中國生物製藥有限公司
SINO BIOPHARMACEUTICAL LIMITED

(Stock Code: 1177.HK)

2024年全年业绩发布会
2024 Annual Results Announcement

2025.3.20 Shanghai

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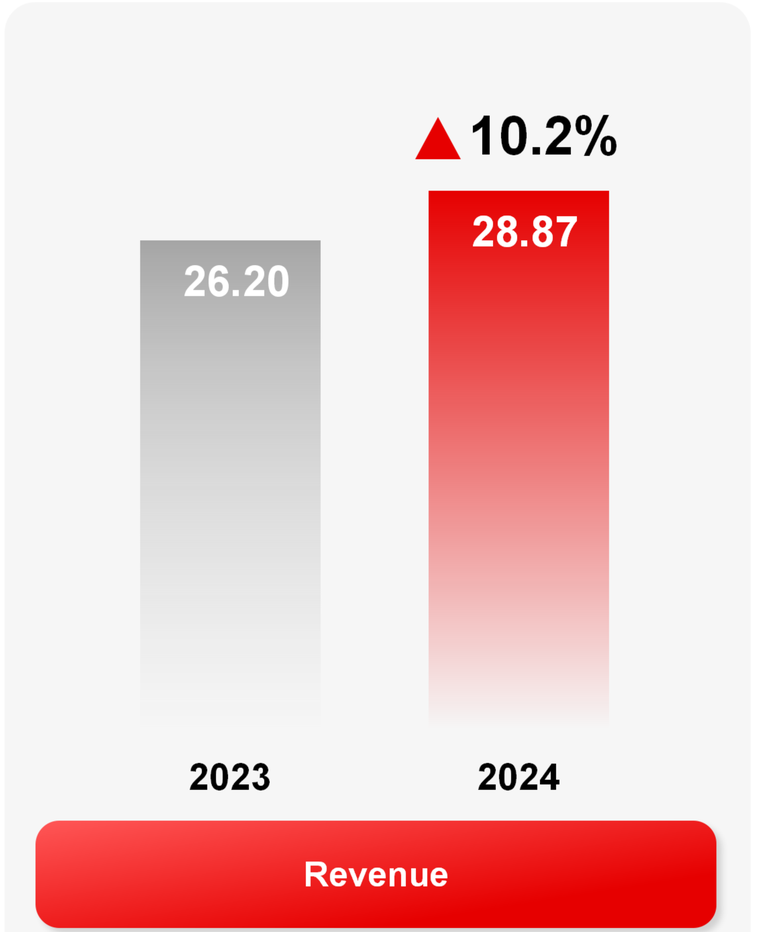
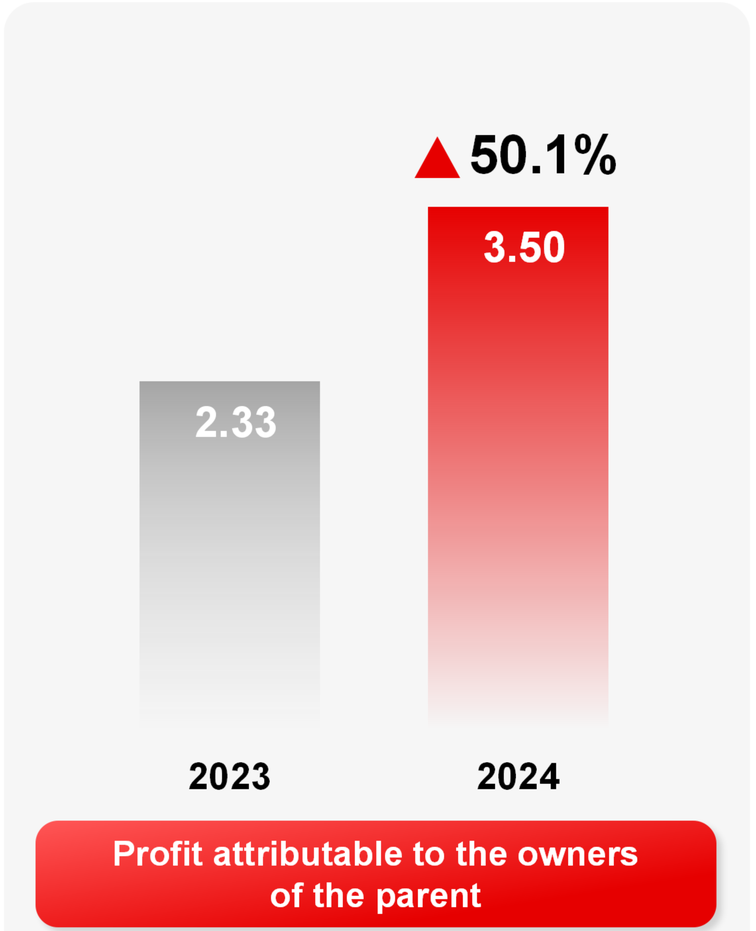
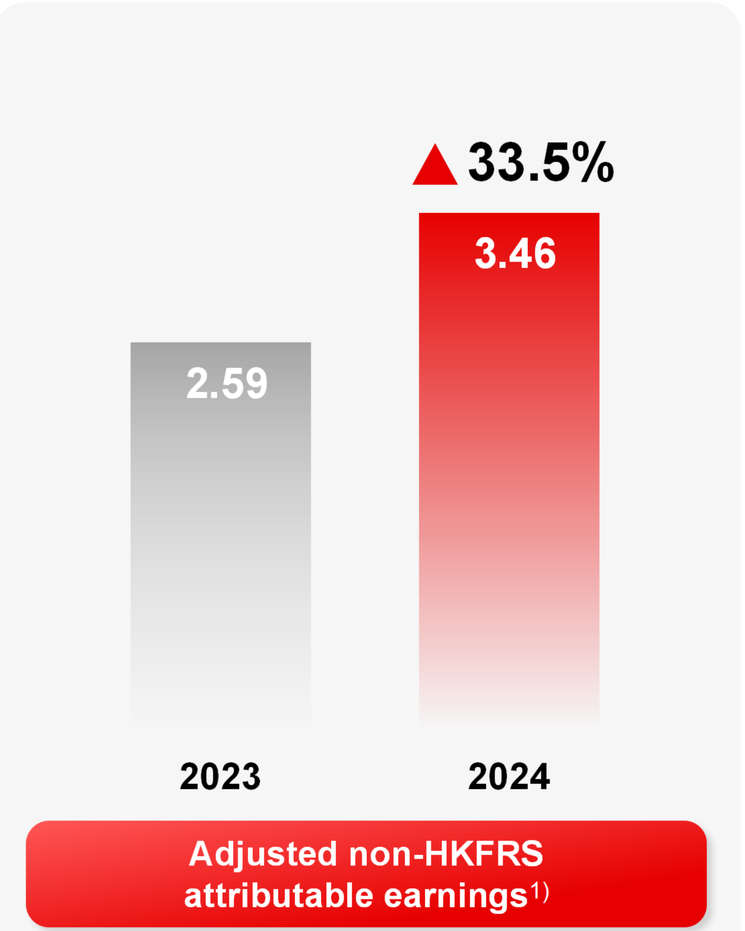
Financial Highlights

Revenue achieved double-digit growth, with profit growth significantly outpacing revenue

(RMB bn)







Notes：1）Adjusted non-HKFRS attributable earnings is presented as an additional financial measure to provide supplementary information for better assessment of the performance of Sino Biopharm's core operations. Sino Biopharm is committed to maintaining the stability of this adjustment basis for investors' reference. Please refer to the next page for details.

Adjusted non-HKFRS attributable earnings

(RMB bn)

	2024	2023	Growth
Profit attributable to the owners of the parent	**3.50**	**2.33**	**+50.1%**
Profit attributable to the owners of the parent from discontinued operations	-1.58	-0.44	
Share of profits and losses of associates and joint ventures[1)]	0.11	0.48	
One-off adjustments for the impairment and fair value changes of certain assets and liabilities[1)]	1.39	0.10	
Fair value losses/(gains) of current equity investments, net[1)]	0.00	-0.06	
Share-based payments[1)]	0.04	0.02	
Convertible bond debt component of:			
Effective interest expenses	0.00	0.01	
Exchange (gain)/loss	-0.00	0.08	
Fair value gains of derivative financial instruments in relation to foreign currency forward contracts	-	-0.05	
Loss on extinguishment of partial convertible bond	-	0.12	
Fair value gain of convertible bond embedded derivative component	-	-0.00	
Adjusted non-HKFRS profit attributable to the owners of the parent	**3.46**	**2.59**	**+33.5%**

Notes：1）Net of related tax and non-controlling interests.

Manufacturing

Centralized procurement and optimized capacity utilization, driving gross margin growth

(RMB bn)

