



**1st Quarter of Fiscal 2019
Financial Results
*Conference Call***

July 29, 2019



- 1. Overview of Q1 FY2019 Financial Results (P.3-10)**
- 2. Actions and Progress in Q1 FY2019 (P.11-15)**

Appendix

- Sales of Prescription Drugs in Japan (Y on Y Comparison) - (P.17)
- Consolidated Balance Sheet - (P.18)
- Progress of Q1 FY2019 - (P.19, 20)
- Target Milestones for FY2019 - (P.21-23)
- Progress of Pipeline - (P.24, 25)
- Target for Product Launch - (P.26)
- Definition of New Products- (P.27)
- Conference Presentation Slides by ViiV- (P.28-33)
- Shionogi Pharma - (P.34)

1. Overview of Q1 FY2019 Financial Results

Q1 FY2019 Financial Results

1. Overview of Q1 FY2019 Financial Results
2. Actions and Progress in Q1 FY2019

Financial Results (Consolidated)



(Unit: B yen)

	FY2019				FY2018	Y on Y	
	Forecasts		Apr.-Jun. results	Progress vs. forecasts	Apr.-Jun. results	Change (%)	Change (B yen)
	Full year	1H					
Sales	365.5	159.0	79.2	49.8%	88.5	(10.5%)	(9.3)
Operating income	147.0	52.0	29.0	55.7%	27.6	4.7%	1.3
Ordinary income	170.5	63.0	32.4	51.4%	37.9	(14.6%)	(5.5)
Profit attributable to owners of parent	133.0	49.0	24.4	49.8%	31.9	(23.4%)	(7.5)

- Sales and each profit measure have smoothly progressed toward 1H forecasts
- Operating income was higher than that in Apr.-Jun. FY2018

Exchange Rate (average)	FY2019 forecasts	FY2019 Apr.-Jun. results
USD (\$) – JPY (¥)	110.0	109.91
GBP (£) – JPY (¥)	145.0	141.18
EUR (€) – JPY (¥)	130.0	123.50

Statement of Income



(Unit: B yen)

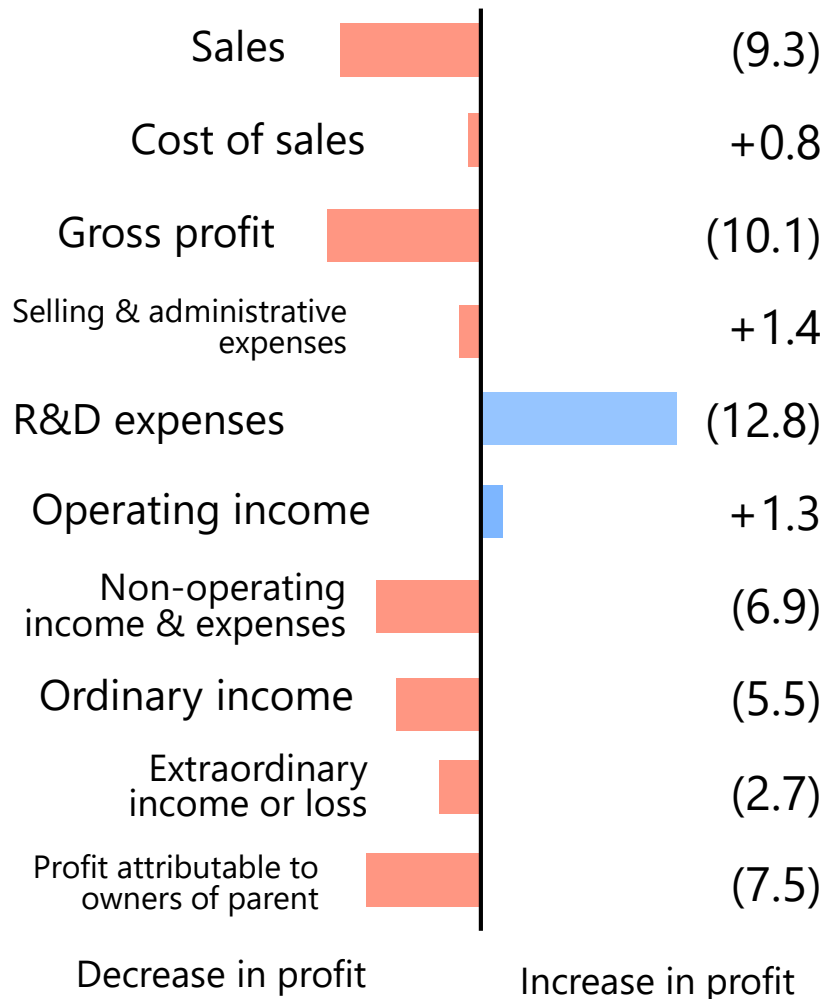
	FY2019				FY2019		Y on Y	
	Forecasts		Apr.-Jun. results	Achievement (%)	Apr.-Jun. results	Change (%)	Change (B yen)	
	Full year	1H						
Sales	365.5	159.0	79.2	49.8	88.5	(10.5)	(9.3)	
	14.6	16.0	16.1		13.5			
Cost of sales	53.5	25.5	12.7	49.9	11.9	6.9	0.8	
Gross profit	312.0	133.5	66.5	49.8	76.6	(13.2)	(10.1)	
	45.1	51.3	47.4		55.3			
SG&A expenses	165.0	81.5	37.5	46.1	49.0	(23.3)	(11.4)	
Selling & administrative expenses	31.6	35.5	32.4	45.5	24.3	5.8	1.4	
	13.5	15.8	15.0		27.9			
R&D expenses	49.5	25.1	11.9	47.3	24.7	(51.9)	(12.8)	
Ordinary R&D expenses *	49.5	25.1	11.9	47.3	13.7	(13.2)	(1.8)	
Strategic investment	-	-	-	-	11.0	-	(11.0)	
	40.2	32.7	36.6		31.2			
Operating income	147.0	52.0	29.0	55.7	27.6	4.7	1.3	
Non-operating income & expenses	23.5	11.0	3.4	31.3	10.3	(66.6)	(6.9)	
	46.6	39.6	40.9		42.9			
Ordinary income	170.5	63.0	32.4	51.4	37.9	(14.6)	(5.5)	
Profit attributable to owners of parent	133.0	49.0	24.4	49.8	31.9	(23.4)	(7.5)	

Y on Y Comparison and Main Variation Factors (Statements of Income)



• Y on Y comparison

(Unit: B yen)



Main Variation Factors (Y on Y)

- **Sales**
 - FY2018: Income from Roche for Xofluza™*
- **Cost of sales**
 - Sales growth of drugs
- **SG & A expenses**
 - **Selling & administrative expenses**
 - › Increase according to sales growth of drugs
 - **R&D expenses**
 - › FY2018: Strategic investment (11.0 B yen)
- **Non-operating income & expenses**
 - FY2018: One-time dividend from ViiV
 - Exchange-rate fluctuations
- **Extraordinary income or loss**
 - FY2018: Sale of the Nanjing factory of C&O in China

Sales by Segment



(Unit: B yen)

