

Regeneron Corporate Presentation

A u g u s t 2 0 2 2

REGENERON[®]

This non-promotional presentation is intended for the investor audience and contains investigational data as well as forward-looking statements; actual results may vary materially

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® (afibercept) Injection, Dupixent® (dupilumab), Libtayo® (cemiplimab), Praluent® (alirocumab), Kevzara® (sarilumab), Evkeeza® (evinacumab), Inmazeb® (atoltivimab, maftivimab, and odesivimab-ebgn), REGEN-COV® (casirivimab and imdevimab), afibercept 8mg, fasinumab, pozelimab, odronextamab, itepekimab, fianlimab, REGN5458, 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 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) 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.

REGENERON

Executing on Our Core Competencies



#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



Emerging portfolio of immunology antibodies

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



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

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



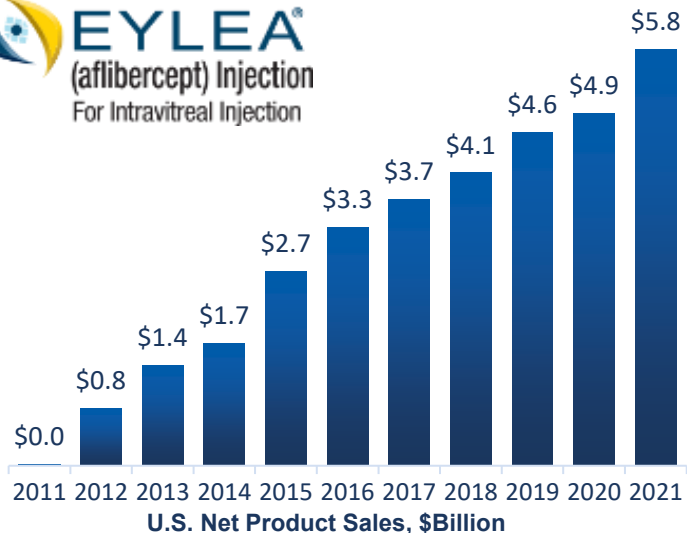
Updated Phase 1 data for NTLA-2001 in ATTR presented by Intellia

PN – Prurigo Nodularis; EoE – Eosinophilic Esophagitis AD – Atopic Dermatitis; DR – Diabetic Retinopathy; FL – Follicular Lymphoma; DLBCL – Diffuse Large B-Cell Lymphoma; EC – European Commission; EoE – Eosinophilic Esophagitis; ATTR – Transthyretin Amyloidosis; mCRPC – metastatic Castration-resistant Prostate Cancer

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

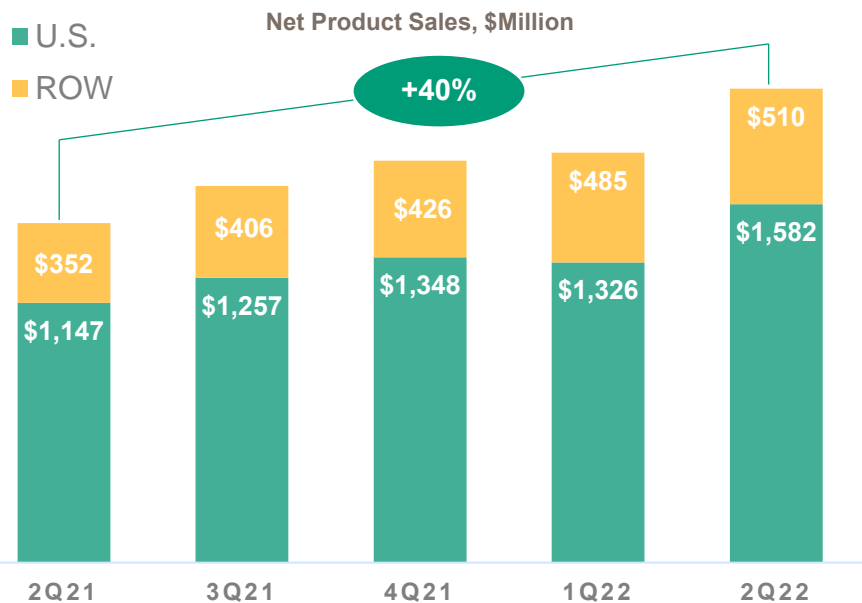
- **~75%** share of U.S. branded category; **~50%** share of total category
- Breadth of indications, flexible dosing regimens, with established real-world safety

