Intellia Therapeutics

43rd Annual J.P. Morgan Healthcare Conference

John Leonard, M.D.

President and Chief Executive Officer

January 13, 2025

SHANNA
Living with hereditary angioedema type 1

Intellia Therapeutics' Legal Disclaimer

This presentation contains "forward-looking statements" of Intellia Therapeutics, Inc. ("Intellia", "we" or "our") within the meaning of the Private Securities Litigation Reform Act of 1995. These forward-looking statements include, but are not limited to, express or implied statements about Intellia's beliefs and expectations regarding: our ability to successfully develop and commercialize nexiguran ziclumeran ("nex-z"), formerly known as NTLA-2001, for the treatment of transthyretin ("ATTR") amyloidosis and NTLA-2002 for the treatment of hereditary angioedema ("HAE") to address the significant unmet needs of patients and prescribers in HAE and ATTR amyloidosis; our ability to achieve near-term clinical milestones, including dosing the first patient in the Phase 3 HAELO trial for NTLA-2002 in the first quarter of 2025, completing enrollment in the Phase 3 HAELO trial in the second half of 2025, dosing the first patient in the Phase 3 MAGNITUDE-2 trial for hereditary ATTR amyloidosis with polyneuropathy ("ATTRv-PN") in the first quarter of 2025 and completing enrollment in 2026, enrolling at least 550 patients across the Phase 3 MAGNITUDE trial for ATTR amyloidosis with cardiomyopathy ("ATTR-CM") in 2025, substantially completing enrollment of the MAGNITUDE trial for ATTR-CM in 2026, and completing enrollment of the MAGNITUDE trial for ATTR-CM in 2027; the expected timing of data releases from our clinical trials of nex-z and NTLA-2002, including presenting longer-term data from the Phase 1/2 study of NTLA-2002, longer-term data from the Phase 1 study of nex-z in 2025, results from the HAELO trial for NTLA-2002 in 2026, and results from the MAGNITUDE-2 trial for ATTRv-PN in 2027; our ability to prepare for commercial launch, including having all commercial capabilities in place by end of 2026; our interactions with regulatory authorities, including the potential submission of a biologics license application for NTLA-2002 for the treatment of HAE in 2026; our ability to launch NTLA-2002 as our first commercial product in 2027; our ability to optimize the impact of our collaborations on our development programs, including our collaboration with Regeneron Pharmaceuticals, Inc. and their co-development program for ATTR amyloidosis, and to advance additional development candidates; our expectations regarding our uses of capital, expenses, and ability to fund operations through first commercial launch in the first half of 2027; and the potential commercial opportunities, including the value and market potential for our product candidates, including the potential of nex-z and NTLA-2002 to be single-dose treatments, the potential of nex-z to halt and reverse disease, result in lifelong, stable TTR reduction, be best TTR-directed drug, and represent a meaningful revenue opportunity starting in 2029, and the potential of NTLA-2002 to be a functional cure, eliminate significant treatment burden, eliminate HAE attacks and chronic prophylaxis, and represent a meaningful revenue opportunity starting in 2027.

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 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 ability to develop and commercialize any one or more of Intellia's product candidates successfully; 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 study results will not be positive; risks related to the development and advancement of novel platform capabilities, such as DNA writing technology and gene editing in tissues outside the liver; 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 our Intellia's ability to recruit and retain a management team and other key personnel to execute its strategic plans, including completing pivotal clinical trials and commercial lauch of its product candidates, such as nex-z and NTLA-2002. 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 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.

Intellia THERAPEUTICS

Leveraging Gene Editing Technology to Develop Differentiated Medicines for Superior Patient Outcomes

Treat patients at the **root cause of their disease**

Reduce burden to the patient and healthcare system

Single dose treatment with potential **lifelong benefit**

Best-in-class outcomes for patients

Intellia THERAPEUTICS

A Decade-long Mission to Bring Novel Therapies to Patients

Bringing Innovative Solutions to Patients

3

actively enrolling Phase 3 studies

HAELO Clinical Trial

MAGNITUDE CLINICAL TRIAL

MAGNITUDE-2 CLINICAL TRIAL

Deep Clinical Experience

Nearly 200

patient-years of experience

100+ patients

significant clinical experience and data presented to date

4+

years of follow-up in earliest dosed patients

Regulatory and Scientific Expertise

12+

health authority approvals for clinical studies

Multiple

regulatory designations

FDA FTD | FDA ODD | FDA RMAT | EMA PRIME | MHRA IP

4

New England Journal of Medicine publications

Abbreviations: **FTD** – Fast Track Designation; **ODD** – Orphan Drug Designation; **RMAT** – Regenerative Medicine Advanced Therapy; **IP** – Innovation Passport; **PRIME** – Priority Medicines

