SAVAYSA™ (edoxaban) U.S. Opportunity

February 17, 2015

Ken Keller
President, U.S. Commercial DSI, Inc.
Key Discussion Points

- Daiichi Sankyo, Inc. (DSI) in the U.S.
- SAVAYSA™ (edoxaban) U.S. Indication
- NOAC Market Opportunity and Dynamics
- SAVAYSA’s Unique Benefits
- Key Success Factors
- Expectations
Daiichi Sankyo, Inc.

Daiichi Sankyo, Inc., headquartered in Parsippany, NJ, is the U.S. subsidiary of Daiichi Sankyo Co., Ltd. Daiichi Sankyo, Inc. is a member of the Daiichi Sankyo Group.

• $1.7 billion net sales FY 2013 in the U.S.
• 2,500 total employees in U.S. (approximate)
DSI Has Built a Strong Portfolio in the U.S.

We Have a History of Competing Intensely and Winning in Highly Competitive Markets

FY06 – FY13 DSI Net Revenue
USD, Millions

*Others include revenue from Floxin, Sprix, Partnership Packaging, Zelboraf, and Canada
Approved in the U.S. on January 8, 2015

Factor Xa Inhibitor
60, 30, 15 mg tablets
Once-daily dosing

NOW APPROVED FOR:
Nonvalvular Atrial Fibrillation (NVAF)
- Reduction in the risk of stroke and systemic embolism (SE) in patients with NVAF
- SAVAYSA should not be used in patients with creatinine clearance (CrCL) > 95 mL/min because of increased risk of ischemic stroke compared to warfarin

Deep Venous Thrombosis (DVT) & Pulmonary Embolism (PE)
- For the treatment of DVT and PE following 5-10 days of initial therapy with a parenteral anticoagulant

*Please see Important Safety Information (www.savaysa.com)
Atrial Fibrillation Affects 6.1 MM Americans, DVT/PE Close to 1 MM

- NVAF increases the risk of stroke five-fold
- DVT and PE patients are at high risk for recurrence
- For 60 years, a vitamin K antagonist (warfarin) was the only oral anti-coagulant option
  - Highly effective – reduces stroke/SE by 60-86%
  - Increases risk of major bleeding versus no treatment
  - High maintenance therapy – requires regular blood monitoring tests, food restriction and many drug-to-drug interactions
- Today, three competitor NOAC options exist
  - No need for routine monitoring, fewer drug-to-drug interactions
  - At least as effective and safe as warfarin*
    - dabigatran: a direct thrombin inhibitor
    - rivaroxaban: a factor Xa inhibitor
    - apixaban: a factor Xa inhibitor

*Based on primary efficacy and primary safety endpoints
SAVAYSA Demonstrated Significantly Less Major Bleeding and was Non-inferior to Warfarin in Stroke/SEE

21,105 NVAF Patients enrolled

SAVAYSA 60 mg
Including patients dose-reduced to 30 mg

Warfarin
Dose-adjusted to maintain a target INR of 2.0 to 3.0

Edoxaban 30 mg
Including patients dose-reduced to 15 mg
This is not an approved dosing regimen

ENGAGE AF-TIMI 48

<table>
<thead>
<tr>
<th>Patient Characteristics CrCL</th>
<th>SAVAYSA 60 mg (N=7012)</th>
<th>Warfarin (N=7012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-50 mL/min</td>
<td>1302 (18.6)</td>
<td>1305 (18.6)</td>
</tr>
<tr>
<td>&gt;50-80 mL/min</td>
<td>3020 (43.1)</td>
<td>3053 (43.5)</td>
</tr>
<tr>
<td>&gt;80-95 mL/min</td>
<td>1025 (14.6)</td>
<td>1076 (15.3)</td>
</tr>
<tr>
<td>&gt;95 mL/min</td>
<td>1595 (22.7)</td>
<td>1527 (21.7)</td>
</tr>
</tbody>
</table>

77%

The size and rigor of the ENGAGE AF-TIMI 48 study allowed Daiichi Sankyo to comprehensively characterize the dosing of SAVAYSA by renal function.
SAVAYSA Safety Profile Compared to Warfarin Maintained in the CrCL ≤95 mL/min Patient Population

SAVAYSA Patients Had Significantly Less Major Bleeding, Similar to Overall Population

