



InnoCare Pharma

2025Q3 Results

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November 14, 2025



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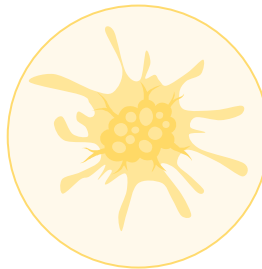
Our Mission & Vision:

Science Drives Innovation For The Benefit of Patients



To Become
a **Global Biopharmaceutical Leader**
that Develops and Delivers
Innovative Therapies for Patients **Worldwide**

Cancer



Autoimmune

Our Therapeutic Focus

Robust Commercial Acceleration & Solid Financial Foundation

❖ Strong Financial Growth Driven by Core Product Performance

- Total revenue reached **RMB1.1bn** for the first three quarters, representing a **59.8%** year-on-year increase
- Orelabrutinib achieved **RMB1.0bn** for the first three quarters, up **45.8%** year-on-year
- **Full-year sales guidance raised to +40% growth**
- Net loss significantly narrowed to **RMB72mn**, a **74.8%** reduction year-on-year
- As of September 30, 2025, the Company maintained a solid cash position of approximately **RMB7.8bn**, providing ample resources to support ongoing R&D and globalization initiatives

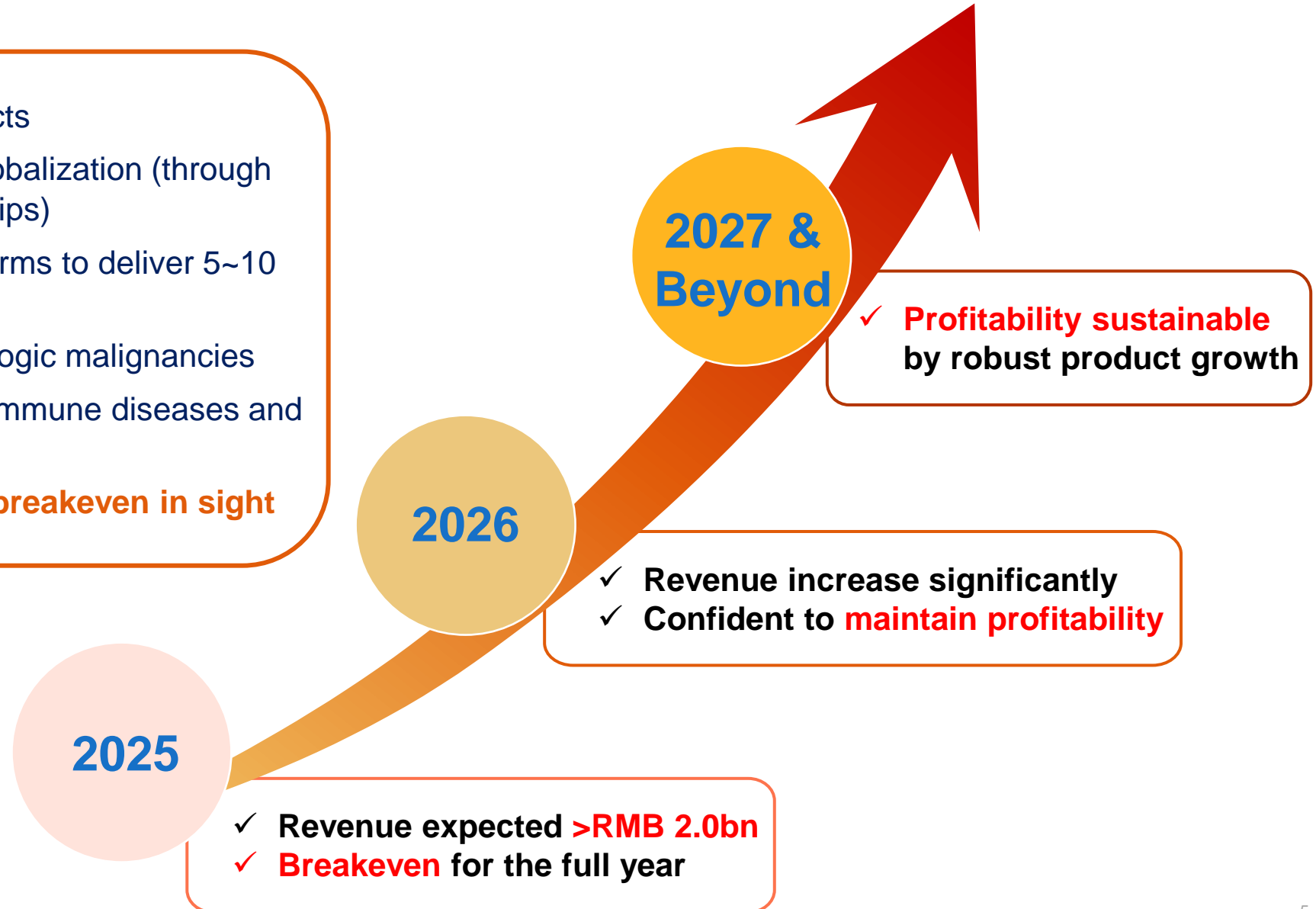
❖ Strategic collaboration

- Global collaboration with **Zenas BioPharma**, out-licensing **Orelabrutinib**'s non-oncology right outside of Greater China and MS's global right, the deal also includes 2 preclinical assets
- **CD3×CD20** bispecific antibody autoimmune diseases right to **Prolium**

❖ **Total revenue income in 2025 expected >RMB 2.0bn, representing > 100% increase**

Accelerating 2.0 Growth — Achieving Sustainable Profitability Two Years Ahead of Schedule

- ✓ 5~6 commercialized products
- ✓ 3~4 products advancing globalization (through out-licensing and partnerships)
- ✓ Enhanced innovation platforms to deliver 5~10 differentiated new assets
- ✓ A leading player in hematologic malignancies
- ✓ A strong contender in autoimmune diseases and solid tumors
- ✓ **Expanding revenue with breakeven in sight**



Diversified Product Portfolio & Multiple PhIII Studies to Address Unmet Medical Needs

- ❖ **Orelabrutinib 1L CLL/SLL NDA approved in China, significantly expanding growth potential**
- ❖ **Tafasitimab BLA for r/r DLBCL approved in China** with first prescriptions issued across multiple provinces in September
- ❖ **Orelabrutinib NDAs** submitted overseas — **r/r MCL in Australia and r/r MZL in Singapore**
- ❖ **Zurletrectinib (ICP-723) NDA accepted and under priority review**
- ❖ **Mesutoclax (ICP-248)**
 - Combo with Orelabrutinib **for 1L CLL/SLL-FDT Ph3 registrational trial** progressing rapidly, with patient enrollment expected to complete soon
 - **Registrational study for BTKi treated MCL patients** ongoing; the first BCL-2 inhibitor in China to receive **Breakthrough Therapy Designation (BTD)**
 - **AML** dose expansion in CHN and global
 - **MDS** global study initiated
- ❖ **Orelabrutinib in Autoimmune Diseases**
 - **PPMS & SPMS**, Global Ph3 registrational trials advancing with Zenas development platform
 - **ITP**, Ph3 registrational trial enrollment completed; data readout and NDA submission expected in 1H 2026
 - **SLE**, Ph2b data readout by the end of 2025
- ❖ **Soficitinib (ICP-332) (TYK-2/JAK1)**
 - **Atopic dermatitis**: Ph3 registrational trial, patient enrollment expected to be completed soon
 - **Vitiligo**: Ph2 patient enrollment underway, patient enrollment expected to be completed soon
 - **Prurigo Nodularis**: Global Ph2 trial initiated following FDA IND approval in September 2025
 - **Chronic Spontaneous Urticaria**: Ph2 trial is being initiated
- ❖ **ICP-488 (TYK-2, allosteric)**
 - **Psoriasis**: Ph3 registrational trial, with patient enrollment expected to be completed soon
- ❖ **ICP-B794 (B7-H3 targeted ADC)**
 - **Small Cell Lung Cancer (SCLC)**: Phase I dose escalation ongoing; PoC expected by end of 2025