Continuing to drive **future growth**

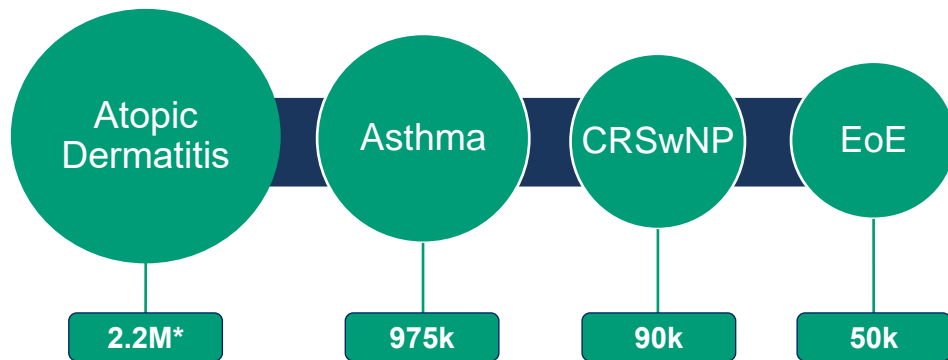
- Diabetic eye disease remains a significant growth opportunity
- Ph3 readouts for Aflibercept 8mg expected **Late Q3/ Early Q4**

Dupixent®: Strong Performance Across All Approved Indications With Significant Opportunity For Sustained Growth

~\$2.1Bn 2Q 2022 global net product sales



Sanofi records global net product sales of Dupixent



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

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 $\geq 300/\mu\text{l}$
- 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	Type 2
Former Smokers (70% of COPD patients [^])	Itepekimab only ~600K patients	Dupixent or Itepekimab >350K patients
Current Smokers (30% of COPD patients [^])		Dupixent only ~150K patients

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

7 Dupixent and Itepekimab are developed in collaboration with Sanofi; COPD – Chronic Obstructive Pulmonary Disease
* 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

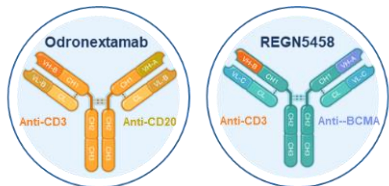
- Approved in 1L advanced NSCLC with $\geq 50\%$ PD-L1
- 1L NSCLC in combination with chemotherapy PDUFA 9/19/22

Solid tumor bispecifics



- **REGN5678 (PSMAxCD28)** – Dose escalation with Libtayo in mCRPC ongoing; reported first-in-human data
- **Ubamatamab (MUC16xCD3)** – Dose escalation with Libtayo in ovarian cancer ongoing; data at ESMO 2022
- **REGN5668 (MUC16xCD28)** – Dose escalation with Libtayo in ovarian cancer ongoing; first patients dosed in combination with MUC16xCD3
- **REGN4336 (PSMAxCD3)** – Enrolling
- **REGN7075 (EGFRxCD28)** – Dose escalation with Libtayo in advanced cancers ongoing
- **REGN5093 (METxMET)** – Dose expansion in MET-altered NSCLC ongoing; data at ESMO 2022
- **REGN5093-M114 (METxMET ADC)** – Enrolling

Heme-onc bispecifics



- **Odronextamab (CD20xCD3)** – Granted Fast Track designation in R/R FL and DLBCL; potentially pivotal Ph2 ongoing
- **REGN5458 (BCMAxCD3)** – Ph1 data updated at ASH 2021; potentially pivotal Ph2 ongoing
- Both will be entering combination studies with corresponding costim (CD28) bispecifics

