

# **Top Management Presentation**

## **Financial Results of FY2017 Q3 (April 1 – December 31, 2017)**

**DAIICHI SANKYO CO., LTD**

**Kazunori Hirokawa**  
**Executive Vice President and CFO**

**January 31, 2018**

# Forward-Looking Statements

Management strategies and plans, financial forecasts, future projections and policies, and R&D information that Daiichi Sankyo discloses in this material are all classified as Daiichi Sankyo's future prospects. These forward looking statements were determined by Daiichi Sankyo based on information obtained as of today with certain assumptions, premises and future forecasts, and thus, there are various inherent risks as well as uncertainties involved. As such, please note that actual results of Daiichi Sankyo may diverge materially from Daiichi Sankyo's outlook or the content of this material. Furthermore, there is no assurance that any forward-looking statements in this material will be realized. Regardless of the actual results or facts, Daiichi Sankyo is not obliged and does not have in its policy the duty to update the content of this material from the date of this material onward.

Compounds under discussion are investigational agents and are not approved by the FDA or any other regulatory agency worldwide as a treatment for indications under investigation. Efficacy and safety have not been established in areas under investigation. There are no guarantee that these compounds will become commercially available in indications under investigation.

Daiichi Sankyo takes reasonable care to ensure the accuracy of the content of this material, but shall not be obliged to guarantee the absolute accuracy, appropriateness, completeness and feasibility, etc. of the information described in this material. Furthermore, any information regarding companies, organizations or any other matters outside the Daiichi Sankyo Group that is described within this material has been compiled or cited using publicly available information or other information, and Daiichi Sankyo has not performed in-house inspection of the accuracy, appropriateness, completeness and feasibility, etc. of such information, and does not guarantee the accuracy thereof.

The information described in this material may be changed hereafter without notice. Accordingly, this material or the information described herein should be used at your own judgment, together with any other information you may otherwise obtain.

This material does not constitute a solicitation of application to acquire or an offer to sell any security in the United States, Japan or elsewhere.

This material disclosed here is for reference purposes only. Final investment decisions should be made at your own discretion.

Daiichi Sankyo assumes no responsibility for any damages resulting from the use of this material or its content, including without limitation damages related to the use of erroneous information

# Agenda

- ◆ FY2017 Q3 Financial Results
- ◆ FY2017 Revised Consolidated Forecast
- ◆ Edoxaban (Lixiana)
- ◆ R&D Update
- ◆ Appendix
  - R&D Milestone Events
  - Major R&D Pipeline
  - Out-licensing Projects
  - Edoxaban (Lixiana)
  - Injectafer
  - Abbreviations

# **FY2017 Q3 Financial Results**

# Overview of FY2017 Q3 Results

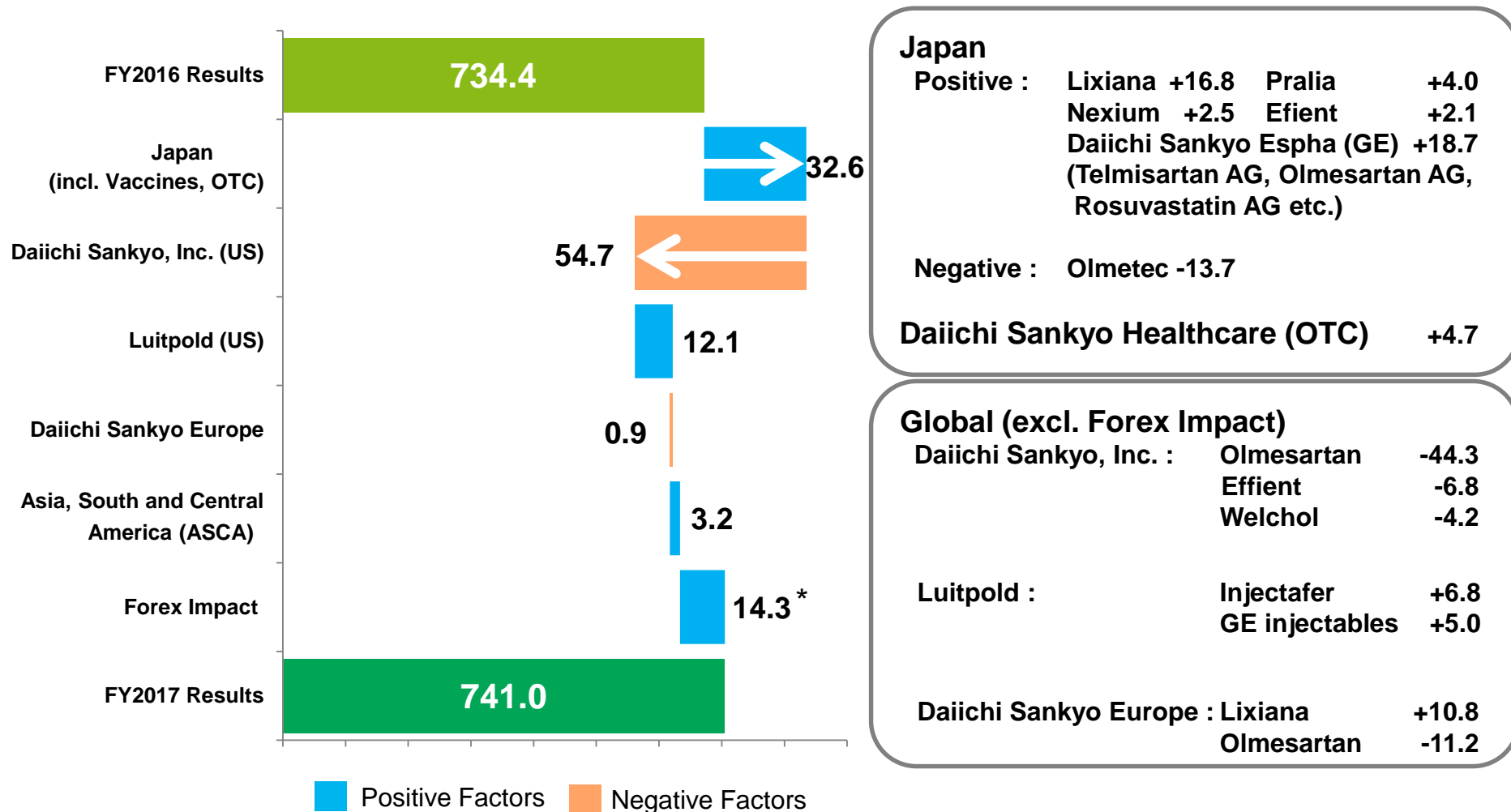
(Bn JPY)

	FY2016 Q3 YTD Results	FY2017 Q3 YTD Results	YoY
Revenue	734.4	741.0	<div>+0.9%</div> <b>+6.6</b>
Cost of Sales	241.7	255.5	<b>+13.7</b>
SG&A Expenses	220.5	216.7	<b>-3.7</b>
R&D Expenses	143.5	175.6	<b>+32.1</b>
Operating Profit	128.7	93.2	<div>-27.6%</div> <b>-35.5</b>
Profit before Tax	132.4	97.7	<b>-34.7</b>
Profit attributable to owners of the Company	88.2	72.6	<div>-17.7%</div> <b>-15.6</b>

Currency Rate	USD/JPY	106.68	111.71	<b>+5.03</b>
	EUR/JPY	118.09	128.53	<b>+10.44</b>

Increased by 6.6 Bn JPY (Decreased by 7.7 Bn JPY excl. forex impact)

(Bn JPY)

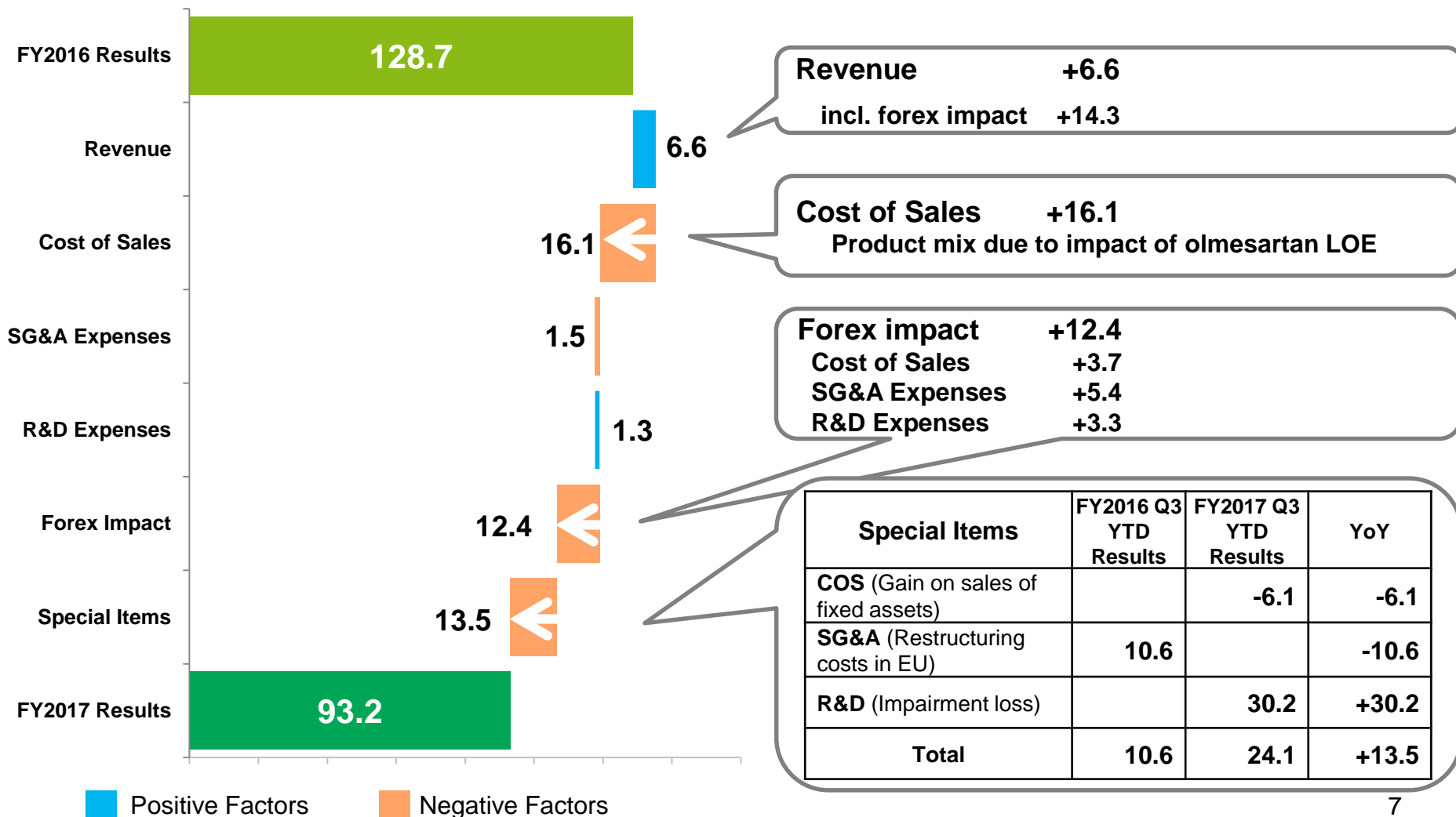


\* Forex impact USD: +6.6, EUR : +4.7, ASCA: +3.0

# Operating Profit

Decreased by 35.5 Bn JPY  
(Decreased by 23.9 Bn JPY excl. forex impact and special items)

