
Translating excellence in science into customer benefit

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This presentation contains certain forward-looking statements. These forward-looking statements may be identified by words such as ‘believes’, ‘expects’, ‘anticipates’, ‘projects’, ‘intends’, ‘should’, ‘seeks’, ‘estimates’, ‘future’ or similar expressions or by discussion of, among other things, strategy, goals, plans or intentions. Various factors may cause actual results to differ materially in the future from those reflected in forward-looking statements contained in this presentation, among others:

- 1 pricing and product initiatives of competitors;
- 2 legislative and regulatory developments and economic conditions;
- 3 delay or inability in obtaining regulatory approvals or bringing products to market;
- 4 fluctuations in currency exchange rates and general financial market conditions;
- 5 uncertainties in the discovery, development or marketing of new products or new uses of existing products, including without limitation negative results of clinical trials or research projects, unexpected side-effects of pipeline or marketed products;
- 6 increased government pricing pressures;
- 7 interruptions in production
- 8 loss of or inability to obtain adequate protection for intellectual property rights;
- 9 litigation;
- 10 loss of key executives or other employees; and
- 11 adverse publicity and news coverage.

Any statements regarding earnings per share growth is not a profit forecast and should not be interpreted to mean that Roche’s earnings or earnings per share for this year or any subsequent period will necessarily match or exceed the historical published earnings or earnings per share of Roche.

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Performance up-date

Strategy

Summary

HY 2009: Group results

Core EPS grows significantly faster than sales

| CHF bn | HY '08 | HY '09 | % change | |
|--|--------|-------------|----------------|------------|
| | | | CHF | local |
| Sales | 22.0 | 24.0 | +9 | +10 |
| Operating profit before exceptional items | 7.0 | 8.0 | +13 | +20 |
| <i>% of sales</i> | 32.0 | 33.2 | +1.2 p | |
| Operating profit | 7.4 | 5.6 | -24 | -17 |
| <i>% of sales</i> | 33.4 | 23.4 | -10.0 p | |
| Operating free cash flow | 4.8 | 6.8 | +41 | +52 |
| <i>% of sales</i> | 21.8 | 28.2 | +6.4 p | |
| Net financial income | 0.2 | -0.6 | - | |
| Exceptional financing costs | - | -0.4 | - | |
| Tax rate in % (before exceptional items) | 23.9 | 22.6 | -1.3 p | |
| Net income | 5.7 | 4.1 | -29 | |
| <i>% of sales</i> | 26.0 | 16.9 | -9.1 p | |
| Net income before exceptional items | 5.5 | 5.7 | +4 | |
| Core EPS (CHF) | 5.75 | 6.32 | +10 | +20 |

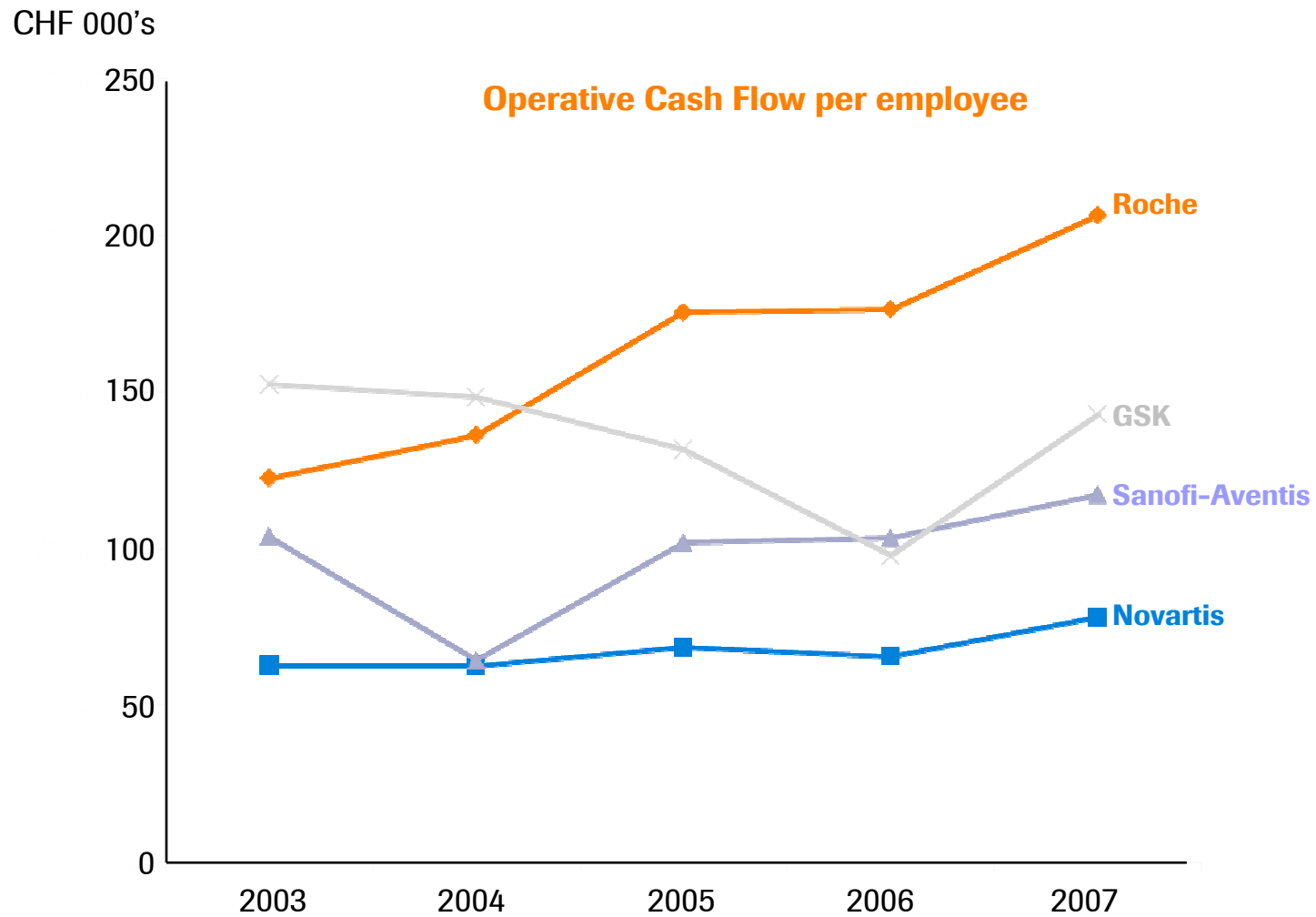
YTD Sep 2009: Very solid growth for both divisions

Momentum maintained well above market

| CHF bn | YTD Sep 2008 | YTD Sep 2009 | % change in CHF local | |
|------------------------|-------------------------|-------------------------|----------------------------------|------------|
| Pharmaceuticals | 26.2 | 29.0 | +11 | +12 |
| Diagnostics | 7.1 | 7.4 | +4 | +8 |
| Roche Group | 33.3 | 36.4 | +9 | +11 |