Innovative Pipeline: Accelerating Portfolio Towards Value Realization



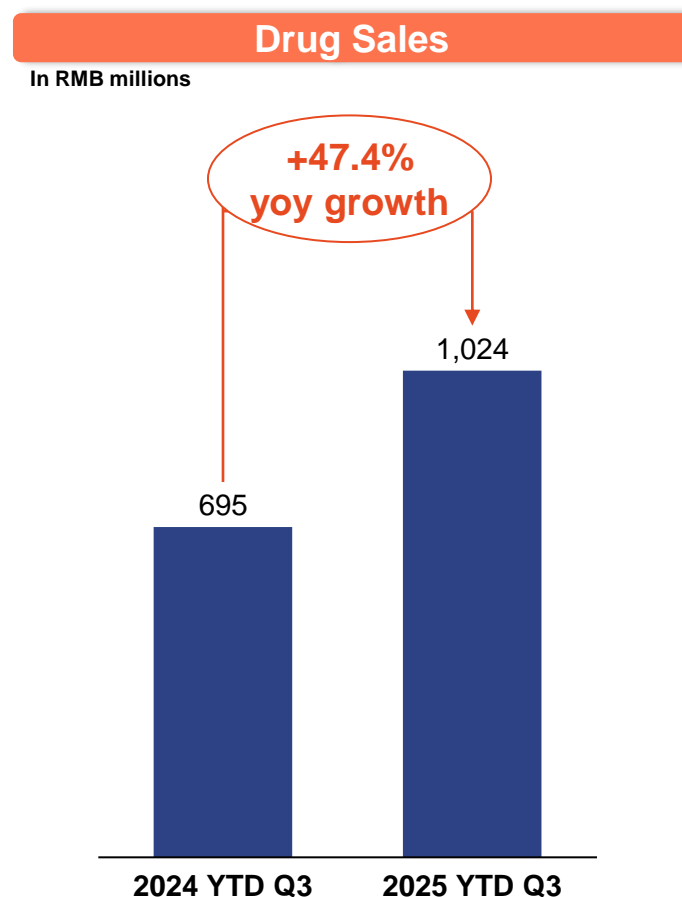
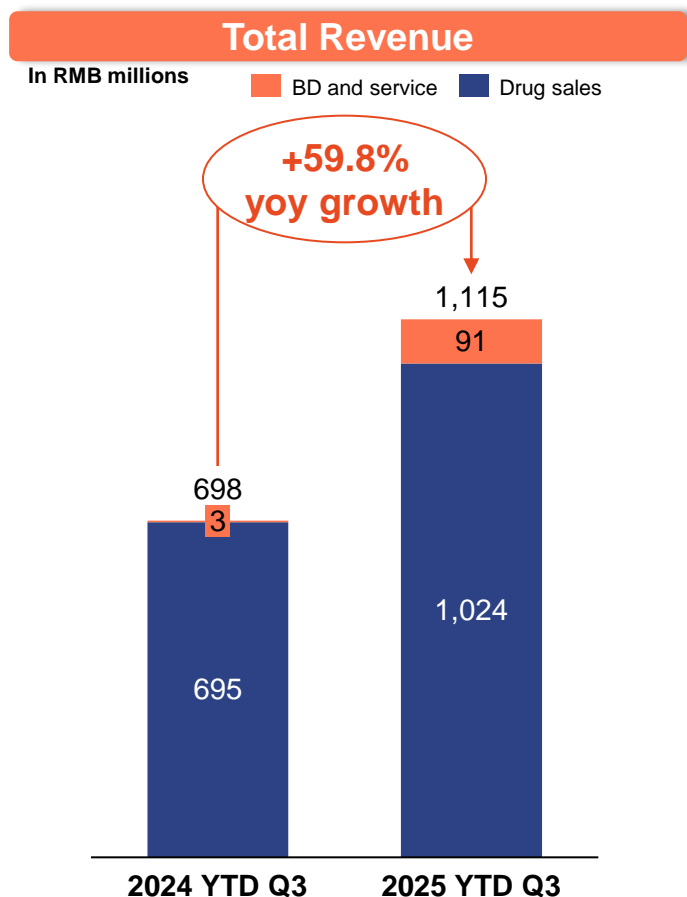
| Pre-IND | | Phase 1/2 | | Phase 3 | | Registration | | Approved | |
|----------------------|---------------------|------------------------------|------------------|----------------------------------|---------------------------|--------------------------------------|-------------|----------------------------|-------------|
| ICP-B208 | ADC | Mesutoclax (ICP-248) | BCL2 | Orelabrutinib¹ | BTK | Orelabrutinib | BTK | Orelabrutinib | BTK |
| ● Solid tumor | | ● AML(CHN, Global) | | ● TN MCL (CHN) | | ● r/r MZL (SG) | | ● TN CLL/SLL (CHN) | |
| ICP-XXX | bsADC | ● MDS(CHN, Global) | | ● MZL confirmatory (CHN) | | ● r/r MCL (AU) | | ● r/r CLL/SLL (CHN) | |
| ● Solid tumor | | Soficitinib (ICP-332) | TYK2/JAK1 | ● ITP (CHN) | | Zurletrectinib | NTRK | ● r/r MCL (CHN) | |
| ICP-XXX | bsADC | ● Prurigo nodularis (Global) | Phase 2 | ● SLE (CHN) | Phase 2b | ● NTRK fusion-positive cancers (CHN) | | ● r/r MCL (SG) | |
| ● Solid tumor | | ● CSU | Phase 2 | ● PPMS (Global) | | | | ● r/r MZL (CHN) | |
| ICP-XXX | Next-gen ADC | ICP-B794 | B7H3 ADC | ● SPMS (Global) | | | | ● r/r MZL (SG) | |
| ● Solid tumor | | ● SCLC | | Tafasitimab | CD19 | | | Tafasitimab | CD19 |
| ICP-538 | Oral | ICP-B02 | CD3XCD20 | ● DLBCL (CHN) | | | | ● r/r DLBCL (Mainland CHN) | |
| ● Autoimmune disease | | ● NHL (CHN) | | Mesutoclax | BCL2 | | | ● r/r DLBCL (HK) | |
| ICP-054 | IL17 | ICP-490 | E3 Ligase | ● TN CLL/SLL-FDT (CHN) | +Orela | | | ● r/r DLBCL (Macao) | |
| ● Autoimmune disease | | ● NHL (CHN) | | ● BTKi treated MCL | Phase 2 registrational | | | ● r/r DLBCL (TW) | |
| ICP-066 | CNS TYK2 | ICP-B05 | CCR8 | Soficitinib (ICP-332) | TYK2/JAK1 | | | | |
| ● Autoimmune disease | | ● Hemato-oncology (CHN) | | ● Atopic Dermatitis (CHN) | | | | | |
| ICP-XXX | BsAb | | | ● Vitiligo (CHN) | Phase 2/3 | | | | |
| ● IBD | | | | ICP-488 | TYK-2 | | | | |
| Others | Oral | | | ● Psoriasis (CHN) | | | | | |
| ● Autoimmune disease | | | | | | | | | |

- Hemato-oncology
- Autoimmune Disease
- Solid Tumor

• Zenas territories: Orelabrutinib: Global MS right and non-oncology right Outside of Greater China and Southeast Asia, IL-17i: Outside of Greater China and Southeast Asia, CNS TYK2i: Global

• Prolium territories: ICP-B02: Global non-oncology field and the oncology field outside of Asia

Total Revenue in YTD Q3 2025 Achieved **59.8% yoy growth**, Diversified Portfolio and BD Potential Ensure Continued High Growth

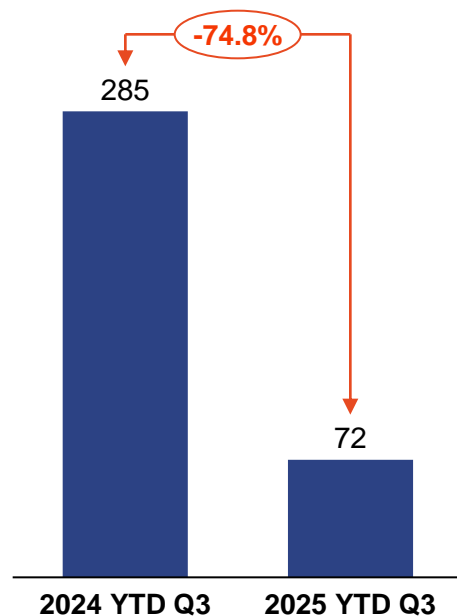


- **Total Revenue 59.8% yoy growth**
 - Drug sales continue robust growth
 - R&D engine provides fuel for BD revenue
- **Orelabrutinib YTD 45.8% yoy growth**
 - Only BKTi for high-potential MZL market
 - Enhanced commercial execution to gain more market share
- **Diversified portfolio ensures continued high growth**
 - Commercial launch of Tafasitamab for r/r DLBCL in Sept 2025
 - Orelabrutinib approved 1L CLL/SLL
 - Zurletrectinib expected approval in first half 2026

