Readying Lonvo-z for Patients with HAE

November 12, 2026

KIM
Living with Hereditary Angioedema



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Any forward-looking statements in this presentation are based on management's current expectations and beliefs of future events, and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to: risks related to our ability to successfully develop and commercialize lonvo-z or any of our other product candidates; risks related to Intellia's ability to protect and maintain its intellectual property position; risks related to Intellia's relationship with third parties, including our contract manufacturers, licensors and licensees; risks related to the ability of our licensors to protect and maintain their intellectual property position; uncertainties related to the authorization, initiation and conduct of preclinical and clinical studies and other development requirements for our product candidates, including uncertainties related to regulatory approvals to conduct clinical trials; risks related to the results of preclinical studies or clinical studies not being predictive of future results in connection with future studies; the risk that clinical trial results will not be positive; risks related to the development and advancement of CRISPR gene editing and other core technologies technologies for pipeline expansion and collaborations; risks related to Intellia's future financial condition and our ability to fund our operations; risks related to Intellia's collaborations with Regeneron Pharmaceuticals, Inc. or our other collaborations not continuing or not being successful; and risks related to Intellia's ability to execute its strategic plans, including completing pivotal clinical trials and commercial launch of its product candidates. For a discussion of these and other risks and uncertainties, and other important factors, any of which could cause Intellia's actual results to differ from those contained in the forward-looking statements, see the section entitled "Risk Factors" in Intellia's most recent Annual Report of Form 10-K and Quarterly Report on Form 10-Q as well as discussions of potential risks, uncertainties, and other important factors in Intellia's other filings with the Securities and Exchange Commission. All information in this presentation is as of the date on its cover page, and Intellia undertakes no duty to update this information unless required by law.

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Today's Speakers and Topics

AGENDA

1. **Introduction and Overview**



Dr. John Leonard
President and Chief Executive Officer
Intellia Therapeutics

2. **HAE Management in the U.S.**



Dr. Marc Riedl
Prof. of Medicine, Clinical Director of the U.S. Hereditary Angioedema Association (HAEA) Angioedema Center
University of California San Diego; HAELO principal investigator

3. **Lonvo-z Clinical Data**



Dr. Jing L. Marantz
Executive Vice President and Chief Medical Officer
Intellia Therapeutics

4. **Lonvo-z Patient Perspectives**



Dr. Danny Cohn
Internist, Department of Vascular Medicine, Amsterdam Cardiovascular Sciences
Amsterdam University Medical Center; HAELO principal investigator

5. **Lonvo-z Commercial Readiness**



Maria Natale
Senior Vice President, Commercial
Intellia Therapeutics

Q&A SESSION

HAE: hereditary angioedema.

Introduction & Overview

Dr. John Leonard

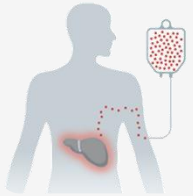
President & Chief Executive Officer

Intellia Therapeutics

Intellia is Leading a New Era of Medicine

Working diligently to bring the **first-ever *in vivo* CRISPR-based therapies** to patients living with severe diseases

600+ **Patients Dosed**
with Intellia's investigational *in vivo* CRISPR-based therapies

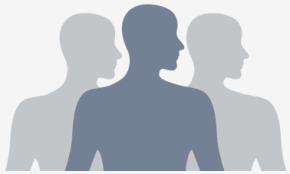


6+ **Years of Follow-Up**
in earliest dosed patients

1st **Positive Phase 3 Readout**
in hereditary angioedema (HAE)



2 **Additional Phase 3 Trials**
ongoing in transthyretin amyloidosis (ATTR-CM & PN)



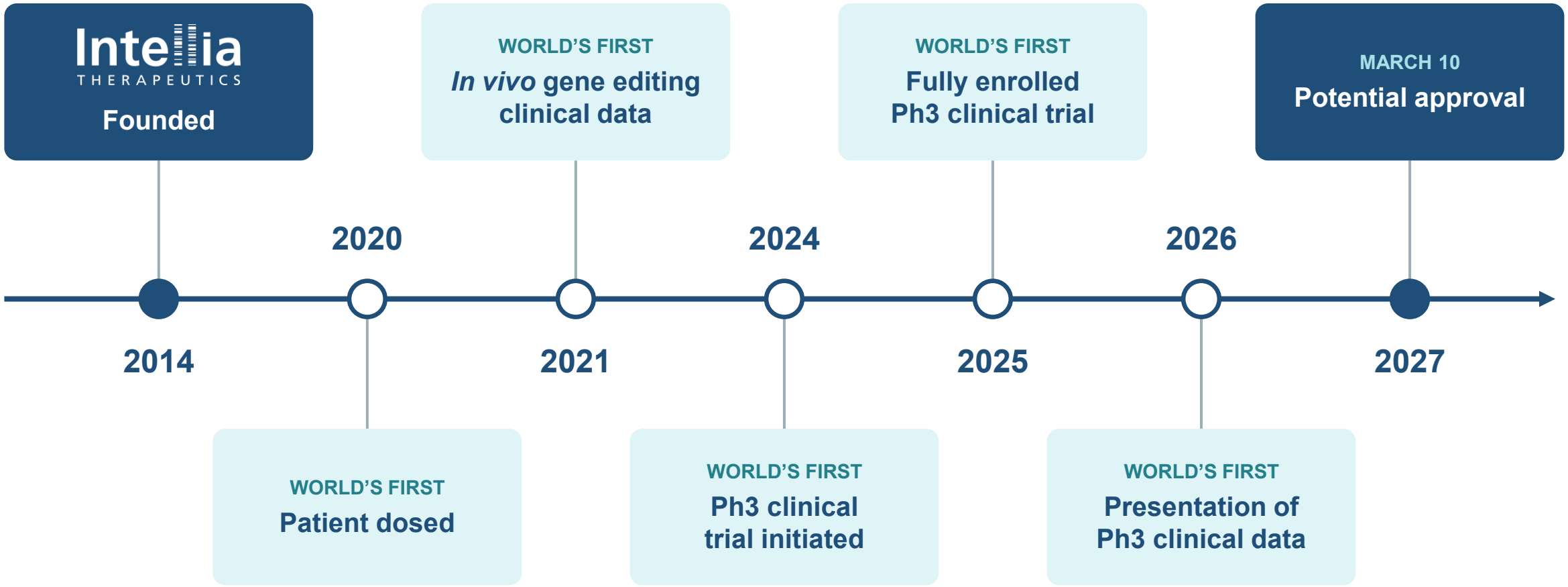
6 Publications in The NEW ENGLAND JOURNAL of MEDICINE

AUG 5 **2021**	CRISPR-Cas9 *In Vivo* Gene Editing for Transthyretin Amyloidosis
JAN 31 **2024**	CRISPR-Cas9 *In Vivo* Gene Editing of *KLKB1* for Hereditary Angioedema
OCT 24 **2024**	CRISPR-Based Therapy for Hereditary Angioedema
NOV 16 **2024**	CRISPR-Cas9 Gene Editing with Nexiguran Ziclumeran for ATTR Cardiomyopathy
SEP 25 **2025**	Nexiguran Ziclumeran Gene Editing in Hereditary ATTR with Polyneuropathy
JUNE 13 **2026**	Lonvoguran Ziclumeran - *In Vivo* CRISPR Gene Editing in Hereditary Angioedema

CRISPR: clustered regularly interspaced short palindromic repeats; Cas9: CRISPR-associated protein 9; ATTR-CM: ATTR amyloidosis cardiomyopathy; ATTRv-PN: hereditary ATTR amyloidosis polyneuropathy; *KLKB1*: kallikrein B1.

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Intellia Continues to Lead the Global *In Vivo* Gene Editing Revolution



Ph3: Phase 3.

Lonvo-z BLA Under Review



REGULATORY REVIEW

Priority review granted

PDUFA GOAL DATE

MARCH 10, 2027

SEPTEMBER 3, 2026 FDA COMMUNICATION:

“We are not currently planning to hold an advisory committee to discuss this application.”

BLA: Biologics License Application; FDA: U.S. Food and Drug Administration; PDUFA: Prescription Drug User Fee Act.

Lonvo-z: A One-Time Therapy Unlike Any Other

CHALLENGE	Lonvo-z	AAV and/or *Ex Vivo* Gene Therapies
Screening restrictions	NO	YES
Conditioning required	NO	YES
Viral-vector risks	NO	YES
Extended immunosuppression	NO	YES
Prolonged alcohol abstinence	NO	YES
Waning effect	NO	YES
Invasive/surgical administration	NO	YES
Fertility risk, preservation burden	NO	YES
Cell collection	NO	YES
Personalized manufacturing	NO	YES
Transplant recovery	NO	YES

Sources: Product-specific U.S. Prescribing Information for 15 approved therapies. AAV: adeno-associated virus.

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Today's Key Takeaways

DISRUPTIVE
TREATMENT APPROACH

A new modality that stands apart from past one-time treatments and chronic long-term prophylactics; aiming to **completely redefine HAE treatment**.

EMPOWERED
AND HIGHLY MOTIVATED PATIENTS

Patients with HAE are highly educated and have an outsized voice in their treatment. **Most report they would seek a one-time therapy**.

ADVANCING
TOWARD LAUNCH

Intellia has a **strong strategy and full team already in place**. Proactive work is well underway in anticipation of potential approval.

BENEFIT
FOR ALL

As a one-time treatment, lonvo-z could **reduce burden and generate value** for patients, HCPs, payers and the overall healthcare system.

HAE: hereditary angioedema; HCP: healthcare provider.

HAE Management in the U.S.

Dr. Marc Riedl

Prof. of Medicine, Clinical Director of the U.S. Hereditary Angioedema Association (HAEA) Angioedema Center, University of California San Diego

HAELO principal investigator

HAE: A Rare and Debilitating Disease Often Diagnosed Early in Life

- Rare, genetic and life-threatening disease
- Caused by a hereditary deficiency or dysfunction of the C1 inhibitor protein, leading to an imbalance in the kallikrein-kinin system and an overproduction of bradykinin
- Patients experience unpredictable, recurrent, painful and potentially life-threatening swelling attacks[1,2]
- Symptoms almost always apparent by puberty
- Average age of diagnosis in U.S.: ~20 years old[3]



Photo source: U.S. Hereditary Angioedema Association. 1. Zuraw et al. *New England Journal of Medicine*, September 2008. 2. Busse and Christiansen, *New England Journal of Medicine*, March 2020. 3. Banerji A et al. *Annals of Allergy, Asthma & Immunology*, June 2020. HAE: hereditary angioedema.

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HCPs and Patients Have Two Primary Options to Manage HAE Today

CURRENT U.S. TREATMENT PARADIGM[1]



U.S. HAEA GUIDELINES

- **Ensure all patients have access to on-demand medication**
- **Consider LTP to prevent attacks for all patients**

1 LONG-TERM PROPHYLAXIS (LTP)

PRIMARY GOAL

Reduce or prevent future attacks



REPEATED ADMINISTRATION OVER A LIFETIME

MECHANISMS

- Target the KKS
- Replace deficient protein

2 ON-DEMAND THERAPY (ODT)

PRIMARY GOAL

Stop an attack in progress



ATTACK IS TREATED AS IT OCCURS

MECHANISMS

- Target the KKS
- Block the BK receptor
- Replace deficient protein

1. Banerji A, et al. *Ann Allergy Asthma Immunology*, June 2020. BK: bradykinin; HAE: hereditary angioedema; HAEA: Hereditary Angioedema Association; HCP: healthcare provider; KKS: kallikrein-kinin system.

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Shared Decision Making is Recommended to Ensure HAE Therapy is Optimized for Each Patient

1 DISCOVER → **2 DISCUSS** → **3 DECIDE**

- Physician discusses patient's experience and goals
- Review current therapy, satisfaction and other options
- Patient and physician choose <u>together</u>

Highly variable disease

- Symptoms differ across patients and can shift over time
- Referral networks in place with HAE experts for complex cases

Multiple therapy options

- Therapy must match medical needs, life circumstances, preference and tolerance
- Therapy switches as needed

Empowered patients

- Educated patients participate confidently in care decisions
- Frequent communication and shared decision-making required

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Banerji A, et al. *Ann Allergy Asthma Immunology*, June 2020. Riedl et al. *Ann Allergy Asthma Immunology*, May 2022. HAE: hereditary angioedema.

HAE Community is Highly Informed and Empowered, with HAEA Providing Tools to Make it Possible

U.S. HAEA PATIENT ADVOCACY GROUP

>11,500
COMMUNITY MEMBERS

RESOURCES ENABLE

Patient education • Shared Decision Making (SDM)

Evidence-based clinical care • Peer support

PATIENTS AND CAREGIVER RESOURCES

- **U.S. Summit Meeting** *dedicated patient and caregiver education tracts*
- **Interactive Treatment Conversation Tool** *aids SDM*
- **Attack-Tracking Tool** *enables accurate reporting with HCP*
- **Educational Webinars** *includes new treatments*
- **Community-Based Events** *enables peer connection*

HEALTHCARE PROVIDER RESOURCES

- **HAEA Medical Advisory Board** *provides clinical guidelines*
- **HAE Patient Registry** *informs evidence-based decision-making*
- **Goals and QoL Resources** *informs patient evaluation*

HAE: hereditary angioedema; HAEA: Hereditary Angioedema Association; HCP: healthcare provider; QoL: quality of life.

HAE is Not Solved: Burdens Persist Despite Advances in Therapies Over the Past Decade

Common Disease Burdens

- Continued attacks
- Fear of the next attack
- Trigger avoidance

Common Treatment Burdens

- Chronic dosing
- Financial toll
- Insurance barriers

HAE: hereditary angioedema.

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Patients Continue to Report Burdens Associated with Having HAE Even in the Era of Modern LTPs

Reported in 2025[1] N=100

ATTACK BURDEN



34%

had ≥1 attack per month

80%

had ≥1 attack in past year

MENTAL HEALTH



54%

rank mental health as one the most impactful disease burdens

LIFE IMPACT



73%

take at least two measures to avoid triggers

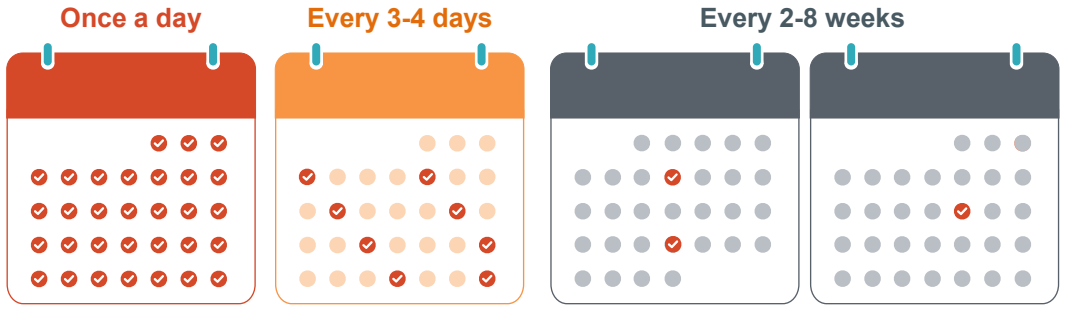
1. Busse et al., *Allergy Asthma Proceedings*, February 2026. HAE: hereditary angioedema; LTP: long-term prophylaxis.

