be smaller than anticipated, that data from the company's development programs may not be available on expected timelines, or at all, that data may not support registration or further development of its potential medicines due to safety, efficacy or other reasons, that external factors may have different or more significant impacts on the company's business or operations than the company currently expects, and other risks listed under the heading “Risk Factors” in Vertex's annual report and subsequent quarterly reports filed with the Securities and Exchange Commission at www.sec.gov and available through the company's website at www.vrtx.com. 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In this presentation, Vertex's financial results and financial guidance are provided in accordance with accounting principles generally accepted in the United States (GAAP) and using certain non-GAAP financial measures. In particular, non-GAAP financial results and guidance exclude from Vertex's pre-tax income (i) stock-based compensation expense, (ii) intangible asset amortization expense, (iii) gains or losses related to the fair value of the company's strategic investments, (iv) increases or decreases in the fair value of contingent consideration, (v) an intangible asset impairment charge, and (vi) other adjustments. The company's non-GAAP financial results also exclude from its provision for income taxes the estimated tax impact related to its non-GAAP adjustments to pre-tax income described above and certain discrete items. These results should not be viewed as a substitute for the company’s GAAP results and are provided as a complement to results provided in accordance with GAAP. Management believes these non-GAAP financial measures help indicate underlying trends in the company's business, are important in comparing current results with prior period results and provide additional information regarding the company's financial position that the company believes is helpful to an understanding of its ongoing business. Management also uses these non-GAAP financial measures to establish budgets and operational goals that are communicated internally and externally, to manage the company's business and to evaluate its performance. The company’s calculation of non-GAAP financial measures likely differs from the calculations used by other companies. The company provides guidance regarding combined R&D, AIPR&D and SG&A expenses and effective tax rate on a non-GAAP basis. Unless otherwise noted, the guidance regarding combined R&D, AIPR&D and SG&A expenses does not include estimates associated with any potential future business development transactions, including collaborations, asset acquisitions and/or licensing of third-party intellectual property rights. The guidance does not reflect the impact of the pending acquisition of Crinetics Pharmaceuticals. The company does not provide guidance regarding its GAAP effective tax rate because it is unable to forecast with reasonable certainty the impact of excess tax benefits related to stock-based compensation and the possibility of certain discrete items, which could be material. Non-GAAP financial measures are presented compared to corresponding GAAP measures in the appendix hereto. A reconciliation of the GAAP financial results to non-GAAP financial results is included in the company’s Q2 2026 press release dated August 3, 2026.

Strong Q2:26 performance across the board

Commercial

- **Total revenue +12% Y/Y**
  - Strong growth across all products & regions
- Meaningful progress gaining **reimbursed access** across CF, SCD/TDT, acute pain
- Increased sales force size in **acute pain**
- Launch planning underway in **renal**, led by pove IgAN

Clinical

- **Completed enrollment:**
  - VX-407 AGLOW Ph2 in ADPKD
- **On track to enroll by YE:**
  - Inaxaplin AMPLITUDE Ph3 in AMKD
  - Suzetrigine Ph3s in DPN
- **Expect results by YE:**
  - VX-670 PoC in DM1
  - Inaxaplin AMPLIFIED Ph2 in additional AMKD populations
  - VX-828 patient data in CF
- **Expect results early 2027:**
  - Inaxaplin AMPLITUDE Ph3 IA in AMKD

Regulatory

- **Pove**: BLA for IgAN accepted in U.S.
  - November 30 PDUFA date
- **CASGEVY**: Expanded labeling in SCD/TDT ages 2–11 in U.S.
- **VX-017** IND cleared in T1D
  - "Universal donor," blood type O patients
  - Phase 1/2 study to initiate near term

Also announced Crinetics Pharmaceuticals acquisition with closing expected Q3 2026

SCD: sickle cell disease; TDT: transfusion dependent beta thalassemia; IgAN: immunoglobulin-A nephropathy; ADPKD: autosomal dominant polycystic kidney disease; AMKD: APOL1 mediated kidney disease; DPN: painful diabetic peripheral neuropathy; DM1: myotonic dystrophy type 1; T1D: type 1 diabetes.

