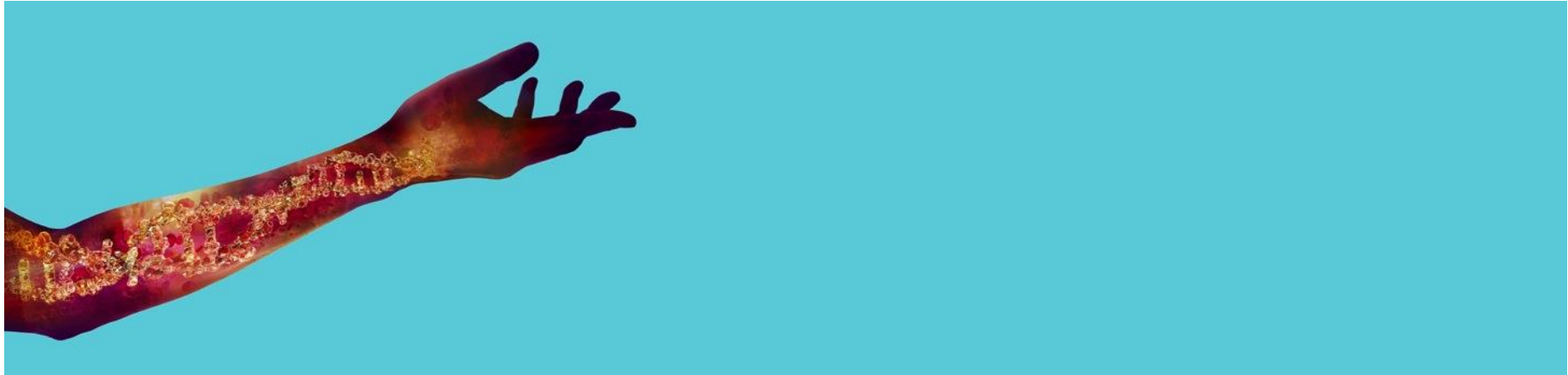


# H1 Results

*30 July 2015*



# Forward-looking statements

In order, among other things, to utilise the 'safe harbour' provisions of the US Private Securities Litigation Reform Act 1995, we are providing the following cautionary statement:

This document contains certain forward-looking statements with respect to the operations, performance and financial condition of the Group, including, among other things, statements about expected revenues, margins, earnings per share or other financial or other measures. Although we believe our expectations are based on reasonable assumptions, any forward-looking statements, by their very nature, involve risks and uncertainties and may be influenced by factors that could cause actual outcomes and results to be materially different from those predicted. The forward-looking statements reflect knowledge and information available at the date of preparation of this document and AstraZeneca undertakes no obligation to update these forward-looking statements. We identify the forward-looking statements by using the words 'anticipates', 'believes', 'expects', 'intends' and similar expressions in such statements. Important factors that could cause actual results to differ materially from those contained in forward-looking statements, certain of which are beyond our control, include, among other things: the loss or expiration of, or limitations to, patents, marketing exclusivity or trademarks, or the risk of failure to obtain and enforce patent protection; the risk of substantial adverse litigation/government investigation claims and insufficient insurance coverage; effects of patent litigation in respect of IP rights; exchange rate fluctuations; the risk that R&D will not yield new products that achieve commercial success; the risk that strategic alliances and acquisitions, including licensing and collaborations, will be unsuccessful; the impact of competition, price controls and price reductions; taxation risks; the risk of substantial product liability claims; the impact of any delays in the manufacturing, distribution and sale of any of our products; the impact of any failure by third parties to supply materials or services; the risk of failure of outsourcing; the risks associated with manufacturing biologics; the risk of delay to new product launches; the difficulties of obtaining and maintaining regulatory approvals for products; the risk of failure to adhere to applicable laws, rules and regulations; the risk of failure to adhere to applicable laws, rules and regulations relating to anti-competitive behaviour; the risk that new products do not perform as we expect; failure to achieve strategic priorities or to meet targets or expectations; the risk of an adverse impact of a sustained economic downturn; political and socio-economic conditions; the risk of environmental liabilities; the risk of occupational health and safety liabilities; the risk associated with pensions liabilities; the risk of misuse of social media platforms and new technology; the risks associated with developing our business in emerging markets; the risk of illegal trade in our products; the risks from pressures resulting from generic competition; the risk of failure to successfully implement planned cost reduction measures through productivity initiatives and restructuring programmes; economic, regulatory and political pressures to limit or reduce the cost of our products; the risk that regulatory approval processes for biosimilars could have an adverse effect on future commercial prospects; the impact of failing to attract and retain key personnel and to successfully engage with our employees; the impact of increasing implementation and enforcement of more stringent anti-bribery and anti-corruption legislation; and the risk of failure of information technology and cybercrime. Nothing in this presentation / webcast should be construed as a profit forecast.



# Agenda

**Overview**

Pascal Soriot



**Products**

Luke Miels



**Finance**

Marc Dunoyer



**Lung cancer**

Mondher Mahjoubi



**Closing**

Pascal Soriot



# Key results & status

- **Total Revenue \$12.4bn, +1%**
  - Six consecutive quarters of top-line growth
  - Growth platforms +11%, now 56% of total<sup>1</sup>
- **Core EPS \$2.29, stable**
  - Core SG&A ratio<sup>1</sup> continued to decline
- **Continuous strong newsflow**
  - *Iressa* approval (US); AZD9291 regulatory submission
  - Strong immuno-oncology combination data at ASCO 2015
  - Now 15 NMEs in Phase III or Registration

**FY 2015 Total Revenue guidance at CER improved:  
Now expected to decline by low single-digit percent**

1. As a percent of Total Revenue  
Total Revenue and Core EPS at actual exchange rates. Growth rates at constant exchange rates (CER)



# Strong Q2 pipeline newsflow

## Achieving scientific leadership

- **Iressa** approval (US); **AZD9291** regulatory submission
- **Brilinta** post-MI Priority Review (US)
- Regulatory submission acceptances: **CAZ AVI** (EU), **cediranib** (EU)
- **selumetinib** Phase III did not meet primary endpoint
- **PT010, anifrolumab** Phase III starts
- **durvalumab** (MEDI4736)
  - Key trial decisions in NSCLC 1L, gastric, pancreas and bladder cancers
  - Celgene strategic collaboration in haematology unlocks additional value

