三生制药 3SBIO INC. 1993-2023

2023年度业绩公告路演

2024年3月21日

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01 业绩亮点

董事长兼首席执行官

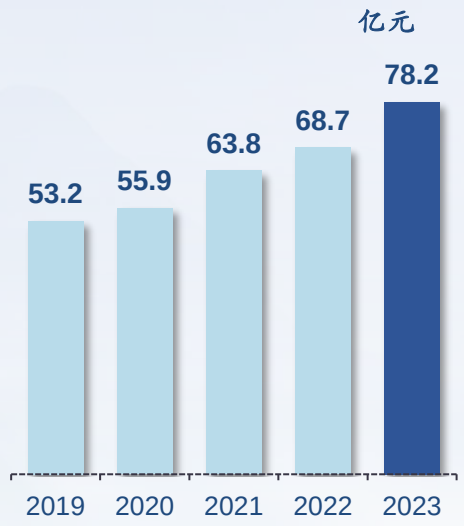
娄竞 博士

2023年业绩摘要

收入

13.8%

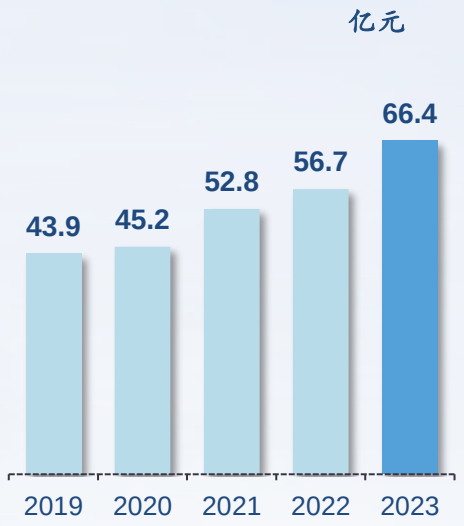
YOY



毛利

17.1% YOY

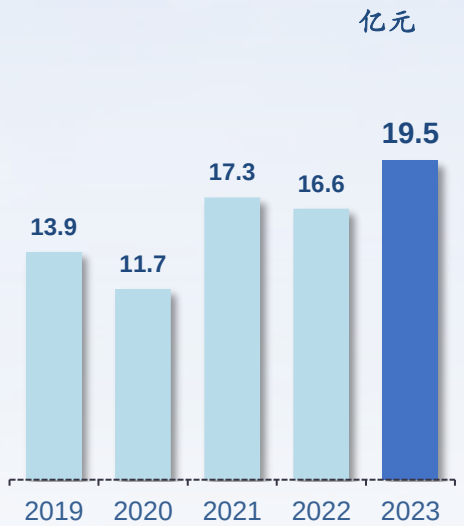
毛利率：**85.0%**



经调整的经营性归母净利润

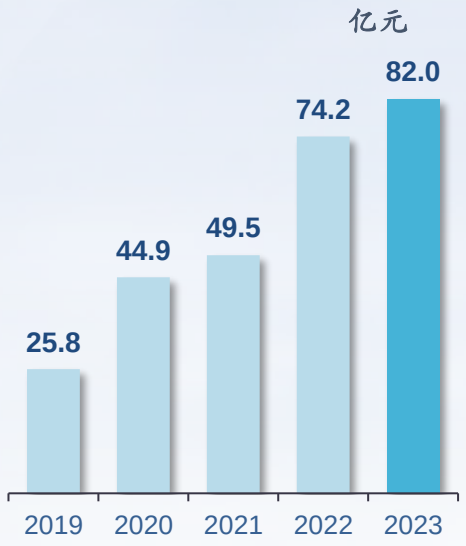
17.7%

YOY

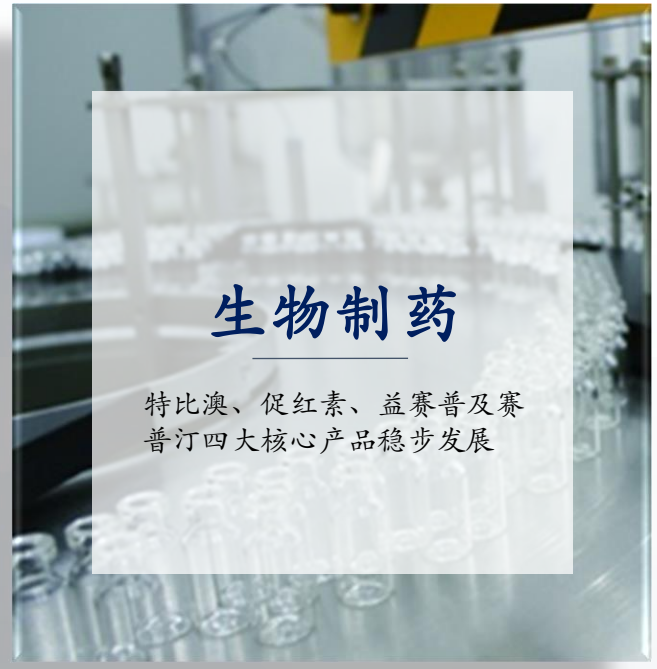


财务资源

82亿元



板块业绩概览



生物制药

特比澳、促红素、益赛普及赛普汀四大核心产品稳步发展

2023收入同比增长 **14%**

至RMB**60**亿元

毛发皮肤

蔓迪蝉联中国生发药物第一品牌；

引进全球独家痤疮治疗用药Winlevi

走向更广阔的皮科市场

2023收入同比增长 **26%** YOY

至RMB **11.4**亿元

CDMO

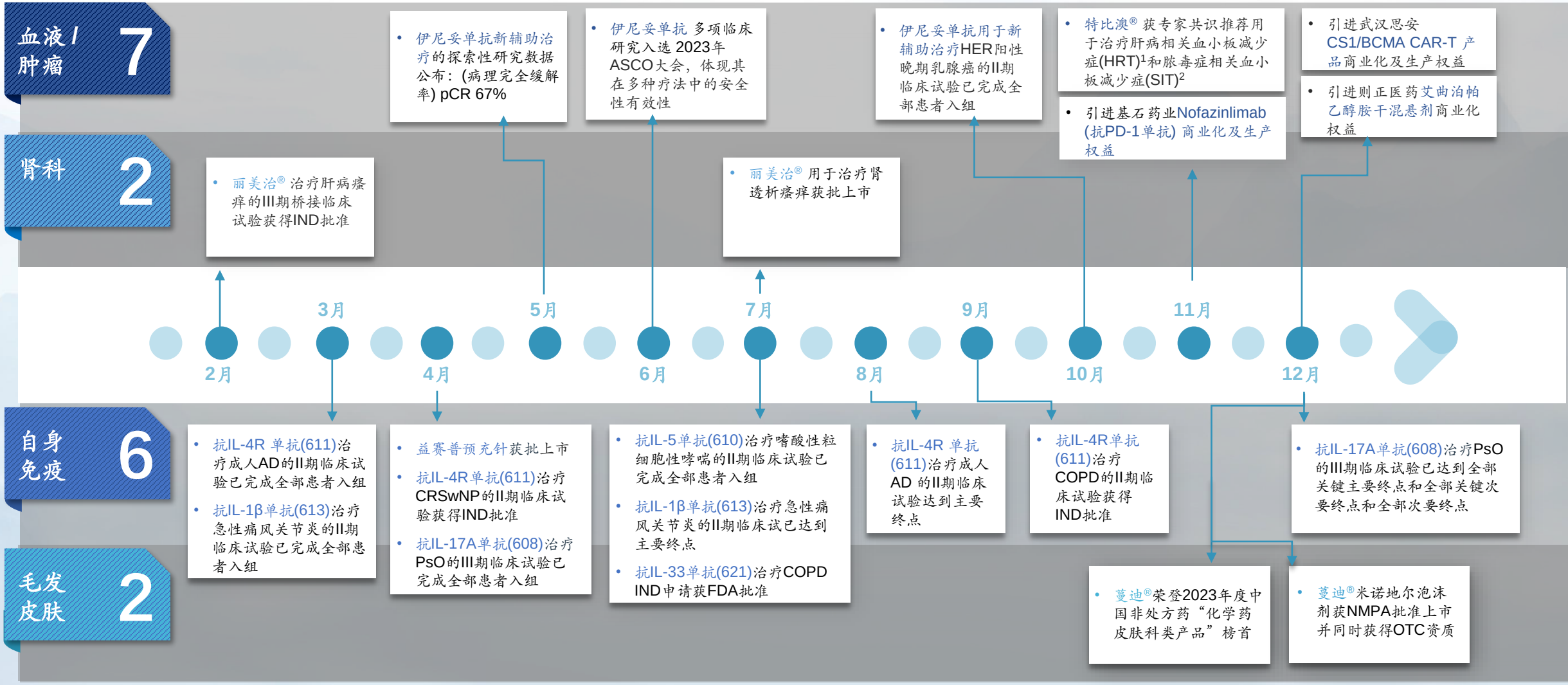
为客户提供高性价比、全流程服务能力

2023收入同比增长 **4.9%**

至RMB **1.7** 亿元

24.5%	32.1%	34.0%	31.3%	13.8%
2013-2023 收入 CAGR	2013-2023 净利润CAGR	2013-2023 总资产CAGR	2013-2023 净资产CAGR	2013-2023 平均 ROE

2023年业务里程碑



1《肝病相关血小板减少症临床管理中国专家共识》
2《脓毒症相关的血小板减少症临床诊疗中国专家共识》

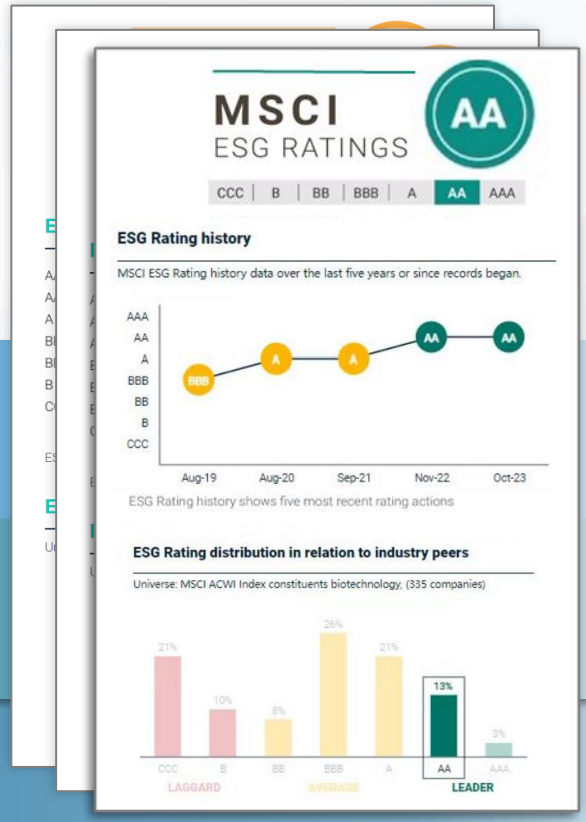
持续精进ESG治理

北京仁泽公益基金会 BeiJing RenZe Foundation

红遍中国

益肾论道 基石引领经典

- 勇担社会责任，积极投身公益
- 支持“强直性脊柱炎健康乡村工程”，累计帮助、救治强直、肿瘤、透析等患者数万人
- ESG治理获MSCI **AA**评级,超过全球**84%**的生物科技公司
- 入选标普全球《可持续发展年鉴（中国版）2023》



