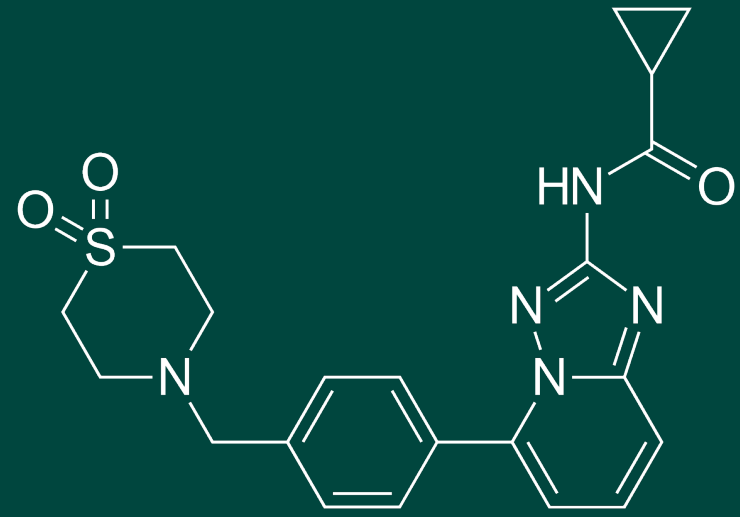
Filgotinib

Pipeline in a product opportunity



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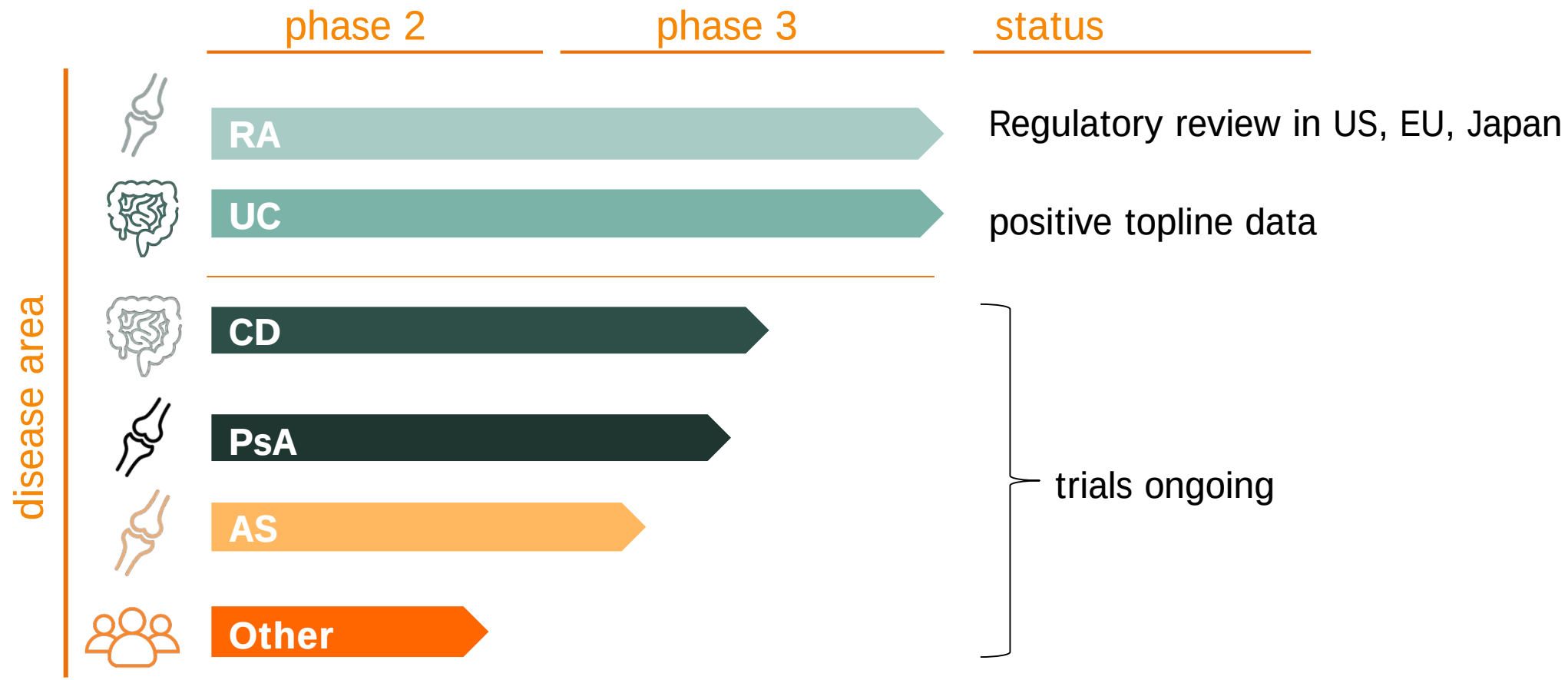
Filgotinib

potential for 5 launches in next 4 years



RA: rheumatoid arthritis; CD: Crohn's disease; UC: ulcerative colitis; AS: ankylosing spondylitis; PsA: psoriatic arthritis

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Positive CHMP* opinion for filgotinib in RA

- Scientific recommendation for marketing authorization in Europe
- Recommended availability of 100mg & 200mg tablet strengths
  - for RA patients with inadequate response or intolerance to 1 or more DMARDs**
  - monotherapy or in combination with methotrexate
- Based on Phase 3 FINCH and Phase 2 DARWIN RA data
  - Over 4,544 patient years' experience

Key step towards potential EU market authorization in Q3 2020

**European Medicines Agency's (EMA) Committee for Medicinal Products for Human Use (CHMP)*

***DMARDs: disease modifying anti-rheumatic drugs*

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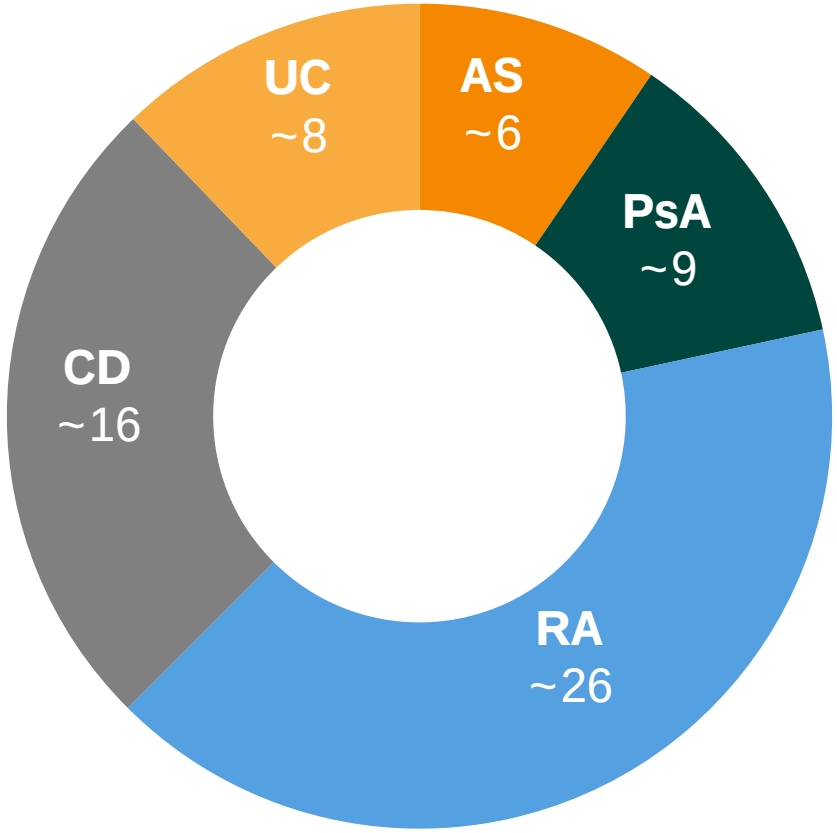
Gilead received a CRL in the US