Centralized procurement to ensure quality and price competitiveness

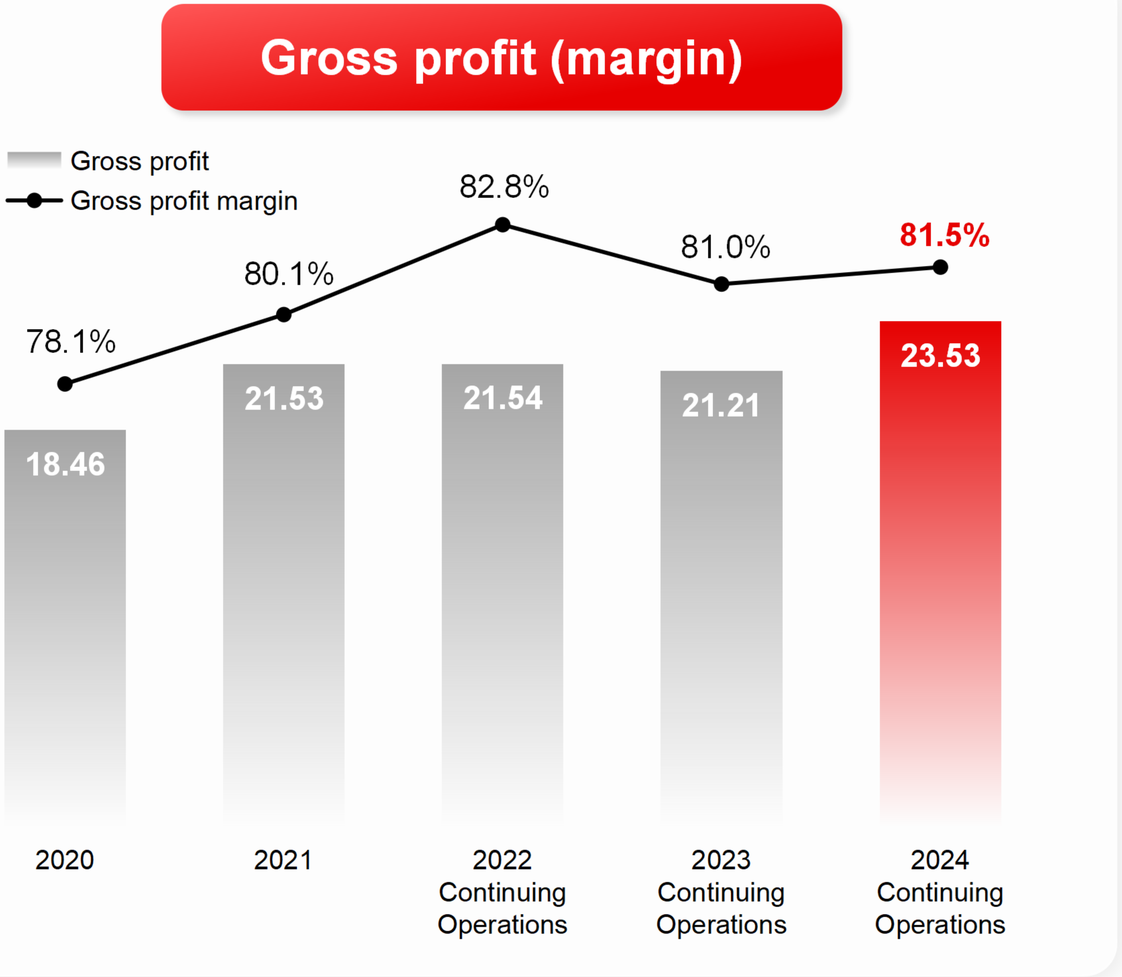
Procurement

Optimize production scheduling to improve capacity utilization

Utilization

One of the first companies to use 10000L bioreactors, scale effect

Scale effect



R&D

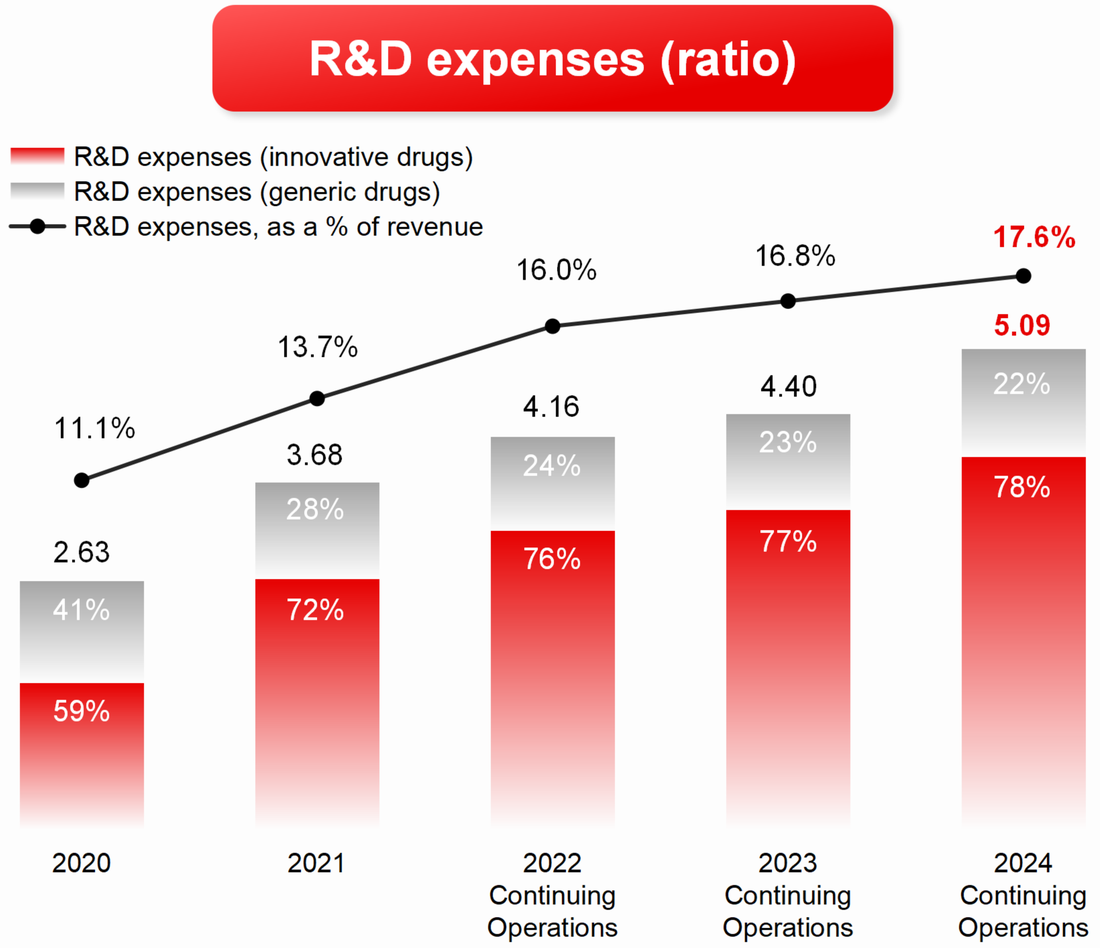
Increasing investment in innovative R&D, focusing on core areas and core assets

(RMB bn)

Increase investment in R&D, entering the high-yield phase of the innovative pipeline — **Harvest**

Focus on four key TAs to improve R&D efficiency — **Efficiency**

Focus on core projects with tiered and differentiated resource allocation — **Differentiate**



Notes：1）In 2024, R&D expenses accounted for 92.7% of total R&D expenditures, and generic drugs are mainly exclusive or special products that are first-to-imitate or hard-to-imitate.

Sales

Digitalized and compliance-driven management, achieving steady improvement in staff efficiency

(RMB bn)

Focus on efficiency, striving to improve per capita output

Efficiency

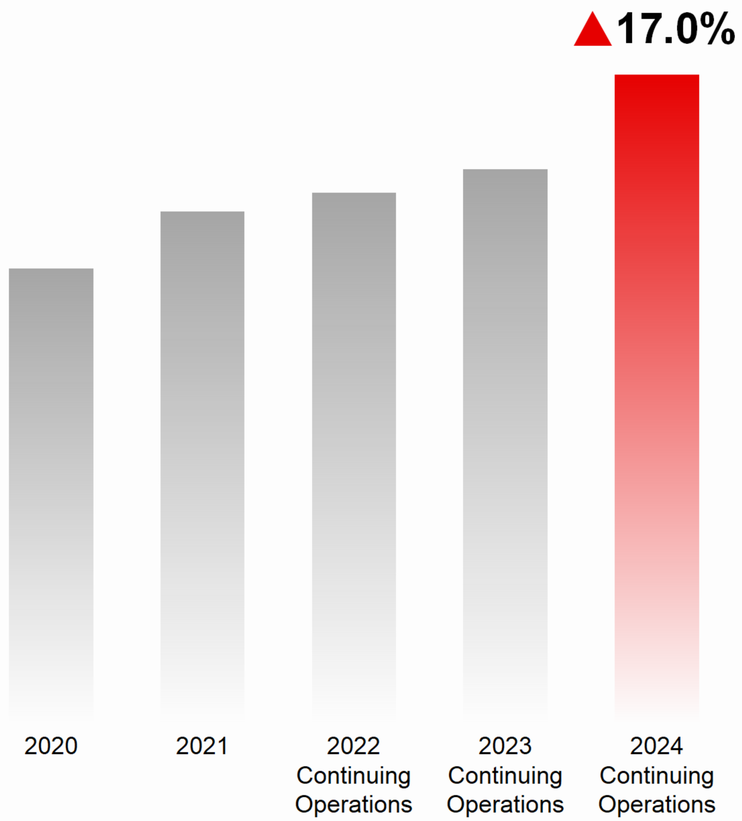
Improve internal control for better transparency and compliance

Compliance

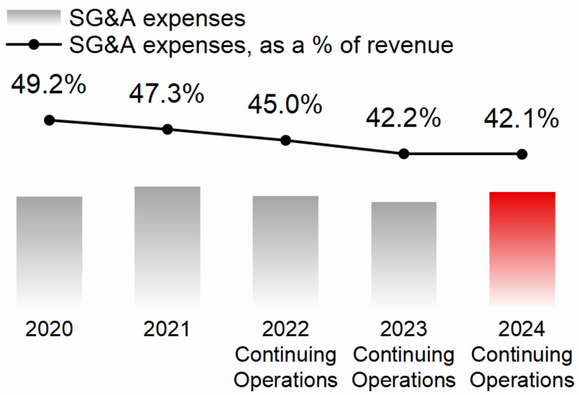
Apply CRM system, an intelligent sales and marketing platform

Digitalization

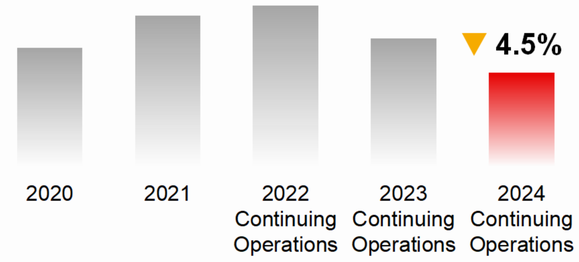
Output per salespeople - major subsidiaries[1)]



SG&A expenses (ratio)



Number of salespeople[2)]



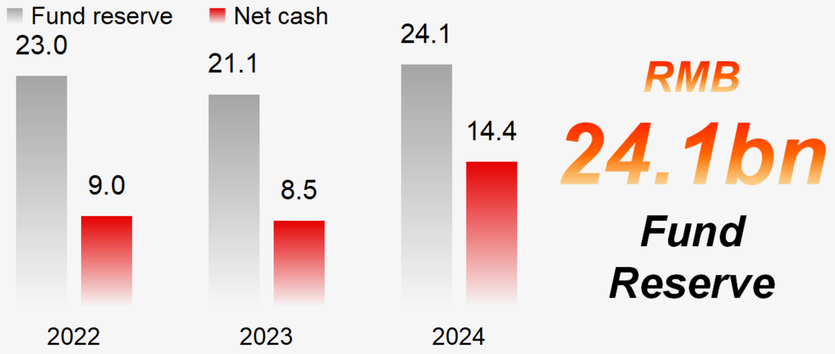
Notes：1）Output per salespeople - major subsidiaries = Revenue of 5 major subsidiaries / Average number of salespeople in 5 major subsidiaries, major subsidiaries include: CTTQ, Beijing Tide, Nanjing CTTQ, CTFH, CTQJ；2）Number of salespeople is the total number of salespeople of continuing operations under Sino Biopharm (including its subsidiaries) at the end of the reporting period.

Fund Management

Sound financial position and consistent long-term growth in shareholder returns

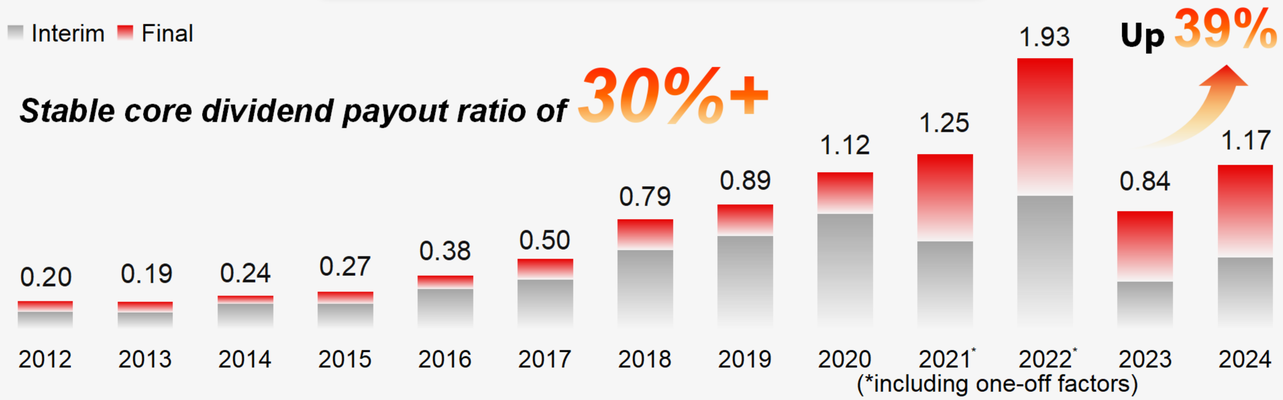
(RMB bn)

Adequate Fund Reserve[1)]



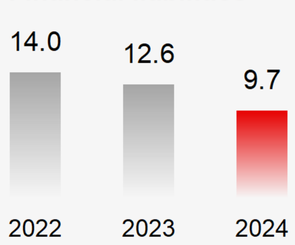
RMB 24.1bn Fund Reserve

Consistent long-term dividend growth



Stable core dividend payout ratio of 30%+

Lower Financing Costs



Financing costs in 2023: 500mn
Financing costs in 2024: 300mn

Financing costs decreased by

40%

Expanded Share Buyback

1bn RMB CTTQ ESOP

250mn+ HKD Sino Biopharm ESOP

24mn+ HKD Repurchase and cancellation

The amount of stock purchases in 2024 exceeded 1.35bn HKD.

Notes：1）Fund reserve includes cash and bank balances, bank deposit, and the wealth management products as at 31 Dec 2024；Net cash is the fund reserve minus financial liabilities such as bank loans and financial bonds

CONTENTS

Four Key TAs

Rapid launch of innovative products, further strengthening competitive advantages

Andewei (安得卫®) Benmelstobart Injection
Category 1 innovative drug, 2 indications approved in 2024: 1L SCLC and ≥2L endometrial cancer

Anfangning (安方宁®) Garsorasib Tablet
Category 1 innovative drug, the 2nd KRAS G12C inhibitor approved in China, for the treatment of 2L KRAS G12C mutated NSCLC

Anboni (安柏尼®) Unecritinib Fumarate Capsules
Category 1 innovative drug, the first domestic targeted drug approved for the treatment of ROS1+ NSCLC

