Target Product Profile —Therapeutic Product (Gram-Negative Lower Respiratory Infections)

Adults in a healthcare setting for the treatment of a confirmed serious Gram-negative

Manageable drug interactions; clean safety profile; minimum safety margin 3X over

Minimal Requirement

infection.

effective dose

At least 3-month solid state stability at 4 °C

Equivalent to current treatment regimens in HICs

Product Indication		Treatment for hospital-acquired bacterial pneumonia (HABP) or ventilator-associated bacterial pneumonia (VABP) and associated bacteremias. Preferred expansion to treatment for hospitalized community-acquired pneumonia (hCABP).
Organisms covered	Product <u>must</u> target antibiotic-susceptible and -resistant isolates of <i>Pseudomonas</i> aeruginosa (incl. MDR). Enterobacterales spp. (incl. MDR, CRE, and ESBL-producing) and Acinetobacter baumannii (incl. CRAB) are considered a bonus.	Product <u>must</u> target antibiotic-susceptible and -resistant isolates of <u>either</u> <i>Pseudomonas</i> aeruginosa (incl. MDR) or Enterobacterales spp. (incl. MDR, CRE, and ESBL-producing). If <i>P. aeruginosa</i> is not covered, then <i>K. pneumoniae</i> must be among the covered Enterobacterales.

Treatment Duration 10 - 14 days Delivery Mode Solution or powder for reconstitution Dosage Form Up to 3 doses/day Regimen Equal to the standard of care for all targeted indications Efficacy

Risk/Side Effects Stability Cost Specific Population Claims

Patient Population

Variable

CARB-X

Preferred additional coverage: antibiotic-susceptible and -resistant isolates of: A. baumannii (incl. CRAB); Streptococcus pneumoniae (incl. penicillin non-susceptible); Staphylococcus aureus (incl. MRSA); Haemophilus influenzae (incl. ampicillin-resistant); Moraxella catarrhalis; Legionella spp.; Mycoplasma pneumoniae; Chlamydophila pneumoniae. Adults and children (>1 yr) in a healthcare setting for the treatment of a confirmed

serious Gram-negative infection, with the possibility of early discharge with a PO stepdown treatment

 $5-10 \, \text{days}$ Oral and IV Tablet, capsule (oral), solution or powder for reconstitution (IV)

Ideal Requirement

Up to 3 doses/day for IV treatment, then up to 2 doses/day for oral treatment

Greater than or equal to the standard of care for all targeted indications Manageable drug interactions; clean safety profile; minimum safety margin >5X over

effective dose At least 3-month solid state stability at 4 °C and 25 °C COGs that are compatible with launch in LMICs

Overall Value Proposition: Effective IV, Oral, or IV/Oral antibiotic active against antibiotic-resistant Gram-negative pathogens enabling timely transition from hospital to outpatient setting

Target Product Profile – Therapeutic Product (Urinary Tract Infections)

Product Indication	Treatment of acute UTI or complicated UTI, including pyelonephritis and associated bacteremia	Treatment of acute UTI or complicated UTI, including pyelonephritis and associated bacteremia
Organisms Covered	E. coli and K. pneumoniae (including MDR, CRE, and ESBL-producing isolates)	E. coli, K. pneumoniae, other Enterobacterales, and P. aeruginosa (including MDR, CRE, and ESBL-producing isolates)
Patient Population	Acute UTI in adult women or men with and without signs or symptoms of infection	Acute UTI in adult women or men with and without signs or symptoms of infection

Acute UTI in adult women or men with and without signs or symptoms of infection beyond the bladder

Acute UTI in adult women or men with and without signs or symptoms of infection beyond the bladder

Ideal Requirement

Up to 5 days for acute UTI confined to the bladder, and up to 10 days for pyelonephritis Up to 5 days for acute UTI confined to the bladder, and up to 10 days for pyelonephritis and complicated UTI and complicated UTI

