Roche
A long-term approach to innovation
William M. Burns, CEO Roche Pharma

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Value creation through innovation

Industry trends: drivers and challenges

A discussion of current and potential future company transforming products

Roche's core strengths

Focus on differentiated medicines pays off

A young and growing portfolio

<table>
<thead>
<tr>
<th>Value drivers</th>
<th>2001</th>
<th>2005</th>
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<tbody>
<tr>
<td>Sales (CHF bn)</td>
<td>10</td>
<td>22</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>MabThera</th>
<th>CHF 4 billion or more</th>
</tr>
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<tbody>
<tr>
<td>Tamiflu</td>
<td>CHF 1 billion or more</td>
</tr>
<tr>
<td>Pegasys</td>
<td>CHF 2 billion or more</td>
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<tr>
<td>Molecular Dx</td>
<td>CellCept</td>
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<tr>
<td>Avastin</td>
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<td>Herceptin</td>
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<tr>
<td>NeoRecormon/Epogin</td>
<td>Centralized Diagnostics</td>
</tr>
<tr>
<td>Diabetes Care</td>
<td>MabThera</td>
</tr>
</tbody>
</table>
Improved quality of business over time

Year over year - despite Roaccutane and Rocephin

Top 10 as % of pharma sales

Key products as % of pharma sales

H1 '02 H1 '03 H1 '04 H1 '05 H1 '06

H1 '02 H1 '03 H1 '04 H1 '05 H1 '06

1 respective 10 leading products in each period
2 Avastin, Boniva, CellCept, Herceptin, MabThera/ Rituxan, NeoRecormon/ Epogin, Pegasys, Tarceva, Xeloda

Operating profit

Continuous improvement for 5 years

CHF bn

Group continuing Pharmaceuticals Diagnostics


3.9 4.9 5.8 7.0 2.9 3.9 4.7 5.6 1.2 1.3 1.4 1.7 1.8

25.9% 23.5% 25.8% 22.5% 17.3% 22.6% 21.9% 27.6% 21.6% 18.0% 19.0% 21.5%

1 before exceptional items
Note: 2005 operating profits include expenses for equity-settled equity compensation plans (IFRS2); amortisation of actuarial gains/losses (IAS 19 revised) & the expected return on defined benefit plan assets and financing cost are removed from operating profits
Roche key therapeutic areas
Current and future pillars of growth

Oncology
- Xeloda
- Actemra
- Cellcept
- Avastin
- Herceptin
- Tarceva
- Omnitarg
- Mircera
- CellCept

Virology
- Tamiflu
- Pegylase
- Intronase, Fuzon
- R1626 (polym. inh.)

RA/Autoimmune
- MabThera
- Actemra
- Cellcept
- R1503 p38 kinase inh.
- R1658 (JTT-705)

Metabolic
- R1492

Neurology/Psychiatry
- R1492

ONHAND PROMISING EMERGING EARLY
LATE STAGE MID-TERM STAGE

Value creation through innovation
Industry trends: drivers and challenges
A discussion of current and potential future company transforming products
Roche's core strengths
N. America, Europe and Japan over 80% of HC spend
Growing elderly healthcare market

<table>
<thead>
<tr>
<th>Region</th>
<th>% World Population</th>
<th>% World HC Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>North America</td>
<td>5%</td>
<td>47%</td>
</tr>
<tr>
<td>European Union</td>
<td>6%</td>
<td>31%</td>
</tr>
<tr>
<td>Latin America</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Rest of Europe</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Africa, Australia, Oceania</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Japan</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>Europe</td>
<td>6%</td>
<td>31%</td>
</tr>
<tr>
<td>Rest of Asia</td>
<td>51%</td>
<td>4%</td>
</tr>
<tr>
<td>Rest of Asia</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Japan</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td>8%</td>
</tr>
</tbody>
</table>

HC spend by patients aged 65+ (US$ bn)

2004 | 2015

'04-'15 CAGR = 6.7%

Drug development in age-related diseases
Increasing significance

Roche focus

AGE-RELATED DISEASES

Roche focus

Markets with already proven solutions
Unmet medical need
**Higher premium for medically differentiated products**

*Low vulnerability to pricing and funding pressures*

**Vulnerability of portfolio to price pressure**

- Focus on clearly differentiated products can make less vulnerable to increasing pricing pressures
  - price controls
  - higher patient co-payments

- The high proportion of biopharmaceuticals can make less vulnerable to competition from generic products

