

Meet Novartis Management Investor Event

London, November 21, 2024

Breakout Slides

 **NOVARTIS** | Reimagining Medicine



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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 46 of the 3Q24 Interim Financial Report.

Novartis profile presents an opportunity for continued shareholder value creation in the short, medium, and long-term



Our strategy is delivering results

4 core therapeutic areas and **2+3 technology platforms**

Delivered **+7% cc sales CAGR¹** from 2018-2023, **improved core margin** and generated substantial cashflows



Attractive growth profile

2023-2028 sales guidance upgrade to **+6% cc CAGR**

2024-2029 sales guidance of **+5% cc CAGR**

Mid-single digit sales growth cc in the long-term



Robust pipeline and capabilities

Streamlined and focused pipeline with increased R&D spend

Expanding our advanced technology platforms

30+ potential high-value pipeline assets



We continue to be an ESG leader

Focus on **key social, environmental and governance** factors

Rank #1 in **ATMI**

Industry leader in **Sustainalytics²**

ATMI – Access to Medicines Index. 1 Continuing operations growth in constant currencies. Constant currencies is a non-IFRS measure. Details regarding non-IFRS measures can be found starting on page 46 of the 3Q24 Interim Financial Report. 2. Pharmaceuticals subindustry group. Copyright Morningstar Sustainalytics. All rights reserved.

Building on our strong in-market presence, the immunology pipeline is geared towards areas of high unmet need

Immunology strategy

- Maximize **Cosentyx** potential with LCM on path to USD 8bn peak sales
- Deliver **remibrutinib LCM** across mast-cell driven diseases, building on successful CSU PhIII; multi-bn cross-indication potential
- Leverage **ianalumab** to bring real remission to a broad population of patients with B-cell driven diseases; multi-bn cross-indication potential
- Build out leadership across severe refractory autoimmune diseases with **YTB323**
- Leverage next-generation technologies to address areas of high unmet need in autoimmune disease

➤ **Key catalysts to 2029**
6 Phase III readouts
>10 Phase II readouts¹

| Selected projects (indication) | Pre-clinical | Phase I | Phase II | Phase III | Registration | Next milestone/status |
|--------------------------------|--------------|---------|----------|-----------|--------------|------------------------------------|
| Cosentyx (GCA) | | | | | | Readout H1 2025 |
| Cosentyx (PMR) | | | | | | Readout H2 2025 |
| Remibrutinib (CSU) | | | | | | Submission in H1 2025 |
| Remibrutinib (CINDU) | | | | | | Readout 2026 |
| Remibrutinib (HS) | | | | | | Advancing into PhIII in 2025 |
| Remibrutinib (FA) | | | | | | Readout H2 2025 |
| Ianalumab (SjD) | | | | | | Readout H2 2025 |
| Ianalumab (LN) | | | | | | Readout 2027 |
| Ianalumab (SLE) | | | | | | Readout 2027 |
| ianalumab (HS) | | | | | | Readout 2025 |
| Ianalumab (SSc) | | | | | | Readout 2027 |
| YTB323 (srSLE/LN) | | | | | | Readouts from 2026 |
| YTB323 (SSc) | | | | | | Trial recruiting |
| YTB323 (IIM) | | | | | | Trial recruiting |
| YTB323 (AAV) | | | | | | Starting PhII in 2025 ² |
| GIA632 (IL-15 mAb) (multiple) | | | | | | PhII initiation H2 2025 |
| T-cell engagers (SLE) | | | | | | Readouts from 2027 |
| Bi-specific antibodies (AtD) | | | | | | Readouts from 2027 |

Disease area

- Rheumatology
- Dermatology
- Other

1. Includes OA portfolio. 2. Direct to Phase II.

Our cardiovascular-renal-metabolic therapeutic area focuses on areas of high unmet need; strong mid- and late-stage pipeline

CRM strategy

- Build pipeline depth in disease areas of focus, capitalizing on and **compounding existing R-D-C capabilities**
- Establish leadership in efficacious and durable cardiovascular risk factor management, with focus on **scaling our xRNA platform** across multiple risk factors
- Develop a “high risk/high reward” **portfolio in arrhythmia** with multiple assets in the clinic by 2025
- Advance innovative **inflammation assets** across different modalities with both small molecules and antibodies
- Continue to build a leading, **highly synergistic renal portfolio** as a key strategic pillar

➤ **Key catalysts to 2029**
7 Phase III readouts

| Selected projects (indication) | Pre-clinical | Phase I | Phase II | Phase III | Registration | Next milestone/status |
|--|--------------|---------|----------|-----------|--------------|--------------------------------------|
| Leqvio® (CVRR-LDL, secondary and primary prevention) | | | | | | Readouts 2026-2027 |
| Pelacarsen (CVRR-Lp(a)) | | | | | | Readout 2025 (event-driven) |
| LTP001 (SMURF1 inhibitor) (PAH) ¹ | | | | | | Trial recruiting |
| QCZ484 (rHTN) | | | | | | Advancing into PhII in 2025 |
| Arrhythmia (multiple assets) | | | | | | Multiple assets in clinic 2025 |
| Inflammation (multiple modalities) | | | | | | First asset in clinic 2025 |
| Multiple siRNA assets | | | | | | Several entering clinic in 2025-2026 |
| Atrasentan (IgAN) | | | | | | Approval expected 2025 |
| Iptacopan (C3G) | | | | | | Approval expected 2025 |
| Iptacopan (IC-MPGN, aHUS) | | | | | | Readout 2026 |
| Zigakibart (IgAN) | | | | | | Readout 2026 |
| Iptacopan (LN, AAV) | | | | | | Readouts 2026-2027 |
| TIN816 (ATP modulator) (sAKI) | | | | | | Readout 2026 |
| Early renal (OJR520, UFJ776, etc.) | | | | | | Expected to enter the clinic in 2026 |