02 业绩概况

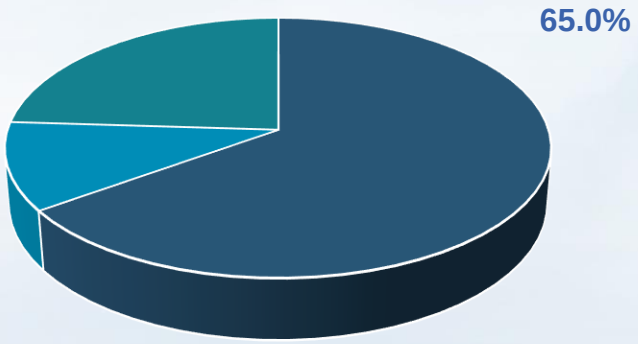
生物制药

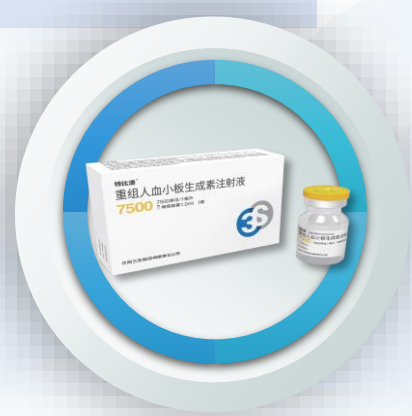
特比澳—全球唯一商业化重组人血小板生成素

特比澳2023年销售收入

1 市占率首位

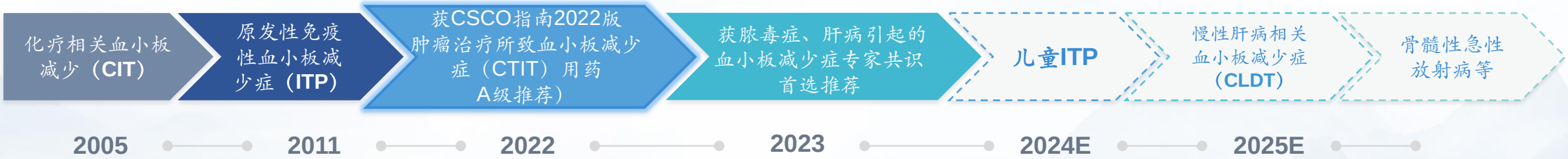
以销售额计市占率**65%** [1]，继续居于升血小板药物市场首位

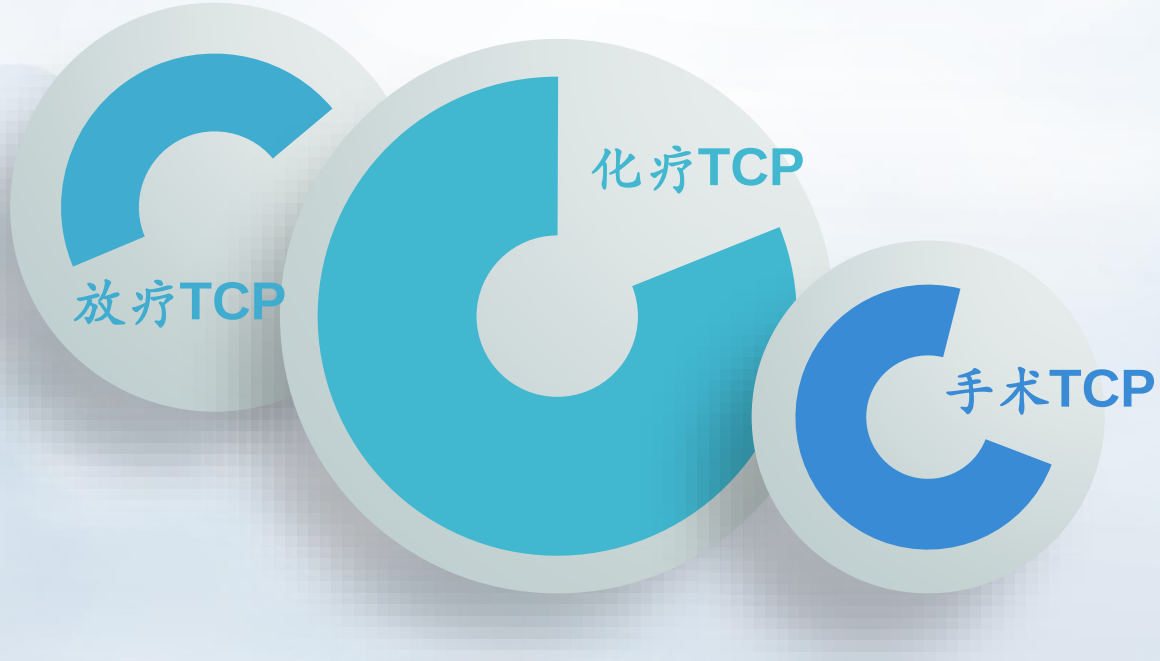




1.数据来源： IQVIA 2023年1-12月，市场总量包含重组人血小板生成素，白介素-11,泊帕类及罗普司亭

特比澳—持续提升人群覆盖





100万 | **化疗TCP**
目前主要肿瘤适应症的覆盖领域，持续下沉

30万 | **放疗TCP**
PLT低于$75*10^9$则治疗中断率接近50%

20万 | **手术TCP**
创口较大手术的PLT阈值不得低于$100*10^9$

促红素-益比奥 & 赛博尔双品牌

促红素2023年销售收入

百万元

1 **市占率首位**

两品种市占率**42%**[1]，稳居EPO产品市占率第一

- **益比奥®**质量标准达到**欧洲药典**标准，获得临床充分认可
- 诊疗指南增加应用推荐[2]，肿瘤领域渗透率**双位数**提升
- 围手术期贫血适应症纳入2023版医保支付范围，打开**千万人群**潜在市场

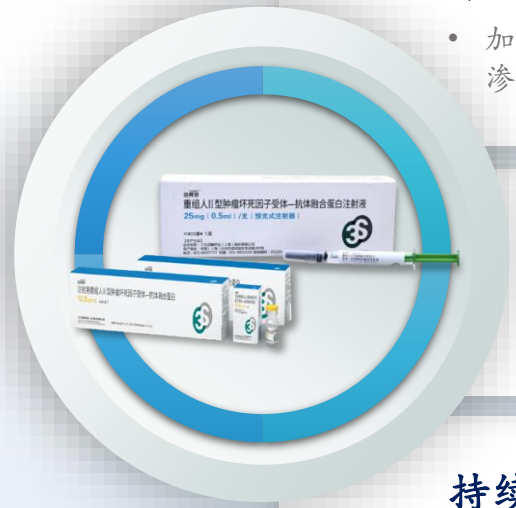
1. 市占率数据来源：IQVIA
2. 《肿瘤相关性贫血实践指南2022》增加36000IU EPO 对于MDS（骨髓异常增生综合征）的Ⅰ级推荐；卫健委《2021年质控工作改进目标的函（国卫医质量便函[2021]51号）》

益赛普-多维探索，积极应对变革

益赛普2023年销售收入

百万元

YOY：10.5%



市场渗透率提升

- 加大医院覆盖和相关科室覆盖，加快市场渗透

拓展新剂型

- 预充剂型已获批准，5月上市销售

持续基层下沉

- 积极推动基药目录准入工作、乡村振兴项目，提高基层诊疗水平，巩固先入优势

赛普汀-为患者提供更多选择

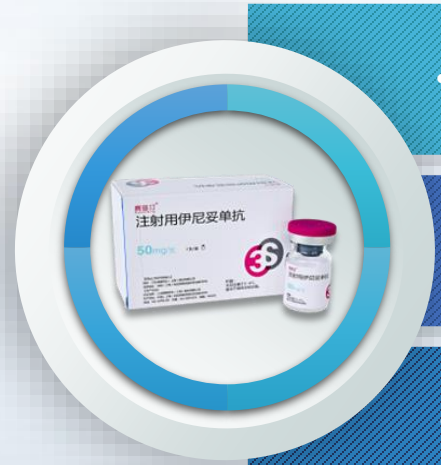
赛普汀2023年销售收入

百万元

HER2阳性晚期乳腺癌H治疗用药
I级推荐

I级推荐：（1）THP（IA）；（2）TXH（2A）

--抗HER2单抗（H），包括我国已上市的曲妥珠单抗、生物类似药、伊尼妥单抗



- 医院数量持续增加
- 循证医学证据积累，医生与患者认同度提升
- 药品可及性改善

毛发皮肤

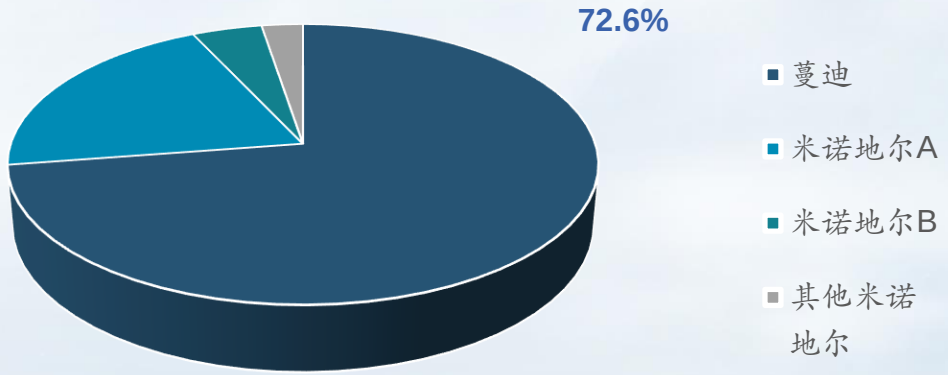
蔓迪-安全有效的外用生发药物龙头

蔓迪2023年销售收入

百万元

1 市占率首位

蔓迪在医疗机构市占率**73%**，稳居米诺地尔市场第一[1]



