# Regeneron Corporate Presentation

February 2023

REGENERON®

This non-promotional presentation contains investigational data as well as forward-looking statements; actual results may vary materially.

# Note regarding forward-looking statements and 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) Injection, Libtayo® (cemiplimab) Injection, Praluent® (alirocumab) Injection, Kevzara® (sarilumab) Injection, Evkeeza® (evinacumab), Inmazeb® (atoltivimab, maftivimab, and odesivimab-ebgn), aflibercept 8 mg, pozelimab, odronextamab, itepekimab, fianlimab, garetosmab, linvoseltamab, REGN5713-5714-5715, Regeneron's other oncology programs (including its costimulatory bispecific portfolio), Regeneron's and its collaborators' earlier-stage programs (including,Regeneron's "next generation" COVID-19 antibody discussed in this presentation), and the use of human genetics in Regeneron's research programs; 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), including the studies discussed or referenced in this presentation, on any of the foregoing or any potential regulatory approval of Regeneron's Products and Regeneron's Product Candidates; 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; 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; 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; ongoing regulatory obligations and oversight impacting Regeneron's Products, research and clinical programs, and business, including those relating to patient privacy; the availability and extent of reimbursement of Regeneron's Products from third-party payers, including private payer 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 payers and new policies and procedures adopted by such payers; competing drugs and product candidates that may be superior to, or more cost effective than, Regeneron's Products and Regeneron's Product Candidates; the extent to which the results from the research and development programs conducted by Regeneron and/or its collaborators or licensees (including those discussed or referenced in this presentation) may be replicated in other studies and/or lead to advancement of product candidates to clinical trials or therapeutic applications; the ability of Regeneron to manufacture and manage supply chains for multiple products and product candidates; the ability of Regeneron's collaborators, licensees, suppliers, or other third parties (as applicable) to perform manufacturing, filling, finishing, packaging, labeling, distribution, and other steps related to Regeneron's Products and Regeneron's Product Candidates; unanticipated expenses; the costs of developing, producing, and selling products; the ability of Regeneron to meet any of its financial projections or guidance and changes to the assumptions underlying those projections or guidance; the potential for any license or collaboration agreement, including Regeneron's agreements with Sanofi and Bayer (or their respective affiliated companies, as applicable), to be cancelled or terminated; and risks associated with intellectual property of other parties and pending or future litigation relating thereto, other litigation and other proceedings and government investigations relating to the Company and/or its operations, the ultimate outcome of any such proceedings and investigations, and the impact any of the foregoing may have on Regeneron's business, prospects, operating results, and financial condition. 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 includes non-GAAP net income per diluted share, revenues excluding REGEN-COV, and net product sales growth on a constant currency basis for certain of Regeneron's Products, 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/or other items from the related GAAP financial measure. The Company also includes a non-GAAP adjustment for the estimated 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. Management uses this and other 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, such 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 such 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 30.

# REGENERON

## Executing on our core competencies

EYLEA®

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

DUPIXENT®

**~$8.7B** net product sales in 2022†

**Now approved** for 5 Type 2 allergic diseases

LIBTAYO®

Emerging portfolio of immuno-oncology antibodies

## Investing in Regeneron

Advancing a **best-in-class, diversified** pipeline based on innovation and strategic partnerships

Investing **~$4.3B** into R&D in 2023*

Announced new **$3B** share repurchase program in Feb 2023

(**nearly $10B** shares repurchased since Nov 2019, **~$2.1B** in 2022**)

## Looking ahead to the future

RGC™ Regeneron Genetics Center

driving new breakthroughs and target discovery

**~35 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

Alnylam® Intellia THERAPEUTICS CytomX THERAPEUTICS Decibel THERAPEUTICS BIONTECH



* Based on midpoint of most recent GAAP R&D guidance

† Sanofi records global net product sales of Dupixent

Note: Definitions for all abbreviations and acronyms in this presentation can be found on page 31

**~$745 million remaining in prior authorization as of December 31, 2022

# 2022 progress across key strategic priorities positions Regeneron to deliver long-term shareholder value

REGENERON
SCIENCE TO MEDICINE®

Positive aflibercept 8 mg data position retinal franchise for prolonged leadership

Exceptional Dupixent clinical profile and commercial execution, now approved to treat five Type 2 allergic diseases and in AD patients as young as 6 months

Strengthened immuno-oncology platform with Libtayo acquisition, advances for CD3 bispecifics, promising costimulatory bispecific data, and robust LAG-3 program

Potential breakthrough advance for COVID-19 treatment and prevention with a novel monoclonal antibody





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

# Delivering results across the organization

EYLEA®

LIBTAYO®

DUPIXENT®

**4Q 2022 Total Revenues**

**+14% YoY**

excluding REGEN-COV and Ronapreve*

**4Q 2022 Non-GAAP EPS***

**$12.56**

## Notable R&D Pipeline Advancements

EYLEA®

- BLA for aflibercept 8 mg in wAMD and DME submitted to FDA in December
- EC approval for EYLEA in ROP and sBLA under priority review for ROP (PDUFA Feb 11, 2023)

DUPIXENT®

- EC approval for PN and EoE, the first and only medicine indicated for these diseases in Europe
- Positive CHMP opinion for pediatric AD (6mos – 5 yrs) Submitted sBLA for CSU in December

- FDA approved Libtayo in combination with chemotherapy for 1L NSCLC
- Positive data presented for Odronextamab in B-NHL and Linvoseltamab in MM at ASH
- Initiated a Phase 3 study for fianlimab in 1L adjuvant melanoma

- ALN-PNP† dosed first patient in NASH

See reconciliation of non-GAAP measure on slide 30
†in collaboration with Alnylam



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# Meaningful advances across therapeutic areas in 2022

## Ophthalmology

### EYLEA (VEGF Trap)

- Received six months of **pediatric exclusivity**
- sBLA accepted for Priority Review in **Retinopathy of Prematurity**

### AFLIBERCEPT 8 MG (VEGF Trap)

- Positive pivotal data in **wet Age-related Macular Degeneration** and **Diabetic Macular Edema**
- BLA submitted, with priority review voucher

## Immunology

### DUPIXENT (anti-IL-4/IL-13)

- FDA and EC approval as **first and only** treatment indicated for **Prurigo Nodularis**
- FDA approval as **first treatment** indicated for **Eosinophilic Esophagitis**; recommended for EU approval by the CHMP
- FDA approval as **first biologic** for pediatric (6mos – 5yrs) **Atopic Dermatitis**
- EC approval in pediatric (6 – 11yrs) **Asthma**
- sBLA submitted for **Chronic Spontaneous Urticaria**

## Oncology

### LIBTAYO (anti-PD-1)

- FDA approval in combination with chemotherapy for **1L advanced NSCLC**
- EC and Japan approval in **2L Cervical Cancer**

### OTHER ONCOLOGY

- Positive data presented for fianlimab + Libtayo in advanced **Melanoma** and advanced **NSCLC**
- Initial data presented for **novel bispecifics in solid tumors** (METxMET, ubamatamab)
- First data for PSMAxCD28 + Libtayo showed encouraging anti-tumor activity in **mCRPC**
- Potentially pivotal Phase 2 data presented for odronextamab in **B-NHL** and linvoseltamab in **Myeloma**

## Broader Pipeline

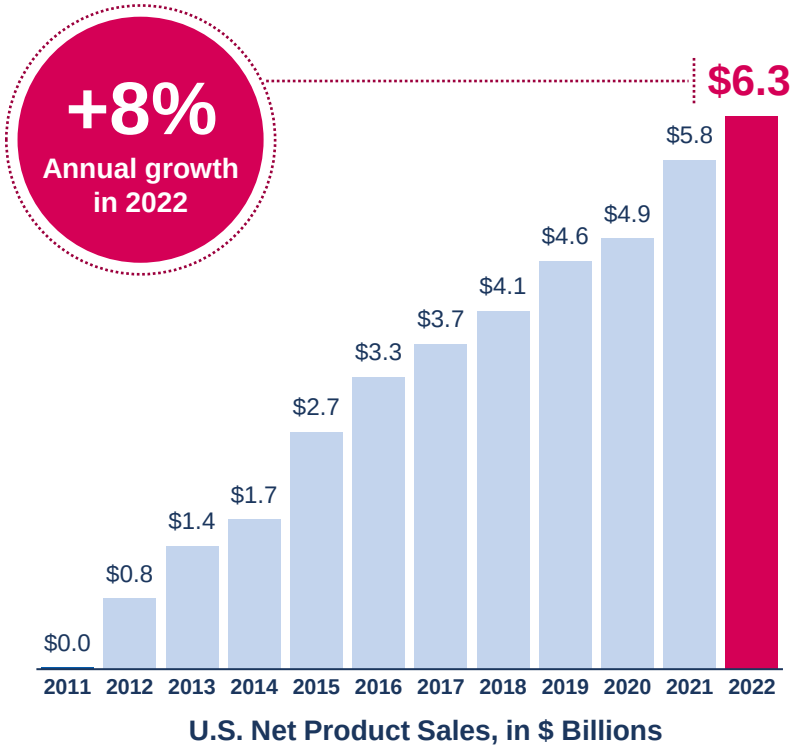
- sBLA accepted for priority review for Evkeeza in **pediatric HoFH**
- BLA submitted for pozelimab in **CHAPLE**
- Reported rapid, deep, and sustained TTR reduction after single dose of **NTLA-2001***
- Preliminary data reported for **siRNA for HSD17B13** in NASH showing robust target knockdown
- Discovered rare mutations in CIDEB gene that protect against liver disease; published in **NEJM**
- Inmazeb won prestigious “Best Biotechnology Product” Prix Galien award for treatment of **Ebola**



