Phase 3 HAELO Clinical Trial: Topline Data for Lonvo-z

April 27, 2026

Intellia THERAPEUTICS

Intellia Therapeutics' Legal Disclaimer

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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 the 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 *in vivo* and *ex vivo* 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 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

Dr. John Leonard, President and Chief Executive Officer
Intellia Therapeutics

Dr. David Lebwohl, Executive Vice President and Chief Medical Officer
Intellia Therapeutics

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

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Introduction

Dr. John Leonard

President & CEO, Intellia Therapeutics

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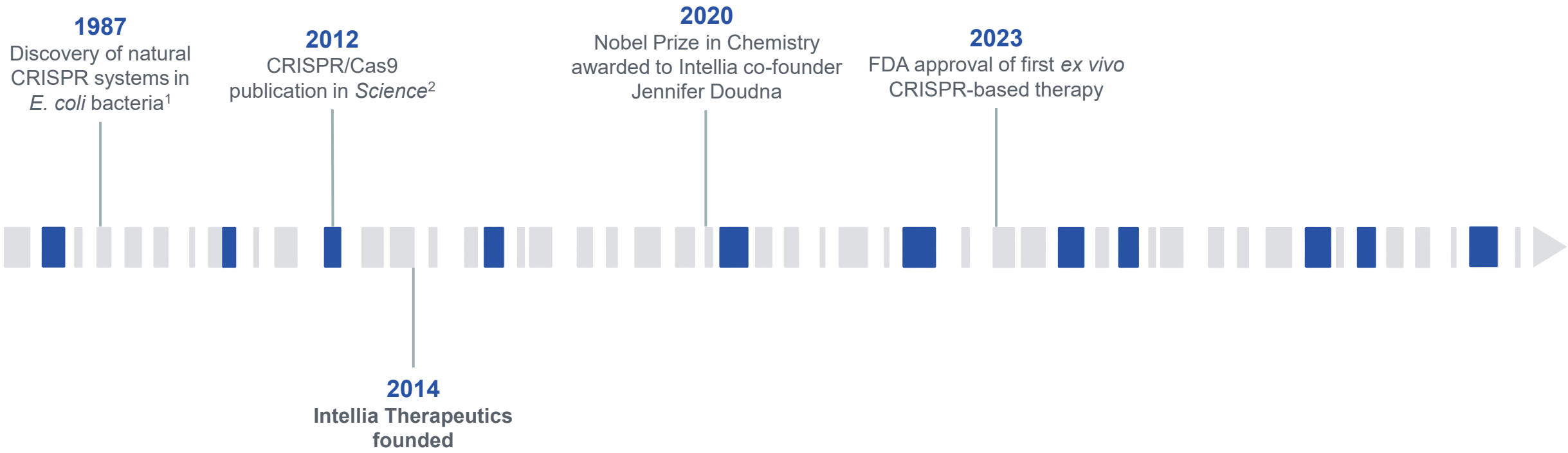
CRISPR is Coming of Age



1. Gostimskaya I. *Biochemistry* (*Mosc*), 2022 Aug;87(8):777-788. 2. Jinek et al. *Science*. 2012 Aug 17;337(6096):816-21.
Cas9: CRISPR-associated protein 9; CRISPR: clustered regularly interspaced short palindromic repeats

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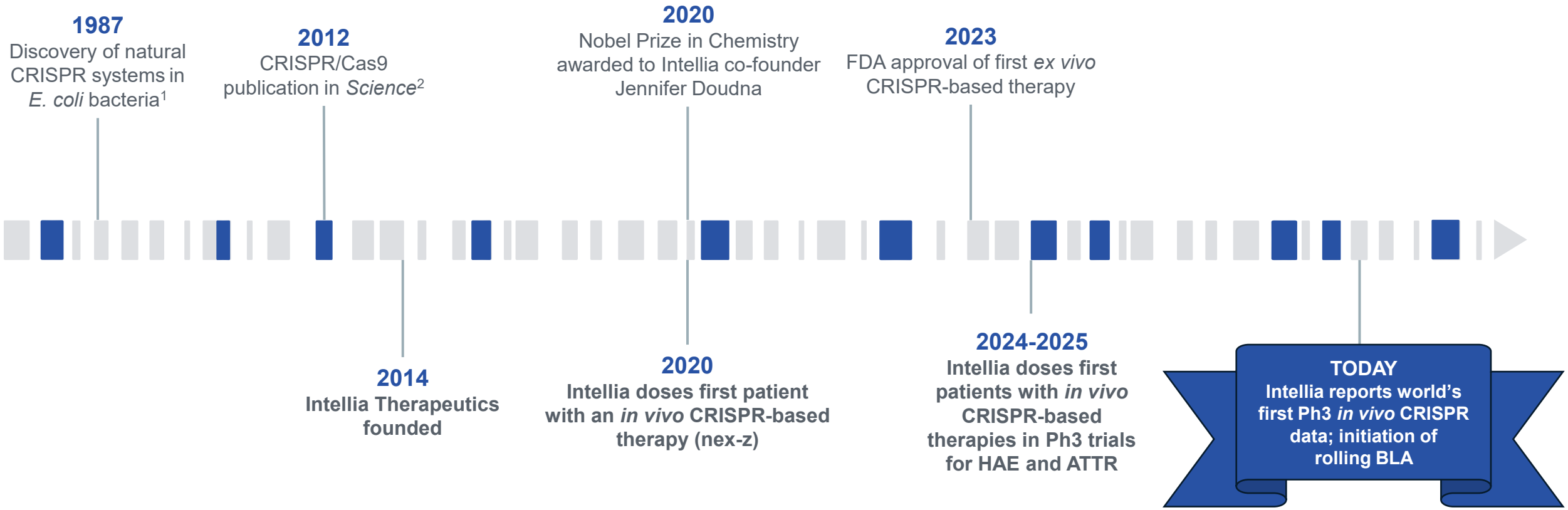
Intellia's Mission Statement

To transform the lives of people with severe diseases by developing and commercializing potentially curative treatments.

