

Ambition 2030 and beyond

Pascal Soriot, CEO

Forward looking statements

In order, among other things, to utilise the 'safe harbour' provisions of the US Private Securities Litigation Reform Act of 1995, AstraZeneca (hereafter 'the Group') provides 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 or targeted revenues, margins, earnings per share or other financial or other measures (including the Financial Ambition Statements described in this presentation). Although the Group believes its expectations and targets are based on reasonable assumptions and has used customary forecasting methodologies used in the pharmaceutical industry and risk-adjusted projections for individual medicines (which take into account the probability of success of individual clinical trials, based on industry-wide data for relevant clinical trials at a similar stage of development), 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 the Group undertakes no obligation to update these forward-looking statements. The Group identifies 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 the Group's control, include, among other things: the risk of failure or delay in delivery of pipeline or launch of new medicines; the risk of failure to meet regulatory or ethical requirements for medicine development or approval; the risk of failures or delays in the quality or execution of the Group's commercial strategies; the risk of pricing, affordability, access and competitive pressures; the risk of failure to maintain supply of compliant, quality medicines; the risk of illegal trade in the Group's medicines; the impact of reliance on third-party goods and services; the risk of failure in information technology or cybersecurity; the risk of failure of critical processes; the risk of failure to collect and manage data in line with legal and regulatory requirements and strategic objectives; the risk of failure to attract, develop, engage and retain a diverse, talented and capable workforce; the risk of failure to meet regulatory or ethical expectations on environmental impact, including climate change; the risk of the safety and efficacy of marketed medicines being questioned; the risk of adverse outcome of litigation and/or governmental investigations; intellectual property-related risks to the Group's products; the risk of failure to achieve strategic plans or meet targets or expectations; the risk of failure in financial control or the occurrence of fraud; the risk of unexpected deterioration in the Group's financial position; the impact that global and/or geopolitical events may have, or continue to have, on these risks, on the Group's ability to continue to mitigate these risks, and on the Group's operations, financial results or financial condition. There can be no guarantees that the conditions to the closing of the proposed transaction with Fusion will be satisfied on the expected timetable, or at all, or that "FPI-2265" (Ac225-PSMA I&T) or any combination product will receive the necessary regulatory approvals or prove to be commercially successful if approved. There can be no guarantees that the conditions to the closing of the proposed transaction with Amolyt Pharma will be satisfied on the expected timetable, or at all, or that eneboparatide ('AZP-3601') will receive the necessary regulatory approvals or prove to be commercially successful if approved.

This presentation includes references to new molecular entities and life-cycle management programmes that are being investigated in current or future clinical trials, and as such have not been approved by any regulatory agency. For a list of new molecular entities and indications in development, see pages 7-11 of the Clinical Trials Appendix that accompanied AstraZeneca's Q1 2024 results.

Basis of AstraZeneca ambitions, forecasts and targets

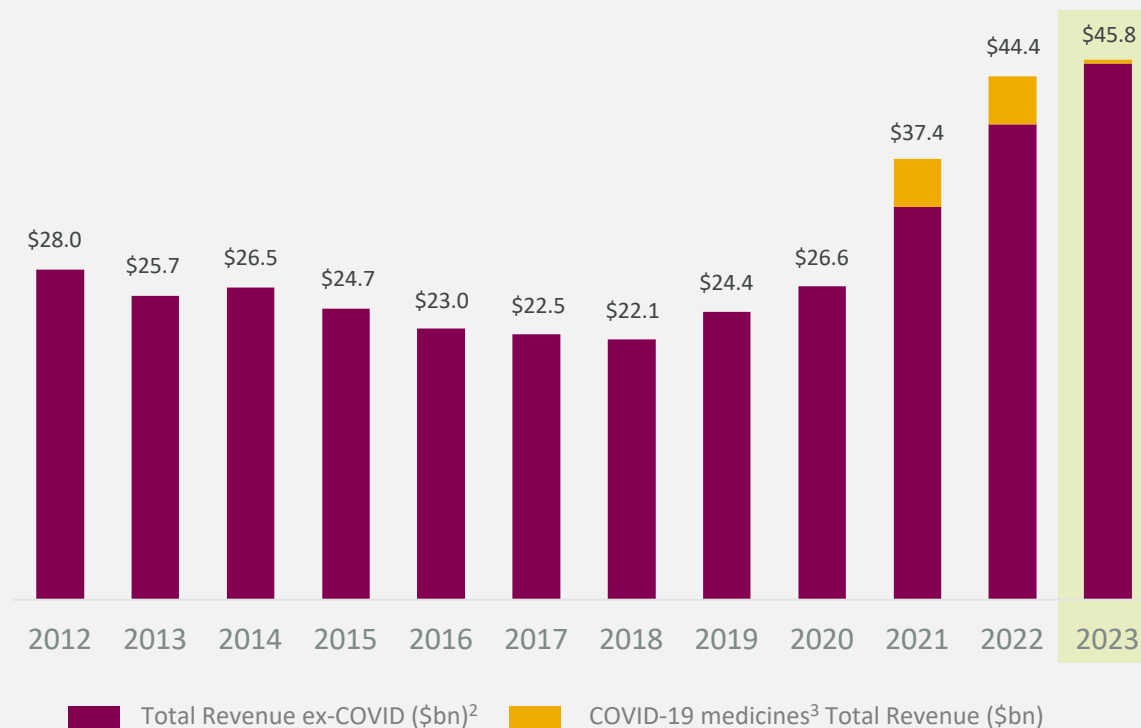
AstraZeneca ambitions, forecasts and targets in this presentation (the "Financial Ambition Statements") are derived from AstraZeneca's most recent risk-adjusted mid- and long-term plans, adjusted for developments in the business since those plans were finalised. Financial Ambition Statements presented are based on management's risk-adjusted projections for individual medicines and individual clinical trials. Estimates for these probabilities are based on industry-wide data for relevant clinical trials in the pharmaceutical industry at a similar stage of development adjusted for management's view on the risk profile of the specific asset. The peak year revenue (PYR) potential for individual medicines referred to in this presentation are the maximum estimated Total Revenue to be recognised by AstraZeneca in a single calendar year, during the lifecycle of the medicine, and are based on management's latest non-risk adjusted forecast estimates. Estimates are based on customary forecasting methodologies used in the pharmaceutical industry. Peak year revenue may occur in different years for each NME depending on trial outcomes, approval label, competition, launch dates and exclusivity periods, amongst other variables. The peak year revenue figures are derived from net sales at nominal values and are not risk-adjusted or time-value discounted. The development of pharmaceutical products has inherent risks given scientific experimentation and there are a range of possible outcomes in clinical results, safety, efficacy and product labelling. Clinical results may not achieve the desired product profile and competitive environment, pricing and reimbursement may have material impact on commercial revenue forecasts. By their nature, forecasts are based on a multiplicity of assumptions and actual performance in future years may vary, significantly and materially, from these assumptions. The Financial Ambition Statements in this presentation are based on Q1 2024 exchange rates; AZ undertakes no obligation to update those statements based on future currency movements

