Roche

Roche Pharma Day 2020

Commercial Opportunities

Teresa Graham | Head of Global Product Strategy

Supporting patient access during COVID-19

Expanding patient options to support continuity of care

ocrelizumab
OCREVUS
Home Infusion

Launched in Australia

Xolair Omalizumab
FOR SUBCUTANEOUS USE 75 mg • 150 mg

Home use filing accepted by FDA Aug 2020

FOUNDATION MEDICINE

At home liquid biopsy project initiated in Italy

Patients are self-isolating to minimise their risk of becoming infected with COVID-19

Ocrevus home infusion in partnership with View Health; Foundation Medicine Liquid biopsy in partnership with Egg s.r.l.

Oncology & non-malignant hematology

1. **Hematology franchise**
   - DLBCL: Polivy, glofitamab, mosunetuzumab
   - FL: mosunetuzumab, glofitamab, Polivy
   - AML: Venclexta
   - MM: Venclexta
   - MDS: Venclexta

2. **Breast Cancer franchise**
   - TNBC: Tecentriq, ipatasertib
   - HR+: SERD (RG6171), PI3Kαi (RG6114)
   - HER2+: Tecentriq

3. **Lung Cancer franchise**
   - NSCLC: Tecentriq, tiragolumab
   - SCLC: Tecentriq, tiragolumab
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   - ROS1+/NTRK+: Rozlytrek
   - RET+: Gavreto
   - KRAS *G12C*+: GDC-6063

4. **Other oncology**
   - CRPC: ipatasertib
   - Thyroid cancer: Gavreto
   - Esophageal cancer: tiragolumab
   - Melanoma: Tecentriq, Cotellic, Zelboraf

5. **Non-malignant hematology**
   - Hemophilia A: Hemlibra
   - Hemophilia A: Factor VIII Gene Therapy
   - PNH: crovalimab

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   - MS: Ocrevus; fenebrutinib
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7. **Immunology**
   - IPF: rhPentraxin-2, Esbriet
   - Myelofibrosis: rhPentraxin-2
   - Lupus nephritis: Gazyva
   - Crohn's disease: etrolizumab

8. **Ophthalmology**
   - nAMD, DME, DR: Port Delivery System
   - nAMD, DME, RVO: faricimab

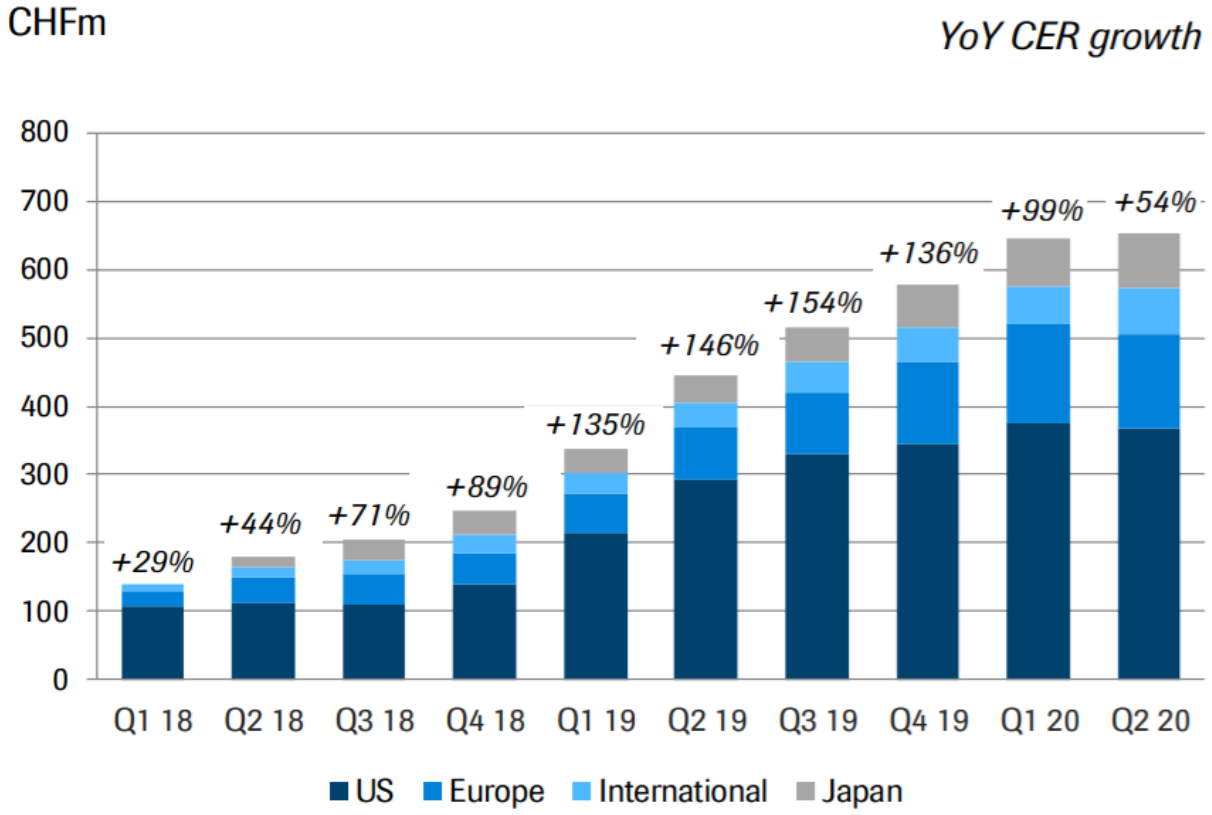
9. **Infectious diseases**
   - HBV: TLR7 agonist, CpAM, RG6346, RG6084
   - Influenza A/B: Xofluza
   - SARS-CoV2: Actemra
   - SARS-CoV2: REGN-COV2

Oncology / Hematology
Neuroscience
Ophthalmology
Infectious diseases
Immunology

* For further information on target patient populations please consult the appendix; For further details on the late stage pipeline please consult the HY 20 results presentation appendix or visit the IR homepage

Tecentriq

Annualized sales >2b with significant growth opportunities ahead



1L combinations

1L SCLC, 1L TNBC, and 1L NSCLC continuing to drive growth ex-US; Launch of HCC next major growth driver with contributions from 1L mUC and BRAF+ Melanoma

Neoadjuvant / adjuvant

Continued readouts in early disease: TNBC, NSCLC, SCCHN, RCC, HCC, HER2+ BC

CIT combinations

Tecentriq + Tiragolumab has the potential to reset the standard of care in markets where PD-1/PD-L1 already established

