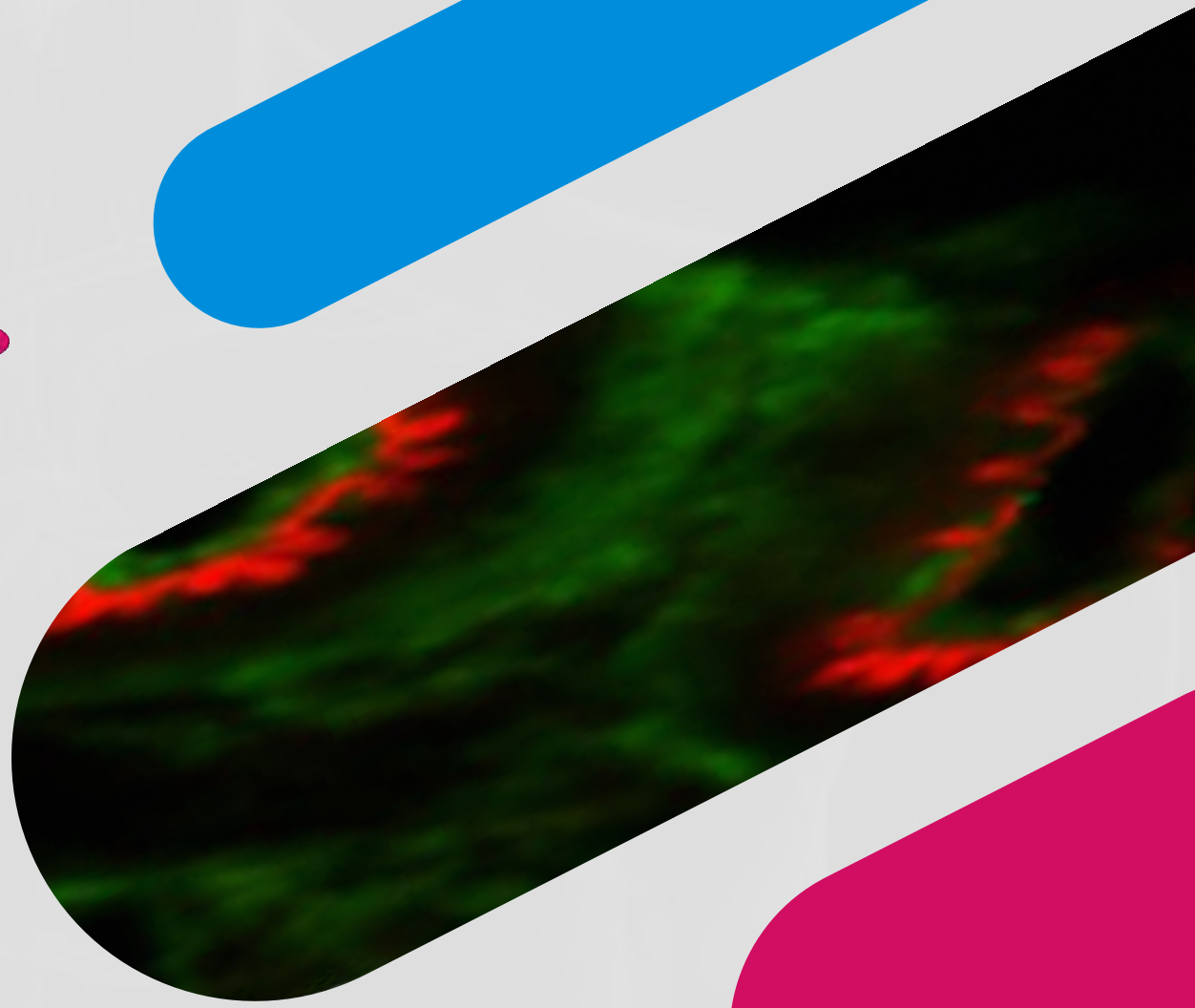
PHARMAZZ

EXCELLENCE IN CRITICAL CARE MEDICINE

# Corporate Presentation

## March 2024



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# PHARMAZZ AT A GLANCE

## Two first-in-class drug candidates with positive Phase 3 data in acute cerebral ischemic stroke and hypovolemic shock

### SOVATELTIDE

- **A neuroprotective, neuroregenerative, endothelin-B agonist for acute cerebral ischemic stroke**
- Phase 3 data showed statistically significant clinically meaningful improvement in key neurological outcomes
- Approved for marketing in India; partnership with Sun Pharmaceuticals, >15,000 patients treated since launch on September 14, 2023.
- US IND for Phase 3 trial in acute cerebral ischemic stroke approved by the FDA.
- A Special Protocol Assessment agreement was reached with the FDA for a Phase 3 trial of sovateltide to treat stroke
- Enrolling patients for phase II Hypoxic-Ischemic Encephalopathy

### CENTHAQUINE

- **A resuscitative agent without arterial constriction for hypovolemic shock**
- Promising results, improved stroke volume, cardiac output, and survival
- Approved for marketing in India; partnership with Dr. Reddy's Laboratory for sales and distribution in India
- US IND for Phase 3 approved for hypovolemic shock

### SALES & DISTRIBUTION

- **Sun Pharmaceuticals markets Sovateltide under its brand Tyvalzi™ *in India***

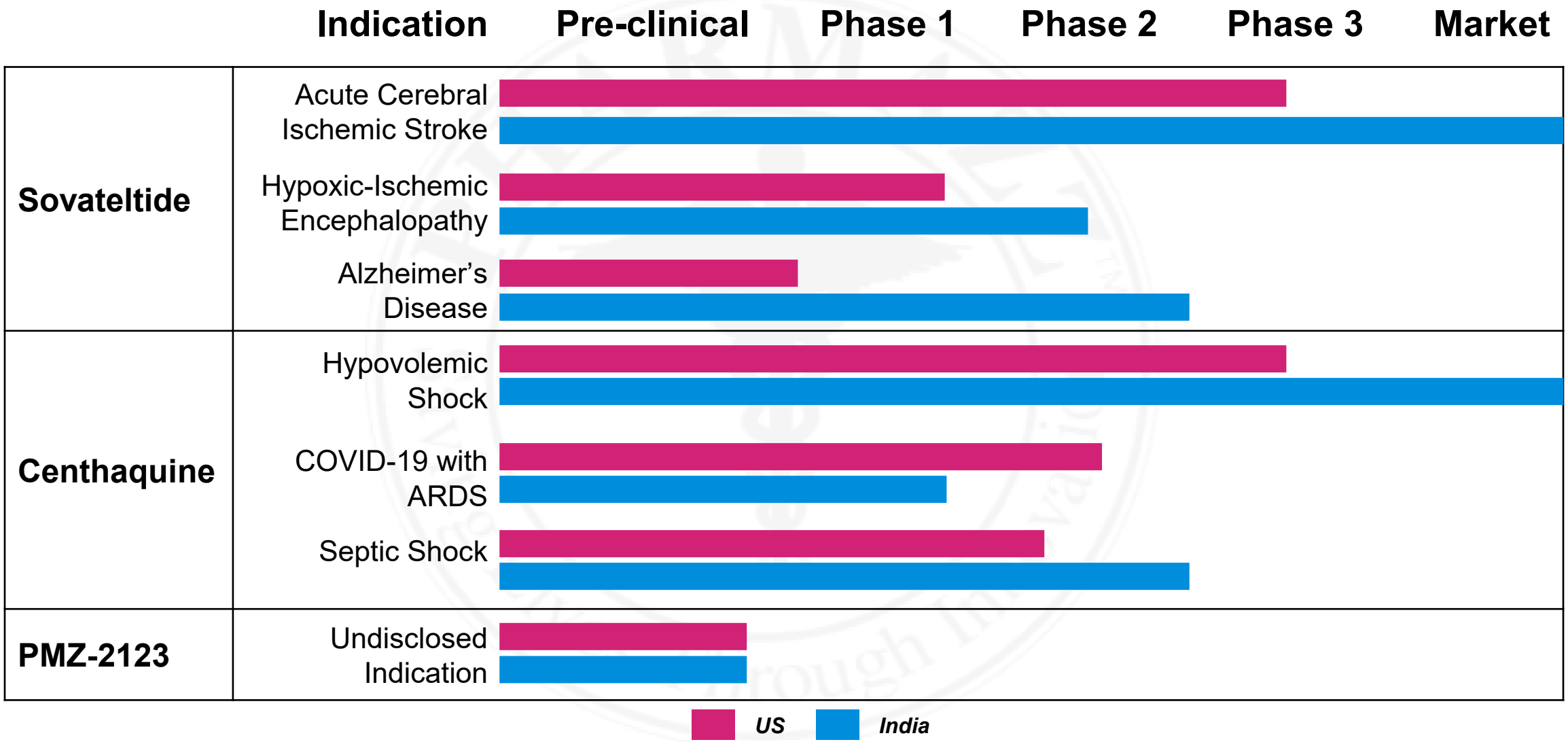
Tycamzzi™ Neural Progenitor Cell Therapy

SUN PHARMA

- ***Centhaquine, branded as Lyfaquin® in India, marketed by Dr. Reddy's Laboratory***