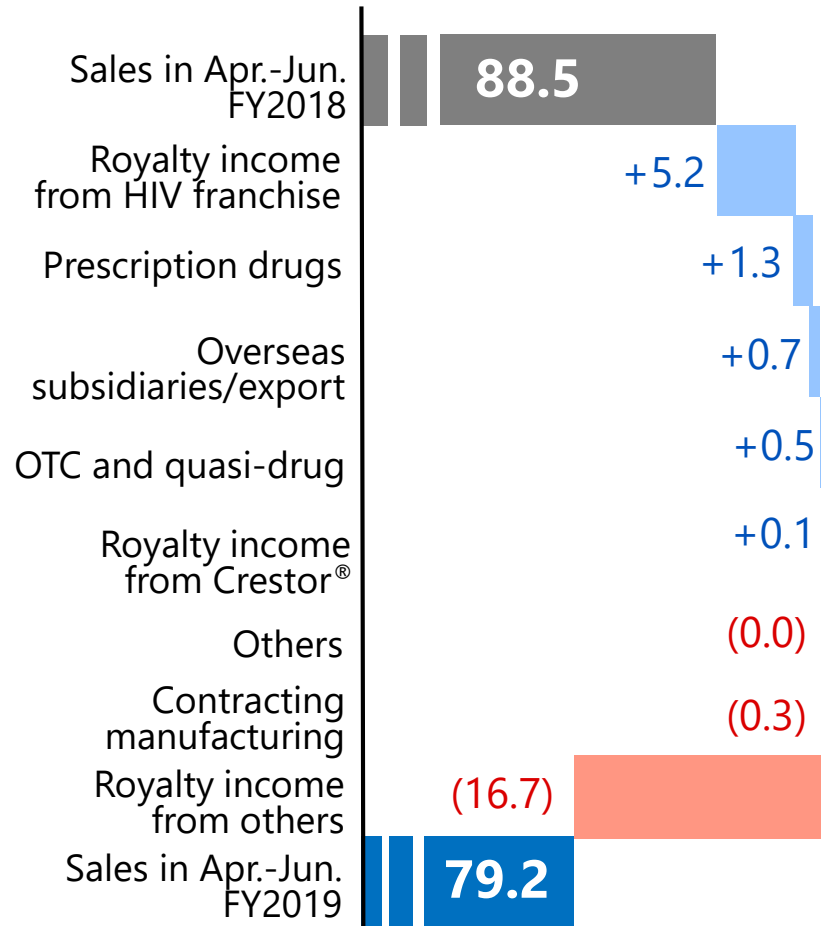
	FY2019			Achievement (%)	FY2018		Y on Y	
	Forecasts*		Apr.-Jun. results		Apr.-Jun. results	Change (%)	Change (B yen)	
	Full year	1H						
Prescription drugs	144.1	53.7	26.7	49.7	25.4	5.0	1.3	
Overseas subsidiaries/export	31.4	16.0	10.6	66.6	9.9	7.4	0.7	
Shionogi Inc.	9.9	6.3	5.2	83.3	6.1	(14.0)	(0.9)	
Mulpleta®	1.0	0.25	0.15	61.2	-*	-	0.2	
C&O	14.6	6.8	3.8	55.2	2.3	61.1	1.4	
Contract manufacturing	14.3	9.1	2.4	27.0	2.8	(12.1)	(0.3)	
OTC and quasi-drug	9.7	4.6	2.1	44.5	1.6	29.4	0.5	
Royalty income	163.6	74.3	36.9	49.6	48.3	(23.6)	(11.4)	
HIV franchise	126.5	61.3	29.7	48.5	24.5	21.4	5.2	
Crestor®	22.0	11.0	5.6	50.5	5.5	1.1	0.1	
Others	15.1	2.1	1.6	79.1	18.3	(91.0)	(16.7)	
Others	2.4	1.2	0.54	45.0	0.58	(5.9)	(0.0)	
Total	365.5	159.0	79.2	49.8	88.5	(10.5)	(9.3)	

Y on Y Comparison and Main Variation Factors (Sales by Segment)



• Y on Y comparison

(Unit: B yen)



Main Variation Factors Occurring in Apr.-Jun. (Y on Y)

- **Royalty income**
(Increase factor)
 - <HIV franchise> Sales growth and termination of the threshold period
 (Decrease factor)
 - <Others> FY2018: Income from Roche for Xofluza™*
- **Prescription drugs**
 - Sales increase of Cymbalta® and Intuniv®
- **Overseas subsidiaries/export**
 - C&O: Sales increase of Rabeprazole

Sales of Prescription Drugs in Japan



(Unit: B yen)

	FY2019				FY2018	Y on Y	
	Forecasts		Apr.-Jun. results	Achieve ment (%)	Apr.-Jun. results	Change (%)	Change (B yen)
	Full year	1H					
Cymbalta [®]	29.3	13.0	6.7	51.6	6.1	10.3	0.6
Intuniv [®]	13.6	4.6	1.8	39.9	1.1	65.6	0.7
Xofluza [®]	28.0	0.28	0.00	0.0	0.03	(100.0)	(0.0)
Rapiacta [®]	2.6	0.05	0.00	2.6	0.01	(89.4)	(0.0)
Brightpoc [®] Flu	1.8	0.18	0.01	5.1	0.01	97.7	0.0
Total of strategic products	75.7	18.2	8.6	47.1	7.3	18.1	1.3
OxyContin [®] franchise	6.7	3.6	1.7	46.7	2.0	(15.5)	(0.3)
Symproic [®]	2.3	1.1	0.53	48.6	0.31	70.6	0.2
Actair [®]	0.27	0.12	0.06	45.8	0.04	42.1	0.0
Mulpleta [®]	0.33	0.17	0.03	19.7	0.05	(31.2)	(0.0)
Pirespa [®]	6.9	3.5	1.7	49.8	1.4	26.2	0.4
Total of new products	92.2	26.7	12.6	47.3	11.0	14.4	1.6
Crestor [®]	10.0	5.2	2.4	46.9	2.6	(7.8)	(0.2)
Irbetan [®] franchise	4.9	2.6	1.2	47.0	1.9	(35.5)	(0.7)
Others	36.9	19.2	10.4	54.0	9.8	5.8	0.6
Prescription drugs	144.1	53.7	26.7	49.7	25.4	5.0	1.3

Year-On-Year Comparisons Excluding One-time Factors



Sales (Unit: B yen)

67.5 (Sales of Prescription Drugs in Japan: 25.4)

72.4 (Sales of Prescription Drugs in Japan: 26.7)

	FY2018 Apr.-Jun.	FY2019 Apr.-Jun.
Operating income	17.7	22.1
R&D expenses	13.7	11.9
Selling & administrative expenses	24.3	25.7
Cost of sales	11.9	12.7

- <Main One-time Factors>
- FY2018 :
- Income from Roche for Xofluza™*
 - One-time payment from Purdue
 - Strategic investment
- FY2019 :
- Termination of the threshold period for the calculation of royalty payment of HIV franchise by ViiV
 - One-time payment from BDSI*

Our business is progressing steadily including the sales of new products, excluding one-time factors

