Corporate Presentation

November 2026

Nasdaq: IONS

Forward-Looking Statements

This presentation includes forward-looking statements regarding our business, financial guidance and the therapeutic and commercial potential of our commercial medicines, additional medicines in development and technologies and our expectations regarding development and regulatory milestones. Any statement describing Ionis' goals, expectations, financial or other projections or guidance, intentions or beliefs is a forward-looking statement and should be considered an at-risk statement. Such statements are subject to certain risks and uncertainties including but not limited to those related to our commercial products and the medicines in our pipeline, and particularly those inherent in the process of discovering, developing and commercializing medicines that are safe and effective for use as human therapeutics, and in the endeavor of building a business around such medicines. Ionis' forward-looking statements also involve assumptions that, if they never materialize or prove correct, could cause its results to differ materially from those expressed or implied by such forward-looking statements. Although Ionis' forward-looking statements reflect the good faith judgment of its management, these statements are based only on facts and factors currently known by Ionis. Except as required by law, we undertake no obligation to update any forward-looking statements for any reason. As a result, you are cautioned not to rely on these forward-looking statements. These and other risks concerning Ionis' programs are described in additional detail in Ionis' annual report on our Form 10-K for the year ended December 31, 2025, and our most recent Form 10-Q quarterly filing, which are on file with the SEC. Copies of these and other documents are available at www.ionis.com.

In this presentation, unless the context requires otherwise, "Ionis," "Company," "we," "our," and "us" refers to Ionis Pharmaceuticals and its subsidiaries.

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Driving Accelerating Growth[1]









1. Based on current estimates, subject to change.

Positioned for Growth through Commercial Execution and Pipeline Progress

Expanded our Marketed Medicines[1]

- TRYNGOLZA for severe hypertriglyceridemia
- ZANVASTRO for Alexander disease
- HIBSAGO for chronic hepatitis B

Reported Positive Phase 3 Data

- Sefaxersen for IgA nephropathy[2]
- Ulefnersen for FUS-ALS

Announced Phase 3 Data Misses

- Pelacarsen for Lp(a) driven-CVD
- Eplontersen for ATTR cardiomyopathy

Reaffirming 2026 Total Revenue, Operating Loss and Cash Guidance; Reducing TRYNGOLZA[3]

- TRYNGOLZA product sales guidance lowered to ~$50M
- DAWNZERA product sales guidance unchanged
- Substantial R&D revenue

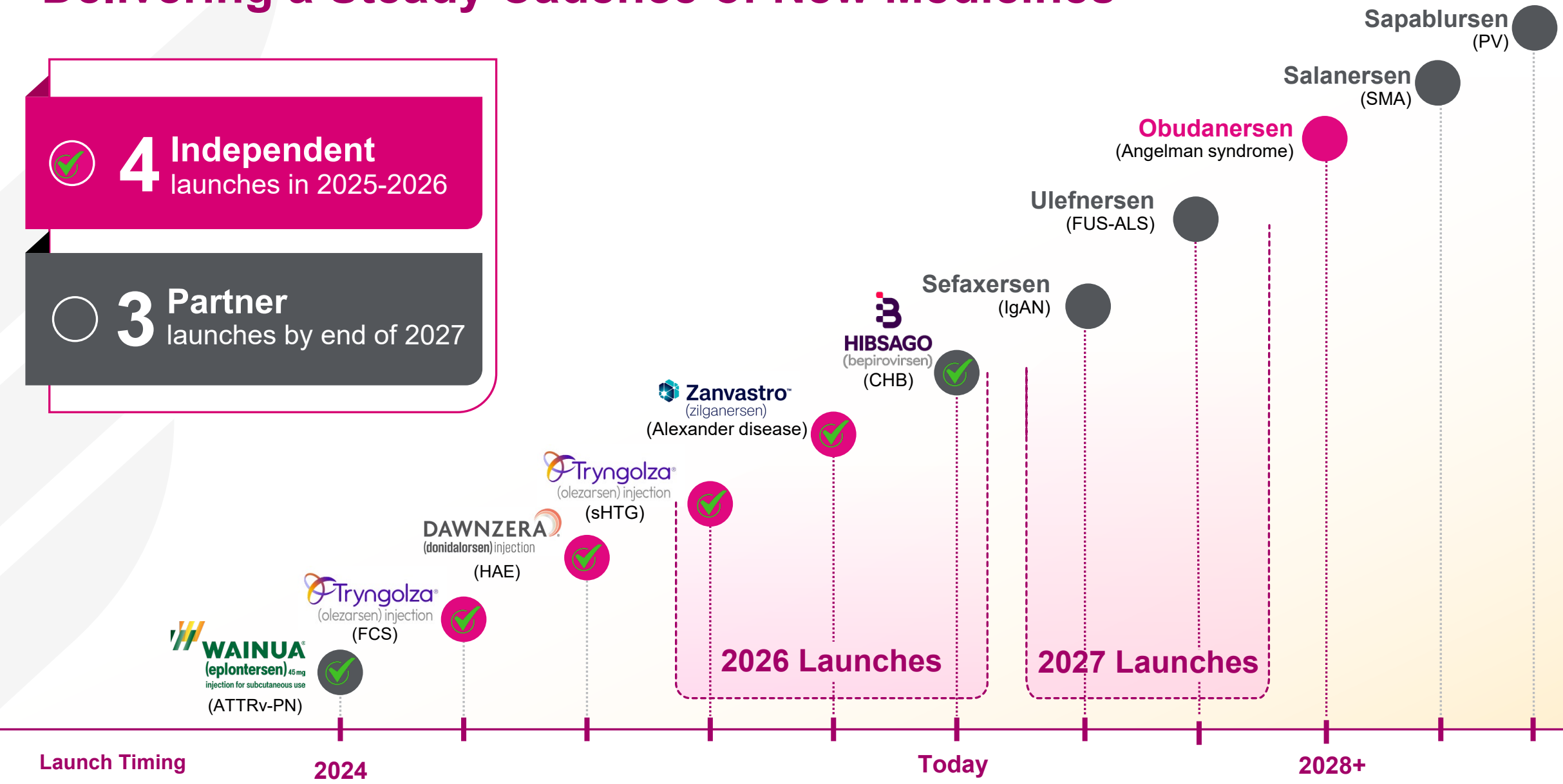


1. U.S. Prescribing Information: tryngolza.com, zanvastro.com, hibsago.com. 2. Interim Phase 3 data, study remains ongoing. 3. As reported at Q3'26 earnings and based on assumptions as of November 9, 2026, subject to change.

