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OVERVIEW OF THE PHARMACEUTICAL MARKET IN CHINA

In recent years, healthcare expenditure in China has experienced significant growth, increasing from RMB7,217.5 billion in 2020 to RMB9,507.5 billion in 2024, representing a CAGR of 7.1%. With increasing disposable income and aging population, rising health awareness and life expectancy, implementation of healthcare reform plans and the continuous introduction of more innovative therapies, the total healthcare expenditure in China is expected to grow further at a CAGR of 4.0% from 2024 to 2035, reaching RMB14,684.5 billion in 2035.

Similarly, the pharmaceutical market in China has also grown in recent years from RMB1,458.4 billion in 2020 to RMB1,733.1 billion in 2025, representing a CAGR of 3.5%, and is expected to grow further at a CAGR of 6.2% from 2025 to 2035, reaching RMB3,153.0 billion in 2035.

In line with the market trends, pharmaceutical companies in China have adopted various business strategies to commercialize drugs and expand their product portfolios. These strategies can be broadly categorized into three models: (i) mergers and acquisitions, (ii) in-licensing and strategic partnerships, and (iii) contract sales organization (CSO) arrangements. The table below sets forth a comparison of the key arrangements, roles and responsibilities under different drug commercialization models commonly adopted in the pharmaceutical industry:

Comparison of different drug commercialization models

Item	Mergers and Acquisitions	Licensed	CSO
Arrangements	• A company acquires the target company or asset outright, including drug rights and often the team to control development and commercialization fully.	• A company (licensee) obtains rights from another (licensor) to develop, market, manufacture, distribute or sell a drug under agreed terms	• Provides a series of services and solutions related to marketing and sales activities under contracts with pharmaceutical companies
Roles & Responsibilities	• **Acquirer:** Strategic planning and leading commercialization, pricing, and sales channel configuration, overall responsibility for regulatory compliance and so on. • **Target:** Provide R&D, clinical, and intellectual property documentation, assist with business transition and systems integration and so on.	• **Licensor:** Provide data, know-how and possibly early-stage development support. • **Licensee:** Often responsible for further clinical development, regulatory submissions, manufacturing, marketing, sales, and compliance. Revenue sharing (royalties, milestones) is typical.	• **Contract sales organization**: Provide outsourced services such as sales promotion and marketing teams for third-party pharmaceutical companies.

Source: CIC

Future Trends of Pharmaceutical Market in China

The pharmaceutical market in China is expected to be influenced by the following trends:

Chronic disease patients drive market demand: China's aging population (65+ accounted for ~15.6% in 2024) and lifestyle changes are increasing chronic disease prevalence, fueling sustained pharmaceutical demand.

R&D investment addresses healthcare gaps: Pharmaceutical companies are increasing R&D, exploring new therapeutic targets, and partnering with multinationals to develop safer, more effective drugs amid ongoing healthcare capacity shortages.

Payment capacity and insurance improve access: Rising disposable income, more innovative drugs included in the NRDL, and commercial insurance development are strengthening patient affordability and supporting market expansion.

Policy reforms accelerate drug launches: National price negotiations and bulk procurement have accelerated innovative drug inclusion in NRDL. In 2024, the State Council launched the Implementation Plan for Full-Chain Support of Innovative Drug Development. In 2025, NHSA and NHC jointly released measures creating a dedicated commercial health insurance list for innovative drugs.

CKD TREATMENT MARKET IN CHINA

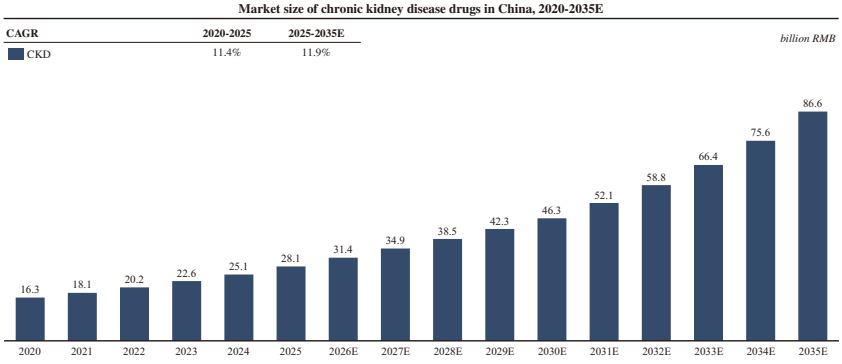
CKD is defined by kidney damage or a GFR < 60ml/(min·1.73m^2) for at least three months. It has five stages: Stages 1-2 (mild damage, normal/slightly reduced function), Stage 3 (moderate reduction), Stage 4 (severe reduction), and Stage 5 (kidney failure, requiring dialysis or transplant). In 2024, China had ~1.2 million dialysis patients. CKD is classified into primary (kidney-originating) and secondary types (caused by systemic diseases like metabolic disorders, hypertension, or immune diseases).

CKD develops through: (i) immune-mediated damage from abnormal immune complex deposition causing inflammation (cause unknown); and (ii) non-immune-mediated injury from abnormal renal hemodynamics affecting glomerular microcirculation.

The prevalence of CKD in China grew at a CAGR of 0.4% from 121.2 million in 2020 to 123.8 million in 2025, and is expected to continue to grow at a CAGR of 0.4% to 129.4 million in 2035.

The CKD drug market in China has grown in recent years from RMB16.3 billion in 2020 to RMB28.1 billion in 2025, representing a CAGR of 11.4%. With the introduction of more new drugs and the continuous improvement of patient treatment rates, the CKD drug market is expected to grow further at a CAGR of 11.9% from 2025 to 2035, reaching RMB86.6 billion in 2035.

Market size of chronic kidney disease drugs in China, 2020-2035E



Source: JAMA, Clinical and Experimental Nephrology, NHSA, NRDL, Guidelines for early screening, diagnosis, prevention and treatment of chronic kidney disease, CIC Report

Characteristics of the CKD Treatment in China

Low early diagnosis rate, complex pathogenesis: China's CKD field struggles with low early diagnosis rates, uneven resource distribution, and low diagnostic accuracy. The complex pathogenesis leads to complications like cardiovascular disease and anemia, requiring integrated care.

Limited CKD treatment options: Treatments rely on conventional drugs with limited specificity, causing resistance, side effects, and relapse. Advanced-stage patients depend on dialysis or transplant, creating a need for safer, more effective drugs and advanced strategies.

