FibroGen, Inc.
Corporate Presentation

December 2022
This presentation contains “forward-looking” statements that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this presentation, including statements regarding our future financial condition, business strategy, and plans, and objectives of management for future operations, are forward looking statements. These forward-looking statements can generally be identified by terminology such as “believe,” “will,” “may,” “estimate,” “continue,” “anticipate,” “contemplate,” “intend,” “target,” “project,” “should,” “plan,” “expect,” “predict,” “could,” “or potentially,” or by the negative of these terms or other similar expressions. Forward-looking statements appear in a number of places throughout this presentation and include statements regarding our intentions, beliefs, projections, outlook, analyses, or current expectations concerning, among other things, our ongoing and planned development and clinical trials, the timing of and our ability to make regulatory filings and obtain and maintain regulatory approvals for roxadustat, pamrevlumab, and our other product candidates, the potential safety, efficacy, reimbursement, convenience, or clinical and pharmaco-economic benefits of our product candidates, including in China, the potential markets for any of our product candidates, our ability to develop commercial functions, results of commercial operations, or our ability to operate in China, expectations regarding clinical trial data, our results of operations, cash needs, spending of proceeds from our public offerings, financial condition, liquidity, prospects, growth, and strategies, the industry in which we operate, and the trends that may affect the industry or us.

Forward-looking statements involve known and unknown risks, uncertainties, assumptions, and other factors that may cause our actual results, performance, or achievements to be materially different from any future results, performance, or achievements expressed or implied by the forward-looking statements, including the other risks and uncertainties that are described in the Risk Factors section of our most recent annual report on Form 10-K or quarterly report on Form 10-Q filed with the Securities and Exchange Commission. Forward-looking statements represent our management’s beliefs and assumptions only as of the date of this presentation. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.
## Company Overview

### Mission

Developing innovative, first-in-class medicines for the treatment of chronic and life-threatening or debilitating conditions

### Employees

<table>
<thead>
<tr>
<th>~575 worldwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>~300 US</td>
</tr>
<tr>
<td>~275 ex-US</td>
</tr>
</tbody>
</table>

### Cash as of September 30, 2022

$441.6 million

- Estimated 2022 ending cash to be in the range of $380-$410 million
Announced non-dilutive royalty financing transaction with NovaQuest Capital Management, a leading life sciences investment firm with a specialization in biopharmaceuticals

- Non-dilutive royalty monetization transaction with NovaQuest for $50 million of capital secured by 22.5% of roxadustat royalty revenue in the Astellas territories

- Strengthens balance sheet with strategic non-dilutive capital and provides incremental funding to support the development and commercialization of pamrevlumab while continuing to advance and expand our pipeline
Strategic Objectives: Three Areas of Focus

1. Delivering pivotal Phase 3 pamrevlumab data in three high-value indications: Idiopathic pulmonary fibrosis (IPF), Duchenne muscular dystrophy (DMD), and locally advanced pancreatic cancer (LAPC)

