



“GlaxoSmithKline Pharmaceuticals Limited Q1 FY '26
Earnings Conference Call”

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Moderator: Hi, good evening everyone. This is Nirav Bhagat, your moderator for Chorus Call. Welcome to the GlaxoSmithKline Pharmaceuticals Limited Q1 FY 2026 Analyst Meet.

From the management of GlaxoSmithKline Pharmaceuticals Limited, we have with us Mr. Bhushan Akshikar - Managing Director, GlaxoSmithKline Pharmaceuticals Limited and Mr. Juby Chandy - Chief Financial Officer, GlaxoSmithKline Pharmaceuticals Limited. By participating in this event, you consent to the recording, distribution and publication of this event. Kindly note that this call is meant for investors and analysts only.

All participants' lines will be in listen-only mode and there will be an opportunity for you to ask questions after the presentation from the management concludes.

I now hand the conference over to Mr. Bhushan Akshikar. Thank you and over to you, sir.

Bhushan Akshikar: Thank you very much for setting that context. Once again, a very good afternoon, good evening to everyone who has joined on the Earnings Call.

We already shared the Financials; I am sure all of you have seen our Q1 Results which are out there. What we will do in the next 10 or 15 minutes is just to give you a quick color and the stories behind those numbers and then we will spend more time answering questions.

Just wanted to recontextualize the strategy that we have set out 3 years ago:

We continue to be one of the most broadly diversified pharmaceutical companies operating at both ends of the spectrum in the areas of prevention with our vaccine business. As you can see, our portfolio continues to be broad and wide with a very large general medicine portfolio and the foray that we are making now on the specialty side with Respiratory and now Oncology. In terms of our strategic priorities, we have a laser-sharp focus to continue to defend and grow our general medicines and pediatric vaccines portfolio. Also demonstrate agility with category creation in the form of what we have seen around shingles prevention and most importantly, bring our innovative assets so that more patients can benefit in India in the coming time and we are seeing that kicking off with oncology.

Just a couple of slides on the external market data:

So, as you know, you must have seen the IQVIA data which is the syndicated research agency. For Q1 of the financial year, although the industry growth was pegged at about 8% plus, our represented market where as you must have seen from our portfolio, we have a significant acute segment dependence. As you would see on the left-hand side of the chart, the acute markets grew by roughly about 7%. But within that, if you look at GSK's represented market, ones that are highlighted in the middle chart, especially around anti-infectives, the derm business, that growth was slightly suppressed. I think more importantly, if you see the last chart on this slide, the specifics in terms of where we operate, whether it is the advanced oral antibiotics, most importantly the derm business, where we have topical corticosteroids with our Vx portfolio.

Those are the therapy areas where we saw a muted performance, externally speaking, that impacted our growth for this quarter.

The next slide. What is more important is the health of the business:

If you were to look at how we did in terms of our competitive performance, we have held the Q1 performance from a competitive standpoint. If you look at our evolution index, which is our ability to grow ahead of the market. Across many of the brands, from an external standpoint, our growths are ahead of the market. So, we have not only defended or gained market share for many of our key assets, but we have also grown ahead of the market in terms of evolution index both in general medicines as well as vaccines.

On the Speciality side, Trelegy Ellipta continues to grow month after month, and Nucala, which is the monoclonal antibody for severe eosinophilic asthma, continues to grow in terms of share as well as patient share. Our ability to kind of establish the adult vaccination space continues with our investments in the shingles prevention. So, even this quarter, we improved our performance. We have now a definite predictable business model around the adult vaccination space with what we are doing with Shingrix every single quarter. I think what is important is in Q1, most of the investment and the resources that we are putting in place to launch our oncology business are in place now and that is something that you will see in Q2 getting kicked off. Two years ago, we defined our digital acceleration roadmap where we talked about accelerating our digital ways of connecting, commercially speaking, and that path continues as you will see at the bottom of this graph.

Next, as I said, in terms of competitive performance:

We have continued to do well across all the brands, externally speaking. However, the muted growth that you have seen for Q1 is largely in relation to the tailwinds that were much softer compared to our expectations, especially externally. And that is why in those suppressed therapy areas, suppressed growth for those represented therapy areas, although we have held our competitive performance, our growths have been lower than our expectations.

Next. Similarly, for pre-vaccine business and the vaccine business, we have held our market share both in the periodic private setup as well as I talked about the month after month and the quarterly performance, the Q1 performance for the Shingrix business where we have a significantly higher trajectory, both in terms of prescription and growth around 20% quarter-on-quarter.