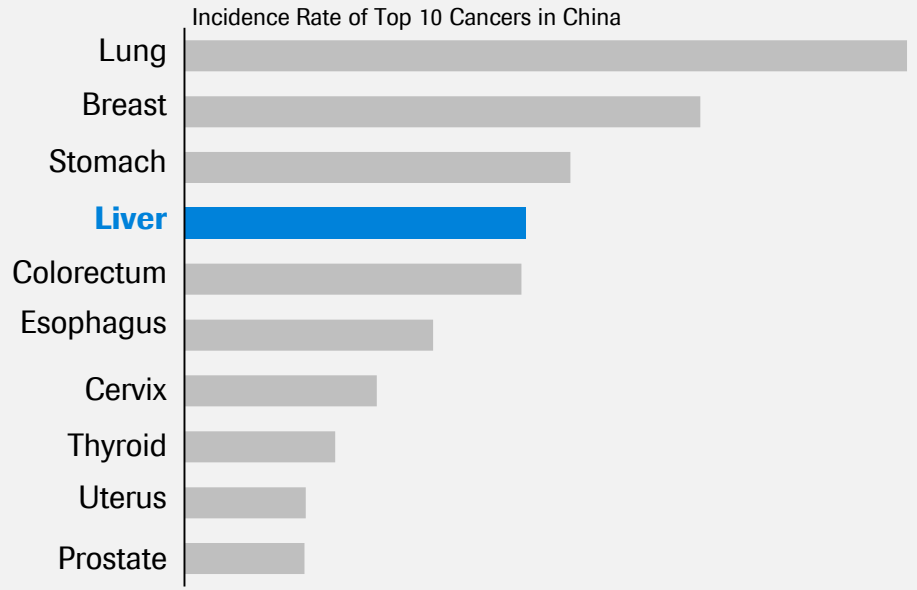
TNBC=Triple Negative Breast Cancer; SCLC=Small Cell Lung Cancer; NSCLC = Non-Small Cell Lung Cancer; HCC = Hepatocellular Carcinoma; mUC = metastatic urothelial carcinoma; BRAF mMel = BRAF mutant melanoma; SCCHN = head and neck squamous cell carcinoma; RCC= renal cell carcinoma

Tecentriq + Avastin: A new standard in HCC treatment

First new therapy with survival benefit in HCC in over a decade

TECENTRIQ atezolizumab

HCC is the fourth most common cancer in China



>750k people / year diagnosed with HCC globally

Tecentriq+Avastin approved in 25 countries.
Approval in China and EU expected early Q4

ESMO NCCN AASLD CNLC CSCO

All major global guidelines recommend T+A as a new SOC in HCC

Ongoing development in earlier lines and new combinations

Adjuvant	Intermediate	Unresectable	TML	New pipeline
T+A	T+A	T+A ✓	T+A	T+A+X

T+A = Tecentriq + Avastin; HCC = Hepatocellular Carcinoma; TML = tumor mutational load

Tecentriq in early disease

Curative potential for the largest number of patients

TECENTRIQ® atezolizumab

Breast 	✓ **Positive data in neoadjuvant TNBC will be shared with health authorities** • >50% of TNBC pts treated in neoadjuvant setting • Ongoing trials for Tecentriq in adjuvant TNBC and neoadjuvant HER2+ BC
Lung 	**Interim Ph III results for neoadjuvant and adjuvant NSCLC expected 2020/2021** • 25-35% of NSCLC patients have resectable disease
GI/GU 	**Trials initiated in NMIBC, adjuvant RCC, and adjuvant HCC** • >2.5x more patients with early UC than metastatic UC

Source: Roche US/EU5 epidemiology; TNBC=triple negative breast cancer; NSCLC=non-small cell lung cancer; NMIBC=non-muscle invasive bladder cancer; RCC=renal cell carcinoma

Tiragolumab (anti-TIGIT) development program

First program with randomized data showing benefit on top of PD-L1

6 randomized trials of tiragolumab + Tecentriq initiated

Trial	Indication	Market size
SKYSCRAPER-01	1L NSCLC: PD-L1 high	●○○
SKYSCRAPER-02	ES-SCLC	●●●
SKYSCRAPER-03	Stage III unresectable NSCLC	●●●
SKYSCRAPER-04	PD-L1+ Cervical Cancer	●○○
SKYSCRAPER-07	Locally advanced ESCC	●◐○
SKYSCRAPER-08	China 1L ESCC	●○○

●○○ Market Size: <500m ●◐○ Market Size: 500m-1b ●●● Market Size: >1b

Development stategy

1 Build on Tecentriq

2 Expand into early disease

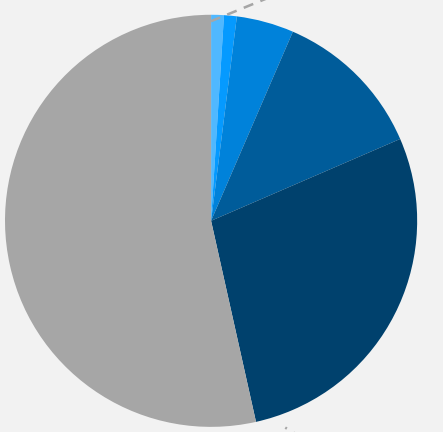
3 Compete in new indications

Additional trials ongoing in HCC, mUC, PDAC, and hematology (MM, NHL)

NSCLC=Non-Small Cell Lung Cancer; ES-SCLC=extensive stage small cell lung cancer; ESCC=esophageal squamous cell carcinoma; HCC=hepatocellular carcinoma; mUC=metastatic urothelial carcinoma; PDAC: Pancreatic ductal adenocarcinoma; MM=multiple myeloma; NHL=non-hodgkins lymphoma

Solid business case for oncogenic driver mutations

NSCLC



KRAS G12C	12%
KRAS Other	16%
EGFR	10%
EGFR ex20	1-2%
ALK	4-5% ✓
MET	2%
PIK3CA	5%
BRAF	2%
HER2	1%
RET	1-2% ✓
ROS1	1-2% ✓
NTRK	0.2% ✓

Rare mutations (≤2%) add up to ~10% of the lung cancer market: ~4bn

FOUNDATION MEDICINE flatiron NAVIFY®

High ORR and durable benefit drives long duration of therapy

- Alecensa PFS ~35m in 1L NSCLC vs. ~8m for PD-1/PD-L1; opportunity in early disease

NGS testing rate increasing with new technologies and therapeutics

- FMI liquid biopsy approved (30% of NSCLC patients with insufficient tissue for testing)

Lean and innovative trial design supported by Real World Data

- Comparative RWD for Rozlytrek submitted in US, Europe, Japan, and Canada
- B-FAST study with multiple driver mutation cohorts

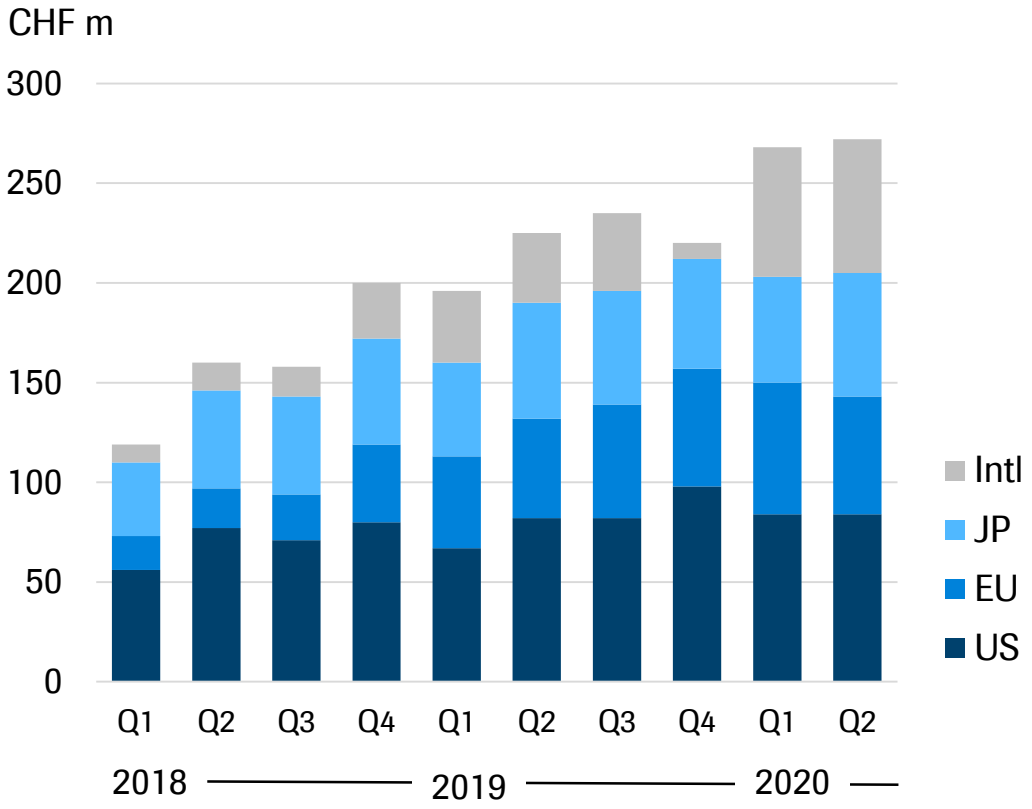
Pan-tumor potential across multiple programs

