
Roche

This presentation contains certain forward-looking statements. These forward-looking statements may be identified by words such as ‘believes’, ‘expects’, ‘anticipates’, ‘projects’, ‘intends’, ‘should’, ‘seeks’, ‘estimates’, ‘future’ or similar expressions or by discussion of, among other things, strategy, goals, plans or intentions. Various factors may cause actual results to differ materially in the future from those reflected in forward-looking statements contained in this presentation, among others:

1 pricing and product initiatives of competitors;
2 legislative and regulatory developments and economic conditions;
3 delay or inability in obtaining regulatory approvals or bringing products to market;
4 fluctuations in currency exchange rates and general financial market conditions;
5 uncertainties in the discovery, development or marketing of new products or new uses of existing products, including without limitation negative results of clinical trials or research projects, unexpected side-effects of pipeline or marketed products;
6 increased government pricing pressures;
7 interruptions in production;
8 loss of or inability to obtain adequate protection for intellectual property rights;
9 litigation;
10 loss of key executives or other employees; and
11 adverse publicity and news coverage.

Any statements regarding earnings per share growth is not a profit forecast and should not be interpreted to mean that Roche’s earnings or earnings per share for this year or any subsequent period will necessarily match or exceed the historical published earnings or earnings per share of Roche.

For marketed products discussed in this presentation, please see full prescribing information on our website www.roche.com

Roche

Q1 2025 sales

Basel, 24 April 2025

Group

Thomas Schinecker
Chief Executive Officer

Performance

Outlook

Q1 2025: Group sales growth at +6%

Q1 sales all at CER

- Group sales growth +6%, +8% Pharma and 0% for Diagnostics (healthcare pricing reforms in China)
- LOE impact in line with guidance

Key milestones achieved in Q1

- Pharma regulatory: EU approval Columvi in 2L+ DLBCL, US approval Susvimo in DME and TNKase in acute ischemic stroke, US & EU filing Gazvya in LN, EU filing Lunsumio SC in 3L+ FL
- Pharma readouts: Positive Ph III (SUNMO) Lunsumio + Polivy in 2L+ DLBCL
- Ph III decisions taken: trontinemab in AD (data presented at ADPD), NXT007 in Hemophilia A (data to be presented at upcoming medical conference)
- Business development: Zealand Pharma collaboration on petrelintide (long-acting amylin analog)*
- Diagnostics regulatory: cobas liat CT/NG
- Diagnostics pipeline: Unveiling of novel SBX sequencing technology

Significant newsflow in 2025 ahead

- Pivotal Ph III readouts: giredestrant in 1L ER+/HER2- mBC and in post CDKi ER+/HER2- mBC, Lunsumio in 2L+ FL, Venclexta in 1L MDS, PiaSky in aHUS, Ocrevus HD in PPMS, fenebrutinib in RMS and PPMS, astegolimab in COPD, Gazyva in SLE, vamikibart in UME
- Ph III enabling readouts: Evrysdi + GYM 329 in SMA, GYM 329 in FSHD, zilebesiran in HTN, CT-388 in obesity, CT-868 in T1D
- Diagnostics launches: Elecsys pTau181, Elecsys Troponin-T hs Generation 6, Elecsys Pro-C3 ADAPT, cobas i601 Mass Spectrometry wave 1 ipacks, cobas BV/CV, navify Digital Pathology 3.0, Elecsys Dengue Ag

*pending deal closure; LOE: Loss of exclusivity includes global losses of Avastin, Herceptin, MabThera/Rituxan, Esbriet, Lucentis and Actemra; CER: Constant Exchange Rates (avg. full year 2024); AD: Alzheimer‘s disease; SC: subcutaneous; ER: Estrogen-receptor; HER2: Human epidermal growth factor; mBC: Metastatic breast cancer; DLBCL: Diffuse large B-cell lymphoma; FL: Follicular lymphoma; MDS: Myelodysplastic syndromes; aHUS: Atypical hemolytic uremic syndrome; HD: High dose; RMS/PPMS: Remitting/primary progressive multiple sclerosis; COPD: Chronic obstructive pulmonary disease; SLE: Systemic lupus erythematosus; UME: Uveitic macular edema; SMA: Spinal muscular atrophy; FSHD: Facioscapulohumeral muscular dystrophy; HTN: hypertension; LN: Lupus nephrits

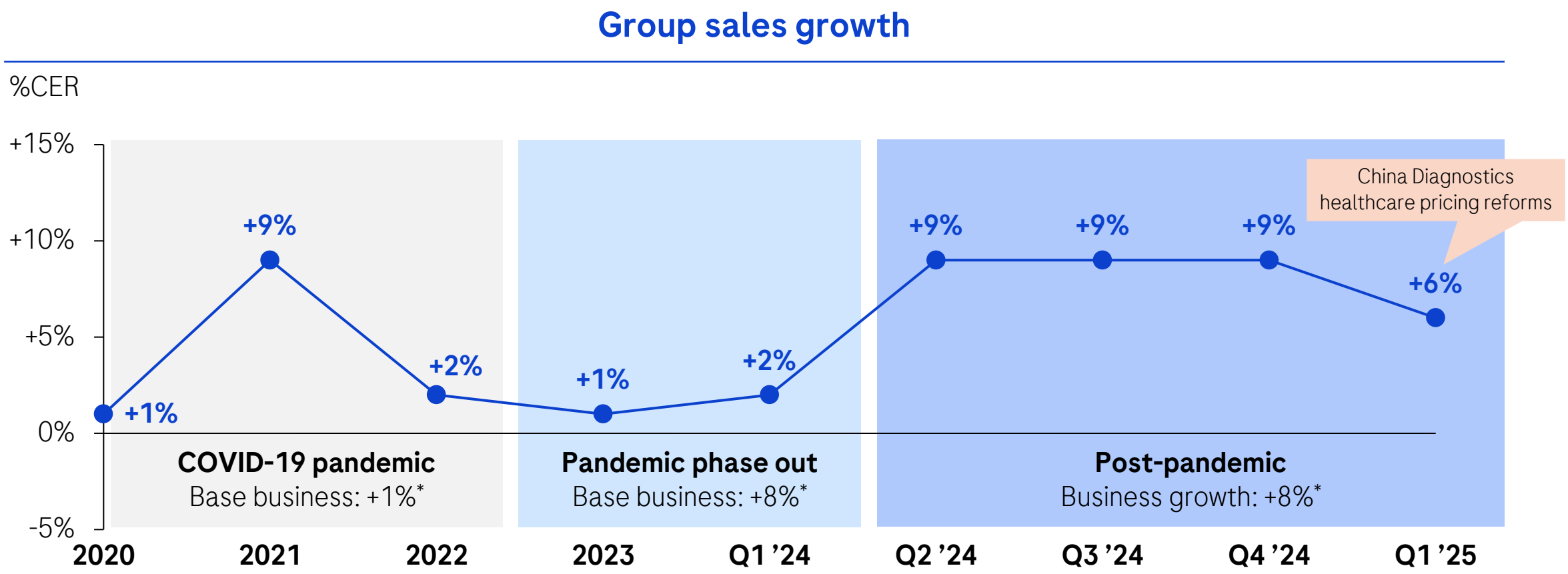
Q1 2025: Strong Pharma sales driving Group growth

Diagnostics impacted by healthcare pricing reforms in China

	Q1 2025 CHFbn	Q1 2024 CHFbn	Change in % CHF	Change in % CER
Pharmaceuticals Division	**11.9**	10.9	**9**	**8**
Diagnostics Division	**3.5**	3.5	**0**	**0**
Roche Group	**15.4**	14.4	**7**	**6**

CER: Constant Exchange Rates (avg full year 2024)

Q1 2025: Consistent strong growth in the last four quarters



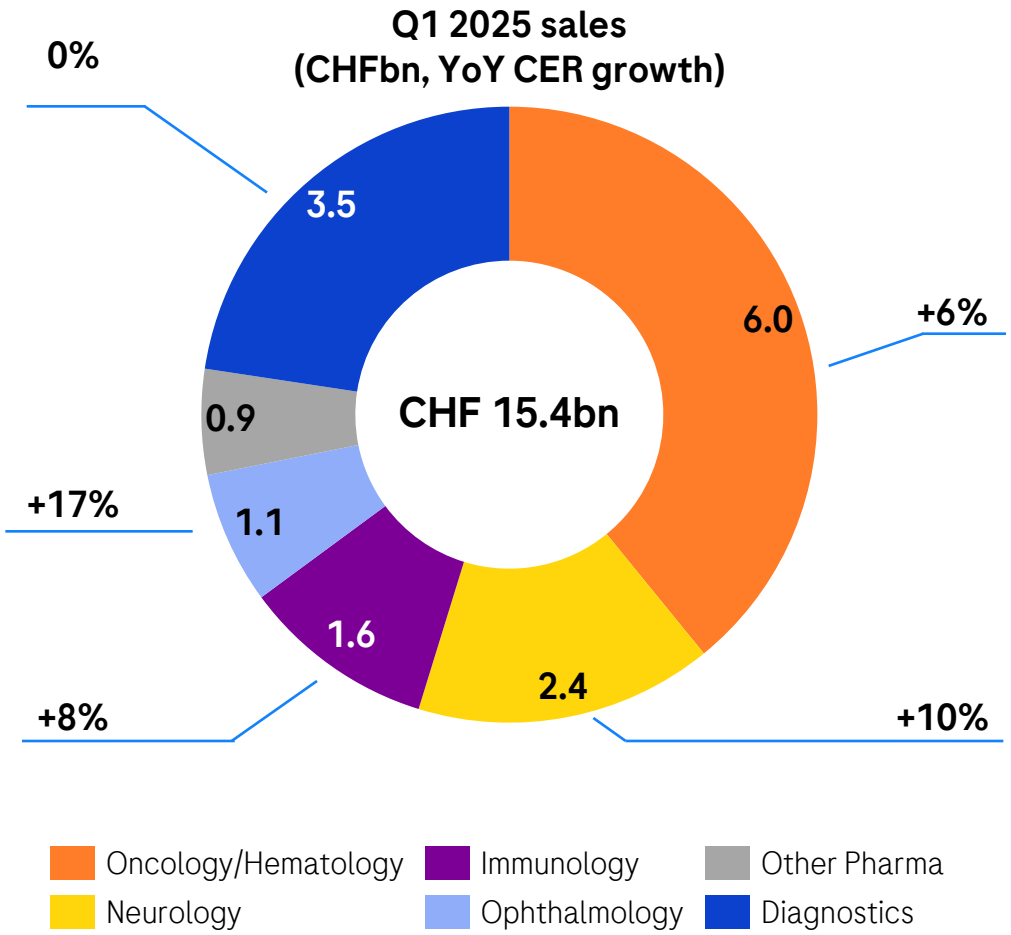
*Average growth rate of quarterly CER growth rates for specified period; All growth rates at Constant Exchange Rates (avg. full year of respective years); Base business: Pharma excluding Ronapreve and Diagnostics excluding COVID-19 diagnostic tests

Key growth drivers of the Roche portfolio

Diagnostics: Molecular Lab and Pathology Lab driving growth; China impacted by healthcare pricing reforms

Vabysmo: Continued market share expansion, incl. naïve pts; US impacted by branded market contraction

Xolair: >50k patients on treatment for food allergy



Phesgo: Conversion rate climbing to 47%

Alecensa: Geographic expansion in adj. ALK+ NSCLC

Columvi: EU approval in 2L+ DLBCL (STARGLO)

Lunsumio+Polivy: Positive Ph III (SUNMO) in 2L+ DLBCL

Hemlibra: Next-gen bispecific NXT007 to enter Ph III

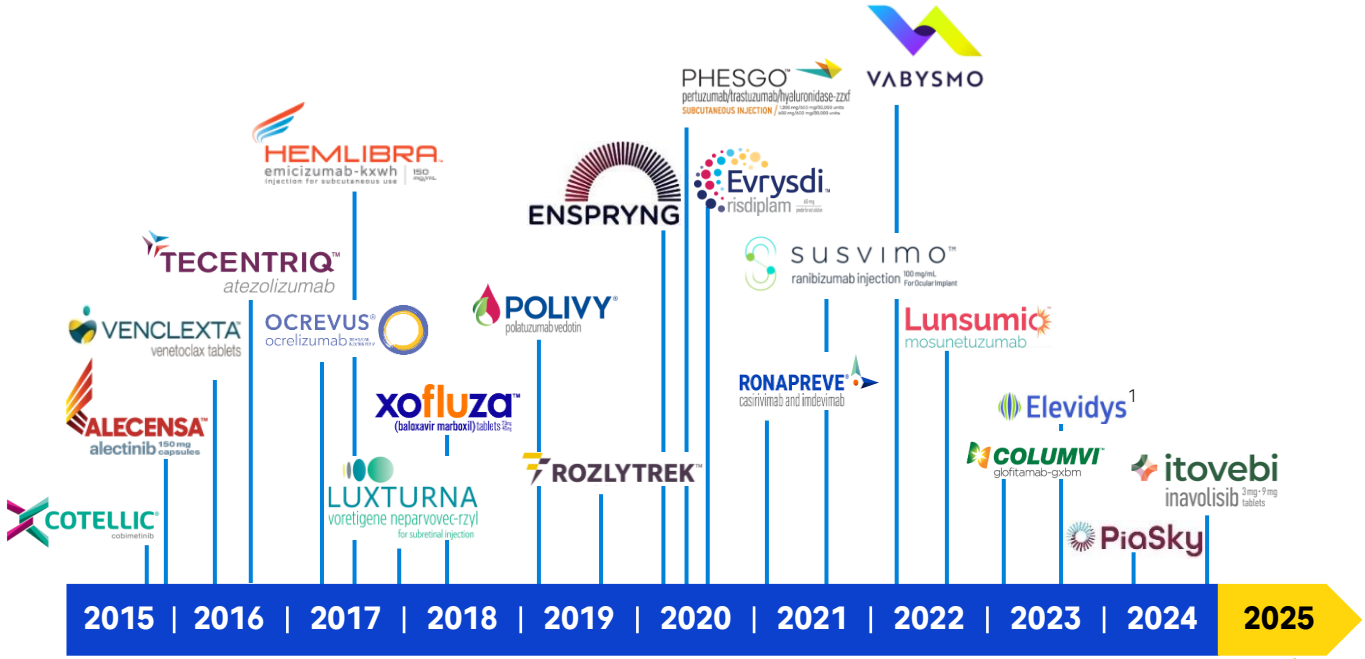
Ocrevus Zunovo: Permanent J-Code granted April 1st

Evrysdi: US approval for tablet formulation achieved

CER: Constant Exchange Rate (avg. full year 2024); ALK: Anaplastic lymphoma kinase; NSCLC: Non-small cell lung cancer; DLBCL: Diffuse large B-Cell lymphoma

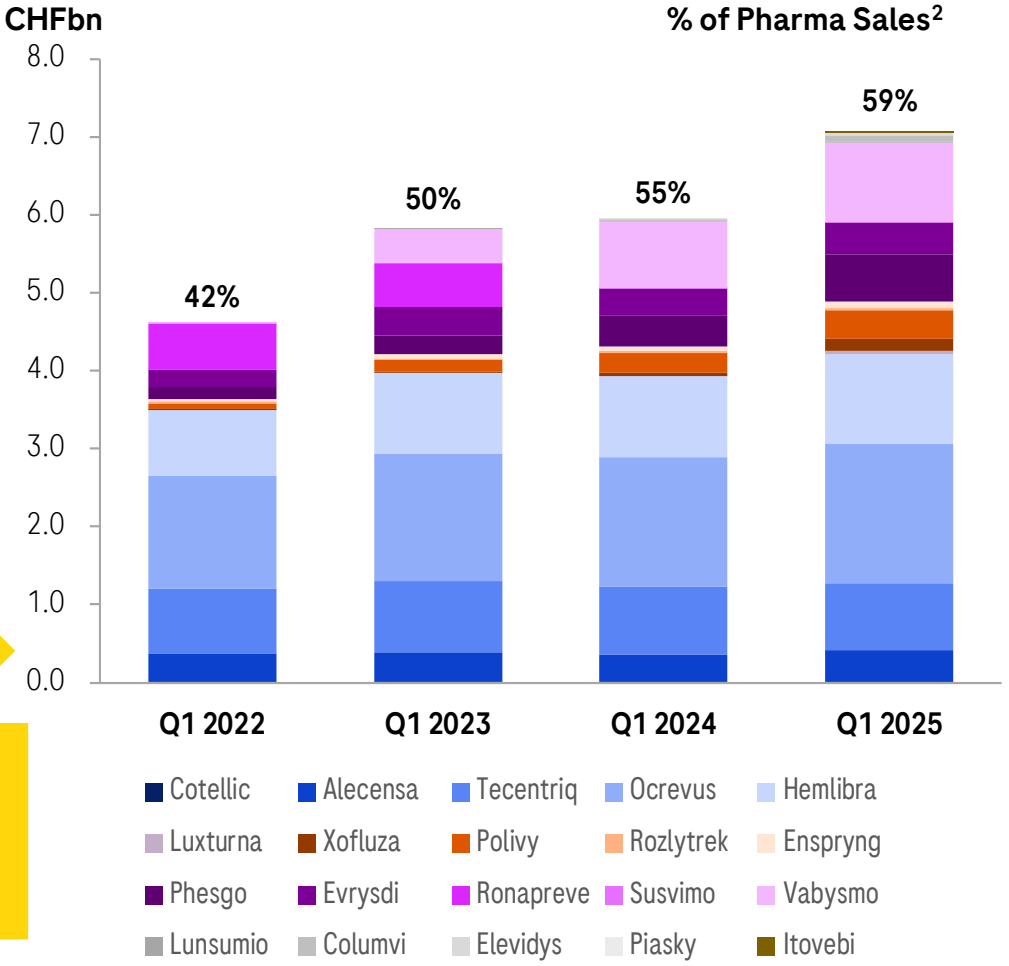
Young portfolio to drive growth in the near- to mid-term

