BeiGene

Redefining Global Biotech

J.P. Morgan 41st Annual Healthcare Conference

JANUARY 9, 2023

Disclosures

Certain statements contained in this presentation and in the accompanying oral presentation, other than statements of fact that are independently verifiable at the date hereof, may constitute forward-looking statements. Examples of such forward-looking statements include statements regarding BeiGene's research, discovery, and pre-clinical and early-stage clinical programs and plans; recent clinical data for BeiGene's product candidates and approvals of its medicines; the conduct of late-stage clinical trials and expected data readouts; additional planned commercial product launches; and the advancement of and anticipated clinical development, regulatory milestones and commercialization of BeiGene's medicines and drug candidates. Actual results may differ materially from those indicated in the forward-looking statements as a result of various important factors, including BeiGene's ability to demonstrate the efficacy and safety of its drug candidates; the clinical results for its drug candidates, which may not support further development or marketing approval; actions of regulatory agencies, which may affect the initiation, timing and progress of clinical trials and marketing approval; BeiGene's ability to achieve commercial success for its marketed medicines and drug candidates, if approved; BeiGene's ability to obtain and maintain protection of intellectual property for its technology and medicines; BeiGene's reliance on third parties to conduct drug development, manufacturing and other services; BeiGene's limited experience in obtaining regulatory approvals and commercializing pharmaceutical products and its ability to obtain additional funding for operations and to complete the development and commercialization of its drug candidates and achieve and maintain profitability; the impact of the COVID-19 pandemic on BeiGene's clinical development, commercial, regulatory and other operations, as well as those risks more fully discussed in the section entitled "Risk Factors" in BeiGene's most recent periodic report filed with the SEC, as well as discussions of potential risks, uncertainties, and other important factors in BeiGene's subsequent filings with the SEC. All information in this presentation is as of the date of this presentation, and BeiGene undertakes no duty to update such information unless required by law.

Some of the clinical data in this presentation relating to BeiGene's investigational drug candidates is from pre-clinical studies or early phase, single-arm clinical trials. When such data or data from later stage trials are presented in relation to other investigational or marketed drug products, the presentation and discussion are not based on head-to-head trials between BeiGene's investigational drug candidates and other products unless specified in the trial protocol. BeiGene is still conducting pre-clinical studies and clinical trials and, as additional patients are enrolled and evaluated, data on BeiGene's investigational drug candidates may change.

This presentation and the accompanying oral presentation contain data and information obtained from third-party studies and internal company analysis of such data and information. BeiGene has not independently verified the data and information obtained from these sources. Forward-looking information obtained from these sources is subject to the same qualifications noted above.

CANCER HAS NO BORDERS
NEITHER DO WE

Our vision is to create impactful medicines that will be affordable and accessible to far more cancer patients around the world

BeiGene

Founded
2010

@BeiGeneGlobal BeiGene

Numbers as of December 2022
except cash balance as of Q3 2022 and
YoY product revenue growth for Q3 2022 YTD

~40 offices, **9,000+** colleagues
on **5** continents

$1B+ in annual product revenue
+109% product revenue growth
$5B+ cash balance

3,500+ global commercial team
16 approved products

950+ oncology
research team

2,700 global clinical
development & medical affairs
team

In-house manufacturing plus
U.S. expansion under construction

60+ pre-clinical programs,
the majority with
first-in-class potential

~50 assets in clinical and
commercial stages

~20 industry
collaborations

Truly Unique with Hard to Replicate Competitive Advantages

One of the world's largest oncology research teams (950+)
Validated by clinical results, global approvals, and major global pharma collaborations

Cost and time advantaged clinical development
Due to unique approach – more globally inclusive, superior technology, pre-dominantly internal (CRO-free)

Cornerstone commercial medicines that are key to combinations for future, complemented by a strong, deep, and innovative clinical portfolio

Truly global commercial footprint (3,500+)
Driving broader access to medicines, with expected rapidly growing revenue and near-term potential milestones

Financial strength, disciplined investments, and operational effectiveness
Contributing to long-term value creation

Deep Oncology Research Expertise With Proven Track Record of Innovation

- Science-driven culture from inception
- One of the largest and most productive oncology research teams, with lower cost and higher efficiency
- Strength and quality validated by clinical results, global approvals, and major pharma/biotech partnerships that have generated $1.4 billion collaboration fees
- Prolific first decade and expect 10+ INDs per year starting in 2024
- Well positioned to expand partnerships and drive collaboration success

Differentiated Biological Hypothesis and First-in-Class Programs Based on Deep Oncology Insights from the Bench

BTK - Higher exposure, better selectivity, targeted inhibition

PD-1 - Fc function silenced

TIGIT - Intact Fc function, first wave

BCL2 - Higher potency, increased selectivity, and shorter half life

BTK Degrader - Potentially first-in-class, eliminates both kinase and non-kinase function of BTK, should inhibit BTKi resistant strains

OX-40 - Only OX-40 Ab not interfering with OX-40 ligand binding

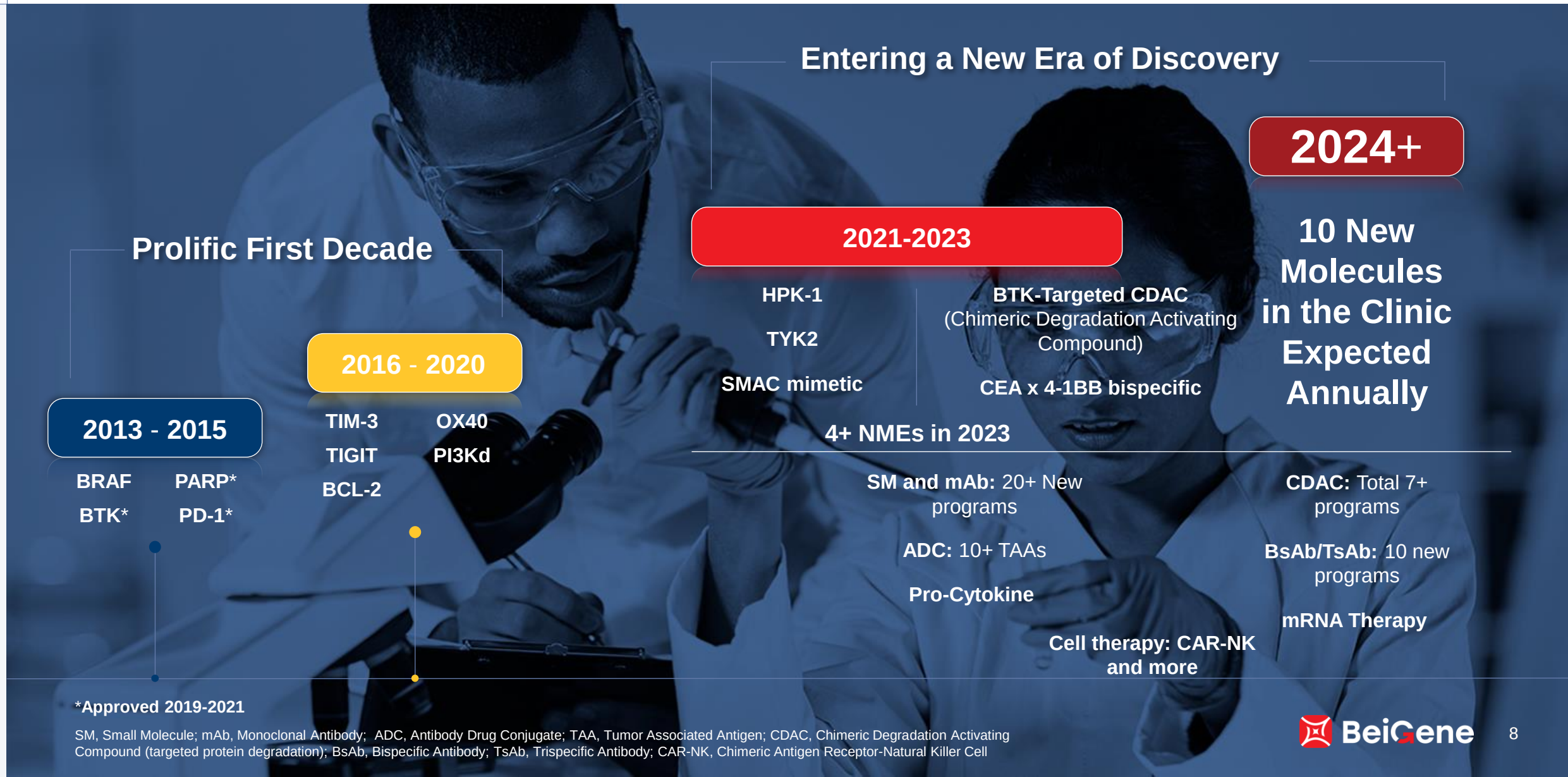
HPK-1 - Potentially first-in-class intracellular checkpoint inhibitor

