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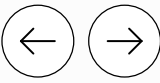
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Investor presentation
October 27, 2026

Q3 2026
Results





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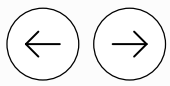
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This presentation includes non-IFRS financial measures, including constant currencies (cc), core results and free cash flow. An explanation of non-IFRS measures can be found on page 45 of the Novartis Condensed Interim Financial Report.



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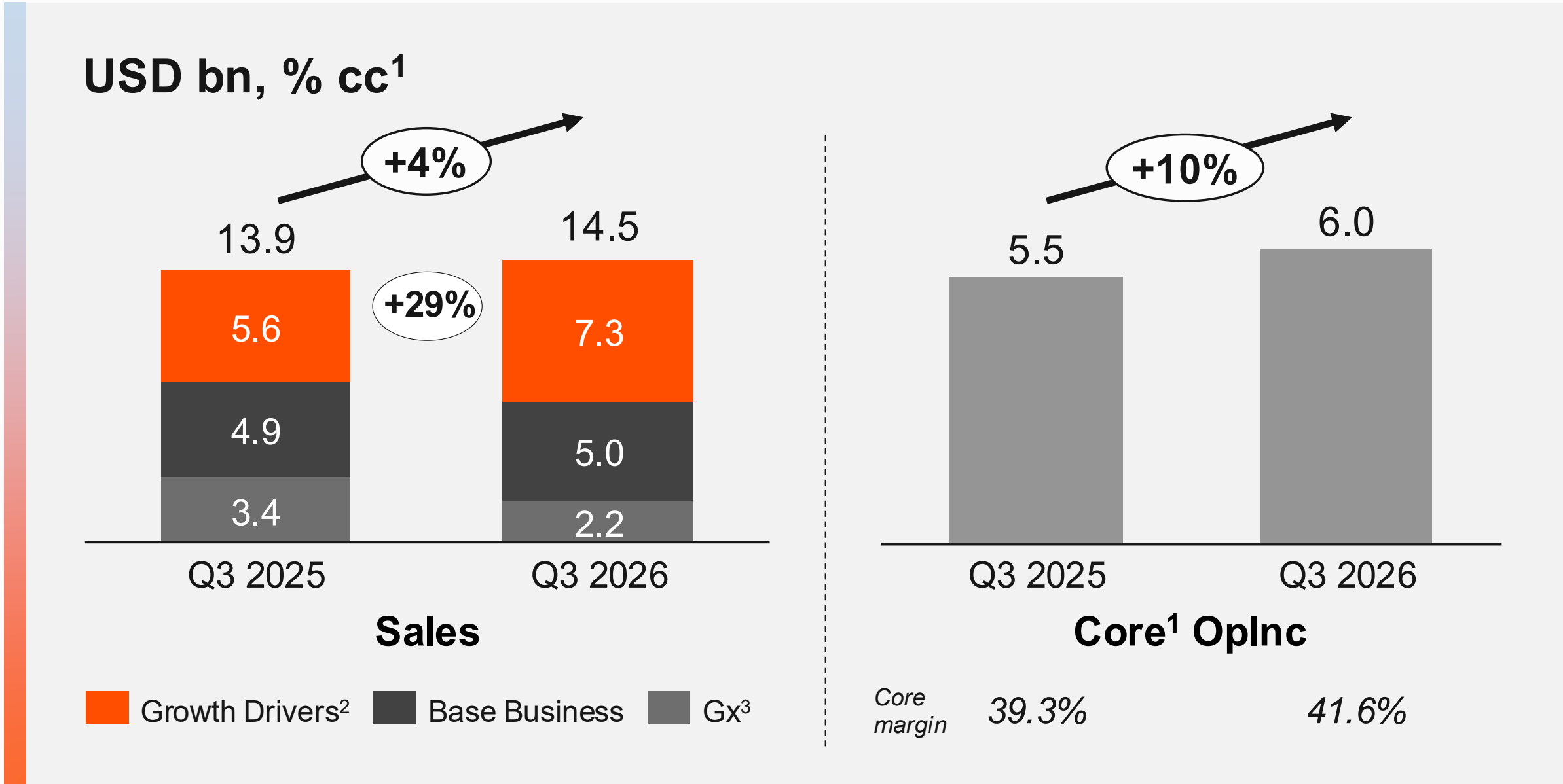
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Vas Narasimhan, M.D.
Chief Executive Officer



Novartis delivered sales growth and core¹ margin expansion in Q3, supporting an upgrade to FY 2026 bottom-line guidance



Q3 pipeline highlights

Remibrutinib positive PhIII REMODEL-1 and -2 results in RMS

Rhapsido[®] FDA approval in most prevalent form of CIndU

Pluvicto[®] FDA and CN approvals in mAPMN/S prostate cancer

Pelabresib EU submission completed in MF

Del-zota FDA priority review granted for DMD44

> **FY 2026 core operating income guidance upgraded to be in line to grow low single-digit⁴**

1. Constant currencies (cc) and core results are non-IFRS measures. An explanation of non-IFRS measures can be found on page 45 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY. 2. Kisqali, Kesimpta, Scemblix, Pluvicto, Cosentyx, Leqvio, Fabhalta, and Rhapsido. 3. Definition consistent with the Condensed Interim Financial Report. 4. See detailed guidance assumptions on page 21.

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Priority brands and launches continued to show strong growth, demonstrating the replacement power of the business

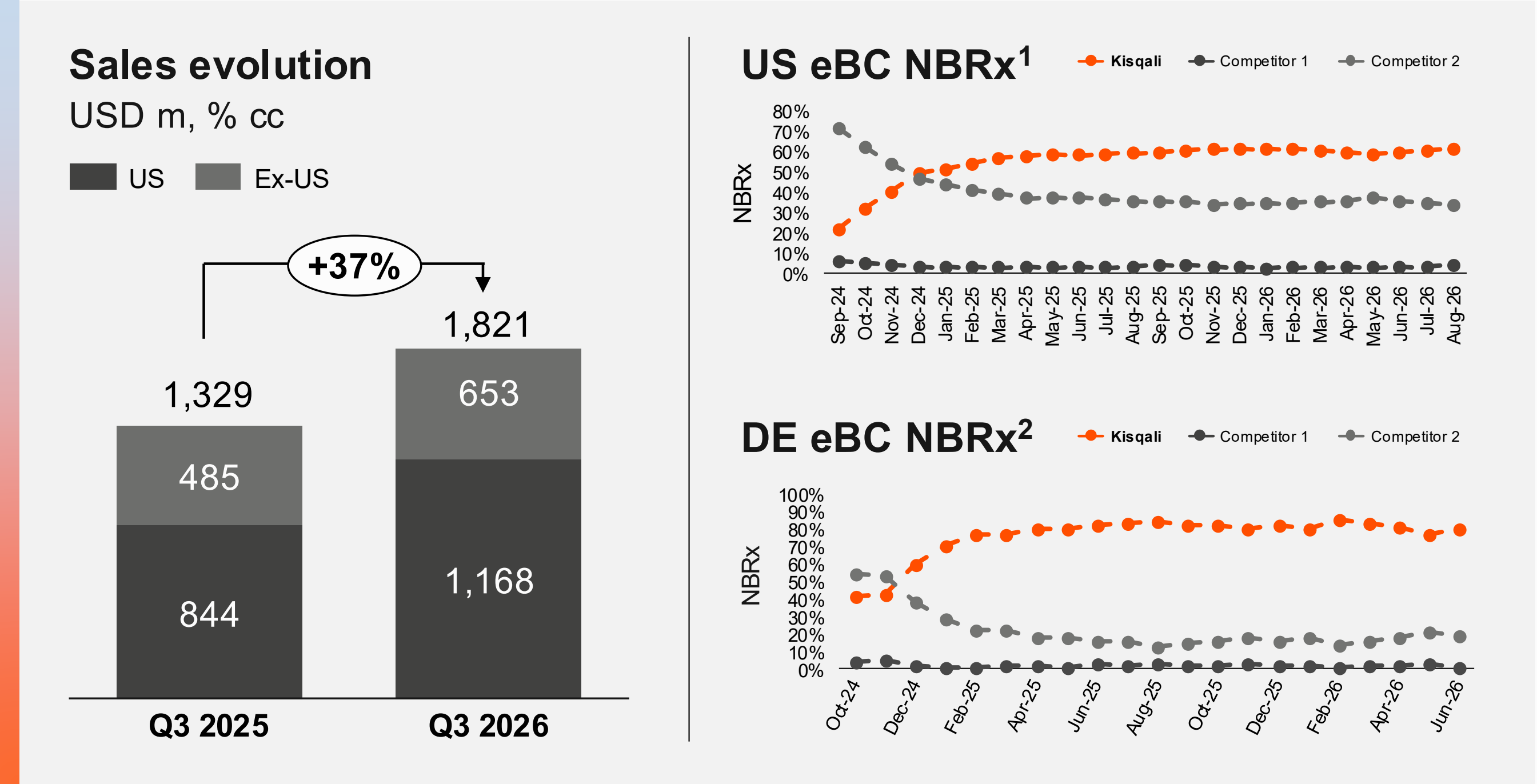
Q3 Sales

	Sales USD million	Growth vs. PY USD million	Growth vs. PY cc ¹
 KISQALI ribociclib	1,821	492	37%
 Kesimpta (ofatumumab) 20 mg injection	1,484	262	22%
 SCEMBLIX (asciminib) 20mg, 40 mg tablets	593	235	67%
 LEQVIO	506	198	63%
 Cosentyx (secukinumab)	1,857	159	9%
 PLUVICTO	674	110	20%
 Rhapsido (remibrutinib) 25mg tablets	101	101	nm
 FABHALTA (iptacopan) 200 mg capsules	237	88	60%

Strong growth
+29% cc¹

1. Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 45 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.
nm = not meaningful.

Kisqali® Q3 sales grew +37% cc, continuing to outperform CDK4/6 market



- ### US: +38% in Q3, USD 3bn+ YTD

 - eBC market leader: NBRx share +3%pts vs. PQ, 53% of patients from exclusive population
 - mBC market leader: Growing NBRx share in 1L, now at 55%
 - Continued to grow prescriber base vs. PY: +12% overall, +44% in eBC³
- ### Ex-US: +35% cc in Q3

 - Continued mBC leadership in NBRx (56%) and TRx (47%)⁴
 - Growth accelerating with eBC launches; now approved in 84 countries and reimbursed in 43
 - Clear eBC leadership in DE (80%), UK (77%)², strong share gains in CN (55%)⁵
- > **NATALEE 6-year data⁶, including clinically meaningful OS (HR 0.809; 95% CI: 0.661-0.989), expected to support continued growth**

See page 90 for references (footnotes 1-6). Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 45 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

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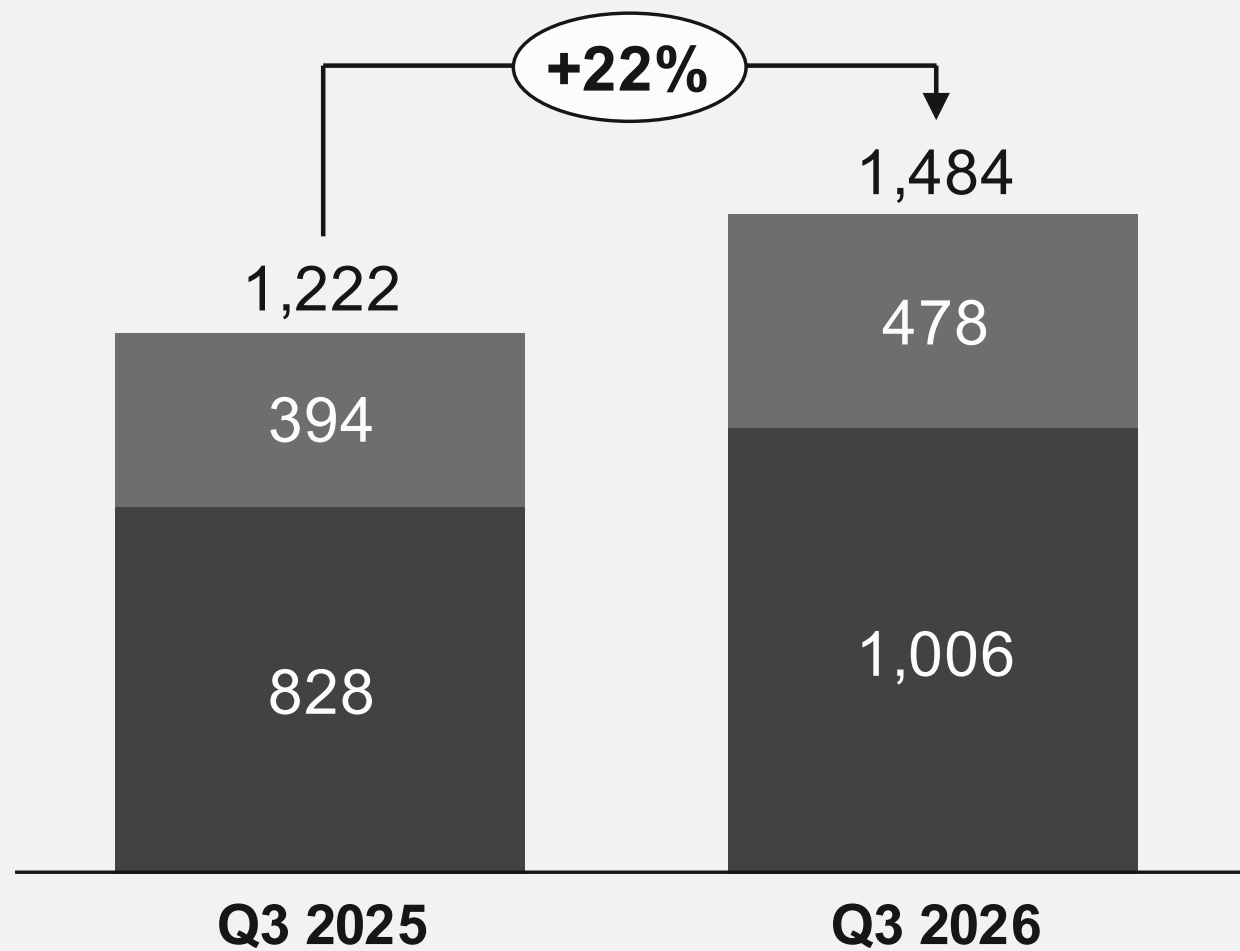
References

Kesimpta® Q3 sales grew +22% cc, fueled by continued strong demand

Sales evolution

USD m, % cc

■ US ■ Ex-US



US: +21% cc in Q3

- TRx growth¹ outpacing the market, +3%pts in MS (~16% share) and +4.5%pts in B-cell class (~27% share) vs. PY
- Continuing to be prescribed earlier in therapy, with 77% of NBRx's 1L or 1st switch

Ex-US: +23% cc in Q3

- Strong growth in Europe, treating ~1/6 MS patients²
- ~80% of EU4³ patients from 1L or 1st switch

Continued evidence generation highlighted at MSToronto

- STHENOS (Phase IIIb study) supports 1L initiation of Kesimpta in mildly active patients
- ALITHIOS (OLE study) shows sustained high efficacy and a consistent safety and tolerability profile over 8 years
- KATHAROS (prospective OL breastfeeding study) supports treatment decisions for women with MS
- NEOS (Phase III study) broadens the evidence base in paediatric MS

See page 90 for references (footnotes 1-3). Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 45 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

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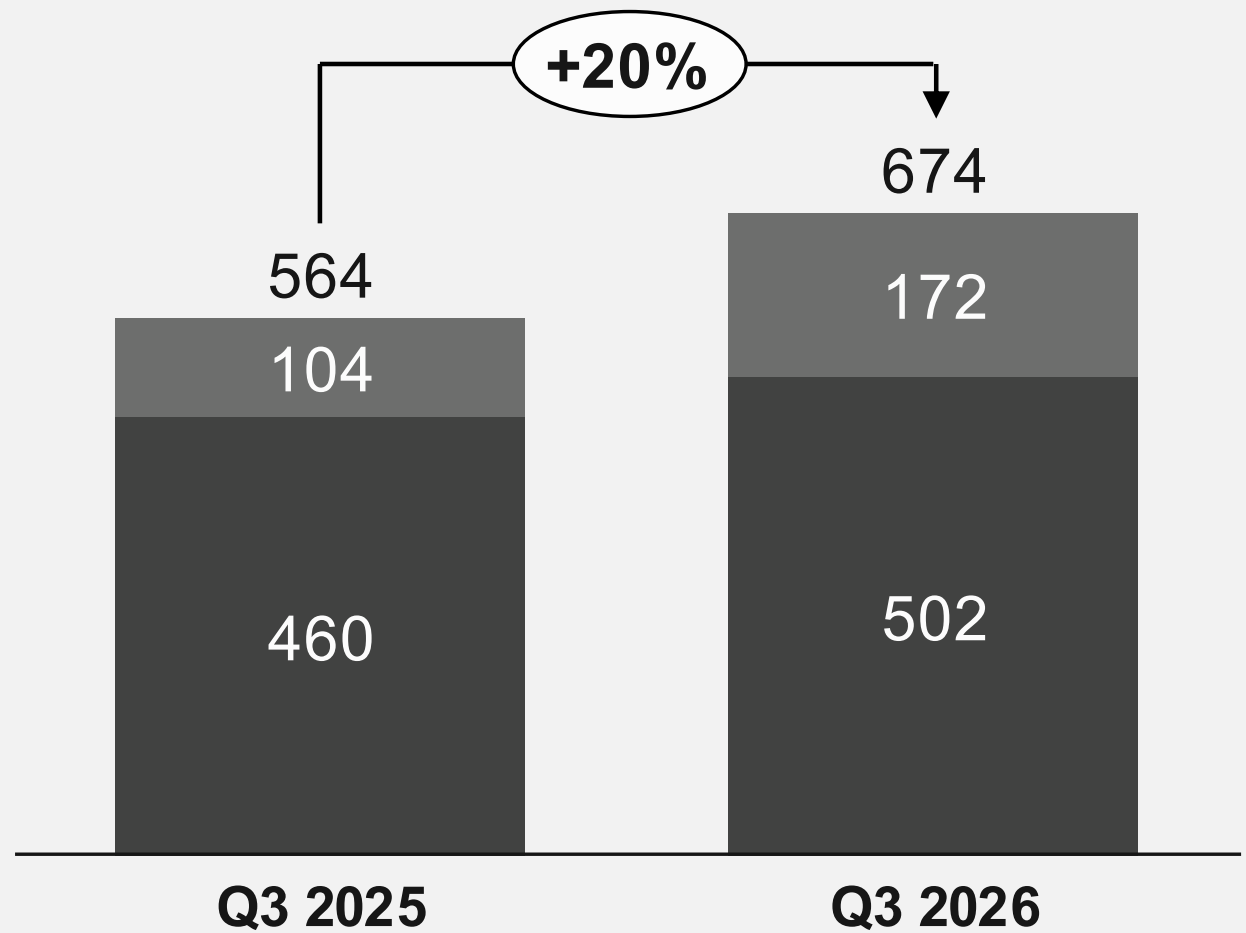
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Pluvicto® Q3 sales grew +20% cc, driven by strong ex-US momentum and US pre-taxane growth

