



RemeGen

2026 H1 Results

August, 2026



Disclaimer

The documents, opinions and materials presented in this presentation (the “Document”) have been prepared by RemeGen Co., Ltd. (the “Company”) for use in presentations by the Company and does not constitute a recommendation regarding the securities of the Company. You fully understand that the Document is being made available on a confidential basis and subject to the following provisions. The contents of this Document have not been reviewed by any regulatory authority in any jurisdiction. The distribution of this Document in certain jurisdictions may be restricted by law, and the recipients into whose possession this Document comes should inform themselves about, and observe such restrictions. By accessing this Document, you are agreeing (i) that you have read and agree to comply with the contents of this notice and disclaimer and (ii) to maintain absolute confidentiality regarding the information disclosed in this Document.

This Document has not been independently verified and is not intended to form the basis of any investment decision. It does not constitute an offer or invitation to sell, or any solicitation of any offer to subscribe for or purchase any securities in any jurisdiction in which the making of such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of such jurisdiction or would not otherwise be in compliance with the laws and regulations of such jurisdiction, and nothing contained herein shall form the basis of any investment decision, contract or commitment whatsoever. This Document contains no information or material which may result in it being deemed (1) to be an advertisement, invitation or document containing an advertisement or invitation falling within the meaning of section 103 of the Securities and Futures Ordinance (Chapter 571 of the Laws of Hong Kong) (the “Securities and Futures Ordinance”) or (2) in Hong Kong to have effected an offer to the public without compliance with the laws of Hong Kong or being able to invoke any exemption available under the laws of Hong Kong, and is subject to material change without notice.

The securities of the Company have not been and will not be registered under the U.S. Securities Act of 1933, as amended (the “U.S. Securities Act”), or under the laws of any state of the United States. This Document does not constitute or form a part of any offer or solicitation to purchase or subscribe for securities in the United States and is not for distribution and may not be distributed, directly or indirectly, in or into the United States (including its territories and possessions, any state of the United States and the District of Columbia). The securities of the Company will not be offered or sold in the United States except pursuant to an exemption from, or in a transaction not subject to the registration requirements of the U.S. Securities Act. There will be no public offer of the Company’s securities in the United States.

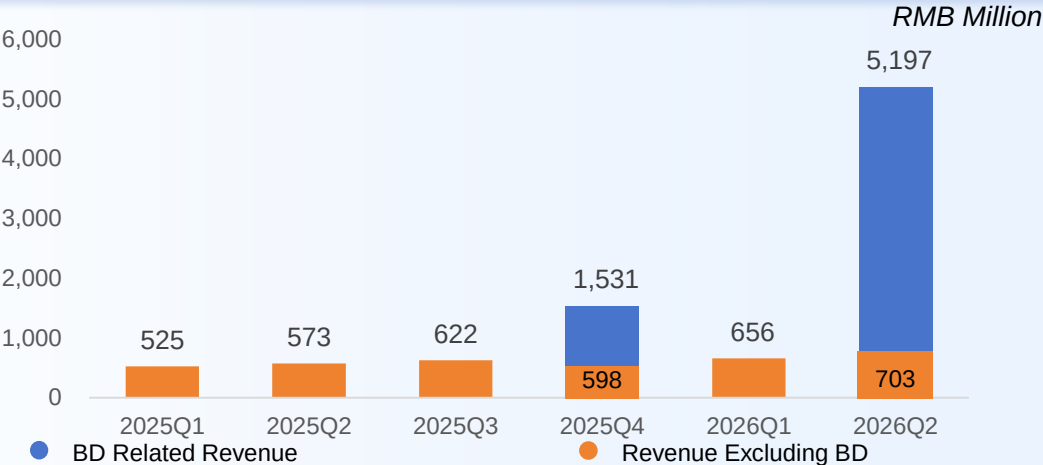
This Document and the information contained herein as well as information presented orally or otherwise are strictly confidential and must be treated as such. Neither the information contained in this Document nor any copy hereof may be, directly or indirectly, taken or transmitted into or distributed in the United States, Canada, Australia, Japan, PRC, Hong Kong or any other jurisdiction which prohibits the same except in compliance with applicable securities laws. Any failure to comply with this restriction may constitute a violation of U.S. or other jurisdiction’s securities laws. Upon request, the recipient will promptly return this Document and any other written information made available in the presentation, without retaining any copies.

This Document does not purport to be comprehensive or to contain all the information that a recipient may need in order to evaluate the Group. No representation, warranty or undertaking, express or implied, is given and, so far as is permitted by law, no responsibility or liability is accepted by any person (for the avoidance of doubt, including but not limited to, the Company and its affiliates, controlling persons, directors, officers, partners, employees, agents, representatives or advisers of any of the foregoing), with respect to the accuracy, reliability, correctness, fairness or completeness of this Document or its contents. The information communicated in this presentation contains certain statements that are or may be forward looking. These statements typically contain words such as “will”, “expects”, “intends”, “plans to” and “anticipates” and words of similar import. These forward-looking statements reflects the current view of the Company with respect to future events are based on a number of assumptions about the Company’s operations and factors beyond the Company’s control and are subject to significant risks and uncertainties, and, accordingly, actual results may differ materially from these forward-looking statements. In particular, but without limitation, no representation or warranty is given as to the achievement or reasonableness of, and no reliance should be placed on, any assumptions, projections, targets, estimates, forecasts or any forward-looking statements contained in this Document. Each of the Company and its affiliates, controlling persons, directors, officers, partners, employees, agents, representatives or advisers of any of the foregoing assumes no obligation to update or otherwise revise these forward-looking statements for new information, events or circumstances that occur subsequent to such dates. None of the Company and any of its affiliates, controlling persons, directors, officers, partners, employees, agents, representatives or advisers of any of the foregoing shall have any liability (in negligence or otherwise) in respect of the use of, or reliance upon, the information contained herein by you or any person to whom the information herein is disclosed.

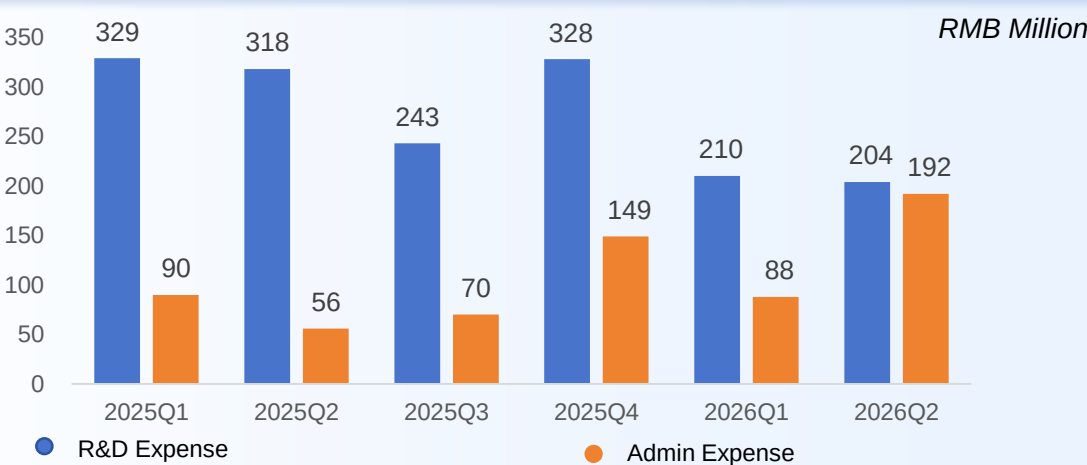
In furnishing this Document, the Company and its affiliates undertake no obligation to provide any additional information or to update this Document or any additional information or to correct any inaccuracies which may become apparent.