- review of filgotinib finalized
- no approval in its current form
- data requested from the MANTA and MANTA RAy trials
- concerns expressed regarding 200mg dose

Global inflammation market $65B by 2027

Estimated market size, $B



RA: rheumatoid arthritis; CD: Crohn's disease; UC: ulcerative colitis; AS: ankylosing spondylitis; PsA: psoriatic arthritis
Source: Galapagos estimates, Decision Resources Group

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Phase 3 FINCH program in RA

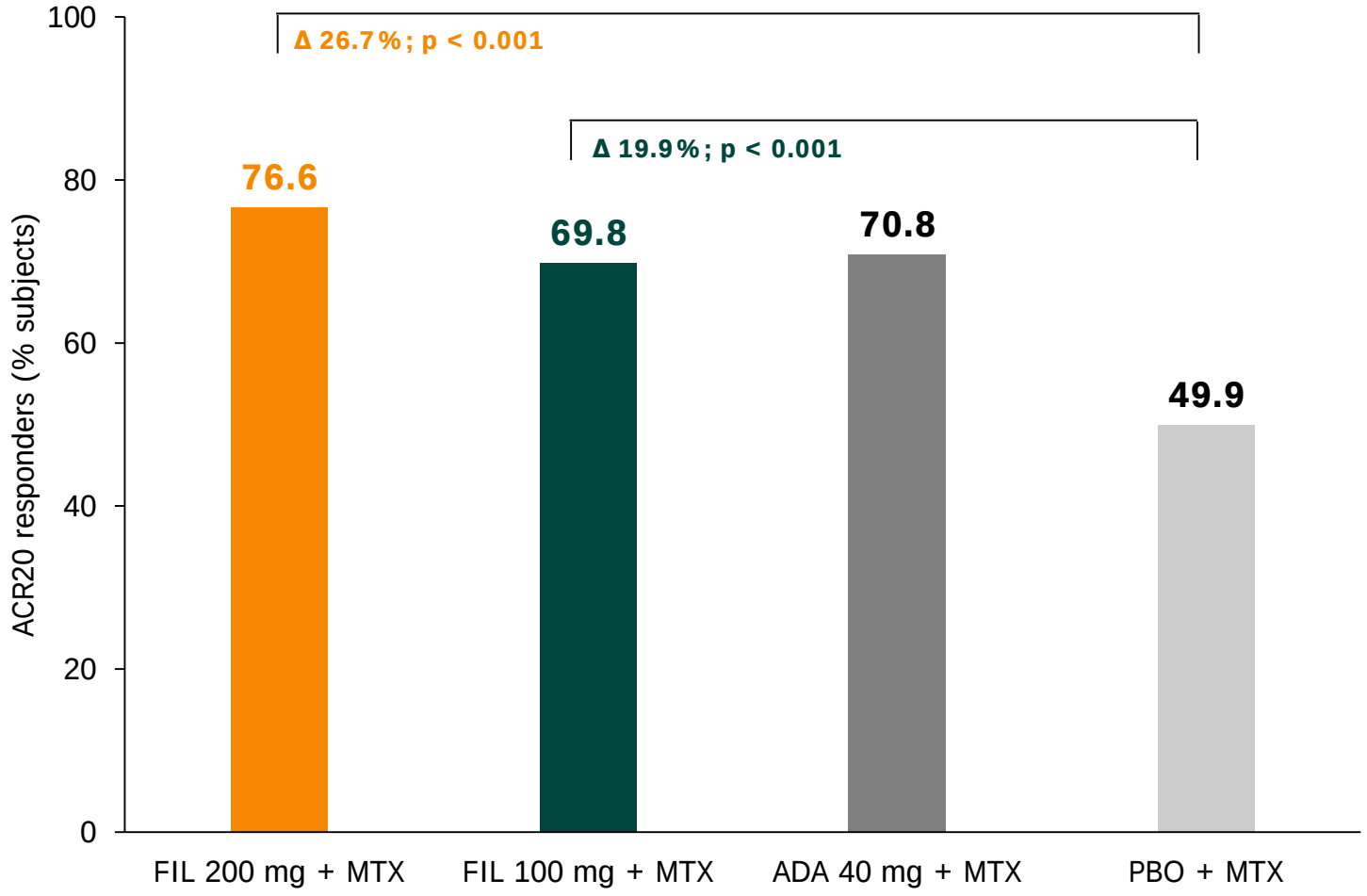
100 and 200 mg

FINCH 1: MTX-IR	1,759	52 weeks	ACR20 at W12 MTX add-on adalimumab control radiographic assessment
FINCH 2: biologic-IR	449	24 weeks	ACR20 at W12 cDMARD add-on
FINCH 3: MTX-naïve	1,252	52 weeks	ACR20 at W24 monotherapy, + MTX arms radiographic assessment

ACR20: primary endpoint

FINCH1

W12



FIL: filgotinib; ADA: adalimumab; MTX: methotrexate; PBO: placebo
Note: MTX-IR population (inadequate response to MTX); all arms were on a stable dose of MTX

