



## Company Presentation

January 2022 | Nasdaq: MDWD

# Cautionary Note Regarding Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of Section 27A of the U.S. Securities Act of 1933, as amended, Section 21E of the U.S. Securities Exchange Act of 1934, as amended and the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995. We make forward-looking statements in this presentation that are subject to risks and uncertainties. These forward-looking statements include information about possible or assumed future results of our business, financial condition, results of operations, liquidity, plans and objectives. In some cases, you can identify forward-looking statements by terminology such as “believe,” “may,” “estimate,” “continue,” “anticipate,” “intend,” “should,” “plan,” “expect,” “predict,” “potential,” or the negative of these terms or other similar expressions. Forward-looking statements reflect our current views with respect to future events and are based on assumptions and subject to risks and uncertainties. You should not unduly rely on any forward-looking statements. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee that future results, levels of activity, performance and events and circumstances reflected in the forward-looking statements will be achieved or will occur. The statements we make regarding the following matters, among others, are forward-looking by their nature: the timing and conduct of our trials of NexoBrid, EscharEx and our other pipeline product candidates, including statements regarding the timing, progress and results of current and future preclinical studies and clinical trials, and our research and development programs; the clinical utility, potential advantages and timing or likelihood of regulatory filings and approvals of NexoBrid, EscharEx and our pipeline products; our plans to develop and commercialize NexoBrid, EscharEx and our pipeline product candidates; anticipated funding under our contracts with the U.S. Biomedical Advanced Research and Development Authority; our expectations regarding future growth, including our ability to develop new products; our commercialization, marketing and manufacturing capabilities and strategy and the ability of our marketing team to cover regional burn centers and units; our ability to maintain adequate protection of our intellectual property; our estimates regarding the market opportunity for NexoBrid and EscharEx and our pipeline products candidates; the impact of our research and development expenses as we continue developing products candidates and the impact of laws and regulations. Actual results and the timing of events could differ materially from those anticipated in these forward-looking statements as a result of several important factors. In particular, you should consider: the uncertain, lengthy and expensive nature of the product development process; the timing and conduct of our trials of NexoBrid, EscharEx and our other pipeline product candidates, including the timing, progress and results of current and future preclinical studies and clinical trials, and our research and development programs; risks related to our collaboration with Vericel; our ability to obtain marketing approval of NexoBrid and EscharEx in the U.S. or other markets; the clinical utility, potential advantages and timing or likelihood of regulatory filings and approvals of NexoBrid, EscharEx and our pipeline products; our expectations regarding future growth, including our ability to develop new products; our commercialization, marketing and manufacturing capabilities and strategy and the ability of our marketing team to cover regional burn centers and units; risks related to our contract with the U.S. Biomedical Advanced Research and Development Authority; market acceptance of our products and product candidates; the possibility of unfavorable pricing regulations or lack of coverage by third parties and reimbursement policies; our operating expenses and history of net losses; our dependence on third party suppliers; our dependence on our manufacturing facility in Yavne, Israel and related manufacturing risks; our ability to maintain adequate protection of our intellectual property; side effects of our products and product candidates; competition risks; exchange rate fluctuations; litigation risks; risks related to our operations in Israel; our estimates regarding expenses, future revenues, capital requirements and the need for additional financing; the impact of government laws and regulations and the impact of the COVID-19 pandemic. Additional government-imposed quarantines and requirements to “shelter at home” or other incremental mitigation efforts also may impact our ability to source supplies for our operations or our ability or capacity to manufacture, sell and support the use of our products and product candidates in the future. These and other significant factors are discussed under the heading “Risk Factors” in our annual report on Form 20-F for the year ended December 31, 2020 as well as information contained in other documents filed with or furnished to the Securities and Exchange Commission. Any forward-looking statement made in this presentation speaks only as of the date hereof. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee that future results, levels of activity, performance and events and circumstances reflected in the forward-looking statements will be achieved or will occur. Except as required by law, we undertake no obligation to update publicly any forward-looking statements for any reason after the date of this presentation, to conform these statements to actual results or to changes in our expectations.

Trademarks included herein are the property of the owners thereof and are used for reference purposes only. Such use should not be construed as an endorsement of the products or services of the Company. Certain data in this presentation, including the market research data contained on slides 13,15,19,20 and 22, was obtained from various external sources, and neither the Company nor its affiliates, advisers or representatives has verified such data with independent sources. Accordingly, neither the Company nor any of its affiliates, advisers or representatives makes any representations as to the accuracy or completeness of that data or to update such data after the date of this presentation. Such data involves risks and uncertainties and is subject to change based on various factors.

Funding and technical support for development of NexoBrid including the expanded access treatment protocol (NEXT), the pivotal Phase 3 pediatric clinical study (CIDS) and the marketing approval registration process for NexoBrid in the U.S. as well as the development of NexoBrid for Mustard Sulfur injuries is provided by the Biomedical Advanced Research and Development Authority (BARDA), under the Assistant Secretary for Preparedness and Response (ASPR), within the U.S. Department of Health and Human Services (HHS), under ongoing USG Contract No. HHSO100201500035C and No. HHSO100201800023C. Additional projects for evaluation of NexoBrid funded under the BARDA contract include randomized, controlled pivotal clinical trial for use in adults population, establishment of a pre-emergency use data package and development of the health economic model to evaluate the cost savings impact to enable market adoption in the United States and readiness for emergencies.

