CANCER HAS NO BORDERS.
NEITHER DO WE

March 25, 2021
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; 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 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 medicines and technology; 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 BeiGene’s ability to obtain additional funding for operations and to complete the development of its drug candidates or achieve profitability; the impact of the COVID-19 pandemic on BeiGene’s clinical development, regulatory, commercial and other operations, as well as those risks more fully discussed in the section entitled “Risk Factors” in BeiGene’s most recent annual report on Form 10-K, as well as discussions of potential risks, uncertainties, and other important factors in BeiGene’s subsequent filings with the U.S. Securities and Exchange Commission. 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 medicines, the presentation and discussion are not based on head-to-head trials between BeiGene’s investigational drug candidates and other medicines 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.
Our Leadership
Global talent, world-class team

John V. Oyler
Co-Founder, CEO, and Chairman
BioDuro, Galenea, Telephia, Genta, McKinsey & Company

Xiaodong Wang, Ph.D.
Co-Founder and Chairman SAB
NIBS: National Institute of Biological Sciences in Beijing, UT Southwestern Medical Center, Howard Hughes Medical Institute, National Academy of Sciences

Xiaobin Wu, Ph.D.
GM of China, President BeiGene
Pfizer, Wyeth, Bayer

Howard Liang, Ph.D.
CFO and Chief Strategy Officer
Leerink, Abbott

Angus Grant, Ph.D.
Chief Business Executive
Dementia Discovery Fund, Celgene, Novartis, Merck

Jane Huang, M.D.
Chief Medical Officer, Hematology
Genentech, Acerta

Yong Ben, M.D.
Chief Medical Officer, Immuno-Oncology
BioAtla, AstraZeneca

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SVP, Global Head of Regulatory Affairs
Bayer, AstraZeneca

John Freeman
SVP, Chief Safety Officer
GSK, Amgen, Celgene

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SVP, Head of Global Research, Clinical Operation & Biometrics and APAC Clinical Development
UT Southwestern Medical Center

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CFO and Chief Strategy Officer
Leerink, Abbott

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Sanofi, AstraZeneca, Pfizer

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Takeda, Pfizer

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SVP, Commercial North America
Flatiron Health, Onyx Pharmaceuticals, Genentech

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BioMarin, Medivation, Clovis Oncology, Onyx

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Todd Yancey, M.D.
SVP, Global Medical Affairs & New Market Development
BioMarin, Medivation, Clovis Oncology, Onyx
Fully-Integrated Global Biotech Company with Unique Strategic Competitive Advantages in Clinical Science and China Commercial

**Broad portfolio over 40+ assets**
- 7 approved drugs including 1 in U.S.
- 20+ filings accepted for 7 drugs in over 40 countries
- 40+ commercial or clinical stage assets, including 10+ with global rights, 20+ with China/APAC rights
- 25+ filed or potentially registration-enabling trials ongoing, 60+ studies in 35+ geographies

**Global 5,400+ organization**
- 23 offices on 5 continents
- Global clinical development: 1,600+
- Commercial: 2,000+ (China) 100+ (U.S.)
- Research: ~500, growing to 800+ by year-end
- Scaled for success

**Key Potential 2021 catalysts**
- Up to 12 commercial products
- Multiple commercial launches and reimbursement opportunities for tislelizumab and BRUKINSA
- Key Phase 3 readouts: BRUKINSA CLL
- Internal pipeline advancements: TIGIT, BCL-2 inhibitor

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1. November 14, 2019; this indication is approved under accelerated approval based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial; 2. June 3, 2020 for adult patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) who have received at least one prior therapy, and for the treatment of adult patients with mantle cell lymphoma (MCL) who have received at least two prior therapies. April 10, 2020 for the treatment of patients with previously treated locally advanced or metastatic urothelial carcinoma (bladder cancer); 3. March 2, 2021; 4. Feb 17, 2021; 5. December 26, 2019 - Approved for patients with classical Hodgkin’s lymphoma who have received at least two prior therapies. April 10, 2020 for the treatment of patients with previously treated locally advanced or metastatic urothelial carcinoma (bladder cancer); 6. January 13, 2021; 7. June 19, 2020, July 1, 2020, respectively.
Transformational Collaboration
Validation of BeiGene’s global development and commercial capabilities

