Novartis Investor Relations

New Novartis: Pure-Play Innovative Medicines Company

Vas Narasimhan, CEO

J.P. Morgan Healthcare Conference

January 9, 2023

NOVARTIS | Reimagining Medicine

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Implementation of the proposed separation of Sandoz by way of a 100% spin-off is subject to certain conditions, including Novartis shareholder approval and applicable Novartis Euroforum and local employee information and/or consultation.

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Our vision

To become the most valued and trusted medicines company in the world

New Novartis: Our focused strategy

Focusing on high-value innovative medicines that alleviate society's greatest disease burdens through technology leadership in R&D and novel access approaches

Our focus

5 core Therapeutic Areas[1]

Cardiovascular, Immunology, Neuroscience, Solid Tumors, Hematology

2 + 3 technology platforms

Chemistry, Biotherapeutics

xRNA, Radioligand, Gene & Cell Therapy

4 priority geographies

US, China, Germany, Japan

Our priorities

Accelerate growth

Deliver **high-value medicines** (including launch excellence)

Deliver returns

Embed **operational excellence**

Strengthen foundations

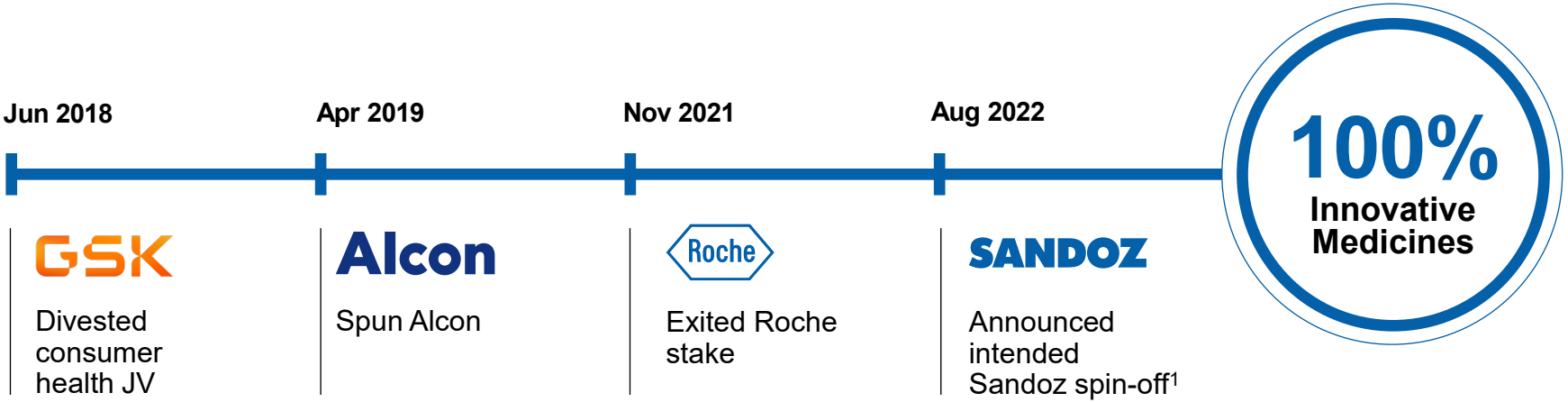
Unleash the power of our **people**

Scale **data science and technology**

Build trust with **society**

1. Other TAs opportunistically.

Novartis has transformed to become a pure-play Innovative Medicines company...



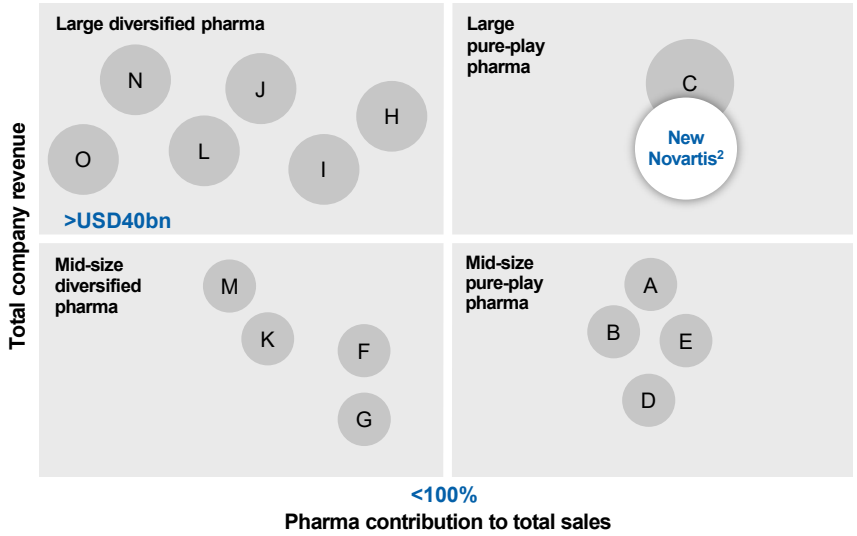
1. Spin-off completion planned for H2 2023, subject to Novartis AG Board of Directors and shareholder approval.

... and is now uniquely positioned to leverage our scale, strengths and expertise

Company size (total revenue) vs pharma contribution[1]

vs. key competitors (2021 revenue)

Illustrative



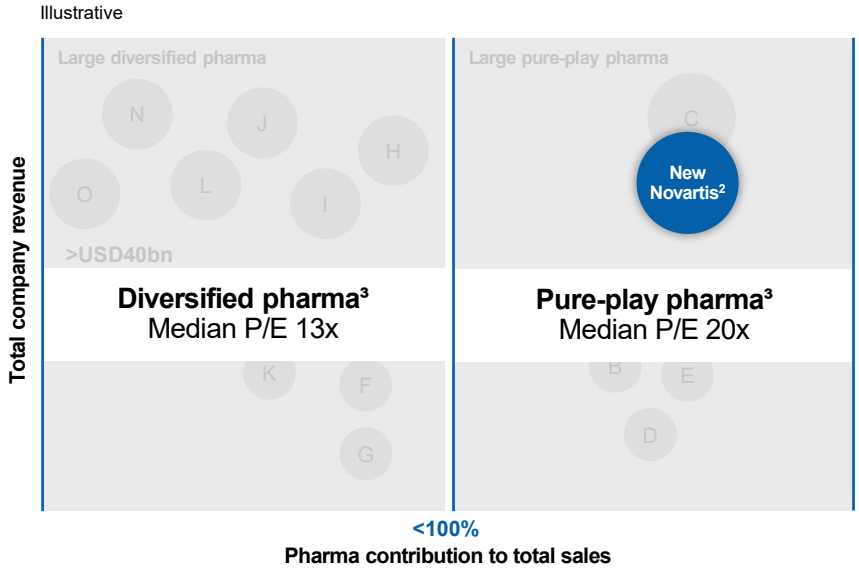
Simplified organizational model allowing for greater focus, leveraging scale and expertise

- ☑ Focused leaner organization with simpler, faster and more flexible decision-making
- ☑ Clear strategy
- ☑ Strong pipeline management with joint objectives, focusing on asset progression and value
- ☑ Agile resource allocation
- ☑ Higher margins

1. Company filings and FactSet. 2. Excluding Sandoz.

Company size (total revenue) vs pharma contribution[1]

vs. key competitors (2021 revenue)



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1. Company filings and FactSet. 2. Excluding Sandoz. 3. Median P/E (Bloomberg, current year).

