Committed to innovation and growth

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Update on 2013

Strategy, R&D productivity and allocation of resources

Growth platforms and product highlights

Summary
Q1 2013: Strong start to the year

<table>
<thead>
<tr>
<th>Division</th>
<th>2013 CHF bn</th>
<th>2012 CHF bn</th>
<th>Change in % CHF</th>
<th>CER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceuticals Division</td>
<td>9.2</td>
<td>8.6</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Diagnostics Division</td>
<td>2.4</td>
<td>2.4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Roche Group</td>
<td>11.6</td>
<td>11.0</td>
<td>5</td>
<td>6</td>
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</table>
Q1’ 13: US and Emerging markets driving sales growth

**Pharma**

- Asia: 10%
- Latin America: 4%
- EEMEA: 11%
- US: 13%
- Japan: 2%
- Europe: 1%

**Diagnostics**

- Asia-Pacific: 10%
- Latin America: 7%
- North America: -4%
- Japan: -2%
- EMEA: 1%

All growth rates at CER=Constant Exchange Rates; EEMEA=Eastern Europe, Middle East, Africa; EMEA=Europe, Middle East and Africa
Continued high sales growth

At CER=Constant Exchange Rates
Update on 2013

Strategy, R&D productivity and allocation of resources

Growth platforms and product highlights

Summary
Roche strategy: Focused on medically differentiated therapies

Regulators:
Optimised benefit / risk ratio

Payors:
Optimised benefit / cost ratio
Personalised Healthcare - benefit for all stakeholders, including the industry

- Today
  - Reduced Patient pool
  - Higher probability of success

- Benefit from patient stratification
  - Lower development costs
  - Time to market
  - Pricing power

- Future
  - Increased market share
R&D productivity differs substantially among players

Average annual NME peak sales (2001-10)\(^1\) $US\$ bn

$710 m Peak Sales (per $1 bn R&D)

4 x

$165 m Peak Sales (per $1 bn R&D)

Average annual R&D investment (1997-2006)\(^1\) $US\$ bn

1 Peak sales and R&D calculated pro forma to account for major M&A
Source: EvaluatePharma; BCG analysis; Roche analysis
Roche: R&D well balanced from a risk & disease point of view

2012 Roche budget

Industry average probability of success – Phase 0 to Registration

Source: Bernstein Equity Research, Tufts University and Roche analysis
R&D spend: Balance between short and long term

R&D spend by phase

Invest for the future

~50%

Invest for the near term

~50%

Research/Discovery  Phase 0  Phase 1  Phase 2  Phase 3  Filing  Phase 4

Note: Based on 2012 budget
Implications of R&D productivity challenge

Segregation will continue as only true innovation will be rewarded

Willingness to pay for added value

Medical differentiation

high

low

Generics

No / limited differentiation

‘Me-too’ players ??

High differentiation

True innovators
Update on 2013

Strategy, R&D productivity and allocation of resources

*Growth platforms and product highlights*

Summary
Roche Oncology

A portfolio of distinctive drugs

Note: Sales at 2011 FX rates
Roche oncology: one approval in 1 tumor type to 9 medicines in 14 tumor types

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Tumor Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kadcyla</td>
<td>HER 2+ BC</td>
</tr>
<tr>
<td>Perjeta</td>
<td>HER 2-positive BC</td>
</tr>
<tr>
<td>Erivedge</td>
<td>Basal Cell Carcinoma</td>
</tr>
<tr>
<td>Zelboraf</td>
<td>Melanoma</td>
</tr>
<tr>
<td>Tarceva</td>
<td>Pancreatic cancer</td>
</tr>
<tr>
<td></td>
<td>Lung cancer</td>
</tr>
<tr>
<td>Avastin</td>
<td>Ovarian</td>
</tr>
<tr>
<td></td>
<td>Renal cancer</td>
</tr>
<tr>
<td></td>
<td>Recurrent glioblastoma</td>
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<tr>
<td></td>
<td>Metastatic breast cancer</td>
</tr>
<tr>
<td></td>
<td>Lung cancer</td>
</tr>
<tr>
<td></td>
<td>Metastatic colorectal cancer</td>
</tr>
<tr>
<td>Xeloda</td>
<td>Gastric cancer</td>
</tr>
<tr>
<td></td>
<td>Colon cancer</td>
</tr>
<tr>
<td></td>
<td>Colorectal cancer</td>
</tr>
<tr>
<td></td>
<td>Breast cancer</td>
</tr>
<tr>
<td>Herceptin</td>
<td>HER2-positive gastric cancer</td>
</tr>
<tr>
<td></td>
<td>HER2-positive metastatic breast cancer</td>
</tr>
<tr>
<td></td>
<td>Early HER2-positive breast cancer</td>
</tr>
<tr>
<td>MabTheraRituxan</td>
<td>CLL</td>
</tr>
<tr>
<td></td>
<td>Agressive NHL</td>
</tr>
<tr>
<td></td>
<td>Indolent NHL</td>
</tr>
</tbody>
</table>