Delivering a Steady Cadence of New Medicines[1,2]

4 Independent launches in 2025-2026

3 Partner launches by end of 2027



1. Assuming approval. 2. Based on current timing assumptions, subject to change.

Delivering Transformational Medicines in Focused Therapeutic Areas



Cardiometabolic

First- or best-in-class medicines that target cardiometabolic diseases, the leading causes of death globally

Rare and prevalent patient populations in focused disease areas



Neurology

First- or best-in-class medicines to address a broad range of diseases with high unmet need

Potential for Multiple Blockbusters[1]

1. Based on current estimates, subject to change.

Building a Leading Cardiometabolic Pipeline[1,2]

2 Wholly Owned Medicines

3 Partnered Medicines

5 Medicines

Approved Medicine[3]

Tryngolza® (olezarsen) injection

1. Timing and expectations based on current assumptions and subject to change. 2. Assuming approval. 3. See Full TRYNGOLZA Prescribing Information.

TRYNGOLZA: Significant Opportunity for Underserved sHTG Patients

Substantial Unmet Need

Fasting triglycerides **≥500 mg/dL** and **increased risk** of potentially life-threatening acute pancreatitis (AP)

Limited benefit from other treatments, including **fibrates** and **omega-3s**

Significant Market Opportunity[1]

>3 million people with sHTG in the U.S.

- Includes ~1 million people with high-risk sHTG: TGs ≥880 mg/dL or ≥500 mg/dL + AP history and/or comorbidities
- **Early launch focus** on these **high-risk patients**

1. Sanchez et al. *Lipids in Health and Disease* 2021;20:72; Christian et al., *Am J Cardiol* 2011;107:891-897; Saadatagah et al. *J Am Heart Assoc*. 2021;10(11):e019343.

TRYNGOLZA: First and Only FDA Approved Medicine to Reduce TGs and Risk of AP in sHTG

Reductions in Fasting Triglycerides

Up to **72%** at 6 months

placebo-adjusted mean reduction[1]
(p<0.0001)

Phase 3 placebo-controlled data

Up to **79%** in up to 2 years

mean reduction[2]

Open-label extension data

Reduction in Adjudicated Acute Pancreatitis Events

Up to a **91%**

reduction in acute pancreatitis events compared to placebo at 12 months[3]

Phase 3 placebo-controlled data

Patients who Achieved TGs below 500 mg/dL

90%

in up to 2 years[2]

Open-label extension data

Patients who Achieved TGs below 150 mg/dL

Nearly **60%**

in up to 2 years[2]

Open-label extension data

Favorable safety and tolerability, no new safety findings in OLE[1,2]

1. *The New England Journal of Medicine*, "Olezarsen for Managing Severe Hypertriglyceridemia and Pancreatitis Risk." Marston, et al. 2. Open-label extension (OLE) data presented at ESC 2026. 3. From USPI. Data based on the 50 mg dose at 12 months. See Full TRYNGOLZA Prescribing Information.

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TRYNGOLZA: Launch Underway for First and Only FDA Approved Medicine to Reduce TGs and Risk of AP in sHTG[1]

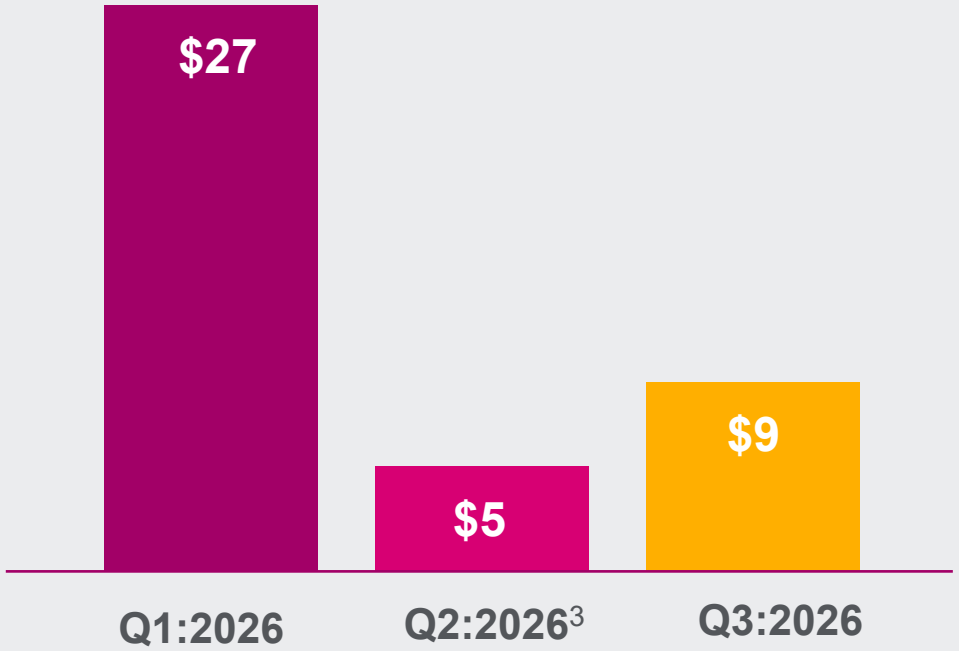


Robust efficacy and safety

- Significant and sustained triglyceride reductions
- Substantial reduction in acute pancreatitis events
- Favorable safety and tolerability profile

Convenience of once-monthly self-administration with an autoinjector

Generated $41 million through Q3:2026[2]



TRYNGOLZA, U.S. Product Sales, net (millions)

1. See Full TRYNGOLZA Prescribing Information. 2. Q1'26 and Q2'26 results product sales reflect familial chylomicronemia syndrome (FCS) indication. Q3'26 product sales reflect expanded sHTG indication. 3. Price adjustment effective April 1, 2026.