Sales evolution

USD m, % cc

■ US ■ Ex-US



US: +9% in Q3

- Growth driven by pre-taxane setting (70% of business), with use after only 1 ARPI largest contributor
- 1L mAPMR (mCRPC) NBRx share of 15%; further share gains vs. ARPIs remains top priority
- FDA approval for PSMAddition in August; expect initial uptake in Q4 with acceleration in 2027

Ex-US: +68% cc in Q3

- Accelerating adoption in Europe, Canada and Japan, with continued momentum in China¹
- Japan became the fastest market to reach 1,000 patients, supported by ongoing site expansion
- China NMPA approval for PSMAddition in August; expect growth acceleration supported by 6x expansion in treatment centers vs. PY

See page 90 for references (footnote 1). Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 45 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

Promising early indicators for PSMAddition launch in US

Strong foundation in place

- **>2/3 mAPMN/S (mHSPC) patients managed by HCPs already using Pluvicto or connected to established referral pathways**
- **Broad treatment site access and capacity**, with 9/10 patients within 30 miles of site in US
- **Continued efforts to help address non-clinical aspects**, including further shortening time to treatment

Launch dynamics

- **Expect 5-10 weeks lead-time** for new patients to be treated
- **Fastest uptake expected in high tumor burden and de novo patient segments** where unmet need is highest vs. ADT+ARPI
- **Continued expansion in community**, including urology
- **Encouraged by early uptake indicators**, including new patient orders and highest-ever NBRx in September



Infusion



Pre-filled syringe

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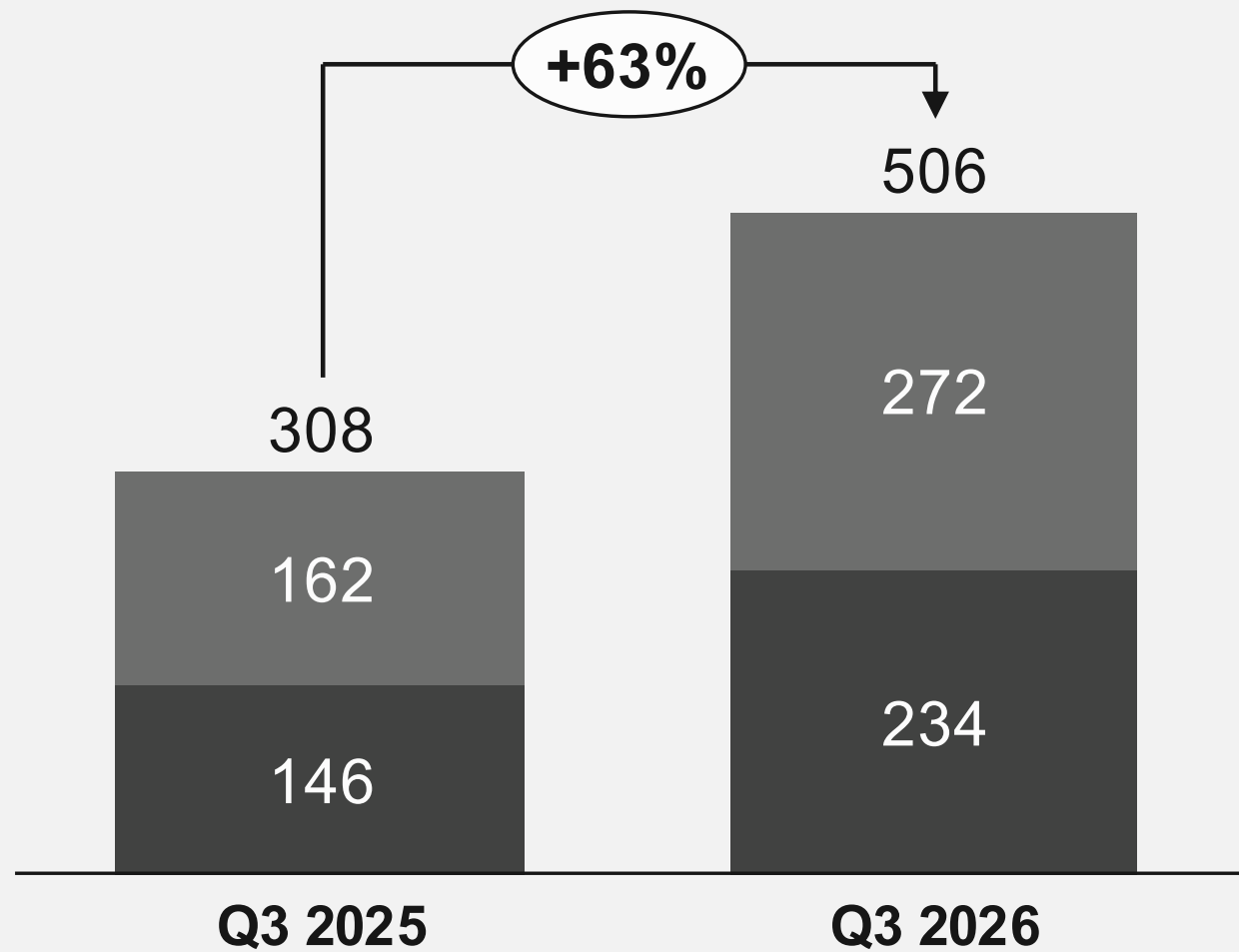
References

Leqvio[®] grew +63% cc in Q3, reflecting strong demand around the world

Sales evolution

USD m, % cc

■ US ■ Ex-US



US: +60% in Q3, outgrowing advanced lipid-lowering market^{1,2,3}

- MOTRx growth (+60%) ahead of market (+46%) and main competitor (+46%), reflecting Leqvio’s differentiated persistency
- Continued improvement in Medicare NBRx share (+4.9%pts to 22%)⁴
- Increasing depth in priority health systems (+28% vs. PY), with continued focus on post-event patients and increasing access/acquisition confidence
- US label updated with cardiovascular outcomes statement; ORION-4 and V2P readouts anticipated in Q4 and 2027, respectively

Ex-US: +65% cc in Q3

- China growth continues post-NRDl as hospital listings expand
- Sustained growth in Europe

Expanding Leqvio evidence

- V-CHALLENGE presented at ESC, showing superior LDL-C lowering vs. bempedoic acid
- ORION-4 and V2P design papers published in AHJ

See page 90 for references (footnotes 1-4). Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 45 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY. Novartis obtained global rights to develop, manufacture, and commercialize Leqvio under license/collaboration agreement with Alnylam Pharmaceuticals.

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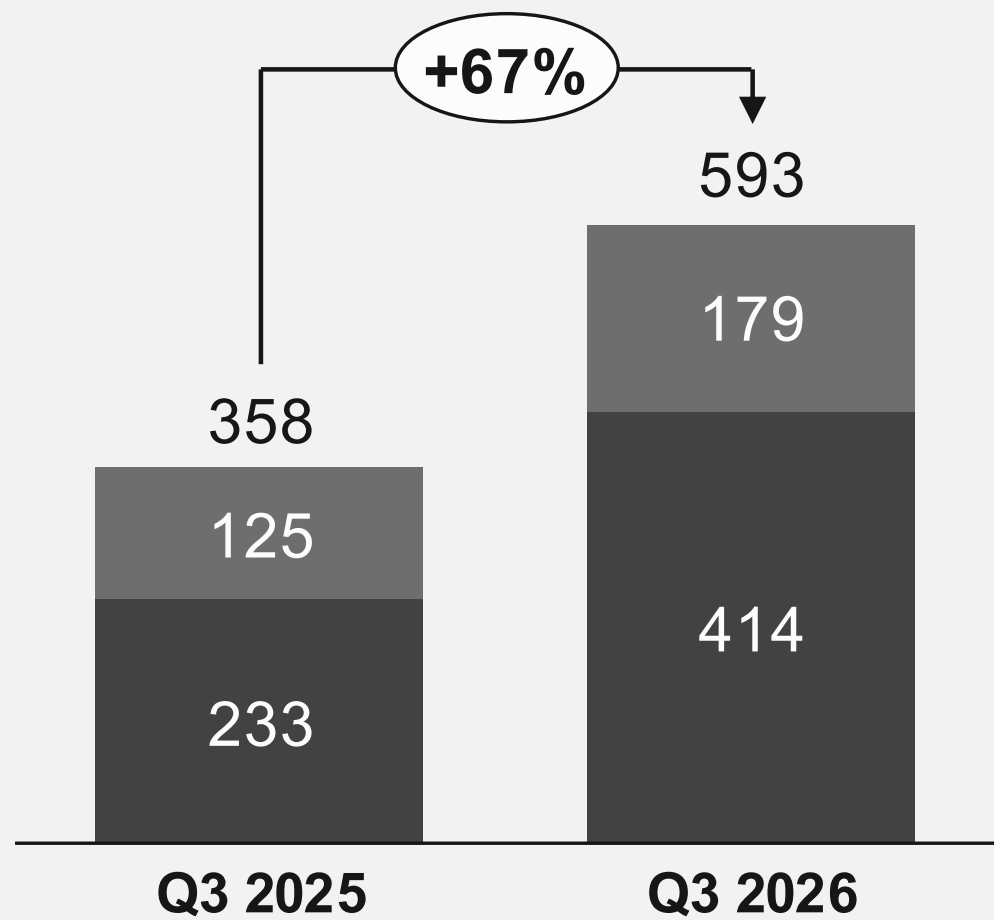
References

Scemblix® Q3 sales grew +67% cc, driven by strong US momentum

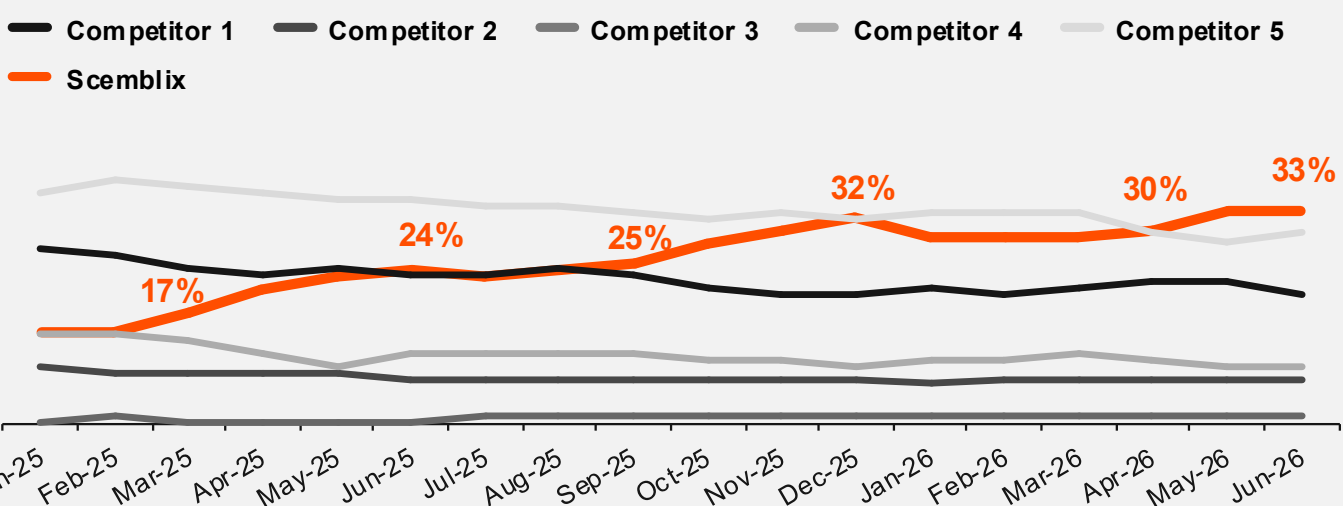
Sales evolution

USD m, % cc

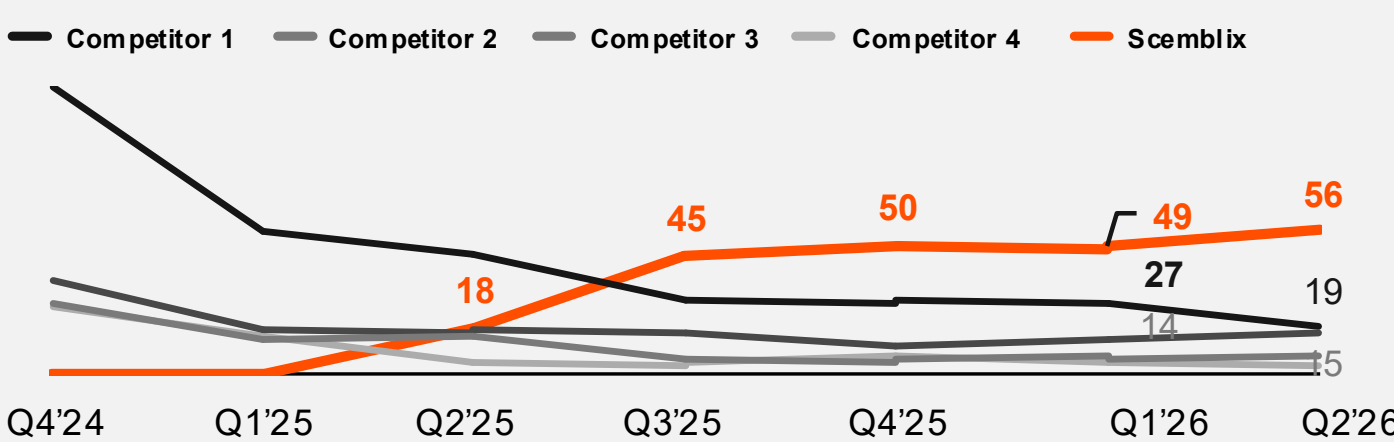
■ US ■ Ex-US



US 1L NBRx Share (R3M)¹



JP 1L NBRx Share (Quarterly)²



US: +78% in Q3

- Achieved 1L NBRx leadership with 33% share (+4%pts vs. PQ)¹
- Maintained leadership in later lines; expect continued shift in treatment mix from 2L/3L toward 1L³

Ex-US: +46% cc in Q3

- Continued 3L+ NBRx leadership with 77% share across key markets⁴
- Early-line indication now approved in 69 ex-US countries
- JP sustained 1L NBRx leadership, achieving 56% share, DE 1L NBRx share 33%⁵

See page 91 for references (footnotes 1-5). Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 45 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

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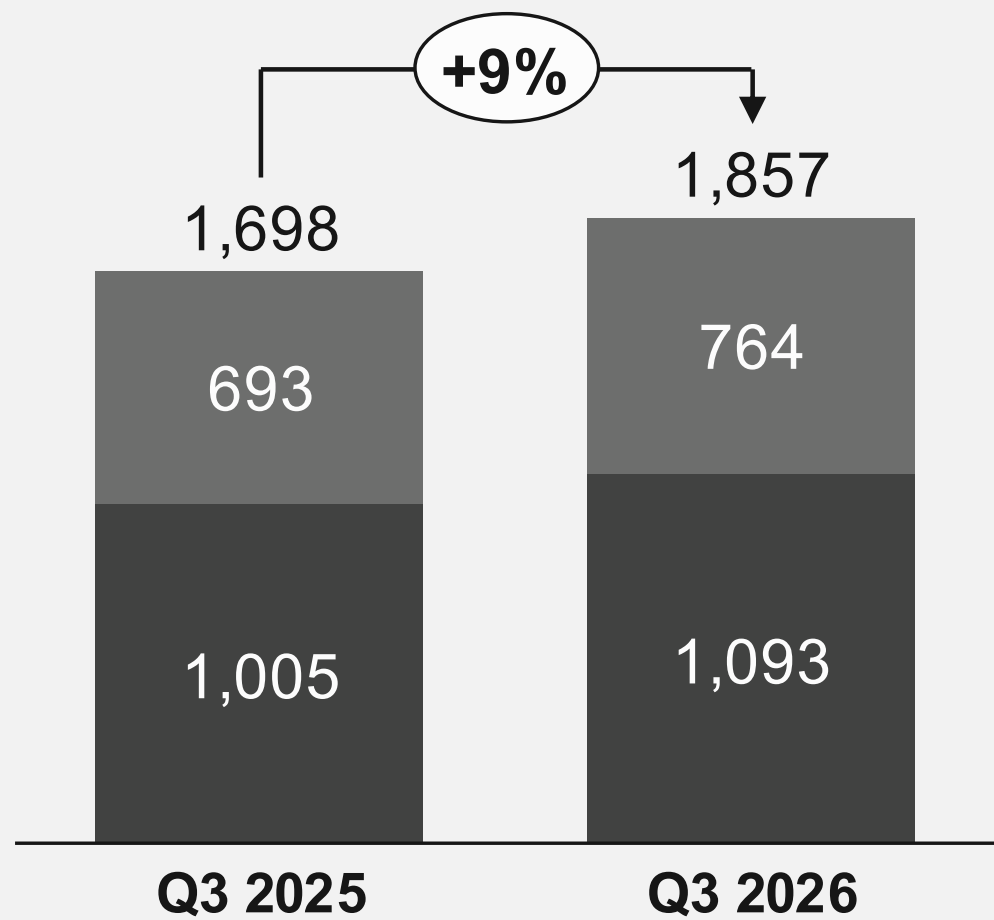
References

