

## **Roche: Committed to innovation and profitable growth**

Dr. Alan Hippe, CFO Roche

San Francisco, January 2012



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



### **Financial performance**

### **Challenges and answers**

**Strong position** 



## **HY 2011: Group performance**Core EPS growth +10%<sup>1</sup>

CHF m			%C	hange
	2010	2011	CHF	LC
Sales	24,636	21,671	-12	0
Core operating profit	9,159	8,251	-10	+5
as % of sales	<i>37.2</i>	38.1		
Core net income	6,062	5,821	-4	+11
as % of sales	24.6	26.9		
Attributable to Roche shareholders	5,965	5,697	-4	
Core EPS (CHF)	6.95	6.68	-4	(+10)
IFRS net income	5,565	5,259	-5	+10
as % of sales	22.6	24.3		

<sup>&</sup>lt;sup>1</sup> local currency

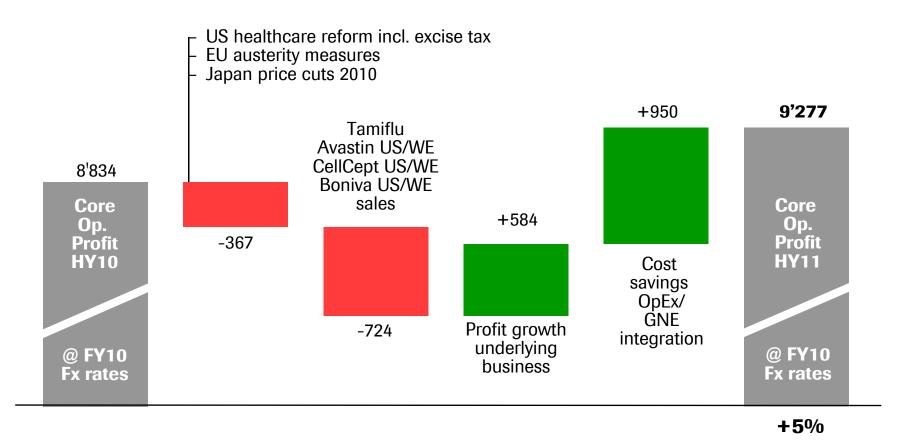


## YTD Sept 2011: Group sales Supporting full-year guidance, strong currency impact

			change	e in %	E	cluding
CHF bn	2010	2011	CHF	CER	-	<b>Tamiflu</b> <sup>1</sup>
Pharmaceuticals Division	28.4	24.4	-14	-1		+1
Diagnostics Division	7.7	7.1	-8	+6		
Roche Group	35.3	31.5	-13	0		+2



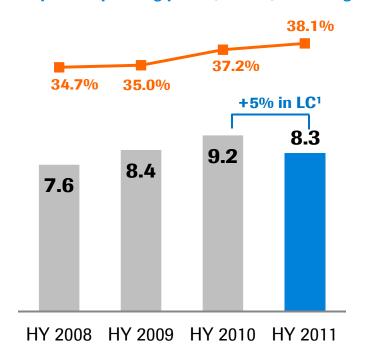
## HY 2011: Core operating profit development Profit growth driven by productivity improvements



