

# Cautionary statement regarding forward-looking statements

In order, among other things, to utilise the 'safe harbour' provisions of the US Private Securities Litigation Reform Act 1995, we are providing the following cautionary statement: This presentation contains certain forward-looking statements with respect to the operations, performance and financial condition of the Group. Although we believe our expectations are based on reasonable assumptions, any forward-looking statements, by their very nature, involve risks and uncertainties and may be influenced by factors that could cause actual outcomes and results to be materially different from those predicted.

The forward-looking statements reflect knowledge and information available at the date of preparation of this presentation and AstraZeneca undertakes no obligation to update these forward-looking statements. We identify the forward-looking statements by using the words 'anticipates', 'believes', 'expects', 'intends' and similar expressions in such statements. Important factors that could cause actual results to differ materially from those contained in forward-looking statements, certain of which are beyond our control, include, among other things: the loss or expiration of patents, marketing exclusivity or trade marks, or the risk of failure to obtain patent protection; the risk of substantial adverse litigation/government investigation claims and insufficient insurance coverage; exchange rate fluctuations; the risk that R&D will not yield new products that achieve commercial success; the risk that strategic alliances and acquisitions will be unsuccessful; the impact of competition, price controls and price reductions; taxation risks; the risk of substantial product liability claims; the impact of any failure by third parties to supply materials or services; the risk of failure to manage a crisis; the risk of delay to new product launches; the difficulties of obtaining and maintaining regulatory approvals for products; the risk of failure to observe ongoing regulatory oversight; the risk that new products do not perform as we expect; the risk of environmental liabilities; the risks associated with conducting business in emerging markets; the risk of reputational damage; the risk of product counterfeiting; the risk of failure to successfully implement planned cost reduction measures through productivity initiatives and restructuring programmes; the risk that regulatory approval processes for biosimilars could have an adverse effect on future commercial prospects; and the impact of increasing implementation and enforcement of more stringent anti-bribery and anti-corruption legislation.

Nothing in this presentation should be construed as a profit forecast.



## **Agenda**

Pascal Soriot
2Q and Half Year 2014 overview



**Briggs Morrison**2Q and Half Year 2014 pipeline update



Marc Dunoyer 2Q and Half Year 2014 financial performance



Pascal Soriot Closing remarks







## 2Q 2014: Highlights

## Returning to growth

- Second consecutive quarter of revenue growth; \$6,454m, +4% (CER)
- Core EPS +13% in 2Q; -1% YTD (CER)
- Continued double-digit growth in Emerging Markets; China +23% (CER)
- Excellent US Farxiga launch progress
- Almirall deal to bolster respiratory franchise

## **Achieving scientific leadership**

- 14 projects in Phase III, up from 8 a year ago
- Immuno-oncology portfolio progressing well
- Strong data presented at ATS, ASCO and ADA
- Positive FDA advisory vote for Movantik; PDUFA 16 September
- Negative FDA advisory vote for olaparib; PDUFA date extension 3 January 2015



## 1H 2014: Positive revenue growth

	1H 14 \$m	CER growth %
Global Revenue	12,870	3
US	4,951	5
Europe	3,277	(2)
Emerging Markets	2,881	11
China	1,108	23
Japan	1,116	1
Core EPS	\$2.47	(1)



# Continued good progress in 1H on our strategic priorities

Achieve scientific leadership

Return to growth

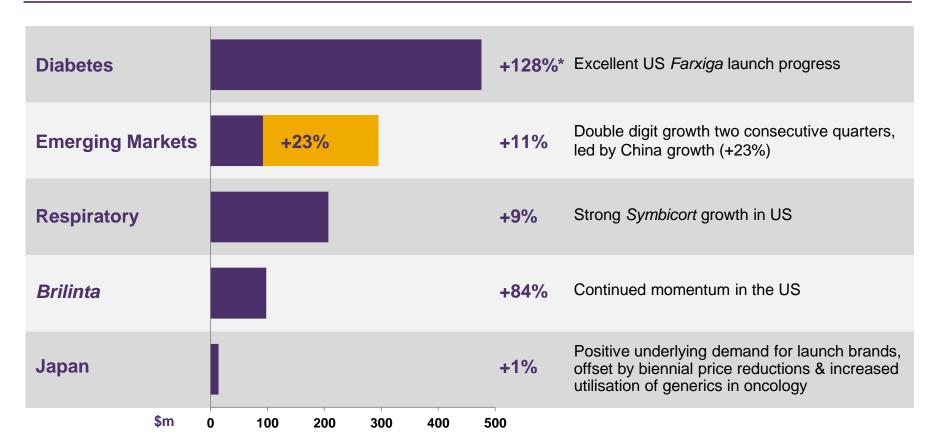
Be a great place to work



# 1H 2014: Growth platform revenue up 14% to \$6.8bn



#### **Absolute revenue growth (CER)**





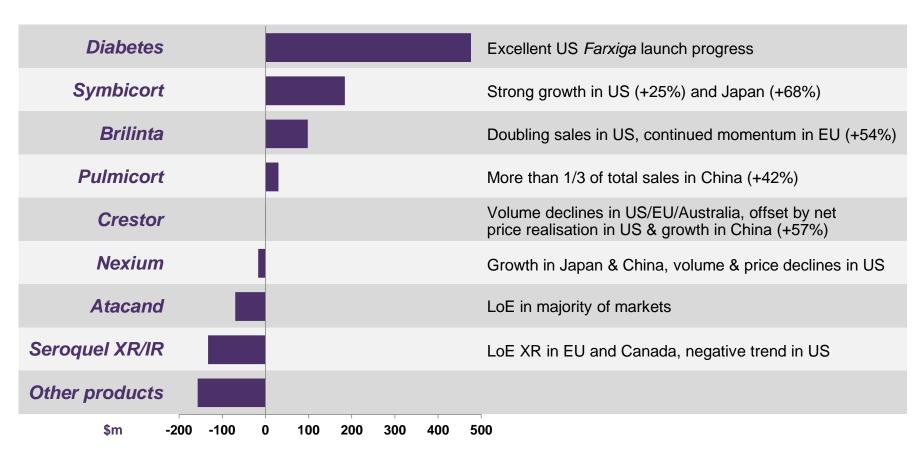


Note: Growth rate at CER

# 1H 2014: Growth platforms & resilience of mature products, offsets LoE headwind



Absolute revenue growth (CER)

