

Novartis Investor Relations

# Novartis Strategy and Growth Story

Vas Narasimhan, CEO  
J.P. Morgan Healthcare Conference  
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# Novartis presents an attractive profile for investors

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1

## Clear strategy

Delivering on strategy as a focused medicines company

2

## Attractive growth profile

Confident in 4%+ sales CAGR (2020 to 2026) and above peer median beyond 2026

3

## Strong mid/late-stage portfolio

Breadth and depth, 20+ assets with USD ≥1bn potential, fuel further growth to 2030 and beyond

4

## Platform leadership

Continue to develop leadership across technology platforms

5

## Balanced capital allocation

Aims to combine investing in core business and returning excess capital to shareholders

# Our strategy

Focused medicines company powered by technology leadership in R&D, world-class commercialization, global access and data science

## Where to play | our focus



Strengthen our core therapeutic areas



Advance our leading technology platforms



Accelerate our 4 priority geographies



Transform Sandoz

## How to win | our five priorities



Embrace operational excellence every day



Unleash the power of our people



Deliver transformative innovation



Go big on data and digital



Build trust with society

## Our aspiration

### Innovation power

Top 3 innovator

### Returns

High 30s IM margin, attractive ROIC<sup>1</sup>

### Growth

Consistent above peer median average growth

### ESG

Global leader in material ESG factors

1. Return on invested capital.

# We are delivering consistent top-line growth with margin expansion

**Diversified**  
Healthcare Group

1996 - 2014

**Focused**  
Medicines Company

2015 - 2021

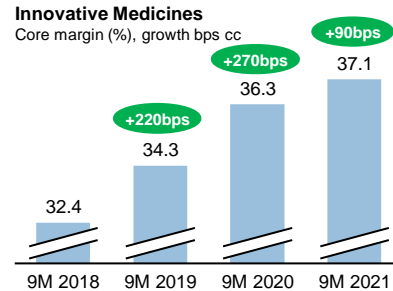
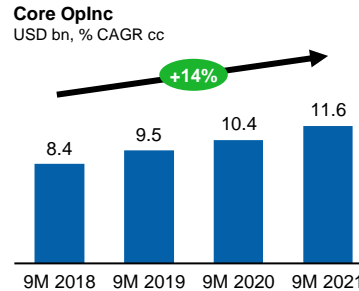
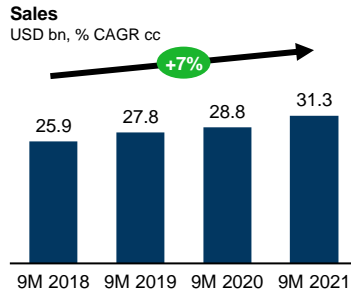
## Actions 2015 – 2020

- Exit of Animal Health, Vaccines, Consumer Health
- Alcon spin | value creating, tax neutral, largest in EU market history
- Opportunistic bolt-on acquisitions

