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Investor presentation

July 21, 2026

Q2 2026 Results

NOVARTIS

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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 43 of the Novartis Condensed Interim Financial Report.

Content

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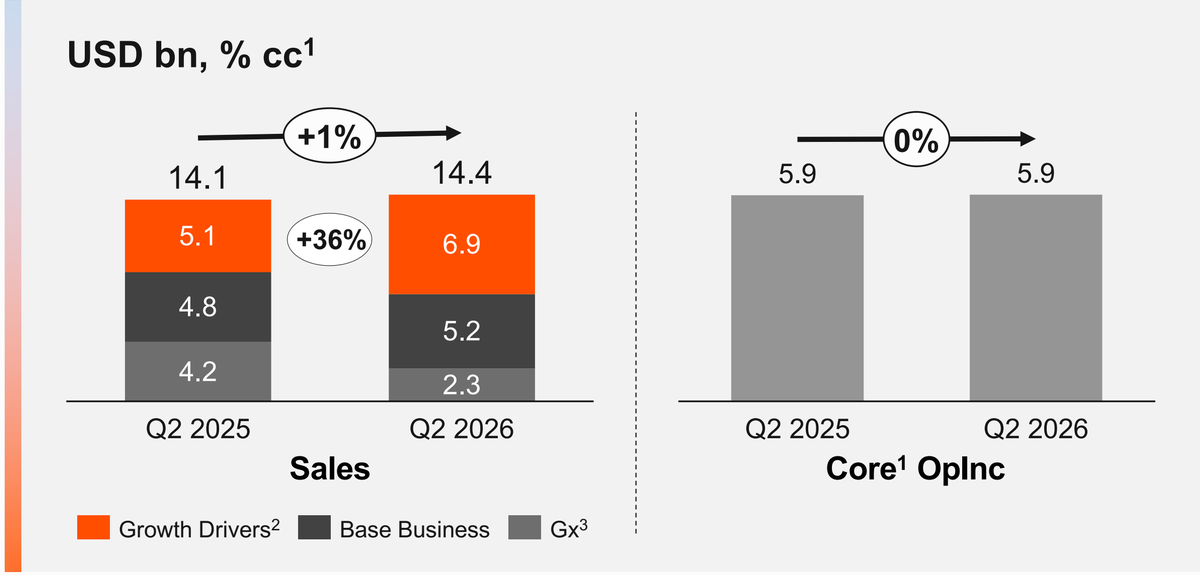
Company overview

Vas Narasimhan, M.D.
Chief Executive Officer

NOVARTIS

Novartis delivered strong performance across priority brands and launches while advancing the pipeline



Q2 pipeline highlights

Rhapsido® EC and JP approval in CSU; Phase III CIndU data presented at EAACI

Itvisma® EC approval as the only gene replacement therapy for a broad SMA population

Kisqali® pediatric exclusivity granted by FDA; clinically meaningful 6-year OS data in eBC

Del-zota FDA file submitted for accelerated approval for people living with DMD44

Del-brax positive Phase I/II biomarker data in FSHD

Novartis 2026 full year sales and core operating income guidance reaffirmed[4]

1. Constant currencies (cc) and core results are non-IFRS measures. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY. 2. Kisqali, Kesimpta, Scemblix, Pluvicto, Cosentyx, Leqvio, Fabhalta, and Rhapsido. 3. Definition consistent with the Condensed Interim Financial Report. 4. See detailed guidance assumptions on page 20.

Growth drivers continued a strong trajectory, up +36% cc[1] in Q2, supporting our ability to return to growth

Q2 Sales

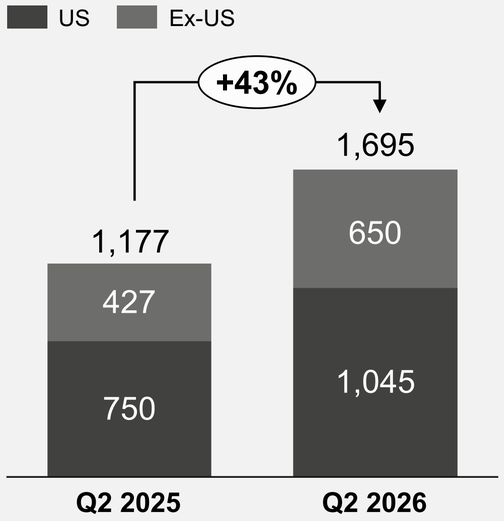
	Sales USD million	Growth vs. PY USD million	Growth vs. PY cc[1]
KISQALI ribociclib	1,695	518	43%
Kesimpta (ofatumumab)	1,424	347	32%
SCEMBLIX (asciminib)	562	264	89%
PLUVICTO	651	197	43%
Cosentyx (secukinumab)	1,824	195	10%
LEQVIO	480	182	59%
FABHALTA (iptacopan)	225	105	88%
Rhapsido (remibrutinib) 25mg tablets	64	64	nm

Strong growth +36% cc[1]

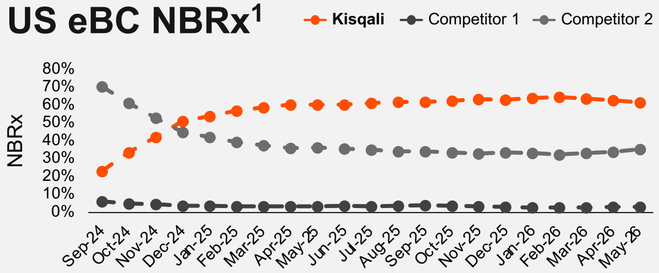
1. Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

Kisqali® Q2 sales grew +43% cc, outpacing CDK4/6 market

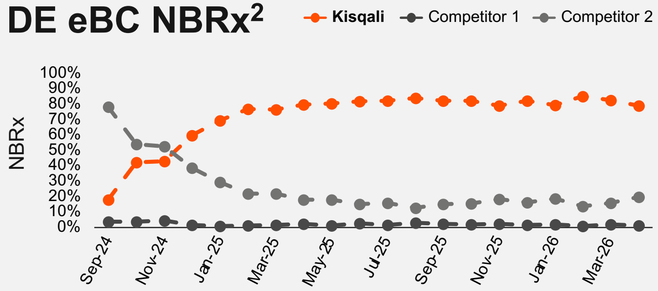
Sales evolution
USD m, % cc



US eBC NBRx[1]



DE eBC NBRx[2]



US: +39% in Q2 reaching 1bn+

- Continued mBC leadership in TRx with increasing share of 1L
- Sustained eBC NBRx and TRx leadership. 58% of new patients from exclusive Kisqali N0/N1 population
- Continued to grow total prescriber base +16%[3]

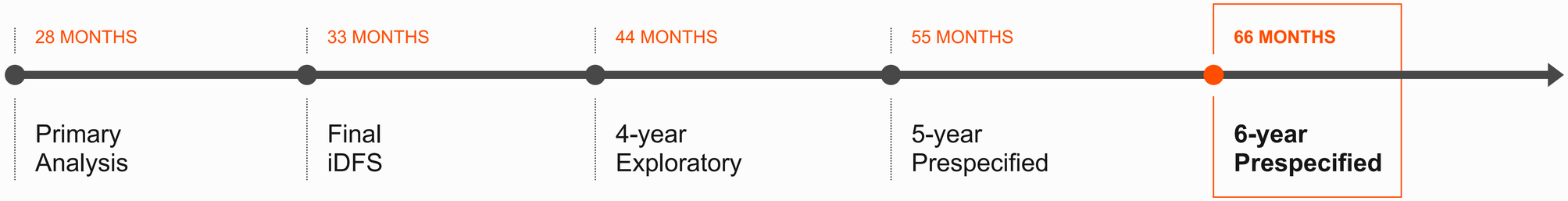
Ex-US: +49% cc in Q2

- Continued mBC leadership in NBRx (54%) and TRx (46%)[4]
- Growth accelerating with eBC launches; now approved in 76 countries and reimbursed in 42
- Clear eBC leadership in DE (79%), UK (81%)[4]; strong share gain momentum in CN (46%)[5]

See page 85 for references (footnotes 1-5). Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

NATALEE 6-year follow up showed clinically meaningful OS in broadest at risk eBC population; data to be presented

NATALEE Median iDFS follow-up



NATALEE 6-year data

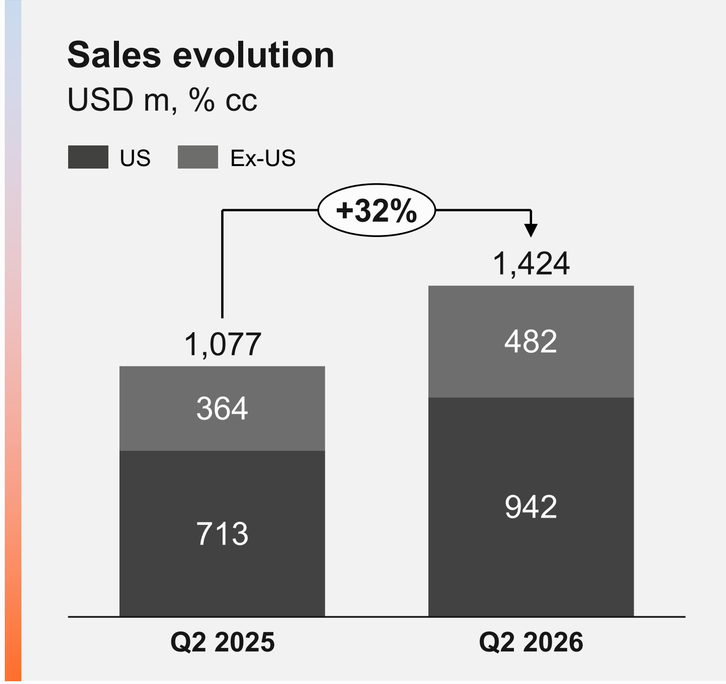
iDFS benefit continues over time, further strengthening use in the broadest at risk eBC population

Safety consistent with known profile of Kisqali

Data underscores the value of dual inhibition with Kisqali + ET, across all key subgroups

Data further strengthens the use of Kisqali in the broadest at risk HR+/HER2- eBC population including node-negative disease

Kesimpta® Q2 sales grew +32% cc, with increasing TRx share



US: +32% in Q2

- Increasing TRx share in both B-cell (+2.5%pts[1]) and MS (+2%pts) markets
- Growing NBRx share ahead of B-cell competitors in priority 1L and LET switch segments

Ex-US: +30% cc in Q2

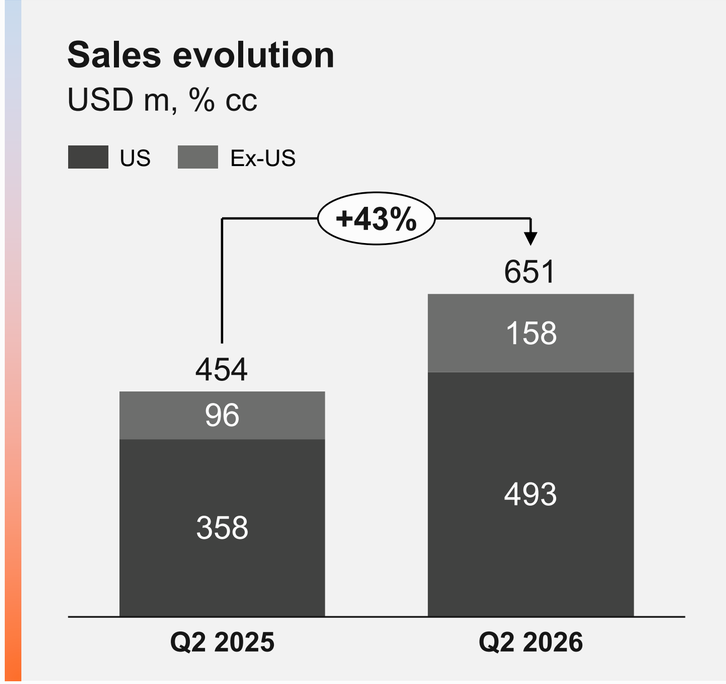
- Strong growth in Europe (treating ~1/6 MS patients[2], ~80% EU4[3] patients from naïve or first switch)
- Sustained NBRx growth (+0.7 pts) vs. PY in Top International Markets[4]
- Continued opportunity for expansion with ~2/3 of DMT-treated patients in ex-US not on B-cell therapy[2]

Continued evidence generation

- Phase III[5] ongoing for once every two months (Q2M) maintenance dose; on track for 2027 readout

See page 85 for references (footnotes 1-5). Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

Pluvicto® Q2 sales grew +43% cc, driven by US pre-taxane mCRPC and continued ex-US acceleration



