

Shanghai Henlius Biotech, Inc. (2696 HK)

Affordable innovation for global market

- Fast-growing mAb and biosimilar market in China.** According to Frost & Sullivan, China's mAbs market is expected to grow at a 57.9% CAGR, from RMB16bn in 2018 to RMB156.5bn in 2023E. At the same time, China's biosimilars market is projected to grow at 74.2% CAGR in 2018-23E, from RMB1.6bn in 2018 to RMB25.9bn in 2023E. Henlius focuses on antibody drug development and rides on the booming biologics market in China.
- Rich late-phase pipeline products.** Henlius develops both biosimilar and bio-innovative drugs with a strong pipeline of over 20 antibody drugs and 31 IND approvals in the field of oncology and autoimmune diseases. Henlius obtained the first biosimilar approval in China, HLX01-NHL, in Feb 2019. Besides, it has three biosimilars at near-commercial stage with high visibility, including HLX02 and HLX03 under priority review, HLX04 and HLX01-RA in Phase 3 clinical trials.
- Industry-leading manufacturing capacity.** Henlius currently has a sizable biological manufacturing capacity of 14,000L, which is one of the largest capacities among domestic biopharmaceutical companies. A new manufacturing facility in Songjiang, Shanghai is under construction.
- Well-established commercial capability.** Henlius will sell products through both in-house marketing team and sales force of its parent company, Fosun Pharma. Henlius has entered into commercial cooperation with Fosun Pharma and Jiangsu Wanbang (a subsidiary of Fosun Pharma) regarding HLX01 and HLX03, respectively. Henlius will leverage Fosun Pharma's strong commercial expertise in China to ramp up sales fast.
- Risk-adjusted revenue to be RMB167mn/ RMB666mn/ RMB1,448mn in FY19E/20E/21E and profitable year to be 2021E.** Risk-adjusted revenue will be driven by HLX01 and three biosimilars at late development stage. We forecast net loss of RMB319mn/ RMB171mn in FY19E/20E and expect Henlius to record net profit of RMB198mn in FY21E.
- Initiate BUY with TP of HK\$61.12.** We derive TP of HK\$61.12 based on 12-year risk-adjusted DCF valuation (WACC: 10.03%, terminal growth rate: 4.0%).
- Catalysts:** 1) Earlier-than-expected launch of products in pipeline, 2) stronger-than-expected sales from newly launched product, 3) positive outcome of clinical trial data.

Earnings Summary

| (YE 31 Dec) | FY17A | FY18A | FY19E | FY20E | FY21E |
|---------------------|--------|----------|----------|----------|----------|
| Revenue (RMB mn) | 34 | 7 | 167 | 666 | 1,448 |
| YoY growth (%) | N/A | -78% | 2149% | 299% | 117% |
| Net profit (RMB mn) | (271) | (494) | (319) | (171) | 198 |
| YoY growth (%) | N/A | N/A | N/A | N/A | N/A |
| EPS (RMB) | (0.77) | (1.16) | (0.59) | (0.32) | 0.37 |
| Change (%) | N/A | N/A | N/A | N/A | N/A |
| ROE (%) | N/A | N/A | N/A | N/A | 4.6 |
| ROA (%) | N/A | N/A | N/A | N/A | 3.5 |
| Net gearing (%) | 112.9% | Net cash | Net cash | Net cash | Net cash |
| Current ratio (x) | 0.2 | 2.0 | 5.9 | 3.5 | 2.2 |

Source: Company data, CMBIS estimates

BUY (Initiation)

| | |
|---------------|-----------|
| Target Price | HK\$61.12 |
| Up/Downside | +38.1% |
| Current Price | HK\$44.25 |

China Healthcare Sector

Jill Wu, CFA

(852) 3900 0842
jillwu@cmbi.com.hk

Amy Ge

(852) 3761 8778
amyge@cmbi.com.hk

| | |
|--------------------------|-------------|
| Mkt. Cap. (HK\$ mn) | 24,050 |
| Avg. 3mths t/o (HK\$ mn) | N/A |
| 52W High/Low (HK\$) | 50.90/39.70 |
| Total Issued Shares (mn) | 163 |

Source: Bloomberg

Shareholding Structure

| | |
|-----------------------|--------|
| Fosun Pharma | 53.76% |
| Management | 11.35% |
| Institution investors | 23.02% |
| Free float | 11.71% |

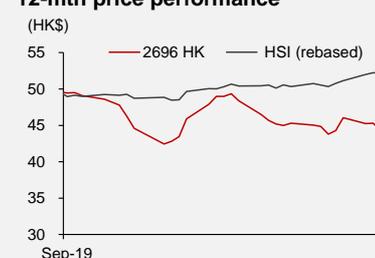
Source: Bloomberg

Share performance

| | Absolute | Relative |
|-------|----------|----------|
| 1-mth | -0.9% | -7.6% |
| 3-mth | N/A | N/A |
| 6-mth | N/A | N/A |

Source: Bloomberg

12-mth price performance



Source: Bloomberg

Auditor: Ernst & Young

Web-site: www.henlius.com

Contents

| | |
|---|-----------|
| Investment Thesis | 3 |
| Company Overview | 6 |
| High pipeline visibility with rich late-stage assets | 9 |
| Robust pipeline in novel mAbs and combo therapies | 20 |
| Industry Overview and Market Opportunities | 28 |
| Financial Analysis | 32 |
| Financial Statments | 36 |
| Valuation | 37 |
| Investment Risks | 38 |
| Appendix 1: Company Profile | 39 |
| Appendix 2: Glossary | 40 |

Investment Thesis

Shanghai Henlius Biotech, Inc. (“Henlius”) is an integrated biopharmaceutical company with strong capabilities in biological drugs R&D, production and sales. It focuses on developing biosimilars and bio-innovative drugs. Henlius got the first approval of monoclonal antibody (mAb) biosimilar in China, HLX01. It has in-house developed over 20 biologic drug candidates and immuno-oncology combination therapies, including 1) HLX01, which obtained launching approval from the NMPA on 22 Feb 2019, becoming the first-to-market mAb biosimilar in China, 2) HLX02 with NDA filed to NMPA and EMA, HLX03 with NDA filed to NMPA, 3) HLX01 for RA, HLX04 and five immuno-oncology combination therapies in Phase 3 clinical trials and six mAb candidates undergoing Phase 1/2 clinical trials, and 4) 31 IND approvals received from different jurisdictions.

Riding on the fast-growing mAb and biosimilar market in China

According to Frost & Sullivan (F&S), China’s biologics will grow at 19.6% CAGR in 2018-23E, rising from RMB262.2bn to RMB641.2bn. China’s mAbs sales only accounted for 6.1% of overall biologics market in 2018, vs. 55.3% for global market, representing a sizable market potential in China. China mAbs market is expected to grow at 57.9% CAGR in 2018-23E, from RMB16bn in 2018 to RMB156.5bn in 2023E, driven by new treatments and rapid growth of mAb biosimilars. At the same time, China’s biosimilars market is expected to grow at 74.2% CAGR in 18-23E, from RMB1.6bn in 2018 to RMB25.9bn in 2023E, due to 1) the establishment of biosimilars guidelines, 2) the inclusions of biological drugs into the NRDL and potential more inclusions through price negotiations, and 3) near-term and medium-term patent expiration of a larger number of “blockbuster” biologics.

High pipeline visibility with one product launched and three in late-stage

HLX01 (rituximab biosimilar), the first approved biosimilar in China

HLX01 filed NDA in 2017 and received launching approval from NMPA on 22 Feb 2019. As of Nov 2019, HLX01 has been successfully added to several Provincial reimbursement drug lists at a negotiated price range of RMB1,398-1,648 per 100mg/via, implying over 30% discount to the originator. According to F&S, rituximab recorded China sales of RMB2.5bn in 2018 and is expected to grow at 21.9% CAGR in 2018-23E to RMB6.8bn in 2023E, mainly driven by more affordable treatments. Henlius authorized the commercial right of HLX01 to Fosun Pharma. Since the launch of HLX01 in late May 2019, HLX01 realized revenue of RMB13.3mn in 1H19 in accordance to the profit-sharing arrangement with Fosun Pharma. As of 30 Jun, 2019, Henlius has delivered 20,638 vials of HLX01 to Fosun Pharma. We expect HLX01 will gain more market share, owing to 1) the first mover advantage, 2) Fosun Pharma’s strong sales expertise and excellent market access, 3) price advantages over the originator, and 4) future approval for a new indication, RA.

Three biosimilars in late stage

Henlius has other three biosimilars in late stages, namely HLX02 (Herceptin biosimilar), HLX03 (Humira biosimilar) and HLX04 (Avastin biosimilar). The Company expects to launch these biosimilars in 2020-2021E.

HLX02 (Herceptin biosimilar) - Henlius conducted global clinical trials for HLX02 and has filed NDA to NMPA in Apr 2019 for treatment of HER2+eBC, HER2+mBC and HER2+mGC and filed NDA to EMA in Jun 2019. According to F&S, HLX02 is the first biosimilar developed in China that has conducted a global Phase 3 clinical trial across multiple continents (sites in China, Philippines and Europe) and has the potential to become the first PRC-developed mAb biosimilar in EU and the first-to-market trastuzumab biosimilar in China. Herceptin was added to 2017 NRDL and 2018 NEDL. According to F&S, China’s trastuzumab market is expected to grow at 23.9% CAGR in 2018-23E to ~RMB9.4bn in 2023E thanks to better affordability.

HLX03 (Humira biosimilar) - Henlius has filed NDA of HLX03 to the NMPA in 1Q19 for treatment of PS, RA and AS. Henlius plans to commercialise HLX03 as an affordable alternative to Humira in the PRC, where there is a significant population of RA, PS and AS patients who do not have access to Humira due to economic reasons. According to F&S, in 2018, Humira was the highest-selling drug globally with US\$20.5bn global sales, while its sales in China was only RMB400mn, limited by affordability. Sales from China accounts for only 0.2% of Humira's global sales, while China's RA, PS and AS patients accounts for ~9% of global patient pool. According to F&S, China's adalimumab market is expected to grow at a 74.6% CAGR in 2018-23E to ~RMB5.8bn in 2023E.

HLX04 (Avastin biosimilar) - Henlius is conducting a Phase 3 clinical trial on HLX04 for mCRC and is expected to file NDA to the NMPA in 2020E for treatment of mCRC and unresectable, locally advanced, recurrent or metastatic nsNSCLC. HLX04 could be the first Avastin biosimilar in China with Phase 3 clinical data on mCRC patients, while other competitors focus on the indication of nsNSCLC. Besides, Henlius has also submitted IND applications of HLX04 for the indications of wAMD and DR. Furthermore, Henlius is developing a combination therapy of HLX04 + HLX10, which will help increase sales for HLX04. According to F&S, China's bevacizumab market is estimated to grow at 32.7% CAGR from RMB3.2bn in 2018 to RMB13.1bn in 2023E.

Robust pipeline in innovative therapies

In addition to biosimilars, Henlius has developed a portfolio of innovative mAbs which have entered Phase 1b/2 clinical studies, including HLX06 (a novel VEGFR2 inhibitor), HLX07 (an EGFR inhibitor), HLX10 (a novel PD-1 inhibitor), HLX20 (a novel PD-L1 inhibitor) and HLX22 (a HER2 inhibitor). Besides, its combination therapy (HLX04 + HLX10) has entered into Phase 2/3 clinical trials, which is the first combo trial on bevacizumab and PD-1 inhibitor in China. Another combination therapy (HLX07 + HLX10) has filed IND application. Henlius will explore more combo therapies using its biosimilars or innovative drugs with PD-1 or PD-L1.

Further strengthening its industry-leading capacity

Henlius has its own manufacturing facility for mAb products in Xuhui, Shanghai. The Xuhui Facility currently has six 2,000L single-use bioreactors and four 500L single-use bioreactors, amounting to total capacity of 14,000L capacity, which is one of the largest capacities among domestic biopharmaceutical companies. A new manufacturing facility in Songjiang, Shanghai is under construction which will further strengthen the Company's commercial capability.

Well-established commercialization capabilities

Henlius aims to provide high-quality, affordable and innovative drugs to patients worldwide. In China, Henlius will sell products through in-house marketing team and also leverage the strong sales expertise of Fosun Pharma, its parent company. Henlius has entered into commercial cooperation with Fosun Pharma and Jiangsu Wanbang with regard to the products of HLX01 and HLX03 respectively.

For overseas markets, Henlius has partnered with global pharmaceutical companies, such as Biosidus, Accord, Cipla and Jacobson, KG Bio, etc. These arrangements enable Henlius to leverage its partners' competitive sales capabilities in local markets.

Risk-adjusted revenue expected to be RMB167mn/ RMB666mn/ RMB1,448mn in FY19E/20E/21E and profitable year to be 2021E

HLX01 will generate revenue since 2019. HLX02 and HLX03 have filed NDAs and are assumed to be approved in 2020E with probability of success (PoS) of 90%. HLX04 is in phase 3 trial and we expect it to file NDA in 2020E and to be approved in 2021E with PoS of 72%.

We forecast risk-adjusted revenue of RMB167mn/ RMB666mn/ RMB1,448mn in FY19E/20E/21E, driven by sales from HLX01 and other three biosimilars at late stage. We forecast net loss of RMB319mn/ RMB171mn in FY19E/20E and net profit of RMB198mn in FY21E. Henlius is expected to turn profitable from 2021E.

Initiate BUY with TP of HK\$61.12

As Henlius is a pre-revenue biotechnology company, DCF would be a suitable valuation method. We derive TP of HK\$61.12 based on a 12-year DCF valuation (WACC: 10.03%, terminal growth rate: 4.0%).

Investment risks

- 1) Limited operating history, which may continue to incur losses in the future;
- 2) Drugs in clinical development involves a lengthy and expensive process with no assured outcome;
- 3) No track record of successful commercialisation, which makes it difficult to evaluate future prospects;
- 4) Medical cost control may lead to further price cut;
- 5) Limited experience in manufacturing biologics drugs on commercial scale;
- 6) Fierce competition from peers in China and overseas.

Company Overview

Henlius Biotech Co., Ltd (“Henlius”) focus on development, production and sales of biological products. Established in 2010 and Listed in HKEX in Sep 2019, Henlius is a non-wholly owned subsidiary of Fosun Pharma (2196 HK) with R&D centers in Shanghai, Taipei and California. Henlius has built up a pipeline of over 20 antibody drug candidates with 31 IND approvals. As a leading biopharmaceutical company in China, Henlius launched the first biosimilar product in accordance with China’s Biosimilar Guidelines.

Henlius aims to become a world-class biopharmaceutical company and to provide affordable drugs to patients in China and worldwide. Its co-founder, Dr. Scott Liu and Dr. Wei-Dong Jiang possess ~25-year experiences in R&D. As of 30 Jun 2019, Henlius has 874 staff, of which Research & Development is the biggest division with 260 staff.

Figure 1: Key milestones of Henlius

| Year | Event |
|------|--|
| 2010 | Established in Shanghai. |
| 2011 | Filed an IND application with the NMPA for HLX01 for non-Hodgkin lymphoma (NHL). |
| 2012 | Filed an IND application with the NMPA for HLX02 for breast cancer. |
| 2013 | Filed an IND application with the NMPA for HLX03 for rheumatoid arthritis. |
| 2014 | Taiwan Henlius became a non-wholly owned subsidiary of the Company, primarily engaged in mid-to-late stage research, enabling the Company to access the deep biotech talent pool in Taiwan. Received approval from the NMPA to conduct Phase 1 clinical trials for HLX01 in NHL. Commenced the construction of the Xuhui Facility in Dec 2014. Filed an IND application with the NMPA for HLX04 for metastatic colorectal cancer. |
| 2015 | Hengenix, a wholly-owned subsidiary of the Company, was incorporated in California, United States, focusing on early stage R&D as well as providing the Company with better access to the latest developments in the monoclonal antibodies (mAb) market and cutting-edge technologies. Filed an IND application with the NMPA for HLX07 for solid tumours. |
| 2016 | Received approval from the NMPA to conduct Phase 1 clinical trials for 1) HLX02 for gastric cancer, and 2) HLX04 for non-squamous, non-small cell lung cancer (nsNSCLC). The Company obtained the Drug Manufacturing Certificate for HLX01 from NMPA Shanghai Bureau and received the Notice on Acceptance of Drug Registration Application from the NMPA for HLX01 for NHL. |
| 2017 | Filed an NDA with the NMPA for HLX01 for NHL. Submitted an IND application with the NMPA for HLX10 for solid tumours. |
| 2018 | Acquired the remaining equity interest in Taiwan Henlius and Taiwan Henlius became a wholly-owned subsidiary of the Company. Filed NDA for HLX03 in Jan 2019. HLX01 for NHL formally approved by NMPA, the first mAb biosimilar in China. Filed NDA for HLX02 to NMPA in Apr 2019. |
| 2019 | HLX01’s first prescription issue on 5 May, 2019. Filed NDA for HLX02 to EMA in Jun 2019. HLX03 completed phase 3 clinical trial in Jul 2019. HLX10+Chemo completed first patient dosing of Phase 3 trial study. |

Source: Company data, insight and CMBIS

Rich pipeline with over 20 drug candidates

Henlius has established a comprehensive product pipeline of both biosimilars and bio-innovative drugs. It had developed in-house over 20 biologic drug candidates and immuno-oncology combination therapies, including 1) HLX01, which obtained launching approval from the NMPA on 22 Feb 2019, becoming the first-to-market mAb biosimilar in China, 2) HLX02 which has filed NDA to NMPA and EMA, HLX03 with NDA filed to NMPA, 3) HLX01 for RA, HLX04 and five immuno-oncology combination therapies in Phase 3 clinical trials and six mAb candidates undergoing Phase 1/2 clinical trials, and 4) 31 IND approvals received from different jurisdictions.

