Investor R&D Briefing
December 10, 2015
Forward looking statements

The materials in this presentation speak only as of the date of these materials, and include forward looking statements about CSL Limited and its related bodies corporate (CSL) financial results and estimates, business prospects and products in research, all of which involve substantial risks and uncertainties, many of which are outside the control of, and are unknown to, CSL. You can identify these forward looking statements by the fact that they use words such as “anticipate,” “estimate,” “expect,” “project,” “intend,” “plan,” “believe,” “target,” “may,” “assume,” and other words and terms of similar meaning in connection with any discussion of future operating or financial performance. Factors that could cause actual results to differ materially include: the success of research and development activities, decisions by regulatory authorities regarding approval of our products as well as their decisions regarding label claims; competitive developments affecting our products; the ability to successfully market new and existing products; difficulties or delays in manufacturing; trade buying patterns and fluctuations in interest and currency exchange rates; legislation or regulations that affect product production, distribution, pricing, reimbursement or access; litigation or government investigations, and CSL’s ability to protect its patents and other intellectual property. The statements being made in this presentation do not constitute an offer to sell, or solicitation of an offer to buy, any securities of CSL.

No representation, warranty or assurance (express or implied) is given or made in relation to any forward looking statement by any person (including CSL). In particular, no representation, warranty or assurance (express or implied) is given in relation to any underlying assumption or that any forward looking statement will be achieved. Actual future events may vary materially from the forward looking statements and the assumptions on which the forward looking statements are based.

Subject to any continuing obligations under applicable law or any relevant listing rules of the Australian Securities Exchange, CSL disclaims any obligation or undertaking to disseminate any updates or revisions to any forward looking statements in these materials to reflect any change in expectations in relation to any forward looking statements or any change in events, conditions or circumstances on which any such statement is based. Nothing in these materials shall under any circumstances create an implication that there has been no change in the affairs of CSL since the date of these materials.

Trademarks

Except where otherwise noted, brand names designated by a ™ or ® throughout this presentation are trademarks either owned by and/or licensed to CSL.
Global

Agenda

• Welcome
  Mark Dehring
• Introduction & Highlights
  Andrew Cuthbertson
• Research & Early Development
  Andrew Nash
• Immunoglobulins & Specialty Products
  • Clinical Development
    Charmaine Gittleson
  • Commercial Opportunities
    Bob Repella
• Q&A
• Break

Coagulation/Haemophilia
• Clinical Development
  Charmaine Gittleson
• Commercial Opportunities
  Bob Repella
• Breakthrough Medicines
  • CSL112 Clinical Development
    Charmaine Gittleson
• Influenza Vaccines R&D
  Andrew Cuthbertson
• Summary
• Q&A
Introduction and Highlights
• Maintain commitment to extracting maximum value from existing assets and supporting and improving current products

• Develop new protein-based therapies for treating serious illnesses focusing on products that align with our technical and commercial capabilities
Commitment to Research & Development

R&D Investment* (US$ millions)

- **New Product Development** activities focus on innovative new therapies for life-threatening diseases.
- **Market Development** strategies seek to bring therapies to new markets and new indications.
- **Life Cycle Development** ensures continuous improvement of existing products.

*FY14 / FY15 YoY growth 6% at constant currency
Global Capabilities

>1,100 scientists globally

Integration via project management processes
### Core Capabilities:
- **Immunoglobulins**
- **Haemophilia**
- **Specialty Products**
- **Breakthrough Medicines**
- **Vaccines & IP**

### New Product Development
- **Novel Plasma Proteins**
  - Rec Coagulation Factors
  - Partnered Vaccine Programs*
  - P. gingivalis/POD OH-CRC/Sanofi*
  - Discovery Projects
- **Fibrinogen New Indications**
- **PCC New Indications**
- **CSL650 rvWF-FP**
- **CSL689 rvIIa-FP Congen Def**
- **CSL689 rvIIa-FP Inhibitors**
- **CSL112 reconstituted HDL**
- **CAM3001 GM-CSFR –AZ**
- **Quadrivalent Flu Vaccine**

### Market Development
- **CSL830 C1-INH subcut**
- **Beriplex® NOACs Daiichi***
- **CSL324 G-CSFR**
- **CSL334 IL-13R**
- **CSL346 VEGFB**
- **CSL362 IL-3R* Janssen**
- **CSL650 rvWF-FP**
- **CSL689 rvIIa-FP Congen Def**
- **CSL324 G-CSFR**
- **CSL346 VEGFB**
- **CSL334 IL-13R**

### Life Cycle Management*
- **CSL689 rvIIa-FP Congen Def**
- **CSL324 G-CSFR**
- **CSL346 VEGFB**
- **CSL334 IL-13R**
- **CSL112 reconstituted HDL**
- **CAM3001 GM-CSFR –AZ**
- **Quadrivalent Flu Vaccine**

### Registration
- **Hizentra® CIDP**
- **Beriplex® Japan**
- **CSL830 C1-INH subcut**
- **Fibrinogen Aortic EU**
- **Zemaira® EU**

### Commercial/Phase IV
- **Immunoglobulins**
  - Haemophilia
  - Specialty Products
  - Influenza Vaccine
- **Hizentra® Japan**
- **Privigen® CIDP**
- **Hizentra® biweekly**
- **Voncento® EU**
- **Kcentra™ US Bleeding/Surgery**

---

*Partnered Projects

#LCM includes direct post marketing commitments as well as pathogen safety, capacity expansions, yield improvements, new packages and sizes for all registered products
Progress through Stage Gates in 2015

New Product Opportunity
Research
Product Development & GLP Toxicology
Phase I (FIH)
Phase II
Phase III
Registration & Launch
Post Registration

Enter Research
Enter Product Development & GLP Tox
Enter Phase I
Enter Phase II
Enter Phase III
Enter Register & Launch
Enter Post Registration