Key Financial Summary

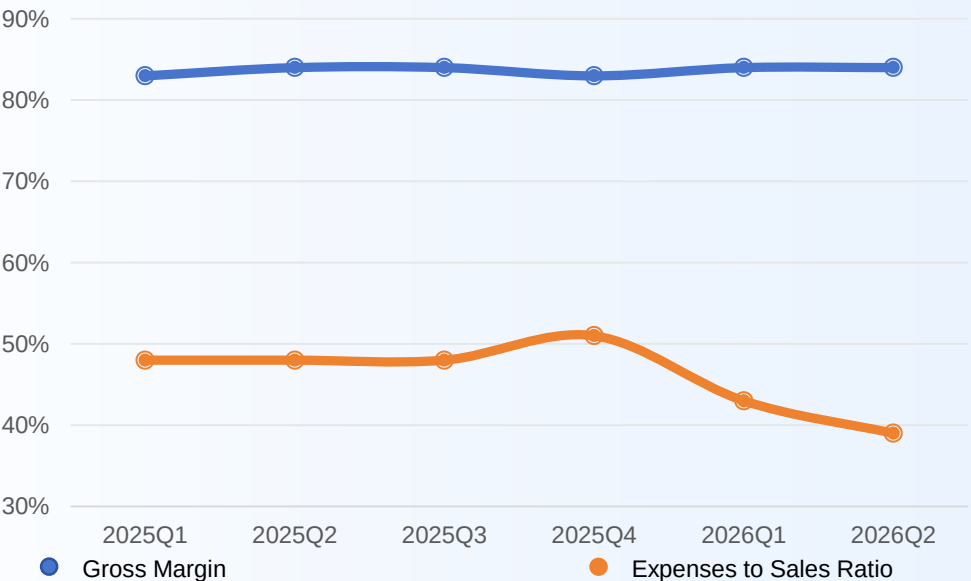
Strong Revenue Growth



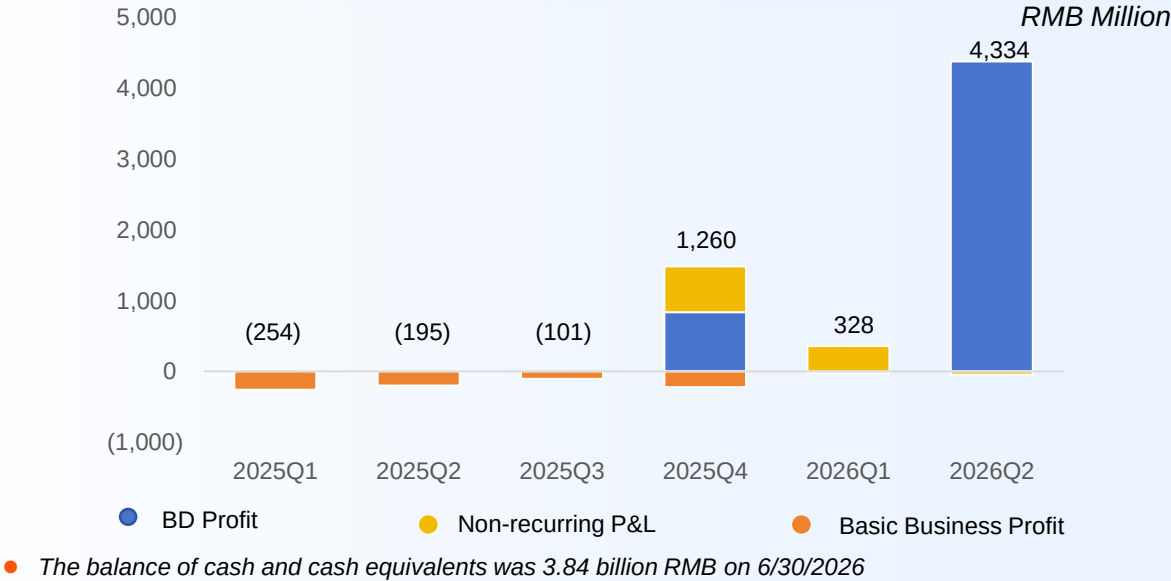
Costs Under Control



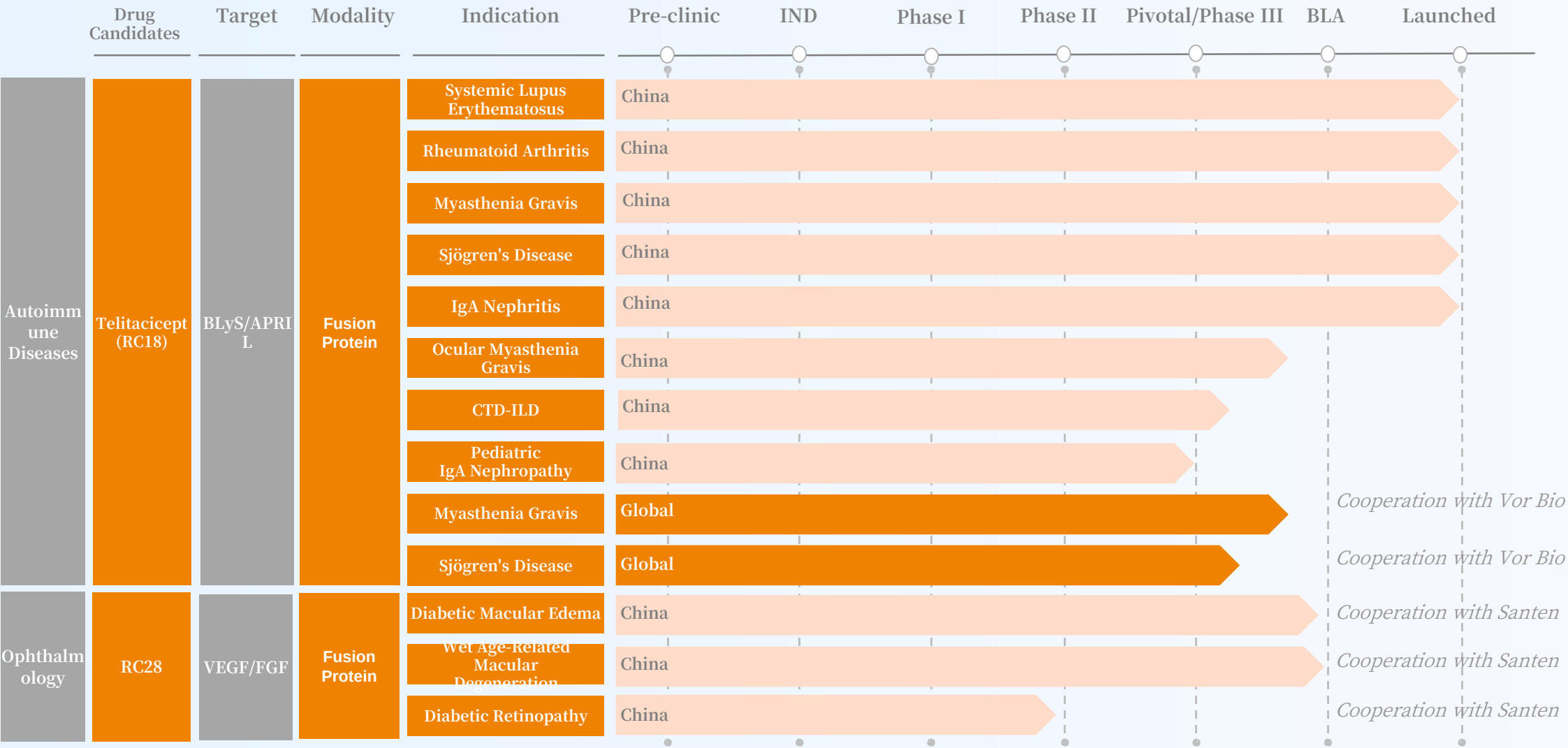
Improving Commercialization Efficiency



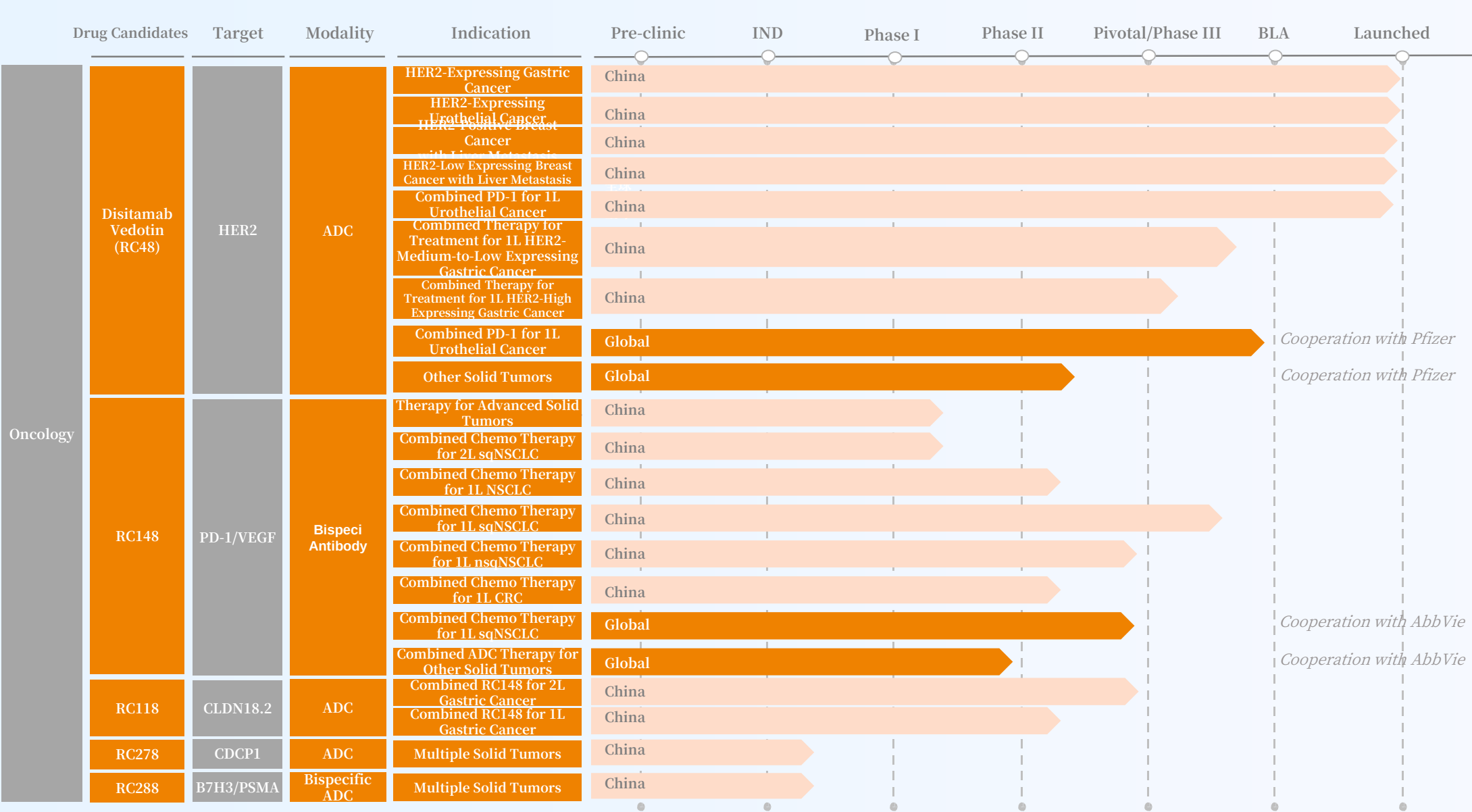
Sustainable profitability in Sight



Pipeline at a Glance



Pipeline at a Glance



A Solid Platform Drives for Innovation and Profitability



2 Commercialized Drugs

- **Telitacicept** - FIC BAFF-April fusion protein drug globally
- **Disitamab Vedotin (DV)** - First domestic HER-2 ADC launched in China