4 key pivotal NME readouts expected in 2025



Pivotal NME readouts

- astegolimab in COPD
- vamikibart in UME
- giredestrant in ER+/HER2- BC
- fenebrutinib in RMS/PPMS

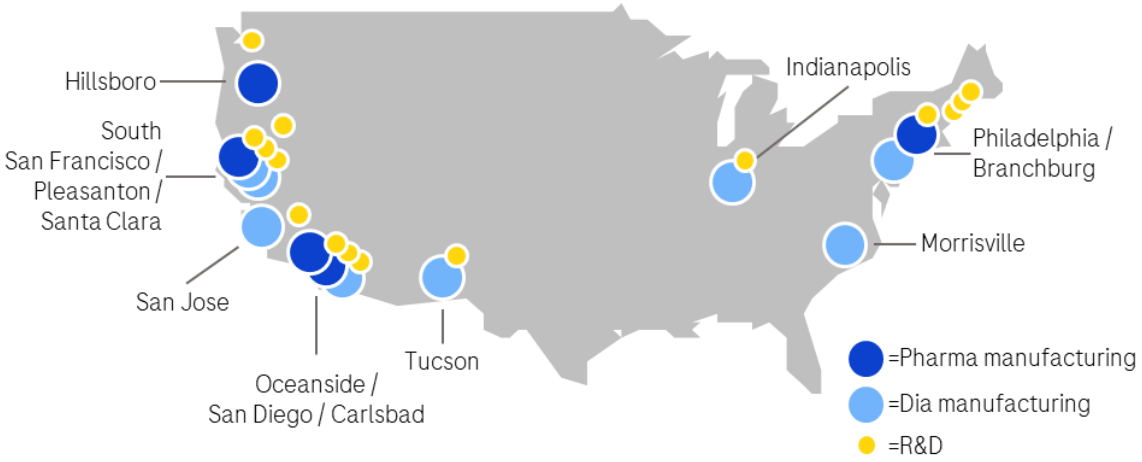


Young portfolio defined as all launches since end of 2015; 1. Elevidys: Accelerated US approval by partner company Sarepta; 2. Venclexta sales booked by AbbVie and therefore not included; NME: New molecular entity; COPD: Chronic obstructive pulmonary disorder; RMS/PPMS: Relapsing/primary progressive multiple sclerosis; ER: Estrogen receptor; HER2: Human epidermal growth factor 2 receptor; BC: Breast cancer; UME: Uveitic macular edema

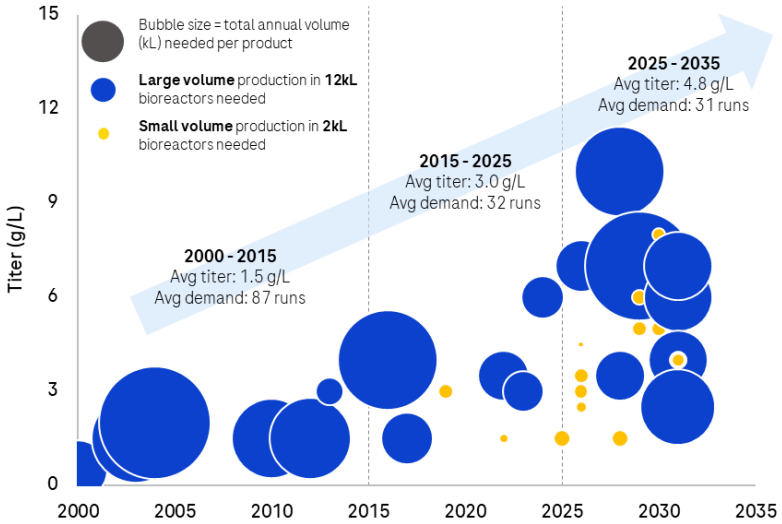
Roche with full Pharma and Diagnostics value chains in the US

Commitment to invest USD 50bn into R&D and PP&E in the US until the end of the decade

13+1* manufacturing and 15+1* R&D sites in the US



Biologics productivity evolution 2000 to 2030



- US investments of USD 67bn over the last 10 years, incl. USD 56bn in R&D and USD 11bn in PP&E
- Commitment to invest USD 50bn into R&D and PP&E in the US until the end of the decade (incl. one new R&D site and one new manufacturing site focusing on CVRM and AI/ML)
- Currently 50% drug substance capacity utilization in the US, due to a 5-fold biologics productivity increase from 2000 to 2030
- Manufacturing of key medicines already located in the US, with tech transfer for remaining key medicine ongoing
- IP for medicines invented in the US always held in the US

*One additional manufacturing and one additional R&D center to be constructed; AI/ML: Artificial intelligence/machine learning; PP&E: Property, plant and equipment; Small volume: less than 10 runs at 12kL scale

Performance

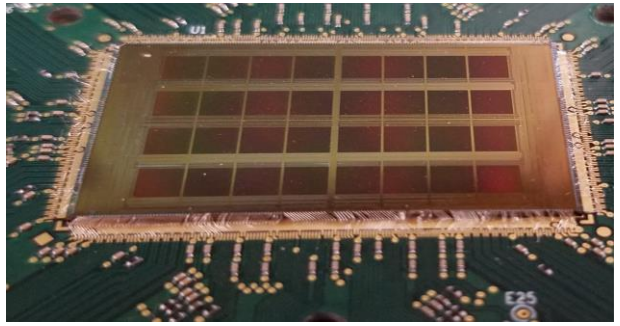
Outlook

Roche Sequencing Solution[1]

Combination of two powerful innovations creates a leap forward in sequencing

Presented at AGBT

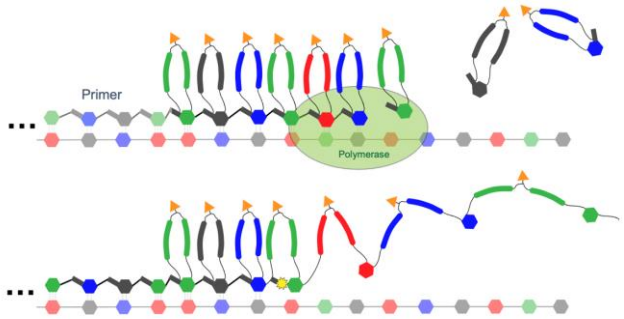
High-throughput sensor module



- 8 million microwell array CMOS chip
- Significant improvement in measurement for single molecule sequencing

Acquired in 2014 genia

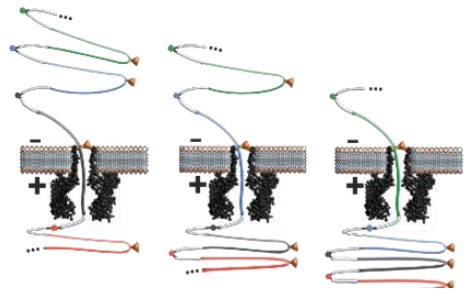
SBX chemistry



- Novel chemistry from Stratos turns DNA into an expanded molecule 50x longer
- Significant improvement in signal-to-noise for single molecule sequencing

Acquired in 2020 STRATOS genomics inc.

Unique benefits



- **Accuracy:** High accuracy, fit for clinical applications[2]
- **Speed:** Sample to VCF of a full human genome in under 7 hours
- **Throughput:** 7 human genomes in 1 hour at > 30X; 500M bases/second

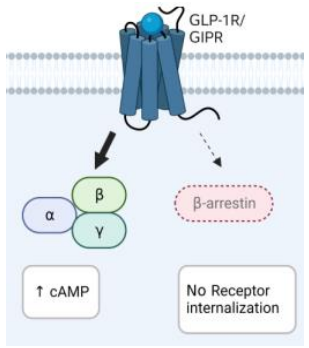
1. In development; 2. Accuracy as measured by F1 scores for calling SNV and InDels; SBX: Sequencing by expansion; CMOS: Complementary metal-oxide semiconductor; AGBT: Advances in Genome Biology and Technology; VCF: Variant calling file

Roche's commitment to become a leader in CVRM

Complementing our obesity portfolio and laying the foundation for future innovation in CVRM

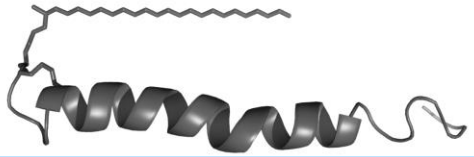
Pharmaceuticals

CARMOT* THERAPEUTICS



- *CT-173 (PYY)*
- *CT-388 (GLP-1/GIP RA)*
- *CT-868 (GLP-1/GIP RA)*
- *CT-996 (GLP-1 RA)*
- *GYM 329 (anti-latent myostatin Ab)*

ZEALAND PHARMA**



Petrelintide (Long-acting amylin analogue)

Broad portfolio of differentiated assets to address unmet needs and develop unique combination in obesity, T1D/T2D and for comorbidities

HARVARD UNIVERSITY***

First industrial partner at the Boston innovation center

Roche Genentech CVRM hub for innovation in drug discovery & development, and AI/ML

Diagnostics

Roche a leader in the CVM market

Leading cardiac/metabolic biomarker portfolio

Developing holistic diabetes/cardiac & comorbidity mgmt solutions, including ongoing CGM launch

*Carmot acquired by Roche in 2024; **Zealand Pharma and Roche entered collaboration in 2025, pending deal closure; ***Harvard University and Roche announced launch of Roche Genentech Innovation Center Boston in 2025, based on existing partnership. First construction phase to complete in 2026; GLP-1: Glucagon-like peptide-1; GIP: Glucose-dependent insulinotropic polypeptide; RA: Receptor agonist; Ab: Antibody; T1D/T2D: Type 1/2 diabetes; CV(R)M: Cardiovascular, (renal) and metabolism; AI/ML: Artificial intelligence / machine learning; CGM: Continuous glucose monitoring

2025 Pharma pipeline

Q1 key updates: Ph III Go for trontinemab in AD and for NXT007 in hemophilia A; Zealand Pharma collaboration

New Molecular Entities (NME)

giredestrant HR+ BC	**fenebrutinib** RMS, PPMS	**vamikibart** DME, UME
Itovebi (inavolisib) Pi3Km BC	**Elevidys**[1] DMD	**CT-388** Obesity +/- T2D
divarasib KRAS+ NSCLC, CRC	**GYM 329** SMA, FSHD, obesity	**CT-868** T1D with BMI ≥25
tiragolumab NSCLC, uHCC, ~~ESCC~~	**afimkibart**[2] IBD, AtD, MASH	**CT-996** Obesity +/- T2D
trontinemab Alzheimer's disease	**astegolimab** COPD	**petrelintide*** Obesity +/- T2D
prasinezumab Parkinson's disease	**sefaxersen** IgAN	**zilebesiran** Hypertension
		NXT007 Hemophilia A

- 8+ NMEs with CHF >3bn peak sales potential per asset
- 5 NMEs with CHF 2-3bn peak sales potential per asset

Line Extensions (LE)

Columvi 2L DLBCL, 1L DLBCL	**PiaSky** PNH, aHUS, SCD	**Enspryng** MOGAD, AIE, TED, DMD
Lunsumio 2L DLBCL, R/R FL, 1L FL	**Ocrevus**[3] SC, HC OBI, ~~HD~~	**Gazyva** LN, SLE, MN, PNS

- 6 marketed products with LEs that could add CHF 1-2bn peak sales potential per asset

0.5-1bn peak sales *1-2bn peak sales* *2-3bn peak sales* *>3bn peak sales*

Oncology/Hematology *Neurology* *Immunology* *Ophthalmology* *CVRM*

*Zealand Pharma and Roche entered collaboration in 2025, pending deal closure; Peak sales shown unadjusted; 1. Elevidys peak sales are ex-US; 2. anti-TL1A; 3. Incremental peak sales opportunity for Ocrevus; AtD: Atopic dermatitis; CVRM: Cardiovascular, renal and metabolism; HC: High concentration; OBI: On-body injector

2025 guidance

LOE impact of CHF 1.2bn expected for 2025

Group sales growth[1]	Mid single digit sales growth
Core EPS growth[1]	High single digit Core EPS growth
Dividend outlook	Further increase dividend in Swiss francs

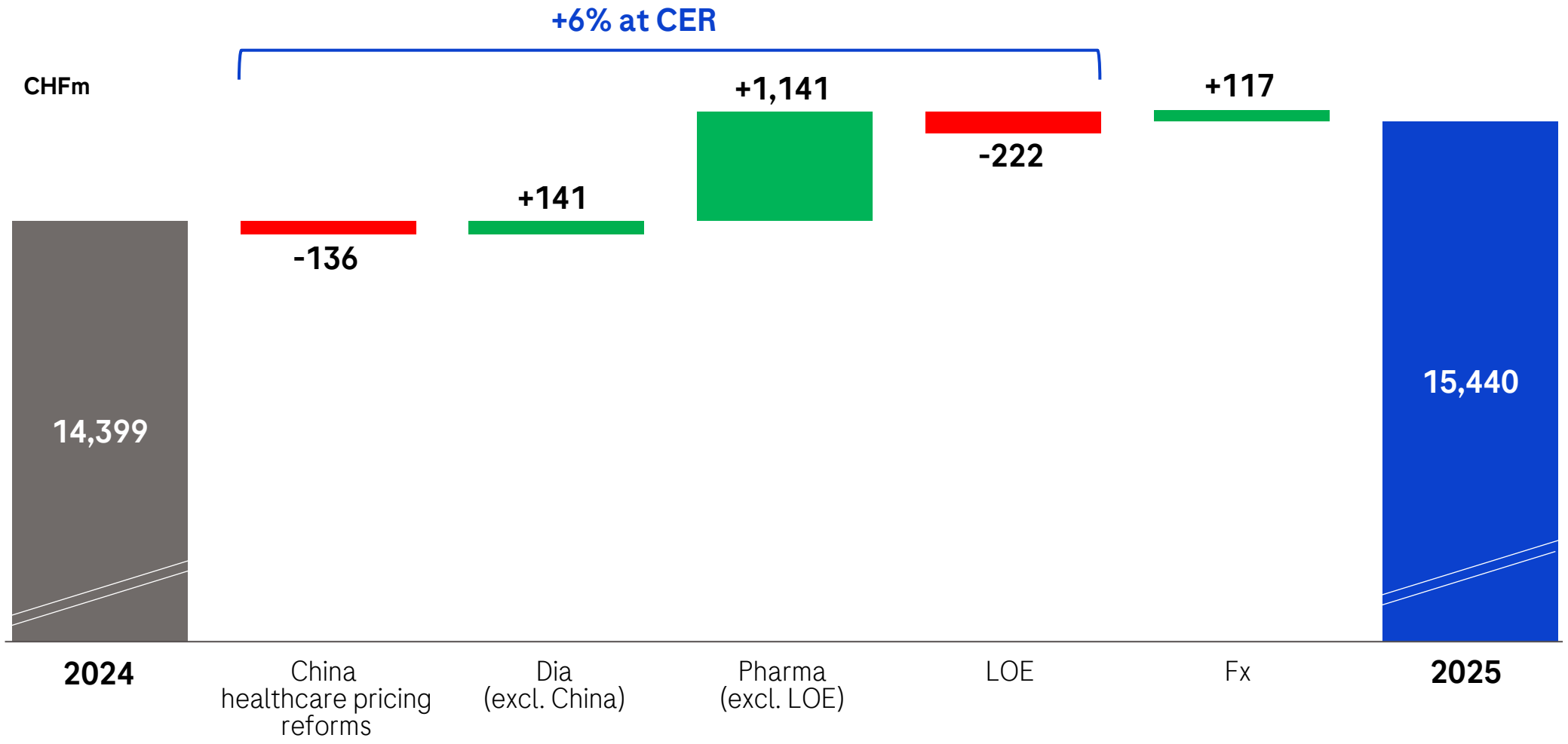
1. At CER: Constant Exchange Rates (avg full year 2024); LOE: Loss of exclusivity includes global losses of Avastin, Herceptin, MabThera/Rituxan, Actemra, Esbriet and Lucentis

