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2025 Annual Results

Strategic Merger between EDDING & GENOR : A New Era Begins

Stock Code: 6998.HK

March 2026

Contents

01 2025 Corporate Highlights & Development Strategy

Strategic Merger in 2025: Embarking on a New Journey as a SUPER BIOTECH

- Pioneered the first reverse takeover involving a biotech company under Chapter 18A of the Listing Rules

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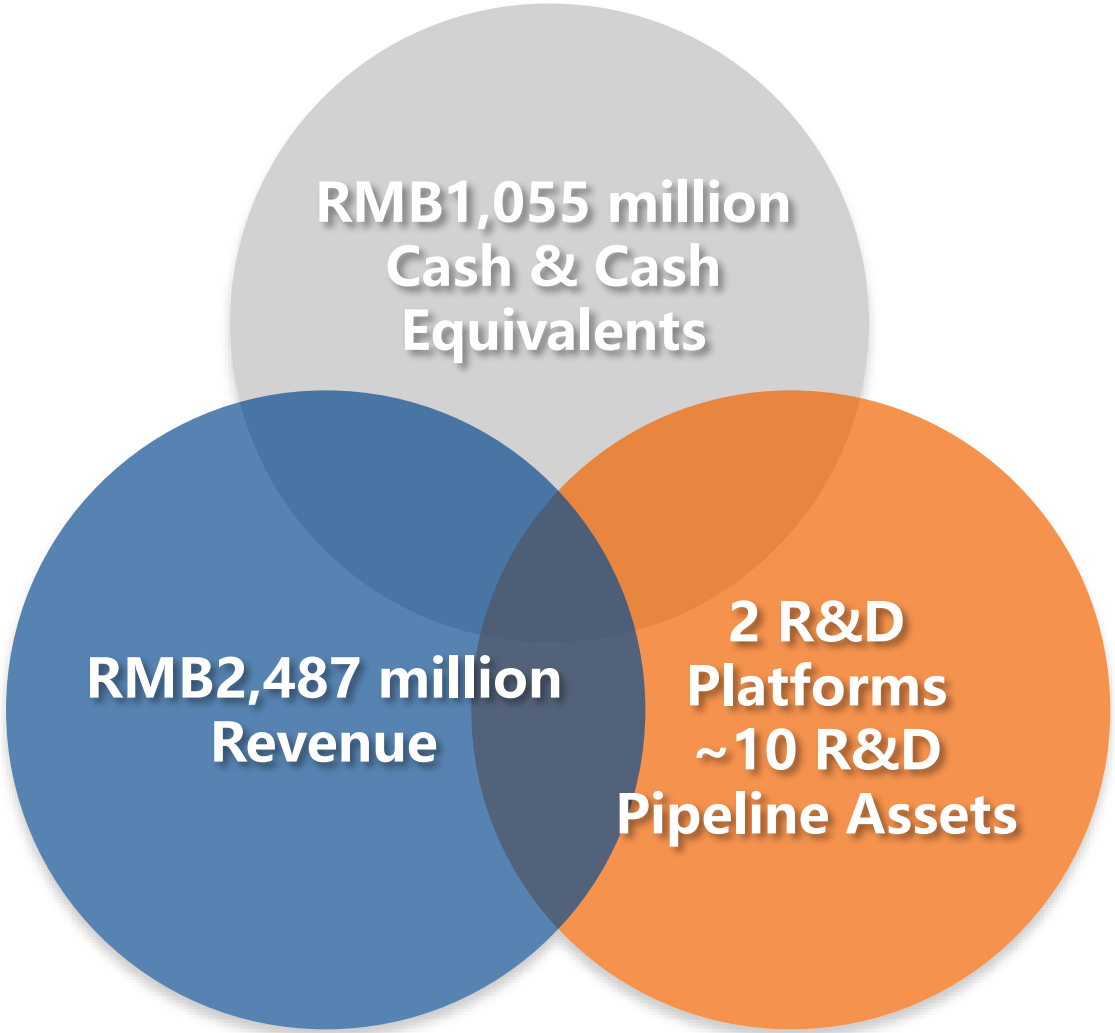
7 Commercialized Products

2 Innovative Products Included in the NRDL, Driving New Revenue Growth

- Two innovative drugs in the breast cancer field, **Jing Zhu Da®** (Entinostat) and **Rujianing®** (Lerociclib), were successfully newly included in the National Reimbursement Drug List for Basic Medical Insurance, Maternity Insurance and Work-Related Injury Insurance (2025 Edition).
- The classic originator-branded product **Vancocin®**, classified as a special-use antibiotic, was not included in the 11th batch of the National Centralized Drug Procurement List in 2025. The decision followed consultations with relevant authorities and experts due to its high clinical use risk.



~10 R&D Pipeline Assets

3 Clinical-Stage Pipeline Assets Advancing Rapidly

- GB268 (PD-1/CTLA-4/VEGF Trispecific Antibody): Received clinical trial approval from the NMPA in July 2025; currently in the expansion stage of Phase I.
- EDP167 (ANGPTL3 siRNA): Received clinical trial approval from the NMPA in June 2025; successfully completed Phase I study; initiated Phase II study for HoFH in February 2026.
- GB261 (CD3/CD20 Bispecific Antibody): Completed Phase I/II dose escalation study in patients with B-cell lymphoma; entered into a strategic collaboration with Candid Therapeutics in 2025 to jointly advance the clinical development in autoimmune diseases.

2 R&D Platforms:
Large-Molecule Antibody + Small Nucleic Acids
R&D Engine Driving Continuous Innovation

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Solid Earnings & Strong Cash Flow: The Bedrock That Fuels R&D Innovation

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Adjusted net profit(1)

471

RMB million

2,487

RMB million

Revenue

1,055

RMB million

Cash and cash equivalents

Adjusted EBITDA(2)

(Adjusted Earnings Before Interest, Taxes, Depreciation, and Amortization)

950

RMB million

399

RMB million

Net profit

68.2 %

Gross Profit Margin

Notes: (1) Adjusted net profit (non-HKFRS measure) represents net profit excluding share-based payment expenses and transaction expenses in connection with the reverse takeover.
(2) Adjusted EBITDA (non-HKFRS measure) represents net profit excluding depreciation of property, plant and equipment, depreciation of right-of-use assets, amortisation of other intangible assets, finance costs, net, income tax expense, share-based payment expenses and transaction expenses in connection with the reverse takeover.

Focusing on the New Strategy of Bidirectional Empowerment between R&D and Commercialization

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3 Originator-Branded Products

Stable Cash Flow

稳可信® VANCOCIN® CP 万古霉素 层析纯化 Vancomycin

希刻劳® Ceclor® 头孢克洛 cefaclor

亿瑞平®

4 Innovative Products

Strong Growth Engine

唯思沛® Vascepa®

稳可达® Mulpleta®

景助达®

泼佳宁® 盐酸来罗西利片

~10 Pipeline Assets

"Clinical Need and Commercial Viability"

2 Technology Platforms

Sustainable R&D Output

Large-Molecule Antibody | Small Nucleic Acid

5 Core Therapeutic Areas, focusing on significant unmet clinical needs

- Oncology
- Autoimmune
- Cardiovascular
- Respiratory
- Anti-infectives

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02 Research and Development

Diversified R&D Pipeline - ~10 products in development, with 3 in clinical stages

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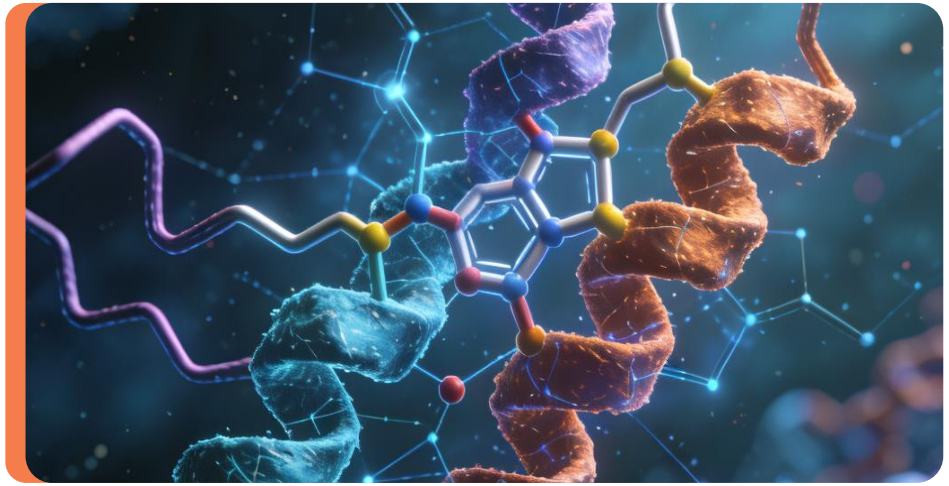
	Project	Targets/Modality	Indications	Discovery	PCC	IND enabling	Phase I/II	Phase III
Cardiometabolic/ Nephrology	EDP167	ANGPTL3	HoFH					
			Mixed Hyperlipidemia					
	EDP168	siRNA-bispecific	Hyperlipidemia, ASCVD					
	EDP169	siRNA	IgAN					
Cancer	GB268	PD-1/CTLA-4/VEGF	Solid tumors					
	GB261	CD3/CD20	B lymphoma, AID					
	EDP004	CD3/BCMA/GPRC5D	MM					
	GBD201	CCR8/CTLA-4	Solid tumors					
	EDP005	BsAb-ADC	BC					
Autoimmune/ Inflammation	EDP001	CD3/CD19/CD19/BCMA	Autoimmune diseases					
	EDP007	BsAb/multi-specific Ab	Asthma, COPD, AD					

Core Development Platform: Dual Innovation Engines

- Large-Molecule Antibody Drug Development Platform & Small Nucleic Acid Drug Development Platform



Large-Molecule Antibody Drug Development Platform

- Full-chain R&D capabilities: target discovery, early-stage antibody screening, bispecific and multispecific antibody design and optimization, in vitro activity validation, in vivo efficacy and pharmacokinetic analysis, and developability assessment.
- Diverse molecular formats: bispecific and multispecific antibodies, T-cell engagers, antibody-drug conjugates and nanobodies.

Small Nucleic Acid Drug Development Platform

- In-house R&D platform built upon three core technology modules including sequence design, chemical modification and targeted delivery.
- Various classes of small nucleic acid drugs, including siRNA and ASO, and covering chronic disease areas such as cardiovascular, metabolic, autoimmune and liver diseases.
- A proprietary dual-target small nucleic acid platform.