### ENGAGE AF-TIMI 48
Major Bleeding Events in CrCL ≤95 mL/min

<table>
<thead>
<tr>
<th>Event</th>
<th>SAVAYSA 60 mg (N=5417)</th>
<th>Warfarin (N=5485)</th>
<th>SAVAYSA 60 mg vs Warfarin HR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major bleeding</td>
<td>3.1%</td>
<td>3.7%</td>
<td>0.84 (0.73-0.97)</td>
</tr>
<tr>
<td>ICH</td>
<td>0.5%</td>
<td>1.0%</td>
<td>0.44 (0.32-0.61)</td>
</tr>
<tr>
<td>Hemorrhagic stroke</td>
<td>0.3%</td>
<td>0.6%</td>
<td>0.49 (0.32-0.74)</td>
</tr>
<tr>
<td>Other ICH</td>
<td>0.2%</td>
<td>0.5%</td>
<td>0.37 (0.22-0.62)</td>
</tr>
<tr>
<td>GI</td>
<td>1.8%</td>
<td>1.3%</td>
<td>1.40 (1.13-1.73)</td>
</tr>
<tr>
<td>Fatal bleeding</td>
<td>0.2%</td>
<td>0.4%</td>
<td>0.51 (0.30-0.86)</td>
</tr>
<tr>
<td>ICH</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.54 (0.31-0.94)</td>
</tr>
<tr>
<td>Non-intracranial</td>
<td>&lt;0.1%</td>
<td>&lt;0.1%</td>
<td>----</td>
</tr>
<tr>
<td>CRNM bleeding</td>
<td>9.4%</td>
<td>10.9%</td>
<td>0.87 (0.80-0.95)</td>
</tr>
</tbody>
</table>
SAVAYSA Reduced Risk of Stroke/SEE in the CrCL ≤95 mL/min Patient Population

ENGAGE AF-TIMI 48
Non-inferiority for Stroke/SEE in Overall Population

<table>
<thead>
<tr>
<th>Annual event rates</th>
<th>Warfarin (N=7012)</th>
<th>SAVAYSA 60 mg (N=7012)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.0%</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td>1.5%</td>
<td>1.2%</td>
</tr>
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<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td></td>
</tr>
</tbody>
</table>

HR (97.5% CI): 0.79 (0.63-0.99), P=0.017*

ENGAGE AF-TIMI 48
Stroke/SEE in CrCL ≤95 mL/min

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<th>Annual event rates</th>
<th>Warfarin (N=5485)</th>
<th>SAVAYSA 60 mg (N=5417)</th>
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<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td></td>
</tr>
</tbody>
</table>

HR (95% CI): 0.68 (0.55-0.84)

<table>
<thead>
<tr>
<th></th>
<th>SAVAYSA 60 mg (N=5417) (%/yr)</th>
<th>Warfarin (N=5485) (%/yr)</th>
<th>HR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CV death</td>
<td>2.95</td>
<td>3.59</td>
<td>0.82 (0.72-0.93)</td>
</tr>
<tr>
<td>Ischemic stroke</td>
<td>0.9</td>
<td>1.1</td>
<td>0.80 (0.62-1.04)</td>
</tr>
<tr>
<td>Hemorrhagic stroke</td>
<td>0.3</td>
<td>0.6</td>
<td>0.50 (0.33-0.75)</td>
</tr>
</tbody>
</table>

*Based on the planned superiority analysis (ITT, which required p<0.01 for success), statistical superiority of SAVAYSA compared to warfarin was not established in the total study population, but there was a favorable trend [HR (99% CI): 0.87 (0.71, 1.07)].
SAVAYSA Approval in the U.S. Supports a Unique, Compelling and Differentiating Profile

For NVAF Patients with CrCL ≤95 mL/min compared to warfarin

- **Lower Major Bleeds**
  - HR (95% CI): 0.84 (0.73-0.97)

- **Lower Intracranial Hemorrhage**
  - HR (95% CI): 0.44 (0.32-0.61)

- **Lower Strokes/SEE**
  - HR (95% CI): 0.68 (0.55-0.84)

- **Lower CV Deaths**
  - HR (95% CI): 0.82 (0.72-0.93)

- **Lower Fatal Bleeds**
  - HR (95% CI): 0.51 (0.30-0.86)

- **Higher GI Bleeds**
  - HR (95% CI): 1.40 (1.13 - 1.73)

- **Similar Ischemic Stroke**
  - HR (95% CI): 0.80 (0.62-1.04)

- **No routine blood monitoring**
- **No dietary restrictions**
- **No need to take with food**
- **No dosing adjustments for Pgp co-meds**

Once-Daily Dosing

Less Major Bleeds

Less Stroke/SEE

Daiichi-Sankyo
NOAC Market Large and Accelerating

The Market is Expected to Exceed $8B in Net Sales by 2020

USD, Millions

- Pradaxa: $566
- Xarelto: $1,121
- Eliquis: $2,013
- SAVAYSA: $3,389
- Eliquis: $4,879
- Eliquis: $6,012
- Pradaxa: $6,807
- Pradaxa: $7,419
- Pradaxa: $7,956
- Pradaxa: $8,452