Most Patients are Concerned with the Burden of Using LTPs Throughout Their Lifetime

68% of 100 U.S. people living with HAE report the need for ***lifetime medication use*** as a top concern[1]

Dosing burden

Current LTP options necessitate **chronic treatment**, requiring regular dosing[2-6]



Administration burden

LTP treatment may require **daily oral administration**, or immediate and recurring self- or assisted **administration via IV** or **subcutaneous injection**[2-7]

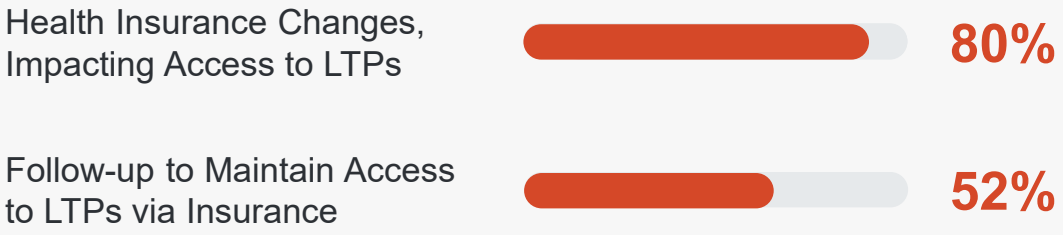


1. Busse et al., *Allergy Asthma Proceedings*, February 2026. 2. Takhzyro (lanadelumab-flyo) prescribing information. 3. Andembry (garadacimab-gxii) prescribing information. 4. Dawnzera (donidalorsen). prescribing information. 5. Cinryze (C1INH [human]) prescribing information. 6. Haegarda (C1INH subcutaneous [human]) prescribing information. 7. Orladeyo (berotralstat) prescribing information. HAE: hereditary angioedema; IV: intravenous; LTP: Long-term prophylaxis.

Insurance Barriers May Leave Patients Without Access to Medications, Which Takes a Financial and Mental Toll

In a survey of 100 U.S. patients, 89 who reported currently taking an LTP[1]:

AREAS OF HIGH BURDEN WITH YOUR CURRENT LTP (N=89)



AREAS OF HIGH BURDEN WITH CURRENTLY AVAILABLE LTPs (N=100)



Survey conducted by U.S. HAEA with 20 patients who reported insurance delays/denials[2]:

20% reported they were unable to regain access to medication

For the remaining 80%, step therapy and prior authorization were required

IMPACT OF INSURANCE DELAYS OR DENIALS

70% reported more frequent attacks without meds

90% reported increased anxiety without meds

1. Busse et al., *Allergy Asthma Proceedings*, February 2026. 2. Arora et al., *The Journal of Allergy and Clinical Immunology*, August 2023. HAEA: Hereditary Angioedema Association; LTP: long-term prophylaxis.

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Lonvo-z Impressions from a Treating Physician and Principal Investigator

High level of patient interest

- Multiple patients expressed interest in participating in HAELO trial at the University of California San Diego (UCSD)
- Competition among centers for enrollment was high; enrollment completed too quickly to allow for more UCSD patients to participate

1 enrolled patient

in lonvo-z's HAELO Phase 3 clinical trial at the UCSD

Why the patient enrolled

- Woman with severe Type 1 HAE who had been on multiple LTPs prior to study entry
- Motivations: to control her attacks, reduce treatment burden and contribute to the development of potential new treatment option for her young son and others

"Life-changing" experience

- Patient has done very well since receiving lonvo-z
- She reports she is extraordinarily happy that she participated in the trial
- Describes the trial as "life changing"

HAE: hereditary angioedema; LTP: long-term prophylaxis.

Lonvo-z Clinical Data

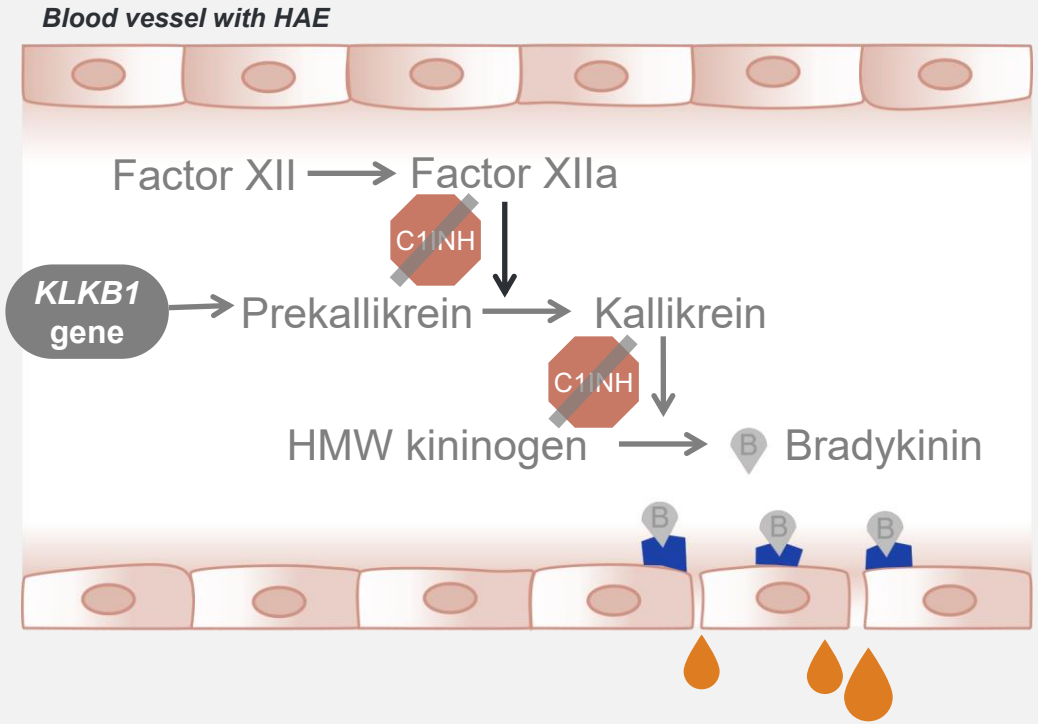
Dr. Jing L. Marantz

Executive Vice President & Chief Medical Officer

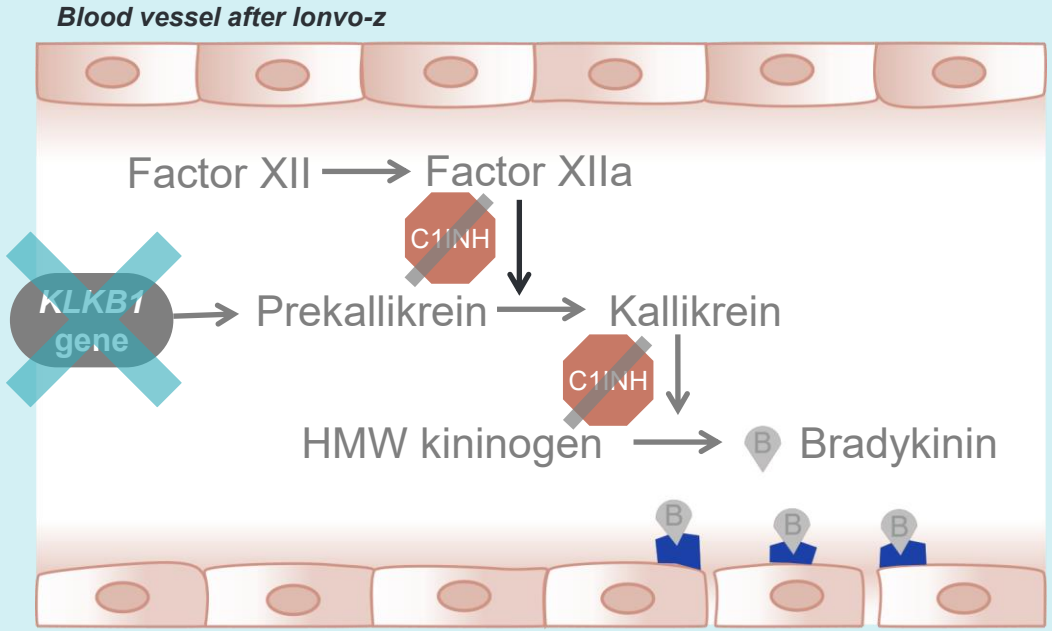
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Lonvo-z: An Investigational One-Time HAE Treatment Intended to Permanently Inactivate the *KLKB1* Gene

In HAE, C1 inhibitor deficiency imbalances the kallikrein-kinin system (KKS), leading to excess kallikrein production and debilitating swelling attacks



Lonvo-z was designed to stop HAE attacks: Inactivating *KLKB1* gene resets the KKS to stop excess kallikrein production and HAE swellings



Adapted from Zuraw BL. *New England Journal of Medicine,* September 2008. This presentation includes data for an investigational product not yet approved by regulatory authorities.
C1INH: C1 esterase inhibitor; HAE: hereditary angioedema; HMW: high-molecular weight; KLKB1: kallikrein B1.

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An Investigational One-Time Treatment Administered in Outpatient Setting

DAY PRIOR

Premedication at home
to mitigate IRR, oral dexamethasone 8 mg (or equivalent)

DAY OF INFUSION: Illustrative Example

7:00–8:30 AM	8:30–10:30 AM	10:30 AM–1:00 PM	1:00–4:30 PM	4:30–5:00 PM
Patient arrives at outpatient clinic	**Lonvo-z is prepared** **Premedications** to mitigate IRRs	**Lonvo-z IV infusion†** 3.9 hours median time in HAELO (range, 2.5 to 5.3 hours)	**Monitoring** (up to 4 hours)	**Patient goes home**

Premedications included:

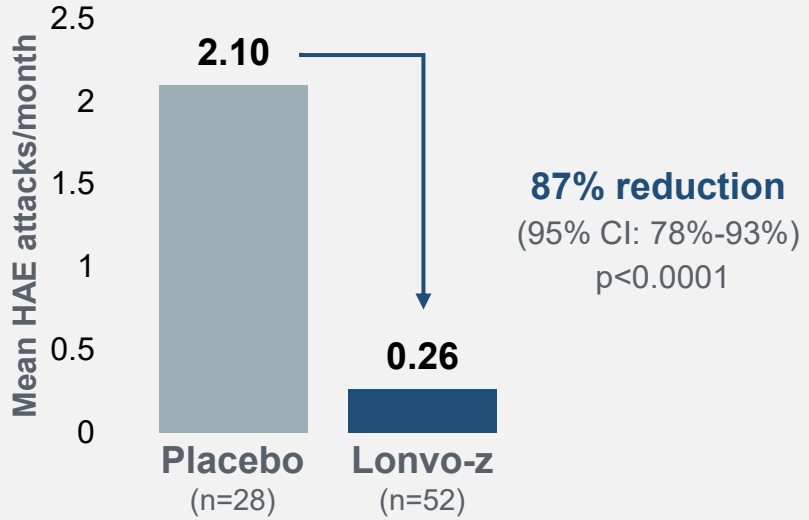
- IV corticosteroid (dexamethasone 10 mg or equivalent) *and*
- IV/oral H1 blocker (e.g., diphenhydramine 50 mg or cetirizine 10 mg or equivalent) *and*
- IV/oral H2 blocker (e.g., famotidine 20 mg or equivalent)

†Lonvo-z is being developed for administration as a 4-hour infusion. Patient time at the treatment center may vary depending on pre- and post-administration clinical and office procedures. This schedule reflects the HAELO Phase 3 clinical trial protocol. Schedule may vary if approvedProtocol: ITL-2002-CL-001. IRR: infusion-related reaction; IV: intravenous; mg: milligram.

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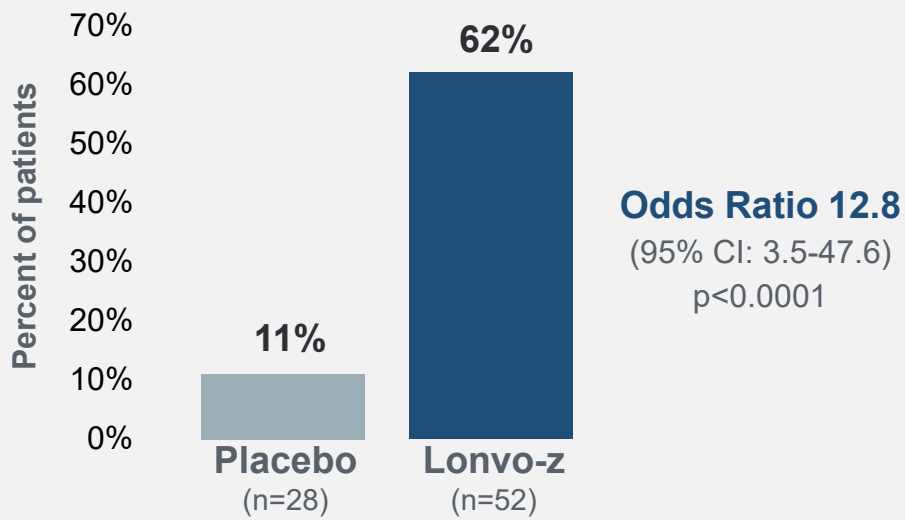
Phase 3 HAELO Trial Achieved its Primary and All Key Secondary Endpoints

Mean Attack-Rate Reduction Weeks 5 - 28 (Primary Endpoint) [1,2]



87% reduction
(95% CI: 78%-93%)
p<0.0001

Attack Free Weeks 5 - 28 (Key Secondary Endpoint) [2]



Odds Ratio 12.8
(95% CI: 3.5-47.6)
p<0.0001

All other key secondary endpoints were achieved with high statistical significance (p<0.0001)

Favorable safety and tolerability data observed

Data cutoff: February 10, 2026. 1. Model-based HAE attack rate using a Poisson regression model with Pearson Chi-square scaling of standard error with treatment arm and baseline attack rate (> 3 vs ≤ 3 attacks/month) as covariates. 2. Includes assessments up to and including Week 28, or the latest assessment prior to the data cut-off date for patients who did not reach Week 28. CI: confidence interval; HAE: hereditary angioedema.

