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.

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Welcome

**Karl Mahler** | Head of Investor Relations
Agenda

Welcome
Karl Mahler, Head of Investor Relations

Roche Hematology Strategy
Key data in CLL and AML
Sandra Horning, M.D., Chief Medical Officer and Head Global Product Development

Key data in NHL
Nancy Valente, M.D., Vice President, Global Head of Hematology Development

Key data in Hemophilia A
Gallia Levy, M.D., Ph.D., Group Medical Director, Hemlibra Global Development Leader

Q&A
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, mosunetuzumab aCD20/CD3 TCB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herceptin</td>
<td>Perjeta, Kadcyla, H+P SC</td>
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<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>Xofluza</td>
</tr>
</tbody>
</table>

**Entering new franchises**

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

**ASH Data Highlights**

- Gazyva: GALLIUM 4-year update
- Venclexta: MURANO 3-year MRD data
- Venclexta: 1L unfit AML
- Venclexta: CAVALLI 1L DLBCL
- Venclexta + idasanutlin: R/R AML
- Polatuzumab: R/R DLBCL
- Mosunetuzumab & CD20/CD3 TCB: R/R NHL

SMA=spinal muscular atrophy; NMO=Neuromyelitis Optica Spectrum Disorders; SC=subcutaneous; H+P=Herceptin+Perjeta; NHL=non-hodgkin’s lymphoma; AML=acute myeloid leukemia; MRD = minimal residual disease; DLBCL = diffuse large B-cell lymphoma
## 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>
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<tr>
<td></td>
<td>entrectinib</td>
<td>(ROS1+ NTRK+ solid tumors)</td>
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<tr>
<td></td>
<td>balovaptan</td>
<td>(Autism spectrum disorders)</td>
</tr>
<tr>
<td></td>
<td>polatuzumab vedotin + BR</td>
<td>(R/R DLBCL)</td>
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<tr>
<td></td>
<td>Venclexta + LDAC</td>
<td>(1L unfit AML)</td>
</tr>
<tr>
<td></td>
<td>Zelboraf</td>
<td>(BRAF-mutated ECD)</td>
</tr>
<tr>
<td></td>
<td>Rituxan</td>
<td>(Pemphigus vulgaris)</td>
</tr>
<tr>
<td>2017</td>
<td>Actemra</td>
<td>(Giant cell arteritis)</td>
</tr>
<tr>
<td></td>
<td>Alecensa</td>
<td>(1L ALK+ NSCLC)</td>
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<tr>
<td></td>
<td>Ocrevus</td>
<td>(PPMS)</td>
</tr>
<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>
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<tr>
<td>2016</td>
<td>Actemra</td>
<td>(Systemic sclerosis)</td>
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<td></td>
<td>Tecentriq</td>
<td>(NSCLC)</td>
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<tr>
<td></td>
<td>Venclexta</td>
<td>(R/R CLL 17p del)</td>
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<td>Hemlibra</td>
<td>(Hemophilia A inhibitors)</td>
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<tr>
<td>2015</td>
<td>Esbriet</td>
<td>(IPF)</td>
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<tr>
<td></td>
<td>Lucentis</td>
<td>(Diabetic retinopathy)</td>
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<tr>
<td></td>
<td>Tecentriq</td>
<td>(Bladder)</td>
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<tr>
<td>2014</td>
<td>Alecensa</td>
<td>(2L ALK+ NSCLC)</td>
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<tr>
<td></td>
<td>Gazyva</td>
<td>(1L CLL)</td>
</tr>
<tr>
<td>2013</td>
<td></td>
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## Current priority reviews granted

<table>
<thead>
<tr>
<th>Year</th>
<th>Molecule</th>
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<tbody>
<tr>
<td></td>
<td>Venclexta + HMA/LDAC</td>
<td>(1L unfit AML)</td>
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<tr>
<td>YTD</td>
<td>MabThera</td>
<td>(Pemphigus vulgaris)</td>
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<td>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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<td>Tecentriq + Avastin</td>
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<td></td>
<td>Xolair</td>
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<td>Tecentriq</td>
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## Breakthrough Device Designation