2. Ensuring regulatory and commercial success of roxadustat in chronic kidney disease (CKD) and other indications

3. Increasing research productivity to advance novel programs that leverage internal expertise and access external innovation
<table>
<thead>
<tr>
<th>Program</th>
<th>Indication</th>
<th>Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Approved</th>
<th>Anticipated Milestone</th>
</tr>
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<tbody>
<tr>
<td>Pamrevlumab</td>
<td>Idiopathic Pulmonary Fibrosis (IPF)</td>
<td></td>
<td>ZEPHYRUS-1</td>
<td></td>
<td></td>
<td></td>
<td>Mid-2023</td>
</tr>
<tr>
<td>Monoclonal antibody against connective tissue growth factor (CTGF)</td>
<td>Locally Advanced Unresectable Pancreatic Cancer (LAPC)</td>
<td></td>
<td></td>
<td>ZEPHYRUS-2</td>
<td></td>
<td></td>
<td>Mid-2024</td>
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<tr>
<td></td>
<td>Metastatic Pancreatic Cancer</td>
<td></td>
<td></td>
<td></td>
<td>Precision Promise™</td>
<td></td>
<td>1H 2024</td>
</tr>
<tr>
<td></td>
<td>Duchenne Muscular Dystrophy (DMD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>AML/Solid Tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1H 2023</td>
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<tr>
<td></td>
<td>Anemia of Chronic Kidney Disease (CKD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>2H 2023</td>
</tr>
<tr>
<td></td>
<td>Chemotherapy-Induced Anemia (CIA)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Anemia in Myelodysplastic Syndrome (MDS)</td>
<td></td>
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<tr>
<td></td>
<td>Small molecule HIF-PHI</td>
<td></td>
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<tr>
<td></td>
<td>Monoclonal antibody against Galectin-9 (Gal-9)</td>
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<td></td>
<td>FG-3165</td>
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<td>IND 2023</td>
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<tr>
<td></td>
<td>Monoclonal antibody against C-C Motif Chemokine Receptor 8 (CCR8)</td>
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<td>FG-3163</td>
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<td>IND 2023</td>
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<tr>
<td></td>
<td>Additional Programs</td>
<td></td>
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<td></td>
<td>TBD</td>
</tr>
</tbody>
</table>

*Currently approved in China, Europe, Japan, and numerous other countries for the treatment of anemia in CKD patients on dialysis and patients not on dialysis.
Pamrevlumab: Innovative Treatment for Fibrosis and Fibroproliferative Disease

• **PAMREVLUMAB** – Fully human monoclonal antibody targeting activity of connective tissue growth factor (CTGF), a central factor in fibrosis

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**Cellular Response**
- Myofibroblast Activation
- ECM Deposition and Remodeling
- De-Differentiation
- Proliferation
- Survival
- Motility and Invasion

**Target Diseases**
- Fibrosis
  - IPF
  - DMD
  - Other Interstitial Lung Diseases
- Cancer
  - Locally Advanced Pancreatic Cancer
  - Metastatic Pancreatic Cancer
  - Other Desmoplastic Tumors

**Diagram Elements**
- LPA
- TGFβ
- CTGF
- IL-13
- PDGF
- FGF
- VEGF
- Pamrevlumab
Current Status of Pamrevlumab Development

PAMREVLUMAB

Idiopathic Pulmonary Fibrosis
• ZEPHYRUS-1 Phase 3 Study Enrollment Complete
• ZEPHYRUS-2 Phase 3 Study Enrolling

Locally Advanced Unresectable Pancreatic Cancer
• LAPIS Phase 3 Study Enrollment Complete

Metastatic Pancreatic Cancer
• Precision Promise℠ Platform Phase 2/3 Sponsored by Pancreatic Cancer Network - Enrolling

Duchenne Muscular Dystrophy
• LELANTOS-1 (non-ambulatory) Phase 3 Study Enrollment Complete
• LELANTOS-2 (ambulatory) Phase 3 Study Enrollment Complete
Roxadustat: Novel, First-in-Class Treatment for CKD Anemia

ROXADUSTAT – Oral hypoxia-inducible factor prolyl hydroxylase (HIF-PH) inhibitor based on 2019 Nobel Prize-winning science

• Increases hemoglobin (Hb) by mimicking the body’s natural response to low oxygen
• Studied for treatment of anemia in Stage 3-5 CKD patients, both on and not on dialysis

2019 Nobel Prize In Physiology or Medicine
"for their discoveries of how cells sense and adapt to oxygen availability."

Awarded jointly to:
William G. Kaelin Jr.
Harvard University
Peter J. Ratcliffe
Francis Crick Institute
London
Gregg L. Semenza
Johns Hopkins University
Roxadustat Update

Advancing ongoing roxadustat clinical trials for the treatment of anemia in myelodysplastic syndromes (MDS) and in China for treatment of anemia in patients undergoing chemotherapy (CIA).

Roxadustat continues to gain regulatory approval in additional countries around the world for the treatment of anemia of chronic kidney disease (CKD) patients on dialysis and not on dialysis with further launches expected in the major EU markets over the coming months.

Continued strong roxadustat performance in China.