Lack of comprehensive complication management solutions: CKD causes complications like hyperparathyroidism and anemia, but management solutions are underdeveloped. Companies addressing these complications will strengthen their market position.

Entry Barriers to the CKD Treatment Market in China

Channel barriers: CKD treatment spans multiple departments (nephrology, cardiology), requiring extensive commercial networks and cross-specialty academic engagement, making new therapy promotion highly resource-intensive.

Brand barriers: Mature brands dominate with strong physician trust. New entrants need clear differentiation, but stable prescribing habits and patient reluctance to switch lead to slow market penetration.

Product portfolio barriers: CKD covers diverse sub-indications with distinct treatment needs. New entrants struggle to build comprehensive pipelines quickly, limiting economies of scale and synergy effects.

Drivers and Future Trends of the CKD Treatment Market in China

Technological and commercial development: Innovative molecular design, new targets, and new molecules can address CKD demand. NRDL inclusion boosts market growth, while global drugs enter China through partnerships, filling therapeutic gaps with domestic expertise.

Aging population: The prevalence of CKD in China is increasing, driven by diabetes, hypertension, and an aging population, resulting in a large and growing patient base. Policy support: Inclusion of CKD-related innovative drugs in national and provincial reimbursement lists reduces patient out-of-pocket costs and improves accessibility.

Technological innovation driving treatment shifts: Advances in genomics and molecular chemistry are enabling innovative therapies with novel targets, improved efficacy, and less frequent dosing, shifting CKD treatment from passive management to proactive prevention.

Advancing comprehensive complication management: CKD involves multiple interconnected complications (anemia, hyperparathyroidism, cardiovascular disorders). Companies are developing multi-target and combination therapies to improve effectiveness and quality of life beyond single-drug approaches.

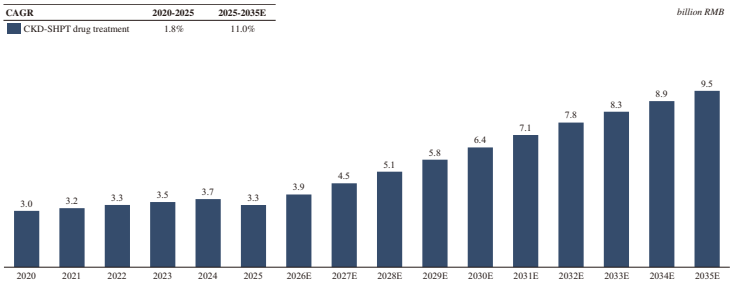
Market expansion into grassroots levels: The widely distributed CKD patient population extends into county-level markets. Companies are strengthening distribution networks and physician education in grassroots healthcare to unlock growth potential by aligning products with primary care needs.

Secondary Hyperparathyroidism in Patients with CKD Treatment Market in China

CKD-SHPT is a serious complication in CKD, marked by parathyroid hyperplasia, elevated PTH, and calcium-phosphorus imbalances, causing multisystem damage and increased mortality. Symptoms include bone pain, fractures, vascular calcification, anemia, and pruritus. The incidence rises with dialysis, with some developing SHPT within the first year. In China, only 33.8% of hemodialysis patients achieve target iPTH levels, leading to common parathyroidectomy and disability. The prevalence of SHPT in patients with CKD in China grew at a CAGR of 0.5% from 48.8 million in 2020 to 50.7 million in 2025, and is expected to continue to grow at a CAGR of 0.5% to 53.2 million in 2035.

The drug treatment for SHPT in patients with CKD market in China has grown in recent years from RMB3.0 billion in 2020 to RMB3.3 billion in 2025, representing a CAGR of 1.8%, and is expected to grow further at a CAGR of 11.0% from 2025 to 2035, reaching RMB9.5 billion in 2035.

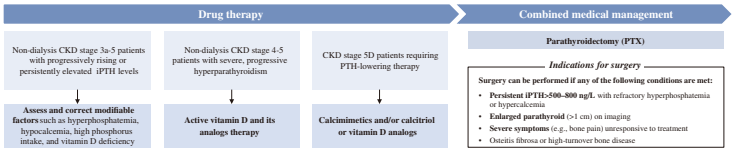
CKD-SHPT drug treatment market size, China, 2020-2035E



Source: KDIGO, Nephrology Branch, NHSA, NRDL, Clinical practice guideline for delaying the progression of chronic kidney disease (2025), CIC Report

Treatment pathway of CKD-SHPT

The current treatment pathway of CKD-SHPT is set forth below:



Source: Clinical practice guideline for delaying the progression of chronic kidney disease (2025), CIC Report

Current treatments for CKD-SHPT include active vitamin D analogs and calcimimetics. Vitamin D analogs lower PTH but raise calcium and phosphate, increasing risks of hypercalcemia and vascular calcification. In contrast, next-generation calcimimetics (e.g., Evocalcet) reduce PTH, calcium, and phosphate, with fewer GI effects and hypocalcemia, and may provide cardiovascular benefits via CaSR activation and reduced FGF23, potentially lowering CV risk and slowing LVH progression.

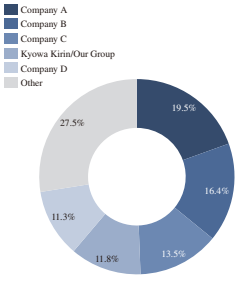
Competitive landscape

The competitive landscape of calcimimetics approved to treat SHPT is set forth below:

Generic Name	Brand Name	MoA	Company	First Approval Date	Indication	NRDlStatus	Price
Cinacalcet	Regpara® 盖平®	CaSR	Amgen/Kyowa kirin/**Our Group**	2014-08	SHPT in chronic kidney disease patients on maintenance dialysis	NRDL listed	~300 RMB (25mg*10 tablets)
Etelcalcetide	Parsabiv® 劳必福®	CaSR	Amgen	2023-05	SHPT in adult patients with chronic kidney disease receiving hemodialysis	/	~150 RMB (1ml:5mg)
Evocalcet	Orkedia® 盖优平®	CaSR	Kyowa Kirin/ **Our Group**	2024-06	SHPT in chronic kidney disease patients on maintenance dialysis	NRDL listed	~700 RMB (2mg*10 tablets)

Source: NMPA, CIC Report

Cinacalcet is the first-generation calcimimetics and currently represents the mainstream drug in the China market. Regpara® is the original drug version of cinacalcet. The competitive landscape of calcimimetics approved to treat SHPT in China in 2025 is set forth below:



Ranking	Company	Market share
1	Company A	19.5%
2	Company B	16.4%
3	Company C	13.5%
4	Kyowa Kirin/**Our Group**	11.8%
5	Company D	11.3%
Others		**27.5%**
Total		**100%**

Notes:

- **Company A:** It was established in 2018 and is headquartered in Shijiazhuang, Hebei Province, engaging in the R&D, production, and sale of pharmaceutical technologies.
- **Company B:** Founded in 1995 and headquartered in Beijing, the company is primarily engaged in the R&D, production, and sale of high-end generic drugs and biologics, covering therapeutic areas such as cardiovascular and digestive systems.
- **Company C:** It was established in Jiangsu in 2013, and has been listed on the Stock Exchange in 2025, covering the industry value chain from R&D, clinical research, and manufacturing to commercialization.
- **Company D:** Founded in 1995 and headquartered in Nanjing, the company operates across innovative drugs, generics, specialty APIs, high-end formulations and pharmaceutical packaging.

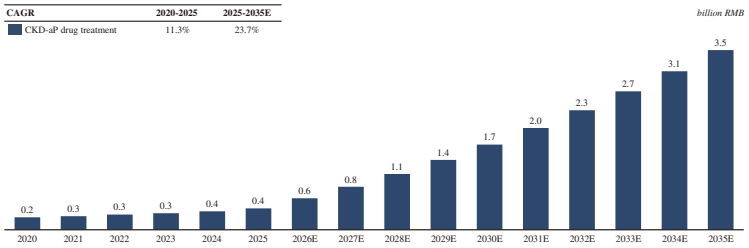
Source: NMPA, expert interviews, CIC Report

Orkedia® (盖優平® evocalcet) is an oral next-generation calcimimetic that activates the calcium-sensing receptor (CaSR) on parathyroid cells, increasing sensitivity to calcium and suppressing PTH secretion, thereby lowering serum PTH. Compared with traditional calcimimetics, it more effectively reduces iPTH and improves target attainment. Its high CaSR specificity and minimal CYP2D6 inhibition are associated with fewer gastrointestinal adverse events and hypocalcemia, supporting better long-term tolerability. As an oral therapy, it also offers convenient dosing, improved adherence, and favorable cost-effectiveness.

Chronic Kidney Disease-associated Pruritus Treatment Market in China

CKD-aP is moderate to severe itching related to kidney disease, often worsening at night and impairing quality of life. A 2023 KDIGO consensus highlights pruritus as a key issue in dialysis patients. The 2021 DOPPS study in China reported 82% had pruritus, including 39% with moderate-to-severe and 19% with severe or extreme symptoms, indicating a substantial burden. Treatment remains suboptimal due to low awareness, under reporting (17% of patients), and physician underestimation (69%). Its pathophysiology is multifactorial, involving immune-inflammation, opioid system imbalance (MOR overactivation, KOR under activation), uremic toxin accumulation (e.g., calcium-phosphate crystals), and xerosis from epidermal barrier dysfunction. The prevalence of CKD-aP in China grew at a CAGR of 10.3% from 0.6 million in 2020 to 0.9 million in 2025, and is expected to continue to grow at a CAGR of 5.5% to 1.6 million in 2035.

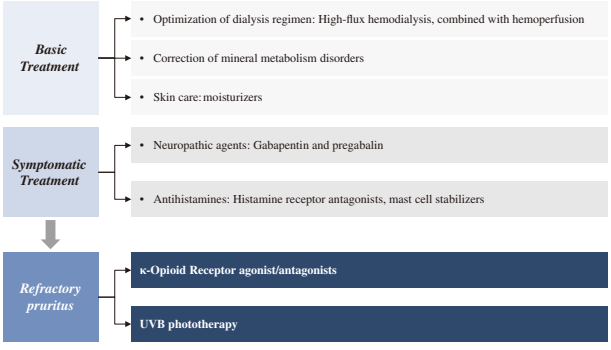
The drug treatment for CKD-aP market in China has grown in recent years from RMB0.2 billion in 2020 to RMB0.4 billion in 2025, representing a CAGR of 11.3%, and is expected to grow further at a CAGR of 23.7% from 2025 to 2035, reaching RMB3.5 billion in 2035.



Source: Progress in the pathogenesis and drug treatment of pruritus in hemodialysis patients, Chronic kidney disease associated pruritus, NHSA, NRDL, CIC Report

Treatment pathway of CKD-aP

The current treatment pathway of CKD-aP is set forth below:



Source: CMT, Chinese expert consensus on the management of chronic kidney disease-associated pruritus (2025), CIC Report

Current available treatment for CKD-aP include antihistamines, neuropathic agents, and KOR agonists. Antihistamines have limited efficacy, offering no significant benefit over emollients. Gabapentin and pregabalin require slow titration due to prolonged half-lives, may increase complications in dialysis patients, and can cause adverse effects; pregabalin is also a controlled substance in the US. The endogenous opioid system includes μ, δ, and κ receptors: KOR agonists suppress itching, while μ-opioid receptor activation induces it and is associated with analgesia, euphoria, and addiction, making selective KOR agonists preferable. Difelikefalin shows low adverse event rates (6%–9%) and discontinuation, with rapid, sustained efficacy and improvements in sleep, and is effective in refractory CKD-aP.

Competitive landscape

As of the Latest Practicable Date, there were three NDA or commercialized KOR targeted drugs with the indication of CKD-aP in China, further details of which are set forth below:

Generic Name	Brand Name	Company	MoA	Indication	Route of Administration	First Approval Date(1)	NRDL Status	Price
Nalfurafine	Remitch®	3SBio/Takeda	KOR	Treatment of pruritus in hemodialysis patients who have not responded to current therapies	Oral	2023-06	NRDL listed	~397 RMB (2.5μg*14 tablets)
Difelikefalin	Korsuva®	**Our Group**/VFMCRP	KOR	Treatment of moderate - to-severe CKDaP in adults undergoing hemodialysis	Injection	2026-04	/	/
Anrikefon	思舒静®	Haisco	KOR	Treatment of moderate - to-severe CKDaP in adults undergoing hemodialysis	Injection	2025-09	/	/

Note:

(1) NDA received by NMPA

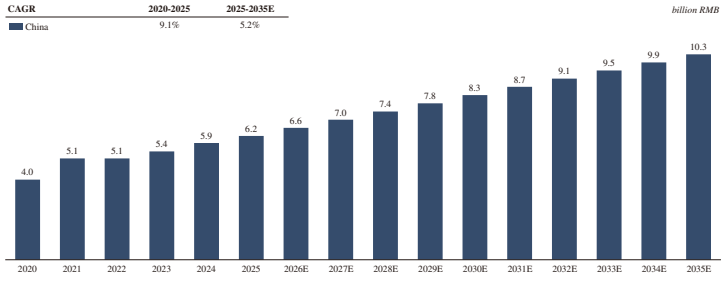
Source: NMPA, CIC Report

CKD Anemia Treatment Market in China

CKD anemia is caused by reduced erythropoietin production due to kidney dysfunction, along with uremic toxinmediated inhibition of erythropoiesis and shortened red blood cell lifespan. Contributing factors include iron, folate, or vitamin B12 deficiency and blood loss (e.g., gastrointestinal bleeding). Its prevalence increases with disease progression, reaching 51.1% in stage 3 CKD and up to 90.2% in stage 5. Cardiovascular disease is a leading complication and cause of death in CKD, and anemia is an independent risk factor; each 10 g/L increase in hemoglobin is associated with about a 17% reduction in cardiovascular event risk. The prevalence of CKD anemia in China grew at a CAGR of 3.3% from 38.7 million in 2020 to 45.6 million in 2025, and is expected to continue to grow at a CAGR of 3.2% to 62.2 million in 2035.

The drug treatment for CKD anemia market in China has grown in recent years from RMB4.0 billion in 2020 to RMB6.2 billion in 2025, representing a CAGR of 9.1%, and is expected to grow further at a CAGR of 5.2% from 2025 to 2035, reaching RMB10.3 billion in 2035.

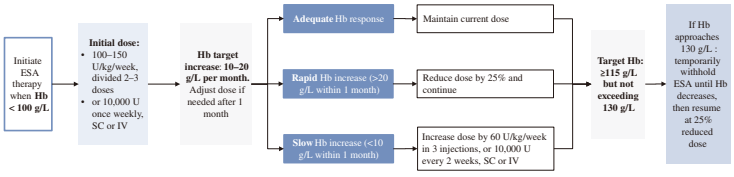
China market size of renal anemia drugs, 2020-2035E



Source: Clinical Kidney Journal, Nephrology, NHSA, NRDL, CIC Report

Treatment pathway of CKD anemia

The current treatment pathway of CKD anemia is set forth below:



Source: KDIGO 2024, Chin J Nephrol, CIC Report

Current available treatments for CKD anemia include iron therapy, HIF-PH stabilizers, and erythropoiesis-stimulating agents (ESAs), red blood cell transfusion where clinically necessary, dialysis optimization and management of underlying CKD. ESAs mimic erythropoietin to stimulate red blood cell production, increase hemoglobin, reduce transfusion needs, and improve symptoms and quality of life. Higher hemoglobin targets may be associated with better survival and fewer cardiovascular events. Long-acting ESAs allow less frequent dosing and better adherence, and are particularly effective in dialysis patients with impaired oral iron absorption.

Competitive landscape

In China, only three long-acting ESAs are approved, and short-acting ESAs still dominate clinical use. Long-acting ESAs account for less than 5% of sales in China, compared with over 50% globally. The market share is expected to grow steadily due to better compliance, safety, and efficacy.

The details of the approved long-acting ESAs with the indication of renal anemia in China as of the Latest Practicable Date were set forth below:

Generic Name	Brand Name	Company	MoA	Indication	Route of Administration	First Approval Date	NRDL Status	Price
Methoxy Polyethylene Glycol-Epoetin Beta	MIRCERA® 美信罗®	Roche	ESA	Anemia in chronic kidney disease (long-acting monthly formulation)	Injection	2018-07	NRDL listed	~1,200 RMB (50μg*0.3ml/vial)
Darbepoetin alfa	NESP® 耐斯宝®	Kirin Pharma	ESA	Renal anemia	Injection	2020-06	NRDL listed	~115 RMB (40ug*0.5ml/vial)
Pegmolesatide	圣罗莱®	Hansoh	ESA	Renal anemia	Injection	2023-06	NRDL listed	~1,980 RMB (4.0mg*1.0ml/vial)
Loncipotinalfa	新比澳	3S Bio	ESA	Renal anemia	Injection	2026-03	/	/

Source: NMPA, CIC Report

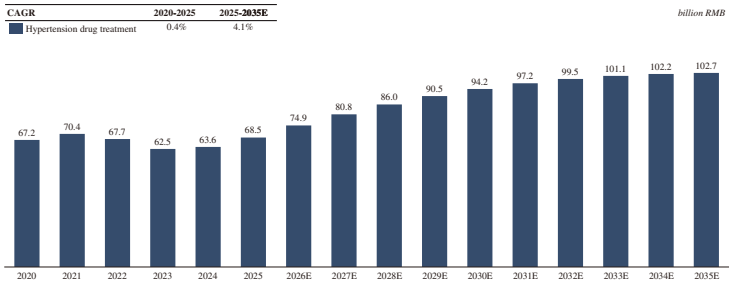
As of the Latest Practicable Date, only four long-acting ESAs have been approved in China. Among them, NESP®, produced by Kyowa Kirin/Our Group, accounting for approximately 15.8%.

Hypertension Treatment Market in China

Hypertension is defined as office BP ≥140/90 mmHg, home BP ≥135/85 mmHg, or 24-hour BP ≥130/80 mmHg. Early symptoms are often absent, and mild cases may present with nonspecific symptoms such as dizziness and headache, while severe cases can lead to hypertensive crisis with serious complications. Chronic hypertension damages renal vessels and causes CKD, while CKD worsens hypertension via fluid retention, RAAS activation, and sodium imbalance, forming a vicious cycle that accelerates cardio-renal damage. The prevalence of hypertension in China has shown a significant upward trend in recent years, especially among young and middle-aged people. The prevalence of hypertension in China grew at a CAGR of 2.9% from 325.4 million in 2020 to 374.6 million in 2025, and is expected to continue to grow at a CAGR of 1.1% to 419.4 million in 2035.

The hypertension drug treatment market in China is expected to grow from RMB68.5 billion in 2025 to RMB102.7 billion in 2035, representing a CAGR of 4.1%.