*in collaboration with Intellia

# Maintaining U.S. leadership with 2022 revenue growth continuing to outpace anti-VEGF category growth

Standard-of-care based on 11+ years of safety and efficacy experience, breadth of indications, and flexible dosing regimens




**#1 anti-VEGF treatment** for retinal diseases

- FY 2022 U.S. net product sales of $6.26B (+8% YoY)
- Q4 2022 U.S. net product sales of $1.50B (-3% YoY)
  - Negatively impacted by a short-term shift to off-label use of compounded Avastin
  - Temporary closing in Q4 2022 of fund that provides patient co-pay assistance
  - At the end of Q4 2022, EYLEA category share was approaching previous levels of approximately 50%

**~75% branded** category share in December 2022, consistent with prior 2022 quarters†

Demographic trends expected to drive future category growth

† Projected Vestrum Category (Injection) Share – Q4'22 Update. January 2023.

# Aflibercept 8 mg has potential to shift treatment paradigm; positions Regeneron's retinal franchise for prolonged leadership

**Aflibercept 8 mg** has the potential to become the next-generation standard-of-care anti-VEGF treatment

photon

pulsar

**Reducing treatment burden** for patients with wAMD and DME remains a **high unmet need**

If approved, patients eligible for aflibercept 8 mg could benefit from **extended dosing intervals**

**BLA submission completed in December 2022**

**Using priority review voucher to expedite FDA review**

**Pre-launch planning underway with potential FDA approval by late August 2023**



Aflibercept 8 mg is being jointly developed by Regeneron and Bayer AG. The lead sponsors of the trials were Regeneron for PHOTON and Bayer for PULSAR.

**Aflibercept 8 mg is an investigational product and has not been approved for use by any regulatory authority.**

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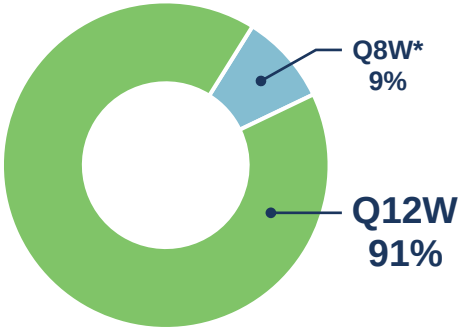
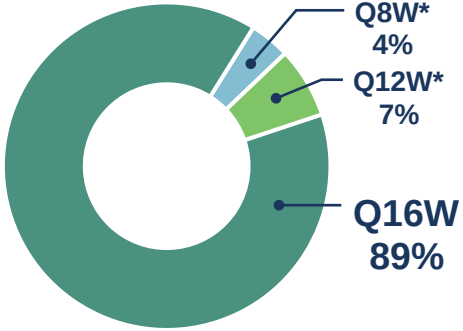
# 93% of aflibercept 8 mg DME patients maintained dosing intervals ≥12 weeks through week 48

Aflibercept 8 mg 12- and 16-week dosing regimens achieved non-inferior vision gains compared to aflibercept 2 mg 8-week dosing regimen

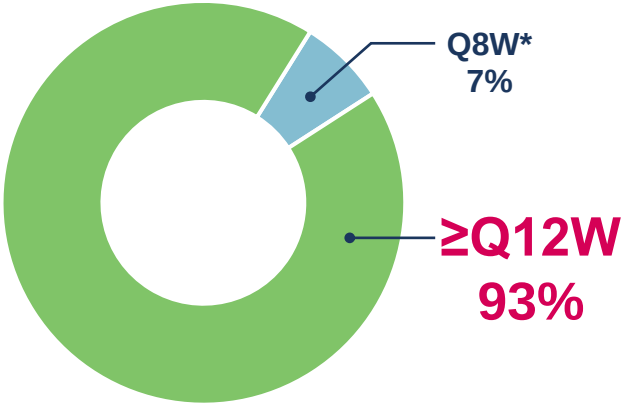
**Aflibercept 8 mg Q12W**
(N=300^)




**Aflibercept 8 mg Q16W**
(N=156^)




**Pooled Aflibercept 8 mg**
(N=456^)




**Safety of aflibercept 8 mg comparable to that of aflibercept 2 mg**

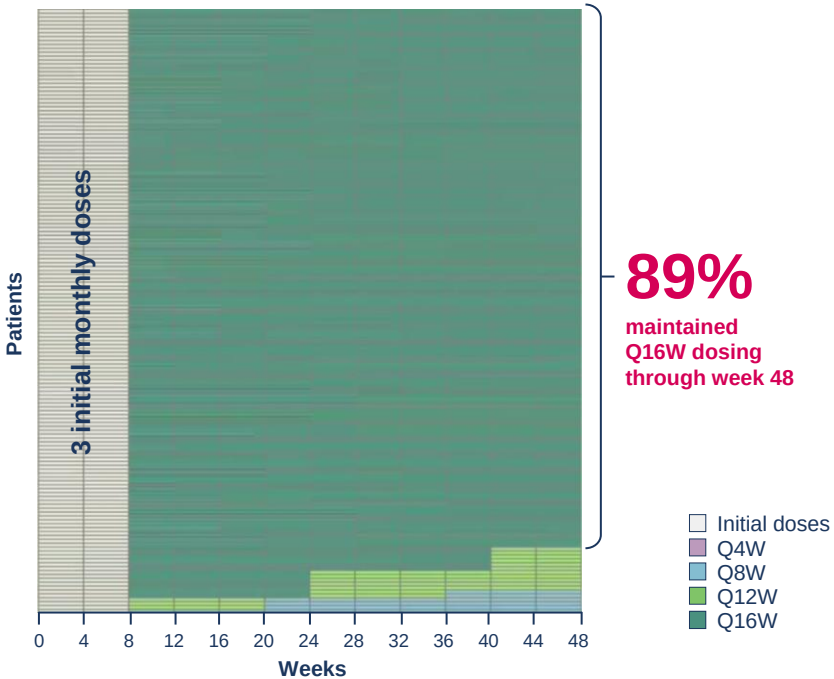
| Mean # of injections through week 48† | |
|---|---|
| Aflibercept 2 mg (Q8W) | 7.7 |
| Aflibercept 8 mg (Q12W) | 5.7 |
| Aflibercept 8 mg (Q16W) | 4.9 |

*Patients shortened based on dose-regimen modification assessments at some point through week 48. † aflibercept 2 mg Q8W n=167, aflibercept 8 mg Q12W n=328, aflibercept 8 mg Q16W n=163.
^Patients completing week 48

*This slide has been edited from its original version.*

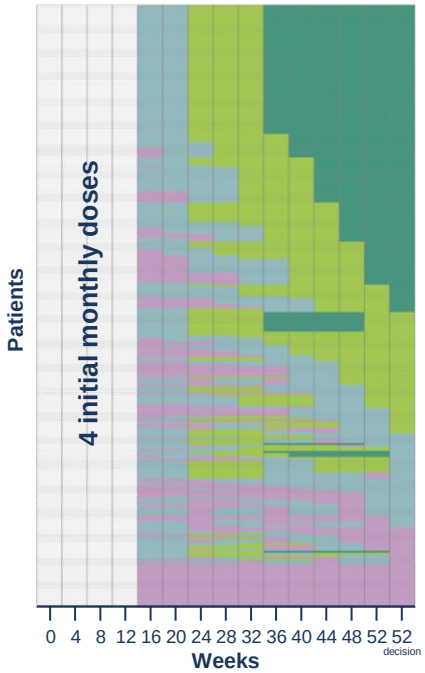
# Cross-trial comparison of aflibercept 8 mg and faricimab in DME patients

**Dosing intervals of DME patients randomized to aflibercept 8 mg Q16W arm (N=156) in PHOTON study, through 48 weeks**




**89%** maintained Q16W dosing through week 48

**Dosing intervals of DME patients randomized to faricimab 6 mg PTI arm (N=308) in RHINE study, through 52 weeks***




**Only ~2 in 10**
**completed a full Q16W dosing cycle at the end of Year 1**

- Interval extension was permitted notwithstanding a CST increase or decrease of ≤10% with up to a 10-letter loss of vision

**~4 in 10**
**never achieved, or were unable to maintain, dose extension in Year 1**

**7%** **remained on Q4W dosing throughout Year 1**

*Wycoff C et al. Efficacy, durability, and safety of intravitreal faricimab with extended dosing up to every 16 weeks in patients with diabetic macular oedema (YOSEMITE and RHINE): two randomised, double-masked, phase 3 trials. *Lancet* 2022; 399: 741–55. Colors modified for consistency.