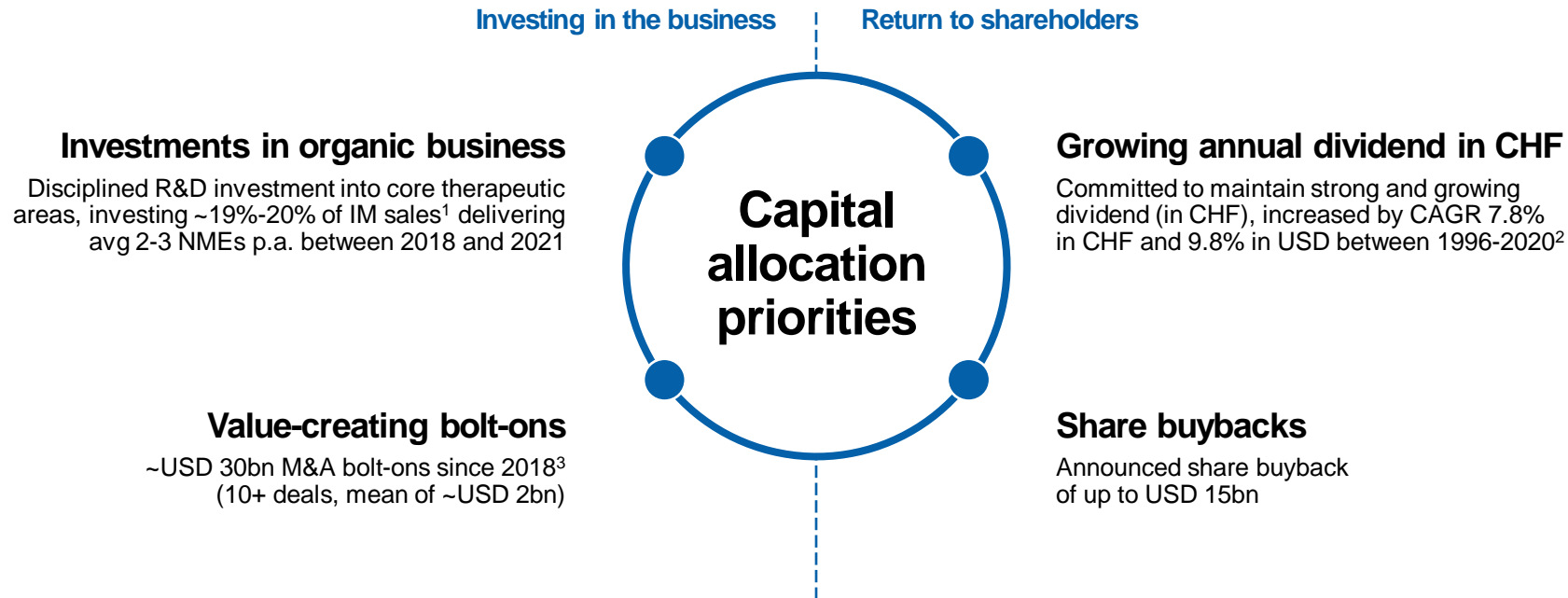
## Actions 2021

- Strategic Review of Sandoz to maximize shareholder value
- Sale of Roche stake | single bilateral transaction, ~USD 21bn, no tax leakage, IRR of 10.2% in USD

## Consistent strong operating performance (Innovative Medicines)



# We remain disciplined and shareholder-focused in our capital allocation



1. Core R&D as a % of 3<sup>rd</sup> party sales based on 2020 IM actuals. 2. Reflecting dividend payments up to and including the business year 2020 (paid out in March 2021), converted at historic exchange rates at the respective dividend payment dates as per Bloomberg. 3. Until Q4 2021.

# We have strong positions in five therapeutic areas and new technology platforms, with a diversified geographic presence

## In-market and pipeline depth in 5 therapeutic areas

**5** CRM, IHD, NS, ONC, HEM<sup>1</sup>  
Opportunistic in others:  
Ophthalmology & Respiratory

**14** In-market blockbuster assets<sup>2</sup>

**20+** Potential bn USD+ pipeline assets with approval by 2026


**8%** Limited binary risk on a single product<sup>2</sup>


**53%** Key growth drivers and launches as % of IM sales, growing 26% in Q3 2021

## Strong positions in technology platforms

**TPD**  Advance our broad portfolio of NMEs

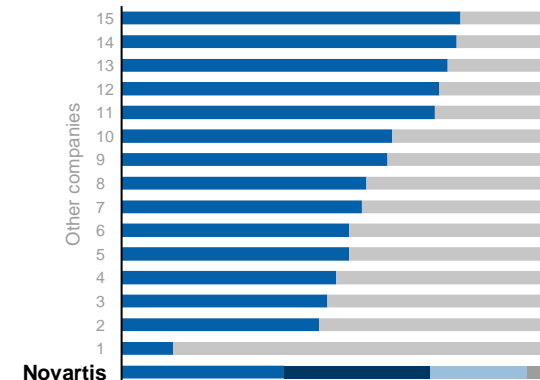
**CELL THERAPY**  Lead in next generation of CAR-Ts

**GENE THERAPY**  Advance next wave of assets

**RLT**  Expand across additional solid tumors

**xRNA**  Fully build up siRNA capabilities

## Geographically diversified<sup>3</sup>



**US** | Low exposure to US pricing reforms<sup>4</sup>  
**EU** | Maintain sales leadership  
**China** | Sales on track to double by 2024

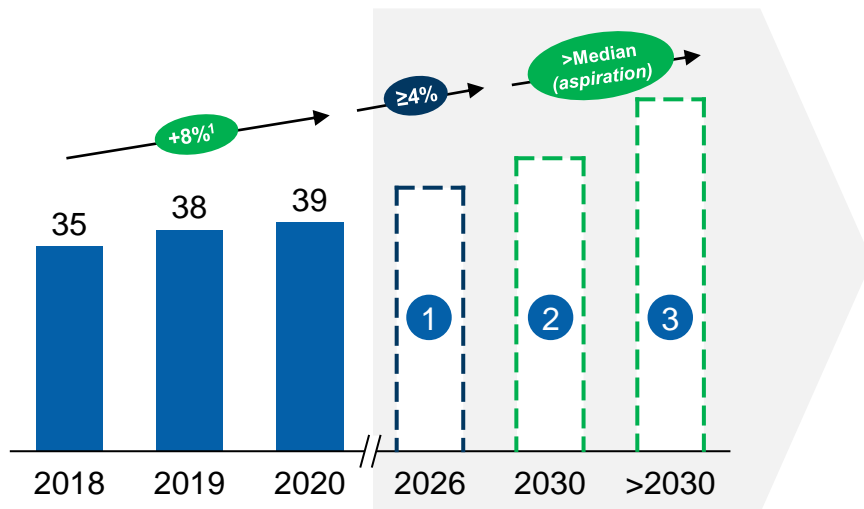
■ US ■ EU ■ Asia, Africa, Australasia ■ ex-US ■ Canada & Latin America

1. Cardio-Renal, Immunology, Neuroscience, Oncology, Hematology. 2. Based on 2020 Group sales actuals. 3. Source IQVIA Analytics Link (MIDAS database), sales numbers are estimated bottom up based on average wholesaler price and volume, and therefore deviates from net sales reported by companies in their annual reports. Includes branded and generics drugs as well as vaccines but no OTC. 4. Relative to peers. TPD: Targeted Protein Degradation, RLT: Radioligand Therapy.