CRISPR is Coming of Age



1. Gostimskaya I. *Biochemistry* (*Mosc*), 2022 Aug;87(8):777-788. 2. Jinek et al. *Science*. 2012 Aug 17;337(6096):816-21.
ATTR: transthyretin amyloidosis; BLA: biologics license application; Cas9: CRISPR-associated protein 9; CRISPR: clustered regularly interspaced short palindromic repeats; FDA: U.S. Food and Drug Administration; HAE: hereditary angioedema

Intellia's Pipeline Advancing Toward Significant Near-Term Milestones

Program	Indication	Research/ Preclinical	Early-Stage Clinical	Late-Stage Clinical	BLA Submission	
Lonvo-z[1]	**Hereditary Angioedema (HAE)**					Intellia THERAPEUTICS
Nex-z[2]	Transthyretin Amyloidosis with Polyneuropathy (ATTRv-PN)					LEAD Intellia THERAPEUTICS REGENERON
	Transthyretin Amyloidosis with Cardiomyopathy (ATTR-CM)					LEAD Intellia THERAPEUTICS REGENERON
REGV131-LNP1265[3]	Hemophilia B					REGENERON
AVC-201 AVC-203	Acute Myeloid Leukemia (AML) B-cell malignancies					AVENCELL[4]
Other Ongoing Research Programs	Various					Intellia[5] THERAPEUTICS REGENERON AVENCELL kyverna

Lead refers to lead development and commercial party.
1. Lonvo-z (lonvoguran ziclumeran), formerly referred to as NTLA-2002. 2. Nex-z (nexiguran ziclumeran), formerly referred to as NTLA-2001; Regeneron shares in approximately 25% of worldwide development costs and commercial profits for the ATTR program and has an option to enter into a co-promotion agreement for the U.S. commercialization. 3. Hemophilia B is being advanced solely by Regeneron; Intellia is eligible for milestones and royalties. 4. AVC-201 and AVC-203 are wholly owned by AvenCell and utilize proprietary allogeneic cell engineering technology licensed from Intellia. 5. Intellia is advancing both wholly owned and partnered programs.

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About HAE and Lonvo-z

Dr. David Lebwohl

Chief Medical Officer, Intellia Therapeutics

HAE: hereditary angioedema

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Hereditary Angioedema (HAE): Currently a Lifelong Condition with Significant Burden

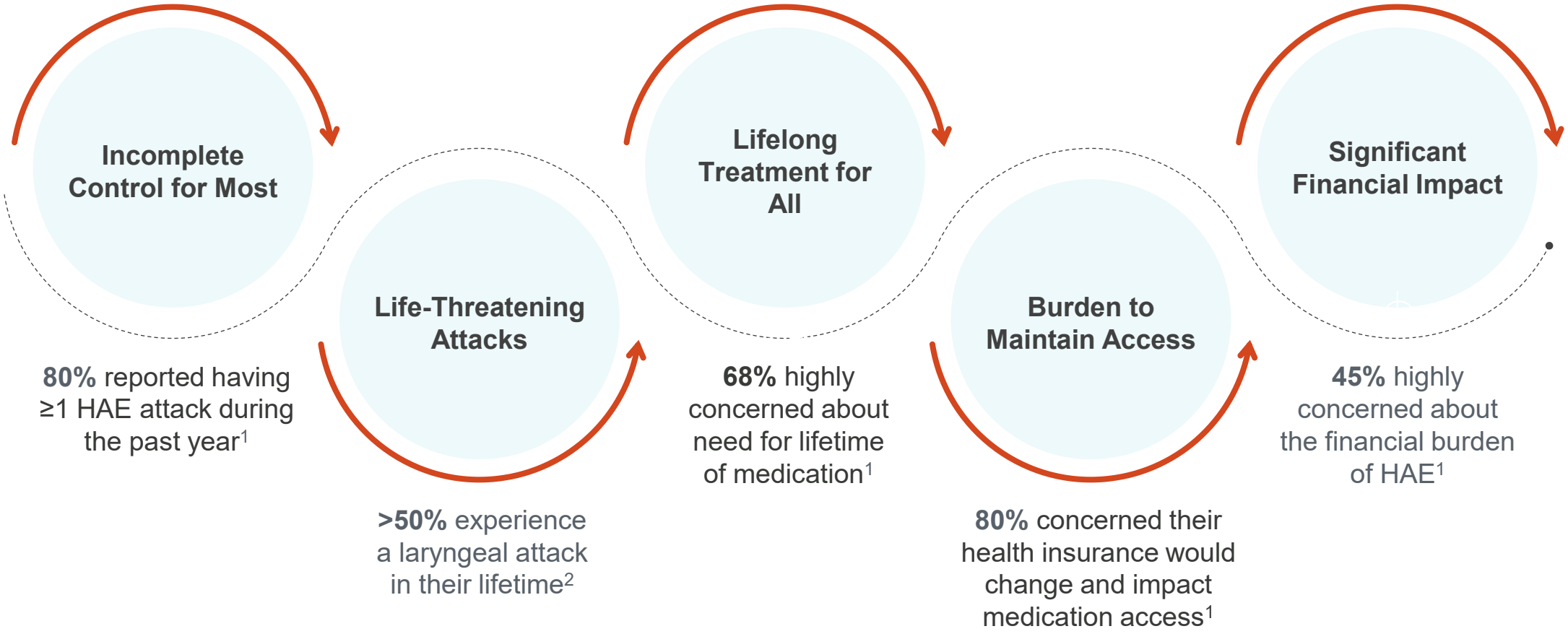
Rare, genetic and life-threatening disease

- Caused by a hereditary deficiency or dysfunction of the C1 inhibitor protein that leads 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 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]

1. Zuraw et al. *N Engl J Med*. 2008 Sep 4;359(10):1027-36. 2. Busse and Christiansen, *N Engl J Med*. 2020 Mar 19;382(12):1136-1148.
3. Norris et al. *Allergy Asthma Proc*. 2022 Sep 1;43(5):388-396. 4. Pancholy et al. *Curr Opin Pediatr*. 2019 Dec;31(6):863-868.