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

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

Tumor-Targeted Biparatopics

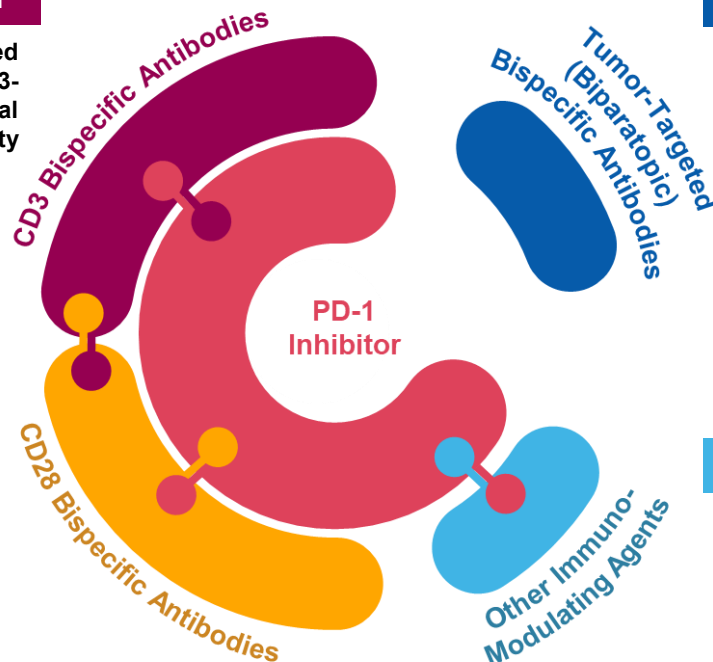
Designed to disrupt cellular signaling and/or deliver a cytotoxic drug to tumor cells

CD28 Bispecifics: “Signal 2”

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

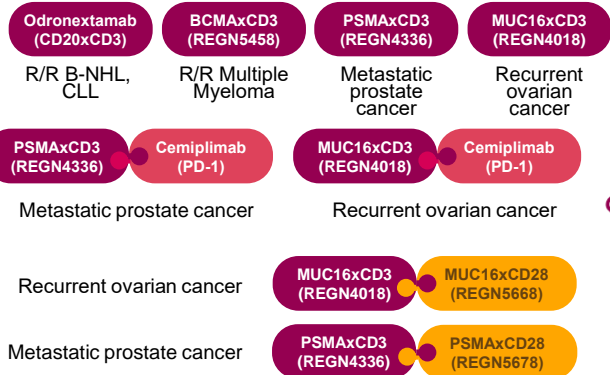
Modulating immune response

Designed to overcome the tumor suppressive microenvironment



Unique Flexibility of Internally-Developed Pipeline Drives Potential for Novel and Differentiated Combinations

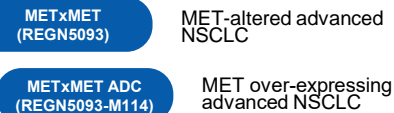
CD3 Bispecifics: "Signal 1"