# Off this strong base, we are committed to driving consistent growth to 2030 and beyond

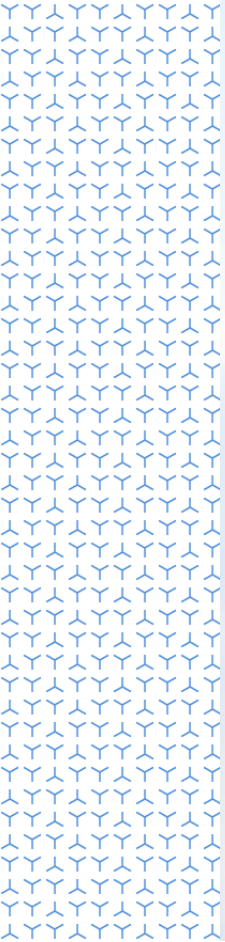
## IM sales evolution

Illustrative, USD billion, % CAGR cc



1. 6% in USD

- 1 2020-2026 |  $\geq 4\%$**   
Focused resources on key growth brands and launches, upscaling next generation engagement models
- 2 2026-2030 |  $>$ peer median**  
Double-down on internal pipeline assets to unlock their full potential and add complementary BD&L
- 3  $>2030$  |  $>$ peer median**  
Focused investments in technology platforms while staying at the forefront of innovation in small and large molecules