- TAPISTRY: tumor agnostic basket trial across multiple driver mutations and CIT

Source: Roche; NSCLC=Non-Small Cell Lung Cancer; NGS=next generation sequencing

Alecensa annualized sales >1b with further growth catalysts

Market leader with >70% market share in US, EU, Japan



China driving further growth in international markets

- Significant volume uptake in 2020, following NRDL reimbursement

Expanding into early disease

- ALINA trial in ALK+ adjuvant NSCLC has potential to address 25-35% of ALK+ NSCLC patients

Expanding testing to more patients

- B-FAST trial: Alecensa data in ALK+ patients tested by FMI liquid biopsy presented at ESMO

Tumor agnostic development

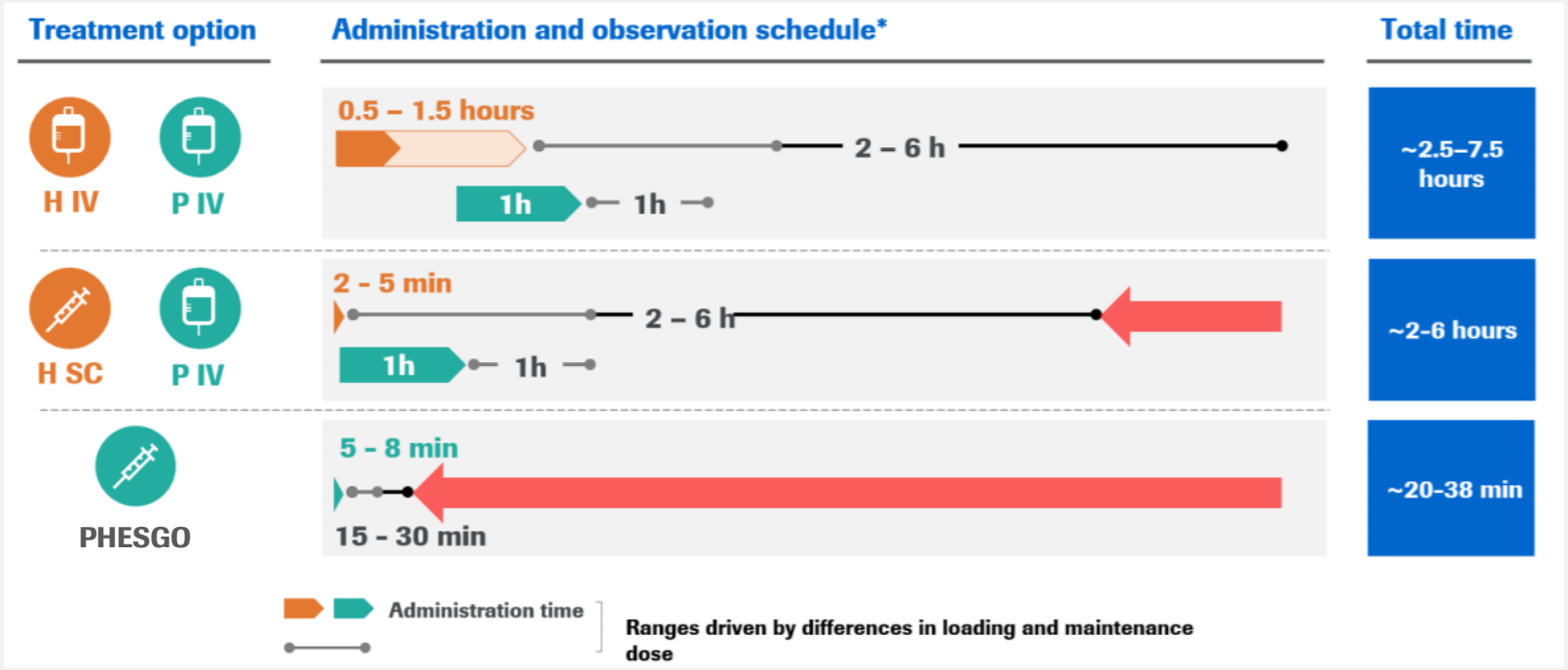
- Alecensa arm added to TAPISTRY basket trial: ALK fusion prevalence <1% (excluding NSCLC)

Source: Roche; NSCLC=Non-Small Cell Lung Cancer; NRDL=National Reimbursement Drug List; FMI=Foundation Medicine Inc.

Phesgo US approval

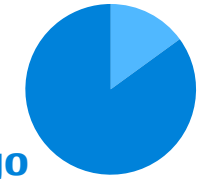
Approved by FDA in June, filed in EU

Administration and observation time reduced from 2.5-7.5 hours to 20-38 minutes



PHESGO™
pertuzumab/trastuzumab/hyaluronidase-zzxf
SUBCUTANEOUS INJECTION / 1,200 mg/600 mg/30,000 units 600 mg/600 mg/20,000 units

85%
of patients prefer Phesgo



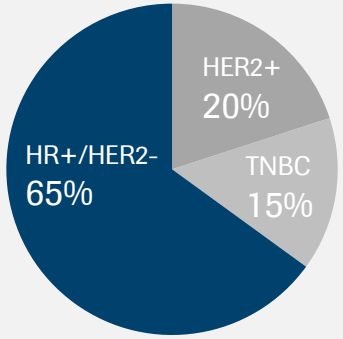
vs. standard IV administration

IV=intravenous; *Ranges driven by differences in loading and maintenance dose; Phesgo in collaboration with Halozyme

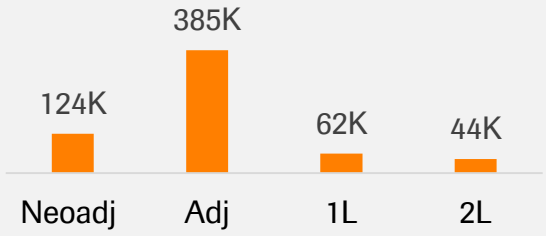
High unmet need remains across HR+/HER2- BC

Large addressable population for SERD and PI3K programs

HR+/HER2- BC



40% of HR+ patients have PI3K mutation



HR+/HER2- treated population (US/EU5)

Roche molecules targeting both early and metastatic disease

	eBC	1L mBC	2L/3L mBC
Endocrine Therapy Given until resistance or visceral disease present	**ET** +/- CDK4/6i	**ET** + CDK4/6i	**ET** monotherapy
SERD (RG6171)[1] Replace ET as standard of care in all settings	**RG6171** +/- CDK4/6i	**RG6171** + CDK4/6i	**RG6171** monotherapy
PI3Kαi (RG6114)[2] Combine with SOC In Pi3Km patients		**RG6114** + fulvestrant + CDK4/6i	

