

MEDIA & INVESTOR RELEASE

New data at ASH to reinforce breadth of Novartis hematology portfolio across multiple blood cancers and serious hematologic diseases

- *Pivotal ASCEMBL study of novel, investigational STAMP inhibitor asciminib (ABL001) vs. bosutinib in CML patients previously treated with two or more TKIs*
- *ELARA results for Kymriah® in relapsed or refractory (r/r) follicular lymphoma, plus long-term JULIET data on response survival and durability at more than three years in r/r DLBCL patients*
- *Detailed Jakavi® analysis from REACH3 in steroid-refractory chronic GvHD, building on previously reported positive REACH2 results in steroid-refractory acute GvHD*
- *New data for sabatolimab (MBG453) and Adakveo® (crizanlizumab) underscore breadth of Novartis innovation in hematology*

Basel, November 19, 2020 — Novartis announced today that new research data from a broad range of hematology medicines and investigational therapies will be presented at the 62nd American Society of Hematology (ASH) Annual Meeting & Exposition, taking place virtually December 5-8. More than 65 abstracts from Novartis-sponsored and investigator-initiated trials that include results for asciminib (ABL001), Kymriah® (tisagenlecleucel), Jakavi® (ruxolitinib)*, sabatolimab (MBG453) and Adakveo® (crizanlizumab) underscore the Novartis vision to deliver transformative innovation to address unmet medical needs.

“Our research and development strategy focuses on developing transformative treatments with the aspiration of dramatically improving quality of life and addressing the underlying disease process,” said Susanne Schaffert, PhD, President, Novartis Oncology. “The ASH presentations demonstrate how we are pursuing these goals in hematology with research that focuses on developing advanced therapeutic approaches across an array of blood cancers and difficult-to-treat hematologic diseases.”

Key highlights of data accepted by ASH:

Novel, investigational STAMP inhibitor asciminib (ABL001) evaluated for safety and efficacy for TKI-resistant and intolerant CML patients:

- Efficacy and Safety Results From ASCEMBL, a Multicenter, Open-label, Phase 3 Study of Asciminib vs Bosutinib (BOS) in Patients (Pts) with Chronic Myeloid Leukemia in Chronic Phase (CML-CP) Previously Treated with ≥2 Tyrosine Kinase Inhibitors (TKIs) [Abstract #LBA-4; oral presentation; Tuesday, December 8, 8:15 AM

PST]

- Asciminib, a First-in-Class STAMP Inhibitor, Provides Durable Molecular Response in Patients (Pts) With Chronic Myeloid Leukemia (CML) Harboring the T315I Mutation: Primary Efficacy and Safety Results From a Phase 1 Trial [Abstract #650; oral presentation: Monday, December 7, 12:15 PM PST]
- Structural and Biochemical Studies Confirming the Mechanism of Action of Asciminib, an Agent Specifically Targeting the ABL Myristoyl Pocket (STAMP) [Abstract #3961; online publication]

New data for the first anti-TIM-3 antibody in hematology, sabatolimab (MBG453):

- Efficacy and Safety of Sabatolimab (MBG453) in Combination With Hypomethylating Agents (HMAs) in Patients With Acute Myeloid Leukemia (AML) and High-risk Myelodysplastic Syndrome (HR-MDS): Updated Results From a Phase 1b Study [Abstract #657; oral presentation: Monday, December 7, 12:30 PM PST]
- Sabatolimab (MBG453) Dose Selection and Dose-Response Analysis in Myelodysplastic Syndrome (MDS)/Acute Myeloid Leukemia (AML): Population Pharmacokinetics (PK) Modeling and Evaluation of Clinical Efficacy/Safety by Dose [Abstract #2192; poster presentation: Sunday, December 6, 7:00 AM PST]

Kymriah® (tisagenlecleucel) results from the first analysis of the Phase II ELARA trial in r/r follicular lymphoma and a clinical update of 40-month median follow-up from the pivotal JULIET trial in r/r diffuse large B-cell lymphoma (DLBCL):

- Efficacy and Safety of Tisagenlecleucel in Adult Patients With Relapsed/Refractory Follicular Lymphoma: Interim Analysis of the Phase 2 ELARA Trial [Abstract #1149; poster presentation: Saturday, December 5, 7:00 AM PST]
- Myc Expression and Tumor-Infiltrating T Cells Are Associated With Response in Patients (Pts) With Relapsed/Refractory Diffuse Large B-Cell Lymphoma (r/r DLBCL) Treated With Tisagenlecleucel in the JULIET Trial [Abstract #1194; poster presentation: Saturday, December 5, 7:00 AM PST]

Adakveo® (crizanlizumab) results from the SOLACE trial and a post-hoc analysis of the SUSTAIN trial for vaso-occlusive pain crises in sickle cell disease, and extended results from the Sickle Cell World Assessment Survey (SWAY):

- Pharmacokinetics/Pharmacodynamics, Safety and Efficacy of Crizanlizumab in Patients With Sickle Cell Disease and a History of Vaso-Occlusive Crises: Results From the Phase II, Multicenter, Open-Label SOLACE-Adults Study [Abstract #1715; poster presentation: Sunday, December 6, 7:00 AM PST]
- The Effect of Crizanlizumab on the Number of Days Requiring Opioid Use for Management of Pain Associated With Vaso-Occlusive Crises in Patients With Sickle Cell Disease: Results From the SUSTAIN Trial [Abstract #796; poster presentation: Saturday, December 5, 7:00 AM PST]
- Global Treatment Satisfaction Levels and Treatment Patterns From the International Sickle Cell World Assessment Survey (SWAY): Hydroxyurea (HU) Versus No HU [Abstract #17; oral presentation: Saturday, December 5, 8:30 AM PST]

