

WOCK/SEC/SE/2023-24/072

26th February, 2024

<p>BSE Limited Corporate Relations Department P J Towers, Dalal Street Mumbai - 400 001</p> <p><u>Scrip Code: 532300</u></p>	<p>National Stock Exchange of India Limited Listing Department Exchange Plaza Bandra Kurla Complex, Bandra (E), Mumbai - 400 051</p> <p><u>NSE Symbol – WOCKPHARMA</u></p>
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Dear Sir/Madam,

Subject: Disclosure under Regulation 30 of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015, as amended – Investor Presentation

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The said Investor Presentation has also been uploaded on the Company’s website and can be accessed through the following link:

<https://www.wockhardt.com/investors/analyst-investors/presentation/>

You are requested to kindly take it on record.

Thanking you,
Yours Sincerely,

Rashmi Mamtura
Company Secretary

Encl.: A/a.



Saving Lives
55
years

WOCKHARDT | **LIFE
WINS**

Investor presentation

2024



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Snapshot of Wockhardt

Net sales Revenues
(9M FY24)

INR 2,129 Cr.

EBITDA
(9M FY24)

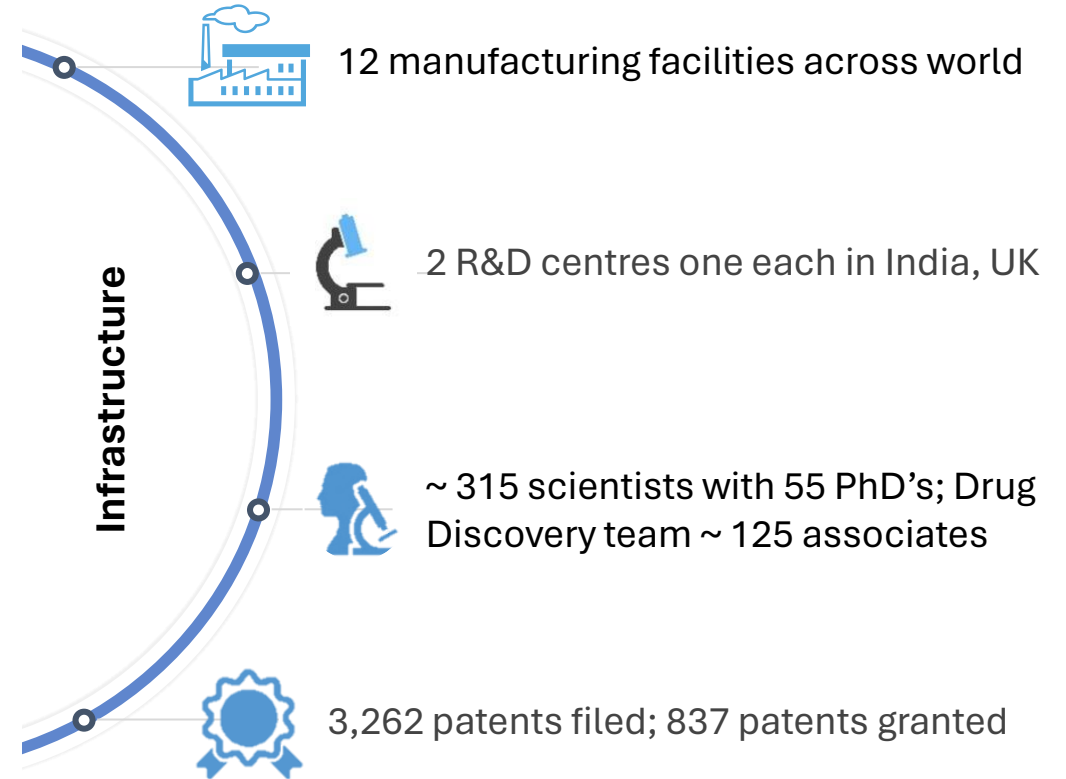
INR 173 Cr.

Net Debt: Equity Ratio
(as on September 30, 2023)

0.27x*

International Business
(9M FY24)

78%



Pharma Generics



Biotechnology
(focus on Diabetes)



Vaccines

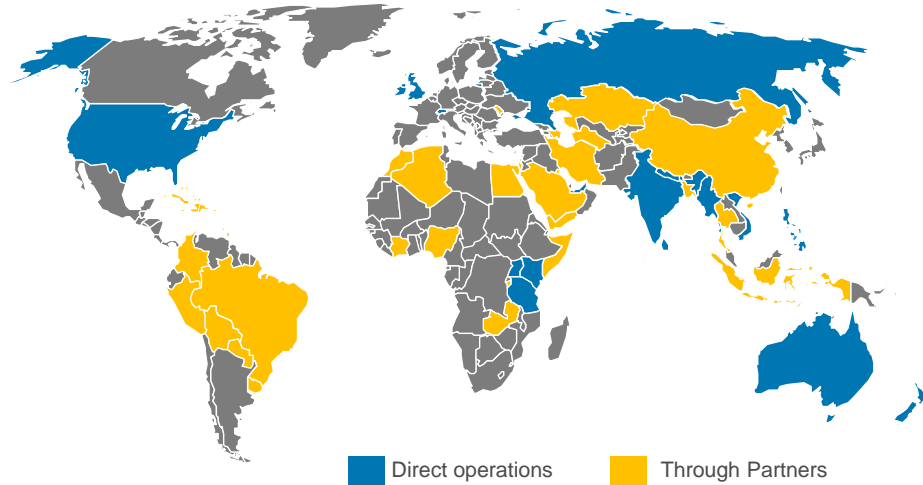


New Chemical Entity
(focus on novel Antibiotics)

* Excluding promoter debt & preference capital & net of Cash & cash equivalents and other Bank balances

Global footprint

Global operations



Capability across different segments



- ▶ Branded
- ▶ OTC
- ▶ Hospitals



- ▶ Antibiotics Drug Discovery
- ▶ Biotechnology
- ▶ Pharma Generics



- ▶ Solids
- ▶ Injectables
- ▶ Biotechnology

- ▶ Liquids
- ▶ Nasal sprays
- ▶ Complex technologies



United Kingdom

- ▶ Retail & Hospital segments
- ▶ Vaccine CMO

36%



Emerging Markets

- ▶ Presence in Southeast Asia, East Asia, Africa, the CIS region and Latin America countries

21%



India

- ▶ Pain, Diabetes, Nephrology, CNS portfolio
- ▶ >750** field force

22%



Ireland

- ▶ Branded Generic & OTC
- ▶ Retail pharmacies, wholesalers & hospitals.