**Aflibercept 8 mg is an investigational product and has not been approved for use by any regulatory authority.**
**No head-to-head data vs. faricimab available – caution advised when comparing results of different clinical studies. For descriptive purposes only.**

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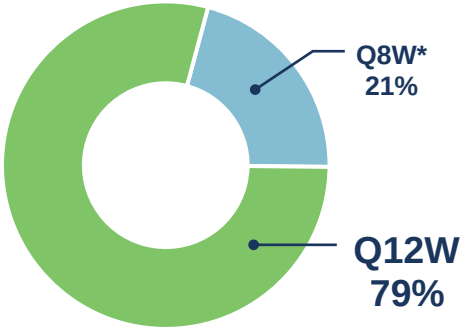
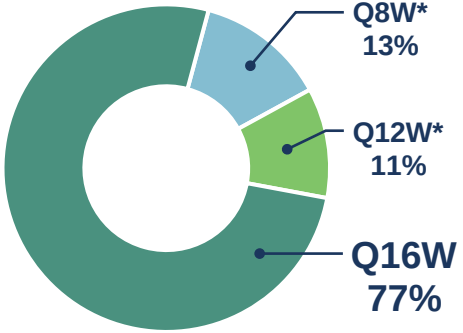
# 83% of aflibercept 8 mg wAMD patients maintained dosing intervals ≥12 weeks through week 48

Aflibercept 8 mg 12- and 16-week dosing regimens achieved non-inferior vision gains compared to aflibercept 2 mg 8-week dosing regimen

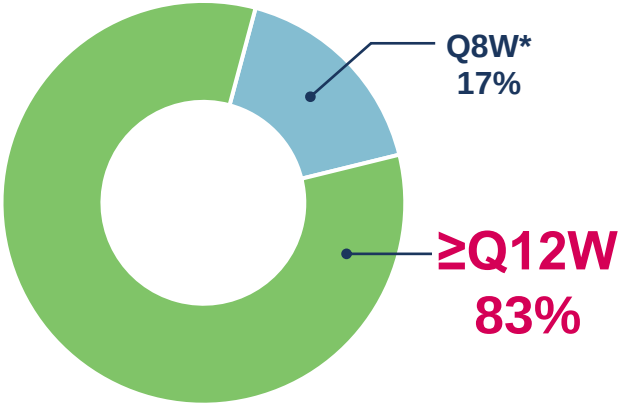
**Aflibercept 8 mg Q12W**
(N=316^)




**Aflibercept 8 mg Q16W**
(N=312^)




**Pooled Aflibercept 8 mg**
(N=628^)




**Safety of aflibercept 8 mg comparable to that of aflibercept 2 mg**

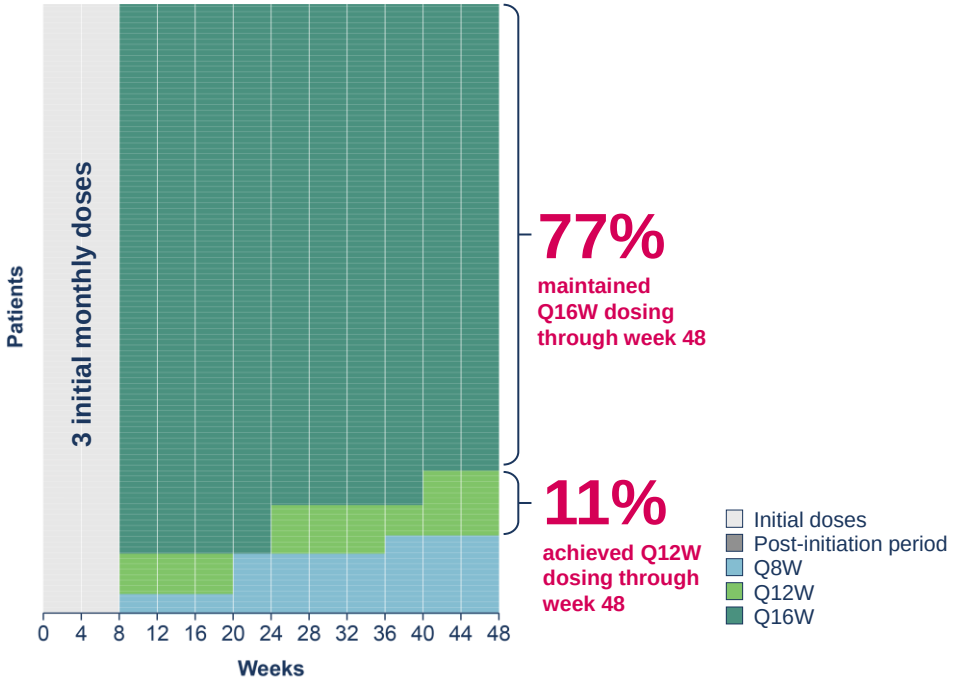
| Mean # of injections in first 48 weeks† | |
|---|---|
| Aflibercept 2 mg (Q8W) | 6.9 |
| Aflibercept 8 mg (Q12W) | 6.1 |
| Aflibercept 8 mg (Q16W) | 5.2 |



*Patients shortened based on DRM assessments at some point through week 48. † Patients completing 48 week; 2 mg Q8W n=309, 8 mg Q12W n=316, 8 mg Q16W n=312. ^ Patients completing week 48.
Note: Percentages may not add to 100% due to rounding. Bayer AG is the lead sponsor of the PULSAR study.

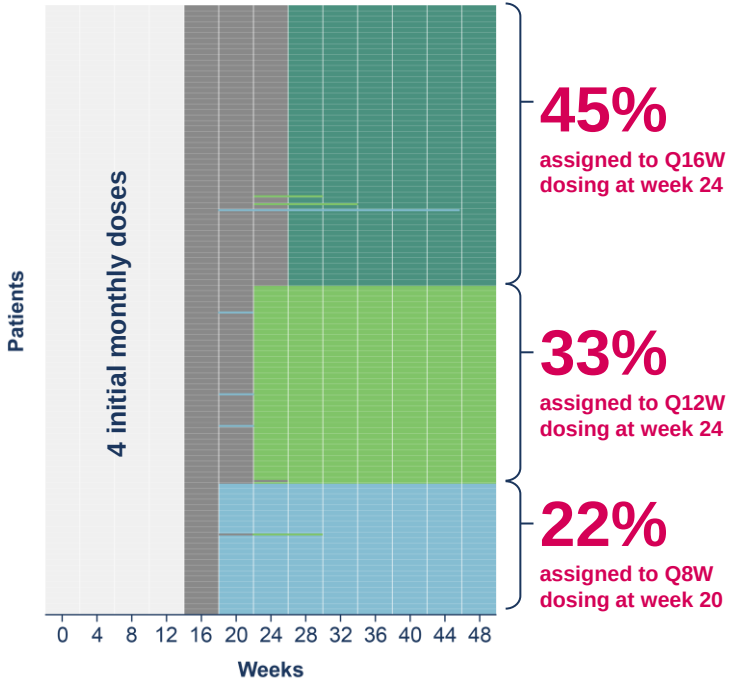
# Cross-trial comparison of aflibercept 8 mg and faricimab in wAMD patients

**Dosing intervals of wAMD patients randomized to aflibercept 8 mg Q16W arm (N=312) in PULSAR study**




**Dosing intervals of wAMD patients randomized to faricimab 6 mg in TENAYA and LUCERNE studies (n=665)***

***(Dose interval shortening was <u>not</u> permitted in Year 1 per studies' protocols)***




*AAO 2022. Colors modified for consistency.