Achieving Sustainable Growth, Underpinned by Robust Cash Position

Loss for the Period

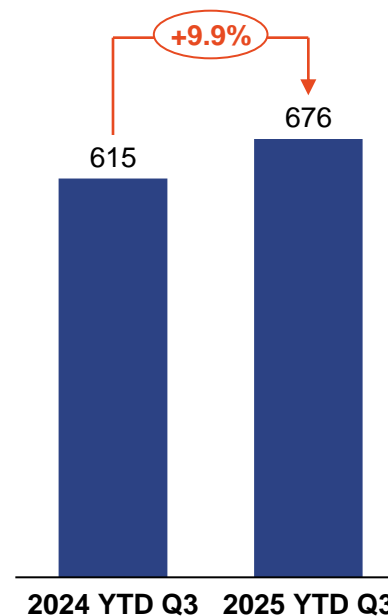
In RMB millions



Loss of the period narrowed down by RMB213mn / 74.8% yoy attributed to drug sales growth, business collaboration revenue, as well as cost efficiency improvement

R&D Expense

In RMB millions



R&D expenses increased for strategic investment for innovative technology platform, increased resources to clinical trials for our prioritized programs, and licensing-in related expenses

Cash and related balance*

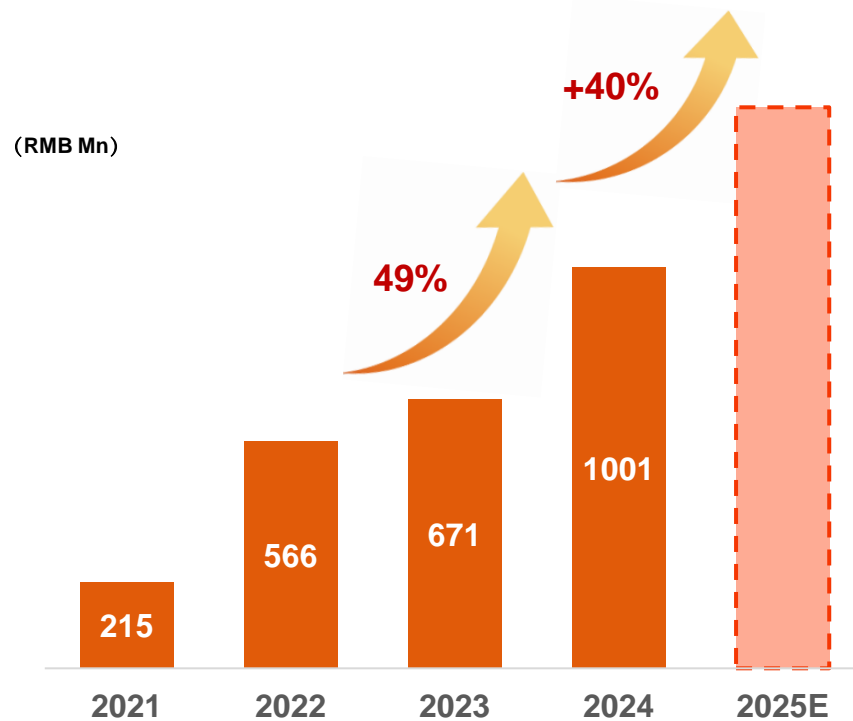
In RMB millions



Robust cash and related balance of RMB7.8bn (~US\$1.1bn) provides flexibility to expedite the clinical development and to invest in a competitive pipeline

Orelabrutinib + Tafasitamab: Dual Growth Engines Covering Four Major Hematology Indications

宜诺凯 明诺凯



Orelabrutinib

- ✓ Excellent efficacy and safety profile
- ✓ **Once-daily dosing**
- ✓ **Largest patient population coverage in NHL**(CLL/SLL, MCL, MZL) among BTKi in CN
- ✓ **First and only** BTKi for the treatment of **r/r MZL**
- ✓ **Recommended in the 2025 CSCO Lymphoma Guidelines**
- ✓ CLL/SLL (1L & r/r) - Grade I; MCL (1L) - Grade II; MZL - Grade I

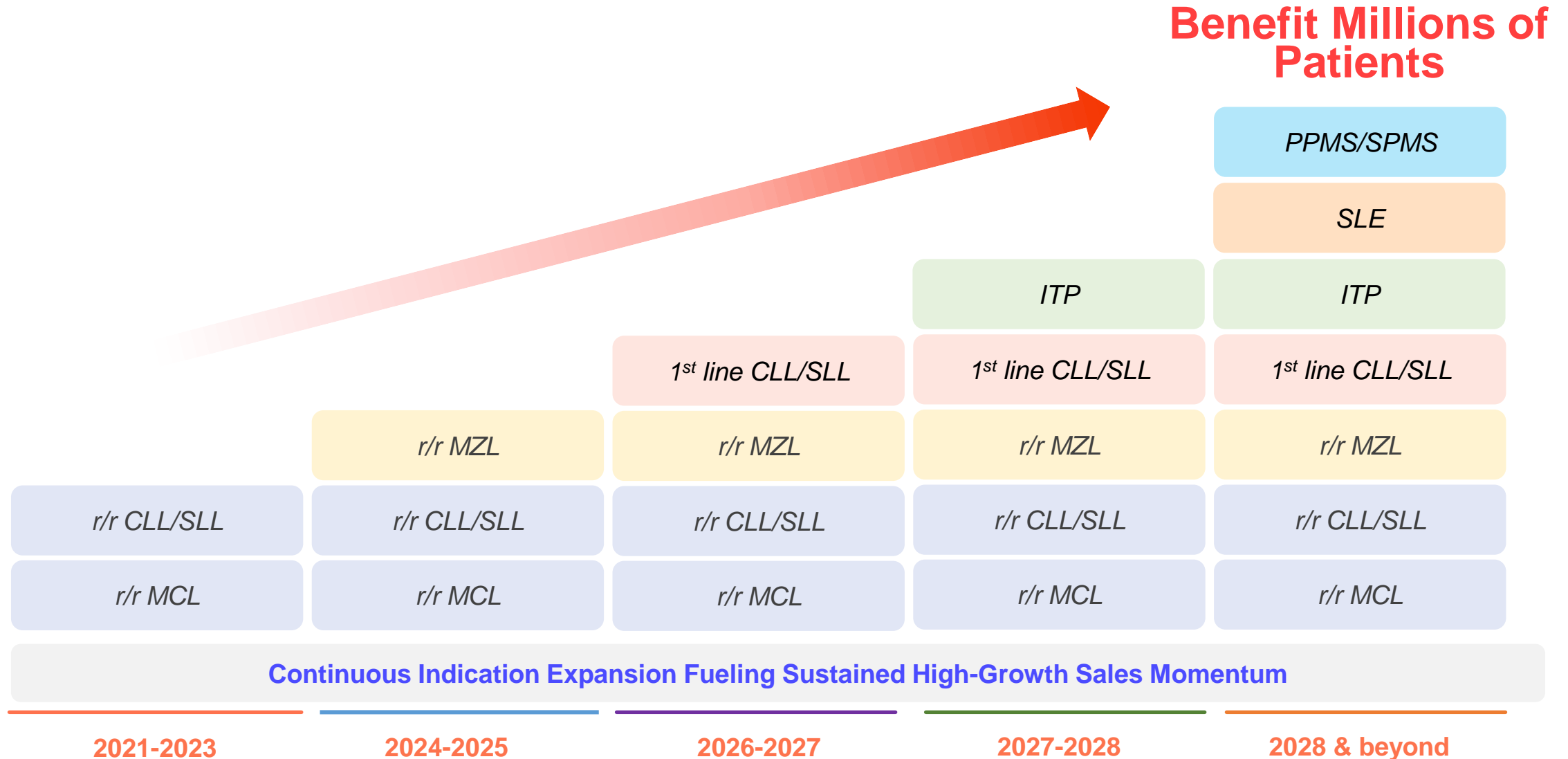
Tafasitamab

- ✓ High response rates and durable remissions
- ✓ Greater China's **first CD19-targeted antibody** for **r/r DLBCL**
- ✓ **Recommended in the 2025 CSCO Lymphoma Guidelines**
- ✓ Adult r/r DLBCL (ASCT-ineligible) - Class II

Strong commercial execution driving sustained growth

¹**Indications included in NRDL:** adult patients with chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) who have received at least one prior therapy (r/r CLL/SLL), adult patients with mantle cell lymphoma who have received at least one prior therapy (r/r MCL), and adult patients with marginal zone lymphoma who have received at least one prior therapy (r/r MZL)

Orelabrutinib: Strategic Lifecycle Management Driving Future Blockbuster Potential



Unlocking Global Autoimmune Potentials Through Diversified Partnership Models



- **Orelabrutinib:** Non-oncology right outside of Greater China and Southeast Asia and global MS right
- **Pre-clinical assets:**
 - **IL-17i:** Outside of Greater China and Southeast Asia
 - **CNS TYK2i:** Global

Upfront &
Near Term

US\$100mn in cash and 7m
common Zenas shares*

Total Upfront and
Milestone

Over US\$2 bn

Royalties

Tiered royalty to high-teens
percentages on annual net sales



Prolium Bioscience



Funded by rtw

ICP-B02: Global non-oncology field and the
oncology field outside of Asia

Upfront + Near-term
Payment
+
Milestone Payment

US\$ 520M

Royalty

Tiered Royalties on
Net Product Sales

Capitalization and Equity




A Stake in Prolium

- ✓ Maximize the value of our autoimmune disease assets through a diversified global partnering approaches.
- ✓ Accelerate R&D timelines by leveraging partners' resources and expertise.
- ✓ Substantial near-term financial returns driving significant performance improvement.
- ✓ Secure sustainable long-term benefit through milestones, royalties and equity ownership.