CEA-41BB - Potentially first-in-class immune activator, converting immune cold tumor to hot

Differentiated biological hypothesis

Potential first-in-class, or first wave

Productive Research and Path to Global Oncology Leadership



Prolific First Decade

2013 - 2015

- BRAF
- PARP*
- BTK*
- PD-1*

2016 - 2020

- TIM-3
- OX40
- TIGIT
- PI3Kd
- BCL-2

Entering a New Era of Discovery

2021-2023

- HPK-1
- TYK2
- SMAC mimetic
- **BTK-Targeted CDAC** (Chimeric Degradation Activating Compound)
- CEA x 4-1BB bispecific

2024+

10 New Molecules in the Clinic Expected Annually

4+ NMEs in 2023

- **SM and mAb:** 20+ New programs
- **ADC:** 10+ TAAs
- **Pro-Cytokine**
- **CDAC:** Total 7+ programs
- **BsAb/TsAb:** 10 new programs
- **mRNA Therapy**
- **Cell therapy: CAR-NK and more**

*Approved 2019-2021

SM, Small Molecule; mAb, Monoclonal Antibody; ADC, Antibody Drug Conjugate; TAA, Tumor Associated Antigen; CDAC, Chimeric Degradation Activating Compound (targeted protein degradation); BsAb, Bispecific Antibody; TsAb, Trispecific Antibody; CAR-NK, Chimeric Antigen Receptor-Natural Killer Cell

Internal Clinical Development Enables BeiGene to Build Unique Competitive Advantages

Predominantly internal

- Largely CRO-free
- Operating at sites and geographies where CROs are not present or strong
- Inherent cost advantage

Broader globally, in 45+ countries and growing, with an internal team of 2,700

Advanced technology and operational excellence

One of few highly experienced late-stage global oncology biotechs

- **15** global phase 3 registration trials conducted
- **35+** filed or potentially registration-enabling trials
- **110+** clinical trials initiated
- **20,000+** subjects enrolled

Unique Model Drives Speed, Cost, and Quality Advantages

BeiGene's strategy is to dramatically reduce the cost and time of clinical trials, which account for over 75%[1] of the cost and time of delivering medicines to patients

Speed

- Ociperlimab (TIGIT) 2 Phase 3 and 5 Phase 2 proof of concept studies initiated within 2 years of entering clinic
- Faster enrollment due to geographic reach (45+ countries)

Cost

Already achieved ~30% cost savings through:

- More inclusive enrollment in sites with lower costs
- Faster trial completion lowers cost across all sites
- Lower cost internally vs CROs

Quality

- Best-in-class clinical and quality management systems
- 30+ satisfactory inspections by FDA, EMA, Swissmedic, China NMPA, Korean MFDA, Italian AIFA, and global partners

1. DiMasi JA, Grabowski HG, Hansen RA. Innovation in the pharmaceutical industry: new estimates of R&D costs. *Journal of Health Economics* 2016;47:20-33.

Cornerstone Commercial Medicines Complemented by Deep and Innovative Clinical Portfolio

Two strong commercial cornerstone medicines – backbone for combinations

- BRUKINSA
- Tislelizumab

Complemented by a broad portfolio of additional medicines

- TIGIT
- BCL2
- BTK Degrader
- OX-40
- HPK-1
- CEA-41BB

BRUKINSA Superiority to Ibrutinib Core to Hematology Franchise*

Brukinsa® zanubrutinib 80mg capsules

Best-in-Class Hypothesis

- Complete and sustained target inhibition in disease originating tissues
- Maintains therapeutic concentrations over 24 hours
- Equally or more selective than any approved BTKi

Broad Global Clinical Program

4,800+ Subjects

- **35** trials across **28** markets
- Two head-to-head studies versus ibrutinib – 800+ subjects
- Positioned to have most comprehensive label of any next generation BTKi (CLL**, MCL, WM, MZL)

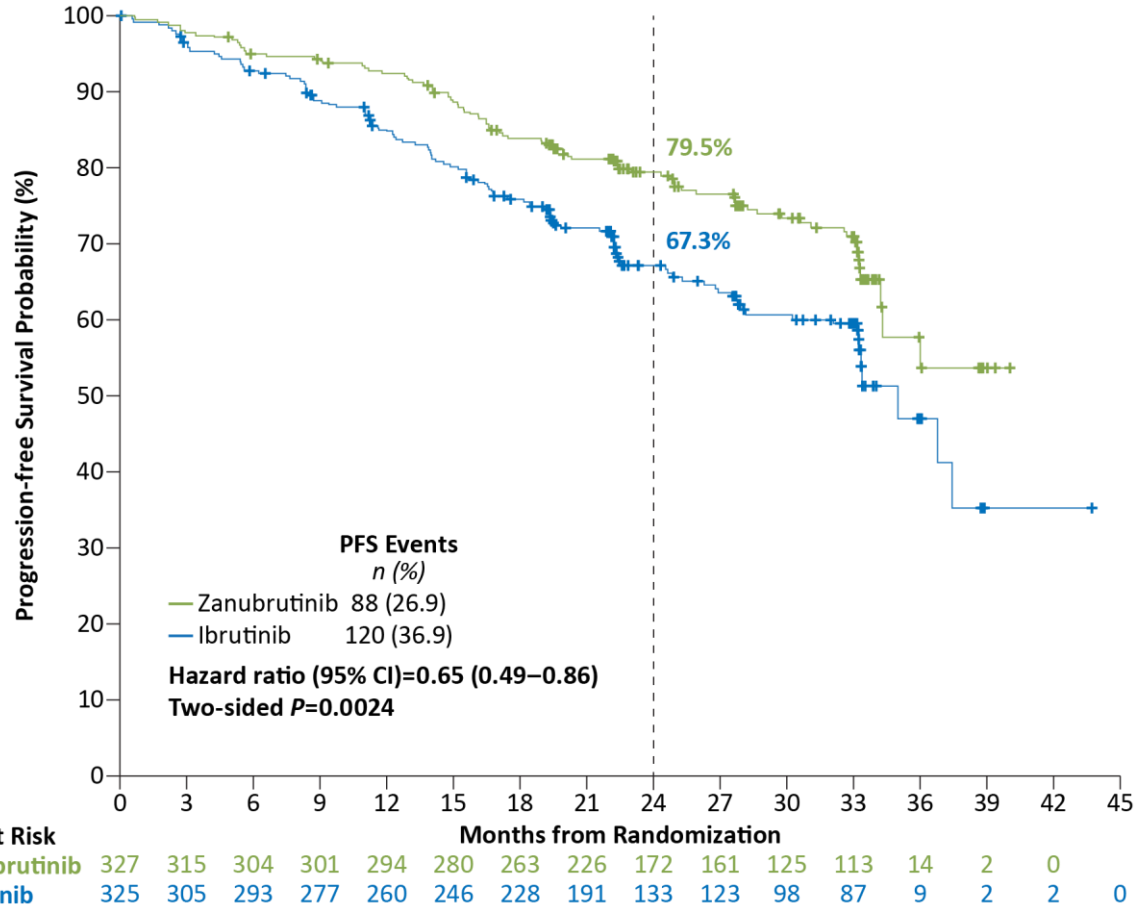
Demonstrating Clinical Advantages

- First and only BTKi to demonstrate superior efficacy versus ibrutinib – ORR and PFS
- Favorable safety versus ibrutinib with improved cardiac profile - Afib, and 0% vs 1.9% sudden cardiac death in Alpine
- Dosing flexibility – QD / BID