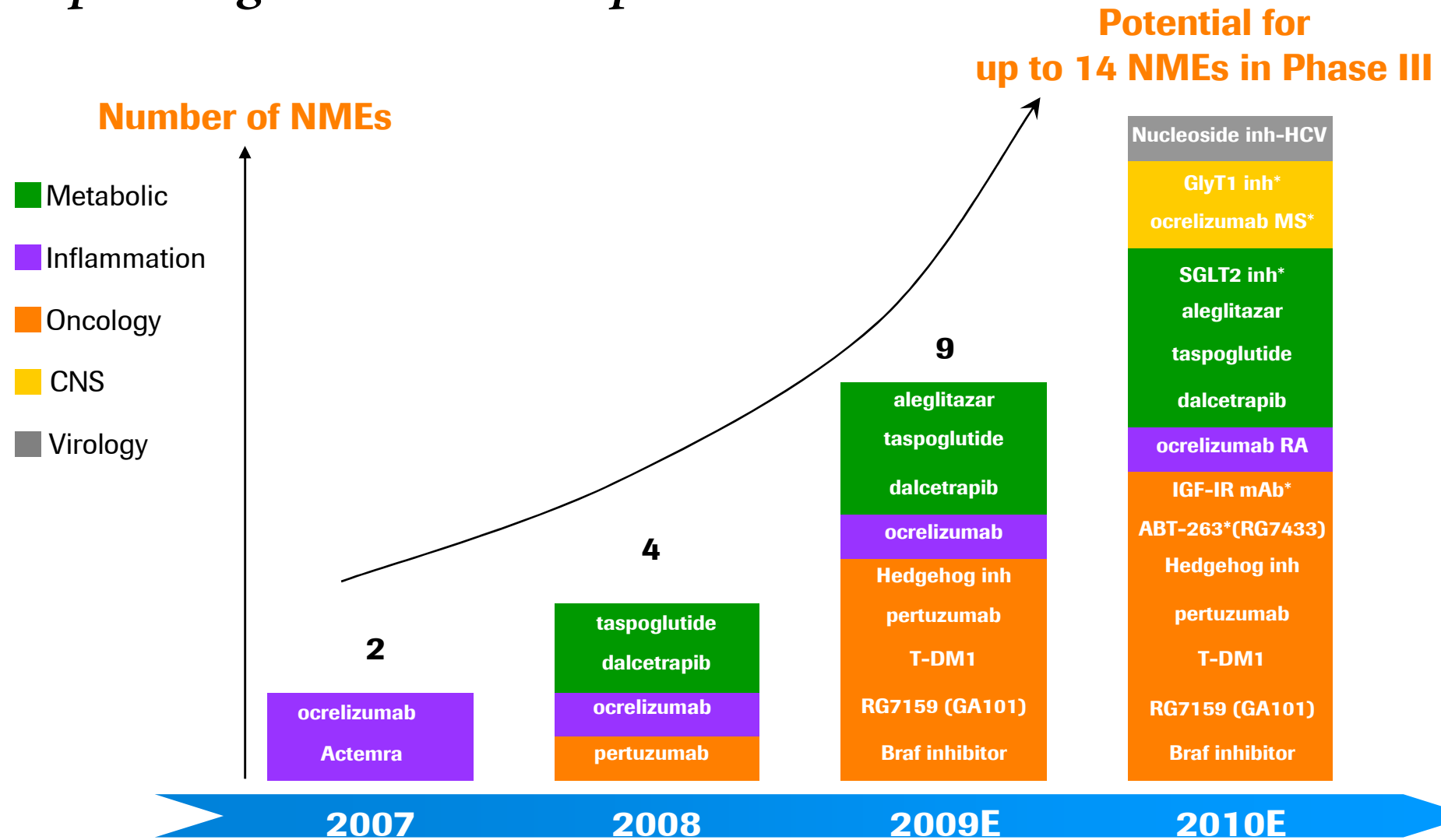
Profitability measures

Operating cash flow per employee



Building up the late stage pipeline

Expanding into new therapeutic areas

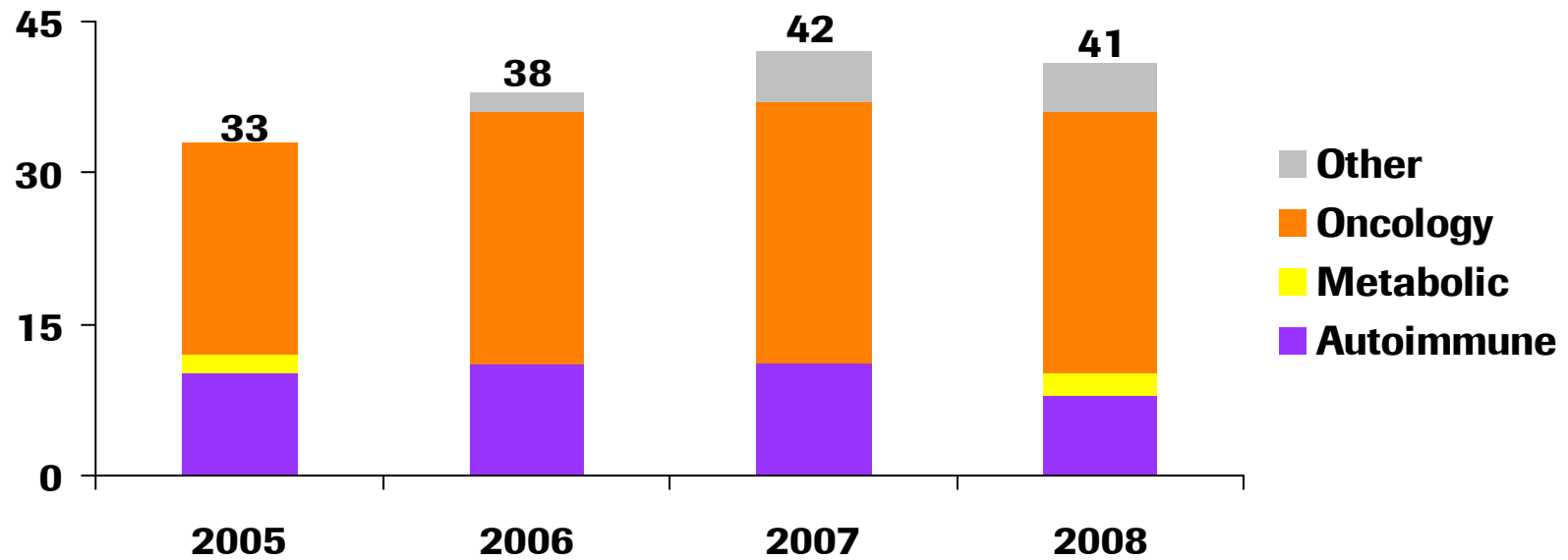


* Go/no-go decision for phase III pending

Roche: Late stage projects with high success rate



Roche R&D pipeline, phase III projects



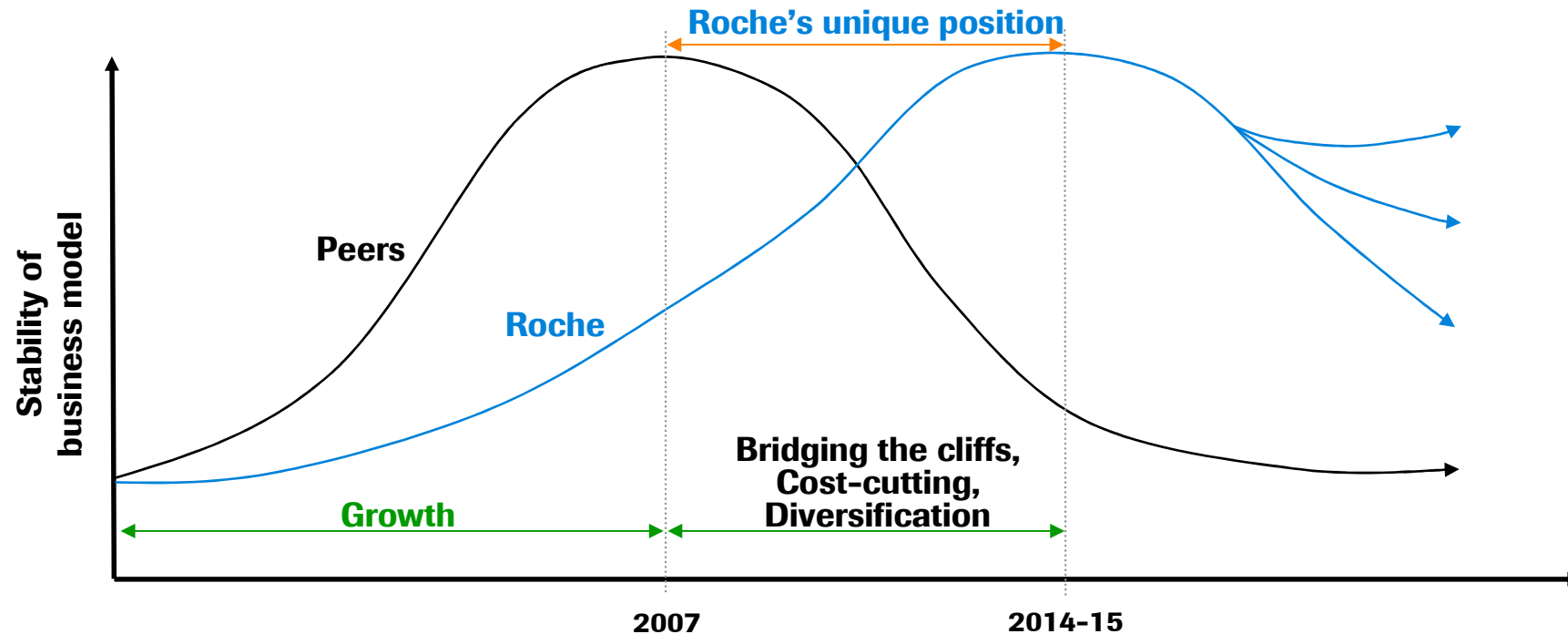
| | | | | |
|--------------------------|----------|------------|------------|------------|
| Terminations | 0 | 1 | 1 | 2 |
| Attrition rates % | 0 | 2.6 | 2.4 | 4.9 |

