The information and statistics set out in this section and other sections of this document were extracted from the Frost & Sullivan Report, which was commissioned by us, and from various official government publications and other publicly available publications. We engaged Frost & Sullivan to prepare the Frost & Sullivan Report, an independent industry report, in connection with the [**REDACTED**]. *The information from official government sources has not been independently verified by us, the* [**REDACTED**], *the* [**REDACTED**], *Joint Sponsors,* [**REDACTED**], [**REDACTED**], *the* [**REDACTED**], *any of the* [**REDACTED**], *any of their respective directors and advisors, or any other persons or parties involved in the* [**REDACTED**], *and no representation is given as to its accuracy.*

SOURCE OF INFORMATION

We are an independent global market research and consulting company founded in 1961 and headquartered in the United States. Our services include market assessments, competitive benchmarking, and strategic planning across industries. This report is based on primary research, including interviews with industry participants and experts, and secondary research, including company disclosures, independent reports, and our proprietary databases. Market projections were developed using historical analysis, macroeconomic indicators, and industry-specific drivers. While we believe the assumptions adopted are reasonable and not misleading, the conclusions depend on the accuracy of the underlying data.

The report assumes: (i) a broadly stable global social, economic and political environment over the forecast period; (ii) continued support from key industry growth drivers; and (iii) no material force majeure events or regulatory changes that would fundamentally disrupt market development.

WEIGHT MANAGEMENT MARKET

Introduction to Weight Management and Obesity-Related Diseases

Weight management encompasses the clinical and therapeutic interventions designed to achieve and sustain optimal body weight to mitigate health risks. The therapeutic objective of weight management includes the treatment of overweight/obesity and prevention or treatment of obesity-related comorbidities. The global weight management drug market has grown steadily from USD99.7 billion in 2020 to USD112.8 billion in 2024. Looking ahead, the market is expected to accelerate, reaching USD116.5 billion in 2025 and USD277.4 billion by 2034.

Obesity represents a multifaceted health challenge with far-reaching implications across multiple organ systems. Obesity related diseases encompass a broad spectrum of conditions including cardiovascular disease, T2DM, MASH, OSA, dyslipidemia, hypertension, osteoarthritis, chronic kidney disease, musculoskeletal disorders, certain cancers and numerous other comorbidities. By 2024, there were over 3,575 million overweight and obese adults over the globe. The prevalence of obesity-related comorbidities increases substantially with both advancing age and increasing BMI. Among obese adults, approximately 70.4% present with at least one comorbidity, while 17.8% exhibit three or more concurrent conditions. The lifetime risk of T2DM increases to around 70% in severely obese individuals, while MASH affects approximately 34% of obese patients, representing a substantial burden of progressive liver pathology. The cascade effect of obesity on multiple organ systems necessitates comprehensive, multi-target therapeutic approaches that address both weight reduction and comorbidity management.

This has positioned weight management as a cornerstone intervention for reducing disease burden and enhancing long-term well-being across diverse patient populations.

Weight Management Therapeutic Framework and Modalities

Contemporary weight management employs a multi-modal therapeutic approach encompassing lifestyle interventions, pharmacotherapy, and surgical procedures. Lifestyle modifications, including dietary counseling and physical activity programs, typically achieve 5–10% weight loss, though long-term maintenance remains challenging. Bariatric surgery demonstrates superior efficacy with about 25–35% total body-weight loss but is restricted to severe obesity cases and carries surgical risks.

Pharmacological interventions have emerged as the most accessible and scalable therapeutic option. Traditional weight management medications, in China, primarily refer to non-GLP-1 anti-obesity drugs approved by the NMPA, which has been used for weight management through inhibition of gastrointestinal fat absorption. They generally achieve less than 10% weight loss. In China, Orlistat accounts for 100% of the non-GLP-1 obesity drug market, as it is the only approved non-GLP-1 pharmacotherapy. Globally, Orlistat also holds a substantial share of the non-GLP-1 market, while centrally acting combination therapies, including phentermine/topiramate and bupropion/naltrexone, account for relatively smaller portions. However, the introduction of GLP-1 receptor agonists has revolutionized the field, achieving 10–25% weight loss, a range that approaches the weight reduction typically observed with bariatric surgery, while maintaining well-tolerated safety profiles and broader accessibility. The structural diversity of GLP-1 therapeutics encompasses natural/unnatural peptide analogs, long-acting formulations, and oral/injectable therapeutics agonists.

Particularly, clinical data for XW003 show that, at 48 weeks, participants achieved mean body-weight reductions ranging from approximately 9.6% to 15.1%, with approximately 77.7% to 92.8% of participants achieving at least 5% body-weight reduction. In comparison, Orlistat is generally associated with more modest weight-loss outcomes and a mechanism limited to reducing dietary fat absorption. By contrast, GLP-1-based therapies, including XW003, act through central regulation of appetite and satiety and have demonstrated greater and more sustained weight-loss effects in clinical studies. This mechanism of action is more aligned with the current pharmacological treatment paradigm for obesity and metabolic disease management in China.

The following chart summarizes how weight management pharmacotherapy evolves:

	Early stage (1990s–2010s)	Single-target incretin (2015–2020)	Enhanced incretin (2021–present)	Future direction
MOA	Peripheral inhibition + central appetite suppression	GLP-1 receptor agonists	Biased or multi-target optimization	Oral incretins & multi-target therapies
% of Baseline Body Weight	~5–10%	~8–15%	~15–20%+	≥20% (Potential)
Administration	Mainly oral	Injectable (daily → weekly)	Long-acting injectable (weekly)	Oral + novel formulations
Combination/ Multi-target Potential	Limited efficacy & adherence	Foundation for metabolic control	Biased and multi-target approaches improve efficacy and safety balance	Combination therapy & precision targeting

Source: Literature research, Frost & Sullivan analysis

GLP-1 Receptor Agonists in Treating Obesity and Related Diseases

GLP-1 receptor agonists have emerged as the predominant therapeutic class in treating obesity and related disease, fundamentally transforming treatment paradigms across obesity, T2DM, and associated comorbidities. With superior clinically proven efficacy, GLP-1 receptor agonists has positioned them at the forefront of modern metabolic medicine, representing the fastest-growing segment within the global obesity therapeutics market.

Mechanism of Action

GLP-1 is an incretin hormone that activates GLP-1 receptor agonist. It plays a key role in stimulating glucose-dependent insulin secretion, suppressing glucagon release, delaying gastric emptying, and promoting satiety. Beyond its metabolic effects, GLP-1 also exerts protective actions on the cardiovascular system and has potential neuroprotective properties.

GLP-1 receptor agonists are pharmacological agents that mimic the actions of native GLP-1 while overcoming its short physiological half-life through structural modifications that enhance stability and prolong activity. Clinically, GLP-1 receptor agonists have demonstrated broad therapeutic potential, most notably in the treatment of T2DM and obesity, with emerging applications in other indications.

Competitive Advantages

Compared to other pharmacological approaches for treating obesity and related diseases, GLP-1 receptor agonists offer several distinct advantages:

- **Extended half-life and improved dosing convenience:** GLP-1 receptor agonists exhibit half-lives ranging from hours to several days, compared to natural human GLP-1 which is degraded within 2-3 minutes, enabling less frequent dosing and improved patient compliance.

- **Reduced hypoglycemic risk:** Compared to insulin, GLP-1 receptor agonists demonstrate glucose-dependent hypoglycemic effects, functioning primarily when glucose levels are elevated, thereby significantly reducing the incidence of hypoglycemia compared to traditional antidiabetic medications.