Next. What is important is, as I said, something that we had clearly stated in our bold ambition of delivering a double-digit growth as an organization. The new growth platforms become critical essence for us and that is where we are spearheading our oncology launch in Q2 this quarter as we speak. We are going ahead with two of the most innovative assets from a global pipeline, pioneering solutions in gynecological malignancies for patients in India, both in ovarian cancer, which is the second biggest gynecological cancer in India, and endometrial



cancer, respectively for Zejula and Jemperli. So, those two assets we will go ahead and launch. In the last quarter, we have done all that that is required in terms of the go-to-market model and activations. So, this is clearly getting bolted on to our existing business in the coming quarters.

So, to summarize our strategic roadmap on the next slide:

We will continue to build and defend our shares and deliver a competitive performance for our base business, both for our key promoted portfolio in GenMed as well as the pediatric vaccine business. Continue to invest in our new growth platforms led by Shingrix, Nucala, Trelegy Ellipta. And on top of that, for Q2, we clearly have these two assets going ahead. Something that we stated up front in our pursuit of the double-digit growth agenda was continued focus on improving our profitability as you could see over the last several quarters, we have an EBITDA margin that we are confident of holding. And more importantly, if you see our market share, we have improved our market share for all the portfolios that we operate over the last several quarters.

So, with that, I think we will spend a quick few minutes on the financials before we open up for questions. Juby.

Juby Chandy:

Next slide, please. So, quickly to bring up to speed on the financials building up on from what Bhushan has left, the revenue growth has been flat. It is on the context of softer than expected tailwinds, particularly on antibiotics and the derma portfolio, what we have seen. We continue to build the momentum in Speciality, Paed Vaccine, Shingrix, all those strategic levers we continue to invest.

Spending a bit more time on EBITDA margins and PAT, you would have noticed that EBITDA margin profile as well as PAT has improved this quarter, despite we had a challenging topline. Margin profile as we speak is 31.2, which is a 290 basis point improvement with a growth of 9.3. So, clearly we have a leveraged P&L with expenses growing slower and profit growing faster. That is on the backdrop of better management of expense, margin improvement, and productivity improvement we have seen this quarter.

Seeing the same trend in PAT also, PAT has stepped up to 290 basis point, 12.7% growth in the quarter. Cash conversion is healthy with 100% of the sales for the quarter has been converted to cash and that growth is translating into the EPS of quarter 1, 12.08 with 13% growth in the EPS. That is the quick summary of the financials. Maybe we can take the questions from here.

Moderator:

Thank you very much. We will now begin the question-and-answer session. We can take our first question from the line of Kunal Balsal. Kindly join as panelist, unmute your audio and video and proceed with your question. Due to no response, we move to our next questioner. Next we have Gagan. Kindly join as panelist, unmute your audio and video and proceed with your question.



- Gagan:** Thank you for taking my question. The first one is around the general medicine portfolio. Is it possible to split the topline growth number into volume growth, new product introductions and price?
- Bhushan Akshikar:** Sure, Mr. Gagan. Thank you very much for the first question. As you saw in my slide, two elements there. One is competitive performance remains intact. But to answer your question specifically, for the overall company, including vaccines, there is a 2.83% price hike that we had in terms of volumes. So, we don't have any new introductions in general medicines, at least for this quarter. In terms of the flavor of the growth, as you must have seen, we also had a supply. We had a constraint in terms of one of our CMOs having an unfortunate fire incident. So, that was about, we lost about 2% of growth there. But otherwise, in terms of the flat growth that we have seen, there is a 2% that we lost on supply and 3% is dead by price. So, actually there is a -1 in terms of volume growth.
- Gagan:** Is it possible to further split the growth for vaccines, the volume growth and for general medicines, the volume growth? Can you segregate that out?
- Juby Chandy:** So, vaccine volume has been growing close to 8.6% and the value growth, 8.6% vaccines growth and negative 2% general medicines growth.
- Gagan:** And the NLEM portfolio, you wouldn't have been able to take more than a 1.5% or 2% sort of a price increase, right?
- Juby Chandy:** That is right.
- Gagan:** So, final one from my side, so for Zejula and Jemperli, is it possible to give us some idea of what is the current regressive market? What is the current first line of treatment if at all, and obviously, this probably will be the standard of care. So, how do you see this evolving? If possible, can you enumerate and give us some idea of where you aspire to be in a 3-5 year timeframe with these?
- Bhushan Akshikar:** Sure, Mr. Gagan. Thank you very much for that question. Again, just to qualify, you asked the question around the WPI. So, most of that price is also still kicking in. We didn't get the full benefit of that in Q1 of the price hikes for the products included in NLEM. So, that should get fully realized in Q2 and beyond. Coming to our question around oncology, so we are making our first foray, re-entry after almost a decade in oncology, beginning with our 2 products, Zejula in the area of ovarian cancer and Jemperli in endometrial cancer. So, if you look at the prevalence of ovarian cancer, I talked about ovarian cancer being the second most widely seen gynecological malignancy. If you just see the 5-year prevalence, we are talking about more than 120,000 patients. In terms of incidence, which is the number of new patients that come into the system that is in excess of 52,000 new patients that get diagnosed with ovarian cancer. It belongs to a category of drugs called PARP inhibitors. We still have the patent for a few years, so we will have, there are other molecules within the same category, but this is an innovative medicine that we are launching in the area of ovarian cancer. So, just to give you eligibility, we will have