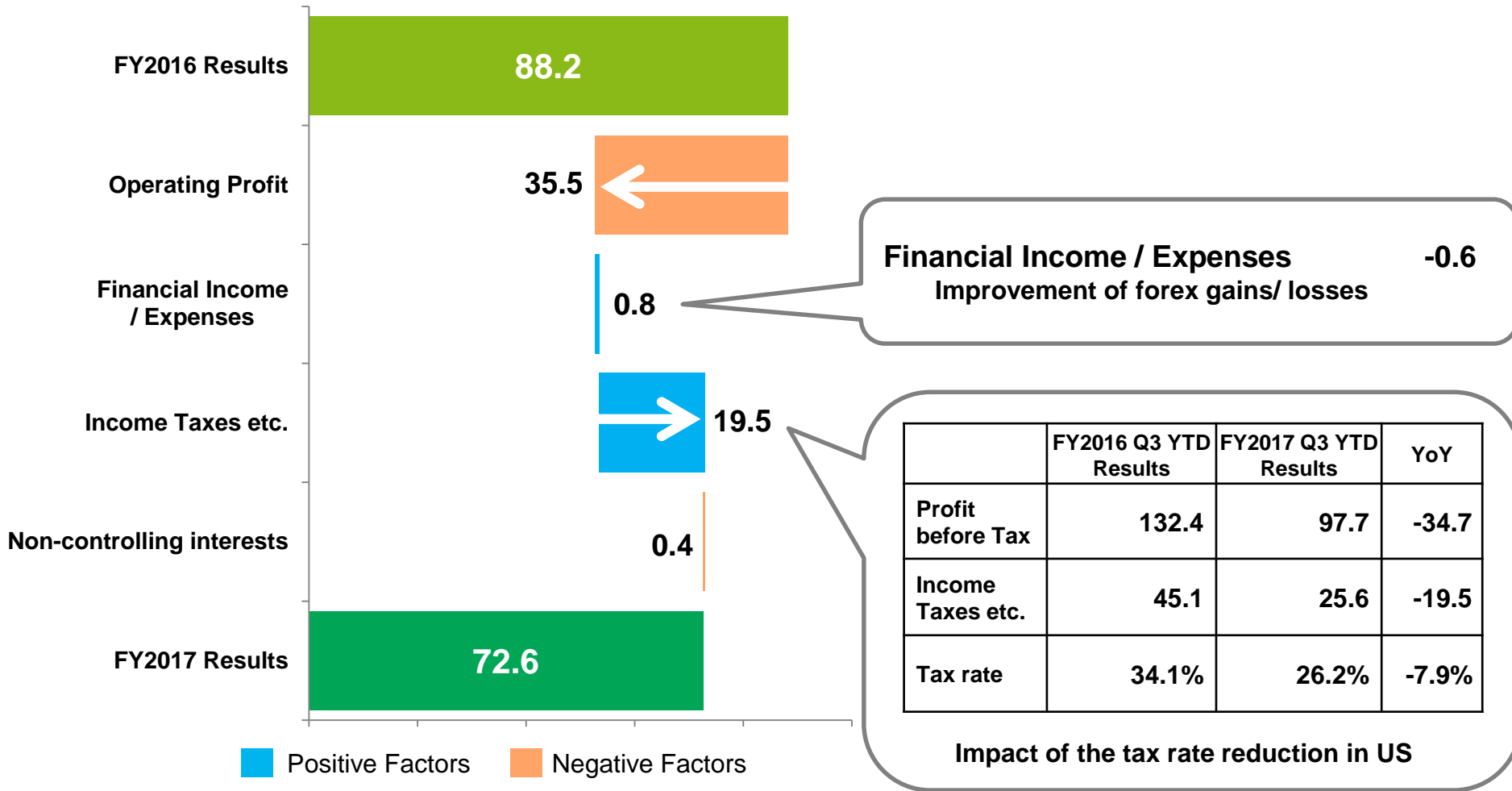
(Bn JPY)



# Profit Attributable to Owners of the Company

Decreased by 15.6 Bn JPY

(Bn JPY)



# Revenue: Major Business Units (incl. Forex Impact)

(Bn JPY)

	FY2016 Q3 YTD Results	FY2017 Q3 YTD Results	YoY	vs. Forecast* (%)
<b>Japan</b>	<b>390.2</b>	<b>418.1</b>	<b>+27.9</b>	<b>78.0%</b>
<b>Daiichi Sankyo Healthcare</b>	<b>51.9</b>	<b>56.6</b>	<b>+4.7</b>	<b>79.7%</b>
<b>Daiichi Sankyo Inc.</b>	<b>115.8</b>	<b>64.1</b>	<b>-51.8</b>	<b>91.5%</b>
Olmesartan	60.9	17.4	-43.6	96.4%
Welchol	32.2	29.3	-2.9	88.7%
Effient	16.5	10.1	-6.4	-
Savaysa	1.4	1.6	+0.2	80.7%
Movantik	2.9	3.7	+0.8	-
<b>Luitpold</b>	<b>64.3</b>	<b>79.9</b>	<b>+15.7</b>	<b>76.1%</b>
Venofer	21.2	24.0	+2.8	77.5%
Injectafer	17.2	25.2	+8.0	72.0%
GE injectables	22.0	28.3	+6.2	-
<b>Daiichi Sankyo Europe</b>	<b>54.4</b>	<b>58.2</b>	<b>+3.8</b>	<b>74.6%</b>
Olmesartan	34.6	25.5	-9.2	79.6%
Efient	6.1	6.0	-0.1	74.6%
Lixiana	6.1	18.5	+12.3	71.1%
<b>ASCA (Asia, South and Central America)</b>	<b>52.5</b>	<b>58.7</b>	<b>+6.2</b>	<b>74.3%</b>

Currency	USD/JPY	106.68	111.71	+5.03
Rate	EUR/JPY	118.09	128.53	+10.44

\* Calculated based on new forecast updated in Jan.

# Revenue: Major Products in Japan

(Bn JPY)

		FY2016 Q3 YTD Results	FY2017 Q3 YTD Results	YoY	vs. Forecast* (%)
<b>Nexium</b>	ulcer treatment	67.4	70.0	+2.5	84.3%
<b>Memary</b>	Alzheimer's disease treatment	36.3	38.1	+1.7	76.1%
<b>Olmetec</b>	antihypertensive agent	54.1	40.5	-13.7	86.1%
<b>Lixiana</b>	anticoagulant	17.9	34.7	+16.8	77.0%
<b>Loxonin</b>	anti-inflammatory analgesic	29.3	29.0	-0.3	80.6%
<b>Tenelia</b>	type 2 diabetes mellitus treatment	19.7	20.9	+1.2	80.3%
<b>Pralia</b>	treatment for osteoporosis/ inhibitor of the progression of bone erosion associated with rheumatoid arthritis	13.3	17.3	+4.0	75.0%
<b>Rezaltas</b>	antihypertensive agent	13.6	13.1	-0.5	82.2%
<b>Ranmark</b>	treatment for bone complications caused by bone metastases from tumors	10.6	11.7	+1.1	78.1%
<b>Efient</b>	antiplatelet agent	7.8	9.9	+2.1	76.5%
<b>Inavir</b>	anti-influenza treatment	7.9	9.3	+1.4	51.5%
<b>Cravit</b>	synthetic antibacterial agent	12.0	10.1	-1.9	77.6%
<b>Urief</b>	treatment for dysuria	8.9	8.7	-0.2	78.9%
<b>Omnipaque</b>	contrast medium	11.1	11.0	-0.1	84.4%
<b>Mevalotin</b>	antihyperlipidemic agent	8.3	7.0	-1.3	77.8%

\* Calculated based on new forecast updated in Jan.