- **Cardiometabolic benefits:** Clinical evidence demonstrates cardiometabolic protection, addressing multiple aspects of metabolic syndrome beyond glycemic control and weight management.

As obesity and related diseases are often not immediately life-threatening, even moderate side effects or treatment burdens can materially deter patient uptake and persistence. While to reach ideal efficacy, it would require continuous administration of GLP-1 and strong adherence. Drug candidates that combine superior tolerability, favorable efficacy, convenient administration and cost-effectiveness are therefore best positioned for long-term adoption and market success.

Categorization and Latest Trends

GLP-1 receptor agonists can be categorized by target profile, signaling characteristics (biased or unbiased), molecular design, administration route, dosing frequency, etc. Ongoing development focuses on improving efficacy, compliance, acardiometabolic benefits, as illustrated in the following diagram.

Therapy Category	Administration	Representative Molecules
Long-acting GLP-1 receptor agonist	Once weekly, subcutaneous	Semaglutide, dulaglutide
First GLP-1 receptor agonist oral formulation	Once daily, oral	Semaglutide
Dual GlPand GLP-1 receptor agonist	Once weekly, subcutaneous	Tirzepatide
Triple GlP, GLP-1, and glucagon receptor agonist	Once weekly, subcutaneous	Retatrutide
Combined GLP-1-amylin receptor agonist	Once weekly, subcutaneous	Cagrisema, amycretin
Non-peptide GLP-1 receptor agonist small molecules	Once daily, oral	Orforqlipron
New cAMP-biased GLP-1 receptor agonist	Once weekly, subcutaneous	Ecnoglutide

Source: Literature research, Frost & Sullivan analysis

Biased Agonism

Unbiased GLP-1 receptor agonists (such as liraglutide and semaglutide) activate the Gαs-adenylyl cyclase (cAMP) pathway while simultaneously recruiting β-arrestin proteins, leading to receptor internalization and desensitization. In contrast, biased agonists (such as ecnoglutide, CT-388) selectively favor G-protein signaling, efficiently driving cAMP production while markedly reducing β-arrestin recruitment. This signaling bias limits rapid receptor desensitization and downregulation, maintains receptors at the cell surface, and sustains therapeutic signaling. Compared with unbiased GLP-1 receptor agonists, biased agonism enables increased activity due to less receptor internalization.

The following table compares the key characteristics of biased and unbiased GLP-1 receptor agonists:

Dimension	Biased GLP-1	Unbiased GLP-1
Signaling Pathway	Preferentially activates G protein/cAMP with limited β-arrestinrecruitment	Simultaneously activates both cAMP and β-arrestin pathways
Effect of β-arrestin Recruitment	Reduced β-arrestinengagement preserves receptor surface localization and prolongs signaling	Strong β-arrestinrecruitment leads to rapid receptor internalization and desensitization
Tissue-Level Signal Duration	Sustained downstream signaling due to lower receptor desensitization	Shorter signaling duration due to fast desensitization

Compared to other treatments on the market, biased GLP-1 receptor agonists demonstrate a significant advantage by requiring a lower dosage to achieve comparable or superior therapeutic effects. This reduced dosage minimizes drug exposure. These benefits position biased GLP-1 receptor agonism as a promising mechanism that may provide better clinical outcomes compared to existing treatments.

As of the Latest Practicable Date, Ecnoglutide (XW003) is the only biased GLP-1 peptide that has received NMPA approval in China for the treatment of both T2DM and overweight/obesity. The following tables set forth a comparative analysis of the global biased GLP-1 peptides that are currently approved and those under development.

Drug Category	Biased/ Unbiased	Drug Name	Company	Brand Name	Indications	China Approval Year	Administration	Dosing Period	Price, RMB/Unit
Innovative	Biased	Ecnoglutide (XW003)	Sciwind	Xianyida	Diabetes	2026	Injection	qw	NA
				Xianweiying	Overweight/ Obesity				

Drug Category	Biased/ Unbiased	Drug Name	Company	Indications	Clinical Stage	First Posted Date	Administration	Dosing Period
Innovative	Biased	Orforglipron	Eli Lilly	Overweight/Obesity, Diabetes	NDA	2025/12/18	Oral	qd
		Retatrutide	Eli Lilly	Overweight/Obesity, Diabetes	Phase III	2023/5/31	Injection	qw
		MET-097	Metsera	Overweight/Obesity, Diabetes	Phase III	2025/12/31	Injection	qw
		CT-388	Carmot Therapeutics	Overweight/Obesity, Diabetes	Phase III	2026/1/20	Injection	qw

Note: 1. The pipelines exclude those inactive within the past five years.
Source: Literature research, CDE, FDA, Frost & Sullivan analysis

Amylin

Amylin is a 37-amino-acid peptide hormone produced by pancreatic β-cells and co-secreted with insulin. Amylin could reduce appetite and slow gastric emptying, amylin analogs increase satiety through distinct amylin receptors and enhance leptin sensitivity. Because endogenous amylin is short-acting, drug developers have created long-acting amylin analogs for chronic therapy.

By targeting distinct receptors and pathways, both amylin and GLP-1 are effective individually, but when combined, they provide enhanced weight loss outcomes while maintaining tolerability as demonstrated by clinical evidence. As a result, amylin serves as an ideal complement to both GLP-1 mono- and multi-target therapies, positioning it as a promising candidate for next-generation anti-obesity treatments.

The global Amylin drug pipelines are shown in the figure below:

Drug	Company	Indications	Clinical Stage	First Posted Date	Dosing Period	Administration
CagriSema	Novo Nordisk	Overweight/Obesity	BLA	2025/12/18	qw	Injection
		T2DM	Phase III	2023/9/27	qw	Injection
Eloralintide	Eli Lilly	Overweight/Obesity	Phase III	2025/12/15	qw	Injection
Amycretin	Novo Nordisk	Overweight/Obesity	Phase III	2026/1/14	qw	Injection
			Phase I	2022/5/11	qd	Oral
		T2DM	Phase II	2024/7/11	qw	Injection
					qd	Oral
AZD6234	AstraZeneca	Overweight/Obesity	Phase II	2024/9/19	qw	Injection
KBP-336	KeyBioscience	Obesity/Knee osteoarthritis	Phase II	2024/12/3	qw	Injection
Petrelintide	Zealand Pharma A/S	Overweight/Obesity/T2DM	Phase II	2025/4/15	qw	Injection
MET-233i	Metsera	Overweight/Obesity	Phase I/II	2025/6/15	qm	Injection
NNC0662-0419	Novo Nordisk	Overweight/Obesity	Phase II	2025/9/22	qw	Injection
Colulintide	Eli Lilly	Overweight/Obesity	Phase I	2022/5/18	qw	Injection
GUB014295	AbbVie, Quotient Sciences	Overweight/Obesity	Phase I	2023/11/14	qw	Injection
BGM1812	BrightGene	Overweight/Obesity	Phase I	2025/11/4	qw	Injection

Notes: 1. The pipelines exclude those inactive within the past five years.
2. Combination formulations are included.
Source: Clinical trial, Company website, Literature research, Frost & Sullivan analysis

The Overweight/Obesity Drug Market

Obesity is a major risk factor for chronic diseases and can also lead to social and psychological problems, which in turn increases the cost of health care services for the population and burdens the health care system.

Categorization of Overweight/Obesity

Obesity related conditions are typically measured by age and body mass index (BMI). BMI is calculated as weight/height^2 (kg/m^2), is the internationally recognized standard for evaluating overweight/obesity status. Waist circumference measures central obesity, while waist-to-hip ratio serves as an additional indicator of body fat distribution.

