Roche

Roche Late Stage Pipeline Event 2021

Commercial Opportunities: Near-term growth drivers

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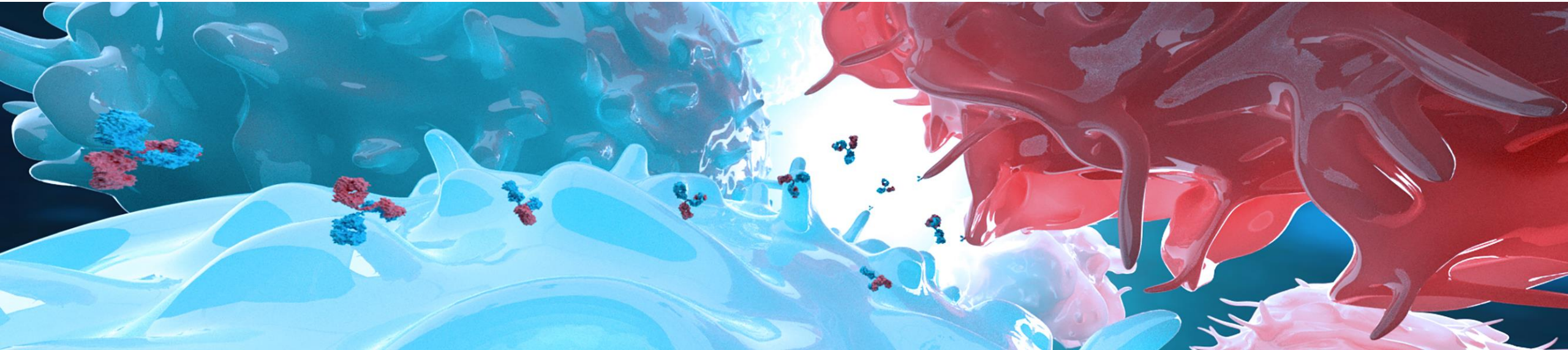
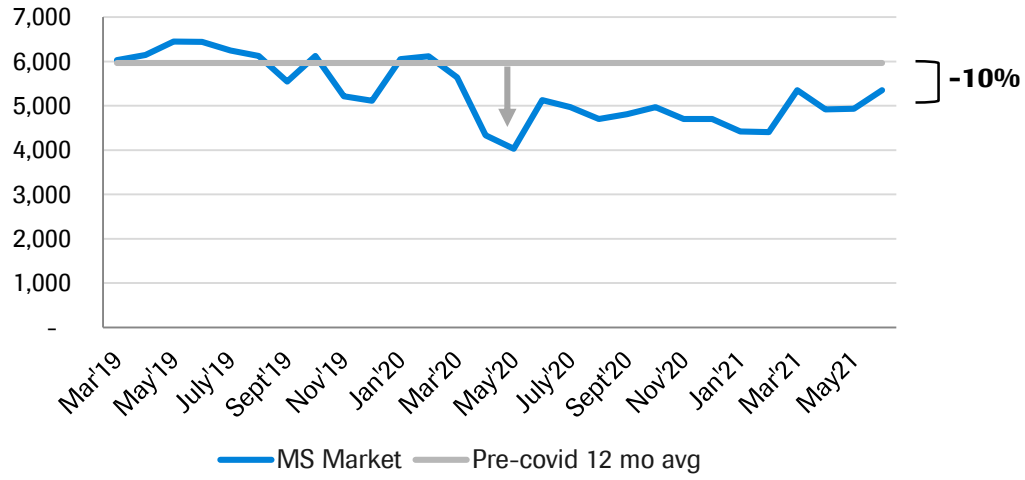


COVID-19 impact: normalization of healthcare systems ongoing

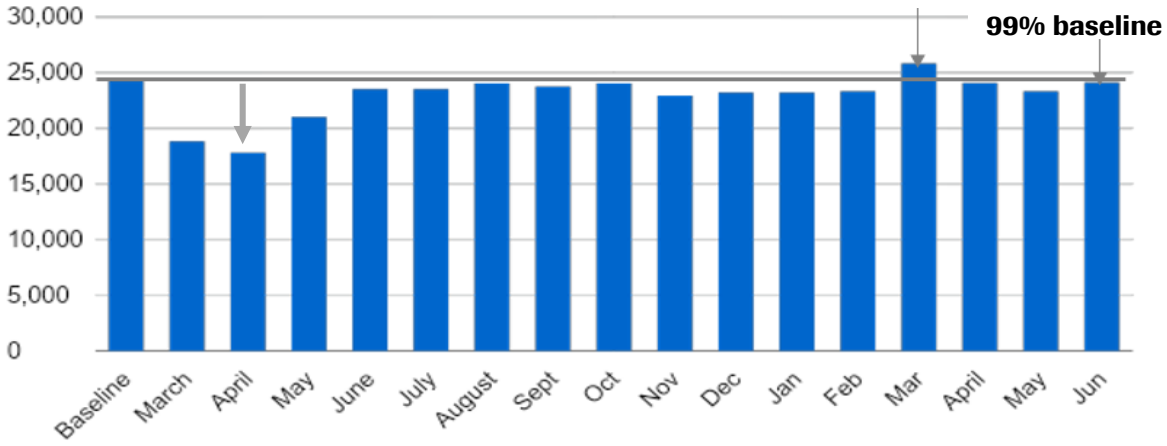
Pandemic continues to impact business dynamics

