J.P. Morgan Healthcare Conference

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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 and statements regarding (i) expectations, goals, development and commercialization plans and timelines for the company's products, product candidates and pipeline programs, including beliefs regarding the emerging renal business, multiple launch opportunities, treatable patient populations, and additional opportunities in mid-and-late stage programs, including more than 10 disease areas with multi-billion dollar market potential, (ii) expectations for sustained growth with respect to the company's CF medicines, including with respect to the ongoing commercial launch of ALYFTREK, that the majority of eligible CF patients will switch from TRIKAFTA to ALYFTREK over time, treating younger patients, filing for approval for TRIKAFTA in patients 1 to 2 years of age in H1 2026 and securing approval in H2 2026, sharing data from Phase 3 study of ALYFTREK in patients 2 to 5 years of age and submitting for regulatory approval in 2026, initiating a Phase 3 study of ALYFTREK in patients 1 to 2 years of age in 2026, CF population growth and patients living longer, reaching additional geographies, the goal to advance additional small molecules to be able to bring all eligible patients to carrier levels of CFTR function, and extending the CF portfolio's market leadership with IP through 2040, (iii) plans to advance VX-522 to reach the ~5,000 CF patients who cannot benefit from a CFTRm and share data in H2 2026, expectations to complete enrollment and dosing in the CF patient cohort for VX-828 and share data in H2 2026, and plans to advance other next-generation CF compounds (iv) expectations for CASGEVY, including with respect to the acceleration of patient infusions, CASGEVY's commercial potential, including as a potential multi-billion dollar franchise, reaching more eligible patients and treating younger patients, expanding patient access to CASGEVY in new countries, submitting for regulatory approval for 5 to 11 year olds in H1 2026, beliefs regarding transformative patient outcomes and survival rates, and the potential to improve conditioning associated with CASGEVY, (v) expectations for JOURNAVX in 2026, including with respect to prescription and revenue growth in the U.S., the expansion of the number of covered lives and scaling the number of hospitals with pathways to JOURNAVX, converting prescriptions to revenue, doubling the commercial field team, targeting more than 3x prescription growth, and plans to file for regulatory approval in Canada H1 2026, (vi) 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 continue to progress the Phase 2 study of VX-993 in DPN, (vii) expectations regarding povetacicept in IgAN, including expectations to complete the full BLA submission in H1 2026, if results are supportive, and secure accelerated approval in the U.S., and the company's beliefs regarding the clinical benefits of povetacicept in IgAN, including as a potential best-in-class asset, expectations for Phase 3 interim analysis results in H1 2026, and for the potential launch of povetacicept in IgAN, (viii) expectations regarding the company's capabilities and potential leadership in renal medicine, including with respect to development and commercialization, and beliefs with respect to povetacicept as a potential a pipeline-in-a-product, povetacicept's clinical benefits and potential to treat additional B cell driven renal and other non-kidney diseases, and with respect to expectations to complete enrollment in the Phase 2 study in pMN and to initiate a Phase 2 study in gMG in H1 2026, (ix) expectations for the T1D program, including with respect to zimislecel as a potentially curative treatment, and expectations to resume dosing in the Phase 1/2/3 study once internal manufacturing review is complete, (x) beliefs that the differentiated R+D strategy and business model will continue to deliver long-term revenue growth, profitability, and consistently deliver transformative therapies and shareholder value, (xi) expectations for inaxaplin, including with respect to sharing data from the Phase 3 interim analysis of AMPLITUDE at year end 2026 or in early 2027, filing for U.S. accelerated approval if results are supportive, completing full enrollment in AMPLITUDE in H2 2026, and expectations to share data from AMPLIFIED by H2 2026, (xii) expectations for the clinical development of VX-407 in ADPKD and plans for serial innovation to reach all ADPKD patients, and (xiii) expectations for VX-670 in DM1 patients, including with respect to completing enrollment and dosing in the Phase 1/2 clinical trial of VX-670 in DM1 in H1 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. 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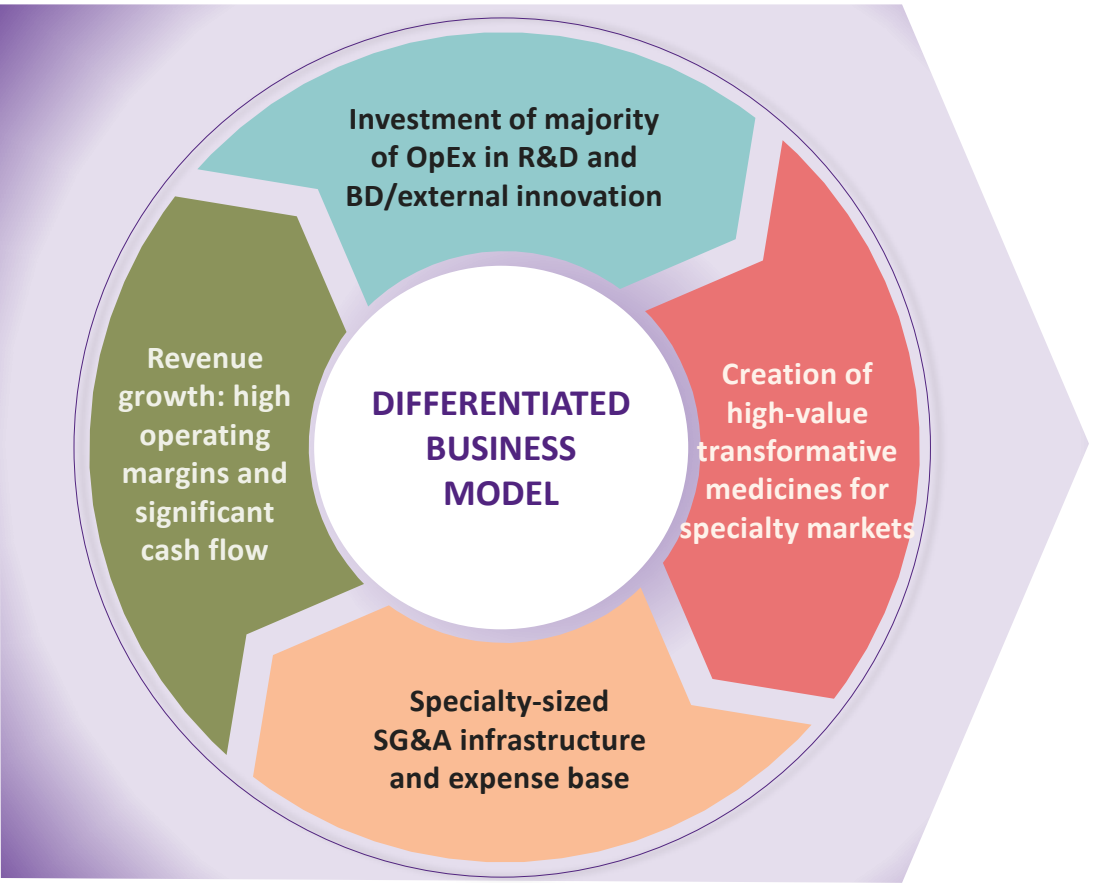
Differentiated R+D strategy and business model continue to deliver