1. 市占率数据来源：CPA

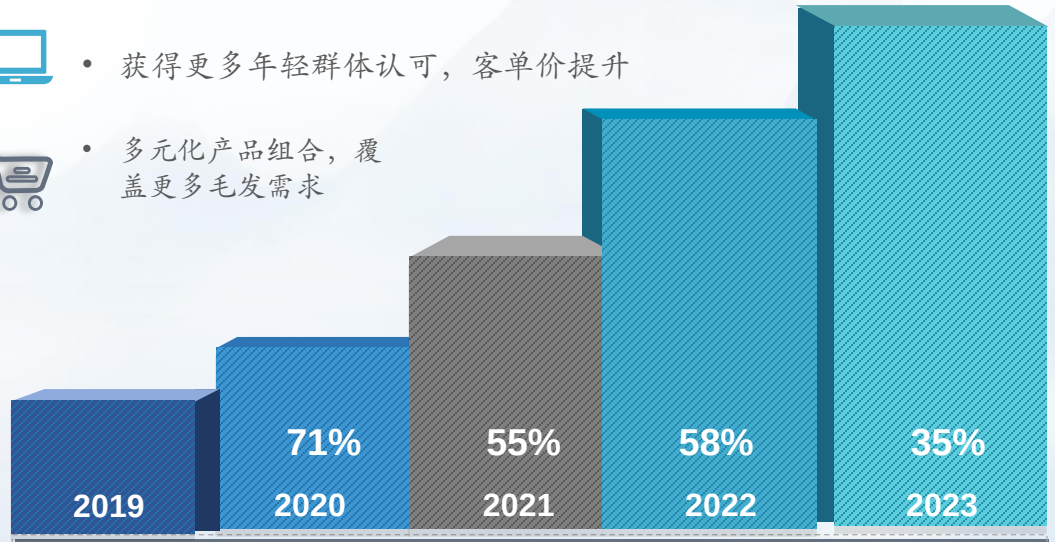
释放消费属性，数字化营销引领品牌成长

科学有效的生发选择正在赢得更多认可

- 米诺地尔作为科学、有效、安全、便捷的生发用药认可度持续提升，蔓迪荣登2023年OTC皮肤类化药榜首

数据来源：EvaluatePharma, Insights数据库

- 蔓迪（5%浓度米诺地尔）获中国女性雄激素脱发（FAGA）指南最高等级推荐
- 强化“男女分量”策略，释放女性客户购买力
- 获得更多年轻群体认可，客单价提升
- 多元化产品组合，覆盖更多毛发需求



数字化营销覆盖最广泛人群

- 持续与头部平台深度合作
- 把握新媒体运营平台，扩展电商营销新渠道

天猫 | AliHealth 阿里健康大药房 | 京东 京东大药房 | 美团·买药 | 抖音 | 小红书

打造产品矩阵，扩展品牌价值

蔓迪 精灵瓶

- 2023年6月推出
- 发际线专属，升级配套给药装置，提升使用便利度

蔓迪 洗发水&护发素

二硫化硒去屑洗发水

- 温和去油屑，米诺地尔新搭档；
- 拓展蔓迪品牌在毛发领域的更多生活场景

女士盈润护发素

蔓迪 泡沫剂

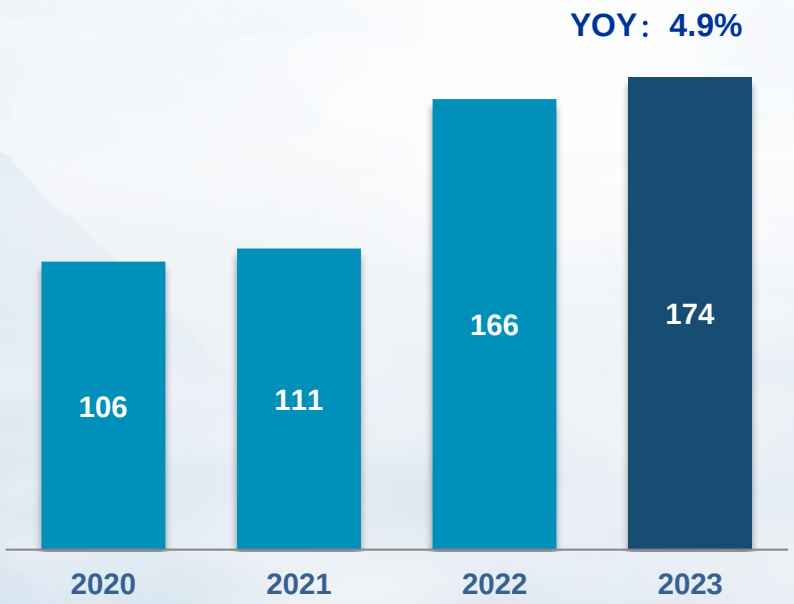
- 2024年1月获批OTC上市；2024年2月投放市场
- 全新配方不含丙二醇，填补敏感人群用药空白
- 创新技术，快速促渗，高效吸收

