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# **Company Overview**

# **Commercialization of HuaTangNing**





2,100+

HuaTangNing was prescribed in over 2,100 hospitals and over 2,900 pharmacies, compared with 143 hospital and 1,080 pharmacies in the first half of 2023.



1,150,000

Driven by the acceleration of increased hospital entries, sales of HuaTangNing in the first half of 2024 reached 846,000 packs.

1,150,000 packs sold since the first commercial launch in Oct 2022.

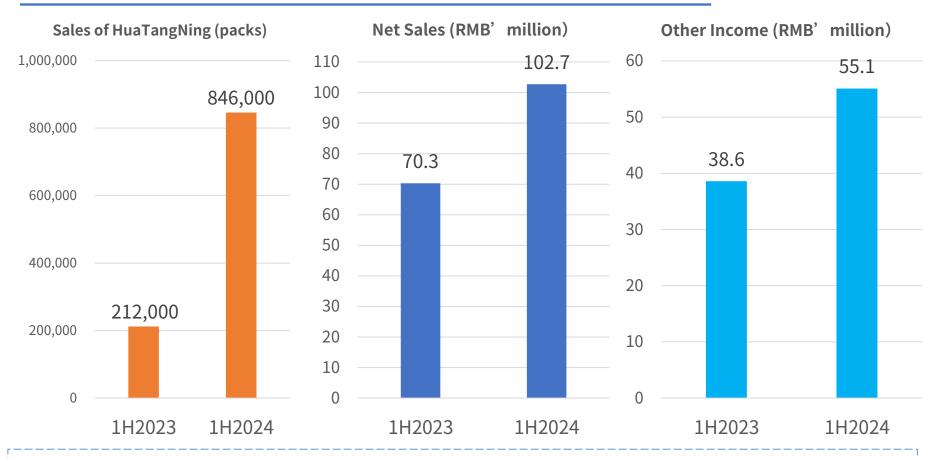


100,000

A good drug safety profile for HuaTangNing has been observed since its commercial launch in October 2022 – a time span of over 20 months and approximately 100,000 patient exposure.

## **Business Overview**



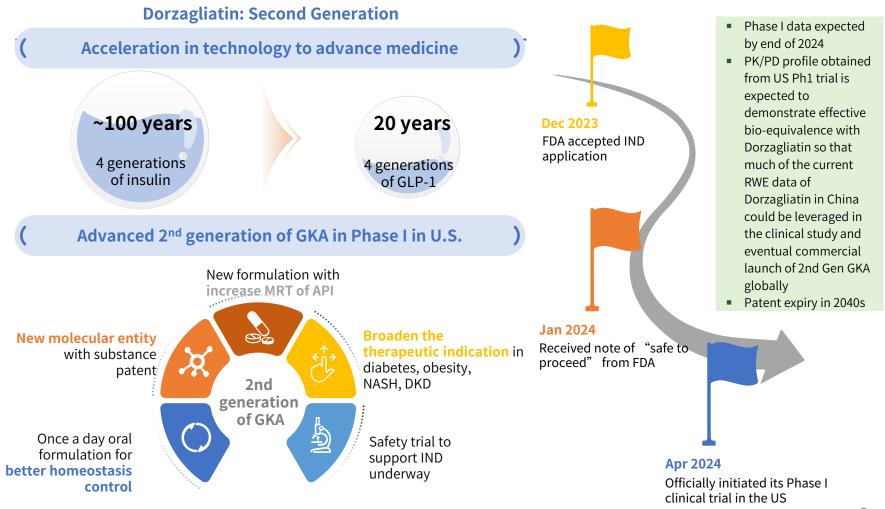


- Represents the first reporting period in which HuaTangNing was sold under NRDL, effective January 1, 2024
- Despite a 64.1% drop in price from RMB420 / pack (out-of pocket price) to RMB150.92 / pack (under the NRDL), net sales increased by 46% for the reporting period, with sales volume increasing almost 4x. Net sales are expected to continue to grow in 2H2024.

