Investor Event ASH 2021

December 2021

REGENERON®

This non-promotional presentation is intended for the investor audience and contains investigational data

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These statements concern, and these risks and uncertainties include, among others, the impact of SARS-CoV-2 (the virus that has caused the COVID-19 pandemic) on Regeneron's business and its employees, collaborators, and suppliers and other third parties on which Regeneron relies, Regeneron's and its collaborators' ability to continue to conduct research and clinical programs, Regeneron's ability to manage its supply chain, net product sales of products marketed or otherwise commercialized by Regeneron and/or its collaborators or licensees (collectively, "Regeneron's Products"), and the global economy; the nature, timing, and possible success and therapeutic applications of Regeneron's Products and product candidates being developed by Regeneron and/or its collaborators or licensees (collectively, "Regeneron's Product Candidates") and research and clinical programs now underway or planned, including without limitation Libtayo® (cemiplimab) as monotherapy or in combination with chemotherapy or other of Regeneron's Product Candidates discussed in this presentation, including fianlimab (REGN3767), Regeneron's and its collaborators' other oncology programs (including odronextamab (REGN1979) and REGN5458), Regeneron's and its collaborators' other hematology programs (including pozelimab as monotherapy or in combination with cemdisiran), Regeneron's and its collaborators' earlier-stage programs, and the use of human genetics in Regeneron's research programs; safety issues resulting from the administration of Regeneron's Products and Regeneron's Product Candidates in patients, including serious complications or side effects in connection with the use of Regeneron's Products and Regeneron's Product Candidates in clinical trials; the likelihood, timing, and scope of possible regulatory approval and commercial launch of Regeneron's Product Candidates and new indications for Regeneron's Products, including without limitation those listed above; the possible success of Regeneron's oncology strategy and the likelihood and timing of achieving any of the anticipated milestones described in this presentation; the extent to which the results from the research and development programs conducted by Regeneron and/or its collaborators may be replicated in other studies and/or lead to advancement of product candidates to clinical trials, therapeutic applications, or regulatory approval; ongoing regulatory obligations and oversight impacting Regeneron's Products, research and clinical programs, and business, including those relating to patient privacy; determinations by regulatory and administrative governmental authorities which may delay or restrict Regeneron's ability to continue to develop or commercialize Regeneron's Products and Regeneron's Product Candidates; competing drugs and product candidates that may be superior to, or more cost effective than, Regeneron's Products and Regeneron's Product Candidates; uncertainty of the utilization, market acceptance, and commercial success of Regeneron's Products and Regeneron's Product Candidates and the impact of studies (whether conducted by Regeneron or others and whether mandated or voluntary) on the commercial success of Regeneron's Products and Regeneron's Product Candidates; the availability and extent of reimbursement of Regeneron's Products from third-party payors, including private payor healthcare and insurance programs, health maintenance organizations, pharmacy benefit management companies, and government programs such as Medicare and Medicaid; coverage and reimbursement determinations by such payors and new policies and procedures adopted by such payors; the ability of Regeneron to manufacture and manage supply chains for multiple products and product candidates; the ability of Regeneron's collaborators, licensees, suppliers, or other third parties (as applicable) to perform manufacturing, filling, finishing, packaging, labeling, distribution, and other steps related to Regeneron's Products and Regeneron's Product Candidates; unanticipated expenses; the costs of developing, producing, and selling products; the ability of Regeneron to meet any of its financial projections or guidance and changes to the assumptions underlying those projections or guidance; risks associated with intellectual property of other parties and pending or future litigation relating thereto, other litigation and other proceedings and government investigations relating to the Company and/or its operations, the ultimate outcome of any such proceedings and investigations, and the impact any of the foregoing may have on Regeneron's business, prospects, operating results, and financial condition; and the potential for any license or collaboration agreement, including Regeneron's agreements with Sanofi, Bayer, and Teva Pharmaceutical Industries Ltd. (or their respective affiliated companies, as applicable), to be cancelled or terminated. A more complete description of these and other material risks can be found in Regeneron's filings with the U.S. Securities and Exchange Commission, including its Form 10-K for the fiscal year ended December 31, 2020 and Form 10-Q for the quarterly period ended September 30, 2021, in each case in the section thereof captioned "Item 1A. Risk Factors." Any forward-looking statements are made based on management's current beliefs and judgment, and the reader is cautioned not to rely on any forward-looking statements made by Regeneron. Regeneron does not undertake any obligation to update (publicly or otherwise) any forward-looking statement, including without limitation any financial projection or guidance, whether as a result of new information, future events, or otherwise.

George D. Yancopoulos, MD, PhD
Co-Founder, President & Chief Scientific Officer

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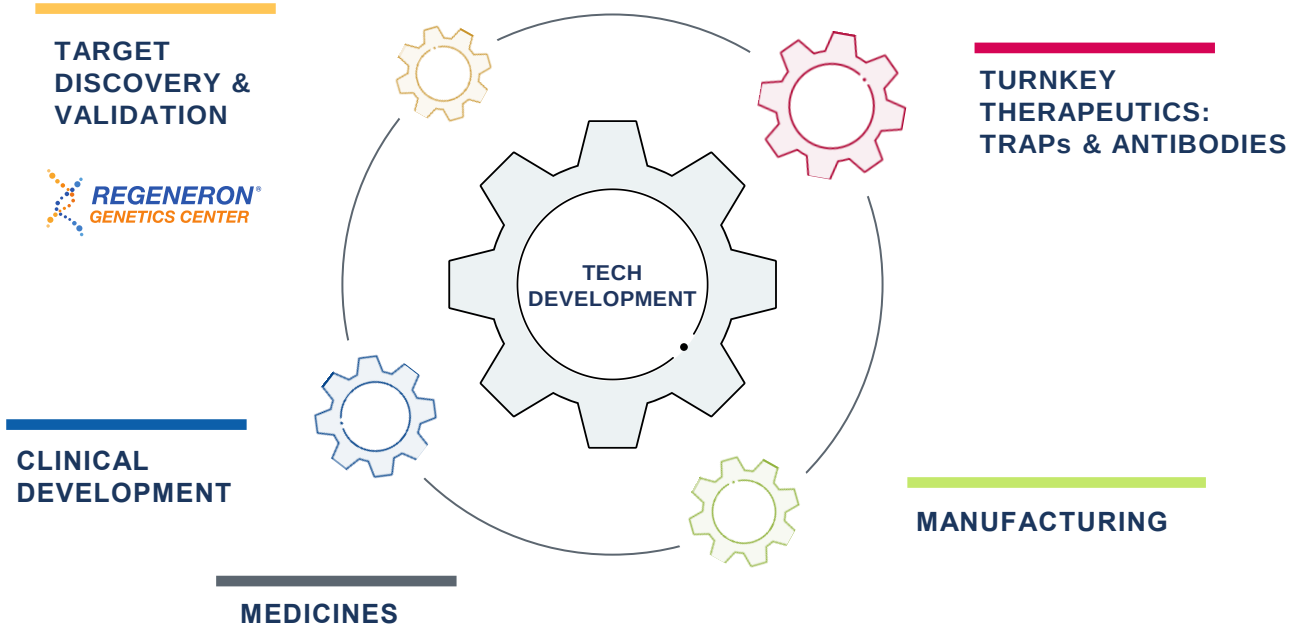
SVP Clinical Development - Hematology