Some normalization, but not yet back to pre COVID-19 levels in certain indications and geographies

Multiple Sclerosis: US new-to-brand market[1]



Oncology US total patient visits[2]



[1] Source: IQVIA Apr Claims, IQVIA NSP (2-month rolling average); [2] Source: IQVIA U.S. Pharmaceutical Market Trend Report 2021

Significant short term news flow driving near term growth

2021 pivotal trial readouts

Molecule	Trial	Indication	Pts (US/EU5)	
Tecentriq	IMpower010	Adjuvant NSCLC	~101K[1]	✓
Polivy	POLARIX	1L DLBCL	~52K	✓
mosunetuzumab	Ph Ib GO29781	3L+ FL	~4k	
glofitamab	Ph Ib NP30179	3L+ DLBCL	~9K	
Hemlibra	HAVEN6	Mild/Moderate PwHA	~15k	
faricimab	TENAYA/LUCERNE	nAMD	~4,250K	✓
etrolizumab	BERGAMOT	Crohn's Disease	~580k[2]	
Evrysdi	JEWELFISH	SMA type 1/2/3 (switch)	~16K[3]	✓
Ronapreve	Study 2067	COVID-19 outpatient	N/A	✓
Ronapreve	Study 2069	COVID-19 prophylaxis		✓
AT-527		COVID-19		

Oncology/Hematology · Ophthalmology · Immunology · Infectious diseases · Neuroscience

2022 pivotal trial readouts

Molecule	Trial	Indication	Pts (US/EU5)
Tecentriq	IMvoke010	Adjuvant SCCHN	~40K[4]
Tecentriq	IMmotion010	Adjuvant RCC	~34K
Tecentriq	IMpower030	Neoadjuvant NSCLC	~10K[5]
Tecentriq	IMbrave050	Adjuvant HCC	~2K[6]
tiragolumab	SKYSCRAPER-01	1L PD-L1 high NSCLC	~44K
tiragolumab	SKYSCRAPER-02	1L SCLC	~40K
tiragolumab	SKYSCRAPER-08	1L ESCC	~16K
giredestrant	acelERA	2L/3L HR+ BC	~83K
Alecensa	ALINA	Adjuvant ALK+ NSCLC	~5k[7]
Venclexta	CANOVA	R/R MM t(11;14)	~9k
crovalimab	COMMODORE II/III	PNH	~4k
PDS	PAGODA	DME	~6,085k
gantenerumab	GRADUATE I/II	Alzheimer's Disease	~11,564k[8]

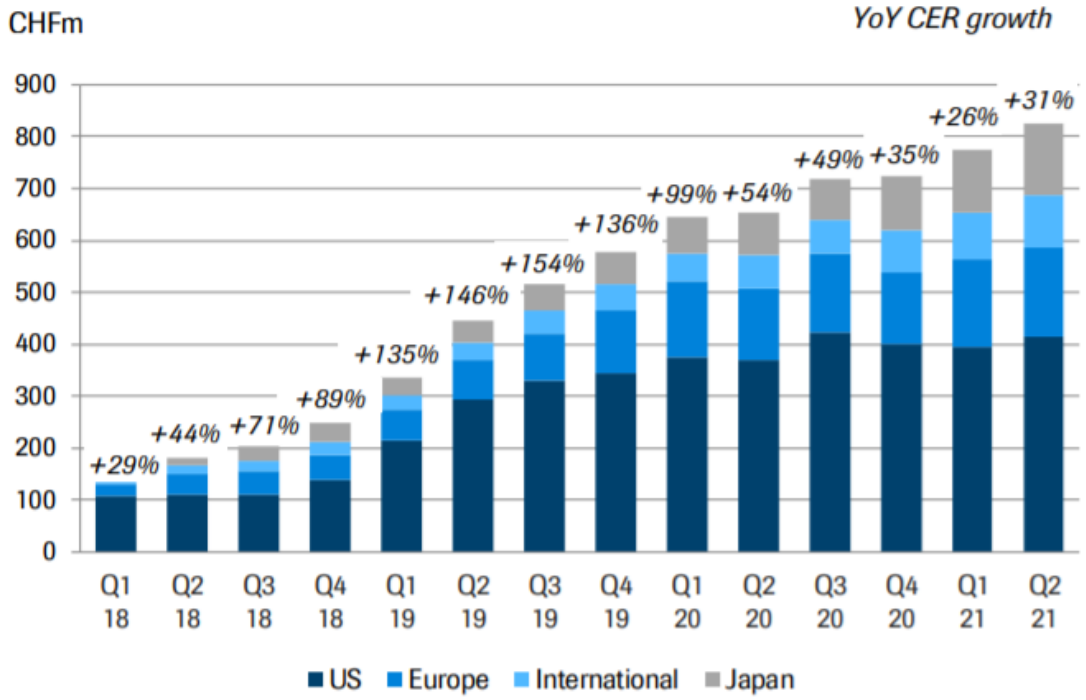
Source: Roche/Genentech Internal Epidemiology Data, all figures represent prevalence; [1] Stage I-III (operable) adjuvant treatment; [2] Moderated to severe; [3] Type 1/2/3 total prevalence; [4] Early stage patients; [5] Stage II-IIIB neoadjuvant treatment; [6] Adjuvant stage 0/A and B; [7] Stage I-III (operable) adjuvant treatment ALK+; [8] Prodromal and mild prevalent population