Focused on 5 core Therapeutic Areas with the largest growth potential and existing Novartis assets/expertise

Select examples

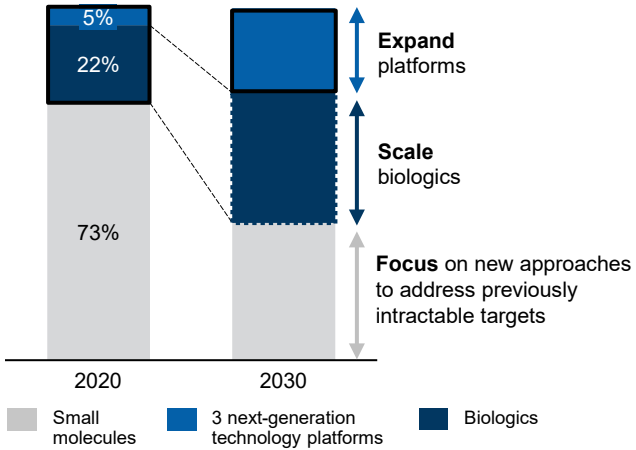
	Cardiovascular	Immunology	Neuroscience	Solid Tumors	Hematology
Disease areas (selected)	▪ Heart failure & hypertension ▪ Atherosclerosis	▪ Psoriasis ▪ Psoriatic arthritis ▪ Spondylitis/Spondylarthritis ▪ Hidradenitis suppurativa ▪ CSU ▪ Sjögren's / SLE / LN	▪ Multiple sclerosis ▪ Spinal muscular atrophy ▪ Neurodegeneration, including Parkinson's, ALS	▪ Breast and Women's cancer ▪ Prostate cancer ▪ Lung cancer	▪ Non-Hodgkin's Lymphoma ▪ Non-malignant hematological - Immune thrombocytopenia ▪ Acute myeloid leukemia / Myelodysplastic syndrome
Commercial assets	Entresto (sacubitril/valsartan) LEQVIO	Cosentyx (secukinumab) ILARIS (canakinumab)	Kesimpta (ofatumumab) zolgensma MAYZENT (siponimod) tablets Aimovig* (erenumab) GILENYA (fingolimod)	KISQALI (ribociclib) PLUVICTO Tafinlar (dabrafenib) + Mekinist (trametinib) PIQRAY (alpelisib) tablets	KYMRIAH (tisagenlecleucel) SCEMBLIX (asciminib) PROMACTA (eltrombopag) JAKAVI (ruxolitinib)
Pipeline assets and opportunities	**Iptacopan (LNP023)** C3G, IgAN	**Cosentyx** Multiple indications	**Remibrutinib (LOU064)** MS	**Kisqali** Adjuvant HR+/HER2- BC	**Iptacopan (LNP023)** PNH, aHUS
	Pelacarsen (TQJ230) CVRR-Lp(a)	**Remibrutinib (LOU064)** CSU	**OAV101** SMA IT	**JDQ433** NSCLC	**Ianalumab (VAY736)** Multiple indications
	Leqvio CVRR-LDLC	**Ianalumab (VAY736)** Sjögren's, SLE, LN	**DLX313** Parkinson's	**NIS793** 1L mPDAC / 1L mCRC	**YTB323** Non-Hodgkin's Lymphoma
	XXB750 HFpEF, rHT	**Ligelizumab (QGE031)** Food Allergy		**Pluvicto** Prostate cancer	
Q3 Sales annualized $[1]	**4.7bn**	**7.5bn**	**5.0bn**	**5.0bn**	**6.5bn**

1. Q3 Sales annualized for entire therapeutic area. * Aimovig is commercialized by Novartis ex-US/Japan. TA-x (incl. Ophtha, Resp and other assets) not included in the above list. Pelacarsen is licensed from Ionis Pharmaceuticals, Inc.

Increasing shift towards biologics and advanced technology platforms

Shift towards biologics and advanced technology platforms

Proportion % of IM sales by platform
Outlook illustrative



Leadership across 3 next-generation technology platforms

	Gene & Cell therapy		RLT	xRNA[1]
	Gene	Cell		
Existing commercial assets	zolgensma, LUXTURNA	KYMRIAH	LUTATHERA, PLUVICTO	LEQVIO
Key focus	Novel cargos, targeting & switchable expression	Next generation of CAR-Ts & manufacturing efficiency	Additional solid tumors	Build up siRNA capabilities & explore new approaches in RNA
# of projects[2]	**18**	**13**	**8**	**13**
Expected next filing	**2025**	**2027+**	**2023**	**2025**

1. xRNA includes RNA targeting LMWs, ASOs, siRNA, mRNA cancer vaccines. 2. Exploratory to Ph1/2 (December 2022).

Building the industry-leading RLT platform

Robust manufacturing delivering safety and quality

4 manufacturing facilities (2 US, 2 EU)

"Just-in-time" production/delivery

On track for additional non-carrier added isotope production

Advancing pipeline

Selected compound (indication)	Phase 1 | Phase 2 | Phase 3
Lutathera (1L GEP-NET)	
Lutathera (Pediatrics + PPGL)[1]	
Lutathera (GBM)[2]	
Lutathera (ES-SCLC)[2]	
Pluvicto (mHSPC)	
Pluvicto (mCRPC)	
225Ac-PSMA-617 (PCa+bone metastases)	
NeoB (multi tumor)	

Strong commercial execution

>500 centers

>16,000 patients treated

Proof of platform in different tumors

NET and prostate

Potential opportunities in other tumors e.g. glioblastoma, lung cancer, breast cancer

1. PPGL, is an exploratory cohort of NETTER-P. 2. Phase 1/2.

Increasing focus on the US and other major markets, while maintaining strong global footprint

Top 4 biopharma markets

USA

Share of the total world market by 2021 global invoice spending[1] (%)

41%

2021 ranking	2027 Ambition ranking
#10	#5

Germany

Share of the total world market by 2021 global invoice spending[1] (%)

5%

2021 ranking	2027 Ambition ranking
#1	#1

China

Share of the total world market by 2021 global invoice spending[1] (%)

12%

2021 ranking[2]	2027 Ambition ranking
#5	#3

Japan

Share of the total world market by 2021 global invoice spending[1] (%)

6%

2021 ranking[2]	2027 Ambition ranking
#4	#3

Achieving US leadership

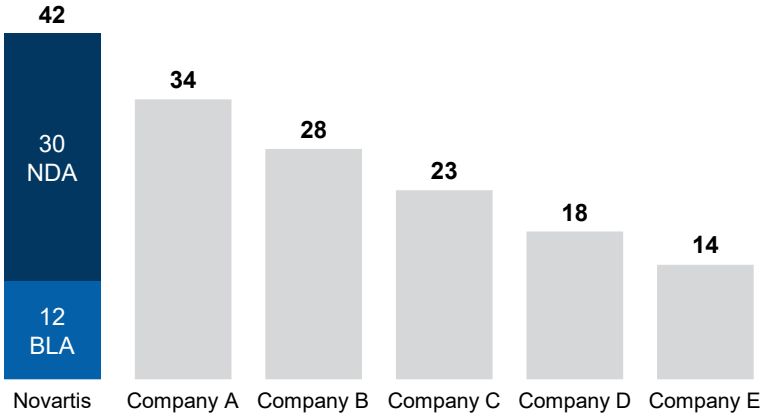
1. "US first" mindset for all functions/units
2. Focus on capability building and talent
3. Increase of US-patient share in trials
4. Representation in all governance bodies
5. US TPPs prioritized
6. Reporting directly into Executive Committee

Source: IQVIA Market Prognosis report (January 2022). 1. Amount spent purchasing medicines from manufacturers before off-invoice discounts and rebates. This includes branded, generics, biosimilars, OTCs & other (incl. vaccines but excluding COVID-19 vaccines) in both pharmacies and hospital settings. 2. Rank among pharmaceutical multinational companies.

