

Investor presentation

2024



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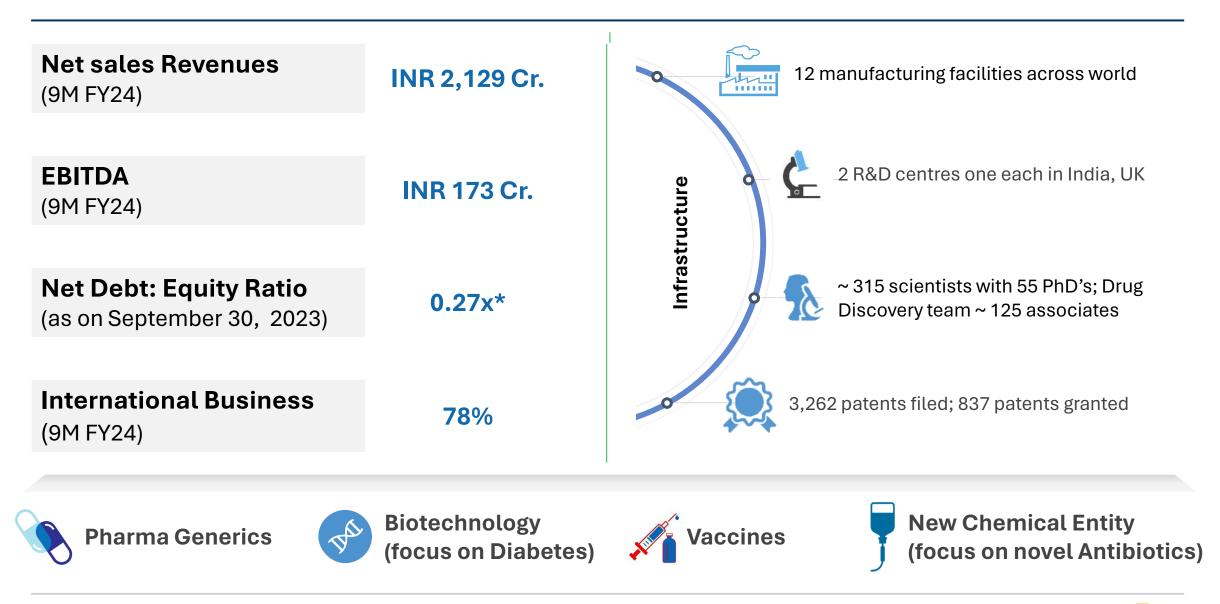
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Snapshot of Wockhardt



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

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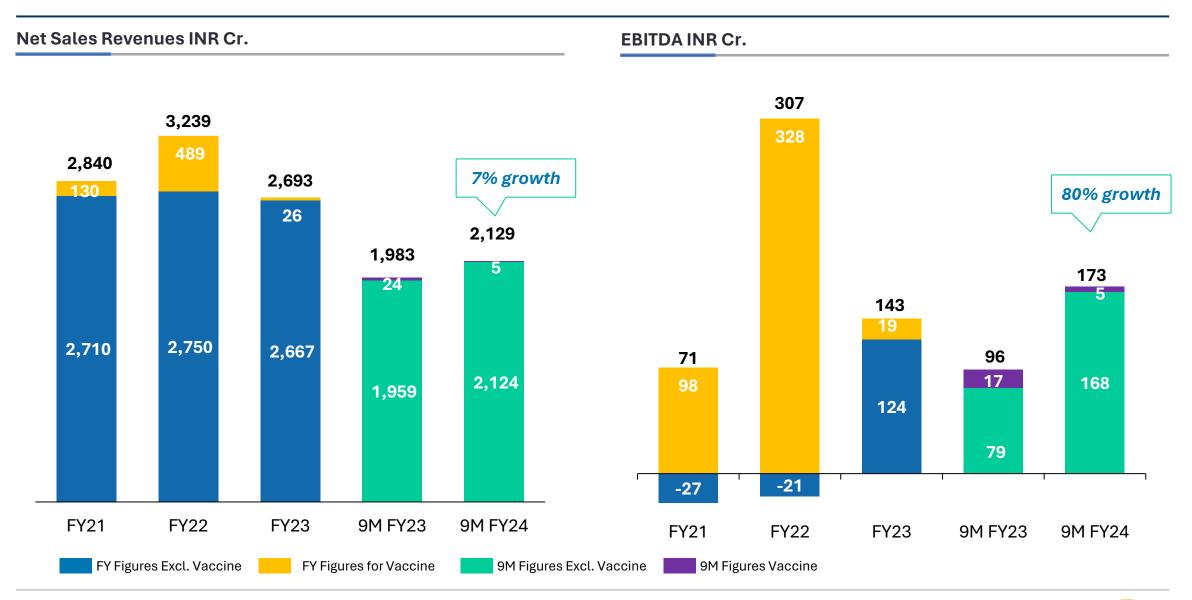
Global footprint