We delivered on our Total Revenue ambition set in 2014

“From 2017 to 2023 AstraZeneca is targeting strong and consistent revenue growth leading to annual revenues of greater than \$45 billion by 2023”

Press release issued 06 May 2014¹

Delivered on ambition to achieve >\$45bn Total Revenue by 2023



Our strategy is consistent but dynamic



Science & innovation

- Invest in new technologies and modalities
- Leverage global R&D network



Growth & therapy area leadership

- Transform patient outcomes through novel medicines and combinations



Global footprint

- Broad-based network
- Differentiated Emerging Markets presence



Sustainability

- Expand access, build health system resilience
- Drive industry-leading climate agenda

5 strategic R&D centres across Europe, US and China



Cambridge, UK



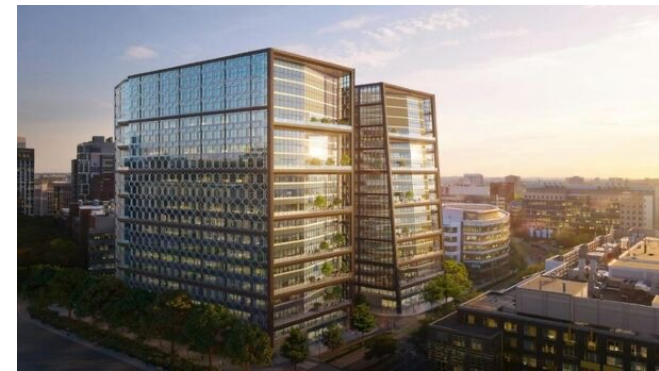
Gothenburg, Sweden



Shanghai, China



Gaithersburg, MD



Boston, MA – Kendall Square

Strategic R&D centre locations enable academic collaborations and ability to attract top-tier global talent

Strong, sustained pipeline delivery supports upgraded NME launch ambition

Clear momentum, now expect to

**Launch 20 NMEs
by 2030¹**

The logo for IMJUDO, featuring a stylized 'i' icon followed by the word 'IMJUDO' in a teal, sans-serif font.The logo for Truqap, featuring a colorful geometric icon followed by the word 'Truqap' in a dark blue, sans-serif font.The logo for Voydeya, featuring a colorful geometric icon followed by the word 'Voydeya' in a dark blue, sans-serif font.The logo for WAINUA, featuring a stylized 'W' icon followed by the word 'WAINUA' in a green, sans-serif font.The logo for Beyfortus, featuring a colorful geometric icon followed by the word 'Beyfortus' in a purple, sans-serif font.The logo for AIRSUPRA, featuring a stylized 'A' icon followed by the word 'AIRSUPRA' in a grey, sans-serif font.

On track to achieve ambition with six NMEs already launched



Now we have a new ambition to deliver **\$80bn in Total Revenue by 2030** with sustained growth thereafter

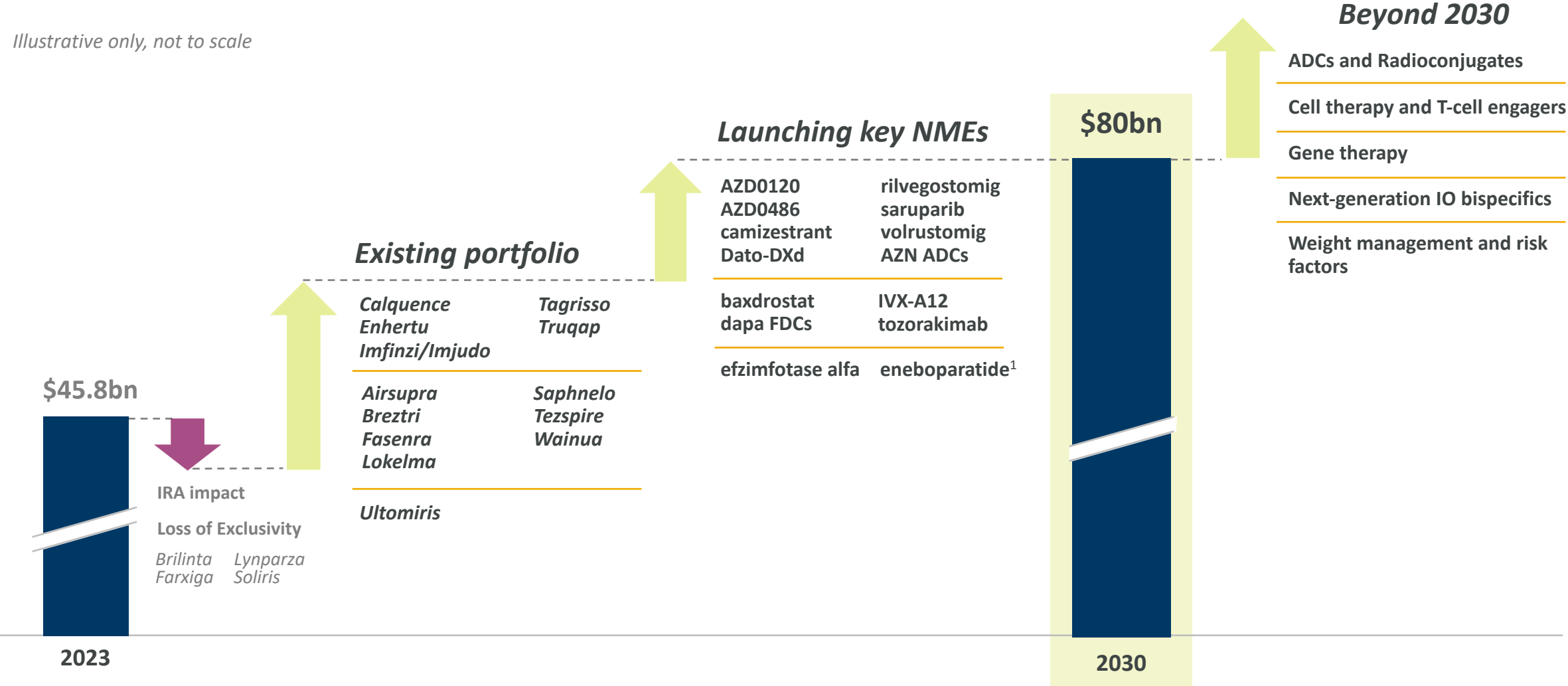
On track to deliver **mid-30s% Core operating margin by 2026**

