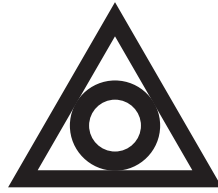


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SINO BIOPHARMACEUTICAL LIMITED
中國生物製藥有限公司

(Incorporated in the Cayman Islands with limited liability)

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(Stock code: 1177)

VOLUNTARY ANNOUNCEMENT

**TQ-A3334 “TLR7 AGONIST” AND TQA3605 “CORE PROTEIN ALLOSTERIC MODULATOR”
GRANTED BREAKTHROUGH THERAPY DESIGNATION BY CDE**

The board of directors (the “**Board**”) of Sino Biopharmaceutical Limited (the “**Company**”, together with its subsidiaries, the “**Group**”) announces that TQ-A3334 “Toll-like receptor 7 (TLR7) agonist” and TQA3605 “core protein allosteric modulator”, both national Category 1 innovative drugs independently developed by Chia Tai Tianqing Pharmaceutical Group Co., Ltd. (“**CTTQ**”), a subsidiary of the Group, have been included in the Breakthrough Therapy Designation Program by the Center for Drug Evaluation (CDE) of China’s National Medical Products Administration. The two innovative drugs respectively address two major unmet needs in the treatment of chronic hepatitis B (“**CHB**”): functional cure and low-level viremia (LLV).

About TQ-A3334

TQ-A3334 is an orally administered, highly selective TLR7 agonist independently developed by CTTQ. By activating innate and adaptive immune pathways, it induces interferon and cytokine responses, thereby reshaping the body’s immune response against hepatitis B virus (HBV), which complements the direct antiviral effects of nucleos(t)ide analogues (NAs), and represents an important exploration in the field of functional cure of hepatitis B.

The drug was granted Breakthrough Therapy Designation primarily on the basis of Phase II clinical data showing potential for meaningful improvements in key efficacy endpoints; the relevant study results have been selected as a “Late-Breaking Abstract (LBA)” at The Liver Meeting 2026 of the American Association for the Study of Liver Diseases (AASLD) and will be presented in the form of an oral presentation.

Title of Abstract: Efficacy and Safety of an Oral TLR7 Agonist Through 48 Weeks in NAs-Treated Chronic HBV Infection: A Randomized, Double-Blind, Placebo-Controlled Phase II Trial

About TQA3605

TQA3605 is a core protein allosteric modulator (CpAM) independently developed by CTTQ, which can effectively inhibit HBV replication across multiple genotypes and has no cross-resistance with standard-of-care NAs. TQA3605 targets hepatitis B core antigen (HBcAg), blocks viral nucleocapsid formation, thereby inhibiting viral replication, and can indirectly affect the stability of the covalently closed circular DNA (cccDNA) pool, with a relatively high resistance barrier. The inclusion of TQA3605 in the Breakthrough Therapy Designation Program was mainly based on the positive results of its Phase II clinical study: at Week 24, TQA3605 in combination with NAs significantly increased the proportion of subjects with HBV DNA below the lower limit of quantification (<20 IU/mL), with response rates in all treatment groups approaching 90%, superior to those in the NAs monotherapy control group ($p<0.0001$). These results suggest that TQA3605 may offer a new treatment option for LLV, a challenging clinical issue.

CHB is a major global public health challenge. Approximately 290 million people worldwide are living with chronic HBV infection, of whom approximately 75 million are in China. If not treated promptly and appropriately, CHB can further progress to cirrhosis, liver failure, and hepatocellular carcinoma. Although standard antiviral treatment represented by NAs has been widely used and effectively improves patient prognosis, current clinical management of CHB still faces two major unmet needs:

1. **High barrier to functional cure:** Although NAs potently suppress HBV replication, they have limited effect on hepatitis B surface antigen (HBsAg). Pegylated interferon (peg-IFN α) can increase HBsAg clearance in some patients, but interpatient variability is substantial and tolerability is limited. Achieving dual negativity of HBsAg and HBV DNA (i.e., functional cure) within a finite treatment course remains a globally recognized ideal treatment goal.
2. **Underestimated risk of LLV:** Even with standard NAs treatment, some patients still remain in a state of low viral load, with the virus not completely cleared and continuing to replicate in hepatocytes, which can accelerate the progression of liver fibrosis and cirrhosis; their risk of hepatocellular carcinoma (HCC) is approximately 2 to 4 times that of those who achieve complete viral suppression.

Currently, these two highly differentiated investigational new drugs are steadily advancing in clinical development: TQA3605 has initiated Phase III clinical trials, and TQ-A3334 is about to enter Phase III clinical trials. The Group will continue to advance the clinical development of the two drug candidates, with the aim of bringing new treatment options to CHB patients as soon as possible.

By order of the Board
Sino Biopharmaceutical Limited
Tse, Theresa Y Y
Chairwoman

Hong Kong, 27 October 2026

As at the date of this announcement, the Board of the Company comprises five executive Directors, namely Ms. Tse, Theresa Y Y, Mr. Tse Ping, Ms. Cheng Cheung Ling, Mr. Tse, Eric S Y and Mr. Tse Hsin and six independent non-executive Directors, namely Mr. Lu Zhengfei, Ms. Lu Hong, Mr. Zhang Lu Fu, Dr. Li Kwok Tung Donald, Dr. Chen Lieping and Dr. Lu Bai.