2. Actions and Progress in Q1 FY2019

1st Quarter of Fiscal 2019 Financial Results

1. Overview of Q1 FY2019 Financial Results
2. Actions and Progress in Q1 FY2019

Progress in Growth of Strategic Products



Cymbalta®

- **Smooth progress in the achievement of FY2019 targets with focused resources (Q1: Progress vs. 1H FY2019 forecasts was more than 50%)**
- Effectively communicated that the analgesic effects of Cymbalta® are direct, rather than through the mediation of its antidepressant effects, resulting in recommendations in guidelines
 - **Guidelines for the Management of Low Back Pain 2019 (issued in May 2019): recommended as an analgesic for the treatment of both Chronic low back pain and Sciatic nerve pain***
 - Guidelines for the treatment of Chronic Pain (issued in March 2018): recommended as an analgesic for the treatment of both Musculoskeletal pain and Neuropathic pain*

ADHD family (Intuniv®, Vyvanse®)

• Intuniv®: Growth for first-line drug

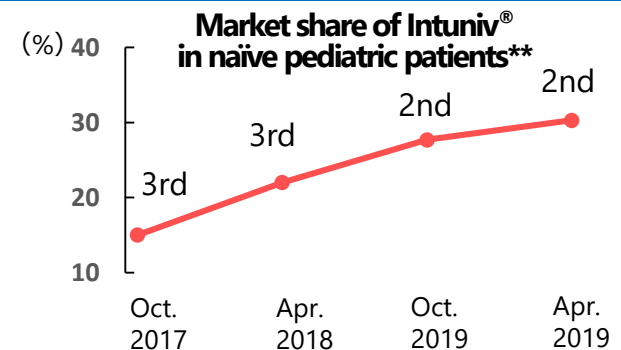
– Pediatric patients:

- > Maintained top share in switch and add-on patient market
- > Aim to expand share in naïve patient market by making the mechanism and efficacy fully understood

– Adult patients:

- > **Supplementally approved for the treatment of adult patients on Jul. 18, 2019**

- > Immediately increase market share for adult patients, which is as large as pediatric market, by communicating the profile of Intuniv®



• Vyvanse®: Preparation for proper use after the launch

- Promoting understanding of the efficacy and safety profile and establishing distribution management system

Progress in Growth of Strategic Products



XOFLUZA™

- BLOCKSTONE study:
XOFLUZA™ showed a significant prophylactic effect against influenza infection after a single oral dose in people exposed to an infected family member during a 10 days observation period.
- Collection and analysis of the data regarding PA/I38 variants for 2019/2020 season.

Status	Clinical assessments	(★) Data to be shown prior to 2019/2020 flu season	Presentation schedule
Ongoing	Additional analysis for the completed clinical studies • Including next generation sequencing	Additional analysis on PA/I38 variants for the completed clinical studies (CAPSTONE-1, CAPSTONE-2, pediatric studies). (★)	CAPSTONE-1: ECCMID (done) CAPSTONE-2 and pediatric study: OPTIONS X
Ongoing	Post exposure prophylaxis	Assessing prophylactic efficacy of baloxavir and the risk of transmission of PA/I38 variants. (★)	OPTIONS X or IDWeek
Ongoing	Drug susceptibility surveillance	Resistance monitoring in the clinical setting. (★)	OPTIONS X
Ongoing	Global pediatric patients	Assessing safety, efficacy and pharmacokinetics of baloxavir compared with oseltamivir, including the emergence of PA/I38 variants. (★)	OPTIONS X
Ongoing	Pediatric studies at higher doses	Assesses safety, PK and efficacy at higher dose.	To be determined
Ongoing	Severely ill & hospitalized patients	Explores combination therapy with NAIs and multiple dosing in hospitalized patients.	To be determined
Planned	Reduced transmission	Clinical assessment for reduced transmission to household contacts from patients treated with baloxavir and possible risk of transmission of PA/I38 variants.	To be determined
Status	Non-clinical assessment		Presentation schedule
Ongoing	Transmission study in ferret models	Explores effect of baloxavir on transmission and assess risk of transmission of I38 variants in ferrets	To be determined

ECCMID: Apr.13-16, 2019
 OPTIONS X: Aug. 29-Sep 1, 2019
 IDWeek: Oct. 2-9, 2019

HIV Franchise: Progress of 2-Drug Regimens



Tivicay[®], Triumeq[®] Launch: 2013~
Key drug for 3-drug regimen

Juluca[®] (DTG/RPV) Launch: 2017~
First 2-drug regimen for switch patients

Dovato[®] (DTG/3TC) Launch: 2019~
First 2-drug regimen for naïve patients

- Sep. 2018: MAA submission in EU (naïve patients)
- Apr. 2019: Approved in US (naïve patients)

- **Jul. 2019: Approved in EU (naïve and switch patients)**
- **Jul. 2019: TANGO 48-week positive results (switch patients)**
GEMINI 96-week positive results (naïve patients)

Oct. to Dec. 2019: Start SALSA (switch patients)

CAB+RPV Launch: early 2020~

- **First long acting injection (monthly or bimonthly)**
- Apr. 2019: NDA submission in US (monthly injection)
- **PDUFA date: Dec. 29, 2019 (priority review designated)**
- Jul. to Sep. 2019: MAA submission in EU (monthly injection)
: ATLAS 2M results (bimonthly injection for switch patients)

CAB prophylaxis Launch: 2021~

- **First long-acting injectable for prophylaxis (bimonthly injection)**

HIV Franchise: Dovato[®] (DTG/3TC)



Source: ViiV Healthcare analyst call*

NO ONE SHOULD TAKE MORE MEDICINES THAN THEY NEED

Reducing long term effect of HIV medication on the body ranked as the most important improvement among people living with HIV (PLHIV)

72%

PLHIV worry about long-term effects of HIV treatments¹

56%

PLHIV would consider reducing the number of drugs in their regimen to the minimum¹

¹ Positive Perspectives survey, 2017 DOF. MarcotullioS, et al. EACS 2017, poster PE25/9

Dovato[®] meets needs of patients who worry about the impact of long-term treatment and/or the number of drugs

Successful progress of clinical studies

<GEMINI-1&2 96-week>

◆ Outline of study design

- Efficacy and safety profiles were **compared between DTG+3TC and DTG+TDF/FTC in naïve patients** .

◆ Outline of study results

- Efficacy: **Non-inferiority to DTG+TDF/FTC** was maintained.
- Resistance: **No cases of treatment emergent resistance**
- Safety: Drug-related AEs occurred less frequently in patients treated with DTG+3TC.

<TANGO 48-week>

◆ Outline of study design

- Efficacy and safety profiles were compared between patients who switched from TAF-containing regimen of at least 3 drugs to DTG/3TC and patients who maintained TAF-containing regimen.