## 2nd Generation GKA in Phase I in the US



- Focusing on Western markets (the majority of patients with obesity) and consistent with Western patients' drug use habits
- Transformative solution for obesity and diabetes: Potential to restore impaired glucose homeostasis, improve β-cell function, elicit even higher GLP-1 release than Dorzagliatin, seek diabetes prevention and remission



# **Post Marketing Clinical Studies Ongoing**



#### HMM0601

Study Summary	Study Start	Study Completion (estimated)	Progress
The primary objective of this study is to evaluate the long-term safety of Dorzagliatin in a larger population of type 2 diabetes mellitus patients by collecting the post-marketing clinical safety data of Dorzagliatin.	2023/12/30	2026/4/30	1368/2000

### HMM0701

Study Summary	Study Start	Study Completion (estimated)	Progress
The primary objective of this study is to explore dorzagliatin's clinical beneficial effects on the improvement of glucose homeostasis, cognitive function and diabetes remission.	2023/9/30	2026/6/30	102/380

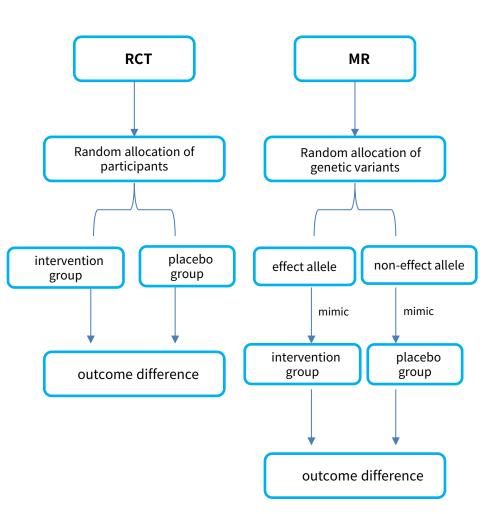
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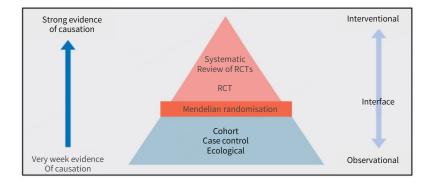
## **Mendelian Randomization**



8

#### **Use MR to mimic RCT**





- Mendelian randomization is a causal inference method based on genetic variation—it utilizes the impact of randomly assigned genotypes on phenotypes in nature to infer the influence of biological factors on diseases
- MR studies are now increasingly applied to infer health effects of medications by analyzing variants located in the gene targeted by the drug
- In evidence-based medicine, the evidence level of Mendelian randomization is very high, second only to randomized controlled trials

### **GKA Reduce Risk of Cardiovascular Disease**



For every one-unit decrease in HbA1c due to GK activation

- the risk of coronary artery disease (CAD) is reduced to 0.38 times the original risk
- the risk of heart failure (HF) is reduced to 0.54 times the original risk

Exposure	Outcome	Case/control	OR (95%CI)	P
Main analysis	CAD	122733/424528 +•-	0.38(0.29, 0.51)	8.77x10 <sup>-11</sup>
Genetically proxied GK activation(per	HF	47309/930014 ⊢ <b>■</b> ──	0.54(0.41, 0.73)	3.55x10 <sup>-5</sup>
1% lower HbA1c) Instrumented by 17	PAD	7098/206541	1.17(0.59, 2.33)	0.659
SNPs	Stroke	40585/406111	0.96(0.68, 1.35)	0.810
Sensitivity analysis	CAD	122733/424528	0.43(0.26, 0.71)	0.001
Genetically proxied GK activation(per	HF	47309/930014	0.56(0.31, 1.02)	0.056
1% lower HbA1c) Instrumented by 2	PAD	7098/206541	0.89(0.14, 5.79)	0.901
SNPs	Stroke	40585/406111	0.92(0.38, 2.23)	0.857
		0.00 0.50 1.00 1.50	2.00	

**Fig. 2** Associations of genetically proxied GK activation with risks of CAD, HF, PAD and stroke. The population was restricted to European ancestry. All estimations were based on the inverse variance weighted method. 1% lower HbA1c equals to 11 mmol/mol lower. OR, odds ratio: Cl, confidence interval; GK, glucokinase; SNP, single-nucleotide polymorphism; CAD, coronary artery disease; HF, heart failure; PAD, peripheral arterial disease

# **GKA Reduce Risk of Dyslipidaemia**



- Impaired GK-GKRP interaction significantly increased TG, LDL-C and ApoB levels, increased HDL-C level. In contrast, GK activation did not worsen lipid profiles and slightly decreased TG and increased HDL-C level.
- Hypertriglyceridemia observed in previous clinical trials with some GKAs are most probably due to unexpected impaired GK-GKRP interaction during GK activation

