Roche Pharma Day 2020

Commercial Opportunities

Teresa Graham | Head of Global Product Strategy
Supporting patient access during COVID-19

Expanding patient options to support continuity of care

OCREVUS Home Infusion
Launched in Australia

Home use filing accepted by FDA Aug 2020

At home liquid biopsy project initiated in Italy

Patients are self-isolating to minimise their risk of becoming infected with COVID-19

Ocrevus home infusion in partnership with View Health; Foundation Medicine Liquid biopsy in partnership with Egg s.r.l.
Oncology & non-malignant hematology

1. Hematology franchise
   • DLBCL: Polivy, glofitamab, mosunetuzumab
   • FL: mosunetuzumab, glofitamab, Polivy
   • AML: Venclexta
   • MM: Venclexta
   • MDS: Venclexta

2. Breast Cancer franchise
   • TNBC: Tecentriq, ipatasertib
   • HR+: SERD (RG6171), PI3Kαi (RG6114)
   • HER2+: Tecentriq

3. Lung Cancer franchise
   • NSCLC: Tecentriq, tiragolumab
   • SCLC: Tecentriq, tiragolumab
   • ALK+: Alecensa
   • ROS1+/NTRK+: Rozlytrek
   • RET+: Gavreto
   • KRAS G12C+: GDC-6063

4. Other oncology
   • CRPC: ipatasertib
   • Thyroid cancer: Gavreto
   • Esophageal cancer: tiragolumab
   • Melanoma: Tecentriq, Cotelic, Zelboraf

5. Non-malignant hematology
   • Hemophilia A: Hemlibra
   • Hemophilia A: Factor VIII Gene Therapy
   • PNH: crovalimab

6. Neuroscience
   • MS: Ocrevus; fenebrutinib
   • SMA: Evrysdi
   • NMOSD: Enspryng
   • AD: gantenerumab, anti-Tau, brain shuttle
   • Huntington’s disease: tominersen
   • DMD: Micro-dystrophin Gene Therapy
   • Parkinson’s disease: prasinezumab

7. Immunology
   • IPF: rhPentraxin-2, Esbriet
   • Myelofibrosis: rhPentraxin-2
   • Lupus nephritis: Gazyva
   • Crohn’s disease: etrolizumab

8. Ophthalmology
   • nAMD, DME, DR: Port Delivery System
   • nAMD, DME, RVO: faricimab

9. Infectious diseases
   • HBV: TLR7 agonist, CpAM, RG6346, RG6084
   • Influenza A/B: Xofluza
   • SARS-CoV2: Actemra
   • SARS-CoV2: REGN-COV2

* For further information on target patient populations please consult the appendix; For further details on the late stage pipeline please consult the HY 20 results presentation appendix or visit the IR homepage
Tecentriq

Annualized sales >2b with significant growth opportunities ahead

1L combinations
1L SCLC, 1L TNBC, and 1L NSCLC continuing to drive growth ex-US; Launch of HCC next major growth driver with contributions from 1L mUC and BRAF+ Melanoma

Neoadjuvant / adjuvant
Continued readouts in early disease: TNBC, NSCLC, SCCHN, RCC, HCC, HER2+ BC

CIT combinations
Tecentriq + Tiragolumab has the potential to reset the standard of care in markets where PD-1/PD-L1 already established
Tecentriq + Avastin: A new standard in HCC treatment

First new therapy with survival benefit in HCC in over a decade

HCC is the fourth most common cancer in China

Incidence Rate of Top 10 Cancers in China

Lung
Breast
Stomach
Liver
Colorectum
Esophagus
Cervix
Thyroid
Uterus
Prostate

>750k people / year diagnosed with HCC globally

Tecentriq + Avastin approved in 25 countries. Approval in China and EU expected early Q4

All major global guidelines recommend T+A as a new SOC in HCC

Ongoing development in earlier lines and new combinations

<table>
<thead>
<tr>
<th>Adjuvant</th>
<th>Intermediate</th>
<th>Unresectable</th>
<th>TML</th>
<th>New pipeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>T+A</td>
<td>T+A</td>
<td>T+A</td>
<td>T+A</td>
<td>T+A+X</td>
</tr>
</tbody>
</table>