Cosentyx® Q3 sales grew +9% cc, with growth in HS and SpA indications

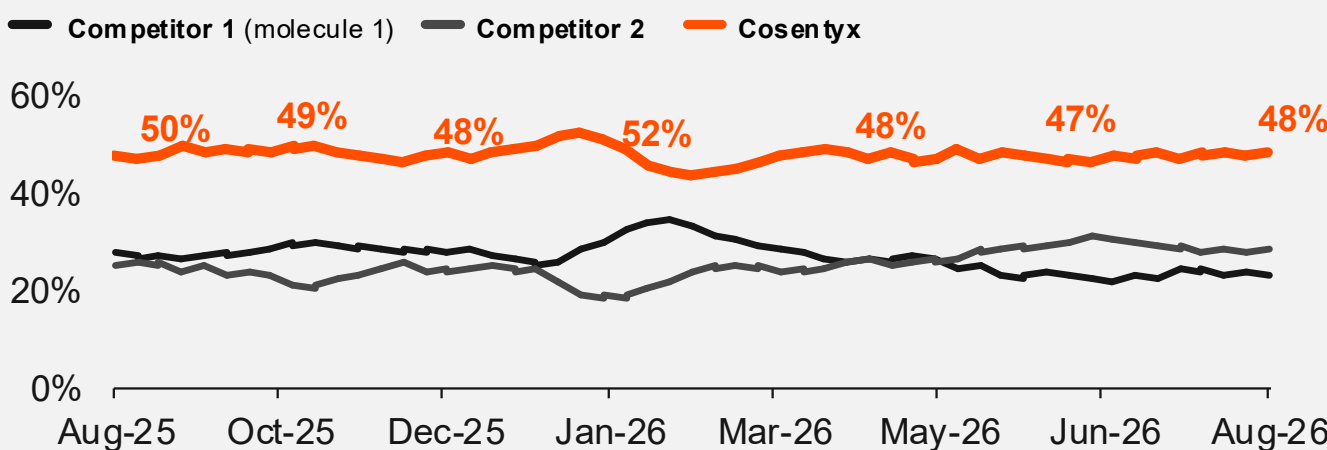
Sales evolution

USD m, % cc

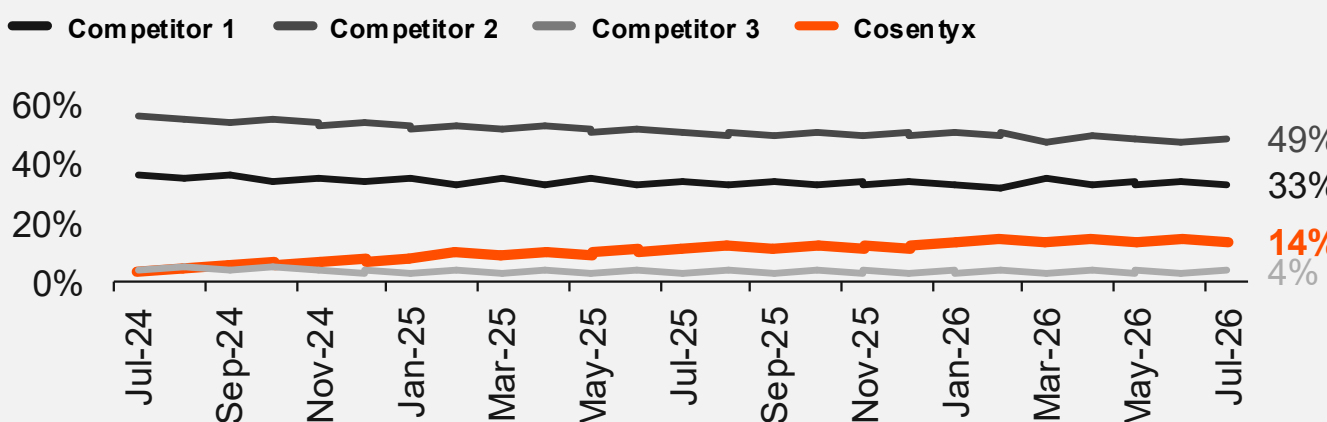
■ US ■ Ex-US



US HS Naive NBRx Share (R4W)¹



US SpA IV Patient Share²



US: +9% in Q3

- HS: Market leader with 48% 1L NBRx share¹
- SpA: Base business resilient with stable share in a crowded market
- Growth benefited from PY RD adjustments

Ex-US: +9% cc in Q3

- Continued growth in Europe and most emerging markets

Continued indication expansion

- **PMR:** EC approval in October; FDA decision expected Q4
- **HS IV:** FDA approval in October

See page 91 for references (footnotes 1-2). Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 45 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

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Rhapsido[®] CSU launch momentum continued in Q3; FDA approval in symptomatic dermographism (SD) supports expansion into CIndU

CSU

Strong launch trajectory in US

- **>6k prescribers**, evenly split allergists/dermatologists¹
- **>15k patients treated**, >70% 1L after AH²
- **NBRx share 26%**, +3%pts vs. PQ³
- **Disciplined contracting**, with ~50% access to label; further access expansion anticipated in Q4 and 2027

Building momentum ex-US

- **Launched in 7 markets**; >1k prescribers and >7k patients⁴
- **Strong early uptake** in Germany and China

CIndU

FDA approval in SD⁵

- **First and only** FDA-approved treatment for SD, most prevalent form of CIndU
- **~100k US CIndU patients** uncontrolled on AH⁶; ~2/3 with SD¹
- **100% overlap with CSU prescribers**, enabling an efficient launch
- **Global filings** across 3 CIndU subtypes⁷ expected in Q4 2026

> Upgraded peak sales guidance for Rhapsido in CSU and CIndU to USD 4bn+

See page 91 for references (footnotes 1-7).

Important readouts for remibrutinib, del-desiran and pelacarsen in Q3

Remibrutinib	Del-desiran	Pelacarsen
✓ Phase III REMODEL-1 and -2 in RMS • Primary endpoint met in both trials, significantly reducing ARR vs. teriflunomide • Superiority on all key secondary endpoints • Clinically meaningful delay in disability progression • Robust, favorable safety with no liver safety signal, consistent with approved indications • Data presented at MSToronto2026 in October Next steps • FDA submission expected in Q4 with PRV	✗ Phase III HARBOR in DM1 • Primary endpoint of vHOT vs. placebo not met • Evidence of clinical activity in secondary endpoints and exploratory analyses Next steps • Data to be presented at an upcoming medical congress • Full dataset under evaluation; HA engagement to determine development path • Partial impairment charge of USD 1.9 billion in Q3; carrying amount USD 5.5 billion	✗ Phase III HORIZON in CVRR • Primary endpoint of reducing the risk of cardiovascular events vs. placebo not met, despite lower Lp(a) levels achieved Next steps • Data to be presented at AHA Scientific Sessions 2026 in November • Potential future development of DII235 under assessment

> **Novartis reaffirmed guidance of 5-6% cc¹ sales CAGR 2025-30 and mid-single-digit cc¹ long-term growth outlook**

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REMODEL: Remibrutinib offers comprehensive disease control and a robust favorable safety profile, without chronic B-cell depletion

Remibrutinib delivered comprehensive disease control...

- ✓ Relapses reduced to 1 every ~13 years
- ✓ MRI activity reduced by 65-70%
- ✓ >92% of patients free from disability progression (6mCDP)¹
- ✓ ~3x more likely to achieve NEDA-3
- ✓ 6-month PIRA reduced by ~30%

...with a robust favorable safety profile

- ✓ No liver safety signals
- ✓ No infection imbalances
- ✓ Nearly 50% fewer discontinuations due to AEs
- ✓ Immunomodulation without B-cell depletion

> **Next steps:** Global regulatory filings ongoing; US expected by EOY with priority review voucher

1. Clinically meaningful delay in disability progression: >92% of patients remained progression-free as assessed by 6mCDP through 24 months, nominal statistical significance.

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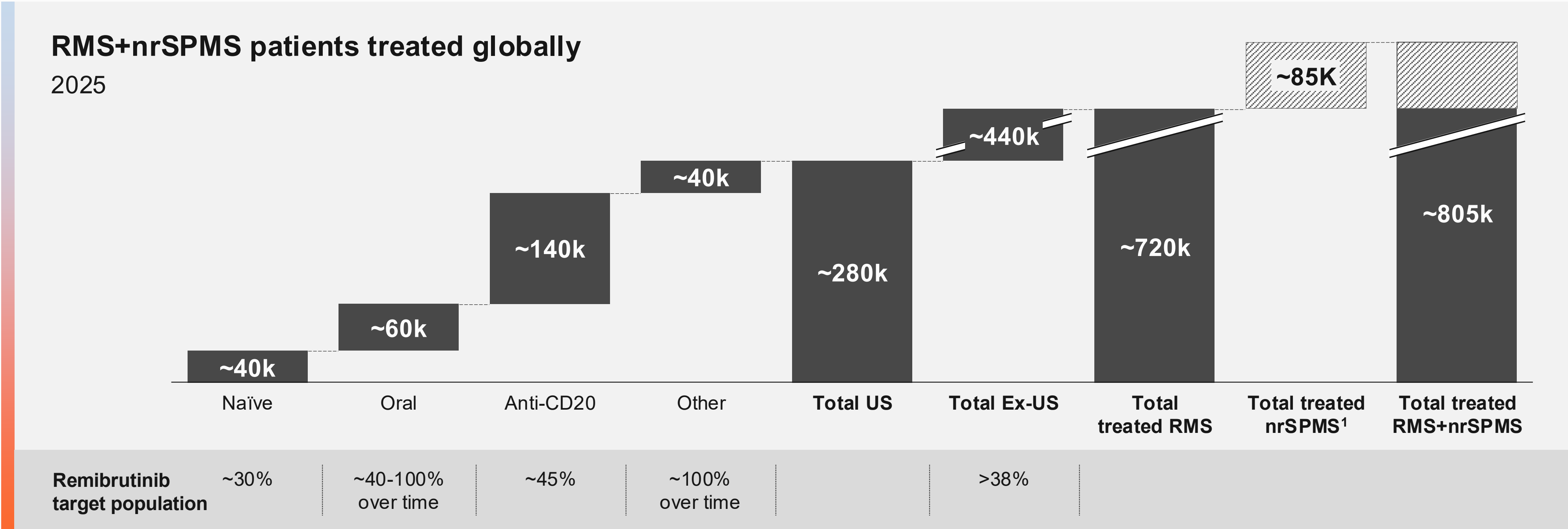
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Remibrutinib has the potential to be a USD 4bn+ medicine in RMS, with potential further upside from nrSPMS



Treated patients on a DMT. 2025. Source: IQVIA, Spherix Chart Study, Stethos, JMDC, Novartis. Naïve = new patients per year (incidence) that receive a DMT; Oral, CD20 and Other switches = prevalent patients on each class (Others = BRACEs and other infusions). Ex-US = Top 7 ex-US markets (EU5, Japan, Canada). 1. nrSPMS is defined by relapse history and includes patients with MRI activity. The ~85k estimate is based on treated non-active SPMS (naSPMS) patients; as nrSPMS is a broader, overlapping population, the estimate may be conservative.

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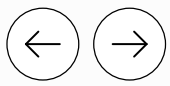
Multiple readouts still expected in 2026, with a strong catalyst path in 2027

Select assets (expected)

Readouts	2026		ianalumab	1L ITP
			Leqvio®	CVRR-LDLC (ORION-4)
			Rhapsido	HS
	2027		abelacimab	SPAF ¹
			Fabhalta®	gMG
			ianalumab	LN, SLE & SSc
			Kesimpta®	MS Q2M dosing
			Leqvio®	CVRR-LDLC (V2P)
			Zigakibart	IgAN
				

Regulatory	2026	<i>Studies with announced positive readouts</i>		
			Cosentyx®	PMR approval (US)
			ianalumab	SjD approval (US)
			Pluvicto	mAPMN/S approval (JP)
			Rhapsido®	CIndU submissions (US, EU, JP, CN)
			remibrutinib	RMS submission (US)
	2027		del-zota	DMD approval (US) ²
			pelabresib	MF approval (EU)
			remibrutinib	RMS approval (US), RMS submissions (EU, JP)
				

1. Event-driven trial readout. 2. Submitted for accelerated approval.



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Financial review and 2026 guidance

Mukul Mehta
Chief Financial Officer



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Q3 performance with net sales growth at +4% cc¹ and strong core¹ margin expansion

Key figures ¹ USD million, unless indicated otherwise	Q3 2025	Q3 2026	Change vs. PY		9M 2025	9M 2026	Change vs. PY	
			% USD	% cc			% USD	% cc
Net sales	13,909	14,522	4	4	41,196	42,043	2	0
Core operating income	5,460	6,036	11	10	16,960	16,873	-1	-2
Core margin	39.3%	41.6%	+2.3%pts	+2.0%pts	41.2%	40.1%	-1.1%pts	-0.8%pts
Operating income ²	4,501	1,843	-59	-61	14,028	10,828	-23	-24
Net income ²	3,930	1,196	-70	-71	11,563	7,609	-34	-35
Core EPS (USD)	2.25	2.46	9	8	6.94	6.85	-1	-3
EPS (USD) ²	2.04	0.63	-69	-70	5.94	4.01	-32	-33
Free cash flow	6,217	5,111	-18		15,941	14,002	-12	

1. Constant currencies (cc), core results and free cash flow are non-IFRS measures. An explanation of non-IFRS measures can be found on page 45 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY. 2. Operating income, net income and EPS declined mainly due to the USD 1.9 billion partial impairment charge of the del-desiran IPR&D asset.