We maintain our books and records in U.S. dollars and report under International Financial Reporting Standards, or IFRS, as issued by the International Accounting Standards Board. None of the consolidated financial statements incorporated by reference into this presentation were prepared in accordance with generally accepted accounting principles in the United States.

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***Committed to innovation,  
we are dedicated to bringing  
breakthrough therapies to improve  
patients' lives***

# About Us

## **Innovative biotherapeutic company**

Focused on next generation non-surgical solutions for tissue repair and regeneration

## **Proprietary enzymatic technology platform**

## **Diversified and differentiated product portfolio**

Clinically and commercially validated bioactive therapies targeting unmet medical needs in burn care, wound care and tissue repair

## **State-of-the-art, cGMP certified sterile manufacturing facility**

## **Management team with vast pharmaceutical experience and proven execution capabilities**

# Diversified Portfolio of Advanced Therapies

## NexoBrid

### Disruptive therapy for burn care

**Indication:** Eschar removal of deep partial and full thickness burns

**Classification:** Orphan biological drug

**Target audience:** Hospitalized patients

**Development status:** EU and international market approvals in hand; registration-stage in U.S.

**TAM\*** (U.S.): >\$200 million



Commercial

Pipeline

Bromelain-based mixture of enzymes  
extracted from the pineapple stem

## EscharEx

### Next-gen enzymatic therapy for wound care

**Indication:** Debridement of chronic/hard-to-heal wounds

**Classification:** Biological drug candidate

**Target audience:** Outpatient setting

**Development status:** U.S. Phase II adaptive design study and pharmacology phase II study underway

**TAM\*** (U.S.): >\$2 billion



\*Investigational Drug, not approved in any jurisdiction

## MWPC005

### Biotherapy for non-melanoma skin cancers

**Indication:** Treatment of non-melanoma actinic skin cancers

**Classification:** Biological drug candidate

**Target audience:** Outpatient setting

**Development status:** U.S. Phase I/II study underway

**TAM\*** (U.S.): >\$1 billion



\*Investigational Drug, not approved in any jurisdiction

# Upcoming Milestones

PRODUCT	PHASE I	PHASE II	PHASE III	COMERCIALIZATION	NEXT ANTICIPATED MILESTONE
<b>NexoBrid</b>					
BLA registration					BLA resubmission - mid-2022
NEXT expanded access treatment protocol					
CIDS pediatric phase III study					Label expansion submission - H1 2022
<b>EscharEx</b>					
ChronEx U.S. phase II adaptive design study					Final data readout - H1 2022
PharmEx phase II pharmacology study					Final data read out - H1 2022
<b>MW005</b>					
Phase I/II BCC study					Data read out - H1 2022

# Financial Highlights

## Balance Sheet

~\$13.9M in cash\* as of September 30, 2021

## Financial Highlights

- Total third quarter 2021 revenues of \$6.4M; revenues from product\*\* of \$3.1M
- Total revenues YTD as of September 30, 2021 of \$18.3M; revenues from product of \$9.0M - up 80%Y-o-Y

## Strategic U.S. partnerships

- Substantial support by BARDA:
  - Funding of NexoBrid R&D programs
  - Procurement for U.S. emergency stockpile
- Commercial collaboration with Vericel in North America





# NexoBrid®

Disruptive Bioactive Therapy for Burn Care

# Early Eschar Removal is Critical First Step in Burn Care

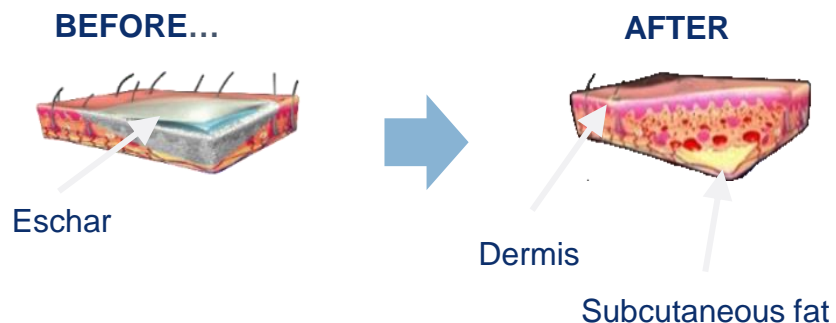
## Eschar Removal (Debridement)

Prevents local infection and sepsis

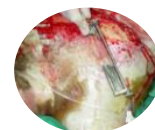
Avoids further deterioration and scarring