US: +38% in Q2

- Pre-taxane driving >70% new patients
- Use after 1 ARPi largest NBRx segment, aided by adoption of NCCN guideline update removing routine 2nd ARPi in mCRPC[1]
- Continued site expansion (>880 sites)

Ex-US: +62% cc in Q2

- +83% growth in new patients from accelerating adoption in Europe and continued launch momentum in Japan and China[3,4]
- Sites more than doubled to >650

Next wave of growth

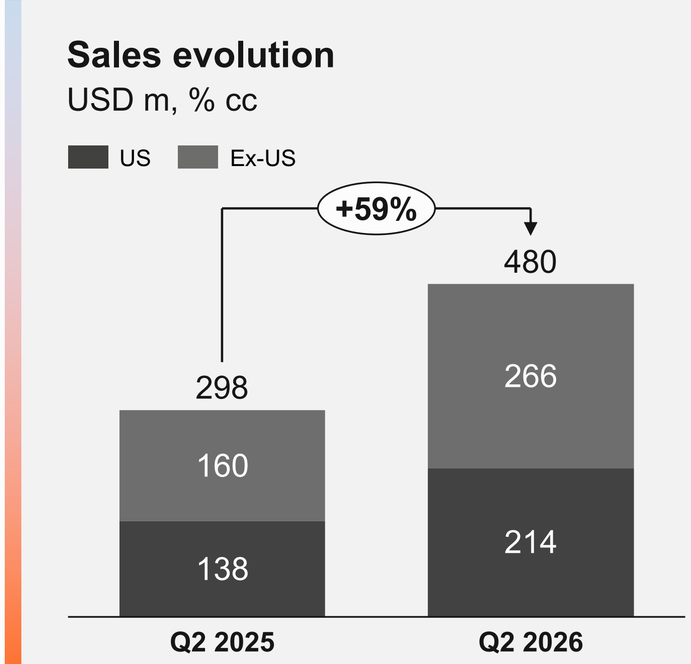
- Anticipated Q3 2026 FDA approval for Pluvicto in mHSPC[2]
- Increasing eligible patient pool by ~75% with strong foundation (>2/3 mHSPC patients with HCPs that use Pluvicto or have established referrals)

RLT Pipeline

- Promising Phase I results for ^{225}Ac-PSMA-617 in mCRPC[1]. Two Phase III studies in process

See page 85 for references (footnotes 3-4). Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY. 1. Also known as prostate-specific membrane antigen (PSMA)-positive metastatic androgen pathway modulation-resistant (mAPMR) prostate cancer. 2. Also known as prostate-specific membrane antigen (PSMA)-positive metastatic androgen pathway modulation-naive/sensitive (mAPMN/S) prostate cancer.

Leqvio® grew +59% cc in Q2 driven by strong demand



US: +55% in Q2, outgrowing advanced lipid-lowering market[1,2,3,4]

- MOTRx +49% (market +37%) demonstrating Leqvio's differentiated persistency. Demand mainly driven by increasing depth in priority health systems
- Growing Medicare Part B coverage channel NBRx (23.3% share, +3.6%pts YTD), with opportunity for continued expansion

Ex-US: +63% cc in Q2

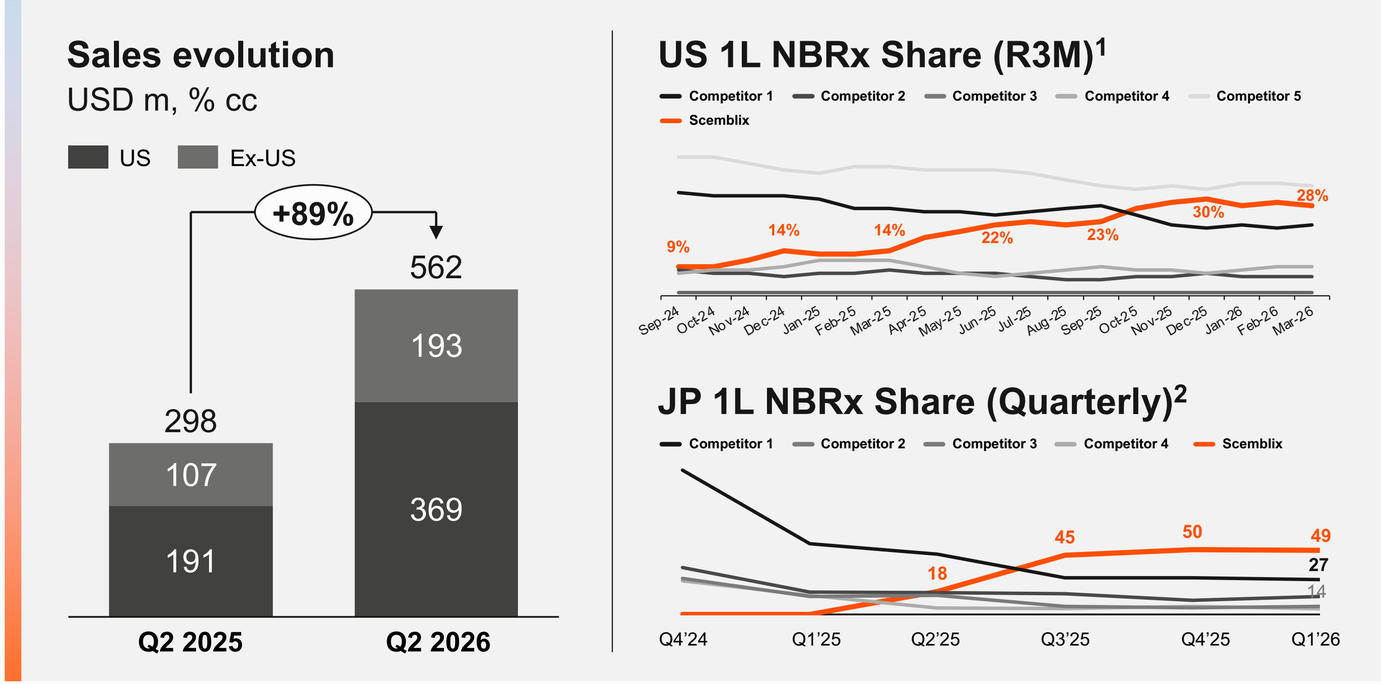
- China NRDL inclusion unlocking significant demand with market share double pre-NRDL[5]
- Sustained growth in Europe and Japan

Expanding Leqvio evidence in Q3

- Three real world studies of inclisiran adherence and persistence compared to other advanced lipid-lowering therapies (to be presented at American Society of Preventive Cardiology)
- V-CHALLENGE head-to-head study of inclisiran vs. bempedoic acid (to be presented at ESC 2026)

See page 85 for references (footnotes 1-5). Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY. Novartis obtained global rights to develop, manufacture, and commercialize Leqvio under license/collaboration agreement with Alnylam Pharmaceuticals.

Scemblix® Q2 sales grew +89% cc driven by both US and ex-US



US: +93% in Q2

- Demand-driven growth with sustained NBRx leadership across all lines[3]
- Expect to reach 1L NBRx share leadership (R3M) in H2 2026

Ex-US: +82% cc in Q2[4]

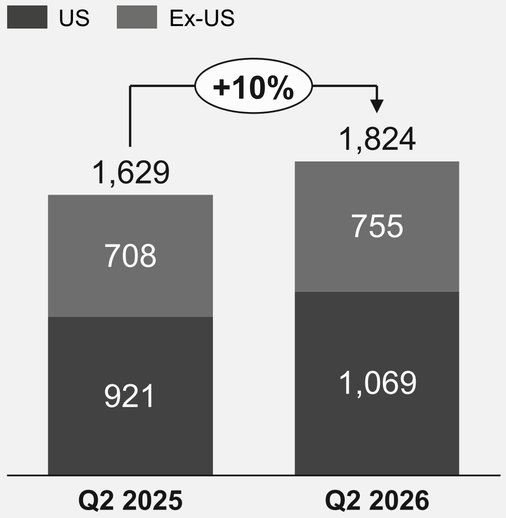
- Continued 3L+ NBRx leadership with 75% share across key markets[4]
- Early-line indication now approved in 65 ex-US countries
- JP sustained 1L NBRx leader, DE 1L NBRx share 15%[5]

See page 86 for references (footnotes 1-5). Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY. Note: Although Scemblix was not approved nor promoted in 1L or 2L in the US prior to October 29, 2024, some HCPs chose to prescribe it in these lines.

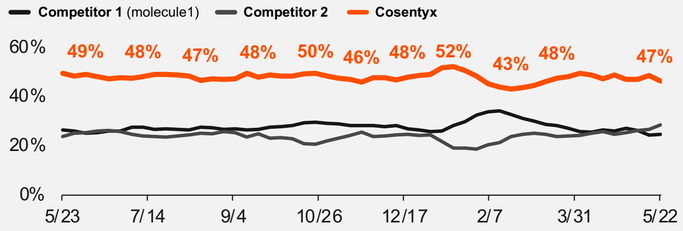
Cosentyx® Q2 sales grew +10% cc mainly driven by strong US growth

Sales evolution

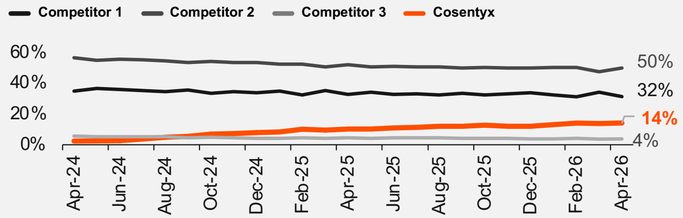
USD m, % cc



US HS Naive NBRx Share (R4W)[1]



US SpA IV Patient Share[2]



US: +16% in Q2

- Demand growth from HS and IV[1,2]
- Leading NBRx and MOTRx (48%)[1] shares in HS
- Underlying growth mid-single digit

Ex-US: +3% cc in Q2

- Continued demand driven growth in Europe and most emerging markets, with decline in China

Phase III REPLENISH-PMR

- Published in NEJM[3] and presented at EULAR[4]
- Cosentyx showed sustained remission at week 52 in twice as many patients vs. placebo with clinically meaningful reductions in GC dose[5]
- Anticipated FDA approval in H2

See page 86 for references (footnotes 1-5). Constant currencies (cc) is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

Rhapsido® with strong CSU launch trajectory and Phase III CIndU data supporting broader urticaria potential

CSU launch

Continued US launch uptake

- **>4k prescribers**[1] with ~53% allergists and ~47% dermatologists
- **>10k patients treated**[1] Positive feedback on oral option with results observed as early as Week 1 (post-hoc)[2]
- **>60% of patients treated 1L**[3]

Supporting US patient access

- Expanded PA-to-label access with coverage at 2 of the 3 major PBMs
- H2 access expansion expected
- Effective bridge and sample program in place

Ex-US progress

- China with encouraging early traction (>3k patients treated)
- Launches in Germany, Austria, UAE
- Further expansion in H2 post EMA, Japan, Swiss approvals

CIndU

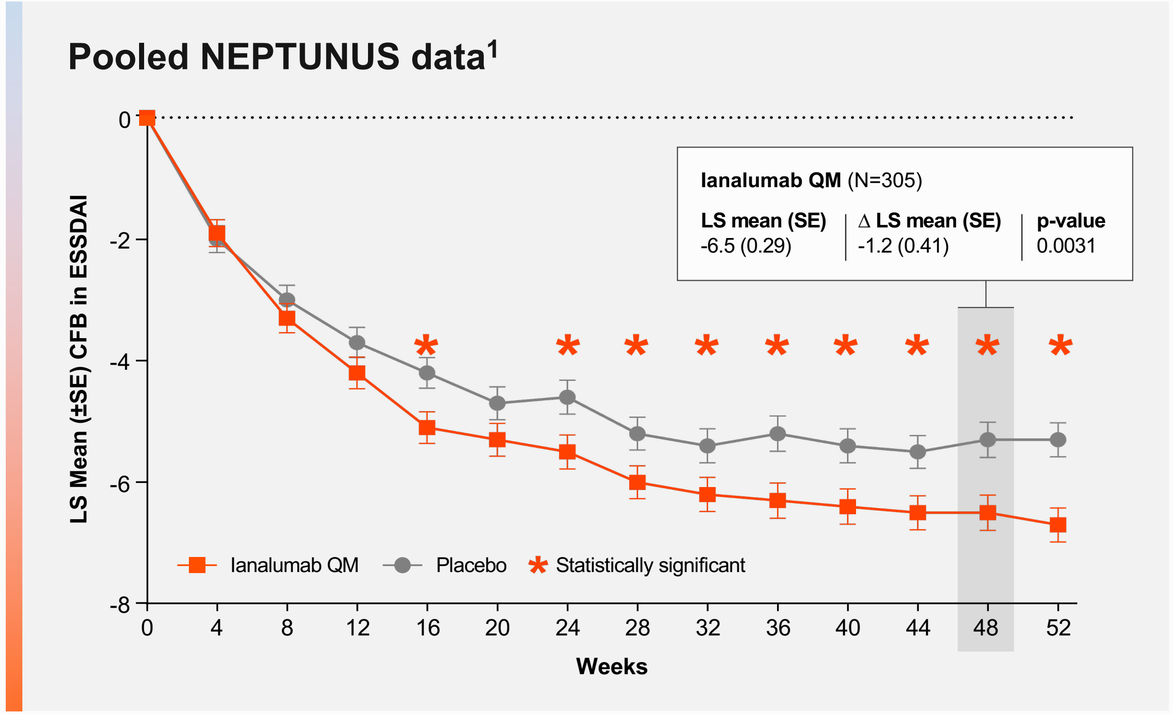
Phase III RemIND data presented at EAACI supporting potential as first targeted therapy

- Early, broad efficacy with onset as early as Week 2 in largest two subtypes[4]
- Consistent 12-week responses vs. placebo across subtypes[5]

- **H2 anticipated regulatory milestones**
  - FDA approval for SD (~2/3 of CIndU patients[1])
  - Global filings across three subtypes
- In US, ~100k CIndU patients are uncontrolled on AH with no other treatment options[6]

See page 86 for references (footnotes 1-6).