GB268: A highly differentiated and innovative PD-1/CTLA-4/VEGF trispecific antibody

- Phase I study initiated in August 2025; currently in the expansion stage of Phase I

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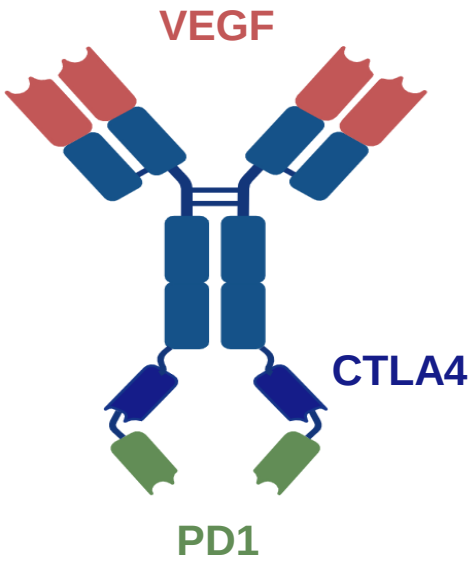
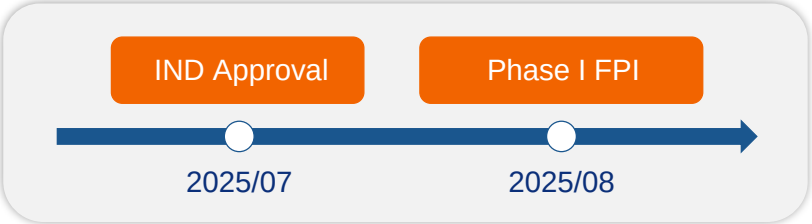
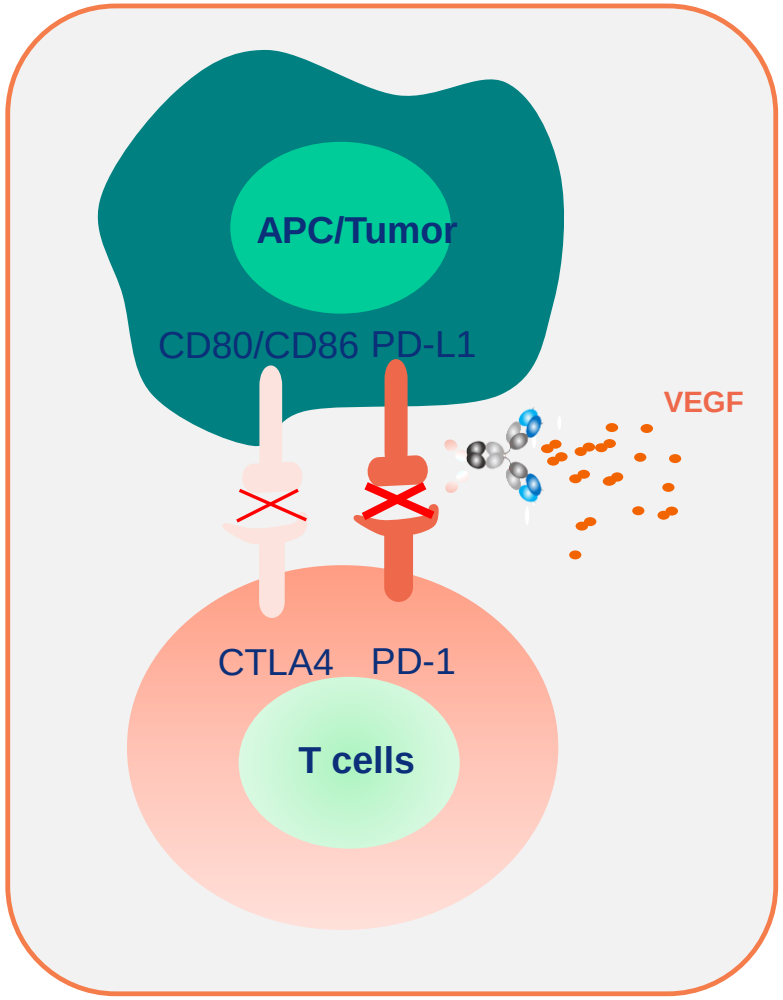


Multiple Anti-tumor Mechanisms

- Dual inhibition of PD-1 and CTLA-4 pathways.
- The anti-VEGF arm inhibits tumor angiogenesis.
- Induces significant internalization of both PD1 and CTLA-4 to further inhibit the signaling pathways.





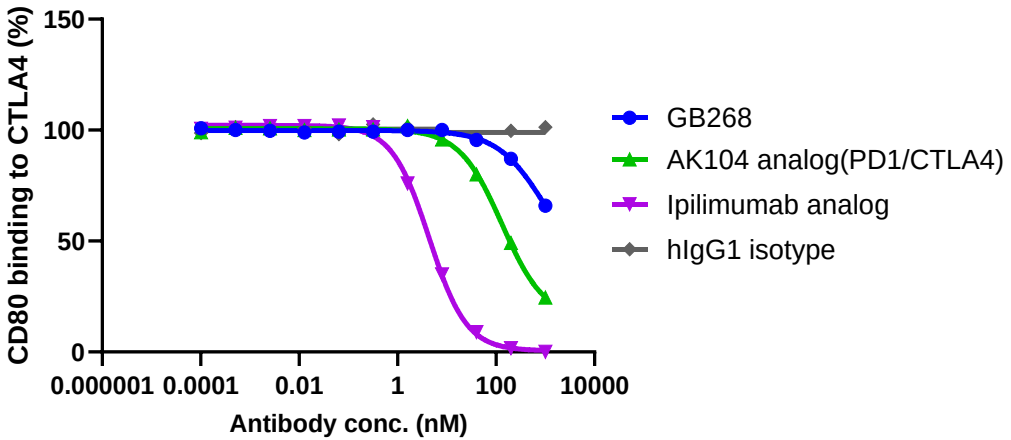
Unique Molecular Design

- **The CTLA-4 arm is a weak partial blocker with a unique epitope, and its binding is largely dependent on PD-1 expression. These molecular features were intentionally designed to reduce the peripheral toxicity associated with CTLA-4 inhibition.**
- The activity of the three arms has been fine-tuned to achieve a well-balanced efficacy and safety profile.
- A symmetric tri-specific antibody, it exhibits good drug developability.

GB268 selectively attenuates CTLA4 blockade, thereby potentially reducing CTLA4-related adverse reactions

Blockade of CTLA4 Cells

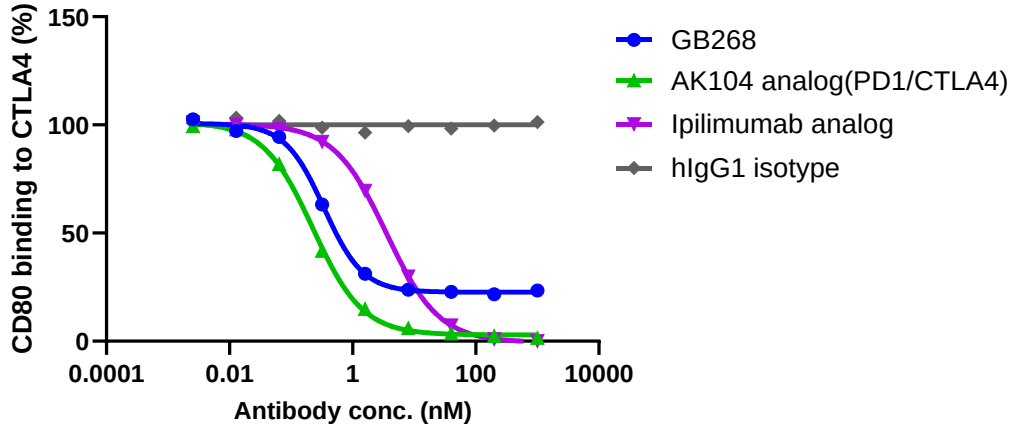
CD80 blocking on CHOK1-CTLA4 cells



	GB268	AK104 analog(PD1/CTLA4)	Ipilimumab analog
IC50	991.8	132.2	4.384

Blockade of PD1/CTLA4 Cells

CD80 blocking on CHOK1-PD1/CTLA4 cells



	GB268	AK104 analog(PD1/CTLA4)	Ipilimumab analog
IC50	0.3426	0.2264	3.536

- **In CTLA4 single-expressing cells, GB268 shows minimal blocking activity against CTLA4/CD80.**
- **In PD1/CTLA4 double-expressing cells, GB268 exhibits enhanced—yet incomplete—blockade of the CTLA4/CD80 interaction, consistent with its intended molecular design. The differentiated profile of partial CTLA4 blockade may contribute to a reduced risk of immune-related adverse events.**

Preclinical studies show that GB268 has robust anti-tumor activity

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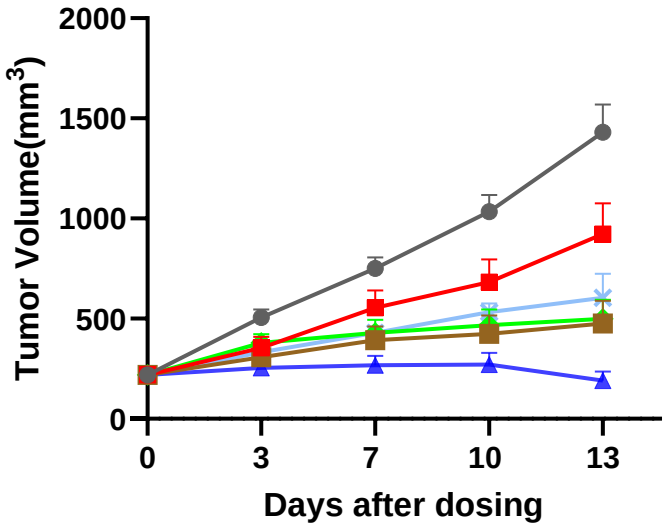
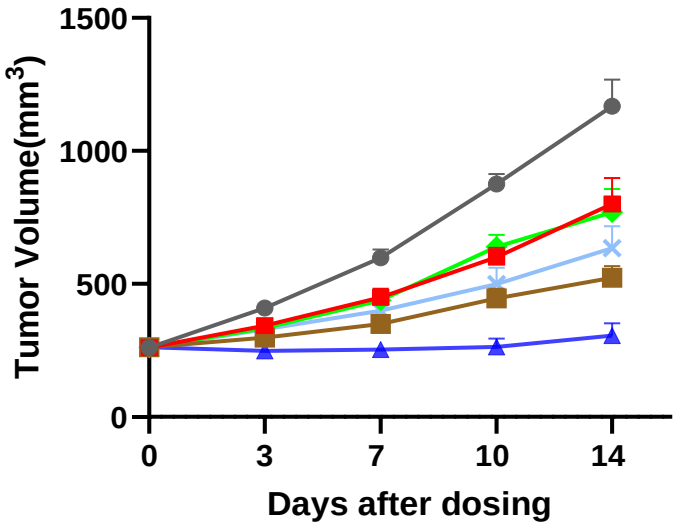
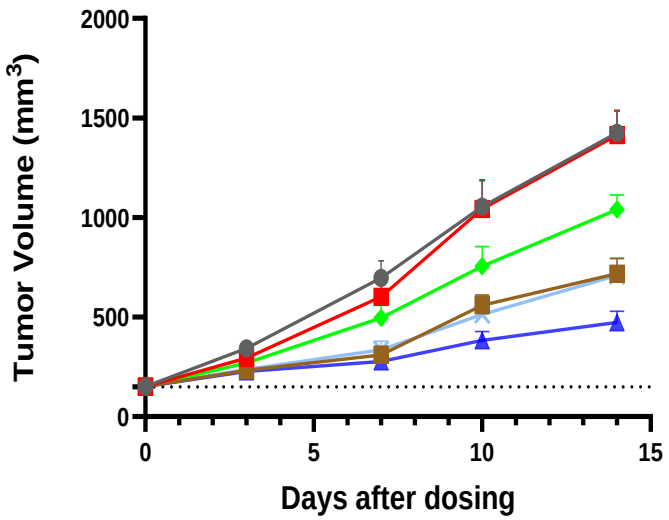
A375 model (melanoma)

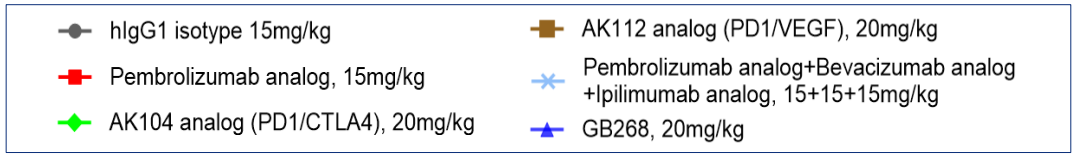


HT-29 model (CRC)



NCI-H460 model (NSCLC)





- In three PBMC-humanized mouse tumor models (melanoma, CRC, NSCLC), GB268 shows excellent anti-tumor activity.
- GB268 also demonstrates superior anti-tumor activity compared to PD1/CTLA4 bispecific antibody, PD1/VEGF bispecific antibody, and the combination of PD1, CTLA4, and VEGF monoclonal antibodies.