- Expands commercial and pipeline portfolio, fortified balance sheet further enables strategic priorities
  - BeiGene launching three Amgen medicines in China
  - Companies to jointly develop Amgen oncology pipeline assets, BeiGene to:
    - Lead development in China, contribute to global development
    - Commercialize in China, 50/50 profit split on all products
    - Receive royalties on global ex-China sales\(^1\) and on China sales after commercialization
  - Retain one of three subsequent commercial products, up to six development products
  - Investment by Amgen of $2.8B for 20.5% stake of BeiGene
  - Tony Hooper, former Amgen EVP of Global Commercial Operations, joined the BeiGene board

1. Excluding sotorasib (AMG 510)
BeiGene and Novartis Have Agreed to Jointly Develop Tislelizumab (PD-1 Inhibitor)

BioWorld™
Beigene inks $2.2B PD-1 deal with Novartis for cancer drug tislelizumab

By Elise Mak   Jan. 12, 2021

BEIJING - BeiGene Ltd. out-licensed its anti-PD-1 monoclonal antibody tislelizumab to Novartis AG in a deal worth up to $2.2 billion, including $650 million up front.

“We believe in science. The science seems to say that all PD-1s are not the same,” BeiGene’s CEO John Nyhan said Tuesday during a press conference in Beijing, addressing concerns that too many PD-1s are being developed. He added that tislelizumab has been “designed with great epitope binding.”

S&P Global Market Intelligence
Novartis to in-license cancer drug from BeiGene outside China for $650M

Novartis Announces Closing of Collaboration with BeiGene to Develop and Commercialize Anti-PD-1 Antibody Tislelizumab in North America, Europe and Japan

OncLive
Spotlight
Novartis Signs In-Licensing Agreement With BeiGene to Expand Tislelizumab Trials Globally

Global Oncology News
January 20, 2021
Jessica Herget
Regulatory Reforms and Reimbursement Expansion in China Create a Historical Opportunity for the Industry

China Is Now An Integral Part of Industry Development

- Increasing share of trials run in China after joining ICH in 2017, bringing China's large patient pool into global clinical science ecosystem – which has the potential to dramatically accelerate development and reduce costs
- Beginning to meaningfully contribute to paying for innovation
  - MNC oncology product sales in China witnessed a significant uptick as a result of expanded NRDL coverage
  - AZ FY 2020 revenue was $5.4 billion from China, 20% of total global revenue, U.S. was $8.8 billion, 33% of total

Future Key Success Factors

- Clinical excellence through:
  - Global, highly China-inclusive clinical trials
  - Next generation clinical technology approaches
- Creation of science/medicine-based commercial capabilities in China
- Global business model provides broader access and supports pricing that enables the ROW to contribute to covering the cost of innovation

Source: 1. Trialtrove; Industry association; 2. BeiGene analysis
Our Strategies for Building a Leading Global Innovative Biotech Company

Realize two large internally-developed near-term commercial opportunities
• BRUKINSA (zanubrutinib) is a potentially best-in-class BTK inhibitor developed for the global market
• Tislelizumab is a uniquely designed anti-PD-1 antibody with potential use across multiple cancer types in China, the U.S., EU, and beyond

Leverage our key strategic capabilities for global excellence
• Research team ~500, proven track record, 11 in-house molecules advanced to clinic in 10 years
• Continue to drive innovation with new candidates targeting TIGIT, BCL-2, and HPK1
• In-house clinical capabilities with development team 1,600+ integrated across China/U.S./AU/EU
• Commercial platforms in China and the U.S., the two largest pharmaceutical markets

Expand our portfolio by leveraging our clinical and commercial capabilities
• Capture opportunities created by regulatory reforms in China
• Accelerate global development through China-inclusive global trials

Pursue a new global model for long-term growth for broad accessibility
• Uniquely positioned due to strong China presence and global development capabilities
BRUKINSA® Positioned for Global Success

1. Complete and sustained inhibition, minimize off-target effects, and accessible pricing

2. Favorable labels in WM, R/R MCL, and R/R CLL/SLL, favorable safety and DDI^

3. Broad clinical program, including:
   - 9 registration-enabling clinical trials, >20 countries
   - >2500 patients outside of mainland China

4. Commitment to quality, global manufacturing
   World class API manufacturer Collaboration with Catalent in U.S.
   Manufactures over 70 billion doses of products each year

5. More Indications in More Places
   - >20 filings outside U.S. and China, covering >40 countries
   - Approved in 3 countries so far: China, Canada, UAE, U.S.
   - Studies in CLL/SLL (active, head-to-head), WM, MCL, MZL, FL, DLBCL, COVID-19, and lupus
   - Combination potential: internal BCL-2, obinutuzumab, rituximab, chemo

