



DAIICHI SANKYO CO., LTD

Global Pharma Innovator with Competitive Advantage in Oncology

George Nakayama, Chairman and CEO

January 7, 2019

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Highlights



- 2025 Vision
- Growth of Current Core Businesses

- Exciting ADC Pipeline
- Revised Target for 5-Year Business Plan

2025 Vision



Global Pharma Innovator with Competitive Advantage in Oncology

- Build a specialty area* centered on oncology as the core business
- Enrich regional value aligned with market needs
- Create innovative products
 - change SOC (Standard of Care)
- Realize shareholder value through highly efficient management

5-Year Business Plan and 6 Strategic Targets



2025 Vision

5-Year Business Plan

Transformation toward 2025 Vision

Establish a Foundation of Sustainable Growth: Six Strategic Targets

Grow Edoxaban Grow as No.1 Company in Japan

Expand US Businesses

Establish Oncology Business

Continuously
Generate
Innovative
Medicine
Changing SOC

Enhance Profit Generation Capabilities

5-Year Business Plan and 6 Strategic Targets



2025 Vision

5-Year Business

Grow Edoxaban

Grow as No.1 Company in Japan

Expand US Businesses

Establish Oncology Business

Establish a Foundation of Sustainable Growth: Six Strategic Targets

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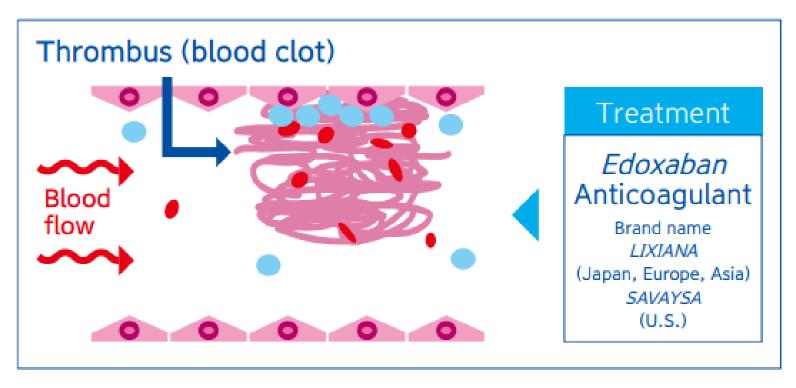
Highlights



- Growth of Current Core Businesses
 - Grow Edoxaban

Thrombosis and Anticoagulants





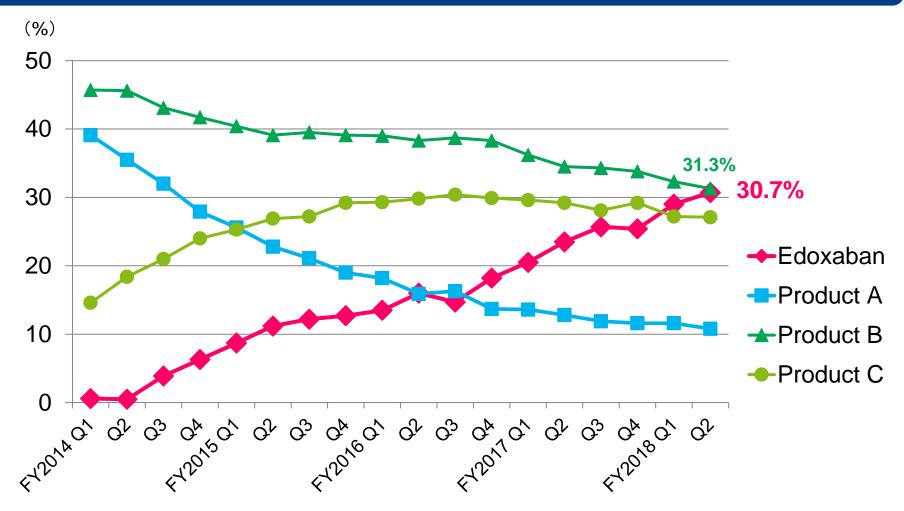
Major Indications treated with Anticoagulants

- Atrial Fibrillation (AF)
- Venous Thromboembolism (VTE)
 - Deep Vein Thrombosis (DVT)
 - Pulmonary Embolism (PE)