CDMO

国内CDMO服务先行者

CDMO业务2023年收入

百万元



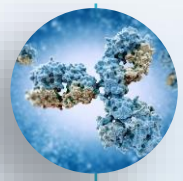
93% 收入来自商业化项目

73% 客户保持率

61 个新订单于2023年签订

2 亿元在手订单

- **上海基地**：自主研发的亲和填料完成DMF备案及商标注册，进一步发挥规模和成本优势



- **沈阳基地**：合作单抗产品技术转移中
- **广东基地**：FDA制剂产品生产服务；CAR-T产品技术转移中

- **意大利Sirton**：为约20家客户提供长期服务；新产线已获欧盟GMP认证，多家新客户业务洽谈中

差异化优势支持客户产品开发

- **4**大基地，提供全面的生物制药研发、生产能力覆盖

生物药 | 制剂 | 基因与细胞治疗 | 培养基 | 亲和层析填料

- 原液和制剂产线已获得中国及欧盟GMP认证，准备迎接**FDA审查**

中国GMP认证 → 欧盟GMP认证 → 美国FDA认证准备中

晟国医药

一次性+不锈钢灵活布局
提供专业的生物药研发及生产服务

德生生物

7.6万升细胞培养产能投入使用

广东三生

质粒、mRNA、病毒载体、细胞治疗等CGT服务

Sirton

欧盟标准多剂型CMO服务

7 个国家/地区GMP认证

30年 生物药研发生产经验

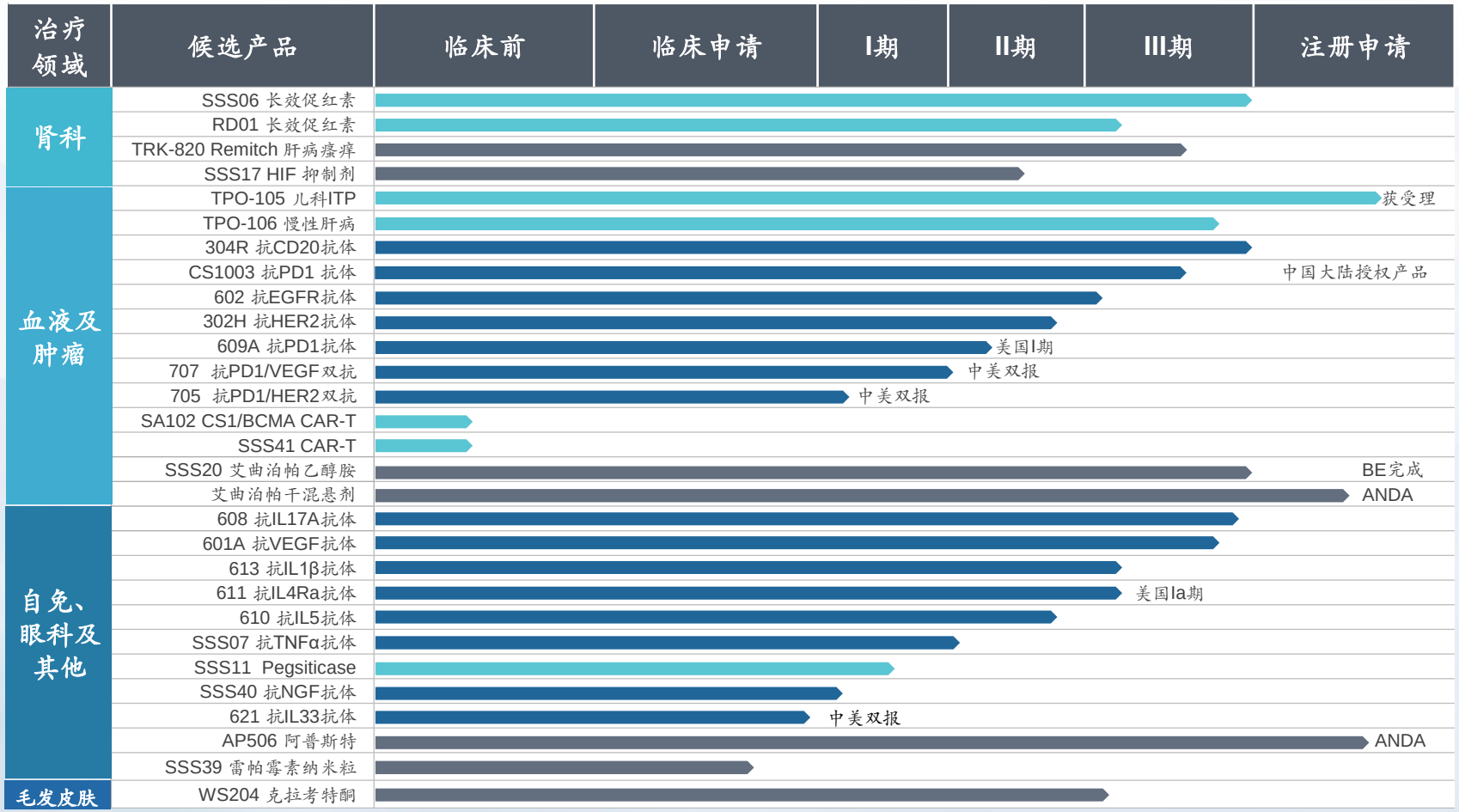
30年 无事故安全生产

40+ 药品国内外上市经验

>10万升 有效产能稳定运营

03 新药研发

研发管线



2 临床前

6 IND&临床I期

6 临床II期

12 临床III期&NDA

3 BE/ANDA产品

5 个产品
于23年获批上市
或通过一致性评价

重点研发管线-肾科

SSS06 NuPIAO（rESA）
长效EPO
NDA 准备中

Remitch (盐酸那呋拉啡口崩片)
CLD引起的瘙痒
Phase III

RD 01 PEG-EPO
长效EPO
Phase III

SSS17 HIF 抑制剂
CKD贫血
Phase II

SSS06
糖基化位点修饰EPO

10% 肿瘤贫血治疗渗透率

- 半衰期延长，给药间隔延长至两周，匹配化疗患者治疗周期
- III期达到终点，数据显示SSS06临床安全有效；上市申报准备中
- 同类药物国内排名 第二位

2024 预计NDA

Remitch
盐酸那呋拉啡口崩片

透析瘙痒目标人群
>30w

肝病瘙痒目标人群
>100w

- 不同肝病种类中，瘙痒发病率为5%-70%
- 肝病瘙痒的患者中超过57%对现有治疗无效

酒精性脂肪肝，6200万例
肝硬化 丙肝
慢性乙肝，9000万例
非酒精脂肪肝，1.7-3.1亿例

2024 预计NDA

重点研发管线-血液/肿瘤

TPO-105&106

儿童ITP，慢性肝病血小板减少（III期临床）

NDA 审评中

艾曲泊帕干混悬剂

ITP，SAA

NDA 优先审评中

CS1003(抗PD-1抗体)

肝细胞癌HCC

Phase III

赛普汀

Her-2阳性乳腺癌 新辅助

Phase II

707 (VEGF/PD-1双抗)

实体瘤

Phase I

探索新适应症

特比澳： 每年**1.3万**新发儿童ITP患者[1]以及**35万+**CLDT患者[2]，临床充分验证安全性及有效性；

获《肝病相关血小板减少症临床管理中国专家共识》推荐用于治疗肝病相关血小板减少症（HRT）

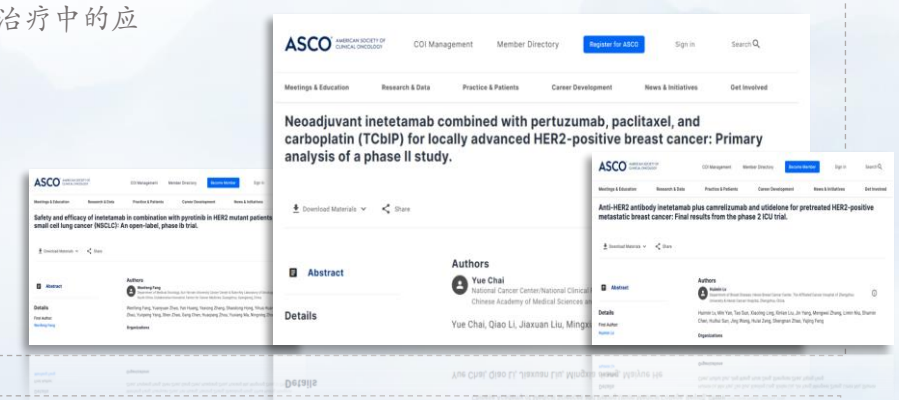
赛普汀： 探索在Her-2阳性乳腺癌**新辅助**治疗中的应用，拓展乳腺癌患者覆盖面

2023 ASCO大会发表伊尼妥单抗

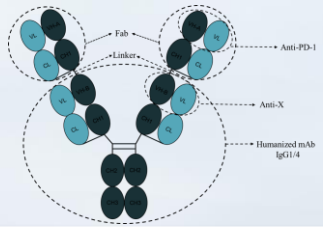
1）联合吡咯替尼治疗HER2突变型NSCLC；

2）联合帕妥珠单抗、紫杉醇和卡铂用于乳腺癌新辅助；

3）联合卡瑞利珠与优替德隆治疗转移性乳腺癌 等三篇研究报告



开发新分子



CLF²（common light chain Linear-Fabs-IgG）双抗平台

707 (VEGF/PD-1双抗）：

- 依托集团CLF²专利平台开发的靶向VEGF/PD-1双抗
- **全球进展第二**，已于国内开展晚期或转移性实体瘤患者的Ia期临床研究，美国IND已获批

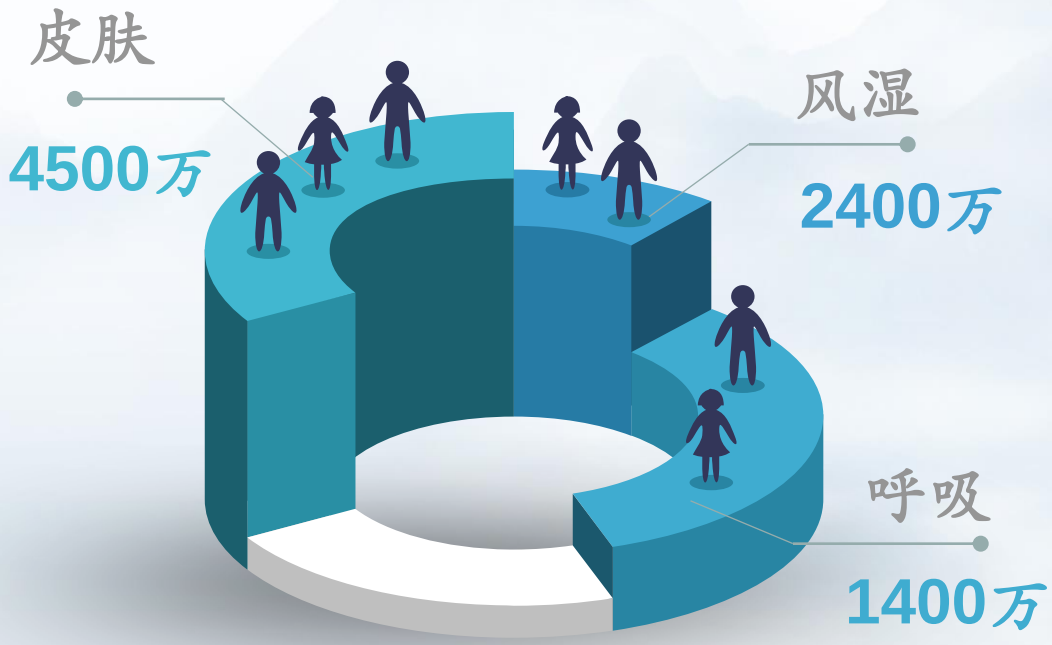
1.数据来源：儿童原发性免疫性血小板减少症诊疗规范

2.数据来源:李冰,陈国凤. 慢性肝病患者血小板减少原因及治疗研究进展[J]. 人民军医,2014,57(9):1024-1025,1030. 数据测算方法：肝硬化患者中血小板减少至低于5万，需进行侵入性操作的人群

重点研发管线-自免

聚焦中国自免的广阔市场

	适应症	IND	Ph I	Ph II	Ph III	NDA
608 抗IL-17A 单抗	中重度斑块状银屑病					2024E
	强直性脊柱炎					
	中轴性脊柱炎					
613 抗IL-1β单抗	痛风关节炎				2025E	
611 抗IL-4R 单抗	成人特应性皮炎（AD）				2026E	
	AD（美国）					
	慢性鼻窦炎伴鼻息肉					
	慢阻肺（COPD）					
	儿童及青少年（AD）					
610 抗IL-5单抗	嗜酸性粒细胞哮喘				2027E	
621 抗IL-33单抗	慢阻肺（COPD）					



重点研发管线-毛发皮肤

Winlevi® (clascoterone) cream 1%

1st

FDA 40年来批准的首个新机制痤疮治疗用药

- Winlevi®是Cosmo 开发的**全球首款**上市的针对12岁以及上的寻常痤疮患者的外用雄激素受体抑制剂，于2021年11月获得FDA批准上市[1]

67万

美国处方量最大的痤疮用药

- Winlevi®已经成为美国市场处方量**最大**的痤疮药物，截至2023年7月，有超过**1.5万**名的医生开具了该款药品的处方，处方量超**67万张**[2]

95%

以上中国人有
不同程度的痤疮问题

1亿

年龄介于10至25岁的
年轻群体有寻常痤疮

3-7%

的比例出现痤疮瘢痕，
对患者的生理和心理造
成损害

WS204 克拉考特酮乳膏剂

12岁以上寻常痤疮

Bridging Trial | Phase III

1：www.winlevi.com
2：Cosmopharma 2023半年度报告

重点管线品种上市展望

集团管线 重点品种	预计NDA 申报时间
艾曲泊帕干混悬剂 ITP和重型再生障碍性贫血	2023 已纳入优先审评
SSS06 (长效EPO) CKD贫血	2024
608 (IL-17A) 中重度银屑病适应症	2024
613(IL-1β) 急性痛风关节炎适应症	2025
Winlevi® 12岁以上寻常痤疮	2025
611(IL-4R) 成人特应性皮炎适应症	2026
610(IL-5) 嗜酸性粒细胞哮喘适应症	2027

SSS06 (重组红细胞生成刺激蛋白注射液)

III期临床显示安全有效

- 二代 EPO, 半衰期延长，给药间隔可延长至**两周**，匹配化疗患者治疗周期
- III期数据显示SSS06临床安全有效，用药后血红蛋白（Hb）变化与现有EPO**一致**
- 临床III期**已完成，**将于近期提交上市申报，同类国内排名**第二**

2024
预计NDA

rhEPO 和 SSS06 临床疗效数据对比：

	rhEPO （维持筛选剂量）	rESA QOW （50ug 起始剂量）
平均基线血红蛋白(g/L)	110.4	**110.5**
评价期平均血红蛋白(g/L)	108.5	**108.6**
主要疗效终点		
评价期平均Hb相对基线变化(g/L)	-1.8	**-1.87**
评价期平均Hb相较基线变化量修正均数(g/L)	-1.6（0,956）	**-1.46（1.000）**
修正均数差值(95% CI)		**0.12(-1.8, 2.1)**