Oral, or IV/oral

Oral, or IV/oral

Tablet, capsule (oral), solution or powder for reconstitution (IV)

Tablet, capsule (oral), solution or powder for reconstitution (IV)

Up to 3 doses/day for IV treatment, then up to 2 doses/day for oral treatment Non-inferior to SOC (e.g., nitrofurantoin, pivmecillinam, fosfomycin, trimethoprim-

Up to 3 doses/day for IV treatment, then up to 2 doses/day for oral treatment Non-inferior to SOC (e.g., nitrofurantoin, pivmecillinam, fosfomycin, trimethoprim-

sulfamethoxazole, quinolones, BL-BLI therapies, and cefiderocol)

sulfamethoxazole, quinolones, BL-BLI therapies, and cefiderocol) Comparable to current therapies with β-lactams, no toxicity signals in preclinical reproduction toxicity studies; minimum safety margin 3X over effective dose

Comparable to current therapies with β -lactams, no toxicity signals in preclinical reproduction toxicity studies; minimum safety margin >5X over effective dose

Heat stable, 3-year shelf life

Equivalent to current treatment regimens **Population Claims** Contraindicated in pregnant women, catheterized patients and patients with

Heat stable, 3-year shelf life

Minimal Requirement

Equivalent to current treatment regimens Safe in pregnant women, catheterized patients and patients with comorbidities

comorbidities Overall Value Proposition: Safe, effective and affordable therapy against hard-to-treat, antibiotic-resistant UTI infections in HIC and LMICs



Variable

Treatment Duration

Delivery Mode

Dosage Form

Risk/Side Effects

Regimen

Efficacy

Stability

Cost

Target Product Profile – Therapeutic Product (Diarrheal Diseases)

Ideal Requirement

Daily dose

lower relapse rate

environment)

Treatment for diarrhea

Organisms Covered	Antibiotic-susceptible and -resistant isolates of Shigella spp. and Salmonella spp.	Antibiotic-susceptible and -resistant isolates of <i>Shigella</i> spp. and <i>Salmonella</i> spp., plus coverage of <i>Campylobacter jejuni</i> and diarrhea-causing <i>Escherichia coli</i> pathovars (Enterotoxigenic <i>E. coli</i> , Enteropathogenic <i>E. coli</i> , Enteroaggregative <i>E. coli</i> , and/or Shiga toxin-producing <i>E. coli</i>)
Patient Population	Children (>6 months) and immunocompetent adults suffering from diarrhea	Children (>1 month) and both immunocompetent and immunocompromised adults, including pregnant women, suffering from diarrhea
Treatment Duration	5-7 days	1-3 days
Delivery Mode	Oral, tablet/capsules	Oral, liquid formulation and parenteral where oral administration is not possible

populations

Variable

Product Indication

Dosage Form

Risk/Side Effects

Regimen

Efficacy

Stability

Cost

Minimal Requirement

Treatment for diarrhea

Tablet or capsule (oral)

Equal to the standard of care for resolution of symptoms (diarrhea, fever)

>3X over effective dose; manageable drug-drug interactions

Safety profile equivalent to standard of care in target populations with safety margin

At least 6-month solid state stability in ICH Zone IVb (30 °C and 75% relative humidity

Up to 3 doses/day

environment)

COGs that are compatible with launch in UMICs COGs that are compatible with launch in LMICs/LDCs **Population Claims** Overall Value Proposition: Effective oral or oral/parenteral antibiotic active against antibiotic-resistant and antibiotic-susceptible Gram-negative pathogens, enabling safe treatment of diarrhea in vulnerable

Tablet or capsule and liquid formulation for children (oral). Another parenteral dosage

Superior to standard of care for resolution of symptoms (diarrhea, fever), including a

Safety profile equivalent to standard of care treatment in target populations with

At least 12-month solid state stability in ICH Zone IVb (30 °C and 75% relative humidity

safety margin >5X over effective dose; manageable drug-drug interactions

form that can be used in cases where oral dosing may not be feasible.