BioPharmaceuticals

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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

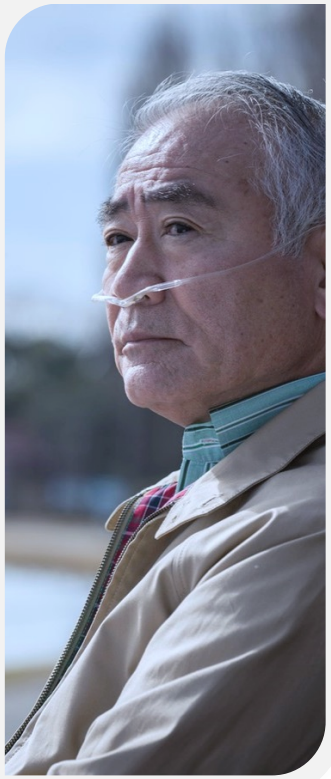
AstraZeneca ambitions, forecasts and targets in this presentation (the "Financial Ambition Statements") are derived from AstraZeneca's most recent risk-adjusted mid- and long-term plans, adjusted for developments in the business since those plans were finalised. Financial Ambition Statements presented 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

Addressing an escalating burden for people, health systems and society

The most prevalent chronic diseases

2bn+
estimated to have chronic diseases* [1-3]

Top 5
causes of death by 2040 will include CV disease, COPD and CKD[4]



Escalating with ageing populations

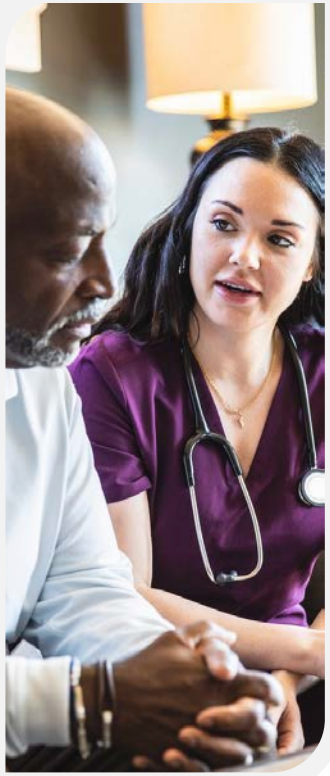
1 in 6
aged 60+ by 2030[5]

Up to 98%
will have multiple chronic conditions[6]

Overwhelming health systems and economies

24m
deaths each year from chronic diseases[7]

$22tn
economic burden from chronic diseases* by 2030[8,9]



*Cardiovascular disease, respiratory conditions, and metabolic diseases such as diabetes and/or CKD. All statistics based on estimates in referenced sources.

1. British Heart Foundation Global Heart & Circulatory Diseases Factsheet. 2. GBD 2019 Chronic Respiratory Diseases Collaborators. EClinicalMedicine. 3. Chew NWS et al. Cell Metab. 2023. 4. Foreman KJ. Lancet. 2018.
5. WHO/Ageing and health. 6. Aïdoud A et al. J Am Heart Assoc. 2023. 7. WHO/Noncommunicable diseases. 8. Bloom DE, World Economic Forum. 2011. 9. Hacker K. Mayo Clin Proc Innov Qual Outcomes, 2024. Acronym definitions can be found in Glossary.

BioPharmaceuticals – transforming the care of chronic diseases

Therapy area leadership

#1 in cardiorenal medicine

Leadership in asthma and **transforming COPD**

Protecting vulnerable patients from respiratory infections

Industry-leading portfolio

Growing medicines

farxiga

TEZSPIRE™

Saphnelo™

LOKELMA™

Fasenra®

BREZTRI AEROSPHERE

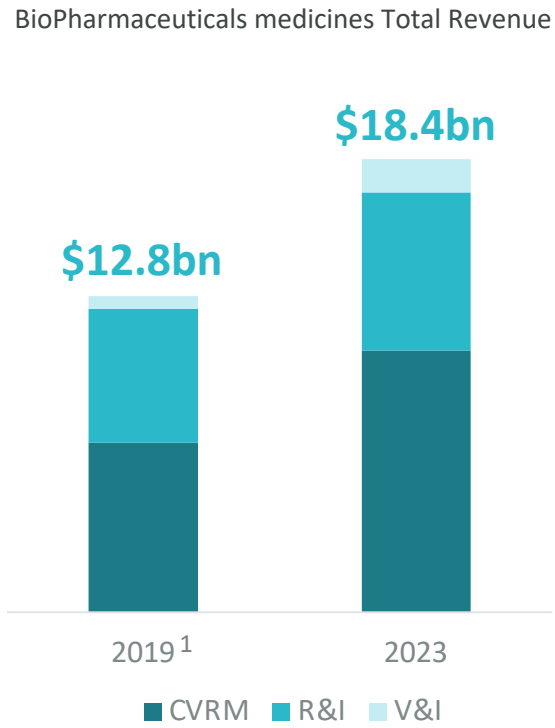
Recent NME launches

WAINUA™

AIRSUPRA™

Beyfortus

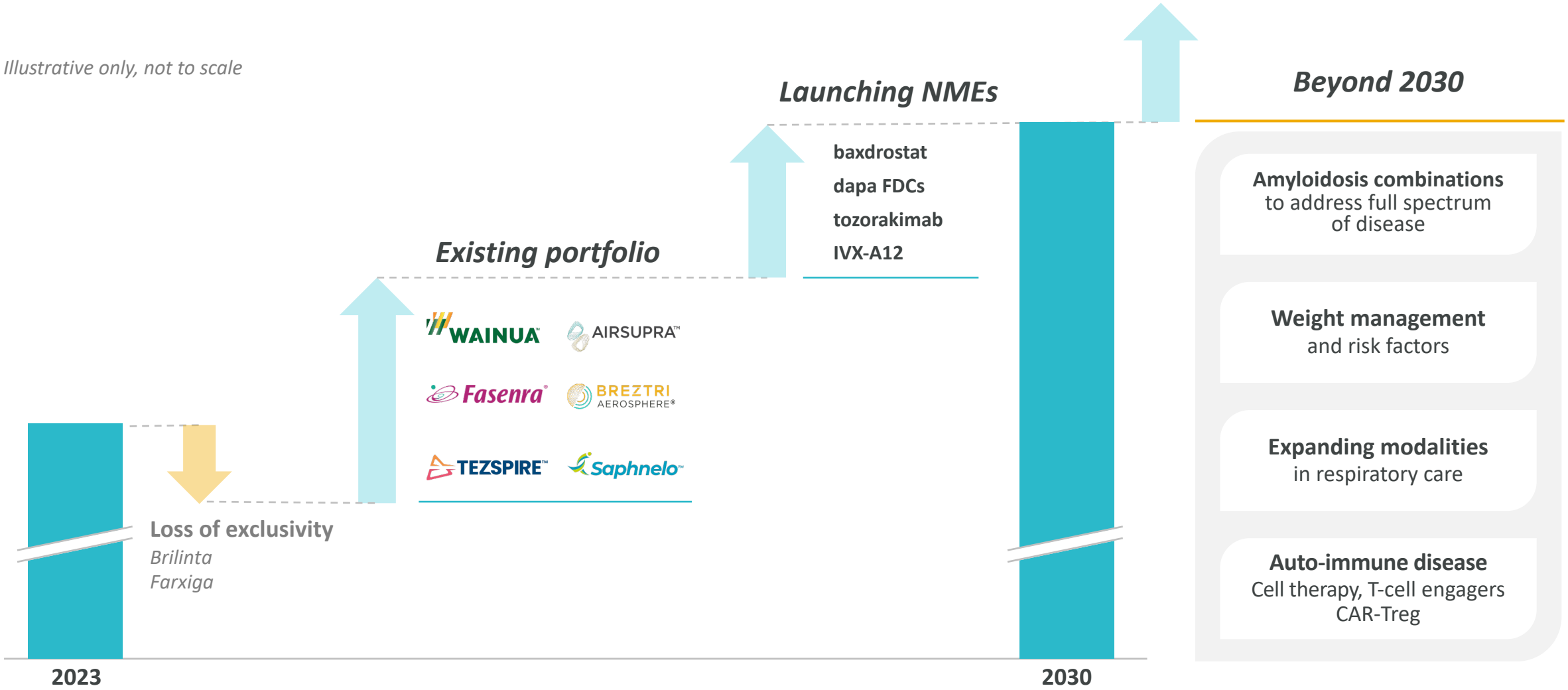
Strong growth delivered



1. V&I medicines in 2019 are *Synagis* and *Flumist*. Partners: Amgen (*Tezspire*), Ionis (*Wainua*) and Sanofi (*Beyfortus*). Acronym definitions can be found in Glossary.

BioPharmaceuticals – next wave of growth to 2030 and beyond

Illustrative only, not to scale



Partners: Amgen (*Tezspire*) and Ionis (*Wainua*). Acronym definitions can be found in Glossary.

Critical trends transforming BioPharmaceuticals care

Expanding modalities	1	Disruptive innovations to transform care
Early diagnosis	2	Intervening before disease progression to drive better outcomes
Novel combinations	3	Dual mechanisms of action to treat interconnected disease
Disease modification	4	Advancing from symptom management to clinical remission
Emerging biology	5	Identifying new areas of disease to fuel a differentiated pipeline

Acronym definitions can be found in Glossary.

Advancing new areas and next-generation therapeutics

Expanding modalities

Building amyloidosis leadership

- **Silencer – *Wainua***
- **Depleter – ALXN2220**

Reaching under-treated patients in respiratory

- **Inhaled biologic – AZD8630** (iTSLP)

Novel combinations

Weight management and risk factors

- **oGLP-1 – AZD5004**
  monotherapy and combinations
- **dapagliflozin combinations**
  - + **baxdrostat** HTN and beyond
  - + **balcinrenone** HF and CKD
  - + **zibotentan** liver/kidney function

Disease modification

Treat with curative intent in auto-immune diseases

- **Cell therapy**
  autologous and allogeneic CAR-T
- **T-cell engager bispecifics**
- **CAR-Treg** armoured Tregs

Partners: Ionis (*Wainua*) and Eccogene (AZD5004). Acronym definitions can be found in Glossary.

Selected key BioPharmaceuticals pipeline catalysts

2024

***Fasenra* ORCHID**
Phase III chronic rhinosinusitis with nasal polyps

***Tezspire* WAYPOINT**
Phase III chronic rhinosinusitis with nasal polyps

2025

AZD0780 (oPCSK9) **PURSUIT**
Phase IIb dyslipidemia

baxdrostat BaxHTN
Phase III hypertension

***Breztri* KALOS/LOGOS**
Phase III asthma

***Fasenra* RESOLUTE**
COPD

***Saphnelo* TULIP SC**
Phase III systemic lupus erythematosus

2025+

***Wainua* CARDIO-TTRansform**
Phase III ATTR-CM

zibo/dapa ZENITH HP | ZEAL
Phase III CKD with high proteinuria | Phase IIb liver cirrhosis

balci/dapa BalanceD-HF | MIRO-CKD
Phase III heart failure with CKD | Phase IIb CKD

baxdro/dapa BaxDuo-ARCTIC
Phase III CKD with HTN

AZD6234 (LA amylin)
Phase IIb obesity

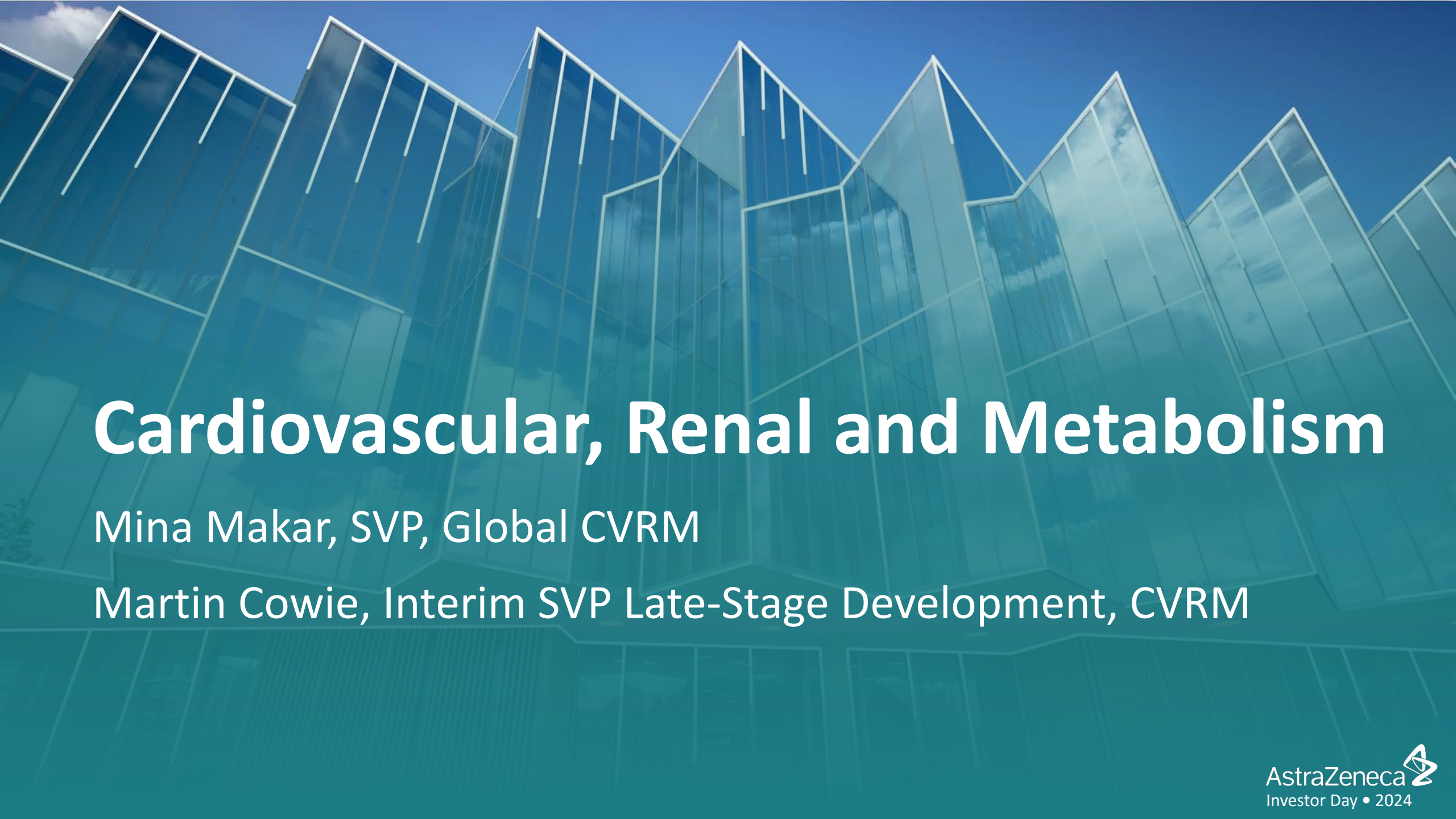
***Saphnelo* IRIS | DAISY**
Phase III lupus nephritis | Phase III systemic sclerosis

***Tezspire* CROSSING**
Phase III eosinophilic esophagitis

tozorakimab LUNA | TILIA
Phase III COPD | Phase III severe viral lower respiratory tract disease

IVX-A12
Phase III RSV/hMPV vaccine

zibo = zibotentan; dapa = dapagliflozin; balci = balcinrenone; baxdro = baxdrostat. Acronym definitions can be found in Glossary.