Disease area
Cardiology
Renal


1. Phase I / II.

Neuroscience disease area focus is on multiple sclerosis, neuromuscular and neurodegenerative diseases

Neuroscience strategy

- Maintain leadership in MS and SMA while expanding into high-value opportunities
- **MS and Neuroimmunology:** Grow position in MS, expand into gMG
- **Neuromuscular:** Build on Zolgensma with additional genetic medicine approaches to treat root cause mutations (DTx, Voyager, Kate Therapeutics)
- **Neurodegeneration:** Target genetically defined core drivers and the neuroinflammatory response to tackle high unmet need/high value markets

➤ **Key catalysts to 2029**
3 Phase III readouts and
2 Phase II readouts

| Selected projects (indication) | Pre-clinical | Phase I | Phase II | Phase III | Registration | Next milestone/status |
|---|--------------|---------|----------|-----------|--------------|------------------------------------|
| Remibrutinib (MS) | █ | | | | | Readout 2026 |
| Iptacopan (gMG) | █ | | | | | Readout 2027 |
| YTB323 (RMS) ¹ | █ | | | | | Trial recruiting |
| YTB323 (PPMS) ¹ | █ | | | | | Trial recruiting |
| YTB323 (gMG) ¹ | █ | | | | | Trial in preparation |
| OAV101 (SMA IT) | █ | | | | | Readout H2 2024 |
|  (FSHD, DM1) | █ | | | | | Lead optimization/Discovery |
| EDK060 (CMT1A) | █ | | | | | IND in preparation |
| DLX313 (PD) ² | █ | | | | | Readout H2 2024 |
| NIO752 (tau ASO) (AD, PSP) | █ | | | | | First readout 2025 |
| VHB937 (TREM2) (ALS) | █ | | | | | Trial recruiting |
| VHB937 (AD) | █ | | | | | Starting PhII in 2025 ³ |

Disease area

MS/Neuroimmunology

Neuromuscular

Neurodegenerative

1. Phase I / II. 2. Novartis is developing minzasolmin jointly in collaboration with UCB; DLX313 is the Novartis compound code for UCB0599. 3. Direct to Phase II.

Our mission in Oncology is to discover and develop high-value medicines that provide meaningful outcomes for patients

Oncology strategy

- Maximize impact of our medicines by **moving to earlier lines** of therapy and pursuing **smart combinations** leveraging anchor brands
- Build next wave of practice-changing innovation in **breast and prostate cancer**; sustain leadership in **CML**
- Expand our **industry-leading RLT portfolio** through advanced capabilities, new isotopes, and novel targets across multiple indications and mechanism-based combinations
- Pursue next breakthrough innovation by drugging compelling targets with the **optimal therapeutic modality** (e.g. RLT, CAR-T, ICE, ADC)

➤ **Key catalysts to 2029**
Multiple registrations for Pluvicto and 10+ RLTs advancing in new DAs

| Selected projects (MoA/indication) ¹ | Pre-clinical | Phase I | Phase II | Phase III | Registration | Next milestone/status |
|---|--------------|---------|----------|-----------|--------------|--|
| Kisqali + oral SERD ^{2,4} | | | | | | Advancing into PhIII |
| Kisqali + mutant-selective PI3Ka inhibitor ^{3,4} | | | | | | Advancing into PhII |
| Next-gen CDK assets (e.g., CDK2 inhibitors) | | | | | | Advancing into PhI in 2025 |
| Lu-NeoB (GRPR RLT) ⁵ | | | | | | Readout expected 2026 |
| FXX489 (RLT) ⁷ | | | | | | Trial ongoing |
| Emerging RLTs (including next-gen FAP, HER2) | | | | | | Studies ongoing |
| Pluvicto (pre-taxane mCRPC – PSMAfore) | | | | | | Approval expected H1 2025 |
| Pluvicto (mHSPC – PSMAddition) | | | | | | Readout expected H2 2025 ¹² |
| Pluvicto (oligometastatic PC – PSMA-DC) | | | | | | Readout expected 2027 |
| Ac-PSMA-617 (1 st gen α-emitting PSMA RLT) ⁸ | | | | | | Advancing into PhIII in H1 2025 |
| Ac-PSMA-R2 (2 nd gen α-emitting PSMA RLT) ^{4,9} | | | | | | Readout expected 2026 |
| JSB462 (AR degrader) ⁴ | | | | | | Advancing into PhII in 2025 |
| Tulmimetostat (EZH1/2 inhibitor) ^{4,10} | | | | | | Trial ongoing |
| Lutathera (ES-SCLC) ⁴ | | | | | | Advancing into PhIII in 2027 |
| AAA614 (multiple including NSCLC, PDAC) ⁶ | | | | | | Readout expected in 2026 |
| FXX489 (multiple including NSCLC, PDAC, CRC) | | | | | | Trial ongoing |
| GIZ943 (FOLR1R) ¹¹ (NSCLC, ovarian cancer) | | | | | | Trial ongoing |
| Emerging (next-gen FAP, HER2, DLL3, B7H3) (multiple) | | | | | | Studies ongoing |

Disease area

- Breast cancer
- Prostate cancer
- Other RLT programs

1. Bars show most advanced phase per project row. 2. Ongoing combination study shown is sponsored by Olema Pharmaceuticals. 3. Ongoing combination study shown is sponsored by Scorpion Therapeutics. 4. Phase I / II.
5. Code: AAA603. 6. Name: Lu-FAP-2286. 7. Name: Lu-NNS-309. 8. Code: AAA817. 9. Code: AAA802. 10. Code: DZR123. 11. Name: Lu-EVS-459. 12. Event-driven trial readout.