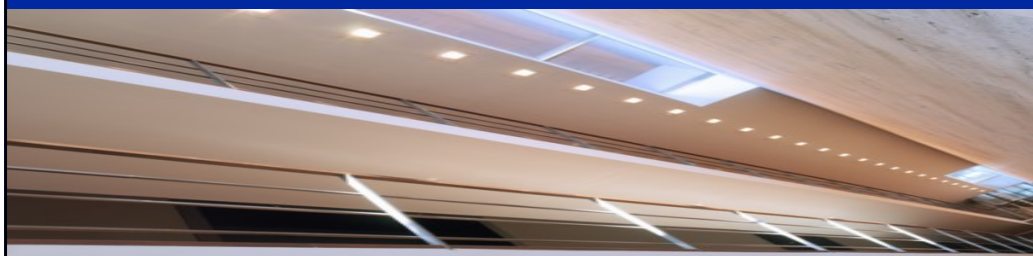


Roche: defining priorities for a high tech healthcare company

*Erich Hunziker, CFO and Deputy Head of
the Corporate Executive Committee
May 2007*



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.

For marketed products discussed in this presentation, please see full prescribing information on our website - www.roche.com

All mentioned trademarks are legally protected

Performance up-date

Our priorities

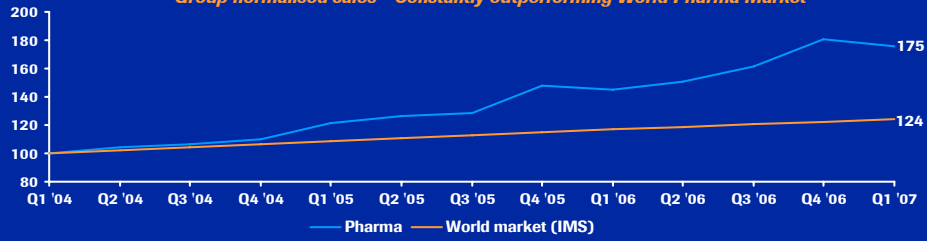
Q1 2007: Industry leading

More than CHF 1.5 billion organic growth

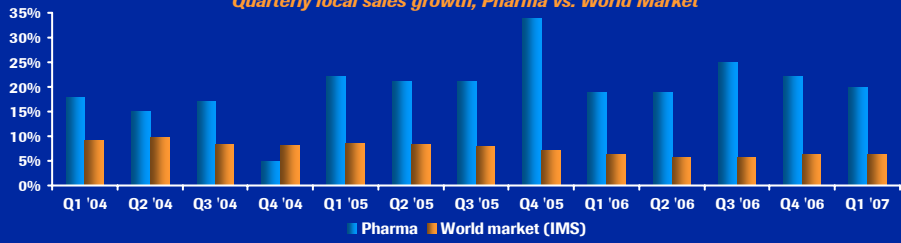
CHF bn	Q1'06	Q1'07	% change in		USD growth
			CHF	local	
Pharmaceuticals	7.7	9.1	18	20	24
Diagnostics	2.1	2.2	6	6	11
Roche Group	9.8	11.4	16	17	21