## On track to deliver 7-8 potential regulatory submissions for new medicines in 2015-2016

<b>CAZ AVI</b> (CEPH/BLI) serious infections ✓	
<b>cediranib</b> (VEGFR) ovarian cancer (EU) ✓	
<b>selumetinib</b> (MEK) uveal melanoma ✗	
<b>AZD9291</b> (EGFR) NSCLC 2L T790M ✓	
<b>brodalumab</b> (IL17R) psoriasis	
<b>PT003</b> (LAMA/LABA) COPD	
<b>2015</b>	
	<b>savolitinib</b> (MET) papillary renal cell cancer
	<b>tremelimumab</b> (CTLA-4) mesothelioma
	<b>durvalumab</b> (PD-L1) NSCLC 3L
	<b>roxadustat</b> (HIF-PHI) CKD / ESRD (China)
	<b>benralizumab</b> (IL-5R) severe asthma
	<b>2016</b>



# Growth platforms continue to deliver

## Core EPS reflects SG&A focus, higher R&D

	H1 2015 \$m	% change	Q2 2015 \$m	% change
Total Revenue	12,364	+1	6,307	+2
Core EPS	\$2.29	-	\$1.21	+3

Growth platforms +11%; 56% of Total Revenue

**FY 2015 Total Revenue guidance at CER improved:  
Now expected to decline by low single-digit percent**








# Products

## Luke Miels

EVP, Global Product & Portfolio Strategy and Corporate Affairs



# Growth platforms: Underpinning confidence in goals

	H1 2015 \$m	% change	Q2 2015 \$m	% change
<b>Growth platforms</b>	<b>6,899</b>	<b>+11</b>	<b>3,494</b>	<b>+10</b>
 Respiratory	2,468	+9	1,225	+11
 <i>Brilinta/Brilique</i>	275	+42	144	+38
 Diabetes	1,061	+32	573	+21
 Emerging Markets	2,967	+14	1,434	+9
 Japan	977	+2	522	+6

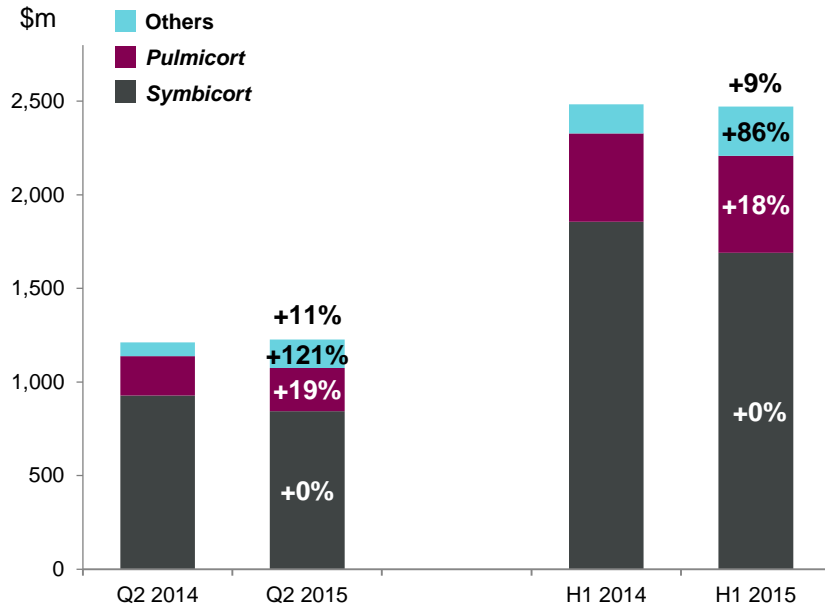
Product Sales at actual exchange rates. Growth rates at constant exchange rates (CER)





# Respiratory: Continued franchise growth

## Strong Q2 supported by new products



Product Sales at actual exchange rates. Growth rates at constant exchange rates (CER)

## Emerging markets strength

### **Symbicort**

- US stable despite formulary change; market share increased. EU sales reduced by competition from analogues
- Emerging Markets +28%; China +64%. Gradually unlocking large potential

### **Pulmicort**

- Emerging Markets +37%; China +43%

### **New products**

- *Tudorza/Eklira, Duaklir & Daliresp* good uptake



# Respiratory: Expanding breadth & depth of patient offering

Current  
franchise

**+9%**

Expanded presence  
*Tudorza/Eklira*  
*Duaklir*  
*Daliresp*

Strong growth in  
Emerging Markets

Further  
expansion

**PT003**  
(LAMA/LABA) COPD  
**NEW:** Upcoming regulatory  
submission acceptance

**PT010**  
(LAMA/LABA/ICS) COPD  
**NEW:** First patient dosed in  
Phase III programme  
2018 regulatory submission

**AZD0548**  
(LABA) asthma/COPD,  
Phase II

**AZD8999**  
(MABA) asthma, COPD, Phase I

Potentially disease-  
modifying

Biologics

**benralizumab (IL5R)**  
**severe asthma,  
COPD**

**NEW:** Asthma fully recruited  
2016 regulatory submission

**tralokinumab (IL13)**  
**severe asthma, IPF**  
**NEW:** CDx deal with Abbott  
2018 regulatory submission

Inhaled

**AZD7624**  
(p38 inhibitor)  
COPD, Phase II

**AZD9412**  
(IFN- $\beta$ ), asthma,  
COPD, Phase II

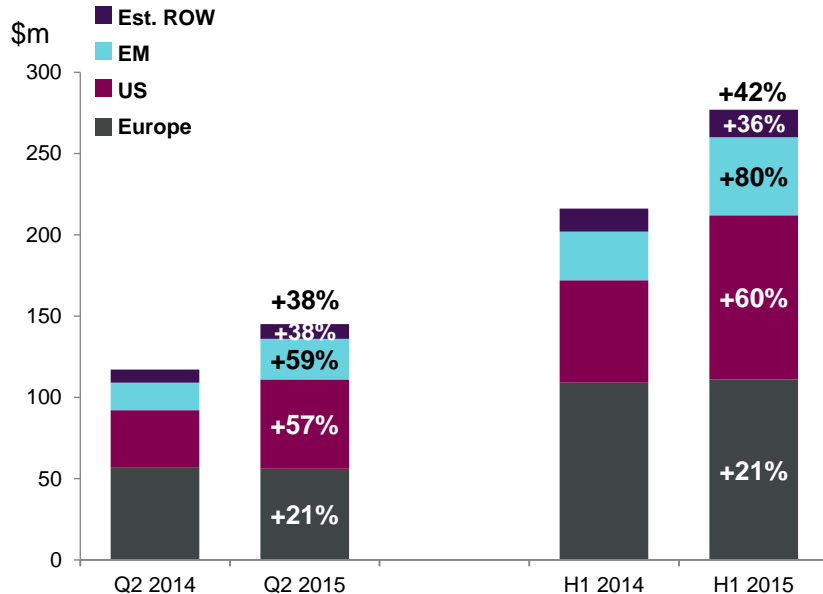
**AZD1419**  
(TLR9)  
asthma, Phase I

**AZD7594**  
(SGRM), asthma,  
COPD, Phase I

New growth opportunities in established markets  
that transition to Emerging Markets over time

