Leqvio® FDA approval

Investor call
December 23, 2021
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Introduction
Samir Shah, Global Head of Investor Relations

Overview
Marie-France Tschudin, President of Novartis Pharmaceuticals

Leqvio® clinical data and label
David Soergel, MD, Head of Global Drug Development Cardio Renal Metabolism

US market and launch readiness
Victor Bulto, Head of Novartis Pharma US

Q&A
Samir Shah, Global Head of Investor Relations
Overview

Marie-France Tschudin
President of Novartis Pharmaceuticals
We are building on our strength in cardiovascular to fundamentally improve and extend patients’ lives

<table>
<thead>
<tr>
<th>Year</th>
<th>Essential first choice for chronic heart failure</th>
<th>Potential to tackle LDL-C in ASCVD at scale</th>
<th>Potential to lower CV risk for people with elevated Lp(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>Entresto® sacubitril/valsartan</td>
<td>LEQVIO® inclisiran</td>
<td>pelacarsen (TQJ230)</td>
</tr>
<tr>
<td>2021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2025</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 2015: Essential first choice for chronic heart failure
- 2021: Potential to tackle LDL-C in ASCVD at scale
- ~2025: Potential to lower CV risk for people with elevated Lp(a)

- ~15m patients
- ~60m patients
- High unmet need: CV disease leading cause of mortality
- Strong worldwide commercial and scientific presence
- Deep understanding of customer needs across primary and specialty care

LDL-C – Low Density Lipoprotein Cholesterol  ASCVD – Atherosclerotic Cardiovascular Disease  CV – Cardiovascular  Lp(a) – Lipoprotein(a)  Note: Dates refer to US approval for Entresto® and Leqvio®, to submission for pelacarsen.

Population numbers refer to US & EUS (Germany, France, Spain, Italy, UK). Source: Decision Resources Group.
Despite availability of effective treatments, the burden of cardiovascular disease on health systems is on the rise.

CVD accounts for more deaths than any other disease\(^1\)

<table>
<thead>
<tr>
<th>% of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular diseases</td>
</tr>
<tr>
<td>Chronic respiratory diseases</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Other chronic diseases</td>
</tr>
<tr>
<td>Other conditions</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Injuries</td>
</tr>
<tr>
<td>Injuries</td>
</tr>
</tbody>
</table>

US CVD costs to surpass 1 trillion p.a. by 2035\(^2\)

<table>
<thead>
<tr>
<th>Year</th>
<th>CVD Costs (USD billion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>555</td>
</tr>
<tr>
<td>2035</td>
<td>1,100</td>
</tr>
</tbody>
</table>

30m patients with ASCVD in US\(^5\)

900k lives lost to CVD annually in the US\(^3\)

After years of decline, number of lives lost is rising again\(^4\)

14% of health expenditure due to CVD, more than any major diagnostic group\(^6\)

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CVD – Cardiovascular Disease  
ASCVD – Atherosclerotic Cardiovascular Disease  
2. Includes direct and indirect costs. Source: AHA/ ASA Cardiovascular Disease: A costly burden for America. Projections through 2035.  
6. Virani SS et al. Circulation. 2020;141(9):e139-e596. Note: The effect of Leqvio\(^\circledR\) on cardiovascular morbidity and mortality is currently being studied in the ongoing Phase III ORION-4 and VICTORION-2P trials.
In the US, Leqvio® is positioned to meet the needs of 80% of statin-treated ASCVD patients currently not at LDL-C goal

Leqvio® is uniquely positioned to address unmet needs in ASCVD

**US ASCVD patient population**

- **Diagnosed**: 30m
- **Statin treated**: 20m
- **At LDL-C goal**: 4m
- **Non-statin therapy**: 1m

**Leqvio® is uniquely positioned to address unmet needs in ASCVD**

- **A1 Adherence**: Effective and sustained LDL-C reduction with **two doses per year**, generally well-tolerated

- **A2 Access**: Medical benefit coverage for majority of patients at launch

- **A3 Affordability**: 0 USD expected co-pay for 2/3 patients at launch

Leqvio®
clinical data and label

David Soergel, MD
Head of Global Drug Development
Cardiology, Renal, Metabolism
Leqvio® provides an innovative and differentiated approach to lowering LDL-C in ACSVD patients