**Cancer treatment outcomes**

*Substantial treatment progress in recent years*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>aNHL 1st line (PFS)</td>
<td>1993 - 2005</td>
</tr>
<tr>
<td>iNHL 1st line (PFS)</td>
<td>2001-2004</td>
</tr>
<tr>
<td>eBC (DFS)</td>
<td>2003-2005</td>
</tr>
<tr>
<td>mBC 1st line (OS)</td>
<td>1985 - 2005</td>
</tr>
<tr>
<td>mCRC (OS)</td>
<td>1993-2004</td>
</tr>
<tr>
<td>mNSCLC (OS)</td>
<td>1999-2003</td>
</tr>
</tbody>
</table>

**Median survival (months)**

5 10 15 20 25 30 35 40 45 50 55 60
Oncology is dramatically under funded
Compared to other disease areas

Total disease burden in DALYs
- Mental disease: 25.3%
- Cardiovascular: 17.1%
- Cancer: 16.7%
- Injuries: 8.7%
- Resp.: 5.9%
- Other: 20.3%

Total healthcare costs
- Cancer: 6.4%

Costs break down in Oncology (example: Germany)
- Drugs: 8%
- Ambulatory: 16%
- Inpatient hospital care: 67%
- Other: 9%

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

Partnering
Costs for in-licensing going up

Average cost of in-licensing (Rx) $m
- Average cost of in-licensing deals has risen at a 40% (CAGR) since 2000
- By 2010, 40% of Pharma peers’ revenues expected to come from external sources of innovation
Value creation through innovation

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Roche's core strengths

A discussion of current and potential future key sources for growth

Illustrative
A discussion of current and potential future key sources for growth

[Graph showing growth over time with key milestones and product mentions]

Herceptin

Sales surpassed CHF 1 bn in last quarter

• Approved for the use of Her2+ mBC and adjuvant BC (US approval pending)
• High growth rate driven by increased penetration in adjuvant breast cancer and launch in additional countries
• Further development in addition to hormonal therapy (filed in EU in October) and gastric cancer (phase III enrolling patients, filing planned for 2008)

1 local growth
**Herceptin adjuvant significantly improves survival**

*Full European launch in May 2006*

**Disease-free survival**

- **3-year DFS**
  - Events: [Diagram showing events], 1 year Herceptin = 80.6, Observation = 74.3
  - HR: 0.64, 95% CI: 0.54 to 0.76, p value <0.0001

**Overall survival**

- **3-year OS**
  - Events: [Diagram showing events], 1 year Herceptin = 92.4, Observation = 89.7
  - HR: 0.66, 95% CI: 0.47 to 0.91, p value 0.0115

**Oncology: sales in BC, CRC and NSCLC are estimated to have a market share of 50% in 2015**

**Estimated market sales split by indication in 2015**

- Breast 27%
- Lung 17%
- CRC 15%
- Others 15%
- Ovarian 3%
- Leukemia 9%
- Prostate 5%
- Lymphoma 7%

**Avastin: all main cancer types, in parallel**

- Establish Avastin as a backbone therapy for all major tumors
Avastin
Approved and launched for the treatment of mCRC and NSCLC (US)

Global sales

- Approvals pending for mBC (US and EU) and NSCLC (EU), and for mCRC in Japan
- Large development program underway including more than 40,000 patients to
  - label expansions to include several chemotherapy options in mCRC, mBC and NSCLC
  - test Avastin in other solid tumors

Avastin in metastatic breast cancer
Combined with paclitaxel proven to make a difference

Absolute difference in PFS/TTP from trials using combination therapy in HER2+ or HER2- (months)

NB: Progression Free Survival (PFS) for Avastin study while others are Time to Treatment Progression (TTP)
Our commitment to develop Avastin in metastatic breast cancer

<table>
<thead>
<tr>
<th>Study</th>
<th>HER 2 +ve</th>
<th>HER 2 -ve</th>
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<tbody>
<tr>
<td>Patient population</td>
<td>AVEREL phase III</td>
<td>E2100 phase III</td>
</tr>
<tr>
<td>Treatment regimen</td>
<td>Herceptin + Docetaxel ± Avastin</td>
<td>Paclitaxel ± Avastin</td>
</tr>
<tr>
<td>No of patients</td>
<td>320</td>
<td>722</td>
</tr>
<tr>
<td>Status</td>
<td>Started in Sep ’06</td>
<td>completed – superior PFS and improved OS with addition of Avastin</td>
</tr>
</tbody>
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Oncology: A rich phase III pipeline

