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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
  - CSL112 Commercial Opportunities
    - Bob Repella
- Seqirus R&D
  - Russell Basser
- Summary
  - Andrew Cuthbertson
- Q&A
Introduction and Highlights
Global Commitment to Research & Development

Research and Development 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 Management** ensures continuous improvement of existing products.
Past Launches from the R&D Portfolio

**Global**

- **2006**
  - VIVAGLOBIN®
  - RHOPHYLAC®
  - ZEMAIRA® (US)
  - BERIPLEX® (EU)
  - GARDASIL®

- **2007**
  - PRIVIGEN®
  - HIZENTRA®
  - BERINERT® (US)
  - RIASTAP® (US)
  - AFLURIA®
  - H1N1

- **2008**
  - HIZENTRA®
  - RESPREEZA® (EU)
  - RIASTAP® (US)
  - CORIFACT® (US)
  - AFLURIA®
  - H1N1

- **2009**
  - RESPREEZA® (EU)
  - KCENTRA® (US)
  - VIVAGLOBIN®
  - AFLURIA®
  - H1N1

- **2010**
  - PRIVIGEN®
  - KCENTRA® (US)
  - VIVAGLOBIN®
  - AFLURIA®
  - H1N1

- **2011**
  - RESPREEZA® (EU)
  - VIVAGLOBIN®
  - AFLURIA®
  - FLUAD® QIV

- **2012**
  - PRIVIGEN®
  - VIVAGLOBIN®
  - AFLURIA®
  - FLUAD® QIV

- **2013**
  - PRIVIGEN®
  - VIVAGLOBIN®
  - AFLURIA®
  - FLUAD® US

- **2014**
  - PRIVIGEN®
  - VIVAGLOBIN®
  - AFLURIA®
  - FLUAD® US

- **2015**
  - PRIVIGEN®
  - VIVAGLOBIN®
  - AFLURIA®
  - FLUAD® US

- **2016**
  - PRIVIGEN®
  - VIVAGLOBIN®
  - AFLURIA®
  - FLUAD® US

*First major market launch of new product*
Leveraging Global Capabilities

>1,400 scientists globally
# Partnered Projects

*Partnered Projects include 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 2016

Global

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

1. Enter Research
2. Enter Product Development & GLP Tox
3. Enter Phase I
4. Enter Phase II
5. Enter Phase III
6. Enter Register & Launch
7. Enter Post Registration

- CSL312 Anti-FXIIa
- CSL324 GCSFR
- CSL640 rIX-FP subcut
- CSL626 D’D3 LA rVIII
- Haptoglobin/ Hemopexin
- CSL842 C1-INH Transplant
- CSL830 C1-INH subcut
- KLCENTRA® Japan
- AFLURIA® QIV 18+ US & AUS
- AFLURIA® QIV 5-17 US, AUS
- AFLURIA® QIV 4+ US
- PRIVIGEN® IsoLo
- IDELVION® US
- IDELVION® EU
- IDELVION® Japan
- AFSTYLA® US
- AFSTYLA® EU
- AFSTYLA® Japan
- AFSTYLA® QIV 18+ US & AUS
- FLUCELVAX® QIV 4+ US
- FLUCELVAX® QIV 65+ US
- FLUCELVAX® QIV 18+ US & AUS
- PRIVIGEN® Japan
- Hizentra® IIM
- AFSTYLA® US
- CTL629 D’D3 LA rVIII
- Haptoglobin/ Hemopexin
- Hizentra® IIM
- PRIVIGEN® Japan
- AFSTYLA® US
- AFSTYLA® EU
- AFSTYLA® Japan
- AFSTYLA® US
- AFLURIA® QIV 18+ US & AUS
- AFLURIA® QIV 5-17 US, AUS
- AFLURIA® QIV 4+ US
- PRIVIGEN® IsoLo
- IDELVION® US
- IDELVION® EU
- IDELVION® Japan
- AFSTYLA® US
- AFSTYLA® EU
- AFSTYLA® Japan
- AFSTYLA® QIV 18+ US & AUS
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- AFSTYLA® Japan
- AFSTYLA® QIV 18+ US & AUS
- FLUCELVAX® QIV 4+ US
- FLUCELVAX® QIV 65+ US
- FLUCELVAX® QIV 18+ US & AUS

Next Gen Ig Formulations
Novel Strategies
Clinical Applications
Discovery Projects

Just getting started
#LCM includes direct post marketing commitments as well as pathogen safety, capacity expansions, yield improvements, new packages and sizes for all registered products.

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

### Market Development
- C1-INH New Indications
- Fibrinogen New Formulations
- Haptoglobin/Hemopexin
- PCC New Indications
- Rec Coagulation Factors
- CSL334 IL-13R* ASLAN
- CSL346 VEGFB
- CSL346 D’D3 LA rVIII
- CSL626 D’D3 LA rVIII
- CSL640 rIX-FP subct
- CSL649 rIXa-FP Congen Def
- CSL689 rIXa-FP Inhibitors
- CSL689 rVIIa-FP Congen Def
- CSL689 rVIIa-FP Inhibitors
- CSL324 G-CSFR
- CSL312 Anti-FXIIa
- Mavri GM-CSFR – AZ*
- CSL362 IL-3R* AML Janssen
- CSL112 apo-Al
- CSL324 G-CSFR

### New Product Development
- P. gingivalis/POD OH-CRC
- Discovery Projects
- CSL346 VEGFB
- CSL626 D’D3 LA rVIII
- CSL640 rIX-FP subct
- CSL689 rIXa-FP Congen Def
- CSL689 rVIIa-FP Inhibitors
- CSL312 Anti-FXIIa
- CSL324 G-CSFR
- Mavri GM-CSFR – AZ*
- CSL362 IL-3R* AML Janssen
- CSL112 apo-Al