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Our Presentations at ACAAI This Week

1. **Lonvoguran Ziclumeran Demonstrated Consistent Benefit in All Hereditary Angioedema Patient Subgroups in Ph3 HAELO Study**
   Poster Session
2. **Integrated Analysis of Lonvoguran Ziclumeran Phase 1/2/3 Studies in Hereditary Angioedema: Efficacy Safety and Tolerability**
   Poster Session
3. **Lived Experiences of Patients Treated with Lonvoguran Ziclumeran a One-Time CRISPR Treatment for Hereditary Angioedema**
   Poster Session
4. **A One-Time Treatment of Lonvoguran Ziclumeran Improves Quality of Life in Patients with Hereditary Angioedema**
   Poster Session
5. **Four-Year Durability/Safety of Lonvoguran Ziclumeran (Lonvo-z) 50 mg in Patients with Hereditary Angioedema**
   Oral Distinguished Industry and Late-breaking Oral Abstracts
6. **Attack-Free and Long-Term Prophylaxis-Free Status Following Treatment with Lonvoguran Ziclumeran in Hereditary Angioedema**
   Oral Distinguished Industry and Late-breaking Oral Abstracts
7. **Long-Term Prophylaxis for Hereditary Angioedema: Treatment Use Patterns and Gaps in a U.S. Claims Database**
   Poster Session

CRISPR: clustered regularly interspaced short palindromic repeats; mg: milligram; Ph3: Phase 3.

Our Presentations at ACAAI This Week

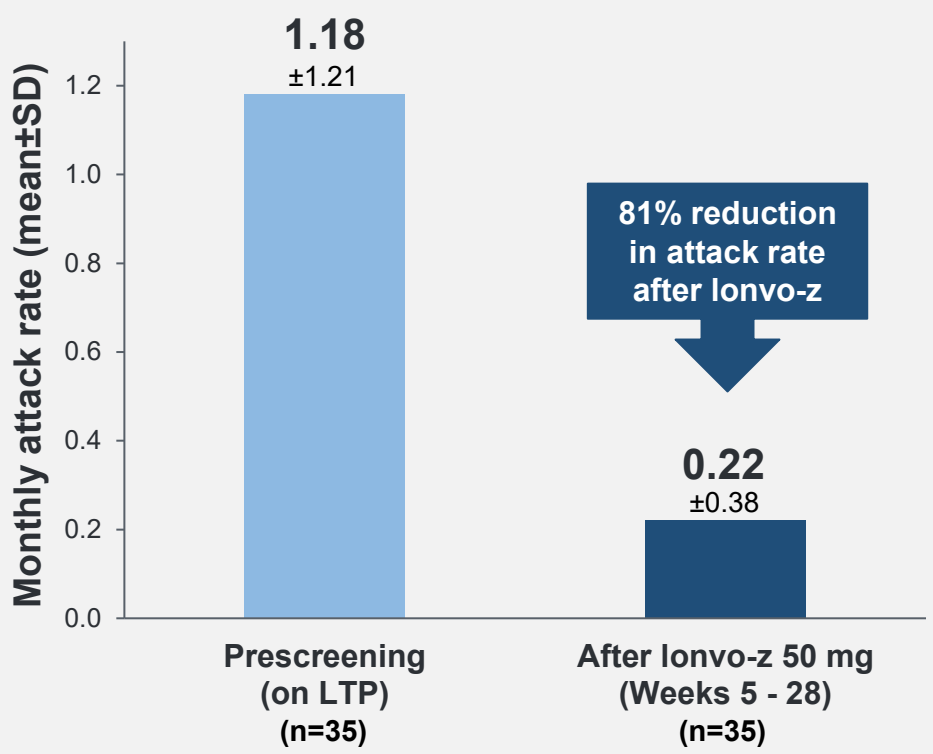
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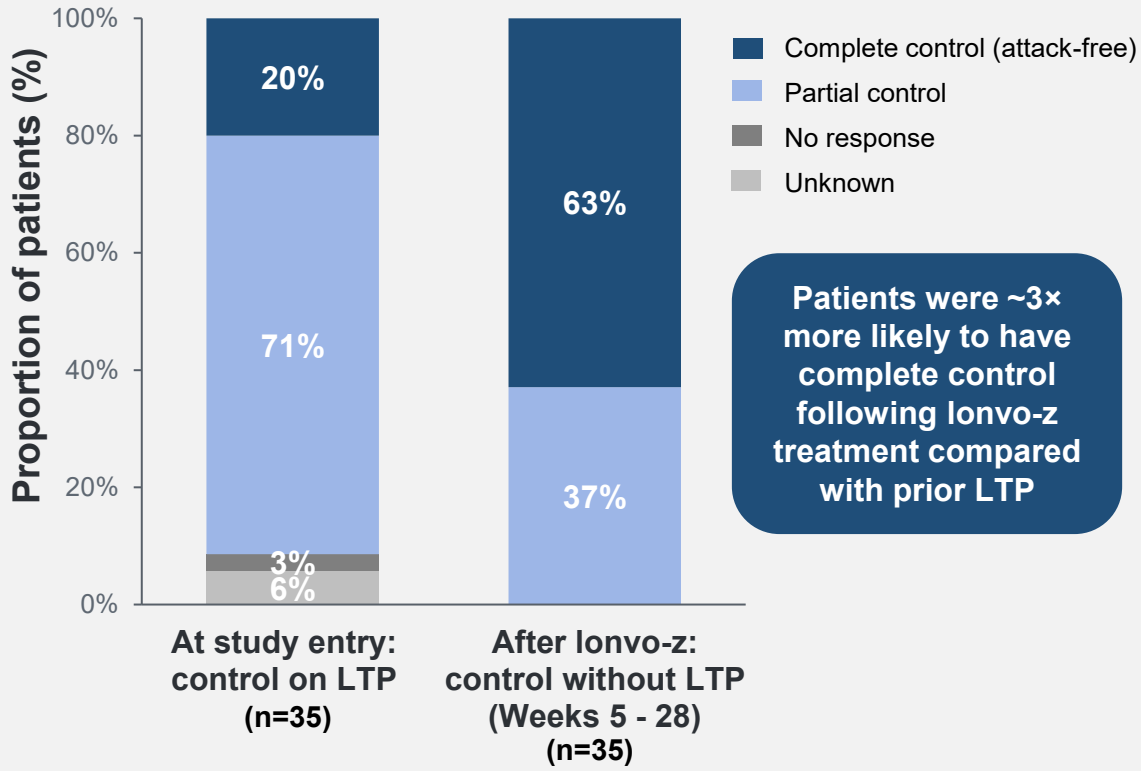
Improved HAE Outcomes in HAELO Patients Who Switched from LTP

In the subset of the patients taking LTP at the time of study enrollment and received lonvo-z at baseline (N=35/52)*:

Attack rate before and after lonvo-z†



HAE control before and after lonvo-z‡

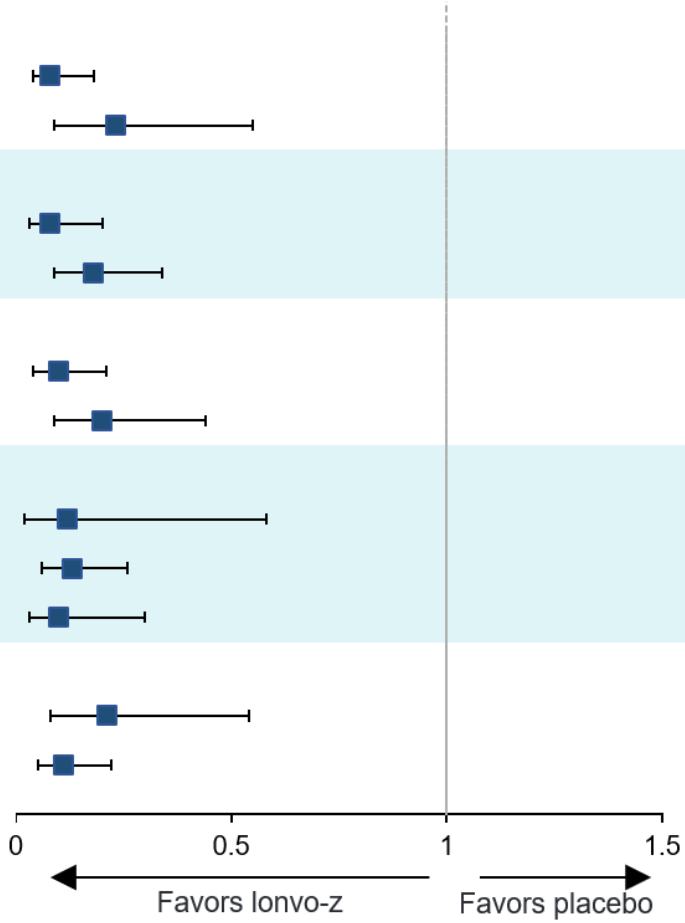


Patients were ~3× more likely to have complete control following lonvo-z treatment compared with prior LTP

Data as of Feb 10, 2026. *Prior use of LTP at study entry was defined as the last dose of LTP being discontinued within 100 days of Screening-1 visit. †Monthly attack rate at Screening was based on patient-reported attacks occurring in the 90 days prior to the Screening visit. ‡Attack response was defined based on the reduction in monthly attack rate from baseline: 100% reduction was considered complete control; >0% to <100% reduction was considered partial control; 0% reduction was considered no response. Best response to prior LTP was reported categorically by patients. HAE: hereditary angioedema; LTP: long-term prophylaxis; mg: milligram; SD: standard deviation.

All Patient Subgroups Benefited Consistently in HAELO, Regardless of Baseline Characteristics

Subgroup	Lonvo-z, n	Placebo, n	Attack rate ratio (95% CI)
Prior LTP use at study entry*			
Yes	35	22	0.08 (0.04, 0.18)
No	17	6	0.23 (0.09, 0.55)
Prior use of lanadelumab as LTP			
Yes	25	12	0.08 (0.03, 0.20)
No	27	16	0.18 (0.09, 0.34)
Historical attack frequency			
≤3 attacks/month	38	19	0.10 (0.04, 0.21)
>3 attacks/month	14	9	0.20 (0.09, 0.44)
Historical attack severity			
Mild	7	5	0.12 (0.02, 0.58)
Moderate	30	20	0.13 (0.06, 0.26)
Severe	15	3	0.10 (0.03, 0.30)
Baseline attack rate			
≤3 attacks/month	24	12	0.21 (0.08, 0.54)
>3 attacks/month	28	16	0.11 (0.05, 0.22)



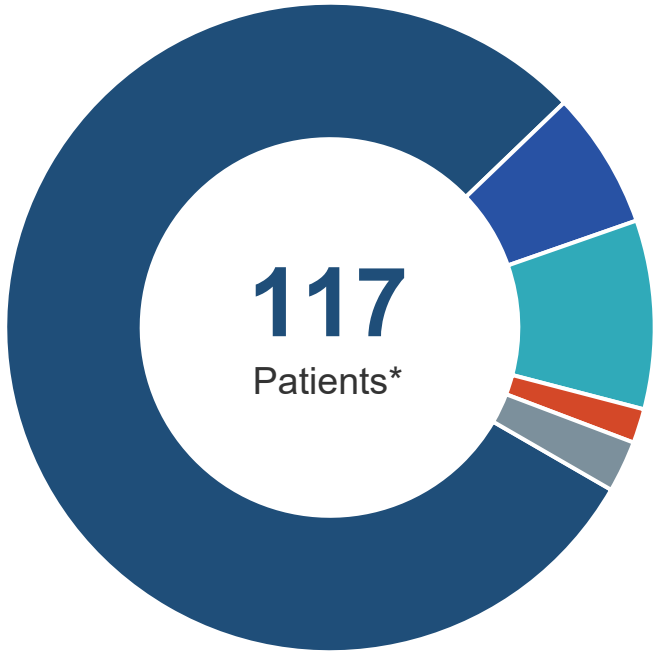
*Prior use of LTP at study entry was defined as the last dose of LTP being discontinued within 100 days of Screening-1 visit. Cohn DM, et al. *New England Journal of Medicine*, June 2026.
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5. Four-Year Durability/Safety of Lonvoguran Ziclumeran (Lonvo-z) 50 mg in Patients with Hereditary Angioedema
   Oral Distinguished Industry and Late-breaking Oral Abstracts
6. Attack-Free and Long-Term Prophylaxis-Free Status Following Treatment with Lonvoguran Ziclumeran in Hereditary Angioedema
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   Poster Session

CRISPR: clustered regularly interspaced short palindromic repeats; mg: milligram; Ph3: Phase 3.