Refining our proven development engine with greater focus on asset value and improving R&D productivity

Proven development engine

Total NME approvals by company (1999-2021)[1]



☑ Industry leader across First-in-Class approved NMEs[2]

Improving R&D productivity

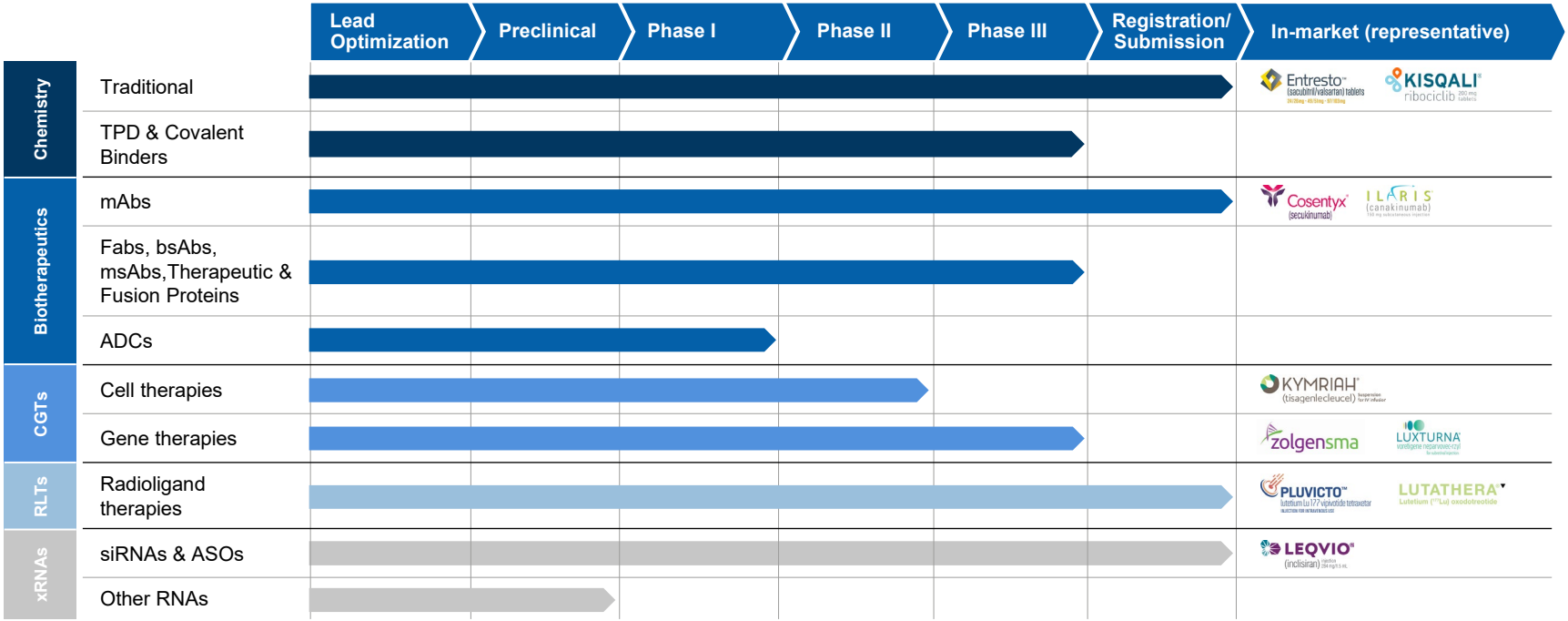
1. Clear TA strategy with disease area prioritization
2. Early assets with integrated development plans, until submission
3. Ongoing tracking and evaluation of asset progression/value
4. End-to-end governance with clear processes and ownership

Expected outcomes

- ☑ Improved overall success rate (discovery to approval)
- Cycle time reduction
- Increased asset value

1. US FDA NME approvals. 2. FDA: BCG analysis (2017-2021).

NIBR leveraging broad technology platforms, increasing focus on generating high-value assets



Refreshed the leadership team to execute on our focused strategy

1. Recent role or appointment change. In anticipation of the intended Sandoz spin-off, Richard Saynor, has been appointed CEO designate of Sandoz and stepped down from the Executive Committee of Novartis effective October 26, 2022.

Further strengthening a strong financial profile

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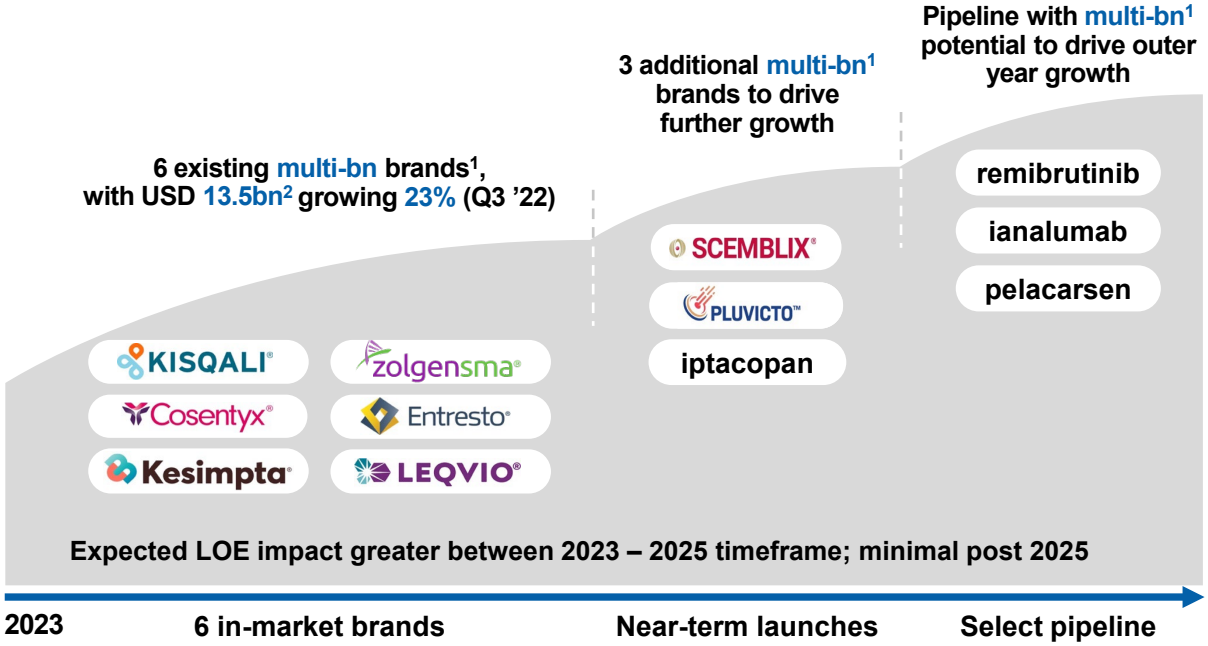
Sales growth driven by 9 key brands; global reorganization driving improved productivity



