

2026

Target patient populations

 NOVARTIS

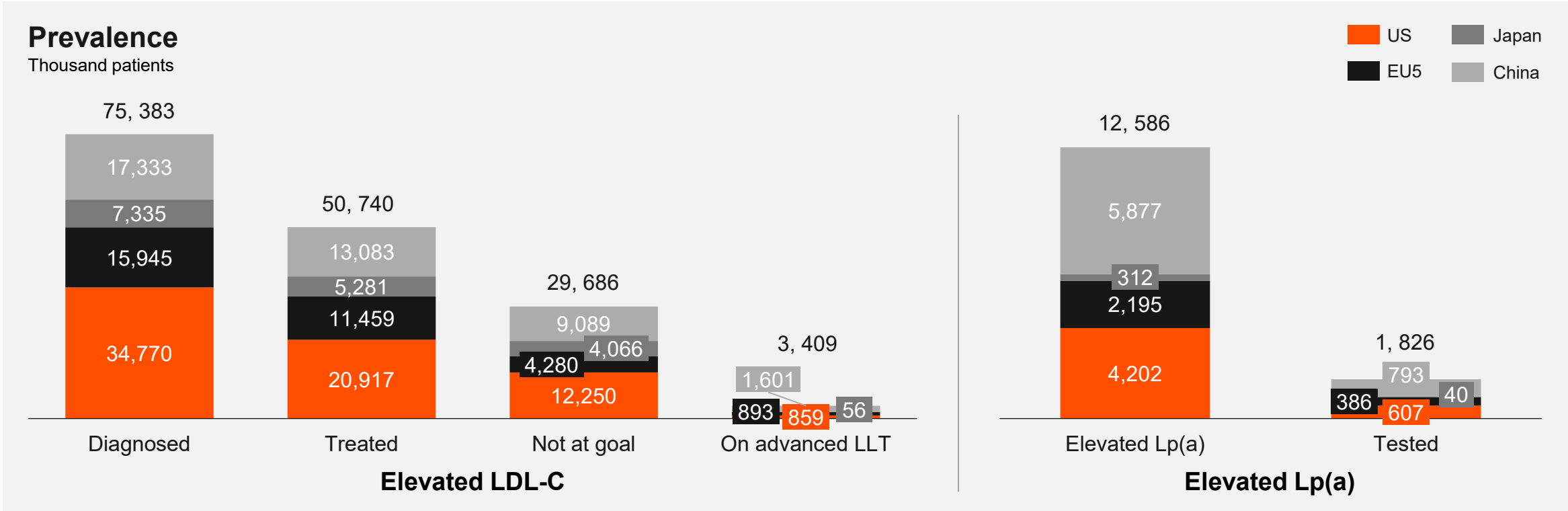


Disclaimer

This presentation includes data from both Novartis published studies as well as third-party sources, as referenced throughout. Such third-party data may include certain assumptions, is included for informational purposes only and has not been independently verified by Novartis for accuracy or completeness. Patient population data are estimates only and may change. As a result, no representation or warranty, express or implied, is made as to the accuracy, completeness, or correctness of this information.

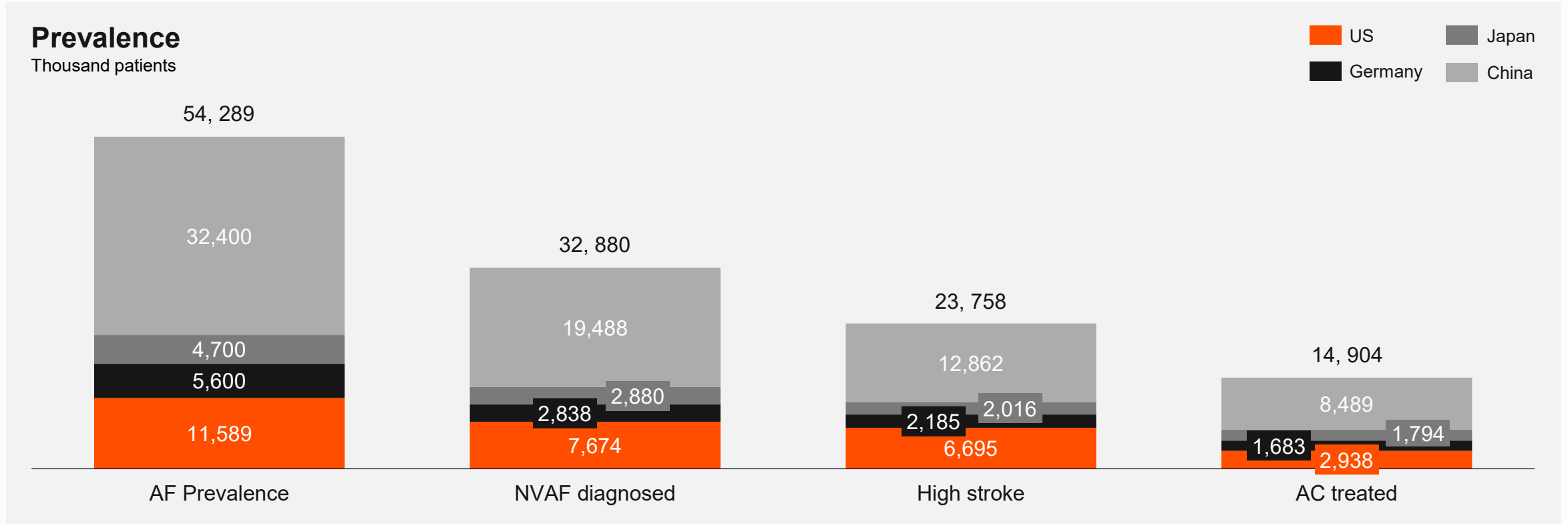
Cardiovascular, renal and metabolic

Atherosclerotic cardiovascular disease



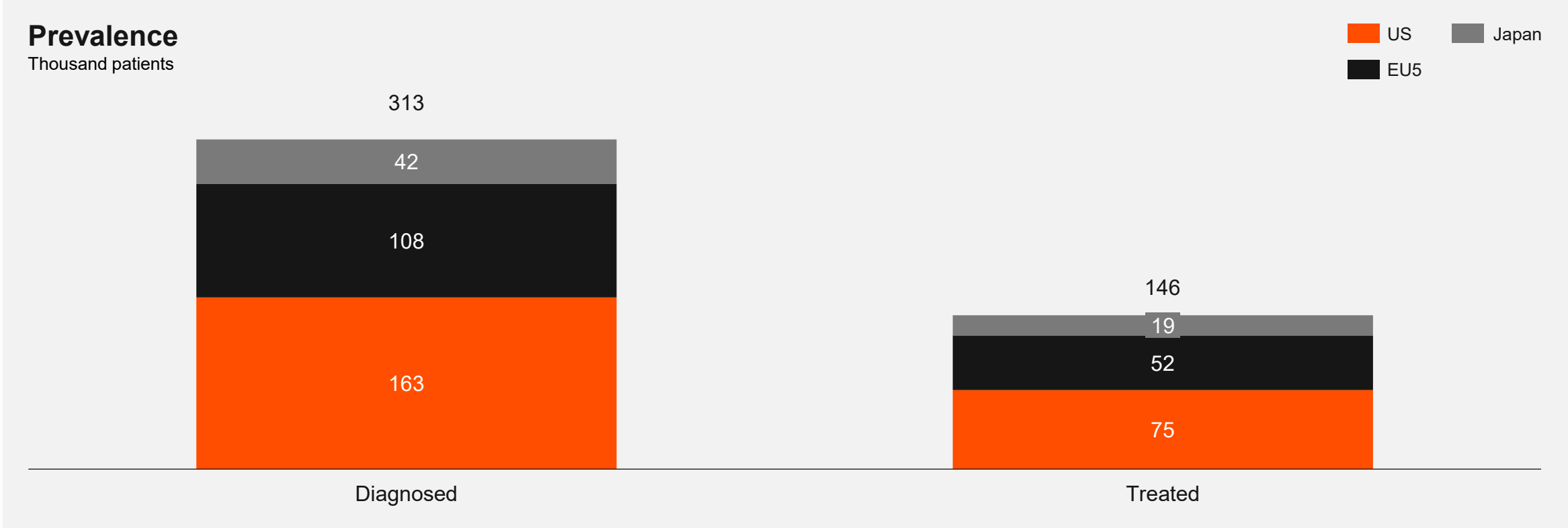
LLT: Lipid lowering therapy. Lp(a): Lipoprotein(a). Diagnosed refers to patients with established ASCVD. Treated refers to treatment with statin and/or ezetimibe. Advanced LLT include PCSK9i mAbs, Leqvio, bempedoic acid. Elevated Lp(a) goals based on lower of local guidelines and real-world evidence; does not yet reflect changes from the 2026 AHA/ACC guideline update. Guidelines: Elevated Lp(a) if ≥ 70 mg/dl, in JP/ES ≥ 90 mg/dl, in US ≥ 125 nmol/L (50 mg/dL). Real-world data: China/Japan ≥ 30 mg/dl. Elevated LDL-C: China data is only for Coronary Artery Disease + Ischemic Stroke. Elevated LDL-C includes EU4 (France excluded from EU5). Sources: Clarivate/DRG, AHA, ACC, Adelphi/JAMA, IQVIA, LAAD, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Stroke prevention in atrial fibrillation



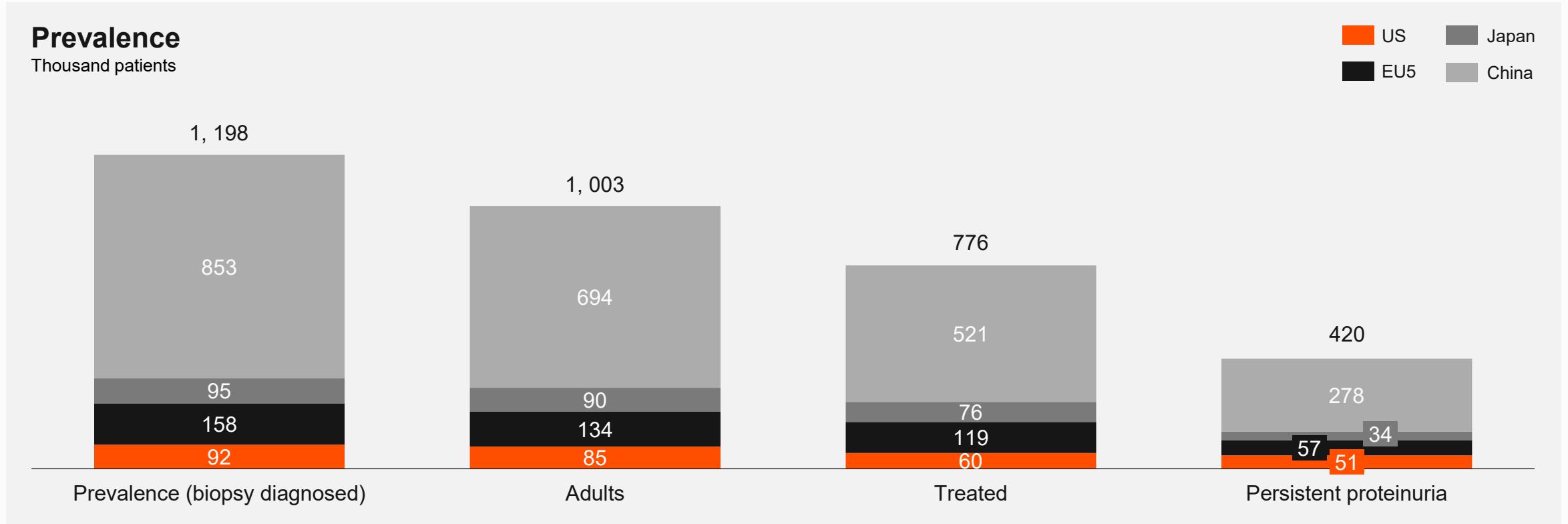
AF: Atrial fibrillation. AC: Anticoagulant. NVAf: Non-valvular atrial fibrillation. High stroke refers to atrial fibrillation patients with CHA₂DS₂-VASc score 2 or above. AC treatment: DOAC, heparin and warfarin. Sources: Cardiovascular Resource Group, IQVIA, Clarivate, LAAD, CN registry data, LEK PMR, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Autosomal dominant polycystic kidney disease