Robust Experience with Lonvo-z: 117 Patients, Including Some with 4 Years of Follow-up



93 **Received one lonvo-z 50 mg dose**
in Phase 1/2 trial or Phase 3 HAELO trial

Integrated Phase 1/2/3 analysis

8 **Received placebo → lonvo-z 50 mg dose**
in Phase 3 HAELO trial (lonvo-z dose after Feb. 10 data cutoff)

11 **Received lonvo-z 25 → 50 mg doses**
in Phase 1/2 trial

2 **Received one lonvo-z 25 mg dose**
in Phase 1/2 trial

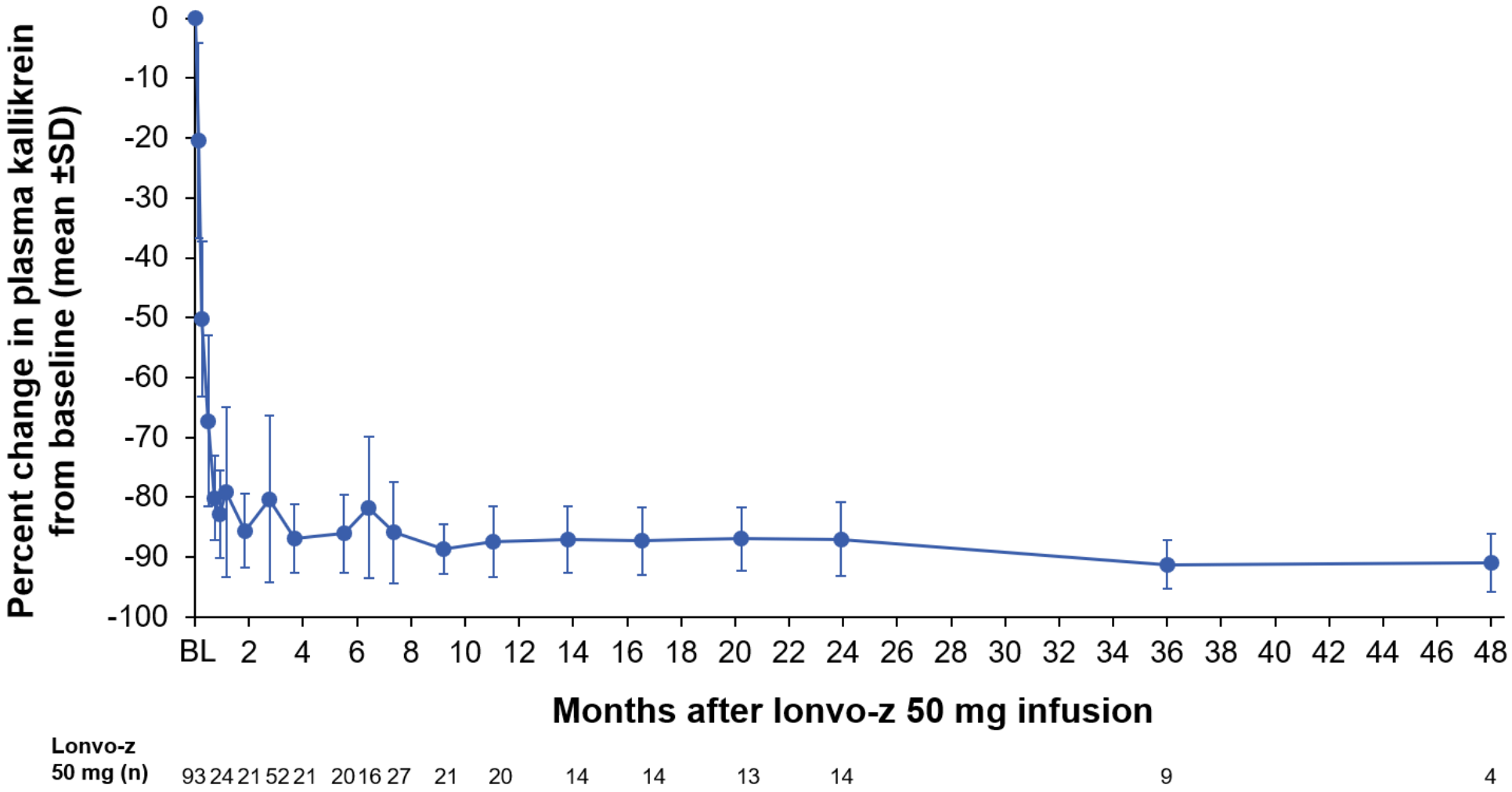
3 **Received one lonvo-z 75 mg dose**
in Phase 1/2 trial

Median total follow-up: 7.6 months (up to 4 years)

*June 26, 2026 (Phase 1/2); data cutoff date: February 10, 2026 (Phase 3); July 10, 2026 (LTFU: long-term follow-up). Mg: milligram.

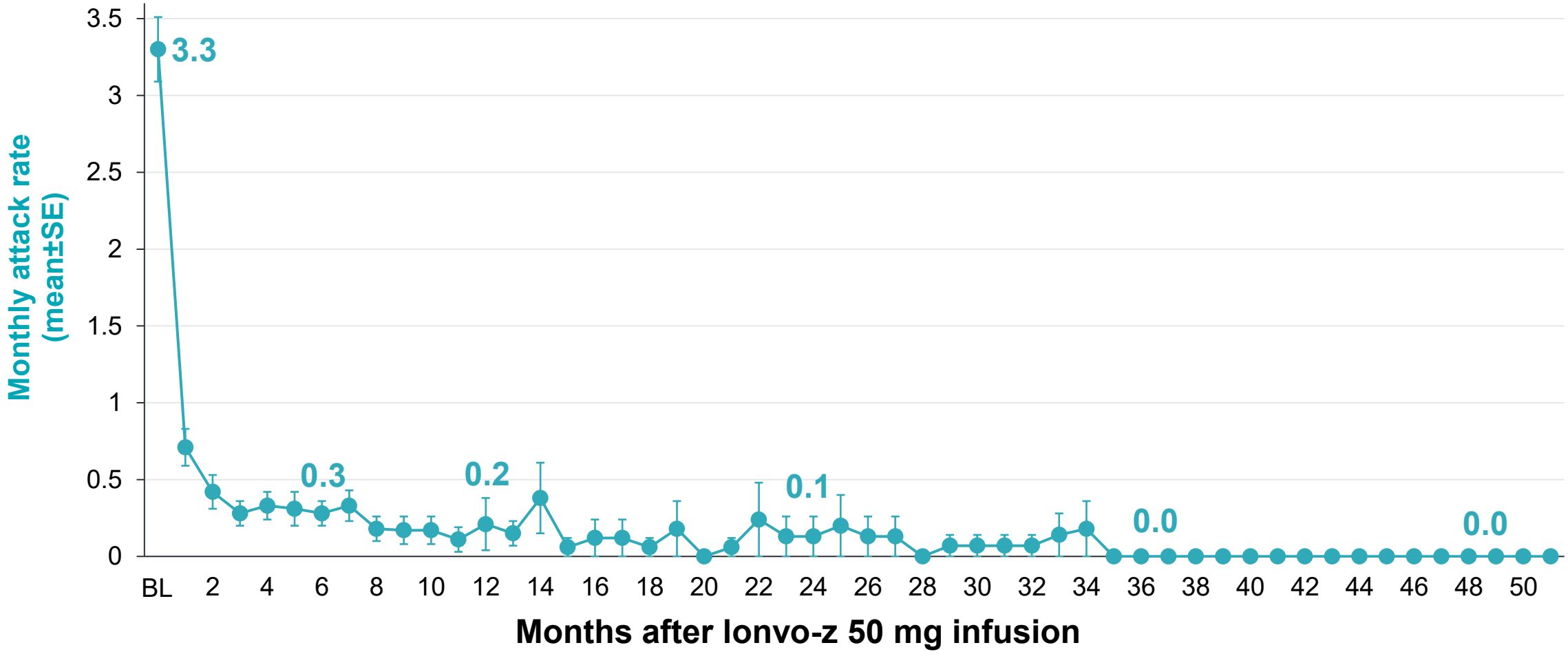
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Kallikrein Reduction Remains Deep and Durable with up to 4 Years Follow-up; No Waning of Effect



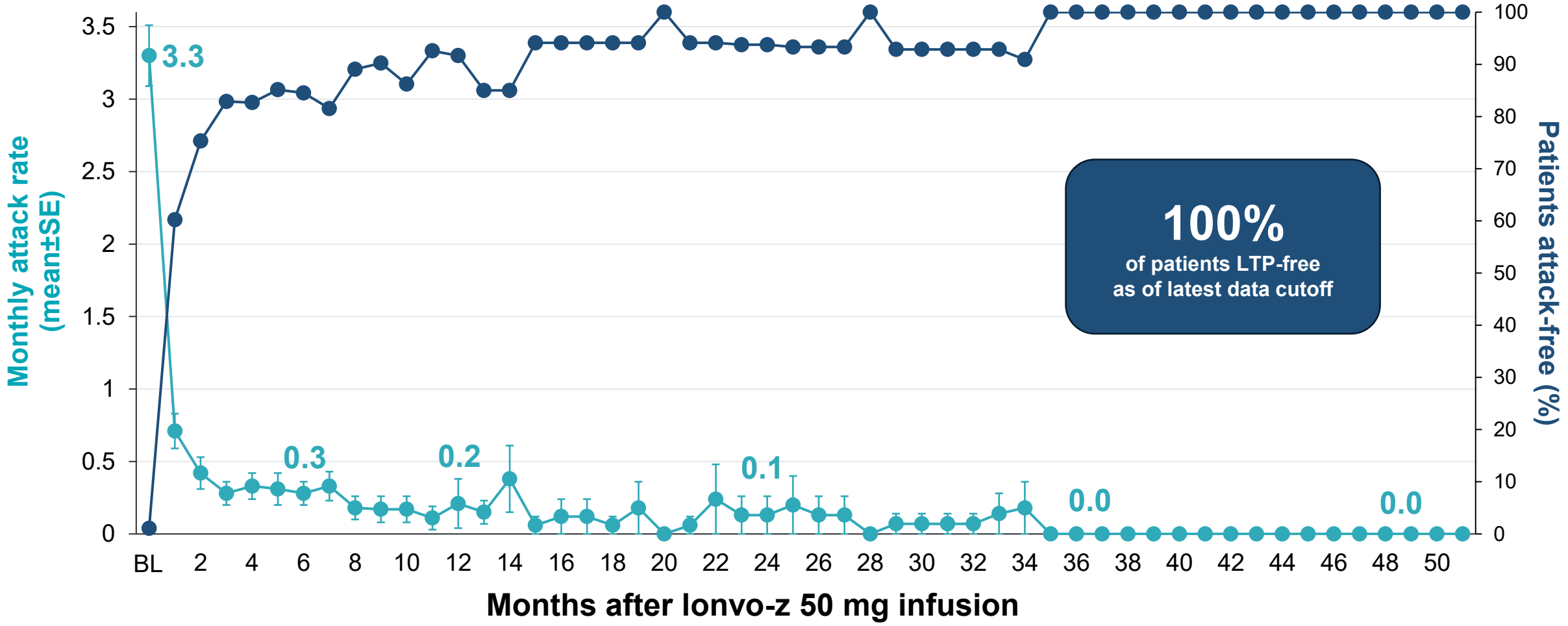
June 26, 2026 (Phase 1/2); data cutoff date: February 10, 2026 (Phase 3); July 10, 2026 (LTFU: long-term follow-up). BL: baseline; mg: milligram; SD: standard deviation.

Deep Attack-Rate Reduction and High Attack-Free Rate Maintained up to 4 Years After Lonvo-z 50 mg



June 26, 2026 (Phase 1/2); data cutoff date: February 10, 2026 (Phase 3); July 10, 2026 (LTFU: long-term follow-up). 31/32 patients treated with lonvo-z 50 mg remain in long-term follow-up. N shown represents the number of patients who have reached that time point. One month = 28 days. Timepoints with data from ≥3 patients are presented. BL: baseline; LTP: long-term prophylaxis; mg: milligram; SE: standard error.

Deep Attack-Rate Reduction and High Attack-Free Rate Maintained up to 4 Years After Lonvo-z 50 mg



Lonvo-z 50 mg (n)	93	93	81	76	75	74	71	65	64	41	29	27	24	20	20	17	17	17	17	17	17	17	17	16	16	15	15	15	14	14	14	14	14	14	11	10	9	9	9	9	7	4	4	4	4	4	4	4	4	4	4	4

June 26, 2026 (Phase 1/2); data cutoff date: February 10, 2026 (Phase 3); July 10, 2026 (LTFU: long-term follow-up). 31/32 patients treated with lonvo-z 50 mg remain in long-term follow-up. N shown represents the number of patients who have reached that time point. One month = 28 days. Timepoints with data from ≥3 patients are presented. BL: baseline; LTP: long-term prophylaxis; mg: milligram; SE: standard error.

Favorable Safety and Tolerability Data and No Long-Term Risks Observed with up to 4 Years of Follow-up

	Lonvo-z 50 mg (N=93) n (%)
Mean (range) duration of follow-up	7.6 (0.3-46.5) months
Any Treatment Emergent Adverse Event (TEAE)	82 (88)
TEAE Reported in >10% of Patients	
Infusion related reaction	51 (55)
Headache	18 (19)
Fatigue	17 (18)
Nasopharyngitis	15 (16)
Upper respiratory tract infection	13 (14)
Back pain	12 (13)
Grade 3 TEAE	2 (<1%)
Pulmonary embolism*	1 (<1%)
Perforated gangrenous appendicitis†	1 (<1%)
Serious Adverse Events (SAE)	2 (<1%)
Pulmonary embolism*	1 (<1%)
Perforated gangrenous appendicitis†	1 (<1%)

June 26, 2026 (Phase 1/2); data cutoff date: February 10, 2026 (Phase 3); July 10, 2026 (LTFU: long-term follow-up). *One event of Grade 3 pulmonary embolism was reported in a patient 12 months after lonvo-z 50 mg infusion. The patient had multiple risk factors which included recent COVID infection, ongoing history of smoking, and obesity. †One event of Grade 3 perforated appendicitis occurred in a patient 22 months after lonvo-z 50 mg infusion and was not considered treatment-related. Mg: milligram.

KEY TAKEAWAYS

Clinical Data Summary

HAELO DATA

81%
reduction in attack rate vs. patients' prior LTP

~3x
more likely to have complete HAE control after lonvo-z than prior LTP

All
patient subgroups showed clinical benefit in HAELO

POOLED ANALYSIS – UP TO 4 YEARS OF FOLLOW-UP

- Kallikrein reduction remains deep and durable
- Significant attack-rate reduction, high attack-free rate maintained
- **100%** of patients LTP-free as of the data cutoff
- Favorable safety and tolerability data, no long-term risks observed

HAE: hereditary angioedema; LTP: long-term prophylaxis.

Lonvo-z Patient Perspectives

Dr. Danny Cohn

Internist, Department of Vascular Medicine, Amsterdam Cardiovascular Sciences, Amsterdam University Medical Center

HAELO principal investigator

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Our Presentations at ACAAI This Week

1. **Lonvoguran Ziclumeran Demonstrated Consistent Benefit in All Hereditary Angioedema Patient Subgroups in Ph3 HAELO Study**
   Poster Session
2. **Integrated Analysis of Lonvoguran Ziclumeran Phase 1/2/3 Studies in Hereditary Angioedema: Efficacy Safety and Tolerability**
   Poster Session
3. **Lived Experiences of Patients Treated with Lonvoguran Ziclumeran a One-Time CRISPR Treatment for Hereditary Angioedema**
   Poster Session
4. **A One-Time Treatment of Lonvoguran Ziclumeran Improves Quality of Life in Patients with Hereditary Angioedema**
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CRISPR: clustered regularly interspaced short palindromic repeats; mg: milligram; Ph3: Phase 3.

About the “Lived Experiences” Study

Intent: Qualitative patient interviews were conducted to better understand patient experiences before and after receiving a one-time lonvo-z infusion

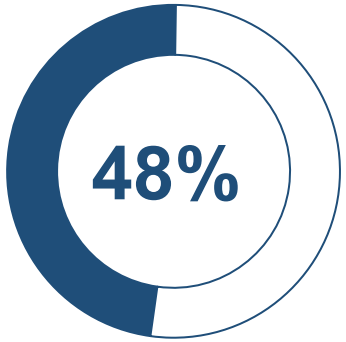
Eligibility: Patients who were enrolled in the long-term follow-up study and had received at least a 50 mg dose of lonvo-z during the Phase 1/2 study

Patient Characteristics	N=23
Age at Phase 1/2 study enrollment, median (range), years	51 (18 – 76)
Sex, Female, n (%)	12 (52%)
Race, White, n (%)	22 (96%)
Monthly attack-rate prior to Phase 1/2 study, mean (SD)	2.4 (2.7)
On-study monthly attack rate, mean (SD)*	0.1 (0.1)
Time since lonvo-z infusion, median (range), years*	2.4 (1.1 – 4.2)

*Calculation includes time since lonvo-z 50 mg or 75 mg dosing, including in long-term follow-up study. Mg: milligram; SD: standard deviation.