Ianalumab showed favorable ESSDAI benefit in longer term follow up; US launch in Sjögren's disease expected H2



NEPTUNUS 1 & 2 Week 48 additional analyses[1]

- Improvement vs. placebo arm in most ESSDAI domains
- Strong improvements in biomarkers (BAFF, RF, IgG C4) supporting dual MOA

Durable efficacy, favorable safety profile in Week 108 LTE[1]

- Further ESSDAI improvement in ianalumab QM arm and clinically meaningful placebo cross-over efficacy; LTE ongoing (6 years)
- Continued favorable safety with no increase in TEAE rates

Near term readouts supporting ianalumab multi-blockbuster potential

- ITP 1L Phase III: H2 2026
- SLE and LN Phase III: 2027
- SSc Phase II: 2027

See page 87 for references (footnote 1).

Del-zota BLA submitted and del-brax FSHD biomarker cohort data positive

Del-zota: First FDA submission for the therapeutic use of an AOC

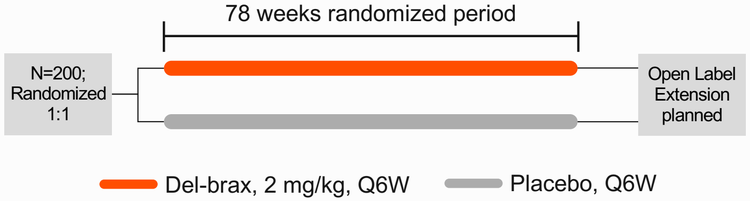
- FDA BLA submitted for accelerated approval in DMD44 using dystrophin as surrogate biomarker
- Previously received FDA BTD
- Submission package based on EXPLORE44 Phase II data as well as OLE studies[1]
- Expected launch in H1 2027, subject to approval
- Planning for confirmatory Phase III to support ex-US filings and traditional FDA approval

Del-brax: Phase I/II study met primary and key secondary biomarker endpoints; Phase III FORTITUDE-3 study enrolling

FORTITUDE Phase I/II

- KHDC1L and CK reductions in plasma indicate strong target engagement and muscle damage reduction in FSHD patients[2]
- Base-case is submission with Phase III data in 2028
- Plan to engage global health authorities on Phase I/II data in H2 2026

FORTITUDE-3 design



- Study population: Ambulatory FSHD1 & 2 patients aged 16-70
- Primary endpoints: QMT (US), 10MWRT (EU)
- Several additional endpoints to be explored including 10MWRT, TUG, PRO, NRS, PGI-S/PGI-C, KHDC1L, CK
- Expected readout 2028

See page 87 for references (footnotes 1-2).

Remain focused on significant H2 pipeline readouts

Select readouts

CRM | Immunology | Neuroscience | Oncology

H1

- **Rhapsido® CIndU** PhIII
- **Ianalumab wAIHA** PhIII
- **Votoplam HD**[1] PhII, 24-month[2]
- **Del-brax FSHD** PhI/II biomarker cohort[2]

H2

- **Pelacarsen CVRR-Lp(a)** PhIII
- **Remibrutinib MS (2x)** PhIII
- **Del-desiran DM1** PhIII
- **Ianalumab 1L ITP** PhIII
- **Rhapsido HS** PhIII[4]
- **QCZ484 HTN** PhII[3]
- **VHB937 ALS** PhII

1. Novartis has obtained global rights to develop, manufacture, and commercialize votoplam under a License & Collaboration agreement with PTC Therapeutics. 2. Base case remains PhIII required for filing. 3. PhIII-enabling interim readout. 4. 16 wk FIR.

Financial review and 2026 guidance

Mukul Mehta
Chief Financial Officer

NOVARTIS

Q2 net sales grew +1% cc with core[1] operating income flat, as growth drivers and continued productivity offset generic erosion

Key figures[1] USD million, unless indicated otherwise	Q2 2025	**Q2 2026**	Change vs. PY **% USD**	Change vs. PY **% cc**	H1 2025	**H1 2026**	Change vs. PY **% USD**	Change vs. PY **% cc**
Net sales	14,054	14,408	3	1	27,287	27,521	1	-2
Core operating income	5,925	5,940	0	0	11,500	10,837	-6	-7
Core margin	*42.2%*	*41.2%*	*-1.0%pts*	*-0.7%pts*	*42.1%*	*39.4%*	*-2.7%pts*	*-2.3%pts*
Operating income	4,864	4,750	-2	-3	9,527	8,985	-6	-7
Net income	4,024	3,257	-19	-19	7,633	6,413	-16	-17
Core EPS (USD)	2.42	2.41	0	-1	4.69	4.39	-6	-8
EPS (USD)	2.07	1.71	-17	-18	3.91	3.37	-14	-15
Free cash flow	6,333	5,561	-12		9,724	8,891	-9	

1. Constant currencies (cc), core results and free cash flow are non-IFRS measures. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

Continuing our shareholder-friendly capital allocation strategy

Investing in the business

Investments in organic business

Ongoing investment in R&D and CapEx

Value-creating bolt-ons in Q2

Completed acquisitions of Pikavation and Excellergy

Proposed acquisition of Myricx[3]

Substantial cash generation

Returning capital to shareholders

Consistently growing annual dividend[1]

USD 9.1bn dividend paid in H1 2026

Share buybacks

Up to USD 10bn buyback continuing, with up to USD 5.6bn still to be executed[2]

1. In CHF. 2. As of June 30, 2026. 3. Myricx is expected to close in H2 2026, subject to the satisfaction or waiver of customary closing conditions, including regulatory approvals.

Reaffirming 2026 full year guidance

Expected, barring unforeseen events; growth vs. PY in cc[1]

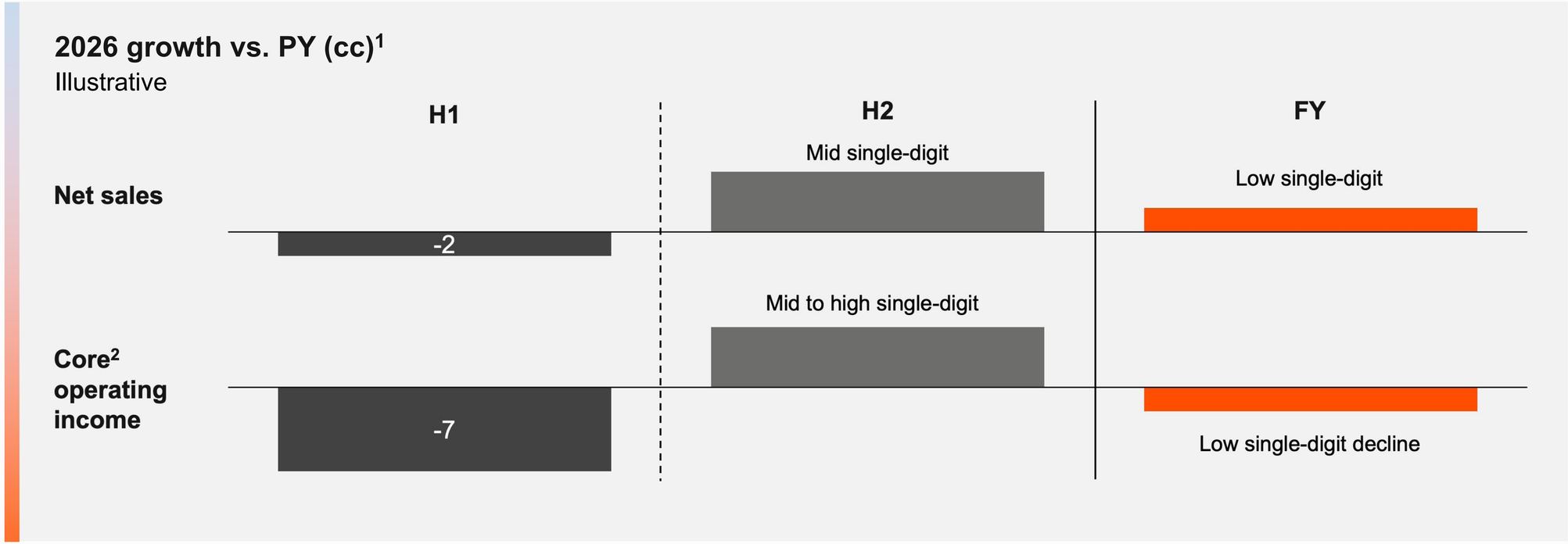
Net sales	expected to **grow low single-digit**
Core[1] operating income	expected to **decline low single-digit**

FY guidance on other financial KPIs

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

1. Constant currencies (cc) and core results are non-IFRS measures. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

H1 delivered sales at upper end of guidance; H2 with accelerating quarterly growth

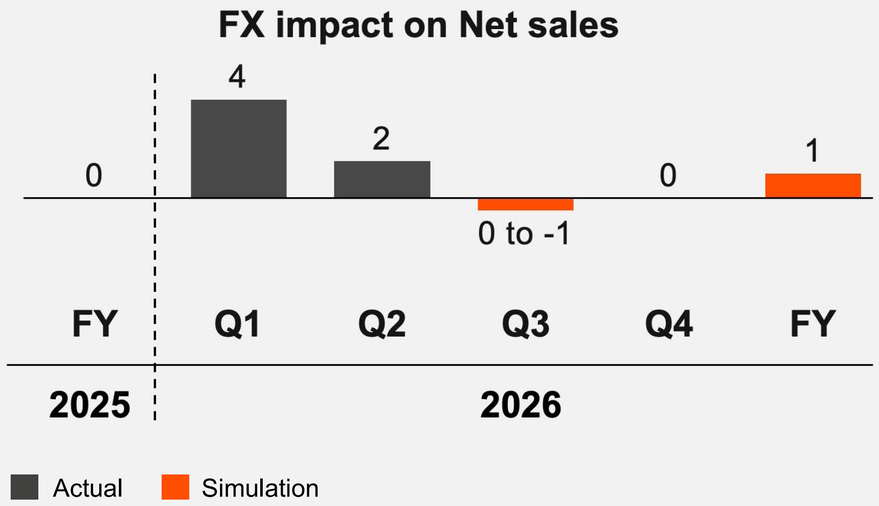


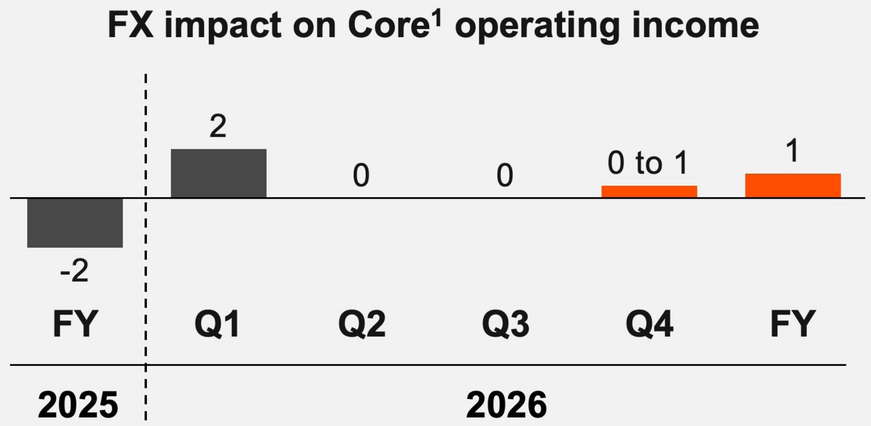
1. Constant currencies (cc) and core results are non-IFRS measures. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

Expected currency impact for 2026

Currency impact vs. PY

%pts, assuming mid-July exchange rates prevail in 2026





1. Core results are non-IFRS measures. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report. Unless otherwise noted, all growth rates refer to same period in PY.

