

Ascletis Pharma Inc.

From First-in-China to First Globally December 2020



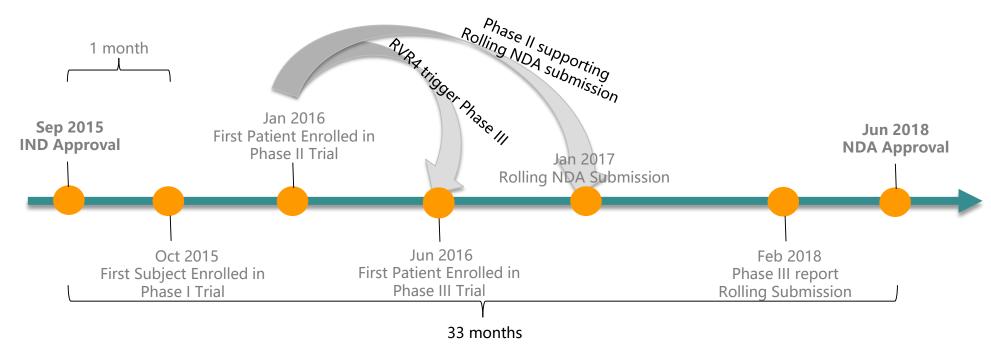
Multi-Disease Platform



Since Hong Kong IPO in 2018, Ascletis has developed into multidisease platform from a single disease – HCV platform. Ascletis has three marketed products and thirteen R&D pipeline drug candidates (nine of them developed in house).



R&D Efficiency: Ganovo® from IND to NDA Approval: 33 months

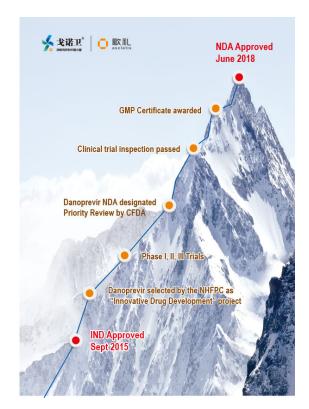


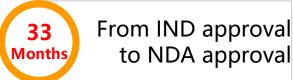
Company (Target)	IND Approval	NDA Approval	IND approval to NDA approval (months)
Ascletis (HCV NS3/4A)	Sept 2015	June 2018	33
BMS (HCV NS3/4A and 5A)	June 2013	June 2017	48



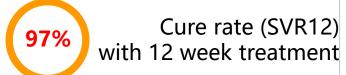
Ganovo® is the First Approved Innovative HCV DAA Developed by a China Biotech

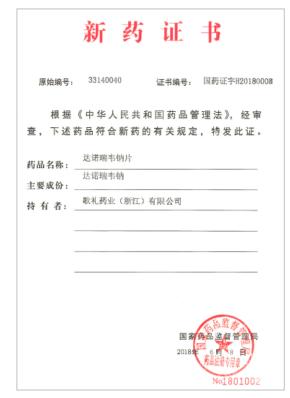
The first category 1 targeted hepatitis C innovative drug developed by Chinese local enterprises.







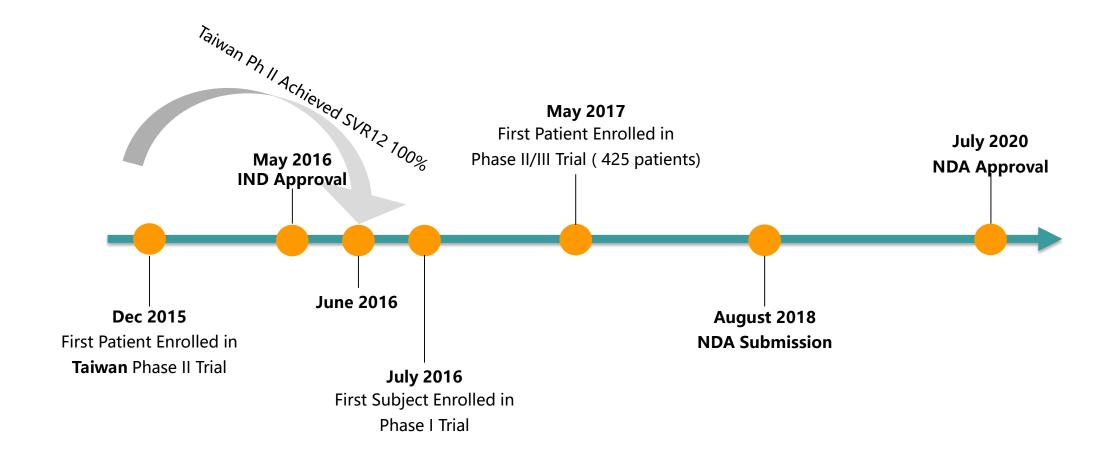








R&D Efficiency: Asclevir ® from IND to NDA Approval: 50 months





First All-oral, Interferon-free, HCV Regimen Developed by a Domestic **Company in China**