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**No head-to-head data vs. faricimab available – caution advised when comparing results of different clinical studies. For descriptive purposes only.**

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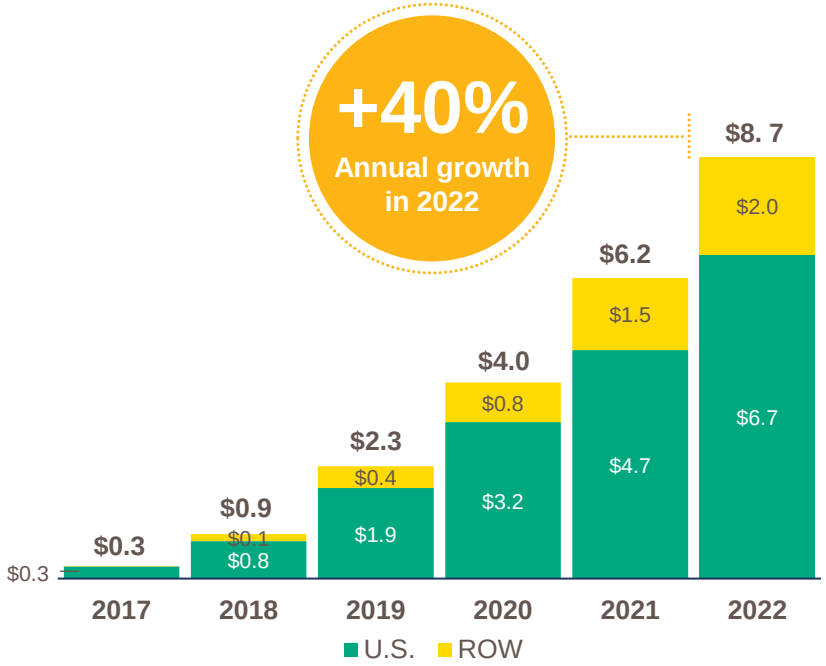
# In 2022, Dupixent global net product sales grew 40% and exceeded $8.6 billion

DUPIXENT® (dupilumab)

Incremental market penetration, new indications, and younger populations represent significant opportunity for continued growth




Sanofi records global net product sales of Dupixent, $ Billions

## Regulatory progress across 5 diseases:

**Atopic Dermatitis**
- Approved by FDA as first biologic medicine for AD patients aged 6 months to 5 years; EU submission under review

**Asthma**
- Approved by EC for patients aged 6 to 11 years

**Eosinophilic Esophagitis**
- Approved by FDA and EC as first and only treatment

**Prurigo Nodularis**
- Approved by FDA and EC as first and only treatment

**Chronic Spontaneous Urticaria**
- sBLA submitted to FDA for biologic-naïve patients

**2022 approvals expected to make meaningful revenue growth contributions starting in 2023**



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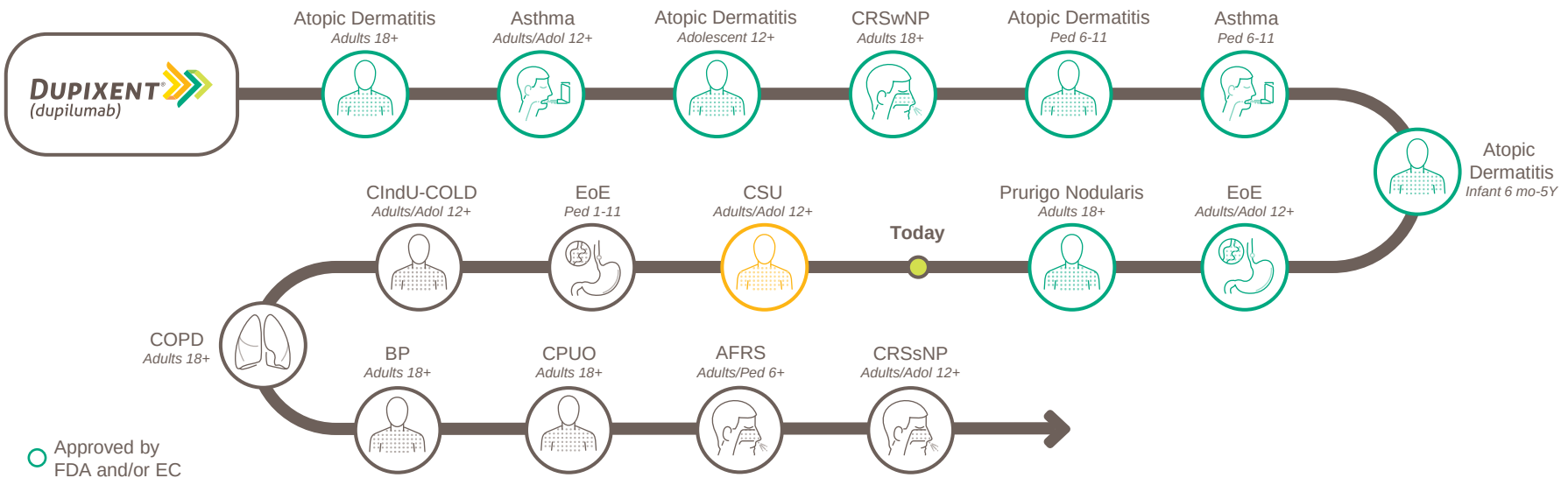
This slide contains investigational indications for dupilumab that have not been approved by any regulatory authority.

# Delivering on “pipeline in a product” potential

DUPIXENT® (dupilumab)

Dupixent clinical trials have demonstrated that IL-4 and IL-13 are key drivers of multiple Type 2 allergic diseases




**Dupixent’s differentiated mechanism of action can benefit patients suffering from multiple Type 2 allergic diseases**



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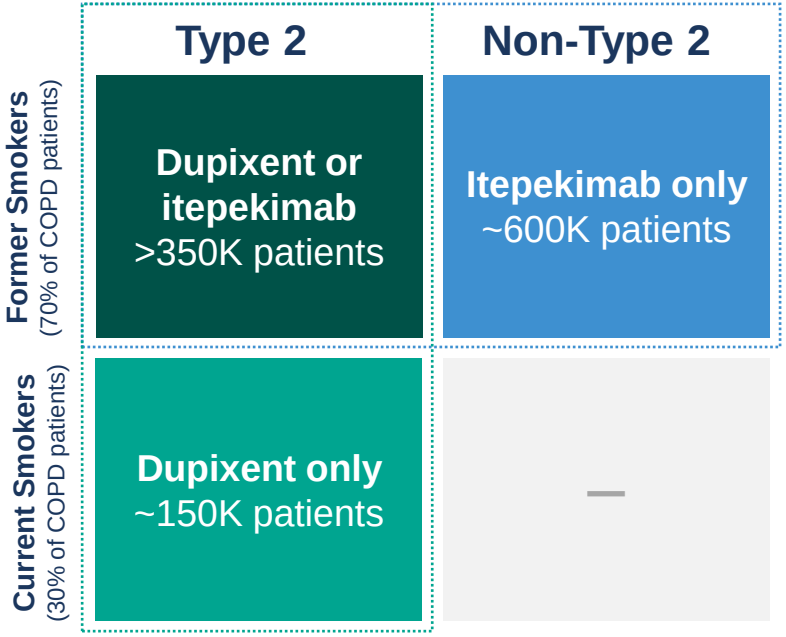
This slide contains investigational indications for dupilumab that have not been approved by any regulatory authority.

# Dupixent & itepekimab: Two opportunities to address high unmet need in COPD

## DUPIXENT® (dupilumab)

- Potential to address Type 2 COPD in both current and former smokers
- Two Phase 3 studies ongoing:
  - ✓ BOREAS fully enrolled
  - ✓ NOTUS enrolling
- BOREAS achieved pre-specified interim efficacy threshold, triggering initiation of NOTUS study
- Key inclusion criteria: Eosinophils ≥300/µl
- BOREAS pivotal data expected in 1H 2023, NOTUS in 1H 2024




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

## Itepekimab (anti IL-33)

- Potential to address COPD in former smokers
- Two Phase 3 studies ongoing:
  - ✓ AERIFY-1 enrolling
  - ✓ AERIFY-2 enrolling
- Demonstrated 42% reduction in exacerbations vs. placebo in Phase 2 study of former smokers
- No inclusion criteria for eosinophil count
- Pivotal data from both AERIFY studies expected in 2024