TRYNGOLZA: Establishing a New Treatment Paradigm for sHTG[1]



Encouraging Early Launch Fundamentals[2]

Strong HCP enthusiasm and **intent to prescribe**

Prescribing consistent with **broad sHTG label**

Prescribing across all expected specialties, including **cardiology, endocrinology and lipidology**

HCP's value flexibility of **50 mg** and **80 mg** doses

1. See Full TRYNGOLZA Prescribing Information. 2. Through September 30, 2026.

Key Execution Priorities Designed to Increase and Streamline Prescribing

Broaden the Prescriber Base

Increasing education and **engagement efforts** with **high-priority specialists**

~1,500

HCPs have prescribed across all anticipated specialties[1]

Increase the Depth of Prescribing

Help **early prescribers gain experience**, identify **additional** appropriate **patients** and **expand treatment** within practices

24%

of **prescribers** have **written more than one prescription**[1]

Expand and Streamline Access

Educate HCP offices on **payer requirements** & reimbursement process

Work with payers to **establish additional coverage** policies

33%

of **commercial lives** on formulary; **all coverage aligned with broad TRYNGOLZA label**[1]

1. From sHTG approval through September 30, 2026.

Leading the Way in the Treatment of Neurological Diseases with an Advancing Pipeline[1,2]

7 Wholly Owned Medicines

\+

5 Partnered Medicines

12 Medicines

Approved Medicines[3-5]

Zanvastro™ (zilganersen)

SPINRAZA® (nusinersen) injection 12 mg/5 mL

QALSODY® (tofersen) 100 mg/15 mL injection

WAINUA® (eplontersen) 45 mg injection for subcutaneous use

1. Timing and expectations based on current assumptions and subject to change. 2. Assuming approval. 3. ZANVASTRO is now approved in the U.S.; see Full Prescribing Information. SPINRAZA.com. 4. QALSODY.com. 5. WAINUA.com.

Zanvastro™ (zilganersen)

NOW APPROVED

The first and only disease-modifying therapy approved by the FDA for the treatment of pediatric and adult patients with Alexander disease[1]

1. See Full ZANVASTRO Prescribing Information.

ZANVASTRO: Ionis' First Independent Launch from Leading Neurology Pipeline[1]

ZANVASTRO for the treatment of Alexander disease

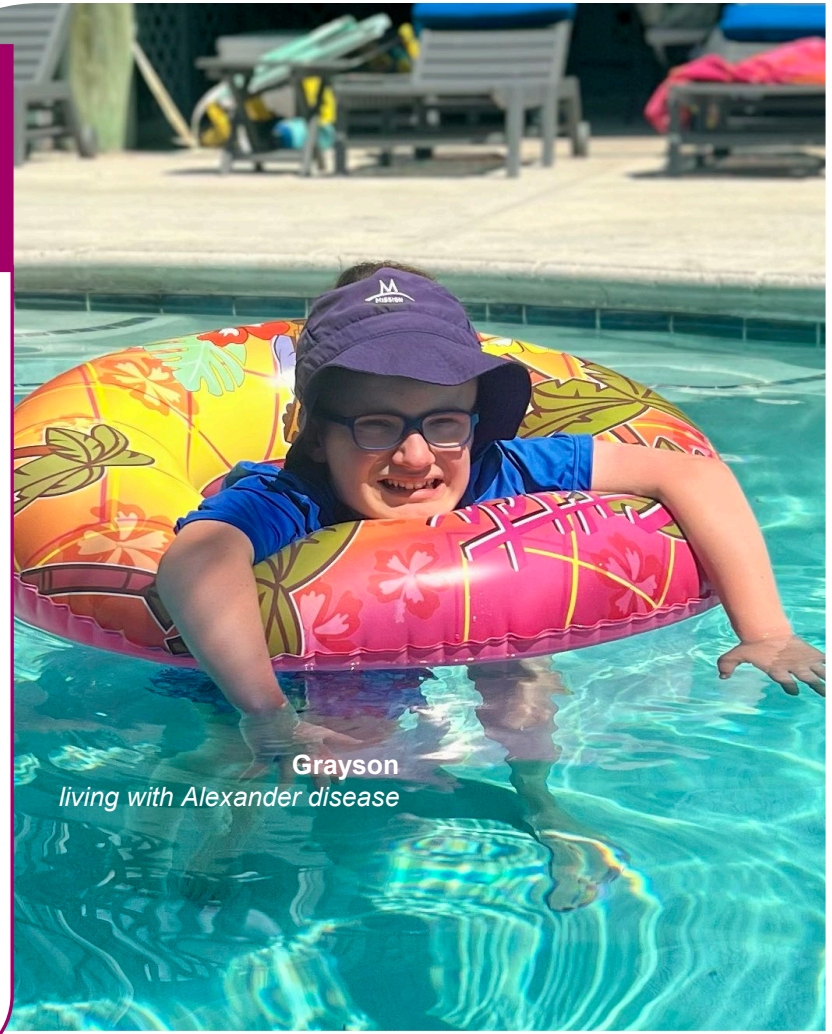
First and **only disease modifying treatment approved** for Alexander disease

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Positive pivotal study data:

- Statistically significant stabilization of motor function
- Favorable trends across key symptoms
- Favorable safety and tolerability

Awarded a **Rare Pediatric Disease Priority Review Voucher**



Grayson
living with Alexander disease

1. See Full ZANVSTRO Prescribing Information.

ZANVASTRO: Ionis' First Independent Neurology Launch[1]

Substantial Unmet Need

Alexander disease (AxD): An ultra-rare, progressive and often fatal neurological disorder