Phase I Clinical Study Design of GB268

- Preliminary study data indicate a favorable safety and tolerability profile with 10 mg/kg as the effective dose

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Advanced solid tumors (including NSCLC, SCLC, CRC, HCC, BTC, GC, ESCC, TNBC, CC, OC, EMC, RCC, PC, HNSCC etc), post SOC

Dose escalation (Accelerated titration & 3+3)

- **30 mg/kg** (n=3-6)
- **20 mg/kg** (n=3-6)
- **10 mg/kg** (n=3-6)
- **3 mg/kg** (n=1-6)
- **1 mg/kg** (n=1-6)

Accelerated titration

- IV, q3w, until disease progression, unacceptable toxicity or withdrawal of consent, etc.

Selected dose cohorts

Dose expansion

Currently in the dose expansion phase.

Expanded up to 30 patients per cohort per tumor type

During the dose escalation, dose expansion can be conducted in selected dose cohorts following the cohort being declared as safe by the SRC and exhibiting pharmacodynamic signal or anti-tumor activity.

Endpoints:

Primary endpoints:

- Safety, DLT

Secondary endpoints:

- PK
- Efficacy: ORR, DCR, DOR, TTR, PFS
- Anti-GB268 antibodies (ADA)
- PD-1/CTLA-4 receptor occupancy and positive rates of Ki67 and inducible costimulator (ICOS) on human peripheral blood T cells;
- Correlation between serum free VEGF levels and response in patients
- Correlation between PD-L1 expression in tumor tissues and response in patients

R&D Milestones and Recent Catalyst Events

2025.7	2025.8	2026 Q3	2026 Q4	2026 Q4
NMPA IND Approval	Monotherapy Phase I FPI	Combination Therapy Phase I FPI	Monotherapy Phase II FPI	Disclosure Monotherapy Phase I Data

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GB268 Phase I Clinical Preliminary Biomarker Data: ICOS, Ki67 & Serum VEGF

- Demonstrates effective peripheral CD4+ T cells activation and VEGF clearance

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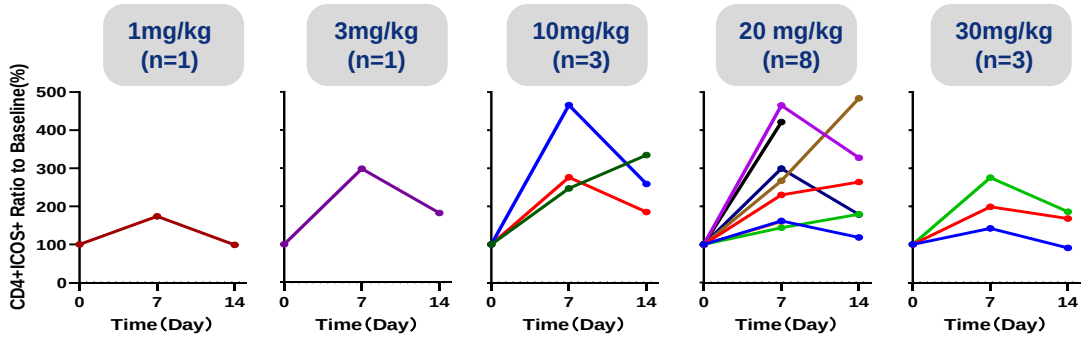
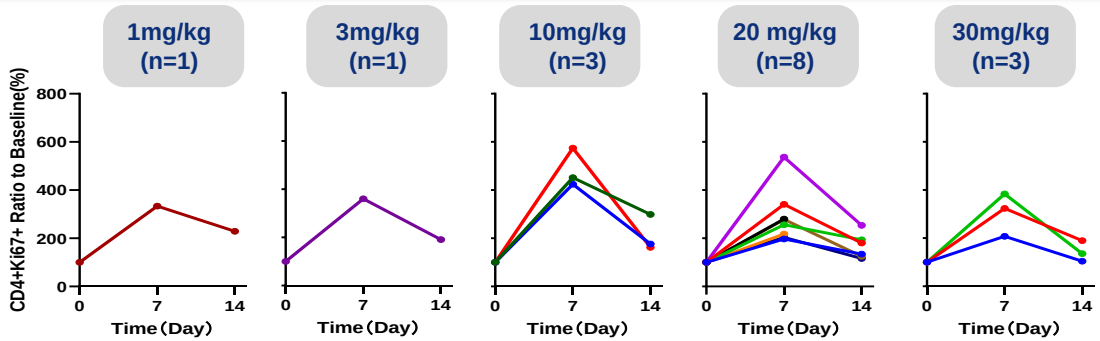
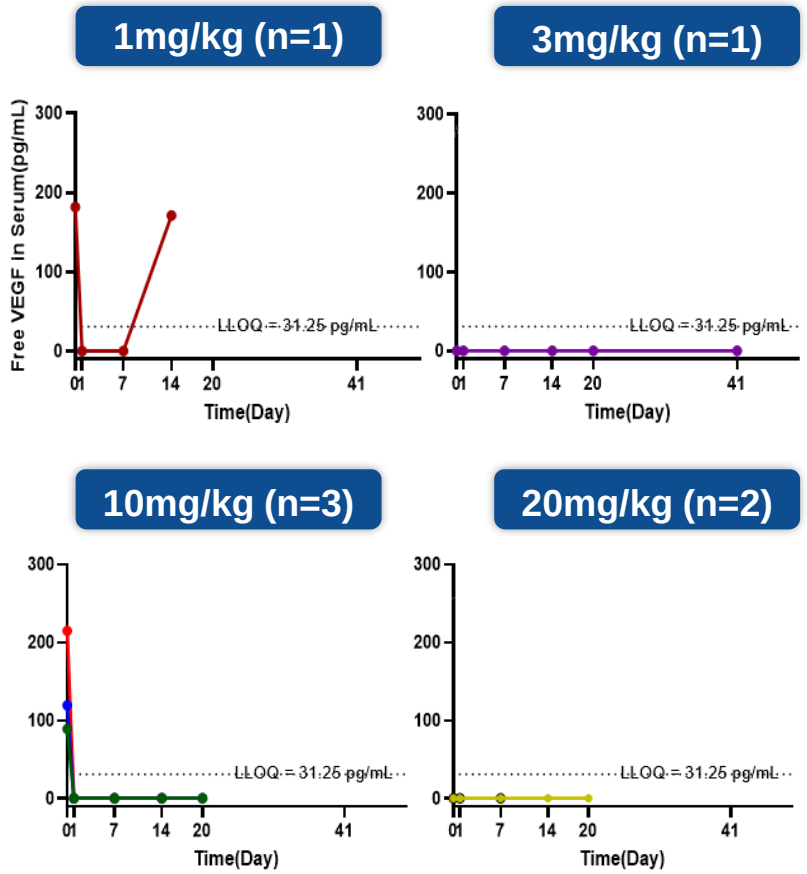
CD4+ICOS+



CD4+Ki67+





- PD biomarker analysis of CD4+ T cells in patient peripheral blood shows that GB268 administration effectively induces ICOS and Ki67 expression.
- Serum free VEGF levels reveal that no free VEGF is detectable following administration at doses ≥3mg/kg.

GB268 Progress Summary

- A potential BIC PD-1/CTLA-4/VEGF tri-specific antibody

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01	**Unique Molecular Design**	Achieves an optimal safety–efficacy balance, supported by an innovative CTLA4 design that may improve clinical safety.
02	**Excellent preclinical anti-tumor activity**	In preclinical mouse tumor models, GB268 demonstrates superior anti-tumor activity compared to a PD1/VEGF bispecific antibody, a PD1/CTLA4 bispecific antibody, and the combination of PD1, CTLA4, and VEGF monoclonal antibodies.
03	**Good preclinical safety profile**	Demonstrates a favorable safety profile in cynomolgus monkey toxicology studies, with an HNSTD of 200 mg/kg.
04	**Clinical PD biomarkers met expectations**	Peripheral T-cell activation (ICOS/Ki67 expression) is observed across all doses, with complete serum VEGF clearance achieved starting at 3 mg/kg.
05	**Clear clinical signals**	Target indications include lung, colorectal, liver, gastric, and breast cancer, among others. GB268 demonstrates favorable clinical safety and tolerability, robust PK/PD profiles, and preliminary efficacy observed in both the 10 mg/kg and 20 mg/kg dose groups.
06	**Actively advancing clinical development**	The trial is currently in Phase I dose expansion. Planned IND submission for combination therapy Ib/II clinical study in Q2 2026; preliminary monotherapy Phase I results to be disclosed at ESMO in Q4 2026.

