Creating anti-infective opportunities

"Patients are at the heart of what we do"

INVESTOR PRESENTATION

September 16, 2025

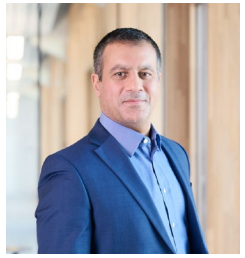
Introducing Basilea and the executive management team

- Founded in 2000 as a spin off from Roche
- Profitable Swiss commercial-stage biopharmaceutical company
- About 180 employees
- Headquarters in Allschwil, Switzerland, in the Basel area life sciences hub
- Listed on the SIX Swiss Stock Exchange, Ticker: BSLN.SW

DAVID VEITCH
CEO

JOINED 2014

PREVIOUS ROLES
Bristol-Myers Squibb
SmithKline Beecham



ADESH KAUL
CFO

JOINED 2009

PREVIOUS ROLES
POLYPHOR
Genedata

MARC ENGELHARDT MD, PH.D CMO

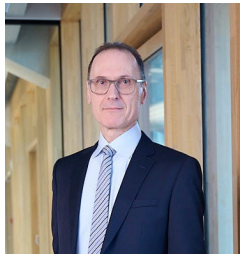
JOINED 2010

PREVIOUS ROLES
NOVARTIS
BRACCO

GERRIT HAUCK PH.D. CTO

JOINED 2018

PREVIOUS ROLES
SANOFI



LAURENZ KELLENBERGER PH.D. CSO

JOINED 2000

PREVIOUS ROLES
UNIVERSITY OF CAMBRIDGE
Roche

"Our experienced team brings deep expertise across Basilea's entire value chain."

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Our focus is on identifying and generating commercial opportunities in the anti-infectives area

- We are focused on developing treatments for **severe bacterial** and **fungal diseases**
- Unmet medical needs:
  - Therapies with limited spectrum of activity
  - Growing resistance
  - Lack of oral dosing forms
  - Toxicities
- We strive to create sustainable value with meaningful benefits for patients and healthcare systems, generating long-term returns for investors and our partners
- Currently two revenue generating hospital anti-infective brands: Cresemba® and Zevtera®

Manifestations of severe infections

***Candida* spp.**	Bloodstream, abdominal, osteoarticular, cardiac, ocular, CNS, pulmonary
***Aspergillus* spp.**	Pulmonary, sinuorbital, CNS, cardiac, cutaneous, abdominal
***Fusarium* spp.**	Bloodstream, cutaneous, sinuorbital, ocular, CNS, pulmonary
Mucorales fungi	Pulmonary, sinuorbital, CNS, renal, cutaneous, abdominal
Staphylococci	Bloodstream, cutaneous, cardiac, abdominal, osteoarticular, pulmonary
Enterobacteriaceae	Bloodstream, urinary, pulmonary, cutaneous, abdominal, osteoarticular
***Pseudomonas* spp.**	Bloodstream, urinary, pulmonary
Acinetobacter baumannii	Bloodstream, urinary, pulmonary, cutaneous

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Business model

Unique capabilities, limited acquisition and development costs, commercialization partnerships supporting profitability

External pool of potential assets

In-license/acquire novel anti-infective assets

e.g. fosmanogepix

Shared-risk financial structures with limited upfront and development milestone payments

Add value through clinical development

Upside: non-dilutive funds/support from governments and non-profit organizations

BARDA

CARB-X

File for regulatory approvals

Identify commercial partner

Manufacture/sell product through partnerships

Pfizer

AsahiKASEI

astellas

INNOVIVA Specialty Therapeutics

and more..

Lean and low risk commercialization model: limited selling expenses and no significant CAPEX

Eligible for royalties/ milestones from partners

Cashflow generating

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Healthcare systems are spending > USD 20 billion for systemic antifungals and antibiotics

GLOBAL SYSTEMIC ANTIFUNGALS MARKET 2023

USD **4.4** billion

GLOBAL SYSTEMIC HOSPITAL ANTIBIOTICS MARKET 2023

USD **17.8** billion

Source: IQVIA Analytics Link 2023

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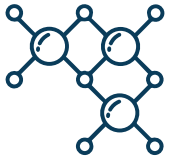
Invasive fungal and severe bacterial infections are on the rise due to several factors

Growing population of immunocompromised individuals (e.g. patients with chronic conditions)

Aging population (e.g. elderly individuals more prone to infections)



Increased use of **immunosuppressive therapies** (e.g. for organ **or stem cell** transplants, **cancer therapies, biologic agents**)

Advances in **medical procedures** (e.g. medical devices like catheters **or other foreign body materials**)

Increasing **resistance** against currently used antibiotics and antifungals

Agriculture: widespread use of fungicides in agriculture

Climate change (e.g. growing incidence of fungal infections)

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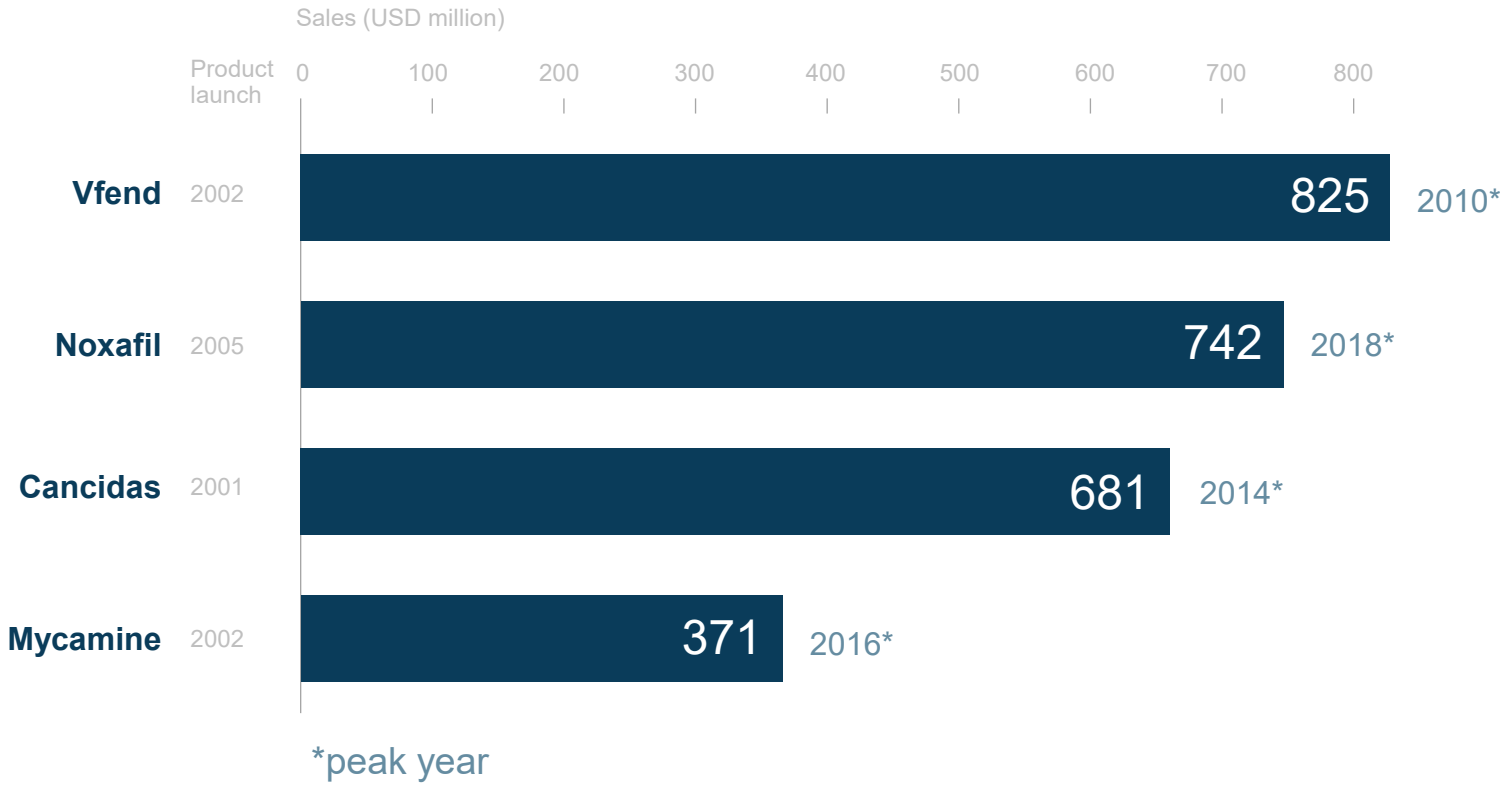
Commercially successful hospital antifungals have achieved peak sales of ~ 600-900 USD million



