REGENERON®
ROUNDTABLE

LYNOZYFIC™
(linvoseltamab-gcpt) Injection
5mg | 200mg

DECEMBER 10, 2025

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Speakers

Regeneron Roundtable – Lynozyfic

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REGENERON ROUNDTABLE – Lynozyfic

Regeneron's Hematology and Heme-Onc Pipeline
Current Multiple Myeloma Treatment Landscape & Lynozyfic Strategy
Late Line: Lynozyfic Approved in R/R Multiple Myeloma
Early Line: Advancing to 1L & 2L Therapy in Myeloma
Precursor Conditions: Lynozyfic as Prevention
Commercial Opportunity
Conclusion and Q&A

Hematology development pipeline

Phase 1

BCMAxCD3 (REGN5459)
anti-HLA desensitization in CKD, Lupus

Factor IX†
Gene Insertion Viral + CRISPR LNP
Hemophilia

Factor XII (ALN-F1202)*
siRNA
Anticoagulation

Factor XII (REGN9533)
Anticoagulation

ALN-CFB (CFB siRNA)*
PNH

Phase 2

Factor XI (REGN9933^{A2})
SPAF

TMPRSS6 (REGN7999)
Beta Thalassemia

Phase 3

Factor XI (REGN7508^{Cat})
Post-Op VTE

Nex-z (TTR, NTLA-2001)†
Gene Editing
Amyloidosis‡

cemdisiran (C5 siRNA)*
gMG

cemdisiran (C5 siRNA) **± pozelimab (C5** antibody)*
dAMD

cemdisiran (C5 siRNA) **+ pozelimab (C5** antibody)*
PNH

Approved

Veopoz (pozelimab-bbfg) Injection

Heme Malignancies | **Coagulation** | **Transplantation & Immunomodulation** | **Complement** | **Other**

Pipeline reflects the most advanced clinical phase for each asset

Developed in agreement with: *Alnylam; †Intellia; ‡On U.S. FDA clinical hold.

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Heme-Onc development pipeline

Phase 1	Phase 2	Phase 3	Approved
CD38xCD28 (REGN7945) *Costimulatory Bispecific Ab* Multiple myeloma		**linvoseltamab (BCMAxCD3, REGN5458)** Multiple Myeloma, AL Amyloidosis	LYNOZYFIC™ (linvoseltamab-gcpt) Injection 5mg | 200mg
CD22xCD28 (REGN5837) *Costimulatory Bispecific Ab* Lymphoma		**odronextamab (CD20xCD3)** Lymphoma	Ordspono™ (odronextamab) Injection 2mg | 80mg | 320mg (EU only)

Heme Malignancies | **Coagulation** | **Transplantation & Immunomodulation** | **Complement** | **Other**

Pipeline reflects the most advanced clinical phase for each asset

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

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Commercial Opportunity

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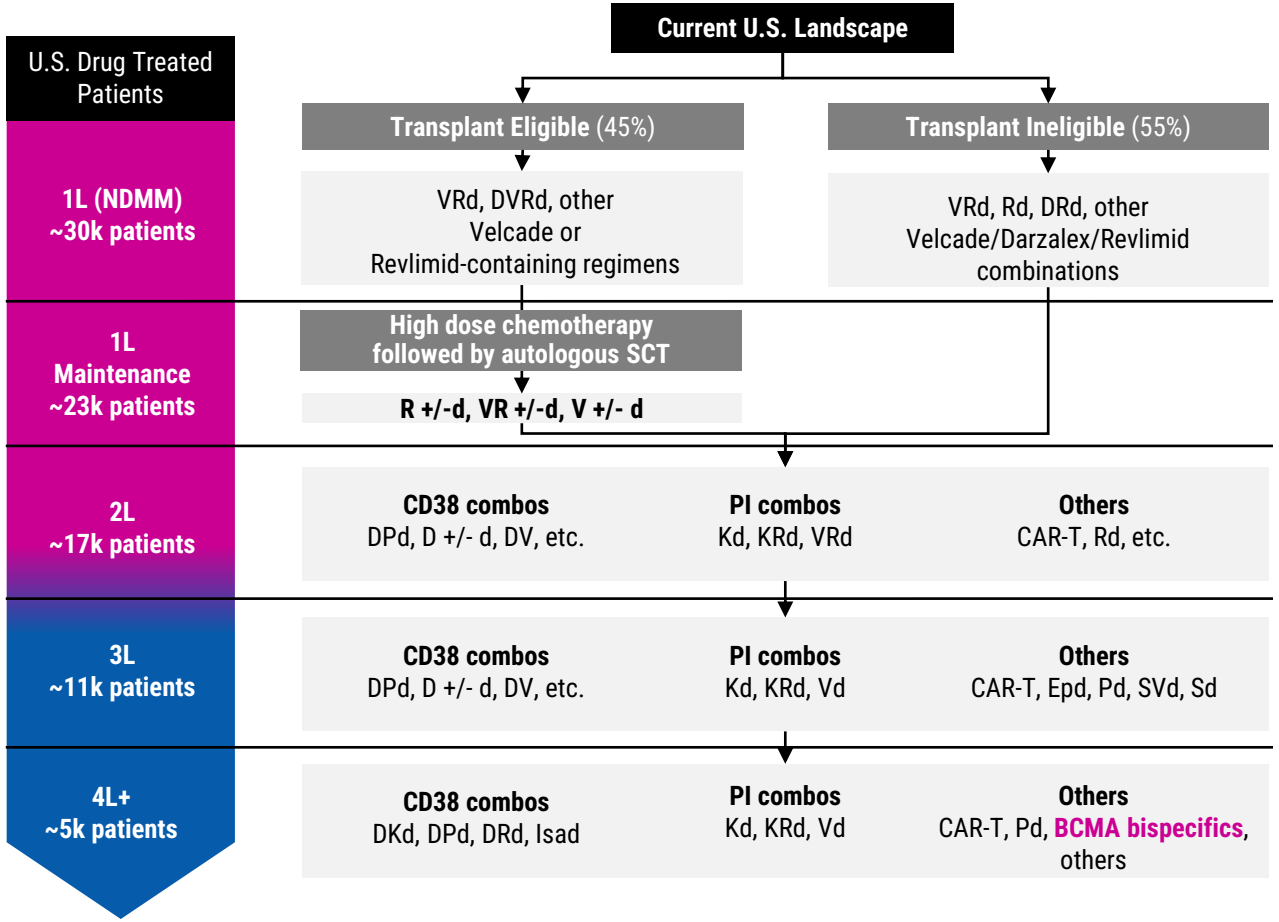
Current Multiple Myeloma treatment landscape

Complex and crowded treatment landscape provides opportunity to simplify treatment algorithm



- Existing multiple myeloma treatment landscape is **highly complex**, with treatment complexity increasing in each line of therapy
- Standard-of-care treatment becomes increasingly unclear beyond 2L setting, in part due to lack of head-to-head data between complex, toxic, multi-drug regimens
- There is high unmet need in myeloma for **simplified, effective treatment options**

D: daratumumab (Darzalex); K: carfilzomib (Kyprolis); V: bortezomib (Velcade); R: lenalidomide (Revlimid); P: pomalidomide (Pomalyst/Imnovid); d: dexamethasone; E: elotuzumab (Empliciti); Isa: isatuximab (Sarclisa); S: Selinexor (Xpovio); NDMM: newly-diagnosed multiple myeloma; SCT: stem cell transplant; PI: proteasome inhibitor.

Lynozyfic strategy and long-term vision

Unlocking long-term value by redefining multiple myeloma treatment and prevention

Establish

- Build market share in late-line myeloma through positive treatment experiences for patients and physicians
- Supported by best-in-class late-line data among BCMA bispecifics

Advance

- Move to earlier lines of treatment with differentiated, simplified, patient-centric regimens
- Emerging clinical data supports earlier-line opportunities

Prevent

- Differentiated strategy to address precursor conditions and prevent progression to myeloma
- Initial clinical data suggest paradigm-changing potential for Lynozyfic in precursor setting (HRSMM, ALA)

Lynozyfic Vision

Transform the multiple myeloma treatment paradigm with convenient, simplified and less intense treatment regimens that increase physician optionality and provide **deep and durable responses** to early-line patients and ultimately **prevent progression** to malignant disease by treating precursor conditions

HRSMM: high-risk smoldering multiple myeloma; ALA: amyloid light chain amyloidosis.