EDP167: A potential BIC GalNAc-siRNA drug targeting hepatic ANGPTL3

- Phase 1 clinical trial completed; Phase 2 study initiated

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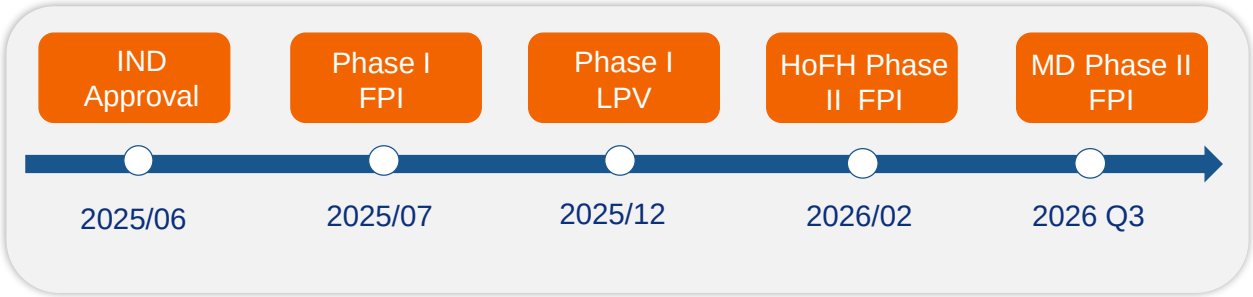
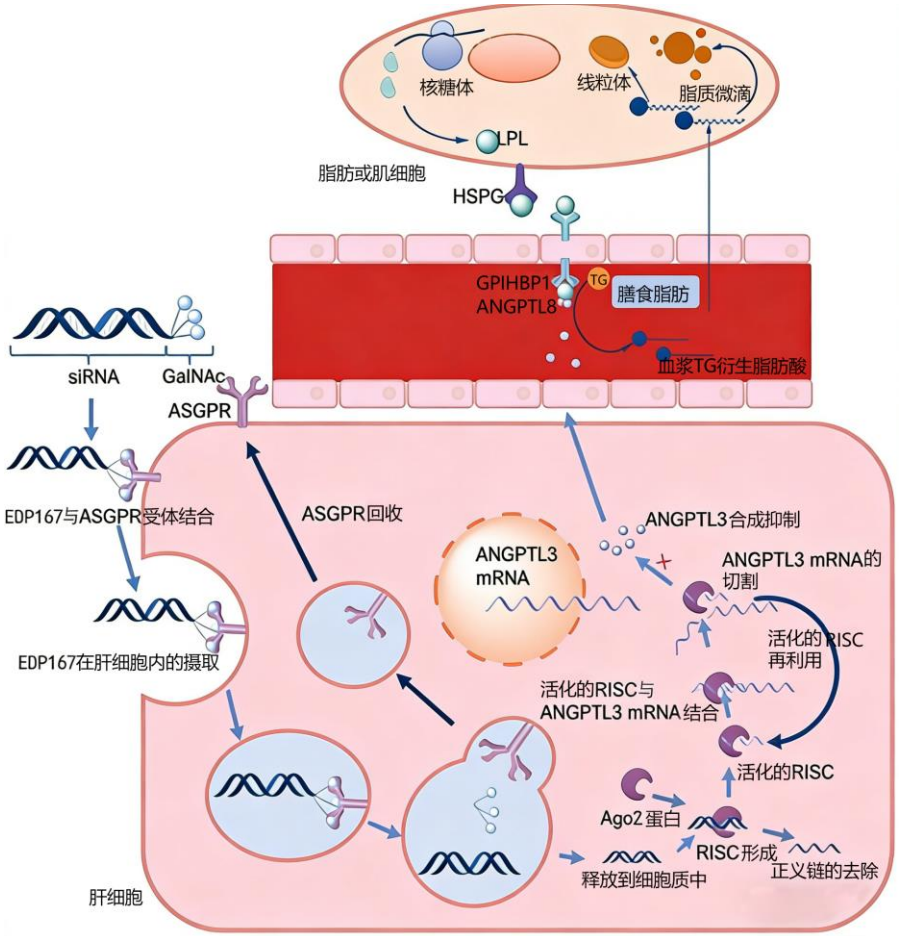
Mechanism of Action and Product Design

- The ANGPTL3 protein is primarily secreted by the liver and simultaneously inhibits the activity of lipoprotein lipase (LPL) and endothelial lipase (EL), thereby regulating the metabolism of multiple atherogenic lipoproteins. Genetic studies have shown that individuals carrying loss-of-function mutations in ANGPTL3 have a significantly reduced risk of atherosclerotic cardiovascular disease (ASCVD).
- EDP167 targets hepatocytes via an N-acetylgalactosamine (GalNAc) conjugate as its delivery vehicle, specifically degrading ANGPTL3 mRNA within hepatocytes, inhibiting ANGPTL3 protein expression, thereby achieving dual reduction of low-density lipoprotein cholesterol (LDL-C) and triglyceride (TG) levels, and this lipid-lowering effect is independent of the low-density lipoprotein receptor (LDLR) .





EDP167 Phase I Clinical Trial Design

- Related data will be disclosed at an international cardiovascular annual meeting this year

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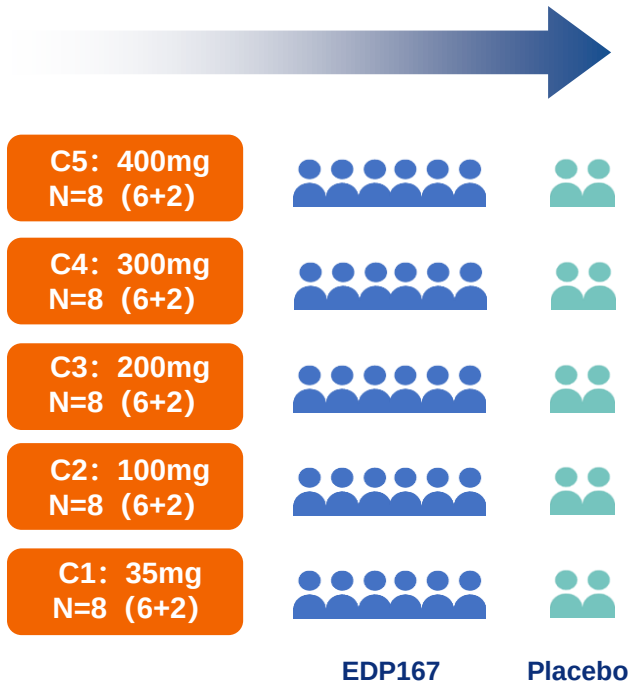
A randomized, double-blind, placebo-controlled, dose-escalation Phase I clinical study evaluating the safety, tolerability, pharmacokinetics, and pharmacodynamics of a single subcutaneous injection of EDP167 in healthy Chinese adults and those with mild dyslipidemia

Study Population

1. Aged 18~60 (inclusive), male or female
2. Male BW ≥50.0 kg, female BW ≥45.0 kg, BMI 18.0~28.0 kg/m2 (inclusive)
3. At screening, **1.13 mmol/L≤TG<5.7 mmol/L, and 1.8mmol/L≤LDL-C<4.9 mmol/L**
4. All examinations are normal, or mild abnormal deemed clinically insignificant by the investigator (excluding laboratory tests for blood lipids)



Study Purpose

- To evaluatesubcutaneous injection the safety and tolerability of a single of EDP167, as well as its effects on PK, PD, and QT interval

Primary Endpoint

- Incidence of AEs (including injection site reactions) and SAEs, clinically significant changes of vital signs, ECG, physical examination, and laboratory tests before and after administration

Secondary Endpoints

- Plasma PK parameters of EDP167
- Urine excretion and renal clearance of EDP167
- Changes in fasting serum ANGPTL3 and lipid profile
- Difference in QTcF from baseline.
- Correlation between drug concentration and QTcF
- Incidence and titer of ADA against EDP167

EDP167 Phase II Clinical Study Design for HoFH Treatment

- Initiated in February 2026, primary endpoint assessment is expected to be completed in Q4 2026

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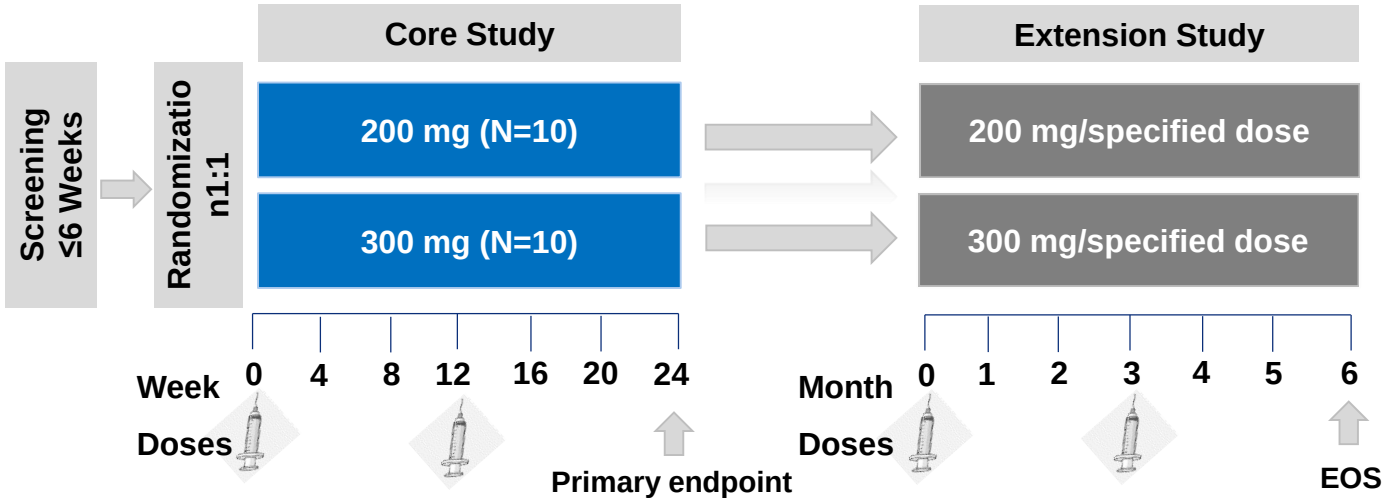
A Single-Arm, Open-Label Phase II Clinical Study to Evaluate the Efficacy and Safety of EDP167 in Patients with Homozygous Familial Hypercholesterolemia



Study Purpose

- **Primary purpose:** To evaluate the efficacy and safety of EDP167 in subjects with HoFH
- **Secondary purpose:** To evaluate the pharmacokinetic and pharmacodynamic characteristics of EDP167 in subjects with HoFH
- Exploratory purpose: To assess immunogenicity

Primary Endpoint

- Percent change in LDL-C from baseline at Week 24

Study Population

1. Adult male or female, BW≥40kg.
2. Genetic diagnosis or clinical diagnosis of HoFH.
3. Fasting serum LDL-C≥2.6mmol/L.
4. Have received stable and tolerable lipid-lowering therapy, and willing to follow a daily low-fat diet during the study period.