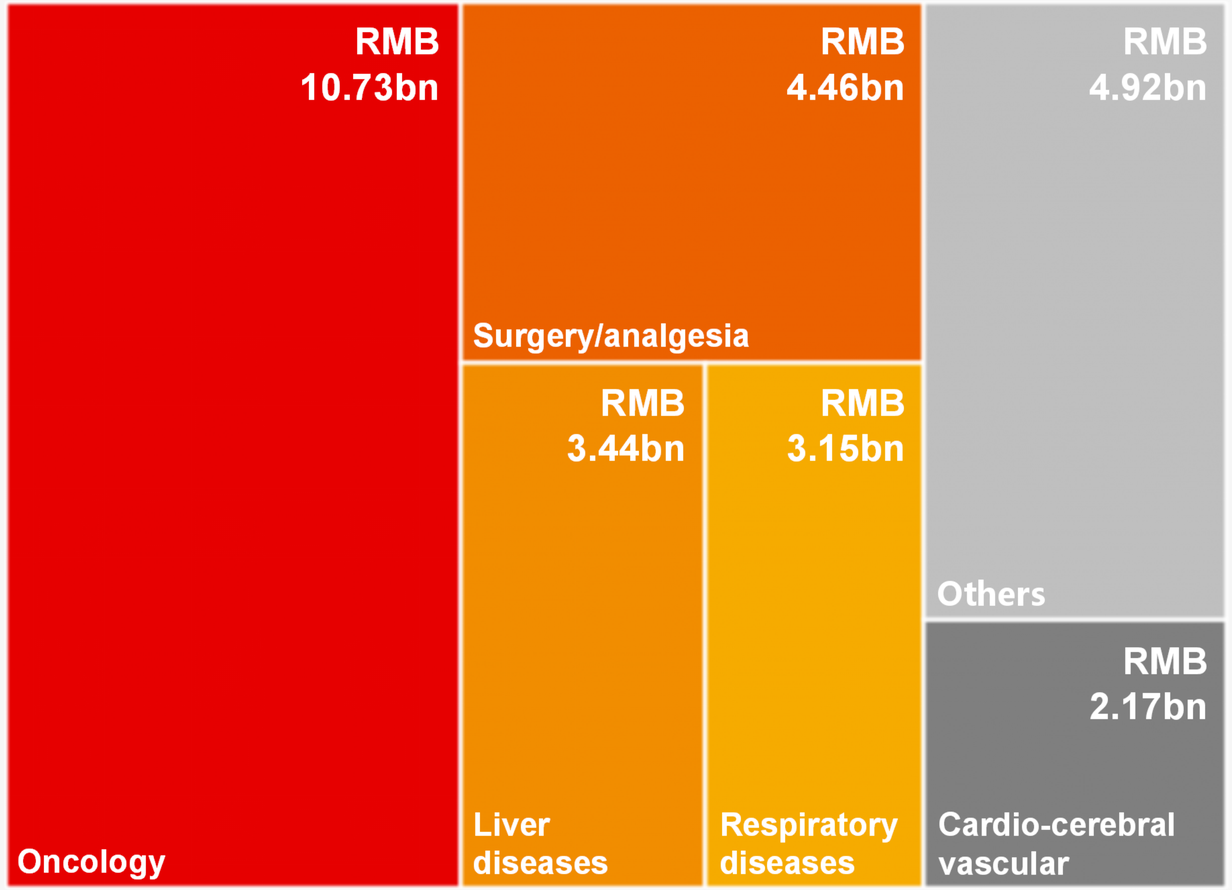
Anluoqing (安洛晴®) Envonalkib Citrate Capsules
Category 1 innovative drug, for the treatment of ALK+ NSCLC patients who have not been treated with ALK inhibitors

Paletan (帕乐坦®) Pertuzumab injection
First pertuzumab biosimilar approved in China, for the treatment of HER2+ early/metastatic breast cancer and metastatic gastric cancer

Beilelin (贝乐林®) Liraglutide Injection
One of the first 3 liraglutide biosimilars approved in China, for the treatment of type 2 diabetes

6 innovative products and 28 generic drugs approved in 2024.

The company with the most amount of Class 1 innovative drugs approved in 2024.



Notes：1）Innovative products include innovative drugs and biosimilars

Innovative Products

Achieved 21.9% growth, driven by optimal hospital access and market penetration

(RMB bn)

Innovative products launched in 2023 contributed the majority of this year's growth

Yilishu (亿立舒®)
Efbemalenograstim alfa Injection

FIC 3rd-gen G-CSF
Better efficacy and safety

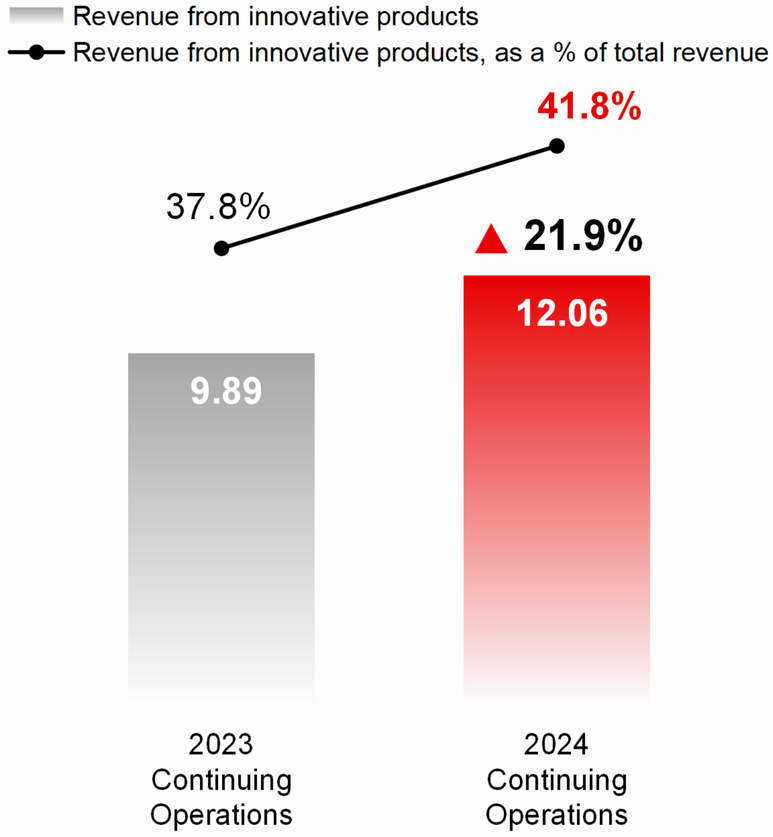
Anbeisi (安倍斯®)
Bevacizumab Injection

Delituo
(得利妥®)
Rituximab
Injection

Saituo
(赛妥®)
Trastuzumab
for Injection

Anhengji
(安恒吉®)
Recombinant Human
Coagulation Factor
VIII for Injection

Revenue from innovative products



Notes：1）Innovative products include innovative drugs and biosimilars

Innovative Products

Achieved 21.9% growth, multiple new products launched in 2024 to accelerate growth in 2025

(RMB bn)

6 innovative products launched in 2024

% of revenue from innovative products kept increasing

Category 1 innovative drug

BIC treatment for 1L SCLC

Andewei (安得卫®)
Benmelstobart Injection

Category 1 innovative drug

2nd KRAS G12C inhibitor approved in China

Anfangning (安方宁®)
Garsorasib Tablet

Category 1 innovative drug

1st domestic targeted drug approved for the treatment of ROS1+ NSCLC

Anboni (安柏尼®)
Unecritinib Fumarate Capsules

Category 1 innovative drug

Significantly extended PFS in patients

Anluoqing (安洛晴®)
Envonalkib Citrate Capsules

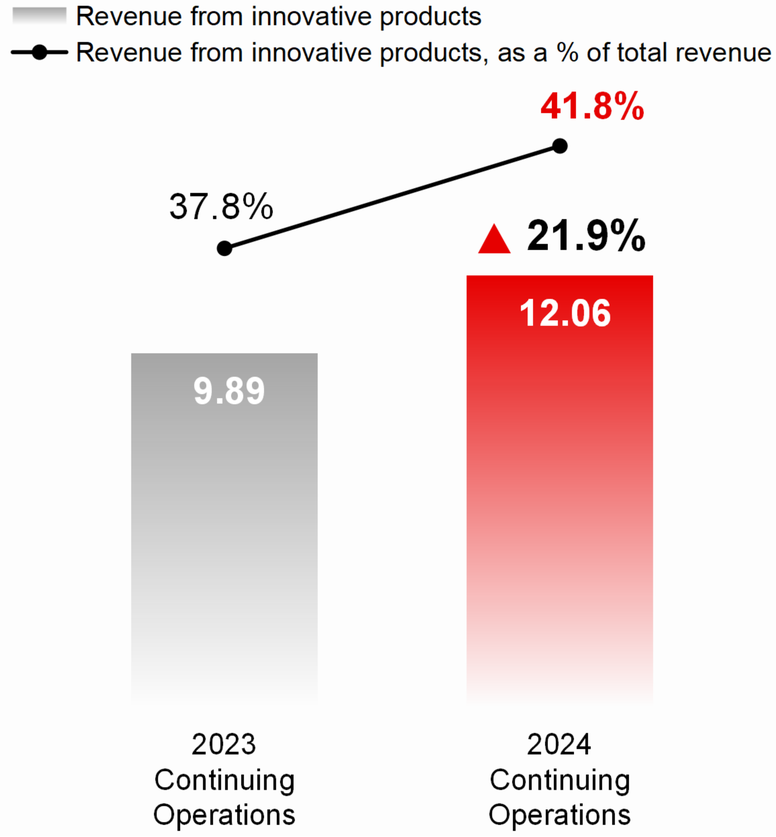
First pertuzumab biosimilar approved in China

Paletan (帕乐坦®)
Pertuzumab injection

One of the first 3 liraglutide biosimilars approved in China

Beilelin (贝乐林®)
Liraglutide Injection

Revenue from innovative products



Notes：1）Innovative products include innovative drugs and biosimilars

Generic Drugs

Realized 3.1% growth with a high-quality product portfolio

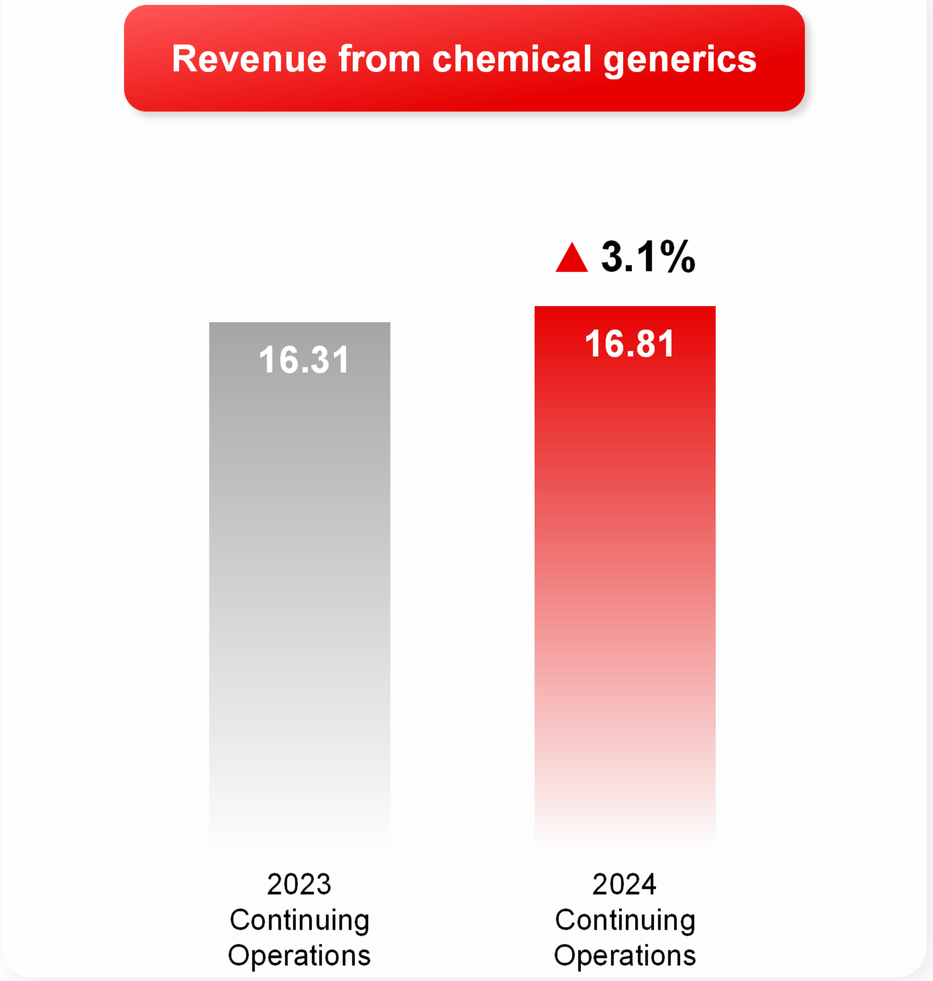
(RMB bn)

Generic drugs expected to maintain positive growth going forward

Back to growth

10+ generic drugs launched each year, nearly 80% of generic drugs approved in the past 10 years were first / top 3 to market[1)]

Target first



Notes：1）Statistics of CTTQ

Innovation Driven

Rapid growth in innovative products revenue as pipeline enters high-yield phase

Oncology | Liver/metabolic diseases | Respiratory diseases | Surgery/ analgesia | New indications

% of revenue from innovative products

22 innovative products — **50%**

- TQB3616 (CDK2/4/6 inhibitor)
- TQ05105 (JAK/ROCK inhibitor)
- QP001 (Meloxicam Injection)
- Flurbiprofen Patches
- rhFVIIa for Injection
- Anlotinib 1L RCC
- Lidocaine Cataplasms DPNP

2025

27 innovative products — **55%**

- M701 (CD3/EpCAM BsAb)
- BI: Zongertinib (HER2 inhibitor)
- PL-5 (Antimicrobial peptide)
- Naldemedine (μ-opioid receptor antagonist)
- Insulin Degludec Injection
- Anlotinib 1L HCC, 1L sq-NSCLC, etc.
- TQB3616 (CDK2/4/6 inhibitor) 1L HR+/HER2- breast cancer