608（抗IL-17A 单抗）

PsO II期临床数据显示确切疗效

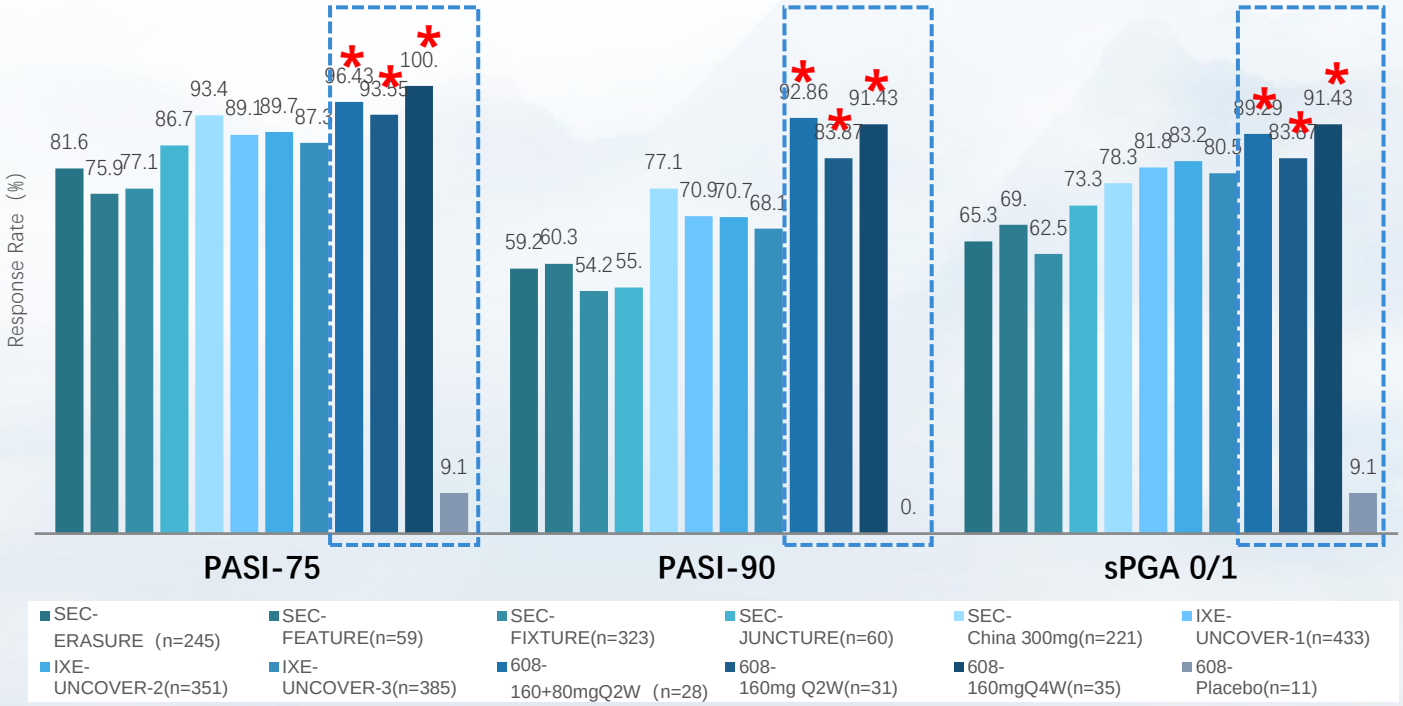
- 12周数据显示，608各剂量组疗效并明显优于安慰剂组及已上市品种

	608A组（n=28）	608B组（n=31）	608C组（n=35）	安慰剂（n=11）	司库奇尤单抗 300mg（W0~W4 QW）+ Q4W
PASI 75	96.4%	93.5%	100.0%	9.1%	80.6%
PASI 90	92.9%	83.9%	91.4%	0.0%	57.2%
PASI 100	46.4%	48.4%	57.1%	0.0%	33.6%
sPGA 0/1	89.3%	83.9%	91.4%	9.1%	67.9%
PASI 75 +sPGA 0/1	89.3%	83.9%	91.4%	9.1%	/
PASI 90 +sPGA 0/1	89.3%	80.6%	91.4%	0	/

- 研发进展位列国内第三位

2024 预计NDA

608、司库奇尤单抗、依奇珠单抗银屑病患者12周主要终点数据



注：T=试验药物，P=安慰剂组

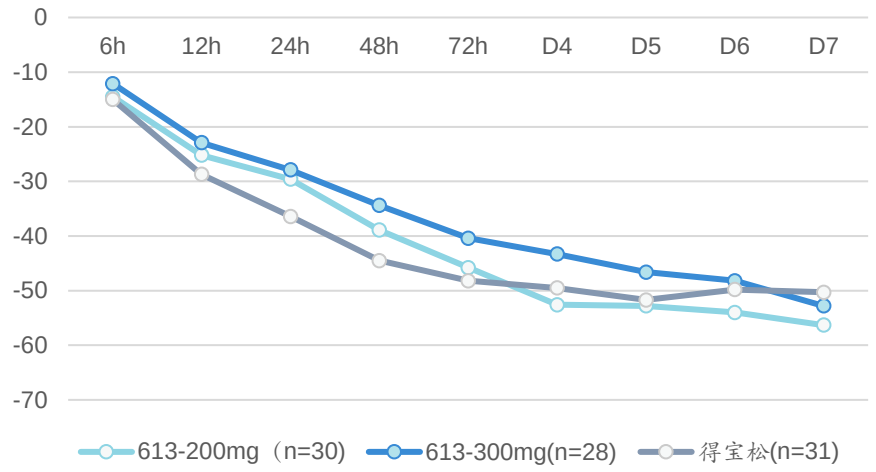
1. 608 A组代表：160mg LD(loading dose)+80mg Q2W，608 B组代表：160mg Q2W；**608 C组代表**：160mg Q4W
2. PASI75, PASI90,PASI100分别定义为PASI较基线改善≥75%，≥90%和≥100%
3. sPGA 0/1定义为sPGA为0分或1分，且较基线降低≥2分；sPGA 0定义为银屑病皮损完全消退

613 (抗IL1β 单抗)

急性痛风性关节炎II期临床达到主要终点

- 给药后6小时即开始起效
- 随给药时间推移，613在改善疼痛方面优于对照组

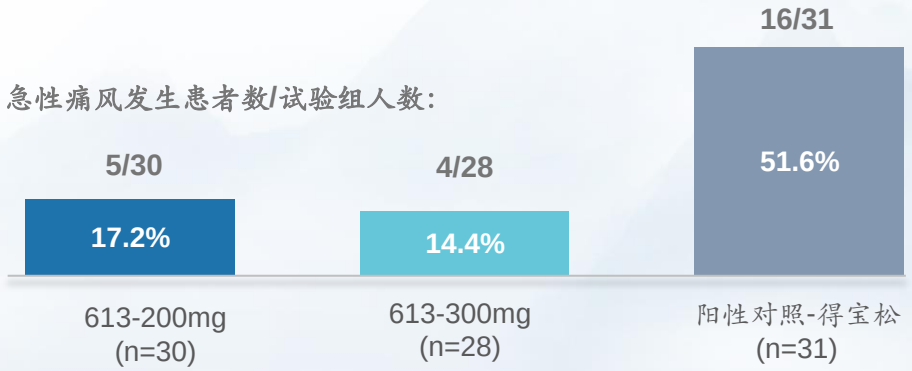
目标关节疼痛VAS评分较基线变化均值



- 研发进展位列同靶点国内第二位

2025
预计NDA

给药后12周新的痛风急性发作发生率显著低于对照



企业名称	适应症	产品代码
长春金赛	急性痛风性关节炎III期招募中 幼年特发性关节炎I/II期招募完成 晚期恶性实体瘤I期招募中	金纳单抗
三生国健	急性痛风性关节炎III期临床试验已完成首例患者入组 间歇期痛风关节炎适应症II期招募中	SSGJ-613
交晨生物	预防结直肠癌患者的化疗性腹泻II期 痛风性关节炎II期； 预防化疗毒副作用和治疗复发转移结直肠癌II期 用于预防化疗毒副作用I期	UA007

611 (抗IL-4R 单抗)

特应性皮炎II期临床疗效明显优于对照

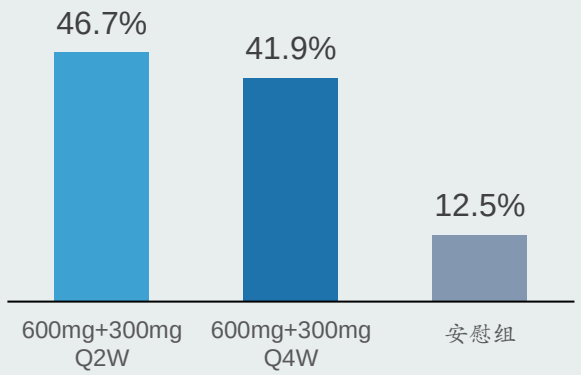
- 16周数据显示同等剂量下611在 EASI-75和缓解瘙痒方面表现高于已上市同靶点药物

剂量组	EASI 75[2]	IGA 0 /1	EASI 50	NRS ≥4[3]
组A[1] N=30	**60%**	**33.3%**	**73.3%**	**46.7%**
组B N=31	48.4%	35.5%	77.4%	45.2%
安慰剂 N=32	15.6%	9.4%	18.8%	15.6%
达必妥（Q2W）	48~51%	27~36%	65~69%	36~41%

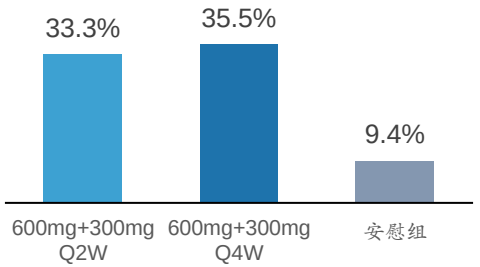
- 国内研发进展位列国内**第三**位

2026
预计NDA

IGA 较基线降低≥2分



IGA 0/1[4]且 较基线降低≥2分



企业名称	适应症	产品代码
康诺亚	特应性皮炎 NDA获受理 慢性鼻窦炎伴鼻息肉病III期已完成 哮喘II/III期 招募中	CM310
康乃德	中度至重度特应性皮炎 II期 已完成； 中重度合并2型炎症的持续性哮喘II期 招募完成	CBP-201
三生国健	特应性皮炎 II期 已达到主要临床终点，III期首例患者已入组 CRSwNP II期已完成招募，COPD II期招募中	SSGJ-611