Conclusions

Vas Narasimhan, M.D.
Chief Executive Officer

NOVARTIS

Delivered H1 topline performance at the upper end of guidance, with Q2 returning to sales growth

Remain on track to deliver our FY guidance

Progressing first indications for Rhapsido® and ianalumab, both potential multi-blockbuster assets

Focused on multiple H2 pivotal readouts that could raise our mid- to long-term growth outlook

Appendix

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Key innovation milestones in 2026

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

1. For full approval. 2. On February 27, 2026, Novartis successfully completed the acquisition of Avidity Biosciences, Inc. (“Avidity”). 3. SD cohort readout and US filing in 2025, primary endpoint met in Cold and Cholinergic Urticaria in 2026.
4. Event-driven trial. 5. Ph3-enabling interim readout. 6. For US, JP & CN registration. 7. 16wk FIR. Readout accelerated from 2027.

Our pipeline projects at a glance

	Phase I/II	Phase III	Registration	Total
Oncology	19	11	1	31
Solid tumors	17	5	1	23
Hematology	2	6	0	8
Immunology	16	5	2	23
Neuroscience	10	11	0	21
Cardiovascular, Renal and Metabolic	15	8	0	23
Others (thereof IB&GH)	12 (9)	4 (4)	0 (0)	16
	72	**39**	**3**	**114**

Novartis pipeline in Phase I

18 lead indications

Lead indication

Oncology

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

Cardiovascular, Renal and Metabolic

Code	Name	Mechanism	Indication(s)
CYX082	farabursen	MIR17 inhibitor	Autosomal dominant polycystic kidney disease
HJB647	HJB647	-	Heart failure
			Hypertension
OJR520	OJR520	-	CKD
YMI024	YMI024	-	CVRR

Neuroscience

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

Immunology

Code	Name	Mechanism	Indication(s)
DCY636	DCY636	-	Atopic dermatitis
IPX643	IPX643	-	Inflammation-driven diseases
PIT565	PIT565	Anti-CD19, Anti-CD3, Anti-CD2	Systemic lupus erythematosus
			Rheumatoid arthritis
YTB323	rapcabtagene autoleucel	CD19 CAR-T	Rheumatoid arthritis and severe, refractory Sjögren's disease

Novartis pipeline in Phase II

23 lead indications

Lead indication

Oncology

Code	Name	Mechanism	Indication(s)
Solid tumors			
AAA601	Lutathera®	Radioligand therapy target SSTR	GEPNET, pediatrics
AAA614	AAA614	Radioligand therapy target FAP	Solid tumors
DZR123	tulmimetostat	EZH1, EZH2 inhibitor	Solid tumors & lymphomas
JSB462	luxdegalutamide	Androgen receptor protein degrader	Metastatic castration resistant prostate cancer
			Metastatic hormone sensitive prostate cancer
Hematology			
ABL001	Scemblix®	BCR-ABL inhibitor	Chronic myeloid leukemia, pediatrics
YTB323	rapcabtagene autoleucel	CD19 CAR-T	1L high-risk large B-cell lymphoma

Cardiovascular, Renal and Metabolic

Code	Name	Mechanism	Indication(s)
DII235	DII235	siRNA targeting Lp(a) mRNA	CVRR-Lp(a)
HDY015	HDY015	AGT siRNA & PCSK9 siRNA	Hypercholesterolemia and hypertension
LNP023	Fabhalta®	CFB inhibitor	Lupus nephritis
			ANCA associated vasculitis
LTP001	LTP001	SMURF1 inhibitor	Pulmonary arterial hypertension[1]
			Idiopathic pulmonary fibrosis
PAC001	pacibekitug	Anti-IL-6 mAb	ASCVD
PKN605	PKN605	HDAC6 Inhibitor	Atrial Fibrillation
QCZ484	QCZ484	AGT siRNA	Hypertension
TIN816	TIN816	ATP modulator	Acute kidney injury

Neuroscience

Code	Name	Mechanism	Indication(s)
KPE179	del-zota	PMO mediated exon 44 skipping	Duchenne muscular dystrophy
GXV813	GXV813	M4 agonist	Schizophrenia
VHB937	lifonebart	TREM2 stabilizer and activator	Amyotrophic lateral sclerosis
			Alzheimer's disease

1. Phase I / II.

Immunology

Code	Name	Mechanism	Indication(s)
GHZ339	GHZ339	-	Atopic dermatitis
GIA632	GIA632	IL-15 mAb	Atopic dermatitis
			Vitiligo
LOU064	Rhapsido®	BTK inhibitor	Food allergy
MAS825	MAS825	IL1B, IL18 Inhibitor	Still's disease
VAY736	ianalumab	BAFF-R inhibitor, ADCC-mediated B-cell depletor	Systemic sclerosis
YTB323	rapcabtagene autoleucel	CD19 CAR-T	Active refractory lupus nephritis
			Active refractory systemic lupus erythematosus
			Systemic sclerosis
			Myositis
			ANCA associated vasculitis

Others

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

Novartis pipeline in Phase III

10 lead indications

Lead indication

Oncology

Code	Name	Mechanism	Indication(s)
Solid tumors			
AAA601	Lutathera®	Radioligand therapy target SSTR	Gastroenteropancreatic neuroendocrine tumors
AAA617	Pluvicto®	Radioligand therapy target PSMA	Oligometastatic prostate cancer
AAA817	^{225}Ac-PSMA-617	Radioligand therapy target PSMA	post Lu Metastatic castration-resistant prostate cancer (mCRPC)
			Metastatic castration-resistant prostate cancer (mCRPC)
BYL719	Vijoice®	PI3K-alpha inhibitor	Lymphatic malformations
Hematology			
DAK539	pelabresib	BET inhibitor	Myelofibrosis
LNP023	Fabhalta®	CFB inhibitor	Atypical hemolytic uraemic syndrome
			PNH, pediatrics
VAY736	ianalumab	BAFF-R inhibitor, ADCC-mediated B-cell depletor	1L Immune Thrombocytopenia
			2L Immune Thrombocytopenia
			warm Autoimmune Hemolytic Anemia

Cardiovascular, Renal and Metabolic

Code	Name	Mechanism	Indication(s)
FUB523	zigakibart	Anti-APRIL	IgA nephropathy
KJX839	Leqvio®	siRNA (regulation of LDL-C)	CVRR (secondary prevention)
			CVRR (primary prevention)
LNP023	Fabhalta®	CFB inhibitor	C3 glomerulopathy, pediatrics
			IC-MPGN
			IgAN, pediatrics
MAA868	abelacimab	FXI/FXIa inhibitor	Atrial fibrillation
TQJ230	pelacarsen	ASO targeting Lp(a)	CVRR (secondary prevention) in patients with elevated Lp(a)

Neuroscience

Code	Name	Mechanism	Indication(s)
BAF312	Mayzent®	S1P1,5 receptor modulator	Multiple sclerosis, pediatrics
DWH213	del-brax	siRNA DUX4 knockdown	Facioscapulohumeral muscular dystrophy
EWF980	del-desiran	siRNA DMPK knockdown	Myotonic dystrophy type 1
LNP023	Fabhalta®	CFB inhibitor	Generalized myasthenia gravis
LOU064	Remibrutinib	BTK inhibitor	Multiple sclerosis, relapsing remitting
			Multiple sclerosis, secondary progressive
			Myasthenia gravis
NIO752	NIO752	Tau antisense oligonucleotide	Progressive supranuclear palsy
OMB157	Kesimpta®	CD20 Antagonist	Multiple sclerosis, pediatrics
			Multiple sclerosis, new dosing regimen
HTT227	votoplam	Huntingtin Modulator	Huntington's disease

Immunology

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

Others

Code	Name	Mechanism	Indication(s)
IB&GH			
AMG334	Aimovig®	CGRPR antagonist	Migraine, pediatrics
KLU156	Ganaplacide + lumefantrine	Non-artemisinin plasmodium falciparum inhibitor	Malaria, uncomplicated
QMF149	Atectura®	LABA + ICS	Asthma, pediatrics
SEG101	Adakveo®	P-selectin inhibitor	Sickle cell disease, pediatrics

1. SD cohort readout and US filing in Q4 2025, primary endpoint met in Cold and Cholinergic Urticaria cohorts in 2026.

Novartis pipeline in registration

Oncology

Code	Name	Mechanism	Indication(s)
Solid tumors			
AAA617	Pluvicto®	Radioligand therapy target PSMA	Metastatic hormone sensitive prostate cancer (mHSPC)

Immunology

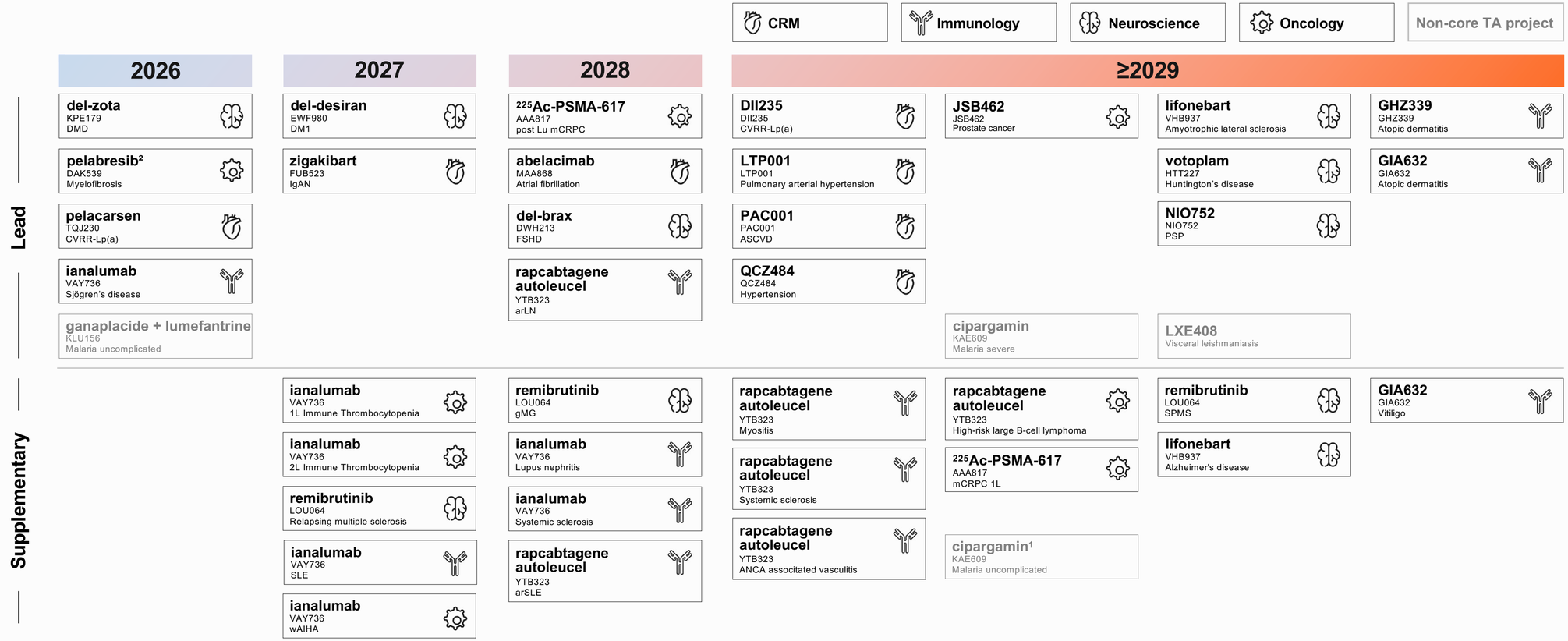
Code	Name	Mechanism	Indication(s)
AIN457	Cosentyx®	IL17A inhibitor	Polymyalgia rheumatica
VAY736	ianalumab	BAFF-R inhibitor, ADCC-mediated B-cell depletor	Sjögren's disease