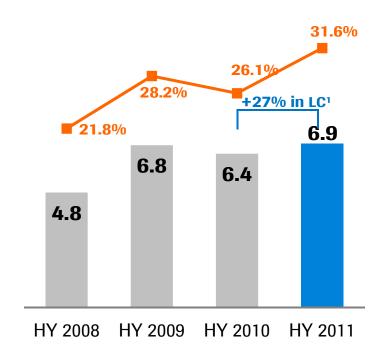


## Continuous improvement on cash flow and profitability over the years

Group core operating profit (CHF bn) and margin



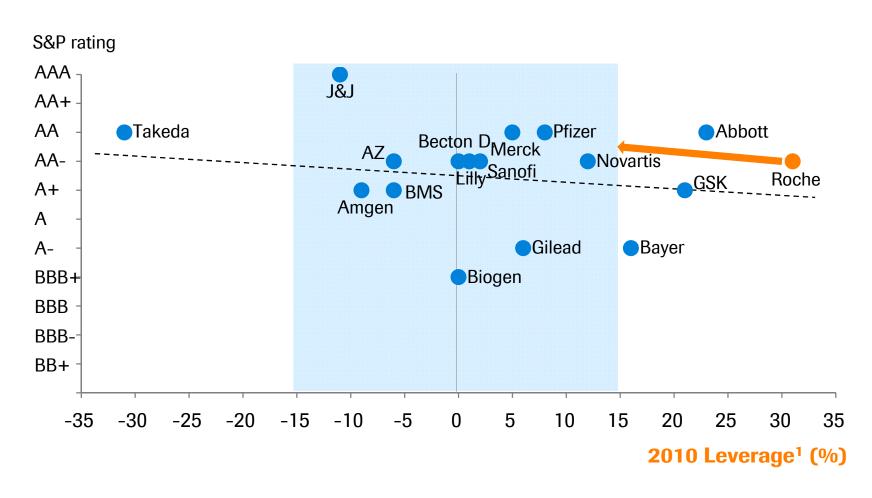
#### Group operating free cash flow (CHF bn) and margin



<sup>&</sup>lt;sup>1</sup> local currency



## Roche: Aiming for a sustainable net debt leverage of 0-15%

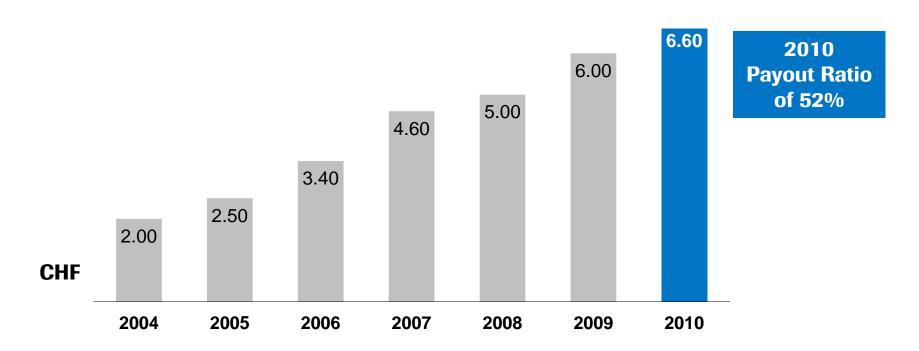


<sup>&</sup>lt;sup>1</sup> Net Debt / Total Assets (%) Source: Thompson Datastream; Bloomberg (May 23; 2011); BCG analysis

