

SPARC/Sec/SE/2022-23/060

October 13, 2022

National Stock Exchange of India Ltd., Exchange Plaza, 5th Floor, Plot No. C/1, G Block, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051. BSE Limited, Market Operations Dept. P. J. Towers, Dalal Street, Mumbai - 400 001.

Ref: Scrip Code: NSE: SPARC; BSE: 532872

Dear Sir/Madam,

Sub: Investor Presentation: Update on Clinical Programs and R&D Pipeline

Pursuant to Regulation 30 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 and further to our letter dated September 29, 2022 bearing reference no. SPARC/Sec/SE/2022-23/056, we enclose herewith a copy of the Investor Presentation on the above mentioned subject, which is self-explanatory.

This is for your information and dissemination.

Yours faithfully,

For Sun Pharma Advanced Research Company Ltd.

Dinesh Lahoti Company Secretary and Compliance Officer ICSI Membership No. A22471

Encl: As above





BSE:532872 NSE: SPARC BLOOMBERG: SPADV@IN REUTERS: SPRC.BO CIN:L73100GJ2006PLC047837

Disclaimer

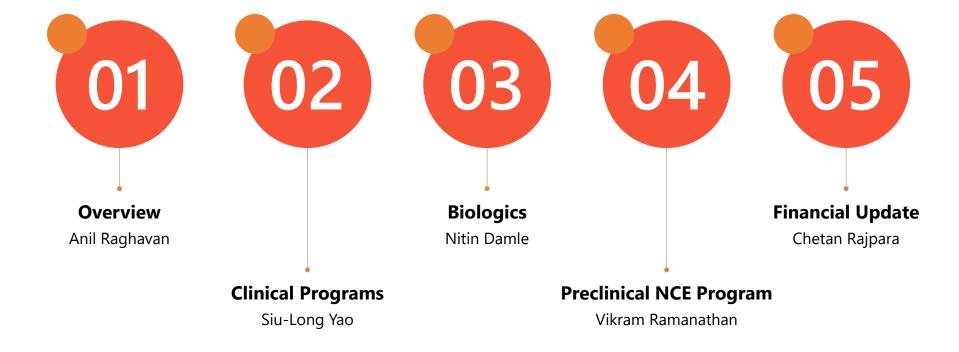


This presentation and its contents should not be distributed, published or reproduced, in whole or part, or disclosed by recipients directly or indirectly to any other person. Any failure to comply with these restrictions may constitute a violation of applicable laws. Accordingly, any persons in possession of this presentation should inform themselves about and observe any such restrictions. This presentation may include statements which may constitute forward-looking statements. All statements that address expectations or projections about the future, including, but not limited to, statements about the strategy for growth, business development, market position, expenditures, and financial results, are forward looking statements. Peak sales forecast/potential in the presentation represent potential sales of the product/s for the commercialization partner. Forward looking statements are based on certain assumptions and expectations of future events. This presentation should not be relied upon as a recommendation or forecast by Sun Pharma Advanced Research Company Limited ("Company"). Please note that the past performance of the Company is not, and should not be considered as, indicative of future results. The Company cannot guarantee that these assumptions and expectations are accurate or will be realized. The actual results, performance or achievements, could thus differ materially from those projected in any such forward-looking statements. The Company does not undertake to revise any forward-looking statement that may be made from time to time by or on behalf of the Company. Given these risks, uncertainties and other factors, viewers of this presentation are cautioned not to place undue reliance on these forward looking statements.

The information contained in these materials has not been independently verified. None of the Company, its Directors, Promoters or affiliates, nor any of its or their respective employees, advisers or representatives or any other person accepts any responsibility or liability whatsoever, whether arising in tort, contract or otherwise, for any errors, omissions or inaccuracies in such information or opinions or for any loss, cost or damage suffered or incurred howsoever arising, directly or indirectly, from any use of this document or its contents or otherwise in connection with this document, and makes no representation or warranty, express or implied, for the contents of this document including its accuracy, fairness, completeness or verification or for any other statement made or purported to be made by any of them, or on behalf of them, and nothing in this presentation shall be relied upon as a promise or representation in this respect, whether as to the past or the future. The information and opinions contained in this presentation are current, and if not stated otherwise, as of the date of this presentation. The Company undertakes no obligation to update or revise any information or the opinions expressed in this presentation as a result of new information, future events or otherwise. Any opinions or information expressed in this presentation are subject to change without notice. This presentation does not constitute or form part of any offer or invitation or inducement to sell or issue, or any solicitation of any offer to purchase or subscribe for, any securities of the Company, nor shall it or any part of it or the fact of its distribution form the basis of, or be relied on in connection with, any contract or commitment therefor. No person is authorized to give any information or to make any representation not contained in or inconsistent with this presentation and if given or made, such information or representation must not be relied upon as having been authorized by any person. By participating in this presentation or by accepting any copy of the slides presented, you agree to be bound by the foregoing limitations. All brand names and trademarks are the property of respective owners.