1 lead indications

Lead indication

Novartis submission schedule

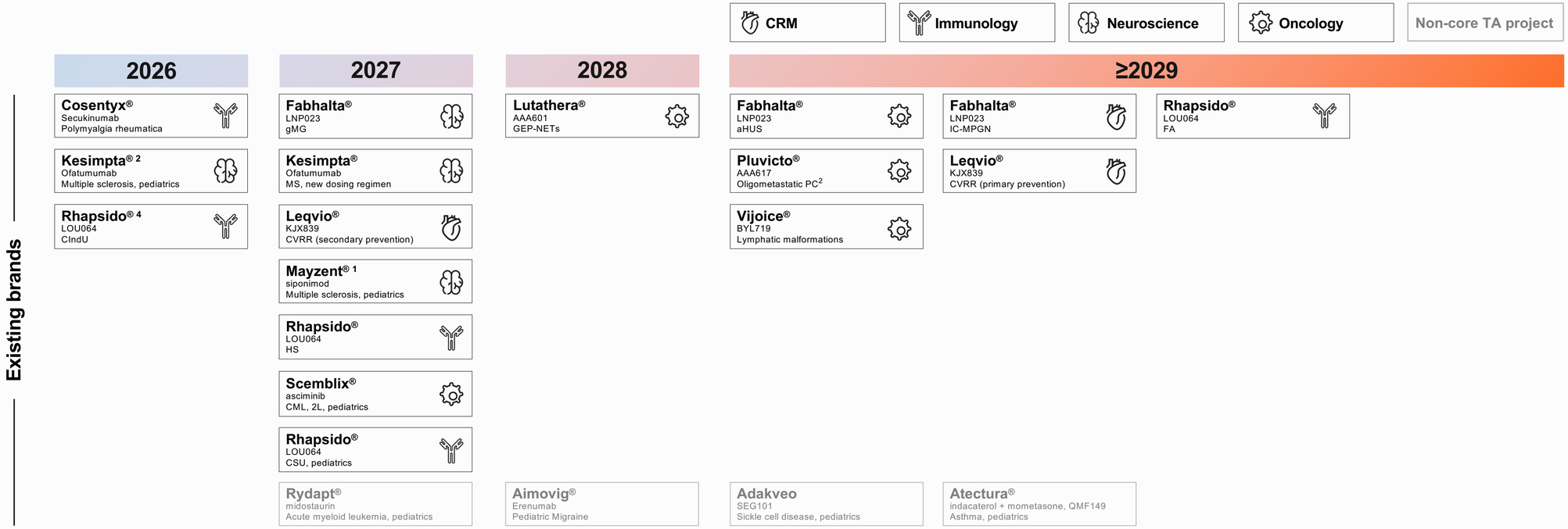
New Molecular Entities: Lead and supplementary indications



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

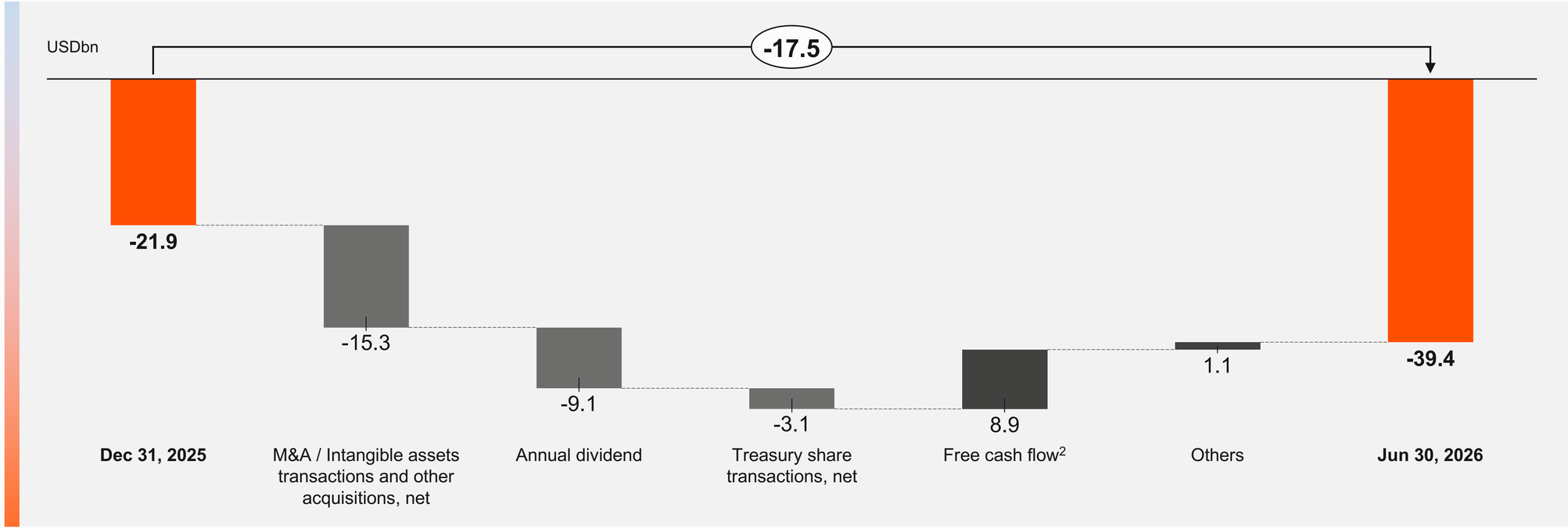
Novartis submission schedule

Supplementary indications for existing brands



1. Event-driven trial endpoint. 2. Kesimpta and Mayzent: Pediatric trial in multiple sclerosis run in conjunction (NEOS). 3. sNDA submission. 4. Filed in SD cohort in Q4 2025, filing in Cold and Cholinergic Urticaria in 2026.

Net debt[1] increased by USD 17.5bn as the FCF was more than offset mainly by M&A and the annual dividend payment



1. Net debt is presented as additional information. An explanation of additional information can be found on page 44 of the Novartis Condensed Interim Financial Report.

2. Free cash flow is a non-IFRS measure. An explanation of non-IFRS measures can be found on page 43 of the Novartis Condensed Interim Financial Report.

Clinical Trials Update

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

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

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Cardiovascular, Renal and Metabolic

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abelacimab – FXI/FXIa inhibitor

NCT05712200 LILAC (CMAA868A2302)

Indication	Atrial fibrillation (AF)
Phase	Phase 3
Patients	1900
Primary Outcome Measures	Efficacy: Time to first event of ischemic stroke or systemic embolism (SE) Safety: Time to first occurrence of Bleeding Academic Research Consortium (BARC) type 3c/5 bleeding
Arms Intervention	Experimental: Abelacimab (MAA868) Patients will be randomized in a 1:1 ratio to receive abelacimab 150 mg subcutaneous (SC) or matching placebo once monthly. Placebo Comparator: Placebo Patients will be randomized in a 1:1 ratio to receive abelacimab 150 mg subcutaneous (SC) or matching placebo once monthly.
Target Patients	High-risk Patients With Atrial Fibrillation Who Have Been Deemed Unsuitable for Oral anticoagulation
Readout Milestone(s)	2027
Publication	TBD

atrasentan - ETA receptor antagonist

NCT04573478 ALIGN (CHK01-01)

Indication	IgA nephropathy
Phase	Phase 3
Patients	404
Primary Outcome Measures	Change in proteinuria Time Frame: Up to Week 24 or approximately 6 months Annualized total estimated Glomerular Filtration Rate (eGFR) slope estimated over 24 months
Arms Intervention	Arm 1 Experimental: Atrasentan, once daily oral administration of 0.75 mg atrasentan for 132 weeks Arm 2 Placebo comparator: Placebo once daily oral administration of placebo for 132 weeks
Target Patients	Patients with IgA nephropathy (IgAN) at risk of progressive loss of renal function
Readout Milestone(s)	2023 (primary endpoint for US initial submission) 2026 (24 months)
Publication	TBD

Fabhalta® - CFB inhibitor

NCT04578834 APPLAUSE-IgAN (CLNP023A2301)

Indication	IgA nephropathy
Phase	Phase 3
Patients	450
Primary Outcome Measures	Ratio to baseline in urine protein to creatinine ratio (sampled from 24h urine collection) at 9 months Annualized total estimated Glomerular Filtration Rate (eGFR) slope estimated over 24 months
Arms Intervention	Arm 1 - LNP023 200mg BID Arm 2 - Placebo BID
Target Patients	Primary IgA Nephropathy patients
Readout Milestone(s)	2023 (primary endpoint for US initial submission, 9 months UPCR) 2025 (24 months)
Publication	Barratt J, Eren N, Kashihara N, et al. Iptacopan in IgA nephropathy – final 24-month data. N Engl J Med. 2026. doi:10.1056/NEJMoa2600743.

Fabhalta® - CFB inhibitor

NCT05755386 APPARENT (CLNP023B12302)

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

Leqvio® - siRNA (regulation of LDL-C)

NCT03705234 ORION-4 (CKJX839B12301)

Indication	Hypercholesterolemia inc. Heterozygous Familial Hypercholesterolaemia (HeFH)
Phase	Phase 3
Patients	16124
Primary Outcome Measures	A composite of major adverse cardiovascular events, defined as: Coronary heart disease (CHD) death; Myocardial infarction; Fatal or non-fatal ischaemic stroke; or Urgent coronary revascularization procedure
Arms Intervention	Arm 1: Every 6 months treatment Inclisiran sodium 300mg (given by subcutaneous injection on the day of randomization, at 3 months and then every 6-months) for a planned median duration of about 5 years Arm 2: Matching placebo (given by subcutaneous injection on the day of randomization, at 3 months and then every 6 months) for a planned median duration of about 5 years
Target Patients	Patient population with mean baseline LDL-C ≥ 100mg/dL
Readout Milestone(s)	2027 (event-driven)
Publication	TBD

Leqvio® - siRNA (regulation of LDL-C)

NCT05030428 VICTORION-2P (CKJX839B12302)

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

Leqvio® - siRNA (regulation of LDL-C)

NCT05739383 VICTORION-1P (CKJX839D12302)

Indication	CVRR (Primary prevention)
Phase	Phase 3
Patients	14111
Primary Outcome Measures	Time to the first occurrence of 4P-MACE 4-Point-Major Adverse Cardiovascular Events (4P-MACE): composite of cardiovascular death, non-fatal myocardial infarction, non-fatal ischemic stroke, and urgent coronary revascularization
Arms Intervention	Arm 1 Experimental: Inclisiran Sodium 300mg, subcutaneous injection in pre-filled syringe Arm 2 Placebo
Target Patients	High-risk primary prevention patients
Readout Milestone(s)	2029
Publication	TBD

LTP001 - SMURF1 Inhibitor

NCT06649110 (CLTP001A12202)

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

PAC001 – anti-IL6 mAb

NCT06362759 TRANQUILITY (CPAC001A12201)

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

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

NCT04023552 Lp(a)HORIZON (CTQJ230A12301)

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

QCZ484

NCT06857955 (CQCZ484A12201)

Indication	Hypertension
Phase	Phase 2
Patients	380
Primary Outcome Measures	Change from baseline at Month 3 in mean 24hr systolic blood pressure (SBP) by ambulatory blood pressure measurement (ABPM)
Arms Intervention	Placebo Comparator: Placebo Control Arm 1: QCZ484 Dose 1 solution for injection Arm 2: QCZ484 Dose 2 solution for injection Arm 3: QCZ484 Dose 3 solution for injection Arm 4: QCZ484 Dose 4 solution for injection Arm 5: QCZ484 Dose 5 solution for injection
Target Patients	Mild to moderate hypertensive patients
Readout Milestone(s)	2027
Publication	TBD

zigakibart - Anti-APRIL

NCT05852938 BEYOND (CFUB523A12301)

Indication	IgA nephropathy
Phase	Phase 3
Patients	383
Primary Outcome Measures	Change from Baseline to week 104 in eGFR
Arms Intervention	Arm 1 Experimental: BION-1301 (Zigakibart) 600mg subcutaneous administration every 2 weeks for 104 weeks Arm 2 Placebo Comparator: Placebo subcutaneous administration every 2 weeks for 104 weeks
Target Patients	Adults with IgA Nephropathy
Readout Milestone(s)	H1 2027
Publication	TBD

DII235

NCT07235046 (CDII235A12201)

Indication	Risk reduction in cardiovascular disease w elevated Lp(a)
Phase	Phase 2b
Patients	200
Primary Outcome Measures	1) Time averaged percentage change from baseline in Lp(a) measured between Day 60 and Day 180 2) Difference between DII235 dose 2 and placebo in time-averaged percent change from baseline in Lp(a) measured between Day 60 and Day 360 3) Difference between DII235 dose 4 and placebo in time-averaged percent change from baseline in Lp(a) measured between Day 60 and Day 360
Arms Intervention	1) Placebo Comparator: Arm 1 Placebo 2) Experimental: Arm 2 DII235 dose 1 3) Experimental: Arm 3 DII235 dose 2 4) Experimental: Arm 4 DII235 dose 3 5) Experimental: Arm 5 DII235 dose 4
Target Patients	Adults With Elevated Lipoprotein(a)
Readout Milestone(s)	2027
Publication	TBD