Crinetics Pharma acquisition to add 5th disease area pillar: rare endocrine diseases

Enhances VRTX revenue growth and long-term earnings profile

Cystic fibrosis

- **ALYFTREK**
- **TRIKAFTA**
- **SYMDEKO**
- **ORKAMBI**
- **KALYDECO**
- *VX-828 and NG 3.0 family*

Heme

- **CASGEVY SCD**
- **CASGEVY TDT**
- *Improved conditioning*

Pain

- **JOURNAVX (acute)**
- *DPN*
- *$Na_V1.7$/ $Na_V1.8$ combo*

Renal

- *Pove IgAN*
- *Pove pMN*
- *Inaxaplin AMKD*
- *VX-407 ADPKD*

+

Endocrine

Crinetics Pharmaceuticals

- **PALSONIFY**
- *Atumelnant*
  - *CAH*
  - *ADCS*
- *Other Crinetics pipeline*
- *VRTX: T1D pipeline, including zimislecel and VX-017*

+ broad, deep, internal pipeline

BOLD: *approved therapy; underline: new launch since 2023 and milestone in meeting "five launches in five years" goal; italics: in development*
We expect to complete the acquisition of Crinetics in Q3, subject to customary closing conditions

NG: next generation; SCD: severe sickle cell disease; TDT: transfusion dependent beta thalassemia; pDPN: painful diabetic peripheral neuropathy; IgAN: immunoglobulin-A nephropathy; pMN: primary membranous nephropathy; AMKD: APOL1 mediated kidney disease; ADPKD: autosomal dominant polycystic kidney disease; CAH: congenital adrenal hyperplasia; ADCS: ATCH-dependent Cushing's syndrome; T1D: type 1 diabetes.

CF: Extending leadership and driving sustained growth

ALYFTREK & TRIKAFTA now reach ~95% of all people with CF

ALYFTREK

- Best CFTR protein function, as measured by sweat chloride, plus once-daily dosing
- Expect majority of patients to switch to ALYFTREK from TRIKAFTA over time
- New data at ECFS demonstrated ALYFTREK restores the most CFTR function
  - First medicine to enable nearly 2/3 of younger patients to achieve SwCl less than 30 mmol/L, the median among CF carriers

Younger patients & rare mutations

- Treating early in life prevents organ damage & holds promise to extend life expectancy
- Global regulatory submissions in progress: ALYFTREK 2-5 years and TRIKAFTA 1-2 years
- Recent label expansions increase eligible population: ~95% of people with CF now eligible for treatment with VRTX CFTR modulators

Serial innovation

- Next gen 3.0 family of compounds:
  - VX-828: completed dosing in this study; on track to share results H2:26
  - VX-581 and VX-272: both in Phase 1 healthy volunteer studies
- ALYFTREK sets a high bar: any next gen needs to bring even more patients to SwCl <30 mmol/L, across all genotypes, with once-daily dosing and excellent drug-like properties, including drug/drug interactions

CFTR: cystic fibrosis transmembrane conductance regulator; SwCl: sweat chloride.

Povetacicept: BLA under review for Accelerated Approval in IgAN, PDUFA date Nov. 30

Phase 3 Interim Analysis cemented pove's potential as best-in-class in IgAN

Specifically engineered to achieve improved…

- ✓ Binding affinity for BAFF + APRIL
- ✓ Potency
- ✓ Pharmacokinetics
- ✓ Tissue distribution, including the kidney

RAINIER IA data support potential best-in-class profile

- ✓ Reductions in
  - ✓ Proteinuria
  - ✓ Hematuria
  - ✓ Gd-IgA1
- ✓ High rates of background supportive care

RAINIER™
povetacicept
Ph 3 IgAN

Differentiated monthly dosing & patient-centric features

- ✓ Monthly dosing
- ✓ Small volume (0.46mL)
  - ✓ 27-gauge needle
  - ✓ <1.5 second injection time
- ✓ At-home administration
- ✓ Subcutaneous autoinjector

IA: Interim Analysis; Gd-IgA1: galactose deficient immunoglobulin-A1.