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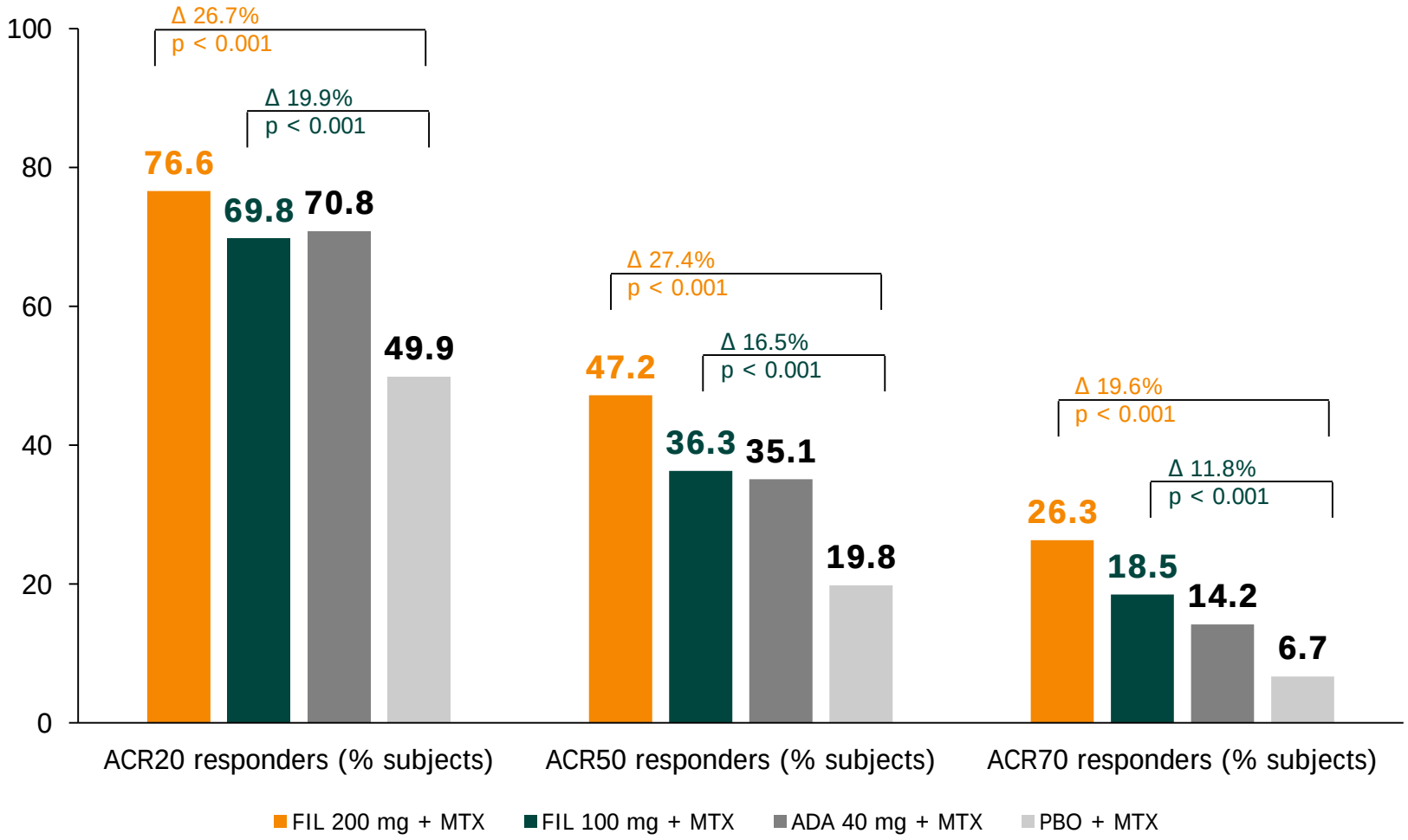
ACR20/50/70

FINCH1

W12



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Press release. Gilead Sciences, Inc. and Galapagos NV. March 28, 2019

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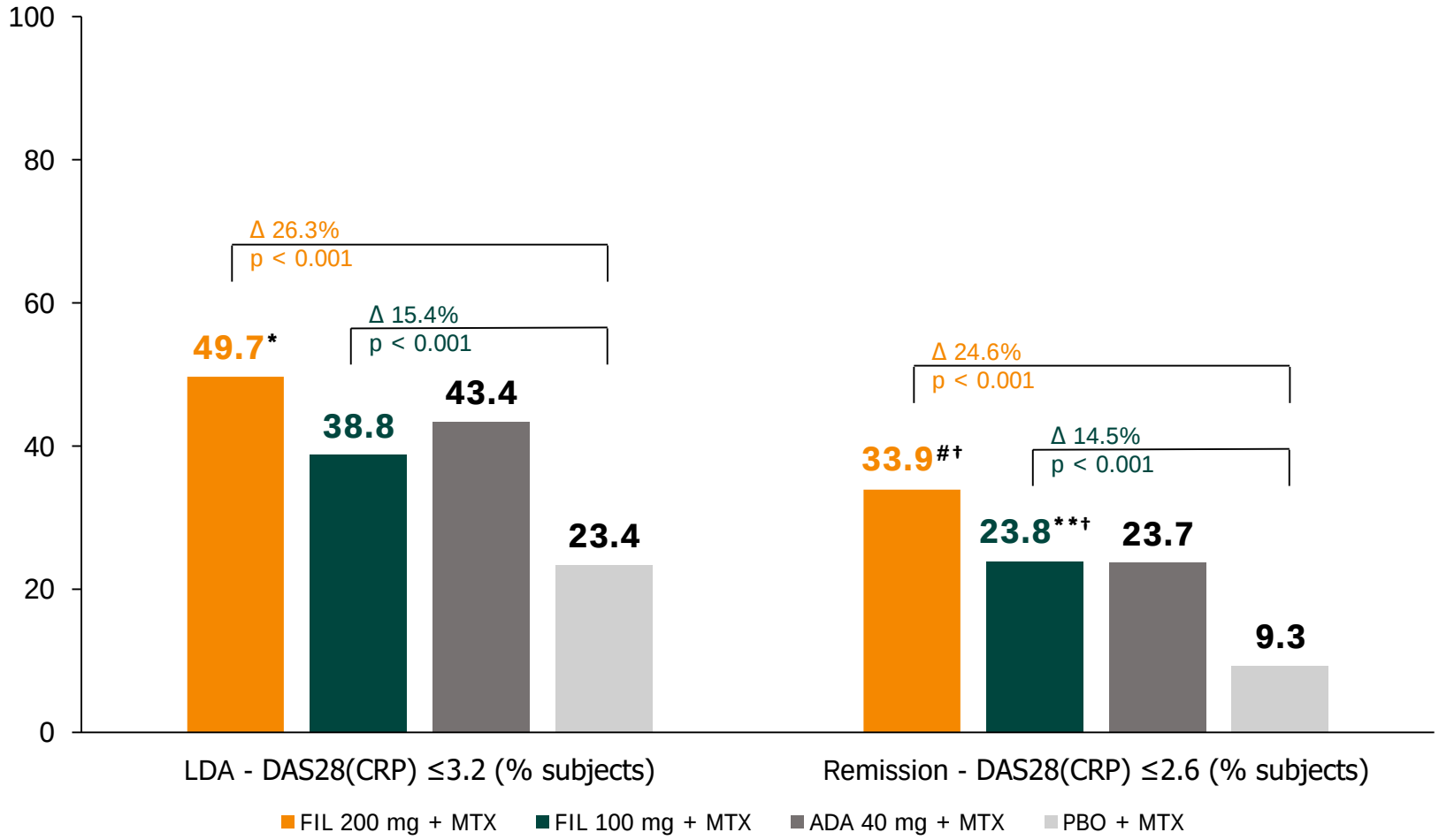
LDA & clinical remission