*Superior to ibrutinib in ORR & PFS for R/R CLL in ALPINE trial. **Pending approval in the U.S., January 2023 PDUFA

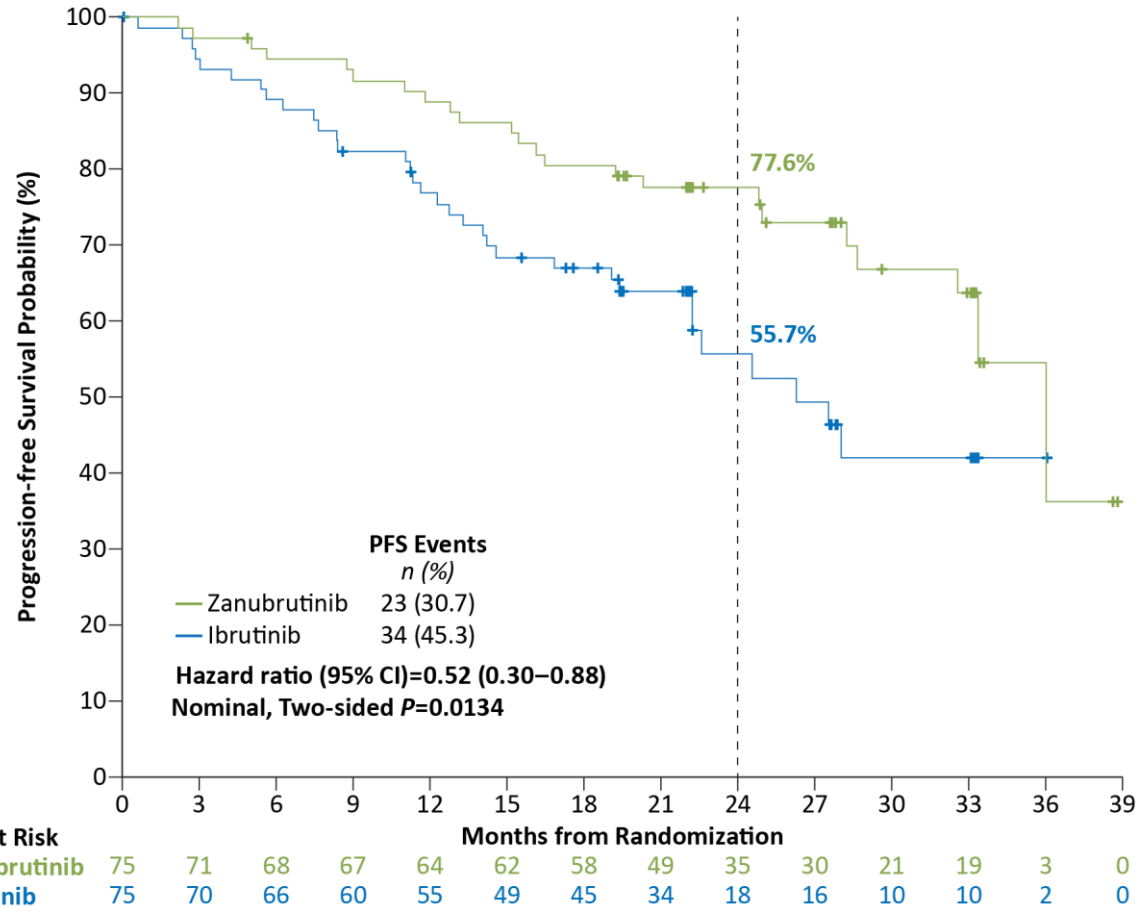
ALPINE: BRUKINSA PFS & ORR Superiority to Ibrutinib in R/R CLL/SLL 2022 ASH Late Breaker & Concurrent NEJM Manuscript

BRUKINSA PFS by IRC Significantly Superior to Ibrutinib



No. at Risk															
Zanubrutinib	327	315	304	301	294	280	263	226	172	161	125	113	14	2	0
Ibrutinib	325	305	293	277	260	246	228	191	133	123	98	87	9	2	2	0

BRUKINSA Improved PFS in Patients with del(17p)/*TP53*^{mut}

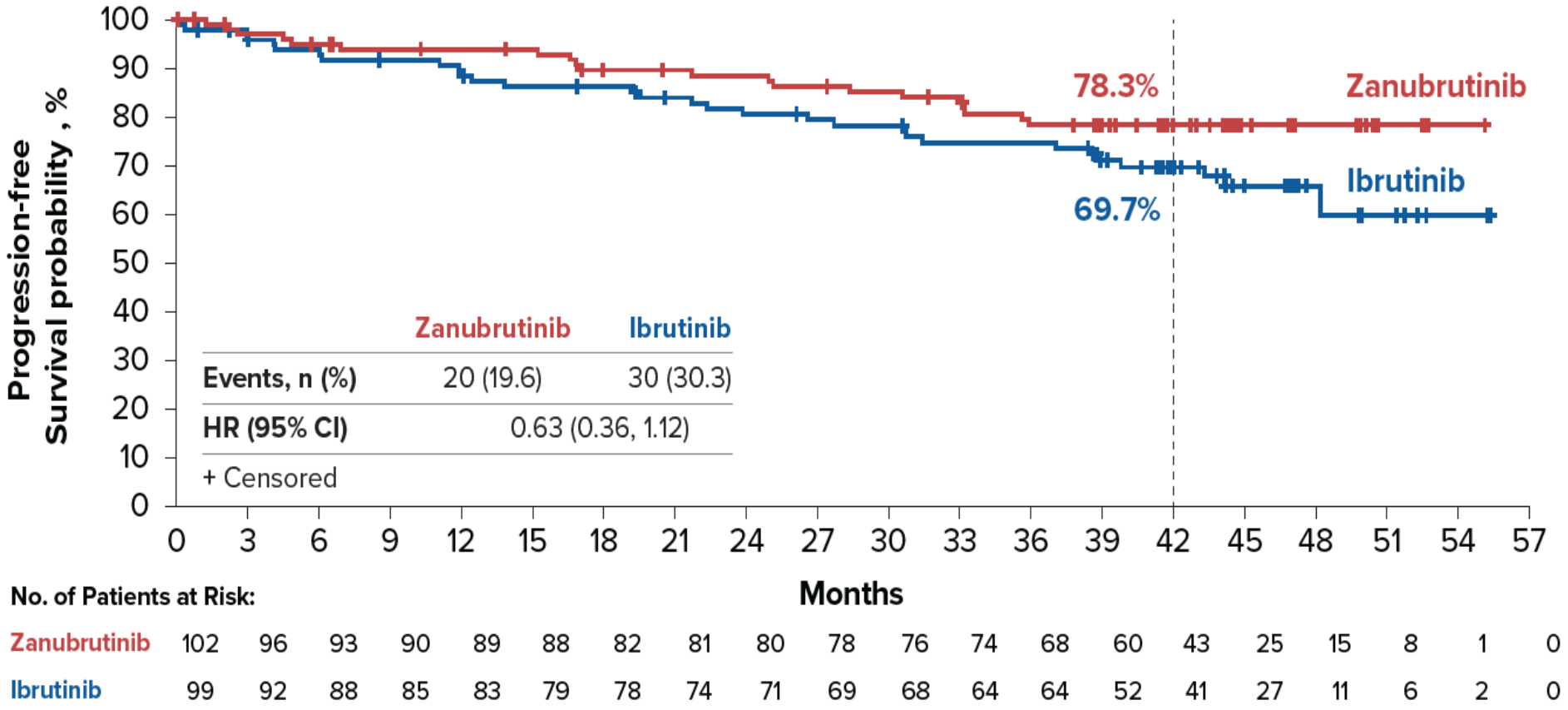


No. at Risk														
Zanubrutinib	75	71	68	67	64	62	58	49	35	30	21	19	3	0
Ibrutinib	75	70	66	60	55	49	45	34	18	16	10	10	2	0