Commercial opportunities

1. **Oncology / Hematology**
   - Tecentriq
   - Tiragolumab
   - HER2-franchise (Kadcyla, Perjeta/Phesgo)
   - Giredestrant
   - Polivy
   - CD20xCD3 bispecifics (mosunetuzumab, glofitamab)
   - Hemlibra
2. **Ophthalmology / Immunology / Infectious Disease**
   - Faricimab
   - Port Delivery System
3. **Neuroscience / Rare Disease**
   - Ocrevus
   - Evrysdi
   - Gantenerumab

Tecentriq

Annualized sales >3b CHF with significant near term catalysts



Neoadjuvant / adjuvant

- Positive data in adjuvant NSCLC (IMpower010)
- Ph 3 readouts for Adj SCCHN, Adj RCC, Neoadj NSCLC, and Adj HCC all in 2022

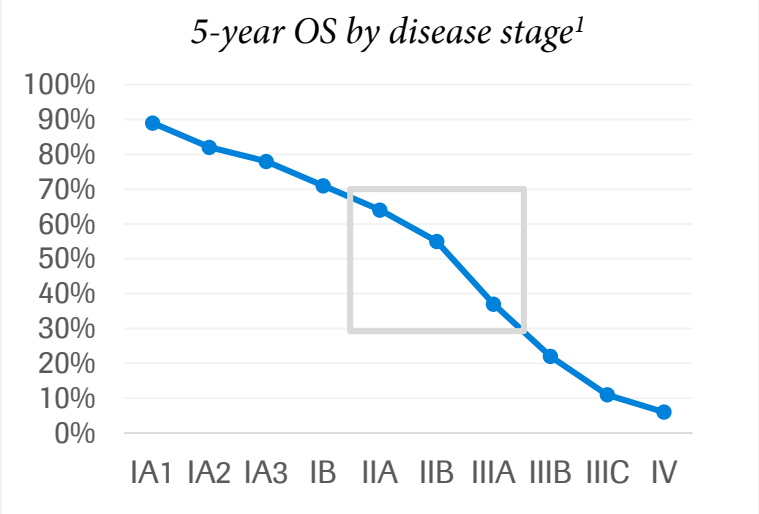
CIT combinations

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

SCLC=Small Cell Lung Cancer; NSCLC=Non-Small Cell Lung Cancer; HCC=Hepatocellular Carcinoma; mUC=metastatic urothelial carcinoma; SCCHN=head and neck squamous cell carcinoma; RCC=renal cell carcinoma; CIT=cancer immunotherapy

Tecentriq: adjuvant NSCLC
Filed with FDA under RTOR (Priority Review)

High unmet need in early NSCLC



- Many patients with Stage I-III NSCLC continue to have disease recurrence/progression post-surgery

TECENTRIQ atezolizumab

Adjuvant NSCLC treatment is still evolving

Screening: Early detection technologies expected to increase diagnosis at early stage

Testing: Increasing with adjuvant development for EGFR+, PD-L1+, ALK+ patients

Systemic therapy: Adjuvant treatment rates expected to increase with new therapeutic options

[1] Chansky, et al Journal of Thoracic Oncology (2017); NSCLC=non-small cell lung cancer; RTOR=real time oncology review

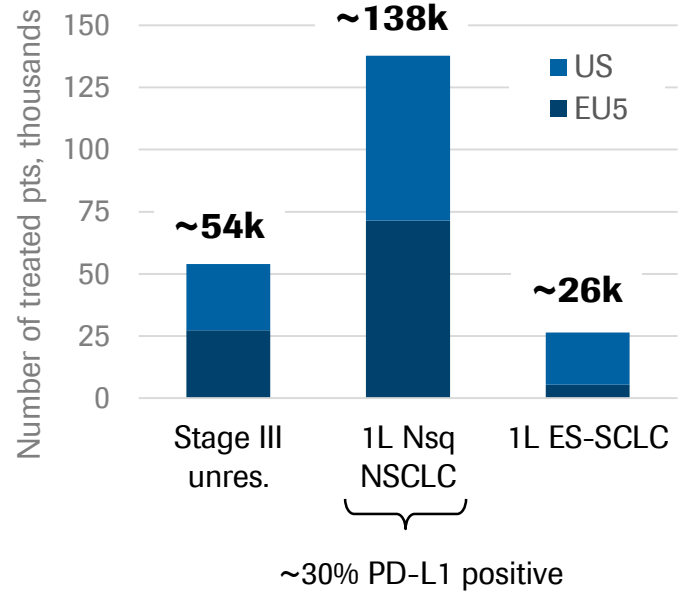
Tiragolumab (aTIGIT)

