Note regarding forward-looking statements & non-GAAP financial measures

This presentation includes forward-looking statements that involve risks and uncertainties relating to future events and the future performance of Regeneron Pharmaceuticals, Inc. (“Regeneron” or the “Company”), and actual events or results may differ materially from these forward-looking statements. Words such as “anticipate,” “expect,” “intend,” “plan,” “believe,” “seek,” “estimate,” variations of such words, and similar expressions are intended to identify such forward-looking statements, although not all forward-looking statements contain these identifying words. 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 EYLEA® (aflibercept) Injection, Dupixent® (dupilumab), Libtayo® (cemiplimab), Praluent® (alirocumab), Kevzara® (sarilumab), Evkeeza® (evinacumab), Imnazen® (atolizumab, maviltumab, and odesvimab-bqgn), REGEN-COV® (casirivimab and imdevimab), atorvastatin 8mg, fasudimab, pozelimab, odronextamab, tepekimab, finilam, REGN5468, REGN5713-5714-5715; REGN1908-1909. Regeneron’s and its collaborators’ other oncology programs (including its costimulatory bispecific portfolio), 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 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 or licensees 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 programs; 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) or recommendations and guidelines from governmental authorities and other third parties 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 sales or other 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 (including without limitation the patent litigation and other related proceedings relating to EYLEA, Dupixent, Praluent, and REGEN-COV), 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. 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. This presentation uses total revenues excluding REGEN-COV and non-GAAP net income per share, or non-GAAP EPS, which are financial measures that are not calculated in accordance with U.S. Generally Accepted Accounting Principles (“GAAP”). These and other non-GAAP financial measures are computed by excluding certain non-cash and other items from the related GAAP financial measure. Non-GAAP adjustments also include the income tax effect of reconciling items. The Company makes such adjustments for items the Company does not view as useful in evaluating its operating performance. For example, adjustments may be made for items that fluctuate from period to period based on factors that are not within the Company’s control, such as the Company’s stock price on the dates share-based grants are issued. Management uses non-GAAP measures for planning, budgeting, forecasting, assessing historical performance, and making financial and operational decisions, and also provides forecasts to investors on this basis. Additionally, non-GAAP measures provide investors with an enhanced understanding of the financial performance of the Company’s core business operations. However, there are limitations in the use of non-GAAP financial measures as they exclude certain expenses that are recurring in nature. Furthermore, the Company’s non-GAAP financial measures may not be comparable with non-GAAP information provided by other companies. Any non-GAAP financial measure presented by Regeneron should be considered supplemental to, and not a substitute for, measures of financial performance prepared in accordance with GAAP. A reconciliation of the non-GAAP financial measures used in this presentation is provided on slide 21.
Executing on Our Core Competencies

- **EYLEA**: 
  - #1 prescribed FDA approved anti-VEGF treatment for retinal disease
  - ~$2.1B net product sales in 2Q 2022† with 2 additional U.S. approvals in 2Q

- **DUPIXENT**: 
  - Emerging portfolio of immuno-oncology antibodies

- **LIBTAYO**: 
  - ~$2.1B net product sales in 2Q 2022† with 2 additional U.S. approvals in 2Q

Investing in Regeneron

- Advancing a best-in-class, diversified pipeline based on in-house innovation and strategic partnerships
- Expect to invest ~$3.6 billion into Research and Development in 2022*
- Announced $3 billion share repurchase program in Nov 2021 (over $8 billion shares repurchased since Nov 2019**)

Looking Ahead to the Future

- 30+ therapeutic candidates in various stages of clinical development
- Acquired full rights to Libtayo from Sanofi and completed acquisition of Checkmate Pharmaceuticals
- Expanding partnerships with leading companies in new technologies

* Based on midpoint of most recent GAAP R&D guidance
† Sanofi records global net product sales of Dupixent
** As of June 30, 2022 ~$2.1 billion remaining in authorization
Delivering Results Across the Organization

2Q 2022 Total Revenues

+20% YoY excluding REGEN-COV*

2Q 2022 Non-GAAP EPS*

$9.77 per share Includes $1.71 impact of Acquired IPR&D charge

Delivering Results Across the Organization

Notable R&D Pipeline Advancements

sBLA accepted for 16-week dosing regimen in DR

FDA approval for pediatric AD (6 mo - 5 yr)

FDA approval for EoE (12 yr+)

