Rejuvenating the portfolio

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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;
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Replace and extend the business

*Through continuously improving standard of care*

### Replace existing businesses

<table>
<thead>
<tr>
<th>MabThera/Rituxan</th>
<th>Gazyva, Venclexta, polatuzumab vedotin, mosnetuzumab (aCD20/CD3 TCB1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herceptin</td>
<td>Perjeta, Kadcyla, H+P SC</td>
</tr>
<tr>
<td>Avastin</td>
<td>Tecentriq, entrectinib, ipatasertib</td>
</tr>
<tr>
<td>Lucentis</td>
<td>faricimab (VA2) Port Delivery System</td>
</tr>
<tr>
<td>Tamiflu</td>
<td>baloxavir marboxil</td>
</tr>
</tbody>
</table>

### Entering new franchises

- **Multiple Sclerosis:** Ocrevus
- **Hemophilia A:** Hemlibra
- **Neuroscience:** SMA, Autism, Huntington’s, Alzheimer’s, NMO

### Why did we get more optimistic over the past years?

- **(+)** *New molecular entities (NME) fast approval and up-take* for Ocrevus, Alecensa, Perjeta, Venclexta, Hemlibra
- **(+)** *Pipeline development with highest number of NMEs in late stage*, in particular in Neuroscience, Ophthalmology, Infectious Diseases

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SMA=spinal muscular atrophy; NMO=Neuromyelitis Optica; SC=subcutaneous; H+P=Herceptin+Perjeta
Differentiation and market opportunities

Oncology

Hematology/Hemophilia A

Ophthalmology & infectious diseases

Multiple sclerosis

Summary
Breakthrough innovation remains key for pharma

Roche: Highest number of BTDs in the industry reflecting the quality of our research

1 Selected oncology products launched over 2013-2016; 2 Market shares represent sales of target product relative to sales competing products in similar indications; BTD=Breakthrough Therapy Designation; Data source: Evaluate Pharma, Decision Resources, Prismaccess
### Highest number of BTD’s reflecting the quality of our research

#### Breakthrough Therapy Designations

<table>
<thead>
<tr>
<th>Year</th>
<th>Molecule</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>Xolair</td>
<td>(Food allergies)</td>
</tr>
<tr>
<td></td>
<td>Tecentriq + Avastin</td>
<td>(HCC)</td>
</tr>
<tr>
<td></td>
<td>Hemlibra</td>
<td>(Hemophilia A non-inhibitors)</td>
</tr>
<tr>
<td></td>
<td>entrectinib</td>
<td>(ROS1+ NTRK+ solid tumors)</td>
</tr>
<tr>
<td></td>
<td>balovaptan</td>
<td>(Autism spectrum disorders)</td>
</tr>
<tr>
<td>2017</td>
<td>polatuzumab vedotin + BR</td>
<td>(R/R DLBCL)</td>
</tr>
<tr>
<td></td>
<td>Venclexta + LDAC</td>
<td>(1L unfit AML)</td>
</tr>
<tr>
<td></td>
<td>Zolboraf</td>
<td>(BRAF-mutated ECD)</td>
</tr>
<tr>
<td></td>
<td>Rituxan</td>
<td>(Pemphigus vulgaris)</td>
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<tr>
<td>2016</td>
<td>Actemra</td>
<td>(Giant cell arteritis)</td>
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<tr>
<td></td>
<td>Alecensa</td>
<td>(1L ALK+ NSCLC)</td>
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<tr>
<td></td>
<td>Ocrevus</td>
<td>(PPMS)</td>
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<tr>
<td></td>
<td>Venclexta + HMA</td>
<td>(1L unfit AML)</td>
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<tr>
<td></td>
<td>Venclexta + Rituxan</td>
<td>(R/R CLL)</td>
</tr>
<tr>
<td>2015</td>
<td>Actomra</td>
<td>(Systemic sclerosis)</td>
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<tr>
<td></td>
<td>Tecentriq</td>
<td>(NSCLC)</td>
</tr>
<tr>
<td></td>
<td>Venclexta</td>
<td>(R/R CLL 17p del)</td>
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<tr>
<td></td>
<td>Hemlibra</td>
<td>(Hemophilia A inhibitors)</td>
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<tr>
<td>2014</td>
<td>Esbriet</td>
<td>(IPF)</td>
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<tr>
<td></td>
<td>Lucantis</td>
<td>(Diabetic retinopathy)</td>
</tr>
<tr>
<td></td>
<td>Tecentriq</td>
<td>(Bladder)</td>
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<tr>
<td>2013</td>
<td>Alecensa</td>
<td>(2L ALK+ NSCLC)</td>
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<tr>
<td></td>
<td>Gazyva</td>
<td>(1L CLL)</td>
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</table>