Despite Available Treatments, Many Patients are Unable to Break the Chronic Cycle of Managing Their HAE

Patient-Reported Burdens



1. Busse et al. *Allergy Asthma Proc*. 2026 Mar 1;47(2):92-101. 2. Lumry WR, Settipane RA. *Allergy Asthma Proc*. 2020 Nov 1;41(Suppl 1):S08-S13. HAE: hereditary angioedema

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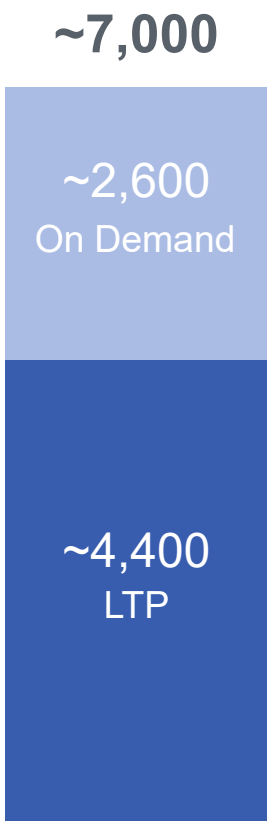
The Cumulative Costs for Chronic HAE Treatments are Sizable

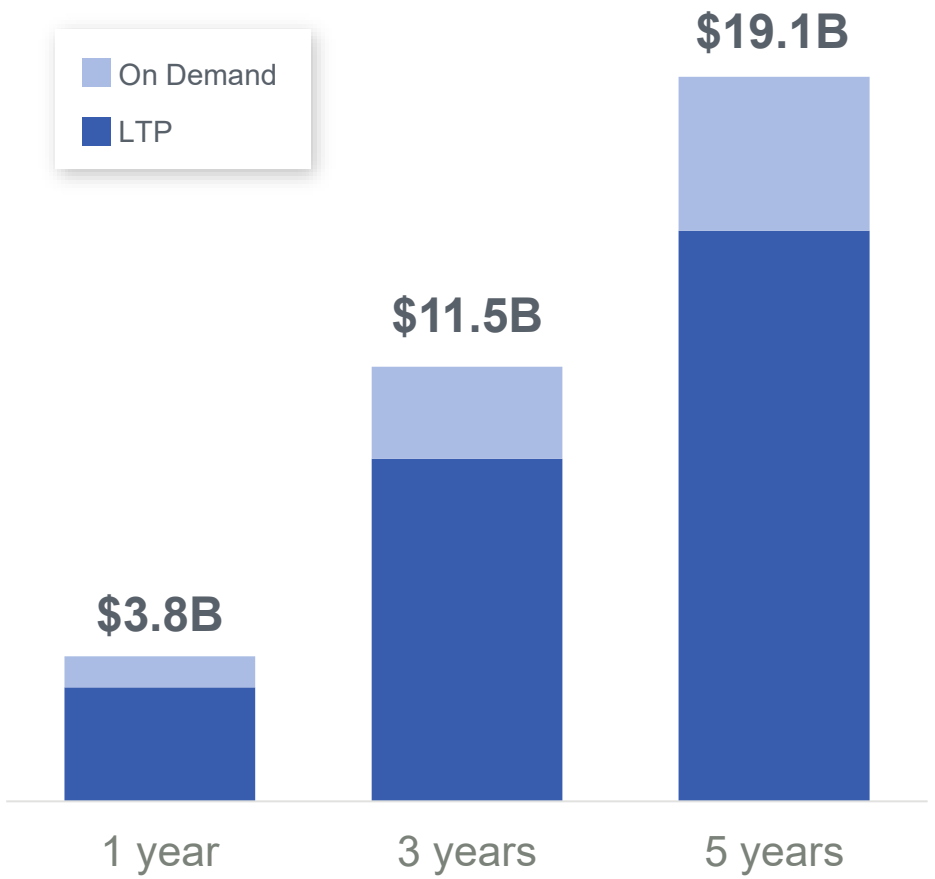
U.S. Treated Patients with Type 1 & 2 HAE[1]



Average Age of HAE Diagnosis in U.S.[2]

~20

Cumulative U.S. Healthcare System Costs for Chronic and On-Demand HAE Therapies[3]



1. Castaldo et al. Allergy Asthma Immunol, 2025. 2. Banerji et al. Annals of Allergy, Asthma & Immunology, 2020. 3 IPD Analytics. Market & Financial Insights. Published April 2026. Assumes weighted average cost of LTP agents of $684,000 and total on demand HAE market size $812M; excludes annual price increases. B: billion; HAE: hereditary angioedema; LTP: long-term prophylaxis