Figure 2: Pipeline focusing on biosimilars and novel biologics

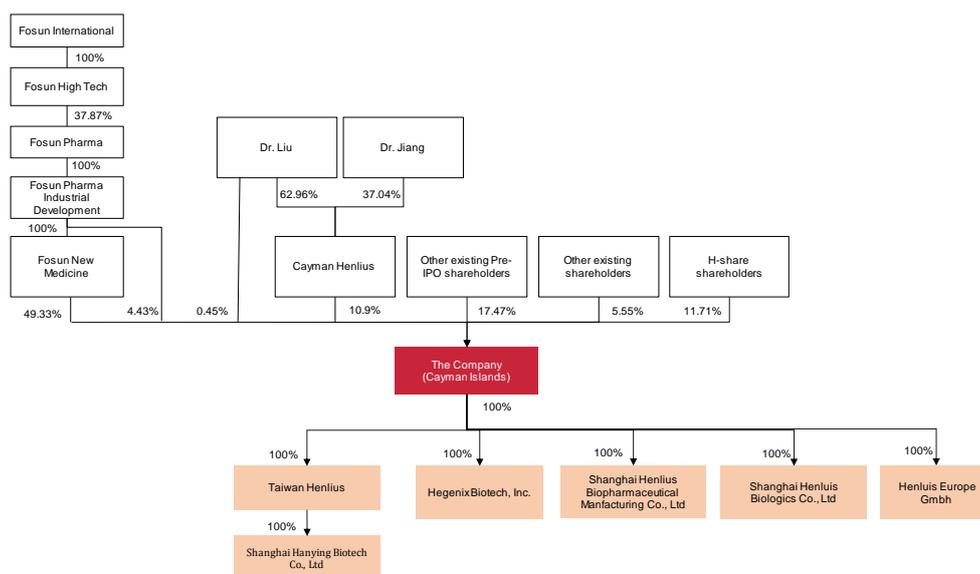
| | Product (Reference Drug) | Target | Indication | Commercial Rights | Partner (Territory) | Pre-clinical | IND | Phase 1 | Phase 2 | Phase 3 | NDA | NDA approved |
|--------------------------|--------------------------|---------------|------------------|----------------------|---|---------------------------|-----|---------|---------|---------|-----|--------------|
| Biosimilars | HLX01 (MabThera) | CD20 | NHL | Worldwide | FOSUNPHARMA (China) FOSUNPHARMA (South America) | | | | | | | |
| | HLX02 (Herceptin) | HER2 | BC/mGC | Worldwide | accord (Europe, MENA and CIS) Ciclo (APAC and South America) Jacobson (Hong Kong and Macau) | | | | | | | |
| | HLX03 (Humira) | TNF-α | PS/RA/AS | Worldwide | FOSUNPHARMA (China) | | | | | | | |
| | HLX04 (Avastin) | VEGF | mCRC/nsNSCLC | Worldwide | | | | | | | | |
| | HLX05 (Erbix)(9) | EGFR | mCRC/SCCHN | Worldwide (ex-China) | Jingze | China Rights Licensed out | | | | | | |
| | HLX12 (Cymaza) | VEGFR2 | Solid tumours | Worldwide | | | | | | | | |
| | HLX11 (Perjeta) | HER2 | BC | Worldwide | | | | | | | | |
| | HLX14 (Xgeva) | RANK ligand | Solid tumours | Worldwide | | | | | | | | |
| | HLX13 (Yervoy) | CTLA-4 | Solid tumours | Worldwide | | | | | | | | |
| | HLX15 (Darzalex) | CD-38 | Multiple Myeloma | Worldwide | | | | | | | | |
| Bio-Innovative Portfolio | HLX01 | CD20 | RA | Worldwide | | | | | | | | |
| | HLX04 | VEGF | w.AMD/DR | Worldwide | | | | | | | | |
| | HLX07 | EGFR | Solid tumours | Worldwide | | | | | | | | |
| | HLX06 | VEGFR2 | Solid tumours | Worldwide | | | | | | | | |
| | HLX10 | PD-1 | Solid tumours | Worldwide | Kalbe Genexine Biologics | | | | | | | |
| | HLX20 | PD-L1 | Solid tumours | Worldwide | | | | | | | | |
| | HLX22 | HER2 | Solid tumours | Worldwide | | | | | | | | |
| | HLX55 | cMET | Solid tumours | Asia | | | | | | | | |
| | HLX56 | DR | Solid tumours | The greater China | | | | | | | | |
| | HLX09 | CTLA-4 | Solid tumours | Worldwide | | | | | | | | |
| | HLX23 | CD73 | Solid tumours | Worldwide | | | | | | | | |
| | HLX24 | CD47 | Solid tumours | Worldwide | | | | | | | | |
| | HLX26 | LAG3 | Solid tumours | Worldwide | | | | | | | | |
| | HLX59 | CD27 | Solid tumours | Worldwide | | | | | | | | |
| | HLX51 | OX40 | Solid tumours | Worldwide | | | | | | | | |
| | HLX52 | TIM-3 | Solid tumours | Worldwide | | | | | | | | |
| | HLX53 | TIGIT | Solid tumours | Worldwide | | | | | | | | |
| HLX58 | Claudin 18.2 | Solid tumours | Worldwide | | | | | | | | | |
| HLX63 | GPC3 | Solid tumours | Worldwide | | | | | | | | | |
| Combo Therapy | HLX04 + HLX10 | VEGF + PD-1 | nsNSCLC | Worldwide | | | | | | | | |
| | HLX04 + HLX10 | VEGF + PD-1 | HCC | Worldwide | | | | | | | | |
| | HLX07 + HLX10 | EGFR + PD-1 | SCCHN | Worldwide | | | | | | | | |
| | HLX10 + Chemo | PD-1 | mESOC | Worldwide | | | | | | | | |
| | | | sqNSCLC | Worldwide | | | | | | | | |
| | | ES-SCLC | Worldwide | | | | | | | | | |
| | | GC | Worldwide | | | | | | | | | |

Source: Company data, CMBIS

Shareholding structure

Henlius was listed on the main board of Hong Kong Stock Exchange on 25 Sep 2019. To date, Fosun Pharma held ~53.76% stake in Henlius. Henlius conducted three rounds of financing before IPO. Its pre-IPO investors include Joyful Ascent Limited (Jacobson Pharma (2633 HK)'s wholly-owned subsidiary), Fullgoal China Access RQFII Fund SPC, CICC Alternative Investment Holding Limited, etc.

Figure 3: Shareholders structure post IPO, as of 24 Sep 2019



Notes:

- (1) Other existing Pre-IPO Investors are existing Pre-IPO Investors other than Fosun Pharma Industrial Development.
- (2) Other existing Shareholders are companies whose beneficial owners are employees of the Company, comprising Shanghai Guoyou, Shanghai Guohong, Shanghai Guozhi, Shanghai Guoyun and HenLink.

Source: Company data, CMBIS

High pipeline visibility with rich late-stage assets

Biosimilars are referred to biological drugs which are designed to have the same amino acid sequence and the equivalent (but not identical or clinical better) active properties as compared to reference drugs that have already received marketing approvals. China's biosimilars market is expected to grow at 74.2% CAGR in 2018-23E, from RMB1.6bn in 2018 to RMB25.9bn in 2023E, due to 1) the establishment of biosimilars guidelines, 2) the inclusions of biological drugs into the NRDL and potential more inclusions through price negotiations, and 3) near-term and medium-term patent expiration of a larger number of "blockbuster" biologics.

Henlius has 10 mAb biosimilars in the pipeline. Of China's five largest biosimilars, Henlius developed four, with one received marketing approval and three in late stage, namely HLX01 (rituximab), HLX02 (trastuzumab), HLX03 (adalimumab) and HLX04 (bevacizumab).

HLX01 (rituximab biosimilar), expect RMB1.47bn peak sales from NHL indication

HLX01 is a rituximab biosimilar and obtained launching approval from NMPA in Feb 2019 for the non-Hodgkin lymphoma (NHL) indication, making it the first biosimilar drug approved in China in accordance with the Biosimilar Guidelines. Henlius is also conducting a Phase 3 clinical trial on HLX01 for a new indication of rheumatoid arthritis (RA).

In Nov 2019, Henlius has entered into cooperation with Ascentage Pharma (6855 HK) to co-develop the combination therapy of HLX01 and APG-2575, a novel Bcl-2 selective inhibitor, for the treatment of chronic lymphocytic leukemia (CLL) in China.

Global top selling drug. Originally developed by IDEC Pharmaceuticals and Genentech, Rituximab is a monoclonal anti-body that selectively binds to protein CD20 of B cells, which triggers cell death. Rituximab was firstly launched in the US in 1997. Major patents have expired in most regions, including patent expiration in Europe in 2013 and in the US in 2016. Globally, rituximab was approved for various indications, including first-or second-line therapies of NHL, chronic lymphocytic leukaemia, RA, granulomatosis with polyangiitis, microscopic polyangiitis and moderate-to-severe pemphigus vulgaris in overseas market. In China, MabThera was approved for only three indications, 1) CD20-positive DLBCL, 2) relapsed or refractory follicular central lymphoma and 3) previously-untreated CD20-positive stage III-IV follicular lymphoma. As per Roche's annual report, in 2018, rituximab was global top 8 selling drug, generating global sales of CHF6.8bn in 2018 vs CHF7.4bn in 2017. Sales decline was caused by fierce competition from rituximab biosimilars, mainly from European market. As per F&S, China rituximab sales was ~RMB2.5bn sales in 2018.

Biosimilars to fast substitute the original drug. According to F&S, new NHL cases in China is projected to be ~88,100 in 2018. Diffuse large B-cell lymphoma (DLBCL) is the most common subtype of NHL in China, accounting for ~46% of overall NHLs. Rituximab was added to NRDL in 2017 and NEDL in 2018. According to our estimates, China's penetration rate of rituximab on DLBCL and FL was around 73% in 2018. As the first to market rituximab biosimilar, we believe HLX01 will fast substitute to MabThera thanks to 1) price advantages over the originator, 2) good reimbursement coverage for HLX01.

Figure 4: HLX01 sales forecasts – NHL indication

| HLX01-NHL | | 2018A | 2019E | 2020E | 2021E | 2022E | 2023E |
|--|---------------|-----------|------------|------------|------------|--------------|--------------|
| Non-Hodgkins Lymphoma (NHL) new cases | '000 | 88 | 90 | 92 | 95 | 97 | 99 |
| as % of total lymphoma | % | 88% | 87% | 87% | 86% | 86% | 85% |
| Newly diagnosed patients | '000 | 62 | 64 | 67 | 69 | 71 | 74 |
| % diagnosis rate | % | 70% | 71% | 72% | 73% | 74% | 75% |
| relapsed (5yr cumulative) patient | '000 | 31 | 32 | 33 | 34 | 36 | 37 |
| Total NHL patient pool | '000 | 93 | 96 | 100 | 103 | 107 | 111 |
| Diffuse large B-cell lymphoma (DLBCL) | '000 | 43 | 44 | 46 | 48 | 49 | 51 |
| as % of NHL | % | 46% | 46% | 46% | 46% | 46% | 46% |
| Follicular lymphoma (FL) | '000 | 9 | 10 | 10 | 10 | 11 | 11 |
| as % of NHL | % | 10% | 10% | 10% | 10% | 10% | 10% |
| CD20+ DLBCL/FL patients | '000 | 49 | 51 | 53 | 55 | 57 | 59 |
| CD20+ DLBCL/FL patients on rituximab | '000 | 40 | 38 | 40 | 42 | 44 | 46 |
| Penetration rate of CD20+ DLBCL/FL patients on rituximab | % | 73% | 74% | 75% | 76% | 77% | 78% |
| NHL patients on HLX01 | '000 | - | 6 | 12 | 15 | 18 | 21 |
| HLX01-NHL patient share | % | 0% | 15% | 30% | 35% | 40% | 45% |
| Off -label patients on HLX01 | '000 | 0 | 0 | 1 | 2 | 2 | 2 |
| Total patients on HLX01 | '000 | 0 | 6 | 13 | 16 | 20 | 23 |
| Price of MabThera | RMB | 2,418 | 2,297 | 1,953 | 1,913 | 1,875 | 1,838 |
| Price erosion | % | - | -5% | -15% | -2% | -2% | -2% |
| ASP of HLX01, 100mg/vial | RMB | - | 1,398 | 1,367 | 1,339 | 1,313 | 1,286 |
| Price discount to originator | % | - | 39% | 30% | 30% | 30% | 30% |
| # of vials per treatment | vial | 34 | 36 | 42 | 49 | 49 | 56 |
| Total volume | '000 | - | 207 | 504 | 720 | 864 | 1,166 |
| Total sales (hospital-level) | RMB mn | - | 290 | 688 | 964 | 1,134 | 1,500 |
| Total sales (ex-factory) | RMB mn | - | 269 | 675 | 946 | 1,112 | 1,471 |
| MabThera full-course treatment cost | RMB 000 | 135 | 129 | 109 | 107 | 105 | 103 |
| HLX01 full-course treatment cost | RMB 000 | - | 78 | 77 | 75 | 74 | 72 |

Source: F&S, PDB, CMBIS estimates

Competitors at late stage. There are six rituximab biosimilars in late phase of development, including SinoCelltech's SCT400 (licensed-out to CSPC in Oct 2018), Innovent Biologics (1801 HK)'s IBI301 and Hisun's Chimeric Anti-CD20 mAb, Genor Biopharma's GB241, CTTQ's TQB2203 and Hualan Bio's HL03. HLX01 is the first-to-market rituximab biosimilar in China. **As a front-runner, we estimate HLX01 to penetrate to 5,697/ 11,992 patients in 2019E/20E with 15%/ 30% patient share in 2019E/20E.**

Figure 5: Key rituximab biosimilars in late stage of development in China

| Reference Drug | Indication | Biosimilar | Key players | Regulatory filing status as at 31/3/2019 | Relevant filing/ approval date | Approved date | Marketing partner |
|---|------------|------------------------|-------------------------------------|--|--------------------------------|---------------|------------------------|
| MabThera (rituximab, Roche) | NHL | HLX01 | Henlius | NDA approved | Oct-17 | Feb-19 | Fosun Pharma (2196 HK) |
| | NHL | SCT400 | SinoCelltech | Phase 3 | Jun-16 | N/A | CSPC (1093 HK) |
| | NHL | IBI301 | Innovent Biologics | NDA filed | Aug-16 | N/A | Eli Lilly |
| Expiry of major patents PRC:2013 US: 2016 EU:2013 | NHL | Chimeric Anti-CD20 mAb | Zhejiang Hisun and Mabworks Biotech | Phase 3 | Jul-18 | N/A | Hisun (600267 CH) |
| | NHL | GB241 | Genor Biopharma | Phase 3 | Nov-18 | N/A | |
| | NHL | TQB2203 | CTTQ | Phase 3 | Dec-18 | N/A | |
| | NHL | HL03 | Hualan Bio | Phase 3 | Apr-19 | N/A | |
| | RA | HLX01 | Henlius | Phase 3 | Aug-18 | NA | Fosun Pharma (2196 HK) |

Source: Company data, CMBIS

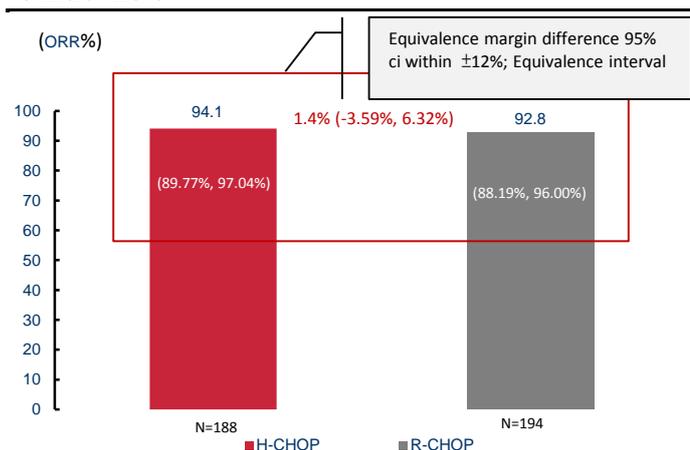
Figure 6: Rituximab biosimilars approved by FDA/ EMA

| Biosimilar | Key players | Status | Approved date |
|------------|---------------------|--------------|--------------------------|
| Truxima | Celltrion and Teva | NDA approved | US (Nov-18)/ EU (Feb-17) |
| Rixathon | Sandoz and Novartis | NDA Approved | EU (Jun-17) |

Source: Company data, CMBIS

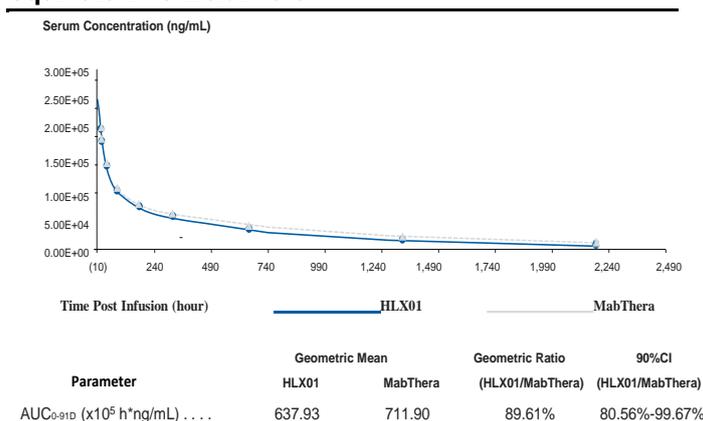
Achieved bioequivalence between HLX01 and MabThera. NMPA approved HLX01 for treatment of NHL based on a multi-centre, randomised, double-blinded, parallel Phase 3 study on 400 subjects, which showed bioequivalence between HLX01 combined with CHOP and MabThera combined with CHOP. The primary endpoint of the study is objective response rate (ORR). ORR rates of H-CHOP and R-CHOP were 94.1% and 92.8% with P value of 0.608. In a Phase 1b trail (n=80), HLX01 showed the same pharmacokinetic (PK) profile as MabThera. Both study group established equivalent PK profiles in AUC_{0-91D}. There was no statistically significant difference in the incidence and severity of adverse effects between HLX01 and MabThera.

Figure 7: ORR rate of HLX01 is statistically equivalent to MabThera



Source: Company data, CMBIS

Figure 8: PK profile of HLX01 is statistically equivalent to MabThera



Source: Company data, CMBIS

First-to-market biosimilar with huge market opportunity. Henlius started Phase 1 study for HLX01 in 2014, filed NDA in 2017 and received launching approval from NMPA in Feb 2019. MabThera costs around RMB2,400 per 100mg/vial in China. As of Nov 2019, HLX01 has been successfully added to several Provincial reimbursement drug lists at a negotiated price range of RMB1,398-1,648 per 100mg/via, implying over 30% discount to the originator. According to F&S, rituximab market size in China was RMB2.5bn in 2018 and is projected to grow at 21.9% CAGR in 2018-23E. According to the cooperation arrangement for commercialization of HLX01 between Henlius and Fosun pharma, Fosun Pharma fully reimburses the clinical trial cost of HLX01 and Henlius is responsible for the production of HLX01, while the marketing expenses are undertaken by Fosun Pharma. The net profit from HLX01 sales will be equally shared by Henlius and Fosun Pharma. Since the launch of HLX01 in late May 2019, HLX01 realized revenue of RMB13.3mn in 1H19 in accordance to the profit-sharing arrangement with Fosun Pharma. As of 30 Jun, 2019, Henlius has delivered 20,638 vials of HLX01 to Fosun Pharma.

Three biosimilars in late stage of development

Henlius has filed NDAs for HLX02 (Herceptin biosimilar) and HLX03 (Humira biosimilar), both of which are under priority review by NMPA. HLX04 (Avastin biosimilar) is in phase 3 trial.

Figure 9: Summary of Henlius' late stage biosimilar candidates

| Product (Reference Drug) | Target | Indication | Commercial Rights | Partner (Territory) | Status | IND date | Expected NDA date | 2018 originator's China sales | 2018 originator's global sales |
|--------------------------|---------------|--------------|-------------------|--|---------|----------|--------------------------------------|-------------------------------|--------------------------------|
| HLX02 (Herceptin) | HER2 | BC/mGC | Worldwide |  (Europe, MENA and CIS)  (APAC and South America)  (Hong Kong and Macau) | NDA | 2015 | Apr-19 in China; Jun-19 in Europe | RMB3.2bn | US\$6.9bn |
| HLX03 (Humira) | TNF- α | PS/RA/AS | Worldwide |  (China) | NDA | 2015 | Jan-19 | RMB0.4bn | US\$20.5bn |
| HLX04 (Avastin) | VEGF | mCRC/nsNSCLC | Worldwide | | Phase 3 | 2015 | 2020E | RMB3.2bn | US\$6.7bn |

Source: Company data, F&S, CMBIS

HLX02 (Herceptin biosimilar), expect RMB2.74bn peak sales

Henlius filed NDA of HLX02 to NMPA in Apr 2019 for the treatment of HER2+, eBC, HER2+mBC and HER2+mGC in China, which received priority review status from NMPA. Henlius also submitted NDA of HLX02 to EMA in Jun 2019. According to F&S, HLX02 is the first biosimilar developed in China that has conducted a global Phase 3 clinical trial across multiple continents (sites in China, Philippines and Europe) and has the potential to become the first PRC-developed mAb biosimilar in EU and the first-to-market trastuzumab biosimilar in China.

Given that HLX02 is the first biosimilar developed in China to conduct a Phase 3 global clinical trial concurrently across multiple continents (sites in China, Philippines and Europe), it may become the first PRC-developed mAb biosimilar to launch in EU.

Global Top 6 selling drug. Herceptin (trastuzumab) is a HER2 inhibitor originally developed by Genentech. It initially received FDA approval in 1998 and launched to China in 2002. Herceptin was approved by FDA for indications of HER2-overexpressing (HER2+) BC and HER2+ metastatic gastric or gastroesophageal junction adenocarcinoma. In China, Herceptin has been approved for three indications, HER2+ eBC, HER2+ mBC and HER2+ mGC. Major patents have expired globally, including patent expiration in Europe in 2014 and in the US in 2019. Trastuzumab is widely regarded as the standard of care for first-line treatment of HER2+ Breast Cancer (BC). As per Roche's annual report, 2018 global sales of Herceptin amounted to CHF6.9bn (~US\$6.9bn), while China sales was RMB3.2bn.