6%



USA

- ▶ Restructuring - facility shutdown
- ▶ Shift to third party manufacturing
- ▶ Defocusing Pharma R&D

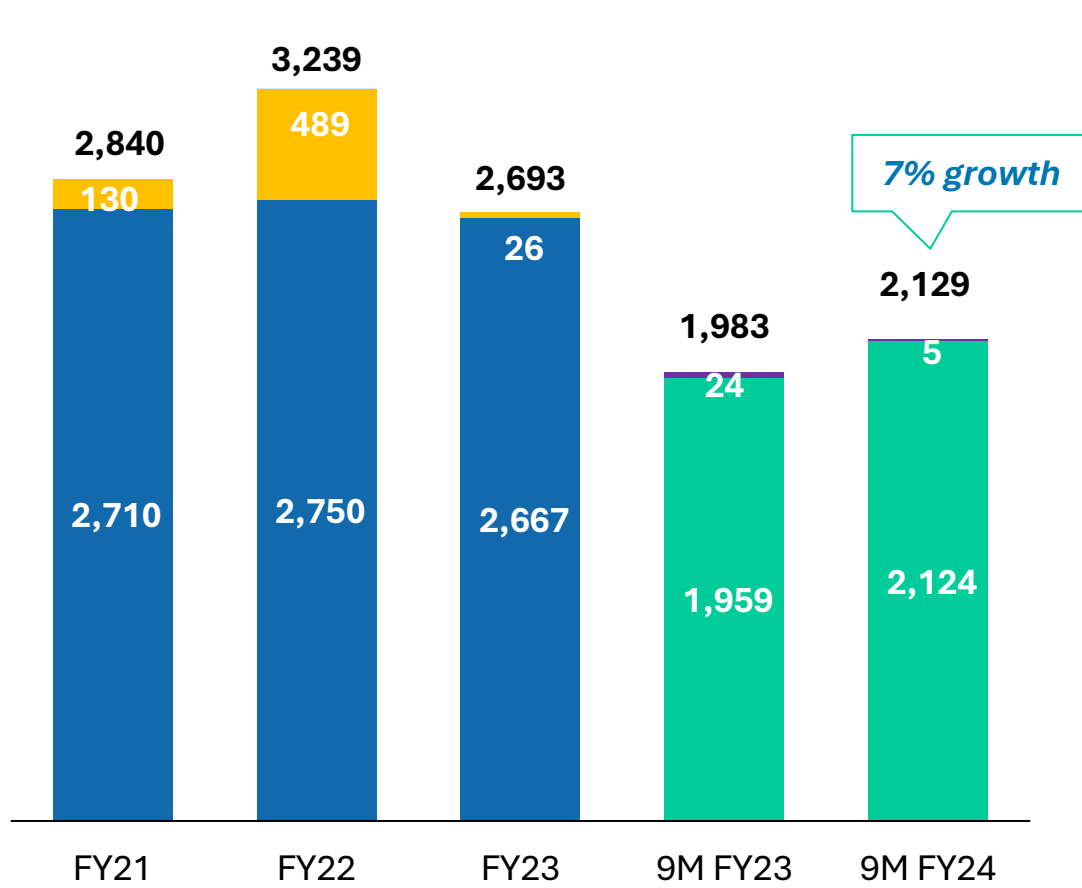
6%

*9M FY 23-24 (Others: 9%)
 **as on 31st December 2023

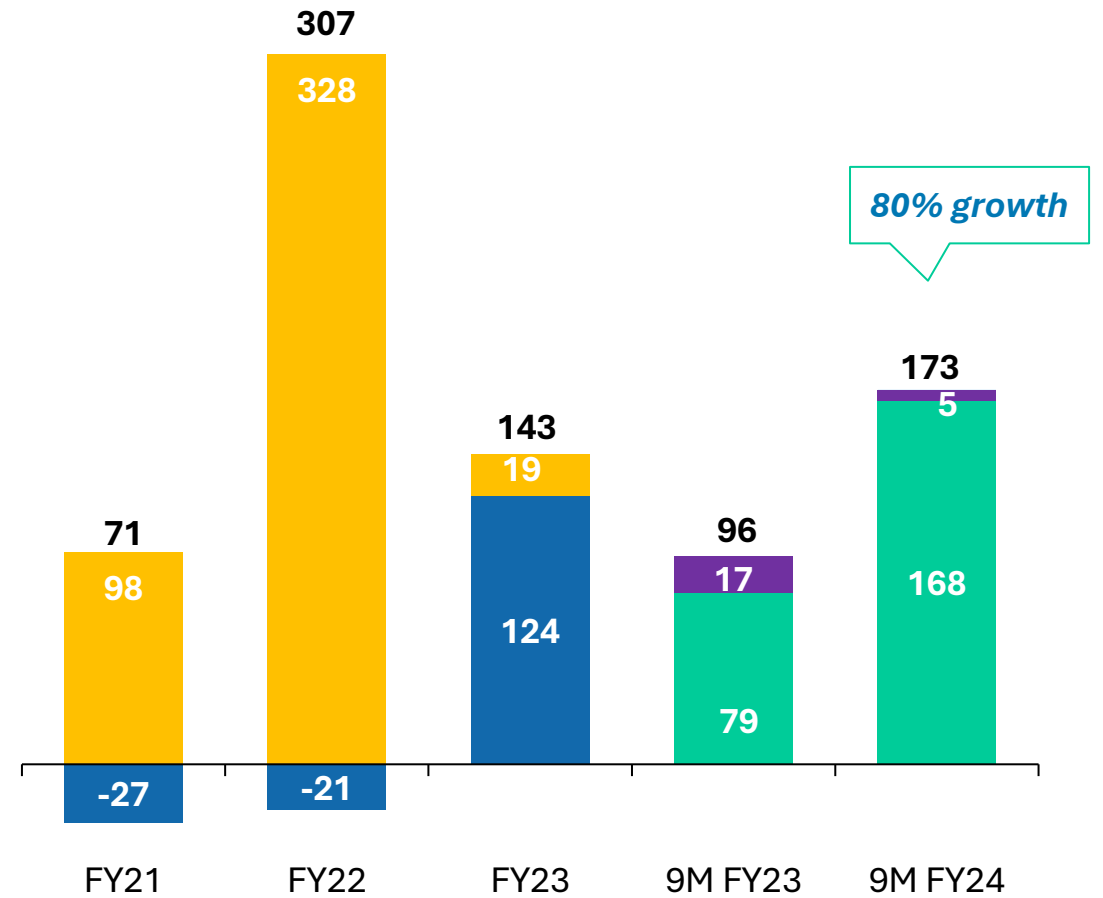
**% sales revenue contribution
 for 9M FY23 -24**

Financial Highlights

Net Sales Revenues INR Cr.