- Sales of branded antifungals typically peak around the time of their loss of exclusivity (more than 10 years market opportunity)
- Basilea's **Cresemba** is already today achieving more than USD 600 million annual sales with continued strong double-digit year on year growth

Pfizer Inc., 2010 Financial Report, page 25
Merck & Co., Inc., Commission File No. 1-6571, page 124

Merck & Co., Inc., Commission File No. 1-6571, page 43
Astellas Pharma Inc., IFRS, Financial results for the fiscal year 2017 (FY2017), page 6

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CDC’s antimicrobial resistance threats in the US

Basilea’s pipeline provides treatment options across all 3 threat levels

Urgent Threats

These germs are public health threats that require urgent and aggressive action:

Carbapenem-resistant
Acinetobacter

Candida auris

Clostridiodes difficile

Carbapenem-resistant
Enterobacteriaceae

Drug-resistant
Neisseria gonorrhoeae

Serious Threats

These germs are public health threats that require prompt and sustained action:

Drug-resistant
Campylobacter

Drug-resistant
Candida

ESBL-producing
Enterobacteriaceae

Vancomycin-resistant
Enterococci

Multidrug-resistant
Pseudomonas aeruginosa

Drug-resistant
Nontyphoidal salmonella

Drug-resistant
Shigella

Methicillin-resistant
Staphylococcus aureus

Drug-resistant
Streptococcus pneumoniae

Drug-resistant
Tuberculosis

Concerning Threats

These germs are public health threats that require careful monitoring and prevention action:

Erythromycin-resistant
Group A streptococcus

Clindamycin-resistant
Group B streptococcus

Watch list

Azole-resistant
Aspergillus fumigatus

Drug-resistant
Mycoplasma genitalium

Drug-resistant
Bordetella pertussis

Visualized based on CDC Antibiotic Resistance Threats in the United States, 2019. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2019. www.cdc.gov/DrugResistance/Biggest-Threats.html (electronic version)

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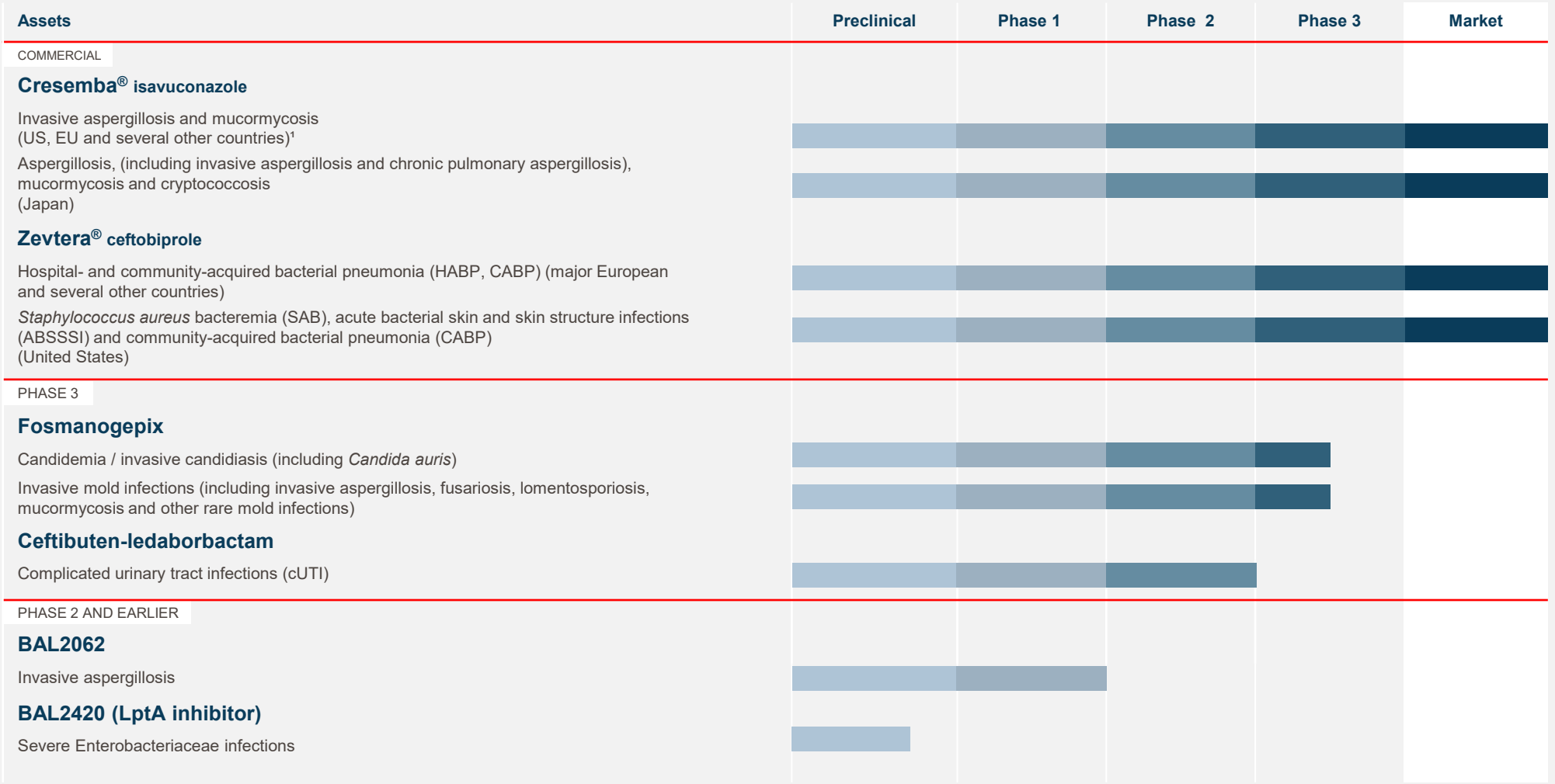
Innovative anti-infective pipeline

Addressing urgent and evolving infection threats



[1] The registration status and approved indications may vary from country to country.

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Non-dilutive R&D funding

BARDA Other Transaction Agreement (OTA)[1]

- Flexible contracting mechanism
- Commitment of USD 93 million to date for development of antifungals fosmanogepix and BAL2062
- Potential total funding of up to ~USD 268 million
- Reimbursement of about 60% of the total development cost

CARB-X (Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator)

- Funding agreement for LptA inhibitor antibiotic program[2]
- Commitment of up to USD 8.2 million until first-in-human clinical studies for drug candidate BAL2420

[1] OTA number 75A50124C00033
[2] Agreement number 75A50122C00028 and WT224842

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Anti-infective pipeline

Antifungals

Cresemba® — Differentiated by spectrum, safety and tolerability

- Broad spectrum of activity against molds, including emerging molds (Mucorales fungi)
- 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 without restriction in patients with renal impairment
- Manageable drug-drug interaction profile
- Once daily maintenance dose, IV/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.

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Cresemba®
Global commercial partnerships

