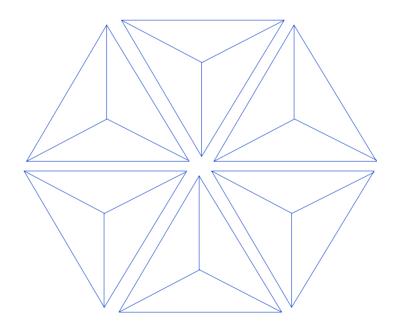
## How to win friends & influence deal terms



Ajoy Chakrabarti April 20, 2005





## Some background information

#### The Drug:

- Canada (drug) had already been approved in the US
- Opinions from ex-US regulatory authorities were mixed for nearterm approval
- Only ex-US geographies were available for in-licensing

#### Other relevant facts:

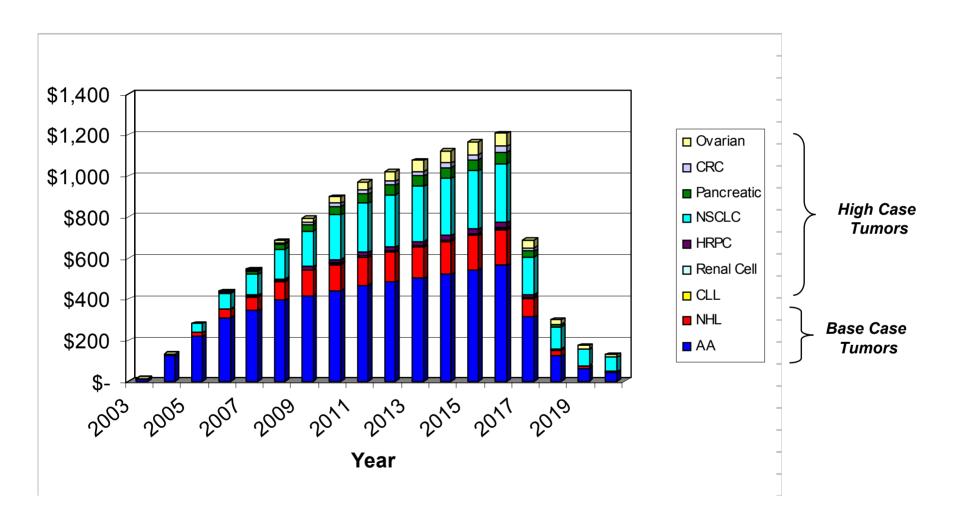
- ➤ The key BMS oncology drug, Taxol, had recently gone off-patent
- ➤ BMS had yet to complete a deal in 2003
- BMS was interested in the ex-US regions, provided that near-term approval was likely
- The in-licensing team was not sure how to value Canada on a riskadjusted basis
- This was my first Oncology deal.....



## Our approach to valuing Canada

- Our goal was to value the entire Canada opportunity, including all potential indications and outcomes.
- ➤ We therefore risk-adjusted all potential revenue streams associated with indications, as well as all expected R&D costs and milestone payments required to develop the indications

