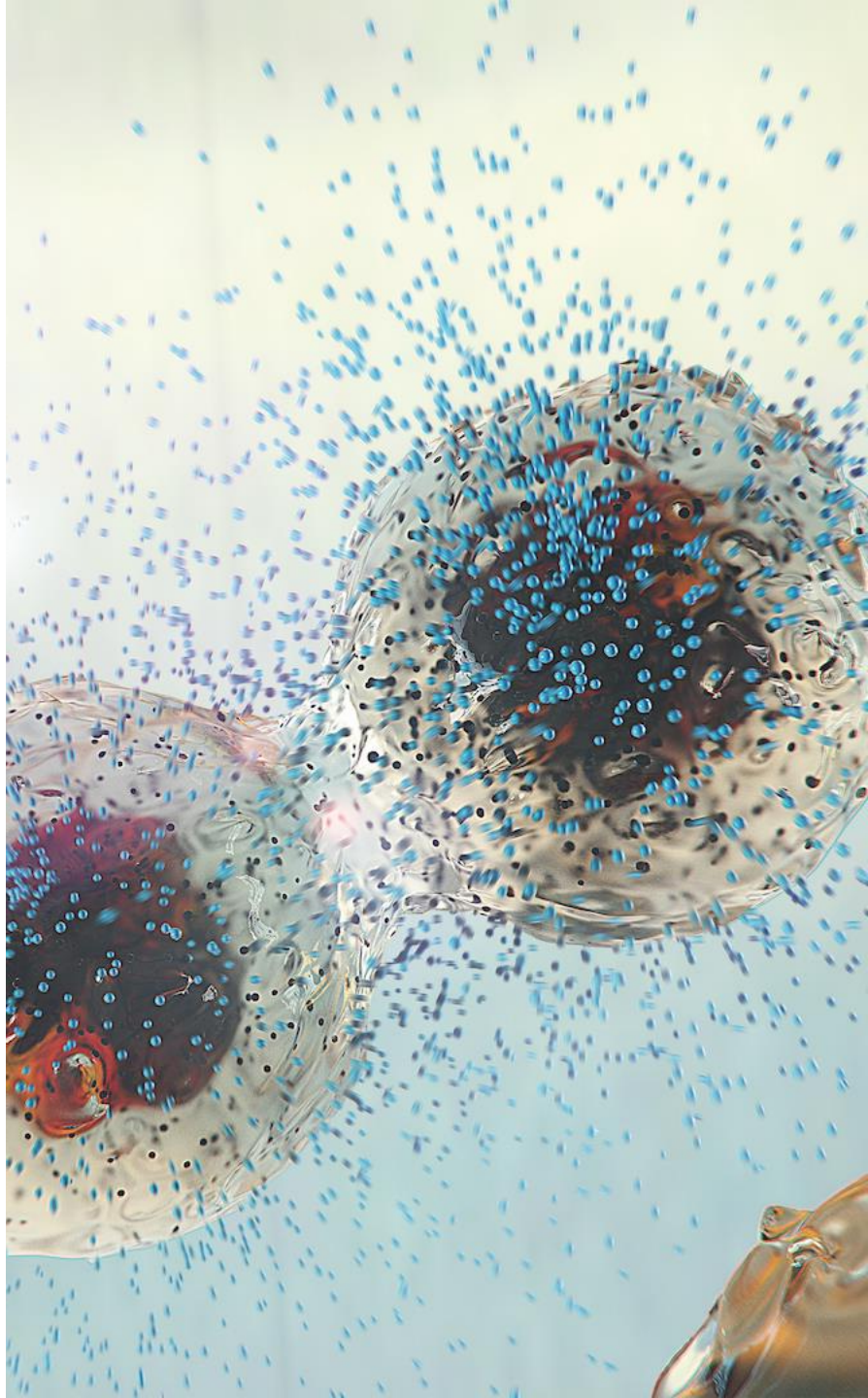
AstraZeneca

AZN Meet the Management:

Weight Management Virtual Event

Webinar for investors and analysts

4 November 2024



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Weight Management @ AstraZeneca

I. Weight Management @ AZN

- Introduction and growth ambitions
- Weight management landscape
- Our weight management strategy

Sharon Barr
EVP, BioPharmaceuticals R&D

Mikhail Kosiborod, MD
VP, Research @ Saint Luke's Health System, Kansas City

II. Pipeline Highlights

- AZD5004 | oral GLP-1 receptor agonist
- AZD6234 | long-acting amylin
- AZD9550 | GLP-1/glucagon agonist

Elisabeth Björk
SVP, Late CVRM

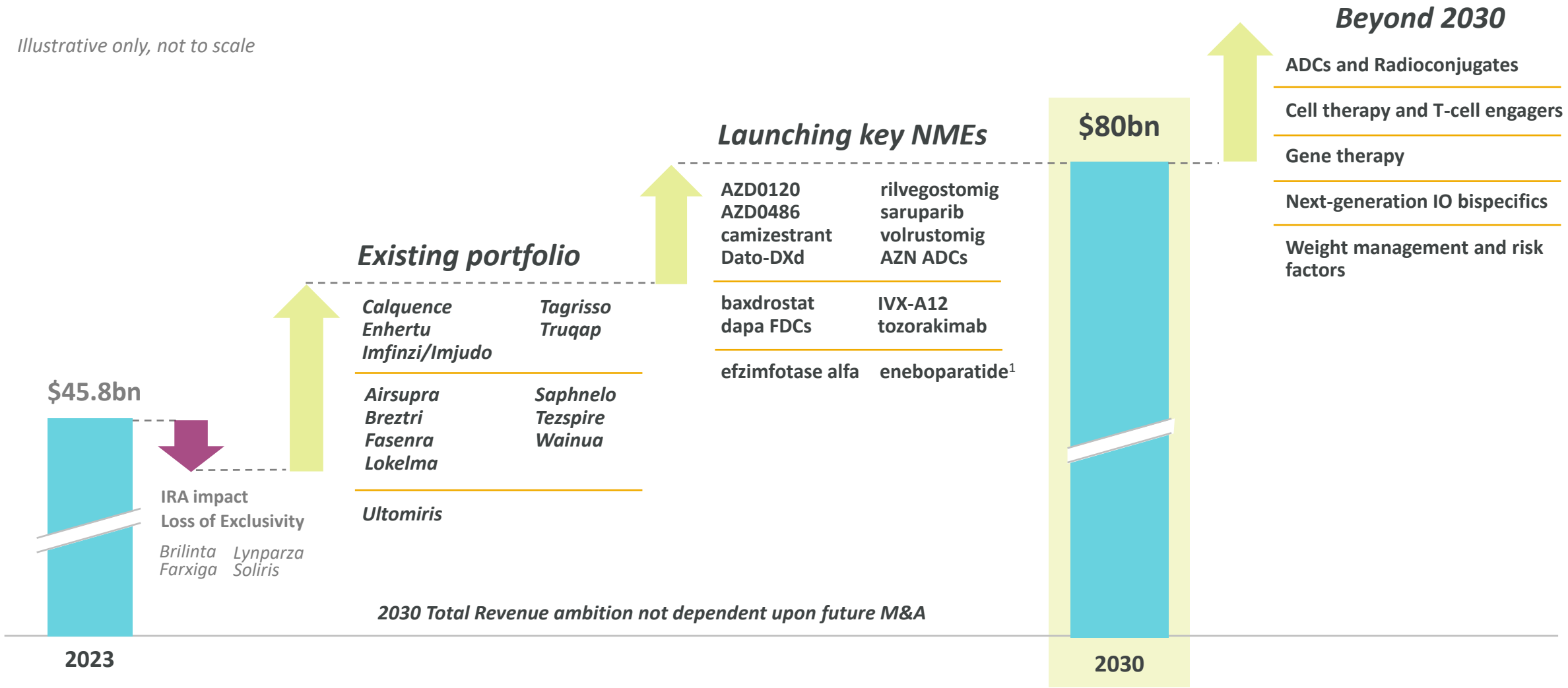
Regina Fritsche Danielson
SVP, Early CVRM

III. Summary and Q&A

CVRM Leadership Team

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

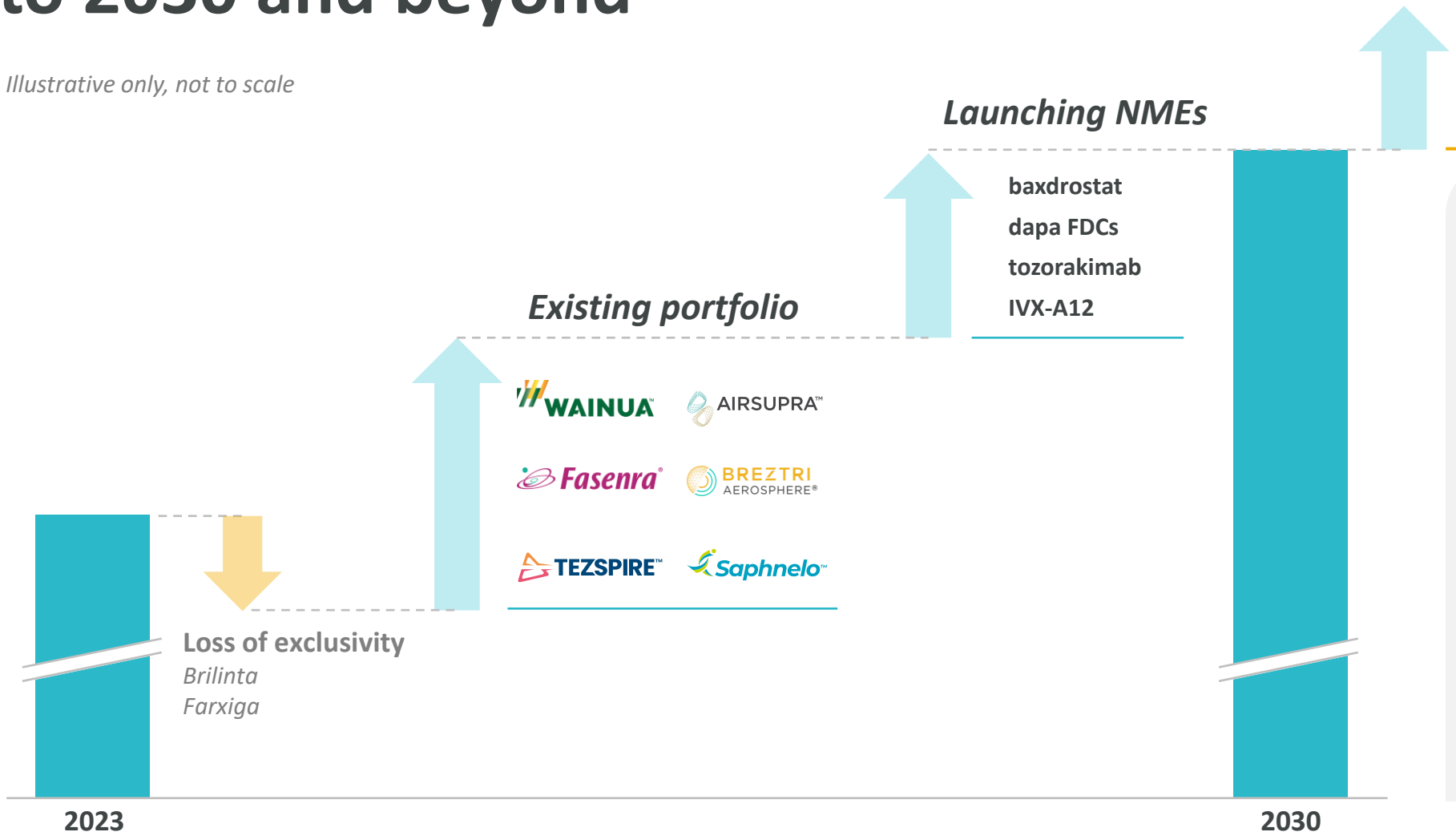
Working on “today, tomorrow and the day after"



Note: Ambition to achieve $80bn in Total Revenue by 2030 is risk-adjusted, based on latest long-range plan – see slide 3 for details. 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*).

BioPharmaceuticals – next wave of growth to 2030 and beyond

Illustrative only, not to scale



Beyond 2030

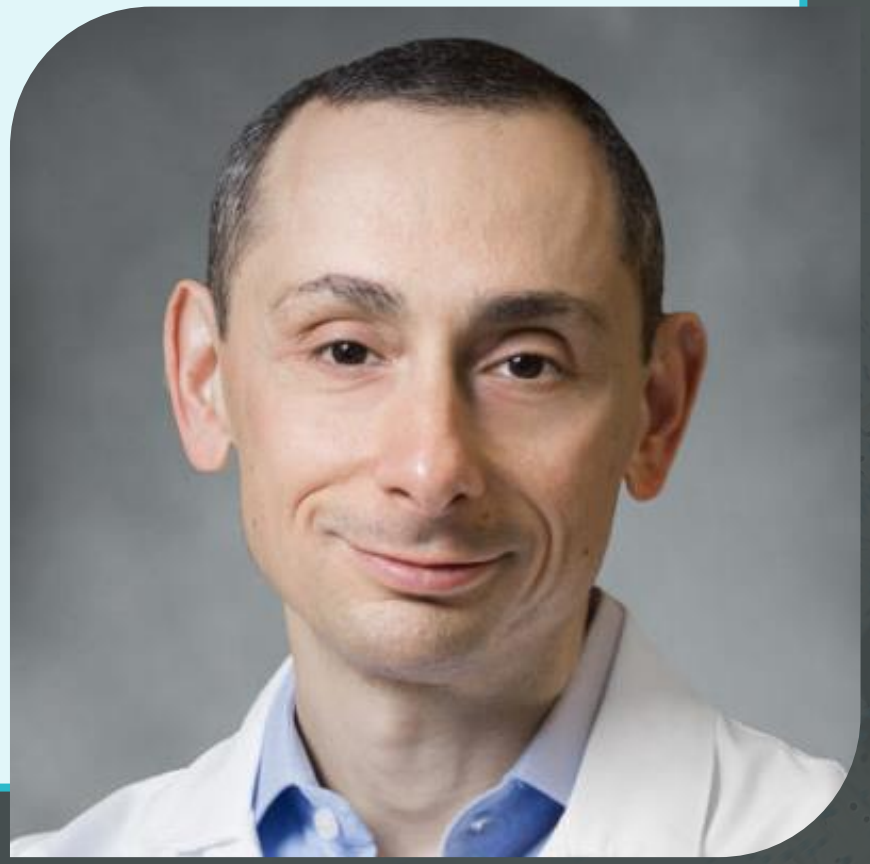
Amyloidosis combinations
to address full spectrum of disease