Demand surge thanks to NRDL inclusion. Herceptin was added to NRDL in 2017 and NEDL in 2018. We saw PDB sample hospital sales of Herceptin grew significantly from RMB887mn in 2017 to RMB1,310mn in 2018, up 48% YoY, driven by NRDL inclusion. The demand surge for Herceptin in China also triggered supply shortage in 2018. Roche raised production capacity after Herceptin's inclusion into NRDL. We believe the HLX02 as a Herceptin biosimilar will meet the surging demand in China.

Figure 10: HLX02-BC sales forecasts

| HLX02-BC | | 2018A | 2019E | 2020E | 2021E | 2022E | 2023E |
|--|---------------|-------------|-------------|-------------|-------------|--------------|--------------|
| Breast cancer new cases | 000 | 321 | 325 | 329 | 333 | 337 | 342 |
| Stage I-IIIa BC Patients treated with total mastectomy | '000 | 250 | 256 | 262 | 268 | 274 | 280 |
| mBC patient pool | '000 | 39 | 36 | 34 | 31 | 29 | 27 |
| 5-year accumulated eBC relapsed patients | 000 | 160 | 162 | 164 | 167 | 169 | 171 |
| mBC+eBC+relapsed | 000 | 449 | 455 | 460 | 466 | 472 | 478 |
| HER2+ positive new cases | '000 | 118 | 120 | 121 | 123 | 124 | 126 |
| as % of total breast cancer | % | 26% | 26% | 26% | 26% | 26% | 26% |
| Eligible HER2 BC Patient Pool | 000 | 96 | 100 | 103 | 107 | 111 | 116 |
| % diagnosed rate | % | 89% | 90% | 91% | 92% | 94% | 95% |
| % treatment rate | % | 92% | 93% | 94% | 95% | 96% | 97% |
| Patients on trastuzumab | 000 | 29 | 35 | 42 | 49 | 56 | 63 |
| Penetration rate | % | 31% | 36% | 41% | 46% | 51% | 55% |
| Patients on HLX02 | 000 | 0.00 | 0.00 | 4.18 | 9.76 | 19.71 | 25.30 |
| HLX02-BC patient share | % | 0% | 0% | 10% | 20% | 35% | 40% |
| Price of Herceptin | RMB | 7600 | 7448 | 7270 | 7125 | 6982 | 6842 |
| ASP of HLX02, 440mg/vial | RMB | - | - | 5089 | 4987 | 4887 | 4790 |
| Price discount to originator | % | - | - | 30% | 30% | 30% | 30% |
| # of vial per year per patient | vial | 13 | 13 | 15 | 15 | 15 | 15 |
| Total volume | 000 | - | - | 63 | 146 | 296 | 370 |
| Total sales (hospital-level) | RMB mn | - | - | 319 | 730 | 1445 | 1771 |
| Total sales (ex-factory) | RMB mn | - | - | 282 | 644 | 1,275 | 1,564 |
| Herceptin full-course treatment cost | RMB 000 | 129 | 127 | 124 | 121 | 119 | 116 |
| HLX02 full-course treatment cost | RMB 000 | 0 | 0 | 87 | 85 | 83 | 81 |

Source: F&S, PDB, CMBIS estimates

Figure 11: HLX02-GC sales forecasts

| HLX02-GC | | 2018A | 2019E | 2020E | 2021E | 2022E | 2023E |
|--|---------------|------------|------------|------------|------------|------------|------------|
| Gastric cancer new cases | 000 | 442 | 455 | 467 | 480 | 493 | 507 |
| Late stage patient | 000 | 239 | 245 | 252 | 259 | 266 | 274 |
| 5-year accumulated eGC relapsed patients | 000 | 71 | 73 | 75 | 77 | 79 | 81 |
| Total GC patient pool | 000 | 310 | 318 | 327 | 336 | 345 | 355 |
| HER2+ positive new cases | 000 | 37 | 38 | 39 | 40 | 41 | 43 |
| % with HER2+ | % | 12% | 12% | 12% | 12% | 12% | 12% |
| Eligible HER2 GC Patient Pool | 000 | 19 | 20 | 20 | 21 | 22 | 23 |
| % diagnosed rate | % | 63% | 64% | 65% | 66% | 66% | 67% |
| % treatment rate | % | 80% | 80% | 80% | 80% | 80% | 80% |
| Patients on trastuzumab | 000 | 6 | 7 | 9 | 10 | 12 | 13 |
| Penetration rate | % | 33% | 38% | 43% | 48% | 53% | 58% |
| Patients on HLX02 | 000 | 0 | 0 | 1 | 2 | 4 | 5 |
| HLX02-GC patient share | % | 0% | 0% | 10% | 20% | 35% | 40% |
| Price of Herceptin | RMB | 7600 | 7448 | 7270 | 7125 | 6982 | 6842 |
| ASP of HLX02, 440mg/vial | RMB | - | - | 5,089 | 4,987 | 4,887 | 4,790 |
| Price discount to originator | % | 0% | 0% | 30% | 30% | 30% | 30% |
| # of vial per year per patient | vial | 7 | 7 | 7 | 7 | 8 | 8 |
| Total volume | 000 | - | - | 6 | 15 | 31 | 41 |
| Total sales (hospital-level) | RMB mn | - | - | 32 | 74 | 150 | 196 |
| Total sales (ex-factory) | RMB mn | - | - | 28 | 66 | 133 | 173 |
| Herceptin full-course treatment cost | RMB 000 | 68 | 67 | 65 | 64 | 63 | 62 |
| HLX02 full-course treatment cost | RMB 000 | 0 | 0 | 46 | 45 | 44 | 43 |

Source: F&S, PDB, CMBIS estimates

Competition landscape. There are five competing products in late stage of development, four in Phase 3 clinical trial and Sunshine Guojian has filed new drug NDA with recombinant humanised anti-HER2 mAb in Sep 2018. By contrast, Henlius conducted head to head clinical trials for HLX02 in accordance to the Biosimilar Guidelines. HLX02 is still well-positioned to become the first-to-market real Herceptin biosimilar in China. We estimate that BC patients on HLX02 to be 4,182/ 9,756 in 2020/21E and patient share on trastuzumab to be 10%/20% and GC patients on HLX02 to be 872/ 2,024 in 2020/21E.

Figure 12: Key competitors to trastuzumab biosimilars in late stage in China

| Reference Drug | Indication | Biosimilar | Key players | Regulatory filing status as at 31/3/2019 | Relevant filing/ approval date |
|--------------------------------|------------|-------------------------------------|--------------------------|--|--------------------------------|
| Herceptin (trastuzumab, Roche) | BC/ mGC | HLX02 | Henlius | NDA accepted | Apr-19 |
| | BC | Trastuzumab Biosimilar | Anhui Anke Biotechnology | Phase 3 | May-19 |
| | BC | GB221 | Genor Biopharma | Phase 3 | Sep-16 |
| | BC | Trastuzumab Biosimilar | Zhejiang Hisun | Phase 3 | Apr-18 |
| | BC | Recombinant Humanized anti-HER2 mAb | Sunshine Guojian | NDA filed | Sep-18 |
| | BC | TQ-B211 | CTTQ | Phase 3 | Oct-18 |
| | mGC | HLX02 | Henlius | Phase 1 | Dec-15 |

Source: Company data, CMBIS

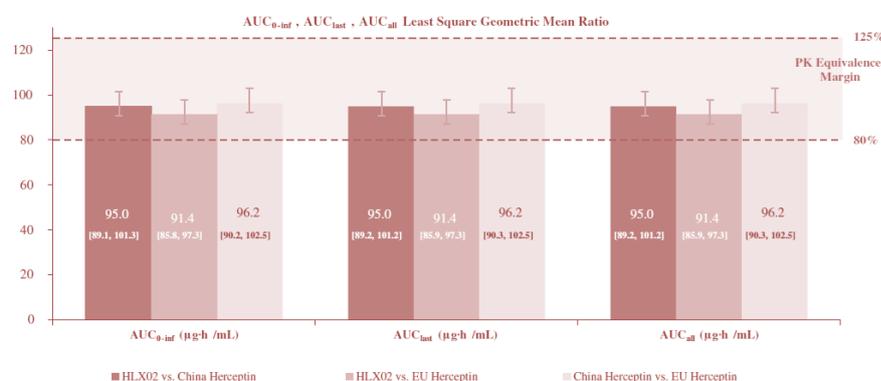
Figure 13: Summary of Herceptin biosimilars approved by FDA/ EMA

| Biosimilar | Key players | Status | Approved date |
|------------|---------------------------|--------------|--------------------------|
| Ogivri | Mylan GmbH and Biocon | NDA approved | US (Dec-17)/ EU (Dec-8) |
| Ontruzant | Samsung Bioepis | NDA approved | EU (Nov-17)/ US (Jan-19) |
| Herzuma | Celltrion and Teva | NDA approved | EU (Feb-18)/ US (Dec-18) |
| Kanjinti | Amgen, Breda and Allergan | NDA approved | EU (May-18)/ US (Jun-19) |
| Trazimera | Pfizer | NDA approved | US (Mar-19) |

Source: Company data, CMBIS

Equivalent PK and comparable safety. HLX02 has completed a multi-centre, randomised, double-blind study comparing PK profiles, safety, tolerability and immunogenicity of HLX02 vs. China and EU Herceptin in 111 subjects in three cohorts. The primary endpoint is AUC 0-inf. Phase 1 trials demonstrated that HLX02 has PK bioequivalence and comparable safety results with China and EU Herceptin.

Figure 14: PK profile of HLX02 is statistically equivalent to China/ EU Herceptin



Source: Company data, CMBIS

HLX02 shows equivalence to trastuzumab in phase 3 study. HLX02 has completed a international, multi-centre Phase 3 trial. The study is a multi-centre, randomised, double-blind study to evaluate the efficacy, safety and immunogenicity between HLX02 and EU Herceptin combined with docetaxel in recurrent or previously-untreated HER2+ mBC patients. The study enrolled 649 subjects and randomised them at 1:1 ratio to two treatment arms. The primary endpoint is the ORR at Week 24. During the European Society for Medical Oncology (ESMO) Congress 2019, phase 3 study data of HLX02 was reported. ORR rates at week 24 was 71.0% for HLX02 (95% CI, 66.0%-75.9%) and 71.4% for EU Herceptin (95% CI, 66.5%-76.3%, p=0.952). The p-value at 95% CI (p=0.952) was completely contained within the pre-defined equivalence boundaries of $\pm 13.5\%$. Additionally, safety and immunogenicity outcomes were similar at Week 24.

HLX03 (Adalimumab biosimilar), expect RMB1.42bn peak sales

NDA submitted and expected to receive approval by 2020E. Henlius is developing HLX03 as an adalimumab biosimilar, a TNF- α inhibitor. HLX03 started preclinical study in Jan 2012, and received IND in 4Q15 and filed NDA with NMPA in Jan 2019 for PS, RA and AS, currently under priority review by the NMPA. We expect HLX03 to be approved in early 2020E.

The global best-selling drug. Humira was originally developed by AbbVie and received US FDA approval for the treatment of RA, psoriasis (PS), juvenile idiopathic arthritis, AS, adult and paediatric Crohn's disease, ulcerative colitis, hidradenitis suppurativa and uveitis. In China, adalimumab has been approved for three indications, RA, PS and AS. Humira launched in 2002 in the US, and 2010 in China. Major patents have expired, including 2016 in the US, 2017 in China and 2018 in the European Union. According to F&S, Humira was the best-selling drug with US\$20.5bn sales worldwide in 2018, while sales in China was only RMB400mn, subject to unaffordable costs and short of reimbursement coverage by NDRL. China's sales only accounted for 0.2% of global market, while China's RA, PS and AS patients accounted for ~9% of global patients, indicating significant market opportunities.

Figure 15: HLX03 sales forecasts

| HLX03 | | 2018A | 2019E | 2020E | 2021E | 2022E | 2023E |
|---------------------------------------|---------------|-------|-------|-----------|------------|------------|------------|
| RA patients in China 类风湿性关节炎 | mn | 5.88 | 5.91 | 5.95 | 5.98 | 6.01 | 6.04 |
| AS patients in China 强直性脊柱炎 | mn | 3.07 | 3.09 | 3.10 | 3.12 | 3.13 | 3.15 |
| PS patients in China 银屑病牛皮癣 | mn | 6.57 | 6.60 | 6.63 | 6.67 | 6.70 | 6.73 |
| RA/AS/PS patients on biologics | 000 | 126 | 144 | 166 | 200 | 237 | 295 |
| Biologics penetration rate | % | 0.8% | 0.9% | 1.1% | 1.3% | 1.5% | 1.9% |
| RA/AS/PS patients on HLX03 | 000 | 0 | 0 | 2 | 4 | 12 | 24 |
| HLX03-patient share of biologic drugs | % | 0% | 0% | 1% | 2% | 5% | 8% |
| Price of Humira (40mg/vial) | RMB | 7593 | 6074 | 3160 | 3065 | 2973 | 2884 |
| ASP of HLX03 (40mg/vial) | RMB | - | - | 2,212 | 2,146 | 2081 | 2019 |
| Price discount to originator | % | - | - | 30% | 30% | 30% | 30% |
| # of vial per year per patient | # | 21 | 21 | 21 | 21 | 21 | 21 |
| Total volume | 000 | - | - | 35 | 85 | 253 | 503 |
| Total sales (hospital-level) | RMB mn | - | - | 78 | 183 | 526 | 1015 |
| Total sales (ex-factory) | RMB mn | - | - | 69 | 161 | 464 | 896 |
| Humira full-course treatment cost | RMB 000 | 213 | 170 | 88 | 86 | 83 | 81 |
| HLX03 full-course treatment cost | RMB 000 | 0 | 0 | 62 | 60 | 58 | 57 |

Source: F&S, PDB, CMBIS estimates

Huge untapped market. There are a large number of RA/ AS/ PS patients in China, approximately 5.87mn/ 3.07mn / 6.57mn in 2018. However, according to F&S, less than 0.2% of RA, PS and AS patients in China could afford Humira. A significant proportion of patients do not have access to Humira in the PRC due to high treatment costs and unreimbursed charges. Henlius plans to commercialise HLX03 as an affordable alternative to Humira in the PRC. We expect Henlius's HLX03 to offer a 30% price discount to Humira.

Competition landscape. FDA approved several Humira biosimilars including Amjevita developed by Amgen in Sep 2016, Cyltezo developed by Boehringer-Ingelheim in Aug 2017 and Hyrimoz developed by Sandoz in Oct 2018. Amjevita and Cyltezo have also been approved by the EMA along with Solymbic from Amgen and Imraldi from Samsung Bioepis. In China, the major competitors include Bio-Thera Solutions, Zhejiang Hisun, Innovent Biologics and Jiangsu Union Biopharma. Bio-Thera Solutions's NDA has been approved in 7 Nov, 2019. In our view, adalimumab would be a competitive market and price competition would intensify and be fierce.

Figure 16: Key competitors to Adalimumab biosimilar in late stage in China

| Reference Drug | Indication | Biosimilar | Key players | Regulatory filing status as at 31/3/2019 | Relevant filing/ approval date |
|---|------------|------------|-------------------------|--|--------------------------------|
| Humira (adalimumab, AbbVie) Expiry of major patents PRC: 2017 US: 2018 EU: 2018 | PS/AS | HLX03 | Henlius | NDA accepted | Jan-19 |
| | AS | BAT1406 | Bio-Thera Solutions | NDA approved | Nov-19 |
| | AS | HS016 | Zhejiang Hisun | NDA filed | Sep-18 |
| | AS | IBI303 | Innovent Biologics | NDA filed | Nov-18 |
| | RA | HLX03 | Henlius | Phase 1 | Dec-16 |
| | RA | UBP1211 | Jiangsu Union Biopharma | Phase 3 | May-17 |

Source: Company data, CMBIS

Figure 17: Summary of Humira biosimilar approved by FDA/ EMA

| Biosimilar | Key players | Status | Approved date |
|------------|--------------------------|--------------|--------------------------|
| Amjevita | Amgen | NDA approved | US (Sep-16)/ EU (Mar-17) |
| Cyltezo | Boehringer-Ingelheim | NDA approved | EU (Aug-17)/ US (Nov-17) |
| Hyrimoz | Sandoz | NDA approved | US (Oct-18) |
| Imraldi | Samsung Bioepis | NDA approved | EU (Aug-17) |
| Hulio | Mylan and Fresenius Kabi | NDA approved | EU (Sep-18) |

Source: Company data, CMBIS

Equivalent PK and comparable safety profile with reference drug. HLX03 achieved bioequivalence in PK profiles and safety and immunogenicity profiles with the reference drug in Phase 1 study, which is a single-centre, randomised, double-blind, parallel study evaluating PK, safety, tolerability, and immunogenicity of HLX03 and Humira in 220 healthy Chinese males. The primary endpoints consist of C_{max} and AUC_{0-t} .

Figure 18: HLX03 and Humira study groups achieved equivalent PK profile

| Parameters | Geometric Mean | | Geometric Ratio | 90% CI |
|-----------------------------|----------------|----------|-----------------|---------------|
| | HLX03 | Humira | HLX03/ Humira | HLX03/ Humira |
| C_{max} (μ g/mL) | 3.31 | 3.23 | 102.22 | 96.20-108.61 |
| AUC_{0-t} (μ g·h/mL) | 1,823.32 | 1,724.59 | 105.72 | 97.07-115.15 |

Source: Company data, CMBIS

Phase 3 HLX03-PS clinical trial is a multi-centre, randomised, double-blind, positive drug parallel study comparing efficacy and safety between HLX03 and Humira in patients with plaque psoriasis. It has enrolled 216 subjects (108 subjects in each study group) at 33 sites in China. The primary endpoint consists of percentage improvement in psoriasis area severity index ("PASI") at week 16.

HLX04 (Bevacizumab biosimilar), expect RMB1.75bn peak sales

Henlius began developing HLX04 in Jan 2012 and is conducting a Phase 3 clinical trial on mCRC. We expect Henlius to file NDA of HLX04 to NMPA in 2020E for treatment of mCRC and unresectable, locally advanced, recurrent or metastatic nsNSCLC. Despite fierce competition, Henlius aims to differentiate HLX04 by being the first bevacizumab biosimilar with Phase 3 clinical data on mCRC. Furthermore, Henlius has submitted IND applications for HLX04 on wAMD and DR. Henlius is also developing HLX04 + HLX10 as one of key immuno-oncology combination therapies, which will also help increase and sustain sales for HLX04.

Global Top 7 selling drug. Avastin (bevacizumab) is a VEGF inhibitor (angiogenesis inhibitor) originally developed by Genentech. Bevacizumab has been approved by FDA for mCRC in 2004 and nsNSCLC in 2006. Avastin was launched in China in 2010. Avastin's major patents have expired, including patent expiration in 2013 in Europe, in 2016 in the US and in 2018 in China. In 2018, global sales of Avastin amounted to CHF6.8bn (~US\$6.7bn) according to Roche's annual report, while sales in China was RMB3.2bn

according to F&S. Bevacizumab was added to NRD in 2017. The incidence of mCRC and nsNSCLC is high while bevacizumab penetration rate remains low, especially in emerging markets. Due to the huge unserved patients, there are significant market opportunities for affordable Avastin biosimilars.

The most competitive biosimilar with 13 candidates in late stage in China. So far, Mvasi, an Avastin biosimilar developed by Amgen, has been approved by FDA in Sep 2017 and by EMA in Jan 2018. In China, besides HLX01, there are another twelve Avastin biosimilars in late stage. Qilu Pharm and Innovent Biologics have filed NDAs, while Genor Biopharma, Beijing mAbworks Biotechnology, Shandong Boan Biological Technology, Hengrui, TOT Biopharm etc. are conducting Phase 3 clinical trials for Avastin biosimilars on nsNSCLC. Competition of Avastin biosimilars in China market may intensify over time.

