A publication of { IDEC PHARMACEUTICALS } Volume 2 Issue 1
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▼ IN THIS ISSUE

setting standards

Creating New Standards of Care is a core value at IDEC. We address this goal by striving to provide innovative, value-added therapies to treat cancers and autoimmune diseases—therapeutics like Rituxan® and Zevalin,™ which offer treatment for patients with certain non-Hodgkin's lymphomas (NHL). But standard setting goes beyond product development at IDEC to reflect all aspects of our business. From research and development to manufacturing and sales, in our dealings with partners and contractors, and in our relationships with employees, shareholders, and the community, we challenge ourselves to meet —or even surpass—the highest goals.

volume 2
issue 1

care

A publication of
IDEC Pharmaceuticals

Corporate Headquarters
3030 Callan Road
San Diego, California 92121
Telephone: 858-431-8500
Facsimile: 858-431-8870

(911)

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(911)

September 11th started out on a bright and promising note for IDEC Pharmaceuticals. At 8:00 a.m. in Bethesda, MD, an IDEC team began to give a presentation on the merits of Zevalin (ibritumomab tiuxetan), an investigational agent for the treatment of certain B-cell non-Hodgkin's lymphomas, to the 16-member Oncologic Drugs Advisory Committee. The panel was gathered to recommend to the U.S. Food and Drug Administration whether or not it should grant marketing approval of this therapy in the U.S. / At 8:46 a.m., the first of two passenger jets struck the Twin Towers. / In spite of the catastrophic events in New York, Pennsylvania and Washington, DC, the advisory panel persisted in its deliberations and ultimately did recommend approval of Zevalin to the FDA. The action prompted gratitude but not celebration among IDEC employees. We were too busy trying to make sense of the unfolding horror and cope with feelings of panic, fear and grief. This sense of precariousness lasted for weeks. / IDEC was touched directly on that dark day. We lost two good friends - Ed Pykon, 33, and Avnish Patel, 28, biotech analysts with Fred Alger Asset Management, Inc. Our hearts grieve for their loved ones and the thousands whose loved ones were taken from them on the worst day in American history.

DEAR SHAREHOLDERS: In 2001, IDEC Pharmaceuticals experienced its fourth consecutive year of record growth in sales, revenues, profits, cash balances, research and development investment and personnel. Our growth over this extended period has been driven principally by Rituxan (rituximab), the first monoclonal antibody approved for the treatment of cancer by the U.S. Food and Drug Administration (FDA).

RITUXAN SETS SALES RECORDS Last year Rituxan attained two major milestones. The first occurred on March 21, when IDEC and Genentech, our copromotion partner, achieved one billion dollars in U.S. net Rituxan sales on a cumulative basis since its approval by the FDA on November 27, 1997. This accomplishment places Rituxan in an elite group of cancer-fighting products and highlights the critical importance of this therapy in the lives of non-Hodgkin's lymphoma patients and their families.

The second milestone occurred at the end of 2001. Despite an economic downturn in the U.S., IDEC reported U.S. net Rituxan sales of $779 million in 2001 with partner Genentech, a remarkable 84 percent increase over net U.S. sales in 2000. IDEC's annual revenues totaled $272.7 million in 2001, a 76 percent gain over 2000. The company reported net income of $101.7 million, or $0.59 per share on a diluted basis in 2001, compared to net income of $48.1 million, or $0.30 per share on a diluted basis for the same period in 2000, despite an increase in our reported tax rate to 37 percent, compared to 17 percent last year.

ZEVALIN APPROVED On February 19, 2002, the FDA approved the Zevalin therapeutic regimen (ibritumomab tiuxetan), herein referred to as Zevalin, for the treatment of relapsed or refractory low-grade, follicular or transformed, B-cell non-Hodgkin's lymphoma, including patients with Rituxan-refractory follicular NHL. This is the first radioimmunotherapy to receive FDA approval. This accomplishment is the fulfillment of more than a decade of hard work by hundreds of IDEC employees and clinical investigators. Like Rituxan four years ago, Zevalin's approval marks another important milestone in the treatment of cancer and in the 15-year history of IDEC.

STRONG PIPELINE SUSTAINS GROWTH To sustain profitability and competitiveness, IDEC is committed to maintaining a robust pipeline of novel immunotherapies for the treatment of cancers and autoimmune diseases. By leveraging our knowledge, experience and leadership in antibody-based technologies, we currently have four therapeutic agents in Phase I and Phase II human clinical trials:

highlights of 2001 »

Fourth consecutive year of profitability reported by IDEC; revenue growth of 76 percent for year 2001.

At the annual meeting of American Society of Hematology 24-month follow-up data from the Groupe d'Etude des Lymphomes de l'Adulte (GELA) Phase III study showed an increase in overall survival of 23 percent in patients with aggressive NHL treated with Rituxan and CHOP chemotherapy as compared to CHOP alone.

IDEC received Zevalin BLA Complete Review Letter from FDA.

FDA Advisory Committee panel recommended approval of Zevalin for treatment of certain non-Hodgkin's lymphomas.

- IDEC-114 (anti-CD80 or anti-B7) – Two Phase II clinical trials in psoriasis and a Phase I/II in NHL
- IDEC-131 (anti-CD40L or anti-CD154) – One Phase II clinical trial in psoriasis, one Phase II clinical trial in immune thrombocytopenic purpura (ITP), one Phase II clinical trial in Crohn's disease, and one physician-sponsored IND in multiple sclerosis
- IDEC-151 (anti-CD4) – A Phase II clinical trial in combination with methotrexate in rheumatoid arthritis
- IDEC-152 (anti-CD23) – A Phase I/II clinical trial in allergic asthma.

We anticipate results from all Phase II clinical trials this year and will decide which therapeutic agents merit further development in Phase III clinical trials. In addition, we conducted preclinical research last year showing activity in animal models in NHL treated with IDEC-114 and Rituxan. In 2001 we began making preparations to launch clinical trials with IDEC-114 and initiated a Phase I/II trial in early 2002.

WORK IS UNDERWAY ON THE NEXT GENERATION OF THERAPIES Continual innovation and leadership are two hallmarks of a successful biotechnology company. In its 15-year history, IDEC has exemplified both traits—first with Rituxan and then with Zevalin, which is a first-in-class radioimmunotherapy.

IDEC will seek to maintain continual innovation and leadership by capitalizing on its core technologies through collaborations with the National Cancer Institute (NCI), academic centers and genomics companies for specialized technologies and skills.

For example, IDEC has been working on a "domain-deleted" antibody, which has certain fragments removed from its constant region through genetic engineering. When labeled with the yttrium-90 radioisotope, these domain-deleted antibodies may penetrate and deliver their yttrium-90 "payload" to solid tumors. In 2003, we hope to launch a pilot study with an yttrium-90-labeled, domain-deleted antibody, which, if successful, may lead to a variety of yttrium-based radioimmunotherapies for prostate, ovarian, colon and lung cancers.

