CAB LA FOR PREP:

SUPERIOR EFFICACY

CAB LA: cabotegravir long acting
PrEP: Pre Exposure Prophylaxis

The people depicted in this photo are models, for illustrative purposes only.

WELCOME

David Redfern
Chairman

Deborah Waterhouse
CEO

Kimberly Smith MD,
Global Research & Development

CAUTIONARY STATEMENT REGARDING FORWARD-LOOKING STATEMENTS

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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.

DEBORAH WATERHOUSE

CEO

TO LEAVE NO PERSON LIVING WITH HIV BEHIND

The people depicted in this photo are models, for illustrative purposes only.

HELPING END THE HIV EPIDEMIC

The people depicted in this photo are models, for illustrative purposes only.

THE HIV CHALLENGE

50% of Americans living with HIV are virally unsuppressed

38,000 new infections per annum in US across ethnicity spectrum

Particular challenge amongst black and Latino MSM key populations

US President strategy to end epidemic by 2030

Target to reduce new infections by 75% within 5 years

PrEP has significant role to play

THE PREP LANDSCAPE WORLDWIDE

- 200,000 people currently taking PrEP in US
- US Government believes 1.2 million could benefit
- Circa 500,000 MSM in Europe could benefit from PrEP but barriers to access remain high
- In Africa HIV infections are growing among adolescent girls and young women who could benefit from PrEP
- Some people express dissatisfaction at taking daily PrEP pills as reinforcing self stigma
- CAB LA could present a new option, dosed every two months

US market value

Circa $2bn today and growing

KIMBERLY SMITH MD

Head of Research & Development

FROM EVOLUTION TO REVOLUTION: THE 2DR ERA

Current standard of care HAART/legacy drugs

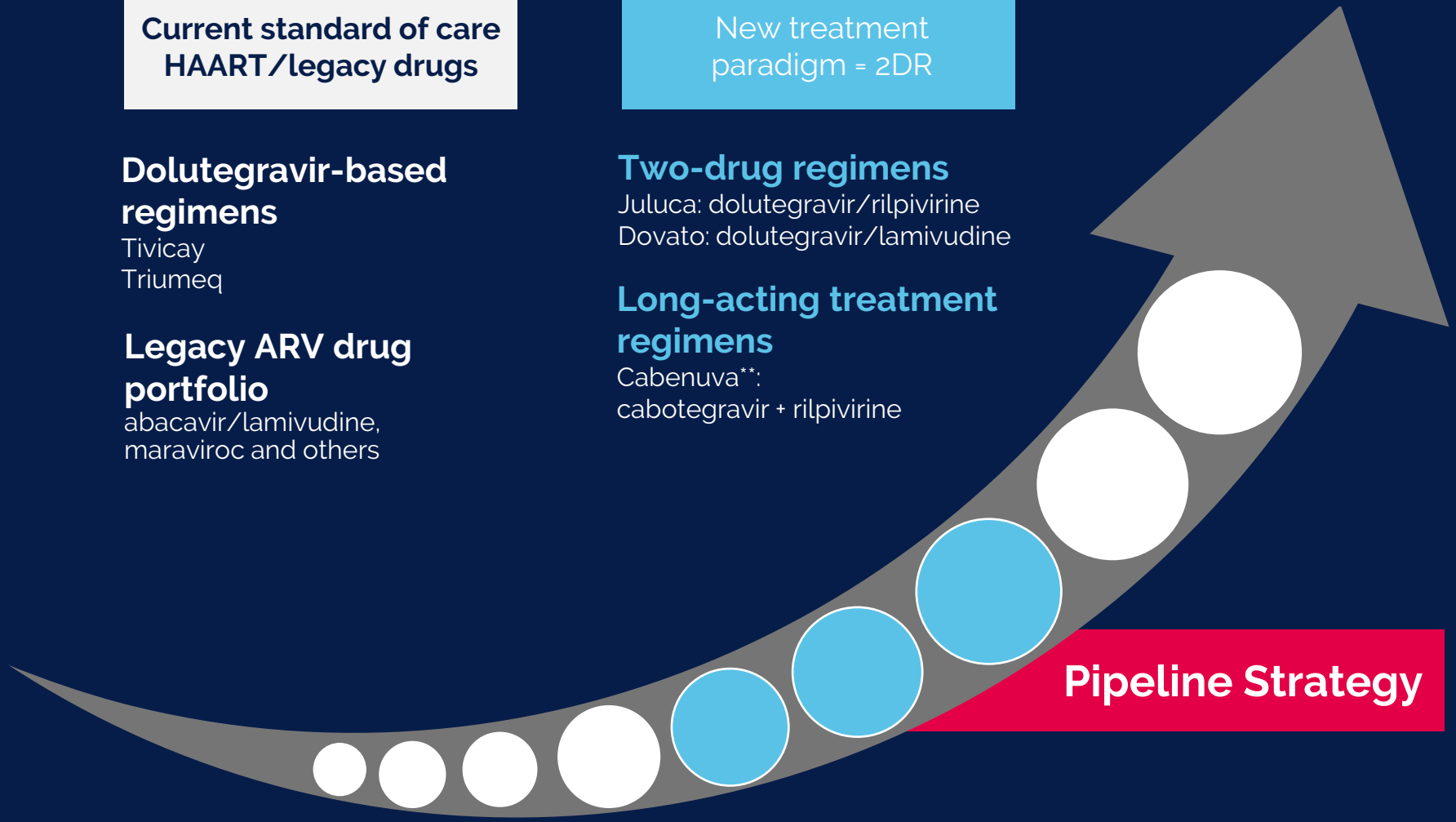
Dolutegravir-based regimens
Tivicay
Triumeq