**First and only siRNA LDL cholesterol lowering treatment**

Inclisiran
Double-stranded siRNA
Passenger strand
Triantennary GalNAc conjugate

**Effective and sustained**

LDL-C reduction

**ORION-10**

Percentage change in LDL

<table>
<thead>
<tr>
<th>Days</th>
<th>Placebo</th>
<th>Inclisiran</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>780</td>
<td>781</td>
</tr>
<tr>
<td>90</td>
<td>762</td>
<td>758</td>
</tr>
<tr>
<td>150</td>
<td>745</td>
<td>757</td>
</tr>
<tr>
<td>270</td>
<td>724</td>
<td>737</td>
</tr>
<tr>
<td>330</td>
<td>715</td>
<td>731</td>
</tr>
<tr>
<td>450</td>
<td>698,666,670</td>
<td></td>
</tr>
<tr>
<td>510</td>
<td>691,705</td>
<td></td>
</tr>
</tbody>
</table>

**Twice-yearly dosing**

Dosing scheme

May integrate seamlessly into a patient’s health care routine

**LDL-C** – Low Density Lipoprotein Cholesterol

**ASCVD** – Atherosclerotic Cardiovascular Disease

**siRNA** – small interfering Ribonucleic Acid

2. After an initial dose, again at 3 months, and again every six months thereafter. As a strong complement to a maximally tolerated statin.
3. LDL-C reduction was maintained during each 6-month dosing interval.
50 years of evidence demonstrate that effective and sustained LDL-C reduction improves cardiovascular outcomes*1,2

Each mmol/L reduction in LDL-C reduces the relative risk of ASCVD events by 20% after 3 years and 1.5% in each subsequent year3

Relationship between LDL-C and MACE is supported by clinical trials involving ~500k patients3,4

Relation between LDL-C and outcomes is well established

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Log-linear association per unit change in LDL-C and the risk of cardiovascular disease5

Meta-analyses of Mendelian randomization studies (N=194,427)
Median follow-up 52 years

Meta-analyses of Randomized controlled trials (N=196,552)
Median follow-up 5 years

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LDL-C – Low Density Lipoprotein Cholesterol
ASCVD – Atherosclerotic Cardiovascular Disease
MACE – Major Adverse Cardiovascular Events
CV – Cardiovascular


* Note: The effect of Leqvio® on cardiovascular morbidity and mortality is currently being studied in the ongoing Phase III ORION-4 and VICTORION-2P trials.
Guidelines recognize evidence of link between lower LDL-C and improved outcomes\(^3\)

<table>
<thead>
<tr>
<th>AHA/ACC (2018)(^1)</th>
<th>ESC/EAS (2021)(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical ASCVD</strong></td>
<td><strong>Very high CVD risk</strong></td>
</tr>
<tr>
<td>LDL-C reduction by ≥50%</td>
<td>LDL-C reduction to &lt;70 mg/dL (1.8 mmol/L)</td>
</tr>
<tr>
<td><strong>High CV risk</strong></td>
<td><strong>Very high CV risk</strong></td>
</tr>
<tr>
<td>LDL-C reduction to &lt;70 mg/dL (1.8 mmol/L) and LDL-C reduction by ≥50%</td>
<td>LDL-C reduction to &lt;55 mg/dL (1.4 mmol/L) and LDL-C reduction by ≥50%</td>
</tr>
</tbody>
</table>

**In the real world, consistent and sustained LDL-C lowering is in many cases not achieved due to adherence, access, and affordability challenges**

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11 Leqvio® FDA Approval | December 23, 2021 | Novartis Investor Presentation
Leqvio® delivers effective and sustained LDL-C reduction of up to 52%1,2 with twice-yearly4 HCP-administered dosing

Leqvio® effected significant reductions in LDL-C vs. placebo at Day 510, on top of SoC

<table>
<thead>
<tr>
<th>% Change in LDL-C from baseline</th>
<th>Difference between groups (in mean percentage change)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leqvio®</td>
</tr>
<tr>
<td>ORION-105</td>
<td>51</td>
</tr>
<tr>
<td>ORION-115,6</td>
<td>-466</td>
</tr>
<tr>
<td>ORION-95</td>
<td>-40</td>
</tr>
</tbody>
</table>

Leqvio® has a well tolerated safety profile

No significant safety or tolerability concerns identified with the long-term* administration of Leqvio®

<table>
<thead>
<tr>
<th>Safety population</th>
<th>ORION-9 (n=481)</th>
<th>ORION-10 (n=1,559)</th>
<th>ORION-11 (n=1,615)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leqvio®</td>
<td>Placebo</td>
<td>Leqvio®</td>
<td>Placebo</td>
</tr>
<tr>
<td>n=241</td>
<td>n=240</td>
<td>n=781</td>
<td>n=778</td>
</tr>
<tr>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Patients with at least one serious TEAE</td>
<td>18  7.5%</td>
<td>33  13.8%</td>
<td>175 22.4%</td>
</tr>
<tr>
<td>Pre-specified exploratory CV endpoint</td>
<td>10  4.1%</td>
<td>10  4.2%</td>
<td>58  7.4%</td>
</tr>
</tbody>
</table>