IDEC also has been studying cancer vaccines for a number of years, especially in prostate cancer. We've devised a new technique for treating cancer by directing the patient's own immune system against specific tumor antigens, thus attacking the disease. Currently, we are combining prostate-specific PAGE-4 antigen with our PROVAX adjuvant in therapeutic vaccines in preparation for human clinical trials for the treatment of prostate cancer. In addition, IDEC has been examining preclinically the utility of IDEC-152 in chronic lymphocytic leukemia (CLL). IDEC-152 targets the CD23 recep-

FDA approved a supplemental Biologics License Application (sBLA) for Rituxan to include initial treatment with eight weekly infusions, retreatment, and treatment of bulky disease.

IDEC purchased site in San Diego for new corporate headquarters and research campus.

IDEC announced results of Phase I Study of IDEC-152 antibody in allergic asthma.

IDEC began Phase II study in psoriasis with its PRIMATIZED antibody, IDEC-114.

IDEC began Phase II study in immune thrombocytopenic purpura (ITP) with its humanized antibody, IDEC-131.

tor, which is expressed on CLL cells. Later this year, we hope to launch a Phase I/II clinical trial in CLL with IDEC-152 to study the therapy's cancer-fighting potential.

WE ARE BUILDING FOR THE FUTURE Until recently, a biopharmaceutical company's fortunes rose or fell on the strength of its product pipeline. Today, biopharmaceuticals need both a strong pipeline *and* the means to manufacture their therapeutic agents. Several dozen new biologics may be approved and launched in the next several years but, currently, capacity for manufacturing in our industry is scarce. Many biopharmaceutical companies with drugs in their pipeline are racing to build future manufacturing facilities to meet this critical shortfall. Over the past two years, we have been working to expand dramatically our biologics manufacturing capacity so that we may be "the architects of the future, not its victims," in the words of Buckminster Fuller. Currently, we have two major manufacturing projects in progress.

In 2001 the major portion of the 60-acre site in Oceanside, California, called NIMO (New IDEC Manufacturing Operation), was graded. This year, construction will begin on phase one, which includes approximately 450,000 square feet of facility space for manufacturing, warehousing, utilities, maintenance, laboratories and offices. We anticipate phase one to be mechanically complete in 2004, followed by commissioning and validation in 2005 and 2006. Meanwhile, IDEC purchased a 40,000-square-foot facility adjacent to NIMO. Called NICO (New IDEC Clinical Operation), it is expected to provide sufficient drug supply for our clinical trials, as well as drug supply for any potential drug launches prior to 2005. NICO should be equipped and in operation by 2003. In addition, IDEC purchased 42.6 acres for its new corporate headquarters and research and development campus. The new location is in San Diego and the campus could potentially expand to over 750,000 square feet of facilities. The first phase of construction is scheduled for completion in early 2004.

OUR PEOPLE MAKE THE DIFFERENCE In the future, when historians write the story of the first 100 years of the Biotechnology Century, they won't, if they're honest, focus exclusively on the scientific discoveries of a few of the industry's giants. Instead, the story will turn on the contributions of thousands of scientists in countless specialties, working anonymously at corporations, academic centers and government facilities, much like the thousands of largely unknown but passionate artists and artisans who ignited that cultural revolution we call the Renaissance.

If someone ever writes IDEC's history, their story will not focus on one or two individuals. Our story rests on the shoulders and lives in the hearts and minds of our dedicated employees. Through good times and bad, they have made the difference between success and failure, winning and losing. I urge you to turn to page 32 and read about four of them. Over the years we've been fortunate to recruit and retain employees who truly believe that "good enough" isn't good enough anymore to achieve leadership in our industry. They understand that leadership is attained and maintained only through "greatness," exemplified by first-in-class innovation, high quality standards and value-added therapeutic agents. These unyielding standards have allowed us to grow from a small nucleus of about two dozen employees in 1986 to 650 employees by the end of 2001. Emerson said, "The creation of the world is still in progress...at this very moment you're building tomorrow." I trust as you finish this letter you have a new awareness of our last year's accomplishments and a renewed confidence in our strategy for building IDEC's future.

In closing, I wish to express my heartfelt thanks to our dedicated employees, business partners, clinical investigators, doctors, nurses, patients and investors. Your support and encouragement over the past 15 years have dared us to be bold and resilient. Your long-term commitment has helped us discover, develop and commercialize new therapies for patients with cancer and autoimmune and inflammatory diseases. We look forward to what the next 15 years will bring to us all.

Best regards,

William H. Rastetter, Ph.D.

Chairman and Chief Executive Officer, IDEC Pharmaceuticals Corporation

THE DISCUSSION OF OUR BUSINESS CONTAINED IN THIS ANNUAL REPORT MAY CONTAIN CERTAIN PROJECTIONS, ESTIMATES AND OTHER FORWARD-LOOKING STATEMENTS THAT INVOLVE A NUMBER OF RISKS AND UNCERTAINTIES WHICH COULD CAUSE ACTUAL RESULTS TO DIFFER MATERIALLY. WHILE THIS OUTLOOK REPRESENTS MANAGEMENT'S CURRENT JUDGMENT ON THE FUTURE DIRECTION OF THE BUSINESS, THESE RISKS AND UNCERTAINTIES COULD CAUSE ACTUAL RESULTS TO DIFFER MATERIALLY. FOR A DISCUSSION OF CERTAIN RISKS AND UNCERTAINTIES THAT MAY AFFECT OUR ACHIEVEMENT OF EVENTS IN THE FUTURE, PLEASE REFER TO OUR ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 2001, FILED WITH THE SECURITIES AND EXCHANGE COMMISSION ON FORM 10-K, AS WELL AS OTHER REPORTS ON FILE WITH THE SEC.

ON FEBRUARY 19, 2002, THE FDA APPROVED ZEVALIN (IBRITUMOMAB TIUXETAN) FOR MARKETING IN THE U.S. ZEVALIN IS INDICATED FOR THE TREATMENT OF PATIENTS WITH RELAPSED OR REFRACTORY LOW-GRADE, FOLLICULAR, OR TRANSFORMED B-CELL NON-HODGKIN'S LYMPHOMA (NHL) IN PATIENTS WITH RITUXAN-REFRACTORY FOLLICULAR NHL. ZEVALIN IS A NEW CLASS OF CANCER THERAPEUTICS CALLED RADIOIMMUNOTHERAPEUTIC AGENTS THAT COMBINE THE SPECIFICITY OF A MONOCLONAL ANTIBODY WITH THE POWER OF A RADIOISOTOPE TO EFFECTIVELY DESTROY CANCER CELLS WHILE MINIMIZING DAMAGE TO HEALTHY TISSUES. ZEVALIN OFFERS AN IMPORTANT NEW THERAPY TO THE ARSENAL AGAINST NHL, PROVIDING PATIENTS WHO NO LONGER RESPOND TO STANDARD THERAPIES. AS THE FIRST PRODUCT THAT IDEC WILL MARKET IN THE UNITED STATES ON ITS OWN, ZEVALIN'S APPROVAL ALSO SIGNIFIES IDEC'S EMERGENCE AS A FULLY INTEGRATED BIOPHARMACEUTICAL COMPANY.