Legacy ARV drug portfolio
abacavir/lamivudine, maraviroc and others

New treatment paradigm = 2DR

Two-drug regimens
Juluca: dolutegravir/rilpivirine
Dovato: dolutegravir/lamivudine

Long-acting treatment regimens
Cabenuva**:
cabotegravir + rilpivirine



Search for remission and cure

Prevention
cabotegravir long-acting*

New MOA
Rukobia: Attachment inhibitor (fostemsavir)
Maturation inhibitor portfolio*‡
Capsid inhibitor*‡
Broadly neutralizing AB (N6LS)*‡

*Investigational treatments
** Cabenuva approved in Canada
‡Discovery programme

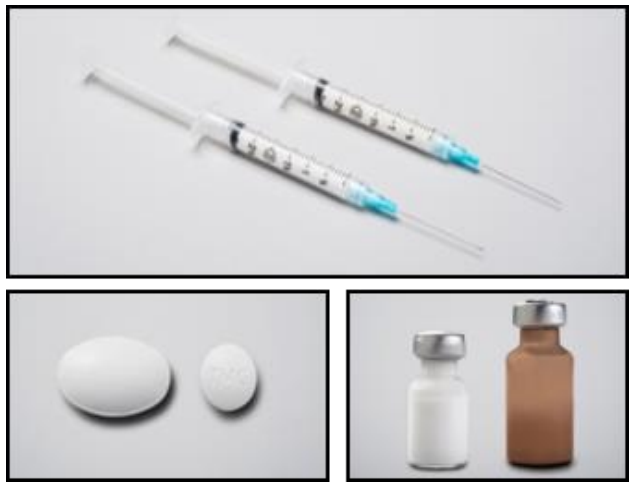
LONG ACTING INJECTABLES - GIVING A SHOT FOR TREATMENT AND PREVENTION

POTENTIAL INDICATIONS

➢ HIV treatment (long acting injectable)

For virologically suppressed patients who would benefit from a HIV regimen which has the potential to reduce the emotional impact of HIV and its treatment on their daily life

- **CAB LA + RPV LA** every 4 week IM injection as a two-drug maintenance regimen
  - Different MOA, resistance profiles, metabolic pathways
  - Lack of drug interaction (CAB and RPV) [1]
  - Oral formulations to facilitate treatment initiation
  - Well-established and favorable oral RPV safety profile



➢ HIV PrEP – Pre Exposure Prophylaxis (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