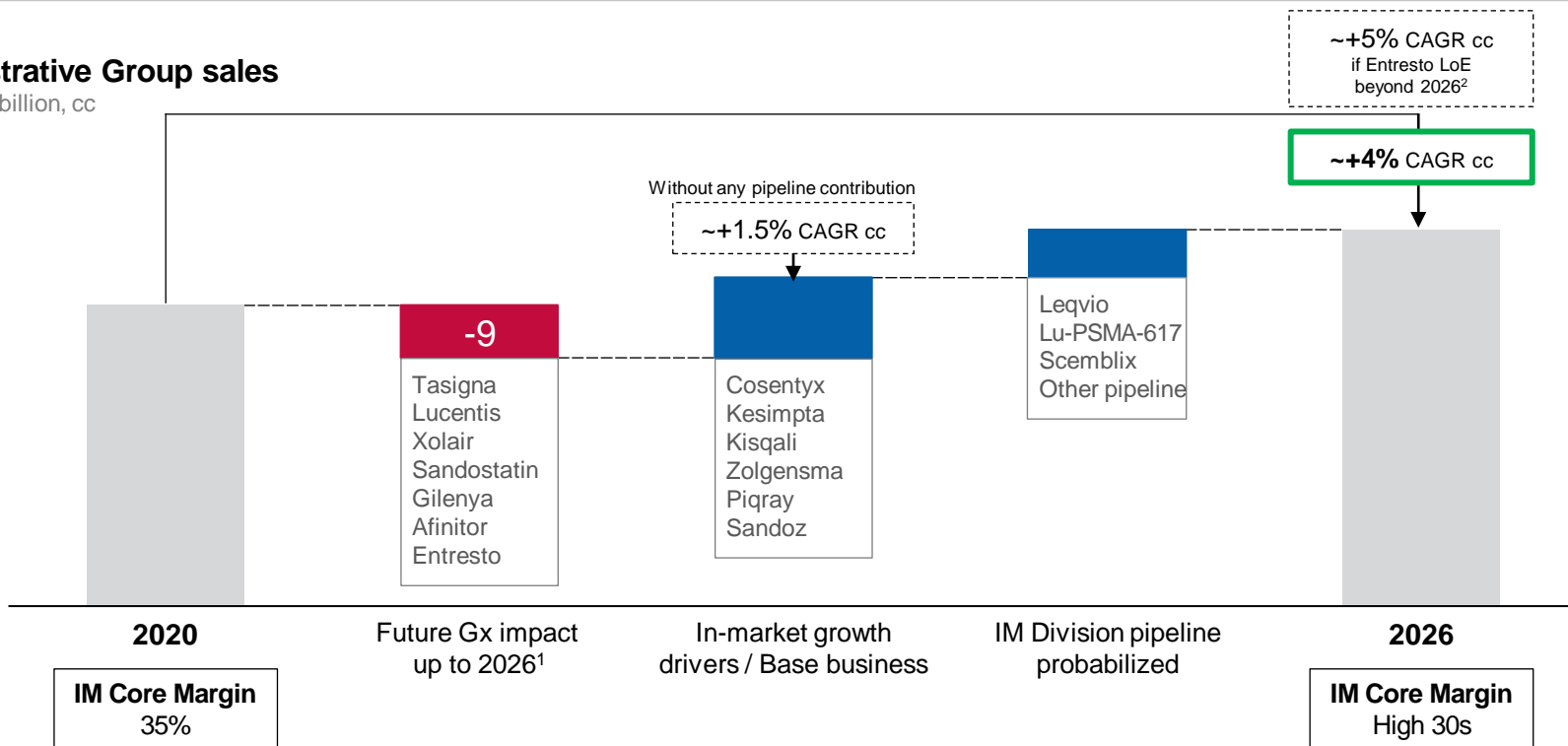
Novartis Growth Story  
**2020 - 2026**



# Confident in delivering 4%+ sales CAGR 2020 - 2026

## Illustrative Group sales

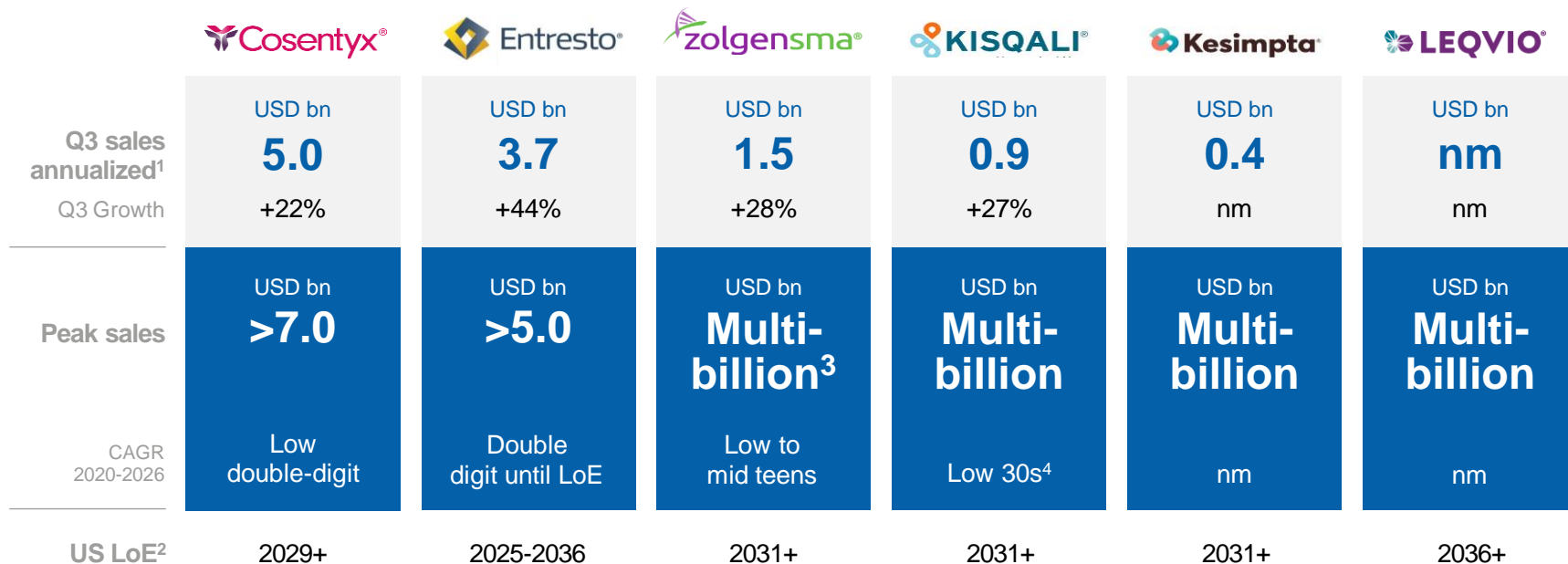
USD billion, cc



Excludes potential impact from US healthcare reform. Compared to R&D Day 2021, removed Ligelizumab in CSU.

1. Estimated based on relevant patents; further extensions possible. Additional products include Promacta, Q-Family and Votrient. 2. For internal forecasting purposes we do not expect Gx in US at least until 2025.

# Six in market growth drivers with multi-billion USD sales potential



USD, all growth rates in constant currencies (cc). Excludes potential impact from US HC reform.

1. Reported Q3 net sales annualized. 2. Estimated based on relevant patents; further extensions possible. 3. Including Zolgensma IT. 4. Including Kisqali adjuvant.