Exposure	Outcome	Beta (95% CI)		Р
Impaired GK-GKRP Interaction (per 1mmol/L lower FPG)	Triglycerides	3.66 (3.52, 3.80)	<b>1</b>	< 2.2x10 <sup>-308</sup>
	LDL-C	1.23 (1.08, 1.38)	<b>1</b>	5.13 x10 <sup>-60</sup>
	HDL-C	-0.16 (-0.30, -0.03)	$\downarrow$	0.018
	АроВ	1.76 (1.61, 1.90)	<b>↑</b>	1.93 x10 <sup>-121</sup>
GK activation (per 1mmol/L lower FPG)	Triglycerides	-0.17 (-0.31, -0.02))	<b>V</b>	0.025
	LDL-C	-0.00 (-0.13, 0.12)	_	0.971
	HDL-C	0.09 (0.02, 0.16)	<b>1</b>	0.007
	АроВ	-0.05 (-0.19, 0.09)	<b>\</b>	0.483

# **More Study Will Be Launched**



Using Mendelian randomization to provide more comprehensive evidence of the benefits of GKA drugs on diabetic complications, and provide direction for the development of new indications

### Microvascular

#### Conventional complications

- Cardiovascular diseases
- Renal diseases
- Neuropathy related disease
- Eye related diseases
- Foot related diseases
- Skin related diseases
- Oral diseases

#### **Emerging complications**

- Neurodegenerative disease
- Different types of cancers

#### Eye

High blood glucose and high blood pressure can damage Eye blood vessels, causing retinopathy, cataracts and glaucoma

#### **Kidney**

High blood pressure damage small blood vessels And excess blood glucose overworks the kidneys, resulting in nephropathy

#### **Neuropathy**

Hyperglycemia damages
Nerves in the peripheral
Nervous system. This may
Result in pain and/or
numbness. Feet wounds may
go undetected, get infected
and lead to gangrene.



Increased risk of stroke and Cerebrovascular disease, including Transient ischemic attack, cognitive Impairment, etc.

Macrovascular

#### Heart

High blood pressure and insulin resistance increase risk of coronary heart disease

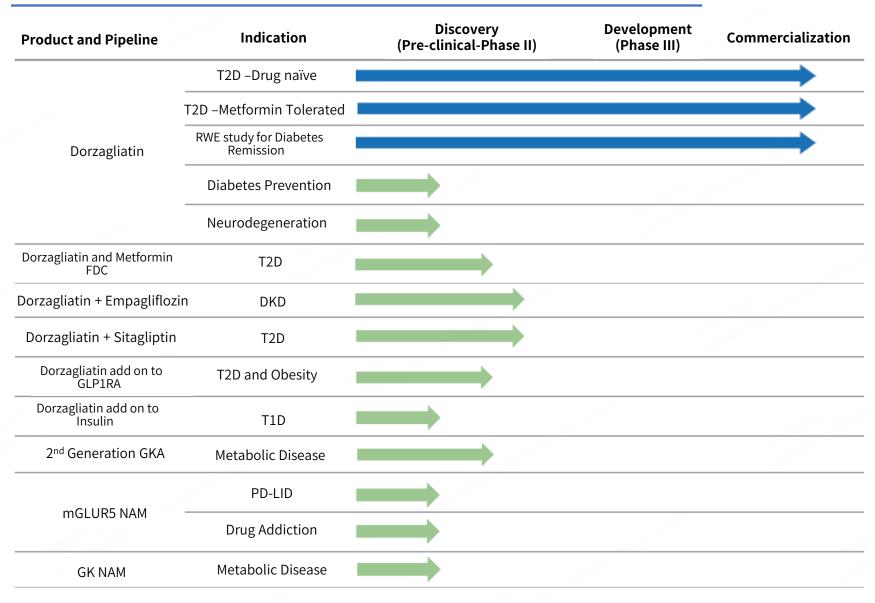


Peripheral vascular disease results From narrowing of blood vessels Increasing the risk for reduced or Lack of blood flow in legs. Feet wounds are likely to heal slowly Contributing to gangrene and other Complications.