Edoxaban: Growth in Japan



◆ As of FY2018 Q2, Edoxaban closed in on No.1 sales share

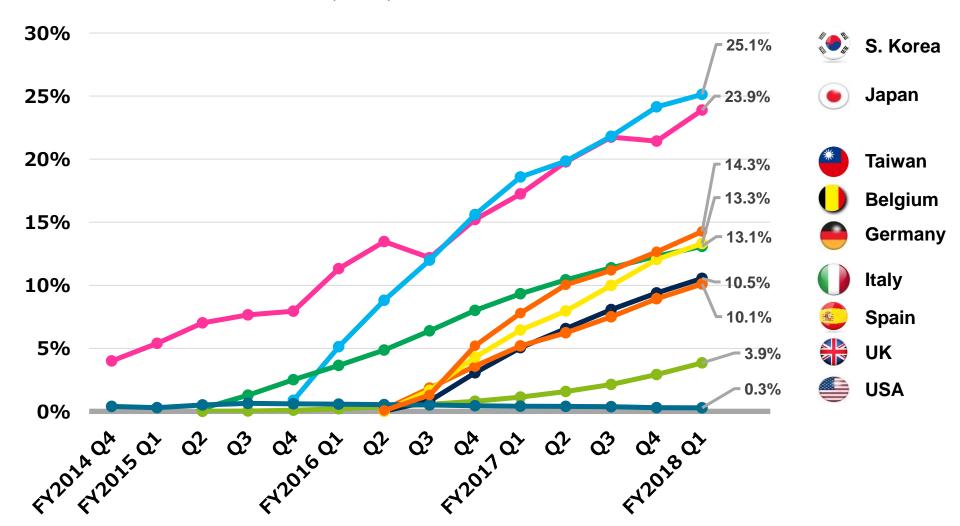


Edoxaban: Growth in Each Country





Edoxaban volume (DoT) % share of DOAC markets over time



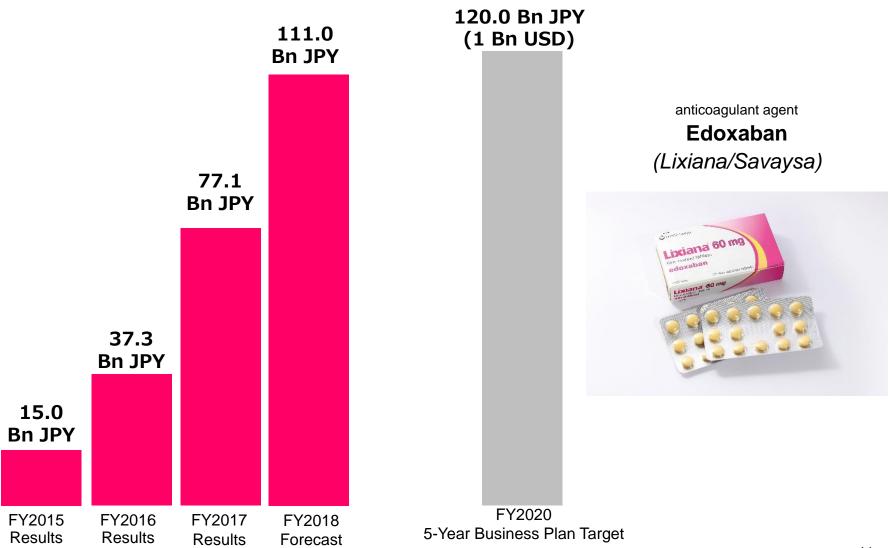


Brazil: Launched in Aug. 2018

Edoxaban: FY2020 Target



Expanding mainly in Japan, EU and Asia



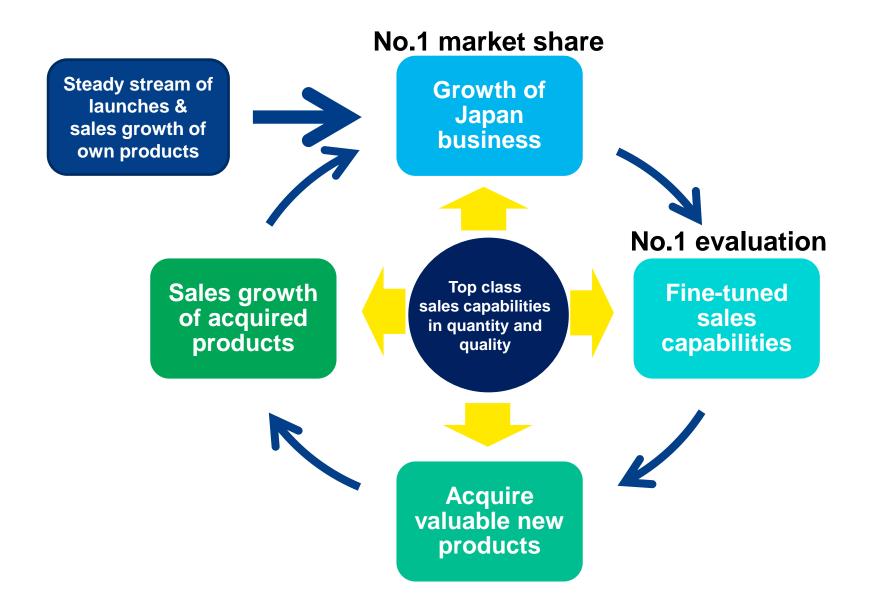
Highlights



- Growth of Current Core Businesses
 - Grow as No.1 Company in Japan

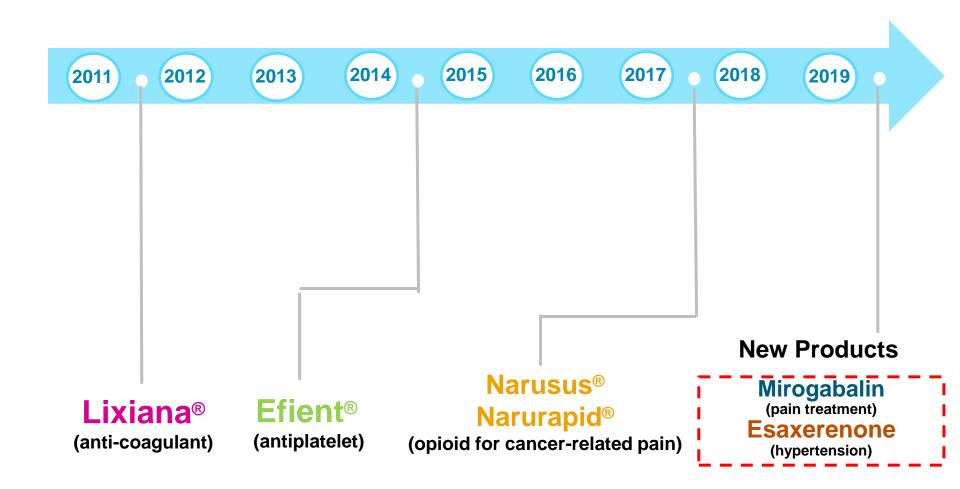
Business Cycle for Sustainable Growth





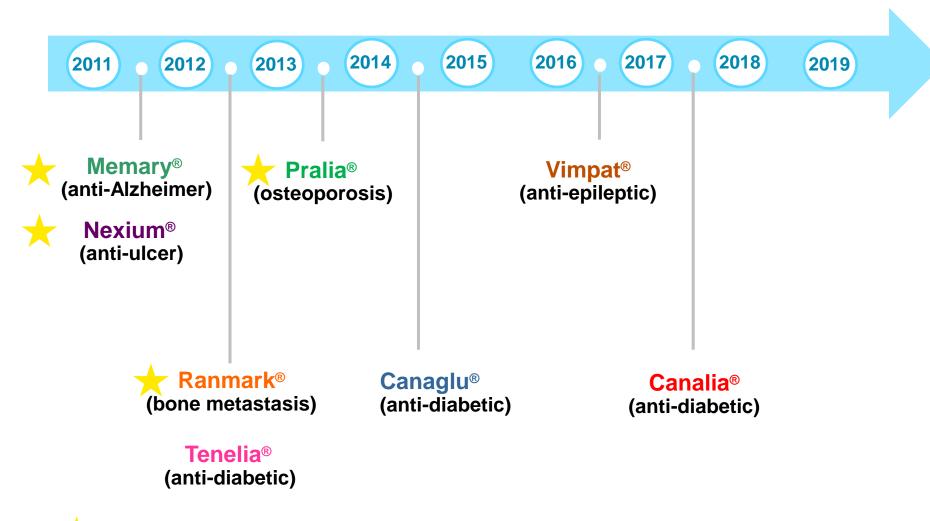
Own or In-House Products





Acquired or In-Licensed Products