In adolescent populations, height and weight change dynamically with age and sex, so BMI must be interpreted against specific sex and age to assess overweight and obesity rather than using fixed adult thresholds. Adolescent obesity has emerged as one of the most rapidly escalating public health challenges confronting the global healthcare landscape.

Treatment Paradigm of Overweight/Obesity

Overweight/obesity primarily relies on lifestyle interventions, including diet control and physical activity. For patients with severe obesity or comorbidities, bariatric surgery may be considered. Drug treatments include GLP-1 receptor agonists and non-GLP-1 medications such as Orlistat. In 2024, approximately 2% of patients with obesity received drug treatments, among which, GLP-1 receptor agonists accounted for more than 20% of the total market sales for obesity medications in 2024. The low proportion of drug use is mainly due to the limited number of approved drugs, high cost and insufficient insurance coverage for some medications, limited patient awareness, and conservative prescribing habits among physicians. With the recent launch of multiple new drugs, the accessibility and range of drug treatments are expected to increase, enabling more patients to achieve effective weight reduction through medication.

Management of moderate-to-severe obesity primarily involves lifestyle interventions, pharmacotherapy, and surgery. At present, there are no approved pharmacological therapies specifically indicated for moderate-to-severe obesity, which refers to patients with substantially higher BMI levels. Surgery is typically considered for patients with comorbidities or for whom lifestyle interventions alone are insufficient. As GLP-1 therapies advance toward approval, the proportion of patients using pharmacological treatments is expected to increase over time.

Adolescent obesity currently relies mainly on lifestyle interventions, with no approved drug treatments in China and surgery limited to a very small number of selected cases. As new drugs are approved and existing drugs expand their indications, the proportion of patients receiving pharmacotherapy is expected to increase gradually.

By 2030 in China, among patients receiving pharmacological treatment, over 60% of adolescent obesity patients and over 80% of moderate-to-severe obesity patients could use GLP-1 therapies. The slightly lower proportion among adolescents, compared with adults with moderate-to-severe obesity, reflects clinical caution and regulatory guidance for this age group. The basis and assumptions are as follows:

- For adolescent obesity patients, the >60% (GLP-1 share = Proportion meeting label criteria × Uptake among eligible adolescents × Adjustment for access constraints) is derived from the assumption that by 2030, most pharmacologically treated adolescents will be clinically eligible for GLP-1 use as regulatory approvals expand and pediatric treatment frameworks develop. The proportion reflects higher safety standards required due to ongoing growth and development, with the remainder attributable to limitations including affordability, injectable acceptance, and adherence challenges.

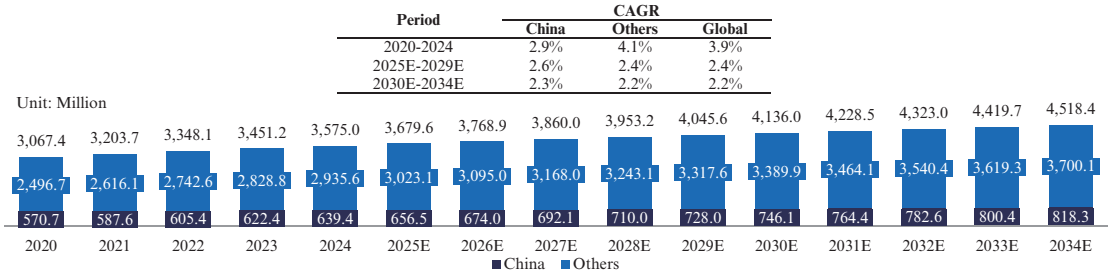
- For patients with moderate-to-severe obesity, the >80% (GLP-1 share = Severity-driven eligibility × Class preference in weight management × Adjustment for contraindications and access limits) is derived from the assumption that a majority of pharmacologically treated patients will meet clinical eligibility criteria for GLP-1 use by 2023, with greater disease severity expected to drive faster adoption. The remainder accounts for limitations including contraindications, tolerability issues, affordability, reimbursement restrictions, treatment persistence challenges, and continued use of alternative pharmacological options.

Prevalence of Overweight/Obesity

Globally, the overweight and obesity population reached 3,575.0 million in 2024 and is projected to grow to 4,518.4 million by 2034. In China, the affected population reached 639.4 million in 2024 and is expected to increase to 818.3 million by 2034.

The following chart sets forth the global prevalence of overweight/obesity by China and other regions:

Global and China Prevalence of Obesity/Overweight (Adults Only), 2020-2034E

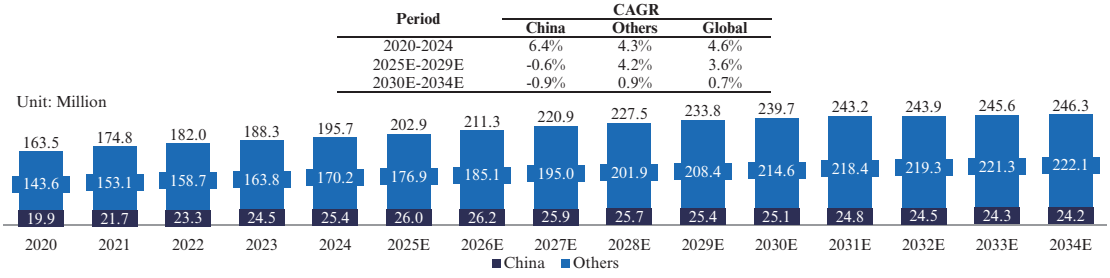


Source: Literature research, Frost & Sullivan analysis

Globally, the adolescent obesity population reached 195.7 million in 2024 and is projected to grow to 246.3 million by 2034. In China, the affected population reached 25.4 million in 2024 and is expected to decrease to 24.2million by 2034.

The following chart sets forth the global prevalence of adolescent obesity by China and other regions:

Global and China Prevalence of Adolescent Obesity, 2020-2034E



Notes: 1. adolescent refers to individuals aged 12 to under 18 years.

2. The number of adolescents with overweight/obesity in China is projected to have a CAGR of -0.6% from 2025E to 2029E and -0.9% from 2030E to 2034E. This is primarily because, although the prevalence rate of overweight and obesity among adolescents continues to rise, the overall adolescent population is expected to decline gradually due to demographic factors such as falling birth rates and a shrinking youth population.

Source: Literature research, Frost & Sullivan analysis

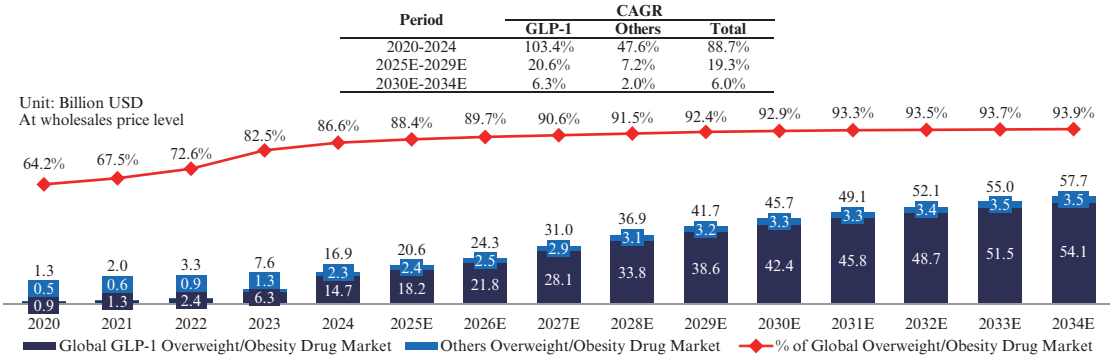
The Overweight/Obesity Drug Market Size

In 2024, the global market for overweight and obesity drugs reached USD16.9 billion. The market is projected to expand to USD41.7 billion by 2029, reflecting a robust CAGR of 19.3% from 2025 to 2029, and further increase to USD57.7 billion by 2034, with a steady CAGR of 6.0% from 2030 to 2034. This strong growth is primarily driven by the rising global prevalence of obesity and overweight, increasing awareness of obesity related comorbidities such as type 2 diabetes and cardiovascular disease, and growing demand for effective pharmacological interventions.

