

ZAYNICH™

Administration of cefepime-zidebactam for
the use in complicated Urinary Tract
Infections (cUTI)

ICD-10 Coordination & Maintenance Committee
Update – Fall 2026 Update

Wockhardt Bio AG



Antimicrobial Resistance (AMR) threats create the urgent need for new treatment options

- Antibiotic resistance poses a major threat to human health and modern medicine
- The CDC estimates 2 million people acquire infections due to drug resistant bacteria each year resulting in 35,000 deaths
- Complicated Urinary Tract Infections (cUTI) are one of the most common infections and reason for hospitalization in the United States.
 - Approximately 1% percent of the adult population experience a UTI annually, corresponding to 2.8 million cases and nearly 600,000 hospital admissions.
 - If cUTI is left untreated or inadequately addressed with appropriate therapy, it's a leading cause of bacteremia further complicating the patient care and negatively impacting the patient outcomes.
- Resistance rates among uropathogens in cUTI are increasing, particularly in Enterobacterales and *Pseudomonas*, leaving clinicians with limited and sometimes no treatment options

Product Overview

Synergistic combination



Penicillin
Binding
Protein 2
(PBP2)

- ▶ **Zidebactam**, 1st non β -lactam antibiotic with high-affinity binding to PBP2, disrupting cell wall synthesis and lysis
- ▶ Functional compromise of even a few PBP2 molecules results in a fragile lysis prone spheroplast



Penicillin
Binding
Protein 3
(PBP3)

- ▶ Complementary binding to PBP3 by **Cefepime** triggers rapid bacterial lysis
- ▶ PBP3 binding by Cefepime observed even in the presence of Cefepime-hydrolyzing β -lactamases including *MBL*, as well as efflux and impermeability

Safety profile consistent with the cephalosporin class



Cefepime + Zidebactam



Addressing the antibiotic resistance crisis

Activity against **Gram-negative infections** caused by ESBL, Class C, *KPC*, *Enterobacterales*, *MBL*-producing **MDR/XDR pathogens (including *Pseudomonas*, *Acinetobacter* & *Stenotrophomonas*)**



Novel mechanism of action

β lactam enhancer action, first in class drug
Novel MOA ensures broadest coverage of pathogens



Demonstrated clinical efficacy in infections caused by diverse Gram-negative resistant mechanisms

XDR-Pseudomonas, *Acinetobacter* and *Enterobacterales* infections, global coverage

In a phase 3 trial and compassionate use program



Dosage and Administration for cUTI

Renal status; eGFR (mL/min) based on MDRD equation	Cefepime-Zidebactam dose regimen			
	ZID dose (g)	FEP dose (g)	Frequency	Infusion duration
60 – 120	1	2	q8h	60 min
30 - 59	0.5	1	q8h	60 min
15 - 29	0.5	1	q12h	60 min
8-14, with or without IHD*	0.5	1	q24h	60 min
≥ 121 mL/min	1	2	q6h	60 min

*IHD (intermittent hemodialysis): In patients requiring intermittent HD, FEP/ZID should be administered after the completion of hemodialysis, as FEP and ZID are hemodialyzable. Whenever possible, FEP and ZID should be administered at the same time each day.

ZAYNICH™(cefepime-zidebactam) nonclinical safety program

- Comprehensive nonclinical safety pharmacology program supports the overall data package
- A well-established nonclinical safety profile is similar to other cephalosporins and the β -lactam/ β -lactamase inhibitor programs
- Nonclinical program suggest a low potential for adverse events

Documentation of Administration

- Documentation of administration of cefepime-zidebactam within the medical records and would be most commonly found in the Medical Administration Record (MAR) and Electronic Health Record (EHR), progress reports and pharmacy records
- Cefepime-zidebactam administration should be documented consistent with the documentation associated with other intravenous injections of antimicrobials