Finance

Alan Hippe
Chief Financial Officer

Q1 2025: Group growth at +6%

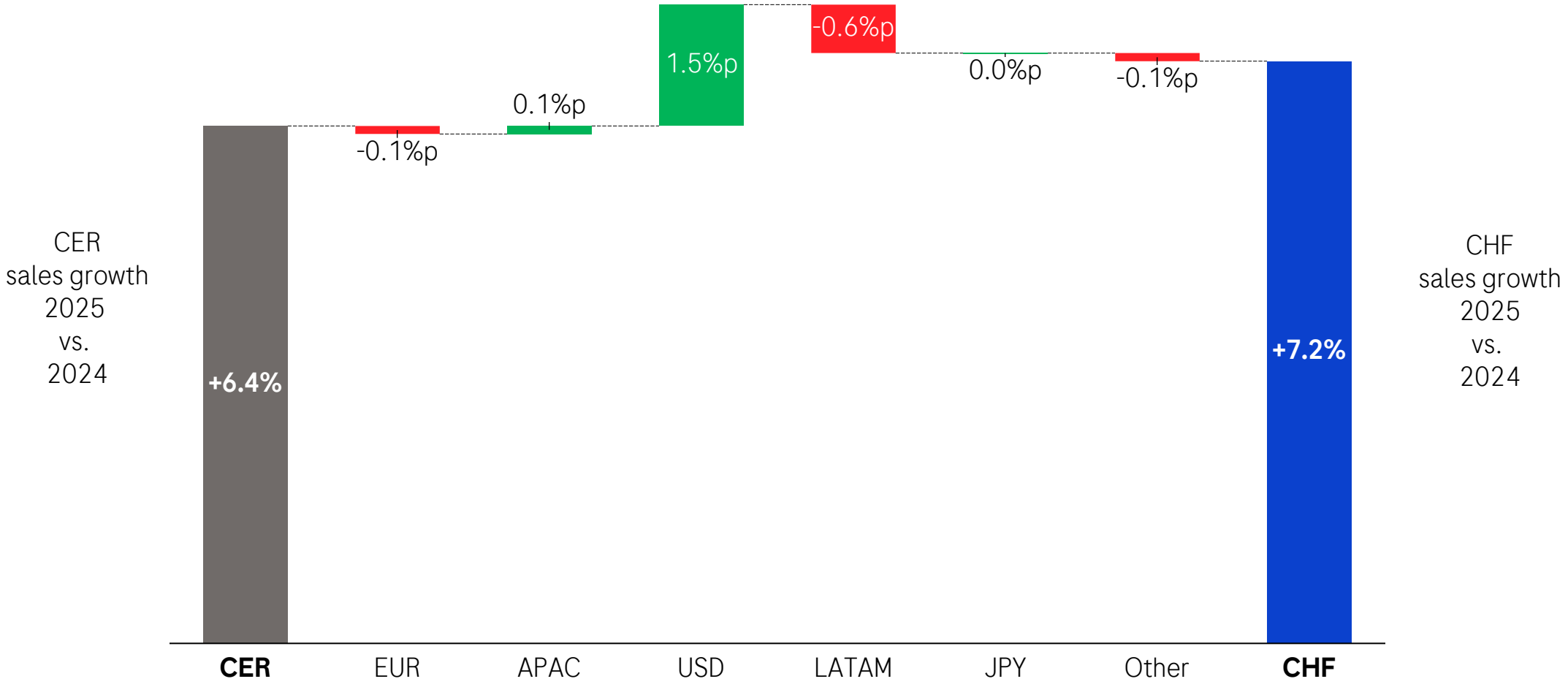
Pharma Division driving growth, Diagnostics Division stable due to healthcare pricing reforms in China



CER: Constant Exchange Rates (avg. full year 2024); LOE: Loss of exclusivity includes global losses of Avastin, Herceptin, MabThera/Rituxan, Actemra, Esbriet and Lucentis; Totals may include differences due to rounding

Exchange rate impact on sales growth

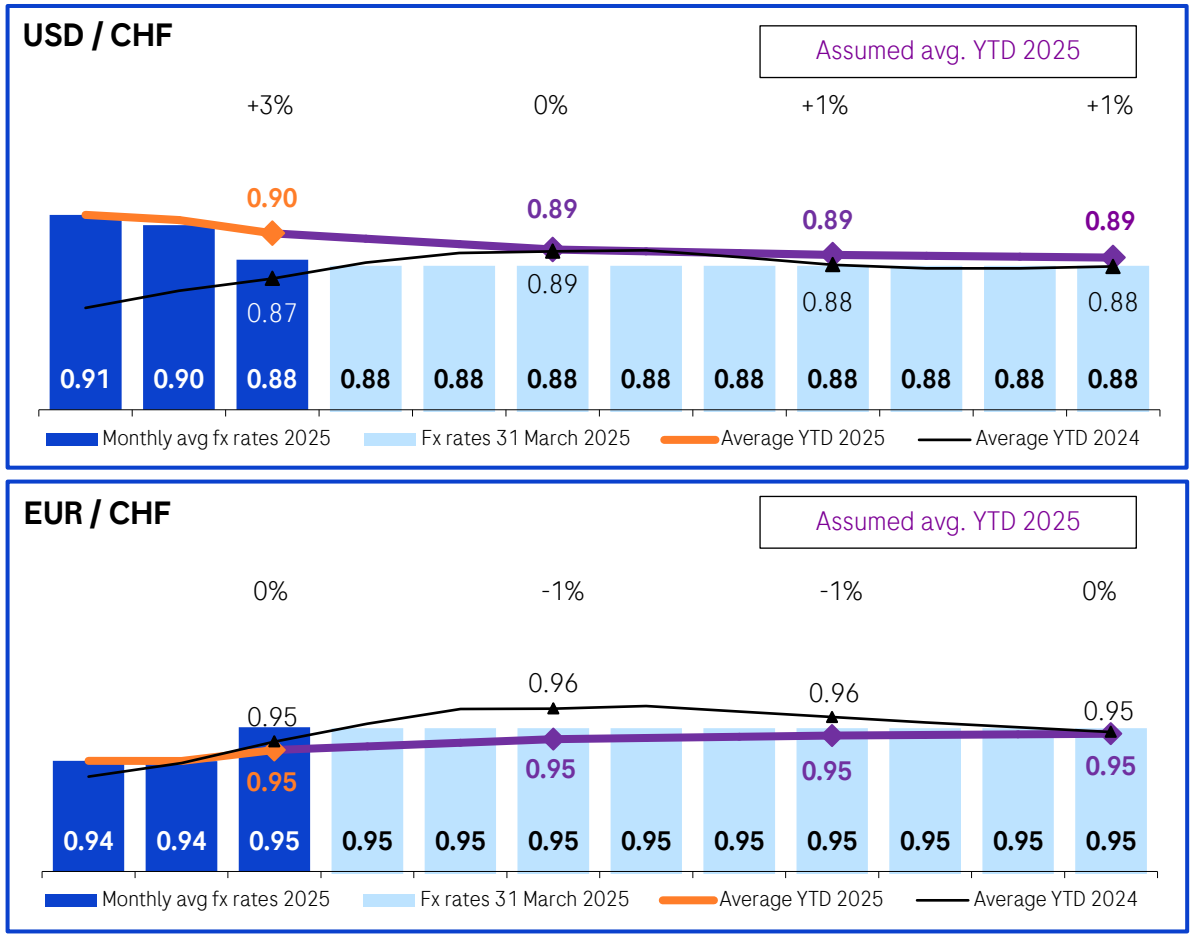
Positive impact driven by the USD



CER: Constant Exchange Rates (avg. full year 2024)

Expected 2025 currency impact

FY 2025 impact of -5%p on Group sales expected assuming 23 Apr 2025 rates remain stable until the end of 2025



Assuming the 31 March 2025 exchange rates remain stable until end of 2025,
2025 impact[1] is expected to be (%p):

	Q1	Q2	Q3	Q4
Sales	**+1**	**-3**	**+1**	**+1**

	Q1	HY	Sep YTD	FY
Sales	**+1**	**-1**	**-1**	**0**
Core operating profit		-2		0
Core EPS		-3		0

1. On Group growth rates

2025 guidance

LOE impact of CHF 1.2bn expected for 2025

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Pharmaceuticals Division

Teresa Graham
CEO Roche Pharmaceuticals

Q1 2025: Pharmaceuticals sales

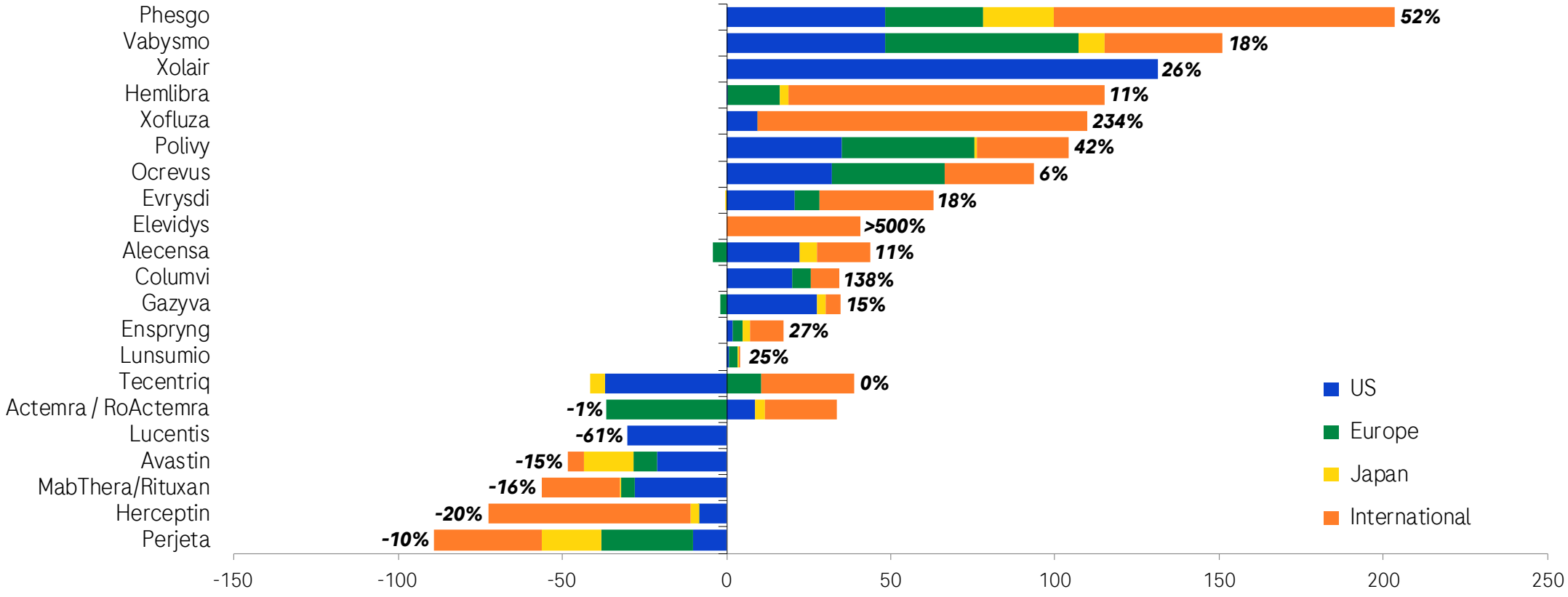
Continued strong growth in US, EU and International; Japan returning to growth

	Q1 2025 CHFm	Q1 2024 CHFm	Change in % CHF	Change in % CER
Pharmaceuticals Division	**11,949**	**10,921**	**9**	**8**
United States	6,224	5,692	9	6
Europe	2,320	2,200	5	5
Japan	671	649	3	3
International	2,734	2,380	15	18

CER: Constant Exchange Rates (avg. full year 2024)

Q1 2025: Young portfolio delivering strong growth

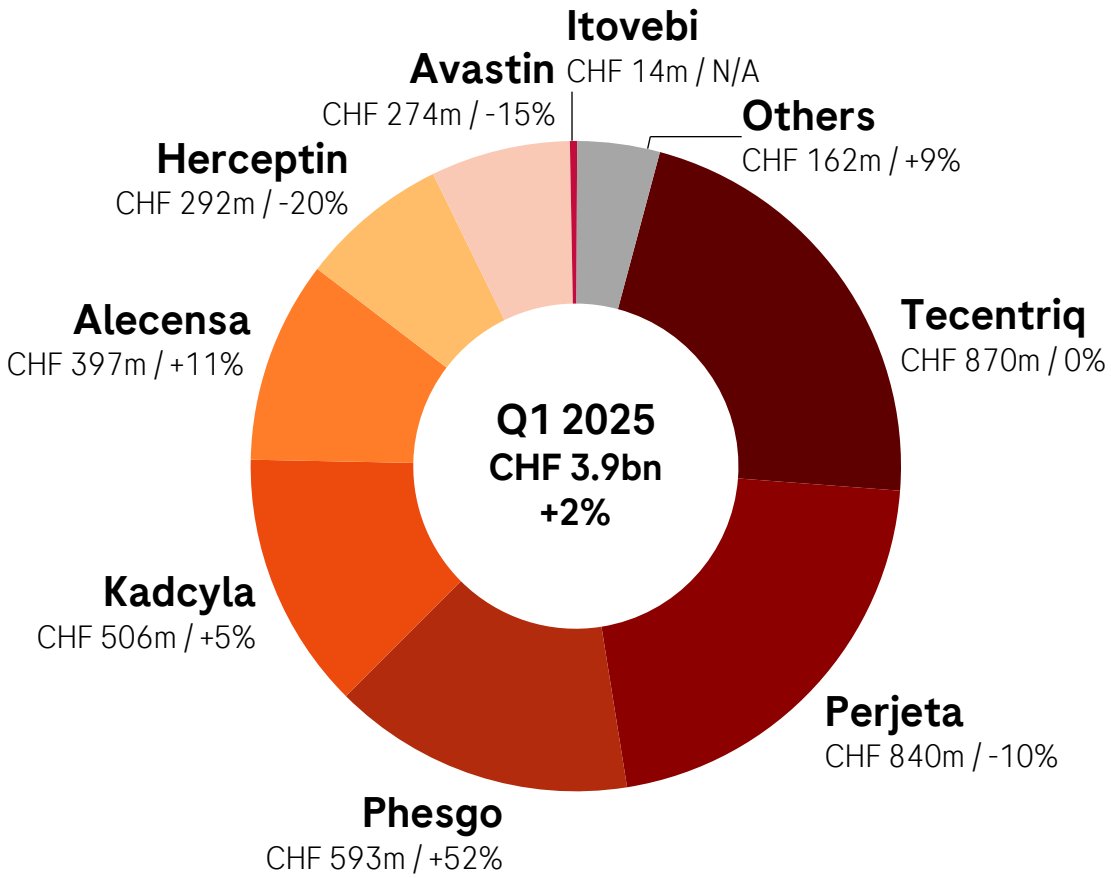
Growth across all regions with strong performance in International



Absolute values and growth rates at Constant Exchange Rates (avg. full year 2024)