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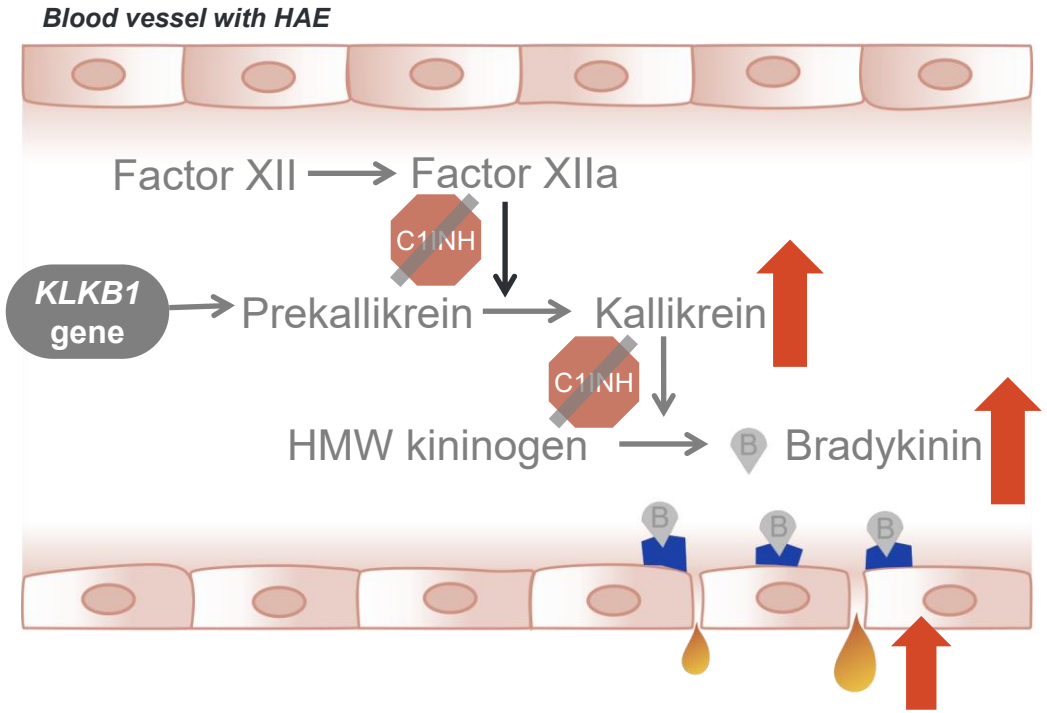
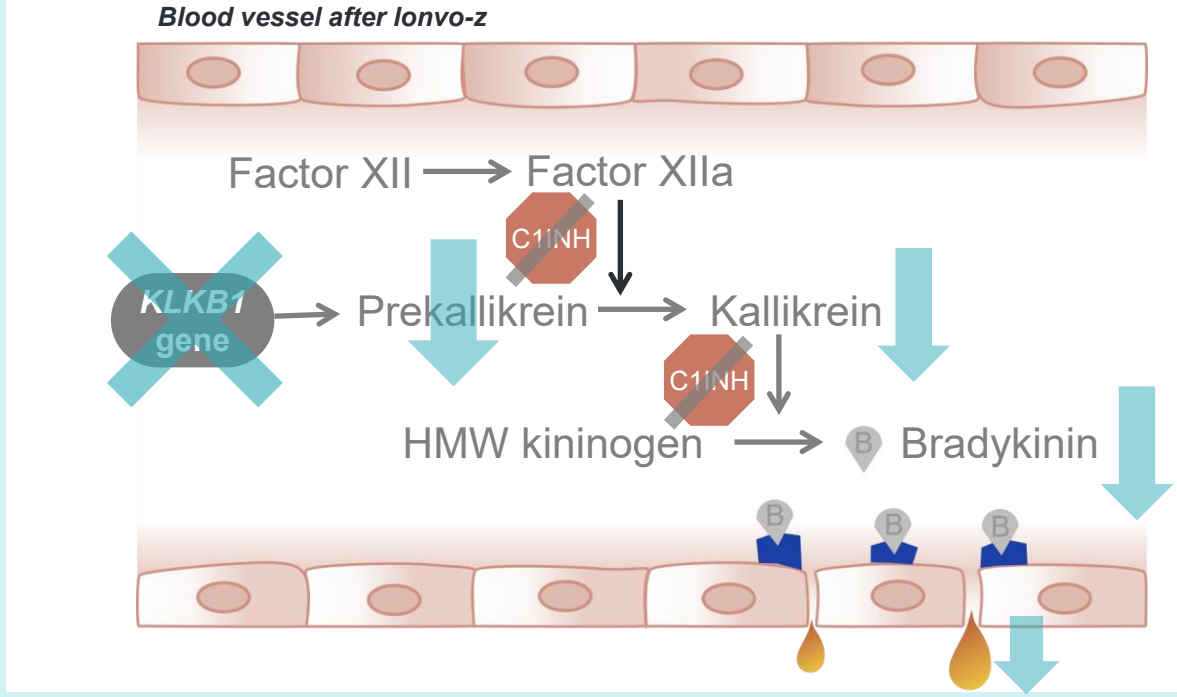
Lonvo-z is an Investigational One-Time HAE Treatment Intended to Permanently Inactivate the *KLKB1* Gene

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



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



Adapted from Zuraw BL. *N Engl J Med*. 2008 Sep 4;359(10):1027-36. 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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Lonvo-z is Designed to be Administered in an Outpatient Setting in Two to Four Hours

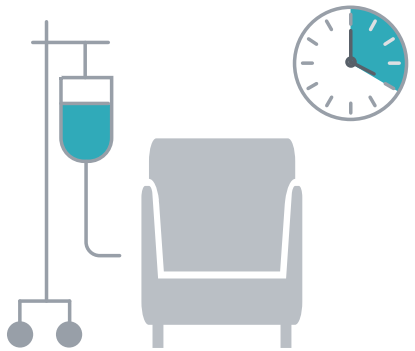
DAY PRIOR

One dose of orally administered steroid (at home)*

DAY OF

One dose of each of the following: steroid, histamine blocker, STP*

Single outpatient infusion†



Return home

This schedule reflects the HAELO Phase 3 clinical trial protocol. Schedule may vary if approved.

HAELO Phase 3 dosing regimen pictured above

* Pretreatment medication includes: oral dexamethasone on the day prior to treatment, followed by a pre dose regimen within 1-2 hours prior to treatment of IV or oral corticosteroid, histamine blocker: One IV or oral H1 blocker and one IV or oral H2 blocker. Patients are also administered an STP per standard of care for HAE patients undergoing a procedure. † lonvo-z is being developed for administration as a 2-4-hour infusion. Patient time at treatment center may vary depending on pre- and post-administration clinical and office procedures. STP: Short-term prophylaxis