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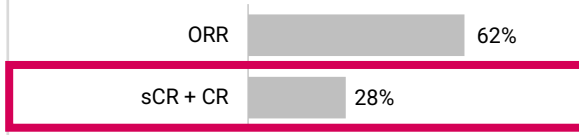
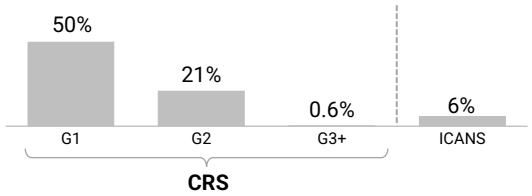
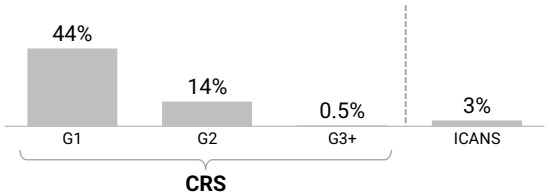
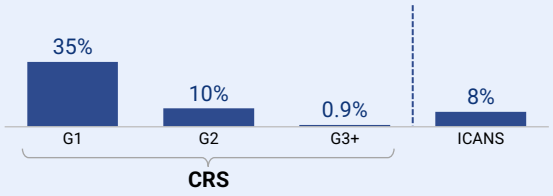
R/R Multiple Myeloma: Lynozyfic provides a differentiated and compelling clinical profile in the BCMA bispecific class

There are no randomized, head-to-head clinical trials between these products. Study data being provided for descriptive purposes only. Caution is advised when drawing conclusions based on cross-trial comparisons.

	Teclistamab – *FDA Approved* (per U.S. FDA Prescribing Information§)	Elranatamab – *FDA approved* (per U.S. FDA Prescribing Information§)	**Lynozyfic** – *Now FDA approved* (per U.S. FDA Prescribing Information§)
Efficacy	 Follow-up 7.4-months among responders	Follow-up 11.1-months among responders	Follow-up 11.3-months among responders
Safety	 CRS median time to onset: 2 days median duration: 2 days	 CRS median time to onset: 2 days median duration: 2 days	 CRS median time to onset: 11 hours median duration: within 15 hours
Hospitalization, Administration & Dosing schedule	x 6 days 3 X 48-hr hospitalization requirements during step-up dosing (over initial **~9 days)** **Subcutaneous** (by HCP only) **QW** → **Q2W** Week 1 - 6 months; 6+ months (≥CR only)	x 3 days 1 X 48-hr + 1 X 24-hr hospitalization requirements during step-up dosing (over initial **~5 days)** **Subcutaneous** (by HCP only) **QW** → **Q2W** → **Q4W** Weeks 1-24; Weeks 25-48 (responders); Weeks 49+ (responders)	**x 2 days** 1 X 24-hrs in W1 + 1 x 24-hrs in W2; Hospitalized for 1 day during step-up dosing on **Day 1 & Day 8** **Intravenous** (Week 3+ = 30-min†) **QW** → **Q2W** → **Q4W** Weeks 1-14; Weeks 15-23; Week 24+ if VGPR+

Not full safety profile. Please refer to U.S. FDA prescriber information and Regeneron's disclosures for further details

§US PI as of December 2025 † 4 hours for step-up doses and first full dose, 1 hour for second full dose, then 30-min as long as patient tolerability allows.
ORR: overall response rate; (s)CR: (stringent) complete response; CRS: cytokine release syndrome; ICANS: immune effector cell-associated neurotoxicity syndrome; VGPR: very good partial response.
Lynozyfic is FDA-approved under accelerated approval based on response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).

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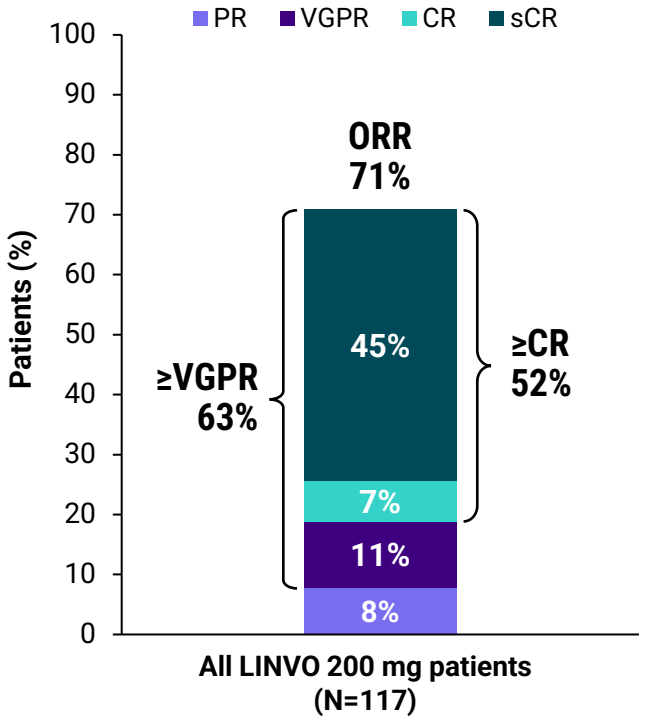
R/R MM: Responses deepen with additional follow up

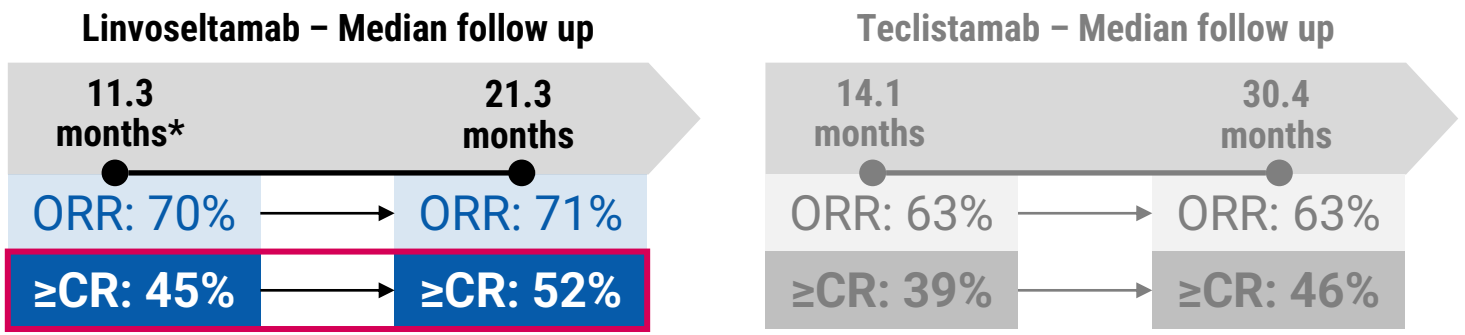
Improving ORR and ≥CR observed in LINKER-MM1 and across the BCMA bispecific class

LINKER-MM1 Overall Response Results presented at IMS 2025



Median follow up: 21.3 months

Across the BCMA bispecific class, responses deepen as follow up increases



- In the registrational LINKER-MM1 study, highly refractory patients (median 5 prior therapies) demonstrated rapid and durable responses
- Median time to respond was **<1 month**, with median duration of **29 months**
- Linvoseltamab maintained a generally manageable safety profile at 21.3 months of median follow up, including **decreased infection risk** over time and no new safety signals
- Rapid and deepening responses in late-line patients support the potential for linvoseltamab treatment in earlier lines of therapy based on strong early efficacy signals

*Data included on USPI
R/R MM: relapsed/refractory multiple myeloma; VGPR: very good partial response; PR: partial response; IMS: International Myeloma Society

