

Regeneron: where should the next commercial push go?

Internal ID: S&F-STR-474

Topic: Pricing Strategy, Growth Strategy, Business Models

Industry: Biotechnology

Source: Strategy & Finance

Publication date: 5 October 2026

License: Not specified

Student case | Information cutoff: August 4, 2026

On August 3, 2026, Biocon announced that Yesafili, a biosimilar to Regeneron's EYLEA 2 mg, was commercially available in the United States. The launch followed several years of patent litigation and other biosimilar approvals. Regeneron had already reported that Amgen's Pavblu had launched and expected additional 2 mg competitors. Meanwhile, its newer EYLEA HD was gaining sales and physician demand. [1-4]

Assume Regeneron's senior leadership asks you, on August 4, to recommend how it should sequence commercial attention across three priorities: accelerate EYLEA HD adoption, selectively defend the EYLEA 2 mg franchise as biosimilars enter, or preserve emphasis on other products and pipeline opportunities. The request is a teaching scenario. Public disclosures do not describe a fixed budget conflict, internal vote or planned field-force reallocation. Your recommendation should explain what evidence would support it and what would change your mind.

Two products, a changing market

EYLEA 2 mg (aflibercept) and EYLEA HD (8 mg aflibercept) treat retinal conditions through intravitreal injections. As of the cutoff, the label permits eligible patients with wet age-related macular degeneration (wAMD) or diabetic macular edema (DME) to extend EYLEA HD dosing to as long as 20 weeks after one year of successful response. This April label expansion is distinct from the PULSAR trial's tested comparison of 8 mg every 12 or 16 weeks versus 2 mg every eight weeks at 48 weeks. EYLEA HD is not itself the 2 mg biosimilar reference product. Regeneron's filing also lists competing anti-VEGF treatments, including Vabysmo, ranibizumab products, Beovu, and off-label repackaged bevacizumab. [1-2, 6]

The FDA Purple Book listed Yesafili's single-dose vial as interchangeable with EYLEA 2 mg and its prefilled syringe as a biosimilar presentation as of August 4. This designation does not tell you how clinics, prescribers, payers or patients will respond. Biocon's launch announcement establishes commercial availability, not uptake, price, coverage or market share. [3-4]

Q2 results: growth and erosion at once

Regeneron's second-quarter U.S. net product sales for EYLEA HD were \$596.3 million, up 52% year over year. EYLEA 2 mg sales were \$412.2 million, down 45%. Combined sales were \$1.009 billion, down 12%. For the first half, U.S. HD sales were \$1.065 billion, while EYLEA 2 mg sales were \$885 million. Regeneron attributed HD's Q2 increase mainly to higher sales volume, partly offset by lower net selling price. It attributed EYLEA's decline to both lower demand from competition and continued transition to HD, plus lower net selling price. The public figures do not isolate those effects. [1-2]

Management said HD physician-unit demand increased 24% sequentially in Q2. It also said HD made up approximately 60% of U.S. franchise net sales, compared with 34% a year earlier. These are company-reported demand and mix claims; sales dollars, unit demand and market share are different measures. For the second half, management forecast low-to-mid-teens sequential declines in EYLEA 2 mg demand and low-to-mid-teens sequential growth in HD demand. Those are forecasts, not observed outcomes or a forecast of net sales. [2, 5]

The filing describes the franchise as economically important but does not disclose product-level profit. For the first half, combined U.S. sales of EYLEA HD and EYLEA represented 25% of Regeneron's total revenue, compared with 33% a year earlier; HD alone was 55% of combined U.S. EYLEA/HD sales. Sales share is not contribution margin or incremental return. The company cautions that it is uncertain whether HD sales will offset future EYLEA declines. [1]

Evidence for a differentiated offer-and its limits

The PULSAR phase 3 trial compared EYLEA HD 8 mg every 12 or 16 weeks with EYLEA 2 mg every eight weeks in treatment-naïve neovascular age-related macular degeneration after initial monthly doses. The 48-week report found noninferior vision gains under its study protocol. This evidence supports a clinical dosing-interval proposition for some patients; it does not establish real-world physician preference, patient persistence, payer access or commercial economics. [6]

Historical Medicare research found biosimilar uptake varied substantially across molecules and settings. The study did not examine aflibercept and cannot predict Yesafili adoption. A separate analysis of payer policies found substantial restrictions and frequent bevacizumab-first steps in retinal-treatment coverage, but those policies were measured as of April 2024, before Yesafili's U.S. launch; the study also received an independent educational grant from Regeneron. Treat both studies as decision lenses, not product forecasts. [7-8]