Debridement enables initiation of wound healing

Allows visual assessment of wound bed and depth



## Current Standard of Care



### Surgical eschar removal

Tangential excision

Dermabrasion, Hydro-jet

### Significant limitations

Traumatic & non-selective

Loss of healthy tissue and blood

Challenging in delicate areas

Requires OR resources



### Non-surgical eschar removal

Autolysis

Enzymes, chemicals & biologics

### Significant limitations

Limited efficacy

Used for superficial burns

Increased eschar-related morbidities

Multiple dressing changes

**Clear unmet need for effective and selective non-surgical debridement treatment for severe burns**



# NexoBrid®

*Concentrate of proteolytic  
enzymes enriched in bromelain*



NexoBrid is indicated for removal of eschar in adults with deep-partial and full-thickness thermal burns

- Orphan biological product
- Bromelain-based biological product containing a sterile mixture of proteolytic enzymes
- Easy-to-use, topical application at the patient's bedside
- Effectively and selectively removes burn eschar within a single application of four hours without harming surrounding viable tissue
- Allows for early visual assessment of the wound
- EU and international market approvals in hand; registration stage in the U.S.
- Significant IP protection: patent portfolio, orphan and biologic exclusivities in the U.S.



# Commercial Strategy

North America	Commercial Collaboration 	<ul style="list-style-type: none"><li>• Active commercial infrastructure targeting burn centers</li><li>• &gt;\$200M, addressable market in the U.S.*</li><li>• Pre-commercialization marketing and medical initiatives underway</li></ul>
	Government Contracts 	<ul style="list-style-type: none"><li>• Awarded up to \$202M BARDA's contracts (thermal burns &amp; chemical burns)</li><li>• NexoBrid R&amp;D programs are fully funded</li><li>• Initial procurement valued \$16.5M; \$50M option for additional procurement</li></ul>
EU	Direct Sales Force	<ul style="list-style-type: none"><li>• Presence in six key markets**</li><li>• Focus in leading burn centers - centers of excellence</li><li>• Distribution agreements in additional countries</li></ul>
International markets	Local Distribution Partners	<ul style="list-style-type: none"><li>• Global expansion through distribution agreements</li><li>• Focus in LATAM, CEE, Asia-Pacific and GCC</li><li>• Procuring additional regional marketing approvals</li><li>• Distributor responsible and funds registration &amp; commercialization activities</li></ul>