Agenda





Built a robust R&D organization



Innovating from India for the world, SPARC offers operating model validation

Successful track record of development and commercialization



2

USFDA approved drugs (Xelpros™, Elepsia™)



2

NDAs submitted to USFDA in FY23



1

NDA targeted for submission in H2 FY23

Clinical pipeline targeting high-value opportunities



3

NCEs targeting 6 clinical indications in development



usp 20Bn+

Combined peak sales potential for NCEs currently under clinical development

Through an innovation-focused R&D platform



10+

Preclinical programs in R&D pipeline covering 3 therapy areas



2

IND filings targeted by FY24



11

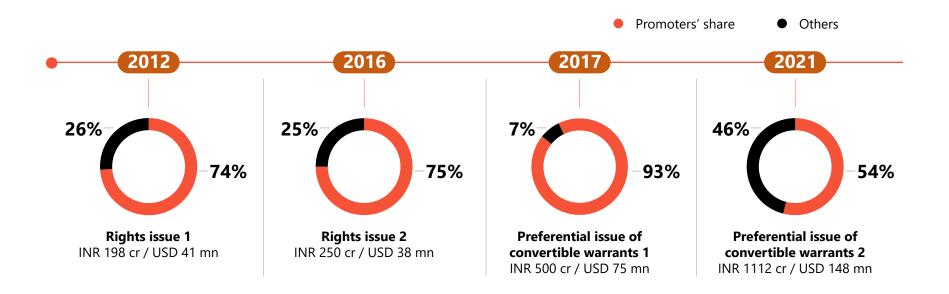
Partnerships with academic centers and commercial entities¹





Attractive portfolio built using a cost-efficient structure

Over 50% funded through non-dilutive revenue generated



USD 523 mn

Total investment till FY22

USD 277 mn

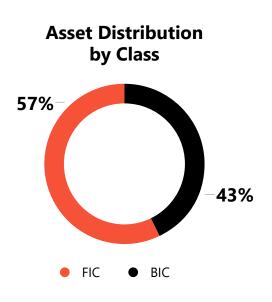
Revenues re-invested till FY22

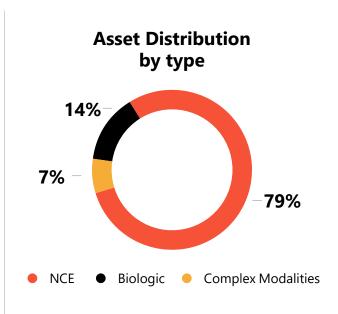




Our strategy to address unmet clinical need has transformed

With a focus on novel biology as opposed to fast follower approach





- Increasing proportion of programs focusing on novel biology (potential first-inclass)
- Investments in new modalities/complex platforms is now translating to tangible programs
- Continued development of best-in-class assets for validated targets
- Collaboration with external innovators as a key tenet of strategy to access early science

6

SPARC © 2022

FIC – First in Class | BIC – Best in Class



First-in-class innovation in three therapy areas

With 70% of the preclinical pipeline targeting novel hypotheses







- Restoring cellular function in the CNS to modify diseasecourse by:
 - Modulating oxidative stress response
 - Improving autophagic flux
 - Preventing misfolded protein aggregation



Oncology

Modality-agnostic, tumor-targeted strategies to address indications that have limited treatment options



Immunology

Pursuing novel targets in immune cells and inflamed tissues to modulate inflammatory conditions

Lead FIC Program

Areas of

interest

SCC-138

- Internally developed NCE - vodobatinih
- Selective c-ABL inhibitor with good brain penetration and superior safety for Parkinson's Disease (PD)
- Currently in a Phase 2 clinical study

SBO-154

- In-licensed anti-MUC-1 antibodies from Biomodifying LLC
- Developed antibodydrug conjugate asset for solid tumors
- Currently in INDenabling preclinical development

SCD-153

- Collaboration with Johns Hopkins University
- NCE targeting a novel pathway to address alopecia areata
- Currently in INDenabling preclinical development





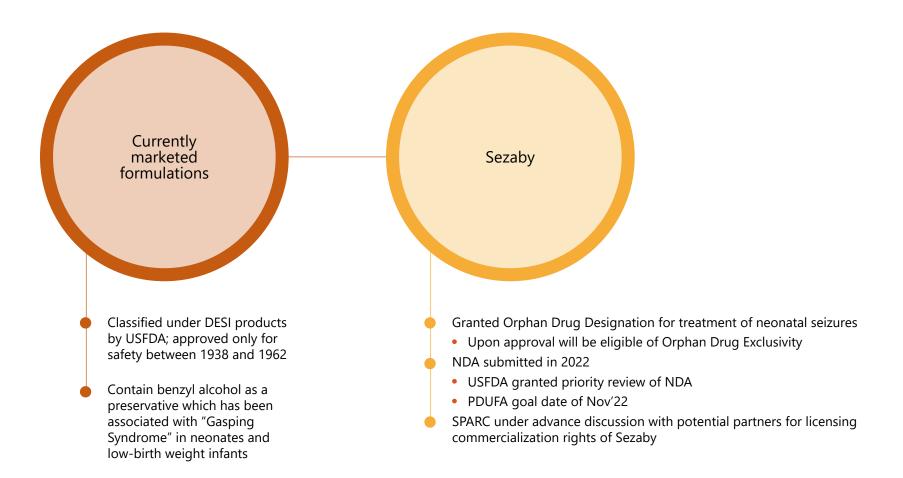
Expected cash inflow from warrants conversion

Cash runway till FY24, with potential extension from milestones and royalties





Sezaby*: benzyl alcohol-free phenobarbital injection for neonatal seizures







Several high-yield assets graduating to next set of data events in the short term

Sharp execution focus to deliver key updates in the next 18-24 months

Licensing and Continued **Early PoC for** commercialization progress of new platforms of near-term assets clinical NCEs Driving uptake of Vodobatinib CML read IND filing for SCD-153 in FY23 and for SBO-154 in FY24 out in FY24 xelpros. Vodobatinib PD PROSEEK In-licensing of preclinical assets Phase 2 readout in FY24 Collaborate with Visiox Pharma SCO-120 clinical PoC for commercialization of PDPin FY24 716 and SDN-037 Licensing of Sezaby to potential partner