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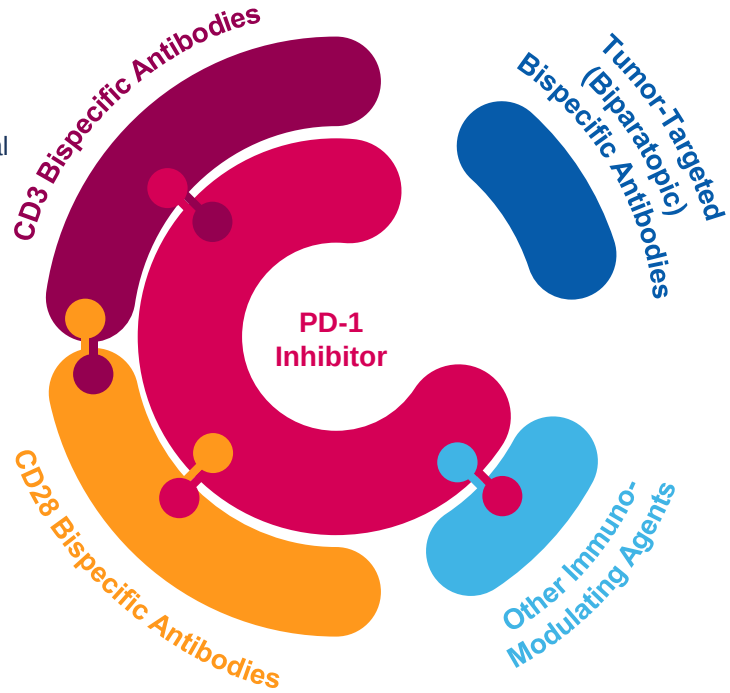
# Unique flexibility of internally developed pipeline drives potential for novel and differentiated combinations

**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

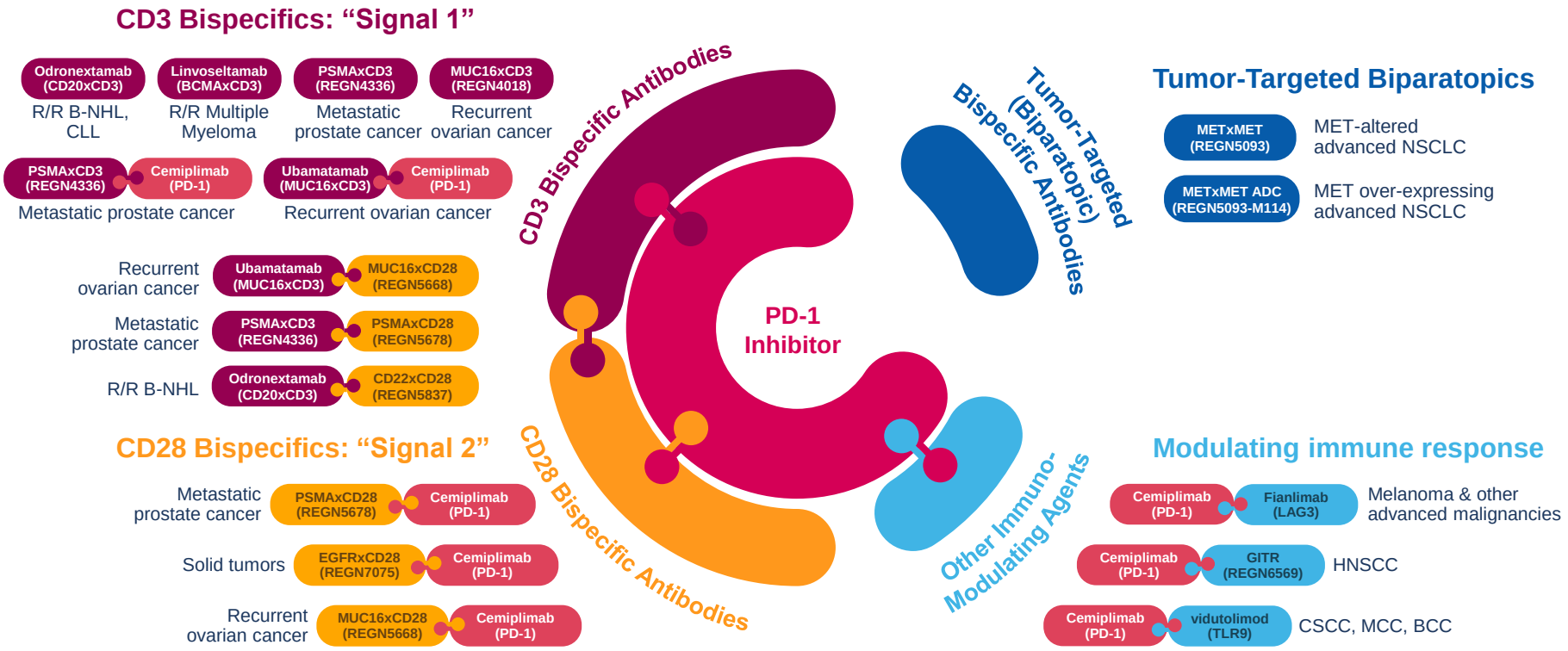
**CD28 Bispecifics: "Signal 2"**
Designed to increase the activity of T cells that recognize tumor antigens by augmenting costimulatory signals




**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 (e.g., by inhibition of checkpoints, or targeted delivery of immuno-modulators)

# Unique flexibility of internally developed pipeline drives potential for novel and differentiated combinations



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

# Continued progress & developments across oncology pipeline

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

LIBTAYO®

### Non-Small Cell Lung Cancer

- Approved as monotherapy in 1L advanced NSCLC with ≥50% PD-L1
- One of two PD-1/L1 antibodies FDA-approved for use in combination with chemotherapy irrespective of histology or PD-L1 expression levels

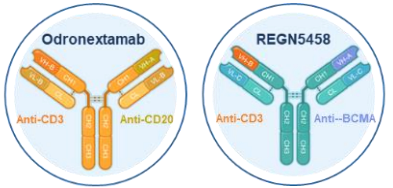
### Dermato-Oncology

- Leading anti-PD-1/L1 therapy in non-melanoma skin cancers
- Approved in both advanced CSCC and BCC
- Foundational therapy for future combination approach in melanoma

## Solid tumors

- **Fianlimab (LAG-3)** – Phase 3 study in 1L advanced and adjuvant melanoma with Libtayo ongoing, initiating Phase 3 studies in perioperative melanoma, Phase 2/3 studies in advanced NSCLC and Phase 2 study in perioperative NSCLC
- **REGN5678 (PSMAxCD28)** – Reported encouraging initial first-in-human mCRPC data
- **Ubamatamab (MUC16xCD3)** – Reported initial monotherapy ovarian cancer data; Libtayo combo in dose escalation
- **REGN5668 (MUC16xCD28)** – Dose escalation in Libtayo and ubamatamab combinations for ovarian cancer ongoing
- **REGN4336 (PSMAxCD3)** – Dose escalation in mCRPC ongoing
- **REGN7075 (EGFRxCD28)** – Dose escalation with Libtayo in advanced cancers ongoing
- **REGN5093 (METxMET)** – Reported initial data in MET-altered advanced NSCLC
- **REGN5093-M114 (METxMET ADC)** – Dose escalation in MET-overexpressing NSCLC ongoing

## Hematology-Oncology




- **Odronextamab (CD20xCD3)** – Pivotal Phase 2 presented at ASH 2022; Phase 3 program to initiate in 1H23
- **Linvoseltamab (BCMAxCD3)** – Pivotal Phase 2 data presented at ASH 2022; Phase 3 study to initiate in 1H23
- Both assets to enter combination studies with corresponding costimulatory (CD28) bispecifics in 2023



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

# Continuing momentum in oncology pipeline in 2023 and beyond

| Tumor type | Initial indication | Upcoming expected data disclosure | | |
|---|---|---|---|---|
| | | 2H22 | 2023 | 2024+ |
| Hematology | Lymphoma | Odronextamab ✪ ✓ | Odronextamab ✪ | |
| | Multiple myeloma | Linvoseltamab ✪ ✓ | Linvoseltamab ✪ | |
| Dermato-oncology | Neoadjuvant CSCC | | Cemiplimab | Cemiplimab ✪ |
| | Adjuvant CSCC | | | Vidutolimod + Cemiplimab |
| | Advanced CSCC (2L) | | | Fianlimab + Cemiplimab ✪ |
| | Perioperative and adjuvant melanoma | | | Fianlimab + Cemiplimab ✪ |
| | First-line advanced melanoma | Fianlimab + Cemiplimab ✓ | Fianlimab + Cemiplimab | |
| Other solid tumors | MET-altered advanced NSCLC | METxMET ✓ | | METxMET ADC |
| | Perioperative and advanced NSCLC | Fianlimab + Cemiplimab ✓ | | Fianlimab + Cemiplimab ✪ |
| | Ovarian cancer (2L+) | Ubamatamab ✓ | Ubamatamab + Cemiplimab | |
| | | | MUC16xCD28 + Cemiplimab | |
| | | | | Ubamatamab + MUC16xCD28 |
| | Metastatic castration-resistant prostate cancer | PSMAxCD28 + Cemiplimab ✓ | PSMAxCD28 + Cemiplimab | |
| | | | | PSMAxCD3 + Cemiplimab |
| | | | | PSMAxCD3 + PSMAxCD28 |
| | SCCHN | | | GITR + Cemiplimab |
| | EGFR+ solid tumors | | EGFRxCD28 + Cemiplimab | |