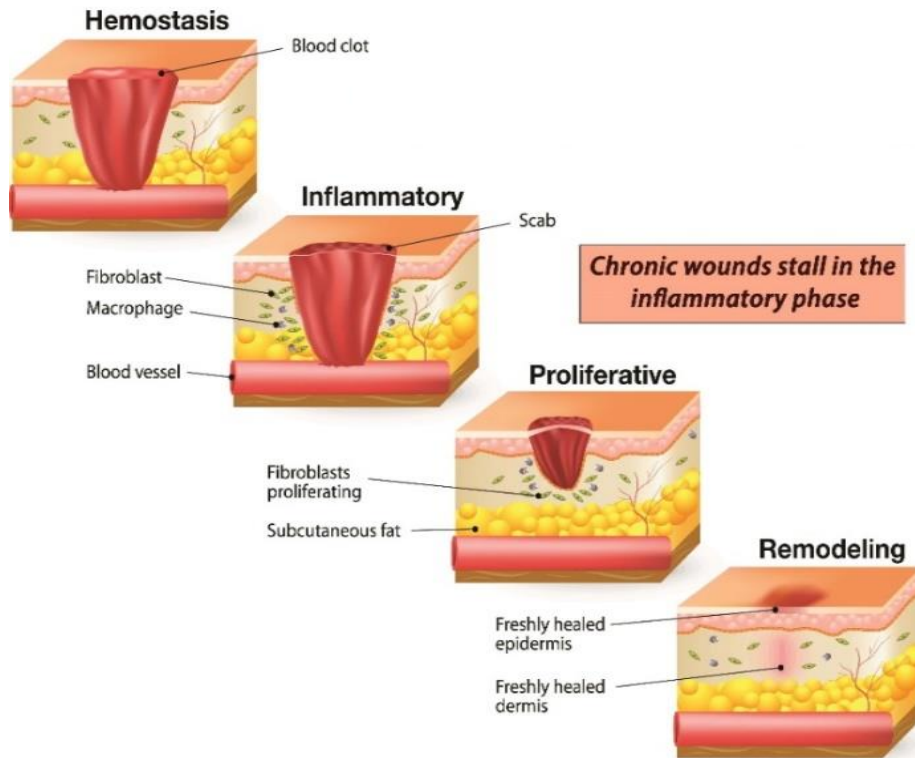


# EscharEx

Next-Generation of Enzymatic Debridement

# Debridement is the First Step in Chronic Wound Healing

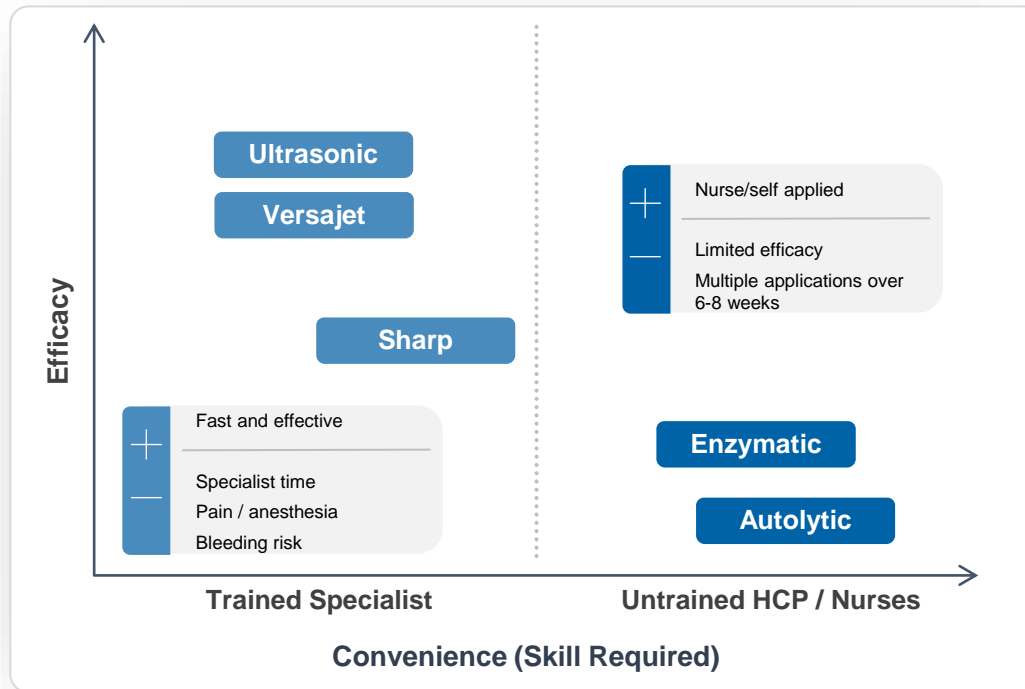
## The 4 Phases of Wound Healing<sup>1</sup>



## Debridement Goals

- Removes necrotic tissue
- Stimulates functional dividing and migrating cells
- Reduces surface bioburden
- Provides an environment where wound healing can occur

# Use of Debridement Standard of Care



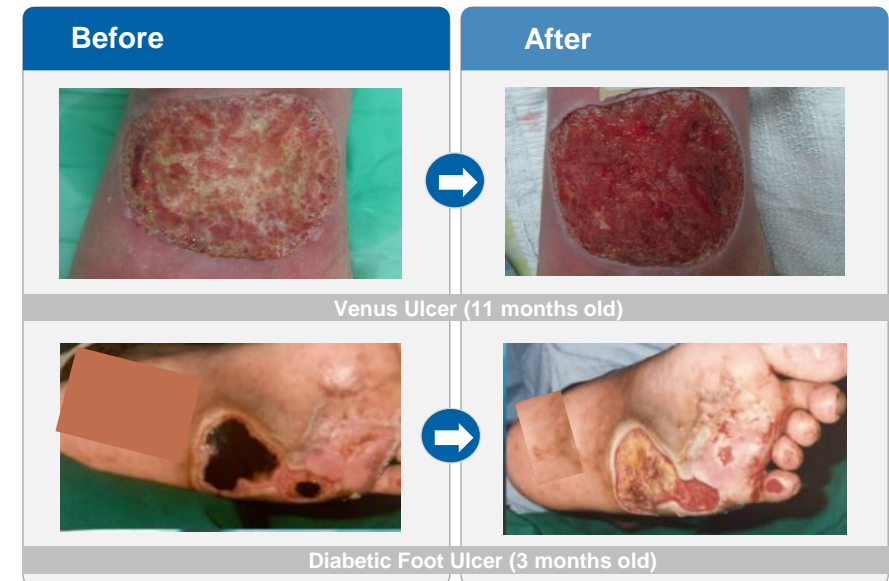
- Majority of patients seen at wound care clinics will undergo debridement
- Sharp is generally considered a first-line option
- Autolytic & enzymatic debridement are most commonly-used non-sharp methods
- Choice of debridement technique is highly dependent on:
  - Wound characteristics (e.g. complications)
  - Patient considerations (e.g. tolerability)
  - Site of care
  - Time and/or frequency of debridement
  - Cost & reimbursement

Significant need for rapid and effective non-surgical debriding agent in outpatient setting