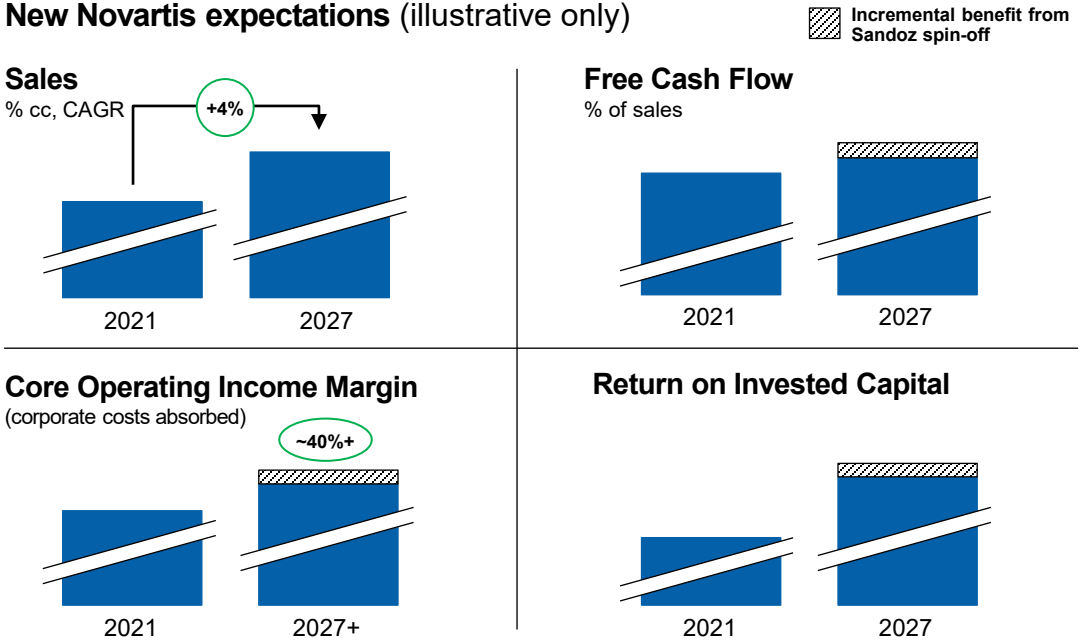
Organizational changes on track

- ☑ Simpler, faster, more flexible decision-making
- ☑ Strong pipeline management and BD, supported by new Strategy and Growth function
- ☑ Bringing Novartis into top 5 in the US
- ☑ Accelerate technology transformation, increase in productivity
- ☑ Savings of ~USD 1.5bn to be fully embedded by 2024

1. Potential USD sales. 2. Q3 '22 Annualized.

Expect to deliver 4% sales CAGR and ~40%+ core margin with increasing ROIC and FCF

New Novartis expectations (illustrative only)



- IM expected to grow sales, margin and FCF (% of sales)
- Margin targets includes absorbing corporate costs
- Sandoz **spin-off will result in incremental growth** for:
  - Core operating income margin
  - FCF (% of sales)
  - Return on invested capital
- New Novartis **remains committed to capital allocation priorities**, with unchanged and growing (CHF) annual dividend

Remain disciplined and shareholder-focused in our capital allocation priorities

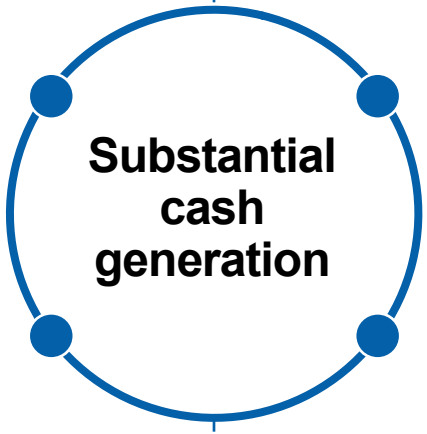
Investing in the business

Investments in organic business

USD 9bn R&D 2021[1]
USD 1.4bn capital investments 2021

Value-creating bolt-ons

USD 30bn (approx.) 2017-2021



Returning to shareholders

USD 53bn distributed (85% of FCF) 2017-2021

Growing annual dividend in CHF

USD 7.5bn paid out in 2022; DPS increase of **+3.3% CHF; +4.1% USD**

Share buybacks

USD 15bn ongoing
USD 4.9bn to be executed[2]

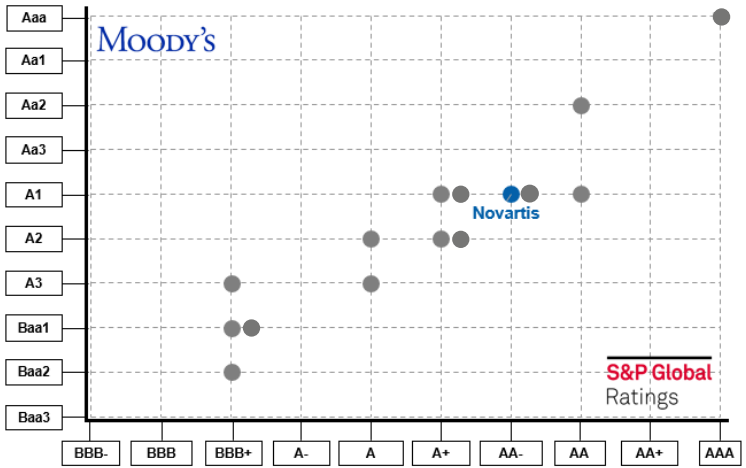
Sandoz separation is expected to have limited impact on our credit rating, providing continued flexibility for future capital allocations

1. Core R&D actuals 2021. 2. As of December 31, 2022.

Our strong capital structure supports flexibility for strategic investments AND capital distributions

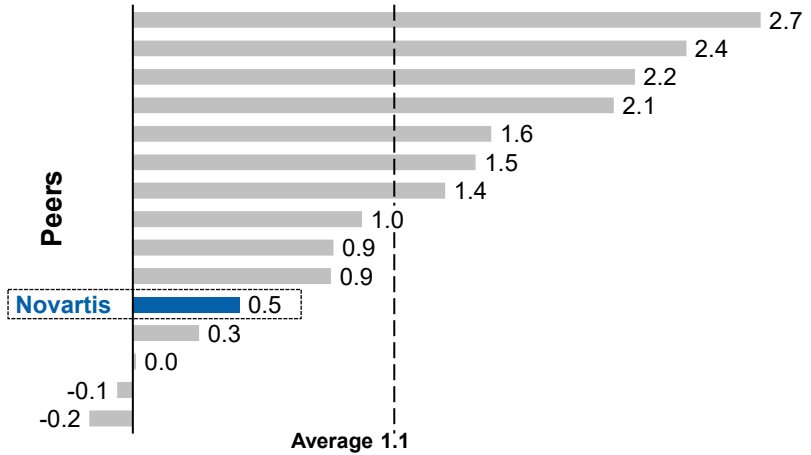
Our strong capital structure positions us well within our peer group ...

