ViiV Healthcare Meet the Management
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ViiV Healthcare

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A number of adjusted measures are used to report the performance of our business, which are non IFRS measures. These measures are defined and reconciliations to the nearest IFRS measure are available in our third quarter 2018 earnings release and Annual Report on Form 20-F for FY 2017.

All expectations and targets regarding future performance should be read together with “Assumptions related to 2018 guidance and 2016-2020 outlook” on page 38 of our third quarter 2018 earnings release.
30 years and counting – our fight against HIV

Our scientists began work on developing treatments from the beginning of the AIDS epidemic in the 1980s

A wealth of virology experience led to the development of AZT in 1987

Our portfolio now consists of 13 antiretroviral medicines offering a range of options for people living with HIV
Our unique model

**ViiV Healthcare shareholding**

- GSK (85%) and Pfizer (15%) create a joint venture dedicated to HIV treatments

**2009**
- Shionogi (10%) The Japanese company becomes new partner and shareholder*

**2012**
- Dolutegravir era First dolutegravir (DTG) launch in the US

**2013**
- ViiV Healthcare acquires BMS’ HIV pipeline and discovery assets

**2016**
- ViiV Healthcare gains regulatory approval and launches first two-drug regimen (2DR)

**2018**

**Utilise GSK infrastructure**

- Manufacturing
- Distribution (Alliance markets)
- Support and Transaction Services

**Strategy**
- Drug discovery and development
- Medical affairs
- Marketing
- Sales
- Public affairs
- Global operations
- Resource management
- Performance & P/L management

**External support from Pfizer and Shionogi**
- R&D support
- Manufacturing

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*Current shareholding of ViiV Healthcare: GSK 78.3%, Pfizer 11.7%, Shionogi 10%
Deborah Waterhouse CEO
To leave no person living with HIV behind
The shape of our business

SEPT YTD

£2,203m
£360m
£877m
Our strategy

Innovation
Innovative pipeline for prevention, treatment, remission and cure

Performance
Dolutegravir (DTG) is the #1 core agent globally, with 600k PLHIV now taking a DTG-based regimen

Trust
#1 company in the Patient View ‘Corporate Reputation of Pharma’ for the fourth year running

8 Phase III clinical trials ongoing for 2DR
3 new medicines to be approved
Strong early discovery pipeline

£3.44bn sales YTD Sept 2018, +12%
CER growth
Global market share growing

Positive Action: 300+ programmes addressing the needs of PLHIV
Our commitment on paediatrics
Retained leading position on ATMI 2018 for the sixth time in a row
Our performance

More than 600,000 people taking DTG worldwide

DTG the leading core agent worldwide and demonstrated superiority in 5 studies vs competitors

DTG total share in the US holding firm

Juluca launched strongly – DTG/3TC FDC filed in US and Europe

Projected to grow global sales, share and profit over the next 5-year period

Positive Phase III studies for CAB/RPV – intent to file with regulators in Q2-Q3 2019

3TC: lamivudine // FDC: fixed dose combination // CAB: cabotegravir // RPV: rilpivirine
Our innovative and competitive pipeline

New treatment paradigm = 2DR

Two-drug Regimens
- Juluca: dolutegravir/rilpivirine
dolutegravir/lamivudine FDC*

Long-acting Treatment Regimens
- cabotegravir + rilpivirine*

Prevention
- Cabotegravir long-acting*

New MOA
- Attachment inhibitor (fostemsavir)*
- Combinecin (GSK3732394)**
- Maturation inhibitor portfolio***
- Allosteric integrase inhibitor *
- Capsid inhibitor**

Current standard of care = HAART/legacy drugs

Dolutegravir-based Regimens
- Tivicay
- Triumeq

Legacy ARV Drug Portfolio
- abacavir/lamivudine,
  maraviroc & others

Pipeline strategy

*Investigational treatments
*Discovery programme
Kimberly Smith MD, Global Research and Medical Strategy
From evolution to revolution: entering the 2DR era

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*Investigational treatments
**Discovery programme
The impact of a 2DR on a lifetime of HIV treatment

<table>
<thead>
<tr>
<th></th>
<th>No. of drug doses/year</th>
<th>No. of drug doses per 39.1 years¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boosted triple-therapy regimen (QD)</td>
<td>1,460</td>
<td>57,086</td>
</tr>
<tr>
<td>Unboosted triple-therapy regimen (QD)</td>
<td>1,095</td>
<td>42,815</td>
</tr>
<tr>
<td>Unboosted 2DR (QD)</td>
<td>730</td>
<td>28,543</td>
</tr>
</tbody>
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Notes:
Drug dose refers to the aggregate number of doses of each component of combination therapy if given as single agents.
Complexity of HIV treatment in an ageing HIV population

Expected patient exposure to ART now exceeds 40 years¹

Prevalence of non-HIV/AIDS defining chronic conditions have been shown to increase with age²