# EscharEx - Next Generation Enzymatic Debridement Therapy

EscharEx®

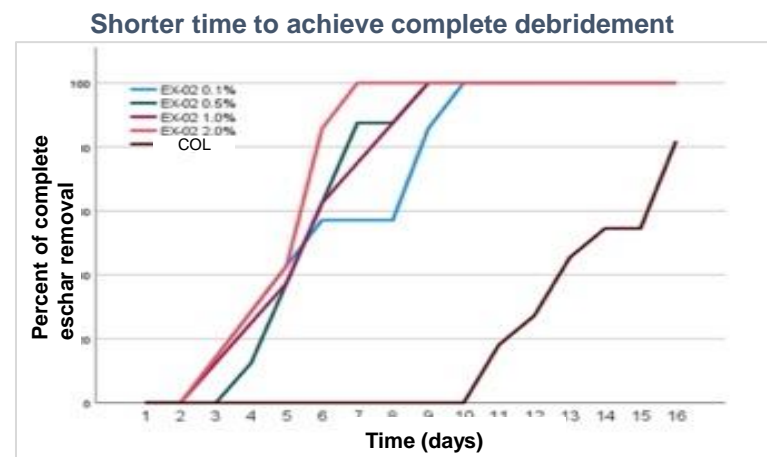
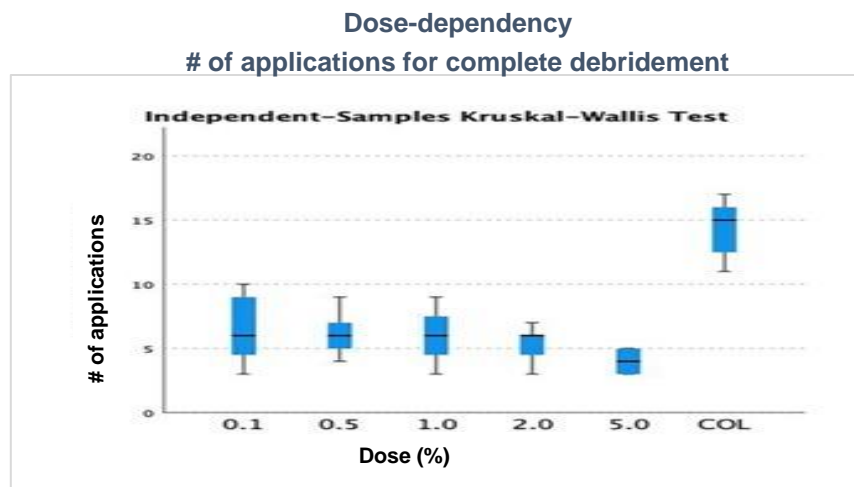
- Bromelain-based investigational biological product containing a sterile mixture of proteolytic enzymes
- Designed for outpatient setting
- Inline with current treatment workflows and reimbursement landscape
- Easy to use, high potency for once a day topical application
- Designed to debride chronic wounds in less than a week
- Extended IP protection





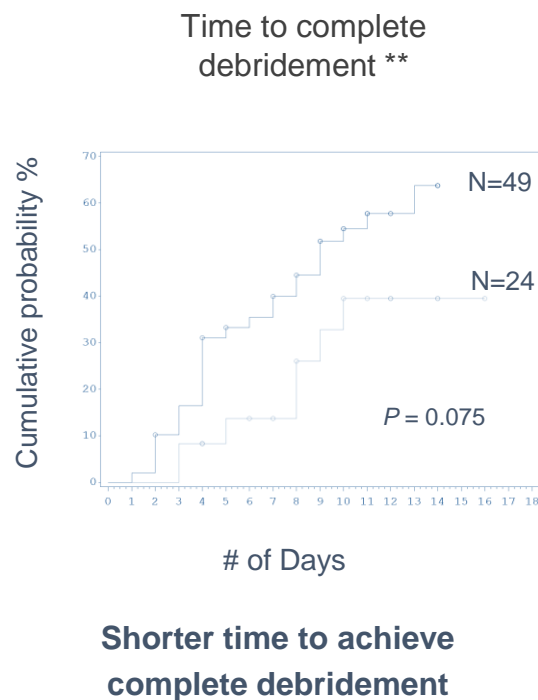
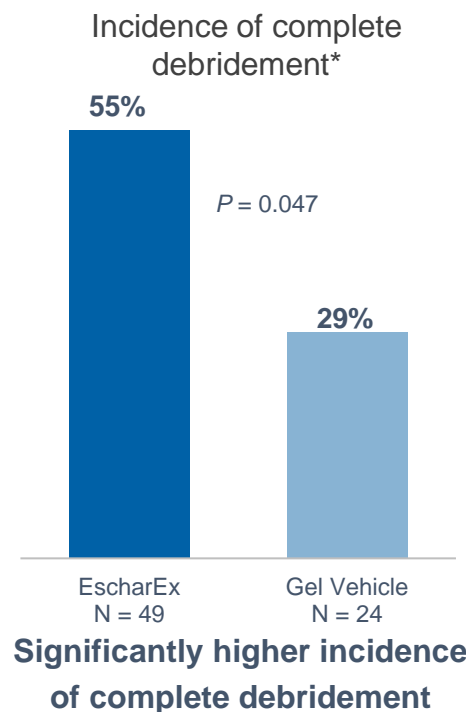
# Successful In-Vivo Comparator Study for Enzymatic Debridement

- Enzymatic debridement is used in ~20-25% of wounds (either alone or adjunct to sharp)<sup>(1)</sup>
  - Used in sites where sharp is less accessible
  - Clinicians opinion of efficacy ranges very low to moderate
  - Used for an average of ~6-8 weeks
  - Average cost of treatment estimated at \$1,600-2,000
- In-vivo head-to-head comparator study of EscharEx versus a commercial enzymatic debridement agent using a novel porcine eschar model was performed in collaboration with a U.S. research center<sup>(2)</sup>
- The study concluded that EscharEx was more effective than the commercially available collagenase in removing the eschar in porcine wound model