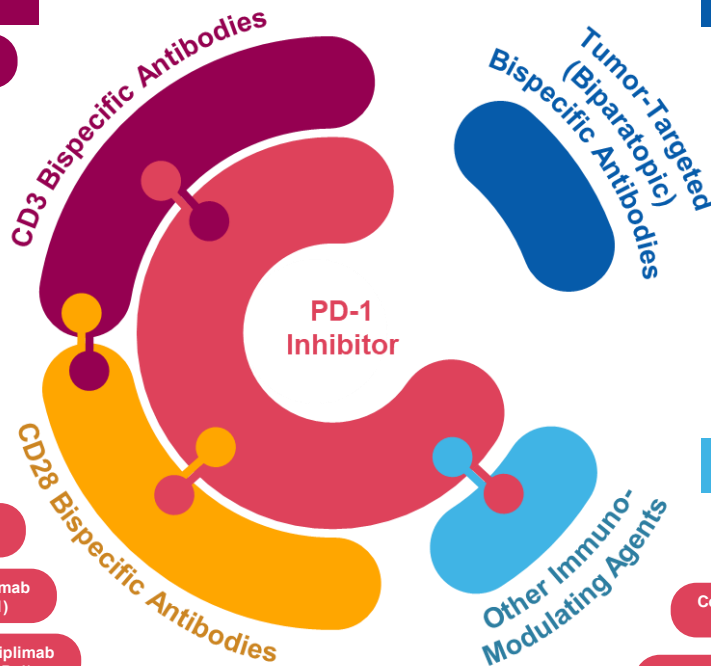
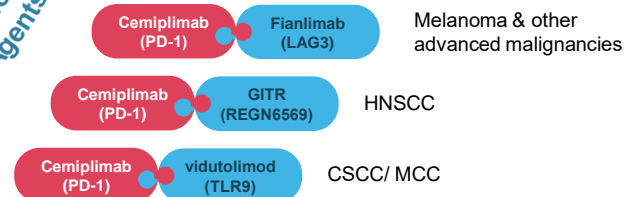
CD28 Bispecifics: "Signal 2"



Tumor-Targeted Biparatopics



Modulating immune response



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

Tumor Type	Initial Indication	Upcoming Data Disclosure:			
		2H 2022	2023	2024+	
Hematology	Lymphoma	Odronexamab ✱			
	Multiple myeloma	BCMAxCD3	BCMAxCD3 ✱		
Dermato-oncology	Neoadjuvant CSCC	Cemiplimab			
	Adjuvant CSCC			Cemiplimab ✱	
	Advanced CSCC (2L)			Vidutolimod, Cemiplimab	
	Adjuvant melanoma			Fianlimab, Cemiplimab ✱	
	First-line advanced melanoma	Fianlimab, Cemiplimab		Fianlimab, Cemiplimab ✱	
Other Solid Tumors	MET-altered advanced NSCLC	METxMET	METxMET ADC		
	Ovarian cancer (2L+)		MUC16xCD3, Cemiplimab		
			MUC16xCD3	MUC16xCD28, Cemiplimab	
				MUC16xCD3, MUC16xCD28	
	Metastatic castration-resistant prostate cancer			PSMAxCD28, Cemiplimab	
			PSMAxCD28, Cemiplimab	PSMAxCD3, Cemiplimab	
	SCCHN			PSMAxCD3, PSMAxCD28	
EGFR+ solid tumors			GITR, Cemiplimab		
			EGFRxCD28, Cemiplimab		

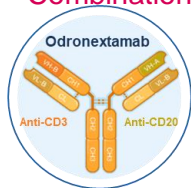
11 ✱ indicates pivotal study

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

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

Bispecifics for Heme-Onc Malignancies: Promising Results from Maturing CD3 Programs

Combinations with costimulatory bispecifics and other agents entering clinic soon



Odronextamab (CD20xCD3)*

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

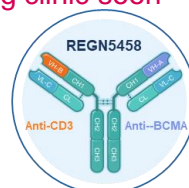
- R/R FL: ORR=90% CR=70% (N=30)
- R/R DLBCL: CAR-T naïve ORR=55% CR=55% (N=11); post-CAR-T ORR=33% CR=21% (N=24)
- **Durable responses** (up to 3.5 years so far in FL)
- Manageable safety profile observed with revised step-up dosing

Progress to Date:

- Received Fast Track designation in FL and DLBCL
- Over 500 patients dosed to date across program

Upcoming Milestones:

- Report additional results 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



REGN5458 (BCMAxCD3)**

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
- Potential U.S. regulatory submission R/R MM (1H23)
- Initiate additional combinations with TAAxCD28 costim