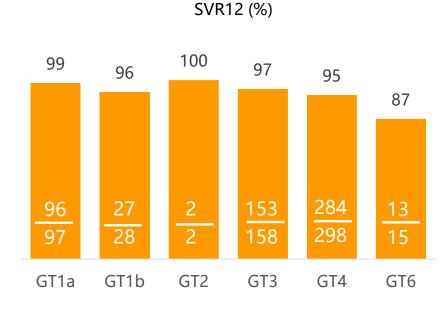
Asclevir® is a pan-genotypic best-in-class HCV NS5A inhibitor, has been approved for marketing by China's NMPA in July, 2020. Phase II/III clinical trial has shown that RDV/DNV Regimen demonstrated a cure rate of 99 % (SVR12) with a short treatment duration of 12 weeks in genotype 1 patients.



Data from (1) DNV/RDV China Phase II/III clinical trial;







DNV: Ganovo ® (Danoprevir) RDV: Asclevir ® (Ravidasvir) SOF: Sofosbuvir



Viral hepatitis

HBV

Target	Products/Drug Candidate	Pre-IND	IND Approval	Phase I	Phase II	Phase III	NDA Filed	Marketed	Licensed From/ In-house	Commercial Rights
Interferon receptor	Pegasys® (Peginterferon alfa-2a)								Roche	Mainland China
PD-L1	ASC22								康宁杰瑞	Greater China
Undisclosed	Candidate identified								In-house	Global
FXR	ASC42								In-house	Global

HCV

Target	Products/Drug Candidate	Pre-IND	IND Approval	Phase I	Phase II	Phase III	NDA Filed	Marketed	Licensed From/ In-house	Commercial Rights
NS3/4A	Ganovo® (Danoprevir)								Roche	Greater China
NS5A	Asclevir® (Ravidasvir)								PRESIDIO*	Greater China
Dual Targeted FDC	ASC18								In-house	Greater China



Building HBV Franchise Leading to Clinical Cure

- Cornerstones: Marketed Pegasys® and subcutaneously injected PD-L1 antibody ASC22
- Pegasys® in combination with in-house developed drug candidates against novel targets
- PD-L1 antibody ASC22 in combination with in-house developed drug candidates against novel targets
- Pegasys® or PD-L1 antibody ASC22 Partner with drug candidates of industrial leaders
 - siRNA
 - HBV Entry inhibitors
 - Therapeutic Vaccine



MOA of PD-L1 Antibody Against Chronic Hepatitis B

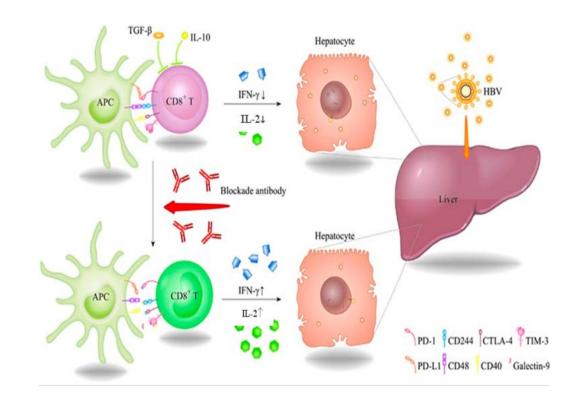
ASC22 (KN035) can block the PD-1/PD-L1 pathway to restore T Cell immune function and eliminate HBV.

