Cowen 39th Annual Health Care Conference

David Veitch
Chief Executive Officer
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Disclaimer and forward-looking statements

Forward looking statements

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Basilea — At a glance

- Revenue-generating, commercial-stage Swiss biotech company with solid cash position (YE2018 ~CHF 223mn)
- Focused in the areas of oncology, hospital antibiotics and hospital antifungals
- Two marketed anti-infective brands (Cresemba and Zevtera) and three oncology drug candidates in development
- Potential for sustainable growth and value generation based on increasing revenues and selective investments into internal and external innovation
- Founded in 2000 as spin-off from Roche
- Listed on the SIX Swiss Stock Exchange since 2004 (SIX: BSLN)
- Based in life sciences hub Basel (Switzerland); approx. 220 employees
## Potential for sustainable growth and value creation based on commercialized products and differentiated pipeline

<table>
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<th>PRODUCTS / INDICATION</th>
<th>PRODUCT CANDIDATES / TARGET POPULATION</th>
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<th>PHASE 1</th>
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<th>MARKET</th>
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</thead>
<tbody>
<tr>
<td><strong>ANTIFUNGALS</strong></td>
<td><strong>Cressemba®</strong> (isavuconazole)</td>
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<td></td>
<td>Invasive aspergillosis and mucormycosis (U.S. and EU and several other countries)</td>
<td>i.v. and oral</td>
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<td></td>
<td>Invasive fungal infections (Japan)</td>
<td>i.v. and oral</td>
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<tr>
<td><strong>ANTIBIOTICS</strong></td>
<td><strong>Zevteral®/Mabelio®</strong> (ceftobiprole)</td>
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<td></td>
<td>Hospital- and community-acquired pneumonia (HAP, CAP) (major European and several non-European countries)</td>
<td>i.v.</td>
<td></td>
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<td></td>
<td>Acute bacterial skin and skin structure infections (ABSSSI)</td>
<td>i.v.</td>
<td></td>
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<tr>
<td></td>
<td><em>Staphylococcus aureus</em> (MSSA / MRSA) bacteremia (bloodstream infections)</td>
<td>i.v.</td>
<td></td>
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<tr>
<td><strong>ONCOLOGY</strong></td>
<td><strong>Derazantinib (BAL087)</strong> panFGFR kinase inhibitor</td>
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<tr>
<td></td>
<td>Intrahepatic cholangiocarcinoma (ICCA) – registrational study</td>
<td>oral</td>
<td></td>
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<tr>
<td></td>
<td>Urothelial cancer – monotherapy and combination with atezolizumab (Tecentriq®)</td>
<td>oral</td>
<td></td>
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<td></td>
<td><strong>BAL101553</strong> tumor checkpoint controller</td>
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<td></td>
<td>Ovarian cancer, glioblastoma</td>
<td></td>
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<td></td>
<td>Glioblastoma (ongoing), solid tumors (completed)</td>
<td>48 hr. i.v.</td>
<td></td>
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<tr>
<td></td>
<td>Glioblastoma – combination with radiotherapy</td>
<td>oral</td>
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<td></td>
<td><strong>BAL3833</strong> panRAF/SRC kinase inhibitor</td>
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<tr>
<td></td>
<td>Solid tumors</td>
<td>oral</td>
<td></td>
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</tr>
</tbody>
</table>

* pre-clinical reformulation activities initiated

4 Proprietary information of Basilea Pharmaceutica International Ltd. – not for distribution
Established strong partnerships to fully exploit commercial potential of Cresemba® and Zevtera®

License partners

- **Pfizer**, for Europe (ex. Nordics), China, Asia-Pacific, Russia, Turkey and Israel *(Cresemba)*
- **Astellas**, for the U.S. *(Cresemba)*
- **Asahi Kasei Pharma**, for Japan *(Cresemba)*
- **CR Gosun**, for China *(Zevtera)*

Distribution partners

- **Correvio (formerly Cardiome)**, for Europe (ex. Nordics), Israel *(Zevtera)*
- **Hikma**, for MENA region *(Cresemba and Zevtera)*
- **Grupo Biotoscana**, for LatAm *(Cresemba and Zevtera)*
- **Unimedic**, for Nordics *(Cresemba and Zevtera)*
- **Avir**, for Canada *(Cresemba and Zevtra)*
>100 countries covered by partnerships — USD 1.1bn in total potential milestones outstanding