Roxadustat is the number one brand based on value share in the anemia of CKD market in China.
Pre-Clinical Pipeline:

Licensed programs in transformative partnership with HiFiBiO Therapeutics

• **FG-3165**: anti-Gal9 antibody designed to inhibit target driven cancer stem cell self-renewal in acute myeloid leukemia (AML) and immune resistance in many solid tumors.

• **FG-3163**: anti-CCR8 antibody designed to deplete suppressive T regulatory cells in the tumor microenvironment with broad potential to activate immune responses in solid tumors.

**FibroGen fully owned proprietary assets**

• Undisclosed: additional drug development programs leveraging FibroGen expertise in HIF and CTGF biology.
Pamrevlumib for Fibrosis
Pamrevlumab: A Unique Phase 3 Investigational Drug

Novel, differentiated antifibrotic MOA
- First-in-class CTGF-targeting mAb
- *In vivo* efficacy in multiple preclinical models
- Potential disease-modifying mechanism across fibrotic diseases

Phase 2 outcomes target serious unmet needs
- IPF: Observed benefit in lung function preservation with a differentiated safety profile
- PDAC: Safe and well tolerated with trend for improved resection rate and increased completion of chemotherapy cycles
- DMD: Safe and well tolerated with favorable outcomes vs historical data
  - Pamrevlumab can potentially be used in a broad range of DMD patients regardless of specific mutations

Significant commercial potential
- Phase 3 programs in areas of high unmet medical need with limited late-stage competitive intensity
- Highly differentiated target indications with fibrotic components but independent risk profiles
- Esbriet and Ofev combined 2021 sales ~$4.0B
Pamrevlumab: Potential First in Class Antibody Targeting High Need Medical Indications

Idiopathic Pulmonary Fibrosis (IPF)
- FDA Fast Track and Orphan Drug Designation
- ZEPHYRUS-1 Phase 3 Study Enrollment Complete
- ZEPHYRUS-2 Phase 3 Study Enrolling

Pancreatic Cancer (LAPC)
- FDA Fast Track and Orphan Drug Designation
- LAPIS Phase 3 Study Enrollment Complete

Metastatic Pancreatic Cancer
- Precision PromiseSM Platform Phase 2/3
  Sponsored by Pancreatic Cancer Network Enrolling

Duchenne Muscular Dystrophy (DMD)
- FDA Orphan Drug, Fast Track and Rare Pediatric Disease Designation
- EMA Orphan Medicinal Product Designation
- LELANTOS-1 Phase 3 Enrollment Complete
- LELANTOS-2 Phase 3 Study Enrollment Complete
# Pamrevlumab Commercial Opportunity

## Idiopathic Pulmonary Fibrosis

| Annual Diagnosed Prevalence (US, EU, CN, JP) | ~330k\(^1\) |
| 2021 Branded Category Revenue | ~$4.0B; +11% YoY\(^2\) |
| Current Standard of Care | Ofev (nintedanib – BI); Esbriet (pirfenidone – Genentech / Roche) |
| SoC Limitations | Disease progression; poor tolerability / adherence |
| Late-Stage Competitive Intensity | PRM-151 (Roche), BI-1015550 (BI) |

Sources:

1. Epidemiology:
   - EU: DRG; Eurostat
   - CN: China Society of Respiratory Diseases; Chinese General Practice (2012)
   - JP: Japan Intractable Diseases Information Center; Natsuizaka et al. (2014); Datamonitor
2. Company Financial Reports
IPF Patients Need New Therapeutic Options

Orphan Disease

- U.S. annual diagnosed prevalence of ~115,000
- U.S. annual incidence of 30,000-40,000 cases

Progressive

- Leads to irreversible loss of lung function with high morbidity and mortality rates
- Median survival of 3-5 years following diagnosis

Current Treatments

- Slow pulmonary function loss
- Modest effect on slowing disease progression
- Require side effect management
- Approximately 40-50% of patients starting Esbriet and Ofev stop therapy within 12 months

1. Raimundo et al., BMC Pulm Med. (2016); Raghu et al., Eur Respir J (2016); Raghu et al., Lancet Respir Med (2014); Raghu et al., Am J Respir Crit Care Med (2006); Fernandez et al., Chest (2010)
PRAISE Phase 2: Efficacy Analysis, Primary Endpoint; Mean Change from BL at Week 48 in FVC