^Approved for WM (CA), R/R MCL (U.S., China), R/R CLL/SLL (China); *Countries / regions where BeiGene is conducting clinical trials, as of January 10, 2021
BRUKINSA (Zanubrutinib) Overview

Potentially best-in-class BTK inhibitor

ADVANTAGES
- Second generation, maximize BTK occupancy, minimize off-target binding
- Advantageous label in R/R MCL (dose flexibility-QD/BID, 100% BTK occupancy in PBMCs, PPI/H2RA)
- Randomized Phase 3 data in WM demonstrated improved safety / tolerability and suggested improved efficacy
- Priced more affordably than competitors in U.S. (4% v acalabrutinib, 10% v ibrutinib)

KEY TARGET INDICATIONS
Chronic lymphocytic leukemia/small lymphocytic lymphoma, Waldenström’s macroglobulinemia, mantle cell lymphoma, follicular lymphoma, marginal zone lymphoma

CLINICAL DATA

<table>
<thead>
<tr>
<th>Study</th>
<th>Patients</th>
<th>ORR</th>
<th>CR</th>
<th>VGPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>86-patient R/R MCL&lt;sup&gt;1&lt;/sup&gt;</td>
<td>84%</td>
<td>59%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>83-patient R/R WM&lt;sup&gt;2&lt;/sup&gt;</td>
<td>94%</td>
<td>28%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>101-patient R/R CLL/SLL&lt;sup&gt;3&lt;/sup&gt;</td>
<td>95%</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>109-patient 1L CLL/SLL Del17p&lt;sup&gt;4&lt;/sup&gt;</td>
<td>93%</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66-patient R/R MZL&lt;sup&gt;5&lt;/sup&gt;</td>
<td>74%</td>
<td>24%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REGULATORY STATUS
- U.S. FDA application in WM (02.2021); approval in R/R MCL (11.2019)
- NMPA approval in China for R/R MCL and R/R CLL/SLL (06.2020)
- Approved in four countries, filed in 20+, covering 40+ countries

BREADTH OF PROGRAM
- Over 3,100<sup>6</sup> subjects enrolled in clinical trials with over 2,500 outside of China
- Over 25 clinical trials in eight indications
- Over 40 presentations of zanubrutinib clinical data
- Potential internal BCL-2 inhibitor combination

Tislelizumab Positioned for Global Success

1. Mechanistically differentiated, Fc-γ receptor sparing, and multiple combinations under study

2. Favorable label in cHL and only reimbursed PD-1 inhibitor in bladder cancer in China

3. Broad clinical program, including:
   - 16 registration-enabling clinical trials, >20 countries
   - >2,000 patients outside of mainland China

4. Commitment to quality, global manufacturing
   Collaboration with one of the world’s leading biologics manufacturers

5. Future global approvals for more places in more indications
   - Three approved indications in China: R/R cHL, R/R UC, 1L Sq NSCLC
   - Three filings in China: 1L non-Sq, 2/3L NSCLC and HCC filed
   - 11 other pivotal or potentially registration-enabling studies ongoing
   - Compelling breadth of combinations: e.g., ociperlimab, sitravatinib, etc.

*Countries / regions where BeiGene is conducting clinical trials, as of January 10, 2021
## Tislelizumab Overview

**Globally developed PD-1 inhibitor**

**ADVANTAGES**
- Differentiated mechanism: minimized binding to FcγR, attractive binding epitope
- Differentiated Hodgkin’s data with high CR rate; strong clinical data in lung cancer with three Phase 3 trials having read out positively at interim analyses in first- and second-line settings
- To enable broad reimbursement, aggressively pursuing label in most common cancers in Asia
- World-class manufacturing partner with BI, 35 years of experience, >35 molecules brought to market

**KEY TARGET INDICATIONS**

**Breadth wins in China’s label-based reimbursement:** Lung, liver, gastric, and esophageal cancers, classical Hodgkin’s lymphoma, urothelial carcinoma, nasopharyngeal, MSI-High

**CLINICAL DATA**

- **360-patient 1L Sq NSCLC**
  - Tisle+PC: mPFS 7.6mo HR 0.52a
  - Tisle+nPC: mPFS 7.6mo HR 0.48b
  - PC: mPFS 5.5mo

- **334-patient 1L Nsq NSCLC**
  - Tisle+PP: mPFS 9.7mo HR 0.65c
  - PP: mPFS 7.6mo