R/R MM: Confirmatory phase 3 study fully enrolled

LINKER-MM3 evaluating Lynozyfic monotherapy compared to EPd, with data anticipated in 2027

	Line of therapy U.S. treated population	**Study**	**Phase 1**	**Phase 2**	**Phase 3**
R/R Multiple Myeloma	**Third line+** ~5,000 in 4L+/ ~11,000 in 3L	**LINKER-MM1** (Linvo mono) *NCT03761108*	Pivotal Phase 1/2		
		LINKER-MM3 (Linvo vs. EPd) *NCT05730036*	Confirmatory Phase 3 fully enrolled		
		COSTIMM (Linvo + CD38xCD28) *NCT06669247*	FIH Phase 1/2		

Registrational study supported accelerated approval in US & conditional approval in EU

Confirmatory study; **data anticipated in 2027**

Patient population

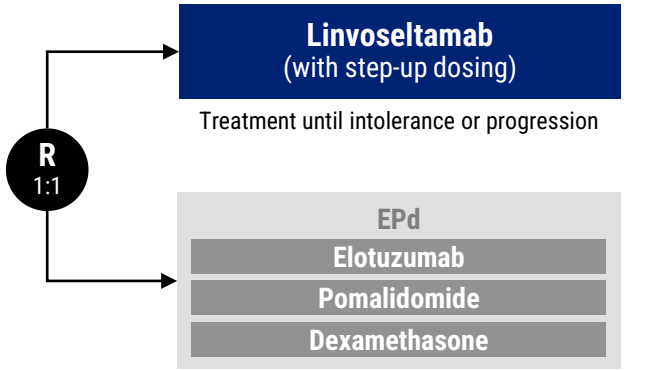
N≈410

Key eligibility criteria

- 1–4 prior lines of MM therapy; prior anti-CD38 antibody treatment is permitted

Hospitalization requirements

- 24 hours after each step-up dose



(**Comparator:** ORR: 53%, CR: 8%, mPFS: 10.4 months)

Primary endpoint

- PFS in CD38 antibody exposed participants

Key secondary endpoints

- Progression-free survival
- Complete response rate (per IRC)
- Overall survival
- MRD negativity
- Change in pain symptoms

FIH: first in human; IRC: independent review committee; PFS: progression-free survival; MRD: minimal residual disease; R: randomization

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Commercial Opportunity

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Early Line MM: Advancing with monotherapy and differentiated Lynozyfic combinations

Best-in-class late-line results and encouraging early-line data highlight significant potential for linvoseltamab in earlier treatment settings

	Line of therapy U.S. treated population		Study	Phase 1	Phase 2	Phase 3
Multiple Myeloma Incidence: U.S. ~36,000 WW >187,000	**Second line** ~17,000		**LINKER-MM2** (cohorts of Linvo + other therapies) *NCT05137054*	Phase 1/2		
			LINKER-MM5 (Linvo +/- Carfilzomib vs. SoC) *NCT07222761*			Phase 3
	First line ~25,000	**Newly Diagnosed MM (Window of Opportunity)**	**LINKER-MM4** (Linvo mono in TE & TIE) *NCT05828511*	Phase 1/2		
		First line Transplant Ineligible (TIE) ~13,000	**LINKER-MM6** (Linvo Mono after DRd vs. DRd in TIE)			Phase 3
		First line Transplant Eligible (TE) ~12,000	**LINKER-MM8** (Linvo combinations vs. SoC ASCT) 1L TE			Phase 3
			LINKER-MM7 (Linvo Maintenance Post-ASCT vs. SoC) 1L TE			Phase 3

Emerging early data suggest potential for profound efficacy in earlier line settings

2L+: Lynozyfic + carfilzomib demonstrated **90% ORR / 76% ≥CR** with 14.8 months median follow up

1L: Lynozyfic monotherapy demonstrated **≥70% VGPR or better** in newly-diagnosed patients with limited follow up; responses deepening over time

First & only BCMA bispecific evaluating monotherapy after short course SoC debulking therapy for 1L transplant-ineligible patients

Differentiated strategy in 1L transplant-eligible patients evaluating less intense regimens with transplant or as an alternative to transplant

MM: multiple myeloma; SoC: standard of care; ASCT: autologous stem cell transplant; WW: worldwide

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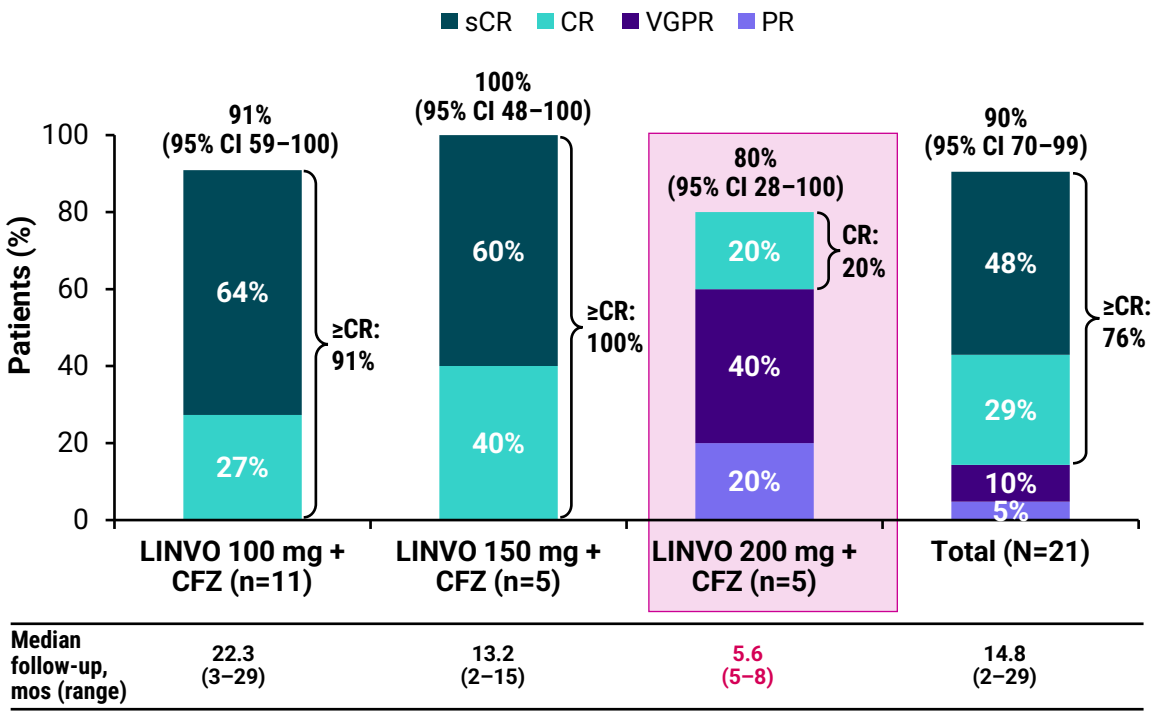
2L+ MM: linvoseltamab + carfilzomib demonstrated rapid and deep responses

Emerging Phase 2 data support advancement into pivotal Phase 3 LINKER-MM5 study evaluating linvoseltamab ± carfilzomib