# **Hua Medicine R&D Pipeline**





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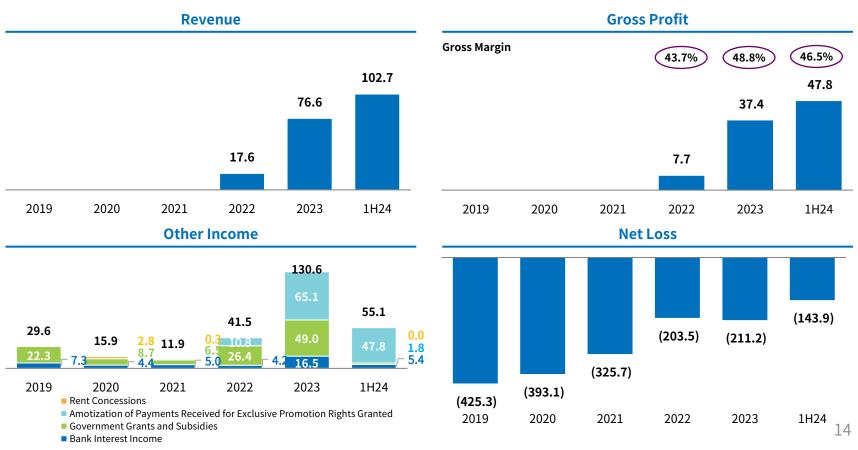


# **Financial Section**

### **Revenue and Profit**



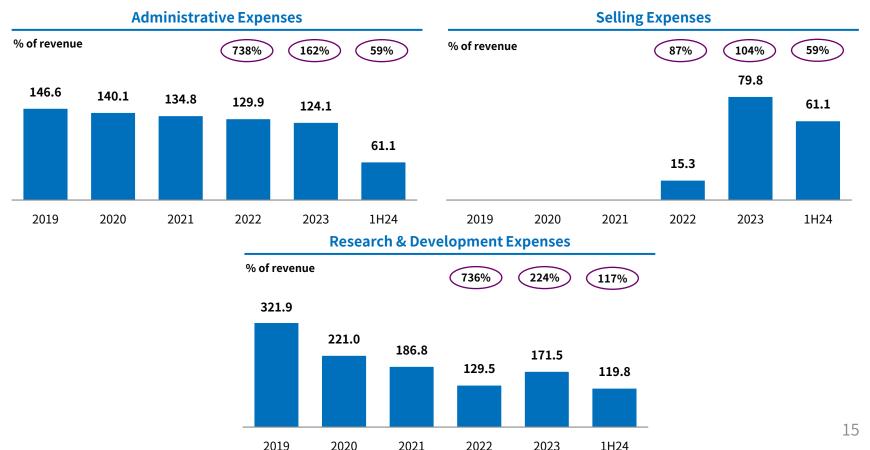
- Total sales revenue in the first half of 2024 reached RMB102.7 million, representing a 46% increase over the first half of 2023.
- Gross margin decreased by 2.3% as compared to 48.8% for 2023, which was a result of entering the NRDL effective January 1, 2024.
- Other income increased by RMB16.5 million to RMB 55.1 million for the six months ended June 30, 2024 from RMB38.6 million for the six months ended June 30, 2023.



# **Key Operational Expense**



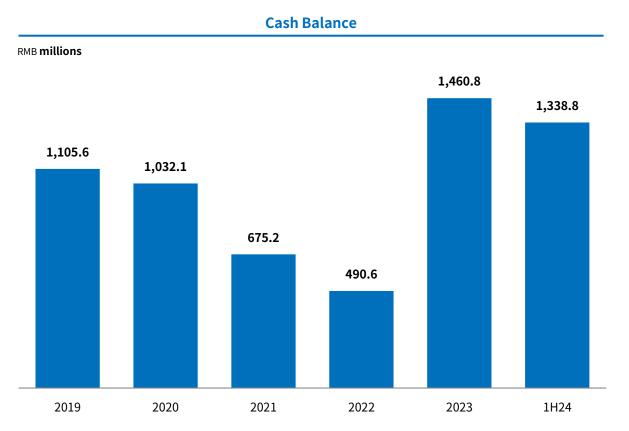
- Administrative expenses increased by RMB7.1 million to RMB61.1million for the six months ended June 30, 2024 from RMB54 million for the six months ended June 30, 2023.
- Selling expenses increased to RMB61.1million for the six months ended June 30, 2024 from RMB52.9 million for the six months ended June 30, 2023.
- R&D expenses increased by RMB 48.8 million to RMB119.8 million for the six months ended June 30, 2024 from RMB71 million for the six months ended June 30, 2023.



### **Cashflow and Balance**



- Cash balance remained at a healthy level. Bank balances and cash position was approximately RMB1,338.8 million as of June 30,2024.
- The primary use of our cash was to fund our research and development activities, manufacturing activities, regulatory and other clinical trial costs, and related supporting administration. Our prepayments and other current assets, accounts payable and other payables balances were affected by the timing of vendor invoicing and payments.







# Hua Medicine 华领医药