A Competitively Advantaged, Next-Gen Oncology Innovator

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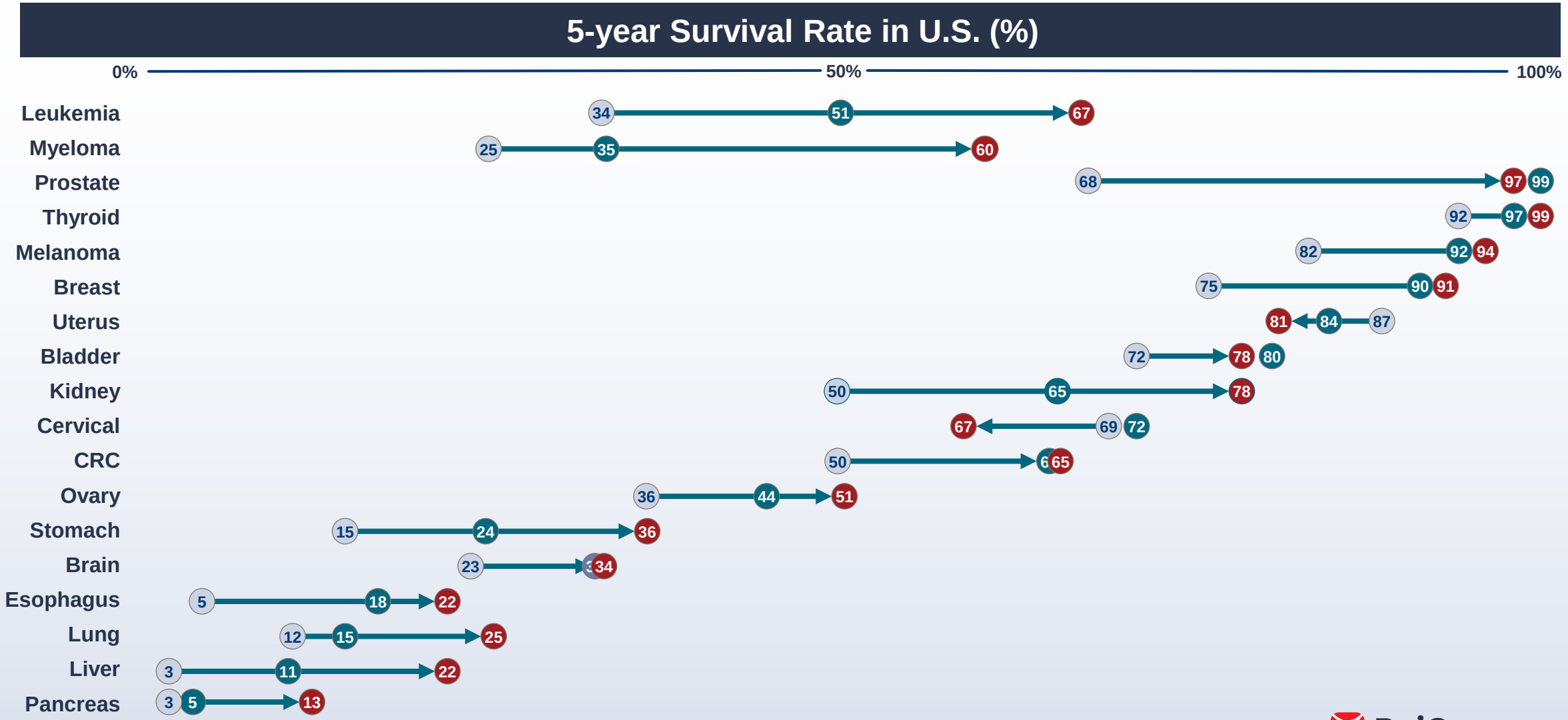
BeiGene

1. Built differently to deliver impactful medicines, while addressing affordability through strategic cost and time advantages
2. Leading oncology innovator with proven track record and differentiated portfolio across heme and solid tumors
3. Exciting and transformational 2024

1 Built differently to deliver impactful medicines, while addressing affordability through strategic cost and time advantages

- **Evolving Environment:**
  Impactful science, but escalating clinical costs create affordability challenges
- **Envisioned Differently:**
  BeiGene built from day one for innovation with cost and time advantages

Outcomes for Cancer Patients Have Dramatically Improved



Source: SEER. Leukemia includes ALL, AML, CLL, CML

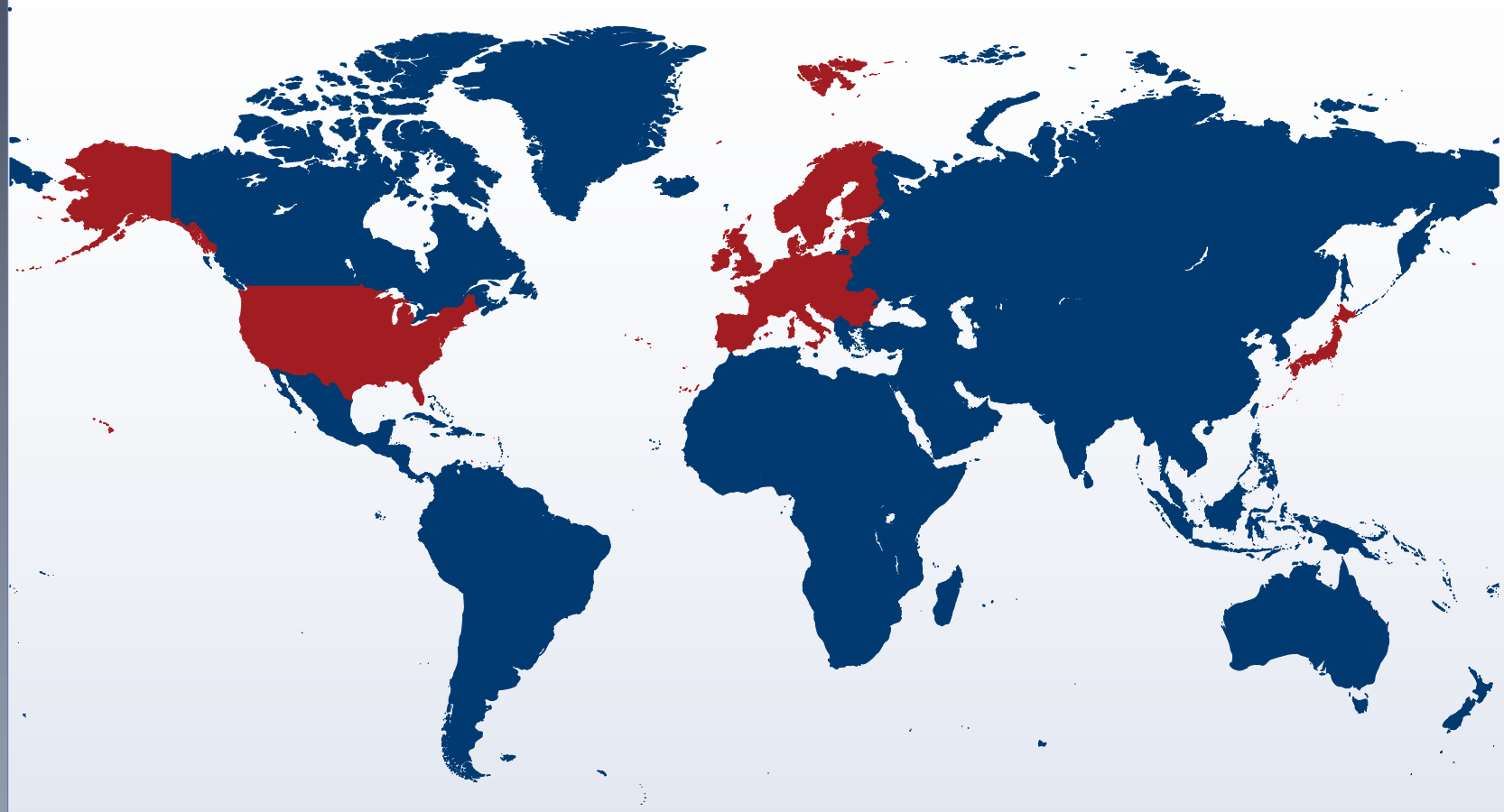
BeiGene

And Different Modalities Have Driven This Impact

	Illustrative brands	Potential oncology market
Immuno-Oncology Agent	KEYTRUDA (pembrolizumab), OPDIVO (nivolumab), TECENTRIQ atezolizumab, IMFINZI durvalumab, TEVIMBRA (tislelizumab)	$120 bn+
Covalent Inhibitor	TAGRISSO osimertinib, Kyprolis (carfilzomib), imbruvica (ibrutinib), CALQUENCE (acalabrutinib) 100 mg capsules, Brukinsa zanubrutinib	$20 bn+
ADC	ADCETRIS brentuximab vedotin, PADCEV enfortumab vedotin-ejfv, TRODELVY sacituzumab govitecan-hziy, ENHERTU fam-trastuzumab deruxtecan-nxki	$25 bn+
mRNA		$5 bn+*
Bi-Specific Agent	BLINCYTO (blinatumomab), RYBREVANT (amivantamab-vmjw), TECVAYLI (teclistamab), Lunsumio mosunetuzumab-axgb	$15 bn+
Cell Therapy	YESCARTA (axicabtagene ciloleucel), KYMRIAH (tisagenlecleucel), CARVYKTI (ciltacabtagene autoleucel)	$20 bn+
Protein Degrader	BGB-16673	$5 bn+

Source: EvaluatePharma technology for 2028 accessed on Jan 5, 2024. Internal estimate.
*Note mRNA numbers are projected oncology market size, excluding COVID vaccines.