Privigen
Japan

CSL640
rIX-FP subct

CSL650
rVWF-FP

CSL312
Anti-FXIIa

CSL324
GCSFR

p.ging/POD
OH-CRC

Quad Flu
Vaccine 18+

CSL362*
Janssen

CSL627
rVIII-SC US

CSL627
rVIII-SC EU

Voncento®
VWD EU

Respreeza®
EU

Hizentra® US
Flex Dosing
# R&D Portfolio – December 2015

**Core Capabilities:**
- Immunoglobulins
- Haemophilia
- Specialty Products
- Breakthrough Medicines
- Vaccines & IP

**Life Cycle Management**

<table>
<thead>
<tr>
<th>Research</th>
<th>Pre-clinical</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
<th>Registration</th>
<th>Commercial/Phase IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1-inh New Indications</td>
<td>CSL89 rVIIa-FP Congen Def</td>
<td>CSL50 rvWF-FP</td>
<td>CSL69 rVIIa-FP Inhibitors</td>
<td>Hizentra® CIDP</td>
<td>Immunoglobulins</td>
<td></td>
</tr>
<tr>
<td>Fibrinogen New Indications</td>
<td>Partnered Vaccine Programs*</td>
<td>CSL344 IL-13R* ASLAN</td>
<td>CSL362 IL-3R* AML Janssen</td>
<td>Privigen® Japan</td>
<td>Haemophilia</td>
<td></td>
</tr>
<tr>
<td>PCC New Indications</td>
<td>CSL312 Anti-FXIIa</td>
<td>CSL112 reconstituted HDL</td>
<td>CAM3001 GM-CSFR –AZ*</td>
<td>Beriplex® Japan</td>
<td>Specialty Products</td>
<td></td>
</tr>
<tr>
<td>Ig Formulations</td>
<td>CSL324 G-CSFR</td>
<td>CSL650 rvWF-FP</td>
<td>CSL689 rVIIa-FP Inhibitors</td>
<td>CSL830 C1-INH subcut</td>
<td>Influenza Vaccine</td>
<td></td>
</tr>
<tr>
<td>Rec Coagulation Factors</td>
<td>CSL346 VEGFB</td>
<td>CSL312 Anti-FXIIa</td>
<td>CSL689 rVIIa-FP Congen Def</td>
<td>Hizentra® CIDP</td>
<td>Kcentra™ US Bleeding/Surgery</td>
<td></td>
</tr>
<tr>
<td>Partnered Vaccine Programs*</td>
<td>Discovery Projects</td>
<td>CSL50 rvWF-FP</td>
<td>CSL89 rVIIa-FP</td>
<td>CSL650 rvWF-FP</td>
<td>Respreeza® EU</td>
<td></td>
</tr>
<tr>
<td>CSL650 rvWF-FP</td>
<td>CSL312 Anti-FXIIa</td>
<td>CSL346 VEGFB</td>
<td>CSL689 rVIIa-FP Congen Def</td>
<td>CSL627 rVII-SC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Market Development**

<table>
<thead>
<tr>
<th>New Product Development</th>
<th>Commercial/Phase IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ig Formulations</td>
<td>CSL654 rIX-FP</td>
</tr>
<tr>
<td>Rec Coagulation Factors</td>
<td>CSL627 rVII-SC</td>
</tr>
<tr>
<td>Partnered Vaccine Programs*</td>
<td></td>
</tr>
<tr>
<td>P. gingivalis/POD OH-CRC</td>
<td></td>
</tr>
<tr>
<td>Discovery Projects</td>
<td></td>
</tr>
</tbody>
</table>

**Partnered Projects**

- CSL312 Anti-FXIIa
- CSL362 IL-3R* AML Janssen
- CSL112 reconstituted HDL
- CAM3001 GM-CSFR –AZ*

**Global**
Research & Early Development
CSL’s Global Research Capability

- Coordinated global project portfolio

- Hub (Bio21, Parkville) & spoke model

- Research excellence in therapeutic proteins

- Plasma and recombinant manufacturing platforms
Research Strategy

- Major focus on patient QoL
- Extract maximum value and performance from existing assets
- Develop new protein-based therapies and strategies for treating bleeding disorders
  - Congenital
  - Acquired
### Haemophilia Research – Half life extension

- Improved prophylaxis for haemophilia patients

<table>
<thead>
<tr>
<th>Product</th>
<th>Features</th>
<th>Phase</th>
<th>Manufacturer</th>
<th>Half-life extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eloctate</td>
<td>rFVIII fused to Fc</td>
<td>Market</td>
<td>Biogen Idec</td>
<td></td>
</tr>
<tr>
<td>N8-GP</td>
<td>BDD FVIII O-linked pegyln</td>
<td>Ph II/III</td>
<td>Novo Nordisk</td>
<td></td>
</tr>
<tr>
<td>BAX 855</td>
<td>FVIII Lys-linked pegyln</td>
<td>Market</td>
<td>Baxter</td>
<td>1.1 - 1.5 fold*</td>
</tr>
<tr>
<td>BAY 94-9027</td>
<td>BDD FVIII site-specific pegyln</td>
<td>Ph I</td>
<td>Bayer</td>
<td></td>
</tr>
<tr>
<td>CSL627 rVIII-SingleChain</td>
<td>Single chain BDD FVIII</td>
<td>Submitted</td>
<td>CSL Behring</td>
<td></td>
</tr>
<tr>
<td>Alprolix</td>
<td>FIX fused to Fc</td>
<td>Market</td>
<td>Biogen Idec</td>
<td>3 fold</td>
</tr>
<tr>
<td>CSL654 rIX-FP</td>
<td>FIX fused to albumin with cleavable linker</td>
<td>Submitted</td>
<td>CSL Behring</td>
<td>5 fold</td>
</tr>
<tr>
<td>GlycoPEGylated rFIX</td>
<td>FIX N-linked pegyln</td>
<td>Ph III</td>
<td>Novo Nordisk</td>
<td>5 fold</td>
</tr>
<tr>
<td>CSL689 rVIIa-FP</td>
<td>FVIIa fused to albumin</td>
<td>Ph I</td>
<td>CSL Behring</td>
<td>3-4 fold</td>
</tr>
</tbody>
</table>

- FVIII $T_{1/2}$ extension limited by interaction with VWF

  ![Target VWF $T_{1/2}$](image)
Research – FVIIIA half life extension

- VWF – Albumin fusion protein (VWF-FP)
- Haemophilia A patients have normal levels of VWF

After 9 hrs the majority of FVIII is associated with endogenous VWF

Create novel modified VWF-FP to enable:
  - Administration of higher doses without risk of thrombosis
  - Higher affinity association with FVIII

Candidate product – modVWF-FP + CSL627
Research – FVIII half life extension

- modVWF-FP PK study in NHPs

- Prolongation of FVIII exposure by modVWF-FP

- Product development initiated
Enabling more flexible and convenient prophylaxis in haemophilia patients

- New, innovative and unique administration form
- Patients with poor venous access
- Reduction or avoidance of indwelling catheters & associated complications
- Patients with fear for injections / needles
- Maintain consistent trough levels (fewer peaks)
Research – Subcutaneous Delivery