Agenda

- **Technology and Oncology Overview**
- **Hematology Oncology Updates**
  - **BCMAxCD3 ASH 2021 data review**
- **Classical Hematology**
- **Closing Remarks and Q&A**

Regeneron technologies power our pipeline

- VELOCIGENE®
- VELOCIMOUSE®
- VELOCIMMUNE®
- VELOCIMAB®
- VelociT™
- VELOCIHUM®
- VELOCI-BI®



Regeneron technologies deliver repeated breakthroughs by addressing limitations and bottlenecks in every step of the drug discovery

Oncology Overview

2021 oncology and hematology accomplishments

Significant progress and developments across oncology and hematology pipeline

LIBTAYO® (cemiplimab)

- Approved in 1L advanced NSCLC
- Approved in 2L+ advanced BCC
- Submitted sBLA in 1L NSCLC in combination with chemotherapy
- Granted priority review in 2L cervical cancer (PDUFA 1/30/22)
- REGN3767 (LAG-3) combination – Data in 1L melanoma presented at ASCO ’21

Solid tumor bispecifics

- REGN4018 (MUC16xCD3) – Dose escalation with Libtayo in ovarian cancer ongoing
- REGN5678 (PSMAxCD28) – Dose escalation with Libtayo in mCRPC ongoing
- REGN5668 (MUC16xCD28) – Dose escalation with Libtayo in ovarian cancer ongoing; first patients dosed in combination with MUC16xCD3, well tolerated
- REGN7075 (EGFRxCD28) – Dose escalation with Libtayo in advanced cancers ongoing
- REGN5093 (METxMET) – Dose expansion in MET-altered NSCLC ongoing
- REGN5093-M114 (METxMET ADC) – Now enrolling

Heme-onc bispecifics

- Odronextamab (CD20xCD3) – Resumed enrollment in potentially pivotal Ph2 in R/R NHL
- REGN5458 (BCMAxCD3) – Ph1 data updated at ASH 2021; potentially pivotal Ph2 in dose expansion

Classical Hematology

- Pozelimab (C5) + cemdisiran (C5 RNAi) – First healthy volunteer data presented at ASH 2021
- REGN9933 (Factor XI) – Now enrolling healthy volunteers; in development for thrombosis
- NTLA-2001 (TTR gene editing) – Positive landmark FIH data; Part 1 dose escalation enrolling final dose cohort of ATTRv-PN patients; Ph1 expanded to include ATTR-CM

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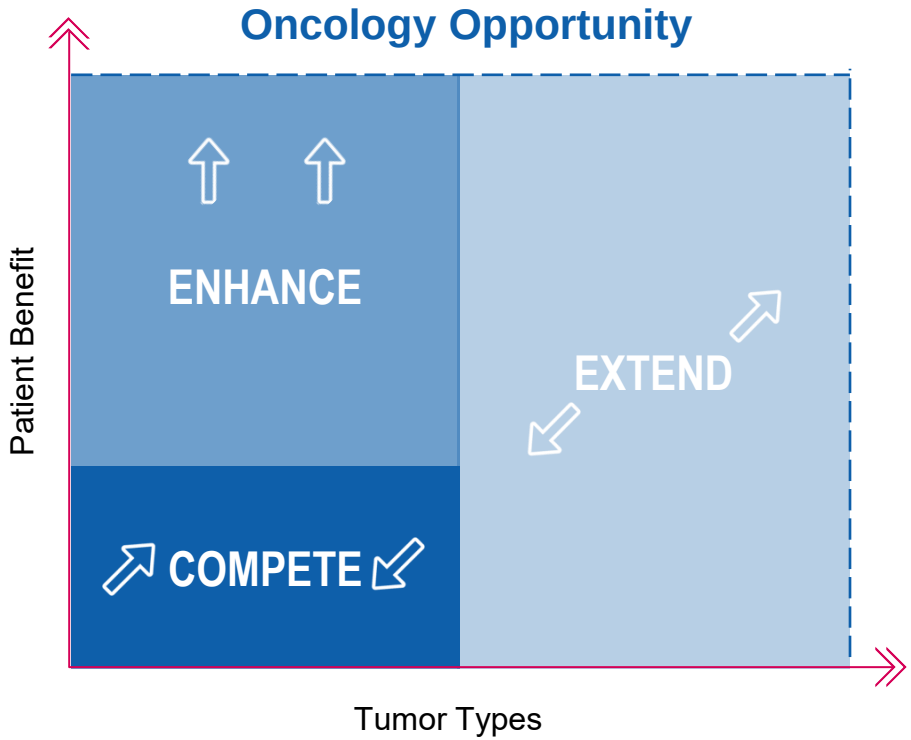
Oncology strategy: aspire to compete, enhance & extend



COMPETE

Libtayo® delivers potentially 'best-in-class' data in tumors responsive to PD-1 monotherapy

ENHANCE

Even for PD-1 responsive tumors, more than half of patients do not respond

EXTEND

Many tumor settings have limited responses to checkpoint inhibition

Regeneron's oncology toolkit provides unique combinatorial flexibility

VelocImmune® Antibodies

PD-1 (Libtayo)

LAG3

GITR

CTLA-4

Bispecifics

CD3 Bispecifics

CD20	Lymphoma	TAA
BCMA	Multiple Myeloma	TAA
MUC16	Ovarian Cancer	MUC16
PSMA		PSMA
		EGFR

Costimulatory Bispecifics

New Classes of Bispecifics

METxMET

PiGs

VelociNator™

Collaborations

Adicet

BioNTech

Vyriad

Nykode

ISA

Others

Libtayo is jointly developed with Sanofi.
Several agents are studied in combination with Libtayo, in addition to the combinations highlighted by boxes.