Credit rating positioning



... and the current low leverage provides flexibility for further capital allocation

Q3 2022 leverage (net debt / EBITDA)



Strong FCF generation coupled with strong balance sheet/low leverage provide flexibility for future value-creating bolt-on M&A or further shareholder distributions

Source: Bloomberg as of December 21, 2022 for peers, reflecting latest reported trailing 12-month EBITDA and net debt (calculated as gross debt excl. lease liabilities minus total liquidity); for Novartis, as per Q3 2022.

Prioritizing pipeline to high-value NMEs

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Key near-term readouts (2023 – 2024) for high value assets...

Pluvicto ●●

PSMAfore trial in mCRPC (post-ARDT, pre-taxane) positive readout in **H2 2022** (detailed data to be presented)

PSMAddition trial in mHSPC with expected readout in **2024**

Iptacopan ●●●

APPLY-PNH and APPOINT-PNH positive trial readouts in **H2 2022** (detailed data to be presented)

Additional readouts in other indications in **2023**

Kisqali ●●●

NATALEE trial in adjuvant breast cancer testing broad patient population (anatomical stage II and III[1]), with final Phase 3 readout expected in **H2 2023**

Remibrutinib ●●

CSU Phase 3 REMIX-1 and -2 trials with expected readout in **2024** and

Multiple sclerosis Phase 3 REMODEL-1 and -2 trials with expected readout in **2025**

Scemblix ●●

1L CML-CP trial with expected readout in **2024**

Promising early data in 1L CML presented at ASH

OAV101 ●●

SMA IT STEER trial with expected readout in **2024**

Phase 3b STRENGTH trial initiated

Unprobabilized peak sales of indications in late-stage development: ● > USD 1bn ●● > USD 2bn ●●● > USD 3bn

1. Based on AJCC prognostic staging.

… from a catalyst rich pipeline across our core Therapeutic Areas

Catalyst readouts significantly increase in 2024-2025 timeframe

Key submission enabling readouts

2022-2023

- **Iptacopan** C3G
- **Iptacopan** IgAN
- **Kisqali®** adj BC
- **Pluvicto mCRPC** Pre-taxane
- **Iptacopan** PNH

2024-2025

- **Pelacarsen** CVRR
- **Remibrutinib** CSU
- **Remibrutinib** MS
- **JDQ443** 2/3L NSCLC
- **NIS793** Pancreatic cancer
- **Scemblix®** 1L CML-CP
- **Cosentyx®** GCA
- **OAV101** SMA IT
- **Pluvicto®** mHSPC
- **Ociperlimab**[1] 1L PDL1hi and 1L LA NSCLC
- **Iptacopan** aHUS
- **Ianalumab 2L ITP**

2026-2027

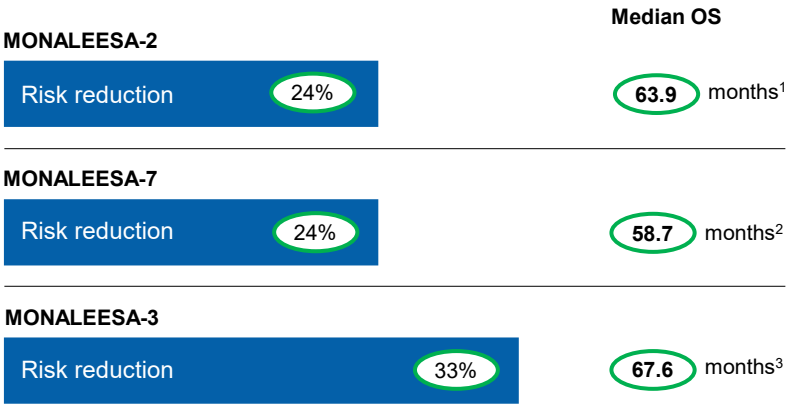
- **Leqvio®** Secondary Prevention
- **Ianalumab** Sjögren's
- **Ianalumab** Lupus nephritis
- **Cosentyx®** Lupus nephritis
- **Ligelizumab** Food allergy
- **Ianalumab** Hematology indications

Cardiovascular | Immunology | Neuroscience | Solid tumors | Hematology

In scope: Selected top assets (>1bn in development) with programs in phase 3 (or pivotal trial submission enabling). 1. Option deal, BeiGene study, PD-L1 High and Locally Advanced NSCLC.

Kisqali – proven OS benefit; new data at SABCS reinforce differentiated profile

Kisqali® Ph3 OS results in 1L mBC



Proven OS benefit across all three Phase 3 trials: regardless of menopausal status, hormone therapy partner, or dose modifications[4]

Data at SABCS support differentiated benefits of Kisqali®

Kisqali® Ph2 RIGHT Choice study

- First randomized study evaluating the superiority of CDK4/6i + ET vs. combination chemotherapy in 1L aggressive HR+/HER2− mBC
- **Kisqali® doubled mPFS with similar response rates and time to response** (mPFS 24.0 vs. 12.3 months; HR=0.54; p=.0007)

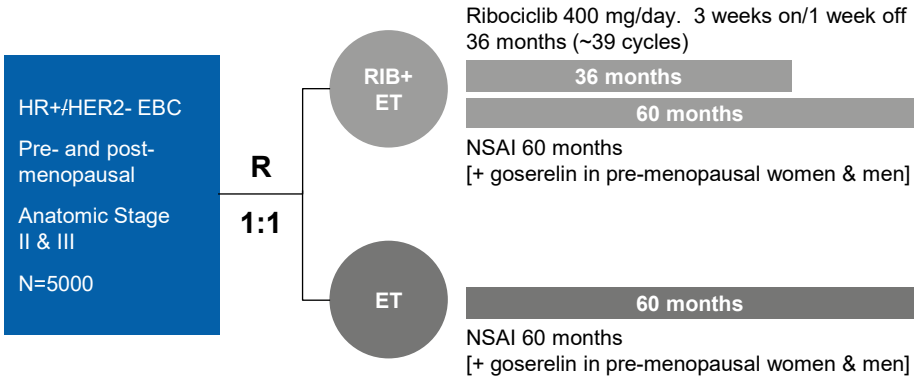
Kisqali® Ph2 MAINTAIN study (ASCO 2022)

- Patients who progressed on prior CDK4/6i, **Kisqali® + ET demonstrated statistically significant improvement in PFS compared to ET monotherapy** (mPFS 5.29 vs 2.75 months; HR 0.57; p=0.006)

1. In months vs. vs 51.4, P value: 0.008. Reference: Hortobagyi, GN et al., 2022. 2. vs 48.0. Reference: Lu, YS et al., 2022. 3. vs 51.8. Reference: Neven, P et al., 2022. 4. Based on an analysis of MONALEESA-2, -3 and -7.
SABCS - San Antonio Breast Cancer Symposium.