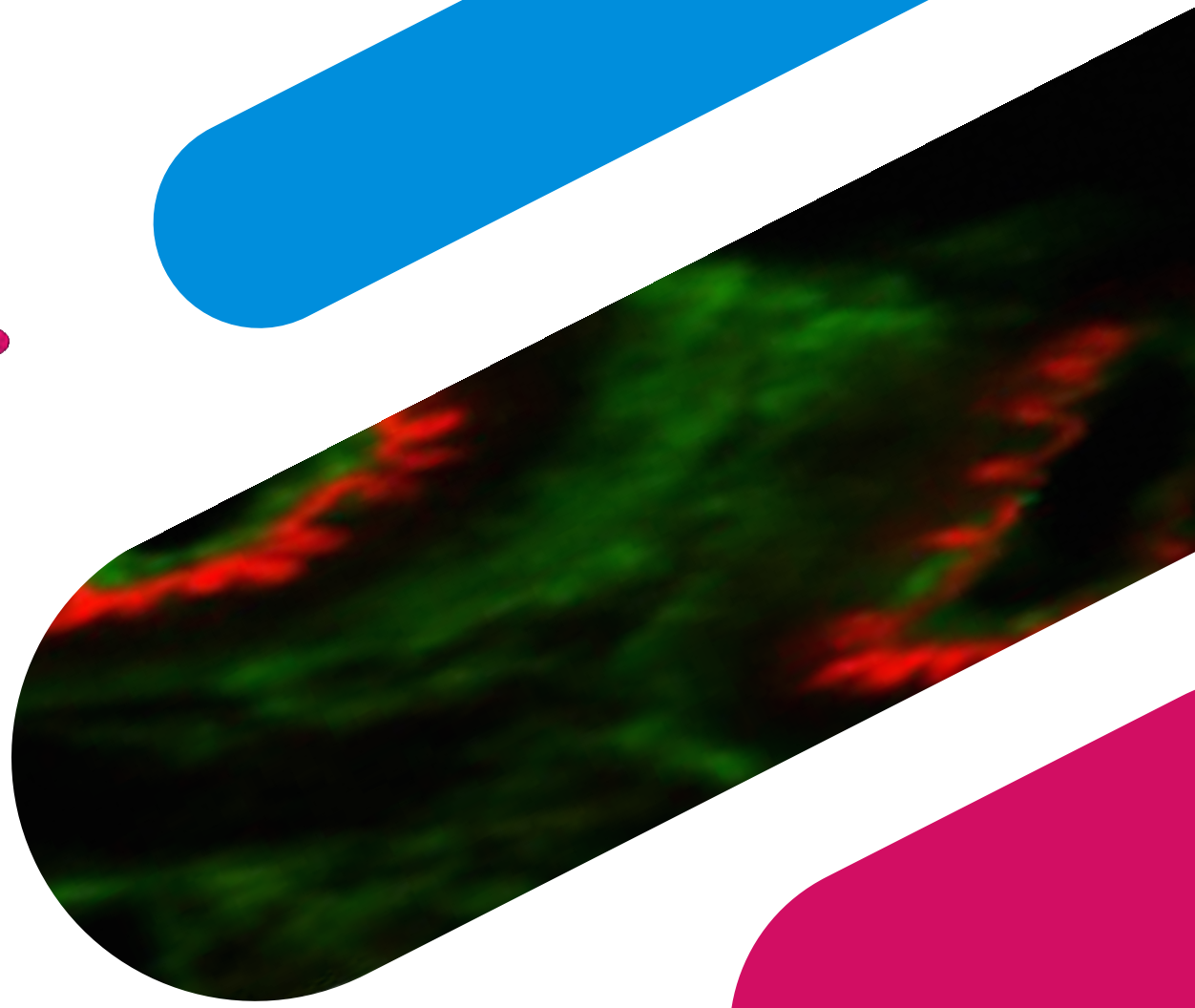

Dr.Reddy's

# Product Pipeline



# Sovateltide

**The first drug candidate to demonstrate statistically significant results in acute cerebral ischemic stroke since tPA**



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# Sovateltide: Phase 3 Trial Results

## Sovateltide met Key Primary Endpoints

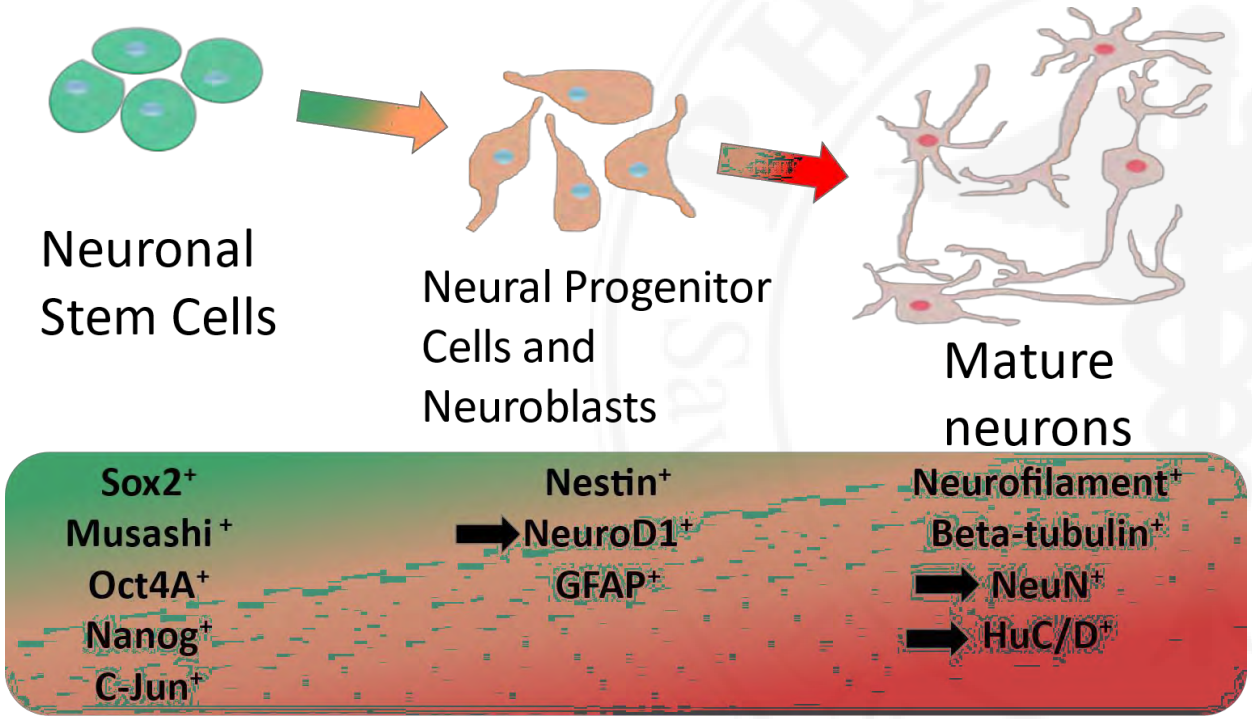
| Primary Outcomes | Control (N=70) | Sovateltide (N=67) | Treatment Effect | P Value |
|---|---|---|---|---|
| Modified Rankin scale at 90 days (Median Score (IQR)) | 2.00 (1.00 to 3.00) | 1.00 (0.00 to 2.00) | Mean diff. = –0.622<br>95% CI –1.078 to –0.167 | 0.0078 |
| NIHSS scale at 90 days (Median Score (IQR)) | 3.00 (0.00 to 6.00) | 1.00 (0.00 to 3.00) | Mean diff. = –1.586<br>95% CI –2.600 to –0.573 | 0.0024 |
| Barthel Index at 90 days (Median Score (IQR)) | 85.00 (60.0 to 100.0) | 95.00 (80.0 to 100.0) | Mean diff. = 10.190<br>95% CI 2.375 to 18.000 | 0.0110 |
| Improvement of ≥2 on Modified Rankin scale score at 90 days | 52.86% (N=37) | 76.12% (N=51) | Odds 2.843<br>95% CI 1.368 to 6.015 | 0.0045 |
| Improvement of ≥6 points on the NIHSS at 90 days | 64.29% (N=45) | 82.09% (N=55) | Odds 2.546<br>95% CI 1.176 to 5.798 | 0.0190 |
| Improvement of ≥40 points on the Barthel Index at 90 days | 61.43% (N=43) | 76.12% (N=51) | Odds 2.001<br>95% CI 0.938 to 4.276 | 0.0640 |