Figure 19: Key competitors to bevacizumab in late stage in China

| Reference Drug | Indication | Biosimilar | Key players | Regulatory filing status as at 31/3/2019 | Relevant filing/ approval date | |
|------------------------------|--|--------------------------|--------------------------------|--|--------------------------------|--------|
| Avastin (bevacizumab, Roche) | mCRC | HLX04 | Henlius | Phase 3 | Mar-18 | |
| | nsNSCLC | HLX04 | Henlius | Phase 1 | Dec-16 | |
| | nsNSCLC | IBI305 | Innovent Biologics | NDA filed | Jan-19 | |
| | nsNSCLC | TAB008 | TOT Biopharm | Phase 3 | May-17 | |
| | nsNSCLC | MIL60 | Beijing mAbworks Biotechnology | Phase 3 | Aug-17 | |
| | Expiry of major patents PRC: 2018 US: 2016 EU: 2013 | nsNSCLC | BAT1706 | Bio-Thera Solutions | Phase 3 | Oct-17 |
| | | nsNSCLC | GB222 | Genor Biopharma | Phase 3 | Dec-17 |
| | | nsNSCLC | LY01008 | Shandong Boan Biological Technology | Phase 3 | Jan-18 |
| | | nsNSCLC | BP102 | Shanghai Hengrui Pharmaceutical | Phase 3 | Mar-18 |
| | | nsNSCLC | QL1101 | Qilu Pharmaceutical | NDA filed | Aug-18 |
| | | nsNSCLC | TQ-B2302 | CTTQ | Phase 3 | Jul-18 |
| | | nsNSCLC | WBP-264 | Hualan Genetic Engineering | Phase 3 | Aug-18 |
| | | nsNSCLC | SCT510 | Sinocelltech | Phase 3 | Dec-18 |
| nsNSCLC | AK-3008 | Anhui Anke Biotechnology | Phase 3 | Apr-19 | | |

Source: Company data, CMBIS

Figure 20: Summary of Avastin biosimilar approved by FDA/ EMA

| Biosimilar | Key players | Status | Approved date |
|------------|-------------|--------------|--------------------------|
| Mvasi | Amgen | NDA approved | US (Sep-17)/ EU (Jan-18) |

Source: Company data, CMBIS

Figure 21: HLX04-mCRC sales forecasts

| HLX04-mCRC | | 2018A | 2019E | 2020E | 2021E | 2022E | 2023E |
|--|---------------|------------|------------|------------|------------|------------|------------|
| mCRC new cases | '000 | 424 | 437 | 450 | 462 | 475 | 489 |
| Stage IV% | | 19% | 19% | 19% | 19% | 19% | 18% |
| Late stage patient | 000 | 81 | 83 | 85 | 87 | 88 | 90 |
| Relapsed patient pool | '000 | 64 | 65 | 66 | 67 | 68 | 69 |
| Total addressable mCRC new Cases in China | 000 | 145 | 148 | 151 | 154 | 156 | 160 |
| Eligible mCRC patient pool | '000 | 81 | 85 | 89 | 93 | 97 | 102 |
| % Digosis rate | | 70% | 71% | 72% | 73% | 74% | 75% |
| % mCRC treatment rate | | 80% | 81% | 82% | 83% | 84% | 86% |
| Total mCRC patients on bevacizumab | 000 | 13 | 16 | 20 | 23 | 27 | 31 |
| Penetration rate | | 16% | 19% | 22% | 25% | 28% | 30% |
| mCRC patients on HLX04 | '000 | 0 | 0 | 0 | 2 | 5 | 9 |
| HLX04-patient share | | 0% | 0% | 0% | 10% | 20% | 30% |
| Price of Avastin, 100mg/vial | RMB | 1,998 | 1,934 | 1,876 | 1,820 | 1,765 | 1,712 |
| Price of HLX04, 100mg/vial | RMB | - | - | - | 1,274 | 1,236 | 1,199 |
| Price discount to originator | | - | - | 0% | 30% | 30% | 30% |
| # of vials per year per patient | # | 37 | 39 | 39 | 39 | 39 | 39 |
| Total volume | 000 | - | - | - | 91 | 213 | 358 |
| Total sales (hospital-level) | RMB mn | - | - | - | 116 | 263 | 430 |
| HLX04-mCRC sales (ex-factory) | RMB mn | - | - | - | 102 | 232 | 379 |
| Avastin full-course treatment cost | RMB 000 | 112 | 109 | 106 | 102 | 99 | 96 |
| HLX04 full-course treatment cost | RMB 000 | - | - | - | 72 | 70 | 67 |

Source: F&S, PDB, Chinese Protocol of Diagnosis and Treatment of Colorectal Cancer (2015 edition), CMBIS estimates

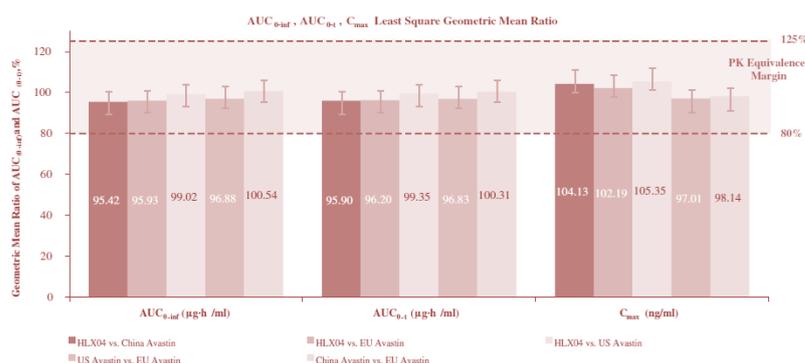
Figure 22: HLX04-NSCLC sales forecasts

| HLX04-NSCLC | | 2018A | 2019E | 2020E | 2021E | 2022E | 2023E |
|---|---------------|-------------|-------------|-------------|-------------|-------------|-------------|
| NSCLC new cases | '000 | 737 | 778 | 798 | 818 | 839 | 862 |
| StageIIIb+IIIC+IV | 000 | 571 | 600 | 613 | 625 | 637 | 650 |
| Relapsed patient pool | '000 | 205 | 216 | 222 | 228 | 234 | 240 |
| Total NSCLC new cases in China | 000 | 777 | 817 | 835 | 852 | 870 | 890 |
| % Non-squamous NSCLC new cases | % | 75% | 75% | 75% | 75% | 75% | 75% |
| Non-squamous NSCLC new cases | '000 | 583 | 613 | 626 | 639 | 653 | 668 |
| % EGFR testing rate | % | 92% | 92% | 93% | 93% | 93% | 93% |
| % EGFR wild type | % | 35% | 35% | 35% | 35% | 35% | 35% |
| Total NSCLC addressable cases in China (EGFR wildtype) | 000 | 187 | 197 | 203 | 207 | 211 | 216 |
| Total NSCLC patients on bevacizumab | '000 | 11 | 17 | 23 | 29 | 35 | 42 |
| Penetration rate | % | 6.4% | 9.4% | 12.4% | 15.4% | 18.4% | 21.4% |
| NSCLC patients on HLX04 | 000 | 0.00 | 0.00 | 0.00 | 1.44 | 3.51 | 8.34 |
| HLX04 patient share | % | 0% | 0% | 0% | 5% | 10% | 20% |
| Price of Avastin | RMB | 1,998 | 1,934 | 1,876 | 1,820 | 1,765 | 1,712 |
| Price of HLX04, 100mg/vial | RMB | - | - | - | 1,274 | 1,236 | 1,199 |
| Price discount to originator | % | 0% | 0% | 0% | 30% | 30% | 30% |
| # of vials per year per patient | # | 89 | 91 | 94 | 94 | 94 | 94 |
| Total volume | 000 | - | - | - | 135 | 328 | 781 |
| Total sales (hospital-level) | RMB mn | - | - | - | 171 | 406 | 936 |
| HLX04-NSCLC sales (ex-factory) | RMB mn | - | - | - | 151 | 358 | 826 |
| Avastin full-course treatment cost | RMB 000 | 234 | 226 | 219 | 213 | 207 | 200 |
| HLX04 full-course treatment cost | RMB 000 | - | - | - | 149 | 145 | 140 |

Source: F&S, PDB, CMBIS estimates

PK bioequivalence. Phase 1 clinical trial of HLX04 was a multi-centre, randomised, double-blind, four-arm parallel study comparing the PK, safety and immunogenicity of HLX04, Avastin sold in the US ("US Avastin"), Avastin sold in the EU ("EU Avastin") and Avastin sold in the PRC ("China Avastin"). The study enrolled 208 subjects. The primary endpoints consisted of AUC_{0-inf} and AUC_{0-t}. Phase 1 clinical trial demonstrated four-way PK bioequivalence among HLX04 and all three differently sourced Avastin.

To differentiate HLX04 by being the first biosimilar with Phase 3 clinical data on mCRC. The Phase 3 HLX04-mCRC clinical trial is a multi-centre, randomised, double-blind, parallel study comparing efficacy, safety and immunogenicity between HLX04 and Avastin combined with chemotherapy regimens as the first line treatment in patients with mCRC. The study plans to enrol ~638 subjects in China. The primary endpoint consists of the PFS rate at week 36 ("PFSR_{36w}"). Henlius expects to complete the trial in 2019 and submit NDA in 2020.

Figure 23: PK profile of HLX04 is equivalent to China/ US/ EU Avastin


Source: Company data, CMBIS

Furthermore, in addition to above four biosimilars, Henlius has another six biosimilars at early stage, covering hot drug targets, such as EGFR, VEGFR2, HER2, CTLA-4 and CD-38.

Figure 24: Other biosimilars at early stage

| Product (Reference Drug) | Target | Indication | Commercial Rights | Status |
|-----------------------------------|-------------|-----------------------------|----------------------|--------------|
| HLX05 (Erbixux, Merck) | EGFR | mCRC/SCCHN | Worldwide (ex-China) | Phase 1 |
| HLX12 (Cymaza, Eli Lilly) | VEGFR2 | Gastric cancer, NSCLC, mCRC | Worldwide | Phase 1 |
| HLX11 (Perjeta, Roche) | HER2 | BC | Worldwide | IND |
| HLX14 (Xgeva, Amgen) | RANK ligand | Solid tumours | Worldwide | Pre-clinical |
| HLX13 (Yervoy, BMS) | CTLA-4 | Solid tumours | Worldwide | Pre-clinical |
| HLX15 (Darzalex, Johnson&Johnson) | CD-38 | Multiple Myeloma | Worldwide | Pre-clinical |

Source: Company data, CMBIS

Robust pipeline in novel mAbs and combo therapies

According to F&S, China's biologics will grow at 19.6% CAGR in 2018-23E, rising from RMB262.2bn in 2018 to RMB641.2bn in 2023E. China's mAbs sales only accounted for 6.1% of overall biologics market in 2018, vs. 55.3% of global market, representing a sizable market potential. China mAbs market is expected to grow at 57.9% CAGR in 2018-23E, from RMB16bn in 2018 to RMB156.5bn in 2023E, driven by new treatments and rapid growth of mAb biosimilars.

Henlius has a diversified portfolio of innovative mAbs in Phase 1b/2 clinical studies, including HLX06 (a novel VEGFR2 inhibitor), HLX07 (an EGFR inhibitor), HLX10 (a novel PD-1 inhibitor), HLX20 (a novel PD-L1 inhibitor) and HLX22 (a HER2 inhibitor). Besides, its combination therapy (HLX04 + HLX10) has entered into Phase 3 clinical trials, being the first combo trial on bevacizumab and PD-1 inhibitor in China. Another combination therapy (HLX07 + HLX10) has filed IND. Henlius will explore more combo therapies using its biosimilars or innovative drugs with PD-1 or PD-L1, as key strategy to sustain growth.

Figure 25: Innovative biologic drugs in clinical trials

| Product | Target | Indication | Commercial Rights | Status |
|---------------|-------------|---------------|-------------------|--------------|
| HLX01 | CD20 | RA | Worldwide | Phase 3 |
| HLX04 | VEGF | wAMD/DR | Worldwide | IND approved |
| HLX07 | EGFR | Solid tumours | Worldwide | Phase 2 |
| HLX06 | VEGFR2 | Solid tumours | Worldwide | Phase 1 |
| HLX10 | PD-1 | Solid tumours | Worldwide | Phase 2 |
| HLX20 | PD-L1 | Solid tumours | Worldwide | Phase 1 |
| HLX22 | HER2 | Solid tumours | Worldwide | Phase 1 |
| HLX55 | cMET | Solid tumours | Asia | IND approved |
| HLX04 + HLX10 | VEGF + PD-1 | Solid tumours | Worldwide | Phase 3 |
| HLX07 + HLX10 | EGFR + PD-1 | Solid tumours | Worldwide | IND filed |
| HLX10 + Chemo | PD-1 | Solid tumours | Worldwide | Phase 3 |

Source: Company data, CMBIS

HLX01 (RA), expect RMB784mn peak sales

Henlius is developing HLX01 for a new indication of RA in China, which is not yet approved indication for the originator. The Company targets to file NDA for HLX01-RA in 2020E.

HLX01 requires cheaper costs than TNF inhibitors and less frequency of administration. HLX01 only needs to be injected once weekly for two weeks, repeated every 6-9 months, while other biologics RA drugs require injections every 2-4 weeks with higher treatment cost. As per our estimates, the full-course treatment cost of HLX01-RA might be cheaper than TNF inhibitor, at around RMB48,000, vs. ~RMB75,000 for Yisaipu and RMB70,000-140,000 for Humira.

Phase 3 study is ongoing. The Phase 3 study focuses on the efficacy and safety of HLX01 compared to placebo, administered together with methotrexate, in RA patients who had shown an incomplete response to treatment with methotrexate alone. The study plans to enrol 267 subjects. The primary endpoint is at least ACR20 (meaning at least a 20% improvement in RA symptoms) at week 24. Phase 3 study is still ongoing and efficacy and safety findings were not yet available.

Figure 26: HLX01-RA sales forecasts

| HLX01-RA | | 2018A | 2019E | 2020E | 2021E | 2022E | 2023E |
|--|---------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Total RA patients in China | mn | 5.88 | 5.91 | 5.95 | 5.98 | 6.01 | 6.04 |
| % Diagnosis rate of patients | % | 0.42% | 0.42% | 0.42% | 0.42% | 0.42% | 0.42% |
| % Moderate to severe patients | % | 1.97 | 2.05 | 2.13 | 2.21 | 2.30 | 2.38 |
| % drug treated patients | % | 71% | 71% | 71% | 71% | 71% | 71% |
| % of advanced treatment eligible patients | % | 65% | 66% | 68% | 69% | 70% | 71% |
| Advanced treatment eligible patients | 000 | 35% | 35% | 35% | 35% | 35% | 35% |
| # of patients eligible for 1L biologics | 000 | 450 | 476 | 503 | 531 | 561 | 593 |
| # of patients on 2/3L biologics | 000 | 51 | 57 | 70 | 85 | 101 | 119 |
| Penetration rate | % | 11% | 12% | 14% | 16% | 18% | 20% |
| Patients on HLX01-RA | 000 | 0.00 | 0.00 | 0.00 | 1.49 | 2.48 | 3.73 |
| HLX01-RA patient share | % | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% |
| Price of MabThera | RMB | 2418 | 2297 | 1953 | 1913 | 1875 | 1838 |
| ASP of HLX01, 100mg/vial | RMB | 0 | 1398 | 1367 | 1339 | 1313 | 1286 |
| Price discount to originator | % | - | 39% | 30% | 30% | 30% | 30% |
| # of vial per year per patient | vial | 21 | 22 | 22 | 23 | 24 | 24 |
| Total volume | 000 | - | - | - | 34 | 58 | 90 |
| Total sales (hospital-level) | RMB mn | - | - | - | 54 | 88 | 130 |
| Total sales (ex-factory) | RMB mn | - | - | - | 47 | 77 | 114 |
| MabThera standard treatment cost | RMB 000 | 73 | 69 | 59 | 57 | 56 | 55 |
| HLX01 standard treatment cost | RMB 000 | - | 42 | 41 | 40 | 39 | 39 |

Source: F&S, PDB, CMBIS estimates

HLX07 (Cetuximab biobetter), expect RMB468mn peak sales

HLX07 is a recombinant humanised anti-epidermal growth factor receptor (“EGFR”) monoclonal antibody, as a cetuximab biobetter. Cetuximab initially received FDA approval for the treatment of mCRC with wild-type KRAS in 2004 and SCCHN in 2006. In China, cetuximab was approved by NMPA for mCRC with wild-type KRAS and EGFR overexpression in 2006. Screening for overexpressed EGFR or KRAS mutation is typically conducted before treatment in order to rule out patients who are unlikely to respond to cetuximab.

In 2018, cetuximab was included in the NRDL in China with price of RMB1,295 per 100 mg vial. The incidence rates of mCRC and SCCHN is high in China. 2018 global sales of cetuximab amounted to US\$1.5bn, while sales in China was around RMB0.5bn.

No biosimilar approved yet worldwide. A number of cetuximab biosimilars are under development globally, none of which have yet been approved. In China, Kelun and Sinomabtech are conducting Phase 3 clinical trials on cetuximab biosimilars. In addition, other anti-EGFR mAb which are available in certain markets, but are generally not as widely distributed as cetuximab, include panitumumab (brand name Vectibix) from Amgen, which received FDA approval in 2006 for EGFR-expressing mCRC, and nimotuzumab developed by the Centre of Molecular Immunology, approved for glioma in the US and EU as well as for SCCHN in China, India and certain other countries.

Biobetter with superior safety. Henlius began developing HLX07 in Jan 2014. As a biobetter, HLX07 may be superior to cetuximab in terms of safety since HLX07 is a humanised monoclonal antibody rather than a chimeric human-murine antibody. Potential advantages of HLX07 were also found in pre-clinical studies. Currently, it is conducting Phase 1b/2 clinical trials in China and Phase 1a clinical trial in Taiwan. Phase 1b/2 HLX07 clinical trial is an open-label, Bayesian optimal interval (“BOIN”) design adaptive dose-escalation study exploring the safety, tolerability, PK and efficacy when administering HLX07 in combination with different chemotherapy regimens with endpoints of the incidence of DLT and MTD. Phase 1a/b remains ongoing, and thus efficacy and safety were not yet available. Henlius plans to launch HLX07 initially in China, where there is a significant underserved treatment need due to high cost.

HLX10 (PD-1 inhibitor), expect RMB3.25bn peak sales including combo therapies

Henlius is developing HLX10, as a recombinant humanised monoclonal antibody against PD-1 for treating various solid and haematological tumours. It started developing HLX10 in early 2014 and obtained IND approvals in the US, Taiwan and Mainland China in Sep 2017, Dec 2017 and Mar 2018, respectively. HLX10 monotherapy was undergoing phase 1a clinical trial in Taiwan and the US and phase 2 trial in Mainland China.

On 30 Sep, 2019, Henlius and PT Kalbe Genexine Biologics (KG Bio) entered into an Exclusive License Agreement for HLX10, where KG Bio will be granted exclusive rights to develop and commercialize HLX10 in relation to monotherapy for solid tumour (MSI-high) and two combination therapies in ten countries in Southeast Asia at the consideration of 1) non-creditable payment of US\$10mn, 2) commercial sales milestone payments not exceeding US\$650mn, 3) regulatory milestone payments not exceeding US\$22mn, and 4) US\$10mn to fund the two combination therapy trials.

Broad-spectrum drugs with large patient population. PD-1/PD-L1 inhibitors are broad-spectrum novel drugs and they have become common therapies for a variety of malignancies, including melanoma, NSCLC, head and neck cancer, bladder cancer and renal cancer, etc. A significant and growing market has developed as a result due to the broad indications. According to F&S, 2018 global sales of Opdivo and Keytruda reached US\$7.6bn and US\$7.2bn, respectively.

Despite of intense competition, HLX10 leads in combo therapies. A number of PD-1 or PD-L1 antibody drugs have been approved by the FDA. These include Merck's Keytruda (pembrolizumab), Bristol-Myers Squibb's Opdivo (nivolumab), Roche's Tecentriq (atezolizumab), AstraZeneca's Imfinzi (durvalumab), Pfizer's Bavencio (avelumab) and Regeneron's Libtayo (cemiplimab). Several PD-1 or PD-L1 antibody agents are in clinical development, such as Novartis' PDR-001, Tesaro's TSR042 and Pfizer's PF-06801591. In China, imported Opdivo (nivolumab) and Keytruda (pembrolizumab), and domestic PD-1 inhibitors from Junshi Biosciences, Innovent Biologics and Hengrui were approved, while BeiGene has filed NDA with the NMPA, pending for approval. Despite fierce competition and being a late entrant, Henlius aims to compete on combination therapy, which may deliver better efficacy than monotherapy.

