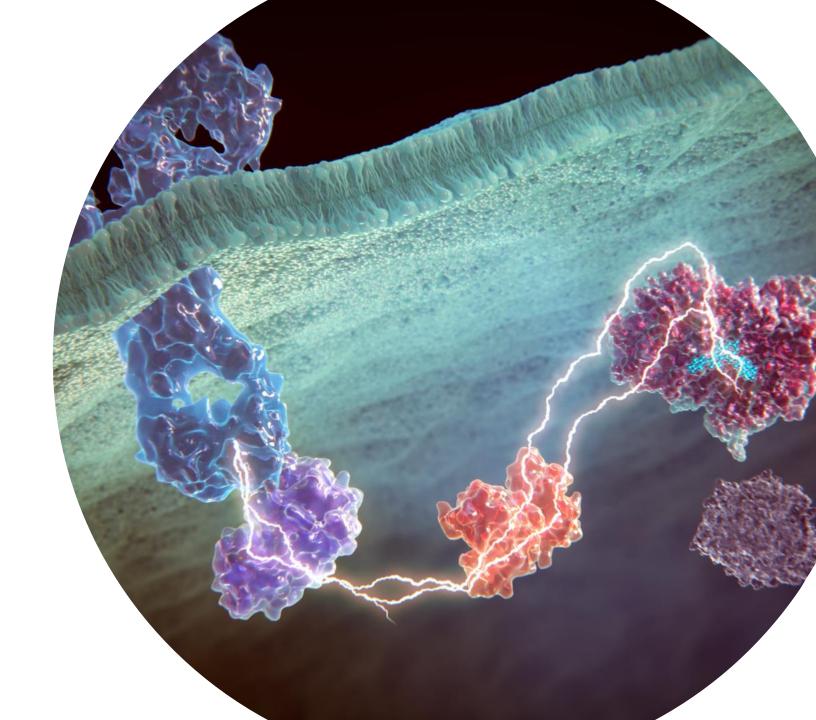


Full Year and Q4 2022 Results

Conference call and webcast for investors and analysts



Forward-looking statements

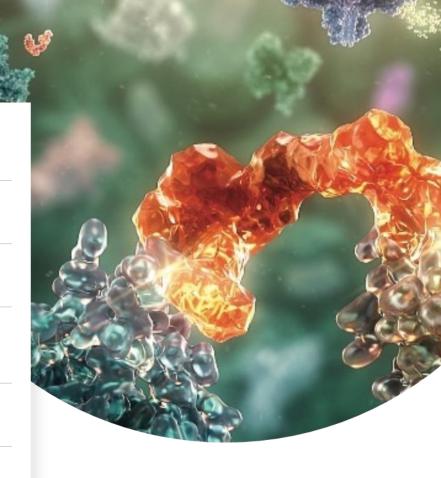
AstraZeneca (hereafter 'the Group') provides the following cautionary statement: this document contains certain forward-looking statements with respect to the operations, performance and financial condition of the Group, including, among other things, statements about expected revenues, margins, earnings per share or other financial or other measures. Although the Group believes its 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 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: ability of the Group and CinCor to complete the transactions contemplated by the acquisition agreement, including the parties' ability to satisfy the conditions to the consummation of the offer contemplated thereby and the other conditions set forth in the merger agreement; statements about the expected timetable for completing the transaction; the Group's and CinCor's beliefs and expectations and statements about the benefits sought to be achieved in the Group's proposed acquisition of CinCor; the potential effects of the acquisition on both the Group and CinCor; the possibility of any termination of the acquisition agreement; the expected benefits and success of baxdrostat and any combination product, the possibility that the milestone related to the contingent value right will not be achieved; 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 failure to obtain, defend and enforce effective IP protection and IP challenges by third parties; the impact of competitive pressures including expiry or loss of IP rights, and generic competition; the impact of price controls and reductions; the impact of economic, regulatory and political pressures; the impact of uncertainty and volatility in relation to the UK's exit from the EU; the risk of failures or delays in the quality or execution of the Group's commercial strategies; 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, data protection or cybercrime; the risk of failure of critical processes; any expected gains from productivity initiatives are uncertain; the risk of failure to attract, develop, engage and retain a diverse, talented and capable workforce; the risk of failure to adhere to applicable laws, rules and regulations; the risk of the safety and efficacy of marketed medicines being questioned; the risk of adverse outcome of litigation and/or governmental investigations; the risk of failure to adhere to increasingly stringent anti-bribery and anti-corruption legislation; 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; and the impact that global and/or geopolitical events such as the COVID-19 pandemic and the Russia-Ukraine war, 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. Nothing in this document, or any related presentation/webcast, should be construed as a profit forecast. There can be no guarantees that the conditions to the closing of the proposed transaction with CinCor will be satisfied on the expected timetable or at all or that baxdrostat or any combination product will receive the necessary regulatory approvals or prove to be commercially successful if approved.



Full Year and Q4 2022 results

Conference call agenda

CEO Opening Remarks	Pascal Soriot Chief Executive Officer	
Financial Results	Aradhana Sarin Chief Financial Officer	
Oncology	Dave Fredrickson EVP, Oncology Business	Susan Galbraith EVP, Oncology R&D
BioPharmaceuticals	Ruud Dobber EVP, BioPharmaceuticals Business	Mene Pangalos EVP, BioPharmaceuticals R&D
Rare Disease	Marc Dunoyer Chief Executive Officer, Alexion	
CEO Closing Remarks, Q&A	Pascal Soriot Chief Executive Officer	





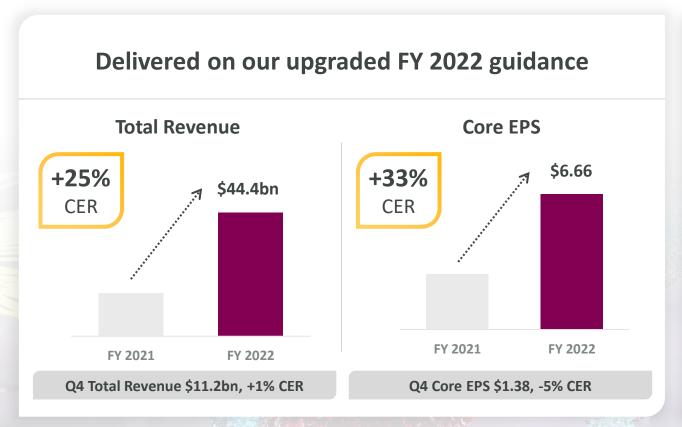


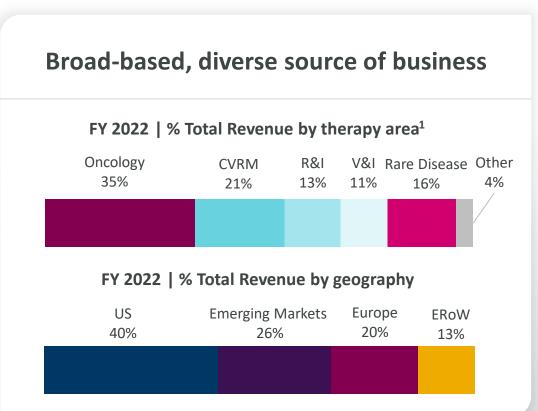
Pascal Soriot

CHIEF EXECUTIVE OFFICER



Strong FY 2022 – well positioned to deliver future growth





2023 Guidance: Core EPS to increase by a high single-digit to low double-digit %



Exciting pipeline progress in FY 2022 – rapidly advancing high-potential new medicines