Signifies Product Launch Dates
82% of NOAC-Treated Patients Have NVAF

2014 U.S. NOAC-Treated Patients 1.6 Million

- NVAF: 1.3M (82%)
- VTE: 0.3M (18%)

Source: Internal Analysis Based on Decision Resources, Symphony Health Solutions
Nearly a Third of NVAF and a Quarter of VTE Patients are Treated with NOACs, Indicating Significant Opportunity for Expansion

2014 U.S. NVAF Drug-Treated Patients 4.14 Million

- **Warfarin**: 2.07M (50%)
- **NOAC**: 1.29M (31%)
- **Other**: 0.79M (19%)

2014 U.S. VTE Drug-Treated Patients 1.1 Million

- **Warfarin**: 0.72M (65%)
- **NOAC**: 0.28M (25%)
- **Other**: 0.11M (10%)

Source: Internal Analysis Based on Decision Resources, Symphony Health Solutions
NOACs Remain Significantly Under-Penetrated

New Patient Market Share
% NBRx

Source: Symphony Health Solutions PHAST 2.0
Market Research: Physicians Select NOACs Based on a Few Key Benefits

**NOAC Use Drivers**

- **Strongest Driver**
  - Efficacy
  - Safety
  - Availability of Reversal Agent
  - Rate of CV-related Death
  - Additional Indications or Label Inclusions
  - Dosing Frequency
  - Special Limitations/Warning
  - Relative Coverage (Similar, Above, Below Competitors)
  - Indication/Dosage Based on Renal Function
  - Hospital Coverage
  - REMS Program

- **Weakest Driver**
  - Access Restrictions (e.g. PAs, step edits)
  - List Price Based on WAC

*Based on modeling exercise; bars represent relative impact of attribute on shares in the NOAC market*

Source: AF Forecasting Research Nov 2014
SAVAYSA Key Market Success Factors

- Position the unique and compelling clinical profile of SAVAYSA as the drug of choice for appropriate patients
- Establish access and reimbursement
- Compete effectively
- Leverage our existing relationships with prescribers in the cardiovascular space
NOAC Pricing

SAVAYSA List Price / Day is 12% Less Than Other NOACs

U.S. List Price / Day

<table>
<thead>
<tr>
<th></th>
<th>Feb 2015 WAC Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pradaxa</td>
<td>$10.49</td>
</tr>
<tr>
<td>Xarelto</td>
<td>$10.49</td>
</tr>
<tr>
<td>Eliquis</td>
<td>$10.50</td>
</tr>
<tr>
<td>SAVAYSA</td>
<td>$9.24</td>
</tr>
</tbody>
</table>

Source: First Data Bank (February 2015). List price = WAC (Wholesale Acquisition Cost).
DSI Has a History of Success Entering Competitive Markets - Benicar Launched as the 7th Brand in The ARB Class

Source: IMS NPA Data through 2010
The DSI Sales Team is Competitively Tested and Highly Effective

Physicians Consistently Assign High Performance Ratings to Our Sales Team

<table>
<thead>
<tr>
<th>Physician Perceptions of DSI Sales Reps</th>
<th>Benicar (olmesartan medoxomil)</th>
<th>Welchol (colesevelam HCL)</th>
<th>Effient (prasugrel) tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Relationship</td>
<td><img src="better.png" alt="Better" /></td>
<td><img src="better.png" alt="Better" /></td>
<td><img src="better.png" alt="Better" /></td>
</tr>
<tr>
<td>Disease Knowledge</td>
<td><img src="better.png" alt="Better" /></td>
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<td>Product Knowledge</td>
<td><img src="better.png" alt="Better" /></td>
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</table>

Better than competitor  Same as competitor  Worse than competitor

We Are Confident

SAVAYSA Will Become a Successful and Valuable Drug in the U.S. Market

1. Large, growing and under-penetrated market
2. We understand the customers
3. SAVAYSA unique benefits are motivating
   • Lower major bleeding vs. warfarin
   • Reduced stroke/SEE vs. warfarin
   • Once daily dosing
4. Sales organization is competitively tested
Financial forecasts, future projections and R&D information that Daiichi Sankyo discloses may include information that might be classified as “Forward Looking Statement”. These forward looking statements represent our current assumptions basis on information currently available. Please note that such are subject to a number of known and unknown risk and uncertainties and our future performance may differ from the expectations as expressed in such statements.