



Takeda's legacy and commitment to plasma-based therapeutics

Takeda has a steadfast commitment to providing life-changing plasma-based therapeutics, with 70 years of experience and a robust approach to keep up with growing demand.



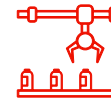


Manufacturing capacity increased by more than 65% in a 4-year period (2018-2022) and is expected to grow an additional 50% by 2028^{1,2}



Collection

Takeda operates more than **220 BioLife collection centers across the US**, with the highest collection rate per center in the industry



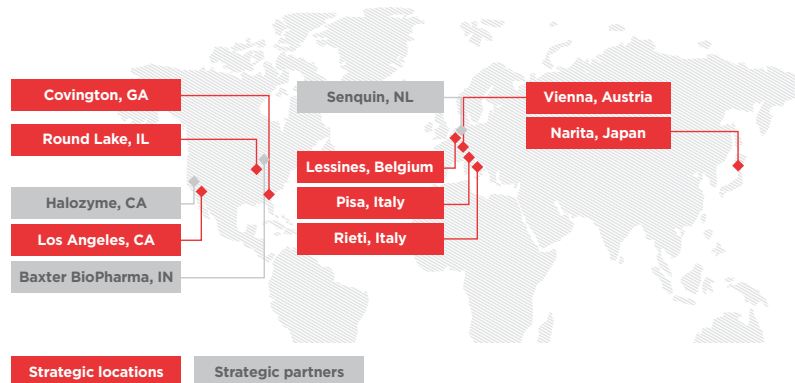
Manufacturing Excellence

Takeda is consistently working to **build efficacies while maintaining safety** in their plasma-derived therapies (PDTs)



Supply

8 strategic manufacturing locations and **4 strategic partners** provide a robust and uninterrupted global supply chain



Yield

Takeda **makes the most of donations** through innovations and prioritizing the donor experience



Lead Time

Producing PDTs takes months to years, compared to days to weeks for traditional pharmaceutical manufacturing

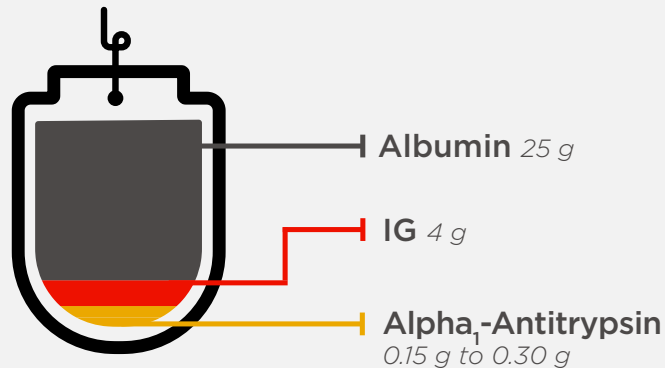


Plasma-derived therapies are challenging to source and time-intensive to produce.

Only 7% of plasma contains vital proteins that can be used to treat certain conditions. 1% is salts, sugars, fats, hormones, and vitamins, and the remaining 92% is water.³

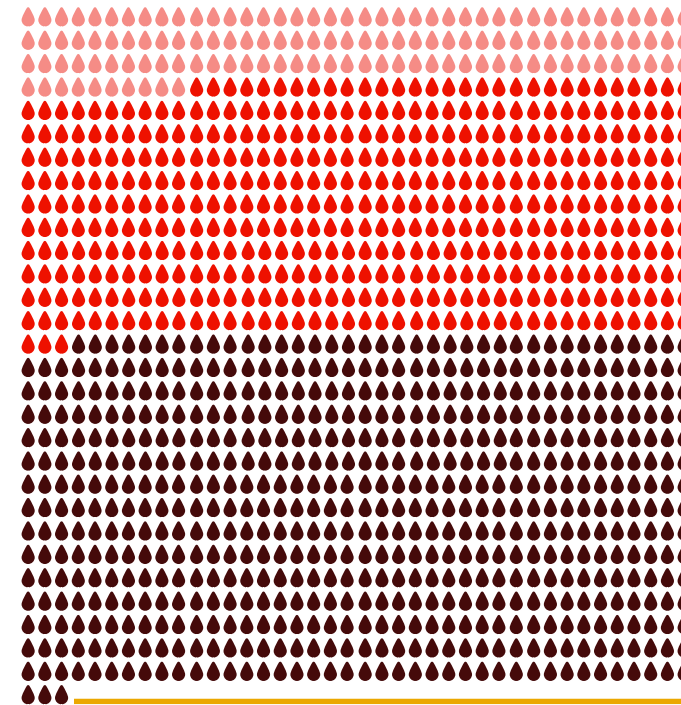
One liter of plasma yields⁴:

PLASMA PROTEIN



AAT=Alpha₁-antitrypsin deficiency; CIDP=chronic inflammatory demyelinating polyneuropathy; IG=immunoglobulin; MMN=multifocal motor neuropathy; PI=primary immunodeficiency.