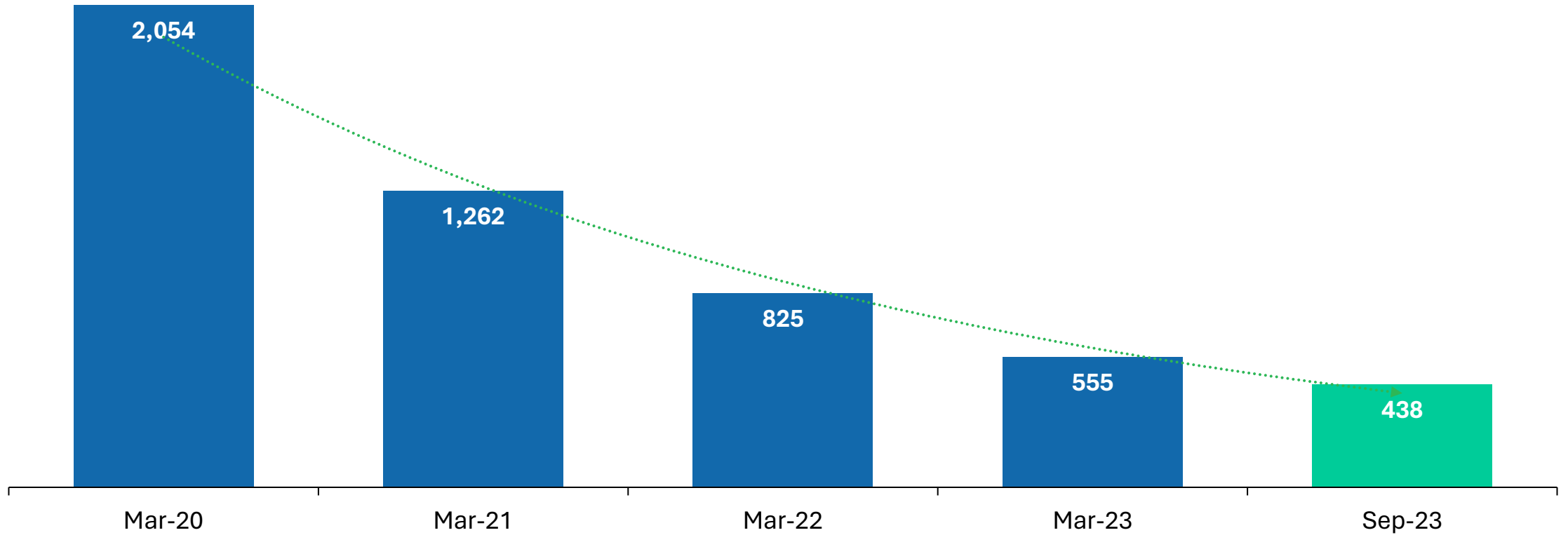
EBITDA INR Cr.



■ FY Figures Excl. Vaccine
 ■ FY Figures for Vaccine
 ■ 9M Figures Excl. Vaccine
 ■ 9M Figures Vaccine

Reduction in External Term Loans

Reduction in external term loan* (INR Cr.)

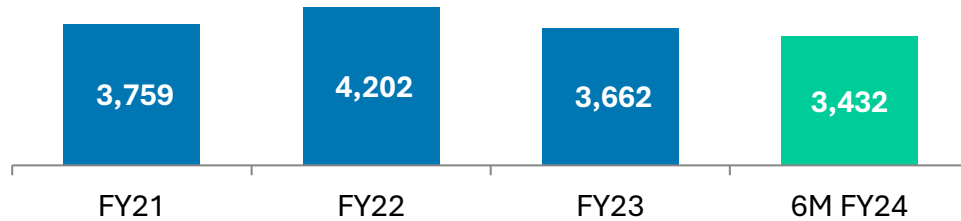


*Excluding promoter debt & preference capital

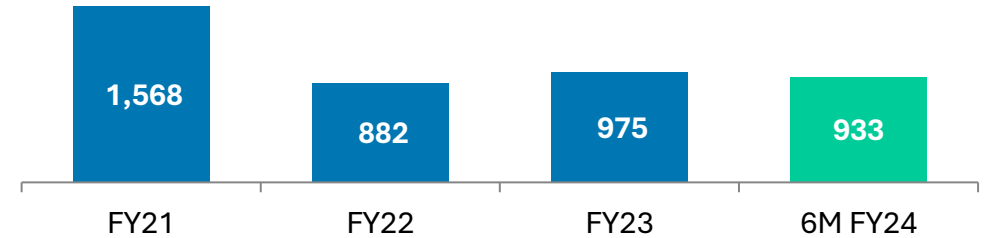
Net Debt : Equity @ 0.27*

Total Borrowings* Reduction by > INR 600 Cr.

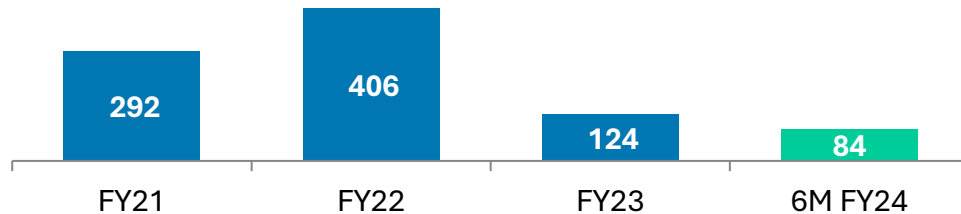
Total Equity INR Cr.



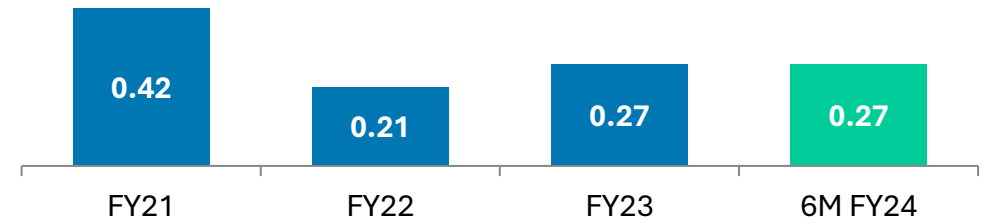
Total Borrowings* INR Cr.



Cash & cash equivalents and other Bank balances INR Cr.