Timeline:
- 1997
- 2005
- 2013

Tumor Types:
- HER2-positive metastatic breast cancer
- HER2-positive gastric cancer
- Early HER2-positive breast cancer
- HER2-negative metastatic breast cancer
- HER2-negative gastric cancer
- HER2-negative colon cancer
- HER2-negative colorectal cancer
- HER2-negative breast cancer
- HER2-negative lung cancer
- HER2-negative pancreatic cancer
- HER2-negative melanoma
- HER2-negative Melanoma
- HER2-negative Basal Cell Carcinoma
- HER2-negative CLL
- HER2-negative Agressive NHL
- HER2-negative Indolent NHL
- HER2-negative Indolent NHL
Improving cancer treatment with combinations
29 internal combinations with 18 compounds in
over 9 tumor types, and increasing...

<table>
<thead>
<tr>
<th>Solid tumors</th>
<th>Breast cancer</th>
<th>Colon cancer</th>
<th>Melanoma</th>
<th>Gastric, brain, kidney and others</th>
<th>Hematological tumors</th>
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</thead>
<tbody>
<tr>
<td><strong>Lung cancer</strong></td>
<td><strong>Onartuzumab</strong></td>
<td><strong>Onartuzumab</strong></td>
<td><strong>Cobimetinib</strong></td>
<td><strong>Perjeta</strong></td>
<td><strong>Anti-CD22 ADC</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Tarceva</strong></td>
<td><strong>Avastin</strong></td>
<td><strong>Zelboraf</strong></td>
<td><strong>Herceptin</strong></td>
<td><strong>Rituxan</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Ph3</strong></td>
<td><strong>Ph2</strong></td>
<td><strong>Ph3</strong></td>
<td><strong>Ph3</strong></td>
<td><strong>Ph2</strong></td>
</tr>
<tr>
<td><strong>Onartuzumab</strong></td>
<td><strong>Avastin</strong></td>
<td><strong>Avastin</strong></td>
<td><strong>Zelboraf</strong></td>
<td><strong>Avastin</strong></td>
<td><strong>Avastin</strong></td>
</tr>
<tr>
<td><strong>Ph2</strong></td>
<td><strong>Ph2</strong></td>
<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
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<tr>
<td><strong>Anti-EGFL7</strong></td>
<td><strong>Avastin</strong></td>
<td><strong>Avastin</strong></td>
<td><strong>Zelboraf</strong></td>
<td><strong>Avastin</strong></td>
<td><strong>Avastin</strong></td>
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<tr>
<td><strong>Ph2</strong></td>
<td><strong>Ph2</strong></td>
<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
</tr>
<tr>
<td><strong>Pictilisib (PI3Ki)</strong></td>
<td><strong>Avastin</strong></td>
<td><strong>Avastin</strong></td>
<td><strong>Zelboraf</strong></td>
<td><strong>Avastin</strong></td>
<td><strong>Avastin</strong></td>
</tr>
<tr>
<td><strong>Ph2</strong></td>
<td><strong>Ph2</strong></td>
<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
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<td><strong>Zelboraf</strong></td>
<td><strong>Avastin</strong></td>
<td><strong>Avastin</strong></td>
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<tr>
<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
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<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
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<table>
<thead>
<tr>
<th><strong>Booster drugs</strong></th>
<th><strong>Lymphoma</strong></th>
<th><strong>Leukemia</strong></th>
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<tr>
<td><strong>Onartuzumab</strong></td>
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<td><strong>Bcl2 inh</strong></td>
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<tr>
<td><strong>Avastin</strong></td>
<td><strong>Rituxan</strong></td>
<td><strong>GA101</strong></td>
</tr>
<tr>
<td><strong>Ph2</strong></td>
<td><strong>Ph2</strong></td>
<td><strong>Ph1</strong></td>
</tr>
<tr>
<td><strong>Anti-CD79b ADC</strong></td>
<td><strong>Rituxan</strong></td>
<td><strong>Rituxan</strong></td>
</tr>
<tr>
<td><strong>Bcl2 inh</strong></td>
<td><strong>Ph2</strong></td>
<td><strong>Ph1</strong></td>
</tr>
<tr>
<td><strong>Bcl2 inh</strong></td>
<td><strong>Rituxan (+B)</strong></td>
<td><strong>Rituxan (+B)</strong></td>
</tr>
<tr>
<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
<td><strong>Ph1</strong></td>
</tr>
</tbody>
</table>