Intellia THERAPEUTICS

Two Late-stage Assets with Breakthrough Profiles and Blockbuster Potentials

THREE COMMERCIAL LAUNCHES EXPECTED STARTING IN 2027

	NTLA-2002	Nex-z*
Target Indication	Hereditary Angioedema (**HAE**)	Transthyretin amyloidosis (**ATTR**)
Unique Proposition	Potentially first to offer **lifelong freedom** from attacks and prophylaxis after a **single dose**	Potential to be the first to **stabilize or reverse** disease progression with a **single dose**
Program Status	Phase 3 initiated | **RMAT, ODD, PRIME** **BLA submission planned in 2026**	Phase 3 enrolling | **RMAT & ODD designation** **PN BLA submission planned in 2028** **CM enrollment completion by early 2027**
Total Market	WW Prevalence **~150,000**[1] Projected to reach global sales of $**5B**[2] **by 2028**	WW Prevalence **250,000 to 500,000**[3-6] Projected to reach global sales of $**12B**[2] **by 2028**

Data for 108 patients presented across programs; robust treatment effect continues at longest follow up through 2 years

* Nex-z (nexiguran ziclumeran), formerly referred to as NTLA-2001.

1. Zuraw et al 2008; 2. Evaluate Pharma Consensus Analyst forecasts October-December 2024; 3. Hawkins et al, 2015; 4. Maurer et al, 2019; 5. Nativi-Nicolau et al, 2021; 6. Gillmore et al, 2022

Abbreviations: **RMAT** – Regenerative Medicine Advanced Therapy; **ODD** - Orphan Drug Designation; **PRIME** – Priority Medicine; **BLA** – Biologics License Application; **WW** – worldwide; PN – Polyneuropathy; **CM** - Cardiomyopathy

Intellia THERAPEUTICS

Treatment is Designed for Patient and Provider-Friendly Experience*

DAY PRIOR	DAY OF		
One orally-administered pill	Two orally-administered pills before infusion	Single outpatient infusion	Return home
			

* does not involve apheresis, myeloablative conditioning therapy, or post administration steroid therapy

Intellia THERAPEUTICS

Building on Recent Accomplishments

2024
Key Achievements

- Clinical data suggest nex-z may halt and potentially reverse disease progression for ATTR amyloidosis
- Phase 1/2 data indicate NTLA-2002 may be a functional HAE cure for most patients
- Nex-z RMAT designation for ATTR PN
- Initiated 3 pivotal Phase 3 studies

2025
Operational Excellence

NTLA-2002

HAELO Clinical Trial

Complete Target Enrollment by YE

Nex-z

MAGNITUDE CLINICAL TRIAL

MAGNITUDE-2 CLINICAL TRIAL

Cumulative Enrollment >550 Patients by YE

2026
Readying for Commercialization

- **Phase 3 HAELO results** and first planned **BLA submission** in 2026
- **Complete enrollment** for MAGNITUDE-2 in ATTR-PN
- **Substantially complete enrollment** for MAGNITUDE in ATTR-CM
- Continue to build for **commercial success**

Abbreviations: **RMAT** – Regenerative Medicine Advanced Therapy; **ATTR** – Transthyretin amyloidosis; **HAE** – Hereditary Angioedema; **PN** - Polyneuropathy

Intellia THERAPEUTICS

Accelerating Clinical Development

2024
Key Achievements

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2025
Operational Excellence

NTLA-2002

HAELO Clinical Trial

Complete Target Enrollment by YE

Nex-z

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MAGNITUDE-2 CLINICAL TRIAL

Cumulative Enrollment >550 CM Patients by YE

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- **Complete enrollment** for MAGNITUDE-2 in ATTR-PN
- **Substantially complete enrollment** for MAGNITUDE in ATTR-CM
- Continue to build for **commercial success**

Abbreviations: **CM** – Cardiomyopathy; **YE** – yearend

Intellia THERAPEUTICS

Preparing the Market for Launch

2024
Key Achievements

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2025
Operational Excellence

NTLA-2002

HAELO Clinical Trial

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- Continue to build for **commercial success**

Abbreviations: **BLA** – Biologics License Application; **ATTR** – Transthyretin amyloidosis; **PN** – Polyneuropathy; **CM** - Cardiomyopathy

Intellia THERAPEUTICS

Maturing as a Fully-integrated, Commercial-stage Company

2024
Key Achievements

- Clinical data suggest nex-z may halt and potentially reverse disease progression for ATTR amyloidosis
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2025
Operational Excellence

NTLA-2002

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Abbreviations: **RMAT** – Regenerative Medicine Advanced Therapy; **ATTR** – Transthyretin amyloidosis; **HAE** – Hereditary Angioedema; **PN** – Polyneuropathy; **CM** – Cardiomyopathy; **YE** – yearend; **BLA** – Biologics License Application

