

# Agios Pharmaceuticals European Hematology Association (EHA) 2026

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13 June 2026

# Forward Looking Statements

This presentation and various remarks we make during this presentation contains forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. Such forward-looking statements include those regarding the potential benefits of PYRUKYND® (mitapivat), AQVESME™ (mitapivat), tebapivat, AG-236, AG-181 and cevidoplenib; Agios' plans, strategies and expectations for its preclinical, clinical and commercial advancement of its drug development, including mitapivat, tebapivat, AG-236, AG-181 and cevidoplenib; Agios' expectations for the review of marketing applications for mitapivat by regulatory agencies, including the FDA and European Commission; Agios' strategic vision and goals; and the potential benefits of Agios' strategic plans and focus. The words "anticipate," "expect," "goal," "hope," "milestone," "plan," "potential," "possible," "strategy," "will," "vision," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Such statements are subject to numerous important factors, risks and uncertainties that may cause actual events or results to differ materially from Agios' current expectations and beliefs. For example, there can be no guarantee that any product candidate Agios is developing will successfully commence or complete necessary preclinical and clinical development phases, or that development of any of Agios' product candidates will successfully continue. There can be no guarantee that any positive developments in Agios' business will result in stock price appreciation. Management's expectations and, therefore, any forward-looking statements in this press release could also be affected by risks and uncertainties relating to a number of other important factors, including, without limitation: risks and uncertainties related to the impact of pandemics or other public health emergencies to Agios' business, operations, strategy, goals and anticipated milestones, including its ongoing and planned research activities, ability to conduct ongoing and planned clinical trials, clinical supply of current or future drug candidates, commercial supply of current or future approved products, and launching, marketing and selling current or future approved products; Agios' results of clinical trials and preclinical studies, including subsequent analysis of existing data and new data received from ongoing and future studies; the content and timing of decisions made by the U.S. FDA, the EMA or other regulatory authorities, investigational review boards at clinical trial sites and publication review bodies; Agios' ability to obtain and maintain requisite regulatory approvals and to enroll patients in its planned clinical trials; unplanned cash requirements and expenditures; competitive factors; Agios' ability to obtain, maintain and enforce patent and other intellectual property protection for any product candidates it is developing; Agios' ability to establish and maintain key collaborations; uncertainty regarding any royalty payments related to the sale of its oncology business or any milestone or royalty payments related to its in-licensing of AG-236 or cevidoplenib, and the uncertainty of the timing of any such payments; uncertainty of the results and effectiveness of the use of Agios' cash and cash equivalents; and general economic and market conditions. These and other risks are described in greater detail under the caption "Risk Factors" included in Agios' public filings with the Securities and Exchange Commission. Any forward-looking statements contained in this press release speak only as of the date hereof, and Agios expressly disclaims any obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law.

# Agios Pharmaceuticals – EHA 2026 Agenda

**Driving leadership in rare hematology**

**Brian Goff**, Chief Executive Officer

**Key data presented at EHA 2026**

**Sarah Gheuens, M.D., Ph.D.**,  
Chief Medical Officer and Head of R&D

**KOL Fireside Chat – Discussion of  
RISE UP Phase 3 trial and sickle cell  
disease treatment landscape**

**Ahmar Zaidi, M.D.**, Senior Medical Director, Agios  
**Alan Anderson, M.D.**, Associate Professor of Pediatrics,  
USC School of Medicine Greenville, and Director,  
Comprehensive Lifespan Sickle Cell Disease Program,  
Prisma Health  
**Kenneth Ataga, M.D.**, Plough Foundation Endowed Chair in  
Sickle Cell Disease and Director of the Center for Sickle Cell  
Disease, University of Tennessee Health Science Center

**Unlocking growth in thalassemia  
and sickle cell disease**

**Tsveta Milanova**, Chief Commercial Officer

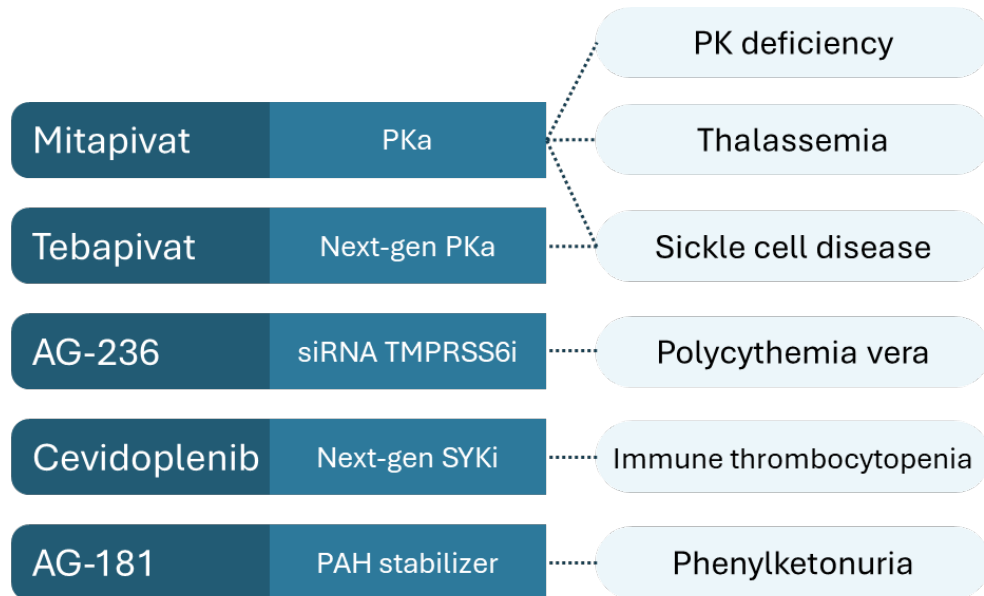
**CEO Closing Remarks and Q&A Session**

# Driving leadership in rare hematology

Brian Goff, Chief Executive Officer

# Building a broader rare hematology platform with multiple pathways to growth

## From single to multi-asset across multiple high-value indications



## Proven execution in rare hematology – scaling from biology to commercialization



Catalyst-rich period ahead, with multiple value drivers coming into focus

# Agios – path to sustainable leadership in rare hematology



**Lead and innovate in hemolytic anemias**

**Mitapivat** – foundational PKa – driving near and mid-term value

**Tebapivat** – next-gen PKa with potential for broader reach in sickle cell disease



**Disciplined expansion in adjacent hematology**

Diseases with clear biologic drivers, chronic treatment models, overlapping prescriber base