# Brilinta/Brilique: Continued global growth

## Solid growth in all markets



1. Peripheral Arterial Disease  
Product Sales at actual exchange rates. Growth rates at constant exchange rates (CER)

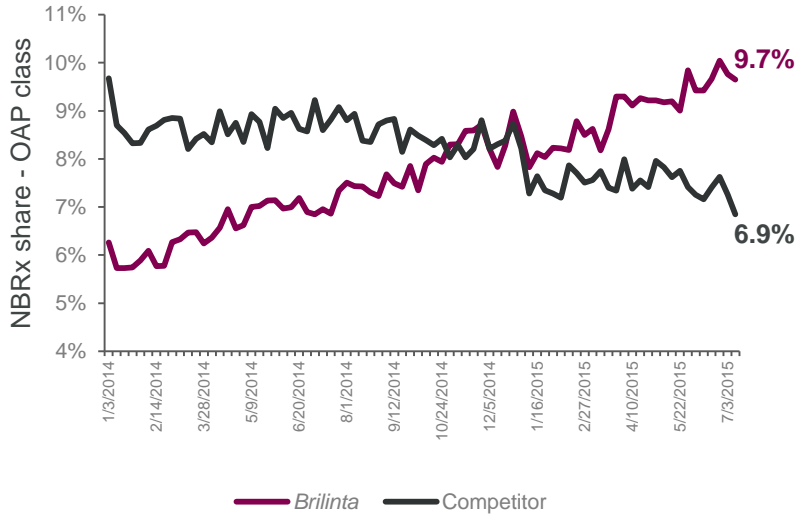
## Next outcomes trial: Stroke (SOCRATES)

- Consistent growth; particular strength in Emerging Markets
- US: Achieved 10% new-to-brand market share in June
- PEGASUS trial: Priority review designation and updated label expected Q3 2015 (US), updated guidelines expected H2 2015 (US, EU)
- Upcoming newsflow: Phase III SOCRATES (stroke) H1 2016; EUCLID (PAD<sup>1</sup>) end-2016

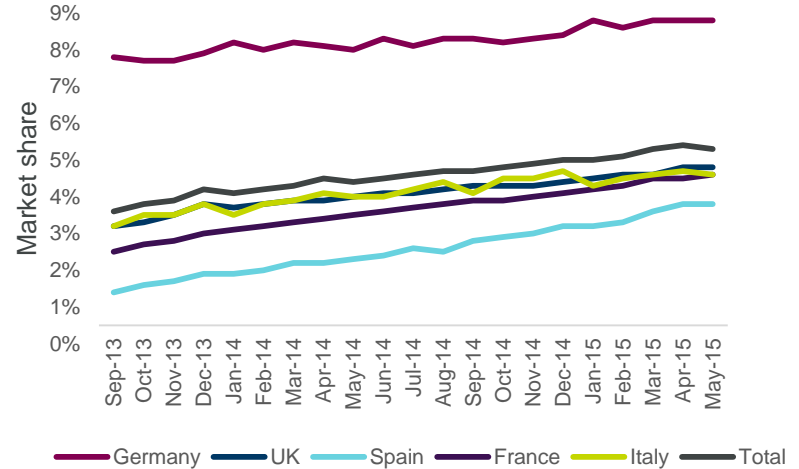


# Brilinta/Brilique: Continued global growth

US oral anti-platelet class market share  
new-to-brand prescriptions (NBRx)



EU market share  
days on therapy/volume



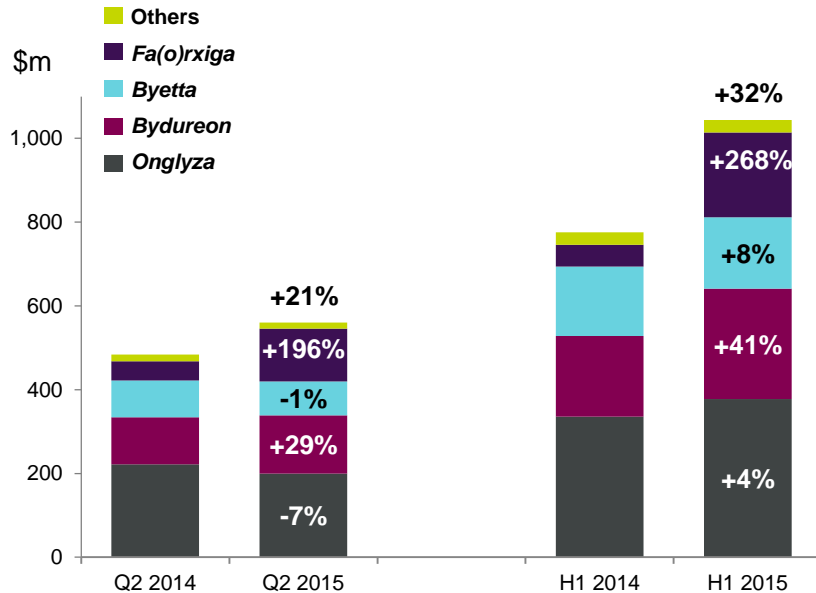
Source: IMS Health NPA market dynamics (retail only)

Source: IMS Health MIDAS



# Diabetes: Maximising a truly global franchise

## Q2 growth normalised at high level



Product Sales at actual exchange rates. Growth rates at constant exchange rates (CER)