Marketed in

75

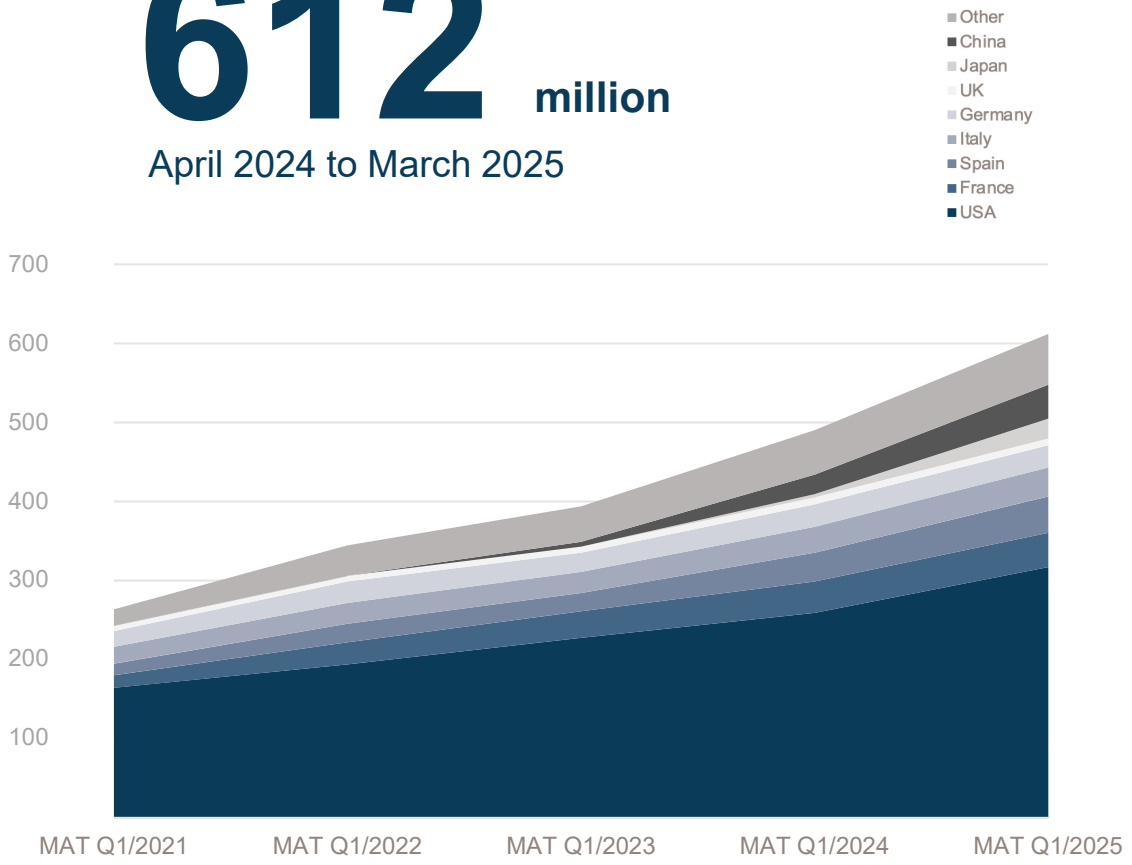
countries

United States	astellas
Canada	AVIR PHARMA
Latin America	Knight
Europe (excluding Nordics)	Pfizer
Nordics	UNIMEDIC PHARMA
MENA Region	hikma.
Asia-Pacific and China	Pfizer
Japan	AsahiKASEI

In-market sales

USD 612 million

April 2024 to March 2025



MAT: Moving annual total; Source: IQVIA Analytics Link, March 2025

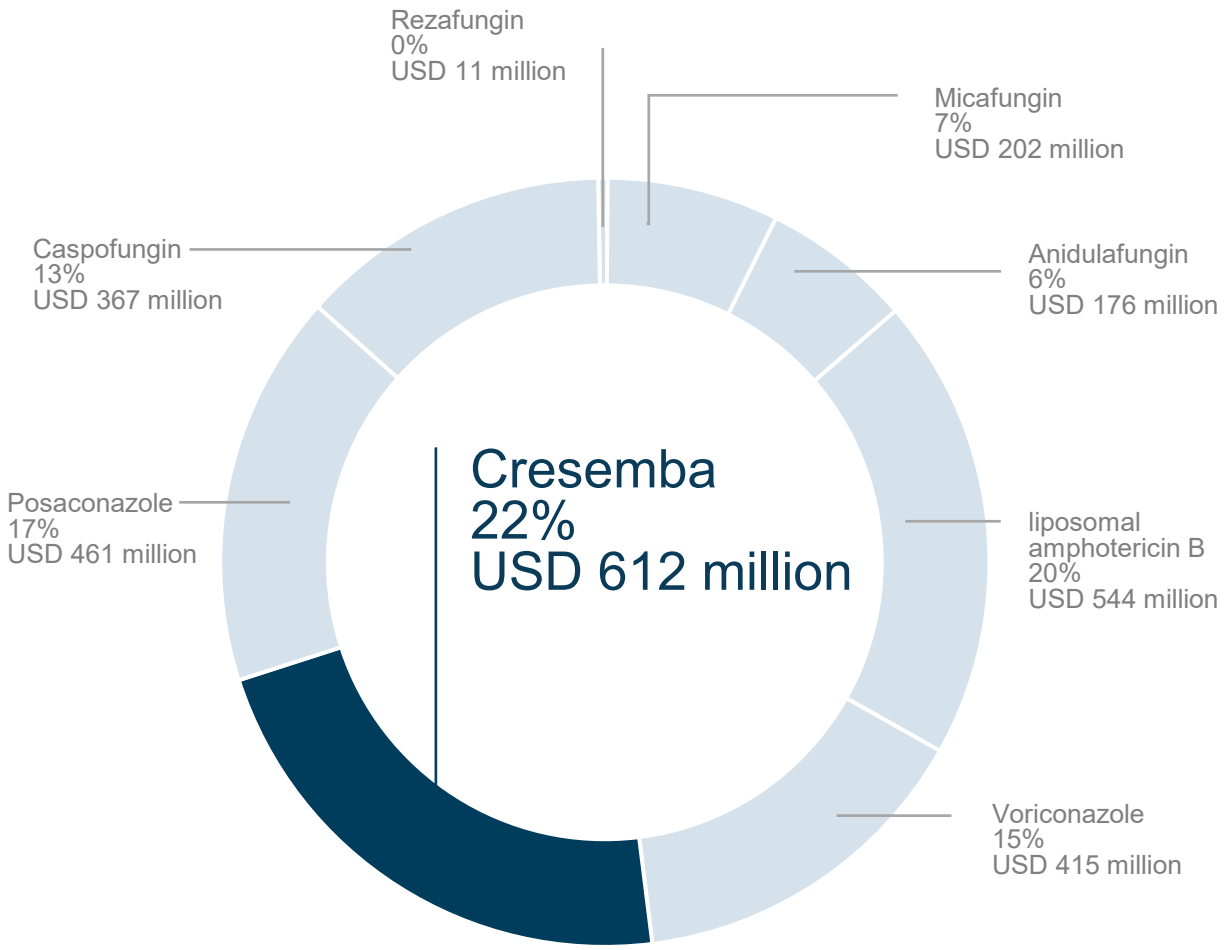
Proprietary information of Basilea Pharmaceutica International Ltd, Allschwil – not for distribution

Global sales of antifungals by product

USD 2.8 billion sales (MAT Q1 2025)*

Significant potential to increase Cresemba® (isavuconazole) global market share

- Pediatric label extension in US granted in December 2023; market exclusivity extended to September 2027
- Pediatric label extension in EU granted in August 2024; market exclusivity extended to October 2027



* MAT: Moving annual total; Source: IQVIA Analytics Link, March 2025, rounding consistently applied

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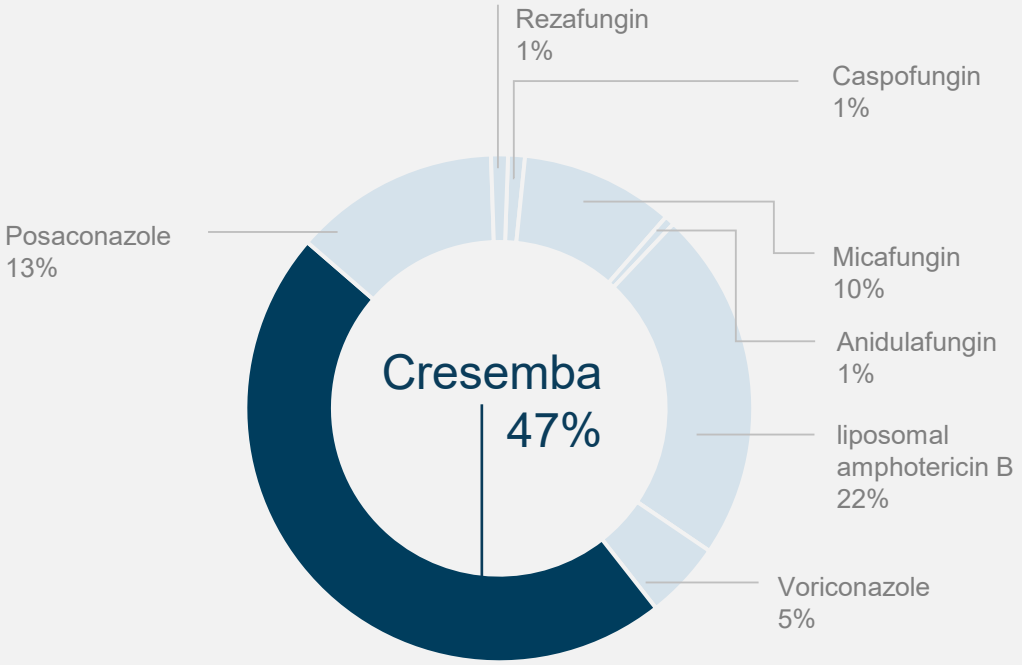
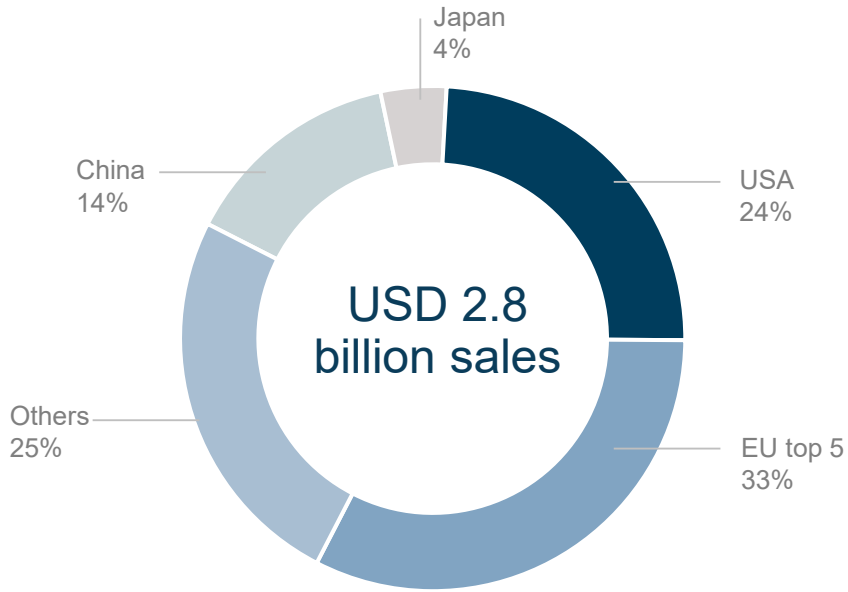
Cresemba® – the market leader in the US in terms of value