12

blockbuster medicines¹ with durable LoE profile

8

positive Phase III read-outs across 7 unique medicines

34

regulatory approvals² in major markets

>120

Phase II and III projects
(NME or major LCM)

Initiating >30 Phase III trials in 2023

including 10 potential blockbusters

select examples:

camizestrant (CAMBRIA-1): adjuvant ER+/HER2- breast cancer

volrustomig/rilvegostomig: several Phase IIIs, including NSCLC

baxdrostat: hypertension

ALXN1850: hypophosphatasia



Investing to unlock next waves of innovation

Committed to science-led innovation

investment in new platforms and technologies

- **Small molecules** e.g., PROTACS, nanoparticles
- **Cell-based therapy** e.g., CAR-T, TReg stabilisation
- Antibodies e.g., ADCs, bispecific, T-cell engagers
- Peptide/protein therapeutics
- **Nucleotide-based** e.g., siRNA, mRNA, oligonucleotide conjugates
- *In-vivo* expressed biologics

156

high-impact journal manuscripts published¹

783

total journal publications¹

14

regulatory designations¹



Industry-leading outlook to 2025 and beyond

Ambition to launch at least 15 NMEs by 2030

2023

Strong underlying revenue and profitability growth

- Total Revenue excluding COVID-19 medicines¹ to increase by low double-digit %
 - Total Revenue including
 COVID-19 to increase by lowto-mid single-digit %
- Core EPS to increase by high single-digit to low double-digit %
- Transitioning COVID-19 medicines

mid-to-long term ambition



Total Revenue ambition²: Low double-digit % CAGR 2021 - 2025 Industry-leading growth 2025+



At least 15 NMEs approved by 2030



Remain focused on operating margin expansion



Emissions reduction: 98% by end 2025 – Scope 1 and 2 50% by 2030 – Scope 3

- Continued existing medicines growth
- Managing franchise transitions:
 - Farxiga combinations
 - Lynparza → AZD5305 (PARP1sel)
 - Soliris \rightarrow Ultomiris
- Late-stage pipeline delivery new in 2023:
 - >30 new Phase III trials, including
 10 potential blockbusters
- Mid-stage pipeline delivery all TAs
- New technologies accelerating science-led innovation



Financial Results

Aradhana Sarin

CHIEF FINANCIAL OFFICER



FY and Q4 2022 – Core profit and loss

Continued operating leverage

	FY 2022 \$m	CER change %	% total revenue	Q4 2022 \$m	CER change %	% total revenue
Total Revenue	44,351	25	100	11,207	1	100
- Product Sales	42,998	24	97	10,798	2	96
- Collaboration Revenue	1,353	56	3	409	(19)	4
Product Sales Gross margin	80.0%	+6 pp		77.2%	+4 pp	
Total operating expenses ¹	22,860	23	52	6,265	14	56
- R&D expenses	9,500	24	21	2,526	12	23
- SG&A expenses	12,826	21	29	3,583	15	32
Other operating income	447	(69)	1	130	(7)	1
Operating profit	13,350	42	30	2,610	(10)	23
Tax rate	17%			10%		
EPS	\$6.66	33		\$1.38	(5)	



FY and Q4 2022 – Reported profit and loss

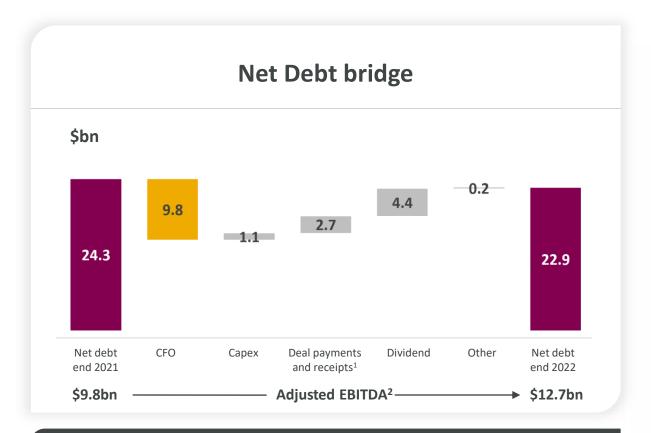
Continued strong top-line growth

	FY 2022 \$m	CER change %	% total revenue	Q4 2022 \$m	CER change	% total revenue
Total Revenue	44,351	25	100	11,207	1	100
- Product Sales	42,998	24	97	10,798	2	96
- Collaboration Revenue	1,353	56	3	409	(19)	4
Product Sales Gross margin	71.2%	+5 pp		73.1%	+15 pp	
Total operating expenses ¹	28,717	18	65	7,402	2	66
- R&D expenses	9,762	5	22	2,625	9	23
- SG&A expenses	18,419	26	42	4,621	(3)	41
Other operating income	514	(65)	1	189	33	2
Operating profit	3,757	>3x	8	1,094	n/m	10
Tax rate	(32%)			(16%)		
EPS	\$2.12	n/m		\$0.58	n/m	



FY 2022 – Net Debt and Cash Flow

Strong cash flow from operations delivered improved cash flow in 2022



- Strong investment grade credit rating
- Reinvestment in the business
- Value-enhancing business development
- Progressive dividend policy³

Net Debt/EBITDA adjusted for Alexion inventory fair value uplift: 1.8x





Net Debt/EBITDA: 2.5x

FY 2023 guidance (CER)

Strong underlying business drives growth well ahead of declines in COVID-19 medicines

Total Revenue

Excluding COVID-19 medicines¹, low double-digit % increase Including COVID-19 medicines, low-to-mid single-digit % increase

Core EPS

High single-digit to low double-digit % increase

Low single-digit FX headwind² anticipated for Total Revenue and Core EPS

Other elements of 2023 guidance

- Total Revenue from COVID-19 medicines expected to decline significantly
- Total Revenue from China is expected to return to growth and increase by a low single-digit %
- Collaboration Revenue and Other Operating Income are both expected to increase
- Core Operating expenses to increase lowto-mid single digit %
- Core Tax rate expected to be between 18-22%