- Subcutaneous delivery of rIX-FP (haemophilia B mice)

- s.c rIX-FP ~50% bioavailability* in haemophilia B mice
- s.c rIX-FP ~8-fold higher AUC than BeneFIX**

*Bioavailability 13-50% depending on species
**TM of Pfizer. Inc.
• rIX-FP s.c efficacy in haemophilia B mice

• rIX-FP reduces total blood loss and bleeding time following s.c administration to haemophilia B mice

• Phase 1 to commence mid 2016
• Leveraging clinical and technical insight in developing novel protein-based therapies
  o Significant unmet need
  o Multiple indications

• Key Focus
  o CSL362 (Janssen)
  o CSL324
CSL362 – Acute Myeloid Leukemia

- Most common acute leukemia in adults
- Incidence increases with age
- Untreated AML fatal: 3 – 4 months

- Chemotherapy → 50-75% CR
  ~70% will relapse

- CSL362 MOA – targets CD123 overexpressed on leukaemic cells
  - engineered to recruit immune killer cells
  - inhibits IL-3 activity
CSL362 – Acute Myeloid Leukaemia

• Licence Agreement with Janssen Biotech – June 2013
  o CSL responsible for completing CSL362 AML Phase 1 clinical study

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 Last Patient Last Visit</td>
<td>July 2015</td>
</tr>
</tbody>
</table>

  o Janssen responsible for all further oncology development

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AML Phase 2 First Patient In*</td>
<td>August 2015</td>
</tr>
</tbody>
</table>

*JNJ-56022473
• CSL362 depletes biomarker pDC’s and basophils in patients
Conclusions

- Manageable safety profile:
- Pre-medication with steroids required to prevent infusion reactions
- PD effects confirming CD123-targeted ADCC
- Rapid and full depletion of basophils and pDCs
  - Sustained depletion at CSL362 dose levels ≥ 3 mg/kg
- Saturation of CD123 receptor on monocytes at CSL362 dose levels ≥ 3 mg/kg (trough concentration > 3μg/ml)
- Conversion of MRD seen in a subset of pts treated with CSL362
- AML Phase 2 study commenced July 15 (Janssen partnership)
• pDCs contribute to a disease amplification loop in SLE

Janssen to commence exploratory study in SLE patients 2H 2016
CSL324 – anti-G-CSFR mAb

- Targeting the **G-CSF receptor** represents a novel approach to the treatment of neutrophil mediated pathologies
- Efficacy in multiple animal models of inflammatory disease
CSL324 – Chronic and Acute Inflammation

- Early clinical development strategy

Safe, well tolerated
Determine dose & interval

Phase I FIH (SAD) Study → Phase Ib Proof of Principle in Patients (Neutrophilic Dermatoses)

- GLP toxicology completed, CSL324 safe and well tolerated
- Phase 1 to commence mid-late 2016
• Portfolio of early stage opportunities consistent with CSL commercial objectives

• Delivery of high quality candidates for clinical development
  - CSL362 (anti-IL-3R, partnered with Janssen Biotech)
  - CSL324 (anti-G-CSFR)
  - CSL312 (anti-FXIIa)
Immunoglobulins
• Maintaining leadership position through focus on:
  o New Indications
  o Geographic expansion
  o Delivery options

• Key Focus
  o Hizentra®
  o Privigen®
<table>
<thead>
<tr>
<th><strong>Privigen®</strong></th>
<th><strong>Hizentra®</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• The first and only 10% liquid intravenous immunoglobulin (IVIG) therapy that is proline stabilized with room temperature storage up to 36 months</td>
<td>• The first 20% high concentration low volume SCIG for convenient self administration providing steady-state Ig levels and an established long-term safety record with chronic administration</td>
</tr>
</tbody>
</table>
Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

- Build on Privigen® experience in CIDP
- Introduce SC infusion method
  - Ease of administration
  - Steady state levels, manages wear off effect

Immunoglobulins
PATH Program

• Pivotal study
  o Largest randomised placebo controlled study in CIDP (16 countries/69 sites)
  o Study screening completed (n=289)
  o 71 patients have completed the primary study
  o Last patient completing Q4 2016

• FDA and EMA submissions 2H 2017

• PMDA submission 2018
• 83% (n=100) patients said medication in its current form was easy to use (120 subject responses at week 9)
Immunoglobulins

Subcutaneous Infusions Can Be Individualised

• Clinical trial highest dose/volume required – 160mL in avg 80kg patient
  o 4 infusions sites/session/≈120 minute infusion time
  o 2 infusion sites/session x 2 days ≈60 minute infusion time

• Infusion volume of 50mL/site well tolerated

• Infusion rate of 35 mL/hr tolerated
Portfolio Expansion in Japan

- ~3,500 Primary Immunodeficiency patients in Japan PID network (2014)
- Currently Hizentra® and 5% IVIG available to patients
- CSL will bring first high purity room temperature 10% IVIG product to Japan
- Commence Privigen® PID study Q3/4 2016
  - Agreement on study design reached with PMDA
Commercial Opportunities and Activities
Global Plasma-proteins Therapeutics Market

Total Global Market Value: ~$25.0B

- Immunoglobulin: $8.0B
- Haemophilia: $10.5B
- Albumin: $3.3B
- Specialty: $2.9B

CSL Plasma-proteins Therapeutics Portfolio

CSL FY15 Sales $5.0B

- Immunoglobulin: $2,326M
- Haemophilia: $1,026M
- Specialty: $923M
- Albumin: $754M
• IVIG continues to hold largest share of market

• Increasing acceptance and growth of SCIG

Total Global Market Value: ~$8.0B

Sources: Company annual reports, Markets and Markets Plasma Fractionation Report 2015, based on 2014 data, CSL Actuals FY15
CSL’s Global Performance

CSL FY15 Sales $2.326B

Key Brands:

- privigen®
- Hizentra®
- Rhophylac®

Immunoglobulins

- IVIG
- SCIG
- Hyper
**Immunoglobulins**

**Continued Market Growth**

**US-PPTA Data (Kg, 000)**

- **8.5% CAGR**

**Per-Capita IG Use**

Sources: PPTA. Note: PPTA reported incomplete data for 2011. MRB 2011
**Immunoglobulin**