If someone ever w[illegible] lives in the hearts and minds of our d[illegible]ing and losing. I urge you to turn to [illegible] truly believe that "good enough" isn't go[illegible] maintained only through "greatness," [illegible] yielding standards have allowed us to grow [illegible] said. "The creation of the world is still happening ... at this [illegible] new awareness of our last year's accomplishments and a renewed [illegible] future.

In closing, I wish to express my [illegible] thanks to our dedicated employees, business partners, [illegible] doctors, nurses, patients and investors. Your support and [illegible] commitment over the past 15 years to be bold and resilient [illegible] commitment has helped us discover, develop and [illegible] new therapies for patients with cancer and autoimmune and inflammatory diseases. We look forward to what the next 15 years will bring to us all.

Best regards,

William H. Rastetter, Ph.D.
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Jonathan Polikoff, M.D.

"HE WAS THRILLED WHEN I EXPLAINED THERE WAS AN ALTERNATIVE TO RESUMING CHEMOTHERAPY..."

1

SUBJECT { Efficacy of Zevalin (ibritumomab tiuxetan) in the treatment of non-Hodgkin's lymphoma

PHYSICIAN OBSERVATIONS

Pete has several underlying illnesses in addition to his lymphoma and had suffered significant toxicity to the chemotherapy he received in 1997. Unfortunately he did not respond to Rituxan. He was thrilled when I explained there was an alternative to resuming chemotherapy. It's been 8 months now since he received Zevalin and he remains in remission and has been able to maintain his quality of life.

CLINICIAN:

Jonathan Polikoff, M.D.,
Kaiser Permanente,
San Diego, California

PATIENT:

Pete Vivoli

DOB:

2/6/24

AGE:

78

TREATMENT DATE:

6/01

TIME IN REMISSION:

8 months

Chemotherapy for non-Hodgkin's lymphoma initially put former 78-year old civil engineer, Pete Vivoli, into remission. However, those treatments left him exhausted and affected his balance, making walking difficult. After failing to respond sufficiently to Rituxan alone, his oncologist gave Pete the opportunity in summer 2001 to participate in clinical trials of an experimental regimen combining Rituxan with Zevalin. Pete quickly responded to therapy with only mild infusion-related side effects, and experienced a total remission of his cancer. As a result, Pete has resumed an active role in his church, set aside during his illness, and once again enjoys daily walks and other activities.

Leo I. Gordon, M.D.

"ZEVALIN GIVES PATIENTS ANOTHER TREATMENT OPTION AFTER RITUXAN..."

2

SUBJECT { Efficacy of Zevalin (ibritumomab tiuxetan) in the treatment of non-Hodgkin's lymphoma

PHYSICIAN OBSERVATIONS

Zevalin gives patients another treatment option after Rituxan, other than repeated doses of potentially debilitating chemotherapy. We look forward to conducting further studies with this new radioimmunotherapy to determine how it will best fit into the overall treatment arsenal for lymphoma.

CLINICIAN:

Leo I. Gordon, M.D., Professor of Medicine, Northwestern University Medical School, Chicago, Illinois

PATIENT:

Laura Colton Tepper

DOB:

8/27/55

AGE:

46

TREATMENT DATE:

7/98

TIME IN REMISSION:

3.5 years

Laura Colton Tepper, a paralegal at a large national law firm, was first diagnosed with low-grade non-Hodgkin's lymphoma in 1996 at the age of 40. While her physician tried two different chemotherapy regimens against Laura's disease, neither treatment produced a sustained response. She next participated in a clinical trial evaluating Rituxan against the experimental therapy Zevalin. Enrolled in the Rituxan-only arm of the study, Laura's disease again responded but returned immediately on cessation of treatment. Finally, she was able to participate in a second clinical study of Zevalin, where she received the radioimmunotherapy. She quickly responded to treatment and now remains disease-free after more than 3.5 years. Laura says that while she required several transfusions following her treatment with Zevalin, her blood counts soon recovered and today she is enjoying a "whole new life."

Warren Paroly, M.D.

"THIS CASE SHOWS PROMISE THAT PATIENTS WHO HAVE RELAPSED AFTER MULTIPLE CHEMOTHERAPIES MAY STILL RESPOND TO RITUXAN..."

3

SUBJECT { Efficacy of Rituxan (rituximab) in the treatment of non-Hodgkin's lymphoma

PHYSICIAN OBSERVATIONS

This case shows promise that patients who have relapsed after multiple chemotherapies may still respond to Rituxan. Clinical trials have confirmed that response to Rituxan may occur in patients independent of the results of chemotherapy.

CLINICIAN:

Warren Paroly, M.D., North County Oncology Group, Oceanside, California

PATIENT:

Dennis Markham

DOB:

8/26/46

AGE:

56

TREATMENT DATE:

2/00

TIME IN REMISSION:

18 months

A lingering cold and small lump on his neck caused 56-year-old Southern California native, Dennis Markham, to see his doctor in early 2000. A biopsy of the lump resulted in a diagnosis of low-grade Mantle cell NHL. Initially treated with CHOP chemotherapy, his lymph node tumors subsided. Unfortunately, Dennis had a difficult time enduring the side effects of the chemotherapy and his remission was short-lived. Four months later, a CT scan revealed that his cancer had returned. His oncologist then suggested treatment with Rituxan. While he experienced a strong allergic-type response to this first Rituxan therapy, his adverse reaction was limited to the Rituxan infusion period. Moreover, he enjoyed a response to treatment lasting six months. When Dennis again began showing signs of his cancer's return, his oncologist suggested trying a maintenance regimen of once-a-month Rituxan, which he has tolerated without adverse effects with the use of an antihistamine. Today, Dennis has enjoyed a strong partial remission for over 18 months, with only two small abdominal tumors remaining stable. He says he is living every day the best that he can and once again is enjoying surfing and desert biking with his son and two daughters.