4 Drugs in **USD12B+** Partnership Package

- **Telitacicept** with **Vor Bio**
- **Disitamab Vedotin** with **Pfizer**
- **RC148** with **AbbVie**
- **RC28** with **Santen (China)**



3300+ Employees

- **1000+** R&D
- **1400+** commercialization
- **500+** manufacturing



A Pipeline with Width and Depth

- **5+** proprietary new molecules in clinical stage
- **30+** clinical trials ongoing
- **20+** pre-IND stage projects



Strong Financial Position

- **RMB3.8B+** in net cash
- **RMB1.4B+** of domestic drug sales in 2026H1 with continued strong growth and improving margin
- Base business ontrack to profitability

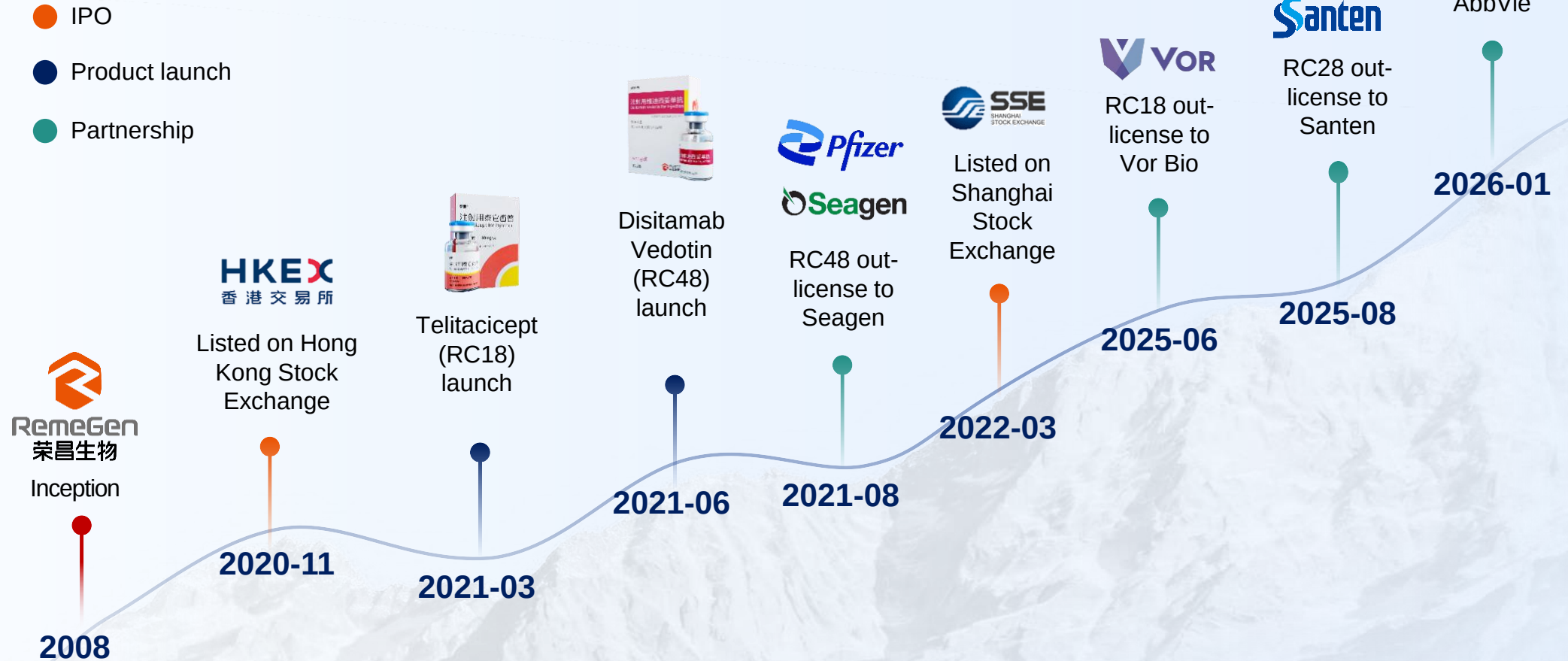


State-of-the-art infrastructure

- Self owned R&D center and manufacture facility
- **70k+** Liters of biologic manufacturing facility
- **90k+** Liters of biologic manufacturing facility under construction

A Fully Integrated Biopharma with Stellar Track Record

Company Milestone and Collaborations



Stellar Business Development Achievements

Telitacicept (RC18) · BAFF/APRIL fusion protein

VOR BIO · JUN 2025 · TOTAL UP TO **\$4.23B**

UPFRONT :

\$45M cash + \$80M warrants

MILESTONES:

up to **\$4.1B** (development & commercial)

TIERED ROYALTIES ONNET SALES

Territory: worldwide ex-Greater China



Disitamab Vedotin (RC48) · HER2 ADC

PFIZER · AUG 2021 · TOTAL UP TO **\$2.6B**

UPFRONT:

\$200M

MILESTONES:

up to **\$2.4B** (development & commercial)

TIERED ROYALTIES ONNET SALES

Territory: worldwide ex-Asia, plus Japan & Singapore



RC28-E · VEGF/FGF fusion protein

SANTEN (CHINA) · AUG 2025 · TOTAL OVER **RMB 1.3B**

UPFRONT:

RMB 250M

MILESTONES:

up to **RMB 520M** dev/reg + **RMB 525M** sales-based

TIERED ROYALTIES ONNET SALES

Territory: in Greater China and select Asian countries



RC148 · PD-1/VEGF bispecific antibody

ABBVIE · JAN 2026 · TOTAL UP TO **\$5.6B**

UPFRONT:

\$650M

MILESTONES:

up to **\$4.95B** (development & commercial)

TIERED ROYALTIES ONNET SALES

Territory: worldwide ex-Greater China



Telitacicept - Maximizing Commercial Potential

5

***Approved Indications
for Marketing***

4

Indications in Phase 3 Trials

5+

***Indications in
Planning/Initiating***

LAUNCHED



Systemic Lupus
Erythematosus



Myasthenia Gravis



Sjogren's Disease



IgAN



Rheumatoid Arthritis

Pivotal/Phase 3



Myasthenia Gravis



Sjogren's Disease



Ocular Myasthenia
Gravis



CTD-ILD



*Note: Collaboration
with Vor Bio*

New Indications

Lupus Nephritis

Membranous
Nephritis

Pediatric IgAN

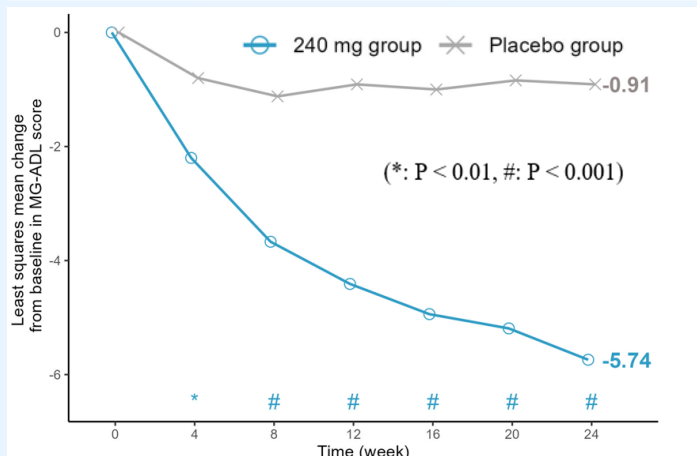
Pediatric
Systemic Lupus
Erythematosus

Autoimmune
Hepatitis

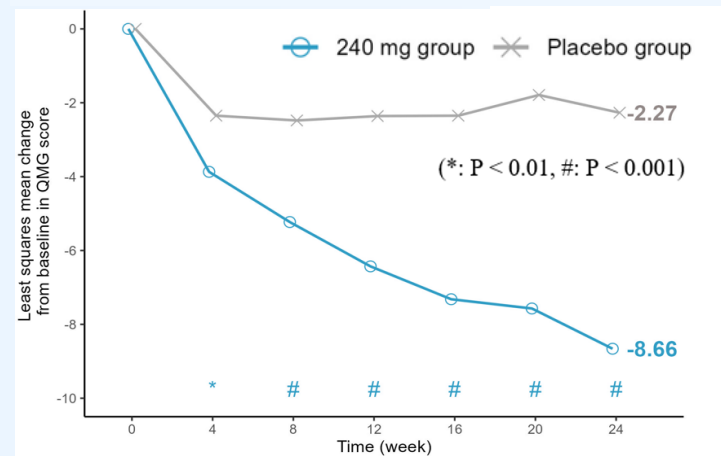
Telitacicept – Phase III Data for Generalized Myasthenia Gravis (gMG)

Significant Change in MG-ADL (difference: -4.83) and QMG Scores (difference: -6.39) from Baseline for Telitacicept compared with Placebo at Week 24.