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<thead>
<tr>
<th>Year</th>
<th>Device</th>
<th>Intended use</th>
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<td>2014</td>
<td>Elecsys® β-Amyloid + p-Tau Cerebro Spinal Fluid assays</td>
<td>(AD: PET concordance)</td>
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<tr>
<td></td>
<td>sFlt + PLGF</td>
<td>(Preeclampsia: rule-out within 1w)</td>
</tr>
<tr>
<td>2018</td>
<td>FACT CDx (liquid biopsy assay)</td>
<td>(70 oncogenes + MSI + bTMB)</td>
</tr>
<tr>
<td></td>
<td>cobas® EBV</td>
<td>(EBV in transplant patients)</td>
</tr>
<tr>
<td></td>
<td>cobas® BKV</td>
<td>(BKV in transplant patients)</td>
</tr>
<tr>
<td></td>
<td>CoaguChek Direct-X</td>
<td>(patients on Factor Xa)</td>
</tr>
</tbody>
</table>
Roche Hematology Strategy

Sandra Horning, M.D. | Chief Medical Officer and Head Global Product Development
Roche positioned to maintain market leadership in hematology

**Broad portfolio**
- Largest hematology portfolio across indications and asset classes (bispecifics, ADCs, small molecules, etc.)

**Differentiated Combinations**
- Portfolio breadth enables opportunity for intra-portfolio combinations, including:
  - Gazyva + Venclexta (1L CLL)
  - Venclexta + Idasanutlin (R/R AML)
  - Polatuzumab + Mosun (FL/DLBCL)

**Innovation and Acceleration**
- Develop early endpoints (e.g. MRD)
- Innovative trial design: Hemlibra intrapatient comparison
- Fast to market strategies: Venclexta accelerated approval in AML on PhIb/II data

ADC=antibody drug conjugate; MRD=minimal residual disease; FL = follicular lymphoma; DLBCL = Diffuse large b-cell lymphoma; CLL=chronic lymphoid leukemia; AML=acute myeloid leukemia; Venclexta in collaboration with AbbVie
**Broadest hematology portfolio with 14 assets under development**

<table>
<thead>
<tr>
<th>Asset</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
<th>Approved</th>
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<tr>
<td>Rituxan / Rituxan SC</td>
<td>aNHL, iNHL, CLL</td>
<td></td>
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<tr>
<td>Gazyva</td>
<td>CL, iNHL</td>
<td>FL (aNHL)</td>
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<tr>
<td>Venclexta*</td>
<td>CL, iNHL</td>
<td>MM</td>
<td>MDS</td>
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<td></td>
<td>DLBCL (aNHL)</td>
<td>FL (NHL)</td>
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<td></td>
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<td>Polatuzumab vedotin</td>
<td>DLBCL (aNHL)</td>
<td>FL (NHL)</td>
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<tr>
<td>Idasanutlin</td>
<td>AML</td>
<td></td>
<td></td>
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<tr>
<td>Mosunetuzumab (aCD20/CD3 TCB1)</td>
<td>FL, DLBCL, MCL</td>
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<td></td>
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</tr>
<tr>
<td>aCD20/CD3 TCB2</td>
<td></td>
<td>Hematological tumors</td>
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<tr>
<td>Tecentriq</td>
<td>NHL, MM</td>
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<td>Cotelic</td>
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<td>RG6107, SKY59</td>
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<td>Hemlibra</td>
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<td>Hemophilia A – Inhibitor, Non-Inhibitor, Pediatric</td>
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<td></td>
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*Venclexta in collaboration with AbbVie; Polatuzumab vedotin in collaboration with Seattle Genetics; Cotellic in collaboration with Exelixis; NHL=non-hodgkin`s lymphoma; FL = follicular lymphoma; CLL=chronic lymphoid leukemia; MM=multiple myeloma; MDS=myelodysplastic syndrom; AML=acute myeloid leukemia; MCL=mantle cell lymphoma; PNH = Paroxysmal nocturnal hemoglobinuria