Studies read out/filed/approved
Avastin sales: Back to solid growth

CHF m

YoY CER growth

-6%  -9%  -10%  -2%  1%  5%  11%  8%  11%

Q1 '11  Q2 '11  Q3 '11  Q4 '11  Q1 '12  Q2 '12  Q3 '12  Q4 '12  Q1 '13

Absolute amounts at 2012 exchange rates
Cervical cancer: 3rd most common cancer in women worldwide

**Patient population**

- Recurrent
- Stage IVb
- Stage I-IVa

**Unmet medical need**

- Very few treatment advances, chemo radiation established as standard of care in 1999 with ~80% platinum based therapies
- Patient population that generally lacks access to good health care
- Lack of HPV vaccination and lack of screening
- Highest incidence in Latin America and East Europe/Middle East/Africa regions
Strategies beyond great medicines
HER2 franchise

Replace and extend

Medical value

Herceptin + chemo
Lapatinib + chemo

HER2 franchise

Kadcyla

Perjeta

Kadcyla

Replace

Extend

EMILIA / MARIANNE
CLEOPATRA
MARIANNE

Herceptin + chemo

Perjeta

Perjeta

Kadcyla

Replace and extend
Changing the standard of care in HER2

Securing future growth by improving the standard of care

**Filing timelines**

- **Adjuvant BC**
  - Herceptin + chemo (HannaH)

- **1st line mBC**
  - Herceptin + chemo
  - Herceptin & Perjeta + chemo (CLEOPATRA)

- **2nd line mBC**
  - Xeloda + lapatinib
  - T-DM1 (EMILIA)

- **Established standard of care**
- **Potential new standard of care**
- **Potential future standard of care**

Biosimilars launch (EU)

HER2-positive early breast cancer

Perjeta and Kadcyla aim to improve cure rates

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Pathological complete response, pCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herceptin + docetaxel</td>
<td>29.0%</td>
</tr>
<tr>
<td>Herceptin &amp; Perjeta + docetaxel</td>
<td>45.8%</td>
</tr>
<tr>
<td>Herceptin &amp; Perjeta</td>
<td>16.8%</td>
</tr>
<tr>
<td>Perjeta + docetaxel</td>
<td>24.0%</td>
</tr>
</tbody>
</table>

**NEOSPHERE trial**
*to be filed in US in Q2 2013*

Kadcyla in adjuvant setting

- First patient in: April 2013
- FDA granted a SPA (Special Protocol Assessment)
- 1 of 3 planned Kadcyla trials in early breast cancer

1 Declaration that an uncompleted Phase III trial's design, clinical endpoints, and statistical analyses are acceptable for FDA approval
HER2 franchise sales expected to grow further

### CHF bn

- **Q1 2012**: 1.4 CHF bn with a 7% YoY growth.
- **Q2 2012**: 1.6 CHF bn with a 14% YoY growth.
- **Q3 2012**: 1.8 CHF bn with a 16% YoY growth.
- **Q4 2012**: 1.6 CHF bn with a 10% YoY growth.
- **Q1 2013**: 1.5 CHF bn with a 15% YoY growth.

### YoY CER growth

- **Kadcyla**: 15%
- **Perjeta**: 10%
- **Herceptin**: 7%

*Graph showing the growth trend of HER2 franchise sales across different quarters.*
Strategies beyond great medicines

Hematology

Our vision

BCL2
ADCs
ADC 22
ADC 79b

Replace and extend

Replace

Extend

Medical value

MabThera

GA101

Chemo

MabThera

ADC 22
ADC 79b

GA101

CLL11 etc.