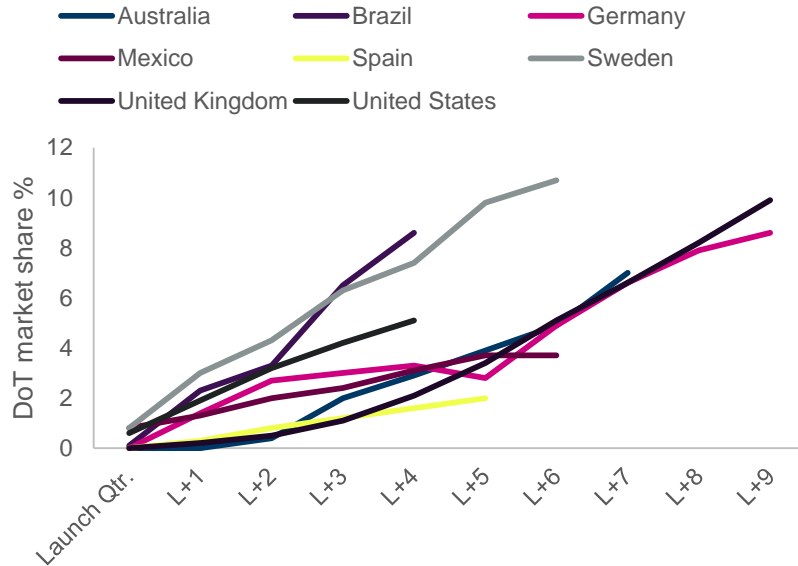
## Growth driven by product launches & EMs

- Continued strong *Fa(o)rxiga* performance in all markets, including metformin-combinations
  - *Onglyza* US demand lower. Growth in all other significant markets, including benefit from metformin-combinations
- Regulatory: Awaiting US label update
- *Bydureon* US fuelled by strong performance of Pen device. Pen launch progressing in EU/RoW



# Diabetes: Ongoing launches

## Fa(o)rxiga: Increasingly global success

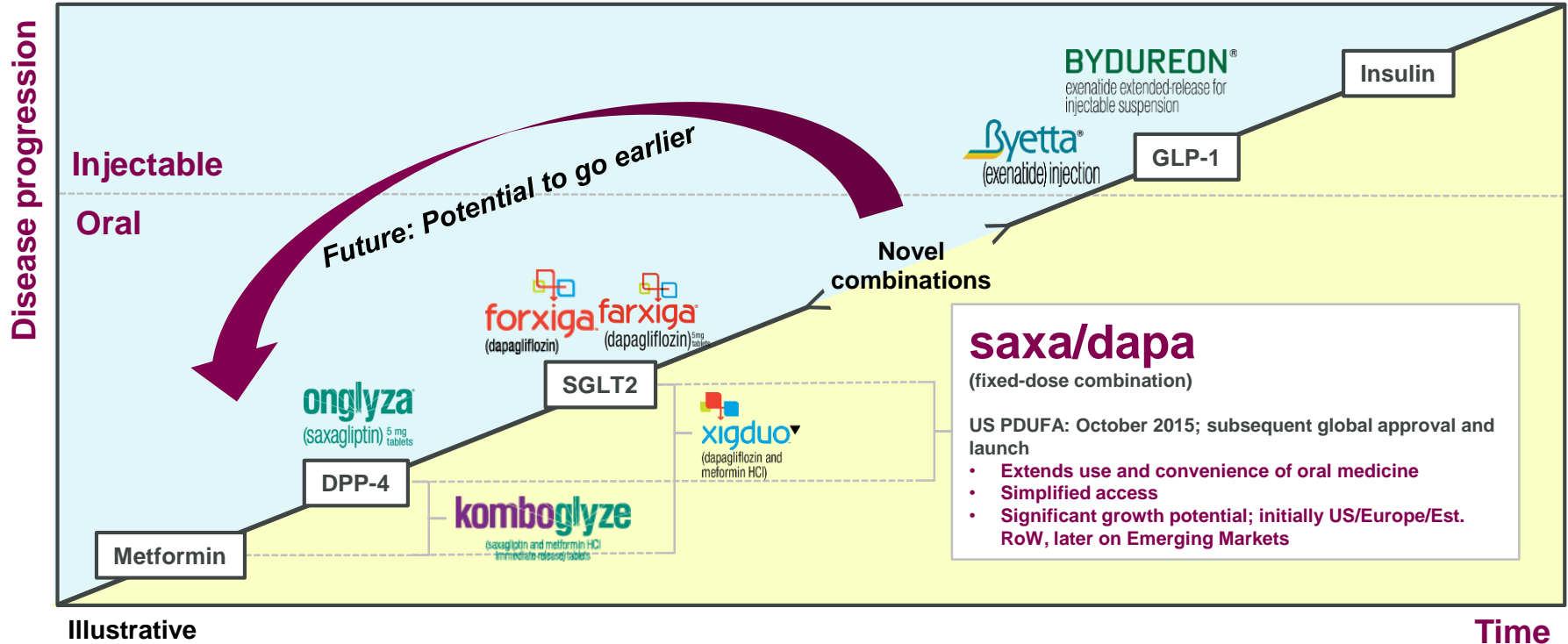


## Bydureon Pen: Continued progress

- US launch progressing well; now 55-60% conversion to pen
- End Q2: Launched in US, EU5, Japan, Ireland, Finland, Denmark, Sweden, Norway, Romania, Bulgaria, Netherlands and Austria
- H2 2015: Further launches in the rest of the EU and in select RoW markets



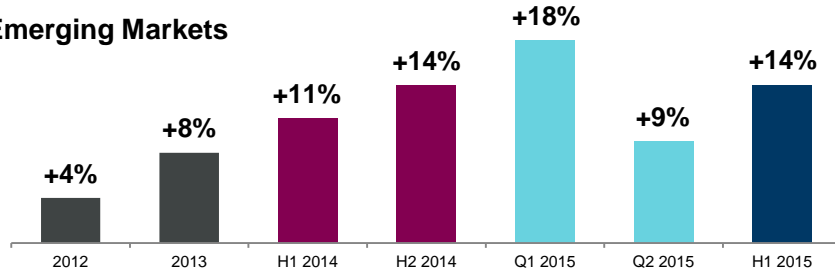
# Diabetes: Towards better combination treatments



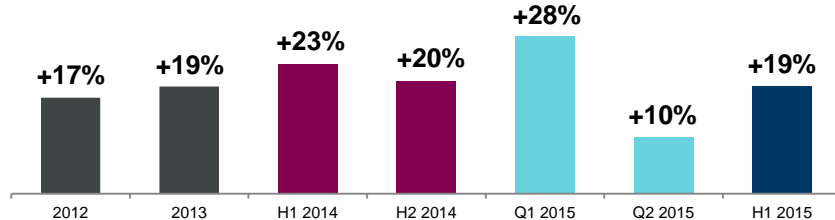
# Emerging Markets: Q2 growth normalised