FINCH1

W12



**p<0.001, **p<0.01, non-inferiority to ADA; # p<0.01, superiority to ADA; † Comparison not adjusted for multiplicity*
FIL: filgotinib; ADA: adalimumab; MTX: methotrexate; PBO: placebo; CRP: C-reactive protein; DAS: disease activity score; LDA: low disease activity
Note: MTX-IR population (inadequate response to MTX); all arms were on a stable dose of MTX
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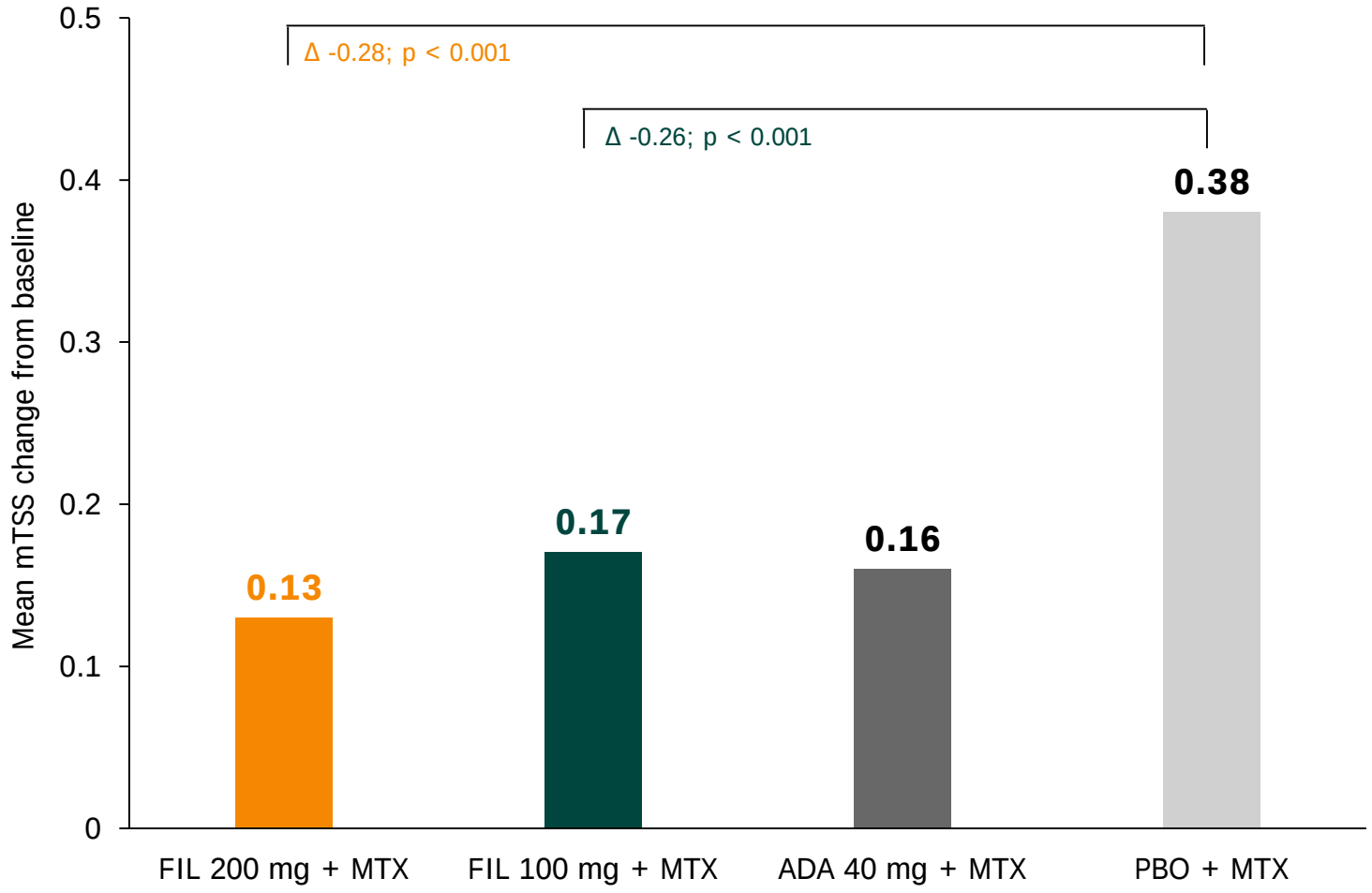
Radiographic progression

FINCH1

W24



FIL: filgotinib; ADA: adalimumab; MTX: methotrexate; PBO: placebo; mTSS: modified total Sharp scores
Note: MTX-IR population (inadequate response to MTX); all arms were on a stable dose of MTX

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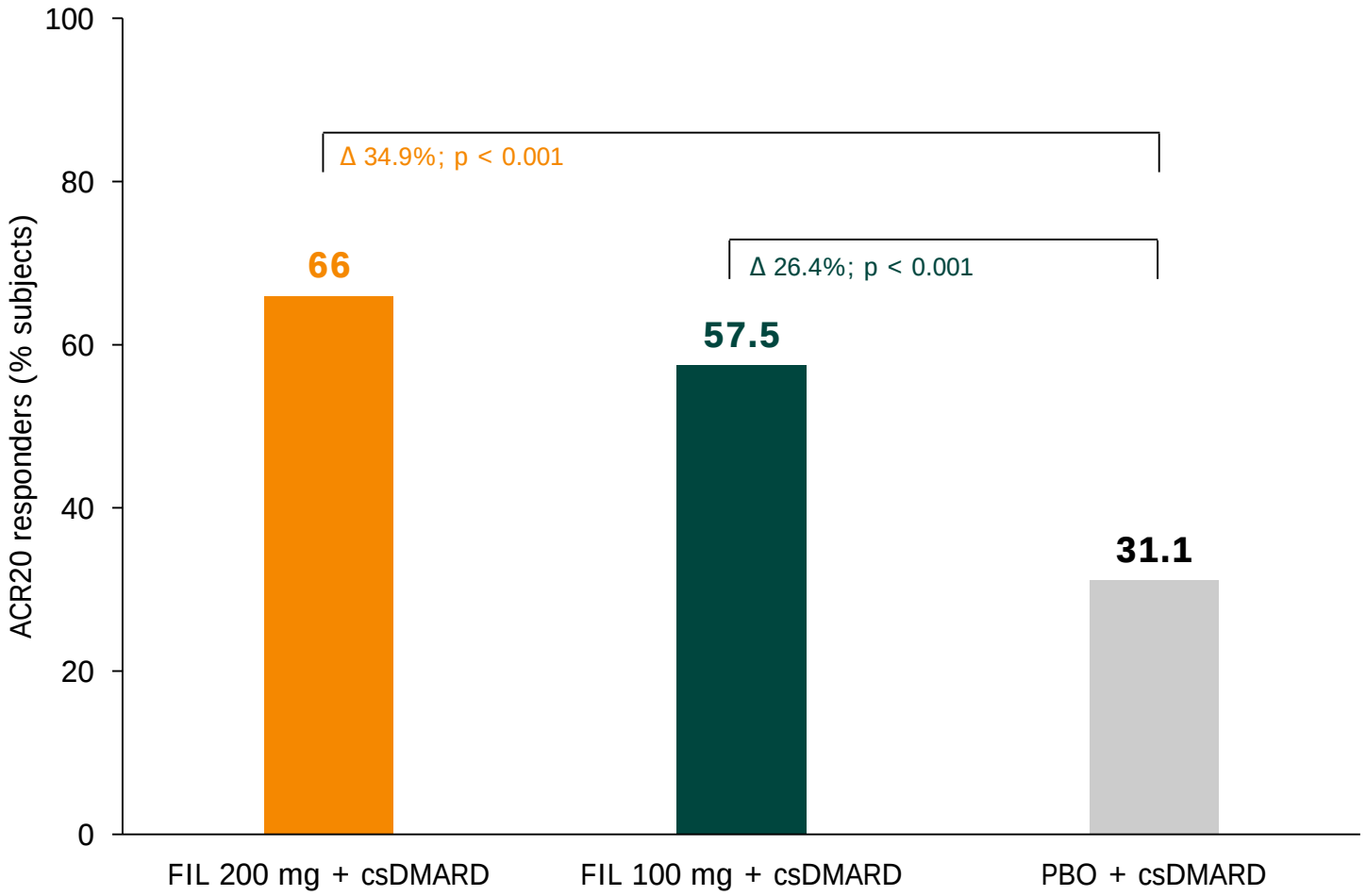
ACR20: primary endpoint