**FVC%-Predicted**

<table>
<thead>
<tr>
<th></th>
<th>Pamrevlumab</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean FVC% change +/-SE</td>
<td>-2.85 +/-0.79</td>
<td>-7.17 +/-1.86</td>
</tr>
</tbody>
</table>

\[ p-value = 0.033 \]

- FVC%-Predicted Difference: 4.33%
- Relative Difference: 60%

**FVC (mL)**

<table>
<thead>
<tr>
<th></th>
<th>Pamrevlumab</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean FVC change (mL) +/-SE</td>
<td>-129 +/-27.1</td>
<td>-308 +/-74.3</td>
</tr>
</tbody>
</table>

\[ p-value = 0.025 \]

- Absolute FVC Difference: 178mL
- Relative Difference: 58%
PRAISE Phase 2: Pamrevlumab Attenuated Progression of Fibrosis

- Absolute differences in Quantitative Lung Fibrosis (QLF) changes from baseline to Weeks 24-48 between pamrevlumab arm and placebo arm were 61.6 ml and 76.2 ml, respectively.

- First reported statistically significant results for attenuation of fibrosis by qHRCT.

- Change in fibrosis (lung structure) correlates with change in FVC% predicted (lung function), primary endpoint of study (Spearman's correlation coefficient of -0.64, p=0.0001).

PRAISE Phase 2: Attenuation of IPF Disease Progression

IPF Disease Progression (FVC% Predicted Decline $\geq$10% or Death) vs. Placebo

ITT Analysis

<table>
<thead>
<tr>
<th>Visit (weeks)</th>
<th>12w</th>
<th>24w</th>
<th>36w</th>
<th>48w</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-value*</td>
<td>0.1235</td>
<td>0.0527</td>
<td>0.0172</td>
<td>0.0103</td>
</tr>
<tr>
<td>Pamrevlumab, n (%)</td>
<td>3 (6.0%)</td>
<td>3 (6.0%)</td>
<td>5 (10.0%)</td>
<td>5 (10.0%)</td>
</tr>
<tr>
<td>Placebo, n (%)</td>
<td>7 (13.7%)</td>
<td>9 (17.6%)</td>
<td>15 (29.4%)</td>
<td>16 (31.4%)</td>
</tr>
<tr>
<td>Difference (%)</td>
<td>-11.6%</td>
<td>-21.4%</td>
<td>-21.4%</td>
<td>-21.4%</td>
</tr>
<tr>
<td>Relative Difference</td>
<td>-56%</td>
<td>-66%</td>
<td>-66%</td>
<td>-68%</td>
</tr>
</tbody>
</table>

Relative Difference 68%
Phase 3 Program Consists of Two Trials: ZEPHYRUS I and ZEPHYRUS II

ZEPHYRUS I (Study 091 - NCT03955146)

- **Primary endpoint:** change in FVC (mL) from baseline to week 48
- Enrolls subjects who are either naïve to approved therapy or discontinued prior approved therapy
- Enrollment completed (n=356) in April 2022

ZEPHYRUS II (Study 095 - NCT04419558)

- **Primary endpoint:** disease progression composite of absolute FVCpp decline >10% or death in EU (primary endpoint is FVC in US)
- In some regions (e.g., EU) enroll only subjects with prior exposure to an approved therapy (if an approved therapy is not available in a host country, naïve subjects may also be enrolled). Other regions (e.g., US, Latin America) allow naïve patients
- Currently enrolling ~340 subjects

Shared Design Elements

- Randomized (1:1), double-blind, placebo-controlled studies to enroll subjects with IPF who are not currently receiving approved therapy at time of enrollment; 48-week treatment period; 30 mg/kg IV Q3W dosing; Open-Label Extension offered to all subjects who complete the 48-week main study
- Secondary endpoints include mortality, respiratory hospitalizations, acute IPF exacerbations, QOL (LCQ, SGRQ, UCSD-SOBQ), qHRCT (QLF)
- Key eligibility criteria: 40 to 85 years of age, FVC% predicted between 45%-95%, DLCO between 25%-90%, diagnosis of IPF in accordance with current international diagnostic guidelines
Pamrevlumab Commercial Opportunity