**Today, Tomorrow, Future**

### Today
- Privigen® CIDP growth in Europe and Canada
- Hizentra® individualized therapy
- Carimune for select markets

### Tomorrow
- Hizentra® CIDP development program
- Continued global launches
- Evaluating novel delivery devices

### Future
- Approval of new indications
- Pursue new therapeutic areas
- Develop additional formulations
• Leveraging high quality broad product portfolio through:
  o New markets
  o Novel indications
  o Novel modes of administration

• Key Focus
  o Beriplex®/Kcentra®
  o Berinert®, CSL830
  o Zemaira®/Respreeza®
Kcentra® / Beriplex®

- Prothrombin Complex Concentrate = PCC (4FPCC)
  - Vitamin K-dependent coagulation factors (FII, FVII, FIX, FX)
- Indicated as an agent to reverse the effects of vitamin K antagonists (e.g. Warfarin) for:
  - Bleeding related to over-anticoagulation
  - Patients needing urgent surgery
- Expanding into new geographies
- Explore utility in treating patients bleeding with receiving Novel Oral Anticoagulants (NOACs) – Factor Xa and Factor IIa inhibitors
Beriplex® Expansion in Japan

- Clinical study evaluating vitamin K antagonist reversal in acute bleeding and for surgery
  - Open label study almost completed
  - Demonstrated effective INR reversal at 30 minutes
  - No safety concerns
  - PMDA submission Q2 2016

- Availability of Beriplex® will address a high unmet medical need specifically highlighted by Japan Ministry of Health and Welfare
Potential New Usage for 4FPCC

Coagulation Cascade and Mechanisms of Anti-coagulation

- Intrinsic coagulation activation
- Extrinsic coagulation activation
- Binding in prothrombinase complex
- Factor-X-inhibitors (apixaban, rivaroxaban, edoxaban)
- Ila-inhibitors (dabigatran)
- Thrombin generation
- Clot formation

Specialty
Reversal of Anti-coagulation Effect in a Bleeding Patient

- Antidotes being developed to reverse the anti-coagulation activity of Factor Xa or IIa inhibitors
  - Studies demonstrate normalisation of clotting tests
  - Bleeding studies not yet available
- 4FPCCs in healthy volunteers also reverse prothrombin time prolongation
  - 50IU/kg Beriplex® dose reversed the anticoagulant effect of edoxaban

Can bleeding be stopped or controlled to allow for urgent medical or surgical care?

References: 1. Circulation. 2014;CIRCULATIONAHA.114.013445 published online before print November 17 2014
4FPCC in the Control of Bleeding – Animal Data

Data represent medial plus interquartile range. Shaded area represents sham treated control range.

Kcentra® / Beriplex® in Treatment of Acute Major Bleeding Related to FIIa or FXa Inhibitor Use

- USA and international expert groups recommend inclusion of PCC in guidelines as agent to reverse anticoagulant effect of NOACs\textsuperscript{1,2,3}

- Hospital treatment algorithms increasingly including PCC

- Clinical program under consideration to assess control of severe bleeding

### Hereditary Angioedema (HAE)

<table>
<thead>
<tr>
<th><strong>Berinert®</strong></th>
<th><strong>CSL830</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Plasma derived, pasteurised and nanofiltered concentrate of C1 Esterase Inhibitor indicated for the intravenous treatment of acute abdominal laryngeal or facial attacks of Hereditary Angeiodema (HAE) in adults and adolescents</td>
<td>• Plasma derived, pasteurised and nanofiltered higher concentrated C1 Esterase Inhibitor indicated for the routine prevention of Hereditary Angioedema (HAE) attacks in adult and adolescent patients</td>
</tr>
</tbody>
</table>
Specialty

Complement Pathway and HAE

Complement System

- FXII
- FXIIa
- FXIIa Initiates Kallikrein
- Kallikrein Activates More FXIIa
- HMWK
- Pre-Kallikrein
- HMWK
- Kallikrein

Fibrinolytic System

- C1-INH
- HMWK Cleaved to Release Bradykinin
- Bradykinin
- Bradykinin Receptor
- Vascular Permeability Angioedema

Coagulation Cascade

HMWK = High molecular weight kininogen.
The Impact of HAE on Patients

- HAE is unpredictable
- All body sites are associated with impairment; not just laryngeal attacks
- It impacts people not just during attacks, but also in between attacks
- Attacks are associated with significant anxiety: this anxiety is proportionate to the severity and pain of individual attacks
- Results in missed opportunities in terms of school and career, as well as significant absences from work for both patients and carers

The HAE-Burden of Illness Study in Europe (HAE-BOIS) 2012-4

HAE attack frequency does not link with severity

<table>
<thead>
<tr>
<th>Frequency</th>
<th>HAE attack frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-24 attacks/year</td>
<td>~78%</td>
</tr>
<tr>
<td>25-52 attacks/year</td>
<td>~13%</td>
</tr>
<tr>
<td>53-104 attacks/year</td>
<td>~6%</td>
</tr>
<tr>
<td>&gt;104 attacks/year</td>
<td>~3%</td>
</tr>
</tbody>
</table>

Still has significant disease burden
Subcutaneous Dosing Maintains Trough above Protective C1-INH Level

- SC trough remains above predictive 40% threshold
- Potential for reduced attack rate

References: Zuraw et al. Allergy 2015; 70: 1319-1328
CSL830 Program Progress

- Phase III study rapidly completed enrollment (n=90)
- Patients moving into extension study
  - Allowed for individualised dosing
  - Well tolerated
  - No withdrawals for lack of efficacy
- Submission to FDA and EU anticipated 2H 2016
Bringing new technologies to the HAE space
CSL312 – Anti XIIa monoclonal antibody

FXIIa MAb

FXIIa Initiates Kallikrein
Kallikrein Activates More FXIIa
HMWK Cleaved to Release Bradykinin
Bradykinin Receptor

Pre-Kallikrein → Kallikrein → Kallikrein

HMWK

C1-INH

Fibrinolytic System

Complement System

Coagulation Cascade

Kallikrein-Kinin System

HMWK = High molecular weight kininogen.
• New molecule and target – potential benefit:
  o In refractive patients
  o For HAE types I, II and III as well as ACE inhibitor induced oedema
  o For subcutaneous delivery every 2 to 4 weeks
  o Other indications

• Commence first in man studies 2H 2016
• Respreeza® is a highly purified alpha-1 therapy approved by EMA for maintenance treatment to slow the progression of emphysema in adults with severe alpha-1 antitrypsin deficiency (AATD)

• RAPID trial is largest placebo controlled study in patients with AATD (Chapman KR et al. Lancet 2015; 386: 360-368)