1. 611组A代表：600mg LD(loading dose)+300mg Q2W，组B代表：600 mgLD+300mg Q4W；
2. EASI75,,EASI50分别定义为EASI较基线改善≥75%和≥50%
3. 瘙痒数字模拟评分表NRS≥4分定义为瘙痒NRS的周平均值较基线降低≥4分
4. IGA 0/1定义为IGA为0分(皮损完全清除)或1分（皮损几乎完全清除）

610 (抗-IL5 单抗)

显著改善重度哮喘患者的肺功能

- 研发进展位列国内第一位

企业名称	产品代码	适应症
三生国健	SSGJ-610	嗜酸性粒细胞哮喘II期已完成
恒瑞医药	SHR-1703	嗜酸性粒细胞哮喘II期完成招募；哮喘I期招募中；支气管哮喘I期已完成招募
百奥泰	美泊利珠单抗-BAT 2606	慢性鼻窦炎伴鼻息肉病I期招募完成

- 重度嗜酸性粒细胞哮喘患者的II期临床已达终点

2027
预计NDA

II期数据显示与基线相比 FEV[1]显著改善

1. FEV1，即第1秒用力呼气量，是哮喘临床试验常用的替代终点，与临床终点哮喘恶化间有良好的相关性

2: Mep=Mepolizumab，Ben=Benralizumab, Res=Reslizumab

601A（抗VEGF单抗）

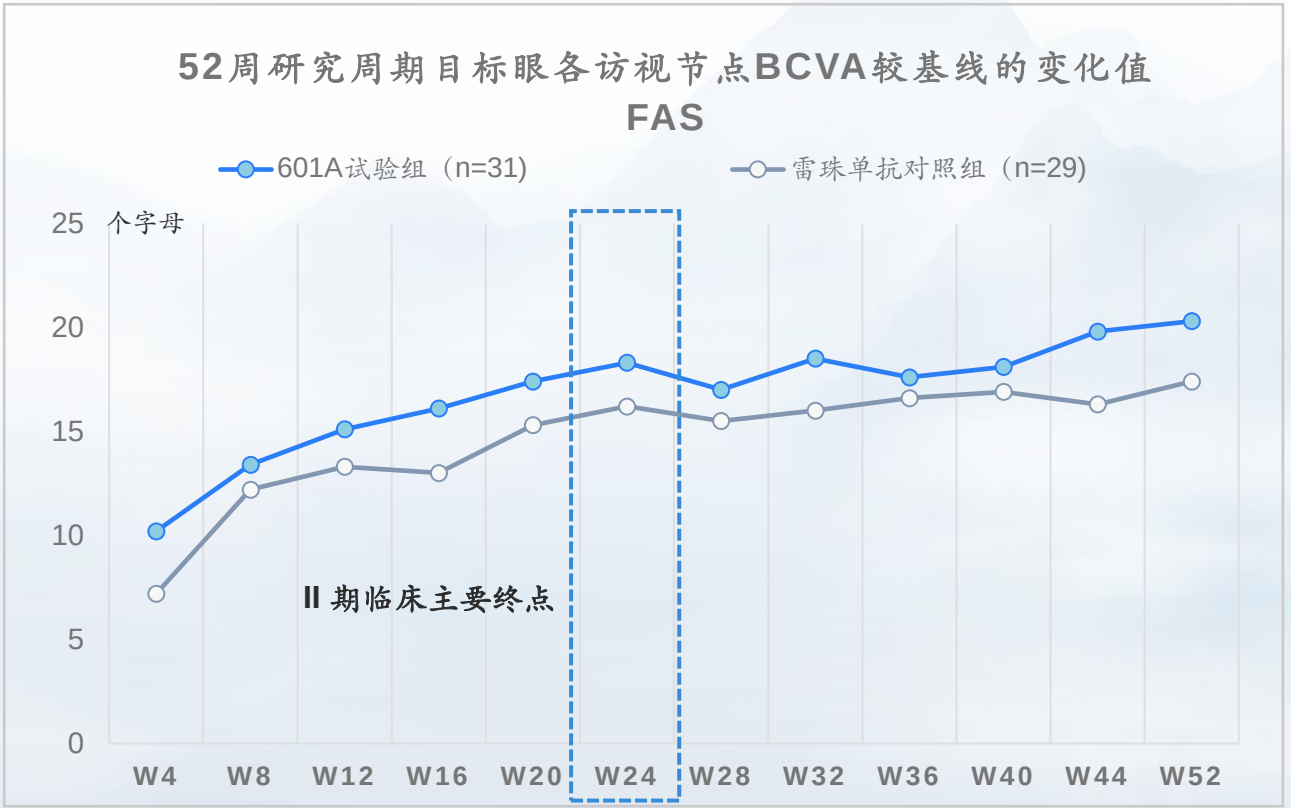
BRVO II期临床数据显示确切疗效

- 24周数据显示，601A主要和关键疗效均表现出较雷珠单抗更优的趋势

主要和关键疗效指标	601A试验组（n=31）	雷珠单抗对照组(n=29)
目标眼24周BCVA较基线变化（个字母）		
均值(标准差)	**18.3 (12.87)**	16.2 (10.50)
目标眼24周CRT较基线变化（um）		
均值(标准差)	**-310.6 (231.53)**	-301.5 (174.83)

- BRVO III期临床正在入组中

2025 预计NDA



1. BCVA:最佳矫正视力
2. CRT:平均中心视网膜厚度

合作产品-Nofazinlimab / CS1003 (抗PD-1 单抗)

CS1003-102[1]临床试验显示CS1003 联合仑伐替尼一线治疗肝细胞癌的PoC数据优异

- 在该项治疗一线肝细胞癌的1b期研究(n=20)中，CS1003 (200mg Q3W) 联合仑伐替尼的治疗方案对比其他产品取得了更高的客观缓解率(ORR) 和更长的疾病无进展生存期(PFS)

➢ ORR 45.0%, DCR 90.0%.中位持续缓解时间（mDOR）至数据截止时仍未达到，范围为4.2至18.7+月。

➢ 中位无进展生存期mPFS为 10.4个月, 6个月和12个月无进展生存率（PFS%）分别为85.0% 和48.2%。

➢中位总生存期（mOS）至数据截止时未达到，中位数为18个月+

候选产品	CS1003+仑伐替尼	K药+仑伐替尼 (LEAP-002)	阿替利珠+贝伐珠 (IMbrave150 中国患者)	卡瑞利珠+阿帕替尼	曲美木+度伐利尤 (HIMALAYA)	信迪利+贝伐珠 (ORIENT-32)
公司	基石药业	默沙东	罗氏	恒瑞	阿斯利康	信达生物
ORR	45%	26.10%	25%	25.40%	20.10%	20.50%
mPFS (月)	10.4	8.2	5.7	5.6	6.8	4.6

CS1003-102临床试验显示CS1003联合仑伐替尼一线治疗不可切除的肝细胞癌安全性耐受良好

临床试验	CS1003-102 ph 1 N=20	KEYNOTE 524[2] ph 1b N=100	LEAP002[3] ph 3 N=395
剂量方案	CS1003: 200mg q3w 仑伐: 12mg (≥60kg), 8mg (＜60kg)	K药: 200mg q3w 仑伐: 12mg (≥60kg), 8mg (＜60kg)	K药: 200mg q3w 仑伐: 12mg (≥60kg), 8mg (＜60kg)
人种	中国人	>50% 白种人	70% 白种人+ 日本人
肿瘤类型	1L HCC	1L HCC	1L HCC
TEAE	20 (100%)	99 (99%)	381 (96.5%)
TRAE	20 (100%)	99 (99%)	381 (96.5%)
G3-4 TRAE	6 (30%)	64 (64%)	243 (61.5%)
G5 TRAE	0	3 （3%）	4 （1%）
SAE	6（30%）	65（65%）	-
TR SAE	2 (10%)	36 (36%)	

- 在相同剂量水平下，CS1003联合仑伐替尼治疗不可切除的肝细胞癌患者3/4级治疗相关AE和所有SAE发生的频率低于K药联合仑伐替尼
- CS1003联合仑伐替尼的治疗方案没有发生5级治疗相关的AE