- Most common adverse events with similar frequency in Leqvio® and placebo groups
- Adverse events associated with Leqvio® were all mild or moderate in severity, transient and resolved without sequelae
- Common adverse reactions (≥ 3%) include injection site reaction, arthralgia, urinary tract infection, diarrhea, bronchitis, pain in extremity, and dyspnea

CV – Cardiovascular  
TEAE – Treatment Emergent Adverse Event  
* Over 18 months.  
Large integrated program to establish Leqvio® as part of the standard of care in ASCVD management

<table>
<thead>
<tr>
<th>Lipid lowering</th>
<th>Outcomes</th>
<th>Healthcare system partnerships</th>
<th>Implementation science and RWE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration trials</td>
<td>Secondary Prevention</td>
<td>NHS collaboration</td>
<td>Initiation of treatment</td>
</tr>
<tr>
<td>ORION-3 (Ph2 extension)</td>
<td>ORION-4 (Oxford)</td>
<td>VICTORION-SPirit (UK)</td>
<td>VICTORION-INITIATE (US)</td>
</tr>
<tr>
<td>ORION-5 (Ph3 HoFH)</td>
<td>VICTORION-2-PREVENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORION-8 (Ph3 extension)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geographic expansion</td>
<td>Primary Prevention</td>
<td></td>
<td>Post-ACS</td>
</tr>
<tr>
<td>ORION-14 (China)</td>
<td>ORION-17 (Oxford)</td>
<td></td>
<td>VICTORION-INCEPTION (US)</td>
</tr>
<tr>
<td>ORION-18 (China)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORION-15 (Japan)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diverse patient populations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORION-13 (V-YOUTH)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORION-16 (V-YOUTH)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

>75,000 patients in >50 countries; Program expansion underway

ASCVD – Atherosclerotic Cardiovascular Disease.  
RWE – Real World Evidence
**Leqvio® is now approved in the US with a label that contains no contraindications, warnings/precautions, or drug interactions**

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**Indication statement**

Leqvio® is indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of low-density lipoprotein cholesterol (LDL-C).

*Limitations of use: The effect of Leqvio® on cardiovascular morbidity and mortality has not been determined.*

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**Dosage and administration**

The recommended dosage of Leqvio®, in combination with maximally tolerated statin therapy, is 284 mg administered as a single subcutaneous injection initially, again at 3 months, and then every 6 months; Leqvio® should be administered by a healthcare professional.

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HeFH – Heterozygous Familial Hypercholesterolemia  
ASCVD – Atherosclerotic Cardiovascular Disease  
LDL-C – Low Density Lipoprotein Cholesterol  
1. Leqvio® prescribing information East Hanover, NJ. Novartis: 2021
US market and launch readiness

Victor Bulto
Head of Novartis Pharma US
Despite the availability of lipid-lowering therapy, significant unmet need remains in ASCVD

Clinical unmet need
80% of statin-treated ASCVD patients currently not at LDL-C goal

Non-clinical unmet need

<table>
<thead>
<tr>
<th>A1</th>
<th>Adherence</th>
<th>A2</th>
<th>Access</th>
<th>A3</th>
<th>Affordability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Real-world challenges to adherence compromise outcomes</td>
<td></td>
<td>Considerable access hurdles for current treatments</td>
<td></td>
<td>Patient out-of-pocket costs can be a barrier to access</td>
</tr>
</tbody>
</table>

ASCVD – Atherosclerotic Cardiovascular Disease  LDL-C – Low Density Lipoprotein Cholesterol

2. The effect of Leqvio® on cardiovascular morbidity and mortality is currently being studied in the ongoing Phase III ORION-4 and VICTORION-2P trials.
Adherence – real-world challenges compromise outcomes

Statin adherence in secondary prevention

- Not adherent (43%)
- Adherent (57%)

Non-adherent PCSK9i patient share

- 12 months: 54%
- 24 months: 76%

Sustained lipid lowering reduces CV risk

MACE according to adherence categories in secondary prevention

- Log-Rank P value = 0.0002

CV – Cardiovascular
MACE – Major Adverse Cardiovascular Event
PCSK9i – Proprotein convertase subtilisin/kexin type 9 inhibitor
PDC – Percent Days Covered

2. Not adherent or not fully adherent within 6 months.
4. The effect of Leqvio® on cardiovascular morbidity and mortality is currently being studied in the ongoing Phase III ORION-4 and VICTORION-2P trials.
Adherence – Leqvio® has the potential to address adherence challenges