Global operations Capability across different segments Branded Antibiotics Drug Discovery ► OTC Biotechnology Pharma Generics Hospitals Solids ► Liquids Injectables Nasal sprays Biotechnology Complex technologies Through Partners Direct operations United Kingdom **S** Emerging Markets **USA** India Ireland Retail & Hospital Restructuring -Presence in ▶ Pain, Diabetes, ▶ Branded Generic & facility shutdown segments OTC Southeast Asia, Nephrology, CNS Vaccine CMO Shift to third party East Asia, Africa, portfolio manufacturing Retail pharmacies, the CIS region and ► >750** field force wholesalers & ► Defocusing Latin America Pharma R&D hospitals. countries **6**% **6**% 21% 22% 36%

*9M FY 23-24 (Others: 9%) **as on 31st December 2023 % sales revenue contribution for 9M FY23 - 24

4 Twockhardt Win

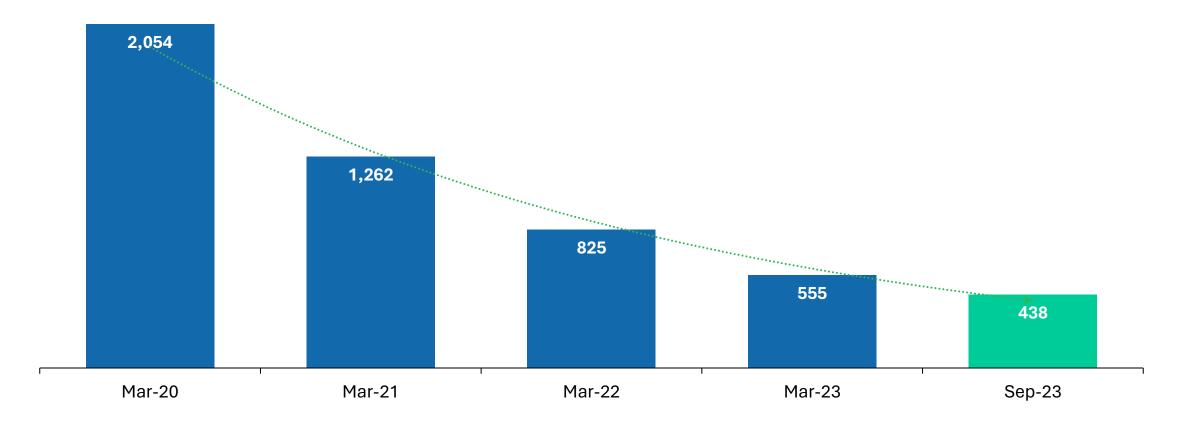
Financial Highlights



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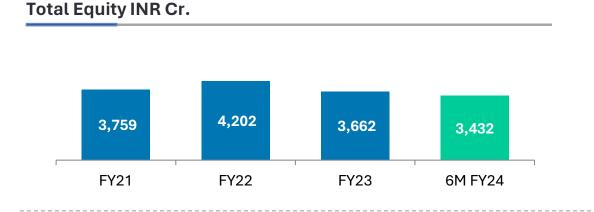
Reduction in External Term Loans

Reduction in external term loan* (INR Cr.)

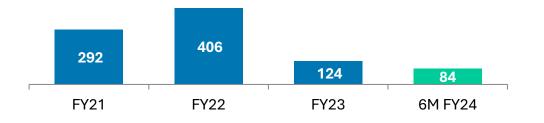


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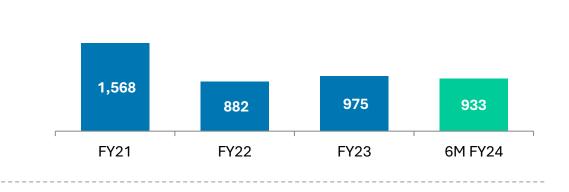
Total Borrowings* Reduction by > INR 600 Cr.