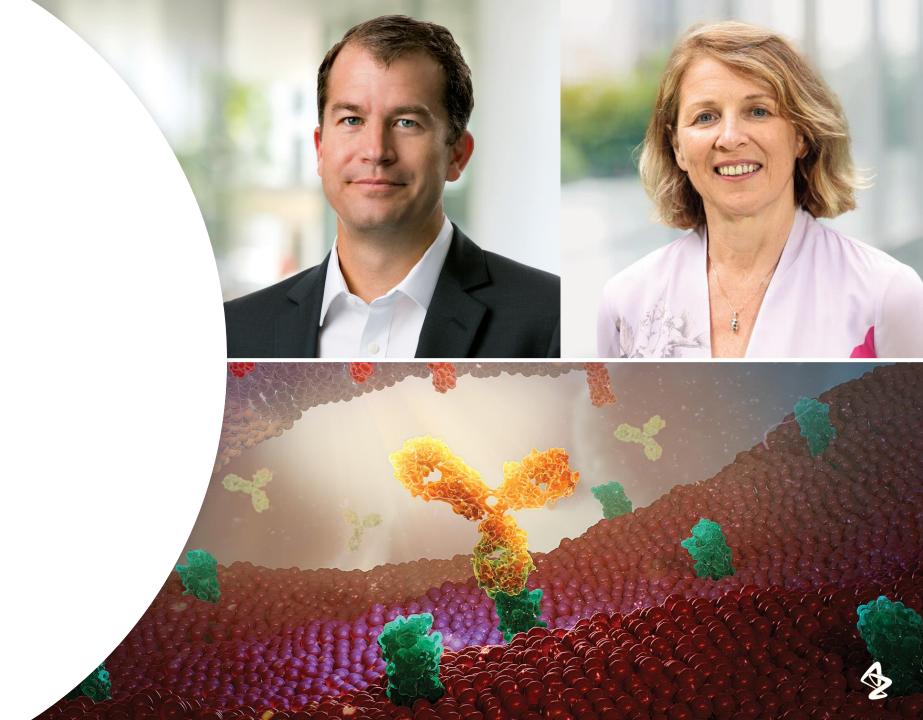


Dave Fredrickson

ONCOLOGY BUSINESS

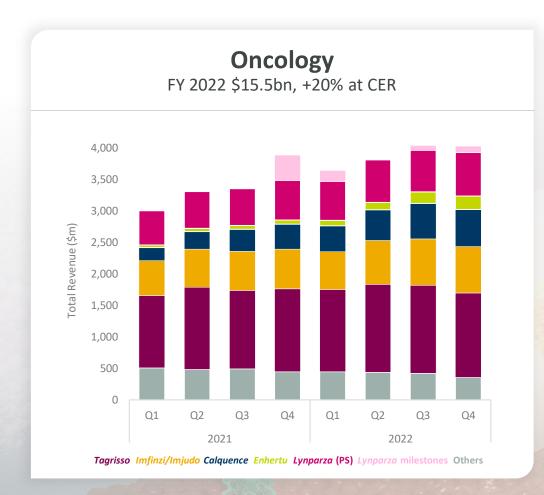
Susan Galbraith

ONCOLOGY R&D



Oncology: FY 2022

Broad, differentiated portfolio drives strong commercial performance



Q4 2022: key dynamics

- Double-digit Product Sales growth across:
 - US, +23% CER
 - Europe, +21% CER
 - Emerging Markets, +14% CER
- ERoW growth, +7% CER, offset by COVID-19 impact in Japan
- Tagrisso, Lynparza, Imfinzi/Imjudo, Calquence strong double-digit growth; *Enhertu* >3x vs. Q4 2021
- New indications: US (POSEIDON), EU (DG01&02, PROpel, TOPAZ-1) and Japan (ELEVATE-TN, HIMALAYA, POSEIDON, TOPAZ-1)



Oncology: near-term commercial performance drivers

Continuing launch execution, expanding geographic presence, establishing new SoC



FY 2022: \$5.4bn, +15% at CER

Demand expansion with **FLAURA** DoT **ADAURA** moving SoC with new launches





FY 2022: \$2.8bn, +21% at CER

Strong start in BTC: rapid TOPAZ-1 uptake Imjudo launch underway in lung, HCC



FY 2022 PS: \$2.6bn, +18% at CER

PAOLA-1: leading in 1L HRD+ ovarian **OlympiA and PROpel** launches underway



FY 2022: \$2.1bn, +69% at CER

Increasing US NBRx lead in growing BTKi class, extending DoT

Positive EU CHMP for maleate tablet



FY 2022 TR: \$602m, >2x at CER

Continued demand in 2L HER2+ mBC **DESTINY-Breast04** launches accelerating

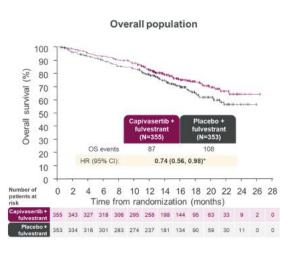


Data-rich presence at SABCS, new adjuvant trial for camizestrant (ngSERD)



SABCS: capivasertib

first-in-class AKT addressing key unmet need



Phase III CAPItello291:

PFS improvement in all-comers and AKT pathway altered HR+ aBC patients

- **40% reduction** in the risk of disease progression or death in overall population
- 50% reduction in risk of disease progression or death in biomarker altered population
- US FDA Fast Track Designation granted

SABCS: camizestrant

increased confidence in best-in-class potential

Phase II SERENA-2:

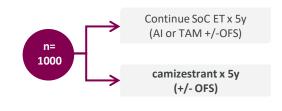
PFS improvement over SoC at both 75mg and 150mg doses in ER+/HER2- patients, supporting the further development of camizestrant in ER+ breast cancer

camizestrant CAMBRIA-1 Phase III trial

adjuvant ER+/HER2-BC | high-risk patients

Potential to increase cure rate in patients at high-risk for metastatic recurrence

- Versus SoC ET
- Post 2-5 years of SoC ET
- ER+/HER2- BC patients at high risk of relapse





ASH showcases Calquence best-in-class safety and efficacy, first data for AZD0486



ASH: *Calquence*

long-term follow-up data supports continued use of Calquence

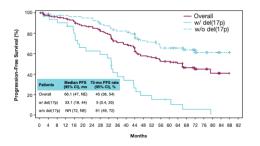
Phase I/II ACE-CL-001 (TN-CLL):

ORR: 97%

5.5-year DOR: **89%**

Median PFS: not reached

6-year PFS: **87%** | 6-yr EFS: **78%**



Phase I/II ACE-CL-001 (RR-CLL):

ORR: 90%

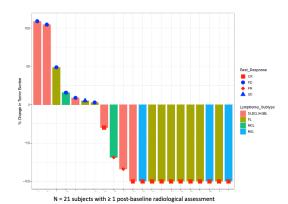
Median DOR: 60.1 months Median PFS: 66.1 months Median EFS: 53.8 months