30% of patients become resistant to standard of care

ET=endocrine therapy; HR+ BC=hormone receptor positive breast cancer; TNBC=triple negative breast cancer; eBC=early breast cancer; mBC=metastatic breast cancer;
[1] GDC-9545; [2] GDC-0077

Polivy readout in 1L DLBCL in 2021

Opportunity to establish Polivy as standard of care in curative setting

POLIVY® polatuzumab vedotin

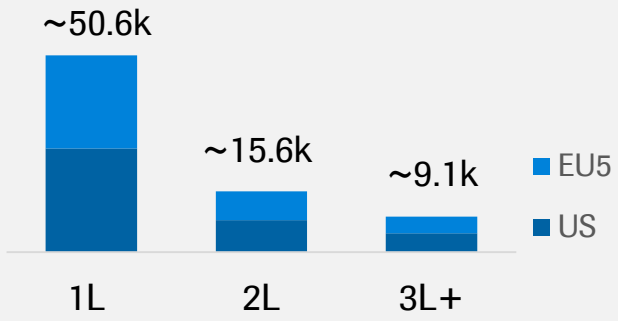
Rapid uptake in R/R DLBCL

Strong efficacy: only agent in R/R DLBCL with OS benefit

Well tolerated: combines with standard of care (BR); no unique safety monitoring requirements

Off the shelf: readily available; administered in any oncology facility, with no hospitalization required

POLARIX is the only Ph III trial in 1L DLBCL (non-biomarker)



1L DLBCL treated population is >3x the size of 2L

	Polivy+R/G-CHP (Ph Ib/II)	R-CHOP (GOYA trial)
ORR	89%	80%
CR	76%	34%

Ph Ib/II data in 1L DLBCL compares favorably to historical controls despite older population and sicker patients

Source: Roche/Genentech; Polivy in collaboration with Seattle Genetics; DLBCL=diffuse large B-cell lymphoma; BR = Rituxan + Bendamustine

Mosunetuzumab and glofitamab (CD20xCD3)

Potential first in class bispecifics in DLBCL and FL

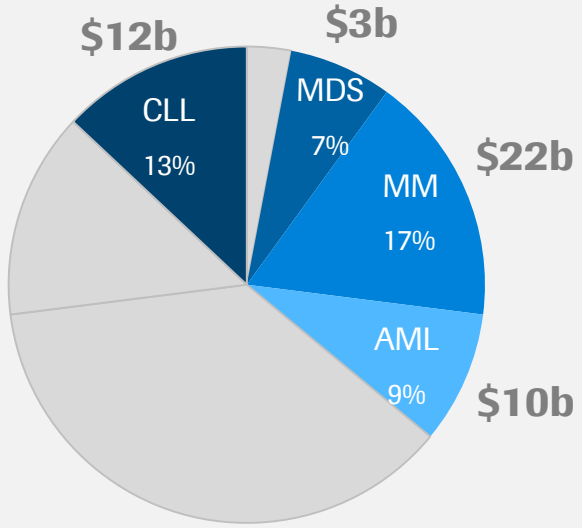
Indication	Unmet Need	Lead Program
R/R FL	Reduction of chemo and quality of life are important for patients	 **Mosunetuzumab** BTD in 3L+ FL; Ph III safety run-in initiated in 2L+ FL FDA BTD
R/R DLBCL	Highly aggressive disease: patient need for durable efficacy	 **Glofitamab** Glofitamab Ph III safety run-in initiated in combination with GemOx
1L DLBCL	High efficacy bar established; need therapy which is combinable	Chemo free regimens being explored in Ph Ib for both glofitamab and mosunetuzumab including combinations with Polivy, Gazyva, Tecentriq

Furthest advanced bispecific portfolio with >1000 patients dosed and randomized trials being initiated

Venclexta

Annualized sales >1bn driven by CLL and AML

Developing in indications with >$40B market size by 2025



Hematology market size estimate 2025

VENCLEXTA venetoclax tablets 10mg, 50mg, 100mg

✔ **1L CLL**
Fixed duration, chemo free regimen, with high MRD-negative responses

✔ **1L AML**
First new medicine in AML in 20 years; >40% US market share in 1L unfit patients

Multiple Myeloma
Ph III CANOVA trial underway in ~20% of patients with t11:14 translocation

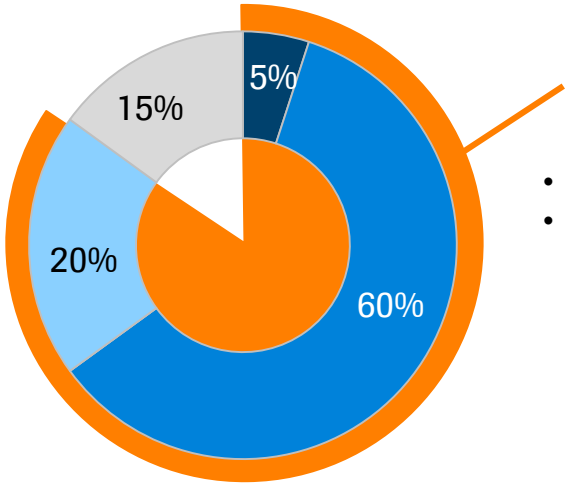
MDS
Encouraging early data in high unmet need population

Market size: Evaluate Pharma estimated market size 2025; 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; Venclexta in collaboration with AbbVie

Hemlibra is a transformational advance for Hemophilia A patients

Continued increase in patients with zero bleeds to >85% after 72 weeks

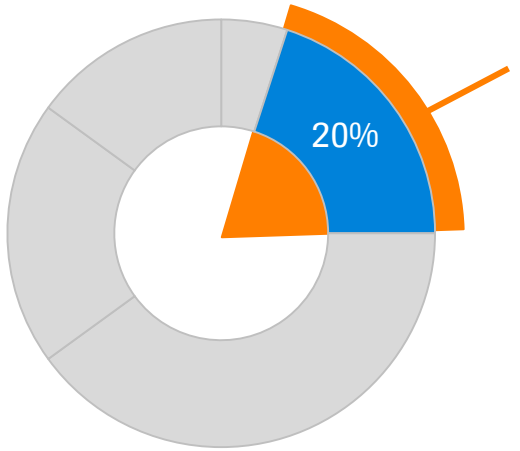
HEMLIBRA emicizumab-kxwh



~85%
Hemlibra target population

- US: Nearly 25% total market share
- 95% of patients surveyed preferred Hemlibra to their prior therapy

Gene therapy



~20%
Gene therapy eligible population

Adult patients with moderate-severe disease and no comorbidities (HIV/HCV/HVP/AAV+)

Ideal gene therapy target profile

- Works in all eligible patients
- Reliable and predictable expression of FVIII across all patients
- Long-term durability
- Manageable immune-modulatory regimen

Source: Treated patients, Hemlibra Epidemiology models 2018 PWHA=People with Hemophilia A

Ophthalmology

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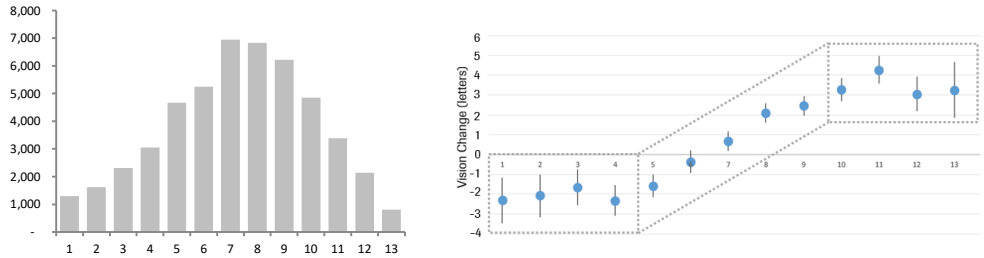
Port Delivery System (PDS)

Potential to improve real world outcomes with twice yearly dosing

Adherence to IVT therapies is low and infrequent dosing in the real world correlates with vision loss



Only 50% of patients can be extended to Q3M dosing with current IVT therapies

With PDS, nearly all patients can be maintained on 6m dosing, improving patient compliance and real world outcomes

- **PDS implant:** permanent, refillable intraocular implant. One-time ~30 min outpatient surgical procedure. Patients from Ph I study have had PDS implanted for >10 years.