A person wearing a blue cleanroom suit, hood, and mask is reviewing a large sheet of paper in a pharmaceutical facility. The background shows complex machinery and pipes, typical of a manufacturing environment. The image is overlaid with a light blue gradient and a vertical orange bar on the left side.

A Leading Hemato- oncology Franchise

Hemato-oncology: Marketed and Phase 3 Clinical Products

| Assets | Target | Indication | Clinical Trial | Registration | Market |
|---|--------|--------------------------|---|--------------|----------|
|  | BTK | r/r CLL/SLL | | | ★ CHN |
| | | r/r MCL | | | ★ CHN,SG |
| | | r/r MZL | | | ★ CHN |
| | | 1L CLL/SLL | | | ★ CHN |
| | | 1L MCL | Global Ph3 ongoing | 🎯 | |
|  | CD19 | MZL Confirmatory Trial | Ph3 ongoing | 🎯 | |
| | | r/r DLBCL | | | ★ |
| | | DLBCL Confirmatory Trial | Ph3 ongoing | | |
|  | BCL2 | 1L CLL/SLL-FDT | Ph3 registrational trial combo with Orela | 🎯 | |
| | | r/r MCL (BTKi treated) | Registrational trial ongoing | 🎯 | |
| | | 1L AML | Dose expansion in CHN & global | | |
| | | MDS | Global study initiated | | |
| Others (ICP-490, -B02, -B05, etc.) | | Hemato-oncology | Clinical trials ongoing in multiple indications | | |

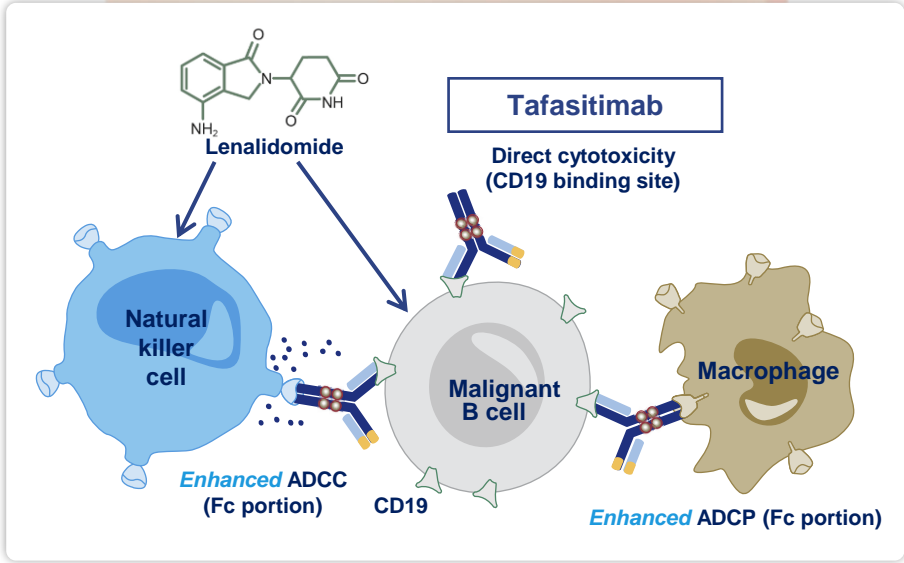
Marketed

Clinical-Stage

★ Launched

🎯 Registrational trial

Tafasitamab: Best Medicine Potential to Deliver Unique Clinical Value for DLBCL Patients



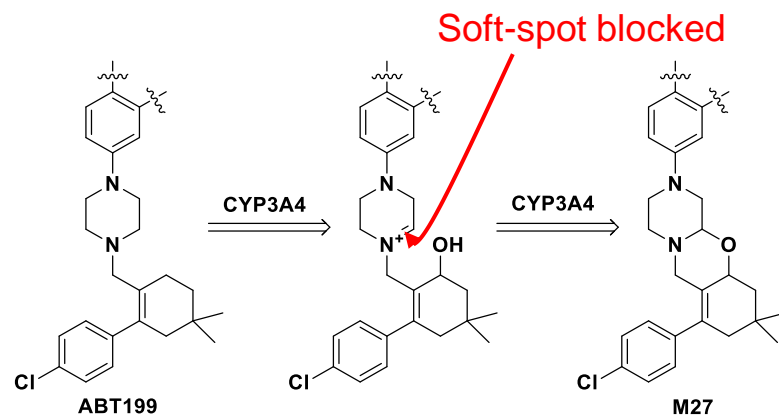
Comparison of Selected Novel Therapy in r/r DLBCL

| Company | Target | Therapy | Phase | ORR (%) | CR (%) | mDOR (m) | mPFS (m) | mOS (m) |
|-------------------|-----------|----------------------------|-------------------|---------|--------|----------|----------|---------|
| Incyte/InnoCare | CD19 | Tafasitamab + Lenalidomide | Approved ex-China | 57.5 | 40 | 43.9 | 11.6 | 33.5 |
| ADC Therapeutics | CD19 ADC | Loncastuximab tesirine | Approved ex-China | 48.3 | 24.1 | 10.25 | 4.93 | 9.92 |
| Roche | CD79b ADC | Polatuzumab vedotin + BR | Approved | 42 | 23 | 12.6 | 9.5 | 12.4 |
| Roche | CD20/CD3 | Glofitamab | BLA | 52 | 39 | 10.4 | 3.8 | 11.5 |
| Amgen/Beigene | CD19/CD3 | Blinatumomab | II | 43 | 19 | 11.6 | 3.7 | 5.0 |
| Regeneron/Zai Lab | CD20/CD3 | Mosunetuzumab | II | 33 | 21 | N/A | N/A | N/A |
| AbbVie | BCL-2 | Venetoclax+R+Pola | II | 65 | 31 | 5.8 | 4.4 | 11 |

Non-head-to-head comparison

Source: Cheson BD, et al. Blood Cancer J. 2021;11:68–78.
Frost & Sullivan Analysis as of the end of 2022; Insight; Pharma Intelligence

Mesutoclax (ICP-248): A Novel BCL-2 Inhibitor with Great Clinical Advantages



Venetoclax Pharmacological Properties

- M27, a major metabolite of Venetoclax, shows ~80% AUC of the parent drug within 24 h
- M27 has no pharmacological activity but has hematological toxicity*
- Significant inhibition of CYP2C8 and CYP2C9 by Venetoclax and M27 with $\text{IC}_{50} \leq 0.82 \mu\text{M}$
- Significant inhibition of P-gp and BCRP by Venetoclax and M27 with $\text{IC}_{50} \leq 1.48 \mu\text{M}$

Advantages of Mesutoclax



Eliminated major metabolite



Significantly higher exposure



Reduced hematological toxicity



Reduced DDI risks



Excellent efficacy & safety profile

* Venetoclax FDA non-clinical toxicology review

Mesutoclax (ICP-248): Differentiated Profile Driving High Possibility of Success

Ph3 registrational trial Combo with Orelabrutinib for 1L CLL/SLL-FDT ongoing in CHN

Registrational trial ongoing
First BCL-2 inhibitor in China to receive Breakthrough Therapy Designation

BTKi + BCL-2i for 1L CLL/SLL

| | Orela+Mesutoclax | Ibru + Ven ¹ | Acala + Ven ² |
|-------------|------------------|-------------------------|--------------------------|
| Sample Size | 42 | 106 | 291 |
| ORR | 100% | 86.8% | 92.8% |
| CRR | 57.1%* | 36.7% | NA |
| uMRD | 65%** W36 | 45.3% EOT+3 | 34.4% EOT |
| TLS | 0 | 0 | 0.3% |

Cutoff date: 2025-07-21

* Complete remission in target lesion at RP3D per image

** MRD checkpoint at 36th week of combo treatment

BTKi-treated MCL

| | Mesutoclax | Venetoclax ^{3,4} | Pirtobrutinib ⁵ |
|-----|----------------|---------------------------|-------------------------------|
| | BTKi+, N=25 | BTKi+, N=17 | cBTKi* Pretreated MCL N=90 |
| ORR | 84% | 53% | 57.8% |
| CRR | 36% | 18% | 20.0% |