## Growth continues at high level

### Emerging Markets



### China



Growth rates at constant exchange rates (CER)

## Broad-based growth in EMs

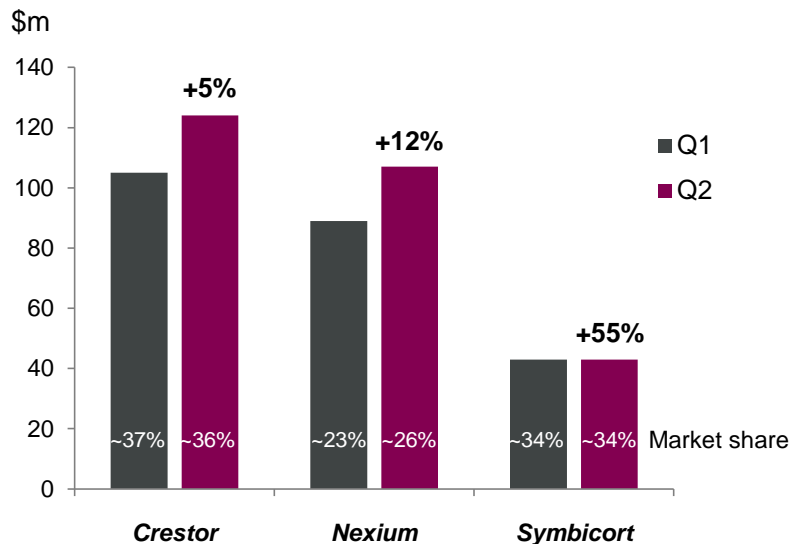
- Growth normalised in Q2 (+9%) in line with long-term view
- **Respiratory** +30%, driven by *Pulmicort* and *Symbicort*
- **Brilinta** +80%
- **Diabetes** +88%, driven by *Forxiga* and *Onglyza*
- **Oncology** +18%





# Japan: Return to growth in Q2

## Key growth brands



## Return to growth

- Product Sales +2% (Q2: +6%)
- Growth brands all performing well
- AZD9291 regulatory submission expected in Q3 2015

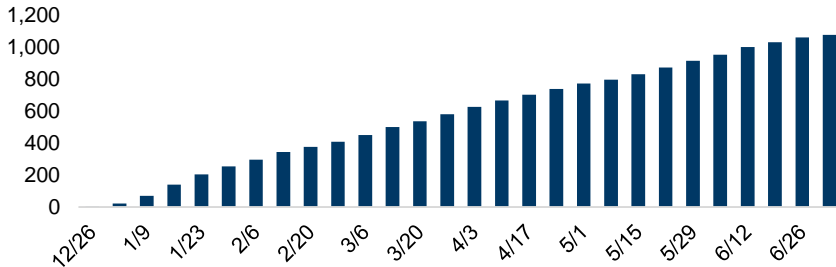


# Launch medicines: Making further inroads

## Lynparza

BRCA-mutated advanced ovarian cancer

US cumulative new patient starts



- Product Sales \$30m (>85% US)
- End Q2: Launched in US, France, Denmark, Sweden, Germany, Luxembourg, Netherlands, Austria, Finland and Norway

## Movantik/Moventig

Opioid-induced constipation

- US launch April 2015 (co-commercialisation with Daiichi Sankyo from May)
- Ongoing launches in Nordic countries
- Additional launches in H2 2015: UK, Ireland, Germany, Switzerland, Canada



# Finance

**Marc Dunoyer**

Chief Financial Officer



# H1 2015: Robust underlying performance

- Total Revenue +1%
  - Core Gross Margin over 83%, up 1% point
  - Q2 Core SG&A reduced relative to Total Revenue
  - Strong results underpin sustained investment in Core R&D
- **FY 2015 Total Revenue guidance at CER improved:  
Now expected to decline by low single-digit percent (prior guidance - mid single-digit)**
  - **Core EPS guidance at CER is unchanged: Expected to increase by low single-digit percent, reflecting the continued accelerated investment in R&D**



# Profit & Loss

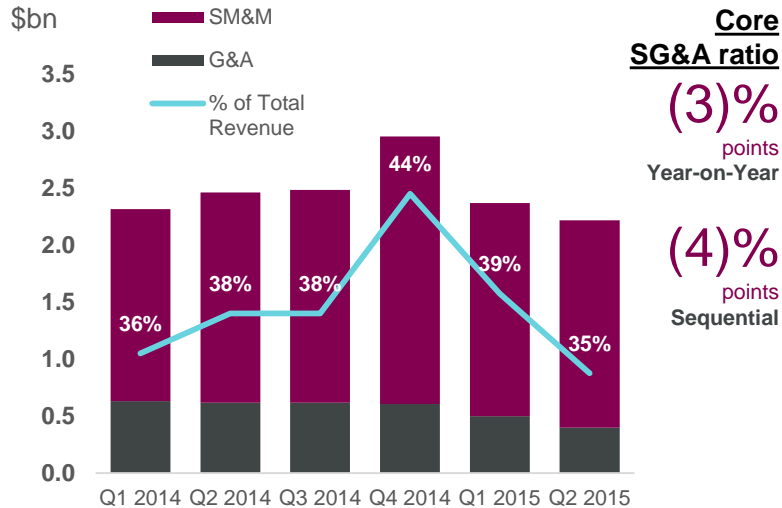
	H1 2015 (\$m)	Change (%)	% Total Revenue	Q2 2015 (\$m)	Change (%)
<b>Total Revenue</b>	<b>12,364</b>	<b>+1</b>		<b>6,307</b>	<b>+2</b>
Product Sales	11,584	(2)	94	5,836	(1)
Externalisation Revenue	780	+124	6	471	+54
Core Cost of Sales	(1,918)	(7)	16	(965)	(7)
Core Gross Profit	10,446	+3	83 <sup>1</sup>	5,342	+4
Core R&D	(2,636)	+24	21	(1,356)	+23
Core SG&A	(4,584)	+4	37	(2,216)	(1)
Core Tax Rate	14%	(2)% points		10%	(4)% points
<b>Core EPS</b>	<b>\$2.29</b>	<b>-</b>		<b>\$1.21</b>	<b>+3</b>

1. Gross Profit as % of Total Revenue reflects Gross Profit derived from Product Sales, divided by Product Sales Financials at actual exchange rates. Growth rates at constant exchange rates (CER).