T+A = Tecentriq + Avastin; HCC = Hepatocellular Carcinoma; TML = tumor mutational load
## Tecentriq in early disease

*Curative potential for the largest number of patients*

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<table>
<thead>
<tr>
<th><strong>Breast</strong></th>
<th>✓ Positive data in neoadjuvant TNBC will be shared with health authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• &gt;50% of TNBC pts treated in neoadjuvant setting</td>
</tr>
<tr>
<td></td>
<td>• Ongoing trials for Tecentriq in adjuvant TNBC and neoadjuvant HER2+ BC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Lung</strong></th>
<th>Interim Ph III results for neoadjuvant and adjuvant NSCLC expected 2020/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 25-35% of NSCLC patients have resectable disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>GI/GU</strong></th>
<th>Trials initiated in NMIBC, adjuvant RCC, and adjuvant HCC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• &gt;2.5x more patients with early UC than metastatic UC</td>
</tr>
</tbody>
</table>

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Source: Roche US/EU5 epidemiology; TNBC=triple negative breast cancer; NSCLC=non-small cell lung cancer; NMIBC=non-muscle invasive bladder cancer; RCC=renal cell carcinoma
Tiragolumab (anti-TIGIT) development program
First program with randomized data showing benefit on top of PD-L1

6 randomized trials of tiragolumab + Tecentriq initiated

<table>
<thead>
<tr>
<th>Trial</th>
<th>Indication</th>
<th>Market size</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKYSCRAPER-01</td>
<td>1L NSCLC: PD-L1 high</td>
<td>○</td>
</tr>
<tr>
<td>SKYSCRAPER-02</td>
<td>ES-SCLC</td>
<td>●●</td>
</tr>
<tr>
<td>SKYSCRAPER-03</td>
<td>Stage III unresectable NSCLC</td>
<td>●●●</td>
</tr>
<tr>
<td>SKYSCRAPER-04</td>
<td>PD-L1+ Cervical Cancer</td>
<td>○</td>
</tr>
<tr>
<td>SKYSCRAPER-07</td>
<td>Locally advanced ESCC</td>
<td>○</td>
</tr>
<tr>
<td>SKYSCRAPER-08</td>
<td>China 1L ESCC</td>
<td>○</td>
</tr>
</tbody>
</table>

Market Size: <500m  ○ Market Size: 500m-1b ● Market Size: >1b ●●

Development strategy

1 Build on Tecentriq
2 Expand into early disease
3 Compete in new indications

Additional trials ongoing in HCC, mUC, PDAC, and hematology (MM, NHL)

NSCLC=Non-Small Cell Lung Cancer; ES-SCLC=extensive stage small cell lung cancer; ESCC=esophageal squamous cell carcinoma; HCC=hepatocellular carcinoma; mUC=metastatic urothelial carcinoma; PDAC: Pancreatic ductal adenocarcinoma; MM=multiple myeloma; NHL=non-hodgkins lymphoma
Solid business case for oncogenic driver mutations

High ORR and durable benefit drives long duration of therapy
- Alecensa PFS ~35m in 1L NSCLC vs. ~8m for PD-1/PD-L1; opportunity in early disease

NGS testing rate increasing with new technologies and therapeutics
- FMI liquid biopsy approved (30% of NSCLC patients with insufficient tissue for testing)

Lean and innovative trial design supported by Real World Data
- Comparative RWD for Rozlytrek submitted in US, Europe, Japan, and Canada
- B-FAST study with multiple driver mutation cohorts

Pan-tumor potential across multiple programs
- TAPISTRY: tumor agnostic basket trial across multiple driver mutations and CIT

NSCLC

<table>
<thead>
<tr>
<th>Mutation</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>KRAS G12C</td>
<td>12%</td>
</tr>
<tr>
<td>KRAS Other</td>
<td>16%</td>
</tr>
<tr>
<td>EGFR</td>
<td>10%</td>
</tr>
<tr>
<td>EGFR ex20</td>
<td>1-2%</td>
</tr>
<tr>
<td>ALK</td>
<td>4-5%  ✓</td>
</tr>
<tr>
<td>MET</td>
<td>2%</td>
</tr>
<tr>
<td>PIK3CA</td>
<td>5%</td>
</tr>
<tr>
<td>BRAF</td>
<td>2%</td>
</tr>
<tr>
<td>HER2</td>
<td>1%</td>
</tr>
<tr>
<td>RET</td>
<td>1-2% ✓</td>
</tr>
<tr>
<td>ROS1</td>
<td>1-2% ✓</td>
</tr>
<tr>
<td>NTRK</td>
<td>0.2% ✓</td>
</tr>
</tbody>
</table>