Performance up-date

Strategy

Summary

Roche's unique window of opportunity



The industry

Low replacement power of current earnings levels

Poor pipelines

Cost cutting

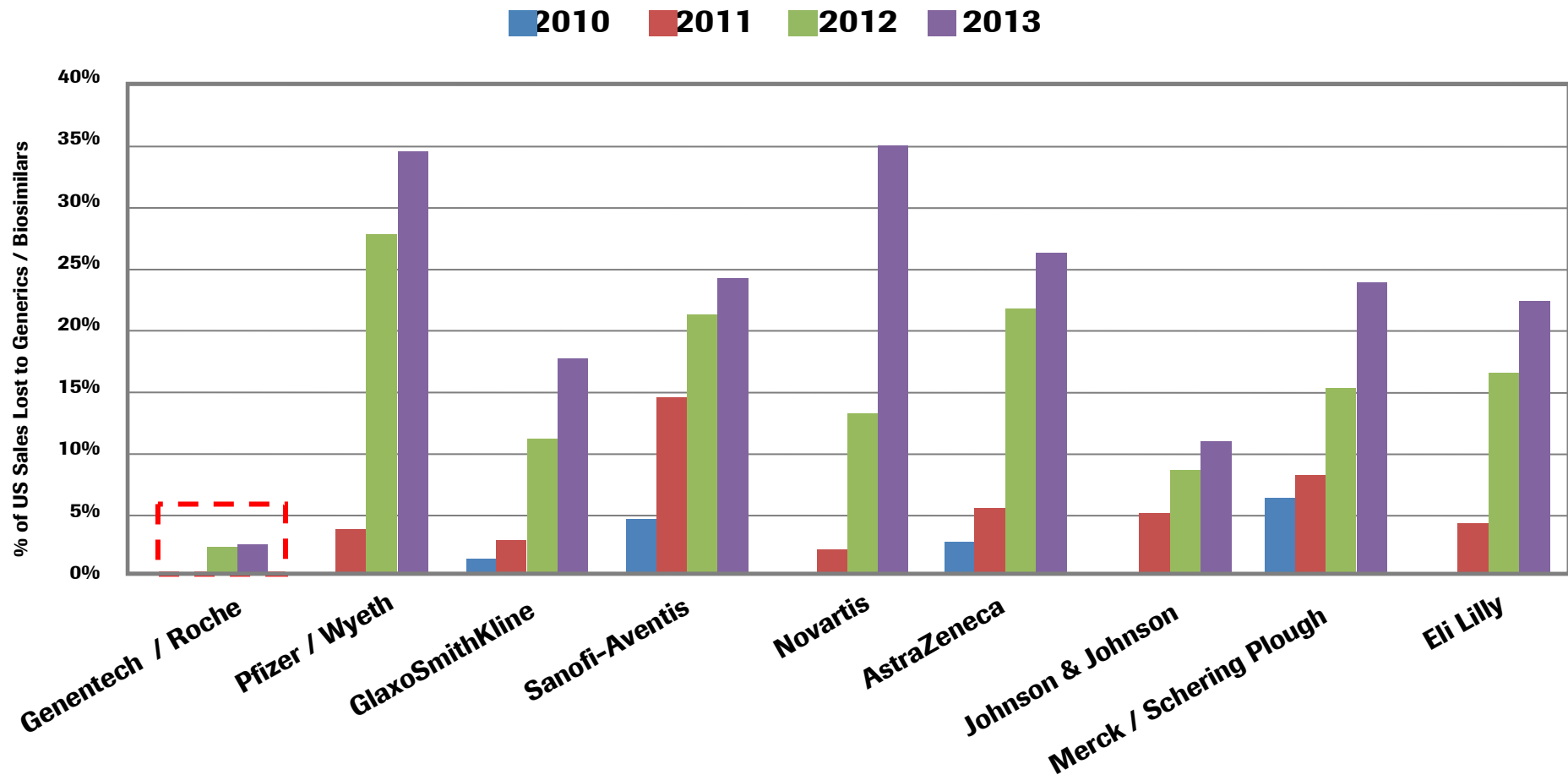
Roche

Extended stability

Low generic exposure

Investment into the future

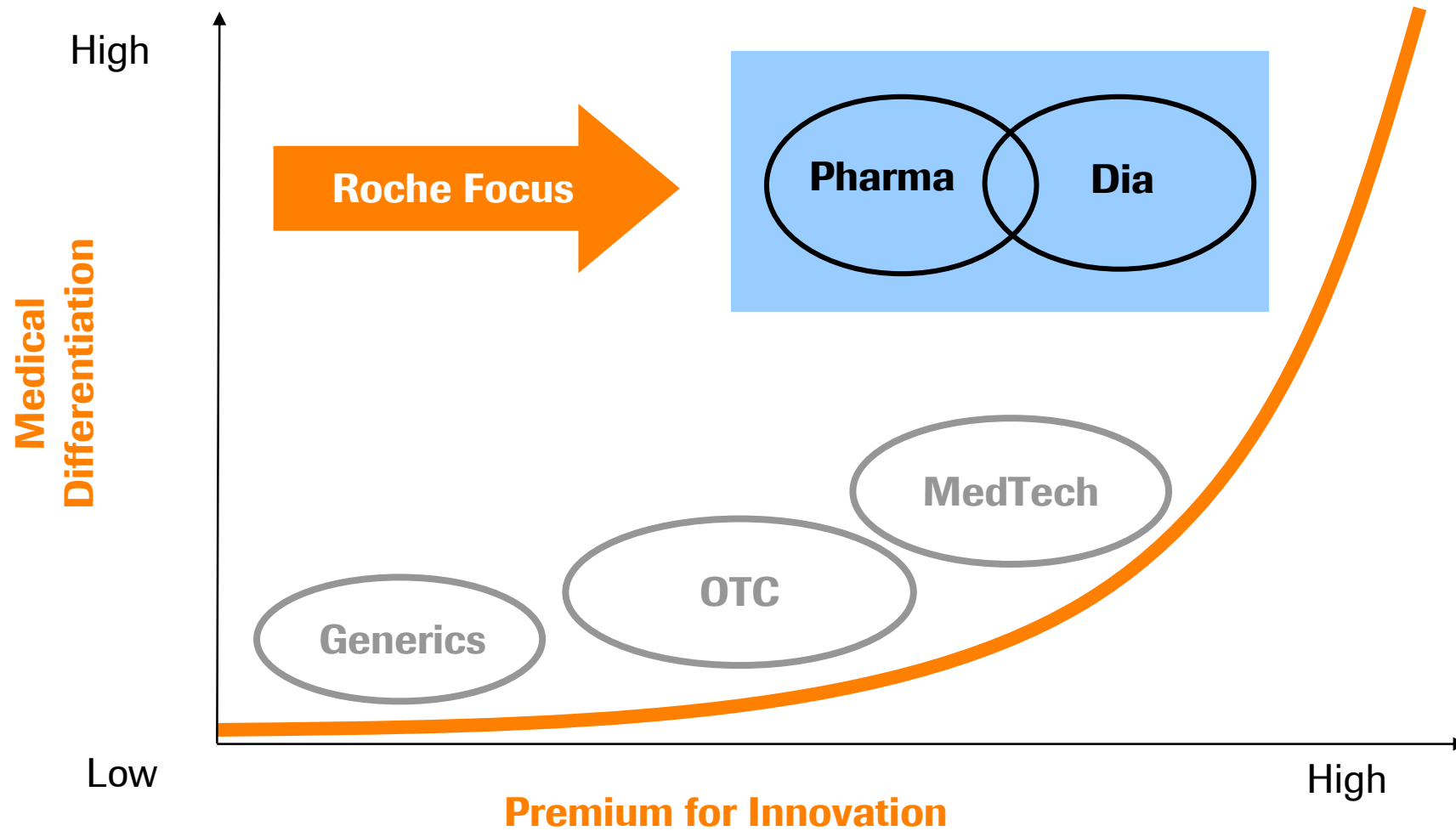
Roche: Limited patent exposure



Notes:

- % Sales Lost calculated by subtracting given year sales ('10, '11, '12, '13) from full year sales from year prior to LOE.
- Data excludes sales lost impact of products with LOE prior to 2010.

Focus on our core businesses



Our Focus

...significant value capture from truly medically differentiated medicines

Regulatory

- **faster approval** - improved efficacy/safety profile

Pricing

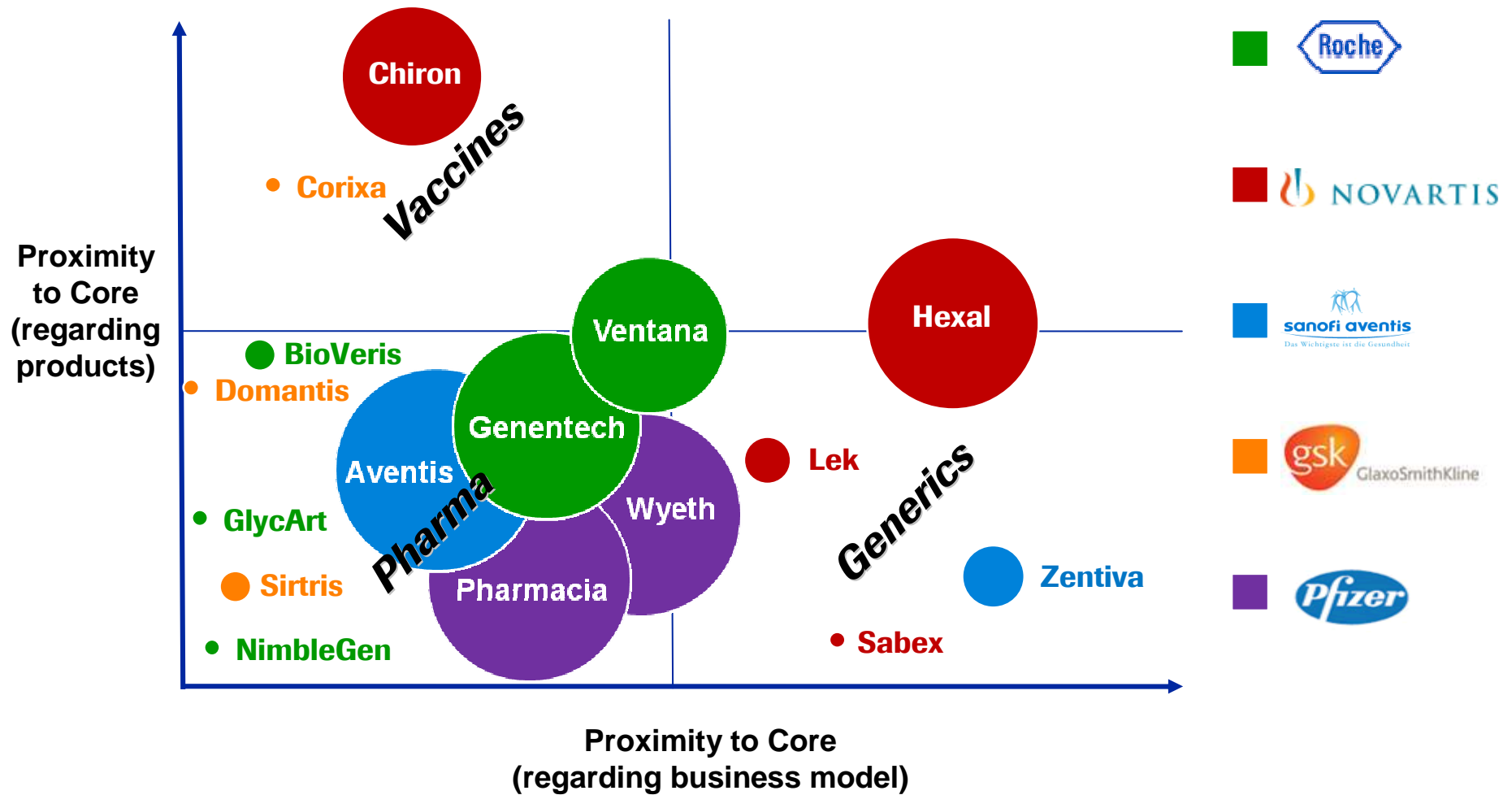
- **value to patients/physicians** (e.g. US, Germany)
- **reward of medical innovation** (e.g. France, UK)

Commercialization

- **faster and higher market penetration**
(efficacy & compliance drive sales)



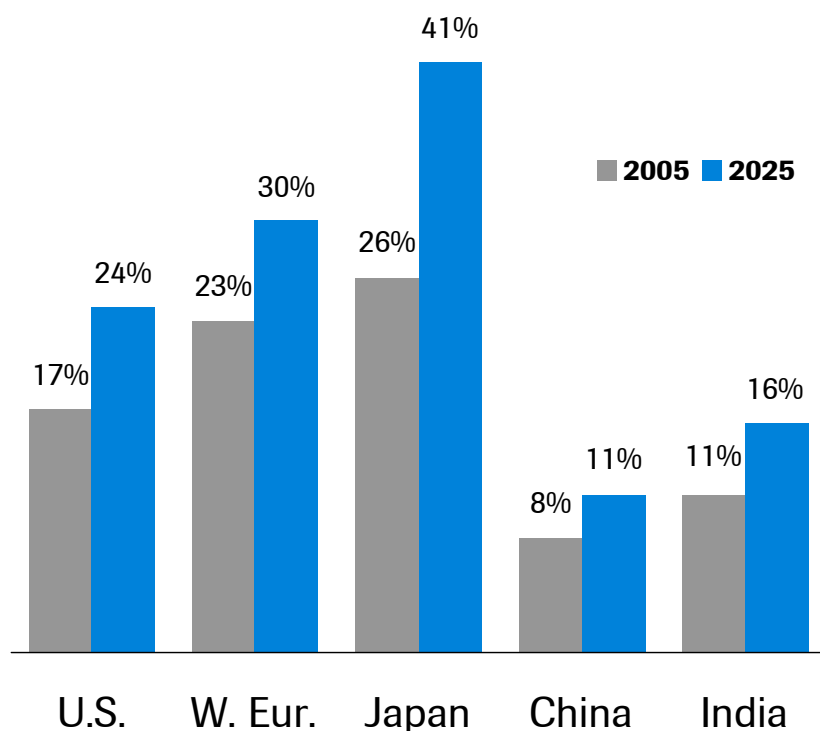
Roche's strategy focuses along either dimension