2026

30+ innovative products — **60%**

- TQB2102 (HER2 BsAb ADC)
- TQB3909 (BCL-2 inhibitor)
- CPX102 (Type III IFN)
- TQH2722 (IL-4 mAb)
- TRD303 (Ropivacaine extended-release solution)
- Lanifibranor (pan-PPAR agonist)
- Semaglutide Injection
- Anlotinib 1L nsq-NSCLC, 1L CRC, etc.
- TQB3616 (CDK2/4/6 inhibitor) HR+/HER2- breast cancer (adjuvant)

2027

Global FIC Pipeline-Internal R&D

TQ05105 (JAK/ROCK inhibitor) Global FIC, conducting clinical trials in China and US

中國生物製藥有限公司
SINO BIOPHARMACEUTICAL LIMITED

TQ05105

Rovadicitinib

JAK/ROCK inhibitor

Global first-in-class potential

- Dual inhibition of **JAK (anti-inflammatory)** and **ROCK (anti-fibrotic)**
- NDA submitted, **global first-in-class** potential

Durable responses in cGVHD

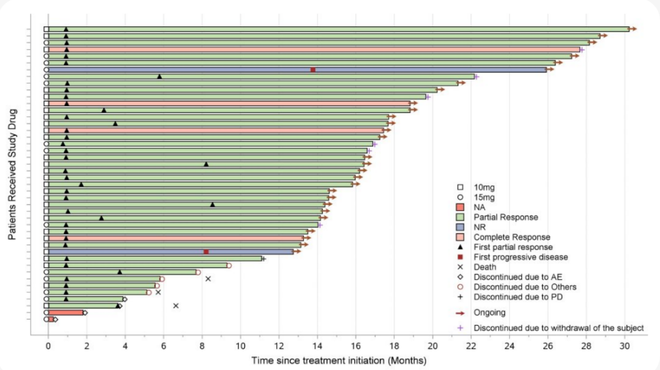
- Better **failure-free survival (FFS)** at 12 months and better responses in **fibrosis-dominated organs** as compared with competitors

3 oral presentations at ASH 2024

- **Chronic graft-versus-host disease (cGVHD)** phase Ib/IIa data, **myelofibrosis (MF)** phase Ib data, **hemophagocytic lymphohistiocytosis (HLH)** phase I data

Indication	Phase I	Phase II	Phase III	NDA	Approval
MF				NDA	
cGVHD			Phase III		*IND for phase II approved in US*
HLH		Phase Ib/II			
aGVHD	Phase Ib				

TQ05105 phase Ib/II clinical trial in patients with glucocorticoid-refractory or -dependent cGVHD[1)]



- ORR (24 weeks): 66% (29/44)
- FFS (12 months): 87.7% (95%CI 73.0, 94.7)
- Median treatment duration: 13.8 months
- Rapid responses: ~70% responders achieving response at 4 weeks

Organ specific response rates:

	TQ05105	Ruxolitinib[2)]	Belumosudil[3)]
Skin	65% (17/26)	41%	37%
Eyes	54% (20/37)	26%	42%
Mouth	44% (15/34)	50%	55%
Esophagus	79% (15/19)	50%	45%
Upper GI	40% (2/5)	40%	52%
Lower GI	91% (10/11)	53%	69%
Liver	**100% (5/5)**	24%	39%
Lung	23% (6/26)	9%	26%
Joints/fascia	68% (13/19)	38%	71%

- Compared with similar drugs, TQ05105 has **higher response rates** in multiple organs, especially in the main organs with fibrosis (such as liver)

Notes：1）2024 ASH；2）Zeiser R, Polverelli N, et al. Ruxolitinib for Glucocorticoid-Refractory Chronic Graft-versus-Host Disease. N Engl J Med. 2021 Jul 15;385(3):228-238.；3）Cutler C, Lee SJ, et al. Belumosudil for chronic graft-versus-host disease after 2 or more prior lines of therapy: the ROCKstar Study. Blood. 2021 Dec 2;138(22):2278-2289.

Global FIC Pipeline-Internal R&D

TQC3721 (PDE3/4 inhibitor) available in both DPI and nebulizer, global BIC potential

中國生物製藥有限公司
SINO BIOPHARMACEUTICAL LIMITED

TQC3721

PDE3/4 inhibitor

Dosage form	Indication	Phase I	Phase II	Phase III	NDA	Approval
Nebulized suspension	COPD		Phase II	*Phase III expected in 2025*		
DPI	COPD	Phase I				

Global best-in-class potential

- **Synergistic MOA** with bronchodilation (PDE3) and anti-inflammation effect (PDE4)
- Significantly **stronger inhibitory effect** on PDE3 and PDE4 families than that of ensifentrine

R&D progress ranks 2nd globally

- Only one PDE3/4 inhibitor approved for marketing globally, and it has not been approved in China yet
- TQC3721 **ranks 2nd globally** in R&D progress

A wider range of patients

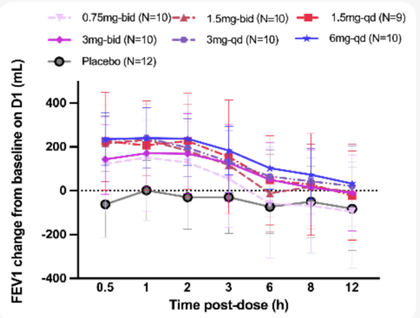
- Available in both **DPI** and **nebulizer** to maximize commercialization potential
- COPD cases: ~**500mn** globally, ~**100mn** in China[1)2)]

Comparison of selectivity of TQC3721 and ensifentrine for PDE3 and PDE4 families

PDE isozymes	Ensifentrine IC_{50} (nM)	TQC3721 IC_{50} (nM)	Ratio
PDE3A	0.534	0.0383	14
PDE3B	1.07	0.0974	11
PDE4A	60.50	0.308	196
PDE4B	76.10	0.872	87
PDE4C	395	11.0	36
PDE4D	33.6	0.152	221

- Preclinical studies have shown that TQC3721 has a **higher selectivity** and **inhibitory ability** towards the PDE3 and PDE4 families, especially towards PDE4A and PDE4D.

TQC3721 phase IIa clinical trial in patients with COPD[3)4)]



- Except for 0.75mg cohort, other cohorts of TQC3721 produced a **significant and dose-dependent increase** in peak FEV_1 from baseline to week 4.
- Adverse events were similar in frequency between the TQC3721 and placebo.

TQC3721 covers a wider range of COPD patients than ensifentrine

Global Initiative for Chronic Obstructive Lung Disease (GOLD)

0-1 moderate exacerbations (not leading to hospital admission)	mMRC 0-1, CAT < 10	**Group A** A bronchodilator
	mMRC ≥ 2, CAT ≥ 10	**Group B** LABA+LAMA
≥2 moderate exacerbations or ≥1 leading to hospitalization		**Group E** LABA+LAMA *LABA + LAMA + ICS if EOS ≥ 300 cells/μL*

TQC3721 phase IIb clinical design (TQC3721 II-03, N=240)

Group	Therapy used
TQC3721 3 mg BID TQC3721 6 mg BID Placebo BID	• LAMA or LABA (20%) • LAMA + LABA (70%) • LAMA + LABA + ICS (10%)

✓ ***Including all Group A, B, E patients***

Ensifentrine phase III clinical design (ENHANCE-1 and 2, N=800)

Group	Therapy used
Ensifentrine 3 mg BID Placebo BID	• Not used (30%-45%) • LAMA or LABA (40%-50%) • LAMA+ICS or LABA+ICS (15%-20%)

Only including Group A patients

Notes：1）Boers E, Barrett M, Su JG, et al. Global Burden of Chronic Obstructive Pulmonary Disease Through 2050. JAMA Netw Open. 2023;6(12):e2346598.；2）Wang C, Xu J, et al. Prevalence and risk factors of chronic obstructive pulmonary disease in China (the China Pulmonary Health [CPH] study): a national cross-sectional study. Lancet. 2018 Apr 28;391(10131):1706-1717. ；3）TQC2731 (2024 ERS)；4）FEV1: Forced expiratory volume in 1s

Global FIC Pipeline-BD

QP001 (Meloxicam Injection) national Class 2 drug, 1st long-acting analgesic NSAID injection

中國生物製藥有限公司
SINO BIOPHARMACEUTICAL LIMITED

Delova Biotech

QP001

Meloxicam Injection (COX-2 selective inhibitor)

Indication	Phase I	Phase II	Phase III	NDA	Approval
Postoperative Pain in adults				NDA	

1st long-acting analgesic NSAID injection

- A single injection achieves 24-hour potent analgesia, marking the **first once-daily long-acting analgesic NSAID injection** in China

Exclusive national Class 2 new drug

- The **only** Meloxicam Injection registered as a **National Class 2 New Drug**, NDA submitted in China and US
- The solution formulation which avoids the risks of particle aggregation and sedimentation caused by improper storage of nanosuspensions, thereby preventing capillary embolism

Huge unmet clinical needs

- In 2022, the number of inpatient surgical procedures in China exceeded **82 million**[1)]
- **91.8%** inpatients suffer from post-surgical pain[2)]
- The adoption rate of postoperative analgesia in China remains suboptimal, with even top-tier (Class 3A) hospitals reporting an analgesia utilization rate of only ~**30%**

QP001 phase III clinical trial for the treatment of patients with moderate to severe postoperative pain

Patients with moderate to severe postoperative pain after orthopedic surgery

	QP001 30mg (N=128)	Placebo (N=66)	Morphine sparing/pain reduction	p-value
0-24h total morphine consumption (mg)*	12.5	26.1	**52.1%**	<0.0001
24-48h total morphine consumption (mg)	3.7	10.3	**64.1%**	<0.0001
0-24h area under the curve of pain (AUC_{0-24})	50.4	77.3	**34.8%**	<0.0001
24-48h area under the curve of pain (AUC_{24-48})	43.3	61.0	**29.2%**	<0.0001
18-24h area under the curve of pain (AUC_{18-24})	10.3	18.8	**45.4%**	<0.0001
42-48h area under the curve of pain (AUC_{42-48})	9.5	12.7	**25.2%**	0.0014

Patients with moderate to severe postoperative pain after abdominal surgery

	QP001 30mg (N=170)	Placebo (N=85)	Morphine sparing/pain reduction	p-value
0-24h total morphine consumption (mg)	4.19	7.35	**42.9%**	<0.0001
24-48h total morphine consumption (mg)	0.2	0.7	**85.7%**	0.0027
0-24h area under the curve of pain (AUC_{0-24})*	50.5	85.19	**40.7%**	<0.0001
24-48h area under the curve of pain (AUC_{24-48})	36.3	57	**36.6%**	<0.0001
18-24h area under the curve of pain (AUC_{18-24})	8.7	18.1	**52.5%**	<0.0001
42-48h area under the curve of pain (AUC_{42-48})	6.0	10.4	**42.3%**	<0.0001

**Primary endpoint, others are secondary endpoints*

- Both the primary and secondary efficacy endpoints demonstrated statistically significant differences.
- The first dose was administered 10 minutes preoperatively, followed by a second dose 24 hours after the initial administration. **Potent analgesia was maintained at the end of the drug effect period (18–24h, 42–48h)**.
- The incidence of adverse reactions was comparable to that of the placebo group, with no serious adverse reactions observed.
- Compared to other NSAIDs, QP001 demonstrated a higher 0-48h morphine-sparing effect (reduction rate: 26.0% for ketorolac tromethamine, 28-37% for parecoxib sodium, and 30-45% for dexketoprofen)[4)], positioning it as the **NSAID injection with the strongest potential analgesic efficacy**.