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Broad oncology pipeline continues to advance

ONGOING	LIBTAYO*			Advanced Lung cancer (chemo combo); adjuvant CSCC
	REGN3767 (LAG-3)	+	LIBTAYO*	Advanced melanoma
	REGN6569 (GITR)	+	LIBTAYO*	Solid tumors
	REGN4018 (MUC16xCD3)	+	LIBTAYO*	2+ line Ovarian cancer
	REGN5668 (MUC16xCD28)	+	REGN4018 / LIBTAYO*	2+ line Ovarian cancer
	REGN5678 (PSMAxCD28)	+	LIBTAYO*	3+ line Prostate cancer
	REGN7075 (EGFRxCD28)	+	LIBTAYO*	Solid tumors
	REGN5093 (METxMET)			Advanced MET altered Lung cancer
	Odronextamab (CD20xCD3)			3+ line Lymphoma
	Odronextamab (CD20xCD3)	+/-	LIBTAYO*	3+ line Lymphoma
	REGN5458/9 (BCMAxCD3)			3+ line Multiple myeloma
	REGN5093-M114 (METxMET ADC)			MET overexpressing advanced Cancer
UPCOMING	PSMAxCD3	+	REGN5678/LIBTAYO*	Prostate cancer
	odronextamab (CD20xCD3)	+	B cell/CD28 costim	B-NHL
	odronextamab (CD20xCD3)	+	Standard of Care	B-NHL
	REGN5458/9 (BCMAxCD3)	+	Plasma cell/CD28 costim	Multiple myeloma
	REGN5458/9 (BCMAxCD3)	+	Standard of Care, Additional Combos	Multiple myeloma

VelocImmune® Antibodies | Anti-PD-1 | CD3 BiSpecifics | Costim BiSpecifics | New BiSpecifics

* In collaboration with Sanofi

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REGENERON

Libtayo: foundational therapy to our oncology strategy

LIBTAYO® (cemiplimab-rwlc) Injection 350 mg

Dermato-oncology

Advanced CSCC
- **First approved** anti-PD-1; adjuvant studies enrolling

Advanced BCC
- **First-in-class** anti-PD-1 now **FDA and EMA approved**

Advanced Melanoma
- **Positive clinical data** in combination with **anti-LAG-3** fianlimab in 1L advanced melanoma; Phase 3 to begin in 2022
- **Combination with BioNTech** FixVax Phase 2 in post-PD-1 melanoma underway

Cervical Cancer

2L advanced Cervical
- **1st immunotherapy** to demonstrate improvement in **overall survival**
- Granted priority review in 2L cervical cancer (**PDUFA 1/30/22**)

Non-Small Cell Lung Cancer

1L advanced NSCLC
- **Approved as monotherapy** in 1L ≥50% PD-L1 **NSCLC** by **FDA and EMA**
- Combination with **chemotherapy** demonstrated **overall survival** benefit; sBLA submitted

Libtayo is a foundational piece to Regeneron's oncology strategy with expanding and maturing clinical data across many cancer settings

CSCC – Cutaneous Squamous Cell Carcinoma; BCC – Basal Cell Carcinoma; NSCLC – Non-Small Cell Lung Cancer

Libtayo is jointly developed with Sanofi.

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REGENERON

Bispecifics for solid malignancies – potential to extend benefits of checkpoint inhibitors

Our footprint in oncology continues to expand

Lung, Advanced Cancers

REGN7075 (EGFRxCD28)

Dose escalation in combination with **LIBTAYO** ongoing

REGN5093 (METxMET)

Dose escalation complete, expansion enrolling; initial data anticipated in 2022

REGN5093-M114 (METxMET ADC)

Ovarian Cancer

REGN4018 (MUC16xCD3)

REGN5668 (MUC16xCD28)

Evaluating combinations of bispecifics either **LIBTAYO** or MUC16xCD3+MUC16xCD28

Initial data for MUC16xCD3 monotherapy anticipated in 2022

Prostate Cancer

REGN5678 (PSMAxCD28)

Evaluating combination with **LIBTAYO;** initial data anticipated in 2022

REGN4336 (PSMAxCD3)

Enrolling soon

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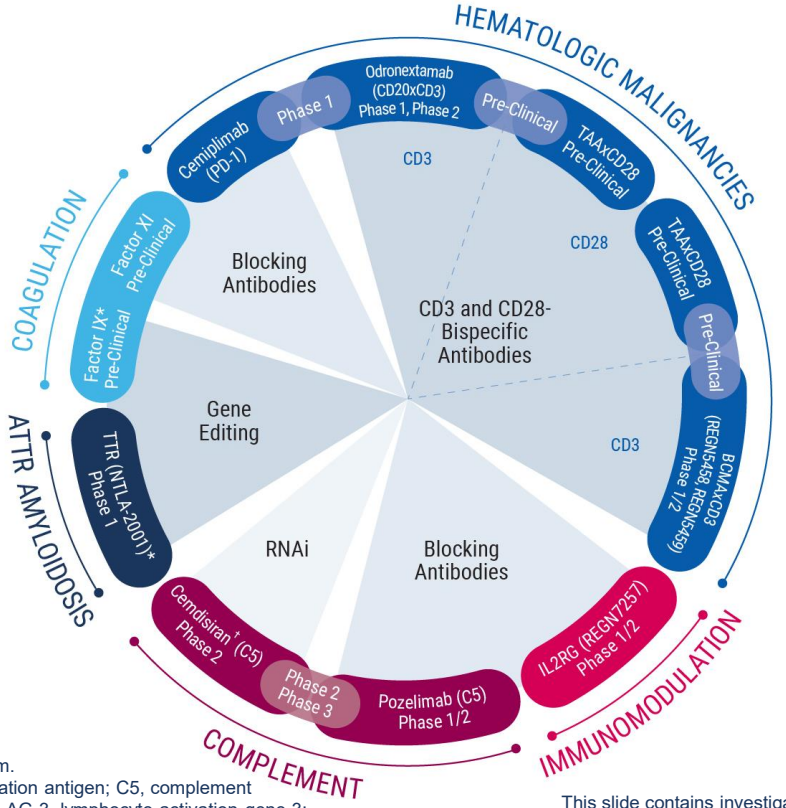
Hematology Oncology Updates

Regeneron's hematology pipeline

We use innovative technologies to develop medicines for patients with hematologic disorders and malignancies



*Collaboration with Intellia; †Collaboration with Alnylam.
ATTR, transthyretin amyloidosis; BCMA, B-cell maturation antigen; C5, complement component 5; IL2RG, interleukin 2 receptor gamma; LAG-3, lymphocyte-activation gene 3; PD-1, programmed cell death protein 1; RNAi, ribonucleic acid interference; TTR, transthyretin.