– Consistently increased market share since launch to 47% by March 2025*

* Market share based on MAT Q1 2025, in-market sales reported as moving annual total (MAT) in US dollar; rounding consistently applied. Source: IQVIA Analytics Link, March 2025

Significant global growth potential



– USD 2.8 billion sales (MAT Q1 2025)*, **

** Cresemba, posaconazole, voriconazole, liposomal amphotericin B, anidulafungin, caspofungin, micafungin, rezafungin.

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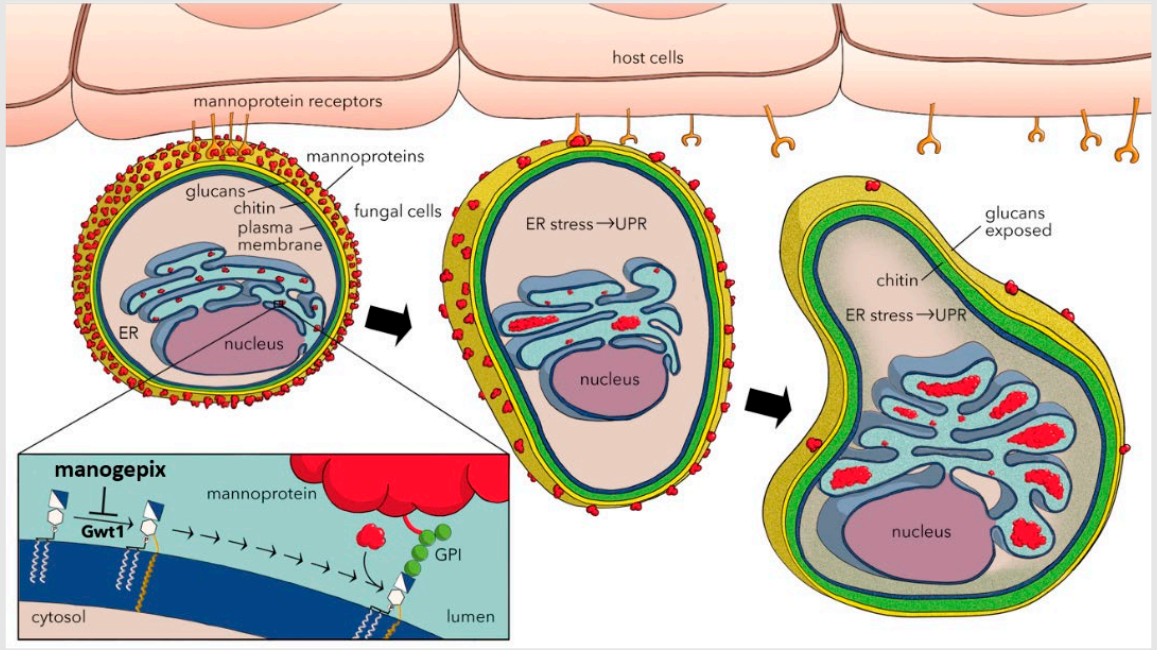
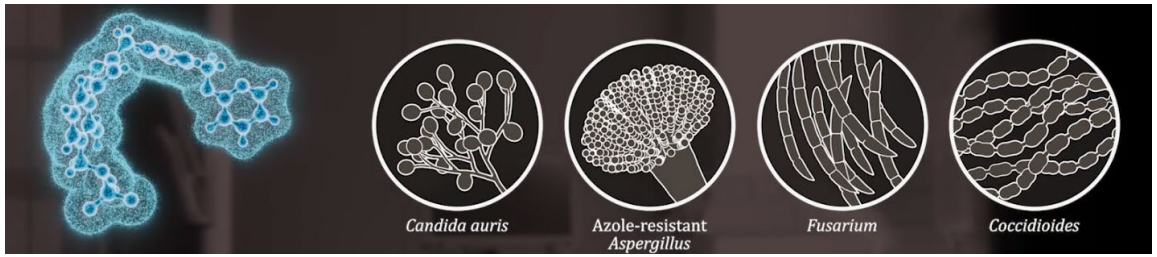
Fosmanogepix – Mannoprotein Anchoring Pathway Inhibitor

- New mode of action
- Manogepix acts on the Gwt1 enzyme and disrupts the anchoring of membrane and cell wall proteins
- Effects of Gwt1 inhibition include:
  - Decrease fungal pathogenicity
  - Reduce fungal cell viability
  - Promote cell death
  - Reduction in biofilm formation
  - Clear fungal infections
- Broad-spectrum activity, including against drug-resistant strains
- Wide tissue distribution
- Intravenous and oral dosage forms





Shaw KJ, Ibrahim AS. J Fungi (Basel). 2020;6:239

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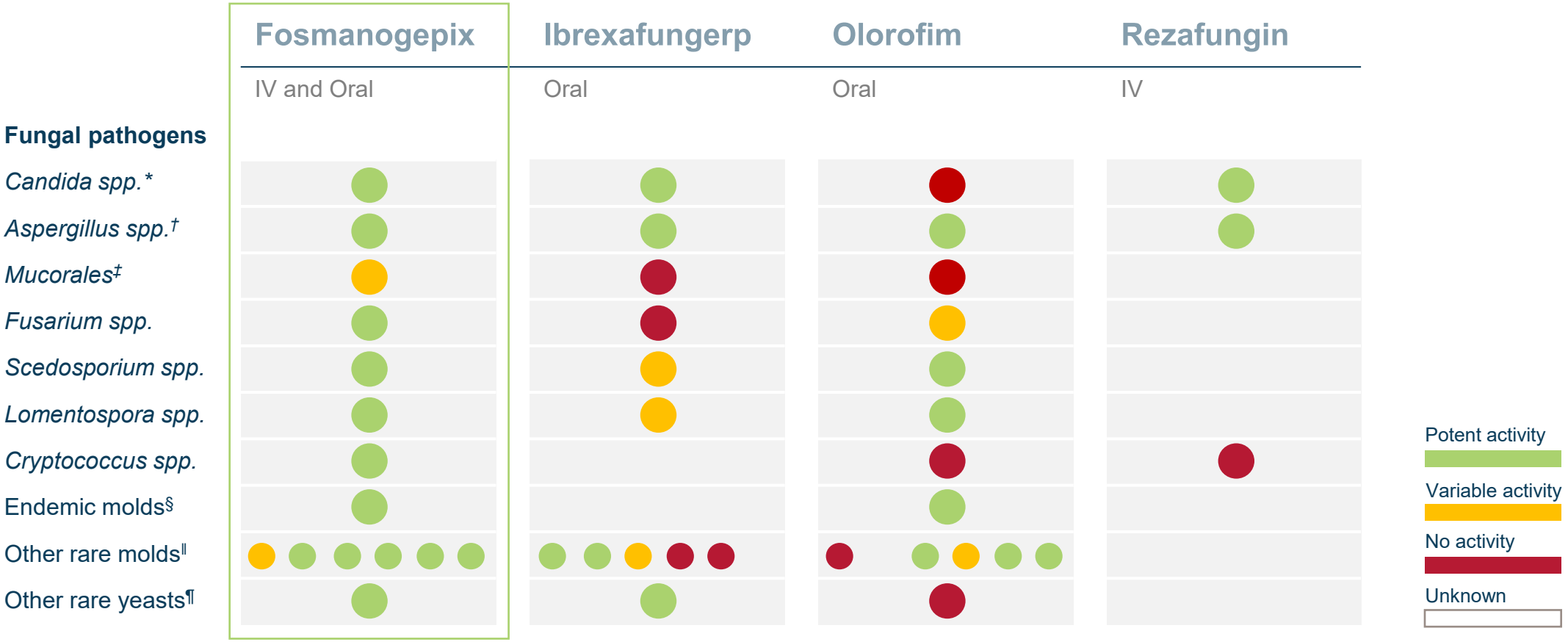
Fosmanogepix – Potent broad-spectrum activity