Cutoff date: 2025-07-10

* cBTKi: covalent Bruton tyrosine kinase inhibitor

Mesutoclax (ICP-248): Advancing AML and MDS Programs with Significant Global Market Potential

1L AML: Dose expansion in China & global

MDS: Global study initiated

1L AML

| | Mesutoclax | Venetoclax ¹ | Lisaftoclax ² | Sonrotoclax ³ |
|----------------|------------|-------------------------|--------------------------|--------------------------|
| | N=25 | N=286 | N=39 | N=79 |
| CRR | 92% | 66.4% | 51.3% | 67.1% |
| uMRD* | 82.6% | 23.5% | NA | 52.8% |
| SAE | 14.3% | 83% | 43.3% | 77.2% |
| 90-D Mortality | 0% | 20% ⁴ | 3.9% (60-day) | 3.8% (30-day) |

Cutoff date: 30th Sep 2025

- ✓ **High likelihood of success in MDS**
Mesutoclax demonstrated robust efficacy and a favorable safety profile, positioning it for a high probability of success in MDS
- ✓ **Large, fast-growing market opportunity**
The global myelodysplastic syndrome drugs market size was valued at US\$ 4.55bn in 2024 and is anticipated to reach around US\$ 11.17bn by 2034⁵
- ✓ **Accelerate global clinical studies**
Optimizing dose and safety in MDS can fast-track global registration trials, strengthening both clinical and commercial positioning

1. N Engl J Med 2020;383:617-29.
2. 2024 ASCO
3. 2025. EHA
4. DOI: 10.1111/ejh.14140
5. Nova One Advisor, Insight Code: 8817
Note: *Calculate in patients with composite complete remission

Mesutoclastx (ICP-248): Best-in-Class Potential and Significant Market Opportunity

1L CLL/SLL Fix-duration Treatment

- The estimated CLL/SLL patient population in China is approximately 29,000¹.
- The market is currently valued in **billions RMB** and is expected to expand following the approval of **fixed-duration therapies**.

BTKi Treated MCL

- BTK inhibitors are broadly established in treating **MCL**².
- With growing **BTKi-resistance**, the unmet need for subsequent therapies is substantial.

AML

- Global **new AML** cases are projected to increase from ~103K in 2018 to ~115K by 2028³.
- The global AML market was estimated at **US\$3.7 billion** in 2024 and is expected to grow to **US\$8 billion** by 2034³.

MDS

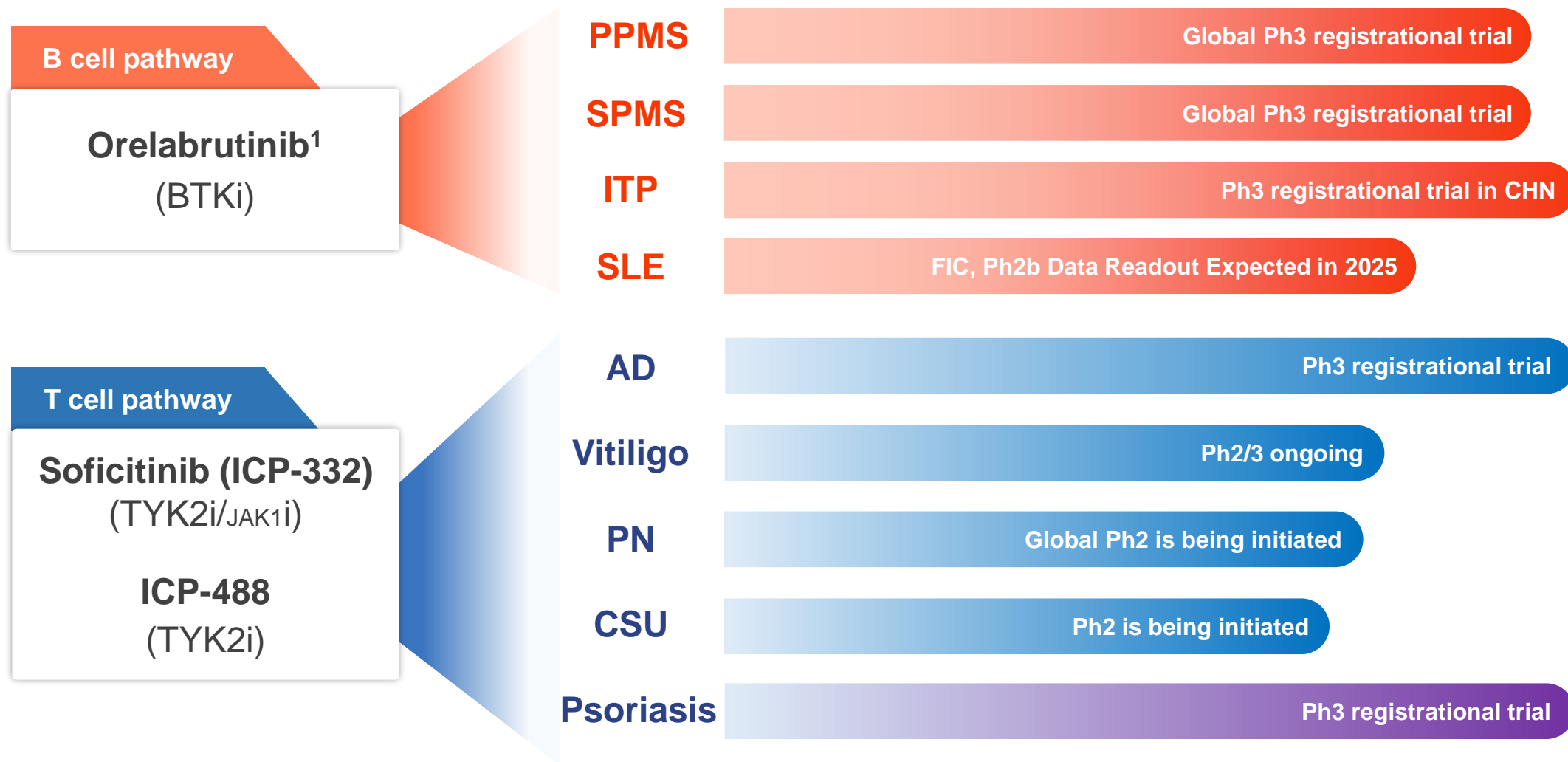
- Global **MDS** patient population: approximately 500K⁴.
- The global myelodysplastic syndrome drugs market size was valued at **US\$ 4.6 billion** in 2024 and is anticipated to reach around **US\$11 billion** by 2034⁵.

Addressable Market Potential: ~ US\$20 billion

Well Positioned Portfolio in Autoimmune Diseases



Multiple Assets with Large Indications Progressed to Phase 3 Trials



Others (IL17 small molecule¹, etc.)

PPMS: Primary Progressive Multiple Sclerosis
SPMS: Secondary Progressive Multiple Sclerosis
ITP: Idiopathic Thrombocytopenic Purpura
CSU: Chronic Spontaneous Urticaria

SLE: Systemic Lupus Erythematosus
AD: Atopic Dermatitis
PN: Prurigo Nodularis
CLE: Cutaneous Lupus Erythematosus

¹ Zenas territories: Orelabrutinib's MS global right and Other Autoimmune Diseases: Outside of Greater China and Southeast Asia



MS¹

- **PPMS: Global Ph3 ongoing**
- **SPMS: Global Ph3 is being initiated**
- Best-in-class potential
- Current SPMS and PPMS commercial opportunity in the U.S. alone projected to be **>\$12B²**, expected to grow significantly with approval of effective therapies that impact disease progression

SPMS & PPMS could represent >40% of all MS diagnoses

ITP¹

- Ph3 registrational trial for the treatment of ITP is underway in China, with **NDA submission expected in 2026H1**
- BTKi treatment for autoimmune diseases is just around the corner

Over 200,000 new patients globally each year

SLE¹

- The **world's first and only** BTKi demonstrating efficacy in Ph2 trial
- Ph2b Clinical Trial Enrollment Complete, **Data Readout Expected in 2025Q4**

~8 million patients worldwide

Orelabrutinib in ITP: Large Market Opportunity Approaching NDA



Disease & Patient Population

- ITP (Immune Thrombocytopenia) is a chronic autoimmune bleeding disorder with significant relapse rates after first-line therapy.
- ~300,000 chronic patients in China
- ~60,000 new cases annually

Current Treatment Gaps

| Current Therapy | Limitations |
|-----------------|--|
| Steroids & IVIG | Short-term benefit, significant side effects |
| TPO-RA | Risk of thrombotic events, decreased efficacy with prolonged treatment |
| Others | Lack of durable, safe oral options |

Orelabrutinib's Advantage

Inhibits **abnormal B-cell** activation & **autoantibody production** with wider safety margin and convenient oral dosing

Market Potential

China's large ITP patient base and growing diagnosis rate create a significant market opportunity worth hundreds of **millions USD**

Key Milestones

2025 H1: Ph3 enrollment completed
2026 H1: NDA filing expected

Poised to address the significant unmet needs in ITP – strong potential to become the next growth driver.