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Odronextamab (CD20xCD3): continued progress in NHL

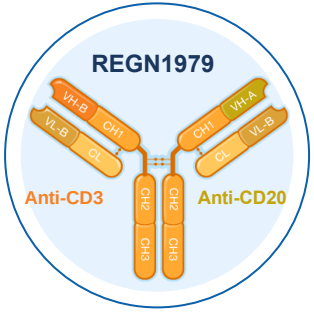
- A **single, off-the-shelf bispecific**, effective in both indolent and aggressive lymphomas, including patients who failed CAR-Ts
- **Durable responses** (~3.5 years in FL)
- Acceptable safety profile

Progress to Date:

- Resumed enrollment in 2Q21, with positive recruitment trends since partial hold was lifted
- Over 450 patients dosed to date across program

Upcoming Milestones:

- Complete enrollment in potentially pivotal Phase 2 in FL and DLBCL
- Initiate dosing with subcutaneous formulation
- Initiate OLYMPIA Phase 3 program and additional combination studies



American Society of Hematology (ASH) 2020 update:

R/R Follicular Lymphoma	R/R DLBCL (CAR-T naïve)	R/R DLBCL (post-CAR-T)
• **ORR=90%, CR=70%** • N=30, doses 5-320 mg • CRs ongoing for up to ~3.5 years	• **ORR=55%, CR=55%** • N=11, doses 80-320 mg • CRs ongoing for up to 21 months	• **ORR=33%, CR=21%** • N=24, doses 80-320 mg • All CRs ongoing for up to 20 months

Durable CRs: mDoCR not reached for any indication

Safety:

Manageable safety profile with CRS observed mainly during cycle 1 step-up dosing

- In FL and DLBCL, CRS rates consistent with competitors' CD3xCD20 bispecifics delivered IV
- No discontinuations due to CRS or neurotoxicity (3 FL and 3 DLBCL patients discontinued due to TEAEs)
- Protocols amended to reduce CRS during cycle 1 step-up dosing

NHL – Non-Hodgkin's Lymphoma; R/R – Relapsed/Refractory; DLBCL – Diffuse Large B Cell Lymphoma; ORR – Objective Response Rate; CR – Complete Response; CRS – Cytokine Release Syndrome; TEAE – Treatment-Emergent Adverse Event

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BCMAxCD3
ASH 2021
Data Review

Oral Presentation #160

Presented Saturday, December 11, 2021, by Jeffrey A. Zonder, MD

REGN5458 (BCMAxCD3): first-in-human study design

Phase 1: standard 4+3 dose escalation design; careful step-up dosing regimen selected for maximal tolerability and efficacy

Primary objectives (Phase 1)

- Safety, tolerability, and DLTs
- Recommended Phase 2 dose (RP2D)

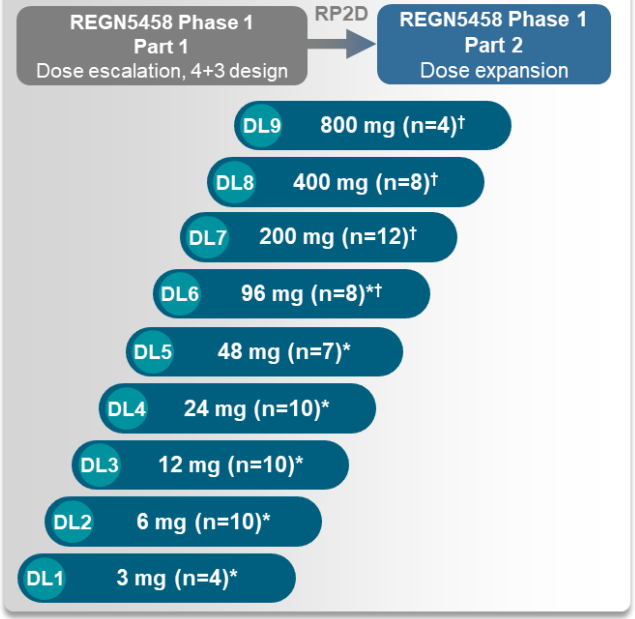
Secondary objectives (Phase 1)

ORR, DOR, PFS, MRD status, and OS

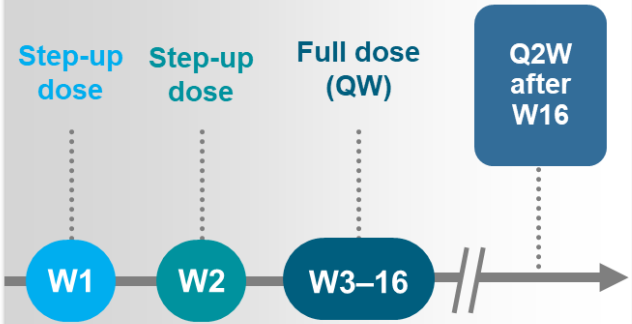
Patient eligibility

- Active MM by IMWG; non-secretory MM allowed
- Relapsed/refractory (or intolerance) to 3+ lines of therapy including an IMiD, a PI, and an anti-CD38 Ab, or double-refractory to an IMiD and PI and progressed on or after an anti-CD38 Ab

REGN5458 IV dose levels



REGN5458 Phase 1 dosing schedule



*With 1 dose-level specific step-up dose; †With 5 and 25 mg step-up doses
DL, dose level; DLT, dose-limiting toxicity; DOR, duration of response; IMiD, immunomodulatory imide drug; IMWG, International Myeloma Working Group; MM, multiple myeloma; MRD, minimal residual disease; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PI, proteasome inhibitor