Immunology

NOVARTIS

GHZ339

NCT06947993 PLATFORM-AD (CADPT17A12201)

Indication	Atopic dermatitis
Phase	Phase 2
Patients	224
Primary Outcome Measures	Change from baseline in the Eczema Area and Severity Index (EASI) score at Week 16 EASI will be used to assess the extend and severity of atopic dermatitis on a scale from 0 to 72 where 72 is worst eczema
Arms Intervention	Experimental: GHZ339 Dose A, Participants who will receive GHZ339 at dose A during Treatment Period 1 will receive GHZ339 at dose A during Treatment Period 2 Experimental: GHZ339 Dose B, Participants who will receive GHZ339 at dose B during Treatment Period 1 will receive GHZ339 at dose B during Treatment Period 2 Experimental: GHZ339 Dose C. Participants who will receive GHZ339 at dose C during Treatment Period 1 will receive GHZ339 at dose C or A during Treatment Period 2 Experimental: GHZ339 Dose D. Participants who will receive GHZ339 at dose D during Treatment Period 1 will receive GHZ339 at dose D or A during Treatment Period 2 Placebo Comparator: Placebo. Participants who will receive placebo during Treatment Period 1 will receive GHZ339 at dose A during Treatment Period 2
Target Patients	Patients with moderate to severe Atopic Dermatitis
Readout Milestone(s)	Primary 2028
Publication	TBD

GIA632 – IL-15 mAb

NCT07431177 (CGIA632B12201)

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

NCT07220577 (CGIA632A12201)

Indication	Atopic dermatitis
Phase	Phase 2
Patients	84
Primary Outcome Measures	IGA response at Week 16 defined as clear (0) or almost clear (1) score with at least a 2 point-reduction from baseline
Arms Intervention	Experimental: GIA632 Active treatment arm Placebo Comparator: Placebo Placebo treatment arm
Target Patients	Adult Participants With Moderate to Severe Atopic Dermatitis
Readout Milestone(s)	2027
Publication	TBD

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

NCT05126277 SIRIUS-LN (CVAY736K12301)

Indication	Lupus Nephritis
Phase	Phase 3
Patients	420
Primary Outcome Measures	Frequency and percentage of participants achieving complete renal response (CRR) [Time Frame: week 72]
Arms Intervention	Arm 1: Experimental - ianalumab s.c. q4w in addition to standard of care (SoC) Arm 2: Experimental - ianalumab s.c. q12w in addition to SoC Arm 3: Placebo comparator - Placebo s.c. q4w in addition to SoC
Target Patients	Patients with active Lupus Nephritis
Readout Milestone(s)	Primary 2027
Publication	TBD

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

NCT05639114 SIRIUS-SLE 1 (CVAY736F12301)

Indication	Systemic lupus erythematosus
Phase	Phase 3
Patients	406
Primary Outcome Measures	Proportion of participants on monthly ianalumab achieving Systemic Lupus Erythematosus Responder Index -4 (SRI-4) [Time Frame: Week 60]
Arms Intervention	Experimental: Ianalumab s.c. monthly Experimental: Ianalumab s.c. quarterly Placebo Comparator: Placebo s.c. monthly
Target Patients	Patients with active systemic lupus erythematosus (SLE)
Readout Milestone(s)	2027
Publication	TBD

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

NCT05624749 SIRIUS-SLE 2 (CVAY736F12302)

Indication	Systemic lupus erythematosus
Phase	Phase 3
Patients	280
Primary Outcome Measures	Proportion of participants achieving Systemic Lupus Erythematosus Responder Index -4 (SRI-4) [Time Frame: Week 60]
Arms Intervention	Experimental: ianalumab s.c. monthly Placebo Comparator: placebo s.c. monthly
Target Patients	Patients with active systemic lupus erythematosus (SLE)
Readout Milestone(s)	2027
Publication	TBD

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

NCT06470048 VENUSS (CVAY736S12201)

Indication	Systemic sclerosis
Phase	Phase 2
Patients	200
Primary Outcome Measures	3/5 Revised Composite Response Index in Systemic Sclerosis 25 (rCRISS25) response at Week 52
Arms Intervention	Arm 1 Experimental VAY736 (Ianalumab) - Treatment Period 1: Ianalumab subcutaneous (s.c.) injection as defined in the protocol - Treatment Period 2: Open-label (OL) Ianalumab subcutaneous (s.c.) injection as defined in the protocol Arm 2 Placebo Comparator: Placebo - Treatment Period 1: Placebo to Ianalumab subcutaneous (s.c.) injection as defined in the protocol - Treatment Period 2: Open-label (OL) Ianalumab subcutaneous (s.c.) injection as defined in the protocol
Target Patients	Patients with diffuse cutaneous systemic sclerosis
Readout Milestone(s)	2027
Publication	TBD

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

NCT07621809 THALASSA (CVAY736A22301)

Indication	Sjögren´s Disease (high symptom burden)
Phase	Phase 3
Patients	570
Primary Outcome Measures	Change in baseline in SSSD oral dryness score
Arms Intervention	Arm 1 Experimental VAY736 – 300mg VAY736 once monthly solution for injection for subcutaneous use Arm 2 Placebo Comparator: Placebo Placebo once monthly solution for injection for subcutaneous use
Target Patients	Participants With Sjögren's Disease With High Symptom Burden
Readout Milestone(s)	2029
Publication	TBD

Rhapsido® - BTK inhibitor

NCT05976243 (CLOU064M12301)

Indication	Chronic inducible urticaria
Phase	Phase 3
Patients	348
Primary Outcome Measures	1. Proportion of participants with complete response in Total Fric Score; symptomatic dermographism [Time Frame: Week 12] 2. Proportion of participants with complete response in critical temperature threshold; cold urticaria [Time Frame: Week 12] 3. Proportion of participants with itch numerical rating scale =0; cholinergic urticaria [Time Frame: Week 12]
Arms Intervention	All arms oral, twice daily: Arm 1 Experimental Remibrutinib, symptomatic dermographism group Arm 2 Placebo symptomatic dermographism group Arm 3 Experimental Remibrutinib, cold urticaria group Arm 4 Placebo cold urticaria group Arm 5 Experimental Remibrutinib, cholinergic urticaria group Arm 6 Placebo cholinergic urticaria group
Target Patients	Adults suffering from CINDU inadequately controlled by H1-antihistamines
Readout Milestone(s)	H1 2026
Publication	TBD

Rhapsido® - BTK inhibitor

NCT06799000 RECHARGE1 (CLOU064J12301)

Indication	Hidradenitis suppurativa
Phase	Phase 3
Patients	555
Primary Outcome Measures	Proportion of participants with Hidradenitis Suppurativa clinical response 50 (HiSCR50) at Week 16
Arms Intervention	Arm 1: Experimental Participants randomized to receive remibrutinib Dose A during Treatment Period 1 and 2 Arm 2: Experimental Participants randomized to receive remibrutinib Dose B during Treatment Period 1 and 2 Arm 3: Placebo comparator Participants randomized to receive placebo during Treatment Period 1 followed by remibrutinib dose B during Treatment Period 2
Target Patients	Adult patients With moderate to severe Hidradenitis Suppurativa
Readout Milestone(s)	H2 2026
Publication	TBD

NCT06840392 RECHARGE2 (CLOU064J12302)

Indication	Hidradenitis suppurativa
Phase	Phase 3
Patients	555
Primary Outcome Measures	Proportion of participants with Hidradenitis Suppurativa clinical response 50 (HiSCR50) at Week 16
Arms Intervention	Arm 1: Experimental Participants randomized to receive remibrutinib Dose A during Treatment Period 1 and 2 Arm 2: Experimental Participants randomized to receive remibrutinib Dose B during Treatment Period 1 and 2 Arm 3: Participants randomized to receive placebo during Treatment Period 1 followed by remibrutinib dose B during Treatment Period 2
Target Patients	Adult patients With moderate to severe Hidradenitis Suppurativa
Readout Milestone(s)	H2 2026
Publication	TBD

Neuroscience

NOVARTIS

Del-desiran – siRNA DMPK knockdown

NCT06411288 HARBOR (CEWF980A12301)

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

Del-brax – siRNA DUX4 knockdown

NCT07038200 FORTITUDE-3 (CDWH213A12301)

Indication	Facioscapulohumeral Muscular Dystrophy (FSHD)
Phase	Phase 3
Patients	200
Primary Outcome Measures	Quantitative Muscle Testing (QMT) composite score
Arms Intervention	1) Experimental: del-brax Del-brax (AOC 1020) will be administered 13 times 2) Placebo Comparator: placebo Saline will be administered 13 times
Target Patients	Participants with FSHD
Readout Milestone(s)	2028
Publication	TBD

Del-zota – PMO mediated exon 44 skipping

NCT06244082 EXPLORE44OLE (CKPE179A12201)

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

Fabhalta® - CFB inhibitor

NCT123456 APPRAISE (CLNP023Q12301)

Indication	Generalized Myasthenia Gravis (gMG)
Phase	Phase 3
Patients	146
Primary Outcome Measures	Change from baseline to Month 6 in Myasthenia Gravis Activity of Daily Living (MG-ADL) total score
Arms Intervention	Participants who meet the eligibility criteria will be randomized in a ratio of 1:1, to receive either iptacopan at a dose of 200 mg orally b.i.d or matching placebo
Target Patients	Patients with generalized MG who are anti-AchR-positive and are on stable standard of care
Readout Milestone(s)	2027
Publication	TBD

Kesimpta® - anti-CD20

NCT06869785 FILIOS (COMB157Q12301)

Indication	Multiple Sclerosis new dosing regimen
Phase	Phase 3
Patients	180
Primary Outcome Measures	Ofatumumab plasma pharmacokinetics - area under the curve, up to 12 weeks
Arms Intervention	Arm 1: Active Comparator Ofatumumab dose 1, Approved dosage Arm 2: Experimental Ofatumumab dose 2, New dosage
Target Patients	Patients with relapsing multiple sclerosis
Readout Milestone(s)	2027
Publication	TBD

Mayzent® – S1P1,5 receptor modulator / Kesimpta – CD20 antagonist

NCT04926818 NEOS (CBAF312D2301)

Indication	Multiple Sclerosis, pediatrics
Phase	Phase 3
Patients	129
Primary Outcome Measures	Annualized relapse rate (ARR) in target pediatric participants
Arms Intervention	Arm 1: Experimental ofatumumab - 20 mg injection/ placebo Arm 2: Experimental siponimod - 0.5 mg, 1 mg or 2 mg/ placebo Arm 3: Active Comparator fingolimod - 0.5 mg or 0.25 mg/ placebo
Target Patients	Children/adolescent patients aged 10-17 years old with Multiple Sclerosis (MS). The targeted enrollment is 120 participants with multiple sclerosis which will include at least 5 participants with body weight (BW) ≤40 kg and at least 10 participants of 10 to 12 years of age overall. There is a minimum 6 month follow up period for all participants (core and extension). Total duration of the study could be up to 7 years.
Readout Milestone(s)	2026
Publication	TBD

NIO752 – Tau antisense oligonucleotide

NCT07498426 PRESERVE (CNIO752A12301)

Indication	Progressive Supranuclear Palsy
Phase	Phase 3
Patients	300
Primary Outcome Measures	Change from baseline in the mPSPRS-10 score
Arms Intervention	Arm 1: Experimental: NIO752 NIO752 solution Arm 2: Placebo comparator: Placebo Placebo in solution
Target Patients	Participants with Progressive Supranuclear Palsy
Readout Milestone(s)	2029
Publication	TBD

remibrutinib - BTK inhibitor

NCT05147220 REMODEL-1 (CLOU064C12301)

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

remibrutinib - BTK inhibitor

NCT05156281 REMODEL-2 (CLOU064C12302)

Indication	Multiple Sclerosis, relapsing
Phase	Phase 3
Patients	1011
Primary Outcome Measures	Annualized relapse rate (ARR) of confirmed relapses
Arms Intervention	Arm 1: Experimental; Remibrutinib – Core Remibrutinib tablet and matching placebo of teriflunomide capsule Arm 2: Active Comparator; Teriflunomide – Core Teriflunomide capsule and matching placebo remibrutinib tablet Arm 3: Experimental: Remibrutinib – Extension Participants on remibrutinib in Core will continue on remibrutinib tablet Arm 4: Experimental: Remibrutinib - Extension (on teriflunomide in Core) Participants on teriflunomide in Core will switch to remibrutinib tablet
Target Patients	Patients with relapsing Multiple Sclerosis
Readout Milestone(s)	H2 2026
Publication	TBD

remibrutinib - BTK inhibitor

NCT06744920 RELIEVE (CLOU064O12301)