Weight management
and risk factors

Expanding modalities
in respiratory care

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

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

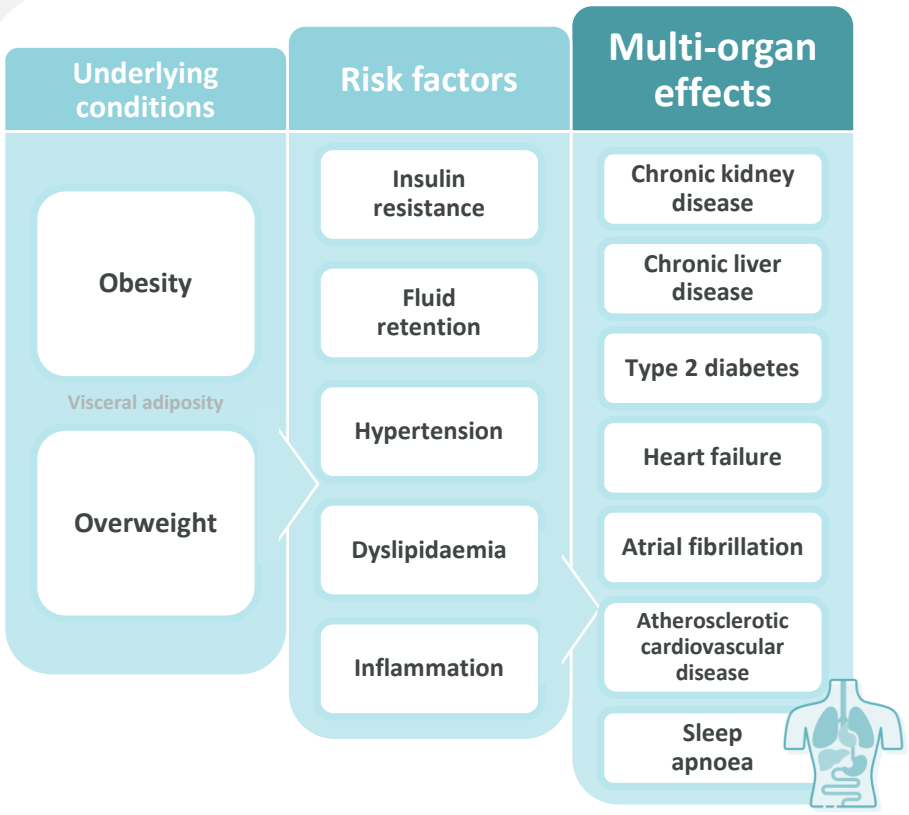


Mikhail Kosiborod, MD

VP, Research @ Saint Luke's Health System, Kansas City

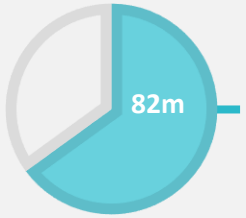
- Physician leader overseeing strategic direction for all activities across the Academic Research Organization
- Designed and led clinical trials that made critical contributions to understanding the impact of SGLT2 inhibition and GLP-1 receptor agonism in improving cardiovascular outcomes and survival, representing some of the most important advances in clinical medicine in the last two decades
- Director of Saint Luke's Haverty Cardiometabolic Center of Excellence and Cardiometabolic Center Alliance–a highly innovative clinical care model, dedicated to providing comprehensive risk reduction to patients with cardiometabolic disease—since 2019

Sustainable weight management is essential for cardiometabolic organ protection



Obesity

BMI: >30

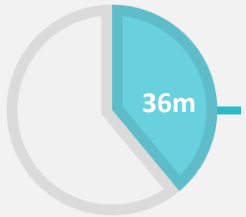


63%

of obesity population has ≥1 co-morbidity[1]

Overweight

BMI: 25-30[2]



39%

of overweight population has ≥1 co-morbidity[1]

The weight management landscape continues to evolve

1st gen. — **Incretins**
foundational efficacy with superior weight loss

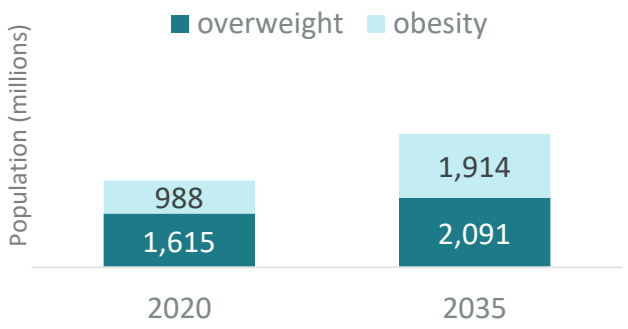
2nd gen. — **Orals and combinations**
targeting additional efficacy and improved convenience

3rd gen. — **Beyond incretins**
targeting sustained weight loss while preserving lean body mass; improved tolerability

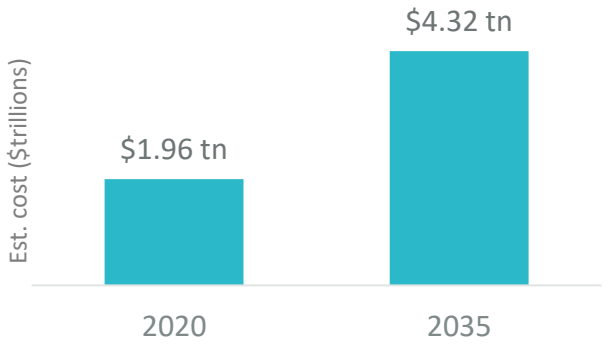
1. TriNetX (US EHR data), November 2020 and Optum claims data. Obesity defined as ICD10 codes E66.0, E66.1 , E66.2, E66.8, E66.9. Obesity defined as BMI > 30, Overweight as BMI 25-29.9. 2. Current FDA/EMA guidance is 27-30 BMI. BMI = body mass index.

Going beyond obesity to improve quality of weight loss and manage key co-morbidities

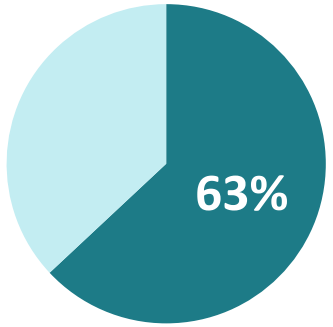
>50% of global population will suffer from overweight or obesity by 2035[1]



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

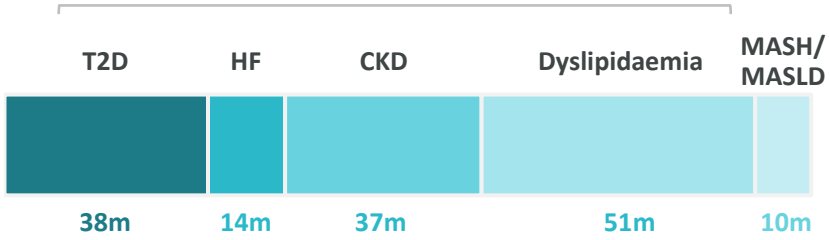


63% of patients diagnosed with obesity also suffer from one or more comorbidities[2]



82m patients have ≥1 co-morbidity

Key co-morbidities*



1. World Obesity Atlas 2023. Excludes children under 5 years. 2. TriNetX (US EHR data), November 2020 and Optum claim data. 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.
GDP = gross domestic product; est. = estimated; T2D = type 2 diabetes; HF = heart failure; CKD = chronic kidney disease; MASH = metabolic dysfunction-associated steatohepatitis; MASLD = metabolic dysfunction-associated steatotic liver disease.

Delivering durable weight loss, addressing cardiometabolic risk and protecting organs

Obesity (± other severe co-morbidities)

AZD5004
oGLP-1 RA

AZD6234
LA amylin

AZD9550
GLP-1 RA/glucagon

Potential triple mechanism combination

AZD6234 LA amylin + **AZD9550** GLP-1/glucagon

Overweight (+ organ protection)

AZD5004
oGLP-1 RA

Potential dual mechanism combinations

AZD5004 oGLP-1 + **dapagliflozin** SGLT2i

AZD5004 oGLP-1 + **AZD0780** oPCSK9

T2D (± obesity/ overweight + organ protection)

AZD5004
oGLP-1 RA

Potential dual mechanism combinations

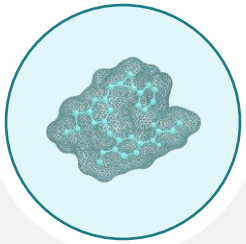
AZD5004 oGLP-1 + **dapagliflozin** SGLT2i

AZD5004 oGLP-1 + **AZD0780** oPCSK9

oGLP1 RA = oral glucagon-like peptide-1 receptor agonist; LA = long-acting; SGLT2i = sodium-glucose cotransporter-2 inhibitor; oPCSK9 = oral proprotein convertase subtilisin/kexin type 9.
Collaboration partner: Eccogene (AZD5004).

Three high potential assets progressing to Phase IIb

$5bn+*

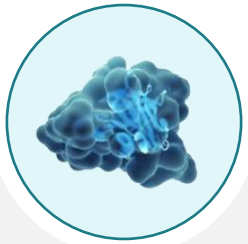


AZD5004

oGLP-1

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

Two Phase IIb trials initiated

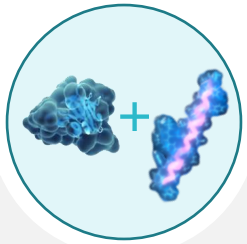


AZD6234

long-acting amylin

- Selective amylin agonist
- Once-weekly s.c. dosing
- Lean mass-sparing weight loss
- Replacement therapy option for incretin intolerance

Phase IIb trial initiated



AZD6234 + AZD9550

long-acting amylin + GLP-1/glucagon

- Triple mechanism
- Once-weekly s.c. dosing
- Maximum weight loss without tolerability compromise
- Organ protection

Phase IIb trial planning underway

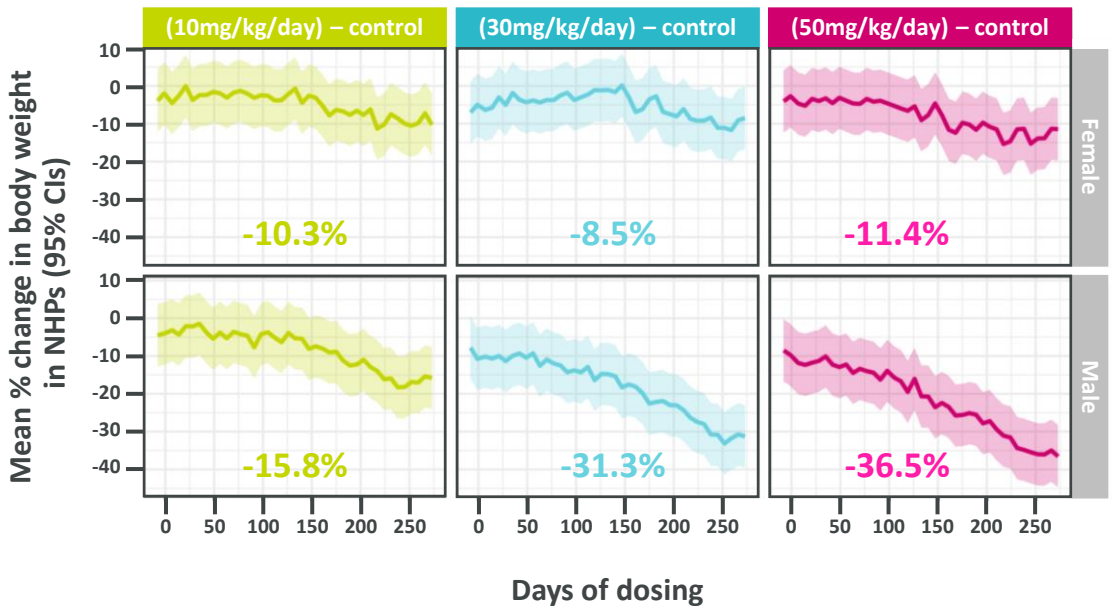
*Peak Year Revenue potential, non-risk adjusted for franchise; includes several medicines with multi-blockbuster potential. Acronym definitions can be found in Glossary. oGLP-1 = oral glucagon-like peptide-1; s.c. = subcutaneous.
Collaboration partner: Eccogene (AZD5004).

AZD5004
Oral GLP-1 RA

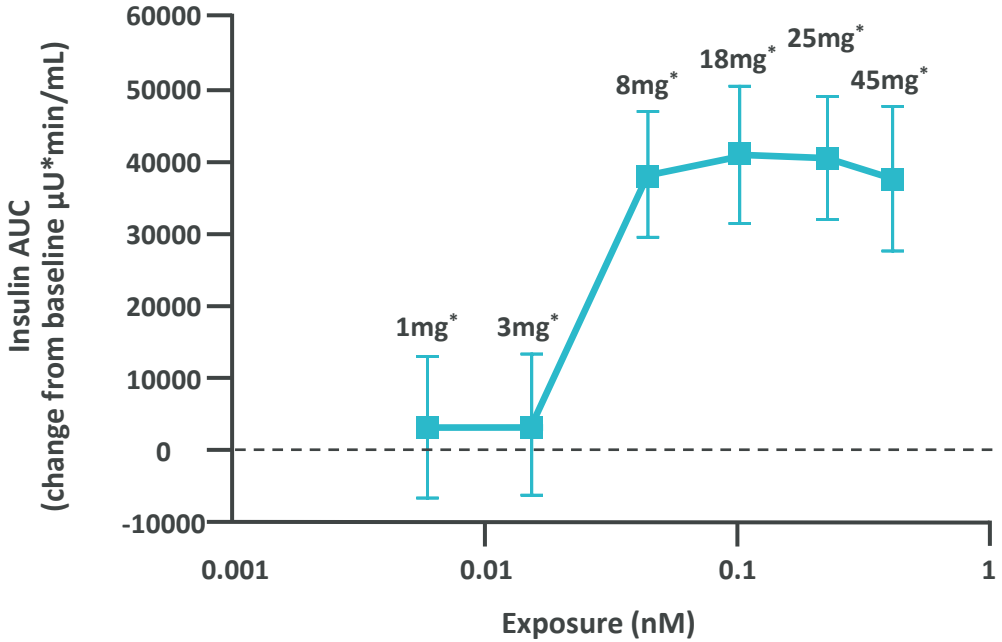
Elisabeth Björk
SVP, LATE CVRM

AZD5004 is a potent oral GLP-1 small molecule

No adverse effects in preclinical 9-month trial[1] and dose-dependent difference in body weight gain vs. controls



Intravenous glucose tolerance test[1] confirms target engagement across range of doses tested in Phase I trial



*human equivalent doses

Conducted in NHPs. NHP = non-human primate; AUC = area under curve. Haggag, A. Non-clinical and first-in-human characterization of ECC5004/AZD5004, a novel once-daily, oral small molecule GLP-1 receptor agonist. DOI: 10.1111/dom.16047.

