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TopAlliance

42nd Annual J.P. Morgan Healthcare Conference

Shanghai Junshi Biosciences Co., Ltd (1877.HK; 688180.SH)

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2012-2022

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Recent Achievements

Commercialized Products

Toripalimab (TUOYI®, LOQTORZI™,TAB001/JS001)

- 7 indications approved in China, 6 covered by the national insurance (NRDL), 3 supplemental BLAs under review by the NMPA
- Perioperative NSCLC indication approved in China as the first therapy in this category
- Marketing applications under review by EU, UK, and Australia health authorities
- US FDA approval on Oct 27, 2023 (U.S. trade name: LOQTORZI™)
- Commercial launch in the US in January, 2024
- Included in the NCCN guidelines as a preferred category 1 treatment

Adalimumab (JUNMAIKANG, UBP1211)

- 8 indications approved in China, all covered by the NRDL
- New drug substance production manufacturing facility approved, further expanding production capacity

Mindeudesivir Hydrobromide Tablets (MINDEWEI, VV116/JT001)

- Conditionally approved by the NMPA for the treatment of adult patients with mild to moderate COVID-19
- Covered by the NRDL

R&D Progress of Pipeline

Tifcemalimab (BTLA)FIH

- Maintenance therapy for limited stage small cell lung cancer (LS-SCLC): Multi-regional Ph3 Trial initiated, and FPI achieved in Nov 2023
- Chemo- and IO- refractory classical Hodgkin's Lymphoma (cHL): Ph3 Trial initiated in China

Ongericimab (PCSK9)

- BLAs for 2 indications under review by the NMPA

JS005 (IL-17A)

- Ph3 registrational clinical study for moderate to severe plaque psoriasis initiated in Q4 2023

IND Approvals

- JS010 (CGRP mAb)
- JS401 (ANGPTL3 siRNA)
- JS207 (PD-1 x VEGF BsAb)

Business Development

Coherus BIOSCIENCES

hikma.

Dr.Reddy's

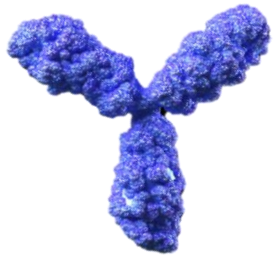
RAILIENT BIOTECH

Broad Technology Platforms

50+

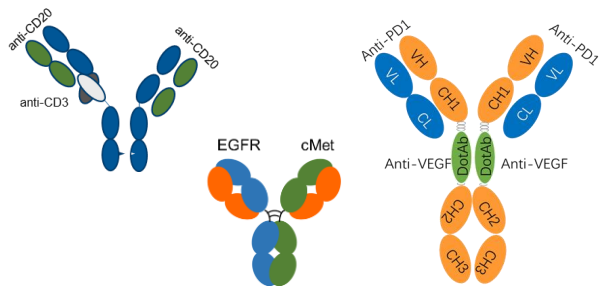
Drug Candidates

mAbs



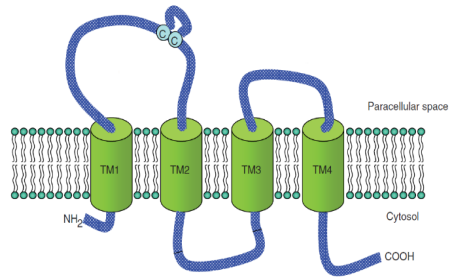
Oncology: Toripalimab (PD-1), Tifcemalimab (BTLA) …; **Immunology:** Adalimumab (TNF-α), JS005 (IL-17A),…; **Metabolism:** Ongericimab (PCSK9); **Neurologic:** JS010 (CGRP); **Infectious disease:** Etesevimab (S protein)

BsAbs



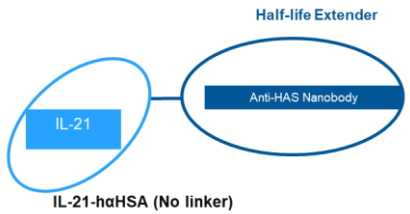
Oncology: JS203(CD20xCD3), JS201 (PD-1 x TGF-β), JS207(PD-1xVEGF)…

ADCs



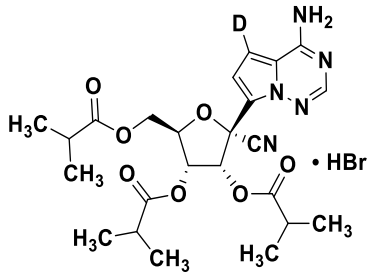
Oncology: JS107 (Claudin18.2 ADC), JS108 (Trop2 ADC)…

Fusion Proteins



Oncology: JS014 (Long-acting IL-21)

Small Molecules



Oncology: JS105(PI3K-α), JS110(XPO1), JS111 (EGFR exon 20)…; **Infectious disease:** Mindeudesivir Hydrobromide Tablets (RdRp)

Nucleic Acid Drugs

Metabolism: JS401(ANGPTL3 siRNA)

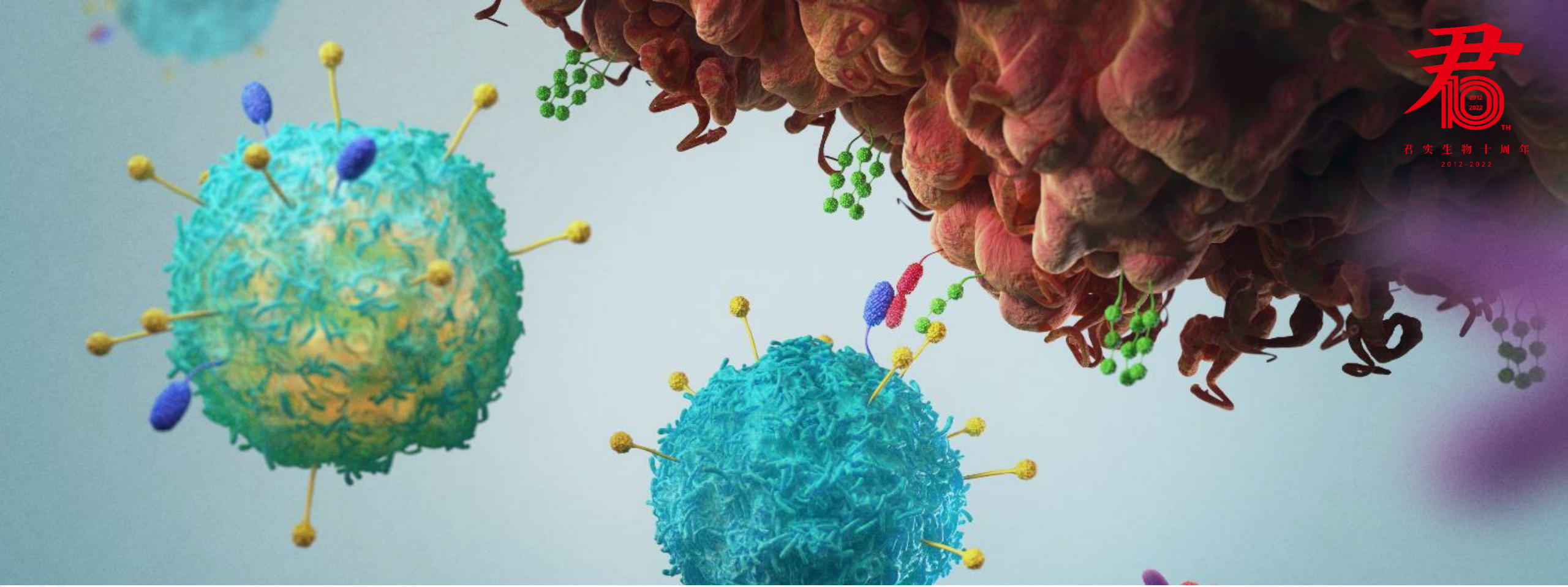
R&D Pipeline Covering Various Therapeutic Areas
(As of 30 November 2023)

Pre Clinical		Phase I/II			Phase III	Approval for marketing/ Emergency use authorization
JS008 Undisclosed	**JS011** Undisclosed	**JS001sc** PD-1	**JS003** PD-L1	**JS006** TIGIT	**Tifcemalimab** BTLA	**Toripalimab** PD-1
JS013 CD93	**JS018** IL-2	**JS007** CTLA-4	**JS009** CD112R	**JS010** CGRP	**Bevacizumab** VEGF	**Adalimumab** TNF-α
JS104 Pan-CDK	**JS114** Nectin4 ADC	**JS012** Claudin18.2	**JS014** IL-21	**JS015** DKK1	**Ongericimab** PCSK9	**Mindeudesivir Hydrobromide Tablets** RdRp
JS115 BCMA ADC	**JS120** IDH1	**JS019** CD39	**JS026** S protein	**JS101** Pan-CDK	**JS005** IL-17A	**Etesevimab**[1]* S protein
JS121 SHP2	**JS122** FGFR2	**JS103** Uricase	**JS105** PI3K-α	**JS107** Claudin18.2 ADC		
JS123 ATR	**JS205** EGFR x cMet	**JS108** Trop2 ADC	**JS110** XPO1	**JS111** EGFR exon 20		
JS206 IL-2 x PD-1	**JS208** Undisclosed	**JS112** Aurora A	**JS113** EGFR 4th Gen	**JS116** KRAS		
JS209 CD112R x TIGIT	**JS211** PD-L1 x Undisclosed	**JS201** PD-1 x TGF-β	**JS203** CD3 x CD20	**JS207** PD-1 x VEGF		
VV993 3CL protease	**JT109** Vaccine for Zika virus	**JS401** ANGPTL3	**UBP1213sc** BLyS			

Oncology Metabolism Immunology Neurologic Infectious disease

*Received Emergency Use Authorization from the FDA

1. Etesevimab is expected to no longer generate revenue.



Globalization Roadmap

Our mission is to provide patients with treatment options that work better and cost less.

FDA Approval for Marketing of Toripalimab

On October 27, 2023, Junshi Biosciences and Coherus announced the FDA approval of LOQTORZI™ (toripalimab-tpzi) for the treatment for R/M NPC.

On January 2, 2024, Coherus announced the commercial launch of toripalimab in the US.

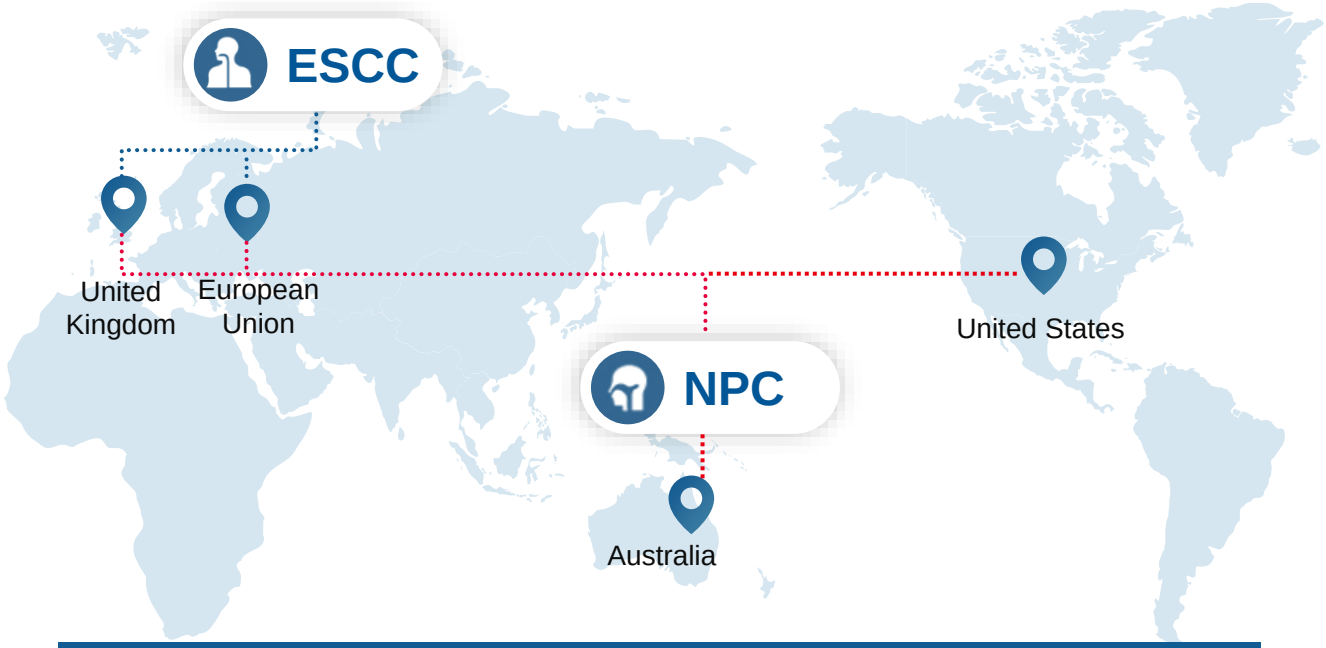
LOQTORZI™ (toripalimab-tpzi) injection

- The FDA approves LOQTORZI™ in **All Lines** of treatment for recurrent or metastatic nasopharyngeal carcinoma：
  - In combination with cisplatin and gemcitabine, for the first-line treatment of adults with metastatic or with recurrent, locally advanced nasopharyngeal carcinoma,
  - As a single agent, for the treatment of adults with recurrent unresectable or metastatic NPC with disease progression on or after a platinum-containing chemotherapy.
- ***1st*** *innovative biological drug independently developed and manufactured in China approved for marketing by the FDA*
- ***1st and only*** *drug approved in US for the treatment of NPC*
- Included in the ***NCCN guidelines*** as a preferred category 1 treatment