- **65-patient China label data R/R cHL**
  - 77% ORR
  - 62% CR

- **101-patient China label 2L+ PD-L1+ UC**
  - 25% ORR
  - 10% CR

**REGULATORY STATUS**

- China NMPA approval of tislelizumab in 1L Sq NSCLC (01.2021)
- China NMPA approval of tislelizumab in R/R cHL (12.2019); in R/R PD-L1+ UC (04.2020)
- NMPA accepted sNDAs for 1L non-Sq NSCLC (06.2020); 2L/3L HCC (07.2020); 2L/3L NSCLC (03.2021)

**BREADTH OF PROGRAM**

- Approximately 7,700⁵ subjects enrolled in tislelizumab studies with 2,500 subjects outside of China
- Over 25 clinical trials in a dozen indications
- Over 30 presentations of tislelizumab clinical data

Sources: 1. Wang et. al., ASCO 2020; 2. Lu et. al., ESMO 2020; 3. Chinese cHL label; 3. Chinese UC label; 5. As of October 16, 2020. a. p-value=0.0001, b. p-value<0.0001, c. p-value=0.0044. cHL: classical Hodgkin’s lymphoma; CR: complete response; HR: hazard ratio; MSI: microsatellite instability; NDA: new drug application; NMPA: National Medical Products Administration; nPC: nab-paclitaxel; NSCLC: non small cell lung cancer; ORR: overall response rate; PC: paclitaxel; PD-L1: programmed death ligand-1; PP: pemetrexed+platinum (carboplatin or cisplatin); R/R: relapsed/refractory; Sq: squamous; Tisle: tislelizumab; UC: urothelial carcinoma; HCC: hepatocellular carcinoma; non-Sq: non-squamous.
Commercial Footprint in Two Largest Pharmaceutical Markets with a Science and Medicine-Based Team

Marketed brand revenue

2020 Marketed Products Breakdown (by product revenue)

A growing 2,200+1 top innovative oncology commercial team

1. As of February 25, 2021; * Sales negatively impacted by temporary supply disruptions of ABRAXANE; ^ Revenues in the first quarter were subject to the negative impact of the COVID-19 pandemic, increased generic competition, and the suspension of ABRAXANE sales in China by the NMPA in March 2020.
Running Global Trials of the Highest Quality
Incorporating China

- Global clinical development organization of over 1,600+ people across 23 offices and 5 continents
- 12,000+ subjects enrolled by BeiGene
- Running 60+ clinical trials in 35+ geographies
  - 25+ filed or potentially registration-enabling trials ongoing

Jane Huang, M.D.
Chief Medical Officer, Hematology
Genentech, Acerta

Yong Ben, M.D.
Chief Medical Officer, Immuno-Oncology
BioAtla, AstraZeneca

Lai Wang, Ph.D.
SVP, Head of Global Research, Clinical Operation & Biometrics and APAC Clinical Development
UT Southwestern Medical Center

Melika Davis
VP, Global Head of Clinical Operations
SVP, Global Head of Drug Development Quality at Novartis

John Freeman
SVP, Chief Safety Officer
SVP, Head of Global Drug Safety & Risk Management at Celgene
Research Delivered 11 Molecules to the Clinic in its First 10 Years

- **Beijing Research Center**
  - (1ST AND 2ND FLOOR)
  - Team size <200
  - 6-8 preclinical programs

- **Beijing Research Center**
  - Team size ~500
  - ~12 preclinical programs

- **Shanghai Research Center**
  - Team size 800+
  - Capacity for ~24 preclinical programs
Rapidly Expanding State-of-the-Art Manufacturing Base
Planned GZ capacity 120,000 - 200,000L with 54,000L in place today

Existing and Planned Capabilities:
• Antibodies
• Cell / gene therapies
• ADCs
• Small molecules
• Lyophilization and liquid fill
• 10 fill / finish lines planned
• Three packaging lines

Experienced, Top-Quality Manufacturing Partners

• Collaborations with leading high-quality manufacturers in biologics and small molecules
• Boehringer Ingelheim, Catalent, and other parties
• Catalent 15mm doses, expansion to ~50mm in process
• Multiple supply source strategy for key assets
### Growing Commercial-Stage Portfolio