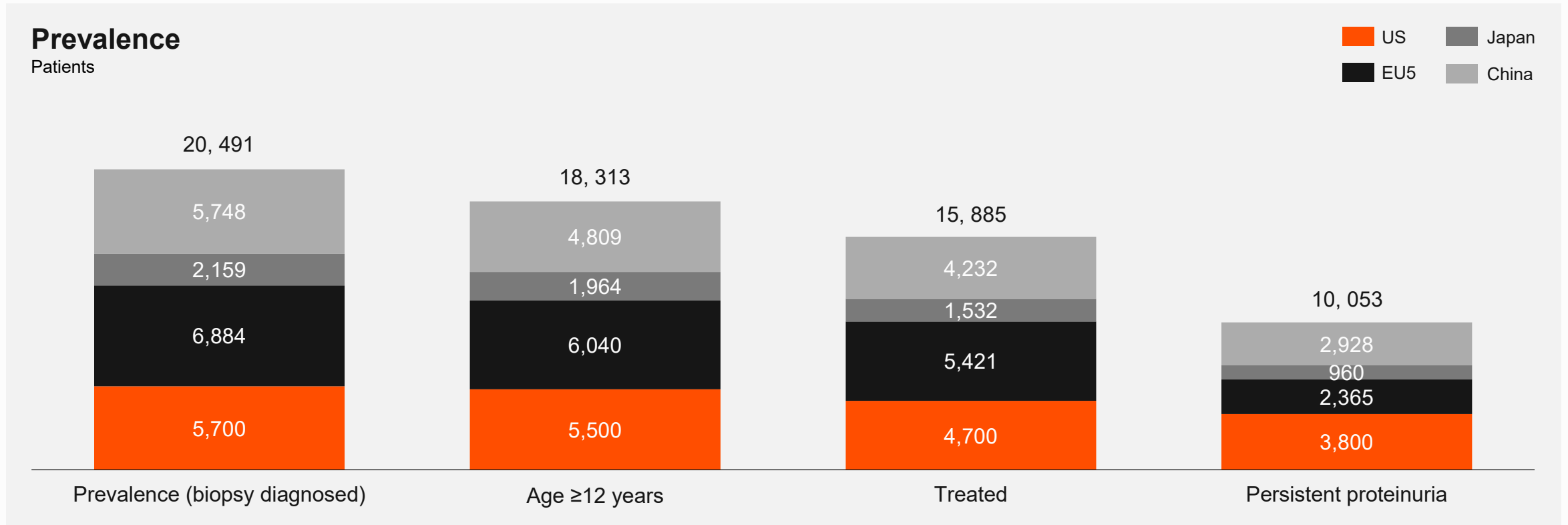
Diagnosed includes only adult (18+) population group. Treated patients with Mayo Imaging Classification (1C+1D+1E) and eGFR >20 mL/min/1.73m² are being considered. Data analysis for China ongoing. Sources: DRG, CPO, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

IgA nephropathy



Treated includes ACEi, ARBs, SGLT2i, corticosteroids, tonsillectomy (JP). Persistent proteinuria refers to >1g/day and GFR >30 ml/min. Sources: CDA, Clarivate, Opti-Brand PMR, Adelphi, ZS conjoint 2024, Spherix. Data for year 2026. Epidemiology numbers include patients without access.

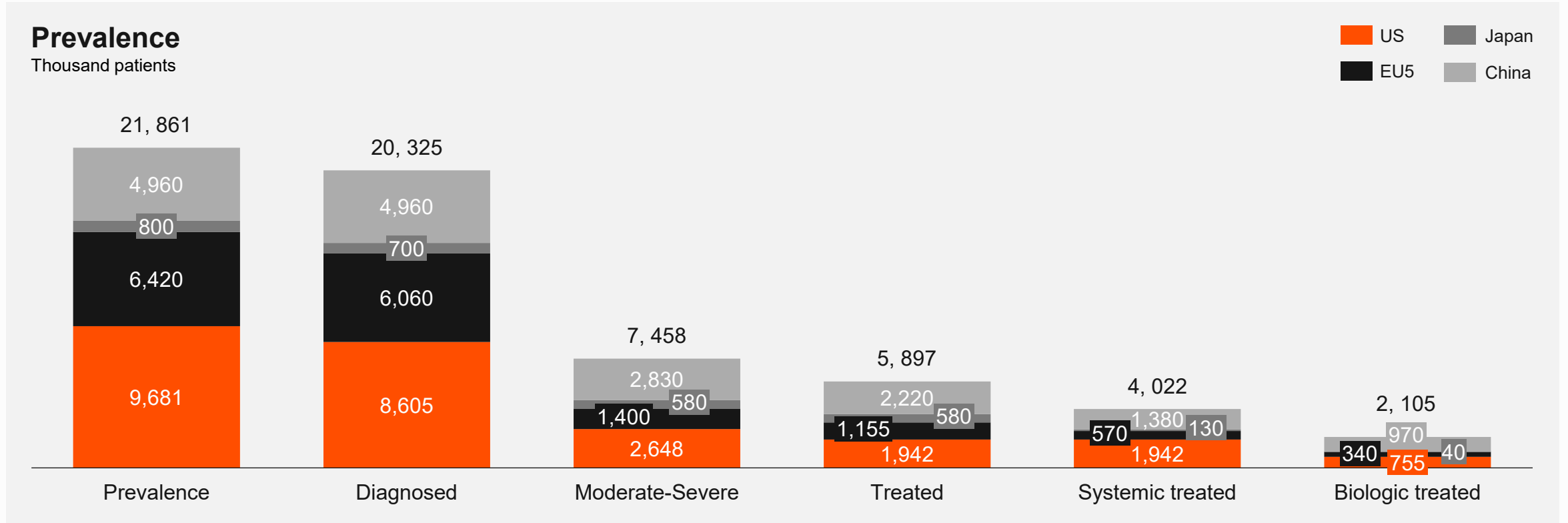
Complement 3 glomerulopathy



Treated includes ACEi, ARBs, SGLT2i, corticosteroids, MMF. Persistent proteinuria refers to >1g/day and GFR >30 ml/min ex-US and only GFR >30 ml/min in US. Sources: CDA, Clarivate, Opti-Brand PMR, Adelphi, Putnam Conjoint 2024. Data for year 2026. Epidemiology numbers include patients without access.

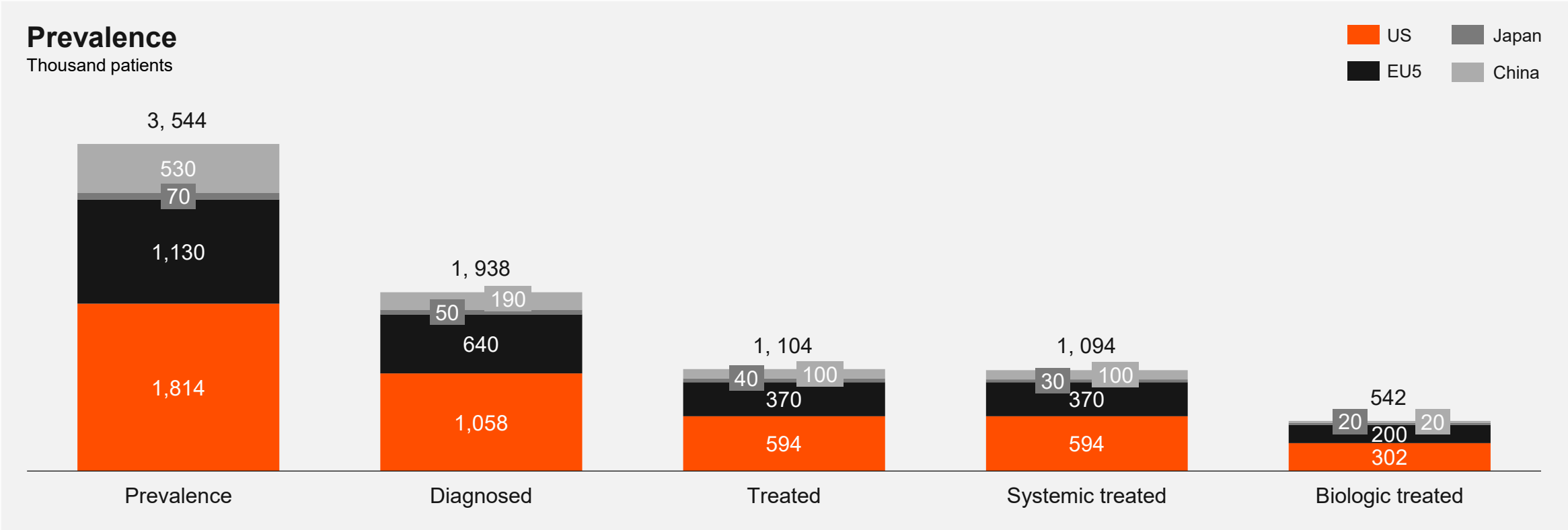
Immunology

Psoriasis



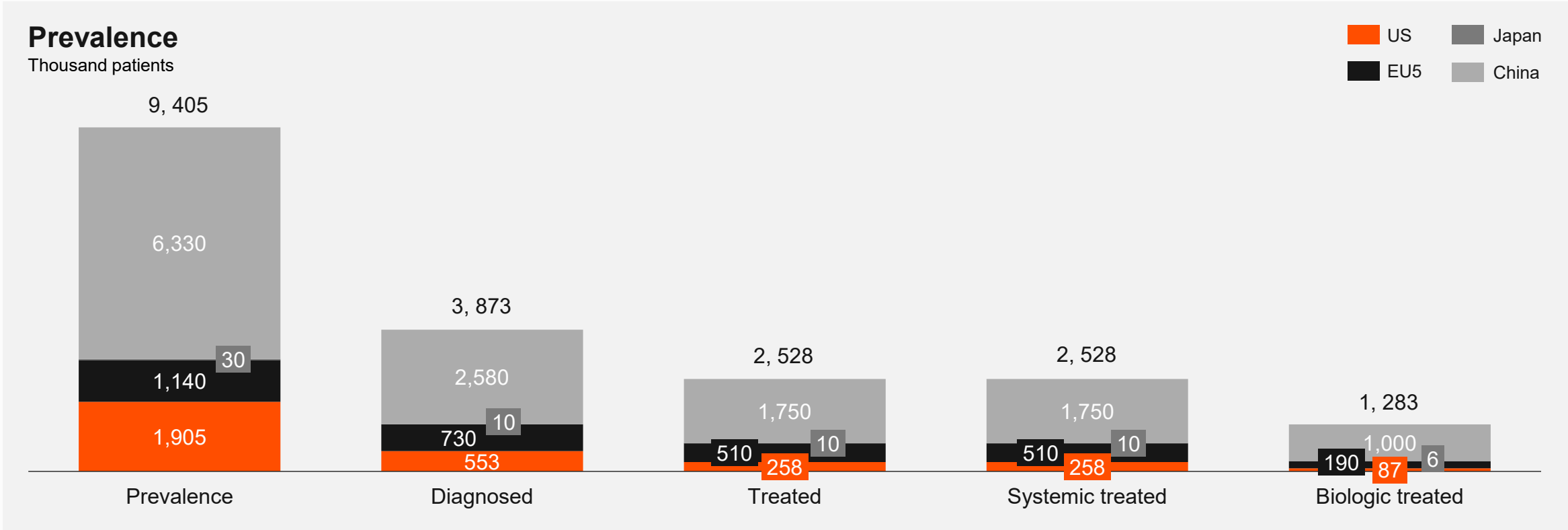
Moderate-severe defined as PASI >10 or BSA >10 and DLQI >10. For China M-S BSA >3. Systemic treated includes orals (including retinoids, immunosuppressants, PDE4s, TYK2s, JAKs) and biologics but excludes topicals. Sources: DRG, IQVIA, National Psoriasis Foundation, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Psoriatic arthritis