◆ Outline of study results

- Efficacy: **Non-inferiority to TAF-containing regimen**
- Resistance: **No cases of treatment emergent resistance**
- Safety: Consistent with the product labelling

Efficacy of Dovato[®] was non-inferior to 3 drug regimen, and no cases of treatment emergent resistance was observed after 2-year treatment

Appendix

- Japanese Business: Sales Y on Y Comparison -
- Financial Statements (Consolidated) -
- Major progress in Q1 FY2019 -
- Target Milestones for FY2019 -
- Progress of Pipeline -
- Target Milestones for Launch of Products -
- Definition of New Products -
- Conference Presentation Slides by ViiV –
- Shionogi Pharma -

Japanese Business: Sales Y on Y Comparison

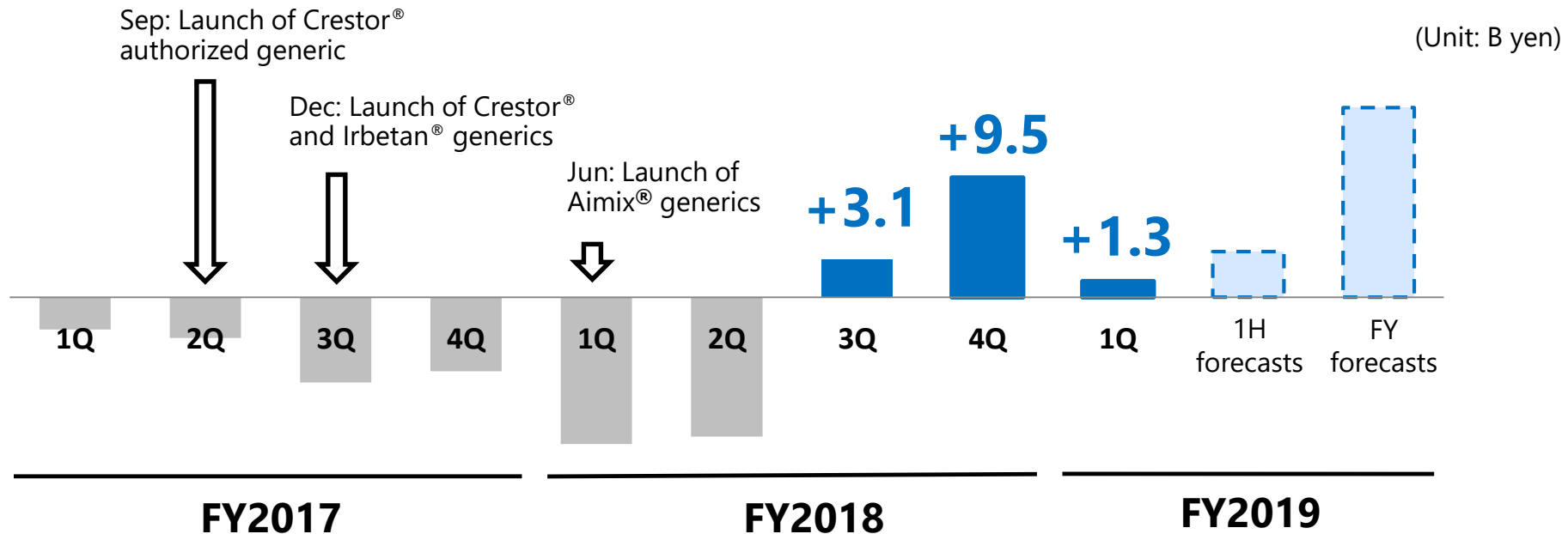


Sales of prescription drugs in Japan (Y on Y comparison)

The impact of share capture by generic competitors hit a plateau in 1H FY2018



Sales-growth phase by our own earning power



Achieved profit increase for three consecutive quarters

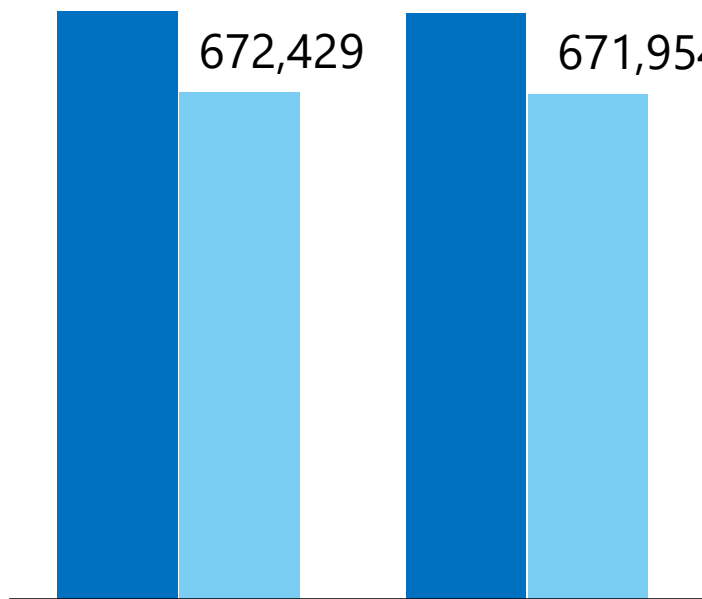
Financial Statements (Consolidated)



■ Total assets ■ Net assets

778,741 754,631 (Unit: M yen)

672,429 671,954



End of Mar. 2019 **End of Jun. 2019**

Unit: M yen		End of Mar. 2019	End of Jun. 2019	Change
Total assets	Current assets	461,743	443,535	(18,207)
	Non-current assets	316,997	311,096	(5,901)
Liabilities	Current liabilities	89,107	64,855	(24,252)
	Non-current liabilities	17,203	17,822	618
Net assets	Shareholders' equity	652,371	661,332	8,960
	Others	20,058	10,622	(9,436)

End of Mar. 2019 End of Jul. 2019

Shareholders' equity ratio 85.7% **88.4%**

Major Progress in Q1 FY2019* (Pipeline)



Global

In Japan

Out-licensed

- Infections disease
- Pain/CNS
- Frontier

Xofluza™

- Positive top-line results in prophylaxis study

Intuniv®

- Supplementally approval for adult patients

DOVATO®

- Positive results in TANGO (48-week treatment for experienced patients)

DOVATO®

- Approval in EU (naïve and experienced patients)

Major Progress in Q1 FY2019* (Others)



- **May**

- Contract agreement with Molteni for the commercialization of Rizmoic[®] (naldemedine), an opioid-induced constipation therapeutic agent in Italy and Poland

- **June**

- Purchase all outstanding shares of Pionnier following the conclusion of the joint study
- Contract agreement with Ferrer for the commercialization of Rizmoic[®] (naldemedine), an opioid-induced constipation therapeutic agent in Spain
- Out-licensing agreements with Eddingpharm and EOC Pharma for lusutrombopag, a thrombopoietin receptor agonist and Epertinib, an HER2/EGFR Inhibitor

- **July**

- Out-licensing agreement with AMR Centre on COT-143, a humanized monoclonal antibody targeting the PcrV protein of *Pseudomonas aeruginosa*

Target Milestones for FY2019 : Approval and Submission



Product (indication)	Phase I	Phase II	Phase III	Submission	Approval
Vyvanse® (ADHD(pediatric))			Achieved (Mar.)	Japan(2017.4)	Japan
Intuniv® (ADHD(adult))			Achieved (Jul.)	Japan(2018.8)	Japan
Cefiderocol (US: Complicated urinary tract infections, including pyelonephritis, EU: Multidrug-resistant Gram-negative bacterial infections)		CR study: completion of enrolment HAP/VAP/HCAP study: completion of enrolment	Global: CR study completion Global: HAP/VAP/HCAP study completion	US(2018.12) EU(2019.3)	US EU
Xofluza® (Influenza virus infection) ①granule (weight under 20kg) ②granule (new dosage for children (weight under 20kg)) ③prophylaxis		Prophylaxis study: top-line results has been disclosed	Japan : High-dose study for children completion Prophylaxis study completion	①Japan(2018.8) ②Japan ③Japan	①Japan
OxyContin®TR (Treatment of moderate to severe chronic pain)			Achieved (May)	Japan : completion	Japan