[1] Ford S, AAC 2013:57, 5472-7

CAB LA: PREP

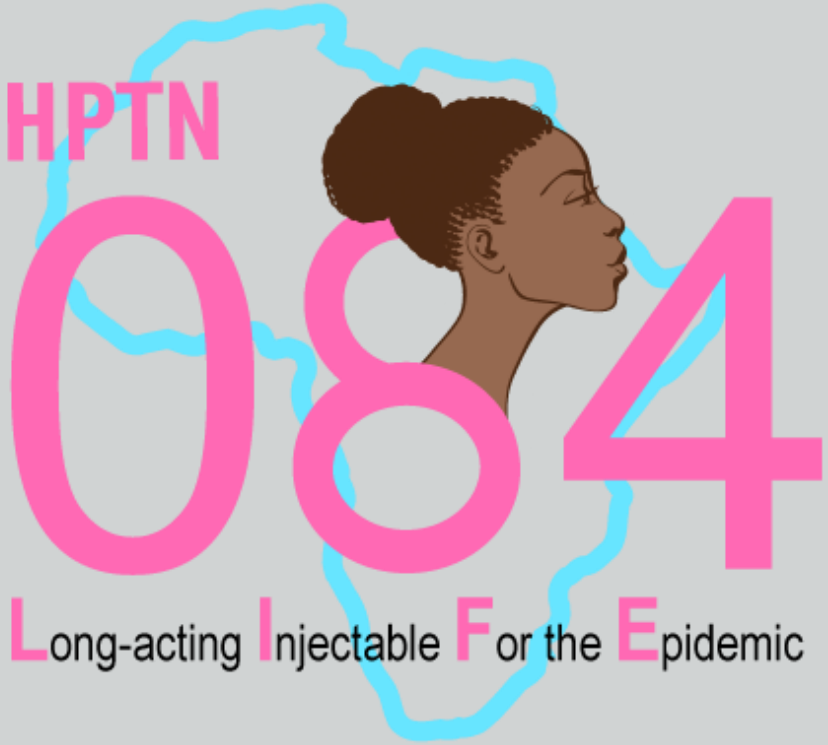

EAR HIV & AIDS
AIR WARNING. WE'RE NOT GOING ANYWHERE. WHATEVER YOU TH
AT US, WE'LL COME BACK STRONGER. MORE DETERMINED TO AD
THE SCIENCE AND THE PARTNERSHIPS THAT COMBAT YOU AND WHA
YOU DO, AND WILL ONE DAY ERADICATE YOU ALTOGETHER.
UNTIL THAT DAY, WE'RE ViiV HEALTHCARE.
HERE UNTIL YOU AREN'T

CABOTEGRAVIR LONG-ACTING FOR PREVENTION (PREP)

HPTN 083

an HIV prevention clinical trial

- Event driven
- Primary data presented at IAS
- 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

HPTN 083 STUDY DESIGN

- **Phase 2b/3 randomized, double-blind, double-dummy @ 43 sites globally**
  - MSM/TGW age 18+
  - Risk: any nCRAI, >5 partners, stimulant drug use, incident rectal or urethral STI (or incident syphilis) in past 6 months; or SexPro Score ≤16 (US only)
  - Generally good health
  - No HBV or HCV
  - No contraindication to gluteal injections, seizures, gluteal tattoos/skin conditions