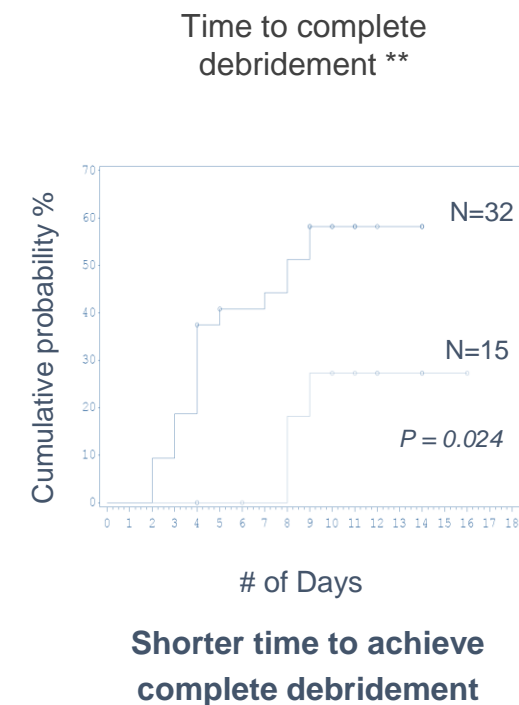
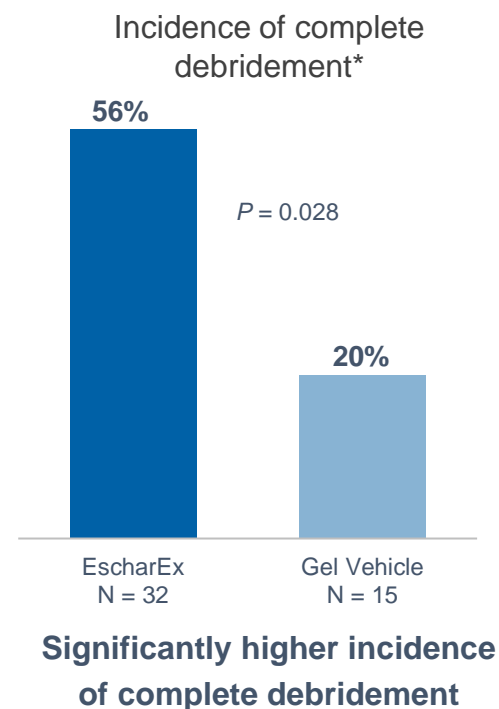


# Completed Phase II Study Successful Results

## ITT Analysis



## VLUs and DFUs Post-Hoc Analysis



VLUs - venous leg ulcers  
DFUs - diabetic foot ulcers

- Safety profile comparable to hydrogel vehicle and no deleterious effect on wound healing was observed
- No material safety concerns were identified in all doses and dosing regiments

>90% of the patients who completed debridement with EscharEx were debrided within 7 days (after 4-5 daily applications)

# Ongoing U.S. Phase II Adaptive Design Study

EscharEx<sup>®</sup>

**A multicenter,  
prospective  
randomized  
assessor blinded  
study for treatment  
of venous leg ulcers  
(VLUs)**

**Reported top-line  
efficacy results**

**Final data readout  
expected in H1 2022**

## Study Objectives

Assess safety and efficacy of EscharEx compared to Gel Vehicle (placebo control) and non-surgical SOC\*

## Study Design

- Sample size: 120 VLU patients
- Pre-defined interim assessment

## Endpoints

### Primary endpoint

Incidence of complete debridement of non-viable tissue vs. Gel Vehicle

### Secondary endpoints

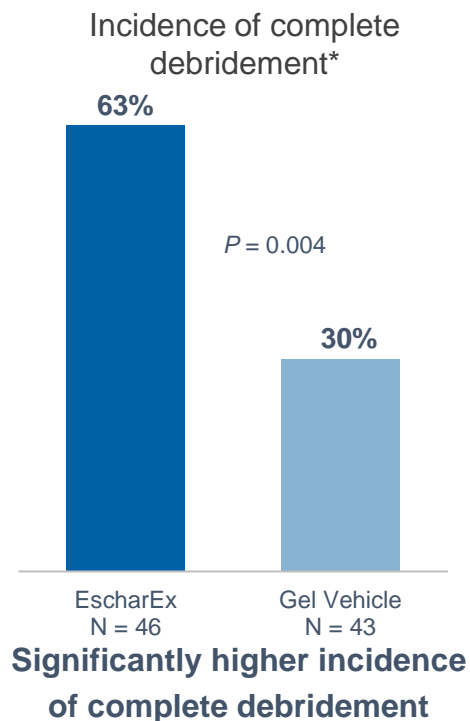
Pain & wound area reduction; granulation tissue; wound QoL; time to complete debridement