Secondary Endpoints

- Percent change in ANGPTL3 and other key lipid parameters from baseline in the core study and extension study
- Pharmacokinetics/pharmacodynamics (PK/PD) parameters
- Safety endpoints, ADA incidence and titer

Note: Patients who have completed the core study may enter the extension study at their discretion and will all be administered the original dose or the dose recommended for Phase 3

EDP167 Phase II Clinical Study Design for MD Treatment

- Enrollment is expected to commence in Q3 2026

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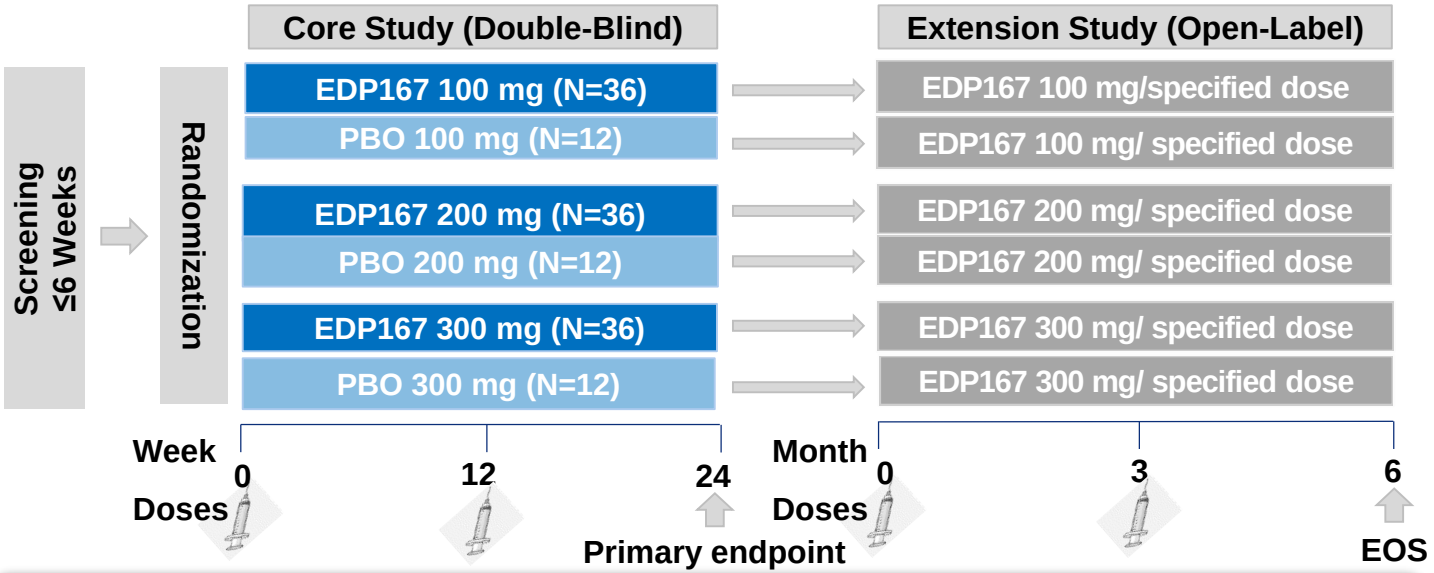
A Phase II, Multicenter, Randomized, Double-Blind, Placebo-Controlled, plus Open-Label Extension Study to Evaluate the Efficacy and Safety of Multiple Subcutaneous Doses of EDP167 Injection in Patients with Mixed Hyperlipidemia



Study Purpose

- To evaluate the efficacy and safety of multiple subcutaneous doses of EDP167 Injection in patients with mixed hyperlipidemia

Primary Endpoint

- Percent change in TG and LDL-C from baseline at Week 24

Study Population

1. Adult male or female, aged 18~75 (inclusive) years old
2. Fasting TG150~499 mg/dL (1.7~5.6 mmol/L)
3. Fasting LDL-C≥70 mg/dL (1.8 mmol/L) or non-HDL-C≥100 mg/dL (2.6 mmol/L)
4. Have received stable and tolerable lipid-lowering therapy, and willing to follow a daily low-fat diet during the study period

Secondary Endpoints

- Percent change in ANGPTL3 and other key lipid parameters from baseline in the core study and extension study
- Pharmacokinetics/pharmacodynamics (PK/PD) parameters
- Safety endpoints, ADA incidence and titer

Note: Patients who have completed the core study may enter the extension study at their discretion and will all be administered the original dose or the dose recommended for Phase 3

GB261: A highly differentiated CD3/CD20 bispecific antibody

- Low CD3 affinity while maintaining Fc function, low CRS and high safety

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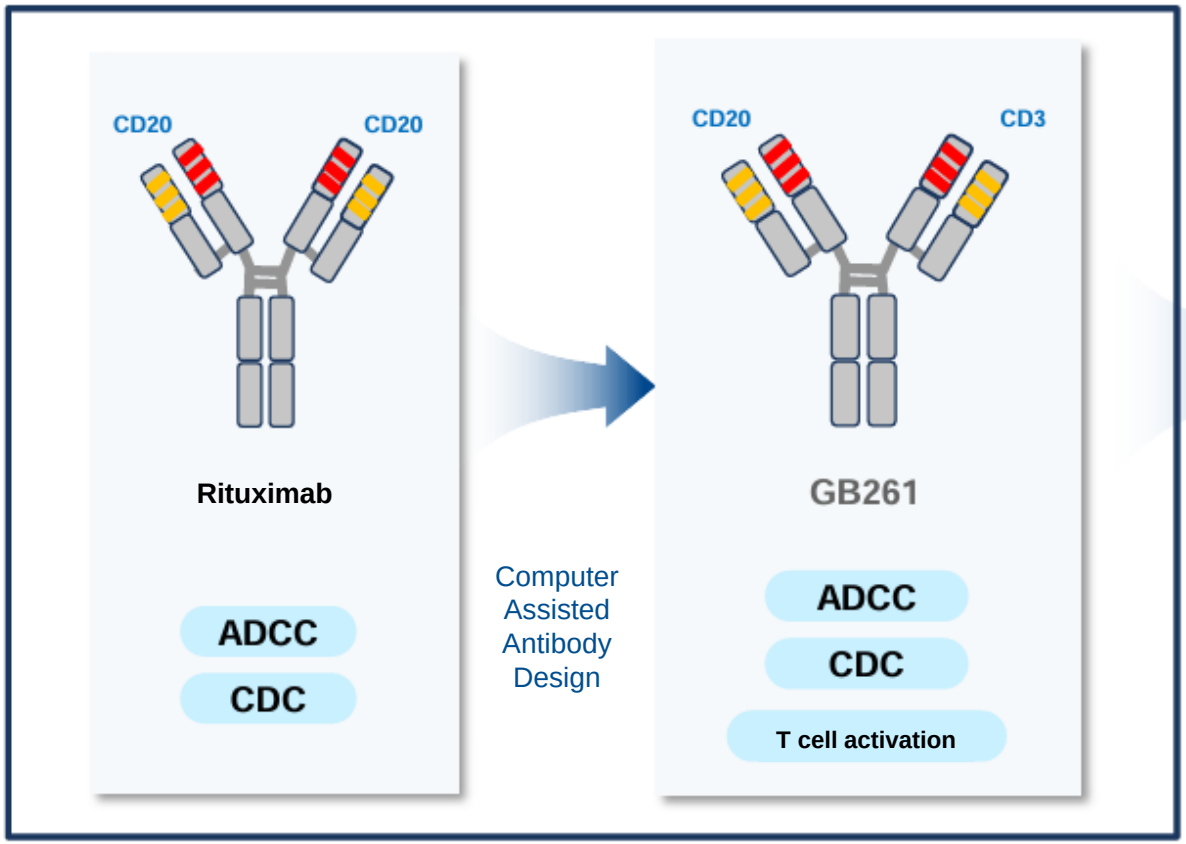
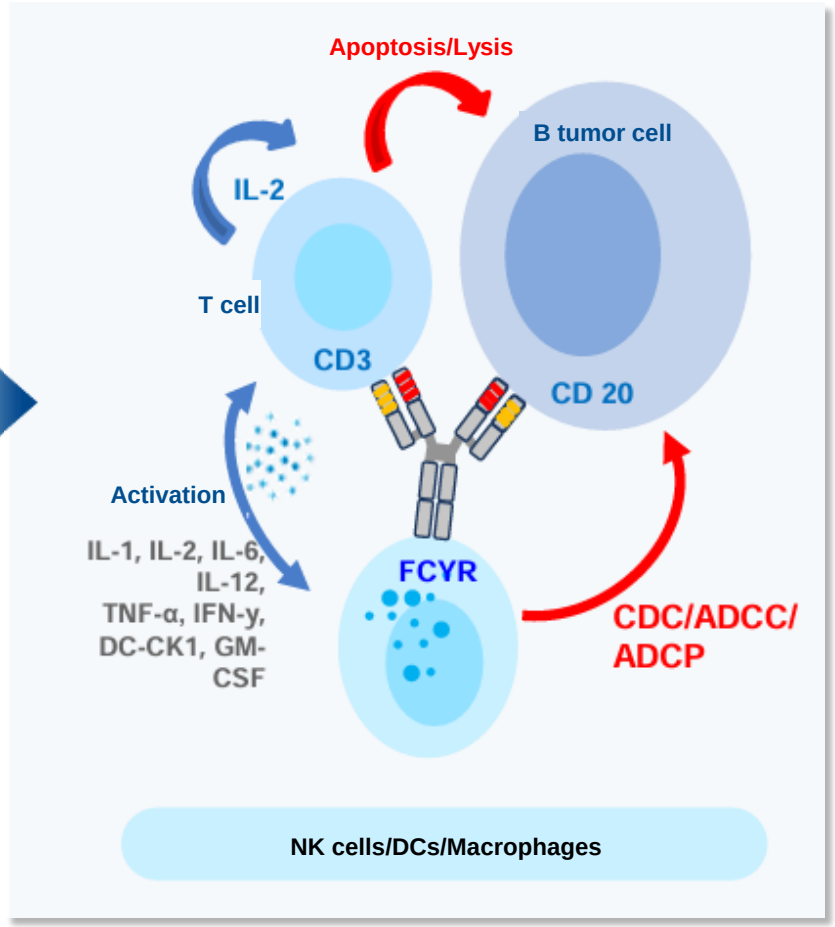
A T-cell engager with low CD3 binding affinity while maintaining Fc-mediated functions (ADCC and CDC), which enhances safety and kills tumor cells through multiple mechanisms.