• Respreeza® approved by EMA in August 2015
Alpha-1 Antitrypsin Deficiency (AATD)

Normal

- AAT coats the lungs, protecting them from NE
- AAT is released from the liver into the bloodstream, where it mops up NE
- NE is produced by neutrophils – a type of white blood cell – in response to infection / irritation
- White blood cell (neutrophil)

Alpha-1 antitrypsin deficiency (AATD)

- Lungs lack AAT coating and are open to attack from NE
- AAT accumulates in the liver, may cause liver damage in some patients
- Unchecked by AAT, NE attacks healthy lung tissue
- White blood cell (neutrophil)

References: CSL Behring Data on File. Alpha-1 Antitrypsin Deficiency Counseling Tool 2008
AATD Leads to Lung Tissue Deterioration

Images from high-resolution computerised tomography scanning

normal lung (left; A) severe emphysema (right; B)

References: http://www.ctsnet.org/portals/thoracic/newtechnology/article-4
RAPID Program – Respreeza® Slowed Rate of Lung Density Decline from Baseline

- Difference in annual decline from baseline to Month 24 favours Early-Start
- Lost lung density in the Delayed-Start group could not be regained
- Early-Start group maintained a therapeutic benefit for 4 years

Estimate of Long-Term Clinical Benefit\textsuperscript{1,2}

- RAPID program demonstrates a specific treatment has been shown to delay the progression of and modify disease in patients with severe AATD.

Commercial Opportunities and Activities
Global Market

- Orphan/rare diseases
- Unmet medical need
- Often under or misdiagnosed
- Awareness and education
- Significant patient value

Total Global Market Value: ~$2.9B

- Acquired Bleed ~$0.6B
- HAE ~$1.2B
- AATD ~$0.8B
- Other ~$0.3B

Sources: Company annual reports/financial schedules, based on 2014 data, MRB WW Plasma Fractionation Market 2014 interim report, CSL Actuals FY15
CSL’s Global Performance

- Increase demand
- Geographical expansion
- Appropriate diagnosis

CSL FY15 Sales $923M

Key Brands:

- Kcentra
- Beriplex
- RiaSTAP
- Berinert
- Zemaira
- Respreeza

Specialty
# Specialty

## Acquired Bleeding (Beriplex®/Kcentra®)

<table>
<thead>
<tr>
<th>Warfarin Reversal</th>
<th>NOAC Reversal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Indicated for patients with acute major bleeds, requiring urgent surgery or invasive procedure</td>
<td>• Evaluating clinical development options</td>
</tr>
<tr>
<td>• Data published in Lancet</td>
<td>• Potential benefit in patients with significant bleeds</td>
</tr>
<tr>
<td>• Utilised by over 2,000 hospitals in the US</td>
<td>• Institutional guidelines, expert groups and scientific societies</td>
</tr>
<tr>
<td>• Broad EU experience and expansion in emerging markets</td>
<td>• Animal and human data published in peer-review journals</td>
</tr>
<tr>
<td>• Japan clinical development program ongoing</td>
<td>• Prospective registry data</td>
</tr>
</tbody>
</table>
### Hereditary Angioedema (HAE)

#### Berinert®
- C1-INH for acute treatment
- Fast relief of pain and swelling
- Short-term prophylaxis in EU
- Geographic expansion (Asia, LATAM)

#### CSL830
- C1-INH for prophylaxis
- Phase III pivotal study fully enrolled
- Subcutaneous delivery
- Steady-state blood levels could reduce breakthrough attacks
- Eliminates need for patient IV ports
- US and EU filing targeted for 2016

#### CSL312
- Fully human, high affinity mAb targeting FXIIa
- Activation of FXIIa is key step in complement pathway
- Effective in animal models for HAE I, II and III and ACE inhibitor induced oedema
- Subcutaneous delivery every 2 to 4 weeks
- Phase I 2H 2016
## Specialty

### AATD (Hereditary Emphysema)

<table>
<thead>
<tr>
<th>Zemaira®</th>
<th>Respreeza®</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Indicated in the US for chronic augmentation and maintenance therapy</td>
<td>• Approved in the EU for hereditary emphysema 3Q2015</td>
</tr>
<tr>
<td>• Ongoing education programs to support appropriate diagnosis</td>
<td>• EU API market is ~$200M USD</td>
</tr>
<tr>
<td>• DNA1 test kit to confirm known/unknown variants</td>
<td>• Demonstrated to slow the progression of emphysema</td>
</tr>
<tr>
<td>• Geographic expansion in Latin America</td>
<td>• Rapid data published in the Lancet</td>
</tr>
<tr>
<td></td>
<td>• Only highly purified formulation available in EU</td>
</tr>
</tbody>
</table>
Break
Haemophilia Products
• Supporting and enhancing plasma products and developing novel recombinant portfolio with focus on:
  o Scientific and product innovation
  o Patient benefit

• Key Focus
  o IDELVION™ (rIX-FP)
  o AFSTYLA™ (rVIII-Single Chain)
  o Long acting rVIIa-FP
Haemophilia

PROLONG-9FP Clinical Development Program IDELVION™ (rIX-FP)

References: www.clinicaltrials.gov
rFIX Albumin Fusion Protein

- rIX-FP is
  - A recombinant protein purified from CHO cells
  - Generated by the genetic fusion of recombinant albumin to rFIX

PROLONG-9FP PROGRAM
Prove longer duration of action of rIX-FP addresses existing unmet medical needs by providing less frequent dosing
Haemophilia

PROLONG-9FP Clinical Trial Program

Phase I
- PK
- Safety

Phase I/II
- PK
- Long-term safety
- Weekly prophylaxis
- On-Demand treatment

Phase II/III
- PK
- Long-term safety
- 7-, 10-, and 14-day prophylaxis
- On-demand treatment
- Surgical prophylaxis

Phase III
- In children
- PK
- 7-day prophylaxis

Phase IIIb (extension)
- 21 day prophylaxis
- Surgical arm
- PUPs arm

Study 2001
Completed

Study 2004

Study 3001
Completed

Study 3002

Study 3003
Ongoing

PK – pharmacokinetics; PUP – previously untreated patient
PK assessments were repeated in a subset of patients at Week 26; patients who met the switching criteria began a longer treatment interval.

EOS – end of study; PK – pharmacokinetics.