Net Debt-Equity Ratio *



* Excluding promoter debt & preference capital & net of Cash & cash equivalents and other Bank balances

Additional Short-term and Mid-term growth drivers

3 years growth drivers

1

Diabetes Biosimilars for India + Emerging markets – Human Insulin & Glargine

2

Novel drug discovery - WCK 5222, Nafithromycin, Emrok

3

Vaccines

5 years growth drivers

1

Novel drug discovery – WCK 5222, Nafithromycin, WCK 6777

2

Diabetes Biosimilars for India + Emerging markets – New Insulin Analogs and GLP1 Agonists

Saving Lives
55
years

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New Chemical Entity (Antibiotics)



Anti-microbial resistance (AMR) could cause 10 million deaths by 2050

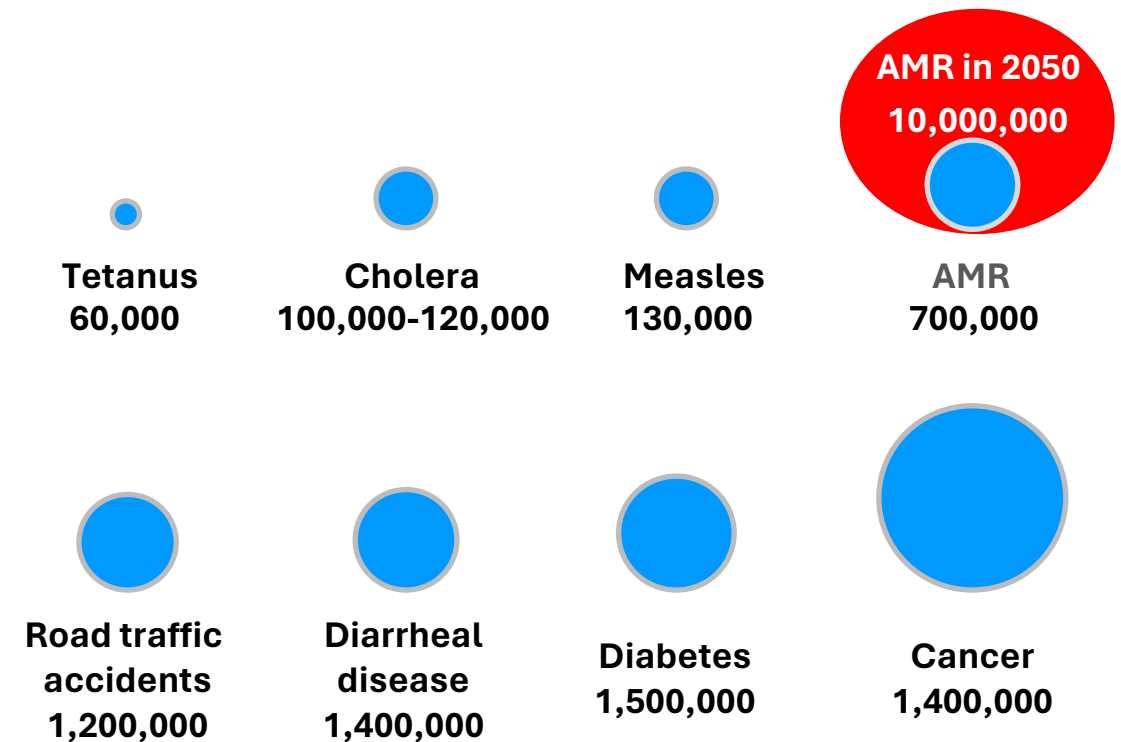
'Tackling Drug-Resistant infections globally' chaired by JIM O'NEILL - Former Minister, UK Govt. & Former Chairman Goldman Sachs'

A failure to address the problem of antibiotic resistance could result in

10 Million deaths globally by 2050, costing £ 66 trillion

<http://amr-review.org/>

Deaths attributable to antimicrobial resistance every year compared to other major causes of death



Wockhardt's Novel Antibiotics

~25
years

Focused commitment to Novel Antibiotics research leading to end-to-end Discovery & Development capabilities








6

Programs granted QIDP* status by US FDA denoting unmet needs; faster trials, quicker approvals by US FDA

* **Qualified Infectious Disease Product (QIDP)** status granted by US FDA eligible for fast track development process and priority review. QIDP status also grants five year extension to the market exclusivity in the United States

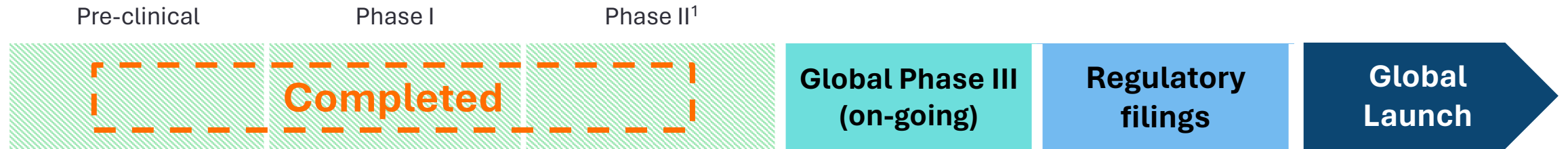
Novel Antibiotics pipeline encompassing all the Resistant Organisms

	Gram Negative Portfolio			Gram Positive Portfolio	
	WCK 5222	WCK 4282	WCK 6777	Emrok / Emrok O	Nafithromycin
					
Status	Global <i>Phase III</i> ongoing Meropenem resistant pathogen study (India)	<i>Phase III</i> ready	<i>Phase I</i> <i>In collaboration with NIH (US)</i>	Launched in India; Filed in Emerging Markets	<i>Phase III</i> completion in India
Potential Indication	cUTI, HABP / VABP (Global) + Carbapenem Resistant infections (India)	cUTI HABP / VABP	cUTI	ABSSSI	CABP / RTI
Target Market	Global	Global	Global	Emerging Market	Emerging Market
Positioning	Destination therapy for difficult-to-treat Gram-ve Klebsiella, Acinetobacter and Pseudomonas	Empiric-use; Carbapenem-sparing Gram-ve	Out-patient therapy for MDR Gram -ve	MDR Gram+ve Anti-MRSA	Macrolide-resistant Respiratory Pathogens, Quinolone-Sparing

HABP: Hospital Acquired Bacterial Pneumonia; VABP: Ventilator Acquired Bacterial Pneumonia cUTI : Complicated urinary tract infections; CABP: Community-acquired bacterial pneumonia ; RTI: Respiratory Tract Infection; ABSSSI: Acute bacterial skin and skin structure infections; MDR: Multidrug resistance ; Gram -ve: Gram Negative ; Gram +ve: Gram Positive

WCK 5222 Development Status (Brand name: Zaynich™ *)

WCK 5222 (Cephalosporin + β -lactam enhancer) – Destination therapy for XDR Gram Negative Acinetobacter & Pseudomonas



- ▶ Phase I studies completed
- ▶ Pulmonary PK, renal impairment and cardiovascular safety studies completed
- ▶ Phase III clinical study based on US FDA accepted development path
- ▶ Global Phase III cUTI study ongoing: >50% patient recruitment completed
- ▶ Meropenem-resistant clinical study set for first patient recruitment for early launch in India
- ▶ Patents secured in key global markets; strong IP protection

Unmet Need

- ▶ Carbapenem resistant Pseudomonas and Acinetobacter (20-95%) infections are desperately treated with efficacy and safety-compromised colistin/polymyxin/tigecycline.
- ▶ WCK 5222 would provide a safer and consistently efficacious therapy for such life-threatening infections.