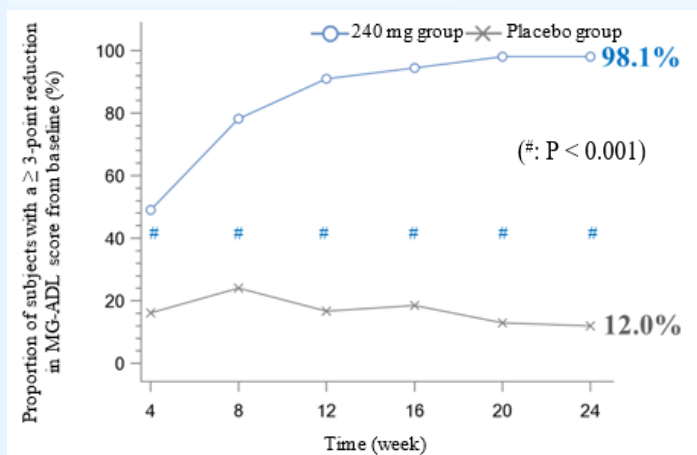
A Mean Change in MG-ADL Score over 24 weeks



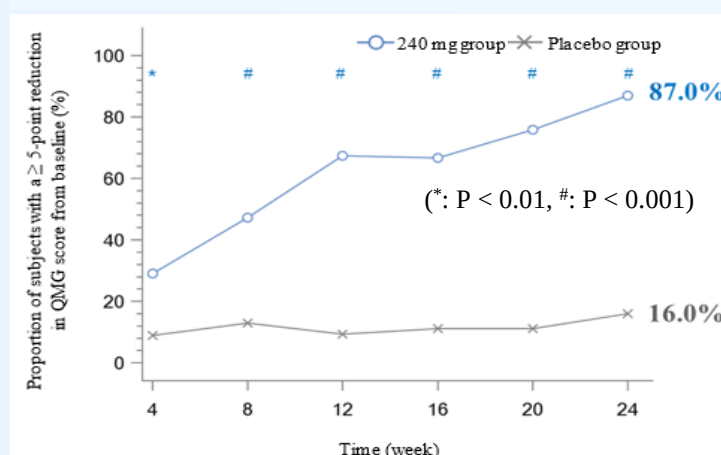
B Mean Change in QMG Score over 24 weeks



C Proportion of patients with a ≥ 3 point reduction in MG-ADL score from baseline over 24 weeks



D Proportion of patients with a ≥ 5 point reduction in QMG score from baseline over 24 weeks



Selected for *Oral Presentation at AAN 2025 and AANEM 2025*, Telitacicept showed best-in-class efficacy in Ph3 trial for gMG.

Phase 3 Clinical Trial in China Enrolled 114 patients

- Telitacicept 240mg: 57 patients
- Placebo: 57 patients

Results of the Phase 3 Study-48 weeks

Efficacy Results of the 24-week open-label extension (OLE) period: At Week 48, in patients who continued on telitacicept vs. those who switched from placebo, change from baseline in MG-ADL and QMG was -7.5 vs. -6.3 and -9.8 vs. -9.3, respectively.

Telitacicept – Phase III Data for Sjögren's Disease (SjD)

Selected as *Late-Breaking Poster at ACR 2025*,
Telitacicept demonstrated clinically meaningful efficacy in Ph3 trial for SjD.

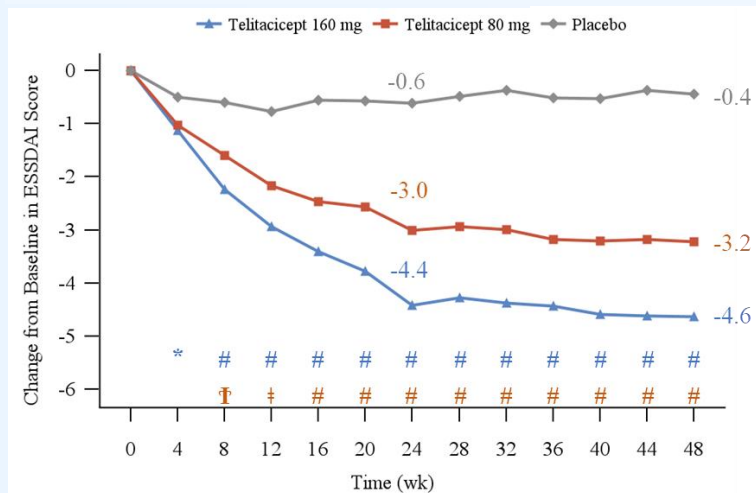
Phase 3 Clinical Trial in China Enrolled 381 patients

- Telitacicept 160mg: 127 patients
- Telitacicept 80mg: 127 patients
- Placebo: 127 patients

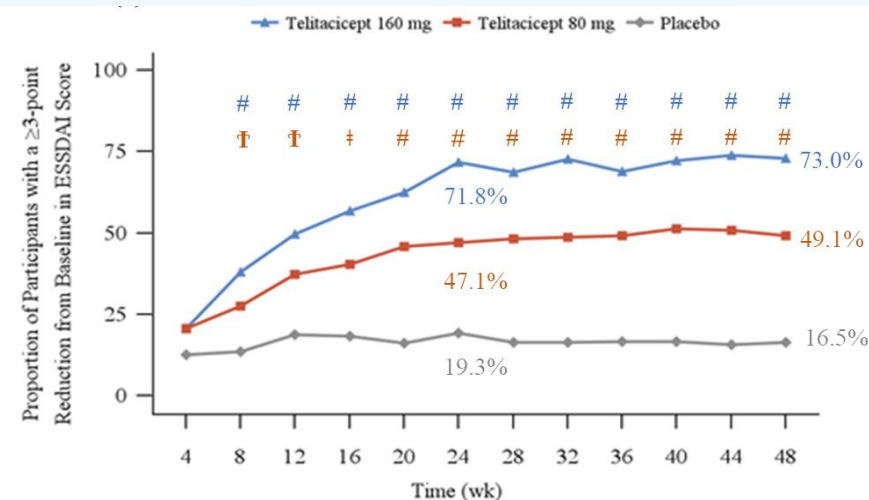
The primary efficacy endpoint is the change from baseline in ESSDAI score at Week 24.

Statistically significant decrease in ESSDAI score from baseline at Week 24 was observed in Telitacicept 160 mg arm (LS Mean change: -4.4 vs -0.6, $p < 0.0001$) and in Telitacicept 80 mg arm (LS Mean change: -3.0 vs -0.6, $p < 0.0001$) as compared with placebo.

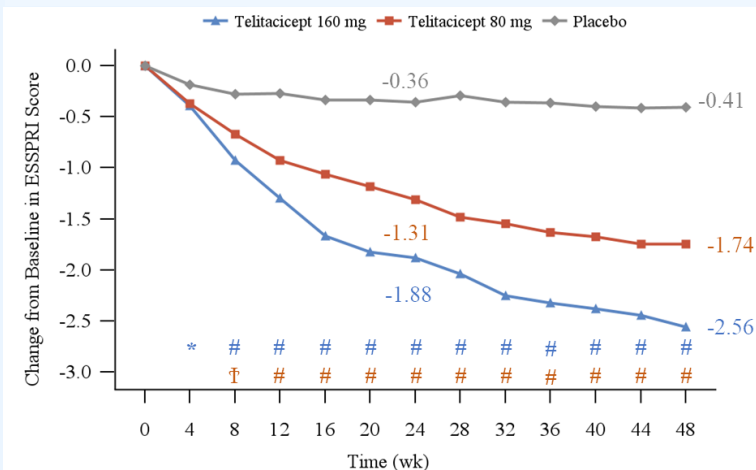
A Change from baseline in ESSDAI score over 48 weeks



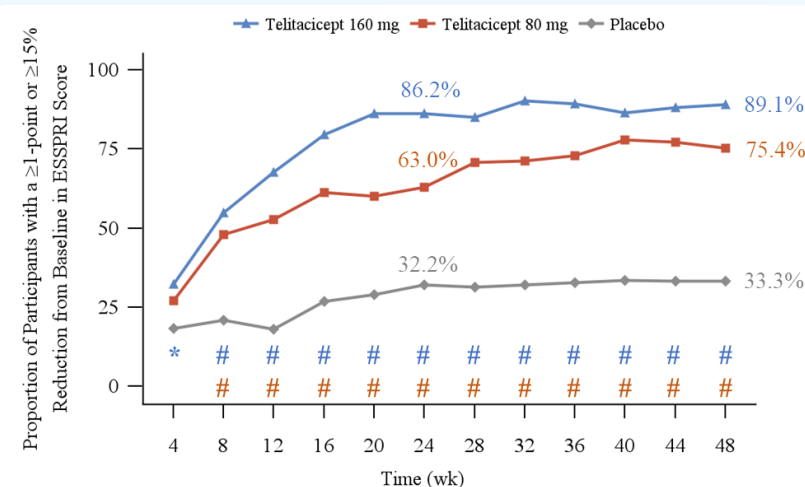
B Proportion of patients with a ≥ 3 -point reduction in ESSDAI score



C Change from baseline in ESSPRI score over 48 weeks



D Proportion of patients with a ≥ 1 point or 15% reduction in ESSPRI score



Telitacicept – Phase III Data for IgA Nephropathy (IgAN)

Selected as *Late-Breaking Oral Presentation at ASN 2025*,
Telitacicept achieved primary endpoint of reducing proteinuria in stage A of Ph3 trial for IgAN.