First approved disease-modifying treatment

Broad Label

Enables treatment for children and adults with AxD

Early Enthusiasm from AxD Community

Excitement across HCPs and caregivers for ZANVASTRO

Strong partnership with the Alexander disease patient community

Launch Priorities

Transition clinical study and EAP patients to commercial therapy

Support physicians in starting treatment for diagnosed patients

Identify new patients through disease awareness

Establish coverage and access

1. See Full ZANVASTRO Prescribing Information.

Obudanersen: A Promising Investigational Medicine for Angelman Syndrome

The Opportunity

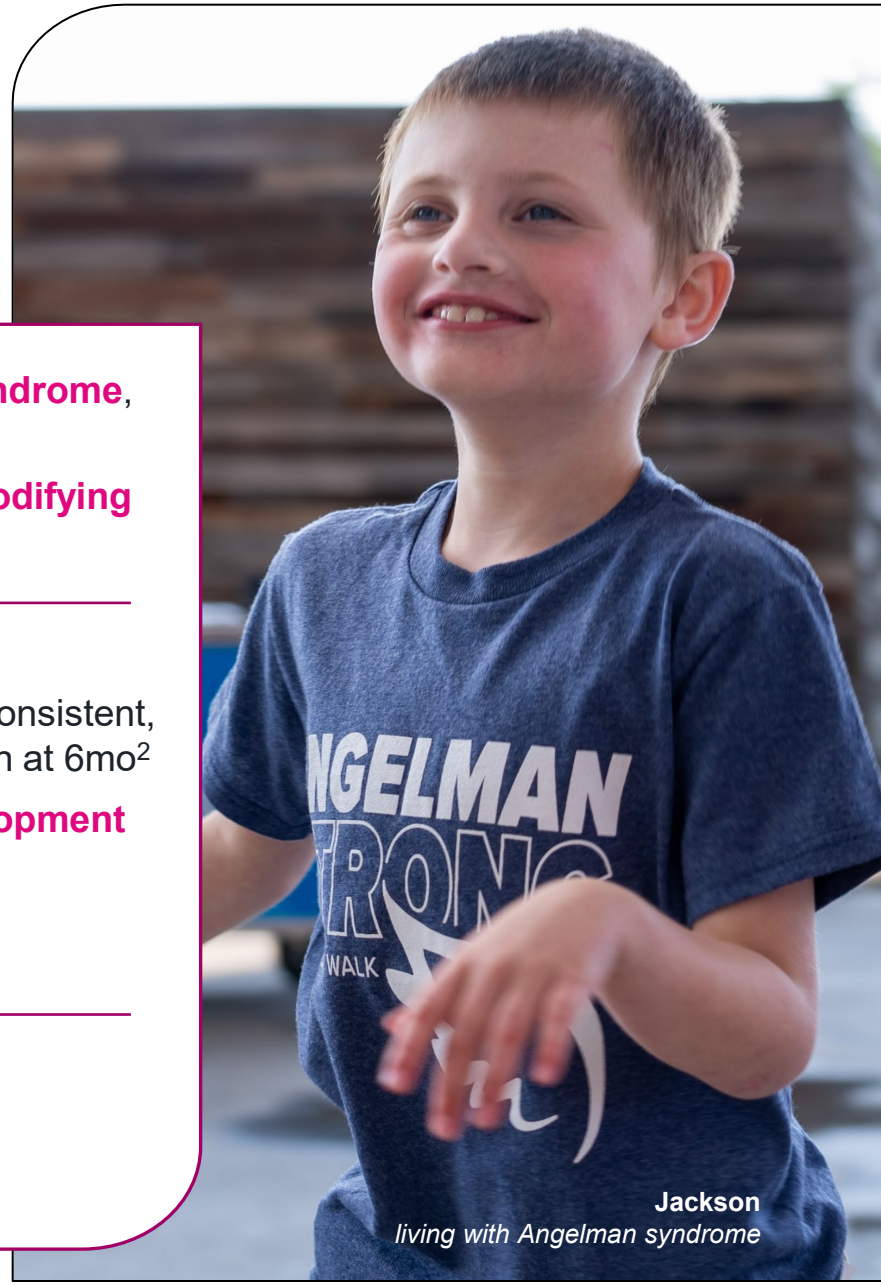
- **>100k people** in major geographies with **Angelman syndrome**, a severe, rare neurodevelopmental disorder[1]
- **Significant unmet need** with **no approved disease-modifying treatments**

Key Clinical Highlights

- **Positive results seen in the HALOS Ph2 study**, with consistent, meaningful improvements in key areas of clinical function at 6mo[2]
- **Long-term extension data** continues to **support development**
- **Granted Breakthrough Therapy designation**

Next Steps

- Pivotal Phase 3 REVEAL study **now fully enrolled**
- UPD/ID CHAMPION **study underway**
- On track for Phase 3 **data** in **H2:2027**[3]

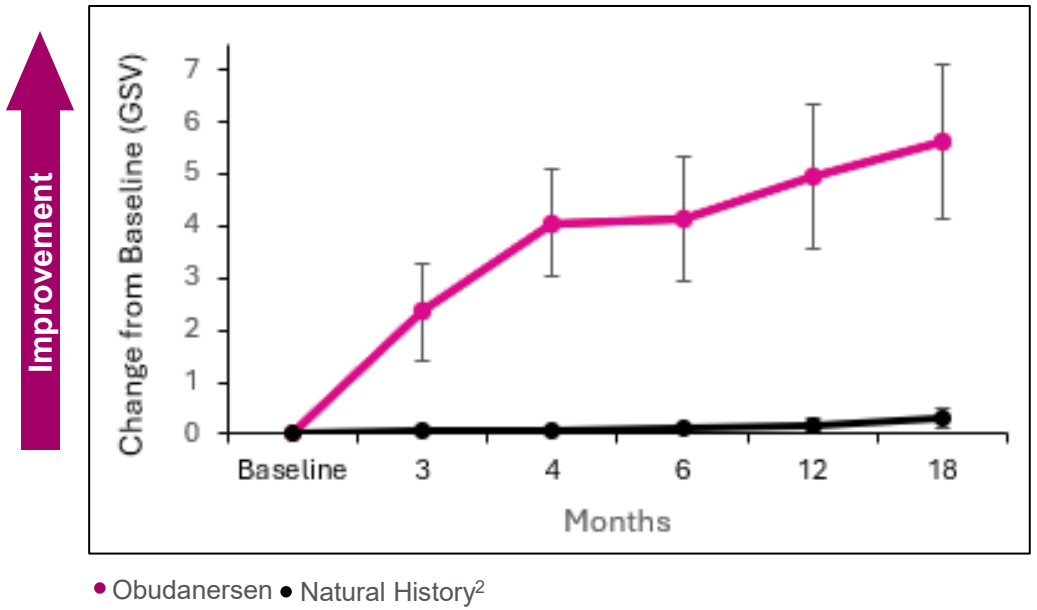


Jackson
living with Angelman syndrome

1. Luk. *Eur. J. Méd. Genet*. (2016). 2. Based on data generated to date from the Phase 1/2a HALOS study of obudanersen. 3. Based on current assumptions, subject to change.

Expressive Communication: Continued Improvement Observed on Bayley-4 at 18 Months[1]

Change on Bayley-4 Expressive Communication Obudanersen vs. Natural History



Improvements on Bayley-4 measure of expressive communication exceed natural history[2]

Consistent improvements across additional assessment tools measuring expressive communication

GSV, Growth scale values 1. ≥2 years of age medium (40mg) and high (80mg) dose groups, n=35-40 for obudanersen treatment. Excludes patients who dose escalated or had a gap in dosing between MAD and LTE.
2. Natural history data compiled from two studies: www.clinicaltrials.gov/study/NCT04507997 and www.clinicaltrials.gov/study/NCT00296764 and includes Bayley-3 to Bayley-4 conversion by Pearson.