Intellia THERAPEUTICS

Focused on Completing Clinical Programs and Capitalizing on Multi-billion Dollar Commercial Opportunities

Delivering on 3 Phase 3 Studies by 2027

Intellia THERAPEUTICS

NTLA-2002

Hereditary Angioedema:
Currently a Life-long Genetic Condition with Significant Burden

DAMIAN
Living with HAE

Rare, genetic and life-threatening disease

- Patients have **unpredictable, recurrent, painful and potentially life-threatening** swelling attacks.[1,2]
- Symptoms often begin in the **first decade of life** and typically worsen in puberty.[3,4]
- **Attacks can be triggered** by stress, trauma, infection, fatigue, and hormones.[2]
- **Approximately 6K patients in the US.**[5]

Despite available treatments, significant unmet need persists

- Many patients only achieve **partial clinical control.**[6,7,8]
- Patients make lifestyle modifications to manage **fear and anxiety.**[9]
- **Treatment burden** negatively affects patients, especially those taking injectable medications.[10]
- **Insurance delays and denials associated with maintaining access** have significant impacts on individuals with HAE.[11]

[1] Zuraw, NEJM (2008), [2] Busse and Christiansen, NEJM (2020), [3] Norris et al., Allergy Asthma Proc. (2022), [4] Pancholy et al., Curr Opin. Pediatr. (2019), [5] Busse et al., JACI In Practice (2021), [6] Banerji et al., JAMA (2018) [7] Zuraw et al., Allergy Clin. Immunol. (2021), [8] Longhurst et al., NEJM (2017), [9] Bork et al., Allergy Asthma Clin. Immunol. (2021), [10] Radojicic et al., Allergy Asthma Proc. (2021), [11] Arora et al., JACI In Practice (2023)

Intellia THERAPEUTICS

Intellia is Committed to Ending the Disease and Treatment Burden of HAE

HAE TREATMENT EVOLUTION

Goal:	SURVIVAL	PREVENTION	CURE
Disease Burden:	Attacks Treated with On-Demand Treatment	Attack Frequency Reduced with Chronic Prophylaxis	**Life-long Freedom from Attacks**
Treatment Burden:	Dozens of Injections Annually	Multiple Injections / Hundreds of Pills Annually	**Life-long Freedom from Chronic Therapy**

Patients report significant disease and treatment burden with available therapies[1]

"**I would love to not have to ever take another injection or another pill.** It would be amazing"

"I am hesitant to switch jobs because I know these are expensive treatments and **I may not always have access**"

"Treatment has improved but I am still **experiencing a high number of attacks**"

Source: 1. Intellia commissioned HAE patient and caregiver interviews (n=58)

Intellia THERAPEUTICS

NTLA-2002 Has the Potential to Be a Functional Cure for Patients With HAE

PHASE 1 & 2 RESULTS NTLA-2002

- Phase 2 data show the potential of a single 50mg dose to **eliminate attacks and chronic prophylaxis**[1, 2]
  - All 11 patients had a reduction in attacks
  - All but 1 patient remained **free from chronic prophylaxis**
  - Most patients achieved **complete elimination of attacks**
  - Safety profile **continued** to be highly **encouraging***
- Demonstrated **durability** through **2 years** in phase 1[3]

100%

of patients had **reduction in attacks**

73%

of patients **attack free and off chronic prophylaxis**

*Safety findings: Most common AEs (> 25%) were headache (36%), fatigue (27%), nasopharyngitis (27%), and infusion-related reaction (27%). All TEAEs were grade 1 and 2.

1 Cohn et al., NEJM (2024)
2 Cohn et al., ACAAI (2024) https://www.intelliatx.com/wp-content/uploads/Intellia_NTLA-2002-Phase-2-Data-Investor-Presentation_10.24.24_vF.pdf
3 Longhurst, EAACI (2024) https://www.intelliatx.com/wp-content/uploads/EAACI-NTLA-2002-Phase-1-Update_2June24.pdf