Note: IQR= Interquartile Range

# Sovateltide: Product Overview

## A highly selective endothelin-B receptor agonist

**Mechanism of Action**



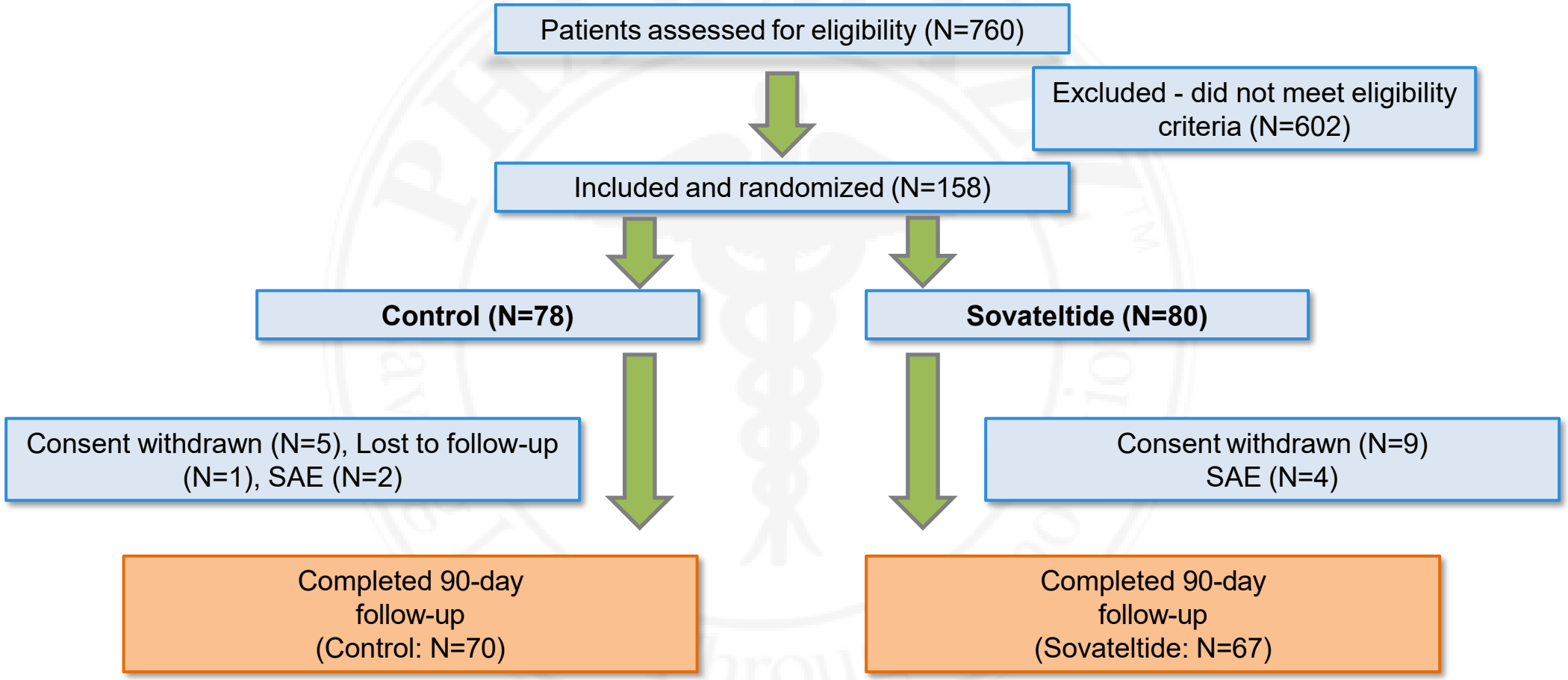

- Increases cerebral blood flow and has anti-apoptotic activity. Protects neural mitochondria and enhances their biogenesis
- Produces neurovascular remodeling through the formation of new neurons and blood vessels
- Significantly reduces infarct volume and improves neurological outcomes in an animal model of ACIS*

***Sovateltide enhances the expression of markers for neural progenitor cells and neuronal cells, but not the stem cell markers***

Reference: Ranjan et al., Sci Rep. 2020 Jul 29;10(1):12737. PMID: 32728189; Ranjan et al., Can J Physiol Pharmacol. 2020 Sep;98(9):659-666. PMID: 32574518; Briyal et al., Sci Rep. 2019 Jul 18;9(1):10439. PMID: 31320660; *Leonard et al., Brain Res. 2011;1420:48–58; Brain Res. 2012;1464:14–23; Brain Res. 2013;1528:28–41; Gulati Curr. Neuropharmacol. 2016;14(6):619–26; Gulati et al., (2021) CNS Drugs 35; 85–104. PMID: 33428177;; https://rdcu.be/cdps6

# Sovateltide: Phase 3 Subject Recruitment

**The Phase 3 trial was conducted in 18 centers, with 58.2% patients enrolled from 12 sites having more than 300 beds with at least 40 ICU beds**




***Several centers have participated in global clinical trials (results published in well recognized journals)***

# Sovateltide: Phase 3 Trial Patient Demographics

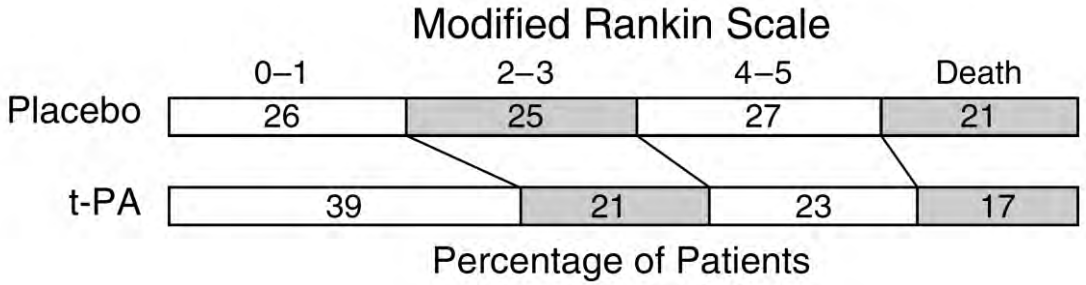
**Below are the demographics of the patients enrolled in the Phase 3 trial of Sovateltide**

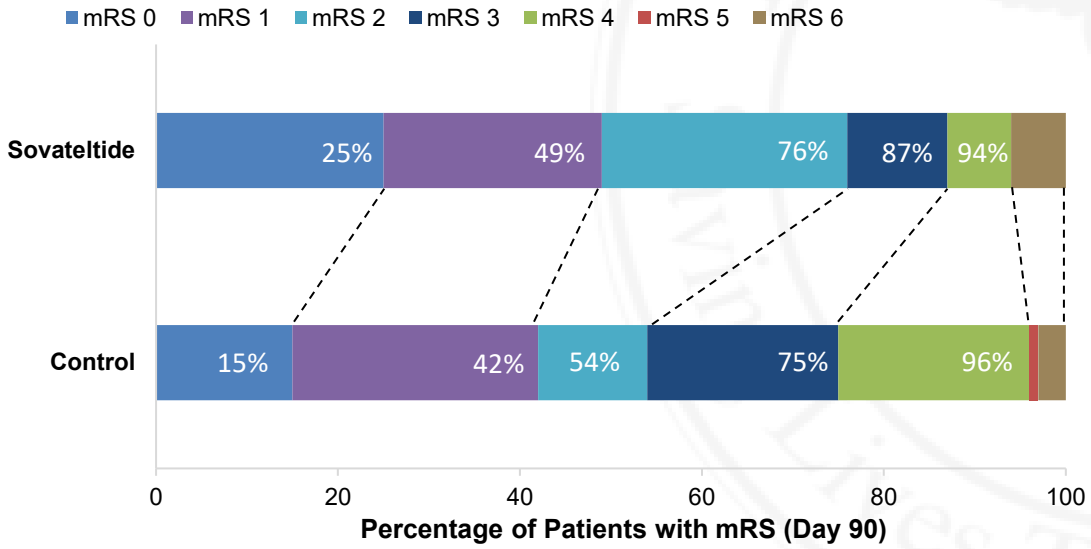
| Variable | Sovateltide (N=80) | Control (N=78) |
|---|---|---|
| Mean Age (years) | 55.78 | 59.27 |
| Mean Body Weight (Kg) | 65.75 | 65.56 |
| Male Sex (number, %) | 53, 66.2% | 48, 61.5% |
| Median NIHSS at Baseline (IQR) | 9 (7 to 12) | 10 (8 to 13) |
| Median ASPECTS (IQR) | 8 (7 to 9) | 8 (7 to 9) |
| Thrombolytic Therapy (number, %) | 9, 11.2% | 20, 25.6% |
| Large Artery Atherosclerosis (number, %) | 37, 46.25% | 29, 37.17% |
| Median Interval (hours) between of stroke onset and treatment (IQR) | 18.58 (11.8 to 23.1) | 19.71 (12.4 to 23.3) |