= early filing in 2018
Building upon our leadership and experience in hematology

Continuing to redefine the standard of care in B-cell malignancies

- CLL 13%
- aNHL (DLBCL) 37%
- MDS 7%
- MM 17%
- AML 9%
- ALL 9%
- INHL 37%

polatuzumab
mosunetuzumab
CD20/CD3 TCB

Expanding into new hematologic diseases with transformative therapies

Non-malignant heme

- SKY59

- idasanutlin

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; Venclexta in collaboration with AbbVie
Defining and redefining the standard of care in B-cell malignancies

Hematology market

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

**Advancing B-cell biology for over 20 years, with novel MOAs**

**CLL treatment evolution**
- 1997: chemotherapy (CHOP/benda)
- 2009: chemotherapy (chlorambucil)
- 2013: mosunetuzumab CD20/CD3 TCB + chemotheraphy (chlorambucil)
- 2019 (est.): to be confirmed, polatuzumab +R-chemo, mosunetuzumab CD20/CD3 TCB + chemotheraphy (chlorambucil)

**DLBCL treatment evolution**
- 1997: Rituxan +R-chemo
- 2009: Rituxan +Clb
- 2013: Gazyva +Clb
- 2019 (est.): Venclexta in collaboration with AbbVie

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
Expanding to hematologic cancers with high unmet need

Hematology market

Establishing new standards in diseases which have not seen new approvals in decades

1L AML unfit treatment evolution

R/R AML treatment evolution

Chemotherapy (LDAC/HMAs)

2018

To be confirmed

Idasanutilin

Chemotherapy (IDAC)

Total MM & AML market growing to USD 25bn & 7bn, respectively by 2024

AML=Acute Myeloid Leukemia; MM=Multiple Myeloma; R/R=relapsed refractory; HMA=hypomethylating agent; LDAC=low dose cytarabine; IDAC=intermediate dose cytarabine

1 Datamonitor: incidence rates includes the 7 major markets (US, Japan, France, Germany, Italy, Spain, UK); 2 Evaluate Pharma; Venclexta in collaboration with AbbVie
Bringing transformative therapies to non-malignant hematology

Hemophilia patient overview

Inhibitors
Non-inhibitors with bleeds
Paediatric
Non-inhibitors without bleeds
Mild

Hemlibra transforming care for patients with and without inhibitors

Hemophilia (inhibitor) treatment evolution

Hemophilia (non-inhibitor) treatment evolution

Total hemophilia A market growing to USD 13bn by 2024

1. Data from internal estimates 2. Evaluate Pharma
Deep MRD negative responses seen across multiple diseases and predictive of longer term outcomes

Potential for fixed treatment courses

- MRD-negativity associated with prolonged PFS in CLL

R/R CLL¹

Venclexta + Rituxan (MURANO)

1 Kater A., et al, ASH 2018; 2 Pott C., et al, ASH 2018; 3. MRD= minimal residual disease; AML=acute myeloid leukemia; R/R=relapsed refractory; FL=follicular lymphoma; CLL=chronic lymphocytic leukemia; HMA=hypomethylating agent; PFS=progression free survival; OS=overall survival; Venclexta in collaboration with AbbVie

- MRD-negativity associated with prolonged PFS in FL

1L FL²

Gazyva + chemo (GALLIUM)

- MRD-negativity associated with prolonged OS in AML

1L unfit AML³

Venclexta + HMAs
Key data in CLL and AML

Sandra Horning, M.D. | Chief Medical Officer and Head Global Product Development
Venclexta label in R/R CLL updated to include MRD data

Hematology market

- Venclexta approved by FDA (June ’18) and EMA (Nov’18) in R/R CLL
- Listed on NCCN guidelines (Category 1 preferred)

Phase III MURANO: MRD negativity maintained over time in R/R CLL

- VenR achieved higher rate of PB uMRD than BR (62% vs. 13%)
- MRD negativity after treatment was highly predictive of longer PFS in both treatment arms

Positive Ph III data from Gazyva+Venclexta in 1L unfit CLL (CLL14) to be filed with health authorities

Kater A. et al., ASH 2018; PB MRD = peripheral blood minimal residual disease; CLL = chronic lymphocytic leukemia; R/R = relapsed refractory; 1 Datamonitor: incidence rates includes the 7 major markets (US, Japan, France, Germany, Italy, Spain, UK); NCCN = National Comprehensive Cancer Network; PFS = Progression-free survival; Venclexta in collaboration with AbbVie.
Venclexta demonstrated CR rates which were approximately double those of historical standards of care in 1L unfit AML