Phase 2 LINKER-MM2 Results: Overall Response Presented at IMS 2025



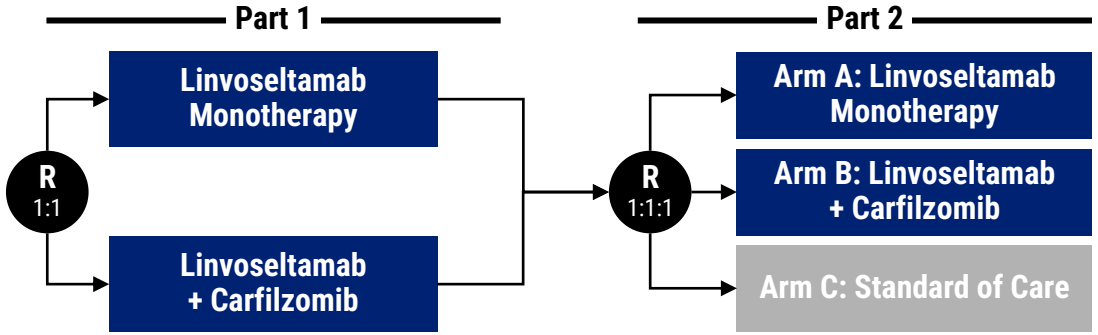
Expect responses to deepen over time

Rapid responses observed with median time to ≥PR of 1.9 months†

5 out of 7 MRD evaluable patients who achieved ≥VGPR were MRD negative at 10^{-5} sensitivity

Safety was generally consistent with expectations based on the known profiles of each drug*

Phase 3: LINKER-MM5: Study design overview



Treatment until intolerance or progression
(**Comparator:** ORR: 77-96%, CR: 13-29%, mPFS: 18-29 months)

Patient population
N≈ 30 Part 1; 885 Part 2

Key eligibility criteria
- 1-3 prior lines of therapy

Hospitalization requirements
- **Part 1:** 24 hours after each step-up dose
- **Part 2:** Outpatient monitoring

Primary endpoints
- **Part 1:** Safety and tolerability
- **Part 2:**
  - MRD negativity
  - Progression-Free Survival

Study to initiate in 1Q26 | Pivotal data readout anticipated in 2028

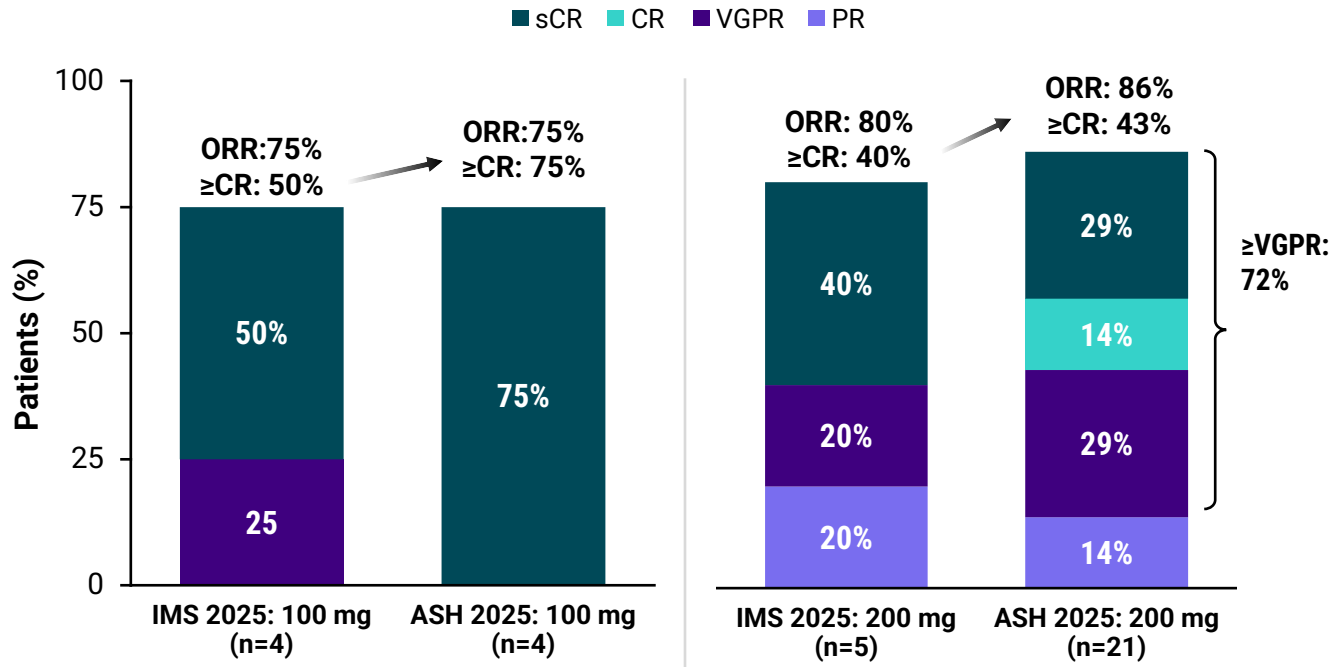
*One DLT (Gr4 thrombocytopenia) occurred in the study at 100mg dose during tumor lysis syndrome in patient with very elevated sFLC levels which fully resolved, treatment was resumed at the same dose in this patient; CRS, neutropenia, and infection were the most common TEAE's. †Among patients in the efficacy analysis who achieved a PR or better (n=19)
CFZ: carfilzomib; CI: confidence interval

NEW DATA

1L: Proof-of-concept data in NDMM support ambitions to advance into earlier line settings

Rapid and deep responses observed across dose levels in LINKER-MM4 study in newly-diagnosed patients

LINKER-MM4 Overall response per LINVO dose level*†
Presented at IMS 2025 & ASH 2025



	IMS 2025: 100 mg (n=4)	ASH 2025: 100 mg (n=4)	IMS 2025: 200 mg (n=5)	ASH 2025: 200 mg (n=21)
Median follow-up, mos (range)	9.5 (8.8-9.9)	15.4 (14.4–17.1)	5.3 (1.6-6.9)	9.2 (4.0–14.0)

Responses have deepened over time with increased follow up

- LINKER-MM4 is the **first clinical trial** to evaluate a BCMA bispecific as **monotherapy** in NDMM
- **Rapid responses:** Median time to a PR or better was **1.2 months**
- **Deep responses:** **≥70% VGPR or better** across all dose levels despite limited follow up; responses deepening over time which is expected to continue
- **MRD Negativity:** across dose groups, **95% (19/20)** patients who achieved ≥VGPR and had evaluable samples were MRD negative at 10^{-5} sensitivity
- Safety profile remained generally manageable with no new safety signals identified; no DLT's or Grade 5 TEAEs

- **Strength of data supports initiation of three pivotal Phase 3 studies in 1L setting:**
  1. **LINKER-MM6:** Lynozyfic monotherapy after SoC debulking in transplant-ineligible patients
  2. **LINKER-MM7:** Lynozyfic treatment for post-ASCT maintenance in transplant-eligible patients
  3. **LINKER-MM8:** Simplified Lynozyfic combination with or as an alternative to ASCT in eligible patients

*Assessed by the investigator per IMWG criteria[1]; †Includes one partial response at the end of treatment that was not subsequently confirmed.
1. Kumar S, et al. *Lancet Oncol* 2016;17(8):e328–46.
ASH: American Society of Hematology; CR, complete response; DLT: Dose-limiting toxicity; mos, months; ORR, objective response rate; PR, partial response; sCR, stringent complete response; TEAE: Treatment-emergent adverse events; VGPR, very good partial response.