# Leqvio<sup>®</sup>: US launch underway

FDA approved

- ✓ Effective and sustained LDL-C reduction<sup>1</sup> with twice a year maintenance dose administered by HCP
- ✓ Broad label covering 16m US ASCVD patients not at LDL-C goal
- ✓ Go-to-market model designed to overcome clinical barriers and address access, adherence and affordability
- ✓ Sales, reimbursement and medical teams with deep experience in the US cardiovascular market
- ✓ Robust network of AICs to provide acquisition and administration flexibility
- ✓ Value-based price per dose (USD 3,250)
- ✓ Comprehensive patient and HCP support programs available at launch to ensure timely access
- ✓ Product available from specialty distributors in early January

LDL-C – Low Density Lipoprotein Cholesterol ASCVD – Atherosclerotic Cardiovascular Disease AIC – Alternative Injection Center HCP – Healthcare Professional 1. Across the 6-month dosing interval.

# Additional key 2022 launches include Scemblix® and <sup>177</sup>Lu-PSMA-617



## First STAMP inhibitor in 3L CML

FDA approval received in 3L CML and CML patients with T315I mutation

~25% of all CML patients addressable with current label

## Potential to provide best benefit-risk profile in 1L CML

>50% of patients treated front line with imatinib } develop resistance  
30-40% treated with 2<sup>nd</sup> generation TKIs } or intolerance

Initiated 1L pivotal study of asciminib vs. investigator-selected TKI (FPFV<sup>1</sup> achieved in Q4 2021)

## <sup>177</sup>Lu-PSMA-617<sup>2</sup>

### Prognosis remains poor for patients with mCRPC<sup>3</sup>

2<sup>nd</sup> most diagnosed cancer in men

>80% of patients metastatic at the time of CRPC diagnosis

~10 months median OS on available treatment options

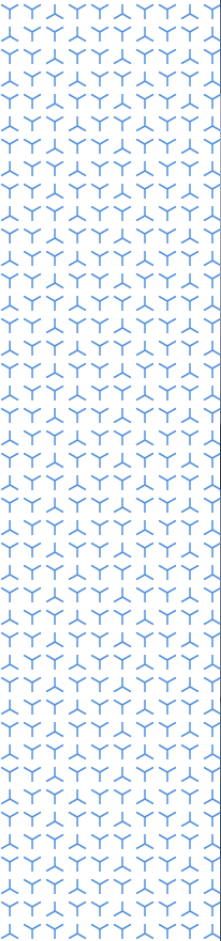
### With FDA Priority Review, PDUFA<sup>4</sup> expected H1 2022

Submitted <sup>68</sup>Ga-PSMA-11 kit for PET imaging to FDA

Scaling community centers on RLT

EMA submission completed and approval expected in H1 2022

1. First patient first visit. 2. Product and brand name are currently under FDA review. 3. Metastatic castration-resistant prostate cancer. 4. Prescription Drug User Fee Act.



Novartis Growth Story  
**Beyond 2026**

2

3



# Our innovative pipeline addresses unmet medical needs with a renewed focus to deliver high value assets

## Scale

Projects<sup>1</sup>

70

NMEs

65

Phase 3 / Registration

100

Phase 1/2

## Innovation

23

FDA breakthrough therapy designations in the past 6 years

~85%

Pipeline<sup>2</sup> potentially first-in-class / first-in indication

>80%

Target areas of high unmet need<sup>2</sup>

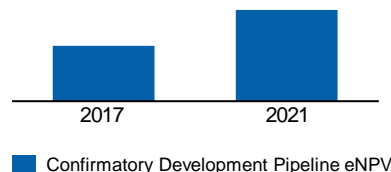
## Value

#1

NME US FDA approvals<sup>3</sup>

~1.5x

eNPV growth per asset since 2017<sup>4</sup>



## Priorities

Focus on assets with **significant potential**

Early **expansion into multiple indications** (e.g., Iptacopan, Remibrutinib)

Rapid transitions to pivotal studies especially for **high value assets** (e.g. JDQ/TNO, NIS, YTB)

Early out licensure of **non-strategic internal assets**

1. As per IR Q3 2021 pipeline. 2. Confirmatory development pipeline. 3. Source: Evaluate Pharma, US NME FDA Approvals 2018 -2020. 4. Confirmatory development pipeline, IMB portfolio review May 2017 vs May 2021