1. 更新的数据作为摘要展示于2022年ASCO大会
2. ASCO 2020
3. ESMO 2022

04 财务回顾

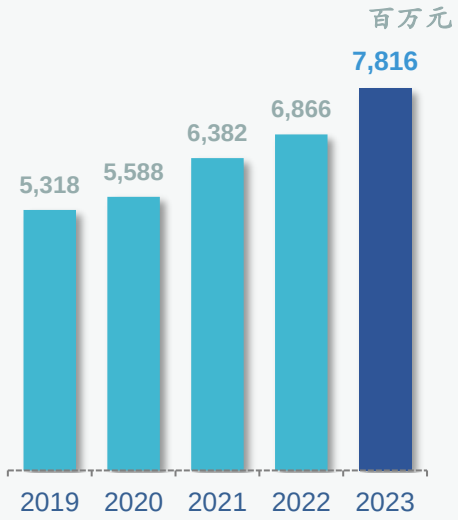
首席财务官

何翔 先生

财务分析

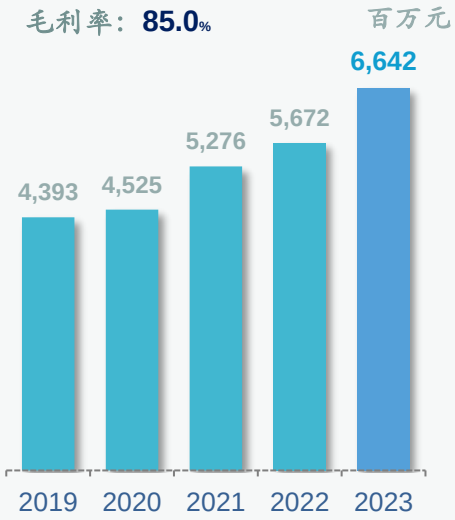
收入

13.8% YOY



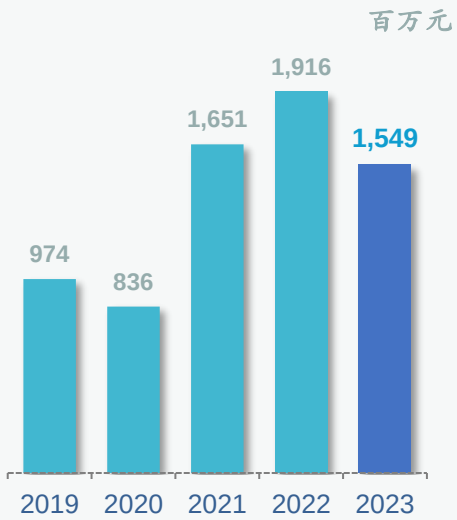
毛利

17.1% YOY



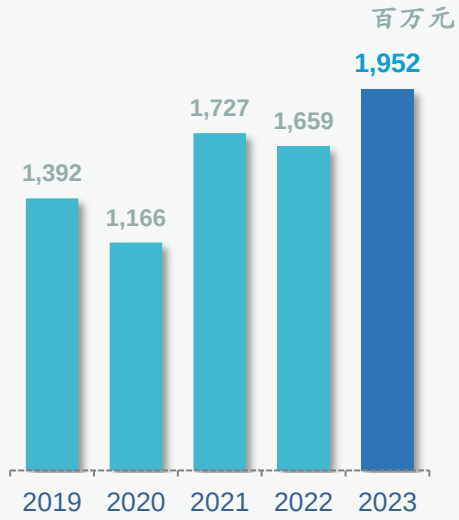
归属上市公司股东净利润

-19.1% YOY



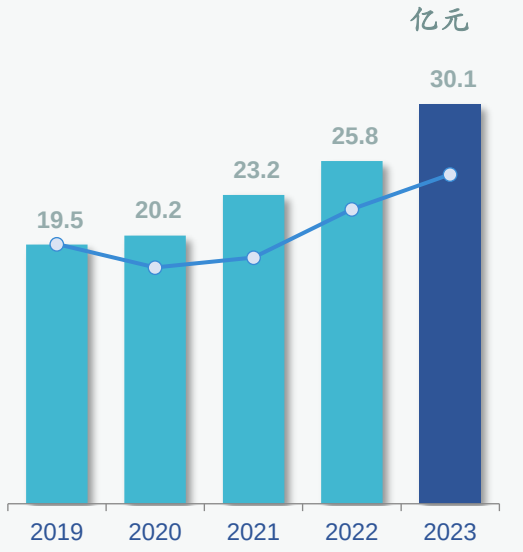
经调整的经营性归母净利润

17.7% YOY



整体费用率保持稳定

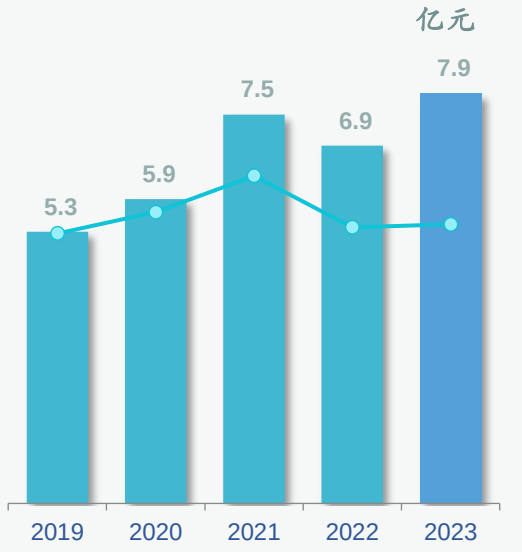
销售费用



2019	2020	2021	2022	2023
36.7%	36.1%	36.4%	37.6%	38.5%

销售费用率

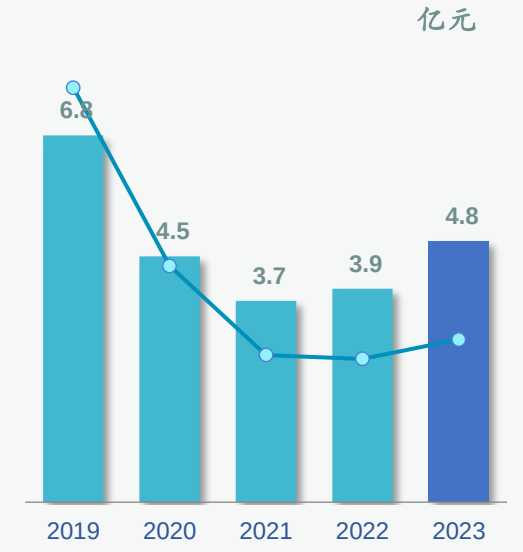
研发费用



2019	2020	2021	2022	2023
9.9%	10.6%	11.8%	10.1%	10.2%

研发费用率

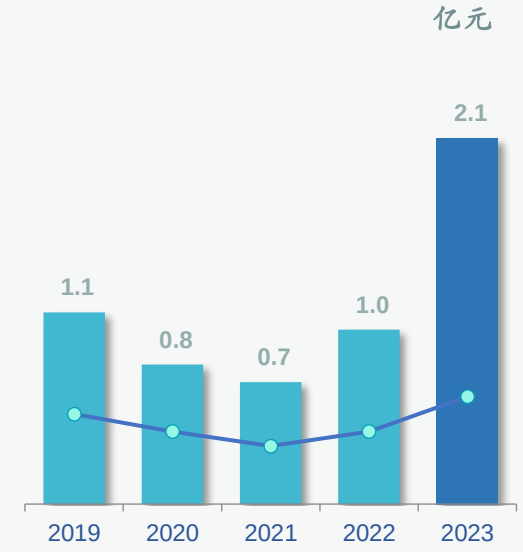
管理费用



2019	2020	2021	2022	2023
12.7%	8.1%	5.8%	5.7%	6.2%

管理费用率

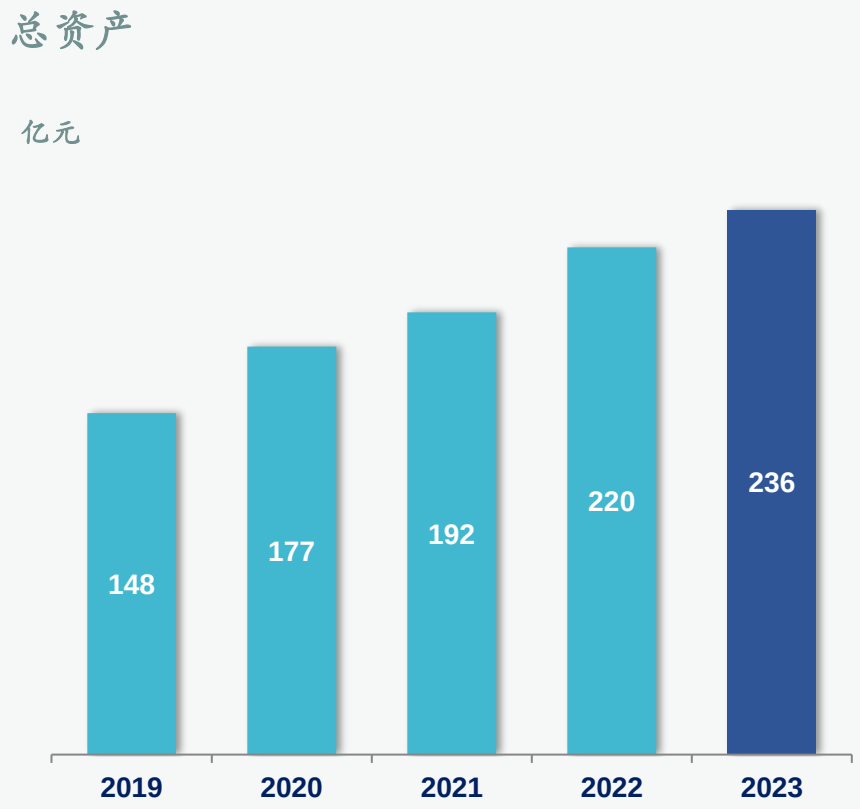
财务费用

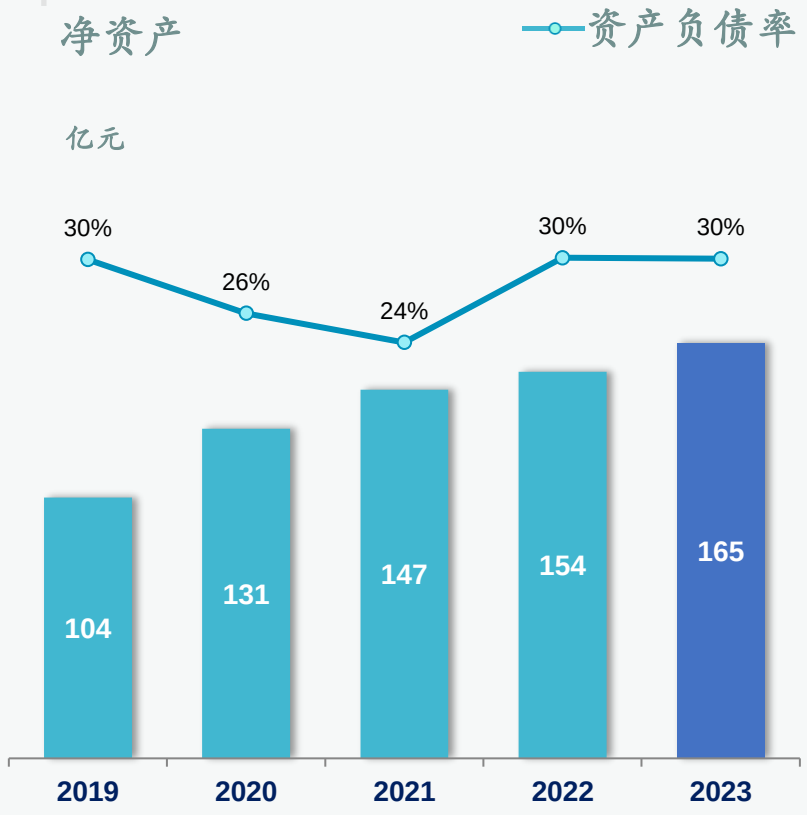


2019	2020	2021	2022	2023
2.1%	1.5%	1.0%	1.5%	2.7%

财务费用率

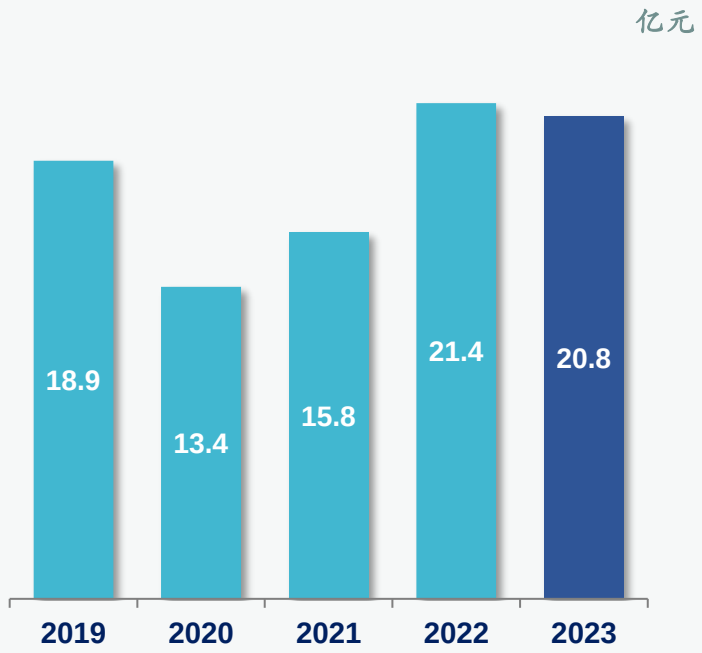
资产结构保持稳定


总资产
亿元
148
177
192
220
236
2019
2020
2021
2022
2023


净资产
资产负债率
亿元
30%
26%
24%
30%
30%
104
131
147
154
165
2019
2020
2021
2022
2023

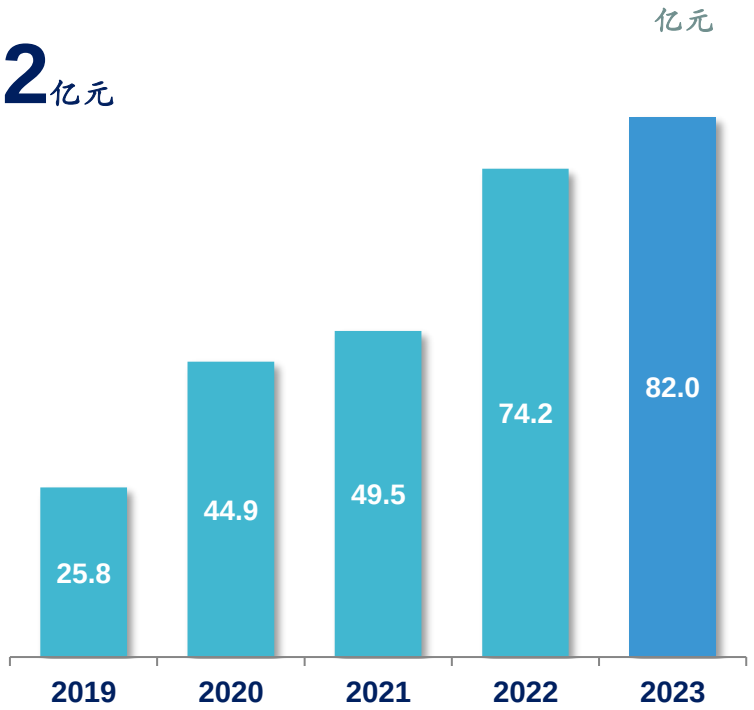
现金资产储备充裕

经营活动净流入金额



财务资源

82亿元



派息比率提升

交付稳健业绩，坚持股东回馈

业绩交付