Consistently outgrowing peers

Group normalised sales - Constantly outperforming World Pharma Market



Quarterly local sales growth, Pharma vs. World Market



5

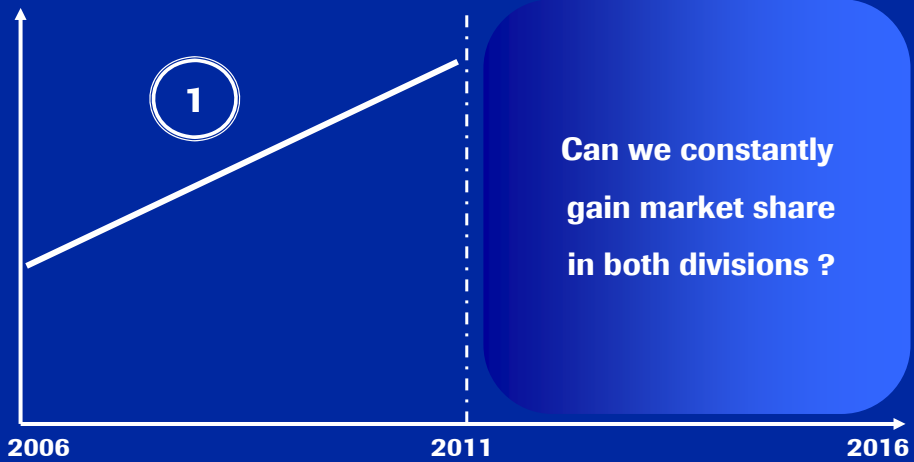
Performance up-date

Our priorities

6

Roche Challenge # 1

Achieve above peer level sales growth for both divisions

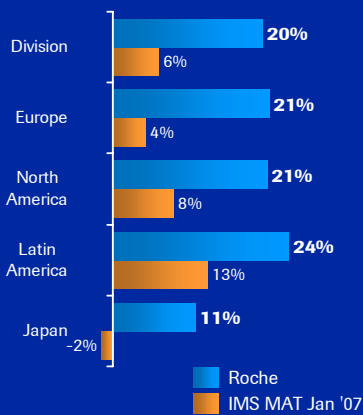


Q1 2007: Growing more than three times the market

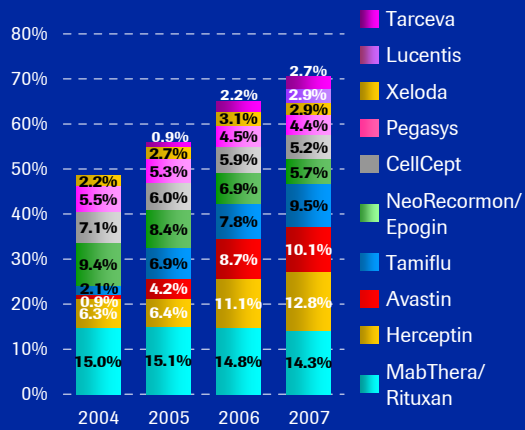
Execution of assets on hand



Local sales growth

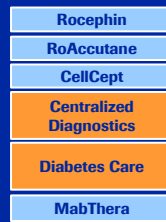


Top 10 products as % of pharmaceutical sales



Focus on differentiated medicines pays off *A young and growing portfolio*

- CHF 1 billion or more
- CHF 2 billion or more
- CHF 3 billion or more
- CHF 4 billion or more



2001

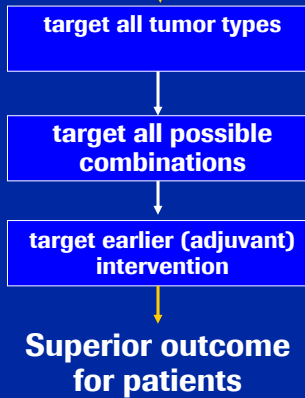


2006

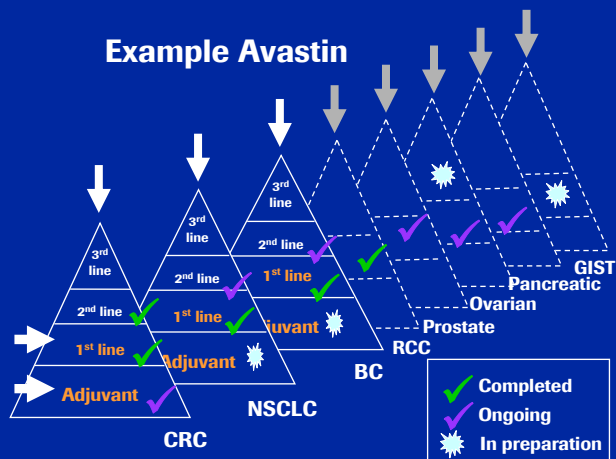
Value drivers	6	10
Sales (CHF bn)	10	27

Our oncology strategy: Setting new standards of care *New tumor types, new combinations, new lines of intervention*

Clinically differentiated product



Example Avastin



Avastin: Building standard of care, defending leadership

Effectively maximizing an asset

Main Indication		Status		Main Indication		Status	
NSCLC	1st line non-squamous	Avastin in Lung*	Data completed,	mCRC	1st line	NO16966	Positive results Q3'06, Fied '07
		ATLAS	Initiated Q4'05			AVANT	Recr. to complete H1'07
	1st line squamous	AVASQ	Initiated Q3'06	Adjuvant CC		NSABP C-08	Recr. completed
		BRIDGE	Pilot initiated Q2'06			Adjuvant rectal Ca	E5204
2nd line	BETA Lung	Initiated Q2'05					
Adjuvant NSCLC		ECOG 1505	To initiate H1'07				
mBC	1st line HER2-negative	AVADO	Recr. to complete H1'07	RCC	1st line	AVOREN	Positive results Q4'06, Fied 2007
		RIBBON-1	Initiated Q4'05, Global recruitment launched			CALGB 90206	Awaiting results
	1st line HER2-positive	AVEREL	Initiated Q3'06				
Adjuvant BC	2nd line	RIBBON-2	Initiated Q1'06	Pancreatic Ca	1st line	AVITA	Recr. completed
	HER2-negative	E2104	Positive data Q1'07				
		E5103	To initiate 2007				
	BO20289	To initiate 2007					
HER2-positive	006R/B-31R	In preparation					
				Ovarian Ca	1st line	GOG 218	Initiated Q3'05
						ICON7	Initiated Q4'06
					2nd line	GOG 213	In preparation
				Prostate Ca	Hormone refractory	CALGB 90401	Initiated Q2'05

* Formerly called AVAIL

Xeloda/ Tarceva/ MabThera/ Herceptin:

Maximizing across the portfolio

Main Indications		Status	
Xeloda			
Adjuvant CC	Combo Avastin	AVANT	Recr. to complete H1'07
	Combo oxaliplatin	NO16968	Recr. completed, Final analysis end '07/early '08
Adjuvant BC		NO 17629	Recr. completed
Tarceva			
NSCLC 1st line maintenance	Combo chemotherapy	SATURN	Initiated Q4'05, Recr. to complete '07
		TITAN	Initiated Q4'05, Recr. to complete '07
	Combo Avastin	ATLAS	Initiated Q4'05
NSCLC 2nd line	Combo Avastin	BETA Lung	Initiated Q2'05
Adjuvant NSCLC		RADIANT	Initiated Q3'06
MabThera			
NHL maintenance 1st line	After MabThera induction	PRIMA	Initiated Q1'06, Recr. to complete H1'07
CLL 1st line		ML17102	Recr. completed
CLL relapsed		REACH	Recr. to complete end '07
Herceptin			
Gastric Ca		ToGA	Initiated Q3'05, Recr. to complete H2'07
Adjuvant BC	1yr vs. 2yrs treatment	HERA	Final analysis 2008/2009

The key goal of all our efforts in oncology:
moving from extending life to potentially saving life



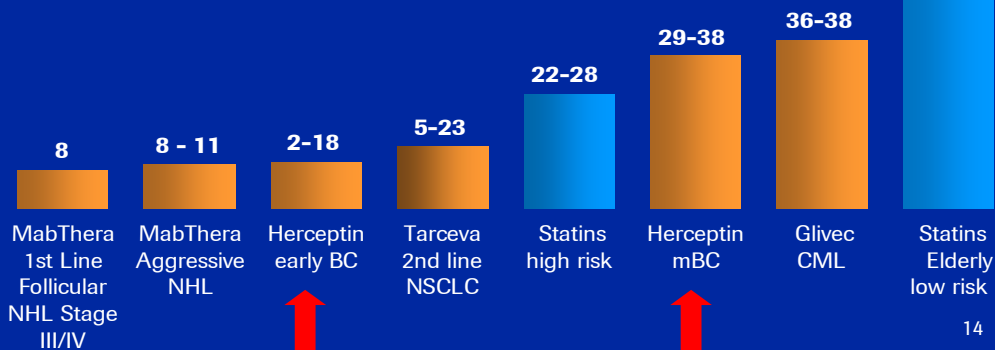
Roche oncology products are cost-effective

Favorable comparison to other products

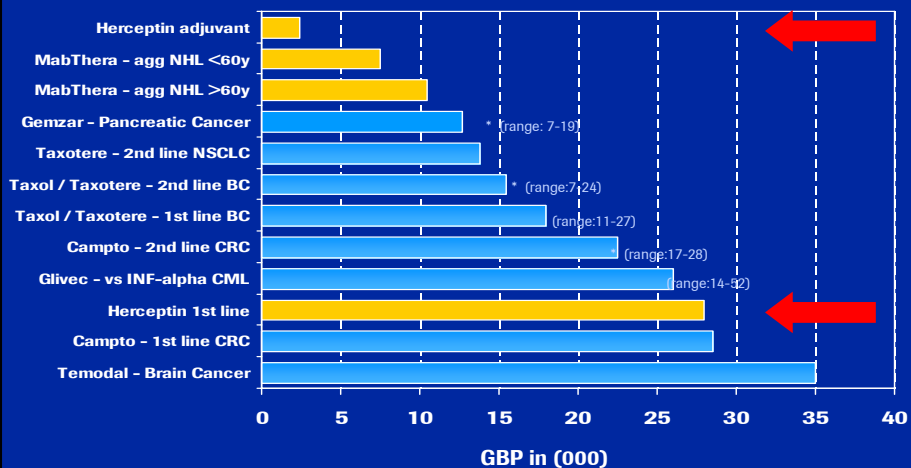
Cost per QALY for selected drugs (UK data – NICE/SMC)

GBP in (000)

We aim to expand use of our products to earlier-stage cancers, providing full benefit to patients



Dramatic improvements when moving up the adjuvant status Cost per QALY – UK NICE assessment