Cash & cash equivalents and other Bank balances INR Cr.



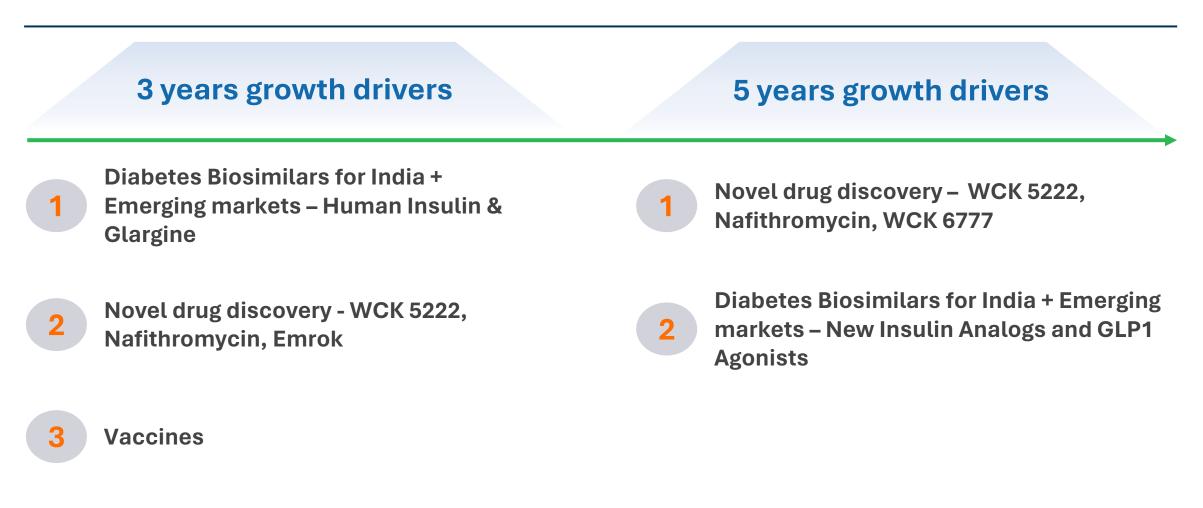
Total Borrowings* INR Cr.



Net Debt-Equity Ratio *



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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