EC approval for pediatric asthma (6 - 11 yr)

FDA acceptance of sBLA for PN with priority review (PDUFA 9/30/2022)

Positive Ph3 data in pediatric EoE (1 - 11 yr)

Data for LAG-3+Libtayo, MUC16xCD3, and METxMET at ESMO 2022

First-in-human data for REGN5678 in mCRPC

Updated Phase 1 data for NTLA-2001 in ATTR presented by Intellia

* See reconciliation of non-GAAP measure on slide 22

* This slide contains investigational products not yet approved by regulatory authorities
**EYLEA®: 10+ Years of Patient Impact**

Extending leadership position based on efficacy and safety that has transformed millions of lives; **55+ million doses** administered worldwide since launch

Developed using our proprietary Trap technology, development on aflibercept began in 2004 and became Regeneron’s second FDA-approved treatment in November 2011 as **EYLEA**

The #1 prescribed FDA approved anti-VEGF treatment for retinal disease

- 2Q22 U.S. net product sales of **$1.62Bn (+14% YoY)**

Well-established leadership based on safety/efficacy experience

- ~75% share of U.S. branded category; ~50% share of total category
- Breadth of indications, flexible dosing regimens, with established real-world safety

Continuing to drive **future growth**

- Diabetic eye disease remains a significant growth opportunity
- Ph3 readouts for Aflibercept 8mg expected **Late Q3/ Early Q4**
Regeneron®: Strong Performance Across All Approved Indications With Significant Opportunity For Sustained Growth

~$2.1Bn 2Q 2022 global net product sales

- **Atopic Dermatitis**
  - 2.2M*

- **Asthma**
  - 975k

- **CRSwNP**
  - 90k

- **EoE**
  - 50k

There remains a substantial opportunity in the U.S. for more patients to benefit as markets remain under penetrated

U.S. regulatory decision for prurigo nodularis expected by September 2022 PDUFA

Figures represent U.S. biologic-eligible target population; Source – Regeneron Internal Epidemiology Data

*Target population includes age groups that are not currently approved but in clinical development

CRSwNP – Chronic Rhinosinusitis with Nasal Polyposis; EoE – Eosinophilic Esophagitis
**Dupixent**® & Itepekimab (anti IL-33) COPD Phase 3s Underway

Two-pronged approach against uncontrolled, moderate-to-severe COPD

**Dupixent** potential to address **Type 2 COPD**
Achieved prespecified efficacy milestone in interim analysis of first Ph3 study which triggered second Ph3 study

- Eosinophils ≥300/μl
- Both former and current smokers
- Two Ph3 trials ongoing
- Pivotal data expected **2023**

**Itepekimab** potential also for **non-Type 2 COPD**
In a Ph2 study*, itepekimab demonstrated 42% exacerbation reduction vs. placebo in former smokers, regardless of Type 2 status, with no safety concerns

- No eosinophil restriction
- Focus on former smokers
- Two Ph3 trials ongoing
- Pivotal data expected **2024**

**Non-Type 2**
- Itepekimab only
  - ~600K patients

**Type 2**
- Dupixent or Itepekimab
  - >350K patients
- Dupixent only
  - ~150K patients

**U.S., EU and Japan addressable patient number estimates**

---

* Rabe et al. Lancet Respir Med. 2021
* US, EU and Japan epidemiology, patient populations exclude never smokers (Regeneron Internal Epidemiology Data)
## Continued Progress & Developments Across Oncology Pipeline

Regeneron positioned to enhance and extend treatment benefit across many cancer settings

### Dermato-Oncology
- First-in-class leading systemic treatment for advanced CSCC; approved in 2L+ advanced BCC
- Fianlimab (LAG-3) combination – initiated Ph3 study in 1L metastatic melanoma; data at ESMO 2022
- BioNTech FixVax combination in post-PD-1 melanoma Ph2 underway

### Non-Small Cell Lung Cancer
- Approved in 1L advanced NSCLC with ≥50% PD-L1
- 1L NSCLC in combination with chemotherapy PDUFA 9/19/22