Following Lonvo-z Dosing in Phase 1/2 Trial, Patients Generally Report Being Freed from HAE Burdens

BEFORE LONVO-Z



of patients reported HAE as well-controlled

AFTER LONVO-Z



of patients reported HAE as well-controlled

86% changed their definition of "well controlled" after lonvo-z

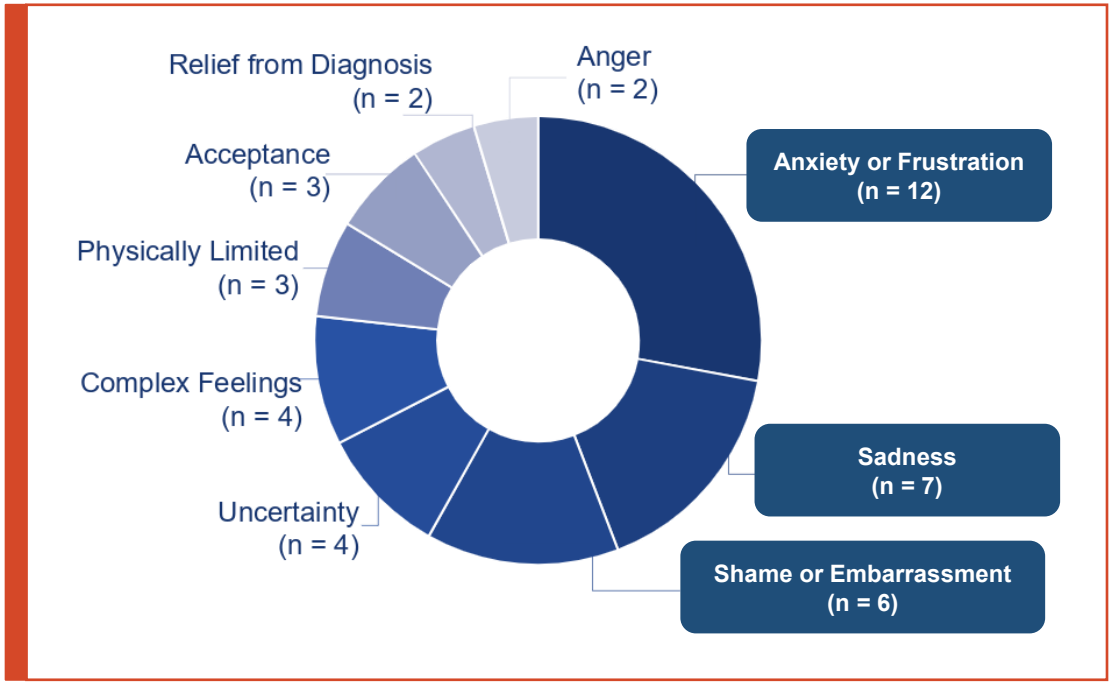
Fewer or less severe attacks	Symptoms remaining manageable	Daily life continuing despite HAE	No attacks or symptoms	Less ongoing treatment burden	HAE being less prominent in daily life

74% ALWAYS — How often patients thought about HAE — NEVER* **87%**

*Never or only when reminded by others. HAE: hereditary angioedema.

Life Before Lonvo-z: Patients' Own Words

Description of living with HAE:



Interview excerpts:

> *I think **it does give you... a kind of inferiority complex**. It is really something that you always have to carry."*

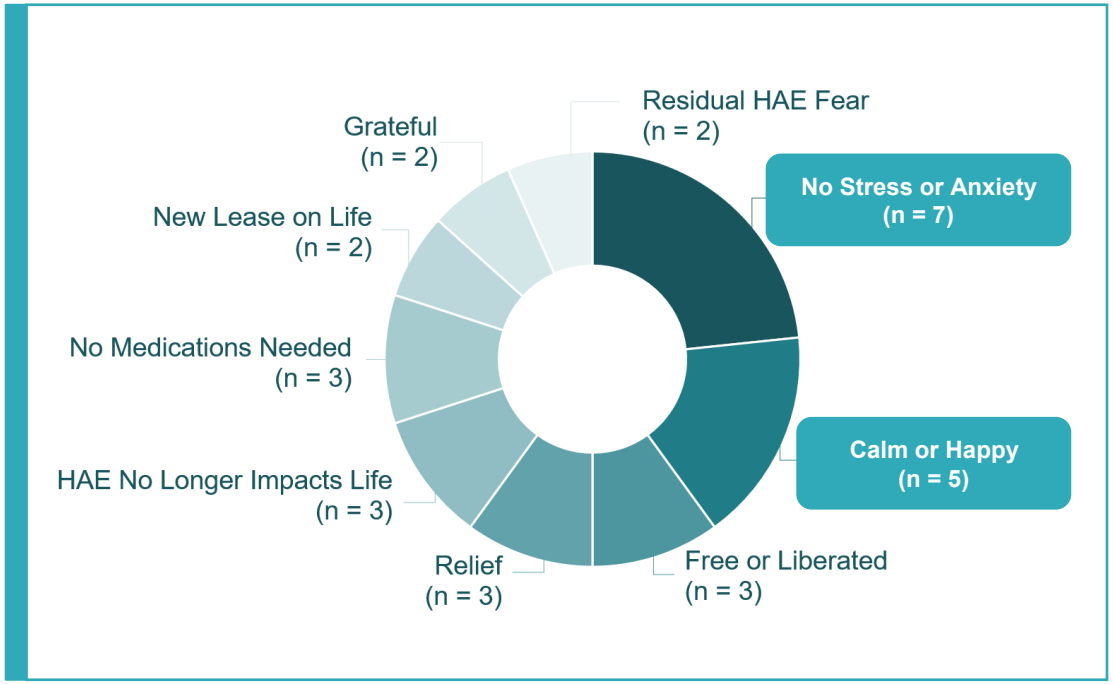
> *You can't always do the things you want or go to the places you want or pursue the career you want. And, so, I guess **it's the missed opportunities and then the frustration**."*

> *I always felt some anxiety about whether I would always be able to have access to my medication… **really, really frightened** if it wasn't going to be available."*

A qualitative thematic analysis approach was used to analyze data collected from interviews conducted January - May 2026 among patients receiving at least 50 mg of lonvo-z in the Phase 1/2 study (N=23). HAE: hereditary angioedema.

Life <u>After</u> Lonvo-z: Patients' Own Words

Description of living with HAE:



Interview excerpts:

> *It's really weird but **I feel like I've never been ill**."*

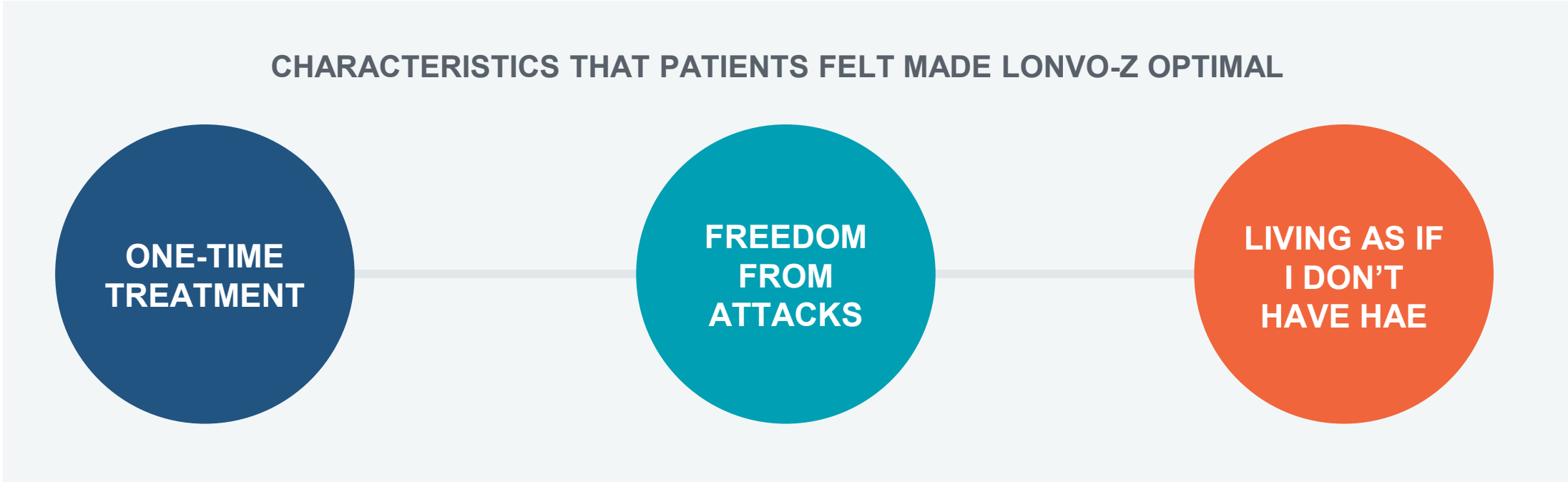
> *I have not had one symptom in three years… **it's like I haven't got it anymore**."*

> ***It's completely controlled.** I haven't had an attack or a piece of swelling or anything since the infusion. Nothing."*

> ***I no longer need to make choices on the basis of HAE**, but purely on the basis of what I want for myself."*

A qualitative thematic analysis approach was used to analyze data collected from interviews conducted January - May 2026 among patients receiving at least 50 mg of lonvo-z in the Phase 1/2 study (N=23). HAE: hereditary angioedema.

Nearly All Respondents (22 of 23) Described Lonvo-z as an Optimal HAE Therapy



*Well, **I feel like it's the new gold standard**... So, hopefully it will be lifelong… There's nothing else that comes close to that sort of response."*

*"I've tried many drugs for HAE… We've tried everything, and **there is no comparison."***

A qualitative thematic analysis approach was used to analyze data collected from interviews conducted January - May 2026 among patients receiving at least 50 mg of lonvo-z in the Phase 1/2 study (N=23). HAE: hereditary angioedema.

Lonvo-z Impressions from a Treating Physician and Principal Investigator

17 enrolled participants

at Amsterdam University Medical Center

- 10 in lonvo-z's Phase 1/2 trial
- 7 in lonvo-z's Phase 3 trial

Who enrolled and why

- 59% of patients were previously on LTP
- Many knew about lonvo-z and gene editing prior to entering prescreening
- Motivations: burdens associated with their prior therapies, one-time nature of lonvo-z administration, opportunity to provide a new treatment option for future generations

Easy to administer

Lonvo-z's administration easily performed

All participants have benefitted

- No loss of efficacy observed with >4 years of follow-up in earliest treated patients
- All performed well following dosing, with some benefitting further following crossover or treatment unblinding
- Participants feel privileged, with many viewing administration as a key turning point in their lives

LTP: long-term prophylaxis.

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Readying to Revolutionize the Treatment of HAE in the U.S.