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Continuing our shareholder-friendly capital allocation strategy

Investing in the business

Investments in organic business

Ongoing investment in R&D and CapEx

Value-creating bolt-ons in Q3

Acquisition of Myricx (closed in Q3)
Exercised option for asset acquisition from Sironax

**Substantial
cash
generation**

Returning capital to shareholders

Consistently growing annual dividend¹

USD 9.1bn dividend paid in H1 2026

Share buybacks

Up to USD 10bn buyback continuing,
with up to USD 4.9bn still to be executed²

1. In CHF. 2. As of September 30, 2026.

Raising Novartis 2026 full year core¹ operating income guidance

Expected, barring unforeseen events; growth vs. PY in cc¹

Net sales	expected to grow low single-digit	Core¹ operating income	expected to be in line to grow low single-digit (from low single-digit decline)
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FY guidance on other financial KPIs

- Core net financial result: Expenses expected to be around USD 1.7bn
- Core tax rate: Expected to be around 16.5%

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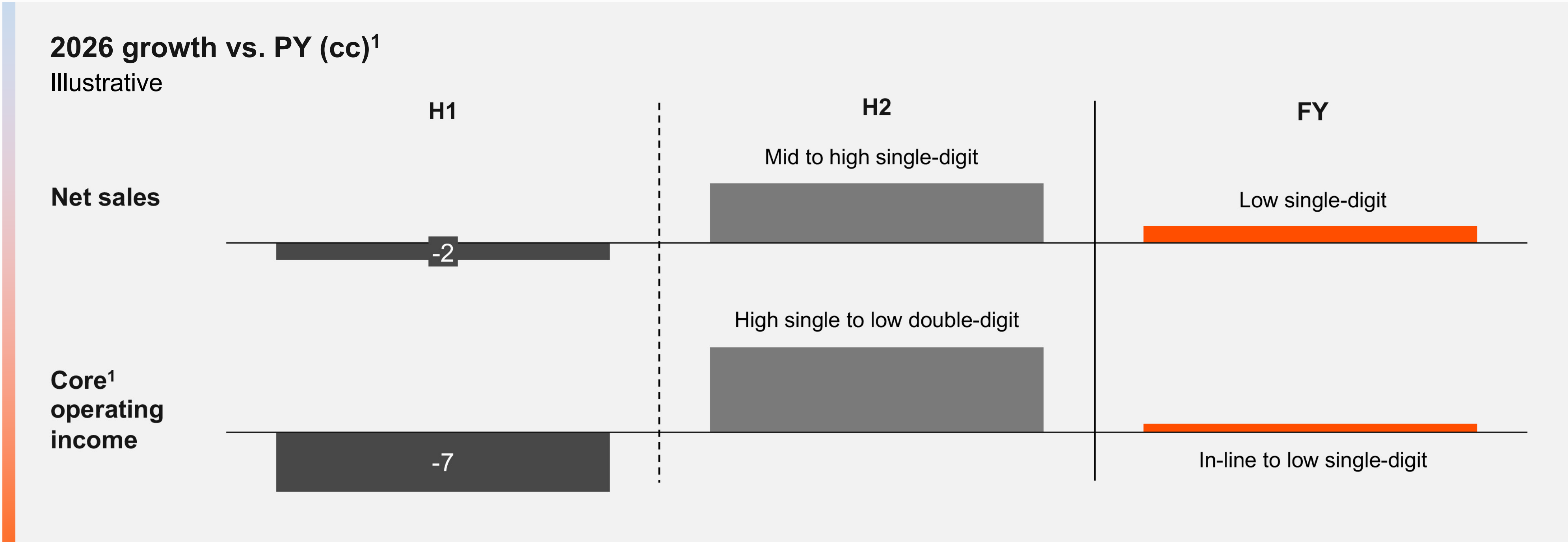
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H2 with strengthened performance and accelerated quarterly sales growth



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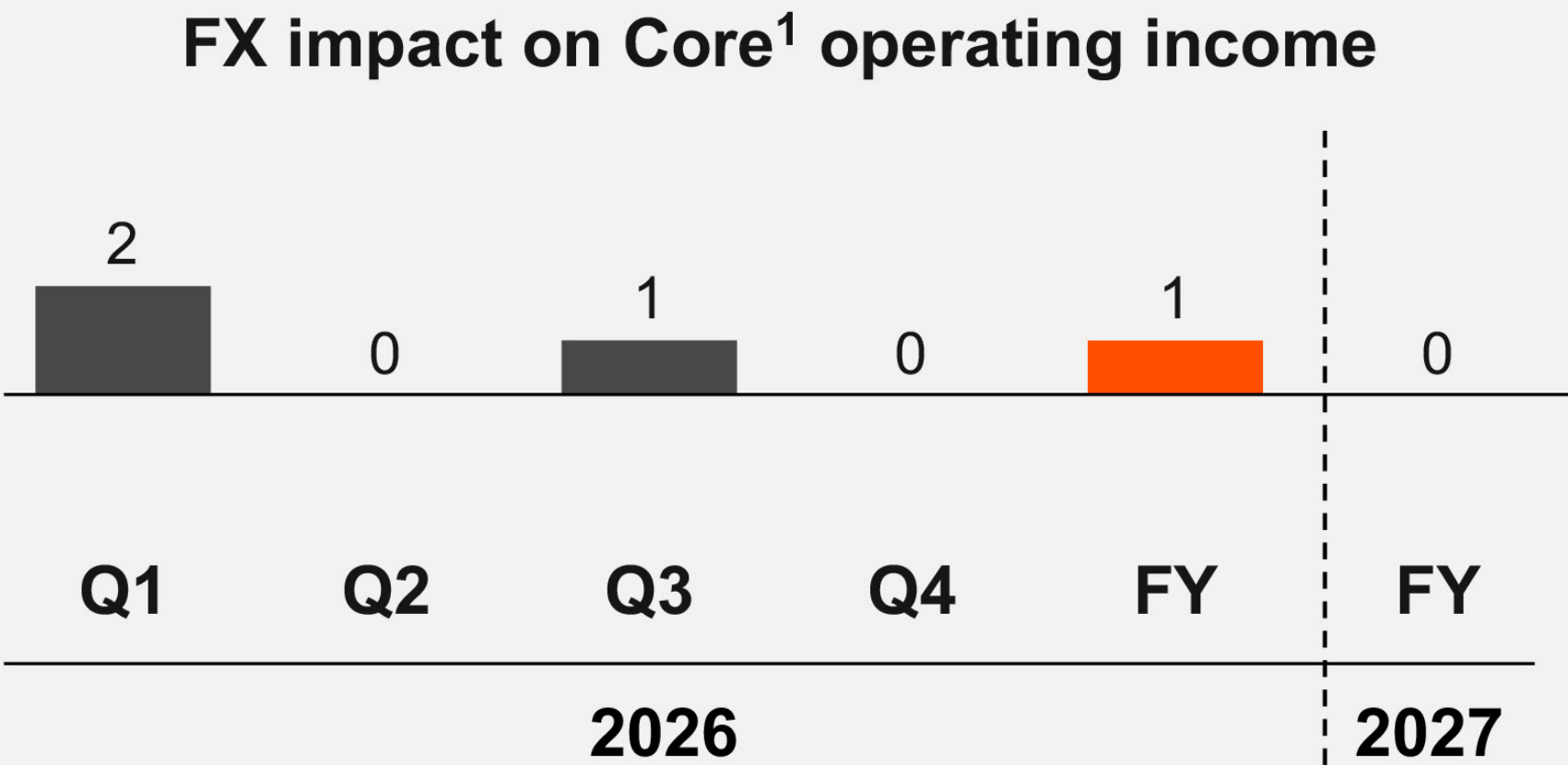
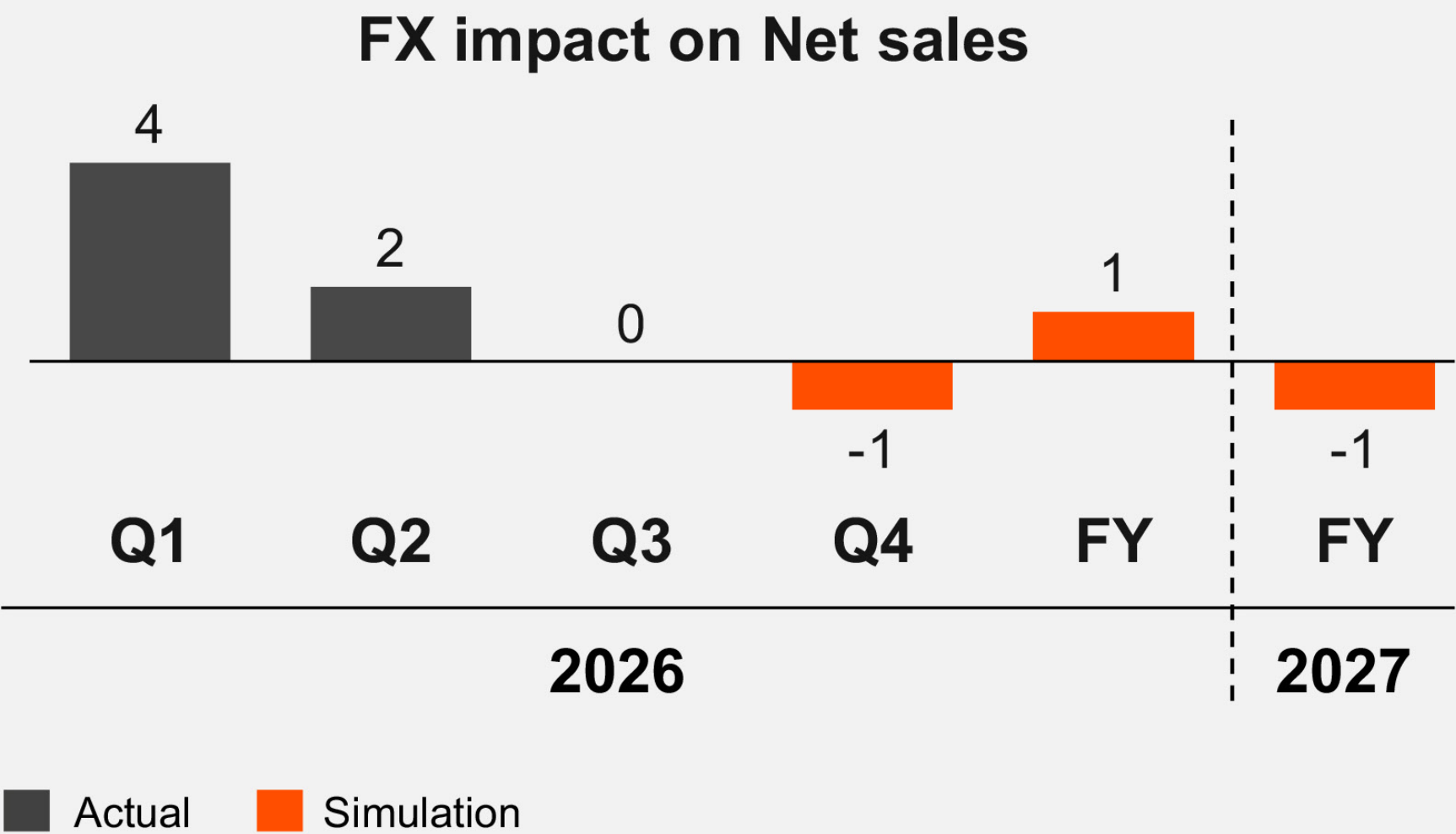
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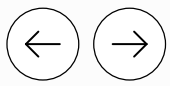
Expected currency impact for full year 2026 and 2027

Currency impact vs. PY

%pts, assuming late-October exchange rates prevail in 2026 and 2027



1. Core results are non-IFRS measures. An explanation of non-IFRS measures can be found on page 45 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.



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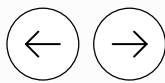
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Vas Narasimhan, M.D.
Chief Executive Officer





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Delivered sales growth in Q3 driven by priority brands and launches, demonstrating the replacement power of the business



Upgraded full-year guidance for core operating income following strong bottom-line performance



Advanced the pipeline, with positive remibrutinib results in RMS, Rhapsido and Pluvicto label expansions, and first pelabresib filing



Remain on track to deliver our mid-term guidance of 5-6% sales CAGR 2025-2030 and long-term growth outlook



Upcoming investor event

Meet Novartis Management

Mid-term guidance 2026-2031 and long-term outlook

Updated peak sales potential for key growth drivers

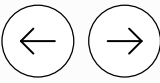
Focus on mid- and late-stage pipeline assets to support growth

Breakout sessions by therapeutic area

Panel session on AI in R&D

November 18-19, 2026
London, UK





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Key innovation milestones in 2026

2026 selected key events (expected)		H1 2026	H2 2026	Status as of end Q3
Regulatory decisions	Rhapsido® CIndU ³		US	US approval in October
	Pluvicto® mAPMN/S		US, JP, CN	US & CN approval in Q3
	Rhapsido® CSU	EU	JP	EU & JP approval in Q2
	Cosentyx® PMR		US	EU approval in October
	OAV101 IT SMA	JP	EU, CN	JP approval in Q1, EU approval in Q2, CN submission withdrawn in Q3
Submissions	Cosentyx® PMR	US, EU, JP		US, EU & JP submissions in Q1
	lanalumab SjD	US, EU, CN, JP		US, EU, CN & JP submissions in Q1
	Pelacarsen CVRR-Lp(a)		US	Will not be submitted
	Rhapsido® CIndU ³		EU, JP, CN	
	Fabhalta® IgAN	JP		JP submission in Q1
	Pelabresib MF		EU	EU submission in Q3
	Vanrafia® IgAN	US ¹ , EU	JP, CN ¹	US & EU submissions in Q2, JP & CN in Q3
	Del-zota ² DMD	US		Submitted to the FDA in Q2
Readouts	Rhapsido® CIndU ³	PhIII (RemIND)		Met primary endpoint in Q1
	Pelacarsen CVRR-Lp(a)		PhIII (HORIZON) ⁴	Did not meet primary endpoint in Q3
	Remibrutinib RMS		PhIII (REMODEL-1 & -2)	Met primary endpoint in Q3
	Rhapsido® HS		PhIII (RECHARGE 1 & 2) ⁷	
	lanalumab 1L ITP		PhIII (VAYHIT-1)	
	lanalumab wAIHA	PhIII (VAYHIA)		Did not meet primary endpoint in Q1
	QCZ484 HTN ⁵		PhII	
	VHB937 ALS		PhII (ASTRALS)	Did not meet primary endpoint in Q3
	Del-desiran ² DM1		PhIII (HARBOR)	Did not meet primary endpoint in Q3
	NIO752 PSP		PhIII FPFV	PhIII trial started in Q2
Key study starts	Votoplam ⁸ HD	PhIII FPFV		PhIII trial started in Q1
	Farabursen ADPKD		PhIII FPFV	
	Remibrutinib FA		PhIII FPFV	PhIII trial started in Q3
	Pelabresib MF	PhIII FPFV ⁶		PhIII trial started in Q2
	GIA632 Vitiligo	PhII FPFV		PhII trial started in Q1

1. For full approval. 2. On February 27, 2026, Novartis successfully completed the acquisition of Avidity Biosciences, Inc. (“Avidity”). 3. SD cohort readout and US filing in 2025, primary endpoint met in Cold and Cholinergic Urticaria in 2026.
4. Event-driven trial. 5. PhIII-enabling interim readout. 6. For US, JP & CN registration. 7. 16wk FIR. Readout accelerated from 2027. 8. Novartis has obtained global rights to develop, manufacture, and commercialize votoplam under a License & Collaboration agreement with PTC Therapeutics.

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Our pipeline projects at a glance

	Phase I/II	Phase III	Registration	Total
Oncology	19	9	1	29
Solid tumors	17	5	0	23
Hematology	2	4	1	6
Immunology	18	7	1	26
Neuroscience	7	10	1	18
Cardiovascular, Renal and Metabolic	14	8	0	22
Others (thereof IB&GH)	12 (9)	4 (4)	1 (1)	17
	70	38	4	112

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17 lead indications

Lead indication

Oncology

Code	Name	Mechanism	Indication(s)
Solid tumors			
AMO959	AMO959	DNA PK inhibitor	Prostate cancer
DJI136	DJI136	DLL3 CAR-T	Small cell lung cancer
DZR123	tulmimetostat	EZH1, EZH2 inhibitor	Metastatic prostate cancer
ECI830	ECI830	CDK2 inhibitor	Breast cancer
ESP359	²²⁵ Ac-ETN029	Radioligand therapy target DLL3	Solid tumors
FML539	¹⁷⁷ Lu-DWJ155	Radioligand therapy target HER2	Solid tumors
FXX489	¹⁷⁷ Lu-NNS309	Radioligand therapy target FAP	Solid tumors
GCJ904	GCJ904	-	Solid tumors
GVV858	GVV858	-	Breast cancer and other advanced solid tumors
IEV407	IEV407	-	Breast cancer
INR731	INR731	-	Prostate cancer
RAE346	RAE346	Pan-mutant-selective PI3Ka inhibitor	Breast cancer

Cardiovascular, Renal and Metabolic

Code	Name	Mechanism	Indication(s)
CYX082	farabursen	MIR17 inhibitor	Autosomal dominant polycystic kidney disease
HJB647	HJB647	-	Heart failure
			Hypertension
OJR520	OJR520	-	CKD

Neuroscience

Code	Name	Mechanism	Indication(s)
EDK060	EDK060	-	Charcot-Marie-Tooth disease
DFT383	DFT383	CTNS gene delivery	Cystinosis
NIO752	NIO752	Tau antisense oligonucleotide	Alzheimer's disease
YTB323	rapcabtagene autoleucel	CD19 CAR-T	Relapsing multiple sclerosis
			Primary progressive multiple sclerosis
			Generalized myasthenia gravis

Immunology

Code	Name	Mechanism	Indication(s)
DCY636	DCY636	-	Atopic dermatitis
PIT565	PIT565	Anti-CD19, Anti-CD3, Anti-CD2	Systemic lupus erythematosus
			Rheumatoid arthritis
YTB323	rapcabtagene autoleucel	CD19 CAR-T	Rheumatoid arthritis and severe, refractory Sjögren's disease

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Lead indication

Oncology

Code	Name	Mechanism	Indication(s)
Solid tumors			
AAA601	Lutathera®	Radioligand therapy target SSTR	GEPNET, pediatrics
AAA614	AAA614	Radioligand therapy target FAP	Solid tumors
DZR123	tulmimetostat	EZH1, EZH2 inhibitor	Solid tumors & lymphomas
JSB462	luxdegalutamide	Androgen receptor protein degrader	Metastatic castration resistant prostate cancer
			Metastatic hormone sensitive prostate cancer

Hematology

ABL001	Scemblix®	BCR-ABL STAMP inhibitor	Chronic myeloid leukemia, pediatrics
YTB323	rapcabtagene autoleucel	CD19 CAR-T	1L high-risk large B-cell lymphoma

Cardiovascular, Renal and Metabolic

Code	Name	Mechanism	Indication(s)
DII235	DII235	siRNA targeting Lp(a) mRNA	CVRR-Lp(a)
HDY015	HDY015	AGT siRNA & PCSK9 siRNA	Hypercholesterolemia and hypertension
LNP023	Fabhalta®	CFB inhibitor	Lupus nephritis
			ANCA associated vasculitis
LTP001	LTP001	SMURF1 inhibitor	Pulmonary arterial hypertension ¹
			Idiopathic pulmonary fibrosis
PAC001	pacibekitug	Anti-IL-6 mAb	ASCVD
PKN605	PKN605	HDAC6 Inhibitor	Atrial Fibrillation
QCZ484	QCZ484	AGT siRNA	Hypertension
YMI024	YMI024	NLRP3 inhibitor	CVRR

