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HARBOUR
BIOMED
和 鉑 醫 藥 控 股 有 限 公 司
HBM Holdings Limited
(incorporated in the Cayman Islands with limited liability)
(Stock Code: 02142)

VOLUNTARY ANNOUNCEMENT
COMPLETION OF FIRST DOSING OF LAST PATIENT WITH
BATOCLIMAB (HBM9161) PHASE Ib/IIa TRIAL FOR TREATMENT OF
NEUROMYELITIS OPTICA SPECTRUM DISORDER

This announcement is made by HBM Holdings Limited (the “**Company**”, together with its subsidiaries, the “**Group**”) on a voluntary basis to inform the shareholders and potential investors of the Company about the latest business update of the Group.

The board of directors of the Company (the “**Board**”) is pleased to announce that, the clinical trial of batoclimab (HBM9161, an anti-FcRn antibody (as defined below)), the novel drug for autoimmune disorder therapy developed by the Company, has completed the first dosing of last patient in phase Ib/IIa trial for the treatment of acute neuromyelitis optica spectrum disorder (“**NMOSD**”). This clinical study aims to assess the safety, tolerability, pharmacodynamics, and efficacy of batoclimab (HBM9161) in patients with NMOSD in China. It is the first anti-FcRn proof of concept study for the treatment of NMOSD.

Batoclimab (HBM9161) blocks the binding of Immunoglobulin G (“**IgG**”) (including pathogenic IgG) to neonatal Fc receptor (“**FcRn**”) and significantly reduces IgG level in vivo, therefore treating autoantibody-mediated autoimmune diseases, including NMOSD. The Company is developing batoclimab (HBM9161) as part of its product pipeline to treat multiple pathogenic-IgG mediated autoimmune diseases with significant unmet medical needs. NMOSD is among the first of such indications for which the Company is developing drug candidates in China.

About Batoclimab (HBM9161)

Batoclimab (HBM9161), a fully human anti-FcRn monoclonal antibodies, blocks FcRn-IgG interactions, accelerating the degradation of autoantibodies and leads to the treatment of pathogenic IgG-mediated autoimmune diseases. Available evidence suggests that reduced levels of pathogenic IgG in patients with myasthenia gravis are associated with clinical benefit. Earlier studies demonstrated that batoclimab is well tolerated and can rapidly reduce total IgG, in a wide array of pathogenic IgG-mediated autoimmune diseases, including myasthenia gravis, Grave’s ophthalmopathy, neuromyelitis optica spectrum disorder and immune thrombocytopenia, among others. The Company licensed batoclimab (HBM9161) from HanAll BioPharma Co., Ltd. and has the right to develop, manufacture and commercialize in Greater China (including Hong Kong, Macau and Taiwan).

About Neuromyelitis Optica Spectrum Disorder

Neuromyelitis optica spectrum disorder (NMOSD) is a lifelong and debilitating autoimmune disease of the central nervous system (CNS), characterized by inflammatory demyelination in the optic nerve and spinal cord. The main pathogenesis is the binding of pathogenic IgG to anti-aquaporin-4 (AQP4), which leads to complement-dependent cytotoxicity and secondary inflammation, accompanied by infiltration of granulocytes and macrophages, destruction of the blood-brain barrier and oligodendrocytes damage.

The acute attacks or relapses of NMOSD can lead to accumulating, permanent neurological damage, visual impairment and disability, paralysis and blindness. The purpose of acute attack treatment is to alleviate the symptoms of the attack, shorten the course of the disease, improve the degree of disability and prevent complications. The currently available treatment options for an acute attack in NMOSD are limited, and therapeutic effect is not satisfactory.

Cautionary Statement: We cannot guarantee that we will be able to successfully develop or ultimately market batoclimab (HBM9161). Shareholders and potential investors of the Company are advised to exercise due care when dealing in the shares of the Company.

By order of the Board
HBM Holdings Limited
Dr. Jingsong Wang
Chairman and Executive Director

Hong Kong, 15 July 2021

As at the date of this announcement, the board of directors of the Company comprises Dr. Jingsong Wang and Dr. Mai-Jing Liao as executive Directors; Mr. Yu Min Qiu, Mr. Junfeng Wang and Ms. Weiwei Chen as non-executive Directors; Dr. Robert Irwin Kamen, Dr. Xiaoping Ye and Mr. Ka Chi Yau as independent non-executive Directors.