Ongoing participation

- Double-digit royalties on sales by license partners
- Participation through transfer price structure in sales by distribution partners
- Approximately USD 240mn upfront and milestone payments received; USD 1.1bn in potential milestones outstanding

Our Global Partnerships: Cresemba

Our Global Partnerships: Zevtera
Antifungal

Cresemba® (isavuconazole)

- Invasive mold infections
- Marketed in the U.S., Europe
Invasive fungal infections — An area of continued high unmet medical need

- Severe, potentially life-threatening infections mainly affecting immunocompromised patients
- An important cause of morbidity and mortality in cancer patients undergoing intensive chemotherapy regimens
- Rising number of immunocompromised patients (cancer and transplantations) driving therapeutic demand
- Mucorales infections on the rise – doubled from 2000 to 2013
- Limitations of current therapies (spectrum of activity, toxicity, effective plasma levels) drive the need for new agents

Mortality rates for invasive fungal infections**

- **CANDIDA**: 23 – 40%
- **ASPERGILLUS**: 34 – 58%
- **MUCORALES**: 40 – 80%

Cresemba continues strong sales uptake in established and new markets

USD 147 mn annual in-market sales by Q3 2018

Sales in LCD mn

MAT Q3 2016  |  MAT Q4 2016  |  MAT Q1 2017  |  MAT Q2 2017  |  MAT Q3 2017  |  MAT Q4 2017  |  MAT Q1 2018  |  MAT Q2 2018  |  MAT Q3 2018

LCD: USD corrected for currency fluctuations; MAT: Moving annual total; Source: IQVIA, September 2018
Sales of best-in-class antifungals* by product

USD 3.0 bn sales (MAT Q3 2018)

- **Voriconazole** 24% (USD 719 mn)
- **Posaconazole** 24% (USD 729 mn)
- **Isavuconazole** 5% (USD 147 mn)
- **Anidulafungin** 6% (USD 176 mn)
- **Micafungin** 12% (USD 352 mn)
- **Caspofungin** 15% (USD 462 mn)
- **AmBisome** 14% (USD 429 mn)

*Best-in-class antifungals: isavuconazole, posaconazole, voriconazole, AmBisome, anidulafungin, caspofungin, micafungin

MAT: Moving annual total; Sales figures in USD, corrected for currency fluctuations; Source: IQVIA, September 2018
**Cresemba — Differentiated by spectrum, safety and tolerability**

- **Broad spectrum of activity against molds, including emerging molds (mucorales)**
- **Consistent plasma levels**
- **Statistically fewer drug-related adverse events and treatment-emergent adverse events (liver, skin, eye) in invasive aspergillosis patients vs. voriconazole in SECURE phase 3 study**
- **Can be administered in patients with renal impairment**
- **Manageable drug-drug interaction profile**
- **Once daily maintenance dose, i.v./oral treatment**

**ECIL-6 guideline:** Cresemba recommended for the first-line treatment of invasive aspergillosis in leukemia and hematopoietic stem cell transplant patients. ECIL states that isavuconazole is as effective as voriconazole with a better safety profile.

ECIL: The European Conference on Infections in Leukaemia
Cresemba — Marketed in the EU and U.S. and further country launches planned

- Marketed in major European countries by Pfizer
- Marketed in the U.S. by Astellas
  - USD 113mn (+47% Y-o-Y) net sales 2018
  - CHF 10mn sales milestone triggered in Q4 2018
  - Anticipated to double the number of launched countries by end-2019
- Exclusivity through 2027 in the U.S. and potential pediatric exclusivity extension to 2027 (from 2025) in the EU

For full U.S. prescribing information see: www.creemba.com

Approved in Europe for the treatment of adults with:
invasive aspergillosis and mucormycosis for whom amphotericin B is inappropriate

Approved in the U.S. for the treatment of adults with:
invasive aspergillosis and invasive mucormycosis
European box/vials
Ceftobiprole is not approved in the U.S.

Antibacterial

Zevteria®/Mabelio®
(ceftobiprole)

• Hospital* and community-acquired pneumonia
• Marketed in major European countries, Argentina, Canada, Peru and Saudi-Arabia

* HAP (excluding VAP)
Zevtera/Mabelio — A fast-acting hospital antibiotic with activity against a broad range of bacteria

• Broad-spectrum anti-MRSA cephalosporin (including Gram-negative bacteria)

• Rapid bactericidal activity

• Potential to replace antibiotic combinations

• Early improvement in HAP, particularly in patients with MRSA, and CAP, including high-risk patients

• Cephalosporin class safety profile

• Marketed in major European markets, Argentina, Canada, Peru and Saudi Arabia

Approved in major European countries & several non-European countries for both hospital-acquired pneumonia (HAP), excluding ventilator-acquired pneumonia (VAP), and community-acquired pneumonia (CAP)

Not approved in the U.S.

