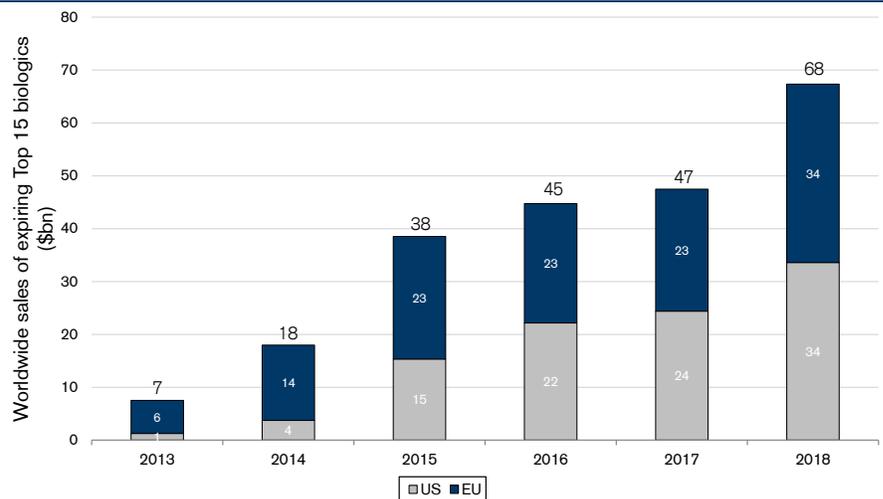


Global Biotechnology and Pharmaceuticals

Connections Series

Biosimilars 101 - Edition 1 - The \$70B Near Term Biosimilars Land Grab - anti-TNF's key

Exhibit 1: The \$70B Near-Term Biosimilars Land Grab - Cumulative (from 2013 base) Worldwide Sales of Expiring Biologics (From Within the Top 15)



Source: Credit Suisse PharmaValues database, Credit Suisse research

- **Biosimilars is a "must understand" theme that will have very significant impact on the global biotechnology and pharmaceutical sectors:** The impact of biosimilars poses both a threat and an opportunity for the biotechnology and pharmaceutical sectors (and even with some read through to other multinational companies). Public companies most exposed to biosimilar impact include: AbbVie, Amgen, Cipla, LG, Merck Serono, Momenta, Novartis, Pfizer and Samsung.
- **This is the first edition of the "Credit Suisse Biosimilars 101" series of notes in which the Global Credit Suisse Biotech and Pharma teams have coordinated in the analysis and impact of biosimilars.** Each edition will focus on a specific element of biosimilars, building to the key reference source for investors. The key and common analytical tool we will use in all editions is our proprietary "PharmaValues" database. This first edition focuses on...
- **...The size of the biosimilar opportunity – just entering a near term \$70B land grab – Anti-TNF's are the primary focus.** Biologics have become a very significant part of the global drugs market. This market grew from just \$20B ...continued on the next page...