NATALEE continuing as planned and final readout expected in H2 2023

NATALEE study design



Indication	Asset potential	Population
Early breast cancer	●●●	218K (US & EU)[1]

●○○ >USD 1bn ●●○ >USD 2bn ●●● >USD 3bn

What differentiates NATALEE?

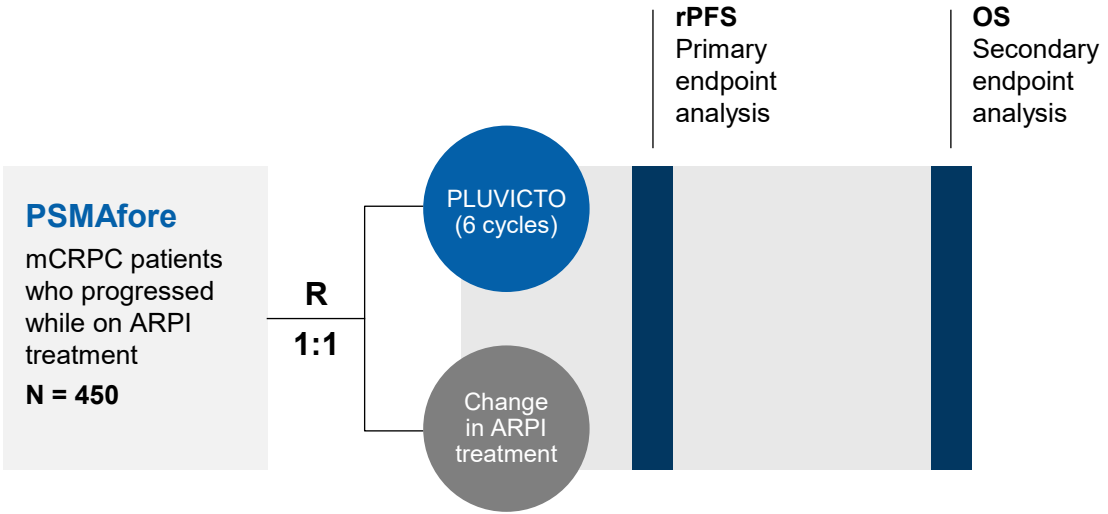
- ☑ Broad patient population that includes patients with anatomical stage II and III[2] (60% Stage III and 40% Stage II; stratification factor)[3]
- ☑ Longer treatment duration of 3 vs. 2 years (monarchE) covering peak recurrence at 3 years
- ☑ Lower dose compared to metastatic setting (400mg vs. 600mg) to potentially improve overall tolerability and adherence without compromising efficacy in a disease-free setting

Study status

- ☑ Fully enrolled as of April 2021
- ☑ Primary analysis planned at 500 iDFS events, expected in H2 2023
- ☑ Efficacy interim analysis at 70% and 85% of events
- ☑ Discontinuation rate remains within expectations based on current aggregate data

1. eBC Patient - Adjuvant Breast Cancer Opportunity Assessment June 2020. 2. Based on AJCC prognostic staging. 3. The trial did not require Ki-67% or other CDx for patient identification or stratification, but Ki-67% is part of the statistical analysis plan.

Pluvicto – PSMAfore demonstrated statistically significant and clinically meaningful radiographic PFS benefit



- Phase 3 PSMAfore trial with Pluvicto met the primary endpoint of rPFS
- Pluvicto becomes the first PSMA-targeted radioligand therapy to demonstrate clinical benefit in mCRPC patients before receiving taxane-based chemotherapy
- Addressing a significant unmet need in earlier lines of metastatic prostate cancer

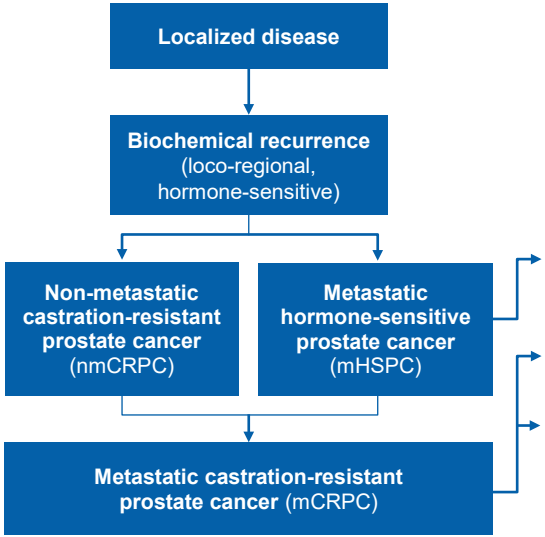
Expanding Pluvicto to address significant unmet need in earlier lines and stages of prostate cancer

Our ongoing clinical development plan for Pluvicto in prostate cancer

Early disease
CURE
80+ months[1]

Advanced disease
DELAY
60+ months[1]

Late disease
EXTEND
35 months[1]

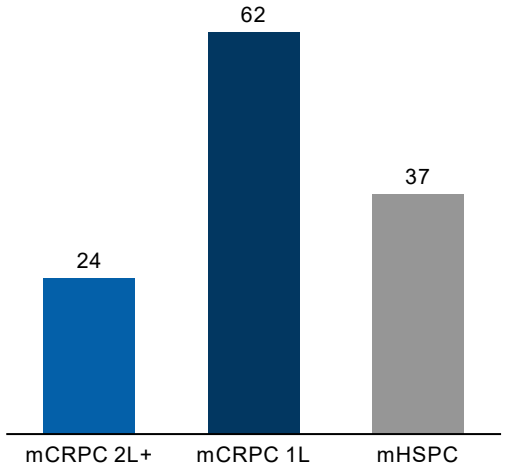


Registrational study	Key milestone
PSMAddition	2024: Primary completion
PSMAfore	2022: Primary completion
VISION	2022: US/EU approvals

Further indications and combinations being explored

Market potential

Prostate cancer incidence[2]
US, in '000 patients per year



1. Early disease 80+ months metastasis-free survival on new hormonal treatments (NHT) in localized disease; 60+ months overall survival on NHT in early-advanced disease; 35 months overall survival on NHT in late-stage disease.
2. Sources: Kantar 2022 US Prostate Cancer Incidence and IQVIA 2022 PC Epidemiology Research.