Beyond 2026, Core operating margin will be influenced by portfolio evolution, and the Company will **target at least mid-30s%**

Ambition – \$80bn Total Revenue by 2030 and sustained 2030+ growth

Working on “today, tomorrow and the day after”

Illustrative only, not to scale



Note: Ambition to achieve \$80bn in Total Revenue by 2030 is risk-adjusted, based on latest long-range plan – see ‘Forward looking statements’ slide for forward looking statement. Medicines and assets listed reflect key contributors to 2030 Total Revenue ambition; however, this list is not exhaustive. Medicines and assets listed in alphabetical order and sorted by therapy area.

1. Amolyt Pharma acquisition remains subject to customary external clearances; all clinical development plans mentioned herein subject to deal closure. Collaboration partners: Daiichi Sankyo (Enhertu, Dato-DXd), Amgen (Tezspire), Ionis (Wainua), Compugen (rilvegostomig), Merck & Co., Inc. (Lynparza). Acronym definitions can be found in Glossary.

Strong growth potential 2030+

Multiple NMEs with \$5bn+ Peak Year Revenue potential launching by 2030¹

NMEs currently in Phase III

 **camizestrant**
ngSERD | breast cancer

 **volrustomig**
PD-1/CTLA-4 | lung, HNSCC, others

 **Dato-DXd**
TROP2 ADC | breast, lung, other

 **baxdrostat franchise²**
ASI | hypertension

 **rilvegostomig**
PD-1/TIGIT | lung, BTC, others

 **dapagliflozin FDCs³**
SGLT2i/MRM/ET_A | cardiorenal


 **saruparib**
PARPi | prostate, others

NMEs currently in Phase I/II

 **AZN ADCs^{*,4}**
multiple | solid tumours, haem

 **AZD0486**
CD19/CD3 | haematology

 **AZD0120 (GC012F)**
BCMA/CD19 | haematology

 **AZD0780**
oPCSK9 | dyslipidaemia

 **weight management^{*}**
oGLP-1/FDCs

**Includes several medicines with multi-blockbuster potential*

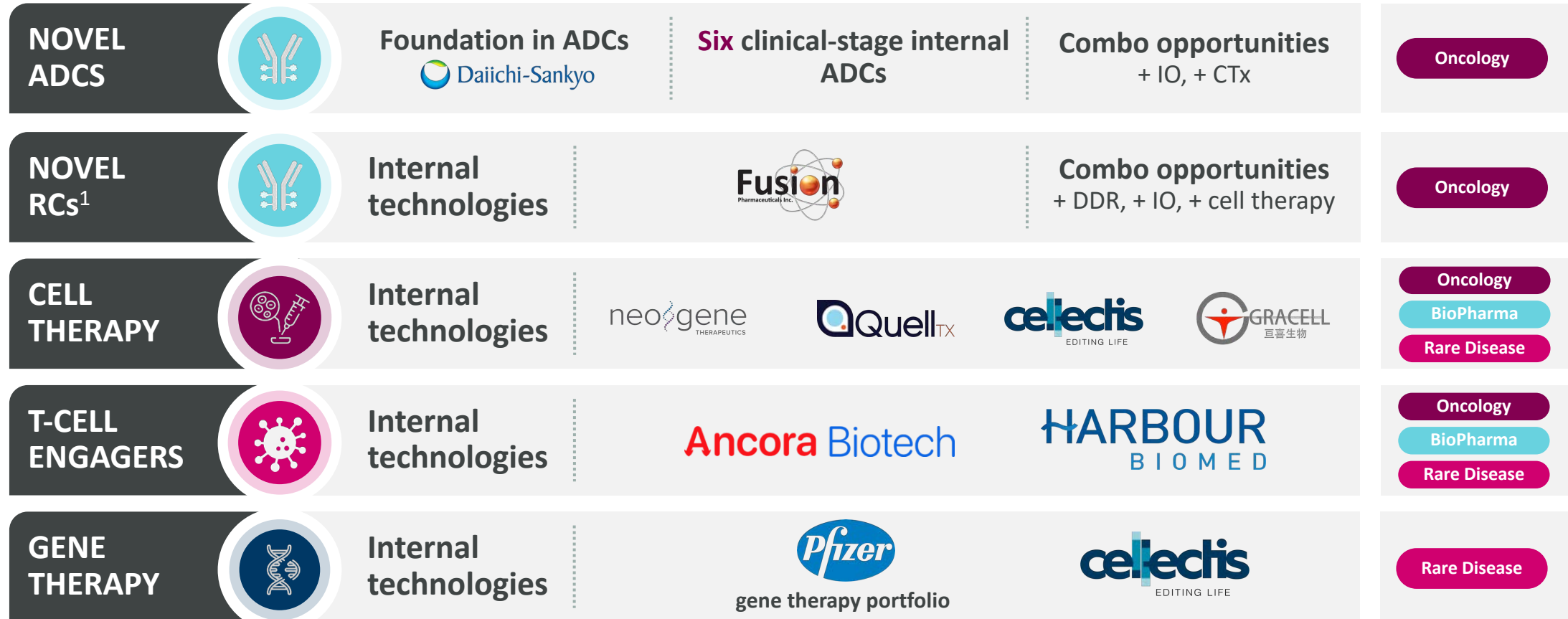
1. Non-risk adjusted Peak Year Revenue opportunities (\$bn). Peak revenues could occur beyond 2030. Estimated launch dates are subject to change. 2. Baxdrostat franchise including dapagliflozin combination. 3. includes fixed-dose combinations with balcirenone and zibotentan. 4. CLDN18.2, B7H4, EGFR/cMET, FR α , GPRC5D, CD123. Acronym definitions can be found in Glossary. Collaboration partners: Daiichi Sankyo (Dato-DXd), Compugen (rilvegostomig).