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>LEAD INDICATIONS</th>
<th>MECHANISM OF ACTION</th>
<th>REGULATORY STATUS</th>
<th>COMMERCIAL RIGHTS</th>
<th>2020 GLOBAL SALES</th>
<th>PARTNER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brukinsa</strong></td>
<td>R/R MCL (U.S.) / R/R MCL and R/R CLL/SLL (China) / WM (Canada)</td>
<td>BTK inhibitor</td>
<td>Approved in the U.S./ China / Canada</td>
<td>Global</td>
<td>$42M</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>tislelizumab</strong></td>
<td>R/R classical Hodgkin’s lymphoma / R/R PD-L1+ urothelial carcinoma / 1L Sq NSCLC</td>
<td>Anti-PD-1 antibody</td>
<td>Approved in China</td>
<td>Global</td>
<td>$163M</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>pamiparib</strong></td>
<td>Ovarian, Breast</td>
<td>PARP Inhibitor</td>
<td>NDA accepted in China</td>
<td>Global</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Abraxane</strong></td>
<td>Breast cancer</td>
<td>Microtubule inhibitor</td>
<td>Approved in China</td>
<td>Mainland China</td>
<td>$1.25B*</td>
<td>BMS</td>
</tr>
<tr>
<td><strong>Revlimid</strong></td>
<td>R/R adult multiple myeloma, newly diagnosed multiple myeloma, previously treated follicular lymphoma</td>
<td>Direct anti-tumor, anti-angiogenesis, immunomodulation</td>
<td>Approved in China</td>
<td>Mainland China</td>
<td>$12.18B*</td>
<td>BMS</td>
</tr>
<tr>
<td><strong>Vidaza</strong></td>
<td>Myelodysplastic syndromes, acute myeloid leukemia, chronic myelomonocytic leukemia</td>
<td>DNA hypomethylation, direct cytotoxicity</td>
<td>Approved in China</td>
<td>Mainland China</td>
<td>$455M*</td>
<td>BMS</td>
</tr>
<tr>
<td><strong>XGEVA</strong></td>
<td>Giant cell tumor of bone / Skeletal Related Events (SREs)</td>
<td>Anti-RANK ligand antibody</td>
<td>Approved in China</td>
<td>Mainland China</td>
<td>$1.9B*</td>
<td>Amgen</td>
</tr>
<tr>
<td><strong>Kyprolis</strong></td>
<td>Multiple myeloma</td>
<td>Proteasome inhibitor</td>
<td>NDA filed in China</td>
<td>Mainland China</td>
<td>$1.08B*</td>
<td>Amgen</td>
</tr>
<tr>
<td><strong>BLINCYTO</strong></td>
<td>Acute lymphocytic leukemia</td>
<td>Anti-CD19 x anti-CD3 bispecific (BiTE) antibody</td>
<td>Approved in China</td>
<td>Mainland China</td>
<td>$380M*</td>
<td>Amgen</td>
</tr>
<tr>
<td><strong>sylvant</strong></td>
<td>Idiopathic multicentric Castleman disease</td>
<td>IL-6 antagonist</td>
<td>BLA accepted in China</td>
<td>Greater China</td>
<td>N/A</td>
<td>EUSA</td>
</tr>
<tr>
<td><strong>QARZIBA</strong> (dinutuximab beta)</td>
<td>High-risk neuroblastoma</td>
<td>Anti-GD2 antibody</td>
<td>BLA accepted in China</td>
<td>Mainland China</td>
<td>N/A</td>
<td>EUSA</td>
</tr>
<tr>
<td><strong>BAT1706</strong> (Avastin biosimilar)</td>
<td>Colorectal, Lung, Liver cancers</td>
<td>Anti-VEGF antibody</td>
<td>BLA Accepted in China</td>
<td>Greater China</td>
<td>N/A</td>
<td>Bio-Thera</td>
</tr>
</tbody>
</table>

1 As announced previously, the NMPA suspended the importation, sales and use of ABRAXANE® (nanoparticle albumin-bound paclitaxel) in China supplied to BeiGene by Celgene Corporation, a Bristol Myers Squibb (BMS) company. Source: * Bristol-Myers Squibb, ^ Amgen. MCL = mantle cell lymphoma, CLL/SLL = chronic lymphocytic leukemia/small cell lymphoma.
BeiGene’s Internal Pipeline
Three late-stage, and eight early-stage clinical assets

