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 medial 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

- **Core EPS $2.29, stable**
  - Core SG&A ratio 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

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAZ AVI</td>
<td>Serious infections</td>
</tr>
<tr>
<td>cediranib</td>
<td>Ovarian cancer (EU)</td>
</tr>
<tr>
<td>selumetinib</td>
<td>Uveal melanoma</td>
</tr>
<tr>
<td>AZD9291</td>
<td>NSCLC 2L T790M</td>
</tr>
<tr>
<td>brodalumab</td>
<td>Psoriasis</td>
</tr>
<tr>
<td>PT003</td>
<td>COPD</td>
</tr>
<tr>
<td>PT010</td>
<td>CEPH/BLI</td>
</tr>
<tr>
<td>PT003</td>
<td>CEPH/BLI</td>
</tr>
<tr>
<td>PT010</td>
<td>CEPH/BLI</td>
</tr>
<tr>
<td>PT003</td>
<td>CEPH/BLI</td>
</tr>
</tbody>
</table>

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

2015

2016
### Growth platforms continue to deliver
Core EPS reflects SG&A focus, higher R&D

<table>
<thead>
<tr>
<th></th>
<th>H1 2015</th>
<th></th>
<th>Q2 2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$m</td>
<td>% change</td>
<td>$m</td>
<td>% change</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>12,364</td>
<td>+1</td>
<td>6,307</td>
<td>+2</td>
</tr>
<tr>
<td>Core EPS</td>
<td>$2.29</td>
<td>-</td>
<td>$1.21</td>
<td>+3</td>
</tr>
</tbody>
</table>

Growth platforms +11%; 56% of Total Revenue

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

Total Revenue and Core EPS at actual exchange rates. Growth rates at constant exchange rates (CER)
Luke Miels
EVP, Global Product & Portfolio Strategy and Corporate Affairs
## Growth platforms: Underpinning confidence in goals

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

Product Sales at actual exchange rates. Growth rates at constant exchange rates (CER)
Respiratory: Continued franchise growth

**Strong Q2 supported by new products**

- **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

Product Sales at actual exchange rates. Growth rates at constant exchange rates (CER)
Respiratory: Expanding breadth & depth of patient offering

Current franchise

Tudorza/Eklira
Duaklir
Daliresp

Expanded presence +9%

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

Further expansion

Potential disease-modifying

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-β), asthma, COPD, Phase II

AZD1419
(TLR9)
asthma, Phase I

AZD7594
(SGRM), asthma, COPD, Phase I

Biologics

Strong growth in Emerging Markets

New growth opportunities in established markets that transition to Emerging Markets over time
Brilinta/Brilique: Continued global growth

Solid growth in all markets

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) end-2016

1. Peripheral Arterial Disease
   Product Sales at actual exchange rates. Growth rates at constant exchange rates (CER)
**Brilinta/Brilique: Continued global growth**

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

- **NBRx share - OAP class**
  - **Brilinta**: 9.7%
  - **Competitor**: 6.9%

Source: IMS Health NPA market dynamics (retail only)

**EU market share days on therapy/volume**

- **Market share**
  - Germany
  - UK
  - Spain
  - France
  - Italy
  - Total

Source: IMS Health MIDAS
Diabetes: Maximising a truly global franchise

**Q2 growth normalised at high level**

- **Others**
- **Fa(o)rxiga**
- **Byetta**
- **Bydureon**
- **Onglyza**

**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

Product Sales at actual exchange rates. Growth rates at constant exchange rates (CER)
Diabetes: Ongoing launches

**Fa(o)rxiga: Increasingly global success**

- Australia
- Brazil
- Germany
- Mexico
- Spain
- Sweden
- United Kingdom
- United States

**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

Source: IMS Health MDART Quarterly Database Q115. Includes Forxiga and Xigduo
Diabetes: Towards better combination treatments

Injectable
Oral

Disease progression

Future: Potential to go earlier

Novel combinations

Metformin

SGLT2

DPP-4

xigduo®
(dapagliflozin and metformin HCl)

komboglyze®
(saxagliptin and metformin HCl)

forxiga®
(dapagliflozin)

farxiga®
(dapagliflozin)

saxa/dapa
(fixed-dose combination)