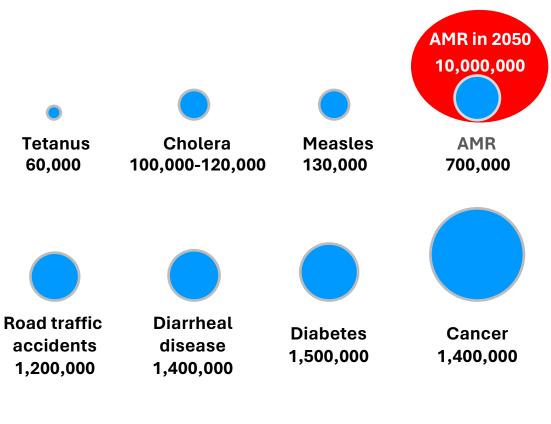
10 Million deaths

globally by 2050,

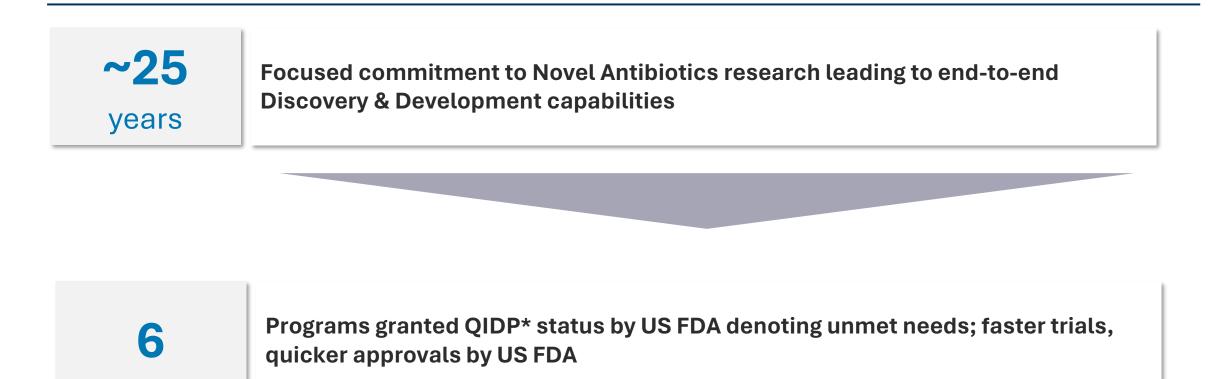
costing £ 66 trillion

http://amr-review.org/

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







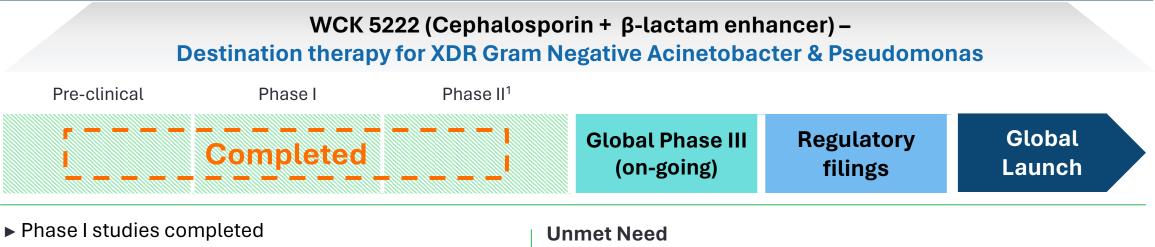
* Qualified Infectious Disease Product (QIDP) status granted by US FDA eligible for fast track development process and priority review. QIDP status also grants five year extension to the market exclusivity in the United States

Novel Antibiotics pipeline encompassing all the Resistant Organisms

		Gram Negative	Gram Positive Portfolio				
	WCK	5222	WCK 4282 WCK 677		Emrok / Emrok O	Nafithromycin	
	(-	,	,	,	J		
Status	Global Phase III ongoing study (India)		Phase III ready	Phase I In collaboration with NIH (US)	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	Glo	obal	Global	Global	Emerging Market	Emerging Market	
Positioning	Gram-ve Klebsiella	for difficult-to-treat , Acinetobacter and omonas	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

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- 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

- Carbapenem resistant Pseudomonas and Acinetobacter (20-95%) infections are desperately treated with efficacy and safetycompromised 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

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1. Phase II waiver

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

			Pathogen and Drug Resistance		DRUG RESISTANCE				WCK 5222				
#.	Patients with Life threatening infections	Failed treatment			Drug 1	Drug 2	Drug 3	Drug 4	Treat- ment Duration	Efficacy	Safety	Outcomes	
1	Complicated intra-abdominal infection induced-sepsis	Polymyxin-B (2 weeks)	XDR	Pseudomonas aeruginosa	R	R	R	R	10 days	\checkmark	\checkmark	•Complete	
2	Febrile neutropenia, Thalassemia major, failed bone marrow transplant, bloodstream infection		XDR	Escherichia coli	R	R	R	R	20 days	✓	✓	resolution of infection	
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 	
4	Lung infection leading to empyema, lung part excision with chronic pulmonary TB	CAZ/AVI & Aztreonam (3 weeks) as well as Colistin (1 week)	_	Pseudomonas aeruginosa	R	R	R	R	22 days	✓	✓	improved	
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)		Pseudomonas Resistant to>>	R	R	R	R	70 days	✓	✓	•WCK 5222 was well tolerated even at adult	
7	Osteomyelitis (bone infection of chest wall)	Colistin therapy	MDR	Pseudomonas Resistant to>>	R	R	R	R	49 days	\checkmark	\checkmark	doses in	
8	Bronchopleural fistula, Ventilated Pneumonia	Polymyxin-B and ceftazidime/avibactam therapy	MDR	Pseudomonas & Acinetobacter	R	R	R	R	10 days	✓	\checkmark	paediatric patients	

100% clinical and microbiological success

Drug 1: Carbapenems ; Drug 2. Ceftazidime/ Avibactam (CAZ/AVI) Drug 3.Imipenem/ Relebactam; Drug 4.Ceftolozane/ Tazobactam