FINCH 2

W12



FIL: filgotinib; MTX: methotrexate; PBO: placebo; csDMARD: conventional synthetic disease-modifying antirheumatic drug
Note: MTX-IR population (inadequate response to MTX); all arms were on a stable dose of MTX
Data derived from Genovese MC, et al. ACR Annual Meeting 2018; abstract L06; poster presentation

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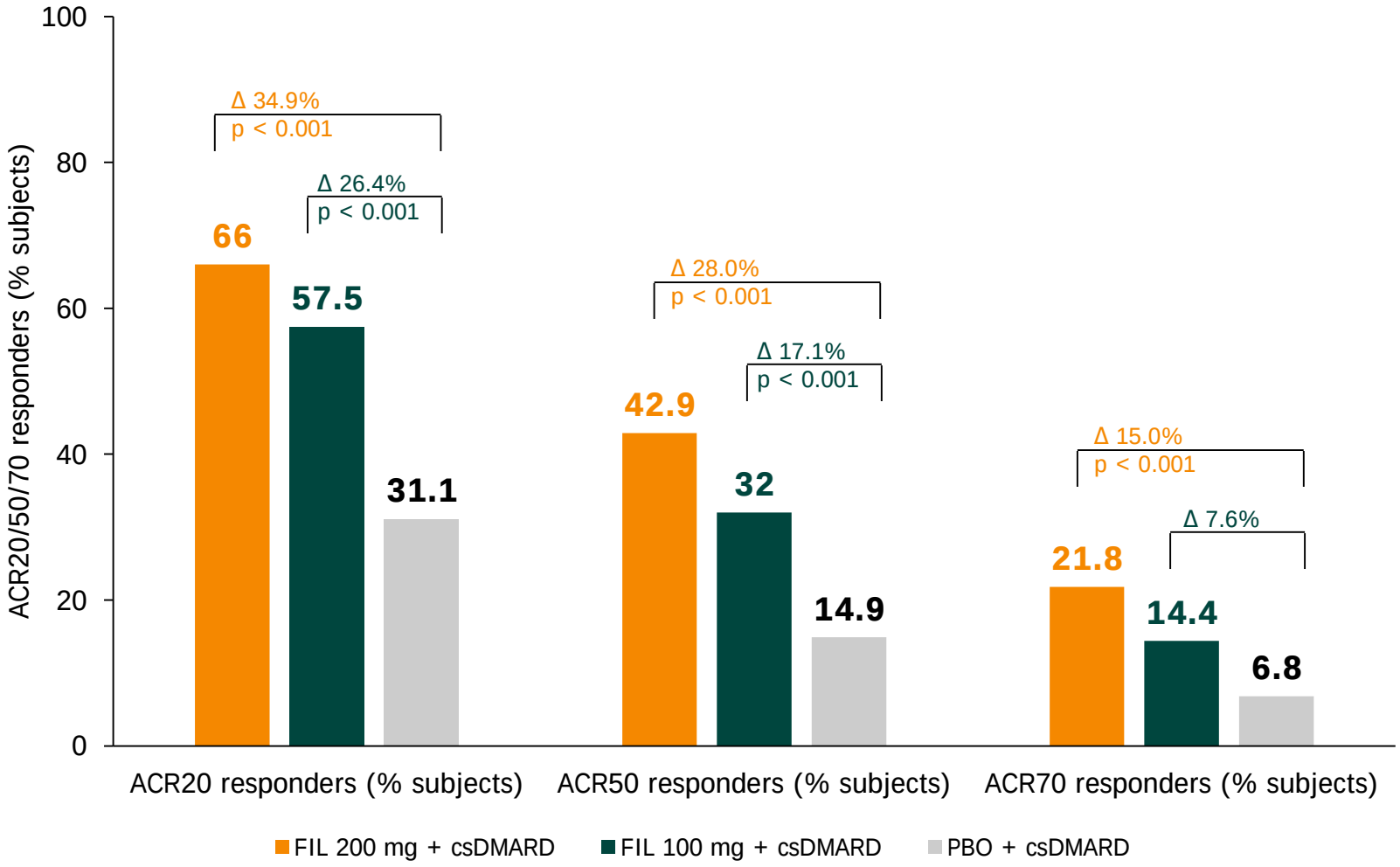
ACR20/50/70

FINCH 2

W12



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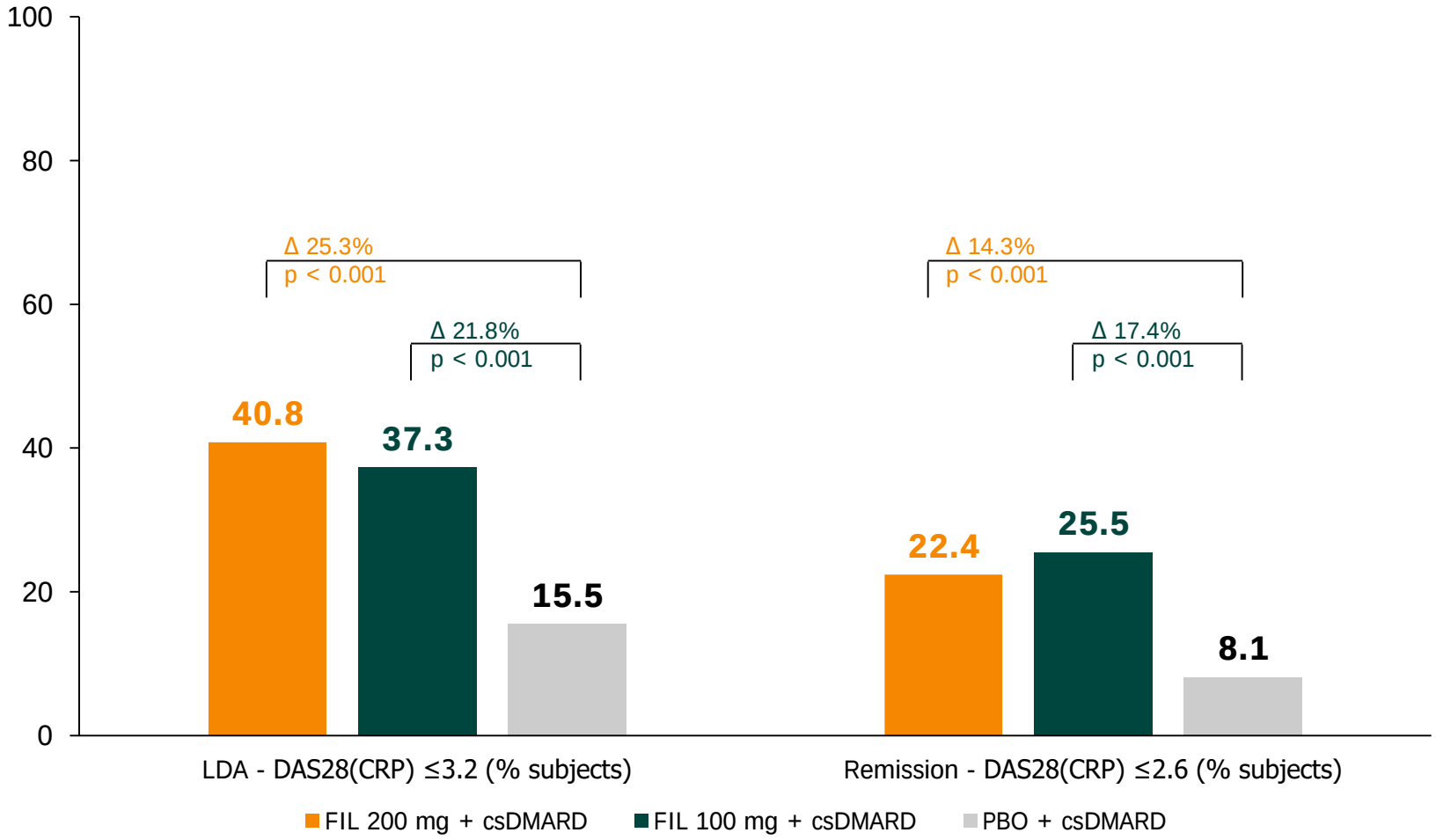
LDA & clinical remission