But The Challenge Has Been Affordability and Accessibility

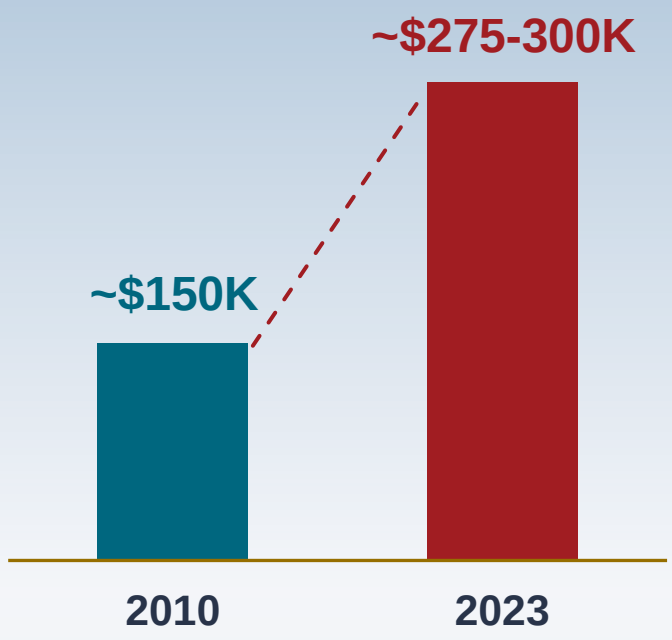


- Most innovative medicines are only delivered to the wealthiest 1/6 population of the world
- Yet, almost 1 in 4 Americans have difficulty affording co-payments or treatments[1]
- Medicines not typically accessible to the rest of the world until patent expiry
- Many healthcare systems are straining to reimburse these impactful medicines

Red denotes wealthiest 1/6 population
[1]KFF 2023 Survey on Racism, Discrimination, and Health

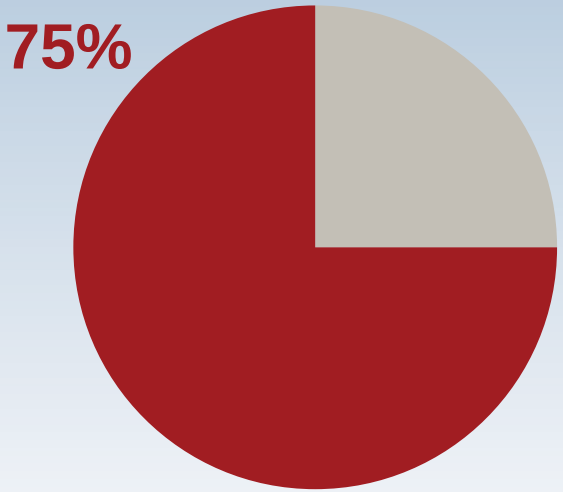
Clinical Trials Costs Have Roughly Doubled, Becoming ~75% of Total Cost of Medicine, And Are Much Higher in Traditional Centers

Clinical Trial Cost Per Patient* (US$)



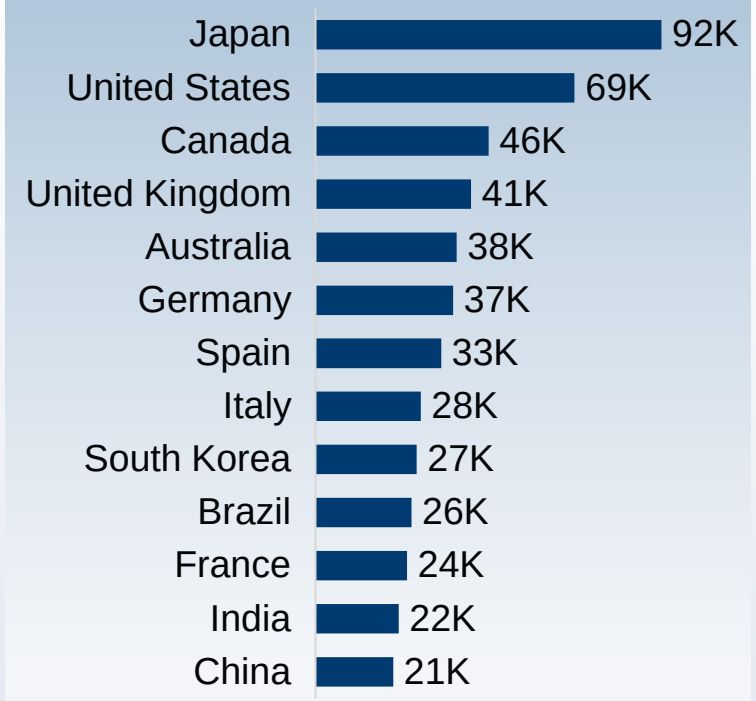
Rough estimate

Total Cost of Delivering Medicines



Other Clinical Trials

Investigator Fee Per Patient (US$)



* Fully-burdened costs based on anecdotal interviews
Source: "A Billion Here, A Billion There" by Bruce Booth, as reported in PAREXEL Biopharmaceutical R&D Statistical Sourcebook 2018/2019.
Grants Manager database using standard assumptions for oncology clinical study

Why is BeiGene Unique?

Premise

- Built to address affordability and ensure a sustainable, profitable company in an increasingly price-challenged world
- Understood changing economic nature of industry where up-front clinical costs have now become 75% of the total cost of medicine delivered
- Define our patients as 4/6 of the world – not the 1/6 that has been traditionally reached by our industry (last third is important, but requires help of NGOs)

Approach

- Focused from inception on reducing major cost – **clinical costs** – through:
  - Broadening local and global inclusion
  - Building CRO-free internal team
  - Enabling technology
- Invested internally to also meaningfully reduce:
  - Research costs
  - Manufacturing costs

Implication

- Reducing costs of clinical trials and increasing speed requires you to be truly global

BeiGene Today

$1.8B
Q3 2023 YTD total revenue

76%
Q3 2023 YTD revenue growth vs. prior year

17
Approved products

$3.2B
Q3 2023 ending cash balance

Global Clinical Development
Speed and **cost** advantaged
3,000+ global clinical team

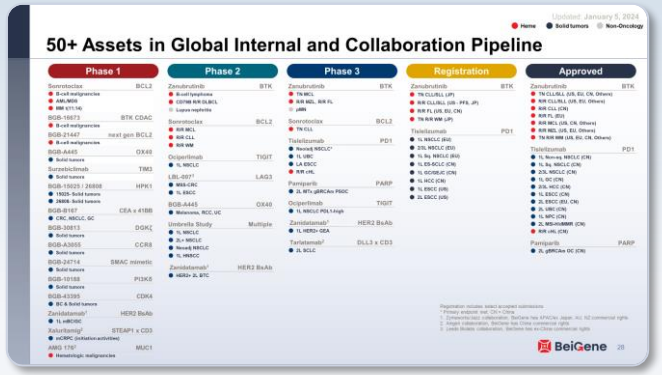
22,000+
Patients enrolled in 125+ trials in 45+ countries and regions

Top Global Talent
10,000+
Colleagues worldwide

Global Scale Manufacturing
Princeton Innovation Center, NJ – Biologics
Guangzhou, China – Biologics and ADC
Suzhou, China – Small molecule drug product

50+

Potential Medicines in Pipeline*



*includes Research and Development assets

Invested to Build Hard-to-Replicate Internal Global Clinical Capabilities Creating Meaningful Cost and Speed Advantages

▼30%

Cost Advantages

Up to 30% reduction in clinical cost vs. industry

▲30%

Speed Advantages

Faster trial enrollment done fully in house
Fast and high-quality clinical PoC delivery

Source: Clarivate CMR pharmaceutical clinical factbook 2023. Cowen Equity Research 2021 and BeiGene Internal Analyses

Our Unique Model Has Enabled Fast Rise to Global Oncology Leadership

Global Oncology Leadership

- **Top 10** — Global revenue – and rising – for innovative therapies in heme malignancies
- **Top 5** — Company for completing phase 3 oncology trials in the industry since 2017
- **Top 5** — Company with number of oncology molecules advanced into the clinic in the industry since 2017
- One of the largest oncology-focused R&D teams in the industry
- **Top 3** — Revenue for innovative oncology therapies in China

Source: Evaluate Pharma Competitor Analyzer accessed 12/18/23 for cancer, blood & blood forming malignancies, excluding generics and biosimilars; Citeline through competitor trial and IND data; Company filings, IQVIA, analyst reports.

BeiGene

2 Leading oncology innovator with proven track record and differentiated portfolio across heme and solid tumors

- Already heme leader
- Building leadership in solid tumors with compelling early pipeline
- One of most compelling oncology pipelines with 50+ potential medicines

Compelling and Leading Hematology Portfolio

BTK inhibitor

BRUKINSA

Best-in-class BTKi

Only BTKi demonstrating H2H superiority

Broadest label

$15B BTKi class projected in 2028*

BCL2 inhibitor

Sonrotoclax

Differentiated efficacy and safety

600+ patients enrolled

Already in pivotal stage

Best in class potential and broader usability by all physicians

$4B BCL2i class projected in 2028*

BTK CDAC

BGB-16673

Clinically meaningful efficacy and favorable safety data

140+ patients enrolled

Distinct MOA, agnostic of mutations

Most advanced BTK degrader addressing BTKi resistant patients

PD-1 inhibitor

TEVIMBRA

Compelling data in Richter's transformation with TEVIMBRA + BRUKINSA

nature medicine

24 abstracts presented at ASH 2023

*Source: Evaluate Pharma
CDAC – Chimeric Degradation Activating Compound

BRUKINSA

Foundational asset in hematology portfolio, only BTKi to demonstrate superiority in safety and efficacy

BTK inhibitor

Brukinsa® zanubrutinib

Best-in-Class BTKi

- Engineered to have sustained/complete target coverage; substantially longer exposure than acalabrutinib and ibrutinib
- **Sustained superiority of PFS in H2H R/R CLL vs ibrutinib[1] while acalabrutinib showed non-inferiority**
- **Favorable ORR/CR/PFS across indications among BTKis**

Favorable Safety

- Superior safety including cardiac profile in two H2H studies vs. ibrutinib
- Well-tolerated in acalabrutinib intolerant patients[2] and deepening of response and improved safety in those who switched from ibrutinib[3]
- **Minimal treatment-related infections, A-fib, GI symptoms, headache, cough and fatigue compared with acalabrutinib[4]**

Broadest Label

- **5 approved indications**
- Only BTKi approved in FL

Combination of Choice

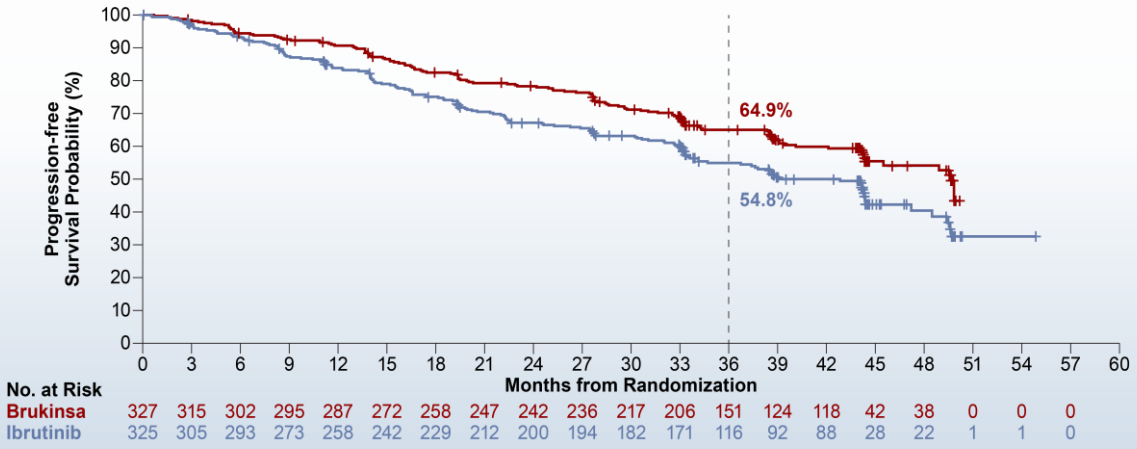
Combination partner with sonrotoclax, TEVIMBRA, and external assets to maximize lifecycle value