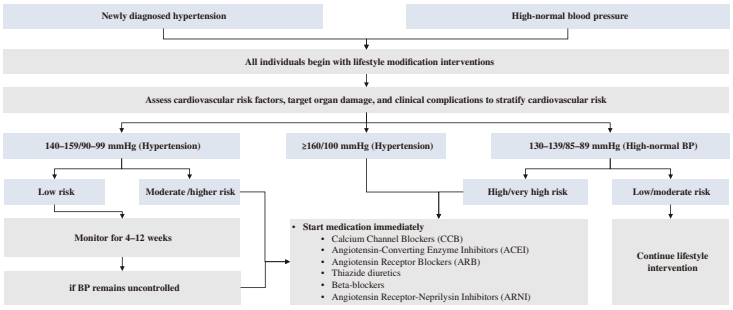
Hypertension drug treatment market size, China, 2020-2035E



Source: China Cardiovascular Health and Disease Report, NHSA, NRDL, CIC Report

Treatment pathway of hypertension

The purpose of treatment for patients with hypertension is to effectively lower blood pressure, control the course of hypertension, and prevent or delay the occurrence of complications such as stroke, myocardial infarction, heart failure, and renal insufficiency.



Source: Chinese Hypertension Prevention and Treatment Guidelines (2024 Revised Edition), CIC Report

Current available treatment options for hypertension include lifestyle modification interventions and antihypertensive drug therapies such as calcium channel blockers (CCBs), angiotensin-converting enzyme inhibitors (ACEIs), angiotensin receptor blockers (ARBs), thiazide diuretics, beta-blockers and angiotensin receptor-neprilysin inhibitors (ARNIs), depending on patients' blood pressure level and cardiovascular risk profile. CCBs targeting L-, T-, and N-type calcium channels are a core class of antihypertensive drugs that lower blood pressure by blocking calcium influx and promoting vasodilation. Triple-channel CCBs such as Benidipine provide stable, sustained BP control. Compared with conventional CCBs, they offer better renal protection, a lower risk of edema, and minimal impact on heart rate. As a fourth-generation CCB, benidipine's T-channel blockade supports renal protection and vasodilation, while N-channel inhibition reduces reflex sympathetic activation and helps prevent angina.

Competitive landscape

The representative drugs of CCB with the indication of hypertension in China as of the Latest Practicable Date are set forth below, only benidipine is the triple-channel calcium channel blocker:

Representative Drug	Calcium Channel Subtype	Short or Long-Acting	Daily Dosing Frequency
Nifedipine	L-type	Short-acting	2-3
Nicardipine	L-type	Short-acting	2
Felodipine	L-type	Long-acting	2
Lacidipine	L-type	Long-acting	1
Amlodipine	L-type	Long-acting	1
Cilnidipine	L/N-type	Long-acting	1
Benidipine	**L/N/T-type**	**Long-acting**	**1**

Source: NMPA, Drug labels, CIC Report

Coniel® is currently the only original drug of benidipine in China, approved in 2004, and ranked first in market share of benidipine in 2024.

OVERVIEW OF THE HEMATOLOGIC DISEASE TREATMENT MARKET IN CHINA

Hematologic diseases are disorders of the blood and hematopoietic system (blood, bone marrow, and lymphoid tissues), often presenting with anemia, bleeding, or fever. Representative conditions include iron deficiency anemia, lymphoma, hemophilia, thrombocytopenia, and neutropenia. Their pathogenesis involves multiple factors, including genetic predisposition (e.g., hemophilia, some leukemias and myelodysplastic syndromes), immunodeficiency, tumor susceptibility, and exposure to radiation, chemical toxins, or drugs such as anticancer agents, pesticides, and formaldehyde.

With the rising incidence of hematologic diseases in both elderly and younger populations and increasing environmental risk factors, the number of patients in China is expected to continue growing. Major hematologic diseases include lymphoma, leukemia, ITP, and neutropenia. In 2025, the prevalence reached 23.5 million in China and is projected to increase to 26.1 million by 2035, indicating a large and expanding patient population.

Entry Barriers to the Hematologic Disease Market in China

Technical complexity in drug development and manufacturing: Developing hematologic therapies requires expertise in immunology, molecular biology, and formulation science, while overcoming challenges like immunogenicity to ensure long-term efficacy and safety.

Complex etiology and disease segmentation: Hematologic diseases involve diverse mechanisms with overlapping presentations, leading to highly segmented indications. Companies need deep clinical insights and precise patient stratification — latecomers face difficulty covering numerous sub-indications and competing with established players.

Commercialization in the hematologic disease market also demands cross-departmental capabilities: Many secondary hematologic diseases are prescribed across hematology, nephrology, infectious diseases, and oncology. Companies must build broad sales networks and academic promotion capabilities spanning multiple specialties to reach all relevant prescribers and achieve deep market penetration.

Drivers and Future Trends of the Hematologic Disease Market in China

Expanding patient population driving demand for advanced therapies: In 2024, hematologic diseases in China reached 23.0 million patients, with aging and earlier onset trends. Rising cancer incidence fuels chemotherapy-related blood disorders (e.g., CTIT, neutropenia), driving demand for innovative treatments.

Accelerated horizontal expansion of indications for innovative drugs: Indications for innovative drugs are expanding rapidly — e.g., long-acting TPO-RA in CTIT shows continued efficacy validation, addressing significant unmet needs.

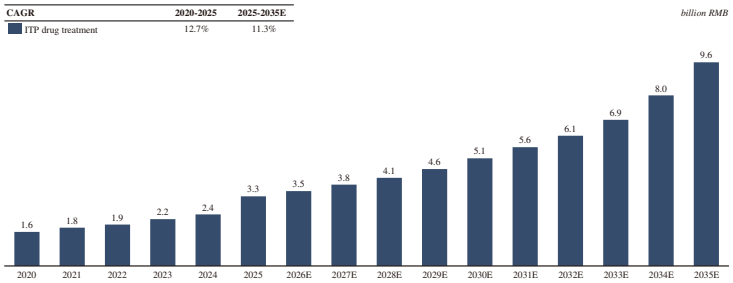
Growing emphasis on comprehensive disease management throughout the patient's journey: Latest CSCO guidelines recommend secondary prevention of CTIT with TPO-RA prophylaxis, ensuring chemo dosing and reducing interruptions, reflecting a shift toward holistic patient care.