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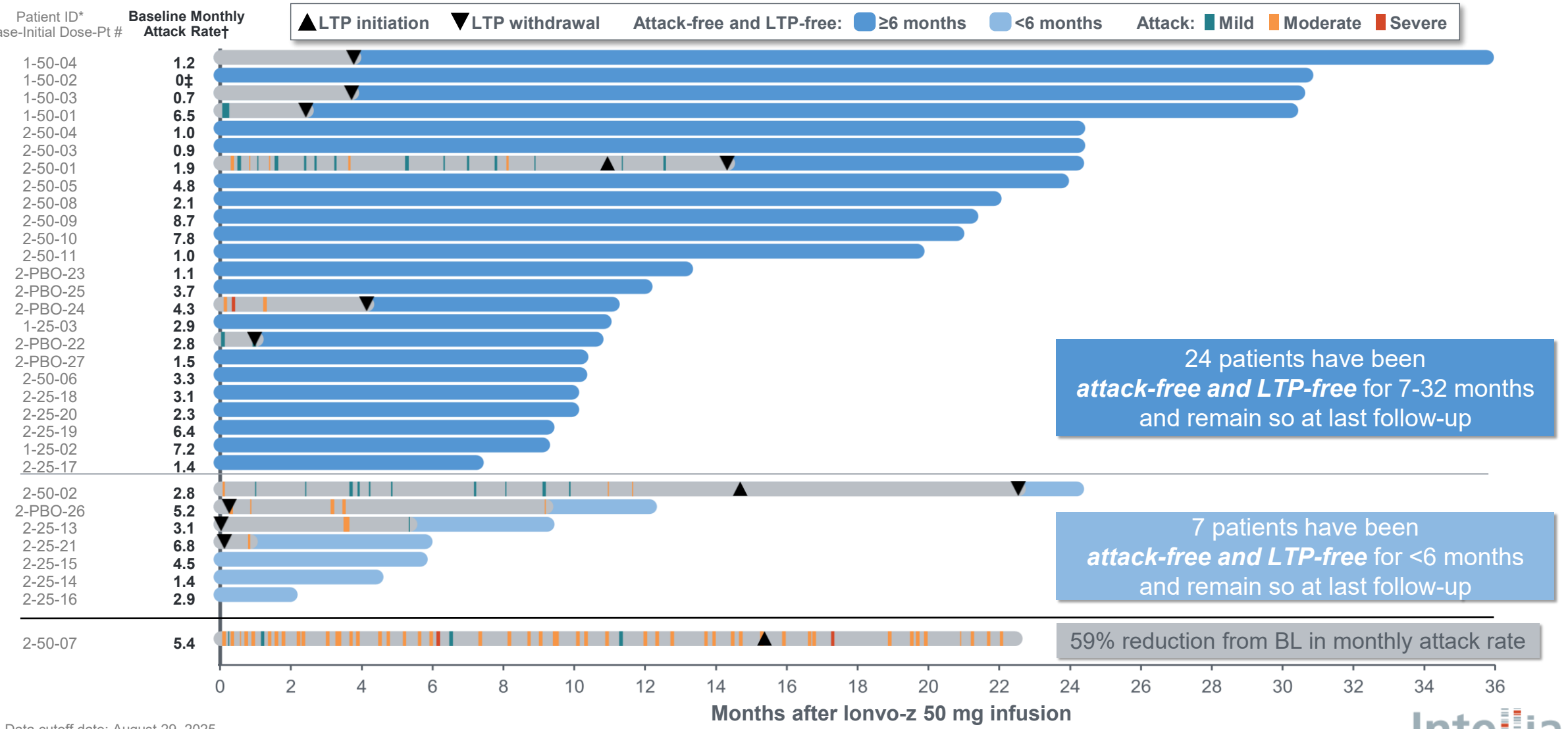
Pooled Analysis of Phase 1/2 Clinical Data: After Becoming Attack-Free and LTP-Free for ≥6 Months, All Patients Maintained Their Response

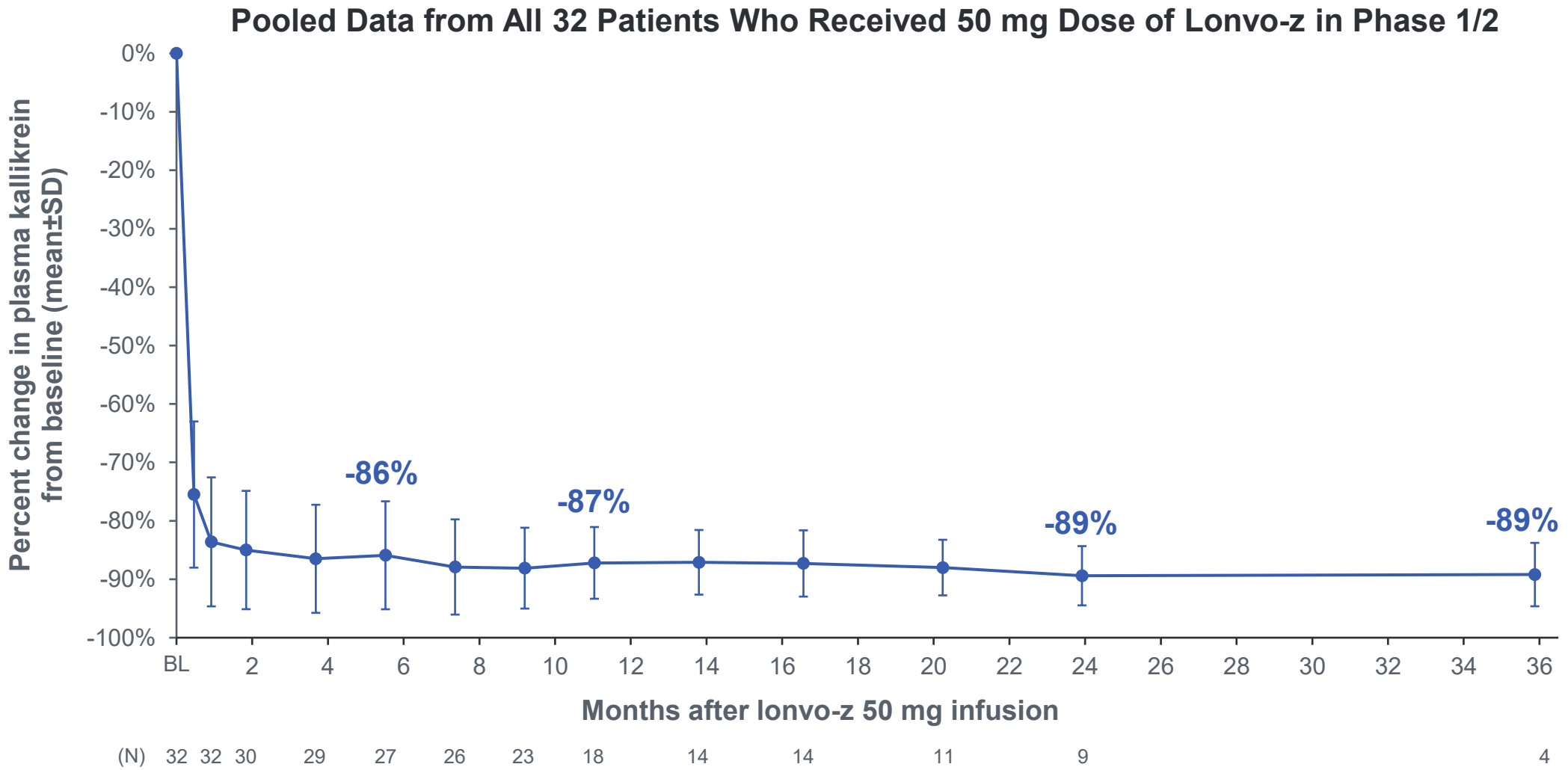


Data cutoff date: August 29, 2025

Phase 1 eligibility was determined by historical attack period. * Patient IDs align with prior Phase 1 and Phase 2 publications. † Baseline is defined as the screening period (50 mg initial dose or 25 mg to 50 mg) or for PBO to 50 mg as the time from informed consent to 50 mg infusion or start of any LTP, whichever occurred first. ‡ Patient had 0.9 attacks per month in the 3 months prior to screening. This presentation includes data for an investigational product not yet approved by regulatory authorities. BL: baseline; LTP: long-term prophylaxis; mg: milligram; PBO: placebo; Pt: patient.