Oncology growing +2% in Q1 driven by HER2 franchise

Phesgo conversion rate climbing to 47% in 58 launch countries*



Q1 update

- Phesgo: Strong uptake across all regions; strong growth in China following NRDL listing
- Perjeta: Conversion to Phesgo ongoing
  - Perjeta + Herceptin (APHINITY): Final OS analysis (≥11-year follow-up) to be presented at upcoming congress
- Kadcyla: Growth driven by adjuvant BC
- Itovebi: US launch in 1L *PIK3CA*-mut HR+ BC ongoing
- Tecentriq: Stable sales due to SCLC and HCC
- Alecensa: Growth driven by adjuvant ALK+ NSCLC

Outlook 2025

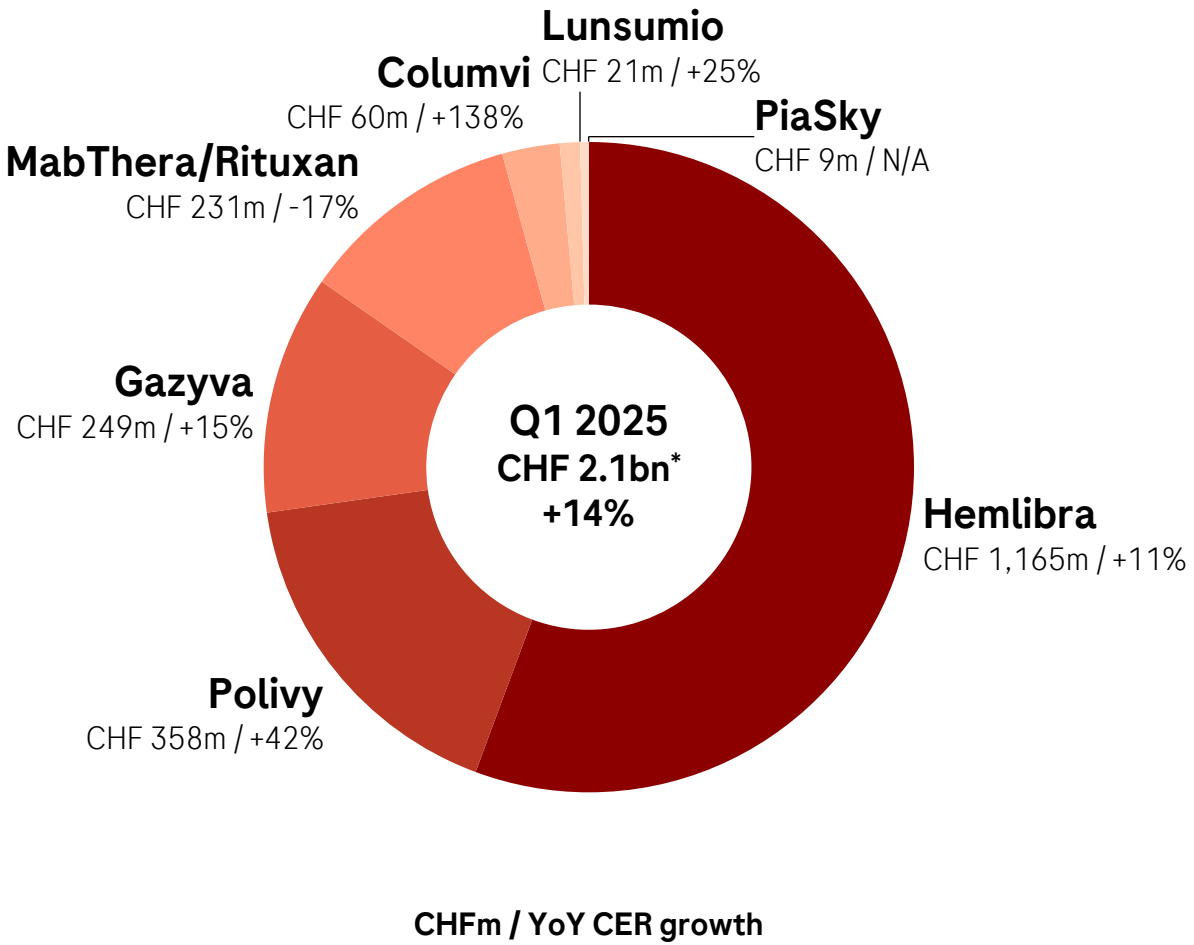
- Itovebi in 1L *PIK3CA*-mut HR+ BC: EU approval
- Ph III (evERA) giredestrant in post CDKi ER+/HER2- mBC
- Ph III (persevERA) giredestrant in 1L ER+/HER2- mBC
- Ph III initiation for divarasib in 1L NSCLC

*Perjeta/Phesgo conversion rate calculated using volumes, currently taking 58 launch countries into account; CER: Constant Exchange Rates (avg full year 2024); PIK3CA-mut: Phosphatidylinositol 3-kinase, catalytic, alpha polypeptide mutated; HR: Hormone receptor; ER: Estrogen receptor; HER2: Human epidermal growth factor 2; e/mBC: Early/metastatic breast cancer; SCLC: Small cell lung cancer; NSCLC: Non-small cell lung cancer; ALK: Anaplastic lymphoma kinase; HCC: Hepatocellular carcinoma; CDKi: Cyclin dependent kinase inhibitor; OS: Overall survival

Polivy with strong global growth driven by 1L DLBCL

Positive Lunsumio Ph III (SUNMO) results in 2L+ DLBCL; Columvi EU approval achieved in 2L+ DLBCL

IR Hematology Update 23 June



CHFm / YoY CER growth

Q1 update

- Hemlibra: Strong Q1 growth across all patient segments; US impacted by buying patterns
- Polivy: Strong 1L DLBCL uptake with >50k pts treated globally
  - POLARGO in r/r DLBCL data update at upcoming congress
- Gazyva: Growth driven by combinations in 1L CLL
- Columvi: Driven by 3L+ DLBCL launch; EU approval in 2L+ DLBCL (STARGLO) achieved
- Lunsumio: Driven by 3L+ FL launch
  - Positive Ph III (SUNMO) Lunsumio + Polivy in 2L+ DLBCL
- NXT007 in Hem A: Ph III decision taken; Ph II data to be presented

Outlook 2025

- Columvi in 2L+ DLBCL (STARGLO): US PDUFA set for July 20
- Lunsumio SC in 3L+ FL: US PDUFA set for Sep 22
- Ph III (CELESTIMO) Lunsumio + lenalidomide in 2L+ FL
- Ph III (VERONA) Venclexta + azacitidine in 1L MDS
- Ph III (COMMUTE-a) PiaSky in aHUS

*Venclexta sales booked by AbbVie and therefore not included; CER: Constant Exchange Rates (avg full year 2024); DLBCL: Diffuse large B cell lymphoma; CLL: Chronic lymphocytic leukemia; FL: Follicular lymphoma; SC: Subcutaneous; OS: Overall survival; MDS: Myelodysplastic syndromes; aHUS: Atypical hemolytic uremic syndrome

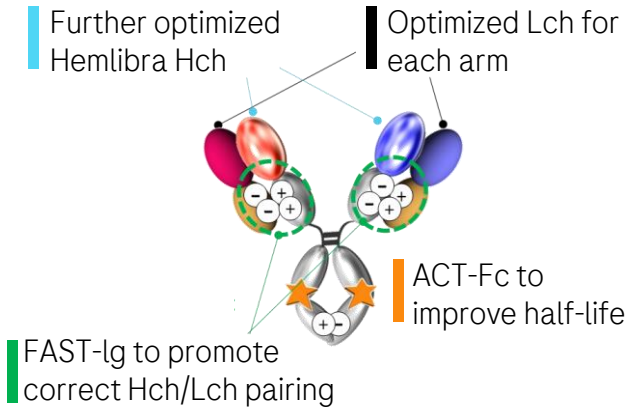
NXT007: Next-gen Factor VIIIa mimetic bispecific mAb

Ph II data to be presented in 2025; Ph III program, including H2H vs. Hemlibra, to initiate in 2026

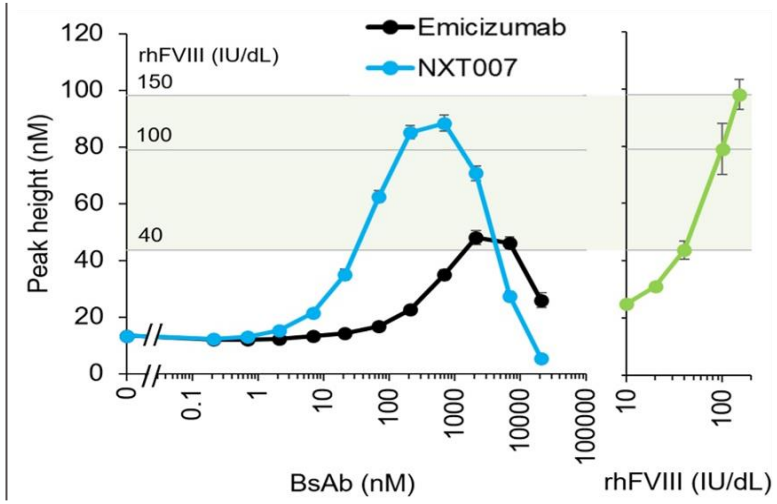
IR Hematology Update 23 June

NXT007 (FVIIIa mimetic bispecific mAb)

Structure and function[1]

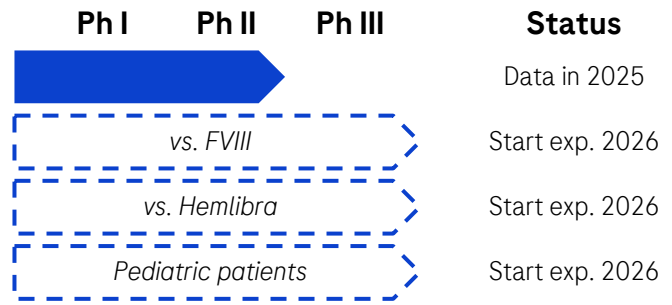


NXT007, Hemlibra and FVIII thrombin generation[2]



- Potential to achieve zero treated bleeds for Hem A pts, without need for additional FVIII Tx
- Engineered based on Hemlibra, to enhance binding affinities, extend half-life, and allow for low volume, infrequent subcutaneous injections
- NXT007 is ~30-fold more potent than Hemlibra and in vitro assay indicates that thrombin generation is within the range of people without Hemophilia A[2]

Clinical development

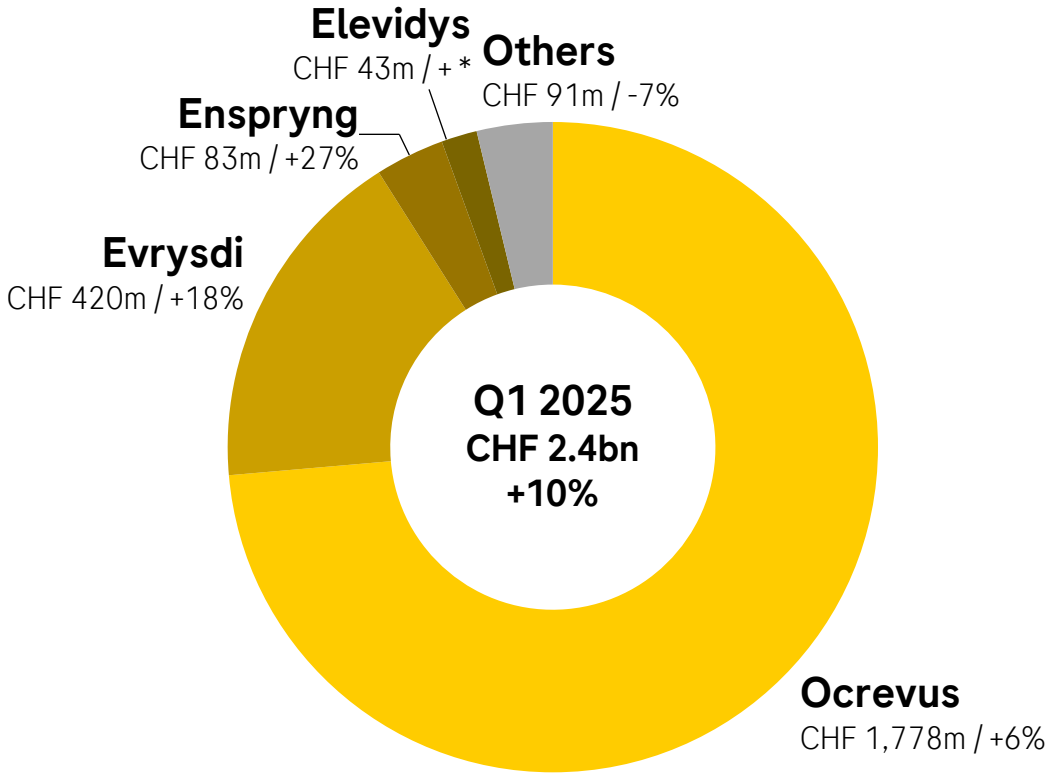


- Ph II data to be shared at upcoming medical conference in 2025
- Three Ph III trials, including H2H vs. Hemlibra, planned to start in 2026

1. Koga et al. MABS 2023, 15 (1), 2222441; 2. Teranishi-Ikawa et al. Journal of Thrombosis and Haemostasis 2024.22 (2):430-440; SoC: Standard of care; mAb: Monoclonal antibody; Lch: Light chain; Hch: Heavy chain; BsAb: Bispecific antibody; Tx: Treatment

Ocrevus Zunovo permanent J-Code granted on April 1st

Achieved US approval for Evrysdi tablet formulation



CHFm / YoY CER growth

Q1 update

- Ocrevus: ~50% Zunovo US starts naïve to Ocrevus
- Evrysdi: US approval for tablet formulation achieved; 5-year sustained efficacy & safety in Type 2&3 SMA patients shared at MDA
- Elevidys: Early launch momentum in ex-US/ex-EU to continue
  - Temporary clinical hold requested by EU regulators on ongoing studies
- Trontinemab: Positive update of Ph I/II (Brainshuttle™ AD) in AD presented at ADPD; Ph III to be initiated in 2025

Outlook 2025

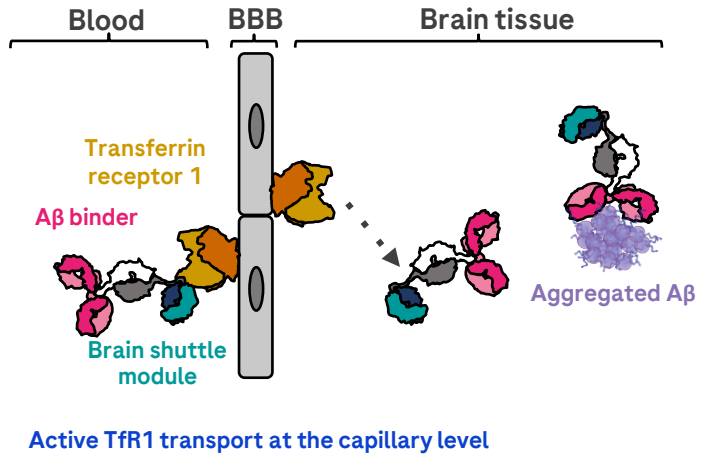
- Elevidys in DMD: EU approval
- Evrysdi tablet formulation in SMA: EU approval
- Ph III (GAVOTTE) Ocrevus HD in PPMS
- Ph III (FENtrepid) fenebrutinib in PPMS
- Ph III (FENhance 1/2) fenebrutinib in RMS
- Ph II (MANATEE) Evrysdi + GYM 329 in SMA
- Ph II (MANOEUVRE) GYM 329 in FSHD

*Over 500%; CER: Constant Exchange Rates (avg full year 2024); RMS/PPMS: Relapsing/primary progressive multiple sclerosis; NTB: New to brand; SC: Subcutaneous; HD: High dose; SMA: Spinal muscular atrophy; AD: Alzheimer's disease; DMD: Duchenne muscular dystrophy; FSHD: Facioscapulohumeral muscular dystrophy