Progress from May 10, 2019 to Jul. 29, 2019

Planned

Completed

Target Milestones for FY2019 : Phase I~III



Product (indication)	Phase I	Phase II	Phase III	Submission	Approval
S-812217 (Depression)	Japan: Single and multiple dose study completion	Completion of enrolment	Japan: initiate		
Rizmoic® (Opioid-induced constipation(pediatric))	EU: Phase I/II study Initiate				
Cefiderocol (Multidrug-resistant Gram-negative bacterial infections(pediatric))			Global: Safety and PK study initiate		
S-600918 (Neuropathic pain or Refractory Chronic Cough)		Japan: POC* study completion Global: Dose-finding Study initiate			
SR-0379 (Skin ulcers (Pressure ulcers, diabetic ulcers, etc))	Completion of enrolment	Japan: POC* study completion			
S-770108 (Idiopathic Pulmonary Fibrosis)	UK: Lung deposition study initiate				



Target Milestones for FY2019 : Phase I~III



Product (indication)	Phase I	Phase II	Phase III	Submission	Approval
S-005151 (stroke)	Japan : Study in Healthy adults (Including the elderly) completion	Japan : initiate	Achieved (Q1)		
S-637880 (Neuropathic pain)	Japan : Multiple dose study completion	Global : initiate			
Naldemedine (POI*)		Global : initiate			
Novel HIV Drug (HIV virus infection)	US : initiate				
SDT-001 (ADHD)		Japan : initiate			



Pipeline (as of Jul. 29, 2019)



Preclinical (target indication*)	Phase I	Phase II	Phase III	Submission
Influenza virus infection	Global			Cefiderocol (US) Complicated Urinary Tract Infections (cUTI), including Pyelonephritis Cefiderocol (EU) Multidrug-resistant Gram-negative bacterial infections Baloxavir Marboxil (Taiwan) Influenza virus infection
HIV virus infection				
RS virus infection				
Bacterial infection				
Mycobacterium disease				
Fungus infection				
Vaccine for prevention				
Peptide				
ADHD				
Opioid				
Alzheimer's disease	In Japan		Cefiderocol Multidrug-resistant Gram-negative bacterial infections S-600918 Refractory/unexpected chronic cough S-005151 Acute ischemic stroke S-237648 Obesity S-525606 Allergic rhinitis caused by Japanese cedar allergen S-588410 Bladder cancer SR-0379 Cutaneous ulcer ADR-001*** Decompensated liver cirrhosis	Cefiderocol Multidrug-resistant Gram-negative bacterial infections Xofluza™ Influenza virus infection (prophylaxis) Xofluza™ Influenza virus infection (New dosage for children) Cymbalta® Depression (pediatric) S-588410 Esophageal cancer
Cognitive and memory deficits				
Post-stroke spasticity				
Peptide				
Obesity				
S-723595 NASH				
Cancer metastasis				
S-540956 Nucleic acid adjuvant				
Peptide				
				<ul style="list-style-type: none"> Infectious diseases Pain/CNS Other

Pipeline

- Major Out-Licensed Pipeline (as of Jul. 29, 2019)



Preclinical	Phase I	Phase II	Phase III	Submission
	<p>GSK3342830 Multidrug-resistant Gram-negative bacterial infections</p>		<p>Dovato® Treatment for HIV infection TANGO study (maintenance)</p> <p>CAB LAP Prevention for HIV infection</p> <p>Xofluza™ Severe influenza virus infection</p> <p>Xofluza™ Influenza virus infection (pediatric)</p>	<p>Xofluza™ Influenza virus infection (High risk patients)</p> <p>CAB+RPV LAP Treatment for HIV infection</p> <ul style="list-style-type: none"> • Infectious diseases • Pain/CNS • Others

Stage progression
(from Mar. 9 2019)

OxyContin® TR (chronic pain): Phase III → Re-submission (Japan)
 Intuniv® (adult patients): Submission → Approval (Japan)
 Dovato®: Submission → Approval (EU)

Target Milestones for Launch of Products



FY2017 (Achieved)	FY2018 (Achieved)	FY2019
In Japan		
<p>Symproic[®] Intuniv[®] ADHD (pediatric)</p> <p>Oxycodone Tamper resistant formulation</p> <p>Actair[®] Pediatric allergic rhinitis caused by house-dust mite allergen</p> <p>Xofluza[®] (adult, pediatric)</p>		<p>Intuniv[®] Launched ADHD (adult)</p> <p>Vyvanse[®] ADHD (pediatric)</p> <p>Xofluza[®] (granule)</p>
Global		
<p>Symproic[®] (US)</p>	<p>Mulpleta[®] (US)</p>	<p>Cefiderocol (US) Lusutrombopag (EU) Baloxavir marboxil (Taiwan) Rizmoic[®] (EU)</p>
Out-licensed		
<p>Juluca[®] (DTG/RPV)(US)</p>	<p>Juluca[®] (DTG/RPV) (EU)</p> <p>Osphena[®] (US) Vaginal dryness associated with postmenopausal VVA</p> <p>Xofluza[™] (US, OwH*)</p>	<p>Dovato[®] (DTG/3TC) (US, EU) Launched (US)</p> <p>CAB+RPV (US) Xofluza[™] (US, HR**)</p>

Definition of New Products (in Updates to SGS2020)



Pain/ CNS

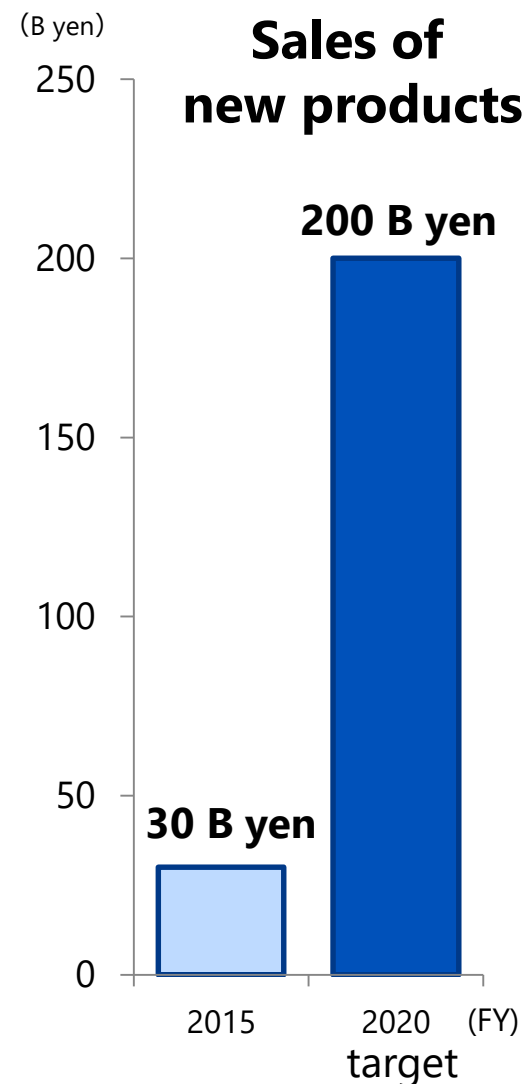
- Cymbalta[®]
- OxyContin[®] tamper resistant formulation, OxiNorm[®], OxiFast[®]
- Naldemedine*
- Intuniv[®], Vyvanse[®]