Povetacicept: Pipeline-in-a-product potential with promising ongoing clinical trials delivering on key milestones

		PATIENTS[1]	CURRENT PHASE	2026 ACHIEVEMENTS AND MILESTONES
B cell-driven renal diseases	Povetacicept – IgAN 	~330K (>1.5M globally)	Phase 3 trial enrollment complete	✓ **PDUFA: November 30, 2026** ✓ **Completed regulatory submission in the Kingdom of Saudi Arabia for AA; granted Breakthrough Therapy designation**
	Povetacicept – pMN 	~150K (>600K globally)	Phase 2/3 pivotal trial ongoing	✓ **Completed Phase 2b portion and selected dose (80mg, subQ, monthly)** ✓ **Phase 3 portion underway** ✓ **Fast Track and EMA PRIME designations**
Other B cell-driven diseases	Povetacicept – gMG	~175K (~300K globally)	Phase 2 trial ongoing	✓ **Phase 2 30-patient study vs placebo well underway** ✓ **Expect to complete enrollment YE 2026**

1. Estimated patient population in the U.S. and Europe, unless otherwise noted.

IgAN: IgA nephropathy; pMN: primary membranous nephropathy; gMG: generalized myasthenia gravis; IA: interim analysis; AA: accelerated approval; subQ: subcutaneous.

AMKD: Upcoming milestones for inaxaplin in APOL1-mediated kidney disease

First potential targeted therapy for patients with AMKD

AMPLITUDE

AMKD

Patients with 2 APOL1 variants, heavy proteinuria and no other renal-related comorbidities

~150K patients

- **IA data expected early 2027** (after 48 weeks of treatment); if positive, file for potential accelerated approval in the U.S.
- **On track to complete full study enrollment by YE:26**
- **IA endpoints**: eGFR slope vs placebo and percentage change from baseline in proteinuria versus placebo

AMPLIFIED

AMKD + modest proteinuria

AMKD + mod/severe proteinuria + diabetes

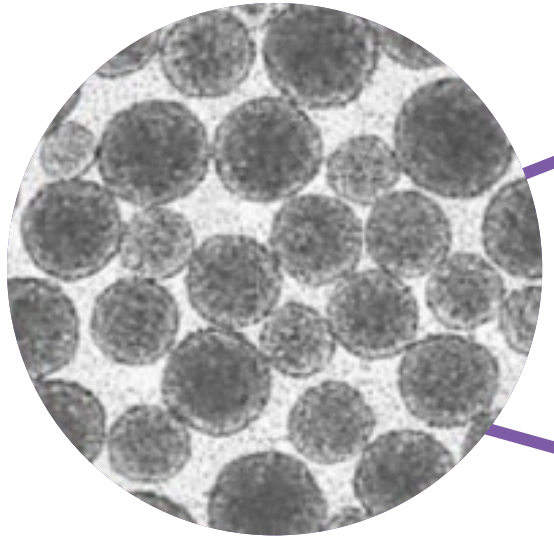
~100K additional patients

- Phase 2 POC study of inaxaplin with **two patient cohorts not studied in AMPLITUDE**: AMKD with modest proteinuria and AMKD with moderate/severe proteinuria and diabetes
- On track to complete study and share **results H2:26**

T1D: Zimislecel Ph 1/2/3 has resumed dosing patients + IND cleared for VX-017

VX-017 (blood type O, or universal donor) will initiate a Phase 1/2 trial in the near term

Insulin-producing islet cells



FDA cleared IND for VX-017, the blood type O version with similar target product profile to zimislecel; anticipate initiating clinical trial in the near term

Doubling market opportunity from ~60K to ~120K patients by designing and bringing to market VX-017

Vertex to acquire Crinetics Pharmaceuticals for $10B (~$8.8B net of cash)

- **Vertex to acquire Crinetics for $85/share in cash; unanimously approved by both Boards of Directors**
- Compelling fit with Vertex strategy: potential best-in-class commercialized and Phase 3 endocrinology assets with combined ~$5B+ peak sales opportunity
  - **PALSONIFY**™ is first and only once-daily oral therapy for adults with acromegaly
    - Transformative potential
    - FDA and EMA approved
    - U.S. launch Oct. 2025, strong early uptake
  - **Atumelnant** is a once-daily oral ACTH receptor antagonist for patients with congenital adrenal hyperplasia
    - Transformative potential to sustain androgen control at physiologic glucocorticoid doses (in Phase 3 adults, Phase 2/3 pediatric)
    - Has also demonstrated therapeutic potential in patients with ACTH-dependent Cushing's syndrome (Phase 2)
- Vertex capabilities expected to accelerate launches and pipeline development
- Acquisition expected to accelerate Vertex's revenue growth and enhance long-term earnings profile

Deal announced July 6, 2026. ACTH: adrenocorticotropic hormone.