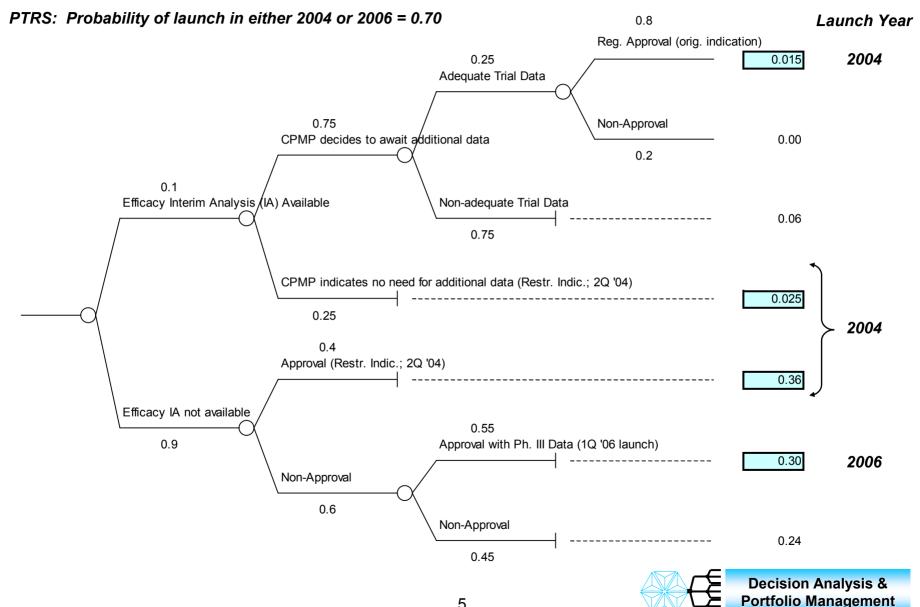
## Total Forecast by Tumor Type



## The "Base Case" vs. "High Case" issue

- Base Case was defined as only AA & NHL.
- Only revenues from those two tumor types were included.
- ➤ However, the clinical costs for all tumor types were included as they were part of the clinical plan.
- > This inconsistency created two issues:
  - 1) Potential revenues were underestimated.
  - 2) Value of the Base Case was reduced by burdening it with costs associated with the other tumors.
- > Two possible responses:
  - 1) "Your base case valuation approach is WRONG, WRONG, WRONG!"
  - 2) "You may have left money on the table a more 'wholistic' approach may show additional value from the high case tumors."

## Tree for AA indication with assessed probabilities



# **PTRS Summary**

	Solid Tumors						
ase Indication/Compendia	NHL (EU)	CRC (EU)	NSCLC (EU)	Breast (EU)	Prostate (EU)	Ovarian (EU)	Gastric (JPN)
Phase I/II		0.10					0.90
Phase II	0.60		0.20	0.15	0.25		0.10
Phase III	0.50	0.35	0.40	0.35	0.40		0.50
Regulatory	0.80	0.80	0.80	0.80	0.80		0.80
Overall PTRS	0.24	0.03	0.06	0.04	0.08		0.04

## Summary of Deal Terms/Options

#### **Initial Deal Terms:**

- 1. BMS assumes 50% of development costs for AA indication
- 2. BMS will commit to spend >\$100M on development of solid tumors
- 3. Upfront payment of \$60M

#### Our analysis suggested the following changes:

- 1. BMS commits to only 35% of development costs for AA
- 2. BMS will commit to spend approximately \$60M on solid tumors, additional spending will be contingent upon success in at least one solid tumor.
- 3. Upfront payment of \$40M

Cumulative effects as changes in terms are rolled back	ENPV	EIRR
BMS Base Valuation	59	14%
Returning to 50% share of AA Development	30	13%
Resuming high Ph II solid tumor spend	13	12%
Increased upfront payments (back to \$60M)	-5	11%



## Conclusions (straight from Snr. Mgmt. presentation)

- The PTRS for this opportunity is 0.70, based on assumption that commercial success requires only a launch in AA in either 2004 or 2006
- The proposed terms manage risk by:
  - Cutting the BMS share of development costs to 35%
  - Reduction of upfront and milestone payments
  - Reduction of clinical spend for solid tumors (committed spend of \$60M over 2003-6)
- Given these assumptions, the Canada opportunity adds value and provides a marginal return on investment after accounting for risks.
  - EIRR = 14%
  - ENPV = \$59M
- Any movement of deal terms back towards the original (May 16, 2003)
  values will significantly erode the value of the deal.



#### **Conclusions**

- Canada signed with another company
- BMS held a post-mortem analysis where we found:
  - Our terms were comparable
  - Reasons for signing deal with the other company were mostly related to strategic & philosophical issues
- End result: Things worked out for the best for all parties