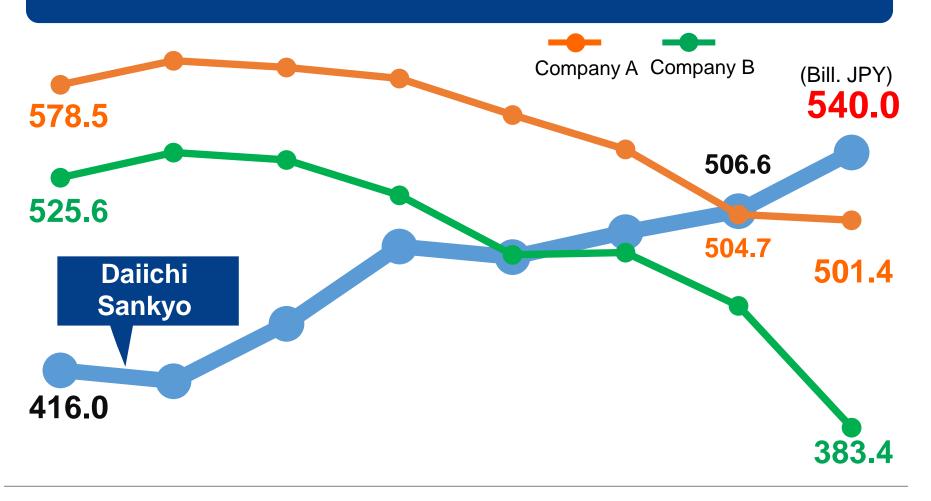




Growth of Japan Business



◆ NO.1 in Japan, by prescription drug revenue for 2 consecutive years



FY2010 FY2011 FY2012 FY2013 FY2014 FY2015 FY2016 FY2017

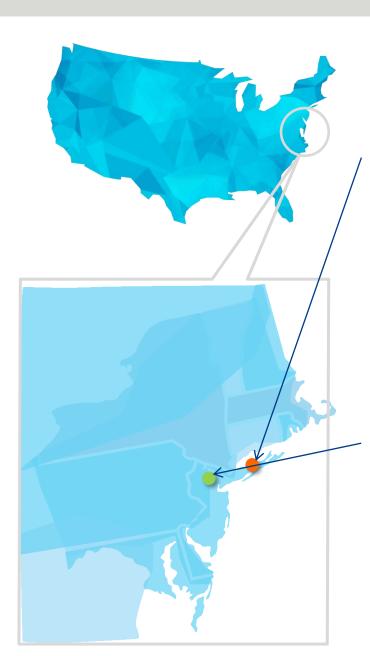
Highlights



- Growth of Current Core Businesses
 - Expand US Businesses

Two Business Units in US







American Regent (formerly LPI) (Shirley, NY)

FY2018 revenue forecast: US\$ 1,026 Mn

American Regent successfully competes in high value specialty branded & generic injectable market segments with following franchises

- > Iron Injectable Franchise
- ➤ Generic Injectable Franchise

Daiichi Sankyo, Inc. (DSI) (Basking Ridge, NJ)