### **Attractive dividend payout ratio**



## Average yearly dividend growth (2004-2010): 22%





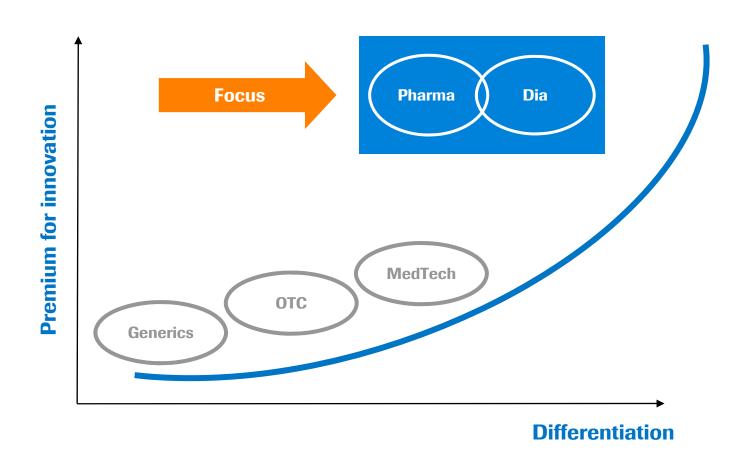
### **Financial performance**

### **Challenges and answers**

### **Strong position**

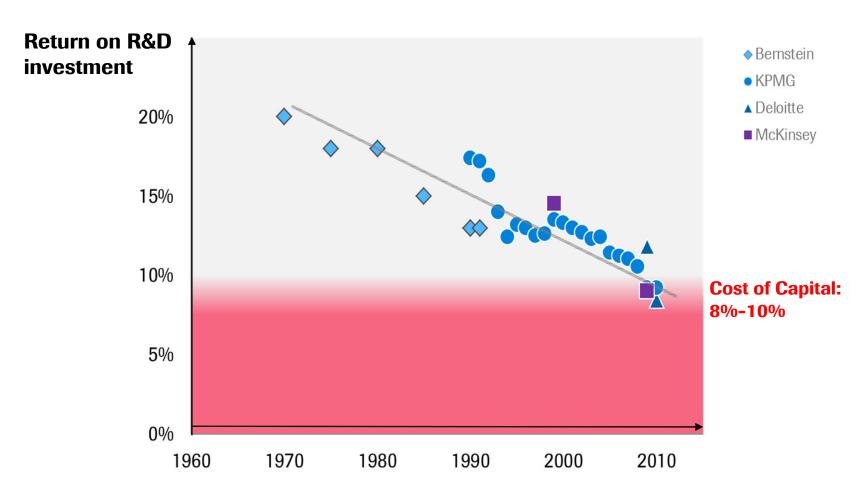


## Roche: Focused on medically differentiated therapies





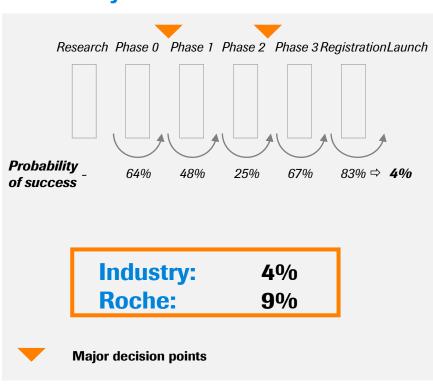
# R&D productivity of Pharma industry Average financial returns<sup>1</sup> on R&D falling to critical level





## R&D productivity Excellence in science key lever to reduce attrition

#### **Industry success rate 2005-2009**



- Understanding of disease biology
- Leveraging Personalized Healthcare stratify patient population early on
- Rigorous decision making transition only most promising projects



## R&D allocation Mix of qualitative and quantitative factors

#### **Research & Early Development**

### **Late Stage Development**



Top down



**Project driven** 

- Annual budget allocation
- Number of phase II transitions expected

- Unmet medical need
- Market potential
- Efficient development
- Probability of technical success

### Roche

## Transform and improve how we develop medicines Reduce costs of late-stage development programs

#### Increase success rate

- Maintain a high bar for transition to late-stage development: first- or best-in-class
- Reduce attrition/increase probability of success with Personalised Healthcare