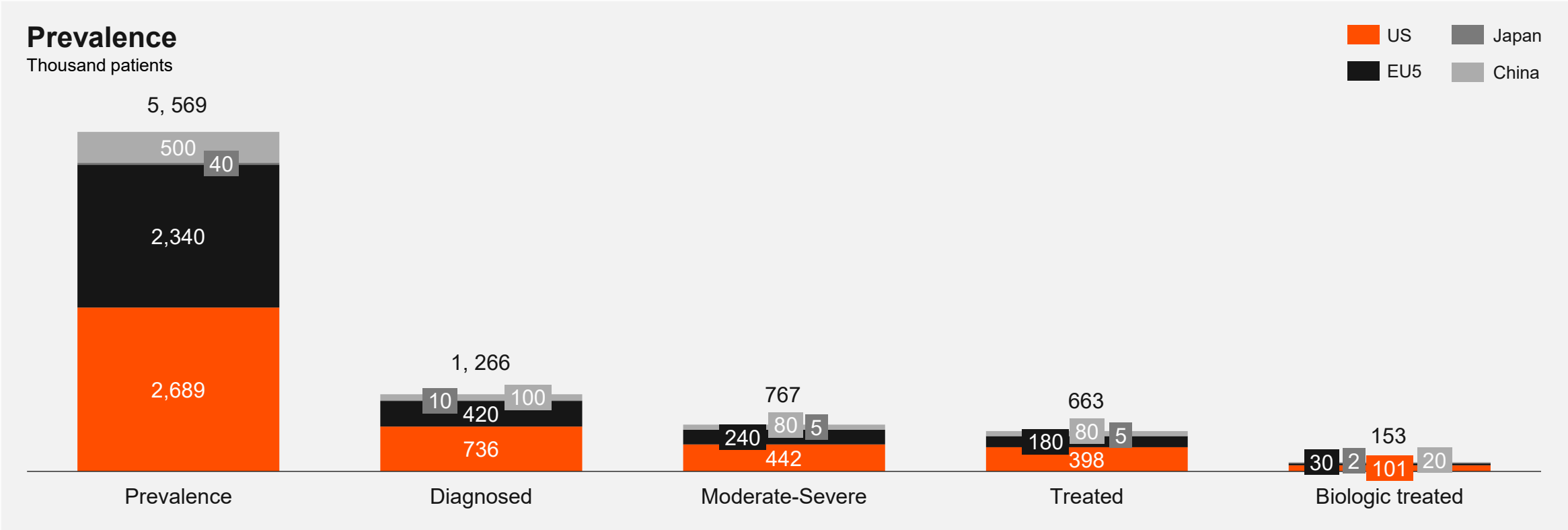
Systemic treated includes treatment with DMARDS, orals and biologics. Sources: DRG, IQVIA, APLD, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Axial spondylarthritis



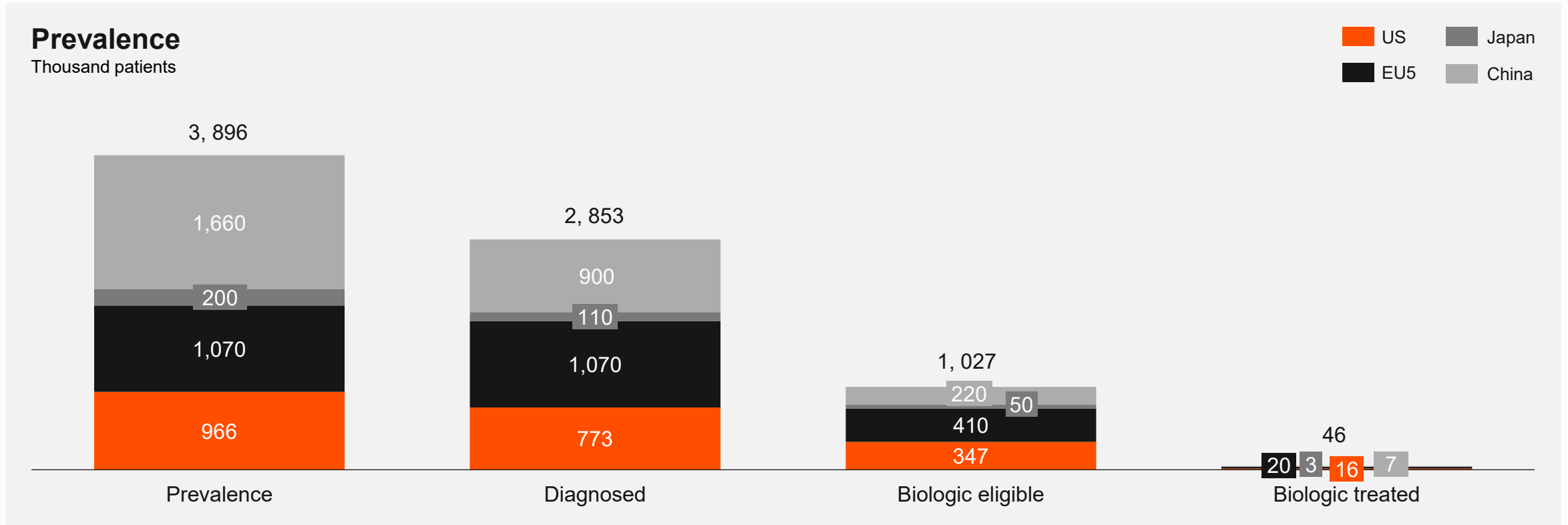
Systemic treated includes treatment with DMARDS, orals and biologics. Sources: DRG, IQVIA, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Hidradenitis suppurativa



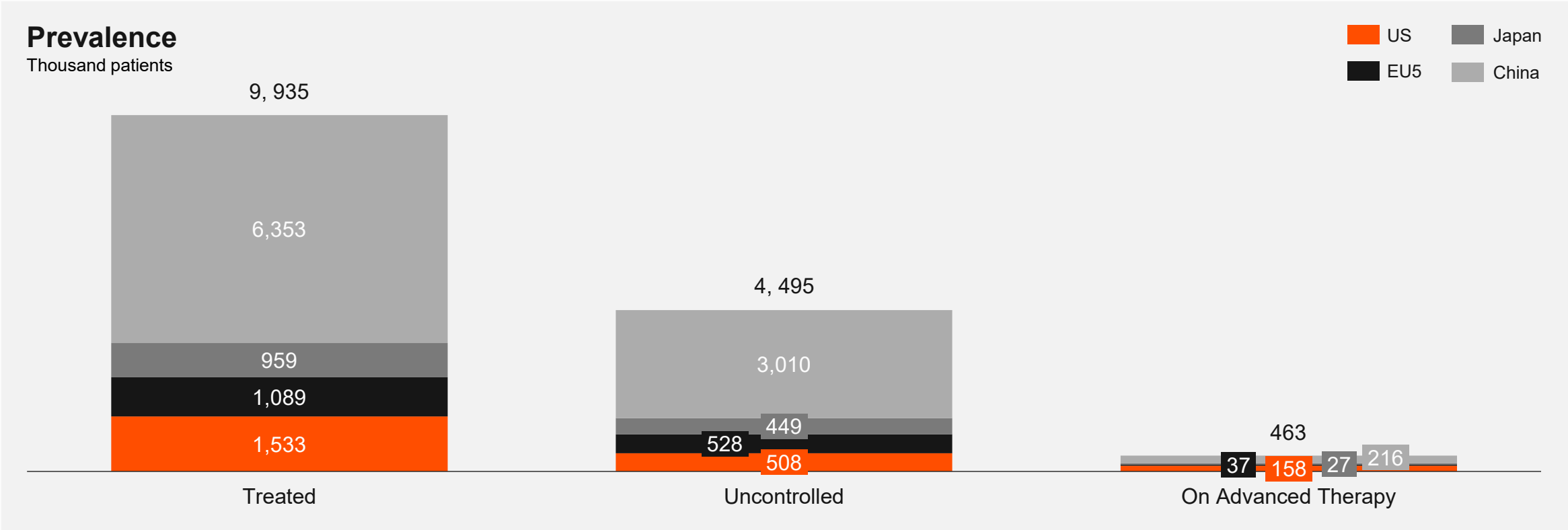
Moderate-to-severe includes Hurley State II and III. Treated refers to treatment with topicals, antibiotics, anti-androgens, DMARDs biologics and surgery. Sources: IQVIA, DRG, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Polymyalgia rheumatica



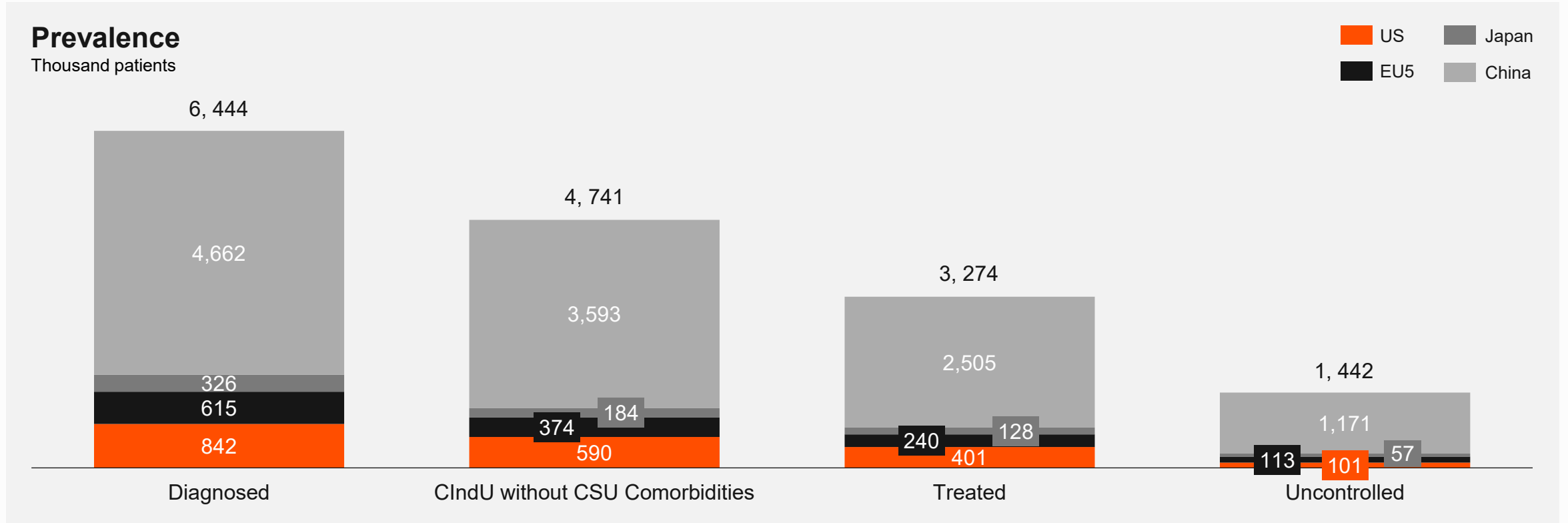
Biologic Eligible refers to patients with steroid intolerance (flares or relapse) and/or currently receiving steroid-sparing agents who are managed in rheumatology care. Sources: IQVIA, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Chronic spontaneous urticaria