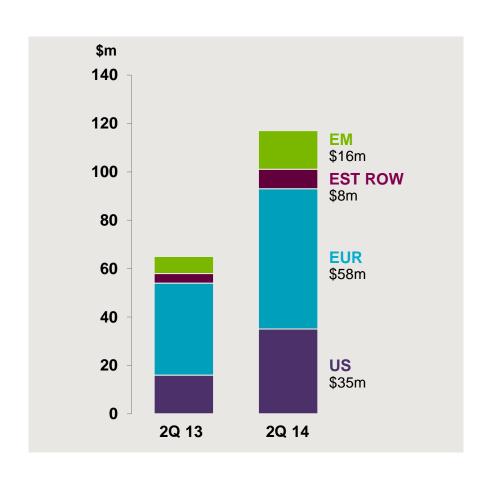




Note: Growth rate at CER

## **Brilinta:** Continued momentum in the US





- 2Q revenue up 77% to \$117m
- US is fastest growing region quarter over quarter, +28%
- Continued strong performance in ROW, +13% quarter over quarter

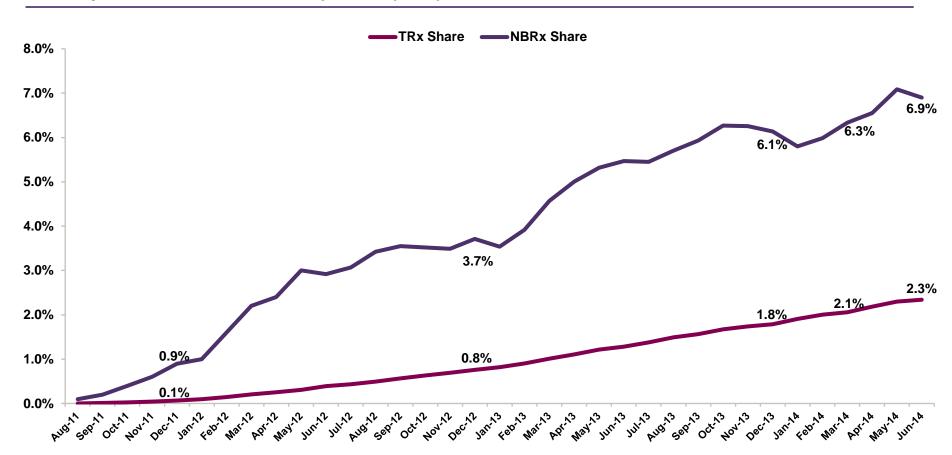


Note: Growth rate at CER

# **Brilinta:** Regaining share growth momentum in the US



Monthly brand share - Oral anti-platelet (OAP) class





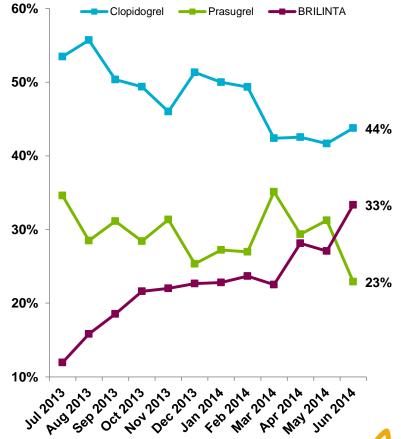
## Return to growth

## **Brilinta:** Regaining momentum in hospital initiation in the US

#### **Share of OAP Inpatient Units Purchased (MMT)**

## 4.5% All Hospital Targets (n=2568) 4.1% 4.0% 3.5% 3.0% 2611/2612/2013 26102/26103/2014 2.5% 26/10/2013 26101/2014

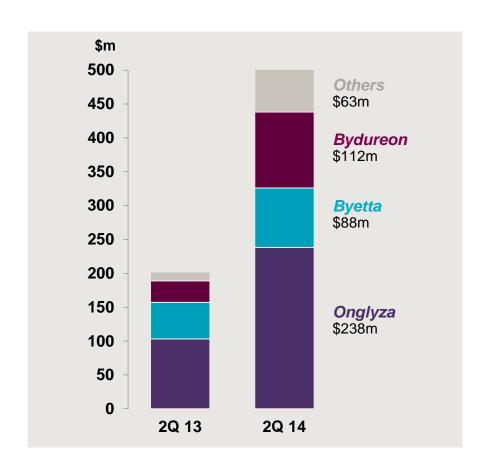
#### **STEMI discharge ACS share (MQT)**





## Diabetes: Excellent Farxiga launch in the US





- Farxiga is most successful US launch in oral NIAD market since Januvia, 40% NBRx share among SGLT-2s
- Onglyza US TRx share: 0.3 share point decline since March 2014
- Bydureon US TRx share: growing 0.3 share point since March 2014