Data cutoff: 8 Aug 2022. Brown J et al. NEJM 2022. DOI: 10.1056/NEJMoa2211582

ASPEN: Efficacy of BRUKINSA vs Ibrutinib in Patients with WM

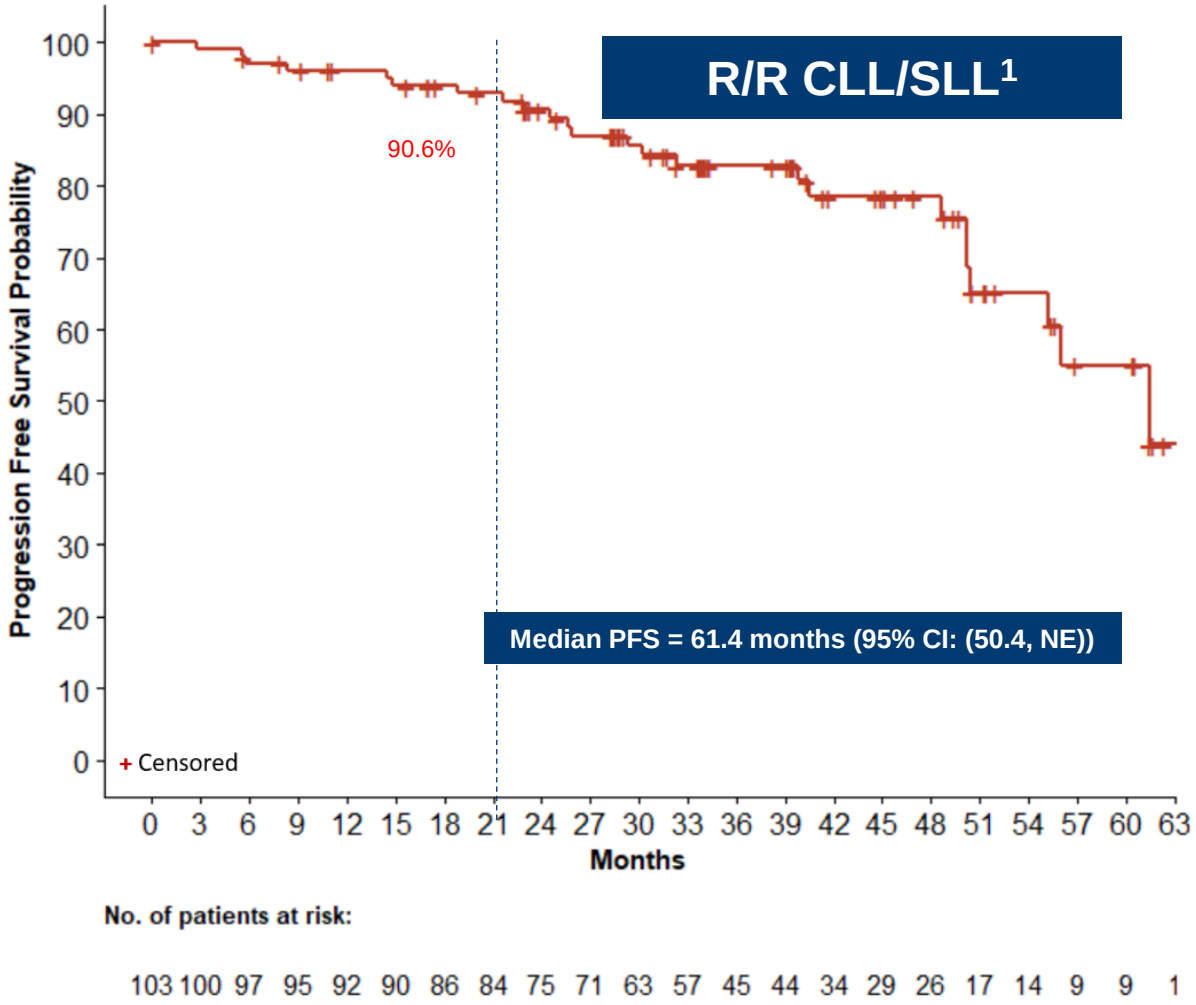
Progression-Free Survival

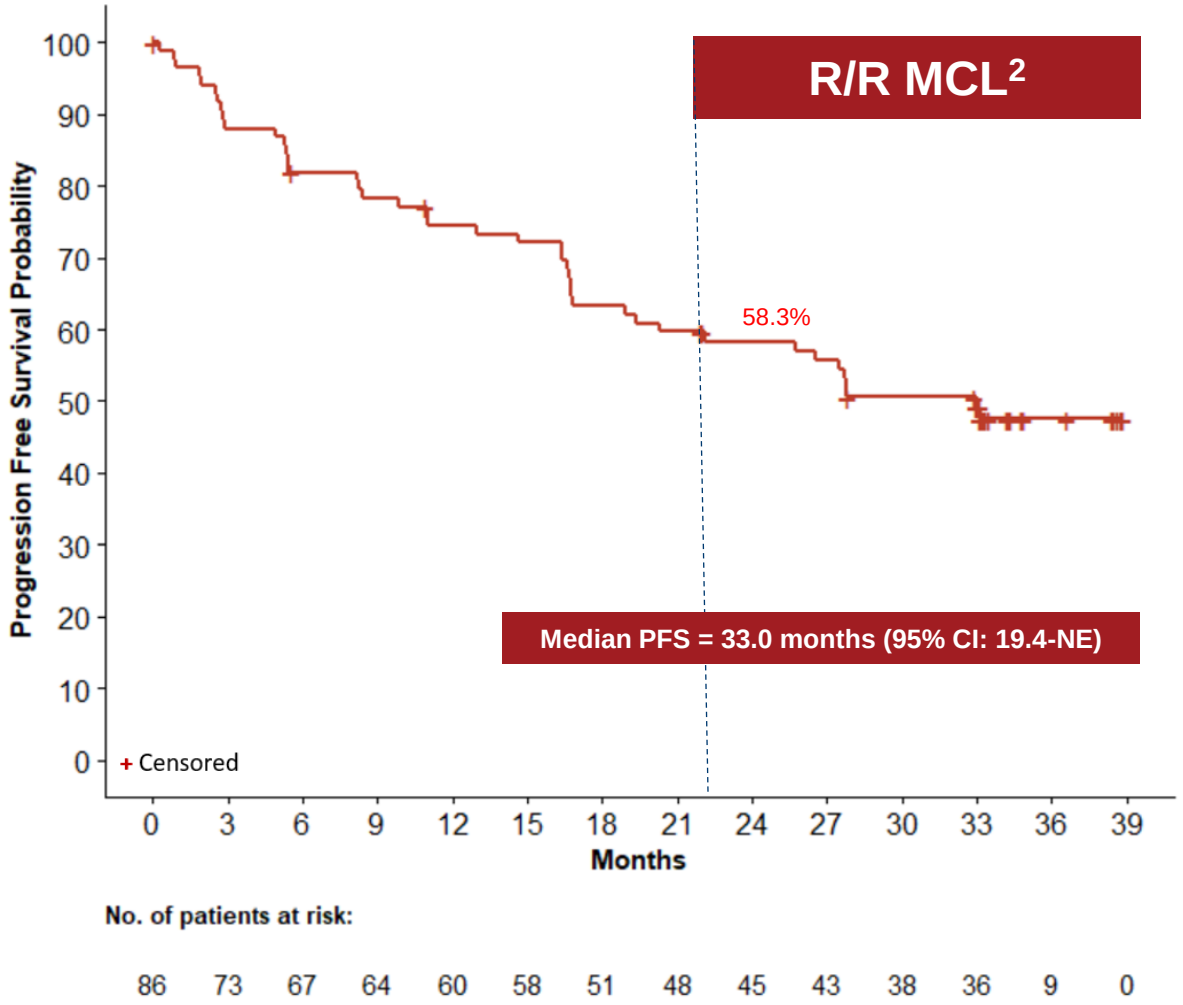


CR+VGPR rates by investigator were 36.3% (BRUKINSA) vs 25.3% (ibrutinib)

Data cutoff: October 31, 2021. Tam CS et al. Poster presented at ASCO 2022. Abstract 7521