Neuroscience

Code	Name	Mechanism	Indication(s)
GXV813	GXV813	M4 agonist	Schizophrenia

1. Phase I / II.

Immunology

Code	Name	Mechanism	Indication(s)
DDY391	DDY391	VAV1-directed MGD	Psoriatic arthritis
			Sjögren's disease
GHZ339	GHZ339	IL-13, IL18 inhibitor	Atopic dermatitis
GIA632	GIA632	IL-15 mAb	Atopic dermatitis
			Lichen planus
			Vitiligo
LOU064	Rhapsido®	BTK inhibitor	Papulopustular rosacea
MAS825	arumakimig	IL1B, IL18 inhibitor	Still's disease
VAY736	ianalumab	BAFF-R inhibitor, ADCC-mediated B-cell depletory	Systemic sclerosis
YTB323	rapcabtagene autoleucel	CD19 CAR-T	Active refractory lupus nephritis
			Active refractory systemic lupus erythematosus
			Systemic sclerosis
			Myositis
			ANCA associated vasculitis

Others

Code	Name	Mechanism	Indication(s)
IB&GH			
EYU688	EYU688	NS4B inhibitor	Dengue fever
INE963	INE963	Plasmodium falciparum inhibitor	Malaria
ITU512	ITU512	HbF inducing agent	Sickle cell disease
KAE609	cipargamin	PfATP4 inhibitor	Malaria, severe
			Malaria, uncomplicated
LXE408	LXE408	Proteasome inhibitor	Visceral leishmaniasis
			Chagas
PKC412	Rydapt®	Multi-targeted kinase inhibitor	Acute myeloid leukemia, pediatrics
EDI048	EDI048	CpPI(4)K inhibitor	Cryptosporidiosis
Others			
FWY003	FWY003	Factor B inhibitor	Geographic atrophy
LNP023	Fabhalta®	CFB inhibitor	iAMD
PAC001	pacibekitug	Anti-IL-6 mAb	Thyroid eye disease (TED)

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Lead indication

Oncology

Code	Name	Mechanism	Indication(s)
Solid tumors			
AAA601	Lutathera®	Radioligand therapy target SSTR	Gastroenteropancreatic neuroendocrine tumors
AAA617	Pluvicto®	Radioligand therapy target PSMA	Oligometastatic prostate cancer
AAA817	²²⁵ Ac-PSMA-617	Radioligand therapy target PSMA	post Lu metastatic androgen pathway modulation-resistant (mAPMR) prostate cancer ² Metastatic androgen pathway modulation-resistant (mAPMR) prostate cancer 1L ²
BYL719	Viioice®	PI3K-alpha inhibitor	Lymphatic malformations
Hematology			
LNP023	Fabhalta®	CFB inhibitor	Atypical hemolytic uraemic syndrome PNH, pediatrics
VAY736	ianalumab	BAFF-R inhibitor, ADCC-mediated B-cell depletor	1L Immune Thrombocytopenia 2L Immune Thrombocytopenia

Cardiovascular, Renal and Metabolic

Code	Name	Mechanism	Indication(s)
EXV811	atrasentan	Endothelin-1 receptor Inhibitor	IgA nephropathy, pediatrics
FUB523	zigakibart	Anti-APRIL	IgA nephropathy
KJX839	Leqvio®	siRNA (regulation of LDL-C)	CVRR (secondary prevention) CVRR (primary prevention)
LNP023	Fabhalta®	CFB inhibitor	C3 glomerulopathy, pediatrics IC-MPGN IgAN, pediatrics
MAA868	abelacimab	FXI/FXIIa inhibitor	Stroke prevention in atrial fibrillation

Neuroscience

Code	Name	Mechanism	Indication(s)
BAF312	Mayzent®	S1P1,5 receptor modulator	Multiple sclerosis, pediatrics
DWH213	del-brax	siRNA DUX4 knockdown	Facioscapulohumeral muscular dystrophy
EWf980	del-desiran	siRNA DMPK knockdown	Myotonic dystrophy type 1
LNP023	Fabhalta®	CFB inhibitor	Generalized myasthenia gravis
LOU064	Remibrutinib	BTK inhibitor	Multiple sclerosis, relapsing remitting Multiple sclerosis, secondary progressive
NIO752	NIO752	Tau antisense oligonucleotide	Progressive supranuclear palsy
OMB157	Kesimpta®	CD20 Antagonist	Multiple sclerosis, pediatrics Multiple sclerosis, new dosing regimen
HTT227	votoplam	Huntingtin Modulator	Huntington's disease

Immunology

Code	Name	Mechanism	Indication(s)
LOU064	Rhapsido®	BTK inhibitor	Chronic pruritus of unknown origin Chronic spontaneous urticaria, pediatrics Chronic inducible urticaria ¹ Food allergy Hidradenitis suppurativa
VAY736	ianalumab	BAFF-R inhibitor, ADCC-mediated B-cell depletor	Lupus nephritis Systemic lupus erythematosus

Others

Code	Name	Mechanism	Indication(s)
IB&GH			
AMG334	Aimovig®	CGRPR antagonist	Migraine, pediatrics
QMF149	Atectura® Breezhaler®	LABA + ICS	Asthma, pediatrics
QVM149	Enerzair® Breezhaler®	LABA + LAMA + ICS	Asthma, pediatrics
SEG101	Adakveo®	P-selectin inhibitor	Sickle cell disease, pediatrics

1. SD cohort readout and US filing in Q4 2025, primary endpoint met in Cold and Cholinergic Urticaria cohorts in 2026. 2. Metastatic androgen pathway modulation-resistant prostate cancer (mAPMR), previously known as metastatic castration resistant prostate cancer (mCRPC).

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Lead indication

Novartis pipeline in registration

Oncology			
Code	Name	Mechanism	Indication(s)
Hematology			
DAK539	pelabresib ¹	BET inhibitor	Myelofibrosis
Neuroscience			
Code	Name	Mechanism	Indication(s)
KPE179	del-zota ²	PMO mediated exon 44 skipping	Duchenne muscular dystrophy
Immunology			
Code	Name	Mechanism	Indication(s)
VAY736	ianalumab	BAFF-R inhibitor, ADCC-mediated B-cell depletor	Sjögren's disease
Others			
Code	Name	Mechanism	Indication(s)
IB&GH			
KLU156	Ganaplacide + lumefantrine	Non-artemisinin plasmodium falciparum inhibitor	Malaria, uncomplicated

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Novartis submission schedule

New Molecular Entities: Lead and supplementary indications

				CRM	Immunology	Neuroscience	Oncology	Non-core TA project
	2026	2027	2028	≥2029				
Lead	del-zota KPE179 DMD	ziga kibart FUB523 IgAN	225Ac-PSMA-617 AAA817 post Lu mCRPC	DII235 DII235 CVR R-Lp(a)	JSB462 JSB462 Prostate cancer	del-desiran EW F98 0 DM 1	DDY391 DDY391 SP	
	pelabresib² DAK539 Myelofibrosis		abelacimab MAA868 SPAF	LTP001 LTP001 Pulmonary arterial hypertension		votoplam HT T2 27 Huntington's disease	GHZ339 GHZ339 Atopic dermatitis	
	ianalumab VAY736 Sjögren's disease		del-brax DWH213 FSD	PAC001 PAC001 ASCVD		NIO752 NIO752 PSP	GIA632 GIA632 Atopic dermatitis	
	ganaplacide + lumefantrine KLU156 Malaria uncomplicated		rapcabtagene autoleucel YTB323 arLN	QCZ484 QCZ484 Hypertension	EXV811 EXV811 IgAN, ped.			
Supplementary	remibrutinib LOU064 Relapsing multiple sclerosis	ianalumab VAY736 1L Immune Thrombocytopenia	ianalumab VAY736 Lupus nephritis	rapcabtagene autoleucel YTB323 Myositis	rapcabtagene autoleucel YTB323 High-risk large B-cell lymphoma	remibrutinib LOU064 SPMS	DDY391 DDY391 PsA	
		ianalumab VAY736 2L Immune Thrombocytopenia	ianalumab VAY736 Systemic sclerosis	rapcabtagene autoleucel YTB323 Systemic sclerosis	225Ac-PSMA-617 AAA817 mCRPC 1L		GIA632 GIA632 Vitiligo	
		ianalumab VAY736 SLE	rapcabtagene autoleucel YTB323 arSLE	rapcabtagene autoleucel YTB323 ANCA associated vasculitis	cipargamin¹ KAE609 Malaria uncomplicated		GIA632 GIA632 Lichen Planus	

1. Part of triple combination therapy. 2. EU submission.

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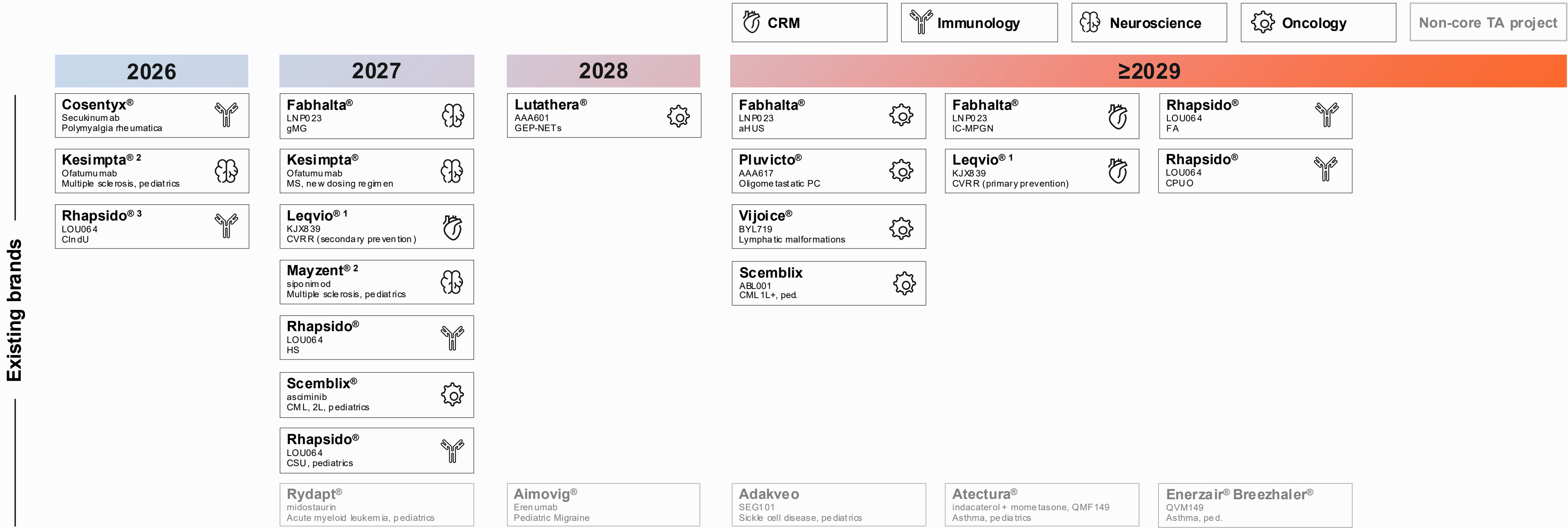
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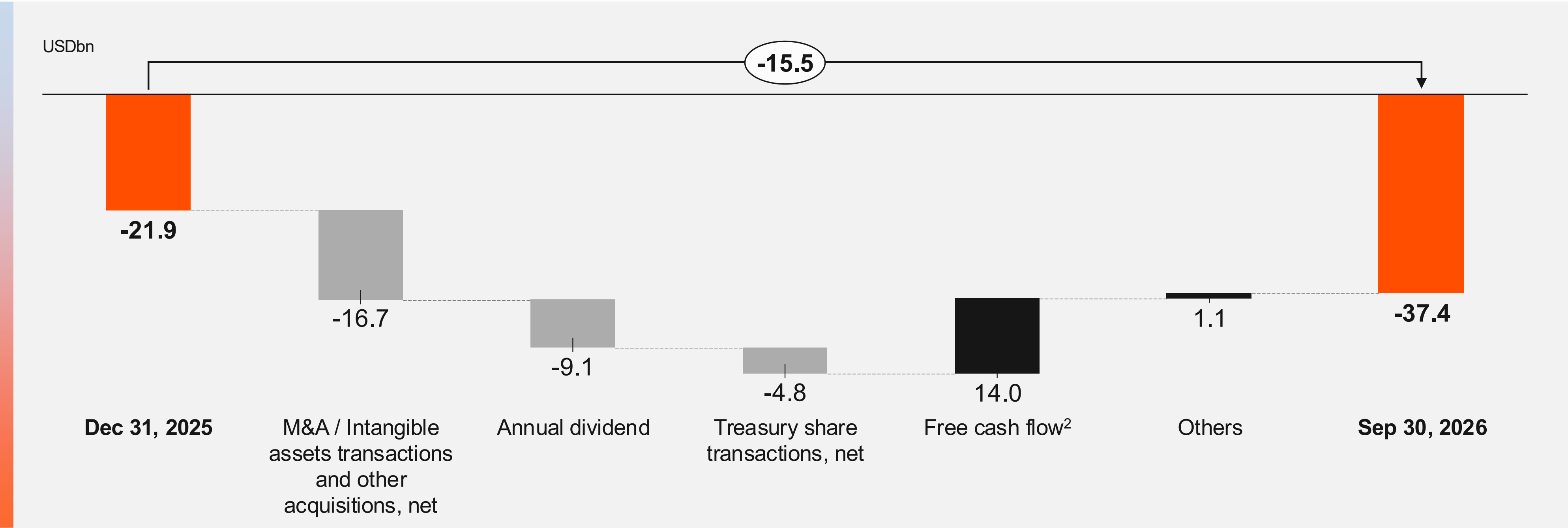
References

Novartis submission schedule

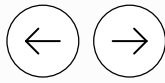
Supplementary indications for existing brands



Net debt¹ increased by USD 15.5bn as the FCF was more than offset mainly by M&A and the annual dividend payment



1. Net debt is presented as additional information. An explanation of additional information can be found on page 46 of the Novartis Condensed Interim Financial Report. 2. Free cash flow is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 45 of the Novartis Condensed Interim Financial Report.



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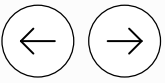
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Clinical Trials Update

Includes selected ongoing or recently concluded global trials of Novartis development programs/products which are in confirmatory development or marketed (typically Phase 2b or later).

For further information on all Novartis clinical trials, please visit:
www.novartisclinicaltrials.com



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abelacimab – FXI/FXIIa inhibitor

NCT05712200 LILAC-TIMI 76 (CMAA868A2302)

Indication	Stroke prevention in atrial fibrillation (SPAF)
Phase	Phase 3
Patients	2500
Primary Outcome Measures	Efficacy: Time to first event of ischemic stroke or systemic embolism (SE) Safety: Time to first occurrence of Bleeding Academic Research Consortium (BARC) type 3c/5 bleeding
Arms Intervention	Experimental: Abелacimab (MAA868) Patients will be randomized in a 1:1 ratio to receive abелacimab 150 mg subcutaneous (SC) or matching placebo once monthly. Placebo Comparator: Placebo Patients will be randomized in a 1:1 ratio to receive abелacimab 150 mg subcutaneous (SC) or matching placebo once monthly.
Target Patients	High-risk Patients With Atrial Fibrillation Who Have Been Deemed Unsuitable for Oral anticoagulation
Readout Milestone(s)	2027
Publication	TBD

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atrasentan – ETA receptor antagonist

NCT04573478 ALIGN (CHK01-01)

Indication	IgA nephropathy
Phase	Phase 3
Patients	404
Primary Outcome Measures	1) Double-blind period: Change in proteinuria: the change in urine protein:creatinine ratio (UPCR) from baseline to Week 36 (non-SGLT2i stratum). Up to Week 36, or about 9 months. Key secondary endpoint (double-blind period): Change in estimated glomerular filtration rate (eGFR) from baseline to Week 136.
Arms Intervention	Double-blind period (132 weeks, about 2.5 years): Arm 1, experimental: atrasentan 0.75 mg orally once daily for 132 weeks Arm 2, placebo comparator: placebo orally once daily for 132 weeks
Target Patients	Patients with IgA nephropathy (IgAN) at risk of progressive loss of renal function
Readout Milestone(s)	2023 (primary endpoint for US initial submission) 2026 (final analysis for key secondary endpoint, 2.5 years; completion of double-blind period)
Publication	Interim analysis (primary endpoint): Heerspink HJL et al. <i>N Engl J Med</i> 2025;392(6):544–554 Final analysis (double-blind period): Heerspink HJL et al. <i>Lancet</i> 2026;407(10546):2387–2401

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DII235 – siRNA targeting Lp(a) mRNA

NCT07235046 (CDII235A12201)

Indication	Risk reduction in cardiovascular disease w elevated Lp(a)
Phase	Phase 2b
Patients	234
Primary Outcome Measures	1) Time averaged percentage change from baseline in Lp(a) measured between Day 60 and Day 180 2) Difference between DII235 dose 2 and placebo in time-averaged percent change from baseline in Lp(a) measured between Day 60 and Day 360 3) Difference between DII235 dose 4 and placebo in time-averaged percent change from baseline in Lp(a) measured between Day 60 and Day 360
Arms Intervention	1) Placebo Comparator: Arm 1 Placebo 2) Experimental: Arm 2 DII235 dose 1 3) Experimental: Arm 3 DII235 dose 2 4) Experimental: Arm 4 DII235 dose 3 5) Experimental: Arm 5 DII235 dose 4
Target Patients	Adults With Elevated Lipoprotein(a)
Readout Milestone(s)	2027
Publication	TBD

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Fabhalta® – CFB inhibitor

NCT04578834 APPLAUSE-IgAN (CLNP023A2301)

Indication	IgA nephropathy
Phase	Phase 3
Patients	518
Primary Outcome Measures	Ratio to baseline in urine protein to creatinine ratio (sampled from 24h urine collection) at 9 months Annualized total estimated Glomerular Filtration Rate (eGFR) slope estimated over 24 months
Arms Intervention	Arm 1 - LNP023 200mg BID Arm 2 - Placebo BID
Target Patients	Primary IgA Nephropathy patients
Readout Milestone(s)	2023 (primary endpoint for US initial submission, 9 months UPCR) 2025 (24 months)
Publication	Barratt J, Eren N, Kashihara N, et al. Iptacopan in IgA nephropathy – final 24-month data. N Engl J Med. 2026. doi:10.1056/NEJMoa2600743.