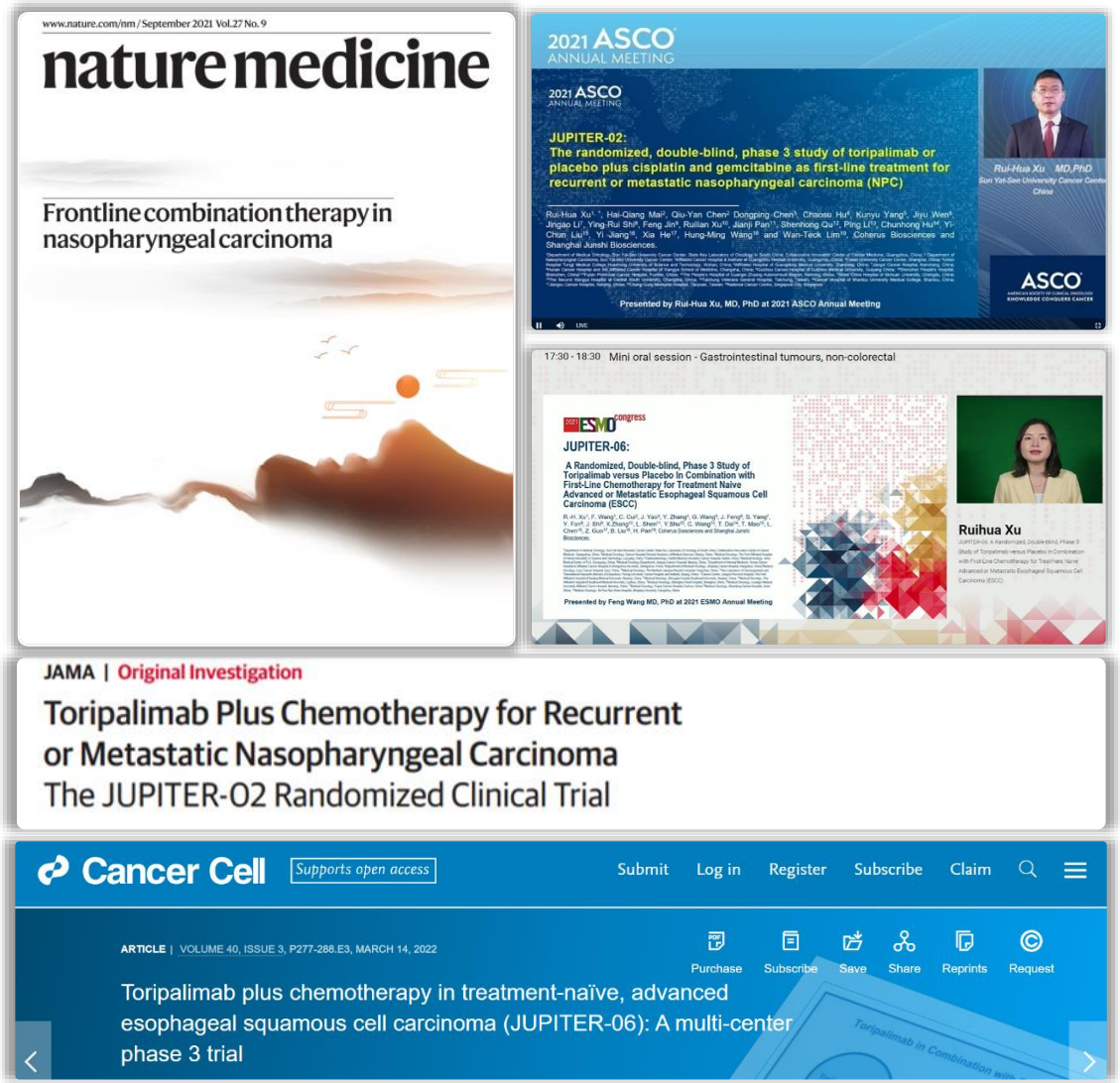
Pursue More Registration Opportunities Worldwide

- ***Based on the excellent improvement of survival of toripalimab for the treatments of patients with NPC and ESCC***

- ***Marketing applications have been:***
  - ✓ *Approved in the US*
  - ✓ *Under review in EU, UK, and Australia*



BLAs under review by
EU EMA, UK MHRA and Australia TGA



1. JUPITER-02: is the first international multi-center Phase III trial to prove the addition of toripalimab to GP as a first-line treatment for r/m NPC patients provided superior PFS and OS than GP alone.
2. JUPITER-06: A randomized, double-blind, Phase 3 clinical trial comparing the efficacy and safety of toripalimab versus placebo in combination with TP as a first-line treatment for patients with advanced or metastatic ESCC.

International Collaboration

Coherus BIOSCIENCES

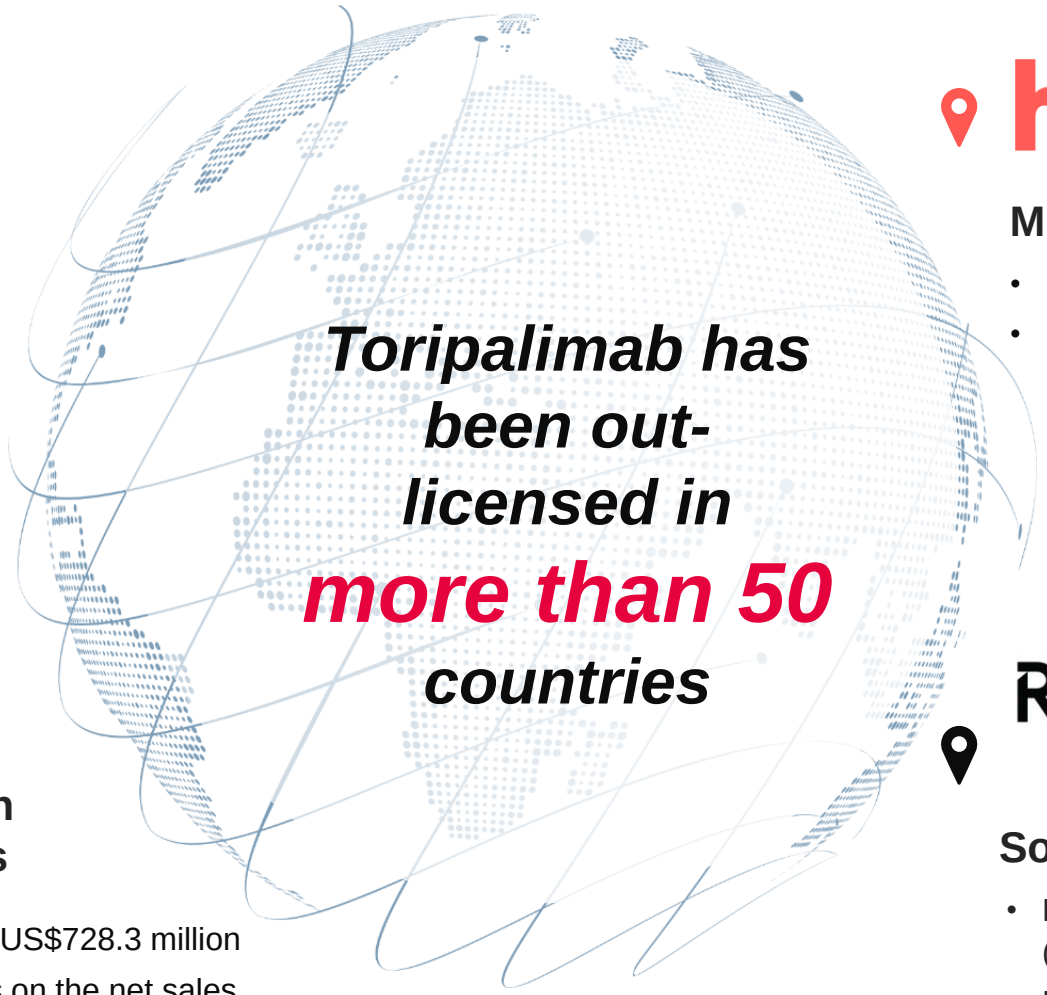
US and Canada

- Payments of up to an aggregate of US$1.11 billion
- 20% royalty on annual net sales

Dr.Reddy's

Latin America, India, South Africa, and other countries

- Payments of up to an aggregate of US$728.3 million
- Double-digit percentage of royalties on the net sales



Toripalimab has been out-licensed in more than 50 countries

hikma.

Middle East and North Africa region

- Payments of up to an aggregate of US$12 million
- High-teen tiered royalties of up to 20% of net sales

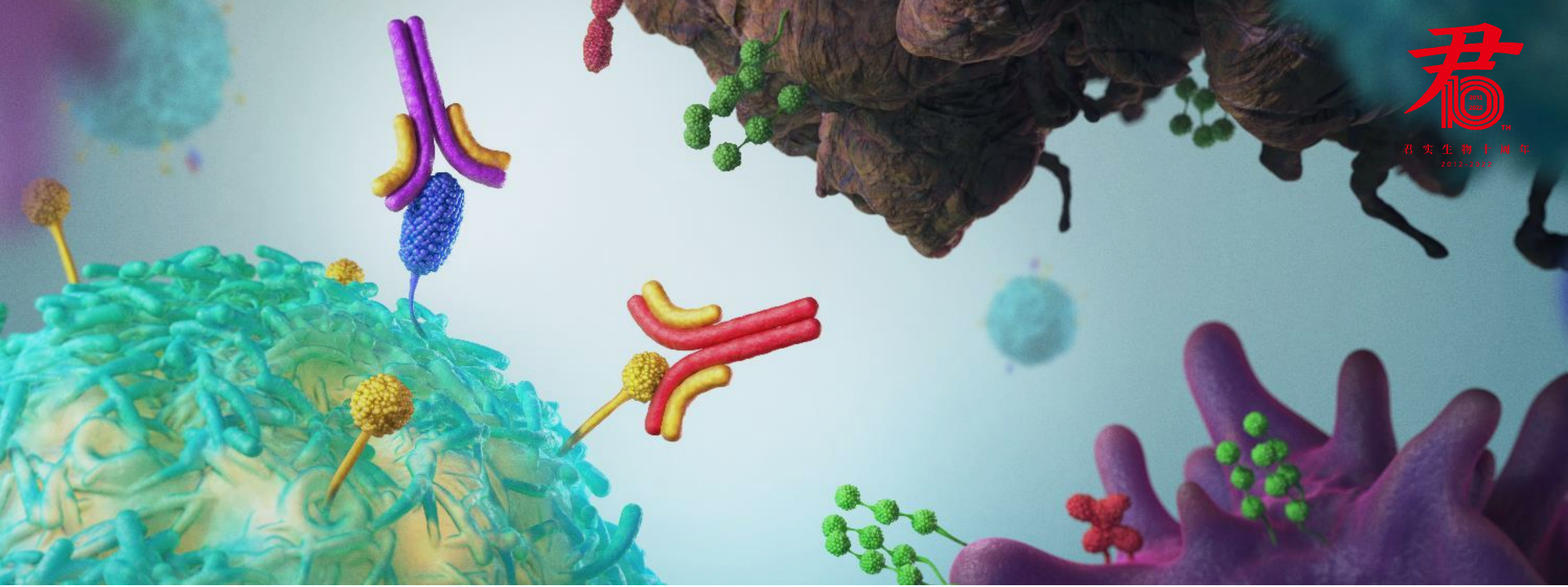
RXILIENT BIOTECH

Southeast Asia

- Establishment of JV company Excellmab (Junshi owns 40% equity)
- Milestone payment of up to US$4.52 million
- A certain percentage of royalties on net sales

Overseas Clinical Trials Progress:

Therapeutic Area	Name of Drug	Target	Indications	Pre Clinical / Phase I / Phase II / Phase III / NDA/BLA	Overseas Partner
Oncology	Toripalimab (JS001)	PD-1	NPC, liver cancer, ICC, esophageal cancer, HNSCC, gastric cancer, etc.	BLA has been approved by the FDA for treatment of NPC; Marketing applications under review by EU, UK, and Australia health authorities.	• Coherus (United States and Canada) • Hikma (20 countries in the Middle East and North Africa region) • Rxilient (9 countries in Southeast Asia) • Dr. Reddy's (21 countries in Latin America, India, South Africa, and other countries)
	Tifcemalimab (TAB004/JS004)	BTLA	Lung cancer, lymphoma, etc.		
	JS006 (TAB006)	TIGIT	Tumors		Coherus (United States and Canada)
	JS009 (TAB009)	CD112R/ PVRIG	Tumors		
	JS105	PI3K-α	Breast cancer, renal cell carcinoma		
	JS110	XPO1	Multiple myeloma etc.		
Anti-infection	Etesevimab (JS016)	S protein	COVID-19	EUA has been obtained in more than 15 countries and regions worldwide	Eli Lilly (Except for the Greater China region)



Immuno-Oncology Backbone

Our mission is to provide patients with treatment options that work better and cost less.