US PDUFA: October 2015; subsequent global approval and launch
- Extends use and convenience of oral medicine
- Simplified access
- Significant growth potential; initially US/Europe/Est. RoW, later on Emerging Markets

BYDUREON®
evenalide extended-release for Injectable suspension

GLP-1

yettia®
(evenalide) injection

Insulin

Illustrative
Emerging Markets: Q2 growth normalised

Growth continues at high level

Emerging Markets

Growth rates at constant exchange rates (CER)

China

Growth continues at high level

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

<table>
<thead>
<tr>
<th>Brand</th>
<th>Q1 Market Share</th>
<th>Q2 Market Share</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crestor</td>
<td>~37%</td>
<td>~36%</td>
<td>+5%</td>
</tr>
<tr>
<td>Nexium</td>
<td>~23%</td>
<td>~26%</td>
<td>+12%</td>
</tr>
<tr>
<td>Symbicort</td>
<td>~34%</td>
<td>~34%</td>
<td>+55%</td>
</tr>
</tbody>
</table>

Return to growth

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

Product Sales at actual exchange rates. Growth rates at constant exchange rates (CER)
Launch medicines: Making further inroads

**Lynparza**
BRCA-mutated advanced ovarian cancer

- US cumulative new patient starts

**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

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

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

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

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

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

Core SG&A at actual exchange rates. Growth rates at constant exchange rates (CER)
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

- Reduce Core SG&A in value & percentage
- Accelerate externalisation & partnering

Total Revenue
- Decline by low single-digit percent (Constant exchange rates)
- Increase by low single-digit percent

Core EPS

“Significant progress made in Q2”
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

- 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

---

**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

<table>
<thead>
<tr>
<th></th>
<th>Adjuvant</th>
<th>EGFRm+ 1L</th>
<th>EGFRm+ 2L+</th>
<th>Brain metastases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td></td>
<td><em>Iressa</em></td>
<td>AZD9291 (T790M)</td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>AZD9291</td>
<td>AZD9291</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### New indications

- AZD9291

### Novel molecules and combinations

- *Iressa* + durvalumab
- AZD9291 + durvalumab
- AZD9291 + selumetinib
- AZD9291 + savolitinib
- AZD3759
Durva + treme: First-in-class potential
Efficacy extends to PD-L1 negative patients

- 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

Data ASCO 2015 (study 006; durvalumab + treme combination)
**NSCLC: IO development programmes**

Total now includes more than 5,600 patients

<table>
<thead>
<tr>
<th>Adjuvant</th>
<th>Unresectable stage III</th>
<th>1st line</th>
<th>2nd line</th>
<th>≥3rd line</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADJUVANT *</td>
<td>PACIFIC *</td>
<td>MYSTIC *</td>
<td>NEPTUNE</td>
<td>ATLANTIC *</td>
</tr>
<tr>
<td>durvalumab vs. placebo</td>
<td>durvalumab vs. placebo</td>
<td>durva + treme vs. durvalumab vs. SoC</td>
<td>durva + treme vs. SoC</td>
<td>durvalumab PD-L1+ single arm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ARCTIC *</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PD-L1+: durva vs. SoC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PD-L1-: durva + treme vs. CoC1 vs. SoC2</td>
</tr>
</tbody>
</table>

**Leadership in early stages of the disease**

**Leadership in IO/IO and IO/SM combinations**

**Highest unmet medical need**

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

- CAURAL *
  - durvalumab + AZD9291 vs. AZD9291 (T790M)
- NEW Trial ready for dosing
- MYSTIC *
  - durva + treme vs. durvalumab vs. SoC
- NEW Trial ready for dosing
- PACIFIC *
  - durvalumab vs. placebo
- NEPTUNE
  - durva + treme vs. SoC
  - durvalumab + chemo vs. SoC
- Durvalumab + Iressa vs. Iressa (EGFRm+)
- CAURAL *
  - durvalumab + AZD9291 vs. AZD9291 (T790M)
- NEW Trial ready for dosing
- 1. CoC = contribution of components
- 2. SoC = standard of care

* ongoing trial
  - durvalumab mono or chemo combo
  - durva + treme combo
  - durvalumab + SM combo
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 I b 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

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

Become a >$45bn company by 2023

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