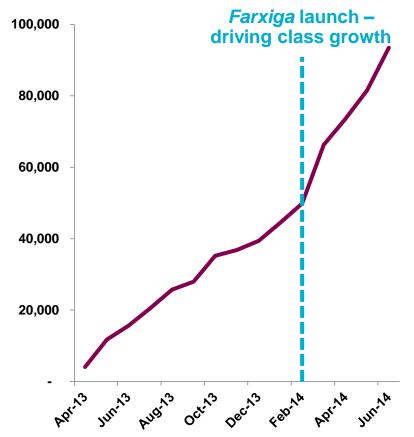
# Diabetes: Continued strong *Farxiga* launch, growing SGLT-2 class



#### Monthly NRx volume – launch aligned (US)

## 60,000 Onglyza (2009) Tradjenta (2011) Bydureon (2012) Victoza (2010) Invokana 2013) Farxiga (2014) 50,000 40,000 30,000 20,000 10,000 Months Month 6 Month 10 Month's Month A Month Months Months

#### Monthly NRx volume - SGLT-2 class (US)





# Respiratory: Continued strong *Symbicort* growth in US





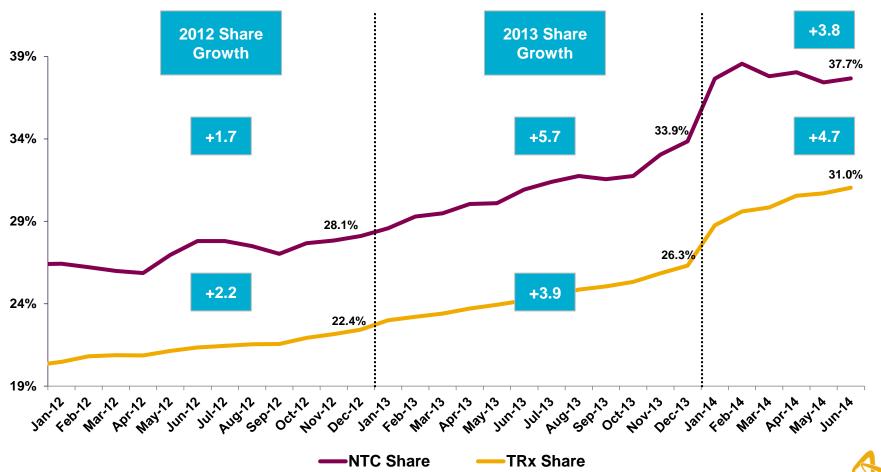
- 2Q Symbicort revenue +9%
- Symbicort TRx share up 4.7 points in US vs end of 2013
- EU sales -7%, due to pricing pressure
- 2Q Emerging Markets +11%, China revenues more than doubling



## Return to growth

# Respiratory: Strong *Symbicort* US share performance

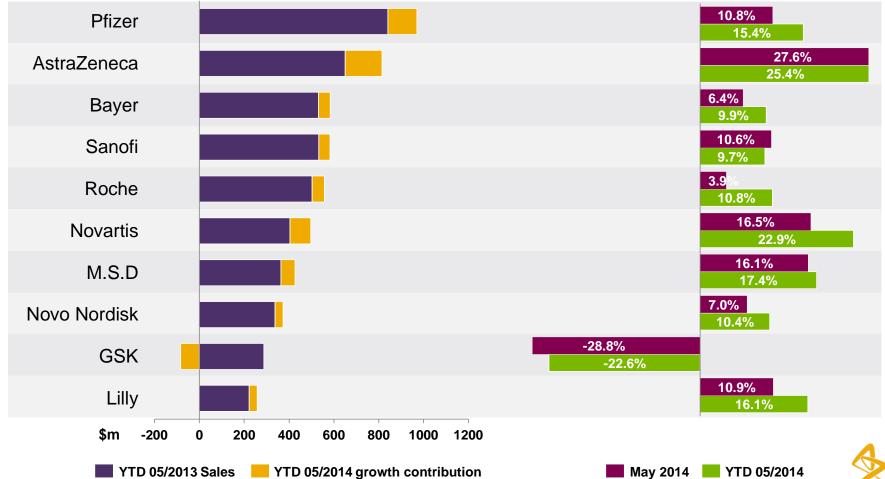
#### Monthly brand share



## **Emerging Markets: AstraZeneca fastest** growing MNC in China YTD





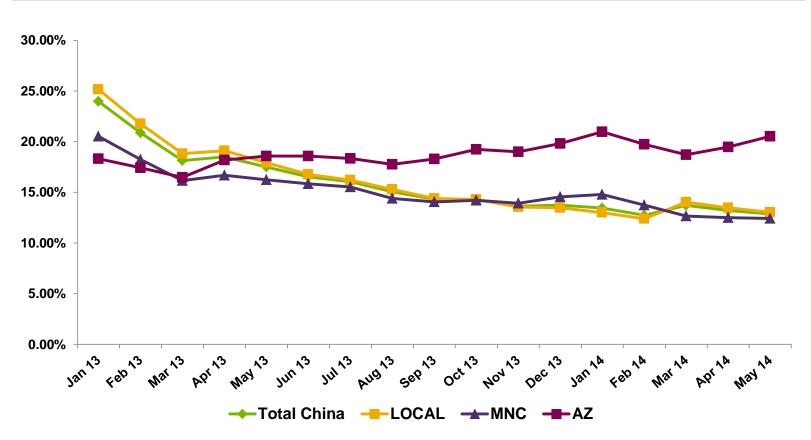




## Return to growth

# **Emerging Markets: AstraZeneca continues** to outpace the market in China

#### MAT sales growth hospital market





## Japan: Positive underlying demand for launch brands





- Continued share growth for Crestor,
   Symbicort & Nexium
- In-market growth +8.4% (May YTD)
- Negative 2Q impact from biennial price reductions & increased utilisation of generics in oncology
- Forxiga launched in May