Iptacopan – superior to SoC for both primary endpoints in APPLY-PNH; majority of patients achieved more normal Hb levels vs. 0 on SoC

Endpoints	Observed Iptacopan vs. SoC	Population estimate[2] Iptacopan vs. SoC	Difference
☑ **Increase from baseline in Hb of ≥ 2 g/dL** in the absence of RBC transfusions	**51**/60[1] vs. **0**/35	82.3% vs. 2.0%	**80.3%** (95% CI 71.3, 87.6) **P<0.0001**[3]
☑ **Hb ≥ 12 g/dL** in the absence of RBC transfusions	**42**/60[1] vs. **0**/35	68.8% vs. 1.8%	**67.0%** (95% CI 56.3, 76.9) **P<0.0001**[3]
☑ **Transfusion avoidance**	**60**/62 vs. **14**/35	96.4% vs. 26.1%	**70.3%** (95% CI 52.6, 84.9) **P<0.0001**[3]
☑ **Clinical breakthrough hemolysis**	2/62 vs. 6/35	Rate ratio (95% CI) of 0.10 (0.02, 0.61) means **10-fold lower** rate of annualized clinical breakthrough hemolysis	

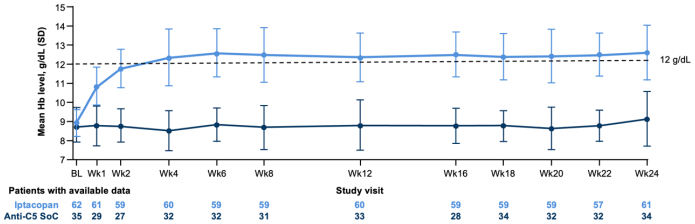
Iptacopan has the potential to be practice-changing

1. 2/62 patients in the iptacopan arm had missing data between Days 126 and 168 so were not evaluable based on observed data. 2. Marginal proportions reflect the population average probability of a patient meeting the endpoint criteria. .
3. P values are two-sided and unadjusted.

Iptacopan demonstrated improvements across a range of secondary endpoints

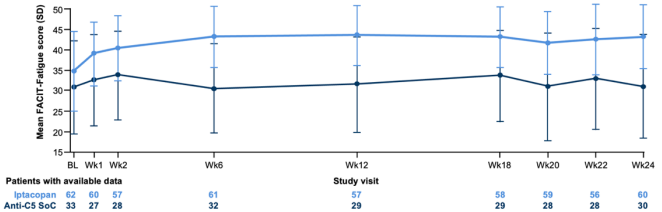
Increasing Hb change from baseline

Mean Hb over time



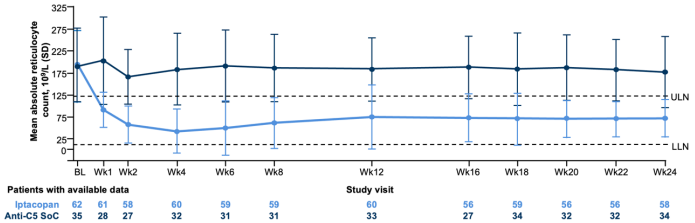
Reducing patient-reported fatigue

Mean FACIT-Fatigue score



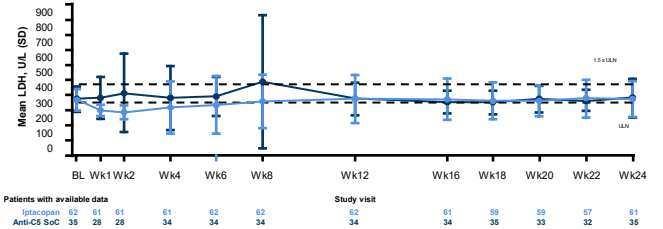
Reducing reticulocyte count

Mean absolute reticulocyte count

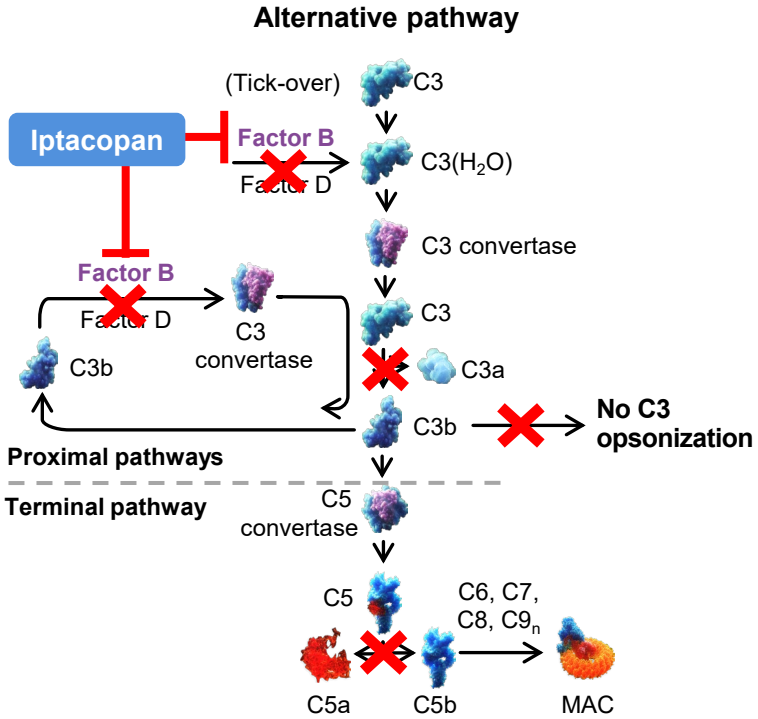


Maintaining low LDH

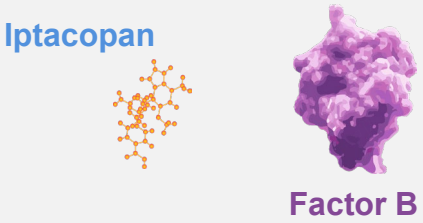
Mean LDH during the 24-week randomized treatment period



First-in-class, oral, selective factor B inhibitor, targeting the complement system proximally via the alternative pathway[1]



Iptacopan binds to the **active site** of factor B, **inhibiting** the activity of **C3 convertase**[1]



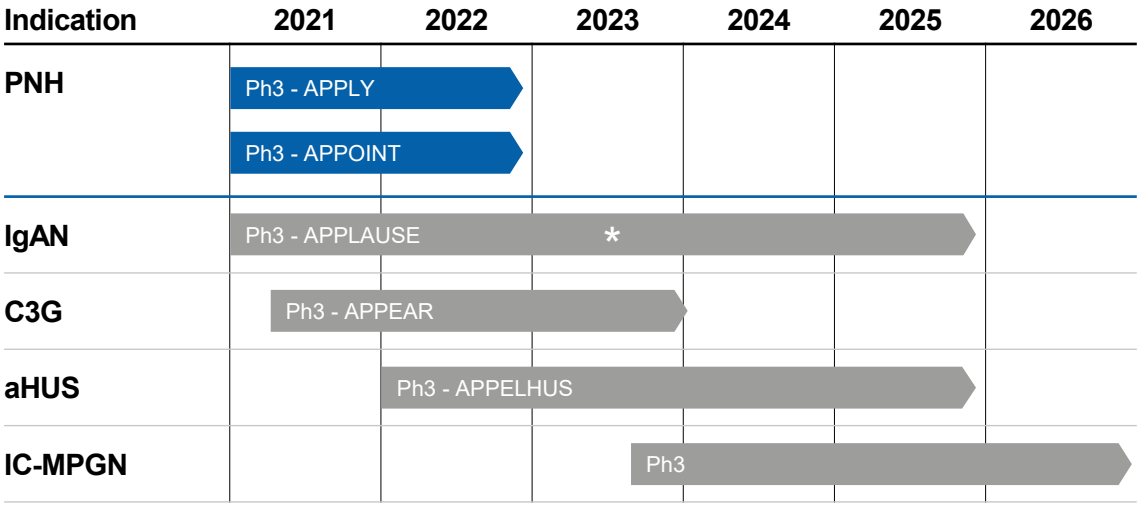
Iptacopan
controlled intra- and extravascular hemolysis in 10 patients with a sub-optimal response to eculizumab, leading to **transfusion independence** and an **improved quality of life**[2]

THE LANCET Haematology

Addition of iptacopan, an oral factor B inhibitor, to eculizumab in patients with paroxysmal nocturnal haemoglobinuria and active haemolysis: an open-label, single-arm, phase 2, proof-of-concept trial

Material from The Lancet Haematology is used with permission. 1. Schubart A et al. Proc Natl Acad Sci USA 2019;116:7926–31. 2. Risitano AM et al. Lancet Haematol 2021;8:e344–54.