- **Refill exchange:** twice yearly in-office refill of the device using proprietary needle assembly. Can only be refilled with proprietary formulation (not other molecules or biosimilars)

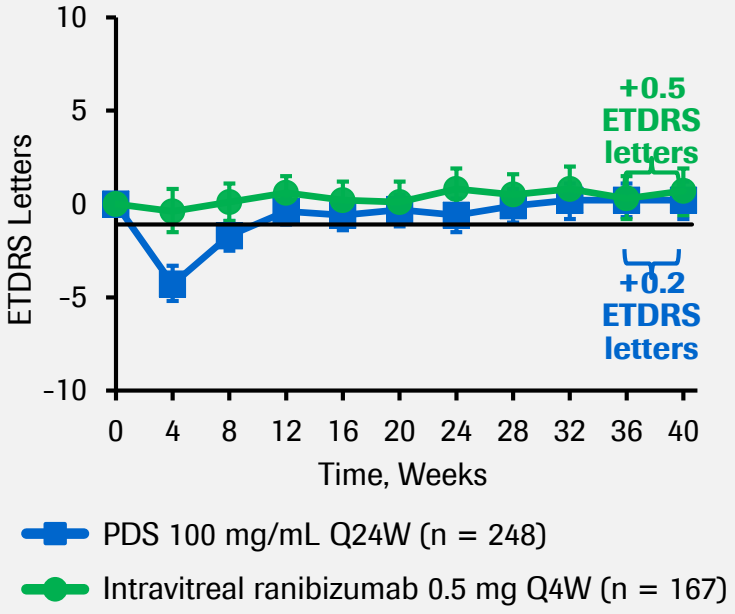
PDS, Port Delivery System with ranibizumab; IVT = intravitreal

PDS efficacy equivalent to monthly Lucentis for nearly all patients

Strong patient preference for PDS

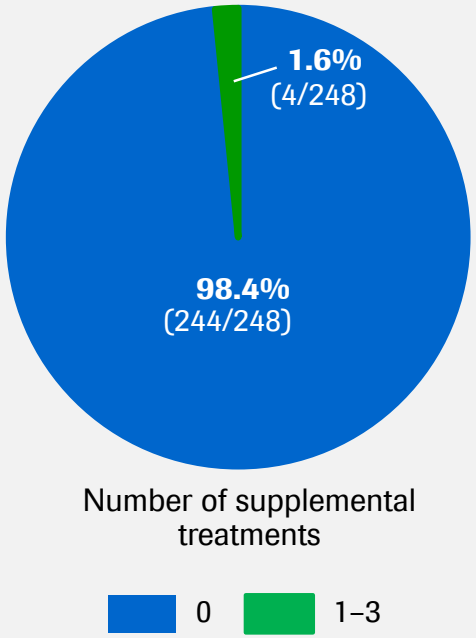
Equivalent vision

Adjusted mean BCVA change from baseline



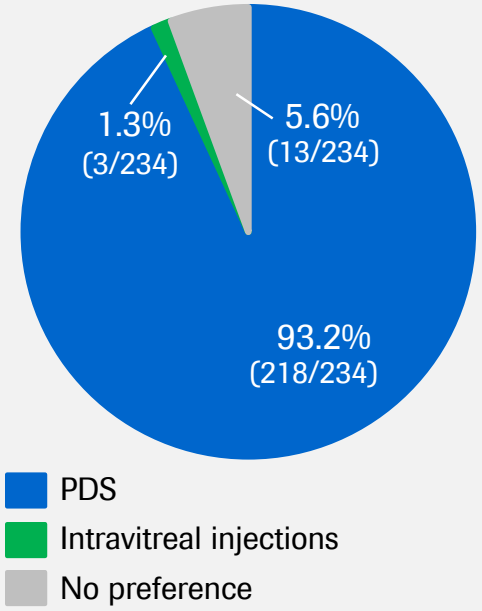
Treatment durability

Percentage of PDS patients who received supplemental treatment before first refill-exchange at week 24



Patient preference

Preference among patients in the PDS arm at week 40



BCVA, best-corrected visual acuity; PDS, Port Delivery System with ranibizumab

Preparing for a purposeful global launch in nAMD

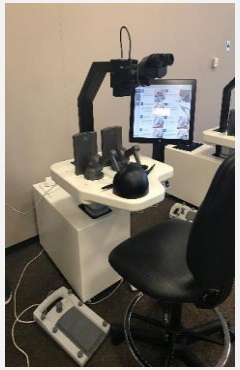
US launch planned for 2021, ex-US for 2022

Virtual reality training


THE WALL STREET JOURNAL.

Genentech Uses Virtual Reality to Train Eye Surgeons

Adopts technology in clinical trial for eye-implant procedure

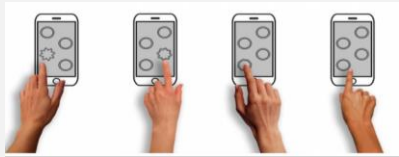


- Virtual reality (VR) technology enables preoperative training of surgeons on PDS procedures (implant insertion and refill)
- >200 US surgeons trained in Ph III across ~100 sites

Field-based support

- Surgical Device Liaisons (SDLs) support training on site, and facilitate peer to peer discussion and education
- Focus on ensuring consistency in outcomes and enhancing the patient experience

Remote vision monitoring



- App-based designed test to detect changes in vision in-between office visits
- Vision alerts sent to doctor
- Pilot programs underway

Global retina market growing to ~$14b by 2024

nAMD = neovascular age related macular degeneration

Neuroscience and Rare Diseases

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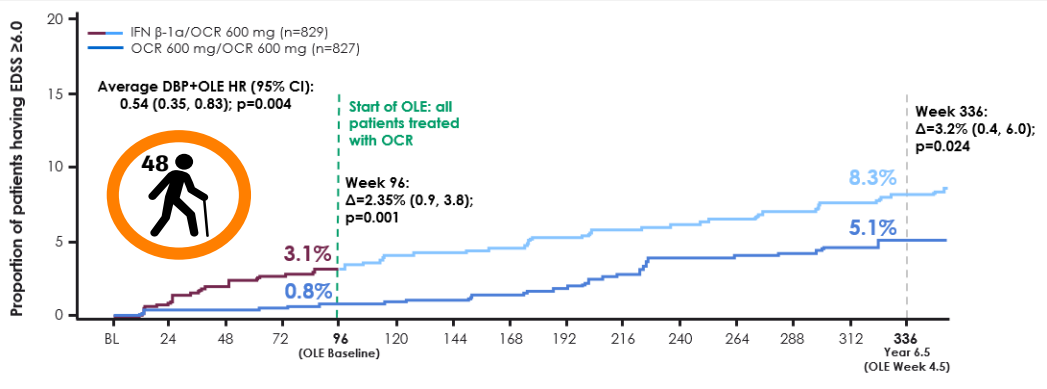
Ocrevus: Best in disease efficacy with robust, consistent, and sustained delay in disability progression