# **FY2017 Revised Consolidated Forecast**

# FY2017 Revised Consolidated Forecast

(Bn JPY)

	FY2017 Forecast (as of Oct.)	FY2017 Forecast (as of Jan.)	vs. Forecast (as of Oct.)
Revenue	930.0	950.0	+20.0
Cost of Sales	337.0	347.0	+10.0
SG&A Expenses	297.0	297.0	0.0
R&D Expenses	221.0	231.0	+10.0
Operating Profit	75.0	75.0	0.0
Profit before Tax	75.0	75.0	0.0
Profit attributable to owners of the Company	50.0	50.0	0.0

## Major factors

- Daiichi Sankyo Healthcare (OTC) +2.0
- Daiichi Sankyo Inc. +8.0
- Luitpold +2.0
- Daiichi Sankyo Europe +12.0
- ASCA -5.0

## Major factors

- Increased by sales increase (incl. transitory costs)

## Major factors

- Increased by accelerated R&D

Currency Rate	USD/JPY	110.54	111.28
	EUR/JPY	123.14	126.39

Assumption of currency rate for Q4  
USD/JPY: 110, EUR/JPY: 120

# Edoxaban (Lixiana)

## Japan

- ◆ Launched anticoagulant Lixiana OD (Orally Disintegrating) tablets (Nov. 2017)
  - Only OD tablets in direct oral anticoagulant (DOAC)

## Global

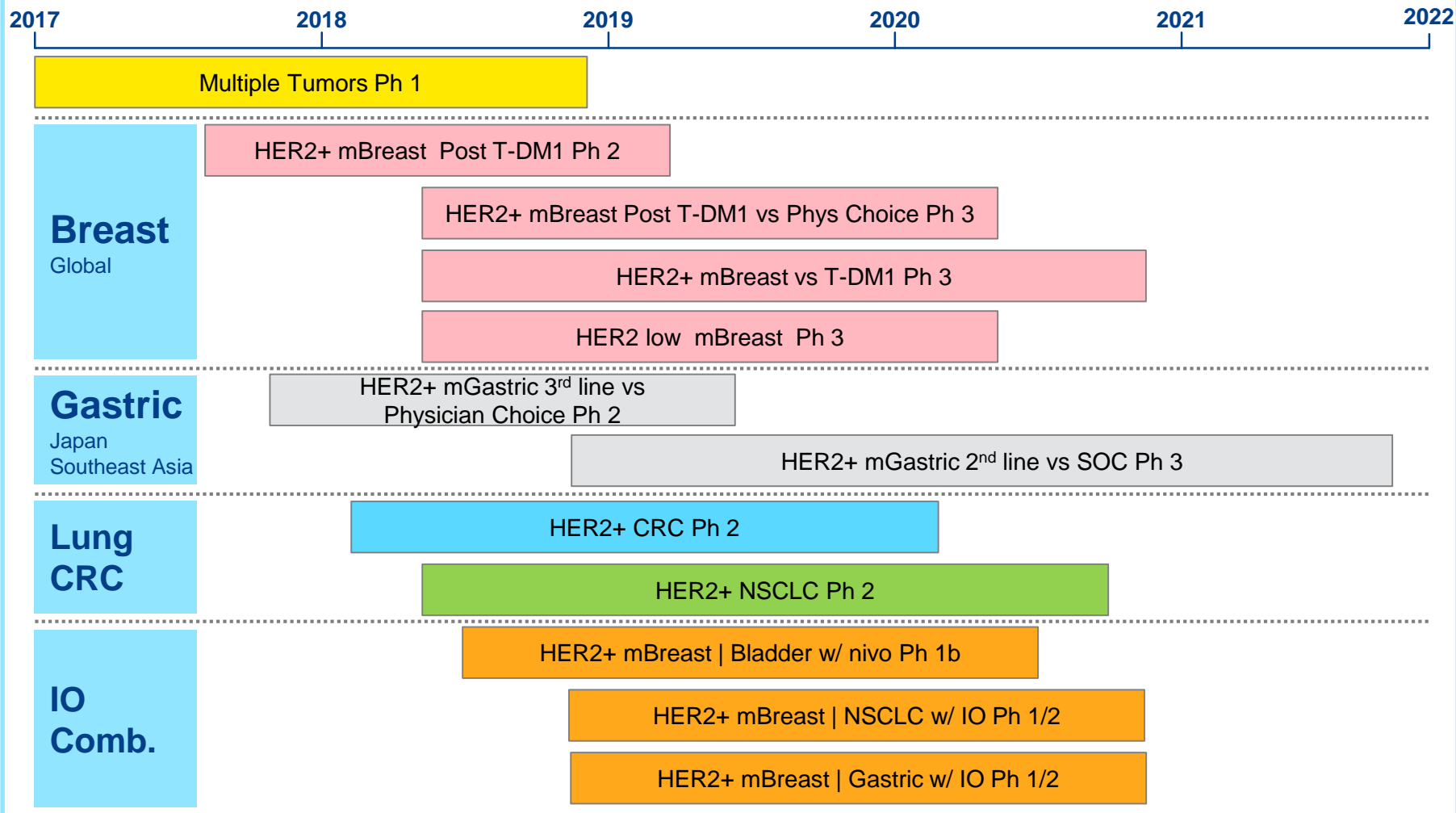


- ◆ Met primary endpoint in Investigational Hokusai-VTE CANCER Study evaluating edoxaban versus the standard of care in US/EU dalteparin (injectable) in venous thromboembolism (VTE) associated with cancer (Dec. 2017)
  - The 1<sup>st</sup> DOAC to show non-inferiority against dalteparin
  - Presented as late breaking at ASH 2017

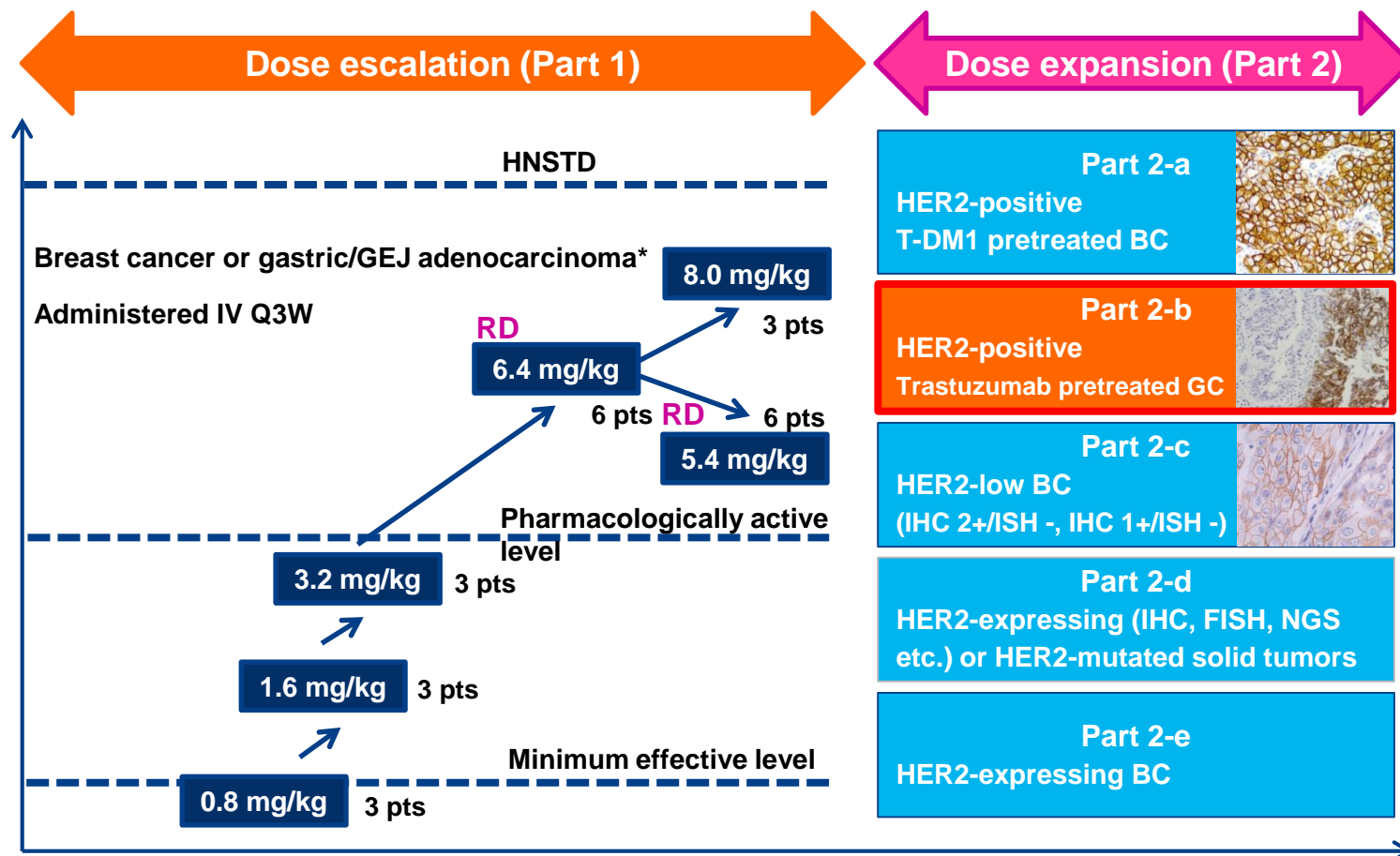
# R&D Update

A decorative graphic consisting of many thin, parallel, wavy lines that create a sense of movement and depth. The lines are colored in a gradient from light yellow to light green, with the yellow being more prominent on the left and the green on the right. The overall shape is a broad, sweeping curve that rises from the left and then levels out towards the right.

## Estimated development timelines



Result of gastric cancer cases from Part 1 and Part 2b was presented



\*Subjects in part 1 are not required to have HER2-positive (IHC 3+ or IHC2+/ISH-positive) tumors.

BC, breast cancer; EWOC, escalation with overdose control; FISH, fluorescent in situ hybridization; GC, gastric cancer; GEJ, gastroesophageal junction; HER2, human epidermal growth factor receptor 2; HNSTD, highest non-severely toxic dose; IHC, immunohistochemistry; ISH, in situ hybridization; IV, intravenous; mCRM, modified continuous reassessment method; NGS, next-generation sequencing; Q3W, once every 3 weeks; RD, recommended dose for dose expansion; T-DM1, trastuzumab emtansine.

**Gastric/GEJ Adenocarcinoma (N = 45)**

<b>Age (years), median (range)</b>	68.0 (38–79)
<b>ECOG performance status, n (%)</b>	
:Score to show limitation of patient's daily living abilities.	
(5 has most limitation and anticancer drug can be administered below 2)	
0	33 (73.3)
1	12 (26.7)
<b>HER2 expression (IHC), n (%)*</b>	
3+	36 (80.0)
2+	8 (17.8)
ISH positive	7 (15.6)
ISH negative†	1 (2.2)
1+	0
Missing	1 (2.2)
<b>Number of prior cancer regimens, n (%)</b>	
1	1 (2.2)
2	15 (33.3)
3	8 (17.8)
4	9 (20.0)
5 or more	12 (26.7)
<b>Prior therapy, n (%)</b>	
CPT-11 (irinotecan)	24 (53.3)
Trastuzumab	44 (97.8)

Analysis set: Enrolled to DS-8201 5.4 and 6.4 mg/kg groups.