Opportunity to redefine care across multiple complement-driven conditions



Phase 3 studies initiated or planned; additional indications are being explored

Market potential

Indication	US prevalence Thousands
Hematology	
PNH	<10
Nephrology	
IgAN	185
C3G	<10
aHUS	<10
IC-MPGN	<10

* 9 months readout may support US submission for accelerated approval.

Scemblix – data could redefine the standard of care in chronic myeloid leukemia across treatment lines

Ph3 ASCEMBL trial in 3L CML long-term data (96-week)

- Confirm the clinical benefit of asciminib after longer exposure
- Demonstrate superior responses in patients resistant or intolerant to all prior TKIs received

Early data of asciminib in first-line demonstrate favorable tolerability and efficacy, revealing its potential to transform the 1L CML-CP treatment landscape

- ASCEND IIT (1L ND CML): First interim results of asciminib monotherapy in newly-diagnosed patients show promising safety, tolerability and efficacy
- ASC4MORE: Asciminib as an add-on to 1L imatinib is effective at reaching deep responses without compromising tolerability

Rapid recruitment in Novartis 1L registrational trial

With its unique MOA, asciminib provides superior efficacy and overcomes known tolerability challenges seen with TKIs; will facilitate easier 1L treatment selection and patient management

Strengthening foundations

NOVARTIS | Reimagining Medicine

Creating impact by fulfilling unmet medical need through delivering innovative/quality medicines to as many people as possible

~280 million patients reached with innovative medicines, an additional

~500 million patients reached with Sandoz

~150 pipeline projects further expanding patient reach

First gene, siRNA and radioligand therapies (at scale), fulfilling unmet medical need

~40 new drug approvals over the last 20 years, delivering innovative medicines

Recent innovation highlights:

Leqvio®	ASCVD
Scemblix®	CML
Pluvicto™	Prostate cancer
iptacopan	PNH and C3G

Increasing recognition from key ESG rating agencies

Agency	Rating	Score	Industry perspective[9]
access to medicine index [1]	Score	3.87	Maintained a leadership position (#4)
CDP [2]	Climate score	▲ A	Leadership band A/A-
	Water score	▲ A	Leadership band A/A-
SUSTAINALYTICS [3]	Risk score	► 16.9[8]	1 / 456 in Pharmaceutical subindustry group[10]
ISS ESG [3]	ESG score	► B	2 / 491
MSCI	ESG rating[5]	▲ AA	Best rated peers: AAA (3 pharmaceutical companies), AA (10 pharmaceutical companies)
	MSCI Global Compact[6]	▲ Pass	
	Controversy[6,7]	▲ 3	
S&P Global [2,4]	ESG score	► 84	4 / 156 in Pharmaceuticals (98th percentile)

1. Published every 2nd year. Result shown shows 2022/2020 scores. 2. 2022/2021 scores. 3. 2022/2021. Updated October 2022. 4. Updated December 2022. Novartis has been a DJSI World member since 2002. 5. Updated June 2022. 6. Updated December 2021 7.0-10 scale, 0 being most severe controversy. 8.Updated October 2022. 9. Leadership as defined by rating agencies. 10. Pharmaceuticals subindustry group: traditional Pharma, excl. Biotech.

Our clear roadmap to become the most trusted and valued medicines company

1
Transforming to a **pure-play** IM company

2
Focusing on 5 core TAs, technology platforms and the US

3
Establishing **9 in-market brands** with multi-bn $ potential

4
Improving **R&D productivity** (e.g. iptacopan, Pluvicto)

5
Prioritizing pipeline in specific DAs to **high-value NMEs** across our 5 core TAs

6
Continuing to deliver **improved financials**

7
Continuing with **shareholder-focused capital allocation**

8
Strengthening foundations – **ESG/Human Capital**

Abbreviations

1L	First-line
1L ND CML	First-line newly diagnosed chronic myeloid leukemia
3L	Third line
adj.BC	Adjuvant breast cancer
ADC	Antibody drug conjugates
aHUS	atypical Hemolytic Uremic Syndrome
ALS	Amyotrophic lateral sclerosis
ARPI	Androgen-receptor pathway inhibitor
ASCVD	Atherosclerotic cardiovascular disease
BD	Business development
bsAbs	Bi-specific antibodies
C3G	C3 glomerulopathy
CAD	Cold agglutinin disease
CAR-Ts	Chimeric antigen receptor (CAR)-T cell therapy
CGTs	Cell and Gene Therapies
CML	Chronic myeloid leukemia
CVRR-LDLC	Secondary prevention of cardiovascular events in patients with elevated levels of LDLC
CVRR-Lp(a)	Secondary prevention of cardiovascular events in patients with elevated levels of lipoprotein (a)
CSU	Chronic spontaneous urticaria
DA	Disease area
FAbs	Fragment antibodies
FACIT	Functional Assessment of Chronic Illness Therapy
Hb	Hemoglobin
HFpEF	Heart failure with preserved ejection fraction
IC-MPGN	Immune Complex Membranoproliferative glomerulonephritis
IgAN	IgA nephropathy

IM	Innovative Medicines
iMN	Idiopathic membranous nephropathy
ITP	Immune thrombocytopenic purpura
LDH	Lactate dehydrogenase
LN	Lupus nephritis
mAb	Monoclonal antibody
mCRC	Metastatic colorectal carcinoma
mCRPC	Metastatic castration-resistant prostate cancer
mHSPC	Metastatic hormone-sensitive prostate cancer
MoA	Mechanism of action
mPDAC	Metastatic pancreatic ductal adenocarcinoma
MS	Multiple sclerosis
msAbs	multi-specific antibodies
NET	Neuroendocrine tumor
NME	New molecular entity
NSCLC	Non-small cell lung cancer
PNH	Paroxysmal nocturnal haemoglobinuria
rHT	Resistant hypertension
RLT	Radioligand therapy
rPFS	Radiographic progression-free survival
siRNA	small inhibitory RNA
SLE	Systemic lupus erythematosus
SMA-IT	Spinal muscular atropy-intrathecal
TA	Therapeutic area
TKI	Tyrosine kinase inhibitor
TPD	Targeted protein degradation
TPP	Target product profile