Nine Ph II/III trials initiated, with four readouts in 2022

	Indication	Ph 1 / Ph 2 / Ph 3	
Lung Cancer	1L NSCLC: PD-L1 high	SKYSCRAPER-01	2022
	1L ES-SCLC	SKYSCRAPER-02	2022
	Stage III unres. NSCLC	SKYSCRAPER-03	
	Neoadj / Adj NSCLC	SKYSCRAPER-05	
	1L NSq NSCLC	SKYSCRAPER-06	
Additional solid tumors	Locally advanced ESCC	SKYSCRAPER-07	
	1L ESCC	SKYSCRAPER-08	2022
	2L+ PD-L1+ Cervical Cancer	SKYSCRAPER-04	2022
	1L SCCHN	SKYSCRAPER-09	

- **Build on Tecentriq:** Improve on Tecentriq benefit in SCLC
- **Expand into early disease:** Trials initiated in ESCC and early NSCLC
- **Compete in new indications:** H2H trials in NSCLC vs. durva (St III), pembro + chemo (1L)

Lung Cancer: treated patients (US/EU5)



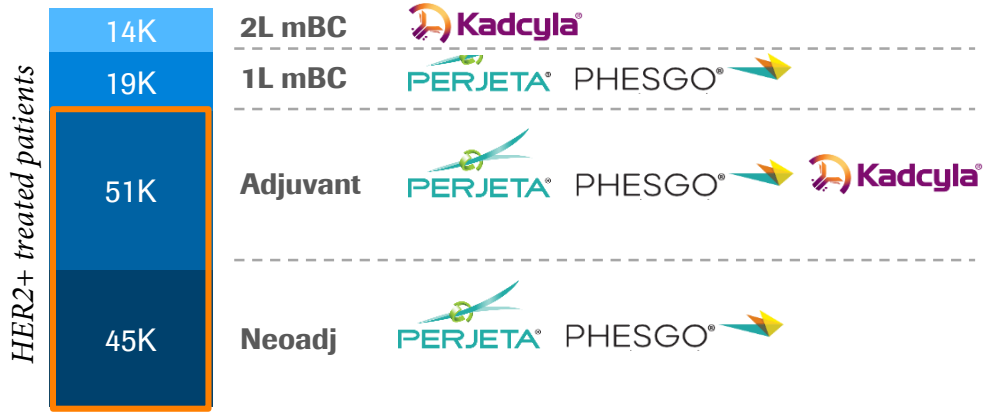
Current market size for PD-1/L1 in Lung Cancer is >$10B[1]

SCLC=Small Cell Lung Cancer; NSCLC=Non-Small Cell Lung Cancer; SCCHN=head and neck squamous cell carcinoma; ESCC=esophageal squamous cell carcinoma

HER2 Franchise

Continuing to innovate for patients with HER2+ BC

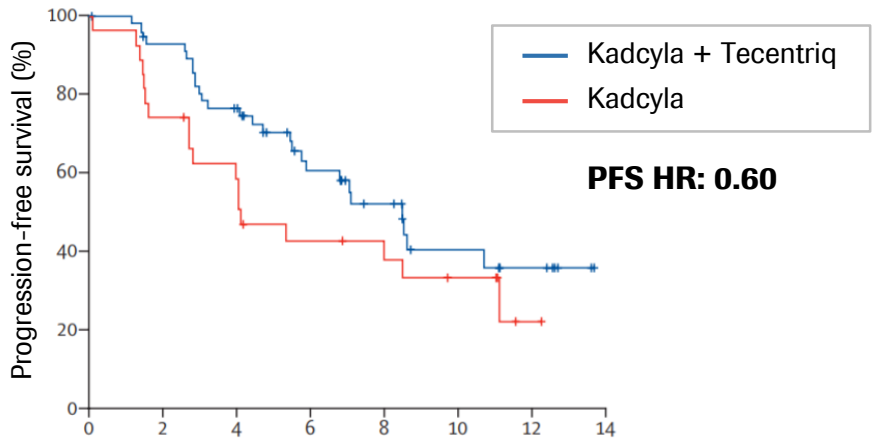
Near term growth driven by eBC, Phesgo uptake



- High bar established in eBC in terms of safety and efficacy (long-term iDFS data)
- >50% of Kadcyla sales in adjuvant setting
- Phesgo: seeing strong early uptake in US, in particular in academic institutions; strong conversion UK with reimbursement in other key markets ongoing

Continuing to build on existing standard of care

KATE-2 (2L+ HER2-positive mBC): PD-L1+ subset



- Combinations with Tecentriq initiated in PD-L1+/HER2+ BC
  - ASTEFANIA [Kadcyla+Tecentriq in high risk adj eBC]
  - NRG-BR004 [H+P+Tecentriq in 1L mBC]
  - KATE-3 [Kadcyla+Tecentriq in 2L+ mBC]

Phesgo in collaboration with Halozyme; eBC=early breast cancer; iDFS=invasive disease free survival; adj=adjuvant; mBC=metastatic breast cancer

Giredestrant (SERD)

Large addressable population, with best-in-class potential

	Endocrine Therapy Given until resistance or visceral disease present	**giredestrant** Replace ET as standard of care in all settings	HR+/HER2- treated population (US/EU5)
eBC	**ET**	**giredestrant**	**385K**
1L mBC	**ET** +/- CDK4/6i	**giredestrant** + CDK4/6i	**62K**
2L mBC	**ET** +/- targeted therapy	**giredestrant**	**44K**