No Waning of Effect Observed: Kallikrein Reduction has Remained Deep and Durable

AAAAI ANNUAL MEETING 2026 American Academy of Allergy, Asthma & Immunology PHILADELPHIA, PA FEBRUARY 27-MARCH 2, 2026



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Data collected as of Sept 26, 2025. One month=30.4375 days. BL: baseline; mg: milligram; SD: standard deviation

HAELO Phase 3 Clinical Data

Dr. Marc Riedl

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

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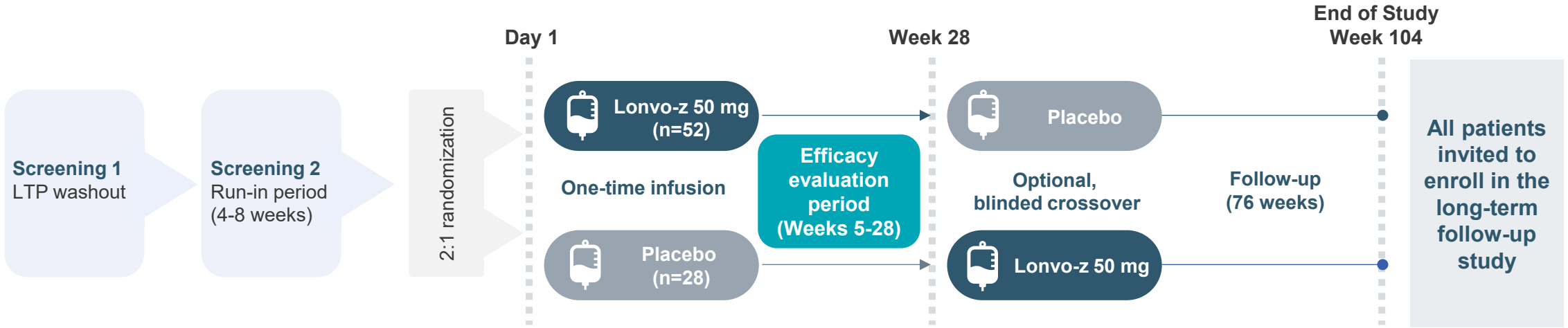
HAELO Clinical Trial

A Placebo-Controlled, Double-Blind, Randomized Phase 3 Trial of Lonvo-z as a One-Time HAE Treatment



Stratification

Baseline number of investigator-confirmed HAE attacks per month from Screening 2 to Randomization

Primary Endpoint

Time-normalized number of investigator-confirmed HAE attacks from Weeks 5 through 28

Key Secondary Endpoints

- Time-normalized number of investigator-confirmed HAE attacks requiring on-demand treatment from Weeks 5 through 28
- Time-normalized number of moderate or severe investigator-confirmed HAE attacks from Weeks 5 through 28
- Investigator-confirmed HAE attack-free status from Weeks 5 through 28
- Change from baseline to Week 28 in AE-QoL Questionnaire total score

Pre-specified primary analysis when ≥60 patients reach Week 28

ClinicalTrials.gov: https://clinicaltrials.gov/study/NCT06634420.
AE-QoL: Angioedema Quality of Life; HAE: hereditary angioedema; LTP: long-term prophylaxis; mg: milligram

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HAELO Phase 3 Demographics and Baseline Characteristics

Demographic Characteristics	Lonvo-z (n=52)	Placebo (n=28)
Age, median years (range)	**42 (23 – 71)**	**40 (19 – 76)**
Female, n (%)	**35 (67%)**	**20 (71%)**
Enrolled in United States, n (%)	**26 (50%)**	**13 (46%)**
Hereditary angioedema type, n (%)		
Type 1	**49 (94%)**	**25 (89%)**
Type 2	**3 (6%)**	**3 (11%)**
Long-term prophylaxis at study entry, n (%)	**35 (67%)**	**22 (79%)**
Lanadelumab	25 (48%)	12 (43%)
C1 esterase inhibitor	5 (10%)	3 (11%)
Berotralstat	4 (8%)	1 (4%)
Garadacimab	1 (2%)	3 (11%)
Other	2 (4%)	3 (11%)
On-Demand therapy only, n (%)	**17 (33%)**	**6 (21%)**
Historic typical attack severity, n (%)		
Mild	7 (14%)	5 (18%)
Moderate	30 (58%)	20 (71%)
Severe	15 (29%)	3 (11%)
Monthly attack rate during run-in, mean (SD)*	**3.5 (1.8)**	**3.5 (1.9)**

Median follow-up for enrolled patients: 7.5 months

Data cutoff: February 10, 2026

* Run-in period is from Screen-2 visit to randomization. This presentation includes data for an investigational product not yet approved by regulatory authorities. SD: standard deviation

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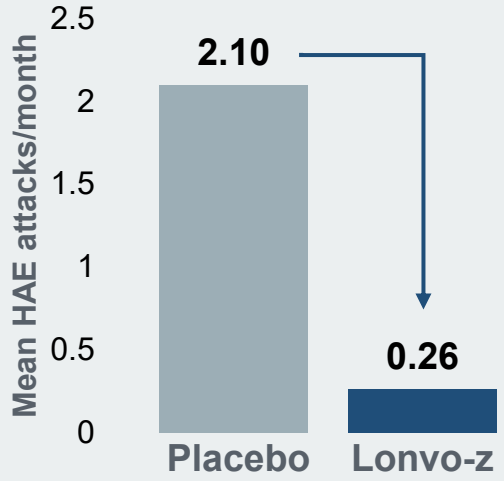
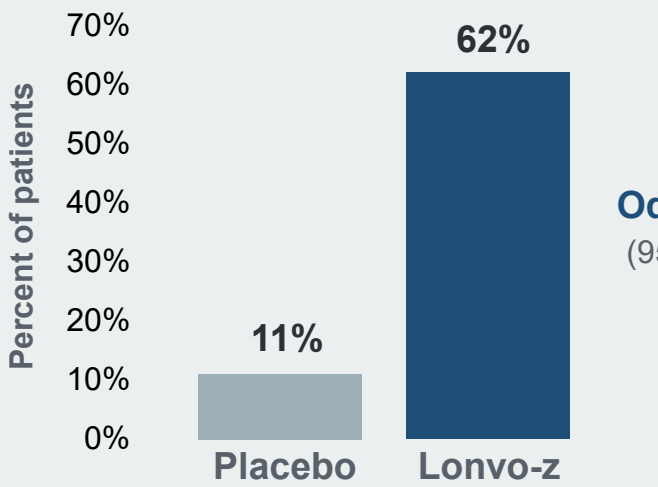
HAELO Trial Achieved its Primary and All Key Secondary Endpoints