Fabhalta® – CFB inhibitor

NCT05755386 APPARENT (CLNP023B12302)

Indication	Immune complex-mediated membranoproliferative glomerulonephritis
Phase	Phase 3
Patients	106
Primary Outcome Measures	Log-transformed ratio to baseline in UPCR at 6 months [Time Frame: 6 months, double-blind] To demonstrate the superiority of iptacopan compared to placebo in reducing proteinuria at 6 months Log-transformed ratio to baseline in UPCR at the 18-month visit (each study treatment arm) [Time Frame: 18 months] To evaluate the effect of iptacopan on proteinuria at 18 months Log-transformed ratio to 12-month visit in UPCR at the 18-month visit in the placebo arm. [Time Frame: 18 months] To evaluate the effect of iptacopan on proteinuria at 18 months
Arms Intervention	Arm 1 experimental: Drug: iptacopan 200 mg b.i.d. (Adults 200mg b.i.d; Adolescents 2x 100mg b.i.d) Arm 2 placebo to iptacopan 200mg b.i.d. (Adults 200mg b.i.d; Adolescents 2x 100mg b.i.d) (both on top of SoC)
Target Patients	Patients (adults and adolescents aged 12-17 years) with idiopathic IC-MPGN
Readout Milestone(s)	2028
Publication	Vivarelli M, et al., Kidney International Reports (2023), Iptacopan in idiopathic immune complex-mediated membranoproliferative glomerulonephritis: Protocol of the APPARENT multicenter, randomized Phase III study

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Leqvio® – siRNA (regulation of LDL-C)

NCT03705234 ORION-4 (CKJX839B12301)

Indication	Secondary prevention of cardiovascular events in patients with elevated levels of LDL-C
Phase	Phase 3
Patients	16124
Primary Outcome Measures	A composite of major adverse cardiovascular events, defined as: Coronary heart disease (CHD) death; Myocardial infarction; Fatal or non-fatal ischaemic stroke; or Urgent coronary revascularization procedure
Arms Intervention	Arm 1: Every 6 months treatment Inclisiran sodium 300mg (given by subcutaneous injection on the day of randomization, at 3 months and then every 6-months) for a planned median duration of about 5 years Arm 2: Matching placebo (given by subcutaneous injection on the day of randomization, at 3 months and then every 6 months) for a planned median duration of about 5 years
Target Patients	Patient population with mean baseline LDL-C ≥ 100mg/dL
Readout Milestone(s)	2026 (event-driven)
Publication	TBD

NCT05030428 VICTORION-2P (CKJX839B12302)

Indication	Secondary prevention of cardiovascular events in patients with elevated levels of LDL-C
Phase	Phase 3
Patients	17004
Primary Outcome Measures	1. Time to First Occurrence of 3P-MACE (3-Point Major Adverse Cardiovascular Events)
Arms Intervention	Arm 1: Experimental Inclisiran sodium, Subcutaneous injection Arm 2: Placebo Comparator, Placebo Subcutaneous injection
Target Patients	Participants with established cardiovascular disease (CVD)
Readout Milestone(s)	2027 (event-driven)
Publication	TBD

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Leqvio® – siRNA (regulation of LDL-C)

NCT05739383 VICTORION-1P (CKJX839D12302)

Indication	CVRR (Primary prevention)
Phase	Phase 3
Patients	14012
Primary Outcome Measures	Time to the first occurrence of 4P-MACE 4-Point-Major Adverse Cardiovascular Events (4P-MACE): composite of cardiovascular death, non-fatal myocardial infarction, non-fatal ischemic stroke, and urgent coronary revascularization
Arms Intervention	Arm 1 Experimental: Inclisiran Sodium 300mg, subcutaneous injection in pre-filled syringe Arm 2 Placebo
Target Patients	High-risk primary prevention patients
Readout Milestone(s)	2029
Publication	TBD

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LTP001 – SMURF1 Inhibitor

NCT06649110 (CLTP001A12202)

Indication	Pulmonary arterial hypertension
Phase	Phase 2
Patients	232
Primary Outcome Measures	Part A- Number of participants with Adverse events (AEs) and Serious Adverse events (SAEs), Baseline to Day 35 Part B-Treatment Period 1: Change in pulmonary vascular resistance (PVR), Baseline to week 24 Part B-Treatment Period 2: Number of participants with Adverse events (AEs) and Serious Adverse events (SAEs), From Day 1 until Week 106
Arms Intervention	Experimental: LTP001 Dose 1 Experimental: LTP001 Dose 2 Experimental: LTP001 Dose 3 Comparator: Placebo
Target Patients	Healthy participants (Part A) and in participants with PAH (Part B)
Readout Milestone(s)	2028
Publication	TBD

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PAC001 – anti-IL6 mAb

NCT06362759 TRANQUILITY (CPAC001A12201)

Indication	ASCVD
Phase	Phase 2
Patients	143
Primary Outcome Measures	Evaluate the effects of TOUR006 compared with placebo on hs-CRP
Arms Intervention	Experimental: TOUR006 - 50 MG 50 mg administered subcutaneously at Day 1 and Day 90 (Placebo administered at 30, 60, 120, and 150 Day timepoints) Experimental: TOUR006 - 25 MG 25 mg administered subcutaneously at Day 1 and Day 90 (Placebo administered at 30, 60, 120, and 150 Day timepoints) Experimental: TOUR006 - 15 MG 15 mg administered subcutaneously at Days 1, 30, 60, 90, 120, and 150 Placebo Comparator: Placebo Administered subcutaneously at Days 1, 30, 60, 90, 120, and 150
Target Patients	Patients with Chronic Kidney Disease and Elevated hs-CRP
Readout Milestone(s)	2025
Publication	Pergola PE et al. ESC 2025; abstract 599

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pelacarsen – Antisense oligonucleotide (ASO) targeting Lp(a)

NCT04023552 Lp(a)HORIZON (CTQJ230A12301)

Indication	Secondary prevention of cardiovascular events in patients with elevated levels of lipoprotein(a)
Phase	Phase 3
Patients	8323
Primary Outcome Measures	Time to the first occurrence of MACE (cardiovascular death, non-fatal MI, non-fatal stroke and urgent coronary re-vascularization)
Arms Intervention	TQJ230 80 mg injected monthly subcutaneously or matched placebo
Target Patients	Patients with a history of Myocardial infarction or Ischemic Stroke, or a clinically significant symptomatic Peripheral Artery Disease, and Lp(a) ≥ 70 mg/dL
Readout Milestone(s)	H2 2026 (event-driven)
Publication	Cho et al. Design and rationale of the Lp(a)HORIZON trial. <i>American Heart Journal</i> . 2025.

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QCZ484 – AGT siRNA

NCT06857955 (CQCZ484A12201)

Indication	Hypertension
Phase	Phase 2
Patients	396
Primary Outcome Measures	Change from baseline at Month 3 in mean 24hr systolic blood pressure (SBP) by ambulatory blood pressure measurement (ABPM)
Arms Intervention	Placebo Comparator: Placebo Control Arm 1: QCZ484 Dose 1 solution for injection Arm 2: QCZ484 Dose 2 solution for injection Arm 3: QCZ484 Dose 3 solution for injection Arm 4: QCZ484 Dose 4 solution for injection Arm 5: QCZ484 Dose 5 solution for injection
Target Patients	Mild to moderate hypertensive patients
Readout Milestone(s)	2026
Publication	TBD

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zigakibart – Anti-APRIL

NCT05852938 BEYOND (CFUB523A12301)

Indication	IgA nephropathy
Phase	Phase 3
Patients	383
Primary Outcome Measures	Change from Baseline to week 104 in eGFR
Arms Intervention	Arm 1 Experimental: BION-1301 (Zigakibart) 600mg subcutaneous administration every 2 weeks for 104 weeks Arm 2 Placebo Comparator: Placebo subcutaneous administration every 2 weeks for 104 weeks
Target Patients	Adults with IgA Nephropathy
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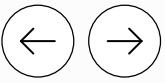
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References

YMI024 – NLRP3 inhibitor

NCT07830719 (CYMI024A12202)

Indication	Risk reduction in cardiovascular disease
Phase	Phase 2b
Patients	180
Primary Outcome Measures	Change from baseline in log-transformed IL-6
Arms Intervention	1) YMI024 Dose 1 2) YMI024 Dose 2 3) YMI024 Dose 3 4) YMI024 Dose 4 5) YMI024 Dose 5 6) Placebo
Target Patients	Adults With Stable Coronary Artery Disease and Elevated hsCRP
Readout Milestone(s)	2027
Publication	TBD



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DDY391 – VAV1-directed MGD

NCT07801495 (CDDY391A12201)

Indication	Psoriatic arthritis
Phase	Phase 2
Patients	220
Primary Outcome Measures	1) Part A: Number of participants achieving American College of Rheumatology 50 (ACR50) response at week 12 2) Part A and B: Number of participants achieving American College of Rheumatology 50 (ACR50) response at week 12
Arms Intervention	Part A: 1) Experimental: DDY391-Schedule 1 Dose A 2) Comparator: Schedule 1 – Matching placebo Part B: 3) Experimental: DDY391-Schedule 1 Dose A 4) Experimental: DDY391-Schedule 1 Dose B 5) Experimental: DDY391-Schedule 1 Dose C 6) Comparator: Schedule 1 – Matching placebo 7) Experimental: DDY391-Schedule 2 Dose C 8) Comparator: Schedule 2 – Matching placebo In all arms participants will, based on treatment response either continue receiving DDY391 or switch to local standard of care (SOC).
Target Patients	Participants With Moderate to Severe Psoriatic Arthritis
Readout Milestone(s)	2028
Publication	TBD

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DDY391 – VAV1-directed MGD

NCT07737743 (CDDY391B12201)

Indication	Sjögren's Disease
Phase	Phase 2
Patients	334
Primary Outcome Measures	1) Part A and B: Change from baseline in ESSDAI score at week 24 2) Part C: Change from baseline in ESSPRI at week 24
Arms Intervention	Part A: 1) Experimental: DDY391 dose level 1 2) Comparator: Matching placebo. At the Week 24 visit, all participants will be randomized to DDY391 dose level 1 or dose level 2. Part B: 3) Experimental: DDY391 dose level 1 4) Experimental: DDY391 dose level 2 5) Experimental: DDY391 dose level 3 6) Comparator: Matching placebo. At the Week 24 visit, all participants will be randomized to DDY391 dose level 1 or dose level 2. Part C: 7) Experimental: DDY391 dose level 1 8) Experimental: Matching placebo. At the Week 24 visit, all participants will be randomized to DDY391 dose level 1 or dose level 2.
Target Patients	Participants With Sjögren's Disease
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GHZ339 – IL-13, IL-18 inhibitor

NCT06947993 PLATFORM-AD (CADPT17A12201)

Indication	Atopic dermatitis
Phase	Phase 2
Patients	224
Primary Outcome Measures	Change from baseline in the Eczema Area and Severity Index (EASI) score at Week 16 EASI will be used to assess the extend and severity of atopic dermatitis on a scale from 0 to 72 where 72 is worst eczema
Arms Intervention	Experimental: GHZ339 Dose A, Participants who will receive GHZ339 at dose A during Treatment Period 1 will receive GHZ339 at dose A during Treatment Period 2 Experimental: GHZ339 Dose B, Participants who will receive GHZ339 at dose B during Treatment Period 1 will receive GHZ339 at dose B during Treatment Period 2 Experimental: GHZ339 Dose C. Participants who will receive GHZ339 at dose C during Treatment Period 1 will receive GHZ339 at dose C or A during Treatment Period 2 Experimental: GHZ339 Dose D. Participants who will receive GHZ339 at dose D during Treatment Period 1 will receive GHZ339 at dose D or A during Treatment Period 2 Placebo Comparator: Placebo. Participants who will receive placebo during Treatment Period 1 will receive GHZ339 at dose A during Treatment Period 2
Target Patients	Patients with moderate to severe Atopic Dermatitis
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GIA632 – IL-15 mAb

NCT07431177 (CGIA632B12201)

Indication	Non-segmental Vitiligo
Phase	Phase 2
Patients	210
Primary Outcome Measures	Percentage change from baseline in Facial Vitiligo Area Scoring Index (F-VASI) score.
Arms Intervention	Experimental: GIA632 Arm 1 GIA632 will be administered during the 48-week core period.
	Experimental: GIA632 Arm 2 GIA632 will be administered during the 48-week core period.
	Experimental: GIA632 Arm 3 GIA632 will be administered during the 48-week core period.
	Experimental: GIA632 Arm 4 GIA632 will be administered during the 48-week core period.
	Placebo Comparator: Placebo Placebo will be administered during the 48-week core period.
Target Patients	Participants with non-segmental vitiligo
Readout Milestone(s)	2028
Publication	TBD

NCT07220577 (CGIA632A12201)

Indication	Atopic dermatitis
Phase	Phase 2
Patients	34
Primary Outcome Measures	IGA response at Week 16 defined as clear (0) or almost clear (1) score with at least a 2 point-reduction from baseline
Arms Intervention	Experimental: GIA632 Active treatment arm
	Placebo Comparator: Placebo Placebo treatment arm
Target Patients	Adult Participants With Moderate to Severe Atopic Dermatitis
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References

GIA632 – IL-15 mAb

NCT07775924 ELIPSI (CGIA632C12201)

Indication	Lichen planus
Phase	Phase 2
Patients	259
Primary Outcome Measures	Number of participants achieving an Investigator Global Assessment (IGA) response
Arms Intervention	1) Placebo Comparator: Placebo Participants will receive matching placebo according to the treatment regimen assigned at randomization during the study treatment period. 2) Experimental: GIA632 - Treatment regimen 1 Participants will receive GIA632 according to the treatment regimen assigned at randomization during the study treatment period. 3) Experimental: GIA632 - Treatment regimen 2 Participants will receive GIA632 according to the treatment regimen assigned at randomization during the study treatment period. 4) Experimental: GIA632 - Treatment regimen 3 Participants will receive GIA632 according to the treatment regimen assigned at randomization during the study treatment period. 5) Experimental: GIA632 - Treatment regimen 4 Participants will receive GIA632 according to the treatment regimen assigned at randomization during the study treatment period.
Target Patients	Participants With Moderate to Severe Cutaneous Lichen Planus
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ianalumab – BAFF-R inhibitor, ADCC-mediated B-cell depletor

NCT05126277 SIRIUS-LN (CVAY736K12301)

Indication	Lupus Nephritis
Phase	Phase 3
Patients	452
Primary Outcome Measures	Frequency and percentage of participants achieving complete renal response (CRR) [Time Frame: week 72]
Arms Intervention	Arm 1: Experimental - ianalumab s.c. q4w in addition to standard of care (SoC) Arm 2: Experimental - ianalumab s.c. q12w in addition to SoC Arm 3: Placebo comparator - Placebo s.c. q4w in addition to SoC
Target Patients	Patients with active Lupus Nephritis
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References

ianalumab – BAFF-R inhibitor, ADCC-mediated B-cell depletor

NCT05639114 SIRIUS-SLE 1 (CVAY736F12301)

Indication	Systemic lupus erythematosus
Phase	Phase 3
Patients	436
Primary Outcome Measures	Proportion of participants on monthly ianalumab achieving Systemic Lupus Erythematosus Responder Index -4 (SRI-4) [Time Frame: Week 60]
Arms Intervention	Experimental: ianalumab s.c. monthly Experimental: ianalumab s.c. quarterly Placebo Comparator: Placebo s.c. monthly
Target Patients	Patients with active systemic lupus erythematosus (SLE)
Readout Milestone(s)	2027
Publication	TBD

ianalumab – BAFF-R inhibitor, ADCC-mediated B-cell depletor

NCT05624749 SIRIUS-SLE 2 (CVAY736F12302)

Indication	Systemic lupus erythematosus
Phase	Phase 3
Patients	288
Primary Outcome Measures	Proportion of participants achieving Systemic Lupus Erythematosus Responder Index -4 (SRI-4) [Time Frame: Week 60]
Arms Intervention	Experimental: ianalumab s.c. monthly Placebo Comparator: placebo s.c. monthly
Target Patients	Patients with active systemic lupus erythematosus (SLE)
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ianalumab – BAFF-R inhibitor, ADCC-mediated B-cell depletor

NCT06470048 VENUSS (CVAY736S12201)

Indication	Systemic sclerosis
Phase	Phase 2
Patients	200
Primary Outcome Measures	3/5 Revised Composite Response Index in Systemic Sclerosis 25 (rCRISS25) response at Week 52
Arms Intervention	Arm 1 Experimental VAY736 (lanalumab) - Treatment Period 1: lanalumab subcutaneous (s.c.) injection as defined in the protocol - Treatment Period 2: Open-label (OL) lanalumab subcutaneous (s.c.) injection as defined in the protocol Arm 2 Placebo Comparator: Placebo - Treatment Period 1: Placebo to lanalumab subcutaneous (s.c.) injection as defined in the protocol - Treatment Period 2: Open-label (OL) lanalumab subcutaneous (s.c.) injection as defined in the protocol
Target Patients	Patients with diffuse cutaneous systemic sclerosis
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ianalumab – BAFF-R inhibitor, ADCC-mediated B-cell depletor