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Telitacicept for IgA Nephropathy — Interim Analysis of a Phase 3 Trial

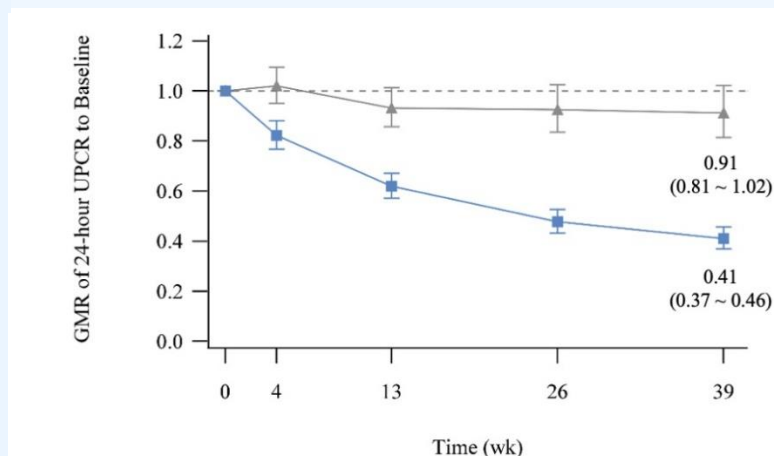
Phase 3 Clinical Trial in China (TELIGAN) Enrolled 318 patients

- Telitacicept 240mg: 159 patients
- Placebo: 159 patients

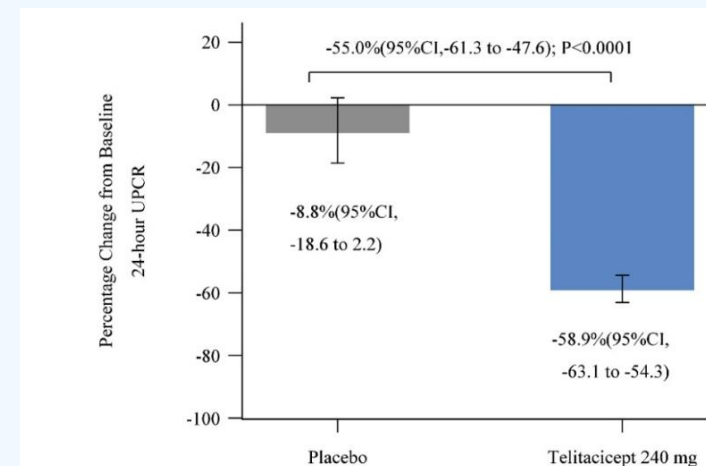
Telitacicept resulted in a 55.0% reduction (95% CI, -61.3% to -47.6%; $p < 0.0001$) in 24-hour UPCR based on placebo-adjusted GMR at Week 39.

Two year follow-up data to be presented in 4Q26

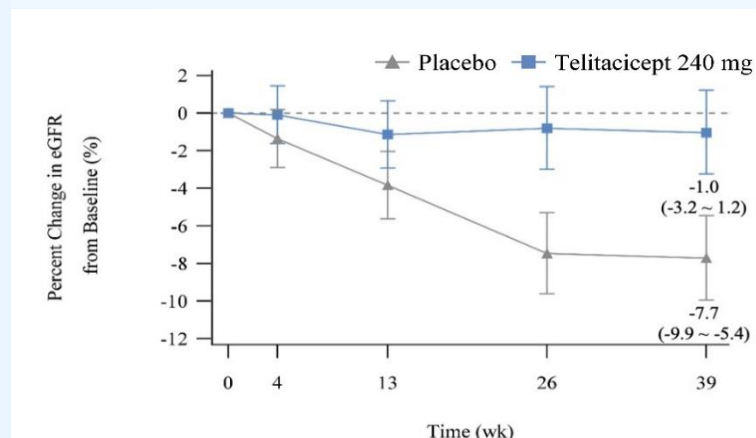
A Geometric mean ratio (GMR) of 24h UPCR relative to baseline over 39 weeks



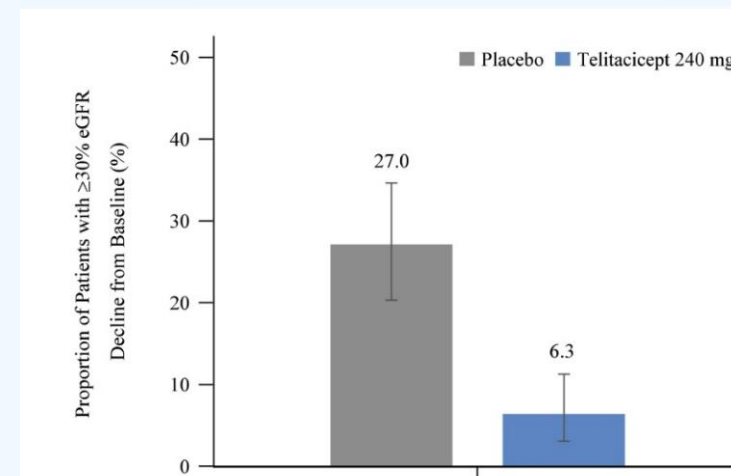
B GMR change from baseline of 24h UPCR at Week 39



C GMR change from baseline of eGFR over 39 weeks



D Proportion of patients with $\geq 30\%$ eGFR decline at Week 39



Disitamab Vedotin – Solidifying Competitive Position

5

**Approved Indications
for Marketing**

4

Indications in Phase 3 Trials

2+

**Indications in
Planning/Initiation**

LAUNCHED



2L+
Gastric Cancer



2L+
Urothelial Cancer



2L+
HER2-Positive Breast
Cancer
with Liver Metastasis



2L+
HER2-Low Expressing
Breast Cancer with
Liver Metastasis



1L
Urothelial Cancer

Pivotal/Phase 3



1L
Urothelial Cancer



2L
Urothelial Cancer



1L
HER2-Medium-
to-Low Expressing
Gastric Cancer



1L
HER2-High
Expressing Gastric
Cancer



*Note: Collaboration
with Pfizer*

New Indications

NMIBC

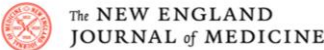
MIBC
Perioperative Period

Disitamab Vedotin – Phase III Data in 1st Line Urothelial Cancer

Data presented at ESMO 2025 and simultaneously published in NEJM

BERLIN 2025ESMOcongress

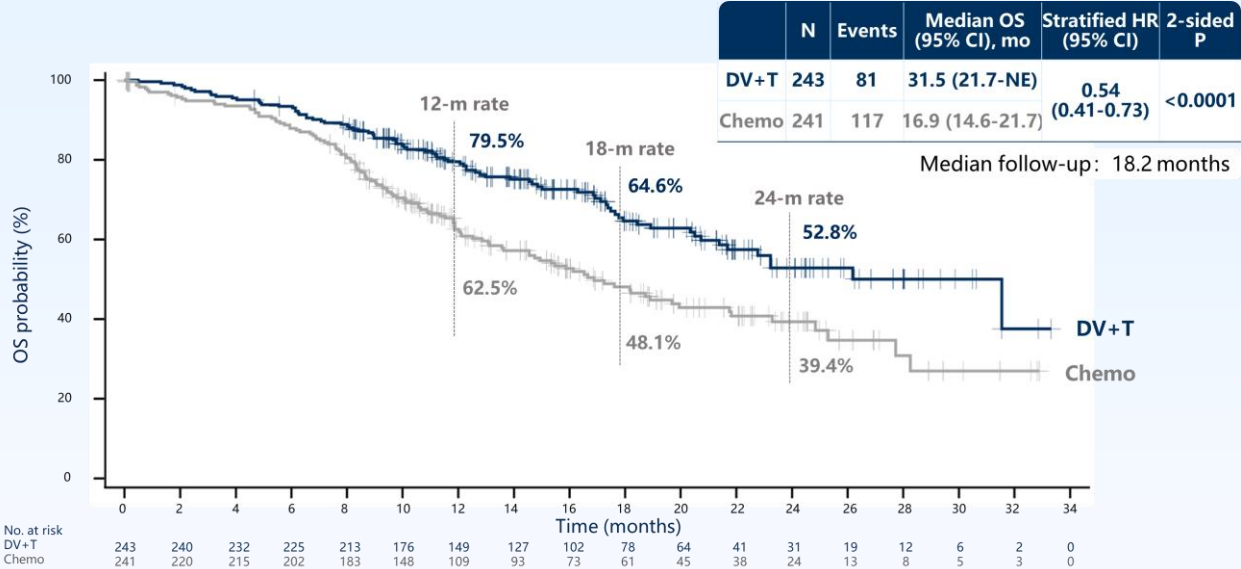
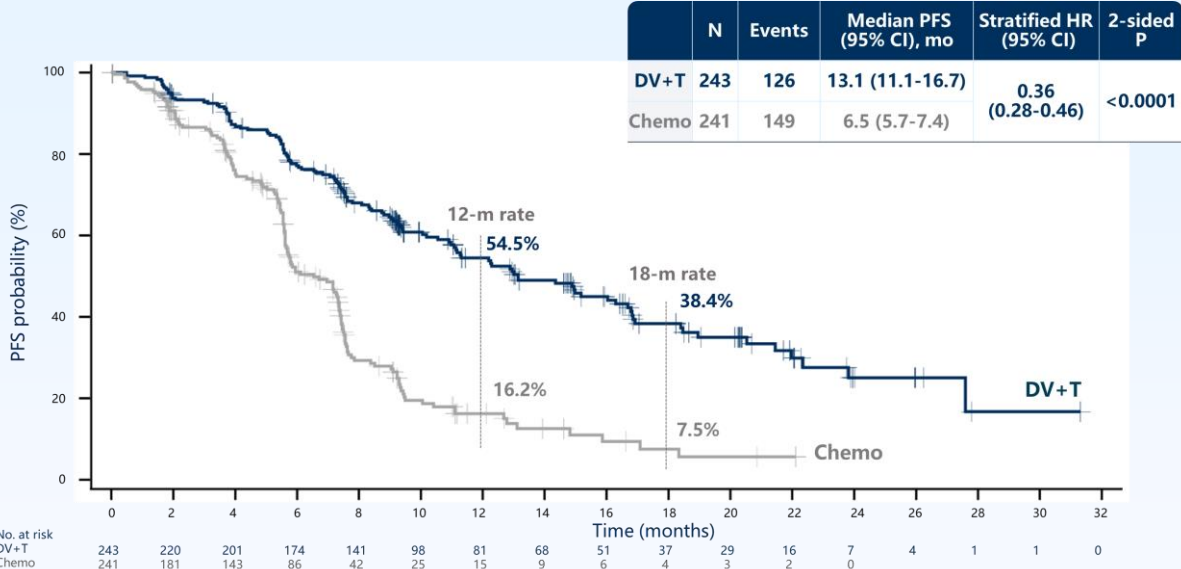
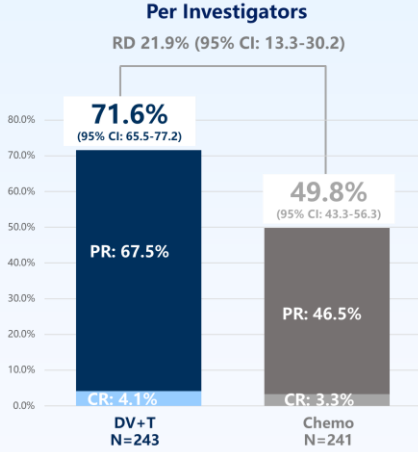
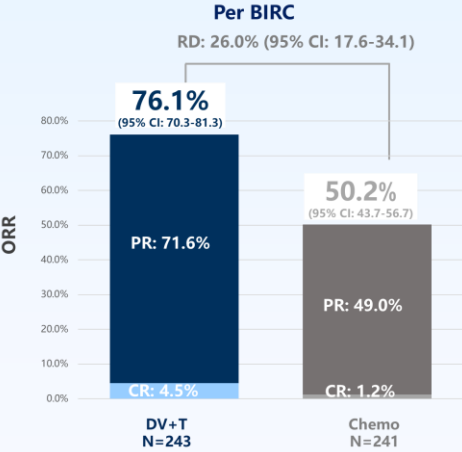
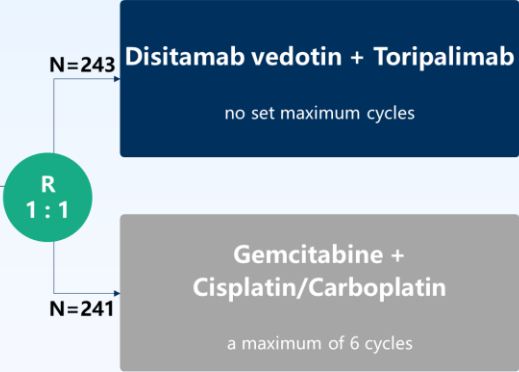
Disitamab vedotin (DV) plus toripalimab (T) versus chemotherapy (C) in first-line (1L) locally advanced or metastatic urothelial carcinoma (la/mUC) with HER2-expression