Source: IMS Health 19



# 2Q and Half Year 2014: Pipeline update

**Briggs Morrison,** 

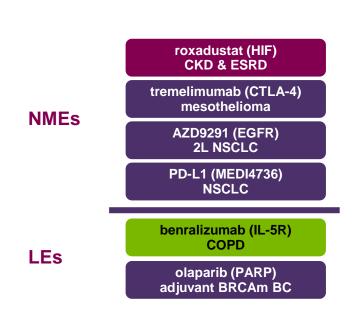
Executive Vice President Global Medicines Development

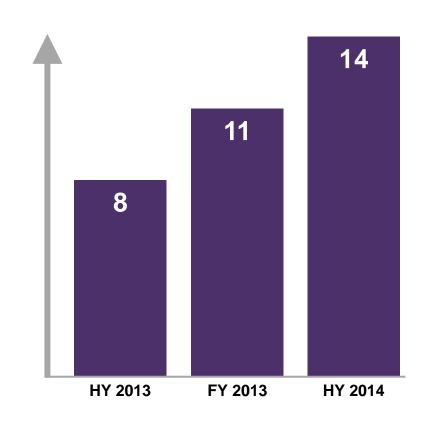


# 2Q 2014: 4 new NME pivotal study starts contributing to growing late stage pipeline

Pivotal study starts in 2Q 2014

**Number of NMEs in pivotal studies** 







Oncology

RIA

CVMD

# 2Q 2014: Continued momentum in late stage pipeline



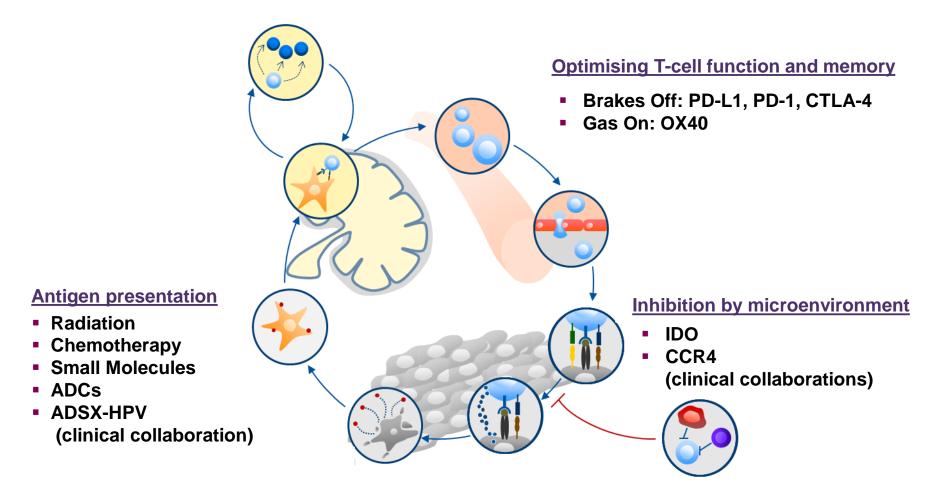
## **Regulatory milestones**

Compound	Indication	Milestone	
Epanova	hypertriglyceridaemia	US approval	
Movantik	OIC	AADPAC vote positive	
AZD0914	bacterial infection	Granted fast track status by FDA	
Bydureon Dual Chamber Pen	type 2 diabetes	CHMP positive opinion	
Bydureon Dual Chamber Pen	type 2 diabetes	JP filing	
olaparib	PSR BRCAm ovarian cancer	ODAC vote negative – subsequent major amendment and PDUFA extension	