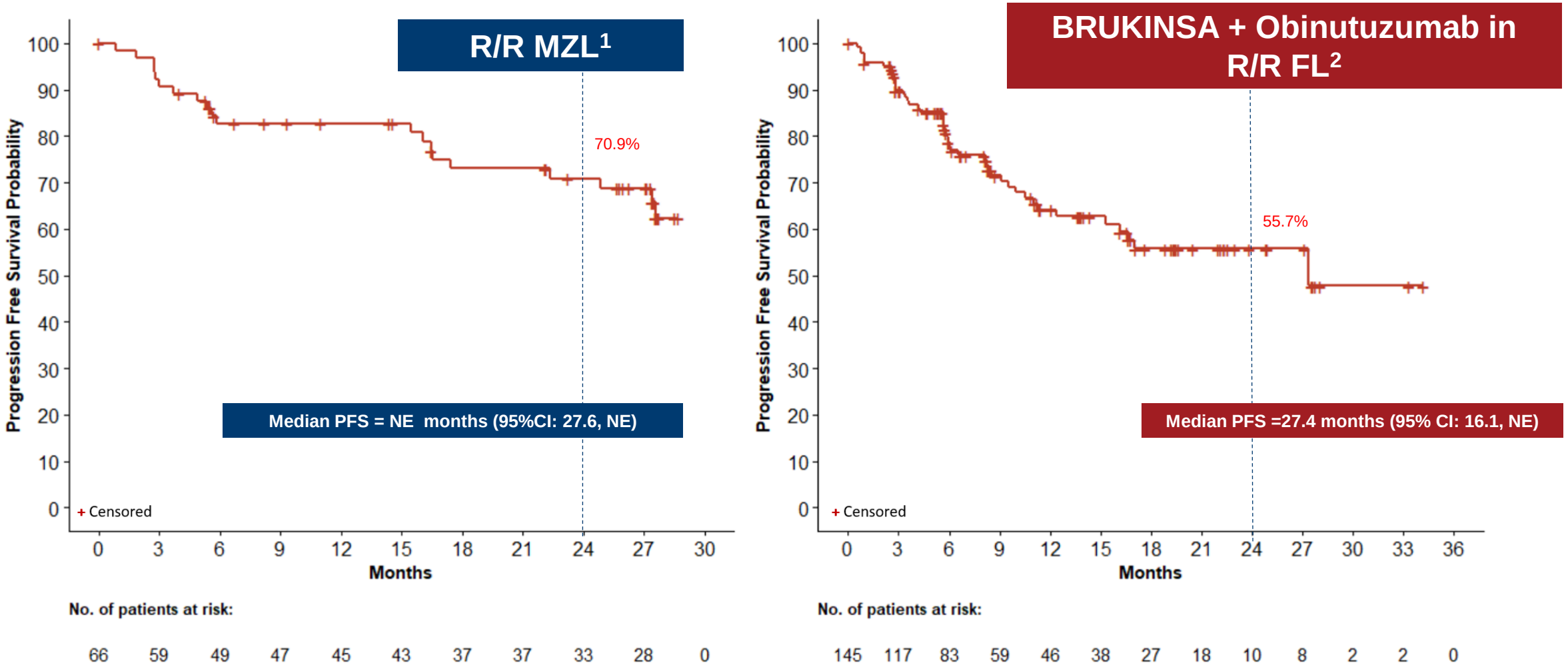
PFS for BRUKINSA Treated Patients with R/R CLL or MCL





1. Cull G et al. BJH. 2021 doi: 10.1111/bjh.17994 2. Song Y et al. Blood. 2022. 139 (21): 3148–3158.2

PFS for BRUKINSA Treated Patients with R/R MZL or FL



1. Opat S et al. Oral presentation presented at ASH 2022. Abstract 234 2. Zinzani et al. Poster presented at ASCO 2022. Abstract: 7510.

ALPINE: BRUKINSA - Lower Rates of Serious Cardiac Events, Treatment Discontinuation Due to Cardiac AEs & No Fatal Cardiac Events

- **Lower rate of serious cardiac adverse events reported with BRUKINSA**
- **Fatal cardiac events:**
  - BRUKINSA, n=0 (0%)
  - Ibrutinib, n=6 (1.9%)
    - 3 deaths occurred within 4 months of ibrutinib initiation (all with cardiac comorbidities)
    - 3 deaths occurred 2-3 years after ibrutinib initiation, 1 in a patient without any previous cardiac history

	BRUKINSA (n=324)	Ibrutinib (n=324)
Serious cardiac adverse events	**6 (1.9%)**	**25 (7.7%)**
Cardiac adverse events leading to treatment discontinuation	**1 (0.3)**	**14 (4.3)**
Ventricular extrasystoles	1 (0.3)	0
Atrial fibrillation	0	5 (1.5)
Cardiac arrest	0	2 (0.6)*
Cardiac failure	0	2 (0.6)
Cardiac failure acute	0	1 (0.3)*
Congestive cardiomyopathy	0	1 (0.3)*
Myocardial infarction	0	1 (0.3)*
Palpitations	0	1 (0.3)
Ventricular fibrillation	0	1 (0.3)

*Cardiac deaths. One death not listed due to myocardial infarction with ibrutinib discontinuation due to diarrhea 14 days prior to the fatal event.
Data cutoff: 8 Aug 2022

Pooled Safety Data: Cardiovascular Disorders in Patients with B-Cell Malignancies - BRUKINSA (10 Trials) or Ibrutinib (ASPEN & ALPINE)

Category	Pooled analysis B-cell malignancies[d]	
	BRUKINSA (N=1550)	Ibrutinib (N=422)
Median treatment duration, months	26.64	19.96
Any cardiovascular AE, n (%)		
Atrial fibrillation/flutter*	60 (3.9)	60 (14.2)
	EAIR: 0.13 vs 0.82 person-month ($p < 0.0001$)	
Ventricular arrhythmia (grade ≥2)[a]	11 (0.7)	6 (1.4)
Symptomatic Idiopathic (grade ≥2)[b]	5 (0.3)*	6 (1.4)*
	EAIR: 0.14 vs 0.87 per 100 person-years ($p = 0.0028$)	
Hypertension[c,*]	225 (14.5)	85 (20.1)
Any cardiovascular medical history, n (%)		
Atrial fibrillation/flutter	101 (6.5)	26 (6.2)
Ventricular arrhythmia[a]	14 (0.9)	1 (0.2)
Hypertension[c]	669 (43.2)	206 (48.8)

Data cutoff: March 31, 2021.
[a]Including ventricular tachyarrhythmia (SMQ narrow), ventricular arrhythmias and cardiac arrest (high-level term MedDRA v24.0). [b]Symptomatic idiopathic ventricular arrhythmia was defined as a ventricular arrhythmia occurring in structurally normal hearts in the absence of myocardial scarring as well as active infections and grade ≥2 per CTCAE. [c]Including hypertension (SMQ narrow). [d]Pooled analysis of 10 clinical studies of zanubrutinib.[1] *p<0.05 for EAIR difference between treatments..
Tam et al. LL&M 2022. Abstract 1324736.