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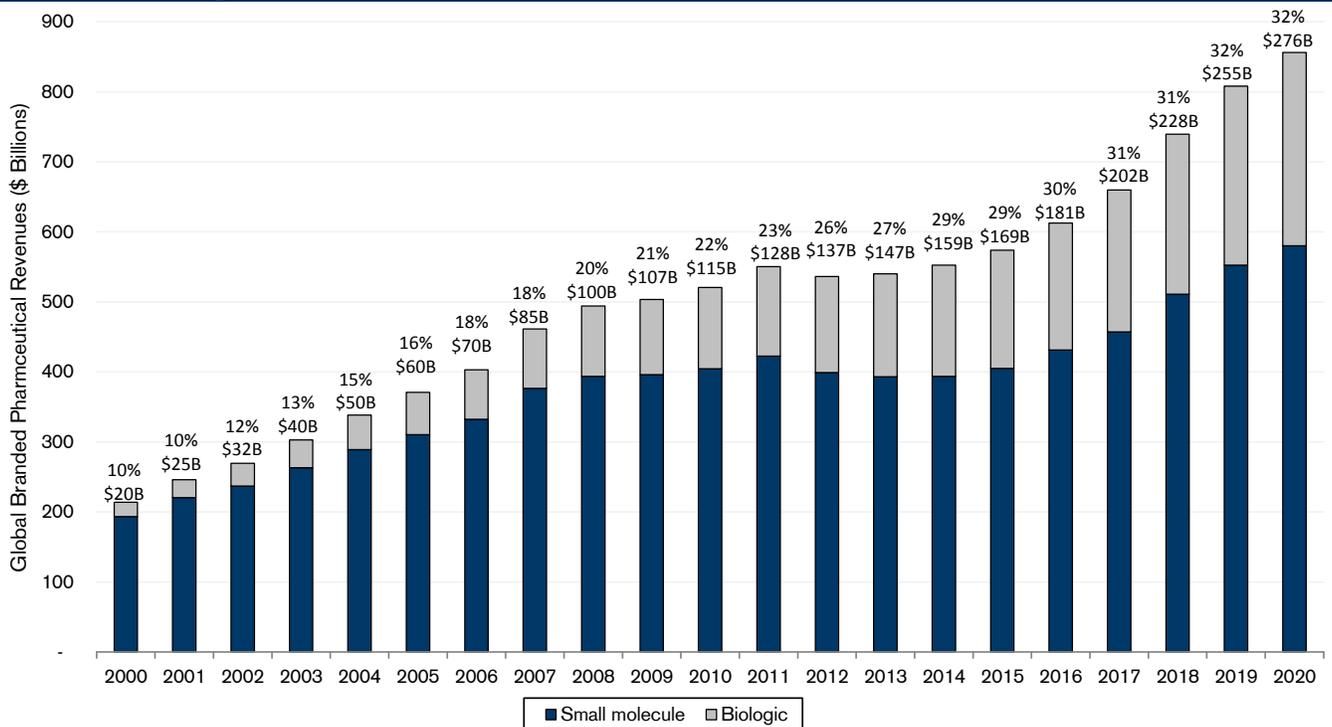
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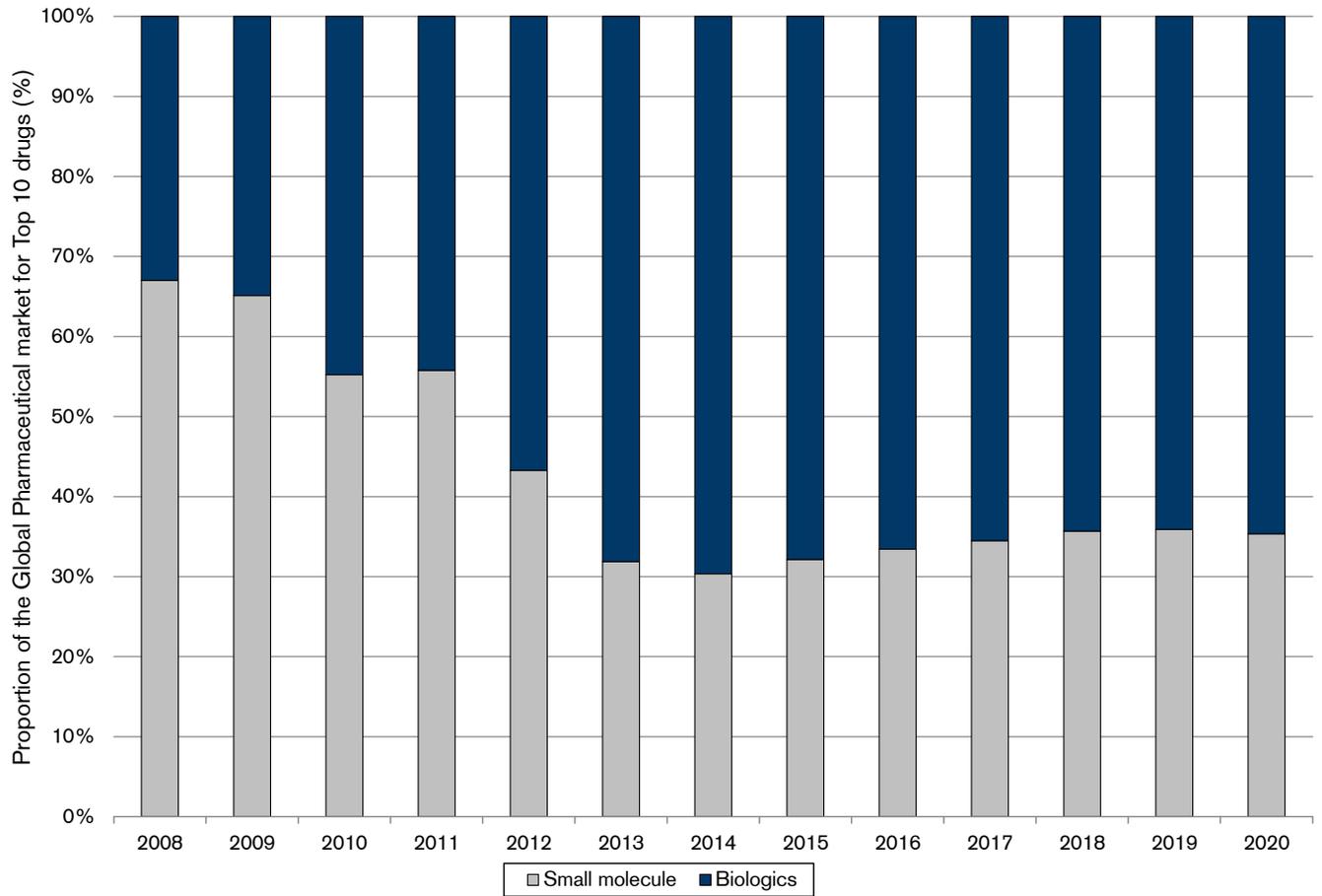
-(or 10% of the global drugs market) in 2000 to \$159B/29% in 2014E, and \$276B/32% by 2020E – Exhibit 2. Biologics dominance of the "Top 10" drugs is even greater with biologics representing ca70% of the value by 2015E- Exhibit 3 and Exhibit 4. By 2018, \$69B of biologics will have undergone patent expiries in major markets (\$35B in US and \$34B in ROW) – Exhibit 1 and Exhibit 5. By far, the anti-TNF's represent the biggest near term biosimilar opportunity as they make up the largest single component of the global biologics market (\$30B or 35% of 2015E total biologics sales – Exhibit 6 and Exhibit 7) and is potentially catalyzed by the Dec 2016 US patent expiry of Humira (although there is debate around this effective date due to the likely November 18th issuance of the '657 application/'135 patent – expiry 4th Jan 2025).
- **Implications for stocks;** ABBV and to a lesser extent AMGN and MRK/J&J are the most negatively exposed to the "1st wave of biosimilar" anti-TNFs. In contrast, AMGN, Coherus, NVS, Boehringer Ingelheim, PFE, and Samsung are most positively exposed to "1st wave of biosimilar" anti-TNFs.