Intellia THERAPEUTICS

NTLA-2002 has the Potential to Eliminate Attacks and Chronic Prophylaxis

CROSS TRIAL COMPARISON*

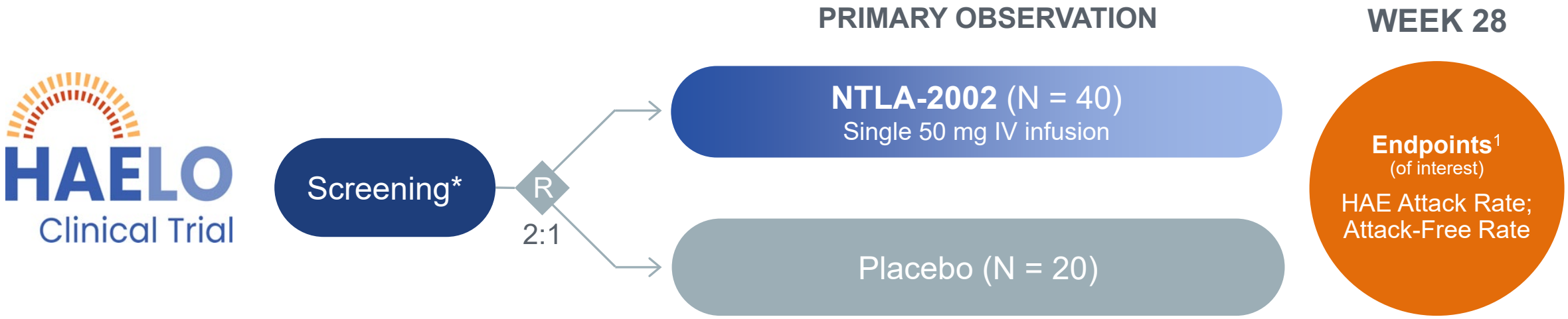
PRODUCT	Study Phase	% of Patients Attack-Free*	% of Patients Attack-Free w/o chronic prophylaxis	DOSING REGIMEN
NTLA-2002 (investigational)	Phase 2[1]	73% at 16 wks	73% at 16 wks	1x infusion / lifetime
Donidalorsen (investigational)	Phase 3[2]	35-43% at 24 wks	0%	6–12 injections / year
Garadacimab (investigational)	Phase 3[3]	62% at 26 wks	0%	12 injections / year
TAKHZYRO (lanadelumab-flyo) injection	Phase 3[4]	31-44% at 26 wks	0%	13–26 injections / year
orladeyo (berotralstat) capsules 150 mg	Phase 3[5,6]	No statistical difference	0%	Daily oral tablets x365
HAEGARDA C1 Esterase Inhibitor Subcutaneous (Human)	Phase 3[7]	Not measured	0%	104 injections / year x104

For illustrative purposes only.

*This graphic includes data from the blinded time periods of distinct clinical trials with their own enrollment criteria and methodologies. Cross-trial comparisons have inherent limitations and should be interpreted with caution.". **Sources**: 1. Cohn et al., NEJM (2024), 2. Riedl et al, N. Engl. J. Med (2024), 3. Craig et al, Lancet (2023), 4. Banjeri, et al, JAMA (2018), 5. Zuraw et al, J. All. Clin. Imm. (2021), 6. Wolfe Research (2024), 7. Longhurst et al, N. Engl. J Med (2017), 8. CINRYZE FDA Package Insert; **Abbreviations**: **HAE** – Hereditary Angioedema; **TEAEs** – Treatment Emergent Adverse Events; **Wks** – Weeks

Intellia THERAPEUTICS

A Phase 3, Randomized, Double-blind, Placebo-Controlled Study of NTLA-2002 in Patients with HAE



NTLA-2002 Upcoming 2025 Milestones

- Dose first patient in pivotal Phase 3 HAELO trial for HAE in 1Q25
- Complete enrollment in the HAELO study
- Present longer-term data from the Phase 1/2 study

Clinicaltrials.gov ID: NCT06634420

* Patients on long-term prophylaxis are required to wash out of therapy prior to the run-in period of screening.

[1] week 28 data expected to support BLA filing in 2026. Optional Blinded Crossover @ week 28. Patients will be observed in extended follow-up.

Intellia THERAPEUTICS

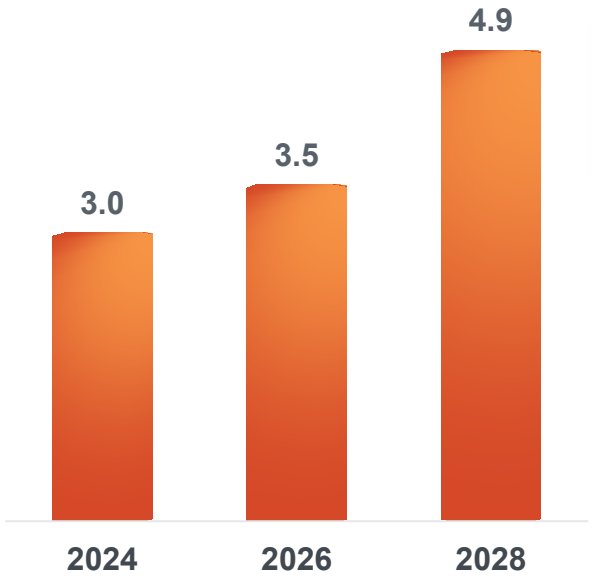
Uniquely Positioned for Product Leadership in a Growing HAE Market

NTLA-2002 demonstrated unprecedented efficacy with a single dose

HAE MARKET OPPORTUNITY

Global market projected to reach

~5B dollars by 2028[1]



Physicians seeking **simpler, more effective solutions** and **easier access to therapy** for patients[2]