Romulus

Our vision
Changing the standard of care in hematology

Different mechanisms of action

<table>
<thead>
<tr>
<th>2012</th>
<th>2014</th>
<th>2016</th>
<th>2018</th>
<th>2020</th>
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<tbody>
<tr>
<td><strong>MabThera</strong>&lt;br&gt;<strong>Rituxan</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GA 101</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Bcl-2</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Anti-CD22 ADC</strong>&lt;br&gt;or&lt;br&gt;<strong>Anti-CD79b ADC</strong></td>
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</tbody>
</table>

* Patent expiry in the US: 2018

*Filed in Q2 2013 and received breakthrough designation by FDA*
GA101 in CLL: Investigator-assessed PFS (months)

• Type 1 error controlled through closed test procedure; p-value of the global test was <.0001.
• * In the G-Clb arm < 10% of patients had reached the median at cutoff; therefore, in contrast to the Clb arm
  the G-Clb median PFS could not be reliably estimated due to the few patients at risk at time of G-Clb median.
• Independent Review Committee (IRC) - assessed PFS was consistent with investigator-assessed PFS

CI = confidence interval; HR = hazard ratio.
Tumor PD-L1 enables cancer immune evasion

Anti-PDL1 inhibits binding of PD-L1 to PD-1 and B7.1
Selecting the patients most likely to benefit
Companion diagnostics

**Anti-PDL1 immunohistochemistry**

(proprietary Genentech/Roche PD-L1 IHC)

- Cancer cell
- T cell
- PD-L1

**Companion diagnostics factors**

- Highly sensitive and specific anti-PDL1 antibody used for IHC
- PD-L1 expression on tumor cells
- PD-L1 expression on tumor infiltrating immune cells
- Appropriate diagnostic cut-off
- Prospective evaluation of diagnostic
Anti-PDL1: Disease control rate

**Phase I**

**Overall disease control rate**

**Disease control rate by tumor type**

<table>
<thead>
<tr>
<th>Disease Control Rate (ORR¹ + SD)</th>
<th>All comers¹</th>
<th>Dx-positive²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Phase I experience</td>
<td>61% (86/140)</td>
<td>86% (31/36)</td>
</tr>
<tr>
<td>Metastatic NSCLC</td>
<td>54% (22/41)</td>
<td>100% (5/5)</td>
</tr>
<tr>
<td>Metastatic Melanoma</td>
<td>58% (22/38)</td>
<td>87% (13/15)</td>
</tr>
<tr>
<td>Metastatic RCC</td>
<td>72% (34/47)</td>
<td>80% (8/10)</td>
</tr>
</tbody>
</table>

1 All patients include PD-L1-positive, PD-L1-negative and patients with unknown tumor PD-L1 status; 2 Diagnostic positivity based on Roche PD-L1 IHC
Anti-PDL1: Salvage of BRAF-mutant metastatic melanoma patient after progression on Zelboraf

Baseline

Week 6

Week 12

Week 18

31% increase in target lesions (RECIST PD)

Post-Resection

Dx: Nov 2010 (cutaneous melanoma)

Prior treatment: cisplatin, vemurafenib

Images include data from after Feb 1, 2013

Dana Farber Cancer Institute (Ibrahim/Hodi).
Q1 2013: Pharma sales

*Tamiflu, Oncology and Actemra main growth drivers*

<table>
<thead>
<tr>
<th>Drug</th>
<th>US</th>
<th>Europe</th>
<th>Japan</th>
<th>International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tamiflu</td>
<td>+84%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avastin</td>
<td></td>
<td>+11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herceptin</td>
<td></td>
<td>+11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MabThera/Rituxan</td>
<td></td>
<td></td>
<td></td>
<td>+6%</td>
</tr>
<tr>
<td>Actemra/RoActemra</td>
<td></td>
<td></td>
<td></td>
<td>+32%</td>
</tr>
<tr>
<td>Perjeta</td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Evista</td>
<td></td>
<td></td>
<td>-100%</td>
<td></td>
</tr>
<tr>
<td>Pegasys</td>
<td></td>
<td>-15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boniva/Bonviva</td>
<td></td>
<td>-59%</td>
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</tbody>
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Absolute amounts in CHF m at Constant Exchange Rates (CER) average 2012; all growth rates at CER
**Lucentis: signs of stabilisation supported by continued growth in DME**

**AMD**
- 0.5 mg less frequent than monthly dosing regimen added to label February 2013
- Competitive environment remains challenging

**RVO**
- Lucentis share stable

**DME**
- Further increase in patient share

---

**Lucentis quarterly sales (USD m)**

- **AMD**
  - 0.5 mg less frequent than monthly dosing regimen added to label February 2013
  - Competitive environment remains challenging