Exhibit 2: Global Branded Pharmaceutical Revenues Broken Down Into Small Molecule and Biologics – By 2016 >30% Market Will Be Biologics.



Source: Credit Suisse PharmaValues Database, Credit Suisse research

Exhibit 3: Proportion of Top 10 Drugs in Global Pharmaceutical Market 2008-2020.



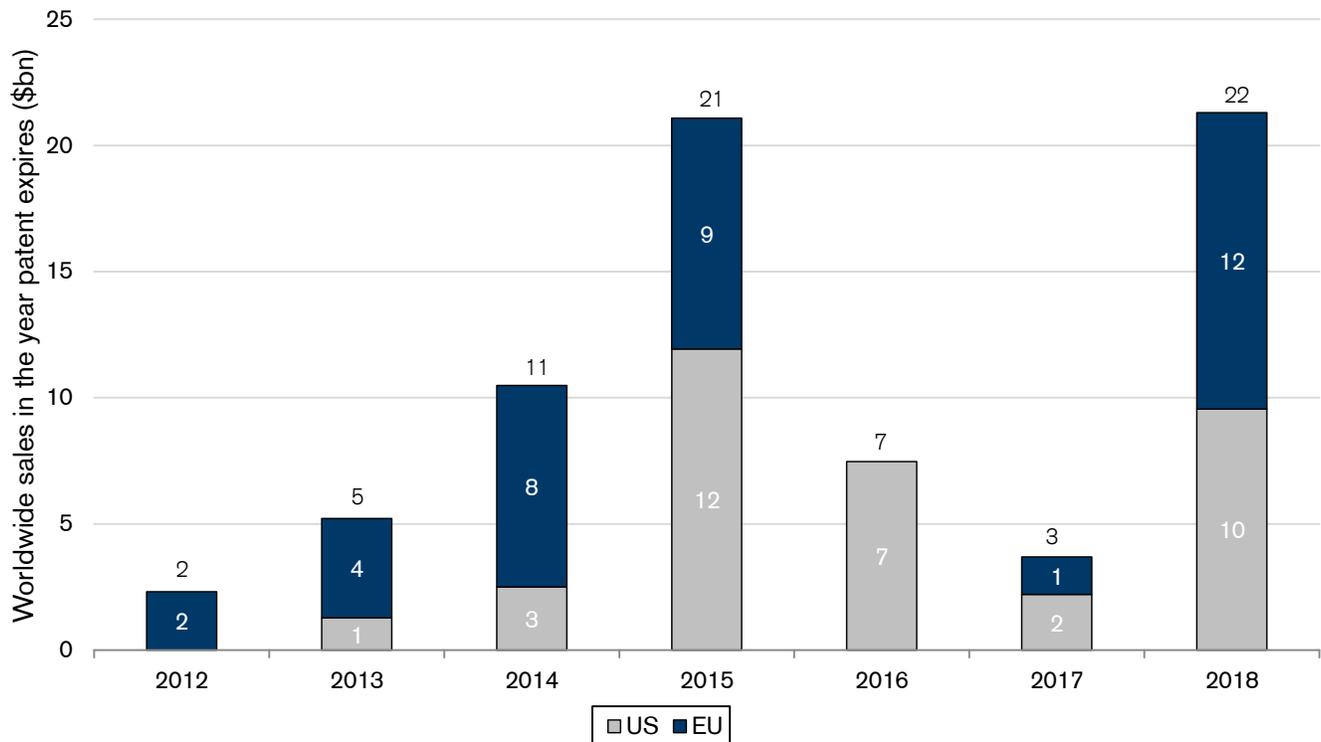
Source: Credit Suisse research, Credit Suisse PharmaValues Database