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)

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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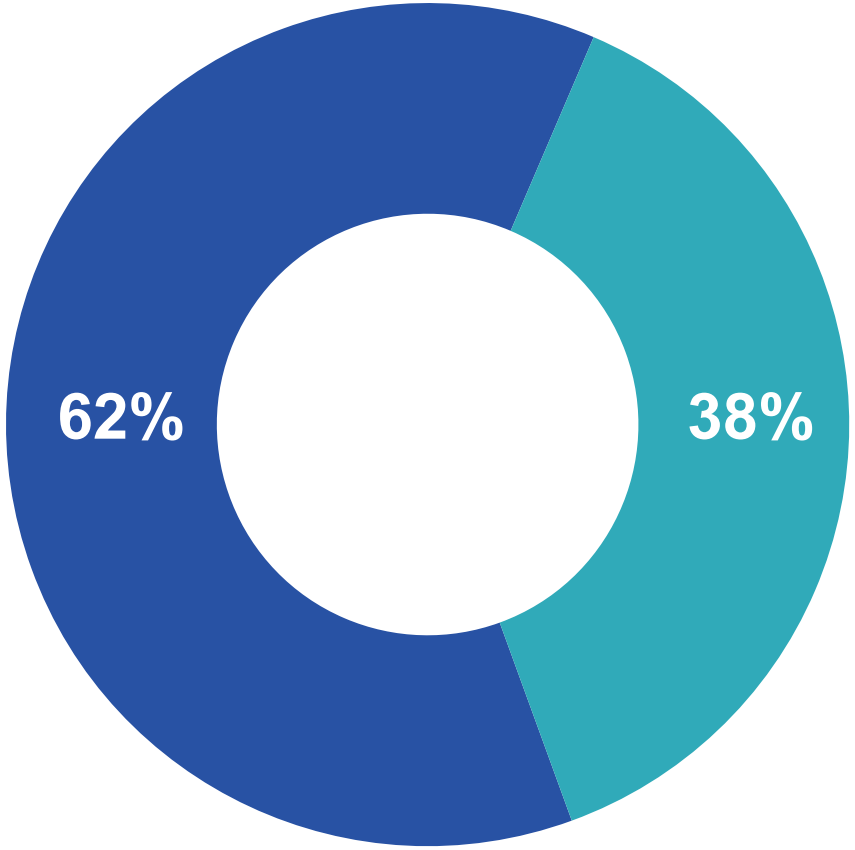
100% of Patients in Lonvo-z Arm Experienced Attack-Rate Reductions from Baseline During Weeks 5-28



Attack-free and therapy-free

Clinically relevant 72% mean attack-rate reduction*

All patients who received lonvo-z at baseline or in crossover were LTP-free

* Patients with ≥1 attack during weeks 5-28
Data cutoff: February 10, 2026
Post-hoc, exploratory analysis. LTP: long-term prophylaxis

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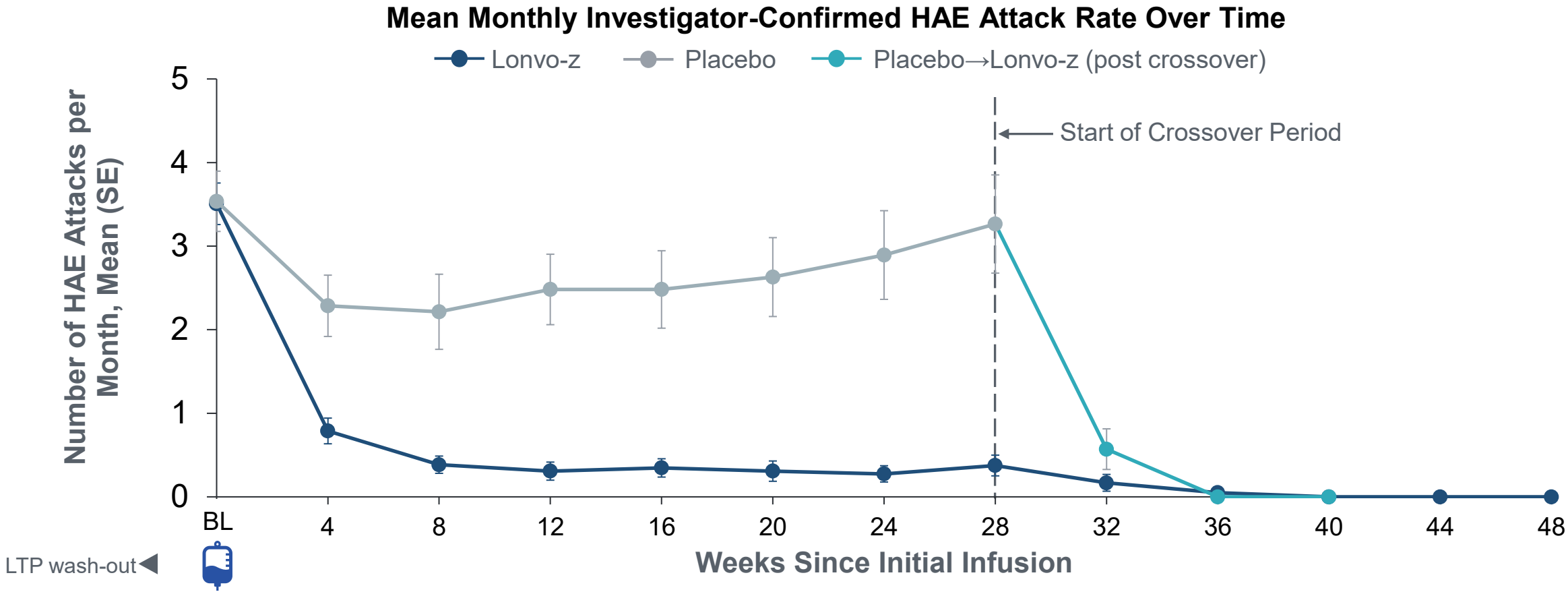
Attack-Rate Reduction Observed Quickly Following Lonvo-z Dosing; Further Reduction Observed in Early Crossover Data Following Week 28