Locally Advanced Pancreatic Cancer

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosed Prevalence (US, EU, CN, JP)</td>
<td>~93k</td>
</tr>
<tr>
<td>Branded Category Revenue</td>
<td>N/A</td>
</tr>
<tr>
<td>Current Standard of Care</td>
<td>gemcitabine + nab-paclitaxel; Folfirinox</td>
</tr>
<tr>
<td>SoC Limitations</td>
<td>5-year Disease-Free Survival -11%¹; No major therapeutic advances in decades,² with major therapy classes like IOs failing to offer survival benefits</td>
</tr>
<tr>
<td>Late-Stage Competitive Intensity</td>
<td>Limited in non-metastatic disease</td>
</tr>
</tbody>
</table>

Phase I in Locally Advanced or Metastatic Pancreatic Ductal Adenocarcinoma Cancer Patients

Improved OS with Higher Pamrevlumab Exposure

<table>
<thead>
<tr>
<th>Pamrevlumab Day 15 $C_{\text{min}}$</th>
<th>n</th>
<th>Median OS (Months)</th>
<th>1-Year OS Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥median (150 μg/mL)</td>
<td>38</td>
<td>9.0</td>
<td>34.2%</td>
</tr>
<tr>
<td>&lt;median (150 μg/mL)</td>
<td>37</td>
<td>4.4</td>
<td>10.8%</td>
</tr>
<tr>
<td>$P$-value</td>
<td></td>
<td>0.024</td>
<td></td>
</tr>
<tr>
<td>Log Rank Test</td>
<td></td>
<td></td>
<td>0.026</td>
</tr>
<tr>
<td>Hazard Ratio (95% CI)</td>
<td></td>
<td>0.59 (0.37 – 0.94)</td>
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</tbody>
</table>

Empty circles represent censored subjects (2 subjects alive at data cut-off date).

LAPIS Pamrevlumab LAPC Phase 3 Study

Patient Population
- Locally advanced, unresectable pancreatic cancer
- ECOG 0-1 (health status of patient)
- No prior therapy

Primary Endpoint
- Overall Survival (OS)

Secondary Endpoints
- Event-free survival
- Patient-reported outcomes

Study Design
- Double-blind, placebo-controlled
- Enrolled 284 subjects at sites globally
- Randomization 1:1 to pamrevlumab + gemcitabine/nab-paclitaxel/ FOLFIRINOX or to placebo + gemcitabine/nab-paclitaxel/ FOLFIRINOX
- Six cycles of neoadjuvant treatment followed by evaluation for surgical eligibility and possible resection
- Long-term overall survival follow-up for all subjects

Study Fully Enrolled
NCT03941093
# Pamrevlumab Commercial Opportunity

## Duchenne Muscular Dystrophy

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<table>
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<tbody>
<tr>
<td><strong>Diagnosed Prevalence (US, EU, CN, JP)</strong></td>
<td>~60k</td>
</tr>
<tr>
<td><strong>2021 Branded Category Revenue</strong></td>
<td>~$0.75B</td>
</tr>
<tr>
<td><strong>Current Standard of Care</strong></td>
<td>corticosteroids; exon-skipping ASO’s</td>
</tr>
<tr>
<td><strong>SoC Limitations</strong></td>
<td>Continued disease progression; tolerability; need for confirmed gene mutation; biomarker benefit only (exon-skipping therapies)</td>
</tr>
<tr>
<td><strong>Late-Stage Competitive Intensity</strong></td>
<td>Dystrophin-targeted therapies (gene-based and exon-skipping); Limited anti-fibrotic therapies</td>
</tr>
</tbody>
</table>

Duchenne Muscular Dystrophy (DMD) Background

• Affects ~1 in every 5,000 newborn boys

• A fatal disease caused by genetic mutations leading to the absence or defect of dystrophin, a protein necessary for normal muscle function:
  • The absence of dystrophin results in muscle weakness, muscle loss, fibrosis, and inflammation

• Patients with DMD are often non-ambulatory before the age of 12, and their progressive muscle weakness can lead to serious medical problems relating to diminished function of respiratory and cardiac muscles
Mechanism of action may mitigate fibrosis in non-ambulatory DMD patients, irrespective of the causative genetic mutation.