 Collaboration partner: Eccogene (AZD5004).

Phase I first-in-human SAD/MAD trial conducted in controlled in-patient setting with fasting requirements

Controlled in-patient setting included 14-hour fasting window and 1,800 average daily caloric intake

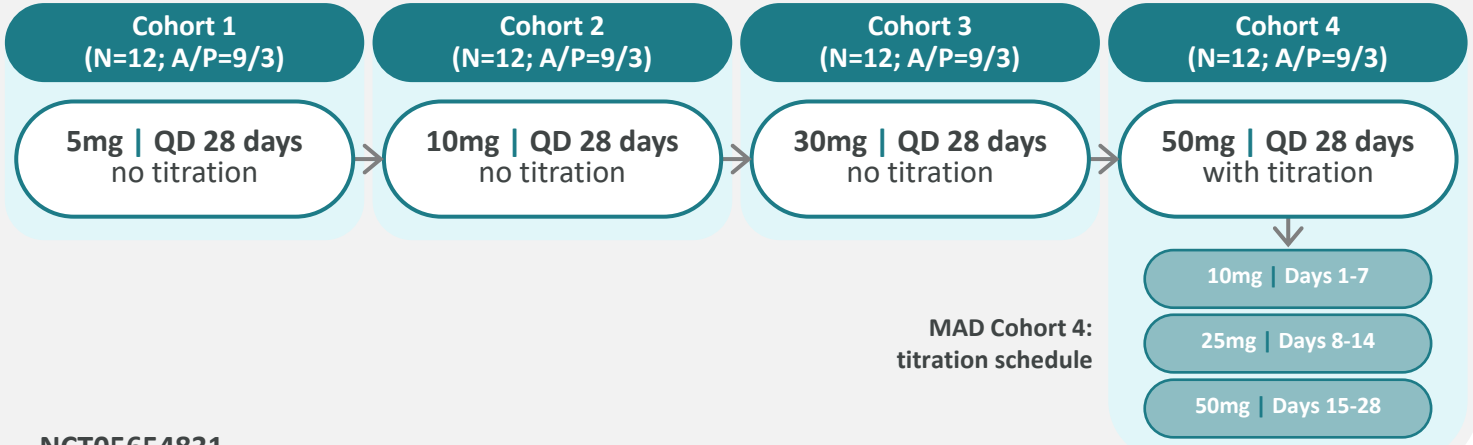
Primary endpoint:
safety and tolerability

Secondary endpoint:
pharmacokinetics

Exploratory PD endpoints:
glucose (OGTT, MMTT) and body weight (MAD)

Part 1 – SAD in healthy participants

Part 2 – MAD in patients with T2D

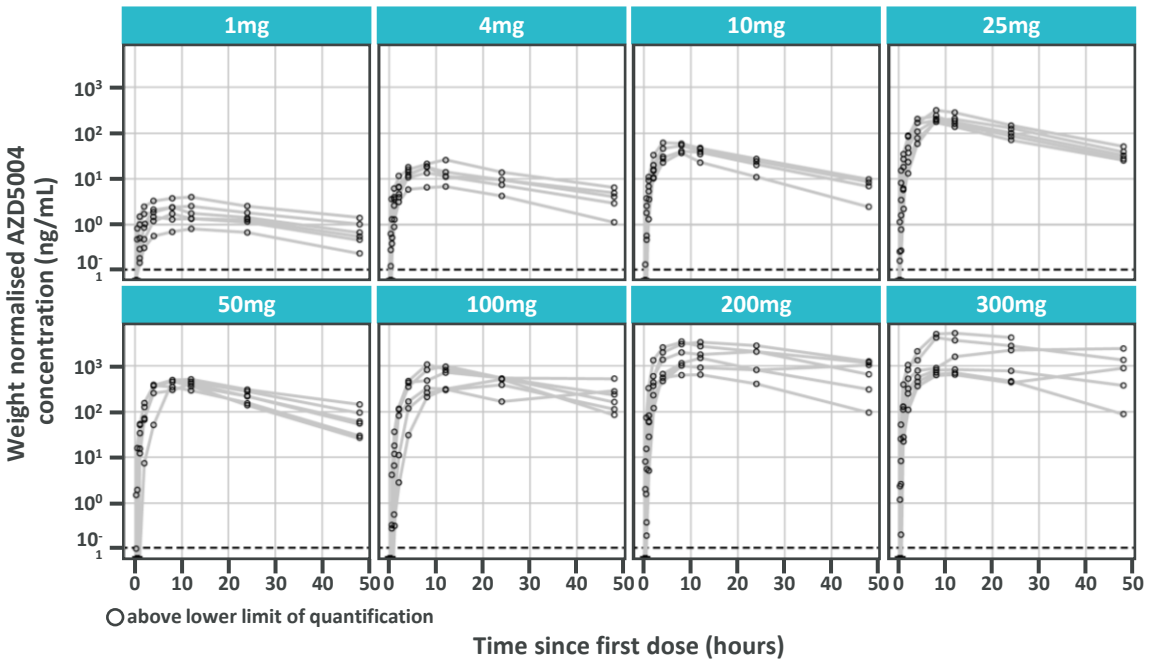


NCT05654831

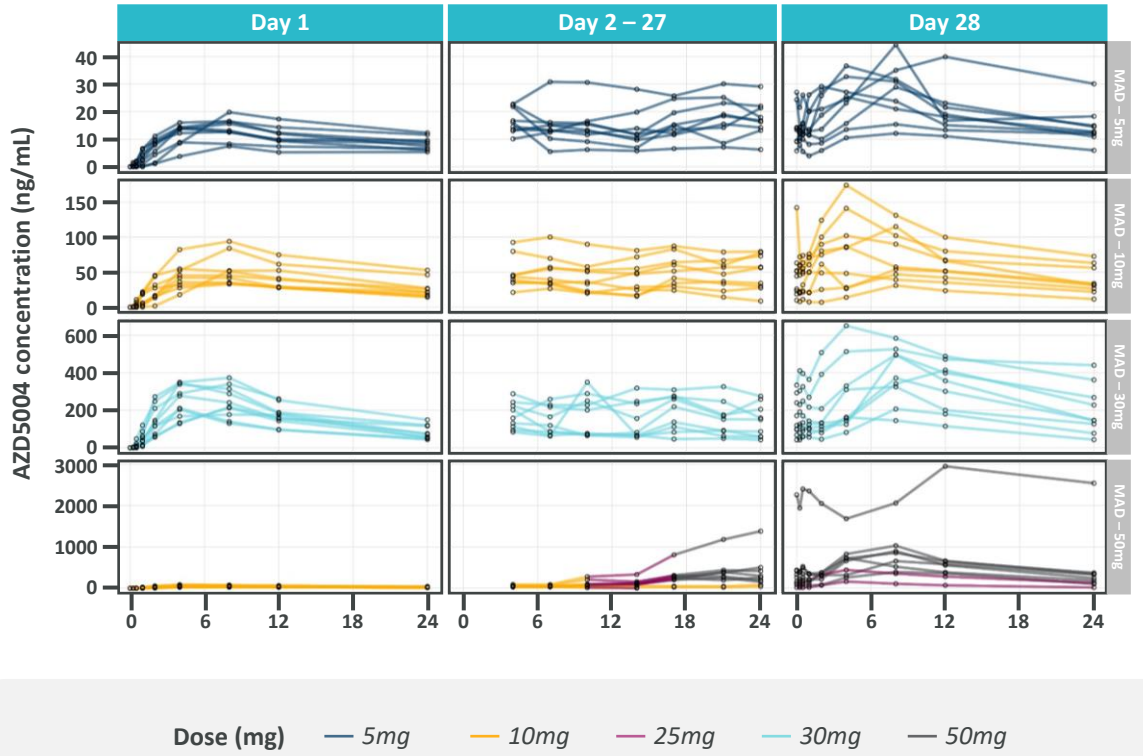
NB: Dose range for MAD disclosed on CT.gov was 5-150 mg; 50 mg was max dose studied as 10-30mg was predicted to be therapeutic dose range for T2D from emerging data.
SAD = single-ascending dose; MAD = multiple-ascending dose; a = active, p = placebo, PD = pharmacodynamic; OGTT = oral glucose tolerance test; MMTT = mixed-meal tolerance test; T2D = type 2 diabetes.
Collaboration partner: Eccogene (AZD5004).

SAD/MAD PK supports potential for improved tolerability profile and once-daily dosing

Flat SAD PK profile



MAD PK consistent with SAD PK

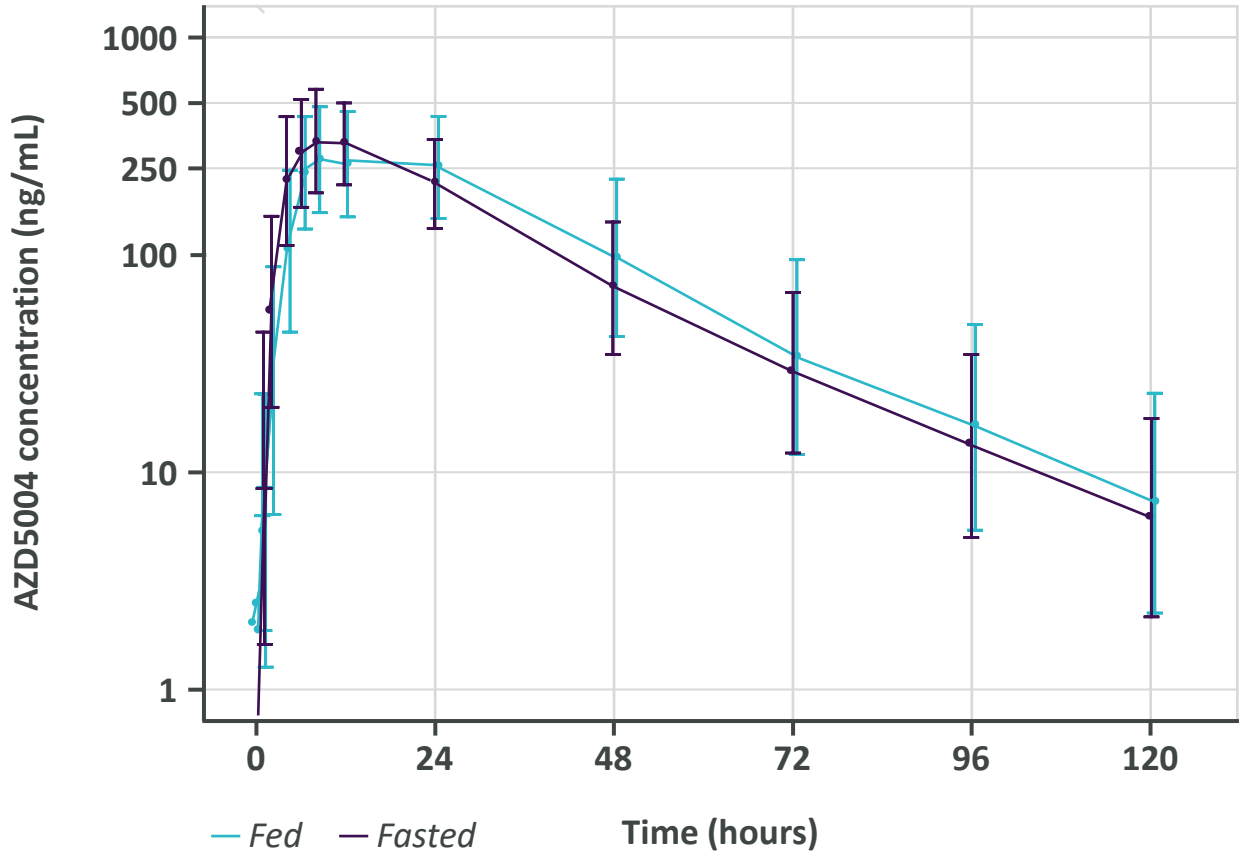


MAD = multiple ascending dose; PK = pharmacokinetic; SAD = single ascending dose; QD = once-daily.

Haggag, A., et. al. Safety, Tolerability and Pharmacokinetics of AZD/ECC5004, an Oral Small Molecule GLP-1 Receptor Agonist. Presented at Obesity Week 2024. DOI: 10.1111/dom.16047. Collaboration partner: Eccogene (AZD5004).

AZD5004 may be administered with or without food

No significant food effect observed in food effect trial



Half-life at 50mg:
20.7h fed
21.2h fasted

SAD = single ascending dose; PK = pharmacokinetic. Haggag, A. et. al. AZD5004/ECC5004, a Small Molecule GLP-1 Receptor Agonist May Be Administered Once Daily Under Fed/Fasted Conditions. Presented at Obesity Week 2024.
Collaboration partner: Eccogene (AZD5004). NCT06268145.

Doses 50mg or below well-tolerated in healthy volunteer SAD trial

	Cohort A1				Cohort A2					
Variables, n (%)	AZD5004 10mg N=6	AZD5004 25mg N=6	Placebo N=8	Total N=9	AZD5004 50mg N=6	AZD5004 100mg N=6	AZD5004 200mg N=6	AZD5004 300mg N=6	Placebo N=8	Total N=9
TEAEs	**1 (17)**	**0**	**2 (25)**	**4 (44)**	**4 (67)**	**6 (100)**	**6 (100)**	**6 (100)**	**1 (13)**	**9 (100)**
Drug-related	0	0	0	2 (22)	2 (33)	6 (100)	6 (100)	5 (83)	0	9 (100)
Leading to study discontinuation										
TEAEs	1 (17)	0	0	1 (11)	1 (17)	0	0	0	0	1 (11)
Drug-related TEAEs	0	0	0	0	0	0	0	0	0	0
Nausea	1 (17)	0	0	2 (22)	3 (50)	5 (84)	5 (83)	4 (67)	0	9 (100)
Vomiting	0	0	0	1 (11)	1 (17)	5 (83)	3 (50)	4 (67)	0	8 (89)
Diarrhoea	0	0	0	0	0	0	0	0	0	0

SAD = single ascending dose; TEAE = treatment emergent adverse event. Discontinuations due to oral candidiasis and COVID-19 infection. Haggag, A., et. al. Safety, Tolerability and Pharmacokinetics of AZD/ECC5004, an Oral Small Molecule GLP-1 Receptor Agonist. Presented at Obesity Week 2024. DOI: 10.1111/dom.16047. Collaboration partner: Eccogene (AZD5004).