at least 5,000 patients who will be potentially eligible to receive this innovative medicine within the remit of over 50,000 patients that I just talked of earlier in terms of the incidence, the new patients that come into the system. Similarly, for endometrial cancer, currently we have indication for second line. We are also expecting our indication in the first line, but even within the 20,000 patients that we see as the incidence for endometrial cancer in the country annually, which is the new patients coming into the system, and then you have a prevalence rate of 44,000 patients, which is available over a 3-5 year period. We still see an eligibility of at least 1,000 patients who will be eligible to start with Jemperli to begin with. So, those are the two indications in which we will go ahead and launch. As you would expect, we have ongoing clinical trials. We are a part of the global clinical trial landscape. So, specifically, for example, for the Dostarlimab, which is Jemperli, which is a type of immunotherapy, it is a PD-1 antagonist, blocks the PD-1 protein on the T-cells and thereby acts. We have ongoing clinical trials in at least 4 cancer types, including head and neck, colorectal, as well as non-small lungs. So, as and when each of these indications opens up, we will pursue those opportunities. But to begin with, we are going ahead with the indications for which we have the marketing authorization and the approval. I hope I answered you, Mr. Gagan.

Gagan: Yes. Just one clarification there. These will not be first-line treatments. These will be second-line or third-line treatments. Is that what you are saying?

Bhushan Akshikar: So, Jemperli, globally, we already have the first-line in endometriosis. Currently in India, our label is second-line. Our approval is, we are in the process of getting the first-line as well. So, that is where we are. But currently, as the label is, we are in second-line. And the eligibility that I talked of in terms of 700-1,000 patients are in second-line that I talked of.

Gagan: Same for Zejula?

Bhushan Akshikar: I am sorry, Mr. Gagan.

Gagan: Zejula also a second-line treatment, or is that a first-line treatment?

Bhushan Akshikar: So, Zejula is already indicated for ovarian cancer in first-line as well.

Gagan: And will you be needing Salesforce additions for?

Bhushan Akshikar: We have already done the recruitment. So, these teams are already in place. That is why I said in Q1 of this year, we have already put the teams in place. The team is in place now, including the market access team, the medical team. So, we are hitting the ground in the next 10 days. So, the product is already available from this one.

Gagan: Thanks, sir. I will get back in the queue. Wish you all the best. Thank you.

Bhushan Akshikar: Thank you.