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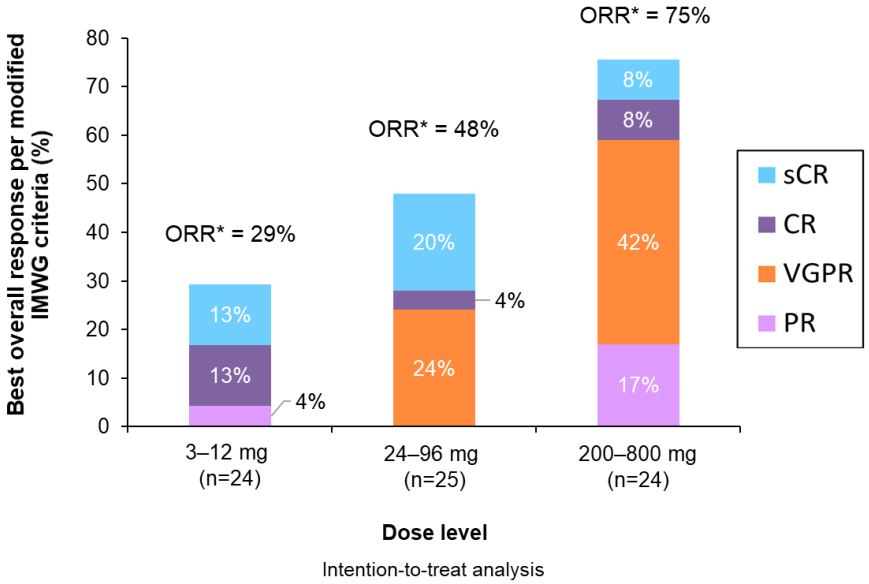
REGN5458 (BCMAxCD3) efficacy: best overall response

Higher response rates observed at higher dose levels, with 75% ORR in heavily pretreated and highly refractory patients



- Responses observed across all dose levels, with a trend for higher response rates at higher doses
- 75% ORR and 58% VGPR or better with 200–800 mg
  - Responses expected to deepen over time as these higher-dose patients were the most recently dosed with less follow up
- Among all responders, 86% achieved VGPR or better, 43% CR or better
- Among CR/sCR with available MRD data:
  - 4/10 MRD negative at 10^{-5} cells (minimum sensitivity per IMWG criteria)
- Observed median duration of follow-up (range): 3 months (0.7–22.1)

Data cut-off: 30 September 2021. *Full analysis set - includes all patients who had opportunity for response assessment at 4 weeks. CR, complete response; IMWG, International Myeloma Working Group; MRD, minimal residual disease; ORR, objective response rate; PR, partial response; sCR, stringent CR; VGPR, very good partial response.

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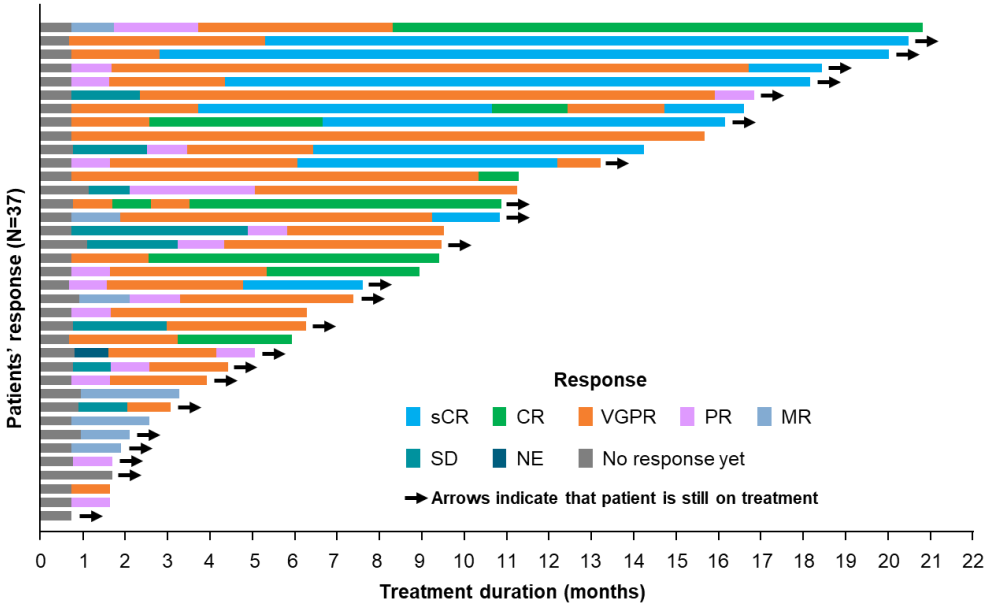
REGN5458 (BCMAxCD3) efficacy: duration of response

Responses occurred early, were durable, and deepened with time



- Early, durable, deep responses
  - Median time to response is <1 month
  - 70% of responses occurred within the first 2 months
- Kaplan-Meier estimated* median DOR was not reached
- Probability of responders being event free at 8 months was 90.2% (95% CI: 72.6, 96.7)
- The longest responses are ongoing for 19+ months at the latest data cut-off
- Observed median duration of follow-up (range): 3 months (0.7–22.1)

Data cut-off: 30 September 2021. *Includes patients who had opportunity for response assessment at 4 weeks; CI, confidence interval; CR, complete response; DOR, duration of response; MR, minimal response; NE, not evaluable; ORR, objective response rate; PR, partial response; sCR, stringent CR; VGPR, very good partial response; SD, stable disease.

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REGN5458 safety and cytokine release syndrome

No Grade 3+ CRS or neurotoxicity observed, supporting an acceptable safety and tolerability profile

All treatment-emergent adverse events (TEAEs)

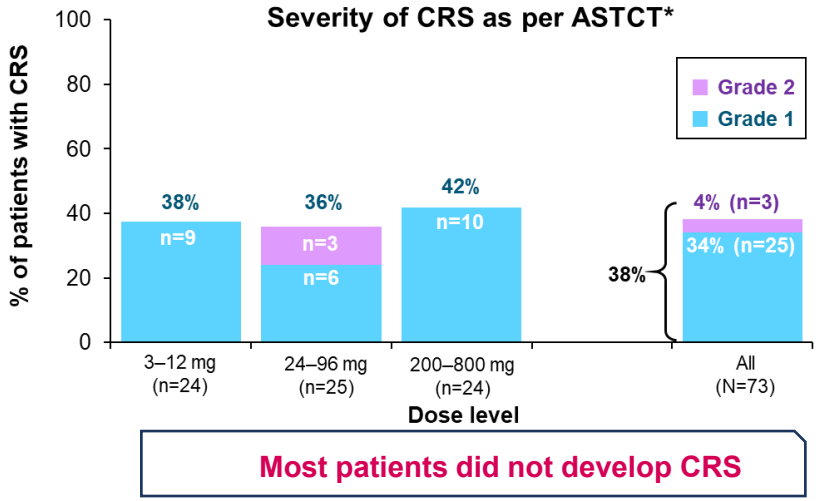
- All patients experienced some grade of TEAEs, with 42% Grade 3 and 33% Grade 4
- Anemia was the leading hematologic TEAE, while fatigue was the leading non-hematologic TEAEs