Note: IQR= Interquartile Range

# Sovateltide: Additional Trial Results

## Ordinal shift in mRS across the range at day 90 compared to the rt-PA stroke study




**An absolute increase in favorable outcome of 9% was observed with t-PA in patients with mRS of 0 to 3**

**Sovateltide: Meets the key primary endpoint of mRS 0 to 2 at 90 days (p=0.0016)**

**An absolute increase in favorable outcome of 12% was observed with Sovateltide in patients with mRS of 0 to 3**

**Number Needed to Treat (NNT) with Sovateltide is 5 compared to rt-PA of 10**

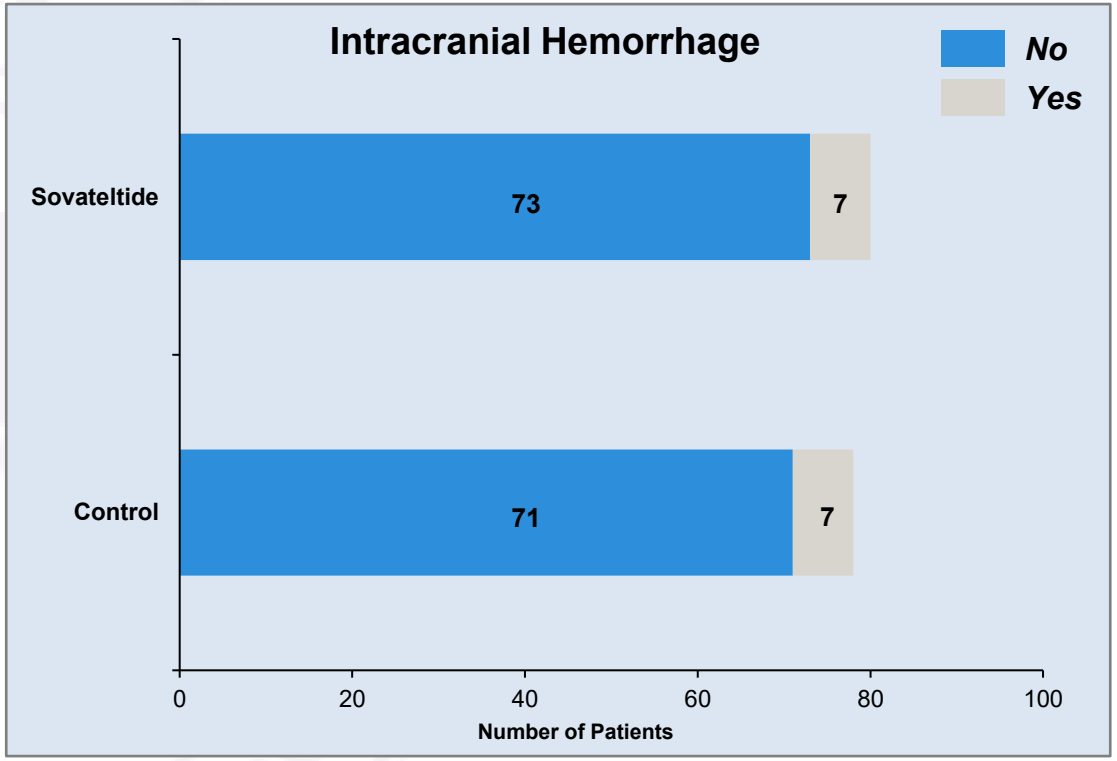
***Full recovery Sovateltide in at least 10% more patients compared to standard treatment***

Reference: The NINDS rt-PA Stroke Study Group, Tissue plasminogen activator for acute ischemic stroke, New England Journal of Medicine 1995, 333(24):1581-1587. Results of the present Phase III trial conducted in 158 patients of which 70 in patients in the control group and 67 patients in the sovateltide group completing the 90-day follow-up.

# Sovateltide: Adverse Events

## Adverse events observed in the Phase 3 Study of Sovateltide are presented below

| | Control (N=78) 33 adverse events in 24 patients | Sovateltide (N=80) 27 adverse events in 15 patients |
|---|---|---|
| **Serious** | **2 events in 2 patients**<br>• Death (2) | **5 events in 5 patients**<br>• Death (4)<br>• Hyponatremia (1) |
| | **22 events in 16 patients**<br>• Fever (5 events in 2 patients)<br>• Hypertension (2 events in 2 patients)<br>• Cold (2 events in 2 patients)<br>• Headache (1)<br>• Cough (1)<br>• Pruritus (1)<br>• Vomiting (1)<br>• Hepatitis (1)<br>• Hypocalcemia (1)<br>• Hypokalemia (1)<br>• Hypotension (1)<br>• Lower respiratory tract infection (1)<br>• Urinary tract infection (1)<br>• Constipation (1)<br>• Itching (1)<br>• Body pain (1) | **19 events in 7 patients**<br>• Hypertension (3 events in 3 patients)<br>• Vomiting (2 events in 2 patients)<br>• Dizziness (2 events in 2 patients)<br>• Breathlessness (1)<br>• Cough (1)<br>• Headache (1)<br>• Hypotension (1)<br>• Tachypnoea (1)<br>• Rash (1)<br>• Urinary Incontinence (1)<br>• Sepsis (1)<br>• Septic shock (1)<br>• Fever (1)<br>• Increased Alkaline Phosphatase (1)<br>• Depression (1) |
| **Mild** | **9 events in 6 patients**<br>• Abdominal pain (3 events in 3 patients)<br>• Fever (1)<br>• Headache (1)<br>• Cough (1)<br>• Sclera discoloration (1)<br>• Burning sensation in feet (1)<br>• Facial & pedal edema (1) | **3 events in 3 patients**<br>• Dyspnea (1)<br>• Chills (1)<br>• Back pain (1) |




| | |
|---|---|
| Chi-square, df | 0.0025, 1 |
| Control | 8.97% |
| Sovateltide | 8.75% |
| P-Value | 0.9604 |

# Sovateltide: SPA agreement with US FDA for Phase 3 Trial

## Sovateltide Phase 3 IND clinical trial application approved by the US FDA (02/08/2023)

Patient with acute cerebral ischemic stroke

- Clinically and/or radiologically confirmed acute cerebral ischemic stroke
- No intracranial hemorrhage (CT/MRI)
- Presenting with 24 hours of onset
- Having NIHSS score ≥8 and <20
- NIHSS level of consciousness (1A) <2
- Not receiving endovascular therapy

Include

Randomize

Sovateltide + Standard of Care

Normal Saline + Standard of Care

Visit 1 (Day 1-6) Screening/Treatment/ Assessment

Visit 2 (Day 30±5) Assessment

Visit 3 (Day 60±5) Assessment (Telephonic)

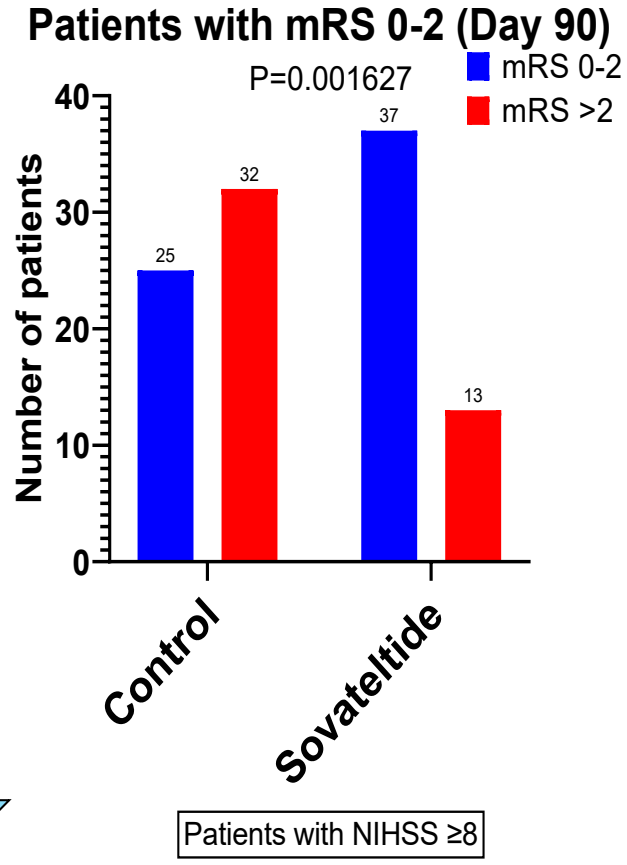
Visit 4/End of Study (Day 90±5) Assessment

Treatment and Assessment Visits

Standard of Care for Patients will Continue

Primary endpoint: Proportion of patients with mRS of 0 to 2 at 90 days.
Number of patients: 514 (Randomized into 2 groups 257 in each treatment arm)
Stratified based on early vs. late enrollment (<12 hours vs. ≥12 hours) and by the use vs. non-use of rtPA.