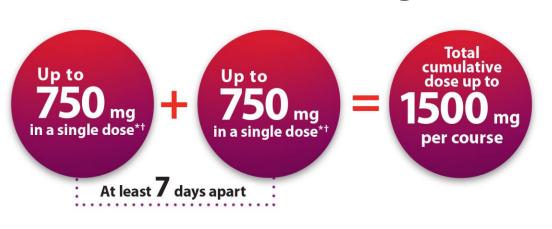
FY2018 revenue forecast: US\$ 281 Mn

With the LOE of key products, Daiichi Sankyo, Inc. will transition from a mature primary care company to one with a differentiated specialty portfolio centered on Pain and Oncology

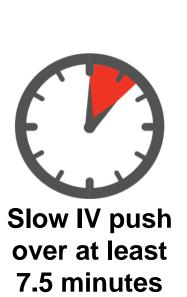
Injectafer: High-dose IV Iron with Broad Indication



- Broad indication Treatment of IDA in adult patients with:
 - Intolerance or unsatisfactory response to oral iron
 - Non-dialysis chronic kidney disease
- Convenient dosing & administration



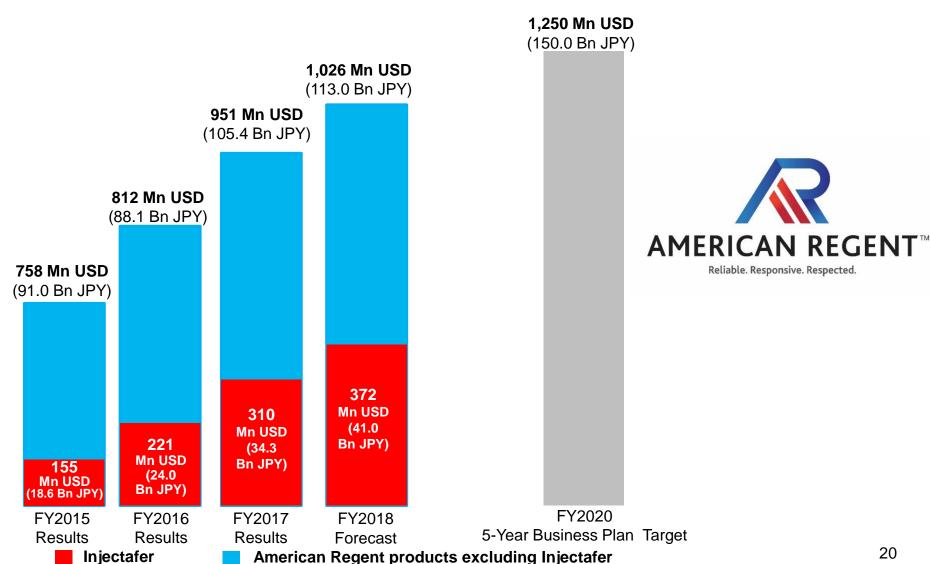




Single Dose Vial. Discard Unused Portion.

American Regent Business: FY2020 Target





Highlights



Exciting ADC Pipeline

Three Pillars



◆ Focus investments 3 pillars of oncology business



 Highly promising pipeline
 DS-8201, U3-1402 etc.



AML Franchise

 Rich pipeline Quizartinib etc.



Breakthrough Science

Rich pipeline
 Pexidartinib etc.

3

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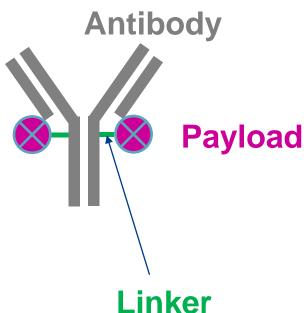
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Cancer Enterprise 2025 Vision

7 new molecular entities by 2025

ADC Technology





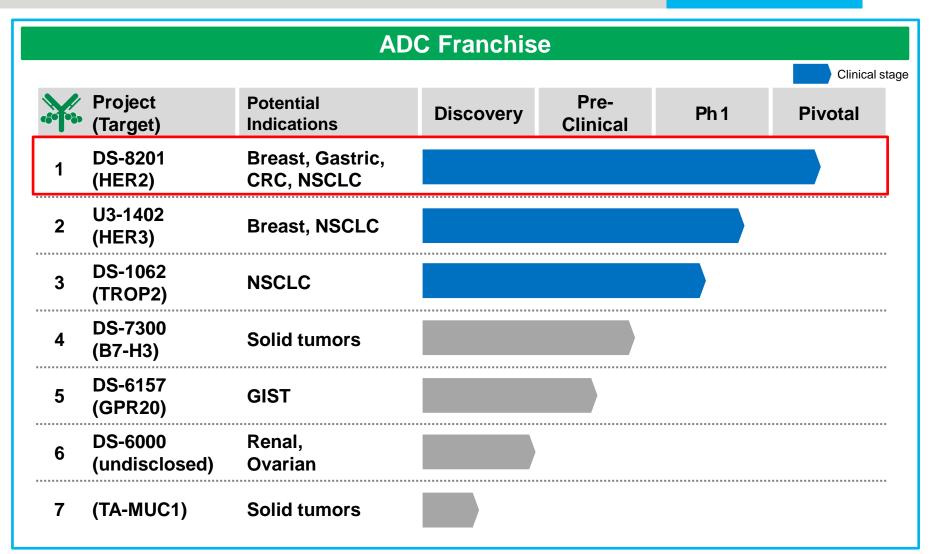
- Novel payload
- High potency
- Bystander effect
- High clearance of the payload