**Cevidoplenib** – SYKi – ITP

**AG-236** – Tmprss6i – PV

Building from hemolytic anemia leadership into adjacent rare hematology diseases

# Focused disruption across targeted rare disease opportunities

## Thalassemia

First medicine and oral approved for broad thalassemia population

**AQVESME™/PYRUKYND®**  
approved U.S., EU, KSA, UAE

## Sickle Cell Disease

Strong anti-hemolytic profile, addressing key driver of mortality

**Mitapivat** sNDA filed  
**Tebapivat** Phase 2 data in H2

## Immune Thrombocytopenia

Next-gen SYK inhibitor, improved tolerability may drive durability

**Cevidoplenib** Phase 3  
planned for H1 2028

## Polycythemia Vera

TMPRSS6i designed for sustained hepcidin control, extended dosing

**AG-236** positive Phase 1, plans for further development

## Phenylketonuria

Stabilizes PAH enzyme, potential for durable Phe control

**AG-181** proof-of-mechanism in PKU patients data H2

# Phase 1 data demonstrates durable hepcidin control, supports up to every-6-month dosing in polycythemia vera

Treatment need for simple dosing paradigm to ensure durable hepcidin induction and sustained response

## Phase 1 HV data unlock advancement to late-stage development

- Clear dose-dependent hepcidin induction
- Sustained activity >57 days across doses observed at interim data cut – underscores stable, long PD effect
- Rapid, sustained biomarker changes (↓ serum iron, ↑ hepcidin) driving consistent Hb reduction
- No dose-limiting toxicities, all AEs Grade 1/2

### AG-236 (siRNA TMPRSS6i)

Sustained hepcidin control enables extended dosing interval

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Consistent exposure without titration

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Early data supports good tolerability

Advancing rapidly to late-stage development following regulatory alignment

# Key data presented at EHA 2026

Sarah Gheuens, M.D., Ph.D.,  
Chief Medical Officer and  
Head of R&D

# Agios at EHA 2026 – 10 abstract acceptances, with RISE UP Phase 3 selected for plenary session

## Redefining the standard of care in thalassemia with AQVESME™ (mitapivat)

- ENERGIZE Phase 3 Open-Label Extension:
  - Long-Term Hemoglobin Improvements in NTD Alpha- or Beta-Thalassemia (Oral; S296)
- Sub-Group Analysis From the ENERGIZE Phase 3 Trial:
  - Efficacy of Mitapivat in Patients With NTD Alpha- or Beta-Thalassemia With Baseline Hemoglobin  $\geq 9.5$  g/dL (Poster; PF1281)

## Demonstrating clinically meaningful benefit in sickle cell disease with mitapivat

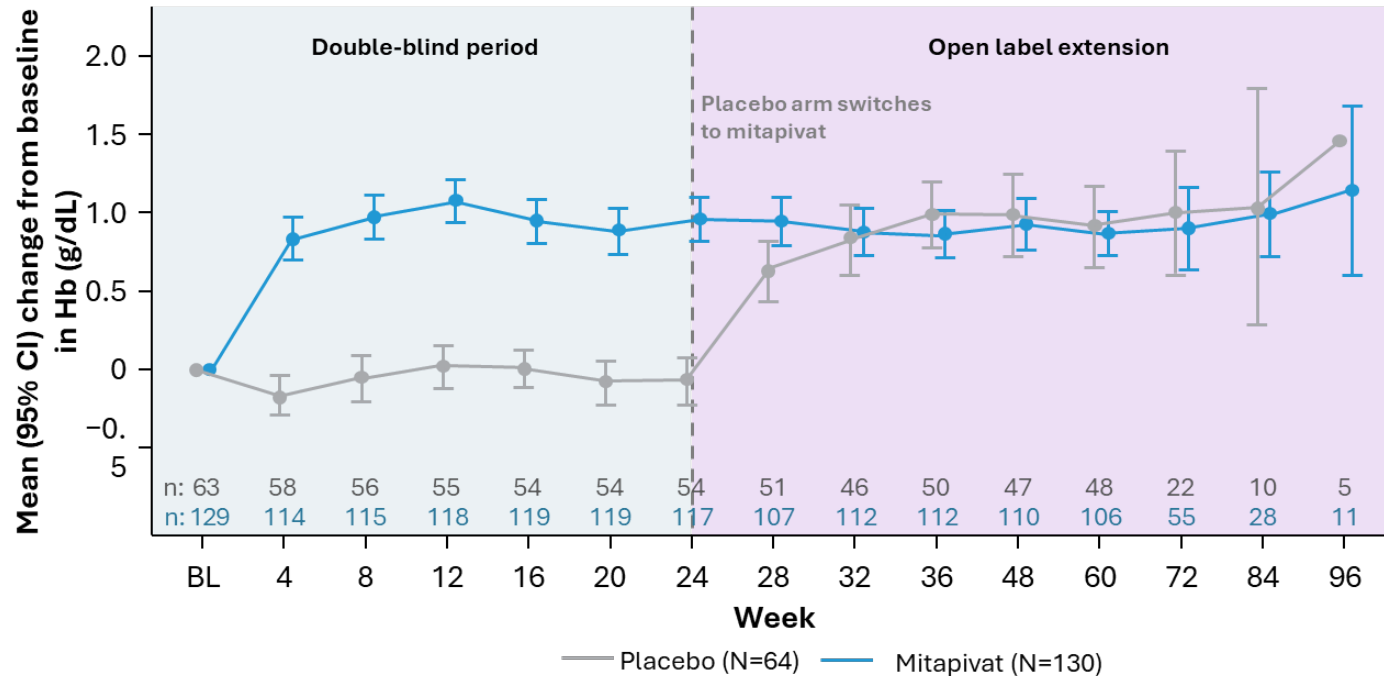
- RISE UP Phase 3 Trial:
  - Efficacy and Safety of Mitapivat in Sickle Cell Disease: Results From the Global, Randomized, Phase 3 RISE UP Trial (Oral Plenary; S102)



## Collaborator-led mitapivat trials

- SATISFY Phase 2 Study – Effects of Mitapivat on Iron Burden and Spleen Size in Erythrocyte Membranopathies and Congenital Dyserythropoietic Anemia Type II: 56-Week Follow-Up Results (Oral; S304)