**Global R&D Portfolio – December 2016**

**Research**
- Immunoglobulins
- Haemophilia
- Specialty Products
- Influenza Vaccine

**Pre-clinical**
- Immunoglobulins
- Haemophilia
- Specialty Products
- Influenza Vaccine

**Phase I**
- Immunoglobulins
- Haemophilia
- Specialty Products
- Influenza Vaccine

**Phase II**
- Immunoglobulins
- Haemophilia
- Specialty Products
- Influenza Vaccine

**Phase III**
- Immunoglobulins
- Haemophilia
- Specialty Products
- Influenza Vaccine

**Registration**
- Immunoglobulins
- Haemophilia
- Specialty Products
- Influenza Vaccine

**Commercial/Phase IV**
- Immunoglobulins
- Haemophilia
- Specialty Products
- Influenza Vaccine

**Partnered Projects**

*Partnered Projects
CSL Behring R&D Strategy and Focus
Global

CSL Protein Therapeutics Technical Platform

- Immunoglobulins
- Breakthrough Medicines
- Specialty Products
- Haemophilia Products

Plasma Fractionation
Recombinant Technology
Protein Science
Research & Early Development
CSL’s Global Research Capability

- Coordinated global project portfolio
- Hub (Bio21, Melbourne) & spoke model
- Bio21 expansion to increase pre-clinical research
- Research excellence in therapeutic proteins
- Plasma and recombinant manufacturing platforms
Research Strategy

- Major focus on patient Quality of Life
- Extract maximum value and performance from existing assets
- Develop new protein-based therapies and strategies for treating congenital and acquired bleeding disorders
  - LA FVIII
  - Novel delivery technologies
  - Bispecific Abs

Haemophilia
• Short FVIII half-life, improved half life = improved prophylaxis
• FVIII half-life regulated by VWF
• Target VWF half-life while minimising thrombosis risk
• CSL626 = VWF D’D3 fragment fused to human albumin

AFSTYLA® bound to CSL626 should have an increased half life (by accessing the FcRn salvage pathway)
CSL626 extends the half-life of co-administered AFSTYLA® in NHPs

- 4-5 fold increase in AFSTYLA® half-life
- GLP toxicology studies in progress
- Phase I planned to commence H1, 2018
Research Strategy

- Formulation and purification processes
- Opportunities for new technologies / molecules
- Mechanism driven product design and indication selection
- Identifying new indications for IV/SCIG
Immunoglobulin functional domains

**Fab region**
- Immune deficiencies

**Fc region**
- Autoimmune conditions

**recombinant multimerised Fc**

Improved target binding
CSL777 proof-of-concept in CAIbIA model of arthritis

- 200 mg/kg CSL777 or 2 g/kg IVIG, i.p. at day 6
- CSL777 ➔ significantly reduced clinical score (*P < 0.05) and joint cell infiltrate
- GLP toxicology planned to commence in 2H, 2017
Research Strategy

- Leveraging clinical and technical insight in developing novel protein-based therapies
  - Significant unmet need
  - Multiple indications
Portfolio – Late Preclinical / Clinical

- Portfolio of preclinical and early-mid stage clinical opportunities consistent with CSL commercial objectives
- Delivery of high quality candidates for clinical development

**Breakthrough Medicines**

<table>
<thead>
<tr>
<th>Research</th>
<th>Pharm / tox</th>
<th>Phase I</th>
<th>Phase II</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSL362* (anti-IL-3R)</td>
<td></td>
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<tr>
<td>CSL324 (anti-G-CSFR)</td>
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</tr>
<tr>
<td>CSL312 (anti-FXIIa)</td>
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</tr>
<tr>
<td>CSL346 (anti-VEGF-B)</td>
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</tbody>
</table>

*Partnered with Janssen Biotech
• Targeting the G-CSF receptor represents a novel approach to the treatment of neutrophil mediated pathologies
• Efficacy in multiple animal models of inflammatory disease
Anti-G-CSFR mAb reverses development of arthritis

- Mouse CAblIA model

\[ \alpha G\text{-CSFR (\mu g)} \]

\[ \begin{align*}
0 & \quad \downarrow \quad \downarrow \quad \downarrow \\
10 & \quad \downarrow \quad \downarrow \quad \downarrow \\
50 & \quad \downarrow \quad \downarrow \quad \downarrow \\
500 & \quad \downarrow \quad \downarrow \quad \downarrow
\end{align*} \]

\[ \ddagger P < 0.001 \]

- GLP toxicology completed, CSL324 safe and well tolerated
- Phase I commenced July 2016, Phase II H1 2018

Source: Campbell et al., J. Immunol. (in press)
CSL312 – HAE and Thrombosis

• Targeting FXIIa represents a novel approach to the treatment of hereditary angioedema and contact activated thrombosis
• Efficacy in multiple animal models and translational studies
Anti-FXIIa antibody prevents FXIIa mediated vascular leakage

- Mouse model incorporating a mutant (HAE type III) human FXIIa Tg

- GLP toxicology completed, CSL312 safe and well tolerated
- Phase I commenced Nov 2016, Phase II H1 2018

Source: Bjorkquist et al., J Clin Invest. 2015
Anti-FXIIa antibody prevents foreign surface activated thrombosis without increasing bleeding risk

- Rabbit ECMO model

Source: Larsson et al., Sci Transl Med, 2014
CSL346 – Diabetes / Diabetic Complications

VEGF-B controls tissue uptake of fatty acids via regulation of endothelial fatty acids transport

- Increased VEGF-B leads to lipid accumulation in tissues and lipotoxicity

  diabetes and diabetic complications

- Inhibition of VEGF-B signalling may represent a novel therapeutic strategy for diabetes and associated complications

- CSL346: mAb targeting VEGF-B

Anti-VEGF-B antibody prevents development of nephropathy in db/db//BLKS mice

- GLP toxicology studies in progress
- Phase I planned to commence in 2H, 2017
• Expanding capacity and capability across global research sites
• Innovating in key areas of business strength

- Immunoglobulins
- Haemophilia
- Specialty Products

• Developing new opportunities in important areas of unmet medical need
  - Three novel mAbs entering the clinic in 12-18 month timeframe

• Creating a sustainable pipeline for future growth
Immunoglobulins
• Maintaining leadership position through focus on:
  o New Indications
  o Geographic expansion
  o Delivery options

• Key Focus
  o HIZENTRA®
  o PRIVIGEN®
Progress in Neurology

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

- Progressive weakness and impaired sensory function in the legs and arms
- New cases per year ~1-2 per 100,000 people
- Occurs at any age, in both genders, more common in young adults and in men
- Course varies widely among individuals. Left untreated, 30% of CIDP patients will progress to wheelchair dependence
- IVIG as first line therapy
PATH Program – Phase III Study