Primary findings from the REACH3 trial for steroid-refractory chronic graft-vs-host disease (GvHD) and additional findings from REACH2 for steroid-refractory acute GvHD treated with Jakavi® (ruxolitinib)*:

- Ruxolitinib vs Best Available Therapy in Patients With Steroid-Refractory/Steroid-Dependent Chronic Graft-vs-Host Disease: Primary Findings From the Phase 3, Randomized REACH3 Study [Abstract #77; oral presentation: Saturday, December 5, 8:00 AM PST]
- Biomarker Analysis in Patients With Steroid-Refractory Acute Graft vs Host Disease Treated With Ruxolitinib or Best Available Therapy in the Randomized, Phase 3 REACH2 Study [Abstract #1519; poster presentation: Saturday, December 5, 7:00 AM PST]
- Safety Analysis of Ruxolitinib (RUX) vs Best Available Therapy in Patients With

Steroid-Refractory Acute Graft-vs-Host Disease in the Randomized Phase 3 REACH2 Study [Abstract #2440; poster presentation: Sunday, December 6, 7:00 AM PST]

Early pipeline results for ivalumab (VAY736) in chronic lymphocytic leukemia:

- Phase Ib Study of Ivalumab (VAY736) and Ibrutinib in Patients With Chronic Lymphocytic Leukemia (CLL) on Ibrutinib Therapy [Abstract #1309; poster presentation: Saturday, December 5, 7:00 AM PST]

Product Information

Approved indications for products vary by country and not all indications are available in every country. Safety and efficacy profiles have not been established for investigational compounds or are outside the approved indications for marketed products. Because of the uncertainty of clinical trials, there is no guarantee that compounds will become commercially available or receive additional indications if already marketed.

For full prescribing information including important safety information about marketed products, please visit <https://www.novartis.com/our-company/global-product-portfolio>.

Disclaimer

This press release contains forward-looking statements within the meaning of the United States Private Securities Litigation Reform Act of 1995. Forward-looking statements can generally be identified by words such as “potential,” “can,” “will,” “plan,” “may,” “could,” “would,” “expect,” “anticipate,” “seek,” “look forward,” “believe,” “committed,” “investigational,” “pipeline,” “launch,” or similar terms, or by express or implied discussions regarding potential marketing approvals, new indications or labeling for the investigational or approved products described in this press release, or regarding potential future revenues from such products. You should not place undue reliance on these statements. Such forward-looking statements are based on our current beliefs and expectations regarding future events, and are subject to significant known and unknown risks and uncertainties. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those set forth in the forward-looking statements. There can be no guarantee that the investigational or approved products described in this press release will be submitted or approved for sale or for any additional indications or labeling in any market, or at any particular time. Nor can there be any guarantee that such products will be commercially successful in the future. In particular, our expectations regarding such products could be affected by, among other things, the uncertainties inherent in research and development, including clinical trial results and additional analysis of existing clinical data; regulatory actions or delays or government regulation generally; global trends toward health care cost containment, including government, payor and general public pricing and reimbursement pressures and requirements for increased pricing transparency; our ability to obtain or maintain proprietary intellectual property protection; the particular prescribing preferences of physicians and patients; general political, economic and business conditions, including the effects of and efforts to mitigate pandemic diseases such as COVID-19; safety, quality, data integrity or manufacturing issues; potential or actual data security and data privacy breaches, or disruptions of our information technology systems, and other risks and factors referred to in Novartis AG’s current Form 20-F on file with the US Securities and Exchange Commission. Novartis is providing the information in this press release as of this date and does not undertake any obligation to update any forward-looking statements contained in this press release as a result of new information, future events or otherwise.

About Novartis

Novartis is reimagining medicine to improve and extend people’s lives. As a leading global medicines company, we use innovative science and digital technologies to create transformative treatments in areas of great medical need. In our quest to find new medicines, we consistently rank among the world’s top companies investing in research and development. Novartis products reach nearly 800 million people globally and we are finding innovative ways to expand access to our latest treatments. About 110,000 people of more than 140 nationalities work at Novartis around the world. Find out more at

<https://www.novartis.com>.

Novartis is on Twitter. Sign up to follow @Novartis at <https://twitter.com/novartisnews>
For Novartis multimedia content, please visit <https://www.novartis.com/news/media-library>
For questions about the site or required registration, please contact media.relations@novartis.com

#

Novartis Media Relations

E-mail: media.relations@novartis.com

Anja von Treskow
Novartis External Communications
+41 61 324 2279 (direct)
+41 79 392 8697 (mobile)
anja.von_treskow@novartis.com

Julie Masow
Novartis Oncology Media Relations
+1 862 579 8456
julie.masow@novartis.com

Eric Althoff
Novartis US External Communications
+1 646 438 4335
eric.althoff@novartis.com

Michael Billings
Novartis Oncology Communications
+1 201 400 1854 (mobile)
michael.billings@novartis.com

Novartis Investor Relations

Central investor relations line: +41 61 324 7944

E-mail: investor.relations@novartis.com

Central
Samir Shah +41 61 324 7944
Thomas Hungerbuehler +41 61 324 8425
Isabella Zinck +41 61 324 7188

North America
Sloan Simpson +1 862 778 5052