*"I have to **go through the paperwork every year** with these patients and every time they change insurances...We actually have a whole section in our clinic with **staff dedicated to getting these medicines approved**. That's how much of a burden it is."*

U.S. HAE HCP

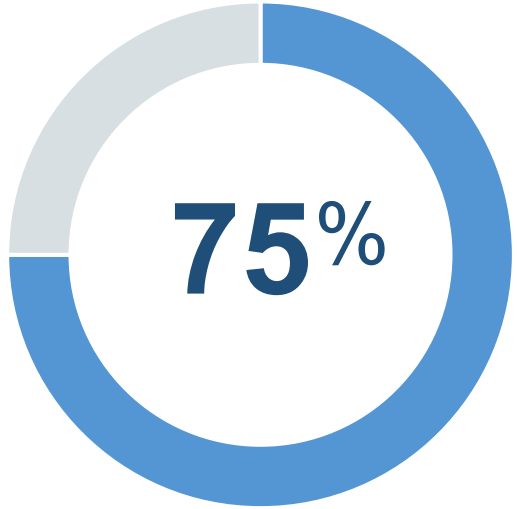
*"If you're telling me that there's a medicine that doesn't require repeat dosing, that's **like nothing else we have available**."*

U.S. HAE HCP

*"What it's offering very simply is the potential for having a onetime therapy that over time, if all goes well, **allows patients to not require any more treatment** and **potentially not even any more disease management**…"*

U.S. HAE HCP

HCPs willing to offer NTLA-2002 to **all patients regardless of severity** in the first **3 years**[3]



NTLA-2002 represents a meaningful revenue opportunity starting in 2027

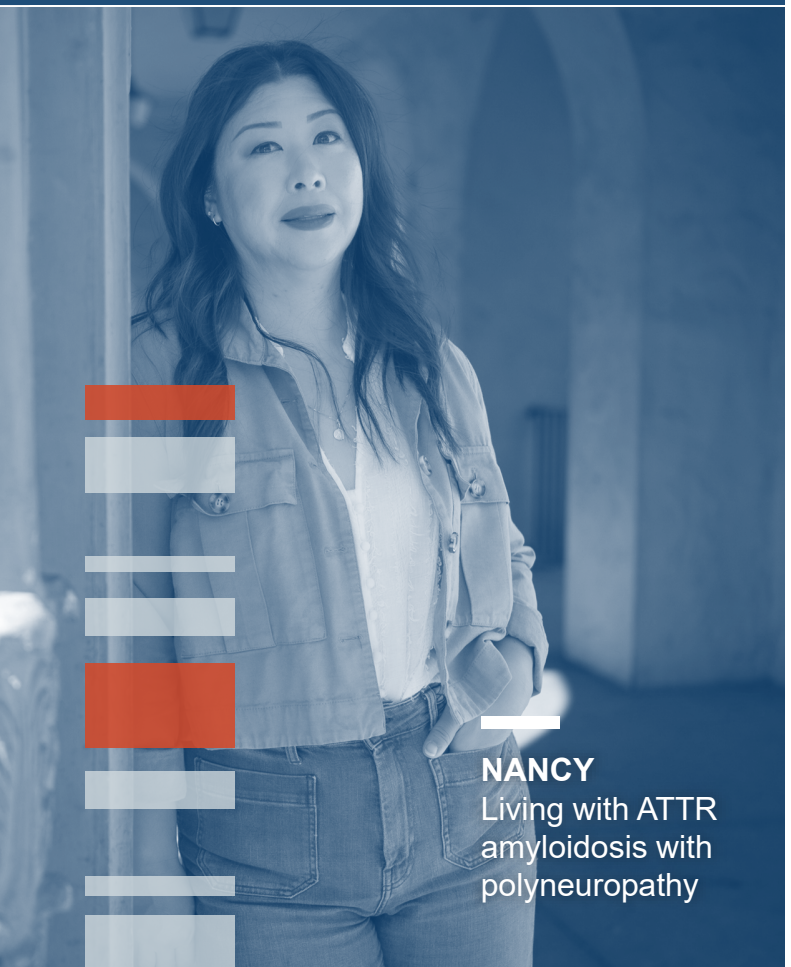
Source: 1. Evaluate Pharma Consensus Analyst forecasts as of October 2024; 2. Intellia commissioned HAE HCP qualitative study post Phase 2 data readout; 3. Intellia commissioned Physician quantitative survey (n=192) based on NTLA-2002 target product profile

Intellia THERAPEUTICS

Nex-z

Nex-z (nexiguran ziclumeran)
formerly referred to as NTLA-2001

Transthyretin Amyloidosis (ATTR): Large and Growing Market with Significant Unmet Need