Potential ICANS events (neurotoxicity)

- No Grade 3 ICANS events reported
- Grade 2 events occurred in 3 patients (4%)

Grade 5 AEs

- 5 (7%) deaths were reported [sepsis (n=3); COVID (n=1); pneumonia (n=1)]
- No Grade 5 events were related to study treatment



- 38% patients developed CRS; vast majority of CRS events were Grade 1 (fever), with only 3 patients classified as Grade 2
- No Grade 3+ CRS
- CRS most commonly occurred within 24h of first or second dose
  - Median time to CRS onset ~10h;
  - Median duration of CRS ~15h

AE, adverse event; CRS, cytokine release syndrome; DL, dose level; ICANS, immune effector cell-associated neurotoxicity syndrome; *The highest severity of CRS per ASTCT from each patient was included; ASTCT, American Society for Transplantation and Cellular Therapy

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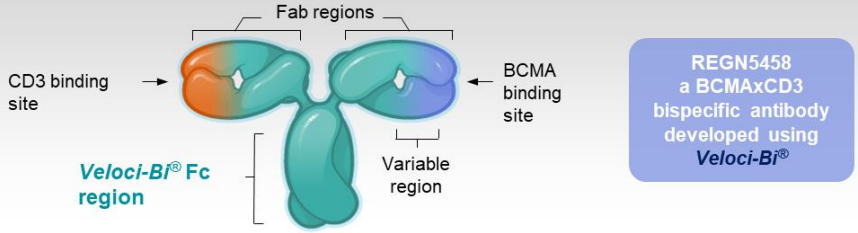
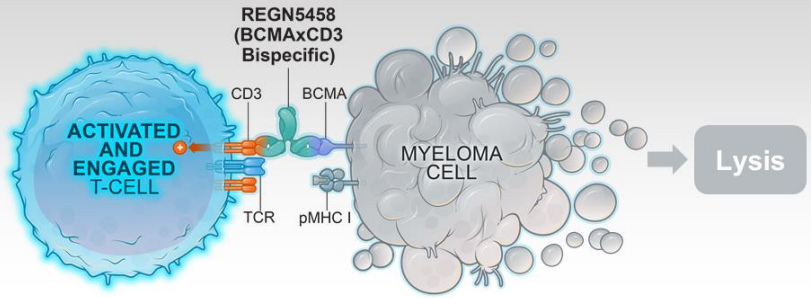
REGN5458 (BCMAxCD3): ASH 2021 update summary

Phase 1 data update shows promising efficacy and acceptable safety profile in patients with heavily pretreated multiple myeloma

REGN5458 molecular structure



REGN5458 mechanism of action



- **Efficacy:** Early, deep, and durable responses
  - 75% ORR, with 58% VGPR or better at higher doses (200-800 mg)
  - 86% of responders achieved VGPR or better; 43% achieved CR or better
  - Median DOR was not reached
- **Safety**: Acceptable safety and tolerability
  - No Grade 3+ CRS; no grade 3+ ICANS
  - CRS reported in 38% patients, vast majority of events were Grade 1
  - Maximum tolerated dose was not reached
- **Next steps**:
  - Complete enrollment in the Phase 2 part of the study
  - Phase 1 umbrella study of REGN5458 in combination with SOC will be enrolling soon

ORR, objective response rate; VGPR, very good partial response; CR, complete response; DOR, duration of response; CRS, cytokine release syndrome; ICANS, immune effector cell-associated neurotoxicity syndrome; SOC, standard of care

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Combinations for hematologic malignancies: upcoming plans

Rich pipeline with unique combinatorial options provides possible differentiation from peers

UPCOMING				
	odronextamab (CD20xCD3)	+	B cell/CD28 costim	B-NHL
	odronextamab (CD20xCD3)	+	Standard of Care	B-NHL
	REGN5458/9 (BCMAxCD3)	+	Plasma cell/CD28 costim	Multiple myeloma
	REGN5458/9 (BCMAxCD3)	+	Standard of Care, Additional Combos	Multiple myeloma

- Combinations with costimulatory bispecifics and other agents to enter clinic soon
- Potential to transform the next wave of treatment paradigm of multiple myeloma