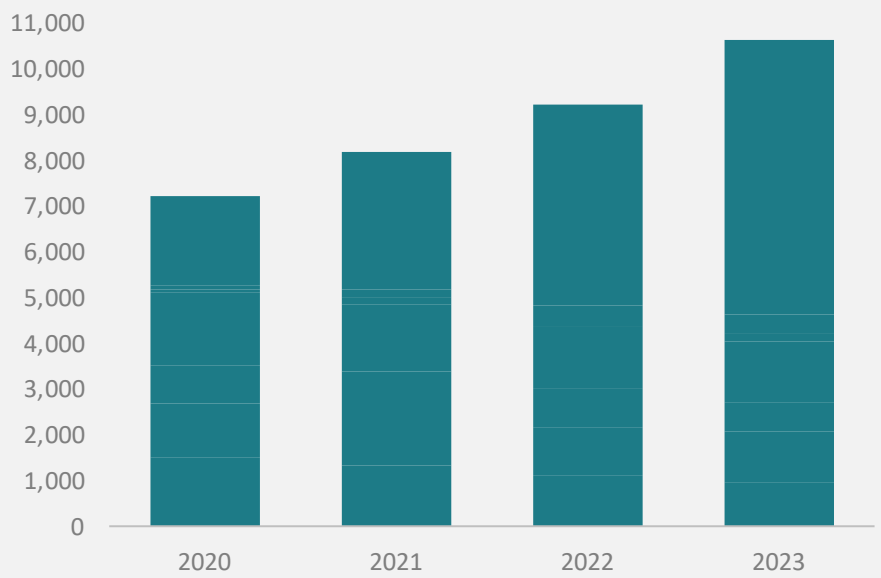
Cardiovascular, Renal and Metabolism

Mina Makar, SVP, Global CVRM

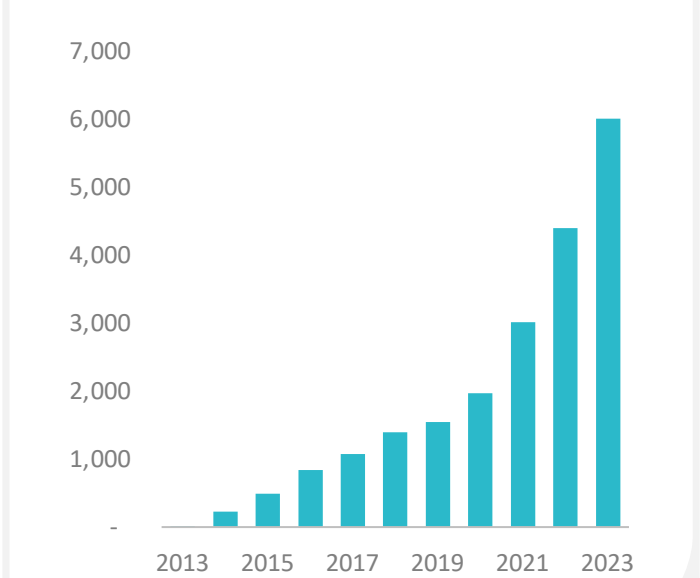
Martin Cowie, Interim SVP Late-Stage Development, CVRM

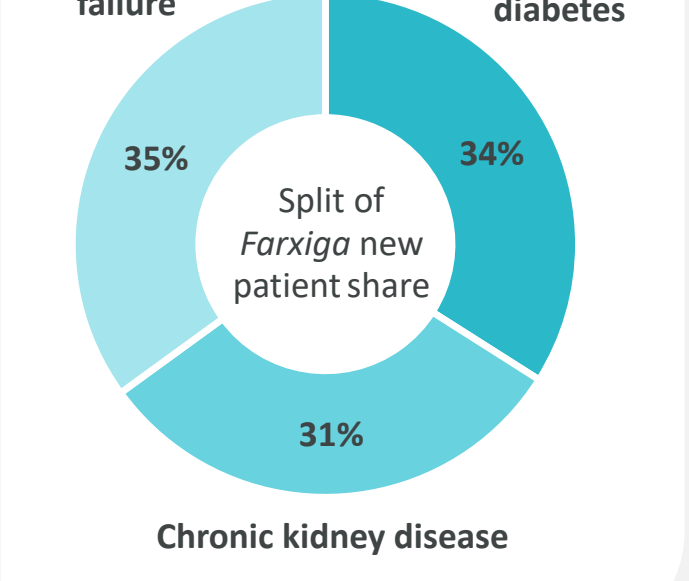
CVRM 2023 Total Revenue >$10bn, leadership in cardiorenal

Delivering double-digit growth year-on-year



Farxiga annualising >$6bn and established as foundational care across HF, CKD and T2D





 Acronym definitions can be found in Glossary.

Focus on CVRM diseases where burden remains

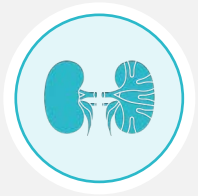
Cardiovascular

$101bn
market potential
7% CAGR

ATTR-CM 300-500k[1]
2-5yr average mortality post-diagnosis[2]

Hypertension 1.3bn[2,3]
~50% treated are uncontrolled[4]

Dyslipidaemia 2bn[4]
70% not at LDL-C goal despite statins[6]



Renal

$18bn
market potential
18% CAGR

Heart failure with CKD 30m[1]
>75% not on MRA[8†]

CKD with hypertension ~600m[5,6]
~50% treated are uncontrolled[11]

CKD with high proteinuria >50m[7,8]
90% more rapid eGFR decline with worsening albuminuria[14]

Metabolism

$162bn
market potential
11% CAGR

Obesity and overweight 2.5bn[9]
>97% obese untreated[16]
~70% in US ≥1 comorbidity[17]

MASH 256m[10]
Minimal treatments

Market potential and CAGR: EvaluatePharma WW Sales by Indication combined consensus + Omnium product forecasts to 2030; All epidemiology figures refer to worldwide prevalence using 2024 as base year, except ATTR-CM which reflects G7 (US, EU5 (Germany, France, UK, Italy and Spain) and Japan. 1. Ionis 2022 Annual Report. 2. WHO – Hypertension Fact Sheet. 3. NCD Lancet 2021. 4. WHO – Global Health Observatory Raised Cholesterol. 5. Foti et al. Kidney Int. 2021 Mar 6. Jager et al. Nephrology Dialysis Transplantation (2019). 7. LabCorp data. 8. Internal RWD analysis. 9. WHO – Obesity Fact Sheet. 10. Zobair et al., Hepatology. Acronym definitions can be found in Glossary.

Strong portfolio of novel mechanisms and combinations

Eliminate HF hospitalisations and reduce CV risk from HTN and dyslipidaemia

farxiga · LOKELMA™ · WAINUA™

Prevent and slow kidney failure

farxiga · LOKELMA™

Reduce and reverse obesity-driven comorbidities

farxiga · xigduo

Featured new medicines by 2030

Wainua ATTR-CM	**baxdrostat** hypertension	**balcinrenone/dapa** CKD		**AZD5004** T2D/weight management	**zibotentan/dapa** liver cirrhosis
balcinrenone/dapa HF with CKD	**AZD0780** dyslipidaemia	**baxdrostat/dapa** CKD with hypertension		**AZD6234** weight management	
		zibotentan/dapa CKD with high proteinuria		**AZD9550** weight management	

Acronym definitions can be found in Glossary.
Collaboration partner: Ionis (*Wainua*)

Wainua – launch in polyneuropathy unlocks significant opportunity in cardiomyopathy

$5bn+*

ATTR-PN

up to 40k patients with ATTRv-PN[1,2]

Launch progressing well in US

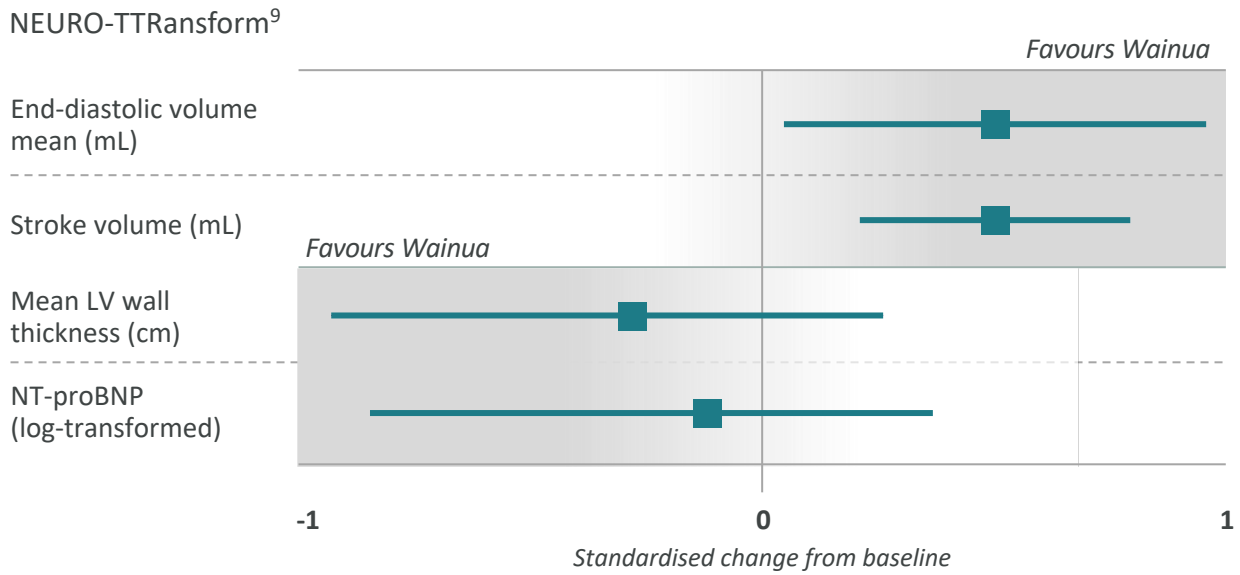
Q1 2024 US | 2024 EU | 2025 LATAM

ATTR-CM

300-500k patients with ATTR-CM[3-6]

5-10% of heart failure with preserved ejection fraction[7,8]

Wainua – only monthly approved self-administered PN therapy

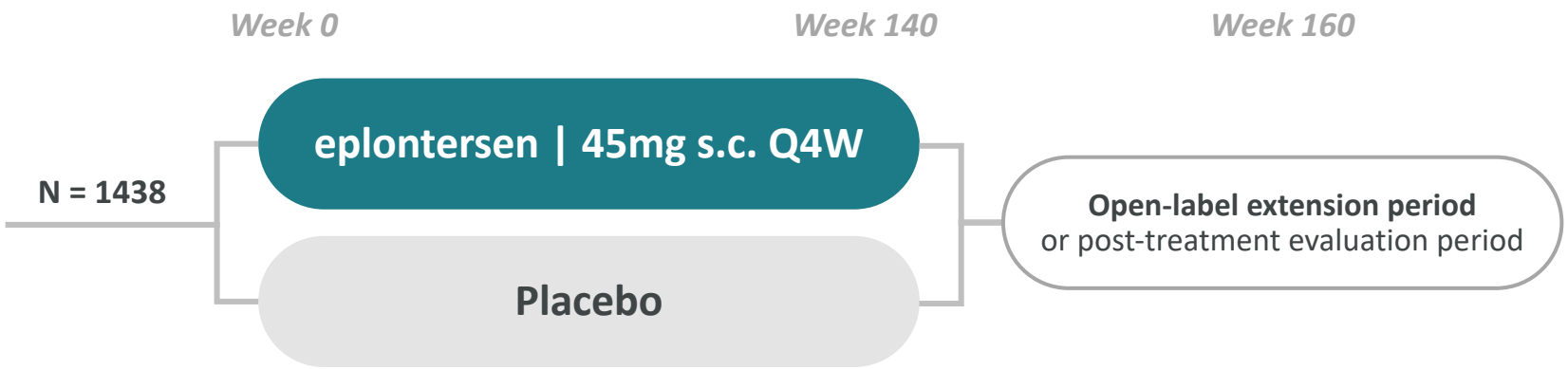


Exploratory data support potential ATTR-CM efficacy

*Peak Year Revenue, non-risk adjusted. Epidemiology reflects G7 (US, EU5 (Germany, France, UK, Italy and Spain) and Japan. 1. Rintell D et al. Orphanet J Rare Dis. 2021;16(1):70. 2. González-Duarte A et al. Neurol Ther. 2020;9(1):135-149. 3. Ionis 2022 Annual Report. Accessed March 15, 2023. 4. Hawkins PN et al. Ann Med. 2015;47(8):625-638. 5. Witteles RM et al. JACC Heart Fail. 2019;7(8):709-716. 6. Gertz M et al. BMC Fam Pract. 2020; 7: Maurer MS et al. Circ Heart Fail. 2019;12(9):e006075. 8. Nativi-Nicolau JN et al. Heart Fail Rev. 2022;27(3):785-793. 9. Coelho T (2023) JAMA; 330(15):1448-1458. 10. Masri A (2023) J Card Fail; S1071-9164(23)00894-1. Acronym definitions can be found in Glossary. Collaboration partner: Ionis (*Wainua*).