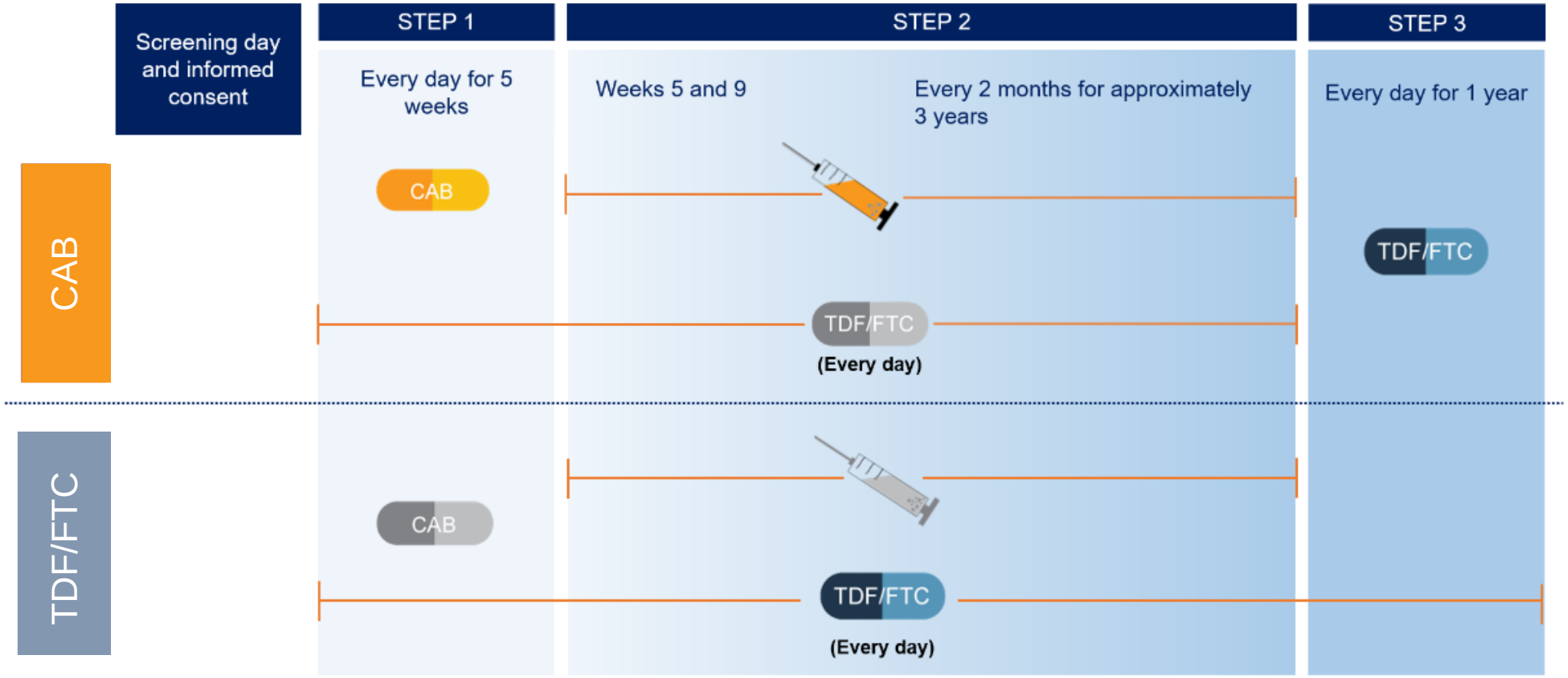
- **Planned enrollment 4500**
  - Increased to 5000 for low pooled incidence at interim monitoring
  - ≥ 50% under age 30
  - ≥ 10% TGW
  - ≥ 50% of US enrollment Black

Please see Grinsztejn B. et al,
Abstract #OACLB0101 at *AIDS2020:Virtual*

- **Primary efficacy endpoint: incident HIV infections Step 1 and 2**
- **Primary safety endpoint: G2 or higher clinical and laboratory AEs**

Landovitz RJ et al. AIDS 2020, #OAXLB01

HPTN 083 STUDY DESIGN



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STATISTICAL DESIGN: EFFICACY

- **Non-inferiority design**
  - Non-inferiority margin 1.23
  - Alternative hypothesis of HR 0.75
  - Target background HIV Incidence ~4.5%
  - Anticipated TDF/FTC adherence by TFV plasma detectable ~67%

- **Endpoint-driven (172 events) with pre-specified interim analyses at 25%, 50%, and 75% of endpoints**
  - O'Brien-Fleming stopping boundaries for interim data analysis used to determine early stopping metrics

- **DSMB* recommended termination of blinded study after interim analysis on May 14, 2020 (25% endpoints accrued) for crossing pre-specified stopping bound**