Pipeline overview & key upcoming milestones



Asset / Program	n MoA	Indication	Discovery	Preclinical	Phase 1	Phase 2	Phase 3/ Registration Study	Upcoming Catalyst	Partner
Vodobatinib (SCC-138)	c-ABL Inhibitor	Parkinson's Disease						PoC data from PROSEEK study in FY24	
		Lewy Body Dementia ¹						PoC data in FY24	
		Alzheimer's Disease							
Vodobatinib (SCO-088)	BCR-ABL Inhibitor	Refractory CML						Pivotal data in FY24	
SC0-120	Selective ERα Receptor Degrader	Metastatic Breast Cancer						Phase 1 data in FY24	
SB0-154	Anti-MUC-1 ADC	Multiple Tumors						IND filing targeted in FY24	
Vibozilimod (SCD-044)	Selective S1PR1 agonist	Psoriasis							SUN PHARMA
		Atopic Dermatitis							SUN PHARMA
SCD-153	Undisclosed	Alopecia Areata						IND filing targeted in FY23	
Preclinical Assets	10+ preclinio	cal assets under	developmer Neurol		obust pipeli	ne for future			







Siu-Long Yao



Vodobatinib in CML (SCO-088)

A safer, last-line option for heavily pre-treated patients

Vodobatinib for CML (SCO-088)



Potent and selective inhibitor of BCR-ABL1

Clinical study design **Healthy volunteer study Patient studies Enrollment ongoing Single Ascending Pivotal** Dose (SAD) and **Multiple Ascending** efficacy study **Food Effect** Dose (MAD) study in refractory studies in healthy in patients (N = 53)patients volunteers (N = 40)**BP-CML** CP-CML N = 59N = 43AP-CML N = 43Single arm study, Ph+ CML patients refractory and/or intolerant to ≥3 TKIs including ponatinib

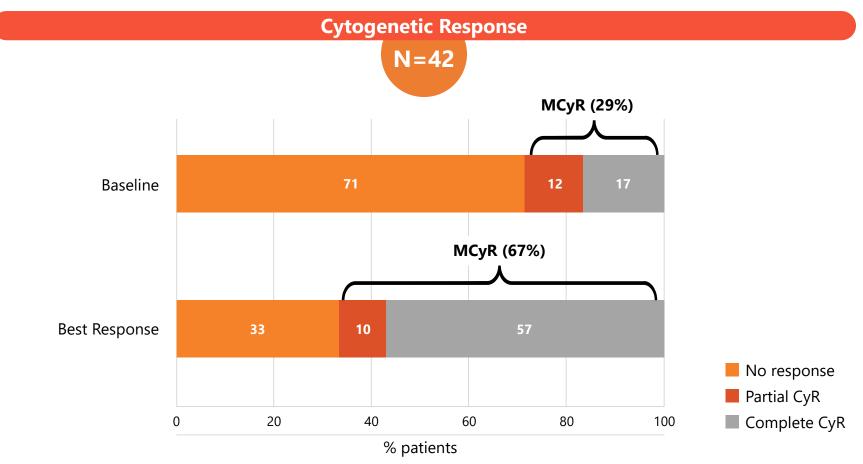
Participating countries: USA, Belgium, France, Italy, Spain, Romania, Hungary, Singapore,

UK, Korea



Vodobatinib (SCO-088) MAD study outcome

Major Cytogenetic Response (MCyR) rate more than doubles in CP-CML patients treated with vodobatinib