R&D portfolio is broad, deep, and rapidly advancing

Select, Next Wave Research-stage Programs	Phase 1 in Healthy Volunteers	Phase (1)/2 (in Patients)	Pivotal Development	Submitted for Accelerated Approval	Approved
Improved conditioning CASGEVY – SCD & TDT	Follow-on molecules for multiple programs	**VX-407** ADPKD	**Povetacicept** IgA nephropathy	**Povetacicept** IgA nephropathy	JOURNAVX®
$Na_V1.7$ inhibitor Pain		**VX-670** DM1	**Povetacicept** pMN		alyftrek®
Islet cells + alternative immunosuppression **Hypoimmune islet cells** Type 1 diabetes		**Povetacicept** wAIHA	**Suzetrigine** DPN		casgevy®
Small molecule Huntington's disease		**VX-993** DPN	**Inaxaplin** AMKD		trikafta®
		VX-828 Cystic fibrosis	**Zimislecel** Type 1 diabetes		symdeko®
		Povetacicept gMG			ORKAMBI®
		Inaxaplin AMKD + modest proteinuria or diabetes			kalydeco®
		VX-017 Type 1 diabetes			

Does not reflect pending acquisition of Crinetics Pharmaceuticals.

SCD: sickle cell disease; TDT: transfusion-dependent beta thalassemia; alt. IS: alternative immunosuppression; CF: cystic fibrosis; AMKD: APOL1-mediated kidney disease; ADPKD: autosomal dominant polycystic kidney disease; DPN: diabetic peripheral neuropathy; DM1: myotonic dystrophy type 1; pMN: primary membranous nephropathy; gMG: generalized myasthenia gravis; wAIHA: warm autoimmune hemolytic anemia.

CF: Q2 global revenue growth of 11%, well balanced geographically

$1B **ALYFTREK H1:26 revenue milestone achieved**

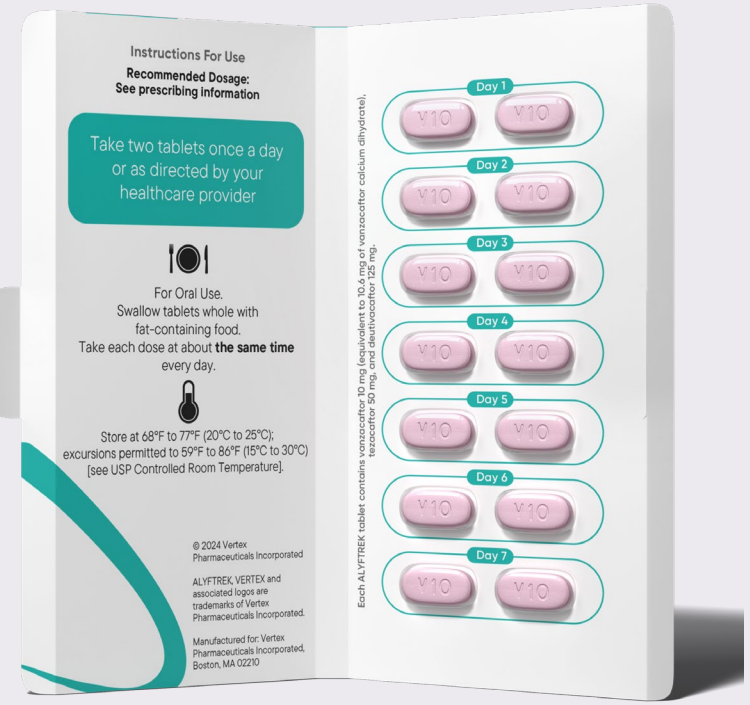
U.S. highlights

- ALYFTREK rollout progressing well
- Label expansions for ALY and TRI represent ~800 newly eligible CF patients
- Majority of ALY revenue from TRI switch patients

OUS highlights

- Very strong ALY European launches
  - More than 1 in 3 eligible CF patients in UK & Germany now on ALY
- Secured 4 reimbursements (Bosnia, Spain, Austria, Finland) in Q2; 25 countries now with ALY reimbursement

alyftrek®



ALYFTREK: A highly efficacious, once-daily CFTR modulator delivering equivalent improvement in lung function[1] and greater CFTR function[2] vs. TRIKAFTA

1. Lung function as measured by improvements in $ppFEV_1$ vs. TRIKAFTA.
2. CFTR function as measured by improvements in sweat chloride vs. TRIKAFTA.