Targeting main tumor types and use in early intervention

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<tr>
<th>ADJUVANT</th>
<th>MAINT.</th>
<th>1st LINE</th>
<th>2nd LINE</th>
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<td>Xeloda</td>
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<td>Herceptin mumC combo hormone</td>
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<td>Avastin mumC</td>
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<td>Herceptin mumC 1st line ext.</td>
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<tr>
<td>Avastin mumC 1st line combo</td>
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<tr>
<td>Avastin &amp; Herceptin mumC 1st line ext.</td>
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<tr>
<td>Avastin mumC 1st line combo</td>
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<tr>
<td>MabThera relapsed CLL</td>
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<td>Avastin prostate Ca</td>
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MabThera / Rituxan
Continued strong growth in oncology

- Four new indications approved this year
  - Including maintenance therapy following relapse (EU) and following 1st line (US) iNHL
- Ongoing Phase III trials in CLL

A discussion of current and potential future key sources for growth

Illustrative
Autoimmune diseases
Among the leading causes of death in young and middle aged women

Incidence autoimmune diseases
Per 10,000 PY

Sales to treat RA ($bn)¹

Autoimmune diseases: female predominance (~65%)
Affects ~5 to 8% of the population

¹ Source: Decision Resources, March 2005

Rheumatoid Arthritis - do we need better treatment?
Not all patients respond to current therapy

Gold standard therapy
anti-TNF + MTX

Only 1 of 3 patients receives significant benefit

ACR 70=70% Improvement in:
- Global disease activity - patient
- Global disease activity - physician
- Patient assessment of Pain
- Physical disability
- Acute phase reactants - CRP, ESR
Rheumatoid arthritis
Major players are active in this area—opportunities remain for novel therapies

Launched
- Enbrel
- MabThera
- Remicade
- Humira
- Actemra
- Belimumab
- Denosumab
- Ocrelizumab
- Cimzia
- Golimumab
- Orals
- Ora15
- Tnt115
- HuMax 20
- HuMax A
- HuMax B
- HuMax C

Developed
- Celltech/UCB
- Abott
- BMS
- J&J
- Genentech
- Roche
- HGS/CAT/GSK
- GenMab

MabThera/Rituxan
Roche’s first step in providing novel rheumatoid arthritis treatments

- The first and only B cell therapy in RA
- A monoclonal antibody that selectively targets a subset of B cells, leaving the immune system intact
- MabThera’s safety profile is established with more than 960,000 patient exposures in oncology and autoimmune disease
**MabThera in RA**

**Significant inhibition of radiographic progression at Week 56**

![Bar chart showing mean change in total Genant-modified Sharp score, joint space narrowing, and erosion score for Placebo (n=184) and Rituximab (n=273).]

- Total Genant-modified Sharp score: Placebo 1, Rituximab 0.99, p=0.0006
- Joint space narrowing: Placebo 0.41, Rituximab 0.59, p=0.0114
- Erosion score: Placebo 1.32, Rituximab 2.31, p=0.0046

Primary Analysis: Radiographs within time window, linear extrapolation from Week 24 for missing values

Keystone et al, EULAR 2006 (Abstract No. OPO016)

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**MabThera/Rituxan**

**Repeated courses improve outcome**

- Repeated courses of only 2 infusions every 6 to 12 months lead to improved mobility and reduced pain
- Repeat courses of MabThera provided improved efficacy
  - Remission rates doubled (6% to 13%)
  - ACR70 doubled (12% to 21%) - signs and symptoms of disease improved by 70% in patients treated with MabThera
Our commitment to develop MabThera in DMARD inadequate responders and MTX naïve patients

*Phase III program*

<table>
<thead>
<tr>
<th>Trial</th>
<th>Treatment</th>
<th>n</th>
<th>Endpoints</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MTX-IR SERENE</strong></td>
<td>MTX + placebo vs. MTX + MabThera 1g vs. MTX + MabThera 2g</td>
<td>495</td>
<td>Reduction in signs and symptoms</td>
</tr>
<tr>
<td><strong>MTX naïve (X-ray study) IMAGE</strong></td>
<td>MTX vs. MTX + MabThera 1g vs. MTX + MabThera 2g</td>
<td>852</td>
<td>Reduction in signs and symptoms</td>
</tr>
<tr>
<td><strong>MTX-IR Dose escalation MIRROR</strong></td>
<td>Rituximab 1g retx 1g vs. Rituximab 1g retx 2g vs. Rituximab 2g retx 2g</td>
<td>375</td>
<td>Effect of further courses and dose escalation</td>
</tr>
</tbody>
</table>