Saving Lives
55
years

WOCKHARDT | **LIFE**
WINS

Clinical development

Global Phase III study

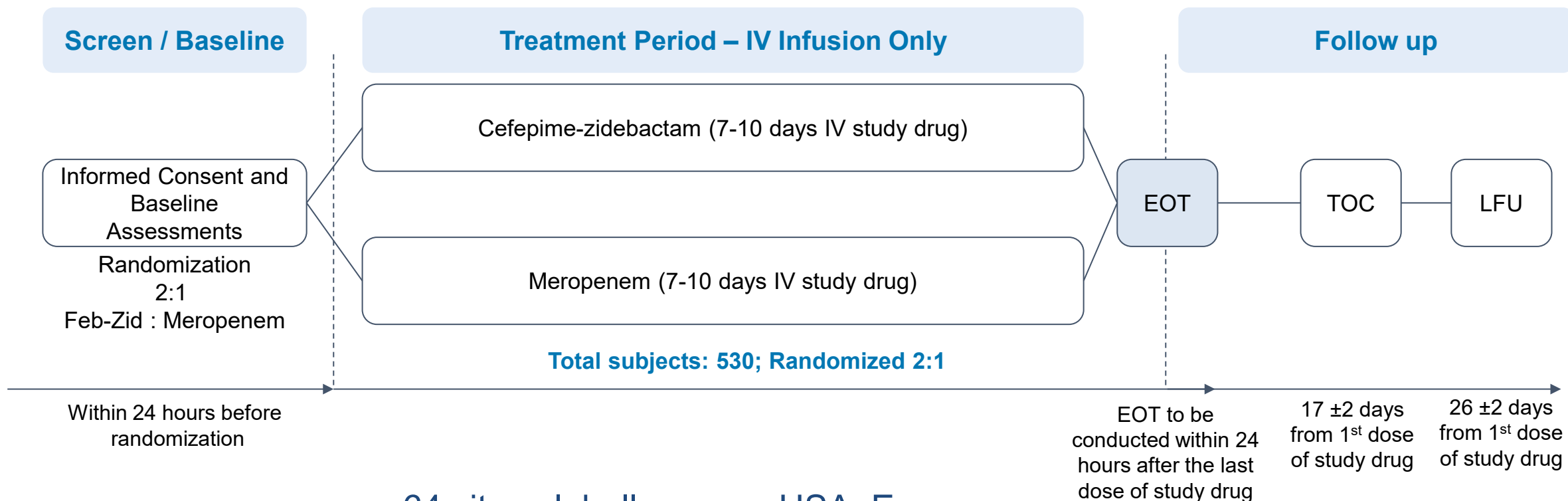


Cefepime-zidebactam : Phase 3 cUTI study

Primary objectives

- To demonstrate that Cefepime + Zidebactam is non-inferior to Meropenem in overall success (clinical cure and microbiological response) in the microbiological Modified Intent-to-treat (mMITT) population at the Test-of-Cure (TOC) visit
- To assess the overall safety and tolerability of Cefepime + Zidebactam in the Safety population

Study design



64 sites globally across USA, Europe,
Latin America, Asia, India & China

ENHANCE: Clinical Efficacy in cUTI

ENHANCE trial results			
Test antibiotic	Comparator antibiotic	Efficacy at Test of Cure	
		FDA – Primary Endpoint Clinical + Microbiological Cure	Clinical Cure
Cefepime-zidebactam	Meropenem	Cefepime-zidebactam: 89% Meropenem: 68.4%	Cefepime-zidebactam: 96.8% Meropenem: 94.9%

Cefepime-zidebactam demonstrated statistical superiority over Meropenem
(*treatment difference, 20.6 percentage points; 95% confidence interval, 12.3 to 29.5; P = < 0.001*)

Cefepime-zidebactam was highly effective against all cUTI pathogens encountered in the study : *E. coli*, *K. pneumoniae*, *P. mirabilis*, and *P. aeruginosa*

Safety Profile

Selected Adverse Reactions Occurring in 2% or Greater of cUTI Patients Receiving Cefepime-zidebactam

Adverse Drug Reaction	Cefepime-zidebactam (N=352)N (%)	Meropenem (N=177)N (%)
Diarrhea	15 (4)	7(4)
Hypertension	12 (3)	3 (2)
Headache	11 (3)	9 (5)
Hypokalemia	10 (3)	2 (1)

- A total of 352 patients were administered cefepime-zidebactam in a Phase 3 clinical
- Additional data has been captured in a compassionate use program which has not revealed any new safety concerns

Summary

- Antimicrobial Resistance (AMR) remains a global health threat with an urgent need for new effective antibiotics to treat challenging resistant Gram-negative infections
- ZAYNICH™ (cefepime and zidebactam) is a unique beta-lactam-enhancer combination with potent activity against Gram negative pathogens for which there are currently limited alternative treatment options
- In a Phase 3 study, ZAYNICH™ demonstrated statistical superiority at the primary endpoint in the mMITT population against meropenem in adult patients with cUTI
- The safety profile of ZAYNICH™ is consistent with the cephalosporin class of antibiotics