### Safety measurements

Local and systemic safety and tolerability; incidence and time to wound closure

# U.S. Phase II Study Top-Line Results

## Met Primary Endpoint with Statistical Significance



\*up to 8 daily applications within 14 days

## Topline Results

- Primary endpoint met with highly statistically significant results
- EscharEx efficacy superiority remained statistically significant and consistent after adjusting for pre-specified covariates ascribed to patients' baseline characteristics, wound size and age, regions, and sites
- Incidence of complete debridement of the non-surgical SOC arm, during the same 14-day measurement period, was 13%
- EscharEx was well-tolerated and overall safety was comparable across treatment arms
- No safety concerns were identified in the study population
- No serious adverse event was related to study treatment

# Ongoing U.S Phase II Pharmacology Study

EscharEx<sup>®</sup>

A prospective,  
open-label, single-  
arm pharmacology  
study

Final data expected  
in H1 2022

## Study Objectives

Evaluate the clinical performance and the pharmacological effects of EscharEx in the debridement of lower leg ulcers

## Study Design

- Sample size: up to 15 patients
- Patients with VLUs or DFUs
- 3 U.S. clinical sites

## Data Collection

### Clinical performance

Safety and efficacy

### Effect on biofilm

Reduction of biofilm

### Bacterial burden

Reduction of  
bacterial load

### Wound progression

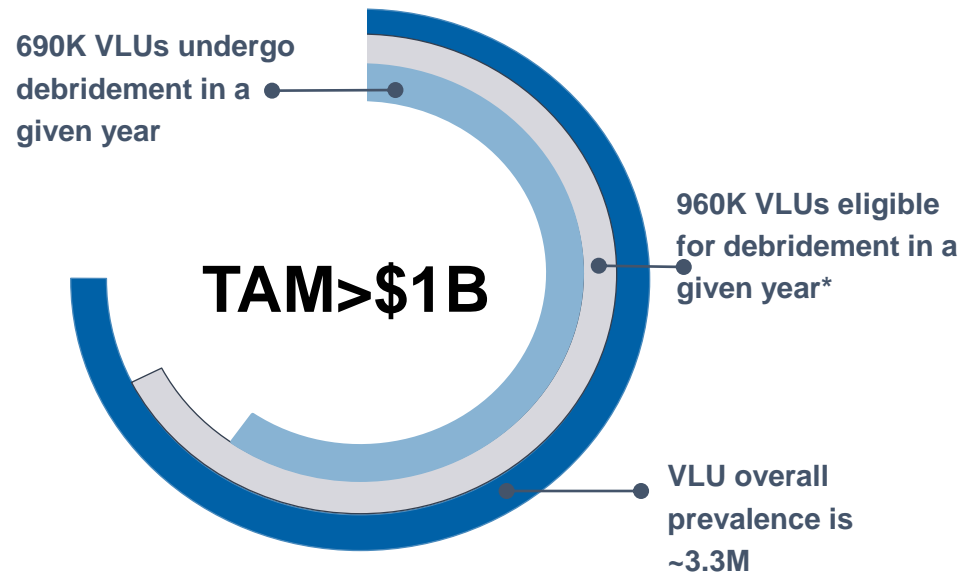
Wound bed preparation  
(healing & inflammation)

Positive initial data (7 out of maximum 15 patients):

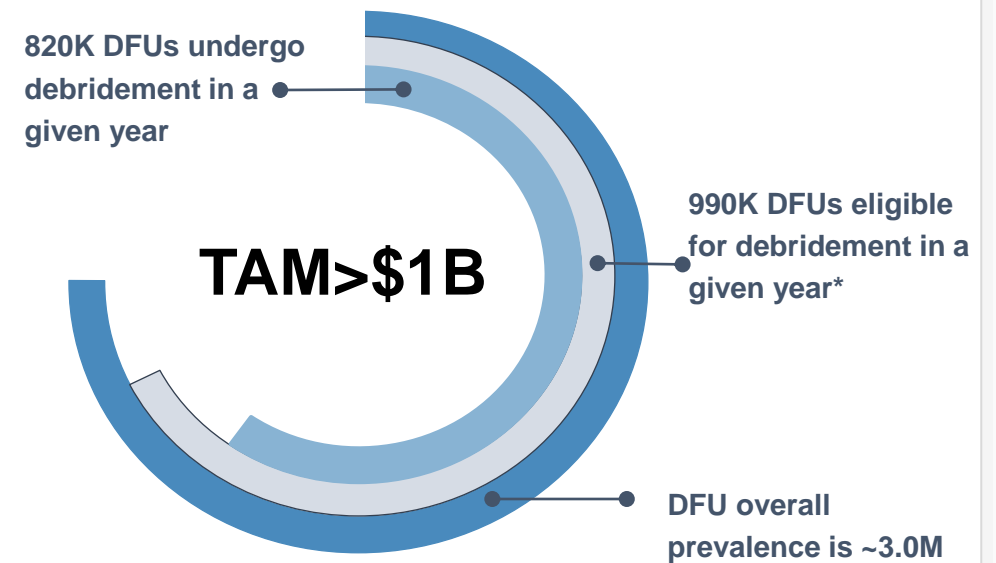
- EscharEx demonstrated safe and effective debridement within few daily applications
- Data indicated reduction of biofilm and bacterial load following the treatment with EscharEx