Investing in disruptive categories to drive 2030+ growth

Weight management and risk factors	ADCs and Radioconjugates	Next-gen IO bispecifics	Cell therapy and T-cell engagers	Gene therapy and gene editing
<p>Establish and lead in new weight management paradigm</p>	<p>Replace systemic chemotherapy and radiotherapy</p>	<p>Replace existing PD-1/PD-L1 inhibitors</p>	<p>Develop scalable cell therapies and T-cell engagers across therapy areas</p>	<p>Make cure possible for a range of rare diseases</p>
<p><u>oGLP-1 mono and FDCs</u> <u>Long-acting amylin</u> <u>GLP-1/glucagon</u></p>	<p><u>Six clinical-stage ADCs</u> <u>FPI-2265¹</u></p>	<p><u>volrustomig (PD-1/CTLA-4)</u> <u>rilvegostomig (PD-1/TIGIT)</u></p>	<p><u>AZD0120 (BCMA/CD19)</u> <u>Solid tumour cells</u> <u>AZD0486 (CD19/CD3 TCE)</u></p>	<p><u>sAAVv and AAV capsid</u> <u>TALEN technology</u></p>

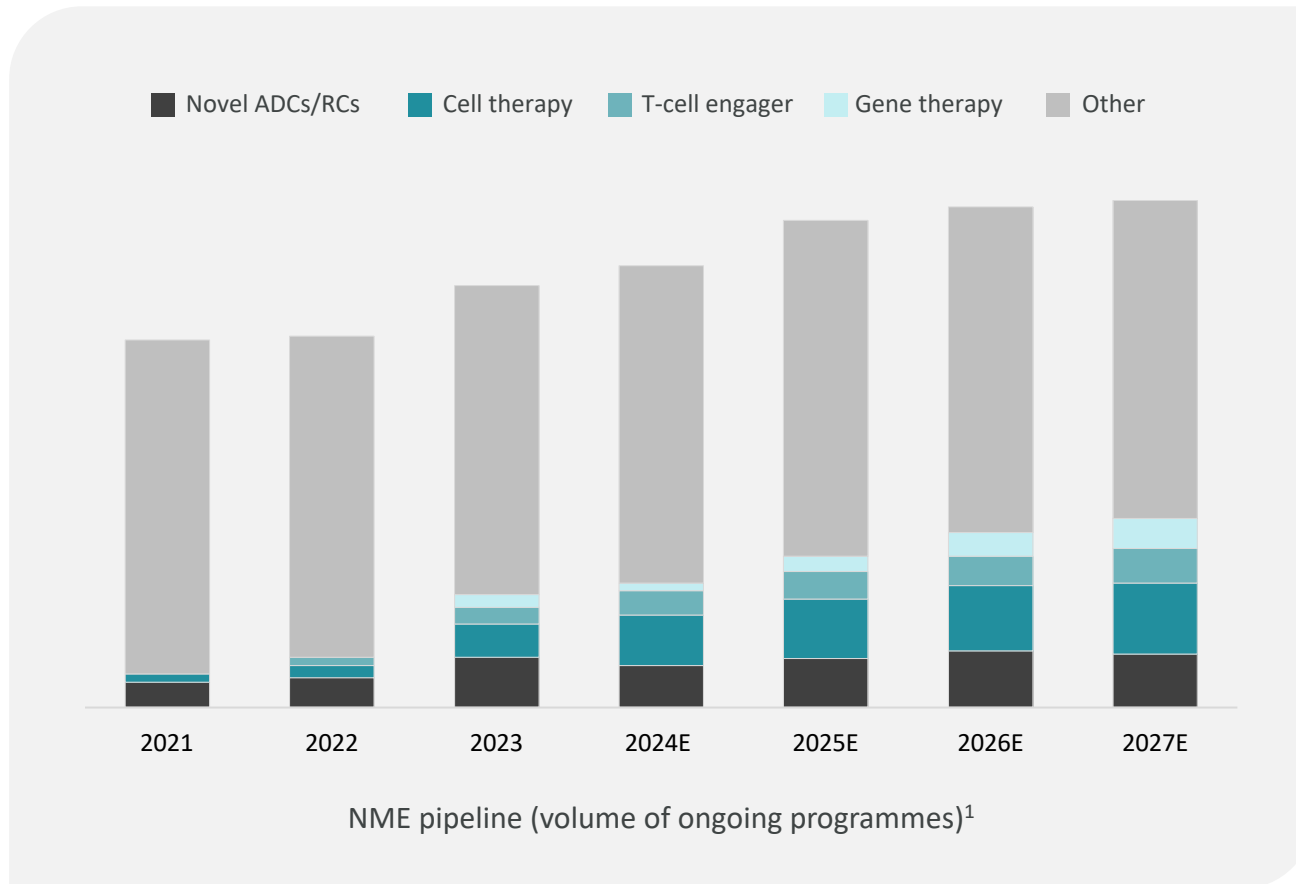
¹Fusion Pharmaceuticals acquisition remains subject to customary external clearances; all clinical development plans mentioned herein subject to deal closure. Acronym definitions can be found in Glossary. Collaboration partners: Compugen (rilvegostomig).