Trontinemab: Rapid and deep amyloid clearance in AD

81% of patients on 3.6 mg/kg dose achieved amyloid PET negative within 28 weeks

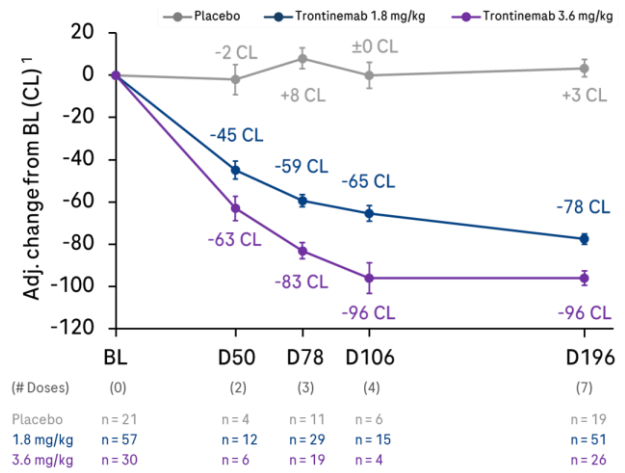
Trontinemab (Brainshuttle™ bispecific 2+1 anti-Aβ mAb)



- Trontinemab uses Roche's proprietary Brainshuttle™ technology, combining an Aβ binding mAb with a transferrin receptor shuttle module
- Designed for efficient transport across the BBB to remove amyloid plaques in the brain

Ph I/IIb (Brainshuttle™-AD): Updated results[1]

Efficacy (Amyloid clearance)



Safety (ARIA)

Total # with event [events/pt], (%)	Part 1 +2 (Combined) (n=114)	
	Cohort 3 1.8 mg/kg or Pbo (n = 76)	Cohort 4 3.6 mg/kg or Pbo (n = 38)
ARIA-E	3 (3.9%)	0
ARIA-H	5 (6.6%)	1 (2.6%)
Concurrent ARIA-E + ARIA-H	0	0

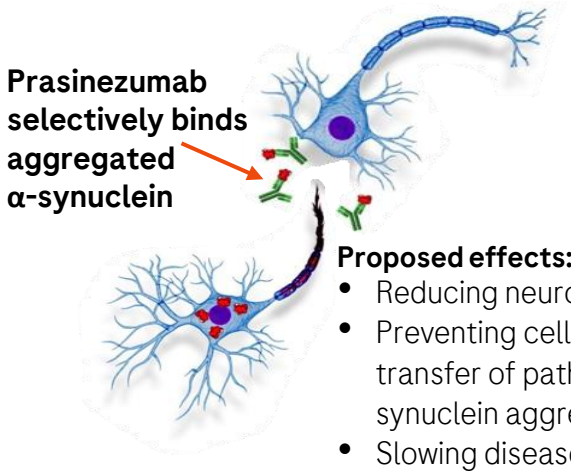
- Rapid amyloid depletion observed for 1.8 mg/kg and 3.6mg/kg doses, with all pts responding to treatment and 65% (1.8 mg/kg) / 81% (3.6 mg/kg) of pts achieving amyloid PET negative
- Favorable safety and tolerability profile with low ARIA incidence, limited & transient anemia and manageable IRR
- Ph III to initiate in 2025 with final readout expected in 2028

1. Kulic L et al., ADPD 2025; AD: Alzheimer's disease; BL: Baseline; CL: Centiloid unit; mAb: Monoclonal antibody; Aβ: Amyloid β; q4w: Every 4 weeks; ARIA: Amyloid-related imaging abnormalities; BBB: Blood-brain barrier; Pt: Patient; Pbo: Placebo; AE: Adverse event; IRR: Infusion related reaction

Prasinezumab: Delay of confirmed motor progression in PD

Additional OLE data and decision on next steps around mid-year

Prasinezumab (α-synuclein Ab)

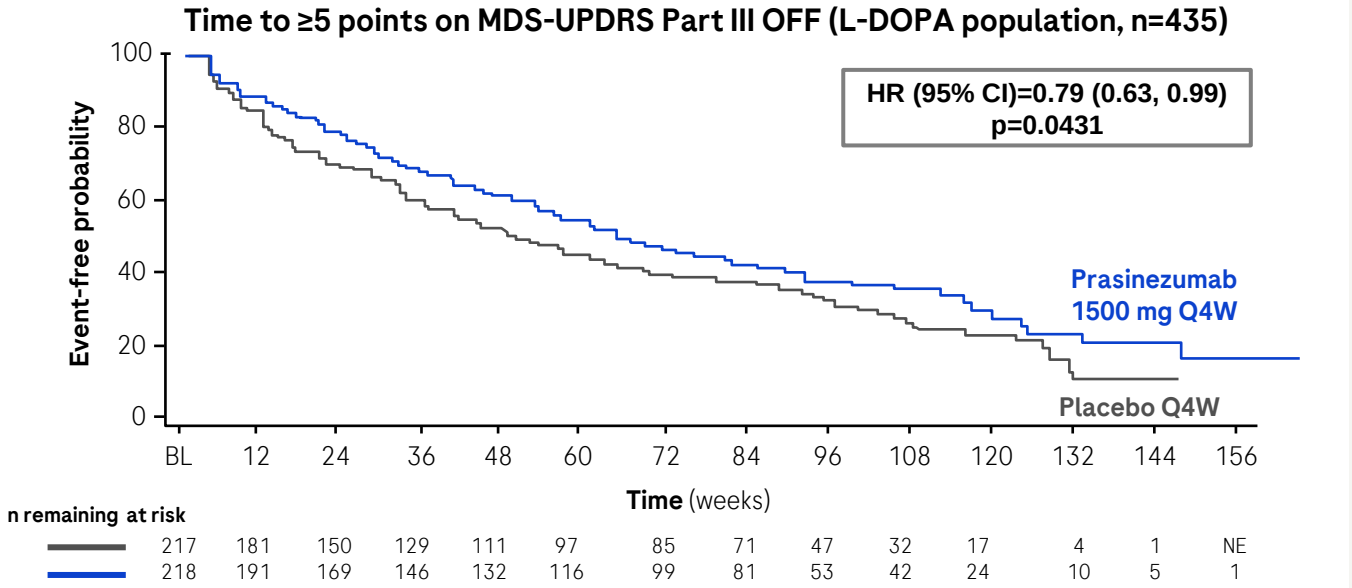


Proposed effects:

- Reducing neuronal toxicity
- Preventing cell-to-cell transfer of pathogenic α-synuclein aggregates
- Slowing disease progression

- First potential disease modifying therapy in PD[1, 2]
- Parkinson's disease is one of the fastest growing neurological disorders with high unmet need, economic and societal burden

Ph IIb (PADOVA) results[3]

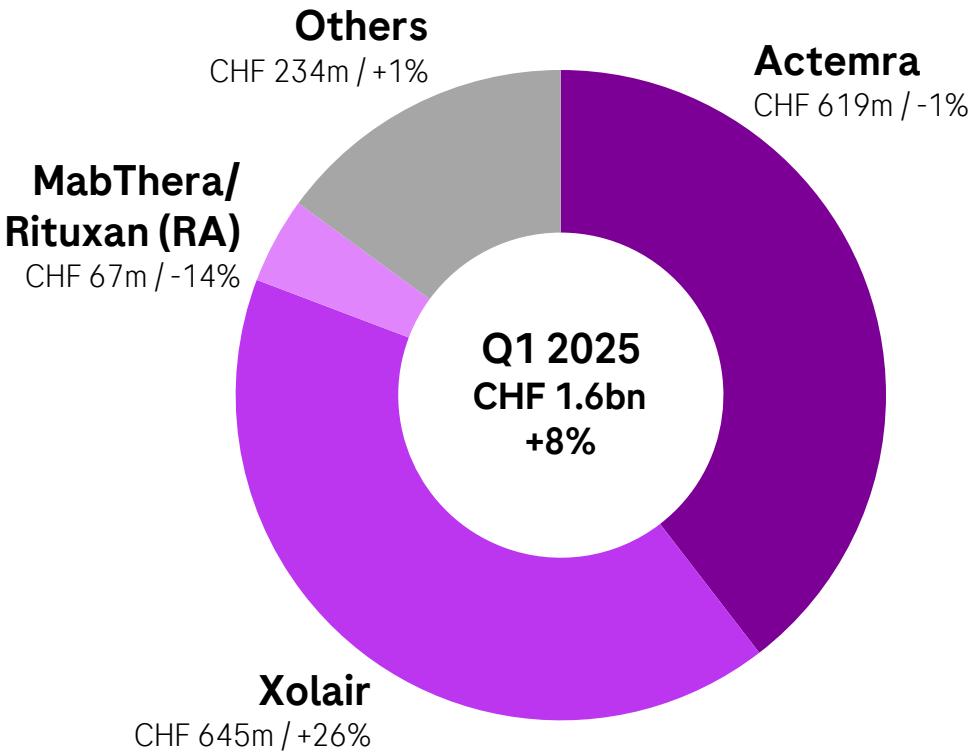


- Prasinezumab showed a trend towards delaying motor progression; more pronounced effect (HR=0.79) in levodopa treated pts (~75% of population; prespecified analysis)
- Positive trends on multiple secondary and exploratory endpoints, including MRI biomarkers
- PASADENA and PADOVA OLE studies continuing with high retention / rollover

1. Pagano et al. Front Neurol. 2021; 12: 705407; 2. Pagano et al N Engl J Med 2022 Aug 4;387(5):421-432; 3 Nikolcheva et al. ADPD 2025; IV: Intravenous; Q4W: Every 4 week; OLE: Open label extension; MDS-UPDRS: Movement Disorder Society-sponsored revision of the Unified Parkinson's Disease Rating Scale; OFF: Practically defined OFF state; Ab: Antibody; PD: Parkinson's disease; L-DOPA: L-3,4-dihydroxyphenylalanin; MAOBi: Monoamine oxidase-B inhibitor; HR: Hazard ratio; CI: Confidence interval; In collaboration with Prothena

Xolair with strong launch uptake in food allergy

Three afimkibart (anti-TL1A) trials initiated: Ph III in Crohn's disease, Ph II in atopic dermatitis and Ph I in MASH



CHFm / YoY CER growth

Q1 update

- Xolair: Strong food allergy launch with >50k patients on treatment
  - Updated Ph III (OUtMATCH) show Xolair is more effective and has less side effect vs. OIT for treating food allergy
  - No biosimilar launch expected in 2025
- Actemra: US biosimilar launch slower than expected
- Gazyva in LN: US & EU filing accepted; positive results presented at WCN and published in NEJM[1]
- Afimkibart (anti-TL1A): Multiple trials initiated
  - Ph III (SIBERITE-1/2) in CD, Ph II in AtD, and Ph I in MASH

Outlook 2025

- Gazyva in LN: US/EU approval; US PDUFA set for Oct
- Ph III (ALLEGORY) Gazyva in SLE
- Ph II/III (ALIENTO/ARNASA) astegolimab in COPD
- Ph II of anti-p40/TL1A bispecific in IBD to initiate in H1

1. Furie RA, et al. Efficacy and safety of obinutuzumab in active lupus nephritis. NEJM.2025; CER: Constant Exchange Rates (avg full year 2024); RA: Rheumatoid arthritis; TL1A: Tumor necrosis factor-like cytokine 1A; CD: Crohn's disease; LN: Lupus nephritis; SLE: Systemic lupus erythematosus; COPD: Chronic obstructive pulmonary disease; MASH: Metabolic dysfunction-associated steatohepatitis; IBD: Inflammatory bowel disease; AtD: Atopic dermatitis; OIT: Oral immunotherapy; anti-p40/TL1A in collaboration with Pfizer

Gazyva: Ph III results in LN show superiority over standard of care

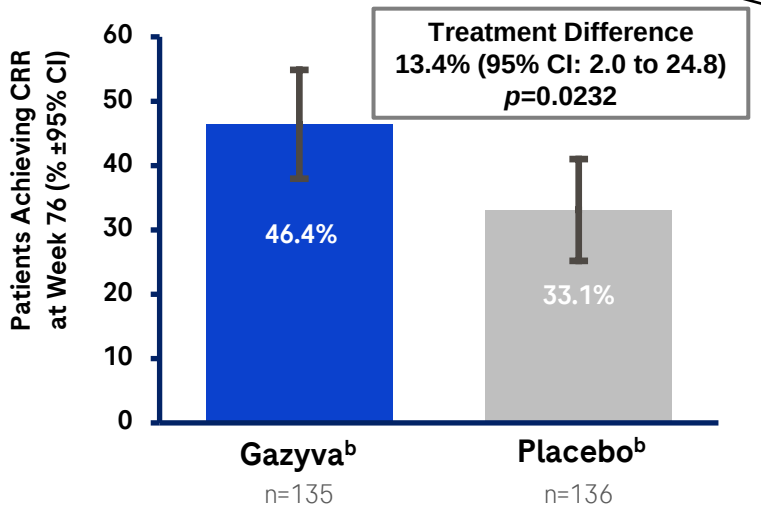
Ph III results in SLE and INS expected in 2025

Ph III (REGENCY) results: CRR at Week 76[1]

Primary Endpoint: CRR at Week 76

Includes all of the following:

- UPCR <0.5 g/g
- eGFR ≥85% of baseline
- No intercurrent events of rescue therapy, treatment failure[a], death and/or early study withdrawal



Clinical development

Indication	Ph I	Ph II	Ph III	Status
LN		*REGENCY*		✓ Filing ongoing
SLE		*ALLEGORY*		Data exp 2025
MN		*MAJESTY*		Ongoing
INS		*INShore*		Data exp 2025

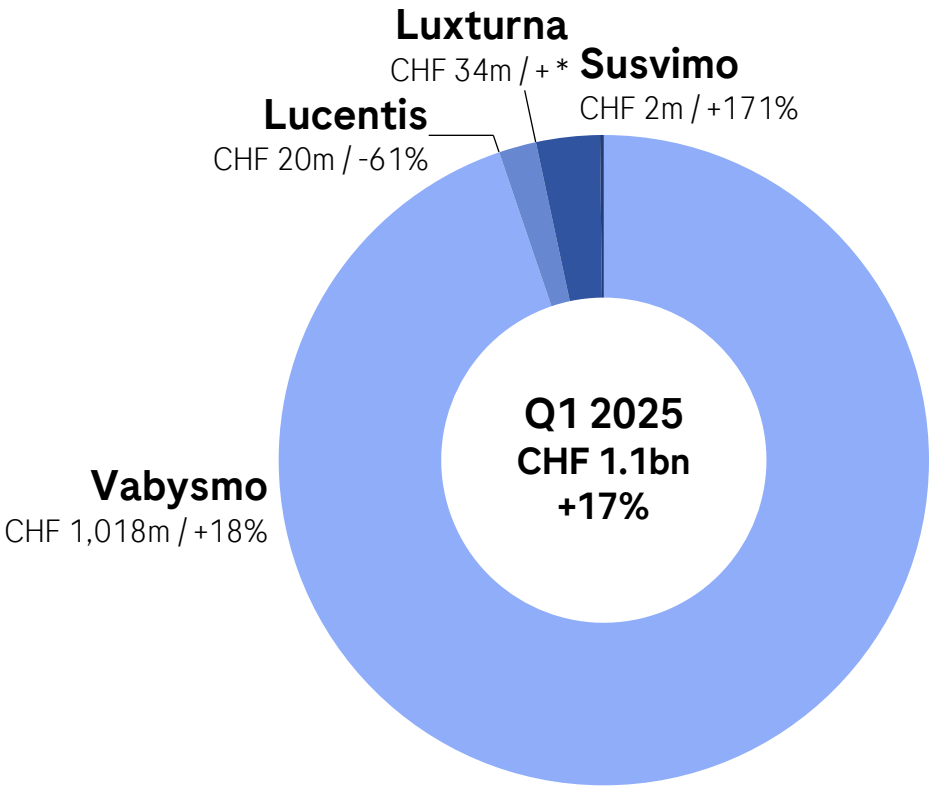
✓ Primary endpoint met

- Primary endpoint of CRR at week 76 achieved with statistically significant and clinically meaningful treatment difference of 13.5% (95% CI: 2.0 to 24.8)
- Safety was in line with the well-characterized profile of Gazyva and no new safety signals were identified
- US & EU filing has been completed and US PDUFA set for October
- Ph III readouts in SLE (REGENCY) and INS (INShore) are expected in 2025; Ph III (MAJESTY) in MN is ongoing

1. Rovin et al. WCN 2025; a Treatment failure definition (one or more): New ESKD or need for chronic dialysis or renal transplantation; clinically significant, sustained worsening of UPCR and/or eGFR from Week 24 onward that led the investigator to conclude the patient had failed the randomized treatment regimen; receipt of rescue therapy, except for glucocorticoid-only rescue; b Plus ST of mycophenolate mofetil plus glucocorticoids; LN: Lupus nephritis; SLE: Systemic lupus erythematosus; MN: Membranous nephropathy; INS: Idiopathic nephrotic syndrome (Childhood onset INS also known as PNS: Pediatric nephrotic syndrome); UPCR: Urine protein creatinine ratio; CI: Confidence interval; eGFR: Estimated glomerular filtration rate; CRR=complete renal response