ORIGINAL ARTICLE

Disitamab Vedotin plus Toripalimab in HER2-Expressing Advanced Urothelial Cancer

- Key Inclusion criteria**
- No prior systemic treatment for unresectable locally advanced or metastatic UC
 - Central lab-confirmed HER2 IHC 1+, 2+, or 3+
 - Measurable disease per RECIST v1.1
 - Eligible for cisplatin or carboplatin
 - ECOG PS 0 or 1



Disitamab Vedotin – Phase II Data in 1st Line Gastric Cancer

Data presented at ASCO 2025

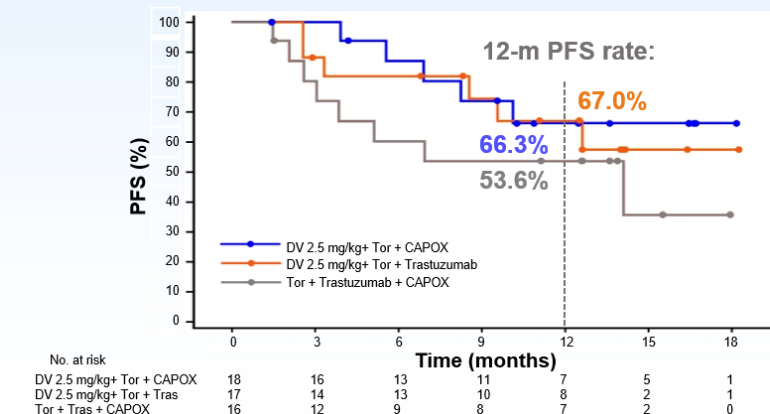
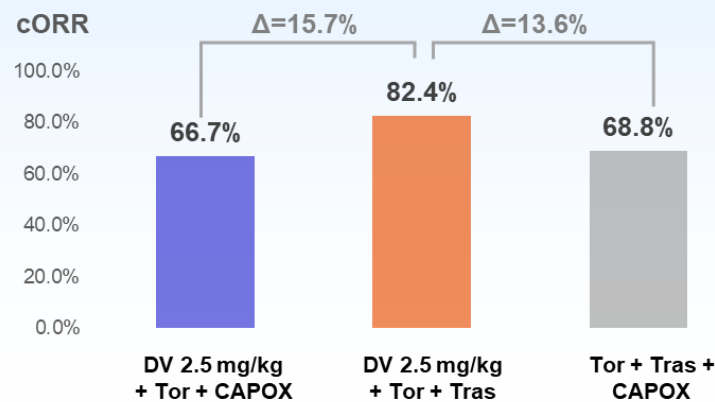
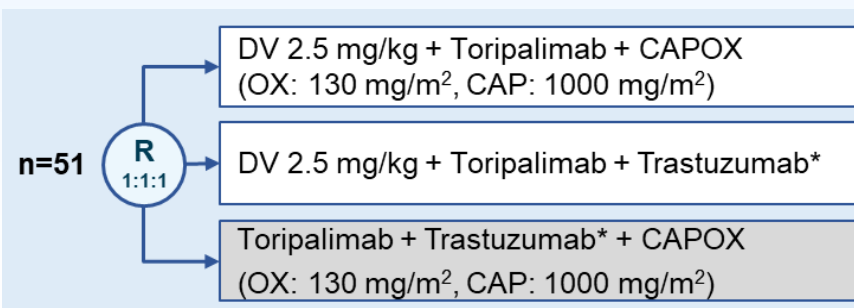
RC48 combo demonstrated promising efficacy in 1L GC HER2 expressing patients



2025 ASCO
ANNUAL MEETING

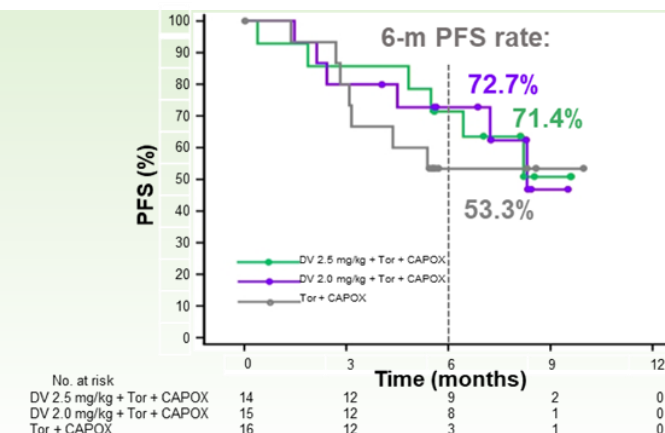
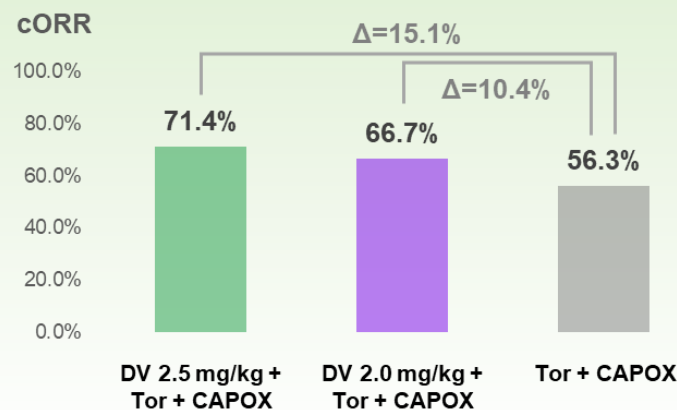
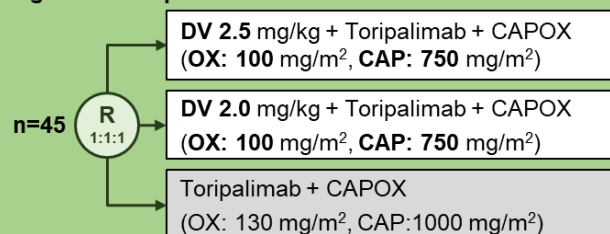
Disitamab vedotin (DV) plus toripalimab (Tor) and chemotherapy (C)/trastuzumab (Tra) as first-line (1L) treatment of patients (pts) with HER2-expressing locally advanced or metastatic (la/m) gastric cancer