**Phase III Trial Result**



# Sovateltide: Key Differences In Study Protocol

## Differences and similarities between India and US studies

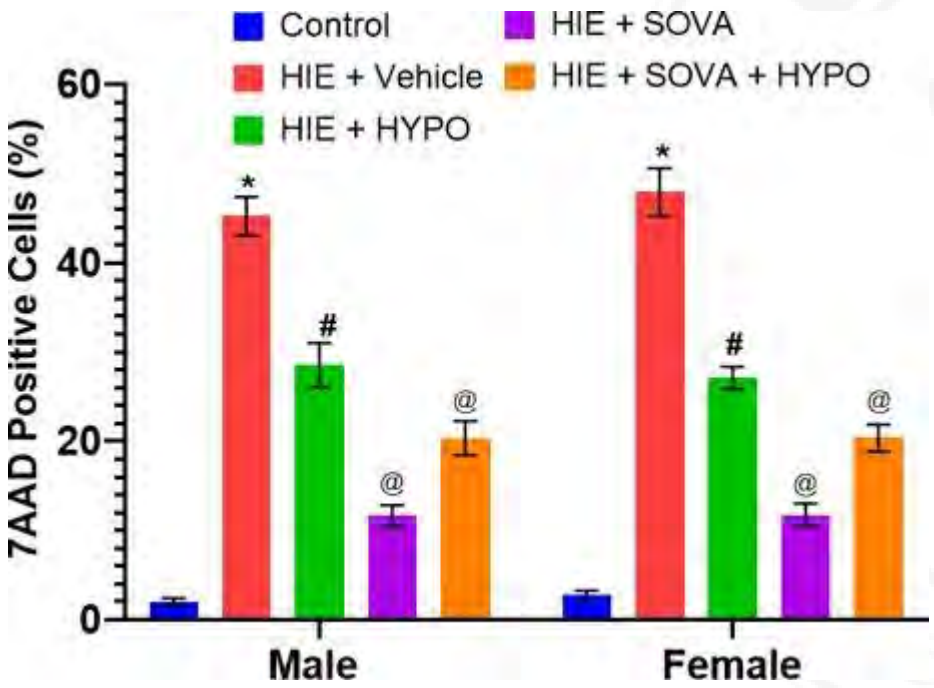
| Parameter | US Study (Special Protocol Assessment) | India Study |
|---|---|---|
| Primary endpoint | The proportion of patients with mRS of 0-2 at 90 days | The proportion of patients with improved neurological outcomes (mRS, NIHSS, BI) at 90 days. |
| Inclusion criteria | Age 18-80, Either sex; Ischemic stroke; Within 24 hours of stroke onset; NIHSS ≥8 to <20; | Age 18-78, Either sex; Ischemic stroke; Within 24 hours of stroke onset; NIHSS >5; |
| Exclusion criterion | Endovascular therapy, surgical intervention, intracranial hemorrhage, comatose, pregnancy | Endovascular therapy, surgical intervention, intracranial hemorrhage, comatose, pregnancy |
| Sample size; Randomization; Time from onset of stroke | 514; 1:1 randomization; 50% within 12 hours (minimum 200 (40%) patients) | 158; 1:1 randomization; within 12 hours 24% (38, 17 control and 21 sovateltide) patients |
| Interim analysis | No interim analysis | Trial complete, approved for marketing |
| Data analysis (Statistical Analysis Plan (SAP)) | Multiple imputation for missing data, intention-to-treat (ITT) patients. SAP approved by FDA | No SAP. **Table below** is the data analyzed as per SAP with FDA, multiple imputation + ITT patients |
| Standard of care | SOC (thrombolytics, anti-coagulants, anti-hypertensive, anti-diabetic, mannitol, and other medication as needed) | SOC (thrombolytics, anti-coagulants, anti-hypertensive, anti-diabetic, mannitol, and other medication as needed) |

| Data of 158 patients analyzed with imputation as per SAP with FDA | Control | Sovateltide | P value |
|---|---|---|---|
| **Primary end point:** Number of patients with mRS of 0-2 at 90 days | 53.58% (N=42 out of 78) | 78.75% (N=63 out of 80) | 0.0009 |
| **Secondary end point:** Number of patients with NIHSS of 0-5 at 90 days | 67.95% (N=53 out of 78) | 85.00% (N=68 out of 80) | 0.0114 |

# Sovateltide: Hypoxic-Ischemic Encephalopathy

## Currently therapeutic hypothermia is the only approved treatment

The incidence of HIE ranges from 2-4/1000 live births in developed countries and as high as 26/1000 live births in developing countries. Up to 25% of neonates diagnosed with HIE result in death and around 35% have long-term neurodevelopmental sequelae




| Tukey's multiple comparisons test | Mean Diff. | 95.00% CI of Diff. | Summary | P-Value |
|---|---|---|---|---|
| Male: Control vs. HIE + Vehicle | -43.17 | -51.37 to -34.96 | * | <0.0001 |
| Male: HIE + Vehicle vs. HIE + HYPO | 16.63 | 8.425 to 24.84 | # | <0.0001 |
| Male: HIE + HYPO vs. HIE + SOVA | 16.91 | 8.705 to 25.12 | @ | <0.0001 |

| Tukey's multiple comparisons test | Mean Diff. | 95.00% CI of Diff. | Summary | P-Value |
|---|---|---|---|---|
| Female: Control vs. HIE + Vehicle | -45.21 | -53.42 to -37.01 | * | <0.0001 |
| Female: HIE + Vehicle vs. HIE + HYPO | 20.83 | 12.62 to 29.03 | # | <0.0001 |
| Female: HIE + HYPO vs. HIE + SOVA | 15.38 | 7.170 to 23.58 | @ | <0.0001 |

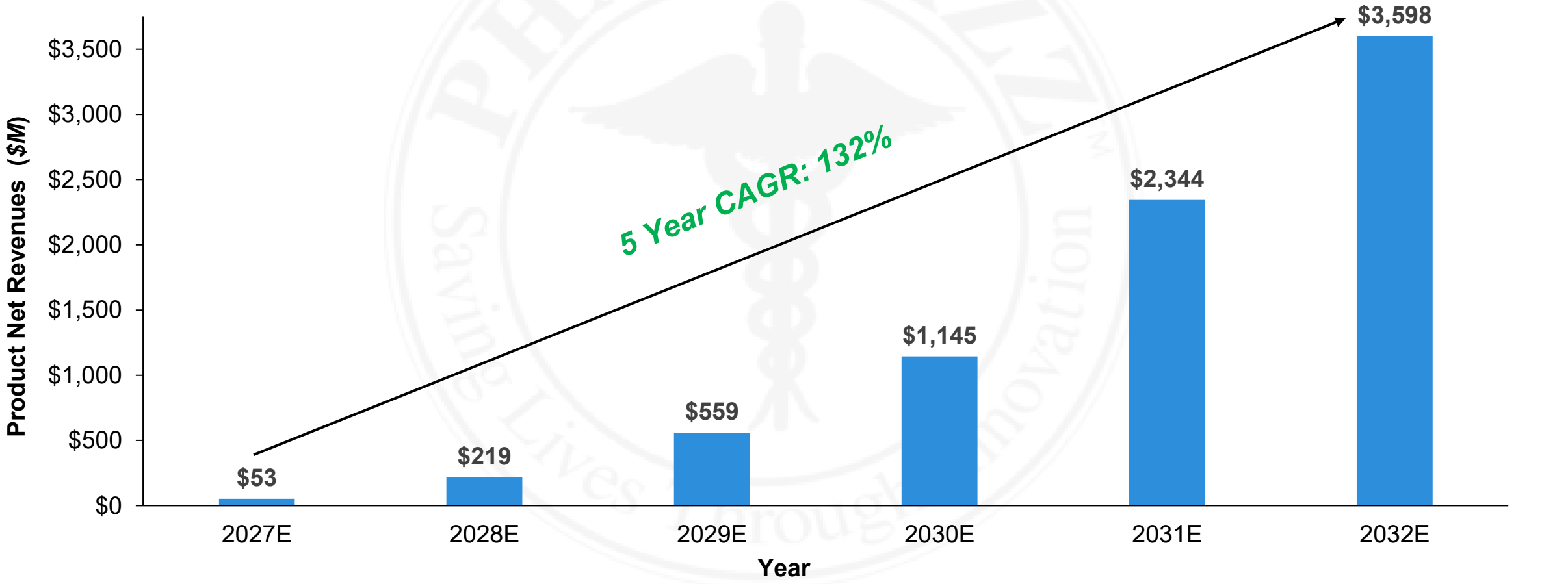
***Sovateltide has neuroprotective effects and significantly reduced number of apoptotic cells***

Reference: Neuroprotective Effect of Sovateltide in a Neonatal Rat Model of Hypoxic-Ischemic Encephalopathy. Ramos MD, Briyal S, Prazad P, Gulati A. Neuroscience. 2022 Jan 1;480:194-202. PMID: 34826534