OCREVUS® ocrelizumab

Roche

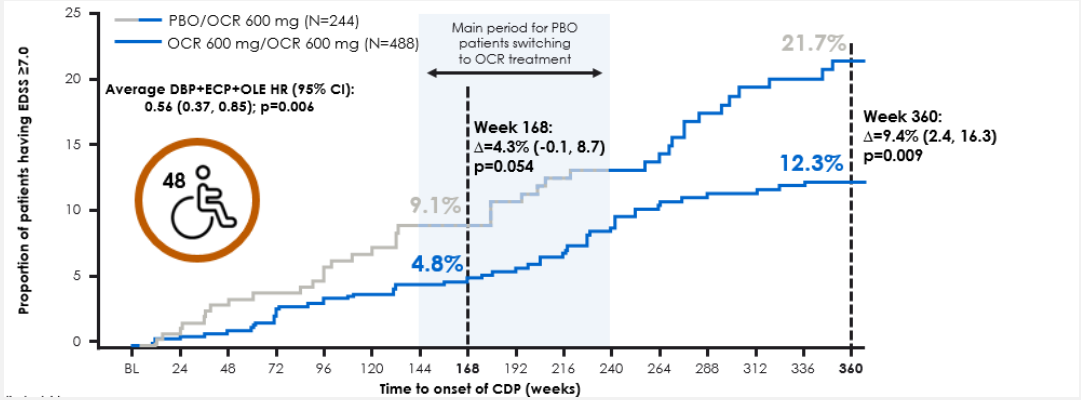
MS VIRTUAL 2020

Sustained effect on disease progression >6 yrs in RMS



- 46% lower risk of requiring a walking-aid in those patients who initiated OCR earlier vs delayed treatment (those switching from IFN β-1a)

Ocrevus is the only therapy approved in PPMS



- 44% lower risk of requiring a wheelchair in those patients who initiated OCR earlier vs delayed treatment (those switching from PBO)
- ~35% of US sales in PPMS

>170K patients treated with consistent and favorable benefit risk profile

Giovannoni G. et al, ACTRIMS-ECTRIMS 2020; Wolinsky J.S. et al, ACTRIMS-ECTRIMS 2020; RMS = relapsing multiple sclerosis; PPMS = primary progressive multiple sclerosis

Ocrevus twice yearly dosing drives better compliance

OCREVUS® ocrelizumab

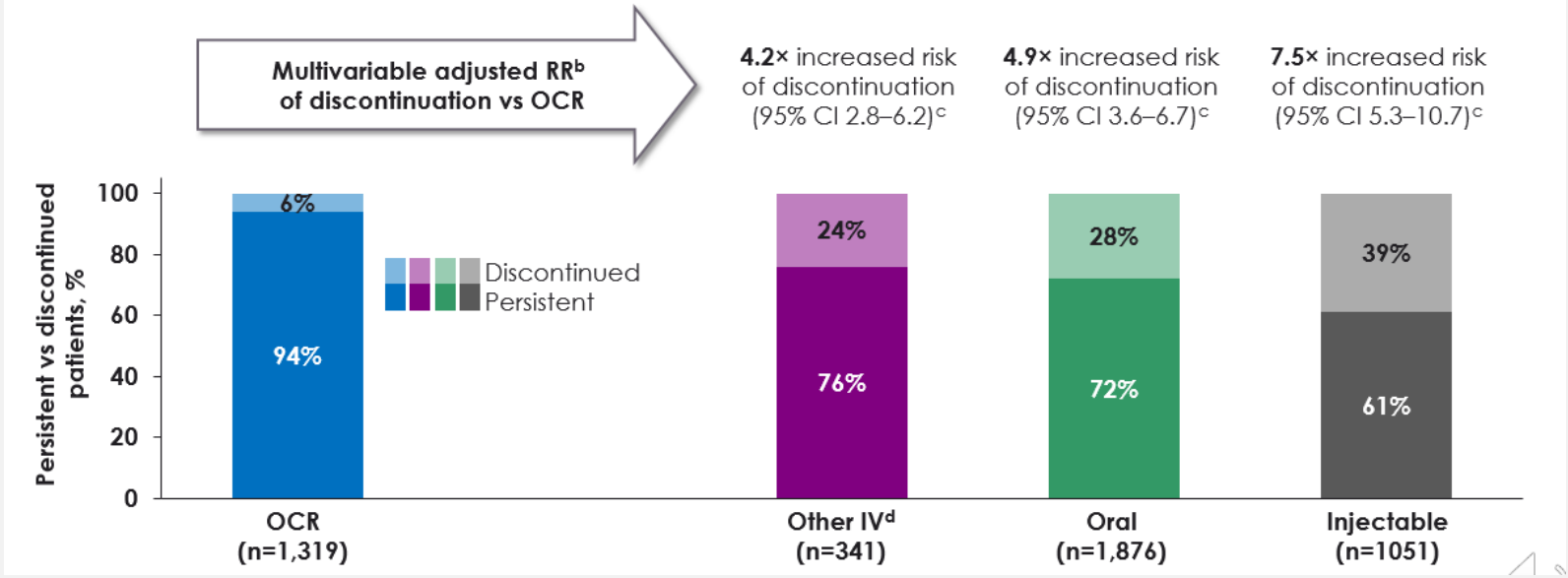
Roche

MS VIRTUAL 2020

Total Yearly Dosing

OCREVUS	**x2**
TECFIDERA	x730
AUBAGIO	x365
TYSABRI	x13
COPAXONE	x365 (or 156)
KESIMPTA	x12

>90% persistence/adherence after 1 yr; superior to oral and injectable medicines



- Superior persistence and adherence and the lowest discontinuation rate at both 12 and 18 months of follow-up compared with patients initiating other classes of MS DMTs
- Persistence and adherence to treatment are critical for achieving therapeutic goals in MS

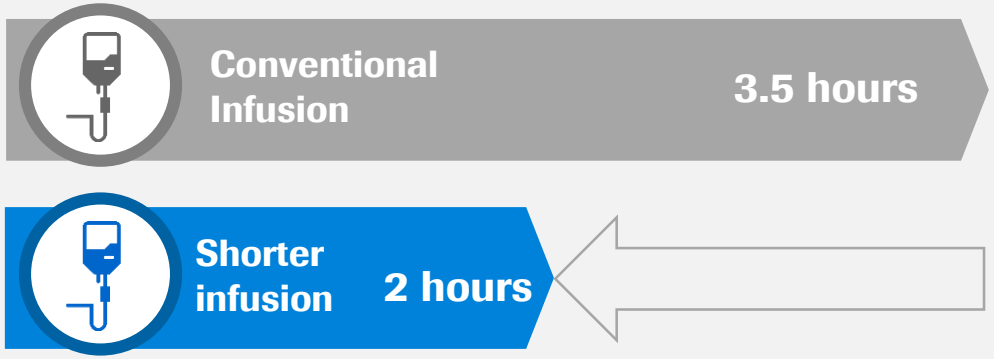
*Total yearly dosing after the first year; DMT = disease modifying therapy

Continuing to improve patient convenience with shorter infusion

Favorable access with no price increases since launch

OCREVUS® ocrelizumab

Ocrevus short infusion nearly halves administration time



Approved by EMA, FDA approval expected before end of the year

Ocrevus pricing in US results in broad access

$65k per year

- Priced ~32% below US market average WAC of $94k
- >80% RMS and 98% PPMS covered without step edits

Expansion in infusion options for patients

- Ocrevus has been infused in >46K locations in the US
- ~50% of infusions occur outside of the hospital