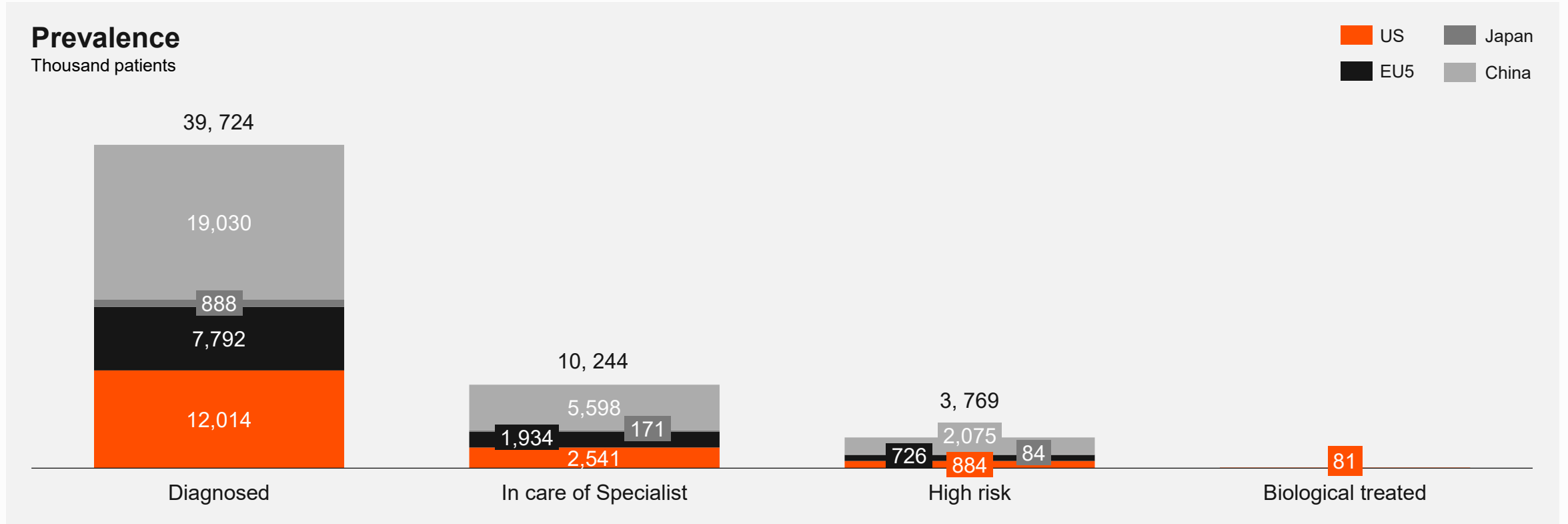
Treated refers to adults treated with antihistamines and biologics. Uncontrolled despite treatment with H1, H2 antihistamines incl. dose escalation. Advanced Therapy: Xolair, Xolair Bs, Dupixent and Rhapsido. Sources: GA2LEN, World Bank, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Chronic inducible urticaria



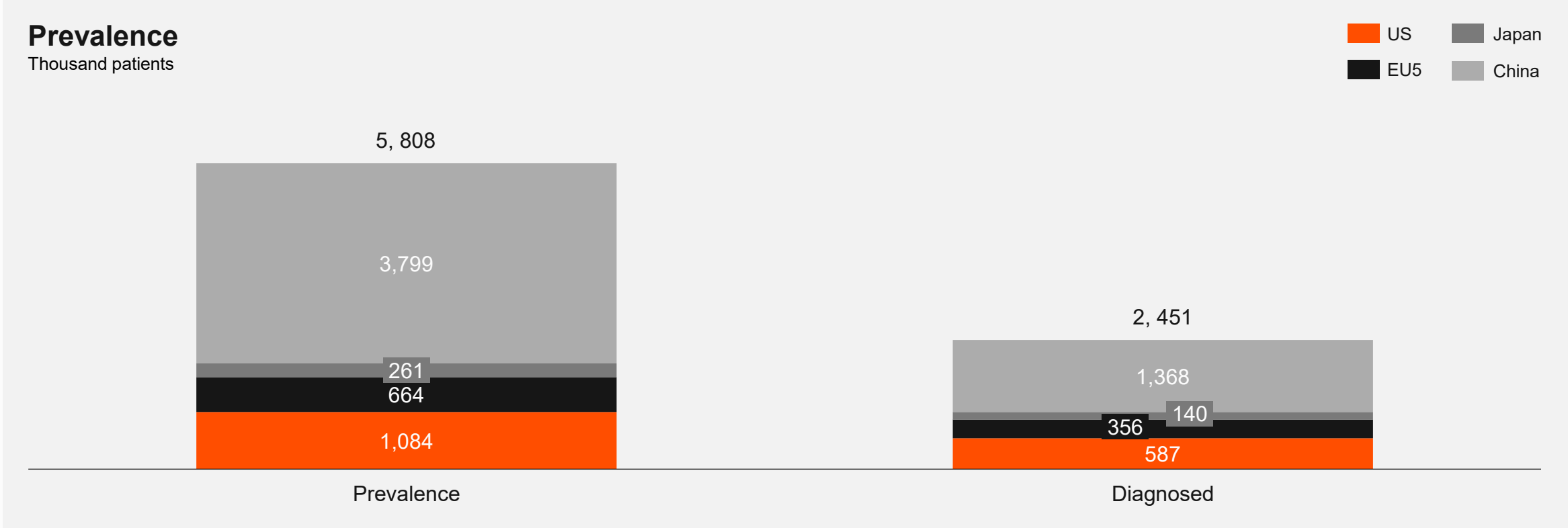
Diagnosed refers to adults. Uncontrolled despite treatment with H1, H2 antihistamines incl. dose escalation access. Sources: Maurer et al. 2019, US 2024 CENSUS, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Food allergy



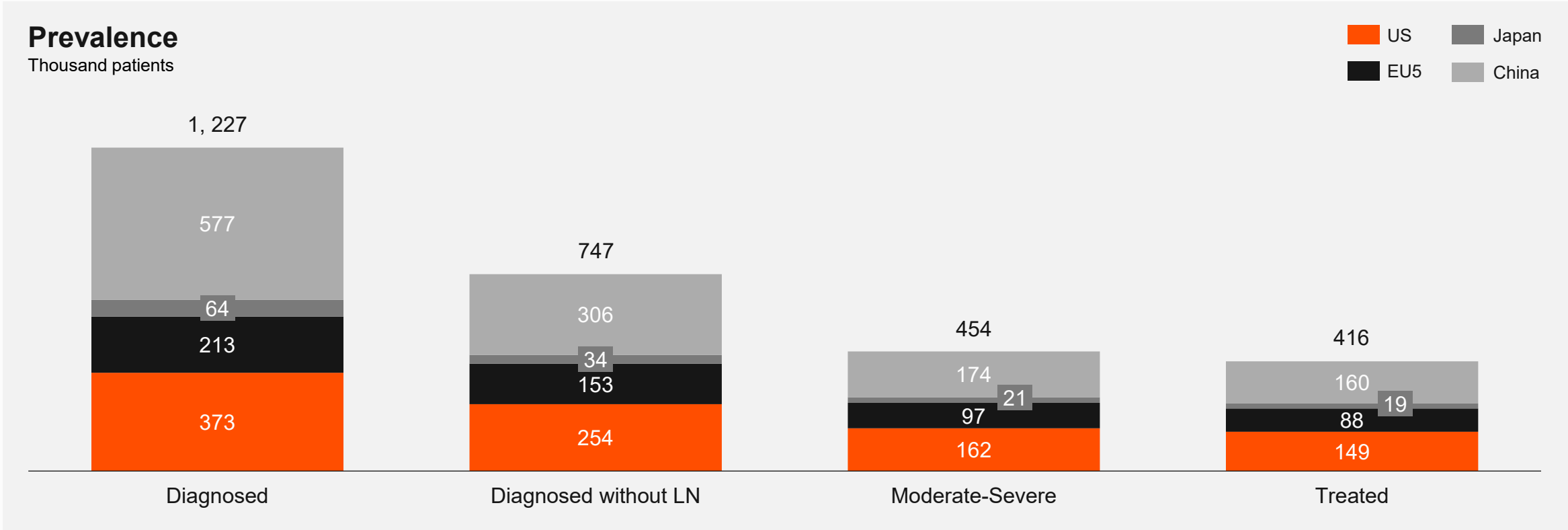
Diagnosed includes only 12-65 population group. Data Sources: Literature reviews, claims analysis, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Sjögren's



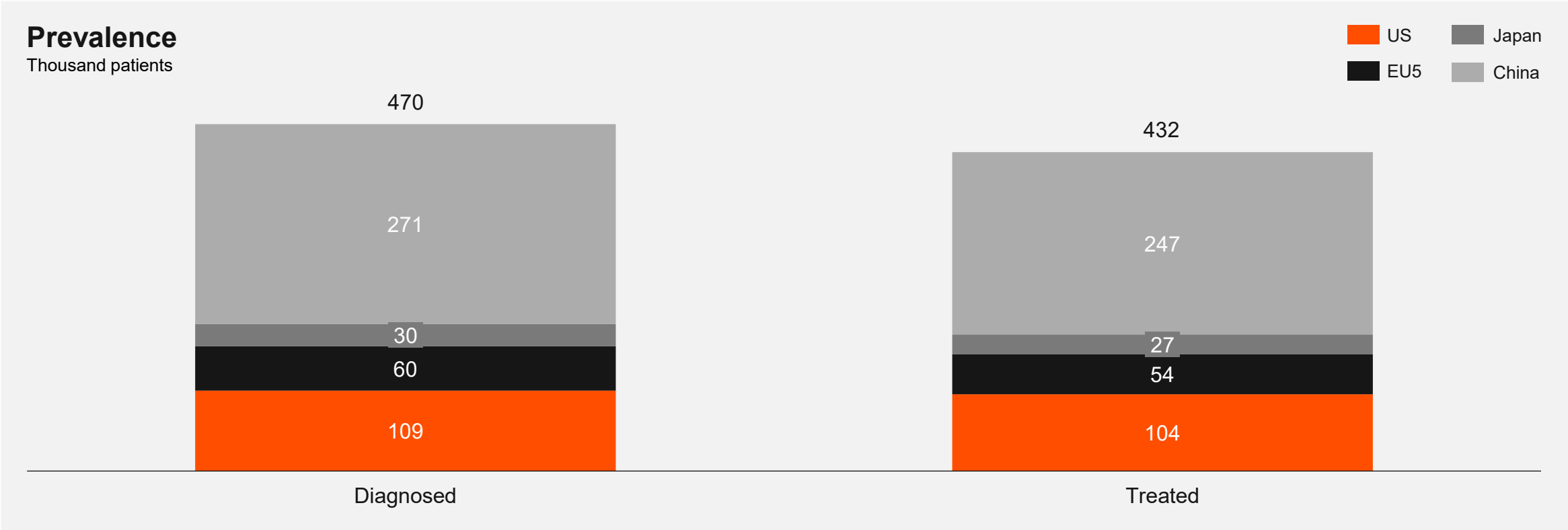
Prevalence assumes primary Sjögren's patients only. Sources: Kantar Health, UKPSS Registry, BDC ESSDAI Data, N Z Zhang et al. 1995, Ganguli et al. 2025, Demand SjD MR, US MR Conjoint study, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Systemic lupus erythematosus



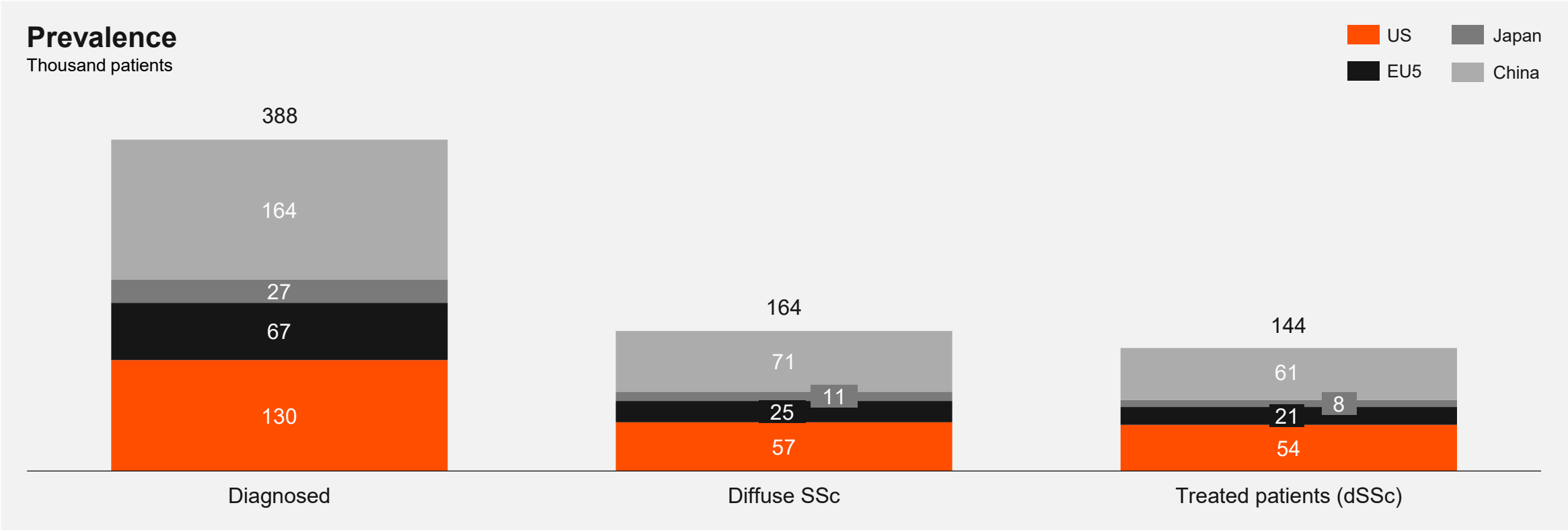
Moderate-severe categorization is based on HCP interviews; physicians assess severity using clinical symptoms, organ involvement, and clinical and laboratory findings. Sources: DRG, Japan Intractable Diseases Information Center, Andreas et al. 2021, Alexander et al. 2021 & DRG Market Dashboard, Li M et al. 2021, Li et al. 2023 CPO, Garcia et al. 2022, Gandhi et al. 2013, US Demand Study, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Lupus nephritis