- **RVO**
  - Lucentis share stable

- **DME**
  - Further increase in patient share

---

**Notes:**
- AMD=wet age-related macular degeneration; RVO=retinal vein occlusion; DME=diabetic macular edema
Actemra: Superiority in monotherapy (ADACTA) drives market share growth

Biologic therapy today (patient shares)$^1$

- 30% Biologic monotherapy
- 70% Biologic combination

Actemra market share in monotherapy segment$^2$

- 0% Q1 '09 to 25% Q3 '12

• 1st line biologic use approved in US October 2012
• Subcutaneous formulation filed in US and EU December 2012

$^1$Data from biologics registries and US claims database; $^2$Market share for DE, FR, IT, ESP, UK, predefined target groups
Emerging markets remain strong

All growth YoY at CER=Constant Exchange Rates
Increasing polarisation in emerging markets

Growth in patented medicines and unbranded generics

Example: Brazil market showing evidence of polarisation

Source: IMS
Update on 2013

Strategy, R&D productivity and allocation of resources

Growth platforms and product highlights

Summary
**Q1 2013: Pipeline milestones**

<table>
<thead>
<tr>
<th><strong>Ph III NMEs</strong></th>
<th><strong>Late stage enabling data expected in 2013</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>aleglitazar</td>
<td>mGluR2 antagonist</td>
</tr>
<tr>
<td>metabolic diseases</td>
<td>treatment-resistant depression</td>
</tr>
<tr>
<td>lebrikizumab</td>
<td>mGluR5 antagonist</td>
</tr>
<tr>
<td>asthma</td>
<td>treatment-resistant depression</td>
</tr>
<tr>
<td>gantenerumab¹</td>
<td>crenezumab</td>
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<tr>
<td>Alzheimer’s</td>
<td>Alzheimer’s</td>
</tr>
<tr>
<td>ocrelizumab</td>
<td>Anti-PD-L1* solid tumours</td>
</tr>
<tr>
<td>MS</td>
<td>Anti-EGFL7 solid tumours</td>
</tr>
<tr>
<td>bitopertin</td>
<td>EGFR ADCC MAb (GA201) solid tumours</td>
</tr>
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<td>schizophrenia</td>
<td>Anti-factor D</td>
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<td>MEDi</td>
<td>geographic atrophy</td>
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<tr>
<td>melanoma</td>
<td>etrolizumab ulcerative colitis</td>
</tr>
<tr>
<td>onartuzumab (MetMAb)</td>
<td>Anti-PCSK9 metabolic diseases</td>
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<tr>
<td>NSCLC</td>
<td>inclacumab (P selectin)*</td>
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<tr>
<td>obinutuzumab (GA101) *</td>
<td>ACS/CVD</td>
</tr>
<tr>
<td>CLL</td>
<td></td>
</tr>
<tr>
<td>Kadcyla</td>
<td></td>
</tr>
<tr>
<td>HER2+ BC</td>
<td></td>
</tr>
</tbody>
</table>

**Ph III NMEs**

- aleglitazar: metabolic diseases
- lebrikizumab: asthma
- gantenerumab¹: Alzheimer’s
- ocrelizumab: MS
- bitopertin: schizophrenia
- MEKi: melanoma
- onartuzumab (MetMAb): NSCLC
- obinutuzumab (GA101) *: CLL
- Kadcyla: HER2+ BC

**Late stage enabling data expected in 2013**

- Anti-PD-L1*: solid tumours
- Anti-EGFL7: solid tumours
- EGFR ADCC MAb (GA201): solid tumours
- PI3 kinase: solid tumours
- dual PI3 kinase/mTOR: solid tumours
- mGluR2 antagonist: treatment-resistant depression
- mGluR5 antagonist: treatment-resistant depression
- crenezumab: Alzheimer’s
- Anti-PCSK9: metabolic diseases
- inclacumab (P selectin)*: ACS/CVD

*Data presentation planned/presented

¹Phase II/III label enabling

**2013 R&D to remain stable**
Roche: Operating profit and margin continuously increased

<table>
<thead>
<tr>
<th>Year</th>
<th>Group core operating profit (CHF bn)</th>
<th>% of sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>15.07</td>
<td>33.0%</td>
</tr>
<tr>
<td>2009</td>
<td>16.27</td>
<td>33.2%</td>
</tr>
<tr>
<td>2010</td>
<td>16.59</td>
<td>34.9%</td>
</tr>
<tr>
<td>2011</td>
<td>15.15</td>
<td>35.6%</td>
</tr>
<tr>
<td>2012</td>
<td>17.16</td>
<td>37.7%</td>
</tr>
</tbody>
</table>
Roche: Cash flow and margin continuously increased