12 DLBCL, Diffuse Large B Cell Lymphoma; FL, Follicular Lymphoma; 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

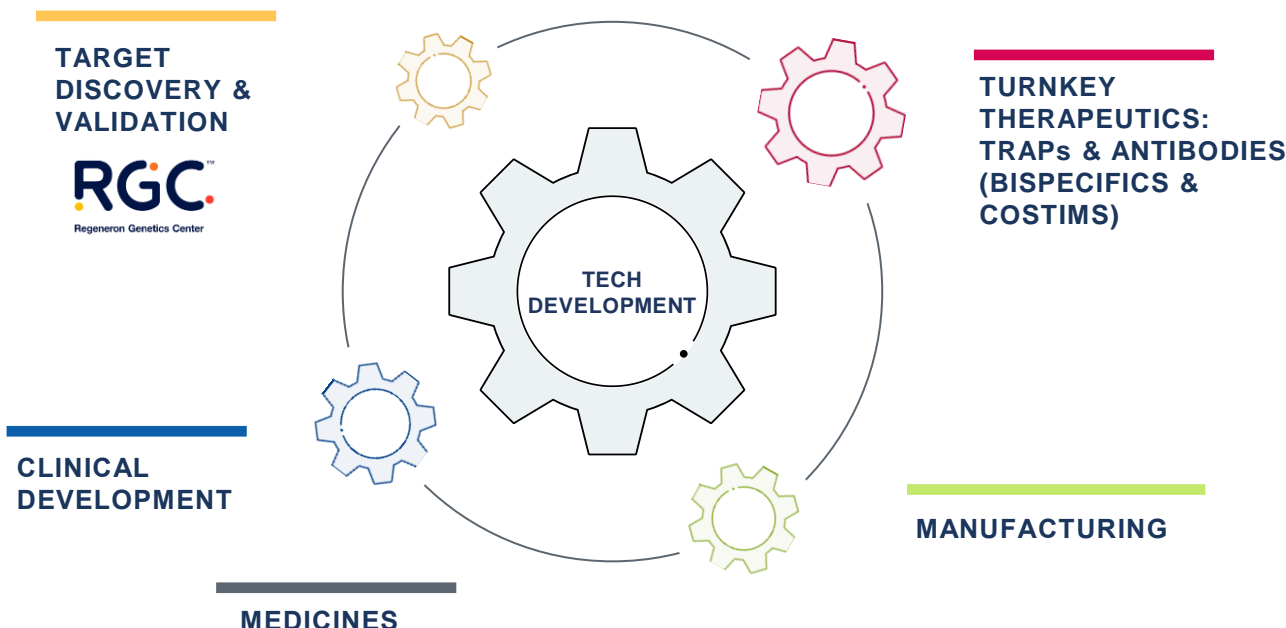
This slide contains investigational products not yet approved by regulatory authorities

*Data from ASH 2020

**Data from ASH 2021

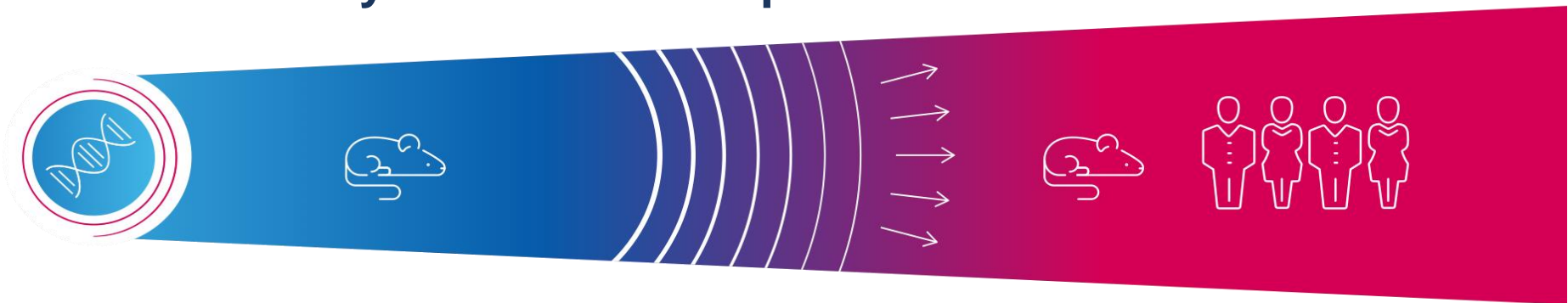
Regeneron Technologies Power Our Pipeline: TRAPs, Antibodies and Bispecifics