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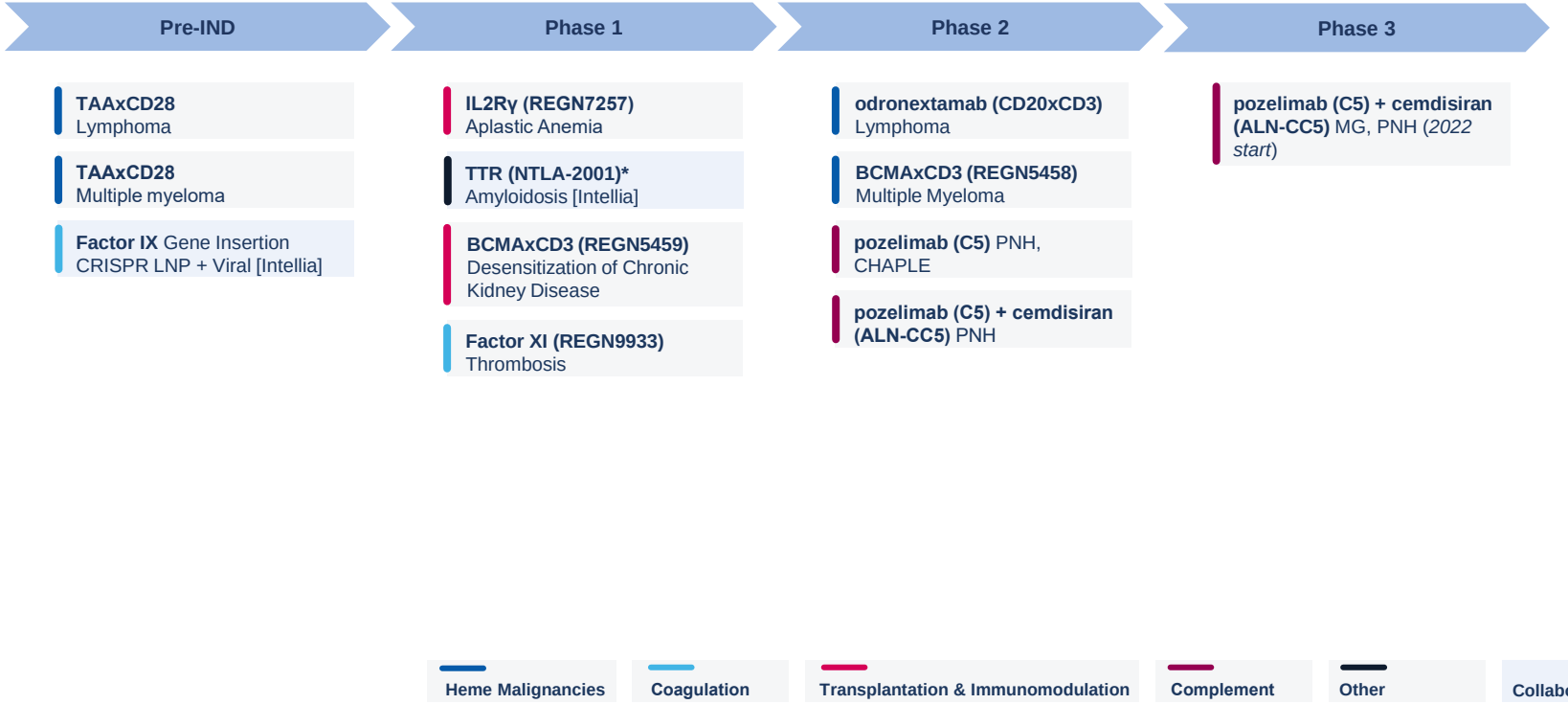
Classical Hematology

Hematology Development Pipeline



*collaborator leads development

PNH – Paroxysmal Nocturnal hemoglobinuria, gMG – generalized Myasthenia gravis

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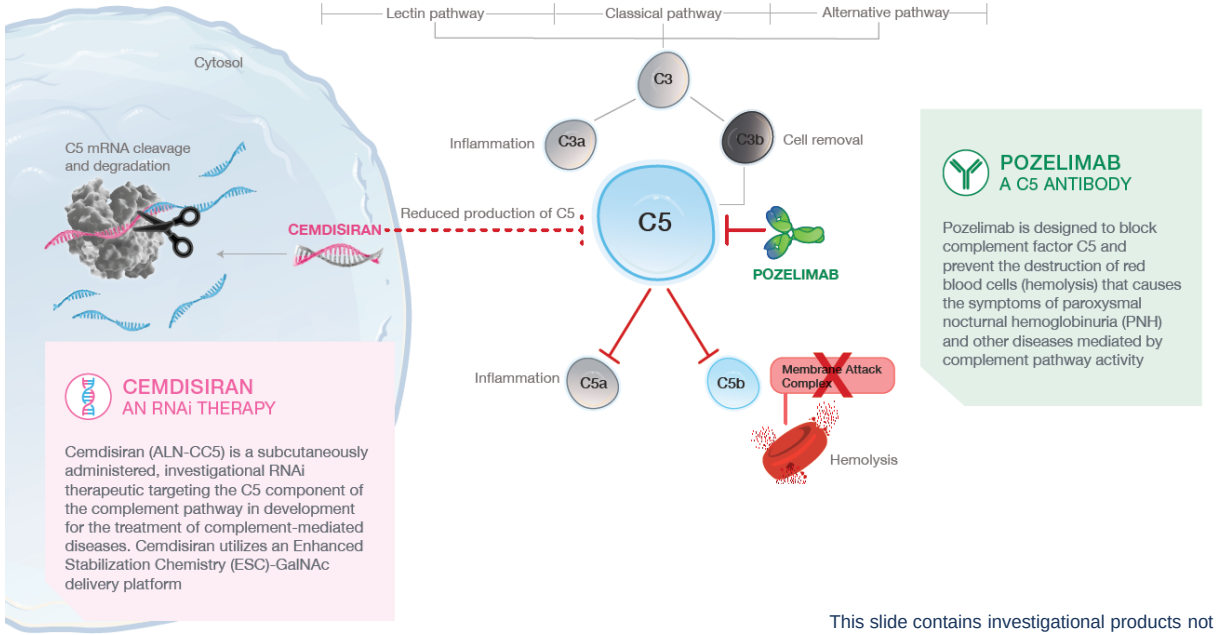
C5 combination: siRNA cemdisiran + antibody pozelimab

Our goal: lead in efficacy, safety and convenience for C5-mediated disorders

CEMDISIRAN & POZELIMAB

- Cemdisiran reduces the production of C5 while pozelimab blocks the remaining C5
- Combination of the two agents has the potential to improve on antibody monotherapy:
  - Complete and sustained C5 inhibition at a lower dose
  - Reduced dosing frequency
  - Convenient route of administration



ASH 2021 Healthy Volunteer Data:

Poster #1998,
presented on Sunday, Dec 12, 2021

- PK and PD results observed in this Phase 1 study support cemdisiran + pozelimab SC dose and schedule selected for pivotal studies

Potential role in diseases requiring potent C5 inhibition:

- Paroxysmal Nocturnal hemoglobinuria (PNH)
- Myasthenia gravis (MG)
- Atypical Hemolytic Uremic Syndrome (aHUS), others

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Alnylam PHARMACEUTICALS
REGENERON

C5 combination: REGN-led program of cemdisiran + pozelimab

Phase 3 studies in Paroxysmal Nocturnal hemoglobinuria and Myasthenia gravis underway

PHASE 1

Healthy adult volunteers

Safety, tolerability, PK, PD of cemdisiran + pozelimab administered on either same day or 28 days apart

Data presented at ASH 2021

PHASE 2

PNH – Study 2092

Two dosing regimens of combination therapy in patients who completed pozelimab monotherapy Ph2 study

Enrolling

PNH – Study 20105

Single arm: patients who switched from eculizumab therapy

Enrolling

PHASE 3

gMG – Study 2018

Patients with symptomatic generalized myasthenia gravis

Initiated

PNH – Study 2021

Complement inhibitor-naïve patients; ravulizumab comparator

Initiating in 2022

PNH – Study 2022

Patients who switched from eculizumab or ravulizumab therapy; eculizumab or ravulizumab comparator

Initiating in 2022

The C5 siRNA License Agreement contains a flat low double-digit royalty payable to Alnylam on our potential future net sales of the combination product only subject to customary reductions, as well as up to $325 million in commercial milestones.