- Moderator:** Thank you. Our next question comes from the line of Pritesh Chheda. Kindly join us, panelists, and meet your audience with you and proceed with your question. Also request you to introduce yourself and your organization once, before you proceed with your question.
- Pritesh Chheda:** Hello.
- Moderator:** Go ahead, sir. You are audible.
- Pritesh Chheda:** Can you hear me?
- Moderator:** Yes, sir. We can. Pritesh Chheda, kindly unmute and proceed with your question. We have lost the connection for Pritesh Chheda. We take our next question, a text question from Aniket Singh. Can you explain why respiratory or derma growth is muted? Also, do you see some pickup in July?
- Bhushan Akshikar:** So, thank you very much for that question. The derms portfolio, as I told you, at the outset, within the general medicines portfolio, if you have seen over the last several years, the nature of the acute portfolio that we have, Q1 is relatively a muted quarter in relation to all the other 3 quarters. So, to begin with, Q1, financially speaking, is the lowest quarter. We begin with a relatively smaller base. And within that, we didn't see, this time, as you heard from me as well as Juby, the two therapy areas where we saw muted external growth were one, the entire Vx portfolio, which includes the topical steroids, our entire Vx range. And within our antibiotic portfolio, we saw a slightly delayed start to the monsoon season in which was a little interrupted over Q1 between April and June. That is why, although we have gained share, our competitive performance is higher. Brands like Augmentin definitely saw some headwind in terms of the growth. So, those couple of brands is where we saw either flat volumes or volume declines. Especially in the derm business, we saw significant volume declines in Q1, which we are seeing coming back at least in the last few weeks. And we hope that we will have the growth back in Q2 as we meet again at the end of Q2.
- Moderator:** Thank you. We take our next question from the line of Tushar Manodhane. Kindly join us, panelists, unmute your audio and video and proceed with your question.
- Tushar Manudhane:** So, thanks a lot. Firstly, on vaccines, the quarter growth, is that we have reached a base where now the growth will be sort of in the range of high single digit to double digit, or you see further sort of growth going forward?
- Bhushan Akshikar:** So, first of all, thank you very much, Mr. Tushar, for the question. If you recall over the last couple of, at least the last 4 quarters now, we have been talking of vaccine business back in the growth trajectory. We maintained a growth base of at least 8%-10%. With every passing quarter, we are seeing new segments opening up for us, especially for shingles prevention. The adult vaccination ecosystem is an area where we remain committed and putting more energy. So, we are confident of maintaining or growing that growth base from here on.



- Tushar Manudhane:** And secondly, for these two oncology drugs, is that the operational cost would also sort of increase, right? With maybe marketing, promotional expenses, or unlike, because it is going to be more hospital-based drug. So, if you could throw some light in terms of, how the operational cost or operational expenses will pan out?
- Juby Chandy:** So, firstly, these are hospital products, highly specialized products. We will be having a very targeted, very small group of oncologists or group of oncologists, which are less in number, we will be promoting to. So, the incremental operating cost will not come. We will be reallocating from within the accruals or reserves what we have within the P&Ls. So, you will not see increased operational expenses because of this.
- Bhushan Akshikar:** There is no materiality. And just to add to what Juby said, as you may be aware, for a country of our size, we have barely have a 1,000 oncologists practicing in our country. So, when you have innovative assets like this, the team size is also very focused, very targeted, very small in size. So, no material impact, no additional data.
- Tushar Manudhane:** And just lastly, if you could just reflect the number of MRs and if there is going to be any addition of MRs, not for vaccines or diseases, oncology drugs, but the other based therapies?
- Bhushan Akshikar:** So, we are competitive for all the categories that we are operating. We have more than 2000 reps on the ground right now, spread across general medicines, vaccines, and now Speciality portfolio. And that is something that we will continue to maintain and hold.
- Tushar Manudhane:** Got it. Thanks a lot for your response.
- Moderator:** Thank you. Next question is from the line of Viraj Mithani. Kindly join as panelists. Unmute your audio and video. Introduce your company name and proceed with your question. Viraj Mithani, your line is on top. I need to proceed with your question. Yes, go ahead.
- Viraj Mithani:** Yeah. My name is Viraj Mithani and I am from Jupiter Financial. Sorry, I joined the call late. This oncological revenue will start coming from this quarter or when will the revenue start keeping on the oncological drug?
- Bhushan Akshikar:** It will start from Q2. We are launching it this month. So, it will start reflecting from Q2 of this financial year.
- Viraj Mithani:** And any new more products to be introduced in this year?
- Bhushan Akshikar:** Well, we are pursuing several indications, but I think these are the two first ones that are going off the block. We will keep you updated. As of now, we don't have line of sight of what will get accelerated. As I said, many of these are also undergoing clinical trials for other indications.
- Viraj Mithani:** Got it. And about any other to any vaccine side or this year would be launched or no?