#### Improve efficiency

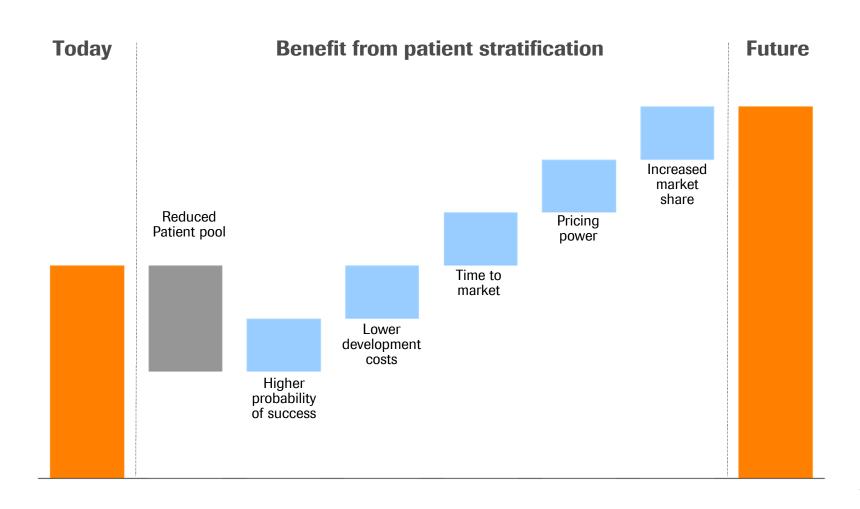
- Less investigational sites per trial: focus on major active sites
- Reduce trial complexity: focus on relevant trial endpoints
- Enhance competition amongst CROs: reduce cost, but preserve quality
- Transfer some activities to lower cost sites (e.g. from Nutley to India or Canada)

#### Innovate our development model

- Leverage new technologies (e.g. IT solutions)
- More efficient ways to manage and access data



## Personalised Healthcare - benefit for all stake holders, including the industry



## Roche strategy for post-patent biologics marketplace Actively pursuing multiple strategies

Innovate

Re-define the standard of care
Mode of administration, combination therapies and new drugs

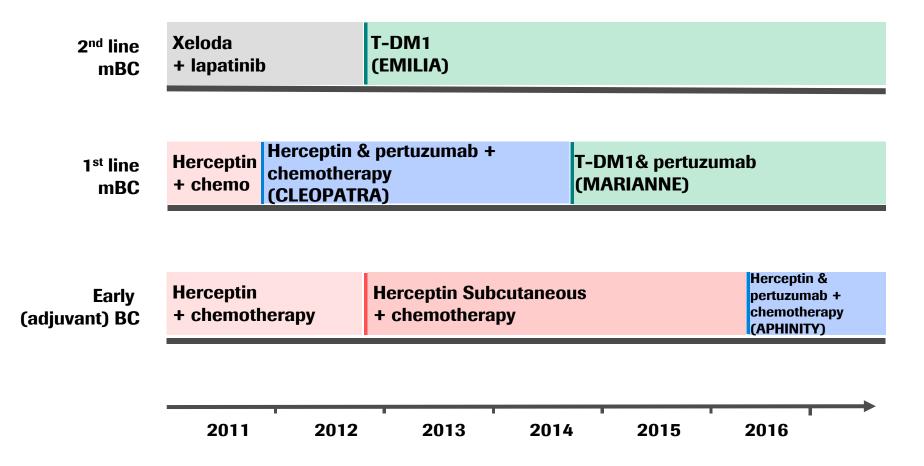
Protect

Protect Protect high standards
Enforce efficacy and safety standards, defend intellectual property

Act to expand patient access in emerging markets
Change from global pricing to tiered pricing, including 2nd brand