Increased non-HIV related health issues may result in having to take multiple medicines with potential drug-drug interactions³⁻⁵

Common drug-drug interactions:
- Statins
- Anti-fungals
- Oral contraceptives/hormone replacement
- Cardiac anti arrhythmic drugs
- Benzodiazepines

PLHIV have concerns about long-term effect of medicines

73% of participants sometimes worried about the long-term effects of their HIV medication

- Reduces long-term effects of HIV medicine on my body
- Longer lasting so I can take treatment less often (e.g., monthly injection administered by a doctor/nurse)
- Fewer side effects
- I can take less HIV medicine and get the same effect
- Does not cause a problem with medication I currently take for other illnesses
- Fewer pills each day
- No food restrictions or requirements
- Smaller pill sizes

A score of 100 means the attribute has average importance

Why are we confident in 2DR? DTG most potent ARV to date

Proof-of-concept ART monotherapy:
maximum change in HIV RNA (log_{10}) over 7–14 days

*Day 21; †Week 24; ‡Day 28; §Single dose; ¶Mean/median value as available.

See appendix notes for references.
DTG-based 2DR inhibit viral life cycle at 2 separate sites as 3DR does

DTG-based 2DR demonstrates potency equal to 3DR in patients with high and low viral loads

Figure on the left reproduced from Cahn et al. Lancet. 2018 [Epub ahead of print]. With permission from Elsevier.

Figure on the right: Eron et al. HIV DART and Emerging Viruses 2018; Miami, FL. Oral Presentation #7.
ViiV Healthcare’s 2DR portfolio

**Juluca**
ViiV Healthcare’s first 2DR once-daily, single pill for maintenance of suppression that combines DTG + RPV

**DTG + 3TC**
The next step in the 2DR journey, DTG + 3TC 2DR for treatment-naïve and switch patients

- **GEMINI 1 & 2**
- **TANGO**

**CARLA***
The long-acting 2DR of CAB + RPV

- **ATLAS**
- **FLAIR**
- **ATLAS2M**

*Internal name representing cabotegravir + rilpivirine
DTG + 3TC milestones

GEMINI 1 & 2
48 week full results presented at AIDS conference

JULY 2018  
FDC EU regulatory submission

SEPT 2018  
US regulatory submission

OCT 2018  
EU Type II variation

NOV 2018  
Anticipated US approval

Q2 2019  
GEMINI 1 & 2 96 week data

Q3 2019  
Anticipated DTG/3TC FDC EU approval
What do HIV clinicians say about 2DR?

“These results are very encouraging, showing that a two-drug initial regimen of dolutegravir and lamivudine is plausible and very effective. It also has major advantages in terms of drug exposure.”

Paul E. Sax, MD  Clinical Director of the HIV Program and Division of Infectious Diseases at Brigham and Women’s Hospital and Professor of Medicine at Harvard Medical School, US

“It seems likely that in the near future, almost every patient may be eligible for dual-therapy ART at some point in their long-term continuum of HIV care and that the current paradigm of 3 ARV agents for every patient may soon shift.”

Babafemi Taiwo MBBS,  Chief of Infectious Diseases, Department of Medicine, Feinberg School of Medicine, Northwestern Medical Group, Chicago, US

“This is a new option for treatment. The main reason for doing this is to reduce the amount of drug burden when patients are on life-long treatment.”

Pedro Cahn MD,  Professor of Infectious Diseases, University Medical School, Buenos Aires and Scientific Director of Fundacion Huesped, Argentina
DTG-based 2DR data has accelerated use of 2DR regimens
CARLA milestones

- **Q3 2018**: ATLAS meets primary EP
- **Q4 2018**: FLAIR meets primary EP
- **Q1 2019**: US/EU regulatory submissions
- **Q2-Q3 2019**: ATLAS & FLAIR presentations
- **H2 2019**: ATLAS 2M read out
- **Q1 2020**: Anticipated US approval
What do PLHIV say about long-acting injectables? (CARLA)

“It's less and less stigmatised with the injection, because I don't feel like I'm reminding myself of [HIV]...with the injection you go through days and weeks...two months not having to worry about that, so it's less stigmatised.”

“In reality, taking the pill every day keeps it [HIV] present...and the shot is just once a month...you remember it when you come in and the rest of the time you can basically forget it.”

“If you go on a trip, you don't have to bring your pills or take anything at all along. You follow your normal life.”

“I love it because I don't have to take a daily medication, so that's just one less thing on my plate that I have to worry about...”