- Largest placebo controlled study in CIDP
- Data base locked
- HIZENTRA® CIDP FDA submission mid 2017 and EMA submission 2H 2017

PATH Supports Efficacy of PRIVIGEN® in CIDP

- 73% PATH subjects responded with improvement in INCAT score
- PATH and PRIMA represent largest CIDP cohort studied
- FDA submission sBLA November 2016

Expanding on Successful CIDP Experience

- Expand on our commitment to rare diseases
- Rigorous review of science and prioritisation
- Commence study in idiopathic inflammatory myopathies 2H 2017

**Neurology**
- Idiopathic
- Inflammatory
- Myopathies

**Rheumatology**
- Systemic Sclerosis

- Auto-immune pathology
- Muscle, skin and inner organ fibrosis
- Evidence of efficacy of immunoglobulins
New generation IVIG products are associated with low, but relevant, risk of haemolysis due to isoagglutinins. Regulatory release specifications for maximum IVIG isoagglutinin titre are ≤1:64. All Ig products manufactured by CSLB already meet these standards.

Red blood cell haemolysis has been noted when IVIG > 2g/kg is administered to patients with blood groups A, B or AB.

PRIVIGEN® Isoagglutinin Levels Lowered to Reduce IVIG Associated Haemolysis Risk¹

Methods to Reduce Isoagglutinin Levels

**Cold ethanol fractioning**
Cohn method includes a precipitation step that reduces isoagglutinin levels²

**Donor screening**
The levels of isoagglutinins can be reduced by 1 titre step² with exclusion of ~5% of donors³

**Immunoaffinity chromatography (IAC)**
Isoagglutinin levels in PRIVIGEN® can be reduced by 2–3 titre steps, or 75–88%⁴-⁶

PRIVIGEN® median isoagglutinin titres are now 1:8 for anti-A and 1:4 for anti-B

**Sources:**
1. CSL Behring. *Data on File.*
Reduction in PRIVIGEN® Haemolysis

CSL Behring proactively introduced an isoagglutinin reduction strategy that reflects our strong commitment to continue to deliver safe and effective therapies to patients.

* PRIVIGEN® IsoLo® approved in US, Europe, Canada, Australia, Switzerland and other selected countries.

Commercial Market Overview
Global Plasma-proteins Therapeutics Market

Total Global Market Value: ~$27.0B

- Haemophilia: $10.8B
- Immunoglobulin: $9.0B
- Albumin: $3.8B
- Specialty: $3.4B

Key Segment Opportunities

- **Global**
- **Ig**
  - Hizentra®
  - Privigen®
- **Specialty**
  - Respreeza®
  - Haegarda™
- **Coag**
  - Idelvion®
  - AFSTYLA®

Deliver Innovation
Demonstrate Leadership
Drive Growth
Immunoglobulins

Commercial Opportunities and Activities
Global Market

- Global market volume growth projected at 5-7% in 2017
- Demand driven by medical education and brand promotion
- Growing patient acceptance of subcutaneous delivery in developed and emerging markets
- Evidence-based opportunities for future indications

Sources: Company 3Q 2016 reports, Markets and Markets Plasma Fractionation Report 2016, based on 2015 data, CSL Actuals FY16
**Immunoglobulins**

- Global revenue +7%
- CIDP & SID indications in the EU
- Reliability of supply
- Geographic and market expansion
- Introduction of PRIVIGEN® IsoLo®

**Hizentra**

- Global revenue +31%
- Significant increase in new patient starts in US and EU
- Patient preference for at home treatment

Reported sales for the 12-month period

- SCIG
- IVIG
- Hyper

Jun 16

US $2,457M
Immunoglobulins

More proline in food than in HIZENTRA®

http://www.nutritionvalue.org/foods_by_Proline_content_page_1.html
HIZENTRA® dose 1 X 50ml vial (10g) – average weekly adult dose
Global Ig Franchise: Strategic Imperatives

**GROW**
our Current Franchise by:

- Maximising current indications globally: continue geographic expansion; accelerate subcutaneous growth; launch 5 & 10 ml PFS in 2017

**BUILD**
a Leading Neuro Franchise by:

- Focusing on CIDP: PRIVIGEN® today, HIZENTRA® in the near term; new neurology indications such as myositis in the future

**EXPAND**
the Global Franchise by:

- Continue to invest in a broad range of potential new indications, product innovations and disruptive technologies
Immunoglobulins

CSL Behring Ig Franchise Vision

CSL Behring is *the* world renowned leader in Ig therapy delivering innovations that enhance patients’ lives.
Specialty Products
- Leveraging high quality broad product portfolio through:
  - New markets
  - Novel indications
  - Novel modes of administration

- Key Focus
  - HAEGARDA™/BERINERT®
  - BERIPLEX®/KCENTRA®
  - ZEMAIRA®/RESPREEZA®
Clinical Presentation of Hereditary Angioedema (HAE)
QOL* Negatively Impacted by HAE

Work Productivity Activity Impairment (WPAI)\(^1\)

•QOL – Quality of Life

Phase III Study Positive

**Phase III COMPACT Study**

**C1-INH (SC),** CSL830, a low volume self-administered, subcutaneous C1-inhibitor preparation, is well tolerated and efficacious for preventing attacks in patients with HAE¹

*Source: 1. Zuraw et al. Oral Presentation American College of Allergy Asthma and Immunology. Manuscript submitted*
HAEGARDA™ demonstrates efficacy in HAE Prophylaxis

- Primary endpoint met:
  - 40 IU/kg reduced attack rate 88.6% (median, p<0.001)
  - 60 IU/kg reduced attack rate 95.1% (median, p<0.001)
HAEGARDA™ Reduces Attack Severity

Specialty

Patients (%)