Data reinforces *Calquence* efficacy and safety across B-cell malignancies

ASH: AZD0486

first clinical data from novel CD19/CD3 bispecific TCE

- **High overall response rate** in pretreated B-cell malignancy patients at doses ≥ 2.4mg
- Deep and durable responses achieved in heavily pretreated patients
- No relapses after achieving complete response



B-NHL: ORR 81.2%

(CR 68.7%)

DLBCL: ORR **75%** (3/4);

CR 50% (2/4)

FL: CR 87.5% (n=8)

2/4 (50%) responses in patients with CAR-T failure



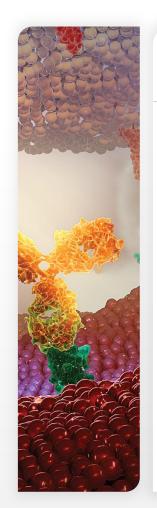
Dato-DXd: Phase III combination trials address unmet need in 1st-line IO-sensitive NSCLC

Dato-DXd + Imfinzi +

carboplatin

Histology-specific CTx

with pembrolizumab





Dato-DXd AVANZAR Phase III

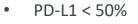
Dato-DXd + *Imfinzi* has the potential to deliver differentiated clinical profile in 1st-line NSCLC

- Across PD-L1 segments; regardless of tumour histology
- First trial with TROP2 biomarker in primary analysis and stratification
- Squamous + non-squamous

Primary endpoints: Co-primary PFS and OS in TROP2 biomarker-positive and ITT

1000

Dato-DXd TROPION-Lung07 Phase III



Non-squamous

n= 975 **Primary endpoints: PFS and OS**

Dato-DXd + pembrolizumab

Dato-DXd + pembrolizumab + CTx

Pembrolizumab + CTx

Dato-DXd TROPION-Lung08 Phase III

PD-L1 ≥50%

Squamous + non-squamous



Dato-DXd + pembrolizumab

Pembrolizumab

Primary endpoints: PFS and OS



Novel bispecific programmes advance with new pivotal trials, including in NSCLC



Collaboration partners: Daiichi Sankyo (Dato-DXd).

volrustomig

PD-1/CTLA-4 bispecific

- Accelerated development in CTLA-4 sensitive tumour types
- Longer follow-up data for 750mg dose supports transition to late-stage

Five Phase IIIs

planned in 2023 across key tumour types, including NSCLC (vs. current SoC regimens)

rilvegostomig

PD-1/TIGIT bispecific



New Phase III

planned to initiate in 2023

Expanded Phase II programme in development



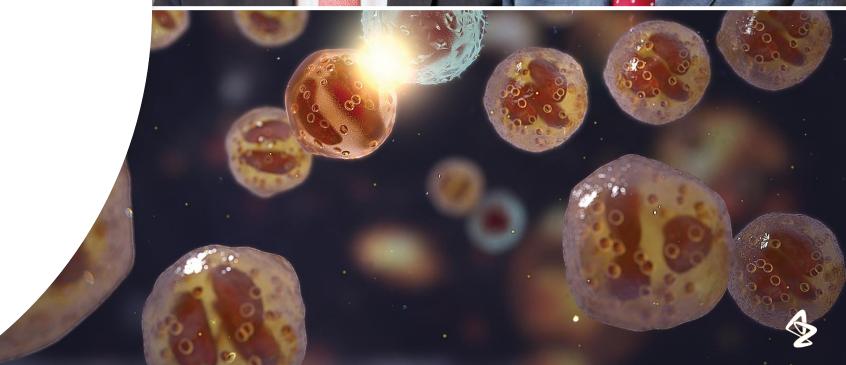


Ruud Dobber

BIOPHARMACEUTICALS BUSINESS

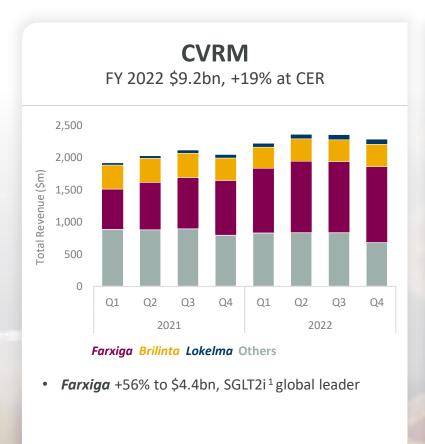
Mene Pangalos

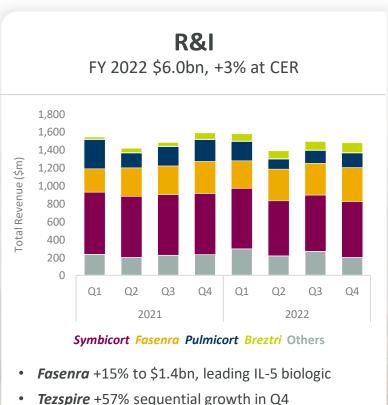
BIOPHARMACEUTICALS R&D

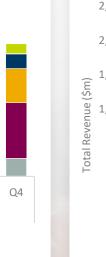


BioPharmaceuticals: FY 2022

Total Revenue \$20bn, +11% at CER, driven by Farxiga strength and R&I launches

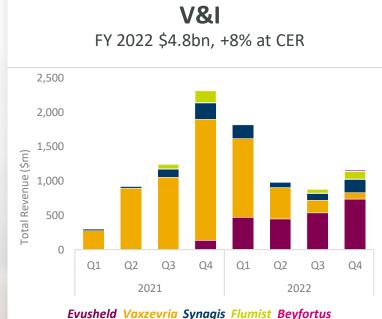








- Evusheld Q4 \$734m; US EUA withdrawn Jan 2023
- Vaxzevria Q4 \$95m, decline reflects decreased demand and completion of existing contracts



• Saphnelo +43% sequential growth in Q4

BioPharmaceuticals: near-term commercial drivers

Capitalising on pipeline advances, expanding patient reach and driving practice change



Executing launch in major markets **Self-admin launch** (US, EU)



Competitive launch in expanding class
GOLD Report 2023 highlights *Breztri*mortality benefit



US approval as **first ICS/SABA** combination for asthma

Pre-launch activities underway



Leading i.v. patient share (US)
Expanding access in other markets

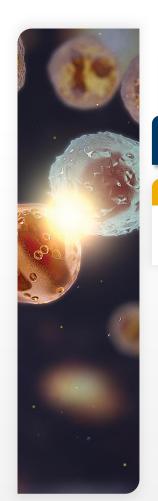


Expanding use following **DELIVER** launch (HFpEF)