# 20+ potential billion USD+ pipeline assets with approval by 2026

Most are supported by high strength of evidence

## Selected assets

|  | Strength of evidence<br><b>Moderate</b>                                  | Strength of evidence<br><b>High</b>              |   |
|--|--|--|---|
| Unprobabilized<br>peak sales<br><b>USD bn / multi-bn</b> | <b>Sabatolimab</b><br>MDS; AML   | <b>Iptacopan</b><br>PNH; C3G; IgAN; aHUS         | <b>Kisqali</b><br>Adj. BC (+endocrine th.)                            |
|  | <b>NIS793</b><br>PDAC; Colorectal Cancer                                 | <b>Remibrutinib</b><br>CSU; MS                   | <b>YTB323<sup>2</sup></b><br>2L DLBCL                                 |
|  | <b>Pelacarsen</b><br>CVRR  | <b>Zolgensma</b><br>SMA IT                       | <b>lanalumab</b><br>Sjogren's; SLE; AIH;<br>Lupus Nephritis           |
|  | <b>Canakinumab</b><br>Adj. NSCLC   | <b>Ligelizumab</b><br>FA; CINDU                  | <b>Legvio</b><br>Hypercholesterolemia                                 |
|  | <b>Ociperlimab<sup>1</sup></b><br>NSCLC                                  |  | <b>Cosentyx</b><br>Multiple indications                               |
|  | <b>UNR844</b><br>Presbyopia  |  | <b><sup>177</sup>Lu-PSMA-617</b><br>mCRPC post & pre-taxane;<br>mHSPC |
|  | <b>Libvatrep (SAF312)</b><br>Chronic Ocular Surface Pain                 |  | <b>Scemblix</b><br>3L+ CML; 1L CML                                    |
|  | <b>TNO155, JDQ443<sup>2</sup></b><br>NSCLC; Colorectal Cancer;<br>Combos |  | <b>Tislelizumab</b><br>Multiple indications                           |
| Unprobabilized<br>peak sales<br><b>up to USD 1bn</b>     | <b>LutATHERA</b><br>1L G2/G3 NET   | <b>Kymriah</b><br>r/r Follicular Lymphoma        | <b>Beovu</b><br>DME   |
|  |  | <b>Tafinlar/Mekinist</b><br>Solid Tumor Agnostic | <b>Jakavi</b><br>SR GvHD  |
|  |  |  |   |

Most advanced and  
key indication(s)  
**approved by 2026**

- Submission
- Phase III
- Phase II
- ◆ LCM
- ✓ Approved

1. BeiGene option deal. 2. Ph3 to start in 2022.

Assets are shown in the phase of the most advanced indication (listed first). Value based on the total of the listed indication(s).

Strength of evidence based on the most advanced indication: High if in Ph3 or when Ph2 results available for the same MoA in the lead indication.

# Recent data releases support progression of our mid-stage pipeline

## Cosentyx HS

Primary efficacy endpoint was met in both Ph3 studies SUNSHINE and SUNRISE

## Iptacopan

**C3G**: 45% proteinuria reduction; EMA PRIME

**PNH**: Ph2 substantial reduction in intra- & extravascular hemolysis; FDA BTD

## JDQ443

Entering Ph3 2L KRAS G12C mutant **NSCLC** in H1 2022, based on ongoing Ph1 study

## Ianalumab

**Sjögren's** Ph2b primary endpoint met, confirming efficacy and good tolerability

**Autoimmune hepatitis, SLE** and **CLL** studies ongoing

## Remibrutinib

Rapid and effective **CSU** disease activity control, with favorable safety in Ph2b

## YTB323 / PHE885

T-Charge™ assets presented at ASH:

**Anti-CD19 YTB** to Ph3

**Anti-BCMA PHE** to Ph2

## Branaplam

Potential FIC<sup>1</sup> for **Huntington's** Ph2b initiated based on demonstrated PoC in pre-clinical, Ph1 (healthy volunteers) and SMA studies

## Ociperlimab (TIGIT)

Currently in Ph3 trials for **NSCLC** in combination with tislelizumab<sup>2</sup>

Additional studies ongoing in a wide range of solid tumors

1. First-in-class. 2. Active trials conducted by BeiGene.



# Recent business development activities strengthening our pipeline and platforms



## Adding a one-time subretinal gene therapy that could transform care for geographic atrophy (GA), a leading cause of blindness<sup>1</sup>

Potential 1<sup>st</sup> therapy with sustained efficacy for broad GA population

AAV-2 gene therapy inducing expression of CFI<sup>2</sup> for treatment

Compelling early preclinical & clinical data of GT005 with well tolerated safety profile<sup>3</sup>

FDA Fast Track designation for GT005

### Upcoming milestones (readouts)

Phase 1/2: **FOCUS** Oct 2022

Phase 2: **HORIZON** Oct 2022 and **EXPLORE** Feb 2023



## Option, collaboration and license agreement for TIGIT inhibitor ociperlimab with the potential to treat a wide range of solid tumors

Early research suggests TIGIT inhibitors activity against broad range of tumors

Ociperlimab adds innovative and complementary late-stage TIGIT inhibitor and potentially synergistic combinations with tislelizumab and other Novartis Oncology assets

Two Phase III trials underway in NSCLC<sup>4</sup> and additional studies ongoing in a wide range of solid tumors

1. Completion of the transaction is subject to customary closing conditions. Novartis and Gyroscope will continue to operate as separate and independent companies until closing.