[1] Brown et al. Extended Follow-up of ALPINE Randomized Phase 3 Study Confirms Sustained Superior Progression-Free Survival of Zanubrutinib Vs. Ibrutinib for Treatment of R/R CLL/SLL. ASH 2023
[2] Shadman et al. Zanubrutinib in Acalabrutinib-Intolerant Patients with B-Cell Malignancies. ASH 2023
[3] Garcia – Sanz et al. Clinical Outcomes in Patients with Waldenström Macroglobulinemia Receiving Ibrutinib on the Phase 3 ASPEN Study ≥1 Year After Transitioning to Zanubrutinib. ASH 2023
[4] Hwang el al. Comparison of Treatment-Emergent Adverse Events of Acalabrutinib and Zanubrutinib: Meta-Analysis by Mayo Clinic. EHA 2023

BRUKINSA December 2023 U.S. Label Update

Includes PFS superiority in R/R CLL (HR 0.65, p=0.0024)[1]; sustained with extended follow-up[2]

PFS superiority sustained at 39 months

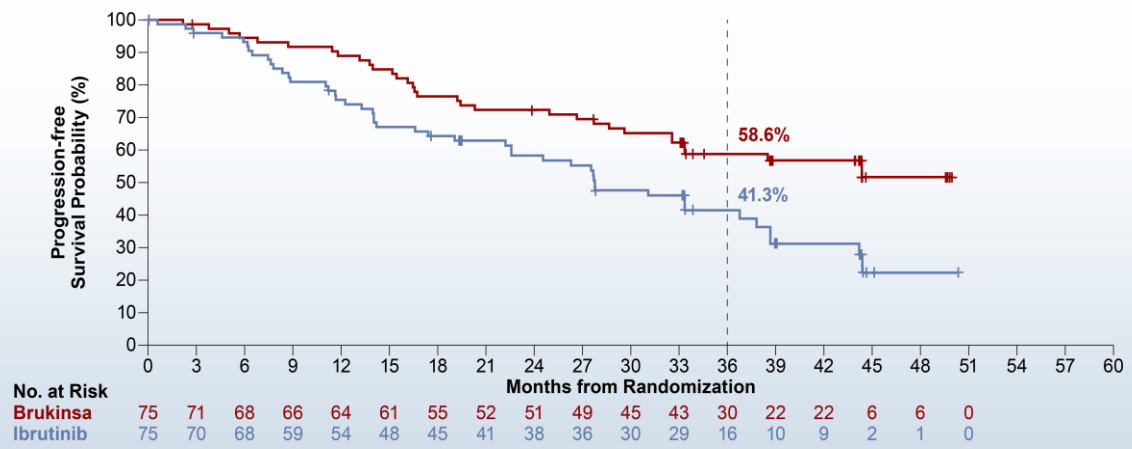


Separation of PFS curves continues at median **39 months** follow-up **where acalabrutinib curves crossed in ELEVATE-RR and showed non-inferiority (HR=1)**

	PFS events, n (%)
BRUKINSA	130 (39.8)
Ibrutinib	159 (48.9)

HR (95% CI) 0.68 (0.53-0.86)
***P*=0.0011**

PFS superiority in patients with del(17p)/*TP53*



PFS superior benefit over ibrutinib demonstrated in patients with **del(17p)/*TP53*mut; in this subset acalabrutinib was only non-inferior to ibrutinib also with HR =1**

	PFS events, n (%)
BRUKINSA	31 (41.3)
Ibrutinib	46 (61.3)

HR (95% CI) 0.52 (0.33-0.83)
***P*=0.0047**

[1] USPI label for superiority based on median follow-up of 29.6 months ASH 2022

[2] Brown et al. Extended Follow-up of ALPINE Randomized Phase 3 Study Confirms Sustained Superior Progression-Free Survival of Zanubrutinib Vs. Ibrutinib for Treatment of R/R CLL/SLL ASH 2023

Sonrotoclax

Best-in-class potential with data in 600+ patients to expand and grow hematology leadership

BCL2 inhibitor

Best-in-Class Potential in Efficacy

- More potent BCL2i compared with venetoclax
- Best combination data of a BCL2i and BTKi in TN CLL[1]
- Encouraging efficacy in other indications compared with venetoclax
  - Deep and durable responses in MZL[2], t(11;14) MM[3]
  - Deep response in AML

Best-in-Class Potential in Safety and Convenience

- More selective with favorable safety profile vs. venetoclax and improved combinability across indications in **600+ patients**
- Shorter half-life and no accumulation
  - No clinical TLS observed
  - Can lead to less monitoring and better utilization in all practices
  - Improved overall safety

Multiple Registrational Opportunities

- Initiated phase 3 in combination with BRUKINSA in TN CLL based on strong efficacy[1]
- Multiple fast to market trials ongoing
- Planned registration enabling trials in earlier line settings and AML
- Major opportunity in multiple myeloma after recent failure of venetoclax in t(11;14) MM (CANOVA)

Hematology Leadership

- Best-in-disease combinations
- Fixed duration treatment
- Opportunity to expand our footprint into new indications

[1] Tam et al. Combination Treatment with Second-Generation BCL2i/Bruton Tyrosine Kinase Inhibitors Sonrotoclax (BGB-11417) and Zanubrutinib is Well Tolerated and Achieves Deep Responses in Patients With Treatment-Naïve CLLL/SLL. ASH 2023

[2] Tedeschi et al. Monotherapy With Second-Generation BCL2 Inhibitor Sonrotoclax (BGB-11417) is Well Tolerated with High Response Rates in Patients with Relapsed/Refractory Marginal Zone Lymphoma. ASH 2023

[3] Quach et. al Sonrotoclax (BGB-11417) in Combination With Dexamethasone for the Treatment of Relapsed/Refractory Multiple Myeloma With t(11;14): Safety, Efficacy, and Determination of Recommended Phase 2 Dose. ASH 2023

BTK Degrader (BGB-16673)

Most advanced in the clinic with CDAC platform developed by BeiGene

BTK CDAC

Clinically Meaningful Efficacy Data

- BTK degradation starting at lowest dose including patients with BTK mutations[1]
- Clinical responses observed in prior cBTKi and ncBTKi (e.g. pirtobrutinib) treated patients[1]
- Short time to response

Favorable Safety Profile

- Lack of IMiD activity vs. competitors allows improved safety
- Safe and tolerable in **140+ patients treated**
- No atrial fibrillation and/or hypertension; low grade 3/4 neutropenia in heavily pre-treated patients

Robust Registration Plan

- Expansion cohort in RR MCL initiated with fast-to-market potential
- Initiation of phase 3 studies in MCL and CLL as well as other combinations in 2024

Growing Our Hematology Leadership

- Become backbone therapy for patients progressing after BTKi
- Potential to move to earlier lines of therapy
- Degradation may expand in additional disease areas (LBCL, Richter's, Follicular)

[1] Seymour et al. First Results from a Phase 1, First-in-Human Study of the Bruton's Tyrosine Kinase (BTK) Degrader BGB-16673 in Patients (Pts) with Relapsed or Refractory (R/R) B-Cell Malignancies. ASH 2023

TEVIMBRA + BRUKINSA

Demonstrated best-in-disease combination data in patients with Richter's Transformation

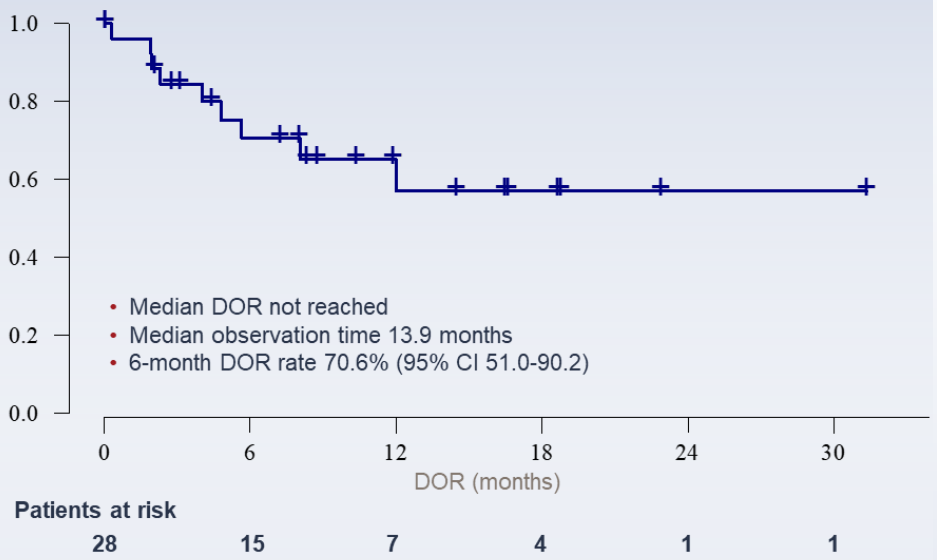
PD-1 inhibitor

nature medicine

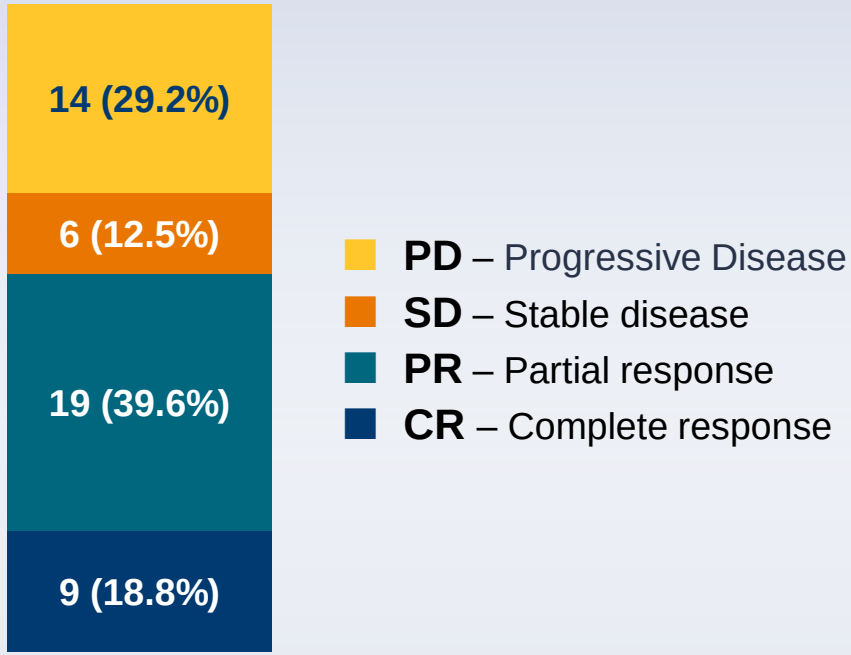
UNIKLINIK KÖLN | Department I of Internal Medicine University Hospital of Cologne