BioPharmaceuticals: R&D highlights

Strengthening our CVRM portfolio with planned new late-stage trials and NMEs





Cardiovascular

NEW

baxdrostat (ASI) rtHTN – Phase III planned



Heart Failure

balcinrenone (MRM) with Farxiga HF – Phase IIb

> mitiperstat (MPO) HFpEF – Phase IIb/III

eplontersen (LICA) ATTR-CM – Phase III



Kidney disease

zibotentan (ETA) with *Farxiga* CKD with macroalbuminuria – Phase IIb

baxdrostat with *Farxiga* CKD with HTN – Phase III planned

> tozorakimab (IL-33) DKD – Phase IIb



Metabolism

zibotentan (ETA) with *Farxiga* liver cirrhosis – Phase II

NEW

mitiperstat (MPO) NASH – Phase IIb

GLP1-glucagon platform cotadutide (QD) and AZD9550 (QW)



BioPharmaceuticals: R&D highlights

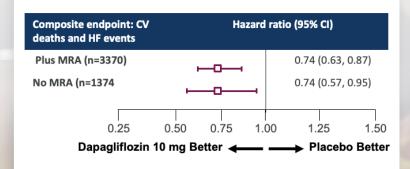
Combinations trials to sustain revenue post Farxiga LoE

balcinrenone with Farxiga

c.12MCKD patients with HF¹

balcinrenone

- selective MRM lowers rate of hyperkalemia vs. MRAs
- DAPA-HF achieved primary endpoint, irrespective of MRA at baseline

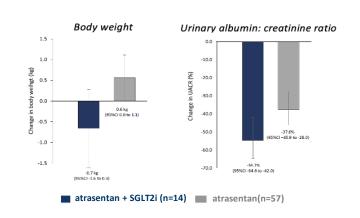


zibotentan with Farxiga



zibotentan

selective ETA antagonist improves renal blood flow, reduces albuminuria and vascular stiffness

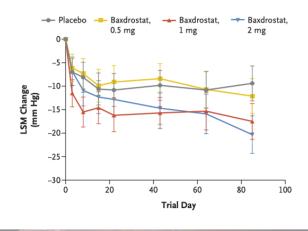


baxdrostat with Farxiga

c.20MCKD patients with hypertension³

baxdrostat

- highly selective ASI, sparing the cortisol pathway
- BrigHTN Phase II trial: significantly reduced sBP





BioPharmaceuticals: R&D highlights

Pipeline progression in R&I and V&I

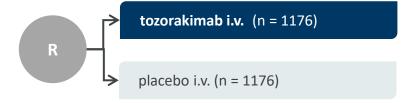


tozorakimab (IL-33)

Phase III trial | ARF in patients with viral lung infection

- Inhibits binding of IL-33 to ST2 receptor, helping to control inflammation
- Emerging science provided confidence in phase III

Phase III TILIA trial design



Additional trials in COPD (Phase IIIs), DKD (Phase II)

tozorakimab granted US FDA Fast Track Designation

Saphnelo

expanding into additional autoimmune diseases

systemic lupus erythematosus

lupus nephritis Phase III IRIS trial ongoing

scleroderma planned Phase III start in 2023 myositis (polymyositis) planned Phase III start in 2023 cutaneous lupus erythematosus planned Phase III

AZD3152 (next-gen COVID-19 LAAB)

Phase I/III SUPERNOVA trial

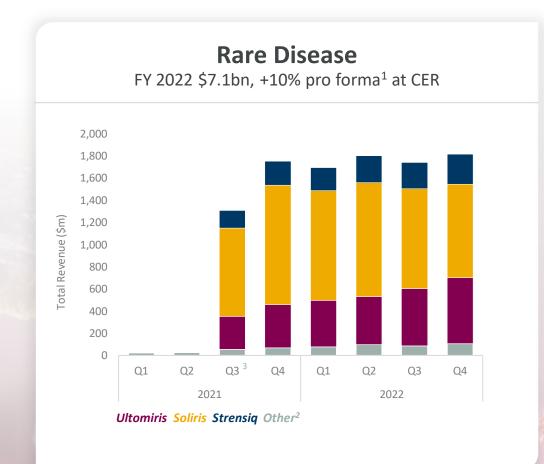
- Neutralises all COVID-19 variants known to date
- High unmet need in immunocompromised patients $(c.2\% globally)^1$
- Aiming to make available to patients in H2 2023²





Rare Disease: FY 2022

Strong neurology growth across C5, continued strength beyond complement



Q4 2022: key dynamics

Durable C5 Franchise growth

- *Ultomiris* +62% gMG launch and expansion into new markets
- **Soliris** (16%)¹ decline reflecting successful conversion to **Ultomiris** in PNH, aHUS, gMG, partially offset by NMOSD growth

Strensig +27%¹ reflecting strength of patient demand and geographic expansion

Koselugo +77% continued geographic expansion, now available in 28 markets

Accelerating geographic expansion; launched in 57 countries and on-track to reach 100 countries by 2030



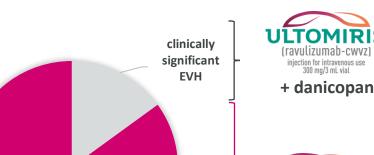
Rare Disease: R&D highlights

PNH well-served by C5 franchise with danicopan add-on



PNH patient population

addressing spectrum of patient need



ULTOMIRIS (ravulizumab-cwvz) injection for intravenous use 300 mo/3 ml. vial

C5 will remain SoC in PNH

addresses IVH, underlying cause of PNH

PNH is a life-threatening blood disorder characterised by **IVH**; elevated **LDH** is the key biomarker for **IVH**

83k patient years of data supports safety and efficacy of *Soliris/Ultomiris*

97.7% *Ultomiris* 6-year survival in >450 patients¹



danicopan + Soliris/Ultomiris

10-20% PNH patients with clinically significant EVH²

- Positive ALPHA Phase III trial
- Regulatory submission anticipated in 2023

Well-established safety and efficacy profiles with C5 franchise for all PNH patients danicopan add-on addresses a subset of patients with clinically significant EVH



ALXN1850 HPP

initiating Phase III in 2023

higher bioavailability and in-vivo exposure

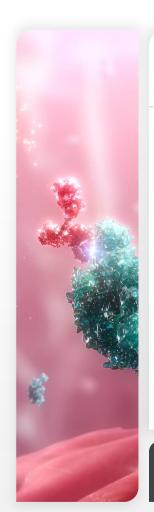
Next-generation asfotase alfa, optimised with:

increased enzymatic activity

improved manufacturing process

Rare Disease: R&D highlights

Accelerating innovation across our pipeline



Ultomiris CSA-AKI

initiating Phase III in 2023

High incidence of acute kidney injury after cardiac surgery driven by kidney ischaemia, where **complement** plays a key role¹:



Major Adverse Kidney events

Patients with CKD at risk for CSA-AKI²:

30k US

17k EU5

7k Japan

ALXN1850 expands addressable population >2x vs. *Strensiq*³:

longer half-life

ALXN1850

Strensia

Ultomiris as potential first and only preventative treatment for CSA-AKI

Opportunity to expand geographic reach and patient population in HPP





Pascal Soriot

CHIEF EXECUTIVE OFFICER



AstraZeneca

Accelerating pipeline momentum in 2023 and disciplined investment to fuel industry-leading growth