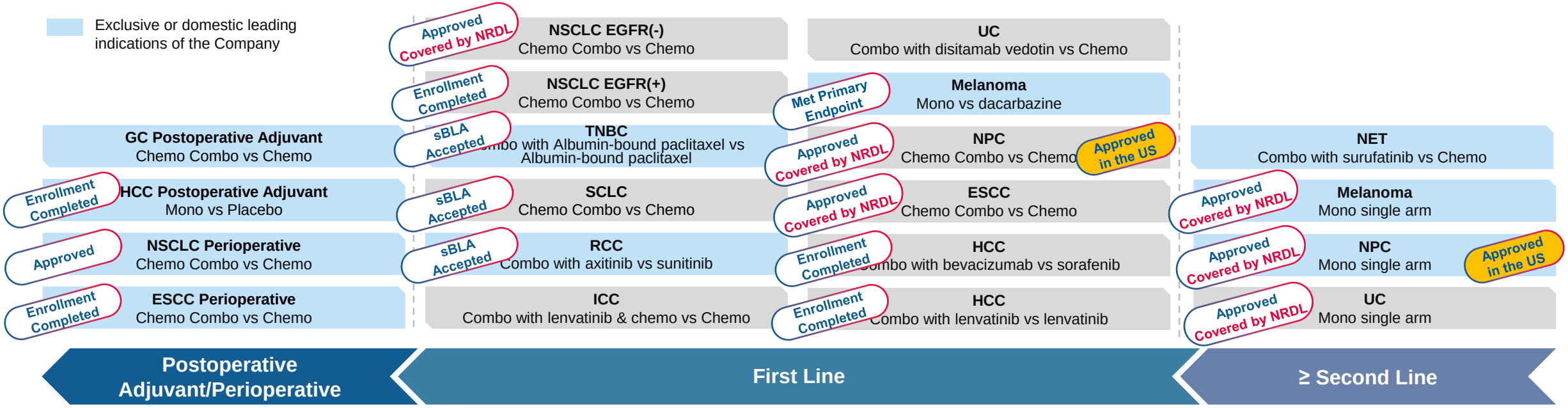
Toripalimab: the PD-1 Inhibitor with Broad Strategic Clinical Layout

Geography Toripalimab is on track to achieve global commercialization, with its approval for commercialization in the US and marketing applications under review in the EU, UK, and Australia.

Frontline Phase 3 clinical trials on postoperative/perioperative treatment settings in lung, gastric, esophageal and liver cancer will be completed in the near future.

Combo Toripalimab is the most widely used PD-1 monoclonal antibody in combination therapies in China. Two phase 3 combination studies for the treatment of urothelial and neuroendocrine cancer are ongoing with strategic partners.

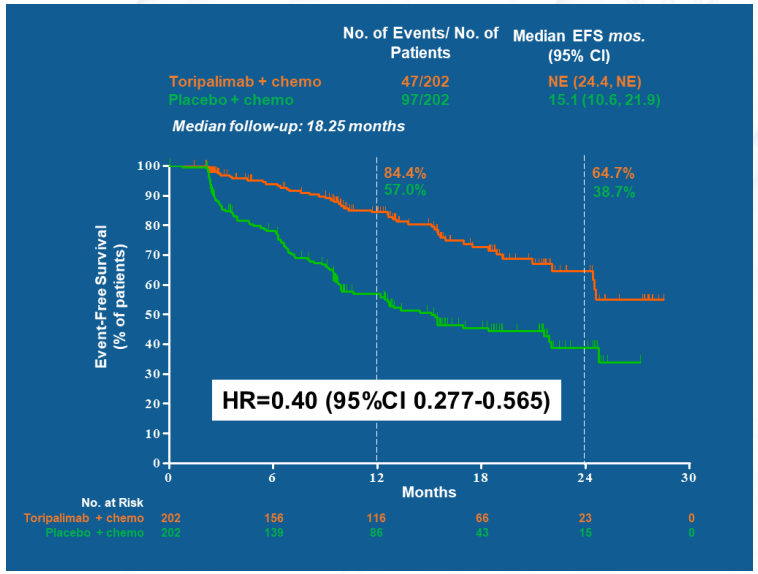
Pivotal registrational clinical trial layout of Toripalimab



The NEOTORCH Study: First Ph3 Registrational Study of Perioperative I-O therapy for Lung Cancer with Positive EFS Result, sBLA Approved by the NMPA

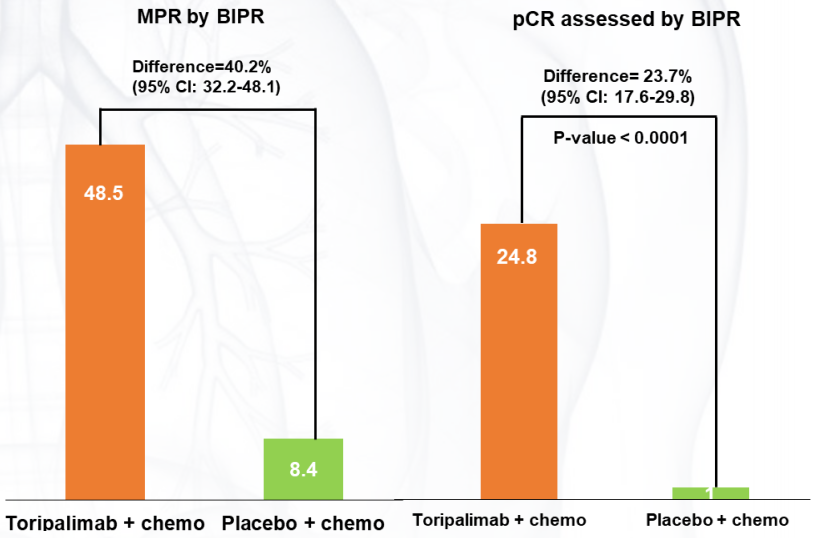
This is the first approved perioperative therapy for lung cancer in China and the second worldwide.

Improved EFS and reduced risk of disease recurrence, progression events or death by 60%



- The treatment effects were independent of PD-L1 expression status, while the improvement in EFS was more prominent in the PD-L1 positive patients.
- Toripalimab demonstrated consistent favorable effects in both non-squamous and squamous subtypes.

The MPR and pCR rates were higher compared to the placebo arm



- The MPR rate: 48.5% vs 8.4%, P < 0.0001
- The pCR rate: 24.8% vs 1.0%, P < 0.0001

- **NEOTORCH epitomizes the success of a perioperative immunotherapy**

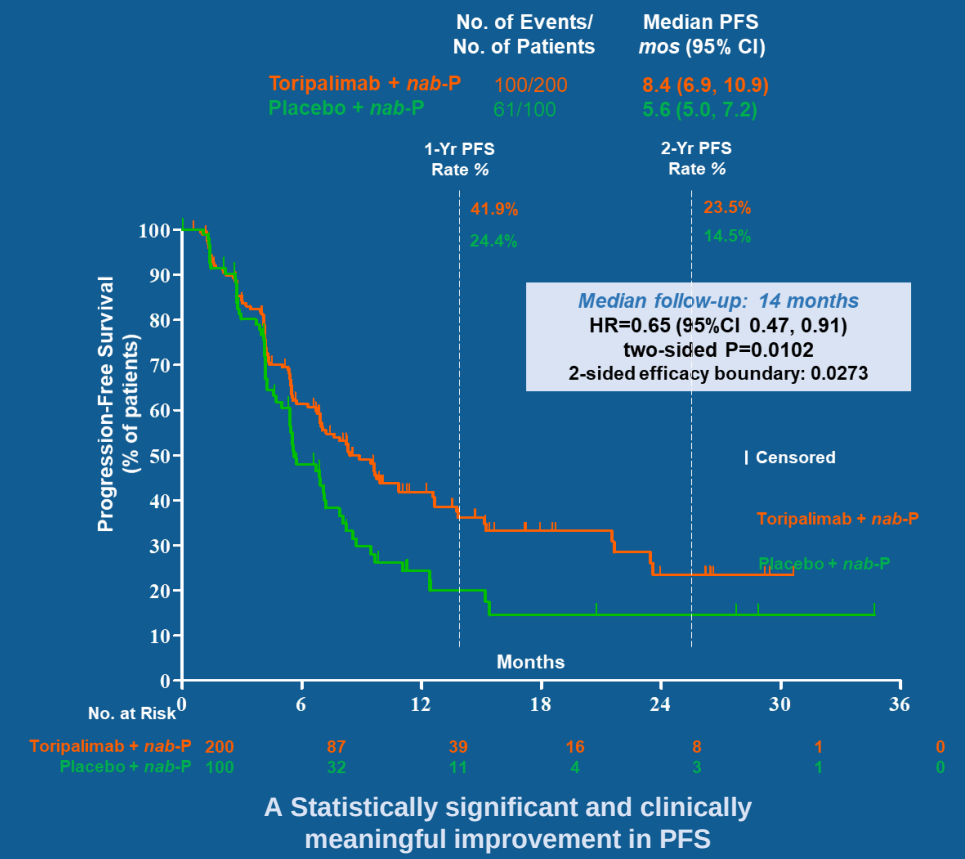
Study	IO stage
CheckMate-816	Neoadjuvant
Impower 010	Adjuvant
KEYNOTE-091	Adjuvant
NEOTORCH	(Neoadjuvant+Adjuvant) Perioperative

- **NEOTORCH is at the forefront of progress**

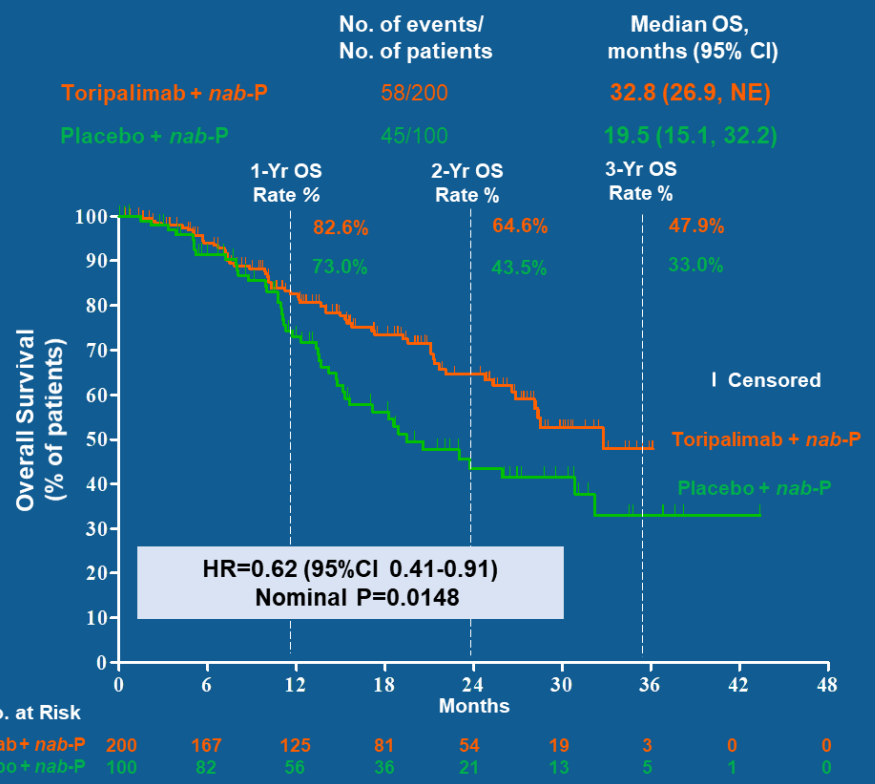
Study	Announcement of positive EFS results
NEOTORCH	2023.01.17
KEYNOTE-671	2023.03.01
AEGEAN	2023.03.09