In particular, the emergence and clinical success of GLP 1 receptor agonists have significantly reshaped the treatment landscape by delivering both weight reduction and metabolic benefits. The global GLP-1 drug market for overweight and obesity surged from USD0.9 billion in 2020 to USD14.7 billion in 2024 and is projected to reach USD54.1 billion by 2034, reinforcing its dominant position in obesity pharmacotherapy.

The following diagram illustrates the historical size and projected expansion of the global overweight/obesity drug market by GLP-1 and other drugs:

Global Overweight/Obesity Drug Market (Including Adults and Adolescent), 2020-2034E



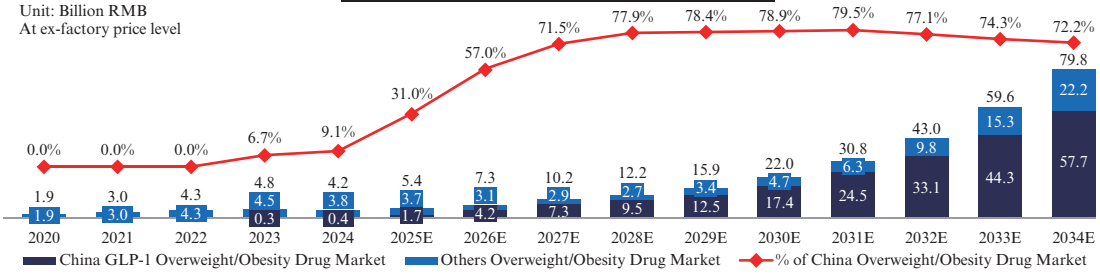
Source: Annual report, Frost & Sullivan analysis

The global overweight and obesity drug market expanded from USD1.3 billion in 2020 to USD16.9 billion in 2024. The adult segment increased from USD1.3 billion to USD15.1 billion, reflecting a CAGR of 86.0% from 2020 to 2024, while the adolescent segment grew from USD0.1 billion to USD1.8 billion, reflecting a CAGR of 123.7%. The market is projected to reach USD41.7 billion by 2029 with a CAGR of 19.3% from 2025 to 2029 and USD57.7 billion by 2034 with a CAGR of 6.0% from 2030 to 2034. Adult drugs are expected to reach USD36.0 billion by 2029 and USD48.7 billion by 2034, while the adolescent segment is projected to reach USD5.8 billion by 2029 and USD9.0 billion by 2034.

The first GLP-1 drug specifically approved for overweight/obesity was launched in China in 2023, marking a major turning point in the market. Since then, the market size of GLP-1 drugs in this indication has grown rapidly. It is projected to reach RMB12.5 billion by 2029, with an exceptionally high CAGR of 65.2% from 2025 to 2029, driven by the strong efficacy and safety profile of GLP-1 receptor agonists, increasing physician adoption, and expanding patient demand. In addition, GLP-1 receptor agonists address key current treatment priorities, including glycaemic control and weight management, and certain agents have demonstrated cardiovascular risk reduction in patients with established or high cardiovascular risk. In 2024, GLP-1 drugs accounted for only 9.1% of the total overweight/obesity drug market in China. However, with more GLP-1 products receiving regulatory approval, expanding clinical use, and potentially being included in the national reimbursement drug list (NRDL), the market share is expected to rise significantly — reaching 78.4% by 2029. This rapid shift underscores the transformative role of GLP-1 therapies in reshaping the overweight/obesity treatment landscape in China and signals the potential for these drugs to become the dominant class in the coming years.

Overweight/Obesity Drug Market in China (Including Adults and Adolescent), 2020-2034E

Period	CAGR		
	GLP-1	Others	Total
2020-2024	–	19.0%	21.8%
2025E-2029E	65.2%	-1.9%	31.1%
2030E-2034E	35.0%	47.8%	38.0%



Source: Annual report, Frost & Sullivan analysis

Growth Drivers and Future Trends of Overweight/Obesity Drug Market

China's overweight and obesity drug market increased from RMB1.9 billion in 2020 to RMB4.2 billion in 2024, reflecting a CAGR of 21.8%, driven entirely by adult drugs. The market is projected to reach RMB15.9 billion by 2029 with a CAGR of 31.1% from 2025 to 2029 and RMB79.8 billion by 2034 with a CAGR of 38.0% from 2030 to 2034. Adult drugs are expected to grow from RMB5.4 billion in 2025 to RMB74.2 billion by 2034, while the adolescent segment is projected to expand from a negligible base to RMB0.9 billion by 2029 and RMB5.6 billion by 2034.

The overweight/obesity drug market is shaped by the following growth drivers and future trends: (i) rising obesity prevalence across all age groups, with adult obesity contributing to higher burden of chronic diseases and adolescent obesity rising rapidly despite a lower base, driving demand for long-term pharmacological interventions; (ii) greater clinical need in moderate-to-severe obesity, where patients face complex comorbidities and have higher expectations for efficacy and safety, creating commercial opportunities for next-generation therapies; (iii) GLP-1 therapy innovation, including the development of biased agonists, amylin analogs, and oral formulations, which improve efficacy, tolerability, patient convenience, and market penetration; and (iv) evolving treatment goals, shifting from weight loss alone toward management of obesity-related complications such as MASH and OSA, expected to strengthen guideline recommendations, reimbursement inclusion, and broader clinical adoption.

Competitive Landscape of Overweight/Obesity Drugs (for Adults)

As of Latest Practicable Date, four GLP-1 drugs have already been approved globally (excluding China) for overweight/obesity, setting the benchmark for this therapeutic class. In addition, ten candidates are in late-stage development, including seven in Phase III, two at the BLA stage and one at the NDA stage, indicating strong momentum in late-stage development. Most remain injectable, though oral and less frequent dosing regimens are emerging. Other than the foregoing, globally, there were over 150 GLP 1 drugs in Phase II clinical trials, over 50 in Phase I clinical trials.