Responder Analysis: Continued Benefit in Multiple Domains Assessed in the HALOS Study[1-3]

HALOS

	Responders on Bayley-4 Expressive Communication	Responders on ≥ 1 Bayley-4 Domains	Responders on ≥ 2 Bayley-4 Domains	Responders on ≥ 3 Bayley-4 Domains
6 months	61%	95%	84%	68%
12 months	64%	97%	89%	75%
18 months	71%	97%	83%	71%

Responders are defined as having a change from baseline of >20% the standard deviation plus the expected change for growth from natural history[4]

Nearly All Study Participants Responded to Obudanersen Treatment on ≥ 1 Bayley-4 Domains through 18 Months

1. Medium and high dose groups,≥2 years of age, n=35-38. Excludes patients who dose escalated or had a gap in dosing between MAD and LTE. 2. Bayley N. Aylward GP. *Bayley Scales of Infant and Toddler Development-Fourth Edition*. NCS Pearson. (2019). 3. Analysis reflects data from participants in the obudanersen HALOS study aged 2-34 years old who received either 40mg or 80mg obudanersen for the entirety of the study. Participant data for those who dose-escalated during the study and with data from out-of-window visits are excluded. 4. Natural history studies: www.clinicaltrials.gov/study/NCT04507997 and www.clinicaltrials.gov/study/NCT00296764 and includes Bayley-3 to Bayley-4 conversion by Pearson.4.

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Extending the SMA Franchise[1]



SPINRAZA® (nusinersen) injection 12 mg/5 mL

Nusinersen High Dose

- Now approved in U.S., EU and Japan
- Tiered royalties, 11-15% on net sales[2]

Salanersen

- Designed with a novel Ionis chemistry to achieve strong efficacy & once-yearly dosing
- Interim Phase 1 data showed that once-yearly dosing with both doses tested was well tolerated and led to substantial slowing of neurodegeneration
- Tiered royalties, mid-teens to mid-20%[2]

Salanersen Phase 3 program underway

- STELLAR-1 study underway in presymptomatic infants genetically diagnosed with SMA

1. SPINRAZA is approved in the U.S. for or the treatment of spinal muscular atrophy in pediatric and adult patients; see Full Prescribing Information. 2. As reported in 2025 10-K form and/or Q3 2026 Form 10-Q.

Diranersen: A Differentiated Approach in Targeting Tau

Tau is a potentially attractive target in Alzheimer's disease:

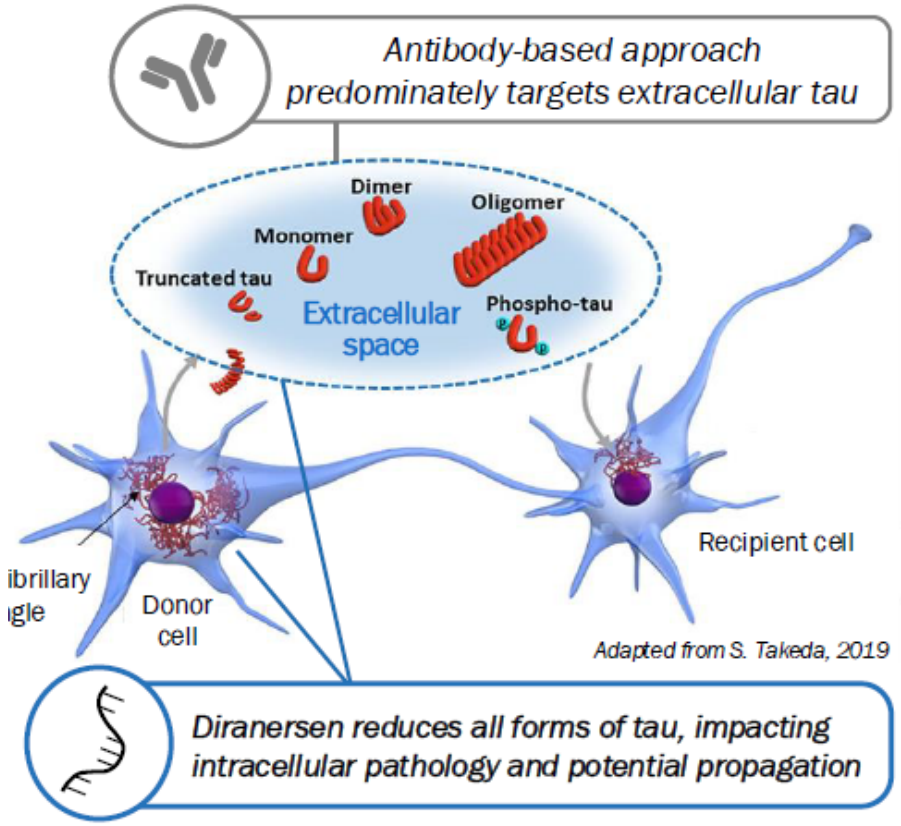
- AD is a progressive neurodegenerative disease characterized by cerebral accumulation of amyloid plaques and tau NFTs[1]
  - The burden of tau NFTs is closely linked to neurodegeneration and clinical decline[2]

To date, antibody approaches for tau have not shown clinical benefit

- Antibodies target tau predominately outside the cell
- No reduction in baseline tau PET has been demonstrated by anti-tau antibodies