Three established disease areas, renal vertical emerging and more to follow



Marketed medicines

CYSTIC FIBROSIS	HEME	ACUTE PAIN	Near Term Phase 3 Results* RENAL	Additional opportunities MID- AND LATE-STAGE PROGRAMS
• ALYFTREK • TRIKAFTA • SYMDEKO • ORKAMBI • KALYDECO	• CASGEVY SCD • CASGEVY TDT	• JOURNAVX	• Pove IgAN • Inaxaplin AMKD	• Suz DPN • Zimislecel T1D • Pove pMN --- • Pove gMG • VX-407 ADPKD • VX-522 CF • VX-828 CF • VX-993 DPN • VX-670 DM1

*Phase 3 interim analysis results expected for pove IgAN H1:26 and inaxaplin late 2026/early 2027. SCD: sickle cell disease; TDT: transfusion-dependent beta thalassemia; IgAN: immunoglobulin-A nephropathy; AMKD: APOL1-medicated kidney disease; Suz: suzetrigine; DPN: diabetic peripheral neuropathic pain; T1D: type 1 diabetes; pMN: primary membranous nephropathy; gMG: generalized myasthenia gravis; ADPKD: autosomal dominant polycystic kidney disease; DM1: myotonic dystrophy type 1

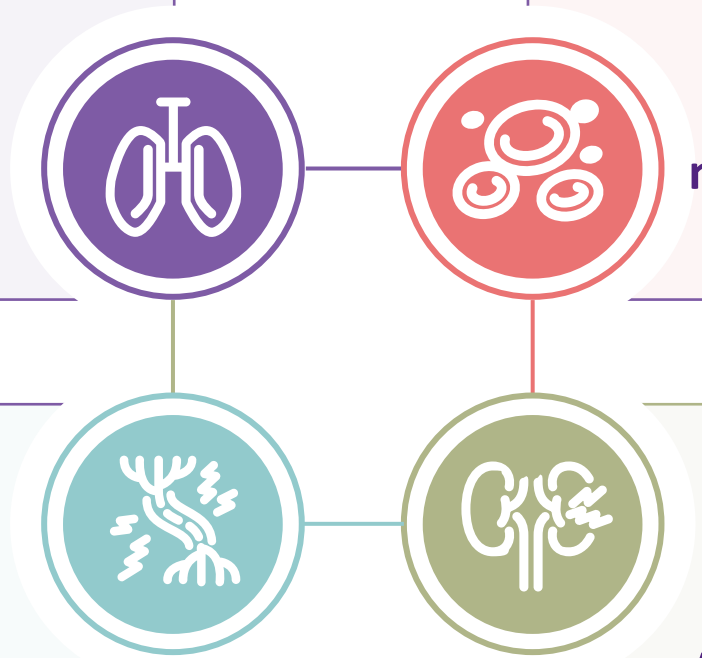
Significant growth from established and emerging disease areas