Rare mutations (≤2%) add up to ~10% of the lung cancer market: ~4bn

Source: Roche; NSCLC=Non-Small Cell Lung Cancer; NGS=next generation sequencing
Alecensa annualized sales >1b with further growth catalysts

Market leader with >70% market share in US, EU, Japan

China driving further growth in international markets
• Significant volume uptake in 2020, following NRDL reimbursement

Expanding into early disease
• ALINA trial in ALK+ adjuvant NSCLC has potential to address 25-35% of ALK+ NSCLC patients

Expanding testing to more patients
• B-FAST trial: Alecensa data in ALK+ patients tested by FMI liquid biopsy presented at ESMO

Tumor agnostic development
• Alecensa arm added to TAPISTRY basket trial: ALK fusion prevalence <1% (excluding NSCLC)

Source: Roche; NSCLC=Non-Small Cell Lung Cancer; NRDL=National Reimbursement Drug List; FMI=Foundation Medicine Inc.
Phesgo US approval
Approved by FDA in June, filed in EU

<table>
<thead>
<tr>
<th>Treatment option</th>
<th>Administration and observation schedule*</th>
<th>Total time</th>
</tr>
</thead>
<tbody>
<tr>
<td>H IV, P IV</td>
<td>0.5 – 1.5 hours 2 – 6 h 1h 1h</td>
<td>~2.5–7.5 hours</td>
</tr>
<tr>
<td>H SC, P IV</td>
<td>2 – 5 min 2 – 6 h 1h 1h</td>
<td>~2–6 hours</td>
</tr>
<tr>
<td>PHESGO</td>
<td>5 – 8 min 15 – 30 min</td>
<td>~20–38 min</td>
</tr>
</tbody>
</table>

IV=intravenous; *Ranges driven by differences in loading and maintenance dose; Phesgo in collaboration with Halozyme
High unmet need remains across HR+/HER2- BC
Large addressable population for SERD and PI3K programs

Roche molecules targeting both early and metastatic disease

**Endocrine Therapy**
Given until resistance or visceral disease present

- **eBC**
  - ET +/− CDK4/6i

- **1L mBC**
  - ET + CDK4/6i

- **2L/3L mBC**
  - ET monotherapy

**SERD (RG6171)**
Replace ET as standard of care in all settings

- **RG6171 +/− CDK4/6i**

**PI3Kαi (RG6114)**
Combine with SOC
In PI3Km patients

- **RG6114 + fulvestrant + CDK4/6i**

30% of patients become resistant to standard of care

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ET=endocrine therapy; HR+ BC=hormone receptor positive breast cancer; TNBC=triple negative breast cancer; eBC=early breast cancer; mBC=metastatic breast cancer;

1 GDC-9545; 2 GDC-0077
Polivy readout in 1L DLBCL in 2021
Opportunity to establish Polivy as standard of care in curative setting

Rapid uptake in R/R DLBCL

- **Strong efficacy**: only agent in R/R DLBCL with OS benefit
- **Well tolerated**: combines with standard of care (BR); no unique safety monitoring requirements
- **Off the shelf**: readily available; administered in any oncology facility, with no hospitalization required

POLARIX is the only Ph III trial in 1L DLBCL (non-biomarker)

<table>
<thead>
<tr>
<th></th>
<th>POLARIX</th>
<th>R-CHOP (GOYA trial)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORR</td>
<td>89%</td>
<td>80%</td>
</tr>
<tr>
<td>CR</td>
<td>76%</td>
<td>34%</td>
</tr>
</tbody>
</table>

Ph Ib/II data in 1L DLBCL compares favorably to historical controls despite older population and sicker patients

1L DLBCL treated population is >3x the size of 2L

Source: Roche/Genentech; Polivy in collaboration with Seattle Genetics; DLBCL=diffuse large B-cell lymphoma; BR = Rituxan + Bendamustine
# Mosunetuzumab and glofitamab (CD20xCD3)