The following tables set forth details of globally (excluding China) approved and Phase III GLP-1 drugs for overweight/obesity as of the Latest Practicable Date:

Drug Category	Biased/ Unbiased	Target	Generic Name	Brand Name	Manufacturer	Global Approval Year	Administration	Dosing Period	Price, USD/Unit[1]
Innovative	Unbiased	GLP-1	Liraglutide	Saxenda®	Novo Nordisk	FDA:2014 EMA:2015	Injection	qd	73.6 (18mg/3ml)
		GLP-1	Semaglutide	Wegovy®	Novo Nordisk	FDA:2021 EMA:2022	Injection	qw	87.3 (0.25mg/0.5ml)
		GIP/GLP-1	Tirzepatide	Zepbound®	Eli Lilly	FDA:2023 EMA:2022	Injection	qw	74.8 (2.5mg/0.5ml)
		GLP-1	Semaglutide	Wegovy®	Novo Nordisk	FDA:2025	Oral	qd	44.2 (1.5mg)

Note: 1. Prices are averaged on a per-unit or per-administration basis.
Source: FDA, EMA, Literature research, Company website, Frost & Sullivan analysis

Drug Category	Biased/ Unbiased	Generic Name	Manufacturer	Clinical Stage	Administration	Dosing Period	First Posted Date
Innovative	Unbiased	CagriSema	Novo Nordisk	BLA	Injection	qw	2025/12/18
Innovative	Biased	Orforglipron/LY3502970	Eli Lilly	NDA	Oral	qd	2025/12/18
Innovative	Unbiased	Efpeglenatide	Hanmi	BLA	Injection	qw	2025/12/18
Innovative	Biased	Retatrutide	Eli Lilly	Phase III	Injection	qw	2023/5/31
Innovative	Unbiased	BI 456906/Survodutide	Boehringer Ingelheim	Phase III	Injection	qw	2023/10/11
Innovative	Unbiased	Maridebart cafraglutide/AMG 133	Amgen	Phase III	Injection	qm	2025/2/28
Innovative	Unbiased	VK2735	Viking Therapeutics	Phase III	Injection	qw	2025/8/5
Innovative	Unbiased	KAI-9531	Kailera	Phase III	Injection	qw	2025/12/16
Innovative	Biased	MET-097i	Metsera	Phase III	Injection	qw	2025/12/31
Innovative	Biased	CT-388	Carmot Therapeutics	Phase III	Injection	qw	2026/1/20

Notes: 1. The pipelines exclude those inactive within the past five years.
2. Combination formulations are included.
Source: FDA, EMA, Literature research, Company website, Frost & Sullivan analysis

As of Latest Practicable Date, a total of 6 GLP-1 drugs have been approved in China for the treatment of overweight/obesity, including XW003. HRS9531 has entered the BLA stage while orforglipron has submitted its NDA. In China, 35 GLP 1 drugs are in Phase III and over 50 GLP 1 drugs are in Phase II, over 200 in Phase I, and 7 drug candidates at the IND approval stage for obesity indications.

The following tables set forth details of approved and Phase III GLP-1 drugs for overweight/obesity in China as of the Latest Practicable Date:

Drug Category	Biased/ Unbiased	Target	Generic Name	Brand Name	Manufacturer	China Approval Year	Administration	Dosing Period	China Approval Other Indications	NRDL Inclusion Year	Price, RMB/ Unit[1] (Pre-NRDL)	Price, RMB/Unit[1] (Post-NRDL)
Innovative	Unbiased	GLP-1	Beinaglutide	Fitus	Benemae	2023	Injection	tid	2016: T2D	None	NA	NA
Biosimilar	Unbiased	GLP-1	Liraglutide	Liluping	Hangzhou Zhongmeihuadong	2023	Injection	qd	2023: T2D	None	310 (18mg/ 3ml)	NA
Innovative	Unbiased	GLP-1	Semaglutide	Wegovy	Novo Nordisk	2024	Injection	qw	2021: Cardiovascular (CV) Risk & T2D 2025: CKD	None	531 (2.27mg/ ml, 3ml)	NA
Innovative	Unbiased	GIP/ GLP-1	Tirzepatide	Mounjaro	Eli Lilly	2024	Injection	qw	2024: T2D 2025: OSA	None	795 (5mg/0.5 ml)	NA
Innovative	Unbiased	GLP-1/ GCGR	Mazdutide	XinErMei	Innovent	2025	Injection	qw	2025: T2D	None	315 (2mg/0.5 ml)	NA
Innovative	Biased	GLP-1	Ecnoglutide	Xianweiying	Sciwind	2026	Injection	qw	2026: T2D	None	NA	NA

Note: 1. Prices are averaged on a per-unit or per-administration basis.
Source: NMPA, Literature research, Company website, Frost & Sullivan analysis

The pipeline comprises 17 innovative drugs and 19 non-innovative products, including 10 biosimilars and 9 modified new drugs, indicating that while innovation remains active, a substantial proportion of the landscape is driven by follow-on and reformulated therapies.

Drug Category	Biased/ Unbiased	Generic Name	Manufacturer	Clinical Stage	Administration	Dosing Period	First Posted Date
Innovative	Unbiased	HRS9531	Hengrui	BLA	Injection	qw	2025/9/2
Innovative	Biased	Orforglipron/LY3502970	Lilly	NDA	Oral	qd	2026/1/10
Modified new drug	Unbiased	Semaglutide	Novo Nordisk	Phase III	Oral	qd	2023/4/6
Innovative	Unbiased	Cagrisema	Novo Nordisk	Phase III	Injection	qw	2023/7/5
Innovative	Unbiased	BI 456906	Boehringer Ingelheim	Phase III	Injection	qw	2023/12/14
Modified new drug	Unbiased	Semaglutide	Hybio	Phase III	Injection	qw	2024/9/2
Biosimilar	Unbiased	Semaglutide	Livzon	Phase III	Injection	qw	2024/9/5
Innovative	Unbiased	HS-20094	Jiangsu Hansoh	Phase III	Injection	qw	2024/10/31
Innovative	Unbiased	BGM0504	BrightGene	Phase III	Injection	qw	2024/10/31
Innovative	Unbiased	VCT220	Suzhou Wentai	Phase III	Oral	qd	2024/11/20
Innovative	Unbiased	GZR18	Gan & Lee	Phase III	Injection	qw/q2w	2024/12/18
Innovative	Unbiased	Efsubaglutide Alfa	Innogen	Phase III	Injection	qw	2025/3/3
Innovative	Unbiased	HRS-7535	Hengrui	Phase III	Oral	qd	2025/3/31
Innovative	Unbiased	HDM1002	Zhongmei Huadong	Phase III	Oral	qd/bid	2025/4/14
Innovative	Unbiased	TG103	CSPC	Phase III	Injection	qw	2025/4/16
Innovative	Unbiased	RAY1225	Raynovent	Phase III	Injection	q2w	2025/6/18
Innovative	Unbiased	Maridebart cafraglutide/AMG 133	Amgen	Phase III	Injection	qm	2025/8/27
Innovative	Unbiased	HDM1005	Hangzhou Zhongmeihuadong	Phase III	Injection	qw	2025/9/24
Innovative	Unbiased	MDR-001	Hangzhou MindRank Technology	Phase III	Oral	qd	2025/12/17
Innovative	Unbiased	ZT002	Beijing QL Biopharmaceutical	Phase III	Injection	qm	2025/12/19

Notes: 1. The pipelines exclude those inactive within the past five years.
2. Combination formulations are included.
3. Only the first three non-innovative pipeline are listed as representative examples.
Source: NMPA, Literature research, Company website, Frost & Sullivan analysis

Competitive Landscape of Overweight/Obesity Drugs (for Adolescent)

Globally, four drugs have been approved for the treatment of adolescent obesity in patients aged 12 years and older, two of which are GLP-1 receptor agonists, yet none have been approved for adolescents in China.

Given that adolescents are still undergoing physiological growth and maturation, therapeutic interventions for this population must comply with rigorous safety standards to prevent any interference with normal development. Consequently, pipelines developed for adolescent obesity indications are typically characterized by more stringent safety requirements and a higher overall safety profile.