- Bhushan Akshikar:** No, we have the RSV vaccine trials ongoing. So, that is another new innovative vaccine that is scheduled to launch. In terms of timelines, we will have to see how the regulatory authorities grant approval, but that is the other new vaccine that we still have in our pipeline.
- Viraj Mithani:** Thank you and all the best.
- Bhushan Akshikar:** Thank you.
- Moderator:** Thank you. Now we take our next question. A text question from Nikhil Upadhyay. How much is the impact of NLEM pricing on Augmentin Duo and any other product where we see price cuts?
- Bhushan Akshikar:** Sorry, I didn't get that question.
- Moderator:** I will repeat. How much is the impact of NLEM pricing on Augmentin Duo?
- Bhushan Akshikar:** So, now, if you recall, we came back much stronger in terms of the volume growth over the last 5 quarters now, and we don't have any price cuts as of now. So, two elements of the price, almost half of the portfolio is under the NLEM where we can potentially take only the maximum permissible WPI net high and the rest we can take up to 10% in a calendar year. There is no price cut, especially in Augmentin Duo.
- Moderator:** Thank you very much. Next, we again ask Mr. Pritesh Chheda to kindly join us panelists, unmute your audio and video and proceed with your question. Due to no response, we move on to our next questioner. Next question is from the line of Abdulkader Puranwala. Kindly unmute your audio and proceed.
- Abdulkader Puranwala:** Hi. So, thank you for the opportunity. So, first question is with regards to your general medicine portfolio. And I understand that a lot of your brands have been gaining market share. But if we just try to deep down and understand the overall targeted market and the efforts being taken to grow the entire category, could you highlight some of the efforts that you have taken, say, for Augmentin or Calpol in the recent times to ensure the kind of volume uptake which is happening here?
- Bhushan Akshikar:** Sure, Mr. Puranwala. Thank you for that question. So, as you would see from the AIOCD AWACS data also, even on a MAC basis, Augmentin continues to be the number one brand in the pharma industry, in the IPM. Yes, this was not the peak quarter for the category. But yet we have been able to defend and grow the market share. So, if you remember the numbers that I shared, even on an IQVIA basis, even for Q1, we grew 4% higher than the market. So, we have an evolution index of 104 plus, we gained a market share. There was a market share gain of almost 0.4% for Q1 alone. In terms of reach, in terms of activities, we clearly focused on ensuring that for the right indication, Augmentin and Co-amoxiclav, therefore, as a molecule, continues to be the drug of choice for the right available patient. We continue to focus all our science-led activities around ensuring that a molecule like Co-amoxiclav, which even today, in

2025, has one of the highest susceptibilities, which means we have a susceptibility of almost 90%-93% to this molecule, thanks to the appropriate usage and the appropriate efforts and approaches that we take to avoid antimicrobial resistance, have been working well. And that is an area we will continue to invest. So, we work very closely with specialists, super specialists, as well as a large number of physicians, both consultant physicians and general practitioners, to work in the area of what we call the India Infection Index, to ensure that not only Augmentin, but antibiotics in general are chosen wisely and given for the right duration, the right dosage. So, those are the kinds of initiatives that are helping us, not only build and continue to grow the science, but also to help choose the appropriate antibiotic like Augmentin, and therefore grow our shares and numbers. When it comes to the second question that you asked, I think I could go on for several brands like that. In the topical antibiotic space, we have our brand feedback, which is continuing to be ahead of the market, has delivered good growth. And then of course, within the Paracetamol state, we continue to invest. If you remember a year ago, 18 months ago, we launched an advanced formulation with OptiGov technology called Calpol 650 plus and Calpol 500 plus. So, those continue to be our ways of extending. As you must have heard, I spoke in the beginning, we were impacted by supply shortages. Unfortunately, our CMO had a fire incident and for the last month of May-June, we did have some shortages from our CMO. So, on the demand side, we've been working hard to ensure that we are able to fulfill that demand. But we did have some approaches in terms of the supply constraints.

Abdulkader Puranwala: Sure sir, understood. Thanks for that. And sir, when you talked about the 2% impact on growth because of CMO operations, so could you also highlight the brands in which the growth would have got impacted? Is it Calpol or a few more brands as well?

Bhushan Akshikar: It is Calpol largely and some nutritional supplements like OvaRex.

Abdulkader Puranwala: Understood. And the last one if I may, sir, I believe you are also doing some trials for hepatitis B drug named Bepirovirsen, sir, any timeline you would like to indicate on the launch of this product? And would this be similar kind of a set of what you have done for your oncology brands which are going to launch this month?

Bhushan Akshikar: So, Mr. Puranwala, yes, we have the trial. We have been a part of the global clinical trial. We were the one, as a country, we were one of the largest recruiters and also one of the first ones to get this trial completed in some of the prestigious centers. We look at this potential opportunity, this can potentially be the first functional cure in the area of chronic hepatitis B infection, which is a significant burden of disease in our country. Being a part of the global clinical trial, obviously everything is tied down to the regulatory timelines, but the advantage is there is no lag in terms of our launch timeline. So, as and when things get activated globally, we do foresee. Globally, the timelines for this launch are in the next 12-18 months. We have to see and watch. It is in the calendar year, end of 2026, not in this financial year, but we see Hepatology as another evolving significant opportunity in our specialty play.