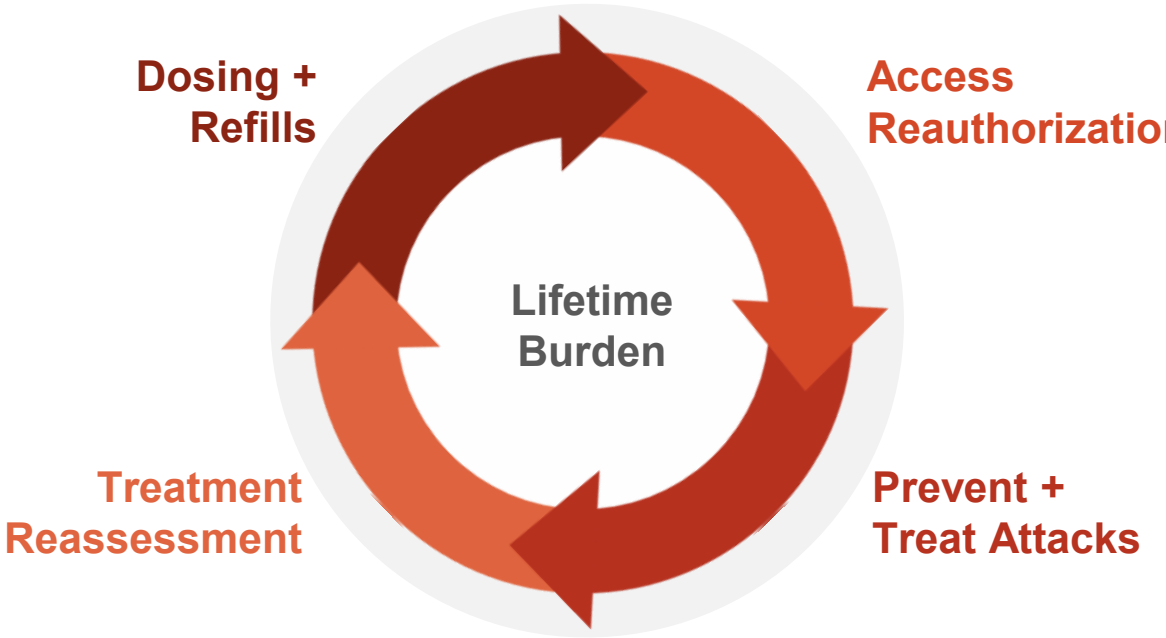
Maria Natale

Senior Vice President, Commercial

Intellia Therapeutics

Lonvo-z Has the Potential to Turn Years of Chronic Care into a One-Day Event

TODAY'S CHRONIC CARE CYCLE



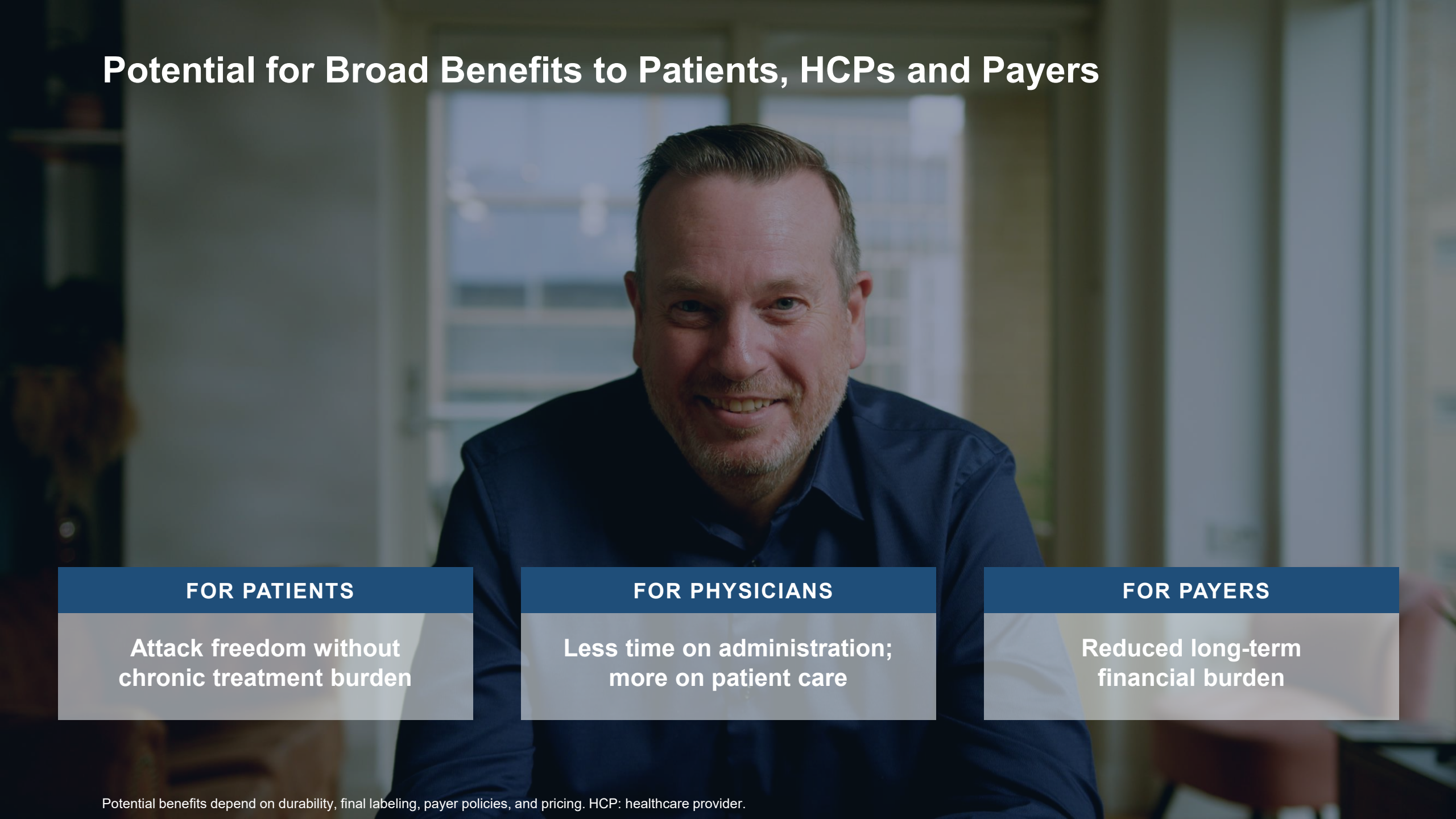
POTENTIAL FUTURE OPTION

1x

One-Time Lonvo-z Infusion

Intellia THERAPEUTICS®

Potential for Broad Benefits to Patients, HCPs and Payers



FOR PATIENTS	FOR PHYSICIANS	FOR PAYERS
Attack freedom without chronic treatment burden	Less time on administration; more on patient care	Reduced long-term financial burden

Potential benefits depend on durability, final labeling, payer policies, and pricing. HCP: healthcare provider.

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LAUNCH EXECUTION

HCP: healthcare provider.

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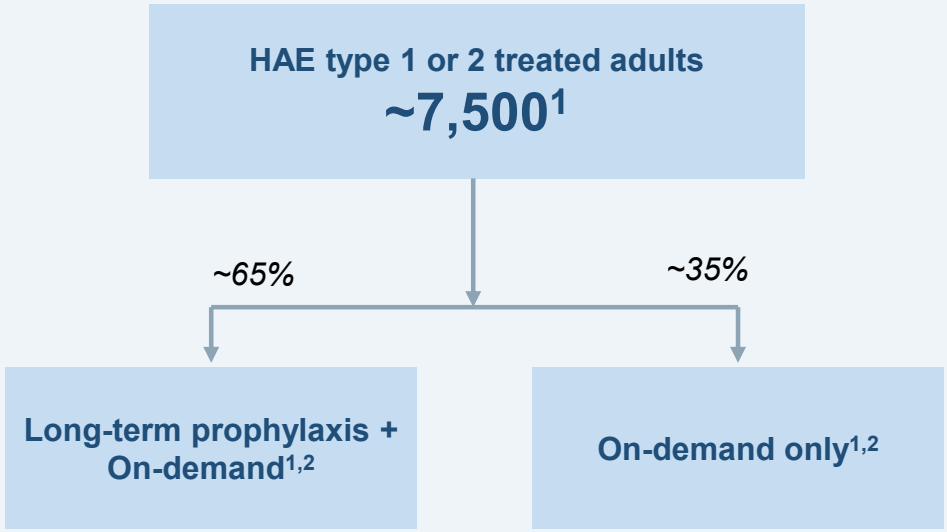
LAUNCH EXECUTION

HCP: healthcare provider.

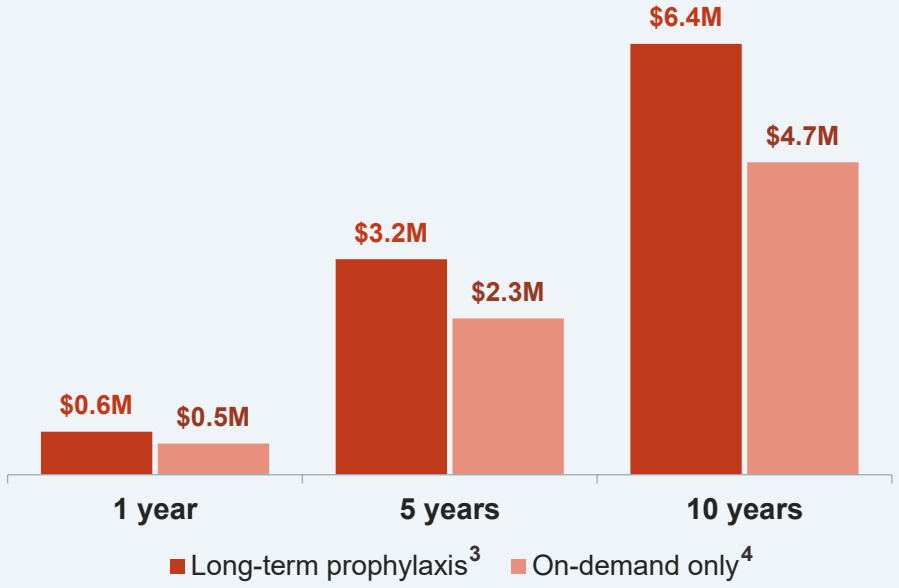
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About 7,500 U.S. Adults Are Treated for HAE, and a Single Patient on LTP Can Cost the U.S. Healthcare System >$6 Million Per Decade

U.S. TREATED ADULTS



PROJECTED CUMULATIVE COST PER PATIENT ($M)



Illustrative, per patient: LTP at ~$641K per year (95% CI: $560K-$737K); on-demand at the ~$465K midpoint of the ~$360K-$570K range. Costs held constant over time.

1. Population estimate: IQVIA LAAD+ 2018–2025. 2. Banerji A, et al. *Ann Allergy Asthma Immunol*ogy, June 2020; Anderson J, et al. *Advances in Therapy*, September 2026.
3. IQVIA PharMetrics® Plus retrospective claims analysis 2017-2022, commercially insured age 12+ LTP patients (n=210). 4. Range derived from 2 distinct studies: Castaldo et al. (2021). doi:10.2500/aap.2021.42.200127; Bernstein et al. (2020). doi:10.18553/jmcp.2019.19217.. LTP: long-term prophylaxis; HAE: hereditary angioedema.

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HCP: healthcare provider.

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HCPs Recognize the Burden of HAE and Want Patients to Live as Normally as Possible

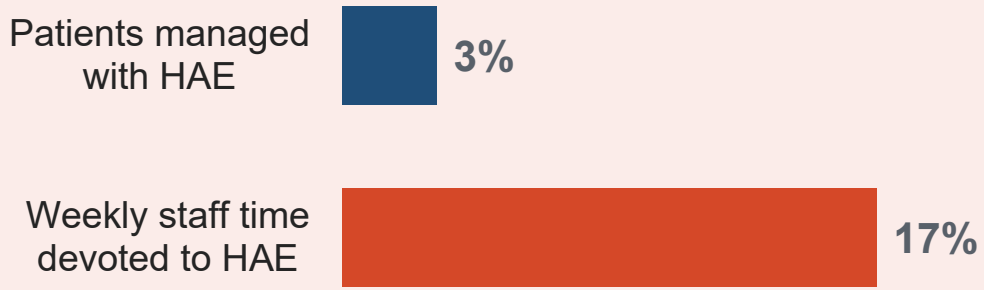
SIGNIFICANT IMPACT	NORMAL LIFE	LIFELONG THERAPY
97%	**98%**	**83%**
say HAE **significantly impacts** patients' lives	agree patients should live **as normal a life as possible**	worry patients will **need therapy for life**

>80% agree insurance approval is a big burden for patients and practices

Source: Intellia Commissioned Market Research, October 2026 (HCP n=151). Cumulative % rating 5, 6 or 7 on a 7-point agreement scale (1 = completely disagree, 7 = completely agree).
HAE: hereditary angioedema; HCP: healthcare provider.

An Outsized Proportion of HCP Staff Time is Allocated to HAE

DISPROPORTIONATE STAFF TIME



~6x staff time relative to patients managed

RESOURCE STRAINS RELATED TO HAE MANAGEMENT

90%

of HAE management time
is not reimbursable (median)

Source: Intellia commissioned 2026 HAE medication-management study (51 respondents, 23 U.S. facilities). HAE: hereditary angioedema; HCP: healthcare provider.

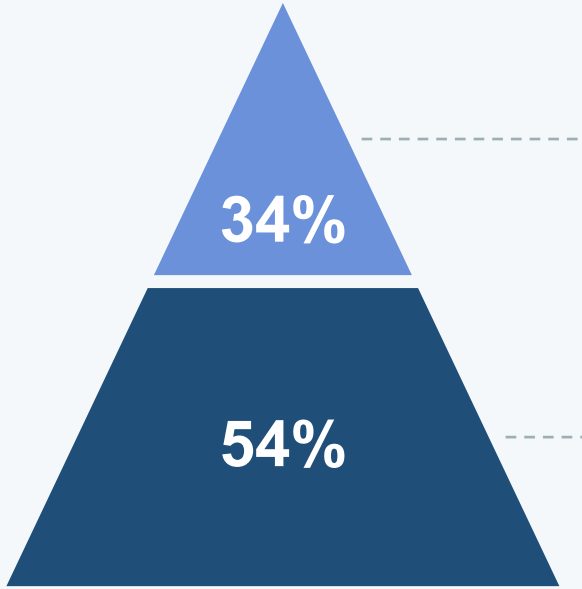
Strong Majority of Surveyed HCPs Would Prescribe Lonvo-z; Most to ≥50% of Their Patients

HCP RECEPTIVITY

88%

of HCPs would prescribe lonvo-z to **at least one patient**

PRESCRIBING OPPORTUNITY



EXPANSION OPPORTUNITY
Would prescribe to **<50% of patients** (n=51)

CORE PRESCRIBERS
Would prescribe to **≥50% of patients** (n=82)

TIME TO PRESCRIPTION

65%

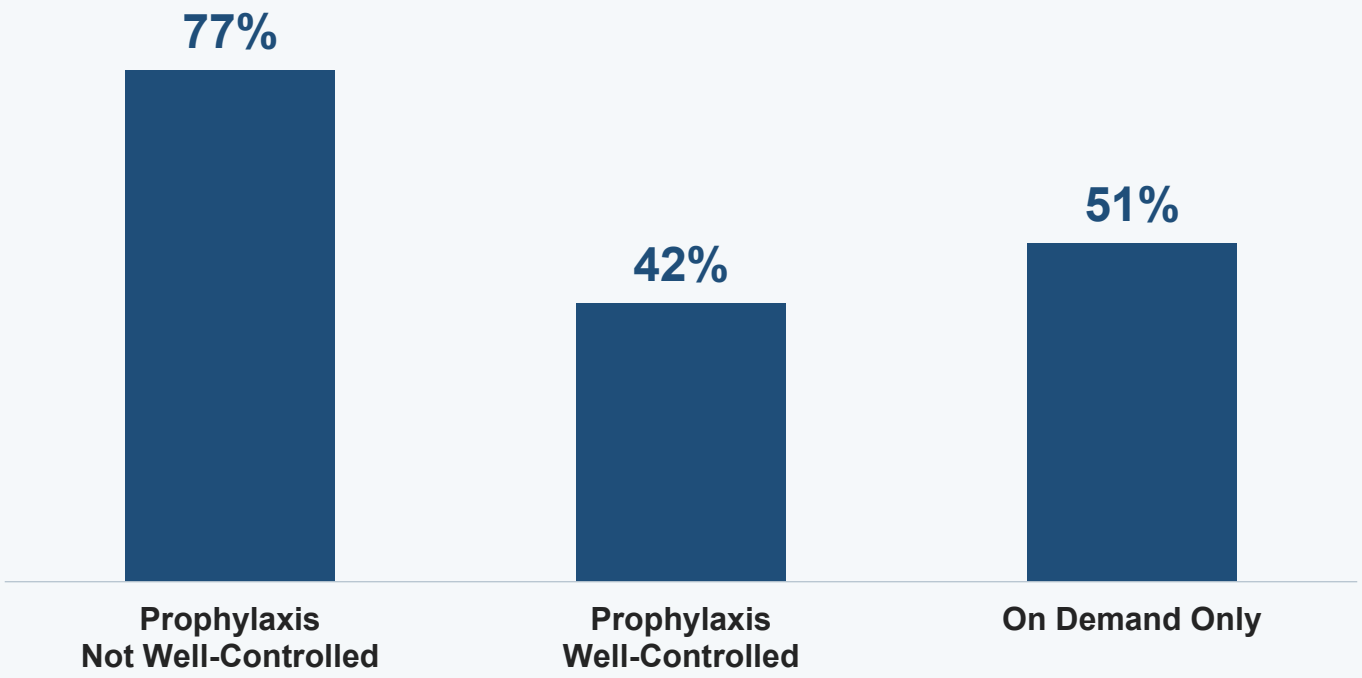
of HCPs would prescribe lonvo-z **within one year of approval**

Source: Intellia Commissioned Market Research, October 2026 (HCP n=151). HCP: healthcare provider.