## Innovate and re-shape biologics market *HER2-positive breast cancer*





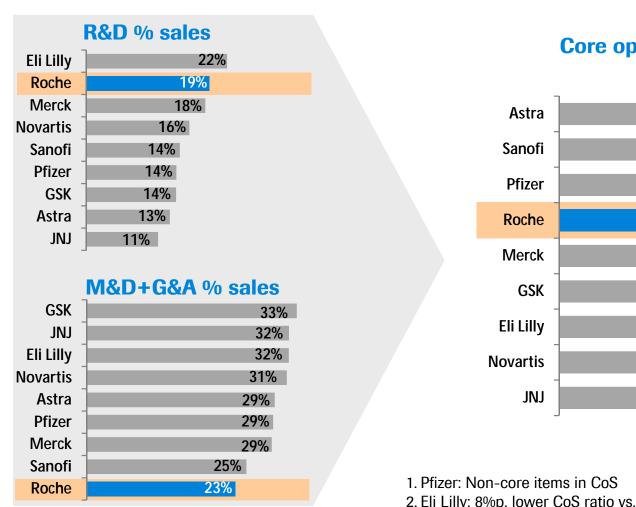
### **Financial performance**

### **Challenges and answers**

**Strong position** 

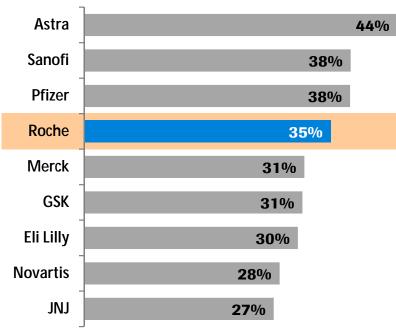
### Roche

## P&L structure reflecting innovation based strategy Peer group core operating profit margin 2010



### FY 2010 figures; restated to a core basis based on publicly available information

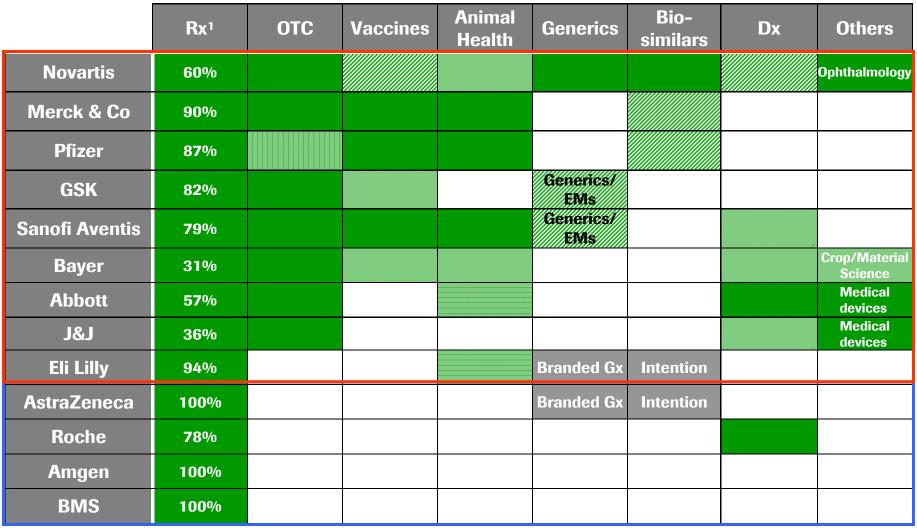
## Core operating profit margin % sales



- 2. Eli Lilly: 8%p. lower CoS ratio vs. Roche. Not feasible to judge if definition of Lilly's CoS same as Roche's
- 3. JNJ: No adjustments feasible as no details are disclosed.



## Roche: Staying focused on Prescription and Diagnostics



<sup>1</sup> As of 2010 sales Source: FCMG; Company Annual Reports

Diversified

Focused





**2**1





## Roche: Focus on selected business/disease areas *Aim to play in the lead*

		ation		"Reti	nal	
	Oncology	Inflammation/ Autoimmune	Hepatitis	Macular/Reti diseases	Biologics	Diagnostics
Roche	1	7	1	2*	1	1
Novartis	2	5	6	1*		
Abbott		1			4	2
Sanofi	4				6	
Pfizer	6	2		7	8	
Merck	10	8	3	3	9	
JNJ	8	3			5	4
AstraZeneca	5					
Amgen		4			2	



## Our delivery Personalized Healthcare becoming reality

T-DM1

Metastatic breast cancer
(HER-2 expression level)

Pertuzumab

Metastatic breast

cancer

(HER-2/3 expression

Mericitabine<sup>1</sup>
Hepatitis C
(HCV viral load, genotype)

MetMAb<sup>1</sup>
Non-small cell lung
cancer
(MET status)