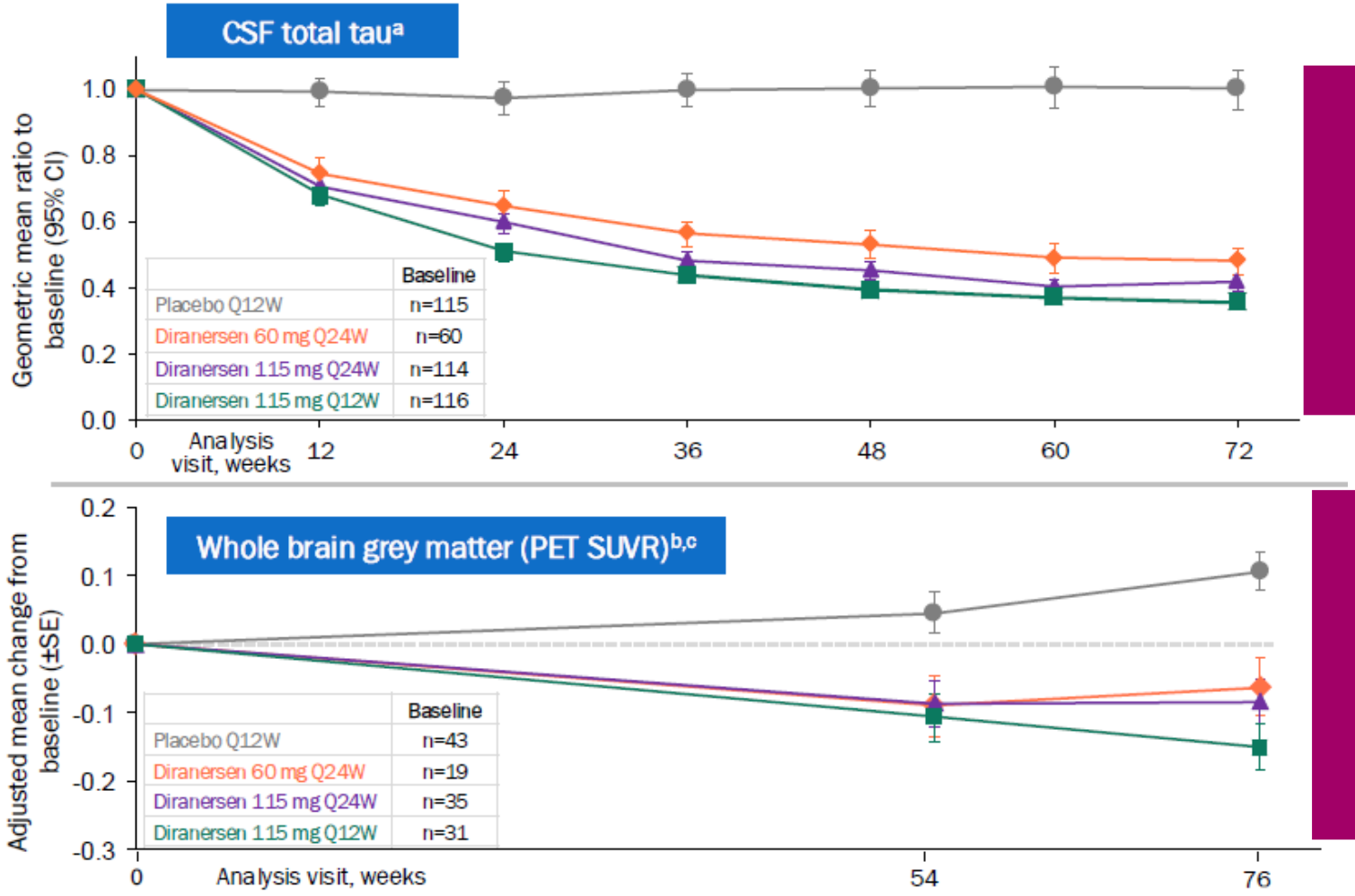
Diranersen is designed to reduce the production of all forms of tau within the neuron

- Diranersen reduces the translation of MAPT into tau protein
- Addresses both extracellular and intracellular tau
- Enables downstream reduction of tau pathology in the brain



Biogen licensed diranersen and is responsible for ongoing develop and commercialization; 1. Selkoe DJ, Hardy J. EMBO Mol Med. 2016;8(6):595-608. 2. Bejanin A, et al. Brain. 2017;140(12):3286-3300. AD = Alzheimer's disease; MAPT = microtubule-associated protein tau; NFT= neurofibrillary tangles; PET = positron emission tomography.

Diranersen is the Only Tau Directed Agent to Show Substantial Tau Reduction in the CSF and Brain[1]



- **50-65% reduction** from baseline in soluble total tau in CSF across dose arms at week 72
- Confirms target engagement

- **First reported substantial reduction in tau PET** by an anti-tau agent in a Phase 2 study
- Suggests reduction in tau pathology in the brain

MMRM with treatment, visit, and treatment by visit; adjusted for baseline biomarker, baseline biomarker by visit, MMSE, clinical stage, and age. 1. In Phase 2 CELIA Study. a) Lumipulse CSF t-tau assay. b) MK-6240 was the tau PET tracer; reference region was inferior cerebellum. d) Brain regions assessed: medial temporal cortex, lateral temporal cortex, temporal cortex, frontal cortex, parietal cortex, anterior cingulate cortex, posterior cingulate cortex, occipital cortex, whole brain grey matter. CSF = cerebrospinal fluid; MMRM = Mixed Models for Repeated Measures; PET = positron emission tomography; Q12W = every 12 weeks; Q24W = every 24 weeks; SUVR = standardized uptake value ratio.

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Phase 2 CELIA Study Results: 60mg Q24W Demonstrated a Promising Efficacy Profile Across Multiple Endpoints

Diranersen 60mg Q24W	CDR-SB	ADAS-COG*	MMSE	ADCS-ADL-MCI	ADCOMS	iADRS
	26%	42%	50%	0%	23%	30%
Anti-Amyloids	**CDR-SB**	**ADAS-COG***	**MMSE**	**ADCS-ADL-MCI**	**ADCOMS**	**iADRS**
Emerge *NCT02484547*	22%	27%	18%	42%	NA	NA
Engage *NCT02477800*	12%	11%	6%	18%	NA	NA
Clarity AD *N Engl J Med 2023*	27%	26%	NA	36%	24%	NA
Trailblazer ALZ 2 NCT04437511	29%	20%	16%	NA	NA	22%

- CDR-SB and ADCOMS inline with anti-amyloid agents[1]
- Robust cognitive effects – markedly higher improvement than anti-amyloid treatments
  - ✓ 42% for ADAS-COG 13
  - ✓ 50% for MMSE
  - ✓ 30% for iADRS
- No separation on ADCS-ADL-MCI at 76 weeks – follow up continues

* All are ADAAs-COG13 except ADAS-COG14 in Clarity AD; 1. Based on historical data, not a direct comparison based on head-to-head studies. ; iADRS= modified integrated Alzheimer's Disease Rating Scale.

Diranersen Targeting Tau for Alzheimer's Disease Advancing to Phase 3[1-2]

Diranersen:

- ✓ **Encouraging emerging clinical profile** with **unprecedented impact on tau reduction and cogitative**
  - ✓ With 94% of patients who completed the study continuing in the LTE
- ✓ A **well tolerated safety profile** where ARIA is not anticipated with tau-targeting MoA
- ✓ The potential for **twice yearly administration**

Next Steps

- Ongoing long-term extension study
- Ongoing analyses of the data expected to be presented and published
- Biogen continuing to engage with medical community and regulators on Phase 3 trial planning

1. Phase 2 data presented at AAIC 2026. 2. Biogen licensed and is responsible for ongoing development and commercialization of diranersen worldwide.