Notes：1）China Statistical Yearbook 2023；2）Gan TJ, Habib AS, Miller TE, White W, Apfelbaum JL. Incidence, patient satisfaction, and perceptions of post-surgical pain: results from a US national survey. Curr Med Res Opin. 2014 Jan;30(1):149-60.；3）Zhang X G, Xi W B, Tu W F, et al. Expert consensus for comprehensive goal-directed perioperative analgesia management in China (2021). Chin J Painol, 2021, 17(2): 119-125.；4）Prescribing information

Global FIC Pipeline-BD

CPX102 (Type III IFN) global FIC nebulized treatment for RSV infection

Sciwind Biosciences

CPX102

Type III interferon (IL-29/IFN-λ1)

Indication	Phase I	Phase II	Phase III	NDA	Approval
Infantile respiratory syncytial virus (RSV) infection		Phase IIb			
SARS-CoV-2	*IND approved*				

First nebulized treatment for RSV globally

- Local administration through nebulization has a lower systemic exposure at ~1/100 of that of an injection, thereby significantly **reducing systemic adverse reactions**
- Directly targets respiratory epithelial cells with **rapid onset of action**
- Avoids the discomfort of injection administration, **higher acceptance** among children

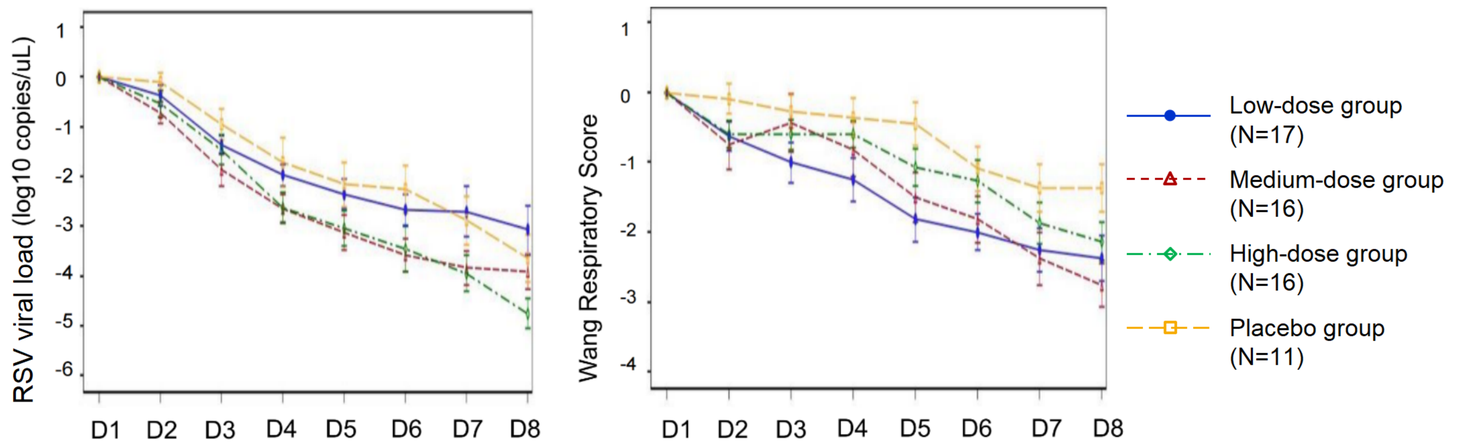
The only Class 1 innovative drug in China

- The **only National Class 1 innovative drug in clinical development for nebulized treatment of RSV** in China
- In 2015, there're ~330mn cases of RSV-associated respiratory infections globally, with China ranking among the countries with the highest incidence rates[1),2)]

Broad-spectrum antiviral drug

- Clearance of virus by activation of host immunity, unaffected by viral mutation
- Potential for treating influenza, SARS-CoV-2 and **multiple types of respiratory viral infections**

CPX102 phase IIa clinical trial for the treatment of infants with RSV infection



- Significant reductions in **RSV viral load** and **symptom scores** were observed across the low-, medium-, and high-dose groups.
- By Day 3, the medium- and high-dose groups demonstrated a viral load difference of approximately 1 $\log_{10}$ compared to the placebo group.
- The incidence of TEAEs was 57.1% in the treatment group vs. 54.5% in the placebo group.
- No TEAEs leading to dose discontinuation/interruption, premature withdrawal, or fatal outcomes were observed across all dose groups.

Notes：1）Shi T, McAllister DA, et al. Global, regional, and national disease burden estimates of acute lower respiratory infections due to respiratory syncytial virus in young children in 2015: a systematic review and modelling study. Lancet, 2017, 390(10098):946–958.；2）National Center for Respiratory Medicine. Consensus among experts on immunoprophylaxis against common respiratory pathogens in children. Chinese Journal of Applied Clinical Pediatrics, 2021, 36(22): 1681-1709.

Blockbusters launched in 2024

Benmelstobart (PD-L1 mAb) in combination with Anlotinib continues to expand indications

中國生物製藥有限公司
SINO BIOPHARMACEUTICAL LIMITED

Anlotinib + Benmelstobart

1L extensive-stage SCLC

BIC treatment, mPFS and mOS are the highest among registrational trials

1L sq-NSCLC

Phase III (head-to-head comparison to **tislelizumab** in combination with chemo) demonstrated superiority

1L PD-L1 positive NSCLC

Phase III (head-to-head comparison to **pembrolizumab**) data will be released during the year

Annike (安尼可®)
Penpulimab injection
PD-1 monoclonal antibody

Andewei (安得卫®)
Benmelstobart Injection
PD-L1 monoclonal antibody

Focus V (福可维®)
Anlotinib Hydrochloride Capsules
Multi-target TKI

- 3L NSCLC 2018
- Soft tissue sarcomas 2019
- 3L SCLC 2019
- 1L RCC 2025E
- 1L soft tissue sarcoma 2026E
- 1L sq-NSCLC 2026E
- ≥2L endometrial cancer 2024
- 1L SCLC 2024
- Differentiated thyroid cancer 2022
- Medullary thyroid cancer 2021
- NSCLC (consolidation therapy after chemoradiation) 2026E
- 1L HCC 2026E
- 1L CRC 2027E
- Alveolar soft part sarcoma 2026E
- 1L PD-1 positive NSCLC 2027E
- 1L nsq-NSCLC 2027E
- 2L ovarian cancer 2028E
- HCC (adjuvant) 2028E

Blockbusters launched in 2024

Garsorasib (KRAS G12C inhibitor) approved for ≥2L NSCLC, filling the market gap

中國生物製藥有限公司
SINO BIOPHARMACEUTICAL LIMITED

Anfangning (安方宁®)

Garsorasib

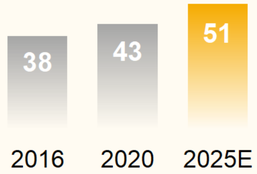
KRAS G12C inhibitor

安方宁®
格索甫塞片
Garsorasib Tablets

Unmet clinical needs

- **>50,000** new cancer cases with KRAS G12C mutation in China every year
- **No standard-of-care treatment** before KRAS G12C inhibitors

Incidence of major KRAS G12C mutated cancers in China (ppl 000)



1L potential for multiple cancers

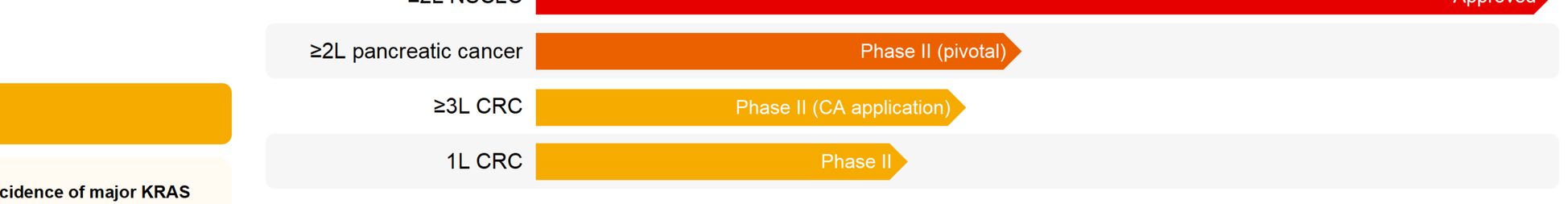
- One of the **most common** oncogenic gene drivers in human cancers
- Potential for 1L treatment, synergized with EGFR mAb, SHP2 inhibitors, FAK inhibitors or others

Frequency of KRAS mutations

10-13% NSCLC

3-4% Colorectal cancer

1-2% Pancreatic cancer



Comparison of efficacy and safety of garsorasib with peer studies[1)]

	Garsorasib	Fulzerasib	Glecirasib	Sotorasib	Adagrasib
Trial	D1553-102	NCT05005234	NTC05009329	CodeBreak100	KRYSTAL-1
Phase	Single-arm phase II trial				
Patients	Locally advanced or metastatic NSCLC harboring KRAS G12C mutation				
Dosage	**600mg BID**	600mg BID	800mg QD	960mg QD	600mg BID
Sample size	**123**	116	119	124	112
ORR	**52.0%**	49.1%	47.9%	41%	42.9%
DCR	**88.6%**	90.5%	86.3%	84%	79.5%
mDOR (month)	**12.5**	NE	NE	12.3	8.5
mPFS (month)	**9.1**	9.7	8.2	6.8	6.5
mOS (month)	**14.1**	NE	13.6	12.5	12.6
Grade≥3 TRAE	**51.2%**	41.4%	38.7%	21%	44.8%
TRAE leading to permanent discontinuation of treatment	**0**	7.8%	5%	6%	6.9%

Better efficacy and safety results than other KRAS G12C inhibitors approved by FDA

Notes：1）Garsorasib (2024 WCLC), Fulzerasib (2024 WCLC), Glecirasib (2024 ASCO), Sotorasib (J Clin Oncol. 2023; 41(18):3311-3317), Adagrasib (N Engl J Med 2022; 387(2):120-131.)

Blockbusters launched in 2024

First pertuzumab biosimilar, together with trastuzumab for HER2+ BC

中國生物製藥有限公司
SINO BIOPHARMACEUTICAL LIMITED

Paletan (帕乐坦®)

Pertuzumab

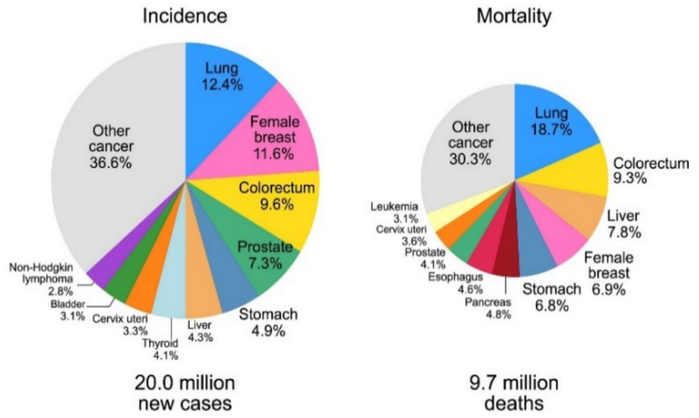
Biosimilar

帕乐坦®
帕妥珠单抗注射液
Pertuzumab Injection

Breast Cancer is the 2nd most common cancer worldwide

- Breast cancer has the **2nd** highest incidence rate and 4th highest mortality rate among all cancers worldwide
- In 2022, the number of new breast cancer cases was ~**2.3mn** worldwide[1)]
- In 2022, the number of new breast cancer cases was ~**0.36mn** in China[2)]

Global cancer statistics 2022[1)]



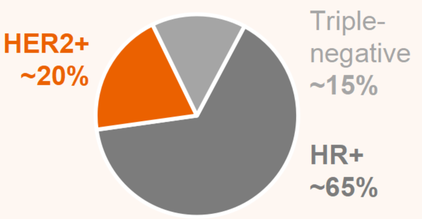
"Pertuzumab + Trastuzumab" portfolio with great commercial potential

Pertuzumab (indications)

HER2+ early breast cancer
with **trastuzumab** and chemo
Neoadjuvant therapy, Adjuvant therapy

HER2+ metastatic breast cancer
with **trastuzumab** and docetaxel
First-line treatment

Types of breast cancer



First

First pertuzumab biosimilar approved in China

45000L

Overall biologics manufacturing capacity

~70%

Manufacturing costs lower than the industry level

9

GMP-compliant production lines for biologics

Notes：1）Bray F, Laversanne M, Sung H, et al. Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries[J]. CA: a cancer journal for clinicians, 2024, 74(3): 229-263.；2）Han B, Zheng R, Zeng H, et al. Cancer incidence and mortality in China, 2022[J]. Journal of the National Cancer Center, 2024, 4(1): 47-53.