Effective and sustained\(^3\) LDL-C reduction\(^1\)

**ORION-10**
Percentage change in LDL cholesterol

<table>
<thead>
<tr>
<th>No. of patients</th>
<th>Days</th>
<th>Percentage change from baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>0-90</td>
<td>-20</td>
</tr>
<tr>
<td></td>
<td>150</td>
<td>-10</td>
</tr>
<tr>
<td></td>
<td>270</td>
<td>-80</td>
</tr>
<tr>
<td></td>
<td>330</td>
<td>-60</td>
</tr>
<tr>
<td></td>
<td>450</td>
<td>-40</td>
</tr>
<tr>
<td></td>
<td>540</td>
<td>-20</td>
</tr>
<tr>
<td>Inclisiran</td>
<td>780</td>
<td>-10</td>
</tr>
<tr>
<td></td>
<td>762</td>
<td>-20</td>
</tr>
<tr>
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<tr>
<td></td>
<td>715</td>
<td>-50</td>
</tr>
<tr>
<td></td>
<td>696</td>
<td>-60</td>
</tr>
<tr>
<td></td>
<td>666</td>
<td>-70</td>
</tr>
<tr>
<td></td>
<td>670</td>
<td>-80</td>
</tr>
</tbody>
</table>

Twice-yearly dosing\(^1,2\)

Dosing scheme\(^3\)

- Initial dose
- 3 months
- 6 months
- 9 months

May integrate seamlessly into a patient’s health care routine

HCP administered

No patient education on administration required

LDL-C – Low Density Lipoprotein Cholesterol
HCP – Healthcare Professional

2. After an initial dose, again at 3 months, and again every six months thereafter. As a strong complement to a maximally tolerated statin.
3. LDL-C reduction was maintained during each 6-month dosing interval.
## Access – majority of Leqvio® patients will be covered by medical benefit, reducing access hurdles

<table>
<thead>
<tr>
<th>Payer Mix</th>
<th>Leqvio®</th>
<th>PCSK9i mAbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part B FFS (39%)</td>
<td>Medicare Advantage (19%)</td>
<td>Commercial (34%)</td>
</tr>
<tr>
<td>Administration</td>
<td>HCP-administered</td>
<td>Self-administered</td>
</tr>
<tr>
<td>Acquisition</td>
<td>Buy-and-bill</td>
<td>Buy-and-bill, specialty pharmacy</td>
</tr>
<tr>
<td>Access restrictions (step edits, prior authorizations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reimbursement of administrative effort</td>
<td>Efforts reimbursed (medical benefit)</td>
<td>Efforts not reimbursed</td>
</tr>
<tr>
<td>CV outcomes evidence as driver of access decisions</td>
<td>Access mirrors FDA label</td>
<td>Focus on efficacy, safety, cost</td>
</tr>
</tbody>
</table>

**CV** – Cardiovascular  
**FFS** – Fee For Service  
**HCP** – Healthcare Professional  
**PCSK9i** – Proprotein convertase subtilisin/kexin type 9 inhibitor  
**mAbs** – monoclonal Antibodies  
**FDA** – Food and Drug Administration
Affordability – medical benefit coverage for Leqvio® creates opportunity for 0 USD co-pay for 2/3 patients at launch

PCS9i abandonment rate by OOP cost¹

<table>
<thead>
<tr>
<th>Co-pay (USD)</th>
<th>0</th>
<th>40-50</th>
<th>75-125</th>
<th>250-500</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>9%</td>
<td>22%</td>
<td>41%</td>
<td>66%</td>
</tr>
</tbody>
</table>

Anticipated payer mix and co-pay for Leqvio® at launch

<table>
<thead>
<tr>
<th>Payer Type</th>
<th>% of eligible population</th>
<th>Anticipated co-pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part B</td>
<td>39%</td>
<td>80% pay as little as 0 USD</td>
</tr>
<tr>
<td>Commercial</td>
<td>34%</td>
<td>Eligible patients pay as little as 0 USD</td>
</tr>
<tr>
<td>Medicare Advantage</td>
<td>19%</td>
<td>Varies; 0-20% co-insurance</td>
</tr>
<tr>
<td>Other (Medicaid, federal)</td>
<td>8%</td>
<td>&lt;10 USD</td>
</tr>
</tbody>
</table>

$0 co-pay for 2/3 patients at launch

¹ PCSK9i - Proprotein convertase subtilisin/kexin type 9 inhibitor  OOP – Out Of Pocket  1. LAAD; IQVIA US Market Access Strategy Consulting.
The price of Leqvio® reflects its value as an innovative, LDL-lowering treatment that uniquely addresses key unmet needs in ASCVD