Source: ASCO 2023#8501

The TORCHLIGHT Study: First Ph3 Registrational Study in China to Achieve Positive Outcome in Advanced TNBC immunotherapy, sBLA Accepted by the NMPA



A Statistically significant and clinically meaningful improvement in PFS



A trend towards improved OS

- Median PFS In PD-L1 positive (CPS≥1) metastatic or recurrent TNBC patients: 8.4 vs. 5.6 months, **35% reduction in risk of disease progression or death**
- Median OS in PD-L1 positive subgroup: 32.8 vs. 19.5 months

In February 2023, the phase 3 study of toripalimab in combination with nab-paclitaxel in patients with initial diagnosis of stage IV or recurrent metastatic TNBC (TORCHLIGHT Study) completed the pre-specified interim analysis. **TORCHLIGHT study is the first Phase 3 registration study in China to achieve a positive outcome in advanced TNBC.**

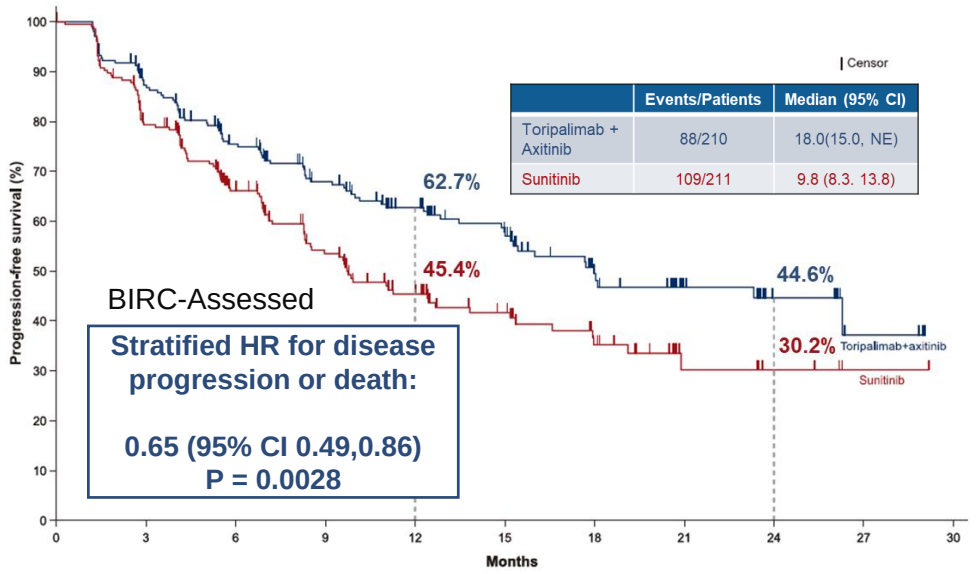
In May 2023, the supplemental new drug application for toripalimab in combination with nab-paclitaxel for the treatment of PD-L1 positive (CPS ≥ 1) untreated metastatic or recurrent metastatic TNBC has been accepted by the NMPA.

In June 2023, the results were presented as LBA at the ASCO 2023.

Source: ASCO 2023#LBA1013

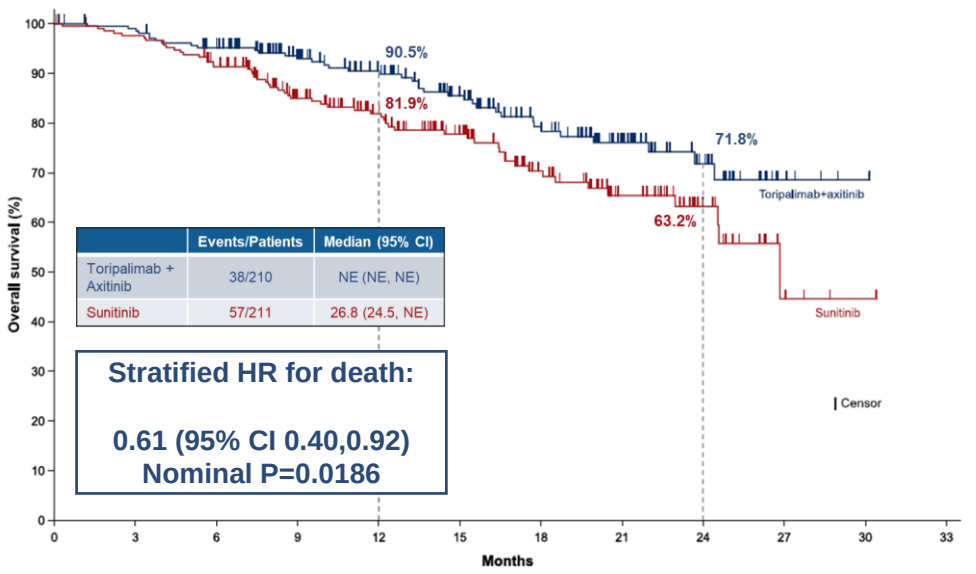
The RENOTORCH Study: Record-setting Results for 1st line Immunotherapy in Advanced Kidney Cancer with a median PFS of 18.0 months

PFS



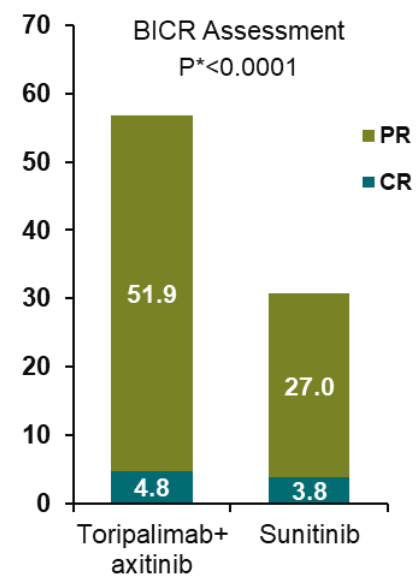
	Events/Patients	Median (95% CI)
Toripalimab + Axitinib	88/210	18.0(15.0, NE)
Sunitinib	109/211	9.8 (8.3. 13.8)

OS



	Events/Patients	Median (95% CI)
Toripalimab + Axitinib	38/210	NE (NE, NE)
Sunitinib	57/211	26.8 (24.5, NE)

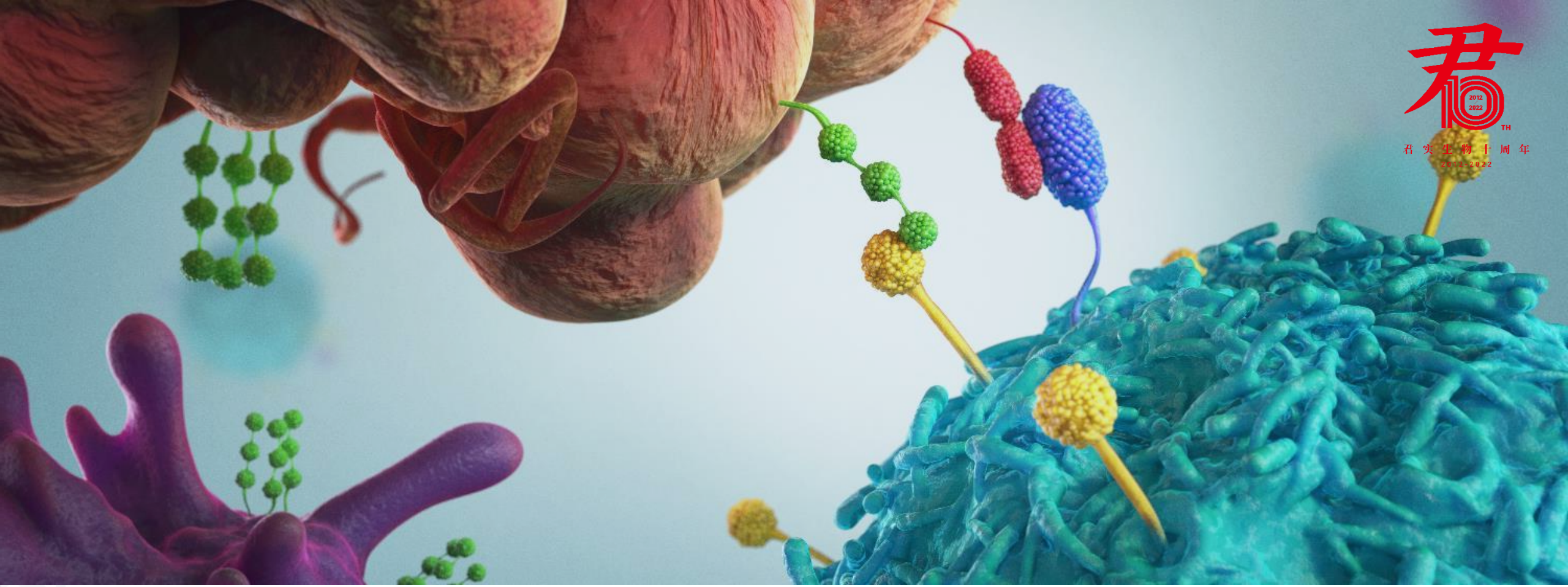
ORR



- **Compared with sunitinib monotherapy, toripalimab plus axitinib treatment has shown:**
  Significantly prolonged PFS: mPFS18.0 vs. 9.8 months and reduced the risk of disease progression or death by 35% (HR=0.65). The treatment effects were observed across all evaluated subgroups.
  A trend for OS improvement: the descriptive analysis of OS shows that, mOS NE vs. 26.8 months, with a reduction of the risk of death by 39% (HR=0.61)
  Significant improvement in ORR: ORR is 56.7% vs. 30.8% (P<0.0001)

- **Toripalimab + axitinib group had a manageable safety profile with no new safety signal identified.**

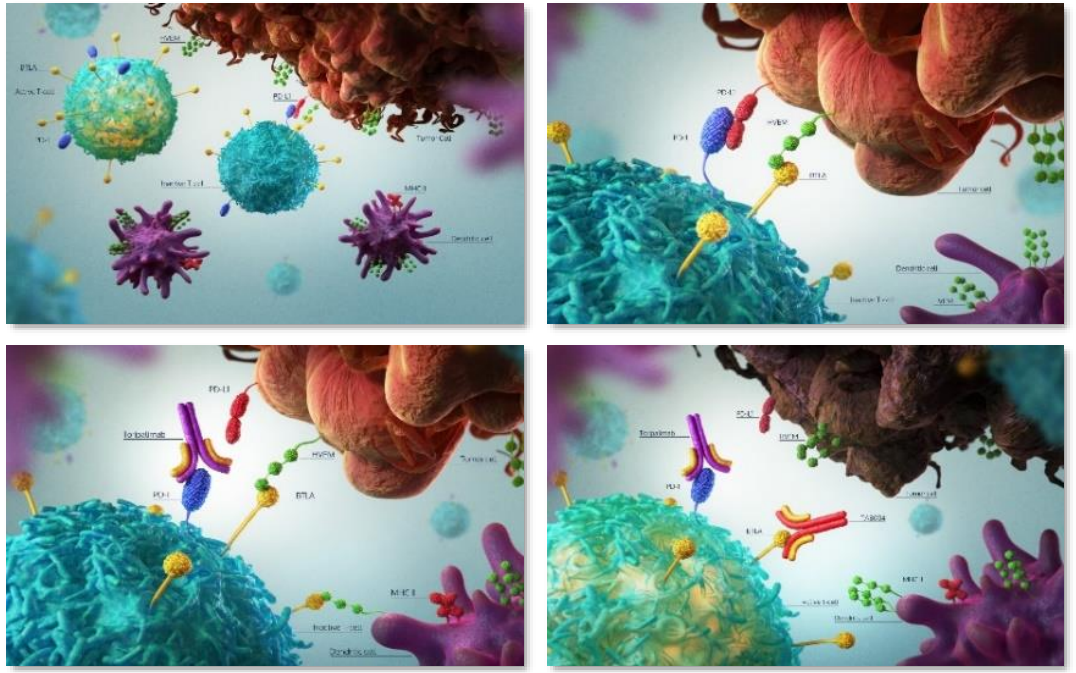
Source: ESMO 2023, *P value calculated using Cochran-Mantel-Haenszel method. Data cut-off date: March 31, 2023



Promising Candidates in Cancer Therapy

Our mission is to provide patients with treatment options that work better and cost less.