Evaluating *Wainua* in largest ATTR-CM trial to assess different sub-populations

Wainua Phase III CARDIO-TTRansform trial



Primary endpoint:
composite of CV mortality and recurrent CV clinical events

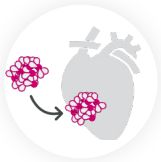
Secondary endpoints:
change from baseline in 6MWT and KCCQ scores;
rate of CV clinical events, CV mortality and all-cause mortality

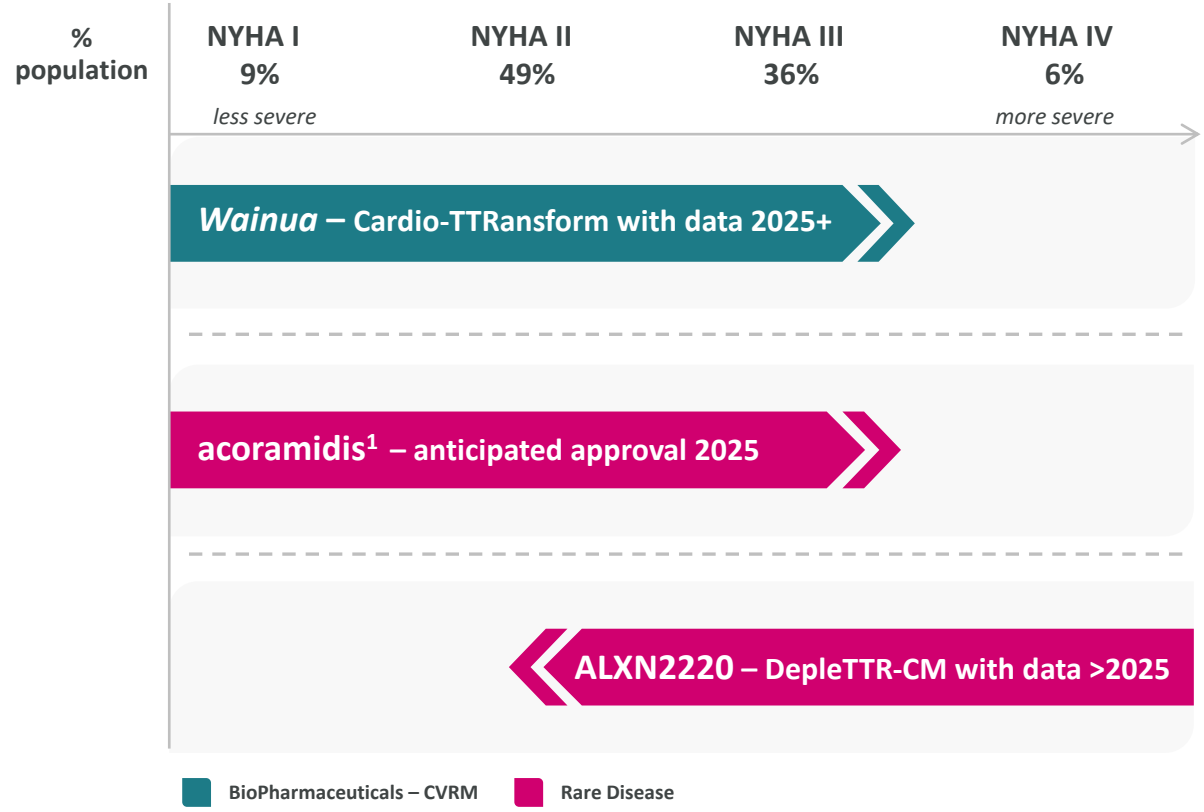
Trial readout expected 2025+

1. Study NCT04136171, ClinicalTrials.gov website. Acronym definitions can be found in Glossary.
Collaboration partner: Ionis (*Wainua*).

Leveraging CVRM and Rare Disease expertise in ATTR-CM

Complementary mechanisms

	Pathophysiology		Medicine and modality
1	**TTR production** in the liver		**Silencer** ***Wainua*** blocks TTR synthesis
2	**Tetramer formation**		**Stabiliser** **acoramidis**[1] stabilises TTR tetramers
3	**Organ deposition**		**Depleter** **ALXN2220** binds to misfolded TTR, removes toxic fibrils



1. Alexion, AstraZeneca Rare Disease has rights to acoramidis in Japan. Acronym definitions can be found in Glossary.
Collaboration partners: Ionis (*Wainua*); BridgeBio (acoramidis).

baxdrostat – new potential treatment for aldosterone dysregulation, a key driver of hypertension

$5bn+ franchise*

1.3bn patients with hypertension

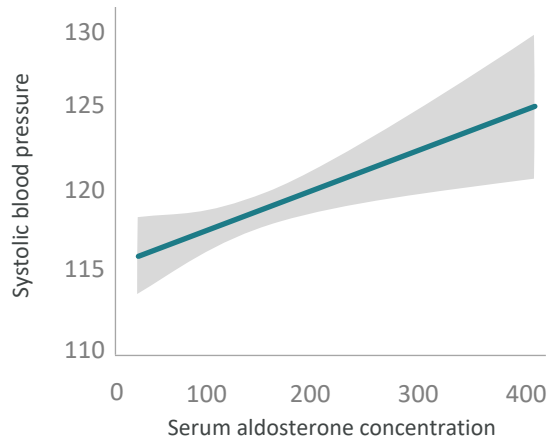
50% of treated are uncontrolled[1,2]

baxdrostat
aldosterone synthase inhibitor

- Very low doses enable combinations and maintain selectivity
- Long half-life (26-30 hours) ensures 24-hour control

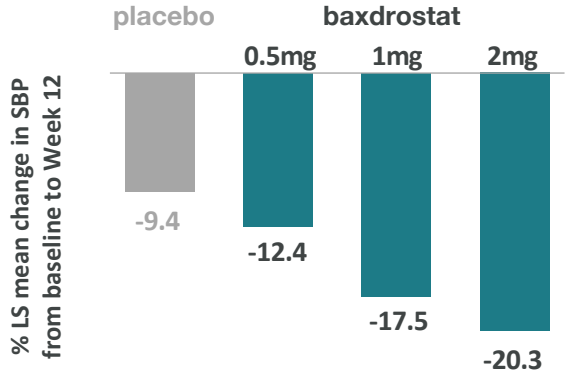
Elevated aldosterone leads to HTN, CKD and HF

Higher aldosterone leads to higher blood pressure[3]



Significant reduction in systolic blood pressure in Phase IIb

BrigHTN Phase IIb treatment-resistant hypertension[4]



Phase III BaxHTN trial readout anticipated in 2025

*Peak Year Revenue, non-risk adjusted; includes dapagliflozin combination. 1. World Health Organization – Hypertension Fact Sheet. 2. NCD Lancet 2021; 398: 957–80. Shown as percentage of treated that are uncontrolled. 3. Mahmud A (2005) Am J Hypertens; 18(12 Pt 1):1631-5. 4. Freeman MW (2023) New England Journal of Medicine; 388(5):395-405. Acronym definitions can be found in Glossary.

AZD0780 (oPCSK9) – for dyslipidaemia in high-risk cardiovascular disease

$5bn+*

70%

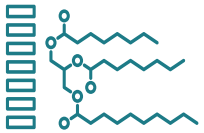
of patients with cardiovascular disease not at LDL-C target, despite high-intensity statins[1]

AZD0780 – differentiated target profile

EAS European Atherosclerosis Society Late-breaker session

Oral small molecule

enables FDCs with no food effects or need for fasting

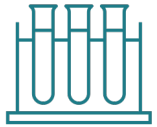


≥50%

LDL-C reduction on top of statins

Potential 90%

of patients to reach goal

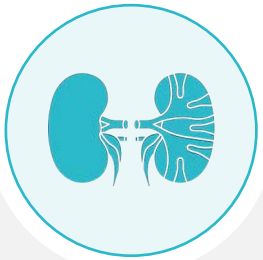


Phase IIb

first patient dosed January 2024

*Peak Year Revenue, non-risk adjusted; includes fixed-dose combination opportunities. 1. of high risk 1' & 2' prevention patients in US. Acronym definitions can be found in Glossary.

Novel dual mechanisms with dapagliflozin in Phase III



balcinrenone/dapagliflozin

HF w/ CKD
BalanceD-HF Phase III

12 million[1]

CKD
MIRO-CKD Phase IIb

17 million[1,2]

baxdrostat/dapagliflozin

CKD w/ HTN
BaxDUO ARCTIC Phase III

21 million[1]

zibotentan/dapagliflozin

CKD w/ HP
ZENITH High Proteinuria Phase III

6 million[1,3]

Liver cirrhosis
ZEAL Phase IIb

8 million[1]

Strong foundation with >60 million patients on dapagliflozin monotherapy across CKD, HF and T2D[4]

1. Top 8 (US, China, Japan, EU5) addressable population at asset Peak Year Revenue; derived from AstraZeneca internal analysis using syndicated sources, real-world data analysis and market research. 2. CKD numbers exclude CKD with comorbid heart failure. 3. Excludes NYHA III-IV heart failure patients. 4. Estimated by time of combination launches. Acronym definitions can be found in Glossary.

balcinrenone/dapagliflozin – potential to improve outcomes for patients with HF and CKD

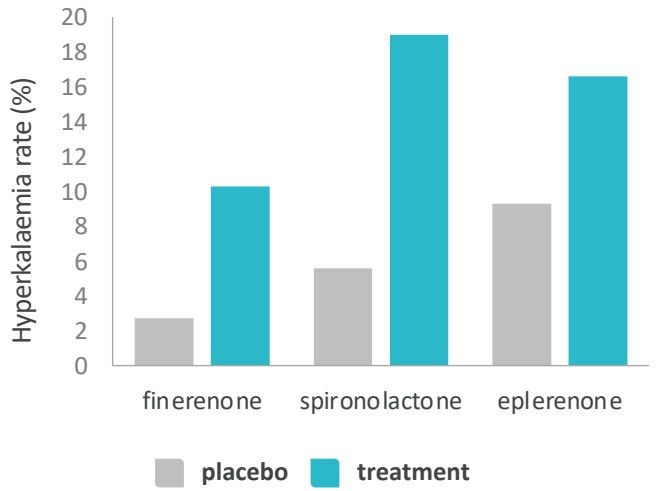
$3-5bn*

45% of HF patients have CKD[1], of which **75%** are not on an MRA[2,3]

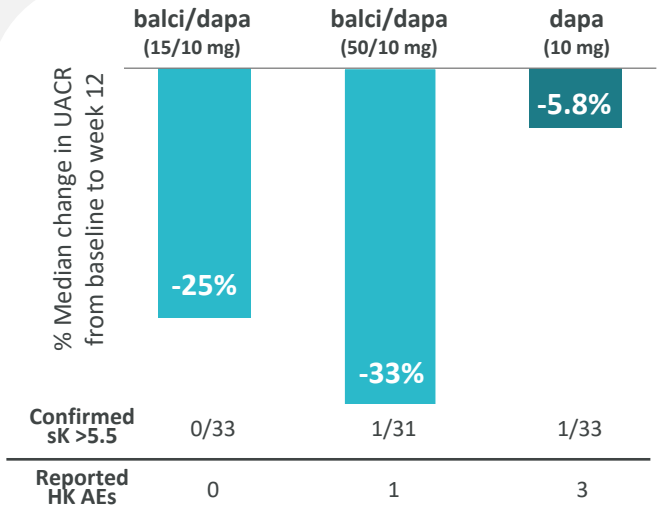
balcinrenone/dapagliflozin
MRM/SGLT2i

- Benefits of MRA in HF without the risk of hyperkalaemia
- Single once-daily dose, no titration schedule

Traditional MRAs increase hyperkalaemia[4-7]



MIRACLE Phase IIb[8]: reduced UACR without hyperkalaemia



BalanceD-HF and BalanceD-CKD Phase III readouts anticipated >2025

*Peak Year Revenue, non-risk adjusted. 1. IQVIA LAAD Dataset, January 2017 to December 2019 & Lofman et al., Open Heart. 2016; 3:e000324. 2. In HFrEF with eGFR <45. 3. Patel RB et al., J. Am. Coll. Cardiology. 2021;78(4):330-43. 4. Rossing et all 2022 Finerenone in patients with CKD and T2DM by SGLT2i treatment: The FIDELITY Analysis. 5. Vardeny et al Circ Heart Fail 2014 Incidence, Predictors and Outcomes Related to Hypo-and Hyperkalemia (RALES post hoc analysis). 6. Zannad et al NEJM 2011 EMPHASIS-HF results. 7. Vaduganathan M, et al.. Lancet. 2020;396(10244):121-128. 8. Lam CSP et al Eur J Heart Failure 2024 (in press). Acronym definitions can be found in Glossary.