The following table sets forth details of global approved adolescent obesity drugs as of the Latest Practicable Date:

Drug Category	Biased/ Unbiased	MOA	Generic Name	Brand Name	Manufacturer	Approval Year (Adolescents)	Administration	Dosing Period	Price, USD/Unit[1]
Innovative	/	Pancreatic lipase inhibitor	Orlistat	Xenical	Roche (Lipase Inhibitor)	FDA: 2003 (ages ≥ 12 yrs)	Oral	qd	6.2 (120mg)
Innovative	Unbiased	GLP-1 receptor agonist	Liraglutide	Saxenda	Novo Nordisk	FDA: 2020 (ages ≥ 12 yrs)	Injection	qd	73.6 (18mg/3ml)
Innovative	/	Sympathomimetic	Phentermine + Topiramate	Qsymia/Qsivia	Vivus LLC	FDA: 2022 (ages ≥ 12 yrs)	Oral	qd	7.4 (Qsymia: 3.75mg-23mg, Qsivia: 25mg)
Innovative	Unbiased	GLP-1 receptor agonist	Semaglutide	Wegovy	Novo Nordisk	FDA: 2022 (ages ≥ 12 yrs)	Injection	qw	87.3 (0.25mg/0.5ml)

Note: 1. Prices are averaged on a per-unit or per-administration basis.
Source: NMPA, FDA, EMA, Literature research, Company website, Frost & Sullivan analysis

The following table sets forth details of global adolescent obesity drugs under development as of the Latest Practicable Date:

Drug Category	Biased/ Unbiased	Generic Name	Development Region	Manufacturer	Clinical Stage	Administration	Dosing Period	First Posted Date
Innovative	Unbiased	Tirzepatide	Global (excluding China)	Eli Lilly	Phase III	Injection	qw	2023/10/10
	Biased	Orforglipron	Global (excluding China)	Eli Lilly	Phase III	Oral	qd	2024/11/04
	Unbiased	CagriSema	Global (excluding China)	Novo Nordisk	Phase III	Injection	qw	2025/11/28

Note: 1. The pipelines exclude those inactive within the past five years.
Source: NMPA, FDA, EMA, Literature research, Company website, Frost & Sullivan analysis

Drug Category	Biased/ Unbiased	Generic Name	Development Region	Manufacturer	Clinical Stage	Administration	Dosing Period	First Posted Date
Innovative	Unbiased	Mazdutide	China	Innovent	Phase III	Injection	qw	2025/11/19
	Unbiased	CagriSema	China	Novo Nordisk	Phase III	Injection	qw	2025/11/28
	Biased	Ecnoglutide (XW003)	China	Sciwind	Phase I	Injection	qw	2025/8/8

Note: 1. The pipelines exclude those inactive within the past five years.
Source: NMPA, FDA, EMA, Literature research, Company website, Frost & Sullivan analysis

OSA Drug Market

OSA is a sleep-related breathing disorder characterized by episodes of complete (apnea) or partial (hypopnea) collapse of the upper airway, leading to decreased oxygen desaturation or arousal from sleep. Patients with suspected OSA usually present with fragmented and non-restorative sleep, excessive daytime sleepiness, loud snoring, gasping, choking, or witnessed episodes of breathing cessation during sleep. Excessive daytime sleepiness is one of the most common symptoms.

OSA and obesity often coexist. Upper-airway collapse leads to intermittent hypoxia, which triggers sympathetic activation, increases appetite and promotes insulin resistance. Central obesity reduces pharyngeal airway calibre and contributes to OSA. Weight loss through lifestyle modification or pharmacotherapy (GLP-1 RAs) reduces AHI and improves both OSA and metabolic comorbidities.

Treatment Paradigm of OSA

OSA primarily involves lifestyle interventions (weight reduction and sleep position adjustment), continuous positive airway pressure (CPAP), and surgery. Currently, medications for OSA are limited to Tirzepatide, which was approved in 2025 as the first medication for OSA in China. Due to recent approvals, the current share of OSA medication sales is limited, but it is expected to increase gradually as more drugs are approved and clinical use expands. Particularly, by 2030, over 20% of patients receiving pharmacological treatment for OSA could choose GLP-1 therapy as clinical adoption expands.

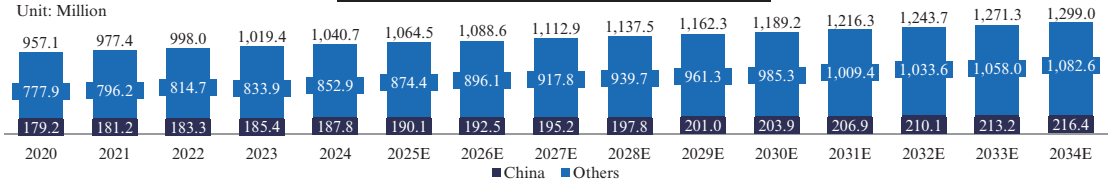
Following the NMPA approval of tirzepatide for OSA in 2025, pharmacological treatment for OSA is expected to be progressively adopted in clinical practice, establishing a defined drug-treated patient population. The >20% (GLP-1 share = Obesity-driven OSA proportion × Adoption post-approval × Adjustment for treatment pathway evolution) represents the projected share of GLP-1 therapies within OSA patients receiving pharmacological treatment by 2030 following regulatory approval and clinical adoption. Penetration is moderated by the evolving differentiation of pharmacological treatment pathways, patient-level variation in treatment choice and persistence, and the coexistence of multiple drug-based treatment options.

Prevalence of OSA Globally and in China

Globally, OSA patients increased from 957.1 million in 2020 to 1,040.7 million in 2024 and are projected to reach 1,299.0 million by 2034, while China is expected to grow from 179.2 million to 216.4 million over the same period, driven by rising obesity and lifestyle changes.

Global and China Prevalence of OSA, 2020-2034E

Period	CAGR		
	China	Others	Global
2020-2024	1.2%	2.3%	2.1%
2025E-2029E	1.4%	2.4%	2.2%
2030E-2034E	1.5%	2.4%	2.2%



Source: Literature research, Frost & Sullivan analysis

OSA Drug Market Size

Emerging pharmacological therapies, particularly GLP-1 receptor agonists, are providing alternatives to CPAP and improving treatment uptake for OSA. Following the global approval of tirzepatide in 2024, the OSA drug market is projected to grow from USD0.5 billion in 2025 to USD5.7 billion by 2034, with GLP-1 therapies remaining the dominant driver of market expansion.

China's OSA drug market remains nascent but is projected to expand from RMB0.01 billion in 2025 to RMB6.1 billion by 2034, driven by improving diagnosis rates, rising disease awareness, and the emergence of novel pharmacological therapies such as GLP-1 receptor agonists as alternatives to CPAP.

Competitive Landscape of OSA Drugs

For the indication of OSA, tirzepatide is the only therapy approved globally and in China.

As of the Latest Practicable Date, globally, only three GLP-1based drug candidates for obstructive sleep apnea (OSA) have been disclosed, both of which are in phase III clinical trials.

Drug Category	Biased/ Unbiased	Drug Name/Code	Company	Development Region	Administration	Clinical Stage	First Posted Date
Innovative	Biased	Retatrutide	Eli Lilly	Global (excluding China)	Injection	Phase III	2023/07/03
Innovative	Biased	Orforglipron	Eli Lilly	Global (excluding China)	Oral	Phase III	2024/10/18
Innovative	Unbiased	Maridebart cafraglutide/AMG 133	Amgen	Global (excluding China)	Injection	Phase III	2025/11/10

Note: 1. The pipelines exclude those inactive within the past five years.
Source: CDE, Company website, Literature research, Frost & Sullivan analysis

As of the Latest Practicable Date, the following four GLP-1based therapies represent all disclosed drug candidates for OSA currently under development in China.