DAWNZERA Launch Continues to Gain Momentum[1]

Delivering on What HAE Patients Need Most

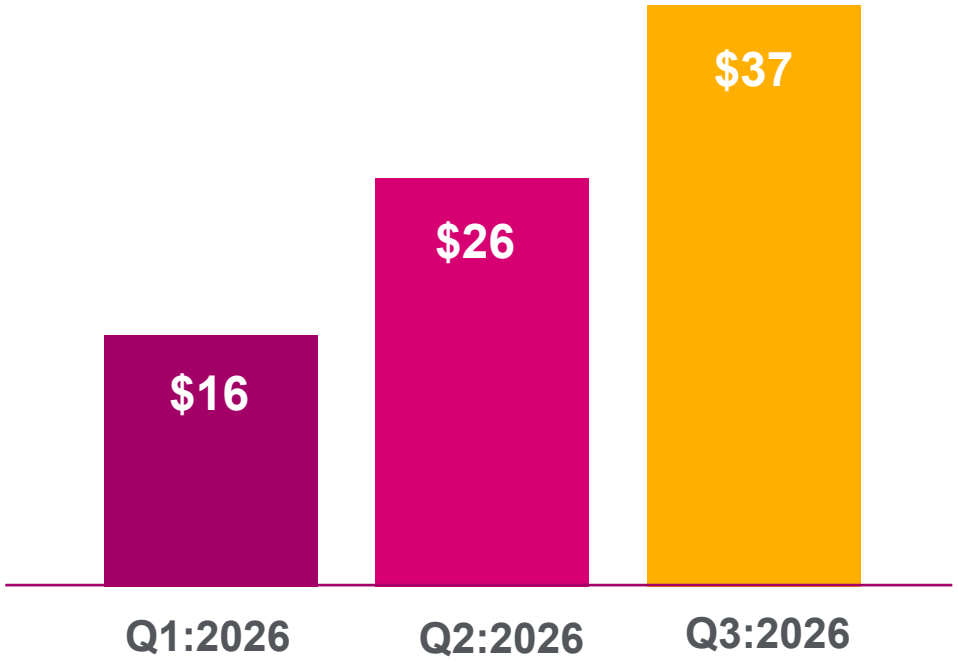
First and **Only RNA-Targeted Treatment** to **Prevent HAE Attacks**



Indicated for prophylaxis to prevent attacks of HAE in adult and pediatric patients ≥12 years old

- **Prescriptions written for all patient segments:**
  - Switches from other long-term prophylactic treatments
  - Previously on-demand treatment only
  - Treatment naïve
- **Meaningful share of prophylactic market captured**
- **Growing number of repeat prescribers**
- **Global launch underway, expanding in EU markets**[2]

Generated $79 million through Q3:2026



DAWNZERA, U.S. Product Sales, net (millions)

1. See Full DAWNZERA Prescribing Information. 2. Otsuka is responsible for commercializing DAWNZERA in the EU.

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U.S. HAE Market Dynamics Underscore DAWNZERA's Potential[1,2]



~7,000 people with HAE in the U.S.[3]



~75% of people with HAE in the U.S. are on LTPs



~1,000 allergists/ immunologists treat **90%** of HAE patients



~20% of people with HAE have historically switched treatments annually



>90% of people with HAE are interested in trying a new prophylactic therapy[4]

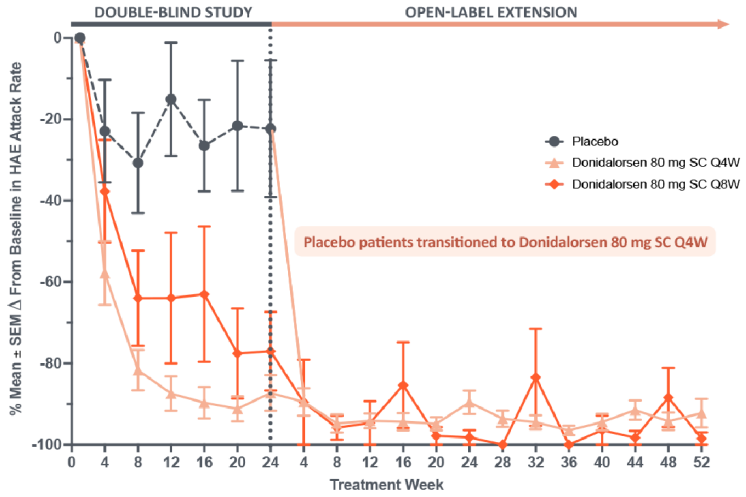
1. DAWNZERA is approved in the U.S. for hereditary angioedema in adults and pediatric patients 12 years of age and older; see Full Prescribing Information. 2. Market data on file. 3. Riedl et al. 2023 *J ALLERGY CLIN IMMUNOL PRACT* VOLUME 11, NUMBER 8; Sylvestre et al 2021 *J ALLERGY CLIN IMMUNOL PRACT* VOLUME 9, NUMBER 12; Nieto et al 2023 World Allergy Organization Journal. 4. Ionis-sponsored Harris Poll results.

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DAWNZERA's Robust Efficacy Profile and Switch Data[1-3]

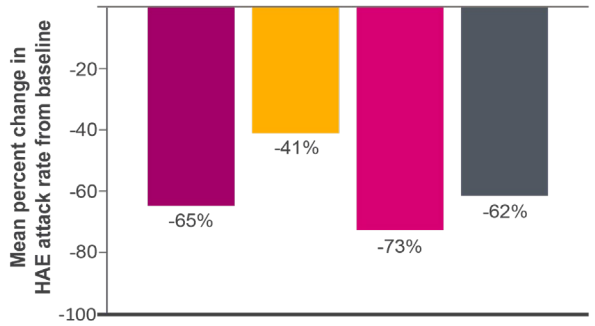
94%

Total Mean Reduction in HAE Attack Rates across Q4W and Q8W over 1 year in OLE[2]



62%

Mean Reduction in HAE Attack Rates After Switching from Prior Treatment



Prior LTP:	Lanadelumab	C1INH	Berotralstat	Total
n =	31	22	11	64
Baseline, mean ± SD =	0.69 ± 1.09	0.61 ± 0.96	1.80 ± 1.92	0.85 ± 1.28
Week 16 (donidalorsen Q4W), mean ± SD =	0.24 ± 0.33	0.36 ± 0.69	0.48 ± 0.53	0.33 ± 0.51



of switch patients surveyed **preferred DAWNZERA**

Reasons participants chose for preferring DAWNZERA:

Efficacy **63%** chose **"it works better to control my HAE"**

Tolerability **50%** chose **"less injection-site pain or reaction"**

Convenience **65%** chose **"less time for administration"**

1. DAWNZERA is approved in the U.S. for hereditary angioedema in adults and pediatric patients 12 years of age and older; see Full Prescribing Information. 2.Data on file; HAE attack rate reduction as of data cut-off of January 27, 2025. 3. Riedl MA, Yarlas A, Bordone L, et al. Patient-reported outcomes in the Phase III OASIS-HAE Study of Donidalorsen for Hereditary Angioedema.