Sources: DRG, CPO, Garcia et al. 2022, Gandhi et al. 2013, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

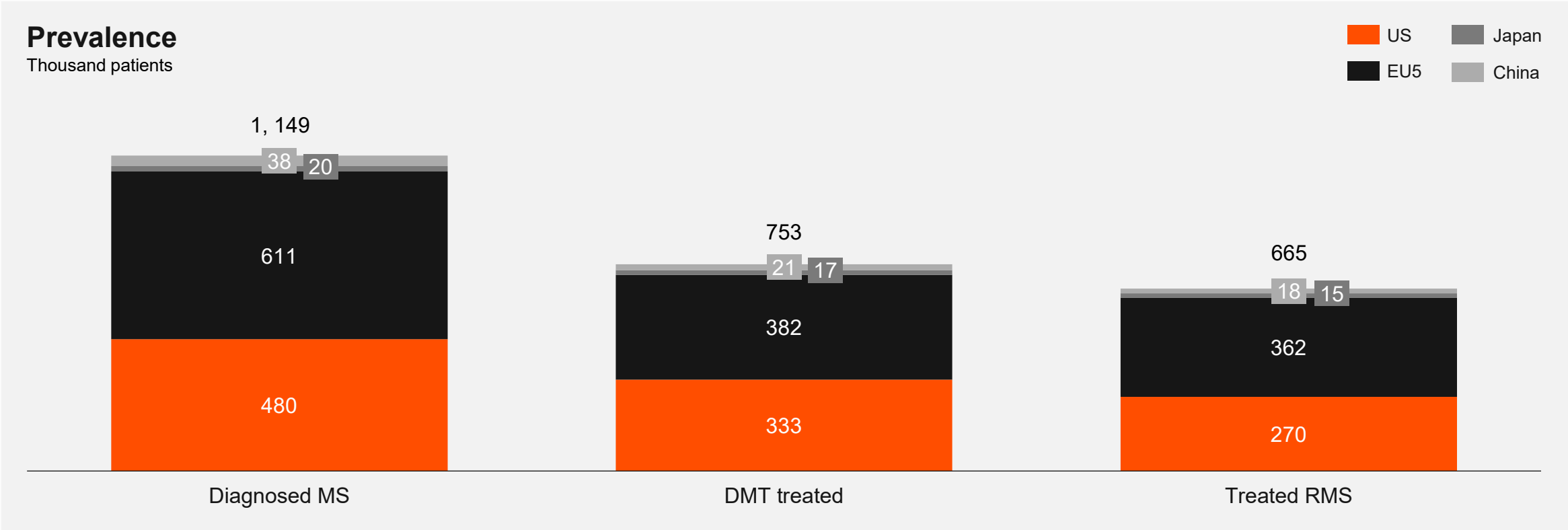
Systemic sclerosis



Treatments include conventional immunosuppressants, targeted/organ-directed agents (like antifibrotics, vasodilators, ACEi, etc), and biologics. Sources: Katinka Albrecht et al., Z Rheumatol 2024, DRG 2025, Camelia Frantz et al. 2020, Japan Intractable Diseases Information Center, Masataka Kuwana et al. 2025, DRG, Dai et al. 2003, Shasha Hu et al. 2018, Inpharmation Conjoint 2025, Fan et al. 2020, Coffey et al. 2021, Li et al. 2020, Sandhu et al. 2018, DRG, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

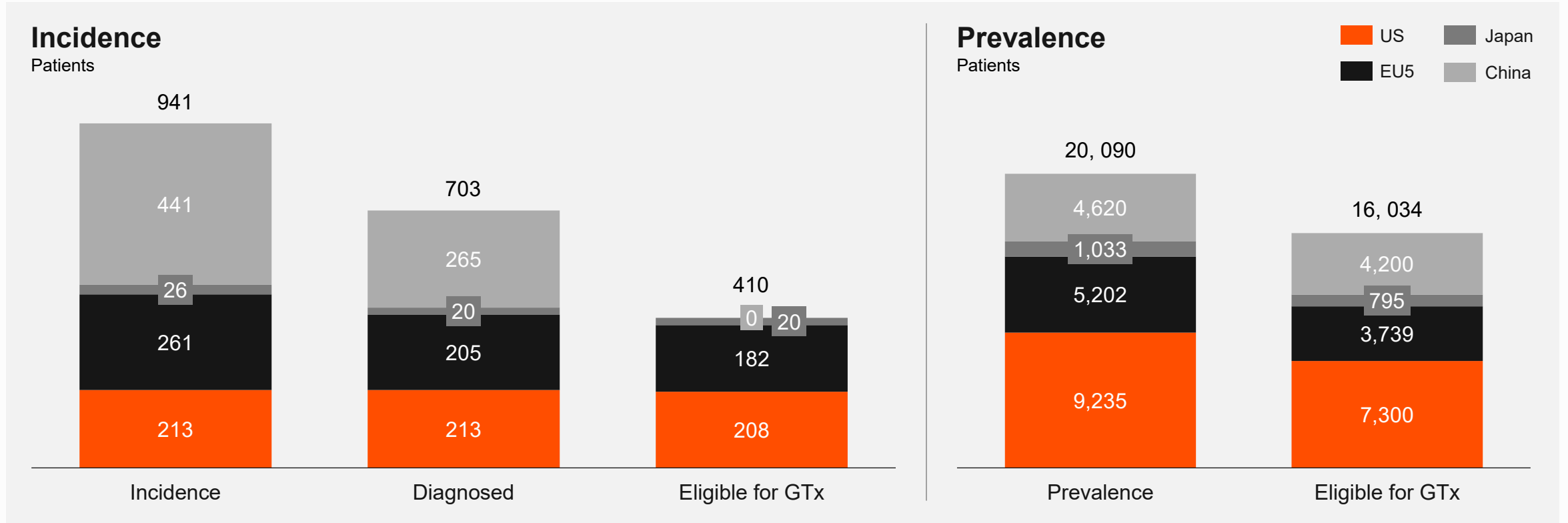
Neuroscience

Multiple sclerosis



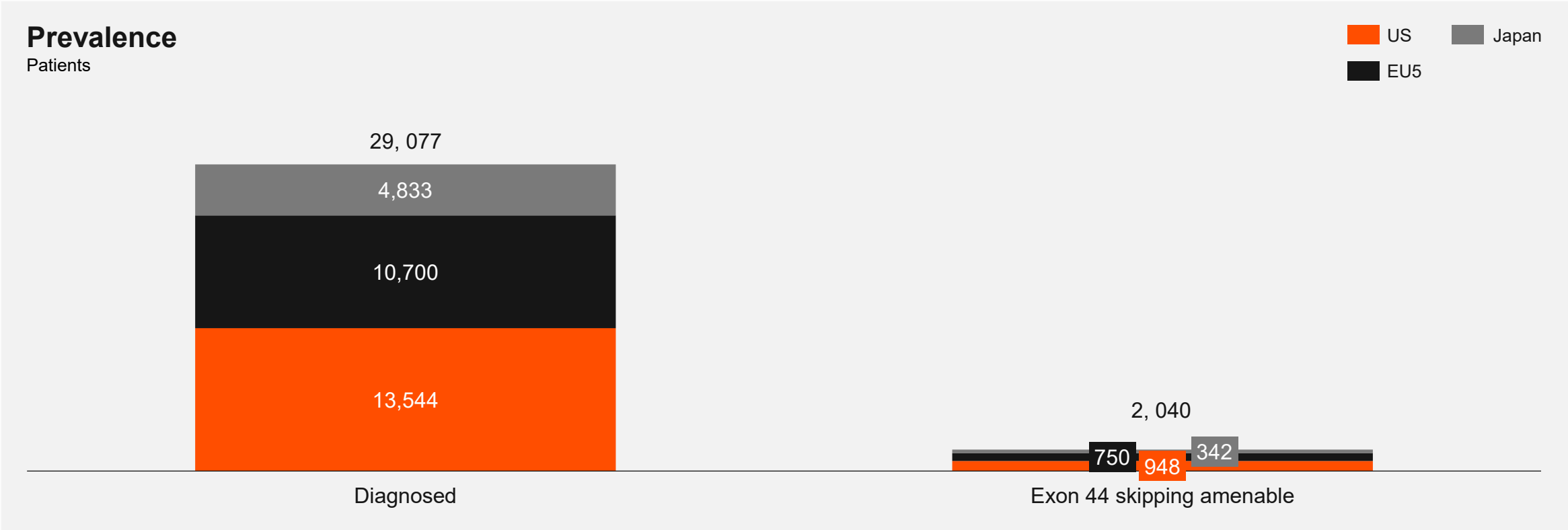
DMT: Disease modifying therapy. RMS: Relapsing multiple sclerosis. RMS includes clinically isolated syndrome, relapsing-remitting and active secondary progressive forms of multiple sclerosis. Sources: Global Disease Burden (IHME Portal), Spherix Chart Study, MSIF, IQVIA, Stethos, DRG, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Spinal muscular atrophy



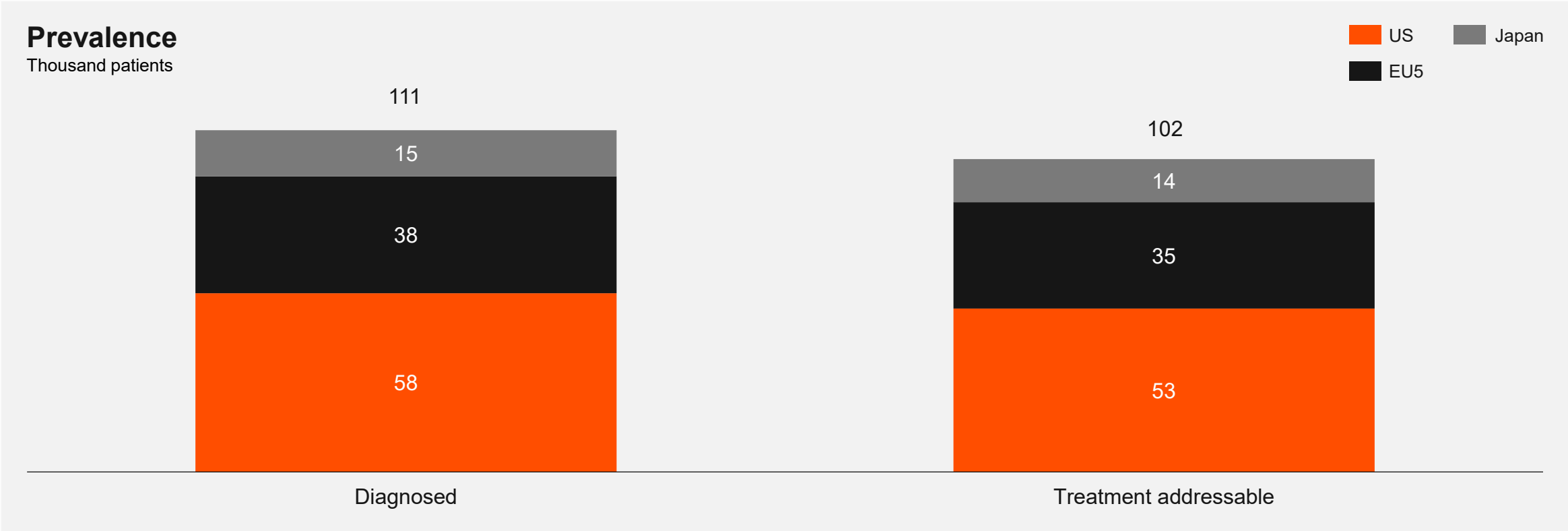
GTx: Gene therapy. For incidence, GTx eligibility excludes patients with elevated anti-AAV9 antibody. Prevalence includes undiagnosed patients. For prevalent patients, GTx defined as patients above 2 years, removing IV Tx patients, and adjusted to AAV9 eligibility criteria. EU label assumptions applied for all ex-US markets. Final labels may differ. Sources: CDC, CureSMA, NIH, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Duchenne muscular dystrophy