Cystic fibrosis portfolio

Continue to expand market leadership

CASGEVY

Leverage established global ATC network to drive patient infusions



JOURNAVX

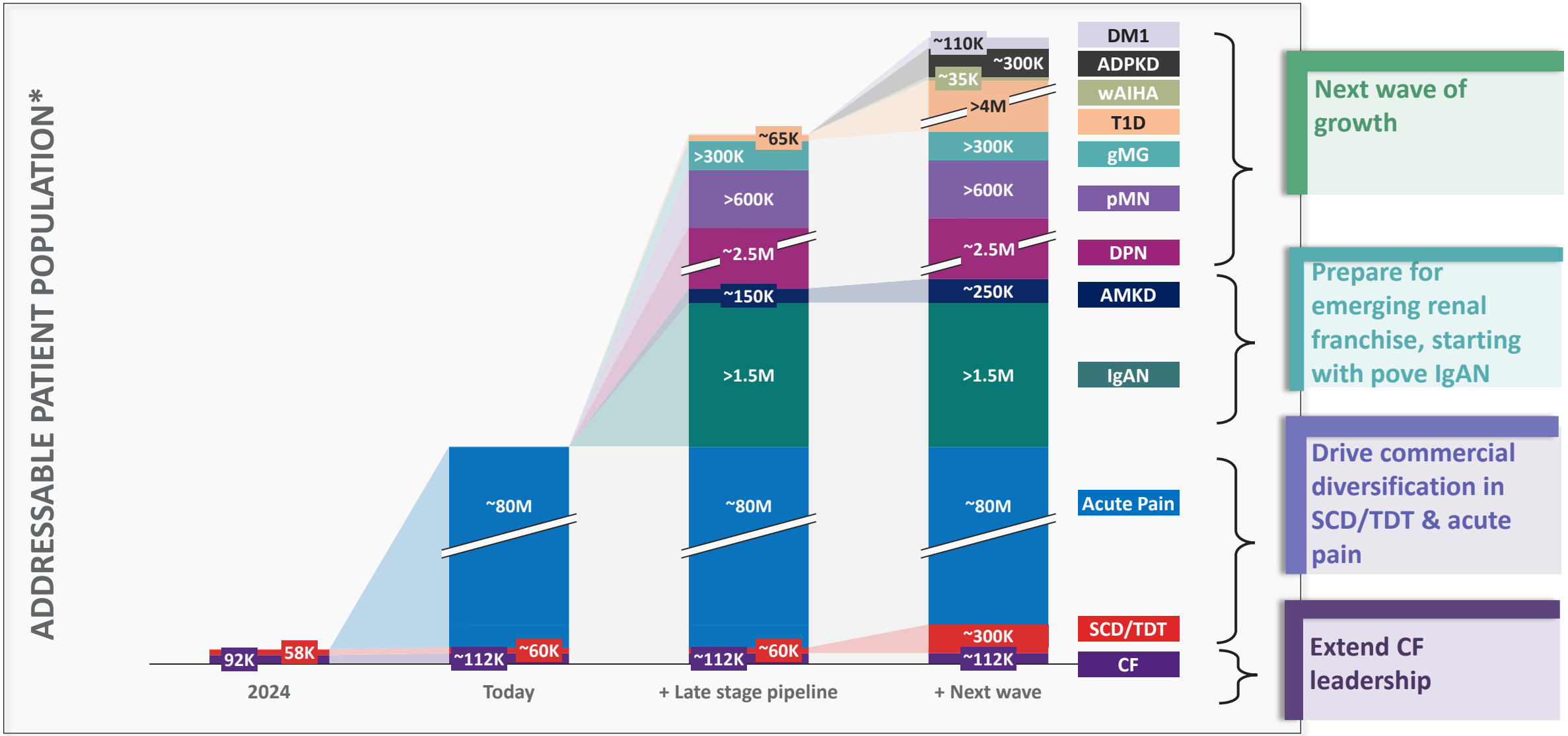
Build on momentum of first year launch to grow Rx's and revenue

Povetacicept

Submit for U.S. Accelerated Approval; prepare to win with potential best-in-class asset

ATC: Authorized treatment center

Potential to serve patients across 10+ disease areas, each with multi-$B market potential



*All epidemiological estimates include patients in North America and Europe, with three exceptions: 1) CF includes Australia, New Zealand and additional geographies, 2) SCD/TDT also includes Middle East, and 3) IgAN, pMN and gMG are global estimates, including patients in the territories which our partners will be commercializing (China, Japan, South Korea, etc.). At initial launch, potential indications may be a subset of the total patient population opportunity (e.g., VX-407 for ADPKD targets ~10% of ~300K patient population, which represents all mutations). Specific expansions of the addressable patient population due to "next wave" pipeline developments include SCD/TDT with improved conditioning; AMKD with the inclusion of comorbidities (AMPLIFIED study); and T1D with targeted immunosuppression and hypoimmune cells.

CF: Continued market leadership, with patent protection through ~2040

Transformative impact

- ~15 years of real-world safety and efficacy data with ~200K patient years
- 90% reduction in mortality[1]
- >70% reduction in PEx's, hospitalizations and lung transplantations[2]

Serial innovation

- 5 globally commercialized medicines; potential to treat ~95% of people with CF
- Approved for patients as young as 1 month (KLD), 2 years (TRI)
- Multiple pipeline assets in clinic

Patient connectivity

- ~85% U.S. CF patients in VRTX Guidance & Patient Support (GPS) for up to 13 years
- ~85% patient adherence to VRTX CFTR modulators
- Strong patient loyalty with high satisfaction

Reimbursement expertise

- Access in >60 countries on 6 continents
- In 2025, signed >55 multi-year reimbursement agreements
- Multiple innovative agreements cover future medicines and/or indications

kalydeco® ORKAMBI® symdeko® trikafta® alyftrek™

1. C. Bower JK, Chang C-Y, Sahota G, et al. 2025 (TRIKAFTA); 2. Bower JK, et al. J Cyst Fibros. 2023;22:730–7. PEx: pulmonary exacerbation; KLD: KALYDECO; TRI: TRIKAFTA