# Long-term mitapivat treatment led to sustained, clinically meaningful hemoglobin improvements in NTD patients

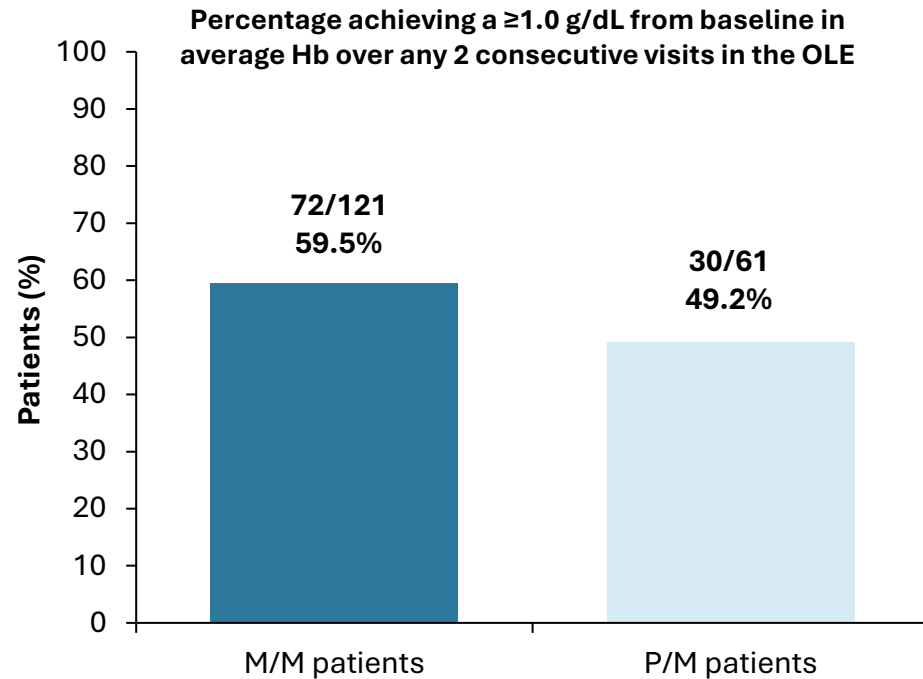


Patients who switched from placebo achieved Hb increases consistent with those observed in the mitapivat arm during the double-blind period

Mean duration of Hb response increased from 17.9 weeks in the double-blind period to 43.6 weeks with continued exposure to mitapivat in the OLE period

BL = baseline; CI = confidence interval; DBP = double-blind period; Hb = hemoglobin; NTD = non-transfusion-dependent; OLE = open-label extension. Data shown for all patients who received ≥1 dose of study treatment.

# Robust proportion of Hb responders in OLE, despite prior treatment in double-blind period



Nearly 60% of patients who continued mitapivat into OLE (M/M) had an increase of  $\geq 1.0$  g/dL from baseline in average Hb<sup>1</sup>

Nearly 50% of patients who switched onto mitapivat (P/M) had an increase of  $\geq 1.0$  g/dL from baseline in average Hb<sup>1</sup>

~1/3 of prior non-responders achieved an Hb response after continuing mitapivat in the OLE

Among Hb responders (M/M and P/M), mean change from baseline in Hb over the OLE was 1.3 g/dL

Safety profile in open-label extension consistent with earlier data – no new cases of HCl reported

# Mitapivat demonstrates meaningful benefit in higher baseline Hb ( $\geq 9.5$ g/dL) NTD thalassemia patients

**38.9% of patients** treated with mitapivat achieved Hb response<sup>1</sup> vs 0% of patients treated with placebo

**1.5 g/dL mean change** from baseline in Hb over weeks 12-24 observed in Hb responders<sup>2</sup>

**5.1-point improvement** in FACIT-Fatigue scores vs placebo +0.8 points<sup>3</sup>

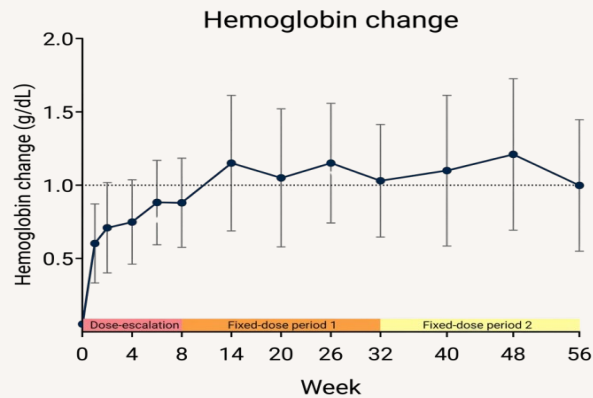
Clinically meaningful Hb response rates, mean increase Hb concentration, and improvement in fatigue

Higher baseline Hb defined as  $\geq 9.5$  g/dL.

Efficacy of mitapivat in patients with non-transfusion-dependent alpha- or beta-thalassemia with baseline hemoglobin  $\geq 9.5$  g/dL: subgroup analysis from the Phase 3 ENERGIZE trial; EHA 2026, PF1281. 1. Hemoglobin response defined as  $\geq 1$  g/dL. 2. the change from baseline in average Hb concentration was greater in the mitapivat arm than in the placebo arm as early as Week 4 and through Week 24. (7/18) patients treated with mitapivat achieved Hb response. 3. higher scores indicate improvement in fatigue. NTD = non-transfusion-dependent; Hb = hemoglobin; FACIT = Functional Assessment of Chronic Illness Therapy.

# Mitapivat demonstrates sustained benefit across hemoglobin, markers of hemolysis and iron burden

## Sustained Hb improvement



48% achieved Hb response<sup>1</sup>  
+1.1 g/dL mean Hb improvement<sup>2</sup>

## Rapid and sustained hemolysis improvements up to Week 56

Reticulocytes  $\downarrow 81 \times 10^9/L$

Bilirubin  $\downarrow 1.4 \text{ mg/dL}$

Suggests direct impact on hemolysis,  
a key morbidity driver

## Reduction in iron burden



Decrease in ferritin  
concentrations



Reduction in liver iron  
concentration in patients  
with Hb response

Suggests benefit may extend to  
downstream effects of chronic hemolysis

Sustained reduction in hemolysis translates into downstream improvements in iron burden,  
supporting disease-modifying potential

\*Error bars represent 95% confidence interval (CI)

1. 48% (10/21) patients achieved hemoglobin (Hb) response, defined as  $\geq 1.0 \text{ g/dL}$ , during fixed-dose period sustained at two visits. 2. +1.1 g/dL mean Hb improvement during fixed dose period 2, all with hereditary spherocytosis (95% CI, 0.6 to 1.5,  $p < 0.001$ ).