Pipeline advances in 2023

with 18 Phase III read-outs anticipated, including:

H1 2023

Dato-DXd - TROPION-Lung01 - 2nd-line/3rd-line NSCLC

Tagrisso – FLAURA2 – 1st-line NSCLC

Lynparza + Imfinzi – **DUO-O** – adjuvant ovarian cancer

H2 2023

Enhertu – **DESTINY-Breast06** – HER2-low BC

Tagrisso – LAURA – Stage III unresectable EGFRm NSCLC

Fasenra – MANDARA – EGPA

Sustainable, long-term growth

through commercial execution, R&D impact and ESG



Total Revenue ambition¹: low double-digit % CAGR 2021-2025 Industry-leading growth 2025+



At least 15 NMEs approved by 2030



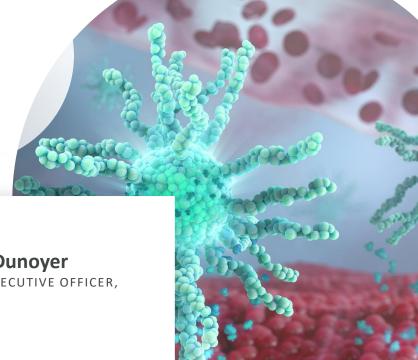
Remain focused on operating margin expansion



Emissions reduction: 98% by end 2025 – Scope 1 & 2 50% by 2030 – Scope 3



FY 2022 Question & **Answer Session**





Pascal Soriot EXECUTIVE DIRECTOR & CHIEF EXECUTIVE OFFICER



Aradhana Sarin EXECUTIVE DIRECTOR & CHIEF FINANCIAL OFFICER



Marc Dunoyer CHIEF EXECUTIVE OFFICER, ALEXION



Susan Galbraith EXECUTIVE VICE PRESIDENT, ONCOLOGY R&D



Dave Fredrickson EXECUTIVE VICE PRESIDENT, **ONCOLOGY BUSINESS**



Mene Pangalos EXECUTIVE VICE PRESIDENT, BIOPHARMACEUTICALS R&D



Ruud Dobber EXECUTIVE VICE PRESIDENT. **BIOPHARMACEUTICALS** BUSINESS



Iskra Reic EXECUTIVE VICE PRESIDENT. VACCINES AND IMMUNE THERAPIES



Leon Wang EXECUTIVE VICE PRESIDENT, INTERNATIONAL





- Pipeline Highlights since YTD2022 results
- ESG & Corporate Sustainability
- Oncology landscapes: breast and lung
- Emerging Markets
- Key Performance by Therapy Area



Delivering on science-led innovation

Selected key pipeline highlights since YTD2022 results

Oncology BioPharmaceuticals Rare Disease

3 Fast Track Designations (US):

capivasertib

HR+/HER2- breast cancer (1st-line) (CAPItello-291)

Orpathys + Tagrisso

non-small cell lung cancer with MET overexpression (SAVANNAH/SAFFRON)

tozorakimab

acute respiratory failure (TILIA)

1 Orphan Drug Designation (US):

Saphnelo

idiopathic inflammatory myopathies

16 regulatory approvals in major markets, including:

Imfinzi +/- Imjudo (US, JP)

non-small cell lung cancer (1st-line) (POSEIDON)

Imfinzi + Imjudo (JP)

hepatocellular carcinoma (1st-line) (HIMALAYA)

Imfinzi (EU, JP)

biliary tract cancer (1st-line) (TOPAZ-1)

Lynparza (EU)

prostate cancer (1st-line) (PROpel)

Calquence (JP)

chronic lymphocytic leukaemia (ELEVATE-TN)

Calquence (EU)

maleate tablet formulation

Enhertu (EU)

HER2+ gastric cancer (2nd-line) (DESTINY-Gastric01/02)

Enhertu (EU)

HER2-low breast cancer (DESTINY-Breast04)

Enhertu (EU)

HER2+ breast cancer (2nd-line) (DESTINY-Breast03)

Forxiga (EU, JP)

HFpEF (DELIVER)

Airsupra (US)

asthma (MANDALA/DENALI)

Tezspire (US, EU)

pre-filled pen



AstraZeneca

Maintained leading rating since 2014



AstraZeneca vs. industry average

SCORECARD by KEY ATTRIBUTE HIGHLIGHTS



Access to Healthcare

Robust initiatives to capitalize on access to healthcare opportunities



Human Capital Development

Comprehensive employee development efforts and training initiatives



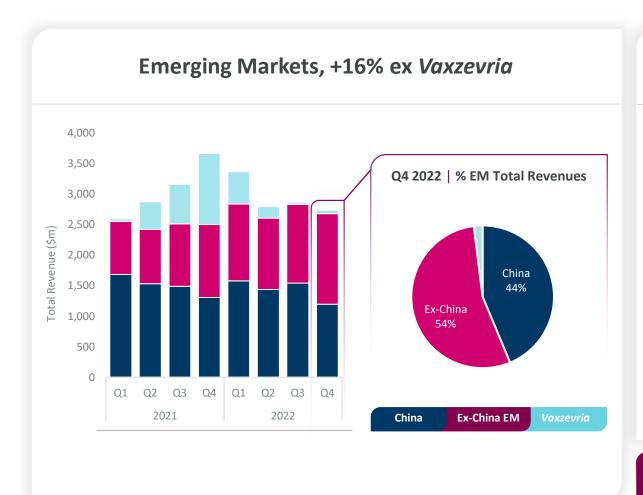
Governance

Included in **highest scoring range** vs. global peers



Emerging Markets: FY 2022

Total Revenue \$11.8bn, +1% including Vaxzevria¹



EM Total Revenue FY highlights:

■ Oncology: Tagrisso +22%, Lynparza +31%

■ CVRM: Farxiga +47%

■ **R&I:** *Fasenra* >2x, *Pulmicort* -39%

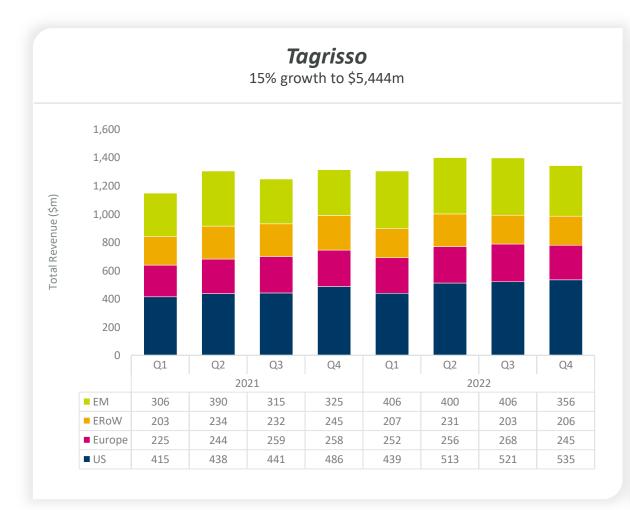
■ V&I: Vaxzevria \$805m, Evusheld \$413m