\*Local laboratory testing; Herceptest Scoring Criteria (CAP/ASCO 2013)- 3+: Uniform intense complete membrane staining in >10% of invasive tumor cells; 2+: Incomplete membrane staining that is weak to moderate in >10% of cells, or intense complete membrane staining in ≤10% of invasive tumor cells; 1+: Faint, incomplete membrane staining in >10% of invasive tumor cells; and 0: No staining is observed in invasive tumor cells or faint incomplete membrane staining in ≤10% of cells.

†Negative or examined but not expressing.

ECOG, Eastern Cooperative Oncology Group; GEJ, gastroesophageal junction; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; ISH, in situ hybridization.

- ◆ ORR was 45.5% in total evaluable patients

◆ ORR was 43.5% in patients with prior treatment of CPT-11 (irinotecan)

	Gastric / GEJ Adenocarcinoma	
	Total Evaluable (n = 44)	Prior CPT-11* Treated (n = 23)
ORR, n (%)	20 (45.5)	10 (43.5)
DCR, n (%)	36 (81.8)	19 (82.6)
PFS (months), median (95% CI)	5.8 (3.0, 8.3)	4.1 (2.5, 8.3)
Duration of follow-up (months), median (95% CI)	5.6 (3.7, 7.6)	4.8 (3.0, 7.8)
Duration of response (months), median (95% CI)	7.0 (NR)	6.9 (NR)

\*CPT-11 is irinotecan.

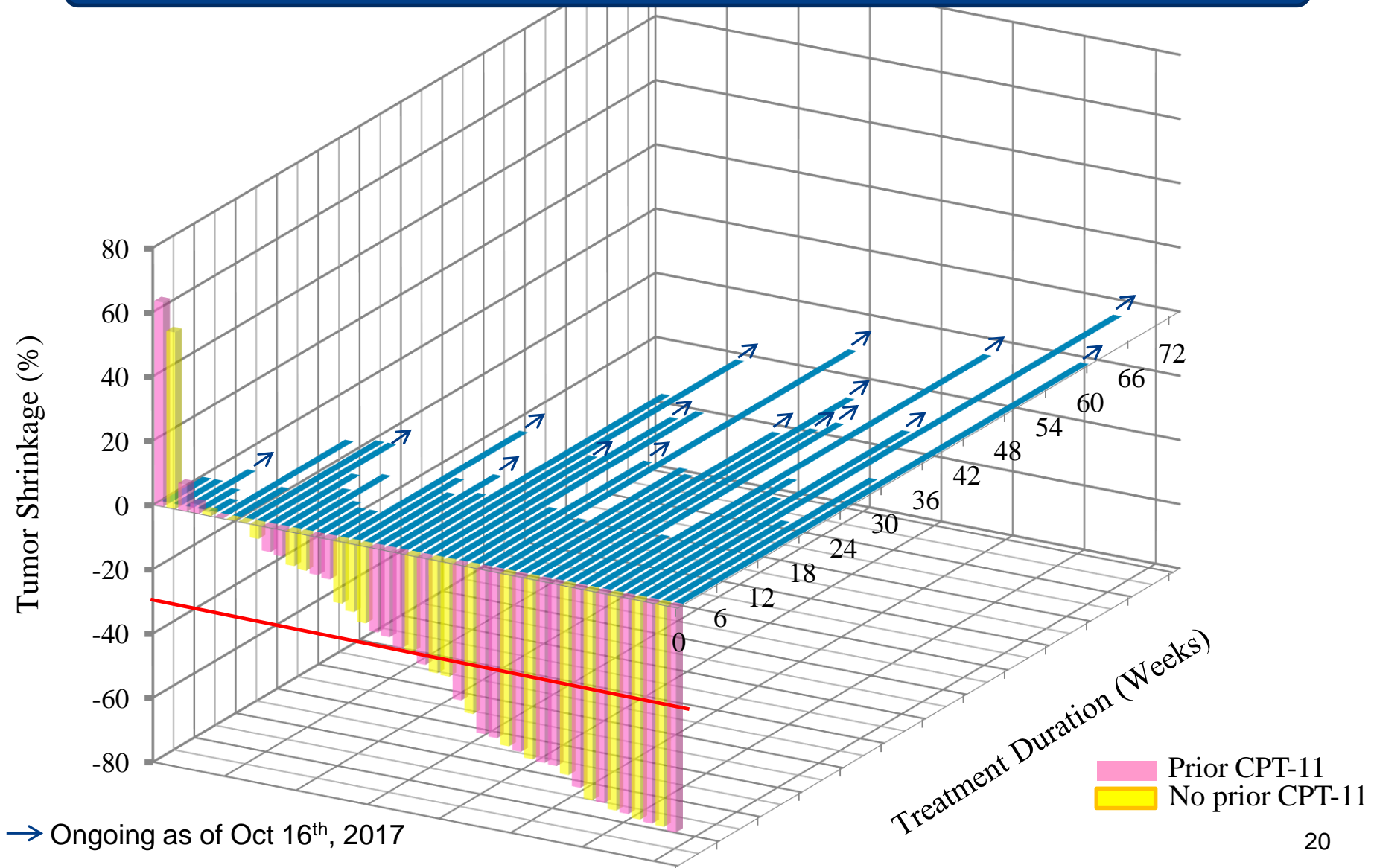
Analysis set for ORR (CR+PR) and DCR (CR+PR+SD): Efficacy evaluable for confirmed overall response, at least 2 postbaseline scans or PD at the first scan (5.4 and 6.4 mg/kg).

Analysis set for PFS: Efficacy evaluable for PFS, at least one postbaseline scan (5.4 and 6.4 mg/kg). At the time of data cutoff, one subject is on treatment but does not have any post baseline scans.

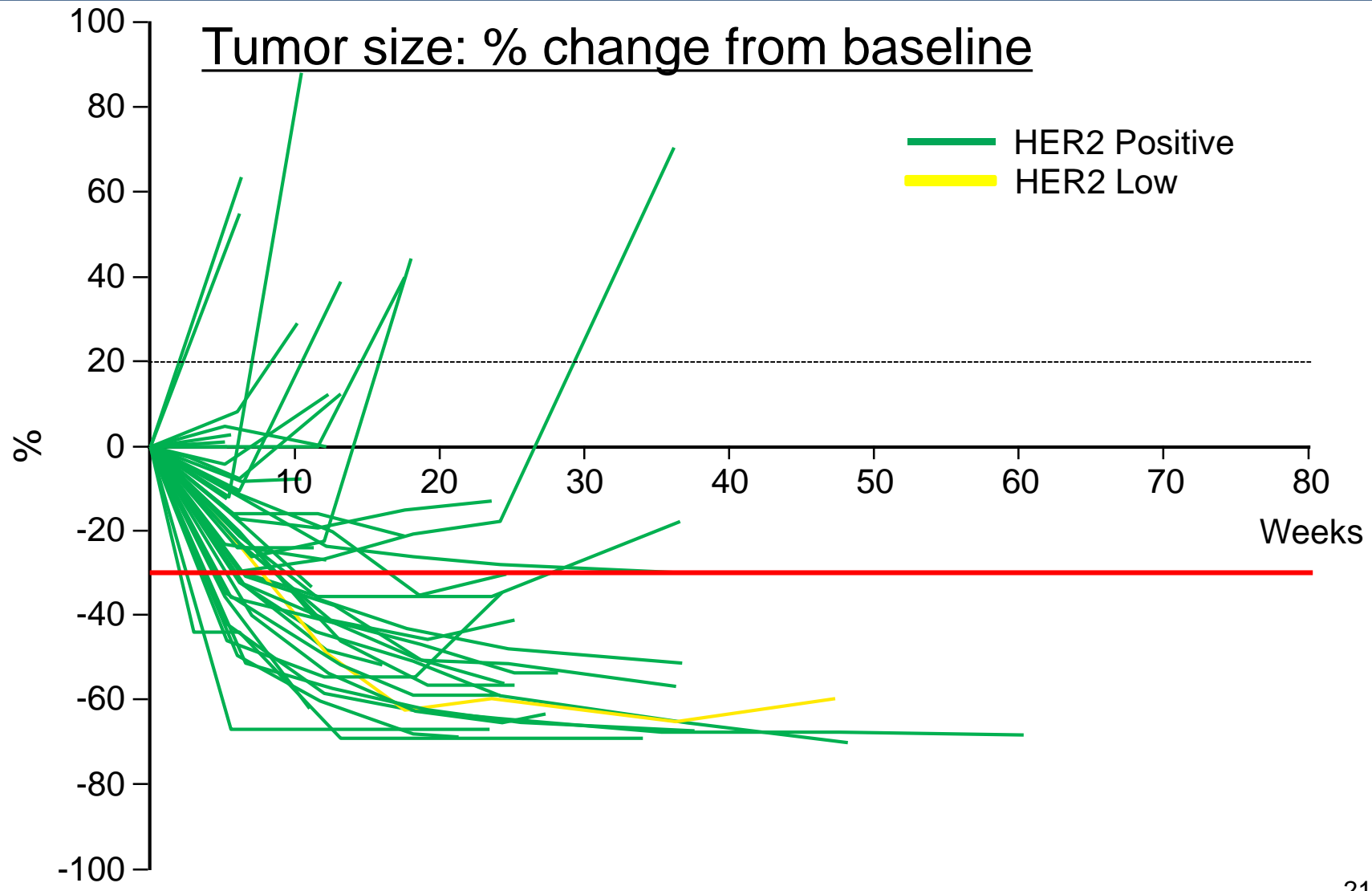
Minimum and maximum of PFS that includes “+” after value indicates censoring.

CI, confidence interval; CR, complete response; DCR, disease control rate; GEJ, gastroesophageal junction; HER2, human epidermal growth factor receptor 2; NR, not recorded; ORR, objective response rate; PFS, progression-free survival; PR, partial response; SD, stable disease.