✪ indicates pivotal or potentially pivotal study

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# Costimulatory bispecifics platform: Status and next steps

Costimulatory bispecifics will be combined with both Libtayo and a growing list of CD3 bispecifics

## Prostate Cancer

**PSMAxCD28 (REGN5678) + Libtayo**

- ✓ Share initial Phase 1 data
- ↻ Present additional data at medical meetings in 2023
- ↻ Select go-forward dose(s) in 2023

**PSMAxCD28 (REGN5678) + PSMAxCD3 (REGN4336)**

- ↻ Phase 1 study planned
- ↻ Initial data in 2024+

## Ovarian Cancer

**MUC16xCD28 (REGN5668) + Ubamatamab (MUC16xCD3)**

- ✓ Initiate Phase 1 (dose escalation)
- ↻ Initial data in 2024

**MUC16xCD28 (REGN5668) + Libtayo**

- ✓ Initiate Phase 1 (dose escalation)
- ↻ Initial data in 2023+

## EGFR + Solid Tumors

**EGFRxCD28 (REGN7075) + Libtayo**

- ✓ Phase 1 early dose escalation data presented at SITC 2022
- ↻ Present updated data in 2023

## Hematology

**CD22xCD28 (REGN5837) + Odronextamab (CD20xCD3)**

- ✓ Supportive preclinical data presented at SITC 2022*
- ↻ Phase 1/2 study in DLBCL to initiate 1H 2023

**TAAxCD28 + Linvoseltamab (BCMAxCD3)**

- ↻ Phase 1 study in 3L+ multiple myeloma to initiate in 2023



*Skokos, D., Wei, J., et al. (2022). *Science Translational Medicine*. https://doi.org/10.1126/scitranslmed.abn1082

# Next-gen COVID antibody binds outside variable RBD and has demonstrated high neutralization activity against all known variants and lineages

## Differentiated vs. prior antibody approaches

- Binding site outside of immunodominant, highly variable RBD and NTD regions, lowering risk of losing activity against future variants
- Targeted epitope highly conserved, with over 99.9% conservation since beginning of the pandemic
- Demonstrated high neutralization potency against all known SARS-CoV-2 variants and lineages to date

## Targeting treatment and prophylactic setting

- In the U.S. alone, millions of immuno-compromised people will not adequately respond to vaccination
- Antibodies can be dosed prophylactically to prevent infection and severe COVID-19 disease

| Variant | Lineage | REGEN-COV* | Xevudy† | Evusheld^ | Bebtelovimab¶ | Next-Gen mAb |
|---|---|---|---|---|---|---|
| | D614G | ✓✓✓ | ✓✓ | ✓✓✓ | ✓✓✓ | ✓✓✓ |
| Omicron | BA.2 | ✓ | ✓ | – | ✓✓✓ | ✓✓✓ |
| | BA.4/5 | ✓ | ✓ | ✓✓ | ✓✓✓ | ✓✓✓ |
| | BA.4.6 | ✗ | ✗ | ✗ | ✓✓✓ | ✓✓✓ |
| | BA.2.75 | ✗ | ✓ | – | ✓✓✓ | ✓✓✓ |
| | BQ.1 | ✗ | ✓ | ✗ | ✗ | ✓✓✓ |
| | BQ.1.1 | ✗ | ✗ | ✗ | ✗ | ✓✓✓ |
| | XBB | ✗ | ✓ | ✗ | ✗ | ✓✓✓ |

NOTE: Neutralizing activity from published studies or measured by Regeneron using publicly available sequences.

✓✓✓ High neutralizing activity ($IC_{50}$<$10^{-10}$ M)

✓✓ Limited neutralizing activity ($10^{-10}$ M<$IC_{50}$<$10^{-9}$ M)

✓ Low neutralizing activity ($10^{-9}$ M<$IC_{50}$<$10^{-8}$ M)

✗ No neutralizing activity ($IC_{50}$>$10^{-8}$ M)

– Not evaluated for neutralizing activity

**Anticipate initiating clinical trial in 2023**

* REGEN-COV (casirivimab (REGN10933) and imdevimab (REGN10987)) was developed by Regeneron Pharmaceuticals, Inc. REGEN-COV is currently not authorized for use.
† Xevudy (sotrovimab, also known as VIR-7831 and GSK4182136) was developed by GlaxoSmithKline plc and Vir Biotechnology, Inc.
^ Evusheld (AZD7442, combination of tixagevimab (AZD8895) and cilgavimab (AZD1061)) was discovered by Vanderbilt University Medical Center and licensed to AstraZeneca.
¶ Bebtelovimab (LY-CoV1404; LY3853113) was discovered by AbCellera and the National Institute of Allergy and Infectious Diseases (NIAID) Vaccine Research Center and was licensed to Eli Lilly and Company.



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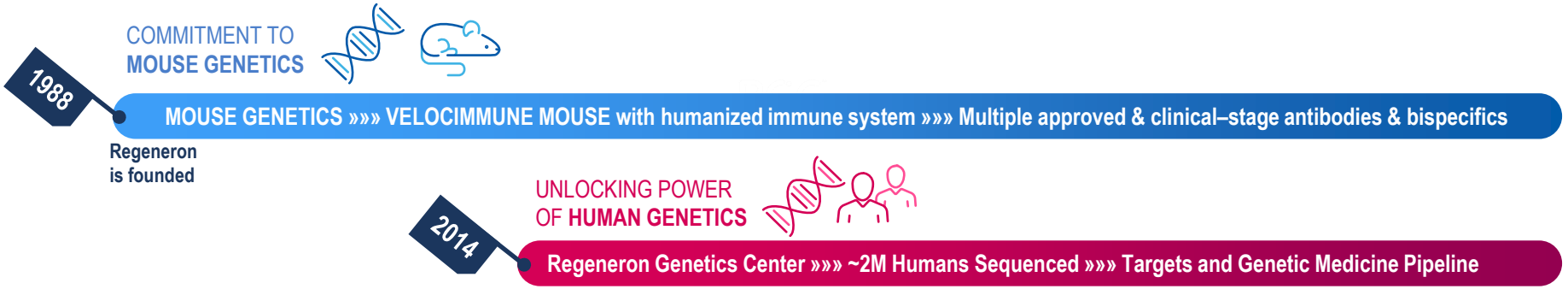
This slide contains investigational drug candidates that have not been approved by any regulatory authority.

# Evolution of Regeneron's turn-key technologies powering our science and pipeline



# Regeneron genetics medicines

Powerful resource linking human genetic variation to disease; empowering strategic partnerships to drive the future of medicine

RGC™
Regeneron Genetics Center

## World leading human sequencing

- ~2M human exomes sequenced
- Linked to Electronic Health Records
- 100+ collaborations globally

biobank Imaging study
NIH National Institutes of Health
Geisinger Caring
Alnylam Pharmaceuticals
Intellia Therapeutics
Decibel Therapeutics

## Novel genetics-based drug target discovery

- RGC discovered >20 novel drug targets

## Genetics-based drug development enabling precision medicine

- RGC data and analyses identifies targets in diseases of interest, enhancing the probability of success
- RGC creates analytical models that identify that may be most successful within a REGN clinical trial of interest

## 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:**

- NTLA-2001: initiate a global pivotal trial for ATTR-CM by YE23, subject to regulatory feedback
- C5 combo program Phase 3 studies in Myasthenia Gravis and PNH ongoing
- HSD17B13 siRNA Phase 2 to initiate in NASH
- PNPLA3 siRNA Phase 1 for NASH initiated
- APP siRNA for early onset Alzheimer's initial data expected early 2023
- DB-OTO gene therapy Phase 1/2 for hearing loss starting in 1H23



# Regeneron genetics medicines

| Pre-IND | Clinical development | | |
|---|---|---|---|
| **FACTOR 8 GENE INSERTION[2]**<br>**CRISPR/Cas9 + AAV Transgene Insertion**<br>• Hemophilia A | **DB-OTO[3]**<br>**OTOF AAV Dual Vector Gene Therapy**<br>• *OTOF* Related Hearing Loss | **POZELIMAB + CEMDISIRAN[1]**<br>**C5 Antibody + C5 siRNA**<br>• Myasthenia Gravis<br>• Paroxysmal Nocturnal Hemoglobinuria | **ALN-APP[1]**<br>**APP siRNA**<br>• Cerebral Amyloid Angiopathy, Alzheimer's Disease |
| **GAA GENE INSERTION[2]**<br>**CRISPR/Cas9 + AAV Transgene Insertion**<br>• Pompe Disease | **FACTOR 9 GENE INSERTION[2]**<br>**CRISPR/Cas9 + AAV Transgene Insertion**<br>• Hemophilia B | **ALN-PNP[1]**<br>**PNPLA3 siRNA**<br>• Nonalcoholic Steatohepatitis | **NTLA-2001[2]**<br>**CRISPR/Cas9**<br>• Transthyretin Amyloidosis (ATTR) |
| **ALN-SOD[1]**<br>**SOD1 siRNA**<br>• Amyotrophic Lateral Sclerosis | | **HSD17B13 siRNA**<br>• Nonalcoholic Steatohepatitis | |