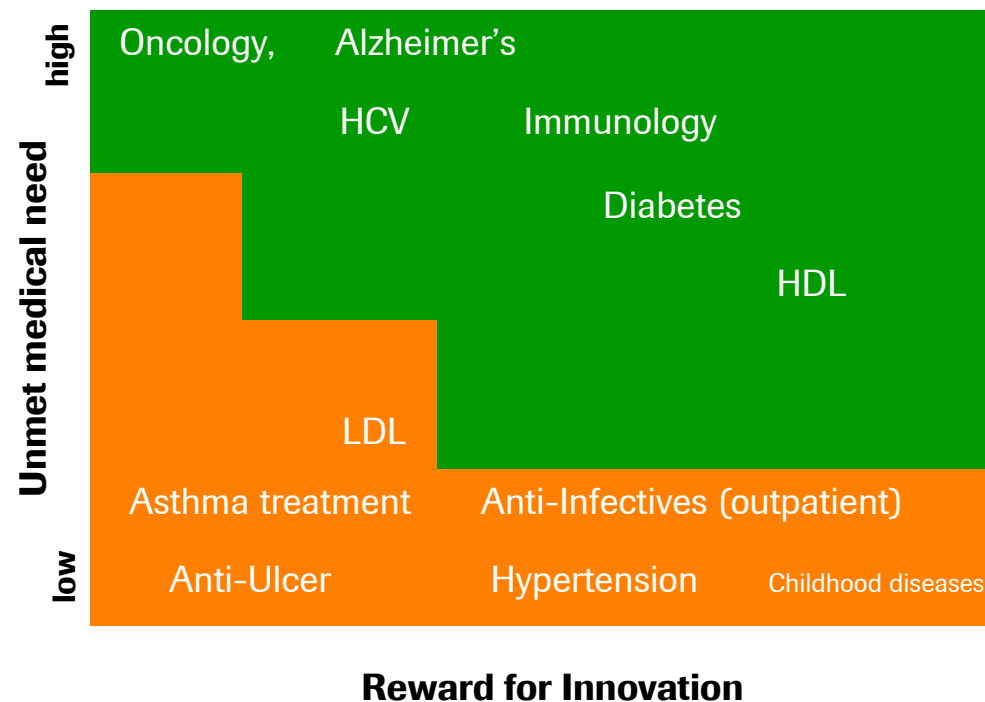
Our Focus

High unmet medical need, particularly in the elderly

Aging Population, % age >60 years



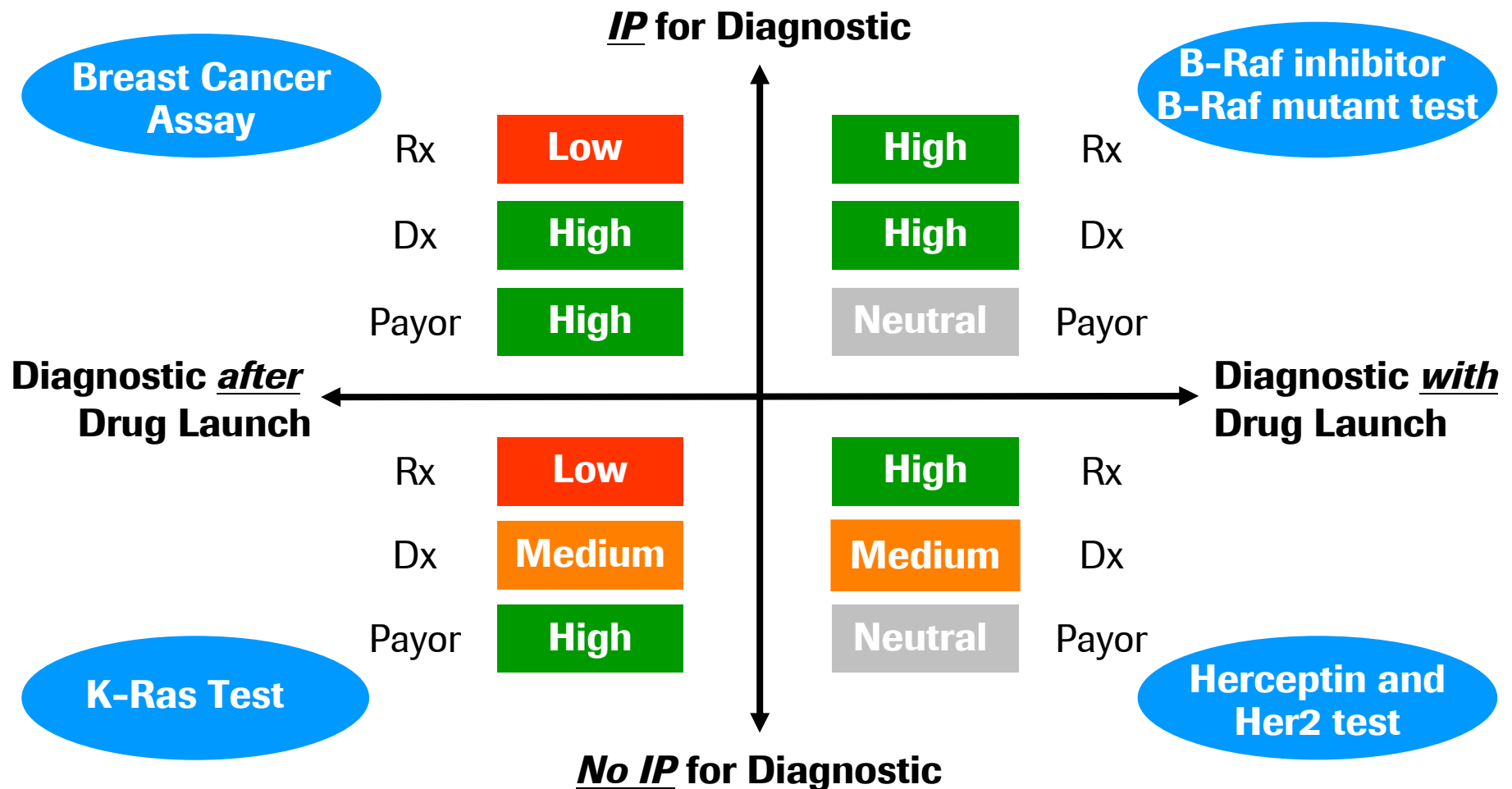
Target Map for a Research driven company



Source: Economist Intelligence Unit (2005-2010); WHO 2008: The Global Burden of Disease Data for 2004: Low Income: GNI per capita < US\$ 825; Middle Income: GNI US\$ 826-10.065; High Income: GNI > US\$ 10.066 Sources: US Census Bureau, World Bank, Deutsche Bank Nov '04 Key markets: 5 major EU countries + US, Source: Decision Resources 2005. Timelv Data Resources 2005. UN World Population Prospects 2004

Scenarios for PHC Added Value Distribution

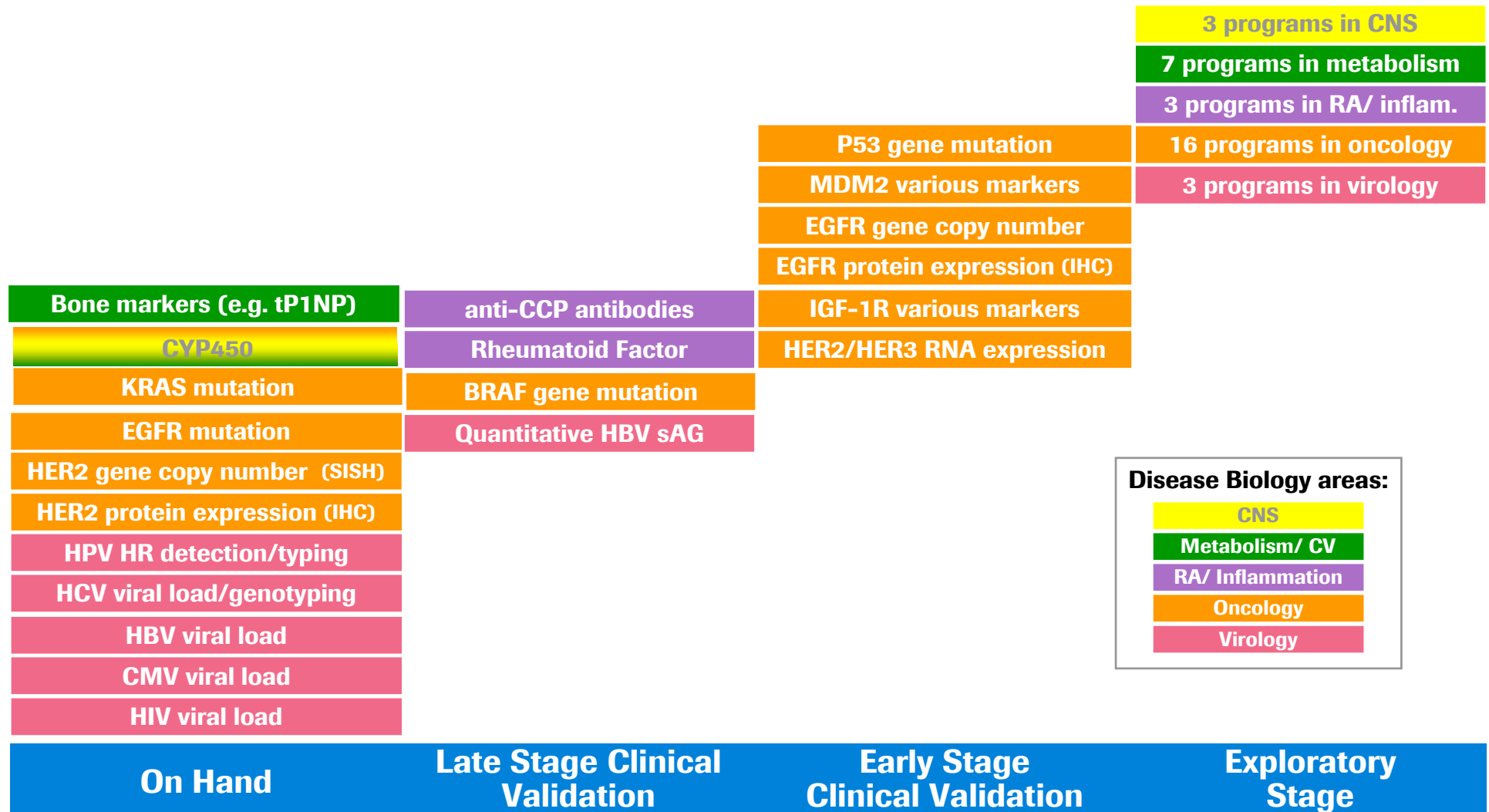
Value captured by different stakeholders depending on IP and timing of diagnostic