#### Current priority reviews granted

<table>
<thead>
<tr>
<th>Year</th>
<th>Molecule</th>
<th>Indication</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Venclexta + HMA/LDAC</td>
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<td>MabThera</td>
<td>(Pemphigus vulgaris)</td>
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<td>YTD 2018</td>
<td>Hemlibra</td>
<td>(Hemophilia A non-inhibitors)</td>
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<td></td>
<td>baloxavir marboxil</td>
<td>(Influenza A and B)</td>
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<tr>
<td></td>
<td>Tecentriq + Avastin</td>
<td>(1L NSCLC)</td>
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<tr>
<td></td>
<td>Xolair</td>
<td>(Pre filled syringe)</td>
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#### Breakthrough Device Designation

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<th>Device</th>
<th>Indication</th>
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</thead>
<tbody>
<tr>
<td>2018</td>
<td>Elecsys® β-Amyloid (1-42)</td>
<td>(Alzheimer’s disease)</td>
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<tr>
<td></td>
<td>Elecsys® Phospho-Tau (181P)</td>
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<tr>
<td></td>
<td>Cerebro Spinal Fluid assays</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FACT CDx (liquid biopsy assay)</td>
<td>70 oncogenes + MSI + bTMB</td>
</tr>
</tbody>
</table>
Portfolio evolution in industry context

*Roche has strong development presence across large therapeutic areas*

### 2017 prescription drug sales by therapeutic area (USDbn)

<table>
<thead>
<tr>
<th>Therapeutic Area</th>
<th>2017 Sales (USDbn)</th>
<th>CAGR '17-22</th>
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<tbody>
<tr>
<td>Oncology</td>
<td>104</td>
<td>11%</td>
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<tr>
<td>Immunology</td>
<td>83</td>
<td>6%</td>
</tr>
<tr>
<td>Neuroscience</td>
<td>72</td>
<td>4%</td>
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<tr>
<td>Infectious disease</td>
<td>69</td>
<td>2%</td>
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<tr>
<td>CV</td>
<td>57</td>
<td>4%</td>
</tr>
<tr>
<td>Metabolic disease</td>
<td>54</td>
<td>4%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>31</td>
<td>4%</td>
</tr>
<tr>
<td>Rare disease &amp; Hemophilia</td>
<td>25</td>
<td>10%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>17</td>
<td>0%</td>
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<tr>
<td>Dermatology</td>
<td>10</td>
<td>9%</td>
</tr>
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</table>

### Roche focus

- Other Oncology
- Lung
- Breast
- Hem

Source: EvaluatePharma; MS=Multiple Sclerosis; CV=Cardiovascular; RD=Rare Diseases
Focus: Accelerate success of recent launches

Successful launches across multiple disease areas

- **Inhibitor launch started in Q4 2017**
  - Successful launch; >20% US market share
- **Non-inhibitor launch expected in Q3 2018**
  - BTD granted, convenient 4 weekly schedule

Positive Ph III results

- **Lung cancer**
  - 1L NSCLC: IMpower150, 130, 132
  - 1L ES-SCLC: IMpower133
  - 1L sq NSCLC: IMpower131
- **Renal cancer**:
  - 1L mRCC: IMmotion151
- **Breast cancer**:
  - 1L TNBC: IMpassion130

Transforming SoC in CLL/AML/MM

- FDA approval in R/R CLL (MURANO)
- Ph III data in 1L CLL expected in H2 18 (CLL14) and in R/R MM in H1 19 (BELLINI)
- Early filing in 1L AML