Leveraging external and internal innovation to build pipeline of leading new modalities and technologies



1. Fusion Pharmaceuticals acquisition remains subject to customary external clearances; all clinical development plans mentioned herein subject to deal closure. Acronym definitions can be found in Glossary.
 Collaboration partners: Daiichi Sankyo

High-value new modalities and technologies are a growing proportion of our NME pipeline

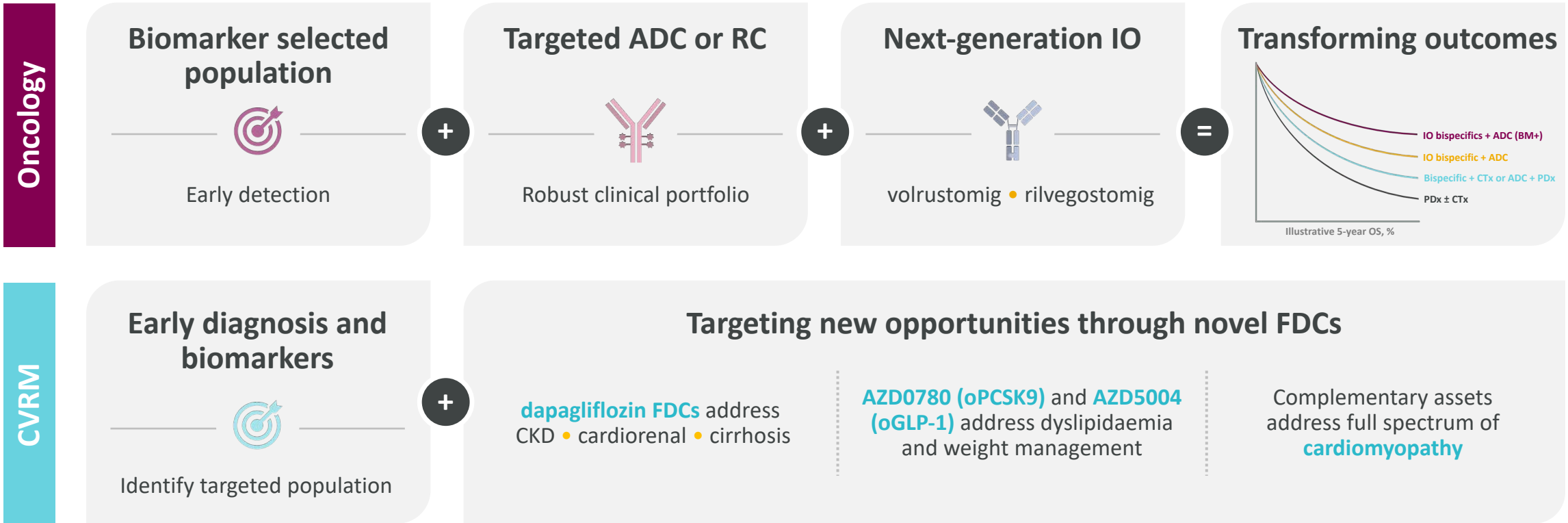


Cell therapy | **>\$20bn**
estimated market²

Gene therapy and editing | **>\$30bn**
estimated market²

ADCs and Radioconjugates | **ADCs >\$80bn**
RCs >\$10bn
estimated market³

Pipeline combinations strengthen therapy area leadership

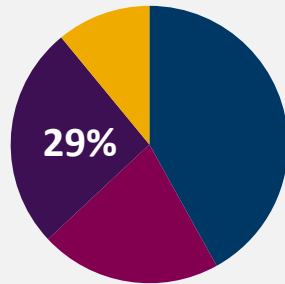


37 ongoing combination trials¹ with potential to transform patient outcomes

1. Includes basket or signal detection trials and fixed-dose combination programmes. Acronym definitions can be found in Glossary. Collaboration partners: Daiichi Sankyo (Dato-DXd), Compugen (rilvegostomig).

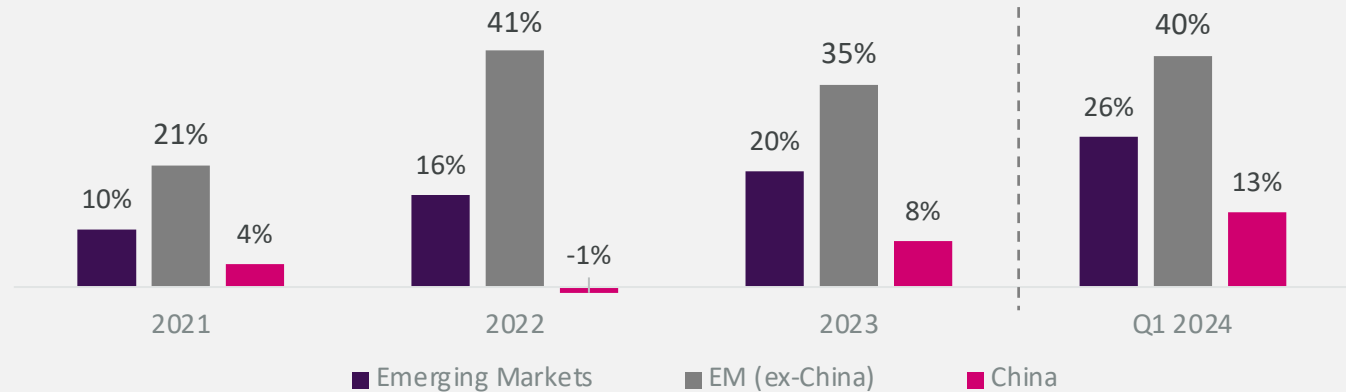
AstraZeneca Global footprint supports opportunity in the Emerging Markets