<table>
<thead>
<tr>
<th>Clinical benefits of Leqvio®</th>
<th>Non-clinical benefits of Leqvio®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficacy</td>
<td>Adherence</td>
</tr>
<tr>
<td>Leqvio® provides effective and sustained LDL-C reduction up to 52% vs. placebo¹,²</td>
<td>Effective and sustained LDL-C reduction with two HCP-administered doses per year³</td>
</tr>
<tr>
<td>Safety</td>
<td>Access</td>
</tr>
<tr>
<td>Leqvio® offers a demonstrated safety profile, generally well tolerated across different patient populations</td>
<td>Medical benefit coverage for majority of patients at launch</td>
</tr>
<tr>
<td></td>
<td>Affordability</td>
</tr>
<tr>
<td></td>
<td>2/3 of patients pay as little as $0 co-pay at launch</td>
</tr>
</tbody>
</table>

$3,250 Price per dose (WAC)  
$x2$ Doses per year³  
$6,500$ Annualized price

- Value-based
- Cost-effective

LDL-C – Low Density Lipoprotein Cholesterol  
ASCVD – Atherosclerotic Cardiovascular Disease  
HCP – Healthcare Professional  
WAC – Wholesale Acquisition Cost

³ After an initial dose, again at 3 months, and again every six months thereafter. As a strong complement to a maximally tolerated statin.
Leqvio® go-to-market model: systems engagement, complemented by broad HCP education with CRM sales team

<table>
<thead>
<tr>
<th>Systems of care</th>
<th>HCPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>~200 prioritized systems</td>
<td>Representing ~60% of NBRx volume&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>45% currently prioritize ASCVD&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

**Targets customers**
- ~200 prioritized systems
- 45% currently prioritize ASCVD<sup>2</sup>
- Representing ~60% of NBRx volume<sup>1</sup>

**Engagement approach**
- Cross-functional teams engaged with key systems stakeholders
- Aim to ensure protocols in place to identify and manage ASCVD patients not at goal
- Leveraging strong commercial CRM footprint
- Highlighting unmet need and raise importance of LDL-C

**Leqvio® pathway**
- May leverage existing buy-and-bill infrastructure or refer to an alternative injection center
- May administer in-office or refer to alternative injection center

ASCVD – Atherosclerotic Cardiovascular Disease  
HCP – Healthcare Professional  
CV – Cardiovascular  
CRM – Cardiovascular, Renal, Metabolic  
LDL-C – Low Density Lipoprotein Cholesterol  
1. Data on file  
2. Data on file
Flexibility, support and optionality will ensure seamless customer experience and timely access to Leqvio®

**Flexibility**
of acquisition and administration

Robust network of >1,100 AICs

✔ ~75% of target HCPs have an AIC within 25 miles

✔ AIC locator tool available to providers and patients

Support
with initial acquisition and reimbursement complexity

Largest access and reimbursement field team in the industry

✔ Establishing buy-and-bill infrastructure

✔ Understanding coding and reimbursement

✔ Navigating PA and medical exception process

Optionality
to address heterogenous customer needs

Dedicated case managers

✔ Benefit verification and coverage support

✔ Co-pay assistance

✔ Billing and coding support

Dedicated social workers

✔ Patient care program

✔ Adherence support

Leqvio® access and reimbursement website¹
Expect modest initial ramp as we lay the foundation for multi-blockbuster potential

**H1 2022 – laying foundation**
- High interest from early adopters
- Independent HCPs ready for buy-and-bill
- AICs responding to demand
- Temporary J-code
- Coverage to label for FFS Medicare

**H2 2022 – getting to scale**
- Permanent J-code available
- Buy-and-bill capabilities established
- System P&T committee review complete
- Finalization of commercial & Medicare Advantage payer coverage policies

**Lead indicators**

<table>
<thead>
<tr>
<th># of health systems/facilities adopting Leqvio®</th>
<th># of systems with repeat orders</th>
<th># of AIC facilities administering Leqvio®</th>
<th>Intent to prescribe</th>
</tr>
</thead>
</table>

HCP – Healthcare Professional  AIC – Alternative Injection Center  P&T – Pharmacy and Therapeutics  FFS – Fee For Service

Leqvio® FDA Approval | December 23, 2021 | Novartis Investor Presentation
Confident in successful US launch

- Effective and sustained LDL-C reduction¹ 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.
Q&A

Samir Shah
Global Head of Investor Relations
Thank you