Abdulkader Puranwala: Understood, sir. Thank you and wish you all the best.



- Bhushan Akshikar:** Thank you, Mr. Puranwala. Thank you.
- Moderator:** Thank you very much. Next, we take our text question from Gokul Maheshwari. You have been following an omni-channel approach for enhancing distribution and generating prescriptions. Can you explain us with some simple examples on how are we achieving more--
- Bhushan Akshikar:** Thank you very much for the question. So, to let you know before we launched our digital acceleration strategy, we were reaching out, our reach and coverage was roughly to about 3 lakh unique distinct healthcare practitioners in this country. With the well-embedded digital acceleration that we have now in place with the omni-channel strategy, we have now consents from almost 4.6 lakh doctors in India, who allows us to reach out with their consent, to reach out by different touch points, read emailers, read WhatsApp. So, it is not only the face time that our red gets in front of the healthcare practitioner in terms of promotion and detailing, but we follow through that with the appropriate touch points to hear the other touch points that I just talked about. So, the idea is to really create that seamless experience on top of the rest face time and that is something that is well embedded now in our ways of working for all our portfolios. And that is working. So, the question around, it is not about doing more with less. It is largely about unlocking value, using the digital pathways that most of the healthcare practitioners are also open to using on top of, of course, the face-to-face problem.
- Moderator:** Thank you. We take our next text question from Deepak Malik. There are 3 questions. The first question is, can you please share in more detail what we preparation have done for the launch of Jemperli and Zejula? How many MRs have we hired? How many doctors will we reach out to? What will be the price of the drug? What is the TAM for those two drugs?
- Bhushan Akshikar:** Sorry, did you say TAM or DAM? Target Addressable Market, right?
- Moderator:** Yes, sir.
- Bhushan Akshikar:** Thank you very much for both those questions. I think I answered parts of that question earlier, but I will quickly summarize in terms of the specifics that you asked. Yes. As I said earlier, the oncology space being highly specialized for a country of our size, we have roughly about 1200 medical oncologists, about 500 dermatologists, and those will be on our coverage. The entire recruitment as we speak is done. So, we have a team of about 20 key account specialists. We also have a separate access team, because as you know, oncology requires a deep-rooted understanding around conveying the burden of the disease and working very closely with authorities in ensuring that these innovative assets are available. So, all the recruitment is done. Medical also, we have dedicated resources who will focus especially on these two assets. So, that is the size of the play in terms of the number of external customers and the number of team members we have internally. We go live on Independence Day. So, that is where our commitment in our first year of this second century of operation in India is to recommit ourselves to offer freedom to all those patients who deserve, who are unfortunately suffering from these gynecological malignancies and who can benefit with two innovative assets. The cost of the treatment is pretty much in line with what you would see as standard of care. Again, it would

vary depending on the segments, but as you would imagine, these are immunotherapy products. So, Jemperli, which is Dostarlimab is PD-1 antagonist, and it operates in the same space as all immunotherapy drugs. It depends on how many cycles the patient would need, but typically the cost of treatment is in at least, between 12-18 lakhs, so to say. So, that is where they are comparatively priced in terms of where we operate. I don't know if I missed out any of the sub-questions that you had.

Juby Chandy: TAM, you already addressed.

Bhushan Akshikar: Yes, TAM. I already addressed because, as we are going with the second line indication, we have about 752,000 eligible patients for second line endometrial for Jemperli, and for ovarian cancer, the TAM is almost 5,000 patients for Zejula. The cost of treatment is roughly in the same range for both.

Moderator: Thank you. Second question from Deepak Malik. Can you please share the performance update on Shingrix vaccine revenue number of shots number of people who have taken till now?

Bhushan Akshikar: Thank you very much, Mr. Deepak for that. So, Shingrix continues to be a growth platform and an important one for us. We launched this 2 years ago, as you would recall, and every month we still are completely focused on the private segment. So, as we speak, we still don't have tender segments opening up. We just got earlier this year, a few months ago, the GTE exemption, which means we can now participate in several of the institutional segments like the Army, like the railways and other institutional accounts. So, as of now, whatever you see is largely private, self-pay let, and that is roughly about around 9,000-10,000 doses that we are selling every month. So, you can imagine there are 9,000-10,000 patients who get vaccinated to prevent shingles every year. So, that is roughly about our ambition on a yearly basis. Our objective this year continues to be in excess of 100,000 doses, which roughly translates to an excess of Rs. 100 crores.