Proprietary information of Basilea Pharmaceutica International Ltd. – not for distribution
Anti-MRSA hospital antibiotics market — A USD 3.1bn market with the U.S. being the most important region

Global anti-MRSA hospital antibiotics sales* USD 3.1bn (MAT Q3 2018)

- USA 48%
- EU top 5 19%
- Japan 4%
- China 13%
- ROW 16%

Linezolid sales by region 2014 (before LOE)

- USA 64%
- EU 5 7%
- Japan 6%
- ROW 9%

Daptomycin sales by region 2015 (before LOE)

- USA 89%
- EU 5 2%
- Japan 3%
- ROW 6%

* Vancomycin, linezolid, teicoplanin, daptomycin, tigecycline, telavancin, ceftaroline, dalbavancin, oritavancin and tedizolid

MRSA: Methicillin-resistant Staphylococcus aureus; LOE: Loss of exclusivity; ROW: Rest of world
MAT: Moving annual total; Sales figures in USD, corrected for currency fluctuations; Source: IQVIA, September 2018
Ceftobiprole — Strategy for accessing the important U.S. market providing attractive risk-return profile

- U.S. registration requires two cross-supportive phase 3 studies
  - FDA has approved Special Protocol Assessments for ABSSSI and SAB phase 3 studies
  - ABSSSI and SAB studies started in 2018
- Few approved SAB agents available, with limitations, mainly related to resistance or tolerability
- For SAB, ceftobiprole has potential to be positioned as a rapidly cidal agent against both MSSA and MRSA with the favourable safety profile of a cephalosporin
- BARDA funding of up to USD 128mn (~70% of the total estimated program costs) to support U.S. phase 3 program*
- QIDP designation (SAB, ABSSSI, CABP): exclusivity extended to 10 years upon approval

*SAB: *Staphylococcus aureus* bacteremia; ABSSSI: acute bacterial skin and skin structure infection; CABP: community-acquired bacterial pneumonia

*The project is funded in part with Federal funds from the Department of Health and Human Services; Office of the Assistant Secretary for Preparedness and Response; Biomedical Advanced Research and Development Authority (BARDA) under Contract No. HHSO100201600002C
Oncology

Derazantinib (BAL087)

panFGFR kinase inhibitor for various solid tumors
Derazantinib — targeting FGFR-driven tumors as single agent and in combination with immunotherapy

- Small molecule, oral inhibitor of Fibroblast Growth Factor Receptor (FGFR) family of kinases in-licensed from ArQule Inc.
  - panFGFR kinase inhibitor with strongest activity against FGFR1, 2 and 3
  - Exploring therapeutic potential of additional targets of derazantinib, including targets not addressed by other selective FGFR inhibitors, such as CSF1R (Colony-stimulating Factor 1 Receptor) kinase

- Strong data foundation generated to support potential accelerated FDA approval in intrahepatic cholangiocarcinoma (iCCA), an indication with high unmet need and globally increasing incidence

- Orphan drug designation in iCCA granted by FDA and EMA

- Collaboration with Roche to study derazantinib and immune-checkpoint inhibitor atezolizumab (Tecentriq®) in a clinical study in urothelial cancer
Derazantinib — Significant potential beyond iCCA and urothelial cancer

Frequency of FGFR aberrations across different tumor types

- Glioma ~8%
- Head and neck ~5%
- Non-small cell lung ~5%
- Breast ~17%
- Gastric ~7%
- iCCA ~13-22%
- Renal cell ~5%
- Pancreatic ~5%
- Colorectal ~4%
- Ovarian ~9%
- Endometrial ~11%
- Urothelial ~32%
- Sarcoma ~4%

Source: Helsten et al., Clin Cancer Res 2016 (22), 257-267; FGRF2 fusions in iCCA: Graham et al. Hum Pathol 2014 (45), 1630-1638; Jain et al. JCO Precis Oncol 2018 (2) 1-12
Derazantinib — Established proof-of-concept in iCCA in phase 1/2a study