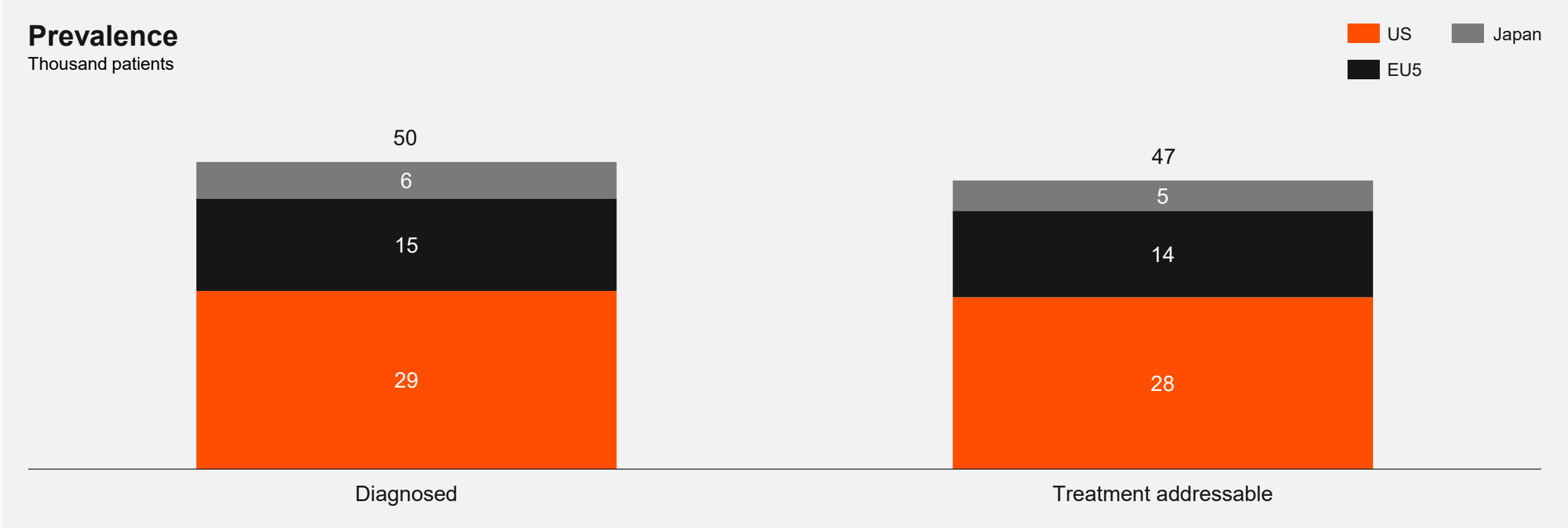
Treatment addressable patients estimated based on patients amenable to exon 44 skipping. China prevalence analysis ongoing. Sources: Literature research, claims data analysis, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Myotonic dystrophy type 1



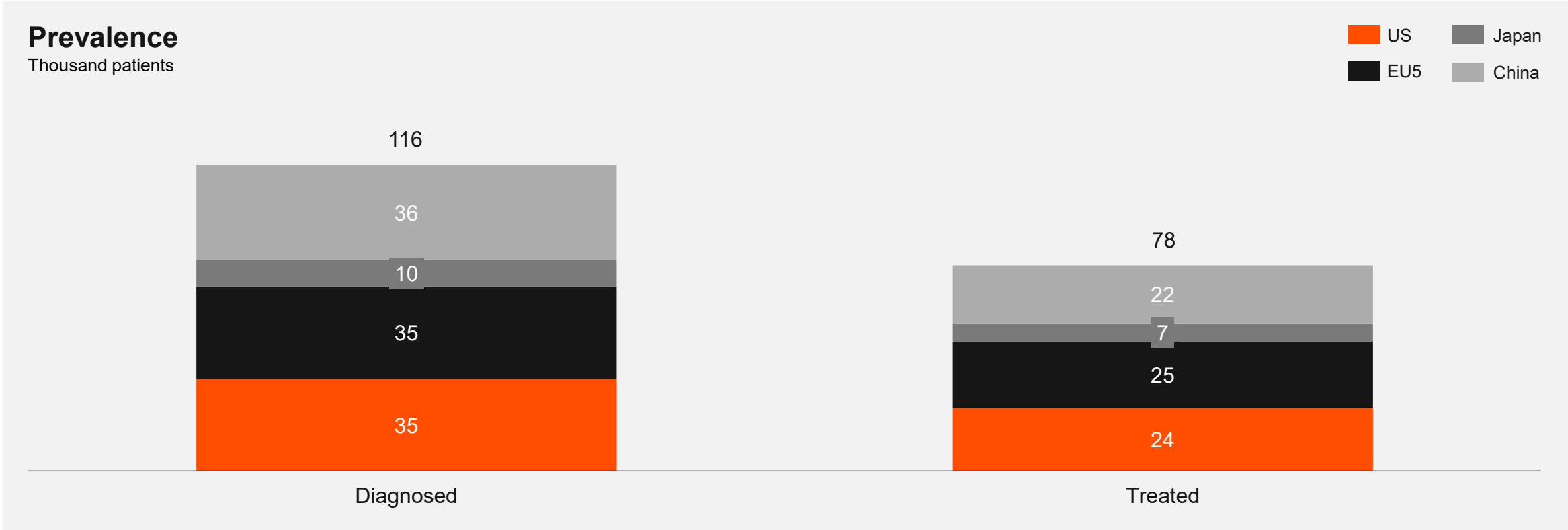
Treatment addressable includes patients aged 16+. Sources: Literature research, claims data analysis, Novartis. China prevalence analysis ongoing. Data for year 2026. Epidemiology numbers include patients without access.

Facioscapulohumeral muscular dystrophy



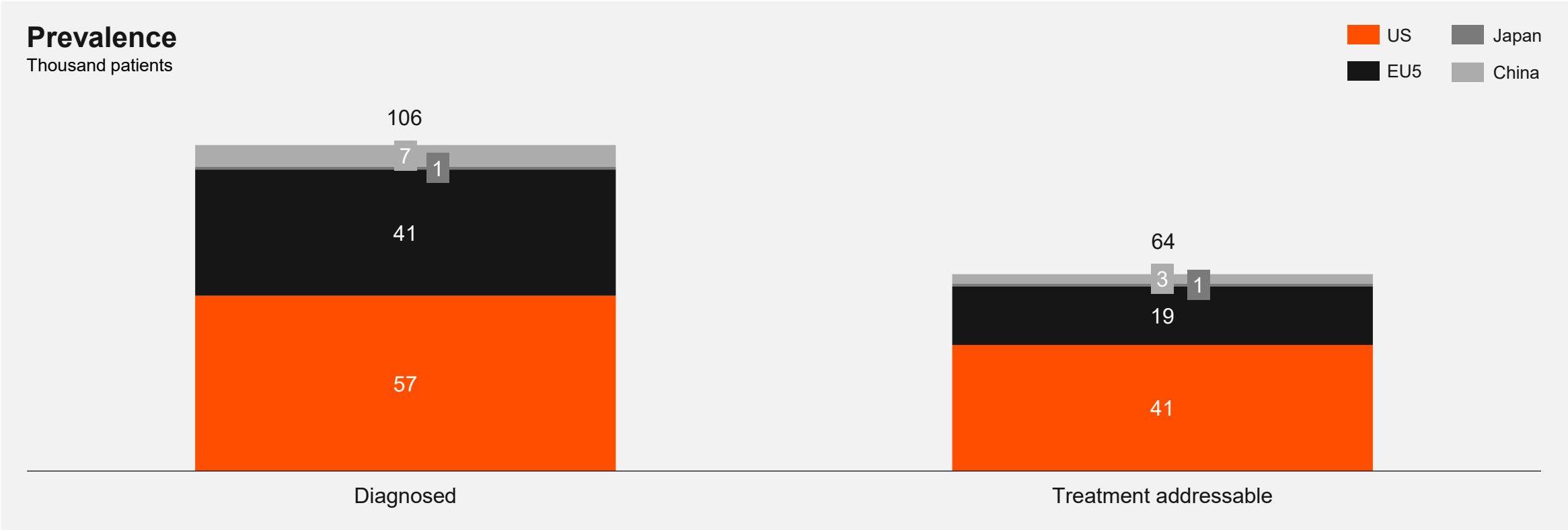
Treatment addressable includes patients aged 16+. Sources: Literature research, claims data analysis, Novartis. China prevalence analysis ongoing. Data for year 2026. Epidemiology numbers include patients without access.

Amyotrophic lateral sclerosis



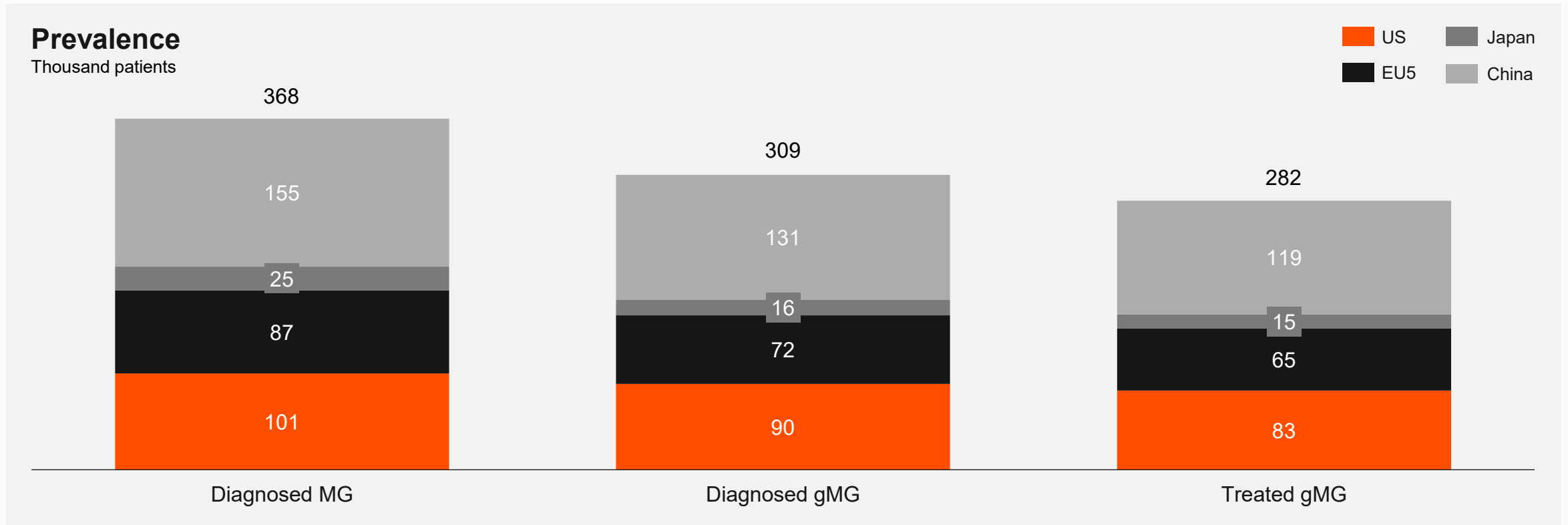
Treated refers to patients treated with Rilutek, Radicava. Sources: Literature research, claims analysis, KOL interviews. Data for year 2026. Epidemiology numbers include patients without access.