**EU Filing 2008**

Actemra - another opportunity to make a difference

*First-in-class biologic agent*

- Blocks interleukin-6 (IL-6), an important protein involved in the inflammation associated with RA
- This unique IL-6 inhibition is thought to impact both joints and the entire body
- Actemra is being developed in collaboration with Chugai in Japan
- Chugai have filed in Japan for RA in adults and systemic onset juvenile idiopathic arthritis (sJIA) in children
- Planned filing in US and EU is late 2007
Actemra substantially reduces joints damage (SAMURAI)
Radiographic data, mean scores

- Full analysis set
- \( p < 0.001 \)

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Actemra</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSS</td>
<td>(143)</td>
<td>(157)</td>
</tr>
<tr>
<td>JSN</td>
<td>(143)</td>
<td>(157)</td>
</tr>
<tr>
<td>ES</td>
<td>(143)</td>
<td>(157)</td>
</tr>
</tbody>
</table>

TSS: Total Sharp Score; JSN: Joint Space Narrowing; ES: Erosion Score

Actemra in Systemic juvenile idiopathic arthritis (sJIA)
Showing impressive results

A Japanese study confirmed:
- More than two thirds of patients achieved 70% improvement of symptoms
- More than three quarters of patients had 50% reduction in signs and symptoms of disease
Our commitment to develop Actemra in rheumatoid arthritis

**Phase III program**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>n</th>
<th>Patient population</th>
<th>Endpoints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actemra 4 mg + MTX MTX <strong>OPTION</strong></td>
<td>630</td>
<td>MTX partial responders</td>
<td>ACR 20 response at Wk 24</td>
</tr>
</tbody>
</table>
| Actemra 4 mg + MTX Actemra 8mg + MTX MTX **LITHE** | 1'170 | MTX partial responders | ACR 20 at Wk 24  
Sharp Score at Wk 52  
Sharp Score at Wk 104  
Physical function at Wk 104 |
| Actemra 8mg + DMARDs DMARDs **TOWARD** | 1'200 | DMARD partial responders | ACR 20 response at Wk 24 |
| Actemra 4 mg + MTX Actemra 8mg + MTX MTX **RADIATE** | 570 | Anti-TNFα failures | ACR 20 response at Wk24 |
| Actemra 8 mg MTX **AMBITION** | 550 | MTX naive | ACR 20 response at Wk 24 |

*EU and US filing in 2007*

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**R1503: p38 kinase inhibitor**

*First oral “anti-TNF” treatment*

- **MAP kinases** are a group of serine/threonine protein kinases that are activated in response to a variety of extracellular stimuli and mediate signal transduction for cellular inflammatory response
- **P38 kinase**
  - the newest member of MAP kinase family
  - it is activated in response to inflammatory cytokines and endotoxins
- **R1503 phase II**
  - started Q4’05
  - randomized, double-blind, placebo-controlled
  - dose-ranging
  - First data available mid-2007
RA therapies can also work in other autoimmune diseases

*A recent example*

**Multiple Indications**

- Approved indications
  - Crohn’s Disease (1998)
  - Rheumatoid Arthritis (1999)
  - Juvenile rheumatoid arthritis (2004)
  - Psoriasis (2004)
  - Psoriatic arthritis (2004)

- Indications in development
  - Ulcerative colitis (Ph III)
  - Asthma (Ph II)
  - COPD (Ph II)
  - Cachexia (Ph II)
  - Etc….

**One drug**

- MabThera
  - Approved 1998
  - Centocor, J&J
  - $2.3 bn in 2005

**Summary – Roche in autoimmune diseases**

**MabThera**

- Launched in RA anti-TNF inadequate responders in US and EU
- Phase III in RA MTX inadequate responders on track, filing EU 2008
- Phase III for repeated treatment courses on track, additional filing EU 2008

**Actemra**

- Japanese phase III in DMARD inadequate responders met primary endpoints – filed in J
- Phase III in RA MTX IR, DMARD IR (RoW) on track, recruitment to complete by end 2006
- Global filing 2007

**CellCept**

- Phase III in Lupus Nephritis completed recruitment, filing 2007

**MabThera**

- Phase III in LN, PPMS, ANCA ass. vasculitis and SLE ongoing

**Ocrelizumab**

- Phase II trial met primary and secondary endpoints, to be presented at ACR ’06
- Phase III program to be finalized and initiated soon