NCT07621809 THALASSA (CVAY736A22301)

Indication	Sjögren´s Disease (high symptom burden)
Phase	Phase 3
Patients	570
Primary Outcome Measures	Change in baseline in SSSD oral dryness score
Arms Intervention	Arm 1 Experimental VAY736 – 300mg VAY736 once monthly solution for injection for subcutaneous use Arm 2 Placebo Comparator: Placebo Placebo once monthly solution for injection for subcutaneous use
Target Patients	Participants With Sjögren's Disease With High Symptom Burden
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Rhapsido® – BTK inhibitor

NCT05976243 RemIND (CLOU064M12301)

Indication	Chronic inducible urticaria
Phase	Phase 3
Patients	362
Primary Outcome Measures	1. Proportion of participants with complete response in Total Fric Score; symptomatic dermographism [Time Frame: Week 12] 2. Proportion of participants with complete response in critical temperature threshold; cold urticaria [Time Frame: Week 12] 3. Proportion of participants with itch numerical rating scale =0; cholinergic urticaria [Time Frame: Week 12]
Arms Intervention	All arms oral, twice daily: Arm 1 Experimental Remibrutinib, symptomatic dermographism group Arm 2 Placebo symptomatic dermographism group Arm 3 Experimental Remibrutinib, cold urticaria group Arm 4 Placebo cold urticaria group Arm 5 Experimental Remibrutinib, cholinergic urticaria group Arm 6 Placebo cholinergic urticaria group
Target Patients	Adults suffering from CINDU inadequately controlled by H1-antihistamines
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Rhapsido® – BTK inhibitor

NCT07768371 (CLOU064I12301)

Indication	Food allergy
Phase	Phase 3
Patients	576
Primary Outcome Measures	Sub-study 1: Number of participants achieving response status (tolerated at least 600 mg of peanut protein) Sub-study 2: Number of participants achieving response status (tolerated at least 1000 mg of milk protein) Sub-study 3: Number of participants achieving response status (tolerated at least 1000 mg of egg protein)
Arms Intervention	1) Experimental: Sub-study 1- LOU064: Participants with peanut allergy will receive remibrutinib during the double-blind treatment period (up to Week 24), 2) Placebo Comparator: Sub-study 1- Placebo: Participants with peanut allergy will receive matching placebo during the double-blind treatment period (up to Week 24) 3) Experimental: Sub-study 2- LOU064: Participants with cow's milk allergy will receive remibrutinib during the double-blind treatment period (up to Week 24) 4) Placebo Comparator: Sub-study 2- Placebo: Participants with cow's milk allergy will receive matching placebo during the double-blind treatment period (up to Week 24) 5) Experimental: Sub-study 3- LOU064: Participants with hen's egg allergy will receive remibrutinib during the double-blind treatment period (up to Week 24) 6) Placebo Comparator: Sub-study 3- Placebo: Participants with hen's egg allergy will receive matching placebo during the double-blind treatment period (up to Week 24) 7) Experimental: Sub-study 4- LOU064: Participants with peanut, cow's milk, and hen's egg allergy will receive remibrutinib during the double-blind treatment period (up to Week 4) 8) Placebo Comparator: Sub-study 4- Placebo: Participants with peanut, cow's milk, and hen's egg allergy will receive matching placebo during the double-blind treatment period (up to Week 4) All arms are followed by open-label remibrutinib treatment through Week 52.
Target Patients	Adolescent and adult participants with peanut, milk, or egg IgE-mediated allergy.
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References

Rhapsido® – BTK inhibitor

NCT06799000 RECHARGE1 (CLOU064J12301)

Indication	Hidradenitis suppurativa
Phase	Phase 3
Patients	588
Primary Outcome Measures	Proportion of participants with Hidradenitis Suppurativa clinical response 50 (HiSCR50) at Week 16
Arms Intervention	Arm 1: Experimental Participants randomized to receive remibrutinib Dose A during Treatment Period 1 and 2 Arm 2: Experimental Participants randomized to receive remibrutinib Dose B during Treatment Period 1 and 2 Arm 3: Placebo comparator Participants randomized to receive placebo during Treatment Period 1 followed by remibrutinib dose B during Treatment Period 2
Target Patients	Adult and adolescent patients with moderate to severe Hidradenitis Suppurativa
Readout Milestone(s)	H2 2026
Publication	TBD

NCT06840392 RECHARGE2 (CLOU064J12302)

Indication	Hidradenitis suppurativa
Phase	Phase 3
Patients	565
Primary Outcome Measures	Proportion of participants with Hidradenitis Suppurativa clinical response 50 (HiSCR50) at Week 16
Arms Intervention	Arm 1: Experimental Participants randomized to receive remibrutinib Dose A during Treatment Period 1 and 2 Arm 2: Experimental Participants randomized to receive remibrutinib Dose B during Treatment Period 1 and 2 Arm 3: Participants randomized to receive placebo during Treatment Period 1 followed by remibrutinib dose B during Treatment Period 2
Target Patients	Adult and adolescent patients with moderate to severe Hidradenitis Suppurativa
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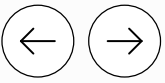
Rhapsido® – BTK inhibitor

NCT07700056 (CLOU064R12301)

Indication	Chronic pruritus of unknown origin (CPUO)
Phase	Phase 3
Patients	180
Primary Outcome Measures	Proportion of participants achieving ≥4 point reduction from baseline in Worst itch Numerical Rating Scale (WI NRS)
Arms Intervention	1) Experimental: Remibrutinib: Remibrutinib film coated tablets 2) Experimental: Placebo followed by remibrutinib: Matching placebo. At the Week 24 visit, all participants will receive active treatment (remibrutinib).
Target Patients	Adult Participants With Severe Chronic Pruritus of Unknown Origin (CPUO)
Readout Milestone(s)	2029
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NCT07811869 (CLOU064R12302)

Indication	Chronic pruritus of unknown origin (CPUO)
Phase	Phase 3
Patients	180
Primary Outcome Measures	Proportion of participants achieving ≥4 point reduction from baseline in Worst itch Numerical Rating Scale (WI NRS)
Arms Intervention	1) Experimental: Remibrutinib: Remibrutinib film coated tablets 2) Experimental: Placebo followed by remibrutinib: Matching placebo. At the Week 24 visit, all participants will receive active treatment (remibrutinib).
Target Patients	Adult Participants With Severe Chronic Pruritus of Unknown Origin (CPUO)
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Del-desiran – siRNA DMPK knockdown

NCT06411288 HARBOR (CEWF980A12301)

Indication	Myotonic Dystrophy Type 1 (DM1)
Phase	Phase 3
Patients	159
Primary Outcome Measures	Hand function – video Hand Opening Time (vHOT)
Arms Intervention	1) Experimental: Del-desiran Del-desiran (AOC 1001) will be administered seven times 2) Placebo Comparator: Placebo Saline will be administered seven times
Target Patients	People With DM1
Readout Milestone(s)	H2 2026
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Del-brax – siRNA DUX4 knockdown

NCT07038200 FORTITUDE-3 (CDWH213A12301)

Indication	Facioscapulohumeral Muscular Dystrophy (FSHD)
Phase	Phase 3
Patients	200
Primary Outcome Measures	Quantitative Muscle Testing (QMT) composite score
Arms Intervention	1) Experimental: del-brax Del-brax (AOC 1020) will be administered 13 times 2) Placebo Comparator: placebo Saline will be administered 13 times
Target Patients	Participants with FSHD
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Del-zota – PMO mediated exon 44 skipping

NCT06244082 EXPLORE44OLE (CKPE179A12201)

Indication	Duchenne Muscular Dystrophy (DMD)
Phase	Phase 2
Patients	39
Primary Outcome Measures	Incidence of Treatment Emergent Adverse Events (TEAEs)
Arms Intervention	Experimental: AOC 1044 Multiple Dose Levels AOC 1044 will be IV infused every 6 weeks for approximately 2 years.
Target Patients	Participants with Mutations Amenable to Exon 44 Skipping
Readout Milestone(s)	2027
Publication	TBD

NCT07587242 SAFARI44 (CKPE179A12301)

Indication	Duchenne Muscular Dystrophy (DMD)
Phase	Phase 3
Patients	70
Primary Outcome Measures	Change from Baseline in Time to Rise (TTR) Velocity at Week 54
Arms Intervention	Experimental: AOC 1044 Participants will receive AOC 1044 intravenously (IV) every 6 weeks (Q6W) during the 54-week double-blind treatment period, followed by a 54-week open-label treatment period in which the same participants will continue to receive AOC 1044 IV Q6W Placebo Comparator: Placebo Participants will receive placebo (saline) IV Q6W during the 54-week double-blind treatment period, followed by a 54-week open-label treatment period in which all participants will then receive AOC 1044 IV Q6W
Target Patients	Participants With DMD With Gene Mutations Amenable to Exon 44 Skipping
Readout Milestone(s)	2029
Publication	TBD

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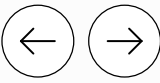
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References

Fabhalta[®] – CFB inhibitor

NCT06517758 APPRAISE (CLNP023Q12301)

Indication	Generalized Myasthenia Gravis (gMG)
Phase	Phase 3
Patients	146
Primary Outcome Measures	Change from baseline to Month 6 in Myasthenia Gravis Activity of Daily Living (MG-ADL) total score
Arms Intervention	Participants who meet the eligibility criteria will be randomized in a ratio of 1:1, to receive either iptacopan at a dose of 200 mg orally b.i.d or matching placebo
Target Patients	Patients with generalized MG who are anti-AchR-positive and are on stable standard of care
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Kesimpta® – anti-CD20

NCT06869785 FILIOS (COMB157Q12301)

Indication	Multiple Sclerosis new dosing regimen
Phase	Phase 3
Patients	196
Primary Outcome Measures	Ofatumumab plasma pharmacokinetics - area under the curve, up to 12 weeks
Arms Intervention	Arm 1: Active Comparator Ofatumumab dose 1, Approved dosage Arm 2: Experimental Ofatumumab dose 2, New dosage
Target Patients	Patients with relapsing multiple sclerosis
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Mayzent® – S1P1,5 receptor modulator / Kesimpta – CD20 antagonist

NCT04926818 NEOS (CBAF312D2301)

Indication	Multiple Sclerosis, pediatrics
Phase	Phase 3
Patients	129
Primary Outcome Measures	Annualized relapse rate (ARR) in target pediatric participants
Arms Intervention	Arm 1: Experimental ofatumumab - 20 mg injection/ placebo Arm 2: Experimental siponimod - 0.5 mg, 1 mg or 2 mg/ placebo Arm 3: Active Comparator fingolimod - 0.5 mg or 0.25 mg/ placebo
Target Patients	Children/adolescent patients aged 10-17 years old with Multiple Sclerosis (MS). The targeted enrollment is 120 participants with multiple sclerosis which will include at least 5 participants with body weight (BW) ≤40 kg and at least 10 participants of 10 to 12 years of age overall. There is a minimum 6 month follow up period for all participants (core and extension). Total duration of the study could be up to 7 years.
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NIO752 – Tau antisense oligonucleotide

NCT07498426 PRESERVE (CNIO752A12301)

Indication	Progressive Supranuclear Palsy
Phase	Phase 3
Patients	300
Primary Outcome Measures	Change from baseline in the rPSPRS-10 score
Arms Intervention	Arm 1: Experimental: NIO752 NIO752 solution Arm 2: Placebo comparator: Placebo Placebo in solution
Target Patients	Participants with Progressive Supranuclear Palsy
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remibrutinib – BTK inhibitor

NCT05147220 REMODEL-1 (CLOU064C12301)

Indication	Multiple Sclerosis, relapsing
Phase	Phase 3
Patients	1001
Primary Outcome Measures	Annualized relapse rate (ARR) of confirmed relapses [Core Part]. ARR is the average number of confirmed MS relapses in a year
Arms Intervention	Arm 1: Experimental; Remibrutinib - Core (Remibrutinib tablet and matching placebo of teriflunomide capsule) Arm 2: Active Comparator; Teriflunomide - Core (Teriflunomide capsule and matching placebo remibrutinib tablet) Arm 3: Experimental; Remibrutinib - Extension (Participants on remibrutinib in Core will continue on remibrutinib tablet) Arm 4: Experimental; Remibrutinib - Extension (on teriflunomide in Core) (Participants on teriflunomide in Core will switch to remibrutinib tablet)
Target Patients	Patients with relapsing Multiple Sclerosis
Readout Milestone(s)	H2 2026
Publication	TBD

remibrutinib – BTK inhibitor

NCT05156281 REMODEL-2 (CLOU064C12302)

Indication	Multiple Sclerosis, relapsing
Phase	Phase 3
Patients	1011
Primary Outcome Measures	Annualized relapse rate (ARR) of confirmed relapses
Arms Intervention	Arm 1: Experimental; Remibrutinib – Core Remibrutinib tablet and matching placebo of teriflunomide capsule Arm 2: Active Comparator; Teriflunomide – Core Teriflunomide capsule and matching placebo remibrutinib tablet Arm 3: Experimental: Remibrutinib – Extension Participants on remibrutinib in Core will continue on remibrutinib tablet Arm 4: Experimental: Remibrutinib - Extension (on teriflunomide in Core) Participants on teriflunomide in Core will switch to remibrutinib tablet
Target Patients	Patients with relapsing Multiple Sclerosis
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remibrutinib – BTK inhibitor

NCT07225504 REMASTER (CLOU064P12301)

Indication	Secondary progressive multiple sclerosis
Phase	Phase 3
Patients	1275
Primary Outcome Measures	Time to 6-month confirmed disability progression (6mCDP) on Expanded Disability Status Scale (EDSS). From baseline up to approximately 5 years.
Arms Intervention	Arm 1: Experimental: Remibrutinib (LOU064) Core Part: Remibrutinib film-coated tablet taken orally [Extension Part: Open-label remibrutinib film-coated tablet taken orally] Arm 2: Placebo Comparator: Placebo Core Part: Matching placebo film-coated tablet taken orally [Extension Part: Open-label remibrutinib film-coated tablet taken orally]
Target Patients	Patients with secondary progressive multiple sclerosis (SPMS)
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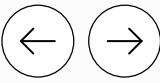
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Votoplam – Huntington modulator

NCT07326709 INVEST-HD (CHTT227A12301)

Indication	Huntington’s Disease (HD)
Phase	Phase 3
Patients	770
Primary Outcome Measures	Change from Baseline in cUHDRS score
Arms Intervention	Experimental: Votoplam Votoplam (blinded) taken orally, randomized in a 3:2 ratio (Votoplam: Placebo) Placebo Comparator: Placebo Placebo (blinded) taken orally, randomized in a 3:2 ratio (Votoplam: Placebo)
Target Patients	Participants With Huntington's Disease
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225Ac-PSMA-617 – Radioligand therapy target PSMA

NCT06855277 AcTFirst (CAAA817B12301)

Indication	Metastatic castration-resistant prostate cancer
Phase	Phase 3
Patients	940
Primary Outcome Measures	Radiographic Progression Free Survival (rPFS)
Arms Intervention	Arm 1: Investigational Arm, AAA817+ARPI (enzalutamide or abiraterone) Participants will receive AAA817 infusion directly into a vein with ARPIs. Arm 2: Investigational Arm, AAA817 Participants will receive AAA817 infusion directly into a vein. Arm 3: Control arm, Investigator's choice of SoC (ARPI, taxane-based chemotherapy or [177Lu]Lu-PSMA-617 (AAA617)) Participants will receive standard treatment as decided by the trial doctor either as a chemotherapy infusion directly into a vein, ARPI either as capsules or tablets or [177Lu]Lu-PSMA-617 (AAA617) infusion directly into a vein.
Target Patients	Adult participants with PSMA-positive metastatic Castration Resistant Prostate Cancer (mCRPC)
Readout Milestone(s)	2028
Publication	TBD

NCT06780670 PSMAcTION (CAAA817A12201)

Indication	post Lu Metastatic castration-resistant prostate cancer
Phase	Phase 2/3
Patients	443
Primary Outcome Measures	1) Biochemical response rate (Phase II): Biochemical response rate as defined as the percentage of participants who achieved a ≥ 50% decrease from baseline that is confirmed by a second measurement 2) Adverse Events (AEs) and Serious Adverse Events (SAEs), and deaths - Phase II: Safety defined as the type, incidence and severity of AEs and SAEs, and deaths 3) Tolerability of the proposed dose of AAA817- Phase II: Percentage of participants who experienced Dose interruptions, reductions, discontinuation, dose intensity and duration of exposure 4) Radiographic progression-free survival (rPFS)- Phase III: Percentage of participants who are alive without radiographic progression or who are lost to follow-up at the time of analysis 5) Overall survival (OS)- Phase III: Percentage of participants who are alive or who are lost to follow-up at the time of analysis
Arms Intervention	Experimental: Phase II: AAA817 Dose A AAA817 Dose A will be given for a number of cycles: a cycle = 8 weeks Experimental: Phase II: AAA817 Dose B AAA817 will be given for a number of cycles; a cycle = 8 weeks Experimental: Phase III: Recommended Phase 3 Dose of AAA817 Rp3D of AAA817 will be given for a number of cycles; a cycle = 8 weeks Active Comparator: Phase III: Investigator's choice of SoC Participants will be given Standard of Care (SOC) treatment per Investigator's choice.
Target Patients	Adults with PSMA Positive Metastatic Castration-resistant Prostate Cancer Who Have Disease Progressed on or After [177Lu]Lu-PSMA Targeted Therapy
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ianalumab – BAFF-R inhibitor, ADCC-mediated B-cell depletor