# Phase 3 RISE UP trial – Global, randomized Phase 3 trial

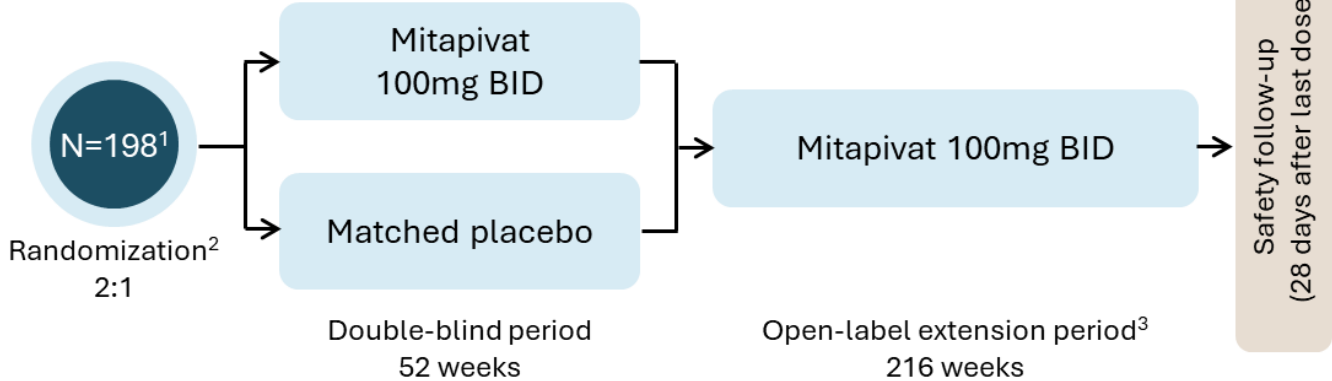


### Stratification factors

1. No. of SCPCs in prior 12 months (<5, ≥5)
2. Hydroxyurea use (yes, no)

### SCPC inclusion criteria

For inclusion in the study, participants needed to have experienced at least 2 and no more than 10 SCPCs in the 12 months prior to enrollment



### Primary endpoints

- Hb response
- Annualized rate of SCPCs

### Key secondary endpoints

- Average change in Hb concentration<sup>4</sup>
- Average change in indirect bilirubin<sup>4</sup>
- Average change in PROMIS-Fatigue 13a scores<sup>4</sup>
- Annualized frequency of hospitalizations for SCPC
- Average change in percent reticulocyte<sup>4</sup>

Hb response defined as ≥1.0 g/dL increase in average Hb from Week 24 through Week 52 compared to baseline.

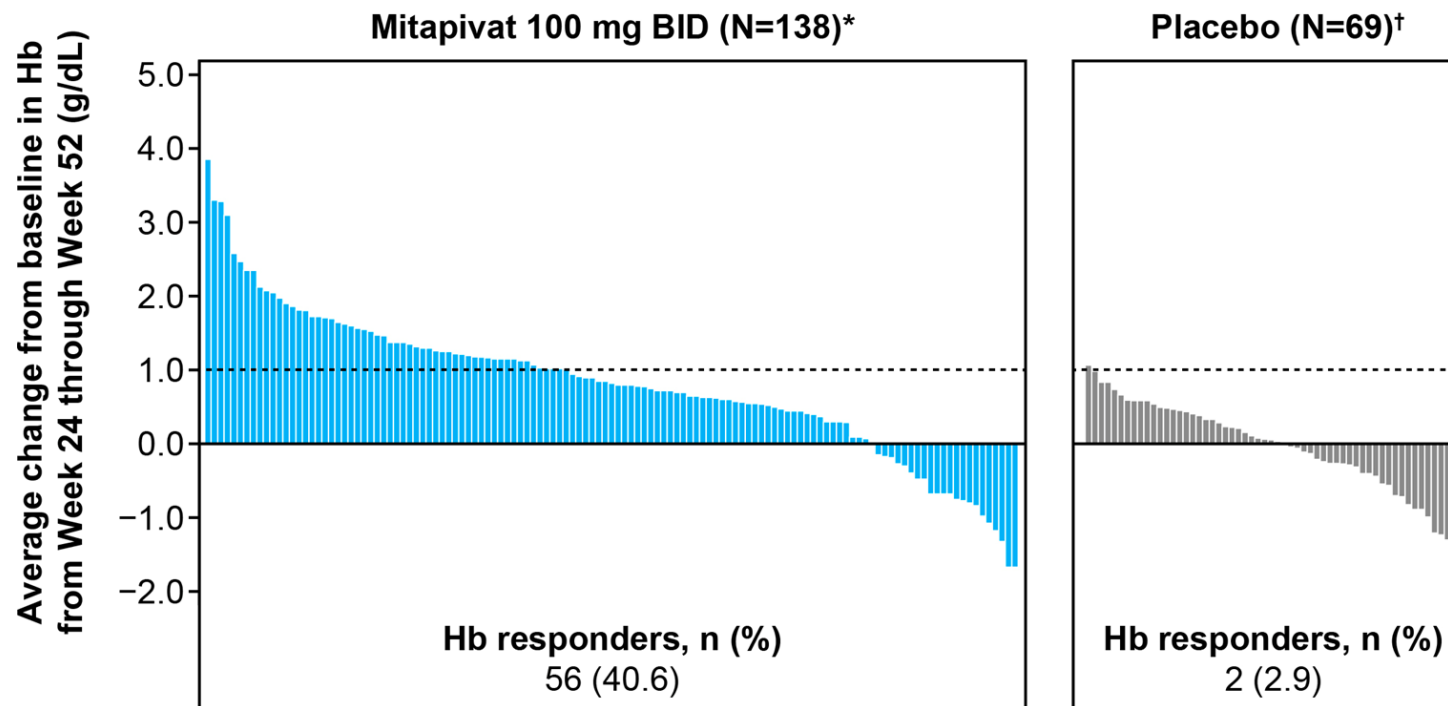
SCPCs defined as: an acute episode of pain that requires medical intervention, acute chest syndrome, priapism, hepatic or splenic sequestration.

1. Actual patients enrolled = 207. 2. Randomization stratified by the number of SCPCs in the prior year (<5, ≥5) and concomitant hydroxyurea use. 3. Patients who complete the double-blind period were eligible to receive mitapivat for an additional 216 weeks in an open-label extension period. 4. Change measured from baseline to average of Week 24 through Week 52.

SCPC = sickle cell pain crisis; Hb = hemoglobin; PROMIS = patient-reported outcome measurement information system.