**Additional programs**
**30+ programs in research and candidate selection**

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.*

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# Regeneron-discovered, approved and investigational medicines across a wide and diverse set of diseases

| Phase 1 | Phase 2 | Phase 3 | Approved |
|---|---|---|---|
| **fianlimab** (LAG-3)<br>**REGN4336** (PSMAxCD3)<br>**REGN5093** (METxMET)<br>**REGN5093-M114** (METxMET ADC)<br>**REGN5668** (MUC16xCD28)<br>**REGN5678** (PSMAxCD28)<br>**REGN6569** (GITR)<br>**REGN7075** (EGFRxCD28) | **cemiplimab** (PD1)<br>**vidutolimod** (TLR9)<br>**ubamatamab** (MUC16xCD3) | **cemiplimab** (PD1)<br>**fianlimab** (LAG-3) | Arcalyst® (rilonacept) Injection for Subcutaneous Use |
| **odronextamab** (CD20xCD3)<br>**linvoseltamab** (BCMAxCD3)<br>**REGN5459** (BCMAxCD3)<br>**REGN7257** (IL-2Rg)<br>**REGN9933** (Factor XI)<br>**REGN7508** (Factor XI)<br>**REGN7999** (TMPRS6)<br>**NTLA-2001**# (TTR) | **odronextamab** (CD20xCD3)<br>**pozelimab** (C5)<br>**linvoseltamab** (BCMAxCD3) | **aflibercept°** (VEGF)<br>**aflibercept 8 mg°** (VEGF) | EYLEA® (aflibercept) Injection For Intravitreal Injection |
| **REGN5381/REGN9035** (NPR1)<br>**HSD siRNA** (HSD17B13)<br>**ALN-APP**‡ (APP)<br>**ALN-PNP**‡ (PNPLA3) | **mibavademab** (LEPR)<br>**REGN5381/REGN9035** (NPR1) | **dupilumab*** (IL-4R)<br>**itepekimab*** (IL-33)<br>**REGN5713-5714-5715** (Bet v 1) | ZALTRAP® (ziv-aflibercept) Injection for Intravenous Infusion |
| | **sarilumab*** (IL-6R)<br>**dupilumab*** (IL-4R) | **alirocumab** (PCSK9)<br>**garetosmab** (Activin A) | Praluent® (alirocumab) Injection 75mg/mL 150mg/mL |
| | | **pozelimab + cemdisiran**‡ (C5xC5) | DUPIXENT® (dupilumab) |
| | | | KEVZARA® (sarilumab) |
| | | | LIBTAYO® (cemiplimab-rwlc) Injection 350 mg |
| | | | Inmazeb™ (atoltivimab, maftivimab, and odesivimab-ebgn) Injection |
| | | | Evkeeza® (evinacumab-dgnb) Injection |

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

**Collaboration with: *Sanofi; ‡Alnylam; #Intellia; °Bayer**

**Over 30 product candidates**

As of February 2023
Regeneron received a CRL in December 2022 for the REGEN-COV BLA.



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

# Multiple potential FDA submissions: 2022-2024+

| 2022 | 2023 | 2024+ | |
|---|---|---|---|
| **EYLEA** ✓<br>Retinopathy of Prematurity | **DUPIXENT***<br>CINDU-Cold (2H) | **LIBTAYO**<br>Adjuvant CSCC | **Itepekimab***<br>COPD |
| **DUPIXENT*** ★<br>Eosinophilic Esophagitis | **DUPIXENT***<br>Pediatric EoE (mid) | **DUPIXENT***<br>Type 2 COPD | **Fianlimab + LIBTAYO**<br>Advanced Melanoma |
| **DUPIXENT*** ★<br>Prurigo Nodularis | **PRALUENT**<br>Pediatric HeFH (mid) | **DUPIXENT***<br>CRSsNP | **Pozelimab ± cemdisiran⁺**<br>C5-mediated diseases |
| **DUPIXENT*** ✓<br>Chronic Spontaneous Urticaria | **Odronextamab**<br>B-Cell NHL (2H) | **DUPIXENT***<br>CPUO | **Garetosmab**<br>FOP |
| **EVKEEZA** ✓<br>Pediatric HoFH | **Linvoseltamab**<br>R/R Multiple Myeloma (2H) | **DUPIXENT***<br>Bullous Pemphigoid | |
| **KEVZARA*** ✓<br>Polymyalgia Rheumatica | | **Aflibercept 8 mg**<br>RVO | |
| **Aflibercept 8 mg** ✓ ⏱<br>Wet AMD/DME | | | |
| **Pozelimab** ✓<br>CHAPLE Syndrome | | | |

★ Submission accepted and approved in 2022
✓ Accepted submission
✓ Submission complete, pending acceptance
⏱ Using priority review voucher

**BLA** | **sBLA**

* In collaboration with Sanofi. ⁺ In collaboration with Alnylam.
An sBLA for an every 16-week dosing regimen for EYLEA (aflibercept 2 mg) in patients with diabetic retinopathy was withdrawn from FDA review in January 2023.

# 2023 key upcoming milestones

## Ophthalmology

- FDA decision for EYLEA in ROP (Q1)
- BLA acceptance for aflibercept 8 mg in DME and wAMD (Q1)
- FDA decision and potential U.S. launch of aflibercept 8 mg (Q3)
- Two-year data for PHOTON (DME) and PULSAR (wAMD) (Q3)

## Dupixent

- sBLA acceptance for CSU (Q1)
- EC decision on pediatric AD (6mo – 5yr) (1H)
- Report data for Phase 3 studies in CINDU-Cold and Type 2 COPD (1H)
- Submit sBLA for pediatric EoE (mid) and CINDU-Cold (2H)
- FDA decision on CSU (2H)

## Pozelimab (anti-C5 antibody)

- BLA acceptance (1H) and FDA decision (2H) on CHAPLE

## Solid Organ Oncology

- Initiate Phase 3 study for fianlimab+Libtayo in perioperative melanoma (mid-2023) as well as Phase 2/3 studies in 1L advanced NSCLC (1H) and Phase 2 study in perioperative NSCLC (2H)
- Report additional data for PSMAxCD28+Libtayo
- Report initial data across solid organ oncology, including for CD3 bispecifics and CD28 costimulatory bispecifics
- EC decision for Libtayo in combination with chemotherapy in 1L advanced NSCLC (1H)

## Odronextamab (CD20xCD3)

- Initiate confirmatory studies in FL & DLBCL, including earlier lines (1H)
- Initiate Phase 1 study in combination with REGN5837 (CD22xCD28) in aggressive B-NHL (1H)
- Submit BLA in B-NHL (2H)

## Linvoseltamab (BCMAxCD3)

- Initiate confirmatory study in MM (1H), including in earlier lines
- Initiate Phase 1 study in combination with TAAxCD28 in MM (2H)
- Submit BLA in 3L+ MM (2H)



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

# Allocated ~$3.4 billion to business development and share repurchases in 2022

## Internal Investment

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

- **$1.8 billion** investment in Tarrytown R&D facilities announced in July 2021
- Continued investments in research and development and manufacturing capacity

## Business Development

*to expand pipeline and maximize commercial opportunities*

- **Libtayo acquisition** provides flexibility on existing and future oncology collaborations involving Libtayo combinations
- Acquisition of Checkmate Pharmaceuticals and collaboration with CytomX to **expand immuno-oncology pipeline**

## Repurchase Shares

- Deploy excess cash to opportunistically repurchase shares
- New **$3 billion** authorization for share repurchases announced in February 2023
- Approximately **$9.8 billion** in share repurchases since November 2019, including **~$2.1 billion** in 2022

# Three responsibility focus areas all reflect our "doing well by doing good" ethos


## Improve the lives of people with serious diseases

- Pipeline innovation
- Access to medicine and fair pricing
- Patient advocacy

PRIX GALIEN USA


## Foster a culture of integrity and excellence

- Product quality and safety
- Diverse, healthy and engaged workforce
- Ethics and integrity

Science 2022 TOP EMPLOYERS


## Build sustainable communities

- STEM education - sponsorship of top science competitions:
  - Regeneron Science Talent Search
  - Regeneron International Science and Engineering Fair
- Environmental sustainability

