Nabriva Therapeutics Announces Financing of up to $120M to Advance Clinical Development of New Class of Antibiotic

Series B financing includes new investors Vivo Capital and OrbiMed

Lead product lefamulin advancing to Phase 3

Vienna / Philadelphia, Apr 07 2015

Vienna / Philadelphia, 7th April 2015: Nabriva Therapeutics AG, a biotechnology company focused on developing pleuromutilins, a new class of antibiotics for the treatment of serious infections caused by resistant gram-positive and gram-negative bacteria, today announced the successful completion of a $120 million Series B financing. The financing was led by new US based investors Vivo Capital and OrbiMed, and includes EcoR1 Capital, Boxer Capital of Tavistock Life Sciences and new investment from existing investor HBM. Existing investors Phase4 Partners, Wellcome Trust, GLSV and Novartis Venture Fund also participated in the round. Representatives of Vivo Capital and OrbiMed will be joining the Nabriva Supervisory Board.

The initial tranche of $50 million will enable Nabriva to progress its lead product, lefamulin, into clinical phase 3 studies in community-acquired bacterial pneumonia (CABP) and to continue the development of its product pipeline.

Dr Colin Broom, Chief Executive Officer of Nabriva, said: *"We are delighted to have attracted investment from some of the world's leading healthcare investors. It is validation of Nabriva's approach in developing the pleuromutilin antibiotic class, which has a unique mechanism of action thereby helping to combat the current and evolving emergence of resistance to currently available antibiotics. We appreciate the commitment of our existing investors and the continued confidence they have shown in Nabriva. We welcome Dr Chen Yu from Vivo and Mr Chau Khuong from OrbiMed to the Supervisory Board and look forward to benefiting from their expertise as we advance our programs."*

Dr Chen Yu, Managing Partner at Vivo Capital, said: *"We are excited to work with Nabriva in the development of drugs to address the urgent issues around antibiotic resistance. We believe Nabriva is one of a few development stage companies with a truly novel antibiotic product ready for phase 3 studies and with a clear path to commercialisation. We are pleased to support the company as it enters its next stage of growth."*

Dr Denise Pollard-Knight, Chairman of the Supervisory Board of Nabriva, added: *"The rapid spread of multi-drug resistance is a growing public health threat recognised by global policy makers as governments commit resources and funding to tackle this problem. The development of novel antibiotics with a unique mechanism of action against these pathogens is critically important in developing a new generation of drugs. This Series B is a strong financial and scientific endorsement and provides Nabriva with a solid foundation to build a patient-centric global biopharmaceutical company."*

Nabriva is focused on the discovery and development of pleuromutilin antibiotics. Nabriva's lead product, lefamulin (BC-3701), is the first systemically available pleuromutilin for human use and is entering pivotal phase 3 studies for the treatment of community-acquired bacterial pneumonia (CABP). Lefamulin possesses potent *in vitro* activity against the most common pathogens associated with CABP, specifically *S. pneumoniae, H. influenzae, M. catarrhalis, S. aureus, M. pneumoniae, L. pneumophila, and C. pneumoniae*, including multi-drug resistant strains.

Preclinical programs include the Extended Spectrum Pleuromutilins (ESPs), a new generation of antibacterials possessing *in vitro* activity against urgent and serious bacterial threats identified by the Centers for Disease Control and Prevention (CDC) including carbapenem-resistant Enterobacteriaceae (CRE), while maintaining the antimicrobial spectrum of lefamulin. As such, the ESPs represent much needed development of a novel class of antibacterials, with a unique mechanism of action, directed at addressing this significant unmet medical need.

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Nabriva Therapeutics is a biotechnology company focused on developing a new class of antibiotics, the pleuromutilins, for the treatment of patients with serious infections caused by multi-drug resistant pathogens. Nabriva's world-class medicinal chemistry expertise has achieved an industry first with the development of both intravenously administered and orally available pleuromutilins that are therefore ideal for i.v. to oral switch therapy.

Nabriva's lead product lefamulin (BC-3701) is about to enter Phase 3 clinical studies. Due to its broad spectrum, oral and i.v. formulations, and a favourable safety profile, lefamulin is the first of

a new class of antibiotics ideally positioned for the treatment of community-acquired bacterial pneumonia (CABP). Lefamulin has potential pediatric uses and potential additional indications including hospital-acquired and ventilator-associated bacterial pneumonia (HABP/VABP), acute bacterial skin and skin structure infections (ABSSS) and several other indications such as sexually transmitted infections (including M R gonorrhoea) and osteomyelitis.

Nabriva s preclinical program, the Extended Spectrum Pleuromutilins (ESPs) expands the activity of pleuromutilins to include major enteric Gram-negative pathogens such as *E. coli* and *K. pneumoniae*. The targeted indications for the ESP extend beyond the current use of the first-generation pleuromutilins, thereby filling important gaps in treatment options of both marketed antibiotics and compounds in development.

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Global government proposals for combating and preventing antibiotic resistance have been at the forefront, with the US Administration suggesting nearly doubling the amount of federal funding of more than $1.2 billion under the National Action Plan (NAP). A 1 5m fund to fight antimicrobial resistance has also been announced by the U Government, with additional backing from the Wellcome Trust and other international charities. Additionally, a key initiative of the World Health Organisation is its draft global action plan on antimicrobial resistance, which will be presented at this year s th World Health Assembly in May.

Back to index
Print Page