**R1503 (p38 kinase inhibitor)**

- Phase II in RRMS met primary endpoints

**Phase 1**

- 7 compounds in development for autoimmune diseases

**4 phase III projects**

**3 phase II projects**
A discussion of current and potential future key sources for growth

Cardiovascular diseases/ dyslipidemia

*JTT-705/ R1658*

- Roche and Japan Tobacco signed agreement for development and commercialization in October 2004
  - Roche has exclusive worldwide rights, excluding Japan and Korea
- Clinical efficacy data confirms benefits of CETP inhibition in hyperlipidemia/ dyslipidemia
- Well-tolerated, with a similar overall safety profile to placebo
- Phase II in dyslipidemia (combination with pravastatin)
  - primary endpoint: percentage and absolute change from baseline at Week 12 in HDL-C level (efficacy)
  - already seen encouraging efficacy data
  - safety trial ongoing

Go/ no go decision for phase III in 2007
**JTT-705/ R1658 in combination with pravastatin**

*Lipid effects*

**Pravastatin administered for 12 weeks; JTT-705 administered for the last 4 weeks**


A discussion of current and potential future key sources for growth

Illustrative

In-house R&D
Collaborations
In-licensing
Oral anti-diabetic treatment market worth $9 bn in 2005
Forecasted growth driven by emerging new products classes addressing current shortcomings

Market forecast oral anti-diabetic products ($bn)

Source: Roche analysis, Wood Mackenzie, IMS data

Glucagon-like peptide (GLP-1)
Important therapeutic target for type 2 diabetes
BIM-51077/ R1583 (GLP-1)

- Developed by Ipsen
  - opted-in July 2006
- Good safety profile, no antibodies against BIM-51077
- Significant and rapid effect on 24h blood glucose following infusion
  - effect maintained over 28 days without desensitization
- Sustained effect on fasting blood glucose over 28 days
- Trend to increase insulin secretion, to decrease HbA1c, and decrease body weight and appetite

Start of phase II (sustained release formulation) early ‘07
Frequency of administration planned to study: once a week and beyond
Type 2 Diabetes

Glucokinase Activator (GKAs)

- Glucokinase: key enzyme regulating whole body glucose homeostasis
- Genetic loss of GK activity in humans leads to early diabetes
- GKAs address 2 of the underlying pathologies in T2D
  - impaired insulin secretion
  - increased liver glucose production

R1440 (GKA)

First in class molecule

- **First in class molecule**
- Phase II ongoing in type II diabetes
  - four studies currently running (mono or combo with metformin, safety combo with sulfonylurea, titration study)
  - initiated in Q4’05

- **Main benefits of this class**
  - oral
  - addresses two underlying pathogenic mechanisms of type II diabetes

First data in 2007
Filing planned in 2009
**Summary - Roche in diabetes**

*Major decision points within the near future*

**R1583 (GLP-1)**
- Phase II data on immediate release formulation presented at ADA’06
- Start of phase II with sustained release formulation early 2007
- Filing post 2009

**R1440 (GKA)**
- Phase II started Q4’05
- First phase II data available 2007
- Filing 2009

**Phase I**
- 2 compounds in development for T2D
- 2 compounds in development for dyslipidemia

**Phase 0**
- 4 compounds in development for metabolic/ CV diseases

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**A discussion of current and potential future key sources for growth**

![Diagram showing growth and potential future key sources](image)
Global anemia market

Total of 12.2 bio CHF in 2005\(^1\)

<table>
<thead>
<tr>
<th></th>
<th>Dialysis</th>
<th>Not on dialysis</th>
<th>Oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td>RoW</td>
<td>1.6</td>
<td>0.5</td>
<td>1.7</td>
</tr>
<tr>
<td>US</td>
<td>3.3</td>
<td>1.6</td>
<td>3.5</td>
</tr>
</tbody>
</table>

CHF 4.9 bn CHF 2.1 bn CHF 5.2 bn

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Overview of MIRCERA phase III trials

A comprehensive renal clinical program

<table>
<thead>
<tr>
<th>ESA-naïve patients</th>
<th>ESA-treated patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>CKD† SC ARCTOS Study (BA16738)</td>
<td>Dialysis IV AMICUS Study (BA16736)</td>
</tr>
<tr>
<td>MIRCERA 1x/2wk 1x/4wk</td>
<td>MIRCERA 1x/2wk 1x/4wk</td>
</tr>
<tr>
<td>Darbepoetin 1x/wk</td>
<td>Epoetin 1-3x/wk</td>
</tr>
</tbody>
</table>

