FULL YEAR 2011 RESULTS
ANALYST PRESENTATION/SCRIPT
TONY ZOOK – 2 FEB 2012

Thank you Martin.

Despite the revenue headwinds from pricing and generics, our marketing companies turned in a good performance in 2011.

I'm going to cover the highlights, and when I refer to revenue growth rates, they will be on a constant currency basis.

For the full year, revenue in the US was just over $13.4 billion, down 2 percent. And that includes a 3.3 percent hit on the revenue line from US healthcare reform.

We drove good performances for Crestor, Seroquel, Symbicort and Onglyza.

Nexium was down in a highly generic PPI market.

And we had the generic erosion on Arimidex, Toprol-XL and Merrem to contend with.

Revenue in Western Europe was down 11 percent, on mid-single digit declines in both volume and price. There was growth for Seroquel XR, Crestor…but we lost nearly $1 billion to generic competition, chiefly Nexium, Arimidex and Merrem.

Revenue growth in Established Rest of World was largely due to Japan, fuelled by the launch of Nexium and good growth for Symbicort and Crestor. Crestor is driving the net growth in the other markets.

Revenue in Emerging Markets was up by double digits for the full year, and the fourth quarter, when the expected tender offers in the Middle East came through.

Revenue grew in the mid to high teens in China, Russia and in the Middle East/North Africa region. Brazil was a counterweight to performance, as a result of generic competition for Crestor and Seroquel IR.

Looking at revenue from the brand perspective, you can see here that we have had excellent growth in the brands that have exclusivity…nearly $1.5 billion of incremental growth from Crestor, Seroquel and Symbicort combined.

The brands that have lost exclusivity…Nexium in Europe, Arimidex and Merrem globally, they are down $1.6 billion in aggregate.

I am going to leave most of the brand commentary to the press release. I want to focus on Crestor and the Brilinta launch roll out, if I may.

First, Crestor.

Sales were up 13 percent to $6.6 billion globally.

Crestor volume growth was around 12 percent…that is twice the growth rate in the overall statin market.

In the US, sales were up 16 percent to nearly $3.1 billion. Total prescriptions were up 4 percent compared with 1 percent for the statin market.

Of course, the big event in the US statin market was the launch of generic atorvastatin at the end of November….and the first thing I want to say is that it is still very early days to be drawing firm conclusions in terms of its impact.

That said, however, based on the limited data available so far, Crestor prescription volume is holding up pretty well.

The top line on the chart is Crestor total prescriptions.

In the eight weeks prior to atorvastatin generics, Crestor total prescriptions were growing at 2 percent year over year.

For the 8 weeks post atorvastatin, Crestor is still growing 2 percent.

The fact that total prescription volumes are holding up well is consistent with the fact that around 94 percent of Crestor usage in an average week prior to the atorvastatin launch is for patients on continued therapy. Despite the availability of many low cost options, these patients are on Crestor because their physician felt it was the right treatment

choice...in many cases because they failed to achieve goal on other regimens...and we believe that we will hold on to most of these patients.

We have also said that we think the market share pressure will be on the 6 percent of the volume which is dynamic—around 4 percent from new starts and around 2 percent from patient switches from other therapy.

That is the bottom line on the chart and we have seen a reduction in Crestor growth, as we expected.

So again, early days, but so far, volumes are holding up well.

Crestor also had some good performances in other markets.

Sales were up 5 percent in Western Europe, where we had good double-digit growth in France and Spain.

Sales in Established Rest of World were strong, with Japan accounting for half of the increase.

Sales in Emerging Markets were up 8 percent, where good growth in China was partially offset by the generic competiton in Brazil.

Next, I would like to give you an update on our launch roll-out of Brilinta, or Brilique as it is known in many markets.

Brilinta has now been approved in 64 markets worldwide, with the biggest event clearly the US approval in July.

But regulatory approval is only the first step in the process

We have launched in 37 markets.

To date we have achieved reimbursement in 20 markets, and a further 4 markets that we would characterise as ”patient-pay” markets. Where we have achieved reimbursement, we are achieving a price that reflects the value proposition delivered in the PLATO results…a premium price for a significant reduction in cardiovascular morbidity and mortality.

We are now in the price negotiation phase in Germany and France, and we believe the price that is achieved ought to reflect the CV mortality benefit we bring over clopidogrel.

The real rate limiting step is achieving formulary acceptance and adoption on hospital protocols.

