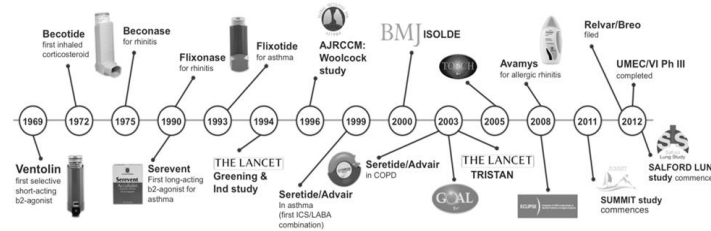


ATS Analyst and Investor Event

Darrell Baker, SVP & Head, Global Respiratory Franchise
Tuesday 21st May 2013

We have made significant progress in our respiratory portfolio in 2013; data at ATS demonstrates research breadth



RELVAR™ for asthma and COPD
filed in EU and Japan

ANORO™ for COPD
filed in US

ANORO™ for COPD
filed in EU and Japan



BREO™ for COPD
approved in US

BREO™ for COPD
filed in US

2012

2013

SALFORD LUNG
study commences

mepolizumab
for severe refractory asthma
PhIII commences

umeclidinium (UMEC) mono
for COPD
filed in US and EU

fluticasone furoate (FF) mono
for asthma
PhIII completed



Significant milestone achieved: BREO™ ELLIPTA™ gains US approval for the treatment of COPD



In the US, BREO™ ELLIPTA™ is approved as a combination inhaled corticosteroid/long-acting beta₂-adrenergic agonist (ICS/LABA) ” (FF/VI 100/25 mcg) indicated for the long-term, once-daily, maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema. BREO™ ELLIPTA™ is also indicated to reduce exacerbations of COPD in patients with a history of exacerbations.

Important Limitations of Use: BREO™ ELLIPTA™ is NOT indicated for the relief of acute bronchospasm or for the treatment of asthma.

BREO™ ELLIPTA™ will be available in the US during Q3 2013

Further data at ATS demonstrates depth of FF/VI research

Filings	Asthma	COPD
US	Additional PhIII study ongoing	✓ Approved BREO™
EU / Japan	✓ Filed RELVAR™	✓ Filed RELVAR™

Once a day
ICS/LABA
(FF/VI)



Data at ATS:

Phase IIIb RELVAR™/BREO™ versus
SERETIDE™/ADVAIR^M in COPD – pooled analysis

Once-Daily (OD) Fluticasone Furoate/Vilanterol (FF/VI: 100/25mcg) compared with twice-daily (BD) Fluticasone Propionate/Salmeterol (FSC: 250/50mcg) in patients with COPD

Ph III real-world study (protocol only) RELVAR™/BREO™
versus existing COPD maintenance therapy

Fluticasone furoate mono on track to file in 2013, commencing with US and Japan; ATS data aids understanding of response in asthma

Once a day
ICS mono
(FF mono)



Data at ATS:

PhIIIa study of FF 50mcg monotherapy versus placebo in asthma

Studies at 100 & 200mcg doses contained within FF/VI package previously published / presented
Further FF mono data will be presented at future meetings

ANORO™ ELLIPTA™ filings in 2013

Once a day
LAMA/LABA
(UMEC/VI)



Filings	COPD
US	✓ Filed Dec 2012
EU	✓ Filed Jan 2013
Japan	✓ Filed Apr 2013

Data at ATS:

Three pivotal efficacy PhIIIa studies

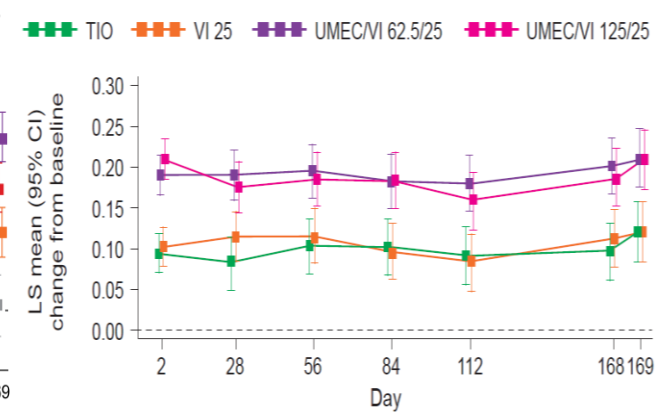
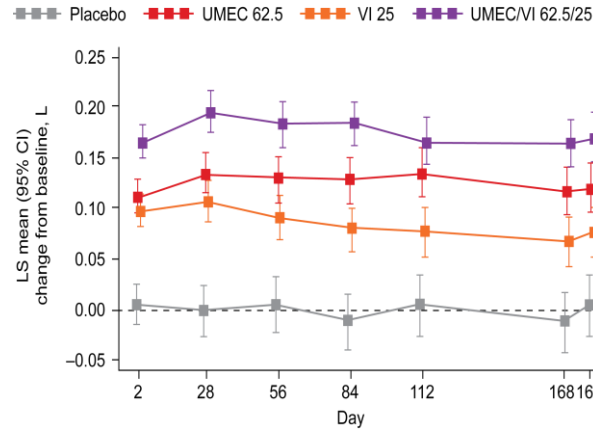
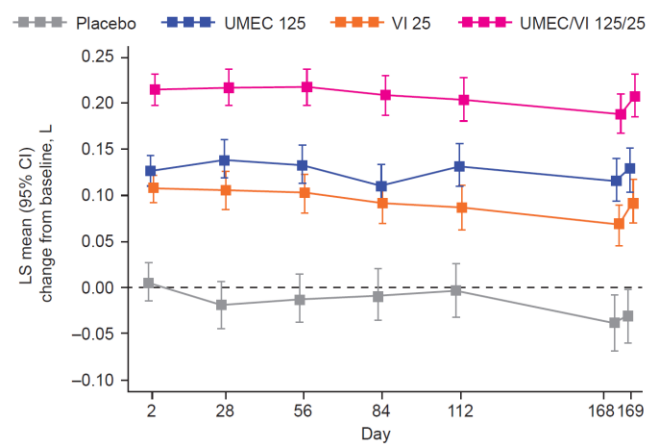
PhIII data presented at ATS supports the filings of ANORO™ ELLIPTA™ and umeclidinium mono

Efficacy based on trough FEV₁ at end of treatment

PhIIIa study of ANORO™ (125/25mcg) versus individual components

PhIIIa study of ANORO™ (62.5/25mcg) versus individual components

Phase IIIa study of ANORO™ versus TIO and VI in COPD



Full efficacy and safety findings from each study are presented at ATS and posted to the GSK Clinical Study Register. In July 2012 we communicated the results of 4 pivotal efficacy studies, of which 3 are presented at ATS 2013. In these four studies the most common adverse events across all treatment arms, including placebo, were headache, nasopharyngitis, upper respiratory tract infection, cough, oropharyngeal pain and back pain. Additionally, the incidence of cardiovascular adverse events across all treatment groups was similar (5-9% of placebo group, 7-11% of VI group, 10% of UMEC 62.5mcg group, 7-9% UMEC 125mcg group, 6-11% UMEC/VI 62.5/25mcg group, 6-7% of UMEC/VI 125/25mcg group and 4-8% tiotropium). The incidence of serious adverse events across all treatment groups was similar (3-6% of placebo group, 5-7% of VI group, 6% of UMEC 62.5mcg group, 5-7% UMEC 125mcg group, 5-10% UMEC/VI 62.5/25mcg group, 2-7% of UMEC/VI 125/25mcg group and 4-6% tiotropium).

Umeclidinium mono filings supported by data from the ANORO™ ELLIPTA™ registration package

Once a day
LAMA mono
(UMEC mono)



Filings


COPD

US	✓ Filed April 2013
EU	✓ Filed April 2013
ROW	Planned during the course of 2013

Data at ATS:

Ph IIIa UMEC mono versus placebo in COPD

We continue to progress our Respiratory portfolio across varied mechanisms of action

	SABA	ICS	LABA	ICS/ LABA	LAMA	LAMA/ LABA	MABA	ICS/ LAMA	Anti- IL 5	p38	FLAP
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Company 1			✓	✓	✓	✓					
Company 2			✓		✓	✓					
Company 3			✓	✓	✓	✓	✓				
Company 4			✓	✓	✓	✓					
Company 5		✓	✓	✓			✓		✓	✓	
Company 6										✓	

£2.3bn: rescue

£4.8bn: maintenance bronchodilator

£8.1bn: ICS/LABA

£0.6bn: biological severe asthma

£2.8bn: steroid

£2.4bn: oral asthma

Market size*

*Source: GSK R3 Model based on IMS Health MAT Dec 2012.

Includes marketed and development products for GSK and other companies 9