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



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

Synergistic Collaborations Supercharge Regeneron's Future Turnkey Genetics Therapeutics Platforms



Learnings from **mouse genetics**

VELOCIGENE[®]



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

VELOCIGENE[®]



RGC[™]
Regeneron Genetics Center

Existing Turnkey Technologies
Biologicals



TRAPs



Antibodies & Bispecifics



siRNA



Genome editing
(insertion/
knockout)



Gene Therapy

Alnylam[®]
PHARMACEUTICALS

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



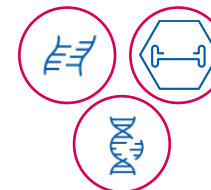
Novel Genetics-based Drug Target Discovery

- 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

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

REGENERON GENETICS MEDICINES

Building the Pipeline for the Future

Pre-IND

FACTOR 8 GENE INSERTION²
CRISPR/Cas9 + AAV Transgene Insertion

- Hemophilia A

PNPLA3¹
PNPLA3 siRNA

- Nonalcoholic Steatohepatitis

GAA GENE INSERTION²
CRISPR/Cas9 + AAV Transgene Insertion

- Pompe Disease

DB-OTO³
OTOF AAV Dual Vector Gene Therapy

- OTOF Related Hearing Loss

FACTOR 9 GENE INSERTION²
CRISPR/Cas9 + AAV Transgene Insertion

- Hemophilia B

ADDITIONAL PROGRAMS
30+ Programs in Research and Candidate Selection

Clinical Development

POZELIMAB + CEMDISIRAN¹
C5 Antibody + C5 siRNA

- Myasthenia Gravis
- Paroxysmal Nocturnal Hemoglobinuria

CEMDISIRAN¹
C5 siRNA

- Immunoglobulin A Nephropathy

ALN-APP¹
APP siRNA

- Cerebral Amyloid Angiopathy, Alzheimer's Disease

ALN-HSD¹
HSD17B13 siRNA

- Nonalcoholic Steatohepatitis

NTLA-2001²
CRISPR/Cas9

- Transthyretin Amyloidosis (ATTR)

Collaborations with:
1. Alnylam Pharmaceuticals
2. Intellia Therapeutics
3. Decibel Therapeutics

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

PHASE 2

PHASE 3

APPROVED OR AUTHORIZED

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)

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)

cemiplimab (PD1)
 fianlimab (LAG-3)

pozelimab + cemdisiran † (C5xC5)

alirocumab (PCSK9)
 fasinumab † (NGF)
 aflibercept* (VEGF)
 aflibercept 8mg* (VEGF)

dupilumab* (IL-4R)
 itepekimab* (IL-33)
 REGN1908-1909 (Fel d 1)
 REGN5713-5714-5715 (Bet v 1)

 Arcalyst®
 (riloncept)
 injection for Subcutaneous Use

 EYLEA®
 (afibercept) Injection
 For Intravitreal Injection

 ZALTRAP®
 (ziv-aflibercept)
 Injection for Intravenous Infusion

 Praluent®
 (alirocumab) Injection 150mg

 DUPIXENT®
 (dupilumab) Injection
 200mg - 300mg

 KEVZARA®
 (sarilumab) injection
 200 mg | 150 mg

 LIBTAYO®
 (cemiplimab-rwlc)
 Injection 350 mg

 Inmazeb®
 (atoltivimab, mautivimab,
 and odesivimab-ebgn)
 Injection

 Evkeeza®
 (evinacumab-dgnb)
 Injection

 REGEN-COV®
 (casirivimab and imdevimab)