DEUTSCHE STUDIENGRUPPE CLL

Duration of Response
70.6% at 6 months

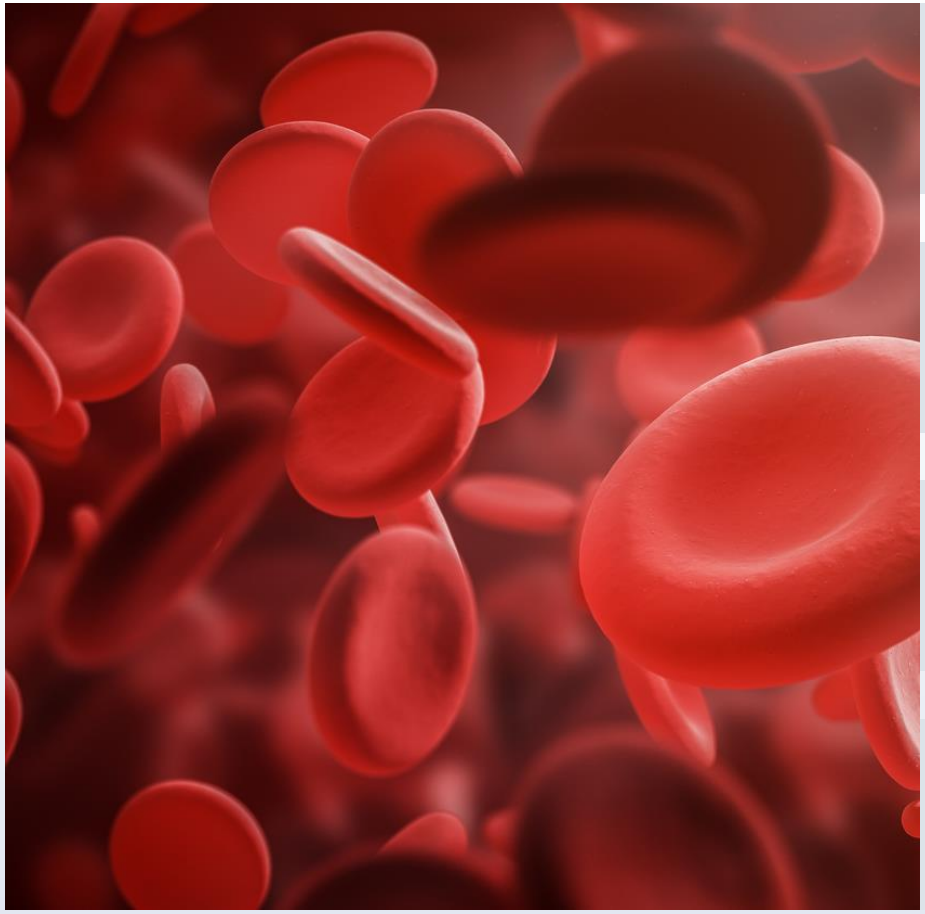


Primary Endpoint Met
ORR of 58.3%



1-year PFS 47% and 1-year OS 75%
Limited cardiotoxicity and immune-related adverse events

Accelerating Development of Differentiated Hematology Molecules to Address All Lines of Therapy



Cemented our leadership with BRUKINSA as best-in-class and ALPINE extended PFS reconfirms sustained, superior efficacy and safety vs. ibrutinib

Broadest label globally and exciting lifecycle strategies

Growing our leadership with advancing sonrotoclax as differentiated BCL2i with best-in-class potential to **registration**

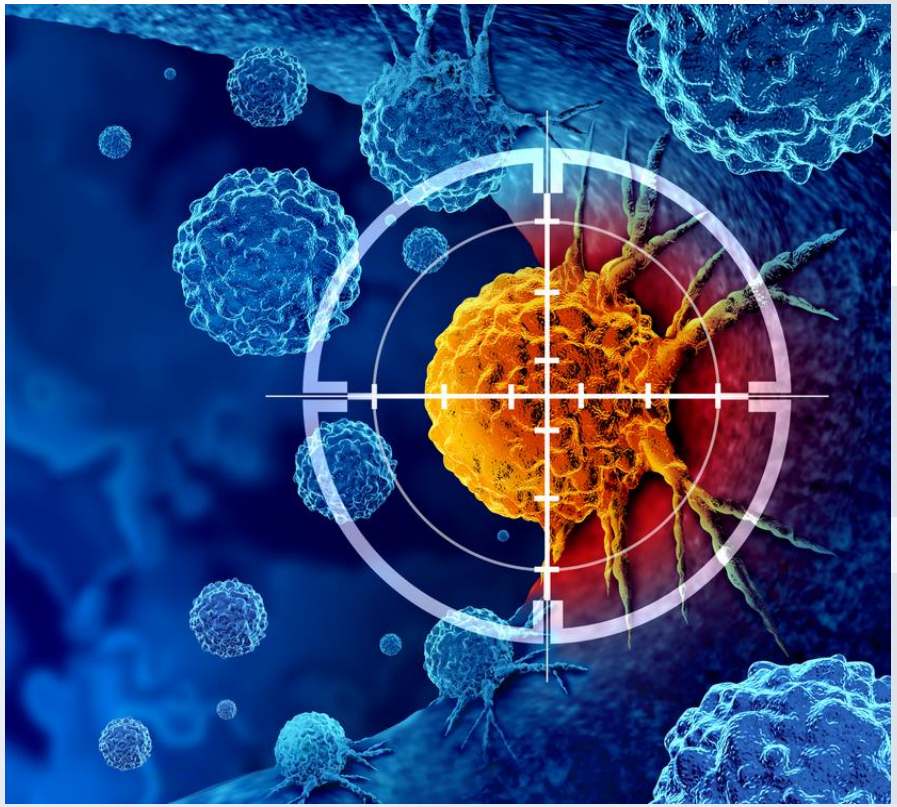
Rapidly **developing BTK CDAC, a protein degrader,** that is novel with a mutation agnostic MOA

Expanding our footprint into new indications with high unmet medical needs: AML/MDS, MM, Richter's and LBCL

Developing best in disease combination with all assets

Greater impact with ability to address all lines of therapy in several hematological malignancies (including CLL) with our own portfolio

Driving Towards Solid Tumor Leadership to Improve Patient Outcomes Across Broad Range of Cancers



Growing TEVIMBRA through expansion in China, EU, U.S. (pending approval) and globally and combinations

Advancing one of the most exciting early solid tumor portfolios in the industry

Progressing 50+ other assets* with numerous readouts, decision points

*Includes Research and Development assets

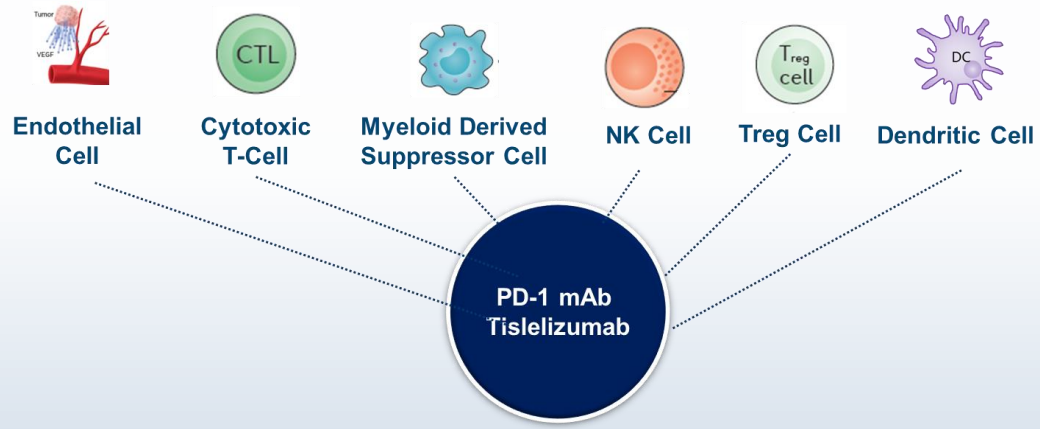
TEVIMBRA-Centered Pan Tumor Pipeline Poised for Global Patient Impact

TEVIMBRA (tislelizumab)