* including *C. albicans*, *C. auris*, *C. dubliniensis*, *C. glabrata*, *C. krusei*, *C. lusitaniae*, *C.parapsilosis*, *C. tropicalis*. Fosmanogepix not active against *C. krusei*.
† including *A. calidoustus*, *A. fumigatus* (including azole-resistant), *A. flavus*, *A. lentulus*, *A. nidulans*, *A. niger*, *A. terreus*, *A. tubingensis*.
‡ including *Cunninghamella spp.*, *Lichtheimia spp.*, *Mucor spp.*, *Rhizopus spp.*
§ including *Blastomyces dermatitidis*, *Coccidioides immitis*, *Histoplasma capsulatum*.
‖ including *Alternaria alternata*, *Cladosporium spp. Paecilomyces variotii*, *Purpureocillium lilacinum*, *Scopulariosis spp.*, *Rasamsonia spp.*
¶ including *Trichosporon asahii*, *Exophiala dermatitidis*, *Malassezia furfur*.

Adapted from Hoenigl M, Sprute R, Egger M et al. Drugs. 2021;81:1703-1729.

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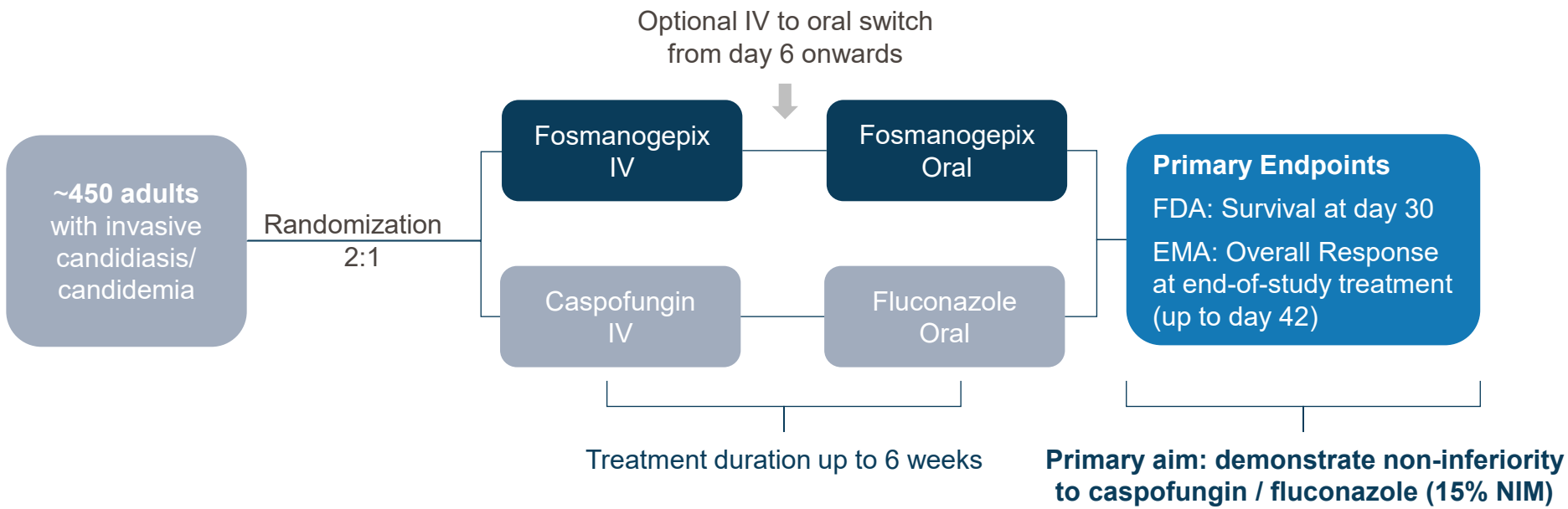
Global phase 3 study in invasive candidiasis

FAST IC Study

A randomized, double-blind phase 3 study of fosmanogepix for the treatment of adult patients with invasive candidiasis including candidemia[1]



[1] NCT05421858
EMA: European Medicines Agency; FDA: Food and Drug Administration (USA); IV: intravenous; NIM: non-inferiority margin.

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Global phase 3 study in invasive mold infections

FORWARD IM Study

A randomized, open-label phase 3 study of fosmanogepix for the treatment of adult patients with invasive mold infections[1]

Cohort A – primary therapy ~160 patients in 4 sub-cohorts

1. *Aspergillus* spp.
2. *Fusarium* spp.
3. *Lomentospora prolificans*
4. Mucorales fungi

Randomization 2:1

- Fosmanogepix IV with optional oral switch
- Best available antifungal treatment

Cohort B – salvage therapy ~60 patients

Patients infected with *Aspergillus* spp., *Fusarium* spp., *Lomentospora prolificans*, Mucorales fungi, or other multidrug resistant mold, who developed intolerance, toxicities, lack of clinical response, or whose fungal isolate is resistant to standard-of-care therapy

- Fosmanogepix IV with optional oral switch

Treatment duration up to 180 days

Primary endpoint: Day 42 all-cause mortality

[1] NCT06925321.

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Real world evidence through a global expanded access program

Expanded access program

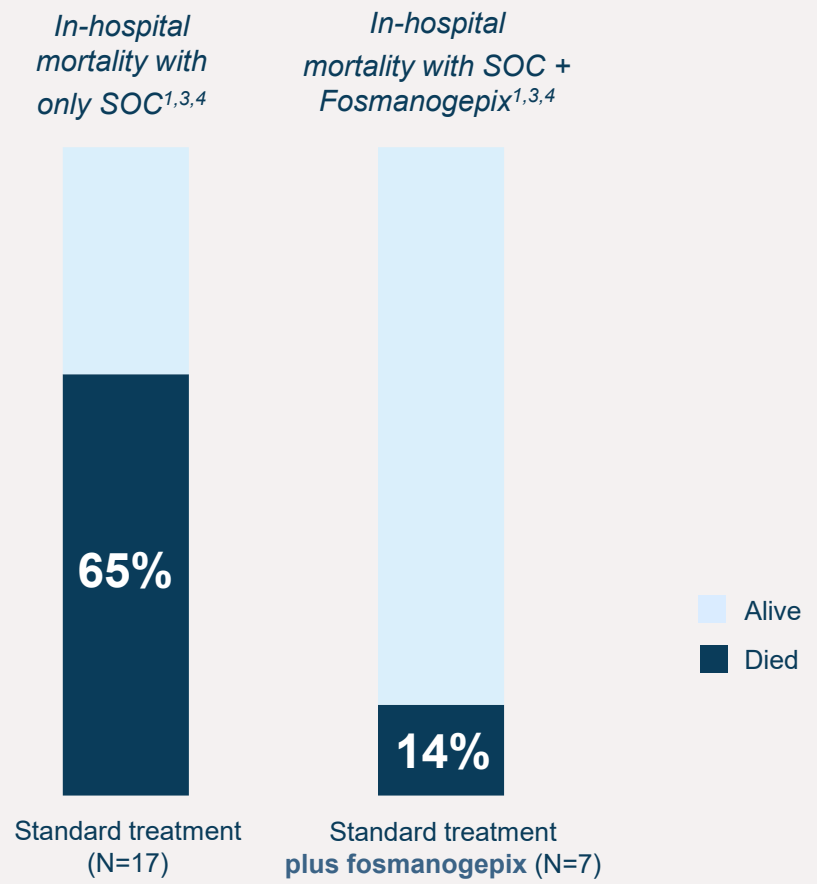
- More than 300 patients in more than 10 countries
- Cases with invasive fusariosis, aspergillosis, *Candida* infections and infections caused by other rare molds or endemic fungi

Fusarium meningitis outbreak in US/Mexico[1]

- 24 patients from the US were diagnosed with fungal meningitis caused by *Fusarium*[1-3]
- The addition of fosmanogepix was recommended by the CDC and led to favorable clinical outcomes in patients previously declining on other approved antifungals[1-3]
- Median treatment duration ~ 6 months

Fosmanogepix - saving lives

Fusarium meningitis outbreak in US/Mexico



[1] Smith DJ, et al. Open Forum Infect Dis. 2023;10(Suppl 2):ofad500.2463; [2] Strong N, et al. N Engl J Med. 2024; 390: 522-9; [3] Smith DJ, et al. Infect Dis Clin North Am. 2025;39:23-40; [4] Data on File. Basilea Pharmaceutica; 2023.
CDC: Centers for Disease Control and Prevention; MIC: minimum inhibitory concentration.