baxdrostat/dapagliflozin – potential to further slow progression of chronic kidney disease

$5bn+*

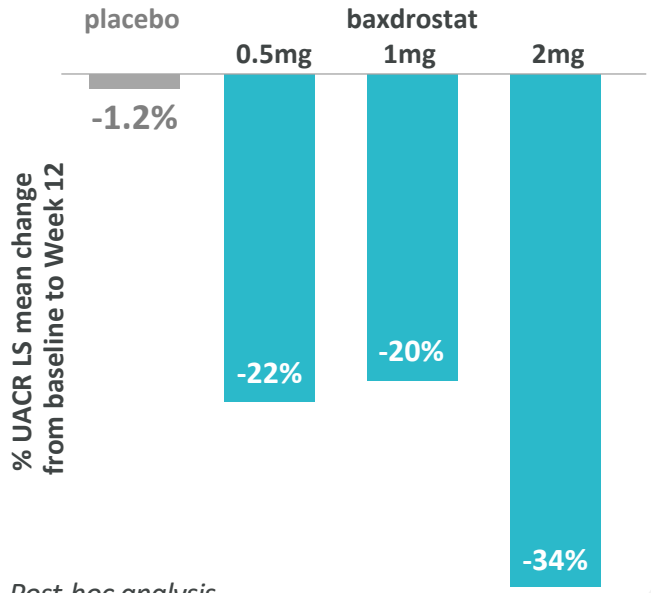
600m people with CKD and hypertension[1,2]

Faster decline in renal function with higher aldosterone[3]

baxdrostat/dapa
ASI/ SGLT2i

- Reduce blood pressure and provide additional organ protection in once-daily dosing

BrigHTN Phase II UACR reduction[4]

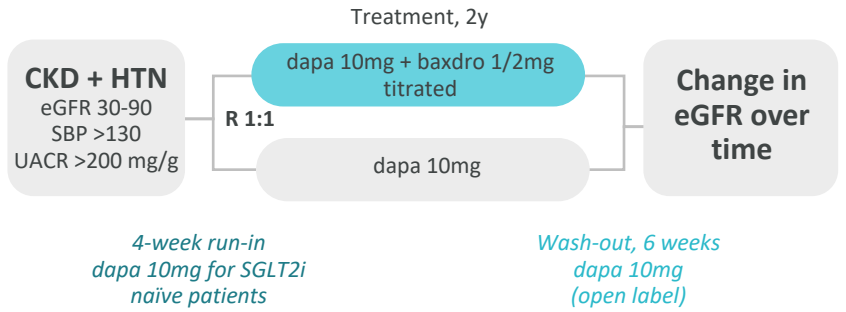


Post-hoc analysis

Phase III programme ongoing

BaxDuo-ARCTIC
eGFR slope

>2025
data readout



*Peak Year Revenue, non-risk adjusted for baxdrostat franchise (monotherapy and combination with dapagliflozin). 1. Global Burden of Disease Study 2017 (2020). Vol 395, Issue 10225, p709-733. 2. Jager et al. Nephrology Dialysis Transplantation (2019). Vol 34, Issue 11, p1803–1805. 3. Verma A (2022) Eur Heart J; 43(38): 3781–3791. 4. Freeman MW (2023) N Engl J Med; 388(5):395-405. Acronym definitions can be found in Glossary.

zibotentan/dapagliflozin – to delay worsening of kidney function and prevent liver disease complications

$3-5bn*

10% CKD with high proteinuria[1]

123m liver cirrhosis, ~5-10% with portal hypertension[2-5]

zibotentan/dapagliflozin
ET_ARA/ SGLT2i

- Selectivity allows lower doses
- Positive effects on blood pressure, LDL and HbA1c
- No risk of hyperkalaemia

ET_A/SGLT2 – complementary mechanisms

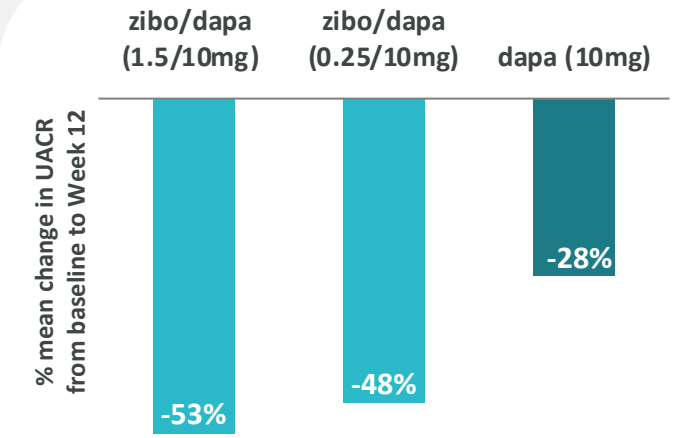
zibotentan
ET_A receptor antagonist

↓ liver and kidney blood pressure
↓ albuminuria
↓ inflammation and fibrosis

dapagliflozin
SGLT2 inhibitor

↓ sodium and volume overload, oxidative stress, vascular stiffness
↓ albuminuria

Reduced albumin in ZENITH-CKD Phase IIb[6]

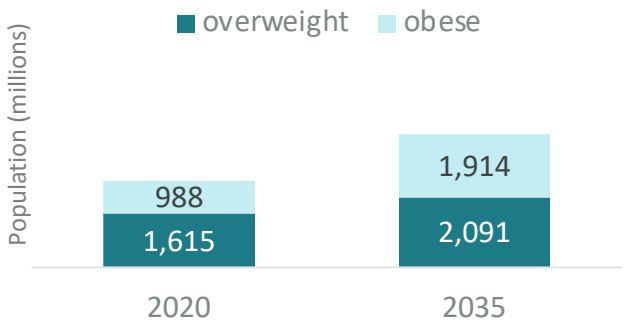


ZENITH High Proteinuria Phase III and ZEAL Phase IIb readouts anticipated >2025

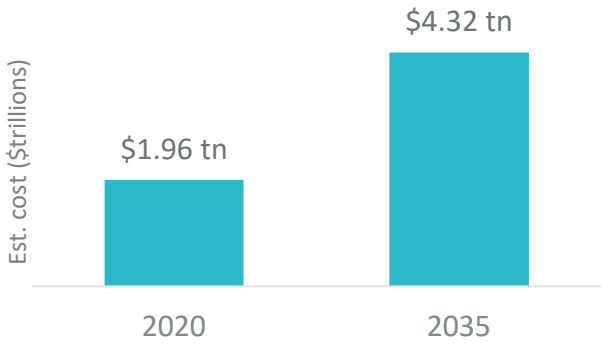
*Peak Year Revenue, non-risk adjusted for zibotentan franchise (liver cirrhosis and CKD with portal hypertension). 1. LabCorp data showing ~8% of CKD2-4 patients with >700 mg/g; and internal real-world data analysis showing 10% of CKD3a-4 patients with UACR>700 mg/g. 2. Tan et al. , Dig Dis (2023) 41 (6): 900–912. 3. Amico J of Hepatology 2006. 4. The Lancet Gastroenterology & Hepatology 2020 5245-266 DOI: (10.1016/S2468-1253(19) 30349-8. 5. Internal real-world data analysis (TriNetX), 2023; 6. Heerspink HJL (2003) Lancet;402(10416):2004-2017. Acronym definitions can be found in Glossary.

Going beyond obesity to improve quality of weight loss and manage comorbidities

>50% of global population
will be overweight or obese by 2035[1]

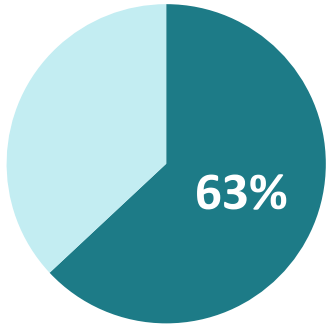


Obesity estimated to cost the economy **3% of global GDP**[1]



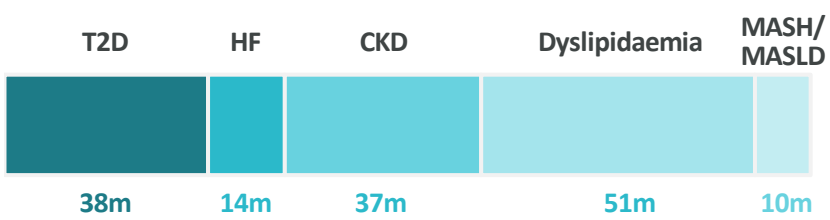
63% of comorbidities to be targeted by our oral and injectable combinations[2]

48.2m patients have no co-morbidity



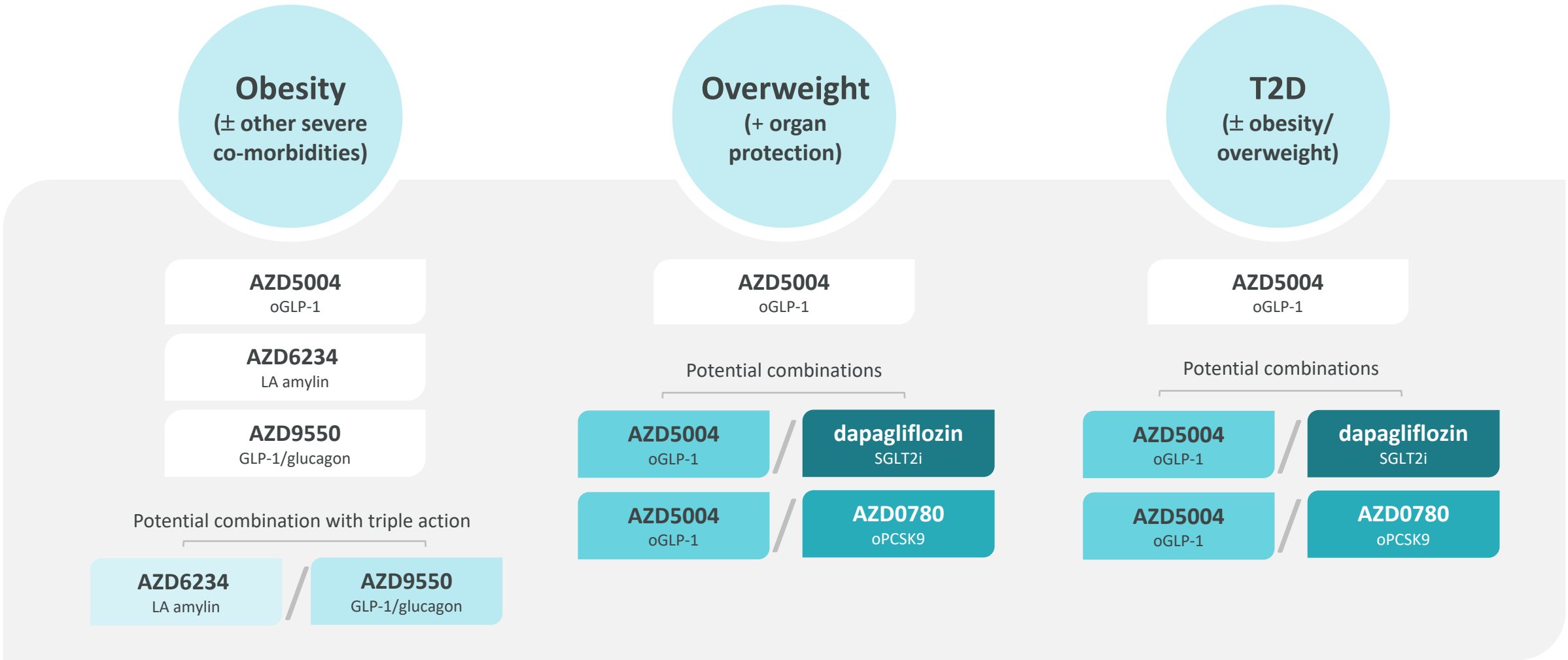
82.2m patients have ≥1 co-morbidity

Co-morbidities*



1. World Obesity Atlas 2023. Excludes children under 5 years. 2. TriNetX (US EHR data), November 2020. Obesity defined as ICD10 codes E66.0, E66.1 , E66.2 , E66.8 , E66.9; T2D defined by ICD10 code E11; CKD defined by eGFR levels between 15 and 75 (CKD stages 2-4); heart failure defined by ICD10 code 150; NASH/NAFLD defined by ICD10 codes K75.81 and K76.0; dyslipidaemia defined by LDL>70. *% adds up to more than 82.2m as many patients have several co-morbidities. Acronym definitions can be found in Glossary.

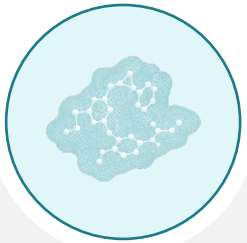
Delivering durable weight loss, addressing cardiometabolic risk and protecting organs



Acronym definitions can be found in Glossary.
Collaboration partner: Eccogene (AZD5004).