# Mitapivat showed robust, durable anti-hemolytic profile

**40.6%** hemoglobin response vs 2.9% placebo (p<0.0001); maintained through Week 52



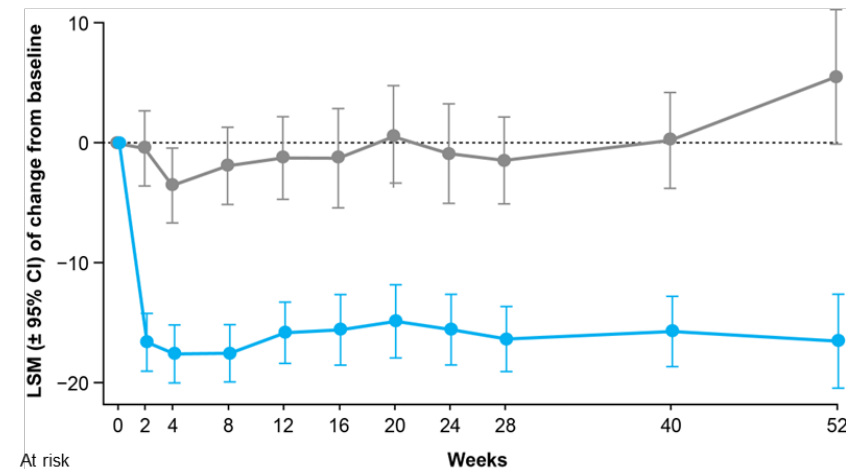
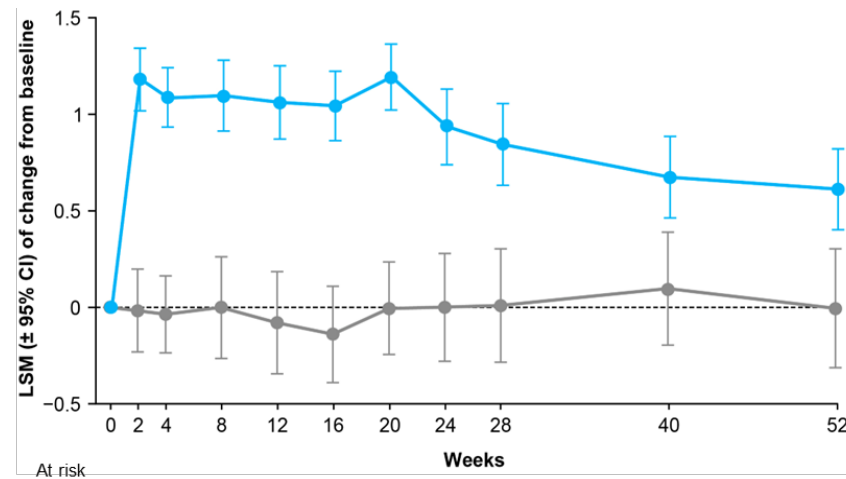
**1.6 g/dL** mean change from baseline in average Hb concentration from Week 24 to Week 52 among responders in the mitapivat treatment arm

\*Includes 13 patients with missing baseline assessments or with <2 assessments from Week 24 through Week 52, not depicted. †Includes 12 patients with missing baseline or with <2 assessments from Week 24 through Week 52, not depicted. BID = twice daily; CI = confidence interval; Hb = hemoglobin; HU = hydroxyurea; SD = standard deviation.

# Mitapivat showed robust, durable anti-hemolytic profile

	Mitapivat 100 mg BID N=138	Placebo N=69	LSM difference 2-sided p-value
Hb, LSM (95% CI)*	0.769 (0.599; 0.939)	0.026 (-0.206; 0.258)	0.743 (0.485; 1.001) p<0.0001

	Mitapivat 100 mg BID N=138	Placebo N=69	LSM difference 2-sided p-value
Indirect bilirubin, LSM (95% CI)*	-16.03 (-18.75; -13.31)	0.88 (-2.79; 4.55)	-16.91 (-21.01; -12.81) p<0.0001



— Mitapivat 100 mg BID — Placebo

**Robust response with durable, multi-endpoint confirmation of anti-hemolytic effect**

Hb response defined as  $\geq 1.0$  g/dL increase in average Hb from Week 24 through Week 52 compared to baseline.\*From Week 24 through Week 52. BID = twice daily; CFB = change from baseline; CI = confidence interval; Hb = hemoglobin; LSM = least squares mean.

# Improvements in hemolysis were accompanied by favorable clinical trends in total trial population

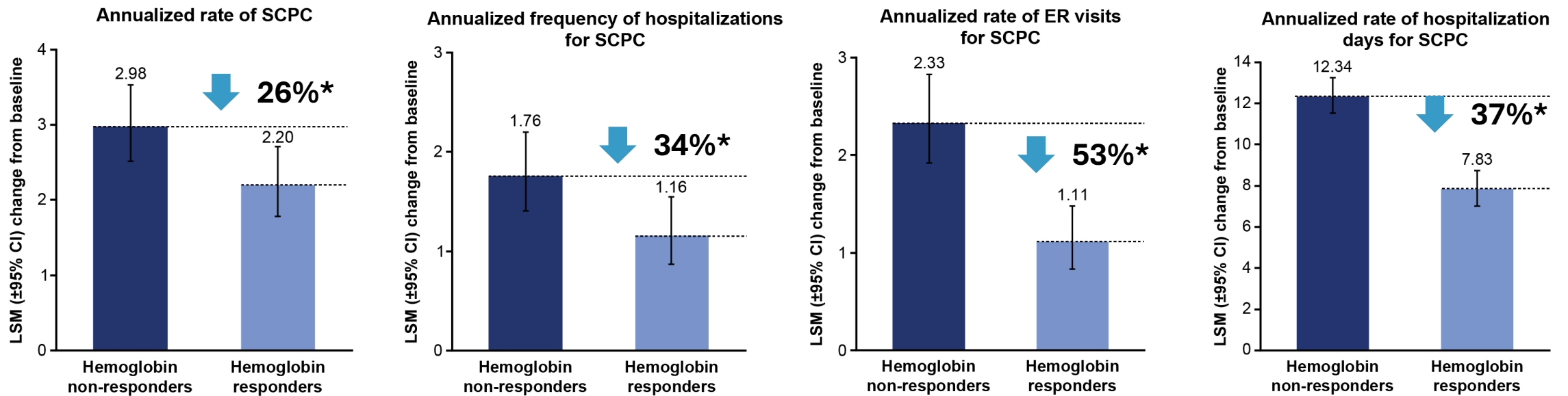
	Mitapivat 100 mg BID N=138	Placebo N=69	Rate reduction or LSM difference (95% CI), mitapivat vs placebo	Two-sided p-value
<b>Primary endpoint</b>				
Hb responders, n (%)	56 (40.6)	2 (2.9)		<0.0001
SCPC, annualized rate (95% CI)	2.62 (2.29; 3.01)	3.05 (2.57; 3.64)	14% (-4.1%; 29.2%)	0.1213
<b>Key secondary endpoints</b>				
PROMIS Fatigue 13a Short Form T-score*	-2.72 (-4.51; -0.93)	-2.25 (-4.60; 0.10)	-0.47 (-2.98; 2.04)	0.7112
Hospitalizations for SCPC, annualized rate (95% CI)	1.56 (1.31; 1.87)	1.81 (1.44; 2.27)	14% (-10.8%; 32.7%)	-†
Percent reticulocytes, LSM (95% CI)*	-2.36 (-3.09; -1.64)	-0.13 (-1.12; 0.85)	-2.2 (-3.3; -1.1)	-†