Lebrikizumab¹
Asthma
(periostin level)

Zelboraf

Metastatic melanoma

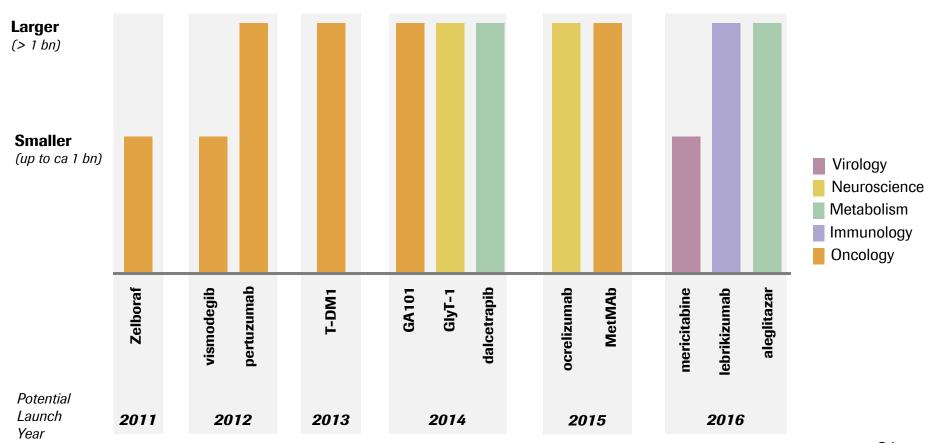
(BRAF V600E

mutation)

<sup>1</sup> LIP decision made, phase III start pending

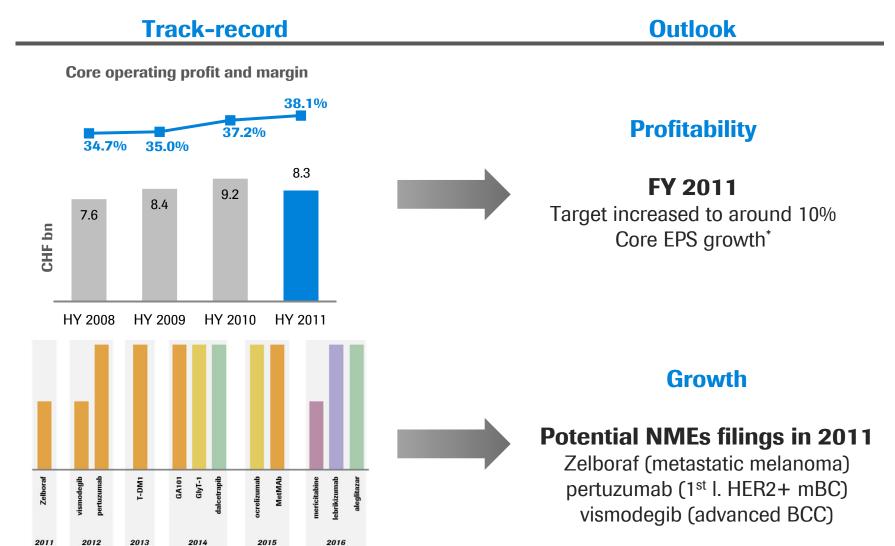


## Portfolio outlook: expanding into selected therapeutic franchises





### Efficiency improvements and long-term growth





## **Confirming outlook for 2011** *Continued strong business performance*

Sales growth (in LC)	Group & Pharma (excl. Tamiflu): low single-digit Diagnostics: significantly above market	
Genentech synergies	2011+ : CHF 1.0 bn*	
Operational Excellence savings	2011 : CHF 1.8 bn 2012+ : CHF 2.4 bn	
Core EPS growth target (in LC)	Around 10%	
Dividend outlook	Grow in-line with Core EPS; maintain at least last year's dividend in CHF	



## We Innovate Healthcare



## HY 2011: Group core operating profit and margin Strong margin increase over years