$5bn+*

Three high potential assets progressing to Phase IIb

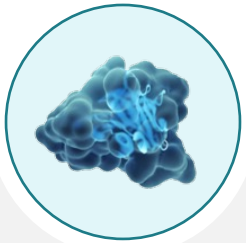


AZD5004

oGLP-1

- Small molecule
- Strong target engagement
- Once-daily dosing
- Combinations across obesity, weight management, and type-2 diabetes

Two Phase IIb trials planned in 2024

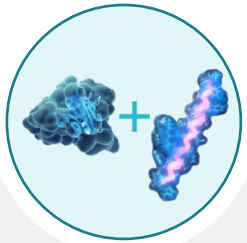


AZD6234

long-acting amylin

- Selective amylin agonist
- Once-weekly dosing
- Adjunct for additional fat-specific weight loss
- Replacement therapy for incretin intolerance

Phase IIb trial planned in 2024



AZD6234 + AZD9550

long-acting amylin + GLP-1/glucagon

- Triple peptide agonists
- Once-weekly dosing
- Fat-specific weight loss
- Organ protection

Phase IIb trial planning underway

*Peak Year Revenue potential, non-risk adjusted for franchise; includes several medicines with multi-blockbuster potential. Acronym definitions can be found in Glossary.
Collaboration partner: Eccogene (AZD5004)

Multiple high-value opportunities and rich near-term catalyst path support growth to 2030 and beyond

Growth drivers to 2030

$5bn+ PYR*

baxdrostat franchise

dapagliflozin FDCs

WAINUA™

$1-3bn PYR*

LOKELMA™

2025

baxdrostat

BaxHTN
Phase III HTN

AZD0780 (oPCSK9)
PURSUIT
Phase IIb dyslipidaemia

2025+

Wainua

CARDIO-TTRansform
Phase III ATTR-CM

zibotentan/dapa

ZENITH-HP | ZEAL
Phase III CKD with high proteinuria |
Phase IIb liver cirrhosis

balcinrenone/dapa

BalanceD-HF | MIRO-CKD
Phase III HF with CKD |
Phase IIb CKD

baxdrostat/dapa

BaxDuo-ARCTIC
Phase III CKD with HTN

AZD5004 (oGLP-1)
Phase IIb obesity |
Phase IIb T2D

AZD6234 (LA amylin)
Phase IIb obesity

*Peak Year Revenue, non-risk adjusted; Peak Year Revenues could occur beyond 2030. Acronym definitions can be found in Glossary.
Collaboration partners: Ionis (Wainua); Eccogene (AZD5004).

Respiratory and Immunology

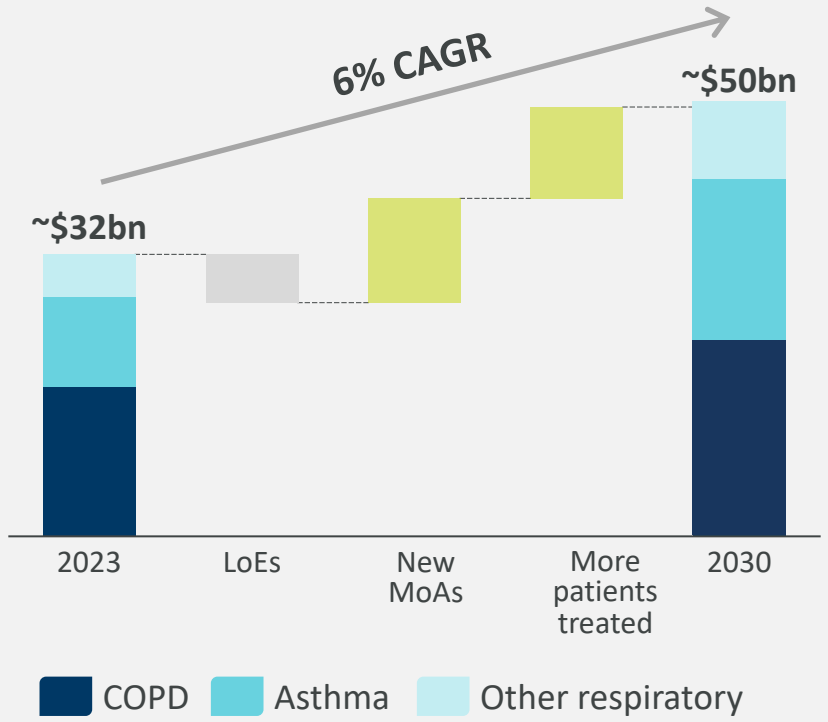
Pablo Panella, SVP, Global R&I

Caterina Brindicci, SVP Late-Stage Development R&I

Strong growth anticipated in chronic respiratory disease market

COPD	**91m**[1] **patients by 2030**	**3rd** leading cause of death[2,3]	**0** biologics approved in COPD
Asthma	**93m**[1] **patients by 2030**	**~50%** of severe patients remain uncontrolled[4]	**~20%** biologics-penetration in severe asthma[5]
Other respiratory	**3m**[1] **patients by 2030**	**~50%** mortality rate at 5 years in IPF[6]	**0** therapies approved in bronchiectasis

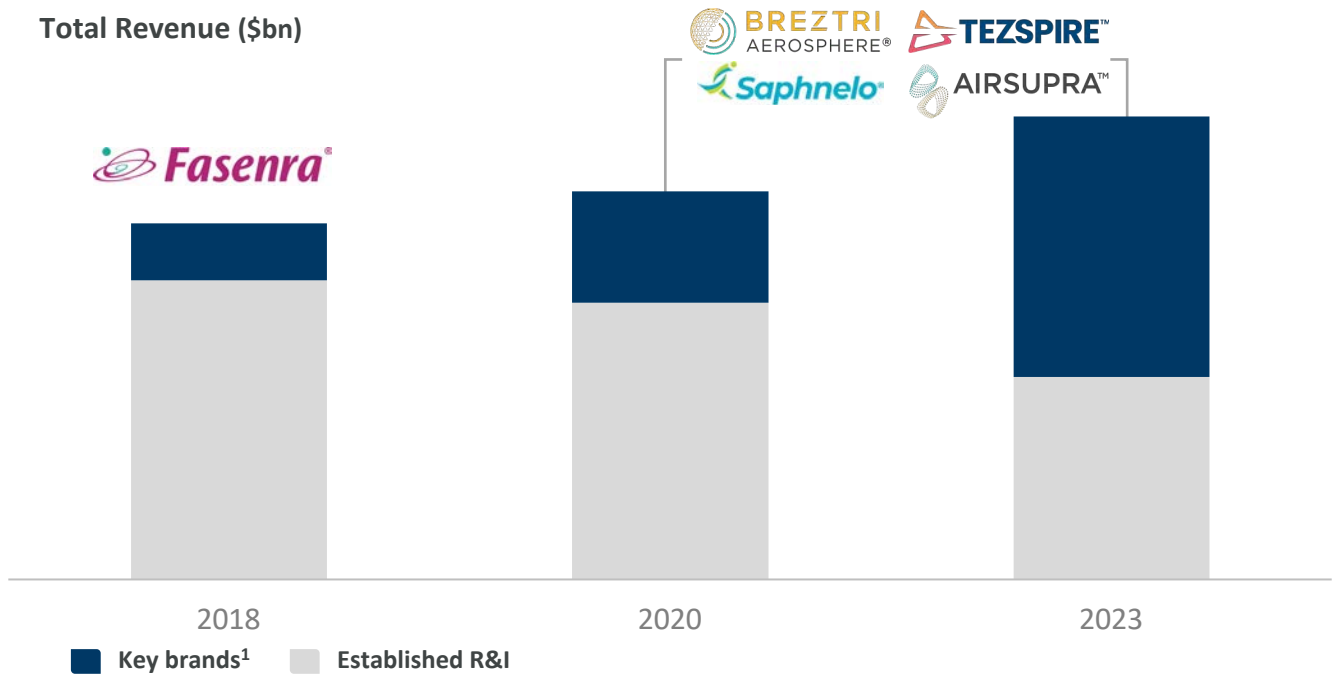
~$50bn market by 2030[7]



1. Patients by 2030 estimates for G8; source: EvaluatePharma, IQVIA/AstraZeneca analysis. 2. Not including COVID-19. 3. Global Burden of Disease Collaborative Network. *The Lancet,* 2024. 4. Chen S, et al. "Systematic literature review of the clinical, humanistic, and economic burden associated with asthma uncontrolled by GINA Steps 4 or 5 treatment." *Curr Med Res Opin*. 2018; 34: 2075-2088. 5. IQVIA/AstraZeneca analysis. 6. Zheng Q et al. ERJ Open Res. 2022;8(1):00591-2021. 7. Chronic respiratory disease market estimate (EvaluatePharma/AstraZeneca analysis). Acronym definitions can be found in Glossary.

R&I portfolio poised for accelerated growth through 2030

Transformed portfolio



Strong fundamentals support growth

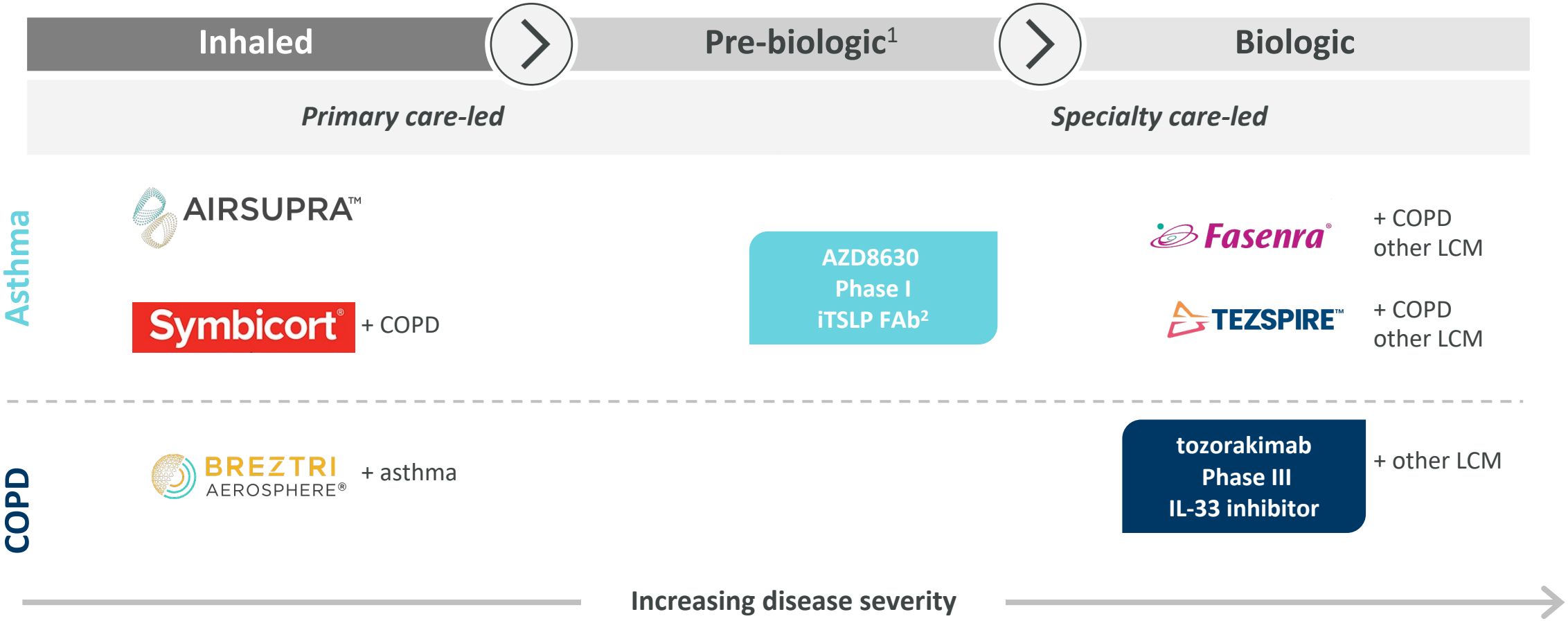
Multiple recent launches with no major LoE impact before 2030

Substantial opportunity in **China and Emerging Markets ex-China**

Industry-leading pipeline in Respiratory, expanding in Immunology

1. Key brands are *Fasenra*, *Symbicort* in Emerging Markets, and the four recent launches *(Breztri, Tezspire, Saphnelo, Airsupra)*. Acronym definitions can be found in Glossary. Collaboration partner: Amgen (*Tezspire*).

Industry-leading asthma and COPD portfolio, emerging pipeline potential to lead in the pre-biologic market

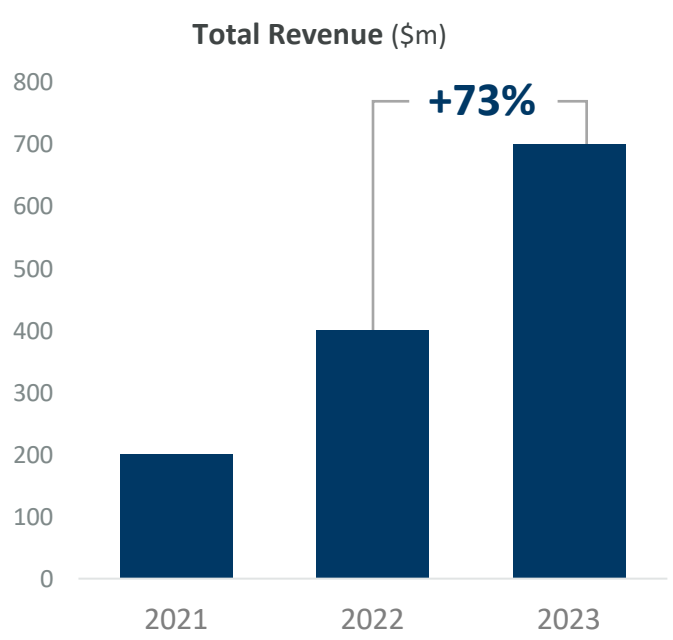


1. Only select pipeline assets shown; not a comprehensive list of AstraZeneca pipeline. 2. AZD8630 moving into Phase II development within 2024. Acronym definitions can be found in Glossary.
Collaboration partner: Amgen (*Tezspire* and AZD8630).