Vabysmo now the most prescribed therapy in nAMD in the US

Vabysmo continues to expand market shares across regions; US impacted by contraction of branded market



CHFm / YoY CER growth

Q1 update

- Vabysmo: Continued market share gains across early launch countries and ongoing global expansion
  - US market shares: 33% nAMD, 24% DME and 26% RVO**; Achieved market leadership in nAMD
  - ~60% of US patient starts are naïve
  - Strong uptake of pre-filled syringe, with US >95% and EU >70% conversion***
  - China strong launch uptake following NRDL listing in Jan
- Susvimo: DME approval in US achieved

Outlook 2025

- Susvimo in nAMD: EU filing
- Ph III (SANDCAT/MEERKAT) vamikibart in UME

*Over 500%; **Data based on Feb 2025 Verana data. Disclaimer: Verana share valuations are derived from IRIS registry and are subject to restatement as additional data becomes available. ***Vabysmo vial/pre-filled syringe conversion rate calculated using volumes, EU conversion based on Germany and UK values; CER: Constant Exchange Rates (avg full year 2024); nAMD: Neovascular age-related macular degeneration; DME: Diabetic macular edema; RVO: Retinal vein occlusion; UME: Uveitic macular edema

Petrelintide: BIC potential as monotherapy and FDC with CT-388

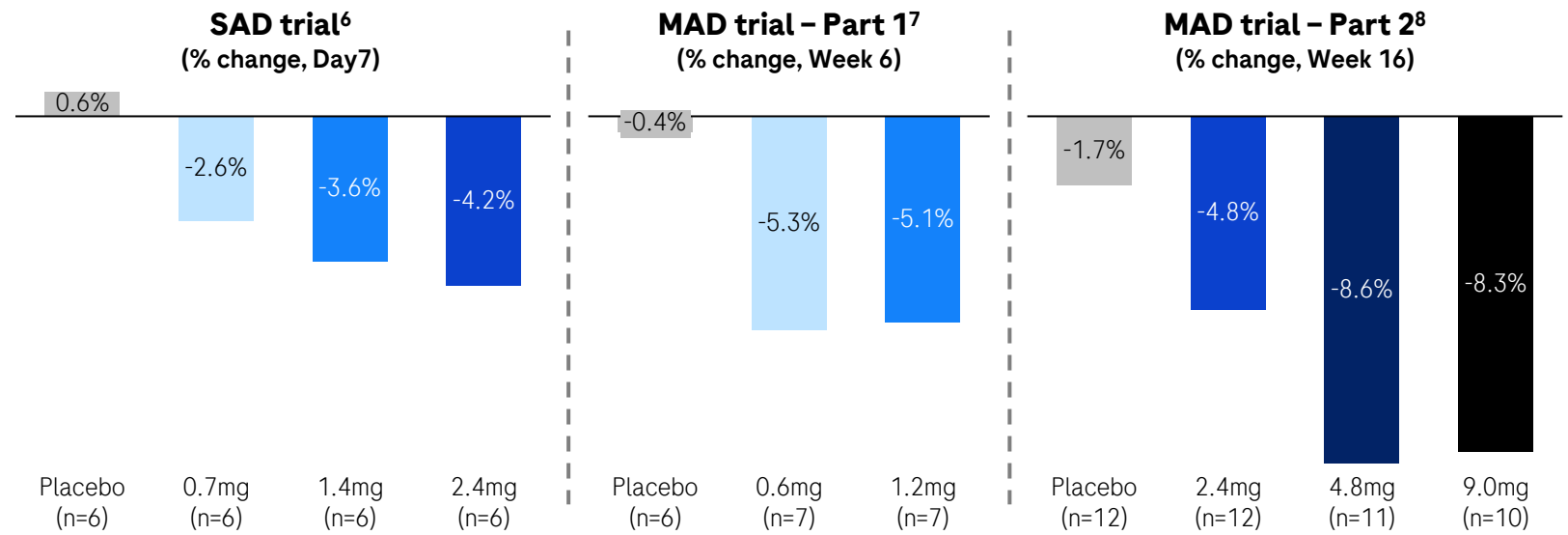
Strengthening our growing CVRM portfolio with a long-acting amylin analog

Petrelintide

36 amino-acid acylated peptide

- A long-acting amylin analog, suitable for Q1W dosing[1,2]
- Potent balanced agonist effect on amylin and calcitonin receptors[1,3]
- Favorable physicochemical properties, allow for co-formulation and co-administration with other peptides[4,5]

Ph I results: Change in body weight from baseline



- After 16 weeks of treatment, mean weight loss was up to 8.6% with petrelintide vs 1.7% with placebo
- Petrelintide was well tolerated and safe: vast majority of TEAEs reported were mild
- Combined Ph I data suggest a potential for weight loss comparable to mono GLP-1, but with improved tolerability for a better patient experience and high-quality weight loss
- Ph IIb (ZUPREME-1) in obesity without type 2 diabetes ongoing

1. Data on file; 2. Brændholt Olsen et al. Poster 92-LB. Presented at ADA 83rd Scientific Sessions, June 23–26, 2023, San Diego, CA; 3. Eriksson et al. Presentation at ObesityWeek, November 1–4, 2022, San Diego, CA.; 4. Skarbaliene et al. Poster 1406-P. Presented at ADA 82nd Scientific Sessions, June 3–7, 2022, New Orleans, LA; 5. Eriksson et al. Poster 532. Presented at ObesityWeek, November 1–4, 2022, San Diego, CA; 6. Brændholt Olsen et al. Poster 92-LB. Presented at ADA 83rd Scientific Sessions, June 23–26, 2023, San Diego, CA; 7. Brændholt Olsen et al. Poster presented at ObesityWeek, October 14–17, 2023, Dallas, TX; 8. Data presented at ObesityWeek 2024 in San Antonio, Texas; BIC: Best-in-class; FDC: Fixed dose combination; SAD/MAD: Single/multiple ascending dose; (TE)AE: (Treatment emergent) adverse event; AE: Adverse event; Petrelintide in collaboration with Zealand Pharma (pending deal closure)

Petrelintide complementing our growing CVRM portfolio

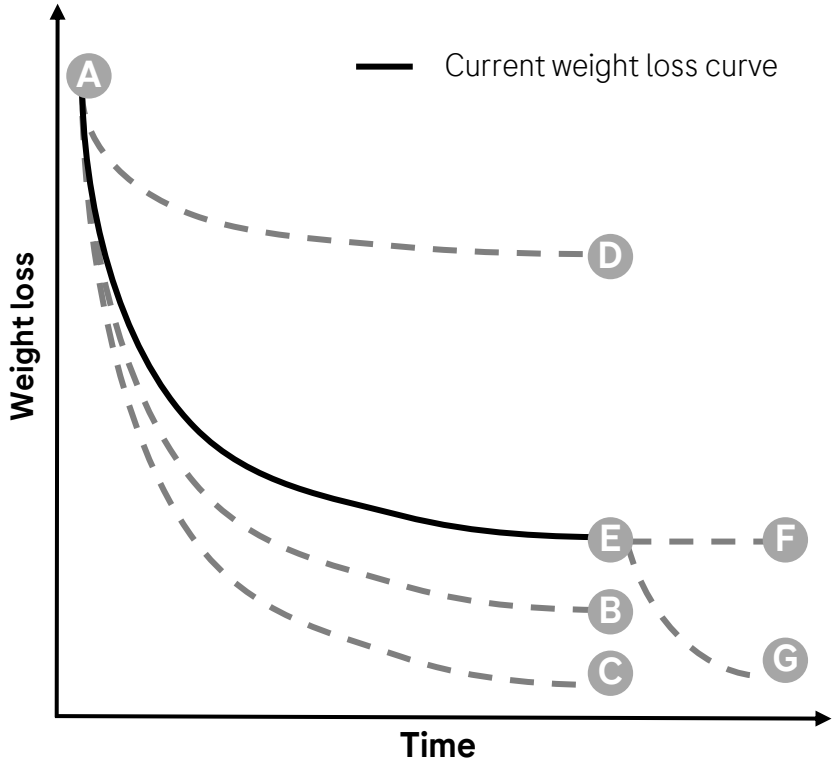
Several molecules to move ahead in 2025

Obesity/Diabetes portfolio

		Ph I	Ph II
1	CT-388	**103/104** (Obesity +/- T2D)	
2	CT-868	**004** (T1D w. OW/OB as adjunct treatment)	
3	CT-996	**201** (Obesity +/- T2D)	
4	CT-173 (PYY analogue)	Obesity	
5	GYM 329	Obesity	
6	Petrelintide	**ZUPREME-1/2** (Obesity +/- T2D)	
7	CT-388 + petrelintide	Obesity +/- T2D	

- CT-388 Ph II final data in early 2026
- CT-388+ petre Ph II to initiate in early 2026
- CT-868 Ph II data expected in 2025
- CT-996 Ph II to initiate in 2025
- CT-173 Ph I in obesity to initiate in 2025
- GYM 329 Ph II combo to initiate in 2025

Roche obesity portfolio: Potential to address unmet needs*



	Unmet need	Roche asset
A	Improved tolerability and/or simple up-titration	1 6
B	Better quality weight loss (muscle preservation)	5 6
C	Deeper weight loss (esp. in patients with higher BMI)	1 7
D	Non/inadequate responders	4 6
E	Improved convenience (orals) (equivalent efficacy to SC)	3
F	Weight maintenance	3 4 6
G	Further weight loss once incretins achieve “plateau”	4 7

*Illustration of the potential for individual Roche assets to address unmet needs in obesity; T1D/T2D: Type 1/2 diabetes; OW: Overweight; OB: Obese; FPI: First patient in; PYY: Peptide YY; BMI: Body mass index; SC: Subcutaneous; Petrelintide in collaboration with Zealand Pharma (pending deal closure)

2025: Significant key newsflow ahead*

	Compound	Indication	Milestone	
Regulatory	**Itovebi + palbociclib + fulvestrant**	1L *PIK3CA*-mut HR+ BC	EU approval	
	Columvi + GemOx	2L+ DLBCL	US/EU approval	✔ *(EU approval)*
	Lunsumio SC	3L+ FL	US approval/EU filing	✔ *(EU filing)*
	Elevidys	DMD	EU approval	
	Gazyva	Lupus nephritis	US/EU filing; US approval	✔ *(US/EU filing)*
	Susvimo	DME	US approval	✔
	Susvimo	nAMD	EU filing	
Clinical results	**giredestrant + palbociclib**	1L ER+/HER2- mBC	Ph III persevERA	
	giredestrant + everolimus	post CDKi ER+/HER2- mBC	Ph III evERA	
	Lunsumio + Polivy	2L+ DLBCL	Ph III SUNMO	✔
	Lunsumio + lenalidomide	2L+ FL	Ph III CELESTIMO	
	Venclexta + azacitidine	1L MDS	Ph III VERONA	
	PiaSky	aHUS	Ph III COMMUTE-a	
	Ocrevus HD	RMS/PPMS	Ph III MUSETTE/GAVOTTE	✘ *(MUSETTE)*
	fenebrutinib	RMS	Ph III FENhance 1/2	
	fenebrutinib	PPMS	Ph III FENtrepid	
	astegolimab	COPD	Ph II/III ALIENTO/ARNASA	
	Gazyva	SLE	Ph III ALLEGORY	
	vamikibart	UME	Ph III SANDCAT/MEERKAT	
	NXT007	Hemophilia A	Ph II	✔ *(Moving to Ph III)*
	trontinemab	AD	Ph I/II Brainshuttle™ AD	✔ *(Moving to Ph III)*
	Evrysdi + GYM 329	SMA	Ph II MANATEE	
	GYM 329	FSHD	Ph II MANOEUVRE	
	zilebesiran	Hypertension	Ph II KARDIA-3	
	CT-868 (QD SC)	T1D with Obesity	Ph II	
	CT-996 (QD oral)	Obesity with T2D	Ph I (*Arm 3*)	

*Outcome studies are event-driven: timelines may change

Additional 2025 newsflow:

- **TNKase** US approval in acute ischemic stroke

Diagnostics Division

Matt Sause
CEO Roche Diagnostics

Q1 2025: Diagnostics sales

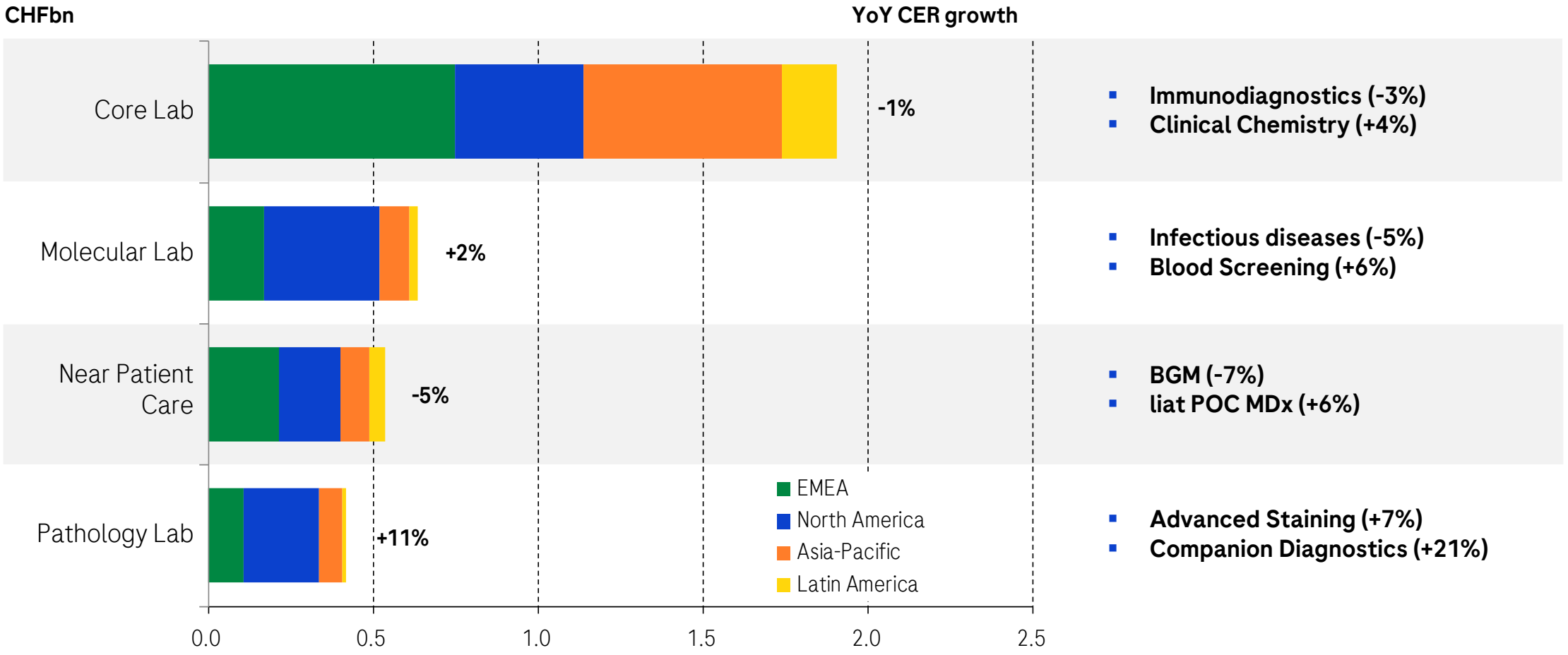
Diagnostics Division stable due to healthcare pricing reforms in China

	Q1 2025 CHFm	Q1 2024 CHFm	Change in % CHF	Change in % CER
Diagnostics Division	**3,491**	**3,478**	**0**	**0**
Core Lab	1,904	1,926	-1	-1
Molecular Lab	634	611	4	2
Near Patient Care	536	569	-6	-5
Pathology Lab	417	372	12	11

CER: Constant exchange rates (avg. full year 2024)