PD-1/PD-L1 interaction leads to T cell exhaustion

——Persistent HBV infection

Blockade of PD-1/PD-L1 pathway restores T cell function

——Elimination of HBV



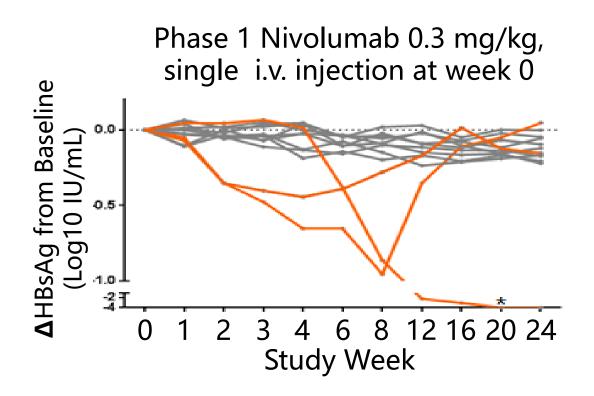


^{1.} Peng G, et al. PD-1 upregulation is associated with HBV-specific T cell dysfunction in chronic hepatitis B patients. Mol Immunol. 2008;45(4):963-70.

^{2.} B Ye, et al. T-cell exhaustion in chronic hepatitis B infection: current knowledge and clinical significance. Cell Death Dis. 2015 Mar 19;6:e1694.

HBV Clinical Cure: PD-1 Antibody - Opdivo (Nivolumab)

Nivolumab: Monoclonal antibody against PD-1 Approved for solid organ tumors and lymphomas



- 1/10 patient Achieved HBsAg loss at week 16 and maintained negative during follow-up
- 1/10 patient experienced 1 log HBsAg decline at week 8 but rebounded afterwards
- 1/10 patient had moderate HBsAg decline

Human Proof of Concept study demonstrated HBsAg loss and its sustainability by single i.v. injection of PD-1 antibody.



Cure for HBV: First-in-class subcutaneously injected PD-L1 Ab

ASC22, Global First-in-class PD-L1 antibody immunotherapy, which may lead to a significant breakthrough towards a clinical cure for chronic Hepatitis B

Global First-in-class

Blockade of PD-1/PD-L1 pathway to restore specific T-cell function



Demonstrated good safety profile

1000+ cancer patients exposed in multiple clinical trials in US, China and Japan, Including Two pivotal trials in China

Differentiated Profile

- Subcutaneous route of administration
- Good stability at room temperature

Best immunotherapy for HBV

Only subcutaneously administered PD-1/PD-L1 antibody entered into late-stage clinical development



HBV Clinical Cure: s.c. PD-L1 Ab ASC22 vs i.v. PD-L1 Abs

Company	Roche	MSD	AstraZeneca	Ascletis	
Product	Atezolizumab	Avelumab	Durvalumab	ASC22 (KN035)	
Target	PD-L1	PD-L1	PD-L1	PD-L1	
Dose	Dose 1200 mg/3 weeks		10mg/kg/2 weeks	1-2.5mg/kg/2 week	
Administration	I.V	I.V	I.V	S.C	
Indication	Late stage or metastasized Urothelial Carcinoma; Unresectable late stage NSCLC	Adult or Adolescent metastasized Merkel Cell Carcinoma; Late stage or metastasized Urothelial Carcinoma	Late stage or metastasized Urothelial Carcinoma; Unresectable late stage NSCLC	Hepatitis B	

- 1. ASC22 (KN035) has lower dose, with advantage in administration route and storage condition.
- 2. ASC22 is the first PD-1/PD-L1 antibody with subcutaneous injection entering into late phase clinical trial.
- 3. ASC22 has been investigated in several studies conducted in China, USA, and Japan involving greater than 1000 subjects in oncology with proven safety.

ASC22 Phase II Chronic HBV Cure Study Design

Phase IIa Study in CHB Patients(N=9) **ASC22** three Single Doses (n=9)**Treatment duration: 24w Safety Evaluation** Phase IIb Study in CHB Patients(N=150) ASC22 dose 2+NAs ASC22 dose 1 +NAs NAs (n=60)(n=60)(n=30)



Sustainable HCV Franchise to Cure 10 million Patients in China

- All oral regimen (RDV/DNV Regimen): NDA has been approved for marketing in July, 2020 by China's National Medical Products Administration (NMPA)
- ASC18: one-pill once-a-day oral regimen
 - First fixed-dose combination (FDC) as a complete HCV therapy developed by a Chinese biotech
 - Phase III data, with 2 separate pills, indicated pan-genotypic and >95% cure rate (SVR12)



NASH

Target	Products/Drug Candidate	Pre-IND	IND Approval	Phase I	Phase II	Phase III	NDA Filed	Marketed	Licensed From/ In-house	Commercial Rights
FASN	ASC40								SAGIMET	Greater China
THR-β	ASC41								In-house	Global
FXR	ASC42								In-house	Global
FASN + FXR	ASC40/ASC42 Combo Therapy								In-house	Global
THR-β + FXR	ASC41/ASC42 Combo Therapy								In-house	Global
FASN + THR-β	ASC40/ASC41 Combo Therapy								In-house	Global