Infectious diseases

- Xofluza[™]
- Cefiderocol
- Rapiacta[®], flu diagnosis kit

Others

- Pirespa[®]
- Mulpleta[®]
- Actair[®]
- Osphena[®] (Senshio[®])



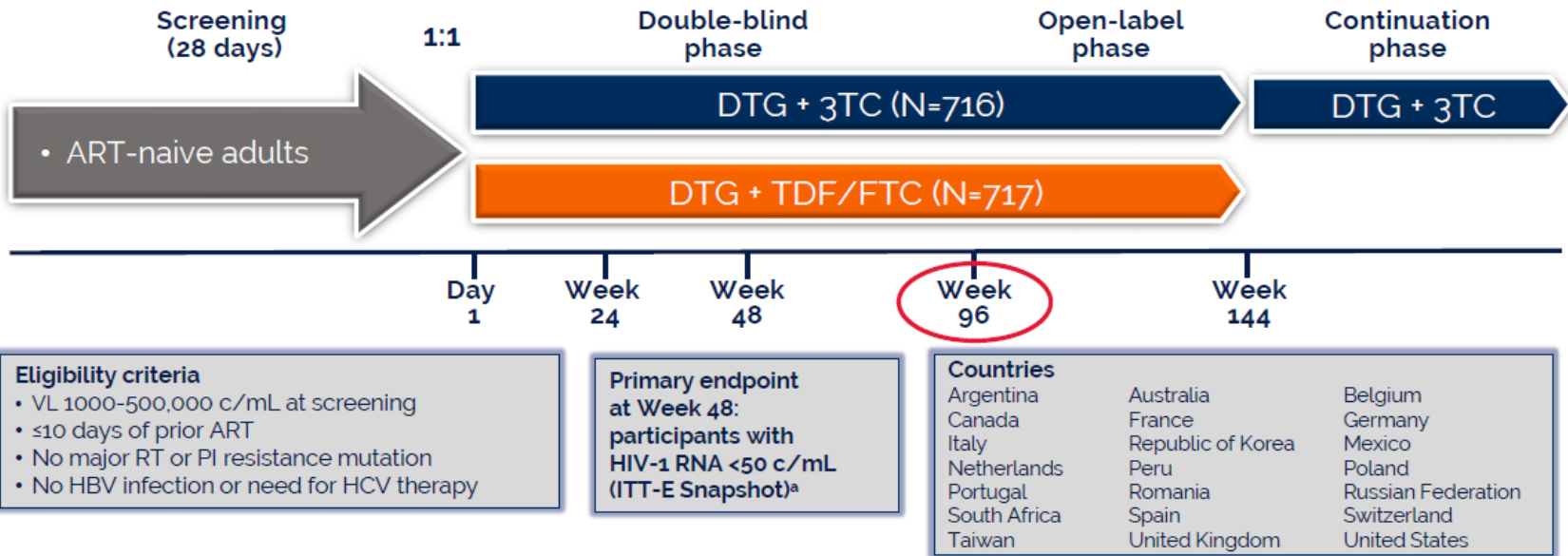
GEMINI-1&2 Study Design



Source: Presentation by ViiV at 10th International AIDS Society Conference on HIV Science (IAS 2019) on Jul. 21-24, 2019

GEMINI-1 AND GEMINI-2 PHASE III STUDY DESIGN

Identically designed, randomized, double-blind, parallel-group, multicenter, non-inferiority studies



Baseline stratification factors: plasma HIV-1 RNA (≤100,000 vs >100,000 c/mL) and CD4⁺ cell count (≤200 vs >200 cells/mm³).

^a~10% non-inferiority margin for individual studies.

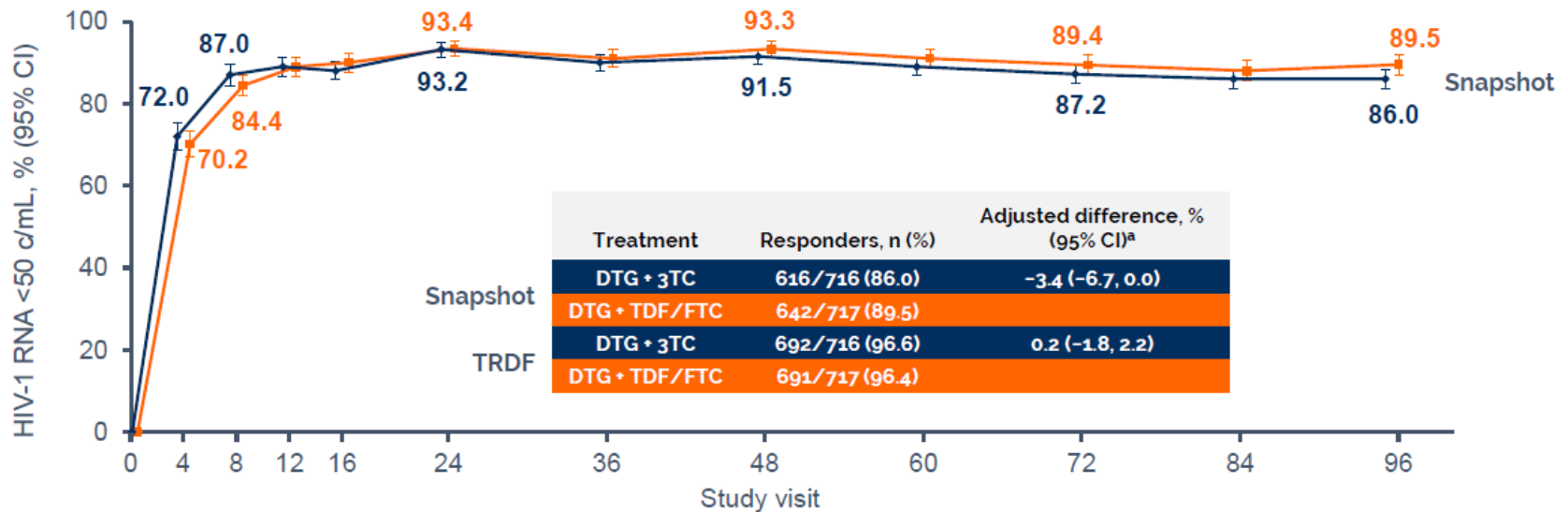
Cahn et al. IAS 2019; Mexico City, Mexico. Slides WEAB0404LB.