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>PROGRAMS</th>
<th>DOSE ESC</th>
<th>DOSE EXPANSION</th>
<th>PIVOTAL</th>
<th>FILED</th>
<th>MARKET</th>
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<tbody>
<tr>
<td>zanubrutinib (BTK)</td>
<td>monotherapy</td>
<td>R/R MCL</td>
<td>R/R WM</td>
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<tr>
<td></td>
<td>combination</td>
<td>R/R WM</td>
<td></td>
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<tr>
<td>tislelizumab (PD-1)</td>
<td>monotherapy</td>
<td>R/R WM</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>+ chemo</td>
<td>R/R WM</td>
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<td></td>
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<tr>
<td></td>
<td>+ pamiparib (PARP) + zanubrutinib (BTK)</td>
<td>Solid tumors</td>
<td>B-cell malignancies</td>
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<tr>
<td></td>
<td>monotherapy</td>
<td>R/R WM</td>
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<tr>
<td></td>
<td>+ TMZ (chemo)</td>
<td>R/R WM</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>+ RT/TMZ (RT/chemo)</td>
<td>R/R WM</td>
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</tr>
<tr>
<td>ociperlimab (BGB-A1217, TIGIT)</td>
<td>+ tislelizumab</td>
<td>Solid tumors</td>
<td>R/M Cervical Cancer, R/M ESCC^*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>monotherapy</td>
<td>R/R WM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>+ mirdametinib</td>
<td>R/R WM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lifrafenib (RAF Dimer)</td>
<td>monotherapy &amp; + tislelizumab</td>
<td>Solid tumors</td>
<td>8-Raf- or K-RAS/N-RAS-mutated solid tumors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BGB-A333 (PD-L1)</td>
<td>monotherapy &amp; + tislelizumab</td>
<td>Solid tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BGB-A425 (TIM-3)</td>
<td>monotherapy &amp; + tislelizumab</td>
<td>Solid tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BGB-A445 (OX40)</td>
<td>monotherapy &amp; + tislelizumab</td>
<td>Solid tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BGB-11417 (BCL-2)</td>
<td>monotherapy &amp; + zanubrutinib</td>
<td>Solid tumors</td>
<td>B-cell malignancies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BGB-10188 (PI3-Kδ)</td>
<td>mono; + tislelizumab; + zanubrutinib</td>
<td>Solid tumors</td>
<td>B-cell malignancies, Solid tumors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BGB-15025 (HPK1)</td>
<td>monotherapy &amp; + tislelizumab</td>
<td>Advanced solid tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Some indications will not require a non-pivotal Ph2 clinical trial prior to beginning pivotal Ph2 or Ph3 clinical trials. **Confirmatory clinical trials post approval are required for accelerated approvals. † R/R: Recurrent / Metastatic
## BeiGene’s Collaborative Pipeline

<table>
<thead>
<tr>
<th>COMPOUND</th>
<th>(TARGET) / PROGRAM</th>
<th>DOSE ESC.</th>
<th>DOSE EXPANSION</th>
<th>PIVOTAL</th>
<th>COMMERCIAL RIGHTS</th>
<th>PARTNER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PH1a</td>
<td>PH1b</td>
<td>PH2*</td>
<td>PH2**</td>
<td>PH3</td>
</tr>
<tr>
<td>Sotorasib</td>
<td>(KRAS G12C)</td>
<td>Solid Tumors, NSCLC, CRC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMG 701^^</td>
<td>(BCMA)</td>
<td>MM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMG 176</td>
<td>(Mcl-1, SM (i.v.))</td>
<td>Hematologic malignancies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMG 330^</td>
<td>(CD33)</td>
<td>Myeloid malignancies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMG 673^^</td>
<td>(CD33)</td>
<td>AML</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>AMG 427^^</td>
<td>(FLT3)</td>
<td>AML</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>AMG 757^^</td>
<td>(DLL3)</td>
<td>SCLC</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>AMG 160^^</td>
<td>(PSMA)</td>
<td>Prostate cancer</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>AMG 509*</td>
<td>(STEAP1 XmAb)</td>
<td>Prostate cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>AMG 199^^</td>
<td>(MUC17)</td>
<td>GC/GEJC</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>AMG 910^^</td>
<td>(Anti-CLDN18.2)</td>
<td>GC/GEJC</td>
<td></td>
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<tr>
<td>AMG 650</td>
<td>(oral small molecule)</td>
<td>Solid tumors</td>
<td></td>
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</tr>
<tr>
<td>AMG 506</td>
<td>(FAP x 4-1BB, DARPin®)</td>
<td>Solid tumors</td>
<td></td>
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<tr>
<td>AMG 256</td>
<td>(Anti-PD-1 x IL21 mutein)</td>
<td>Solid tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sitravatinib†</td>
<td>(multi-kinase inhibitor) + tislelizumab</td>
<td>NSCLC, RCC, OC, MEL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mono, + tislelizumab</td>
<td>HCC, GC/GEJC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zanidatamab††</td>
<td>(HER2, bispecific antibody)</td>
<td>Breast cancer, GEA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZW49</td>
<td>(HER2, bispecific ADC)</td>
<td>HER2-expressing cancers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BGB-3245†</td>
<td>(B-RAF)</td>
<td>Solid tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BA3017</td>
<td>(CTLA4) Mono, + tislelizumab</td>
<td>Tech transfer in progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEA-CD70</td>
<td>(anti-CD70)</td>
<td>MDS, AML</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DKN-01</td>
<td>(DKK1) + tislelizumab ± chemo</td>
<td>GC/GEJC</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ABI-H0731</td>
<td>(HBV core inhibitor)</td>
<td>Chronic Hepatitis B Virus</td>
<td></td>
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<tr>
<td>ABI-H2158</td>
<td>(HBV core inhibitor)</td>
<td>Chronic Hepatitis B Virus</td>
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<td></td>
</tr>
<tr>
<td>ABI-H3733</td>
<td>(HBV core inhibitor)</td>
<td>Chronic Hepatitis B Virus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Some indications will not require a non-pivotal Ph2 clinical trial prior to beginning pivotal Ph2 or Ph3 clinical trials. **Confirmatory clinical trials post approval are required for accelerated or conditional approvals. ^ BiTE, ^^ HLE BiTE, † Mirati is also conducting its own clinical studies with sitravatinib, including the Phase 3 SAPPHIRE trial in non-Sq NSCLC. † † ZW25, AML: acute myeloid leukemia, HLE BITE: Half-life extended Bi-specific T-cell engagers, GC/GEJC: gastric cancer/gastroesophageal junction, HCC: hepatocellular carcinoma, IND: Investigational New Drug, MEL: melanoma, MM: multiple myeloma, NHL: non-Hodgkin’s lymphoma, NSCLC: non-small cell lung cancer, OC: ovarian cancer, RCC: renal cell carcinoma, SM: small molecule; 1. By MapKure, a JV with SpringWorks.
Partner of Choice with Hard-to-Replicate Expertise and Scale