2016

NAFLD: 85m

NASH: 17.3m

★‡

NAFLD: 244m

NASH: 32.81m

2030

NAFLD: 101m

NASH: 27m



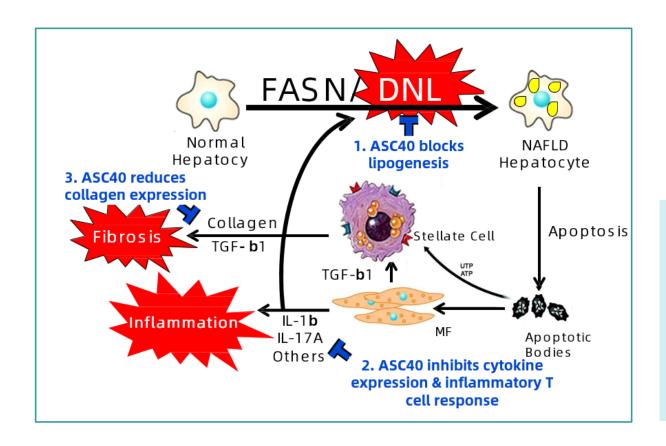
NAFLD: 314m

NASH: 48.26m



ASC40, a Global First-in-class, Oral FASN Inhibitor for NASH

NASH: multi-billion dollar market potential with no treatments approved



- Inhibition of liver fat synthesis
- Anti-fibrosis
- Anti-inflammatory

Clinical proof-of-mechanism

reduction in fat synthesis and overall liver fat



Dose-dependent reduction of 24%-73% in liver fat synthesis



Positive impact on metabolic biomarkers



Unlike ACC Inhibition, FASN Inhibition Does not Increase Plasma Triglycerides

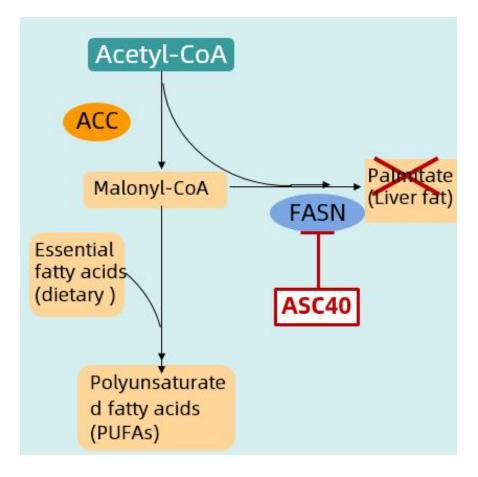
ACC Inhibition

Acetyl-CoA GS-0976 MK-4074 PF-1304 Palmitate (Liver fat **FASN** Essential fatty acids (dietary) Low PUFA levels activate pathways that increase VLDL transport from the liver - thereby increasing Polyunsaturate plasma triglycerides d fatty acids

ACC inhibition leads to a reduction of malonyl-CoA and PUFAs, **BUT** PUFAs reduction leads to <u>increased plasma TG</u>

(PUFAs)

FASN Inhibition



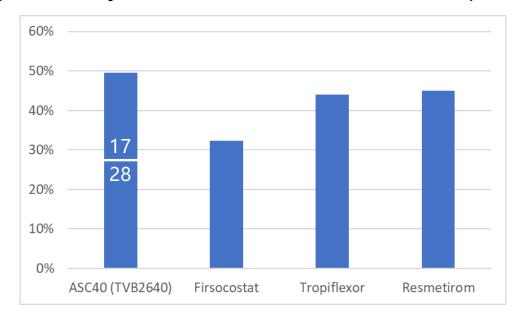
FASN inhibition only blocks Palmitate synthesis. Therefore it does not results in increased plasma TGs



Phase II ASC40 (TVB2640) Compares Favorably With Other Phase II/III NASH Drugs

Drug Candidate	Company	Target	Dose	Weeks	≥ 30% liver fat reduction responder rate, %				Placebo adjusted ≥ 30% liver fat reduction	Safety
					drug	Placebo	responder rate, %			
ASC40 (TVB2640)	Sagimet/Ascletis	FASN	50 mg	12	60.7	11.1	49.6	minimal side effects		
Firsocostat	Gilead	ACC	20 mg	12	47.8	15.4	32.4	TG♠		
Tropiflexor	Novartis	FXR	200 ug	12	64	20	44	LDL-C ↑ , pruritus		
Resmetirom	Madrigal	THRβ	80 mg	36	74.4	29.4	45	diarrhea,nausea		

Phase II placebo adjusted ≥ 30% liver fat reduction responder rate



The Phase II (FASCINATE-1) clinical trial enrolled 99 patients in USA, the preliminary data showed that ASC40 (TVB-2640) significantly reduced liver fat, the primary efficacy endpoint of this trial, with a 61% (17/28) responder rate in the 50 mg group.