# IO portfolio and clinical collaborations target multiple steps of immune response







## Immuno-oncology portfolio progressing well

#### Ongoing sponsored and/or pivotal studies

PD-L1				
PD-L1       Ph II       3L NSCLC         PD-L1       Ph III       Stage III NSCLC         * PD-L1       Ph II/III       2L Sq NSCLC (FOCR)         PD-1       Ph I       solid tumours         CTLA-4       Ph II       Mesothelioma         * CTLA-4 + TACE/RFA       Ph I       HCC         PD-L1 + CTLA-4       Ph I       solid tumours         PD-L1 + BRAF + MEK       Ph I       Melanoma         PD-L1 + Iressa       Ph I       EGFR M+ NSCLC         * PD-L1 + PD-1       Ph I       solid & haems         CTLA-4 + Iressa       Ph I       EGFR M+ NSCLC         Seq. AZD9291/Selumetinib + docetaxel/Iressa/CTLA-4       Ph II       NSCLC		PD-L1	Ph I	solid tumours
PD-L1 Ph III Stage III NSCLC  * PD-L1 Ph II/III 2L Sq NSCLC (FOCR)  PD-1 Ph I solid tumours  CTLA-4 Ph II Mesothelioma  * CTLA-4 + TACE/RFA Ph I HCC  PD-L1 + CTLA-4 Ph I solid tumours  PD-L1 + BRAF + MEK Ph I Melanoma  PD-L1 + Iressa Ph I EGFR M+ NSCLC  * PD-L1 + PD-1 Ph I solid & haems  CTLA-4 + Iressa Ph I EGFR M+ NSCLC  Seq. AZD9291/Selumetinib + docetaxel/Iressa/CTLA-4 Ph II NSCLC		PD-L1	Ph I/II	MDS
<ul> <li>* PD-L1</li> <li>Ph II/III</li> <li>Ph I solid tumours</li> <li>CTLA-4</li> <li>Ph I Mesothelioma</li> <li>* CTLA-4 + TACE/RFA</li> <li>Ph I HCC</li> <li>PD-L1 + CTLA-4</li> <li>Ph I solid tumours</li> <li>PD-L1 + BRAF + MEK</li> <li>Ph I Melanoma</li> <li>PD-L1 + Iressa</li> <li>Ph I EGFR M+ NSCLC</li> <li>* PD-L1 + PD-1</li> <li>CTLA-4 + Iressa</li> <li>Ph I EGFR M+ NSCLC</li> <li>Seq. AZD9291/Selumetinib + docetaxel/Iressa/CTLA-4</li> <li>Ph II NSCLC</li> </ul>		PD-L1	Ph II	3L NSCLC
PD-1 Ph I solid tumours  CTLA-4 Ph II Mesothelioma  * CTLA-4 + TACE/RFA Ph I HCC  PD-L1 + CTLA-4 Ph I solid tumours  PD-L1 + BRAF + MEK Ph I Melanoma  PD-L1 + Iressa Ph I EGFR M+ NSCLC  * PD-L1 + PD-1 Ph I solid & haems  CTLA-4 + Iressa Ph I EGFR M+ NSCLC  Seq. AZD9291/Selumetinib  + docetaxel/Iressa/CTLA-4 Ph II NSCLC		PD-L1	Ph III	Stage III NSCLC
CTLA-4 Ph II Mesothelioma  * CTLA-4 + TACE/RFA Ph I HCC  PD-L1 + CTLA-4 Ph I solid tumours  PD-L1 + BRAF + MEK Ph I Melanoma  PD-L1 + Iressa Ph I EGFR M+ NSCLC  * PD-L1 + PD-1 Ph I solid & haems  CTLA-4 + Iressa Ph I EGFR M+ NSCLC  Seq. AZD9291/Selumetinib + docetaxel/Iressa/CTLA-4 Ph II NSCLC	*	PD-L1	Ph II/III	2L Sq NSCLC (FOCR)
<ul> <li>* CTLA-4 + TACE/RFA</li> <li>Ph I</li> <li>PD-L1 + CTLA-4</li> <li>Ph I</li> <li>Solid tumours</li> <li>PD-L1 + BRAF + MEK</li> <li>Ph I</li> <li>Melanoma</li> <li>PD-L1 + Iressa</li> <li>Ph I</li> <li>EGFR M+ NSCLC</li> <li>* PD-L1 + PD-1</li> <li>Ph I</li> <li>Solid &amp; haems</li> <li>CTLA-4 + Iressa</li> <li>Ph I</li> <li>EGFR M+ NSCLC</li> <li>Seq. AZD9291/Selumetinib</li> <li>+ docetaxel/Iressa/CTLA-4</li> <li>Ph II</li> <li>NSCLC</li> </ul>		PD-1	Ph I	solid tumours
PD-L1 + CTLA-4 Ph I solid tumours  PD-L1 + BRAF + MEK Ph I Melanoma  PD-L1 + Iressa Ph I EGFR M+ NSCLC  * PD-L1 + PD-1 Ph I solid & haems  CTLA-4 + Iressa Ph I EGFR M+ NSCLC  Seq. AZD9291/Selumetinib + docetaxel/Iressa/CTLA-4 Ph II NSCLC		CTLA-4	Ph II	Mesothelioma
PD-L1 + BRAF + MEK Ph I Melanoma PD-L1 + Iressa Ph I EGFR M+ NSCLC  * PD-L1 + PD-1 Ph I Solid & haems CTLA-4 + Iressa Ph I EGFR M+ NSCLC  Seq. AZD9291/Selumetinib + docetaxel/Iressa/CTLA-4 Ph II NSCLC	*	CTLA-4 + TACE/RFA	Ph I	HCC
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CTLA-4 + Iressa Ph I EGFR M+ NSCLC  Seq. AZD9291/Selumetinib + docetaxel/lressa/CTLA-4 Ph II NSCLC		PD-L1 + Iressa	Ph I	EGFR M+ NSCLC
Seq. AZD9291/Selumetinib  * + docetaxel/lressa/CTLA-4 Ph II NSCLC	*	PD-L1 + PD-1	Ph I	solid & haems
* + docetaxel/lressa/CTLA-4 Ph II NSCLC		CTLA-4 + Iressa	Ph I	EGFR M+ NSCLC
	*	+ docetaxel/lressa/CTLA-4	Ph II	NSCLC

<sup>\*</sup> New starts since ASCO

## Planned sponsored and/or pivotal studies

	PD-L1	Ph III	3L NSCLC
	PD-L1	Ph III	Adjuvant NSCLC
*	PD-L1 + radiation	Ph I	solid tumours
*	PD-L1 + CTLA-4	Ph I	haematological
*	PD-L1 +/- CTLA-4	Ph I/II/III	Head & Neck
	PD-L1 + CTLA-4	Ph III	3L NSCLC
	PD-L1 + AZD9291	Ph I	EGFR M+ NSCLC
	PD-L1 + IDO1	Ph I/II	solid tumours
*	PD-L1 + mogamulizumab (CCR4)	Ph I/II	solid tumours
*	CTLA-4 + mogamulizumab (CCR4)	Ph I/II	solid tumours
*	PD-L1 + ADXS-HPV	Ph I/II	HPV-cervical & H&N
	CTLA-4 + ANG-2	Ph I	melanoma
	OX40 fusion protein	Ph I	solid tumours
	OX40 antibody	Ph I	solid tumours
	mOX40 + CTLA-4	Ph I/II	solid tumours
	mOX40 + PD-L1	Ph I/II	solid tumours

