Fuelling our future growth

ViiV Healthcare: Update on our pipeline progression
WELCOME

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CAUTIONARY STATEMENT REGARDING FORWARD-LOOKING STATEMENTS

This presentation may contain forward-looking statements. Forward-looking statements give the Group’s current expectations or forecasts of future events. An investor can identify these statements by the fact that they do not relate strictly to historical or current facts. They use words such as ‘anticipate’, ‘estimate’, ‘expect’, ‘intend’, ‘will’, ‘project’, ‘plan’, ‘believe’, ‘target’ and other words and terms of similar meaning in connection with any discussion of future operating or financial performance. In particular, these include statements relating to future actions, prospective products or product approvals, future performance or results of current and anticipated products, sales efforts, expenses, the outcome of contingencies such as legal proceedings, and financial results.

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Forward-looking statements are subject to assumptions, inherent risks and uncertainties, many of which relate to factors that are beyond the Group’s control or precise estimate. The Group cautions investors that a number of important factors, including those in this presentation, could cause actual results to differ materially from those expressed or implied in any forward-looking statement. Such factors include, but are not limited to, those discussed under Item 3.D ‘Risk factors’ in the Group’s Annual Report on Form 20-F for FY 2017. Any forward-looking statements made by or on behalf of the Group speak only as of the date they are made and are based upon the knowledge and information available to the Directors on the date of this presentation.

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.
TO LEAVE NO PERSON LIVING WITH HIV BEHIND
OUR PIPELINE

NEW TREATMENT PARADIGM
TWO-DRUG REGIMENS

Juluca (dolutegravir/rilpivirine)
Dovato (dolutegravir/lamivudine)

Long-acting treatment regimens†
cabotegravir + rilpivirine

PREVENTION

cabotegravir (744LAP) †

SEARCH FOR REMISSION AND CURE
Collaborations

LEGACY ARV PORTFOLIO

Epzicom/Kivexa (abacavir/lamivudine)
Celsentri/Selzentry (maraviroc)

ADVANCED THERAPEUTICS

Tivicay (dolutegravir)

DOLUTEGRAVIR REGIMENS

Triumeq (dolutegravir/abacavir/ lamivudine)

Attachment inhibitor for highly experienced patients†
fostemsavir

New MOA

Combinectin (GSK3732394)*†
Maturation inhibitor portfolio*†
Allosteric integrase inhibitor *†
Capsid inhibitor*†

Medicines approved for prescription
† Investigational assets not currently approved for prescription
The US Food and Drug Administration (FDA) approved Dovato
An innovative treatment powered by dolutegravir at the core for treatment-naïve PLHIV
Dovato offers PLHIV efficacy non-inferior to a three-drug regimen with fewer drugs that is TAF, TDF, abacavir and booster-free
Label: no limitations on viral load
NO ONE SHOULD TAKE MORE MEDICINES THAN THEY NEED

Reducing long term effect of HIV medication on the body ranked as the most important improvement among people living with HIV (PLHIV)

72% PLHIV worry about long-term effects of HIV treatments¹

56% PLHIV would consider reducing the number of drugs in their regimen to the minimum¹

“With this approval, patients who have never been treated have the option of taking a two-drug regimen in a single tablet while eliminating additional toxicity and potential drug interactions from a third drug.”²

Debra Birnkrant, director of the FDA’s division of antiviral products

“This is good news for patients and providers looking to avoid side effects with the use of a third drug…and should be viewed favorably by insurers”³

Lynda Dee, Fair Pricing Coalition member and former co-chair

³ https://fairpricingcoalition.org/2019/04/09/dovato-approval-price/
Noninferior virologic efficacy for the 2DR of DTG + 3TC vs the three-drug regimen of DTG + TDF/FTC

Low rates of confirmed virologic withdrawals—no treatment-emergent INSTI or NRTI mutations

Overall safety and tolerability profile at Week 48 was comparable between the two regimens

\- Fewer drug-related AEs with DTG + 3TC

\- Change in renal and bone biomarkers significantly favors DTG + 3TC

**GEMINI 1 & 2 PHASE III STUDIES: PIVOTAL 48-WEEK DATA FOR APPROVAL AND LAUNCH**

![Graph showing virologic efficacy and safety outcomes](image)

*Based on Cochran-Mantel-Haenszel stratified analysis adjusting for the following baseline stratification factors: plasma HIV-1 RNA (<100,000 c/mL vs >100,000 c/mL), CD4+ cell count (<200 cells/mm³ vs >200 cells/mm³), and study (GEMINI-1 vs GEMINI-2).**PP, per protocol: population consisted of participants in the ITT-E population except for significant protocol violators, which could potentially affect efficacy outcomes as determined by the medical monitor prior to database lock.*

- Cahn et al. AIDS 2018; Amsterdam, the Netherlands. Slides TUAB0106LB.
DOVATO: EVIDENCE GENERATION CONTINUES