Huntington's disease



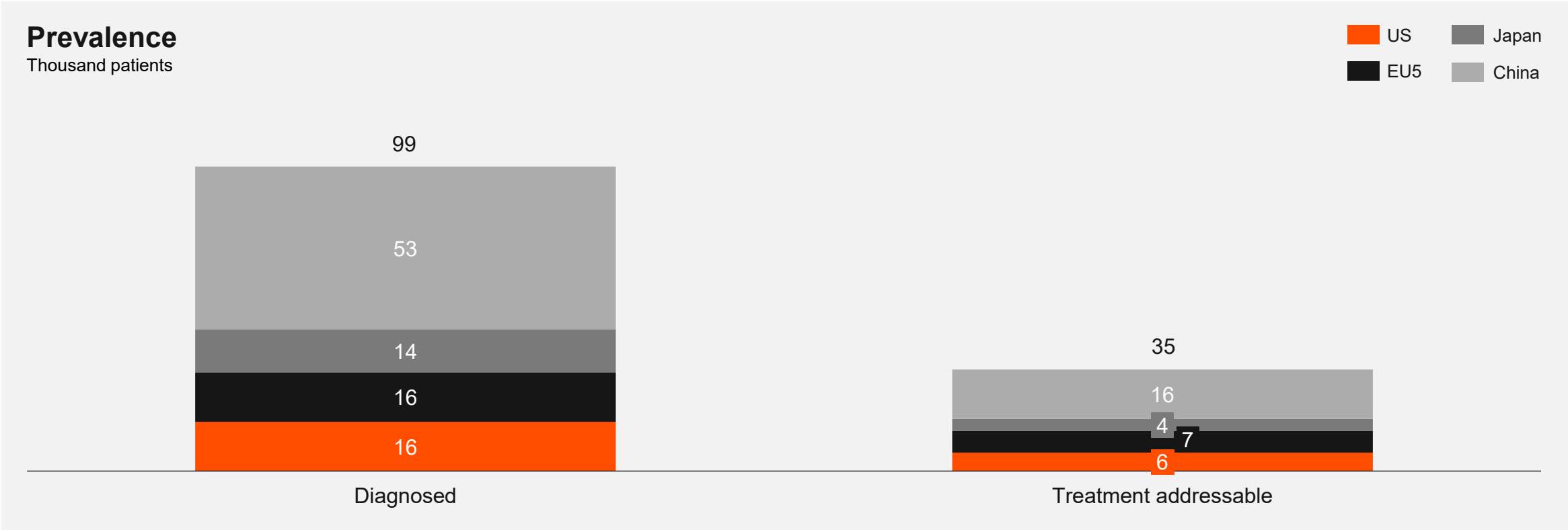
Diagnosed prevalence includes patients with manifest HD + pre-manifest HD. Treatment addressable based on patients within the most appropriate window of therapeutic intervention, currently estimated to include Stage 2 and mild Stage 3 patients. Sources: Literature research, Clarivate, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Generalized myasthenia gravis



Treated includes patients treated with Acetylcholinesterase inhibitors, Corticosteroids +/- Thymectomy, Non-steroidal immunosuppressive therapies, Intravenous immunoglobulin, FcRn inhibitors, C5 inhibitors. Sources: Literature research, Clarivate, Novartis. Data for year 2026. Epidemiology numbers include patients greater than 18 years of age without access.

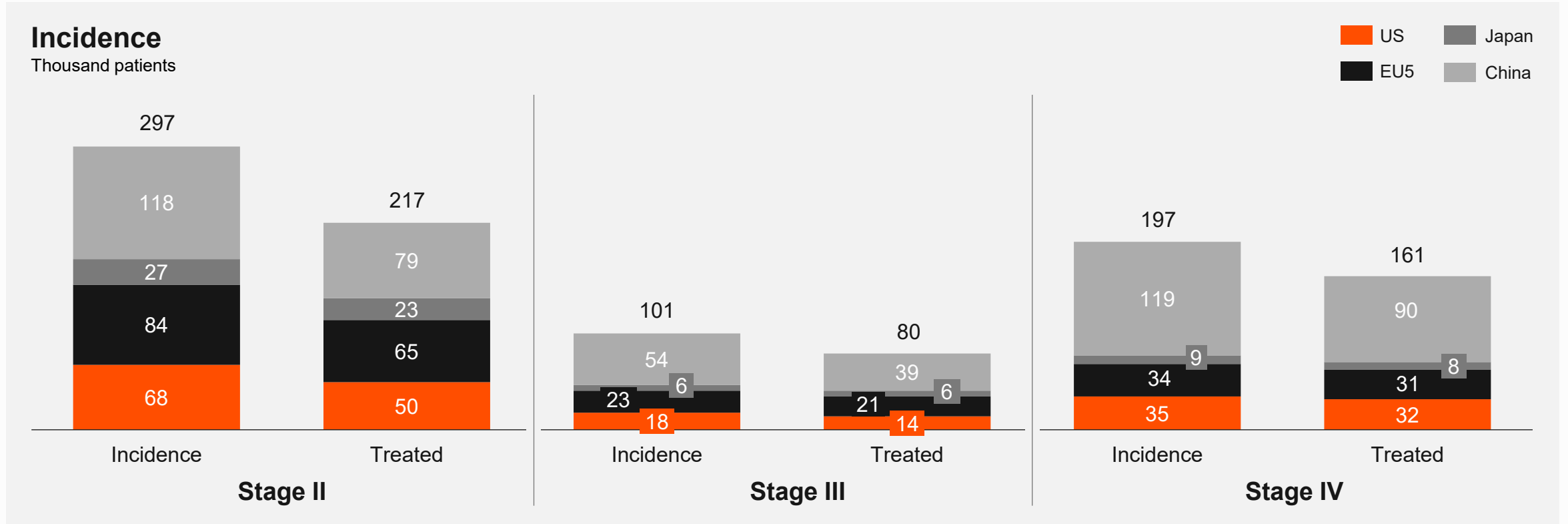
Progressive supranuclear palsy



US treatment addressable estimate based on diagnosis of mild-moderate, probable or possible PSP with symptoms onset <5 years. Sources: Literature research, Clarivate, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

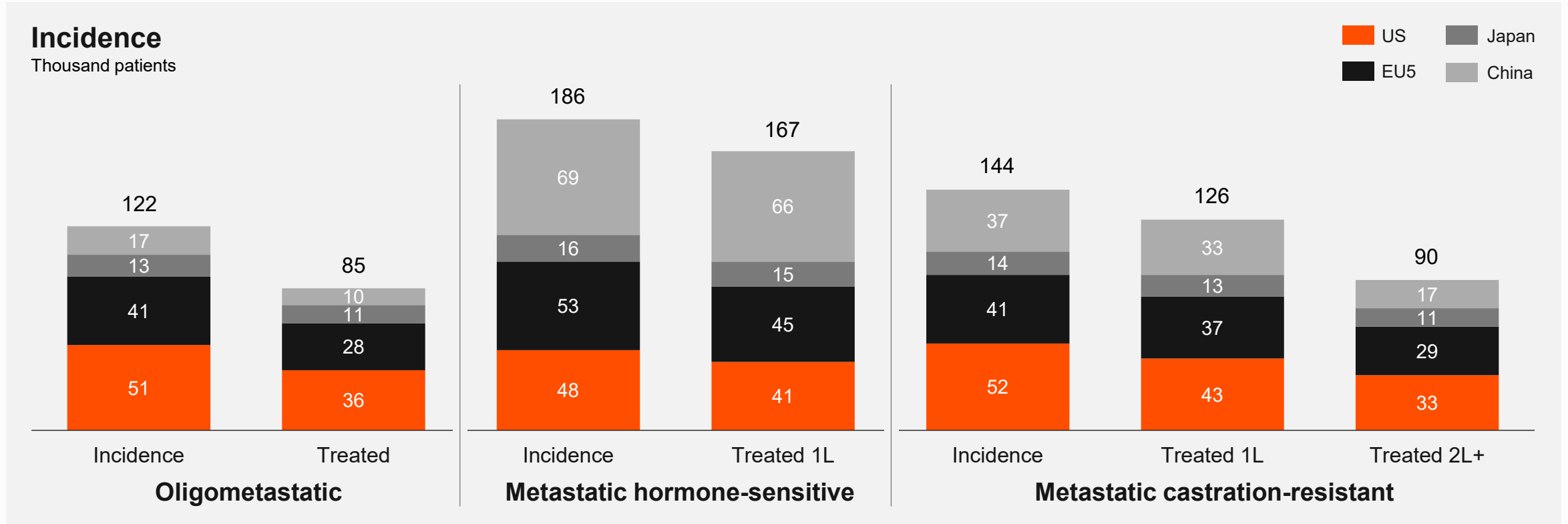
Oncology

HR+/HER2- breast cancer



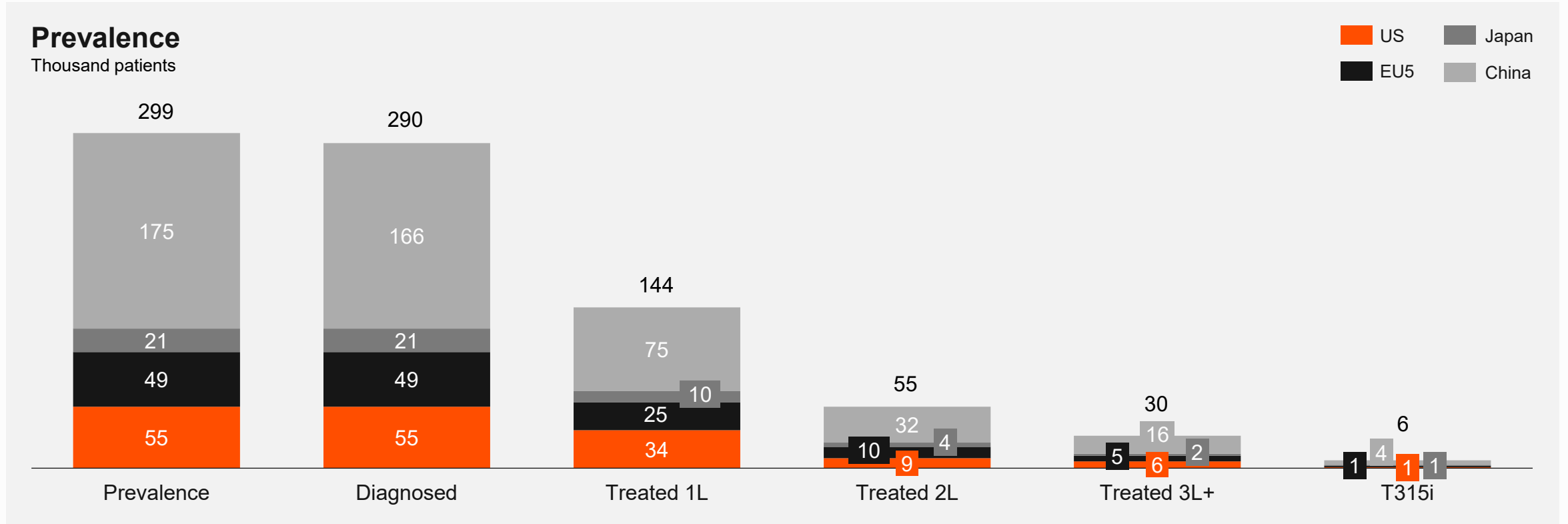
Incidence includes de novo patients with no prior history of breast cancer and recurrent patients who had eBC. Treated refers to treatment with systemic therapy for Stage II and III. Stage IV treated includes systemic and non-systemic therapy. Sources: Cerner Enviza 2026, DRG, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Prostate cancer