First pivotal readout in 2L/3L mBC in 2022

High unmet need remains in HR+/HER2- BC

- Up to 50% of eBC pts stop treatment early due to tolerability[1]
- 30% of patients develop metastatic disease[2]
- Need for new therapies to overcome resistance

Potential for best-in-class SERD

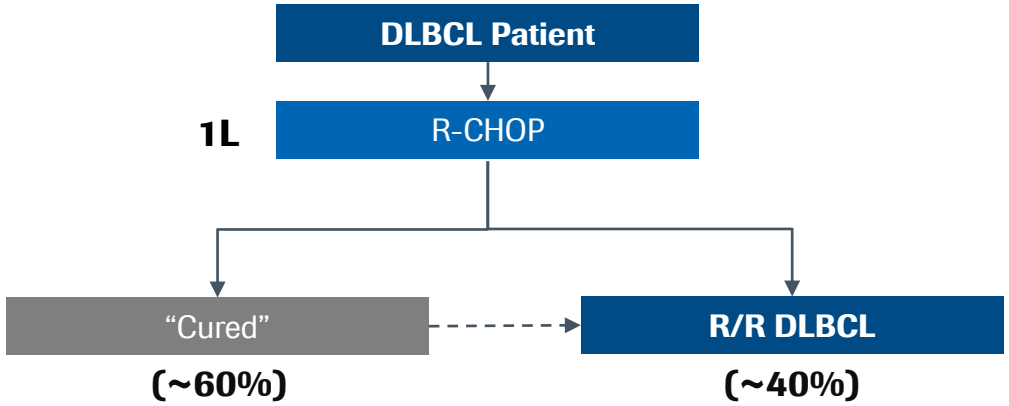
- **Differentiated MOA**: immobilizes ER in the nucleus prior to degradation
- **High potency**: 7-15x more potent than other SERDs in development
- **Well tolerated** alone and in combination with CDK4/6i
- **Standardized dose**, 30mg once-daily selected for monotherapy/combo
- **Broadest clinical program:** only SERD with adjuvant trial vs. SOC

[1] Bowels A, et al *J Oncol Pract* 2012; [2] Ruhstaller, T. *J Clin Oncol* 2018; ET=endocrine therapy; HR+ BC=hormone receptor positive breast cancer; eBC=early breast cancer; mBC=metastatic breast cancer; SERD=selective estrogen receptor degrader; SOC=standard of care

Polivy + R-CHP

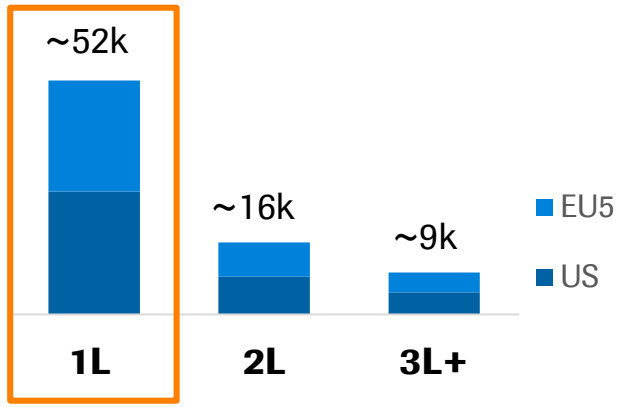
First positive trial in 1L DLBCL in >20 years

1L DLBCL can be curative, but high unmet need remains



- ~40% of patients are not cured with R-CHOP in 1L
- Patients with R/R DLBCL have poor prognosis: mOS <2yrs

Multibillion CHF market opportunity in 1L DLBCL



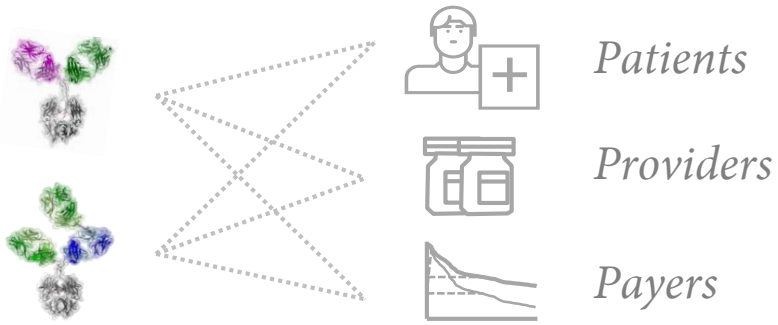
- No new 1L therapies approved since R-CHOP
- 3x more drug treated patients in 1L than 2L DLBCL
- No competitors expected in 1L DLBCL for >3.5 years

Polivy in collaboration with Seagen; R/R=relapsed/refractory; DLBCL=diffuse large B-cell lymphoma; R-CHOP=Rituxan + cyclophosphamide + hydroxydaunorubicin + vincristine + prednisone; mOS=median overall survival

Mosunetuzumab and glofitamab (CD20 x CD3 bispecifics)