Phase 2 Study 079 (MISSION) performed in non-ambulatory DMD subjects, showed pamrevlumab may slow DMD disease progression.

Promising safety profile, with no major SAEs leading to discontinuations.

Pamrevlumab can potentially be used in a broad range of DMD patients regardless of specific mutations.

Limitations: This study was limited by lack of an internal control group.
Patient Population
• Males 12 years and older with non-ambulatory DMD

Primary Endpoint
• Change in the total score of performance of upper limb (PUL) assessment, from baseline to Week 52

Secondary Endpoints
• Pulmonary function tests
• Cardiac function tests

Study Design
• Double-blind, placebo-controlled
• Enrolled 99 subjects at sites globally
• Randomized 1:1 to receive pamrevlumab plus systemic corticosteroids, or placebo plus systemic corticosteroids, for up to 52 weeks

LELANTOS-1 Pamrevlumab DMD Phase 3 Study
LELANTOS-2 Pamrevlumab DMD Phase 3 Study

Patient Population
• Males 6-12 years old with ambulatory DMD

Primary Endpoint
• Ambulatory function assessment, measured by the change in North Star Ambulatory Assessment (NSAA) from baseline to Week 52

Secondary Endpoints
• Additional functional secondary endpoints will be assessed in the study

Study Design
• Double-blind, placebo-controlled
• Enrolled 73 subjects at sites globally
• Randomized 1:1 to receive pamrevlumab plus systemic corticosteroids, or placebo plus systemic corticosteroids, for up to 52 weeks
• Subjects who complete the 52-week study will be eligible for rollover into an open-label extension study

Study Fully Enrolled
Roxadustat
Anemia
Roxadustat: An Innovative Approach to Addressing Anemia

Transformational Oral Anemia Therapy
Leveraging Body's Natural Response to Hypoxia

An oral hypoxia-inducible factor prolyl hydroxylase inhibitor (HIF-PHI) based on Nobel Prize winning science that stimulates a coordinated erythropoiesis response.

Strategic Partnership with Astellas and AstraZeneca

Astellas: Japan, Europe, Turkey, Russia and the Commonwealth of Independent States, the Middle East and South Africa

AstraZeneca: U.S., China, and all other markets not licensed to Astellas

Roxadustat Continues to be Approved in Additional Countries Worldwide

Roxadustat continues to be approved in jurisdictions throughout the world, including recent marketing approvals in Mexico and South Africa. Roxadustat (爱瑞卓®️, EVRENZOTM) is now approved in China, Europe, Japan, and numerous other countries for the treatment of anemia in chronic kidney disease ("CKD") patients on dialysis and those not on dialysis.

Additional Indications Under Evaluation

- Anemia associated with myelodysplastic syndromes (MDS) – Phase 3
- Anemia associated with chemotherapy-induced anemia (CIA) – Phase 3 in China
Roxadustat Collaboration Economics

Royalty/Transfer Price in low 20% range in U.S./EU and ROW

China 50/50 profit split

All development costs and commercialization costs paid by partners, ex-China

Regulatory and/or commercial milestones available under our collaboration agreements
Patient Population
• Anemic patients with lower or intermediate risk myelodysplastic syndrome (MDS)

Primary Endpoint
• Transfusion independence ≥ 56 consecutive days in the first 26 weeks

Secondary Endpoints
• Safety
• Quality of life parameters
• Proportion of patients achieved a reduction in RBC transfusion

Study Design
• Open-label, dose-finding component (N=24) followed by
• Randomized Double-Blind Placebo-Controlled Study (N=140)
• And separate Open-label, High Epo component (N=20)

Topline data expected 1H 2023
Roxadustat
China
CHINA: Strong Performance from Volume Growth and NRDL Benefits