Drug Category	Biased/ Unbiased	Drug Name/Code	Company	Development Region	Administration	Clinical Stage	First Posted Date
Innovative	Biased	Orforglipron	Eli Lilly	China	Oral	Phase III	2024/12/05
Innovative	Unbiased	Mazdutide	Innovent	China	Injection	Phase III	2025/04/14
Innovative	Unbiased	HRS9531	Jiangsu Hengrui	China	Injection	Phase III	2025/04/25
Innovative	Biased	Ecnoglutide (XW003)	Sciwind	China	Injection	Phase III	2026/02/02

Note: 1. The pipelines exclude those inactive within the past five years.
Source: CDE, Company website, Literature research, Frost & Sullivan analysis

MASH Drug Market

MASH is a severe form of MASLD characterized by liver inflammation and damage caused by fat accumulation, which can progress to cirrhosis and liver cancer and often remains asymptomatic in early stages.

Treatment Paradigm of MASH

The >15% (GLP-1 share = Metabolic phenotype proportion × Clinical adoption as guidelines mature × Early-stage market constraint factor) is derived from the assumption that GLP-1 therapies will be adopted in a defined subset of pharmacologically treated MASH patients by 2030 as treatment pathways mature and clinical experience accumulates. This portion reflects the early stage of pharmacological management in MASH, evolving guideline positioning, heterogeneity of patient profiles, and the expected coexistence of multiple therapeutic classes.

Prevalence of MASH Globally and in China

Globally, MASH patients increased from 351.1 million in 2020 to 400.5 million in 2024 and are projected to reach 537.6 million by 2034, driven by rising obesity and metabolic disorders. In China, patient numbers grew from 38.7 million in 2020 to 44.0 million in 2024 and are expected to reach 61.1 million by 2034, supported by urbanization, population aging, and improving diagnosis rates.

MASH Drug Market Size

In 2024, the global MASH drug market reached USD3.4 billion and is projected to expand to USD53.6 billion by 2034, supported by new drug approvals, rising disease awareness, and strong pipeline innovation, with GLP-1 therapies emerging as a key growth driver. In China, the market grew from USD0.1 billion in 2020 to USD0.2 billion in 2024 and is expected to reach USD5.0 billion by 2034, driven by increasing prevalence and expanding treatment adoption.

Competitive Landscape of MASH Drugs

As of the Latest Practicable Date, three drugs have been approved globally (excluding China) for the treatment of MASH, highlighting a substantial unmet medical needs. Lipaglyn (saroglitazar magnesium) was approved in India in 2020, Rezdiffra (resmetirom) received FDA approval in the U.S. in 2024, and semaglutide was approved by the U.S. FDA in 2025 for this indication.

As of the Latest Practicable Date, 14 GLP-1 receptor agonist drug candidates were under clinical development for the treatment of MASH globally, including 2 in Phase III, 6 in Phase II, and 6 in Phase I.

As of the Latest Practicable Date, ten GLP-1 receptor agonist drug candidates were under clinical development for the treatment of MASH in China, including 3 in Phase III, 5 in Phase II, and 2 in Phase I.

DIABETES DRUG MARKET

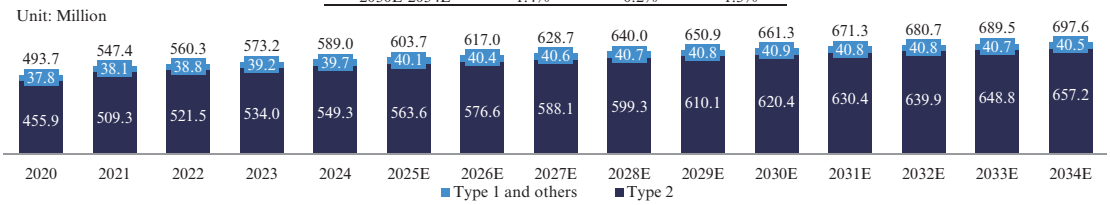
Diabetes mellitus is typically classified into type 1 diabetes (beta cell destruction usually resulting in absolute insulin deficiency), type 2 diabetes (insulin resistance and beta cell dysfunction), gestational diabetes mellitus (GDM, diagnosed during pregnancy), and other types (such as monogenic diabetes syndromes, drug/chemical induced diabetes, etc.). Type 2 diabetes represents the most common type within the diabetes group. T2DM is a metabolic disorder characterized by chronic hyperglycaemia caused by defects in insulin secretion, insulin action, or both. Persistent hyperglycaemia can lead to long-term damage, dysfunction, and failure of multiple organs, especially the eyes, kidneys, nerves, heart, and blood vessels.

Prevalence of T2DM Globally and in China

The number of diabetes patients worldwide has been rising steadily for many years, with the majority diagnosed with T2DM. Globally, the diabetic population reached 589.0million in 2024 and is projected to grow to 697.6 million by 2034. The sustained growth in diabetes prevalence is driven by a combination of socio-economic, demographic, environmental, and genetic factors.

Global Prevalence of Diabetes, 2020-2034E

Period	CAGR		
	Type 2	Type 1 and others	Total
2020-2024	4.8%	1.2%	4.5%
2025E-2029E	2.1%	0.4%	1.9%
2030E-2034E	1.4%	-0.2%	1.3%



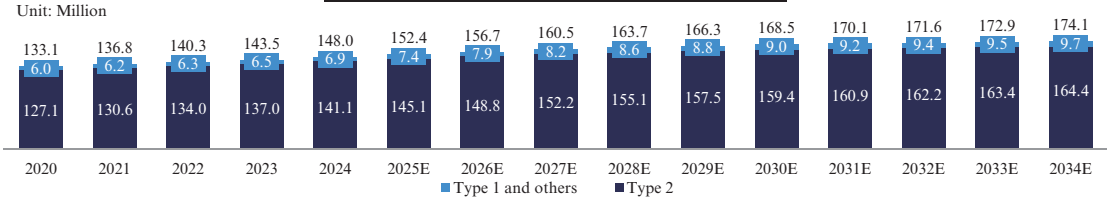
Source: WHO, IDF, ADA, Frost & Sullivan analysis

The number of diabetes patients in China has been steadily increasing over the years, with the majority diagnosed with T2DM. In China, the affected population reached 148.0 million in 2024 and is expected to decrease to 174.1 million by 2034.

This sustained growth is driven by a combination of socio-economic, demographic, environmental, and genetic factors. Key contributors include population aging, rising obesity rates, increased urbanization, and lifestyle changes such as reduced physical activity and unhealthy dietary habits. Additionally, broader health screening coverage and improved diagnostic capabilities have led to earlier and more widespread detection of diabetes cases. Together, these factors are fueling the continuous expansion of China's diabetic population and driving long-term demand for chronic disease management and therapeutic innovation.

Prevalence of Diabetes in China, 2020-2034E

Period	CAGR		
	Type 2	Type 1 and others	Total
2020-2024	2.6%	3.5%	2.7%
2025E-2029E	2.1%	4.6%	2.2%
2030E-2034E	0.8%	1.7%	0.8%



Source: WHO, IDF, ADA, Frost & Sullivan analysis

Treatment Paradigm

Diabetes management primarily relies on medications, encompassing insulin, metformin, SGLT-2 inhibitors, GLP-1 receptor agonists, DPP-4 inhibitors, and other drugs. In 2024, approximately 90% of diagnosed diabetes patients in China received drug therapy. Specifically, GLP-1 receptor agonists accounted for approximately 14% of total diabetes

medication sales in 2024. Other diabetes medications included insulin (25%), metformin (12%), SGLT-2 inhibitors (15%), DPP-4 inhibitors (9%), and other drugs (25%). Compared with insulin, GLP-1 therapies are associated with lower hypoglycaemia risk and a more favorable weight profile, while insulin is linked to weight gain and requires intensive monitoring. Compared with metformin, GLP-1 therapies may offer additional benefits in selected patients, including weight reduction and, for certain agents, cardiovascular risk reduction. The share of GLP-1 receptor agonists is expected to increase further as additional GLP-1 drugs are approved and their clinical use expands.