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1L MM TIE: Differentiated monotherapy approach for transplant-ineligible patients in LINKER-MM6 study

Opportunity to dramatically simplify front-line TIE treatment with less intense Lynozyfic therapy treatment after SoC debulking regimen

Standard of Care

Treatment until Progression

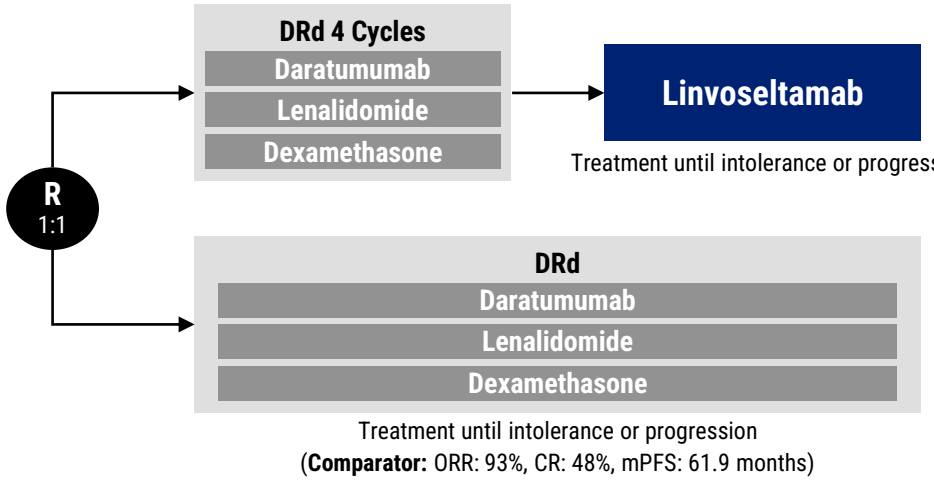
D-Rd *or* DRVd *or* VRd *or* Isa-RVd

Phase 3 LINKER-MM6

Patient population
N~1000

Key eligibility criteria
- Ineligible for HDT and ASCT
- No prior therapy for MGUS, SMM, or MM

Hospitalization requirements
- 24 hours after the first step-up dose



Primary endpoints
- MRD negativity
- PFS

Selected secondary endpoints
- Overall survival
- CR, VGPR, PR

Linvoseltamab is the first and only BCMA bispecific being evaluated as a monotherapy in this setting to potentially provide a simpler, less intense and more convenient administration for patients; sequencing after 4 debulking cycles may help improve safety without compromising efficacy

Study now enrolling with potentially registrational MRD data anticipated in 2028

Sponsored by the European Myeloma Network
HDT: high dose therapy; MGUS: monoclonal gammopathy of unknown significance; SMM: smoldering multiple myeloma.

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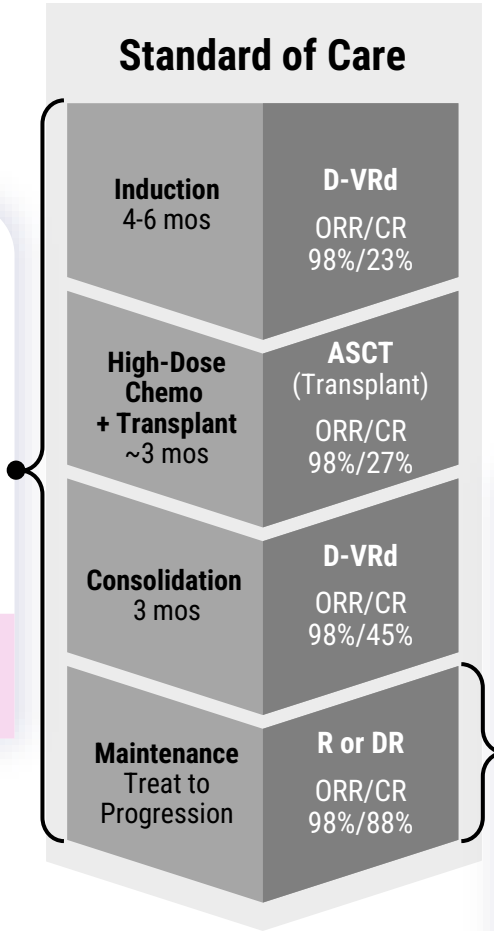
1L MM TE: Revolutionizing treatment through simplification, less intense treatment and as an alternative to ASCT

Strength of data supports potential to drastically simplify front-line treatment with less intense combinations

Phase 3 LINKER-MM8

Evaluating linvoseltamab combination regimens with ASCT (before and after) and as an alternative to ASCT with a differentiated approach, making linvoseltamab one of only two BCMA bispecifics exploring ASCT replacement to provide greater patient and physician flexibility

Study initiation planned in 1H 2026



mPFS Not Reached (84.3% @ 4 years)

Phase 3 LINKER-MM7

Evaluating linvoseltamab in the maintenance setting with a less-intense, fixed-duration regimen designed to provide a differentiated option that maintains efficacy while enabling a longer treatment-free period for patients

Study initiation planned in 1H 2026

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Precursor conditions and amyloidosis: pioneering the next frontier

Potential to prevent progression and unlock new treatment opportunities for linvoseltamab beyond malignant multiple myeloma

	Line of therapy U.S. population	**Study**	**Phase 1**	**Phase 2**	**Phase 3**	
Smoldering MM	**HR SMM,** incidence ~1,400	**LINKER-SMM1** (Linvo mono) *NCT05955508*	Phase 2			Emerging data suggest robust efficacy in HR-SMM with deepening responses
		LINKER-SMM2 (Linvo vs. Dara)	Phase 3			Pivotal H2H study vs. Darzalex planned to begin **1H 2026**
MGUS / NHR-SMM	**Symptomatic MGUS,** prevalence 3,000 – 6,000 **NHR-SMM,** prevalence ~3,600	**LINKER-MGUS1** (Linvo mono) *NCT06140524*	Phase 2			Goal of preventing progression and potentially eliminating MM with prophylactic treatment
ALA	**2L Newly R/R+** ~1,800	**LINKER-ALA2** (Linvo mono) *NCT06292780*	Phase 1/2 Pivotal			Early results demonstrated profound and rapid reductions in FLC

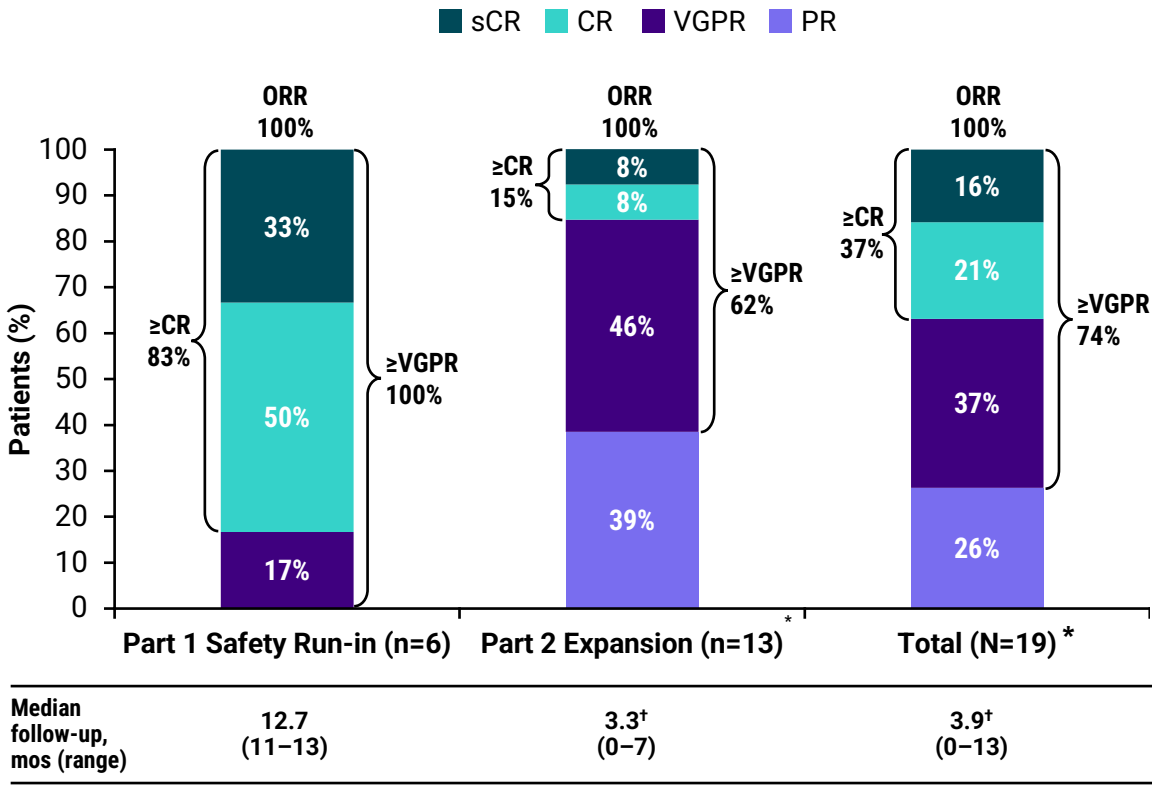
Emerging data in precursor conditions compares favorably to data generated by competitors and supports differentiated strategy with the potential to **completely eliminate multiple myeloma** with early treatment to prevent progression to malignant disease