2023 TEVIMBRA accomplishments

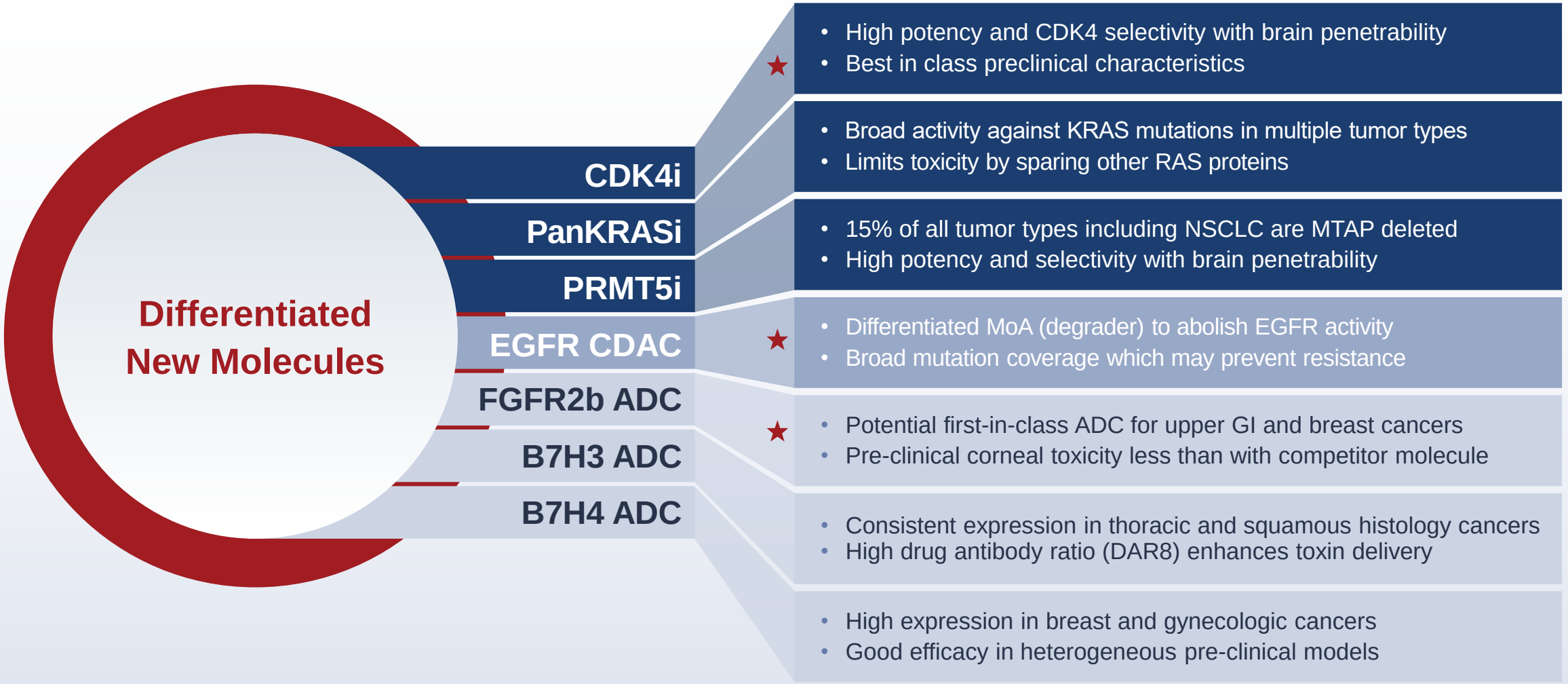
- More than 750,000 patients treated globally
- $144 million in Q3 revenue
- Positive phase 3 datasets in including NSCLC, SCLC and gastric cancer
- Return of global commercial and development rights from Novartis
- Preparing to launch in multiple indications on 5 continents
- 12 indications approved in China and multiple global approvals expected in 2024
- COGS reduction to 20% of initial value due to internal optimizations including scale up to 5,000L

TEVIMBRA is an optimal combination partner



- Strong data in broad set of indications
- >40 internal and external combination studies ongoing
- Diverse pipeline combinations enable multiple immune-modulating approaches

Exciting Early Solid Tumor Programs to Deliver FIC/BIC Molecules



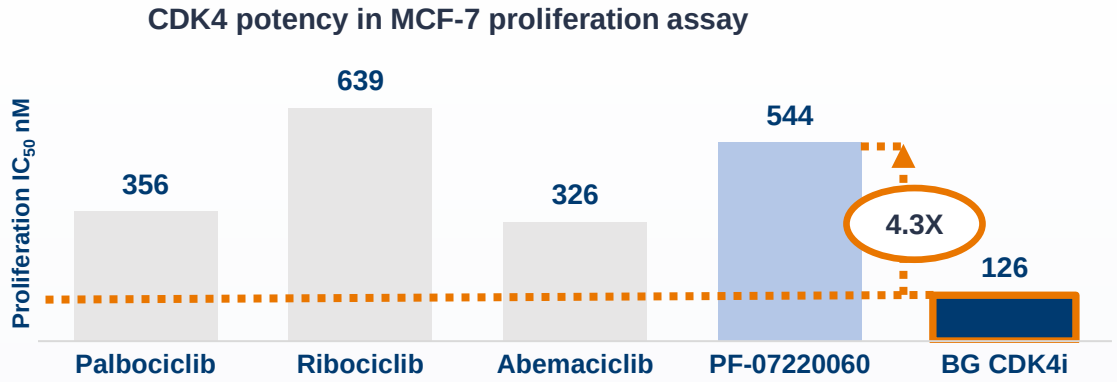
★ *Detailed description in following slides*

CDK4 Inhibitor

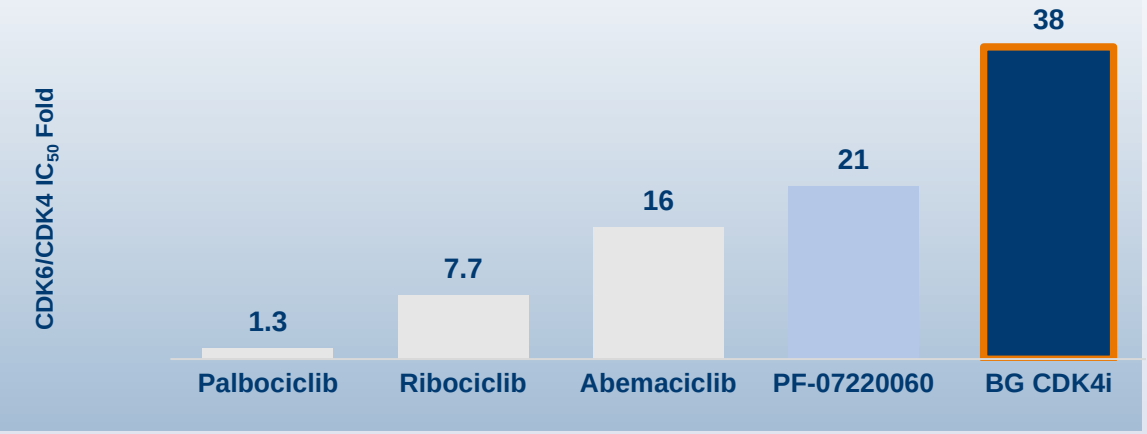
Next-generation CDK4 inhibitor aiming for better efficacy and less toxicity

- CDK4/6 inhibitor class had huge commercial success in HR+/HER2- breast cancer with **peak sales over $18B worldwide**
  - 3 CDK4/6 inhibitors approved by FDA, yet all with toxicity issues
- **Selective CDK4 inhibitor (CDK4i) s**pares CDK6-mediated and off-target toxicities
- **Key competitor: PF-0722006; recently initiated phase 3 study in 2L+ HR+ advanced breast cancer**
- **Currently in phase 1 development**
  - Highly potent and selective compared with all approved and investigational CDK4/(6)i agents
  - Well tolerated in GLP TOX study w/o concerning neutropenia or GI toxicity issues
  - Cohort 1 complete with PK as expected

Strongest CDK4i Potency — **BG CDK4i**



Greatest CDK4i to CDK6i selectivity* — **BG CDK4i**



PF-07220060 is CDK4 inhibitor from Pfizer; * CDK4 cellular IC50 measured through pRB in Jeko-1; CDK6 cellular IC50 measured through pRB in Pfeiffer with CDK4 KO

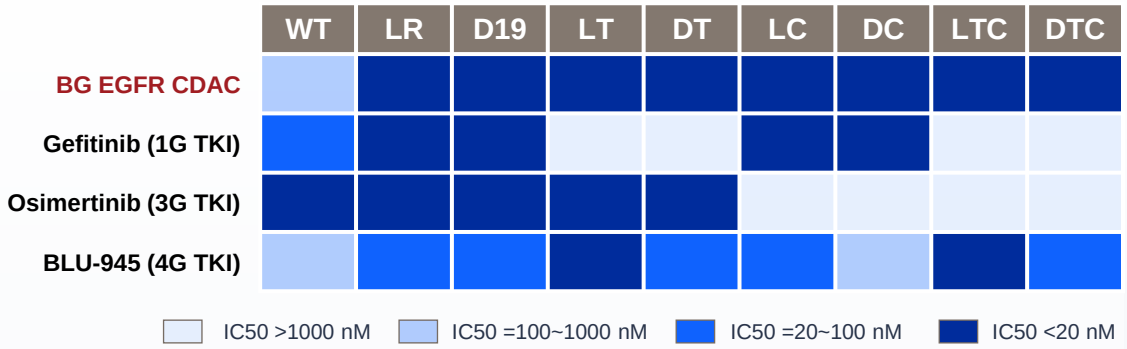
Partnered with Ensem Therapeutics to advance CDK2i: $30M upfront and $1.85M ancillary expenses in 2023, with $10M milestone upon U.S. IND clearance anticipated in Q1 2024

EGFR CDAC

Truly differentiated MoA to completely abolish EGFR signaling

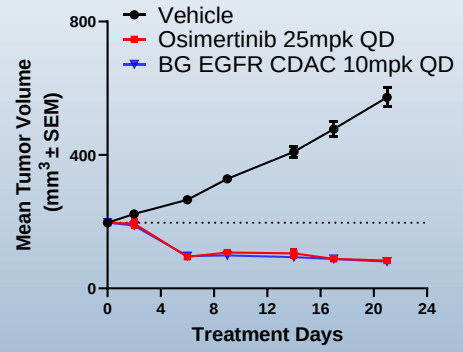
- **EGFR mutant NSCLC is a large oncogene-driven subgroup with estimated class peak sales of $12B**
  - ~50% lung adenocarcinoma in Asian and 15% in Caucasian*
- **Novel, potentially best-in-class strategy - degradation**
  - Broad coverage of EGFR mutations and destruction of EGFR scaffold function yields sustained signaling inhibition
  - Non-redundant mechanisms may prevent emergence of resistance when used in early lines of therapy
- **Promising preclinical candidate profile**
  - Highly potent across osimertinib-sensitive and resistant EGFR mutations
  - Spares WT EGFR and good proteome selectivity
  - Strong efficacy with oral, daily dosing
- **On track to enter clinic in 2024**

Broadest EGFRmut coverage while sparing WT EGFR

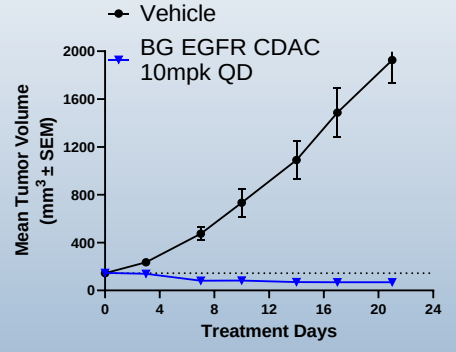


Robust efficacy in both osimertinib-sensitive and resistant xenograft models

Osimertinib-sensitive HCC-827-D19 model



Osimertinib resistant H1975-L858R/C797S model



WT: wild-type; LR: L858R; D19: exon 19 deletion; DT: exon 19 deletion/T790M; LT: L858R/T790M; DC: exon 19 deletion/C797S; LC: L858R/C797S; DTC: exon 19 deletion/T790M/C797S; LTC: L858R /T790M/C797S

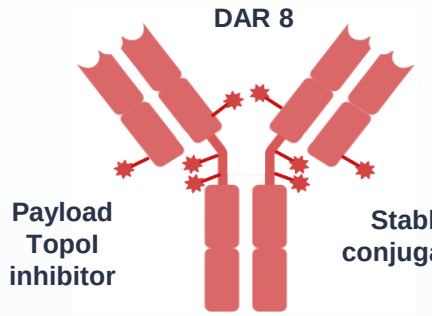
* 2020 Globocan; Wang P, et al. J ThoracDis. 2017, 9(7): 1973-1979; Wen S, et al. Oncologist. 2019, 24(11):e1070-e1081; J Clin Oncol . 2022 Feb 20;40(6):611-625.