Moderator: Thank you. The third question from Deepak Malik. Post soft 1st quarter, will we be able to achieve double-digit revenue growth in FY '26?

Bhushan Akshikar: Thank you very much for that question. Definitely, as stated, explicitly stated intent that we will put out for our business. And as I said, the base business has got sizable things. Obviously, as I said earlier, our Q1 is always a little soft. It was softer than expected, given the external headwinds, or to better put it, we did have the favorable tailwinds, externally speaking, for some of our assets. But as we are in the peak season between Q2 and Q3 of our financial year, the expectation is for the base business to come back to volume growth. We also have an element of price hikes coming up, kicking in in these 2 quarters from here on from Q2 to Q3. And on top of that, we have the growth platforms that I talked of, not just about Shingrix or Nucala and Trelegy Ellipta, but the new oncology assets in oncology. So, those three put together, and the focus on driving volume is, we still remain committed to our growth ambitions.



- Moderator:** Thank you. Next text question comes from Jayesh Poladia from MK Poladia. What percentage of sales from NLEM category price control in June quarter?
- Bhushan Akshikar:** So, every quarter is the same because we have almost 40% of our portfolio is NLEM. So, that is a constant. So, that is about 40%.
- Juby Chandy:** But that is it. That is not driving any issues in the quarter because once in 5 years, the NLEM prices are reset. After that, it is not having a price erosion, right, so we will take the normal price increase when the government allows. That is where it is. So, it is close to 40% NLEM portfolio we have in the business.
- Moderator:** Thank you. Next text question comes from Senthilkumar Natarajan from Joindre Capital Service. What is the reason for the 17% drop in other expenses? Do we have any one-off in the base quarter?
- Bhushan Akshikar:** It is largely the phasing of our advertising and promotional expenses. Given the low seasonality, you would see that a proportion of that kicking into Q2. But I will ask Juby to add.
- Juby Chandy:** Yes, close to Rs. 12-Rs. 13 crores of expense we face to the next quarter because as we have seen irregular rains and monsoon dynamics, we had to move expense to the next quarter where the sales is going to happen. So, there is a phasing element of Rs. 12-Rs. 13 crores in that one. So, there is kind of a one-off phasing going from this quarter to the next quarter.
- Moderator:** Thank you. Next question is from Mehul Sheth from HDFC Securities. As per IQVIA data, growth in key brands like Betnovate N and Eltroxin was muted. What were the reasons? Also, when to expect normalization in Calpol? More so, Derma and pain management category is underperforming the market growth view on this?
- Bhushan Akshikar:** Thank you very much for that question, Mr. Mehul. As I said earlier, the biggest hit externally that we had across our portfolio was in our derms portfolio. Within that, specifically, the Vx portfolio, the Betnovate range, is where we found the most significant headwind in Q1. And that was again, what happened to us will happen to the market and vice versa. Obviously, we have found reasons, we are working very closely to ensure that we are able to bounce back much stronger in Q2 and Q3. But that is one of the big ones. I talked about losing about Rs. 12 crores on Calpol alone in Q1. So, in this quarter, July-August, we hope to stabilize. The CMO is working down the clock to ensure that apart from all the corrective measures, the supply continuity is ensured. So, that is another one where we are confident of getting back to a certain rhythm in the coming weeks. Juby, do you want to add something to this?
- Juby Chandy:** No, I think we completed.
- Moderator:** Thank you very much. Next question from Mehul Sheth. Any plan to launch RSV vaccine in India?