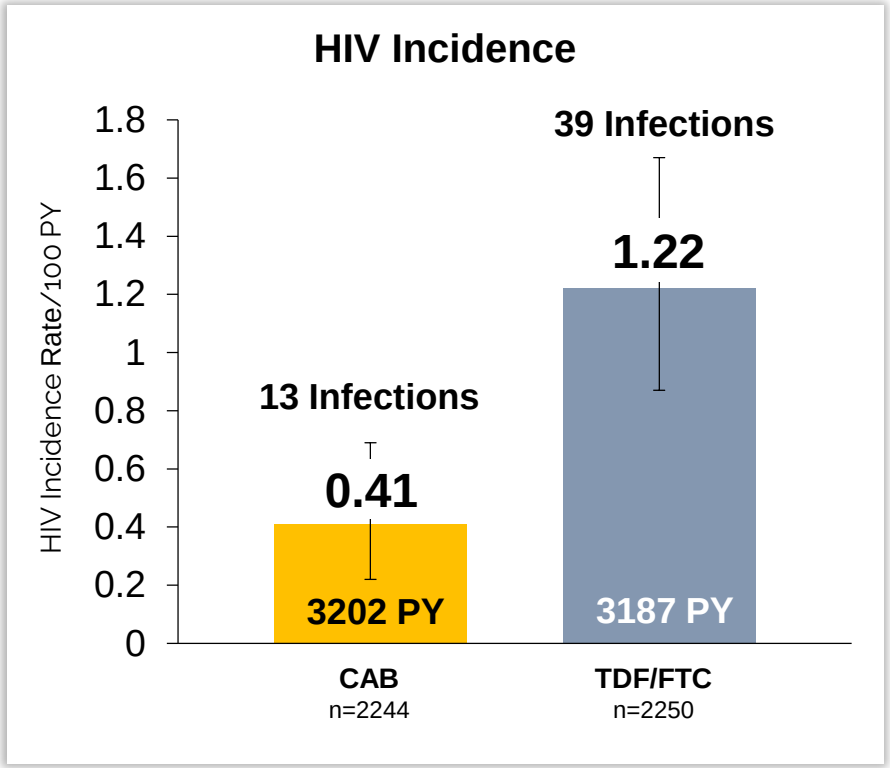
- **Results include events occurring through May 14, 2020; participants unblinded, continuing on study**
  - All to be offered CAB as soon as available at sites

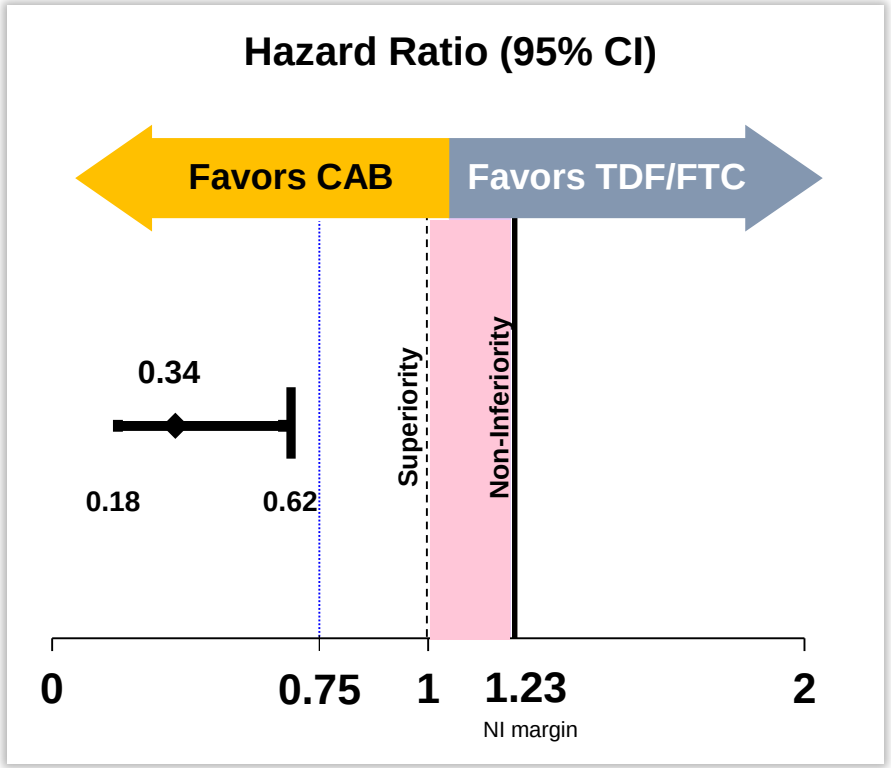
Landovitz RJ et al. AIDS 2020, #OAXLB01

*Data Safety Monitoring Board

HIV INCIDENCE: CAB VS. TDF/FTC

52 HIV infections in 6389 PY of follow-up
1.4 (IQR 0.8-1.9) years median per-participant follow-up
Pooled incidence 0.81 (95%CI 0.61-1.07) per 100 PY