PNH, Paroxysmal Nocturnal hemoglobinuria; gMG, generalized Myasthenia gravis

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Alnylam PHARMACEUTICALS

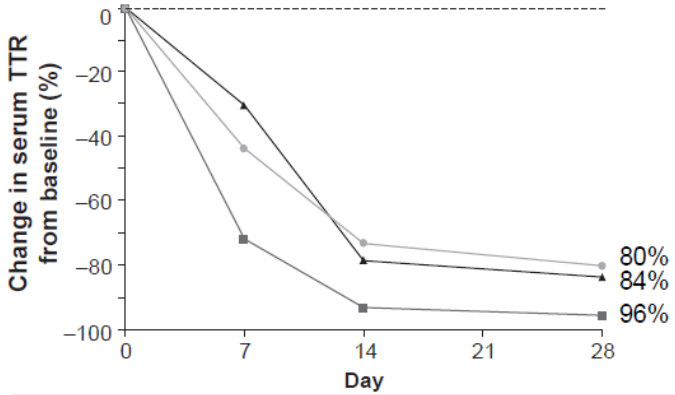
REGENERON

Intellia Collaboration: progress in clinical and preclinical programs

REGN has exclusive rights to Intellia's CRISPR technology for up to 15 liver targets*; 20+ preclinical programs under evaluation

TTR knockout program (NTLA-2001) for ATTR amyloidosis

Landmark Clinical Data^ Showed Deep Reduction in Disease-Causing TTR Protein After Single Infusion of NTLA-2001



First-in-human data validate our CRISPR-based TTR knockout approach

- Deep reduction in serum TTR in individual patients with single infusion of 0.3 mg/kg NTLA-2001 (n = 3, mean reduction of 87%)
  - Further evaluation ongoing at 0.7 and 1.0 mg/kg doses
- Recently announced expansion of ongoing Phase 1 study to include adults with Transthyretin Amyloidosis with cardiomyopathy (ATTR-CM)
- Phase 1 ATTRv-PN data update from completed dose-escalation and initiation of dose-expansion expected in 1Q22

Factor 9 gene insertion program for Hemophilia B

- Most advanced and potentially first-to-clinic *in vivo* CRISPR gene insertion program, combining LNP and AAV technologies
- Therapeutic lead nominated – now advanced to IND-enabling studies
- Regeneron leads the Factor 9 insertion program

*Excluding certain named targets; ^Presented at the Peripheral Nerve Society 2021 meeting

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Intellia THERAPEUTICS
REGENERON

BCMAxCD3 bispecific potential not limited to oncology

BCMAxCD3s now studied for HLA desensitization in chronic kidney disease patients in need of a kidney transplant

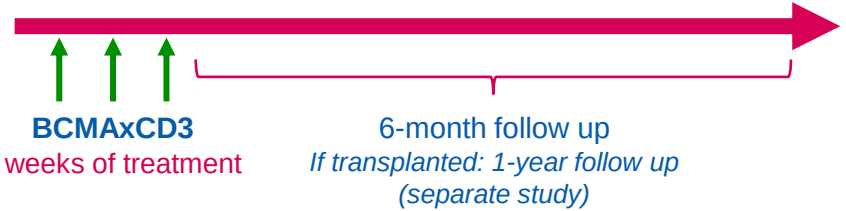
BCMAxCD3 has the potential to reduce levels of anti-HLA antibodies present in patients who are awaiting kidney transplant and are highly sensitized to human leukocyte antigen (HLA)

Unmet need: end stage renal disease afflicts hundreds of thousands of Americans and leads to high mortality; kidney transplant confers a notable survival benefit

- Two major barriers to transplantation: organ availability & presence of anti-HLA antibodies that contribute to transplant rejection
- No approved desensitization regimens in the U.S.

Study design: Ph 1/2 dose escalation study, N=60

NCT05092347



Study goals: determine the safety and tolerability of BCMAxCD3 assets in non-oncologic patients, at a range of doses

- Reduce anti-HLA antibodies, potentially facilitating transplantation for patients in need
- For patients who are transplanted: determine the rates of graft survival, rejection, 1-year renal function

Status: first patient to be dosed in 1Q22

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Closing Remarks

Key takeaways

REGN5458 (BCMAxCD3)

- Continues to show deep and durable responses in heavily pretreated multiple myeloma patients
- Enrollment continues in potentially pivotal Phase 2 trial

Odronextamab (CD20xCD3)

- An off-the-shelf approach for both indolent and aggressive lymphomas, with a broad program and a path to approval
- Positive recruitment trends in 2021

Classical hematology portfolio

- C5 cemidisran + pozelimab combination program data in healthy volunteers presented at ASH 2021 with Alnylam
- Landmark TTR CRISPR-based program with Intellia advancing
- BCMAxCD3 asset development planned for additional non-oncology indications

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Key upcoming milestones (next 12 months)

Libtayo
- Expected regulatory decisions for 1L NSCLC chemotherapy combination
- Regulatory decision on 2L Cervical Cancer (PDUFA 1/30/22)

Fianlimab (LAG-3)
- Ph3 Libtayo combination in 1L melanoma to initiate in 2022

Solid Tumor bispecifics
- Initial data for MUC16xCD3, PSMAxCD28 and METxMET in 2022

Odronextamab (CD20xCD3)
- Complete enrollment in potentially pivotal Phase 2 in NHL
- Initiate dosing with subcutaneous formulation
- Initiate OLYMPIA Phase 3 program in early lines of therapy and additional combination studies

REGN5458 (BCMAxCD3)
- Complete enrollment in potentially pivotal Phase 2 in multiple myeloma in 2022
- Initiate studies with subcutaneous formulation
- Initiate Phase 1 and Phase 3 studies exploring combinations with standard of care
- Initiate additional combination studies

NSCLC – Non-Small Cell Lung Cancer
NHL – Non-Hodgkin's Lymphoma

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Q&A

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