Linker

- Stable linker-payload
- Tumor selective cleavable-linker
- High DAR* and homogeneity



Talichi Sankyo ADC Franchise



CRC: colorectal cancer, NSCLC: non-small cell lung cancer, GIST: gastrointestinal stromal tumor



As of Dec 2018



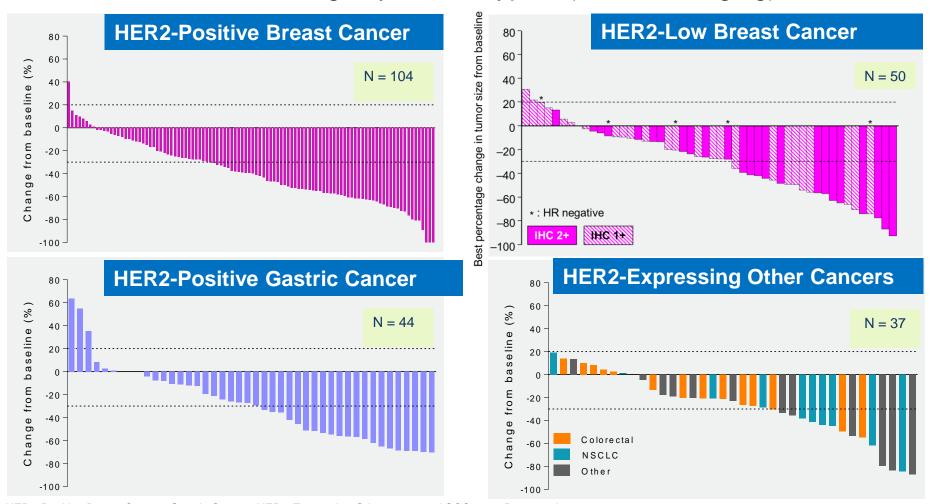
	FY2018	FY2019	FY2020	FY2021	FY2022
	Multiple Tumors P1				
Breast	HER2 positive Br Post T-DM1 Pivot	HER2 positive Breas vs Phys Cho HER2 positi			Y-Breast03 Y-Breast04
Gastric	HER2 expressing Ga Phys Choice P		DESTINY-Gastric01 HER2 expres	sing Gastric 2 nd line	vs SOC P3
CRC NSCLC		CRC P2 NSCLC P2	2		
Combo		Breast	Solid tum	ab P1b C w/ pembrolizumal or w/ avelumab P1b cumor w/ TKI P1b	
					25



The study is a property of the property of the



Tumor Shrinkage by Tumor Types: (5.4 or 6.4 mg/kg)



HER2-Positive Breast Cancer, Gastric Cancer, HER2-Expressing Other cancers: ASCO 2018 Presentation Includes subjects who had ≥1 postbaseline scan. Dotted lines denote 20% increase and 30% reduction in tumor size, respectively.

*Confirmed response includes subjects who had ≥2 postbaseline scans, progressive disease, or discontinued treatment for any reason prior to second postbaseline scan. Data cutoff is April 18, 2018.



DS-8201: HER2 Positive BC New Data Duration of Response > 20 months



Efficacy Outcomes in Subjects with HER2 Positive Breast Cancer in the Ongoing Ph 1 Trial (Aug 10, 2018 data cutoff)¹

HER2 Positive (IHC 3+ or IHC 2+/ISH+) **Breast Cancer**

Confirmed Overall Response Rate (66/111)^a

59.5% (95% CI 49.7, 68.7)

Median duration of response

20.7 months (range 0.0+, 21.8+)

^aSubjects who received 5.4 or 6.4 mg/kg with ≥2 postbaseline scans, or who had progressive disease or discontinued treatment for any reason before second postbaseline scan.

DCR, disease control rate; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; ISH, in situ hybridization; ORR, objective response rate.



X DS-8201: Safety ILD



Investigator-Reported and Adjudicated Cases of ILD

Denulation	Adjudication status	Grade					
Population		1	2	3	4	5	Total
	Investigator reported, n (%)	30 (4.5)	23 (3.5)	6 (0.9)	2 (0.3)	5 (0.8)	66 (9.9)
All subjects All doses,	Cases adjudicated, n	16	13	4	0	5	38
N = 665	Adjudicated as drug-related ILD, n	11	12	3	0	4	30

Data cutoff: October 15, 2018

- Median duration of treatment 108 days
- 29.5% subjects on treatment for ≥180 days
 - Median time to onset of ILD 149 days
- Feb-March 2018: ILD recognized as DS-8201 risk: key actions implemented:
 - Proactive awareness of subjects thru consent, to report signs or symptoms of possible ILD
 - Active training of investigational sites on monitoring for, evaluation and treatment of suspected ILD cases



DS-8201: ILD experience BC at Recommended Dose



- Based on safety, efficacy and exposure data, 5.4 mg/kg was selected as the dose for pivotal development in breast cancer
- At 5.4mg/kg in breast cancer, ILD appears as a well characterized risk

		ILD experience in breast cancer at 5.4 mg/kg					
Population	Adjudication status	ILD Severity Grade					
Population		1	2	3	4	5	Total
D 10	Investigator reported, n (%)	8 (3.0)	4 (1.5)	2 (0.7)	0	1 (0.4)	15 (5.6)
Breast Cancer 5.4 mg/kg	Cases adjudicated, n	3	3	0	0	1	7
N = 269	Adjudicated as drug-related ILD, n	2	2	0	0	1	5