17 patients continue treatment

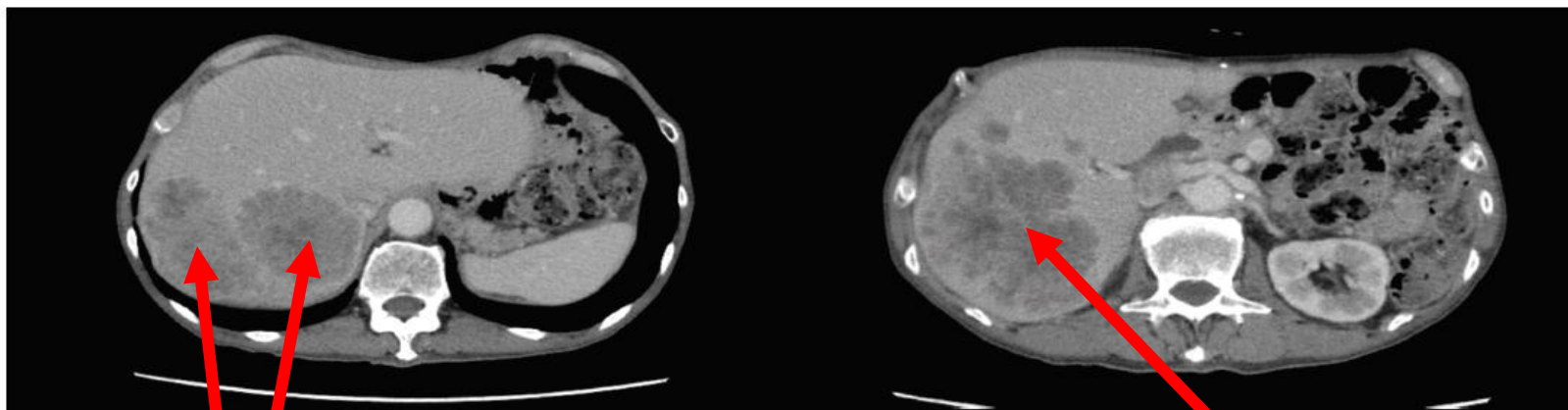


Tumor reductions are continuing in many patients



76 y/o Male gastric cancer with liver mets, IHC3+ (6.4mg/kg)

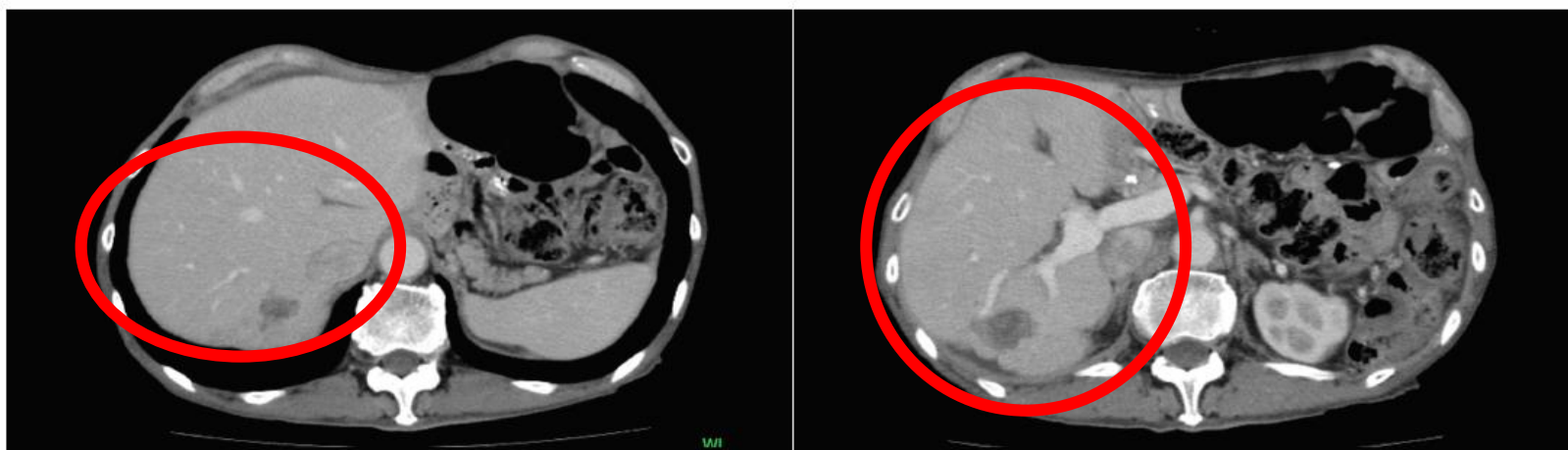
Pretreatment (August, 2016)



Liver metastasis

After 13 cycles (July, 2017)

Liver metastasis



**More than 30% tumor shrinkage was observed (PR)**

## No grade 5 treatment-emergent adverse events

Preferred term*	Grade 1 n (%)	Grade 2 n (%)	Grade 3 n (%)	Grade 4 n (%)	All n (%)
<b>Hematologic</b>					
Anaemia	0	5 (11.1)	11 (24.4)	0	16 (35.6)
Platelet count decreased	6 (13.3)	1 (2.2)	6 (13.3)	2 (4.4)	15 (33.3)
White blood cell count decreased	1 (2.2)	7 (15.6)	5 (11.1)	2 (4.4)	15 (33.3)
Neutrophil count decreased	1 (2.2)	3 (6.7)	7 (15.6)	2 (4.4)	13 (28.9)
<b>Gastrointestinal disorders</b>					
Nausea	29 (64.4)	2 (4.4)	1 (2.2)	0	32 (71.1)
Decreased appetite	18 (40.0)	8 (17.8)	3 (6.7)	0	29 (64.4)
Constipation	12 (26.7)	2 (4.4)	0	0	14 (31.1)
Vomiting	10 (22.2)	0	0	0	10 (22.2)
Diarrhoea	10 (22.2)	0	0	0	10 (22.2)
<b>Others</b>					
Pyrexia	8 (17.8)	2 (4.4)	0	0	10 (22.2)

Analysis set: Safety evaluable, at least one dose of DS-8201a (5.4 and 6.4 mg/kg).

There were no grade 5 treatment-emergent adverse events.

\*Coded with MedDRA version 18.0.

GEJ, gastroesophageal junction; MedDRA, Medical Dictionary for Regulatory Activities.

- ◆ **Three subjects discontinued treatment due to TEAEs (pneumonia, decreased appetite, and pneumonitis)**
- ◆ **One case of grade 2 ejection fraction decrease has been reported by the investigators**
- ◆ **Two potential cases of interstitial lung disease (ILD)/pneumonitis were reported by the investigators (one grade 1 and one grade 3), which will be adjudicated by an independent ILD adjudication committee**

- ◆ DS-8201 has shown manageable safety and promising antitumor activity in heavily pretreated subjects with HER2-positive gastric cancer who have previously received trastuzumab, regardless of prior CPT-11 treatment
- ◆ Promising efficacy and safety of DS-8201, a novel ADC, in HER2-expressing gastric cancer warrants further investigation



DESTINY-Gastric01 study is on-going

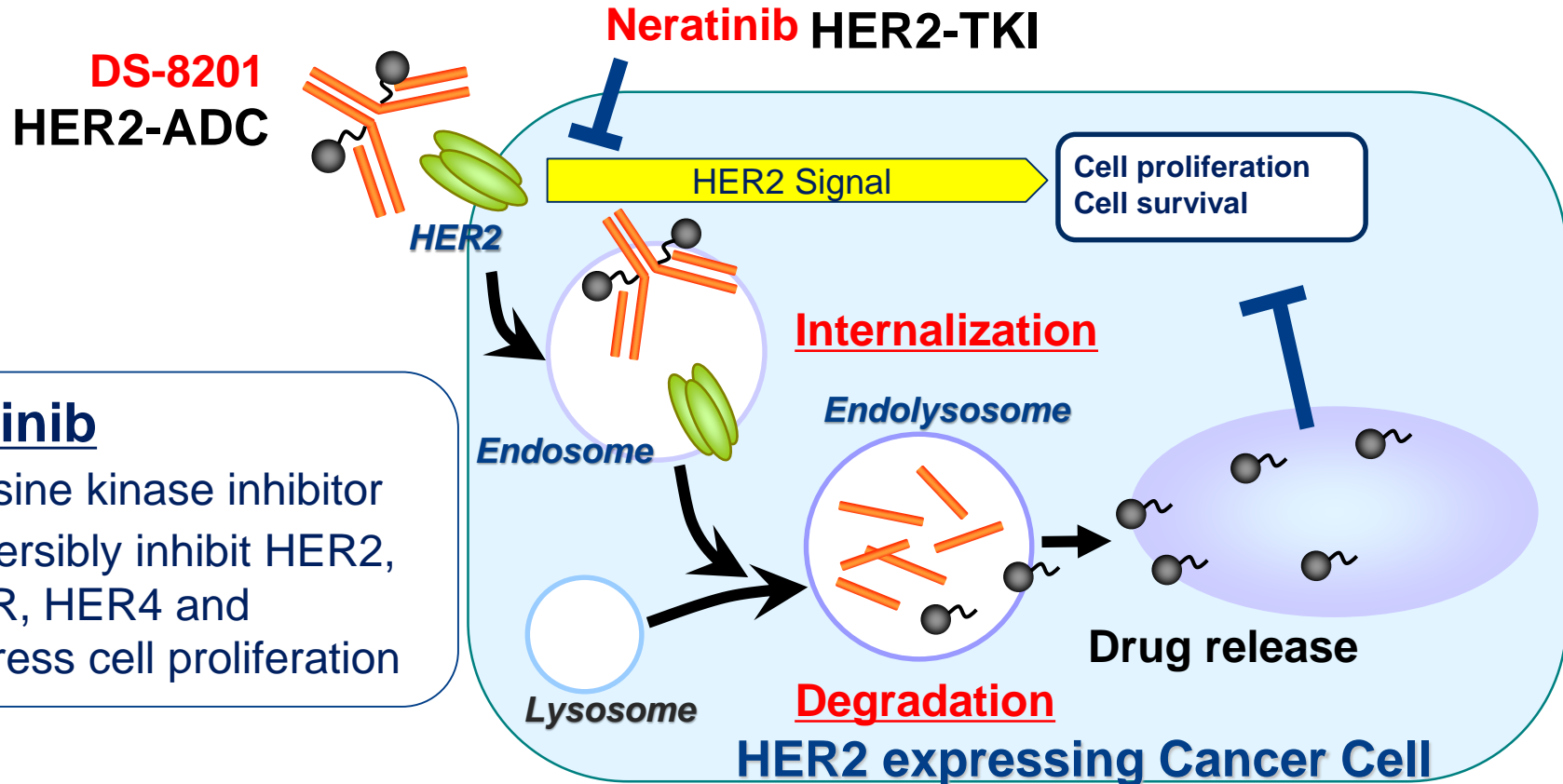
- ◆ Pivotal phase 2 study
- ◆ Examine the efficacy and safety of DS-8201 in HER2-expressing unresectable and/or metastatic gastric cancer who progressed on 2 or more prior regimens (NCT03329690)