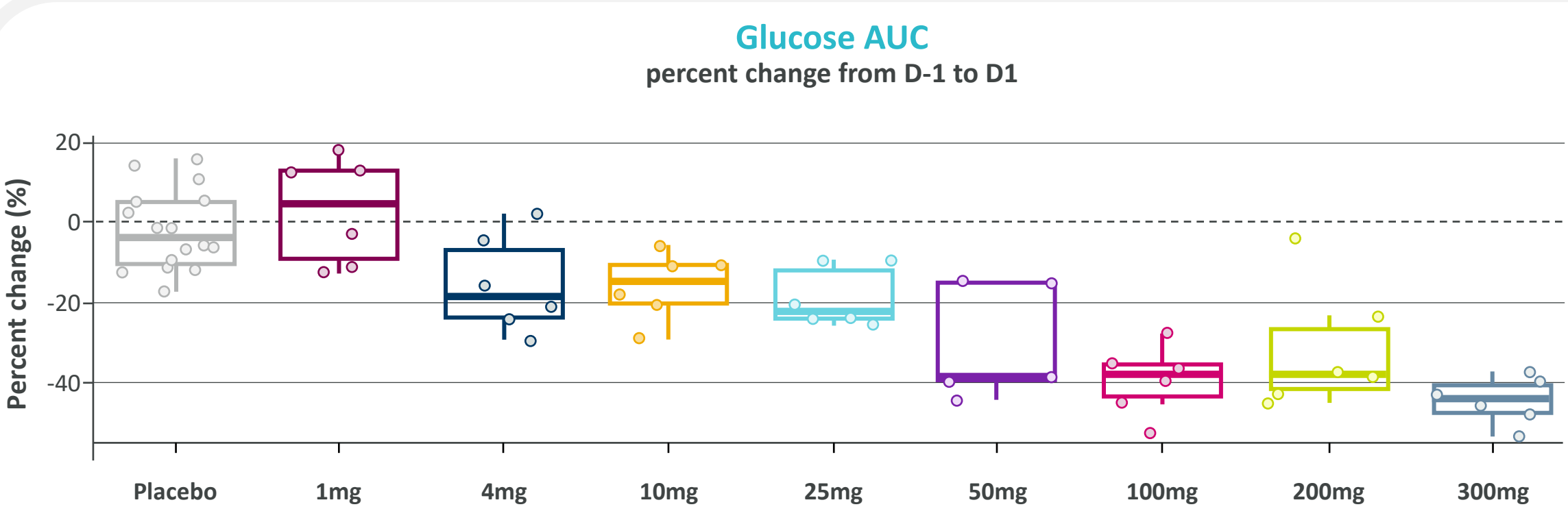
Tolerability supports limited need for titration in MAD trial

Variables, n (%)	AZD5004 5mg N=9	AZD5004 10mg N=9	AZD5004 30mg N=10	AZD5004 50mg (uptitrated) N=10	Placebo N=13	Total N=51
TEAEs	**7 (78)**	**3 (33)**	**10 (100)**	**9 (90)**	**8 (62)**	**37 (73)**
Drug-related	4 (44)	2 (22)	10 (100)	9 (90)	8 (62)	33 (65)
Grade 1	**7 (78)**	**2 (22)**	**10 (100)**	**6 (60)**	**7 (54)**	**32 (63)**
Grade 2	**0**	**1 (11)**	**0**	**2 (20)**	**1 (8)**	**4 (8)**
Drug-related TEAE with Grade ≥3[1]	**0**	**0**	**0**	**1 (10)**	**0**	**1 (2)**
Leading to study discontinuation						
TEAEs	0	0	1 (10)	1 (10)	0	2 (4)
Drug-related TEAEs	0	0	1 (10)	1 (10)	0	2 (4)
Gastrointestinal disorders	**3 (33)**	**3 (33)**	**9 (90)**	**7 (70)**	**7 (54)**	**29 (57)**
Nausea	1 (11)	1 (11)	6 (60)	6 (60)	1 (8)	15 (29)
Constipation	0	2 (22)	7 (70)	2 (20)	3 (23)	14 (28)
Diarrhoea	3 (33)	0	2 (20)	2 (20)	3 (23)	10 (20)
Vomiting	0	0	1 (10)	2 (20)	0	3 (6)

1. Grade 3 TEAEs include AZD5004 50mg (uptitrated): 1 (10.0), Total: 1 (2.0). No Grade 4 TEAEs. MAD = multiple ascending dose; E = number of events; TEAE = treatment-emergent adverse event. Two drug-related TEAEs leading to discontinuation: event terms QTc prolongation, transiently asymptomatic elevated liver enzymes. Haggag, A., et. al. Safety, Tolerability and Pharmacokinetics of AZD/ECC5004, an Oral Small Molecule GLP-1 Receptor Agonist. Presented at Obesity Week 2024. DOI: 10.1111/dom.16047.
Collaboration partner: Eccogene (AZD5004).

Exploratory PD data from SAD trial confirm target engagement of GLP-1R

Reduction in glucose in healthy volunteers during oral glucose tolerance test from doses ≥4mg

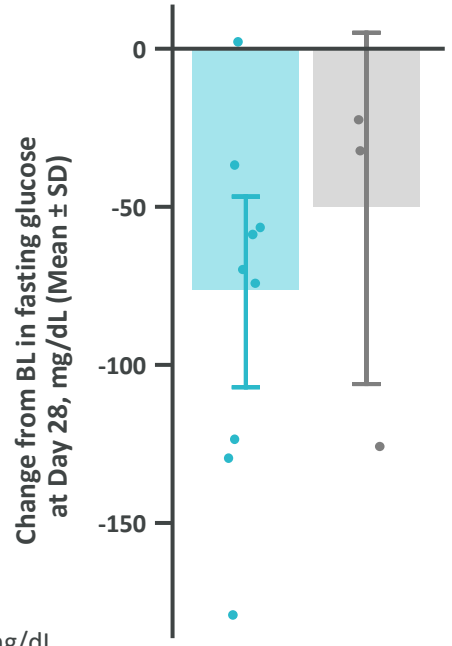


GLP-1R = glucagon-like peptide-1 receptor; AUC = area under curve.

Haggag, A., et. al. Safety, Tolerability and Pharmacokinetics of AZD/ECC5004, an Oral Small Molecule GLP-1 Receptor Agonist. Presented at Obesity Week 2024. DOI: 10.1111/dom.16047 . Collaboration partner: Eccogene (AZD5004).

Reduction in glucose and body weight observed in MAD T2D trial at 50mg

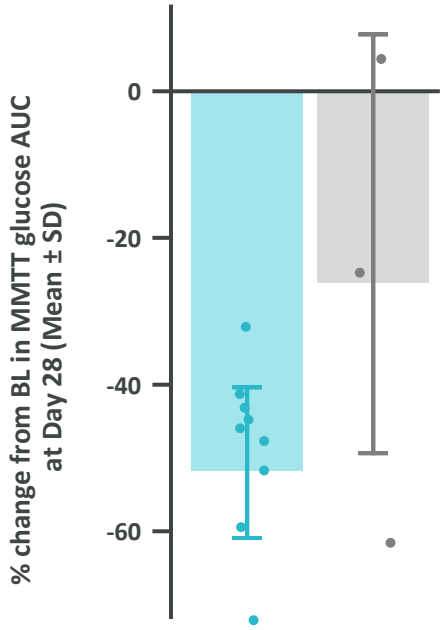
Fasting glucose



BL: 189.7mg/dL

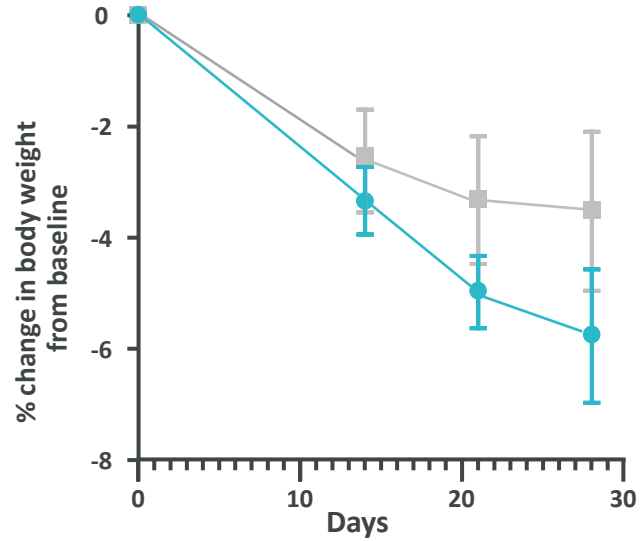
-76.6 mg/dL

Glucose AUC (MMMT)



-51.7%

Body weight



BL BMI: 31.1kg/m^2 | **BL BW:** 81.3kg

-5.8%

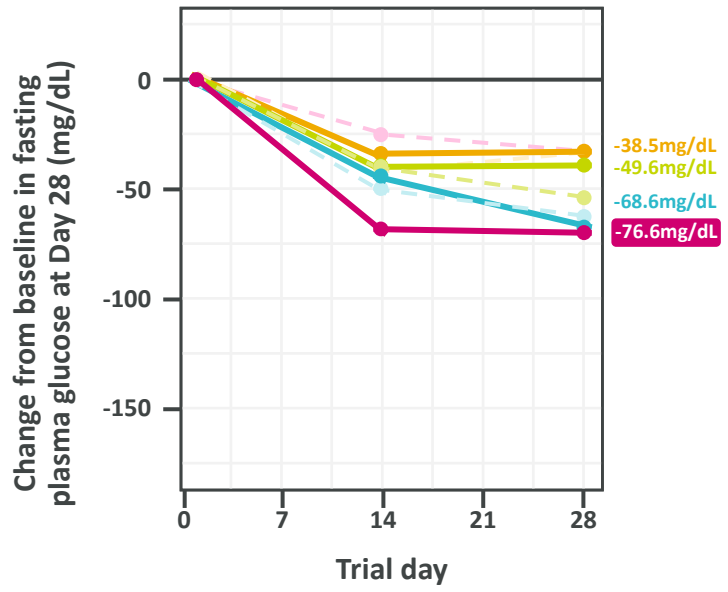
AZD5004 50mg (N=10) Placebo (N=3)

Titration: 10mg 7 days, 25mg 7 days, 50mg 14 days. MAD = multiple ascending dose; T2D = type 2 diabetes; BL = baseline; BW = body weight; MMTT = mixed-meal tolerance test; AUC = area under curve.

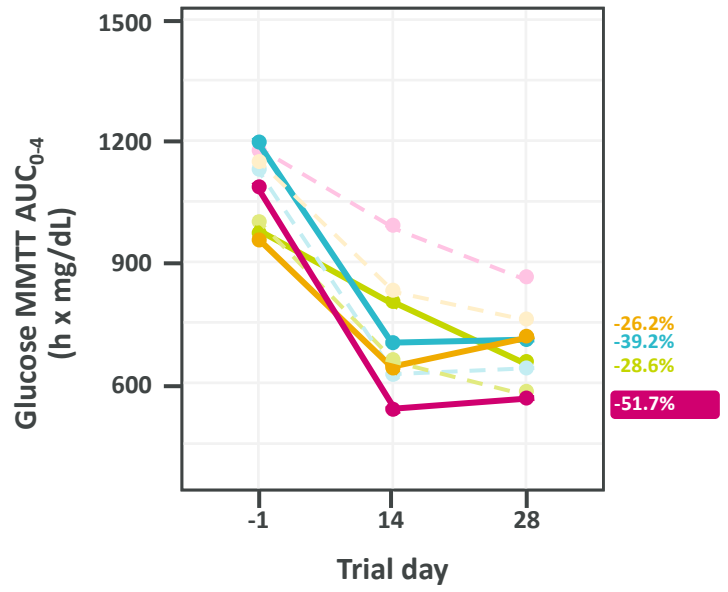
Haggag, A., et. al. Safety, Tolerability and Pharmacokinetics of AZD/ECC5004, an Oral Small Molecule GLP-1 Receptor Agonist. Presented at Obesity Week 2024. DOI: 10.1111/dom.16047. Collaboration partner: Eccogene (AZD5004).

Dose-dependent reduction in glucose and body weight observed in MAD T2D trial

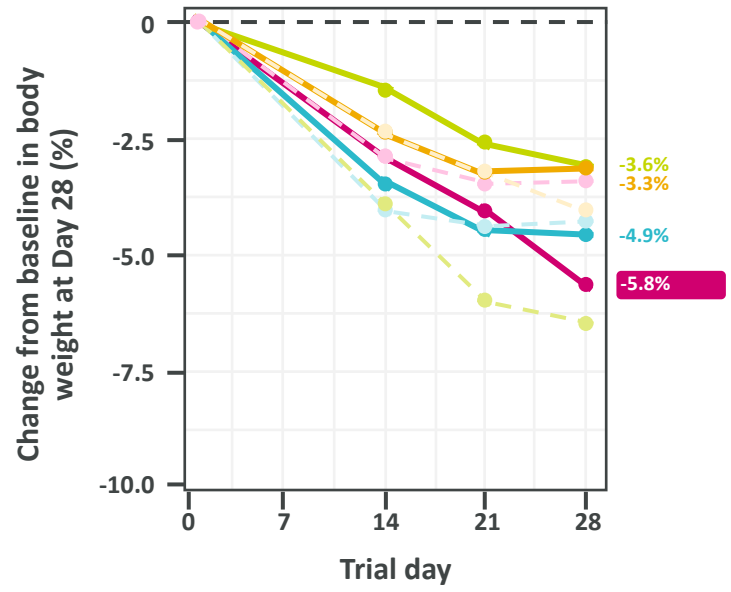
Fasting glucose



Glucose AUC (MMMT)



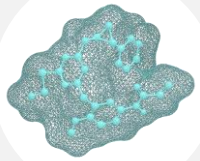
Body weight



Dashed grey lines represent placebo. Changes in fasting glucose in AZD5004 arms: mean baseline fasting glucose 179mg/dL. MAD = multiple ascending dose; T2D = type 2 diabetes; MMTT = mixed-meal tolerance test; AUC = area under curve.

Haggag, A., et. al. Non-clinical and first-in-human characterization of ECC5004/AZD5004, a novel once-daily, oral small molecule GLP-1 receptor agonist. DOI: 10.1111/dom.16047. Collaboration partner: Eccogene (AZD5004).