	F)/0040	EV2040	E\/0000	F\/0004	EV2022	
	FY2018	FY2019	FY2020	FY2021	F Y ZUZZ	
	Multiple Tumors P1					
	HER2 positive I Post T-DM1 Pive		INY-Breast01			
Breast		HER2 positive Bread vs Phys Cho		ESTINY-Breast02		
		HER2 positi	ve Breast vs T-DM1	P3 DEŠTINY	-Breast03	
		HEF	R2 Low Breast P3	DESTIN	Y-Breast04	
Gastric	HER2 expressing (Phys Choice		DESTINY-Gastric01			
Castric			HER2 expres	sing Gastric 2 nd line	vs SOC P3	
CRC		CRC P2				
NSCLC		NSCLC P	2			
		Breast	Bladder w/ nivolum	ab P1b		
			Breast NSCL	C w/ pembrolizumat	o P1b	
Combo		Solid tumor w/ avelumab P1b				
			Solid t	umor w/ TKI P1b		



DS-8201: HER2 Positive Metastatic BC Target Population



HER2 Positive Metastatic Breast Cancer

1st Line

Herceptin®
(trastuzumab) +
Perjeta® (pertuzumab)
+ docetaxel

2nd Line

Kadcyla® (T-DM1)

vs T-DM1 Phase 3

DESTINY-Breast03

Started

3rd Line

Physician's Choice

Pivotal Phase 2



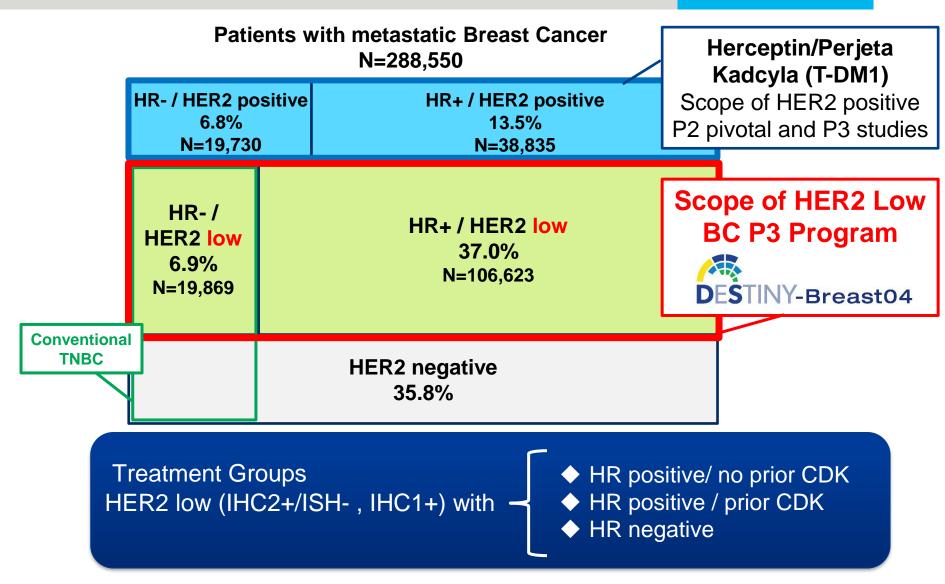
vs Physician Choice Phase 3





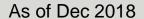
X DS-8201: HER2 Low BC P3 Target Population





HR: hormone receptor; TNBC: triple negative breast cancer

HR-: estrogen-receptor (ER) and progesterone-receptor (PR) negative







	FY2018	FY2019	FY2020	FY2021	FY2022		
	Multiple Tumors P1						
	HER2 positive B Post T-DM1 Pivo	tal P2 DEST	INY-Breast01				
Breast		HER2 positive Breas vs Phys Cho	STINY-Breast02				
		HER2 positive Breast vs T-DM1 P3 DESTINY-Breast03					
		HEF	R2 Low Breast P3	DESTIN	Y-Breast04		
Gastric	HER2 expressing G Phys Choice I		DESTINY-Gastric01				
		HER2 expressing Gastric 2 nd line vs SOC P3					
CRC		CRC P2					
NSCLC		NSCLC P2	2				
		Breast	Bladder w/ nivoluma	ab P1b			
Combo		Breast NSCLC w/ pembrolizumab P1b					
		Solid tumor w/ avelumab P1b					
			Solid to	umor w/ TKI P1b			



DS-8201: Beyond Breast Cancer





Pivotal P2 study on track



P3 study under preparation

- CRC: P2 study on track
- NSCLC: P2 study on track





- Started Opdivo (nivolumab) combo study
- Signed Keytruda (pembrolizumab) combo study alliance
- Signed Bavencio (avelumab) combo study alliance