R: Resistant; S: Susceptible



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

					DRUG RESISTANCE			ICE	WCK 5222				
#	Patients with Life threatening infections	Failed treatment	Pathogen and Drug Resistance		Drug 1	Drug 2	Drug 3	Drug 4	Treat- ment Duration	Efficacy	Safety	Outcomes	
9	Liver Transplant, HTN, Hypothroidism, Hospital- acquired Pneumonia on Ventilation	Colistin and Doripenem therapy	MDR	Pseudomonas Resistant	R	R	R	R	12 Days	\checkmark	✓	 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	\checkmark	\checkmark		
11	Urosepsis & septic shock, on ventilation & inotropic support	Colistin, Meropenem, PIP/TAZ	MDR	Pseudomonas aeruginosa	R	R	R	R	30 Days	\checkmark	\checkmark	 Patient's Clinical condition 	
12	Pancytopenia, abscess in liver , consistent fever spikes	Colistin, CAZ/AVI+Aztreonam, Meropenem	MDR	Klebsiella pneumoniae	WCK testing WCK 52	5222 si . Patier 222 em		ibility ed with y at the	-	✓	✓	improved Well tolerated 	
13	Severe septic shock, fever spikes, lung infection and required inotropic support	Fosfomycin, Colistin and Levofloxacin	-	Pseudomonas aeruginosa	R	R	R	R	5 Days	\checkmark	✓	•WCK 5222 was well tolerated	
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	~	✓	even at adult doses in paediatric	
15	Complicated Intra Abdominal Infection with Spleen abscess (Recurrent abscess/sepsis)	with Fosfomycin	MDR	Pseudomonas aeruginosa	R	R	R	R	28 Days	✓	✓	patients	

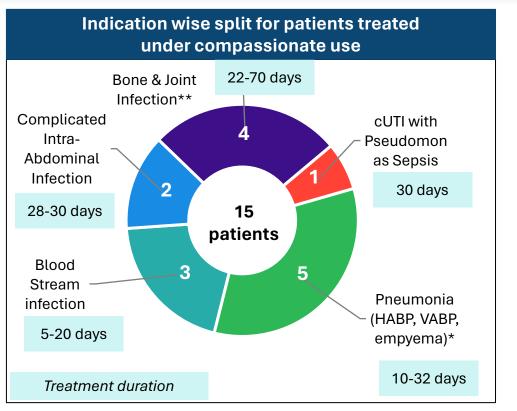
100% clinical and microbiological success

Drug 1: Carbapenems ; Drug 2. Ceftazidime/ Avibactam (CAZ/AVI) Drug 3.Imipenem/ Relebactam; Drug 4.Ceftolozane/ Tazobactam

R: Resistant; S: Susceptible



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

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

- \star 1/5 patients also had cIAI, 1/5 patients also had cSSSTI & BSI
- ** 1/4 patients also had pneumonia

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

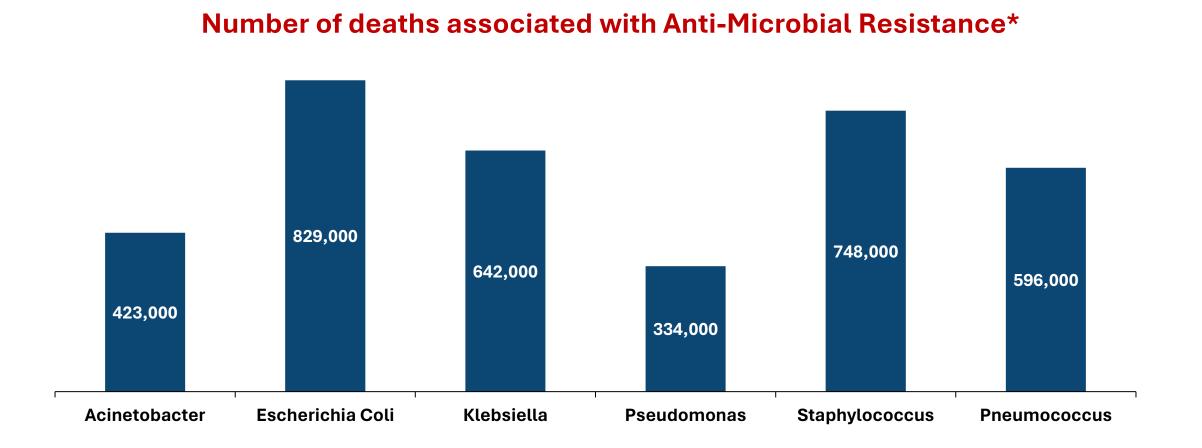
WOCKHARDT WINS

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WCK 5222 differentiation

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



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

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

Increasing resistance and incomplete coverage for current treatment options:

- Azithromycin resistance in S. Pneumonia of ~65% in India**
- Lack of atypical pathogen coverage by Amoxicillin/Clavulanic acid

Nafithromycin has broad spectrum (covers entire range of gram +ve, gram -ve & atypicals) enabling monotherapy; effective against Azithromycin resistant strains / multi-drug resistance bacteria with 100% coverage based on high lung concentrations

Successfully completed phase III study with 96.77 % of cure rate in CABP and other respiratory infections, with safety profile commensurate with community usage

Lung penetration profile - Human lung exposure 8 times higher than Azithromycin

Ultra short duration therapy (3 day) with Once Daily dosing treatment regimen for improved patient compliance

Phase I and Phase II conducted by reputed global CRO's in US & EU. Phase III completed in India and commercialization expected in short term

*- 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[®]: Launched in India and filed in select Emerging markets





-• New Age Antibiotic : Benzoquinolizine sub-class



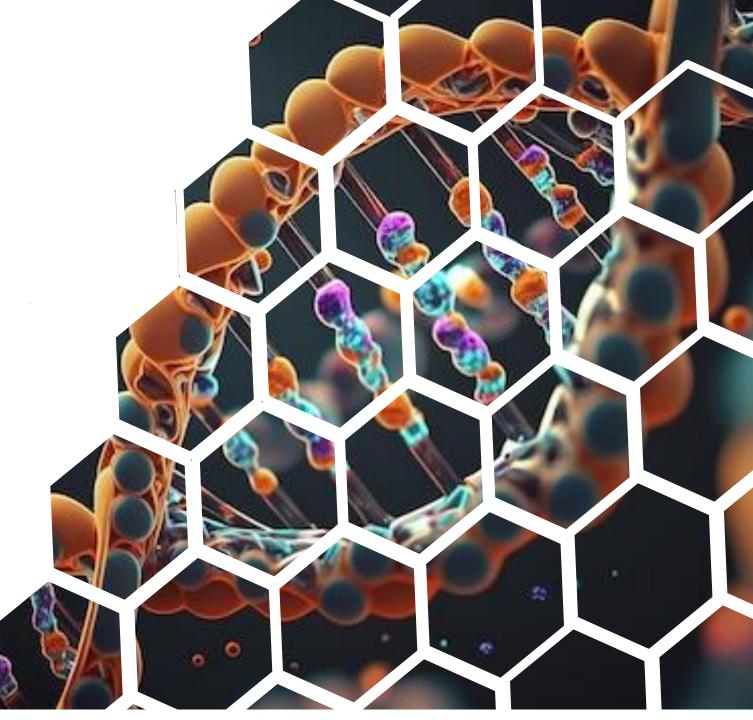
Multi-spectrum activity: Safe Oral and IV antibiotic with coverage of MDR Gram Positive pathogens including MRSA, Gram Negative, Anaerobic & Atypicals