<table>
<thead>
<tr>
<th>Group</th>
<th>Severe</th>
<th>Moderate</th>
<th>Mild</th>
<th>Unknown severity</th>
<th>No attack</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 IU/kg CSL830 N=45</td>
<td>20.0</td>
<td>26.7</td>
<td>11.1</td>
<td>4.4</td>
<td>4.4</td>
</tr>
<tr>
<td>60 IU/kg CSL830 N=45</td>
<td>8.9</td>
<td>28.9</td>
<td>17.8</td>
<td>4.4</td>
<td>2.2</td>
</tr>
<tr>
<td>High-volume Placebo N=45</td>
<td>73.3</td>
<td>2.2</td>
<td>8.9</td>
<td>2.2</td>
<td>6.7</td>
</tr>
<tr>
<td>Low-volume Placebo N=45</td>
<td>68.9</td>
<td>22.2</td>
<td>2.2</td>
<td>2.2</td>
<td></td>
</tr>
</tbody>
</table>

Legend:
- Red: Severe
- Blue: Moderate
- Green: Mild
- Gray: Unknown severity
- White: No attack
**Adverse Events in Study Safety Population**

<table>
<thead>
<tr>
<th>n (%)</th>
<th>40 IU/kg CSL830 N=43</th>
<th>60 IU/kg CSL830 N=43</th>
<th>Combined placebo N=86</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients reporting ≥1 AE</td>
<td>29 (67.4)</td>
<td>30 (69.8)</td>
<td>57 (66.3)</td>
</tr>
<tr>
<td>Adverse drug reactions, number of patients (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection site reactions*</td>
<td>12 (27.9)</td>
<td>15 (34.9)</td>
<td>21 (24.4)</td>
</tr>
<tr>
<td>Nasopharyngitis</td>
<td>1 (2.3)</td>
<td>8 (18.6)</td>
<td>6 (7.0)</td>
</tr>
<tr>
<td>Hypersensitivity**</td>
<td>2 (4.7)</td>
<td>3 (7.0)</td>
<td>1 (1.2)</td>
</tr>
<tr>
<td>Dizziness</td>
<td>4 (9.3)</td>
<td>0</td>
<td>1 (1.2)</td>
</tr>
</tbody>
</table>

- Injection site reactions were the most commonly reported AEs
- 95% of injection site reactions were mild, most occurred and resolved within 24 h after injection
- No injection site reactions were serious or led to discontinuation of treatment

*Injection site reactions include: injection site bruising, coldness, erythema, and similar

**Hypersensitivity includes: pruritus, rash, and urticaria
COMPACT trial demonstrated dose-dependent efficacy of HAEGARDA™ for the prevention of HAE attacks

- Reduction in median attack rate: 89–95%
- Response rate (≥50% relative attack reduction): 76–90%
- 60 IU/kg consistently showed higher efficacy

- BLA accepted by FDA 30 August 2016
- Submission to EU anticipated early 2017
Increasing global demand for organ transplantation associated with limited supply\(^1\)

Source: 1. OPTN Database May 2016 (Note: Deceased donors may donate multiple organs)
CSL Therapies in Transplantation

Normal Kidney

- HLA reduction / Desensitisation / Improve viability

Transplant

Cellular Rejection

Early AMR <12 mo

Late AMR >12 mo

Rejected Kidney

- Delayed or Primary Graft (Dys) Function

Just getting started
Renal Transplantation

- Lack of donors, organ unsuitability
- Long-term graft survival still poor, graft loss after 1 year is 5% per year\(^1\)

**Kidney Wait List**

- ~100,000\(^2\)

**Standard Kidney Transplant**

- ~17,500/year\(^*\)
- Acute AMR 5-10% (1 yr)
- Late AMR 25%

**Cross Match + Kidney Transplant**

- 300/year
- Acute AMR 20-40%

**Sensitised (hi PRA)**

- >25,000
- Many Never Transplanted

---

**Specialty**

- AMR – Antibody Mediated Rejection

**Sources:**
2. OPTN Database May 2016 (Note: Deceased donors may donate multiple organ)
C1 Inhibition in Refractory AMR*

- Patients treated with BERINERT® demonstrated an improvement in renal function (GFR - glomerular filtration rate)

* Refractory AMR (acute or late) patients who have not responded to 3 months standard of care

Source: Viglietti et al. Am J Transplant 2016 May;16(5):1596-603
CSL Therapies in Transplantation

- Program will test ability to increase donor compatibility and improve long and short-term graft survival
- First program of C1 inhibition in renal transplant in 2H 2017, pending regulatory interactions
- Ongoing interactions with high quality collaborators and regulators which will inform further CSL sponsored programs
Specialty Products
Commercial Opportunities and Activities
• Orphan/rare diseases
• Unmet medical need
• Often under or misdiagnosed
• Awareness and education
• Significant patient value

Sources: Company annual reports/financial schedules, based on 3Q 2016 data, MRB WW Plasma Fractionation Market 2016 interim report, CSL Actuals FY16
CSL’s Global Performance

- KCENTRA®/BERIPLEX® usage growing across multiple specialties
- BERINERT® geographic and market expansion continues
- Launch of RESPREEZA® in EU
- EU growth of HAEMOCOMPLETTAN® P

CSL FY16 Sales $983M

Key Brands:

- Kcentra®
- Beriplex® P/N
- Zemaira®
- Respreeza®
- Berinert®
• AATD market in Europe approximately ~$200M

• Majority of treated patients are in Germany and France

• RESPREEZA® differentiation:
  o Indicated for maintenance treatment, and to slow the progression of emphysema in adults
  o Highly purified formulation provides lower volume for faster infusion speed

<table>
<thead>
<tr>
<th>Reimbursement Achieved</th>
<th>Reimbursement Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Czech Rep</td>
<td>Austria</td>
</tr>
<tr>
<td>France</td>
<td>Belgium</td>
</tr>
<tr>
<td>Germany</td>
<td>Denmark</td>
</tr>
<tr>
<td>Greece</td>
<td>Finland</td>
</tr>
<tr>
<td>Italy</td>
<td>Norway</td>
</tr>
<tr>
<td>Portugal</td>
<td>Poland</td>
</tr>
<tr>
<td>Slovakia</td>
<td>Sweden</td>
</tr>
<tr>
<td>Spain</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Switzerland</td>
<td></td>
</tr>
</tbody>
</table>
HAEGARDA™ Value Proposition