Subject Flow:
- On-Demand Group 2
- Prophylaxis Group 1
- rIX-FP PK
- On-demand
- 7-day prophylaxis
- 14-day prophylaxis
- 10-day prophylaxis
- 7-day prophylaxis
IDELVION™ shows sustained activity above 5% activity out to 14 days

- Shifts patient from severe <1% to mild ≥ 5% FIX activity

rIX-FP prophylaxis reduced spontaneous and overall bleeding rate

<table>
<thead>
<tr>
<th>Adult On-Demand vs. Prophylaxis</th>
<th>Within-subject comparison (n=19) rIX-FP</th>
<th>AsBR reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>On-demand period ~6 months</td>
<td>Prophylaxis period ~12 months</td>
</tr>
<tr>
<td>AsBR, median (IQR)</td>
<td>15.43 (7.98–17.96)</td>
<td>0.0 (0.00–0.96)</td>
</tr>
<tr>
<td>Target joint(s), n (%)</td>
<td>10 (53)</td>
<td>0</td>
</tr>
<tr>
<td>Estimated total ABR (95% CI)*</td>
<td>18.22 (15.38–21.58)</td>
<td>1.81 (0.97–3.37)</td>
</tr>
</tbody>
</table>

*Assuming Poisson distribution

ABR – annualised bleeding rate; AsBR – annualised spontaneous bleeding rate; CI – confidence interval; IQR – interquartile range
### rIX-FP Effective in 7 and 14 days regimens in Adults

<table>
<thead>
<tr>
<th></th>
<th>7-day n=21</th>
<th>14-day n=21</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AsBR, median (IQR)</strong></td>
<td>0.0 (0.0, 0.0)</td>
<td>0.0 (0.0, 1.0)</td>
</tr>
<tr>
<td><strong>Median dose (IU/kg)</strong></td>
<td>40 IU/kg</td>
<td>75 IU/kg</td>
</tr>
</tbody>
</table>

AsBR – annualised spontaneous bleeding rate; IQR – interquartile range
Paediatric Reduction of ABR among previously on-demand patients

<table>
<thead>
<tr>
<th>Subject</th>
<th>Age</th>
<th>AsBR Prior to study</th>
<th>AsBR In study</th>
<th>Total ABR Prior to study</th>
<th>Total ABR In study</th>
<th>Weekly rIX-FP dose (IU/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8y</td>
<td>31</td>
<td>3.5</td>
<td>39</td>
<td>5.9</td>
<td>65 IU/kg</td>
</tr>
<tr>
<td>2</td>
<td>7y</td>
<td>34</td>
<td>2.4</td>
<td>42</td>
<td>4.7</td>
<td>65 IU/kg</td>
</tr>
<tr>
<td>3</td>
<td>4y</td>
<td>15</td>
<td>0</td>
<td>19</td>
<td>1.2</td>
<td>50 IU/kg</td>
</tr>
</tbody>
</table>

ABR – annualised bleeding rate; AsBR – annualised spontaneous bleeding rate
### Low Bleeding Rates During Weekly Prophylaxis Treatment in Children

<table>
<thead>
<tr>
<th>ABR</th>
<th>Age &lt;6 years (n=12)</th>
<th>Age 6-11 years (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous</td>
<td>Median</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>IQR</td>
<td>0.00, 0.10</td>
</tr>
<tr>
<td>Total Joint</td>
<td>Median</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>IQR</td>
<td>0.00, 1.45</td>
</tr>
<tr>
<td>Total</td>
<td>Median</td>
<td>2.61</td>
</tr>
<tr>
<td></td>
<td>IQR</td>
<td>2.00, 6.48</td>
</tr>
<tr>
<td>Prophylaxis IU/kg</td>
<td>Median</td>
<td>48.7</td>
</tr>
<tr>
<td></td>
<td>IQR</td>
<td>44.8, 56.2</td>
</tr>
</tbody>
</table>

**References:** 1. Data include 3 subjects previously receiving only on-demand treatment; 8 treated nasal bleeds

ABR – annualised bleeding rate; IQR – interquartile range
Patients respond to long-term prophylaxis therapy (4.2 years) in PROLONG-9FP program

Reduction in ABR and AsBR in patients moving from on-demand to long term prophylaxis

15 males (ages 15-46 years) with hemophilia B (FIX ≤2%) with a mean of 175 Exposure Days (EDs) (range 121-232) to rIX-FP over 4.2 years on rIX-FP
Haemophilia

PROLONG-9FP Program

- Extension study ongoing EMA post marketing commitment
  - Previously untreated patients being enrolled
- Adult and pediatric indications under review by EMA and FDA
- FDA and Canadian approval expected Q1 2016
- EMA approval expected Q2 2016
Haemophilia

rVIII-SingleChain (CSL627)

Me^{++}

A1   A2   A3   C1   C2

rVIII-SingleChain
Haemophilia

AFFINITY Clinical Trial Program

Phase I/III Study 1001 - COMPLETED
- PK
- Long-term safety
- On-demand treatment
- Long-term prophylaxis
- Surgical prophylaxis

Phase III Study 3002
- Pediatric
  COMPLETED

Extension Study 3001
- Adult
- Pediatric
- PUPs

Study 3001
Ongoing
AFFINITY Study demonstrated

- Improved PK:
  - Lower clearance, greater AUC and longer half-life compared with otococog alfa
- Well tolerated locally and systemically
- Excellent efficacy controlling bleeds and for surgical procedures
rVIII-SingleChain effective in 2x and 3x weekly Prophylaxis Regimen

- On demand arm (n=27)
  - median ABR = 19.64
- Prophylaxis arm (n=146)
  - median ABR = 1.14
  - median AsBR = 0.00
- Comparable ABR in the 2x and 3x week regimens

ABR – annualised bleeding rate; AsBR – annualised spontaneous bleeding rate
## rVIII reported* Median ABR

<table>
<thead>
<tr>
<th></th>
<th>Individualized (mean 3.5 days)</th>
<th>3x Weekly</th>
<th>2x Weekly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ABR</td>
<td>AsBR</td>
<td>ABR</td>
<td>AsBr</td>
</tr>
<tr>
<td>rVIIIISC</td>
<td></td>
<td></td>
<td>1.14</td>
<td>0</td>
</tr>
<tr>
<td>Efmorotocog alfa¹ (rVIII Fc fusion)</td>
<td>1.6 (25-65IU/kg)</td>
<td>3.6 (65IU/kg)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAX855² (rVIII pegylated)</td>
<td></td>
<td></td>
<td>1.9 (40-50IU/kg)</td>
<td>0</td>
</tr>
<tr>
<td>Octocog alfa³ (rVIII 3rd generation)</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turtucog alfa⁴ (rVIII 3rd generation)</td>
<td>3.7</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Not direct head to head clinical comparison