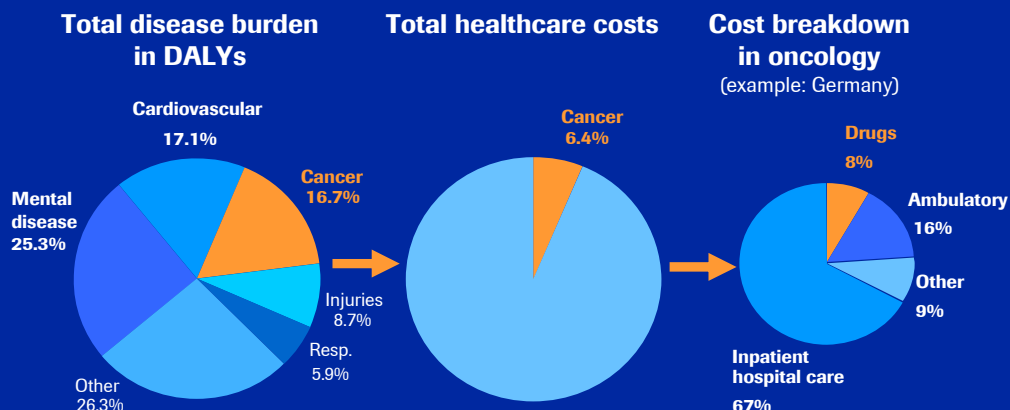


Source: NICE Technology Appraisal Guidance Documents www.nice.org.uk

Rounded figures

* Average of range

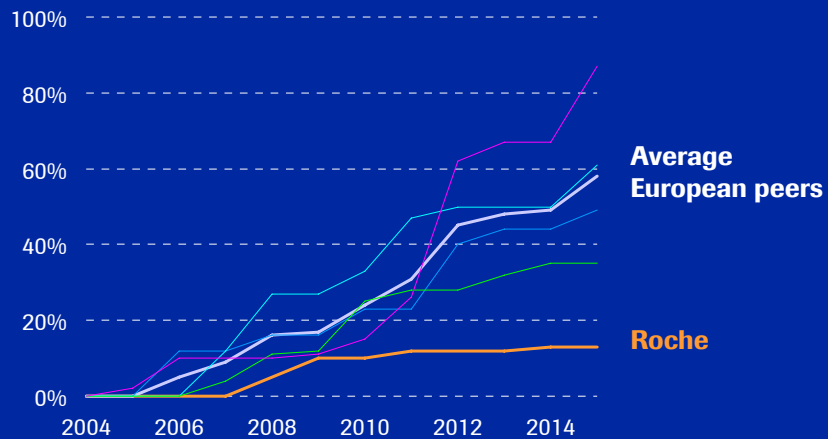
Oncology is still dramatically under funded Compared to other disease areas



Source: A pan-European comparison regarding patient access to cancer drugs, Karolinska Institute
DALY: Disability-Adjusted Life Years, figures from 2002/3; Commonly used measure of the burden of disease

Roche has a low exposure to generics
Long-term sustainable business

Sales erosion due to generisation (% of 2004 sales)

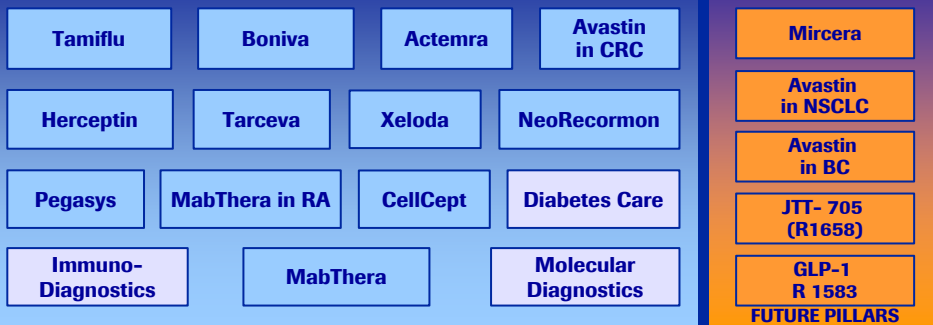


Roche has a unique „investment case“

Roche: Unique geographic risk diversification



Roche: Unique “pillars of value” risk diversification



The short/medium term *sales* perspective

Challenge # 1:

Achieve above industry-standard sales growth

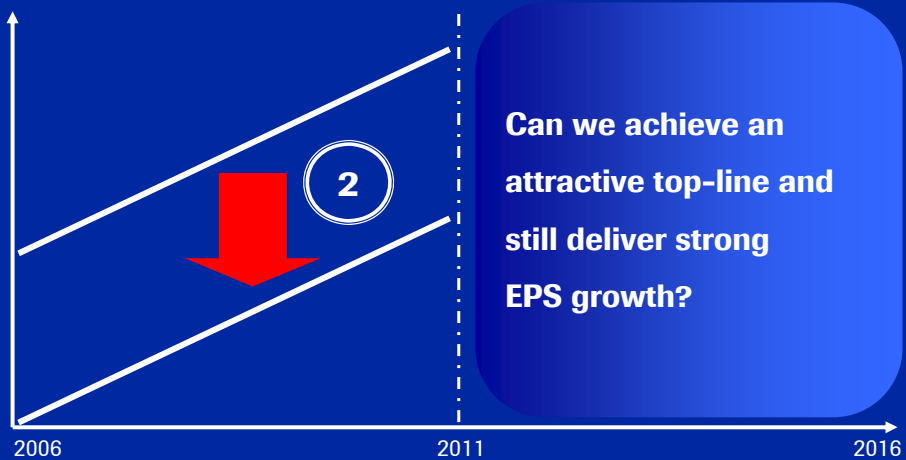
Conclusion # 1:

Roche wants to maximize assets on hands –
and to translate value opportunities into reality



Challenge # 2

Turn attractive top line into attractive bottom line



Doing the right things *right*

Three focus areas

- **People are key!**

Activate potential and constantly educate: to learn faster than our competitors is the only sustainable factor of success!