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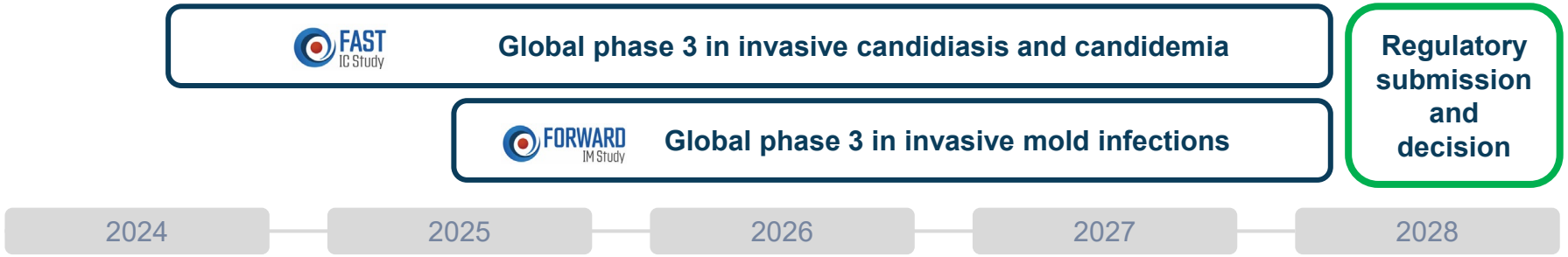
Fosmanogepix - path forward



Phase 3 program designed to deliver a comprehensive data set on fosmanogepix for yeast and mold infections, both as primary and salvage therapy

- Supported by non-clinical data, completed clinical phase 1 and phase 2 program, clinical pharmacology studies and real-world clinical evidence

Streamlined regulatory pathway

- QIDP[1], Fast Track[1] & Orphan Drug Designations: Provide **accelerated review** and secure **extended market exclusivity**

[1] QIDP and Fast Track designations by the FDA for invasive candidiasis, invasive aspergillosis, scedosporiosis, fusariosis, mucormycosis, cryptococcosis, and coccidioidomycosis

BAL2062 – For the treatment of invasive aspergillosis

PLACE IN THERAPY

First-line IV treatment of invasive aspergillosis (incl. azole-resistant) with the potential to deliver superior efficacy to standard-of-care

KEY ATTRIBUTES

- New mode of action
- No cross-resistance
- Rapidly fungicidal
- Potential for superior efficacy
- No renal toxicity
- No DDIs expected

STATUS & NEXT STEPS

- Preclinical profiling studies ongoing
- Safe and well tolerated in phase 1 study
- Preparation of the phase 2 program in 2025 to start the study in 2026

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Anti-infective pipeline

Antibacterials

Zevtera® — An introduction

- Broad-spectrum hospital anti-MRSA cephalosporin (including Gram-negative bacteria)
  - Rapid bactericidal activity
  - Potential to replace antibiotic combinations
  - Efficacy demonstrated in phase 3 clinical studies in SAB, ABSSSI and pneumonia[1, 2, 3]
  - Low propensity for resistance development[1]
  - Safety profile consistent with the cephalosporin class safety profile, demonstrated in both adult and pediatric patients[1, 2, 3, 4]
- Commercialized in the US, China, selected countries in Europe, the MENA-region and Canada

[1] Syed YY. Drugs. 2014;74:1523-1542 and Basilea data on file.
[2] Overcash JS et al. Clin Infect Dis. 2021;73:e1507-e1517.
[3] Holland TL et al. N Engl J Med 2023;389:1390-1401.
[4] Rubino CM et al. Pediatr Infect Dis J. 2021;40:997-1003.

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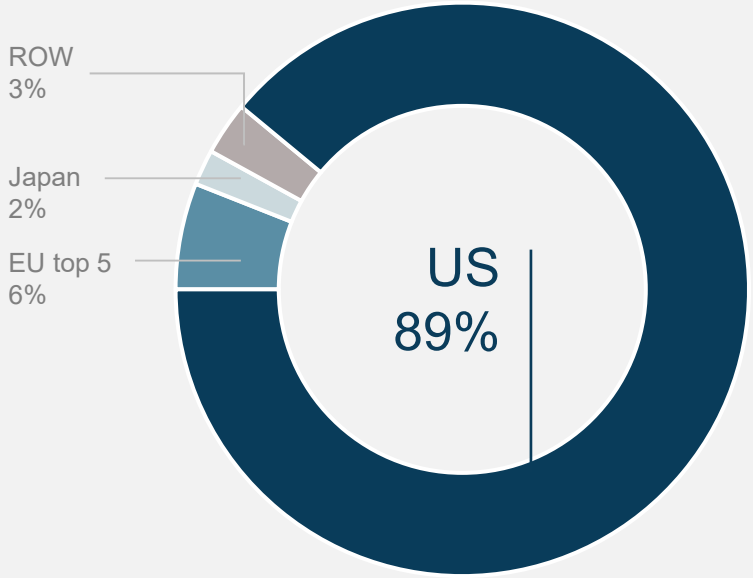
The US presents a large market opportunity for Zevtera®

Hospital anti-MRSA antibiotics – US being the most important commercial opportunity



Daptomycin sales by region
(2015, before LOE)

- Commercially available in the US since May 2025 through our US commercial partner

INNOVIVA Specialty Therapeutics™

- Innoviva Specialty Therapeutics has a track record of recent successful hospital antibacterial launches
  - Backed by a robust US commercial infrastructure
  - Supported by a highly experienced Medical Affairs team
- US market exclusivity until April 2034

MRSA: Methicillin-resistant *Staphylococcus aureus*; LOE: Loss of exclusivity; ROW: Rest Of World; MAT: Moving annual total; Source: IQVIA Analytics Link March 2025

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Zevtera® — Place in therapy

- Excellent treatment option in difficult-to-treat patients presenting to the hospital with severe infections, especially when the clinician suspects involvement of Gram-positive pathogens including *Staphylococcus aureus*
- Single agent first-line bactericidal broad-spectrum therapy with proven efficacy in SAB, ABSSSI and CABP, enabling to treat these vulnerable patients effectively early in their disease to achieve recovery
- Ceftobiprole is differentiated versus competitors in various clinically important aspects, including:
  - The strong, bactericidal activity against MSSA and MRSA
  - A robust Gram-negative coverage
  - Efficacy demonstrated in pulmonary infections in phase 3 studies
  - The safety profile reflecting the cephalosporin class
  - The low propensity for resistance development

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Late-stage pipeline expansion ceftibuten-ledaborbactam – Financial terms

Exclusive license agreement (August 2025) with

Venatorx PHARMACEUTICALS

to acquire the global rights to ceftibuten-ledaborbactam etzadroxil, a phase 3-ready oral BL/BLI combination for the potential treatment of complicated urinary tract infections (cUTI), including pyelonephritis.