Access to new ACS patients narrows as you work your way through this cascade of events. So starting at access to 58% of new cases in the 64 markets where we have approval, when you get to access at the protocol level, we only have access to around 12% of the new ACS patients at this stage of the rollout.

I am confident that we will steadily build on that figure. We knew it would be slow, and it has been predictably slow.

Where we have achieved protocol adoption, the early results are encouraging. We are farthest down this track in Germany, where we saw a real step up from the third to the fourth quarter.

Based on our market research cardiologists in Germany report that Brilique is on protocol in 70% of our 1000 target hospitals. In these ”on-protocol” hospitals, Brilique is capturing 31% of new ACS therapy initiations, second only to clopidogrel.

Our US launch is probably where Germany was 6 months ago.

We have managed care reimbursement for nearly 60% of covered lives.

Formulary access in our top 400 targets is just around 46%, but we are only on protocol in 14% so far.

We only fielded a full complement of promotional materials in mid-November, after receiving the comments from the FDA’s review, so now we can finally accelerate our commercial efforts.

As I said, I’ll leave the rest of the brand comments to the press release.

I’d now like to provide some of my thoughts on how our commercial organisation is responding to the ROI challenge that David talked about.

We have built a track record of considerable achievement.

We currently have 7 brands that are $1 billion or better in revenue.

We have built global scale and reach.

But we haven't let success breed complacency. We have created an innovative and adaptive organisation.

Our traditonal customers are changing. They are increasingly working in large group practices, more part-time and less full-time; they are younger, and very comfortable in an "on-demand" information age. They want a different experience with our brands than just the traditional field selling model. We are responding.

The influence of payers is increasing.. They are demanding a value propsotion that requires us to be disciplined in finding new more cost-effective promotional channels. We need to prune non-customer facing costs that we are finding hard to recover in pricing.

We believe we are at the forefront in adapting our customer service approach. From one reliant on the traditional field sales force model…to one that incorporates innovative customer-centric channels and approaches, such as:

Service teams: reps that service the doctor's office with samples and patient education materials, for example, but do not engage in product promotional discussions.

Inside sales…inbound and outbound telemarketers that have all the training of our professional field representatives, without the down time and costs of travel between appointments.

Digital

And Inside Medical…similar to inside sales, but for scientific and technical support, not product promotion.

These new channels were originally piloted and deployed in our mature, developed markets.

Many of you may be familiar with our first scale rollout of these new capabilities when we replaced all traditional field force promotion for Nexium in the US with these new channels in the second half of 2009.

We have been able to sustain prescription volumes for Nexium, in a highly generic PPI market, at a significantly lower cost.

Building on the success with Nexium in the US, we are now rolling out these new channels globally.

Not just in developed markets, but in Emerging Markets as well.

As with Nexium, they are being deployed as resource substitution for sales force support for late life-cycle products.

But we are also using them to extend reach to customers previously not called on by our reps…

In addition, we are using a blended approach of field force plus new channels to support products in their launch or early life-cycle stage.

I think I can say with confidence that AstraZeneca has now created a global Cross Channel Commercial model that is achieving high customer satisfaction…

We now have Service teams in 19 countries making nearly 14,000 contacts daily

Inside sales agents in 24 countries making over 6,000 customer contacts daily

We are reaching more than a quarter of a million healthcare professionals around the world with a comprehensive digital offering supporting a dozen brands.

This is effective, and valued, customer support, provided at a cost per contact materially lower than traditional field sales force coverage…

For example, Service teams are 28% of the cost per contact compared to a field rep.

Inside sales are at a 20% relative cost position.

We believe that the creative and disciplined use of traditional field force support plus innovative new channels can, when applied strategically over the entire life-cycle of a brand, significantly lower the total commercial cost without sacrificing the top line.

While providing enhanced customer service.

We are also doing our part in Phase 3 of the restructuring programme.

We are consolidating our Global Commercial operations from 5 regions into 3.

We are simplifying our “above market” organizational structures to allow us to reduce our non-customer facing positions in commercial, finance, IT etc.

We will adjust our field force to the evolving portfolio, including the shift from developed to Emerging Markets.

We are committed to doing our part. Delivering the top line. With a level of innovation and discipline in sales and marketing that is providing that leverage in Pre-R&D margin…providing the headroom for increased shareholder returns and investment in the pipeline.

I’ll now hand back to David.