Exhibit 4: Worldwide Sales of Top 10 Drugs.

2010				2015				2020			
Product	Company	Class	WW Sales	Product	Company	Class	WW Sales	Product	Company	Class	WW Sales
Lipitor	Pfizer	Chiral Chem	11,838	Humira	AbbVie	MAb	13,961	Humira	AbbVie	MAB	15,155
Plavix	Sanofi	Small Molecule	9,148	Enbrel	Amgen/PFE	Fusion prot	8,756	Lantus	Sanofi	Hormone	7,875
Enbrel	Amgen/PFE	Fusion prot	7,014	Harvoni	Gilead	Small Molecule	8,000	Enbrel	Amgen/PFE	Fusion prot	7,549
Humira	AbbVie	MAB	6,737	Lantus	Sanofi	hormone	7,862	Harvoni	Gilead	Small Molecule	7,300
Remicade	JNJ/MRK	MAB	6,436	Herceptin	Roche	MAB	7,796	Ibrutinib	PCYC/JNJ	Small Molecule	6,751
Diovan	Novartis	Small Molecule	6,053	Remicade	JNJ/MRK	MAB	6,667	Januvia/Janumet	Merck	Small Molecule	6,599
Crestor	AstraZeneca	Small Molecule	5,654	Rituxan	Roche	MAB	6,513	Herceptin	Roche	MAB	6,456
Herceptin	Roche	MAB	5,220	Januvia/Janumet	Merck	Small Molecule	6,274	Tecfidera	Biogen	Small Molecule	6,168
Rituxan	Roche	MAB	5,157	Crestor	AstraZeneca	Small Molecule	5,505	Rituxan	Roche	MAB	5,887
Singular	Merck	Small Molecule	4,987	Revlimid	Celgene	Small Molecule	4,856	Remicade	JNJ/MRK	MAB	5,723
Total	% Biologic	45%	68,244	Total	% Biologic	68%	76,190	Total	% Biologic	65%	75,462

Source: Credit Suisse research, Credit Suisse PharmaValues Database

Exhibit 5: The 2012-2018 Biosimilar Land Grab - Originator Sales in The Year Of Patent Expiries.