- Basilea will make an upfront payment and potential milestone payments in 2025
- The transaction is expected to result in CHF 15 million of additional R&D expenses in 2025, including the full upfront payment, all pre-commercial milestone payments and expected R&D expenses
- After the start of commercialization, Venatorx is eligible to receive tiered mid-single-digit royalties and additional potential milestone payments of up to USD 325 million in total

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Ceftibuten-ledaborbactam – Late-stage pipeline expansion

PLACE IN THERAPY

- Novel oral antibiotic for the potential treatment of cUTI[1]
- Activity against Enterobacterales, including multidrug-resistant pathogens such as extended spectrum beta-lactamase (ESBL) producers and carbapenem-resistant Enterobacterales (CRE)[2]

KEY ATTRIBUTES

- Bactericidal
- Safe and well tolerated in phase 1
- Novel BLI that restores ceftibuten activity
- Convenient administration, dosage and storage

STATUS & NEXT STEPS

- Comprehensive phase 1 program
- Preparation of the phase 3 program for a potential start in Q1 2027
- QIDP and Fast Track designations by the FDA for cUTI and uUTI

[1] Includes pyelonephritis
[2] Ledaborbactam restores ceftibuten activity against Enterobacterales producing Ambler Class A, C and D ESBLs and carbapenemases (including pathogens designated as critical threats in the WHO Priority Pathogen List, 2024)
cUTI, Complicated urinary tract infections; uUTI, Uncomplicated urinary tract infections

Proprietary information of Basilea Pharmaceutica International Ltd, Allschwil – not for distribution

Significant global medical need – Oral treatment of resistant cUTI

- UTIs (incl. cUTIs) are one of the most common bacterial infections in hospital and community settings, with increasing rates of resistance, limiting the utility of currently available oral antibiotic treatment options
- Annually, cUTIs cause over 600k hospital admissions in the US[1] and over 700k hospital-acquired cases in Europe[2], with additional cases occurring in other regions of the world
- Multidrug-resistant pathogens such as ESBL-producers and CRE already account for 10-20% of such severe cases in the USA and Europe[3], leaving intravenous antibiotic therapy as the only treatment option
  - Ceftibuten-ledaborbactam has the potential to be the first oral BL/BLI combination to address this significant unmet medical need

[1] Zilberberg et al. (2022). [2] European Centre for Disease Prevention and Control (2024). [3] ATLAS resistance surveillance database (based on resistance toceftazidime among Enterobacterales from a urinary source)

Proprietary information of Basilea Pharmaceutica International Ltd, Allschwil – not for distribution

BAL2420 (LptA inhibitor) – Next generation first-in-class antibacterial

PLACE IN THERAPY

New treatment option for the most frequent Gram-negative pathogens causing bloodstream infections (Enterobacteriaceae), including carbapenem-resistant isolates

KEY ATTRIBUTES

- New mode of action
- Highly potent
- Bactericidal
- No cross-resistance to other antibiotic classes

STATUS & NEXT STEPS

- Acquired LptA inhibitor program in January 2024
- Nominated BAL2420 as drug candidate
- Progressing towards first-in-human clinical study in mid-2026

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Financials & Outlook

Strong financial results H1 2025 – Significant increase in revenue

in CHF million	H1 2025	H1 2024
Cresemba and Zevtera related revenue	**90.5**	**73.3**
of which royalty income	**52.1**	**42.8**
of which milestone and upfront payments	**6.9**	**2.9**
Other revenue	**13.5**	**3.0**
Total revenue	**104.0**	**76.3**
Cost of products sold	**24.2**	**18.1**
Operating expenses	**55.7**	**48.9**
Operating profit	**24.0**	**9.3**
Net profit	**15.8**	**20.7**
Net cash / Net financial debt (as of June 30, 2025/2024)	**50.7**	**-26.2**

Note: Consolidated figures in conformity with US GAAP; rounding applied consistently

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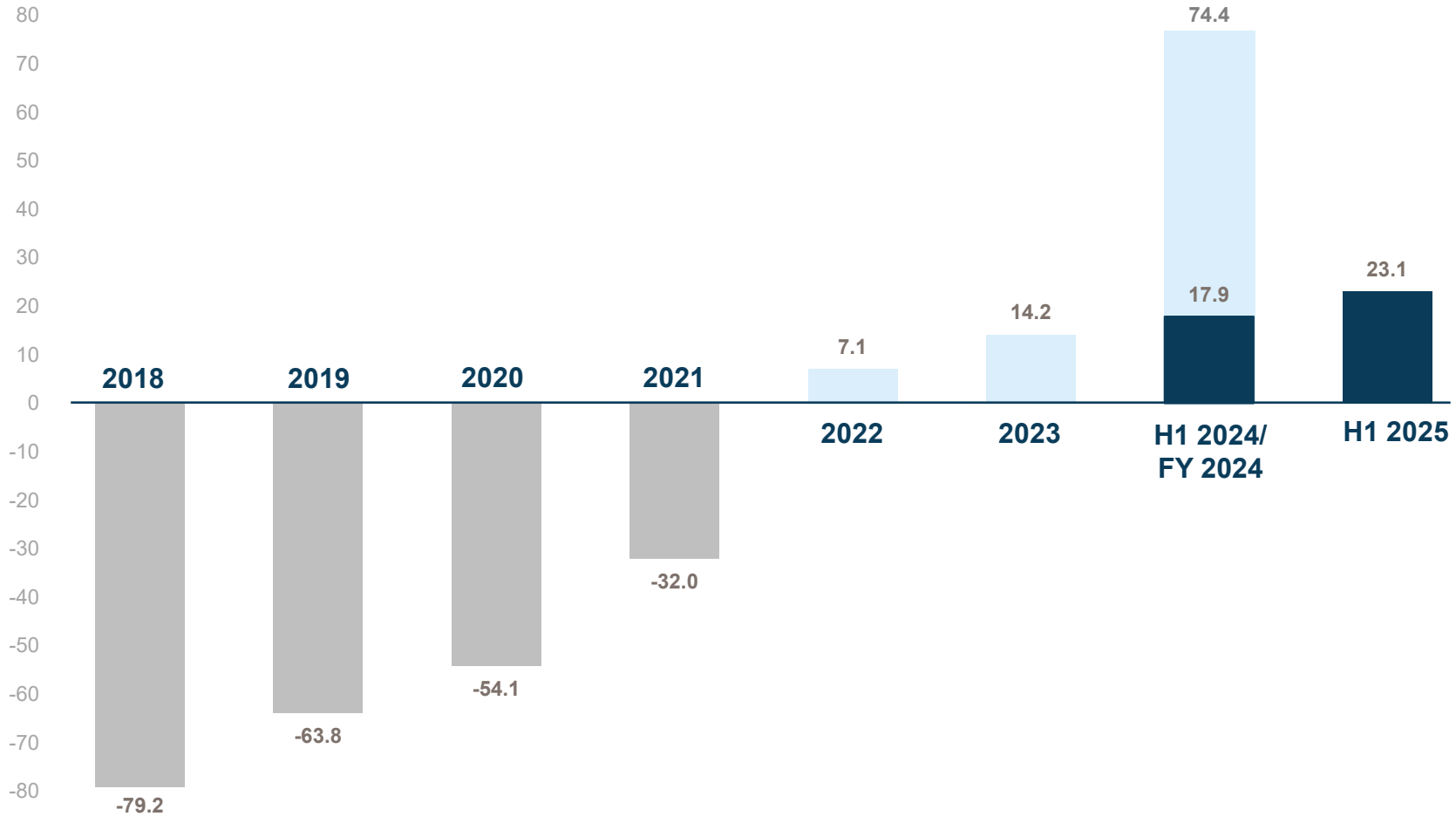
Increase in cash flows from operating activities
(in CHF million)



Note: Consolidated figures in conformity with US GAAP; rounding applied consistently

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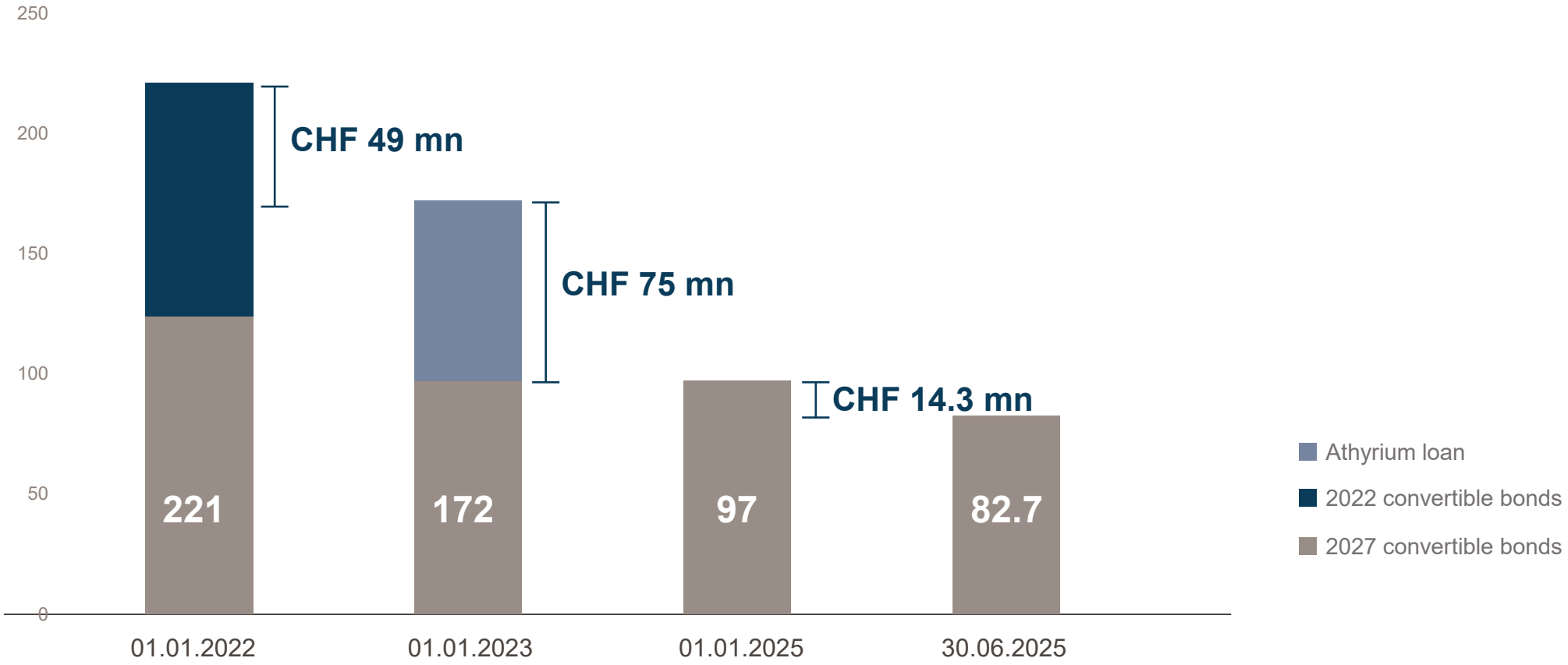
Strengthening the balance sheet through debt reduction