Compassionate Use

100% clinical and microbiological success thus far in 15 patients with extremely difficult to treat infections, where all the available therapies failed

1. Phase II waiver

*- Trademark filed in India

WCK 5222: Compassionate use results in 15 patients (incl. 2 paediatric) (1/2)

#.	Patients with Life threatening infections	Failed treatment	Pathogen and Drug Resistance		DRUG RESISTANCE				WCK 5222			
					Drug 1	Drug 2	Drug 3	Drug 4	Treatment Duration	Efficacy	Safety	Outcomes
1	Complicated intra-abdominal infection induced-sepsis	Polymyxin-B (2 weeks)	XDR	Pseudomonas aeruginosa	R	R	R	R	10 days	✓	✓	• Complete resolution of infection
2	Febrile neutropenia, Thalassemia major, failed bone marrow transplant, bloodstream infection	PIP/TAZ, Meropenem, CAZ/AVI & Aztreonam	XDR	Escherichia coli	R	R	R	R	20 days	✓	✓	
3	Acute T cell lymphoblastic leukaemia, pneumonia, bloodstream infection	Polymyxin-B & Meropenem therapy	XDR	Pseudomonas aeruginosa	R	R	R	R	32 days	✓	✓	• Patient's Clinical condition improved
4	Lung infection leading to empyema, lung part excision with chronic pulmonary TB	CAZ/AVI & Aztreonam (3 weeks) as well as Colistin (1 week)	Pan- drug resistant	Pseudomonas aeruginosa	R	R	R	R	22 days	✓	✓	
5	Bilateral sequential lung transplant, osteomyelitis,	Multiple rounds of Tigecycline, CAZ/AVI, Meropenem	MDR	Serratia marcescens	R	R	S	R	22 days	✓	✓	• Well tolerated
6	Osteomyelitis + maxillary sinusitis & pneumonia	Colistin, Fosfomycin (6 weeks), Meropenem (2 weeks)	MDR	Pseudomonas Resistant to>>	R	R	R	R	70 days	✓	✓	• WCK 5222 was well tolerated even at adult doses in paediatric patients
7	Osteomyelitis (bone infection of chest wall)	Colistin therapy	MDR	Pseudomonas Resistant to>>	R	R	R	R	49 days	✓	✓	
8	Bronchopleural fistula, Ventilated Pneumonia	Polymyxin-B and ceftazidime/avibactam therapy	MDR	Pseudomonas & Acinetobacter	R	R	R	R	10 days	✓	✓	

100% clinical and microbiological success

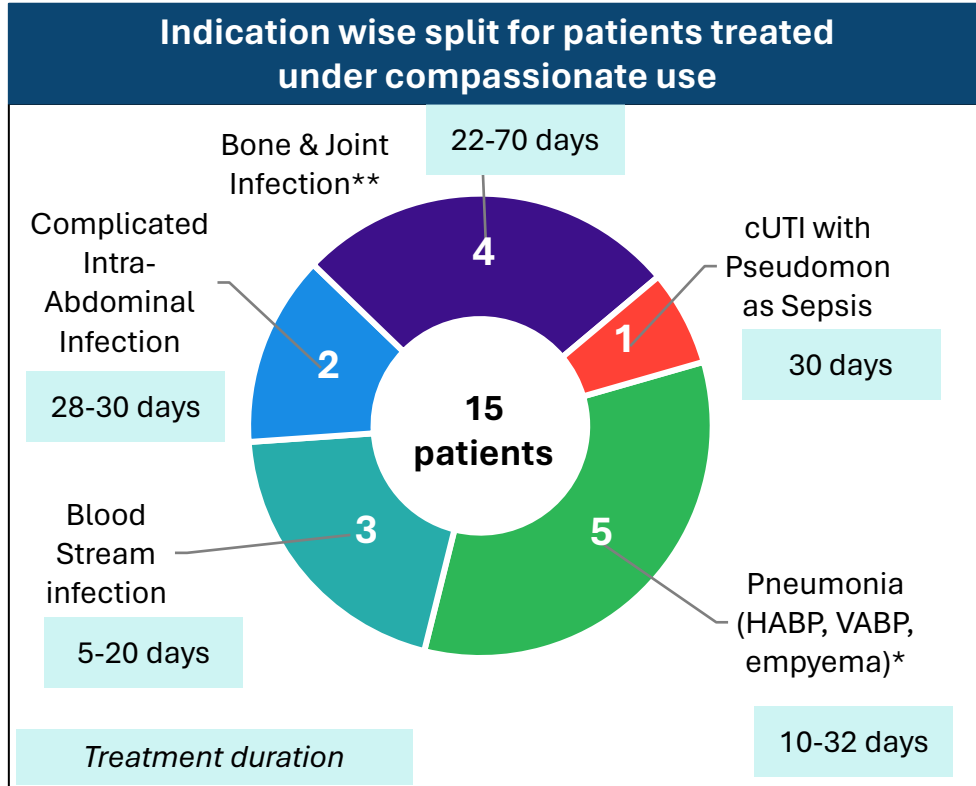
WCK 5222: Compassionate use results in 15 patients (incl. 2 paediatric) (2/2)