	Mitapivat 100 mg BID N=138	Placebo N=69	Rate reduction (95% CI), mitapivat vs placebo
<b>Additional endpoints</b>			
ER visits for SCPC, annualized rate (95% CI)	1.79 (1.52 to 2.11)	2.25 (1.83 to 2.77)	21% (0.0 to 36.9%)
Time to first SCPC, weeks, median (95% CI)	23.6 (15.9 to 30.4)	17.3 (12.1 to 32.0)	
Time to second SCPC, weeks, median (95% CI)	52.4 (41.3 to NE)	40.3 (21.1 to NE)	

\*Reported as the average change from baseline from Week 24 through Week 52.

†No additional statistical inference was performed beyond PROMIS Fatigue 13a Short Form T-score due to hierarchical testing structure. BID = twice daily; CI = confidence interval; ER = emergency room; Hb = hemoglobin; LSM = least squares mean; NE = not estimable; PROMIS = patient-reported outcomes measurement information system; SCPC = sickle cell pain crises.

# Hemoglobin responders<sup>1</sup> saw clinically meaningful improvements on SCPC-related endpoints and fatigue



Clinically meaningful improvement in PROMIS Fatigue T-scores<sup>2</sup>

\*95% CI, 6.3 to 42.0%; †95% CI, 34.6 to 65.5%; ‡95% CI, 9.3 to 51.9%. §95% CI, 28.5 to 43.7. ER, emergency room; SCPC, sickle cell pain crises. 1. Hb response defined as  $\geq 1.0$  g/dL increase in average Hb from Week 24 through Week 52 compared to baseline. 2. PROMIS Fatigue 13a Short Form T-scores, improvement reflected as reduction in T-scores; Hb responders -5.19 vs placebo -2.55 (minimum within-person change threshold -4.1 points). SCPC = sickle cell pain crises; LSM = least squares mean; CI = confidence interval; ER = emergency room.

# Hemoglobin responders<sup>1</sup> reported improvements related to feel and function, including pain and physical function

	Change from baseline (95% CI)		LSM difference of Hb responders vs non-responders
	Hb responder n=56	Hb non-responder n=82	
<b>PROMIS Pain Intensity 1a*</b>	-1.63 (-2.22 to -1.03)	-0.59 (-1.11 to -0.07)	-1.04 (-1.66 to -0.42) <b>Favors Hb responders</b>
<b>ASCQ-Me Pain Impact†</b>	4.09 (2.14 to 6.05)	0.85 (-0.88 to 2.59)	3.24 (1.18 to 5.30) <b>Favors Hb responders</b>
<b>PROMIS Physical Functioning 8a†</b>	5.30 (2.57 to 8.04)	1.79 (-0.60 to 4.19)	3.51 (0.62 to 6.39) <b>Favors Hb responders</b>
<b>ASCQ-Me Sleep Impact†</b>	2.39 (-0.17 to 4.95)	-0.48 (-2.72 to 1.76)	2.87 (0.22 to 5.53) <b>Favors Hb responders</b>
<b>EQ-5D VAS‡</b>	3.27 (-4.21 to 10.74)	-6.77 (-13.27 to -0.27)	10.04 (2.41 to 17.66) <b>Favors Hb responders</b>

1. Hb response defined as  $\geq 1.0$  g/dL increase in average Hb from Week 24 through Week 52 compared to baseline. Estimates and 95% CIs are based on the MMRM method which includes change from baseline as the dependent variable, baseline as a covariate, and Hb responder status, visit, Hb responder status-by-visit interaction and randomization stratification factors as fixed factors, and the subject as the random effect. \*Scores range from 0 to 10 in which higher scores represent more pain. †Higher T-scores represent healthier status. ‡Scores range from 0 to 100 in which higher scores represent healthier status. ASCQ-Me = adult sickle cell quality of life measurement information system; CI = confidence interval; EQ-5D VAS = EuroQol-5 dimension visual analog scale; Hb = hemoglobin; LSM = least squares mean; MMRM = mixed model for repeated measures; PRO = patient-reported outcomes; PROMIS = patient-reported outcomes measurement information system.

# Mitapivat was well tolerated with an acceptable safety profile in patients with sickle cell disease

Patients, n (%)	Mitapivat 100 mg BID N=138	Placebo N=69
Any TEAEs	134 (97.1)	68 (98.6)
Treatment-related TEAEs	42 (30.4)	20 (29.0)
Grade ≥3 TEAEs	46 (33.3)	28 (40.6)
Grade ≥3 treatment-related TEAEs	7 (5.1)	2 (2.9)
Serious TEAEs	28 (20.3)	20 (29.0)
Serious treatment-related TEAEs*	1 (0.7)	0 (0.0)
TEAEs leading to discontinuation of the study drug <sup>†</sup>	6 (4.3)	2 (2.9)
TEAEs leading to dose reduction	7 (5.1)	0 (0.0)
TEAEs leading to interruption of the study drug	5 (3.6)	1 (1.4)
TEAEs leading to death <sup>‡</sup>	2 (1.4)	1 (1.4)
Treatment-related TEAEs leading to death	0 (0.0)	0 (0.0)

\*Serious treatment-related TEAE in the mitapivat arm: hemolytic anemia (concomitant SCPC and pneumonia).

<sup>†</sup>Discontinuations: Placebo (2): hemolysis, dengue fever. Mitapivat (6): 5/6 preceded by a dose reduction.

3 not treatment-related: acute polyneuropathy, transaminases increased (acute EBV infection), elevated hepatic enzymes (severe SCPC with multi-organ dysfunction; not preceded by dose reduction).

3 treatment-related: flank pain/pruritis/hepatic cytolysis (LFTs significantly improved near baseline with continued mitapivat use; flank pain primary reason for discontinuation), middle insomnia/fatigue/hot flush/gingivitis, AST increased (multiple concomitant infections and pain events with possible biliary obstruction, negative de-challenge).