**Potential first in class bispecifics in DLBCL and FL**

<table>
<thead>
<tr>
<th>Indication</th>
<th>Unmet Need</th>
<th>Lead Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>R/R FL</td>
<td>Reduction of chemo and quality of life are important for patients</td>
<td><strong>Mosunetuzumab</strong> BTD in 3L+ FL; Ph III safety run-in initiated in 2L+ FL</td>
</tr>
<tr>
<td>R/R DLBCL</td>
<td>Highly aggressive disease: patient need for durable efficacy</td>
<td><strong>Glofitamab</strong> Glofitamab Ph III safety run-in initiated in combination with GemOx</td>
</tr>
<tr>
<td>1L DLBCL</td>
<td>High efficacy bar established; need therapy which is combinable</td>
<td>Chemo free regimens being explored in Ph Ib for both glofitamab and mosunetuzumab including combinations with Polivy, Gazyva, Tecentriq</td>
</tr>
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- **Furthest advanced bispecific portfolio with >1000 patients dosed and randomized trials being initiated**
Venclexta
Annualized sales >1bn driven by CLL and AML

Developing in indications with
>$40B market size by 2025

- **1L CLL**
  - Fixed duration, chemo free regimen, with high MRD-negative responses

- **1L AML**
  - First new medicine in AML in 20 years; >40% US market share in 1L unfit patients

- **Multiple Myeloma**
  - Ph III CANOVA trial underway in ~20% of patients with t11:14 translocation

- **MDS**
  - Encouraging early data in high unmet need population

**Hematology market size estimate 2025**

- $12b
  - CLL 13%
- $3b
  - MDS 7%
- $22b
  - MM 17%
- $10b
  - AML 9%

Market size: Evaluate Pharma estimated market size 2025; CLL=Chronic lymphoid leukemia; DLBCL=Diffuse large B-cell lymphoma; iNHL=Indolent Non-Hodgkin's lymphoma; AML=Acute myeloid leukemia; MM=Multiple myeloma; MDS=Myelodysplastic syndrome; Venclexta in collaboration with AbbVie
Hemlibra is a transformational advance for Hemophilia A patients
Continued increase in patients with zero bleeds to >85% after 72 weeks

~85% Hemlibra target population
- US: Nearly 25% total market share
- 95% of patients surveyed preferred Hemlibra to their prior therapy

~20% Gene therapy eligible population
Adult patients with moderate-severe disease and no comorbidities (HIV/HCV/HVP/AAV+)

Ideal gene therapy target profile
- Works in all eligible patients
- Reliable and predictable expression of FVIII across all patients
- Long-term durability
- Manageable immune-modulatory regimen

Source: Treated patients, Hemlibra Epidemiology models 2018 PWHA=People with Hemophilia A
**Ophthalmology**

1. **Hematology franchise**
   - DLBCL: Polivy, glofitamab, mosunetuzumab
   - FL: mosunetuzumab, glofitamab, Polivy
   - AML: Venclexta
   - MM: Venclexta
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   - TNBC: Tecentriq, ipatasertib
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   - Hemophilia A: Hemlibra
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   - PNH: crovalimab

6. **Neuroscience**
   - MS: Ocrevus; fenebrutinib
   - SMA: Evrysdi
   - NMOSD: Enspryng
   - AD: gantenerumab, anti-Tau, brain shuttle
   - Huntington’s disease: tominersen
   - DMD: Micro-dystrophin Gene Therapy
   - Parkinson’s disease: prasinezumab

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   - IPF: rhPentaxin-2, Esbriet
   - Myelofibrosis: rhPentaxin-2
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   - nAMD, DME, DR: Port Delivery System
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   - HBV: TLR7 agonist, CpAM, RG6346, RG6084
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Port Delivery System (PDS)
Potential to improve real world outcomes with twice yearly dosing

Adherence to IVT therapies is low and infrequent dosing in the real world correlates with vision loss

Only 50% of patients can be extended to Q3M dosing with current IVT therapies

With PDS, nearly all patients can be maintained on 6m dosing, improving patient compliance and real world outcomes

- **PDS implant:** permanent, refillable intraocular implant. One-time ~30 min outpatient surgical procedure. Patients from Ph I study have had PDS implanted for >10 years.