<sup>\*</sup> New plans since ASCO



# Anti-PDL1 and anti-PDL1 + tremelimumab in cancer of head and neck (SCCHN)

Achieve scientific leadership

**Before anti-PDL1 infusion** 



After two anti-PDL1 infusions (30 days)



## SCCHN 2<sup>nd</sup> tumour type to initiate pivotal programme for PD-L1

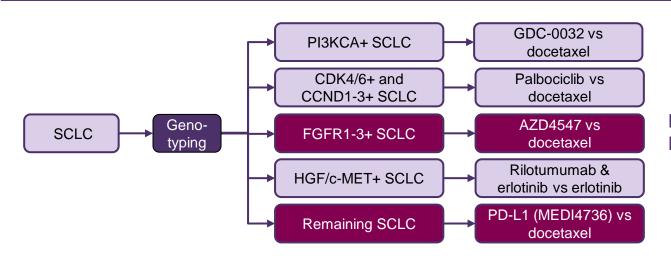
- Plans for pivotal programme with both PD-L1 monotherapy and PD-L1 + CTLA-4 combination
- Will explore both PD-L1 positive & negative patients
- Ongoing discussions with regulators informing final study designs
- First subject-in 2H 2014
- Further detailed plans to be shared at ESMO



# AstraZeneca/Medlmmune at the forefront of innovative, biomarker-driven trial design



Lung-MAP1: Randomised, multi-drug, Ph II/III, Recurrent Stage IIIB-IV Squamous Cell Lung Cancer



Primary end-point: PFS/OS

First subject-in: 2Q 2014

First subject-in: 2H 2014

National Lung Matrix study: multi-drug, genetic marker directed, non-comparative Ph II, aNSCLC

- Collaboration Cancer Research UK, AstraZeneca & Pfizer
- Up to 12 AstraZeneca medicines to be evaluated, within one study
- Genetics of each lung tumour to identify likely responders for each medicine

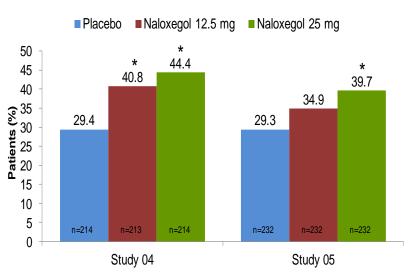


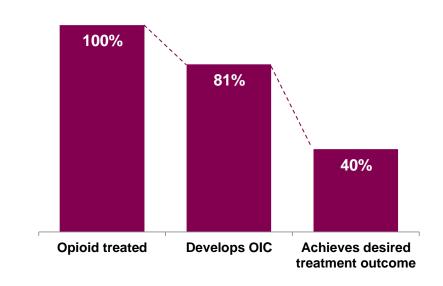
## Achieve scientific leadership

# Movantik: Potential first QD oral PAMORA with a targeted mechanism of action for OIC

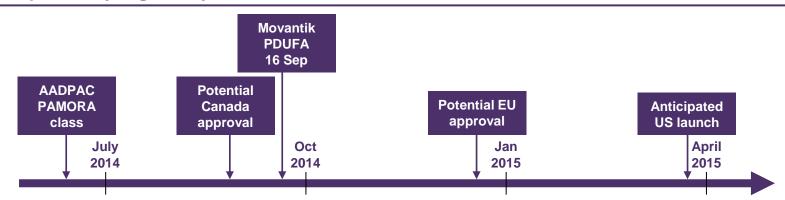
#### Patients achieving primary efficacy endpoint<sup>1</sup>

#### OIC<sup>2</sup> frequency among opioid treated patients





Anticipated key regulatory milestones

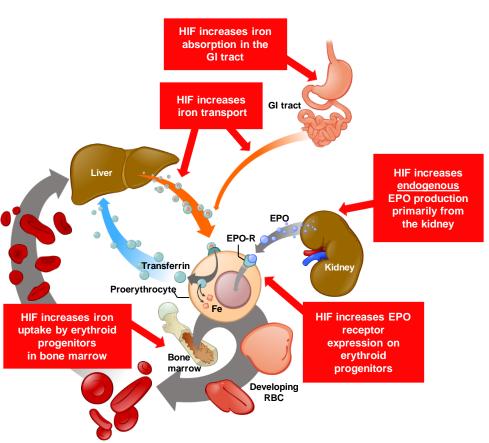


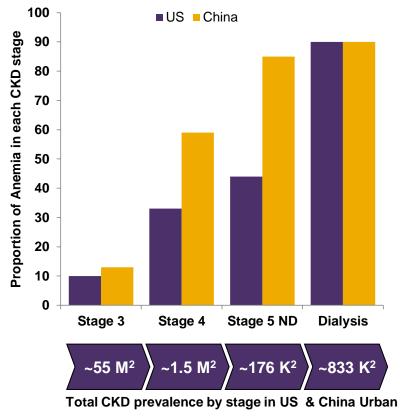


## Roxadustat: Frequency of anemia increases with CKD³ progression

#### Novel oral erythropoiesis stimulating agent

#### Est. prevalence of CKD & Anemia<sup>1</sup> by stage



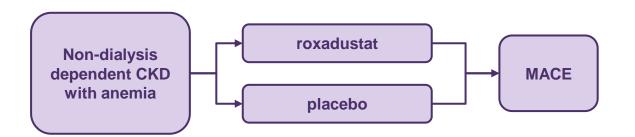




# Achieve scientific leadership

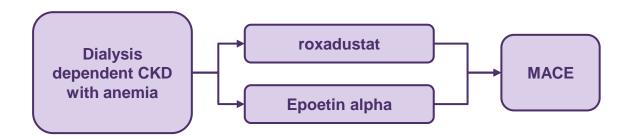
# Roxadustat: Phase III starts to support US filing 2018 in Chronic Kidney Disease