AZD5004 Phase I data supports initiation of Phase II trials



Proven mechanism and potency

- Evidence of GLP-1 receptor target engagement
- Promising potency
- Flat PK profile
- Small molecule

Encouraging safety profile at range of doses

- No serious adverse events
- Favourable tolerability profile with additional dosing flexibility

Favourable route of administration

- Once-daily oral administration
- Suitable for oral combinations
- May be taken with or without food

Rapidly progressing into Phase IIb with VISTA obesity and SOLSTICE type 2 diabetes trials enrolling

GLP-1 = glucagon-like peptide-1; PK = pharmacokinetic.
Collaboration partner: Eccogene (AZD5004).

Phase IIb VISTA designed to evaluate body weight reduction

Patient population:

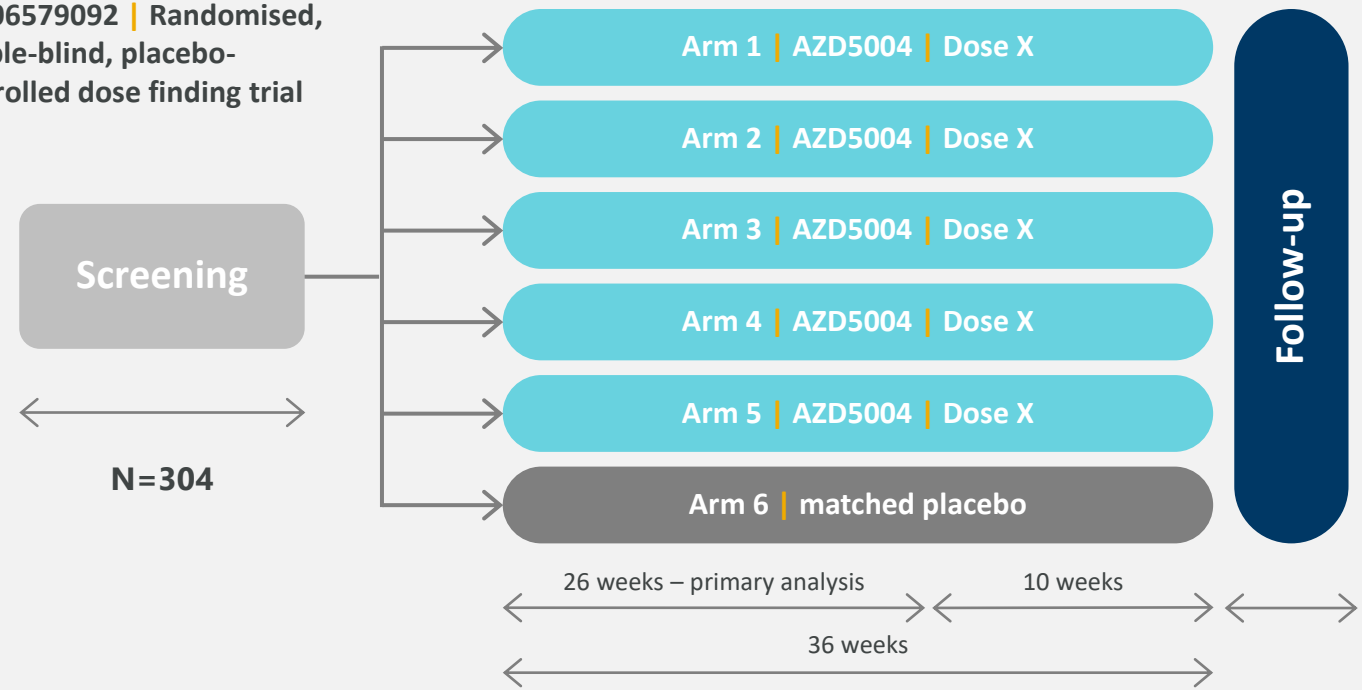
- ≥18 years old
- BMI ≥30kg/m^2 or BMI ≥27kg/m^2 and one obesity-related condition
- Weight stable
- Non-diabetic

Primary endpoints:

percent change in body weight vs. baseline at 26 weeks; proportion of participants with weight loss ≥5% from baseline weight at 26 weeks

VISTA

NCT06579092 | Randomised, double-blind, placebo-controlled dose finding trial



BMI = body mass index.

Collaboration partner: Eccogene (AZD5004).

Phase IIb SOLSTICE designed to evaluate effect on glycaemic control

Patient population:

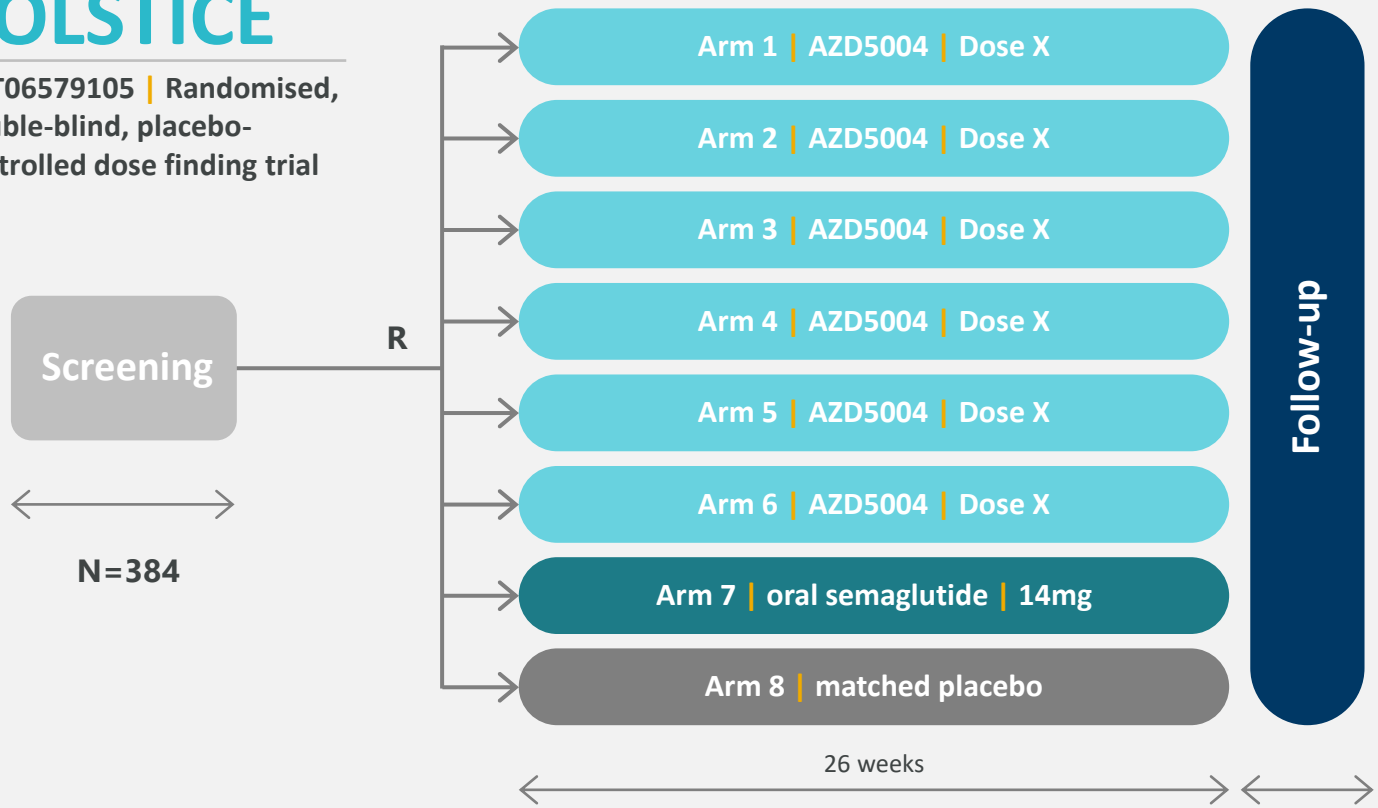
- ≥18 years old
- HbA_{1c} ≥7.0% and ≤10.5%
- BMI ≥23 kg/m^2
- T2D background therapy: diet and exercise and/or stable dose of metformin or SGLT2i

Primary endpoint:

change in HbA_{1C} from baseline at 26 weeks

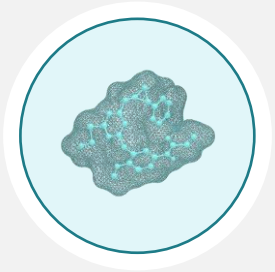
SOLSTICE

NCT06579105 | Randomised, double-blind, placebo-controlled dose finding trial



T2D = type 2 diabetes; HbA_{1c} = haemoglobin A_{1c}; BMI = body mass index; SGLT2i = sodium-glucose cotransporter-2 inhibitor.
Collaboration partner: Eccogene (AZD5004).

Opportunity for additional cardiovascular benefit through small molecule combinations



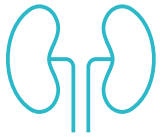
AZD5004
oGLP-1 RA

+

T2DM
+ dapagliflozin
(oSGLT2i)

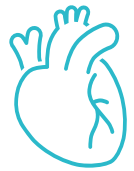
Superior HbA_{1c} control and weight reduction

CKD
+ dapagliflozin
(oSGLT2i)



Potential to deliver renal outcome benefits

HF
+ dapagliflozin
(oSGLT2i)



Potential to deliver cardiovascular outcome benefits

Dyslipidaemia
+ AZD0780
(oPCSK9)

Potential to further reduce high-risk cardiovascular disease

oGLP-1 RA = oral glucagon-like peptide-1 receptor agonist; T2DM = type 2 diabetes mellitus; oSGLT2 = oral sodium-glucose cotransporter-2; HbA_{1c} = haemoglobin A1c; CKD = chronic kidney disease; HF = heart failure; oPCSK9 = oral proprotein convertase subtilisin/kexin type 9. Collaboration partner: Eccogene (AZD5004).

AZD6234

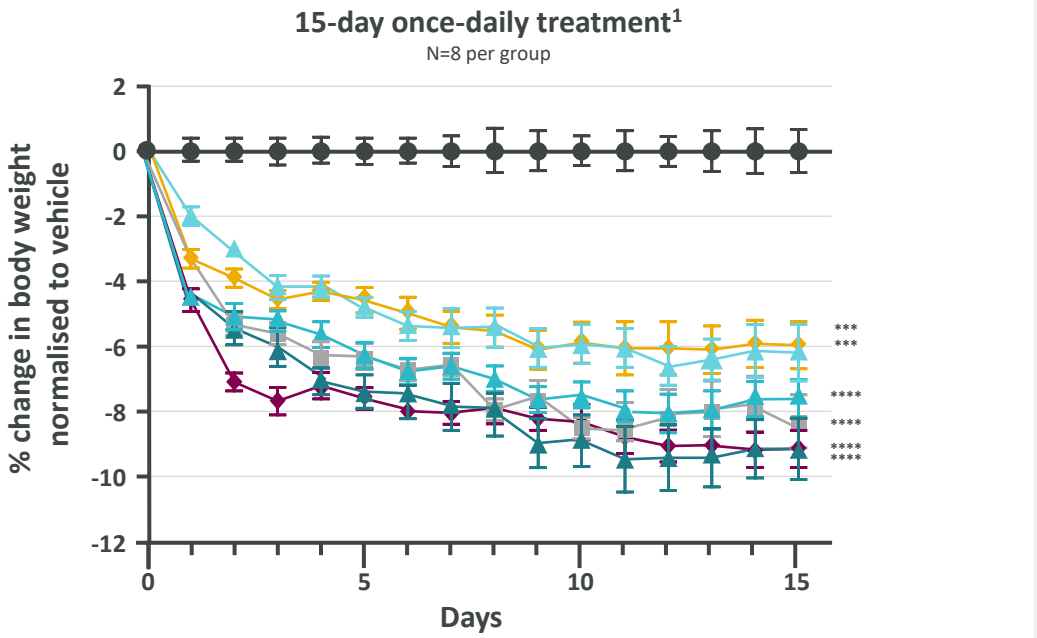
Long-acting amylin

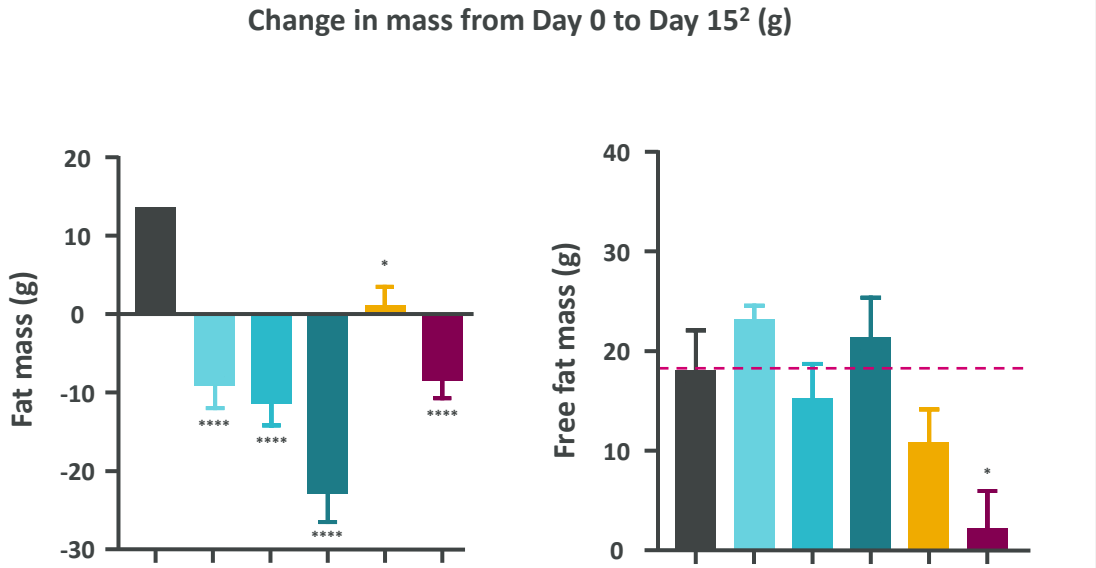
Regina Fritsche Danielson

SVP, EARLY CVRM

Amylin agonism promotes weight loss by reducing fat mass while retaining lean mass in preclinical study

Dose-dependent decrease driven by reduction in fat mass with lean mass preserved in obese rats treated with AZD6234