# Core SG&A: Early progress continues

## Reversal in Core SG&A ratio



## Five key actions

1. Sales, marketing & medical (SM&M) effectiveness
2. Centralisation of selected functions and process improvements
3. Reduced third-party spend
4. Additional efficiencies gained across support functions and IT
5. Continued footprint optimisation, including UK (Cambridge move) and US presence



# 2015 full-year guidance

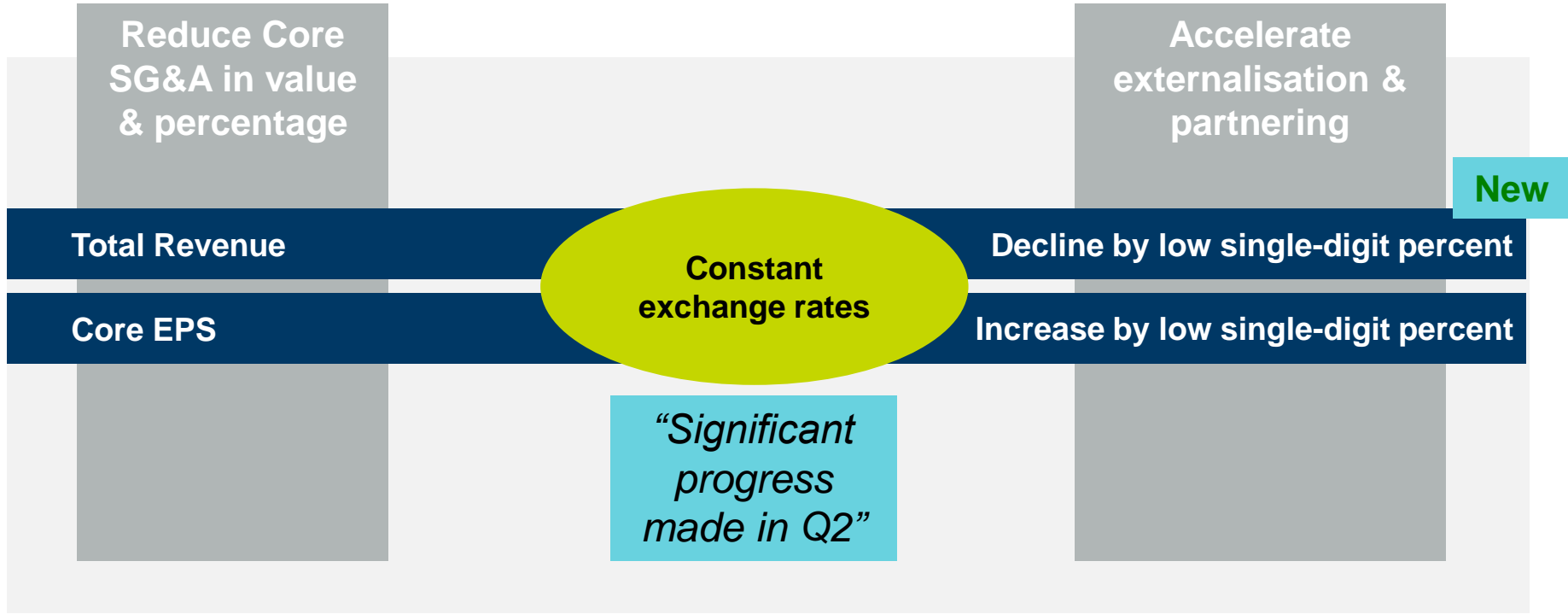
<b>Total Revenue</b>	<b>Constant exchange rates</b>	<b>Decline by low single-digit percent</b>
<b>Core EPS</b>	<b>Constant exchange rates</b>	<b>Increase by low single-digit percent</b>

New

The Company also provides the following non-guidance information related to currency sensitivity: Based on current exchange rates, Total Revenue is expected to decline by high single-digit percent with Core EPS expected to be broadly in line with FY 2014.



# 2015 outlook





# Progress and innovation in lung cancer

**Mondher Mahjoubi**

Head of Oncology, Global Product & Portfolio Strategy



# Lung cancer: Building on leadership position

*Iressa* US approval & AZD9291 regulatory submission

## AstraZeneca leadership in lung cancer

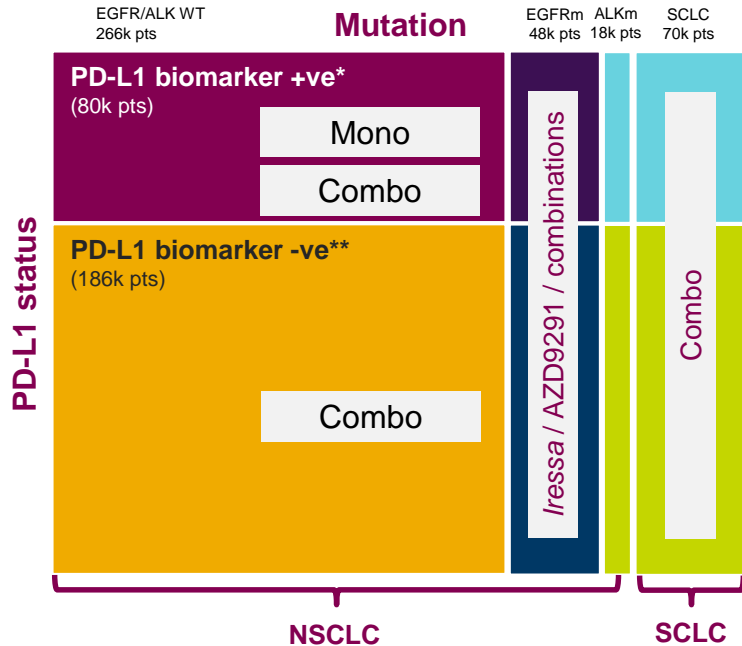
- Launched first tyrosine kinase inhibitor in lung cancer (*Iressa*) - market leader ex-US
- Launched in US this month
- Extending leadership position in EGFRm with AZD9291

## Long-term vision to transform patient care

- Significant unmet need across multiple lung cancer segments
- Industry-leading portfolio of assets (targets, mechanisms, and modalities)
- Unique position in monotherapy and combinations



# Lung cancer: Opportunity to expand leadership position & transform patient care in many lung cancer segments



**Leading in multiple segments supports blockbuster opportunities**

- Reshaping EGFRm+ lung cancer space
- Establish immuno-oncology as treatment backbone
- Bio-markers, diagnostics and translational science guide investment and decision-making
- Next wave of immuno-oncology combinations