Orelabrutinib in SLE: Global First-in-Class BTK Inhibitor with Large Market Opportunity

First-in-Class potential, unlocking a multi-billion-dollar market opportunity.

- 2025 Q4: Ph2b Data readout
- 2026 Q1: Ph3 registrational trial initiation

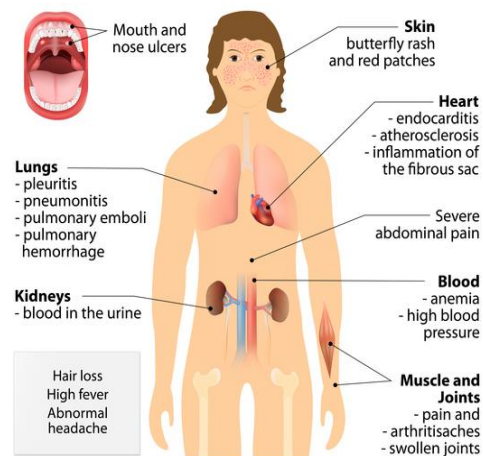
SLE

- SLE is a chronic autoimmune disease affecting multiple organs.
- ~8 million patients globally; ~1 million in China.
- Most common in young and middle-aged women; chronic management needed for years or decades.

Current Treatment Gaps

| Current Therapy | Limitations |
|--------------------------------------|--|
| Corticosteroids & Immunosuppressants | Significant toxicity, poor long-term safety, frequent relapse after dose reduction |
| Biologics | High cost, IV or SC administration, partial response in many patients |
| Others | Lack of durable, safe oral options |

Systemic lupus erythematosus

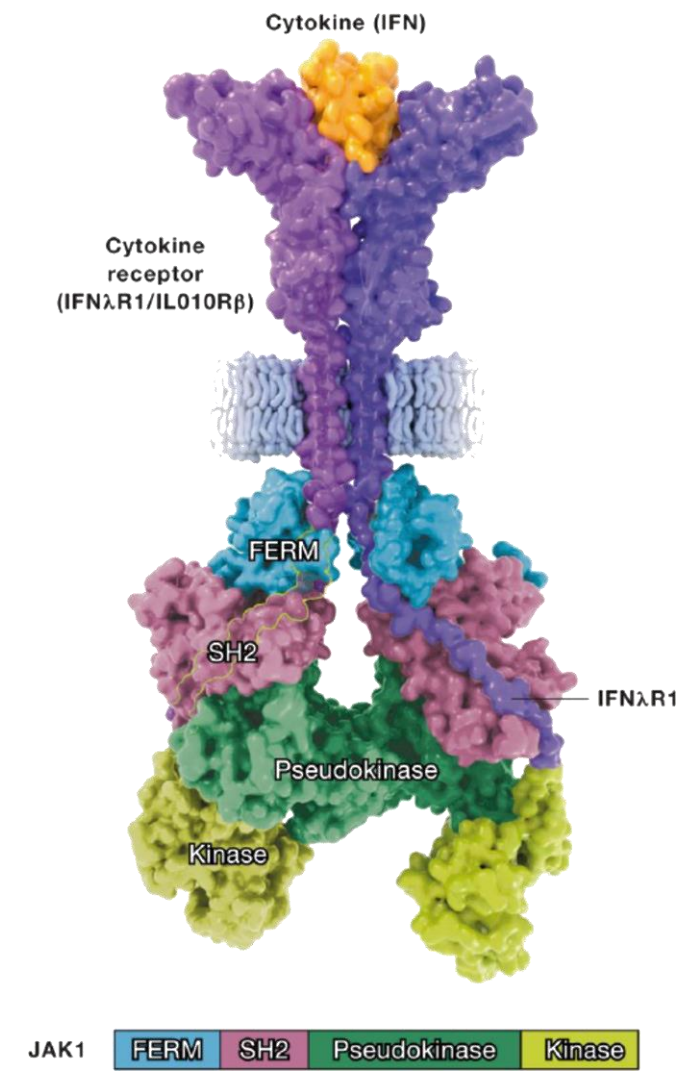


Orelabrutinib's Advantage

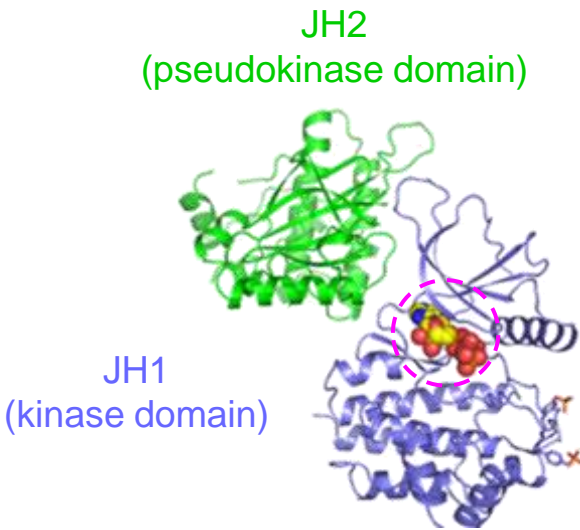
- Selective BTK inhibition to suppress B-cell activation and autoantibody production
- Oral dosing with favorable safety and tolerability
- Potential to become the first-in-class oral BTK inhibitor for SLE, offering improved convenience and disease control

Market Potential

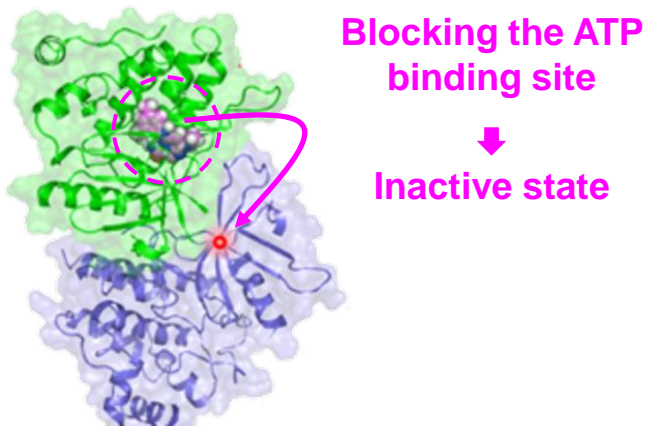
- Large and underserved SLE population with increasing diagnosis rates
- Biologics market for SLE already exceeds **US\$3 billion globally**, expected to grow rapidly with more accessible oral options



Active site binding



Allosteric site binding



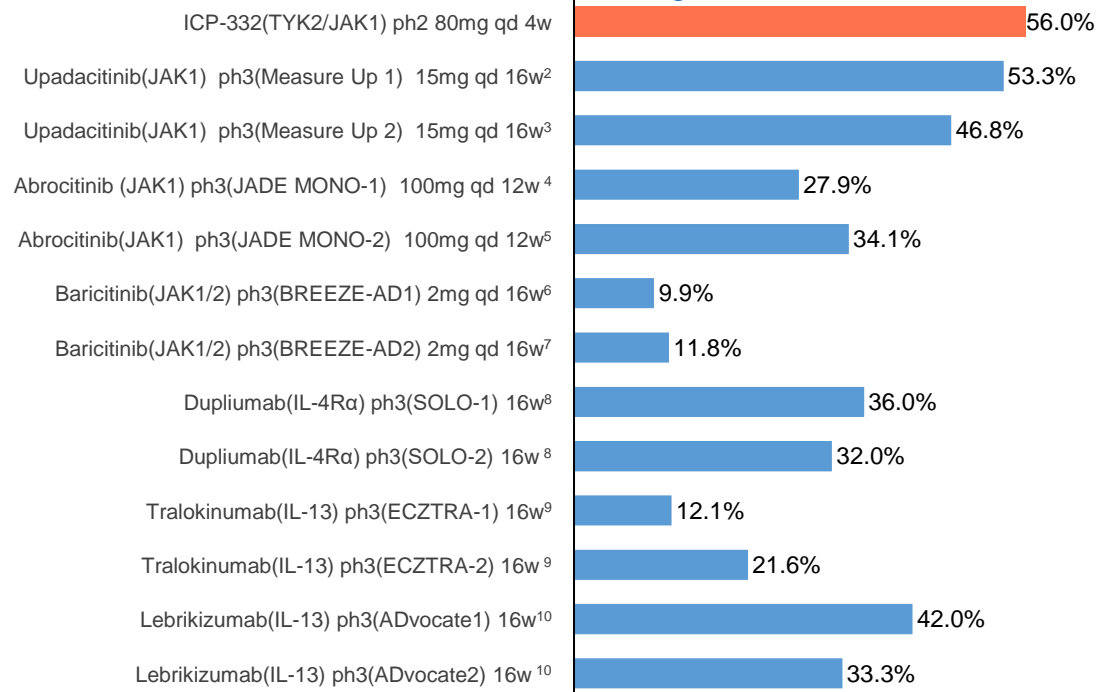
| Inhibitor | IC ₅₀ (nM) | IC ₅₀ (nM) @1 mM ATP | | | |
|-----------|-----------------------|---------------------------------|------|------|------|
| | TYK2 JH2 | TYK2 JH1 | JAK1 | JAK2 | JAK3 |
| ICP-332 | 2319 | 0.5 | 19 | 191 | 930 |
| ICP-488 | 5 | >10,000 | | | |