Member of Dow Jones Sustainability Indices Powered by the S&P Global CSA

REGENERON SCIENCE TALENT SEARCH

**Our mission:**

Use the power of science to repeatedly bring new medicines to people with serious diseases



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# GAAP to non-GAAP reconciliation

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

| | Three Months Ended December 31, | | Year Ended December 31, | |
|---|---|---|---|---|
| | 2022 | 2021* | 2022 | 2021* |
| GAAP R&D | $ 1,043.1 | $ 737.6 | $ 3,592.5 | $ 2,860.1 |
| R&D: Stock-based compensation expense | 131.0 | 102.9 | 406.8 | 316.6 |
| R&D: Acquisition-related integration costs | 1.4 | — | 17.0 | — |
| Non-GAAP R&D | $ 910.7 | $ 634.7 | $ 3,168.7 | $ 2,543.5 |
| | | | | |
| GAAP SG&A | $ 660.5 | $ 559.6 | $ 2,115.9 | $ 1,824.9 |
| SG&A: Stock-based compensation expense | 78.4 | 64.2 | 256.4 | 213.3 |
| SG&A: Acquisition-related integration costs and other | 3.5 | — | 6.6 | 5.6 |
| Non-GAAP SG&A | $ 578.6 | $ 495.4 | $ 1,852.9 | $ 1,606.0 |
| | | | | |
| GAAP COGS | $ 302.2 | $ 811.7 | $ 800.0 | $ 1,773.1 |
| COGS: Stock-based compensation expense | 22.6 | 21.3 | 61.8 | 71.8 |
| COGS: Intangible asset amortization expense | 19.7 | — | 34.8 | — |
| COGS: Charges related to REGEN-COV | 133.7 | 231.7 | 196.6 | 231.7 |
| Non-GAAP COGS | $ 126.2 | $ 558.7 | $ 506.8 | $ 1,469.6 |
| | | | | |
| GAAP other income (expense), net | $ 177.9 | $ (136.3) | $ 119.9 | $ 379.0 |
| Other income/expense: (Gains) losses on investments | (80.5) | 137.6 | 36.8 | (387.0) |
| Non-GAAP other income (expense), net | $ 97.4 | $ 1.3 | $ 156.7 | $ (8.0) |
| | | | | |
| GAAP net income | $ 1,197.1 | $ 2,229.0 | $ 4,338.4 | $ 8,075.3 |
| Total of GAAP to non-GAAP reconciling items above | 309.8 | 557.7 | 1,016.8 | 452.0 |
| Income tax effect of GAAP to non-GAAP reconciling items | (57.9) | (110.0) | (191.3) | (73.7) |
| Non-GAAP net income | $ 1,449.0 | $ 2,676.7 | $ 5,163.9 | $ 8,453.6 |
| | | | | |
| Non-GAAP net income per share - basic | $ 13.54 | $ 25.20 | $ 48.22 | $ 79.98 |
| Non-GAAP net income per share - diluted | $ 12.56 | $ 23.42 | $ 44.98 | $ 74.35 |
| | | | | |
| *Shares used in calculating:* | | | | |
| Non-GAAP net income per share - basic | 107.0 | 106.2 | 107.1 | 105.7 |
| Non-GAAP net income per share - diluted | 115.4 | 114.3 | 114.8 | 113.7 |

* Prior period results have been revised to reflect certain changes to amounts excluded from non-GAAP results. See note (g) above for additional information.

| | Three Months Ended December 31, | | Year Ended December 31, | |
|---|---|---|---|---|
| | 2022 | 2021 | 2022 | 2021 |
| *Revenue reconciliation:* | | | | |
| Total revenues | $ 3,414.4 | $ 4,951.7 | $ 12,172.9 | $ 16,071.7 |
| REGEN-COV net product sales in the United States | — | 2,297.9 | — | 5,828.0 |
| Global gross profit payment from Roche in connection with sales of Ronapreve | 396.4 | — | 627.3 | 361.8 |
| Total revenues excluding REGEN-COV and Ronapreve | $ 3,018.0 | $ 2,653.8 | $ 11,545.6 | $ 9,881.9 |
| | | | | |
| *Effective tax rate reconciliation:* | | | | |
| GAAP ETR | 9.6% | 11.0% | 10.7% | 13.4% |
| Income tax effect of GAAP to non-GAAP reconciling items | 1.7% | 1.6% | 1.4% | 0.1% |
| Non-GAAP ETR | 11.3% | 12.6% | 12.1% | 13.5% |

| | Q4 2022 vs Q4 2021 |
|---|---|
| Total Dupixent Net Product Sales - Outside the U.S. | |
| % growth as reported | 20% |
| % impact of currency translation | 17% |
| % growth at constant currency | 37% |
| Total Dupixent Net Product Sales - Global | |
| % growth as reported | 38% |
| % impact of currency translation | 4% |
| % growth at constant currency | 42% |
| Total Libtayo Net Product Sales - Outside the U.S. | |
| % growth as reported | 46% |
| % impact of currency translation | 14% |
| % growth at constant currency | 60% |
| Total Libtayo Net Product Sales - Global | |
| % growth as reported | 40% |
| % impact of currency translation | 4% |
| % growth at constant currency | 44% |
| Total EYLEA Net Product Sales - Outside the U.S. | |
| % growth as reported | (5)% |
| % impact of currency translation | 12% |
| % growth at constant currency | 7% |

| | FY 2022 vs FY 2021 |
|---|---|
| Total Dupixent Net Product Sales - Global | |
| % growth as reported | 40% |
| % impact of currency translation | 4% |
| % growth at constant currency | 44% |

The current period's foreign currency net product sales values are converted into U.S. dollars using the average exchange rates from the prior period.

# Abbreviations & definitions

| Abbreviation | Definition |
|---|---|
| 1L | Front line |
| 2L+ | Second line and beyond |
| 3L+ | Third line and beyond |
| AD | Atopic dermatitis |
| AFRS | Allergic fungal rhinosinusitis |
| BCC | Basal cell carcinoma |
| BCMA | B-cell maturation antigen |
| BLA | Biologics license application |
| B-NHL | B-cell non-Hodgkin's lymphoma |
| BP | Bullous pemphigoid |
| CHAPLE | CD55-deficient protein-losing enteropathy |
| CHMP | Committee for medicinal products for human use |
| CIndU-COLD | Chronic inducible urticaria – cold |
| CLL | Chronic lymphocytic leukemia |
| COPD | Chronic obstructive pulmonary disease |
| CPUO | Chronic pruritis of unknown origin |
| CRL | Complete response letter |
| CRSsNP | Chronic sinusitis without nasal polyposis |
| CRSwNP | Chronic sinusitis with nasal polyposis |
| CSCC | Cutaneous squamous cell carcinoma |

| Abbreviation | Definition |
|---|---|
| CSU | Chronic spontaneous urticaria |
| DLBCL | Diffuse large B-cell lymphoma |
| DME | Diabetic macular edema |
| EC | European Commission |
| EGFR | Epidermal growth factor receptor |
| EoE | Eosinophilic esophagitis |
| FL | Follicular lymphoma |
| FOP | Fibrodysplasia ossificans progressive |
| GAAP | Generally accepted accounting principles |
| GITR | Glucocorticoid-induced TNFR-related protein |
| HeFH | Heterozygous familial hypercholesterolemia |
| HNSCC | Head and neck squamous cell carcinoma |
| HoFH | Homozygous familial hypercholesterolemia |
| IC50 | Half maximal inhibitory concentration |
| LAG-3 | Lymphocyte-activation gene 3 |
| M | Molar |
| mCRPC | Metastatic castration-resistant prostate cancer |
| MCC | Merkel cell carcinoma |
| MM | Multiple myeloma |
| MUC16 | Mucin 16 |

| Abbreviation | Definition |
|---|---|
| NASH | Non-alcoholic steatohepatitis |
| NEJM | New England Journal of Medicine |
| NSCLC | Non-small cell lung cancer |
| NTD | N-terminal domain |
| PD-1/PD-(L)1 | Programmed cell death protein/(ligand) 1 |
| PMR | Polymyalgia rheumatica |
| PN | Prurigo nodularis |
| PSMA | Prostate-specific membrane antigen |
| PTI | Personalized treatment interval |
| RBD | Receptor binding domain |
| ROP | Retinopathy of prematurity |
| ROW | Rest of world |
| RVO | Retinal vein occlusion |
| sBLA | Supplemental biologics license application |
| SCCHN | Squamous cell carcinoma of the head and neck |
| TAA | Tumor-associated antigen |
| TTR | Transthyretin protein |
| VEGF | Vascular endothelial growth factor |
| wAMD | Wet age-related macular degeneration |