CASGEVY: Acceleration continues into 2026+ towards multi-$B potential

Q2:26 CASGEVY revenue $76M

casgevy® (exagamglogene autotemcel) suspension for IV infusion

- Received approval for ages 2 to <12 years in U.S.
- Regulatory submissions for 5 to <12 years complete in KSA and the U.K.

- **Strong trends in Germany after reaching a historic access agreement for SCD & TDT** patients 12 years and older

- **High visibility for CASGEVY** to contribute meaningfully to $500M+ revenue goal for non-CF products in 2026

KSA: Kingdom of Saudi Arabia.

JOURNAVX launch continues to gain traction

JOURNAVX launch progress

Strong clinical reception

~18K new prescribers in Q2:26

Increasing numbers of publications and patient stories highlighting favorable experiences

Ongoing access expansion

~260M covered lives

>80% of covered lives

~180M lives with unrestricted access

Expanding hospital pathways

~1,400 hospitals & ~130 health systems

With access pathways (formulary, protocol, or order sets)

Field activity momentum

~300 field force

Seamless deployment of recently hired additional reps

On track to deliver >3x Rx growth and >3x revenue growth 2026 vs 2025

Renal: Building our fourth disease area pillar, starting with povetacicept in IgAN

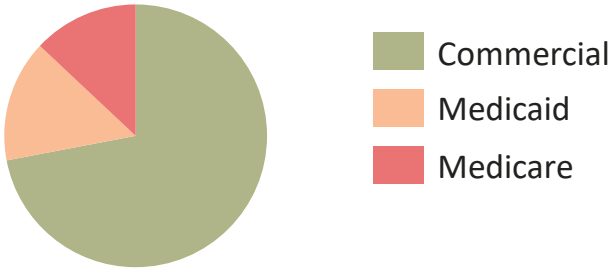
Final stages of commercial launch preparations

Providers

~4,000 nephrologists treat ~80% of U.S. IgAN patients

Completed hiring of renal field force and 90% have nephrology experience; will have largest field force among APRIL or APRIL/BAFF therapies for IgAN

Payers



~70% of IgAN patients have commercial coverage

High value of disease-modifying therapies recognized

Patients

Patient programs critical for chronic therapies, especially biologics

Program will enable speed to therapy & personalized support, leveraging best practices from CF

Q2 2026 financial highlights

($ in millions except where noted or per share data and percentages)	Q2:25	FY:25	Q2:26
TRIKAFTA/KAFTRIO	2.55B	10.31B	**2.50B**
ALYFTREK	157	838	**574**
Other CF product revenues	194	645	**137**
Total CF product revenues, net	2.90B	11.80B	**3.21B**
CASGEVY	30	116	**76**
JOURNAVX	12	60	**50**
Total product revenues	2.94B	11.97B	**3.33B**
Other revenues	21	31	**—**
Total revenues	2.96B	12.00B	**3.33B**
Combined non-GAAP R&D, Acquired IPR&D and SG&A expenses	1.24B	5.12B	**1.43B**
Non-GAAP operating income	1.33B	5.26B	**1.42B**
Non-GAAP operating margin %	45%	44%	**43%**
Non-GAAP net income	1.17B	4.75B	**1.21B**
Non-GAAP net income per share-diluted	$4.52	$18.40	**$4.73**
Cash, cash equivalents & marketable securities (period-end)	12.0B	12.3B	**13.6B**

Notes: An explanation of non-GAAP financial measures and reconciliation of combined non-GAAP R&D, Acquired IPR&D and SG&A expenses, non-GAAP operating income, non-GAAP net income and non-GAAP net income per share – diluted to corresponding GAAP measures are included in the company's press releases dated February 12, 2026 and August 3, 2026. Non-GAAP financial measures are presented compared to corresponding GAAP measures in the appendix of this presentation. Totals above may not add due to rounding.