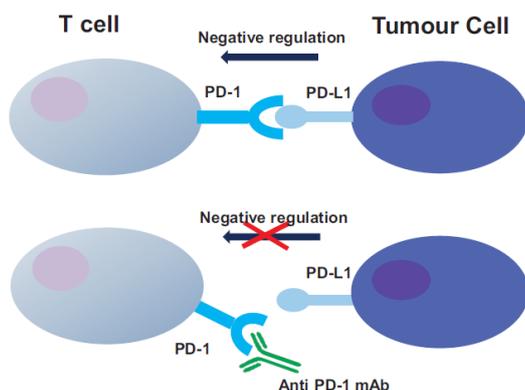
Figure 27: Summary of PD-1 inhibitors launched and in late stage in China

| Drug | Player | Indication | IND time | NDA submission time | Regulatory filing/ approval status | Approved date | Price |
|--------------------------|--------------------|---|----------|---------------------|------------------------------------|---------------|-------------------|
| Opdivo (nivolumab) | BMS | Locally advanced or metastatic NSCLC | Jul-15 | Nov-17 | Approved | Jun-18 | RMB 9,260/100mg |
| Keytruda (pembrolizumab) | Merck | Locally advanced or metastatic melanoma | Feb-16 | Feb-17 | Approved | Jul-18 | RMB 17,918/100mg |
| Tuoyi (Toripalimab) | Junshi Biosciences | Second-line treatment for melanoma | Dec-15 | Mar-18 | Approved | Dec-18 | RMB 7,200/240mg |
| Daboshu (Sintilimab) | Innovent Biologics | r/r CHL | Sep-16 | Apr-18 | Approved | Dec-18 | RMB 7,838/100mg |
| SHR-1210 (Camrelizumab) | Hengrui | Classical Hodgkin's Lymphoma | Feb-16 | Apr-18 | Approved | May-19 | RMB 19,800/ 200mg |
| BGB-A317 | BeiGene | Classical Hodgkin's Lymphoma | Sep-16 | Aug-18 | Under review | N/A | N/A |

Source: F&Ss, NMPA, CMBIS

PD-1 mechanism of action. PD-1 is an immune checkpoint inhibitor located on the surface of T-cells. Its normal function is to turn off T-cell mediated immune response or stop the immune system from attacking other cells in the body. This process works when PD-1 binds to PD-1 ligand 1 (PD-L1) or PD-1 ligand 2 (PD-L2) on the surface of normal cell or cancer cell. Many cancer cells develop overexpression of PD-1 and PD-2, which help to evade T-cell attacks. PD-1 inhibitors can bind to PD-1 receptor and block the interaction between PD-L1 and PD-1 receptor, which allows the T-cells to kill cancer cells.

Figure 28: Mechanism of PD-1 inhibitor



Source: Company data, CMBIS

HLX10 showed good binding ability to PD-1 receptor in pre-clinical studies. In pre-clinical studies, in vitro studies demonstrated HLX10's ability to bind to the PD-1 receptor of activated T-cells and block PD-L1/PD-L2 from triggering immunosuppression. In vivo studies, HLX10 demonstrated significant ability to inhibit PD-L1 receptors on human colorectal cancer and NSCLC tumour cells on xenografted mice, along with favourable safety observations.

Phase 1a showed HLX01 well tolerated by patients. Phase 1a clinical trial is an open-label, BOIN adaptive dose-escalation study to identify safety and the maximum tolerated dose ("MTD") of HLX10 in patients with metastatic or recurrent solid tumours. Primary endpoints include MTD and percentage of patients with AEs. During CSCO 2019, results of phase 1 study were released. As of 31 Jul, 2019, HLX10 monotherapy have 17 patients enrolled. Of 13 evaluable subjects, six patients achieved stable diseases and one patient experienced PD.

Phase 1 trial showed that HLX10 monotherapy was well tolerated in patients with advanced solid tumors and showed promising anti-tumor activity and comparable PK to those of nivolumab and pembrolizumab.

HLX04 + HLX10 (bevacizumab + PD-1)

Although immune checkpoint inhibitors have successfully achieved sustained responses in many different types of malignant diseases, they are only effective in a fraction of patients in each type of tumours and have limitation to subsets of patients with response rates of 20% or less. Accordingly, a variety of immuno-oncology combination therapies have been developed or are under development, which in turn enables immune checkpoint inhibitors to not be limited to specific tumour types and be more likely to effectively treat malignant diseases with specific immunobiologic characteristics.

HLX10 has demonstrated high efficacy when administered together with chemotherapy, radiation therapy or other mAb drug candidates, including HLX04 and HLX07. Henlius plans to explore using PD-1/ PD-L1 inhibitors as backbone in combination with chemotherapy, radiotherapy, targeted therapies, vaccines or small molecules for various

indications. Henlius has commenced phase 3 trial of HLX04 + HLX10 combination therapy, which is the domestic first approved combo IND using PD-1 and bevacizumab.

Phase 1/2 clinical trial underway and prepared for Phase 3. HLX04 + HLX10 combination therapy is in Phase 3 clinical trial for nsNSCLC and Phase 2 clinical trial for HCC, respectively.

Phase 3 clinical trial for nsNSCLC will consist of two parts. Part I is a safety run in an open-label, single-arm, non-randomised study evaluating primarily the safety and tolerability of the combo therapy. Part II is designed as a three-arm, randomized, double-blind, multi-center clinical trial, evaluating safety and efficacy. The study plans to enrol 636 to 642 subjects, with 6-12 for Part I and 630 for Part II. The primary endpoints for Part I will consist of safety and tolerance, and for Part II will consist of PFS.

Phase 2 clinical trial for HCC plans to enrol 150 subjects and the study is designed as a multi-stage, single-arm, randomised, open-label clinical trial, evaluating safety and efficacy of the combo with primary endpoints of ORR, AE and SAE, etc.

Figure 29: Overview of Henlius's PD-1 combination therapies

| Product | Target | Indication | Commercial Rights | Status |
|---------------|-------------|------------|-------------------|-----------|
| HLX04 + HLX10 | VEGF + PD-1 | nsNSCLC | Worldwide | Phase 3 |
| HLX04 + HLX10 | VEGF + PD-1 | HCC | Worldwide | Phase 2 |
| HLX07 + HLX10 | EGFR + PD-1 | SCCHN | Worldwide | IND filed |
| HLX10 + Chemo | PD-1 | mESCC | Worldwide | Phase 3 |
| | | sqNSCLC | Worldwide | Phase 3 |
| | | SCLC | Worldwide | Phase 3 |
| | | GC | Worldwide | Phase 3 |

Source: Company data, CMBIS

In November 2019, Henlius has entered into cooperation with Ascentage Pharma (6855 HK) to co-develop the combination therapy of HLX01 and APG-2575, a novel Bcl-2 selective inhibitor, for the treatment of chronic lymphocytic leukemia (CLL) in China.

Henlius has rich innovative drug candidates at early stage, including drug targets of CTLA-4, CD47, TIGIT, etc.

Figure 30: Other bio-innovative drug candidates at early stage

| Product | Target | Indication | Commercial Rights | Status |
|---------|--------------|---------------|-------------------|--------------|
| HLX56 | DR | Solid tumours | The great China | Pre-clinical |
| HLX09 | CTLA-4 | Solid tumours | Worldwide | Pre-clinical |
| HLX23 | CD73 | Solid tumours | Worldwide | Pre-clinical |
| HLX24 | CD47 | Solid tumours | Worldwide | Pre-clinical |
| HLX26 | LAG3 | Solid tumours | Worldwide | Pre-clinical |
| HLX59 | CD27 | Solid tumours | Worldwide | Pre-clinical |
| HLX51 | OX40 | Solid tumours | Worldwide | Pre-clinical |
| HLX52 | TIM-3 | Solid tumours | Worldwide | Pre-clinical |
| HLX53 | TIGIT | Solid tumours | Worldwide | Pre-clinical |
| HLX58 | Claudin 18.2 | Solid tumours | Worldwide | Pre-clinical |
| HLX63 | GPC3 | Solid tumours | Worldwide | Pre-clinical |

Source: Company data, CMBIS

Commercial-scale manufacturing capabilities with significant cost efficiencies

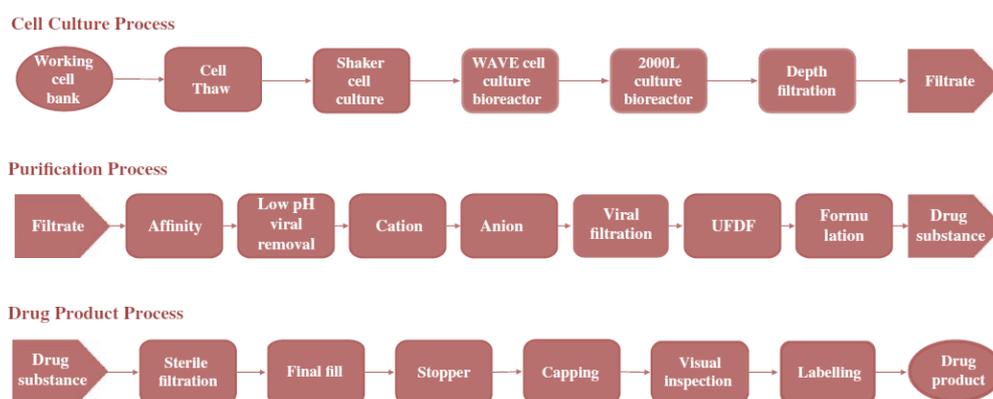
Biologics have more complex molecular structure than chemical drugs. They are derived from living organisms, thus influenced by specifics of the manufacturing process. Henlius has its own manufacturing facility, complied with China GMP and international cGMP standards.

Henlius has its own manufacturing facility for mAb products in Xuhui, Shanghai. It is located in Shanghai Caohejing Hi-Technology Park with area of ~11,000 square metres. It has six 2,000L single-use bioreactors and four 500L single-use bioreactors, amounting to total capacity of 14,000L, which was one of the largest capacities among domestic biopharmaceutical companies. A new manufacturing facility in Songjiang, Shanghai is under construction which will further strengthen the Company's commercial capability.

Henlius utilises single-use technologies in the production process, such as disposable bioreactors and filtration systems. Compared to traditional stainless steel bioreactors, single-use bioreactors have many advantages, 1) improving operation efficiency, such as shorter downtimes, reduced cleaning and sterilisation efforts, lower risk of cross contaminations, flexibility and easy shifts in portfolios based on market needs, 2) saving in capital investment and production cost. According to F&S, single-use bioreactors generally reduce capital expenditure by up to 50% and production costs by up to 25% to 30%, and save the need for clean-up and disinfection after each cycle, which reduces per-batch production time and decreases the risk of contamination.

As of 31 Mar 2019, Henlius had 155 personnel engaged in manufacturing, 42 of whom were responsible for pilot production for IND filings and Phase 1 and Phase 2 clinical trials, while 98 personnel were responsible for Phase 3 clinical and eventual commercial production.

Figure 31: Overall manufacturing process



Source: Company data, CMBIS

Leveraging global partners on commercialization and R&D

Henlius aims to provide high-quality, affordable and innovative drugs to patients globally. It will sell products through in-house marketing teams and collaboration with partners.

In China, Henlius will sell products through in-house marketing team and also leverage the strong sales expertise of Fosun Pharma, its parent company. Henlius has entered into commercial cooperation with Fosun Pharma and Jiangsu Wanbang with regard to the products of HLX01 and HLX03 respectively. In our view, Henlius will benefit from the collaboration, given that Fosun Pharma's 1) superior market access ability, 2) extensive sales network covering higher and lower tier markets. In addition, Henlius plans to establish its sales team, focusing on the field of oncology.

For overseas market, it has partnered with global pharmaceutical companies, such as Biosidus, Accord, Cipla, Jacobson, KG Bio, etc. Henlius authorized overseas commercialisation rights of HLX01 to Biosidus, and HLX02 to Accord, Cipla and Jacobson Medical in different jurisdictions, enabling it to leverage its global partners' competitive edge in commercial experience and mature sales channels. In September 2019, Henlius licensed out commercial rights of HLX10 in South East Asia regions to KG Bio for a total milestone payment of up to US\$692mn. In November 2019, Henlius has entered into cooperation with Ascentage Pharma (6855 HK) to co-develop the combination therapy of HLX01 and APG-2575, a novel Bcl-2 selective inhibitor, for the treatment of chronic lymphocytic leukemia (CLL) in China.

Figure 32: Global collaboration partners

| Deal | Drug | Region | Partner | Right | Payments | Follow-up arr. | |
|-------------|-------------|--|-----------------------|---|---|--|---|
| Cooperation | HLX01 | The PRC | Fosun Pharma | Fosun Pharma owns exclusive commercial right in the PRC | Fosun Pharma will fully reimburse Phase 3 study cost | Henlius and Fosun Pharma will equally share net profit from all sales of HLX01 in the PRC. | |
| | | South American China | Biosidus Ascentage | Strategic collaboration with Ascentage Pharma, working together to conduct clinical trials of the combination therapy between HLX01 and APG-2575, a novel Bcl-2 selective inhibitor developed by Ascentage Pharma, for the treatment of CLL in China. | | | |
| | HLX02 | Europe, MENA and CIS | Accord | Exclusive commercial right for HLX02 in over 70 jurisdictions and regions in Europe, MENA and CIS | US\$8mn Upfront payment, milestone payment upon the occurrence of certain events | Henlius is entitled to commercial sales milestone payments and share profit with Accord. | |
| | | Hong Kong, Macau | Jacobson Medical | Exclusive commercial right to promote and distribute HLX02 in Hong Kong and Macau. | Jacobson Medical will make non-refundable good faith payments in three instalments | | |
| | | Australia, New Zealand, Colombia and Malaysia | Cipla | Exclusive licensing and commercialization rights in Australia, New Zealand, Colombia and Malaysia, including regulatory approval for HLX02 in those jurisdictions | Cipla is responsible for obtaining regulatory approvals and shall bear any further R&D cost required by local regulators. | Henlius will manufacture HLX02 and supply to Cipla | |
| | HLX03 | The PRC | Jiangsu Wanbang | Jiangsu Wanbang has the exclusive right to promote and commercialise HLX03 in the PRC | Jiangsu Wanbang will reimburse all clinical trial cost incurred for HLX03. | Henlius and Jiangsu Wanbang will equally share the net profit from all sales in the PRC. | |
| | HLX10 | Southeast Asia | KG Bio | Henlius granted KG Bio exclusive rights to develop and commercialize HLX10 in monotherapy and two combination therapies in Southeast Asia. | | | |
| | License out | HLX05 | The PRC | Shanghai Jingze | Exclusive right to develop and commercialise our drug candidate HLX05 in China | Staged payments in accordance with the milestones | Henlius will provide technical support and assistance to Shanghai Jingze in production. |
| | License in | HLX56 | Greater China | Galaxy Biotech | Henlius was granted an exclusive license to develop and commercialise its monoclonal antibody D114, HLX56. | Staged payments + one-off payments + royalty payments | |
| | | HLX22 | Greater China | AbClon | Henlius was granted an exclusive license to develop and commercialise its proprietary antibody AC101, HLX22 in Greater China. | Two instalment payments + milestone payments + royalty payments | |
| HLX55 | | Greater China and certain countries in Southeast, Central and South Asia | Kolltan | Henlius was granted exclusive license to develop and commercialize IgG2 monoclonal antibody KTN0216, HLX55. | An upfront payment and further payments | | |

Source: Company data (As of Dec 31 2018, Fosun Pharma held ~61% stake in Henlius, and Jiangsu Wanbang is a wholly-owned subsidiary of Fosun Pharma), CMBIS

Visionary co-founders and leadership team

The co-founders, Dr. LIU and Dr. JIANG, are seasoned scientists in the biopharmaceutical industry. Dr. LIU has ~ 25 years of experience in biopharmaceutical R&D, manufacturing and quality management, and business development. He held senior positions in a number of leading multinational pharmaceutical companies, including director of the quality analytical labs at Amgen, associate director of biologics quality control at Bristol-Myers Squibb and vice president of R&D in Asia at United Biomedical.

Dr. JIANG has ~25-year experience in biopharmaceutical development and production with specialised expertise in antibody and protein engineering. He held senior researcher and director positions in several well-known global pharmaceutical companies, including VasGene Therapeutics and Applied Molecular Evolution, an affiliate of Eli Lilly.

Besides Henlius has assembled a team of highly-skilled talents, comprised by 79 industry experts, nearly 67% of whom have more than 10-year industry experience, and more than 62% have worked overseas, with experience across drug development, CMC, plant design, pharmaceutical production management, quality and compliance, clinical development, regulatory affairs, commercialisation and finance at leading multinational pharmaceutical companies.

Figure 33: Visionary leadership team with rich industry experience

| Name | Age | Position | Join time | Roles | Experience | Education |
|-----------------------|-----|---|-----------|---|--|---|
| Dr. Scott Shi-Kau Liu | 56 | Executive Director, CEO and Chairman | Feb-10 | Company strategic and overall management | Deputy professor, National Sun Yat-sen University of Taiwan (1993-1994); Director for quality and regulatory affairs in United Biomedical, Inc., (1998-2003); Associate director in biologics quality control at BMS (2003-2007); Director of quality analytical labs at Amgen (2007-2008) | Ph.D. degree in biology from Purdue University; Postdoctoral training in biology at Stanford University (1991-1993) |
| Dr. Wei-Dong Jiang | 56 | Co-founder, Chief Science Officer | Feb-10 | R&D | Senior researcher at Applied Molecular Evolution Inc. (2000-2004); Director for R&D at Vasgene Therapeutics Inc. (2006-2007) | Ph.D. degree in natural sciences from Giessen University; Postdoctoral training in biology at the University of California (1990-1993) |
| Mr. Xinjun Guo | 47 | Vice President and Secretary of the Board | Feb-10 | Secretary work for the Board and public relationship management | Secretary of the board and deputy general manager of Zhejiang Cifu Pharmaceutical Co., Ltd. (2004-2009); Chief engineer at Shanghai Clone High Technology Co., Ltd in 2009 | Master degree of business administration from Zhejiang University in 2005 |
| Mr. Zidong Zhang | 38 | Chief Financial Officer | Mar-18 | Financial operation, financing and investment activities | Equity analyst for UBS in New York (Sep 2014-Mar 2018); Internal consultant for Bayer AG (2011-2014) | Bachelor degree in chemistry from Fudan University; Ph.D in biochemistry from Boston University; |

Source: Company data, CMBIS

Industry Overview and Market Opportunities

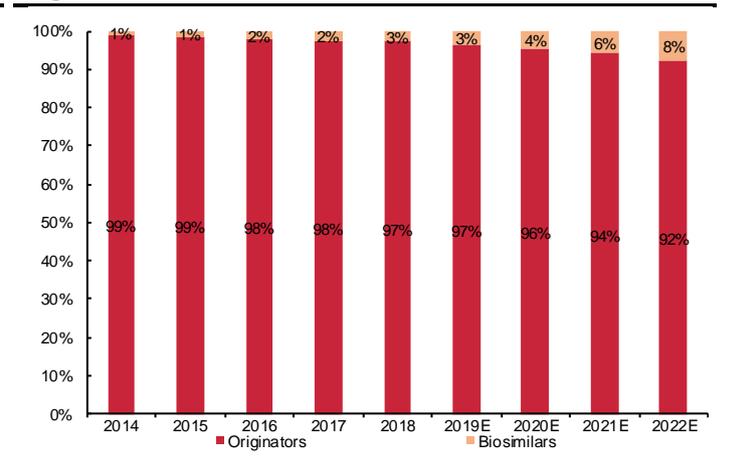
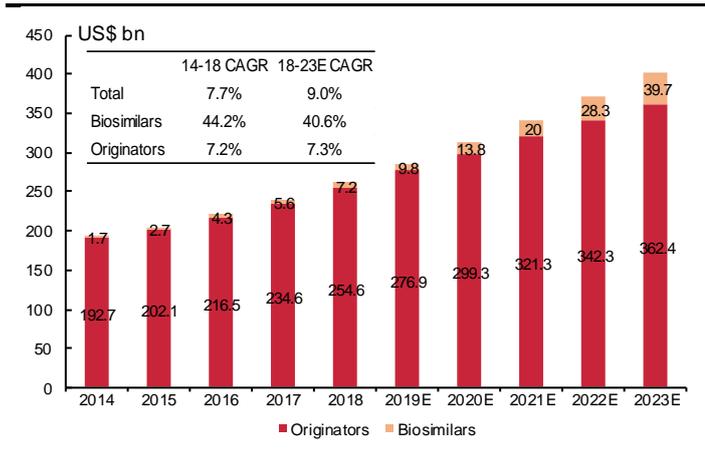
The global biologics market overview

Global biologics market: A US\$261.8bn market with 9% CAGR in 2018-23E

Global biologics market is booming. According to F&S, of the global top-10 selling drugs, nine were biologics. As per F&S, the global biologic market grew at 7.7% CAGR from US\$194.4bn in 2013 to US\$261.8bn in 2018 and is expected to grow at 9% CAGR in 2018-23E, driven by 1) superior efficacy of biologics, 2) significant development in biotechnology, 3) increasing investment in biologics R&D, and 4) growing biosimilar market.