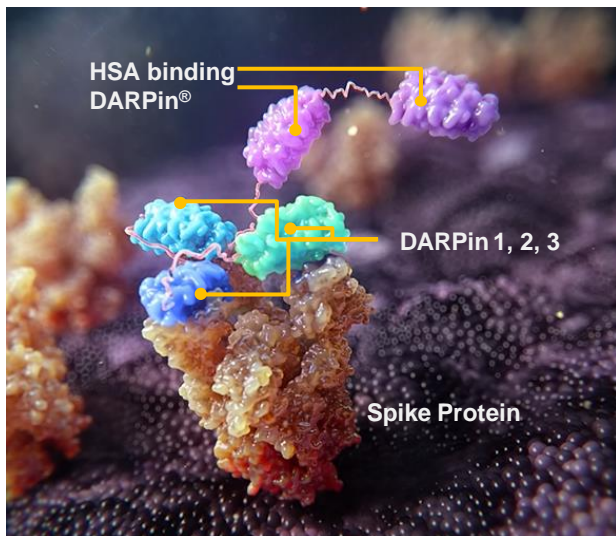
2. Complement negative regulator complement factor.

3. Publicly presented data J Heier, Retina World Congress, November 2021.

4. Non-small cell lung cancer.

# Novartis and Molecular Partners report positive results on Phase 2 EMPATHY clinical trial of ensovibep on COVID-19 patients

## Ensovibep binding to spike protein (3D)



## Value proposition of ensovibep

### Drug description

- ▶ Three individual DARPin domains bind to three RBDs on spike protein offering high potency against all variants
- ▶ Single IV infusion to be administered within 7 days of symptom onset
- ▶ Manufacturing based on bacterial fermentation that is more easily scalable

### Key clinical data

- ▶ Reduced hospitalizations, ER visits and deaths vs. placebo (RR<sup>1</sup> 78%)
- ▶ Faster recovery in patients
- ▶ No unexpected safety findings
- ▶ Lowest dose of 75mg was effective in viral load reduction

### Pan-variant-neutralization of all VOCs, in vitro

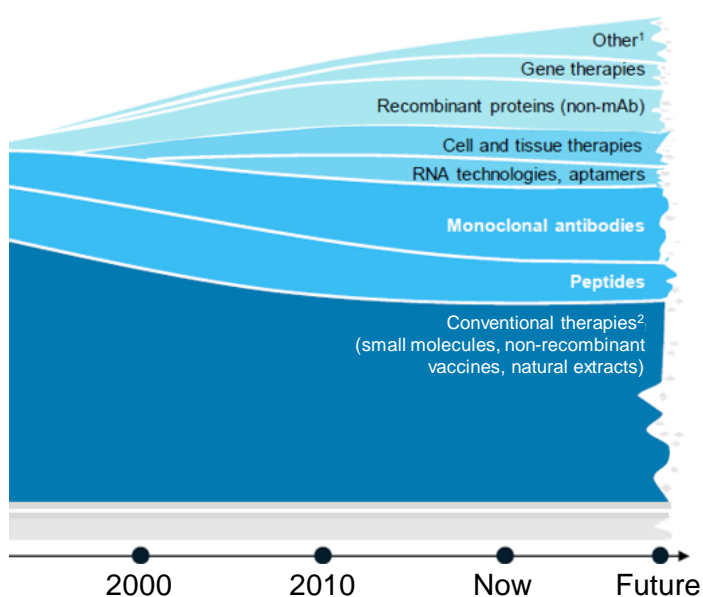
| Lineage                         | Wuhan<br>Hu-1 | Alpha<br>B.1.1.7 | Beta<br>B.1.351 | Gamma<br>P.1 | Delta<br>B.1.617.2 | Omicron<br>B.1.1.529 |
|---------------------------------|---------------|------------------|-----------------|--------------|--------------------|----------------------|
| Ensovibep<br>IC <sub>50</sub> * | 1 / 1.1       | 1.7 / 0.9        | 5 / 1.2         | 1.2 / 0.7    | 2.4 / -            | 2.2 / 2.1            |

\* IC<sub>50</sub> values in ng/mL in two different assays: VSV (Vesicular Stomatitis Virus) / Lentivirus Pseudo type Neutralization Assay