to market

Now that Zevalin has been approved, IDEC will complete its transformation from a research and development organization to a biopharmaceutical company with a fully integrated commercial infrastructure. In recent months, the company has significantly grown its oncology sales force, adding 50 new sales representatives and managers to build a team of nearly 100 people. Each of these new hires has spent an average of 15 years in pharmaceutical sales including nine years of those focused on oncology. Added to IDEC's existing sales force, this group gives the company one of the most experienced oncology sales teams in the industry. • IDEC also added several new departments and functions to support the marketing and sales of Zevalin. These include product distribution and logistical support to help ensure that manufacturing, product kit assembly, ordering, packing, shipping and other supply activities meet forecasted demands. Employees in a new Medical Information department staff phone lines at IDEC to answer questions from doctors, nurses, pharmacists and patients about Zevalin's use and biological activity. These employees also support the efforts of investigators who are developing presentations and manuscripts that help to educate the medical community about current and potential future uses of Zevalin. A new Pharmacovigilance department oversees the documentation of adverse events about Zevalin reported to IDEC or in the medical literature, and makes reports to the FDA. Additionally, a Phase IV Clinical Trials group is already overseeing the efforts of investigators seeking to explore additional ways to use Zevalin. Their efforts include working with large investigator groups and others to help them develop trial protocols and meet FDA regulatory requirements for human clinical studies. • As a first-in-class therapy, Zevalin presents unique challenges both for its marketing and in coordinating its delivery to the patient. It is the first cancer treatment to involve both the community-based oncologist and the hospital-based nuclear medicine physician in its use. And, while the Zevalin regimen is complete in just eight days, the patient must visit the hospital several times during that period for treatment and imaging. IDEC is working closely with the medical community to build a team approach to using Zevalin. The physicians, the radiopharmacists who prepare Zevalin for use, the nuclear medical technicians who oversee administration and conduct patient scans, and the oncology and radiation nursing staffs who help administer treatment are all integral parts of that team—as are the patients. The company also plans to educate other members of the treatment team as well as patient groups, to familiarize them with the new therapeutic option. Additionally, IDEC has developed a kit for patient caregivers to assist family members through the treatment process. • Like Rituxan before it, Zevalin's approval by the FDA, is just the first step. IDEC is exploring new clinical trials with Zevalin in other types of lymphoma as well as chronic lymphocytic leukemia (CLL).

NOW THAT IDEC HAS RECEIVED MARKETING APPROVAL FOR ZEVALIN, ITS ADDITION TO THE TREATMENT ARSENAL FOR NHL BUILDS ON THE STANDARD OF CARE ESTABLISHED BY RITUXAN. ZEVALIN ADDS ANOTHER POWERFUL WEAPON—RADIATION—TO IDEC'S PORTFOLIO OF TARGETED IMMUNOTHERAPIES FOR THE TREATMENT OF CANCER. THUS, THESE TWO AGENTS OFFER PATIENTS A VALUABLE NEW TREATMENT OPTION WHERE RITUXAN OR CHEMOTHERAPY ALONE IS NOT ENOUGH.

commercial product shipments to that market began in the third quarter of 2001. • Since its initial approval in late 1997, Rituxan has become a cornerstone of treatment for many patients with NHL. With partner Genentech, sales of this product have grown steadily, reaching $779 million for 2001, an increase of 84 percent over last year. Surveys show that physicians are using Rituxan more frequently. Clinical data reported in the medical literature and in peer-review meetings have supported the added value of Rituxan in combination with chemotherapy. Updated results from the first clinical trial of Rituxan plus cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP) in low-grade NHL patients saw 60 percent of patients completing therapy still in remission after more than four years. Moreover, of seven patients who had a marker of residual disease disappear from their blood and bone marrow following treatment, six remained in remission and had a persistently negative test for that marker. • Patients with more aggressive intermediate- and high-grade disease have been studied in a Phase III study conducted in Europe, known as the GELA trial. At a median of 24 months follow-up, data from this trial show a 23 percent improvement in overall survival in patients with aggressive NHL treated with Rituxan plus CHOP as compared to CHOP alone. • IDEC and its partners, Genentech and F. Hoffmann-La Roche Ltd., are conducting clinical trials designed to explore the full therapeutic potential of Rituxan through a variety of clinical studies. These include studies of Rituxan in low-grade follicular NHL, including post-transplant lymphoproliferative disease and Hodgkin's central nervous system lymphomas, as well as chronic lymphocytic leukemia (CLL). • Perhaps intriguingly, however, preclinical and early clinical data also suggest a role for Rituxan in the treatment of autoimmune and inflammatory diseases. IDEC and its partners plan to increasingly explore Rituxan use, both alone and in combination with other drugs, in the treatment of immune thrombocytopenic purpura (ITP), systemic lupus erythematosus and rheumatoid arthritis.

to market

Rituxan also achieved new approval milestones during 2001, expanding its uses and spurring further market growth for this product. The FDA approved new product labeling, broadening Rituxan use in patients with relapsed or refractory, low-grade or follicular, CD20-positive B-cell non-Hodgkin's lymphoma to include multiple courses of therapy with the antibody. The agency also approved the use of up to eight, rather than four, weekly infusions and use of Rituxan in the treatment of bulky disease (tumors greater than 10 centimeters in diameter). • Rituxan also gained approval from the Japanese health authorities for the treatment of certain B-cell non-Hodgkin's lymphomas. Zenyaku Kogyo and Nippon Roche co-promote Rituxan in Japan, and commercial product shipments to that market began in the third quarter of 2001. • Since its initial approval in late 1997, Rituxan has become a cornerstone of treatment for many patients with NHL. With partner Genentech, sales of this product have grown steadily, reaching $779 million for 2001, an increase of 84 percent over last year. Surveys show that physicians are using Rituxan more frequently. Clinical data reported in the medical literature and in peer-review meetings have supported the effectiveness of Rituxan in combination with chemotherapy. Updated results from the first clinical trial of Rituxan plus cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP) in low-grade NHL patients saw 60 percent of patients completing therapy still in remission after more than four to seven years. Moreover, of seven patients who had a marker of residual disease disappear from their blood and bone marrow following treatment, six remain in complete remission and four remain negative for that marker. • Patients with more aggressive intermediate- and high-grade disease have been studied in a Phase III study conducted in Europe, known as the GELA trial. At a median of 24 months follow-up, data from this trial show a 23 percent improvement in overall survival in patients with aggressive NHL treated with Rituxan plus CHOP as compared to CHOP alone. • IDEC and its partners, Genentech and F. Hoffmann-LaRoche Ltd., continue to explore the full therapeutic potential of Rituxan through a variety of clinical studies. These include studies with Rituxan in other B-cell malignancies, including post-transplant lymphoproliferative disease and Hodgkin's central nervous system lymphomas, as well as chronic lymphocytic leukemia (CLL). Most intriguingly, however, preclinical and early clinical data also suggest a role for Rituxan in the treatment of autoimmune and inflammatory diseases. IDEC and its partners plan to increasingly explore Rituxan use, both alone and in combination with other drugs, in the treatment of immune thrombocytopenic purpura (ITP), systemic lupus erythematosus and rheumatoid arthritis.

interview

BILL ROHN HAS BEEN IDEC'S CHIEF OPERATING OFFICER SINCE 1998. IN JANUARY 2002, HE ALSO BECAME THE COMPANY'S PRESIDENT IN RECOGNITION OF HIS ROLE IN ESTABLISHING AND BUILDING RITUXAN INTO A BLOCKBUSTER THERAPEUTIC AGENT FOR CERTAIN B-CELL NHLS AND HIS LEADERSHIP IN MAKING IDEC A SUCCESSFUL, COMMERCIAL ENTERPRISE.