**OLYMPUS:** Randomised, Ph III, Chronic Kidney Disease (CKD)



Primary end-point: MACE First Subject-in: Q2 2014 Data read-out: Q1 2017

#### **ROCKIES:** Randomised, Ph III, Chronic Kidney Disease (CKD)



Primary end-point: MACE First Subject-in: Q2 2014 Data read-out: Q1 2017



## 2014: Continued strong momentum in late stage pipeline

**NMEs** 

**LEs** 

roxadustat (HIF) **CKD & ESRD** 

tremelimumab (CTLA-4) mesothelioma

> **AZD9291 (EGFR) 2L NSČLC**

PD-L1 (MEDI4736) **NSCLC** 

benralizumab (IL-5R) COPD

brodalumab (IL-17R) psoriatic arthritis

olaparib (PARP) adjuvant BRCAm BC

olaparib (PARP) metastatic BRCAm BC

selumetinib (MEK) metastatic uveal melanoma

**Pivotal study starts** 1H 2014

BACE (AZD3293) Alzheimer's disease

tenapanor (NHE3) **ESRD** 

anifrolumab (IFN-αR) SLE

sifalimumab (IFN-α) SLE

mavrilimumab (GM-CSF) RA

> cediranib (VEGF) ovarian

CD19 (MEDI-551) CLL

Forxiga (SGLT-2) Type 1 diabetes

tralokinumab (IL-13)

severe asthma

Symbicort (ICS/LABA) mild asthma

**AZD9291 (EGFR)** 1L NSCLC

PD-L1 +/- tremelimumab **SCCHN** 

PD-L1 + tremelimumab **NSCLC** 

made 1H 2014

PD-L1 (MEDI4736) additional tumours

PD-L1 combinations additional tumours

**AZD9291 combinations EGFRM+ NSCLC** 

**Pivotal study decision Pivotal study decision** pending 2H 2014



Oncology

**RIA** 

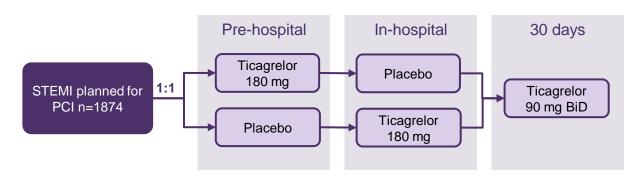
**CVMD** 

Neuroscience

## **ESC 2014: Highlights**



#### **ATLANTIC: Randomised, Ph IV**



Co-primary end-points: TIMI flow grade

3/ ST-segment resolution
Data presentation: ESC 2014

#### **Key ESC data highlights**

- ATLANTIC ESC Hotline session, 1 September 2014
- APOLLO Clinical and Registry update session, 31 August 2014
- 16 additional abstracts accepted



## **ESMO 2014: Highlights**



## Immuno-oncology

- PD-L1 monotherapy data
- PD-L1 + CTLA-4 data in NSCLC: More patients, further dosing cohorts and PD-L1 biomarker status
- CTLA-4 data in mesothelioma

### **Small molecules**

 AZD9291 data in NSCLC: including duration of response, 1<sup>st</sup> line EGFR M+ and brain metastases

Analyst meeting planned: time and venue TBD



## 2H 2014: Key data readouts

Compound	Indication	Milestone
lesinurad	gout	Ph III topline results
CAZ AVI	cIAI	Ph III topline results
brodalumab	psoriasis	Ph III topline results
sifalimumab	SLE	Ph IIb (ACR)
mavrilimumab	RA	Ph IIb (ACR)
MEDI4736	solid tumours	Ph I (ESMO)
MEDI4736 + tremelimumab	NSCLC	Ph I (ESMO)
AZD9291	NSCLC	Ph I (ESMO)
AZD3293	Alzheimer's disease	Ph I (CTAD)



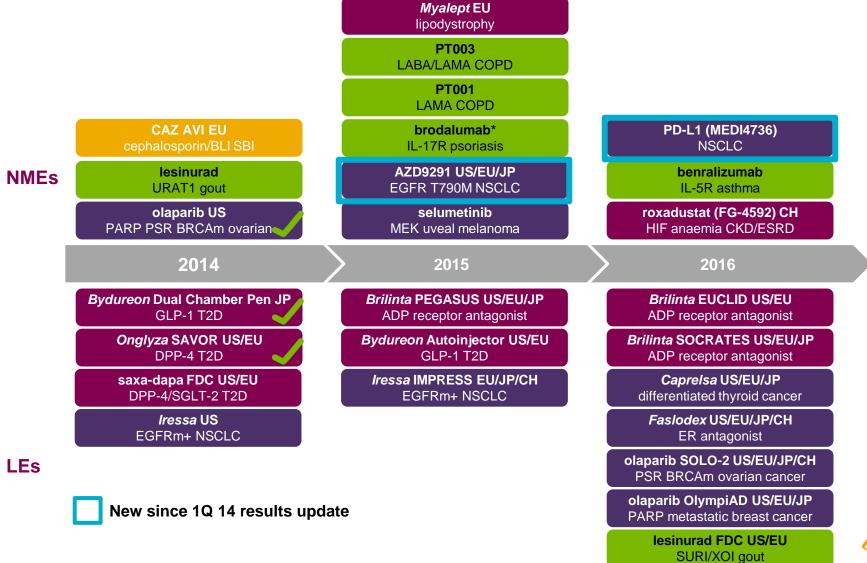
## 2H 2014: Key regulatory milestones

Compound	Indication	Potential milestones
Iressa	EGFRm NSCLC	US filing
Movantik	OIC	US approval (PDUFA 16 Sep 2014)
Movantik	OIC	EU approval
Brilinta	ACS	JP approval
olaparib	PSR BRCAm ovarian cancer	US approval (PDUFA 3 Jan 2015)
Xigduo XR	type 2 diabetes	US approval (PDUFA 29 Oct 2014)
saxagliptin/dapagliflozin FDC	type 2 diabetes	US filing
lesinurad	gout	EU, US filing
CAZ AVI	cIAI	EU filing