# Acute Cerebral Ischemic Stroke - US Market Opportunity

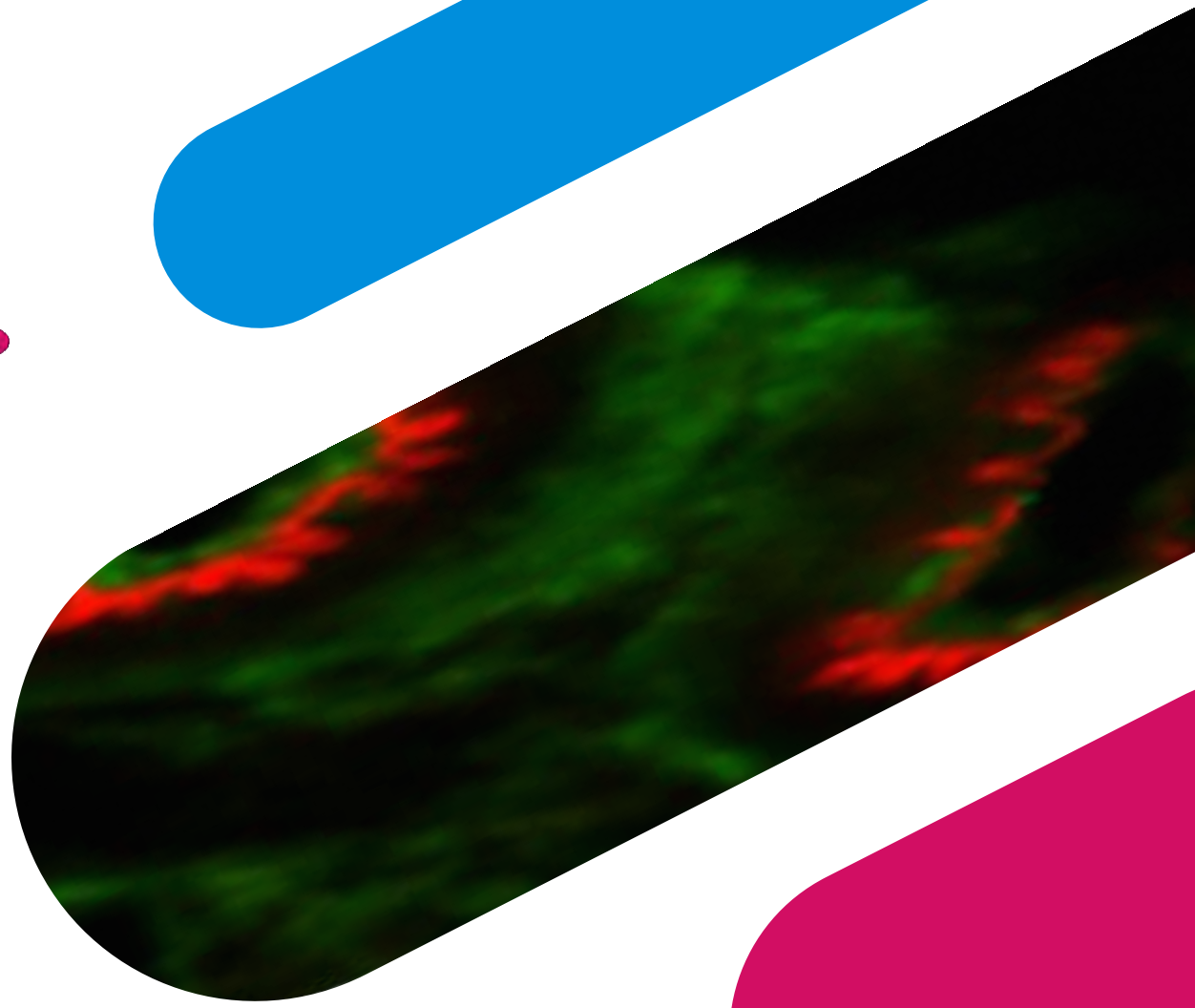
## The market opportunity of Sovateltide for acute cerebral ischemic stroke in the US is estimated to achieve net revenues of $3.6B by 2032[1]

**Sovateltide Revenue Forecast in the US (2027E – 2032E)**




1. Source: Pharmazz, Inc. Proprietary Research. Key Assumptions: Stroke patients per year = 795,000; patients eligible for Sovateltide treatment 464,000; price per patient $22,500 with 2% annual increase; market penetration from 2.5% to 40% over 9 years.

# Centhaquine



**A resuscitative agent that is free of arterial constriction**

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# Centhaquine: Hypovolemic / Hemorrhagic Shock

**Hypovolemic / Hemorrhagic Shock is a life-threatening condition with high mortality rates. The annual incidence is 0.3 to 0.7 per 1,000 in the US with a 15% to 20% mortality rate**

Progression

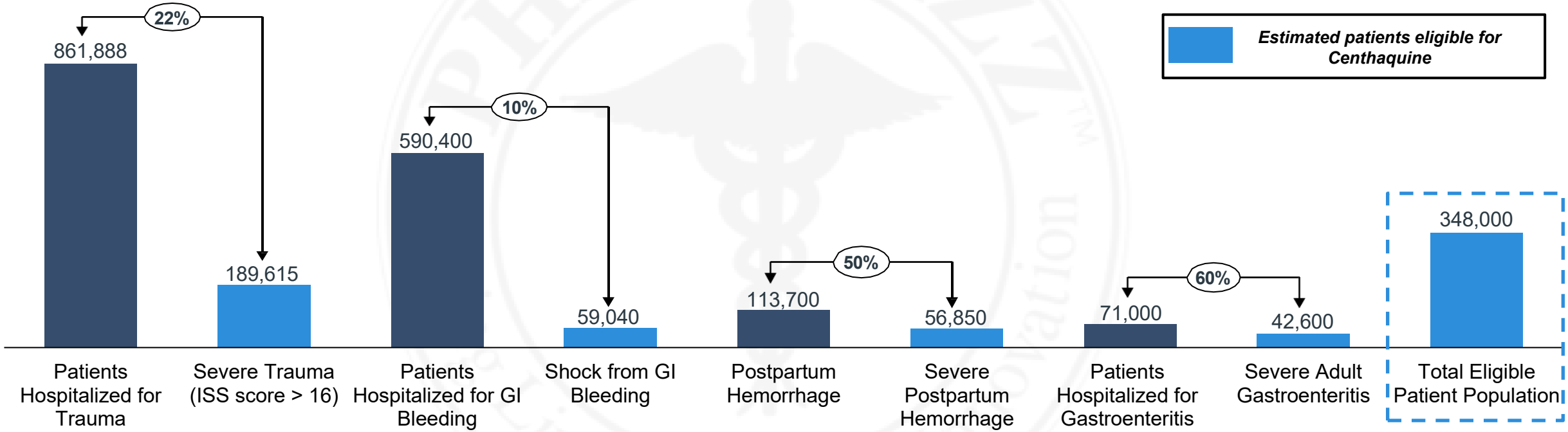
| | | |
|---|---|---|
| **Decreased Cardiac Output** | Caused by severe blood or fluid loss | **Blood Pressure** ↓ |
| **Hypoperfusion of Organs** | Due to poor cardiac output and perfusion of vital organs | **Oxygen Levels** ↓ |
| **Multiple Organ Failure** | This is the critical driver of mortality | **Organ Failure** ↑ |
| **DEATH** | | |

Reference: Uptodate; StatPearls, Annane et al. 2013 JAMA; Standl et al. 2018 Dtsch Arztebl Int.; Canon et al. 2018 NEJM; Standl et al. 2018 Dtsch Arztebl Int.

# Centhaquine: Market Sizing

## Every year ~1.7 Million Americans suffer hypovolemic shock, of which 348,000 suffer severe symptoms and are therefore eligible for Centhaquine[1]

### Current Annual Incidence of Hypovolemic Shock in the US




***Severe trauma, GI bleeding, postpartum hemorrhages, and gastroenteritis are the primary triggers for severe hypovolemic shock among adults in the US (excluding hypovolemia from other shock etiologies)***

1. Source: IQVIA Inc. Reference: Eastridge et al. 2019 Journal of AABB; Marshall et al. 2017 Am J Obstet Gynecol; Zhou et al. 2008 AHRQ; Standl et al. 2018 Dtsch Arztebl Int; National Trauma Databank 2016 Annual Report (ACS)

# Centhaquine: Current Treatment Protocol

**The current treatment protocol for hypovolemic shock includes a mix of fluid replacement and vasopressors**

## Current Treatment: Hypovolemic / Hemorrhagic Shock

**Fluid Replenishment: Colloid / Crystalloid Solutions +/- Blood Products**

↓

**If fluids insufficient: Vasopressors**

## Challenges with Current Treatment Protocol

- Arterial constriction, reduced tissue blood perfusion
- Cardiac Arrhythmias
- Fluid Extravasation
- Vasopressor Infusion requires careful titration

***The administration of Centhaquine does not require the insertion of a Central Venous Line (peripheral IV administration instead)***

Note: The average time to therapeutic intervention in the US is < 30 minutes (within the golden hour) versus > 60 minutes in India. This difference in therapeutic intervention is due to external factors

# Centhaquine: Mechanism of Action

**Centhaquine's MOA is distinct among resuscitative agents as it increases cardiac output while decreasing vascular resistance**

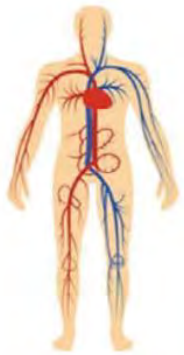
**Centhaquine, A Resuscitative Agent Free of Arterial Constriction**

- Stimulates α2B adrenergic receptors (venous)
- Increase venous return to heart
- Increases cardiac output
- Heart pumps more blood per beat

- Stimulates α2A adrenergic receptors
- Decrease in sympathetic drive
- Dilated blood vessels
- Decrease systemic vascular resistance

- Improved blood perfusion to tissue
- Improved oxygen supply
- Proper functioning of vital organs

**Cardiac Output**



**Vascular Resistance**

# Centhaquine: Phase 3 Trial Results

## Centhaquine's Phase 3 trial in India met all four primary efficacy endpoints. The trial's secondary endpoint, 28-day mortality, also trended toward benefit

### Study Design Summary

| Key Parameters | Overview |
|---|---|
| **Treatment Arms** | • 71 patients: experimental arm: Centhaquine + standard of care<br>• 34 patients: comparator arm: standard of care |
| **Dosage** | • Centhaquine administered at 0.01mg/kg, i.v. in 100 mL of normal saline |
| **Efficacy Assessment** | • SBP, DBP, Blood Lactate, base-deficit Secondary endpoint: 28-day Mortality |

### Phase 3 Primary and Secondary Endpoints

| Endpoints | Results (% of patients) | | P Value |
|---|---|---|---|
| | Control | Centhaquine | |
| SBP ≥ 110 mmHg at 24 hrs. | 60.6 | 79.7* | P=0.0444 |
| DBP ≥ 70 mmHg at 24 hrs. | 51.5 | 76.6* | P=0.0122 |
| Blood Lactate of ≤ 1.5 | 46.9 | 69.4* | P=0.0336 |
| Base-Deficit <- 2.0 (mmol/L) | 43.8 | 69.8* | P=0.0137 |
| 28-day Mortality | 11.8 | 2.94 | P=0.0742 |