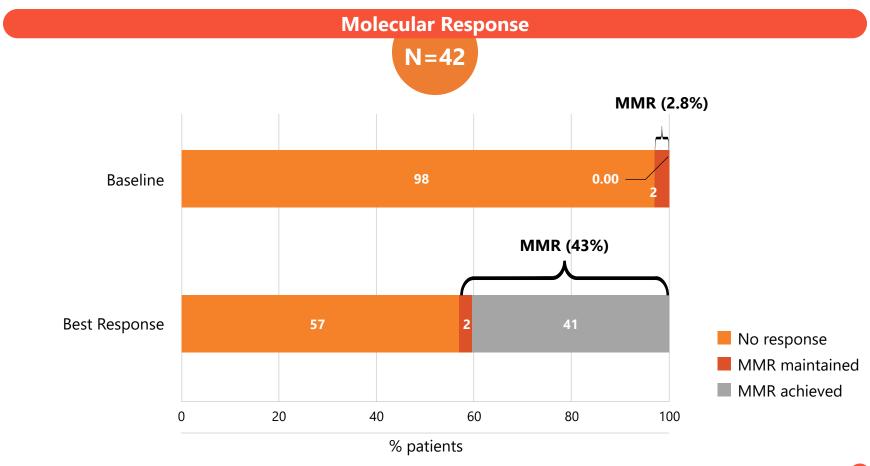




sparc

Vodobatinib (SCO-088) MAD study outcome

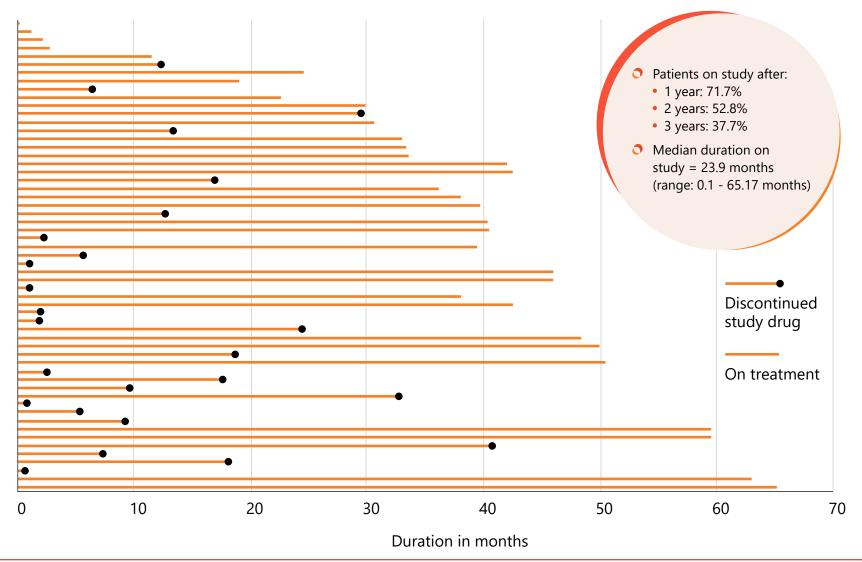
Twenty-fold improvement in Major Molecular Response (MMR) rate in CP-CML patients treated with vodobatinib





Vodobatinib (SCO-088) MAD study outcome

Excellent efficacy and safety



Next steps



Additional data to be presented at upcoming clinical conferences: the 2022 ESH John Goldman Conference and the 2022 ASH Annual Meeting

Pivotal study readout in FY24





A potential firstin-class disease modifying therapy targeting c-Abl



c-Abl: a critical component of neurodegeneration

Substantiated by multiple research groups

- Ubiquitous expression in nucleated cells
 - Expressed in all parts of the CNS (brain and spinal column, and peripheral neuronal tissue)
- Pivotal role in promoting neurodegeneration
 - Under oxidative stress, c-Abl is activated and phosphorylates a number of key substrates that bring about programmed death of oxidatively-stressed neurons

c-Abl and Parkinson's Disease: Mechanisms and Therapeutic Potential

Saurav Brahmachari a,b,f,1 , Senthilkumar S. Karuppagounder a,b,f,1 , Preston Ge a,b,f,1 , Saebom Lee a,b , Valina L. Dawson a,b,c,d,f,* , Ted M. Dawson a,b,d,e,f,* and Han Seok Ko a,d,g,*

Activation of tyrosine kinase c-Abl contributes to α -synuclein-induced neurodegeneration

Saurav Brahmachari, ..., Ted M. Dawson, Han Seok Ko

c-Abl Inhibitors Enable Insights into the Pathophysiology and Neuroprotection in Parkinson's Disease

Dan Lindholm^{1,2*}, Dan D. Pham^{1,2}, Annunziata Cascone¹, Ove Eriksson¹, Krister Wennerberg³ and Mart Saarma⁴

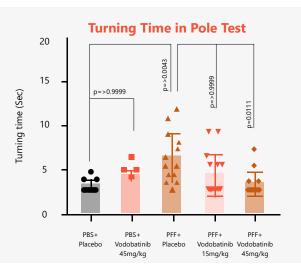
c-Abl phosphorylates α -synuclein and regulates its degradation: implication for α -synuclein clearance and contribution to the pathogenesis of Parkinson's disease

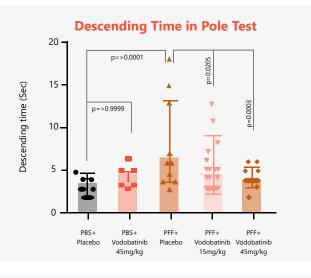
Anne-Laure Mahul-Mellier¹, Bruno Fauvet¹, Amanda Gysbers³, Igor Dikiy⁴, Abid Oueslati¹, Sandrine Georgeon², Allan J. Lamontanara², Alejandro Bisquertt⁵, David Eliezer⁴, Eliezer Masliah⁵, Glenda Halliday³, Oliver Hantschel² and Hilal A. Lashuel^{1,-2}



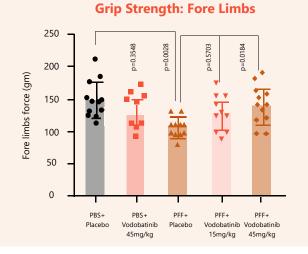
Vodobatinib improved motor and cognitive function in the PFF-induced mouse model¹

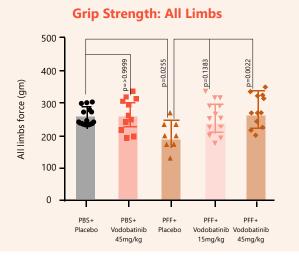
Vodobatinib at 45 mg/ kg improves PFF-induced movement disorderrelated deficits in Turning Time and Descending Time in the Pole test





Vodobatinib treatment improves PFF-induced deficits in Grip Strength

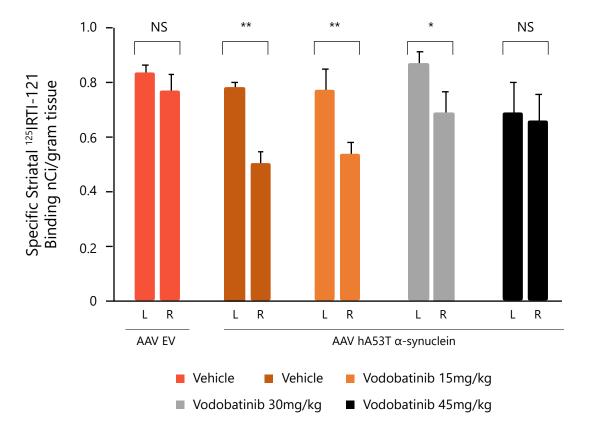








Vodobatinib protects dopaminergic neurons in the AAV mutant α -synuclein (hA53T) rat model – dopamine transporter expression