HER2-positive GC



HER2-low GC

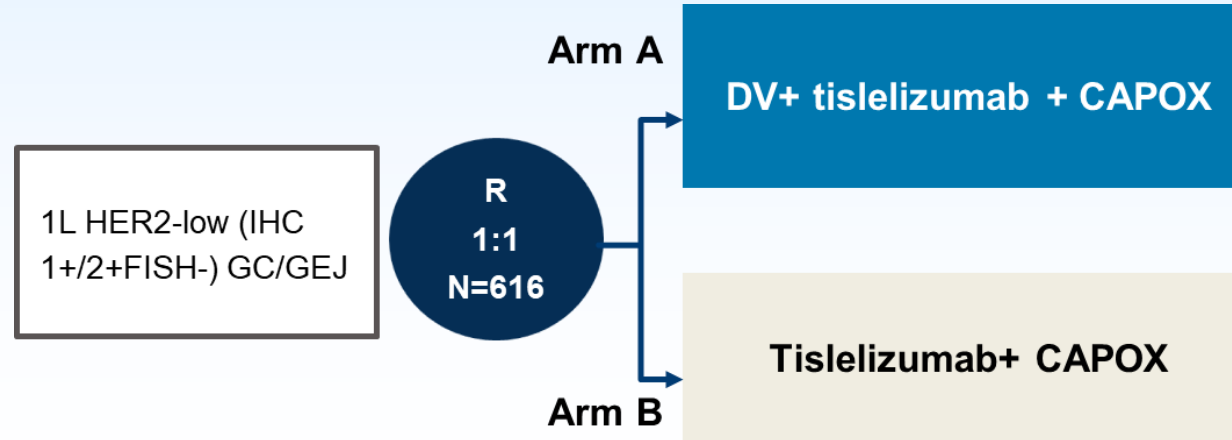
HER2-median/low-expressing cohort
Stage 2: dose optimization



Disitamab Vedotin – Two Phase III Trials in 1st Line Gastric Cancer

RC48-C039:

**1L Ph3 study in
HER2 low GC**



Primary endpoint

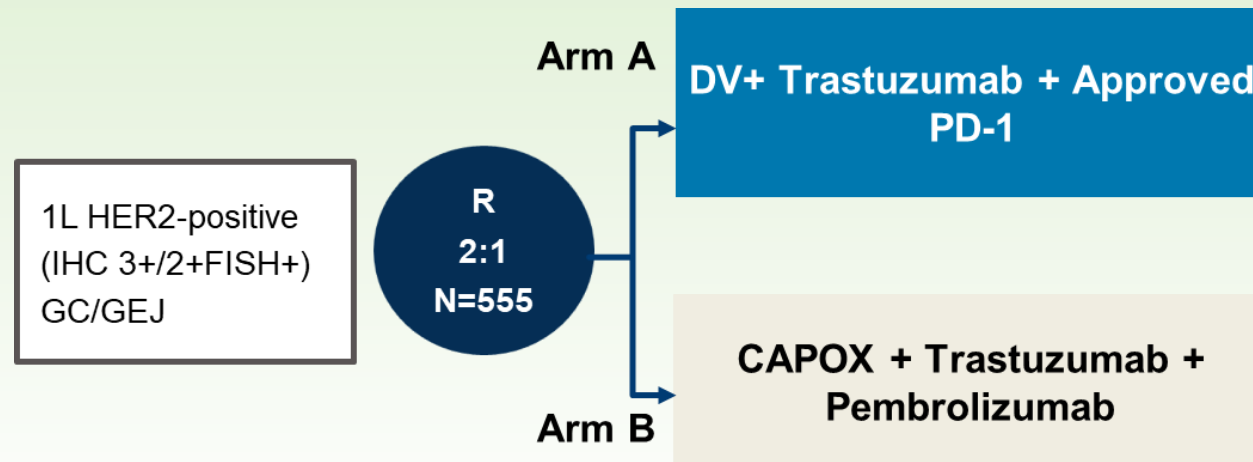
PFS (per IRC)

Key secondary endpoint

OS

RC48-C040:

**1L Ph3 study in
HER2 positive GC**



Primary endpoint

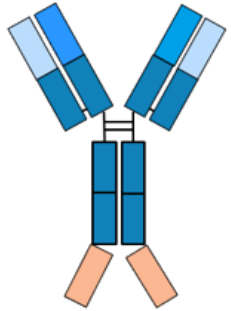
PFS (per IRC)

Key secondary endpoint

OS

RC148 – Rapid Progress in Clinical Trials

RC148(PD-1/VEGF)



Anti-PD-1 antibody

Anti-VEGF nanobody

*Design of RC148

RC148 Clinical progress

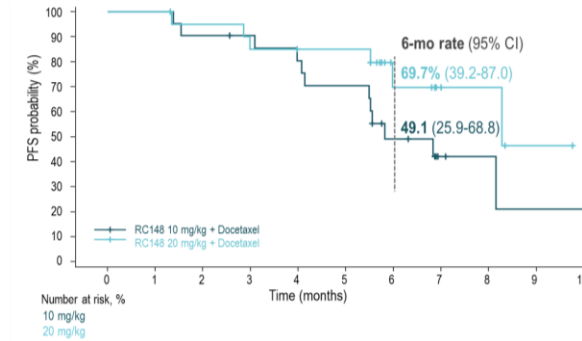
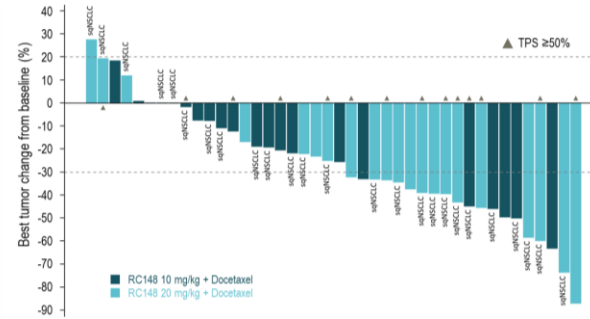
China:

- **Ph3 for 1L sqNSCLC** in combo with chemo under patient enrollment
- **Ph2/3 for 1L CRC** in combo with chemo from under patient enrollment
- **Ph3 for 1L nsqNSCLC** in combo with chemo in preparation
- Various other trials under planning

Global:

- **Ph3 for 1L sqNSCLC** in combo with chemo launched
- Various pivotal and Ph2 trials in preparation (collaboration with AbbVie)

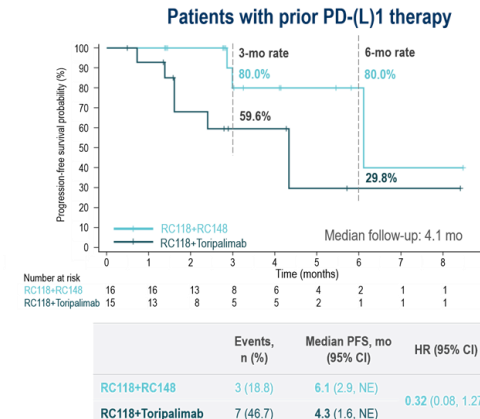
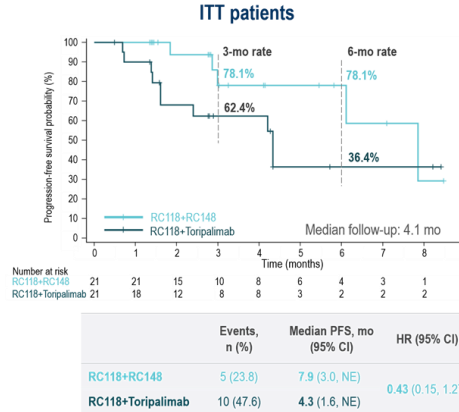
Promising data from RC148 combo with ADC or chemo



RC148 + Docetaxel

- 20 mg/kg showed a higher cORR vs 10 mg/kg (66.7% vs 28.6%).
- 20 mg/kg showed a longer mPFS (median: 8.28 [95% CI: 5.98-NE] vs 5.82 [4.14-NE] m; HR: 0.445) compared with the 10 mg/kg.

2025 ESMO IO



RC148 + RC118 vs RC118 + PD-1

- ITT patients: ORR 57.1% vs 33.3%; mPFS 7.9 vs 4.3 m (HR 0.43)
- Patients with prior PD-(L)1 therapy: ORR 62.5% vs 20.0%; mPFS: 6.1 vs 4.3 months (HR 0.32)

2025 ESMO IO

Potential Best in class data in 1L NSCLC

Additional data in 1L or 2L NSCLC China Phase I/II trials to be presented at WCLC and ESMO

RC278 (Ph Ib)

Target:
CDCP1

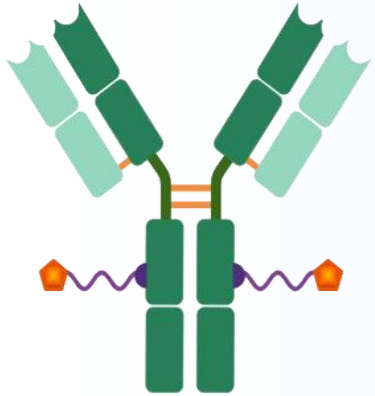
Antibody:
A humanized mAb

Linker-Payload:
A Top1i based payload with a cleavable linker

Conjugation:
Site-specific, DAR=8

Potential indication:
CRC, Lung, Breast, Prostate, Pancreas

Development:
Ph1b: indication expansion in various solid tumors



RC288 (Ph I)

Target:
Tumor associated antigens PSMA and B7H3

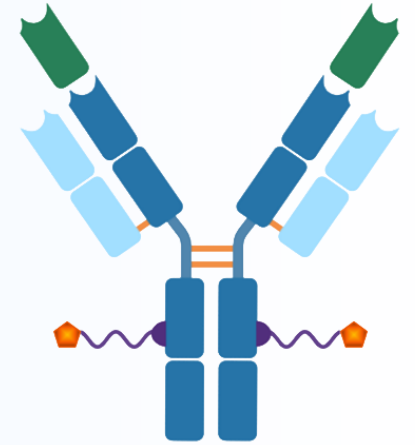
Bispecific antibody:
via humanized mAb and VHH nanobody