FGFR2b ADC

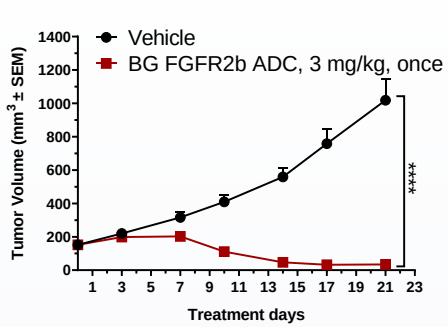
Differentiated modality to pursue best-in-class opportunity

- **Clinically validated target in upper GI cancers with additional opportunity in breast cancer**
  - FGFR2b positive (IHC 2+/3+) in ~ 24% gastric cancer (GC)[1]
  - Bemarituzumab combo with chemo has shown good efficacy
  - Opportunity to improve efficacy and reduce ocular toxicity*
- **Potential first-in-class ADC with differentiated antibody backbone to reduce toxicity**
  - Tumor directed toxin delivery
  - Bystander effect to address tumor heterogeneity
  - Spares on-target corneal toxicity via weaker ligand blockade
- **On track to enter clinic in 2024**

BG FGFR2b ADC generates strong efficacy

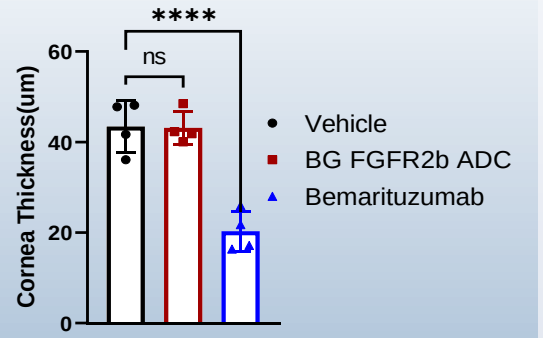


Topol, Topoisomerase I



BG FGFR2b ADC spares corneal toxicity in mouse

Antibody	FGF7-FGFR2b	FGF10-FGFR2b
BG FGFR2b ADC	Weaker blocker	Non blocker
Bemarituzumab	Strong blocker	Strong blocker



BG FGFR2b ADC, 10 mg/kg, Q2W x 2
Bemarituzumab, 10 mg/kg, BIW x 8

[1] Lancet Oncol 2022; 23: 1430–40

* Bemarituzumab only benefits a subset of patients with relatively higher FGFR2b expression

* Bemarituzumab led to 26% treatment discontinuation caused by on-target corneal toxicity

Heme Solid tumors Non-Oncology

50+ Assets in Global Internal and Collaboration Pipeline

Phase 1

Sonrotoclax — BCL2
- B-cell malignancies
- AML/MDS
- MM t(11;14)

BGB-16673 — BTK CDAC
- B-cell malignancies

BGB-21447 — next gen BCL2
- B-cell malignancies

BGB-A445 — OX40
- Solid tumors

Surzebiclimab — TIM3
- Solid tumors

BGB-15025 / 26808 — HPK1
- 15025- Solid tumors
- 26808- Solid tumors

BGB-B167 — CEA x 41BB
- CRC, NSCLC, GC

BGB-30813 — DGKζ
- Solid tumors

BGB-A3055 — CCR8
- Solid tumors

BGB-24714 — SMAC mimetic
- Solid tumors

BGB-10188 — PI3Kδ
- Solid tumors

BGB-43395 — CDK4
- BC & Solid tumors

Zanidatamab[1] — HER2 BsAb
- 1L mBC/GC

Xaluritamig[2] — STEAP1 x CD3
- mCRPC (initiation activities)

AMG 176[2] — MUC1
- Hematologic malignancies

Phase 2

Zanubrutinib — BTK
- B-cell lymphoma
- CD79B R/R DLBCL
- Lupus nephritis

Sonrotoclax — BCL2
- R/R MCL
- R/R CLL
- R/R WM

Ociperlimab — TIGIT
- 1L NSCLC

LBL-007[3] — LAG3
- MSS-CRC
- 1L ESCC

BGB-A445 — OX40
- Melanoma, RCC, UC

Umbrella Study — Multiple
- 1L NSCLC
- 2L+ NSCLC
- Neoadj NSCLC
- 1L HNSCC

Zanidatamab[1] — HER2 BsAb
- HER2+ 2L BTC

Phase 3

Zanubrutinib — BTK
- TN MCL
- R/R MZL, R/R FL
- pMN

Sonrotoclax — BCL2
- TN CLL

Tislelizumab — PD1
- Neo/adj NSCLC*
- 1L UBC
- LA ESCC
- R/R cHL

Pamiparib — PARP
- 2L MTx gBRCAm PSOC

Ociperlimab — TIGIT
- 1L NSCLC PDL1-high

Zanidatamab[1] — HER2 BsAb
- 1L HER2+ GEA

Tarlatamab[2] — DLL3 x CD3
- 2L SCLC

Registration

Zanubrutinib — BTK
- TN CLL/SLL (JP)
- R/R CLL/SLL (U.S. - PFS, JP)
- R/R FL (U.S., EU, CN)
- TN R/R WM (JP)

Tislelizumab — PD1
- 1L NSCLC (EU)
- 2/3L NSCLC (EU)
- 1L Sq. NSCLC (EU)
- 1L ES-SCLC (CN)
- 1L GC/GEJC (CN)
- 1L HCC (CN)
- 1L ESCC (U.S.)
- 2L ESCC (U.S.)

Approved

Zanubrutinib — BTK
- TN CLL/SLL (U.S., EU, CN, Others)
- R/R CLL/SLL (U.S., EU, Others)
- R/R CLL (CN)
- R/R FL (EU)
- R/R MCL (U.S., CN, Others)
- R/R MZL (U.S., EU, Others)
- TN R/R WM (U.S., EU, CN, Others)

Tislelizumab — PD1
- 1L Non-sq. NSCLC (CN)
- 1L Sq. NSCLC (CN)
- 2/3L NSCLC (CN)
- 1L GC (CN)
- 2/3L HCC (CN)
- 1L ESCC (CN)
- 2L ESCC (EU, CN)
- 2L UBC (CN)
- 1L NPC (CN)
- 2L MSI-H/dMMR (CN)
- R/R cHL (CN)

Pamiparib — PARP
- 2L gBRCAm OC (CN)

Registration includes select accepted submissions
* Primary endpoint met; CN = China
1. Zymeworks/Jazz collaboration, BeiGene has APAC/ex Japan, AU, NZ commercial rights
2. Amgen collaboration, BeiGene has China commercial rights
3. Leads Biolabs collaboration, BeiGene has ex-China commercial rights

Science-Driven Set of Broad Modalities in High Value Solid Tumors

	Lung	Breast	Upper GI	Colorectal	Head and Neck
Priority Solid Tumor Types					
2028 Market Size Estimate	**$53B**	**$42B**	**$12B**	**$8B**	**$5B**

Diversified Therapeutic Modalities

Small Molecule | CDAC | mAb | ADC | BsAb/ TsAb | mRNA | Cell Therapy

Future Cornerstone Programs

EGFR CDAC | CDK4 | FGFR2b ADC | PanKRAS | PRMT5

Source: Evaluate Pharma

BeiGene

3 Exciting and transformational 2024

- Misperceptions clarified
- Cost and time advantages demonstrated
- On clear path from cash consuming to cash generating
- Rapidly transitioning into leading oncology company

Misperceptions Exist

	Strengths
Geopolitical	• Increasingly diverse global revenue mix across regions and products • Manufacturing supply chain diversified
Cost Structure	• R&D investments generated 70% more value* • Research and manufacturing cost advantaged • Clear path to transitioning to cash generation
Single Asset	• Multiple commercial assets • Pipeline of 50+ potential medicines • 1,100+ research team
Litigation	• Strong intellectual property • Filed post grant review to invalidate overreaching patent

*Source and Methodology: EvaluatePharma NPV of pipelines and launches since 2017 vs. cumulative 2017-2022 R&D spend demonstrates that BeiGene NPV per R&D spend is ~70% greater than average of 24 oncology and hematology/oncology leaders

Foundation Set for Growth and Financial Inflection

Market acceptance of BRUKINSA has helped drive impressive product revenue growth resulting in a diversified geographic and product mix

Having built significant capabilities in commercial, R&D, and manufacturing, operating expense growth has moderated and operating margins are improving

Moving into 2024, we will continue advancing our next wave of 50+ potentially first- and best-in-class medicines