<sup>‡</sup>Deaths: none considered treatment-related. Mitapivat (2): pulmonary hypertension, aspiration. Placebo (1): septic shock.

# Mitapivat reduced transfusion burden vs placebo

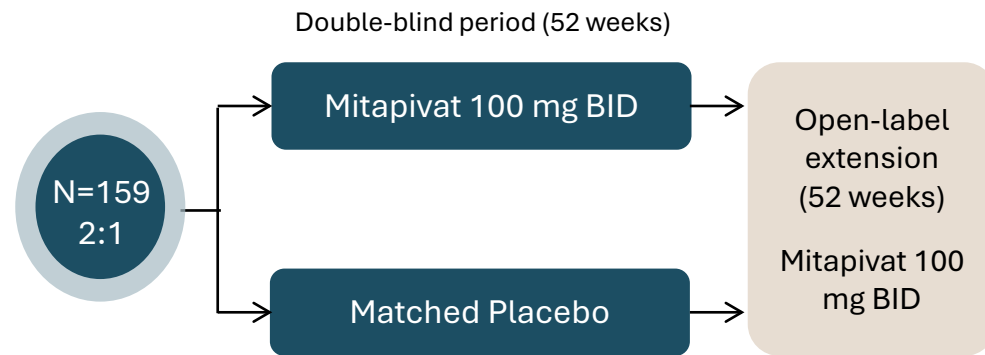
	Mitapivat 100 mg BID N=138	Placebo N=69
Patients transfused, n (%)	33 (23.9)	28 (40.6)
<b>Relative reduction, mitapivat-placebo</b>	<b>41.1%</b>	
Total number of RBC units transfused	97	110
Average RBC units transfused per patient	0.70	1.59
<b>Relative reduction, mitapivat-placebo</b>	<b>55.9%</b>	

## Historical reference: Hydroxyurea<sup>1</sup>

	Hydroxyurea N=152	Placebo N=147
Number of patients transfused	55	79
<b>Percent reduction vs placebo</b>	<b>30%</b>	
Number of units of blood transfused	423	670
<b>Percent reduction vs placebo</b>	<b>37%</b>	

Clinically meaningful transfusion benefits regardless of concomitant hydroxyurea use

# REIGNITE – Mitapivat confirmatory trial to demonstrate reduction in transfusion burden in sickle cell disease



**Primary endpoint:** Transfusion-free from Week 4-52

**Key secondary endpoints:** Number of RBC units transfused from Week 4 through Week 52, average change from baseline in Hb, indirect bilirubin and LDH from week 24 to 52

**Exploratory endpoint:** annualized rate of SCPC

## Confirmatory trial design based on RISE UP Phase 3 trial

- 98% power for primary endpoint and  $\geq 90\%$  power for key secondary endpoints
- Assumed effect size based on the RISE UP Phase 3 trial

## Enriched population with measurable clinical burden

- Recent transfusion history ( $\geq 1$  in prior year)
- Signs/symptoms of hemolysis
- Average Hb 5.5-10.5 g/dL during screening
- Excludes chronic transfusion

Well-designed confirmatory design with assumptions anchored in prior randomized Phase 3 data

# Mitapivat – differentiated anti-hemolytic profile for sickle cell disease based on Phase 2 and Phase 3 RISE UP trial

- ▶ **Robust anti-hemolytic profile demonstrated in total trial population**
- ▶ **Hemoglobin responders saw clinically meaningful benefits on SCPC-related endpoints, fatigue, and other PROs, including pain**
- ▶ **New post-hoc RISE UP analyses show clinically meaningful reduction in transfusion burden**
- ▶ **Favorable safety profile in sickle cell disease – mitapivat has generated >1,300 patient-years of data across hemolytic anemias**

# Agios PK activation franchise clinically validated across three hemolytic anemias – >1,300 patient-years data

## PK Deficiency

- Phase 3 trials demonstrated Hb improvement and transfusion reduction
- Decreases in iron overload
- Durable reduction in hemolysis
- Long-term safety established

PYRUKYND approved in U.S. and EU

## Thalassemia

- Consistent improvements in Hb, hemolysis, and transfusion burden across NTDT and TDT populations
- First medicine to demonstrate PRO benefit in NTDT
- Consistent safety profile observed in long-term data<sup>1</sup>

AQVESME/PYRUKYND approved in U.S., EU, KSA, UAE

## Sickle Cell Disease

- Durable improvements in Hb and hemolysis
- Clinically meaningful reduction in transfusion burden
- Hb responders showed clinically meaningful benefit on SCPC-related measures and fatigue
- Favorable safety profile

Mitapivat sNDA filed for accelerated approval in U.S.

Tebapivat, next-gen PKa, Phase 2 data in H2 2026

# KOL Fireside Chat: RISE UP Phase 3 data presentation at EHA

**Panel  
Moderator**



**Ahmar Zaidi, M.D.**

- Senior Medical Director, Agios
- Pediatric Hematologist, formerly at Comprehensive Sickle Cell Center at the Children's Hospital of Michigan

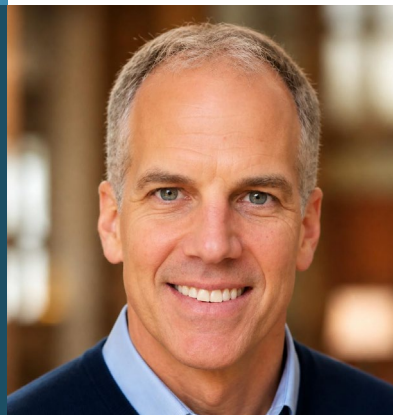
**Participating  
Key Opinion  
Leader**



**Kenneth Ataga, M.D.**

- Director of the Center for Sickle Cell Disease at the University of Tennessee Health Science Center
- Primary interest in development of drug therapies for sickle cell disease

**Participating  
Key Opinion  
Leader**



**Alan Anderson, M.D.**

- Associate Professor of Pediatrics at Prisma Health
- Executive Director of Sickle Forward

# Unlocking growth in thalassemia and sickle cell disease

Tsveta Milanova, Chief Commercial  
Officer



**242 prescriptions<sup>1</sup>**  
as of March 31st

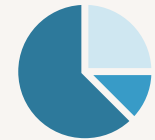
## Key launch considerations for AQVESME in thalassemia