Tifcemalimab (TAB004/JS004): MRCT Ph3 Initiated



- PD-1 like molecule expressed on activated T and B cells
- BTLA is co-expressed on the surface of activated lymphocytes (B and T cells) with PD-1
- HVEM (ligand on tumor cell) suppresses T-cell proliferation and cytokine release – ***Negative Signaling***
- Tumor expression of HVEM has been associated with poor prognosis and immune escape
- BTLA blockade promotes antigen-specific T cell response and works synergistically with toripalimab (anti-PD-1)

- **In June 2023 and August 2023**, **the FDA and the NMPA agreed** that a randomized, double-blind, placebo-controlled, multi-regional **Phase III clinical study** of tifcemalimab in combination with toripalimab as consolidation therapy in patients with **LS-SCLC** without disease progression following chemo-radiotherapy may proceed. This study is the first registration study of an anti-BTLA monoclonal antibody, with a plan to enrol 756 patients in globally.
- The first global multi-center Phase III clinical study of Tifcemalimab for the treatment of LS-SCLC has been officially launched in China and the United States. Recently, we have enrolled and dosed the first patient in this MRCT phase 3 clinical trial of Tifcemalimab.
- In December 2023, the Phase III clinical study of Tifcemalimab for the treatment of classical Hodgkin's Lymphoma (cHL) has been officially launched in China.

Tifcemalimab: Promising Early Clinical Results Debut

Phase Ia: monotherapy in advanced solid tumors

Clinical Activity:
Among 19 evaluable patients as of April 30, 2022, 1 confirmed PR (Melanoma), 7 SD were observed, the median duration of SD was 18 weeks, 1 melanoma patient had previously progressed upon nivolumab and BRAF/MEK inhibitors treatments, has continued PR for more than 24 months

Safety and Tolerability:
No Dose Limiting Toxicity (DLT) was observed

Figure 6. Changes in target lesion(s) over time

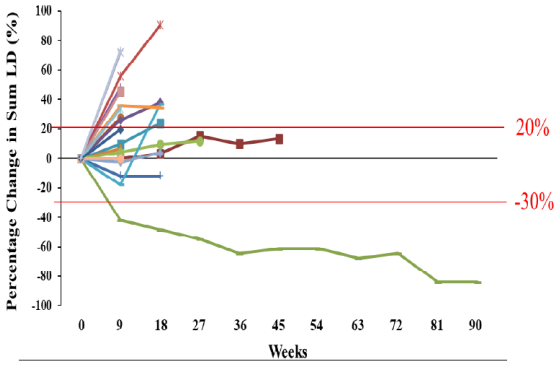
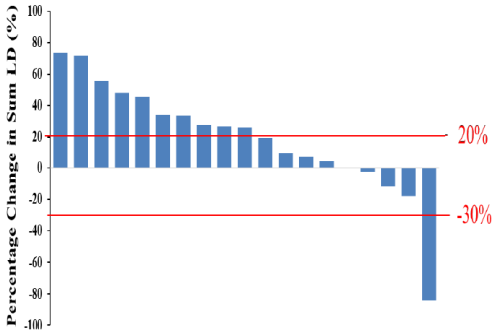


Figure 7. Best response of target lesion(s)



Phase I: monotherapy or in combination with toripalimab in relapsed/refractory lymphomas

Clinical Activity:
As of April 26, 2022,
Among 25 evaluable patients receiving monotherapy: 1 PR, 7 SD
Among 6 patients receiving the combination therapy (all progressed upon prior anti-PD-1 therapy): 3 PR (ORR 50%), 1 SD(DCR 67%)

Safety and Tolerability:
No DLT was observed

Figure 5. Best response of target lesion(s) Monotherapy

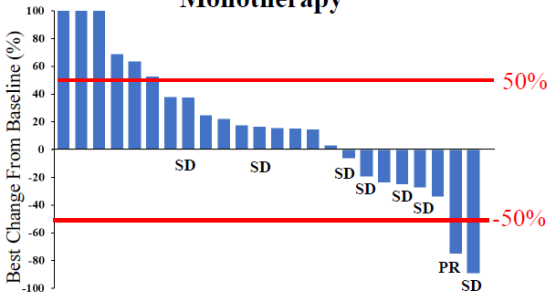
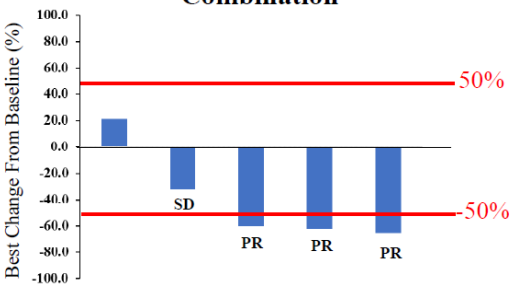


Figure 7. Best response of target lesion(s) Combination



Source: ASCO 2022

Tifcemalimab in R/R Lymphomas: Monotherapy/Combo with Toripalimab

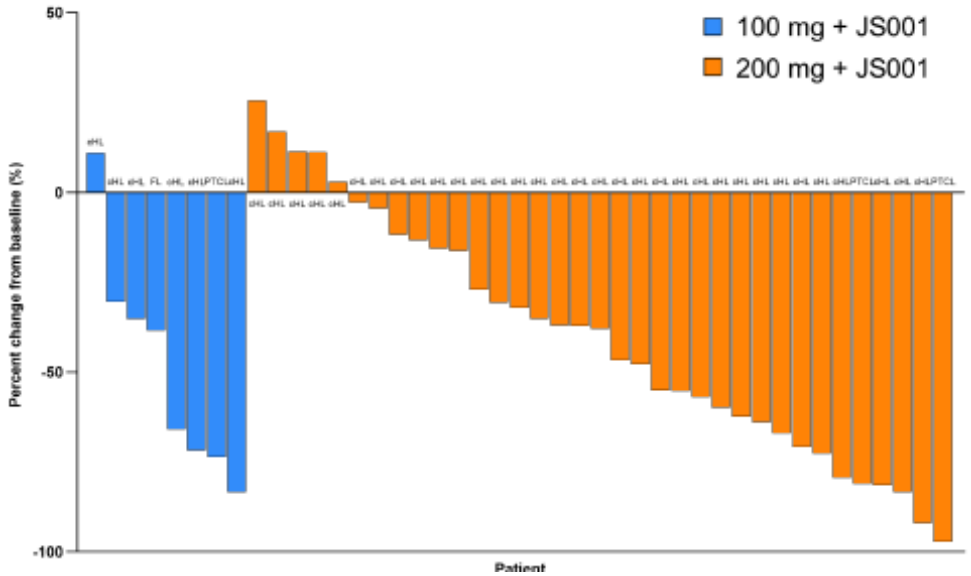
As of July 19, 2023, with median follow-up time of 57 weeks,

Among 25 patients receiving the monotherapy:

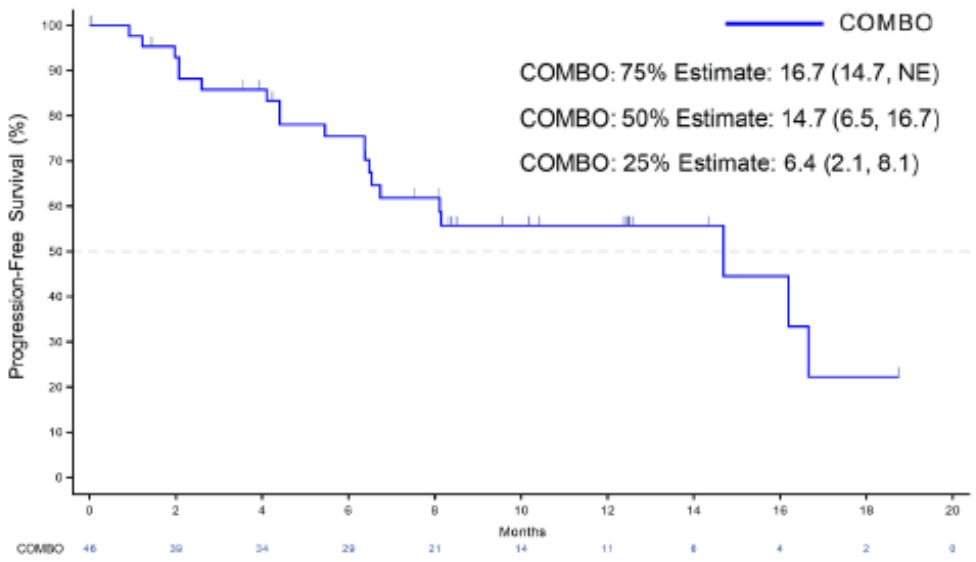
- 1 PR, 7 SD, mPFS: 2.1 months

Among 46 patients receiving combination therapy,

- 1 CR, 16 PR (ORR 37.0%), 20 SD (DCR 80.4%), mPFS 14.7 months
- Among 34 cHL patients receiving the RP2D, all of them were heavily treated with anti-PD-1/L1 antibodies, 12 PR (ORR 35.3%) and 17 SD (DCR 85.3%) were observed and the mPFS was 16.2 months



Best response of target lesion(s) in Combo



Progression-free survival status in Combo

Source: ASH 2023

Tifcemalimab in ES-SCLC: ORR of 40% in chemo refractory IO naive pts

As of Mar 14, 2023, 43 patients with refractory ES-SCLC were enrolled. 15 (34.9%) patients IO-refractory, 19 (44.2%) had received 2 lines of prior therapies. By the cut-off date, the median follow-up time is 26.4 weeks.

- **In all patients (EAS=40):** ORR was 27.5%, DCR was 55.0%.

Table 4. Antitumor activity

Antitumor activity	Patients (n=43)	IO naïve (n=23)
Evaluable subjects (EAS)	40	20
Best overall response, n (%)		
Complete response	0	0
Partial response	11 (27.5)	8 (40.0)
Stable disease	11 (27.5)	6 (30.0)
Progressive disease	18 (45.0)	6 (30.0)
ORR (CR+PR), n (%, 95% CI)	11 (27.5, 5.3-27.9)	8 (40.0, 19.1-63.9)
DCR (CR+PR+SD), n (%, 95% CI)	22 (55.0, 31.2-62.3)	14 (70.0, 45.7-88.1)
Median DoR, months (95% CI)	6.9 (1.4-6.9)	6.9 (1.4-6.9)
Median TTR, months (95% CI)	2.7 (1.3-4.0)	2.7 (1.3-4.0)
Median PFS, months (95% CI)	2.8 (1.4-5.5)	5.5 (1.4-6.4)
Median OS, months (95% CI)	14.9 (8.8-16.0)	9.4 (8.8-16.0)
12-month OS rate, % (95% CI)	51.7 (20.7-75.9)	47.3 (14.3-75.0)

- **In the IO naive patients (EAS=20): ORR was 40.0%,** DCR was 70.0%, median DoR was 6.9 months, and among them, three (15.0%) responders to tifcemalimab plus toripalimab have lasted over 6 months, median PFS was 5.5 months.
- Among 20 non-IO naïve patients, including 15 patients with prior IO treatment and 5 patients with unknown IO treatment status, 2 patients and 1 patient, respectively, achieved PR.
- For safety, 38 (88.4%) patients experienced TEAEs, 32(74.4%) experienced TRAEs. Grade≥3 TEAEs and TRAEs occurred in 16 (37.2%) and 7 (16.3%) patients, respectively. No patient withdrew from tifcemalimab or toripalimab treatment due to TEAE.