Raising full year 2026 revenue guidance

	Current FY 2026 guidance	Previous FY 2026 guidance	Commentary
Total Revenue	$13.1 - $13.2B	$12.95 - $13.1B	Full year revenue guidance includes expectations for continued growth in CF, as well as $500 million or more in revenue from non-CF products.
Combined GAAP R&D, Acquired IPR&D and SG&A Expenses*	Unchanged (expect at high end of range)	$6.3 - $6.45B	Includes expectations for continued investment in multiple mid- and late-stage clinical development programs and commercialization capabilities, as well as ~$100M of currently anticipated AIPR&D expenses.
Combined Non-GAAP R&D, Acquired IPR&D and SG&A Expenses*	Unchanged (expect at high end of range)	$5.65 - $5.75B	
Non-GAAP Effective Tax Rate	Unchanged	19.5% - 20.5%	

*The difference between the combined GAAP R&D, AIPR&D and SG&A expenses and the combined non-GAAP R&D, AIPR&D and SG&A expenses guidance relates primarily to $650 million to $700 million of stock-based compensation expense.

	Anticipated key milestones
Marketed CFTR modulators	• Expand number of people treated: ultra-rare mutations, younger patients, additional geographies
ALYFTREK (CF)	• **Expand CF leadership and reach more patients around the globe by driving U.S. adoption and ongoing OUS launches in 6+ year olds** • Completed pivotal study for 2 to 5 years; **began global regulatory submissions in H1 2026**
Next-generation 3.0 (CF)	• **VX-828:** Completed dosing; share results in **H2 2026** • Continue to **advance VX-581 and VX-272** in FIH studies
CASGEVY (SCD/TDT)	• **Reach more eligible patients ages 2+ year-olds** through global ATC network • **Continue to make progress on advancing preclinical assets for gentler conditioning to broaden eligible patient population**
Suzetrigine (pain)	• **Acute: Leverage first year JOURNAVX success to drive Rx & revenue growth in U.S. launch;** secure approval in Canada • **DPN: Complete enrollment of both Phase 3 studies by YE 2026**
VX-993 (pain)	• DPN: Complete enrollment of Phase 2 study by YE 2026
Zimislecel (T1D)	• Continue to enroll and dose patients, provide updated program plans
VX-017 (T1D)	• Initiate Phase 1/2 evaluating VX-017 (type O, “universal donor”) in people with T1D
Inaxaplin (AMKD)	• **AMPLITUDE** (core AMKD population)**:** complete full enrollment in H2 2026; **complete Phase 3 interim analysis and share data in early 2027** • **AMPLIFIED** (extended AMKD population - pts with AMKD & modest proteinuria or AMKD & diabetes): **complete study and share data H2 2026**
Povetacicept (IgAN, pMN)	• **IgAN: PDUFA target action date of November 30 in U.S.; complete launch preparation** • **pMN: Drive Phase 3 enrollment and continue dosing** • **gMG: Complete enrollment in gMG Phase 2 study by YE 2026**
VX-407 (ADPKD)	• **Completed enrollment in the AGLOW Phase 2 proof-of-concept study**
VX-670 (DM1)	• **Completed enrollment in Phase 1/2 study; complete dosing and share results in H2 2026**
	• **Close Crinetics Pharmaceuticals acquisition Q3 2026, subject to customary closing conditions**

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August 3, 2026

Presentation intended for the investment community

Appendix
GAAP to non-GAAP financial information

(in millions except per share amounts and percentages)	Q2:25	FY:25	Q2:26
Combined R&D, AIPR&D and SG&A			
GAAP	1.41B	5.80B	**1.60B**
Non-GAAP	1.24B	5.12B	**1.43B**
Operating income			
GAAP	1.15B	4.17B	**1.25B**
Non-GAAP	1.33B	5.26B	**1.42B**
Operating Margin %			
GAAP	39%	35%	**37%**
Non-GAAP	45%	44%	**43%**
Net income			
GAAP	1.03B	3.95B	**1.10B**
Non-GAAP	1.17B	4.75B	**1.21B**
Net income per share-diluted			
GAAP	$3.99	$15.32	**$4.31**
Non-GAAP	$4.52	$18.40	**$4.73**
Shares used in per share calculations			
GAAP	258.9	258.0	**255.2**
Non-GAAP	258.9	258.0	**255.2**

Notes: An explanation of non-GAAP financial measures and reconciliation of combined non-GAAP R&D, Acquired IPR&D and SG&A expenses, non-GAAP operating income, non-GAAP net income and non-GAAP net income per share – diluted to corresponding GAAP measures are included in the company's press releases dated February 12, 2026 and August 3, 2026.