Emerging Markets 29% of Total Revenue¹



■ US ■ EU ■ Emerging Markets ■ ERoW

Emerging Markets delivering strong Total Revenue growth²



Recent EM growth drivers will support growth to 2030³

Diabetes | 25%
2019-2023 CAGR

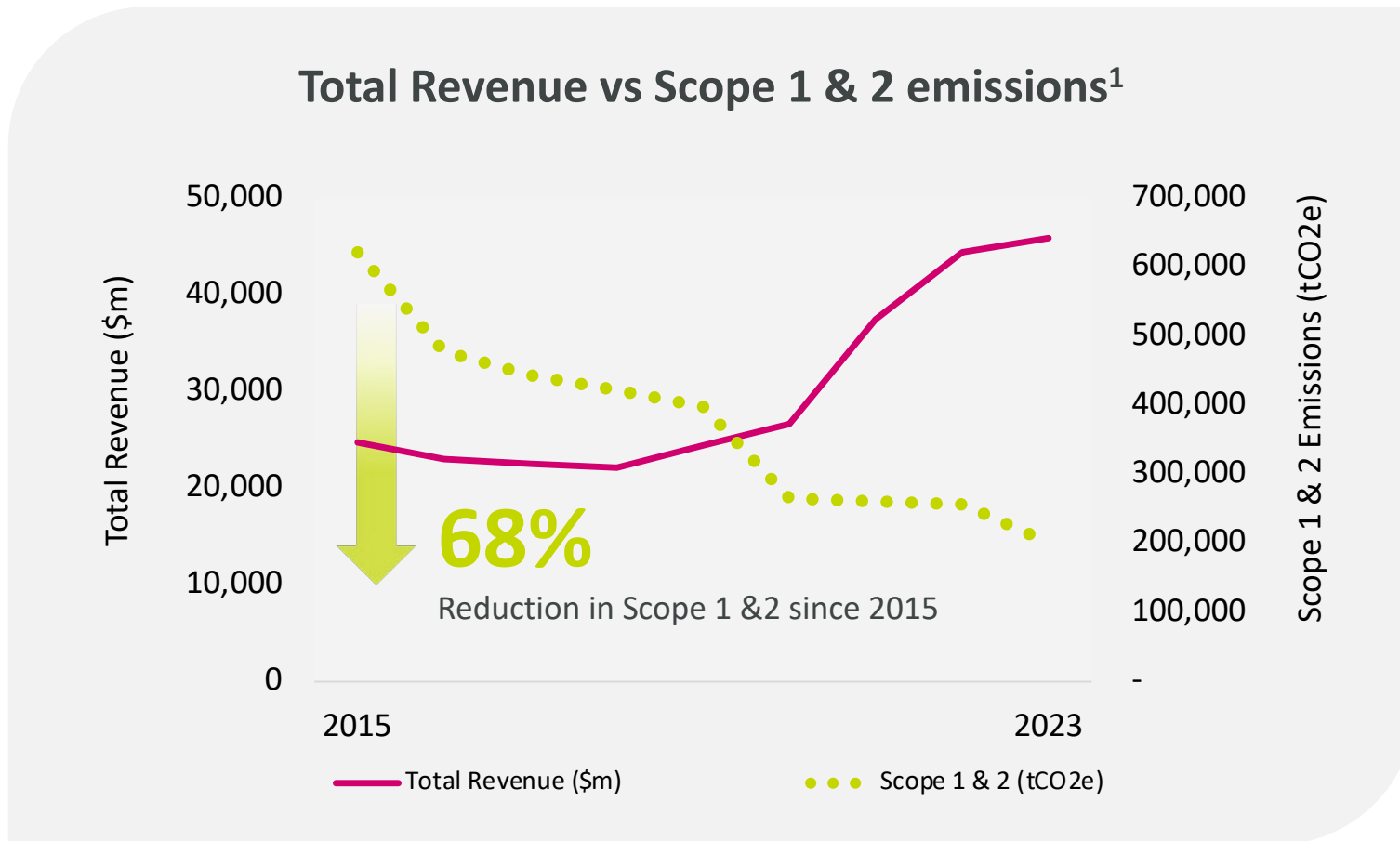
Rare Disease | 22%
2019-2023 CAGR

COPD/Asthma | 13%
2019-2023 CAGR

Oncology | 13%
2019-2023 CAGR

Delivering industry-leading sustainability

Decoupling Total Revenue growth from Scope 1 & 2 emissions reduction



Ambition Zero Carbon

- 98% reduction in Scope 1 & 2 emissions by 2026
- 50% reduction in Scope 3 by 2030

Product sustainability

- Reduce energy, water, material use, waste and pollution
- 20% reduction in water since 2015
- 13% reduction in waste since 2015

1. Scope 1 includes emissions from the combustion of fuel and operation of facilities. Scope 2 (market-based) includes emissions from electricity, heat, steam and cooling purchased for own use. Emissions from imported electricity are calculated using the GHG Protocol Scope 2 Guidance (January 2015) requiring dual reporting using two emissions factors for each site—market-based and location-based. AstraZeneca corporate emissions reporting and targets follow the market-based approach. Bureau Veritas has provided limited assurance for 2023 sustainability activities including greenhouse gas emissions, water use and waste management. Acronym definitions can be found in Glossary.

