Brii Biosciences Limited
腾盛博药生物科技有限公司
(Incorporated in the Cayman Islands with limited liability)
(Stock code: 2137)

INSIDE INFORMATION
Announces Topline End-of-Treatment Data from Phase 2b ENRICH and ENHANCE Studies for the Treatment of Chronic Hepatitis B

This announcement is made by Brii Biosciences Limited (the "**Company**") pursuant to Rule 13.09(2)(a) of the Rules Governing the Listing of Securities on The Stock Exchange of Hong Kong Limited (the "**Listing Rules**") and the Inside Information Provisions (as defined under the Listing Rules) under Part XIVA of the Securities and Futures Ordinance (Chapter 571 of the Laws of Hong Kong).

The board of directors (the "**Board**") of the Company announces end-of-treatment (EOT) results from its ongoing Phase 2b ENRICH and ENHANCE studies investigating sequential versus concurrent combination regimens of BRII-179 with elebsiran and PEG-IFNα for chronic hepatitis B virus (HBV) infection.

The ENRICH and ENHANCE studies are two Phase 2b studies designed to further define the role of BRII-179 in chronic HBV treatment and to select the optimal combination regimen for future development. The ENRICH study evaluates BRII-179 as a priming therapy administered prior to elebsiran and PEG-IFNα treatment. The ENHANCE study evaluates a concurrent triple combination regimen of BRII-179, elebsiran, and PEG-IFNα to enhance the functional cure rates.

At EOT, the ENRICH study evaluating pre-treatment with BRII-179 followed by elebsiran and PEG-IFNα demonstrated hepatitis B surface antigen (HBsAg) loss rates of 42.9% (42/98) and 40.0% (20/50) across two different BRII-179 dosing schedules, being 5 doses administered once every 3 weeks versus 7 doses administered once every 2 weeks, respectively. These results were consistent with the HBsAg loss rate observed in ENSURE Cohort 4, 41.9% (13/31) in patients with prior BRII-179 treatment, supporting the immune priming role of BRII-179. The Company had engaged with the Center for Drug Evaluation of the National Medical Products Administration of China and reached preliminary alignment regarding a potential registrational study.

At EOT, the ENHANCE (Part A-1) study evaluating a concurrent triple combination did not demonstrate improved HBsAg loss rates compared with ENSURE Cohorts 2 and 3, 29.7% (11/37), with an observed rate of 25.5% (25/98). However, higher HBsAg loss rates were observed compared with the PEG-IFNα control arm, 10.2% (5/49).

Subgroup analyses from the ENRICH study suggest potential differentiation in subjects with higher baseline HBsAg levels (1000-3000 IU/mL), consistent with prior findings from ENSURE Cohort 4, indicating that BRII-179 may induce beneficial immune responses regardless of baseline HBsAg levels in this difficult-to-treat population.

The ENHANCE study, Part A-2, also evaluated a sequential approach designed to potentially shorten PEG-IFNα therapy by administering BRII-179 plus elebsiran during the first 24 weeks followed by 24 weeks of elebsiran and PEG-IFNα. At EOT, this combination regimen achieved an HBsAg loss rate of 22.5% (18/80), suggesting full course of PEG-IFNα therapy is needed for optimal curative outcome.

HBsAg loss is an important endpoint when evaluating functional cure regimens, but requires confirmation during off-treatment follow-up to assess rebound and durability of functional cure. No new safety concerns were identified in either study. The Company plans to present detailed data, including additional efficacy, safety, subgroup analyses and follow-up results, at a scientific conference in the second half of 2026.

"These initial EOT data provide important insights into the relative performance of the ENRICH and ENHANCE study designs," said Dr. David Margolis, M.D., the Chief Medical Officer of the Company. "While longer-term follow-up is needed to assess durability of the HBsAg loss, the data observed to date, together with EOT and post-EOT findings from multiple prior studies, are very consistent, suggesting that the ENRICH study design is preferred for a registrational study. We look forward to sharing the more complete dataset later this year."

As previously disclosed, in light of the ongoing arbitration with Vir Biotechnology, Inc. (the "**Arbitration**"), and the unknown nature and timing of the outcome of the Arbitration or any mutual resolution of the claims, the Company considers the future of the elebsiran program to be uncertain. In particular, the Company cannot invest in a Phase 3 clinical study of any elebsiran-containing combination therapy for HBV unless and until the claims in the Arbitration are satisfactorily resolved. The Company will continue to evaluate such developments and assess their impact on the continued viability of the elebsiran program, and update its shareholders and the public as and when appropriate in accordance with relevant requirements.

Cautionary Statement: There is no assurance that BRII-179 and elebsiran will ultimately be successfully developed or marketed by the Company. Shareholders of the Company and potential investors are advised to exercise caution when dealing in the shares of the Company. When in doubt, shareholders of the Company and potential investors are advised to seek advice from professional or financial advisers.

By order of the Board
Brii Biosciences Limited
Dr. Zhi Hong
Chairman

Hong Kong, July 3, 2026

As at the date of this announcement, the Board comprises Dr. Zhi Hong and Dr. Ankang Li as executive directors; and Dr. Martin J Murphy Jr, Ms. Grace Hui Tang, Mr. Yiu Wa Alec Tsui, Mr. Gregg Huber Alton and Dr. Taiyin Yang as independent non-executive directors.