CI, confidence interval

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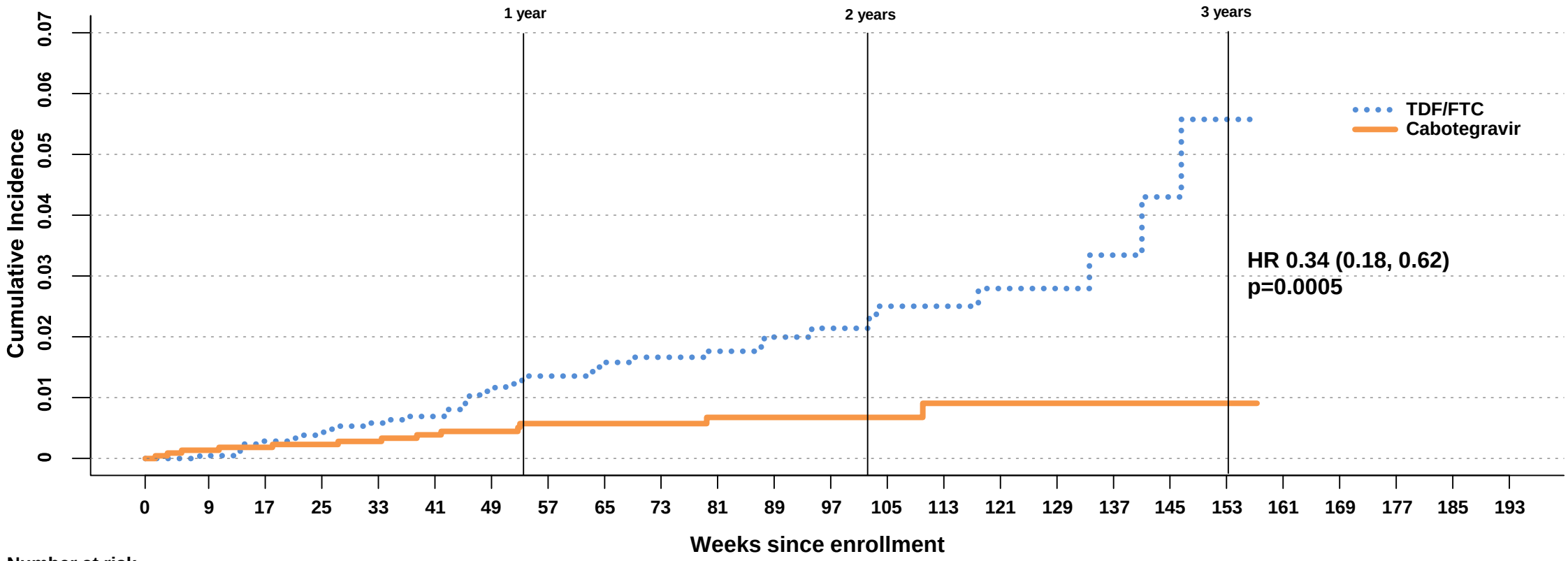
HIV INCIDENCE – ITT