GEMINI-1&2 Week 96 Data



Source: Presentation by ViiV at 10th International AIDS Society Conference on HIV Science (IAS 2019) on Jul. 21-24, 2019

DTG + 3TC IS NON-INFERIOR TO DTG + TDF/FTC IN SNAPSHOT HIV-1 RNA <50 C/ML AT WEEK 96



- Non-inferiority criteria were met for GEMINI-1, GEMINI-2, and the pooled analysis
- Treatment related discontinuation - failure (TRDF) population accounts for confirmed virologic withdrawal, withdrawal due to lack of efficacy, withdrawal due to treatment-related AE, and participants who met protocol-defined stopping criteria

^aBased on Cochran-Mantel-Haenszel stratified analysis adjusting for the following baseline stratification factors: plasma HIV-1 RNA ($\leq 100,000$ vs $>100,000$ c/mL), CD4+ cell count (≤ 200 vs >200 cells/mm³), and study (GEMINI-1 vs GEMINI-2). The upper limit of the 95% CI for the pooled analysis was 0.0007%. TRDF (unadjusted difference) was a pre-planned analysis at Week 96.
^bIn GEMINI-1, HIV-1 RNA <50 c/mL (95% CI) was achieved in 300/356 participants (84.3% [80.5-88.1]) in the DTG + 3TC group and 320/358 (89.4% [86.2-92.6]) in the DTG + TDF/FTC group (adjusted treatment difference [95% CI], -4.9% [-9.8, 0.03]). In GEMINI-2, the corresponding values were 316/360 (87.8% [84.4-91.2]) and 322/359 (89.7% [86.5-92.8]), respectively (adjusted treatment difference [95% CI], -1.8% [-6.4, 2.7]).

Cahn et al. IAS 2019; Mexico City, Mexico. Slides WEAB0404LB.

GEMINI-1&2 Week 96 Data



Source: Presentation by ViiV at 10th International AIDS Society Conference on HIV Science (IAS 2019) on Jul. 21-24, 2019

NO TREATMENT-EMERGENT RESISTANCE WAS OBSERVED AMONG PARTICIPANTS WHO MET CONFIRMED VIROLOGIC WITHDRAWAL CRITERIA

Variable, n (%)		GEMINI-1		GEMINI-2		Pooled	
		DTG + 3TC (N=356)	DTG + TDF/FTC (N=358)	DTG + 3TC (N=360)	DTG + TDF/FTC (N=359)	DTG + 3TC (N=716)	DTG + TDF/FTC (N=717)
Week 48	CVW	4 (1.1)	2 (0.6)	2 (0.6)	2 (0.6)	6 (0.8)	4 (0.6)
Week 96	CVW	5 (1.4)	4 (1.1) ^a	6 (1.7)	3 (0.8)	11 (1.5)	7 (1.0) ^a
	Treatment-emergent resistance	0	0	0	0	0	0

^aOne participant met the criteria for CVW at Week 12 but was not reported at the Week 48 analysis because of a laboratory reporting error identified after the Week 48 analysis.

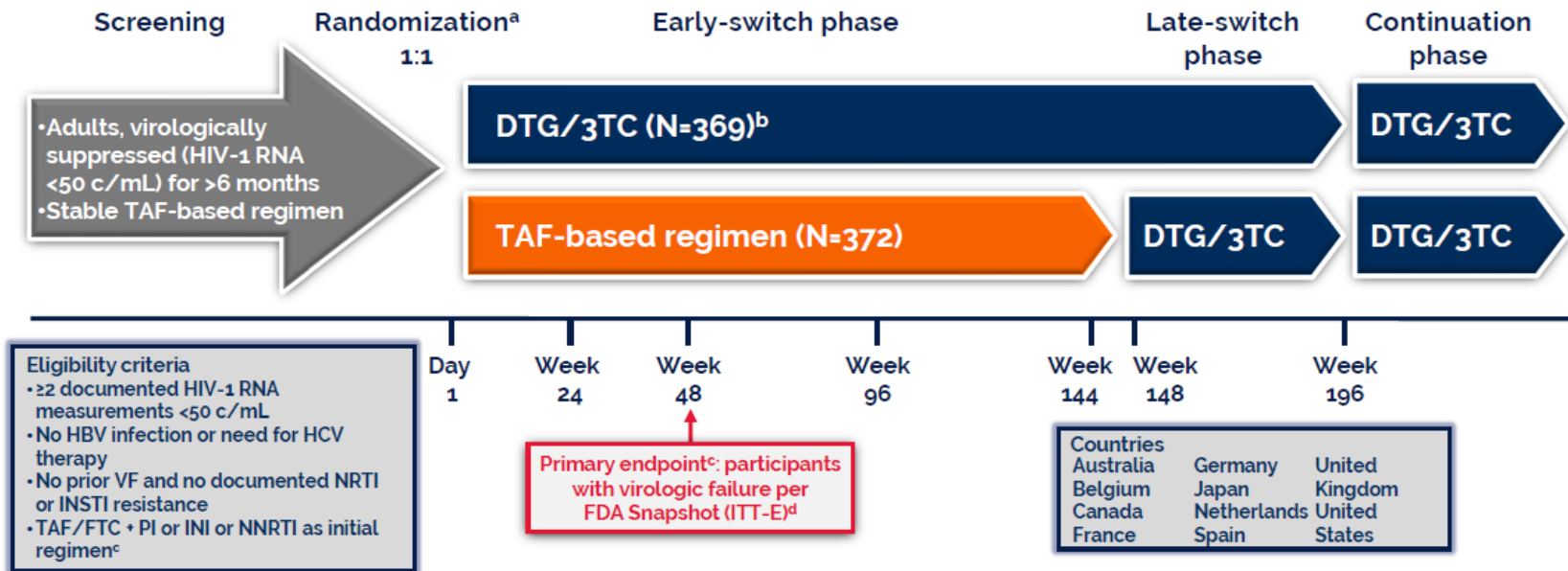
TANGO Study Design



Source: Presentation by ViiV at 10th International AIDS Society Conference on HIV Science (IAS 2019) on Jul. 21-24, 2019

TANGO PHASE III STUDY DESIGN

Randomized, open-label, multicenter, parallel-group, non-inferiority study



^aStratified by baseline third agent class (PI, INI, or NNRTI). ^bTwo patients excluded who were randomized but not exposed to study drug. ^cParticipants with initial TDF treatment who switched to TAF ≥3 months before screening, with no changes to other drugs in their regimen, were also eligible. ^d4% non-inferiority margin. ^eIncludes participants who changed a background therapy component or discontinued study treatment for lack of efficacy before Week 48, or who had HIV-1 RNA ≥50 c/mL in the 48-week window.

van Wyk et al IAS 2019; Mexico City, Mexico. Slides WEAB0403LB.