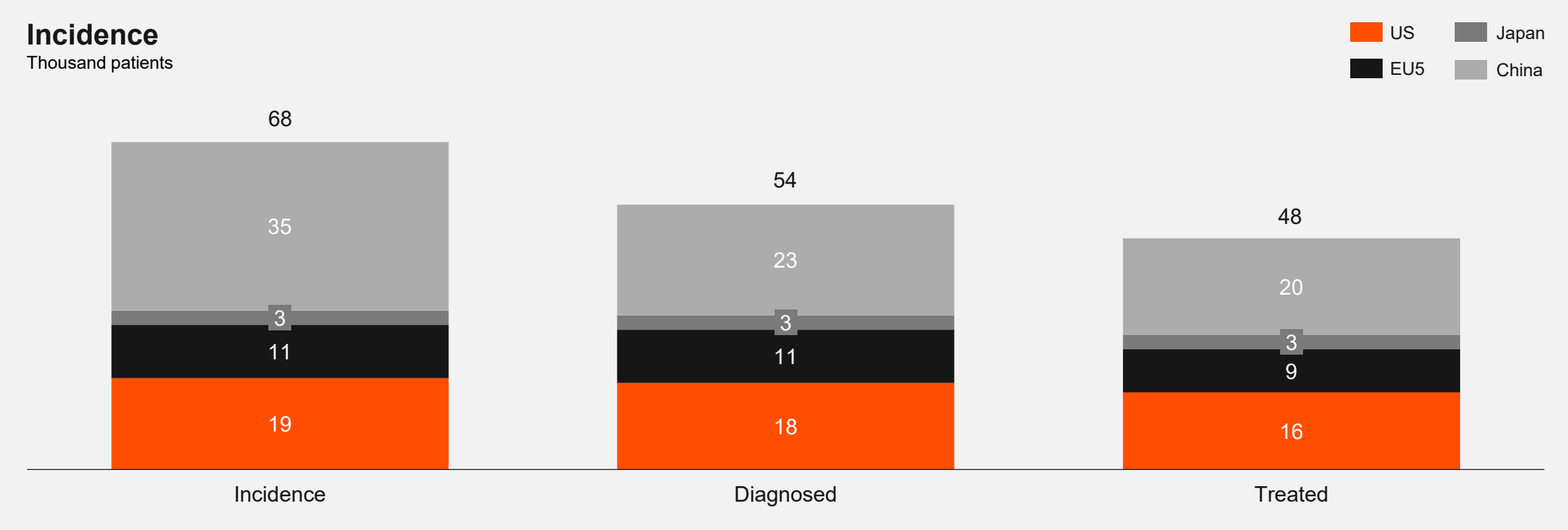
Oligometastatic refers to all biochemical recurrence patients. Sources: Oracle, Novartis, China National Office for Cancer Prevention and Control. Data for year 2026. Epidemiology numbers include patients without access.

Chronic myeloid leukemia



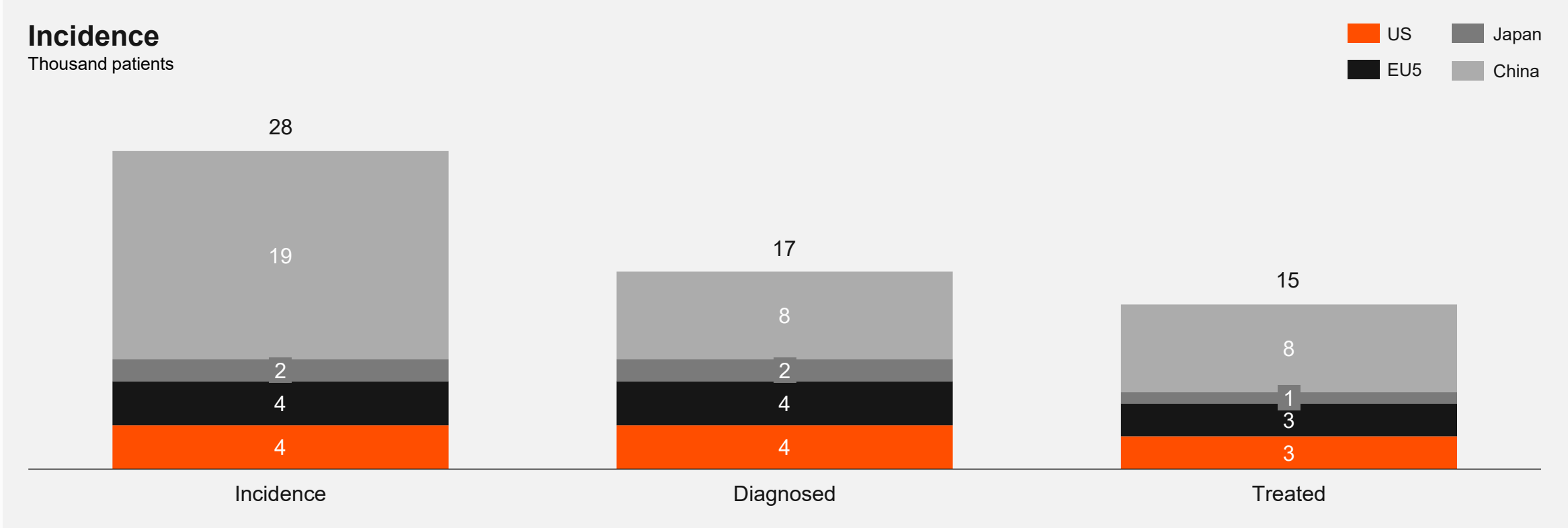
Prevalence includes 90%-95% Ph+CML-CP and 5%-10% acute phase depending on geographies. Treated refers to treatment with 1st and 2nd generation TKIs. Sources: CancerMpact 2026 (China prevalence extrapolated using Japan). Data for year 2026. Epidemiology numbers include patients without access.

Immune thrombocytopenia



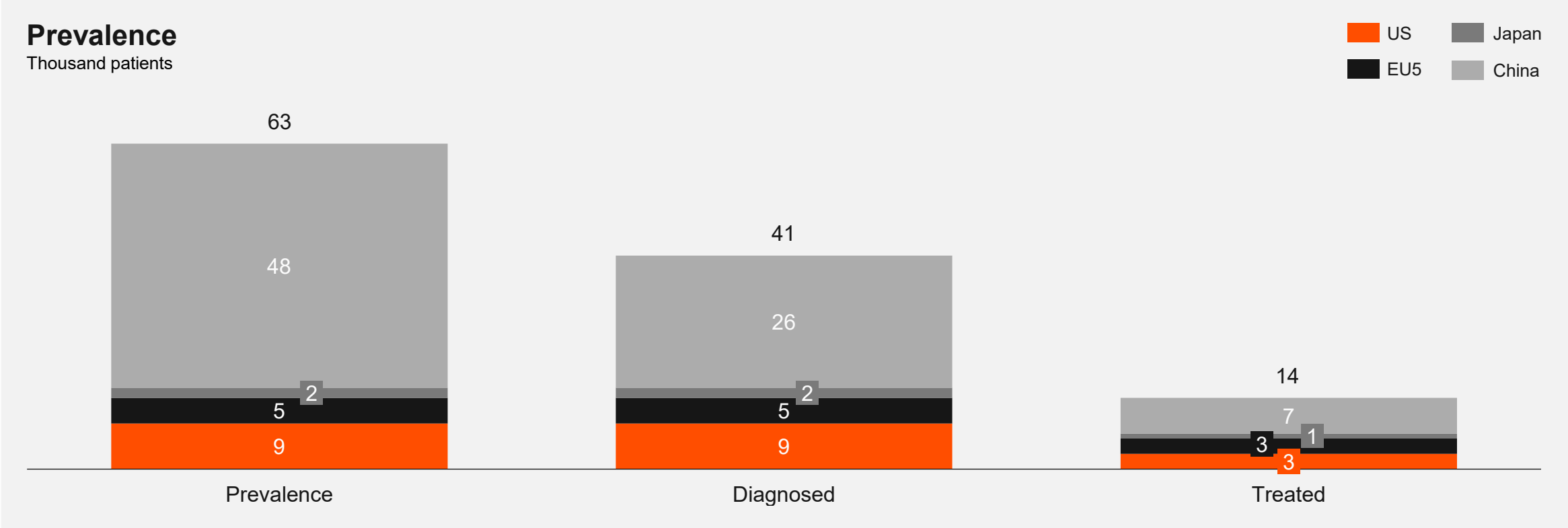
Treated includes patients treated with corticosteroids, rituximab, Splenectomy, Immunosuppressants, and TPO-RAs. Sources: Novartis Market Research. Data for year 2026. Epidemiology numbers include patients without access.

Warm autoimmune hemolytic anemia



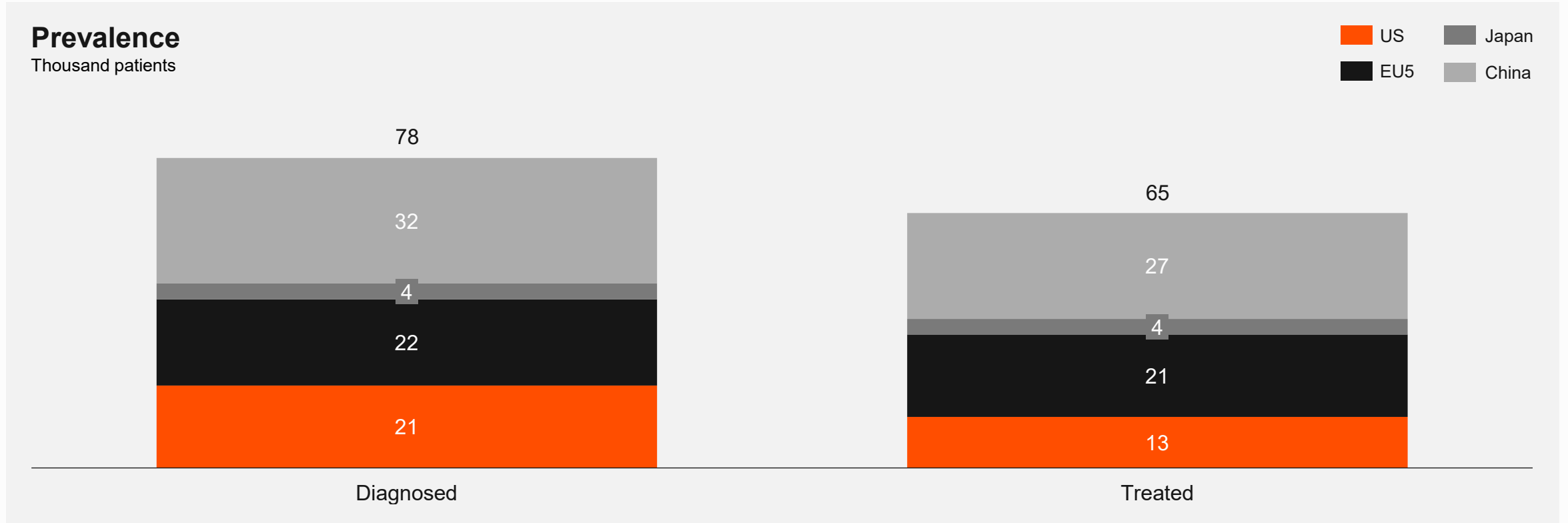
Treated includes patients treated with corticosteroids, rituximab, Splenectomy, Immunosuppressants. Sources: ORPHANET, NORD, Pubmed. Data for year 2026. Epidemiology numbers include patients without access.

Paroxysmal nocturnal hemoglobinuria



Prevalence includes adults only. Treated refers to complemented treated patients with 100% access applied for US, EU5, and Japan and 51% access applied for China. Sources: DRG, Evaluate, Novartis. Data for year 2026.

Myelofibrosis



MF includes both primary myelofibrosis and secondary myelofibrosis. Treated includes patients treated with JAK inhibitors (Jakafi, fedratinib, momelotinib, pacritinib), hydroxyurea, or others (eg, interferon, immunomodulators)
Sources: DRG, Novartis. Data for year 2026. Epidemiology numbers include patients without access.

Thank you