### Solid Tumor Bispecifics

<table>
<thead>
<tr>
<th>Product</th>
<th>Status/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGN5678 (PSMAxCD28)</td>
<td>Dose escalation with Libtayo in mCRPC ongoing; reported first-in-human data</td>
</tr>
<tr>
<td>Ubamatamab (MUC16xCD3)</td>
<td>Dose escalation with Libtayo in ovarian cancer ongoing; data at ESMO 2022</td>
</tr>
<tr>
<td>REGN5668 (MUC16xCD28)</td>
<td>Dose escalation with Libtayo in ovarian cancer ongoing; first patients dosed in combination with MUC16xCD3</td>
</tr>
<tr>
<td>REGN4336 (PSMAxCD3)</td>
<td>Enrolling</td>
</tr>
<tr>
<td>REGN7075 (EGFRxCD28)</td>
<td>Dose escalation with Libtayo in advanced cancers ongoing</td>
</tr>
<tr>
<td>REGN5093 (METxMET)</td>
<td>Dose expansion in MET-altered NSCLC ongoing; data at ESMO 2022</td>
</tr>
<tr>
<td>REGN5093-M114 (METxMET ADC)</td>
<td>Enrolling</td>
</tr>
</tbody>
</table>

### Heme-Onc Bispecifics

<table>
<thead>
<tr>
<th>Product</th>
<th>Status/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odronextamab (CD20xCD3)</td>
<td>Granted Fast Track designation in R/R FL and DLBCL; potentially pivotal Ph2 ongoing</td>
</tr>
<tr>
<td>REGN5458 (BCMAxCD3)</td>
<td>Ph1 data updated at ASH 2021; potentially pivotal Ph2 ongoing</td>
</tr>
<tr>
<td>REGN5458-M11 (CD20xCD3)</td>
<td>Enrolling</td>
</tr>
</tbody>
</table>

CSCC – Cutaneous Squamous Cell Carcinoma; NSCLC – Non-Small Cell Lung Cancer; BCC – Basal Cell Carcinoma; mCRPC – metastatic Castration-Resistant Prostate cancer; R/R – Relapsed/Refractory; FL – Follicular Lymphoma; DLBCL – Diffuse B-Cell Lymphoma

This slide contains investigational products not yet approved by regulatory authorities.
Unique Flexibility of Internally-Developed Pipeline Drives Potential for Novel and Differentiated Combinations

**CD3 Bispecifics: “Signal 1”**

Designed to bridge tumor-associated antigens on cancer cells with CD3-expressing T cells, resulting in potential local T-cell activation and cytotoxicity

**CD28 Bispecifics: “Signal 2”**

Designed to increase the activity of T cells that recognize tumor antigens by augmenting costimulatory signals

**Tumor-Targeted Biparatopics**

Designed to disrupt cellular signaling and/or deliver a cytotoxic drug to tumor cells

**Modulating immune response**

Designed to overcome the tumor suppressive microenvironment
Unique Flexibility of Internally-Developed Pipeline Drives Potential for Novel and Differentiated Combinations

CD3 Bispecifics: “Signal 1”
- Odronextamab (CD20xCD3)
- BCMAxCD3 (REGN5458)
- PSMAxCD3 (REGN4336)
- MUC16xCD3 (REGN4016)
- R/R B-NHL, CLL
- R/R Multiple Myeloma
- Metastatic prostate cancer
- Recurrent ovarian cancer
- Metastatic prostate cancer
- Recurrent ovarian cancer
- MUC16xCD3
- Cemiplimab (PD-1)
- Cemiplimab (PD-1)
- PSMAxCD3 (REGN4336)
- PSMAxCD3 (REGN4336)
- MUC16xCD3 (REGN4018)
- Cemiplimab (PD-1)

CD28 Bispecifics: “Signal 2”
- Metastatic prostate cancer
- Solid tumors
- Recurrent ovarian cancer
- PSMAxCD28 (REGN5678)
- EGFRxCD28 (REGN7075)
- MUC16xCD28 (REGN5668)
- Cemiplimab (PD-1)
- Cemiplimab (PD-1)
- Cemiplimab (PD-1)

Other Immuno-Modulating Agents
- Cemiplimab (PD-1)
- Cemiplimab (PD-1)
- GITR (REGN6569)
- vidutolimod (TLR9)

Metastatic prostate cancer
- Recurrent ovarian cancer
- R/R Multiple Myeloma
- Metastatic prostate cancer
- Recurrent ovarian cancer

Cemiplimab
- PSMAxCD3 (REGN4336)
- PSMAxCD28 (REGN5678)
- MUC16xCD3 (REGN4018)
- MUC16xCD28 (REGN5668)
- Cemiplimab (PD-1)
- Cemiplimab (PD-1)