2024 catalysts to date unlock significant growth



Positive Phase III readouts

ADRIATIC

Imfinzi potential first IO therapy in LS-SCLC

2024 ASCO ANNUAL MEETING | plenary

LAURA

Tagrisso expanding in early-stage *EGFRm* NSCLC

2024 ASCO ANNUAL MEETING | plenary

DESTINY-Breast06

Enhertu moving into 2L Breast, benefit in HER2-ultralow

2024 ASCO ANNUAL MEETING

ECHO

Calquence first BTKi to show favourable OS trend in 1L MCL



Transformative new approvals and launches

Tagrisso + CTx

FLAURA2 reinforces *Tagrisso* as TKI backbone in 1L NSCLC

Enhertu

Tumour agnostic approval expands *Enhertu* in solid tumours

Ultomiris

Expanding *Ultomiris* in neurology with NMOSD approval

Airsupra

Airsupra is first ICS/SABA combination treatment for asthma

40+ Phase III trial readouts expected by end of 2025

~\$20bn potential revenue in 2030 (non-risk adjusted) from major 2024/2025 readouts¹ and launches to date in 2024

Major 2024 readouts

Truqap
CAPItello-281 | dPTEN mHSPC

Dato-DXd
TROPION-Breast02 | TNBC

Tezspire
WAYPOINT | CRwNP

Major 2025 readouts

Dato-DXd
AVANZAR | 1L NSCLC

camizestrant
SERENA-6 | ESR1m HR+ mBC

anselamimab
301/2 | AL amyloidosis

Enhertu
DB09 | HER2+ mBC

baxdrostat
BaxHTN | uHTN

eneboparatide¹
CALYPSO | hypoparathyroidism

Enhertu
DB11 | HER2+ eBC

Breztri
KALOS/LOGOS | asthma

Ultomiris
TM-313 | HSCT-TMA

Calquence
AMPLIFY | 1L CLL

Fasenra
RESOLUTE | COPD

1. 2024/2025 readouts include those listed within prior slide and anticipated readouts listed on this slide. 2. Amolyt Pharma acquisition remains subject to customary external clearances; all clinical development plans mentioned herein subject to deal closure. Acronym definitions can be found in Glossary. Collaboration partners: Daiichi Sankyo (*Enhertu*, *Dato-DXd*), Amgen (*Tezspire*).

Appendix

Glossary – 1 of 2

1L, 2L, 3L	first-, second-, third-line	CLL	chronic lymphocytic leukaemia	GLP-1/glu	glucagon-like peptide 1 receptor/glucagon dual peptide agonist
6MWT	6-minute walk test	cm	centimetre	GLP-1RA	glucagon-like peptide 1 receptor agonist
AAV	adeno-associated virus	CM	cardiomyopathy	gMG	generalised myasthenia gravis
ACE	angiotensin-converting enzyme	cMET	c-mesenchymal epithelial transition factor	GN	glomerulonephritis
AChR+	acetylcholine receptor-positive	COPD	chronic obstructive pulmonary disease	GPC3	Glypican-3
ADC	antibody conjugate	CRwNP	chronic rhinosinusitis with nasal polyps	GPRC5D	G protein-coupled receptor class C group 5 member D
ADsCa	albumin-adjusted serum calcium	CSA-AKI	cardiac surgery-associated acute kidney injury	GU	genitourinary
AER	annual exacerbation rate	ctDNA	circulating tumour DNA	GYN	gynaecologic
AEs	adverse effects	CTLA4	cytotoxic T-lymphocyte associated protein 4	HbA1c	glycated haemoglobin
AGA	actional genomic alteration	CTx	chemotherapy	HCC	hepatocellular carcinoma
aHUS	atypical haemolytic uraemic syndrome	CV	cardiovascular	HER2	human epidermal growth factor receptor 2
AL amyloidosis	light-chain amyloidosis	CVRM	Cardiovascular, Renal and Metabolism	HF	heart failure
AML	acute myelogenous leukaemia	DDR	DNA damage response	HFrEF	heart failure with reduced ejection fraction
AMR	antibody mediated rejection	DGF	delayed graft function	HK	hyperkalaemia
anti-PCD	anti plasma cell dyscrasia	DLBCL	diffuse large B-cell lymphoma	HLR	high-level results
AQP4+	aquaporin-4 antibody positive	dnTGFb	dominant-negative transforming growth factor-beta	hMPV	human metapneumovirus
ARB	angiotensin receptor blockers	dPTEN	phosphatase and tensin homolog deficient	HNSCC	head and neck squamous cell carcinoma
ASCO	American Society of Clinical Oncology	EBITDA	Earnings before interest, tax, depreciation and amortisation	HR	hazard ratio
ASI	aldosterone synthase inhibitor	EGFR	epidermal growth factor receptor	HR+	hormone receptor positive
ASO	antisense oligonucleotide	eGFR	estimated glomerular filtration rate	HRR	homologous recombination repair
ATTR-CM	transthyretin amyloid cardiomyopathy	EGPA	eosinophilic granulomatosis with polyangiitis	HSCT-TMA	hematopoietic stem cell transplantation-associated thrombotic microangiopathy
ATTR-PN	transthyretin amyloid polyneuropathy	EM	Emerging Markets	i.v.	intravenous
B-ALL	B-cell acute lymphoblastic leukaemia	EOS	eosinophil	IBD	inflammatory bowel disease
BCMA	B-cell maturation antigen	EPI	epigenetics	ICS	inhaled corticosteroid
BRCA	breast cancer gene	EPS	earnings per share	ICU	intensive care unit
BTC	biliary tract cancer	ERoW	Established Rest of World	IgAN	IgA nephropathy
BTKi	Bruton's tyrosine kinase	ESR1	estrogen receptor alpha	IIT	investigated initiated trial
C5	complement component 5	ESRD	end stage renal disease	iJAK1	inhaled Janus kinase
CAGR	compound adjusted growth rate	ETA RA	endothelin receptor A antagonist	IL-33	interleukin-33
cAMR	chronic antibody-mediated rejection	ETARA	endothelin receptor A antagonist	IL-5	interleukin-5
CAR-T	chimeric antigen receptor T-cells	FDC	fixed dose combination	IND	investigational new drug
CD19	Cluster of differentiation 19	FeNO	fractional exhaled nitric oxide	IO	Immuno-oncology
CD3	Cluster of differentiation 3	FL	Follicular lymphoma	IPF	idiopathic pulmonary fibrosis
CDK4/6i	cyclin-dependent kinase 4/6 inhibitor	FLAP	5-lipoxygenase activating protein	IRA	Inflation Reduction Act
CER	constant exchange rates	FRα	folate receptor alpha	iTSLP	inhaled thymic stromal lymphopoietin
CI	confidence interval	FX	foreign exchange	ITT	intent to treat
CKD	chronic kidney disease	G7	US, Japan, EU5	IVIg	intravenous immunoglobulin
CLDN 18.2	Claudin-18.2	GA	geographic atrophy		