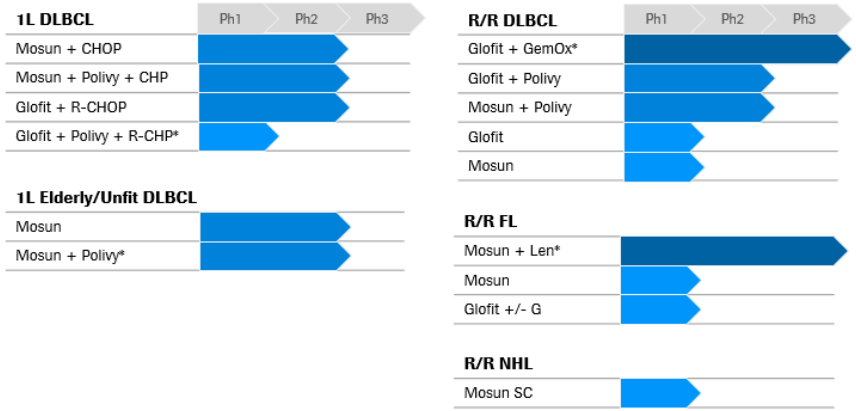
Potential to be first-in-class and best in class in FL and DLBCL

Mosun and Glofit are differentiated and can be tailored to address diverse patient and customer needs



- **Mosun**: attractive profile for the outpatient setting and across a broad range of indications and settings; no required hospitalization
- **Glofit:** best in class efficacy potential with high CR rates, and manageable CRS

Most advanced clinical development plan with pivotal cohorts reading out in 2021



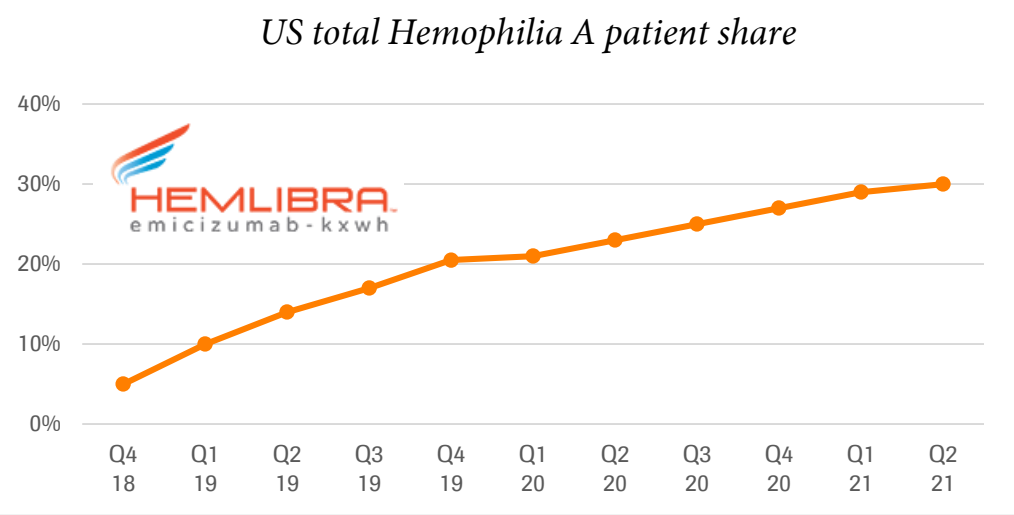
- **Late line monotherapy:** Mosun pivotal cohort (3L+ FL) filing in 2021, glofit pivotal cohort (3L+ DLBCL) filing in 2022
- **R/R NHL combinations:** Randomized Ph 3 trials initiated in R/R FL (mosun+len) and 2L+ DLBCL (glofit + GemOx)
- **1L DLBCL:** Moving into 1L DLBCL in combination with Polivy

R/R=relapsed/refractory; DLBCL=diffuse large B-cell lymphoma; FL=follicular lymphoma; len=lenalidomide; gemOx=gemcitabine + oxaliplatin; CR=complete response; CRS=cytokine release syndrome

Hemlibra

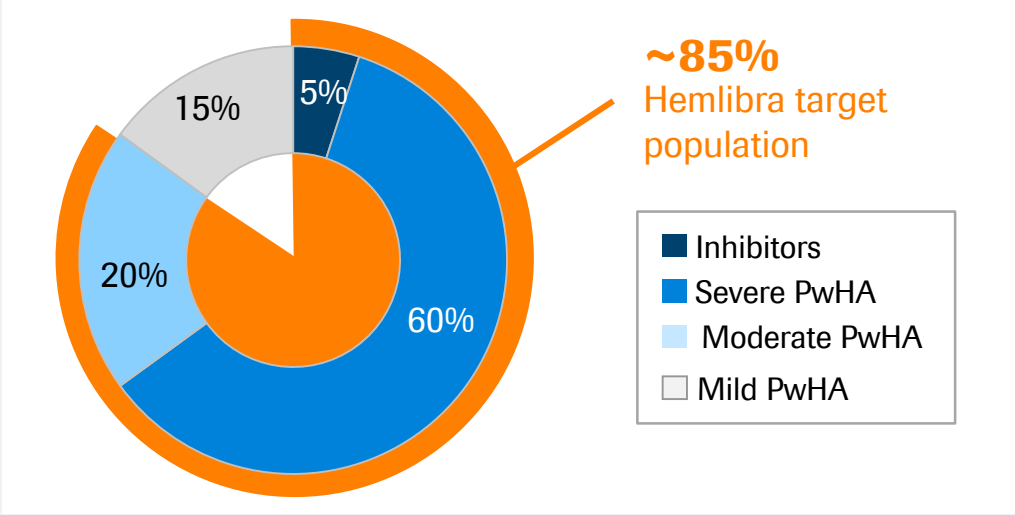
Transformational advance for Hemophilia A patients