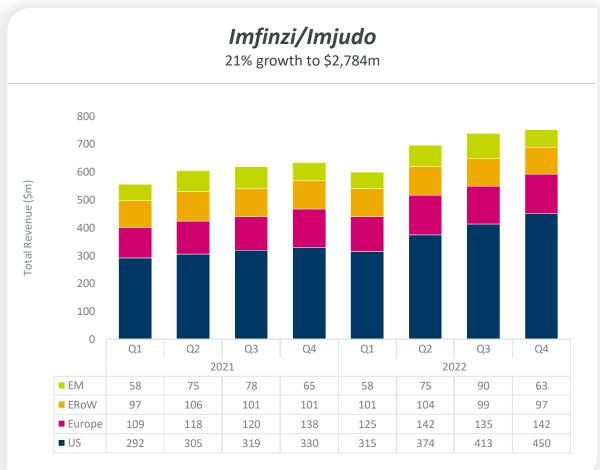
■ Rare Disease: *Strensiq*¹ +31%

Ex-China, ex-Vaxzevria Emerging Markets +41%



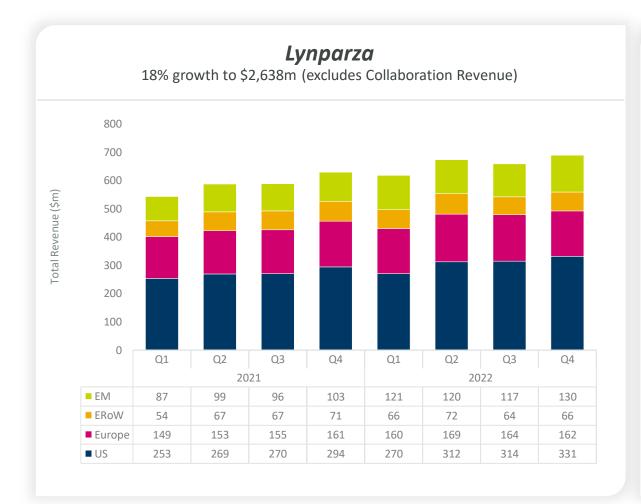
Oncology

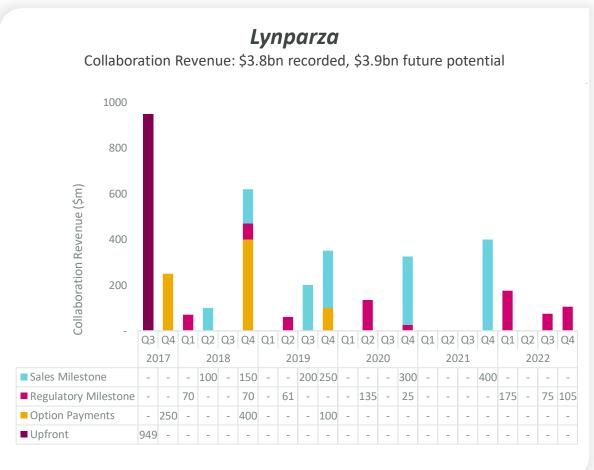






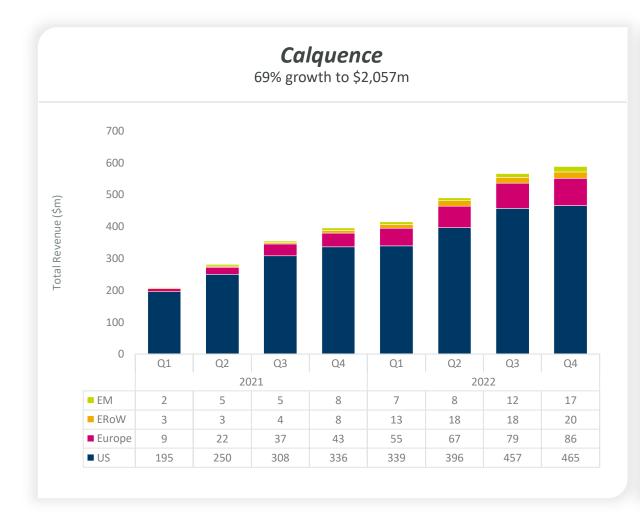
Oncology

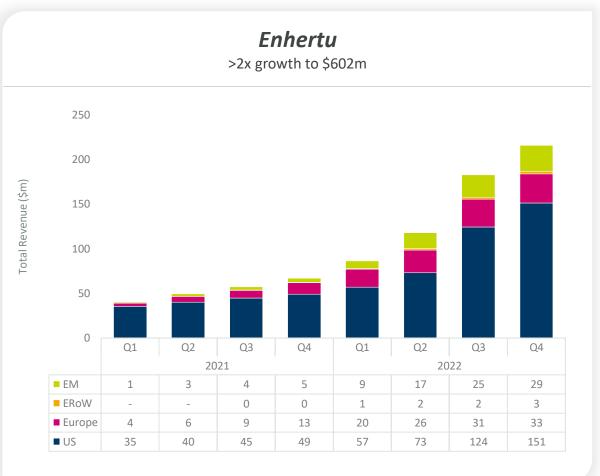






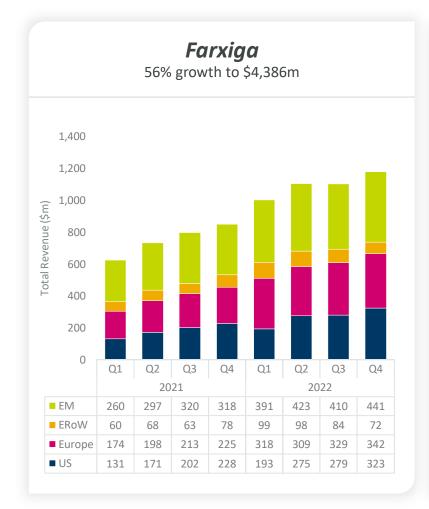
Oncology

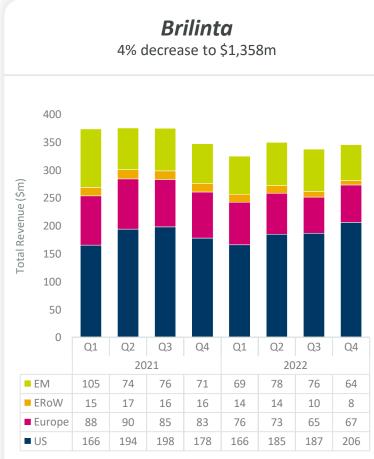


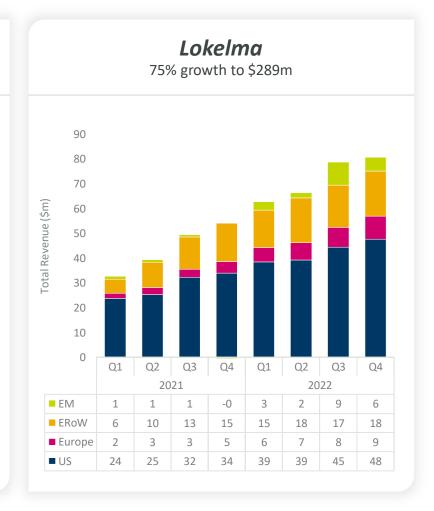




BioPharmaceuticals: Cardiovascular, Renal & Metabolism

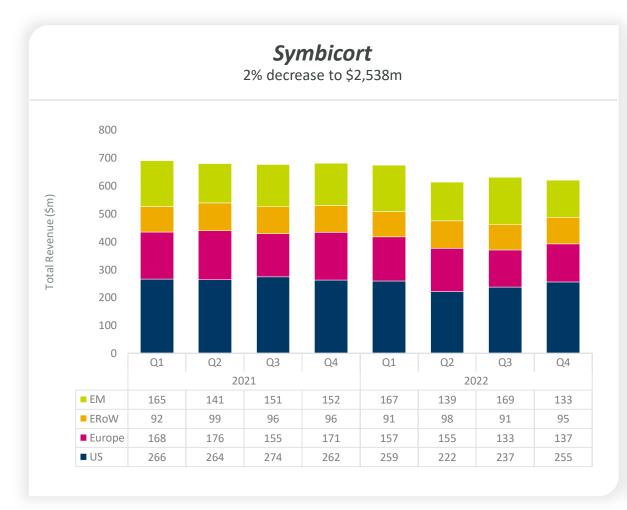


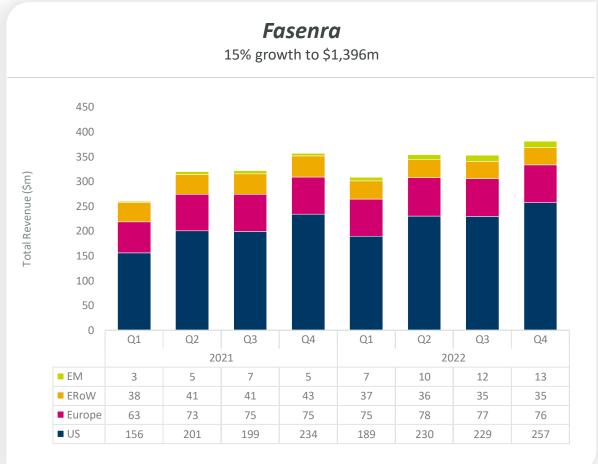






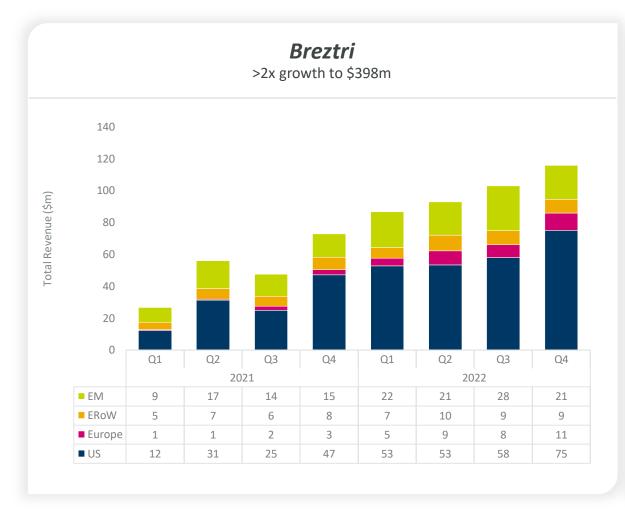
BioPharmaceuticals: Respiratory & Immunology