Roche Personalised Healthcare

A comprehensive portfolio of novel companion tests



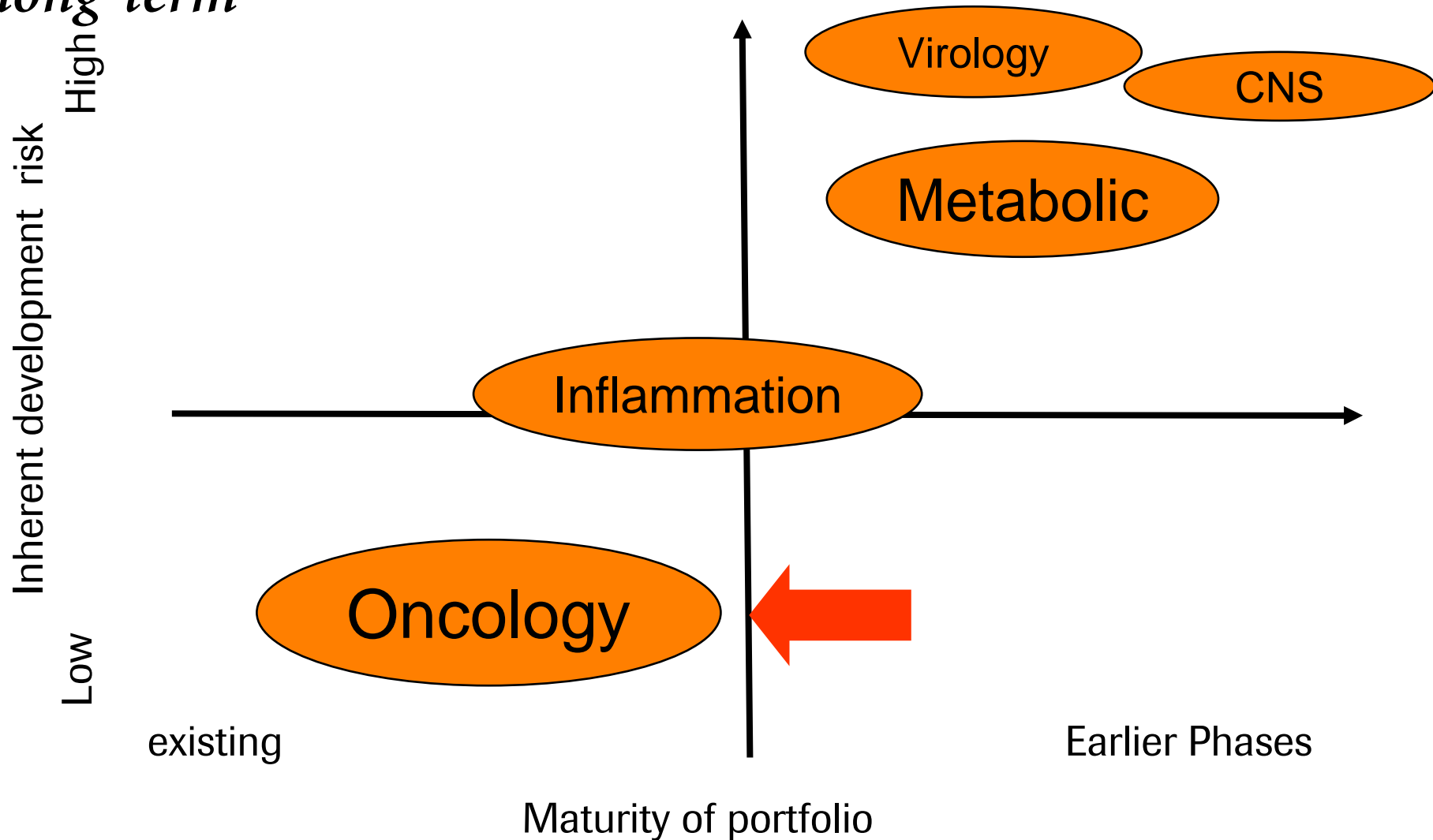
Disease Biology areas:

- CNS
- Metabolism/ CV
- RA/ Inflammation
- Oncology
- Virology

Selection of key tests on the market and in clinical validation; only formalised programs included

Key drivers for long term development in place

Develop short-term drivers while not neglecting the long-term



What it takes to establish standard of care

Aiming for first and best in class cancer medicines

- Clinically meaningful and statistically superior benefit
- Broad combinability, especially with established backbones
- Positive risk-benefit profile, improving or maintaining quality of life
- Clinical data for all relevant settings and combinations
- Building trust through strong scientific rationale and breadth of clinical data, including phase IV and real-life experience

First in class mechanisms establishing new standards of care

| Rank | Drug | Sales (\$m) MAT 3Q08 |
|------|------------------|----------------------|
| 1 | MabThera | 4,189 |
| 2 | Herceptin | 4,129 |
| 3 | Avastin | 4,052 |
| 4 | Glivec | 3,491 |
| 5 | Taxotere | 2745 |
| 6 | Eloxatine | 2,236 |
| 7 | Arimidex | 1,944 |
| 8 | Gemzar | 1,601 |
| 9 | Erbitux | 1,412 |
| 10 | Casodex | 1,343 |

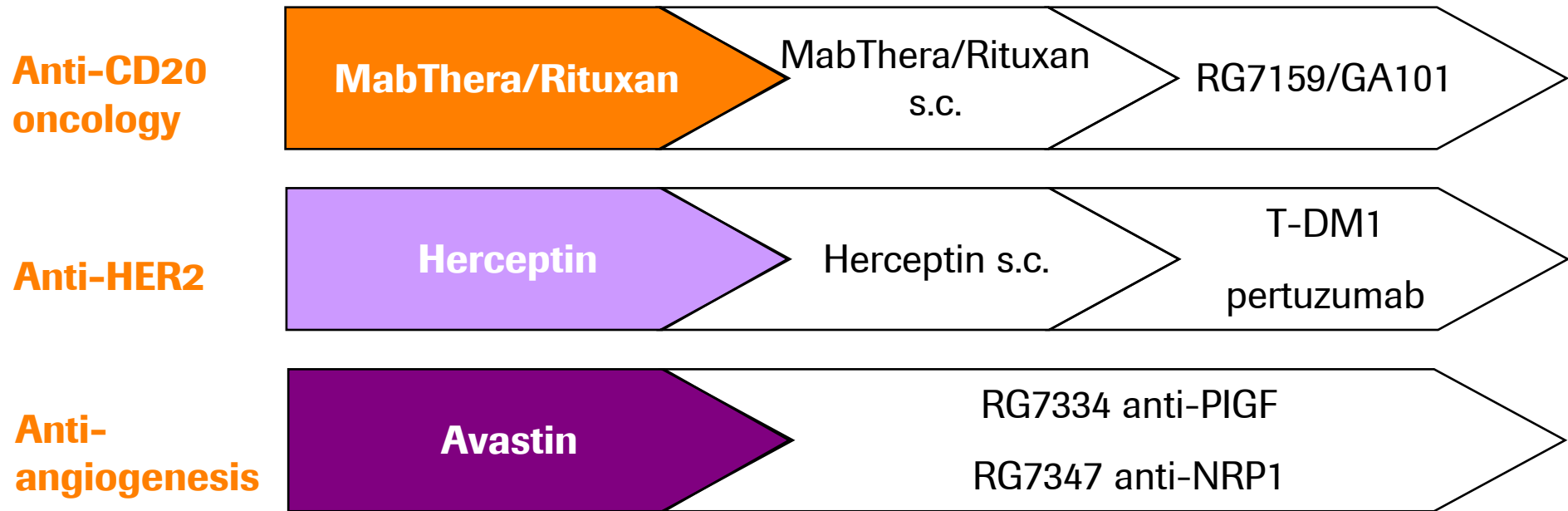
First in class

Successful products need to be first class entrants – the race begins early in R&D