- **The right “quantum” size for Roche ?**

Fixed cost versus variable cost

- **Operational productivity**

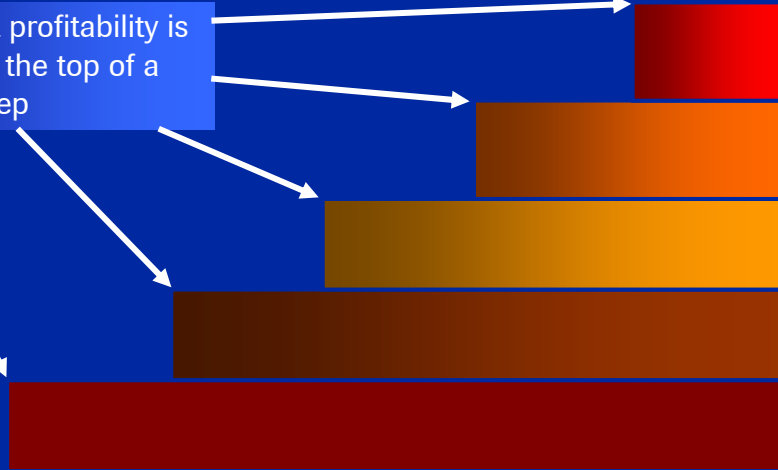
Activate our employees' potential

Constant education to overcome fear of change



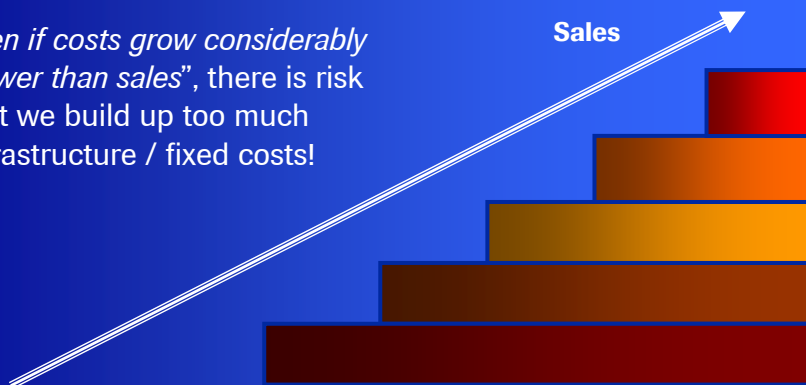
Organizations do not grow linearly
Fixed cost base grows in quantum steps

The highest profitability is achieved at the top of a quantum step



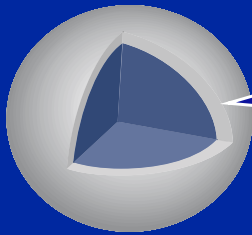
What is the right quantum size for a “sustainable” Roche?

Even if costs grow considerably slower than sales”, there is risk that we build up too much infrastructure / fixed costs!



Constantly improving operational productivity

Operational productivity is an important key enabler for the Roche Group



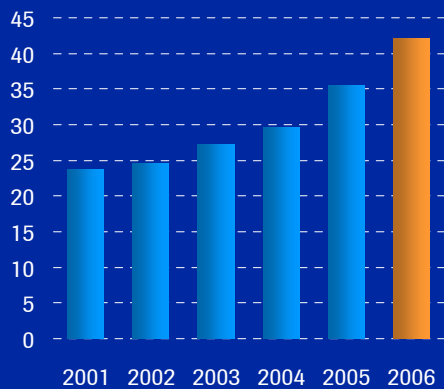
We must become better and cheaper in whatever we do!

Focus on differentiated products paying off

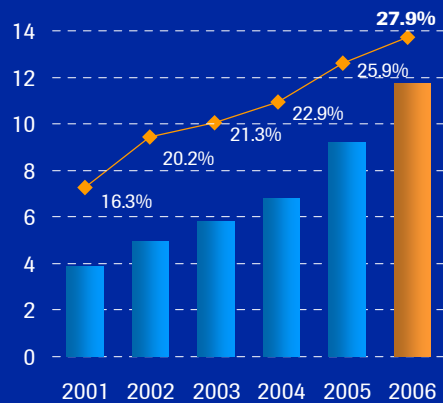
Sales doubling, operating profits tripling



Group sales¹ (CHF bn)



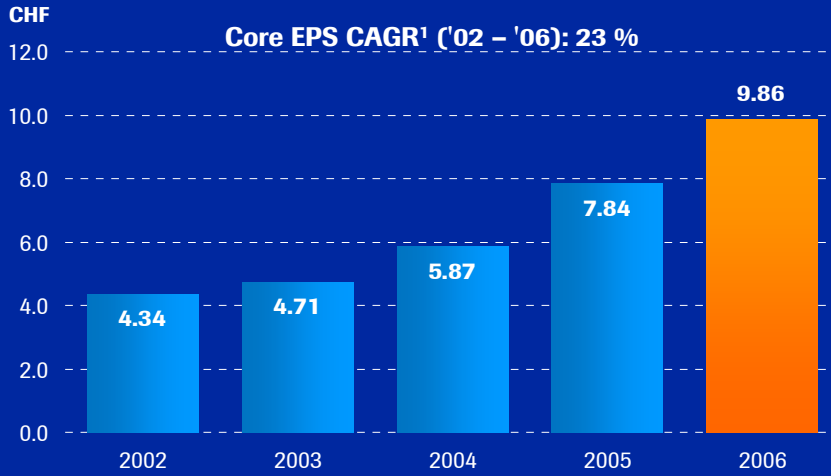
Group operating profit² (CHF bn)