HEMATOLOGIC DISEASE TREATMENT MARKET BY INDICATION IN CHINA

ITP Treatment Market in China

ITP is an acquired autoimmune bleeding disorder characterized by immune-mediated platelet destruction and impaired production, driven by loss of immune tolerance and pathogenic antiplatelet autoantibodies (targeting GPIIb/IIIa or GPIb/IX). Clinical manifestations are highly heterogeneous — ranging from asymptomatic to life-threatening severe bleeding (e.g., visceral bleeding, fatal intracranial hemorrhage), depending on thrombocytopenia severity and individual factors such as age and comorbidities. The incidence of ITP in China grew at a CAGR of 1.1% from 124.6 thousand in 2020 to 131.5 thousand in 2025, and is expected to continue to grow at a CAGR of 0.4% to 137.3 thousand in 2035.

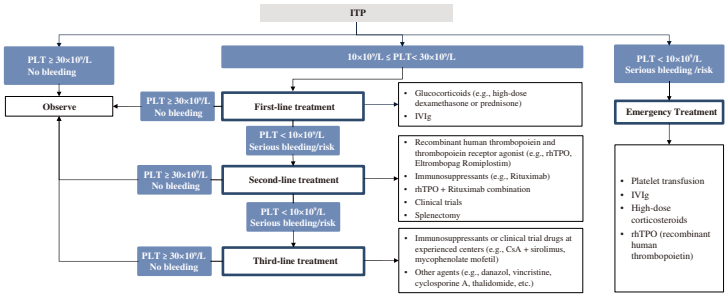
The drug treatment for ITP market in China has grown in recent years from RMB1.6 billion in 2020 to RMB3.3 billion in 2025, representing a CAGR of 12.7%, and is expected to grow further at a CAGR of 11.3% from 2025 to 2035, reaching RMB9.6 billion in 2035.



Source: China J Hematol, NHSA, NRDL, CIC Report

Treatment pathway of ITP

The treatment of ITP follows the principle of individualized therapy, encouraging patient involvement in decision-making.



Source: Chinese guideline on the diagnosis and management of adult primary immune thrombocytopenia, CIC Report

Current available treatment options for ITP include glucocorticoids, IVIg, platelet transfusion, rhTPO, TPO receptor agonists and other subsequent-line therapies such as immunosuppressants, chemotherapy or clinical trial drugs where appropriate. Conventional ITP therapies (e.g., glucocorticoids) provide initial efficacy but poor long-term outcomes, with frequent relapse after discontinuation. rhTPO also has limitations, including immunogenicity risk, daily injections, and suboptimal response, making it less suitable for long-term management; only ~15% of patients achieve 10-year survival with current first-/second-line treatments. Romiplostim, a TPO receptor agonist, offers stronger and more sustained platelet increases, faster onset, and higher response rates than rhTPO. It works by inducing TPO receptor phosphorylation and activating multiple downstream pathways. With an extended half-life, once-weekly dosing replaces daily injections, improving adherence and quality of life.

Competitive landscape

The market is currently dominated by short-acting TPO-RA drugs with the indication of ITP; however, there is a trend towards long-acting TPO-RA drugs due to their convenience. The approved TPO/TPO-RA drug with the indication of ITP in China as of the Latest Practicable Date are set forth below:

Generic Name	Brand Name	Company	MoA	Indication	Route of Administration	First Approval Date	NRDL status	Price
Romiplostim	Romiplate® 惠爾凝®	Kyowa Kirin Co Ltd/Winhealth Pharma	TPORA	Adult patients (≥18 years old) with chronic ITP who have had an inadequate response to other treatments	Injection	2022-01	NRDL listed	~1,500 RMB (250ug/bottle)
	Romiplostim NOF® 瑞立升®	QiLuPharmaceutical	TPORA	Adult patients (≥18 years old) with chronic ITP who have had an inadequate response to other treatments	Injection	2024-04	/	~1,500 RMB (250ug/bottle)
Herombopag	恒曲®	Hengrui Pharmaceuticals	TPORA	ITP/SAA (poor response to IST)	Oral	2021-06	NRDL listed	RMB~120/tablet
Eltrombopag	Revolade® 瑞弗爾®	Novartis	TPORA	ITP/SAA (poor response to IST)	Oral	2017-12	NRDL listed	~1,650 RMB (14 tablets/box)
Avatrombopag	Doptelet® 藪可欣®	AkaRx/Fosun Pharma	TPORA	ITP/CLDT	Oral	2024-06	NRDL listed	~5,000 RMB (10 tablets/box)
rhTPO	Tpiao® 特比澳®	3SBio	rhTPO	CIT/ITP	Injection	2010	NRDL listed	~560 RMB (7,500U:1ml)

Source: NMPA, CIC Report

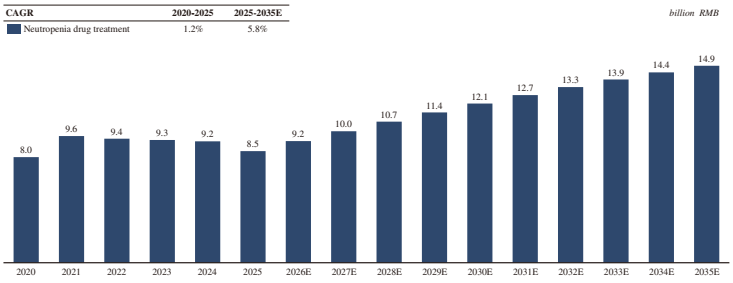
As of the Latest Practicable Date, romiplostim is the only long-acting TPO-RA approved in China. Romiplate® is the original drug and holds a market share of approximately 20.6% in 2025.

Neutropenia Drug Treatment Market in China

Chemotherapy and radiotherapy can cause neutropenia, defined as a neutrophil count <500 cells/mcL or <1,000 with a decline to ≤500 within 48 hours, increasing infection risk. Though neutropenia may have no obvious symptoms, infections can cause fever, chills, mouth ulcers, sore throat, cough, difficulty breathing, diarrhea, painful urination, and skin lesions. The incidence of neutropenia in China grew at a CAGR of 2.7% from 2.2 million in 2020 to 2.6 million in 2025, and is expected to continue to grow at a CAGR of 1.4% to 2.9 million in 2035.