1

How have Rituxan sales grown since the product was approved in late 1997? **Sales have experienced a dramatic increase** since product launch, growing from $152 million during the first full year of commercialization to $779 million for 2001. In the latest year alone, we experienced an 84 percent increase over the prior year. That is an extremely high rate of growth for a product now in its fifth full year of commercialization.

2

Have you and others continued to study Rituxan? **Absolutely.** Right from the beginning we have encouraged and actively supported a broad range of Rituxan clinical experiments. Since approval, IDEC and its partners have conducted or supported well over 150 clinical trials around the world. As an example of the productivity of this effort I would point to the more than 90 scientific presentations and posters on Rituxan at the American Society of Hematology meeting in 2001.

3

Do you expect Rituxan use to continue to increase going forward? **We are very excited** about the additional market potential that exists for this product. The GELA trial, which studied Rituxan use in combination with CHOP chemotherapy in patients with more aggressive lymphomas, has shown this combination regimen can significantly increase event-free survival. Clinical investigation of Rituxan maintenance therapy is also underway. Success in this area, where we begin to treat lymphoma as a chronic disease rather than one requiring only acute intervention, could further spur sales growth. We are also excited about studies that suggest Rituxan may have potential in a variety of other malignancies, like chronic lymphocytic leukemia, as well as non-malignant diseases like immune thrombocytopenic purpura (ITP), hemolytic anemia, and even rheumatoid arthritis.

4

Are international sales of Rituxan growing as well? **Acceptance of Rituxan** (also known as MabThera outside of the United States and Japan) was initially slower than in this country. However, sales by our marketing partner, F. Hoffman-LaRoche Ltd., have increased very dramatically in the past year, driven by the results from the GELA study. Additionally, we received approval for Rituxan in Japan in June 2001, where it is now co-promoted by Zenyaku Kogyo and Nippon Roche. The main countries accounting for 50 percent of ex-U.S. sales are: Germany, France, Italy, Japan and Australia.

Argentina
Aruba
Australia
Austria
Bahrain
Bangladesh
Belgium
Brazil
Bulgaria
Cambodia
Canada
Chile
China
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El Salvador
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Greece
Guatemala
Hong Kong
Hungary
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Italy
Japan
Korea South
Latvia
Lebanon
Lithuania
Luxembourg
Malaysia
Mexico
Nepal
Netherlands
New Zealand
Norway
Panama
Peru
Philippines
Poland
Portugal
Qatar
Romania
Russia
Singapore
Slovakia
Slovenia
South Africa
Spain
Sweden
Switzerland
Thailand
USA
United Kingdom
Uruguay
Venezuela
Vietnam
Yugoslavia

RITUXAN

68

COUNTRIES

CARE • VOLUME 2 ISSUE 1

In January 2001, Paul Grint, M.D., joined IDEC as chief medical officer and senior vice president of clinical research and development. Dr. Grint discusses IDEC's research pipeline and synergies between the company's programs in cancer and autoimmune disease. **Q»** Zevalin is the first radioimmunotherapy to achieve approval for cancer. What are IDEC's plans for developing other Yttrium-based cancer products? **A»** We are currently conducting preclinical studies and are collaborating with others on a pilot clinical trial with certain "domain-deleted" antibodies labeled with Yttrium. These are engineered antibodies whose small size may enable them to better penetrate and kill solid tumors which are not easily treated with whole antibody approaches. Positive results from this research could open the door to development of a range of Yttrium-based radioimmunotherapies for such diseases as prostate, ovarian, colon

THE ELLEN COHEN AWARD

The Ellen Glesby Cohen Leadership Award recognizes outstanding contributions by an individual to lymphoma research or the lymphoma community. In the recipient's honor, IDEC presents a $25,000 research grant to the Lymphoma Research Foundation.

In 2001, the inaugural award honored Wendy S. Harpham, M.D., lymphoma survivor and noted author on cancer survivorship, whose four books have helped numerous patients and their families cope with cancer and its impacts.

2001

vill IDEC choose targets for
cts? A» IDEC has instituted an
to identify antigens that are
in these cancers. We have
database of genes expressed
ssues that we are mining for
n, we have teamed with two
ntify genes over-expressed in
riants of antigens associated
cancer antigens discovered
e useful as antibody targets
ines. Q» Are you working on
We are developing vaccine
apy based on our patented
y. Currently, we are combin-
antigen with our PROVAX
ccines for prostate cancer.

research and development at IDEC: interview with Paul Grint, M.D.

In January 2001, Paul Grint
medical officer and senior
research and development.
research pipeline and syner
programs in cancer and aut
is the first radioimmunother
cancer. What are IDEC's
Yttrium-based cancer produ
ducting preclinical studies
others on a pilot clinical
deleted" antibodies labele
engineered antibodies who
them to better penetrate and k
easily treated with whole an
results from this research co
opment of a range of Y
therapies for such diseases

THE WINNER

As a former internist and long-term survivor of NHL, Dr. Wendy Harpham has a unique perspective on cancer and its effects on people's lives. When Dr. Harpham's illness prevented her from active clinical practice, her own experiences motivated her to help others deal with the many physical and emotional issues posed by cancer and its aftereffects. Today she lives a full life as an award-winning author and nationally recognized speaker who helps inspire cancer survivors and their families, as well as the physicians, nurses and other professionals who care for them.

Dr. Harpham's first two books, "Diagnosis: Cancer," and "After Cancer: A Guide to Your New Life" provide reader-friendly guides for patients undergoing cancer therapy and dealing with the medical, emotional and practical issues that can arise for years afterward. A third book, "When a Parent Has Cancer: A Guide to Caring for Your Children," with its companion children's book, "Becky and the Worry Cup," help families give children the tools to cope and grow in the setting of a parent with cancer. Similarly, a new book, "The Hope Tree," co-written with children's author Laura Numeroff, helps families talk about the difficulties that children face when one of their parents has cancer.