**Most effective in preventing HAE attacks**

- C1 Inhibitor
- Individualised Dosing
- Sub-Q Administration
**Key Primary Market Research Findings – HAE**

<table>
<thead>
<tr>
<th>HCP</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HAEGARDA&lt;sup&gt;TM&lt;/sup&gt; has two key perceived advantages over current options:</td>
<td>• The core value proposition HAEGARDA&lt;sup&gt;TM&lt;/sup&gt; offers is greater efficacy (reduced number of attacks) with prophylaxis therapy</td>
</tr>
<tr>
<td>1. More efficacious in reducing frequency of HAE attacks</td>
<td>• Subcutaneous administration is a life-transforming advantage, but secondary to efficacy</td>
</tr>
<tr>
<td>2. Only subcutaneous agent for HAE prophylaxis</td>
<td></td>
</tr>
<tr>
<td>• All physicians noted that efficacy is their primary goal when recommending prophylactic therapy</td>
<td></td>
</tr>
</tbody>
</table>
**Specialty**

**HAE Franchise**

Revenue Potential of $0.75M – $1B p.a.

**HAEGARDA™**

- Most effective in preventing HAE attacks
- C1 Inhibitor
- Individualised Dosing
- Sub-Q Administration

**BERINERT®**

- Most effective in stopping HAE attacks
- C1 Inhibitor
- Individualised Dosing
- IV Infusion

PK data to reinforce consistent levels for Sub-Q
Q&A
Break
Investor R&D Briefing
December 1, 2016
• 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
## Global Approvals Ongoing

<table>
<thead>
<tr>
<th>Achieved 2016</th>
<th>Anticipated 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>Hong Kong</td>
</tr>
<tr>
<td>Canada</td>
<td>Israel</td>
</tr>
<tr>
<td>EU</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Japan</td>
<td>Taiwan</td>
</tr>
<tr>
<td>Switzerland</td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td></td>
</tr>
</tbody>
</table>

Haemophilia

Coagulation Factor IX (Recombinant), Albumin Fusion Protein

**IDELVION**

Antihemophilic Factor (Recombinant), Single Chain

**AFSTYLA**
### Low AsBR on IDELVION® Extended Regimens

<table>
<thead>
<tr>
<th>AsBR Extension Study</th>
<th>7-Day Regimen (n=19)</th>
<th>10-Day Regimen (n=7)</th>
<th>14-Day Regimen (n=21)</th>
<th>21-Day Regimen (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median (IQR)</td>
<td>0.85 (0.2-2.9)</td>
<td>0 (0-0)</td>
<td>0 (0-0)</td>
<td>0 (0-0)</td>
</tr>
<tr>
<td>Estimated Mean AsBR (95% CI) †</td>
<td>1.91 (1.09-3.36)</td>
<td>0.31 (0.4-0.7)</td>
<td>0.88 (0.47-1.65)</td>
<td>0.45 (0.07-0.98)</td>
</tr>
<tr>
<td>Duration</td>
<td>309</td>
<td>650</td>
<td>491</td>
<td>442</td>
</tr>
<tr>
<td>&lt;12 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median (IQR)</td>
<td>0 (0-0.56)</td>
<td>0 (0-3.06)</td>
<td>1.16 (0-2.63)</td>
<td></td>
</tr>
<tr>
<td>Estimated Mean AsBR (95% CI) †</td>
<td>0.7 (0.3-1.6)</td>
<td>2.12 (0.56-8.02)</td>
<td>1.19 (0.56-2.54)</td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td>415</td>
<td>501</td>
<td>483</td>
<td></td>
</tr>
</tbody>
</table>

AsBR, annualised spontaneous bleeding rate; CI, confidence interval; IQR, interquartile range
†Assuming Poisson distribution
Haemophilia

rVIIa-FP (CSL689)
**Haemophilia Clinical Programs**

**Congenital Haemophilia A or B with Inhibitors (CHwI)**

- **Phase I (Healthy Volunteers)**
  - PK
  - Safety
  - COMPLETED

- **Phase II/III**
  - On-demand
  - PK, Long-term safety
  - ONGOING

- **Phase III**
  - Prophylaxis
  - Surgery
  - (PLANNED)

**Congenital Haemophilia Factor VII Deficiency**

- **Phase I (Healthy Volunteers)**
  - PK
  - Safety
  - COMPLETED

- **Phase II/III**
  - On-demand / Prophylaxis
  - PK, Long-term safety
  - PLANNED

- **Extension**
  - PLANNED
CHwi Preliminary Efficacy Data

- rVIIa-FP is efficacious and safe in treating bleeding events
  - 47 bleeds in 10 subjects
  - 77% of bleeds controlled with 1 infusion
  - 100% of bleeds controlled with 2 infusions
  - No thrombo-embolic adverse events experienced

- NOVOSEVEN®
  - 10% of bleeds controlled with 1 infusion
  - 27% of bleeds controlled with 2 infusions (published data*)


- CSL689 was not studied head to head with NOVOSEVEN®
Congenital Factor VII Deficiency

- Phase I study confirms rVIIa-FP has measurable FVIIa levels up to 48 hrs
- Supports testing once to twice weekly dosing in Phase II
- Phase II to commence 2H 2017
Haemophilia
Commercial Opportunities and Activities
Haemophilia

Global Market

- Trend toward recombinants in developed markets
- 75% of patients with bleeding disorders are under/un-treated
- Launches of multiple longer-acting products in Hem-A space
- Payers contemplating active category management
- Rapid transition of Hem-B category

Total Global Market Value: ~$10.8B

Inhibitor Bleed Therapy $2.2B

Hem B $1.4B

VWD $0.5B

Hem A $6.7B

Haemophilia

Global Portfolio

CSL FY16 Sales $1B

Recombinant

Plasma

Monoclate-P®
Factor VIII/C Pasteurized, Monoclonal Antibody Purified
Antihemophilic Factor (Human)

HUMATE-P®
Antihemophilic Factor/von Willebrand Factor Complex (Human)

Beriate® P

Helixate® FS
Antihemophilic Factor (Recombinant)
Formulated with Sucrose

Mononine®
Monoclonal Antibody Purified
Coagulation Factor IX (Human)