Tumor-Targeted Biparatopics
- METxCD (REGN5093)
- MET-altered advanced NSCLC
- METxCD ADC (REGN5093-M114)
- MET over-expressing advanced NSCLC
- Cemiplimab
- Fianlimab (LAG3)
- Melanoma & other advanced malignancies
- HNSCC
- CSCC/ MCC

EGFR = Epidermal growth factor receptor; MUC16 = Mucin 16; PSMA = Prostate-specific membrane antigen; R/R = Relapse/refractory; B-NHL = B-cell Non-Hodgkin lymphoma; BCMA = B-cell maturation antigen; NSCLC = Non-small cell lung cancer; SCCHN = Squamous cell carcinoma of the head and neck; CSCC = Cutaneous squamous cell carcinoma; ADC = Antibody drug conjugate; LAG-3 = Lymphocyte-activation gene 3; GITR = Glucocorticoid-induced TNFR-related protein; MCC = Merkel cell carcinoma

This slide contains investigational drug candidates that have not been approved by any regulatory authority.
### Key Data Read-Outs Expected Beginning in 2H 2022

<table>
<thead>
<tr>
<th>Tumor Type</th>
<th>Initial Indication</th>
<th>Upcoming Data Disclosure:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2H 2022</td>
</tr>
<tr>
<td><strong>Hematology</strong></td>
<td>Lymphoma</td>
<td>Odronextamab</td>
</tr>
<tr>
<td></td>
<td>Multiple myeloma</td>
<td>BCMAxCD3</td>
</tr>
<tr>
<td><strong>Dermato-oncology</strong></td>
<td>Neoadjuvant CSCC</td>
<td>Cemiplimab</td>
</tr>
<tr>
<td></td>
<td>Adjuvant CSCC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advanced CSCC (2L)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adjuvant melanoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>First-line advanced melanoma</td>
<td>Fianlimab</td>
</tr>
<tr>
<td><strong>Other Solid Tumors</strong></td>
<td>MET-altered advanced NSCLC</td>
<td>METxMET</td>
</tr>
<tr>
<td></td>
<td>Ovarian cancer (2L+)</td>
<td>MUC16xCD3</td>
</tr>
<tr>
<td></td>
<td>Metastatic castration-resistant prostate cancer</td>
<td>PSMAxCD28</td>
</tr>
<tr>
<td></td>
<td>SCCHN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EGFR+ solid tumors</td>
<td></td>
</tr>
</tbody>
</table>

*This slide contains investigational drug candidates that have not been approved by any regulatory authority.*

**Indicators:**
- **●** indicates pivotal study
- **○** indicates ongoing study

*CSCC = Cutaneous squamous cell carcinoma; NSCLC = Non-small cell lung cancer; 2L+ = Second line and beyond; SCCHN = Squamous cell carcinoma of the head and neck; EGFR = Epidermal growth factor receptor; MUC16 = Mucin 16; PSMA = Prostate-specific membrane antigen; BCMA = B-cell maturation antigen*
Bispecifics for Heme-Onc Malignancies: Promising Results from Maturing CD3 Programs

Combinations with costimulatory bispecifics and other agents entering clinic soon

**Summary** – A single, off-the-shelf bispecific, effective in both indolent and aggressive lymphomas, including patients who failed CAR-Ts

- R/R FL: ORR=90% CR=70% (N=30)
- R/R DLBCL: CAR-T naïve ORR=55% CR=55% (N=11); post-CAR-T ORR=33% CR=21% (N=24)
- Durable responses (up to 3.5 years so far in FL)
- Manageable safety profile observed with revised step-up dosing

**Efficacy** – Early, deep, and durable responses:

- 75% ORR, with 58% VGPR or better at higher doses (200-800 mg)
- 51% ORR among all enrolled patients
- 86% of responders with VGPR or better; 43% with 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 Gr1
- All patients experienced some grade of TEAEs, with 42% Grade 3 and 33% Grade 4
- Maximum tolerated dose was not reached

**Upcoming Milestones:**

- Report data from potentially pivotal Ph2 study (2H22)
- Potential U.S. regulatory submission in FL and DLBCL (2H22)
- Initiate dosing with subcutaneous formulation
- Initiate OLYMPIA Ph3 program and additional combinations, including TAAxCD28 costim