NHRS-MM: non-high-risk smoldering multiple myeloma; H2H: head-to-head; FLC: free light chain

Precursor conditions: rapid and deep responses in High-Risk Smoldering Multiple Myeloma (HRSMM)

Daratumumab monotherapy demonstrated 9% CR at 65.2 months median follow-up in patients with HRSMM

LINKER-SMM1 Overall response (LINVO 200mg)
Presented at IMS 2025



Median follow-up, mos (range)	12.7 (11–13)	3.3† (0–7)	3.9† (0–13)

12 of 12 patients who achieved ≥VGPR & had evaluable samples were MRD negative at 10^{-6} sensitivity

- Initial data from LINKER-SMM1 in high-risk smoldering multiple myeloma patients demonstrated **nearly 40% ≥CR** at **less than 4 months** of follow up
- In patients with longer follow up (Part 1; 12.7 months), linvoseltamab monotherapy achieved **100% ≥VGPR**
- Pivotal H2H study vs. daratumumab expected to begin enrollment in **1H 2026**
- Linvoseltamab also being evaluated in MGUS; proof-of-concept study enrolling with initial data expected in **2026**

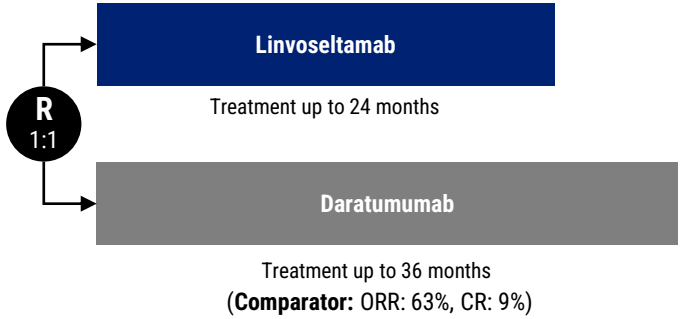
Phase 3 LINKER-SMM2

Patient population
N≈270

Key eligibility criteria
- High-risk SMM for ≤2 years and confirmed at screening

Primary endpoints
- Biochemical PFS (BIRC)
- Clinical PFS (BIRC)

Selected secondary endpoints
- MRD negative CR status
- OS



Hospitalization requirements
- 24 hours after each step-up dose

*Not included: n=5 not evaluable; †Median follow-up is for all patients in full analysis set (N=24; Part 1, n=6; Part 2, n=18)
BIRC: blinded independent review committee; OS: overall survival.

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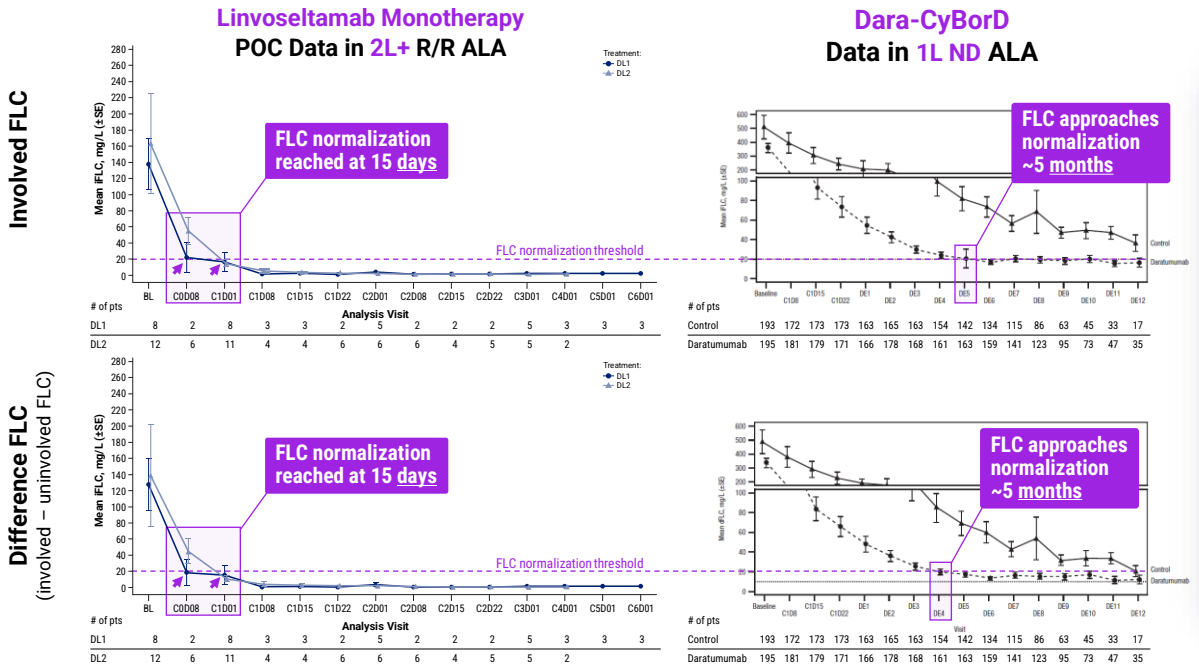
Expanding development to AL Amyloidosis

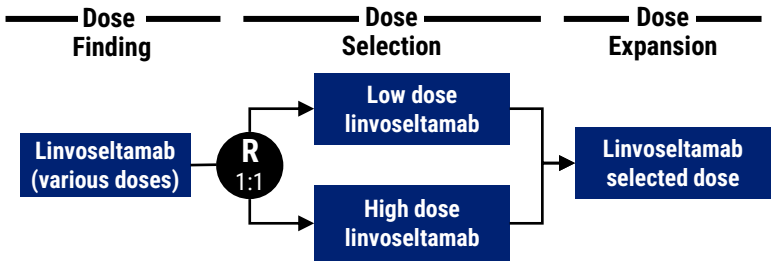
Encouraging early data highlight potential for linvoseltamab monotherapy to treat AL Amyloidosis

- Linvoseltamab has the potential to be a best-in-class treatment for ALA based on encouraging data emerging from ongoing study
- Linvoseltamab monotherapy showed rapid and deep reduction of involved FLC in 2L+ R/R ALA by **Day 15** following step-up; Darzalex quadruplet regimen took **~5 months** to achieve similar levels of FLC reduction in 1L patients

- Pivotal LINKER-AL2 study is enrolling with pivotal data anticipated in **2029**
- Differentiated strategy may allow linvoseltamab to address an area with significant unmet need and supports ambition to reshape treatment of multiple myeloma and related conditions



Phase 1/2 LINKER-AL2



Patient population

N≈160 – 220

Key eligibility criteria

- Confirmed diagnosis of AL amyloidosis and measurable disease
- ≥1 prior therapy

Primary endpoints

- **Phase 1:** Incidence of DLTs through to day 28
- **Phase 2:** IRC-assessed CR

Selected secondary endpoints

- **Phase 2:**
- Frequency and severity of TEAEs, AESIs, and SAEs
- IRC-assessed achievement of ≥VGPR, ≥PR
- PFS, DoR

FLC: free light chain; CyBorD: cyclophosphamide, bortezomib, and dexamethasone; DLTs: dose-limiting toxicities; TEAEs: treatment-emergent adverse events; AESIs: adverse events of special interest; SAEs: serious adverse events; DoR: duration of response; C: cycle; D: day; DL: dose level; POC: proof-of-concept

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REGENERON ROUNDTABLE – Lynozyfic

Regeneron’s Hematology and Heme-Onc Pipeline

Current Multiple Myeloma Treatment Landscape & Lynozyfic Strategy

Late Line: Lynozyfic Approved in R/R Multiple Myeloma

Early Line: Advancing to 1L & 2L Therapy in Myeloma

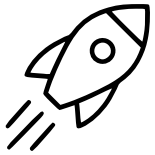
Precursor Conditions: Lynozyfic as Prevention