Pulido et al. EACS 2017; Milan, Italy. Poster PE 25/32.
Continuing to disrupt and innovate
CONFIDENTIAL Ideas are draft and subject to discussion with GAPPAC and legal

Eric Dube Head of North America
Significant opportunity for improved treatment and growth in US HIV market

Only ~50% of all PLHIV are suppressed

Source: IQVIA LAAD, ViiV Internal Data, IQVIA Market Access Strategy Consulting
US Payer Channel Distribution for HIV Market

HIV Lives by Channel

- **Government Mandated Rebate***: 39%
- **Employer/Private**: 38%
- **Medicare Part D**: 21%

Note: 2% are uninsured
Source: 2017 Projection of Viiv Patient Lives. Adapted from HIV Enrollment Model (vMar 2016), Base Treated Scenario, Medicaid Realistic.
*Includes ADAP, Medicaid, 340B
Strong data and commercial execution results in maintained DTG market share

**R4WA TRx shares by product (STR+core agent)**

- DTG Total
- Triumeq
- Tivicay
- Juluca
- Competitor

*Source: IQVIA NPA w/e 16 Nov 2018*
Customers continue strong support for DTG-based regimens

DTG Total = Tivicay + Triumeq + Juluca
New = First time user of any product in market definition (STR + 3rd Agent or STR + NRTI) within the last 12 months.
Juluca is not indicated for use in treatment naive patients and therefore, is not promoted for such use

Source: IQVIA Patient Insights (New to Brand) w/e 16 Nov 2018
On track with 3 pillars for driving oral 2DR paradigm shift

Establish strong, robust set of DTG-based 2DR clinical data

Drive HCP confidence in the power of DTG-based 2DRs

Ensure patient awareness of/demand for DTG-based 2DR
Juluca new patient volume and number of prescribers continues to grow nearly 1 year post-launch

*Source: Breadth – IQVIA XPD R4WA Data through 16 Nov 2018 (ECLs only) ; NBRx – IQVIA Patient Insights (NBRx) through 16 Nov 2018*
Actively addressing trends influencing US marketplace

- Payer reforms and increased competition
- Shifting HIV patient and HCP demographics
- Heightened Patient Engagement
HIV patient pool continues to increase

>37 million HIV+ globally, estimated
9.4 million don’t know their status\(^1\)

1.8 million new infections in 2017\(^1\)

21.7 million people living with HIV were accessing antiretroviral therapy in 2017\(^1\)

Over £22b ARV market size

PLHIV will continue to need new treatments throughout their lifetime…

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Our innovative approach to discovery and development

Current standard of care = HAART/legacy drugs

Dolutegravir-based Regimens
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Long-acting Treatment Regimens
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New treatment paradigm = 2DR

Search for Remission and Cure

Pipeline strategy

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*Investigational treatments
*Discovery programme
ViiV pipeline strategy

- Prevention
- Treatment
- Remission/Cure

New mechanisms of action
- Viral replication cycle
- Immunologics

Fixed-dose combinations
- Injectables
- Long-acting
Cabotegravir long-acting for prevention (PrEP)

- Event driven
- Primary data expected after 2020
- Sponsored by Division of AIDS, US National Institute of Allergy and Infectious Diseases

- Event driven; powered for superiority
- Primary data expected after 2020
- Collaboration with NIH and Bill & Melinda Gates Foundation
Exploring novel delivery technologies for cabotegravir

The next wave of opportunity in HIV

Long acting
Clinic Administered

Ultra Long
Acting

Long acting
Self Administered

\(^1\) greater than or equal to three months
Fostemsavir: a life-saving investigational medicine for patients with few or no treatment options left

- First-in-class – unique mechanism that blocks initial CD4 binding
- No cross-resistance to other antiretrovirals
- FDA breakthrough therapy designation
  US regulatory filing planned for 2H2019
- Demonstrated efficacy for heavily treatment-experienced patients – BRIGHTE study showed 54% of patients achieved virologic suppression at 48 weeks and had continued increase in CD4+ t-cell counts

Maturation inhibitors

Maturation inhibitors block protein processing late in the viral replication cycle

Drugs that work in new ways could be particularly beneficial for highly treatment-experienced patients who have extensive drug resistance

ViiV is progressing oral and long-acting MI programmes

Oral programme to include single entity and combination product with DTG

Long acting MI could serve as a partner for CAB LA

Targeting frequency of every two months or less

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**Vision for Biologics**

**Combinectin**

Provide broad-spectrum biologic agent capable of once-monthly, self-administered, subcutaneous dosing for use as an all-in-one regimen, or as a partner for CAB or another long-acting agent.

**bNAbs**

Long acting¹

Naturally long half-life (2–3 weeks) and modifiable

Role in remission and cure²

Potential for targeting HIV reservoir

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Antibody by Fredrik Edfors from the Noun Project
ARV, antiretroviral; bNAb, broadly neutralising antibodies; DC, dendritic cell; Fc, constant region; PE, post-exposure; PrEP, pre-exposure prophylactic.
UNC and ViiV scientists integrated into a joint venture based at the Chapel Hill campus with a shared scientific strategy to find a cure for HIV

Long-term focus with promise: reverse HIV latency with fewer unwanted side effects
To leave no person living with HIV behind
6. BMS Clinical Study Report AI424007, August 2002
12. Friedman et al. CROI 2016; Abstract 437LB