ICP-332, ICP-488 : Enormous Potential for Treating Inflammatory Skin Diseases

| ICP-332 Atopic Dermatitis (AD) | ICP-332 Vitiligo | ICP-332 Prurigo Nodularis (PN) | ICP-332 CSU | ICP-488 Psoriasis |
|---|---|--|--|---|
| <ul style="list-style-type: none">• Ph3 ongoing, data Readout Expected in 2026.• TYK2/JAK1 inhibitor blocks key cytokine signaling pathways: IL-4, IL-13, IL-31, and TSLP, suppressing Th2-driven inflammation and alleviating atopic dermatitis symptoms.• Global drug-market for AD: estimated at US\$18 billion in 2024, projected to reach ~ US\$30 billion by 2030¹. | <ul style="list-style-type: none">• Ph2/3 trial ongoing, Ph2 data Readout Expected in 2026.• TYK2/JAK1 inhibitor blocks IFN-γ and IL-15–mediated JAK-STAT signaling, suppressing T-cell attacks on melanocytes and promoting repigmentation.• The global vitiligo treatment market size was valued at US\$2 billion in 2024 and is projected to reach US\$3 billion by 2032³. | <ul style="list-style-type: none">• Global Ph2 ongoing.• TYK2/JAK1 inhibitor blocks cytokine signaling pathways: IL-4, IL-13, and IL-31, reducing neurogenic pruritus and alleviating PN symptoms.• The global PN market was valued at US\$2 billion in 2024 and is expected to grow to US\$3 billion in 2034⁵. | <ul style="list-style-type: none">• Ph2 ongoing.• TYK2/JAK1 inhibitor blocks cytokine signaling pathways: IL-4, IL-13, and IL-31 that drive mast cell activation and inflammation, reducing itch and wheal formation in CSU.• The global CSU treatment market has reached to US\$2 billion in 2024 and expected to grow to US\$3 billion in 2029⁷. | <ul style="list-style-type: none">• Ph3 ongoing, data Readout Expected in 2026.• TYK2 allosteric inhibitor with potential to achieve best-in-class efficacy and safety.• Global psoriasis treatment market: ~US\$27 billion in 2024, projected to reach ~US\$58 billion by 2032⁹. |
| ~200 million patients worldwide² | ~70 million patients worldwide⁴ | ~10 million patients globally⁶ | ~50 million patients worldwide⁸ | 240 million patients worldwide¹⁰ |

Soficitinib Ph2 AD

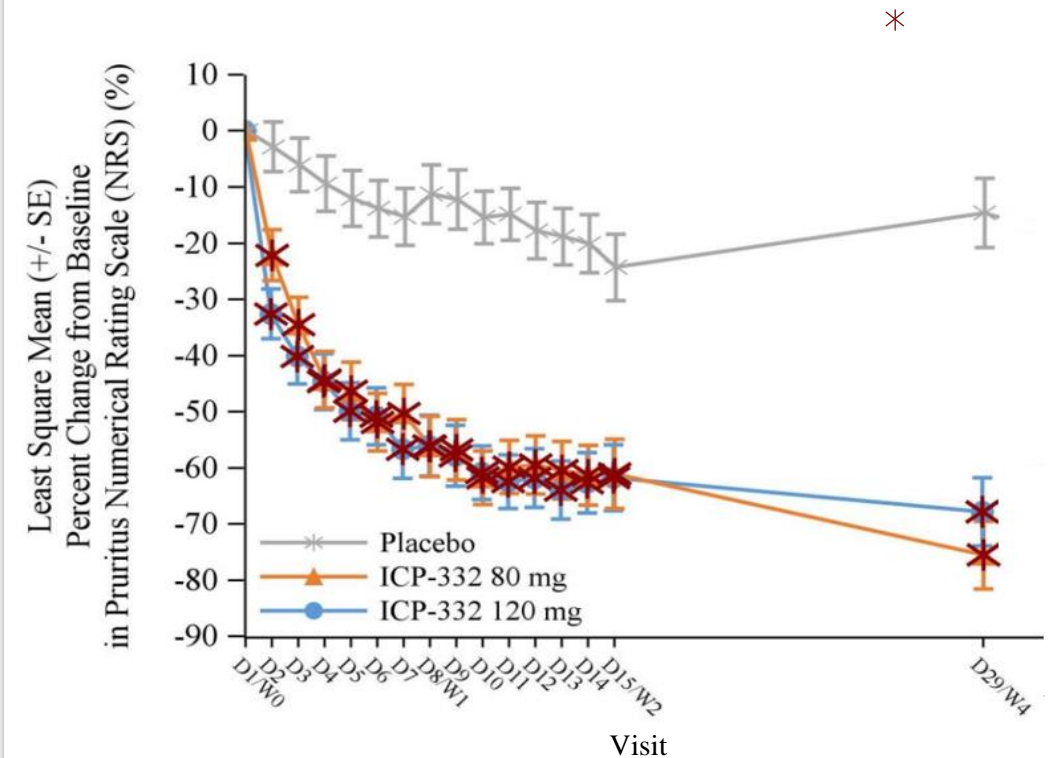
Phase 2 data indicates that soficitinib demonstrates significant efficacy in treating AD, showing the best efficacy (placebo-adjusted) compared to several other innovative drugs



Not a head-to-head comparison

- ✓ Ph3 registrational trial for AD ongoing
- ✓ Ph2/3 trial for vitiligo ongoing
- ✓ Ph2 global trial for prurigo nodularis ongoing
- ✓ Ph2 trial for CSU is being initiated

Pruritus Numerical Rating Scale



- ✓ Quick and Statistically Significant Response from Day 2

Oral Therapies for Comprehensive Coverage of Autoimmune Diseases

Orelabrutinib (BTKi)

Soficitinib (ICP-332) (TYK2/JAK1i)