In 2024, more than 5% of patients in China receiving pharmacological treatment for T2DM chose GLP-1 receptor agonists, based on patient-level estimates. Although the proportion is relatively low, the large patient population means significant market potential. By 2030, over 10% of patients receiving pharmacological treatment for diabetes are expected to choose GLP-1 therapies. The >10% (GLP-1 share = Guideline-eligible proportion × Uptake among eligible patients × Structural dilution factor) is derived from the assumption that a defined proportion of pharmacologically treated diabetes patients will receive GLP-1 therapies by 2030, supported by expanding accessibility and reimbursement inclusion. The proportion reflects the structurally multi-class and highly individualized nature of diabetes pharmacotherapy, where GLP-1's class share is intrinsically diluted by diversified standard-of-care regimens including biguanides, insulin, DPP-4 inhibitors and SGLT-2 inhibitors, as well as the need for individualized treatment selection.

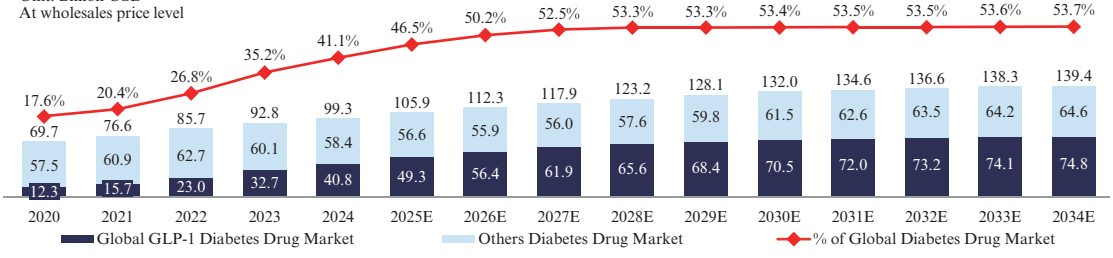
GLP-1 receptor agonists have achieved progressively elevated positioning in ADA and EASD treatment guidelines and are expected to be recommended as first-line therapy for broader patient populations in the future. Biased GLP-1 receptor agonist was specially referenced in the newest guideline of Chinese diabetes society in 2024. Across therapeutic generations, distinct structural modifications evolving from native peptide analogs to long-acting receptor agonists have resulted in varying efficacy and safety profiles, reflecting continuous optimization of GLP-1 therapeutics.

Diabetes Drug Market Size

In 2024, the global diabetes drug market reached USD 99.3 billion and is projected to increase to USD 139.4 billion by 2034. The GLP-1 receptor agonist segment, which totaled USD 40.8 billion in 2024, is expected to reach USD 74.8 billion by 2034, with its market share rising from 41.1% to 53.7% over the same period.

Global Diabetes Drug Market, 2020-2034E

Period	CAGR		
	GLP-1	Others	Total
2020-2024	35.1%	0.4%	9.2%
2025E-2029E	8.5%	1.4%	4.9%
2030E-2034E	1.5%	1.2%	1.4%

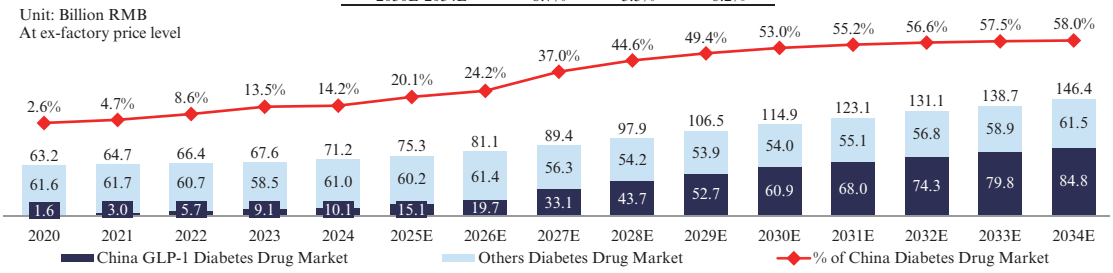


Source: Annual Report, Frost & Sullivan analysis

In 2024, the China diabetes drug market reached RMB71.2 billion and is projected to increase to RMB146.4 billion by 2034. The GLP-1 receptor agonist segment, which amounted to RMB10.1 billion in 2024, is expected to reach RMB84.8 billion by 2034, with its market share increasing from 14.2% to 58.0% over the same period.

Diabetes Drug Market in China, 2020-2034E

Period	CAGR		
	GLP-1	Others	Total
2020-2024	57.6%	-0.2%	3.0%
2025E-2029E	36.6%	-2.7%	9.1%
2030E-2034E	8.7%	3.3%	6.2%



Source: Annual Report, Frost & Sullivan analysis

Our Directors confirm that, after making reasonable enquiries, there is no material adverse change in the market information since the date of the Frost & Sullivan Report which may qualify, contradict or have an impact on the information in this section.

Competitive Landscape of GLP-1 Receptor Agonists for T2DM

As of the Latest Practicable Date, a total of 9 GLP-1 receptor agonists have been approved globally excluding China for the treatment of diabetes, with 23 approved in China.

As of the Latest Practicable Date, globally (excluding China), there were over 200 GLP-1 drug candidates in Phase III clinical development for the treatment of diabetes, including two at the BLA submission stage, over 100 in Phase II, and over 150 in Phase I. In China, there were over 50 in Phase III, including 15 at the BLA or NDA submission stage, over 30 in Phase II, over 150 in Phase I, and six at the IND approval stage.

Growth Drivers and Future Trends of the Diabetes Drug Market

The diabetes drug market is shaped by the following growth drivers and future trends: (i) rising diabetes prevalence due to population aging, urbanization, and lifestyle changes, with a substantial proportion of individuals remaining undiagnosed, emphasizing the ongoing need for early identification and intervention; (ii) increasing awareness and access, supported by proactive screening, price adjustments, patient assistance programs, and procurement policies that enable broader patient coverage and adherence; (iii) therapeutic innovation, with novel agents such as GLP-1 receptor agonists, SGLT-2 inhibitors, and DPP-4 inhibitors transforming diabetes management beyond glycemic control to include weight management, cardiovascular protection, and metabolic health; and (iv) evolving patient demand and care models, with clinicians and patients increasingly seeking therapies that combine efficacy with tolerability, supported by expanding hospital networks and DTP pharmacy channels, and a growing emphasis on individualized, long-term treatment tailored to diverse patient needs.

REPORT COMMISSIONED BY FROST & SULLIVAN

In connection with the [**REDACTED**], we commissioned Frost & Sullivan, an Independent Third Party, to prepare a report on global and China's markets regarding metabolic disorders and digestive diseases. Except as otherwise noted, all data and forecasts in this section come from the Frost & Sullivan report. We have agreed to pay a total of RMB0.55 million in fees for the preparation of the Frost & Sullivan report. Frost & Sullivan is a market research and consulting company that provides market research on a variety of industries including healthcare. In preparing the report, Frost & Sullivan collected and reviewed publicly available data such as government-derived information, annual reports and industry association statistics, as well as market data collected by conducting interviews with key industry experts and leading industry participants. Frost & Sullivan has exercised due care in collecting and reviewing the information so collected.