**Clinical Trials Identifier: CTRI/2019/01/017196 and NCT04045327**

Reference: Gulati et al., (2021) Drugs. 2021 Jun;81(9):1079-1100; doi: 10.1007/s40265-021-01547-5; Gulati et al., (2021) Advances in Therapy 38 (6), 3223-3265. doi: 10.1007/s12325-021-01760-4.; Gulati et al., (2020) Drugs Fut 2020, 45(3): 153; doi: 10.1358/dof.2020.45.3.3098155.; Lyfaquin® clinical data

# Centhaquine: Phase 3 Trial Results (Continued)

**The Indian Phase 3 study showed a ~75% reduction in mortality. Meta-analysis of Phase 2 and 3 data reach statistical significance**

**Additionally, a prospective, multi-centric, open-labeled study of 400 patients to assess the safety and efficacy of centhaquine is ongoing, more than 200 patients enrolled**

| Meta-analysis of Phase 2 and 3 data (similar inclusion criteria) | |
|---|---|
| Phase 2 + 3 Control (N=56) | **10.71% (6)** |
| Phase 2 + 3 Centhaquine (N=91) | **2.20% (2)** |
| Odds Ratio 5.340 (95% CI 1.27-26.50) | **P=0.03** |

***We believe the larger trial size of 430 patients planned for the US Phase 3 trial is likely to produce statistically significant results in 28-day mortality***

Reference: Gulati et al., (2021) Drugs. 2021 Jun;81(9):1079-1100; doi: 10.1007/s40265-021-01547-5; Gulati et al., (2021) Advances in Therapy 38 (6), 3223-3265. doi: 10.1007/s12325-021-01760-4.; Gulati et al., (2020) Drugs Fut 2020, 45(3): 153; doi: 10.1358/dof.2020.45.3.3098155.; Lyfaquin® clinical data

# Centhaquine: Phase 3 Trial Protocol

## Centhaquine's Phase 3 IND approved, and protocol agreed to by the FDA

| Study Design | |
|---|---|
| **Design Parameters** | Multi-Center, Randomized, Double-Blinded, Placebo-controlled |
| **Dosage** | 0.01 mg/kg of Centhaquine + Standard of Care |
| **No. of Participants** | 430 patients, randomly assigned equally to both arms |
| **Time Frame** | Enrollment period 12 months and total duration 24 months |

**Primary Endpoint**

- All cause mortality at day 28

**Secondary Endpoints**

- Mortality 60 days
- Ventilator free days
- Days in hospital
- Days in ICU
- Days on organ support

**Exploratory Endpoints**

- Systolic and diastolic blood pressure
- Blood lactate
- Amount of fluid or blood infused
- Change in Multiple Organ Dysfunction Syndrome score

# Centhaquine: Key Differences In Study Protocol

## Differences between India and US studies focus patient population to those most likely to benefit

| Parameter | US Study | India Study |
|---|---|---|
| Primary endpoint | All-cause mortality at 28 days | SBP, DBP, blood lactate & base deficit |
| Inclusion criteria | SBP ≤ 90 mm Hg, blood lactate > 2 mmol/L and receiving SOC | SBP ≤ 90 mm Hg, blood lactate > 2 mmol/L and receiving SOC |
| Exclusion criterion | **Exclude if hypovolemic shock etiology is unavailable** | Etiology of hypovolemic shock not specified |
| Sample size | 430 (assuming 7% reduction in mortality and achieving statistical significance at 95% CI) | 105 |
| Randomization | 1:1 Randomization | 2:1 Randomization |
| Interim analysis | For futility ($p \leq 0.435$) and efficacy ($p \leq 0.003$) | Does not specify details |
| Standard of care | Crystalloids, Colloids, Blood Products, Vasopressors | Crystalloids, Colloids, Blood Products, Vasopressors |

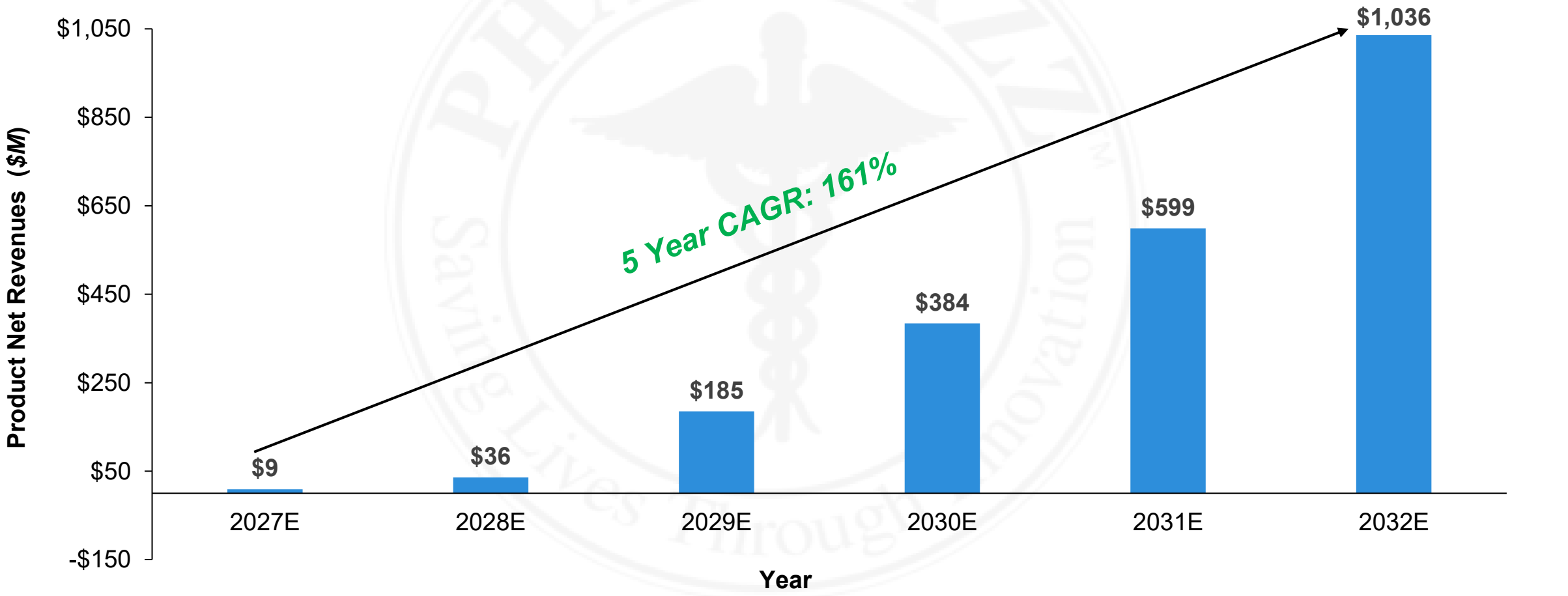
- Majority of patients enrolled were hemorrhagic shock: 65 (45 in Centhaquine, 20 in control); Number of patients with fluid loss: 37 (23 in Centhaquine, 14 in control)
- Coagulopathy, acidosis, and hypothermia make a deadly cycle of a lethal triad in patients with acute hemorrhage. Centhaquine resuscitation within the Golden Hour is likely to be more effective in attenuating the lethal triad than missing the Golden Hour.
- Literature[1] suggests higher mortality in the control group in the US vs. India due to inclusion of patients with severe hemorrhage. Expect greater reduction in mortality.

Reference: (1) Holler et al., (2019) Shock 51: 60-67; Pedersen et al., (2021) Eur. J. Emerg. Med. 28: 448-455.

# Hypovolemic Shock - US Market Opportunity

## The market opportunity of Centhaquine for hypovolemic shock in the US is estimated to achieve net revenues of ~$1.0B by 2032[1]