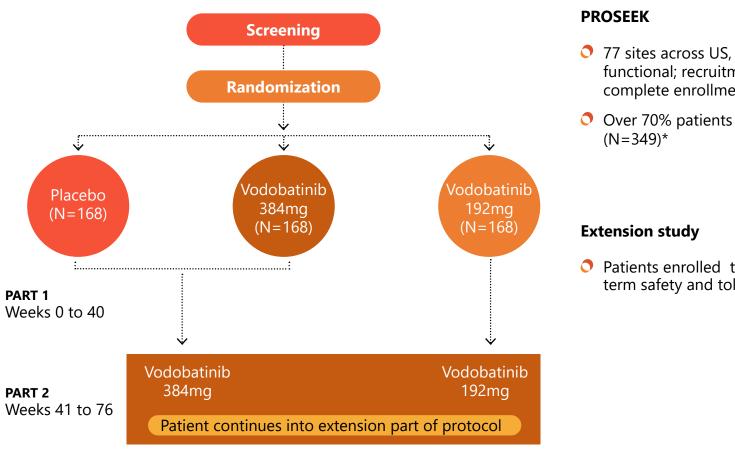


- Vodobatinib treatment protects against dopaminergic neuronal loss measured by radiolabeled ¹²⁵I labeled RTI-121 binding in the striatum
 - Comparison of un-operated left hemisphere (L) and operated right hemisphere (R, injected with & expressing the AAV) shows that 45 mg/kg dose provides protection of dopaminergic neurons

Vodobatinib for PD (SCC-138)



Recruitment on track to achieve enrollment target in PROSEEK



- 77 sites across US, Europe and India functional; recruitment ongoing to complete enrollment in FY23
- Over 70% patients randomized

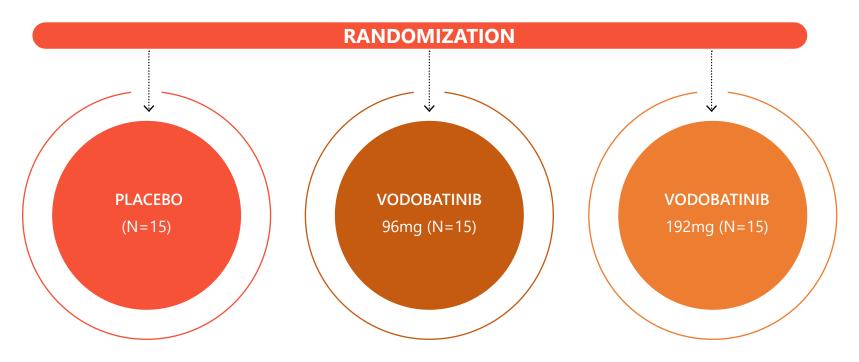
Patients enrolled to establish longterm safety and tolerability





Opportunities beyond PD: Lewy Body Dementia

Recruitment ongoing in an investigator-initiated clinical trial at Georgetown University

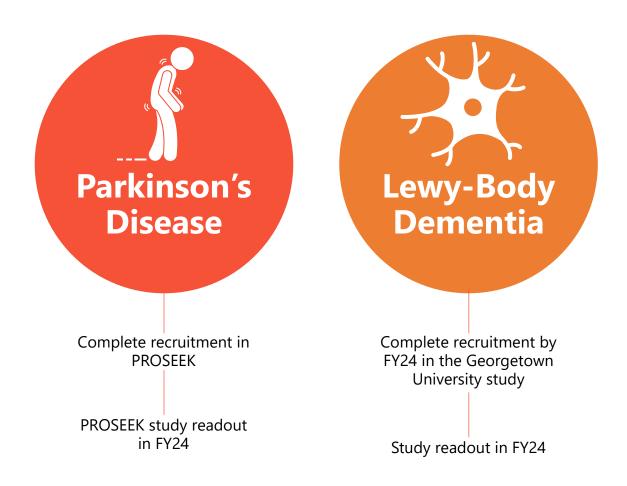


- Recruitment ongoing in a 12-week Phase 2 study in collaboration with Georgetown University
- 50% patients randomized

- Safety and tolerability being evaluated as a primary outcome
- Concentration of LBD-related plasma and CSF biomarkers form the set of secondary outcome measures

Next steps









A safer alternative to JAK inhibitors



Vibozilimod (SCD-044) for Psoriasis and Atopic Dermatitis

An opportunity to improve oral standard-of-care in dermatology

Vibozilimod is a Best-in-Class S1PR1 modulator with excellent safety

S1PR1 Modulator Landscape

- Fingolimod is the first-in-class S1PR agonist approved, but not suitable for some indications because of safety concerns
- Multiple S1PR1 modulators are approved (siponimod and ozanimod) for non-dermatology indications; vibozilimod has opportunity to lead the field in dermatology
- Recent safety concerns related to JAK inhibitors increase the significance of S1PR1 agonists as a 'class alternative' in several autoimmune disorders, particularly in dermatology

Vibozilimod (SCD-044)