- ~50% of 1L AML patients are unfit for intense chemotherapy
- FDA approval granted Nov. 2018 for Venclexta+HMA/LDAC in 1L unfit AML; two confirmatory Ph 3 trials ongoing
- Promising early activity in R/R AML in combination with idasanutlin also presented

**Hematology market**

**Incidence rates**

- MM 17%
- MDS 7%
- ALL 5%
- AML 37%
- CLL 13%
- DLBCL 37%

**Results from M14-358 PhIII trial in 1L Unfit AML**

**Cross trial comparison with Azacitadine (standard of care)**

<table>
<thead>
<tr>
<th></th>
<th>Ven (400mg) + azacitadine</th>
<th>Ven (400mg) + decitabine</th>
<th>azacitadine (historical data)</th>
</tr>
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<tbody>
<tr>
<td>CR</td>
<td>44%</td>
<td>55%</td>
<td>~20%</td>
</tr>
<tr>
<td>CR+CRi</td>
<td>71%</td>
<td>74%</td>
<td>~28%</td>
</tr>
<tr>
<td>MRD-negative</td>
<td>48%</td>
<td>39%</td>
<td>N/A</td>
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<tr>
<td>mOS</td>
<td>16.9m</td>
<td>16.2m</td>
<td>10.4m</td>
</tr>
</tbody>
</table>

- Dombert H., et al., International phase 3 study of azacitidine vs conventional care regimens in older patients with newly diagnosed AML with >30% blasts. Blood. 2016;126 (3): 291-299; MRD<10^−3 Venclexta in collaboration with AbbVie
Key data in NHL (DLBCL, FL)

Nancy Valente, M.D. | Vice President, Global Head of Hematology Development
Gazyva becoming established as SOC in 1L FL
Strong PFS benefit consistently maintained at 4-years

- Gazyva approved in more than 70 countries for 1L FL and listed on NCCN guidelines

Hematology market

Ph III GALLIUM data update in 1L FL

- Gazyva+chemo provided a meaningful improvement in PFS and TTNT compared to R-chemo (4-yr TTNT 84.2% vs. 76.7%)
- Higher MRD response rate at EOI was sustained during maintenance and prognostic of longer term outcomes
- OS data remain immature with over 90% survival in both arms at 4-years (92.6% vs. 90.3%)

Townsend W. et al., ASH 2018; MRD=minimal residual disease; FL= follicular lymphoma; OS = Overall survival, PFS = Progression-free survival, TTNT = Time to next treatment; EOI= End of induction; HR= Hazard ratio; 1 Datamonitor: incidence rates includes the 7 major markets (US, Japan, France, Germany, Italy, Spain, UK); NCCN = National Comprehensive Cancer Network
Polatuzumab vedotin: the first and only randomized study to show a significant OS benefit in R/R DLBCL

**Polatuzumab vedotin overview**

- ADC designed for targeting toxic payload to cells expressing CD79b
- Fast and universal off-the-shelf solution compared to CAR T cells

**Phase II update (GO29365) in R/R DLBCL**

- Positive CR, PFS, and OS benefit for pola+BR vs BR; with over 1 year mOS (12.4 vs. 4.7 mos)
- Safely administered in combination with BR, and may be used as stand-alone treatment or potentially as a bridge to consolidative therapies
- Accelerated filing in R/R DLBCL ongoing; Ph III trial in 1L DLBCL (POLARIX) ongoing

Sehn L. H. et al., ASH 2018; ADC=antibody drug conjugate; CAR T cells=chimeric antigen receptor; DLBCL=diffuse large B-cell lymphoma; PFS=progression free survival; OS=overall survival; HR=hazard ratio; CR=complete response; BR=bendamustine+Rituxan; Polatuzumab vedotin in collaboration with Seattle Genetics
Mosunetuzumab single agent efficacy and tolerability encouraging
Potential for combinations in earlier lines of therapy