**Upcoming Milestones:**

- Report data from potentially pivotal Ph2 study
- Potential U.S. regulatory submission R/R MM (1H23)
- Initiate additional combinations with TAAxCD28 costim

---

This slide contains investigational products not yet approved by regulatory authorities

*Data from ASH 2020
**Data from ASH 2021
Regeneron technologies have delivered repeated breakthroughs by addressing limitations and bottlenecks in every step of the drug discovery process.
Synergistic Collaborations Supercharge Regeneron’s Future Turnkey Genetics Therapeutics Platforms

Learnings from **mouse genetics**

**VELOCIGENE**

Unlocking capabilities of **mouse and human genetics** through **VELOCIGENE**

Existing Turnkey Technologies

**Biologics**

- TRAPs
- Antibodies & Bispecifics
- siRNA
- Gene editing (insertion/knockout)
- Genome Therapy
- Alnylam
- Intellia Therapeutics
- Decibel Therapeutics
Regeneron Genetics Medicines
Powerful resource linking human genetic variation to disease; empowering strategic partnerships to drive the future of medicine

World leading human sequencing
- ~2M human exomes sequenced
- Linked to Electronic Health Records
- 110+ collaborations globally

Novel Genetics-based Drug Target Discovery
- RGC discovered >10 novel drug targets

Genetics-based Drug Development & Precision Medicine
- RGC database links drug targets with disease impact, enhancing probability of clinical trial success
- RGC database identifies patients most likely to benefit

Leveraging New Turnkey Therapeutic Approaches
- siRNA gene silencing
- Genome editing – Knockout/Insertion
- Targeted viral-based gene delivery and expression

World leading human sequencing
- ~2M human exomes sequenced
- Linked to Electronic Health Records
- 110+ collaborations globally

Novel Genetics-based Drug Target Discovery
- RGC discovered >10 novel drug targets

Genetics-based Drug Development & Precision Medicine
- RGC database links drug targets with disease impact, enhancing probability of clinical trial success
- RGC database identifies patients most likely to benefit

Leveraging New Turnkey Therapeutic Approaches
- siRNA gene silencing
- Genome editing – Knockout/Insertion
- Targeted viral-based gene delivery and expression
Regeneron is investing in and delivering technologies well beyond antibodies

- **5** genetics medicines programs in the clinic
- **3-5** additional potential targets to advance to IND-enabling studies in next 12 months
- **30+** additional programs in research and candidate selection phase
- **10+** novel genetic targets discovered

Several near-term opportunities emerging from Regeneron Genetics Medicines:

- Reported landmark TTR genome editing data in 2021; latest data update by Intellia in June 2022
- C5 combo program Ph3 initiations (Myasthenia Gravis and PNH)
- HSD17B13 siRNA initial data from NASH patients Mid’22
- APP siRNA Ph1 initiated for early onset Alzheimer’s
- DB-OTO gene therapy (hearing loss) Ph1/2 start in 2023

This graphic displays pipeline drug candidates currently undergoing clinical testing in a variety of diseases. The safety and efficacy of these drug candidates have not been fully evaluated by any regulatory authorities for the indications described in this section.
Regeneron-Discovered, Approved and Investigational Medicines Across a Wide and Diverse Set of Diseases

**PHASE 1**
- Fianlimab (LAG-3)
- Ubamatamab (MUC16xCD3)
- REGN4336 (PSMAxCD3)
- REGN5093 (METxMET)
- REGN5093-M114 (METxMET ADC)
- REGN5668 (MUC16xCD28)
- REGN5678 (PSMAxCD28)
- REGN6569 (GITR)
- REGN7075 (EGFRxCD28)
- Odronextamab (CD20xCD3)
- REGN5458 (BCMAxCD3)
- REGN5459 (BCMAxCD3)
- REGN7257 (IL-2Rg)
- REGN9933 (Factor XI)
- NTLA-2001# (TTR)
- REGN5381/REGN9035 (NPR1)
- ALN-HSD ‡ (HSD17B13)
- ALN-APP † (APP)
- “Next-Gen” COVID Antibodies (SARS-CoV-2)