Source: Credit Suisse PharmaValues Database, Credit Suisse Research

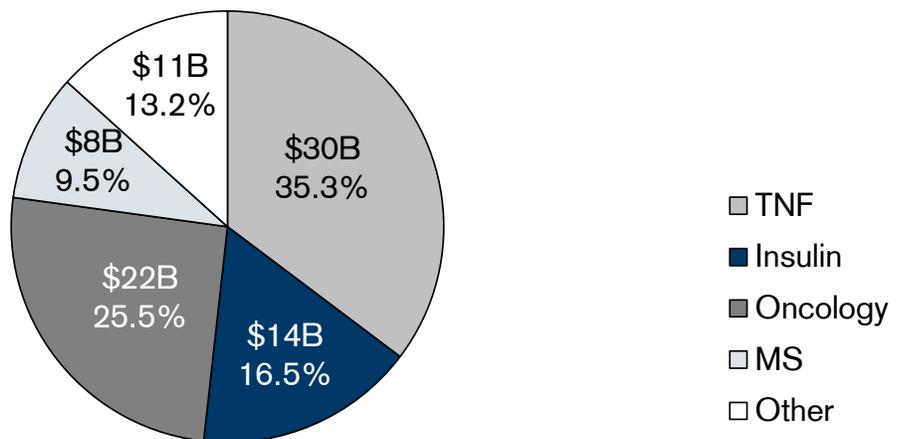
Exhibit 6: 2012-2018 Biologic Drug Patent Expiries.

	2012	2013	2014	2015	2016	2017	2018
US		Rebif [\$1.3B]	Copaxone [\$2.5B]	Lantus* [\$4.6B] Rituxan [\$3.6B] Neulasta [\$3.4B]	Humira [\$7.4B]	NovoLog [\$2.2B]	Herceptin [\$1.9B] Avastin [\$3B] Remicade [\$4.6B]
ROW	Avonex [\$1.1B] Rebif [\$1.2B]	Rituxan [\$3.9B]	Herceptin [\$4.8B] Remicade [\$3.2B]	Enbrel [\$4.3B] Lantus [\$3B] Neulasta [\$0.9B] Copaxone [\$0.9B]		NovoLog [\$1.5B]	Humira [\$7.2B] Avastin [\$4.5B]

*The Lantus patent expires in the US in 2015, but the 30 month stay runs to 2016.

Source: Credit Suisse PharmaValues Database, Credit Suisse Research

Exhibit 7: Anti-TNFs Are The Largest Single Component of The Global Biologics Market (2015).



Source: Credit Suisse PharmaValues Database, Credit Suisse Research

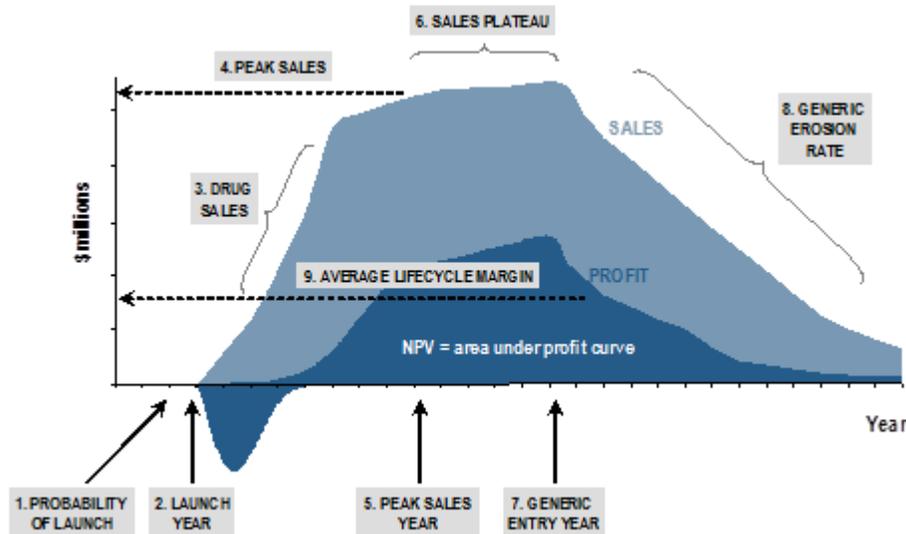
Exhibit 8: Top 15 Biologics by 2013 Worldwide Sales (\$ Millions).