- **Refill exchange:** twice yearly in-office refill of the device using proprietary needle assembly. Can only be refilled with proprietary formulation (not other molecules or biosimilars)

PDS, Port Delivery System with ranibizumab; IVT = intravitreal
PDS efficacy equivalent to monthly Lucentis for nearly all patients
Strong patient preference for PDS

**Equivalent vision**
Adjusted mean BCVA change from baseline

**Treatment durability**
Percentage of PDS patients who received supplemental treatment before first refill-exchange at week 24

**Patient preference**
Preference among patients in the PDS arm at week 40

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BCVA, best-corrected visual acuity; PDS, Port Delivery System with ranibizumab
Preparing for a purposeful global launch in nAMD
US launch planned for 2021, ex-US for 2022

Virtual reality training
- Virtual reality (VR) technology enables preoperative training of surgeons on PDS procedures (implant insertion and refill)
- >200 US surgeons trained in Ph III across ~100 sites

Field-based support
- Surgical Device Liaisons (SDLs) support training on site, and facilitate peer to peer discussion and education
- Focus on ensuring consistency in outcomes and enhancing the patient experience

Remote vision monitoring
- App-based designed test to detect changes in vision in-between office visits
- Vision alerts sent to doctor
- Pilot programs underway

Global retina market growing to ~$14b by 2024

nAMD = neovascular age related macular degeneration
**Neuroscience and Rare Diseases**

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Ocrevus: Best in disease efficacy with robust, consistent, and sustained delay in disability progression

- 46% lower risk of requiring a walking-aid in those patients who initiated OCR earlier vs delayed treatment (those switching from IFN β-1a)

- 44% lower risk of requiring a wheelchair in those patients who initiated OCR earlier vs delayed treatment (those switching from PBO)

- ~35% of US sales in PPMS

Ocrevus twice yearly dosing drives better compliance

Total Yearly Dosing

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCREVUS</td>
<td>x2</td>
</tr>
<tr>
<td>TECFIDERA</td>
<td>x730</td>
</tr>
<tr>
<td>AUBAGIO</td>
<td>x365</td>
</tr>
<tr>
<td>TYSABRI</td>
<td>x13</td>
</tr>
<tr>
<td>COPAXONE</td>
<td>x365 (or 156)</td>
</tr>
<tr>
<td>KESIMPTA</td>
<td>x12</td>
</tr>
</tbody>
</table>

>90% persistence/adherence after 1 yr; superior to oral and injectable medicines

- Superior persistence and adherence and the lowest discontinuation rate at both 12 and 18 months of follow-up compared with patients initiating other classes of MS DMTs
- Persistence and adherence to treatment are critical for achieving therapeutic goals in MS

*Total yearly dosing after the first year; DMT = disease modifying therapy
Continuing to improve patient convenience with shorter infusion

Favorable access with no price increases since launch

<table>
<thead>
<tr>
<th>Ocrevus short infusion nearly halves administration time</th>
<th>Ocrevus pricing in US results in broad access</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Infusion Diagram]</td>
<td>![Pricing Diagram]</td>
</tr>
<tr>
<td>Conventional Infusion</td>
<td>3.5 hours</td>
</tr>
<tr>
<td>Shorter infusion</td>
<td>2 hours</td>
</tr>
<tr>
<td>Approved by EMA, FDA approval expected before end of the year</td>
<td>$65k per year</td>
</tr>
<tr>
<td></td>
<td>• Priced ~32% below US market average WAC of $94k</td>
</tr>
<tr>
<td></td>
<td>• &gt;80% RMS and 98% PPMS covered without step edits</td>
</tr>
</tbody>
</table>

Expansion in infusion options for patients

• Ocrevus has been infused in >46K locations in the US
• ~50% of infusions occur outside of the hospital

Total time requires pre-medication (30min-1hr and observation 1hr), * home administration in certain markets
Enspryng: First and only subcutaneous treatment for NMOSD

Significant unmet need still exists with NMOSD

- 200K patients worldwide
- 70-80% of patients are AQP4+
- Half of patients are blind or require a wheelchair within 5 yrs
- 40% of patients with NMOSD are first misdiagnosed as having MS
- 50% of patients treated with steroids/immunosuppressants

Approved in US, Canada, Japan, Switzerland
Additional applications are under review including the EU and China