NANCY
Living with ATTR amyloidosis with polyneuropathy

Severe, fatal, progressive disease with a shortened life expectancy

- CM patients have debilitating **shortness of breath, arrythmias, reduced mobility** and **quality of life**, as well as a high rate of **hospitalization**
- Wild-type disease, the most common form, **occurs with aging**, and manifests as **heart failure**; inherited *TTR* mutations lead to **rapidly progressive heart failure** and/or **polyneuropathy**
- **20K incident US CM patients**; increasing rates due to an aging population and improved disease awareness
- PN presents as **motor** and **sensory dysfunction**, **muscle wasting, weight loss**, as well as **autonomic neuropathy** with **severe GI symptoms**

Despite available treatments, significant unmet need persists

- **Inconsistent** and **slow TTR lowering response** observed with **silencers**[1]
- In phase 3 studies of **silencer or stabilizer therapies** for CM, the annual rate of **CV events or death** is **high at ~15% of enrolled patients in the first year**[1,2]
- Even on existing therapies, CM patients have a **marked decline in quality of life**, and **functional capacity** as measured by **6MWT**[1,2]
- **Treatment adherence** due to frequent administration/polypharmacy remains an issue

Sources: 1. Fontana et al, N. Engl. J. Med (2024), 2. Gillmore et al, N. Engl. J. Med (2024)

REGENERON Intellia THERAPEUTICS

Intellia is Committed to Developing the Best Treatment for ATTR Amyloidosis

ATTR TREATMENT EVOLUTION

Goal:	PALLIATION	DISEASE SLOWING	DISEASE STASIS OR REVERSAL
Disease Burden:	Progressive Disease Treated with Palliative Therapy	Therapies Slow but Do Not Stop or Reverse Progression	**Life-long Reduction in Disease Burden**
Treatment Burden:	Ineffective	Multiple Injections / Hundreds of Pills Annually with Inconsistent Response	**Life-long Freedom from Chronic Therapy**

What US HCPs and Patients have to say about current therapies in ATTR[1]

"Even with tafamidis, **progression is a question of when, not if**."

– US Amyloidosis KOL

"Traveling for regular infusions is **time away from my family**, but I just **couldn't bring myself to do injections at home**."

– ATTR Patient

"Every year, there is a fight because **insurance tries to deny my lifesaving medication**."

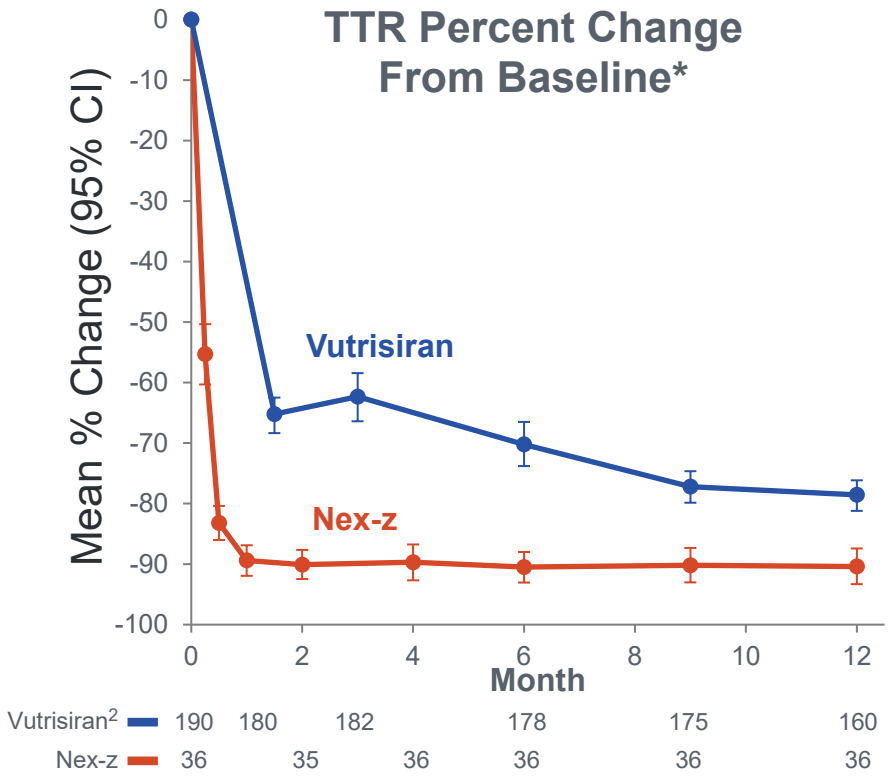
– ATTR Patient

Sources:1. Intellia commissioned HCP and patient quantitative and qualitative market research