Biologic	Company	Indication	MoA	Patent Exp US	Patent Exp EU		2013 Sales	2014 Sales	2015 Sales	2016 Sales	2017 Sales	2018 Sales
Humira	AbbVie	RA	TNF	Dec-16	Apr-18	US	5,236	6,144	6,972	7,472	7,775	7,748
						ROW	5,500	6,225	6,800	7,225	7,375	7,225
						WW	10,736	12,369	13,772	14,697	15,150	14,973
Enbrel	Amgen	RA	TNF	Nov-28	Feb-15	US	4,256	4,625	4,368	4,412	4,412	4,191
						ROW	4,252	4,409	4,346	4,292	4,223	4,146
						WW	8,508	9,034	8,714	8,704	8,635	8,337
Lantus	Sanofi	Diabetes	LA Insulin	Feb-15	May-15	US	4,984	5,500	4,855	4,808	5,208	5,608
						ROW	2,617	2,826	3,006	3,458	3,473	3,414
						WW	7,601	8,326	7,861	8,266	8,681	9,022
Herceptin	Roche	Breast/Gastric Cancer	HER2	Dec-18	Jul-14	US	1,922	1,952	1,952	1,952	1,952	1,952
						ROW	4,615	4,805	4,799	4,596	4,388	4,169
						WW	6,537	6,757	6,751	6,548	6,340	6,121
Avastin	Roche/Genentech	Lung Cancer	VEGF	Jul-18	Jul-18	US	2,760	2,866	2,931	3,011	3,041	2,991
						ROW	4,132	4,211	4,457	4,650	4,567	4,526
						WW	6,892	7,077	7,388	7,661	7,608	7,517
Remicade	MRK/J&J	RA	TNF	Sep-18	Aug-14	US	3,891	4,161	4,434	4,599	4,697	4,609
						ROW	3,004	3,187	3,272	3,221	3,029	2,787
						WW	6,895	7,348	7,706	7,820	7,726	7,396
Rituxan	BIIB	Cancer	CD20	Jan-15	Sep-13	US	3,480	3,540	3,660	3,700	3,655	3,619
						ROW	3,944	4,012	3,939	3,870	3,676	3,450
						WW	7,424	7,552	7,599	7,570	7,331	7,069
Neulasta	Amgen	Neutropaenia	CSF	Oct-15	Feb-15	US	3,499	3,527	3,421	3,147	2,770	2,354
						ROW	893	956	937	890	846	786
						WW	4,392	4,483	4,358	4,037	3,616	3,140
Lucentis	Roche/Novartis	Macular Degeneration	VEGF	Jun-20	Jun-22	US	1,820	1,916	2,022	2,123	2,210	2,303
						ROW	2,358	2,446	2,437	2,437	2,437	2,437
						WW	4,178	4,362	4,459	4,560	4,647	4,740
Copaxone	Teva/Sanofi	MS	Immuno-modulator	May-14	Jan-15	US	2,740	2,500	2,300	2,000	1,800	1,620
						ROW	1,045	1,025	860	455	374	300
						WW	3,785	3,525	3,160	2,455	2,174	1,920
Avonex	BIIB/Roche	MS	Interferon beta	Jan-26	Jul-12	US	1,902	1,903	1,845	1,700	1,530	1,300
						ROW	1,105	1,085	975	830	690	550
						WW	3,007	2,988	2,820	2,530	2,220	1,850
NovoLog/ NovoRapid	Novo	Diabetes	SA Insulin	Jan-17	Jan-17	US	1,771	1,895	2,066	2,210	2,210	2,210
						ROW	1,227	1,303	1,300	1,417	1,480	1,550
						WW	2,998	3,198	3,366	3,627	3,690	3,760
Rebif	MRK-KGA	MS	Interferon beta	Dec-13	Feb-12	US	1,272	1,240	1,115	1,050	985	907
						ROW	1,208	1,163	1,064	975	900	830
						WW	2,480	2,403	2,179	2,025	1,885	1,737
Advate	Baxter	Haemophilia	Factor 8			US	1,100	1,140	1,178	1,198	1,200	1,200
						ROW	1,260	1,340	1,375	1,410	1,440	1,470
						WW	2,360	2,480	2,553	2,608	2,640	2,670
Victoza	Novo	Diabetes	GLP-1 analogue	Jun-22	Jul-22	US	1,341	1,583	1,867	2,054	2,157	2,265
						ROW	730	862	992	1,085	1,140	1,197
						WW	2,071	2,445	2,859	3,139	3,297	3,462

Source: Credit Suisse PharmaValues Database, Credit Suisse Research

Appendix 1 – PHARMAVALUES BACKGROUND

Nine key data inputs drive PharmaValues algorithm



Source: Credit Suisse estimates

1. Probability of launch

For pipeline compounds, we take standard values for each stage of development which we then modulate to reflect data for each specific drug, including clinical data seen so far, the therapeutic area, problems experienced for similar products and the company's track record. We regularly compare our PharmaValues probabilities with success rates from other industry sources, such as the Centre for Medicines Research (CMR International). For marketed drugs, the probability of launch is 100%.