BeiGene's Global Internal Discovery Pipeline

Asset	Program	Phase 1	Phase 2	Phase 3
Zanubrutinib (BTK inhibitor)	monotherapy			1L and R/R WM
				R/R CLL/SLL
			Mature B-cell malignancies	
			R/R MZL	
	+ rituximab			1L MCL and R/R MZL
	+ CYP3A inhibitors	B-cell malignancies		
	+/- venetoclax (Bcl-2 inhibitor)†			1L CLL/SLL
	+ obinutuzumab (anti-CD20)		R/R FL	
Tislelizumab (anti-PD-1)	monotherapy			2L advanced ESCC, 1L HCC, 2L/3L NSCLC
			Previously treated HCC, R/R cHL	
	+ chemotherapy			1L advanced ESCC, 1L GC/GEJC
	+ zanidatamab (anti-HER2 bi-specfic antibody) + chemotherapy			GEA
	+ surufatinib (VEGFR, FGFR, CSF-1R inhibitor)		Solid tumors	
	+ fruquintinib (VEGFR)*		Solid tumors	
Ociperlimab (anti-TIGIT)	+ tislelizumab			1L PD-L1 high NSCLC
			2L PD-L1+ ESCC	
			2/3 L Cervical cancer	
		Solid tumors		
	+ tislelizumab + chemotherapy		1L NSCLC	
	+ tislelizumab + concurrent chemoradiotherapy			1L unresectable NSCLC
			1L LS-SCLC	
Surzebiclimab (BGB-A425, anti-TIM-3)	+ tislelizumab		Solid tumors	
BGB-A445 (anti-OX40)	+ tislelizumab	Solid tumors		
BGB-10188 (PI3K inhibitor)	+ tislelizumab		Solid tumors	
	+/- zanubrutinib		B-cell lymphoid malignancies	
	+/- tislelizumab		B-cell malignancies	
BGB-15025 (HPK1 inhibitor)	+ tislelizumab	Solid tumors		
Pamiparib (PARP 1/2 inhibitor)	monotherapy		1L maintenance platinum-sensitive GC	
	+ temozolomide	Solid tumors		
BGB-3245 (BRAF inhibitor)	monotherapy	Solid tumors with *BRAF* mutations		
Lifirafenib (RAF inhibitor)	+ mirdametinib (MEK inhibitor)	Solid tumors		
BGB-11417 (Bcl-2 inhibitor)	+/- zanubrutinib	Mature B-cell malignancies		
	monotherapy		R/R MCL	
	+ azacitidine +/- posaconazole		Myeloid malignancies	
	+ dexamethasone +/- carfilzomib		R/R multiple myeloma with t(11;14)	
BGB-16673 (BTK-targeted CDAC)	monotherapy	B-cell malignancies		
BGB-23339 (TYK2 inhibitor)**	monotherapy	Inflammation and immunology		
BGB-24714 (SMAC mimetic)^	+/- chemotherapy	Solid tumors		
BGB-B167 (CEA x 4-1BB bispecific)	+/- tislelizumab	Solid tumors		

For our full pipeline, including single-country trials, please visit beigene.com/our-science-and-medicines/pipeline *Enrolling in the U.S.; **First-in-human trial, healthy subjects; †This combination is being studied in the third cohort of NCT03336333. As of January 2023. As of January 5, 2023

BeiGene

Pipeline from Collaborations

	Molecule/Asset	Indications	Phase	Commerical Rights
AMGEN	Sotorasib (KRAS G12C)	Solid tumors, CRC, NSCLC	Phase 3	China
	tarlatamab^^ (DLL3)	SCLC	Phase 2	China
	acapatamab^ (PSMA)	Prostate Cancer, NSCLC	Phase 1	China
	AMG 176 (Mcl-1, SM)	Hematologic malignancies	Phase 1	China
	AMG 427^^ (FLT3)	AML	Phase 1	China
	AMG 509 (STEAP1 XmAb®2+1 T-cell engager)	Prostate cancer	Phase 1	China
	AMG 199^^ (MUC17)	GC/GEJC	Phase 1	China
	AMG 650 (oral small molecule)	Solid tumors	Phase 1	China
	AMG 256 (Anti-PD-1 x IL21 mutein)	Solid tumors	Phase 1	China
MIRATI THERAPEUTICS	Sitravatinib† (multi-kinase inhibitor) + Tislelizumab	NSCLC	Phase 3	Asia ex-Japan, Australia, New Zealand
	Sitravatinib† (monotherapy) + Tislelizumab	HCC, GC/GEJC	Phase 2	Asia ex-Japan, Australia, New Zealand
	Sitravatinib† (monotherapy) + Tislelizumab	Solid tumors	Phase 1	Asia ex-Japan, Australia, New Zealand
zymeworks	Zanidatamab†† (HER2, bispecific antibody) + Chemotherapy + Tislelizumab	GEA	Phase 3	Asia ex-Japan, Australia, New Zealand
	Zanidatamab†† (monotherapy)	BTC	Phase 2	Asia ex-Japan, Australia, New Zealand
	Zanidatamab†† + Chemotherapy +/- Tislelizumab	BC, GC, GEA	Phase 2	Asia ex-Japan, Australia, New Zealand
	ZW49 (HER2, bispecific ADC)	HER2 expressing cancers	Phase 1	Asia ex-Japan, Australia, New Zealand
SpringWorks THERAPEUTICS	BGB-3245[1] (BRAF)	Solid tumors	Phase 1	Asia ex-Japan
Seagen	SEA-CD70 (anti-CD70)	MDS, AML	Phase 1	Asia ex-Japan, Australia, New Zealand
leaptherapeutics	DKN-01(DKK1) + Tislelizumab ± Chemotherapy	GC/GEJC	Phase 2	Option for Asia ex-Japan, Australia, New Zealand
Leads Biolabs	LBL-007 (anti-LAG-3) + Tislelizumab	Advanced solid tumors	Phase 2	Ex-China
assemblybio	ABI-H3733 (HBV core inhibitor)	Chronic hepatitis B virus	Phase 1	China

^ BiTE® molecule, ^^ ^^Half-life extended BiTE® † XmAb® is a registered trademark of Xencor, Inc. Mirati is also conducting its own clinical studies with sitravatinib, including the Phase 3 SAPPHIRE trial in non Sq NSCLC, †† ZW25,
* Assembly is conducting Phase 2 triple combination studies with VBR and a Phase 1 study of ABI-H3733, 1 By MapKure, a JV with SpringWorks.

Growing Commercial Portfolio: 16 Approved Assets

Product	Our Commercial Rights & Regulatory Status	Partner
Brukinsa® zanubrutinib	**Global |** Approved in more than 60 markets including U.S., China, EU and other markets	BeiGene
Tislelizumab	**Outside North America, Japan, UK, AU, EU and six other European countries |** Approved in China BLA Accepted in U.S.[4] MAA accepted in EU[5]	NOVARTIS
百汇泽 pamiparib	**Global |** Approved in China	BeiGene
XGEVA® (denosumab)	**Mainland China |** Approved in China	AMGEN®
BLINCYTO® (blinatumomab)	**Mainland China |** Approved in China	AMGEN®
Kyprolis®	**Mainland China |** Approved in China	AMGEN®
Revlimid® (lenalidomide)	**Mainland China |** Approved in China	Bristol Myers Squibb™
Vidaza® azacitidine for injection	**Mainland China |** Approved in China	Bristol Myers Squibb™
sylvant® siltuximab	**Greater China |** Approved in China	EUSAPharma
Qarziba®▼ Dinutuximab beta	**Mainland China |** Approved in China	EUSAPharma
POBEVCY® (Avastin biosimilar)	**Greater China |** Approved in China	百奥泰 BIO-THERA
TAFINLAR® (dabrafenib)	**China Broad Markets[7] |** Approved in China	NOVARTIS
MEKINIST® (trametinib)	**China Broad Markets[7] |** Approved in China	NOVARTIS
VOTRIENT® (pazopanib)	**China Broad Markets[7] |** Approved in China	NOVARTIS
AFINITOR® (everolimus)	**China Broad Markets[7] |** Approved in China	NOVARTIS
ZYKADIA® (ceritinib)	**China Broad Markets[7] |** Approved in China	NOVARTIS

1. Approved under accelerated approval. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial. 2Conditionally approved. The full approval of any particular indication will depend on the results of required post-marketing study(ies). 3. The approval is applicable to all 27 EU member states, plus Iceland, Lichtenstein and Norway. 4. For patients with unresectable recurrent locally advanced or ESCC after prior systemic therapy. 5. For patients with advanced or metastatic ESCC after prior systemic chemotherapy and for patients with NSCLC including: locally advanced or metastatic NSCLC after prior chemo, in combination with chemo for 1L advanced or metastatic squamous NSCLC, and in combination with chemo for 1L locally advanced or metastatic non-squamous NSCLC with no EGFR or ALK positive mutations. 6. Following progression on or after vascular endothelial growth factor (VEGF)-targeted therapy. 7. Rights to promote and market in China's broad markets pursuant to a Market Development Agreement with an affiliate of Novartis Pharma AG.