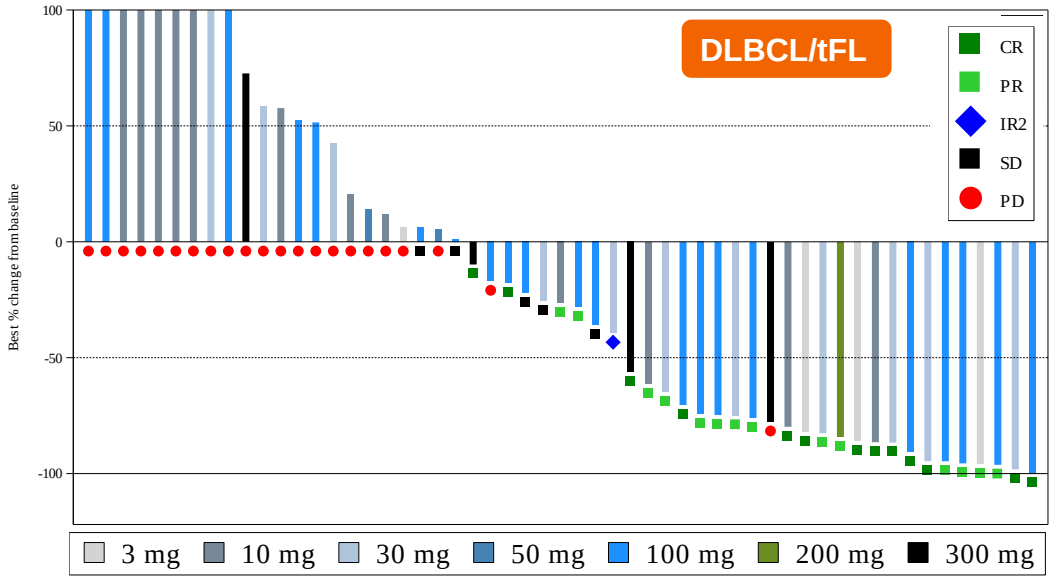


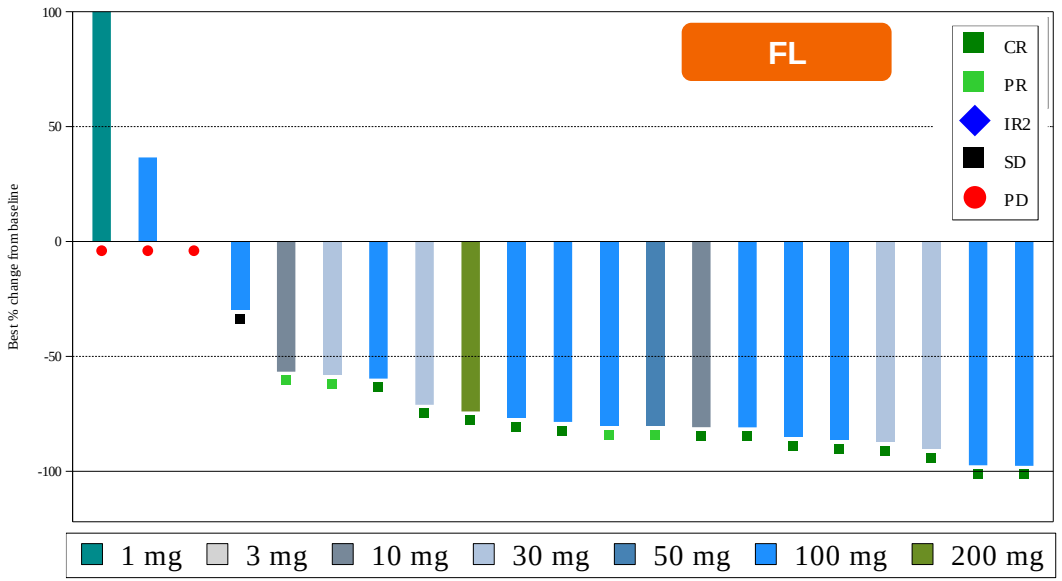
A Phase I/II dose escalation study of GB261 in patients with BCL has been completed, demonstrating a highly favorable safety/efficacy balance; In 2025, partnered with Candid Therapeutics to initiate multiple clinical studies for AID

Data from a Phase I clinical trial for the treatment of B-cell non-Hodgkin lymphoma showed that GB261 had promising efficacy and favorable safety/tolerability

- Objective responses were observed at all dose levels in patients with B-cell NHL
- Sustained complete responses were observed even at the low dose level of 3 mg
- At dose levels ≤200 mg, the CRS was mild and transient with low incidence
- Among all 93 patients, the incidence of CRS was 19.4%, with most CRS events being Grade 1 (12.9%) or Grade 2 (5.4%). The median onset of CRS occurred on the second day after the target dose was reached, with a median duration of 13 hours
- No neurotoxicity was observed

Clinical Registration Number	Indication	Study Phase	Country/ Region	Study Type
NCT07052032	**Rheumatoid Arthritis**	Phase Ib	MRCT	IST
NCT06945068	**Systemic Lupus Erythematosus**	Phase 1	China	IIT
EUCT2025-522853-21-01	**ANCA-Associated Vasculitis**	Phase 1/2	Germany	IIT

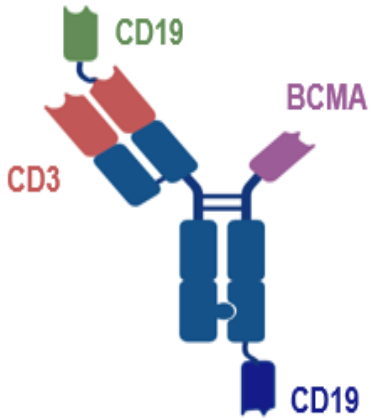




1. Song Y, et al. EULAR 2025 ABS1055

EDP001: A highly innovative tetra-specific T-cell engager targeting CD3/CD19/CD19/BCMA

- Unique design enables deep B-cell depletion with enhanced safety



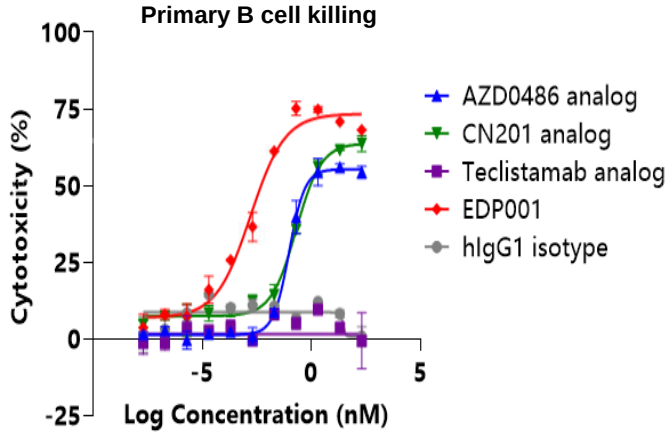
Unique Molecular Design

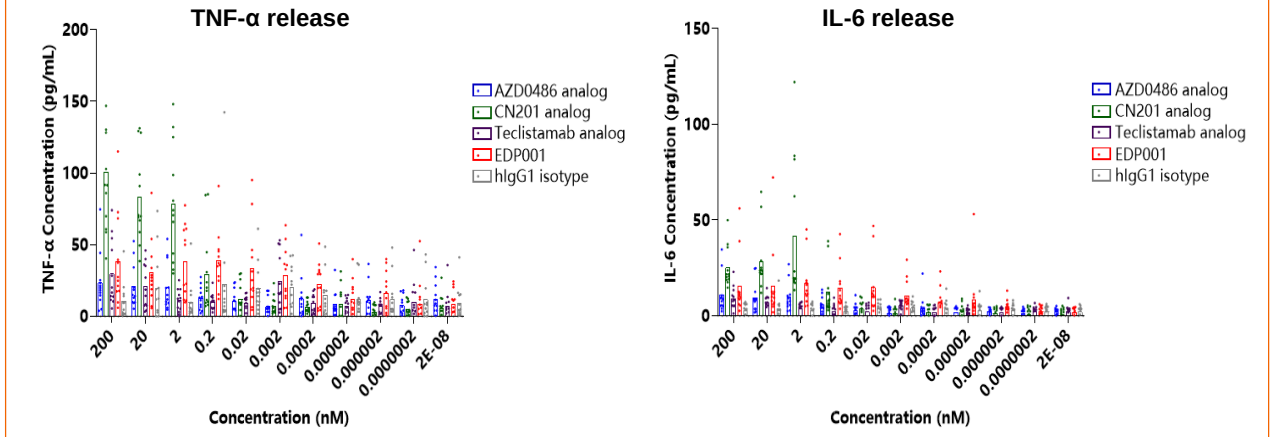
- Biparatopic CD19 antibody with high affinity for CD19
- Low-affinity CD3 antibody for improved safety
- Dual targeting (biparatopic CD19 + BCMA) for more potent and thorough depletion of CD19+ B cells and plasma cells
- Both CD19 and BCMA antibodies are nanobodies, offering small molecular size, high tissue penetration, favorable developability, and support for subcutaneous formulation development
- Target Indications: B-cell-related autoimmune diseases / B-cell lymphoma

IND-enabling studies are currently ongoing, with IND submission anticipated in Q1 2027

EDP001 demonstrates highly potent killing of primary B cells with low cytokine release, positioning it as a promising candidate for refractory autoimmune diseases and B-cell malignancies.

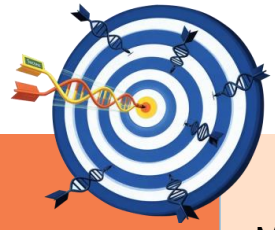
Related data will be presented at the 2026 AACR Annual Meeting (Abstract Number 5595).





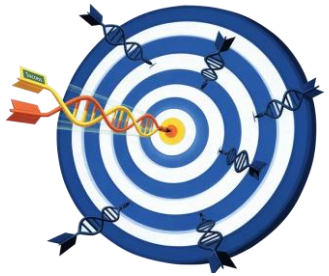
03 Pipeline Outlook

Near-term Milestones — Clinical-stage Projects



		2026				2027			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
GB268 (PD1/CTLA-4/ VEGF trispecific antibody)	Monotherapy				• *ESMO presentation of Phase I clinical results* • *Initiation of Phase II clinical enrollment*				*Initiation of Phase III clinical enrollment*
	Combination		*IND submission for Ib/II clinical study*						
EDP167 (ANGPTL3 siRNA)	HoFH	*Initiation of Phase II clinical enrollment*		*Disclose Phase I clinical results*	*Completion of primary endpoint assessment for Phase II clinical trial*	*Initiation of Phase III clinical enrollment*			*Completion of primary endpoint assessment for Phase III clinical trial*
	MD			*Initiation of Phase II clinical enrollment*				*Completion of primary endpoint assessment for Phase II clinical trial*	
GB261 (CD3/CD20 bispecific antibody)	Monotherapy		*Initiation of Phase II clinical enrollment*						*ASH presentation of Phase II clinical results*
	Combination		*IND submission for Ib/II clinical study*						*ASH presentation of Phase I clinical results*

Near-term Milestones — Selected Early-stage Pipeline



- **Expected to complete 1 IND application + 3–5 PCC molecules in 2026**
- **Expected to complete 3 IND applications + 3–5 PCC molecules in 2027**

		2026				2027			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Large Molecule Projects	**EDP001** (CD3/CD19/CD19/BCMA tetra-specific antibody)		*AACR presentation of preclinical data*			*IND submission*			
	EDP004 (CD3/BCMA/GPRC5D trispecific antibody)				*IND submission*				
Small Nucleic Acid Projects	**EDP168** (siRNA-bispecific)				*PCC confirmation*				*IND submission*
	EDP169 (siRNA)			*PCC confirmation*				*IND submission*	

04 Commercialization

Three Originator-Branded Products: Stable Cash Flow Contributors

Anti-infective TA

稳可信 VANCOCIN CP 万古霉素 盐酸盐化 Vancomycin

NRDL Class B

希刻劳 Ceclor 头孢克洛 cefaclor

NRDL Class B

Vancocin®, Ceclor®

Acquired from Lilly in 2019

Respiratory TA

辅舒酮 FLIXOTIDE

Renamed

亿瑞平®

NRDL Class B

FPN® (formerly: Flixotide®)