Understanding Biology to Improve Patient Outcomes

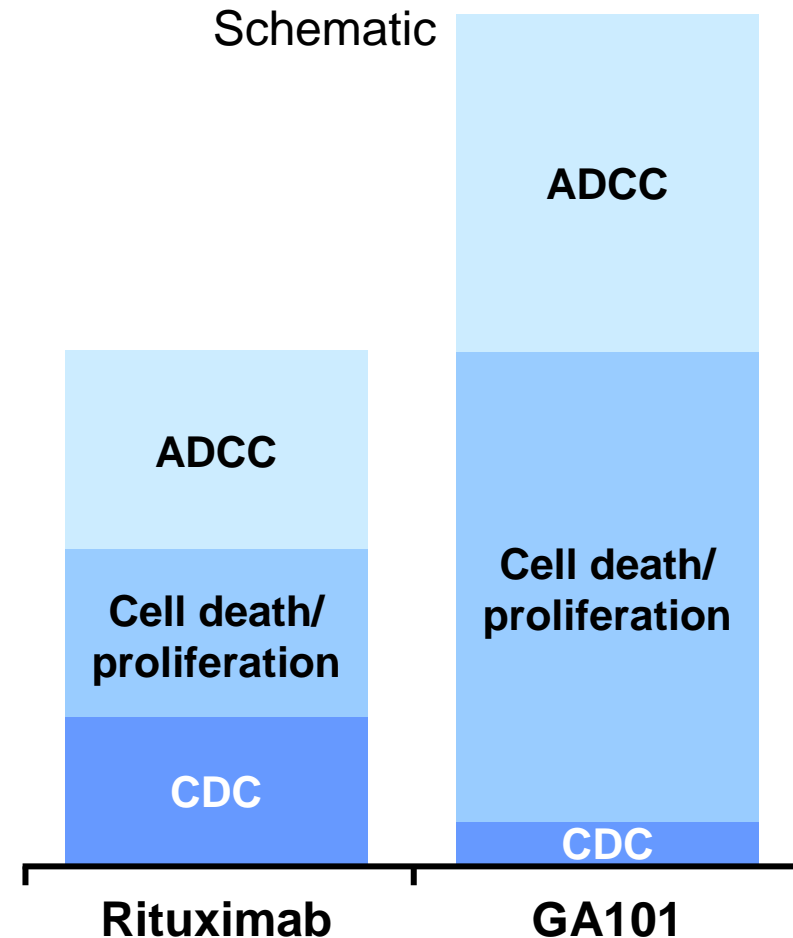
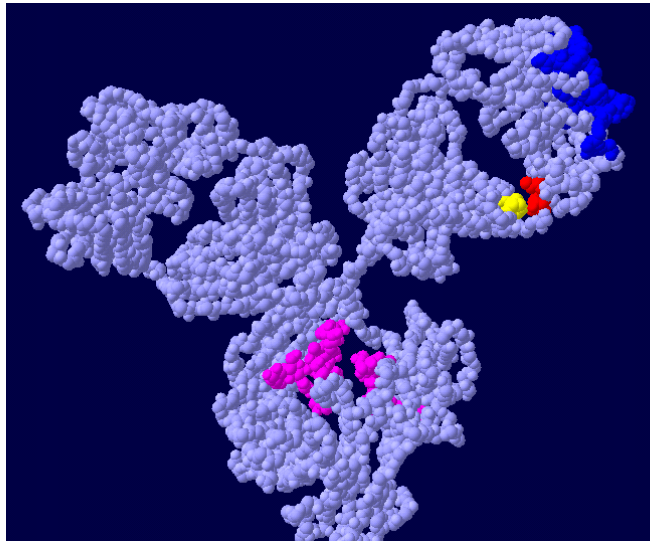
| Cancer Type | Marketed Products | Key Products in Development |
|--------------------|----------------------------|--|
| Gastrointestinal | Avastin, Tarceva, Xeloda | Avastin, Herceptin, Xeloda, Hedgehog Pathway Inhibitor |
| Breast | Avastin, Herceptin, Xeloda | Avastin, pertuzumab, T-DM1, Xeloda, IGF-1R mAb |
| Lung | Avastin, Tarceva | Avastin, Apomab, dulanermin, Tarceva, IGF-1R mAb |
| Hematological | MabThera/Rituxan | Avastin, MabThera/Rituxan, GA101, dacetuzumab, Apomab, dulanermin, ABT-263 |
| Genito-urinary | Avastin | Avastin, pertuzumab, Hedgehog Pathway Inhibitor |
| Skin & Soft Tissue | | Hedgehog Pathway Inhibitor, PLX4032 (B-raf inhibitor), IGF-1R mAb, Apomab, Avastin |
| Brain | Avastin | Avastin |
| Childhood Cancers | | IGF-1R mAb, Xeloda, Avastin |

Next generation products to sustain our growth



R7159 / GA101: First glycoengineered, humanized, type II CD20 antibody in clinical development

- First type II, glyco-engineered, humanised anti-CD20 antibody in clinical development
- Compared with rituximab, GA101 provides*:
 - Enhanced direct cell-death induction^{1,2}
 - Enhanced ADCC^{1,2}



*based on preclinical studies

ADCC, antibody-dependent cell-mediated cytotoxicity; CDC, complement-dependent cytotoxicity

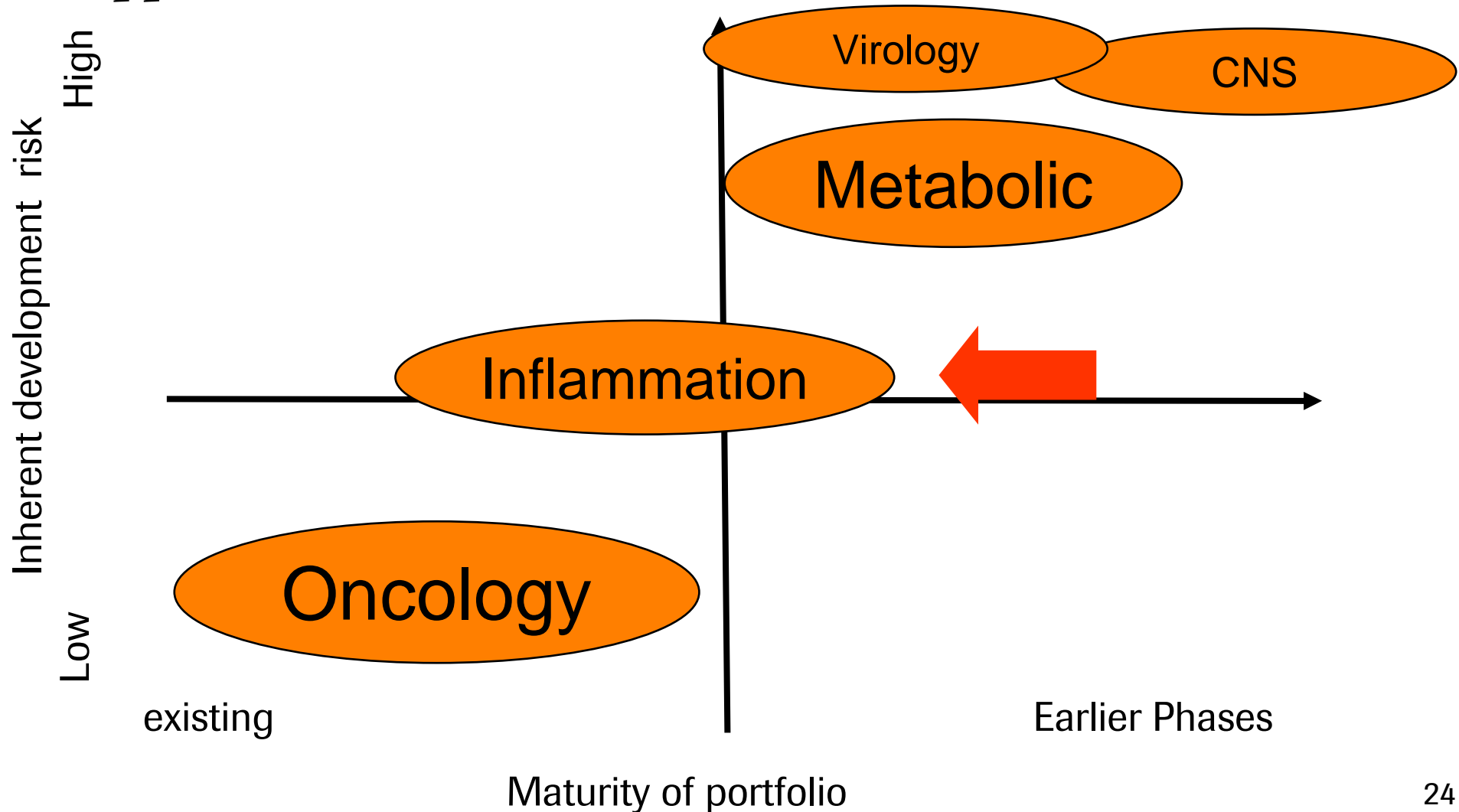
1. Umaña P, et al. Blood 2006;108:Abstract 229

2. Umaña P, et al. Ann Oncol 2008;19 (Suppl. 4):Abstract 098

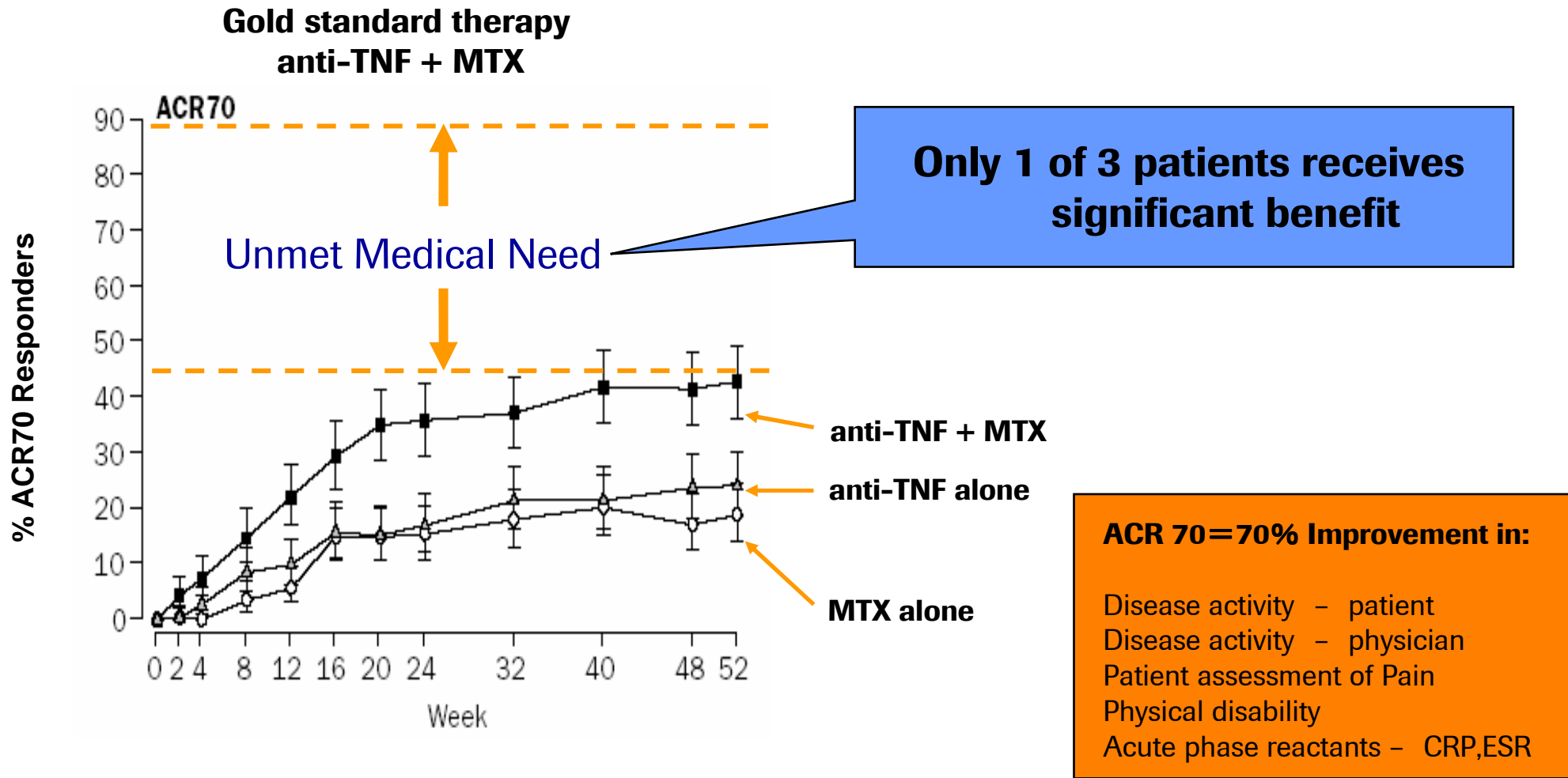
Key drivers for long term development in place