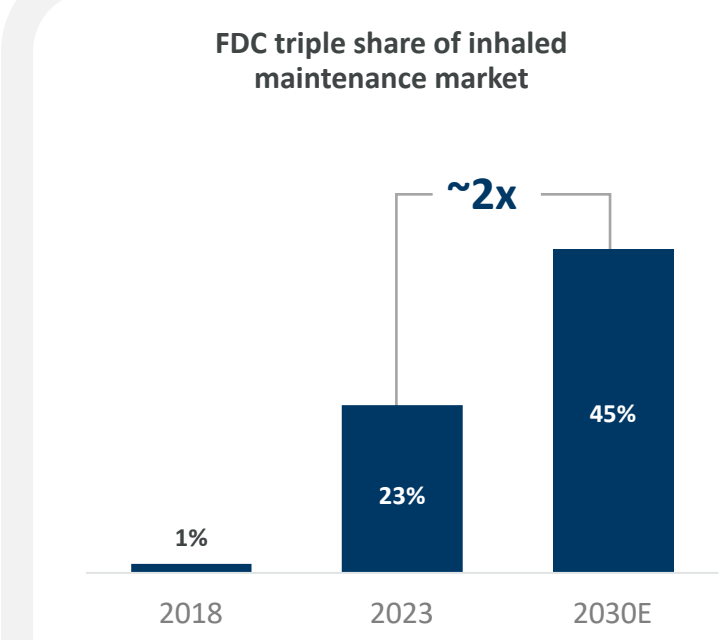
Breztri – continues to accelerate with potential to become standard-of-care in COPD

$3–5bn*

Breztri is fastest growing FDC triple

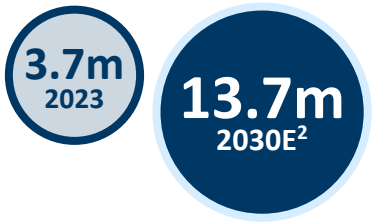


FDC triple to become mainstay in COPD[1]



Additional growth drivers

Significant opportunity in China



FDC triple class patients

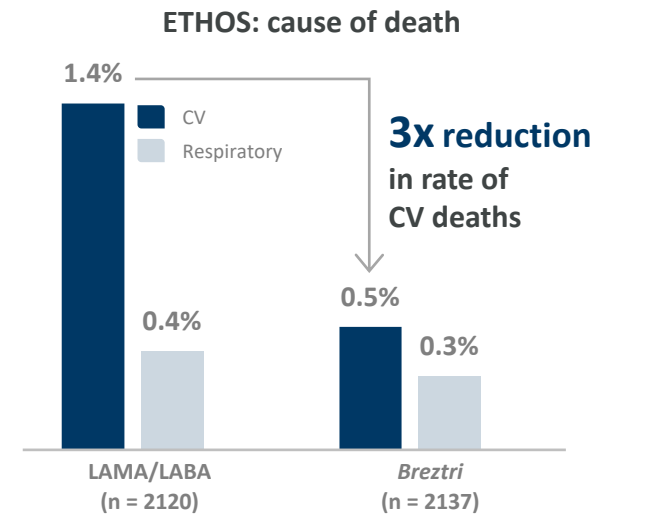
Breztri **71%** share of triple class[3]

Expansion into asthma
Phase III data anticipated in 2025

*Peak Year Revenue, non-risk adjusted. 1. Internal AstraZeneca analysis. 2. Internal AZ analysis and references studies by Fang (2015) and Wang (2014-2015); Guo X, 2018 (1996-2010). 3. FY 2023, IQVIA MIDAS. All growth rates at CER. Acronym definitions can be found in Glossary.

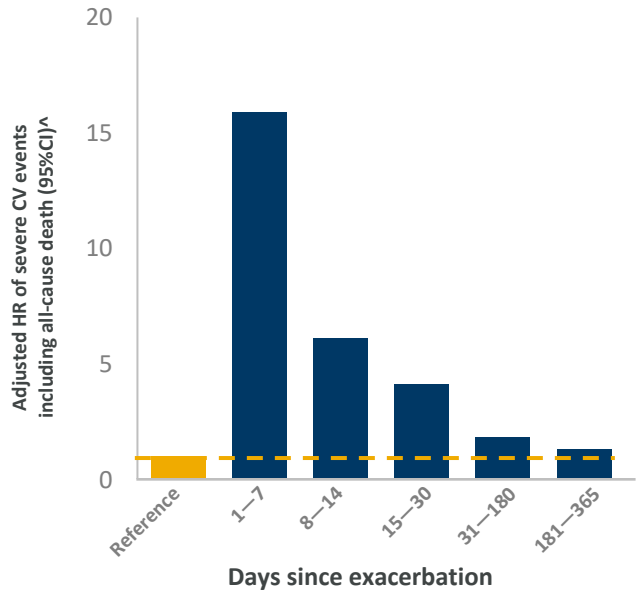
THARROS – first trial to explore impact of triple therapy on cardiopulmonary outcomes in COPD, potential to expand eligible population

Mortality reduction in Phase III ETHOS trial[1]



Numerically fewer CV deaths with *Breztri* vs. LAMA/LABA

CV events significantly higher following COPD exacerbation[2]



Potential to expand triple use up to +24m eligible patients[3]

Phase III THARROS

First-ever cardiopulmonary outcomes endpoint

Patients irrespective of exacerbation history

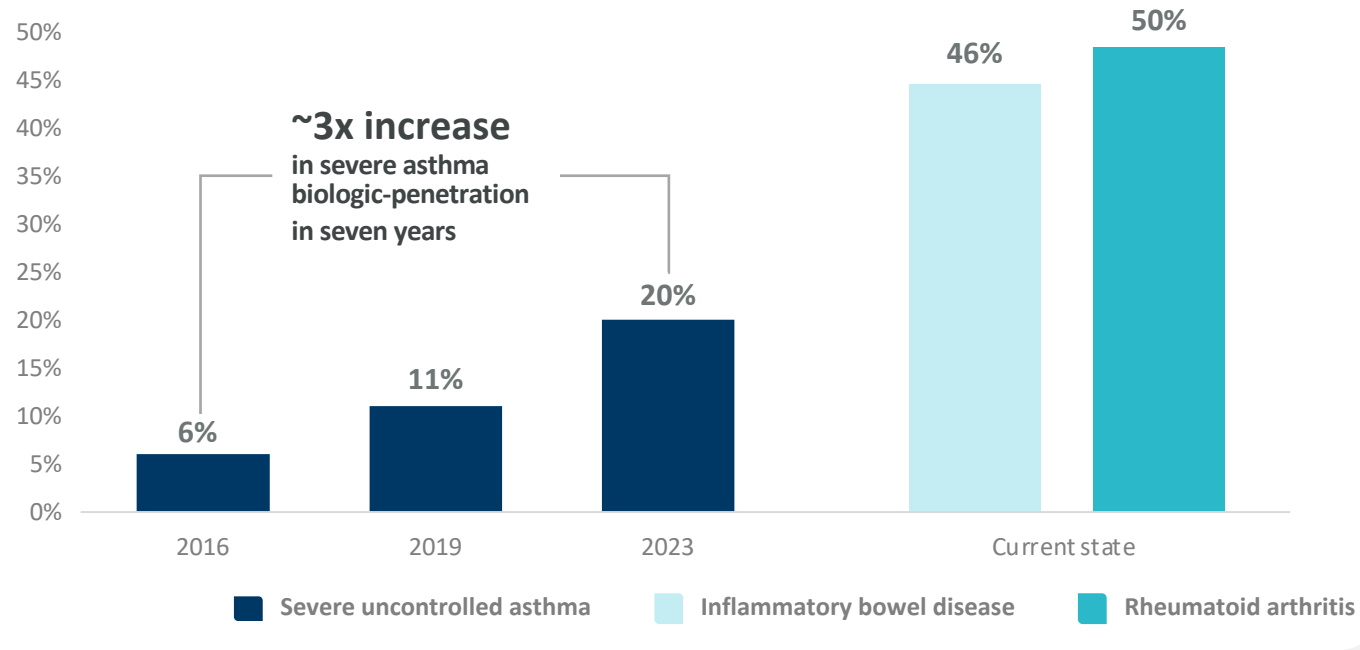
1. Martinez et al, "Reduced All-Cause Mortality in the ETHOS Trial of Budesonide/Glycopyrrolate/Formoterol for Chronic Obstructive Pulmonary Disease. A Randomized, Double-Blind, Multicenter, Parallel-Group Study." *American Journal of Respiratory and Critical Care Medicine,* 2020. 2. Hawkins et al, "Heightened long-term cardiovascular risks after exacerbation of chronic obstructive pulmonary disease," British Medical Journal, 2022. 3. Adelphia DSP 2022; AZ analysis/Data on File. Acronym definitions can be found in Glossary.

Severe uncontrolled asthma: substantial market growth potential

Strong potential for **greater biologic-penetration** in asthma

Leading NBRx share in biologic market across G7 with *Fasenra* and *Tezspire*

Sustained growth in biologic-penetration; significant opportunity for further category growth



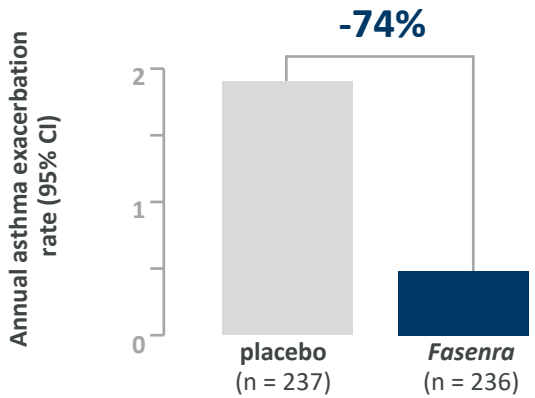
Data Source: US: IQVIA Custom SOB Data M.E., accessed 12 January 2024. Acronym definitions can be found in Glossary.

Fasenra – leading the IL-5 class, expanding in China and LCM unlocking further growth potential

$3–5bn*

Expanding into China with unprecedented efficacy

***Fasenra* Phase III MIRACLE data in China[1]**



[Rate ratio 0.26 [95% confidence interval (CI) 0.19, 0.36], p<0.0001]

China approval anticipated H2 2024

+3.5M patients[2]

Phase III LCM unlocks >$1bn PYR* opportunity

ORCHID chronic rhinosinusitis with nasal polyps	**H2 2024** data readout
MANDARA eosinophilic granulomatosis with polyangiitis	**H2 2024** regulatory decision
NATRON hyper eosinophilic syndrome	**H2 2024** data readout
RESOLUTE COPD	**2025** data readout

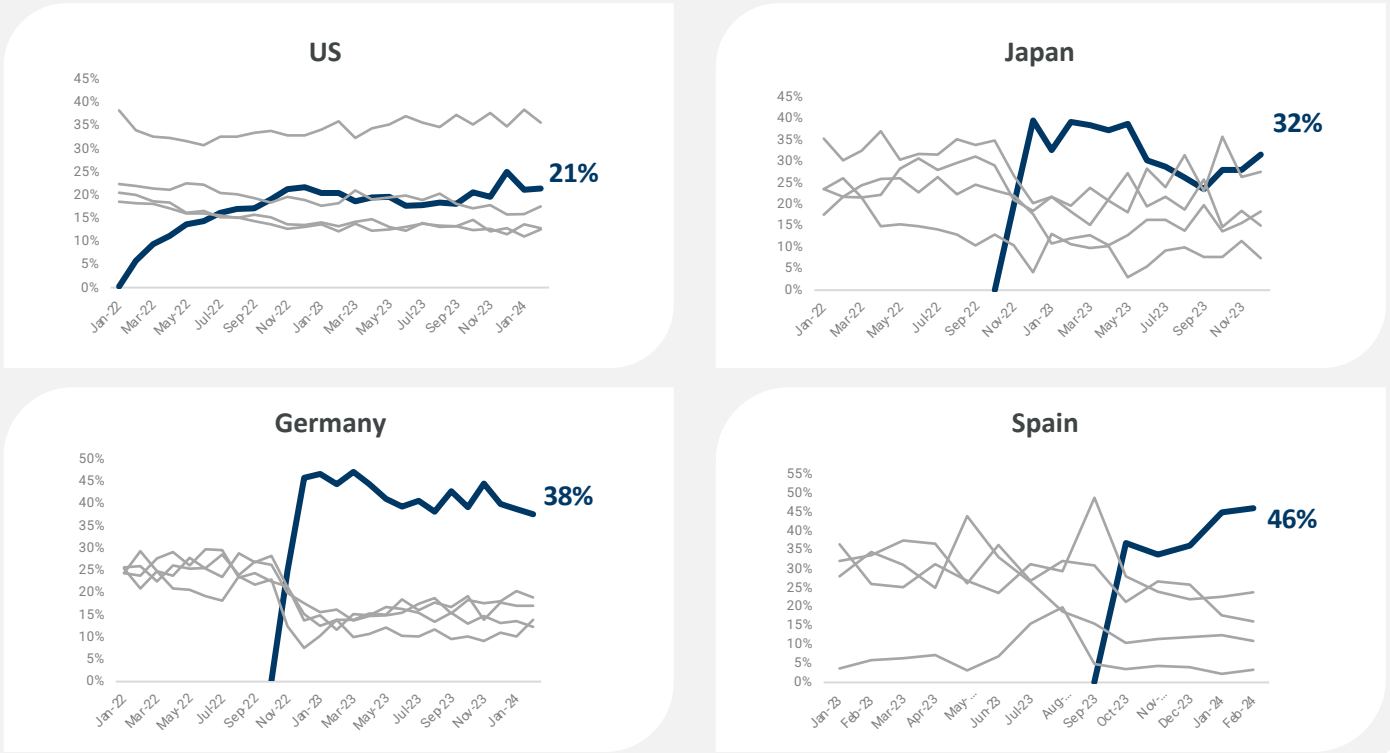
*Peak Year Revenue (PYR), non-risk adjusted. 1. Lai K et al. "Benralizumab efficacy and safety in severe asthma: a randomized trial in Asia." Respir Med. 2024. 2. IQVIA/AstraZeneca analysis.