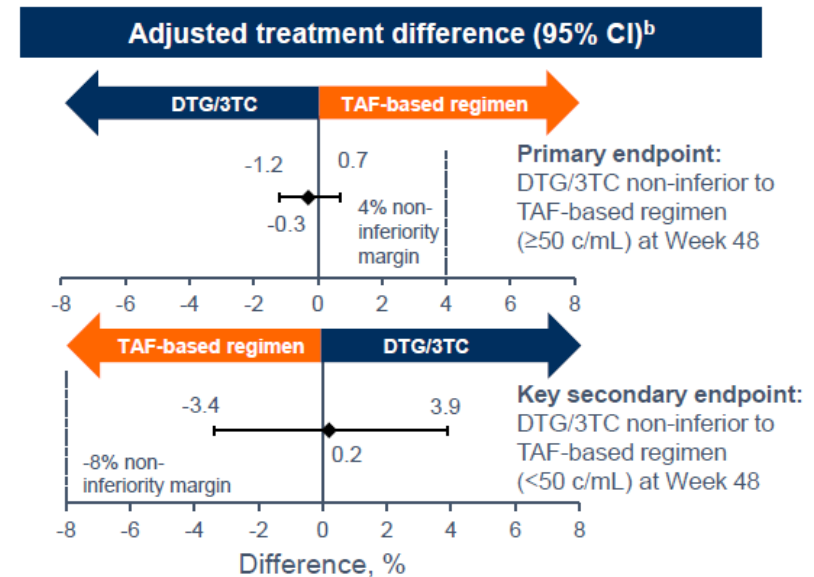
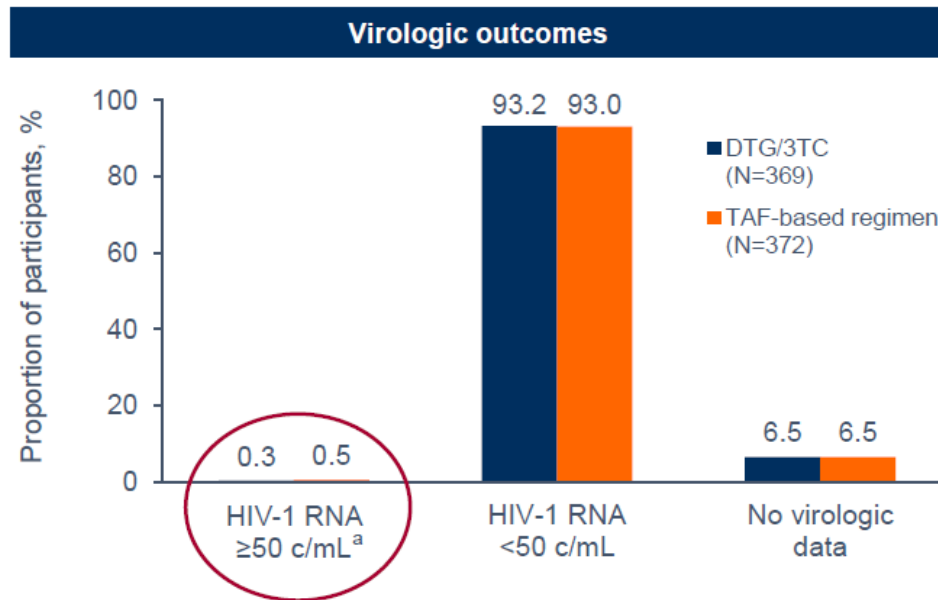


TANGO Week 48 Data



Source: Presentation by ViiV at 10th International AIDS Society Conference on HIV Science (IAS 2019) on Jul. 21-24, 2019

DTG/3TC IS NON-INFERIOR TO TAF-BASED REGIMEN AT WEEK 48



- In the per-protocol population, 0/352 participants in the DTG/3TC group and 2/358 participants in the TAF-based regimen group had HIV-1 RNA ≥ 50 c/mL at Week 48 (adjusted difference, -0.6 ; 95% CI, -1.3 to 0.2)^b

^aPrimary endpoint (Snapshot virologic non-response, ITT-E). ^bBased on Cochran-Mantel-Haenszel stratified analysis adjusting for baseline third agent class.

van Wyk et al. IAS 2019, Mexico City, Mexico. Slides WEAB0403LB.

TANGO Week 48 Data



Source: Presentation by ViiV at 10th International AIDS Society Conference on HIV Science (IAS 2019) on Jul. 21-24, 2019

NO CONFIRMED VIROLOGIC WITHDRAWALS WITH DTG/3TC THROUGH WEEK 48

n (%)	DTG/3TC (N=369)	TAF-based regimen (N=372)
Confirmed virologic withdrawal (CVW) ^a	0	1 (<1) ^b
Observed resistance mutation at failure ^c	0	0

^aOne assessment with HIV-1 RNA ≥ 200 c/mL after Day 1 with an immediately prior HIV-1 RNA ≥ 50 c/mL.

^bTreatment interrupted before suspected virologic withdrawal (VL, 38,042 c/mL) and resumed 3 weeks before VL retest (297 c/mL).

^cPlasma HIV-1 RNA resistance genotype at failure is compared with baseline PBMC pro-viral resistance genotype.

van Wyk et al. IAS 2019; Mexico City, Mexico. Slides WEAB0403LB.

Shionogi Company Policy: Evolve “research, produce, and promote”

Shionogi Pharma founded

Taking over Shionogi’s production technologies and quality  シオノギファーマ株式会社
Moving toward further advancement

**Produce at
affordable prices**

**Proactively introduce
new technologies**

Aspire to become top-level CDMO* in Japan

**Flexibly respond to
changes in product
LCM****

**Ensure stable supply
for the global market**

Aiming to improve product value through technology development, Shionogi group will continue to produce pharmaceuticals and healthcare products, and contribute to the maintenance and promotion of people’s health

Forward-Looking Statements



- Forecast or target figures in this material are neither official forecasts of earnings and dividends nor guarantee of target, achievement and forecasts, but present the midterm strategies, goals and visions. Official earnings guidance should be referred to in the disclosure of the annual financial report (*kessan tanshin*) in accordance with the rules set by Tokyo Stock Exchange.
- Materials and information provided during this presentation may contain so-called “forward-looking statements”. These statements are based on current expectations, forecasts and assumptions that are subject to risks and uncertainties which could cause actual outcomes and results to differ materially from these statements.
- Risks and uncertainties include general industry and market conditions, and general domestic and international economic conditions such as interest rate and currency exchange fluctuations. Risks and uncertainties particularly apply with respect to product-related forward-looking statements. Product risks and uncertainties include, but are not limited to, technological advances and patents attained by competitors; challenges inherent in new product development, including completion of clinical trials; claims and concerns about product safety and efficacy; regulatory agency’s examination period, obtaining regulatory approvals; domestic and foreign healthcare reforms; trend toward managed care and healthcare cost containment; and governmental laws and regulations affecting domestic and foreign operations.
- For products that are approved, there are manufacturing and marketing risks and uncertainties, which include, but are not limited to, inability to build production capacity to meet demand, inavailability of raw materials, and failure to gain market acceptance.
- Shionogi disclaims any intention or obligation to update or revise any forward-looking statements whether as a result of new information, future events or otherwise.
- This material is presented to inform stakeholders of the views of Shionogi's management but should not be relied on solely in making investment and other decisions.
- You should rely on your own independent examination of us before investing in any securities issued by our company. Shionogi shall accept no responsibility or liability for damage or loss caused by any error, inaccuracy, misunderstanding or changes of target figures or any other use of this material.
- This English presentation was translated from the original Japanese version. In the event of any inconsistency between the statements in the two versions, the statements in the Japanese version shall prevail.