Figure 2. Maximum tumor reduction in IO naïve patients (EAS=20)

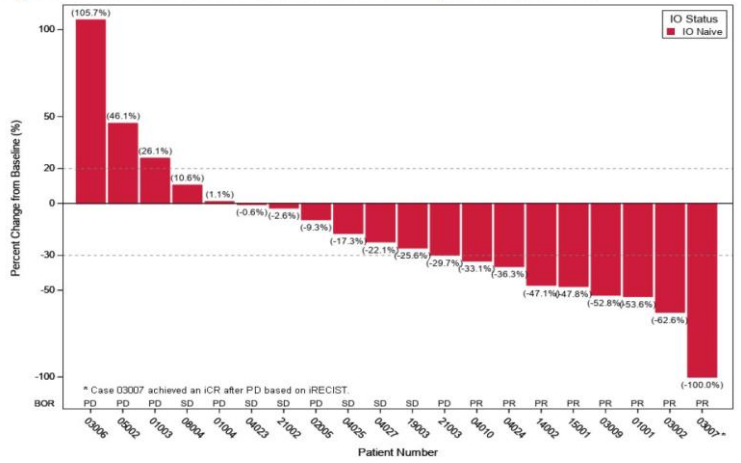
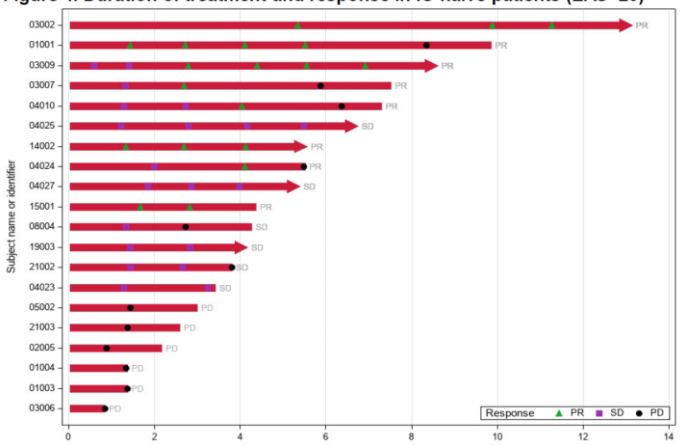


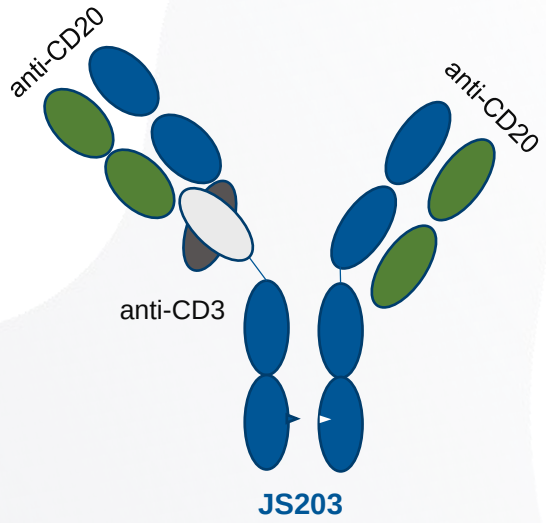
Figure 4. Duration of treatment and response in IO naïve patients (EAS=20)



Source: ASCO 2023#8579

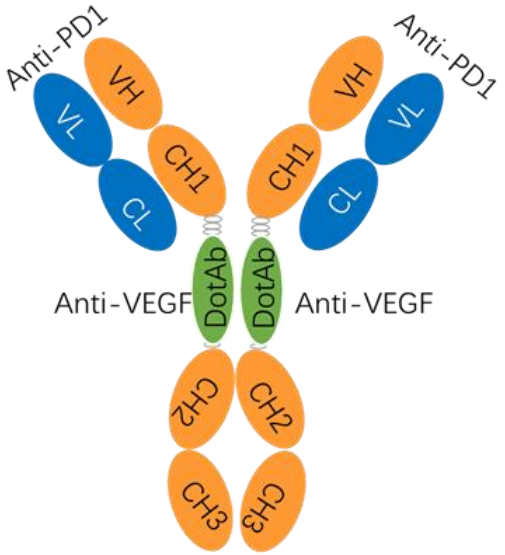
Multiple Bispecific Antibody Programs

JS203
CD20 x CD3 Bispecific Antibody



- JS203 is a recombinant humanized anti-CD20/CD3 bispecific antibody self-developed by Junshi, for the treatment of relapsed/refractory B-cell non-Hodgkin's lymphoma.
- Pre-clinical animal models showed that JS203 had a strong anti-tumor effect while it was well tolerated.
- **In July 2022, the IND application for JS203 was approved by the NMPA.**

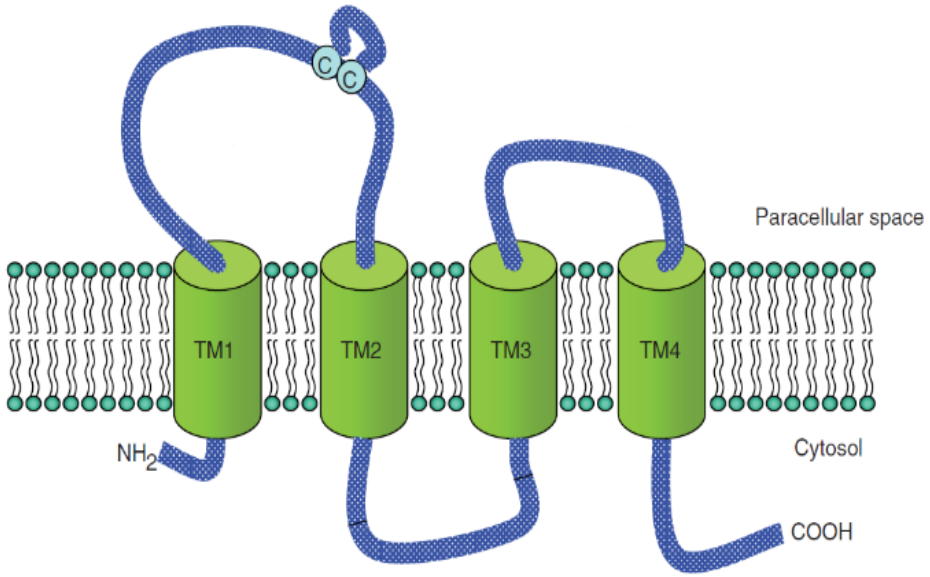
JS207
PD-1 x VEGF Bispecific Antibody



- Given the strong correlation between VEGF-A and PD-1 expression in the TME, the simultaneous blockade of these two targets by JS207 as a single agent might achieve enhanced antitumor activity, with an improved safety profile, compared to the combo therapy.
- **At the end of August 2023, JS207 received approval for clinical trial by the NMPA and has achieved FPI within a month.**

JS107: Anti-Claudin18.2 ADC

- JS107 is a recombinant humanized anti-Claudin18.2 monoclonal antibody-MMAE (Monomethyl auristatin E) conjugate for injection developed independently by Junshi. It is an antibody-drug conjugate (ADCs) targeting tumor-related protein Claudin18.2 and is intended to be used for the treatment of advanced malignant tumors, such as gastric cancer and pancreatic cancer.
- The pre-clinical in vivo animal models showed that JS107 exhibits significant anti-tumor effect. In addition, JS107 has a good safety profile in animals.
- **In March 2022, the IND application for the JS107 has been approved by the NMPA.**

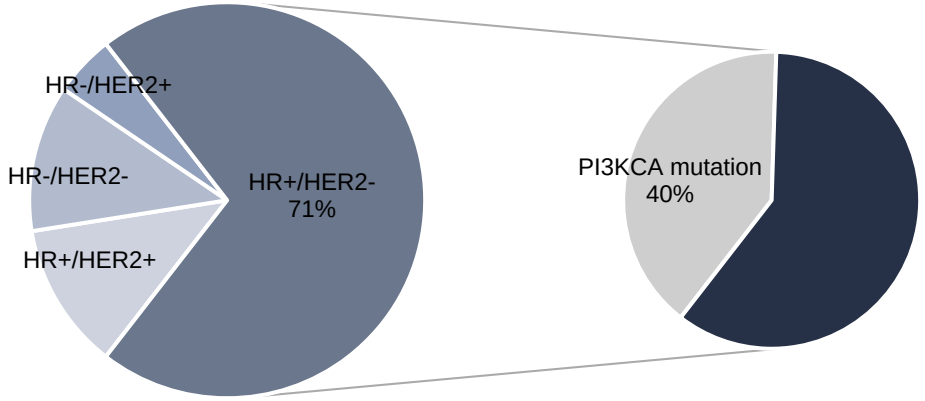


schematic of a claudin18 monomer

JS107 can bind to Claudin18.2 on the surface of tumor cells, enter into tumor cells through endocytosis, and release the small molecule toxin MMAE, which has a strong lethality to tumor cells.

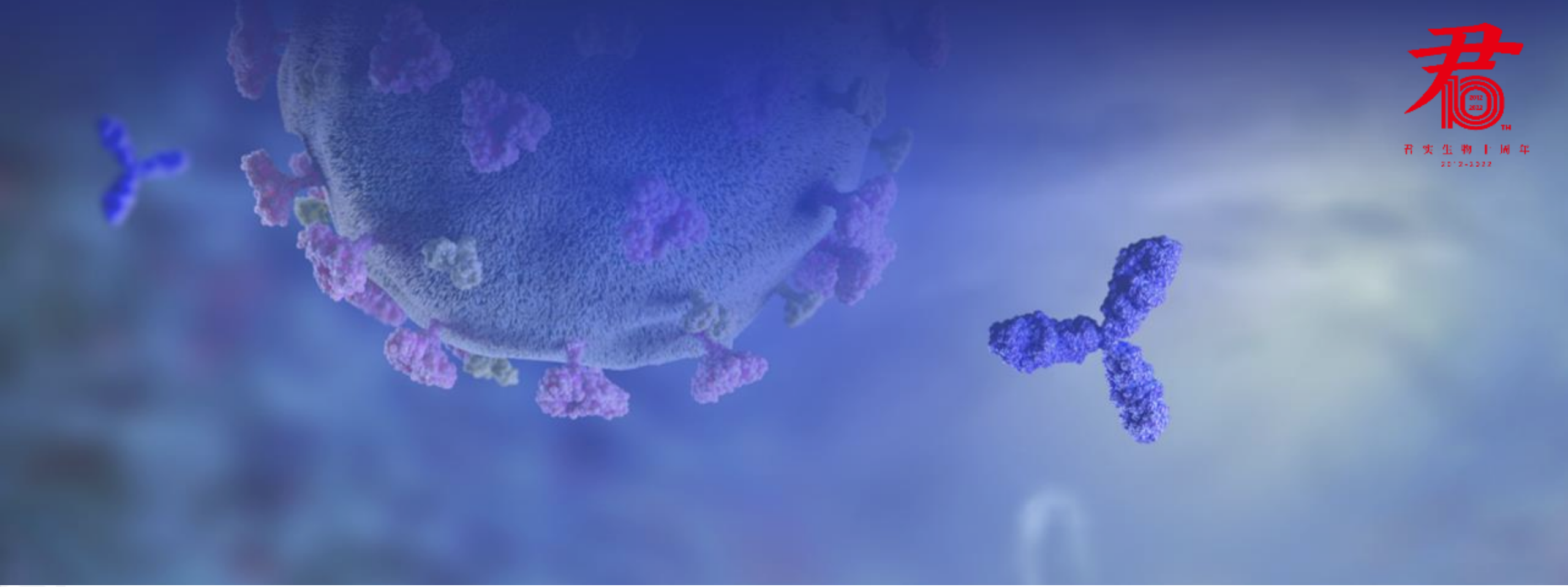
JS105: Oral Small Molecule Inhibitor Targeting PI3K-α

- JS105 is an oral small molecule inhibitor targeting PI3K-α in collaboration with Risen and is intended for the treatment of female (post-menopausal) patients with HR-positive, HER-2 negative, PIK3CA-mutated, advanced breast cancer who are experiencing disease progression during or after treatment with endocrine-based regimens.
- Pre-clinical studies have shown that JS105 is effective in animal models of breast cancer, and also in other solid tumors such as cervical cancer, kidney cancer, colorectal cancer and esophageal cancer. JS105 has also demonstrated a good safety profile in animals.
- **In May 2022 and July 2022, the IND application for JS105 was approved by the NMPA and the FDA, respectively.**



- According to GLOBOCAN 2020, breast cancer had the highest incidence rates worldwide, with 2.26 million new cases and 0.68 million deaths in 2020.
- According to data from Novartis, HR+/HER2- represents 71% of breast cancer patients, and ~40% of people with HR+/HER2- breast cancer have a PIK3CA mutation in their tumor
- There is only one PI3K-α inhibitor, Piqray® (Alpelisib, a product of Novartis), approved for commercialization in the world, and no PI3K-α inhibitor has been approved for marketing in China.