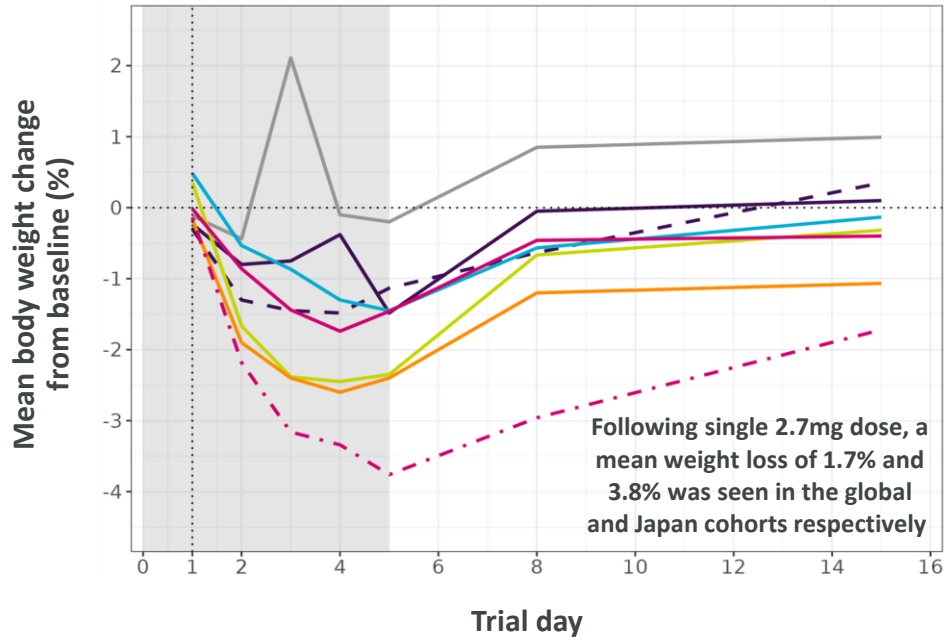


— *Vehicle* ▲ *AZD6234 3nmol/kg* ▲ *AZD6234 10nmol/kg* ▲ *AZD6234 20nmol/kg* ◆ *semaglutide 3nmol/kg* ◆ *semaglutide 10nmol/kg*

1. ***p<0.001, ****p<0.0001; two-way ANOVA, Dunnett's multiple comparison test. 2. *p<0.05, ****p<0.0001; one-way ANOVA, turkey multiple comparison test. s.c. = subcutaneous. ANOVA = analysis of variance. Hornigold, D. et. al. Characterisation of AZD6234, a novel amylin receptor selective agonist peptide, in rodent models of weight loss and aversion. Presented at EASD 2024.

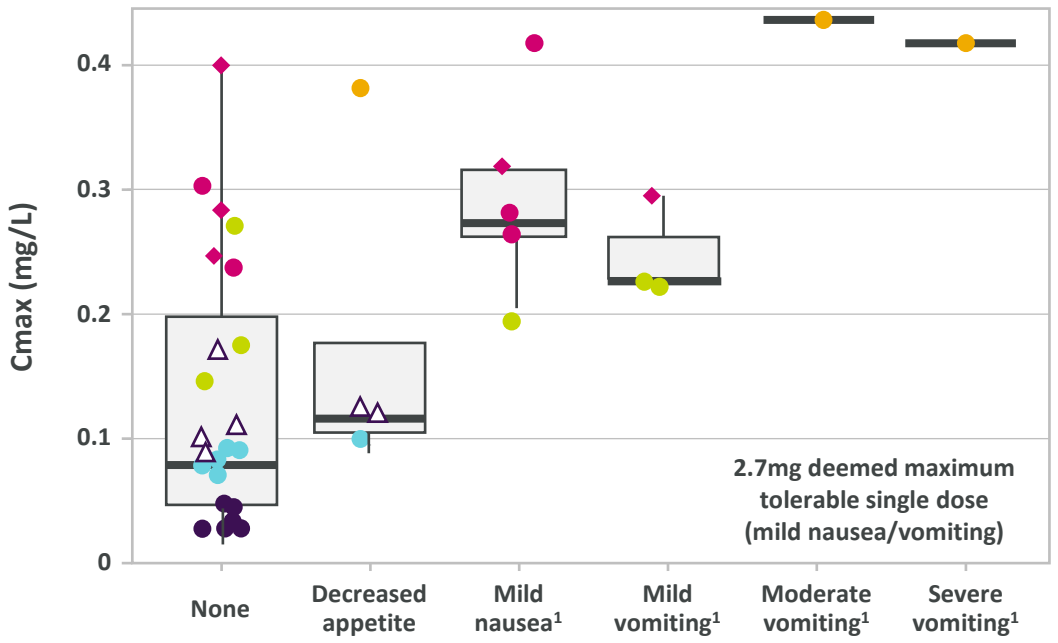
Phase I SAD demonstrated efficacy with promising tolerability

Body weight change after single dose of AZD6234



--- *i.v. global* - · *s.c. Japan* — *0.3mg* — *1.5mg* — *4.2mg*
— *s.c. global* — *placebo* — *0.9mg* — *2.7mg*

Exposure response for nausea/vomiting



△ *i.v. global* ◆ *s.c. Japan* ● *0.9mg* ● *2.7mg*
● *s.c. global* ● *0.3mg* ● *1.5mg* ● *4.2mg*

1. Nausea and vomiting severity calcification. Mild: awareness of sign or symptom, but easily tolerated. Moderate: discomfort sufficient to cause interference with normal activities. Severe: incapacitating, with inability to perform normal activities. SAD = single ascending dose; i.v. = intravenous; s.c. = subcutaneous. Rauschecker, M. et. Al. Safety, Tolerability and Pharmacokinetics of AZD6234, a Long-acting Agonist of the Amylin Receptor. Presented at Obesity Week 2024.

Encouraging Phase I data supported initiation of Phase IIb APRICUS obesity/overweight trial

Encouraging safety

- No safety concerns at doses up to 4.2mg
- Favourable tolerability at single starting dose of up to 2.7mg

Robust profile

- Supports once-weekly dosing
- Encouraging weight loss after single dose
- Reduces fat mass while retaining lean mass in preclinical study

Phase IIb ongoing

- Phase IIb APRICUS trial ongoing in patients living with obesity or overweight

PK = pharmacokinetic.

Phase IIb APRICUS designed to evaluate body weight reduction

Patient population:

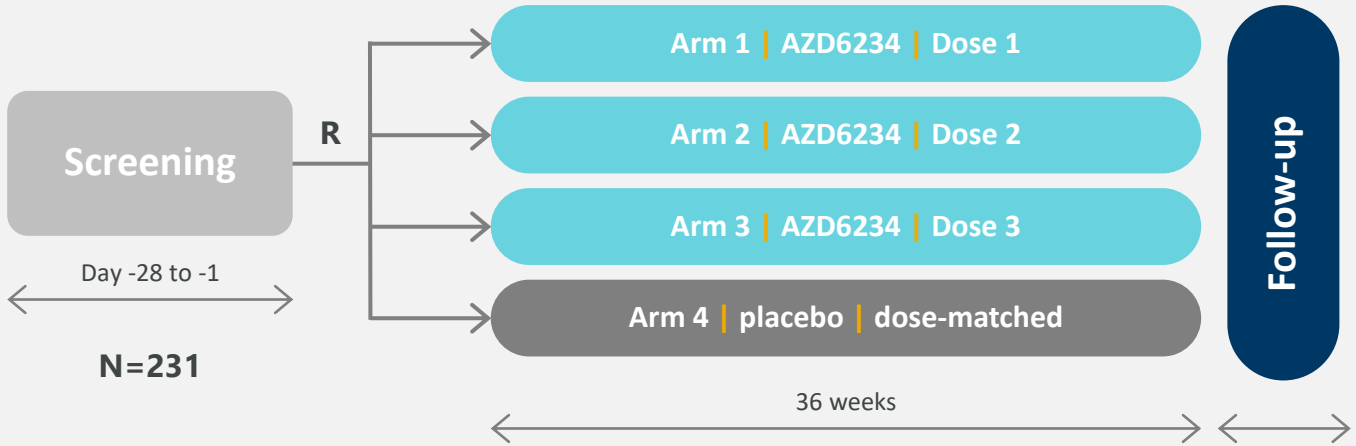
- ≥18 years old
- BMI ≥30kg/m^2 or BMI ≥27kg/m^2 and one obesity-related condition
- Weight stable
- Non-diabetic

Primary endpoints:

percent change in body weight vs. baseline to Week 26; weight loss ≥5% vs. baseline weight to Week 26

APRICUS

NCT06595238 | Randomised, double-blind, placebo-controlled trial



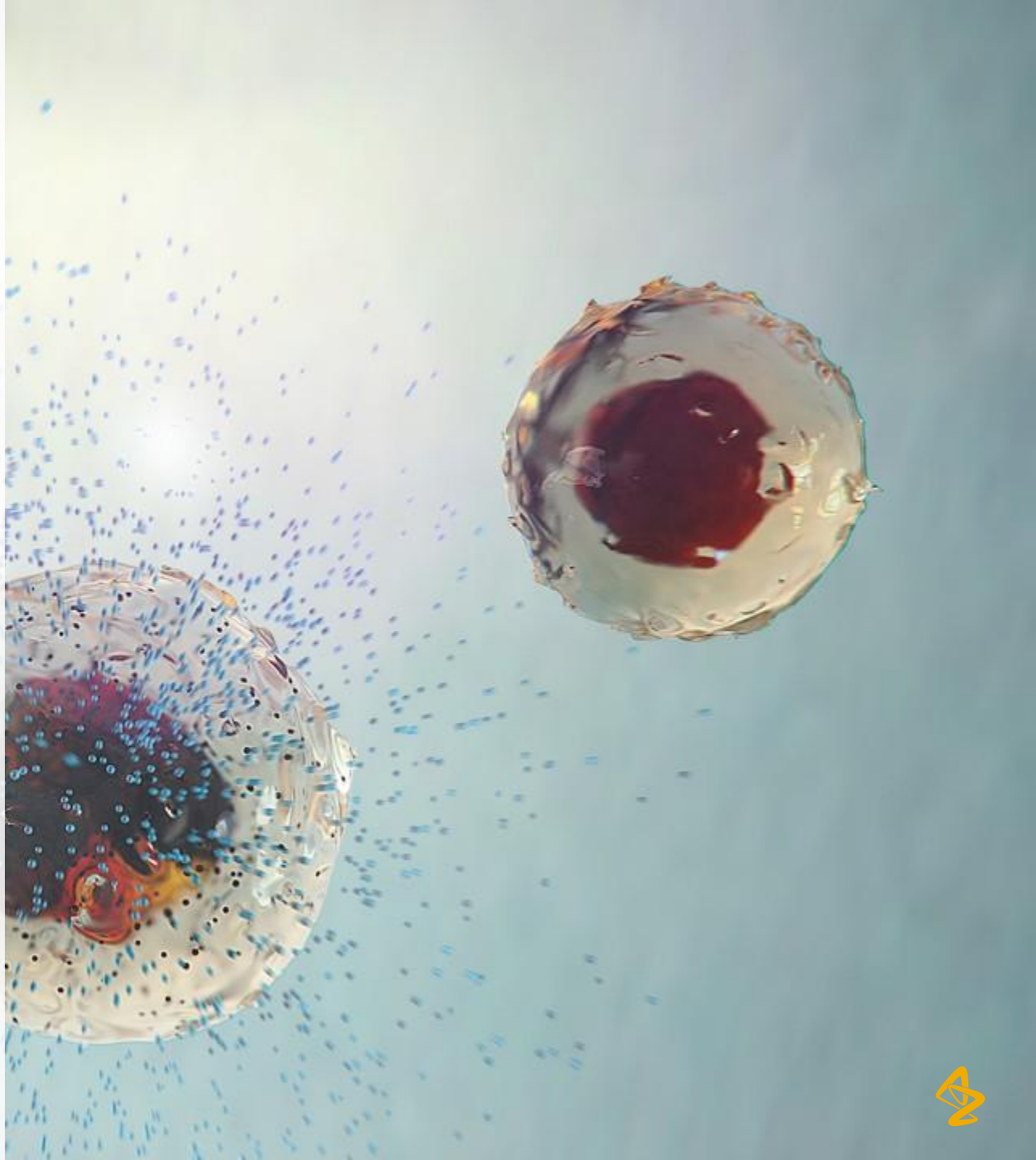
BMI = body mass index.

AZD9550

GLP-1/glucagon agonist

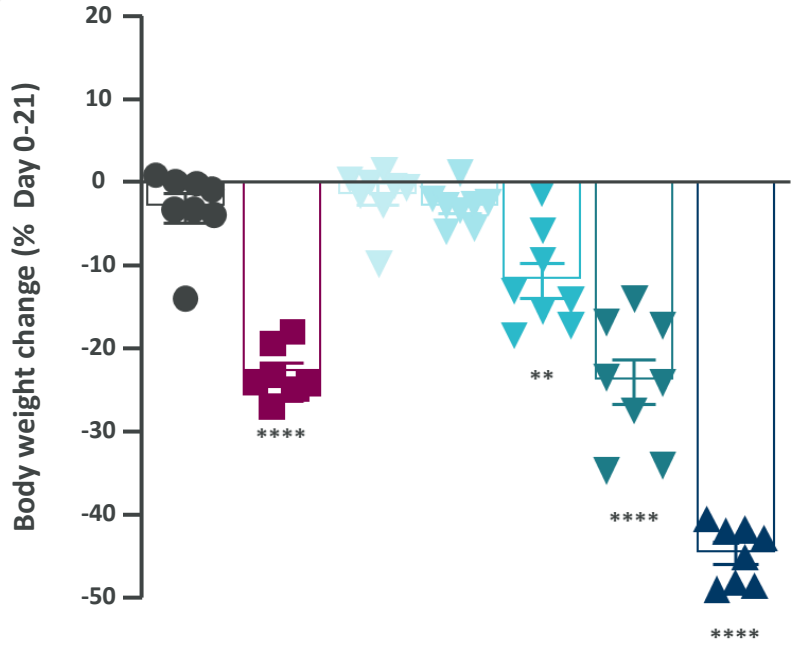
Regina Fritsche Danielson

SVP, EARLY CVRM

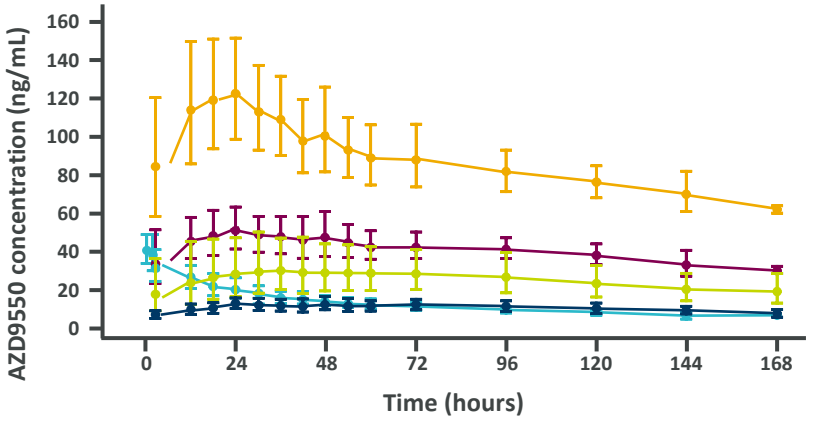


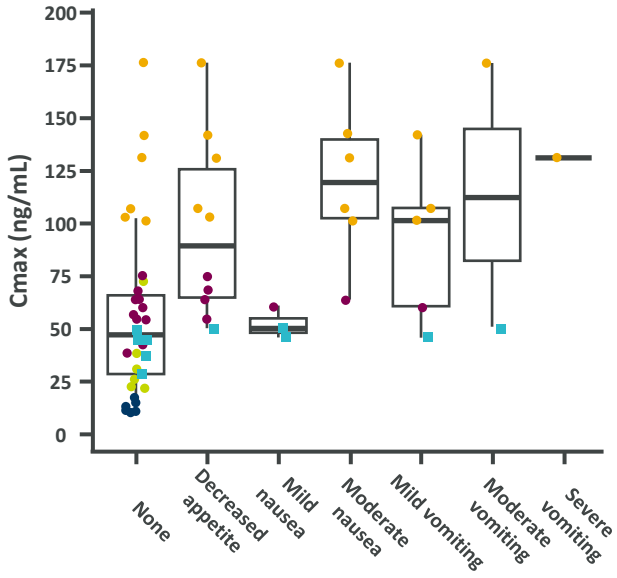
AZD9550 decreased body weight in preclinical model with clinical PK data supporting once-weekly administration