NCCN=National Comprehensive Cancer Network; NSCLC=Non Small Cell Lung Cancer; ES SCLC=Extensive Stage Small Cell Lung Cancer; TNBC=Triple Negative Breast Cancer; RCC=Renal Cell Carcinoma; SoC=Standard of Care; R/R CLL=Relapsed Refractory Chronic Lymphocytic Leukemia; AML=Acute Myeloid Leukemia; MM=Multiple Myeloma; Venclexta in collaboration with AbbVie
Focus: Transforming our operating model
Building an effective organization for the future

- **Fit-for-purpose** teams enabling fast, but rigorous decision making
- **Faster filing** initiatives (e.g. regulatory acceleration, dossier optimizing)
- **PHC and data** strategy driving **insights** and **R&D efficiencies**

**R&D**

![Average Filing 14 & 26 Weeks Graph](image)

Example: Filing of IMpassion130 in 12 weeks (down from 26w)

**Manufacturing**

<table>
<thead>
<tr>
<th>HY 2018 vs. HY 2017</th>
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<tbody>
<tr>
<td>Volume: +11%</td>
</tr>
<tr>
<td>Core COGS and Period Costs: +3%</td>
</tr>
</tbody>
</table>

**Commercial**

- US
- Europe
- LATAM
- APAC
- EEMEA
- International

- Simplified **structures, processes & culture** to drive effectiveness
- **Productivity** initiatives
- **Resource shift** to support key launches

EM=Emerging Market; PHC=Personalized Healthcare; COGS=cost of goods sold
Differentiation and market opportunities

**Oncology**

Hematology/Hemophilia A

Ophthalmology & infectious diseases

Multiple sclerosis

Summary
Transforming standard of care in oncology

**Hematology (33 USDbn)**

- ALL: 33%
- MDS: 17%
- MM: 0%
- AML: 14%
- CLL: 13%
- iNHL: 37%
- DLBCL: 7%

**Breast (14 USDbn)**

- ipatasertib: 15%
- TNBC: 65%
- Her2-: 20%
- Her2+: 15%

**Lung (12 USDbn)**

- SCLC: 15%
- Squamous NSCLC: 30%
- ALK+ NSCLC: 3%
- EGFR NSCLC: 43%
- Non-squamous NSCLC: 8%

**Extending market leadership**

- idasanutin
- polatuzumab vedotin
- mosunetuzumab

**Entering new markets**

- SCLC
- Squamous NSCLC
- ALK+ NSCLC
- EGFR NSCLC
- Non-squamous NSCLC

**Play a key role in defined cancers**

- Venclexta
- Tecentriq
- Kadcyla
- Perjeta
- Tarceva
- Atezolizumab
- Alectansa
- Avastin
- Orkambi

**New market opportunities**

1. Datamonitor: incidence rates includes the 7 major markets (US, Japan, France, Germany, Italy, Spain, UK); 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; ALL=Acute lymphoblastic leukemia; TNBC=Triple Negative Breast Cancer; SCLC=Small Cell Lung Cancer; NSCLC=Non-Small Cell Lung Cancer
Example: TNBC and HR+/HER2- breast cancer
Expanding into areas with high unmet need

Breast cancer market

<table>
<thead>
<tr>
<th>Incidence rates¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>HER2+ ~20%</td>
</tr>
<tr>
<td>TNBC ~15%</td>
</tr>
<tr>
<td>HR+/HER2- ~65%</td>
</tr>
</tbody>
</table>

TNBC

- **Tecentriq**: First-in-class positive Ph III (IMpassion130): PFS endpoint met (ITT), positive OS trend in PD-L1+ TNBC (40% of pts)
- Further eBC opportunity: 4 Tecentriq Ph III trials in neoadjuvant/adjuvant
- **Ipatasertib**: Positive Ph II results (LOTUS): PFS endpoint met, OS trend
  - Ph III for i patasertib initiated (IPATunity130) in Dx+ advanced TNBC (PI3K pathway activated in 30% of pts)
  - Combination potential for Tecentriq + ipatasertib

HR+/HER2- mBC

- **Ipatasertib**: Ph III initiated (IPATunity130) in Dx+ advanced HR+/HER2- mBC (PI3K pathway activated in 40% of HR+/HER2- patients)
- Combination potential for Tecentriq + ipatasertib