Mosunetuzumab overview

- Anti-CD20/CD3 bispecific antibody simultaneously binds T cells and B cells
- Longer half-life than fragment-based drug formats
- Fast, universal off-the-shelf solution compared to CAR-T cells

Data from Ph I/Ib in NHL (Group B shown: dose escalation)

- Durable CRs as a single agent in late-line indolent and aggressive NHL
- CRs observed in patients refractory to R-CHOP and to CAR-T
- No relapses observed to date in R/R FL
- Safety profile appears tolerable; most AEs are mild, transient and reversible
- Combinations with chemo, atezo, and polatuzumab vedotin currently under investigation

Budde L., et al, ASH 2018; CAR T cells=chimeric antigen receptor; CR= complete response; SPD= sum of the product diameters; DLBCL= Diffuse large b-cell lymphoma; FL= Follicular Lymphoma
CD20/CD3 TCB offers novel bispecific approach with 2:1 format

Potential for combinations in earlier lines of therapy

Data from Ph 1b (600–16000µg dose level)

- Anti-CD20/CD3 bispecific antibody simultaneously binds T cells and B cells (unique 2:1 format)
- Longer half-life than fragment-based drug formats
- Fast, universal off-the-shelf solution compared to CAR T cells

Durable CRs as a single agent in late-line indolent and aggressive NHL
- CRs observed in patients refractory to R-CHOP
- No relapse in patients achieving CR as of time of data cut
- Safety profile appears tolerable; most AEs are mild, transient and reversible
- Dose escalation and combination studies with R-CHOP and Tecentriq ongoing; expansions to be initiated

Hutchings, M., et al, ASH 2018; CAR T cells=chimeric antigen receptor; CR= complete response rate; AE=adverse event; NHL=non-Hodgkin’s lymphoma; TCB=T=cell bispecific *aNHL includes FL Grade 3B, DLBCL, trFL, PMBCL, MCL, trMZL, RS and DLBCL/MCL
Key data from Hemlibra

Gallia Levy, M.D., Ph.D.  |  Group Medical Director,
Hemlibra Global Development Leader
Hemophilia A: Primary results from HAVEN2 study

**Hemlibra Development Overview**

- **HAVEN1**: Inhibitor patients
- **HAVEN2**: Pediatric patients with inhibitors
- **HAVEN3**: Non-inhibitor patients; Q2W dosing
- **HAVEN4**: Q4W dosing

**HAVEN2: pediatric patients (<12 years old) with inhibitors**

- Intra-individual comparison of Hemlibra prophylaxis vs prior BPA treatment

- 99% reduced risk of treated bleeds with Hemlibra compared with prior BPA treatment in intra-individual comparison (ABR: 0.2 vs 19.9, respectively)
- Of the 44 patients who started the study with a CVAD, 31 (70%) had their CVAD removed while on study
- Hemlibra was well tolerated, with no TMA, thromboembolic or fatalities events reported

**Clinically meaningful prevention or reduction in bleeds for patients of all ages on QW, Q2W and Q4W regimens**

Young, G., et al, ASH 2018; BPA= bypassing agents; ABR= Annual Bleed Rate (bleeds/patient/year); CVAD=central venous access device; TMA=thrombotic microangiopathy
Almost all patients in HAVEN3 and HAVEN4 preferred Hemlibra to their prior therapy

### HAVEN3 and HAVEN4 Patient Preferences

<table>
<thead>
<tr>
<th>Preference</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Prefer my old hemophilia treatment (IV)</td>
<td>99%</td>
</tr>
<tr>
<td>Prefer Emicizumab treatment (SC)</td>
<td>92%</td>
</tr>
<tr>
<td>Have no preference</td>
<td></td>
</tr>
</tbody>
</table>

- The most frequent reasons given for preference were ‘frequency of treatment was lower’ and ‘route of administration was easier.’
- All participants in both studies have chosen to continue Hemlibra beyond the primary analysis, including those who did not report favoring Hemlibra, thereby corroborating preference for Hemlibra.
- A strong preference for Hemlibra in patients who were previously receiving either episodic or prophylactic factor treatment may translate to improved adherence to prophylaxis and/or increased adoption of prophylaxis.
Doing now what patients need next