- Roxadustat net sales to distributors in China of $59 million in third quarter 2022 compared to $57.8 million a year ago*
  - Driven by an increase in volume of over 85%
- FibroGen net product revenue under U.S. GAAP of $17.4 million in third quarter 2022

*Total roxadustat net sales in China includes sales made by the distribution entity as well as FibroGen China’s direct sales, each to its own distributors. The distribution entity jointly owned by AstraZeneca and FibroGen is not consolidated into FibroGen’s financial statements.
CHINA: Roxadustat Maintains ESA + HIF Category Leadership Based On $ Sales

Quarterly Brand Share based on $ Sales - Top 5 of ESA+HIF Market

ROXA  EPIAO (rhEPO)  SEPO (rhEPO)  YI BAO (rhEPO)  YI PU DING (rhEPO)

Source: IQVIA MIDAS, accessed Oct 24th, 2022. Notes: Market definition includes B3C0 Erythropoietin Products and B3D0 HIF-PH Inhibitors (ATC4), does not include iron. No indication split applied, i.e., includes ESA sales outside of CKD. Discrepancies between IQVIA MIDAS and company-reported sales ($ and volume) are due to data capture limitations and 'volume to $' conversion based on list price.
Roxadustat China Unit Volume
Up >75% in the last 3 months compared to same period last year; EPIAO volume relatively flat

<table>
<thead>
<tr>
<th></th>
<th>Jun - Aug ’21</th>
<th>Jun - Aug ’22</th>
<th>% Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roxadustat</td>
<td>4,193,460</td>
<td>7,364,829</td>
<td>76%</td>
</tr>
<tr>
<td>EPIAO</td>
<td>3,458,207</td>
<td>3,825,811</td>
<td>11%</td>
</tr>
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</table>

Source: IQVIA MIDAS, accessed Oct 24th, 2022. Notes: Market definition includes B3C0 Erythropoietin Products and B3D0 HIF-PH Inhibitors (ATC4), does not include iron. No indication split applied, i.e., includes ESA sales outside of CKD. Discrepancies between IQVIA MIDAS and company-reported sales ($ and volume) are due to data capture limitations and ‘volume to $’ conversion based on list price.
Cash Summary / Finance Update

At September 30, 2022
FibroGen had $441.6 million in cash, cash equivalents, investments, and accounts receivable.

Estimated 2022
ending balance of cash, cash equivalents, investments, and accounts receivable to be in the range of $380-$410 million.
## Clinical Trial Timelines – Anticipated Pivotal Phase 3 Readouts

<table>
<thead>
<tr>
<th>Study Name</th>
<th>Indication</th>
<th>Enrollment Target</th>
<th>Topline Data</th>
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</thead>
<tbody>
<tr>
<td><strong>PAMREVLUMAB</strong></td>
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</tr>
<tr>
<td>LELANTOS-1</td>
<td>DMD (non-ambulatory)</td>
<td>99*</td>
<td>1H 2023</td>
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<tr>
<td>ZEPHYRUS-1</td>
<td>IPF</td>
<td>356*</td>
<td>Mid-2023</td>
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<tr>
<td>LELANTOS-2</td>
<td>DMD (ambulatory)</td>
<td>73*</td>
<td>2H 2023</td>
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<tr>
<td>LAPIS</td>
<td>LAPC</td>
<td>284*</td>
<td>1H 2024</td>
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<tr>
<td>ZEPHYRUS-2</td>
<td>IPF</td>
<td>340</td>
<td>Mid-2024</td>
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<td><strong>ROXADUSTAT</strong></td>
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<tr>
<td>MATTERHORN</td>
<td>MDS</td>
<td>160*</td>
<td>1H 2023</td>
</tr>
<tr>
<td>China Study</td>
<td>CIA</td>
<td>146</td>
<td>Mid-2023</td>
</tr>
</tbody>
</table>

CIA – Chemotherapy-induced anemia  
DMD – Duchenne muscular dystrophy  
IPF – Idiopathic pulmonary fibrosis  
LAPC – Locally advanced pancreatic cancer  
MDS – Myelodysplastic syndromes  

*Study Fully Enrolled*
Thank You

For more information contact ir@fibrogen.com