FINCH 2

W12



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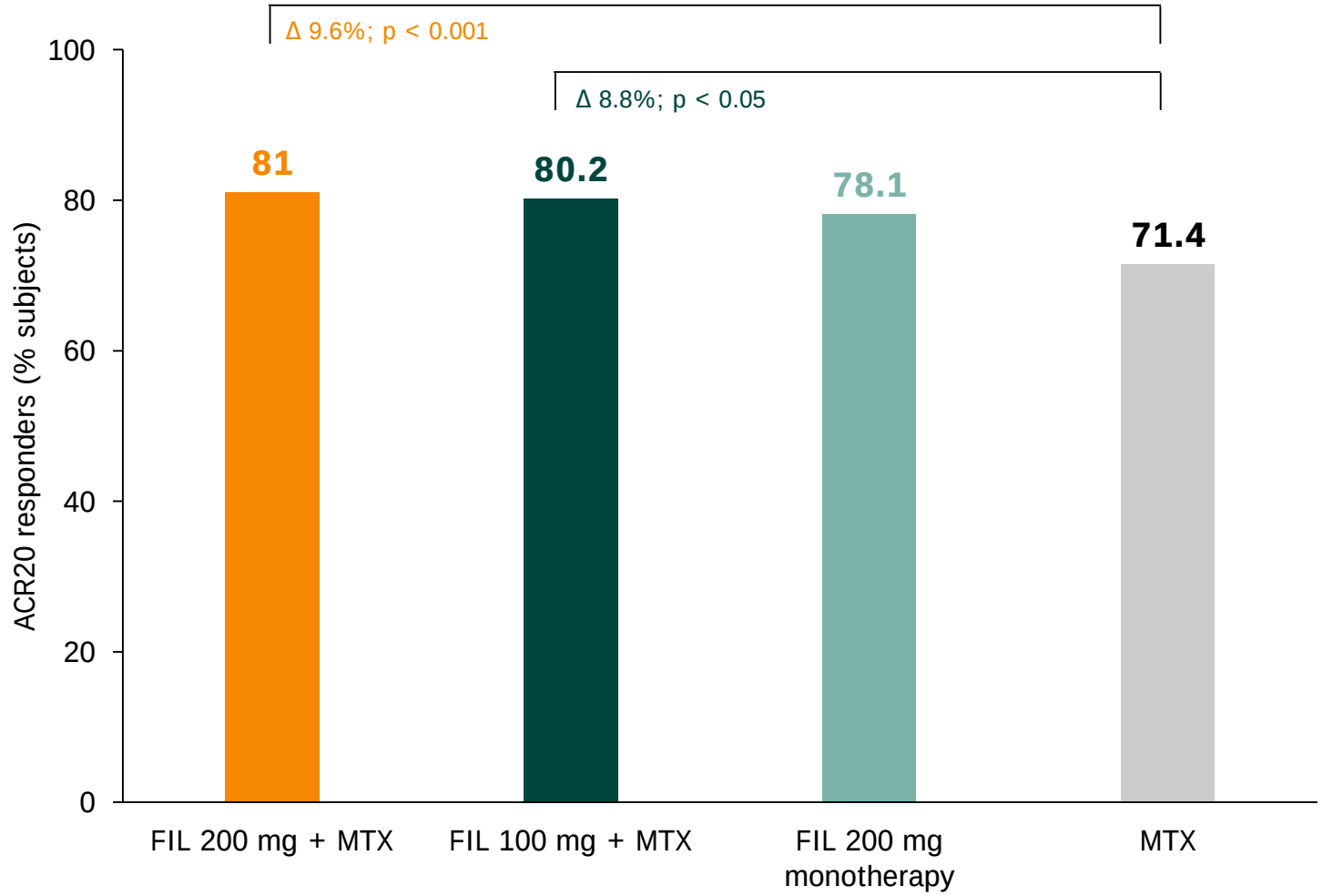
ACR20: primary endpoint