EUA only**

In collaboration with:

- * Sanofi
- † Teva and Mitsubishi Tanabe
- ^ Roche
- ‡ Alnylam
- # Intellia
- « Ultragenyx
- ° Bayer

Over 30 product candidates

Multiple Potential FDA Submissions: 2022-2024+

2022

2023

2024+

EYLEA

Q16W in NPDR (1H22) ✓

EYLEA

Retinopathy of Prematurity (2H22)

DUPIXENT*

Eosinophilic Esophagitis (1H22) ✓

DUPIXENT*

Prurigo Nodularis (1H22) ✓

DUPIXENT*

Chronic Spontaneous Urticaria (2H22)

Odronextamab (CD20xCD3)

B Cell NHL (2H22)

Pozelimab

CHAPLE Syndrome (2H22)

Aflibercept 8mg

Wet AMD/DME (2H22/1H23)

DUPIXENT*

Chronic Inducible Urticaria - Cold

REGN5458 (BCMAxCD3)

R/R Multiple Myeloma (1H23)

Fianlimab (LAG3) + LIBTAYO

Advanced Melanoma

REGN4461 (LEPR)

Generalized Lipodystrophy

DUPIXENT*

Chronic Obstructive Pulmonary Disease

DUPIXENT*

Chronic Rhinosinusitis w/o Nasal Polyposis

DUPIXENT*

Allergic Fungal Rhinosinusitis

DUPIXENT*

Bullous Pemphigoid

Itepekimab (IL-33)*

Chronic Obstructive Pulmonary Disease

REGN1908-1909 (Feld1)

Cat Allergy

REGN5713-5714-5715 (Betv1)

Birch Allergy

Pozelimab ± cemdisiran*

C5-mediated diseases

Garetosmab

FOP

New Molecule

New Indication

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)

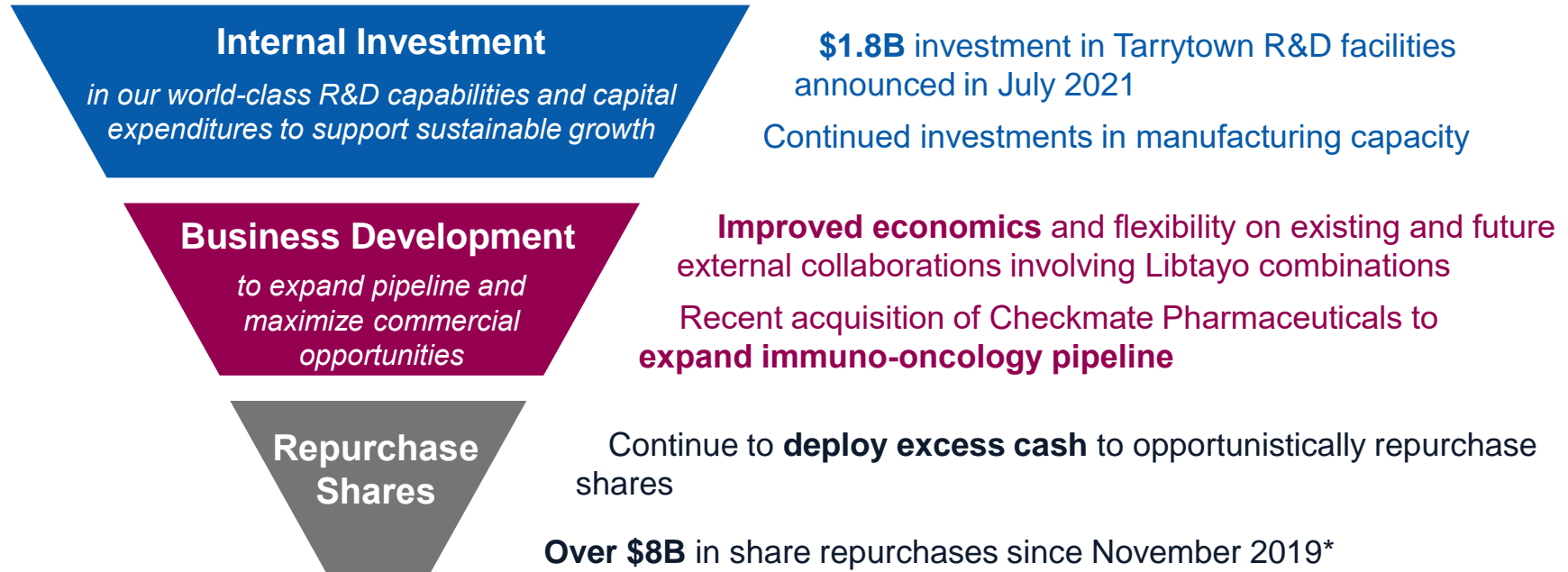
- Report potentially pivotal Phase 2 results in B-NHL
- Initiate dosing with subcutaneous formulation
- Initiate OLYMPIA Ph3 program and additional combinations