- Bhushan Akshikar:** So, Mr. Mehul, yes, we have been a part of our global clinical trial. So, it is slated for a launch in the calendar year 2026, will not be in this financial year, but we are a part of the global footprint and therefore, we will definitely be, we have plans to get this innovative vaccine here as well.
- Moderator:** Thank you very much. Ladies and gentlemen, we will wait for more questions. We take next question from Ankit Singh. What is the view on impact of trade generics on branded market growth?
- Bhushan Akshikar:** It is a very good question. So, as you are probably aware, at both ends of the spectrum, you have the organized channels, you have the Jan Aushadhi Vendors on one side. And of course, you have organized trade in the form of pharmacy chain, having their own private labels. So, at both ends of the spectrum, we definitely see an impact. It is very difficult to quantify and say what percentage of business or what kind of share these, because they are not being tracked by either of the syndicated research agencies, both AIOCD, AWACS, and IQVIA as of now. But my estimate is 7%-10% over the next 3 years is what we will see in terms of volume. Obviously, a large number of patients are also coming to the system. So, the trade-off there and how we therefore ensure that you continue to remain relevant is where the focus will be. But your question, I think it is in the range of 5%-7% to begin with.
- Moderator:** Thank you. Next, we take question from Mehul Sheth from HDFC Securities. As per MFN price requirement, we are planning to increase the price in our portfolio to meet standard price across US and India?
- Bhushan Akshikar:** So, Mr. Mehul, I am not sure I understood the question. But again, from a listed entity standpoint, our portfolio, except for the ones that are imported and that are not manufactured here, we have a model that is very clearly focused on India. Most of the products that we sell here, that you see here, are based on the global pricing, flow of prices that we have. I don't see an immediate impact. I don't foresee any impact given the nature of our portfolio here. Not sure if I understood the question correctly. As an MFN state, there is no impact for us.
- Juby Chandy:** We don't have any impacts. We are manufacturing all the products locally for general medicines mainly. The imported ones come not from the US. So, we don't have any impact.
- Bhushan Akshikar:** We don't have any products coming here from the US.
- Moderator:** Thank you. Next, we have Tushar Manudhane. Kindly unmute your audio and proceed with your question.
- Tushar Manudhane:** Sir, just one clarification. The impact in terms of growth for the quarter, as I understand, is on two accounts. One is the lack of supply from one of the CMO and another is sort of a weakness in a couple of therapies. So, if you could just separately quantify the impact of a quarter?



- Juby Chandy:** We have answered that question before. So, we have a flat quarter. So, 1.7% of the sales, we have an impact from supply issues due to fire at one of the CMOs. So, if I exclude that issue, the underlying growth is 1.7%, which means we have a flat growth with 1.7% lost already because of the supply issues.
- Tushar Manudhane:** And apart from that, the weakness at the industry level also impacted the growth of the quarter in certain therapies?
- Bhushan Akshikar:** Largely, yes. And that is exactly what I said in my earlier opening slide that the represented markets in which GSK operates largely in anti-infectives and derms are the two areas where we were significantly impacted. Because as much as we gained share and we did better than the market, the market was significantly soft and that is why we had a flat quarter.
- Tushar Manudhane:** And just lastly, in terms of sourcing of the material, like if I put it into two buckets, CMO and GSK parent, if you could just share the percentage of sourcing from these two entities?
- Juby Chandy:** So, close to 35%-40% is coming from GSK facilities, Nashik factory and remaining 60% is coming from CMOs.
- Tushar Manudhane:** I think oncology drugs and all will come from CMOs?
- Juby Chandy:** No. They will be imported.
- Tushar Manudhane:** Got it. Thanks a lot for this.
- Bhushan Akshikar:** Thank you very much, Mr. Tushar.
- Moderator:** Thank you. We take next text question from Gagan from ASK Investment Managers. Our 1st quarter operating margin sustainable going ahead, what advantage does Niraparib have over Olaparib, if any?
- Bhushan Akshikar:** So, I will take the second question first in terms of the advantage. Now, when you look at the competition that you just mentioned, we have good data around overall survivors. So, almost 40% of the patients at 5 years that is the number that we have. So, overall survivor as per our time of study is almost 40% at the end of 5 years, which is significantly better. And the progression-free survival at the end of 5 years is something that we have versus the competition. So, those two are clearly, so both in terms of overall survival as well as progression-free survival, we have data which is comparative or even better. And we will see from those trials.
- Juby Chandy:** On the margin side, we expect to maintain the margin levels. We will see some price increase coming in the coming quarters as well as we will see some increased expense also coming quarters on phasing of expense, which we just mentioned before. So, we will see increased expense, increased price, so hence, we will be maintaining the margins.



Moderator: Thank you. One more question from Gagan. Are margins on innovative products lower than general medicines?

Juby Chandy: That is right. The margins from innovative products are lower than the general medicines. It is a traded product, so hence the margins are lower. But that said, as the general medicines portfolio grows, we will be able to maintain that absolute margin and the impact on the margin dilution will take a little bit longer term to see. At least in the next 2-3 years, we will not see a dilution in the margins because the ratio at which that grows, the general medicine, the larger base grows, we will dilute any margin dilution we would see from the above.

Bhushan Akshikar: Thank you very much.

Moderator: Thank you very much. Ladies and gentlemen, on behalf of GlaxoSmithKline Pharmaceuticals Limited, we conclude this conference. Thank you for joining us and you may now disconnect your lines.