- Subgroup analysis of 29 patients with FGFR2-fusion positive iCCA:
  - Objective response rate of 21%
  - In 72% of patients, tumor response or disease stabilization for ≥16 weeks was achieved*
  - Manageable safety profile

Derazantinib — Time on treatment supports clinical benefit in FGFR2-fusion positive iCCA

Intrapatient comparison of time on study with derazantinib compared to pre-study second-line chemotherapy

Source: Mazzaferro et al. British Journal of Cancer 2018
Derazantinib — potential for accelerated approval with solid clinical data in iCCA

Favorable clinical data from completed phase 1/2 study

- Promising anti-tumor efficacy and clinical safety shown in biomarker-driven clinical study in patients with FGFR2-gene-fusion expressing iCCA
- Derazantinib efficacy compares favorably to standard-of-care (SoC) chemotherapy (cross-trial comparison)
  - Objective Response Rate (ORR) 21% for derazantinib\(^1\) versus <10% for SoC\(^2,3\)
  - Progression-Free Survival (PFS) approx. 6 months\(^1\) versus 3 months for SoC\(^2,3\)
- Manageable safety profile and low discontinuation rate\(^1,4\)

Registrational phase 2 study, ongoing

- Patients with FGFR2-gene-fusion expressing iCCA (2nd-line)
- Encouraging interim results reported early 2019, consistent with the earlier phase 1/2 data
- 21% ORR with six confirmed partial responses from 29 evaluable patients, 83% disease control rate
- Safety profile and tolerability of continuous dosing schedule confirmed
- Final data to be presented mid-2020

Sources:
1. V Mazzaferro et al. Derazantinib (ARQ 087) in advanced or inoperable FGFR2 gene fusion-positive intrahepatic cholangiocarcinoma. British Journal of Cancer 2018
FGFR-inhibitors show differences in safety profiles

<table>
<thead>
<tr>
<th></th>
<th>DZB¹ (N=29)</th>
<th>INF² (N=71)</th>
<th>FUT³ (N=45)</th>
<th>PEM⁴ (N=89)</th>
<th>PEM⁵ (N=108)</th>
<th>ERD⁶* (N=99)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dosing regimen</strong></td>
<td>300mg QD</td>
<td>125mg Q4W QD for 3w</td>
<td>16 mg, 20 mg or 24 mg QD</td>
<td>13.5mg Q3W QD for 2w</td>
<td>13.5mg Q3W QD for 2w</td>
<td>8 mg QD (titr. to 9mg)</td>
</tr>
<tr>
<td><strong>Most frequent AEs</strong></td>
<td>Phosphorus↑ Dry mouth Nausea</td>
<td>Phosphorus↑ Fatigue Stomatitis</td>
<td>Phosphorus↑ Constipation AST↑</td>
<td>Phosphorus↑ Alopecia Diarrhoea</td>
<td>Diarrhoea Alopecia Constipation</td>
<td>Phosphorus↑ Stomatitis Dry mouth</td>
</tr>
<tr>
<td><strong>Blood phosphorus↑†</strong></td>
<td>76%</td>
<td>73%</td>
<td>80%</td>
<td>61%</td>
<td>31%</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Fatigue↑ [G3]</strong></td>
<td>41% [3%]</td>
<td>49% [4%]</td>
<td>NR</td>
<td>36% [4%)</td>
<td>32% [6%]</td>
<td>≥21% [≥2%]</td>
</tr>
<tr>
<td><strong>Alopecia†</strong></td>
<td>28%</td>
<td>38%</td>
<td>NR</td>
<td>37%</td>
<td>NR</td>
<td>≥27%</td>
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<tr>
<td><strong>Dry eye/xeropthalmia†</strong></td>
<td>21%</td>
<td>32%</td>
<td>NR</td>
<td>20%</td>
<td>NR</td>
<td>≥19%</td>
</tr>
<tr>
<td><strong>Central serous retinopathy</strong></td>
<td>0%</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>21%</td>
</tr>
<tr>
<td><strong>ALT ↑</strong></td>
<td>31%</td>
<td>NR</td>
<td>31%</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
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<tr>
<td><strong>Hand-foot syndrome/PPE</strong></td>
<td>0%</td>
<td>27%</td>
<td>22%</td>
<td>NR</td>
<td>NR</td>
<td>≥22%</td>
</tr>
<tr>
<td><strong>Nail events (drug-related)</strong></td>
<td>&lt;5%</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>52%</td>
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<tr>
<td><strong>Stomatitis</strong></td>
<td>7%</td>
<td>45%</td>
<td>22%</td>
<td>30%</td>
<td>34%</td>
<td>≥55%</td>
</tr>
</tbody>
</table>