Breast cancer market growing from USD ~17bn in 2017 to ~33bn in 2024²

TNBC=Triple Negative Breast Cancer, HR+=hormone receptor positive; Source: 1 Datamonitor: incidence rates includes the 7 major markets (US, Japan, France, Germany, Italy, Spain, UK); 2 Evaluate Pharma
Example: Lung cancer
Broad coverage with differentiated growth opportunities

**Lung cancer market**

- **Incidence rates**
  - EGFR 8%
  - ALK+ 3%
  - ROS1/NTRK+ 1%
  - NSq NSCLC 30%
  - SCLC 15%
  - Sq NSCLC 30%
  - Early NSCLC: 1L & CIT-experienced

**Driver mutations**

- **NSCLC**
  - EGFR, ALK, ROS1/NTRK
  - NSCLC: PDL1-high (9%), PDL1-low (13%), PDL1-neg (21%)

**SCLC**

- Tecentriq to be first CIT in combination with chemo in 1L SCLC

**1L NSq NSCLC**

- Tecentriq: 3 positive Ph III trials, including multiple chemos
- Uniquely differentiated with abraxane and Avastin combinations
- Strong efficacy in patients with liver metastases (~20% pts)

**Early NSCLC**

- Pivotal studies in neoadjuvant and adjuvant started

**Novel combinations, biomarkers**

- 40% of NSCLC patients don’t respond to 1L CIT + chemo and no SOC established for CIT experienced patients

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**Total lung cancer market growing from USD ~14bn in 2017 to ~33bn in 2024**

CIT=Cancer Immunotherapy; SCLC=small cell lung cancer; NSCLC=non-small cell lung cancer, Sq=squamous, NSq=non-squamous, SOC=standard of care; 1 Datamonitor: incidence rates includes the 7 major markets (US, Japan, France, Germany, Italy, Spain, UK); 2 Evaluate Pharma
Differentiation and market opportunities

Oncology

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Ophthalmology & infectious diseases

Multiple sclerosis

Summary
Hematology (CLL, DLBCL, iNHL)
Redefining the standard of care

**Hematology Market**

**CLL**
- Venclexta combinations induce deep responses, and long treatment-free remissions
  - **1L**
    - R/R: benda
    - 1L: clb
  - **R/R**
    - R+benda
    - R+clb
    - G+clb
    - R+Venclexta
    - G+Venclexta
- FDA approved June 18, NCCN cat 1 listing
- CLL14 data exp. Q4 18

**DLBCL**
- Polatuzumab driving high CR rates with durable responses
  - **1L**
    - R/R: benda
    - R+CLL: CHOP
  - **R/R**
    - R+benda
    - G+benda
    - R+chemo
    - G+chemo
- Plan to file pola in 2018, BTD, PRIME
- Ph III trial initiated (POLARIX)
- mosunetuzumab data in NHL at ASH 2018

**iNHL**
- Gazyva established as SOC in 1L iNHL with estimated 3 yrs longer mPFS than Rituxan
- mosunetuzumab
- Gazyva listed on NCCN guidelines

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**Total CLL, NHL (DLBCL/iNHL) market growing to 9bn & 15bn, respectively by 2024**

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CLL=chronic lymphocytic leukemia; aNHL=aggressive non-hodgkin’s lymphoma; iNHL=indolent non-hodgkin’s lymphoma; R/R=relapsed refractory; DLBCL=diffuse large B-cell lymphoma; R=Rituxan; G=Gazyva; clb=chlorambucil; benda=bendamustine; 1 Datamonitor: incidence rates includes the 7 major markets (US, Japan, France, Germany, Italy, Spain, UK); 2 Evaluate Pharma; Venclexta in collaboration with AbbVie
**Mosunetuzumab in hematology (FL, DLBCL, MCL)**
**First clinical data to be presented at ASH**

### Anti-CD20/CD3 T cell bispecific

- **•** Anti-CD20/CD3 bispecific antibody simultaneously binds T cells and B cells
- **•** T cell receptor cross-linking activates the bound T cell and B cell killing is initiated
- **•** Fast and economic off-the-shelf solution compared to CAR T cells