CF: Multiple factors drive sustained growth

KEY CF GROWTH DRIVERS

ALYFTREK launch	•Best CFTR protein function, as measured by sweat chloride, plus once-daily dosing •Approved for additional rare mutations •Expect majority of patients to switch to ALYFTREK from TRIKAFTA over time
Younger patients	•Increases eligible population •TRIKAFTA: Target global submissions in patients ages 1-2 years, starting in H1:26 •ALYFTREK: Phase 3 data and submission for patients ages 2-5 years + initiate study in patients ages 1-2 years in 2026
CF population growth	•CF patients are living longer •~3% CF population average annual growth rate 2020-2025[1]
Additional geographies	•Expanding beyond traditional core markets to new geographies •Brazil, Turkey, Mexico
Additional therapies	•Serial innovation: NG 3.0 compounds, including VX-828 and VX-581 •VX-522 mRNA for last ~5,000 patients who do not make any CFTR protein

1. Vertex internal research

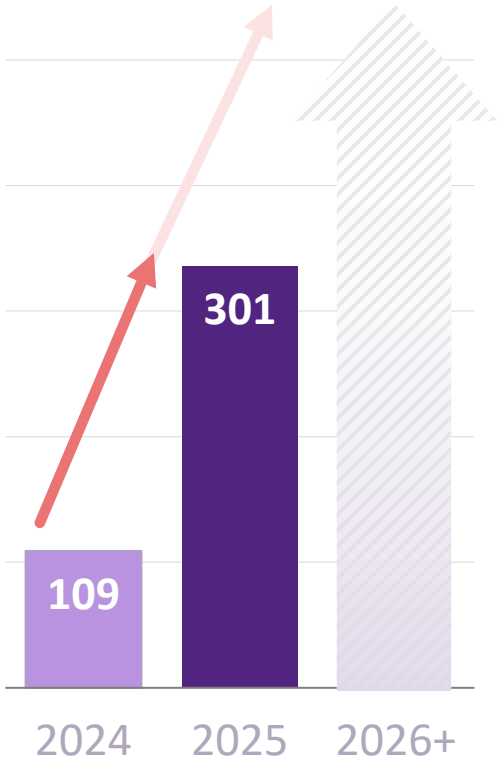
NG = next generation

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

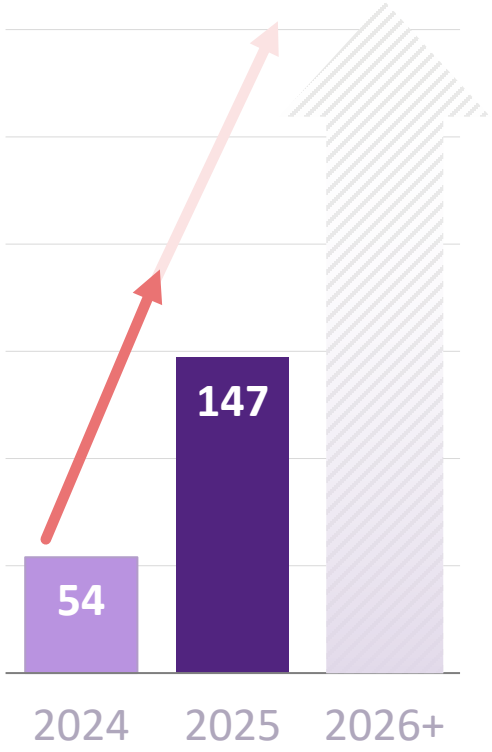
Exceeded goal for $100M CASGEVY revenue in FY 2025

casgevy® (exagamglogene autotemcel) suspension for IV infusion

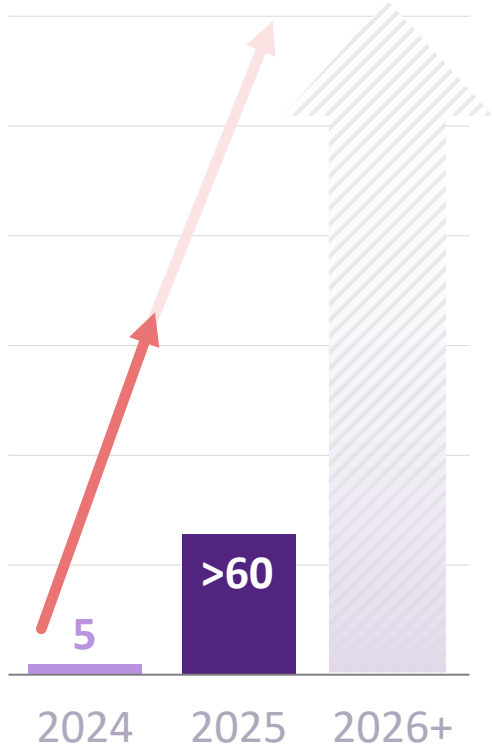
Patients initiated



1st Cell collections



Cell infusions



Accelerate patient infusions through existing global ATC network

Expand to younger patients

Broad coverage

U.S.: ~90% Medicaid & commercial

OUS: Access in 12 countries with more to come

Provide transformative patient outcomes*

+31 yrs survival SCD

+18 yrs survival TDT

>90% projected reduction in lifetime VOCs & RBCTs

*VRTX data projections over a lifetime horizon from TDT and SCD models that apply CASGEVY clinical efficacy data from the U.S. prescribing information to a cohort of patients with TDT and SCD that are approximately 20 years old, based on mean age at baseline in CASGEVY pivotal trials. ATCs: Authorized Treatment Centers; VoCs: vaso-occlusive crises; RBCTs: red blood cell transfusions