Total time requires pre-medication (30min-1hr and observation 1hr), * home administration in certain markets

Enspryng: First and only subcutaneous treatment for NMOSD

Roche

ENSPRYNG
satralizumab

Significant unmet need still exists with NMOSD

- 200K patients worldwide
- 70-80% of patients are AQP4+
- Half of patients are blind or require a wheelchair within 5 yrs
- 40% of patients with NMOSD are first misdiagnosed as having MS
- 50% of patients treated with steroids/immunosuppressants

Approved in US, Canada, Japan, Switzerland

Additional applications are under review including the EU and China

FDA BTD

✓ **Highly effective**
- Comparable efficacy to best in disease treatments

✓ **Flexible and convenient**
- Q4w SC dosing at home
- Studied as monotherapy and in combination with immunosuppressants

✓ **Well tolerated safety profile**
- No black box warning; lower rate of infections incl. serious infections than placebo group

✓ **Competitively priced**
- Priced 72% below eculizumab and 27% below inebilizumab after first year

Evrysdi

Proven efficacy in infants, children and adults with SMA

Best-in-class efficacy and safety potential

Durably increases SMN protein in CNS and periphery

Out of 450+ patients studied, none withdrew from treatment due to treatment-related AEs

Broad population studied

Newborn to 60 years old, Type 1/2/3, naïve and pre-treated

Real world population that exhibits a broad range of disease severity & functional ability

Advantages of oral administration

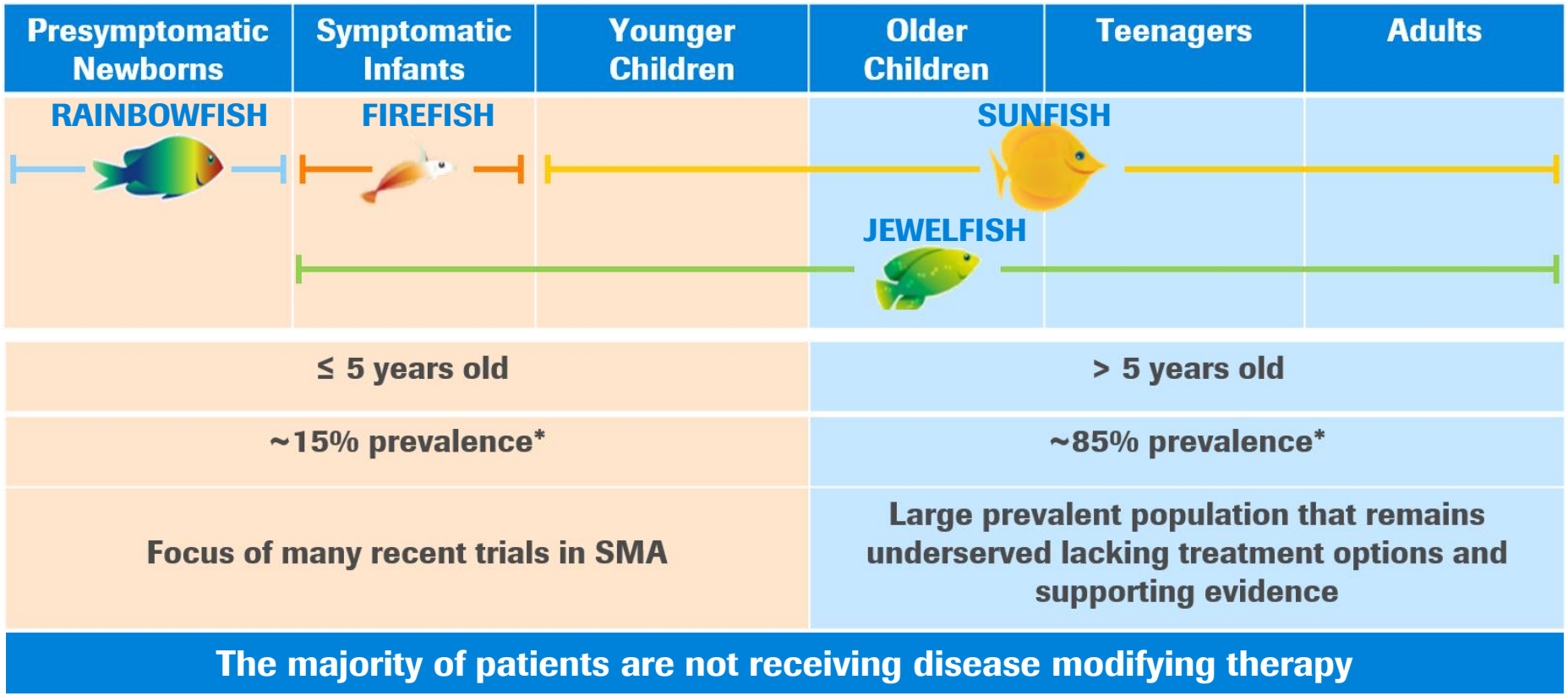
Oral liquid solution, administered at home

Delivered directly to patient, with contactless delivery

* Based on the average infant weight from the FIREFISH trial

Evrysdi: Evidence being generated across all SMA patients

Representative range of ages, type, prior treatment, disease severity



* Estimated 2020 prevalence in US and EU5

Successful virtual launch of Evrysdi in the US

SMA patients being treated across all segments

Broad uptake across segments in first month of approval

Patients treated with all SMA types
~25% of patients with Type I SMA

Treatment naïve and switch patients
Have treated pts switching from both Spinraza / Zolgensma

Broad range of ages
5m old infants to 70+ year old adults

Access supported by responsible pricing

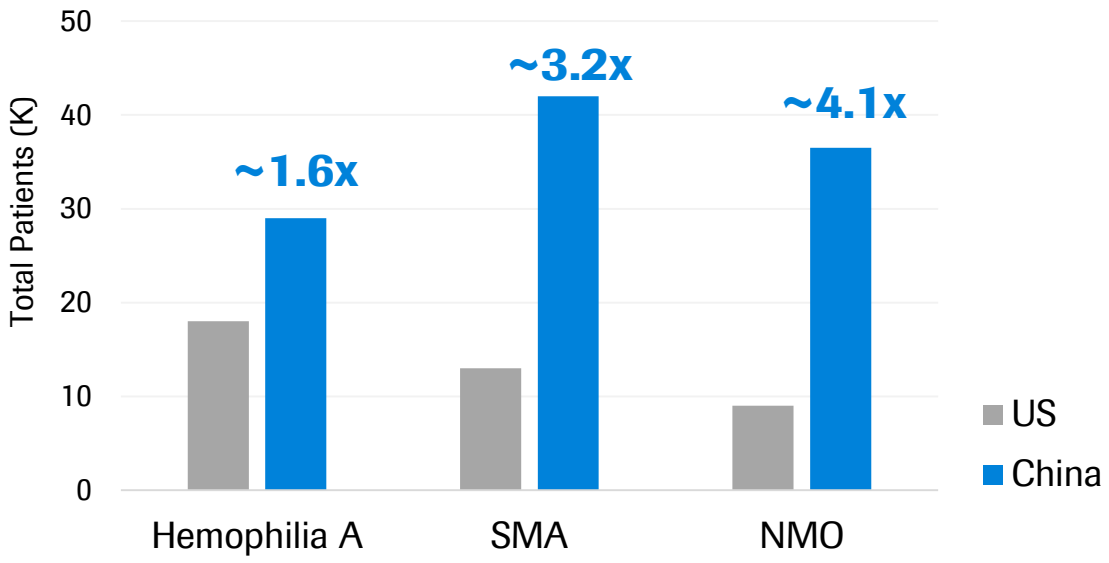
25% discount *to current SOC over 5-yrs (at max Evrysdi price)*