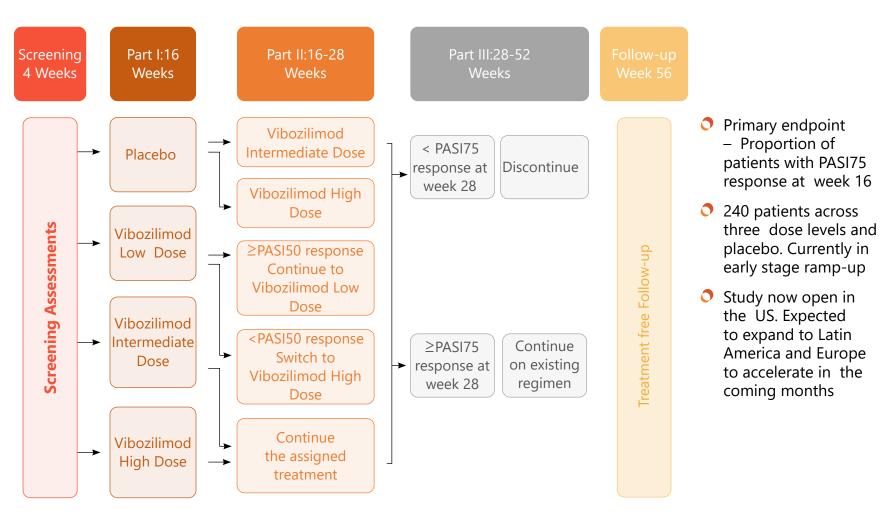
- Developed in collaboration with a French biotech company, Bioprojet. SPARC in-licensed Bioprojet's share of IP in 2019
- Highly-selective for S1PR1 over S1PR2 and S1PR3, which can be associated with serious side effects
- Established preclinical and early clinical validation
- Currently targeting atopic dermatitis, psoriasis and other autoimmune disorders
- Potential synergy with other mechanisms in IBD
 like IL-23 blockade



Vibozilimod (SCD-044) for Psoriasis



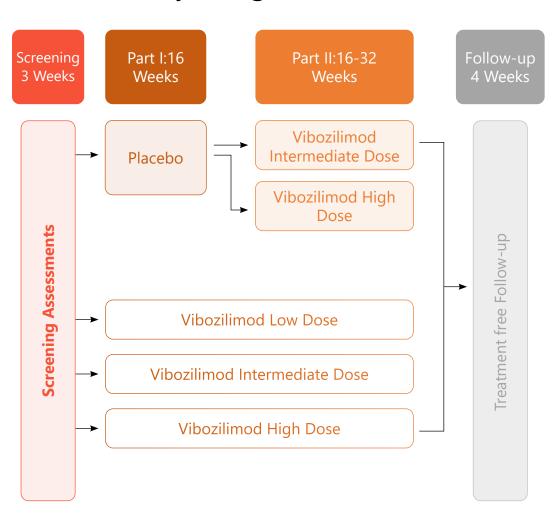
Phase 2 study design



sparc

Vibozilimod (SCD-044) for Atopic Dermatitis

Phase 2 study design



- Primary endpoint Proportion of patients with EASI-75 response at week 16
- 240 Patients across three dose levels and placebo. Currently in early stage ramp-up
- Study now open in the US. Expected to expand to Latin America and Europe to accelerate in the coming months



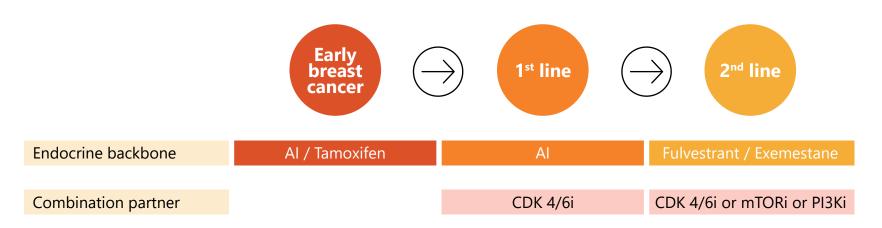
SCO-120 for HR⁺/ HER2⁻ MBC

An oral SERD with brain penetration





Dominated by endocrine therapy except in patients with visceral disease



- Fulvestrant is currently the only SERD available for patients failing 1L setting
 - It is limited by intramuscular (IM) administration and its inability to address mutations
 - Elacestrant phase 3 study met its co-primary endpoints of improved PFS in patients with wild type and mutant disease in 2nd line patients.
- OCDK4/6i has emerged as the gold standard in 1L but requires an endocrine backbone
 - SERDs in development have the potential to become that backbone



SCO-120: Oral SERD for HR⁺/HER2⁻ MBC



Clinical study design

	Single Ascending	Food Effect	Multiple Ascending				
	Dose (Part A)	(Part B)	Dose (Part C)				
Phase 1 Healthy	Double blind, placebo controlled, single oral dose	Open label, two period,	Double blind, placebo				
Volunteer Study		cross over, single dose,	controlled, once daily, 14				
Design		fast/fed study	day repeat dose				
	Multiple Ascending Dose study						

Phase 1 Patient study

HR⁺/HER2⁻ metastatic breast cancer patients that have failed at least 1 prior endocrine therapy and no more than 3 prior chemotherapy treatments

Dose escalation (MTD/RP2D, safety) (N~44) (N~44) MTD/RP2D reached	Dose expansion (Safety & Preliminary efficacy) (N~105) Part a: ESR1 mutations Part b: Resistant to Al ± CDK4/6i Part c: Resistant to Al & Ful+ CDK4/6i Part d: Secondary brain metastases to breast cancer
---	---