Body weight decrease seen in obese mice[1]



Mild-to-moderate drug-related GI adverse events





Data presented as geometric mean with standard deviation.

i.v. s.c. 0.15mg s.c. 0.15mg i.v. 0.30mg s.c. 0.60mg s.c. 1.20mg s.c.

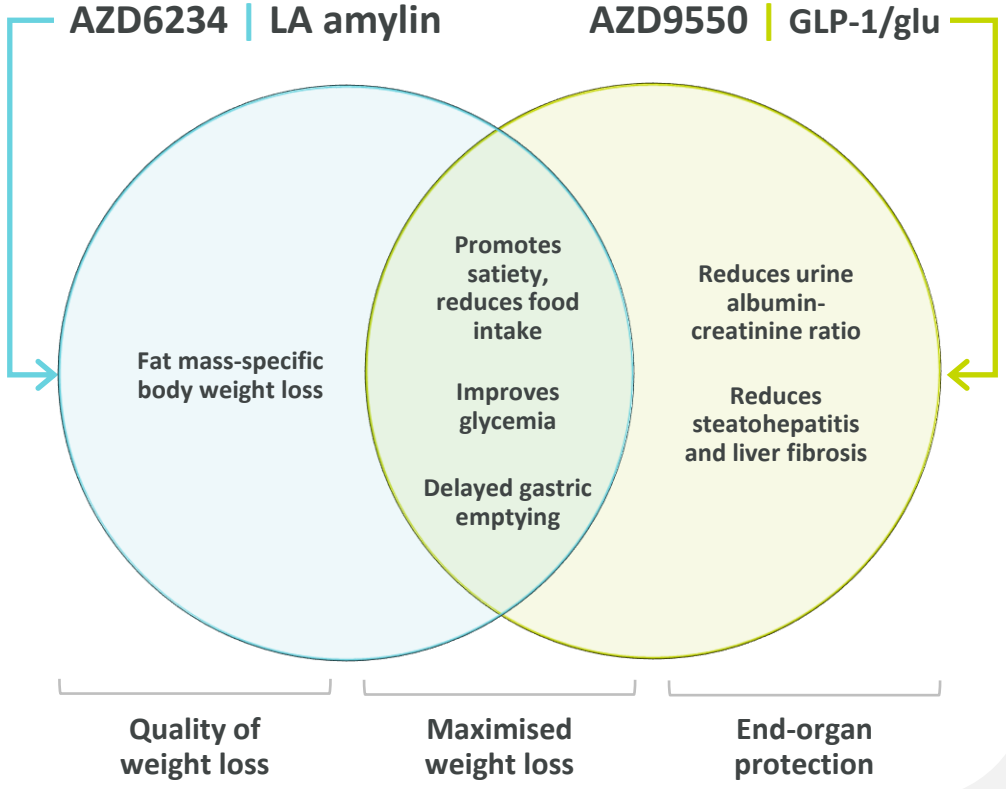
1. One-way ANOVA, Dunnett post-hoc. ****p<0.0001, **p<0.01 vs. vehicle. GLP-1R = glucagon-like peptide-1 receptor; GCGR = glucagon receptor; PK = pharmacokinetic; BW = body weight; ANOVA = analysis of variance; GI = gastrointestinal; i.v. = intravenous; s.c. = subcutaneous. Sulentic, P. et. al. Safety and Pharmacokinetics of AZD9550, a GLP-1 Receptor/GCGR Dual Agonist, in a First-In-Human Study. Presented at Obesity Week 2024.

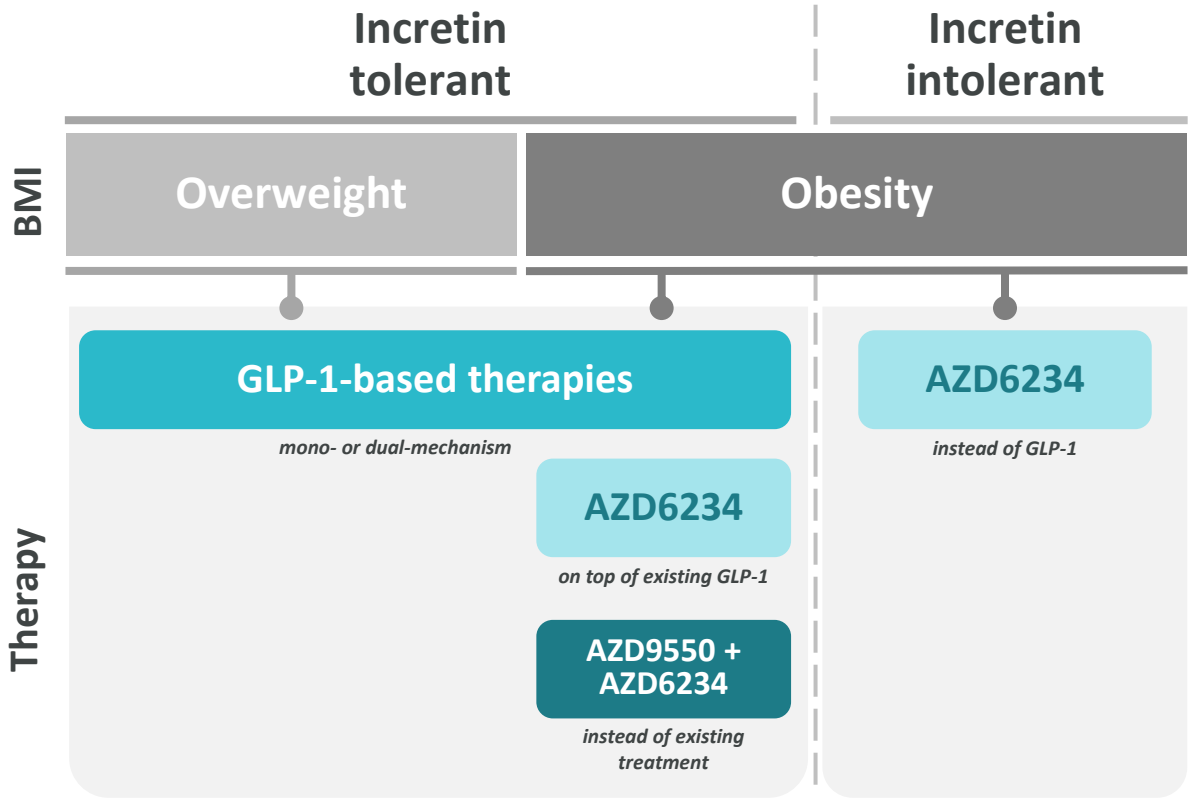
AZD9550 | GLP-1/glu

AZD6234 | LA amylin

AZD9550 and AZD6234 potential once-weekly triple mechanism combination

Combination of novel mechanisms to expand therapeutic options





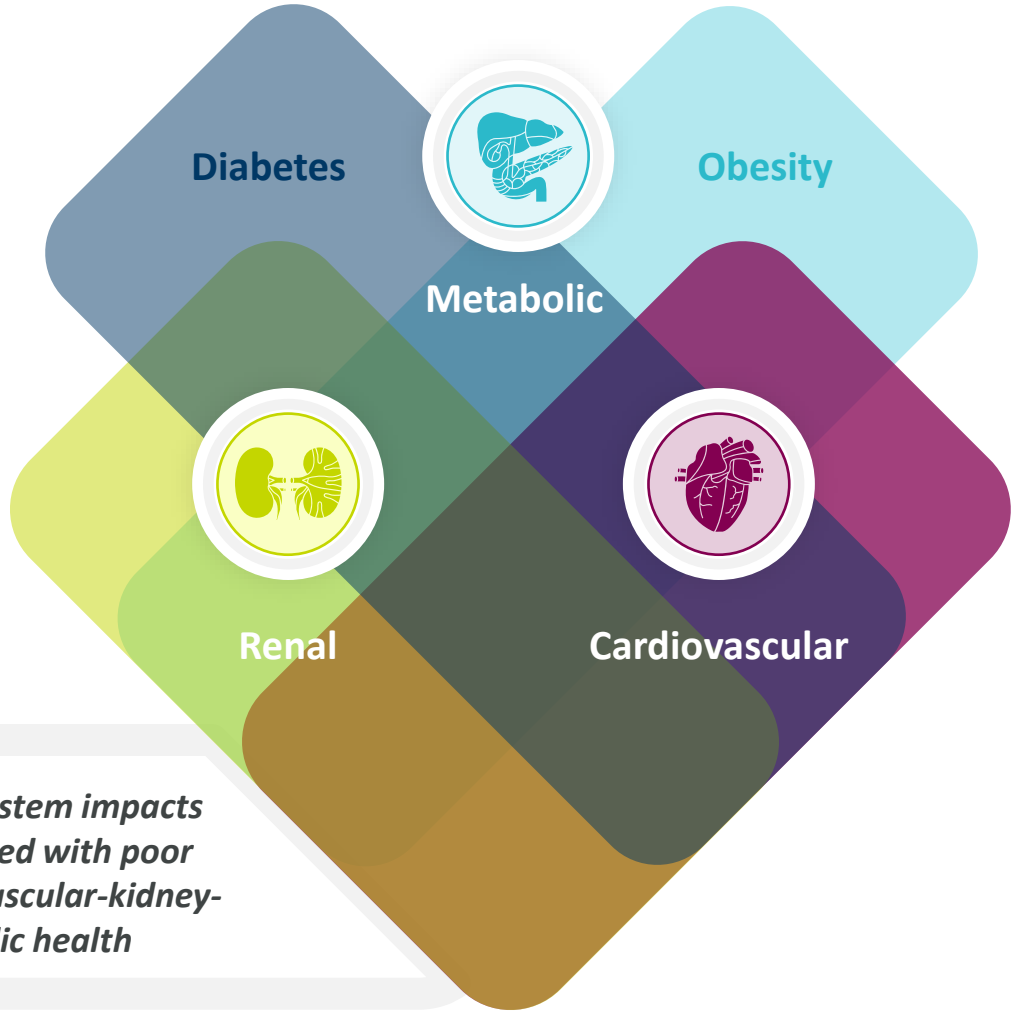
LA = long-acting; GLP-1 = glucagon-like peptide-1; glu = glucagon; LAA = long-acting amylin; ANOVA = analysis of variance.

Summary

Sharon Barr

EVP, BIOPHARMACEUTICALS R&D

Majority of cardiovascular, renal and metabolism patients have multi-organ risk factors, benefitting from combination therapy



Multi-system impacts associated with poor cardiovascular-kidney-metabolic health

Consensus opinion is shifting

Circulation

AHA PRESIDENTIAL ADVISORIES

American Heart Association.

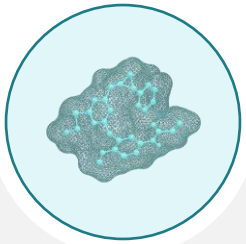
Cardiovascular-Kidney-Metabolic Health: A Presidential Advisory From the AHA

> *Strategies for applying combination therapies, along with evidence-based approaches for initiating, monitoring and sustaining them, are essential.*

Ndumele, C., Rangaswami, J., Chow, S., et al. Cardiovascular-Kidney-Metabolic Health: A Presidential Advisory From the American Heart Association. Accessed November 2024. AHA = American Heart Association.

$5bn+*

Three high potential assets progressing to Phase IIb

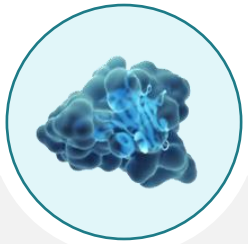


AZD5004

oGLP-1

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

Two Phase IIb trials initiated

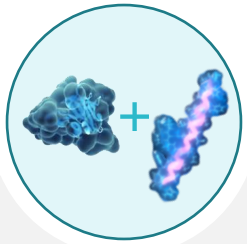


AZD6234

long-acting amylin

- Selective amylin agonist
- Once-weekly s.c. dosing
- Lean mass-sparing weight loss
- Replacement therapy for incretin intolerance

Phase IIb trial initiated



AZD6234 + AZD9550

long-acting amylin + GLP-1/glucagon

- Triple mechanism
- Once-weekly s.c. dosing
- Maximum weight loss without tolerability compromise
- 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. oGLP-1 = oral glucagon-like peptide-1; s.c. = subcutaneous.
Collaboration partner: Eccogene (AZD5004).