# ADC **DS-8201: Rationale of Neratinib Combo**

- ◆ Research collaboration with Puma and Memorial Sloan Kettering Cancer Center (Dec. 2017)

## Test synergetic effect hypothesis in non-clinical study



- ◆ HER2 dual blockage by combination of DS-8201 and neratinib
- ◆ Increase of internalization rate of DS-8201 by neratinib (increase uptake rate of DS-8201 into tumor)



# Appendix

- R&D Milestone Events
- Major R&D Pipeline
- Out-licensing Projects
- Edoxaban (Lixiana)
- Injectafer
- Abbreviations

# R&D Milestone Events

Project	Indication / Study	FY2017		FY2018		
		3 Q	4 Q	Q1	Q2	Q3
Quizartinib	P3: QuANTUM-R AML2 <sup>nd</sup> line treatment			TLR		
	P1: AML with DS-3032			Study initiation		
DS-8201	P2: Pivotal HER2+ Gastric (post trastuzumab)	<u>Study initiation</u>				
	P3: HER2+ Breast Post T-DM1 vs Phys Choice			Study initiation		
	P3: HER2+ Breast vs T-DM1			Study initiation		
	P3: HER2 low Breast					Study initiation
	P2: HER2+ CRC		Study initiation			
	P2: HER2+ NSCLC			Study initiation		
	P1b: HER2+ Breast   Bladder with nivolumab			Study initiation		
	P1/2: HER2+ Breast   NSCLC with IO					Study initiation
	P1/2: HER2+ Breast   Gastric with IO					Study initiation
U3-1402	P1/2: HER3+ Breast			P2 part Study initiation		
	P1: EGFRm NSCLC			Study initiation		
DS-1062	P1: Solid tumor (NSCLC)		Study initiation			
DS-1205	P1: EGFRm NSCLC with osimertinib		Study initiation			
Hydromorphone	P3: Cancer pain (injection formulation)		<u>Approved</u>			
Mirogabalin	P3: PHN / DPNP		Submission			
Esaxerenone	P3: Essential hypertension		Submission			
DS-5141	P1/2: Duchenne Muscular Dystrophy		TLR			

# Major R&D Pipeline

As of January 2018



	Phase 1	Phase 2	Phase 3	Application	
Oncology	<ul style="list-style-type: none"><li>■ <b>DS-3032 (US/JP)</b> (MDM2 inhibitor)</li><li>■ <b>PLX7486 (US)</b> (FMS / TRK inhibitor)</li><li>■ <b>PLX8394 (US)</b> (BRAF inhibitor)</li><li>■ <b>PLX9486 (US)</b> (KIT inhibitor)</li><li>■ <b>DS-3201 (JP/US)</b> (EZH1/2 inhibitor)</li><li>■ <b>PLX73086 (US)</b> (CSF-1R inhibitor)</li><li>■ <b>PLX51107 (US)</b> (BRD4 inhibitor)</li></ul>	<ul style="list-style-type: none"><li>■ <b>U3-1402 (JP/US)</b> (Anti-HER3 ADC)</li><li>■ <b>DS-1001 (JP)</b> (IDH1m inhibitor)</li><li>■ <b>DS-1205 (US)</b> (AXL inhbitor)</li><li>■ <b>PLX2853 (US)</b> (BRD4 inhibitor)</li><li>■ <b>DS-1062 (US/JP)</b> (Anti-TROP2 ADC)</li></ul>	<ul style="list-style-type: none"><li>■ <b>Patritumab (EU)</b> (U3-1287 / H&amp;N cancer / Anti-HER3 antibody)</li><li>■ <b>DS-1647 (JP)</b> (Glioblastoma / G47Δ virus)</li><li>■ <b>Quizartinib (JP)</b> (AC220 / AML-2<sup>nd</sup> / FLT3 inhibitor)</li><li>■ <b>DS-8201 (JP/US/EU)</b> (Breast cancer/anti-HER2 ADC)</li><li>■ <b>DS-8201 (JP/Asia)</b> (Gastric cancer/anti-HER2 ADC)</li></ul>	<ul style="list-style-type: none"><li>■ <b>Denosumab (JP)</b> (AMG 162 / Breast cancer adjuvant/ Anti-RANKL antibody)</li><li>■ <b>Quizartinib (US/EU/Asia)</b> (AC220 / AML-2<sup>nd</sup> / FLT3 inhibitor)</li><li>■ <b>Quizartinib (US/EU/Asia)</b> (AC220 / AML-1<sup>st</sup> / FLT3 inhibitor)</li><li>■ <b>Pexidartinib (US/EU)</b> (PLX3397 / TGCT / CSF-1R/KIT/FLT3 inhibitor)</li><li>■ <b>Nimotuzumab (JP)</b> (DE-766 / Gastric cancer / Anti-EGFR antibody)</li></ul>	
Specialty Medicine	<ul style="list-style-type: none"><li>■ <b>DS-1040 (US/EU/JP)</b> (Acute ischemic stroke, acute pulmonary embolism / TAFIa inhibitor)</li><li>■ <b>DS-2330</b> (Hyperphosphatemia)</li><li>■ <b>DS-1971</b> (Chronic pain)</li><li>■ <b>DS-1501 (US)</b> (Osteoporosis / Anti-Siglec-15 antibody)</li><li>■ <b>DS-7080 (US)</b> (AMD / Angiogenesis inhibitor)</li><li>■ <b>DS-5141 (JP)</b> (DMD / ENA oligonucleotide)</li><li>■ <b>DS-1211 (US)</b> (TNAP inhibitor)</li><li>■ <b>VN-0102/JVC-001 (JP)</b> (MMR vaccine)</li></ul>		<ul style="list-style-type: none"><li>■ <b>Edoxaban (JP)</b> (DU-176b / AF (very elderly) / FXa inhibitor)</li><li>■ <b>Prasugrel (JP)</b> (CS-747 / Ischemic stroke / Anti-platelet agent)</li><li>■ <b>Esaxerenone (JP)</b> (CS-3150/Hypertension/ MR antagonist)</li><li>■ <b>Esaxerenone (JP)</b> (CS-3150 / DM nephropathy / MR antagonist)</li><li>■ <b>Mirogabalin (US/EU)</b> (DS-5565 / FM / α2δ ligand)</li><li>■ <b>Mirogabalin (JP/Asia)</b> (DS-5565 / DPNP/ α2δ ligand)</li><li>■ <b>Mirogabalin (JP/Asia)</b> (DS-5565 / PHN / α2δ ligand)</li><li>■ <b>Laninamivir (JP)</b> (CS-8958 / Anti-influenza / nebulizer)</li><li>■ <b>VN-0105 (JP)</b> (DPT-IPV / Hib vaccine)</li><li>■ <b>Intradermal Seasonal Influenza Vaccine (JP)</b> (VN-100 / prefilled i.d. vaccine for seasonal flu)</li></ul>	<ul style="list-style-type: none"><li>■ <b>Edoxaban (ASCA etc.)</b> (DU-176b / AF / FXa inhibitor)</li><li>■ <b>Edoxaban (ASCA etc.)</b> (DU-176b / VTE / FXa inhibitor)</li><li>■ <b>Hydromorphone (JP)</b> (DS-7113 / Cancer pain / Opioid μ-receptor agonist) &lt;Injection&gt;</li><li>■ <b>VN-0107/MEDI3250 (JP)</b> (Nasal spray flu vaccine)</li></ul>	