- April 2019: Anticipated Dovato EU approval
- Q3 2019: GEMINI 1 & 2 96 week data, TANGO 48 week data
- Q4 2019: SALSA starts
- GEMINI 1 & 2 148 week data
- 2020: Dovato US approval
- Q3 2019: TANGO 48 week data
- 2020: SALSA
GIVING TREATMENT A SHOT:
cabotegravir + rilpivirine long acting injectable (investigational)

POTENTIAL INDICATIONS
HIV treatment (long acting injectable)
/ CAB LA + RPV LA every 4 week IM injection as a two-drug maintenance regimen
/ For virologically suppressed patients who don’t want a daily reminder of HIV, reducing the number of treatment days they have from 365 to 12 per year

HIV PrEP (CAB monotherapy)
/ CAB LA IM once every two months (combined with safer sex practices)
/ Potential to deliver with long acting contraception in family planning setting
ATLAS/FLAIR MEET PRIMARY ENDPOINTS: Cabotegravir and rilpivirine monthly injectable demonstrates non-inferiority to oral three-drug regimen

ATLAS

Virologic Outcomes

<table>
<thead>
<tr>
<th>Proportion of Participants (%)</th>
<th>Virologic nonresponse (≥50 c/mL)</th>
<th>Virologic success (&lt;50 c/mL)</th>
<th>No virologic data</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAB LA + RPV LA (n=308)</td>
<td>1.6</td>
<td>92.5</td>
<td>5.8</td>
</tr>
<tr>
<td>CAR (n=308)</td>
<td>1.0</td>
<td>95.5</td>
<td>3.6</td>
</tr>
</tbody>
</table>

FLAIR

Virologic Outcomes

<table>
<thead>
<tr>
<th>Proportion of Participants (%)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>CAB LA + RPV LA (n=283)</td>
<td>2.1</td>
<td>93.6</td>
<td>4.2</td>
</tr>
<tr>
<td>DTG/ABC/3TC (n=283)</td>
<td>2.5</td>
<td>93.3</td>
<td>4.2</td>
</tr>
</tbody>
</table>
STRONG PATIENT PREFERENCE FOR MONTHLY INJECTABLE OVER DAILY ORAL REGIMEN

Question: Today we would like you to compare your experience on the Long Acting injections with the oral medication you received during the study. Which therapy do you prefer?

ATLAS: 266 of 273 (97%) preferred the LA regimen over previous oral therapy

FLAIR: 257 of 259 (99%) preferred the LA regimen over previous oral therapy
REACTION TO ATLAS/FLAIR

**Media headlines and commentary cemented positive reception**

**Rolling Stone**

**Monthly HIV Injection Treatments Could Soon Become Available**

Two clinical trials indicate that we may have a new course of treatment on the horizon.

One of the toughest things about taking daily medications is actually remembering to take the damn things. Studies have consistently shown that many people frequently forget to take their meds, and that’s a big problem, particularly if they’re living with HIV and rely on antiretroviral therapy (ART) to keep the virus in check.

That’s why the health care company Viiv Healthcare has just announced the completion of two clinical trials involving more than 1,000 people for a monthly injectable antiretroviral medication, which they say works just as well as the standard course of daily, pill-based treatment for people with HIV.

"If approved, this two-drug regimen would give people living with HIV one month between each dose of antiretroviral therapy, changing HIV treatment from 365 dosing days per year, to just 12" John Pottage, VHC

**Bloomberg**

**HIV Drug Aiming to Free Patients From Daily Doses Nears Market**

The success of the two injectable-drug studies — named Atlas and Flair — raised hopes among H.I.V. experts that these shots may eventually be used to protect the uninfected.

If the injectable monthly regimen makes it to the market, Gilead’s crown may be more vulnerable than ever.

**The New York Times**

**Monthly HIV Injection Could Free Patients From Grueling Drug Regime**

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**ENDPOINTS NEWS**

**Monthly HIV Injection Could Free Patients From Grueling Drug Regime**

Endpoints News
CABOTEGRAVIR: EVIDENCE GENERATION AND MILESTONES

- **March 2019**: CAB+RPL LA US regulatory submission
- **April 2019**: ATLAS & FLAIR 48w presentations
- **Q3 2019**: ATLAS 2M headline data
- **H2 2019**: CAB+RPL LA EU regulatory submission
- **Q1 2020**: Anticipated US CAB+RPL LA approval
- **Q3 2020**: Anticipated CAB+RPL LA EU approval
- **2021-2022**: CAB PrEP studies read out
FOSTEMSAVIR: a life-saving investigational medicine for patients with few or no treatment options left

First-in-class - unique mechanism blocking CD4 binding¹

No cross-resistance to other antiretrovirals¹,³

FDA breakthrough therapy designation²
US regulatory filing planned for 2H2019

In BRIGHTE study, 54% of heavily treatment-experienced patients achieved virologic suppression at 48 weeks and had continued increase in CD4+ t-cell counts⁴

CONTINUING TO DISRUPT AND INNOVATE

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UNTIL THE DAY WE BEAT HIV