Q&A Session

Sharon Barr
EVP, BIOPHARMACEUTICALS R&D

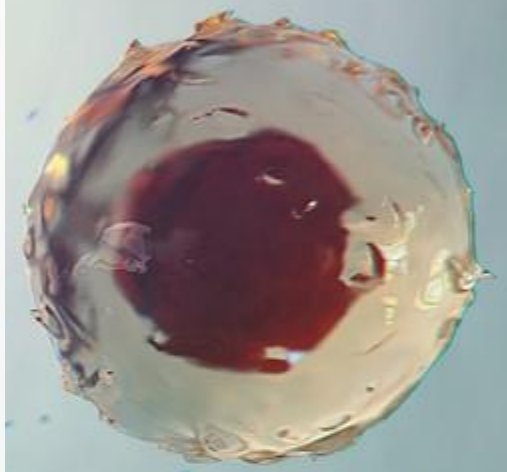
Ruud Dobber
EVP, BIOPHARMACEUTICALS BUSINESS

Elisabeth Björk
SVP, LATE CVRM

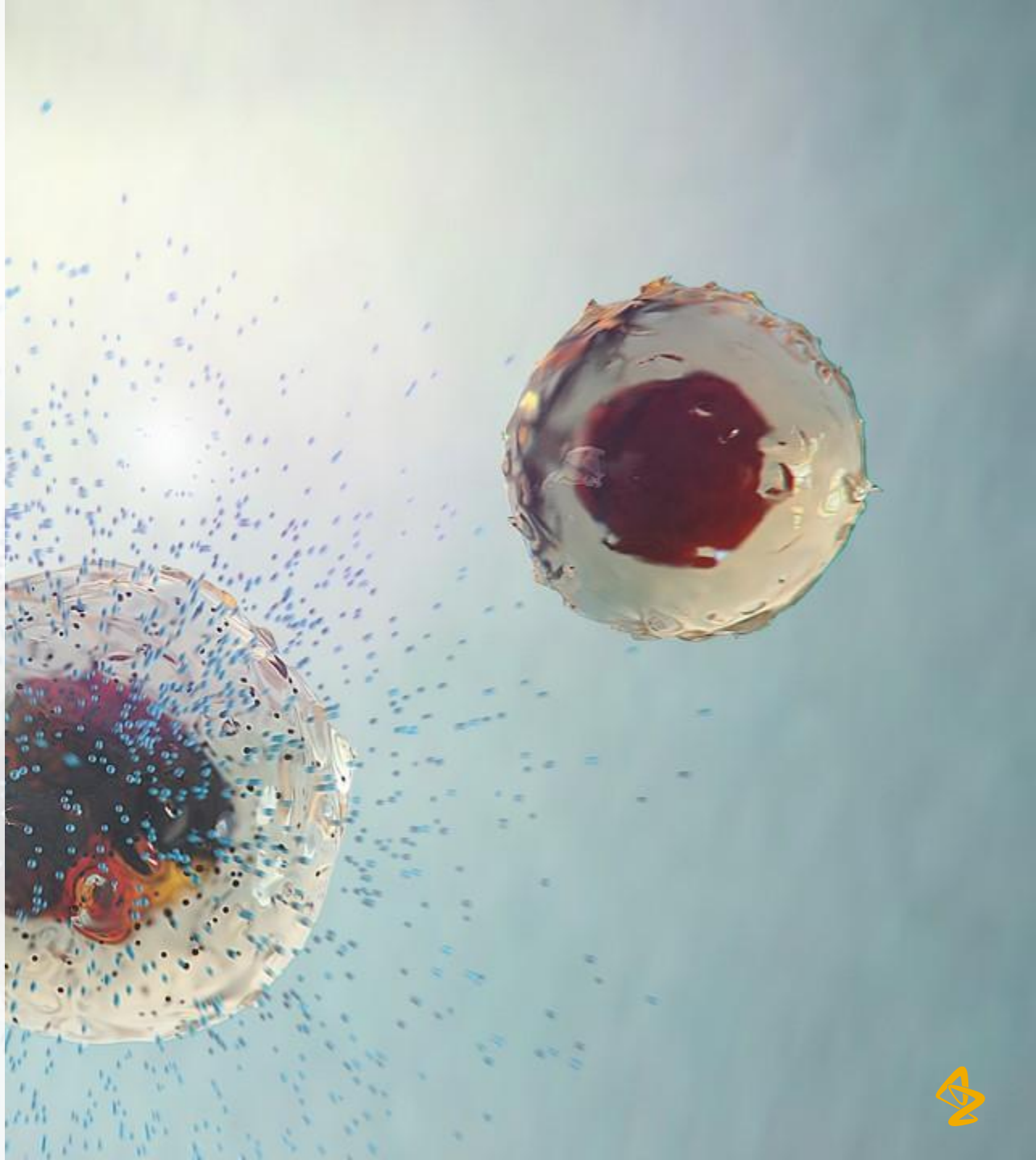
Regina Fritsche Danielson
SVP, EARLY CVRM

Mina Makar
SVP, GLOBAL CVRM

Mikhail Kosiborod, MD
VP, RESEARCH @ SAINT LUKE'S HEALTH SYSTEM, KANSAS CITY

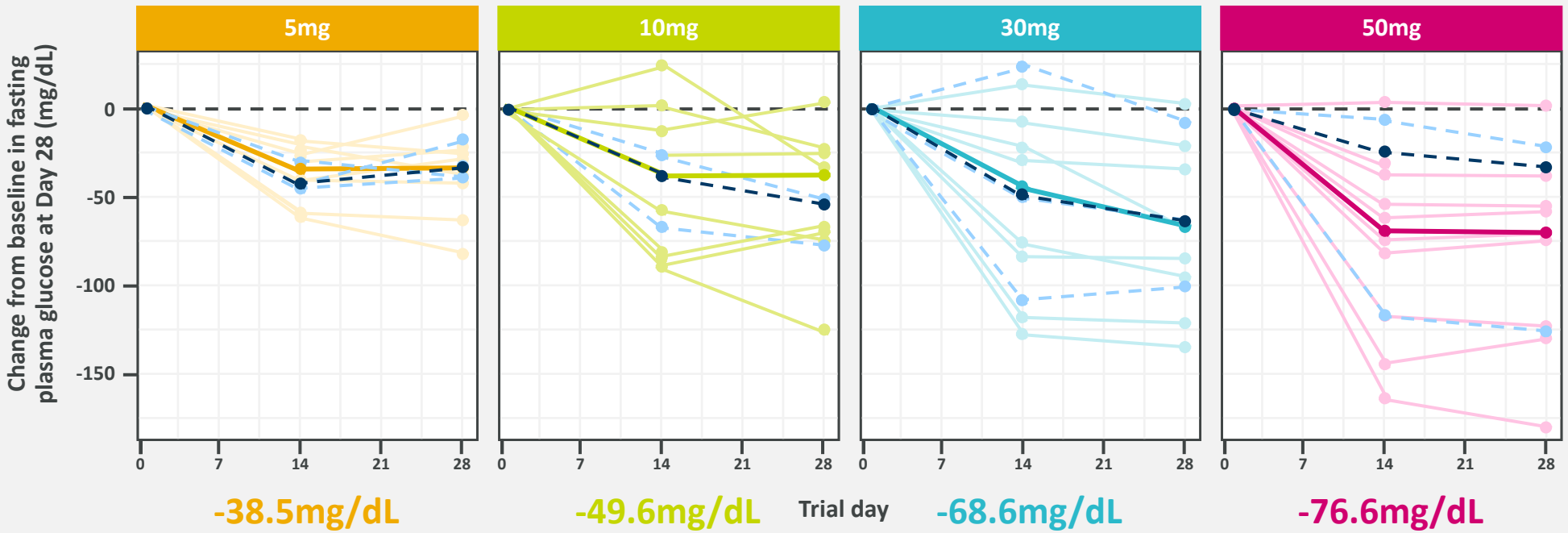


Appendix



Dose-dependent reductions in fasting glucose observed in MAD T2D trial

Change in fasting glucose at Day 28 at different doses of AZD5004

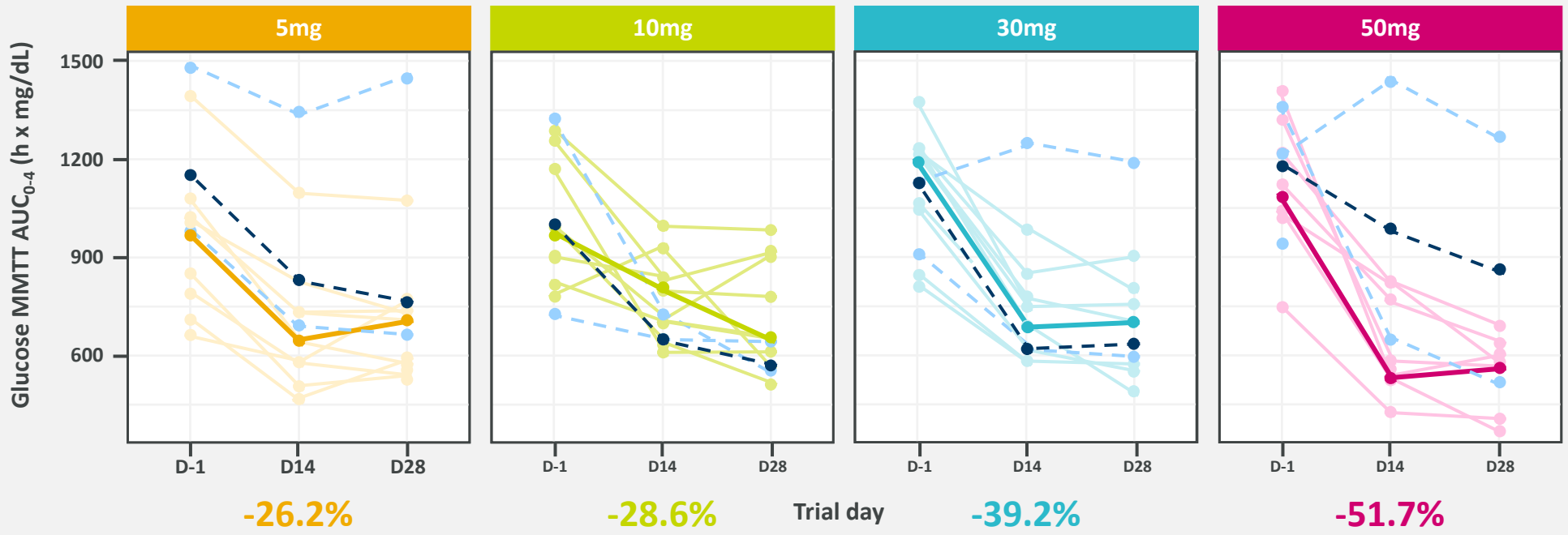


Dashed blue lines represent placebo. Changes in fasting glucose in AZD5004 arms: mean baseline fasting glucose 179mg/dL. MAD = multiple ascending dose; T2D = type 2 diabetes.

Haggag, A., et. Al. Non-clinical and first-in-human characterization of ECC5004/AZD5004, a novel once-daily, oral small molecule GLP-1 receptor agonist. DOI: 10.1111/dom.16047. Collaboration partner: Eccogene (AZD5004).

Dose-dependent reductions in post-prandial glucose observed in MAD T2D trial

Percentage change in glucose AUC following a MMTT at Day 28 at different doses of AZD5004

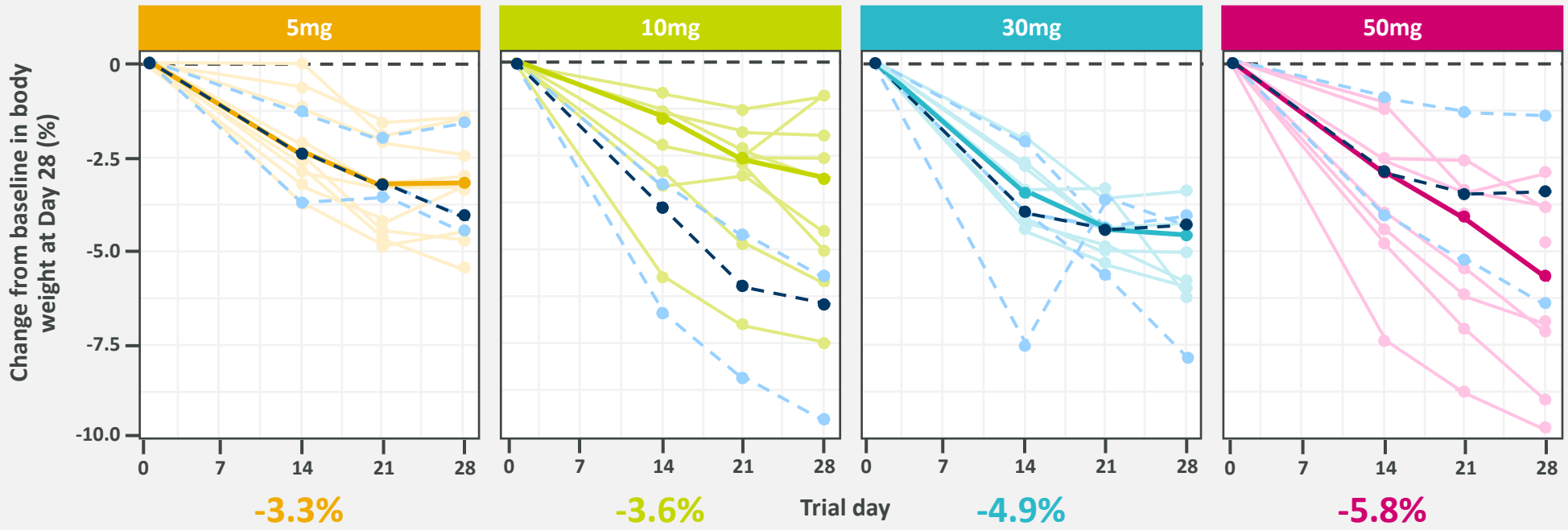


Dashed blue lines represent placebo. MAD = multiple ascending dose; T2D = type 2 diabetes; AUC = area under curve; MMTT = mixed-meal tolerance test.

Haggag, A., et. al. Non-clinical and first-in-human characterization of ECC5004/AZD5004, a novel once-daily, oral small molecule GLP-1 receptor agonist. DOI: 10.1111/dom.16047. Collaboration partner: Eccogene (AZD5004).

Dose-dependent reduction in body weight observed in MAD T2D trial

Mean percentage change in body weight on Day 28 at different doses of AZD5004



Dashed blue lines represent placebo. Baseline body weight 86.5kg; BMI 31.7m². MAD = multiple ascending dose; T2D = type 2 diabetes.

Haggag, A., et. al. Non-clinical and first-in-human characterization of ECC5004/AZD5004, a novel once-daily, oral small molecule GLP-1 receptor agonist. DOI: 10.1111/dom.16047. Collaboration partner: Eccogene (AZD5004).