Commercial Opportunity

Conclusion and Q&A

Positive leading indicators for Lynozyfic launch

Strong physician reception in late-line setting supported by differentiated clinical and convenience profile

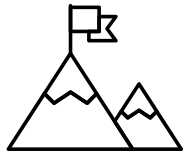


Robust enrollment in Lynozyfic REMS program

Over 300 institutions have enrolled in the Lynozyfic REMS program

Strong early formulary adoption with several wins at key institutions

Lynozyfic now added to **35+ formularies** and is the **preferred BCMA** bispecific at a large institution



Favorable hospitalization and dosing requirements supporting adoption

Clinical profile is the primary differentiator; significant positive feedback on **patient-centric hospitalization requirements and dosing**

REMS: risk evaluation and mitigation strategies

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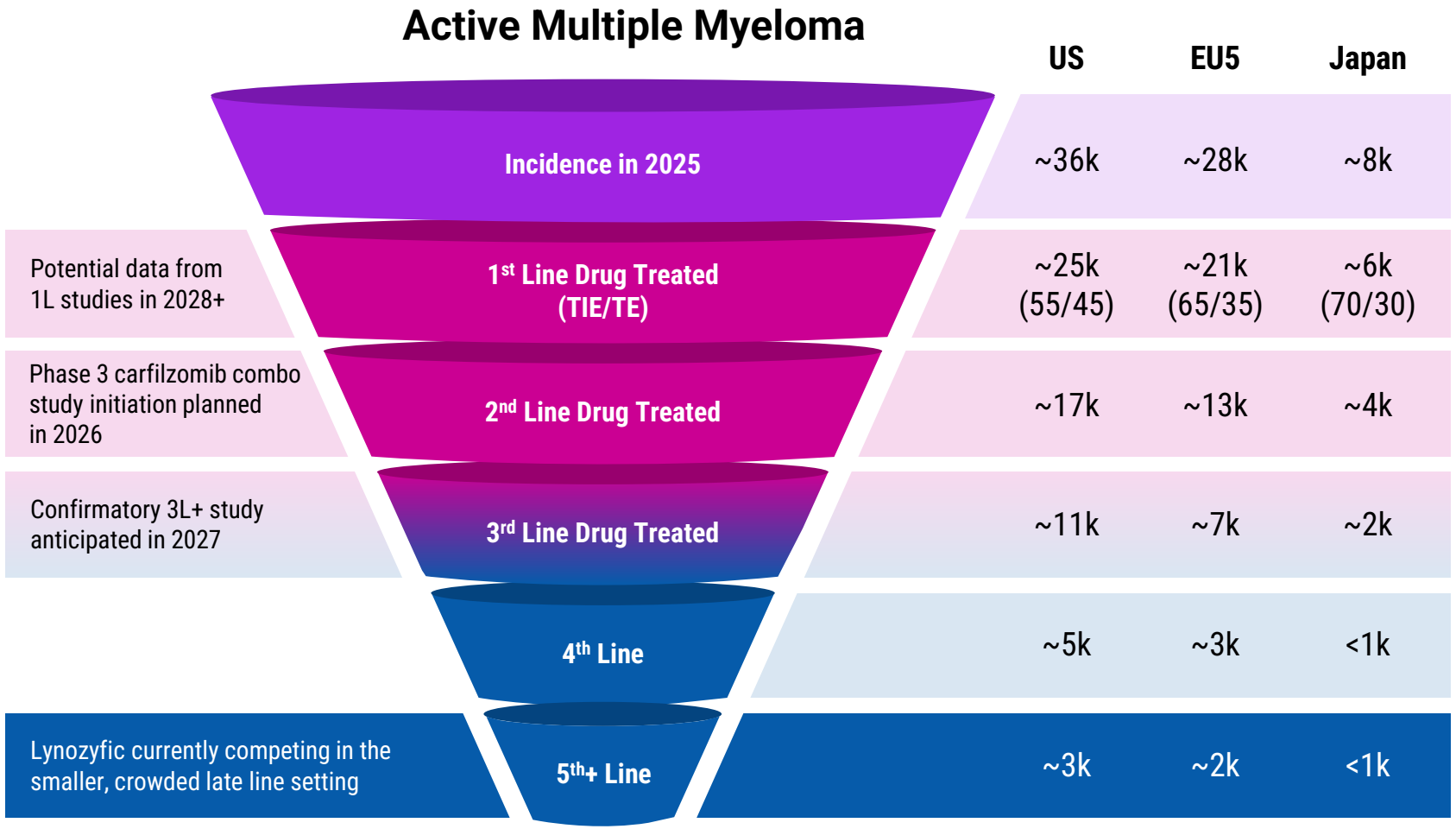
Significant market opportunity in multiple myeloma

Lynozyfic has the potential to become a significant portion of the $30B+ multiple myeloma market by advancing through lines of therapy



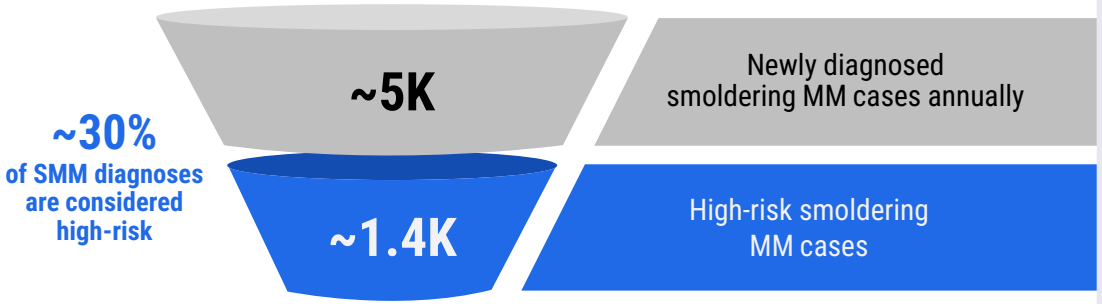
- Current estimated MM market size: **$30B+** and growing
- Opportunity expands as Lynozyfic moves to earlier lines of therapy
- First- and second-line settings each represent **$10B+ markets** in 2025
- Late-line approval allows Lynozyfic to build physician experience, potential earlier line approvals to drive growth and value

Unlocking new markets: precursor disease & amyloidosis

First BCMA bispecific to target precursor conditions with the goal to potentially prevent multiple myeloma entirely

Hish-Risk Smoldering Multiple Myeloma

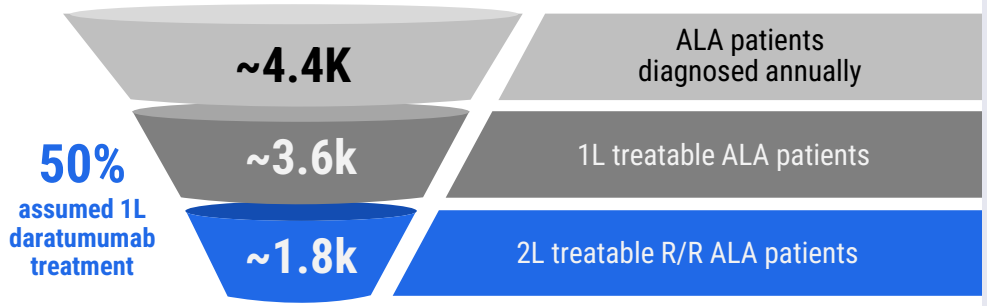
U.S. Opportunity



- Current SoC: lenalidomide ± dexamethasone
- Phase 3 study to initiate in 1H 2026
- Data expected: 2030
- Opportunity to significantly improve on SoC treatment options

AL Amyloidosis

U.S. Opportunity



- Pivotal study enrolling
- Data expected: 2029
- Opportunity to significantly improve on daratumumab treatment in ALA

Paradigm-changing potential could create opportunity to significantly expand addressable market and generate meaningful revenue