- Accelerating global trials with China-inclusive development
- Leader in innovative science-based commercial sales
- Global teams structured to accommodate additional collaborations
Financial Summary

<table>
<thead>
<tr>
<th>Selected Financials</th>
<th>Three Months Ended</th>
<th>Twelve Months Ended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>December 31, 2020</td>
<td>December 31, 2019</td>
</tr>
<tr>
<td></td>
<td>(unaudited)</td>
<td>(unaudited)</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$100</td>
<td>$57</td>
</tr>
<tr>
<td><strong>Product revenue, net</strong></td>
<td>100</td>
<td>57</td>
</tr>
<tr>
<td><strong>Collaboration revenue</strong></td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$(585)</td>
<td>$(445)</td>
</tr>
<tr>
<td><strong>Cost of sales – products</strong></td>
<td>$(21)</td>
<td>$(18)</td>
</tr>
<tr>
<td><strong>Research and development</strong></td>
<td>$(356)</td>
<td>$(283)</td>
</tr>
<tr>
<td><strong>Selling, general and administrative</strong></td>
<td>$(208)</td>
<td>$(143)</td>
</tr>
<tr>
<td><strong>Net loss attributable to BeiGene, Ltd.</strong></td>
<td>$(473)</td>
<td>$(388)</td>
</tr>
<tr>
<td><strong>Cash, cash equivalents, restricted cash and short-term investments</strong></td>
<td>$4,659</td>
<td>$986</td>
</tr>
<tr>
<td><strong>Cash used in operations</strong></td>
<td>$(332)</td>
<td>$(267)</td>
</tr>
</tbody>
</table>

1. Research and development expense for the fourth quarter and full year 2020 includes upfront fees related to in-process research and development of in-licensed assets totaling nil and $109.50 million, respectively, compared to $20.00 million and $50.00 million in the prior year periods. 2. Cash and cash equivalents as of December 31, 2020 do not include the $650 million upfront payment from the Novartis collaboration, the closing of which was announced February 26, 2021. 3. For the fourth quarter of 2020 cash used in operating activities was $332.33 million; capital expenditures were $34.69 million; cash used for upfront license payments was $20.00 million. For the full year 2020 cash used in operating activities was $1.28 billion; capital expenditures were $117.51 million; cash used for upfront license payments was $109.50 million. For the fourth quarter of 2019 cash used in operating activities totaled $267.18 million, and cash used for upfront license payments totaled $20.00 million. For the year ended December 31, 2019 cash used in operating activities totaled $750.27 million, and cash used for upfront license payments totaled $69.00 million.
# Upcoming Milestones and Catalysts