To treat **one adult patient for one year**, hundreds of plasma donations are needed*:



 = 1 unique donation

For a patient with PI treated with IG⁴⁻⁷:
..... **130** donations over 15 months equals ~91 liters

For a patient with CIDP treated with IG^{4,6,8}:
..... **433** donations over ~50 months equals ~303 liters

For a patient with MMN treated with IG⁴⁻⁷:
..... **600** donations over ~70 months equals ~420 liters

For a patient with AAT treated with an Alpha₁-Proteinase Inhibitor⁴⁻⁶:
..... **900** donations[†] over ~104 months equals ~1092 liters

Takeda's Manufacturing Facilities Employ Multiple Key Processes to Ensure IG Product Safety^{6,9†}

*Amounts indicate average yield per liter of plasma. Yields vary considerably according to manufacturing process. Calculations assume a dose of 0.4 g/kg every 4 weeks for an average adult of 70 kg with PI, a dose of 2 g/kg every month for an average adult of 70 kg with MMN, a dose of 1 g/kg every 3 weeks for an average adult of 70 kg with CIDP, and a dose of 60 mg/kg for an average adult of 70 kg with AAT.

[†]Alpha₁-antitrypsin can be derived from the same donations as IG.

[†]Formulations made from human plasma may carry a risk of transmitting infectious agents, such as viruses and, theoretically, the Creutzfeldt-Jakob disease agent.



Takeda is committed to safety and consistency throughout the supply chain.



Plasma supply is driven by the relationship built with BioLife donors

- In 2022, BioLife centers in the US collected 23.5% more plasma than 2021¹⁰
- Industry-leading omnichannel engagement provides donors with a personalized experience with an AI “Success Coach,” app, digital scheduling, and intuitive communications
- Centers are built around efficiency and convenience to provide donors with a positive experience

Plasma-based manufacturing steps



References: **1.** Takeda. 2022 annual integrated report. https://www.takeda.com/49fefa/siteassets/system/corporate-responsibility/reporting-on-sustainability/annual-integrated-report/Takeda_2022_annual_integrated_report.pdf. Accessed January 11, 2023. **2.** Takeda. 2024 annual integrated report. <https://www.takeda.com/investors/annual-integrated-report/>. Accessed August 1, 2024. **3.** American Red Cross. Blood components. Accessed August 6, 2024. <https://www.redcrossblood.org/donate-blood/how-to-donate/types-of-blood-donations/blood-components.html> **4.** Birkofer J. Rare disease patients depend upon access to plasma protein therapies. Plasma Protein Therapeutics Association. Accessed August 6, 2024. <https://www.politico.com/pptar-rare-disease-patients-depend2.html> **5.** Plasma Protein Therapeutics Association. 10 facts about plasma protein therapies. Accessed August 6, 2024. https://cdn.prod.website-files.com/638f893112c6eac0e46ac576/64185847063424ea89dffcd_PPTA_Fact_Sheet_10Facts_FINAL_rev2.pdf **6.** BioLife Plasma Services. Working together to save lives. January 2020. Accessed August 6, 2024. <https://res.cloudinary.com/htlee8176/image/upload/v1615328330/downloads/biolife-press-kit.pdf> **7.** U.S. Department of Health and Human Services. Analysis of supply, distribution, demand, and access issues associated with immune globulin intravenous (IGIV), final report. January 2007. Accessed August 6, 2024. <https://aspe.hhs.gov/execsum/analysis-supply-distribution-demand-and-access-issues-associated-immune-globulin-intravenous-igiv> **8.** Van den Bergh PYK, et al. European Academy of Neurology/Peripheral Nerve Society guideline on diagnosis and treatment of chronic inflammatory demyelinating polyradiculoneuropathy: report of a joint task force-second revision. *J Peripher Nerv Syst.* 2021;26(3):242-268. **9.** Plasma Protein Therapeutics Association. Quality standards of excellence, assurance and leadership (QSEAL). Accessed August 6, 2024. <https://www.pptaglobal.org/material/quality-standards-of-excellence-assurance-and-leadership-qseal> **10.** Marketing Research Bureau. The Plasma Proteins Market in the United States, 2022. Orange, CT: Marketing Research Bureau Inc; 2023. **11.** Plasma Protein Therapeutics Association. Plasma. <https://www.pptaglobal.org/plasma>. Accessed February 14, 2020. **12.** Plasma Protein Therapeutics Association. Plasma collection and manufacturing. Accessed August 6, 2024. <https://www.pptaglobal.org/resources/plasma-collection-and-manufacturing#:~:text=Plasma%20Manufacturing&text=The%20manufacturing%20process%20is%20known,centrifugation%2C%20separation%2C%20and%20filtration> **13.** Gelfand EW. Differences between IGIV products: impact on clinical outcome. *Int Immunopharmacol.* 2006;6(4):592-599.