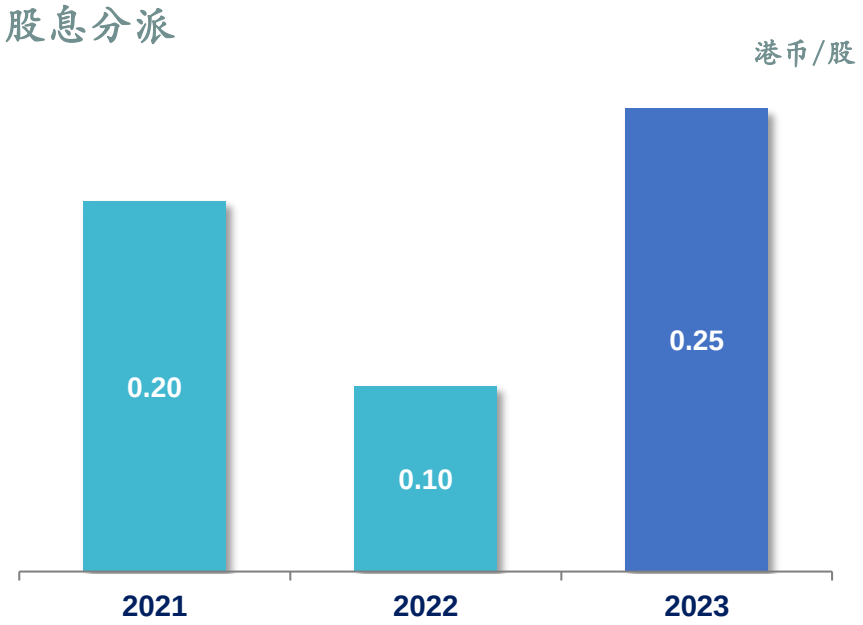
- 经调整的经营性归母净利润5年CAGR **10.6%**

分红派息

- 稳健的盈利水平支持**可持续**的派息政策
- 支付2023年股息**0.25HKD**每股， 对应股息率~**4.5%**

CB 回购

- 累计赎回可转债全部发行金额**3.2亿**欧元
- 消除股本稀释风险



23年重点BD交易

Nofazinlimab (CS1003)

2023年11月1日

- 三生制药获得基石药业抗PD-1单抗nofazinlimab (CS1003) 在中国大陆地区内**研发、注册、生产和商业化**的独家权益
- 用于**一线**治疗**不可切除的肝细胞癌**患者

CS1/BCMA CAR-T (SA102)

2023年12月15日

- 三生制药获得思安医疗的**CS1/BCMA CAR-T (SA102)** 在大中华地区[1]的开发、注册、生产和商业化的独家权益.
- **双靶点**治疗减少多发性骨髓瘤MM患者的复发率
- 研究者发起的临床试验(IIT) 中**ORR达到81%**

艾曲泊帕乙醇胺干混悬剂

2023年12月20日

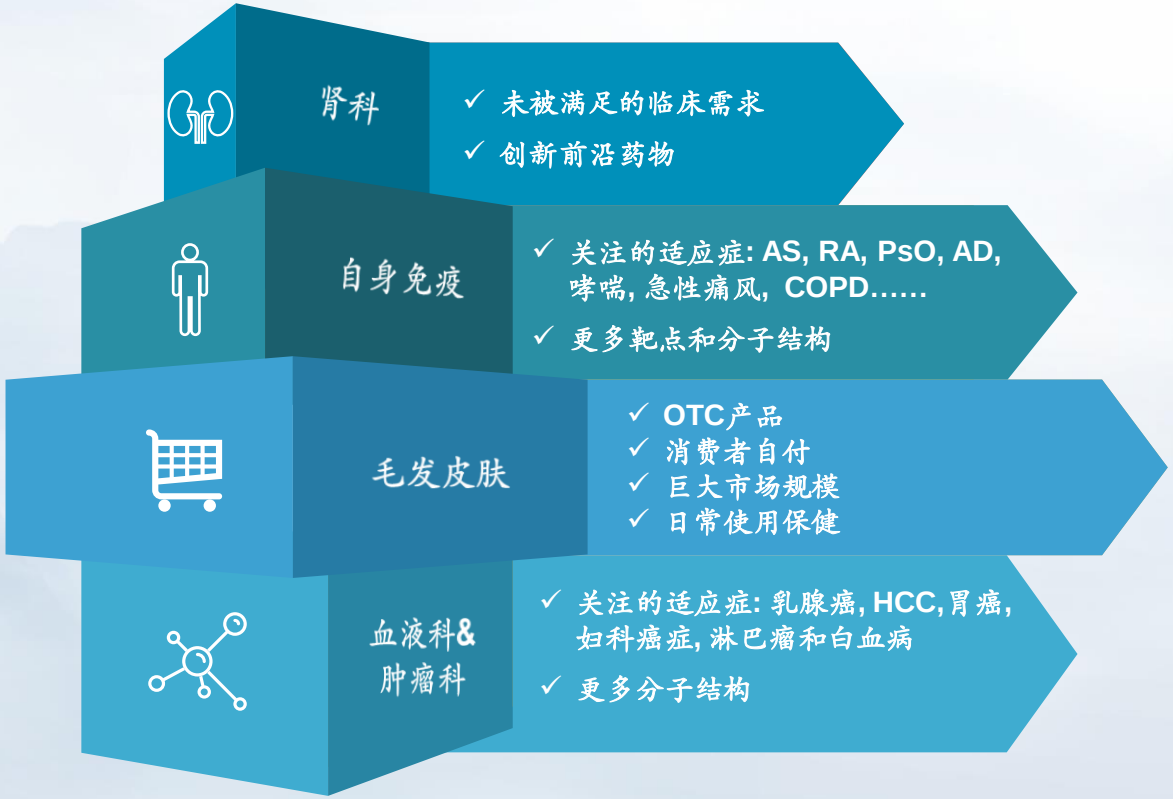
- 三生制药与则正医药达成合作协议，就**艾曲泊帕乙醇胺干混悬剂**进行技术开发和商业化合作。
- **ANDA优先审评中**
- **治疗 ITP, SAA (重型再生障碍性贫血）患者**，更适合儿童、老年人等**吞咽困难的患者**

1. 包括台湾、香港、澳门市场

未来集团BD 战略方向

关注方向

聚焦优势治疗领域



竞争优势

充分发挥研发、生产、销售“端到端” 的综合能力

充足的财务资源

超80亿元在手现金
超20亿元 年化经营性现金流净流入

灵活的合作模式

支持许可引进、合作营销、CDMO服务、对外许可等合作模式，共同探索更多合作可能性

专业的研发支持

超600 名科学家，占据整体员工比例超10%，总体研发支出占收入比重超10%

综合的生产能力

6大生产基地，拥有超10万升产能，高性价比的生产服务能力涵盖大分子、小分子、CGT和mRNA等药品

强大的商业化平台

近3,000 名市场销售人员
经验丰富的数字化营销团队
覆盖近 2,900 家三级医院，共计覆盖超10000家医院

05 问答环节

THANKS

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ir@3sbio.com

珍 爱 生 命 · 关 注 生 存 · 创 造 生 活

CHERISH LIFE CARE FOR LIFE CREATE LIFE