Figure 34: Global biologics market will grow at 9% CAGR

Figure 35: Global biologics market breakdown by originator and biosimilar



Source: F&S, CMBIS

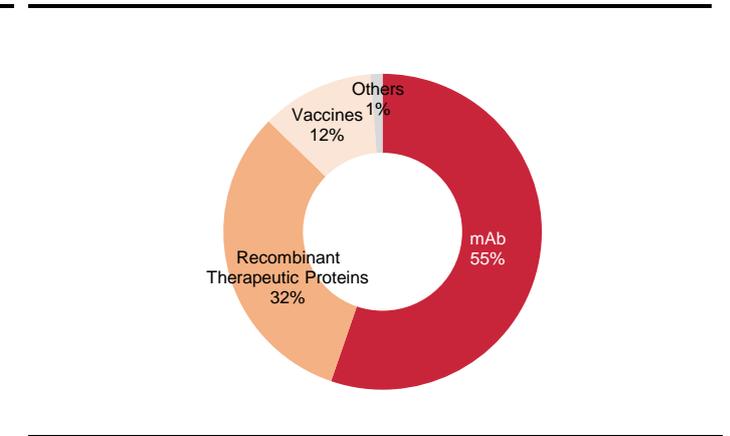
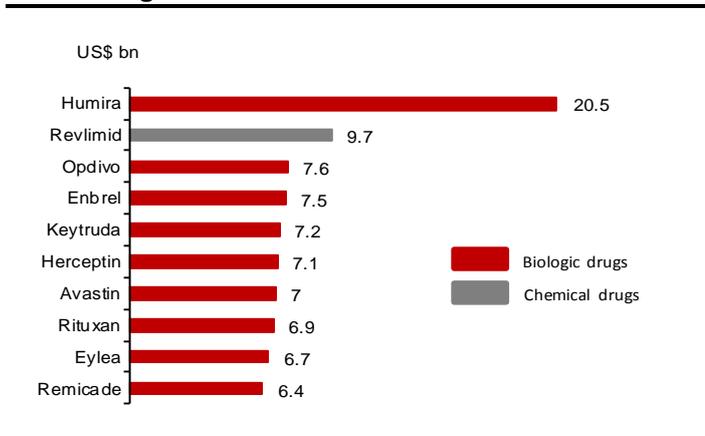
Source: F&S, CMBIS

MABs are the largest segment constituted 55.3% of global biologics market in 2018

Biologics are classified into four segments, 1) mAbs, 2) recombinant therapeutic proteins, 3) vaccines, and 4) blood and blood component, allergenics, somatic cells, gene therapy and tissues, etc. According to F&S, mAbs made up 55.3% of global biologics sales in 2018, followed by 32% of recombinant therapeutic proteins. The global mAbs (including fusion proteins) was US\$144.8bn in 2018. Oncology and auto-immune diseases are the two largest therapeutic areas of mAbs, accounting for ~48.7% and 34.5% of mAbs market.

Figure 36: Of the global top-10 selling drugs in 2018, nine were biologics

Figure 37: The mAb occupied the global biologics market with 55.3% market share in 2018



Source: F&S, CMBIS

Source: F&S, CMBIS

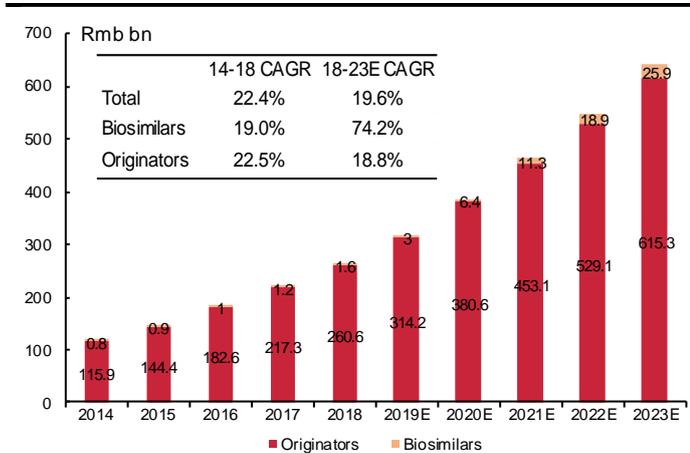
China's biologics market overview

China biologics market: a RMB262.2bn market with 19.6% CAGR in 2018-23E

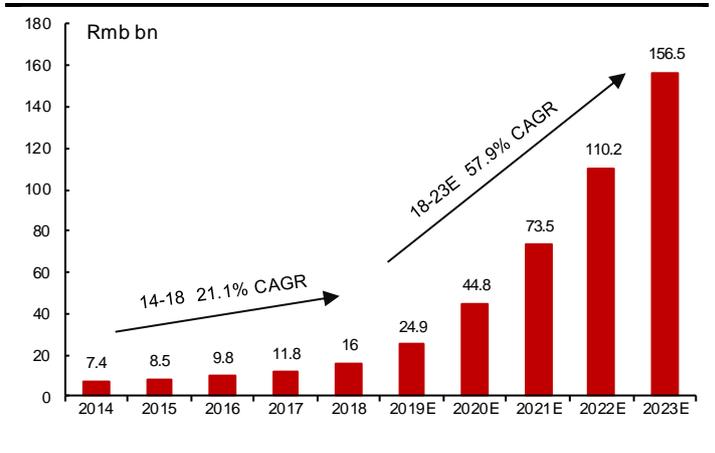
According to F&S, China's biologics market grew dramatically from RMB116.7bn in 2014 to RMB262.2bn in 2018, driven by a growing increasing affordability, healthcare awareness and favourable government policies. China biologics market is expected to grow at 19.6% CAGR in 2018-23E to RMB641.2bn, driven by 1) growing disease incidence, 2) increasing capital investment, 3) regulatory reform and favourable government policies, 4) increasing affordability and healthcare awareness, and 5) establishment of a Biosimilar Pathway.

Underdeveloped mAbs market with low penetration. China's mAbs sales only accounted for 6.1% of overall biologics market in 2018, vs. 55.3% of global market, representing a sizable market potential. According to F&S, China mAbs market is expected to grow at 57.9% CAGR in 2018-23E, from RMB16bn in 2018 to RMB156.5bn in 2023E (~24.4% of biologics market).

Figure 38: China biologics market forecast by drug type **Figure 39: China mAbs market to grow at 57.9% CAGR**



Source: F&S, CMBIS

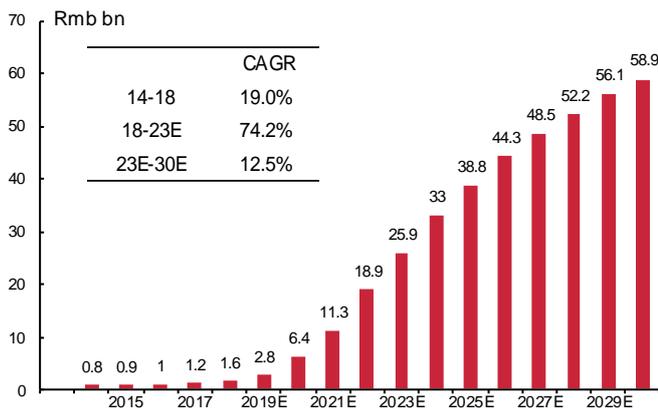


Source: F&S, CMBIS

China Biosimilars market driven by supply and medical reimbursement

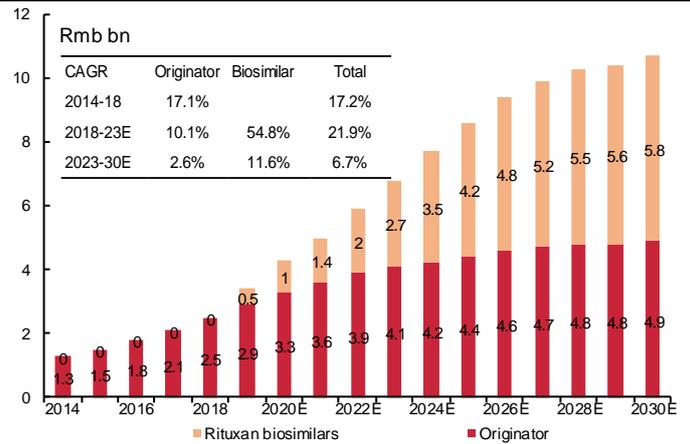
According to F&S, China's biosimilars market is expected to grow at 74.2% CAGR in 2018-23E, from RMB1.6bn in 2018 to RMB25.9bn in 2023E, driven by 1) the establishment of biosimilars guidelines, 2) the inclusions of biological drugs into the NRDL and potential more inclusions through price negotiations, and 3) near-term and medium-term patent expiration of a larger number of "blockbuster" biologics.

Figure 40: China biosimilars market to blossom



Source: F&S, CMBIS

Figure 41: China rituximab market forecast



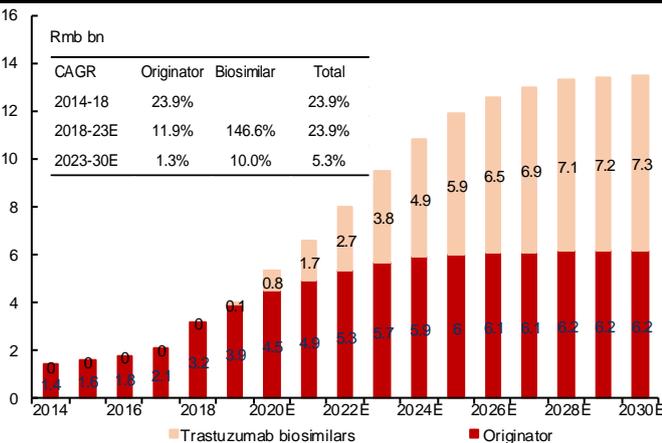
Source: F&S, CMBIS

Of China's five largest biosimilars, Henlius developed four. Core biosimilars developed by Henlius include a MabThera (rituximab) biosimilar, a Herceptin (trastuzumab) biosimilar, a Humira (adalimumab) biosimilar and an Avastin (bevacizumab) biosimilar.

Rituximab biosimilar market expected to be RMB2.7bn in 2023E in China. Henlius's HLX01 has received launching approval from NMPA on 22 Feb 2019, and being the first biosimilar developed in China in accordance with the Biosimilar Guidelines. According to F&S, China's rituximab biosimilar market is expected to grow at a CAGR of 54.8% from 2018 to ~RMB2.7bn in 2023E. Rituximab was added to the NRDL in 2017 and to the NEDL in Nov 2018, with a promising market potential.

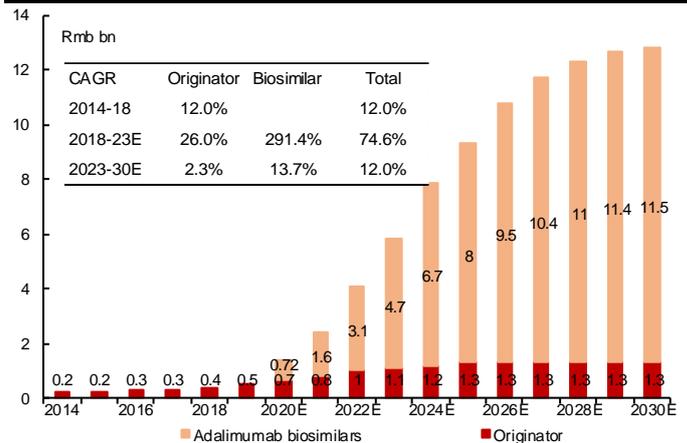
Trastuzumab biosimilar market expected to be RMB3.8bn in 2023E in China. Henlius conducted a multi-jurisdictional Phase 3 clinical trial for HLX02 with respect to the HER2+ metastatic breast cancer indication and has filed NDA to NMPA and EMA. The first trastuzumab biosimilar is expected to go to market by 2019. According to F&S, China's trastuzumab biosimilar market is expected to grow at 146.6% CAGR to ~RMB3.8bn in 2023E mainly driven by more affordable drugs. Trastuzumab was also added to the 2017 NRDL and the 2018 NEDL.

Figure 42: China trastuzumab market forecast



Source: F&S, CMBIS

Figure 43: China adalimumab market forecast

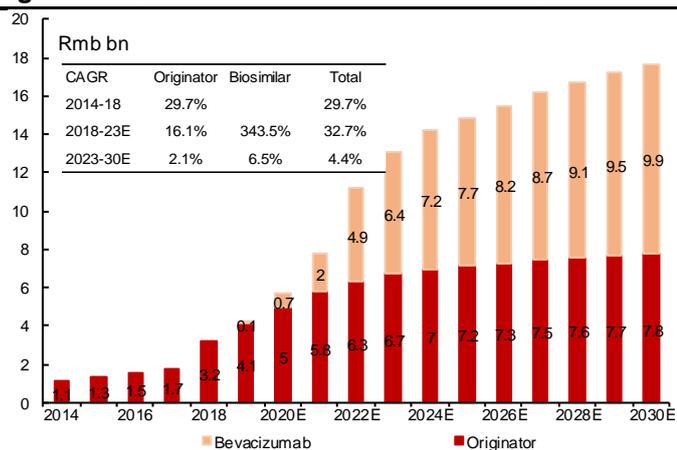


Source: F&S, CMBIS

Adalimumab biosimilar market expected to be RMB4.7bn in 2023E in China. Henlius has submitted HLX03's NDA to NMPA in Jan 2019. The first adalimumab biosimilar is expected to go to market by 2019. According to F&S, China's adalimumab biosimilar market is expected to grow at 291.4% in 2018-23E to ~RMB4.7bn in 2023E.

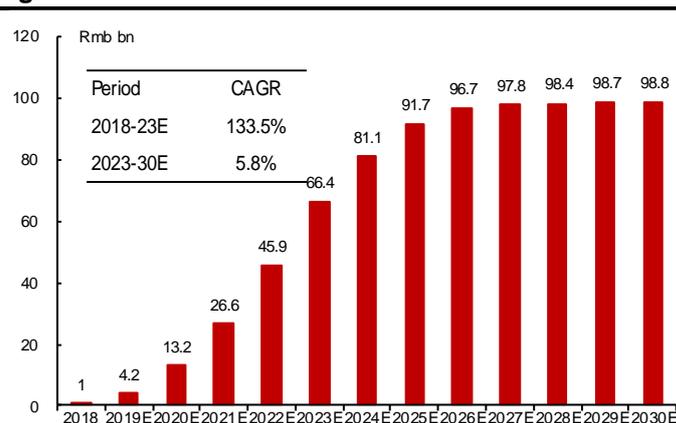
Bevacizumab biosimilar market expected to be RMB6.4bn in 2023E in China. Henlius has entered a Phase 3 clinical trial for HLX04 with respect to the metastatic colorectal cancer indication. The first bevacizumab biosimilar is expected to go to market by 2019. According to F&S, China's bevacizumab biosimilar market is expected to grow at 343.5% CAGR to ~RMB6.4bn in 2023E. Bevacizumab was added to the NRDL in 2017, which paved way for payment affordability.

Figure 44: China bevacizumab market forecast



Source: F&S, CMBIS

Figure 45: China PD-1/ PD-L1 inhibitors market forecast



Source: F&S, CMBIS

In addition to biosimilars, Henlius is also developing bio-innovative drugs, including HLX07, a cetuximab biobetter targeting EGFR, and HLX10, a novel PD-1 inhibitor and the combination therapies as well.

Cetuximab market expected to be RMB2.0bn in 2023E in China. Henlius has entered Phase 1b/2 clinical trials for HLX07. China's cetuximab market remained stable at ~RMB0.3bn in recent years, primarily due to its high price. After Erbitux (cetuximab) biosimilars or biobetters are launched in China, and with ongoing additions of new drugs to the NRDL, the cetuximab market is expected to grow significantly. According to F&S, cetuximab sales revenue in China is expected to grow at 31.5% CAGR from 2017 to ~RMB2.0bn in 2023E, and further grow at a CAGR of 8.3% to reach RMB3.4bn in 2030E.

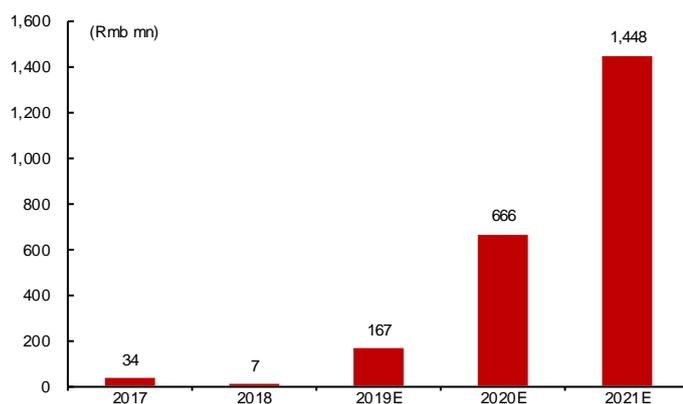
China's PD-1/PD-L1 inhibitor market expected to reach RMB98.8bn by 2030E, driven by indication expansion and more available drugs. Henlius has entered a Phase 1a clinical trial for HLX10. According to NMPA, as at 31 May 2019, five PD-1 inhibitors had been launched in China, namely Nivolumab from BMS, Pembrolizumab from Merck, Toripalimab from Junshi, Camrelizumab from Hengrui and Sintilimab from Innovent Biologics. BeiGene's Tislelizumab has filled NDA and is pending for CDE review. China's PD-1/PD-L1 inhibitor market is expected to grow rapidly in the coming years driven by more approved drugs and indication expansion as various types of cancers are responsive to PD-1/PD-L1 inhibitor. PD-1/PD-L1 sales in China is expected to grow at 133.5% CAGR of from 2018 to RMB66.4bn in 2023E, and further grow at 5.8% CAGR to reach RMB98.8bn in 2030E.

Financial Analysis

We estimate Henlius to turn profitable from 2021E

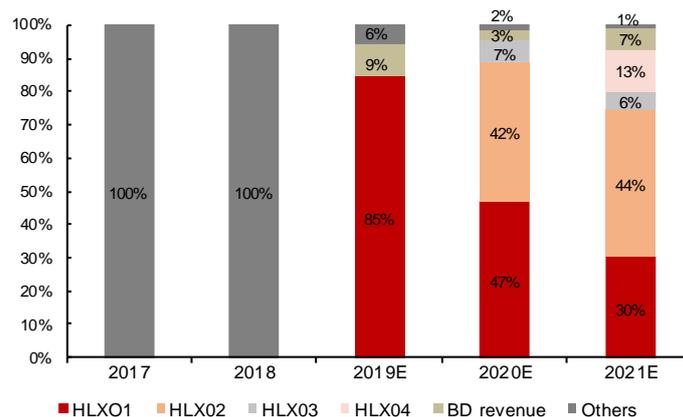
We forecast risk-adjusted revenue of RMB167mn/ RMB666mn/ RMB1,448mn in FY19E/20E/21E, mainly driven by HLX01, which was launched to market in 2Q19, and three core biosimilar drugs (HLX02, HLX03 and HLX04). We expect HLX02/ HLX03 to launch in 2020E and HLX04 in 2021E with probability of success (PoS) of 90%/90%/72%. We forecast net loss of RMB319mn/ RMB171mn in FY19E/20E and net profit of RMB198mn in FY21E. The first profitable year is estimated to be 2021E.