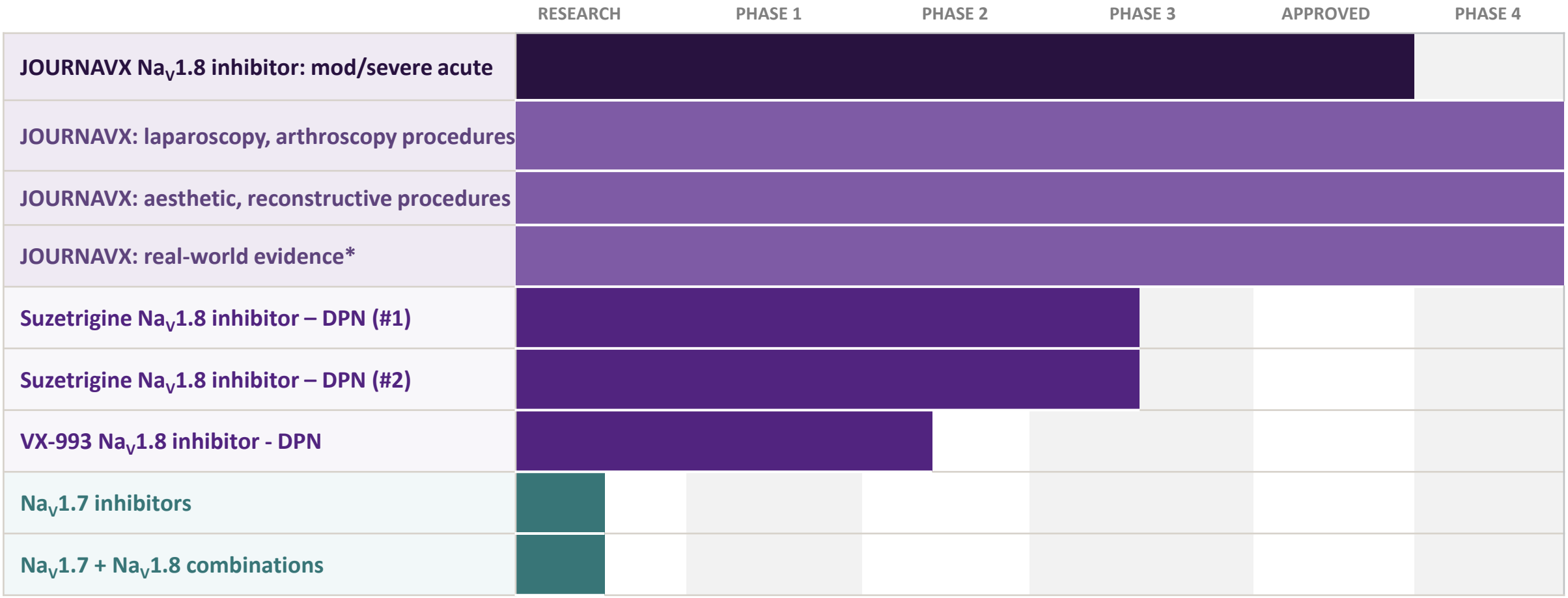
Pain: 2025 execution positions JOURNAVX for significant growth in 2026 and beyond

JOURNAVX™ (suzetrigine)

	PAYERS	PRESCRIBERS	PATIENTS
2025	**>200M covered lives** **All 3 national PBMs* contracted** and **~900 hospitals** with access pathways	**>30K prescribers** **Excellent breadth** of prescribers and adoption across **multiple specialties**	**>500K prescriptions** **Strong early success** and positive reception from patients with surgical and non-surgical pain
2026	• Expand # of covered lives • Scale # hospitals with pathways • Convert Rx's to revenue	Double field team to drive HCP adoption and depth	Targeting >3x prescriptions vs. 2025

 *Third national PBM contract effective 1/1/26. Hospital and ambulatory surgery center access pathways include formularies, order sets, and/or discharge protocols.

Pain: Committed to long-term leadership, starting with JOURNAVX in acute pain



Phase 4 studies demonstrate potential for JOURNAVX to be used as a core element of opioid-free multi-modal treatment in the vast majority (90.9%, 76.1%) of patients with moderate to severe acute pain following these procedures

Acute Pain | Acute pain post market studies | Peripheral Neuropathic Pain (PNP) | Acute and/or PNP

Study 113 (Phase 4): JOURNAVX as part of multimodal therapy for acute pain following aesthetic and reconstructive procedures: 90.9% of patients were rescue opioid-free through end of treatment.
Study 108 (Phase 4): JOURNAVX as part of multimodal therapy for acute pain following laparoscopic and arthroscopic orthopedic procedures: 76.1% of patients were rescue opioid-free through end of treatment.