Blockbusters expected to launch in 2025

TQB3616 (CDK2/4/6 inhibitor) potential BIC treatment for HR+/HER2- breast cancer

中國生物製藥有限公司
SINO BIOPHARMACEUTICAL LIMITED

TQB3616

Culmerciclib

CDK2/4/6 inhibitor

Addressing drug resistance

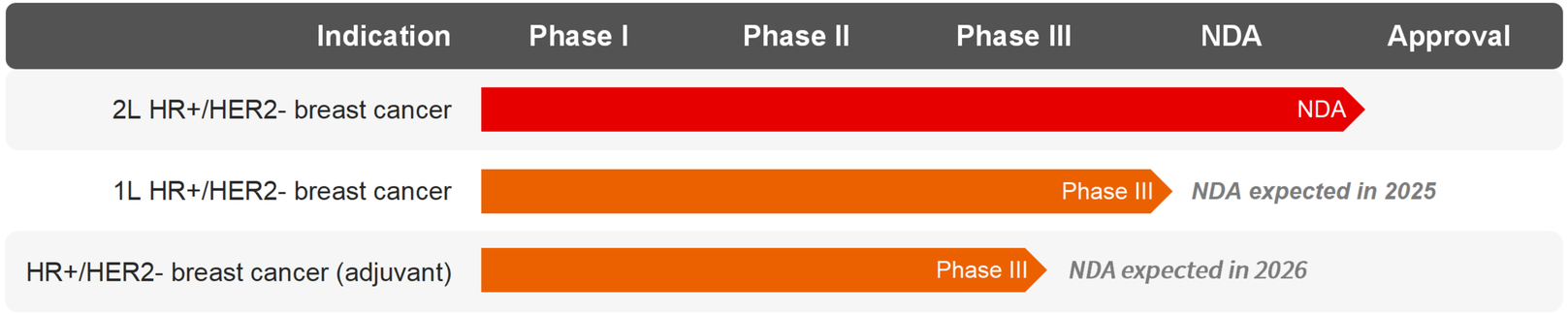
- **Superior inhibitory activity against CDK2 and CDK4** compared to abemaciclib and palbociclib, potentially reversing early-stage resistance to CDK4/6 inhibitors[1)]

Better efficacy

- Clinical data demonstrated that TQB3616 achieved superior **PFS** and **ORR** (OS not yet mature) compared to historical data from similar studies
- 2L phase III data was presented at the 2024 CSCO
- 1L phase III data is planned to be presented at 2025 ESMO

Improved safety

- Preclinical data demonstrated that TQB3616 has a **wider therapeutic window**, exceeding that of abemaciclib and palbociclib by more than 3x



Comparison of efficacy of TQB3616-III-01 with peer studies[2)]

Drug	TQB3616		Abemaciclib				Ribociclib		Palbociclib	
Trial	TQB3616-III-01		MONARCH 2		MONARCH plus cohort B		MONALEESA-3		PALOMA-3	
Patients	2L locally advanced or metastatic BC		2L locally advanced or metastatic BC		2L locally advanced or metastatic BC		1L/2L locally advanced or metastatic BC		≥2L locally advanced or metastatic BC	
Group	Treatment	Placebo	Treatment	Placebo	Treatment	Placebo	Treatment	Placebo	Treatment	Placebo
Sample size	**194**	**99**	446	223	104	53	237	109	347	174
mPFS (m)	**16.62**	**7.46**	16.4	9.3	11.5	5.6	14.6	9.1	11.2	4.6
mPFS HR	**0.36 (0.26-0.51)**		0.55（0.45-0.68）		0.38（0.24-0.59）		0.57（0.44-0.74）		0.50（0.40-0.62）	
mOS (m)	**Not yet mature**		46.7	37.3	Undisclosed		40.2	32.5	34.9	28.0
mOS HR	**Not yet mature**		0.76（0.61-0.95）		Undisclosed		0.73（0.53–1.00）		0.81（0.64-1.03）	
ORR	**40.2%**	**12.1%**	35.2%	16.1%	38.5%	7.5%	32.4%	21.5%	19.0%	8.6%
Measurable ORR	**46.4%**	**14.1%**	48.1%	21.3%	50.0%	10.5%	40.9%	28.7%	24.6%	10.9%
CBR	**76.3%**	**50.5%**	72.2%	56.1%	77.9%	45.3%	70.2 %	62.8%	66.6%	39.7%

- Safety events associated with TQB3616 in combination with fulvestrant were predominantly Grade 1-2 and could be managed effectively through dose adjustments and/or symptomatic treatment. No treatment-related adverse events leading to discontinuation or death were observed, indicating an **overall manageable and tolerable safety profile**.

Notes：1）Xu Z, Liu Y, et al. Discovery and preclinical evaluations of TQB3616, a novel CDK4-biased inhibitor. Bioorg Med Chem Lett. 2024 Jul 15;107:129769.；2）TQB3616 (2024 CSCO)，Abemaciclib (2017 ASCO, Zhang QY, Sun T, et al. Ther Adv Med Oncol. 2020 Oct 22;12:1758835920963925.)，Ribociclib (Slamon D J, Neven P, et al. New England Journal of medicine, 2020, 382(6): 514-524.)，Palbociclib (Turner N C, Slamon D J, et al. New England journal of medicine, 2018, 379(20): 1926-1936.)

Blockbusters expected to launch in 2026

M701 (CD3/EpCAM BsAb) potential first-in-China SOC for MA and MPE

YZY Biopharma

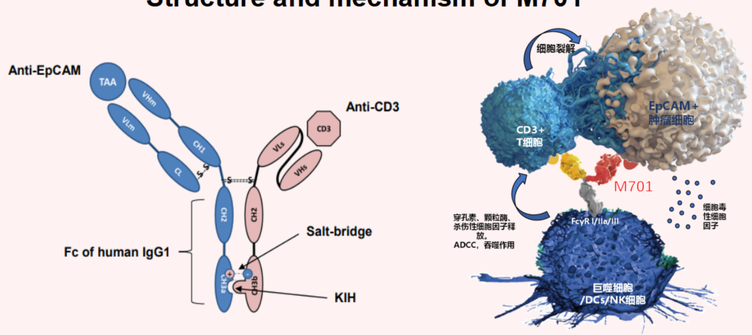
M701

CD3/EpCAM BsAb

Treatment	Indication	Phase I	Phase II	Phase III	NDA	Approval
Monotherapy	Malignant ascites (MA)			Phase III		
+ Systemic treatment	Malignant pleural effusion (MPE)		Phase II			

Potential first-in-China SOC for MA and MPE

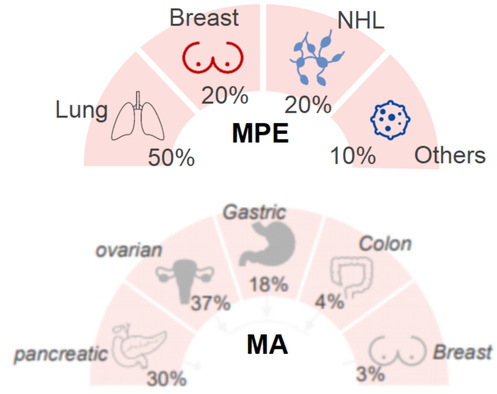
Structure and mechanism of M701



- M701 targets both **EpCAM** (as the target on tumor cells) and **CD3** (as the target on T cells), thereby directing and activating T cells to kill the tumor cells
- Currently, there is a **lack of effective SOC** in clinical practice, and fluid drainage combined with local drug perfusion remains the primary treatment
- M701 is **better** in terms of **safety and efficacy**, as compared with the current primary treatment

Huge market with 600k+ new cases per year

MPE and MA caused by difference cancers



- MPE or MA is a common complication for cancer patients at the middle or advanced stages, **10%+** of cancer patients will encounter MPE or MA
- **More than 600,000** new MPE or MA cases per year in China

Potential peak sales of RMB 2bn

M701 Phase II clinical trial for the treatment of MA[1)]

	Intraperitoneal infusions M701 (N=43)	Paracentesis (N=41)
mPuFS[2)]	75 Days	23 Days
	HR= 0.40, 95% CI: 0.21-0.76, p=0.0085	
mOS	111 Days	86 Days
	HR=0.65, 95% CI 0.39-1.09, p=0.102	

- All three types of cancer patients (**gastric**, **colorectal** and **ovarian**) benefited from M701 infusion, with prolonged mPuFS and mOS
- M701 demonstrated an acceptable safety profile, with ≥ Grade 3 TEAEs occurring in 52% of the M701 group vs. 55% in the control group
- Notably, the incidence of CRS was low (6%)

Notes：1）2024 ESMO Asia；2）PuFS (puncture-free survival)

Blockbusters expected to launch in 2026

BI: Zongertinib (HER2 TKI) remarkable safety profile with BIC potential

中國生物製藥有限公司
SINO BIOPHARMACEUTICAL LIMITED

Boehringer Ingelheim

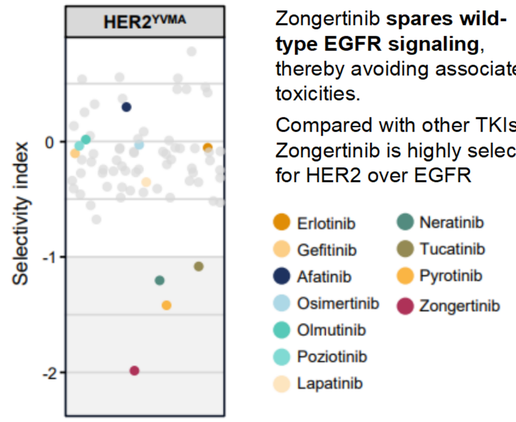
Zongertinib

HER2 selective TKI

Indication	Phase I	Phase II	Phase III	NDA	Approval
≥2L HER2-mutant NSCLC				NDA	*Priority review*
1L HER2-mutant nsq-NSCLC			Phase III		

Potent, irreversible, highly selective HER2 TKI

- Covalently binds to the TKD of wild-type and mutated HER2 receptors (including **exon 20 mutations**, which account for ~48% of HER2 mutations)

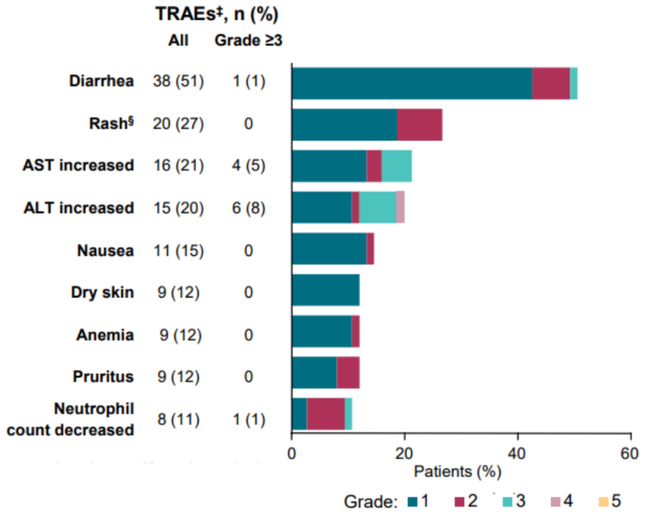


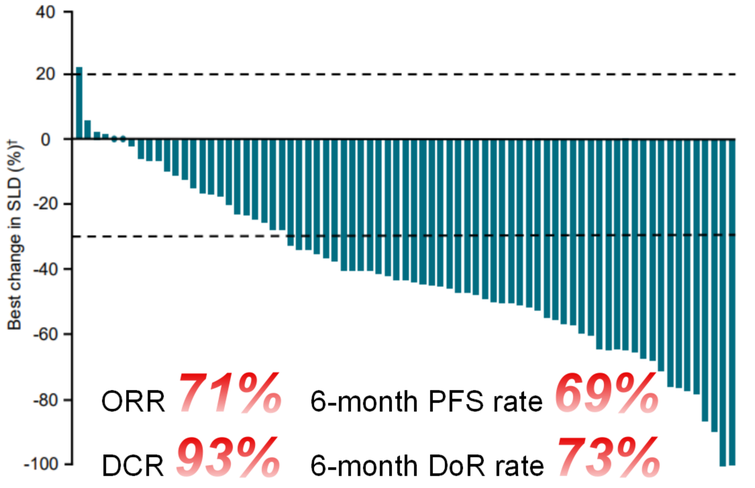
Zongertinib **spares wild-type EGFR signaling**, thereby avoiding associated toxicities.

Compared with other TKIs, Zongertinib is highly selective for HER2 over EGFR

- **Multi-indication potential**: HER2 mutations exist in lung cancer (2-4%), bladder cancer (12-13%), colorectal cancer (5-6%), cervical cancer (3-6%), and breast cancer (3-4%), etc.