2001

and lung cancers. Q» How will IDEC choose targets for these new anti-cancer products? A» IDEC has instituted an in-house discovery program to identify antigens that are selectively over-expressed in these cancers. We have also licensed a commercial database of genes expressed in cancerous and normal tissues that we are mining for potential targets. In addition, we have teamed with two genomics companies to identify genes over-expressed in colon cancer and unique variants of antigens associated with other tumor types. The cancer antigens discovered through these efforts may be useful as antibody targets or for creating cancer vaccines. Q» Are you working on any cancer vaccines? A» We are developing vaccine approaches to cancer therapy based on our patented PROVAX adjuvant technology. Currently, we are combining prostate-specific PAGE antigen with our PROVAX adjuvant in therapeutic vaccines for prostate cancer.

Q» IDEC is also developing a portfolio of other antibodies that intervene in key immune system events. The company has been investigating these for use in autoimmune and inflammatory diseases, but might they have additional uses in cancer? A» Yes, preclinical research suggests a role for several of these antibodies in cancer. For example, IDEC-114 has demonstrated in laboratory and animal studies the ability to kill lymphoma cells on its own. When we combine this antibody with Rituxan, we see an enhanced anti-cancer activity in these preclinical models. Based on these observations, we began a clinical program to study IDEC-114 in patients with NHL in December 2001 and began a Phase I/II in early 2002. Q» Do any of your other investigational antibodies show potential in cancer? A» We are currently conducting preclinical studies of IDEC-152 in chronic lymphocytic leukemia (CLL). The CD23 receptor targeted by these antibodies appears in large quantities on CLL cells, and so appears to be a good target for this disease. We have shown that IDEC-152 can, on its own, trigger programmed cell death, or apoptosis, in cells taken from patients with CLL. Moreover, combining IDEC-152 with Rituxan appears to enhance that antibody's cancer-killing potential. Q» We understand that Rituxan may also find new uses in the field of autoimmune disease? A» Yes, early clinical studies sponsored by F. Hoffmann-LaRoche suggest that Rituxan may be useful for the treatment of rheumatoid arthritis. Similarly, early data from studies of Rituxan in the treatment of immune thrombocytopenic purpura suggest it may be useful in this disease.

IDEC-114 (anti-CD80 or anti-B7) This PRIMATIZED® antibody inhibits the binding of the B7-1 ligand on antigen-presenting cells to the CD28 receptor on T cells, thus blocking inflammatory T-cell activation. Inappropriately activated T cells play a central role in many autoimmune disorders, making IDEC-114 potentially useful in a variety of diseases. Phase II studies in moderate to severe psoriasis are ongoing where B7 is expressed on activated T cells in skin lesions.

IDEC-131 (anti-CD40L or anti-CD154) This humanized antibody targets the CD40 ligand on T cells, which interacts with antibody-producing B cells. By regulating this interaction, IDEC-131 may reduce excessive antibody production and help restore a more normal immune response in patients with autoimmune conditions. Phase II trials are ongoing in patients with Crohn's disease, moderate to severe psoriasis, and idiopathic thrombocytopenic purpura, an autoimmune blood-clotting disorder.

IDEC-151 (anti-CD4) This PRIMATIZED antibody binds to the CD4 receptor on helper T cells, which direct the immune response. By blocking T-cell activation without seriously affecting other immune functions, IDEC-151 may provide a longer-acting and potentially less toxic alternative to current treatments for inflammatory diseases. A Phase II trial of IDEC-151 in combination with methotrexate is ongoing in rheumatoid arthritis.

IDEC-152 (anti-CD23) By binding to the CD23 receptor on B cells, PRIMATIZED IDEC-152 selectively regulates production of IgE and inhibits inflammation. Results of a Phase I study in patients with allergic asthma produced substantial reductions in IgE levels along with an acceptable safety profile, and IDEC recently began a Phase I/II study in this indication.

DRUG	PROPOSED INDICATIONS	PRECLINICAL	1	2	3
IDEC 114	*(psoriasis and NHL)*				●
IDEC 131	*(psoriasis, ITP, and other indications)*				●
IDEC 151	*(rheumatoid arthritis)*				●
IDEC 152	*(allergic asthma)*			●	

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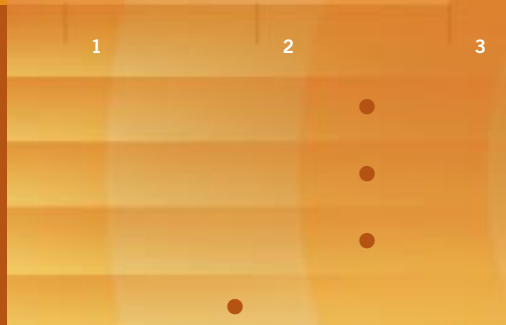
Common elements exist between IDEC's research in blood-based cancers like lymphoma and our efforts in autoimmune and inflammatory diseases. Both involve immune system cells—T cells and B cells—and the particular receptor targets expressed on their surfaces. We find that Rituxan shows potential for treating certain autoimmune illnesses. Likewise, certain of our antibody treatments for autoimmune and inflammatory diseases may offer new weapons against lymphomas and leukemias.



ESTIMATED COMPLETION

2001 — NIMO SITE ARCHAEOLOGICAL STUDY
2002
2003 — NICO
2004 — IDEC HQ
2005
2006 — NIMO

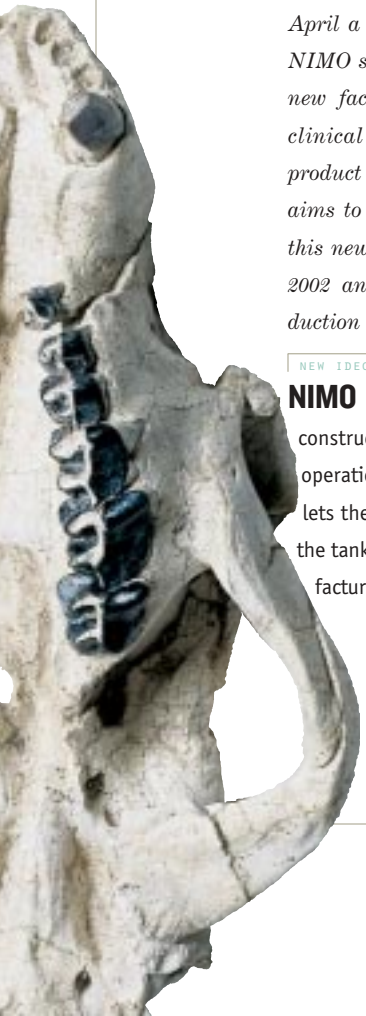
IDEC began constructing its future in earnest during 2001. The company achieved key milestones with respect to its planned New IDEC Manufacturing Operation (NIMO) in northern San Diego County. IDEC also began work on an adjacent facility aimed at supporting product needs for clinical trials. In addition, the company initiated plans to build a new corporate campus to accommodate IDEC's continued growth.