*Additional real-world evidence generation ongoing. DPN: diabetic peripheral neuropathy

Povetacicept: Potential best-in-class asset in IgAN

Specifically engineered to achieve improved…	RUBY-3 Phase 2 data demonstrated potential best-in-class profile	Differentiated monthly dosing and patient-centric features

✓ Binding affinity for BAFF + APRIL
✓ Potency
✓ Pharmacokinetics
✓ Tissue distribution, including the kidney
	✓ Reductions in
	  ✓ Proteinuria
	  ✓ Hematuria
	  ✓ Gd-IgA1
	▪ + stable renal function (eGFR)
		✓ At-home administration
		✓ Subcutaneous autoinjector
		✓ Monthly dosing
		✓ Small volume (0.46mL)
		  ✓ 27 gauge needle
		  ✓ <1.5 second injection time

RUBY™-3

BLA submission for U.S. Accelerated Approval initiated Q4:25, with targeted completion H1:26

*Gd-IgA1: galactose deficient immunoglobulin-A1; eGFR: estimated glomerular filtration rate

We plan to win in renal medicine, starting with pove in IgAN

Vertex capabilities in developing and commercializing transformative medicines are now being applied to a broad and rapidly advancing kidney portfolio

Expertise in high-science sales informed by BIC therapies in CF, Heme, and moderate-to-severe Acute Pain; field force hiring well underway

- Proven capabilities in **securing rapid & broad patient access**
- Completed engagement with 60+ payers representing ~190M covered lives in 2025

Comprehensive, dedicated patient support capabilities, informed by CF expertise

Establishing nephrology leadership with **pove pipeline-in-a-product potential,** including pMN**,** and additional programs in **AMKD** and **ADPKD**

BIC: best-in-class; pMN: primary membranous nephropathy; AMKD: APOL1-mediated kidney disease; ADPKD: autosomal dominant kidney disease

Rapid progress across renal portfolio, with multiple near-term catalysts

		PATIENTS[1]	CURRENT PHASE	2026 MILESTONES
B cell driven renal diseases	Povetacicept – IgAN	~330K (>1.5M globally)	Phase 3 trial enrollment complete	• On track to complete submission H1:26 for U.S. AA, if results are supportive • Prepare for U.S. launch
	Povetacicept – pMN	~150K (>600K globally)	Phase 2/3 pivotal trial initiated	• Complete Phase 2 enrollment
Other non-kidney	Povetacicept – gMG	~175K (~300K globally)	Phase 2 trial initiating H1:26	• Drive Phase 2 enrollment
APOL1- mediated kidney disease (AMKD)	**AMPLITUDE Inaxaplin – Primary AMKD**	**~150K**	**Phase 3 trial IA cohort enrollment complete**	• **Phase 3 IA results YE:26 or early 2027** • **File for U.S. AA, if IA results are supportive** • **Complete full trial enrollment**
	Inaxaplin – AMKD with moderate proteinuria or diabetes	**~100K**	**Phase 2 trial**	• **Share data in expanded population**
Autosomal dominant polycystic kidney disease (ADPKD)	VX-407	Up to ~30K	Phase 2 trial	• Advance enrollment
	Serial innovation to reach all ADPKD patients	~300K (incl. ~30K)	Research stage	• Progress research-stage assets

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

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

Tracking ahead of goal for 5 launches over 5 years (2028)

Select, Next Wave Research-stage Programs	Phase 1 in Healthy Volunteers	Phase (1)/2 in Patients	Pivotal Development	Approved
Improved conditioning CASGEVY – SCD & TDT	**Follow-on molecules:** • CF • Pain • AMKD	**VX-407** ADPKD	**Povetacicept** IgA nephropathy	JOURNAVX™ (suzetrigine)
$Na_V1.7$ inhibitor Pain		**VX-522** CFTR mRNA	**Povetacicept** pMN**	alyftrek™
Islet cells + alternative immunosuppression **Hypoimmune islet cells** Type 1 diabetes		**VX-670** DM1	**Suzetrigine** DPN (2 studies)	casgevy®
Small molecule Huntington's disease		**Povetacicept** wAIHA	**Inaxaplin** AMKD	trikafta®
		VX-993 DPN	**Zimislecel** Type 1 diabetes	symdeko®
		VX-828 Cystic fibrosis		ORKAMBI®
		Povetacicept gMG*		kalydeco®

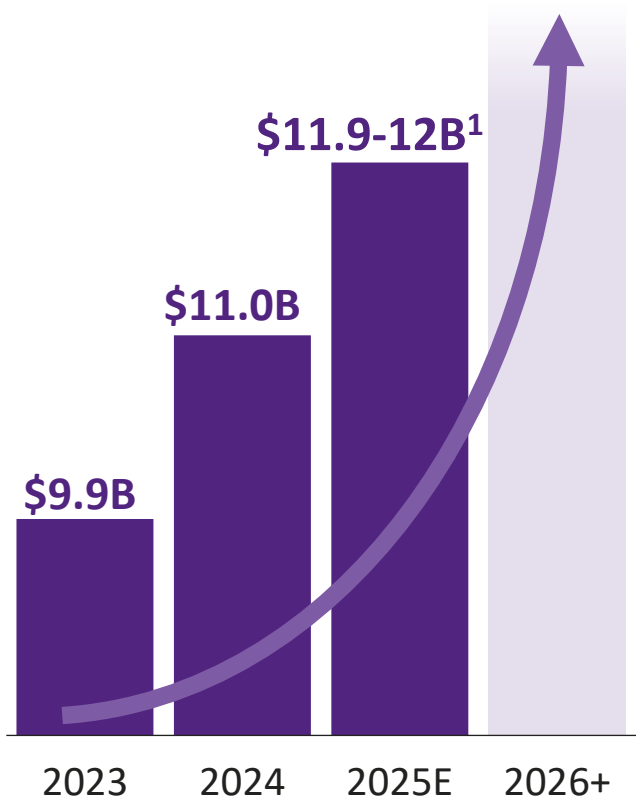
*Phase 2 trial to initiate in H1:26. **In Phase 2 portion of Phase 2/3 trial.