Tezspire – set to lead in severe uncontrolled asthma with new growth catalysts through LCM

Multi-billion $*

Early launch success supports establishing *Tezspire* leadership in severe uncontrolled asthma

NBRx share



Upcoming LCM provides additional opportunity

Phase III DIRECTION severe asthma (China)	**H2 2024** data readout
Phase III WAYPOINT chronic rhinosinusitis with nasal polyps	**H2 2024** data readout
Phase III CROSSING eosinophilic esophagitis	**>2025** data readout
Phase II COURSE COPD	**H1 2024** data readout

*Peak Year Revenue, non-risk adjusted. US: IQVIA Custom SOB, monthly NBRx share January 2024; Japan: IQVIA MDV, November 2023; Germany: IQVIA LRx data January 2024 with AstraZeneca hospital up-projection; Spain: Telomera NBRx January 2024. Acronym definitions can be found in Glossary.
Collaboration partner: Amgen.

Tezspire – new data demonstrate broader potential in COPD

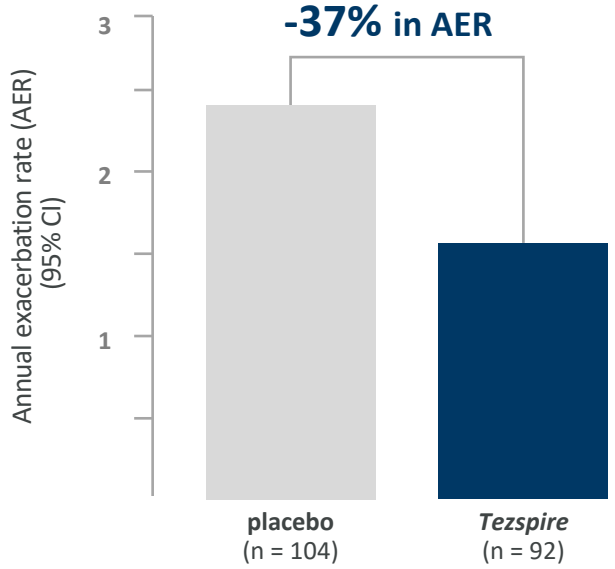
Significant opportunity in COPD[1]

Fasenra, dupilumab and mepolizumab studied in **high-EOS COPD** (EOS ≥300 cells/µL) [~30% of market]

Tezspire showed nominally significant **37% reduction in COPD exacerbations** in patients with EOS ≥150 [~65% of market]

Tezspire also showed a numerical **46% reduction in mod-severe exacerbations** in patients with EOS ≥300

Tezspire Phase IIa COURSE data in COPD[2]



Primary subgroup analysis: EOS >150 cells/µL

Missed primary endpoint of annual rate of moderate or severe exacerbations in ITT population (all-comers; 17% reduction vs. placebo)

37% reduction in AER (EOS >150, 95% CI: 7, 57)

Nominal p=0.0212

1. Internal AstraZeneca claims analysis, Optum Clinformatics Datamart triangulated with secondary literature. 2. Singh et al, "Tezepelumab in adults with moderate to very severe chronic obstructive pulmonary disease (COPD): efficacy and safety from the phase 2a COURSE study," American Thoracic Society International Conference, 2024. Acronym definitions can be found in Glossary.
Collaboration partner: Amgen.

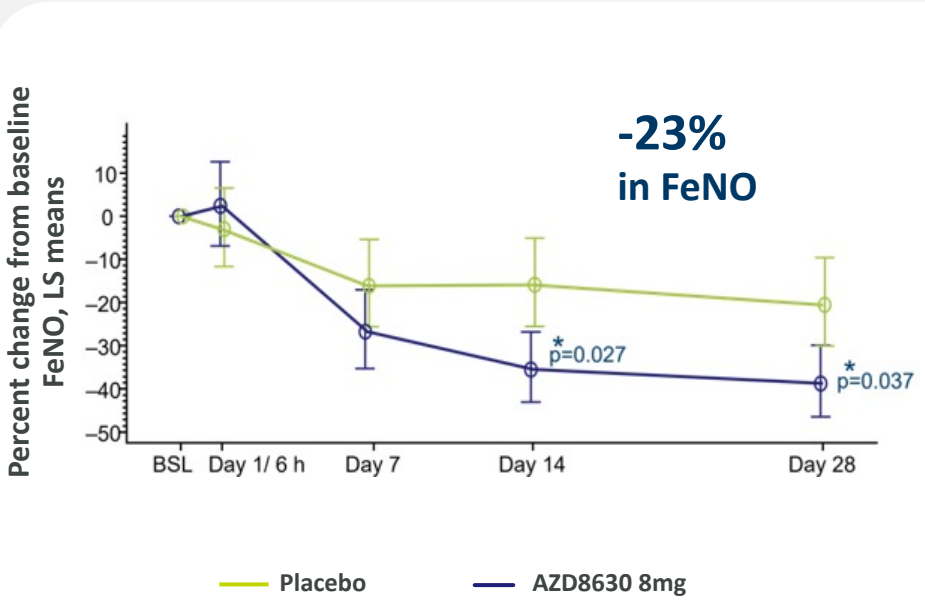
AZD8630 (inhaled anti-TSLP) – potential to extend *Tezspire* franchise beyond severe asthma with first-ever inhaled biologic

Further biologics-penetration expansion beyond systemic biologics

New population beyond those served by *Tezspire* in severe asthma, **potential additional 8.9m patients**[1]

Franchise expansion potential beyond *Tezspire* loss of exclusivity

AZD8630 Phase Ib data[2] – reduced FeNo consistent with *Tezspire*



ATS 2024

Comparable to 25% reduction in *Tezspire* Phase IIb PATHWAY trial[3] in asthma at same timepoint (28 days)

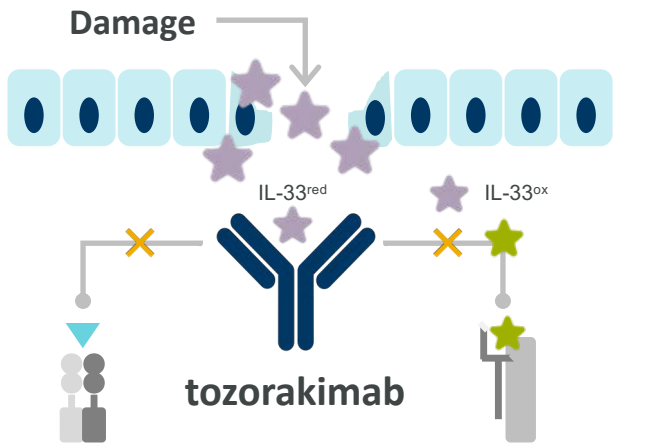
AZD8630 Phase II planned in 2024

1. In G8 markets; source: IQVIA/AstraZeneca analysis. 2. Doffman S, et al. "Phase 1 safety and efficacy of AZD8630/AMG 104 inhaled anti-TSLP in healthy volunteers and patients with asthma on medium-high dose inhaled corticosteroid (ICS) and long-acting beta-agonist (LABA) with elevated baseline fractional exhaled nitric oxide (FeNO)," American Thoracic Society International Conference 2024. 3. Corren et al, "Tezepelumab in Adults with Uncontrolled Asthma" (PATHWAY), *New England Journal of Medicine*, 2017. Acronym definitions can be found in Glossary.
Collaboration partner: Amgen.

tozorakimab – potential to serve broad population in COPD with ambitious LCM programme

$3–5bn*

Suppresses activity of both IL-33red and IL-33ox[1]



Broadest potential in COPD vs other biologics[2]

Potential **across all EOS levels**

Internal PoC data supports efficacy in **former and current smokers**

Differentiated MoA acting on mucus clearance and epithelial repair reinforces **potential for disease modification**

Robust Phase III programme

Phase III LUNA programme OBERON, TITANIA & MIRANDA COPD	**>2025** data readout
Phase III TILIA severe viral lower respiratory tract disease	**>2025** data readout

*Peak Year Revenue, non-risk adjusted. 1. Cohen S, et al. "Distinct pharmacological profiles of IL-33 antibodies," American Thoracic Society International Conference 2024. 2. AstraZeneca data on file. Acronym definitions can be found in Glossary.

Expanding in immunology with focus in rheumatology, starting with systemic lupus erythematosus (SLE)

Significant opportunity in SLE and adjacent diseases

Up to 30% **remission rate** for approved biologics[1,2]

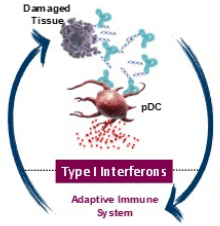
22% **current biologics-penetration**[3,4]

>1.6m patients **potential to expand** to other high-value adjacent diseases[5,6]

Addressing unmet need at each stage of the patient journey

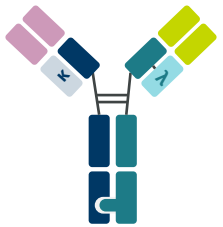
Moderate/severe → **Refractory**

Earlier use of biologics



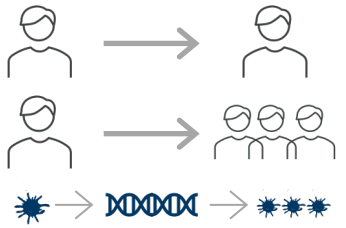
Saphnelo™

Novel biologics stepping up efficacy



Bispecific targeting pathogenic cell populations

Curative intent with cell therapy



AZD0120 BCMA/CD19 CAR-T

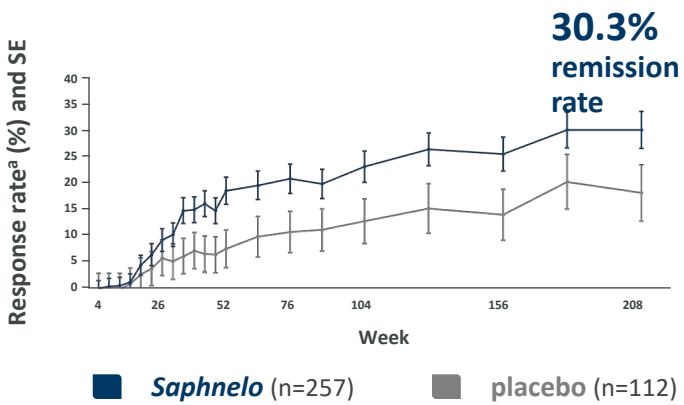
1. R. van Vollenhoven et al. "DORIS Remission in Patients With SLE Treated With Anifrolumab or Placebo During the 4-year TULIP-LTE Trial: A Post hoc Analysis," 14th European Lupus Meeting 2024. 2. Hasegawa et al, "Real-world efficacy of belimumab in achieving remission or low-disease activity in systemic lupus erythematosus: A retrospective study," *Mod Rheumatology*, 2023. 3. In G7 markets. 4. IQVIA/AstraZeneca analysis. 5. Data on file/AstraZeneca analysis: DRG, Global Data, triangulated with secondary literature. 6. Indications refer to: Sjogren's, myositis, systemic sclerosis. Acronym definitions can be found in Glossary.

Saphnelo – to become standard of care in SLE and expand into other type I interferon-driven diseases

$1–3bn*

New remission data gives confidence in SLE

Post-hoc remission[1] analysis from *Saphnelo* Phase III TULIP LTE trial (4 years)[2]



[95% CI: 1.0 to 3.9; p=0.0663]

New subcutaneous formulation and geographic expansion

s.c. formulation represents 50-80% of total SLE market[3]

Expansion in China: 470k patient potential[4]

Phase III TULIP SLE-SC SLE	**2025** data readout
Phase III AZALEA SLE (China)	**2025** data readout

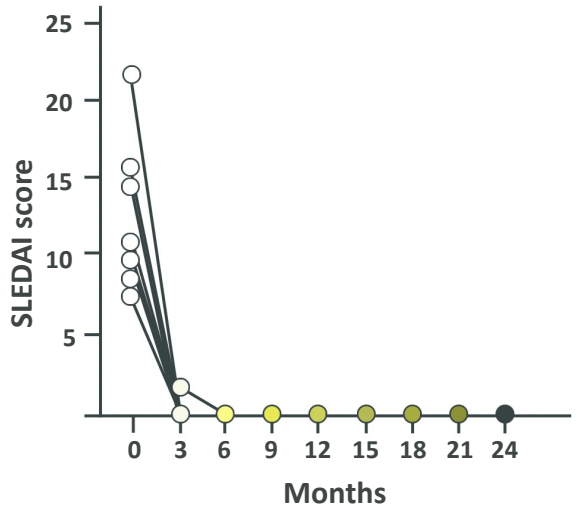
Significant expansion beyond SLE, >$1bn PYR*

Phase III IRIS lupus nephritis		**>2025** data readout
Phase III DAISY systemic sclerosis		**>2025** data readout
Phase III cutaneous lupus erythematosus	NEW	**Planned 2024**
Phase III myositis	NEW	**Planned 2024**

*Peak Year Revenue, non-risk adjusted. 1. DORIS, Definition Of Remission in Systemic lupus erythematosus; LTE, long-term extension; SE, standard error; TULIP, Treatment of Uncontrolled Lupus via the Interferon Pathway. 2. R. van Vollenhoven et al. "DORIS Remission in Patients With SLE Treated With Anifrolumab or Placebo During the 4-year TULIP-LTE Trial: A Post hoc Analysis," 14th European Lupus Meeting 2024. 3. US, Japan: IQVIA; EU: local hospital database. 4. DRG epidemiology database for 2015. Acronym definitions can be found in Glossary.