# U.S. Debridement Market Opportunity

## 2019 US VLU Epidemiology Estimate



## 2019 US DFU Epidemiology Estimate



Feedback supports potential to extrapolate beyond initial indication given similarities of debridement approaches



## Target Audience



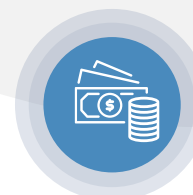
### Site of care:

- Hospital-based outpatient department
- Wound care clinics
- Skilled nursing facilities
- Home care

### Key clinicians:

- Vascular specialists
- Plastic surgeons
- Podiatrists
- Primary care physicians

## Pricing



- Current enzymatic debridement average cost of treatment estimated at \$1,600-\$2,000
- Pricing to reflect cost saving

## Reimbursement



- Existing reimbursement codes for enzymatic debridement
- Hospital Outpatient Prospective Payment System (OPPS) code 97602:

“Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic abrasion), including topical applications(s), wound assessment, and instruction(s) for ongoing care, per session.”



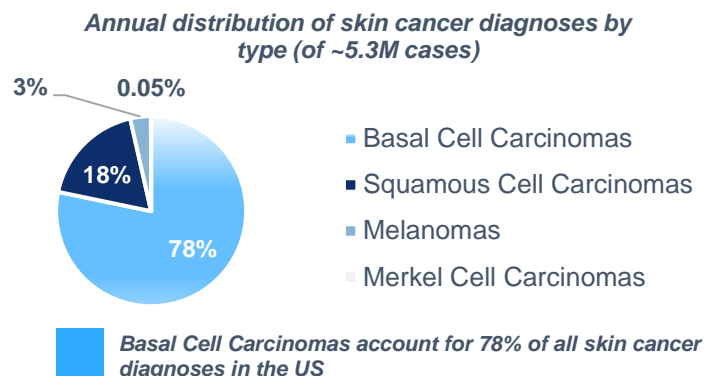
**MW005**

Biotherapy for Non-melanoma Skin Cancers

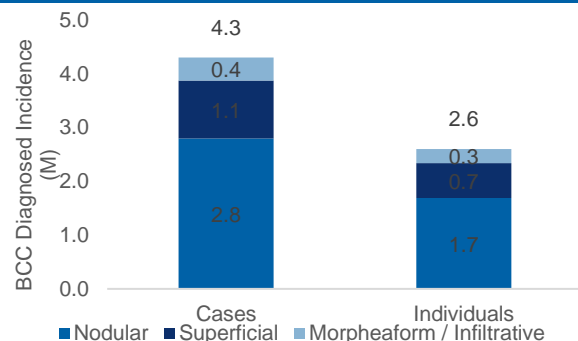
# Non-Melanoma Skin Cancers Market Opportunity

MW005

## Skin Cancer Diagnoses in the US (2020)



## Diagnosed Incidence of BCC in the US (2020)



NCCN estimates that the annual incidence of NMSC has increased by 4-8% each year since the 1960s

- **Basal Cell Carcinomas (BCC) is the most diagnosed skin cancer in the US each year**
- **4.3M cases are comprised of ~2.6M individual patients**, as BCC can recur after primary treatment of the tumor, and patients may also receive treatment for multiple cases / lesions
  - Topical treatments are indicated for superficial BCC
  - There are ~1.1M cases of superficial BCC diagnosed in the US each year
- **Surgery is the most frequently used and effective treatment for BCC**, but treatments vary based on cancer size, depth, and location
- **Imiquimod & 5-FU are recommended for surgery-ineligible patients (or patients who refuse surgery) with mild, superficial BCC lesions**

# Ongoing Phase I/II Study

MW005

<b>An open-label, single-arm Phase I/II study</b>  <b>Conducted in US</b>  <b>Data readout expected in H1 2022</b>	<b>Study Objectives</b>	Assess the safety and tolerability of MW005 in the treatment of Basal Cell Carcinoma	
	<b>Study Design</b>	<ul style="list-style-type: none"><li>• 2 cohorts of 16 patients each</li><li>• Nodular and superficial BCC</li></ul>	
	<b>Data Collection</b>	<b>Primary</b> Safety systemic & local AEs, VS, pain assessments, tolerability	<b>Exploratory</b> Percentage of target lesions (i.e. patients) with complete histological clearance

# Investment Highlights

## Validated Enzymatic Technology Platform

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A proprietary enzyme enrichment technology for protein-based therapies

Clinically and commercially validated

Focused on next-gen non-surgical solutions for tissue repair and regeneration



## Diversified Portfolio of Advanced Therapies

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Diversified portfolio of bio therapeutics across multiple indications

Targeting large markets with clear unmet need

Validated proof of concept with NexoBrid strategic collaborations



## Well Positioned

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Substantial U.S. government support

Strategic commercial collaboration in the U.S.

Commercial sales and cash inflows

Multiple near-term significant milestones in all programs





January 2022 | Nasdaq: MDWD