#	Patients with Life threatening infections	Failed treatment	Pathogen and Drug Resistance		DRUG RESISTANCE				WCK 5222			
					Drug 1	Drug 2	Drug 3	Drug 4	Treatment Duration	Efficacy	Safety	Outcomes
9	Liver Transplant, HTN, Hypothyroidism, Hospital-acquired Pneumonia on Ventilation	Colistin and Doripenem therapy	MDR	Pseudomonas Resistant	R	R	R	R	12 Days	✓	✓	• Complete resolution of infection
10	Endovascular Infection Post Arterial graft	Multiple rounds of CAZ/AVI+Aztreonam	MDR	Pseudomonas Resistant	R	R	R	R	14 Days	✓	✓	
11	Urosepsis & septic shock, on ventilation & inotropic support	Colistin, Meropenem, PIP/TAZ	MDR	Pseudomonas aeruginosa	R	R	R	R	30 Days	✓	✓	• Patient's Clinical condition improved
12	Pancytopenia, abscess in liver, consistent fever spikes	Colistin, CAZ/AVI+Aztreonam, Meropenem	MDR	Klebsiella pneumoniae	Isolate not available for WCK 5222 susceptibility testing. Patient treated with WCK 5222 empirically at the discretion of clinician				30 Days	✓	✓	
13	Severe septic shock, fever spikes, lung infection and required inotropic support	Fosfomycin, Colistin and Levofloxacin	Pan-drug resistant	Pseudomonas aeruginosa	R	R	R	R	5 Days	✓	✓	• WCK 5222 was well tolerated even at adult doses in paediatric patients
14	Bone and Joint Infection: Left malignant otitis externa w/ lateral skull base osteomyelitis	No other antibiotics tried based on past experience of treating physician	MDR	Pseudomonas aeruginosa	R	R	R	R	42 Days	✓	✓	
15	Complicated Intra Abdominal Infection with Spleen abscess (Recurrent abscess/sepsis)	with Fosfomycin	MDR	Pseudomonas aeruginosa	R	R	R	R	28 Days	✓	✓	

100% clinical and microbiological success

Pathogens inflicting infections and associated indications while treating 15 patients with WCK 5222 in compassionate setting

Complete clinical as well as microbiological cure attained in all patients



* 1/5 patients also had cIAI, 1/5 patients also had cSSSTI & BSI

** 1/4 patients also had pneumonia

Pathogen	15 Patients treated	Treatment duration
Pseudomonas aeruginosa	11 ^a	5 to 70 days
Acinetobacter baumannii + Pseudomonas aeruginosa	1 ^b	10 days
Escherichia coli	1 ^c	20 days
Serratia marcescens	1 ^d	22 days
Klebsiella pneumoniae	1 ^e	30 days

- a. 9/11 patients had Colistin / Polymyxin failure; 3/11 patients had CAZ/AVI & Aztreonam failure; 1/11 patients had Fosfomycin IV failure
- b. Patient had Polymyxin & CAZ/AVI failure
- c. Patient had CAZ/AVI + Aztreonam failure
- d. Patient had CAZ/AVI & Tigecycline failure
- e. Patient had CAZ/AVI + Aztreonam & Colistin failure

Polymyxin-B / Colistin therapy had already failed in 10 out of these 15 patients; WCK 5222 dose adjustment was required in only 4 out of these 10 patients

WCK 5222 differentiation

Activity against resistant infection

Organism/ Resistance Mech.	Best comparable Pipeline Drugs			Best available Approved Drugs						
	WCK 5222 ¹	Product 1	Product 2	Product 3	Product 4	Product 5	Product 6	Product 7	Product 8	Product 9
<i>K. pneumoniae</i> (ESβL)	Green	Green	Green	Green	Green	Green	Green	Green	Red	Green
<i>K. pneumoniae</i> (KPC)	Green	Green	Green	Green	Green	Green	Green	Green	Red	Red
<i>K. pneumoniae</i> (MβL)	Green	Yellow	Green	Yellow	Red	Red	Yellow	Red	Red	Red
<i>E. coli</i> (PBP3 insert+ESBL/Class C)	Green	Green	Yellow	Green	Green	Green	Green	Green	Red	Green
<i>E. coli</i> (MβL± PBP3 Insert)	Green	Red	Yellow	Red	Red	Red	Yellow	Red	Red	Red
Enterobacter (AmpC)	Green	Green	Green	Green	Green	Green	Green	Green	Red	Green
Proteus (ESβL, Class C)	Green	Green	Green	Green	Red	Green	Green	Green	Red	Green
<i>P. aeruginosa</i> (AmpC + oprD +Efflux)	Green	Green	Red	Green	Green	Red	Red	Yellow	Red	Red
<i>P. aeruginosa</i> (Oxa, oprD + Efflux)	Green	Green	Red	Green	Green	Red	Red	Yellow	Red	Red
<i>P. aeruginosa</i> (MβL)	Green	Red	Red	Yellow	Red	Red	Red	Red	Red	Red
<i>A. baumannii</i> (CHDL, OXA)	Green	Red	Red	Yellow	Red	Red	Red	Red	Green	Red
<i>S. maltophilia</i> MDR/XDR	Green	Red	Red	Green	Red	Red	Red	Red	Red	Red

Most Isolates Susceptible

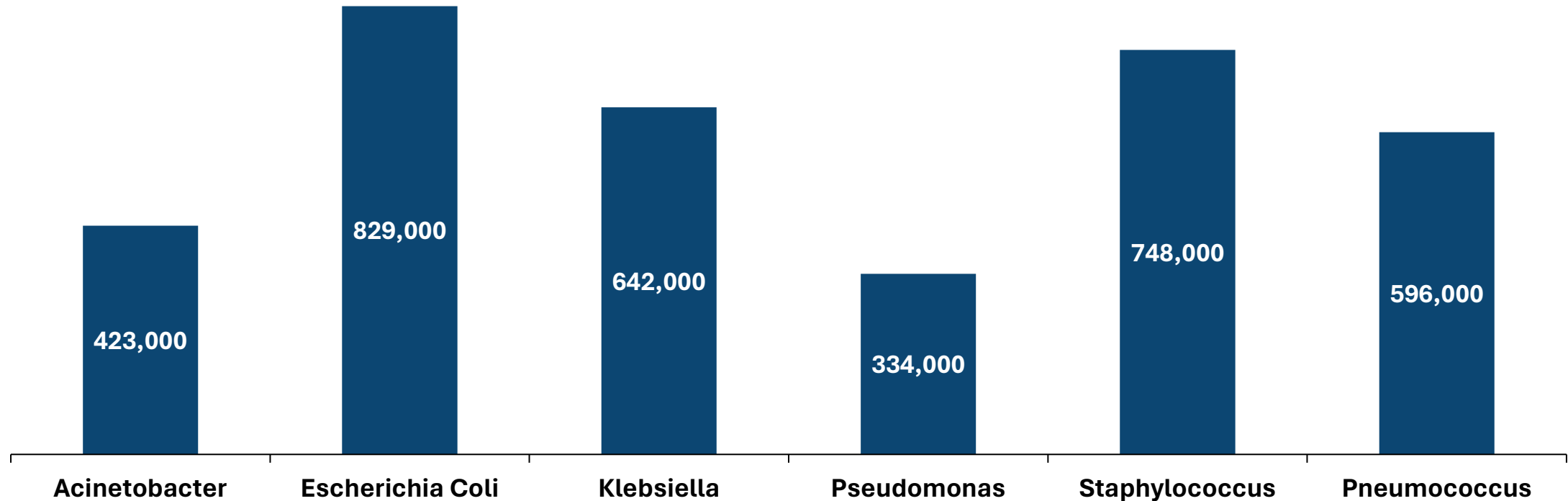
Variable Susceptibility

Most Isolates Resistant

1. WCK 5222: Wockhardt's combination of Cefepime (Cephalosporin) with Zidebactam (β-lactam enhancer); Product 1.Cefepime/taniborbactam ; Product 2.Aztreonam/avibactam ; Product 3. Cefiderocol ; Product 4.Imipenem/relebactam ;Product 5.Meropenem/vaborbactam ; Product 6.Plazomicin ; Product 7.Ceftazidime/avibactam ; Product 8.Sulbactam/durlobactam ;Product 9.Imipenem or meropenem