Next steps



MAD in patients study completion and read out in FY24

Phase 2 initiation in FY24

Target NDA submission in FY27







SBO-154 (Anti-MUC-1 ADC)

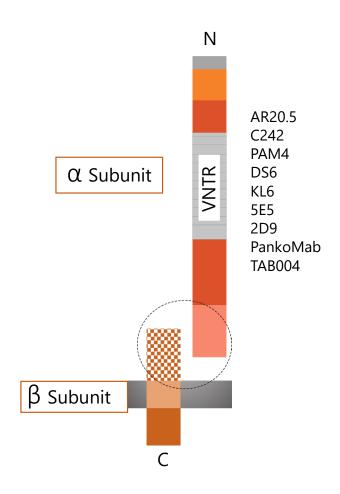
Targeting an antigen expressed in a wide spectrum of tumors

SBO-154: Anti-MUC-1 ADC



Novel approach to target α/β complex, with an opportunity to target multiple tumor types

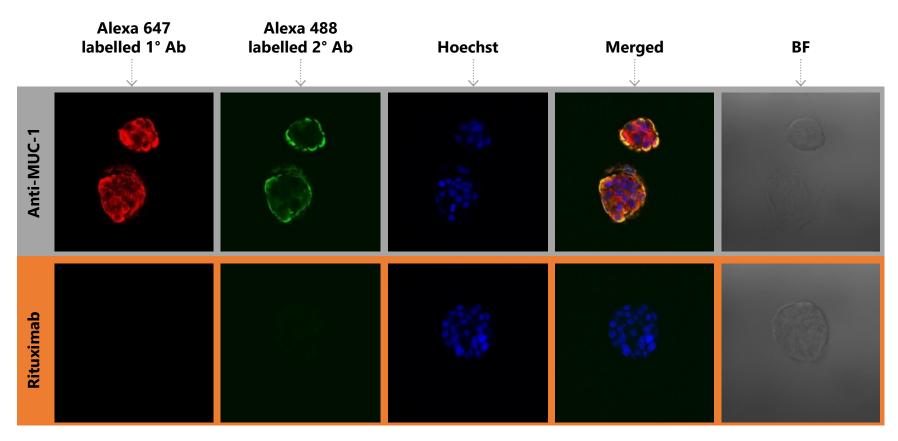
- Tumor agnostic opportunity in-licensed from Biomodifying LLC*
- MUC-1 expressed extensively in majority of tumors
- Preclinical PoC of anti-tumour efficacy of anti-MUC-1 targeted ADC established
- Most anti-MUC-1 mAbs under development target VNTR in the MUC-1α
 - Circulating MUC-1 α in plasma and in peritumoral space block meaningful tumor targeting by MUC1 α -targeted therapies
 - Primary reason for the lack of efficacy
- No directly competing agents targeting α / β junction
- Potential to be an anchor for other constructs like bi-specific/multi-specific antibodies, naked mAb, etc.





sparc

Anti-MUC-1 mAbs* internalize in pancreatic carcinoma cells

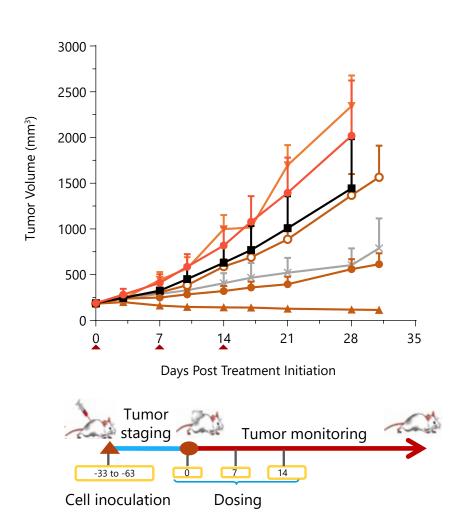


Red fluorescence is associated with anti-MUC-1 antibody, green fluorescence is associated with anti-human Fc-γ antibody & Hoechst dye stains nucleus and is blue in colour



SBO-154 strongly inhibits growth of MUC-1 expressing tumors

Established in subcutaneous pancreatic carcinoma xenografts



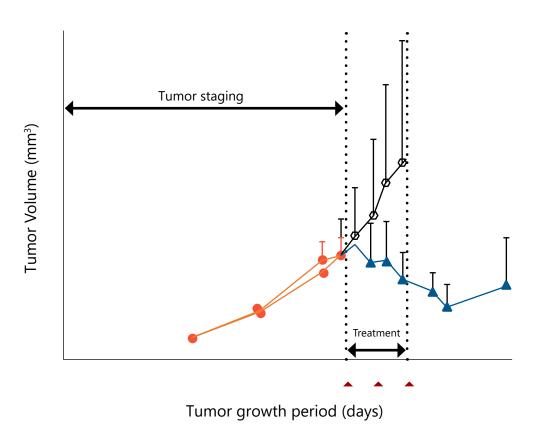
Regimen: Q7D x 3, i.p.