Figure 46: Revenue forecasts



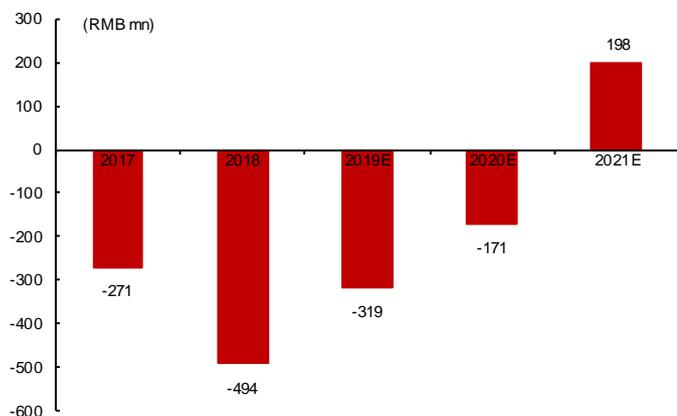
Source: Company data, CMBIS estimates

Figure 47: Revenue forecast breakdown



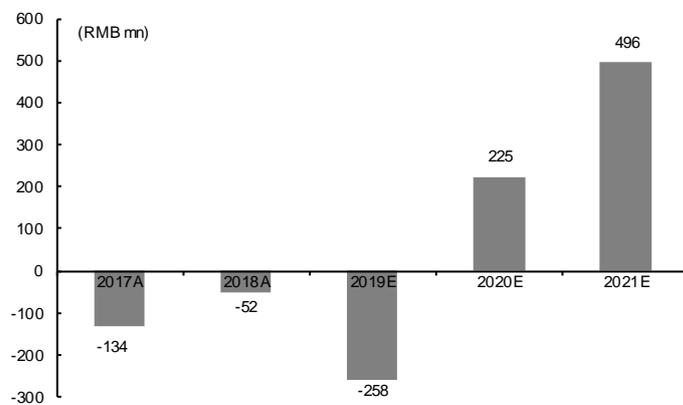
Source: Company data, CMBIS estimates

Figure 48: Expect Henlius to turn profitable from 2021E



Source: Company data, CMBIS estimates

Figure 49: Operating cash flow forecasts



Source: Company data, CMBIS estimates

Growth mainly driven by four core biosimilars in late stage

HLX01 for NHL has been commercialized in May 2019. We expect HLX01 to record total sales of RMB269mn/ RMB675mn/ RMB980mn in FY19E/20E/21E, of which RMB141mn/ RMB313mn /RMB439mn will be recorded by Henlius given the profit split agreement with Fosun Pharma. Besides, HLX01 is currently conducting Phase 3 trial on RA and we expect this indication to be approved in 2021E.

Figure 50: HLX01 sales forecasts and key assumptions

| | 2017A | 2018A | 2019E | 2020E | 2021E | 2022E | 2023E |
|--|----------|----------|------------|------------|------------|--------------|--------------|
| HLX01 rituximab biosimilar | | | | | | | |
| ASP of MabThera, 100mg/ vial (RMB) | 3,080 | 2,418 | 2,297 | 1,953 | 1,913 | 1,875 | 1,838 |
| Price erosion % | | -21% | -5% | -15% | -2% | -2% | -2% |
| ASP of HLX01, 100mg/ vial (RMB) | 0 | 0 | 1,398 | 1,367 | 1,339 | 1,313 | 1,286 |
| Price discount to MabThera | 0% | 0% | 39% | 30% | 30% | 30% | 30% |
| # of vials per NHL treatment | 22 | 34 | 36 | 42 | 49 | 49 | 56 |
| # of patients on HLX01-NHL ('000) | 0 | 0 | 6 | 13 | 16 | 20 | 23 |
| HLX01-NHL's rituximab market share by volume | 0% | 0% | 15% | 30% | 35% | 40% | 45% |
| Gross ex-factory sales-HLX01-NHL (RMB mn) | 0 | 0 | 269 | 675 | 946 | 1,112 | 1,471 |
| PoS% | 0% | 0% | 100% | 100% | 100% | 100% | 100% |
| HLX01-NHL PoS-adjusted sales (RMB mn) | 0 | 0 | 269 | 675 | 946 | 1,112 | 1,471 |
| # of vials per RA treatment | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| # of patients on HLX01-RA ('000) | 0 | 0 | 0 | 0 | 1 | 2 | 4 |
| HLX01 RA patient share | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% |
| Gross ex-factory sales-HLX01-RA (RMB mn) | 0 | 0 | 0 | 0 | 47 | 77 | 114 |
| PoS % | 0% | 0% | 72% | 72% | 72% | 72% | 72% |
| HLX01-RA PoS-adjusted sales (RMB mn) | 0 | 0 | 0 | 0 | 34 | 56 | 82 |
| HLX01-NHL+RA PoS-adjusted sales (RMB mn) | 0 | 0 | 269 | 675 | 980 | 1,168 | 1,553 |
| Revenue to Henlius after split with Fosun Pharma (RMB mn) | 0 | 0 | 141 | 313 | 439 | 488 | 646 |

Source: Company data, CMBIS estimates

HLX03 is under priority review by CDE. We apply a 90% probability for obtaining approval and expect HLX03 to record risk-adjusted revenue of RMB45mn/ RMB80mn in FY20E/FY21E, after split with Jiangsu Wanbang.

Figure 51: HLX03 sales forecasts and key assumptions

| | 2017A | 2018A | 2019E | 2020E | 2021E | 2022E | 2023E |
|---|----------|----------|----------|-----------|------------|------------|------------|
| HLX03 adalimumab biosimilar | | | | | | | |
| ASP of Humira (RMB) | 7,670 | 7,593 | 6,074 | 3,160 | 3,065 | 2,973 | 2,884 |
| Price erosion % | | -1.0% | -20.0% | -48.0% | -3.0% | -3.0% | -3.0% |
| ASP of HLX03 (40mg/ vial)(RMB) | 0 | 0 | 0 | 2,212 | 2,146 | 2,081 | 2,019 |
| Price discount to Humira | | | | 30.0% | 30.0% | 30.0% | 30.0% |
| # of vials per treatment | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| # of patients on HLX03 ('000) | 0 | 0 | 0 | 2 | 4 | 12 | 24 |
| HLX03's RA/AS/PS patient share | 0% | 0% | 0% | 1% | 2% | 5% | 8% |
| Gross ex-factory sales-HLX03 (RMB mn) | 0 | 0 | 0 | 69 | 161 | 464 | 896 |
| Revenue to Henlius after split with Wanbang (RMB mn) | 0 | 0 | 0 | 50 | 89 | 211 | 368 |
| PoS % | 0% | 0% | 90% | 90% | 90% | 90% | 90% |
| PoS-adjusted sales after split (RMB mn) | 0 | 0 | 0 | 45 | 80 | 190 | 331 |

Source: Company data, CMBIS estimates

HLX02 has filed NDA in Apr 2019 and is expect to be launched in 2020E. We apply a 90% probability for successfully getting approval and forecast HLX02 to generate risk-adjusted revenue of RMB279mn/ RMB639mn in FY20E/FY21E.

HLX04 is in Phase 3 study on mCRC. We expect it to get approval in 2021E. And we apply a PoS rate of 72% and forecast it to generate risk-adjusted sales of RMB183mn in FY21E.

Figure 52: HLX02 sales forecasts and key assumptions

| | 2017A | 2018A | 2019E | 2020E | 2021E | 2022E | 2023E |
|---|----------|----------|----------|------------|------------|--------------|--------------|
| HLX02 trastuzumab biosimilar | | | | | | | |
| ASP of Herceptin (RMB) | 7,600 | 7,600 | 7,448 | 7,270 | 7,125 | 6,982 | 6,842 |
| Price erosion % | | 0.0% | -2.0% | -2.4% | -2.0% | -2.0% | -2.0% |
| ASP of HLX02 (440mg/ vial)(RMB) | 0 | 0 | 0 | 5,089 | 4,987 | 4,887 | 4,790 |
| Price discount to Herceptin | 0% | 0% | 0% | 30% | 30% | 30% | 30% |
| # of vials per BC treatment | 13 | 13 | 13 | 15 | 15 | 15 | 15 |
| # of BC patients on HLX02 ('000) | 0 | 0 | 4 | 10 | 20 | 25 | 28 |
| HLX02-BC's trastuzumab market share | 0% | 0% | 0% | 10% | 20% | 35% | 40% |
| Gross ex-factory sales-HLX02-BC (RMB mn) | 0 | 0 | 0 | 282 | 644 | 1,275 | 1,564 |
| # of vials per GC treatment | 7 | 7 | 7 | 7 | 7 | 8 | 8 |
| # of GC patients on HLX02 ('000) | 0 | 0 | 0 | 1 | 2 | 4 | 5 |
| HLX02-GC's trastuzumab market share by volume | 0% | 0% | 0% | 10% | 20% | 35% | 40% |
| Gross ex-factory sales-HLX02-GC (RMB mn) | 0 | 0 | 0 | 28 | 66 | 133 | 173 |
| PoS % | 90% | 90% | 90% | 90% | 90% | 90% | 90% |
| HXL02-PoS-adjusted sales (RMB mn) | 0 | 0 | 0 | 279 | 639 | 1,267 | 1,563 |

Source: Company data, CMBIS estimates

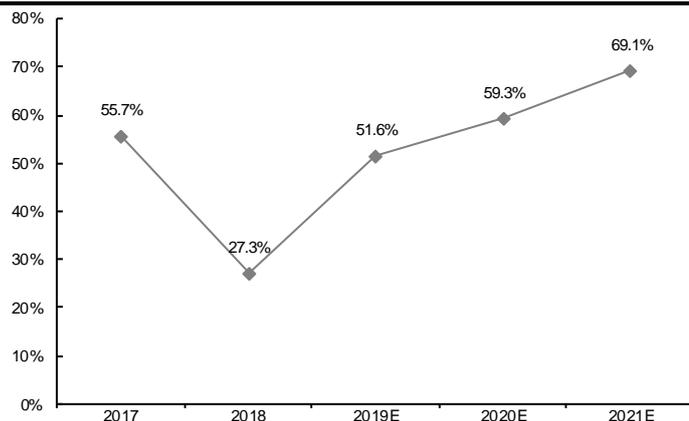
Figure 53: HLX04 sales forecasts and key assumptions

| | 2017A | 2018A | 2019E | 2020E | 2021E | 2022E | 2023E |
|--|----------|----------|----------|----------|------------|------------|--------------|
| HLX04 Bevacizumab biosimilar | | | | | | | |
| ASP of Avastin (RMB), 100mg/vial (RMB) | 3,455 | 1,998 | 1,934 | 1,876 | 1,820 | 1,765 | 1,712 |
| Price erosion % | | -42.2% | -3.2% | -3.0% | -3.0% | -3.0% | -3.0% |
| ASP of HLX04, 100mg/ vial (RMB) | 0 | 0 | 0 | 0 | 1,274 | 1,236 | 1,199 |
| Price discount to Avastin | 0% | 0% | 0% | 0% | 30% | 30% | 30% |
| # of vials per mCRC treatment | 37 | 37 | 39 | 39 | 39 | 39 | 39 |
| # of patients on HLX04-mCRC ('000) | 0 | 0 | 0 | 0 | 2 | 5 | 9 |
| HLX04-mCRC's Bevacizumab market share by volume | 0% | 0% | 0% | 0% | 10% | 20% | 30% |
| # of vials per NSCLC treatment | 88 | 89 | 91 | 94 | 94 | 94 | 94 |
| # of patients on HLX04-NSCLC ('000) | 0 | 0 | 0 | 0 | 1 | 4 | 8 |
| HLX04-NSCLC's Bevacizumab market share by volume | 0% | 0% | 0% | 0% | 5% | 10% | 20% |
| Ex-factory sales-HLX04 (RMB mn) | 0 | 0 | 0 | 0 | 254 | 590 | 1,205 |
| PoS % | 72% | 72% | 72% | 72% | 72% | 72% | 72% |
| HLX04-PoS-adjusted sales (RMB mn) | 0 | 0 | 0 | 0 | 183 | 425 | 868 |

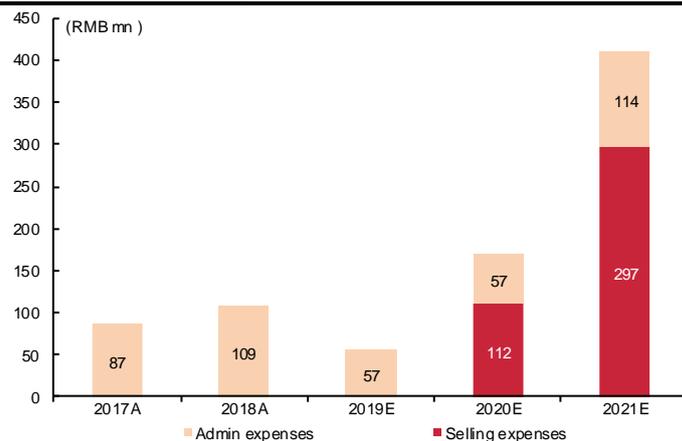
Source: Company data, CMBIS estimates

GPM expected to gradually improve. We forecast GPM to be 51.6%/ 59.3%/ 69.1% in FY19E/20E/21E due mainly to product launch and economies of scale.

S&G to rise over time. We forecast selling expenses to be RMB112mn /RMB297mn in FY20E/21E, or 16.7%/20.5% of total sales, given that HLX01 and HLX03's marketing expenses will be paid by Fosun, and Henlius will be only responsible for HLX02 and HLX04's marketing activities through its own marketing team.

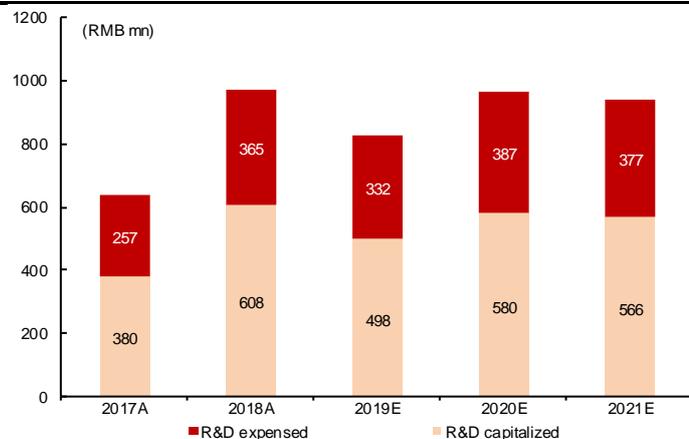
Figure 54: GPM forecasts

Source: Company data, CMBIS estimates

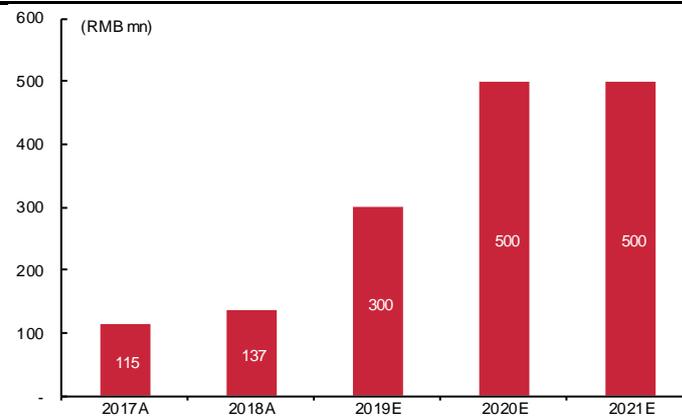
Figure 55: SG&A expenses forecasts

Source: Company data, CMBIS estimates

R&D and CAPEX to stay high. Henlius invested overall R&D spending (both capitalized and expensed) of RMB637mn /RMB973mn in FY17/FY18, of which RMB257mn /RMB365mn are expensed, respectively. We expect R&D spending to stay high going forward, given HLX04 in Phase 3 trials, PD-1 and PD-1 combo in Phase 2/3 trials, and other biosimilars and bio-innovative drugs in early stage. We expect overall R&D spending in FY19/FY20E/FY21E to be RMB830mn /RMB967mn /RMB943mn and expensed R&D to be RMB332mn /RMB387mn /RMB377mn. We estimate capital expenditures to be RMB300mn / RMB500mn / RMB500mn in FY19E/20E/21E, mainly for the construction of new factory in Songjiang, Shanghai.

Figure 56: R&D cost forecasts

Source: Company data, CMBIS estimates

Figure 57: CAPEX forecasts of PP&E

Source: Company data, CMBIS estimates

Financial Statements

Income statement

| YE Dec 31 (RMB mn) | FY17A | FY18A | FY19E | FY20E | FY21E |
|-------------------------|--------------|--------------|--------------|--------------|--------------|
| Revenue | 34 | 7 | 167 | 666 | 1,448 |
| Drug sales | - | - | 141 | 638 | 1,341 |
| BD sales | - | - | 15 | 19 | 97 |
| Other income | 34 | 7 | 10 | 10 | 10 |
| Cost of sales | (15) | (5) | (81) | (271) | (447) |
| Gross profit | 19 | 2 | 86 | 395 | 1,001 |
| Distribution expenses | - | - | - | (112) | (297) |
| Administrative expenses | (87) | (109) | (57) | (57) | (114) |
| R&D expenses | (257) | (365) | (332) | (387) | (377) |
| Operating profit | (326) | (472) | (303) | (161) | 213 |
| Finance income/ (cost) | (55) | (58) | (32) | (26) | (20) |
| Exceptional | 1 | 30 | 15 | 15 | 15 |
| Pre-tax profit | (380) | (500) | (319) | (171) | 208 |
| Profit tax | (4) | (5) | - | - | (10) |
| Minority interest | 114 | 11 | - | - | - |
| Net profit | (271) | (494) | (319) | (171) | 198 |

Cash flow summary

| YE Dec 31 (RMB mn) | FY17A | FY18A | FY19E | FY20E | FY21E |
|------------------------------------|--------------|--------------|--------------|----------------|----------------|
| PBT | (380) | (500) | (319) | (171) | 208 |
| Depreciation & amortization | 26 | 29 | 114 | 171 | 254 |
| Change in working capital | 40 | 302 | (85) | 199 | 25 |
| Income tax paid | (4) | (5) | - | - | (10) |
| Others | 184 | 121 | 32 | 26 | 20 |
| Net cash from operating | (134) | (52) | (258) | 225 | 496 |
| Capex | (115) | (137) | (300) | (500) | (500) |
| Acquisition of intangible asset | (356) | (598) | (498) | (580) | (566) |
| Other | - | - | - | - | - |
| Net cash from investing | (472) | (735) | (798) | (1,080) | (1,066) |
| Loan to related party | 425 | (575) | - | - | - |
| Net proceeds from shares | 178 | 2,639 | 2,777 | - | - |
| Bank borrowing | (18) | 296 | - | (100) | (100) |
| Acquisition of non-controlling | - | (635) | - | - | - |
| Interest paid | (43) | (45) | (32) | (26) | (20) |
| Net cash from financing | 541 | 1,679 | 2,745 | (126) | (120) |
| Net change in cash | (65) | 892 | 1,689 | (981) | (689) |
| Cash at the beginning of the | 123 | 59 | 959 | 2,648 | 1,667 |
| Exchange difference | (0) | 9 | - | - | - |
| Cash at the end of the year | 59 | 959 | 2,648 | 1,667 | 977 |