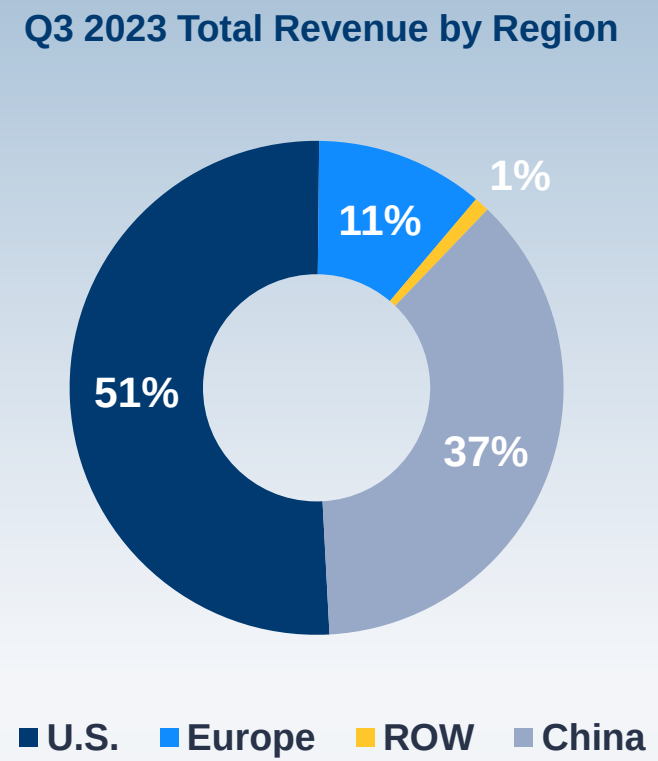
Significant Growth in Product Revenue and Diversified Mix in Geographies and Products

Revenue Growth

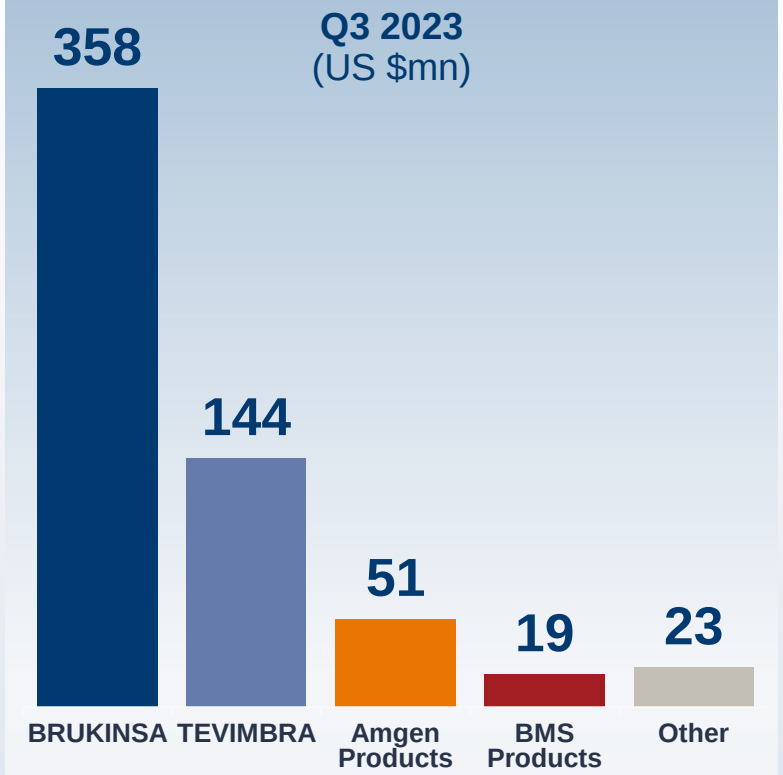
Significant global product revenue growth

- 1-year CAGR of 70%
- 3-year CAGR of 87%

Global Revenue Mix



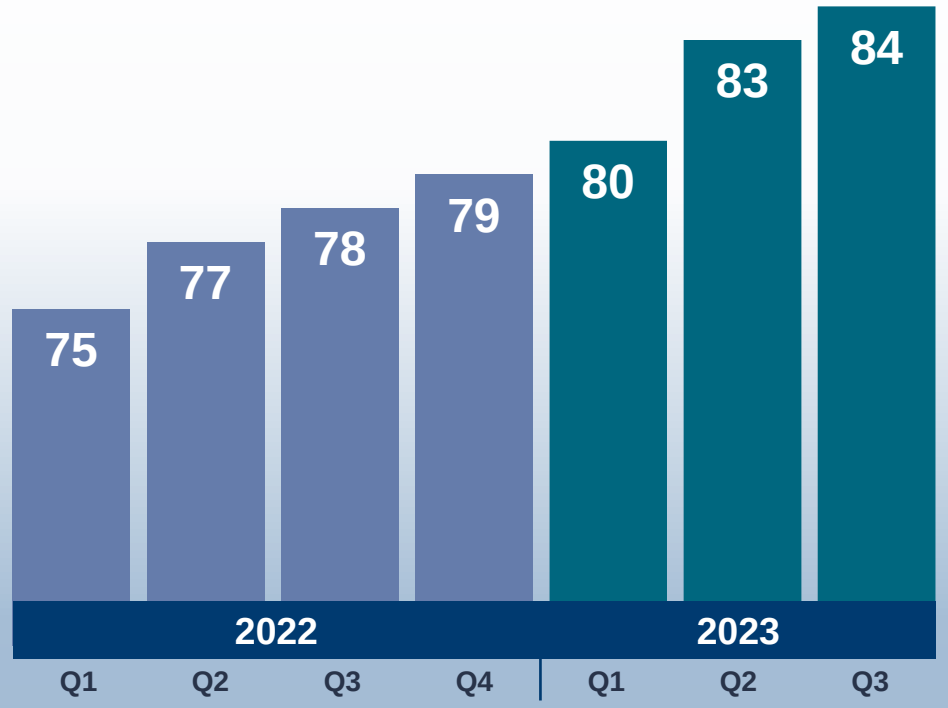
Revenue by Product



Note: Amgen collaboration includes China rights and global royalties to tarlatamab (DLL3) and xaluritamig (STEAP1)

Making Substantial Progress Toward Cash Generation

Gross Margin (%)



Adjusted Loss from Operations[1]

(1) Adjusted Loss from Operations is a non-GAAP financial measure that excludes from the corresponding GAAP measure costs related to share-based compensation, depreciation and amortization expense. A reconciliation of this non-GAAP measure to the comparable GAAP measure is included in the Appendix to this presentation.

Expanding Indications and Delivering New Innovation to Fuel Growth in 2024

Product

BRUKINSA

- Approval of FL in the U.S. (1Q24 PDUFA)
- Continue to broaden reimbursement and access across Europe

TEVIMBRA

- Approval of 1/2L NSCLC in the EU in 1H24
- Approval of 2L ESCC, 1L ESCC (July 2024 PDUFA)
- Submission of 1L ESCC and 1L gastric in EU in 1H24*

Pipeline

Sonrotoclax

- Ongoing Phase 3 in TN CLL
- Initiate Phase 3 in relapsed/ refractory CLL
- Additional data read outs in B-cell malignancies, MM, MDS and AML

BTK CDAC

- Initiate Phase 3 program for R/R MCL and R/R CLL
- Ongoing expansion cohort for R/R MCL (pivotal intent) and R/R CLL
- Additional data read out in B-cell malignancies

Tislelizumab Combinations

- Randomized phase 2 data with OX40, HPK1 and LAG3 in NSCLC
- Randomized phase 2 data with LAG3 and TIM3 in H&N cancer

Early Clinical Development

- Phase 2 dose identification for SMAC mimetic, CCR8, DGKζ, CDK4
- Initiate new trials including 4 ADC programs, EGFR-CDAC, PRMT5, pan-KRAS and bispecific antibodies
- Clinical validation of internal ADC platform – payload, linker and targets

*U.S. submission occurred in Q4 2023

BeiGene

1. Built differently to deliver impactful medicines, while addressing affordability through strategic cost and time advantages
2. Leading oncology innovator with proven track record and differentiated portfolio across heme and solid tumors
3. Exciting and transformational 2024

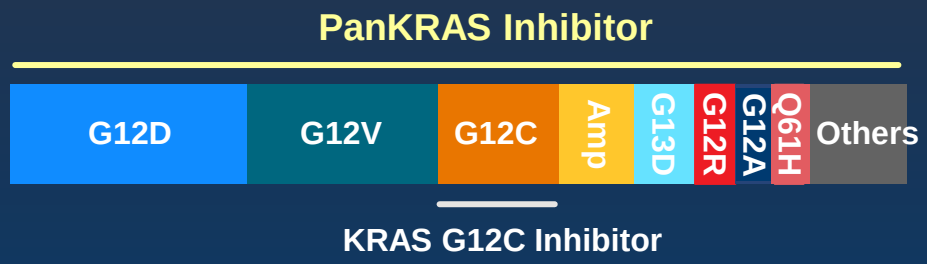

BeiGene

Appendix

PanKRAS Inhibitor

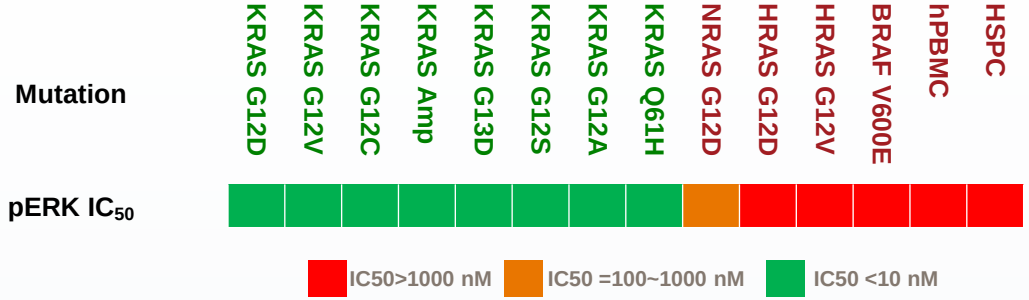
Address broad range of KRAS mutations in multiple tumor types

- KRAS mutations found in **~19% of all tumor types***
  - 20-25% in NSCLC; 43% in CRC; 87% in pancreatic adenocarcinomas
- **Address broad KRAS mutations**



- **Adult mice with inducible KRAS KO appears normal and healthy,** suggesting low risk to inhibit WT KRAS
- **Highly potent across different KRAS mutations** with good selectivity against N/HRAS
- **On track to enter clinic in 2024**

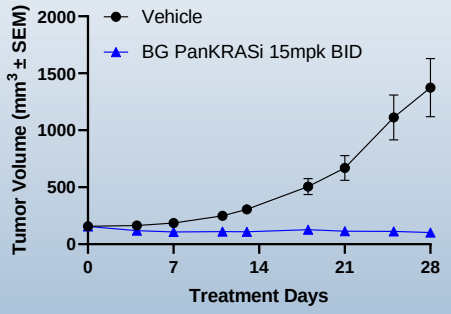
Robust activity in KRAS dependent cell lines, yet spares KRAS independent cells