- No additional administration costs
- Commercial and state Medicaid plans moving fast to establish coverage policies

* Based on the average infant weight from the FIREFISH trial

Rare diseases present significant opportunity in China

Large populations of patients with rare diseases



China Rare Disease List established to enable faster filing and approval timelines

Evrysdi risdiplam

- China was the #1 enrolling country in FIREFISH Part II trial
- Regulatory submission completed in China with approval expected H1 2021

ENSPRYNG satralizumab

- Enspryng China filing dossier accepted with priority review
- NMOSD included on China Rare Disease List

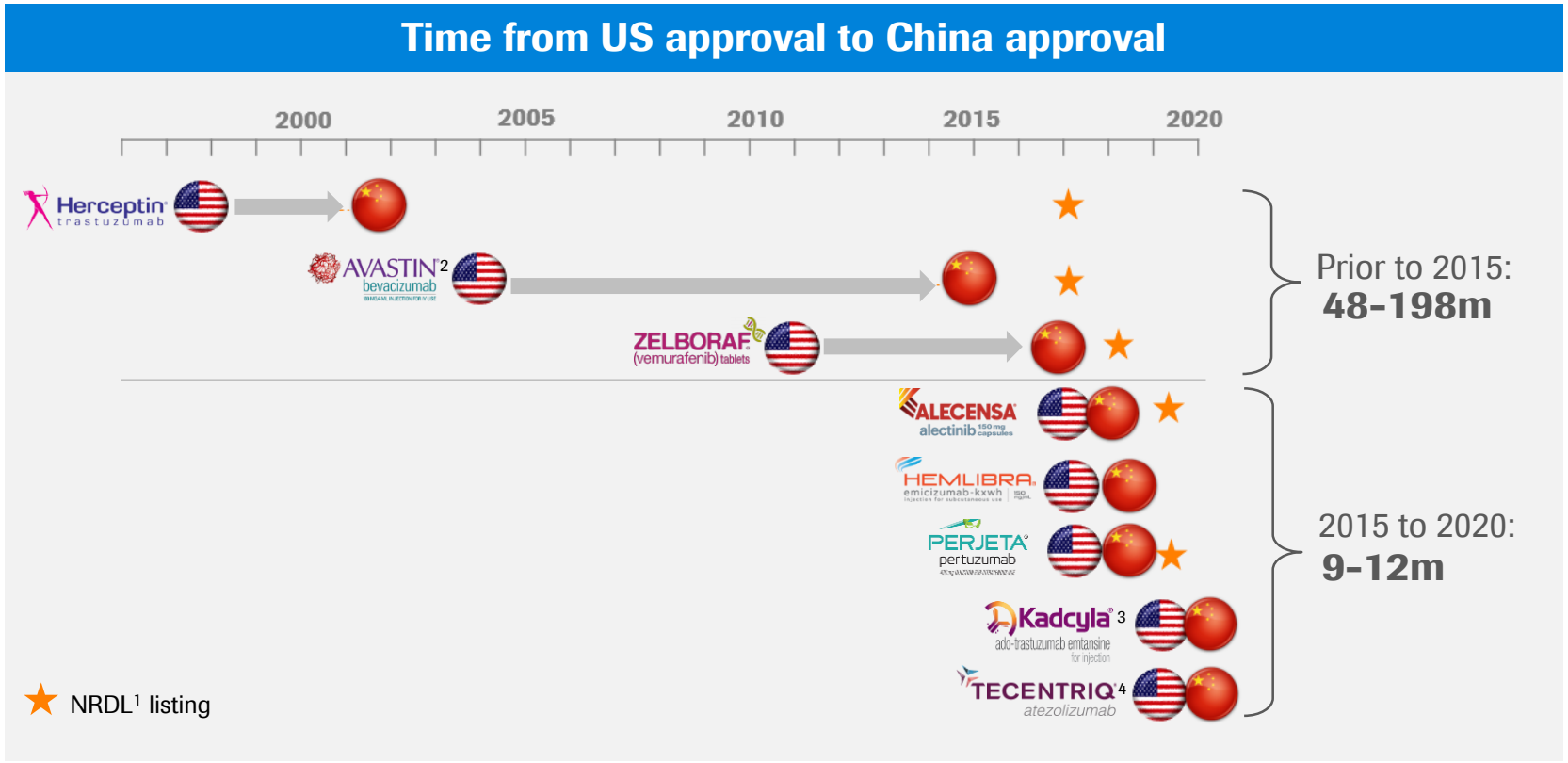
HEMLIBRA emicizumab-kxwh

- NRDL negotiations for Inhibitor expected in 2020
- Regulatory submission completed for Non-Inhibitor label expansion with approval expected in H1 2021

Source: McKinsey Report

Closing the approval gap in China

Bringing innovative medicines to Chinese patients faster



Tecentriq+Avastin 1L HCC approval expected in 2020 (within 5-6 months of US approval)

NRDL negotiations expected in 2020 for Kadycla, Tecentriq, Hemlibra

3-5x volume growth seen with other Roche medicines within 2 years of addition to NRDL

[1] NRDL: National Reimbursed Drug List; [2] Refers to Avastin Lung Cancer Indication; [3] Refers to Kadcyla Early Breast Cancer Indication; [4] Refers to Tecentriq Small Cell Lung Cancer Indication

Strong short- and mid-term news flow

Diversifying the late stage pipeline and setting new standards of care

Product	Indication	Filing	Market potential
tominersen	Huntington's	latest 2022	
gantenerumab	Alzheimer's	2022	
SRP-9001	DMD	latest 2023	
etrolizumab	Crohn's	2022	
PDS	nAMD DME	2020 2022	
faricimab	DME nAMD	2021	
Actemra + remdesivir	COVID-19	2021	
REGN-COV2	COVID-19	2021	
crovalimab	PNH	2022	

Product	Indication	Filing	Market potential
Gavreto	RET+ NSCLC	filed	
	thyroid cancer	filed	
Tecentriq	NeoAdj TNBC	2020	
	Adj SCCHN	2021	
	Adj RCC	2021	
	(Neo)Adj NSCLC	2021/22	
	Adj HCC	2022	
Tecentriq + P+H	NeoAdj HER2+ BC	2021	
ipatasertib	1L/2L TNBC	2020	
	1L mCRPC	2020	
Polivy	1L DLBCL	2021	
tiragolumab + T	1L SCLC	2022	
mosunetuzumab	R/R FL	2021	
glofitamab	R/R DLBCL	2022	
Venclexta	R/R MM t(11;14)	2022	
SERD (RG6171)	2L/3L mBC	2022	

Neuroscience
Immunology
Infectious diseases
Ophthalmology
Oncology/Hematology

Small: up to CHF 0.5 bn
medium= CHF 0.5 to CHF 1bn
large > CHF1bn

Source: Roche/Genentech, incidence/prevalence in the major markets (US, FR, DE, IT, ES, GB); DMD=duchenne muscular dystrophy; nAMD=neovascular age-related macular degeneration; DME=diabetic macular edema; NSCLC=non-small cell lung cancer; TNBC=triple-negative breast cancer; SCCHN=squamous cell carcinoma of the head and neck; RCC=renal cell carcinoma; HCC=hepatocellular carcinoma; mCRPC=metastatic castration resistant prostate cancer; DLBCL=diffuse large B-cell lymphoma; SCLC=small cell lung cancer; FL=follicular lymphoma; PNH=paroxysmal nocturnal hemoglobinuria

Doing now what patients need next