<table>
<thead>
<tr>
<th>BRUKINSA® (zanubrutinib, BTK Inhibitor)</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory</td>
<td>▪ Potential approvals for: WM in U.S., EU and Australia; MCL in Middle East, South America, Canada, Australia and Russia</td>
</tr>
<tr>
<td>Data</td>
<td>▪ Topline result of Phase 3 SEQUIOIA trial in 1L CLL/SLL</td>
</tr>
<tr>
<td>Data</td>
<td>▪ Topline result of Phase 3 ALPINE trial in R/R CLL/SLL</td>
</tr>
<tr>
<td>Enrollment</td>
<td>▪ Complete enrollment of ROSEWOOD Phase 2 trial in R/R FL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tislelizumab (PD-1 Antibody)</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory</td>
<td>▪ sNDA submission for MSI-H, 2/3L NSCLC in China</td>
</tr>
<tr>
<td>Regulatory</td>
<td>▪ sNDA submission for 2L ESCC in China</td>
</tr>
<tr>
<td>Regulatory</td>
<td>▪ Potential sNDA approvals in 1L non-Sq NSCLC and 2L/3L HCC in China</td>
</tr>
<tr>
<td>Regulatory</td>
<td>▪ Submit first application outside China</td>
</tr>
<tr>
<td>Data</td>
<td>▪ Topline result of Phase 3 trial in 2L ESCC</td>
</tr>
<tr>
<td>Data</td>
<td>▪ Topline result of Phase 3 trial in 1L NPC</td>
</tr>
<tr>
<td>Data</td>
<td>▪ Present Phase 3 data in 2L NSCLC at an upcoming medical conference</td>
</tr>
<tr>
<td>Enrollment</td>
<td>▪ Complete enrollment of Phase 3 trials in 1L SCLC</td>
</tr>
<tr>
<td>Enrollment</td>
<td>▪ Complete enrollment of Phase 3 in early line ESCC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pamiparib (PARP inhibitor)</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory</td>
<td>▪ Potential NDA approval for 3L OC in China</td>
</tr>
<tr>
<td>Data</td>
<td>▪ Topline result of Phase 3 trial in 2L plat-sensitive OC maintenance</td>
</tr>
</tbody>
</table>
### Upcoming Milestones and Catalysts

#### Ociperlimab (TIGIT Antibody)

<table>
<thead>
<tr>
<th>Data</th>
<th>Initiative Phase 1 data of BGB-A1217 (TIGIT) in combination with tislelizumab</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>Initiate Phase 3 AdvanTIG study in NSCLC in combination with tislelizumab</td>
<td>1H21</td>
</tr>
<tr>
<td>Enrollment</td>
<td>Initiate Phase 2 trials in previously treated cervical and 2L ESCC in combination with tislelizumab</td>
<td>1H21</td>
</tr>
</tbody>
</table>

#### Other Internally Developed Assets

<table>
<thead>
<tr>
<th>Data</th>
<th>Present Phase 1 data of BGB-11417 (BCL-2) mono and in combination with zanubrutinib</th>
<th>2H21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>Initiate Phase 1 trial of BGB-15025 (HPK-1) in solid tumors</td>
<td>1H21</td>
</tr>
<tr>
<td>Enrollment</td>
<td>Initiate Phase 1/2 trial of BGB-A425 in solid tumors</td>
<td>1H21</td>
</tr>
</tbody>
</table>

#### Partnered Assets

| Regulatory | Potential approval of QARZIBA for high-risk neuroblastoma in China | 2H21 |
| Regulatory | Potential approval of KYPROLIS for R/R MM in China | 2021 |
| Regulatory | Potential approval of SYLVANT for multicentric Castleman’s disease in China | 2H21 |
| Regulatory | Potential approval of BAT1706 (Avastin biosimilar) in China | 2021 |
| Data | Present Phase 1 data of sitravatinib in combination with tislelizumab at an upcoming medical conference | 1H21 |
| Enrollment | Initiate Phase 3 trial of zanidatamab (ZW25) in combination with tislelizumab and chemo in 1L HER2+ GEC | 2H21 |
Key Takeaways

1. BeiGene’s transformational strategic model anticipated and is leveraging the once-in-a-lifetime opportunities being created by worldwide industry changes.

2. We have built – and will continue to build – strategic competitive advantages that map to key success factors required by our evolving industry.

3. We fight for life against cancer internally and with partners, striving for exceptional science, quality, and impact, by driving affordability through operational excellence and efficiency.

4. We are striving to bring better medicines to more patients, more affordably.
Questions?

Contact: ir@beigene.com