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; CFTR mRNA: cystic fibrosis transmembrane conductance regulator messenger RNA; DM1: myotonic dystrophy type 1; pMN: primary membranous nephropathy; gMG: generalized myasthenia gravis; wAIHA: warm autoimmune hemolytic anemia.

Sustained revenue growth, attractive pipeline & multiple launch opportunities

Focus remains on investing in innovation, driving the late-stage pipeline & delivering on launches

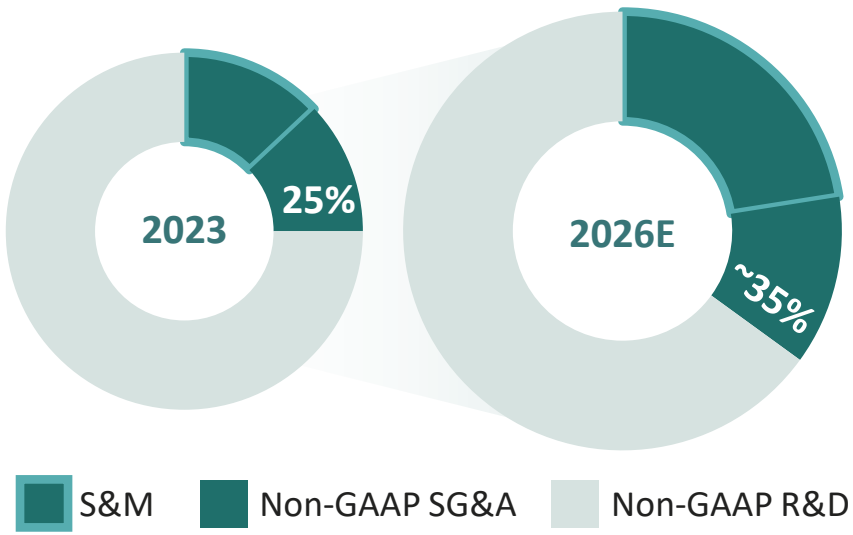
Total Revenue ($M)



Non-GAAP OpEx ($M)

Ex-AIPR&D[2]

Sales & marketing investment increasing as a % of OpEx **to support revenue diversification** while maintaining disciplined G&A spend and substantial R&D investments



Capital Allocation Strategy

Invest in internal and external innovation

~$12B of cash on the balance sheet to fuel continued innovation[3]

Share repurchase program

Deployed ~$1.9B through Q3:25 to buy back ~4.5M shares[3]

1. Guidance provided on Q3:25 earnings call 11/4/25. 2. Non-GAAP OpEx excludes acquired in-process research and development expenses (AIPR&D). See appendix for a reconciliation of the non-GAAP sales & marketing expense as a percentage of non-GAAP OpEx to the corresponding GAAP figure. 3. Cash & investments and share repurchase totals are actuals as of 9/30/25.

Goals for 2026

Expand CF leadership

- ❑ Reach more CF patients
- ❑ Submit for approval for TRIKAFTA in 1-2 year olds
- ❑ Submit ALYFTREK for approval in 2-5 year olds; initiate trial in 1-2 year old age-group
- ❑ Advance additional small molecules to bring all eligible patients to carrier levels of CFTR function
- ❑ Advance VX-522 mRNA to reach the ~5,000 patients who cannot benefit from a CFTRm

Execute commercial diversification

- ❑ Drive CASGEVY patient infusions through global ATC network
- ❑ >3x JOURNAVX prescriptions vs. 2025
- ❑ Prepare to commercialize emerging renal franchise, starting with povetacicept in IgAN
- ❑ Build for future launches including in peripheral neuropathic pain and type 1 diabetes

Advance broad and deep R&D pipeline

- ❑ Rapidly progress pivotal programs
  - Pove IgAN, inaxaplin, suzetrigine DPN, pove pMN, zimislecel
- ❑ File for U.S. accelerated approval for pove in IgAN H1:26
- ❑ Advance early- and mid-stage programs in clinical development
- ❑ Progress next wave of innovation into the clinic

Deliver financial performance

- ❑ Drive CF product revenue growth
- ❑ Diversify revenue base with CASGEVY and JOURNAVX in acute pain
- ❑ Sustain strong operating margins while continuing to invest in pipeline and support additional specialty sales & marketing capabilities
- ❑ Continue to prioritize cash deployment for innovation, with share repurchase a second priority

CFTRm: CFTR modulators; ATC: authorized treatment centers; IgAN: immunoglobulin-A nephropathy; DPN: diabetic peripheral neuropathy; pMN: primary membranous nephropathy