## Potential NME & LE submissions 2014-16

Achieve scientific leadership







# 2Q and Half Year 2014: Financial performance

Marc Dunoyer, Chief Financial Officer

## 2Q 2014: Headline results

	2Q 2014	2Q 2013	CER growth %
Revenue	6,454	6,232	4
Core Operating Profit	2,031	2,056	2
Core EPS	\$1.30	\$1.20	13



## 2Q 2014: Core margin

	\$m	CER growth %	% sales
Revenue	6,454	4	
Core Gross Profit	5,298	4	82.1
Distribution	(77)	2	1.2
Core R&D	(1,208)	12	18.7
Core SG&A	(2,460)	13	38.1
Core Other Income	478	120	7.4
Core Operating Profit	2,031	2	31.5



## 1H 2014: Core margin

	1H 2014 \$m	1H 2013 \$m	CER growth %	% sales
Revenue	12,870	12,617	3	
Core Gross Profit	10,521	10,376	3	81.7
Distribution	(149)	(153)	(2)	1.2
Core R&D	(2,306)	(2,003)	13	17.9
Core SG&A	(4,777)	(4,228)	13	37.1
Core Other Income	694	388	80	5.4
Core Operating Profit	3,983	4,380	(5)	30.9
Net cash from operating activities	3,266	3,804		





# **Strategic Transaction with Almirall in Respiratory Disease**

Accelerating AstraZeneca Respiratory Leadership

# Long-term value generation and strong strategic fit

#### Stronger inhaled portfolio in asthma and COPD

- Greater device choice for patients (DPI and pMDI)<sup>1</sup>
- Short-term: adds DPI twice daily LAMA & LABA/LAMA options to Symbicort/ Pearl
- Medium-term: offers once daily treatment options with novel MABA and LABA bronchodilators, and triple therapy alternatives for severe patients
- Long-term: access to novel mechanisms in respiratory

#### Highly regarded Almirall team strengthens AstraZeneca

#### **Compelling financial structure and impact**

- Contingent deal structure de-risks business combination and enhances returns
- Adds revenue immediately, core earnings neutral in 2015 and accretive from 2016
- Accelerates and strengthens our return to growth and long-term revenue targets



## **Summary Transaction Overview**

#### **Assets and Rights Acquired**

# Aclidinium franchise

- Development & commercial rights in un-partnered territories for Eklira® (LAMA) and LAS40464 (LAMA/LABA)
- Assume Almirall rights in partnered territories

### **Pipeline**

- Global development & commercial rights on MABA platform LAS190792 (Ph I), LAS191351 (PC), LAS194871 (PC)) and abediterol (LABA, Ph II)
- Option to in-license pre-clinical assets
- "Pooling of assets" approach

## Almirall Sofotec

Company acquisition. Full rights to all assets and technologies

### **Employees**

 Transfer of significant number of employees, including Almirall Sofotec employees (subject to local consultation and legislation)

#### **Financial terms**

## Initial consideration

\$875m upon transaction completion

## Contingent consideration

 \$1.22bn in development, launch and sales-related milestones. AstraZeneca has also agreed to make various sales-related payments

## **Accounting** treatment

Business combination



# Progressing AstraZeneca leadership in Respiratory

## Revenue & access to in-market portfolio

#### Eklira® Genuair®

- Growing, marketed product
- BiD LAMA in preferred DPI
- Complements Symbicort
- Strong partner royalties
- Sales & marketing FTEs

#### Potential 2015 LABA/LAMA launch

- CHMP opinion Q3 2014 (EU)
- Competitive time to market
- First BiD in preferred DPI

#### Strengthen pipeline

#### **QD MABA**

- New class of bronchodilators
- Potential for triple efficacy with just 2 molecules (MABA + Al)
- Platform for combinations

#### Abediterol (LABA)

- QD LABA with competitive profile
- Alternative for future QD combinations

#### Pre-clinical and R&D

- Option to in-license pre-clinical assets
- Late stage R&D FTEs

## Strengthen device offering & know-how

#### **Device**

- DPI platform additive to AstraZeneca RCI¹ platform
- Next generation of alternative devices

#### **People & Capabilities**

- Sofotec employees to AZ
- Highly-regarded team with a strong track-record
- Formulation & device capability



<sup>1</sup> Radial Channel Inhaler

## **Guidance for 2014 (updated)**

2014 Revenue (CER)

In line with 2013

2014 Core EPS (CER)

Low double-digit decrease

Dividend

Progressive dividend policy maintained

#### **Planning assumptions**

- Above guidance assumes US Nexium generic on 1 October 2014.
- No impact on guidance from the Almirall deal.
- The Company continues to pursue multiple productivity initiatives and redeploy resources to fund its pipeline and growth platforms whilst managing its total cost base





## 2Q 2014: Closing remarks

Pascal Soriot, Chief Executive Officer

## **Closing remarks**

**Revenue and Core EPS growth in 2Q** 

Almirall deal to bolster respiratory franchise

Guidance updated; dividend policy confirmed

**Strong News Flow in 2H 2014; Investor Day 18 November** 