STIMATE®
(desmopressin acetate) Nasal Spray, 1.5 mg/mL

VONCENTO®
(Human Coagulation Factor VIII/Von Willebrand Factor Complex)
Recombinant Coagulation Launches

Revenue Potential of $0.7 – $1B p.a. in 4-5 years

<table>
<thead>
<tr>
<th>US</th>
<th>EU</th>
<th>Japan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launched</td>
<td>Launched</td>
<td>Launched</td>
</tr>
</tbody>
</table>

- Unique albumin fusion protein
- New SOC for haemophilia B
- Increased protection and convenience

- Unique single chain design
- Longer acting (2-3x weekly dosing)
- Increased vWF affinity

Launched Q1’17 Q1’18
Single Dose:
IDELVION® maintains high trough levels (>5%) for protection from bleeds between treatments

Steady-State:
IDELVION® delivers steady-state mean FIX levels of 21% with 7-day prophylaxis (patients <12 years) and 13% with 14-day prophylaxis (patients ≥12 years)

Baseline-corrected FIX activity

14 days above 5% at 75 IU/kg

*After administration of a single infusion of IDELVION. Data from Phase 1 clinical study.

Conversions to IDELVION®

Source: My Source weekly reporting as of October 25. Based on data from U.S. Hub Services Provider
Conversions to AFSTYLA®

Source: My Source weekly reporting as of October 25. Based on data from U.S. Hub Services Provider
Breakthrough Medicines
Breakthrough Medicines

- Leveraging clinical and technical insight in developing novel protein-based therapies
  - Significant unmet need
  - Multiple indications

- Key Focus
  - CSL112 (Apo AI)
  - CSL324 (anti-G-CSFR mAb)
  - CSL346 (anti-VEGFB mAb)
  - CSL312 (anti-FXIIa mAb)
In 2012, CVDs are the **leading cause of death globally** (31%)
- ~7.4 million were due to coronary heart disease
- ~6.7 million were due to stroke

In the European Union, coronary heart disease, is the **single most common cause of death**
- 681,000 deaths each year

ACS patients experience a high rate of recurrent cardiovascular events in the sub-acute period


Figure adapted from the PLATO Trial. Wallentin et al. *N Engl J Med* 2009;361:1045-57
Development of Atherosclerosis

Cholesterol Influx and Efflux Imbalance

ABCA1=ATP-binding cassette transporter 1; HDL=high-density lipoprotein; LDL=low-density lipoprotein.

Removal of Cholesterol From Unstable Plaque

Upon infusion, CSL112 immediately produces a significant increase in circulating lipid-poor apoA-I particles...
Cholesterol Efflux With CSL112

Removal of Cholesterol From Unstable Plaque

...accompanied by a marked increase in ABCA1-dependent cholesterol efflux capacity

CSL112 holds the potential to rapidly stabilise plaque and reduce the high rate of early recurrent cardiovascular events

Infusion of aopA-I (CSL112) in addition to standard of care in subjects following ACS can safely and rapidly elevate cholesterol efflux capacity

AEGIS-I Primary Endpoint Met

<table>
<thead>
<tr>
<th></th>
<th>CSL112 2g N=415</th>
<th>CSL112 6g N=416</th>
<th>Placebo N=413</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed elevated markers of liver injury</td>
<td>4 (1.0%)</td>
<td>2 (0.5%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Kidney</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed elevated markers of kidney injury</td>
<td>0 (0.0%)</td>
<td>3 (0.7%)</td>
<td>1 (0.2%)</td>
</tr>
</tbody>
</table>

- Percentages are based on the number of subjects with data
- A hepatic endpoint of interest is defined as any subject recording one of the two following results: ALT > 3x ULN, Total bilirubin > 2x ULN, confirmed by a consecutive repeat test after at least 24 hours but within 1 week of the original test
- A renal event is defined as a serum creatinine increase of ≥ 1.5X the baseline value, confirmed by a repeat test after at least 24 hours but within 1 week, or the need for renal replacement therapy

Proof of Mechanism Demonstrated

- Cholesterol efflux capacity increased after Infusion of CSL112 in AMI patients

**Breakthrough Medicines**

AMI - acute myocardial infarction
Fold elevation at peak compared with baseline
All analyses were performed using patients with available data.
AEGIS-I Exploratory Endpoint (MACE)

- Major Cardiovascular Events (MACE) collected to inform Phase III
  - Comprised cardiovascular death, non-fatal myocardial infarction, stroke, hospitalisation for unstable angina
- Low event rate was expected in this study population
  - Study not powered to detect an efficacy signal
- Data available in *Circulation*, 2016*

AEGIS-I Summary

- AEGIS-I study positive
- Four weekly infusions of CSL112 following MI was feasible and did not have any safety concerns
- CSL112 rapidly elevates cholesterol efflux in a dose dependent fashion in the acute MI setting
- Based on the current assessment of the data, the 6g dose is recommended for further study in Phase III
**Proposed Phase III Study Design**

A Phase III, Multicenter, Double-blind, Randomised, Placebo-controlled, Parallel-group Study to Investigate the Efficacy and Safety of CSL112 in Subjects with Acute Coronary Syndrome

- **Double-blind, 1:1 randomisation**
  - 4 weekly infusions

- **CSL112 6g**
- **Placebo**

All subjects followed for 6 months

- **Primary endpoint**: Time-to-first occurrence of any component of the composite MACE, ie, CV death, MI, or stroke, from the time of randomisation through 90 days

- **Enriched Study Population**: Multi-vessel disease + ≥65 years of age or previous MI or peripheral artery disease or diabetes mellitus
AEGIS Planning for Phase III

- Regulatory agency consultations have commenced
- Results of safety study in moderate renal impaired ACS patients anticipated 2H 2017
- Study planned to start Dec 2017 / early 2018, pending outcome of above activities
- Study likely to run over a 3-4 year period
Breakthrough Medicines
Commercial Opportunities and Activities
Unmet Medical Need:
- Approximately 20% of patients that survive a heart attack will experience a recurrent CV event within one year
- About half of these will occur in the first month post index event

Potential Clinical Benefit:
Significant reduction in early, recurrent CV events (CV death, Recurrent MI, stroke) in high-risk ACS patients