Q1 2025: Diagnostics highlights

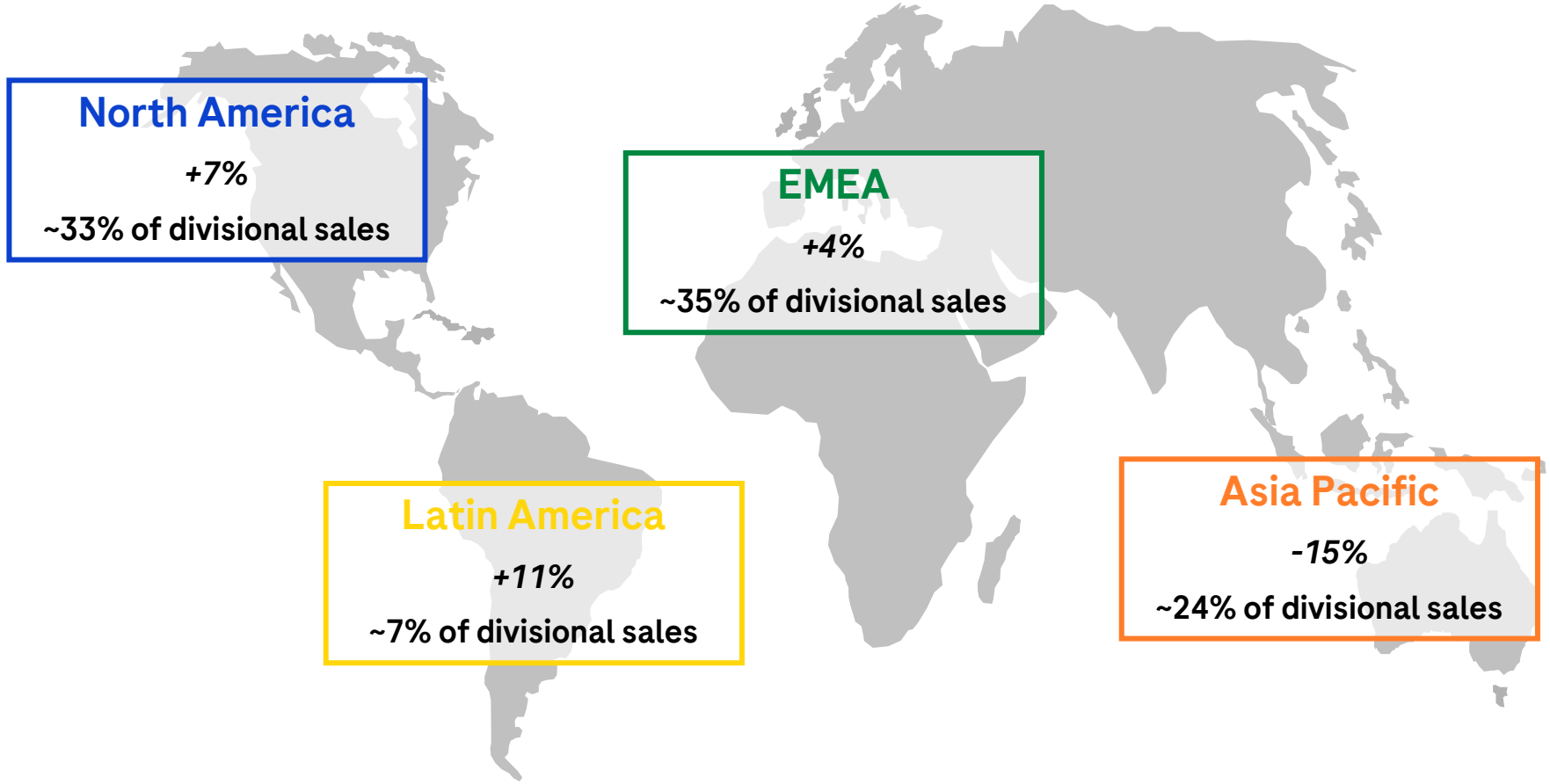
Diagnostics Division stable due to healthcare pricing reforms in China



BGM: Blood glucose monitoring; CER: Constant exchange rates (avg. full year 2024); EMEA: Europe, Middle East and Africa; POC: Point of care; MDx: Molecular diagnostics

Q1 2025: Diagnostics regional sales

Strong growth in North America, EMEA and Latin America



EMEA: Europe, Middle East and Africa; Growth rates at constant exchange rates (avg. full year 2024)

Instrument placements

Continued strong growth of instrument placements in 2024

Non-exhaustive

Core Lab

+65%
cobas® pro and pure analytical units

Molecular Lab

+22%
cobas® 5800/6800/8800 analytical units

Pathology Lab

+10%
BenchMark ULTRA/ULTRAPLUS

+36%
DP200/600

+4%
HE 600

Near Patient Care

+7%
cobas® liat

+12% Pre-analytical and connectivity systems

+16% navify® Laboratory Operations

1. Growth rates for selected systems from full year 2023 to full year 2024; navify Laboratory Operations excludes legacy middleware software previously reported in Q1 2024

cobas® Mass Spec solution

The first fully automated IVD solution will revolutionize the Mass Spec segment of the clinical lab

Key milestones

- Achieved CE launch for system and steroid 1 assays in December 2024 and for Vitamin D assays in February 2025
- Secured several key installations; expecting a strong pace of installations through 2025
- Initial sites reported fast installation and performance meeting specifications
- On track for CE launch of >40 wave 1 assays covering the majority of routine testing by the end of 2025

Customer testimonials

*"This represents one of the **most significant innovations** in laboratory diagnostics over the past 40 years"*

LMU Munich, Feb 2025

*"It offers a **revolutionary technology** that enables mass spectrometry even for technicians without chromatographic expertise"*

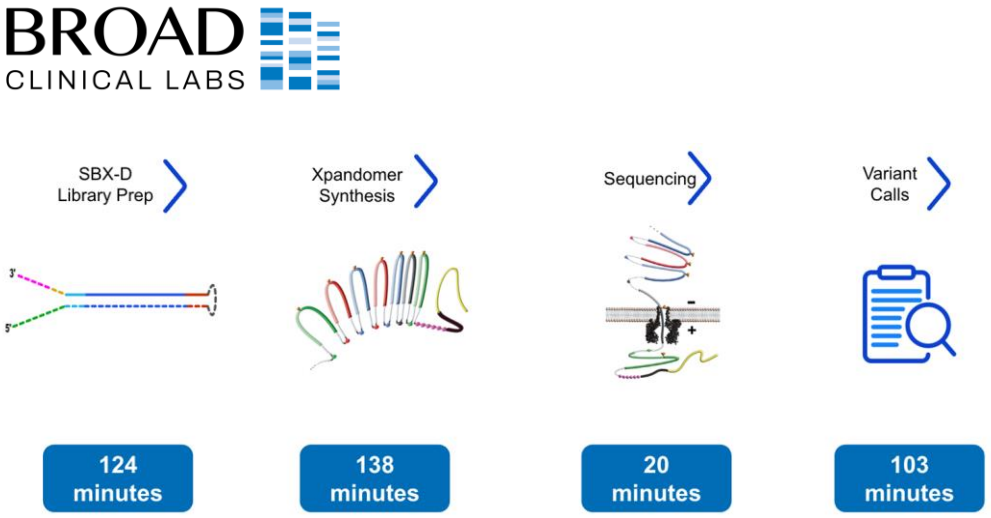
LSI Medience Tokyo[1], Dec 2024

1. Part of the multicenter evaluation sites and program; IVD: In vitro diagnostics

Roche Sequencing solution

Customer data demonstrates potential of SBX technology ahead of the 2026 commercial launch

Early evaluation example: WGS in under 7 hours



Market opportunity

- The NGS market is valued at USD 6.4bn (2024) and is projected to grow at +9% CAGR from 2024 to 2027[1]
- Strong growth in the clinical segment (+14%), driven by Tx selection and MRD in oncology, and in the biopharma segment (+7%)[1]

SBX differentiation

- High speed: Library preparation through VCF in <7 hours for SBX-Fast workflow
- High accuracy when needed: Q39 average and F1 score of 99.8% (SNV) and 99.5% (InDel)
- Flexible operation to suit sample and application needs

1. DeciBio Report (December 2024); Note: Exemplary workflow refers to a time trial for a single sample performed at Broad Clinical Labs; CAGR: Compound annual growth rate; InDel: Insertions and deletions; MRD: Minimal residual disease; NGS: Next generation sequencing: SBX: Sequencing by expansion; SNV: Single nucleotide variations; Tx: Treatment; VCF: Variant call format; WGS: Whole genome sequencing; Roche Sequencing solution is in development

cobas® liat CT/NG

First FDA cleared/CLIA waived molecular point of care diagnostic for CT/NG

cobas® liat assay menu

- **cobas® liat** CT/NG and CT/NG/MG
- **cobas® liat** SARS-CoV-2, Influenza A/B, RSV (FDA EUA)
- **cobas® liat** C. Diff
- **cobas® liat** SARS-CoV-2
- **cobas® liat** SARS-CoV-2 & Influenza A/B
- **cobas® liat** Influenza A/B & RSV
- **cobas® liat** Strep A

Market opportunity

- The molecular STI market is valued at CHF 1bn (2023) and is projected to grow at +10% CAGR from 2023 to 2028[1]
- Chlamydia and gonorrhea affect >200m people / year worldwide[2]

Differentiation

- Offer the only CLIA waived 20-min assay for CT and NG detection
- Expand menu of lab-equivalent point of care PCR solutions
- Leverage installed base of >13,500 analyzers to drive access

1. Roche internal company research and market models; 2. WHO. Sexually transmitted infections (STIs) (updated 21 May 2024; cited 08 Oct 2024); CAGR: Compound annual growth rate; CT: Chlamydia trachomatis; MG: Mycoplasma genitalium; NG: Neisseria gonorrhoeae; PCR: Polymerase chain reaction; RSV: Respiratory syncytial virus

Diagnostics key launches 2025

	Area	Product	Description	Market	Status
Tests	Core Lab	Elecsys® pTau 181	Non-invasive blood-based biomarker to enable earlier detection and rule out amyloid pathology	CE	
		Elecsys® Troponin-T hs Generation 6	High-sensitive test with greater precision at lower measurement ranges, enabling HCPs to confidently diagnose acute myocardial infarction	CE	
		Elecsys® Pro-C3 ADAPT	Solution to identify the severity of liver fibrosis in patients with MASLD/MASH	CE	
		cobas® i601 Mass Spectrometry wave 1 ipacks	Broad and comprehensive assay menu on the cobas i 601 mass spectrometry system (immunosuppressants, vitamin D, antiepileptics 1 and 2, therapeutic drug monitoring, antibiotics 1 and 2, steroids 2)	CE	
		Elecsys® Pepsinogen 1 and 2	Tests to identify individuals with advanced atrophic gastritis who are at increased risk for gastric cancer	CN	
		Elecsys® Dengue Ag	Test to aid in the diagnosis of early infection with any serotype of the dengue virus, enabling HCPs to implement appropriate patient management	CE	
		Elecsys® anti-AAVrh74	Test to enable selection of duchenne muscular dystrophy patients eligible to be treated with Elevidys	CE	
	Molecular Lab	cobas® BV/CV	Efficient and accurate molecular test to aid in the diagnosis of Bacterial Vaginosis (BV) and/or Candida Vaginitis (CV)	CE	
	Near Patient Care	cobas® liat lesion panel EUA	Rapid test to enable accurate detection and differential diagnosis of patients presenting with cutaneous and mucocutaneous lesions/ulcers to enable timely treatment and management. Supporting mpox health emergency	US EUA	
		cobas® liat CT/NG	Rapid test for the differential diagnosis of Chlamydia Trachomatis (CT) and Neisseria Gonorrhoeae (NG)	US	✓
	Pathology Lab	VENTANA PTEN (SP218) RxDx	CDx IHC test intended for the assessment of PTEN protein loss in formalin-fixed paraffin-embedded prostate tissue to identity patients who may be eligible for treatment	US	
Digital solutions	Pathology Lab	navify® Digital Pathology 3.0	Major update to the Roche Digital Pathology image management system with fully redesigned user experience and enhanced interoperability with third-party scanners	CE	
	Healthcare Insights	Chest Pain Triage algorithm	Algorithm to triage chest pain patients in the emergency department	CE	✓
		Kidney Klinrisk algorithm	Algorithm to assess the likelihood of reaching end-stage renal disease	CE	

✓ On-market

AAVrh74: Adeno associated virus rhesus monkey 74; Ag: Antigen; CDx: Companion diagnostic; EUA: Emergency use authorization in US only; HCP: Healthcare practitioner; ICH: Immunohistochemistry; MASLD/MASH: Metabolic dysfunction-assoaciated liver disease/metabolic dysfunction-associated steatohepatitis; PTEN: Phostphatase and tensin homolog

Invitation to Roche Diagnostics Day 2025

Roche Sequencing solution

Roche Diagnostics Day on May 27

London / hybrid event

14:00 - 16:45 CEST / 13:00 - 15:45 BST
08:00 - 10:45 am EDT / 05:00 - 07:45 am PDT

Highlights:

- Deep-dive into the product portfolio and pipeline
- Roche SBX Sequencing solution updates and applications

Presenters include:

- **Matt Sause**, CEO Roche Diagnostics
- **Palani Kumaresan**, Head of RDS
- **Moritz Hartmann**, Head of RIS
- **Josh Lauer**, Head of Molecular Lab
- **Ildikó Amann-Zalán**, Head of Research and Development RDS
- **Jill German**, Head of Pathology Lab
- **Benjamin Lilienfeld**, LCL SWA Systems
- **Olivier Gillieron**, LCL Cardiometabolic and Neurology

LCL: Lifecycle leader; RDS: Roche diagnostics solutions; RIS: Roche information solutions; SWA: Serum work area

IR events currently planned for 2025

Additional events driven by readouts

Immunology/WCN 7 Feb *16:30-17:30 CET* *Virtual event*	Update on NGS 20 Feb *20:30-21:30 CET* *Virtual event*	Neurology Update 4 Apr *16:00-17:30 CEST* *Virtual event*	Diagnostics Day 27 May *14:00-16:45 CEST* *London & virtual*	Hematology Update 23 June *19:00-20:15 CEST* *Virtual event*	Pharma Day 22 Sep *tbd* *London & virtual*
▪ Update on immunology kidney portfolio ✓ ▪ Focus on data presented at World Congress of Nephrology: Gazyva (REGENCY) in lupus nephritis	▪ Update on Sequencing by Expansion (SBX) technology ✓	▪ Neurology franchise update ✓ ▪ Focus on data presented at MDA: Elevidys (EMBARK) 2-year data in DMD ▪ Focus on data presented at ADPD: prasinezumab (PADOVA) in PD and trontinemab (BrainshuttleTM AD) in AD	▪ Deep-dive into the product portfolio and pipeline ▪ Roche SBX Sequencing solution updates and applications	▪ Hematology franchise update ▪ Focus on key malignant hematology data from ASCO, EHA and ICML ▪ Focus on key benign hematology data from ISTH	▪ Update on Pharma strategy and business performance ▪ Deep-dive into the current product portfolio ▪ Building blocks for future growth: Late stage portfolio update ▪ Update on R&D excellence

LN:lupus nephritis; NGS:Next Generation Sequencing; MDA:Muscular Dystrophy Association; DMD:Duchenne muscular dystrophy; ADPD:Alzheimer's disease and Parkinson's disease Conference; PD:Parkinson's disease; AD:Alzheimer's disease

Doing now what patients need next

Changes to the development pipeline

Q1 2025 update

New to phase I

2 NMEs:
RG6662 HTT miRNA GT (SPK-10001) – Huntington's disease
CHU MINT91 - solid tumors

1 AI:
RG6631 afimkibart (anti-TL1A) - MASH

New to phase II

2 NMEs:
RG6351 anti-Tie2 agonist - retinal disease
RG6287 NME - immunology

2 AIs:
RG6631 afimkibart (anti-TL1A) – atopic dermatitis
RG6168 Enspryng - DMD

New to phase III

2 AIs:
RG6631 afimkibart (anti-TL1A) - Crohn's disease
RG6114 Itovebi + CDK4/6i + letrozole - 1L ES PIK3CA-mut. HR+ HER2- advanced BC

New to registration

Removed from phase I

2 NMEs:
RG6315 NME - fibrosis
RGXXXX P-MUC1C-ALLO1 - solid tumors

Removed from phase II

Removed from phase III

1 AI:
RG6058 tiragolumab + T - locally advanced esophageal cancer

Approvals

2 AIs (US):
RG6321 Susvimo – DME
RG3625 TNKase – stroke

1 AI (EU):
RG6026 Columvi + chemo - 2L+ DLBCL

Status as of April 24, 2025

Roche Group development pipeline

Phase I (44 NMEs + 8 AIs)