**PHASE 2**
- Cemiplimab (PD1)
- Vidutolimod (TLR9)
- Odronextamab (CD20xCD3)
- Cemdisiran ‡ (C5)
- Pozelimab (C5)
- REGN5458 (BCMAxCD3)
- Garetosmab (Activin A)
- Mibavademab (LEPR)
- REGN5381/REGN9035 (NPR1)
- Sarilumab* (IL-6R)
- Dupilumab* (IL-4R)

**PHASE 3**
- Cemiplimab (PD1)
- Fianlimab (LAG-3)
- Pozelimab + Cemdisiran ‡ (C5xC5)
- Alirocumab (PCSK9)
- Fasinumab† (NGF)
- Afibercept* (VEGF)
- Afibercept 8mg° (VEGF)
- Dupilumab* (IL-4R)
- Itepekimab* (IL-33)
- REGN1908-1909 (Fel d 1)
- REGN5713-5714-5715 (Bet v 1)

**APPROVED OR AUTHORIZED**

**Over 30 product candidates**

SOLID ORGAN ONCOLOGY | HEMATOLOGY | GENERAL MEDICINE | I&I

*Based on the most recent Emergency Use Authorization (EUA) modification, REGEN-COV cannot currently be used anywhere in the U.S.

As of August 3, 2022

This slide contains investigational products not yet approved by regulatory authorities.

EUA only**

In collaboration with:
* Sanofi
† Teva and Mitsubishi Tanabe
^ Roche
‡ Ailylam
# Intellia
« Ultragenyx
° Bayer

Regeneron

EYLEA (afiblercept) Injection For Intravitreal Injection

ZALTRAP (ziv-afiblercept) Injection For Intravitreal Injection

Plaunet (afiblercept) Injection For Intravitreal Injection

Dupixent (dupilumab) Injection 200mg - 300mg

KEVZARA (sarilumab) injection 250 mg | 500 mg

Libtayo (evinacumab-dmthb) Injection

Inmazeb (telavancid, mafenide, and cidofovir - regen) Injection

Evkeeza (evinacumab-dmthb) Injection
Multiple Potential FDA Submissions: 2022-2024+

<table>
<thead>
<tr>
<th>2022</th>
<th>2023</th>
<th>2024+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EYLEA</strong>&lt;br&gt; Q16W in NPDR (1H22) ✓</td>
<td><strong>DUPIXENT</strong>&lt;br&gt; Chronic Inducible Urticaria - Cold</td>
<td><strong>Fianlimab (LAG3) + LIBTAYO</strong>&lt;br&gt; Advanced Melanoma</td>
</tr>
<tr>
<td><strong>EYLEA</strong>&lt;br&gt; Retinopathy of Prematurity (2H22)</td>
<td><strong>REGN5458 (BCMAxCD3)</strong>&lt;br&gt; R/R Multiple Myeloma (1H23)</td>
<td><strong>REGN4461 (LEPR)</strong>&lt;br&gt; Generalized Lipodystrophy</td>
</tr>
<tr>
<td><strong>DUPIXENT</strong>&lt;br&gt; Eosinophilic Esophagitis (1H22) ✓</td>
<td><strong>DUPIXENT</strong>&lt;br&gt; Chronic Obstructive Pulmonary Disease</td>
<td><strong>Itepekimab (IL-33)</strong>*&lt;br&gt; Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td><strong>DUPIXENT</strong>&lt;br&gt; Prurigo Nodularis (1H22) ✓</td>
<td><strong>DUPIXENT</strong>&lt;br&gt; Chronic Rhinosinusitis w/o Nasal Polyposis</td>
<td><strong>REGN1908-1909 (Feld1)</strong>&lt;br&gt; Cat Allergy</td>
</tr>
<tr>
<td><strong>DUPIXENT</strong>&lt;br&gt; Chronic Spontaneous Urticaria (2H22)</td>
<td><strong>DUPIXENT</strong>&lt;br&gt; Allergic Fungal Rhinosinusitis</td>
<td><strong>REGN5713-5714-5715 (Betv1)</strong>&lt;br&gt; Birch Allergy</td>
</tr>
<tr>
<td><strong>Odronextamab (CD20xCD3)</strong>&lt;br&gt; B Cell NHL (2H22)</td>
<td><strong>DUPIXENT</strong>&lt;br&gt; Bullous Pemphigoid</td>
<td><strong>Pozelimab ± cemdisiran†</strong>&lt;br&gt; C5-mediated diseases</td>
</tr>
<tr>
<td><strong>Pozelimab</strong>&lt;br&gt; CHAPLE Syndrome (2H22)</td>
<td></td>
<td><strong>Garetosmab</strong>&lt;br&gt; FOP</td>
</tr>
</tbody>
</table>