Group operating free cash flow and margin

<table>
<thead>
<tr>
<th>Year</th>
<th>CHF bn</th>
<th>% of sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>12.4</td>
<td>27.1%</td>
</tr>
<tr>
<td>2009</td>
<td>15.7</td>
<td>32.1%</td>
</tr>
<tr>
<td>2010</td>
<td>14.1</td>
<td>29.8%</td>
</tr>
<tr>
<td>2011</td>
<td>13.7</td>
<td>32.3%</td>
</tr>
<tr>
<td>2012</td>
<td>15.4</td>
<td>33.8%</td>
</tr>
</tbody>
</table>

1 At CER=Constant Exchange Rates
Summary: Focus on innovation and growth

1. Strategic focus on innovation and driving Personalised Healthcare

2. Strong growth in US and Emerging Markets; innovative access models

3. Leading product pipeline providing value for the future
Doing now what patients need next
# Anti-PDL1: Phase I data in solid tumors

## Efficacy

<table>
<thead>
<tr>
<th>Response rates(^1)</th>
<th>All comers(^2)</th>
<th>Dx-positive(^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Phase I experience</td>
<td>21% (29/140)</td>
<td>36% (13/36)</td>
</tr>
<tr>
<td>Metastatic NSCLC</td>
<td>22% (9/41)</td>
<td>80% (4/5)</td>
</tr>
<tr>
<td>Metastatic Melanoma</td>
<td>29% (11/38)</td>
<td>27% (4/15)</td>
</tr>
<tr>
<td>Metastatic RCC</td>
<td>13% (6/47)</td>
<td>20% (2/10)</td>
</tr>
</tbody>
</table>

26 of 29 responders continued to respond at last assessment (time on study of 3 to over 15 months)

## Safety

<table>
<thead>
<tr>
<th>Grade 3/4 adverse events</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Grade 3/4 Events</td>
<td>43% (73/171)</td>
</tr>
<tr>
<td>Hyperglycemia</td>
<td>5% (9/171)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>4% (7/171)</td>
</tr>
<tr>
<td>Increased ALT</td>
<td>3% (5/171)</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>3% (5/171)</td>
</tr>
<tr>
<td>Hypoxia</td>
<td>3% (5/171)</td>
</tr>
</tbody>
</table>

- No grade 3-5 pneumonitis observed
- Immune-related Grade 3-4 AEs observed in 4 patients (2%)
- Treatment-related Grade 3-4 AEs in 22 patients (13%)

---

\(^1\) Efficacy evaluable subjects first dosed at 1-20 mg/kg prior to Aug 1, 2012; data cutoff Feb 1, 2013; ORR includes unconfirmed PR/CR and confirmed PR/CR by RECIST 1.1

\(^2\) All patients include PD-L1-positive, PD-L1-negative and patients with unknown tumor PD-L1 status

\(^3\) Diagnostic positivity based on Roche PD-L1 IHC
GA101 in NHL: Phase III development

**GADOLIN study**
- Rituximab-refractory iNHL (n=360)
- Induction: GA101 + bendamustine x 6 cycles, Bendamustine x 6 cycles
- Maintenance: GA101 q2mo x 2 years
- Primary end-point: PFS
- Expect data: 2015

**GOYA study**
- Previously untreated DLBCL (n=1,400)
- Induction: GA101 x 8 cycles + CHOP x 6 or 8, MabThera x 8 cycles + CHOP x 6 or 8
- Maintenance: MabThera x 8 cycles + CHOP x 6 or 8
- Primary end-point: PFS
- Expect data: 2015

**GALLIUM study**
- First-line iNHL (n=1,400)
- Induction: GA101 x 8 cycles + CHOP x 6 or 8, GA101 x 8 cycles + CVP x 8 or GA101 x 6 cycles + benda. x 6, MabThera x 8 cycles + CHOP x 6 or 8, MabThera x 8 cycles + CVP x 8 or MabThera x 6 cycles + benda. x 6
- Maintenance: GA101 q2mo x 2 years, MabThera q2mo x 2 years
- Primary end-point: PFS
- Expect data: 2017
NME submissions and their additional indications

Projects currently in phase 2 and 3

Unless stated otherwise, submissions are planned to occur in US and EU.
✓ indicates a submission which has occurred with regulatory action pending
# negative symptoms and sub-optimal control

Status as of March 31, 2013