Beamion LUNG-1 Cohort 1: Zongertinib 120mg QD (n=75)
Phase Ib clinical trial in previously treated HER2-mutant advanced NSCLC patients[2)]





- There were no fatal TRAEs, no reported cases of ILD. Most TRAEs were mild and manageable, only one patient had grade 3 diarrhea
- Only 2 (3%) patients had AEs leading to treatment discontinuation
- **Superior safety profile compared to HER2 ADCs and non-selective TKIs**

- ORR 71% (95% CI, 60–80), p<0.0001
- At data cut-off, 55% of patients remained on treatment
- Efficacy comparable to HER2 ADCs, with deep and durable responses observed, showing **potential for 1L treatment**

Notes：1）Subramanian J, Katta A, Masood A, Vudem DR, Kancha RK. Emergence of ERBB2 Mutation as a Biomarker and an Actionable Target in Solid Cancers. Oncologist. 2019 Dec;24(12):e1303-e1314.
2）Data cut-off: August 29, 2024, detailed data have been presented at the 2024 ESMO Asia；3）SLD (sum of lesion diameters)

Blockbusters expected to launch in 2026

PL-5 (Antimicrobial Peptide) first non-antibiotic antimicrobial drug, addressing AMR

中國生物製藥有限公司
SINO BIOPHARMACEUTICAL LIMITED

Peceleganan ProteLight Pharma

PL-5

Antimicrobial Peptide

Indication	Phase I	Phase II	Phase III	NDA	Approval
Secondary wound infections				NDA	

First non-antibiotic antimicrobial drug in China

- PL-5 employs innovative **membrane differentiation mechanism**, exerting antimicrobial effects through targeted disruption of bacterial cell membranes
- **First** antimicrobial peptide and non-antibiotic antimicrobial drug in China

Low resistance risk, broad-spectrum, excellent safety profile, and ease of use

- Traditional antibiotics typically target a specific enzyme or protein within a bacterial metabolic pathway. Bacteria can develop resistance through genetic mutations that alter these targets. PL-5 directly kills bacteria by disrupting their cell membranes, **minimizing resistance risk**
- **Broad-spectrum**, effective against G+/G- bacteria, including drug-resistant strains
- Topical application with no systemic absorption for enhanced safety
- Spray formulation ensures uniform coverage of wound surfaces, enhancing convenience

Significant market demand

- ~**30mn** patients suffer from burn wounds, diabetic foot ulcers, traumatic wounds, and other infections

PL-5 Phase III clinical trial for the treatment of secondary wound infections[1)]

Clinical efficacy rate	2‰ Peceleganan (n=381)	1% SSD (n=189)	p value
Day 8	**339 (90.4%)**	**144 (78.7%)**	**<0.001**
Day 5	222 (59.2%)	90 (49.2%)	0.03

	2‰ Peceleganan	1% SSD	p value
Burns			
Subgroup case number	221	117	
Clinical efficacy rate (D8)	205 (92.8%)	99 (86.4%)	0.0179
Diabetic foot ulcers			
Subgroup case number	17	2	
Clinical efficacy rate (D8)	16 (94.1)	0 (0.0)	0.0175
Physical injuries			
Subgroup case number	51	29	
Clinical efficacy rate (D8)	41 (80.4)	18 (62.1)	0.0734

	2‰ Peceleganan (n=381)	1% SSD (n=189)
AEs	93 (24.5%)	44 (23.7%)
AEs related to the study drug	28 (7.4%)	13 (7.0%)
Serious AEs	3 (0.8%)	3 (1.6%)
Serious AEs related to the study drug	0 (0.0%)	0 (0.0%)
AEs leading to discontinuation	2 (0.5%)	2 (1.1%)
AEs related to the study drug that led to discontinuation	1 (0.3%)	2 (1.1%)

Superior Efficacy

- The primary efficacy outcome was the clinical efficacy rate on the first day following the end of treatment (day 8), which was achieved by **90.4%** of the patients in the PL-5 group and 78.7% in the control group (P<0.001)
- A subgroup analysis showed that, on day 8, the clinical efficacy of the PL-5 group was better than that of the control group for **infected burn wounds**, **physical injuries** and **diabetic foot ulcers**

Comparable Safety

- The safety profile is comparable to that of the control group
- No serious adverse events related to the investigational drug observed

Notes：1）Wei Y, Li Y, Li X, et al. Peceleganan Spray for the Treatment of Skin Wound Infections: A Randomized Clinical Trial. JAMA Netw. Open 2024; 7(6):e2415310.

Blockbusters expected to launch in 2027

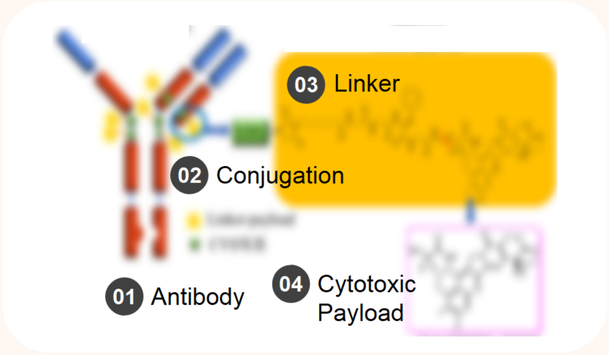
TQB2102 (HER2 BsAb ADC) potential safety superiority over DS-8201

中國生物製藥有限公司
SINO BIOPHARMACEUTICAL LIMITED

TQB2102

HER2 BsAb ADC

Dual HER2 blockade (trastuzumab + pertuzumab)



- **Bispecific antibody**, targeting ECD2 and ECD4 (trastuzumab + pertuzumab) epitopes of HER2, promoting endocytosis
- Cys **site-specific conjugation** technology with a moderate drug-to-antibody ratio (DAR = 6), achieving a balanced efficacy and safety profile
- Cleavable Linkers with **bystander effect**
- DDDXd (TOP1 inhibitor), deuterated Dxd enables **enhanced safety** and activity

Cancer	Indication	Phase I	Phase II	Phase III	NDA	Approval
Breast Cancer	HER2 low			Phase III		
	HER2+ (≥2L)		Phase Ib (Phase III soon)			
	HER2+ (neoadjuvant)		Phase II			
	HER2-		Phase II			
BTC	HER2+ (≥2L)		Phase Ib/II			
NSCLC	HER2 mutated/overexpression		Phase II			
Gastrointestinal cancers	HER2+ (CRC, GC)		Phase Ib			

Comparison of efficacy and safety of TQB2102 with DS-8201 (HER2 low breast cancer)[1)]

	TQB2102 7.5mg/kg Phase I/Ib (N=39)	DS-8201 5.4mg/kg Phase III (N=373)
ORR	51.3%	52.3%
DCR	87.2%	87.1%
ILD	**0.0%**	12.1%
Dose reduction due to AE	10.3%	22.6%

Comparable efficacy

- **ORR** and DCR were similar to those of DS-8201

Superior safety

- The incidence of **ILD** was **significantly lower** than that of DS-8201
- The incidence of bilirubin increase and alkaline phosphatase increase were significantly lower than those of DS-8201, and less hepatotoxicity

Notes：1）DS-8201：DESTINY-Breast04，2022 ASCO

Blockbusters expected to launch in 2027

Lanifibranor (pan-PPAR agonist) potential FIC in China, addressing the unmet need in MASH

Inventiva

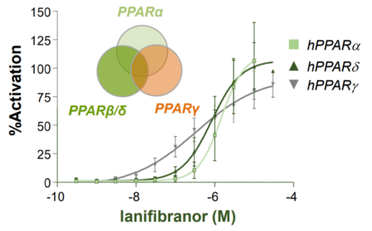
Lanifibranor

pan-PPAR agonist

China FIC drug for MASH

- **Phase III** clinical trials in China and US
- The **first** MASH drug entering Phase III in China
- Granted Breakthrough Therapy designation by CDE, with a plan to submit NDA in China by 2026
- Granted Fast Track designation and Breakthrough Therapy designation by FDA

Global BIC potential

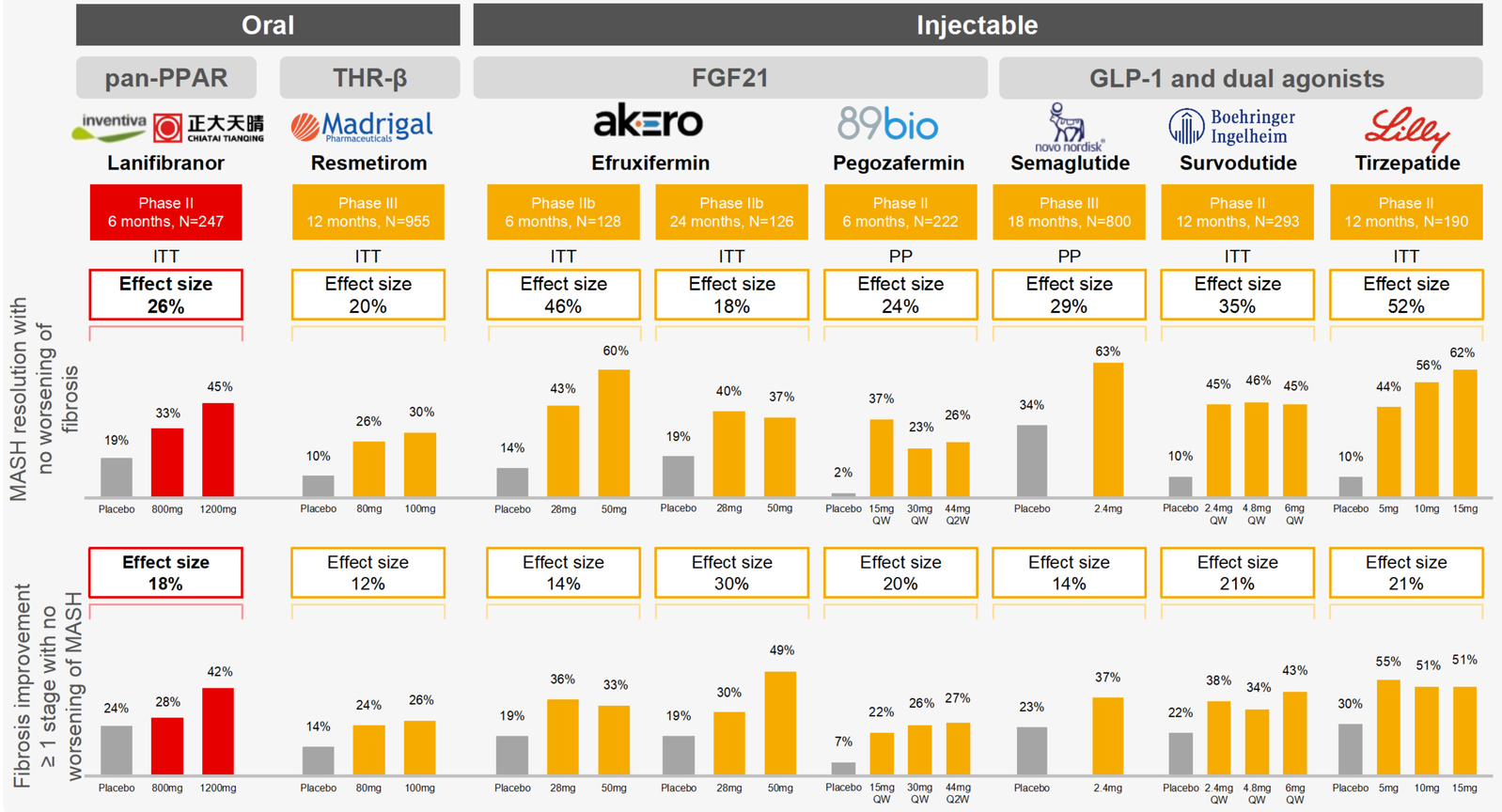


It modulates anti-fibrotic and anti-inflammatory pathways in vivo by activating all three PPAR subtypes. Its moderate and balanced pan-PPAR binding profile enables both robust therapeutic efficacy and favorable tolerability.

- Phase IIb data demonstrated that Lanifibranor achieved **significantly superior efficacy compared to other oral drugs**, with comparable efficacy to injections

Indication	Phase I	Phase II	Phase III	NDA	Approval
Metabolic dysfunction-associated steatohepatitis (MASH)			Phase III		

Comparison of efficacy of Lanifibranor with peer drugs[1)]



Notes：1）Inventiva official website

Major Data Readouts 2025

中國生物製藥有限公司
SINO BIOPHARMACEUTICAL LIMITED

Oncology *Anlotinib*

Anlotinib + Benmelstobart

- 1L PD-L1+ NSCLC, vs. pembrolizumab **Phase III** [ASCO]
- 1L sq-NSCLC, vs. tislelizumab **Phase III** [ASCO]
- NSCLC (consolidation therapy after chemoradiation) **Phase III** [ASCO]
- 1L RCC **Phase III** [ASCO]
- TNBC **Phase III** [ASCO]
- 1L lung adenocarcinoma **Phase III** [ESMO]
- Endometrial cancer **Phase II** [ASCO]

Anlotinib + Chemo

- 1L CRC **Phase III** [ASCO]
- 1L soft tissue sarcoma **Phase III** [ASCO]

Anlotinib + Penpulimab

- Cervical cancer **Phase II** [SGO]

Anlotinib

- Glioma **Phase II** [ASCO]

Oncology *ADC, mAb*

TQB2102 (HER2 BsAb ADC)

- HER2 low BC **Phase Ib** [ASCO]
- HER2+ BC **Phase Ib** [ESMO/SABCS]
- HER2-aberrant lung cancer **Phase Ib/II** [ESMO]
- HER2-aberrant BTC **Phase II** [ESMO]
- HER2+ BC (neoadjuvant) **Phase II** [ASCO]

TQB2103 (Claudin18.2 ADC)

- Gastrointestinal cancers **Phase I** [ASCO]

LM-108 (CCR8 mAb)

- Pancreatic cancer **Phase II** [ASCO]

TQB2928 (CD47 mAb)

- Multiple sarcomas **Phase Ib** [ESMO]

Oncology *BsAb*

M701 (CD3/EpCAM mAb)

- Malignant pleural effusion **Phase II** [TBD]

TQB2930 (HER2 BsAb)

- HER2+ BC **Phase Ib/II** [ASCO]

TQB2825 (CD20/CD3 BsAb)

- Multiple B-cell lymphomas **Phase I** [EHA/ASH]

TQB2868 (PD-1/TGF-β BsAb)

- Pancreatic cancer **Phase II** [ASCO]