Acquired from GSK in 2019

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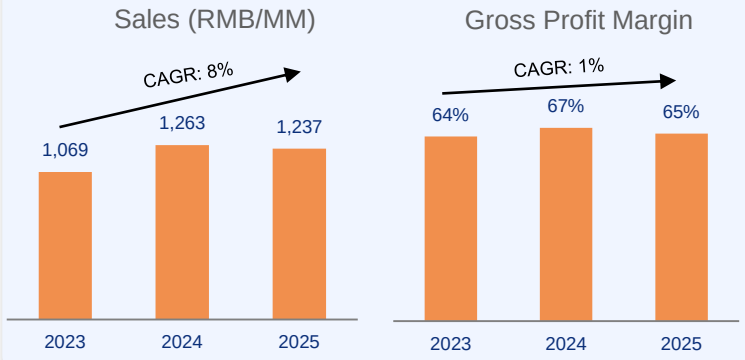
Classic Originator-Branded Products: Cornerstone Product Line

Vancocin®
(Vancomycin Hydrochloride for Injection)

"Gold Standard"for MRSA Infections Treatment

- **Leading Market Share:**
  - Vancomycin accounted for ***50.1%*** of the MRSA treatment market in 2024
  - Vancocin® accounted for ***78.7%*** of vancomycin sales in 2025H1

- **Stable Growths and Attractive GPM:**

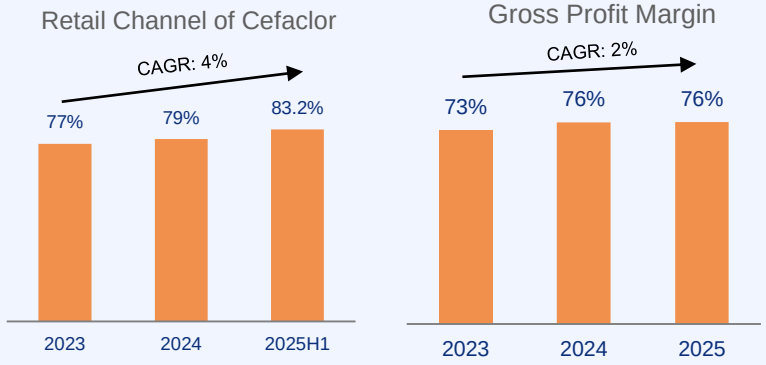


Ceclor®
(Cefaclor Suspension/Capsules/Cefaclor Sustained Release Tablets (II))

The Leading Brand for the Treatment of Respiratory Infections in Pediatrics

- **Well-known Originator-branded Product of Cefaclor :**
  - Ceclor® sachets captured a significant market share of ***83.2%*** in retail channel sales of cefaclor in 2025 H1
  - Ceclor® Sachet had an market leadership in the sachet specification within cefaclor class with a market share of ~***75.0%***

- **Retail channel sales dominate.**



FPN®
(Fluticasone Propionate Nebuliser Suspension)

Latest-generation ICS Inhalant

- **Strong and Long-lasting Efficacy and Favorable Safety Profile :**
  - Massive opportunity with substantial market share expected in the ***RMB4.8Bn+*** ICS nebulizer market in 2024
  - Latest-generation ICS nebulizer with better efficacy, long-lasting ani-inflammatory effects and minimal side effects
  - Favorable competitive conditions (2 Generic Drugs Sold)

- **Synergy with Ceclor® in the Pediatrics Market:**

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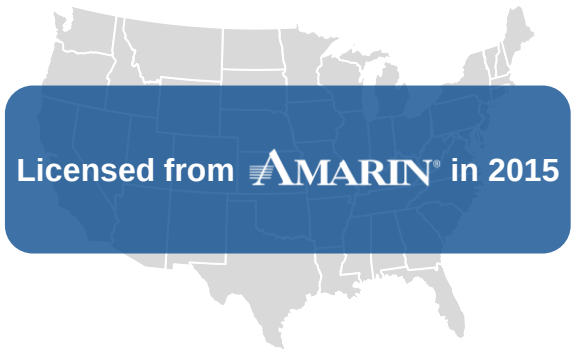
Four Innovative Products: Two included in the NRDL, New Drivers for Sales Growth

EDDING 亿腾

Cardiovascular TA

唯思沛®
Vascepa®

Licensed from AMARIN® in 2015



Hematological TA

稳可达®
Mulpleta®

NRDL Class B

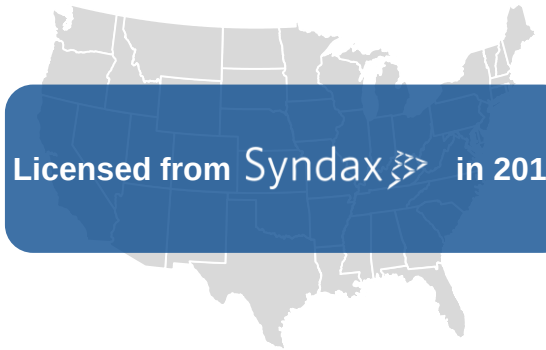
Acquired from SHIONOGI INC. in 2019

Breast Cancer TA: Included in the NRDL in 2025

景助达®

NRDL Class B

Licensed from Syndax in 2013



汝佳宁®
盐酸来罗西利片

NRDL Class B

Licensed from PHARMACOSMOS in 2020

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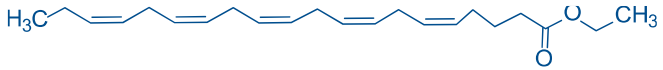
CHINA FOR GLOBAL

Vascepa® (Icosapent Ethyl Soft Capsules)

唯思沛®
Vascepa®

- With pleiotropic effects of anti-inflammation, anti-thrombosis, anti-oxidant and plaque reversal for CV benefits
- Unique patented production technology of high purity EPA products with EPA≥96%, without DHA



Pleiotropic effects beyond lipid lowering with proven significant CV benefits

Vascepa® is the first triglyceride-lowering drug launched in China proven to reduce cardiovascular event risks.

reduce-it™

Primary Endpoint	Secondary Endpoint	Hard Endpoint		
5P MACE	3P MACE	Cardiovascular Death	Fatal or Non-fatal Myocardial Infarction	Fatal or Non-fatal Stroke
25% RRR NNT=21	26% RRR NNT=28	20% RRR	31% RRR	26% RRR
P = 0.00000001	P = 0.0000006	P = 0.03	P < 0.001	P = 0.01

Global Guideline Recommendations

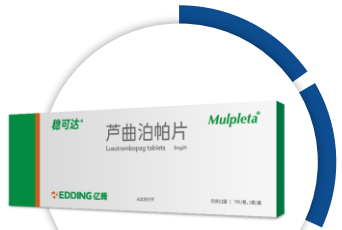
Based on the exciting results from the landmark CVOT trial REDUCE-IT, Vascepa® has received positive recommendations from over **80** global and **20** Chinese guidelines/consensus.

- **In 2025, three new domestic guidelines and consensus documents were updated:**
  - *Expert Consensus on Metabolic Abnormalities Management in Panvascular Diseases (2024 Edition)*
  - *Guideline for the Prevention and Treatment of Diabetes Mellitus in China (2024 Edition)*
  - *Chinese Expert Consensus on Comprehensive Management of Patients with Cardiovascular-Kidney-Metabolic Syndrome*
- **In 2025, *the AACE Guidelines & the 2025 ESC/EAS Guidelines for the Management of Dyslipidaemia* both positively recommended IPE.**

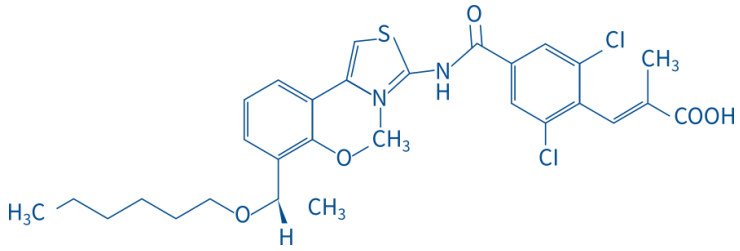
- **In 2025, Vascepa® covered 1,500 PCI physicians, benefiting approximately 20,000 post-PCI patients (among approximately 1.6 million PCI procedures performed in China annually).**
- **In 2025, Vascepa® gained widespread recognition among patients and ranked the 4th among original lipid-lowering drugs during JD.com's Double 11 shopping festival, following Lipitor®, Crestor®, and EZETROL®.**

Mulpleta® (Lusutrombopag Tablets)

稳可达®
Mulpleta®



- Rapid Onset, Potent Efficacy
- Original Innovator, Quality Choice
- Lower Costs, Higher Efficiency Accessible & Achievable



Rapid Onset , Potent Efficacy

Mulpleta® is the only platelet booster without dietary restrictions and conventional drug interactions.

Rapid Onset, Potent Efficacy

- Mulpleta® takes effect in 3-5 days, reaching target by day 5, with a response rate of 72.7% on day 8 and thereafter.
- The maximum platelet count after treatment with Mulpleta® doubled compared to baseline.

Original Imported Quality

- Mulpleta® is the only thrombopoietin receptor agonist (TPO-RA) with child-resistant packaging. As an original imported product, it represents a choice of quality.
- Mulpleta® is the world's first thrombopoietin receptor agonist approved for the treatment of thrombocytopenia in patients with chronic liver disease. It is globally certified and recommended by clinical guidelines.

Lower Costs and Higher Efficiency Accessible & Achievable

- Mulpleta® is the only TPO-RA proven to significantly reduce bleeding risk compared to placebo.
- Mulpleta® reduces daily treatment cost by 39% compared to the national negotiation reference product, saving medical insurance funds and reducing patient burden.

In 2025, Mulpleta® was successfully transferred to the regular Category B list in NRDL.

Jingzhuda® (Entinostat Tablets)

EDDING 亿腾

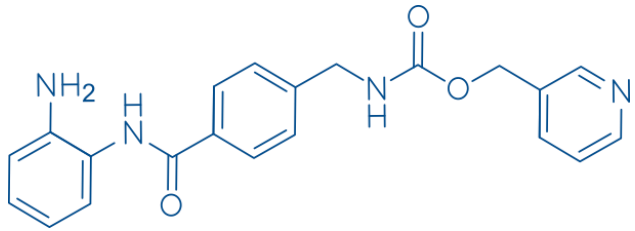
景助达®

HDAC Inhibitor
Class 1 New Drug

Triple Mechanisms
Reverses Drug Resistance, Multiple Anti-tumor Effects, Immune Modulation

Proven Efficacy
Dual Benefits in PFS & OS

Safe and Convenient
Once Weekly Safe and Reliable



Reverses Drug Resistance
Safe & Convenient

Jingzhuda® is the optimal weekly regimen for reversing endocrine resistance in advanced breast cancer.

Triple Mechanisms

Reverses Drug Resistance
Corrects abnormal epigenetic state and reverses endocrine therapy resistance.

Multiple Anti-tumor Effects
Induces apoptosis, autophagy, and necrosis

Immunomodulatory Effects
Exhibits immunomodulatory activity in ER-positive breast cancer patients, enhancing sensitivity to immunotherapy.

Proven Efficacy

PFS after endocrine therapy failure:
6.32 months

PFS after AI failure alone: **11.05** months (efficacy comparable to abemaciclib)

OS extension: Over **9** months

Premenopausal/post-chemotherapy patients can also benefit, addressing an unmet clinical need.