- **Regeneron**
- **EYLEA**
- **DUPIXENT**
- **REGN5458 (BCMAxCD3)**
- **REGN4461 (LEPR)**
- **Fianlimab (LAG3) + LIBTAYO**
- **Itepekimab (IL-33)***
- **REGN1908-1909 (Feld1)**
- **REGN5713-5714-5715 (Betv1)**
- **Pozelimab ± cemdisiran†**
- **Garetosmab**
- **Aflibercept 8mg**

* In collaboration with Sanofi
† In collaboration with Alnylam

This slide contains investigational products not yet approved by regulatory authorities

✓ = completed submission

NPDR – Non-Proliferative Diabetic Retinopathy
FOP – Fibrodysplasia Ossificans Progressive
Key Upcoming Milestones (Next 12 Months)

**Ophthalmology**
- Ph3 data readout for Aflibercept 8mg formulation
- Submit sBLA for EYLEA in ROP
- FDA decision for 16-week dosing in DR for EYLEA (PDUFA 2/28/2023)

**Dupixent**
- FDA decision for PN (PDUFA 9/30/2022)
- EC Regulatory decision for EoE and Pediatric AD
- Report data for Ph 3 studies in CINDU-Cold (1H23), COPD (1H23)

**Libtayo**
- Regulatory decisions for 1L NSCLC chemotherapy combination

**Pozelimab (anti-C5 antibody)**
- BLA submission for CD55-deficient protein-losing enteropathy (2H22)

**Solid Organ Oncology**
- Initial data for MUC16xCD3 and METxMET at ESMO 2022
- Updated data for fianlimab (LAG-3) combo with Libtayo in melanoma at ESMO 2022
- Additional data for PSMAxCD28 with Libtayo

**Odronextamab (CD20xCD3)**
- Report potentially pivotal Phase 2 results in B-NHL
- Initiate dosing with subcutaneous formulation
- Initiate OLYMPIA Ph3 program and additional combinations

**REGN5458 (BCMAxCD3)**
- Complete enrollment in potentially pivotal Phase 2 in multiple myeloma
- Initiate studies with subcutaneous formulation
- Initiate Phase 3 studies in earlier lines of therapy

This slide contains investigational products not yet approved by regulatory authorities.
Strong Financial Position Enabling Critical Investments

Capital allocation priorities reflect business priorities

**Internal Investment**
in our world-class R&D capabilities and capital expenditures to support sustainable growth

$1.8B investment in Tarrytown R&D facilities announced in July 2021
Continued investments in manufacturing capacity

**Business Development**
to expand pipeline and maximize commercial opportunities

Improved economics and flexibility on existing and future external collaborations involving Libtayo combinations
Recent acquisition of Checkmate Pharmaceuticals to expand immuno-oncology pipeline

Continue to deploy excess cash to opportunistically repurchase shares

Over $8B in share repurchases since November 2019*

*As of June 30, 2022 ~$2.1 billion remaining in authorization
Reconciliation of Non-GAAP Results and Total Revenue Excluding REGEN-COV (casirivimab and imdevimab)