CHF 138.3 mn debt **reduction** between 2022-2025



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FY 2025 financial guidance – Maintaining high operating profit while expanding the portfolio

in CHF million	FY 2025 previous guidance	Pipeline progress	In-licensing transaction	FY 2025 updated guidance	FY 2024 (actuals)
Cresemba and Zevtera related revenue	**~190**			**~190**	**194.9**
of which royalty income	*~110*			*~110*	*96.7*
Other revenue	**~30**	5		**~35**	**13.7**
Total revenue	**~220**			**~225**	**208.5**
Research and development expenses	**~88**	2	15	**~105**	**77.1**
Operating profit	**~62**			**~50**	**61.2**

Note: Consistent rounding was applied.

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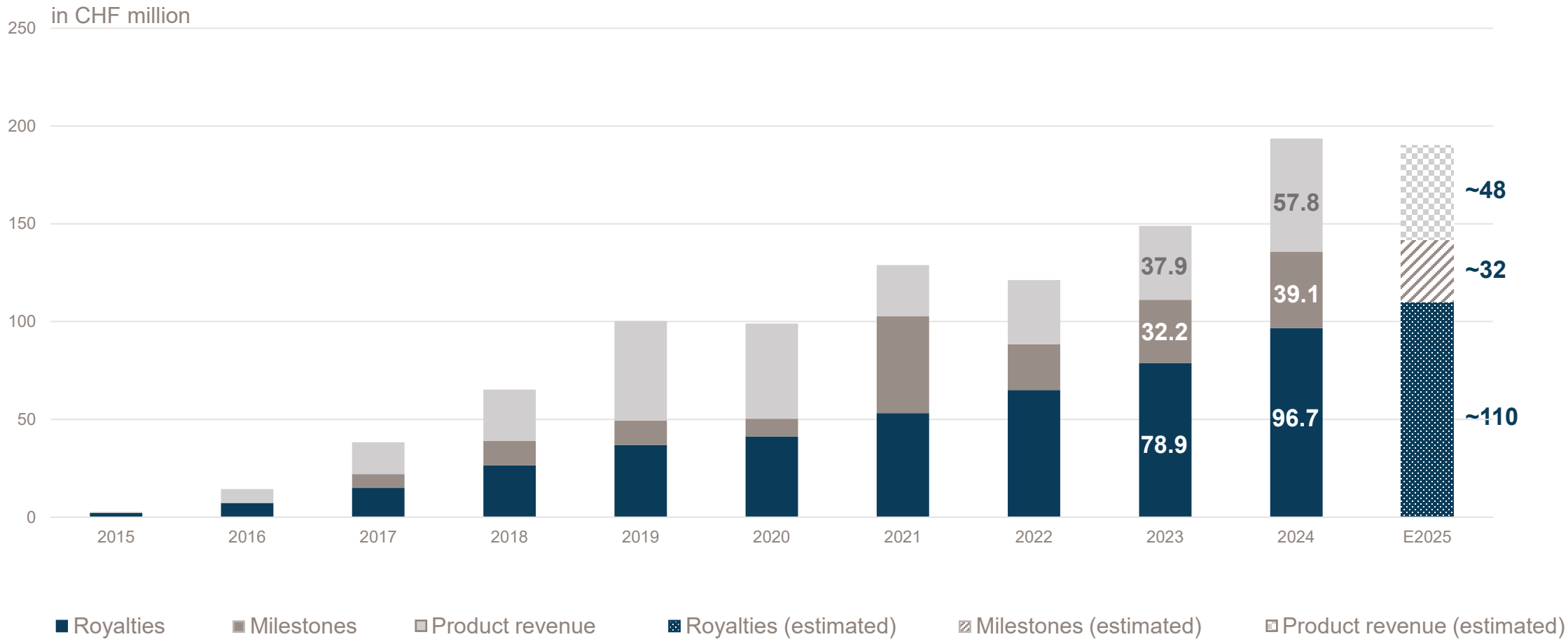
Cresemba® and Zevtera® related revenue – Continued double-digit growth in royalty income, reflecting strong in-market demand



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We are delivering on our goals

- Increasing Cresemba & Zevtera revenue
  - ✓ US launch of Zevtera
- Advancement of preclinical and clinical anti-infective assets
  - ✓ Start of second phase 3 study with fosmanogepix (mold infections)
- In-licensing and acquisition of additional anti-infective assets
  - ✓ Strengthened our pipeline with the phase-3 ready oral antibiotic ceftibuten-ledaborbactam
- Continue to access non-dilutive R&D funding for anti-infectives portfolio
  - ✓ Secured second and third tranches of BARDA funding

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Priorities for the coming 12 months

- Increasing Cresemba & Zevtera revenue
- Progressing phase 3 development of fosmanogepix
- In-licensing and/or acquisition of additional anti-infective assets
- Ceftibuten-ledaborbactam phase 3 program preparation
- Continue accessing non-dilutive R&D funding
- Advancing phase 2 and earlier stage programs to next decision points

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Disclaimer and forward-looking statements

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Glossary

- ABSSSI: **A**cute **b**acterial **s**kin and **s**kin **s**tructure **i**nfections
- BARDA: **B**iomedical **A**dvanced **R**esearch and **D**evelopment **A**uthority
- BL/BLI **B**eta-**l**actam/**B**eta-**l**actamase **i**nhibitor
- CABP: **C**ommunity-**a**cquired **b**acterial **p**neumonia
- CARB-X **C**ombating **A**ntibiotic-**R**esistant **B**acteria Biopharmaceutical **Accelerator**
- CRE **C**arbapenem **R**esistant **E**nterobacterales
- cUTI: **C**omplicated **U**rinary **T**ract **I**nfections
- EMA: **E**uropean **M**edicines **A**gency
- ESBL **E**xtended **s**pectrum **b**eta-**l**actamase
- FDA: US **F**ood and **D**rug **A**dministration
- Gwt-1: **G**PI-anchored **w**all **t**ransfer protein **1**
- HABP: **H**ospital-**a**cquired **b**acterial **p**neumonia
- IMI: **I**nvasive **m**old **i**nfections
- IV: **I**ntra**v**enous
- KOL **K**ey **O**pinion **L**eader
- MAT: **M**oving **A**nnual **T**otal
- MENA **M**iddle **E**ast and **N**orth **A**frica
- MDR: **M**ulti**d**rug **r**esistance
- Mn Million
- MRSA: **M**ethicillin-**r**esistant ***Staphylococcus aureus***
- NIM **N**on-**i**nferiority **m**argin
- QIDP: **Q**ualified **I**nfectious **D**isease **P**roduct
- SAB: ***Staphylococcus aureus*** **b**acteremia
- SOC: **S**tandard **o**f **C**are
- US: **U**nited **S**tates
- US GAAP: **U**nited **S**tates **G**enerally **A**ccepted **A**ccounting **P**rinciples
- USD **U**nited **S**tates **D**ollar
- uUTI **U**ncomplicated **U**rinary **T**ract **I**nfections

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Creating anti-infective opportunities

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