Dialysis IV MAXIMA Study (BA16739) | Dialysis SC PROTOS Study (BA16740) | Dialysis IV STRIATA Study (BA17283) | Dialysis IV/SC PFS RUBRA Study (BA17284)
| MIRCERA 1x/2wk | MIRCERA 1x/2wk 1x/4wk | MIRCERA 1x/2wk 1x/4wk |
| Epoetin 1-3x/wk | Epoetin 1-3x/wk | Darbepoetin 1x/wk, 1x/2wk |

Darbepoetin 1x/wk | Epoetin 1-3x/wk |
| MIRCERA 1x/2wk |

Schedule for conversion

Presented at ERA-EDTA 2006

Chair, presented at ASN 2006

To be presented at ASN 2006

\(\text{†}\) Patients with CKD not on dialysis

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\(^1\) excl. Japan, Australia

NA: North America excl. Canada; RoW excludes U.S., Canada, Australia, and Japan

MIRCERA

Largest clinical study program ever in renal anaemia: 2,700 patients in 29 countries

Addresses medical need
- Investigates MIRCERA long dosing intervals up to once monthly

Comprehensive clinical trial programme
- Compares MIRCERA with currently prescribed ESAs
- Examines patients
  - on dialysis / not on dialysis
  - ESA-naïve / previously-treated
  - IV / SC administration

Current filings for renal anemia
- **USA**
  - Biological License Application (BLA) in April ’06
- **EU**
  - European Marketing Authorization Application in April ’06
- **CH**
  - New Drug Submission to Swissmedic in May ’06
- **Canada**
  - New Drug Submission Biologics, Radiopharmaceuticals and Genetic Therapies Directorate, Health Canada in May ’06

Program reflects Roche’s leadership position

Value creation through innovation

Industry trends: drivers and challenges

A discussion of current and potential future company transforming products

Roche’s core strengths
2006/7: Further strong newsflow expected

Oncology: 4 phase III, 2 phase II, 3 phase I

Avastin
- EU filing mCRC label extension
- Phase III data available AVOREN, CALGB 90206 (RCC)
- Final analysis AVAL (NSCLC)
- Recruitment completed AVANT (adj. CC), AVADO (mBC)
- Start of phase III in adj. NSCLC, ovarian Ca

Xeloda
- Global filing mCRC label extension
- Final analysis mCRC 2nd line

MabThera
- Recruitment completed PRIMA (NHL 1st line maint.)

Omnitarg
- Phase II data available
  - R1492/R1584 (EpoD)
  - Go/No go decision for phase III and II
  - R547 (CDK-inh)
  - Go/No go decision for phase II

R1530 (MAI)
- Go/No go decision for phase II

Anemia

Mircera
- Phase III correction data to be presented at ASN’06

Autoimmune diseases: 6 phase III, 1 phase II

Actemra
- Final analysis of 4 phase III trials (RA)
- Recruitment completed LITHE (RA)

MabThera
- Recruitment completed SERENE and SUNRISE (RA)
- Phase II data (HERMES) in RRMS to be presented
- Go/No go decision for phase III in RRMS

CellCept
- Final analysis phase III Lupus Nephritis
- Final analysis phase III Myasthenia Gravis

Ocrelizumab
- Phase II (ACTION) to be presented at ACR’06
- Start of phase III in RA

R1503 (p38 kinase inh)
- First phase II data available

To be completed until mid ’07:
10 phase III projects
5 phase II projects

Metabolic/ Cardiovascular diseases: 2 phase II

R1440 (GKA)
- First phase II data available

R1658 (CETP inh)
- Phase II completed
- Go/No go decision for phase III

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10 phase III projects
5 phase II projects
Low generic risk
*Long-term sustainable business*

Sales erosion due to generisation (% of 2004 sales)

- **Roche**
- **Average European peers**

Roche: unique geographic risk diversification

- USA
- (Greater) Europe
- Japan
- Asia China
- Latin America

Roche: unique “pillars of value” risk diversification

- Tamiflu
- Boniva
- Actemra
- Avastin in CRC
- Herceptin
- Tarceva
- Xeloda
- NeoRecormon
- Pegasys
- MabThera in RA
- CellCept
- Diabetes Care
- Immuno-Diagnostics
- MabThera
- Molecular Diagnostics
- Miricra
- Avastin in NSCLC
- Avastin in BC
- JTT-705 (R1668)
- GLP-1 (R1583)
- Future pillars