NCT05653349 VAYHIT1 (CVAY736I12301)

Indication	1L Immune Thrombocytopenia
Phase	Phase 3
Patients	225
Primary Outcome Measures	Rate of Stable Response off treatment at 12 months (SROT-12)
Arms Intervention	Arm 1: Experimental: Ianalumab Lower dose administered intravenously with corticosteroids oral or parentally (if clinically justified) Arm 2: Ianalumab Higher dose administered intravenously with corticosteroids oral or parentally (if clinically justified) Arm 3: Placebo Comparator administered intravenously with corticosteroids oral or parentally (if clinically justified)
Target Patients	Adult patients with primary ITP
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iptacopan – CFB inhibitor

NCT05935215 APPRECIATE (CLNP023F12302)

Indication	Atypical haemolytic uraemic syndrome
Phase	Phase 3
Patients	50
Primary Outcome Measures	Percentage of participants free of TMA manifestation during 12 months after switching from anti-C5 antibodies to iptacopan
Arms Intervention	Single arm, open-label with adult patients receiving 200mg oral twice daily doses of iptacopan
Target Patients	Adult patients with aHUS with evidence of response to anti-C5 antibodies
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Lutathera® – Radioligand therapy target SSTR

NCT06784752 NETTER-3 (CAAA601A62301)

Indication	Gastroenteropancreatic neuroendocrine tumors
Phase	Phase 3
Patients	240
Primary Outcome Measures	Progression Free Survival (PFS) centrally assessed by Blinded Independent Review Committee (BIRC)
Arms Intervention	Arm 1: Experimental: [177Lu]Lu-DOTA-TATE + Octreotide LAR Participants in this arm will receive [177Lu]Lu-DOTA-TATE plus Octreotide long-acting release (LAR). Arm 2: Active Comparator: Octreotide LAR Participants in this arm will receive Octreotide LAR only.
Target Patients	Patients newly diagnosed with Grade 1 and Grade 2 (Ki-67 <10%) advanced GEP-NET with high disease burden
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Pelabresib – BET Inhibitor

NCT04603495 MANIFEST-2 (CDAK539A12301)

Indication	Myelofibrosis
Phase	Phase 3
Patients	430
Primary Outcome Measures	Number of Participants With Splenic Response by Central Radiology Reads at Week 24
Arms Intervention	Experimental: Pelabresib + ruxolitinib Pelabresib monohydrate tablets + ruxolitinib phosphate tablets Active Comparator: Placebo + ruxolitinib Matching placebo tablets + ruxolitinib phosphate tablets
Target Patients	Myelofibrosis (MF) patients that have not been previously treated with Janus kinase inhibitors (JAKi)
Primary Completion	2023
Publication	Raajit K. Rampal et al., "Pelabresib plus ruxolitinib for JAK inhibitor-naive myelofibrosis: a randomized phase 3 trial," Nature Medicine, published online March 10, 2025

NCT07357727 MANIFEST-3 (CDAK539A12303)

Indication	Myelofibrosis
Phase	Phase 3
Patients	460
Primary Outcome Measures	1) Number of Participants with Splenic Response (SVR35) by Central Radiology Reads at Week 24 in participants with baseline total symptom score (TSS) ≥ 25 2) Absolute change from baseline in total symptom score (TSS) at Week 24 in participants with baseline TSS ≥ 25 3) Number of Participants with Splenic Response (SVR35) by Central Radiology Reads at Week 24 in participants with baseline TSS ≥ 15 4) Absolute change from baseline in total symptom score (TSS) at Week 24 in participants with baseline TSS ≥ 15
Arms Intervention	Experimental: Arm 1: Pelabresib + Ruxolitinib Comparator: Arm 2: Placebo + Ruxolitinib
Target Patients	Patients with primary myelofibrosis (PMF), post-polycythemia vera myelofibrosis (PPV-MF), or post-essential thrombocythemia myelofibrosis (PET-MF) who have not previously received Janus kinase (JAK) inhibitor therapy.
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References

Pluvicto® – Radioligand therapy target PSMA

NCT05939414 PSMA-DC (CAAA617D12302)

Indication	Oligometastatic prostate cancer
Phase	Phase 3
Patients	450
Primary Outcome Measures	Metastasis Free Survival (MFS)
Arms Intervention	Arm 1 Experimental: Investigational arm All participants will be treated with Stereotactic Body Radiation Therapy (SBRT) to all metastatic lesions followed by a dose of 7.4 GBq (200 mCi) +/- 10% of AAA617 which will be administered once every 6 weeks (1 cycle) for a planned 4 cycles. Arm 2 No Intervention: Observational arm All participants will be treated with Stereotactic Body Radiation Therapy (SBRT) to all metastatic lesions followed by observation only.
Target Patients	Participants with oligometastatic prostate cancer (OMPC) progressing after definitive therapy to their primary tumor
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luxdegalutamide – Androgen receptor protein degrader

NCT07047118 LuxAR-02 (CJSB462B12201)

Indication	Metastatic castration resistant prostate cancer
Phase	Phase 2
Patients	138
Primary Outcome Measures	Efficacy: Prostate Specific Antigen 50 (PSA50) Rate from Baseline at any point, confirmed by a 2nd PSA ≥ 3wks without progression in between Safety: Incidence rate of adverse events (AEs). Tolerability: Number of participants with dose adjustments & Duration of exposure to study treatment
Arms Intervention	Experimental: Arm 1, JSB462 100 mg QD + AAA617 7.4 GBq Q6W Experimental: Arm 2, JSB462 300 mg QD + AAA617 7.4 GBq Q6W Active Comparator: Arm 3, AAA617 7.4 GBq Q6W
Target Patients	Adult male patients with PSMA-positive Metastatic Castration Resistant Prostate cancer (mCRPC)
Readout Milestone(s)	2027
Publication	TBD

NCT06991556 LuxAR-03 (CJSB462C12201)

Indication	Metastatic hormonal sensitive prostate cancer
Phase	Phase 2
Patients	168
Primary Outcome Measures	Efficacy: Prostate Specific Antigen 90 (PSA90) Rate from Baseline at any point, confirmed by a 2nd PSA ≥ 3wks without progression in between Safety: Incidence rate of adverse events (AEs). Tolerability: Number of participants with dose adjustments & Duration of exposure to study treatment
Arms Intervention	Experimental: Arm 1, JSB462 100 mg QD + abiraterone 1000 mg QD Experimental: Arm 2, JSB462 300 mg QD + abiraterone 1000 mg QD Active Comparator: Arm 3, abiraterone 1000 mg QD or enzalutamide 160 mg QD
Target Patients	Adult male patients with Metastatic Hormone-Sensitive Prostate Cancer (mHSPC)
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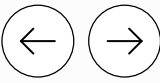
Abbreviations

References

Vijoice® – PI3Ki

NCT05948943 EPIK-L1 (CBYL719P12201)

Indication	Lymphatic Malformation
Phase	Phase 2/3
Patients	232
Primary Outcome Measures	Stage 2: Radiological response rate at Week 24 of Stage 2 (adult and pediatric (6 - 17 years of age) participants) Time Frame: Baseline, Week 24
Arms Intervention	Arm 1: Experimental. Adult participants, alpelisib dose 1 (Stage 1) Arm 2: Experimental. Adult participants, alpelisib dose 2 (Stage 1) Arm 3: Experimental. Pediatric participants (6-17 years of age), alpelisib dose 2 (Stage 1) Arm 4: Experimental. Pediatric participants (6-17 years of age), alpelisib dose 3 (Stage 1) Arm 5: Experimental. Adult participants, alpelisib (Stage 2) Arm 6: Placebo comparator. Adult participants, placebo (Stage 2) Arm 7: Experimental. Pediatric participants (6-17 years of age), alpelisib (Stage 2) Arm 8: Placebo Comparator. Pediatric participants (6-17 years of age), placebo (Stage 2) Arm 9: Experimental. Pediatric participants (0-5 years of age), alpelisib (Stage 2)
Target Patients	Pediatric and adult patients with lymphatic malformations associated with a PIK3CA mutation
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Ganaplacide+lumefantrine – Non-artemisinin plasmodium falciparum inhibitor

NCT05842954 KALUMA (CKLU156A12301)

Indication	Malaria, uncomplicated
Phase	Phase 3
Patients	1720
Primary Outcome Measures	PCR-corrected adequate clinical and parasitological response (ACPR) at day 29
Arms Intervention	Arm 1 experimental: KLU156 oral; 400/480 mg (ganaplacide/ lumefantrine) is the fixed dose combination for patients with a bodyweight ≥ 35kg. Patients < 35kg will take a fraction of the dose according to weight group as defined in the protocol. Arm 2 active comparator: Coartem, oral, dosing will be selected based on patient's body weight as per product's label.
Target Patients	Adults and children ≥ 10 kg Body Weight with uncomplicated P. Falciparum Malaria including mixed infection
Readout Milestone(s)	2025
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Rydapt® – Multi-targeted kinase inhibitor

NCT03591510 (CPKC412A2218)

Indication	Acute myeloid leukemia, pediatrics
Phase	Phase 2
Patients	22
Primary Outcome Measures	Occurrence of dose limiting toxicities Safety and Tolerability
Arms Intervention	Chemotherapy followed by Midostaurin
Target Patients	Newly diagnosed pediatric patients with FLT3 mutated acute myeloid leukemia (AML)
Readout Milestone(s)	2026
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EDI048

NCT07249463 CRYPTONITE (CEDI048A12201)

Indication	Cryptosporidiosis infection
Phase	Phase 2
Patients	80
Primary Outcome Measures	Average stool grade after the initiation of EDI048 or placebo treatment
Arms Intervention	1) Experimental: EDI048. Participants will receive ABO809 as a single oral dose. If participant is symptomatic, then he/she would be randomized to get EDI048 administered orally. 2) Placebo Comparator: Placebo. Participants will receive ABO809 as a single oral dose. If participant is symptomatic, then he/she would be randomized to get placebo administered orally.
Target Patients	Healthy Adults
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Abbreviation	Full form
1L	First-line
2L	Second-line
3L	Third-line
6mCDP	6-month confirmed disability progression
ADT	Androgen Deprivation Therapy
AEs	Adverse events
AH	Antihistamines
AHA	American Heart Association
AHJ	American Heart Journal
ARPI	Androgen Receptor Pathway Inhibitor
ARR	Annualized Relapse Rate
BRACEs	Betaseron, Rebif, Avonex, Copaxone, Extavia
CD20	Cluster of Differentiation 20
CDK4/6	Cyclin-Dependent Kinase 4 and 6
CHMP	Committee for Medicinal Products for Human Use
CIndU	Chronic Inducible Urticaria
CML	Chronic Myeloid Leukemia
CPUO	Chronic Pruritus of Unknown Origin
CSU	Chronic Spontaneous Urticaria
CVRR	Cardiovascular Risk Reduction
DM1	Myotonic Dystrophy Type 1
DMD44	Duchenne Muscular Dystrophy, Exon 44
DMT	Disease-modifying therapy
EAACI	European Academy of Allergy & Clinical Immunology
eBC	Early Breast Cancer

Abbreviation	Full form
EMA	European Medicines Agency
ESC	European Society of Cardiology
FA	Food Allergy
FDA	Food and Drug Administration
FPFV	First Patient First Visit
gMG	Generalized Myasthenia Gravis
H2H	Head-to-Head
HA	Health Authority
HCP	Healthcare Provider
HS	Hidradenitis Suppurativa
IgAN	IgA Nephropathy
ITP	Immune Thrombocytopenia
IV	Intravenous
LDL-C	Low-Density Lipoprotein Cholesterol
LN	Lupus Nephritis
mCRPC	Metastatic Castration-Resistant Prostate Cancer
mAPMN/S	Metastatic Androgen Pathway Modulation-Naïve or -Sensitive Prostate Cancer
mBC	Metastatic Breast Cancer
MF	Myelofibrosis
mHSPC	Metastatic Hormone-Sensitive Prostate Cancer
MOTRx	Units Normalized to Month-on-Therapy
MRI	Magnetic resonance imaging
MS	Multiple Sclerosis
NBRx	New-to-Brand Prescription
NEDA-3	No evidence of disease activity-3

Abbreviation	Full form
NMPA	National Medical Products Administration (China)
NRDL	China National Reimbursement Drug List
nrSPMS	Non-Relapsing Secondary Progressive MS
OL	Open-Label
OLE	Open-Label Extension
OS	Overall Survival
PA	Prior Authorization
PBM	Pharmacy Benefit Manager
PIRA	Progression independent of relapse activity
PMR	Polymyalgia Rheumatica
PRV	Priority Review Voucher
Q2M	Every 2 months dosing
R3M	Rolling 3 Months
R4W	Rolling 4 Weeks
RMS	Relapsing Multiple Sclerosis
SD	Symptomatic Dermographism
SjD	Sjögren's Disease
SLE	Systemic Lupus Erythematosus
SpA	Spondyloarthritis
SPAF	Stroke Prevention in Atrial Fibrillation
SPMS	Secondary progressive multiple sclerosis
SSc	Systemic Sclerosis
TRx	Total Prescriptions
vHOT	Video Hand Opening Time

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Kisqali® (slide 6 references)

- 1
- IQVIA Market Sizing Monthly Report, Aug 2026, rolling 3 months; Data lag ~ 2 months.
- 2
- eBC DE & UK NBRx monthly share from BEST as of Jun 2026 and Jul 2026 respectively.
- 3
- IQVIA Aug 2026 Market Sizing Monthly Report.
- 4
- BEST, NBRx (DE, UK, IT, ES, CA) monthly share as of Jun 2026; TRx top 5 countries (DE, UK, IT, ES, CA) as of Jun 2026.
- 5
- Local ATU Tracking Study as of Jun 2026.
- 6
- Slamon D et al. Adjuvant ribociclib + nonsteroidal aromatase inhibitor in patients with HR+/HER2– early breast cancer: NATALEE 6-year overall survival and efficacy outcomes. Presented at the European Society of Medical Oncology (ESMO) Congress. October 23-27, 2026. Madrid, Spain.

Kesimpta® (slide 7 references)

- 1
- TRx and NBRx adjusted data estimates through Sep 2026 based on data available through Sep 4, 2026. Data sources include Kesimpta: Contracted SP data + access card, Briumvi and Ocrevus IV: IQVIA LAAD adjusted by NSP, Ocrevus Zunovo: IQVIA Xponent and DDD and all other competitors: IQVIA NPA adjusted by NSP.
- 2
- IQVIA MIDAS volume data Jun 2026, converted to patient equivalents using standard dosing assumptions.
- 3
- Stethos TMM 2026.

Pluvicto® (slide 8 references)

- 1
- Data as of Sep 2026, monthly share, based on internal ordering system and analysis.

Leqvio® (slide 10 references)

- 1
- Includes PCSK9 monoclonal antibodies and bempedoic acid.
- 2
- MOTRx Jul + Aug vs. PY.
- 3
- Demand QTD as of Sep 30, 2026, vs. PY.
- 4
- NBRx ending June 2026, IQVIA LAAD claims data.

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Appendix

References

References (2/2)

Scemblix® (slide 11 references)

- 1US IQVIA CML market sizing report, Sep 2026 (up to Jun 2026 data month); Nomenclature changed to more accurately reflect the IQVIA patient-level data used in this report. Underlying data set consistent with prior quarters.
- 2Japan: MDV up to Q2 2026.
- 3US NBRx share data US IQVIA CML market sizing report, Sep 2026 (up to Jun 2026 data month).
- 4Ex-US: Rolling 3 months; EU4: IQVIA OD – Q2 2026, Germany: LRx – Q2 2026 and Japan: MDV – Q2 2026.
- 5LRx monthly data as of Jun 2026.

Cosentyx® (slide 12 references)

- 1IQVIA NSOB National data WE 8/28 for MOTRx, WE 8/21 (Naive/Switch). Recent data is under review due to incorporation of Cosentyx bridge patients during the CMM-to-HealthDyne transition.
- 2IQVIA mastered 867 WE 9/25, Q3 is partial through 12 weeks; IQVIA DDDMDI ME Jul 26.

Rhapsido® (slide 13 references)

- 1Internal Novartis analysis leveraging multiple data sources (SP Enhanced Xponent).
- 21L use, indicating patients using Rhapsido post-antihistamine failure, estimated using IQVIA claims (LAAD); Aug 2026 exit.
- 3W/E 9/11 exit share, (Source: Rhapsido - SP Enhanced Xponent; Xolair & Dupi - Weekly IQVIA Xponent & DDD Data; Indication split using IQVIA LAAD claims weekly data).
- 4Internal Novartis international sales data.
- 5<https://www.novartis.com/us-en/news/media-releases/novartis-rhapsido-remibrutinib-receives-fda-approval-first-treatment-symptomatic-dermographism-sd-expanding-its-use-beyond-chronic-spontaneous-urticaria-csu>.
- 6Novartis target patient populations 2026: www.novartis.com/sites/novartis_com/files/novartis-target-patient-populations-2026.pdf.
- 7Symptomatic Demographism (SD), Cold (CU) and Cholinergic Urticaria (CholU).