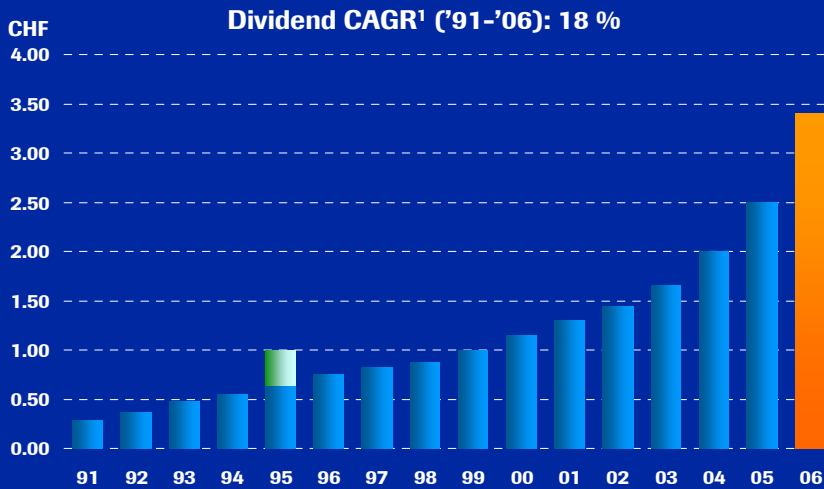
¹ Pharmaceuticals and Diagnostics

² before exceptional items

Core EPS rising steadily



Economic success translated into shareholder returns *Again a substantial increase in 2006*



Short/medium term *bottom-line* perspective

Challenge # 2:

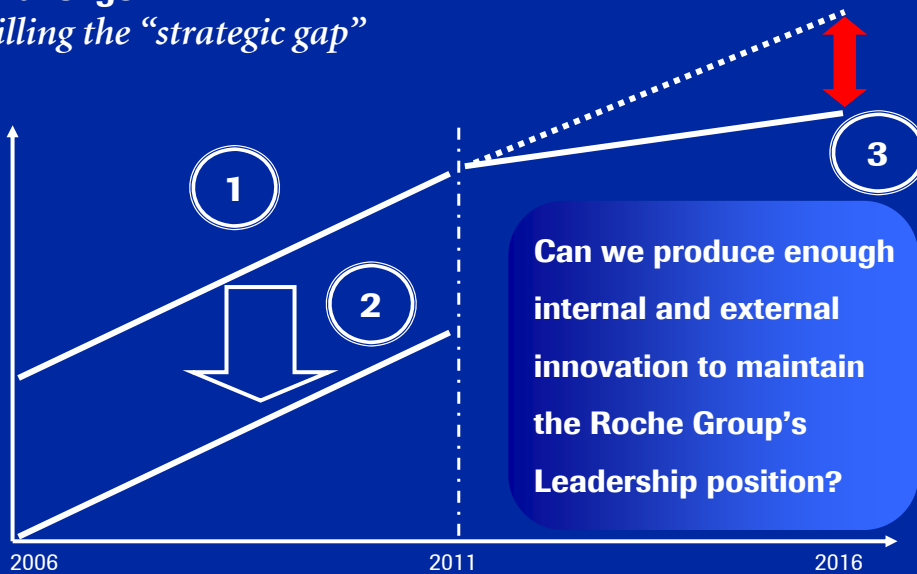
Achieve above industry-standard value creation

Conclusion # 2:

Roche has many programs running to ensure above industry standard EPS-growth

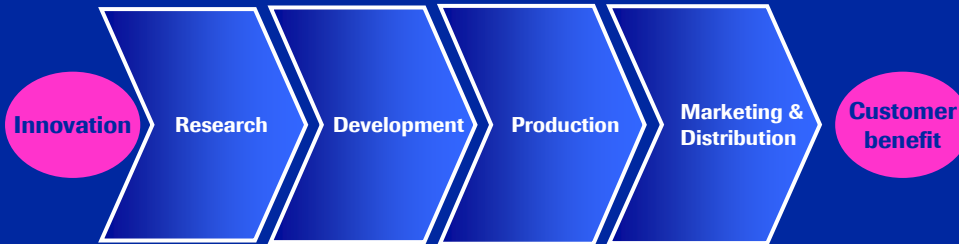


Challenge # 3 *Filling the "strategic gap"*



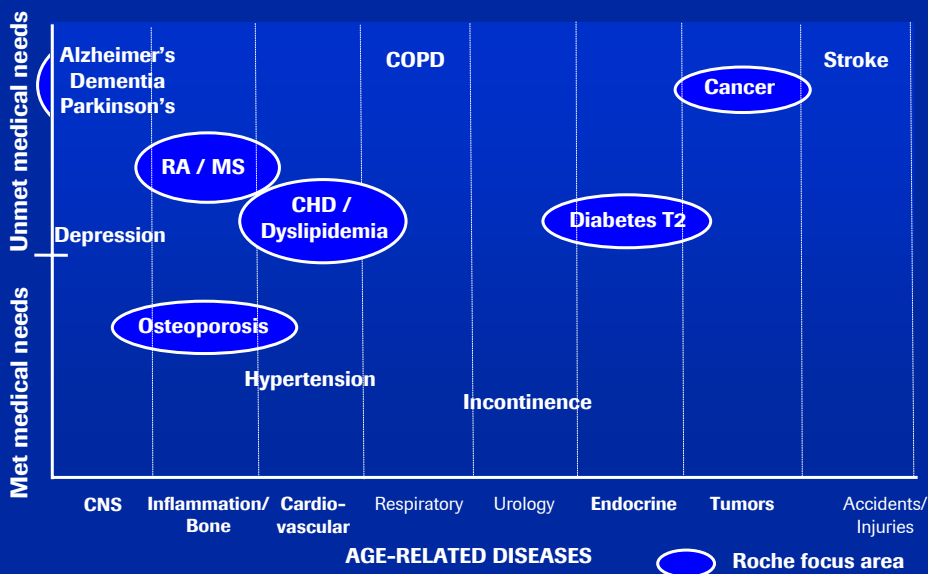
Sustainable leadership

How can we constantly provide benefit to customers?

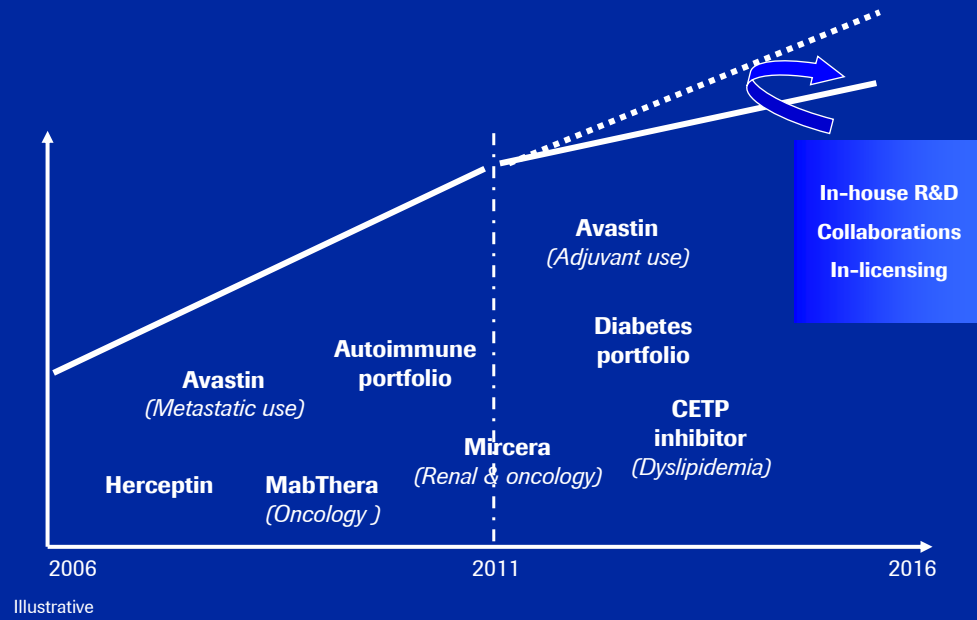


Which degree of innovation (= medical differentiation) is necessary to jump regulatory and reimbursement hurdles?

The potential is there: unmet medical needs in many age-related diseases



Current and future key sources of growth



Rheumatoid Arthritis/ Auto Immune Major indications in phase III development

Main Indication		Status	
Rheumatoid arthritis			
MabThera	MTX - inadequate responders	SERENE, SUNRISE MIRROR	Recr. completed
	MTX -naive	IMAGE	Initiated Q1'06
	Combo Enbrel	TAME	Initiated Q2'06
Actemra	MTX (DMARD) - inadequate resp. or -naive	OPTION, TOWARD, AMBITION	Recr. completed, Final analysis by mid '07 (OPTION January '07)
	Anti-TNF Inadequate resp.	RADIATE	Recr. completed, Final analysis by mid '07
	MTX inadequate responders	LITHE	Recr. completed
Ocrelizumab	MTX inadequate responders	Phase III	Initiated Q4'06
	Anti-TNF inadequate responders	Phase III	To initiate H1'07
	X-ray study	Phase III	To initiate H1'07
ANCA ass. vasculitis			
MabThera		RAVE	Initiated Q4'04
Multiple sclerosis		Status	
MabThera	PPMS	OLYMPUS	Recr. completed Q4'05
	RRMS	HERMES	Met primary endpoint Q3'06, presented at AAN'07
Ocrelizumab	RRMS	Phase II or III	In preparation
Lupus nephritis			
MabThera		LUNAR	To complete recr. H2'07
Ocrelizumab		Phase III	To initiate Q2'07
CellCept		Phase III	Recr. completed, Results (inducation phase) H1'07
SLE			
MabThera		EXPLORER	To complete recr. Q1'07
Ocrelizumab		Phase III	To initiate in Q2'07