Number at risk

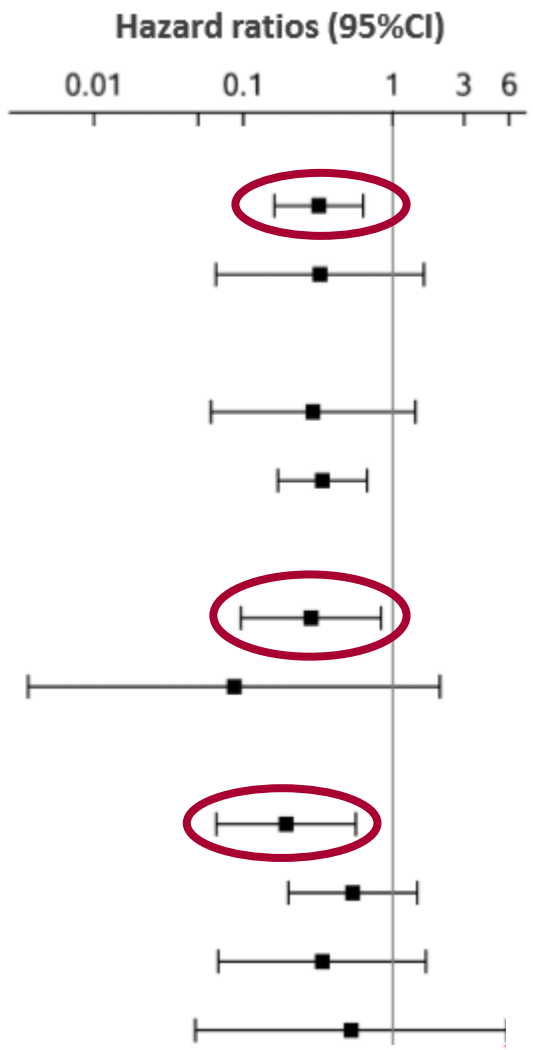
TDF/FTC	2247	2133	2081	2019	1913	1764	1624	1494	1294	1132	965	816	643	516	400	310	230	149	85	33	0	0	0	0	0
Cabotegravir	2243	2138	2092	2032	1921	1776	1632	1488	1312	1119	957	795	644	503	401	318	243	172	111	42	0	0	0	0	0

Cumulative number of events

TDF/FTC	0	1	6	8	12	14	22	25	27	29	30	32	33	35	35	36	36	37	38	39	0	0	0	0	0
Cabotegravir	0	3	4	5	6	8	9	11	11	11	12	12	12	12	13	13	13	13	13	13	0	0	0	0	0