NEW IDEC CLINICAL OPERATION

NICO *While planning NIMO, IDEC realized that its current manufacturing facilities would soon be insufficient for supplying all of the drugs needed for the company's clinical trials. As a result, the company purchased in April a large building adjacent to the NIMO site. There, IDEC is creating a new facility for the manufacture of clinical supplies and, potentially, product launch material. The company aims to complete construction of this new facility by the end of 2002 and to be in full production there by late 2003.*

NEW IDEC CORPORATE CAMPUS

HQ WITH SUCCESS COMES GROWTH. IDEC EXPECTS TO DOUBLE ITS EMPLOYEE NUMBERS OVER THE NEXT FEW YEARS. IN ANTICIPATION, THE COMPANY BEGAN PLANNING FOR FUTURE NEEDS WITH THE PURCHASE OF 42.6 ACRES NEAR SAN DIEGO'S UNIVERSITY TOWNE CENTRE. HERE, NOT FAR FROM IDEC'S CURRENT HOME, THE COMPANY IS BUILDING ITS NEW HEADQUARTERS, WHICH IS SCHEDULED FOR COMPLETION IN THE FIRST HALF OF 2004. PHASE I OF THIS PROJECT, ENCOMPASSING OVER 300,000 SQUARE FEET OF OFFICE AND LABORATORY SPACE, WILL HOUSE THE COMPANY'S RESEARCH, DEVELOPMENT, AND ADMINISTRATIVE STAFF.



NEW IDEC MANUFACTURING OPERATION

NIMO Work on NIMO advanced steadily throughout 2001. IDEC chose key contractors for design and construction of the planned facility, which is expected to provide 21 times the manufacturing capacity of IDEC's current operations. The company also completed two important computer models of NIMO. The first, an architectural rendering, lets the viewer examine the building design in three dimensions. The second is a dynamic model that encompasses all of the tanks and piping, including clean steam systems planned for NIMO. Using this model, IDEC can conduct a "virtual" manufacturing process to understand how well the system works within a given structural configuration before it is actually built.

INCHES 2 3 4 5 6 7 8 9 10 11 12 13 14 15

FOSSIL JAWBONE OF BRONTOTHERE SHOWN APPROXIMATELY 65% OF ACTUAL SIZE

In early 2001, construction activities on the site of IDEC's planned NIMO facility in Oceanside, California exposed fossil deposits from the Eocene age, about 42 to 45 million years ago. Members of the Paleontology Department of the San Diego Natural History Museum collected a number of specimens from the site, including remains of large land mammals. The scientists also found older marine deposits containing a variety of fish and other sea creatures, 45 to 47 million years old.

In early 2001, construction activities on the site of IDEC's planned NIMO facility in Oceanside, California exposed fossil deposits from the Eocene age, about 42 to 45 million years ago. Members of the Paleontology Department of the San Diego Natural History Museum collected a number of specimens from the site, including remains of large land mammals. The scientists also found older marine deposits containing a variety of fish and other sea creatures, 45 to 47 million years old.

Finding the remains of giant animals like the rhinoceros-like brontothere, Metarhinus pater, is always exciting. But the paleontologists say the marine discoveries at the NIMO site are even more interesting, rare and important. These included a strange new shrimp, never before seen. This creature has long, thin, and sharply pointed "teeth" projecting from the inner edge of the larger of two front claws, as well as a second set of claws behind the first. The strange shrimp may have used its spiny claw for catching small fish. The second pair of claws would have been useful for freeing food from the claw and for chopping the food into smaller bite-sized pieces.

IDEC's high standards are reflected in the quality of its employees as well as its products. As affirmed in IDEC's corporate values, the actions of these individuals and of the company as a whole are rooted in trust, honesty, integrity and a commitment to teamwork. The result is a diverse and dedicated workforce whose members exhibit an exceptional level of commitment to one another, to their community and to patients.

PRATIK MULTANI, M.D., *Director, Medical Affairs* Pratik Multani joined IDEC from Massachusetts General Hospital where he was an investigator in the Bone Marrow Transplant Unit. Today he heads the group at IDEC that is exploring Zevalin's use with other therapies in the treatment of NHL and other cancers. "At IDEC, I've been able to help design and implement large multicenter clinical trials in collaboration with thought leaders in the field of lymphoma," he says. "In academia, such an opportunity would come only after many years. IDEC is making a big difference in the treatment of lymphoma, and I am excited to be part of this important work."

AMY SCHEIR, *Clinical Documentation Specialist* Amy Scheir was quickly invited to join IDEC after first working as a temporary employee. Today, despite a hearing impairment, Amy is a valued member of the group that prepares documentation, graphics and slides to meet clinical and regulatory needs. She played an integral role in preparing the ODAC presentation on Zevalin, working around the clock to ensure that the 600 back-up slides were correct and ready for that meeting. "IDEC has been like a family for me," Amy says. "I feel good knowing that my contribution is valued and helping to make a difference in the world."

SUSAN SCHMITT, *Manager of Clinical Immunology* Susan Schmitt manages the IDEC lab that analyzes clinical samples and gathers patient data to support regulatory submissions for IDEC's products. She also leads a half-million-dollar information management project which involves integrating input from IDEC departments, including biometrics, information technology, clinical trials management, clinical research and the preclinical research group. Outside the lab, Susan has been a standard setter as well, helping IDEC raise a record 21,000 pounds of food for the San Diego Food Bank. "IDEC has a strong commitment to the community as well as its employees, and I'm proud to be a part of that effort."

JOHANNES ROEBERS, *Senior Director and Project Manager, NIMO* Johannes Roebers has overseen construction of a pharmaceutical manufacturing plant before, but always as a facility redesign or add-on, never from the ground up. "Joining IDEC has given me the opportunity to lead the design and construction of a large manufacturing facility from conception to reality. It is an awesome challenge, but it gives us the chance to build the facility 'right' from the start." Johannes appreciates the support of IDEC management and the freedom he feels to express his own ideas. "I feel truly empowered to help the company do this job in the best way that we can."

CARE • VOLUME 2 ISSUE 1

our financials

2001 MARKS THE FOURTH CONSECUTIVE YEAR OF RECORD GROWTH IN SALES, REVENUES, PROFITS AND CASH BALANCE. THIS GROWTH ALLOWS US TO PLAN AND BUILD IDEC'S FUTURE, IN PARTICULAR TO INCREASE INVESTMENTS IN RESEARCH AND DEVELOPMENT, BUILD NEW BIOLOGICS MANUFACTURING FACILITIES AND A NEW RESEARCH AND CORPORATE CAMPUS, AND ADD NEW PERSONNEL.