The broader portfolio

Regeneron's Q2 release reported \$2.174 billion of Sanofi collaboration revenue. Sanofi records global Dupixent and Kevzara product sales; Regeneron records its share of collaboration profits and manufacturing reimbursements. The Sanofi development balance was fully repaid at June 30, so it would no longer reduce Regeneron's share beginning in Q3. These accounting changes affect reported collaboration revenue and should not be treated as an equivalent change in product demand. [1-2]

Other reported Q2 growth included global Libtayo net product sales of \$489 million. Regeneron's management also highlighted rare-disease launches and a broad research pipeline. These alternatives may compete for commercial and development attention, but the public record does not give incremental returns or a fixed resource budget across products. [2, 5]

Assignment

Recommend one of these approaches, or a staged combination:

1. **Prioritize HD:** focus on its dosing profile, eligible patients and payer/clinic access while observing how 2 mg biosimilars perform.
2. **Defend selected 2 mg accounts:** use product access, contracting and service evidence to retain suitable accounts rather than assume every patient should transition to HD.
3. **Balance across the portfolio:** protect retinal execution while keeping commercial and development capacity available for other products and pipeline launches.

For your recommendation, distinguish sales from demand and profit; distinguish company-reported claims from independent results; and distinguish the U.S. products Regeneron records from partner-recorded sales outside the United States. Identify the first two pieces of internal evidence you would request and propose a measurable gate for continuing, changing or scaling your approach. Any threshold or management role you specify is an explicit teaching assumption, not company guidance.

Discussion questions

1. How much of the EYLEA 2 mg decline can be attributed to biosimilar competition, patient migration to HD, net price or other factors from the evidence provided?
2. What clinical and commercial mechanisms could make HD attractive, and what would prevent those mechanisms from translating into durable economic value?
3. How should Regeneron treat the August 3 launch of an interchangeable 2 mg biosimilar when there are no uptake data yet?
4. What metrics and decision gates would help balance retinal-franchise actions with other product and pipeline priorities?

Sources and conventions

All information is limited to August 4, 2026. “Sales” means reported net product sales unless otherwise stated. EYLEA/HD U.S. sales are recorded by Regeneron; Bayer records their sales outside the U.S. and Regeneron receives collaboration revenue. Sanofi records Dupixent/Kevzara global product sales; Regeneron reports its collaboration share, not those product sales. Academic evidence access depth and limitations are detailed in the research source register.

1. Regeneron, Q2 2026 Form 10-Q, filed July 30, 2026, SEC accession 0000872589-26-000025: MD&A sales and collaboration revenue, printed pp.35-37; commercialization risks and EYLEA competition, pp.46-49. [SEC filing](#).
2. Regeneron, “Reports Second Quarter 2026 Financial and Operating Results,” July 30, 2026, Form 8-K Exhibit 99.1, accession 0000872589-26-000023: product sales, collaboration revenue, guidance and footnotes. [SEC exhibit](#).
3. Biocon Biologics, “Biocon Announces U.S. Commercial Launch of Yesafili,” August 3, 2026. [Company announcement](#).
4. FDA Purple Book, Yesafili, BLA 761274; checked August 4, 2026. [FDA product detail](#).

5. Regeneron Q2 2026 earnings call transcript, July 30, 2026, prepared remarks, pp.3-4, 7-10. [Issuer-hosted transcript](#).
6. Heier, Jeffrey S., et al. "Intravitreal aflibercept 8 mg in neovascular age-related macular degeneration (PULSAR): 48-week results from a randomised, double-masked, non-inferiority, phase 3 trial." *The Lancet* 403(10432), 1141-1152 (2024). DOI: [10.1016/S0140-6736\(24\)00063-1](#). Summary-level access only.
7. Kozlowski, Steven, et al. "Uptake and Competition Among Biosimilar Biological Products in the US Medicare Fee-for-Service Population." *Journal of General Internal Medicine* 37(16), 4292-4294 (2022). DOI: [10.1007/s11606-022-07670-7](#).
8. Chambers, James D., et al. "Assessing variation in US payer coverage of anti-vascular endothelial growth factor therapies for the treatment of age-related macular degeneration, diabetic retinopathy, and diabetic macular edema." *Journal of Managed Care & Specialty Pharmacy* 31(5), 451-460 (2025). DOI: [10.18553/jmcp.2025.24340](#). Partial-text access; the study reports Regeneron grant support.