Red: New or update

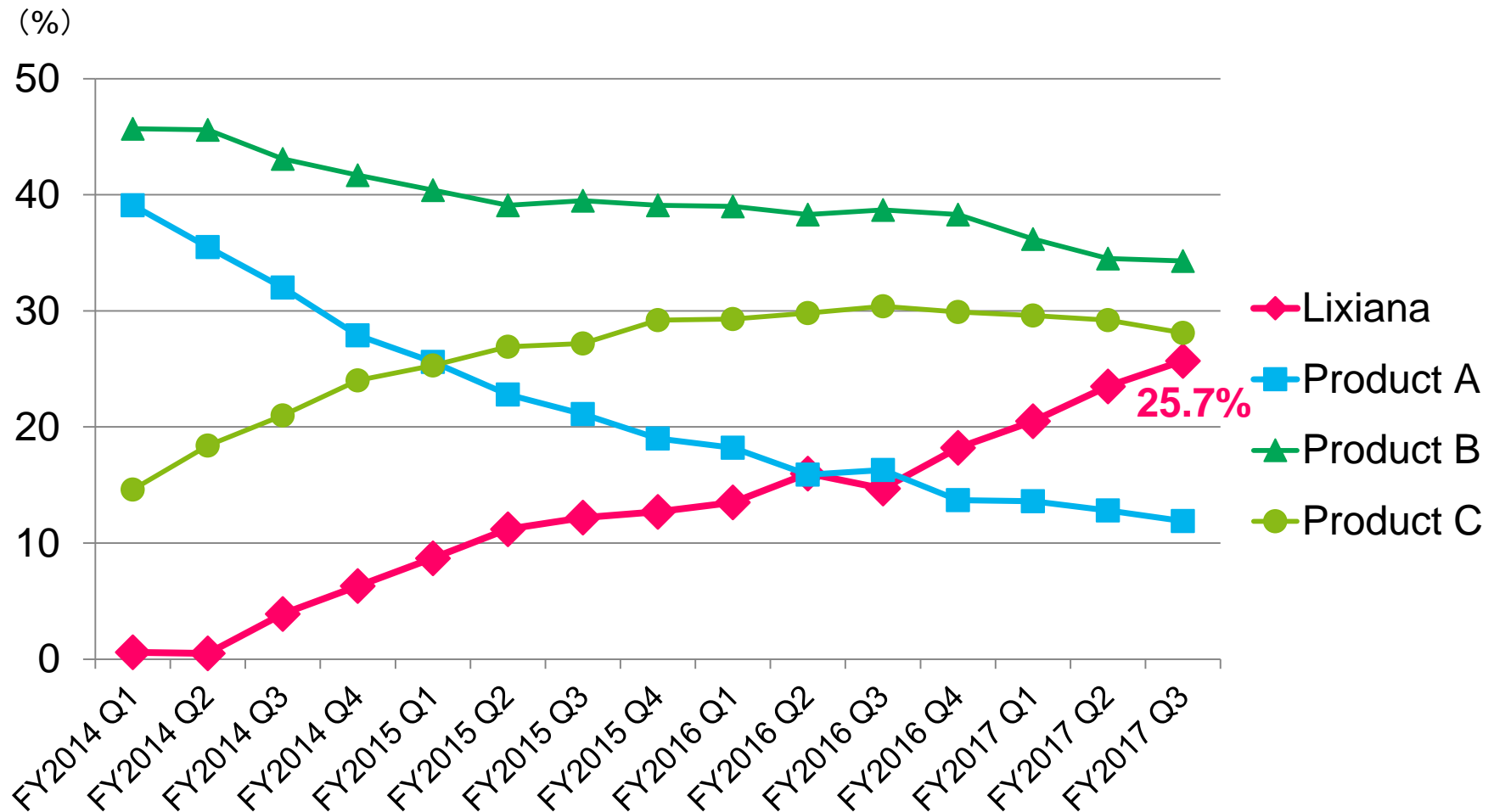
# Out-licensing Projects

As of January 2018

	Pre-clinical	Phase1	Phase 2	Phase 3
Oncology		<ul style="list-style-type: none"> <li>■ DS-6051 (NTRK/ROS1 inhibitor)</li> <li>■ U3-1784 (anti-FGFR4 antibody)</li> <li>■ DS-1123 (anti-FGFR2 antibody)</li> </ul>		
Specialty Medicine	<ul style="list-style-type: none"> <li>■ DS-1515 (Inflammatory disease/PI3K5 inhibitor)</li> <li>■ DS-1039 (Cystic fibrosis / new MOA (CFTR independent fluid secretion))</li> <li>■ DS-7411 (Hemophilia A and B / antibody)</li> </ul>	<ul style="list-style-type: none"> <li>■ DS-2969 (Clostridium difficile infection / GyrB inhibitor)</li> </ul>	<ul style="list-style-type: none"> <li>■ Laninamivir (CS-8958/Anti-influenza/ Out-licensing with Aviragen)</li> </ul>	

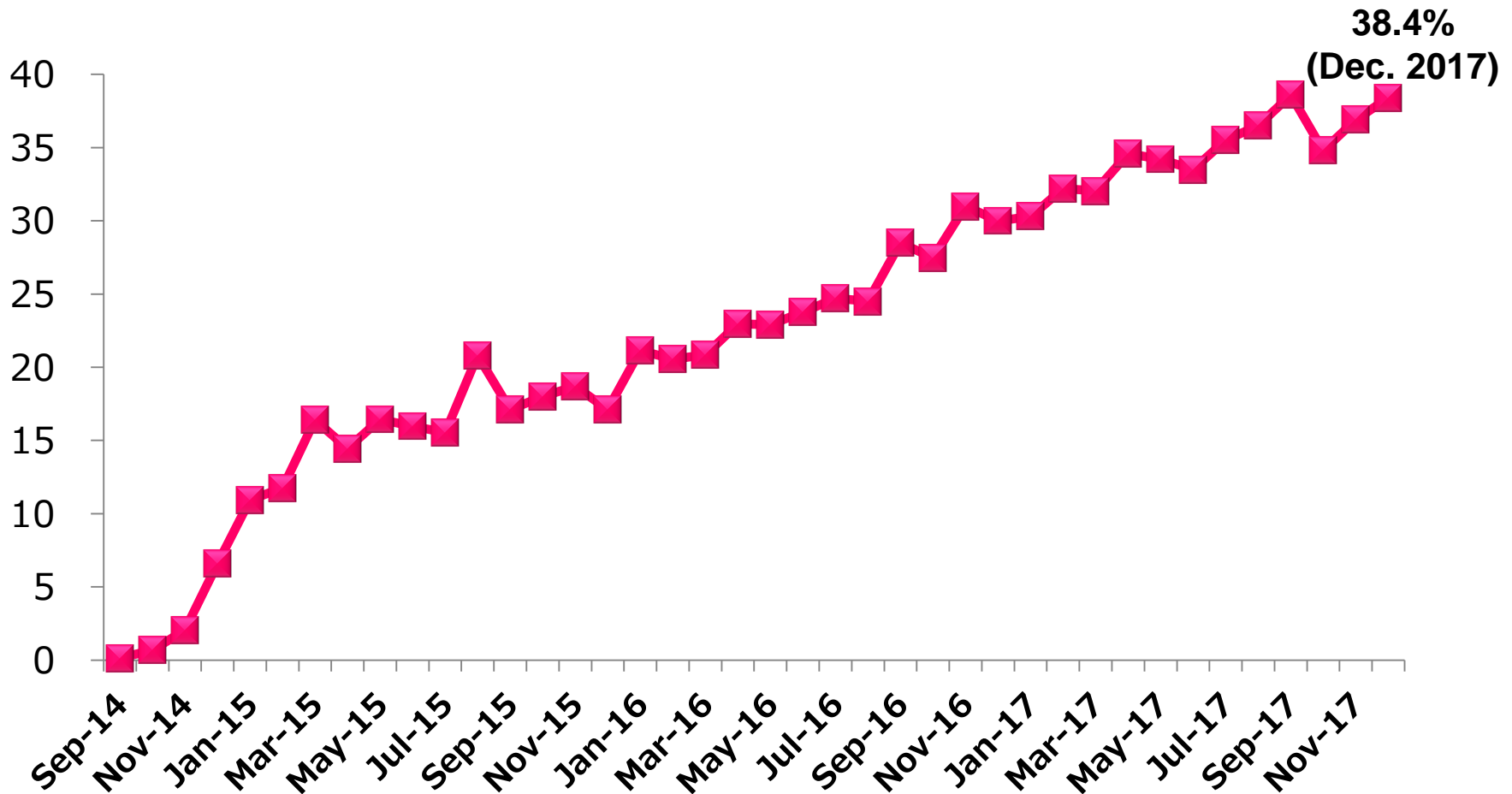
# Lixiana: Growth in Japan

As of FY2017 Q3, Lixiana increased its sales share to **25.7%**.