Source: Internal estimates based on market research. \*PDL1 biomarker +ve: Patients with moderate/high level of PDL1 expression; represent ~30%. \*\*PDL1 biomarker -ve: Patients with low level of PDL1 expression or no PDL1 expression; represent ~70%. Note: Patient number estimates in 2020. EGFR mut+: 14%, ALKmut+: 5%



# AZD9291

## Innovative therapy with large potential

### Adjuvant

United States: 3k  
EU5: 3k  
Japan: 8k

**14k**  
Patients  
treated

### First line

United States: 12k  
EU5: 9k  
Japan: 18k

**39k**  
Patients  
treated

### Second line (T790M)

United States: 4k  
EU5: 3k  
Japan: 8k

**15k**  
Patients  
treated

EGFRm+ NSCLC



### Key facts

- Record development speed, breakthrough designation
- Crucial step to building leadership position in lung cancer market
- Opportunity for earlier treatment and combination therapy

# Lung cancer: Building a leadership position

Treating EGFR patients in early and late-stage disease

	Adjuvant	EGFRm+ 1L	EGFRm+ 2L+	Brain metastases
2015		<i>Iressa</i>	AZD9291 (T790M)	
New indications	<b>New</b> AZD9291	AZD9291		
Novel molecules and combinations		<i>Iressa</i> + durvalumab AZD9291 + durvalumab	AZD9291 + durvalumab (T790M) AZD9291 + selumetinib AZD9291 + savolitinib	AZD3759



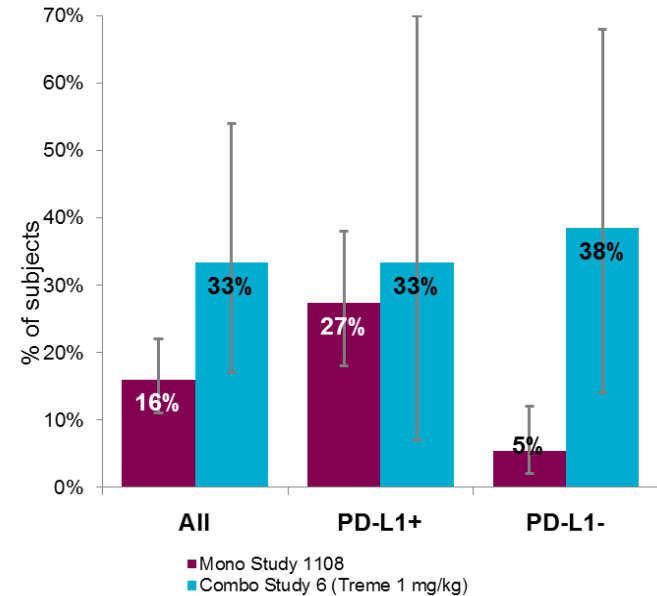
# Durva + treme: First-in-class potential

## Efficacy extends to PD-L1 negative patients

### Unmet need in NSCLC wild type

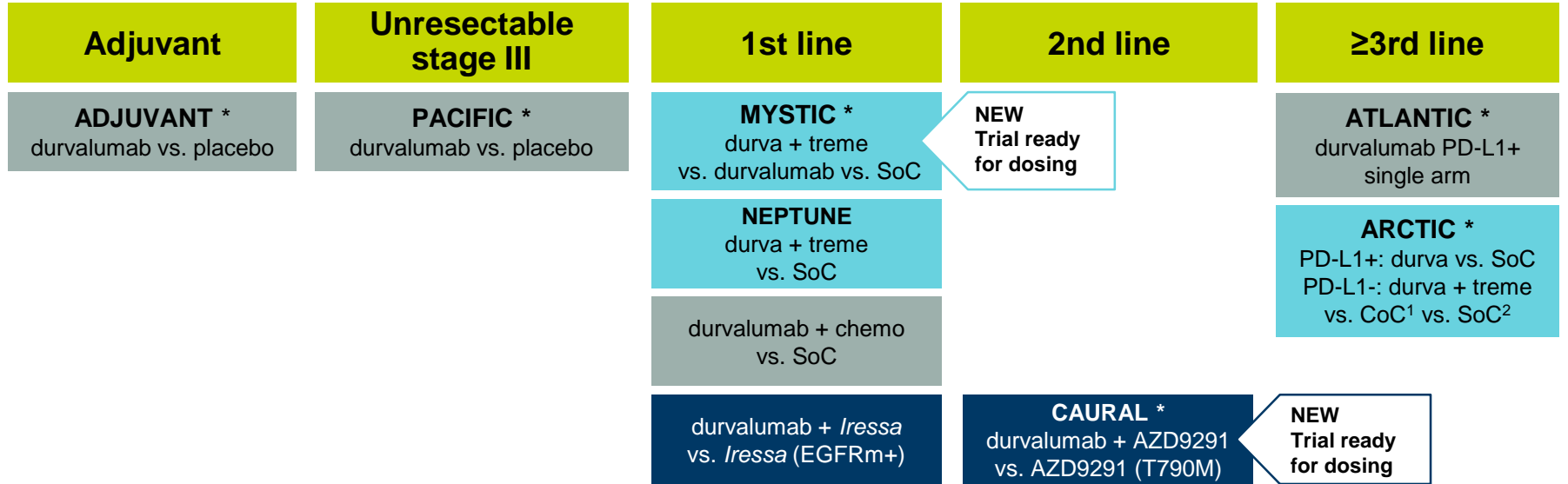
- Current and investigative immunotherapies do not demonstrate incremental benefit vs. SoC in PD-L1 negative NSCLC patients (e.g. ASCO 2015; CheckMate 057)
- Durva + treme combo selected for Phase III has high level of clinical activity in pre-treated NSCLC, particularly in PD-L1 negative tumors, and a manageable safety profile with a low rate (7%) of drug-related discontinuation

### Durva + treme effective in PD-L1 negative patients



# NSCLC: IO development programmes

Total now includes more than 5,600 patients



\* ongoing trial

■ durvalumab mono or chemo combo

■ durva + treme combo

■ durvalumab + SM combo

1. CoC = contribution of components 2. SoC = standard of care



# Lung cancer: Towards leadership

## Building on legacy in SMs & innovation

Patient population

SCLC /  
Others

KRASm+

PD-L1 neg.  
PD-L1 pos.