Appendix

Anticipated Key Milestones

TRIKAFTA (CF)	Completed pivotal study for 12 to <24 months of age; **file for approval in H1 2026**
ALYFTREK (CF)	**Continue to drive adoption in U.S. and execute ongoing OUS launches in 6+ year olds** Share data from **Phase 3 study in children ages 2-5 years and submit for regulatory approval in 2026** Initiate Phase 3 study in patients ages 1-2 years
VX-522 (CF)	Complete dosing in the MAD portion of the Phase 1/2 study; **share data in H2 2026**
Next-generation 3.0 (CF)	**VX-828:** Complete enrollment and dosing in CF patient cohort; **share data in H2 2026**; advance other NG 3.0 candidates
CASGEVY (SCD/TDT)	• **Reach more eligible patients ages 12+ year-old and drive infusions** through global ATC network • **Regulatory submissions in patients ages 5-11 H1 2026;** received FDA Commissioner's National Priority Voucher
Suzetrigine (pain)	• **Acute: Leverage first year JOURNAVX success to drive Rx & revenue growth in U.S. launch;** file in Canada in H1 2026 • **DPN: Complete enrollment of both Phase 3 studies by YE 2026**
VX-993 (pain)	• DPN: Continue to progress Phase 2 study
Zimislecel/VX-880 (T1D)	• **Resume dosing** once internal manufacturing review complete
Inaxaplin (AMKD)	• **AMPLITUDE: share data from Phase 3 interim analysis in late 2026 or early 2027;** complete full enrollment in H2 2026 • **AMPLIFIED** (AMKD patients with moderate proteinuria or diabetes): share data H2 2026 in this expanded population
Povetacicept (IgAN, pMN)	• **IgAN: First module of BLA submitted; complete submission of BLA in H1 2026 for potential U.S. accelerated approval; prepare for launch** • **pMN:** Continue to enroll and dose Phase 2/3 pivotal trial; **complete Phase 2 enrollment** • **gMG: Initiate gMG Phase 2 study in H1 2026**
VX-407 (ADPKD)	**Continue to enroll and dose the AGLOW Phase 2 proof-of-concept study**
VX-670 (DM1)	**Complete enrollment and dosing in the Phase 1/2 study in DM1 patients mid-2026**

Appendix A: Reconciliation of GAAP to non-GAAP Financial Information

	Full Year 2023
GAAP Selling, General and Administrative (SG&A) Expenses	$1,137M
Stock-based compensation expense	(219M)
Non-GAAP SG&A Expenses	$918M
Combined GAAP Research and Development (R&D) and SG&A Expenses	$4,300M
Combined Non-GAAP R&D and SG&A Expenses	$3,715M
GAAP SG&A Expenses as % of OpEx excluding AIPR&D	*26%*
Non-GAAP SG&A Expenses as % of OpEx excluding AIPR&D	*25%*

Appendix B

Vertex epidemiology estimates for targeted disease areas

	DISEASE STATE	ASSET	APPROACH/MODALITY	PATIENT OPPORTUNITY
COMMERCIALIZED	Cystic fibrosis	5 approved, incl. ALYFTREK	Small molecules	~112,000
	Sickle cell disease + TDT	CASGEVY	Cell and gene therapy	>60,000 severe
	Acute Pain	JOURNAVX	Small molecule NaV1.8 inhibitor	~80M
IN PIVOTAL STUDIES (in progress or near term)	Diabetic peripheral neuropathy	Suzetrigine	Small molecule NaV1.8 inhibitor	~2.5M
	APOL1- mediated kidney disease	Inaxaplin	Small molecule inhibitor	~250,000
	Type 1 diabetes	Zimislecel + other potential approaches	Cell and gene therapy	~65,000 w/initial filing ~4M*
	IgA nephropathy	Povetacicept	Fc fusion protein	~330K U.S./Europe >1.5M globally
	Primary membranous nephropathy	Povetacicept	Fc fusion protein	~150,000 U.S./Europe >600,000 globally
PIPELINE	Generalized myasthenia gravis	Povetacicept	Fc fusion protein	~175,000 U.S./Europe >300,000 globally
	Myotonic dystrophy type 1	VX-670	Oligonucleotide with cyclic peptide	~110,000
	Cystic fibrosis	VX-522	mRNA	~5,000**
	Autosomal dominant polycystic kidney disease	VX-407 + other potential approaches	Small molecule corrector	Up to ~30,000 ~300,000
	Warm autoimmune hemolytic anemia	Povetacicept	Fusion protein	~35,000

*Zimislecel initial program seeks first approval for ~65,000 patients. **VX-522 targets a patient population that does not make any CFTR protein and is a subset (~5,000) of the ~112,000 overall CF patient population.

Povetacicept IgAN offers best-in-class potential across both clinical and patient factors

	Goal	How pove achieves goal	Potential BIC
MoA/ Preclinical	→ Disease-modifying and pathogenic	Directly reduces Gd-IgA1	✓
	→ Highly specific and potent	IC_{50} less than 10 nM	✓
	→ Inhibits BAFF + APRIL	Dual inhibitor of both cytokines	✓
Efficacy*	→ Reduce proteinuria, and …	-56% at 36 weeks; -64% at 48 weeks	✓
	→ … lowers proteinuria to goal	2/3 of patients to 0.5 g/g*	✓
	→ Resolve hematuria	90% at week 48*	✓
	→ Reduce Gd-IgA1	77% at week 48*	✓
	→ Stabilize kidney function	+3.3 eGFR mL/min/1.73m^2 at week 48*	✓
Patient factors	→ Convenient dosing	At-home, autoinjector, monthly dosing	✓
	→ Low volume dose	0.46 ml	✓
	→ Needle gauge/injection time	27 gauge needle, <1.5 seconds	✓

Generally safe and well tolerated**

* All clinical data are from Phase 1/2 RUBY-3 study, unless otherwise specified. **No SAEs, including infectious SAEs, related to pove; no safety concerns with laboratory parameters
Source: Spherix Patient Chart Dynamix (2025) BIC: best-in-class; Gd-IgA1: galactose deficient immunoglobulin-A1; IC: inhibitory concentration; eGFR: estimated glomerular filtration rate