The drug treatment for neutropenia market in China has grown in recent years from RMB8.0 billion in 2020 to RMB8.5 billion in 2025, representing a CAGR of 1.2%, and is expected to grow further at a CAGR of 5.8% from 2025 to 2035, reaching RMB14.9 billion in 2035.

Market size of neutropenia drug treatment in China, 2020-2035E



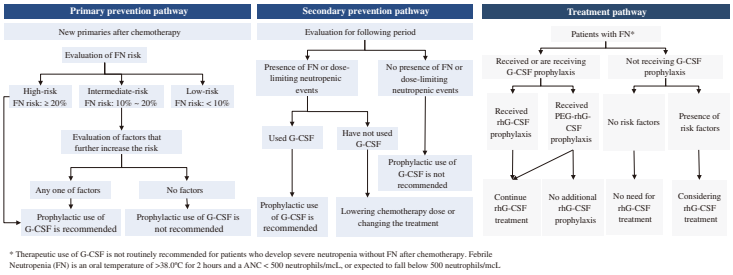
Note:

(1) The market size of neutropenia treatment in China only includes G-CSF market.

Source: CSCO, NHSA, NRDL, CIC Report

Treatment pathway of neutropenia

The following diagram sets forth the details of the treatment pathway of neutropenia:



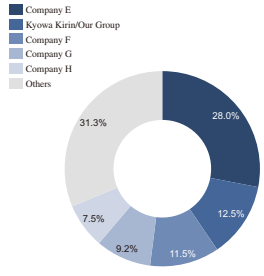
* Therapeutic use of G-CSF is not routinely recommended for patients who develop severe neutropenia without FN after chemotherapy. Febrile Neutropenia (FN) is an oral temperature of >38.0ºC for 2 hours and a ANC < 500 neutrophils/mcL, or expected to fall below 500 neutrophils/mcL

Source: CSCO, NCCN, ESMO, CIC Report

Currently available treatment options for neutropenia include primary prevention, secondary prevention and treatment approaches, such as prophylactic or therapeutic use of G-CSF (granulocyte colony-stimulating factor), adjustment of chemotherapy dose or treatment regimen where appropriate, anti-infective therapy, infection prophylaxis and other supportive care. G-CSF stimulates bone marrow to produce more white blood cells, particularly neutrophils, by binding to receptors on neutrophil progenitors and mature neutrophils. Short-acting G-CSF (e.g., filgrastim) requires daily injections to treat established neutropenia or manage febrile neutropenia. Long-acting G-CSF is given once per chemotherapy cycle for prevention, providing sustained neutrophil support and reducing the incidence of febrile neutropenia and hospitalizations during high myelosuppressive risk periods.

Competitive landscape

The details of top five best-selling rhG-CSF drug the indication of neutropenia in China in 2025 are set forth below:



Ranking	Company	Market share
1	Company E	28.0%
2	Kyowa Kirin/**Our Group**	12.5%
3	Company F	11.5%
4	Company G	9.2%
5	Company H	7.5%
Others		**31.3%**
Total		**100%**

Notes:

- **Company E:** Founded in 1981 and headquartered in Jinan, Shandong Province, it focuses on the development of pharmaceuticals and APIs for treating diseases in oncology, cardiovascular and cerebrovascular, anti-infection, psychiatric, neurological, and ophthalmic fields.
- **Company F:** Established in 1996 and listed on the STAR Market in 2020, it is dedicated to the R&D, production, and sale of recombinant proteins and their long-acting modified drugs, focusing on immunology-related cytokine therapies.

- **Company G**: Founded in 1993 and headquartered in Hangzhou, Zhejiang Province, the company was listed on the Hong Kong Stock Exchange in 2024. It is primarily engaged in the R&D, production, and sale of genetic engineering drugs, biochemical pharmaceuticals, and medical devices.
- **Company H:** Founded in 1925 and headquartered in Tokyo, Japan, the company is a research-based pharmaceutical company focused on innovative drugs, particularly in oncology, immunology, and bone/joint diseases. It is a subsidiary of the Roche Group and operates globally with a strong presence in biopharmaceutical R&D and commercialization.

Source: NMPA, CIC Report

OTHER DISEASE TREATMENT MARKET IN CHINA

Scar Treatment Drug Market in China

A scar is a structural change in skin after injury due to imbalance in collagen synthesis and degradation. It includes normal scars (flat, fade over time), hypertrophic scars (raised, confined to the wound, may improve), and keloids (extend beyond the wound, invade surrounding skin, rarely regress), which guides diagnosis and treatment. The incidence of hypertrophic scars and keloids in China grew at a CAGR of 1.9% from 9.5 million 2020 to 10.2 million in 2024, and is expected to continue to grow at a CAGR of 1.5% to 12.1 million in 2035.

The drugs for hypertrophic scars and keloids market in China has grown in recent years from RMB2.5 billion in 2020 to RMB3.3 billion in 2024, representing a CAGR of 7.6%, and is expected to grow further at a CAGR of 7.3% from 2024 to 2035, reaching RMB7.3 billion in 2035.

Treatment pathway of hypertrophic scars and keloids

Currently available treatment options for hypertrophic scars mainly include conservative therapies (e.g., corticosteroids, compression, gel sheets, topical agents), with surgery reserved for functional impairment; combination therapies, including lasers, are used for refractory cases.

Keloids are treated based on severity: small lesions often respond to conservative therapy, while large or multiple keloids require surgery, radiotherapy, and adjuvant treatments. Traditional options like steroid injections, cryotherapy, laser, and excision are limited by side effects and high recurrence rates (>50%).

Competitive Landscape

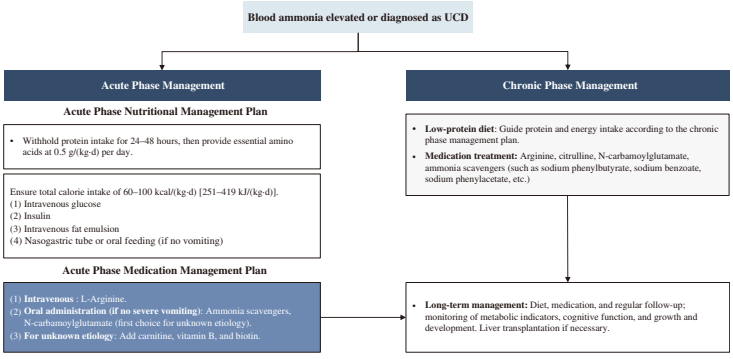
Topical scar treatments are limited to a few guideline-recommended options, including silicone gels, centella asiatica extracts, and onion extract formulations (e.g., Contractubex). Silicone gels provide modest scar softening via occlusion and hydration but lack direct anti-fibrotic effects, while centella asiatica mainly aids early wound healing with limited efficacy on established hypertrophic scars. Contractubex® is the only NMPA-approved topical anti-scar prescription in China containing onion extract, indicated for various scar types. Clinical studies show it can reduce scar thickness and hardness, improve color, and has minimal side effects without systemic risks.