Broad Based Strategic Partnerships

Transformational Collaborations

AMGEN

XGEVA (denosumab) · BLINCYTO (blinatumomab) · Kyprolis (carfilzomib)

Oncology pipeline assets

NOVARTIS

Tisle & TIGIT

Celgene

Vidaza (azacitidine for injection) · Revlimid (lenalidomide)

In-Licensed Assets

MIRATI THERAPEUTICS

Mapkure

JV with SpringWorks

zymeworks BUILDING BETTER BIOLOGICS™

SpringWorks THERAPEUTICS

EUSAPharma

Acquired by Recordati (2021)

Seagen

leaptherapeutics

Leads Biolabs 维立志博

百奥泰 BIO-THERA

Clinical Collaborations

MEIPharma

INNOCARE 深信生物

AMBRX

HUTCHMED

STRAND THERAPEUTICS

BITT

SHORELINE biosciences

China Rights to Commercial Programs

APAC/Asia Rights to Pre-clin/Clinical Programs

Clinical Collaboration

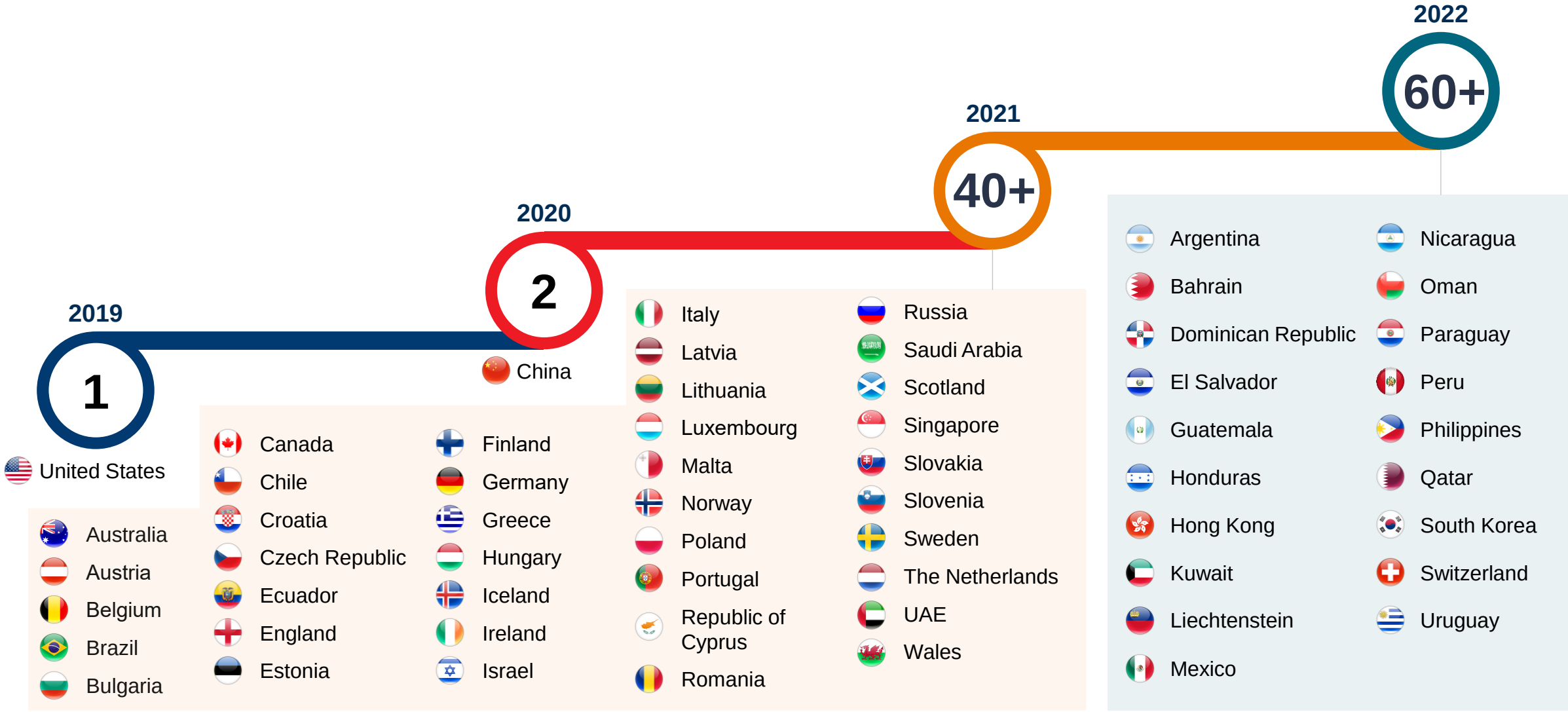
Global Collaboration

Platform License

3,500+ Global Commercial Team Positioned for Success in Largest Markets

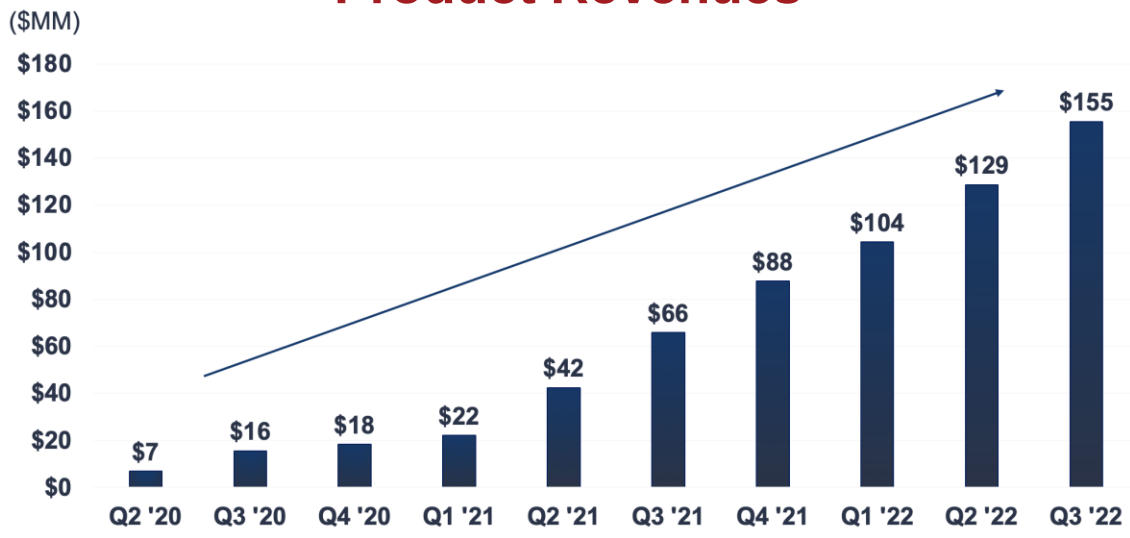
- Established and growing presence in China, North America, and Europe
- Building commercial infrastructure in Asia-Pacific, including Japan, and ROW
- +109% YOY product revenue growth to $916M in Q3 YTD 2022
- Topline momentum expected to continue as pace of global launches accelerates with CLL approvals
- Opportunities to expand revenue by leveraging commercial infrastructure globally to drive collaboration success