**10-12**  
weeks

**REMS onboarding**  
Average time to treatment  
initiation 10-12 weeks



**Expand prescriber breadth**  
Broaden prescriber base across  
community and academic



**Evolving Patient Mix**  
Adoption in NTD patients -  
~2/3 of diagnosed adults

# EHA 2026 NTD data reinforce AQVESME's durable and broad growth opportunity

## Durable benefit with continued treatment

- ~60% of patients remaining on mitapivat in OLE achieved Hb response

## Consistent effect after switch to mitapivat

- ~50% of patients switching from placebo achieved Hb response in OLE<sup>1</sup>

## Benefit can deepen over time

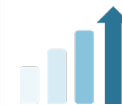
- ~1/3 of prior non-responders became responders in OLE<sup>2</sup>



Supports earlier use, including NTD patients with higher baseline Hb ( $\geq 9.5$  g/dL)



Strengthens value proposition in less anemic NTD patients

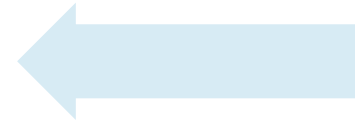


Supports long-term treatment persistence

New data reinforce durability and broader applicability in NTD, supporting long-term AQVESME growth

1. 49.2% (30/61) of P/M patients had an increase of  $\geq 1$ g/dL from baseline in average hemoglobin over any 2 consecutive open-label extension study visits. 2. (23/75) patients who did not achieve DBP hemoglobin response with mitapivat were among the M/M patients who met this threshold for hemoglobin improvement in the open-label extension. EHA = European Hematology Association; OLE = open-label extension; Hb = hemoglobin; NTD = non-transfusion-dependent; M/M = Patients receiving mitapivat in the double-blind period and open-label extension; P/M = patients receiving placebo in the double-blind period and mitapivat in the open-label extension.

# Compelling sickle cell disease opportunity with mitapivat ~25,000 patients in U.S. treated or in need of new therapy



Potential to expand actively treated with new market entrants

~75,000 diagnosed sickle cell disease patients (≥16 years)

~25,000 actively treated or in need of therapy

## Initial launch focused on patients with hemolytic profile

**Established anti-hemolytic profile<sup>1</sup>**  
addressing a core driver of pathophysiology and mortality

**Mitapivat has proven clinical profile**  
potential third indication – >1,300 patient-years of data

**Agios platform built to scale in rare hematology**  
*trusted SCD community partner with proven launch execution*

1. defined as low or declining hemoglobin levels. SCD = sickle cell disease.

# CEO Closing Remarks

Brian Goff, Chief Executive Officer

# Agios – consistent recent execution to support leadership in rare hematology

- ✓ **Activated thalassemia market, high-quality launch execution**  
Patient identification, physician engagement, and execution of novel REMS enabling scalable uptake
- ✓ **Delivered with speed and precision on key regulatory milestones**  
Rapid progression from topline data to confirmatory trial alignment and sNDA filing
- ✓ **Maintained financial discipline while investing for growth**  
Operating expense held approximately flat vs prior year with spend aligned to key value inflection points
- ✓ **Expanded pipeline with strategic precision**  
Cevidoplenib next-generation SYK inhibitor – potential to show improved tolerability and durable PLT responses

# 2026 strategic priorities set foundation for long-term growth



**Execute high-impact U.S. launch for AQVESME (mitapivat) in thalassemia**



**Potential to expand PK activation franchise into sickle cell disease**

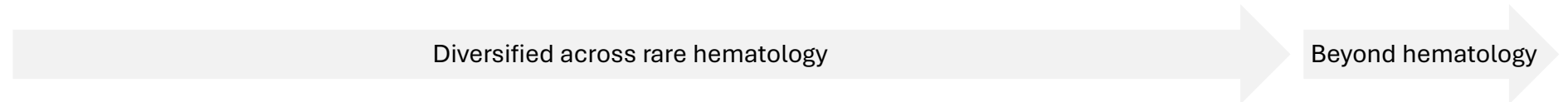


**Unlock future value in hematology and other rare disease** by advancing early-stage pipeline



**Ensure long-term sustainability** through disciplined capital allocation and operational efficiency

# Agios – pipeline advancement driving leadership in rare hematology and other rare diseases



	PK Deficiency	Thalassemia	Sickle Cell Disease	ITP	Polycythemia Vera	PKU
	<b>PYRUKYND</b>	<b>AQVESME</b>	<b>Mitapivat/ Tebapivat</b>	<b>Cevidoplenib</b>	<b>AG-236</b>	<b>AG-181</b>
Mechanism of action	PK activator	PK activator	PK activator	SYK inhibitor	siRNA Tmprss6i	PAH stabilizer
Development stage	Approved	Approved	Registration/ Phase 2	Completed Phase 2	Phase 1 HV	Phase 1b in PKU patients
Global indication market value in 2030 <sup>1</sup>	Ultra-rare	\$1B+	\$3B+	\$3B+	\$1B+	\$1B+

**Agios’ expanding pipeline focused on rare disease markets valued at >\$10B by 2030**

1. Evaluate Pharma estimated global market value of indication in 2030. PK = pyruvate kinase; SYK = spleen tyrosine kinase; siRNA = small interfering RNA; Tmprss6i = transmembrane protease serine 6 inhibitor. HV = healthy volunteer; PAH = phenylalanine hydroxylase; PKU = phenylketonuria.

# Agios at EHA 2026 – Q&A Session



**Brian Goff**  
Chief Executive Officer

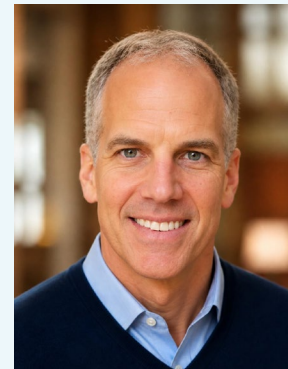


**Sarah Gheuens, M.D., Ph.D.**  
Chief Medical Officer, Head of  
Research & Development

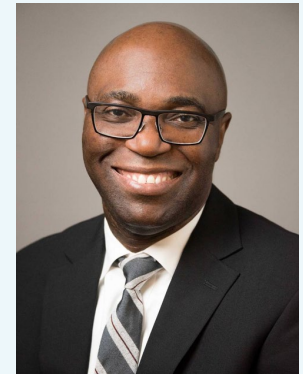


**Tsveta Milanova**  
Chief Commercial Officer

## Participating Key Opinion Leaders



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Lifespan Sickle Cell Disease  
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**Kenneth Ataga, M.D.**  
Plough Foundation Endowed Chair  
in Sickle Cell Disease and Director  
of the Center for Sickle Cell  
Disease, University of Tennessee  
Health Science Center

# Appendix

# Appendix – strong catalyst flow across pipeline in 2026