2. Launch year

This represents the first launch date of the product. For key drugs we usually separate revenue potential into major geographical regions (eg, US, Europe and Japan) and reflect the first launch in each geography.

3. Drug sales

Multiple points on the sales curve are driven directly by the drug revenue assumptions in our company P&L models. Outside our normal modelling range, we use an algorithmic best-fit curve between the last modelled revenue point and our life-cycle assumptions.

4. Peak sales

The Credit Suisse Global Pharmaceutical and Biotech Teams' assessment of the maximum sales potential of a given product for a given indication in a specific region. All sales forecasts are in US\$ millions.

5. Peak sales year

This is largely driven by the generic entry year and the competitive environment in the therapeutic category for each drug. For example, a major competitor going generic could limit the growth of another brand many years before its own patent expiry. The peak sales year defines the start of the sales plateau.

6. Sales plateau

Once a product has reached its peak sales potential, it may show limited further growth until patent expiry. If the Credit Suisse forecast revenue growth is less than the assumed discount rate (10%), we assume that a product has plateaued.

7. Generic entry year

This is driven by the composition of matter patent in the US Orange Book and equivalent European patents. It can be moderated by additional exclusivity protection (orphan drug, Supplementary Protection Certificate etc.) or device patents where relevant (inhaled drugs, pen devices, etc.). For unknown patent dates and pipeline drugs where patent restoration is expected (but not yet granted), we assume generic entry is 10–12 years after launch. It is important to note that sometimes the generic entry date does not correspond with the quoted patent expiry date. In special cases where a patent has been challenged and we have concerns on its validity, we may use an earlier generic entry date. Similarly, regulatory issues or the absence of an approved generic may push the generic entry date beyond the quoted patent expiry (e.g. Flovent).

8. Generic erosion rate

This controls the rate of decline of drug sales following the generic entry year. Key inputs in selecting this rate include the molecule type (biologics are much slower than small molecules) and the geographical region (US faster than EU, which is faster than Japan).

9. Average lifecycle margin

To calculate the PharmaValues NPV, we input an average margin for each product over its life-cycle. We estimate margins after tax but before R&D. Within the algorithm, the average margin is interpolated progressively across the remaining life-cycle to take into account launch investments in the early years and supra-normal profitability during the plateau/peak period. A typical average margin for a large pharma drug in a primary care setting is 30–40%. This may be reduced if in-licensing royalties are paid and if the therapeutic area is particularly competitive. For specialty drugs or unique products with high innovation, the average life-cycle margin could be considerably higher. For each company, the sum of individual product margins is checked to be consistent with the last reported pharma margin (pre-R&D) and projected margins are checked against forecasts

Advantages of the PharmaValues NPV approach

- By looking at the contribution from each individual drug, PharmaValues can highlight the relative importance of each product for a company. Unlike short-term earnings, PharmaValues' NPV will reflect the sustainability of this contribution based on the time to patent expiry. In many cases, the largest short-term earnings driver is not a major contributor to NPV (eg, Nexium for AZN, or Abilify for BMY and Otsuka, both major drugs with near term patent expiries).
- PharmaValues can value pipeline projects on the same basis as marketed drugs. This value can be modulated based on clinical data and regulatory timelines as they become clear during development.
- It can accommodate income streams, often not reported in turnover, including royalty income from out-licensed products or intellectual property and value generated from non-consolidated drug sales (eg, Lucentis royalty income from Novartis, to Roche, and co promotional income for Pfizer from Spiriva).
- It can provide a solid scenario analysis on the impact of future outcomes on a drug value. For example, as drugs pass development milestones, regulatory decisions or patent trial outcomes.
- It also allows for a rapid estimate of an individual drug's value following 'shock' events such as a withdrawal due to safety concerns.
- PharmaValues allows pharmaceutical and biotech companies to be compared on a global basis. By using a standard algorithmic methodology and only one probability and revenue assumption for each product in each geography (critical where drugs are co-marketed), it provides a consistent approach for global investors.
- The methodology is suitable for all lifecycle-based healthcare products, including small biotech, specialty pharma and major drug companies. This provides investors with a unifying valuation approach across multiple healthcare sectors and across geographies.