Balance sheet

| YE Dec 31 (RMB mn) | FY17A | FY18A | FY19E | FY20E | FY21E |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|
| Non-current assets | 1,252 | 2,008 | 2,692 | 3,601 | 4,413 |
| Fixed asset | 290 | 324 | 579 | 998 | 1,359 |
| Intangible assets | 772 | 1,383 | 1,812 | 2,301 | 2,752 |
| Other non-current assets | 189 | 301 | 301 | 301 | 301 |
| Current assets | 233 | 1,087 | 2,777 | 1,889 | 1,281 |
| Cash | 59 | 959 | 2,648 | 1,667 | 977 |
| Inventories | 25 | 25 | 7 | 37 | 61 |
| Trade and bills receivables | 20 | 7 | 27 | 89 | 147 |
| Prepayments, deposits | 125 | 90 | 90 | 90 | 90 |
| Pledged cash | 4 | 6 | 6 | 6 | 6 |
| Current liabilities | 1,212 | 533 | 475 | 537 | 595 |
| Borrowings | 596 | 143 | 143 | 143 | 143 |
| Trade and other payables | 74 | 85 | 27 | 89 | 147 |
| Other current liabilities | 542 | 305 | 305 | 305 | 305 |
| Non-current liabilities | 349 | 759 | 734 | 863 | 813 |
| Borrowings | 163 | 385 | 385 | 285 | 185 |
| Other non-current liabilities | 186 | 373 | 349 | 578 | 627 |
| Total net assets | (76) | 1,803 | 4,260 | 4,089 | 4,287 |
| Minority interest | 4 | - | - | - | - |
| Shareholders' equity | (80) | 1,803 | 4,260 | 4,089 | 4,287 |

Key ratios

| YE Dec 31 | FY17A | FY18A | FY19E | FY20E | FY21E |
|-------------------------------------|--------------|--------------|--------------|--------------|--------------|
| Sales mix (%) | | | | | |
| Drug sales | - | - | 84.8 | 95.7 | 92.6 |
| BD sales | - | - | 9.2 | 2.8 | 6.7 |
| Other income | 100.0 | 100.0 | 6.0 | 1.5 | 0.7 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Profit & loss ratios (%) | | | | | |
| Gross margin | 56 | 27 | 52 | 59 | 69 |
| EBITDA margin | N/A | N/A | N/A | 2 | 32 |
| Pre-tax margin | N/A | N/A | N/A | N/A | 14 |
| Net margin | N/A | N/A | N/A | N/A | 14 |
| Effective tax rate | N/A | N/A | - | - | 5 |
| Balance sheet ratios | | | | | |
| Current ratio (x) | 0.2 | 2.0 | 5.9 | 3.5 | 2.2 |
| Trade receivables turnover | - | 50 | 50 | 50 | 50 |
| Trade payables turnover | - | 120 | 120 | 120 | 120 |
| Inventory turnover days | 30 | 50 | 50 | 60 | 60 |
| Net debt to total equity ratio | 112.9 | Net cash | Net cash | Net cash | Net cash |
| Returns (%) | | | | | |
| ROE | N/A | N/A | N/A | N/A | 4.8 |
| ROA | N/A | N/A | N/A | N/A | 3.6 |
| Per share data | | | | | |
| EPS (RMB) | (0.77) | (1.16) | (0.59) | (0.32) | 0.37 |
| DPS (RMB) | - | - | - | - | - |
| BVPS (RMB) | (0.2) | 4.2 | 7.9 | 7.6 | 8.0 |

Source: Company data, CMBIS estimates

Valuation

As Henlius is a pre-revenue biotechnology company, it relies on future cash flow from drugs sales, which is driven by drug sales and products on pipeline. DCF would be a reasonable valuation method for Henlius.

We derive TP of HK\$61.12 based on a 12-year DCF valuation (WACC: 10.03%, terminal growth rate: 4.0%). We employed a WACC of 10.03%, which is higher than that of HK listed peers due to higher risk, and terminal growth rate of 4%, which is consistent with Chinese pharma companies.

Figure 58: Base case valuation on risk-adjusted DCF valuation

| | 2019E | 2020E | 2021E | 2022E | 2023E | 2024E | 2025E | 2026E | 2027E | 2028E | 2029E | 2030E |
|--|--------------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | RMB mn | RMB mn | RMB mn | RMB mn | RMB mn | RMB mn | RMB mn | RMB mn | RMB mn | RMB mn | RMB mn | RMB mn |
| EBIT | (303) | (161) | 213 | 852 | 1,624 | 2,258 | 2,570 | 2,792 | 3,169 | 3,472 | 3,660 | 3,856 |
| Less: Tax | 0 | 0 | (10) | (85) | (244) | (339) | (386) | (419) | (476) | (521) | (549) | (579) |
| Depreciation and amortisation | 114 | 171 | 254 | 327 | 384 | 434 | 468 | 497 | 492 | 485 | 479 | 473 |
| CAPEX | (798) | (1,080) | (1,066) | (922) | (900) | (700) | (700) | (450) | (400) | (400) | (400) | (400) |
| Change in working capital | (85) | 199 | 25 | 9 | (90) | (64) | (154) | (75) | (74) | (77) | (37) | (44) |
| FCF | (1,072) | (871) | (585) | 180 | 775 | 1,588 | 1,798 | 2,345 | 2,711 | 2,959 | 3,153 | 3,307 |
| Terminal value | | | | | | | | | | | | 57,085 |
| FCF+Terminal value | | (871) | (585) | 180 | 775 | 1,588 | 1,798 | 2,345 | 2,711 | 2,959 | 3,153 | 60,392 |
| Discount factor | | 0.91 | 0.83 | 0.75 | 0.68 | 0.62 | 0.56 | 0.51 | 0.47 | 0.42 | 0.38 | 0.35 |
| PV of FCF | | (791) | (483) | 135 | 529 | 985 | 1,014 | 1,201 | 1,263 | 1,252 | 1,213 | 21,114 |
| Present value of enterprise (RMB mn) | 27,432 | | | | | | | | | | | |
| Debt & Preferred Stock (RMB mn) | 528 | | | | | | | | | | | |
| Bank deposit and pledged cash (RMB mn) | 2,654 | | | | | | | | | | | |
| Equity value (RMB mn) | 29,558 | | | | | | | | | | | |
| Value per share (RMB) | 54.83 | | | | | | | | | | | |
| Value per share (HK\$) | 61.12 | | | | | | | | | | | |
| WACC | 10.03% | | | | | | | | | | | |
| Terminal growth rate | 4.0% | | | | | | | | | | | |

Source: CMBIS estimates

Figure 59: Corporate value sensitivity analysis (HK\$ mn)

| | | 8.5% | 9.0% | 9.5% | WACC 10.0% | 10.5% | 11.0% | 11.5% |
|-----------------------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 2.5% | 69.16 | 62.68 | 57.17 | 52.42 | 48.29 | 44.68 | 41.49 |
| | 2.0% | 65.32 | 59.54 | 54.56 | 50.24 | 46.46 | 43.12 | 40.16 |
| | 3.5% | 79.12 | 70.68 | 63.67 | 57.78 | 52.75 | 48.43 | 44.66 |
| Terminal growth rate | 4.0% | 85.76 | 75.87 | 67.81 | 61.12 | 55.49 | 50.70 | 46.57 |
| | 4.5% | 94.04 | 82.20 | 72.76 | 65.07 | 58.69 | 53.32 | 48.74 |
| | 5.0% | 104.68 | 90.12 | 78.82 | 69.81 | 62.47 | 56.38 | 51.25 |
| | 5.5% | 118.83 | 100.27 | 86.38 | 75.59 | 67.00 | 59.98 | 54.17 |

Source: CMBIS estimates

Investment Risks

No track record of successful commercialization

As of 30 Jun, 2019, Henlius recorded revenue of RMB38.1mn/ RMB33.9mn/ RMB17.04mn in FY16/FY17/1H19. HLX01, rituximab biosimilar for NHL was approved by the NMPA on 22 Feb 2019, available for sale and enjoys the same reimbursement policy as the originator. Henlius may fail to generate sales as expected, because 1) smaller-than-expected addressable market may constrain sales scale, 2) insurance coverage and reimbursement may be limited in certain markets for some drug candidates, and 3) subject to regulatory price control or medical insurance reimbursement caps.

However, at the beginning, Henlius received strong support from its holding company Fosun Pharma. It entered into commercialising agreements with Fosun Pharma and Wanbang, who is in charge of commercialisation activities and costs for HLX01 and HLX03, respectively and agree to reimburse a portion of the clinical trial expenditure. Upon their successful commercialisation, such partners will share a portion of the profit with Henlius at 1:1 split ratio.

Medical cost control may lead to further price cut

Adequate coverage and reimbursement from government healthcare programmes are critical to new drug acceptance in China. The Ministry of Human Resources and Social Security of the PRC regularly reviews the inclusion or removal of drugs from NRDL, NEDL, or provincial medical insurance catalogues, based on a number of factors, including price and efficacy. Products included in the NRDL are typically generic and essential drugs. Innovative drugs have historically been more limited on their inclusion in the NRDL due to their initial higher price and the limited affordability of NRDL. There can be no assurance that any of Henlius's drug candidates will be included in the NRDL. Drugs may become subject to regulatory price control and more stringent insurance reimbursement caps.

Limited experience in manufacturing biologics drugs on a large commercial scale

The manufacture of biologics is a highly exacting and complex process. Any improper operation in manufacturing may lead to additional expenses or discard. Since Henlius has no manufacturing experience on commercial scales, it may not be able to supply products at a cost or in quantities or in a timely manner necessary, due to 1) longer-than-expected time to ramp up production, 2) insufficient orders, 3) low success rate of products that meet regulatory requirements, and 4) inability to expand capacity as anticipated.

Fierce competition from peers in China and overseas

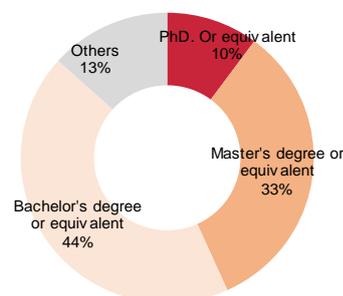
The biologics market is highly competitive, characterised by extensive R&D, technological change, innovations, new applications and evolving industry standards, etc. This high level of competition is expected to increase over time. The core biosimilar drugs developed by Henlius faced fierce competition from domestic peer companies, as some of whose drugs have entered into last stage. Furthermore, those competitors may have greater financial and R&D resources, greater pricing flexibility, and more extensive technical capabilities and more experienced sales team. Henlius may be unable to generate target profits, resulting from 1) failing in introducing new competitive drugs timely, 2) higher-than-expected price cut of originators, exerting price pressure on biosimilars.

Appendix 1: Company Profile

Figure 60: # of employees by function, as of 30 Jun, 2019 **Figure 61: Education background of employees, as of 31 Mar, 2019**

| Function | Number | % of total |
|-------------------------------|------------|---------------|
| Management and administrative | 114 | 13.0% |
| Research and development | 260 | 29.7% |
| Quality and technical support | 168 | 19.2% |
| Manufacturing | 171 | 19.6% |
| Clinical medical affairs | 161 | 18.4% |
| Total | 874 | 100.0% |

Source: Company data, CMBIS



Source: Company data, CMBIS

Figure 62: Awards

| Year | Award | Issuing body |
|------|---|---|
| 2016 | High and New Technology Enterprises (“高新技术企业”) | Shanghai Science & Technology Committee Shanghai Municipal Finance Bureau, the Shanghai Municipal Office of the State Administration of Taxation and the Shanghai Municipal Bureau of Local Taxation |
| 2017 | Best Bioprocessing Excellence in China | IMAPAC |
| 2017 | Leading Innovations in Cutting-edge Technologies for Novel mAb Development & Production | IMAPAC |
| 2017 | 2017 Future Star in the China Pharma Industry | Deloitte Touche Tohmatsu |
| 2018 | Asia Biotech of 2017 | Annual BioPharma Industry Awards |
| 2018 | Bioprocessing Innovations in Single-Use Manufacturing in China | IMAPAC |
| 2018 | the Most Promising Enterprises in China (“中国最具潜力企业”) | Ernst & Young |
| 2018 | China Top 50 Investments for Value (“中国最具投资价值企业 50 强”) | Venture 50 |
| 2018 | Future Stars (“未来之星”) | China Entrepreneur |

Source: Company data, CMBIS

Appendix 2: Glossary

Figure 63: Glossary

| Term | Explanation |
|----------------------|---|
| Adverse event | Any untoward medical occurrence in a patient or clinical investigation subject administered a drug or other pharmaceutical product during clinical trials and which does not necessarily have a causal relationship with the treatment. |
| API | The substance in a pharmaceutical drug that is biologically active when administered. |
| AUC | The area under the curve, a measure of how much of a drug is in a patient's system over a given time period. In order to calculate the AUC. |
| B cell | A type of white blood cell that differs from other types of lymphocytes by expressing B cell receptors on its surface, and responsible for producing antibodies. |
| biobetters | Improved versions of existing reference drugs in terms of efficacy and safety |
| bio-innovative drugs | New drugs that are not marketed anywhere in the world or biosimilars for which the reference drugs are approved for certain indications in other jurisdictions but not in China |
| biosimilars | Biological drugs which are designed to have the same amino acid sequence and the equivalent (but not identical or clinical better) active properties as compared to reference drugs that have already received marketing approvals. |
| cGMP | Current good manufacturing practice |
| chemotherapy | A category of cancer treatment that uses one or more anti-cancer chemotherapeutic agents as part of its standardised regimen |
| CHOP | Chemotherapy regimen consisting of cyclophosphamide, hydroxydaunomycin, oncovin and prednisone |
| CI | Confidence interval |
| Cmax | Maximum measured serum concentration |
| cohort | A group of patients as part of a clinical study who share a common characteristic or experience within a defined period and who are monitored over time |
| CR | Complete response |
| DCR | Disease control rate |
| DFS | Disease-free survival rate |
| DLBCL | CD20-positive diffuse large B cell lymphoma, a common subset of NHL |
| DLT | Dose-limiting toxicity |
| DoR | Duration of response |
| EFS | Event-free survival rate |
| GMP | Good manufacturing practice |
| H-CHOP | HLX01(rituximab) combined with CHOP |
| HER2+ | HER2-positive |
| immunotherapy | Use of the immune system to treat disease |
| MTD | Maximum tolerated dose |
| ORR | Objective response rate |
| PR | Partial response progression free survival or PFS |
| R+M | Rituximab combined with methotrexate |
| R-CHOP | MabThera (rituximab) with CHOP |
| SAEs | Any untoward medical occurrence in a patient during clinical trials that results in death, is life-threatening, requires inpatient hospitalisation, disability/incapacity, etc. |

Source: Company data, CMBIS

Disclosures & Disclaimers

Analyst Certification

The research analyst who is primary responsible for the content of this research report, in whole or in part, certifies that with respect to the securities or issuer that the analyst covered in this report: (1) all of the views expressed accurately reflect his or her personal views about the subject securities or issuer; and (2) no part of his or her compensation was, is, or will be, directly or indirectly, related to the specific views expressed by that analyst in this report.

Besides, the analyst confirms that neither the analyst nor his/her associates (as defined in the code of conduct issued by The Hong Kong Securities and Futures Commission) (1) have dealt in or traded in the stock(s) covered in this research report within 30 calendar days prior to the date of issue of this report; (2) will deal in or trade in the stock(s) covered in this research report 3 business days after the date of issue of this report; (3) serve as an officer of any of the Hong Kong listed companies covered in this report; and (4) have any financial interests in the Hong Kong listed companies covered in this report.

Disclosures

CMBIS or its affiliate(s) have investment banking relationship with the issuers covered in this report in preceding 12 months.

CMBIS Ratings

| | |
|-----------------------|---|
| BUY | : Stock with potential return of over 15% over next 12 months |
| HOLD | : Stock with potential return of +15% to -10% over next 12 months |
| SELL | : Stock with potential loss of over 10% over next 12 months |
| NOT RATED | : Stock is not rated by CMBIS |
| OUTPERFORM | : Industry expected to outperform the relevant broad market benchmark over next 12 months |
| MARKET-PERFORM | : Industry expected to perform in-line with the relevant broad market benchmark over next 12 months |
| UNDERPERFORM | : Industry expected to underperform the relevant broad market benchmark over next 12 months |

CMB International Securities Limited

Address: 45/F, Champion Tower, 3 Garden Road, Hong Kong, Tel: (852) 3900 0888 Fax: (852) 3900 0800

CMB International Securities Limited ("CMBIS") is a wholly owned subsidiary of CMB International Capital Corporation Limited (a wholly owned subsidiary of China Merchants Bank)

Important Disclosures

There are risks involved in transacting in any securities. The information contained in this report may not be suitable for the purposes of all investors. CMBIS does not provide individually tailored investment advice. This report has been prepared without regard to the individual investment objectives, financial position or special requirements. Past performance has no indication of future performance, and actual events may differ materially from that which is contained in the report. The value of, and returns from, any investments are uncertain and are not guaranteed and may fluctuate as a result of their dependence on the performance of underlying assets or other variable market factors. CMBIS recommends that investors should independently evaluate particular investments and strategies, and encourages investors to consult with a professional financial advisor in order to make their own investment decisions.

This report or any information contained herein, have been prepared by the CMBIS, solely for the purpose of supplying information to the clients of CMBIS or its affiliate(s) to whom it is distributed. This report is not and should not be construed as an offer or solicitation to buy or sell any security or any interest in securities or enter into any transaction. Neither CMBIS nor any of its affiliates, shareholders, agents, consultants, directors, officers or employees shall be liable for any loss, damage or expense whatsoever, whether direct or consequential, incurred in relying on the information contained in this report. Anyone making use of the information contained in this report does so entirely at their own risk.

The information and contents contained in this report are based on the analyses and interpretations of information believed to be publicly available and reliable. CMBIS has exerted every effort in its capacity to ensure, but not to guarantee, their accuracy, completeness, timeliness or correctness. CMBIS provides the information, advices and forecasts on an "AS IS" basis. The information and contents are subject to change without notice. CMBIS may issue other publications having information and/ or conclusions different from this report. These publications reflect different assumption, point-of-view and analytical methods when compiling. CMBIS may make investment decisions or take proprietary positions that are inconsistent with the recommendations or views in this report.

CMBIS may have a position, make markets or act as principal or engage in transactions in securities of companies referred to in this report for itself and/or on behalf of its clients from time to time. Investors should assume that CMBIS does or seeks to have investment banking or other business relationships with the companies in this report. As a result, recipients should be aware that CMBIS may have a conflict of interest that could affect the objectivity of this report and CMBIS will not assume any responsibility in respect thereof. This report is for the use of intended recipients only and this publication, may not be reproduced, reprinted, sold, redistributed or published in whole or in part for any purpose without prior written consent of CMBIS.

Additional information on recommended securities is available upon request.

For recipients of this document in the United Kingdom

This report has been provided only to persons (I) falling within Article 19(5) of the Financial Services and Markets Act 2000 (Financial Promotion) Order 2005 (as amended from time to time) ("The Order") or (II) are persons falling within Article 49(2) (a) to (d) ("High Net Worth Companies, Unincorporated Associations, etc.") of the Order, and may not be provided to any other person without the prior written consent of CMBIS.

For recipients of this document in the United States

This report is intended for distribution in the United States to "major US institutional investors", as defined in Rule 15a-6 under the US, Securities Exchange Act of 1934, and may not be furnished to any other person in the United States. Each major US institutional investor that receives a copy of this research report by its acceptance hereof represents and agrees that it shall not distribute or provide this research report to any other person.

For recipients of this document in Singapore

This report is distributed in Singapore by CMBI (Singapore) Pte. Limited (CMBISG) (Company Regn. No. 201731928D), an Exempt Financial Adviser as defined in the Financial Advisers Act (Cap. 110) of Singapore and regulated by the Monetary Authority of Singapore. CMBISG may distribute reports produced by its respective foreign entities, affiliates or other foreign research houses pursuant to an arrangement under Regulation 32C of the Financial Advisers Regulations. Where the report is distributed in Singapore to a person who is not an Accredited Investor, Expert Investor or an Institutional Investor, as defined in the Securities and Futures Act (Cap. 289) of Singapore, CMBISG accepts legal responsibility for the contents of the report to such persons only to the extent required by law. Singapore recipients should contact CMBISG at +65 6350 4400 for matters arising from, or in connection with the report.