- Highly effective
  - Comparable efficacy to best in disease treatments
- Flexible and convenient
  - Q4w SC dosing at home
  - Studied as monotherapy and in combination with immunosuppressants
- Well tolerated safety profile
  - No black box warning; lower rate of infections incl. serious infections than placebo group
- Competitively priced
  - Priced 72% below eculizumab and 27% below inebilizumab after first year
Evrysdi
Proven efficacy in infants, children and adults with SMA

* Based on the average infant weight from the FIREFISH trial
Evrysdi: Evidence being generated across all SMA patients
Representative range of ages, type, prior treatment, disease severity

<table>
<thead>
<tr>
<th>Presymptomatic Newborns</th>
<th>Symptomatic Infants</th>
<th>Younger Children</th>
<th>Older Children</th>
<th>Teenagers</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAINBOWFISH</td>
<td>FIREFISH</td>
<td></td>
<td></td>
<td>JEWELFISH</td>
<td></td>
</tr>
<tr>
<td>SUNFISH</td>
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- ≤ 5 years old
- > 5 years old
- ~15% prevalence*
- ~85% prevalence*

Focus of many recent trials in SMA
Large prevalent population that remains underserved lacking treatment options and supporting evidence

The majority of patients are not receiving disease modifying therapy

* Estimated 2020 prevalence in US and EU5
Successful virtual launch of Evrysdi in the US
SMA patients being treated across all segments

**Broad uptake across segments in first month of approval**

- **Patients treated with all SMA types**
  ~25% of patients with Type I SMA

- **Treatment naïve and switch patients**
  Have treated pts switching from both Spinraza / Zolgensma

- **Broad range of ages**
  5m old infants to 70+ year old adults

**Access supported by responsible pricing**

- **25% discount** to current SOC over 5-ys (at max Evrysdi price)

- **Infants**
  <$100K / year
  15lbs/7kg (~2 yrs old)*

- **Maximum Price**
  $340k / year
  >44lbs/20kg (~6 yrs old)

- No additional administration costs
- Commercial and state Medicaid plans moving fast to establish coverage policies

* Based on the average infant weight from the FIREFISH trial
Rare diseases present significant opportunity in China

Large populations of patients with rare diseases

- China was the #1 enrolling country in FIREFISH Part II trial
- Regulatory submission completed in China with approval expected H1 2021
- Enspryng China filing dossier accepted with priority review
- NMOSD included on China Rare Disease List
- NRDL negotiations for Inhibitor expected in 2020
- Regulatory submission completed for Non-Inhibitor label expansion with approval expected in H1 2021

Source: McKinsey Report
Closing the approval gap in China
Bringing innovative medicines to Chinese patients faster

Time from US approval to China approval

Prior to 2015: 48-198m
2015 to 2020: 9-12m

NRDL listing

NRDL negotiations expected in 2020 for Kadcyla, Tecentriq, Hemlibra
3-5x volume growth seen with other Roche medicines within 2 years of addition to NRDL

Tecentriq+Avastin 1L HCC approval expected in 2020 (within 5-6 months of US approval)

1 NRDL: National Reimbursed Drug List; 2 Refers to Avastin Lung Cancer Indication; 3 Refers to Kadcyla Early Breast Cancer Indication; 4 Refers to Tecentriq Small Cell Lung Cancer Indication
Strong short- and mid-term news flow
*Diversifying the late stage pipeline and setting new standards of care*

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<thead>
<tr>
<th>Product</th>
<th>Indication</th>
<th>Filing</th>
<th>Market potential</th>
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Source: Roche/Genentech, incidence/prevalence in the major markets (US, FR, DE, IT, ES, GB); DMD=duchenne muscular dystrophy; nAMD=neovascular age-related macular degeneration; DME=diabetic macular edema; NSCLC=non-small cell lung cancer; TNBC=triple-negative breast cancer; SCCHN=squamous cell carcinoma of the head and neck; RCC=renal cell carcinoma; HCC=hepatocellular carcinoma; mCRPC=metastatic castration resistant prostate cancer; DLBCL=diffuse large B-cell lymphoma; SCLC=small cell lung cancer; FL=follicular lymphoma; PNH=paroxysmal nocturnal hemoglobinuria
Doing now what patients need next