Major Data Readouts 2025

Oncology

inhibitor

TQB3616 (CDK2/4/6 inhibitor)
- 1L HR+/HER2- BC **Phase III** [ESMO]
- CDK4/6i-resistant BC **Phase II** [ESMO/SABCS]

AL2846 (AXL/MET TKI)
- Differentiated thyroid cancer **Phase Ib** [ESMO]

TQB3909 (BCL-2 inhibitor)
- Acute myeloid leukemia **Phase Ib/II** [EHA]

TQB3454 (IDH1 inhibitor)
- Acute myeloid leukemia **Phase Ib** [EHA]

TQB3617 (BET inhibitor)
- Myelofibrosis **Phase Ib/II** [ASH]

Respiratory

TQC2731 (TSLP mAb)
- Asthma **Phase II** [ERS]
- CRSwNP **Phase II** [ISIAN]
- COPD **Phase II** [CTS]

TDI01 (ROCK2 inhibitor)
- IPF **Phase II** [TBD]
- cGVHD **Phase II** [TBD]

TCR1672 (P2X3R antagonist)
- Refractory chronic cough **Phase II** [TBD]

TQC3721 (PDE3/4 inhibitor)
- COPD **Phase II** [ERS]

TQH2722 (IL-4Rα mAb)
- CRSwNP, CRSsNP **Phase II** [ISIAN]

Liver diseases

TQB3038 (siRNA)
- Hepatitis B **Phase Ib/IIa** [AASLD]

TQB3810 (TLR-8 agonist)
- Hepatitis B **Phase IIa** [AASLD]

Surgery/analgesia

TRD303 (Ropivacaine)
- Postoperative pain **Phase II** [TBD]

Holistic AI Strategy

Empowering growth through strategic partnerships, investments, and localized application

AI Strategy

2019

Partnership

Entered into an AI technology development service agreement with **CTFH** to co-develop innovative oncology drugs

2020

Partnership

Entered into an AI-powered oncology drug development agreement with **Beijing Tide** to co-develop novel small molecule oncology drugs

2021

Partnership & investment

Entered into a collaboration agreement with **CTTQ** to co-develop novel small molecule drugs in oncology and liver diseases, coupled with a **USD12mn** investment in the Series D financing round

2022

Investment

Sino Biopharm invested **USD5mn** in the Series D financing round

2024

Partnership

Entered into a collaboration agreement with **invoX** to leverage AI for expanding potential novel indications in oncology pipelines

2025

Localized application

Sino Biopharm has implemented localized deployment of AI models including DeepSeek, ChatGPT, KIMI, Tongyi Qianwen, and Ernie Bot, etc.

Sustainability

Recognized by multiple authoritative bodies with steadily rising ratings

MSCI ESG RATINGS

Maintained **A rating** for two consecutive years, with the overall score demonstrating further improvement from the previous year

S&P Global CSA

Ranked in the **global top 4%** with three consecutive years of sustained improvement

Carbon Disclosure Project

Upgraded two levels to **B**, attaining domestic industry leadership

健康科技 温暖更多生命
Science for a healthier world

Accelerated growth
in financial performance

5 BD projects
license in and out

5 innovative products
expected to launch

Multiple data readouts

CONTENTS

03

Appendix

Pipeline-Oncology innovative drugs

No.	Program	Target/MOA	Type	Indication	I	II	III	NDA/BLA
1	TQB3616	CDK2/4/6 inhibitor	Small molecule	HR+/HER2- breast cancer				
2	TQ05105	JAK/ROCK inhibitor	Small molecule	Myelofibrosis, GVHD, hemophagocytic lymphohistiocytosis				
3	AL2846	AXL/MET TKI	Small molecule	NSCLC, differentiated thyroid cancer				
4	TQB3454	IDH1 inhibitor	Small molecule	Advanced biliary tract cancer (IDH1 mutation)				
5	TQB2102	HER2 bispecific antibody ADC	Biologics	Breast cancer, NSCLC, biliary tract cancer, gastrointestinal cancer, etc.				
6	M701	CD3/EpCAM bispecific antibody	Biologics	Malignant ascites, malignant pleural effusion				
7	TQB3473	SYK inhibitor	Small molecule	Primary immune thrombocytopenia				
8	FHND9041	EGFR inhibitor (3rd gen)	Small molecule	NSCLC				
9	TQB3909	BCL-2 inhibitor	Small molecule	CLL/SLL, AML, ALL, etc.		Pivotal		
10	LM-108	CCR8 monoclonal antibody	Biologics	Advanced cancers		Pivotal		
11	TQB2868	anti-PD-1/TGF-β bifunctional fusion protein	Biologics	Pancreatic cancer				
12	TQB2930	HER2 bispecific antibody	Biologics	Breast cancer, gastric cancer				
13	TQB2916	CD40 agonistic antibody	Biologics	Advanced cancers				
14	TQB2928	CD47 monoclonal antibody	Biologics	Osteosarcoma				
15	TQB3702	BTK inhibitor	Small molecule	Relapsed/refractory advanced blood cancers				
16	TQB3617	BET inhibitor	Small molecule	Myelofibrosis				
17	TQB3915	SERCA	Small molecule	HR+/HER2- breast cancer				
18	TQB2825	CD20/CD3 bispecific antibody	Biologics	Follicular lymphoma, DLBCL, mantle cell lymphoma				
19	FHND6091	Proteasome inhibitor	Small molecule	Multiple myeloma, biliary tract cancer, lupus erythematosus				
20	FHND5071	RET inhibitor	Small molecule	Solid tumors				
21	NTQ1062	AKT inhibitor	Small molecule	Solid tumors				
22	TQB3720	AR antagonist	Small molecule	Prostate cancer				
23	TQB2103	Claudin18.2 ADC	Biologics	Advanced cancers				
24	TQB2934	BCMA/CD3 bispecific antibody	Biologics	Multiple myeloma				
25	TQB2922	EGFR/cMET bispecific antibody	Biologics	Advanced cancers				
26	TQB3006	SOS1 inhibitor	Small molecule	Advanced cancers				
27	TQB3107	XPO1 inhibitor	Small molecule	Lymphoma, leukemia and various solid tumors				
28	TQB3117	ATM inhibitor	Small molecule	Advanced cancers				
29	TQB3911	BCR-ABL1 TKI	Small molecule	Blood cancers				
30	TQB3002	EGFR inhibitor (4th gen)	Small molecule	Advanced cancers				
31	TQB2029	GPRC5D/CD3 bispecific antibody	Biologics	Multiple myeloma				
32	TQB2252	PD-1/LAG-3 combo	Biologics	Advanced cancers				
33	TCC1727	ATR selective inhibitor	Small molecule	Advanced cancers				
34	NTQ3617	MAT2A inhibitor	Small molecule	Advanced cancers				

Pipeline-Oncology biosimilars and generics

No.	Program	Indication	BE trial	I	Pivotal trial	ANDA/BLA
1	Degarelix Acetate for Injection	Advanced prostate cancer				
2	Enzalutamide Soft Capsules	Prostate cancer				
3	Ruxolitinib Tablets	Myelofibrosis				
4	Ibrutinib Capsules	MCL, CLL, etc.				
5	Pamidronate Disodium Injection	Bone metastasis				
6	Apalutamide Tablets	Prostate cancer				
7	Nelarabine injection	Lymphocytic leukemia, Lymphoma				
8	Abiraterone Acetate Tablets (II)	Prostate cancer				
9	Daratumumab Injection	Multiple myeloma				
10	Netupitant and Palonosetron Hydrochloride Capsules	Chemotherapy-induced nausea and vomiting				
11	Ixazomib Citrate Capsules	Multiple myeloma				
12	Relugolix Tablets	Prostate cancer				
13	Chidamide Tablets	Breast cancer, DLBCL, etc.				

Pipeline-Respiratory diseases

Innovative drugs

No.	Program	Target/MOA	Type	Indication	I	II	III	NDA/BLA
1	TQH2722	IL-4Rα monoclonal antibody	Biologics	CRSwNP, CRSsNP, atopic dermatitis, seasonal allergic rhinitis				
2	TQC2731	TSLP monoclonal antibody	Biologics	Severe asthma, CRSwNP, COPD				
3	TQC3721	PDE3/4 inhibitor	Small molecule	COPD				
4	TQC2938	ST2 monoclonal antibody	Biologics	Asthma, COPD				
5	TDI01	ROCK2 inhibitor	Small molecule	IPF, GVHD				
6	CPX102	Type III interferon (IL-29)	Biologics	RSV infection				
7	TCR1672	P2X3 antagonist	Small molecule	Refractory chronic cough				
8	TQC3927	MABA	Small molecule	COPD				
9	TQD3524	Polymyxin E2	Small molecule	CRO infection				
10	TQD3606	Meropenem/avibactam	Small molecule	CRO infection				
11	TQC3301	Budesonide soft mist inhaler	Small molecule	Asthma				

Biosimilars and generics

No.	Program	Indication	BE trial	I	Pivotal trial	ANDA/BLA
1	Tedizolid Phosphate for Injection	Bacterial infections				
2	Umeclidinium Bromide and Vilanterol Trifenatate Powder for Inhalation	COPD				
3	Tiotropium Bromide Powder for Inhalation	COPD				
4	Amphotericin B Liposome for Injection	Deep fungal infections				
5	Posaconazole Injection	Fungal Infections				
6	Procaterol Hydrochloride Granules	Bronchodilator				
7	Arformoterol Tartrate Inhalation Solution	COPD				
8	Bromhexine Hydrochloride Solution for Inhalation	Chronic bronchitis, asthma, etc. that cause excessive or thickened mucus				
9	Mepolizumab Injection	Asthma, CRSwNP				
10	Delamanid Tablets	Multidrug-resistant tuberculosis				
11	Fluticasone Furoate and Vilanterol Trifenatate Powder for Inhalation	Asthma, COPD				
12	Salmeterol Xinafoate and Fluticasone Propionate Powder for Inhalation	Asthma				
13	Beraprost Sodium Sustained-release Tablets	PPH, scleroderma-associated pulmonary hypertension				

Pipeline-Surgery/analgesia

Innovative drugs

No.	Program	Target/MOA	Type	Indication	I	II	III	NDA/BLA
1	PL-5	Antimicrobial peptide	Class 1	Secondary wound infection				
2	QP001	Meloxicam injection (COX-2 inhibitor)	Class 2	Postoperative pain (Adults)				
3	Naldemedine	Peripherally acting μ-opioid receptor antagonist	Class 1	Opioid-induced constipation				
4	TRD205	AT2R antagonist	Class 1	Neuropathic pain				
5	TRD303	Ropivacaine extended-release solution (local anesthetic)	Class 2	Postoperative pain				
6	YMP	Dexmedetomidine transdermal patches (α2 adrenoceptor agonist)	Class 2	Perioperative insomnia				

Biosimilars and generics

No.	Program	Indication	BE trial	I	Pivotal trial	ANDA/BLA
1	Recombinant Human Coagulation Factor VIIa for Injection	Hemorrhagic episodes				
2	Eldecalcitol Soft Capsules	Osteoporosis				
3	Flurbiprofen Patches (2nd gen)	Analgesia and anti-inflammation for various diseases				
4	Mirogabalin tablets	Neuropathic pain				
5	Methocarbamol Injection	Discomfort caused by acute painful muscle or bone conditions				
6	Risedronate Sodium Tablets	Osteoporosis in women after menopause				
7	Pregabalin Extended-release Tablets	Diabetic peripheral neuropathic pain				
8	Elagolix Sodium Tablets	Pain caused by endometriosis				

Pipeline-Liver/metabolic diseases

Innovative drugs

No.	Program	Target/MOA	Type	Indication	I	II	III	NDA/BLA
1	Lanifibranor	Pan-PPAR agonist	Small molecule	MASH				
2	TQA2225	FGF21 fusion protein	Biologics	MASH				
3	TQ-A3334	TLR-7 agonist	Small molecule	Hepatitis B				
4	TQA3810	TLR-8 agonist	Small molecule	Hepatitis B				
5	TQA3605	HBV capsid assembly modulator	Small molecule	Hepatitis B				
6	TQA3038	siRNA	Small molecule	Hepatitis B				
7	CPX101	GIPR antagonist/GLP-1R agonist	Biologics	Weight loss				

Biosimilars and generics

No.	Program	Indication	BE trial	I	Pivotal trial	ANDA/BLA
1	Obeticholic Acid Tablets	Primary biliary cholangitis				
2	Saxagliptin and Metformin Hydrochloride Sustained-release Tables	Type 2 diabetes				
3	Metformin Hydrochloride and Empagliflozin Extended-release Tablets	Type 2 diabetes				
4	Insulin Degludec Injection	Type 2 diabetes				
5	Semaglutide Injection	Type 2 diabetes, weight loss				
6	Insulin Degludec and Liraglutide Injection	Type 2 diabetes				
7	Empagliflozin, Linagliptin, and Metformin Hydrochloride Extended-release tablets	Type 2 diabetes				