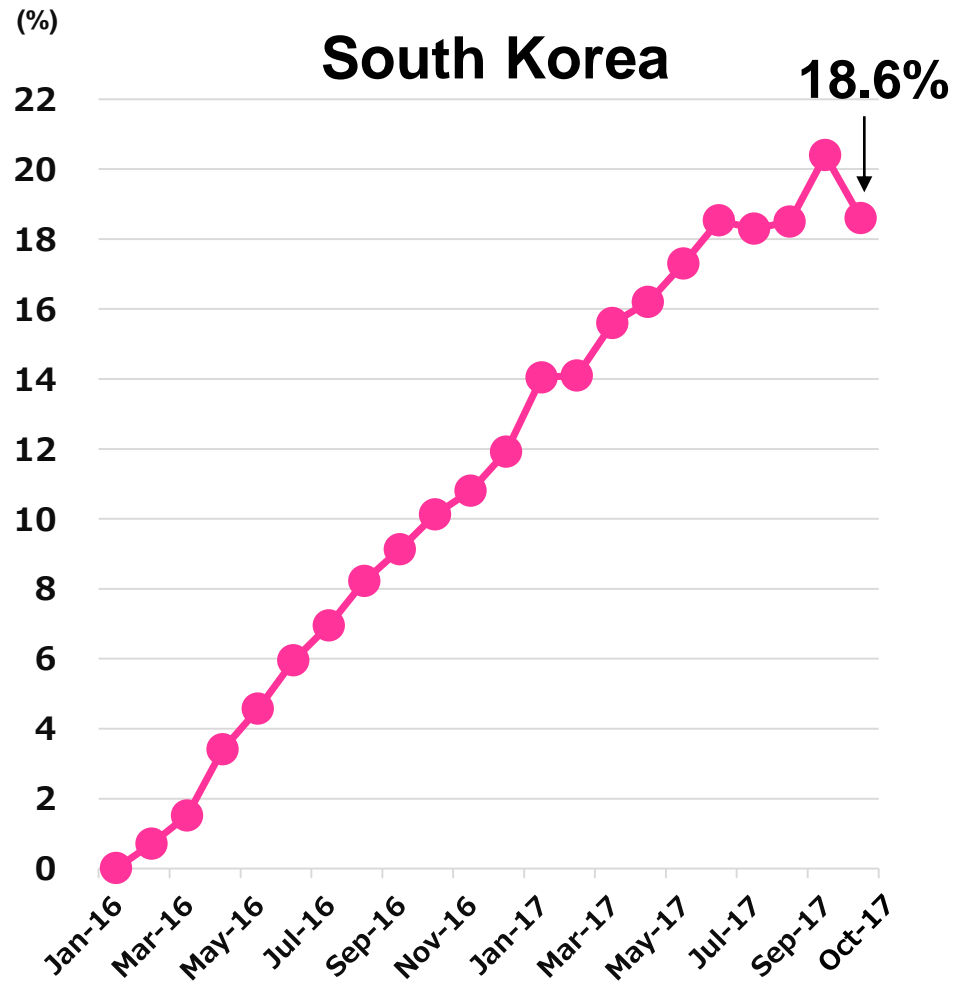
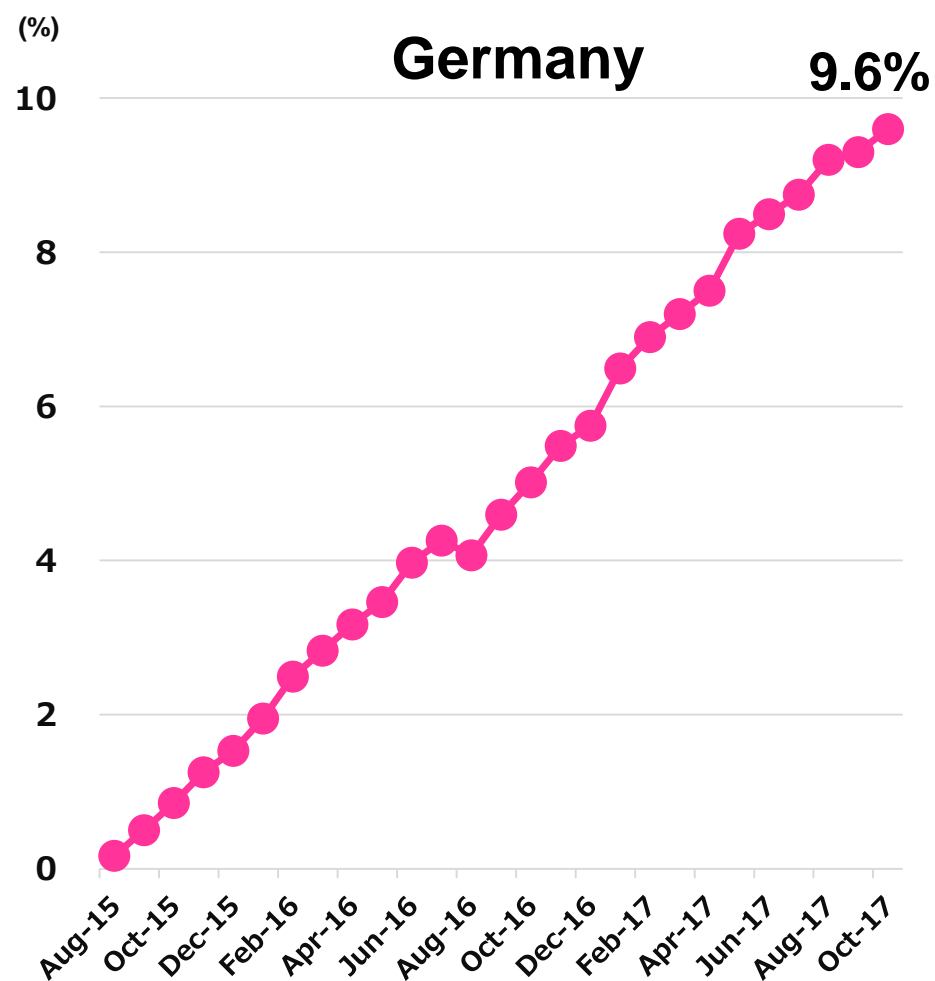
# Lixiana: Growth in Japan

Lixiana has reached top Rx's share since Mar. 2017 in prescription number of new patients for AF+VTE. The share expanded to **38.4%** in Dec. 2017.



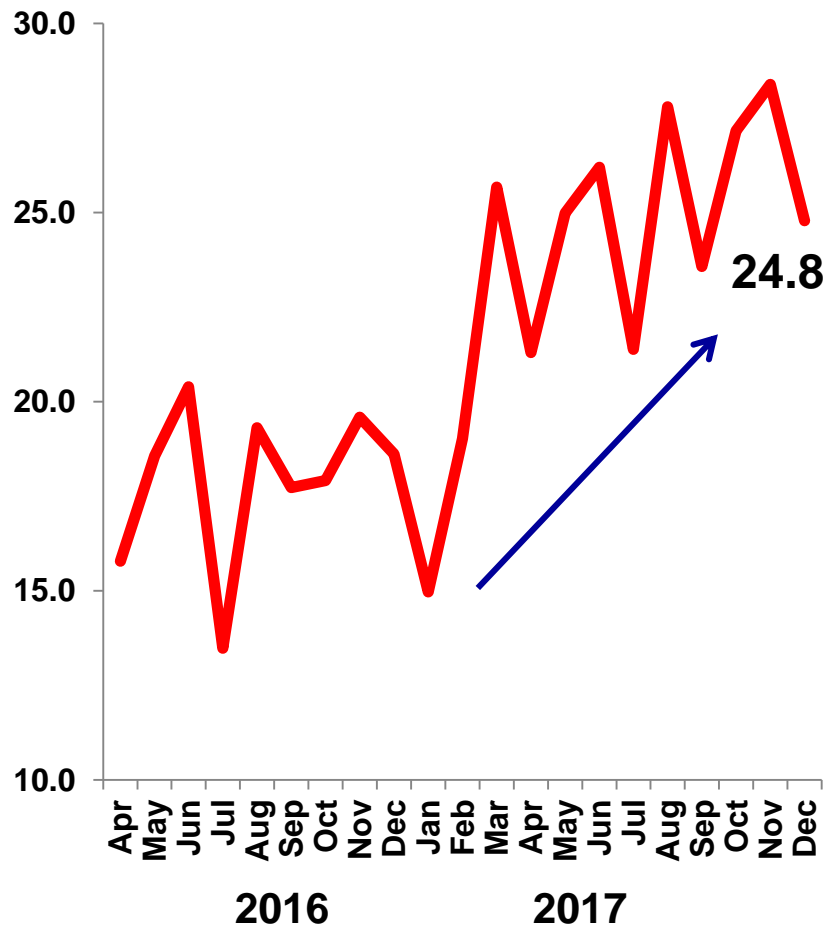
# Lixiana : Growth in Germany and South Korea

- ◆ Steady growth since launch
- ◆ Reached 3rd share in Germany and South Korea

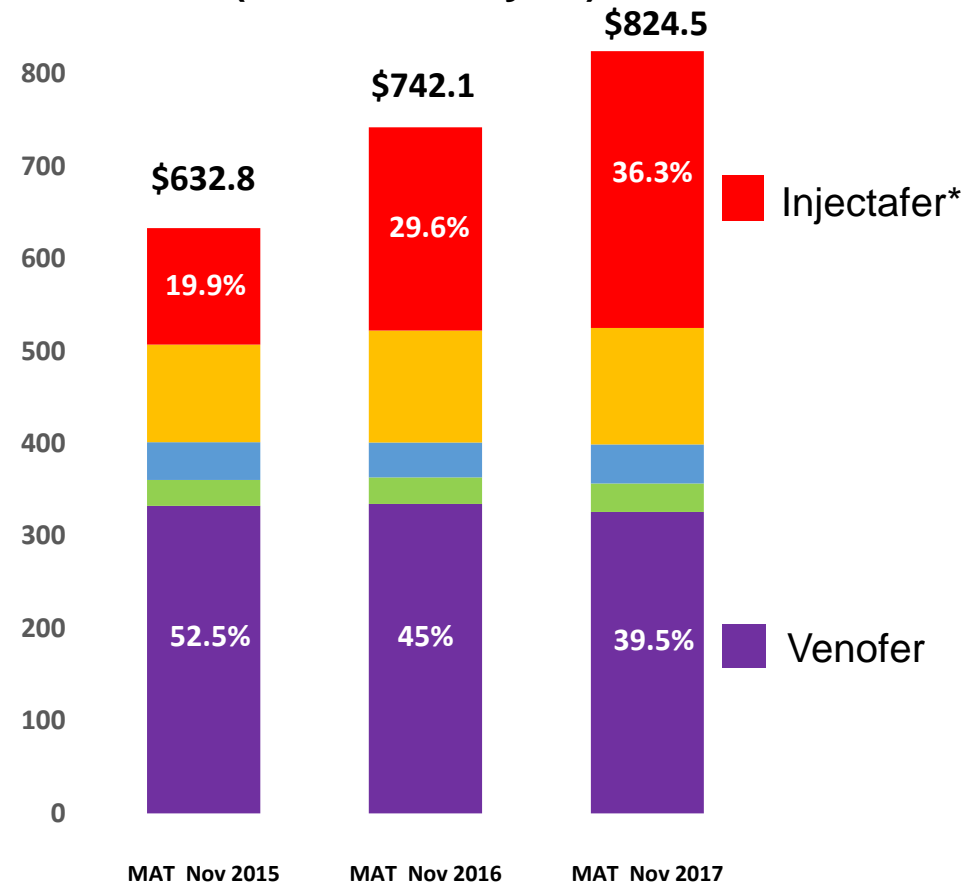


# Growth of Injectafer

(\$M) Injectafer Monthly Revenue



(\$M) US IV Iron Market (includes dialysis)



\*Injectafer is not indicated for patients who are dialysis dependent

Copyright © 2018 IQVIA. Reprinted with permission

Source: IMS National Sales Perspectives NOV 2017

(includes all US IV Iron sales in all channels including dialysis chains)

# Abbreviations

Abbreviation	
BTD	Breakthrough therapy designation
CR	Complete response
DCR	Disease control rate
DLT	Dose limiting toxicity
DOR	Duration of response
EGFR	Epidermal growth factor receptor
MTD	Maximum tolerated dose
NSCLC	Non-small-cell lung cancer
ORR	Overall response rate Objective response rate
OS	Overall survival
PD	Progress disease
PFS	Progression-free survival
PR	Partial response

**Contact address regarding this material**

**Daiichi Sankyo Co., Ltd.**

**Corporate Communications Department**

**TEL: +81-3-6225-1126**

**Email: [DaiichiSankyoIR@daiichisankyo.co.jp](mailto:DaiichiSankyoIR@daiichisankyo.co.jp)**