**References:**

ABR – annualised bleeding rate; AsBR – annualised spontaneous bleeding rate
Haemophilia

rVIII-SingleChain AFFINITY Program

- Extension study ongoing fulfilling EMA post marketing commitment
  - Previously untreated patients being enrolled
- Accepted by FDA June 2015, approval expected mid 2016
- Filed to EMA December 2015
Haemophilia

rVIIa-FP (CSL689)

PROLONG 7 FP
Congenital Haemophilia with Inhibitors (CHwI)

- Occurs when patient develops inhibitory antibodies to the coagulation factor (FVIII or FIX)
- Genetic predisposition / mutations
- Occurs early, highest risk in previously untreated patients
  - 34% inhibitor incidence, develop within 20 exposures

Role of rVIIa-FP in CHWl

- rVIIa-FP can lead to the formation of a stable hemostatic plug to control bleeding
  - works locally by binding to tissue factor exposed at the site of vascular injury
  - Also binds to factor X on activated platelets
**Haemophilia**

**CSL689 has longer half life than rFVIIa**

- CSL689 half-life = 8.5 hrs\(^1\)
  - Potential to dose 2-3 x weekly
  - Possibility of on demand and manageable prophylaxis regimen
- rFVIIa (Novoseven) half life ~2-3hrs
  - Indicated for treatment of bleeding episodes- requires dosing every 2-3 hours\(^2\)

---

Pivotal Phase II/III trial in haemophilia A & B patients with inhibitors
- Dose finding, safety & efficacy on-demand therapy
- Commenced first half 2015
- Bleeding episode successfully treated
PROLONG-7FP Clinical Development Program

Haemophilia

Congenital Factor VII Deficiency

Phase I (Patients)
- PK
- Safety

Phase II/III
- Prophylaxis
- On-demand

ONGOING

PLANNING

EXTENSION

- Phase I PK/PD study in congenital FVII deficiency patients
  - PK and safety in patients
  - Commenced December 2014
Commercial Opportunities and Activities
Haemophilia

Global Market

- Trend toward recombinants in developed markets
- New longer-acting product launches
- 75% of patients with bleeding disorders are under/un-treated

Total Global Market Value: ~$10.5B

CSL’s Global Performance

Grow range of differentiated pd and recombinant therapies

- Broad portfolio presence
- Growth in developed and emerging markets
- Continued balance between recombinant and plasma derived portfolio

CSL FY15 Sales $1,026M

Key Brands:
- Plasma
- Recombinant

Cuts

Helixate FS
HUMATE-P
Beriate P
Mononine
Key Growth Drivers

- Successfully launch the new recombinant products globally
- Position Idelvion™ (rIX-FP) as the new SOC for haemophilia B
- Afstyla™ (rVIII-SingleChain) product profile highly competitive
Idelvion™ (rIX-FP)

- Unique recombinant albumin fusion protein molecule
- Pharmacokinetic profile includes extended half-life and greater area under the curve (AUC) resulting in increased activity levels

Attributes of Albumin
- Naturally occurring protein
- Binds endogenous components
- Not associated with immune response
- Long serum half-life

Potential Differentiated Profile
- Dosing interval up to 14 days
- Trough level ≥5%
- Zero median AsBR
- Well tolerated
- No inhibitors in pivotal program
### Haemophilia

**Afstyla™ (rVIII-SingleChain)**

- Single chain design with most of B-domain deleted
- Covalent link between heavy and light chains

### Single Chain Design
- Strong affinity to vWF
- Greater molecular integrity and stability
- Improved pharmacokinetic profile

### Potential Differentiated Profile
- Twice-weekly dosing
- Effective bleeding control
- Well tolerated
- No inhibitors in pivotal program
**Haemophilia rVIIa-FP**

- Prophylaxis and treatment of adult, adolescent and pediatric patients with congenital haemophilia A or B with inhibitors and congenital FVIIa deficiency

### Attributes of rVIIa-FP

- Unique recombinant albumin fusion protein molecule
- Significantly longer half-life
- Extended dosing interval ~3 x per week

### Potential Differentiated Profile

- Fast, effective on-demand treatment in majority of patients
- Therapeutic effect allows for more convenient prophylaxis
- Major improvement to patient care
**Haemophilia**

**Today, Tomorrow, Future**

**Today**
- Helixate®
- Beriate®
- Humate®
- Mononine®

**Tomorrow**
- Idelvion™
- Afstyla™

**Future**
- rVIIa–FP
- Subcutaneous rIX-FP
- True long-acting rVIII
• Leveraging clinical and technical insight in developing novel protein-based therapies
  o Significant unmet need
  o Multiple indications

• Key Focus
  o CSL112 (Apo AI)
  o CSL324 (anti-G-CSFR mAb)
  o CSL346 (anti-VEGFB mAb)
  o CSL312 (anti-FXIIa mAb)
Acute Coronary Syndrome (ACS)
Reduction of Early Recurrent Cardiovascular Events – A High Unmet Medical Need in ACS

- Recurrent CV events occur early, are associated with high mortality and are inadequately addressed by available therapies

References: Figure adapted from PLATO Trial, Kohli P et al. Circulation 2013;127:673-680
Cardioprotective Role of High Density Lipoprotein

- HDL exerts cardio protective effect through cholesterol efflux
  - movement of excess cholesterol from arterial-wall macrophages
  - leads to reduction in plaque size and risk of rupture

CSL112 raises ABCA1 Cholesterol Efflux Capacity

- Impaired cholesterol efflux, inflammation and plaque rupture, all exist in the setting of ACS
  - Contribute to the high incidence of early recurrent cardiovascular events
- CSL112 results in a profound, immediate and sustained rise in ABCA1 specific cholesterol efflux capacity

References: Gille et al. (2014) presented at AHA.
CSL112 – A Novel Therapy for Acute Coronary Syndrome

CSL112 has the potential to rapidly reduce the high rate of early recurrent CV events, addressing a significant unmet medical need in ACS.