MOA:
Rapidly removes cholesterol from atherosclerotic lesions/plaque via significantly enhanced cholesterol efflux

Source: WHO 2013 Update; CDC Heart Disease Fact Sheet August 2014
Uncontested sub-acute market space

**PLATO STUDY**

- Vascular death, MI, or stroke (%)
- Sub-acute Phase:
  - CSL 112
  - Statins
  - PCSK9i
  - CETPi
- Chronic Phase:

**SWEDISH REGISTRY STUDY**

- Vascular death, MI, or stroke (%)
- Sub-acute Phase:
  - CSL 112
  - Statins
  - PCSK9i
  - CETPi
- Chronic Phase:

**Sources:**
2. Figure adapted from Jernberg T, et al. *Eur Heart J.* 2015;36:1163-1170.
**CSL112 – Market Development Activities**

**Third-party Payers**
Payer perspective on key Phase 3 design variables

**Access and Reimbursement**
HEOR endpoints / HTA / Value demonstration

**Product Labeling**
Claims prioritisation and treatment guidelines placement
Seqirus Influenza Vaccine Platform

- At-risk populations
  Adjuvanted seasonal
  TIV → QIV

- Standard risk
  Seasonal
  QIV

- Pandemic

- Egg based
- Cell culture

Influenza Science

TIV = trivalent influenza vaccine (3 strains)
QIV = quadrivalent influenza vaccine (4 strains)
Influenza Changes Constantly

**Antigenic drift**
- Small mutations
- **Epidemic**
  - Yearly seasonal vaccine
  - 3-4 circulating strains (2 “A”, 1 or 2 “B” strains)
  - May vary season to season, SH vs NH

**Antigenic shift**
- New strain
- **Pandemic**
  - Occasional vaccine
  - Single strain
Programs at Time of Acquisition

**Phase 3**
- **Fluad™ QIV 6m-5yrs**
  - Efficacy on-going

**Registration & Launch**
- **Fluad™ TIV 65yrs+**
  - Submitted USA
- **Flucelvax® QIV 4yrs+**
  - Submitted USA

**Post Registration**
- **Afluria® QIV 5-17yrs**
  - On-going
- **Afluria® QIV 18yrs+**
  - Submitted USA, AUS
Delivery of all Milestones during Integration

**Phase 3**
- Fluad™ QIV 6m-5yrs Efficacy complete
- Fluad™ QIV 65yrs+ Efficacy start
- Flucelvax® QIV 2yrs+ Efficacy start
- Afluria® QIV 6m-4yrs Safety & Immuno start

**Registration & Launch**
- Fluad™ TIV 65yrs+ Submitted UK
- Afluria® QIV 5-17yrs Submitted USA, AUS

**Post Registration**
- Fluad™ TIV 65yrs+ Approval USA
- Flucelvax® QIV 4yrs+ Approval USA
- Afluria® QIV 18yrs+ Approval USA, AUS
# Differentiated Product Portfolio - Current and Future Indications

<table>
<thead>
<tr>
<th>Brand</th>
<th>Age Indication Today</th>
<th>Planned Future Age Indication</th>
<th>Target Offer</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUAD</td>
<td>6 months to 2 years</td>
<td>6 months to 5 years</td>
<td>QIV</td>
</tr>
<tr>
<td></td>
<td>65 years +</td>
<td>65 years +</td>
<td></td>
</tr>
<tr>
<td>FLUCELVAX</td>
<td>4 years +</td>
<td>2 years +</td>
<td>QIV</td>
</tr>
<tr>
<td>afluria</td>
<td>18 years +</td>
<td>6 months +</td>
<td>QIV</td>
</tr>
<tr>
<td>AGRIPPAL</td>
<td>6 months +</td>
<td></td>
<td>TIV</td>
</tr>
<tr>
<td>Influenza Virus Vaccine</td>
<td>4 years +</td>
<td></td>
<td>TIV</td>
</tr>
<tr>
<td>Fluvirin®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFLUNOV® FOCLIVIA</td>
<td></td>
<td>Pandemic preparedness</td>
<td></td>
</tr>
<tr>
<td>Rapivab peramivir injection</td>
<td>18 years +</td>
<td>5 years +</td>
<td>i.v.</td>
</tr>
</tbody>
</table>
FLUAD™

Differentiated (MF-59 adjuvanted) influenza vaccine for vulnerable populations
Why FLUAD™?

Age-related hospitalisations and TIV efficacy rates

- MF59 adjuvant strengthens and potentially broadens the immune response
- >100 million doses of MF59 adjuvanted vaccines distributed – excellent safety
- Developing QIV for at risk paediatric and elderly age groups

FLUCELVAX®

Developing a cell culture-derived QIV for the general population in global markets
Cell-culture offers potential benefits over egg-derived influenza vaccine

EGG- DERIVED
- Process well established and understood
- Long track record of safety and efficacy
- Efficient

CELL CULTURE
- Removes reliance on eggs
- Potential to increase capacity
  - substantial process improvements
  - greater scalability
- Improvements in seed selection
- Enhanced responsiveness, i.e., in a pandemic

Seed strains selected
Virus propagation in embryonated hens’ eggs
Virus harvested, concentrated and inactivated
Further purification and formulation
Filling, final testing and release

Seed strains selected for influenza A
Detergents to split whole virus
Purification

Seed strains selected
Virus propagation in mammalian cells
Virus harvested, concentrated and inactivated
Further purification and formulation
Filling, final testing and release

Sterile closed-system bioreactors, antibiotic-free vaccine production
AFLURIA®

Developing an egg-derived QIV for the general population in global markets
Reduced fever rate with Afluria® QIV in children

Comparison with Historical Fever Rates
5 - 8 years age group

- Afluria (NHF-04-05)
- Afluria (USF-06-29)
- Afluria (USF-07-36)
- Afluria TIV (Pooled*)
- Afluria TIV (USF-10-69)
- Fluzone (USF-07-36)
- Fluzone (USF-10-69)
- Fluarix (QIV-13-02)
- Afluria QIV (QIV-13-02)