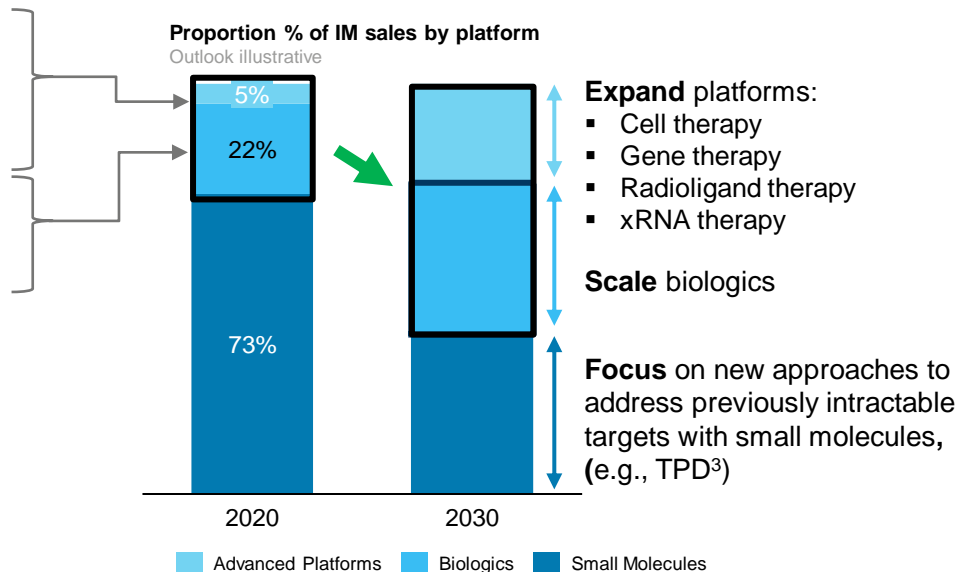
1. Relative risk reduction.

# Novartis is investing to lead as the Biopharmaceutical industry shifts to new platforms

## Global pipeline composition, directional technology outlook



## Novartis portfolio shift towards biologics & advanced platforms



1. e.g. Microbiome, Nanotechnologies, Bioelectronics, Bioengineered vaccines, Protein extracts. 2. Currently ~60% of global clinical pipeline. 3. Targeted Protein Degradation. Source: McKinsey analysis, EvaluatePharma

# We take a principled approach to selecting platforms and deploying them in our core therapeutic areas

## Principles for platform investments

Broad applicability

Clear differentiation

Advances disease area strategy

Scalability

Integration of diverse expertise

Sustained competitive advantage

## Major Novartis platforms



Chemistry & Chemical Biology | TPD<sup>1</sup>



Biotherapeutics | xRNA<sup>2</sup>



Stem-Progenitor Cell Therapy



Viral Gene Therapy



Radioligand Therapy





## Applying our technology across other TAs

|               | Chemistry                   | Bio-therapeutics            | Cell                | Gene                        | RLT                 | xRNA                        |
|---------------|-----------------------------|-----------------------------|---------------------|-----------------------------|---------------------|-----------------------------|
| Oncology      | Currently marketed products | Currently marketed products |                     |                             | Potential to expand | Potential to expand         |
| Cardio-Renal  | Currently marketed products |                             |                     | Potential to expand         |                     | Currently marketed products |
| Immunology    | Currently marketed products |                             | Potential to expand |                             | Potential to expand | Potential to expand         |
| Neuroscience  | Currently marketed products |                             |                     | Currently marketed products |                     | Potential to expand         |
| Ophthalmology | Currently marketed products |                             |                     | Currently marketed products |                     | Potential to expand         |
| Respiratory   | Currently marketed products |                             |                     |                             | Potential to expand |                             |

■ Currently marketed products    
 ■ Potential to expand

1. Targeted Protein Degradation. 2. xRNA includes RNA targeting LMWs, ASOs, siRNA, mRNA cancer vaccines.

# Continue innovating on small molecules while building a strong position in new technology platforms

|                            | TPD                                   | Cell  | Gene   | RLT   | xRNA <sup>1</sup>   |
|----------------------------|---------------------------------------|---|--|---|---|
| Existing commercial assets |                                       |  |  |  |  |
| Key focus                  | Unlock previously undruggable targets | Enhance potency, durability and manufacturing efficiency                          | Explore novel cargos, targeting, and switchable expression                         | Expand the indication landscape   | Explore new approaches in RNA therapeutics  |
| # of projects <sup>2</sup> | 12                                    | 15  | 22   | 12  | 9   |
| Expected next filing       | 2026+                                 | 2024  | 2025   | 2023  | 2026+   |

<sup>1</sup> xRNA includes RNA targeting LMWs, ASOs, siRNA, mRNA cancer vaccines. <sup>2</sup> Exploratory to Ph1/2

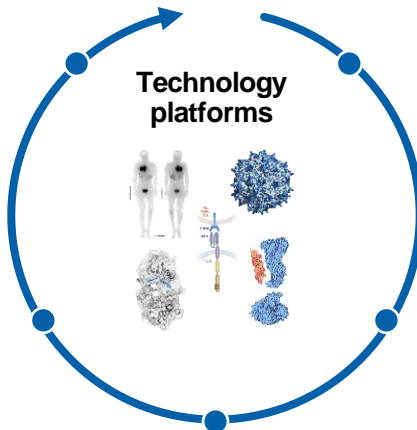
# Novartis path to leadership in technology platforms

Building on the integrated technology platform strengths across our organization

Depth and breadth across platforms

~70 projects<sup>1</sup>

Development and regulatory experience



Global footprint



Manufacturing scale and expertise

North Americas



Europe



Asia



Experience in commercialization



<sup>1</sup> Exploratory to Ph1/2

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