	BL	4	8	12	16	20	24	28	32	36	40	44	48
Lonvo-z (n)	52	52	52	52	52	52	50	44	43	20	8	6	3
Placebo (n)	28	28	28	27	27	27	25	21	0	0	0	0	0
Placebo→Lonvo-z (n)	0	0	0	0	0	0	0	0	20	12	3	0	0

Data cutoff: February 10, 2026
All eligible patients in the placebo arm received lonvo-z crossover infusion between Week 28 and Week 32.
During the efficacy evaluation period, two patients in the placebo arm restarted LTP due to a high number of attacks. For these patients, data were censored at the time of LTP initiation and only attacks occurring prior to LTP initiation were included in the analysis. Both patients discontinued LTP before receiving the lonvo-z crossover infusion. HAE: hereditary angioedema; LTP: long-term prophylaxis; mg: milligram; SE: standard error

Favorable Safety and Tolerability Data

Primary Observation Period (Weeks 1 – 28)	Lonvo-z (N=52)	Placebo (N=28)
TEAEs in ≥10% of patients, n (%)		
Infusion-related reaction	32 (62%)	5 (18%)
Headache	10 (19%)	3 (11%)
Fatigue	7 (14%)	3 (11%)
Nasopharyngitis	7 (14%)	9 (32%)
Back pain	6 (12%)	3 (11%)
Upper respiratory tract infection	6 (12%)	2 (7%)
Serious TEAEs	**0**	**1 (4%)***
Grade ≥3 TEAEs	**0**	**0**

- No SAEs or Grade ≥3 TEAEs reported in lonvo-z arm
- All IRRs were mild or moderate and were transient
- No meaningful difference between arms in clinical chemistries; single Grade 2 ALT elevation observed in lonvo-z arm that self-resolved in one week
- Consistent safety and tolerability data observed in crossover following week 28 as of data cutoff

Data cutoff: February 10, 2026

* One patient in the placebo group experienced a serious TEAE, which was Grade 2 supraventricular tachycardia, on Day 39 and resolved in 2 days. ALY: alanine aminotransferase; IRR: infusion-related reaction; SAE: serious adverse event; TEAE: treatment-emergent adverse event

HAELO Data Summary

- Novel one-time investigational treatment
- Primary and all key secondary endpoints achieved. During the six-month efficacy observation period:
  - 87% attack-reduction rate for lonvo-z vs. placebo
  - 62% of patients entirely free from attacks (and therapy)
- All patients in lonvo-z arm saw a reduction in attack rate from baseline
- Early crossover data trending favorably with attack rates approaching zero in both trial arms
- Favorable safety and tolerability data

Advancing Toward Lonvo-z's Planned Launch

Dr. John Leonard

President & CEO, Intellia Therapeutics

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Additional HAELO Perspectives

Significant Patient Enthusiasm

80 patients enrolled (original target: ≥60)

All patients dosed within nine months

~70% of patients washed out of LTP to enroll

Diverse Mix of Patients

Multi-national trial with ~50% of enrolled patients in U.S.; broad age range

Population includes patients:

With complete HAE control; partial control at entry

Who were on LTP and/or on-demand therapies at entry

Extensive (and Still Expanding) Phase 3 Database

Longest Phase 3 trial undertaken in HAE to date, once completed

Largest cohort of patients receiving proposed label dose (50 mg of lonvo-z)

HAE: hereditary angioedema; LTP: long-term prophylaxis; mg: milligram

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Lonvo-z: Unique Potential to Eliminate Attacks and Ongoing Therapy with One Treatment

PHASE 3 CROSS-TRIAL COMPARISON*

Chronic long-term prophylaxis (LTP) therapies

Product	% of Patients Attack & Therapy Free*	% Attack Reduction vs. Placebo*	% of Patients Attack Free*	Lifetime Dosing Burden
lonvo-z (investigational)	62%	87%	62%	1x infusion
berotralstat[1]	0%	44%	n/a	Daily oral tablets
C1 est. inh.[2]	0%	87%	n/a	104 injections / year
donidalorsen[3]	0%	55-81%	35-53%	7–13 injections / year
garadacimab[4]	0%	89%	62%	13 injections / year
lanadelumab[5]	0%	74-87%	31-44%	13–26 injections / year

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. 1. berotralstat label. 2. C1 esterase inhibitor label. 3. donidalorsen label. 4. garadacimab label. 5. lanadelumab label.

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Preparing for a Successful Launch in 1H 2027*

- Established core commercialization team
- Deployed field medical team
- Finalized overall launch strategy
- Commenced payer engagement
- Continued patient advocacy group/medical society engagements
- Finalized distribution model for launch
- Identified potential treatment centers
- Initiated rolling BLA submission with FDA

2025 Accomplishment 2026 Accomplishment

Priorities ahead…

- Complete BLA submission
- Scale field sales and reimbursement teams
- Finalize pricing
- Finalize contracting strategy

* If approved by U.S. Food and Drug Administration. BLA: Biologics License Application; FDA: U.S. Food and Drug Administration; KOL: key opinion leader

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Summary

HAELO Clinical Trial

HAELO trial **achieved its primary and all key secondary endpoints** with favorable safety and tolerability data

#1

Global first for *in vivo* gene editing

Intellia advancing rapidly toward potential approval and **first planned launch** in 1H 2027*

* If approved by U.S. Food and Drug Administration.

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Thank You!

We extend our gratitude to the patients, caregivers, and families who have taken part in the HAELO clinical trial; a decision not taken lightly and rooted in trust and hope.

A sincere thank you to the HAELO study investigators, site coordinators and staff whose commitment and hard work made this study possible.

We also express our appreciation to the U.S. Hereditary Angioedema Association (HAEA) and HAE International (HAEi) for their invaluable support and partnership throughout this journey.

This milestone is a shared achievement that we could not have achieved without the unwavering support of the HAE community.

Q&A

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