FINCH3

W24



FIL: filgotinib; MTX: methotrexate; PBO: placebo
Note: MTX-naïve population

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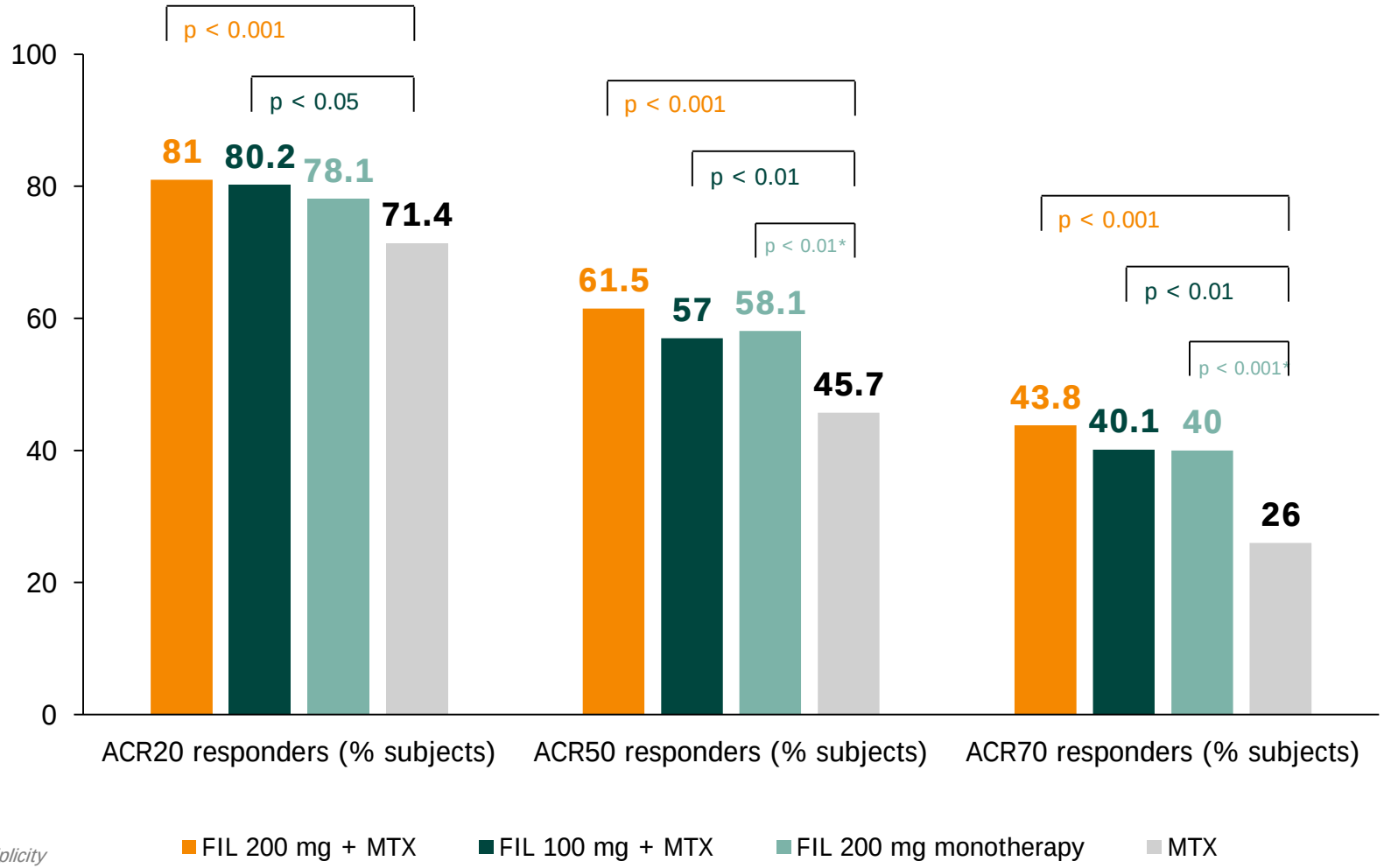
ACR20/50/70

FINCH3

W24



**Comparison not adjusted for multiplicity*
FIL: filgotinib; MTX: methotrexate; PBO: placebo
Note: MTX-naïve population
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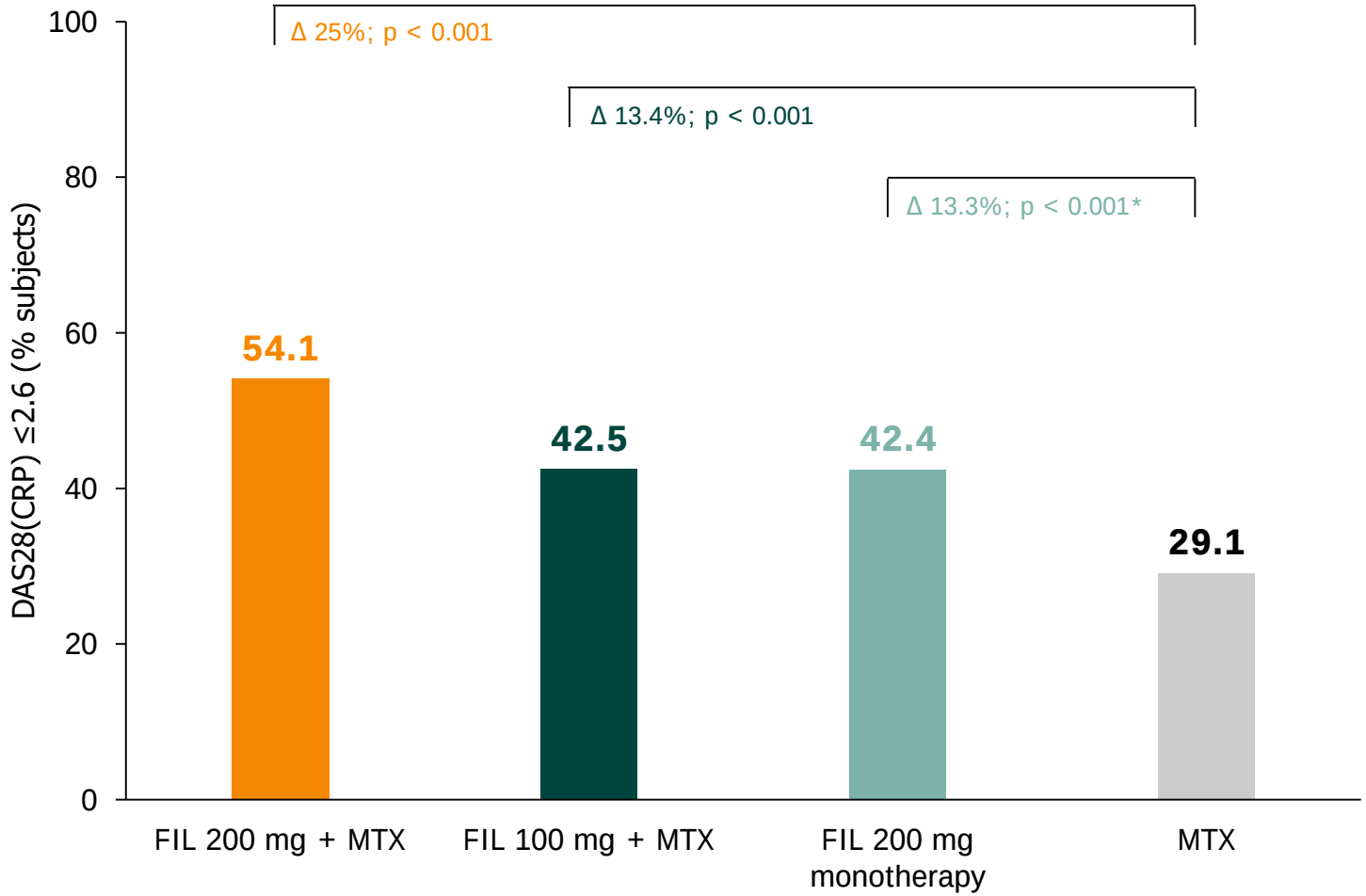
Clinical remission

FINCH3

W24



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Note: MTX-naïve population
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Filgotinib’s JAK1 inhibition addresses inflammation…

Active in MTX-naïve to bDMARD-IR patients

Treatment effect maintained (156 weeks)

Clinical benefits seen early

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…without liabilities of off-target effects

FINCH program up to week 24

n (%)	PBO / MTX	adalimumab 40 mg EOW	filgotinib total
	N=1039	N=325	N=2088
serious infection	10 (1.0)	8 (2.5)	**29 (1.4)**
herpes zoster	4 (0.4)	2 (0.6)	**12 (0.6)**
DVT/PE	3 (0.3)	0 (0)	**1 (<0.1)^**
deaths	2 (0.2)	0 (0)	**4 (0.2)**