Glossary – 2 of 2

K+	potassium	NST	neoadjuvant systemic treatment	RSV	respiratory syncytial virus
KCCQ	Kansas City Cardiomyopathy Questionnaire	NT-proBNP	N-terminal pro-B-type natriuretic peptide	s. asthma	severe asthma
LA amylin	long-acting amylin	NYHA	New York Heart Association	s.c.	subcutaneous
LABA	long-acting beta 2-agonists	oGLP1	oral glucagon-like receptor peptide 1	SABA	short acting beta agonist
LAMA	long-acting muscarinic antagonists	oPCSK9	oral protein convertase subtilisin/kexin type 9	SBP	systolic blood pressure
LCM	life cycle management	ORR	overall response rate	SBRT	stereotactic brain radiotherapy
LDL-C	low-density lipoprotein cholesterol	oRXFP1	oral relaxin family peptide receptor 1	SC	subcutaneous
LN	lupus nephritis	OS	overall survival	SG&A	Selling, General and Administrative
LoE	loss of exclusivity	PALB2m	partner and localizer of BRCA2	SGLT2i	sodium/glucose cotransporter 2 inhibitor
LS-SCLC	limited stage small-cell lung cancer	PARP1	poly(ADP-ribose) polymerase-1	sK	serum potassium
LV	left ventricular	PARPi	poly-ADP ribose polymerase inhibitor	SLE	systemic lupus erythematosus
mAb	monoclonal antibody	PD1	programmed cell death protein 1	SoC	standard of care
MASH	metabolic dysfunction-associated steatohepatitis, also known as non-alcoholic steatohepatitis (NASH)	PD-L1	programmed cell death ligand 1	ST2	suppression of tumorigenicity 2
MASLD	metabolic dysfunction-associated steatotic liver disease	PFS	progression free survival	Stg. I/II/III	Stage I/II/III
mBC	metastatic breast cancer	PIK3CA	phosphatidylinositol-4,5-biphosphate 3-kinase catalytic subunit	Stg. III u/r NSCLC	Stage III unresectable non-small cell lung cancer
MCL	mantle cell lymphoma	PK/PD	pharmacokinetic/pharmacodynamic	T2D	type-2 diabetes
mDOR	median duration of response	PLEX	plasma exchange	T8	US, China, Japan, EU5
mg/dL	milligrams per decilitre	PN	polyneuropathy	TCE	T-cell engager
MGFA	Myasthenia Gravis Foundation of America	PNH	paroxysmal nocturnal haemoglobinuria	tCO2e	tonnes of carbon dioxide equivalent
mHSPC	metastatic hormone sensitive prostate cancer	PNH-EVH	paroxysmal nocturnal haemoglobinuria with extravascular haemolysis	TCR	T-cell receptor
mL	millilitre	PNPLA3	phospholipase domain-containing protein 3	TDR	tumour drivers and resistance
MM	multiple myeloma	PP	plasmapheresis	TIGIT	T-cell immunoreceptor with immunoglobulin and ITIM domains
MoA	mechanism of action	PSA	prostate-specific antigen	TIM-3	T-cell immunoglobulin and mucin domain-containing protein
MPO	myeloperoxidase	PSA50	prostate-specific antigen 50	TKI	tyrosine kinase inhibitor
MRA	mineralocorticoid receptor antagonist	PTEN	phosphatase and TENsin homolog deleted on chromosome 10	TNBC	triple negative breast cancer
MRM	mineralocorticoid receptor modulator	PYR	peak year revenue	TP53	tumour protein 53
n/m	not material	Q2W	every 2 weeks	Treg	Regulatory T-cell
NBRx	new-to-brand prescription	Q4W	every 4 weeks	TROP2	trophoblast cell surface antigen 2
Neo-adj	neoadjuvant	Q8W	every 8 weeks	TTR	transthyretin
NF1-PN	neurofibromatosis type 1-plexiform neurofibromas	QCS	quantitative continuous scoring	u/r HTN	uncontrolled or treatment resistant hypertension
ngSERD	next-generation oral selective estrogen receptor degrader	QoQ	quarter on quarter	UACR	urinary albumin/creatinine ratio
NHA	novel hormone agent	R&D	research and development	ULN	upper limit of normal
NME	new molecular entity	R&I	Respiratory and Immunology	V&I	Vaccines and Immune Therapies
NMOSD	neuromyelitis optica spectrum disorder	r/r	relapsed/refractory	VLP	virus-like particle
NP	nasal polyps	RA	rheumatoid arthritis		
NRDL	national reimbursement drug list	RAGE	receptor for advanced glycation end products		
NSCLC	non-small cell lung cancer	RC	radioconjugates		
		RP2D	recommended Phase II dose		