Indication	Myasthenia Gravis (MG)
Phase	Phase 3
Patients	180
Primary Outcome Measures	Change from baseline to Month 6 in Myasthenia Gravis Activity of Daily Living (MG-ADL) total score
Arms Intervention	Arm 1 experimental: Remibrutinib tablet taken orally Arm 2 placebo comparator: Placebo tablet taken orally
Target Patients	Patients with generalized Myasthenia Gravis
Readout Milestone(s)	2028
Publication	TBD

remibrutinib - BTK inhibitor

NCT07225504 REMASTER (CLOU064P12301)

Indication	Secondary progressive multiple sclerosis
Phase	Phase 3
Patients	1275
Primary Outcome Measures	Time to 6-month confirmed disability progression (6mCDP) on Expanded Disability Status Scale (EDSS). From baseline up to approximately 5 years.
Arms Intervention	Arm 1: Experimental: Remibrutinib (LOU064) Core Part: Remibrutinib film-coated tablet taken orally [Extension Part: Open-label remibrutinib film-coated tablet taken orally] Arm 2: Placebo Comparator: Placebo Core Part: Matching placebo film-coated tablet taken orally [Extension Part: Open-label remibrutinib film-coated tablet taken orally]
Target Patients	Patients with secondary progressive multiple sclerosis (SPMS)
Readout Milestone(s)	2031
Publication	TBD

VHB937 - TREM2 stabilizer and activator

NCT0664381 ASTRALS (CVHB937B12201)

Indication	Amyotrophic Lateral Sclerosis (ALS)
Phase	Phase 2
Patients	251
Primary Outcome Measures	The composite of PAV-free survival and change in ALSFRS-R. Analysis method: Combined Assessment of Function and Survival (CAFS)
Arms Intervention	Experimental: Arm 1 I.V. infusions Placebo Comparator: Arm 2 I.V. infusions
Target Patients	People With Amyotrophic Lateral Sclerosis (ALS)
Readout Milestone(s)	2026
Publication	TBD

NCT07094516 (CVHB937A12201)

Indication	Alzheimer's Disease (AD)
Phase	Phase 2
Patients	407
Primary Outcome Measures	Change from Baseline in the Clinical Dementia Rating scale - Sum of Boxes (CDR-SB), Baseline and Week 72
Arms Intervention	Experimental: VHB937 Low Dose I.V. infusions Experimental: VHB937 High Dose I.V. infusions Placebo Comparator: Placebo I.V. infusions
Target Patients	People With Early Alzheimer's Disease
Readout Milestone(s)	2029
Publication	TBD

Votoplam – Huntington modulator

NCT07326709 INVEST-HD (CHTT227A12301)

Indication	Huntington's Disease (HD)
Phase	Phase 3
Patients	770
Primary Outcome Measures	Change from Baseline in cUHDRS score
Arms Intervention	Experimental: Votoplam Votoplam (blinded) taken orally, randomized in a 3:2 ratio (Votoplam: Placebo) Placebo Comparator: Placebo Placebo (blinded) taken orally, randomized in a 3:2 ratio (Votoplam: Placebo)
Target Patients	Participants With Huntington's Disease
Readout Milestone(s)	2030
Publication	TBD

Oncology

NOVARTIS

225Ac-PSMA-617 - Radioligand therapy target PSMA

NCT06855277 AcTFirst (CAAA817B12301)

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

NCT06780670 PSMAcTION (CAAA817A12201)

Indication	post Lu Metastatic castration-resistant prostate cancer
Phase	Phase 2/3
Patients	443
Primary Outcome Measures	1) Biochemical response rate (Phase II): Biochemical response rate as defined as the percentage of participants who achieved a ≥ 50% decrease from baseline that is confirmed by a second measurement 2) Adverse Events (AEs) and Serious Adverse Events (SAEs), and deaths - Phase II: Safety defined as the type, incidence and severity of AEs and SAEs, and deaths 3) Tolerability of the proposed dose of AAA817- Phase II: Percentage of participants who experienced Dose interruptions, reductions, discontinuation, dose intensity and duration of exposure 4) Radiographic progression-free survival (rPFS)- Phase III: Percentage of participants who are alive without radiographic progression or who are lost to follow-up at the time of analysis 5) Overall survival (OS)- Phase III: Percentage of participants who are alive or who are lost to follow-up at the time of analysis
Arms Intervention	Experimental: Phase II: AAA817 Dose A AAA817 Dose A will be given for a number of cycles: a cycle = 8 weeks Experimental: Phase II: AAA817 Dose B AAA817 will be given for a number of cycles; a cycle = 8 weeks Experimental: Phase III: Recommended Phase 3 Dose of AAA817 Rp3D of AAA817 will be given for a number of cycles; a cycle = 8 weeks Active Comparator: Phase III: Investigator's choice of SoC Participants will be given Standard of Care (SOC) treatment per Investigator's choice.
Target Patients	Adults with PSMA Positive Metastatic Castration-resistant Prostate Cancer Who Have Disease Progressed on or After [177Lu]Lu-PSMA Targeted Therapy
Readout Milestone(s)	2028
Publication	TBD

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

NCT05653349 VAYHIT1 (CVAY736I12301)

Indication	1L Immune Thrombocytopenia
Phase	Phase 3
Patients	225
Primary Outcome Measures	Rate of Stable Response off treatment at 12 months (SROT-12)
Arms Intervention	Arm 1: Experimental: Ianalumab Lower dose administered intravenously with corticosteroids oral or parentally (if clinically justified) Arm 2: Ianalumab Higher dose administered intravenously with corticosteroids oral or parentally (if clinically justified) Arm 3: Placebo Comparator administered intravenously with corticosteroids oral or parentally (if clinically justified)
Target Patients	Adult patients with primary ITP
Readout Milestone(s)	H2 2026
Publication	TBD

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

NCT05648968 VAYHIA (CVAY736O12301)

Indication	Warm autoimmune hemolytic anemia
Phase	Phase 3
Patients	90
Primary Outcome Measures	Binary variable indicating whether a patient achieves a durable response Durable response: hemoglobin level ≥10 g/dL and ≥2 g/dL increase from baseline, for a period of at least eight consecutive weeks between W9 and W25, in the absence of rescue medication or prohibited treatment
Arms Intervention	Arm 1: Experimental Ianalumab low dose (intravenously) Arm 2: Experimental Ianalumab high dose (intravenously) Arm 3: Placebo Comparator (intravenously)
Target Patients	Previously treated patients with warm Autoimmune Hemolytic Anemia
Readout Milestone(s)	H1 2026
Publication	TBD

iptacopan - CFB inhibitor

NCT04889430 APPELHUS (CLNP023F12301)

Indication	Atypical haemolytic uraemic syndrome
Phase	Phase 3
Patients	34
Primary Outcome Measures	Percentage of participants with complete TMA response without the use of PE/PI and anti-C5 antibody
Arms Intervention	Single arm open-label with 50 adult patients receiving 200mg oral twice daily doses of iptacopan
Target Patients	Adult patients with aHUS who are treatment naive to complement inhibitor therapy (including anti-C5 antibody)
Readout Milestone(s)	2026
Publication	TBD

NCT05935215 APPRECIATE (CLNP023F12302)

Indication	Atypical haemolytic uraemic syndrome
Phase	Phase 3
Patients	50
Primary Outcome Measures	Percentage of participants free of TMA manifestation during 12 months after switching from anti-C5 antibodies to iptacopan
Arms Intervention	Single arm, open-label with adult patients receiving 200mg oral twice daily doses of iptacopan
Target Patients	Adult patients with aHUS with evidence of response to anti-C5 antibodies
Readout Milestone(s)	2028
Publication	TBD

Lutathera® - Radioligand therapy target SSTR

NCT06784752 NETTER-3 (CAAA601A62301)

Indication	Gastroenteropancreatic neuroendocrine tumors
Phase	Phase 3
Patients	240
Primary Outcome Measures	Progression Free Survival (PFS) centrally assessed by Blinded Independent Review Committee (BIRC)
Arms Intervention	Arm 1: Experimental: [177Lu]Lu-DOTA-TATE + Octreotide LAR Participants in this arm will receive [177Lu]Lu-DOTA-TATE plus Octreotide long-acting release (LAR). Arm 2: Active Comparator: Octreotide LAR Participants in this arm will receive Octreotide LAR only.
Target Patients	Patients newly diagnosed with Grade 1 and Grade 2 (Ki-67 <10%) advanced GEP-NET with high disease burden
Readout Milestone(s)	2028
Publication	TBD

Pelabresib – BET Inhibitor

NCT04603495 MANIFEST-2 (CDAK539A12301)

Indication	Myelofibrosis
Phase	Phase 3
Patients	430
Primary Outcome Measures	Number of Participants With Splenic Response by Central Radiology Reads at Week 24
Arms Intervention	Experimental: Pelabresib + ruxolitinib Pelabresib monohydrate tablets + ruxolitinib phosphate tablets Active Comparator: Placebo + ruxolitinib Matching placebo tablets + ruxolitinib phosphate tablets
Target Patients	Myelofibrosis (MF) patients that have not been previously treated with Janus kinase inhibitors (JAKi)
Primary Completion	2023
Publication	TBD

NCT07357727 MANIFEST-3 (CDAK539A12303)

Indication	Myelofibrosis
Phase	Phase 3
Patients	460
Primary Outcome Measures	1) Number of Participants with Splenic Response (SVR35) by Central Radiology Reads at Week 24 in participants with baseline total symptom score (TSS) ≥ 25 2) Absolute change from baseline in total symptom score (TSS) at Week 24 in participants with baseline TSS ≥ 25 3) Number of Participants with Splenic Response (SVR35) by Central Radiology Reads at Week 24 in participants with baseline TSS ≥ 15 4) Absolute change from baseline in total symptom score (TSS) at Week 24 in participants with baseline TSS ≥ 15
Arms Intervention	Experimental: Arm 1: Pelabresib + Ruxolitinib Comparator: Arm 2: Placebo + Ruxolitinib
Target Patients	Patients with primary myelofibrosis (PMF), post-polycythemia vera myelofibrosis (PPV-MF), or post-essential thrombocythemia myelofibrosis (PET-MF) who have not previously received Janus kinase (JAK) inhibitor therapy.
Readout Milestone(s)	2028
Publication	TBD

Pluvicto® - Radioligand therapy target PSMA

NCT05939414 PSMA-DC (CAAA617D12302)

Indication	Oligometastatic prostate cancer
Phase	Phase 3
Patients	450
Primary Outcome Measures	Metastasis Free Survival (MFS)
Arms Intervention	Arm 1 Experimental: Investigational arm All participants will be treated with Stereotactic Body Radiation Therapy (SBRT) to all metastatic lesions followed by a dose of 7.4 GBq (200 mCi) +/- 10% of AAA617 which will be administered once every 6 weeks (1 cycle) for a planned 4 cycles. Arm 2 No Intervention: Observational arm All participants will be treated with Stereotactic Body Radiation Therapy (SBRT) to all metastatic lesions followed by observation only.
Target Patients	Participants with oligometastatic prostate cancer (OMPC) progressing after definitive therapy to their primary tumor
Readout Milestone(s)	2028
Publication	TBD

luxdegalutamide - Androgen receptor protein degrader

NCT07047118 (CJSB462B12201)

Indication	Metastatic castration resistant prostate cancer
Phase	Phase 2
Patients	130
Primary Outcome Measures	Efficacy: Prostate Specific Antigen 90 (PSA90) Rate from Baseline at any point, confirmed by a 2nd PSA ≥ 3wks without progression in between Safety: Incidence rate of adverse events (AEs). Tolerability: Number of participants with dose adjustments & Duration of exposure to study treatment
Arms Intervention	Experimental: Arm 1, JSB462 100 mg QD + AAA617 7.4 GBq Q6W Experimental: Arm 2, JSB462 300 mg QD + AAA617 7.4 GBq Q6W Active Comparator: Arm 3, AAA617 7.4 GBq Q6W
Target Patients	Adult male patients with PSMA-positive Metastatic Castration Resistant Prostate cancer (mCRPC)
Readout Milestone(s)	2030
Publication	TBD

NCT06991556 (CJSB462C12201)

Indication	Metastatic hormonal sensitive prostate cancer
Phase	Phase 2
Patients	150
Primary Outcome Measures	Efficacy: Prostate Specific Antigen 90 (PSA90) Rate from Baseline at any point, confirmed by a 2nd PSA ≥ 3wks without progression in between Safety: Incidence rate of adverse events (AEs). Tolerability: Number of participants with dose adjustments & Duration of exposure to study treatment
Arms Intervention	Experimental: Arm 1, JSB462 100 mg QD + abiraterone 1000 mg QD Experimental: Arm 2, JSB462 300 mg QD + abiraterone 1000 mg QD Active Comparator: Arm 3, abiraterone 1000 mg QD or enzalutamide 160 mg QD
Target Patients	Adult male patients with Metastatic Hormone-Sensitive Prostate Cancer (mHSPC)
Readout Milestone(s)	2032
Publication	TBD