Limitations of the PharmaValues NPV approach

- Unlike traditional DCF approaches, PharmaValues NPV is based on a pre-R&D, post-tax EBIT assumption, and it does not differentiate between highly cash-generative companies and those reinvesting aggressively in infrastructure. This is particularly important for specialty pharmaceutical companies that decide to enter a new market with major infrastructure spend (eg, Ipsen investing to market somatuline in NETs directly in the US) or companies whose product manufacturing is capital intensive (eg, UCB's Cimzia).
- Individual product margins over a drug life-cycle are difficult to predict and very little information is available on direct contribution of margins by product.
- Pipeline disclosures vary between companies and thus the aggregate value of drugs in development will be influenced by the information available. Offsetting this discrepancy is the limited value attributed to early-stage pipeline owing to low probabilities and the aggressive discounting of the NPV from distant launch expectations.
- We ignore R&D costs within PharmaValues. By doing this, we assume that all companies are sufficiently cash-generative to fund future R&D expense for the disclosed pipeline. This is particularly important for small biotech companies where future funding rounds may be required to complete development. As it does not take into account R&D spend, we believe the PharmaValues NPV should not be used for a specific company valuation. Instead we use a relative valuation metric of EV/NPV to compare companies.
- Our methodology does not factor in 'intangible' elements of a company story such as management strategy, sales force effectiveness and attractiveness as an in-licensing partner. However, some of these will be reflected indirectly in our user-defined inputs.
- PharmaValues considers each product to be additive onto a notional central infrastructure. Nowhere do we account for this central overhead separately—instead a small amount is spread over each product. In the normal course of business this has no material consequence. However, when a major product is unexpectedly lost (withdrawal/early patent loss), our methodology assumes that the attributable central overheads are no longer required. In reality, they will become a greater burden on the remaining products in the portfolio.
- PharmaValues is, by its very nature, a sum-of-the-parts methodology. We do not assume any conglomerate discount, even for diversified healthcare companies.

Companies Mentioned (Price as of 29-Oct-2014)

AbbVie Inc. (ABBV.N, \$59.98)
Amgen Inc. (AMGN.OQ, \$158.88)
Boehringer Ingelheim (Unlisted)
Cipla Limited (CIPL.BO, Rs655.6)
Coherus BioSciences (Unlisted)
LG Chem Ltd. (051910.KS, W201,500)
Merck KGaA (MRCG.DE, €71.21)
Momenta Pharm (MNTA.OQ, \$10.95)
Pfizer (PFE.N, \$29.49)
Samsung Securities (016360.KS, W47,600)

Disclosure Appendix

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Outperform (O) : The stock's total return is expected to outperform the relevant benchmark* over the next 12 months.

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**Relevant benchmark by region: As of 10th December 2012, Japanese ratings are based on a stock's total return relative to the analyst's coverage universe which consists of all companies covered by the analyst within the relevant sector, with Outperforms representing the most attractive, Neutrals the less attractive, and Underperforms the least attractive investment opportunities. As of 2nd October 2012, U.S. and Canadian as well as European ratings are based on a stock's total return relative to the analyst's coverage universe which consists of all companies covered by the analyst within the relevant sector, with Outperforms representing the most attractive, Neutrals the less attractive, and Underperforms the least attractive investment opportunities. For Latin American and non-Japan Asia stocks, ratings are based on a stock's total return relative to the average total return of the relevant country or regional benchmark; prior to 2nd October 2012 U.S. and Canadian ratings were based on (1) a stock's absolute total return potential to its current share price and (2) the relative attractiveness of a stock's total return potential within an analyst's coverage universe. For Australian and New Zealand stocks, 12-month rolling yield is incorporated in the absolute total return calculation and a 15% and a 7.5% threshold replace the 10-15% level in the Outperform and Underperform stock rating definitions, respectively. The 15% and 7.5% thresholds replace the +10-15% and -10-15% levels in the Neutral stock rating definition, respectively. Prior to 10th December 2012, Japanese ratings were based on a stock's total return relative to the average total return of the relevant country or regional benchmark.*

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Underperform/Sell*	13%	(43% banking clients)
Restricted	3%	

*For purposes of the NYSE and NASD ratings distribution disclosure requirements, our stock ratings of Outperform, Neutral, and Underperform most closely correspond to Buy, Hold, and Sell, respectively; however, the meanings are not the same, as our stock ratings are determined on a relative basis. (Please refer to definitions above.) An investor's decision to buy or sell a security should be based on investment objectives, current holdings, and other individual factors.

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