PD-L1 pos.

EGFRm+/T  
790M

EGFRm+

AZD3759 (EGFR)  
AZD4547 (FGFR)  
AZD1775 (WEE-1)  
AZD8186 (PI3K), others

**selumetinib (MEK)**

**durva + treme**  
3L followed by 1L

**durvalumab (PD-L1)**  
Third line (3L)

**AZD9291**  
Second line (2L) followed by first line (1L)

*Iressa*

2015

2016

2017

2017+

Illustrative





# Oncology: Upcoming meetings

## Continued news across the pipeline

### World Conference on Lung Cancer 6-9 September, Denver

#### 25 abstracts accepted

- Exact titles under embargo, but expect updates on
  - *Iressa* chemotherapy combinations
  - AZD9291 Phase II
  - durvalumab on-going lung cancer trials

### European Cancer Congress 25-29 September, Vienna

#### 18 abstracts accepted

- *Lynparza*: Multiple science updates
- AZD9291: Phase II trial updates, including brain metastases and pre-treated T790M
- durvalumab: Phase Ib combo w/treme (same data cut-off as ASCO 2015)

durvalumab new tumour types (study 1108) & durva + treme combo update (study 006) in 2016



# Summary

**Pascal Soriot**

Chief Executive Officer



# Late-stage pipeline: 2015 scorecard

	Compound	Indication	Potential milestone	
Respiratory, Inflammation & Autoimmunity	brodalumab	psoriasis	Regulatory submission	
	PT003 (LAMA/LABA)	COPD	Phase III results Regulatory submission	✓
	anifrolumab	lupus/SLE	Phase II presentation (ACR)	
	lesinurad	gout	Regulatory submission	✓
Cardiovascular & Metabolic Disease	<i>Brilinta/Brilique</i>	prior MI (PEGASUS)	Phase III results; reg. submission; prt. review (US)	✓
	saxa/dapa FDC	type-2 diabetes	Regulatory submission	✓
Oncology	<i>Lynparza</i>	ovarian cancer BRCAm	Approval	✓
	AZD9291	NSCLC 2L	Regulatory submission	✓
	durvalumab	NSCLC 3L	Phase II/potential registration topline results	
	durvalumab + tremelimumab	NSCLC	Phase I presentation (ASCO)	✓
	cediranib	ovarian cancer	Further analysis (ICON6); EU reg. submission	✓
	selumetinib	uveal melanoma	Phase III results & regulatory submission	X
	tremelimumab	mesothelioma	Phase II results	
Infection, Neuroscience & Gastrointestinal	<i>Movantik/Moventig</i>	opioid-induced constipation	EU approval, US de-scheduling, US launch	✓
	CAZ AVI	serious bacterial infections	Regulatory submission (EU)	✓



# Late-stage pipeline: 2015 upcoming newsflow

## Regulatory decisions

- **lesinurad** (gout)
- **Brilinta** (prior-MI)
- **saxa/dapa** (type-2 diabetes)
- **AZD9291** (lung cancer)

## Regulatory submissions

- **brodalumab** (psoriasis)
- **PT003** (COPD)
- **AZD9291** (lung cancer) (JP)

## Major data presentations

- **AZD9291** (lung cancer) Phase II (WCLC)
- **anifrolumab** (SLE) Phase IIb (ACR)

## Major data readouts

- **tremelimumab** (mesothelioma)
- **durvalumab** (NSCLC 3L)



# Key results & status

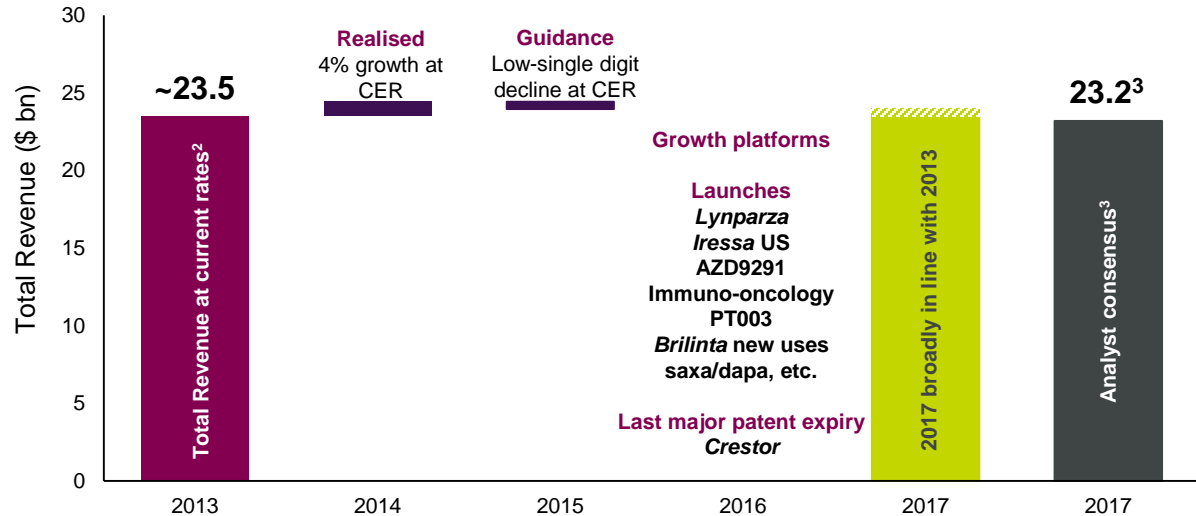
- **Total Revenue \$12.4bn, +1%**
- **Core EPS \$2.29, stable**
- **Continuous strong newsflow**
- **On track to deliver on long-term goals**

**FY 2015 Total Revenue guidance at CER improved:  
Now expected to decline by low single-digit percent**



# On track to deliver on long-term goals

“ 2017 revenue to be broadly in line with 2013<sup>1</sup> ”



Become a >\$45bn company by 2023<sup>1</sup>

1. Targets are at constant exchange rates (2013) 2. June 2015 average exchange rates 3. Company-collected pre-Q2 results



# Q&A

**Pascal Soriot, Chief Executive Officer (Moderator)**

**Marc Dunoyer, Chief Financial Officer**

**Luke Miels, EVP, Global Product & Portfolio Strategy and Corporate Affairs**

**Mondher Mahjoubi, Head of Oncology, Global Product & Portfolio Strategy  
and other key members of the AstraZeneca team**

Please press \*1 on your phone if you wish to ask a question