ASC41

- Liver-targeted prodrug (ASC41) and active moiety (ASC41-A) is selective for THR-β
- In two NASH animal models, at 1/10 dose of MGL-3196, ASC41 demonstrated the same improvement in liver steatosis, inflammation and fibrosis
- A highly potent and selective THR-β agonist with anticipated human efficacious dose
 <10 mg QD
- Proprietary oral tablet formulation stable at room temperature and whose exposure is same as solution formulation in dogs
- Topline data of Phase I safety, PK and preliminary efficacy (LDL-C) in healthy volunteers with LDL-C > 110 mg/dL is expected to be available by the end of 2020
- Combination opportunities with ASC42 (FXR) and ASC40 (FASN)



ASC42

- A novel non-steroidal, selective, potent FXR agonist
- U.S. IND approved in October 2020
- In two NASH animal models, ASC42 demonstrated the significant improvement in liver steatosis, inflammation, and fibrosis
- An oral tablet formulation developed with proprietary therapy, stable at room temperature
- Combination opportunities with ASC41 (THR-β) and ASC40 (FASN)



HIV/AIDS

Expand our portfolio

- Functional cure with immunotherapies
- Treatment
- Prevention



Experienced and Extensive Sales Network



Experienced Team





GMP Manufacturing Facilities















GMP Certified

- Quality-by-design approach implemented
- Complied with cGMP

Quality Assurance

 State-of-art equipment with cutting-edge technology capabilities

International Standards

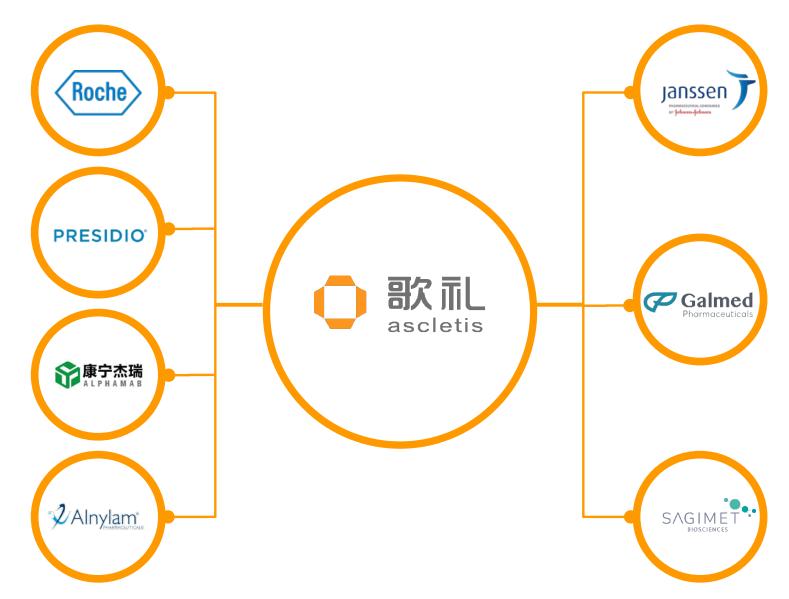
 Experienced manufacturing employees from MNCs

Supply ensured

Production capacity of 130 million tablets



Global Cooperation





Summary

- Over the last two years, Ascletis has developed from a single disease HCV platform into a multi-disease platform
 - Viral hepatitis: 1) commercializing all oral HCV regimen; 2) commercializing Pegasys® for HBV clinical cure; 3) developing breakthrough therapies for HBV clinical cure
 - NASH: global development of novel drug candidates against three different targets FASN,
 THR-β and FXR, and three combination therapies.
 - HIV/AIDS: expanding current portfolio for treatment, prevention and functional cure
- Over the next two years, Ascletis will accelerate investments in viral hepatitis, NASH and HIV/ADIS and look for opportunities to expand into new disease areas
 - Current cash reserve of approximately US\$420M and upcoming product sales revenue support such aggressive goals



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