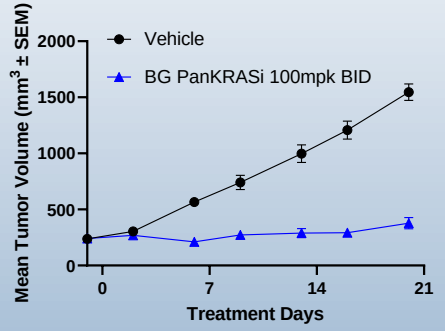
hPBMC: Human peripheral blood mononuclear cells; HSPC: human hematopoietic stem/progenitor cell

Strong anti-tumor efficacy in KRAS-driven xenograft models

RKN CDX model
(KRAS G12V driven leiomyosarcoma model)



SW1990 CDX model
(KRAS G12D driven PDAC model)



PanKRASi, PanKRAS inhibitor

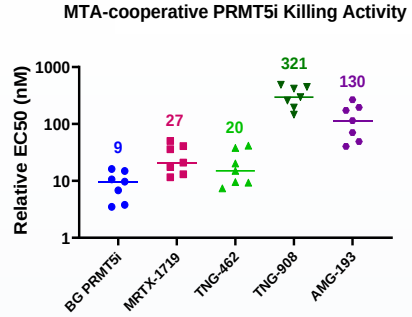
* Pharmacol Res. 2019 Jan;139:503-511.; Zhu, C.et al. Mol Cancer 21, 159 (2022); J Thorac Dis 2020;12(7):3776-3784

MTA-Cooperative PRMT5 Inhibitor

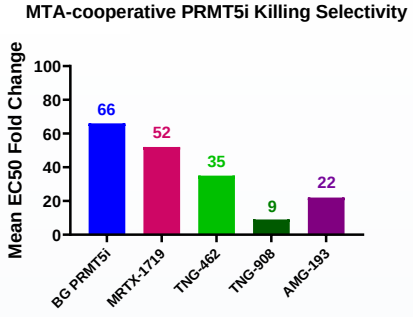
Next-generation PRMT5 inhibitor avoiding hematological toxicity

- **2nd generation, MTA-cooperative PRMT5 inhibitor** selectively kills MTAP-deletion tumor cells, yet spares normal hematological cells
- **MTAP-deletion is found in 15% of all tumor types***
  - 8% in lung adenocarcinoma and 19% in lung squamous cell carcinoma
  - 10% in gastric adenocarcinoma
  - 28% in esophageal adenocarcinoma
- **Compelling pharmacological properties**
  - Highly potent and selective for MTAP-deleted cells
  - Brain penetrative and good intracranial efficacy
  - Desirable half-life supports daily dosing
- **On track to enter clinic in 2024**

Stronger potency than leading competitors in MTAP^{DEL} cells



Different dots in the "Tumor Cells" panel indicate different tumor cell lines. Del, deletion



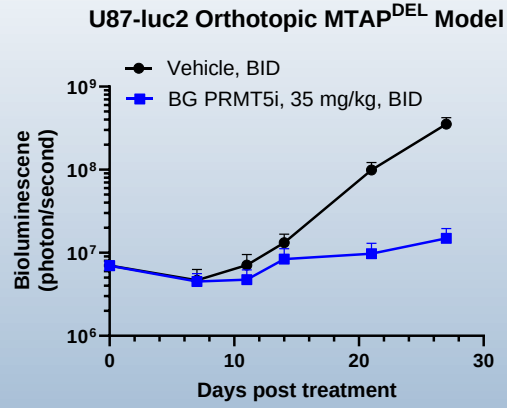
Mean EC50 fold change of cell killing in 7 MTAP^{DEL} and 2 MTAP^{WT} cell lines

Higher brain penetration than most leading competitors and good intracranial efficacy

	Kpuu,brain (mouse)
BG PRMT5i	**18%**
AMG-193	17.1%
TNG-908	6.8%

MRTX-1719 and TNG-462 are reported as **non-brain penetrative**

PRMT5i, PRMT5 inhibitor; DEL, deletion



PRMT5: protein arginine methyltransferases 5; MTA: methylthioadenosine; MTAP: methylthioadenosine phosphorylase

*2020 Globocan; Konstantinos. M et al. Science. 2016, 351(6278): 1208-1213.

B7-H3 ADC

BIC potential with stable DAR8 and strong bystander effect

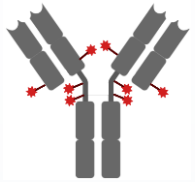
- **Highly expressed in multiple tumor types**, including lung, GI, head and neck and gynecological cancers*

B7-H3 Expression	LUSC	LUAD	ESCC	CPRC	HNSCC	EC	OC
Medium/High (H-score 101-300)	84%	39%	80%	74%	74%	89%	25%

- **Clinical validation** by DS-7300 in small cell lung cancer
- **Differentiated drug design with BIC potential**
  - **High DAR (DAR8)** to enhance payload delivery
  - **Proprietary drug-linker with strong bystander effect** to address tumor heterogeneity
  - **Stable conjugator** to improve stability and tumor presence
- **On track to enter clinic in 2024**

BG B7-H3 ADC: differentiated molecular design

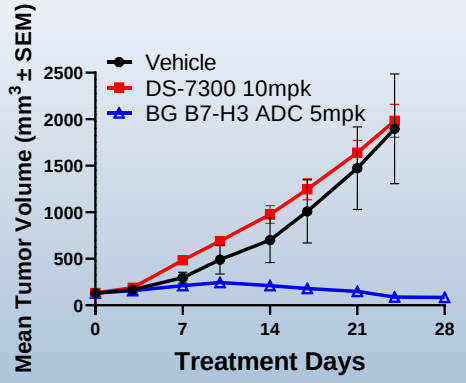
BG B7-H3 ADC

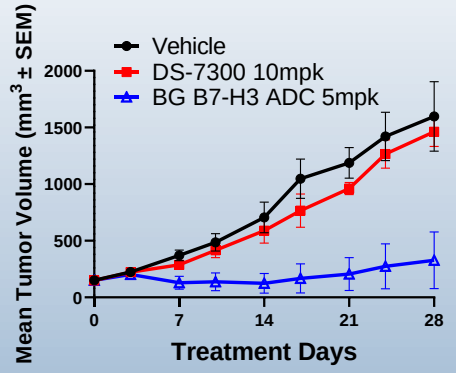


Attribute	DS-7300	BG B7H3 ADC	BeiGene advantage
DAR	4	8	**Higher DAR**
Payload-Linker	DXd-GGFG	TopoI inhibitor-hydrophilic linker	**Stronger bystander effect**
Conjugation	Traditional Cysteine conjugation	Stable conjugator	**Better stability**

TopoI, Topoisomerase I

Robust efficacy in DS-7300 resistant PDX models





Lead Competitor biosimilar used as benchmark

* Michiko Yamato et al., *Mol Cancer Ther*, 2022; LUSC: lung squamous cell carcinoma; LUAD: lung adenocarcinoma; ESCC: Esophageal squamous cell carcinoma; CPRC: castration-resistant prostate cancer; HNSCC, Head and neck squamous cell carcinoma; EC: endometrial cancer; OC: ovarian cancer

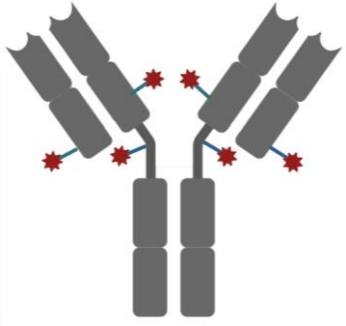
DS-7300 is B7-H3 ADC lead competitor from Daiichi Sankyo

B7-H4 ADC

Valuable asset to boost ADC pipeline in breast and gynecologic cancers

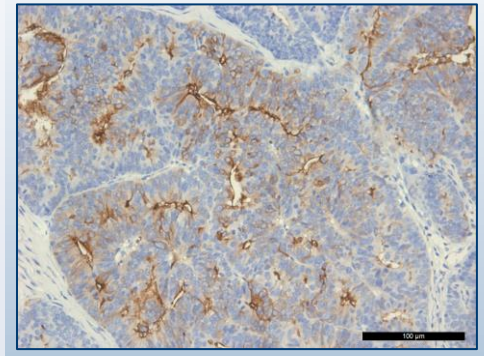
- **Attractive ADC target with b**road expression in breast and gynecologic cancers
  - ~45% in triple-negative breast cancer
  - ~60% in endometrial carcinomas
  - ~50% in ovarian cancer
- **Good chance to succeed in development**
  - Early clinical POC by HS-20089 and SGN-B7H4V in breast cancer
  - Robust ADC design leveraging technology from Duality Bio, a clinically validated ADC platform
  - Strong killing activity and good efficacy in PDX models
- **On track to enter clinic in 1H 2024**

BG B7-H4 ADC molecular design

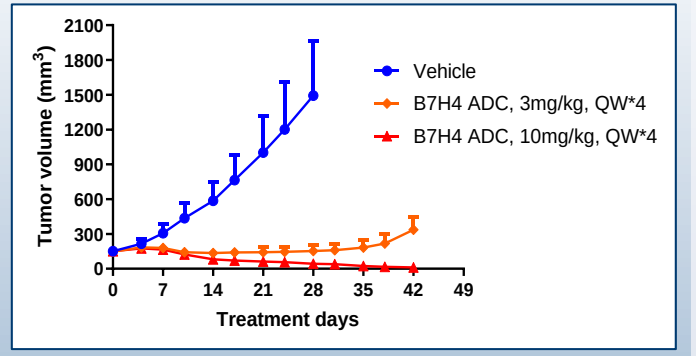


- Clinically validate drug linker design
- Non-Pgp substrate payload
- Strong bystander effect
- DAR6 to balance efficacy and toxicity

Robust efficacy in B7-H4 low/heterogeneous PDX model



Endometrial cancer (IHC 2+)



HS-20089 and SGN-B7H4V are B7H4 ADC from GSK/Hansoh and Pfizer/Seagen, respectively

Reconciliation and Calculation of Non-GAAP Financial Measurements

Reconciliation to adjusted loss from operations

($ in thousands)	Nine Months Ended September 30, 2023	Nine Months Ended September 30, 2022
GAAP loss from operations	**(823,941)**	**(1,321,043)**
Adjustments to GAAP loss from operations		
Plus: Share based compensation	274,836	225,036
Plus: Depreciation expense	59,574	45,255
Plus: Amortization expense	4,282	3,007
Adjusted loss from operations	**(485,249)**	**(1,047,745)**

BeiGene