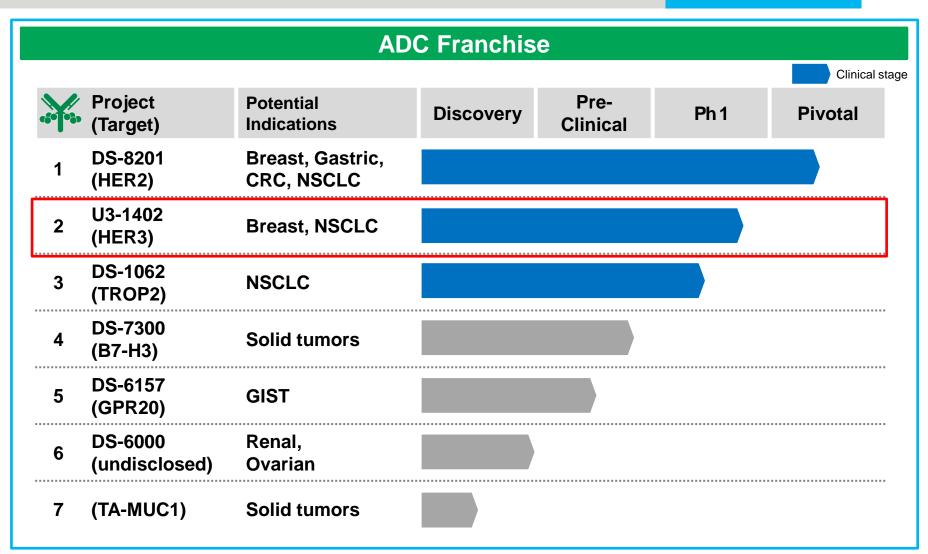




Current/fut	ture trials for further data-gated development	Directions (Ph 1-3)
New plans Breast	Move to 1 st Line Metastatic Early Breast Cancer	 Neo-adjuvant Adjuvant Ph 3 in 1st Line HER2 positive IO combinations Hormonal therapy combinations CDK4/6i combinations PARPi combinations Dual anti-HER2 combinations
Gastric	West HER2 expressing Gastric 2 nd Line P2	 VEGFi combinations Chemo combinations IO combinations HER2 Low Early disease Gastric cancer
CRC NSCLC	CRC P2 NSCLC P2	VEGFi combinationsChemo combinationsIO combinationsHER2 Low
Other Combo	Other Tumor Types P2	 HER2 gene amplified basket HER2 mutant basket Ovarian Uterine Salivary Bladder Novel IO combos



Talichi Sankyo ADC Franchise



CRC: colorectal cancer, NSCLC: non-small cell lung cancer, GIST: gastrointestinal stromal tumor

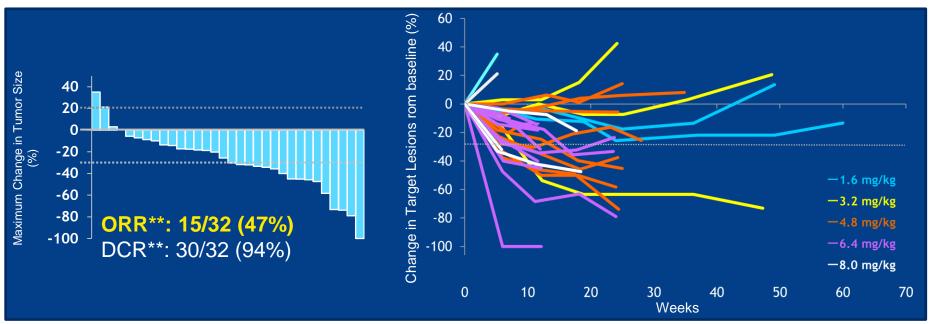


W U3-1402: BC P1/2 Study Efficacy



Best Percentage Change in Sum of Diameters From Baseline in Target Lesions*

Percentage Change in Sum of Longest Diameters



*Analysis set: Efficacy evaluable patients with at least one scan. Baseline is defined as the last measurement taken before the first dose of study drug. **Investigators assessment. For each patient, the best percent change from baseline in the sum of diameters for all target lesions is represented by a vertical bar. DCR = disease control rate; ORR = objective response rate. Based on April 27, 2018 data cutoff.

- U3-1402 data resembles that of early DS-8201 data
 - U3-1402 ASCO 2018 ORR: 15/32 (47%)
 - DS-8201 ESMO 2016 ORR: 7/20 (35%)
- Validates portability of ADC technology



Summary of ADC Pipelines





Further evaluation in:

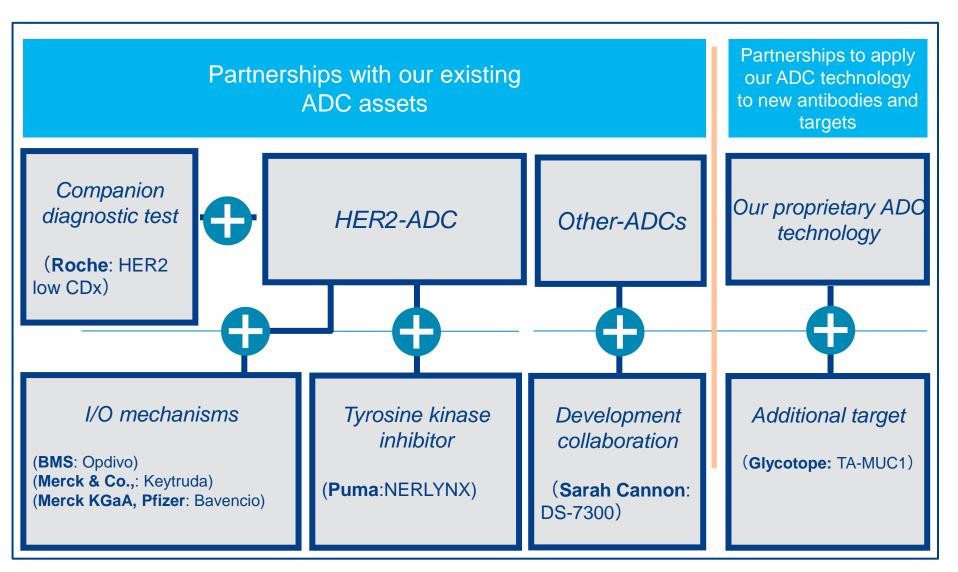
- HER2+ mBC who failed Herceptin and/or Kadcyla
- HER2 low mBC where there is no approved HER2 targeted therapy
- HER2 expressing mGC where Herceptin is only approved HER2 targeted therapy
- HER2 expressing/mutated NSCLC/CRC where there is no approved HER2 targeted therapy