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Partnered Medicines Amplify Our Opportunities[1]

	HIBSAGO™ (CHB)[3]	Sefaxersen (IgAN)	Ulefnersen (FUS-ALS)
Program Status	**Approved** in the **U.S.**, **Japan** and **Canada; Under** regulatory **review** in **additional markets**	**Positive interim data; Potential 2027 U.S. approval**[1]	**Positive topline data; Potential 2027 U.S. approval**[1]
Patient Population[2]	**~240M patients** worldwide	**>400k patients** worldwide	**~1% of all ALS cases** worldwide
Value Proposition	**First-in-class** treatment offering **unprecedented functional cure rates** compared to current standard of care	**First RNA-targeted treatment for IgAN**; addresses the underlying pathophysiology of alternative complement pathway activation[4]	**First-disease-modifying potential treatment** to address amyotrophic lateral sclerosis (ALS) caused by mutations in the *FUS* gene, a fatal neurodegenerative disorder
Royalties[5]	Tiered, 10-12% on net sales	Tiered, high-teens to 20% on net sales	Tiered, up to 30% on net sales

1. Based on current assumptions, subject to change. Sefaxersen approval timing subject to the outcome of the discussion with health authorities. 2. Market data on file. 3.See Full HIBSAGO Prescribing Information. 4. Among investigational medicines in Phase 3 development. 5. As reported in 2025 10-K form and/or Q3 2026 Form 10-Q.

Q3:2026 YTD Financial Highlights[1]

Revenues $757M

Commercial Revenue: $363M

- $41M in TRYNGOLZA product sales
- $79M in DAWNZERA product sales
- 23% increase year-over-year (YoY)

R&D Revenue: $394M

- Significant YoY increase driven by multiple payments as partnered programs advance[3]

Operating Expenses[2] $975M

R&D Expenses[2]: $569M

- Majority funding late-stage programs

SG&A Expenses[2]: $397M

- YoY increase fueling launches

Operating Loss[2] ($218M)

- Reflects strong revenue generation from multiple sources and prudent expense management

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Cash & Short-term Investments $1.9B

- Supports investments in launches, pipeline and technology

1. For the nine months ended September 30, 2026. 2. Non-GAAP – please see reconciliation to GAAP in Q3:2026 press release. 3. Excludes the $280 million upfront payment for the global license of sapablursen to Ono Pharmaceutical Co., Ltd. received in the second quarter of 2025.

Reaffirming 2026 Total Revenue, Operating Loss and Cash Guidance[1,2]

Revenue

$875-900M

TRYNGOLZA net product sales
~$50M
(lowered from $100-110M)

DAWNZERA net product sales
$110-120M
(unchanged)

Substantial R&D Revenue

Operating Loss

$425-475M[2]

Reflects strong revenue generation from multiple sources and prudent expense management

Cash

>$1.6B

Supports investments in launches, pipeline and technology

1. As reported at Q3'26 earnings and based on assumptions as of November 9, 2026, subject to change. 2. Non-GAAP – please see reconciliation to GAAP in Q3:2026 press release.

2026 Progress and First Look at 2027 Key Value-Driving Events[1]

Phase 3 **Clinical Events**

2026

HIBSAGO
B-Well data
(CHB)

Eplontersen
CARDIO-TTRansform data
(ATTR-CM)

Sefaxersen
IMAgINATION
interim data
(IgAN)

Obudanersen
Enrollment completion
(Angelman syndrome)

Pelacarsen
Lp(a) HORIZON data
(Lp(a)-CVD)

Ulefnersen
FUSION data
(FUS-ALS)

Sapablursen
Phase 3 initiation
(PV)

Salanersen
Phase 3 initiation
(SMA)

2027

Obudanersen
REVEAL data
(Angelman syndrome)

Sefaxersen
IMAgINATION data
(IgAN)

Diranersen
Phase 3 initiation
(Alzheimer's disease)

Regulatory **Actions**

2026

DAWNZERA
EU approval
(HAE)

TRYNGOLZA
U.S. approval
EU submission
EU approval
(sHTG)

ZANVASTRO
U.S. submission
U.S. approval
(AxD)

High Dose Nusinersen
U.S. approval
EU approval
(SMA)

HIBSAGO
Submissions
U.S. & Japan
Approval
(CHB)

Pelacarsen
U.S. submission
(Lp(a)-CVD)

2027

Sefaxersen[2]
U.S. approval
(IgAN)

HIBSAGO
EU approval
China approval
(CHB)

Ulefnersen
U.S. approval
(FUS-ALS)

Product **Launches**

2026

DAWNZERA
EU
(HAE)

TRYNGOLZA
U.S.
(sHTG)

ZANVASTRO
U.S.
(AxD)

HIBSAGO
Japan
U.S.
(CHB)

TRYNGOLZA
EU
(sHTG)

2027

HIBSAGO
EU & China
(CHB)

Sefaxersen[2]
U.S.
(IgAN)

Ulefnersen
U.S.
(FUS-ALS)

1. Based on current assumptions and are subject to change, timing of partnered program catalysts based on partners' most recent publicly available disclosures. 2. Subject to the outcome of the discussion with health authorities.

Ionis Corporate Responsibility Strategy Supports Long-term Value Creation

Ionis Corporate Responsibility Strategic Pillars

Innovate to improve the lives of people with serious disease

We innovate across the business and work tirelessly to discover, develop and deliver important new medicines for people with serious diseases.

Empower our people and communities

We are committed to fostering an inclusive culture that drives excellence, embraces diversity and supports our communities.

Operate responsibly and sustainably

We operate with integrity to help create a better, more sustainable future for all through environmental stewardship and responsible business practices and stakeholder interactions.



Accelerating Growth through Life-Changing Medicines