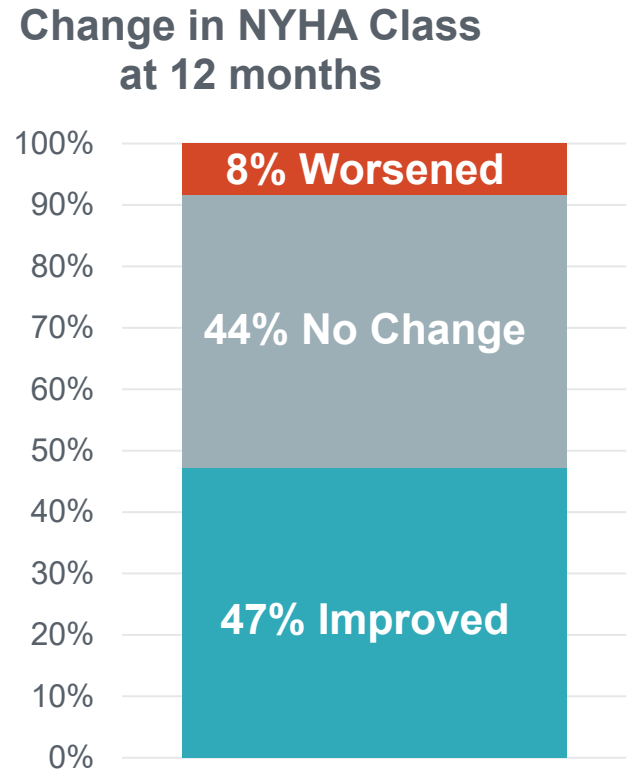
REGENERON Intellia THERAPEUTICS

Nex-z Phase 1 Results for ATTR-CM Show Potential to be Best TTR-Directed Drug

PHASE 1 RESULTS NEX-Z[1]



- **Deep, rapid, consistent and durable** reductions in serum TTR
- **Stability or improvement** of disease markers in a population with advanced disease which is expected to progress rapidly
- 66% of patients had **no worsening in any marker (NT-proBNP,Troponin, 6MWT) at 12 months**
- **Encouraging safety and tolerability**[1]
- **Updated Dec. 2024: Low rate of hospitalization for cardiac disease, (genotype-weighted) 0.11 events/pt/yr,** is favorable based on reference studies[3] with higher rates



Phase 3 MAGNITUDE (CM) and MAGNITUDE 2 (PN) global studies are actively recruiting patients

*This graphic includes data from distinct clinical trials with their own enrollment criteria and methodologies. Cross-trial comparisons have inherent limitations and should be interpreted with caution

Sources: 1. Fontana et al, N. Engl. J. Med (2024), 2. Fontana et al, N. Engl. J. Med (2024), 3. Gillmore et al, N. Engl. J. Med (2024)

Abbreviations: **6MWT** - 6-minute walk test; **NT-proBNP –** N-terminal pro-B-type natriuretic peptide; **NYHA** - New York Heart Association

REGENERON Intellia THERAPEUTICS

Phase 3 Studies in Patients with ATTR-CM and ATTR-PN

MAGNITUDE PROGRAM

MAGNITUDE CLINICAL TRIAL ATTR-CM	765	2:1	**Primary Endpoint** • CV-related mortality and CV-related events	**Key Secondary Endpoints** • TTR and KCCQ-OS score
MAGNITUDE-2 CLINICAL TRIAL ATTRv-PN	50	1:1	**Primary Endpoints** • mNIS+7 and serum TTR	**Key Secondary Endpoints** • Norfolk QOL-DN, mBMI and TTR

Nex-z Upcoming 2025 Milestones

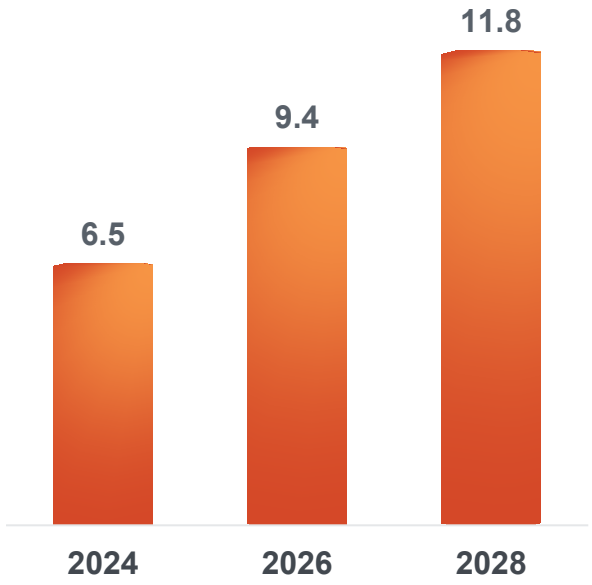
- Dose first patient in pivotal Phase 3 MAGNITUDE-2 trial for PN in 1Q25
- Enroll >550 CM patients cumulatively in MAGNITUDE trial
- Present longer-term data from the Phase 1 study in CM and PN

*SOC = Standard of Care, which often includes tafamidis, may vary across countries within our MAGNITUDE study in ATTR-CM