* Pooled estimate from studies NHF-04-05, USF-10-69, USF-07-36

• In-depth scientific investigations ➔ manufacturing changes
• Comprehensive clinical program ➔ fever rates now equivalent to comparable marketed QIV
Longer Term Directions for Influenza Vaccine Innovation

Alternate routes of delivery

Novel sources of antigens

Universal vaccine

AN INFLUENZA VIRUS
Milestones Expected for 2017

Phase 3

- Afluria® QIV 6m-4yrs Safety & Immuno complete

Registration & Launch

- Fluad™ QIV 6m-5yrs Submission USA
- QIV Submission EU
- Afluria® QIV 6m-4yrs Submitted USA, AUS

Post Registration

- Fluad™ TIV 65yrs+ Approval UK
Summary
**Global**

**R&D Portfolio – December 2016**

<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>Life Cycle Management*</td>
<td>C1-INH New Indications</td>
<td>CSL699 rVIIa-FP Congen Def</td>
<td>CSL689 rVIIa-FP Inhibitors</td>
<td>HIZENTRA® CIDP</td>
<td>CSL842 C1-INH Transplant</td>
<td>Immunoglobulins</td>
</tr>
<tr>
<td></td>
<td>Fibrinogen New Formulations</td>
<td>CSL640 rIX-FP subcut</td>
<td></td>
<td>PRIVIGEN® Japan</td>
<td></td>
<td>Haemophilia</td>
</tr>
<tr>
<td></td>
<td>Haptoglobin/ Hemopexin</td>
<td>CSL312 Anti-FXIIa</td>
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<td>Hizentra® IIM</td>
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<td>Specialty Products</td>
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<tr>
<td>Market Development</td>
<td></td>
<td>CSL324 G-CSFR</td>
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<td>PRVIGN® CIDP US</td>
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<td>Influenza Vaccine</td>
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<td>PCC New Indications</td>
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<td>CSL840 C1-INH subcut</td>
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<td>RESPREEZA® EU/US</td>
</tr>
<tr>
<td>New Product Development</td>
<td>CSL626 D’D3 LA rVIII</td>
<td>CSL344 IL-13R* ASLAN</td>
<td>CSL362 IL-3R* AML Janssen</td>
<td>AFLURIA® QIV 5-17 US, AUS</td>
<td></td>
<td>VONCENTO® VWD EU</td>
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<tr>
<td></td>
<td>Next Gen Ig Formulations</td>
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<td>CSL112 apo-Al</td>
<td></td>
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<tr>
<td></td>
<td>Rec Coagulation Factors</td>
<td></td>
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<td>AFLURIA® QIV 18+ US &amp; AUS</td>
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</tr>
<tr>
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<td>P. gingivalis/POD OH-CRC</td>
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<td></td>
<td>FLUAD® TIV 65+ US</td>
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</tr>
<tr>
<td></td>
<td>Discovery Projects</td>
<td></td>
<td></td>
<td>FLUCELVAX® QIV 4+ US</td>
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<tr>
<td>Core Capabilities:</td>
<td>Immunoglobulins</td>
<td>Haemophilia</td>
<td>Specialty Products</td>
<td>Breakthrough Medicines</td>
<td>Vaccines &amp; IP</td>
<td></td>
</tr>
</tbody>
</table>

*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
Global

Expected Progress in next 12 Months

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

1. Enter Research
2. Enter Product Development & GLP Tox
3. Enter Phase I
4. Enter Phase II
5. Enter Phase III
6. Enter Register & Launch
7. Enter Post Registration

- CSL830
- HAEGARDA®
- US
- KCENTRA®
- Japan
- CSL346
- Anti-VEGFB
- CSL842 C1-INH Transplant
- CSL112 apoA-I
- CFLAD® QIV 6m-5yrs US
- AFLURIA® QIV 6m-5yr US, AUS
- PRIVIGEN® CIDP US/EU
- CSL830 EU
- AFSTYLA® EU
- AFSTYLA® Japan
- CSL830 HAEGARDA™ US
- KCENTRA® Japan

Regulatory

Global

Just getting started
## Significant Target Launch Dates

<table>
<thead>
<tr>
<th>Year</th>
<th>Products</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>PRIVIGEN® IsoLo</td>
<td>CIDP US CIDP Japan</td>
</tr>
<tr>
<td>2017</td>
<td>AFSTYLA® EU/Japan</td>
<td>CSL830 EU</td>
</tr>
<tr>
<td>2018</td>
<td>AFLURIA® QIV 6-17yr US</td>
<td>AFLURIA® QIV 6m-5yr US</td>
</tr>
<tr>
<td>2019</td>
<td>HIZENTRA® CIDP US/EU</td>
<td>HIZENTRA® CIDP Japan</td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td>CSL689 rVIIa-FP Prophylaxis</td>
</tr>
<tr>
<td>2021</td>
<td></td>
<td>CSL689 rVIIa-FP On Demand</td>
</tr>
</tbody>
</table>

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

* Calendar Years
### 2016 Highlights

#### Immunoglobulins
- PRIVIGEN® IsoLo® approved in major markets
- HIZENTRA® CIDP Phase III study (PATH) completed
- PATH supports efficacy of PRIVIGEN® in CIDP

#### Specialty Products
- C1-INH subcut (CSL830) Phase III (COMPACT) completed
- COMPACT demonstrates efficacy of CSL830 in HAE prophylaxis
- CSL830 BLA accepted for review by US FDA

#### Haemophilia
- IDELVION® registered in major markets
- IDELVION® is a new standard of care for haemophilia B
- AFSTYLA® registered in US; positive opinion in EU; submitted in JPN
- AFSTYLA® unique single chain design results in longer acting product

#### Breakthrough Medicines
- CSL112 (Apo A-1) Phase IIb study (AEGIS-I) completed
- CSL112 safely and rapidly elevates cholesterol efflux capacity
- Anti-GCSFR and anti-FXIIa mAbs Phase I studies commenced

#### Licensing & Vaccines
- AFLURIA® QIV registered in US & AUS in 18+ yrs
- FLUAD® TIV registered in US in 65+ yrs
- FLUCELVAX® QIV registered in US in 4+ yrs
Further Information

Presentation Playback
A webcast of the presentation can be accessed in the investors section of the CSL website.
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