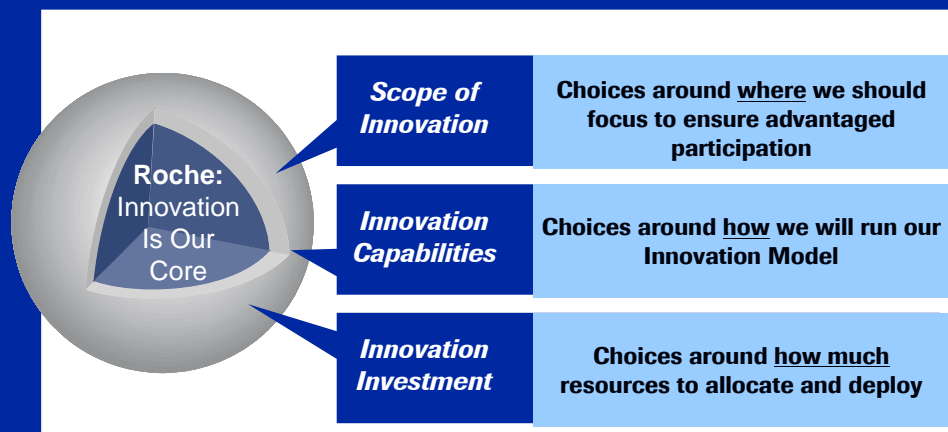
Metabolic and vascular diseases

Major decision points in 2007

Main Indications		Status
Type 2 Diabetes		
R1440 (GKA)	Phase II	Initiated Q4'05 First phase II data available 2007 Filing 2009
R1583 (GLP-1)	Phase II immediate release formulation	Presented at ADA'06
	Phase II sustained release formulation	Initiated in Q1' 2007
R1439 (PPAR α/γ)	Phase II	Initiated Q4'06
R1579	Phase I	Ongoing
R1511	Phase I	Ongoing
Dyslipidemia		
R1658 (JTT-705)	Phase II efficacy	Encouraging data obtained H1'06
	Phase II safety	Results by mid'07 Go/ No go decision for phase III in 2007 Filing 2010

Roche 2015

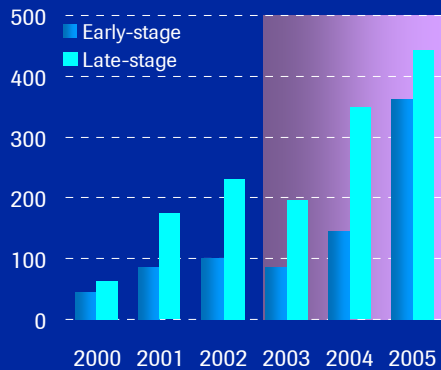
This program provides strategic direction and aligns our priorities to fill 'sustainable long-term growth' gap



Access to Innovation is key - competition growing

Costs of third party innovation is raising steeply!

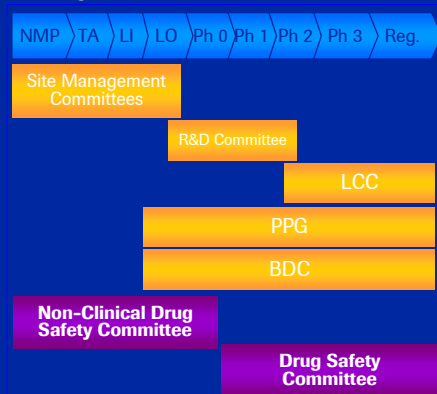
Average cost of in-licensing (Rx), \$m



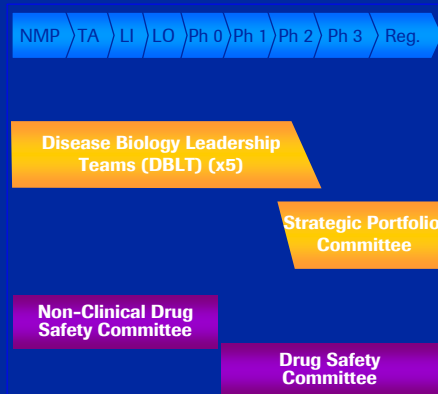
- Average cost of in-licensing deals rose 40% (CAGR) since 2000
- By 2010, 40% of Pharma peers' revenues expected to come from external sources of innovation

Roche internal R&D: 5 Disease Biology Leadership Teams responsible for the start of the value chain

Today's model



New model



- Decision Making Committees
- Decision Making Committees & Peer Reviews

Long-term perspective
Roche 2015 is a crucial platform

Challenge # 3:
Filling the value gap



Conclusion 3:
With Roche 2015 we have the right platform in place
to identify the right priorities



We Innovate Healthcare