C A R E • V O L U M E 2 I S S U E 1

{ selected financial data }

The following tables show certain financial data with respect to our Company. The selected financial data should be read in conjunction with the consolidated financial statements and notes thereto. The full audited consolidated financial statements for 2001 can be found in IDEC's Form 10-K, as filed with the Securities and Exchange Commission.

	Years ended December 31,				
(In thousands, except per share amounts)	2001	2000	1999	1998	1997
Consolidated Statements of Operations Data:					
Revenues:					
Revenues from unconsolidated joint business	$ 251,428	$132,782	$ 93,197	$ 53,813	$ 9,266
Contract revenues	9,899	15,400	10,806	14,846	11,840
License fees	11,350	6,500	14,000	18,300	23,500
Total revenues	272,677	154,682	118,003	86,959	44,606
Operating costs and expenses:					
Manufacturing costs	--	2,134	14,277	19,602	18,875
Research and development	86,299	68,922	42,831	31,485	32,407
Selling, general and administrative	55,241	27,767	19,478	16,968	11,320
Total operating costs and expenses	141,540	98,823	76,586	68,055	62,602
Income (loss) from operations	131,137	55,859	41,417	18,904	(17,996)
Interest income, net	30,467	13,488	4,189	2,996	2,572
Income (loss) before income tax provision	161,604	69,347	45,606	21,900	(15,424)
Income tax provision	59,945	11,939	2,449	422	114
Income (loss) before cumulative effect of accounting change	101,659	57,408	43,157	21,478	(15,538)
Cumulative effect of accounting change, net of income tax benefit of $481	--	(9,263)	--	--	--
Net income (loss) applicable to common stock	$ 101,659	$ 48,145	$ 43,157	$ 21,478	$ (15,538)
Basic earnings (loss) per share[1]:					
Before cumulative effect of accounting change	$ 0.67	$ 0.43	$ 0.35	$ 0.18	$ (0. 14)
Cumulative effect of accounting change	--	(0.07)	--	--	--
Basic earnings (loss) per share	$ 0.67	$ 0.36	$ 0.35	$ 0.18	$ (0. 14)
Diluted earnings (loss) per share[1]:					
Before cumulative effect of accounting change	$ 0.59	$ 0.36	$ 0.29	$ 0.15	$ (0. 14)
Cumulative effect of accounting change	--	(0.06)	--	--	--
Diluted earnings (loss) per share	$ 0.59	$ 0.30	$ 0.29	$ 0.15	$ (0. 14)
Shares used in calculation of earnings (loss) per share:					
Basic	150,756	134,880	124,146	119,028	112,434
Diluted	181,481	159,310	151,287	140,262	112,434

	December 31,				
(In thousands)	2001	2000	1999	1998	1997
Consolidated Balance Sheets Data:					
Cash, cash equivalents and securities available-for-sale	$ 866,607	$750,526	$ 246,286	$ 73,502	$ 69,657
Total assets	1,141,216	856,406	307,074	125,273	106,013
Notes payable, less current portion	135,977	128,888	122,910	2,095	3,886
Retained earnings (accumulated deficit)	115,086	13,427	(34,718)	(77,875)	(99,353)
Total stockholders' equity	$ 956,479	$694,619	$ 159,978	$106,428	$ 80,679

(1) Earnings (loss) per share for years ended December 31, 2000, 1999, 1998 and 1997 have been restated to reflect our three-for-one stock split effected by way of a stock dividend in January 2001.

www.idecpharm.com

{ corporate information }

CORPORATE HEADQUARTERS
3030 Callan Road
San Diego, CA 92121
Telephone: 858-431-8500
Facsimile: 858-431-8870
http://www.idecpharm.com

SUBSIDIARY
IDEC Seiyaku
Contact: Michio Nishida
Representative Director
8F Kyodo Bldg. (Shin-Kyobashi)
4-2-2 Hatchobori, Chuo-ku
Tokyo 104-0032
Japan
Telephone: 03-3552-1721
Facsimile: 03-3552-1810
(Chigasaki)
Telephone: 0467-54-8195
Facsimile: 0467-54-1344

GENERAL COUNSEL
Pillsbury Madison & Sutro LLP
San Diego, California

INDEPENDENT AUDITORS
KPMG, LLP
San Diego, California

TRANSFER AGENT AND REGISTRAR
Mellon Investor Services, LLP
Stock Transfer Department
400 South Hope Street
Fourth Floor
Los Angeles, California 90071
Telephone: 800-522-6645
http://www.melloninvestor.com

For change of address, lost stock certificates and other stock certificate-related inquiries, please write to the above address.

ANNUAL MEETING
The annual meeting of stockholders is scheduled to be held on Thursday, May 23, 2002 at 1:00 p.m. at Hilton La Jolla Torrey Pines, 10950 North Torrey Pines Road, La Jolla, California 92037.

FORM 10-K ANNUAL REPORT
A copy of the company's annual report on Form 10-K, as filed with the Securities Exchange Commission, is available without charge upon request to:
Investor Relations
IDEC Pharmaceuticals
3030 Callan Road
San Diego, California 92121
Telephone 858-431-8656

Designed and produced by Mentus, Inc., San Diego, California. Cover illustration: Rafael López; Portrait photography: Walter Urie (pages 2, 11, 13, 15, 31, 33); Still photography: Jeff Tippett (pages 2, 17a, 19, 28, 29a, 29); Excavation information courtesy of the San Diego Natural History Museum.

IDEC Pharmaceuticals is a leader in the development of targeted immunotherapies for cancer and autoimmune diseases. The company's products act chiefly through immune system mechanisms, exerting their effect by binding to specific, readily targeted immune cells in the patient's blood or lymphatic system.

CORE VALUES OF IDEC PHARMACEUTICALS CORPORATION

Creation of New Standards of Care: IDEC Pharmaceuticals is driven by opportunities to discover, develop, manufacture and support the commercial applications of innovative, value-added therapeutic agents which establish new standards of care in the management of selected cancers and autoimmune and inflammatory diseases.

Trust, Honesty, Integrity, Quality: Our personal and corporate actions are founded in trust, honesty and integrity. Our products meet the highest quality standards.

Team as a Source of Strength: We embrace the team as the source of achievement, momentum and value creation. We recognize that the most effective teams draw strength from diverse groups and from diverse levels throughout the corporation.

Zeal and Commitment: Extraordinary teams and extraordinary products come from our zeal, and from our commitment to corporate objectives and to our constituencies: patients, caregivers, shareholders and employees.

Growth, Transformation and Renewal: Consistent with our Core Values, we as individuals and as a corporation are committed to creative and constructive growth, transformation and renewal as a source of innovation and vitality.

IDEC
Pharmaceuticals Corporation

IDEC PHARMACEUTICALS CORPORATION, 3030 CALLAN ROAD, SAN DIEGO, CALIFORNIA 92121