Intellia THERAPEUTICS®

Surveyed HCPs are Likely to Prescribe Lonvo-z to a Broad Range of Patients

% OF HCPS WHO ARE LIKELY / EXTREMELY LIKELY TO PRESCRIBE LONVO-Z[1]



HCP's PRIORITY PATIENTS FOR LONVO-Z

- MULTIPLE SWITCHES
- BREAKTHROUGH ATTACKS
- PATIENTS SEEKING 1X TREATMENT

Source: Intellia Commissioned Market Research, October 2026 (HCP n=151). 1. % of HCPs rating 5–7 (1=not at all likely; 4=somewhat likely; 7=extremely likely). HCP: healthcare provider.

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HCP: healthcare provider.

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Surveyed Patients Expressed Strong Interest in Moving Beyond Chronic Therapy

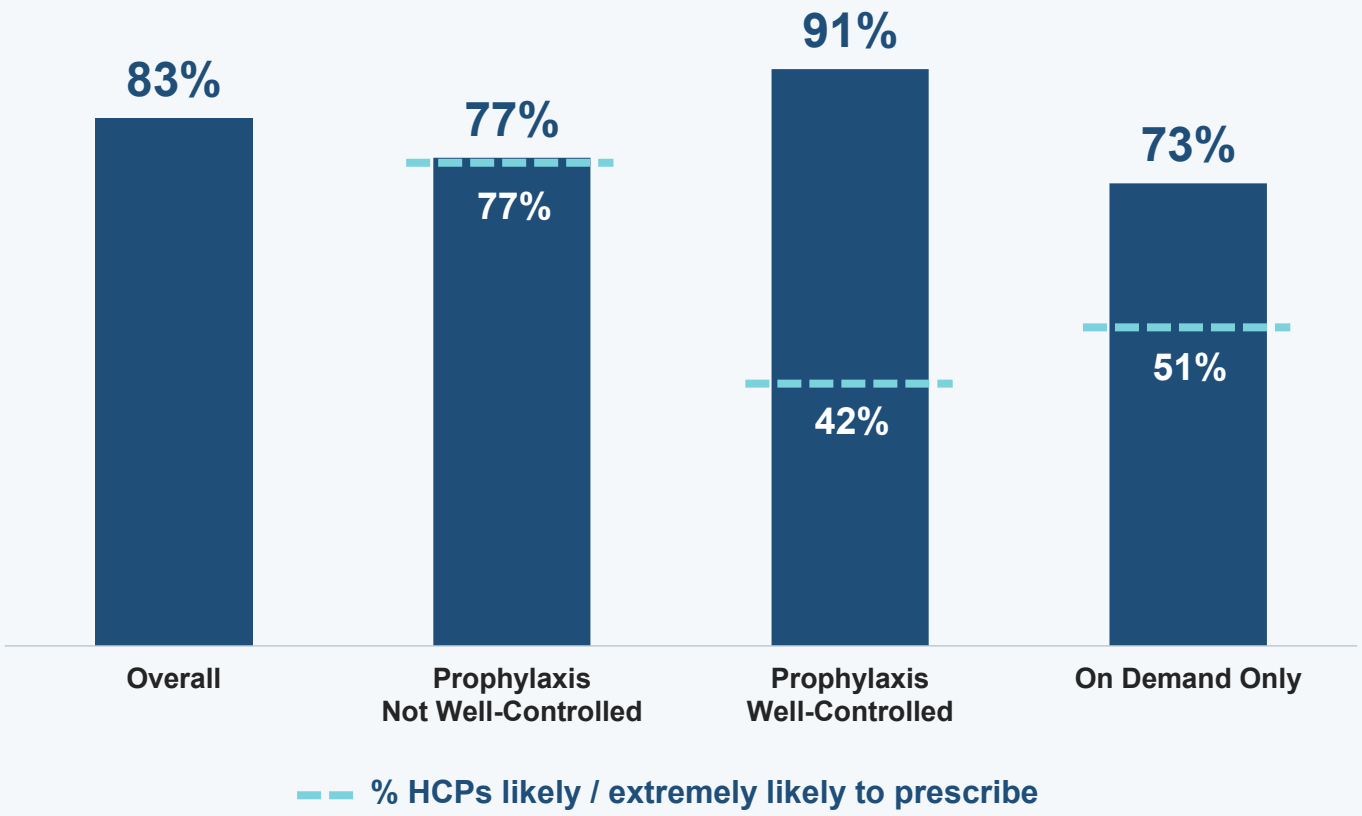
LIFELONG THERAPY	NO CHRONIC LTP
79%	**78%**
very worried about needing lifelong HAE therapy	very interested in no longer taking long-term prophylaxis

Source: Intellia Commissioned Market Research, October 2026 (Patients n=156). Interest: rating 4–5 on a 5-point interest scale. Worry about lifelong therapy: rating 5–7 on a 7-point agreement scale. LTP: long-term prophylaxis. HAE: hereditary angioedema; LTP: long-term prophylaxis.

Intellia THERAPEUTICS®

Most Surveyed Patients Would Ask About Lonvo-z, Regardless of Disease Control

% OF PATIENTS LIKELY / EXTREMELY LIKELY TO ASK ABOUT LONVO-Z[1]



SWITCHING HCPS

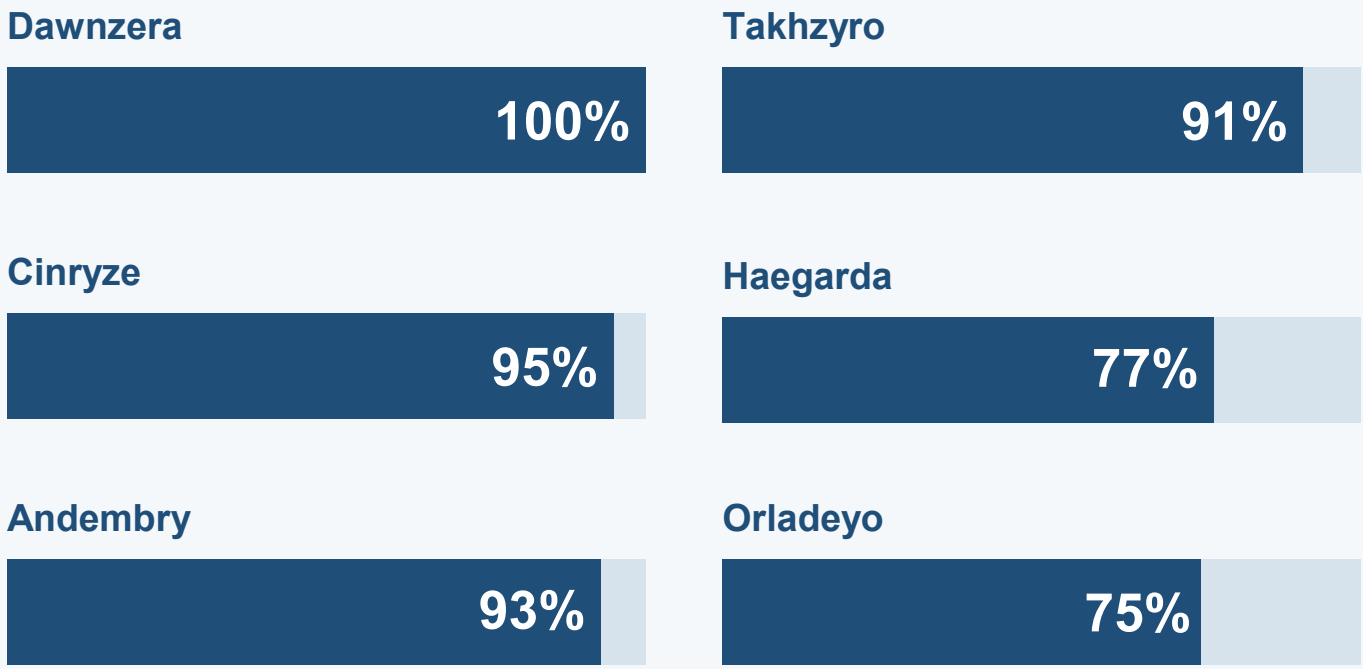
71%

of patients **would seek a different HCP** if theirs can't prescribe lonvo-z

Source: Intellia Commissioned Market Research, October 2026 (Patients N= 156). 1. % of patients rating 5–7 (1=not at all likely; 4=somewhat likely; 7=extremely likely). HCP: healthcare provider.

Strong Patient Interest in Lonvo-z Across All Approved LTPs

% OF PATIENTS LIKELY / EXTREMELY LIKELY TO ASK ABOUT LONVO-Z



EARLY ENGAGEMENT

68%

of patients would **discuss lonvo-z** with their HCP

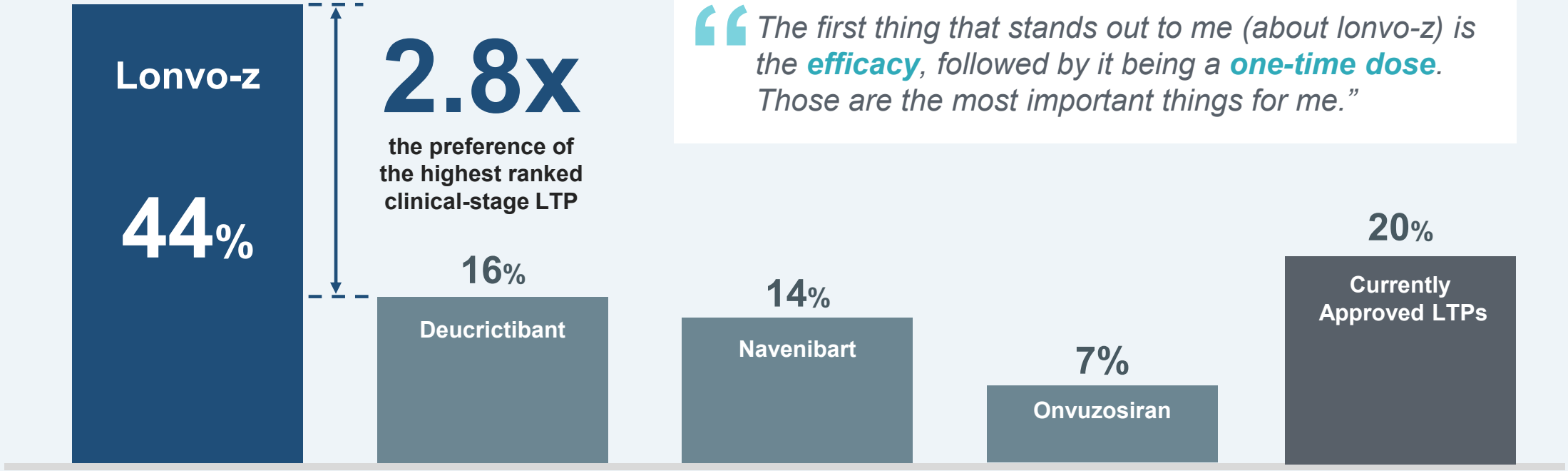
Within six months of approval

Source: Intellia Commissioned Market Research, October 2026 (Patients N=156; 112 LTP users: Dawnzera n=11; Cinryze n=21; Andembry n=14; Takhzyro n=23; Orladeyo n=20; Haegarda n=22; Androgen n=1). HCP: healthcare provider; LTP: long-term prophylaxis.

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Lonvo-z the Clear Preference Leader Among Approved and Clinical-Stage Products

% OF PATIENTS RANKING AN HAE PRODUCT / CANDIDATE AS THEIR FIRST CHOICE



*"The first thing that stands out to me (about lonvo-z) is the **efficacy**, followed by it being a **one-time dose**. Those are the most important things for me."*

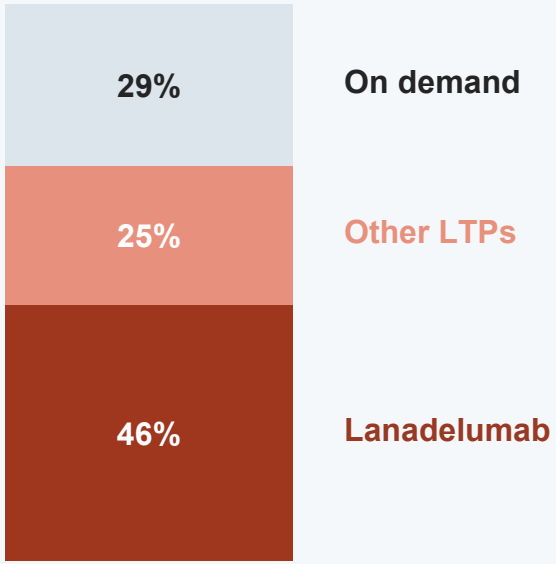
Product options tested: Clinical-stage candidates lonvo-z, deucrictibant, navenibart and onvuzosiran; and 'currently approved LTPs'

Source: Intellia Commissioned Market Research, July 2026 (N=107). Pipeline products tested as blinded TPPs, based on latest publicly available data at time of study. HAE: hereditary angioedema; LTP: long-term prophylaxis.

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HAELO Provided Evidence of Lonvo-z Interest from a Contemporary Patient Population

71% FROM LTPs; 29% FROM ODTs[1]



RAPID ENROLLMENT

- <9 months to fully enroll
- Demand exceeded slots
- ~50% from the U.S.

TRADE-OFFS

- New modality
- LTP washout
- **1:3** chance of placebo

1. HAELO Phase 3 enrolled 80 patients. LTP: long-term prophylaxis.

If Approved, Lonvo-z Could Ease Burdens for Patients, HCPs and Payers Alike

	Lonvo-z	Approved Chronic LTPs
Attack reduction	87%	44–89%
Attack- and treatment-free	62%	0%
Off prophylaxis at latest follow-up	100%	0%
Dosing frequency	One infusion, one time	13–365 doses per year
Ongoing access burden for all	One authorization, one time	1–2 reauthorizations per year
Cost profile for payers	Reduced long-term financial burden	Lifetime recurring costs

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Statistics above based on Phase 3 cross-trial comparison, for illustrative purposes only. HCP: healthcare provider; LTP: long-term prophylaxis.