Continuing to gain market share in US and globally



- 30% total patient in US (all severities), 28% patient share in EU5 (severe patients only)
- Non-inhibitor approval in >90 countries, reimbursement in >30 countries to-date
- Approved in China in Q2'21

Additional subgroups supported by further data



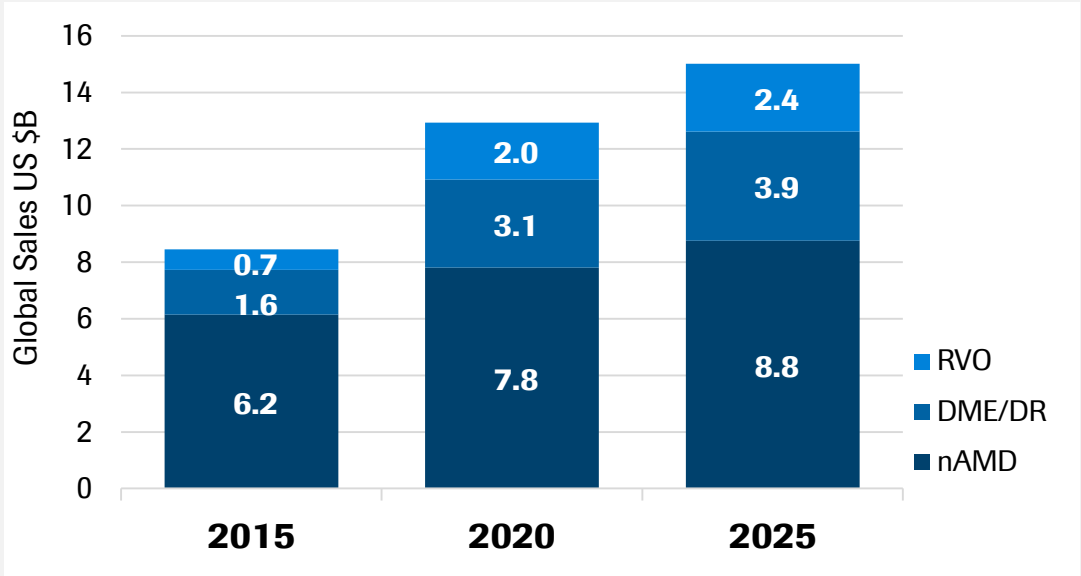
- HAVEN1-4: Five year follow-up (data expected in 2022)
- HAVEN6: Mild-moderate study for EU label; interim data submitted to ASH
- HAVEN7: <1yr; first novel therapy to be studied for prophylaxis in infants (data expected in 2022)

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

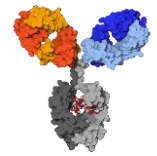
Ophthalmology

*Preparing for first launch of PDS in 2021 and faricimab in 2022**

Global retina market growing to $15b



- Market growth driven by aging population, product innovation
- Potential to further increase market size with increased compliance from less frequent dosing



Faricimab: First new MOA in nAMD/DME >15 yrs. Strong durability, with approximately half of patients able to be maintained on Q16W dosing

Port Delivery System (PDS): Permanent, refillable intraocular implant. Nearly all patients maintained on dosing every 6 months

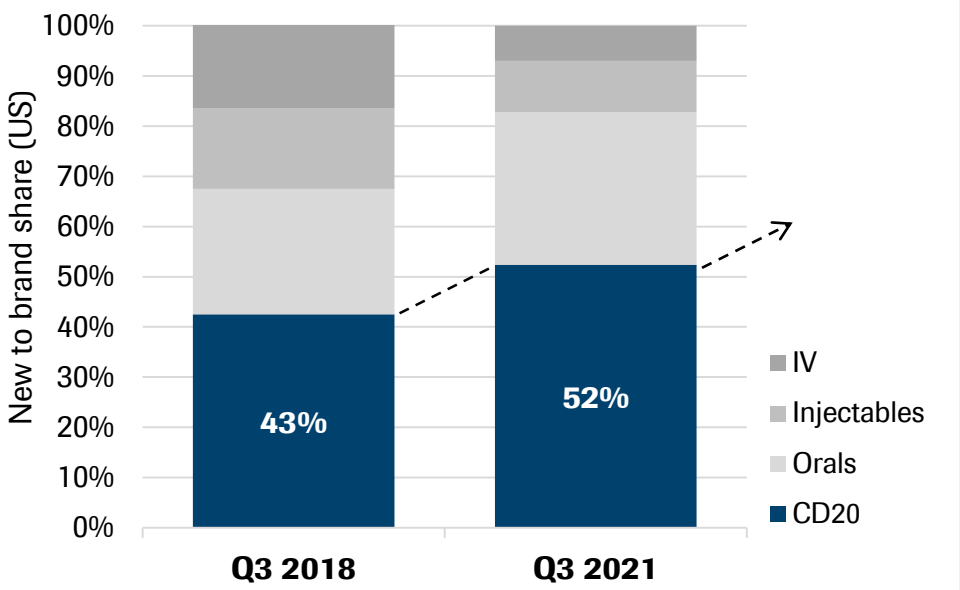
Global rights secured for faricimab and PDS