RG6026	Columvi monotherapy + combos	heme tumors
RG6076	englumafusp alfa combos	heme tumors
RG6114	Itovebi	solid tumors
RG6160	cevostamab	r/r multiple myeloma
RG6171	giredestrant monotherapy + combos	solid tumors
RG6221	LTBR agonist	solid tumors
RG6279	eciskafusp alfa ± T	solid tumors
RG6330	divarasib monotherapy + combos	solid tumors
RG6344	mosperafenib (BRAF inhibitor (3))	solid tumors
RG6411	-	solid tumors
RG6440	anti-latent TGF-β1 (SOF10)	solid tumors
RG6457	WRN covalent inhibitor	solid tumors
RG6468	-	solid tumors
RG6537	AR degrader	mCRPC
RG6538[1]	P-BCMA-ALLO1	r/r multiple myeloma
RG6540[1]	P-CD19 x CD20 - ALLO1	heme tumors
RG6561	-	solid tumors
RG6596[2]	HER2 TKI	HER2+ BC
RG6614	USP1 inhibitor	solid tumors
RG6620	KRAS G12D inhibitor	solid tumors
RG6648[3]	cMET ADC	solid tumors
RG7828	Lunsumio monotherapy + combos	heme tumors
RG6794	CDK4/2i	(HR+) breast cancer
RG6810[4]	DLL3 ADC	SCLC
CHU	DLL3 trispecific	solid tumors
CHU	codrituzumab	HCC
CHU	MINT91	solid tumors
CHU	CD137 switch	solid tumors
CHU	paluratide (RAS inhibitor)	solid tumors
CHU	anti-CLDN6 trispecific	CLDN6+ solid tumors
CHU	anti-CTLA-4 switch antibody	solid tumors
RG6382	CD19 x CD3	SLE
RG6377	-	IBD
RG6418*	selnoflast	inflammation
RG6421	TMEM16A potentiator	Muco-obstructive respiratory disease
RG6631	afimkibart (anti-TL1A)	MASH
RG7828	Lunsumio	SLE
CHU	anti-HLA-DQ2.5 x gluten peptides	celiac disease
CHU	anti-C1s recycling antibody	immunology
RG6237	anti-latent myostatin (GYM 329)	obesity
RG6652	GLP-1 RA (CT-996)	obesity +/- T2D
RG6035	Brainshuttle™ CD20	multiple sclerosis
RG6182	MAGL inhibitor	multiple sclerosis
RG6434	-	neurodegenerative disorders
RG6662	HTT miRNA GT (SPK-10001)	Huntington's disease
RG6120	zifibancimig	nAMD
RG6209	-	retinal disease
RG7921	-	RVO
RG6006	zosurabalpin	bacterial infections
RG6436	LepB inhibitor	complicated urinary tract infection
CHU	REVN24	acute diseases
CHU	BRY10	chronic diseases

Phase II (17 NMEs + 7 AIs)

RG6107	PiaSky	sickle cell disease
RG6171	giredestrant	endometrial cancer
RG6180	autogene cevumeran	solid tumors
RG6797	SPK-8011QQ	hemophilia A
RG6512	FIXa x FX (NXT007)	hemophilia
RG6287	-	immunology
RG6536	vixarelimab	IPF/SSc-ILD
RG6631	afimkibart (anti-TL1A)	atopic dermatitis
RG6615[5]	zilebesiran	hypertension
RG6641	GLP-1/GIP RA (CT-868)	T1D with BMI ≥ 25
RG6640	GLP-1/GIP RA (CT-388)	obesity +/- T2D
RG6042	tominersen	Huntington's
RG6102	trontinemab	Alzheimer's
RG6168	Enspryng	DMD
RG6237	anti-latent myostatin (GYM 329) + Evrysdi	SMA
	anti-latent myostatin (GYM 329)	FSHD
RG6289	nivegacetor (gamma-secretase modulator)	Alzheimer's
RG6356	Elevidys	0 to <4 year old DMD
RG7816	alogabat	Angelman syndrome
RG7935	prasinezumab	Parkinson's
RG6179	vamikibart	DME
RG6351	anti-Tie2 agonist	retinal disease
RG6501	OpRegen	geographic atrophy
CHU	anti-IL-8	endometriosis

New Molecular Entity (NME)
Additional Indication (AI)
Oncology / Hematology
Immunology
Cardiovascular, Renal & Metabolism
Neurology
Ophthalmology
Other

Status as of April 24, 2025

RG-No - Roche/Genentech; CHU - Chugai managed; [1]Poseida led studies undergoing integration into Roche portfolio; [2]Zion Pharma managed; [3]MediLink managed; [4]Innovent managed; [5]Alnylam Pharmaceuticals managed; *also developed in neurology; T: Tecentriq; RA: Receptor agonist

Roche Group development pipeline

Phase III (8 NMEs + 31 AIs)

RG3502	Kadcyla + T	HER-2+ eBC high-risk
RG6026	Columvi + Polivy + R-CHP	1L DLBCL
	Columvi	r/r MCL
RG6058	tiragolumab + T	stage III unresectable 1L NSCLC
	tiragolumab + T + Avastin	1L HCC
RG6107	PiaSky	aHUS
RG6114	Itovebi + fulvestrant	post CDKi HR+ PIK3CA-mut. BC
	Itovebi + Phesgo	1L HER2+ PIK3CA-mut. mBC
	Itovebi + CDK4/6i + letrozole	1L ES PIK3CA-mut. HR+ HER2- advanced BC
RG6171	giredestrant + everolimus	post-CDK4/6 ER+/HER2- BC
	giredestrant + palbociclib	1L ET sensitive ER+/HER2-mBC
	giredestrant	ER+ BC adj
	giredestrant + Phesgo	1L ER+/HER2+ BC
	giredestrant + CDK4/6i	1L ET resistant ER+/HER2- BC
RG6330	divarasib	2L NSCLC
RG7446	Tecentriq + platinum chemo	NSCLC periadj
	Tecentriq + BCG	NMIBC, high-risk
	Tecentriq	ctDNA+ high-risk MIBC
	Tecentriq + lurbinectedin	1L maintenance SCLC
RG7601	Venclexta + azacitidine	1L MDS
RG7828	Lunsumio + lenalidomide	2L+ FL
	Lunsumio + Polivy	2L+ DLBCL
RG6149	astegolimab	COPD
RG6299	sefaxersen (ASO factor B)	IgA nephropathy
RG6631	afimkibart (anti-TL1A)	ulcerative colitis
	afimkibart (anti-TL1A)	Crohn's disease
RG7159	Gazyva	membranous nephropathy
	Gazyva	systemic lupus erythematosus
	Gazyva	childhood onset idiopathic nephrotic syndrome*
RG1594	Ocrevus higher dose	PPMS
RG6168	Enspryng	MOG-AD
	Enspryng	autoimmune encephalitis
RG6356	Elevidys	amb. 8 to <18y & non amb. DMD
RG7845	fenebrutinib	RMS
	fenebrutinib	PPMS
RG6168	Enspryng	TED
RG6179	vamikibart	UME
RG6321	Susvimo	wAMD, 36-week
RG7716	Vabysmo	CNV

Registration US & EU (2 NME + 6 AIs)

RG6026	Columvi + chemo[1]	2L+ DLBCL
RG6114	Itovebi + palbociclib + fulv.[2]	1L HR+ PIK3CA-mut. mBC
RG7828	Lunsumio SC	3L+ FL
RG7159	Gazyva	lupus nephritis
RG6152	Xofluza[3]	influenza, pediatric (0-1 year)
RG6152	Xofluza[4]	influenza direct transmission
RG6356	Elevidys[2;5]	DMD
RG6321	Susvimo[4]	DR

T:Tecentriq
*also known as pediatric nephrotic syndrome (PNS)
[1]Approved in EU, filed in US
[2]Approved in US, filed in EU
[3]Filed in EU
[4]Filed in US
[5]US rights with Sarepta

New Molecular Entity (NME)
Additional Indication (AI)
Oncology / Hematology
Immunology
Cardiovascular, Renal & Metabolism
Neurology
Ophthalmology
Other

Status as of April 24, 2025

Expected regulatory submissions*

New Molecular Entities: Lead and additional indications

New Molecular Entity (NME)
Additional Indication (AI)
Oncology / Hematology
Immunology
Cardiovascular, Renal & Metabolism
Neurology
Ophthalmology
Other

*Filing timelines reflect the anticipated filing of a potential indication; projects shown are in phase II and phase III
✓ Indicates submission to health authorities has occurred
Unless stated otherwise submissions are planned to occur in US and EU
T:Tecentriq, RA:Receptor agonist
[1]Alnylam Pharmaceuticals managed

2025

RG6058	**tiragolumab + T** Stage III unresectable 1L NSCLC
RG6171	**giredestrant + everolimus** post-CDK4/6 ER+/HER2- BC
RG6149	**astegolimab** COPD
RG6321	**Susvimo** wAMD (EU)

2026

RG6058	**tiragolumab+T+ Avastin** 1L HCC
RG6114	**Itovebi + fulvestrant** post CDKi HR+ PIK3CA-mut. BC
RG6171	**giredestrant + palbociclib** 1L ET sensitive ER+/HER2- mBC
RG7845	**fenebrutinib** RMS &PPMS
RG6179	**vamikibart** UME
RG6321	**Susvimo** DME (EU)

2027

RG6114	**Itovebi + Phesgo** 1L HER2+ PIK3CA-mut. mBC
RG6171	**giredestrant** ER+ BC adj
RG6171	**giredestrant + Phesgo** 1L ER+/HER2+ BC
RG6171	**giredestrant** endometrial cancer
RG6171	**giredestrant + CDK4/6i** 1L ET resistant ER+/HER2- BC
RG6330	**divarasib** 2L NSCLC
RG6299	**sefaxersen (ASO factor B)** IgA nephropathy
RG6631	**afimkibart (anti-TL1A)** ulcerative colitis
RG6356	**Elevidys** 0 to <4 year old DMD
RG6356	**Elevidys** amb. 8 to <18y & non amb. DMD
RG6179	**vamikibart** DME
RG6321	**Susvimo** wAMD, 36-week refill

2028 and beyond

RG6114	**Itovebi + CDK4/6i + letrozole** 1L ES PIK3CA-mut. HR+ HER2- advanced BC
RG6180	**autogene cevumeran** solid tumors
RG6512	**FIXa x FX (NXT007)** hemophilia
RG6287	**NME** immunology
RG6536	**vixarelimab** IPF & SSc-ILD
RG6631	**afimkibart (anti-TL1A)** Crohn's disease
RG6631	**afimkibart (anti-TL1A)** atopic dermatitis
RG6042	**tominersen** Huntington's
RG6102	**trontinemab** Alzheimer's
RG6237	**anti-latent myostatin (GYM 329) + Evrysdi** SMA
RG6237	**anti-latent myostatin (GYM 329)** FSHD
RG7935	**prasinezumab** Parkinson's
RG7816	**alogabat** ASD
RG6501	**OpRegen** geographic atrophy
RG6351	**anti-Tie2 agonist** retinal disease
RG6615[1]	**zilebesiran** hypertension
RG6640	**GLP-1/GIP RA (CT-388)** obesity +/- T2D
RG6641	**GLP-1/GIP RA (CT-868)** T1D with BMI ≥ 25

Status as of April 24, 2025

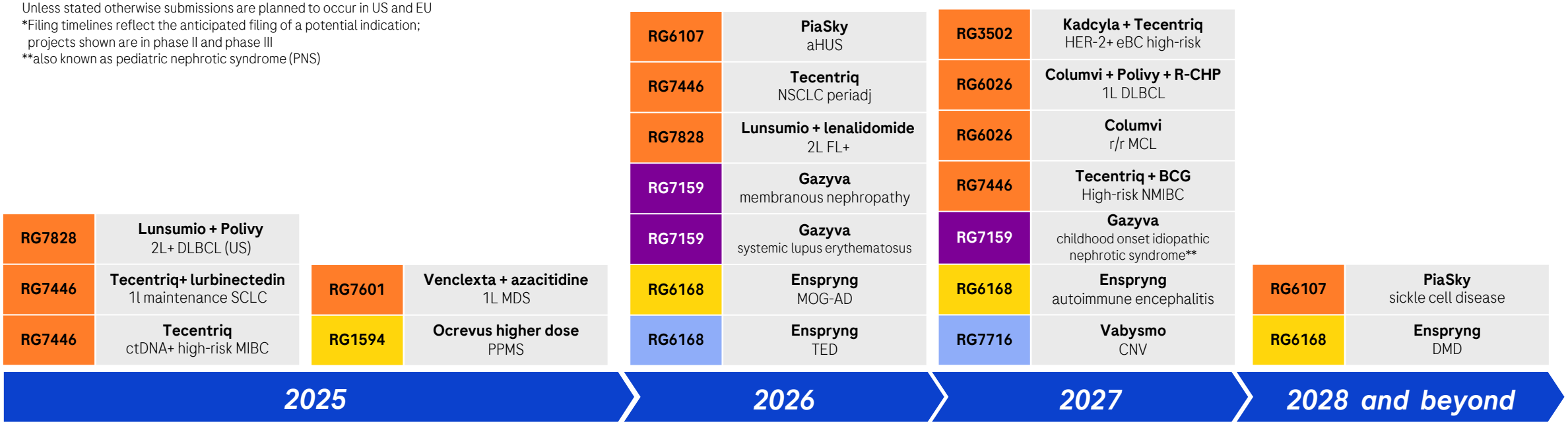
Expected regulatory submissions*

Marketed products: Additional indications

New Molecular Entity (NME)
Additional Indication (AI)
Oncology / Hematology
Immunology

Cardiovascular, Renal & Metabolism
Neurology
Ophthalmology
Other

✓ Indicates submission to health authorities has occurred
Unless stated otherwise submissions are planned to occur in US and EU
*Filing timelines reflect the anticipated filing of a potential indication; projects shown are in phase II and phase III
**also known as pediatric nephrotic syndrome (PNS)



Status as of April 24, 2025

Major pending approvals 2025

US		EU		China		Japan-Chugai	
RG6321	**Susvimo** DR (US) Filed April 2024	RG6114	**Itovebi + palbociclib + fulvestrant** 1L HR+ PIK3CA-mut. mBC Filed April 2024	RG6026	**Columvi + chemo** 2L DLBCL Filed August 2024	RG6356	**Elevidys** DMD Filed August 2024
RG6026	**Columvi + chemo** 2L DLBCL Filed Sept 2024	RG6356	**Elevidys** DMD (EU) Filed May 2024			RG7716	**Vabysmo** Angioid streaks Filed Sept 2024
RG6152	**Xofluza** influenza direct transmission Filed Nov 2024	RG6152	**Xofluza** influenza, pediatric (0-1 year) Filed June 2024			RG7446	**Tecentriq** ENKL Filed Oct 2024
RG7828	**Lunsumio SC** 3L+FL Filed Nov 2024	RG7828	**Lunsumio SC** 3L+FL Filed Nov 2024			RG99	**CellCept** refractory nephrotic syndrome Filed March 2025
RG7159	**Gazyva** lupus nephritis Filed Dec 2024	RG7159	**Gazyva** lupus nephritis Filed Jan 2025				

ENKL : extranodal natural killer/T-cell lymphoma, nasal type

New Molecular Entity (NME)
Additional Indication (AI)
Oncology / Hematology
Immunology
Cardiovascular, Renal & Metabolism
Neurology
Ophthalmology
Other

Status as of April 24, 2025

Major granted approvals 2025

US		EU		China		Japan-Chugai	
RG3625	**TNKase** stroke **Feb 2025**	**RG6026**	**Columvi + chemo** 2L DLBCL April 2024	**RG7828**	**Lunsumio** 3L+ FL Dec 2024	**RG7446**	**Tecentriq** Alveolar Soft Part Sarcoma Feb 2025
RG6321	**Susvimo** DME (US) Feb 2025			**RG6114**	**Itovebi + palbociclib + fulvestrant** 1L HR+ PIK3CA-mut. mBC March 2025		
				RG1594	**Ocrevus** RMS & PPMS March 2025		

New Molecular Entity (NME)
Additional Indication (AI)
Oncology / Hematology
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Status as of April 24, 2025

Doing now what patients need next