### Complete response in R/R DLBCL patient relapsed on CAR T therapy

- **•** 30 year old female with R/R DLBCL
- **•** Prior treatment included R-CHOP, and R-ICE followed by autologous HSCT
- **•** Relapsed 6 months after receiving CD19-directed CAR T cell therapy and subsequently enrolled on mosunetuzumab Ph I trial
- **•** Complete response observed after 3 cycles of mosunetuzumab
- **•** Patient proceeded to allogeneic transplant after achieving a complete response on mosunetuzumab therapy

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**PET scan**

**Relapse following CAR-T therapy**

**Complete response following 3 cycles of mosunetuzumab**

**Clinical activity observed across multiple histologies including:**
- R/R FL, R/R DLBCL, R/R mantle cell lymphoma (MCL), transformed FL and Richter transformed CLL
- Durable complete responses observed in patients refractory to anti-CD20 antibodies and to chemotherapy
- Mosunetuzumab: Ph I monotherapy data in NHL to be presented at ASH 2018

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**CAR T cells=chimeric antigen receptor; R-CHOP=Rituxan, cyclophosphamide, doxorubicin, vincristine, prednisolone; R-ICE=Rituxan, ifosfamide, carboplatin, etoposide; HSCT=Hematopoietic stem cell transplantation**
Hemophilia A

Hemlibra provides transformational advance for hemophilia market

Severity & treatment-based segmentation

- Mild: ~25%
- Moderate: ~20%
- Severe: ~50%
- Inhibitor: ~5%

On-demand 50%

Prophylaxis 50%

PWHA moderate/severe

Needs-based segmentation

- Inhibitors: 5%
- Non-inhibitors with bleeds: 15%
- Non-inhibitors without bleeds: 45%
- Pediatric: 20%
- Mild: 10%
- Hemlibra target population: 75-80%

Total hemophilia A market growing to USD 13bn by 2024

PWHA=People with Hemophilia A; Source: Treated patients MORSE 2017 (prevalence), UKHDCO Annual Report 2016 and internal assumptions (treatment rate); 1 Source: Evaluate Pharma
Differentiation and market opportunities

Oncology

Hematology/Hemophilia A

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Multiple sclerosis

Summary
Ophthalmology
Innovating beyond Lucentis with novel MOAs and long acting delivery

High unmet medical need

- New MOAs needed to improve both efficacy and durability
- High treatment burden of anti-VEGF therapies in real world associated with suboptimal visual outcomes
- Growing market driven by aging population and incidence of diabetes

Roche has the broadest Ph III pipeline in retina

- Faricimab: First bi-specific antibody in ophthalmology
- PDS with ranibizumab: Breakthrough LAD platform significantly reduces the treatment burden, potentially improving real world treatment outcomes
- Significant future development efforts: Novel MOAs, new LAD platforms, and personalized healthcare/digital approaches

Total retina medical market USD ~10bn in 2017

LAD=long-acting delivery; MOA=mode of action; 1 F.G. Holz et al., Br J Ophthalmol 2015; 2 Evaluate Pharma
Influenza A & B

**Baloxavir marboxil** with first new MOA in 20 years

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**Potential to be first in disease in High Risk and Hospitalized Influenza Patients**

- **Initial Launch**
  - Positive CAPSTONE-2 study
  - Data to be presented at ID-Week in Oct

- **Future Growth**
  - Activity against Tamiflu resistant strains & avian strains
  - Potential for reduced transmission

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**Peak revenue opportunity > CHF 1bn**

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*Baloxavir marboxil was discovered by Shionogi & Co., Ltd. and is being developed globally by the Roche Group (which includes Genentech in the U.S.) and Shionogi & Co., Ltd. Under the terms of this agreement, Roche holds worldwide rights to baloxavir marboxil excluding Japan and Taiwan, which will be retained exclusively by Shionogi & Co., Ltd.*
Differentiation and market opportunities

Oncology

Hematology/Hemophilia A

Ophthalmology & infectious diseases

Multiple sclerosis

Summary
Multiple sclerosis
Goal to be market leader in MS

Ocrevus uniquely differentiated in RMS & PPMS

- **Efficacy**
  - RMS: Superior to SOC DMT
  - PPMS: First therapy to show efficacy in setting

- **Safety**
  - 50,000+ patients; 4-year safety data presented; no PML cases related to drug

- **Convenience**
  - IV – twice yearly

- **Access**
  - Priced below or similar to high efficacy therapies, broad payer coverage in US, reimbursement ongoing in EU