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



Biotechnology



Focus on Diabetes Injectable portfolio



Human Insulin, Insulin Glargine commercialized

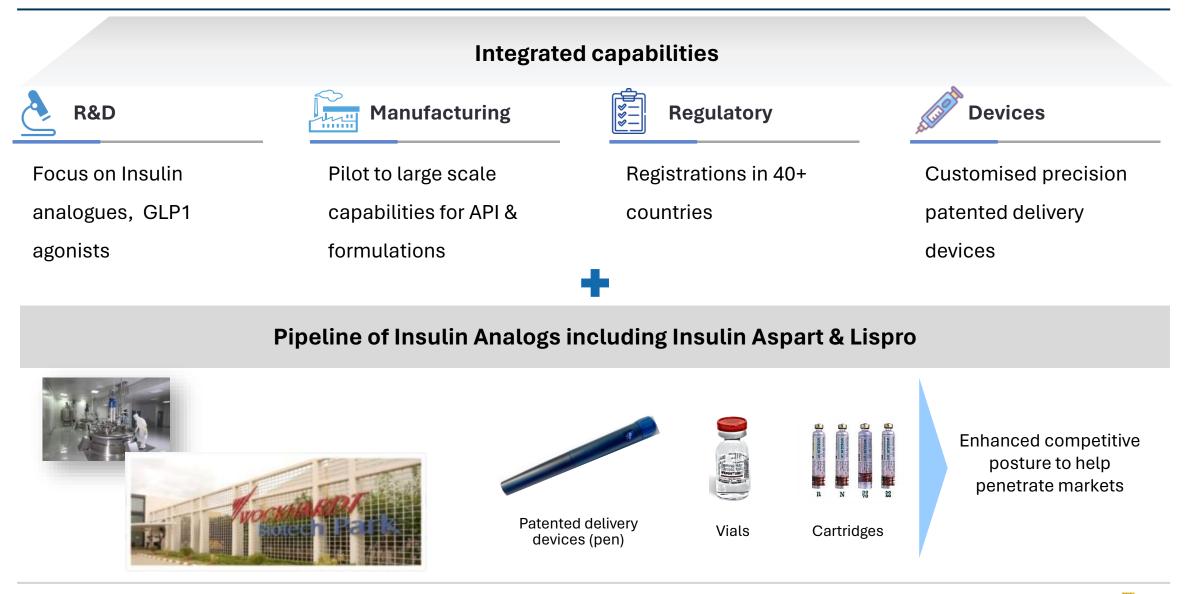


Robust Pipeline of Insulin Analogs and GLP1 Agonists under development

Vertically integrated



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



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Development status of Insulin analogues and GLP-1 agonist

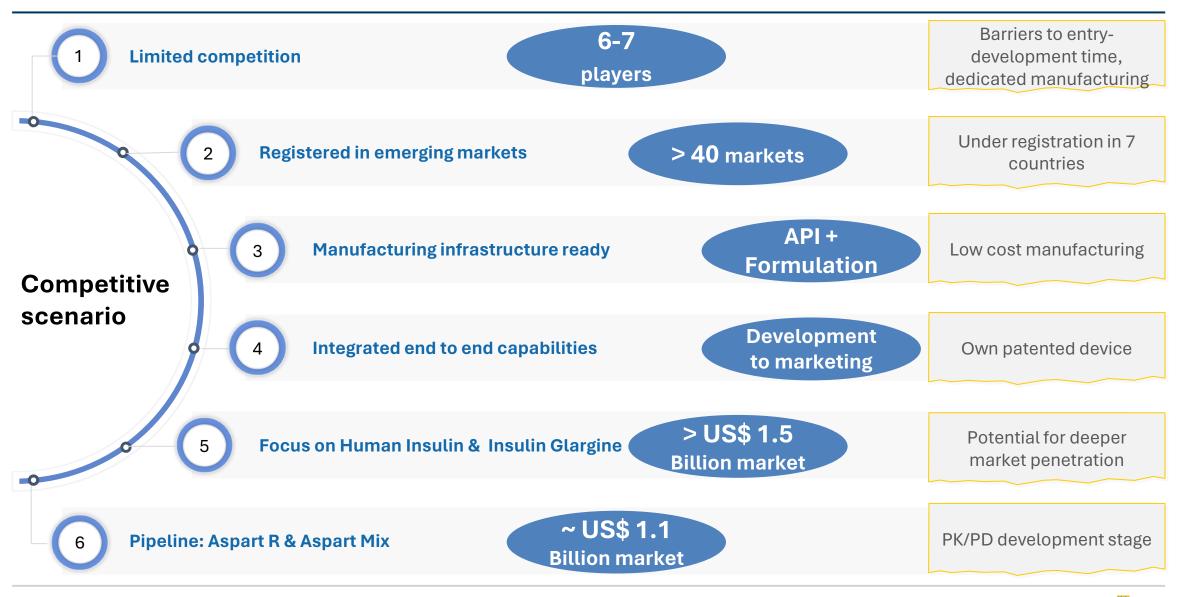
	Aspart R	Aspart 30/70	Lispro R	Lispro 25/75	Liraglutide
Process development	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Process Scale Up	\checkmark	\checkmark	√*	√*	Ongoing
Drug substance validation batches	\checkmark	\checkmark	√*	√*	
Drug product validation batches	\checkmark				Planned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

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

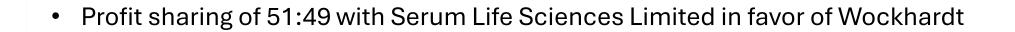
 \checkmark Completed

* To be further scaled up

Diabetes Biosimilars for Emerging markets - Competitive scenario



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• 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



Thank You