RESULTS: HIV INCIDENCE IN POPULATIONS DEEMED MOST AT RISK

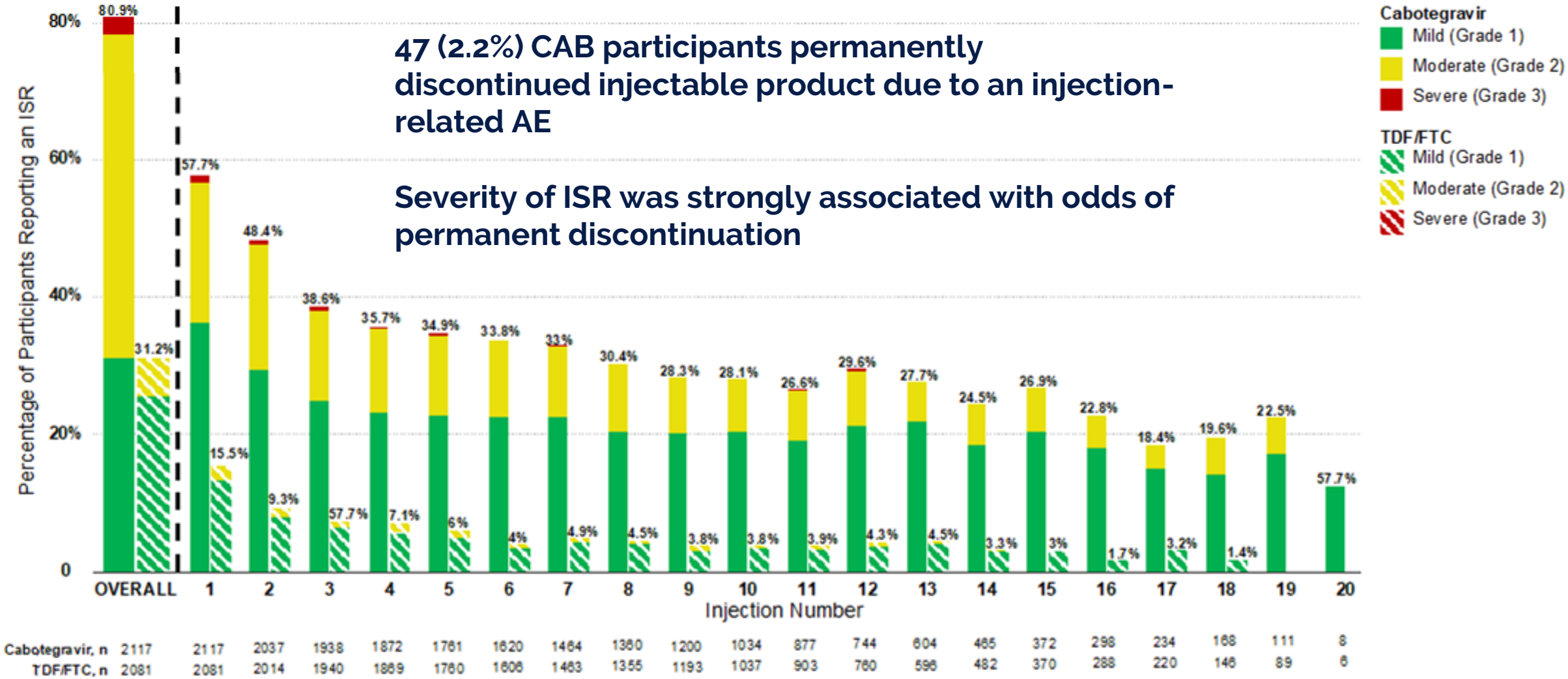
Subgroup	CAB Events/PY (IR%)	TDF/FTC Events/PY (IR%)	HR (95%CI)
Age			
≤30	11/2185 (0.50)	33/2114 (1.56)	0.32 (0.16, 0.63)
>30	2/1016 (0.20)	6/1071 (0.56)	0.33(0.07, 1.61)
Cohort			
TGW	2/368 (0.54)	7/383 (1.83)	0.29 (0.06, 1.41)
MSM	11/2829 (0.39)	32/2800 (1.14)	0.34 (0.17, 0.67)
Race			
Black/African-American	4/686 (0.58)	15/711 (2.11)	0.28 (0.10, 0.83)
Non-Black/African-American	0/837 (0.00)	5/790 (0.63)	0.09 (0.00, 2.06)
Region			
US	4/1523 (0.26)	20/1501 (1.33)	0.19 (0.07, 0.56)
Latin America	6/1016 (0.59)	11/1007 (1.09)	0.54 (0.20, 1.46)
Asia	2/569 (0.35)	6/580 (1.03)	0.34 (0.07, 1.66)
Africa	1/92 (1.08)	2/96 (2.08)	0.52 (0.05, 5.77)



INJECTION SITE REACTIONS

47 (2.2%) CAB participants permanently discontinued injectable product due to an injection-related AE

Severity of ISR was strongly associated with odds of permanent discontinuation



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CONCLUSIONS

- Investigational CAB LA administered every two months is 66% more effective than daily FTC/TDF pills in preventing HIV-1 acquisition
- CAB LA was well tolerated, ISR more common on CAB vs FTC/TDF
- Key subpopulations, such as BMSM, were well represented and demonstrate high effectiveness for CAB LA consistent with the overall results
- Data on drug levels and potential resistance in incident cases in both arms will contribute to our better understanding of the data
- HPTN 084 results in cisgender women are highly anticipated, more info expected by year end
- NEXT STEPS: working with the FDA and other regulatory agencies to prepare a file, anticipated submission in 2021

Landovitz RJ et al. AIDS 2020, #OAXLB01

REACTION

HPTN
HIV Prevention Trials Network

HPTN 083 Study Demonstrates Superiority of Cabotegravir for the Prevention of HIV

The New York Times

A Shot to Protect Against H.I.V.

Glaxo HIV Study Shows Injection More Effective Than Daily Pills Bloomberg

GSK's long-acting injection beats Truvada in HIV prevention trial REUTERS The New York Times

Scientists at drug giant GSK tell of tears at major breakthrough on HIV treatment

Evening Standard.

Injectable PrEP Effective in MSM and Transgender Women

AVAC Advocates' Network

Q&A

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