**Sources:**
¹Mazzaferro et al., Br J Cancer 2018 and Basilea data on file; ²Javle et al., ESMO 2018; ³Meric-Bernstam et al, ESMO WC GI Cancer, 2018;
⁴Hollebecque et al., ESMO 2018; ⁵Necchi, et al., ESMO 2018; ⁶Siefker-Radtke et al., ASCO 2018

**Abbreviations:**
DZB: derazantinib, INF: infigratinib (BJG398), FUT: futibatinib (TAS-120), PEM: pemigatinib (INCB54828), ERD: erdafitinib; PPES: Palmar-plantar erythrodysesthesia; NR: not reported; QD, daily; Q3W/Q4W, every 3/4 weeks; w, weeks.

*D Drug-related events reported only; †assumed FGFR inhibitor class-effect
FGFR-inhibitors show differences in kinase-inhibition profiles

<table>
<thead>
<tr>
<th>FGFR-inhibitor compound (Sponsor)</th>
<th>Parameter</th>
<th>FGFR1</th>
<th>FGFR2</th>
<th>FGFR3</th>
<th>FGFR4</th>
<th>CSF1R (FMS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derazantinib (Basilea)</td>
<td>Ratio to FGFR2 activity</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>77</td>
<td>3</td>
</tr>
<tr>
<td>Pemigatinib (Incyte)</td>
<td>Ratio to FGFR2 activity</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>39</td>
<td>231</td>
</tr>
<tr>
<td>Erdafitinib (Janssen)</td>
<td>Ratio to FGFR2 activity</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>13</td>
<td>95</td>
</tr>
<tr>
<td>Rogaratinib (Bayer)</td>
<td>Ratio to FGFR2 activity</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>18</td>
<td>116</td>
</tr>
<tr>
<td>Infigratinib (QED)</td>
<td>Ratio to FGFR2 activity</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>47</td>
<td>86</td>
</tr>
<tr>
<td>Futibatinib (Taiho)</td>
<td>Ratio to FGFR2 activity</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>18</td>
<td>NA</td>
</tr>
</tbody>
</table>

Source: Basilea data on file
Potential therapeutic relevance of CSF1R-inhibition

- Derazantinib is active in inhibiting FGFR kinases and CSF1R (Colony-stimulating factor-1 receptor)
- CSF1R inhibition may reprogram immunosuppressive tumor-infiltrating macrophages, restore T-cell activity and thereby improve the susceptibility to PD1/PD-L1 inhibitors\(^1\)
- Derazantinib may address several oncogenic mechanisms at the same time, i.e. inhibiting FGFR and making the tumor more susceptible to immunotherapy
- Basilea entered into a collaboration with Roche to study a combination of derazantinib and Roche's PD-L1-blocking immune-checkpoint inhibitor atezolizumab in patients with urothelial cancer

Sources:
Derazantinib/atezolizumab - a potential unique FGFR/IO combination in urothelial cancer

• Among FGFR-inhibitors, CSF1R inhibition seems unique to derazantinib

• CSF1R inhibition may restore T-cell activity, downregulate immunosuppressive macrophage activity and improve susceptibility to PD1/PD-L1 inhibitors (immunotherapy)

• In urothelial cancer, Keytruda® and Tecentriq® received label restrictions on the use for first-line treatment of patients with low PD-L1 expression
  ◦ This subgroup of tumors shows frequent FGFR genomic abnormalities (mainly FGFR3 fusions)
  ◦ Derazantinib combined with PD1/PD-L1 inhibitors may therefore provide benefits related to multiple mechanisms (FGFR inhibition, macrophage inhibition, enhanced response to immunotherapy) in this group of patients

• A phase 1/2 study exploring derazantinib as monotherapy and in combination with Tecentriq® anticipated to start mid-2019
Oncology

BAL101553

Treatment-refractory solid tumors, including glioblastoma
BAL101553 — Novel tumor checkpoint controller crossing the blood-brain barrier

• Novel compound inducing tumor cell death through checkpoint activation
• Destabilizing the microtubule scaffold through a novel target-binding site
• Targeting diverse tumor types resistant to standard therapeutic approaches
• Crosses the blood-brain barrier with potent activity in brain tumor models alone and in combination
• Flexible dosing potential, including daily oral dosing
• Comprehensive biomarker program to optimize patient and tumor selection