Source: Evaluate Pharma January 2021; * Timelines reflect first launch in US; DME=diabetic macular edema; DR=diabetic retinopathy; nAMD=neovascular age-related macular degeneration; RVO=retinal vein occlusion

Ocrevus

Ocrevus continues to have a strong growth profile

Continued opportunity to grow CD20 class share



OCREVUS® ocrelizumab

Best in disease efficacy and safety

- Robust, consistent, and sustained delay in disability progression
- Ocrevus is the only therapy approved in PPMS
- >200K patients treated, with consistent benefit-risk profile
- Higher dose Ocrevus studies look to further improve on best-in-disease profile

Twice yearly dosing drives better compliance

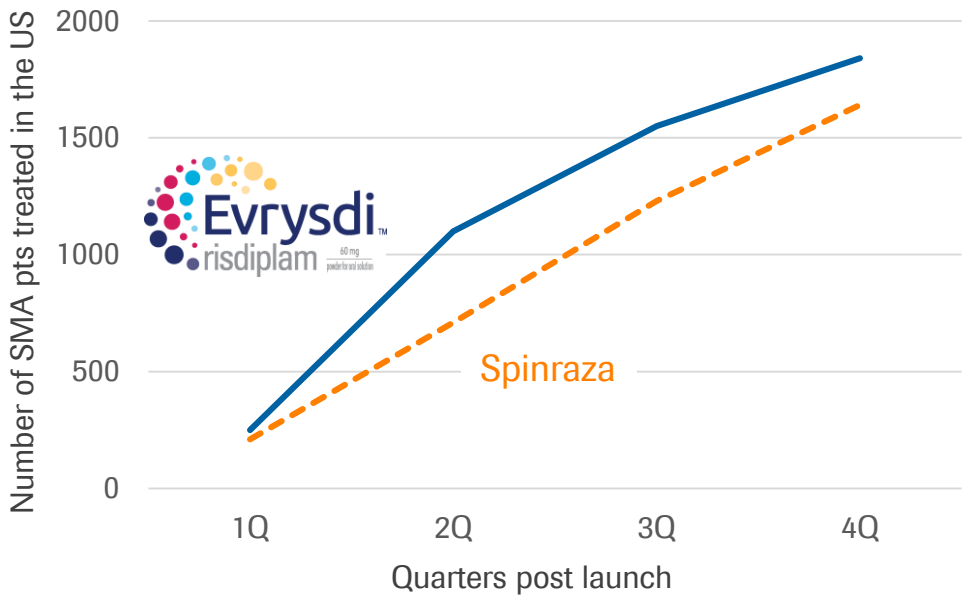
- >90% persistence/adherence after 1 yr; superior to oral & injectable medicines
- Short infusion (2h) further improves convenience
- Ocrevus has been infused in >46K locations in the US (~50% of infusions occur outside of the hospital)

Source: IQVIA; MS=Multiple Sclerosis; PPMS=Primary Progressive

Evrysdi

Growth supported by global expansion, and further share gains

US: fastest uptake for a DMT in SMA[1]



Seeing patients with all SMA types, broad range of ages, and both tx naïve and previously treated

Strong global launch with approval now in all major markets

- 20% market share in Germany within 4 months of launch
- Ongoing dialogue with EU reimbursement bodies
- Japan public reimbursement secured
- Approved in China

Global SMA market expected to grow to >$5b by 2025[2]

- Global expansion (significant untreated populations in many countries)
- Treatment of previously untreated Type 2/3 patients (driven by new options like Evrysdi)

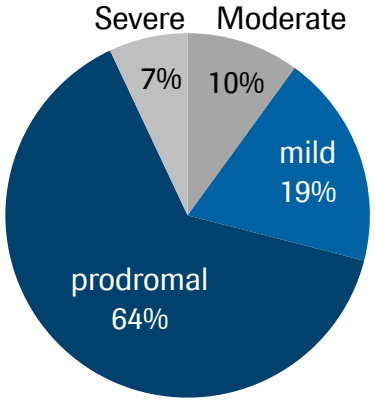
[1] Source: company reported data; [2] Evaluate Pharma; SMA=spinal muscular atrophy

Gantenerumab

Pivotal data expected 2H'22; most comprehensive data in AD

Large patient population and high unmet need

AD Continuum Distribution [2]



- 47M patients worldwide and projected to be 76M by 2030[1]
- 6th leading cause of death in the US[1]
- ~10M new cases / year who may be eligible for therapy[2]

Confidence in GRADUATE I/II to deliver clear & robust dataset

- Well powered: two parallel studies with ~1,000 participants each
- Extended trial duration: 27 months
- Maximized exposure: optimized titration scheme & single target dose regardless of APOE genotype
- Demonstrated Aβ plaque reduction (80% of patients below amyloid positivity threshold at 3 years in OLE)

First and only subcutaneous treatment for AD

- SC delivery allows flexible care setting incl home-administration by caregiver
- Reduces the burden of IV infusions for AD patients
- Enables broad patient access and reduces health care burden

[1] Alzheimer's Association; [2] Roche/Genentech internal data; AD=Alzheimer's Disease; OLE=open label extension

Doing now what patients need next