Source: Vanhaesebroeck B, et al. Nature Reviews Drug Discovery, 2021, 20(10): 741-769., Novartis investor presentation



Innovation Beyond Oncology

Our mission is to provide patients with treatment options that work better and cost less.

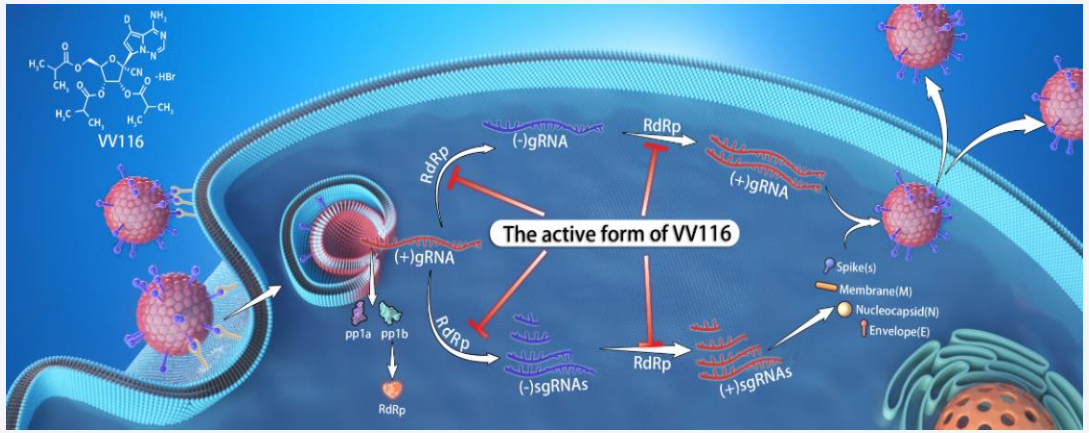
Mindeudesivir (VV116/JT001): Oral Nucleoside Drug against COVID-19

- In October 2021, Junshi and Vigonvita Life Sciences, reached a collaboration to jointly develop and commercialize the oral nucleoside anti-SARS-CoV-2 drug VV116 (JT001) globally*.
- In December 2021, VV116 (JT001) was approved for the treatment of moderate to severe COVID-19 patients in Uzbekistan.
- In January 2023, NMPA conditionally approved for marketing JT001/VV116 in China, also named Mindeudesivir (commercial name MINDEWEI) for the treatment of adult patients with mild to moderate COVID-19 based on JT001-015 study. Mindeudesivir is covered by the NRDL.
- The results of two Phase 3 clinical studies of Mindeudesivir were published in ***the New England Journal of Medicine (IF: 158.5)*** and ***the Lancet Infectious Diseases (IF:56.3)*.**

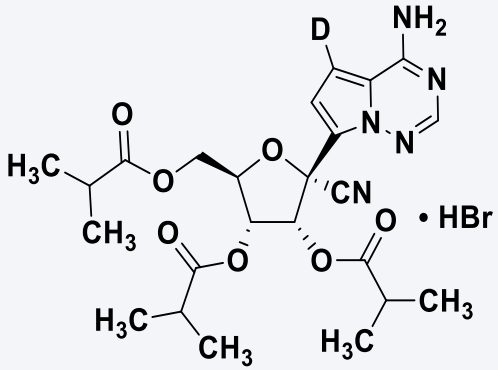
JT001-015

- FPI: 2022.10.21
- NDA accepted: 2023.01.17
- NDA approved: 2023.02.18

88 days + ***11*** days = ***99*** days



Mindeudesivir (VV116) targets the conserved viral RdRp, playing a crucial role in viral replication and transcription.



Mindeudesivir (VV116) Chemical Structure

*Cooperation territory: the whole world except for the following four territories, namely the five Central Asian countries, Russia, North Africa, and the Middle East

Source: Xie, Y., Yin, W., Zhang, Y. et al. Design and development of an oral remdesivir derivative VV116 against SARS-CoV-2. Cell Res (2021). https://doi.org/10.1038/s41422-021-00570-1

Ongericimab (JS002): Anti-PCSK9 mAb

- **Indications:** hyperlipidemia
- **Origins:** In-house, developed independently by Junshi
- **Commercial Rights:** Global
- **Clinical Stage**: Phase 3 in China
  - PH/MD (Ph3 completed),
  - HeFH (Ph3 enrollment completed)
  - HoFH (Ph2 completed)

- At the 2023 AHA Scientific Sessions, the data for efficacy and safety of Ongericimab in chinese patients with primary hypercholesterolemia and mixed dyslipidemia was released. The results shown that Ongericimab on stable background LLT significantly reduced LDL-C.

- **In April 2023, the BLA for ongericimab was accepted by the NMPA for the treatment of:**

  1) primary hypercholesterolemia (including familial and non-familial heterozygous) and mixed dyslipidemia;
  2) homozygous familial hypercholesterolemia in adults or adolescents aged 12 or above.

Table 1. Results of Ongericimab on Lipid Parameters in Patients with Primary Hypercholesterolemia and Mixed Dyslipidemia on Background Lipid-lowering Therapy (Percent Change from Baseline to Week 24)

Treatment group	LDL-C	Non-HDL-C	Apo B	Total Cholesterol	Lipoprotein(a)	Triglyceride	HDL-C
Ongericimab 150mg vs. Placebo every 2 weeks							
Placebo Q2W [a] (n=131)	0.4	-1.6	-1.1	0.4	14.7	5.9	6.5
Ongericimab 150 mg Q2W [a](n=272)	-67.4	-62.0	-58.8	-40.9	-52.8	-13.4	16.6
LS mean difference [b] (95% CI)	-67.7 (-72.49, -62.99)	-60.3 (-64.74, -55.94)	-57.7 (-61.86, -53.56)	-41.2 (-44.51, -37.93)	-67.5 (-90.27, -44.74)	-19.28 (-26.83, -11.73)	10.02 (6.94, 13.11)
Ongericimab 300mg vs. Placebo every 4 weeks							
Placebo Q4W [a] (n=134)	7.7	4.3	4.9	5.1	2.8	6.4	7.1
Ongericimab 300 mg Q4W [a](n=265)	-53.5	-48.8	-45.3	-31.4	-42.0	-4.1	13.8
LS mean difference [b] (95% CI)	-61.2(-67.09, -55.21)	-53.1(-58.60, -47.53)	-50.1(-55.32, -44.94)	-36.5(-40.60, -32.37)	-44.79 (-52.11, -37.47)	-10.54 (-19.88, -1.21)	6.71 (3.53, 9.88)

a. The data presented are least-squares mean, which was calculated from the repeated measures model which includes treatment group, stratification factor(s), scheduled visit and the interaction of treatment with scheduled visit as covariates.
b. Treatment differences were calculated within each treatment regimen using its own placebo as the reference.

- From baseline to week 24, the least-squares (LS) mean difference between ongericimab and placebo in LDL-C from baseline to week 24 was -67.7% (95% CI: -72.49%, -62.99%; $p < 0.0001$) in Q2W group and -61.2% (95% CI: -67.09%, -55.21%; $p < 0.0001$) in Q4W group.
- LDL-C reductions were maintained to Week 52.

Source: AHA 2023. Wang, X., Miaohan, Q., Cheng, Z., Ji, X., Chen, J., Zhu, H., ... & Yaling, H. (2023). Efficacy and Safety of Ongericimab in Chinese Patients With Primary Hypercholesterolemia and Mixed Dyslipidemia. Circulation, 148(Suppl_1), A11893-A11893.

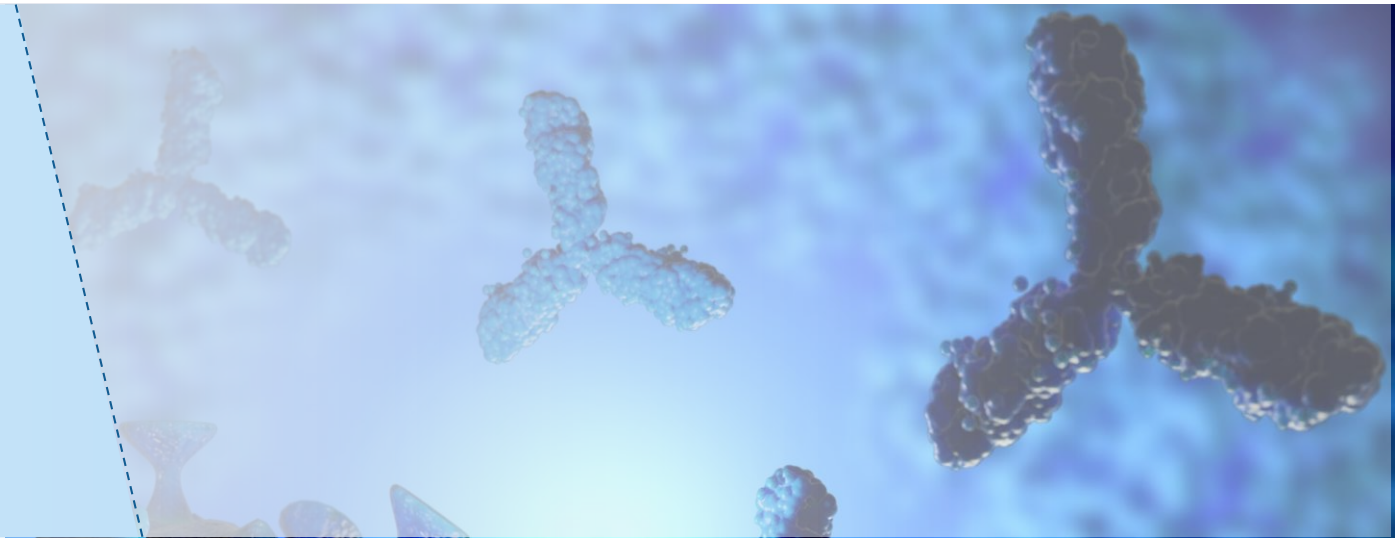
Autoimmune and Neurological Diseases

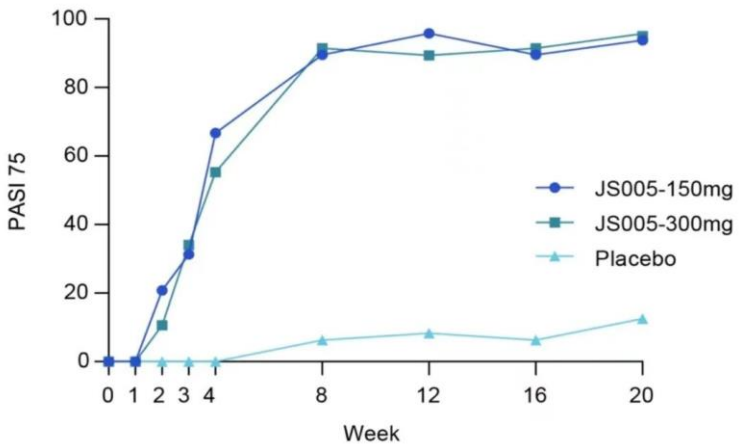
JS005

Anti-IL-17A mAb

- **Indications:** psoriatic, spondylitis
- **Origins:** In-house, developed independently by Junshi
- **Commercial Rights:** Global

- **Ph3 Registrational clinical trial initiated:** Severe plaque psoriasis
- **Communication for Ph3 registrational clinical trial initiated:** Ankylosing spondylitis





The proportions of patients achieved PASI 75 at week 12 were significantly higher in the JS005 150mg group (95.8%, p<0.0001) and 300mg group (89.4%, p<0.0001) than in the placebo group (8.3%)

JS010

Anti-CGRP mAb

- **Indications:** preventive treatment of migraine in adults
- **Origins**: In-house, developed independently by Junshi
- **Commercial Rights:** Global
- **Clinical Stage:** Phase 1 in China

- **In March 2023, the IND application for JS010 has been approved by the NMPA.**

Source: ACR 2023. Cai L, Mu Z, Tao X, Zhang L, Zhang C, …, Zhang J. A Phase Ib/II Randomized, Double-blind, Placebo-controlled Study of Novel anti-IL-17A Monoclonal Antibody JS005 in Patients with Moderate to Severe Psoriasis [abstract]. Arthritis Rheumatol. 2023; 75 (suppl 9). December 21, 2023.