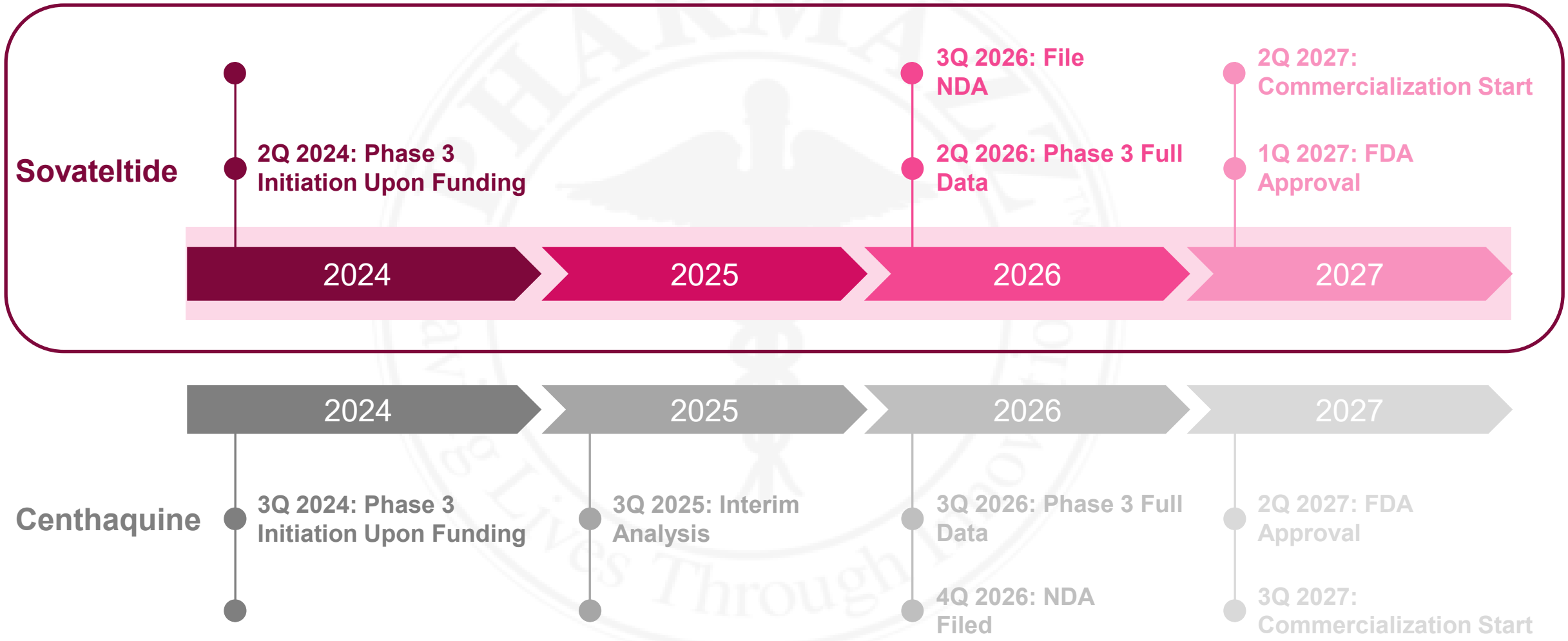
**Centhaquine Revenue Forecast in the US (2027E – 2032E)**




1. Source: IQVIA Inc. Key Assumptions: Severe Hypovolemic Shock patients per year = 350,000; price per patient $8,800 with 2% annual increase; market penetration from 1.0% to 40% over 9 years. Reference Company Websites, Clinicaltrials.gov.

# Upcoming Milestones

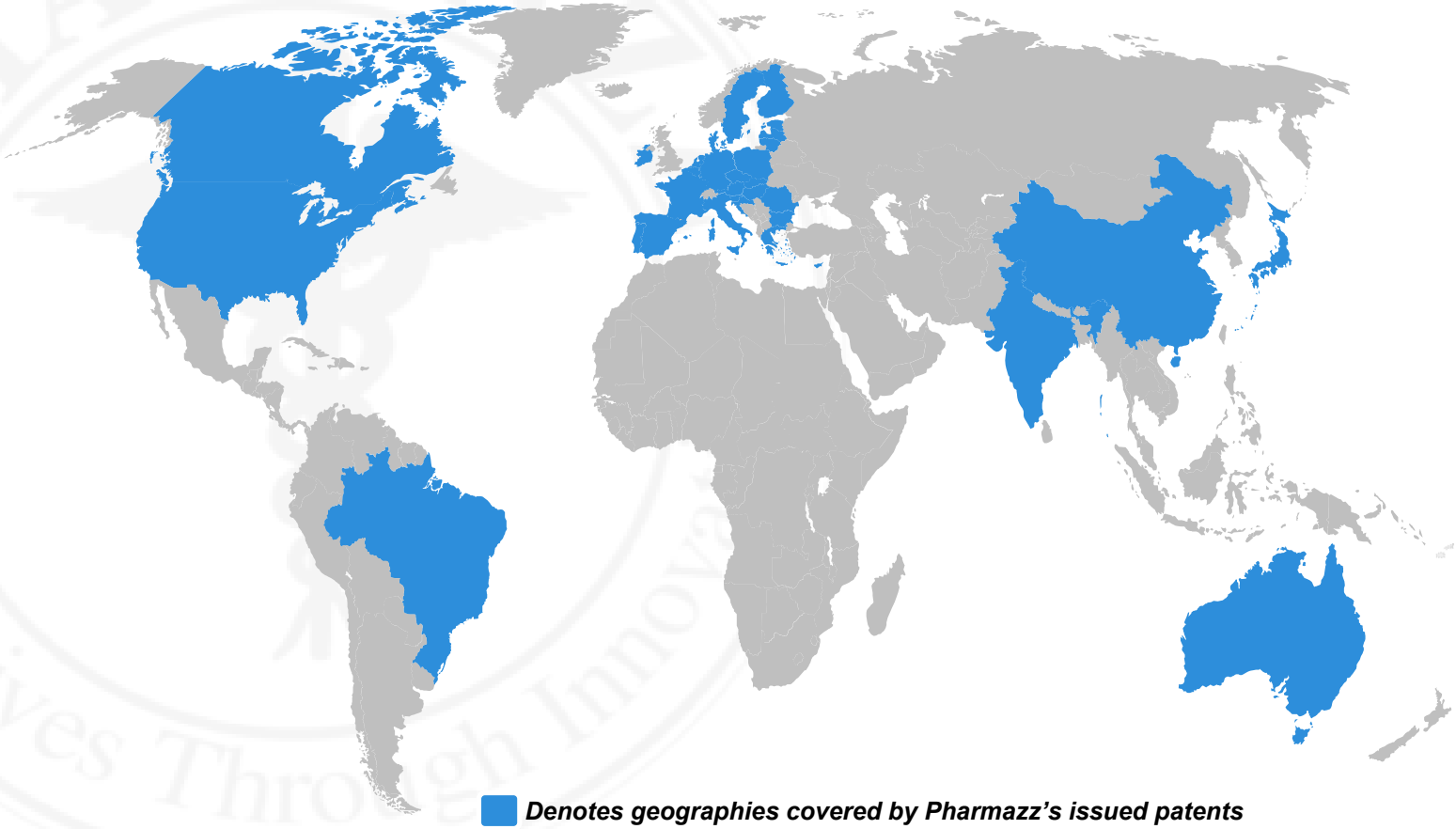
## $30M projected to fund through Sovateltide commercialization



# Patents and Licenses

- **Exclusive worldwide rights of intellectual property** from Midwestern University with, single-digit royalties due once commercialized
- **Several patent applications** related to Sovateltide and Centhaquine composition and methods Inc. under examination.
- **New patent application** in filing process currently

**Over 50 Issued Patents Covering Relevant Geographies With Expiry Between 2028 and 2038**



***Denotes geographies covered by Pharmazz's issued patents***

# Ongoing Patent Applications

| Patent Applications Assigned to Pharmazz with Compositions and Methods Protected Through 2043 | | |
|---|---|---|
| **Title** | Pharmaceutical formulation for the treatment of cerebral stroke | Lyophilized sovateltide-based injectable formulation and method for preparation thereof |
| **Applicant** | PHARMAZZ EXCELLENCE IN CRITICAL CARE MEDICINE | PHARMAZZ EXCELLENCE IN CRITICAL CARE MEDICINE |
| **Application Number** | 18/343,087 | 18/478,528 |
| **Priority Date** | June 28th 2023 | June 28th 2023 |

# The Team

## Experienced team with extensive drug development and clinical expertise

### Anil Gulati, MD, PhD

*Chairman and Chief Executive Officer*

- >40 years of drug discovery, development, clinical and management experience.
- >300 peer reviewed publications, and 54 issued patents

### Daniel Stauder

*Chief Investment Officer*

- >35 years of experience in healthcare capital markets and investment banking
- Assisted raising >$20 billion in over 500 transactions

### Manish Lavhale, PhD

*Managing Director, India*

- >20 years of pharmaceutical industry experience
- Expertise in regulatory strategy, with lead role in development of Centhaquine and Sovateltide

### David Costello

*Controller and Vice President*

- >25 years of financial and accounting experience
- Assisted closing of >$500 million in structured finance and equity transactions

### Sunil Gulati, PhD

*Chief Operating Officer*

- >35 years of running medium sized companies with governance and compliance expertise
- In house development of clinical trials team and successful completion of numerous trials

### Shruthi Rammohan, MD

*Manager, Medical Affairs*

- >15 years of clinical and pharmaceutical industry experience
- Expertise in medical affairs with role in development of Centhaquine and Sovateltide

# PHARMAZZ Investment Summary

Late-stage biopharmaceutical company with **two US FDA approved Phase 3 INDs for clinical programs** addressing the underserved critical care market

Lead asset (Sovateltide) designed to transform the treatment of acute cerebral ischemic stroke, supported by **the first statistically significant clinical data in 25+ years**

Secondary asset (Centhaquine) designed to **reduce mortality as a resuscitative agent and improving cardiac output and blood pressure** without arterial constriction in hypovolemic shock patients

Lead pipeline programs designed to address multibillion dollar end markets and **line of sight on market debut by early 2027**

**Worldwide rights in hand** with potential to partner both Sovateltide and Centhaquine in selected geographies

**Validating and functional partnerships** for sales and distribution in India

Sovateltide — Centhaquine

PHARMAZZ

EXCELLENCE IN CRITICAL CARE MEDICINE

# Thank You