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REGENERON ROUNDTABLE – Lynozyfic

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Current Multiple Myeloma Treatment Landscape & Lynozyfic Strategy

Late Line: Lynozyfic Approved in R/R Multiple Myeloma

Early Line: Advancing to 1L & 2L Therapy in Myeloma

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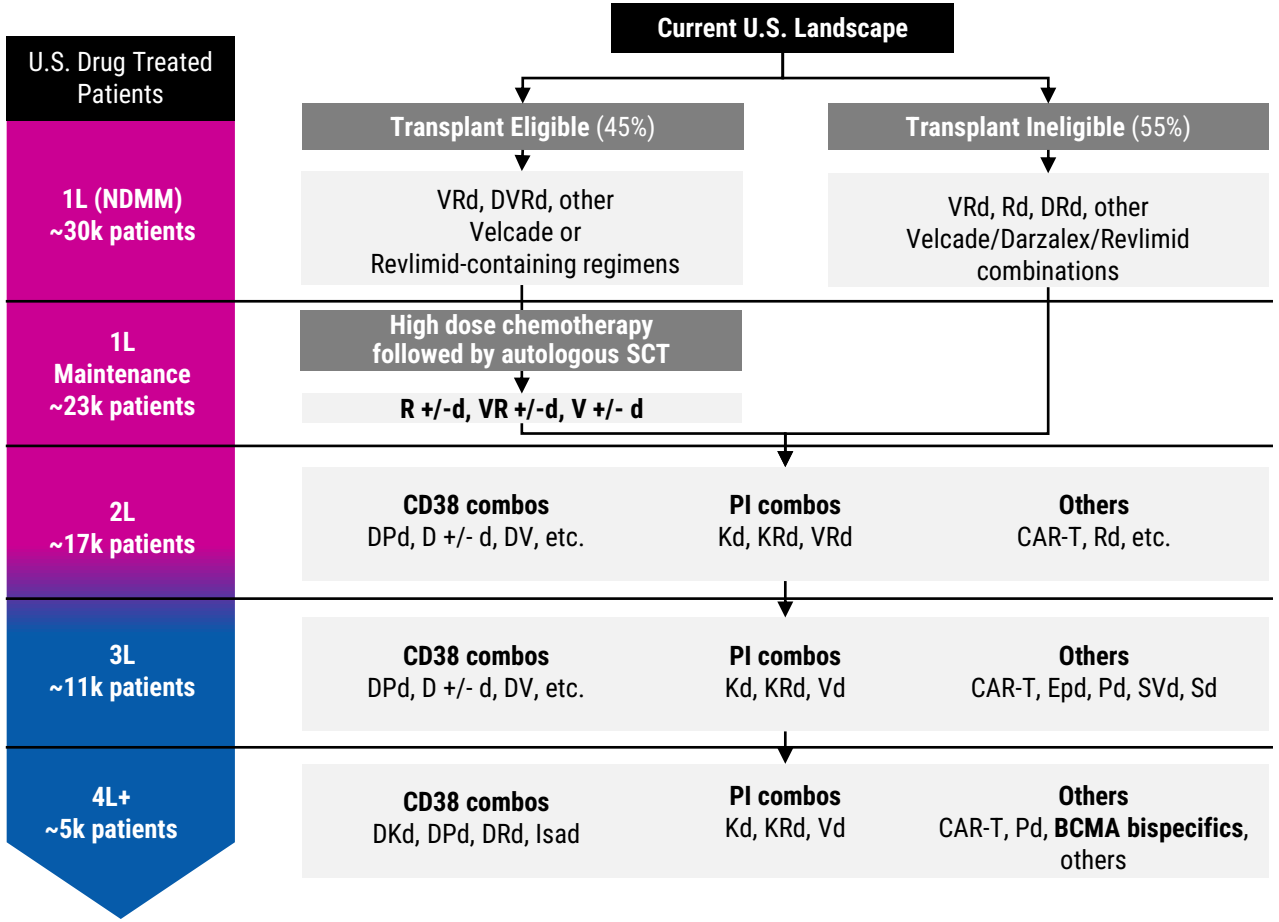
Current Multiple Myeloma treatment landscape

Complex and crowded treatment landscape provides opportunity to simplify treatment algorithm



Linvoseltamab value proposition

1L: Improve patient options with simpler and less intense regimens while maintaining efficacy and increasing physician flexibility

TE: Potential for enhanced efficacy with ASCT or as ASCT alternative

TIE: Potentially simpler, less intense and more convenient option

Maintenance: Potential for simpler, less intense and more patient friendly regimen

2L: Differentiated combination with proteasome inhibitor provides highly efficacious treatment option for CD38 exposed or refractory patients

3L+: Highly efficacious monotherapy regimen for multi-refractory patients

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Comprehensive development plan across disease spectrum

Numerous pivotal studies planned or ongoing, with multiple readouts expected through 2027–2030 to support paradigm-shifting potential and a significant commercial opportunity

	Indication/ Setting	Study Name	Phase	Target Enrollment	Status	Registrational	Monotherapy or combination	Comparator	Dose duration	MRD-negativity results	PFS results
Late Line MM	4-5L RRMM	LINKER-MM1	Phase 1/2	387	Approved in EU & US	✓	Monotherapy	N/A	TTP	Complete	Complete
	3L+ RRMM	LINKER-MM2	Phase 1	317	Ongoing umbrella study		Combinations with multiple SoC	N/A	TTP	Ongoing	Ongoing
	3L+ RRMM	LINKER-MM3*	Phase 3	410	Fully enrolled	✓	Monotherapy	EPd	TTP	2027*	2027
	3L+ RRMM	COSTIMM	Phase 1	186	Enrolling		Combination with CD38xCD28	Linvo monotherapy	TTP	Ongoing	Ongoing
Early Line MM	2L+ RRMM	LINKER-MM5*	Phase 3	30 (Part 1) 885 (Part 2)	Initiating 1Q 2026	✓	Monotherapy & combination with carfilzomib	Physicians choice SoC	TTP	2028*	2030
	1L NDMM	LINKER-MM4	Phase 1/2	132	Enrolling; data presented at ASH 2025		Monotherapy	N/A	Fixed	Ongoing	Ongoing
	1L TIE	LINKER-MM6*	Phase 3	1,000	Enrolling	✓	Monotherapy (after SoC debulking)	DRd	TTP	2028*	2030
	1L TE MM	LINKER-MM7*	Phase 3	TBD	Initiating 1H 2026	✓	Monotherapy	SoC	Fixed	2028*	2030
	1L TE MM	LINKER-MM8*	Phase 2/3	TBD	Initiating 1H 2026	✓	Combination	ASCT SoC	Fixed	2030*	2032
Myeloma Precursor / ALA	HR-MGUS / NHR-SMM	LINKER-MGUS1	Phase 2	116	Enrolling		Monotherapy	N/A	Fixed	Ongoing	Ongoing
	HRSMM	LINKER-SMM1	Phase 2	40	Enrolling		Monotherapy	N/A	Fixed	Ongoing	Ongoing
	HRSMM	LINKER-SMM2	Phase 3	270	Initiating 1H 2026	✓	Monotherapy	D	Fixed	N/A	2030‡
	ALA	LINKER-AL2	Phase 1/2	160 – 220	Enrolling	✓	Monotherapy	N/A	Fixed	N/A	2029†

***MRD-negativity expected to be registrational endpoint.** †Hematologic Complete Response is primary endpoint; ‡Biochemical PFS is primary endpoint.
TTP: treat to progression. Underline – linked to ClinicalTrials.gov; Timing of results are estimated

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Question & Answer Session

Regeneron Roundtable – Lynozyfic

George Yancopoulos
Board co-Chair
President
Chief Scientific Officer

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Andres Sirulnik
Senior Vice President
Clinical Development
Unit Head Hematology

REGENERON

Karen Rodriguez-Lorenc
Vice President
Malignant Hematology
Therapeutic Area Leader

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Justin Holko
Senior Vice President
Oncology & Hematology
Commercial

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