- Free Payload
- Vehicle, 10ml/kg
- ➡ Rituximab-DC
- SBO-154, low dose
- → Nab-PTX
- SBO-154, medium dose
- ★ SBO-154, high dose

- Dose-dependent efficacy observed with SBO-154, with sustained regression observed at high-dose
- Rituximab-drug conjugate and paclitaxel do not show similar activity



SBO-154 causes regression of large tumor mass xenografts of a pancreatic carcinoma cell line



Treatment: ip Q7Dx3

- Vehicle
- Rituximab-DC
- → SBO- 154

- Large tumor study is used to determine cytoreductive potential
- SBO-154 but not isotype matched control (rituximab-DC) causes significant regression of large established pancreatic tumor xenografts

Next steps









Vikram Ramanathan



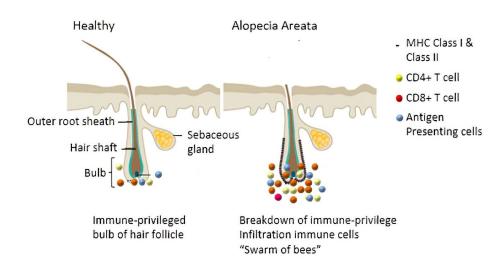


A potential first-in-class opportunity in an autoimmune disease with significant unmet need



Alopecia Areata – Autoimmune disease causing hair loss

Hair follicles lose immune privilege and they move into Telogen (resting) phase



Clinical manifestations of Alopecia Areata



Alopecia Areata is characterized by

- Rapid progression of hair follicle from anagen (growing) phase to catagen (transition) phase to telogen (resting) phase
- Collapse in immune privilege in hair follicle bulb
 - CD4⁺ and CD8⁺ T cells infiltrate and damage the hair bulb
 - NKG2D positive CD8+ T cells are the major effectors of hair follicle damage
 - Alters normal hair growth cycle and causes hair to fall out
- However, the hair follicle structure and stem cells are preserved, suggesting potential for hair growth





SCD-153 stimulates hair growth in animal models

C57BL/6 telogen - anagen alopecia model



Female mice, 8.5 weeks, Dorsal hair clipped. Treated on right side, left side is untreated. QOD: every other day

- SCD-153 stimulates robust hair growth after 2 doses given on alternate days
- Promotes re-entry into anagen possibly via activation of stem cells at the base of the hair follicle





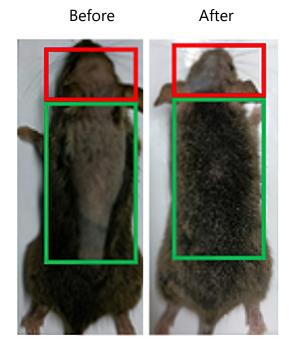


SCD-153 stimulates hair growth in animal models

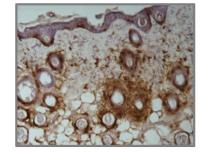
C3H/HeJ alopecia areata immune disease model

Red: Untreated

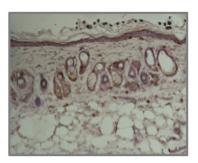
Green: Treated



Untreated



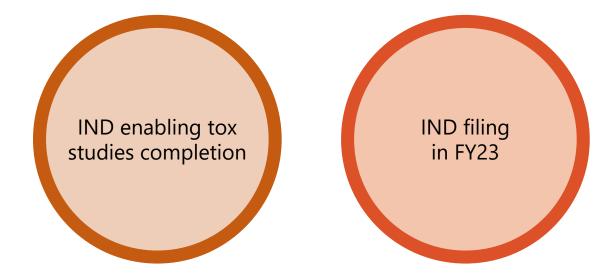
Treated



- Robust hair growth in a disease model
- Decrease in CD8+ immunostaining proximal to hair follicles. Reduction in "swarm of bees"
- Decrease in gamma-interferon and CTL gene signature

Next steps









Financial summary



Year	FY18	FY19	FY20	FY21	FY22	Q1FY23
USDINR	64.46	69.95	70.91	74.23	74.49	77.16
						INR Cr
Total Income	83	196	87	258	144	29
Total Expenses	329	342	399	410	347	111
Exceptional Item	49	+	-	-	0	0
Profit / (Loss) after Tax	(197)	(145)	(312)	(151)	(203)	(82)
USD Mn						
Total Income	12.9	28.1	12.2	34.8	19.3	3.7
Total Expenses	51.1	48.9	56.3	55.2	46.6	14.4
Exceptional Item	7.6	-	-	-	-	-
Profit / (Loss) after Tax	(30.6)	(20.8)	(44.1)	(20.4)	(27.3)	(10.7)

Cash and liquidity



- Issued convertible warrants for Rs. 1,112 Cr (~USD 148 Mn) in July 2021 by way of preferential issue
- Received Rs. 409 Cr (~USD 55 Mn) being 25% payable on application & upon conversion of warrants
- Balance Rs. 703 Cr (~USD 93 Mn) to be received by Dec 2022 upon conversion of warrants by investors
- Line of credit from parent company Rs. 250 Cr (~USD 31 Mn) and bank facility for Rs. 245 Cr (~USD 31 Mn) in place, of which Rs. 183 Cr (~USD 23 Mn) is utilized as on Sept 30, 2022
- Obtained shareholders' fresh approval in Sep 2022 for raising additional sum up to Rs. 1,800 Cr (~USD 225 Mn) by way of issuance of fresh equity or debt



The SPARC Logo is a trademarks of Sun Pharma Advanced Research Company Ltd . In addition to Company data, data from market research agencies, Stock Exchanges and industry publications has been used for this presentation. This material is for use during an oral presentation; it is not a complete record of the discussion. This work may not be used, sold, transferred, adapted, abridged, copied or reproduced in whole on or in part in any manner or form or in any media without the prior written consent. All product names and company names and logos mentioned herein are the trademarks or registered trademarks of respective owners