CSL112 Phase 2B

Proof of mechanism and demonstration of safety

- 1,258 patient post myocardial infarction trial fully recruited
- Data Monitoring Committee has confirmed safety to date
- Biomarker data to confirm mechanism of action – 2H 2016
Breakthrough Medicines

Clinical Program

**Phase 2b Dose-ranging / POC**
- ACS population
- Safety, efflux biomarker, pop PK
- Normal and mild RI
- Enrollment completed LPLV Q2 2016

**Moderate RI safety (Ph2)**
- Higher risk ACS population
- Safety, pop PK
- Start up stage

**Phase 3 Pivotal Trial**
- ACS treatment target population
- CV event benefit (MACE) and safety risk
- 1st endpoint: MACE
- Design and planning stage

- Planning for Phase 3 commenced
  - Strategy in place for inclusion of high risk patients in Phase 3
  - Anticipating commencement in 2H 2017
Influenza Vaccines R&D
Core Flu Products

- Differentiated, adjuvanted influenza vaccine for 65yr+ and young children
- Elderly indication approved in >30 countries (US approval Nov 2015)
- Paediatric indication in Canada

- World’s first cell-culture flu vaccine
- Currently registered for 18yr+
- QIV 4yr+ anticipated in 2016

- Traditional egg-based vaccine
- Currently indicated for 5yr+
- QIV 18yr+ anticipated in 2016

- First and only intravenous influenza anti-viral
- Currently registered in the US for 18yr+
- Plans for global rollout\(^1\) and paediatric indication

\(^1\) Seqirus rights exclude Japan, South Korea, Taiwan, Israel and US Government stockpile
### Key R&D Programs

**TIV**
- Filed
- Expanding age indication to 4yr+
- Anticipate launch in 2016

**Cell culture QIV**
- Filed
- Filed for US approval
- Anticipate launch in 2016

**Adjuvanted QIV**
- Phase III
- Filing in 2016

**QIV**
- Filed
- Age ≥ 18 yrs
- Anticipate soft launch in 2016

**QIV**
- Phase III
- Age ≥ 5yrs, filing 2016

**QIV**
- Phase III
- Age ≥ 6mo, filing 2017
# Global R&D Portfolio – December 2015

## Life Cycle Management

- C1-inh New Indications
- Fibrinogen New Indications
- PCC New Indications

## Market Development

### New Product Development

- Ig Formulations
  - Rec Coagulation Factors
  - Partnered Vaccine Programs*
  - P. gingivalis/POD OH-CRC
  - Discovery Projects
- CSL650 rvWF-FP
- CSL34 IL-13R* ASLAN
- CSL312 Anti-FXIIa
- CSL324 G-CSFR
- CSL346 VEGFB
- CSL689 rVIIa-FP Congen Def
- Partnered Vaccine Programs*
- CSL689 rVIIa-FP Inhibitors
- CSL362 IL-3R* AML Janssen
- CSL112 reconstituted HDL
- CAM3001 GM-CSFR –AZ*
- Quadrivalent Flu Vaccine

### Research

- Partnered Projects

## Registration

- Hizentra® CIDP
- Privigen® Japan
- Beriplex® Japan
- CSL830 C1-INH subcut
- Kcentra™ US Bleeding /Surgery
- Respreeza® EU

## Commercial/Phase IV

- Immunoglobulins
  - Haemophilia
- Specialty Products
  - Influenza Vaccine

## Core Capabilities:

- Immunoglobulins
- Haemophilia
- Specialty Products
- Breakthrough Medicines
- Vaccines & IP

*Partnered Projects

#LCM includes direct post marketing commitments as well as pathogen safety, capacity expansions, yield improvements, new packages and sizes for all registered products.
Expected Progress in next 12 Months

Global

1. Enter Research
2. Enter Product Development & GLP Toxicology
3. Enter Phase I (FIH)
4. Enter Phase II
5. Enter Phase III
6. Enter Registration & Launch
7. Enter Post Registration

- New Product Opportunity
- Research
- Development
- Phase I
- Phase II
- Phase III
- Registration
- Post Registration

- Expected Progress
- CSL830 C1-INH s.c.
- Beriplex® Japan
- CSL640 rIX-FP subct
- Afluria® QIV 18+ years
- CSL312 Anti-FXIIa
- CSL324 G-CSFR
- CSL362* Janssen SLE
- CSL830 C1-INH s.c.
- Beriplex® Japan
- Afluria® QIV 18+ years
### Significant Target Launch Dates

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voncento™</strong></td>
<td>CSL654 rIX-FP US</td>
<td>CSL654 rIX-FP EU</td>
<td>CSL654 rIX-FP Japan</td>
<td>CSL627 rVIII-SC EU/Japan</td>
<td>CSL830 C1-INH SubCut</td>
<td>CSL889 rVIIa-FP Inhibitors</td>
</tr>
<tr>
<td><strong>Respreeza®</strong></td>
<td>CSL654 rIX-FP US</td>
<td>CSL654 rIX-FP EU</td>
<td>CSL627 rVIII-SC US</td>
<td>Beriplex® Japan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cell Culture QIV</strong></td>
<td>Cell Culture QIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fluad US Elderly+</strong></td>
<td>Fluad US Elderly+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Afluria/Fluvax QIV 18+</strong></td>
<td>Afluria/Fluvax QIV 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Core Capabilities:**
- Immunoglobulins
- Haemophilia
- Specialty Products
- Vaccines & IP

* Calendar Years
2015 Highlights

Immunoglobulins
- Hizentra® flexible dosing registration in US
- Hizentra® CIDP pivotal study recruitment completed

Specialty Products
- Respreeza® registration in Europe
- Berinert® s.c. pivotal Phase III recruitment completed

Haemophilia
- rIX-FP effective in 7-14 day dosing regimens & MAA submitted
- rVIII-SingleChain effective 2x weekly prophylaxis & MAA submitted
- rVIIa-FP inhibitor Phase I/II commenced

Breakthrough Medicines
- CSL112 (Apo A-1) Phase IIb study recruitment completed
- Anti-FXIIa mAb pre-clinical development completed

Licensing & Vaccines
- Fluad registration in the elderly in the US
- CSL362 Phase II AML study commenced by Janssen
Further Information

Presentation Playback
A playback of the Research and Development presentations will be available for a period of two weeks following R&D Briefing. Investors wishing to listen to these presentations should contact CSL Investor Relations to arrange access.
Contact: maria.pikos@csl.com.au

Investor Relations:
Mark Dehring
Head of Investor Relations
CSL Limited
Phone: +613 9389 2818
Email: mark.dehring@csl.com.au

Media:
Sharon McHale
Head of Public Affairs
CSL Limited
Phone: +613 9389 1506
Mobile: +614 0997 8314
Email: sharon.mchale@csl.com.au