Positioned to Meet Patient and Provider Needs in a Large and Growing ATTR Market

ATTR MARKET OPPORTUNITY

Global market projected to reach
~12B dollars by 2028[1]



Patients want a **highly effective** therapy **and freedom** from chronic treatment[2]

*"It would be incredible to have a **one-time therapy**. This would get rid of the mental energy and anxiety I get from going to infusion centers."*

U.S. ATTR-PN Patient

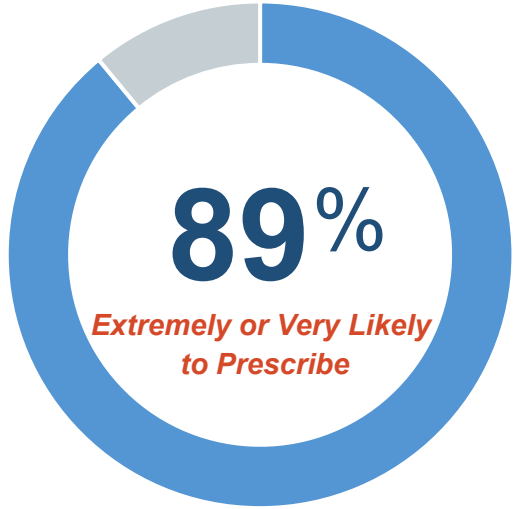
*"My number one wish would be a **cure**"*

U.S. ATTR-CM Patient

*"This treatment could help me get my life back. I would feel more comfortable going back to work knowing there is a **permanent treatment**."*

UK ATTR-CM Patient

High willingness of cardiologists to prescribe nex-z **across US and other major developed markets**[3]



Nex-z represents significant revenue opportunities starting by 2029

Sources: 1. Evaluate Pharma Consensus Analyst forecasts as of December 2024. 2. Intellia commissioned ATTR patient and caregiver interviews (n=46); 3. Intellia commissioned Physician quantitative survey (n=232) based on nex-z target product profile

REGENERON Intellia THERAPEUTICS

Pipeline

Broad Development Pipeline Fueled by Robust Research Engine

PROGRAM	APPROACH	Research and Preclinical	Early-Stage Clinical	Late-Stage Clinical	PARTNERS
In Vivo: CRISPR is the therapy					
NTLA-2002: Hereditary Angioedema	Knockout				Intellia THERAPEUTICS
Nex-z*: Transthyretin Amyloidosis	Knockout				LEAD Intellia THERAPEUTICS REGENERON
Hemophilia A / B***	Insertion				Intellia THERAPEUTICS REGENERON LEAD
Research Programs for Extra-hepatic Targets	Various				Intellia** THERAPEUTICS ReCode REGENERON SPARINGVISION
Ex Vivo: CRISPR creates the therapy					
Research Programs	Allogeneic and other				Intellia** THERAPEUTICS AVENCELL kyverna ONK THERAPEUTICS

Lead refers to lead development and commercial party.
* Nex-z (nexiguran ziclumeran), formerly referred to as NTLA-2001
** Intellia is advancing both wholly owned and partnered programs.
*** Hemophilia A program is in the research stage; Hemophilia B is being advanced by Regeneron – Intellia is eligible for milestones and royalties.

Intellia THERAPEUTICS

Upcoming 2025 Key Milestones for NTLA-2002 and Nex-z

NTLA-2002 HAE

- Dose first patient in pivotal Phase 3 HAELO trial for HAE in 1Q25
- Complete enrollment in the HAELO study
- Present longer-term data from the Phase 1/2 study

Nex-z ATTR

- Dose first patient in pivotal Phase 3 MAGNITUDE-2 trial for PN in 1Q25
- Enroll >550 CM patients cumulatively in MAGNITUDE trial
- Present longer-term data from the Phase 1 study in CM and PN

Sufficient Cash to Fund Operations through First Commercial Launch (1H 2027)

Intellia THERAPEUTICS

Intellia is Well-positioned for Near-term Value Creation

COMPANY OUTLOOK

3

Phase 3 programs actively recruiting

Management team's **prior track record** in development and commercialization of **best-in-class** medicines, including one-time therapies

2

Potential blockbusters: NTLA-2002 and nex-z

Feedback from market research confirms **strong receptivity and willingness to prescribe/use** NTLA-2002 and nex-z emerging product profiles

1

Focus to successfully launch **NTLA-2002 in 2027**

Commercial and medical affairs teams' prior track record of launching **multiple blockbusters,** including in **HAE and heart failure**

Planning to have all commercial capabilities in place by end of 2026

Intellia THERAPEUTICS

Developing Best in Class Therapies by Realizing the Promise of Gene Editing

At Intellia, we innovate every day to make CRISPR-based medicines a reality for patients.

This is just the beginning of a revolution.

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