Vijoice® - PI3Ki

NCT05948943 EPIK-L1 (CBYL719P12201)

Indication	Lymphatic Malformation
Phase	Phase 2/3
Patients	230
Primary Outcome Measures	Stage 2: Radiological response rate at Week 24 of Stage 2 (adult and pediatric (6 - 17 years of age) participants) Time Frame: Baseline, Week 24
Arms Intervention	Arm 1: Experimental. Adult participants, alpelisib dose 1 (Stage 1) Arm 2: Experimental. Adult participants, alpelisib dose 2 (Stage 1) Arm 3: Experimental. Pediatric participants (6-17 years of age), alpelisib dose 2 (Stage 1) Arm 4: Experimental. Pediatric participants (6-17 years of age), alpelisib dose 3 (Stage 1) Arm 5: Experimental. Adult participants, alpelisib (Stage 2) Arm 6: Placebo comparator. Adult participants, placebo (Stage 2) Arm 7: Experimental. Pediatric participants (6-17 years of age), alpelisib (Stage 2) Arm 8: Placebo Comparator. Pediatric participants (6-17 years of age), placebo (Stage 2) Arm 9: Experimental. Pediatric participants (0-5 years of age), alpelisib (Stage 2)
Target Patients	Pediatric and adult patients with lymphatic malformations associated with a PIK3CA mutation
Readout Milestone(s)	2030
Publication	TBD

In-market Brands & Global Health

NOVARTIS

Ganaplacide+lumefantrine - Non-artemisinin plasmodium falciparum inhibitor

NCT05842954 KALUMA (CKLU156A12301)

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

Rydapt® - Multi-targeted kinase inhibitor

NCT03591510 (CPKC412A2218)

Indication	Acute myeloid leukemia, pediatrics
Phase	Phase 2
Patients	20
Primary Outcome Measures	Occurrence of dose limiting toxicities Safety and Tolerability
Arms Intervention	Chemotherapy followed by Midostaurin
Target Patients	Newly diagnosed pediatric patients with FLT3 mutated acute myeloid leukemia (AML)
Readout Milestone(s)	2026
Publication	TBD

EDI048

NCT07249463 (CEDI048A12201)

Indication	Cryptosporidiosis infection
Phase	Phase 2
Patients	80
Primary Outcome Measures	Average stool grade after the initiation of EDI048 or placebo treatment
Arms Intervention	Maximum stool grade after the initiation of EDI048 or placebo treatment Time to resolution of clinical diarrheal illness Number of participants with associated gastrointestinal symptoms Number of diarrhea episodes per participant Overall diarrheal stool weight Stool grade by stool grade category Number of participants with fecal shedding of Cryptosporidium parvum oocysts Number of oocysts per gram per day (wet and dry weight) and the total number of oocyst per day measured by qPCR in fecal samples PK parameter: Cmax, PK parameter: Tmax, PK parameter: AUC0-t, PK parameter: AUClast, PK parameter: AUCinf, PK parameter: T1/2, PK parameter: CI/F, PK parameter: V/F Number of participants with adverse events of special interest (AESIs)
Target Patients	Healthy Adults
Readout Milestone(s)	2027
Publication	TBD

Abbreviations

Abbreviation	Full form
1L	First-line
2L	Second-line
3L	Third-line
10MWRT	10-Meter Walk/Run Test
Ac	Actinium
AH	Antihistamines
ALS	Amyotrophic Lateral Sclerosis
AOC	Antibody-Oligonucleotide Conjugate
ARPi	Androgen Receptor Pathway Inhibitor
BAFF	B-cell Activating Factor
BLA	Biologics License Application
BTD	Breakthrough Therapy Designation
CK	Creatine Kinase
CDK 4/6	Cyclin-Dependent Kinase 4 and 6
CFB	Complement Factor B
CIndU	Chronic Inducible Urticaria
CSU	Chronic Spontaneous Urticaria
CVRR	Cardiovascular Risk Reduction
DM1	Myotonic Dystrophy Type 1
DMD	Duchenne Muscular Dystrophy
DMT	Disease-Modifying Therapy
EAACI	European Academy of Allergy & Clinical Immunology
eBC	Early Breast Cancer
EC	European Commission
EMA	European Medicines Agency
ESC	European Society of Cardiology
ESSDAI	EULAR Sjögren's Syndrome Disease Activity Index

Abbreviation	Full form
ET	Endocrine Therapy
EULAR	European Alliance of Associations for Rheumatology
FDA	Food and Drug Administration
FSHD	Facioscapulohumeral muscular dystrophy
GC	Glucocorticoid
Gx	Products with generic competition
HCP	Healthcare Provider
HER2	Human Epidermal Growth Factor Receptor 2
HD	Huntington's Disease
HR+	Hormone Receptor-positive
HS	Hidradenitis Suppurativa
HTN	Hypertension
iDFS	Invasive Disease-Free Survival
IgG	Immunoglobulin G
ITP	Immune Thrombocytopenia
IV	Intravenous
KHDC1L	KH Domain Containing 1 Like
LET	Late-Line Therapy
LN	Lupus Nephritis
Lp(a)	Lipoprotein(a)
LS	Least-Squares
LTE	Long-Term Extension
mBC	Metastatic Breast Cancer
mCRPC	Metastatic Castration-Resistant Prostate Cancer
mHSPC	Metastatic Hormone-Sensitive Prostate Cancer
MoA	Mechanism of Action
MOTRx	Units Normalized to Month-on-Therapy
MS	Multiple Sclerosis

Abbreviation	Full form
N0/N1	Node-negative / Node-positive
NBRx	New-to-Brand Prescription
NCCN	National Comprehensive Cancer Network
NEJM	New England Journal of Medicine
NRDL	China National Reimbursement Drug List
NRS	Numeric Rating Scale
OLE	Open-Label Extension
OS	Overall Survival
PA	Prior Authorization
PBM	Pharmacy Benefit Manager
PGI-C	Patient Global Impression of Change
PGI-S	Patient Global Impression of Severity
PMR	Polymyalgia Rheumatica
PR	Priority Review
PRO	Patient-Reported Outcome
PSMA	Prostate-Specific Membrane Antigen
QM	Monthly dosing
QMT	Quantitative Muscle Testing
R3M	Rolling 3 Months
R4W	Rolling 4 Weeks
RF	Rheumatoid Factor
SD	Symptomatic Dermographism
SLE	Systemic Lupus Erythematosus
SMA	Spinal Muscular Atrophy
SpA	Spondyloarthritis
SSc	Systemic Sclerosis
TEAE	Treatment-Emergent Adverse Event
TRx	Total Prescriptions
TUG	Timed Up and Go
wAIHA	Warm Autoimmune Hemolytic Anemia

References (1/3)

Kisqali® (slide 6 references)

1 IQVIA Market Sizing Monthly Report, May 2026, rolling 3 months; Data lag ~ 2 months.
2 eBC DE & UK NBRx monthly share from BEST as of Apr 2026.
3 IQVIA May 2026 Market Sizing Monthly Report.
4 BEST, NBRx (DE, UK, IT, ES, CA) monthly share as of Mar 2026; TRx top 5 countries (DE, UK, IT, ES, CA) as of Mar 2026.
5 CN eBC data from local PMR.

Kesimpta® (slide 8 references)

1 TRx and NBRx adjusted data estimates through Jun 2026 based on data available through Jun 5, 2026. Data sources include Kesimpta: Contracted SP data + access card, Briumvi and Ocrevus IV: IQVIA LAAD adjusted by NSP, Ocrevus Zunovo: IQVIA Xponent and DDD and all other competitors: IQVIA NPA adjusted by NSP.
2 IQVIA MIDAS volume data Mar 2026, converted to patient equivalents using standard dosing assumptions.
3 Stethos TMM 2026.
4 Top International markets NBRx share is calculated as a weighted average of Top 8 markets: DE (IQVIA LRx); FR, IT & UK (Stethos); ES (IPSOS); JP (JMDC); CA (IQVIA Rx Dynamics) and AU (10% PBS) as of Mar 2026.
5 FILIOS study (NCT06869785), ClinicalTrials.gov.

Pluvicto® (slide 9 references)

3 Data as of May 2026, monthly share, based on internal ordering system and analysis.
4 NBRx = new patient doses; TRx = total patient doses.

Leqvio® (slide 10 references)

1 Includes PCSK9 monoclonal antibodies and bempedoic acid.
2 MOTRx Jun YTD vs. 2025 Jun YTD.
3 Demand QTD as of Jun 15, 2026, vs. PY.
4 NBRx ending Q1 2026 YoY.
5 IQVIA, Sinohealth (YTD Apr) and internal estimation.

References (2/3)

Scemblix® (slide 11 references)	
1	US IQVIA CML market sizing report, Jun 2026 (Mar 2026 data month); Nomenclature changed to more accurately reflect the IQVIA patient-level data used in this report. Underlying data set consistent with prior quarters.
2	Japan: MDV up to Q1 2026.
3	US NBRx share data US IQVIA CML market sizing report, Jun 2026 (Mar 2026 data month). Scemblix is the most prescribed TKI for adult Ph+ CML-CP patients based on new-to-brand prescriptions for all adults with Ph+ CML-CP (newly diagnosed and previously treated). IQVIA MIDAS volume data Mar 2026, converted to patient equivalents using standard dosing assumptions.
4	Ex-US: Rolling 3 months; EU4: IQVIA OD – Q1 2026, Germany: LRx – Q1 2026 and Japan: MDV – Q1 2026.
5	LRx monthly data as of Apr 2026.

Cosentyx® (slide 12 references)	
1	IQVIA NSOB National data (Early view) WE 5/29 for MOTRx ,WE 5/22 (Naive/Switch).
2	IQVIA mastered 867 WE 6/5; IQVIA DDDMDI ME Apr 26.
3	Stone JH, Dejaco C, et al. Secukinumab in Polymyalgia Rheumatica. New England Journal of Medicine. 2026; Phase III REPLENISH trial (NCT05767034).
4	Stone JH et al. Phase III REPLENISH study. Presented at EULAR 2026; Phase III REPLENISH trial (NCT05767034).
5	Sustained remission at Week 52: 41.2% (300 mg) and 40.6% (150 mg) vs. 20.4% placebo; mean adjusted annual cumulative glucocorticoid dose: 1,604 mg and 1,683 mg vs 2,093 mg placebo, respectively.

Rhapsido® (slide 13 references)	
1	Internal Novartis analysis leveraging multiple data sources, including IQVIA claims (LAAD, Xponent, DDD), Komodo claims.
2	Maurer M, et al. Remibrutinib provides fast symptom improvement as early as Week 1 in patients with chronic spontaneous urticaria: pooled post hoc analysis of phase III studies. Poster presented at: American Academy of Allergy, Asthma & Immunology Annual Meeting; 2026. Poster 039. LIMITATIONS: No conclusions or comparisons can be drawn as a post hoc analysis was performed at week 1. This analysis was not adjusted for multiplicity.
3	1L use, indicating patients using Rhapsido post-antihistamine failure, estimated using IQVIA claims (LAAD, Xponent, DDD), Komodo claims; May YTD.
4	Two largest subtypes Symptomatic Dermographism (SD) and Cold (CU) Urticaria.
5	Symptomatic Dermographism (SD), Cold (CU) and Cholinergic Urticaria (CholU).
6	Novartis target patient populations 2026: www.novartis.com/sites/novartis_com/files/novartis-target-patient-populations-2026.pdf.

References (3/3)

Ianalumab (slide 14 references)

1 Mariette X, Grader-Beck T, Finzel S, et al. Efficacy and safety of the ianalumab global Phase III studies (NEPTUNUS-1 and NEPTUNUS-2) and their extension study in patients with Sjögren's disease. Presented at: European Alliance of Associations for Rheumatology (EULAR) Congress; Jun 3, 2026; London, UK. Abstract OP0126.

Avidity (slide 15 references)

1 C. McDonald et al., MDA 2026, Oral Presentation. "Del-zota Treatment is Associated with Near Normalization of CK Levels and Improvements in Key Functional Outcomes at 1 Year in Participants with DMD44.

2 KHDC1L is also known as circulatory DUX (cDUX) and was the primary biomarker endpoint in the Phase 2 cohort. Creatine Kinase (CK), a common marker for muscle damage, was the key secondary endpoint.