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

Strong Financial Position Enabling Critical Investments

Capital allocation priorities reflect business priorities



Reconciliation of Non-GAAP Results and Total Revenue Excluding REGEN-COV (casirivimab and imdevimab)

REGENERON PHARMACEUTICALS, INC.
RECONCILIATION OF GAAP TO NON-GAAP FINANCIAL INFORMATION (Unaudited)
(In millions, except per share data)

	Three Months Ended June 30,		Six Months Ended June 30,	
	2022	2021	2022	2021
GAAP R&D	\$ 794.3	\$ 714.2	\$ 1,638.1	\$ 1,457.1
R&D: Stock-based compensation expense	89.7	70.9	182.1	140.6
R&D: Acquisition-related integration costs	14.6	—	14.6	—
Non-GAAP R&D	<u>\$ 690.0</u>	<u>\$ 643.3</u>	<u>\$ 1,441.4</u>	<u>\$ 1,316.5</u>
GAAP SG&A	\$ 476.3	\$ 414.7	\$ 926.3	\$ 820.3
SG&A: Stock-based compensation expense	57.5	49.6	118.2	100.4
SG&A: Acquisition-related integration costs	1.1	—	1.1	—
Non-GAAP SG&A	<u>\$ 417.7</u>	<u>\$ 365.1</u>	<u>\$ 807.0</u>	<u>\$ 719.9</u>
GAAP COGS	\$ 149.2	\$ 539.4	\$ 356.5	\$ 722.6
COGS: Stock-based compensation expense	12.6	25.0	26.4	35.4
COGS: Charges related to REGEN-COV	—	—	58.0	—
Non-GAAP COGS	<u>\$ 136.6</u>	<u>\$ 514.4</u>	<u>\$ 272.1</u>	<u>\$ 687.2</u>
GAAP other income (expense), net	\$ (146.7)	\$ 405.6	\$ (344.1)	\$ 545.9
Other income/expense: Losses (gains) on investments	166.3	(409.6)	370.8	(553.9)
Non-GAAP other income (expense), net	<u>\$ 19.6</u>	<u>\$ (4.0)</u>	<u>\$ 26.7</u>	<u>\$ (8.0)</u>
GAAP net income	\$ 852.1	\$ 3,098.9	\$ 1,825.6	\$ 4,214.1
Total of GAAP to non-GAAP reconciling items above	341.8	(264.1)	771.2	(277.5)
Income tax effect of GAAP to non-GAAP reconciling items	(67.0)	60.2	(152.3)	67.6
Non-GAAP net income	<u>\$ 1,126.9</u>	<u>\$ 2,895.0</u>	<u>\$ 2,444.5</u>	<u>\$ 4,004.2</u>
Non-GAAP net income per share - basic	\$ 10.44	\$ 27.57	\$ 22.78	\$ 38.06
Non-GAAP net income per share - diluted	\$ 9.77	\$ 25.80	\$ 21.26	\$ 35.72
<i>Shares used in calculating:</i>				
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

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