- Showed similarity to earlier DS-8201 clinical data in P1 Breast study
- P1 NSCLC study on track
- 2nd ADC to show clinical activity: proof of DS ADC technology as validated platform



ADC Collaborations with Partners

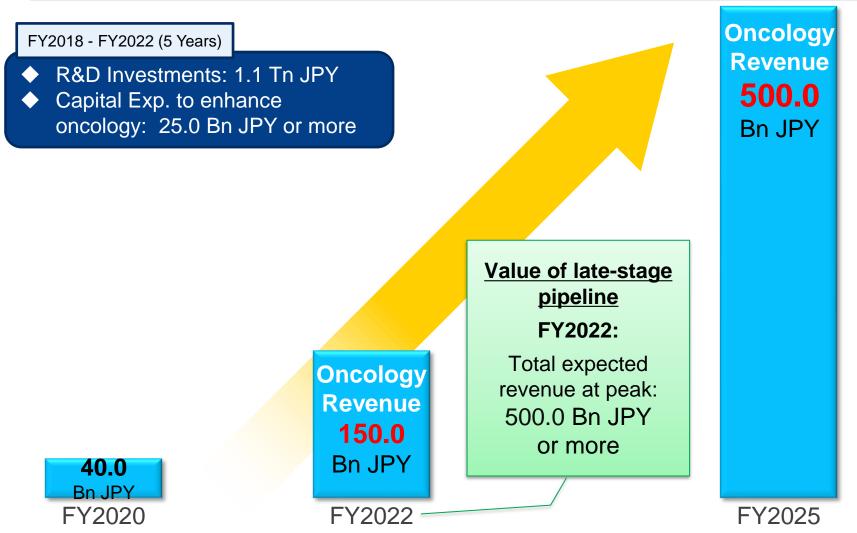




Oncology Business: Revenue Target



 Expand future oncology revenue by accelerating and increasing investments to fast-track growth



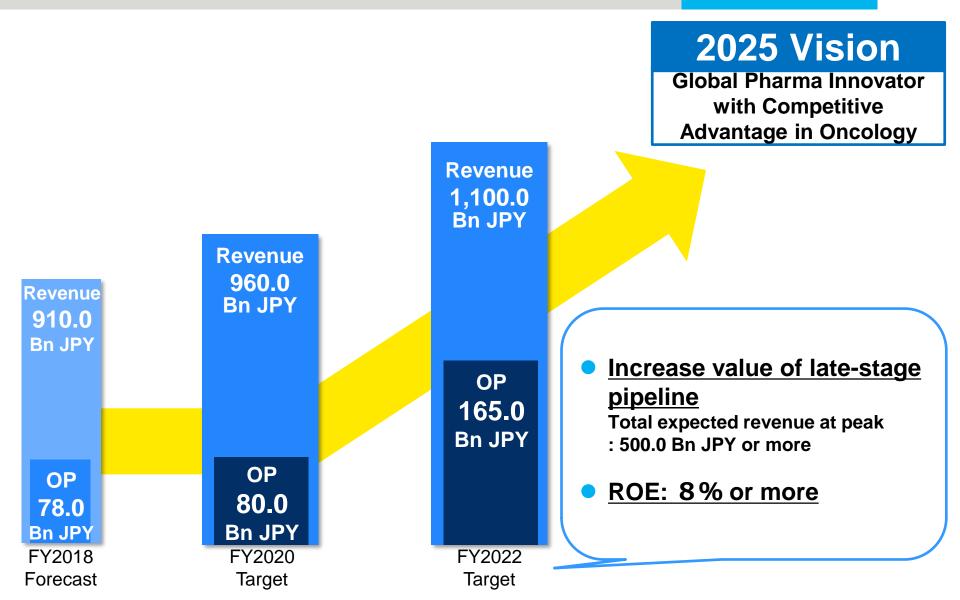
Highlights



Revised Target for 5-Year Business Plan

Revised Target for 5-Year Business Plan





^{*} The targets excludes the impact of gain on sales of fixed assets, transformation business portfolio and partnering

Shareholder Returns



Shareholder Returns Policy: FY2016 - FY2022



- ◆ Annual ordinary dividends: 70 JPY dividend in FY2016 and FY2017
- Acquisition of own shares: 50.0 Bn.
- ◆ Total return ratio:

50.0 Bn JPY in both FY2016 and FY2017

100% or more in 7 yrs. FY2016-FY2022

^{*}Total return ratio = (Dividends + Total acquisition costs of own shares) / Profit attributable to owners of the company



Wrap up

Key Takeaways



 Edoxaban, Japan business and American Regent business are on track

- Exciting ADC pipeline
- We will increase R&D investment to accelerate our transformation towards "2025 Vision"

Contact address regarding this material

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