Safe and Convenient

One Tablet per Week

High Selectivity, Low Toxicity, Safe and Reliable
Platelet-related sAE rate: only 8.5%
No serious gastrointestinal AEs (nausea, diarrhea, vomiting)

- **In 2025, Jingzhuda® was included in the CACA-CBCS & CMA-CSOGuidelines and Specifications for Breast Cancer Diagnosis and Treatment (Concise Edition 2026) and the NHCGuidelines for Clinical Application of Novel Anti-tumor Drugs (2025 Edition) recommendations.**
- **In 2025, Jingzhuda® was successfully included in the National Reimbursement Drug List (NRDL), becoming the only HDAC inhibitor in the breast cancer field included in the NRDL.**
- **In January 2026, the first month of NRDL implementation, Jingzhuda® was available in 76 NRDL-implementing hospitals, benefiting approximately 100 patients.**

Rujianing® (Lerociclib Hydrochloride Tablets)

EDDING 亿腾

汝佳宁®
盐酸来罗西利片

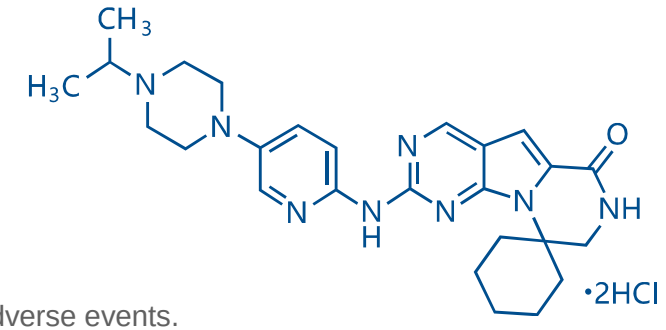
CDK4/6 Inhibitor
Class 1 New Drug

High Selectivity
The CDK4/6 inhibitor demonstrates high selectivity for its target, CDK4.

High Penetration
It exhibits superior tumor tissue penetration.

High Benefit
The hazard ratio (HR) is lower than that of other approved CDK4/6 inhibitors.

Low Discontinuation
Fewer treatment discontinuations occur due to adverse events.



A New Dawn of Life, with Jianing's Everlasting Care

Rujianing® is a CDK4/6 inhibitor more suitable for the long-term treatment of patients with HR+/HER2- advanced breast cancer.

Unique Molecular Structure

- **High Selectivity, High Penetration, Strong Inhibition**
  Unique molecular structure designed to address side effects of similar products, featuring high target selectivity, potent inhibition, and high tumor tissue enrichment.
- **Continuous dosing regimen with no drug holidays required**

Confirmed Efficacy

- First-line treatment for HR+/HER2- advanced breast cancer: Lerociclib + letrozole vs. placebo + letrozole **significantly reduced the risk of disease progression or death by 54%.**
- Second-line treatment for HR+/HER2- advanced breast cancer: Lerociclib + fulvestrant vs. placebo + fulvestrant **significantly reduced the risk of disease progression or death by 55%**, with median PFS of 11.07 months vs. 5.49 months, respectively.

Good Safety Profile

- Lerociclib **has a low incidence of serious adverse events**(5.8%) **and a low incidence of grade 3-4 hematological adverse reactions**, e.g., grade 3-4 neutropenia 46.7%.
- Lerociclib basically has **no** grade 3-4 gastrointestinal adverse reactions.
- Lerociclib has **no** venous thromboembolic events.

- **In 2025, Rujianing® was included in the CACA-CBCS & CMA-CSOGuidelines and Specifications for Breast Cancer Diagnosis and Treatment (Concise Edition 2026) recommendation, ranking first among the four newly launched CDK4/6i products in 2025; it was included in the NHC Guiding Principles of Clinical Application of Novel Anti-tumor Drugs (2025 Edition) recommendation.**
- **In 2025, Rujianing® was successfully included in the National Reimbursement Drug List (NRDL), and is the only product among the three CDK4/6i products included in the 2025 NRDL with both advanced first-line and advanced second-line indications.**
- **In January 2026, the first month of NRDL implementation, Rujianing® was available in 88 NRDL-implementing hospitals, benefiting approximately 200 patients.**

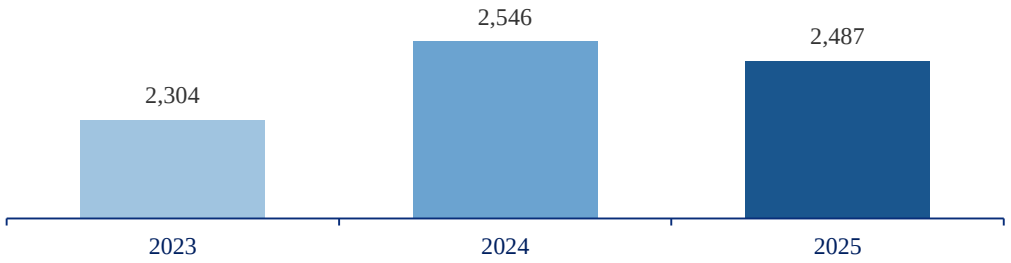
05 2025 Financial Highlights

Steady Profit Growth, Optimized Cost Structure, Strong Cash Position — Powering Innovation at Full Momentum

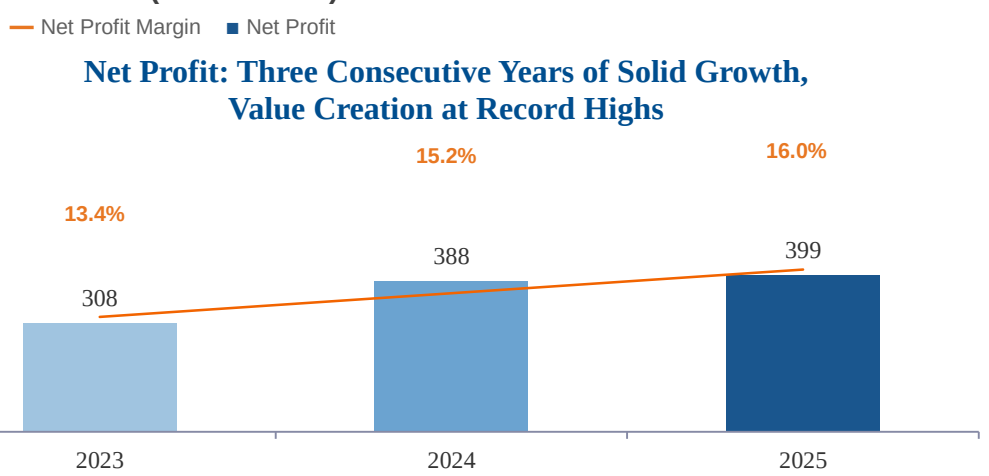
EDDING 亿腾

Revenue (RMB million)

Revenue: ¥2B+ for Three Consecutive Years, with a Resilient Core Growth Thesis

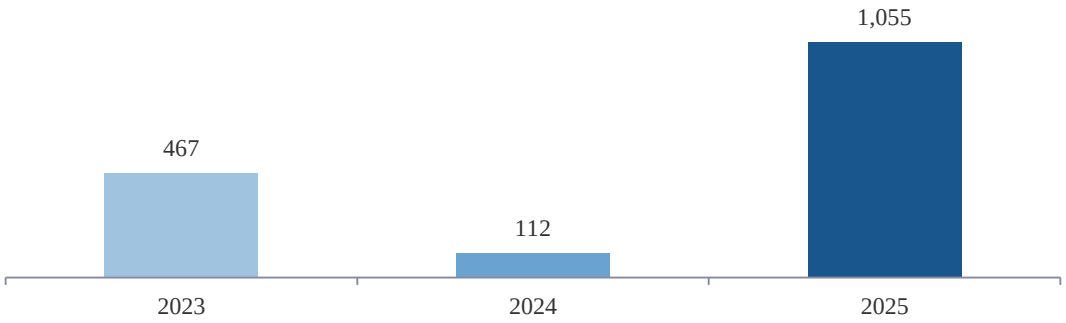


Net Profit (RMB million)



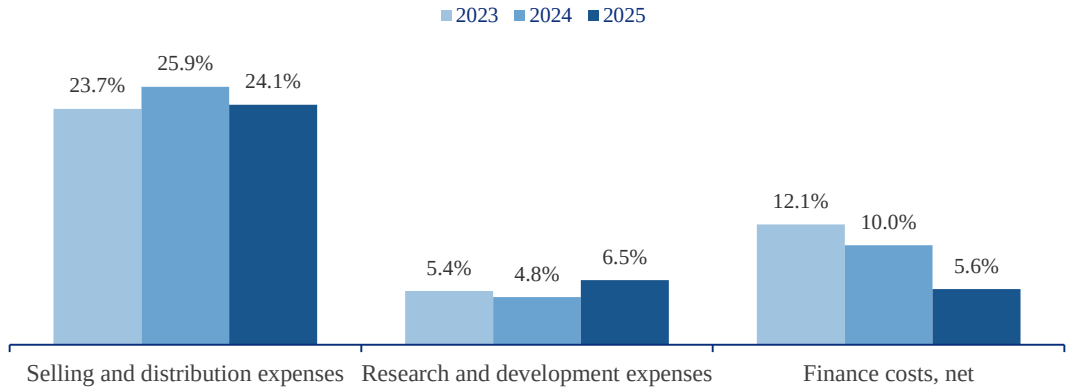
Cash and cash equivalents (RMB million)

Cash: Cash Reserves Surge, Delivering Strong Momentum for R&D Innovation



Expense Ratios

Effective Sales Expense Control, Steadily Rising R&D Investment, Significantly Lower Financial Cost Ratio



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Financial Data Summary

Selected Financial Data	2025		2024[3]	
Item	RMB million	% of Revenue	RMB million	% of Revenue
Revenue	2,487	100.0%	2,546	100.0%
Cost of sales	(792)	(31.8%)	(830)	(32.6%)
Selling and distribution expenses	(599)	(24.1%)	(660)	(25.9%)
Administrative expenses	(224)	(9.0%)	(206)	(8.1%)
Research and development expenses	(163)	(6.5%)	(122)	(4.8%)
Finance costs, net	(139)	(5.6%)	(255)	(10.0%)
Adjusted EBITDA[1]	950	38.2%	996	39.1%
Adjusted net profit[2]	471	18.9%	453	17.8%
Net profit	399	16.0%	388	15.2%
Cash and Cash Equivalents	1,055	42.4%	112	4.4%

Notes: (1) Adjusted EBITDA (non-HKFRS measure) represents net profit excluding depreciation of property, plant and equipment, depreciation of right-of-use assets, amortisation of other intangible assets, finance costs, net, income tax expense, share-based payment expenses and transaction expenses in connection with the reverse takeover.
(2) Adjusted net profit (non-HKFRS measure) represents net profit excluding share-based payment expenses and transaction expenses in connection with the reverse takeover.
(3) Comparative information has been restated to reflect the financial performance and position of Edding Group prior to the completion of the Merger.

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