^ = excludes 1 case of retinal vein occlusion
Source: Winthrop et al., ACR 2019; Kavanaugh et al., ACR 2019

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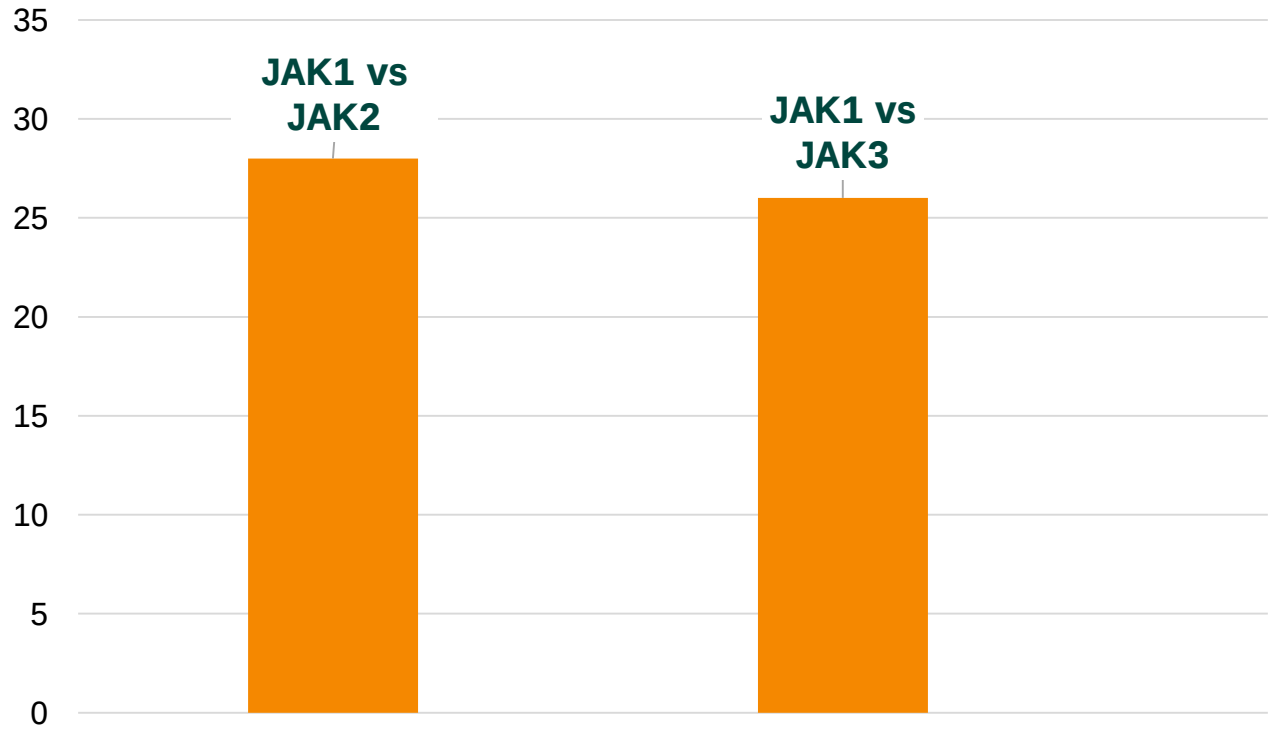
Filgotinib selectivity



From: "Ex Vivo Comparison of Baricitinib, Upadacitinib, Filgotinib, and Tofacitinib for Cytokine Signaling in Human Leukocyte Subpopulations," McInnes et al, ACR 2017

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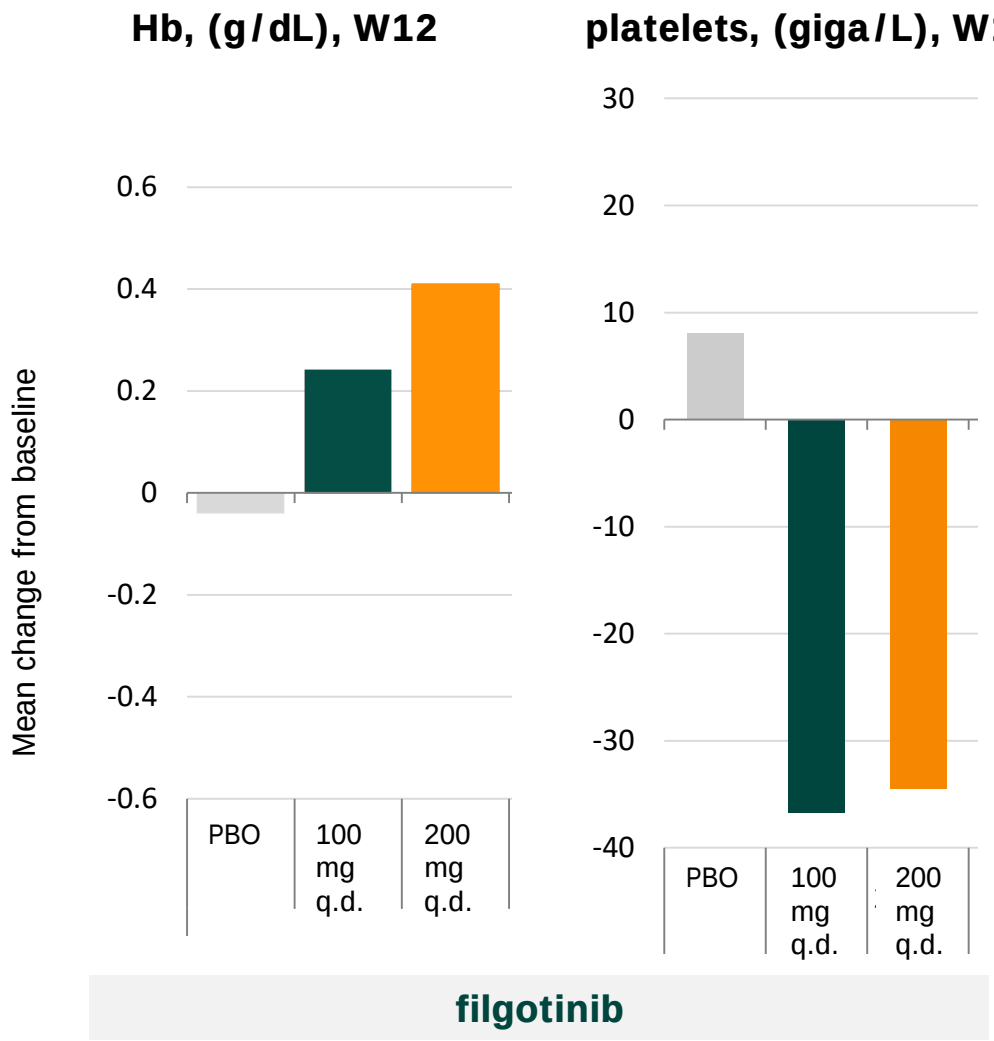
Normalizing RA laboratory abnormalities



Note: Data above derived from Westhovens et al, and Kavanaugh et al

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