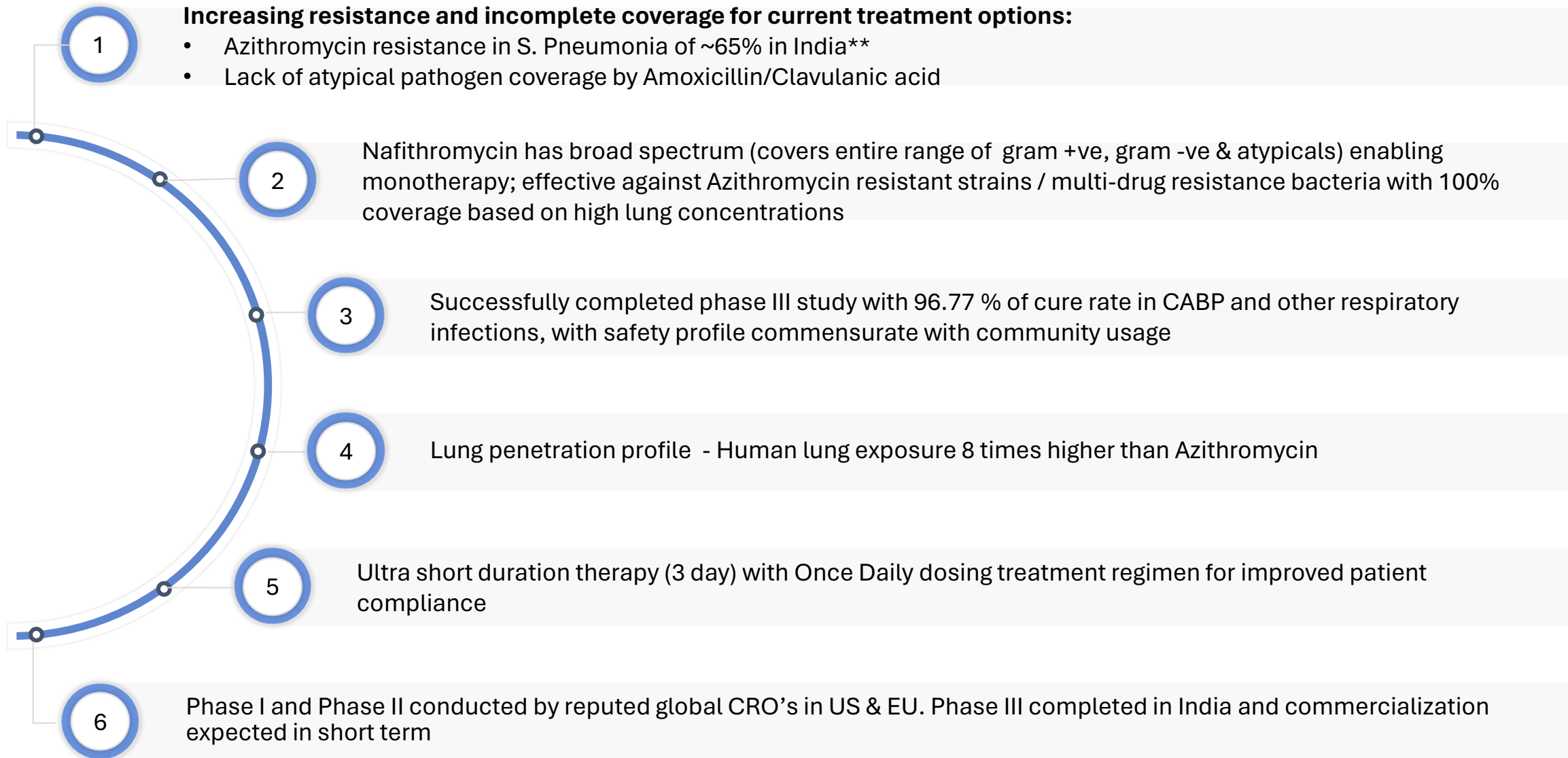
Top 6 Super bugs inflicting global mortality in 2019 - more than 3.5 Millions deaths

Number of deaths associated with Anti-Microbial Resistance*



WCK 5222 is designed to address all the major Super Bugs including Pseudomonas, Klebsiella, E. coli and Acinetobacter

Nafithromycin (Brandname: Miqnaf™ *): Broad spectrum novel lactone ketolide for Community Acquired Bacterial Pneumonia (CABP) and Upper Respiratory tract infections(RTI)



*- Trademark filed in India

**-AMR Surveillance Network, Indian Council of Medical Research, 2022. Susceptibility and resistance to Azithromycin is determined by testing Erythromycin as per CLSI

EMROK & EMROK O: Multi-spectrum anti-MRSA Drug

Emrok / Emrok O[®]: Launched in India and filed in select Emerging markets



New Age Antibiotic : Benzoquinolizine sub-class



Multi-spectrum activity: Safe Oral and IV antibiotic with coverage of MDR Gram Positive pathogens including MRSA, Gram Negative, Anaerobic & Atypicals