Strong launch indicators and growth potential

MS projected revenue uptake curves

- Ocrevus
- Tecfidera
- Gilenya
- Aubagio
- Tysabri

US new/switch patient share

- 32% Ocrevus
- Copaxone (incl. generic)
- ABREPS
- Tysabri
- Tecfidera
- Aubagio
- Gilenya
- Other

- **10%** US: Total Patient Market Share
  - March 2018

- **#1** New MS prescription in US
  - As of March 2018

- **70/30** Sales split: RMS/PPMS
  - HY 2018

Total MS market USD ~23bn in 2017

SOC=Standard of Care; RMS=Relapsing Multiple Sclerosis; PPMS=Primary Progressive Multiple Sclerosis; DMT=disease modifying therapy; 1 Source: Evaluate Pharma 2. US IMS and Symphony claims data Q1’18
Differentiation and market opportunities

Oncology

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Summary
Near term pipeline carries significant revenue potential

<table>
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<th>Submission</th>
<th>Molecule</th>
<th>Indication</th>
<th>Market opportunity</th>
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<tbody>
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<td>Hemlibra</td>
<td>Hemophilia A, non-inhibitors</td>
<td>Small: up to CHF 0.5 bn</td>
</tr>
<tr>
<td></td>
<td>polatuzumab vedotin</td>
<td>R/R DLBCL</td>
<td>Medium = CHF 0.5 to CHF 1bn</td>
</tr>
<tr>
<td></td>
<td>Venclexta</td>
<td>1L AML</td>
<td>Large &gt; CHF1bn</td>
</tr>
<tr>
<td></td>
<td>Tecentriq</td>
<td>1L NSq NSCLC</td>
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<td>1L RCC</td>
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<td>Venclexta</td>
<td>R/R MM</td>
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<tr>
<td></td>
<td>Tecentriq + Avastin</td>
<td>1L HCC</td>
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<tr>
<td>2019</td>
<td>ipatasertib</td>
<td>1L CRPC, 1L TNBC, HER2-/HR+ BC</td>
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<tr>
<td></td>
<td>Tecentriq</td>
<td>1L mUC</td>
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<td>Tecentriq</td>
<td>CRPC</td>
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<td>Tecentriq + Avastin</td>
<td>1L OC</td>
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<tr>
<td>2020</td>
<td>polatuzumab vedotin</td>
<td>1L DLBCL</td>
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<tr>
<td>2021</td>
<td>polatuzumab vedotin</td>
<td>1L DLBCL</td>
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<tr>
<td></td>
<td>Tecentriq + Avastin</td>
<td>1L RCC</td>
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<tr>
<th>Submission</th>
<th>Molecule</th>
<th>Indication</th>
<th>Market opportunity</th>
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<tbody>
<tr>
<td>2018</td>
<td>baloxavir marboxil</td>
<td>Influenza A &amp; B</td>
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<tr>
<td>2019</td>
<td>satralizumab</td>
<td>Neuromyelitis optica</td>
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<td>2020</td>
<td>risdiplam</td>
<td>SMA</td>
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<td>anti-myostatin</td>
<td>DMD</td>
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<td>crenezumab</td>
<td>Alzheimer’s disease</td>
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<tr>
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<td>HTT-ASO</td>
<td>Huntington’s disease</td>
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<td>balovaptan</td>
<td>Autism</td>
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<td>etrolizumab</td>
<td>UC/CD</td>
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</tr>
</tbody>
</table>

- **Oncology / Hematology**
- **Ophthalmology**
- **Neuroscience**
- **Immunology**
- **Infectious disease**
2018 update: Positive outlook confirmed

**NMEs launched**
Perjeta, Kadcyla, Gazyva, Esbriet, Cotelpic, Alecensa, Venclexta, Tecentriq, Ocrevus, Hemlibra

**Upcoming NME launches**
baloxavir marboxil, polatuzumab vedotin, entrectinib, idasanutlin, satralizumab, ipatasertib, H+P SC, mosunetuzumab, HTT-ASO, risdiplam, balovaptan, crenezumab, gantenerumab, faricimab, PDS, etrolizumab

**Recently launched / pipeline**
Doing now what patients need next