Develop the short term drivers while not neglecting the long term opportunities



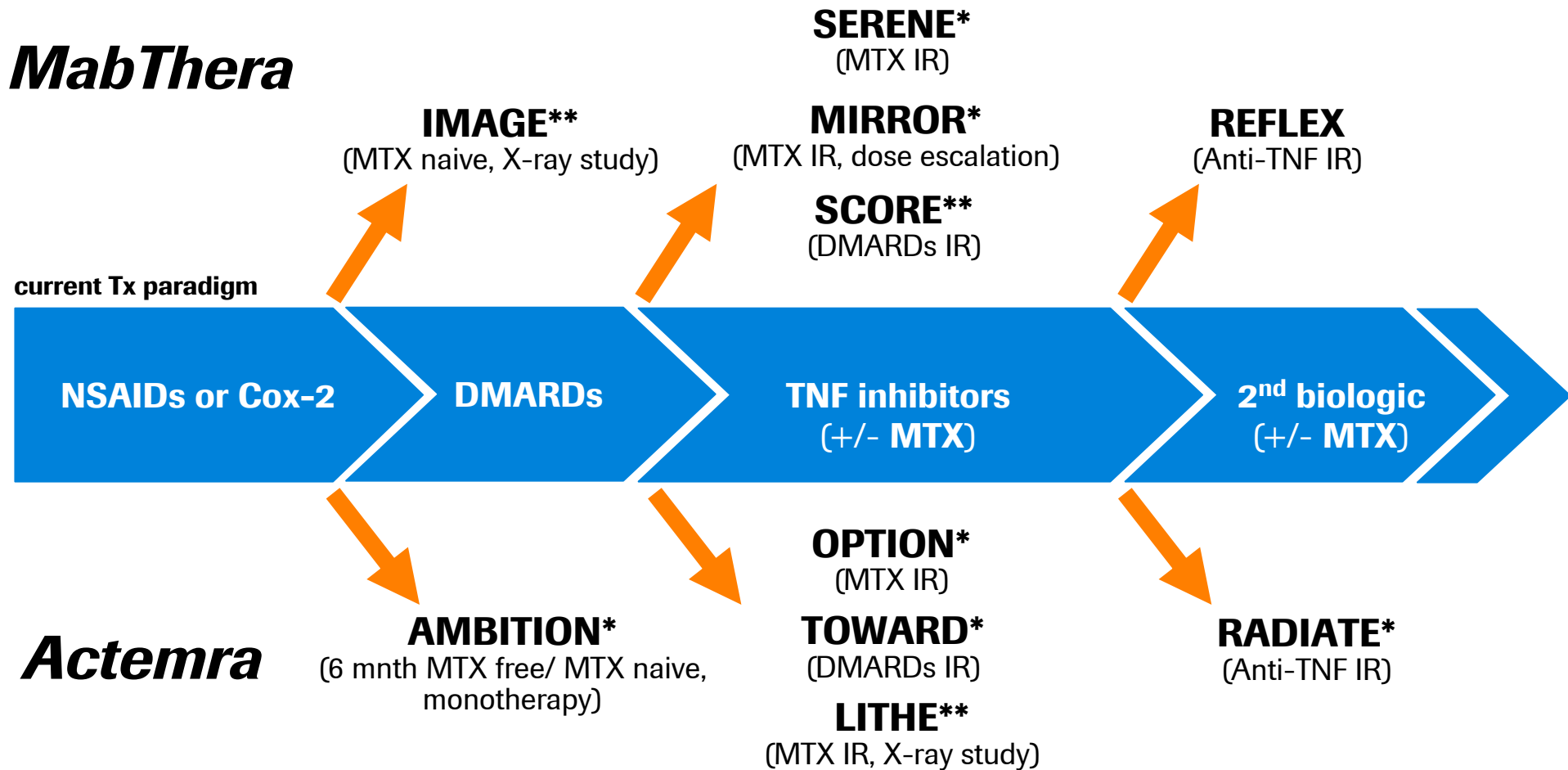
Rheumatoid Arthritis: Not all patients respond to current therapy



Comprehensive development program in RA

Covers all treatment stages

MabThera



Actemra

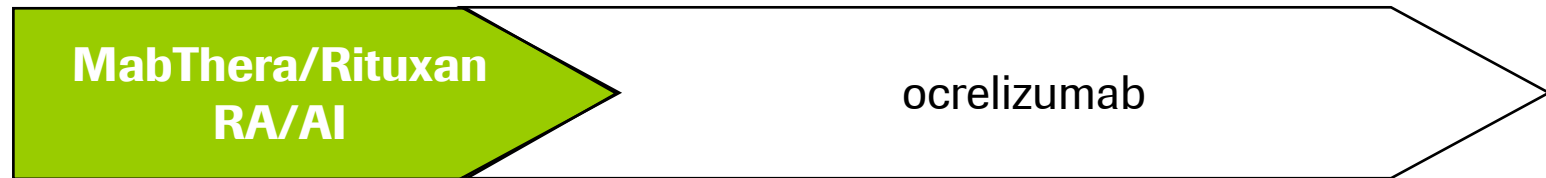
* Indication not yet approved, awaiting regulatory approval
 ** Phase III trial in progress