* BAL101553 is a prodrug of BAL27862
BAL101553 — three ongoing clinical studies

• Phase 2a expansion (weekly 48-hour i.v.) in patients with recurrent glioblastoma or platinum-resistant ovarian cancer
  ◦ Anticipated to complete around year-end 2019

• Phase 1 dose escalation (daily oral) in patients with recurrent glioblastoma
  ◦ Anticipated to complete in H1 2019

• Phase 1 study (daily oral) in combination with radiotherapy in patients with newly diagnosed glioblastoma in collaboration with the Adult Brain Tumor Consortium (ABTC)1
  ◦ Anticipated to complete patient enrolment mid-2020

1The ABTC is funded by the U.S. National Cancer Institute (NCI)
Oncology

BAL3833

Treatment-refractory solid tumors, including metastatic melanoma and RAS-driven tumors
BAL3833 — panRAF/SRC kinase inhibitor

- In-licensed novel, oral, small molecule drug from consortium around Wellcome Trust & Institute of Cancer Research (ICR)
- Dual-targeting kinase inhibitor
- Targets resistance mechanisms associated with approved BRAF inhibitors (including vemurafenib and dabrafenib)
- Resistance-reversal activity in BRAF/MEK inhibitor- and immunotherapy-resistant melanoma models
- Potential in diverse non-melanoma tumor types:
  - e.g. RAS-driven tumors
  - Expanded biomarker program to aid tumor selection
- Phase 1 dose-escalation study completed
  - Broad dose range investigated, maximum tolerated dose (MTD) was not defined
  - Pre-clinical activities to explore alternative formulations initiated

Cell membrane

- BAL3833
- RTK
- SRC
- RAS
- BAL3833
- BRAF V600E
- CRAF
- MEK
- ERK

Drug Resistance and Tumor Progression

Cell changes in gene expression
## Key financials 2018 and 2019 guidance

<table>
<thead>
<tr>
<th>In CHF mn</th>
<th>FY 2019 guidance</th>
<th>FY 2018 actuals</th>
<th>FY 2017 actuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenue</td>
<td>128 - 138</td>
<td>132.6</td>
<td>101.5</td>
</tr>
<tr>
<td><strong>thereof: Contributions from Cressemba &amp; Zevtera</strong></td>
<td>100 - 110</td>
<td>82.0</td>
<td>52.6</td>
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<tr>
<td>Operating loss</td>
<td>20 - 30</td>
<td>24.1</td>
<td>17.1</td>
</tr>
<tr>
<td>Net operating cash consumption</td>
<td>55 - 65</td>
<td>79.2</td>
<td>+19.0</td>
</tr>
<tr>
<td>Year-end cash and financial investments</td>
<td>n/a</td>
<td>223.0</td>
<td>310.7</td>
</tr>
</tbody>
</table>

### 2015 – 2019E – Strong revenue increase Y-o-Y, CHF mn

![Graph showing revenue increase from 2015 to 2019E](image)
Focus 2019 and beyond

Cresemba® & Zevtera®/Mabelio® Increasing cash-generating revenues
By the end of 2021, Cresemba to be on the market in >60 countries

<table>
<thead>
<tr>
<th></th>
<th>H1 2019</th>
<th>H2 2019</th>
<th>H1 2020</th>
<th>H2 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceftobiprole</td>
<td>Top line results from phase 3 ABSSSI study</td>
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<tr>
<td>Derazantinib</td>
<td>Interim analysis of phase 2 registrational study in iCCA FGFR2 fusions</td>
<td>Complete patient enrolment in phase 2 registrational study in iCCA</td>
<td>Top line results from phase 2 registrational study in iCCA</td>
<td>Interim data from first cohort(s) in urothelial cancer</td>
</tr>
<tr>
<td></td>
<td>Collaboration with Roche in urothelial cancer</td>
<td>Start phase 2 study in urothelial cancer</td>
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<td></td>
<td>Expand ongoing iCCA study in other FGFR gene aberrations</td>
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<tr>
<td>BAL101553</td>
<td>Complete patient enrolment in phase 1 study arm for recurrent glioblastoma (oral)</td>
<td>Top line results from phase 2a study in ovarian cancer and glioblastoma (48-hr. i.v.)</td>
<td>Complete patient enrolment in phase 1 study in newly diagnosed glioblastoma</td>
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</tbody>
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