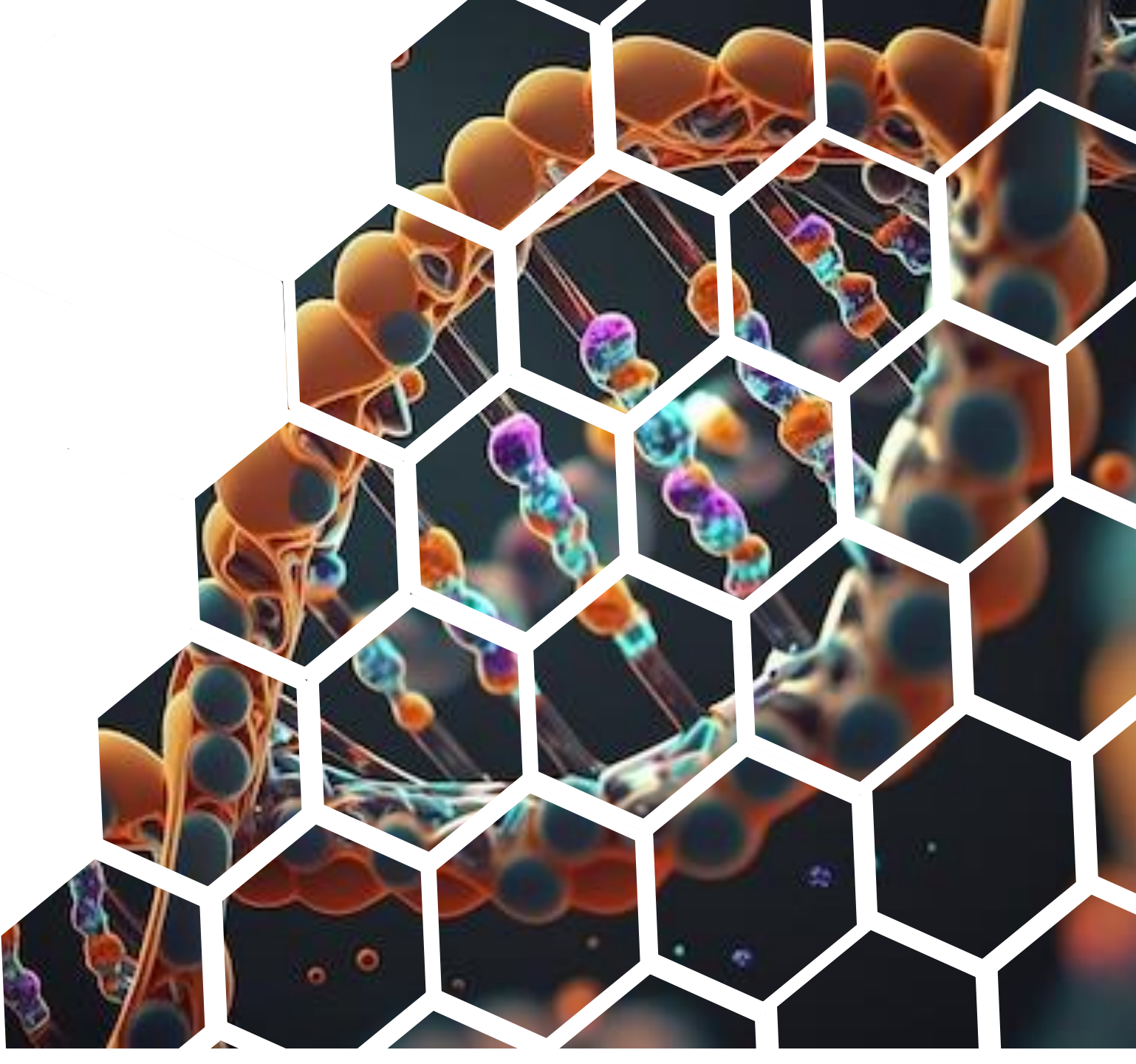


EMROK & EMROK O - Only rapidly bactericidal agent available for MRSA infections with excellent penetration in Biofilms associated with Bone and Joint infections, Prosthetic Joint infections and Catheter-associated infections

Saving Lives
55
years

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Biotechnology



Strategic pillars of Diabetes Biosimilars

Focus on Diabetes Injectable portfolio



Human Insulin, Insulin Glargine commercialized



Robust Pipeline of Insulin Analogs and GLP1 Agonists under development

Vertically integrated



Research and Development

Yeast, mammalian and bacterial platform



Drug substance manufacturing

4 facilities



Drug product manufacturing

2 facilities



Patented delivery device

Disposable Pen, Reusable Pen



Business Organization

Direct presence in 10 Emerging markets (incl. India)

Competitive advantage by providing end-to-end solutions in Diabetes Biosimilars

Integrated capabilities



R&D

Focus on Insulin analogues, GLP1 agonists



Manufacturing

Pilot to large scale capabilities for API & formulations



Regulatory

Registrations in 40+ countries



Devices

Customised precision patented delivery devices



Pipeline of Insulin Analogs including Insulin Aspart & Lispro



Patented delivery devices (pen)



Vials



Cartridges

Enhanced competitive posture to help penetrate markets

Development status of Insulin analogues and GLP-1 agonist

	Aspart R	Aspart 30/70	Lispro R	Lispro 25/75	Liraglutide
Process development	✓	✓	✓	✓	✓
Process Scale Up	✓	✓	✓*	✓*	Ongoing
Drug substance validation batches	✓	✓	✓*	✓*	Planned
Drug product validation batches	✓				
PK/PD study	✓	Planned	Planned	Planned	
Analytical similarity	Ongoing				

E.Coli host cell as platform technology for all above products

✓ Completed

* To be further scaled up

Diabetes Biosimilars for Emerging markets - Competitive scenario



Vaccine: Supply & Collaboration agreement with Serum at UK Facility

- Profit sharing of 51:49 with Serum Life Sciences Limited in favor of Wockhardt
- 15 years arrangement
- Reserved capacity of 150 million doses per annum

Abbreviation

ABSSSI: Acute bacterial skin and skin structure infections;

AmpC : AmpC beta-lactamases

AMR: Antimicrobial resistance

API: Active Pharmaceutical Ingredient

CIS: Commonwealth of Independent States

CABP: Community-acquired bacterial pneumonia

CHDL: Carbapenem-hydrolyzing class D β -lactamases

CLSI: Clinical & Laboratory Standards Institute

CMO : Contract Manufacturing Organization

CNS: Central Nervous System

CRO : Clinical research Organisation

cUTI : Complicated urinary tract infections

EBITDA: Earnings before Interest, Tax, Depreciation and Amortization

ESBL : Extended Spectrum Beta-Lactamase

GLP1: Glucagon-like peptide 1

GMP: Good Manufacturing Practice

HABP: Hospital Acquired Bacterial Pneumonia

KPC : Klebsiella pneumoniae carbapenemase

MBL : Metallo- β -lactamases

MDR: Multidrug resistance

MENA: Middle East and North Africa

MRSA : Methicillin-resistant Staphylococcus aureus

NIH (US): National Institutes of Health (NIH),

OD: Once a day

OTC : Over the counter

PBP3: Penicillin-binding protein 3

PK/PD study : Pharmacokinetic-Pharmacodynamic

R&D: Research and Development

RTI: Respiratory Tract Infection;

USFDA : United States Food and Drug Administration.

VABP: Ventilator Acquired Hospital Pneumonia

WCK 4282: Cefepime/Tazobactam

WCK 5222: Cefepime/Zidebactam

WCK 6777: Ertapenem/Zidebactam

XDR : Extensively Drug Resistant

Saving Lives
55
years

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Thank You