Urea Cycle Disorders Treatment Market in China

Urea cycle disorders (UCD) are inherited metabolic diseases caused by deficiencies in enzymes or transporters of the urea cycle, leading to impaired conversion of ammonia from amino acid catabolism into urea. This results in hyperammonemia, with toxic ammonia accumulation due to disrupted detoxification and excretion. According to CIC, it is estimated that there are over 10,000 patients with UCD in China. However, due to low diagnosis and treatment rates, the actual number of identified patients is fewer than 1,000.

Treatment pathway of UCD

The following diagram sets forth the treatment pathway of UCD:



Source: Guidelines for diagnosis, treatment and management of urea cycle disorders in China, CIC Report

Currently available treatment options for UCD include acute nutritional and medication management, chronic dietary control, nitrogen scavenger therapy and liver transplantation where necessary. Nitrogen scavengers are key UCD treatments, removing 28%~59% of waste nitrogen. Glycerol phenylbutyrate is a colorless, odorless liquid with better tolerability and precise dosing, clearing about three times more nitrogen than sodium phenylbutyrate with slower release, enabling more stable ammonia control, and may have potential in STXBP1-related epilepsy.

Competitive landscape

The approved ammonia scavengers for UCD treatment in China as of the Latest Practicable Date are set forth below:

Generic Name	Brand Name	Company	First Approved Date	NRDL Status	Price
Glycerol phenylbutyrate oral liquid	RAVICTI® 瑞维安®	Immedica Pharma/**Our Group**	2023-06	/	6,980 RMB (25ml)
Sodium phenylbutyrate granules	瑞本纳平®	Zhaoke Pharmaceutical	2021-05	/	12,620 RMB (150g)

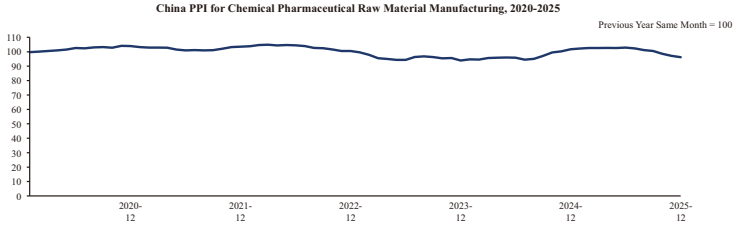
Source: NMPA, CIC Report

As of the Latest Practicable Date, there are only two ammonia scavengers approved for UCD in China, with glycerol phenylbutyrate (RAVICTI®) holding a market share of 65.4% in 2025.

Cost Analysis of Key Commercialized Products

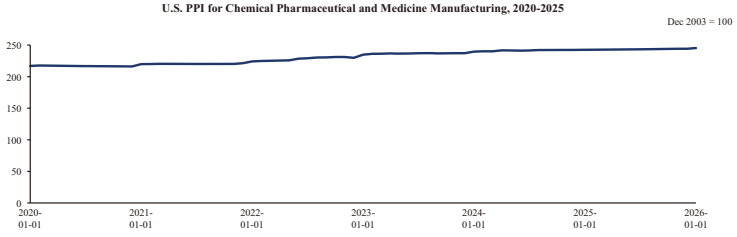
From an industry perspective, the cost of pharmaceutical products is affected by raw materials, manufacturing labour, quality control, logistics and other manufacturing-related expenses. Among these factors, raw material and manufacturing labour costs are two major cost components for pharmaceutical manufacturing and are therefore discussed below as key industry-level indicators.

Raw material cost is one of the key cost components for chemical pharmaceutical products. Based on China's PPI for chemical pharmaceutical raw material manufacturing, raw material manufacturing prices fluctuated during 2020 to 2025. The index was generally above 100 in 2020 and 2021, indicating year-on-year price increases, before declining from 2022 and staying below 100 for most of 2023. The index recovered in 2024 but softened again in 2025. This indicates that raw material costs in China's chemical pharmaceutical manufacturing sector were subject to fluctuations during the period, while recent years did not show sustained upward cost pressure.



Source: Wind, CIC

From an overseas perspective, the U.S. PPI for pharmaceutical and medicine manufacturing may be used as a reference proxy for the overseas pharmaceutical manufacturing cost and price environment. The index showed a generally upward trend during 2020 to 2025. Although China's PPI for chemical pharmaceutical raw material manufacturing and the U.S. PPI for pharmaceutical and medicine manufacturing are not directly comparable due to different methodologies and base periods, China's chemical pharmaceutical raw material manufacturing prices showed more visible cyclical softness in recent years, indicating relatively moderate domestic raw material cost pressure compared with the firmer overseas pharmaceutical manufacturing price environment.



Source: U.S. Bureau of Labor Statistics, CIC

SOURCE OF INFORMATION

In connection with the **[REDACTED]**, we commissioned CIC, an Independent Third Party, to prepare a report on China's renal disease, hematologic disease and rare disease market. Except as otherwise noted, all data and forecasts in this section come from the CIC Report. We have agreed to pay a total of RMB0.5 million in fees for the preparation of the CIC Report. CIC is a market research and consulting company that provides market research on a variety of industries including healthcare. In preparing the report, CIC 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. CIC has exercised due care in collecting and reviewing the information so collected.

The market projections in the CIC Report were based on the following key assumptions: (i) the overall social, economic and political environment in China is expected to remain stable during the forecast period; (ii) China's economic and industrial development is likely to maintain a steady growth trend over the next decade; (iii) related key industry drivers are likely to continue driving the growth of the market during the forecast period; and (iv) there is no extreme force majeure or industry regulation in which the market may be affected dramatically or fundamentally. The reliability of the CIC Report may be affected by the accuracy of the foregoing key assumptions.

Our Directors confirm that after taking reasonable care, there has been no adverse change in the market information since the date of the report prepared by CIC which may qualify, contradict or have an impact on the information set forth in this section in any material respect.