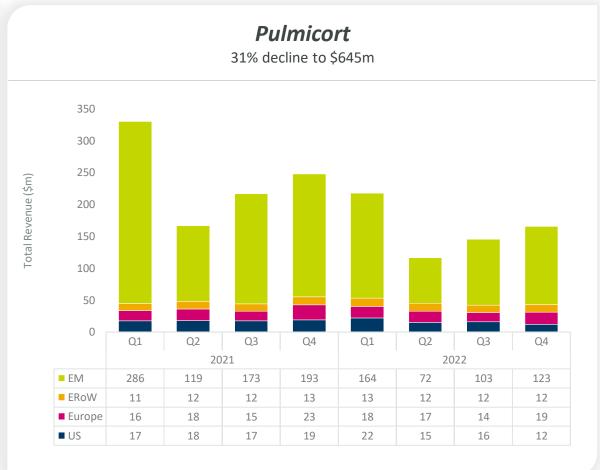






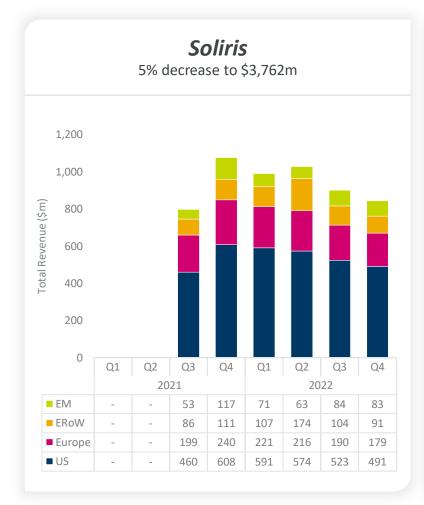
BioPharmaceuticals: Respiratory & Immunology



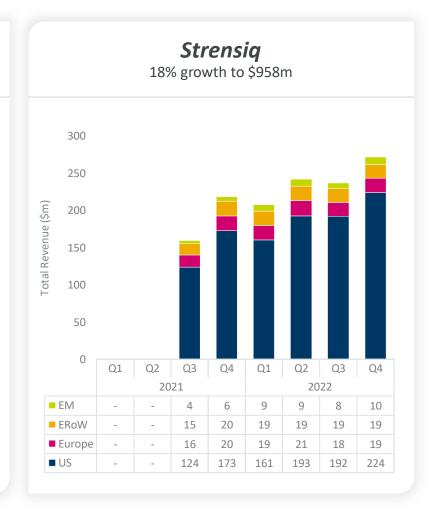




Rare Disease









Confidentiality Notice

This file is private and may contain confidential and proprietary information. If you have received this file in error, please notify us and remove it from your system and note that you must not copy, distribute or take any action in reliance on it. Any unauthorized use or disclosure of the contents of this file is not permitted and may be unlawful. AstraZeneca PLC, 1 Francis Crick Avenue, Cambridge Biomedical Campus, Cambridge, CB2 0AA, UK, T: +44(0)203 749 5000, www.astrazeneca.com