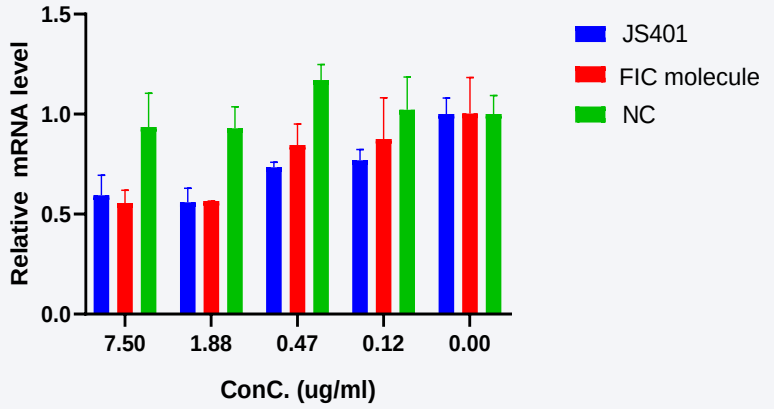
JS401: siRNA Drug targeting ANGPTL3

The advantages of our siRNA technology platform

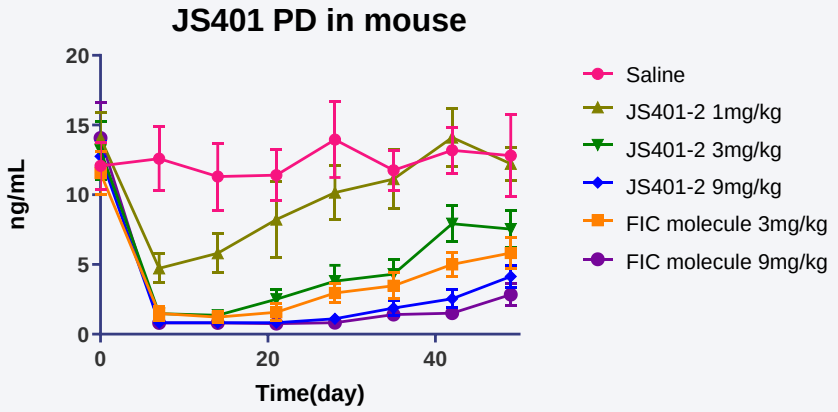
- Applying bioinformatics and AI technology to bring rational siRNA design, generating siRNA sequences with high inhibitory effect.
- Through our unique modifications, the stability of siRNA is enhanced with lower side effects. After generating siRNA sequence with inhibitory activity, it can be combined with targeted delivery molecules to form an siRNA drug with specific inhibition.
- The synthesis and purification platform, as well as the pilot production platform of siRNA drugs will also be established in the near future to further improve R&D.

JS401: controlling triglycerides & cholesterol levels long term

- JS401 is a siRNA drug targeting ANGPTL3 mRNA jointly developed by Junshi and Risen Shanghai, which is intended to be mainly used for the treatment of hyperlipidemia.
- Compared with monoclonal antibody drugs, siRNA drugs can effectively control triglycerides and cholesterol levels for a longer period of time.
- **In April 2023, the IND application for JS401 was approved by the NMPA.**



Comparable in vitro activity of free uptake in monkey hepatocytes to the FIC molecule



Comparable protein inhibitory activity in transgenic mice to the FIC molecule

Commercialization

Our mission is to provide patients with treatment options that work better and cost less.

Steady Progress in Commercialization

Strong Sales Growth in the First Three Quarters of 2023

Sales of commercialized pharmaceutical products

892 ¥, MN

YoY Growth **67.8** %

Sales of TUOYI®

668 ¥, MN

YoY Growth **29.7** %

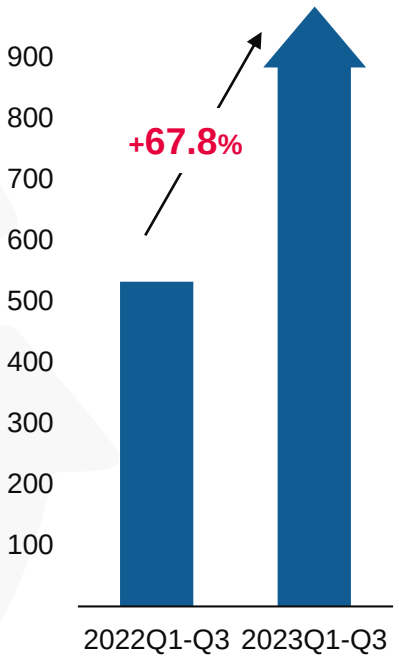
Sales of MINDEWEI

124 ¥, MN

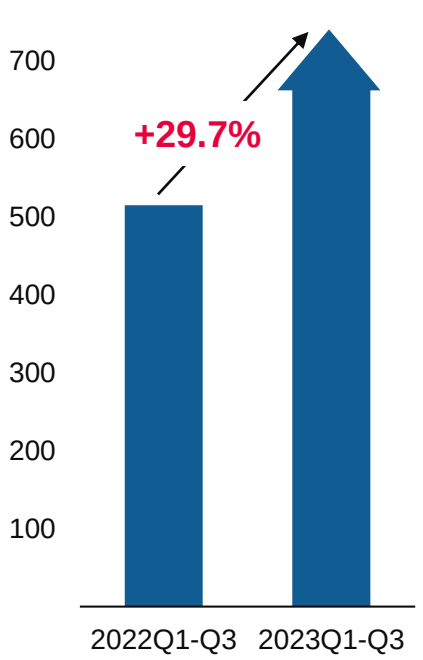
Sales of JUNMAIKANG

99.4 ¥, MN

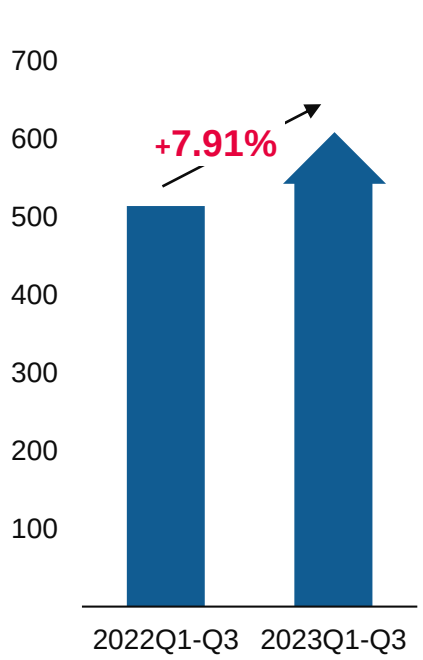
Sales of commercialized pharmaceutical products (RMB, Million)



Sales of TUOYI® (RMB, Million)



S&G Expenses (RMB, Million)



The growth rate of commercialized pharmaceutical products sales revenue is significantly higher than the growth rate of S&G expenses.

Upgrading Production Capacity, Transforming into Intelligent Manufacturing Through Digitalization

Shanghai Lingang
Production Base

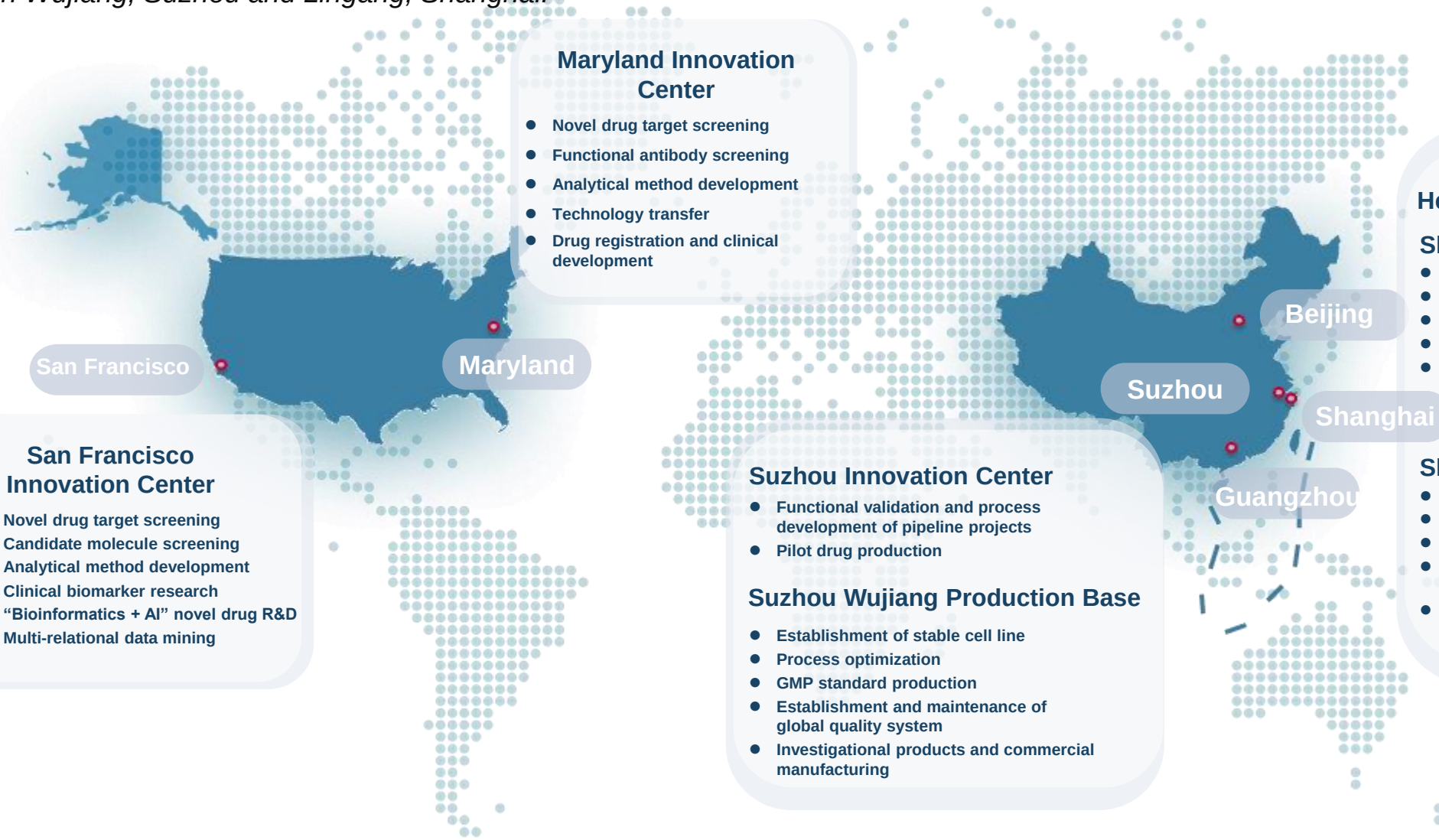
- Under construction in accordance with **CGMP standard**
- **42,000L** fermentation capability in the first phase of the project
- Passed the GMP compliance inspection
- Passed the on-site inspection conducted by Lilly and **provided overseas clinical samples of JS016**
- **Digital "smart" factory**
- Responsible for the production of commercial batches of TUOYI® jointly with Wujiang production base

Suzhou Wujiang
Production Base

- **GMP certification**
- Construction completed in 2016
- **4,500L** fermentation capability
- **FDA PLI Completed**
- **Ready for EMA pre-approval inspection**

In China, For Global

We have established four R&D centers in Shanghai, Suzhou, San Francisco and Maryland, and two biological drug production bases in Wujiang, Suzhou and Lingang, Shanghai.



Maryland Innovation Center

- Novel drug target screening
- Functional antibody screening
- Analytical method development
- Technology transfer
- Drug registration and clinical development

San Francisco Innovation Center

- Novel drug target screening
- Candidate molecule screening
- Analytical method development
- Clinical biomarker research
- "Bioinformatics + AI" novel drug R&D
- Multi-relational data mining

Suzhou Innovation Center

- Functional validation and process development of pipeline projects
- Pilot drug production

Suzhou Wujiang Production Base

- Establishment of stable cell line
- Process optimization
- GMP standard production
- Establishment and maintenance of global quality system
- Investigational products and commercial manufacturing

Headquarters

Shanghai Innovation Center

- Drug-target identification and verification
- Candidate molecule screening and optimization
- CMC process and analytical method development
- Technology transfer
- Drug registration and clinical development

Shanghai Lingang Production Base

- Establishment of stable cell line
- Process optimization
- cGMP standard
- Establishment and maintenance of global quality system
- Investigational products and commercial manufacturing

THANK YOU