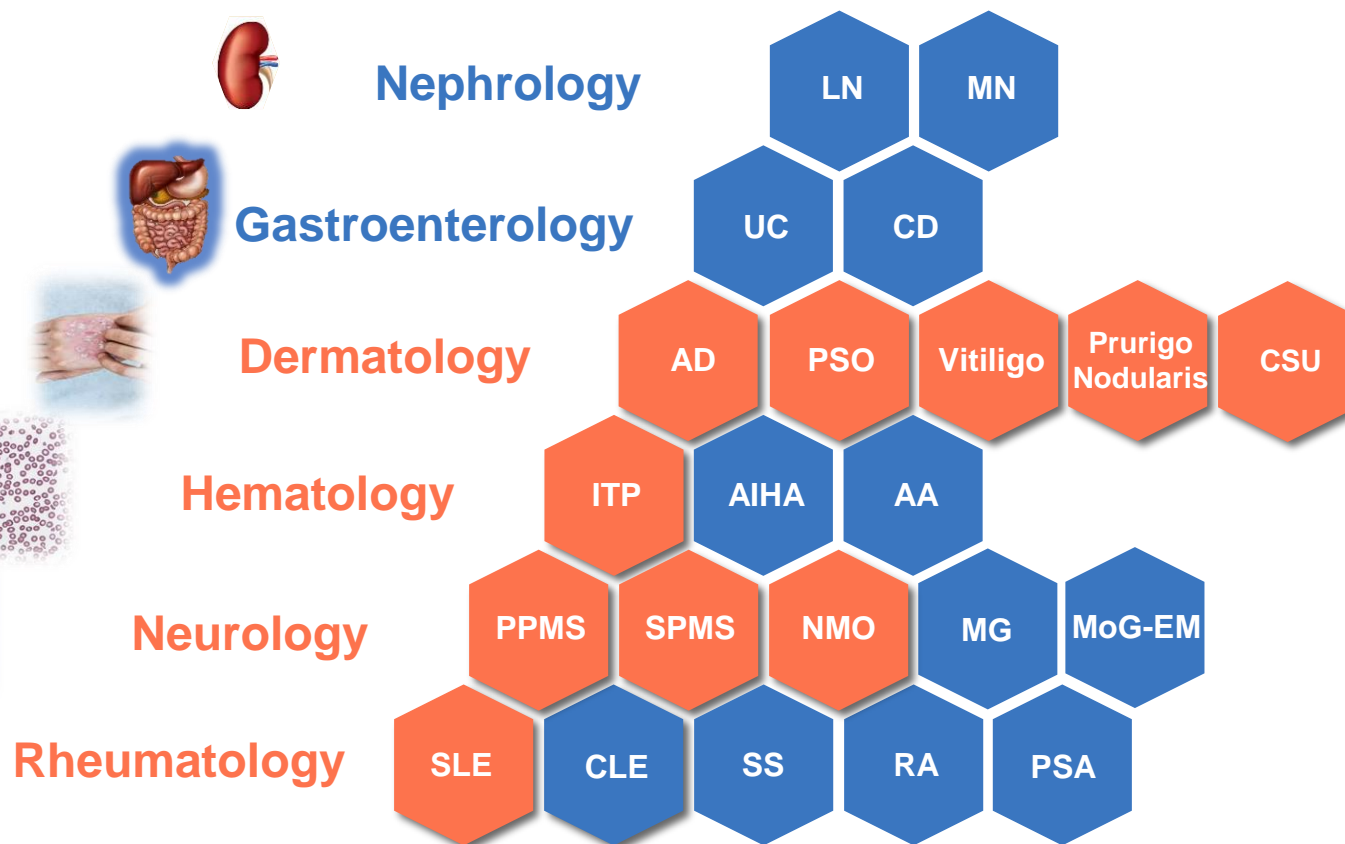
ICP-488 (TYK2i)

IL-17 (small molecule)

Project 40 (cyclic peptide)

Projects 42 & 43 (small molecule)

Project 44 (molecular glue)



Orange square: Clinical

Blue square: Pre-clinical

Orange hexagon: InnoCare current coverage

LN: Lupus Nephritis
MN: membranous nephropathy
UC: Ulcerative Colitis
CD: Crohn disease
CSU: Chronic Spontaneous Urticaria

AA: Aplastic anemia
AIHA: Autoimmune hemolytic anemia
NMO: Neuromyelitis optica
MG: Myasthenia gravis
CLE: Cutaneous Lupus Erythematosus

MoG-EM: MOG antibody-associated encephalomyelitis
SS: Sjogren syndrome
RA: Rheumatoid Arthritis
IgG4 RD: IgG4 related disease

A close-up photograph of a person in a white lab coat and white gloves using a pipette. The person is also wearing safety glasses. The background is a blurred laboratory setting with various equipment. The text "Innovative Solid Tumor Assets" is overlaid on the left side of the image, next to an orange vertical bar.

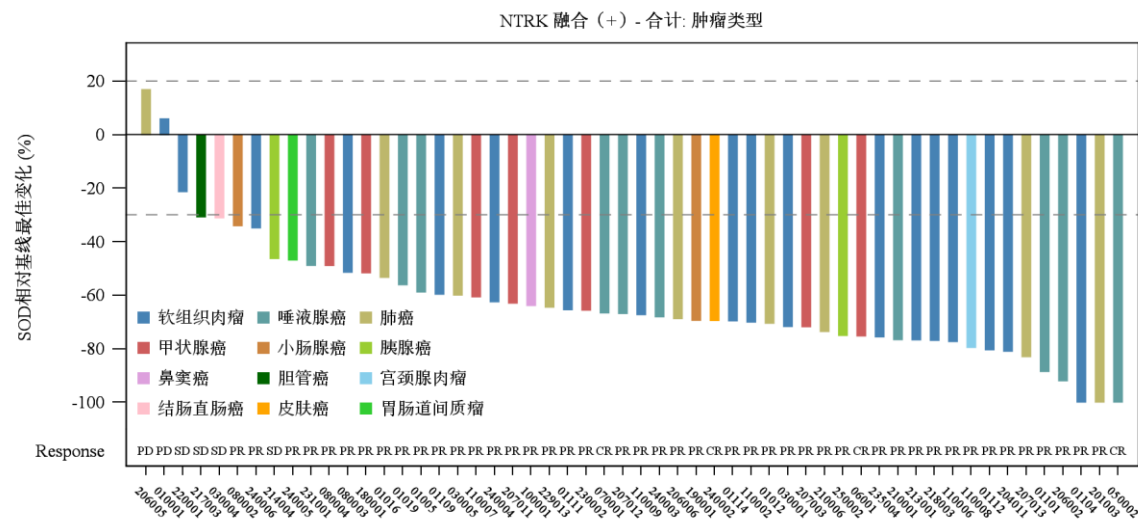
Innovative Solid Tumor Assets

Zurletrectinib (ICP-723): 2nd Generation TRKi for NTRK Tumors – NDA Approval & Launch Expected in H1 2026



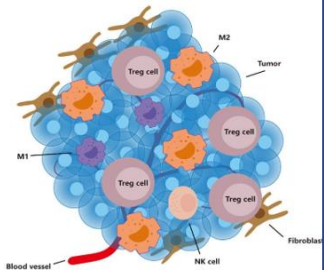
- 2nd Generation TRKi for Tumors with NTRK Gene Abnormalities – NDA for **adults and adolescents** submitted under priority review, with **approval and launch expected in H1 2026**
- Registration trial for NTRK gene abnormalities **in adults and adolescents**,
 - ✓ **ORR: 89.1% (95% CI: 77.8, 95.9)**
 - ✓ Long duration of response (longest beyond 36 months)
 - ✓ Efficacious in TRKi-resistant patients
- Registrational trial for **pediatric** patients ongoing, **targeting NDA submission in late 2025**

Significant and durable efficacy observed across diverse tumor types in adult patients



Data cut-off: 2024-11-23

Oncology



ADC

- Irreversible connector, hydrophilic linker
- Extremely low level of free payload
- Dual-target, dual-payload
- ✓ B7H3 ADC, Ph1, PoC by year end
- ✓ BsAb ADCs
- ...

TCE Oncology

- Novel multi-specific approach to address tumor microenvironment suppression
- Novel combo strategy for superior tissue penetration

3rd generation IO

- Conditional activation in tumor microenvironment
- Addressing unmet needs on both ORR and OS

Bispecific antibodies

- Addressing pathological conditions from multiple angles
- Seeking synergy for superior efficacy

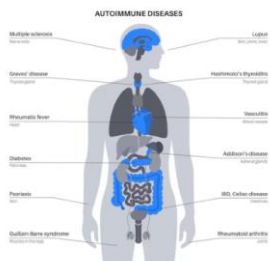
TCE Immunology

- Deep and durable depletion of pathological immune cells
- Normalize immune system
- Minimum impact on CRS




Oral Biologics

- AI based drug design
- Convenient drug delivery
- Improved bioavailability

Autoimmune



Key Near Term Catalyst

| | Assets | Milestones |
|--|---|--|
|  Hemato-oncology | Orelabrutinib & Mesutoclax (ICP-248) | Ph3 registrational trial for combination with ICP-248 in 1L CLL/SLL-FDT complete patient enrollment |
| | | ASH 2025 Mesutoclax's series of data update |
| | | Completion of patient enrollment for the registration trial for BTKi-treated MCL |
| | | Generate data to support AML and MDS registration trial |
|  Autoimmune Diseases | Orelabrutinib | ITP NDA submission and data readout |
| | | SLE Ph2b data readout, Ph3 initiation |
| | Soficitinib (ICP-332) | Completion of patient enrollment for Ph3 AD trial, data readout |
| | | Completion of patient enrollment for Ph2 vitiligo trial, data readout, Ph3 initiation |
| | | Global Ph2 trial in PN, FPI |
| | | Ph2 trial in CSU, FPI |
|  Solid Tumor | Zurletrectinib (ICP-723) | NDA approval in adults and adolescents |
| | | Pediatric patients NDA Submission in CHN |
| | ICP-B794 | Clinical PoC by the end of 2025 |
| Autoimmune Diseases & Solid Tumor | Pre-clinical | 5-7 IND submissions in 2026, form the foundation for the Company's 3.0 growth and development |



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Empowering the Future Together

Thank you for your attention!