Next generation products to sustain our growth

Actemra

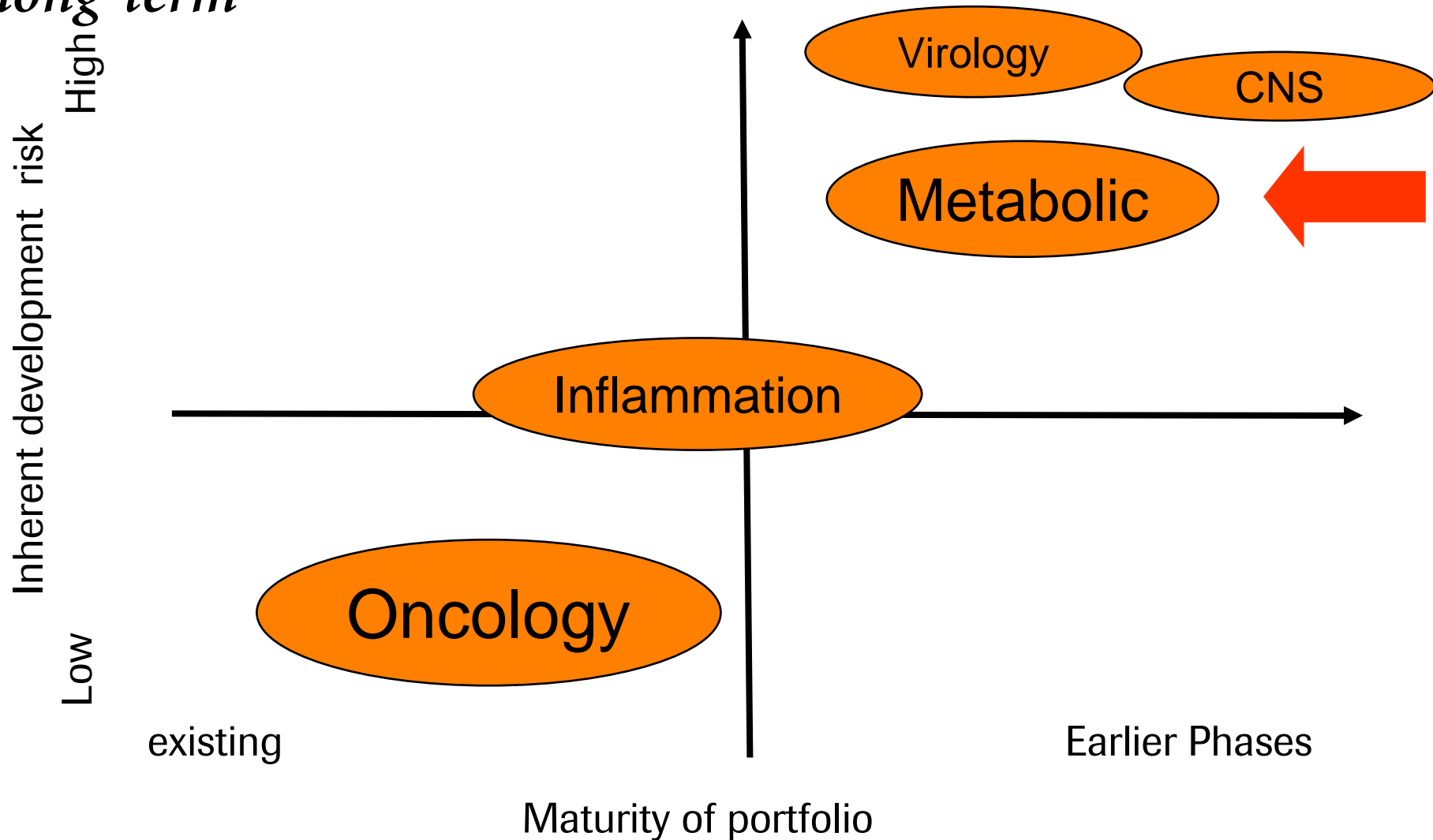


**Anti-CD20
RA/AI**



Key drivers for long term development in place

Develop short-term drivers while not neglecting the long-term



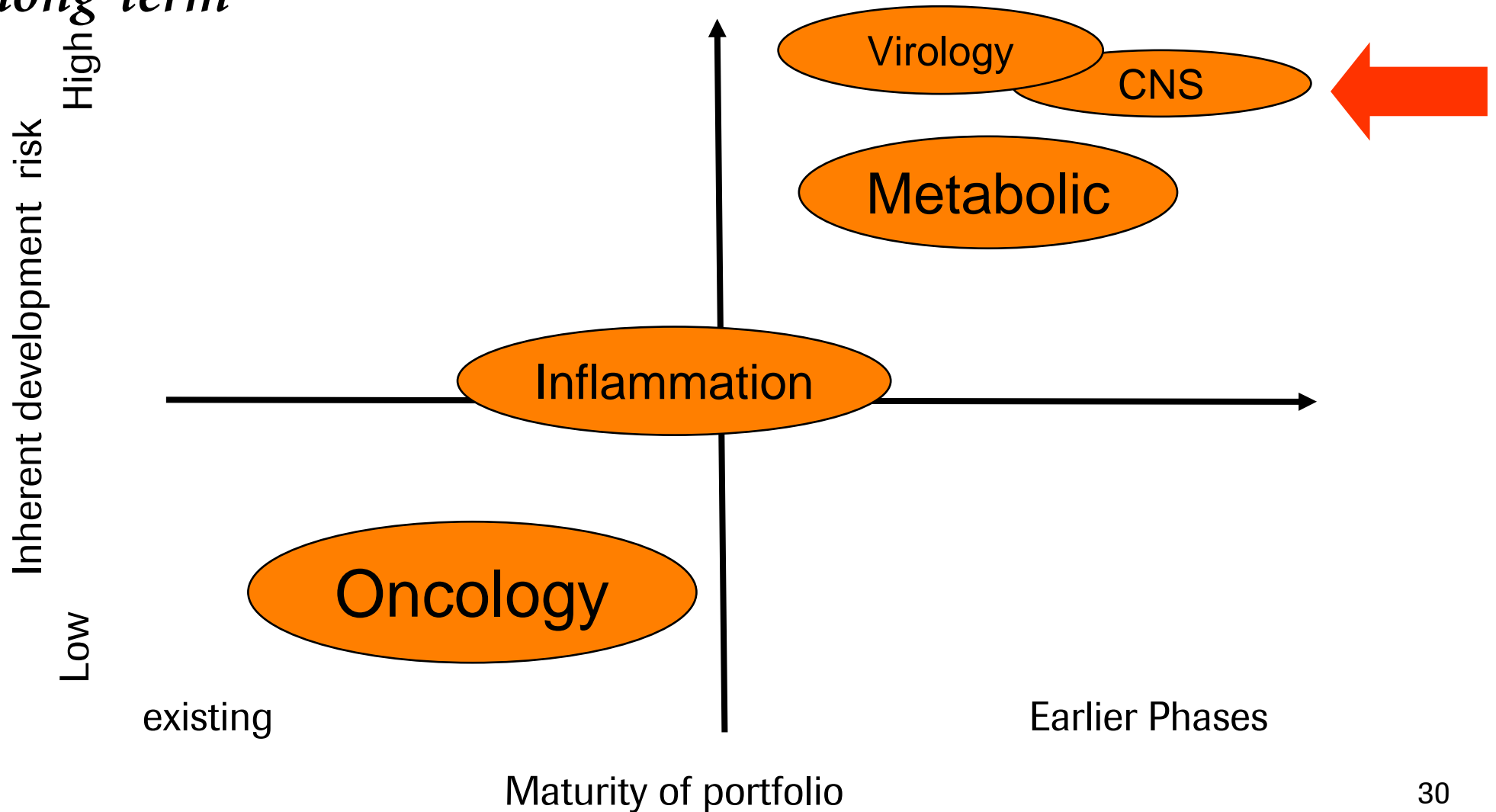
Next generation type 2-diabetes treatments

Looking for benefits beyond glucose lowering

| Priority | Class | HbA1c reduction | Potential CV risk reduction | Weight loss |
|----------|--------------------------------|-----------------|-----------------------------|-------------|
| High | GLP-1 analogue | ✓ ✓ | ✓ | ✓ ✓ |
| High | PPAR $\alpha\gamma$ co-agonist | ✓ ✓ | ✓ ✓ | - |
| High | SGLT-2 inhibitor | ✓ | ✓ | ✓ (?) |
| Low | DPP-IV inhibitor | ✓ | - | - |
| Low | PPAR γ agonist | ✓ ✓ | ? | - |
| Low | GKA | ✓ | - | - |

Key drivers for long term development in place

Develop short-term drivers while not neglecting the long-term



Performance up-date

Strategy

Summary

Roche Group: leading late-stage development pipeline



PHASE III (6 NMEs)

ONCOLOGY (2 NMEs)

Avastin

- Adjuvant colon cancer
- Adjuvant HER2- breast cancer
- Adjuvant HER2+ breast cancer
- Adjuvant non-small cell lung cancer (NSCLC)
- Diffuse large B-cell lymphoma
- First-line advanced gastric cancer
- First-line HER2- metastatic breast cancer
- First-line HER2+ metastatic breast cancer
- First-line metastatic ovarian cancer
- Gastrointestinal stromal tumors
- High risk carcinoid
- Hormone refractory prostate cancer
- Newly diagnosed glioblastoma multiforme
- Relapsed platinum-sensitive ovarian cancer
- Second-line HER2- metastatic breast cancer
- Second-line Metastatic Colorectal Cancer

Avastin +/- Tarceva

- First-line metastatic non-squamous, NSCLC

Herceptin

- Adjuvant HER2+ breast cancer (HERA 2-year)

MabThera/Rituxan

- Follicular non-Hodgkin's lymphoma

Pertuzumab (RG1273)

- First-line HER2+ metastatic breast cancer
- Platinum-resistant ovarian cancer¹

Tarceva

- Adjuvant NSCLC
- First-line metastatic EGFR mutant+ NSCLC

Trastuzumab-DM1 (RG3502)

- Second-line HER2+ metastatic breast cancer

Xeloda

- Adjuvant breast cancer
- Adjuvant colon cancer

INFLAMMATION (2 NMEs)

Actemra

- Systemic juvenile idiopathic arthritis (sJIA)

MabThera/Rituxan

- ANCA-associated vasculitis

Ocrelizumab (RG1594)

- Lupus nephritis
- Rheumatoid arthritis

Eldecalcitol/ED-71²

- Osteoporosis

Xolair

- Asthma
- Liquid formulation

METABOLIC (2 NMEs)

Dalcetrapib (RG1658)

- Dyslipidemia High CV risk

Taspoglutide (RG1583)

- Type II diabetes

OTHERS

EPOCH²

- Chemo induced anemia

Lucentis

- Diabetic macular edema
- Retinal vein occlusion

TNKase

- Central venous catheter clearance
- Hemodialysis catheter clearance

Operational priorities: 2009 / 2010

| | |
|------------------------------|---|
| Genentech Integration | <ul style="list-style-type: none">• Enhance innovation capability• Leverage commercial force in US• Deliver the synergies |
| Products | <ul style="list-style-type: none">• Maximise oncology• Grow inflammation |
| Financial | <ul style="list-style-type: none">• Drive operational efficiency• Deliver consistent EPS growth & strong cash flow |

Raising our outlook for 2009

| | |
|--------------------------------|---|
| Sales growth (in LC) | 2009: Pharma: at least high single-digit Diagnostics: well above market |
| Synergies | 2009: CHF 300 m 2010: CHF 800 m 2011: CHF 1,000 m |
| Core EPS growth (in LC) | 2009: Double-digit 2010: Double-digit |
| Debt | 2010: 25% debt reduction 2015: Aim to return to net cash position |
| 3 yr Dividend outlook | Maintained (as announced in 2008) |

Barring unforeseen events;

Total Tamiflu sales of CHF 700 million assumed for 2010; LC=Local Currency

Roche: A unique “investment case”

Clear and focused strategy

- Medically differentiated products
- Poised to become leader in Personalised Healthcare

Attractive risk profile

- Low generic risk; lowest among European large-cap players

Assets in place for sustained success

- World market leader in Oncology
- Emerging Rheumatology & Autoimmune, and Metabolic franchises

Industry-leading organic growth

Unique high-tech healthcare investment



We Innovate Healthcare

Avastin: significant potential for additional indications in the metastatic setting

Important Phase III newsflow over next 2 years

| Indication | Study name | Start | Status* | Filing* |
|---|----------------------------------|----------------|---|-----------|
| Previously-treated glioblastoma | BRAIN | 2007 | May 5, 2009 US FDA granted accelerated approval | 2008 |
| 1st line metastatic ovarian cancer | GOG-0218 ICON-7 | Q3'05 Q4'06 | Interim analysis H2'09 Expect data 2010 | 2010 |
| Relapsed Platinum sensitive ovarian cancer | OCEANS GOG-0213 | Q2'07 Q4'07 | Expect data 2010 Expect data 2013 | 2010-2013 |
| 1st line hormone-refractory prostate cancer | CALGB 90401 | Q4'07 | Interim analyses Q2'09 and Q4'09 | 2011 |
| 1st line advanced gastric cancer | AVAGAST | Q3'07 | Interim analysis H2'09 | 2010 |

*Projected timelines for positive results