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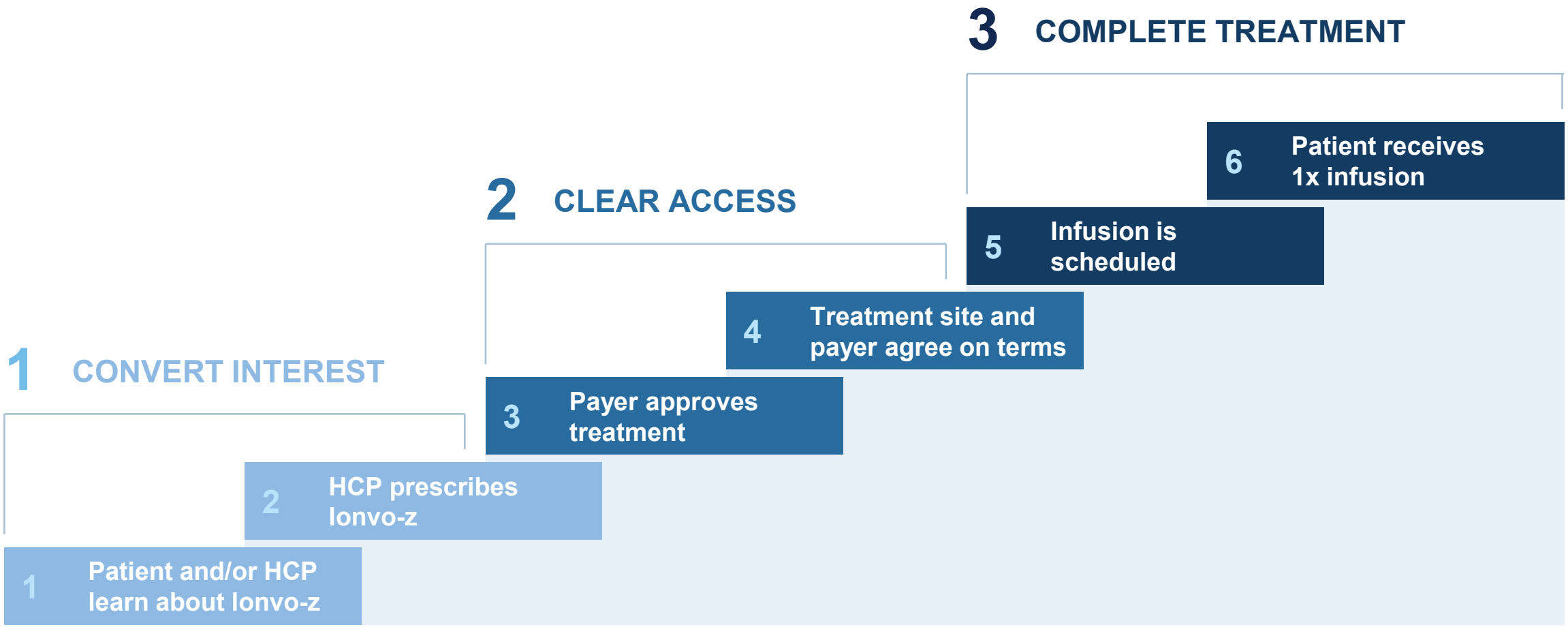
4

LAUNCH EXECUTION

HCP: healthcare provider.

Intellia THERAPEUTICS®

Will Seek to Convert Interest into Treatment as Seamlessly as Possible Upon Approval



HCP: healthcare provider.

Lessons from Prior One-Time Therapy Launches Guide Our Preparations

1	2	3	4
TEAM	**EDUCATION**	**ACCESS**	**NETWORK**
Prior launches struggled with **late hiring** and **gaps** in relevant **experience**	Satisfaction with current therapies and **limited education** slowed uptake	Coverage and reimbursement took **longer than expected**	Authorized treatment center hurdles **lengthened referral-to-treatment** time

Source: Intellia Assessment, 2024. Lessons vary by product and launch.

Intellia THERAPEUTICS®

A Team Built to Launch a One-Time Therapy in HAE is Already in Place

1 Seasoned

Average of **19 years in industry** and **six product launches**

2 Expertise

~60% have HAE or CGT experience; **11** HAE products and **15** CGT launches

3 Specialized

Dedicated experts for every step of the patient journey

Customer Facing Model

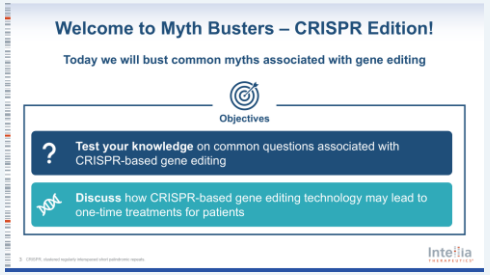
HAELO top-line results de-risked the build

2025	H1'26	H2'26
24 months prior to PDUFA	12 months prior to PDUFA	Six months prior to PDUFA
PAYER ACCOUNT TEAM	STRATEGIC ACCOUNT TEAM	SALES TEAM
FIELD MEDICAL TEAM	REIMBURSEMENT TEAM	NURSE CASE MANAGERS

CGT: Cell and Gene Therapy; HAE: hereditary angioedema; PDUFA: Prescription Drug User Fee Act.

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Pre-Launch Education Ongoing with HCPs and Patients



HCP

ACAAI Myth Busters Symposia

Full room

Short format in the congress program, led by a U.S. HAELO PI



HCP

Intellia Virtual Lab Tour

>90%

of HCPs from a consortium of immunology practices attended



PATIENT

Gene Editing Webinar

>16,000

views on the HAEA portal since October 2026



PATIENT

CRISPR Interactives

>1,000

HAEA Summit attendees received CRISPR education

HAE: hereditary angioedema; HAEA: Hereditary Angioedema Association; HCP: healthcare provider; PI: Principal Investigator.

HAE Reframed Opens New Conversations About Burdens

HCP



Digital · launched May 2026

95% of HAE prescribers reached

Field engagement · initiated Sept 2026

1,300 priority HCPs with >2 HAE patients

Patient



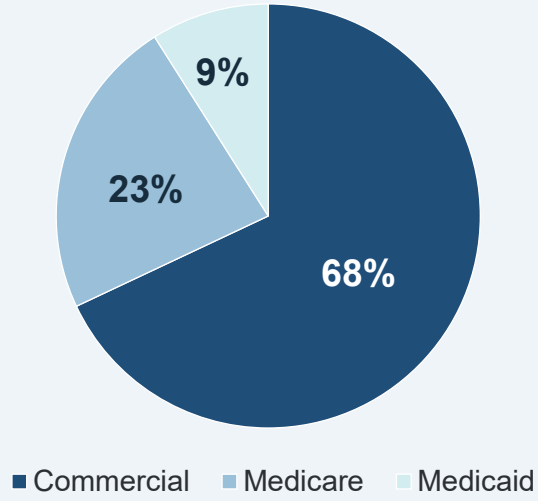
UPON APPROVAL: Initiating product promotion efforts through digital and field engagement

HAE: hereditary angioedema; HCP: healthcare provider.

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Commercial Payers Anchor HAE with Established Pathways for One-Time Therapies

PAYER MIX[1]



COMMERCIAL PAYERS

- ✓ Established **access pathway** for one-time therapies[2]
- ✓ Policies typically established within **3–12 months**[2]
- ✓ **Most lives covered** between 7 and 9 months[2]
- ✓ Patient **volume concentrated** among top payers[1]
- ✓ **Zero co-pay** for eligible patients[3]

Source: 1. Database Claims Analysis, June 2024. 2. Gene Therapy Coverage Assessment, March 2025 3. HHS OIG Special Advisory Bulletin: Pharmaceutical Manufacturer Copayment Coupons, September 2014. HAE: hereditary angioedema.

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Our Outreach is Well Underway and Payers Recognize Lonvo-z's Value

OUR OUTREACH BEGAN IN EARLY 2025[1]

280M+

U.S. lives covered by payers we are engaging

WHAT PAYERS VALUE ABOUT LONVO-Z

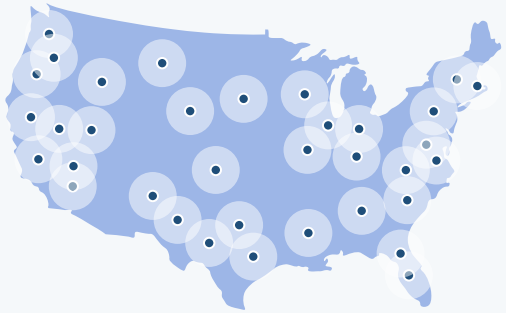
- ✓ One-time dosing eliminates **adherence issues**[2]
- ✓ ***In vivo*** approach + **outpatient** administration[3]
- ✓ **Durable** control is a primary value driver vs LTPs[4]
- ✓ Potential **cost** offsets[4]

Source: 1. Data on file. 2. Intellia Commissioned Payer Research 2025 N=12 payers; N=3 CGT administrators / financial decision-makers. 3. Direct Payer Engagement PCMA 2026. 4. Payer Research, June 2026. N=36. LTP: long-term prophylaxis; M: million.

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ATC Network Preparation Addresses Key Barriers to Treatment Access

NETWORK REACH



Goal: Most patients within 100 miles of an ATC

SITE PREPARATION

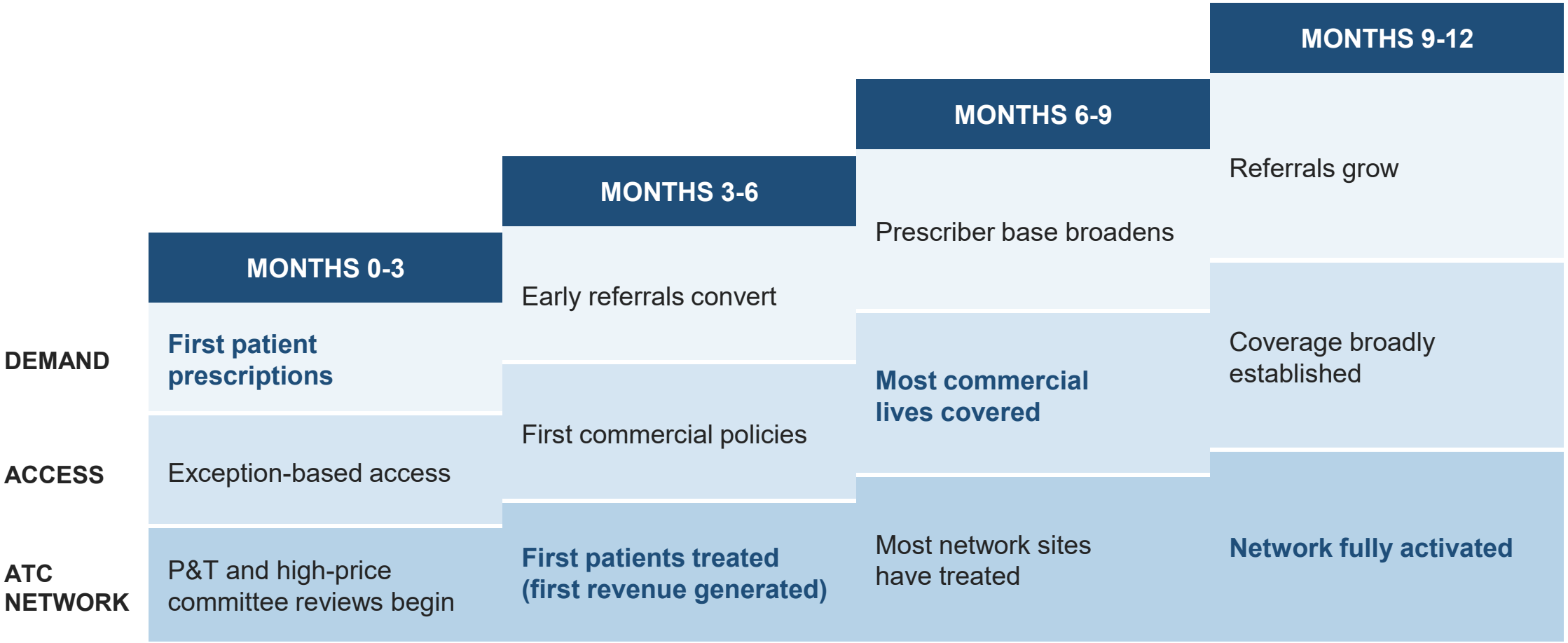
- ✓ Community + academic centers
- ✓ Capabilities assessed; Interest confirmed
- ✓ ATC training underway

PROCUREMENT FLEXIBILITY

- ✓ Buy-and-bill
- ✓ Specialty pharmacy to eliminate upfront funding and reimbursement exposure

Illustrative network. ATC: authorized treatment center.

Expect Momentum to Build Over Year One as Access and Network Expand



Timing is illustrative and approval-dependent. Coverage decisions and site activation may take longer. ATC: authorized treatment center; P&T: Pharmacy and Therapeutics.

Lonvo-z: A Potential One-Time Solution to a Lifetime of Burden

1 HIDDEN BURDENS

79%

of patients worry about lifelong therapy[1]

~90% staff time unreimbursed[2]

10-year LTP = >$6M per patient[3]

2 ONE DOSE, ONE-TIME

4 years

of proven durability after a single dose[4]

Attack freedom, no chronic burden

Lower long-term cost

3 ADOPTION TAILWINDS

2.8x

patient preference vs. top-ranked clinical-stage LTP[5]

88% of HCPs would prescribe[6]

~68% commercially insured[7]

4 LAUNCH-READY

Team built

for a one-time therapy, ongoing field engagement

Payer outreach since early 2025

ATC network building underway

Sources: 1. Intellia Commissioned Market Research, October 2026 (Patients n=156). 2. Intellia commissioned 2026 HAE medication-management study (51 respondents, 23 U.S. facilities). 3. Tachdjian R, et al. Poster presented at: ISPOR Annual Meeting, May 2024. Retrospective analysis of IQVIA PharMetrics® Plus claims, 2017–2022, commercially insured patients on nonandrogen LTP (n=210); ~$641K per patient per year over 10 years, costs held constant, no discounting. 4. June 26, 2026 (Phase 1/2); data cutoff date: February 10, 2026 (Phase 3); July 10, 2026 (LTFU: long-term follow-up). 5. Intellia Commissioned Market Research, July 2026 (n=107). 6. Intellia Commissioned Market Research, October 2026 (HCP n=151). 7. Komodo Research Database Claims Analysis, June 2024; HAE payer mix. ATC: authorized treatment center. HCP: healthcare provider; LTP: long-term prophylaxis; M: million.

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Conclusion

Dr. John Leonard

President & CEO, Intellia Therapeutics

Intellia THERAPEUTICS®

Today's Key Takeaways

DISRUPTIVE
TREATMENT APPROACH

A new modality that stands apart from past one-time treatments and chronic long-term prophylactics; aiming to **completely redefine HAE treatment**.

EMPOWERED
AND HIGHLY MOTIVATED PATIENTS

Patients with HAE are highly educated and have an outsized voice in their treatment. **Most report they would seek a one-time therapy**.

ADVANCING
TOWARD LAUNCH

Intellia has a **strong strategy and full team already in place**. Proactive work is well underway in anticipation of potential approval.

BENEFIT
FOR ALL

As a one-time treatment, lonvo-z could **reduce burden and generate value** for patients, HCPs, payers and the overall healthcare system.

HAE: hereditary angioedema; HCP: healthcare provider.

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Q&A



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