Linker-Payload :
A Top1i based payload with a bivalent cleavable linker

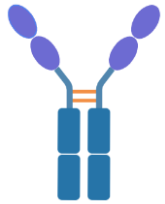
Conjugation :
Site-specific, DAR=8

Key indication :
Prostate

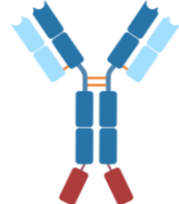
Development :
Ph1 enrolling



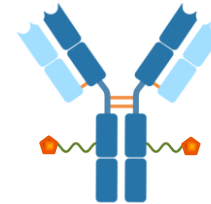
Fusion protein



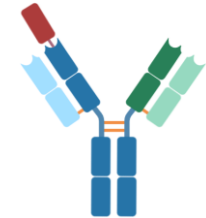
Bispecific antibody



ADC



TCE/MCE



Target Discovery

Identify novel targets and bispecific pairs by AI-driven multi-omics deep biology network analysis

Antibody Discovery

Generate monoclonal antibody and nanobody lead molecules by hybridoma and display platforms

Protein Engineering

Deliver desired preclinical candidates (PCCs) and novel platforms via AI-guided and structure-based designs

ADC Technology

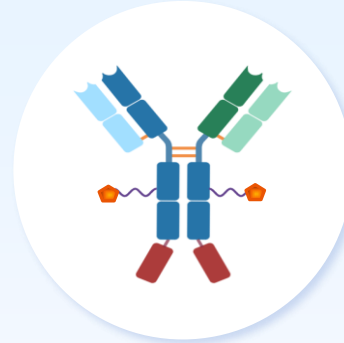
Develop novel payload, drug linker, site-specific conjugation methods to deliver ADC PCCs and next generation ADC platforms

Emerging Discovery Pipeline Highlights

Oncology



*BsADC
IND Enabling*



*TsADC
PCC Enabling*



*Dual payload ADC
PCC Enabling*

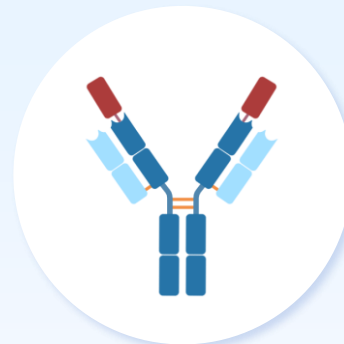


*Trispecific TCE
PCC Enabling*

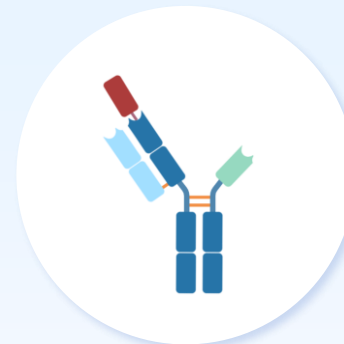
Autoimmune



*Fusion Protein
IND Enabling*



*BsAb
PCC Enabling*



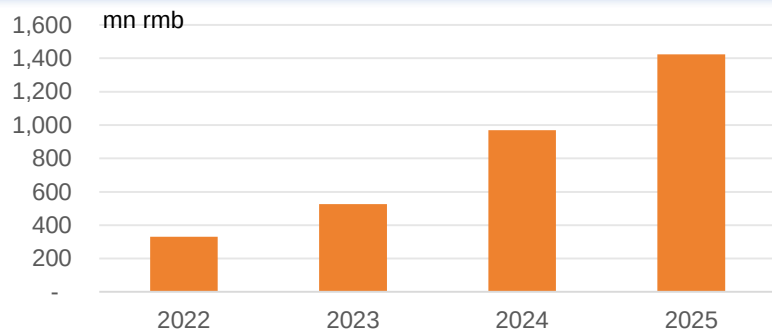
*TCE
PCC Enabling*



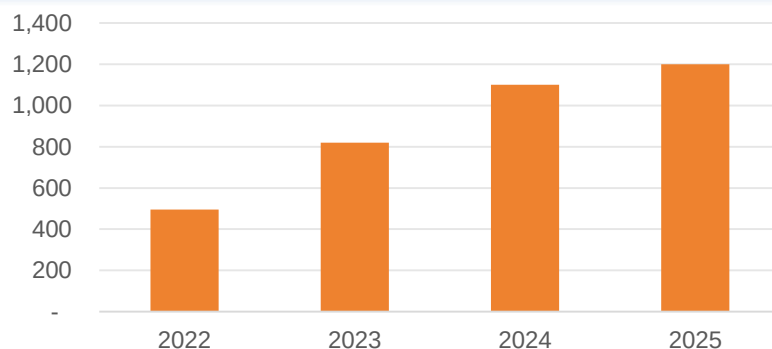
*MCE
PCC POC*

Commercialization – Telitacicept 泰爱®

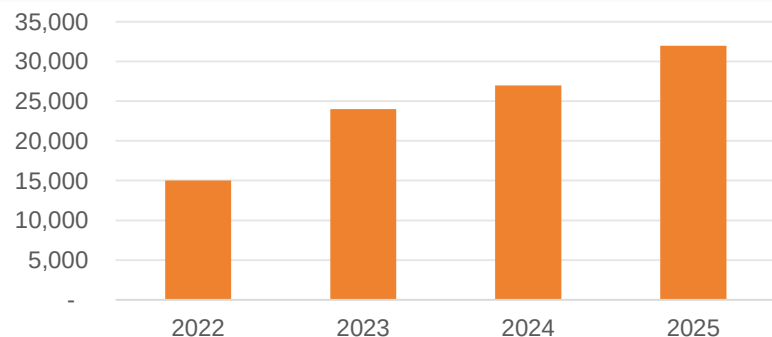
Telitacicept Revenue



Hospitals listed



Physicians covered

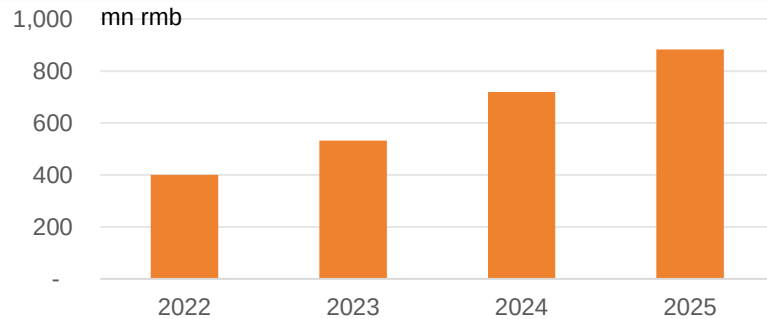


- First-in-class BAFF/APRIL dual-targeting drug
- Approved for SLE, IgAN, SjD, MG and RA in China
- ~900+ member rheumatology focused sales team
- Listed in ~1,200 hospital procurement list
- Covered 32,000+ targeted doctors
- New indications (OMG, CTD-ILD and etc) to provide sustained growth driver in the coming years
- Aim to become a leading therapy in B-cell-mediated autoimmune diseases

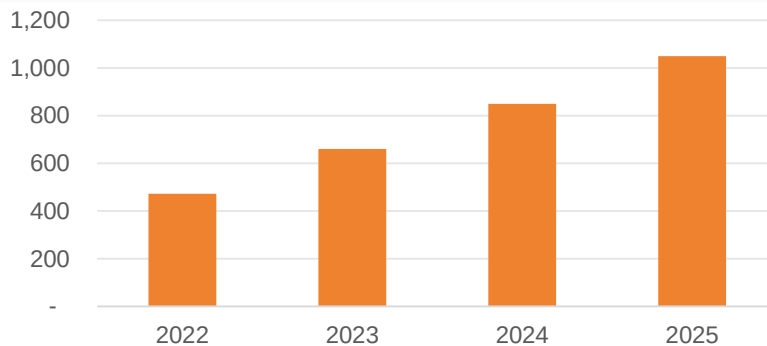


Commercialization – Disitamab Vedotin 爱地希®

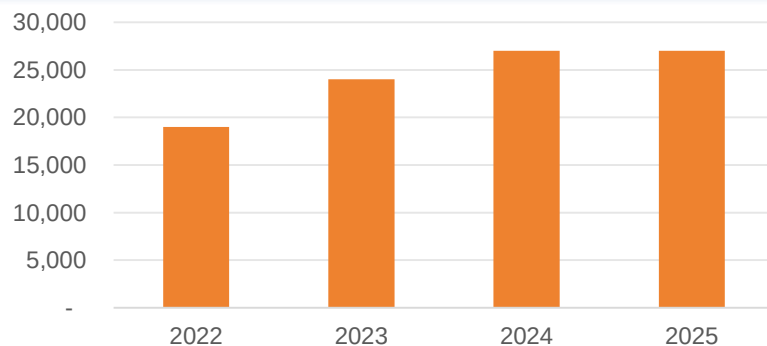
Disitamab-Vedotin Revenue



Hospitals listed



Physicians covered



- The first domestic ADC drug approved in China
- Approved in 1L(+) UC, GC and BC patients
- ~500+ member oncology focused sales team
- Listed in ~1,050 hospital procurement list
- Covered 27,000+ targeted doctors
- Solidifying a leading position in HER-2 expressing urothelial cancer patients
- Multiple ongoing trials to expand the target patient pool



Telitacicept (RC18)

- Two-year data from the IgAN China Phase III trial to be presented in 4Q26
- Results of China NRDL negotiations for IgAN and SjD in 4Q26
- Top line data of global MG Phase III results by Vor in 1H27

Disitamab Vedotin (RC48)

- Results of China NRDL negotiation for 1L UC in 4Q26
- Global Phase III results and BLA filing for 1L UC by Pfizer in 1H27

RC148

- RC148+chemo in 1L NSCLC China Phase II data to be presented as an oral presentation at 2026 WCLC
- Additional data in 1L or 2L NSCLC China Phase I/II trials at 2026 ESMO
- Global clinical progress by AbbVie

IND filings for Multiple NMEs in 2027



RemeGen
荣昌生物