BRUKINSA: Now Approved in Over 60 Markets

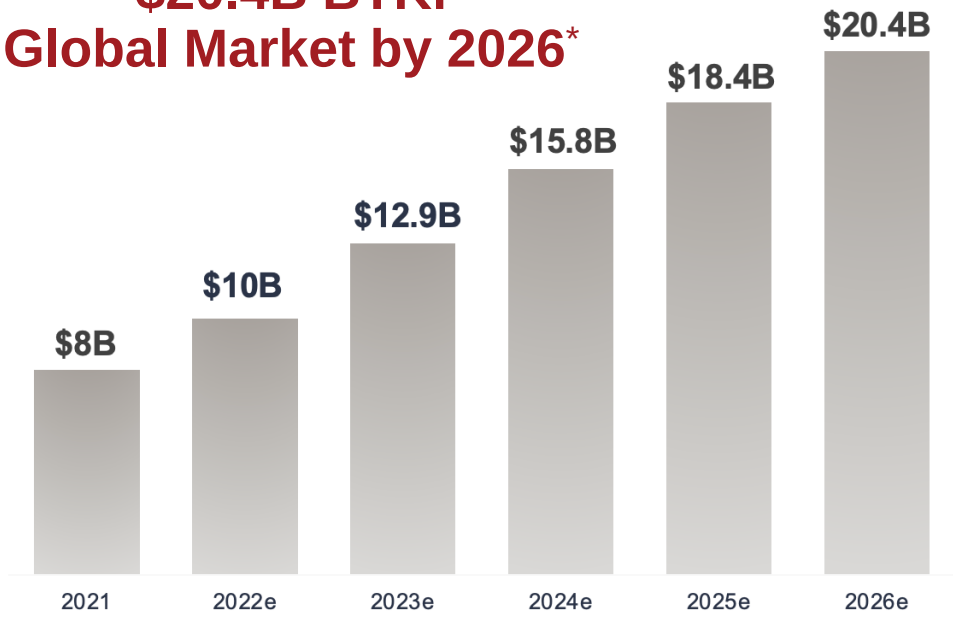


Potential for Substantial BRUKINSA Growth

BRUKINSA Global Product Revenues



$20.4B BTKi Global Market by 2026*

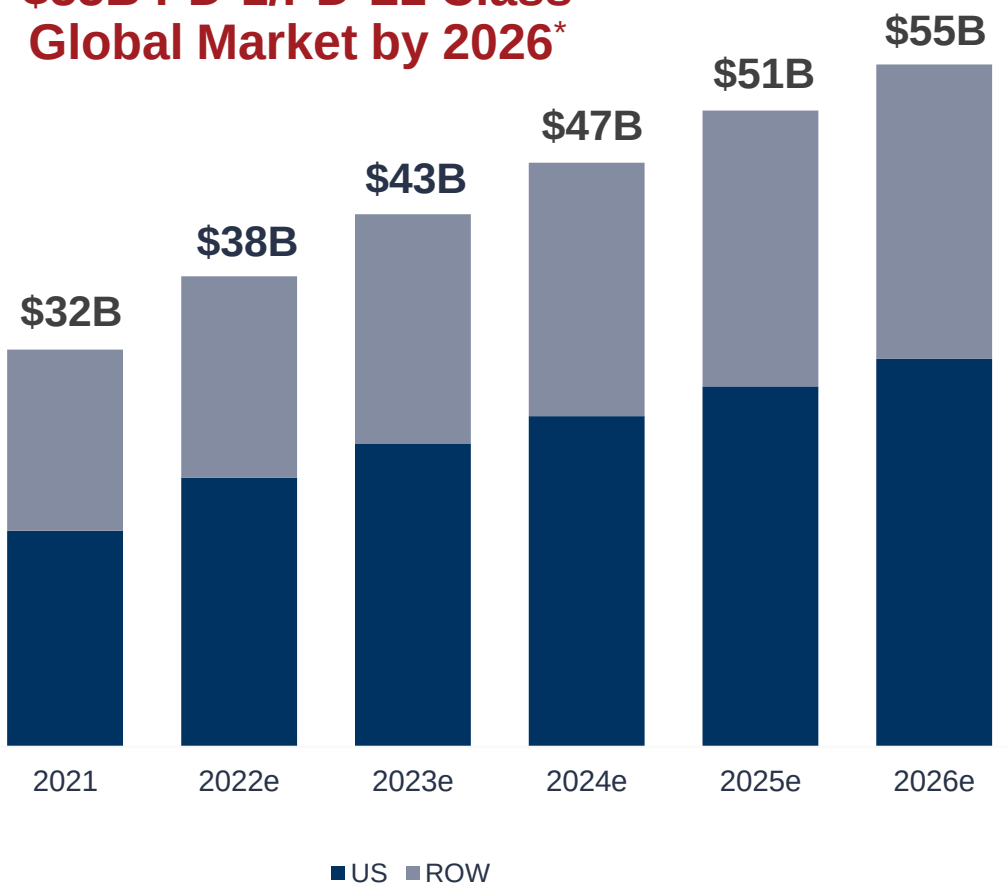


Current BRUKINSA label addresses <15% of the global market, significant expansion with CLL**

*Deutsche Bank Report 2022, **pending approval in the U.S.

Tislelizumab Well Positioned for Global Success

- PD-1 represents the largest and growing oncology class
- Future success in combination therapies, and BeiGene well positioned with robust IO pipeline
- Tisle successfully achieved #1 value market share in China despite late to market; future filings in ROW
- Expect pending inspections to proceed in China and clear way for approvals in U.S.
- Eligible for $1.5 billion collaboration revenue from Novartis in NA, EU, Japan



*Source: Cowen global PD-1/PD-L1 market estimate, September 2022

Financial Strength, Discipline, and Operating Leverage to Accelerate Growth

$5.1B cash position at Q3 2022

Substantial revenue growth and meaningful operating leverage

- Poised to accelerate global product revenue growth with anticipated CLL approvals
- Eligible for up to **$3.6B*** collaboration revenue
- Product revenue growth significantly outpacing operating expense growth, driving operating leverage

Rigorous financial discipline

- Committed to diligent financial investments and operational efficiencies to drive long-term value

*$3.6B collaboration revenue includes regulatory and commercial milestones and option exercise for TIGIT (up to $700M by end of 2023)

2023 Milestones and Catalysts

*Pending regulatory inspections

2023 Milestones and Catalysts (cont'd)

		1H 2023	2H 2023
BGB-11417 (BCL-2)	Study progress		Initiate global pivotal trial in 1L CLL in combo with BRUKINSA
	Data readout		Data readouts from ongoing studies
Ociperlimab (anti-TIGIT Ab)	Data readout	Ph2 data available in multiple indications to inform subsequent development	
	Study readout	Complete enrollment in Ph3 AdvanTIG 302 in 1L NSCLC	
BGB-16673 (BTK Degrader)	Data readout	Initial data readout on from Phase I study	
BGB-A445 (anti-OX40)	Study progress	RP2D for both monotherapy and combination trials	
BGB-15025 (HPK1 inhibitor)	Study progress	RP2D for both monotherapy followed by initiation of dose expansion combination with tizlelizumab	
LBL-007 (anti-LAG-3)	Study progress	RP2D for combination trials	
Additional Early Programs	Study progress	Initiate 15 novel IO combos across 6 trials with tislelizumab including LAG3, OX40, TIM3, TIGIT, and HPK1, targeting multiple new tumor types including HNSCC, CRC, UBC, RCC, melanoma	

Positioned for an Exciting 2023 and Beyond

Launch Execution

with BRUKINSA CLL rollout

Pipeline Advancement

BCL2

BTK Degrader

OX40

TIGIT

Financial Discipline

with operating efficiencies


Redefining Global Biotech
500,000+ Patients

Abbreviations

Abbreviation	Meaning
ADC	Antibody drug conjugate
AE	Adverse event
ALK	Anaplastic lymphoma kinase
BID	Bis in die
BLA	Biologics license application
BRAF	B-rapidly accelerated fibrosarcoma
BsAb	Bispecific antibody
CAR-NK	Chimeric antigen receptor-natural killer cell
CDAC	Chimeric degradation activating compound
CI	Confidence interval
CLL	Chronic lymphocytic leukemia
CR	Complete response
CRi	Complete response with incomplete bone marrow recovery
CTCAE	Common terminology criteria for adverse events
DC	Discontinued prior to first assessment
ERK	Extracellular-signal regulated kinase
HCC	Hepatocellular carcinoma
HR	Hazard ratio
ITT	Intent to treat
mAb	Monoclonal antibody
MCL	Mantle cell lymphoma
MedDRA	Medical Dictionary for regulatory activities
MEK	Mitogen-activated protein kinase (aka MAPK)
MSI	Microsatellite instability-high
mTOR	Mammalian target of rapamycin

Abbreviation	Meaning
MZL	Marginal zone lymphoma
NA	Not assessed
NE	Not evaluable
NME	New molecule entity
NPC	Nasopharyngeal carcinoma
nPR	Nodular partial response
NSCLC	Non-small cell lung cancer
ORR	Overall response rate
OS	Overall survival
PBMC	Peripheral blood mononuclear cell
PD	Progressive disease
PFS	Progression-free survival
PR	Partial response
PR-L	Partial response with lymphocytosis
QD	Quaque die
R/R	Relapsed / refractory
SD	Stable response
SLL	Small lymphocytic lymphoma
SM	Small molecule
SMAC	Second mitochondrial-derived activator of caspase
SMQ	Standardized MedDRA query
TAA	Tumor associated antigen
TsAb	Trispecific antibody
UC	Urothelial carcinoma
VEGFR	Vascular endothelial growth factor receptor
WM	Waldenström's macroglobulinemia

BeiGene