### RECONCILIATION OF GAAP TO NON-GAAP FINANCIAL INFORMATION (Unaudited)

<table>
<thead>
<tr>
<th></th>
<th>Three Months Ended June 30</th>
<th></th>
<th>Six Months Ended June 30</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2022</td>
<td>2021</td>
<td>2022</td>
<td>2021</td>
</tr>
<tr>
<td>GAAP R&amp;D</td>
<td>$794.3</td>
<td>$714.2</td>
<td>$1,638.1</td>
<td>$1,457.1</td>
</tr>
<tr>
<td>R&amp;D: Stock-based compensation expense</td>
<td>89.7</td>
<td>70.9</td>
<td>182.1</td>
<td>140.6</td>
</tr>
<tr>
<td>R&amp;D: Acquisition-related integration costs</td>
<td>14.6</td>
<td></td>
<td>14.6</td>
<td></td>
</tr>
<tr>
<td>Non-GAAP R&amp;D</td>
<td>$690.0</td>
<td>$643.3</td>
<td>$1,441.4</td>
<td>$1,316.5</td>
</tr>
<tr>
<td>GAAP SG&amp;A</td>
<td>$476.3</td>
<td>$414.7</td>
<td>$926.3</td>
<td>$820.3</td>
</tr>
<tr>
<td>SG&amp;A: Stock-based compensation expense</td>
<td>57.5</td>
<td>49.6</td>
<td>118.2</td>
<td>100.4</td>
</tr>
<tr>
<td>SG&amp;A: Acquisition-related integration costs</td>
<td>1.1</td>
<td></td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>Non-GAAP SG&amp;A</td>
<td>$417.7</td>
<td>$365.1</td>
<td>$807.0</td>
<td>$719.9</td>
</tr>
<tr>
<td>GAAP COGS</td>
<td>$149.2</td>
<td>$539.4</td>
<td>$356.5</td>
<td>$722.6</td>
</tr>
<tr>
<td>COGS: Stock-based compensation expense</td>
<td>12.6</td>
<td>25.0</td>
<td>26.4</td>
<td>35.4</td>
</tr>
<tr>
<td>COGS: Charges related to REGEN-COV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-GAAP COGS</td>
<td>$136.6</td>
<td>$514.4</td>
<td>$227.1</td>
<td>$687.2</td>
</tr>
<tr>
<td>GAAP other income (expense), net</td>
<td>($146.7)</td>
<td>$405.6</td>
<td>($344.1)</td>
<td>$545.9</td>
</tr>
<tr>
<td>Other income (expense): Losses (gains) on investments</td>
<td>166.3</td>
<td>(409.6)</td>
<td>370.8</td>
<td>(553.9)</td>
</tr>
<tr>
<td>Non-GAAP other income (expense), net</td>
<td>$19.6</td>
<td></td>
<td>$26.7</td>
<td>$8.0</td>
</tr>
<tr>
<td>GAAP net income</td>
<td>$852.1</td>
<td>$3,098.9</td>
<td>$1,825.6</td>
<td>$4,214.1</td>
</tr>
<tr>
<td>Total of GAAP to non-GAAP reconciling items above</td>
<td>341.8</td>
<td>(264.1)</td>
<td>771.2</td>
<td>(277.5)</td>
</tr>
<tr>
<td>Income tax effect of GAAP to non-GAAP reconciling items</td>
<td>67.0</td>
<td>60.2</td>
<td>(152.3)</td>
<td>67.5</td>
</tr>
<tr>
<td>Non-GAAP net income</td>
<td>$1,266.9</td>
<td>$2,895.0</td>
<td>$2,444.5</td>
<td>$4,004.2</td>
</tr>
<tr>
<td>Non-GAAP net income per share - basic</td>
<td>$10.44</td>
<td>$27.57</td>
<td>$22.78</td>
<td>$38.06</td>
</tr>
<tr>
<td>Non-GAAP net income per share - diluted</td>
<td>$9.77</td>
<td>$25.80</td>
<td>$21.26</td>
<td>$35.72</td>
</tr>
</tbody>
</table>

Revenue reconciliation:

<table>
<thead>
<tr>
<th></th>
<th>Three Months Ended June 30</th>
<th></th>
<th>Six Months Ended June 30</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2022</td>
<td>2021</td>
<td>2022</td>
<td>2021</td>
</tr>
<tr>
<td>Total revenues</td>
<td>$2,857.2</td>
<td>$5,138.5</td>
<td>$5,822.3</td>
<td>$7,667.2</td>
</tr>
<tr>
<td>REGEN-COV net product sales in the United States</td>
<td></td>
<td>2,591.2</td>
<td>2,853.4</td>
<td></td>
</tr>
<tr>
<td>Global gross profit payment from Roche in connection with sales of Ronapreve</td>
<td>8.2</td>
<td>167.9</td>
<td>224.5</td>
<td>234.7</td>
</tr>
<tr>
<td>Total revenues excluding REGEN-COV and Ronapreve</td>
<td>$2,849.0</td>
<td>$2,379.4</td>
<td>$5,597.8</td>
<td>$4,579.1</td>
</tr>
</tbody>
</table>

Shares used in calculating:

- Non-GAAP net income per share - basic: 107.9, 105.0, 107.3, 105.2
- Non-GAAP net income per share - diluted: 115.4, 112.2, 115.0, 112.1

See slide 2 for additional important information regarding non-GAAP financial measures included in this presentation.