Driving next-generation cell therapy with curative potential

CD19 CAR-T provides proof-of-concept in autoimmune disease (refractory SLE)[1]



Individual patient data shown (n = 8)

All in drug-free remission

Longest follow-up 2.5 years

AstraZeneca–Schett collaboration ongoing
pre and post CAR-T immune profiling

Accelerating our growing ambition in Immunology

Autologous CAR-T CD19/BCMA
Refractory SLE trial (China): IIT ongoing

AZD0120: autologous CAR-T dual targeting of CD19 and BCMA

Multi-disease opportunities beyond SLE

Autologous CAR-Tregs
Preclinical

QuellTX

Potential first-in-class targeted Treg cell therapies
to restore immune tolerance across inflammatory diseases

1. Schett et al, CD19 CAR-T, New England Journal of Medicine, 2024;390:687-700. Acronym definitions can be found in Glossary.

Multiple high-value opportunities and rich near-term catalyst path support growth to 2030 and beyond

Six key growth drivers to 2030

AIRSUPRA™

TEZSPIRE®

BREZTRI AEROSPHERE®

tozorakimab

Fasenra®

Saphnelo™

2024	2025
Fasenra **ORCHID** Phase III chronic rhinosinutis with nasal polyps	***Breztri*** **KALOS | LOGOS** Phase III asthma
Fasenra **NATRON** Phase III hyper eosinophilic syndrome	***Fasenra*** **RESOLUTE** Phase III COPD
Tezspire **WAYPOINT** Phase III chronic rhinosinutis with nasal polyps	***Saphnelo*** **TULIP SC | AZALEA (CN)** Phase III SLE

8 Phase III readouts in the next 18 months

Acronym definitions can be found in Glossary.
Collaboration partner: Amgen (*Tezspire*).

Vaccines and Immune Therapies

Iskra Reic, EVP, V&I

Mark Esser, VP, Early V&I R&D

A strategic adjacency – protecting the vulnerable patients we serve

sipavibart – COVID-19 protection for immunocompromised

SUPERNOVA

- sipavibart demonstrated **statistically significant reduction in the incidence of symptomatic COVID-19** in immunocompromised patients
- sipavibart met both endpoints, demonstrating efficacy over the study period when many different variants were circulating

Beyfortus – RSV protection for all infants

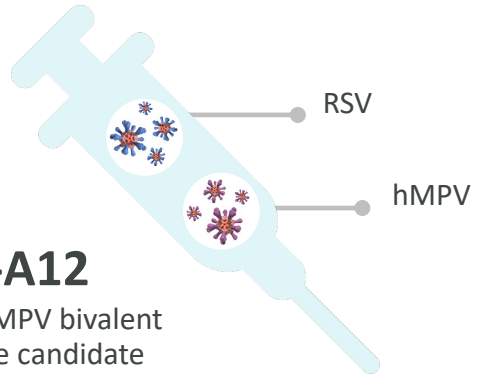
Beyfortus® (nirsevimab)

Acronym definitions can be found in Glossary.
Collaboration partner: Sanofi (*Beyfortus*).

Icosavax – innovative and unique vaccine technology

IVX-121
RSV

IVX-241
hMPV



IVX-A12
RSV/hMPV bivalent vaccine candidate

Icosavax acquired **Q1 2024**

IVX-A12 – a virus-like particle vaccine for RSV and hMPV[1]

Phase III ready with potential to be

First
vaccine for hMPV

First
combination vaccine for RSV

First
VLP vaccine for respiratory viruses

Builds on AstraZeneca expertise in RSV prevention

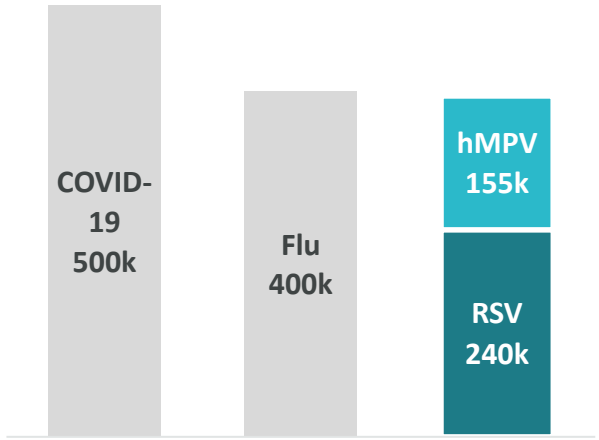
90% hospitalisation reduction[2]

Beyfortus® (nirsevimab)

1. Human metapneumovirus (hMPV) is a respiratory virus for which there are no treatments currently available 2. Center for Disease Control, 2024. Acronym definitions can be found in Glossary.
Collaboration partner: Sanofi (*Beyfortus*).

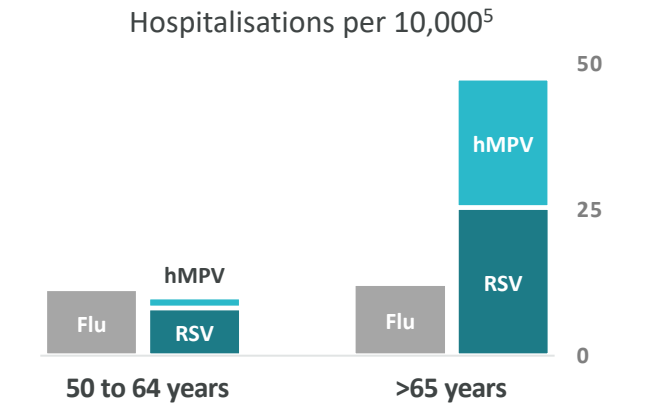
RSV and hMPV – significant burden on healthcare systems and patients, especially for older people

RSV + hMPV burden is comparable to COVID-19/flu



Annual hospitalisations [1-4]

Older people are particularly vulnerable



Compared to flu, hMPV and RSV lead to longer hospital visits, more ICU admissions and greater risk of readmission[6]

RSV and hMPV are two leading causes of pneumonia

These viruses can also exacerbate serious conditions such as:[7-8]

- **COPD**
- **Asthma**
- **Heart failure**

1. Singson 2022. 2. Center for Disease Control. 3. Windmar et al. 4. RSV surveillance and research CDC. 5. Windmar et al. 2021 6. Falsey, et al. 7. Center for Disease Control: RSV in Older Adults and Adults with Chronic Medical Conditions. 8. Pubmed: Rates of Hospitalizations for Respiratory Syncytial Virus, Human Metapneumovirus, and Influenza Virus in Older Adults. Acronym definitions can be found in Glossary.

$1-3bn*

Vaccinations for older adults are an established market and a growing opportunity

Older adult vaccinations have **established treatment pathways**

"Advisory Committee on Immunization Practices (ACIP) recommends adults ≥60 years may receive a single dose of RSV vaccine, using shared clinical decision-making."

66% **of older adults in US receive flu or pneumococcal vaccine**

RSV + hMPV is a **fitting combination**

- Overlapping seasonality
- Similar biology
- No seasonal variant changes

Growing opportunity driven by ageing population and unmet need

RSV vaccine market

$10bn in 2030[3]

IVX-A12

$1-3bn **PYR potential**

Targeting launch in the 2027 RSV season

*Peak Year Revenue, non-risk adjusted. 1. Advisory Committee on Immunization Practices (ACIP), 2023. 2. Widmar et al. Journal of Infectious Diseases, 2012. 3. Airfinity. Acronym definitions can be found in Glossary.


AstraZeneca

Differentiated profile enabled by VLP platform technology

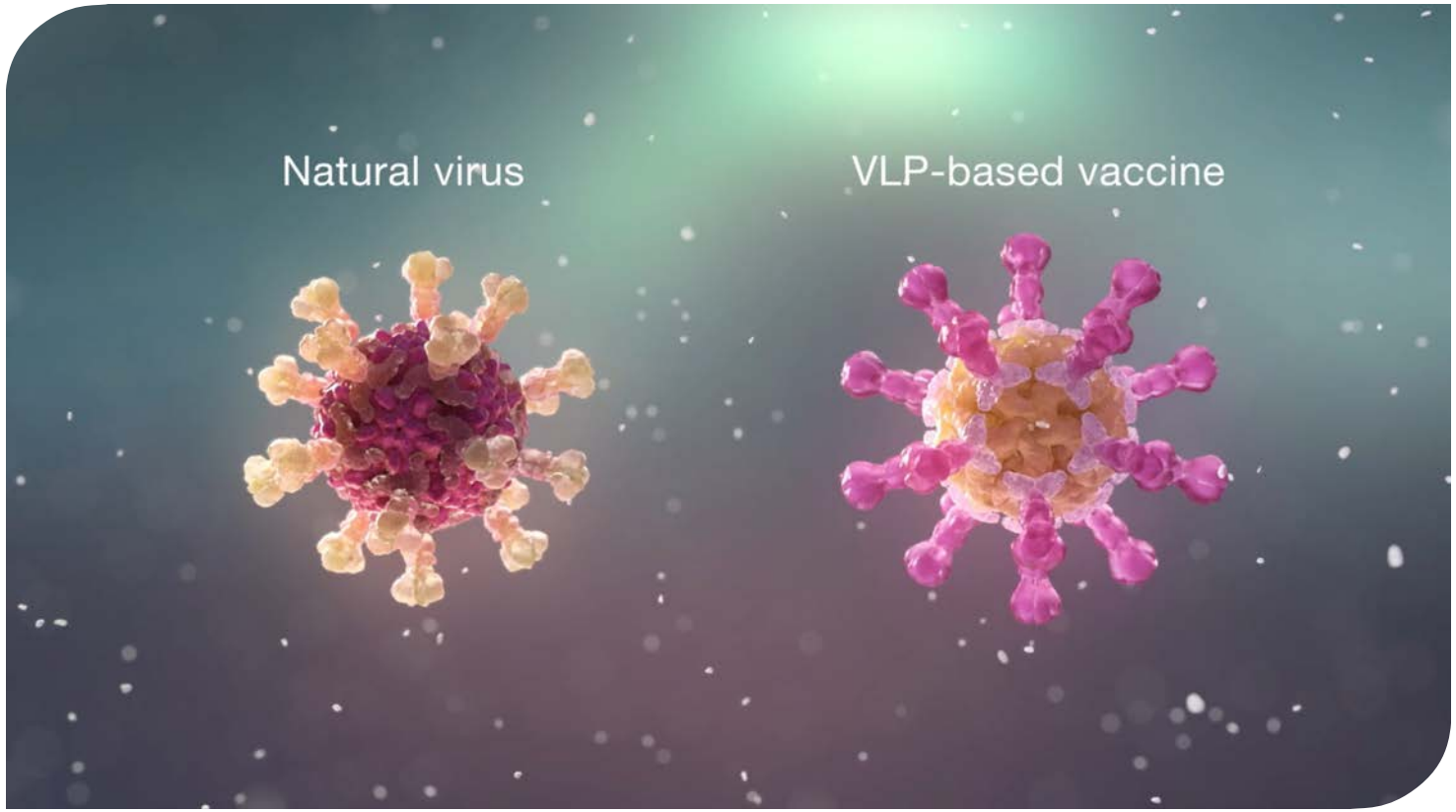
Phase II data validates VLP technology

Robust immune responses against RSV and hMPV

Immune responses **across age groups**, including 70 to 85 years

Durable responses with elevated titers retained after 180 days

No requirement for adjuvant to boost immune response



Acronym definitions can be found in Glossary.

Differentiated profile enabled by VLP platform technology

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Durable responses with elevated titers retained after 180 days

No requirement for adjuvant to boost immune response

IVX-A12 – targeting a competitive profile

Combination	Coverage against **RSV and hMPV**
Immunogenicity	Strong response in >60 years and, specifically, in **>70 years**
Durability	Targeting **>24-months** protection
Reactogenicity	**No adjuvant** leads to better tolerability
Convenience	Shelf-stable **pre-filled syringe**

Acronym definitions can be found in Glossary.

IVX-A12 – a unique vaccine with significant opportunity

Potential **first-in-class** RSV-hMPV combination vaccine

Targeting 2027 season launch

$1-3bn

PYR potential

Acronym definitions can be found in Glossary.

BioPharmaceuticals – delivering on our strategy to unlock the next phase of growth

2023

$18.4bn
BioPharmaceuticals Total Revenue

Five blockbuster medicines

Fasenra®
farxiga®
Symbicort®
BRILINTA®
CRESTOR®

2030

New indications and NMEs

Potential **~10** new blockbusters

WAINUA
BREZTRI AEROSPHERE
TEZSPIRE™
LOKELMA™
Saphnelo™
AIRSUPRA™

baxdrostat **tozorakimab** **IVX-A12**

dapa combinations

2030+

New modalities and novel combinations

Amyloidosis combinations

Weight management and dyslipidaemia combinations

Expanding modalities in respiratory care

Auto-immune disease
cell therapy, T-cell engagers, CAR-Treg

Acronym definitions can be found in Glossary.

Q&A session

Pascal Soriot
CEO, ASTRAZENECA

Ruud Dobber
EVP, BIOPHARMACEUTICALS

Sharon Barr
EVP, BIOPHARMACEUTICALS R&D

Iskra Reic
EVP, V&I

Mina Makar
SVP, GLOBAL CVRM

Martin Cowie
INTERIM SVP, LATE CVRM

Regina Fritsche
SVP, EARLY CVRM

Elisabeth Björk
SVP, LATE CVRM

Pablo Panella
SVP, GLOBAL R&I

Caterina Brindicci
SVP, LATE R&I

Maria Belvisi
SVP, EARLY R&I

Mark Esser
VP, HEAD OF EARLY V&I

Appendix

Glossary – 1 of 2

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

Glossary – 2 of 2

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