



Creating anti-infective opportunities

“Patients are at the heart
of what we do”

INVESTOR PRESENTATION

September 30, 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



ADESH KAUL
CFO



MARC ENGELHARDT
MD, PH.D. CMO



GERRIT HAUCK
PH.D. CTO



**LAURENZ
KELLENBERGER**
PH.D. CSO

JOINED

2014

2009

2010

2018

2000

PREVIOUS
ROLES



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

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

<i>Candida</i> spp.	Bloodstream, abdominal, osteoarticular, cardiac, ocular, CNS, pulmonary
<i>Aspergillus</i> spp.	Pulmonary, sinuorbital, CNS, cardiac, cutaneous, abdominal
<i>Fusarium</i> 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
<i>Pseudomonas</i> spp.	Bloodstream, urinary, pulmonary
<i>Acinetobacter baumannii</i>	Bloodstream, urinary, pulmonary, cutaneous

Business model

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

External pool of
potential assets

Cashflow
generating

In-license/acquire
novel anti-infective
assets

e.g. fosmanogepix

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

Eligible for royalties/
milestones from
partners

Add value through
clinical development

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

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



File for regulatory
approvals

Identify commercial
partner

Manufacture/sell
product through
partnerships



and more..

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

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)



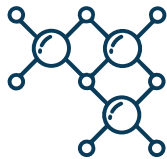
Increasing **resistance** against currently used antibiotics and antifungals



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



Agriculture: widespread use of fungicides in agriculture



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

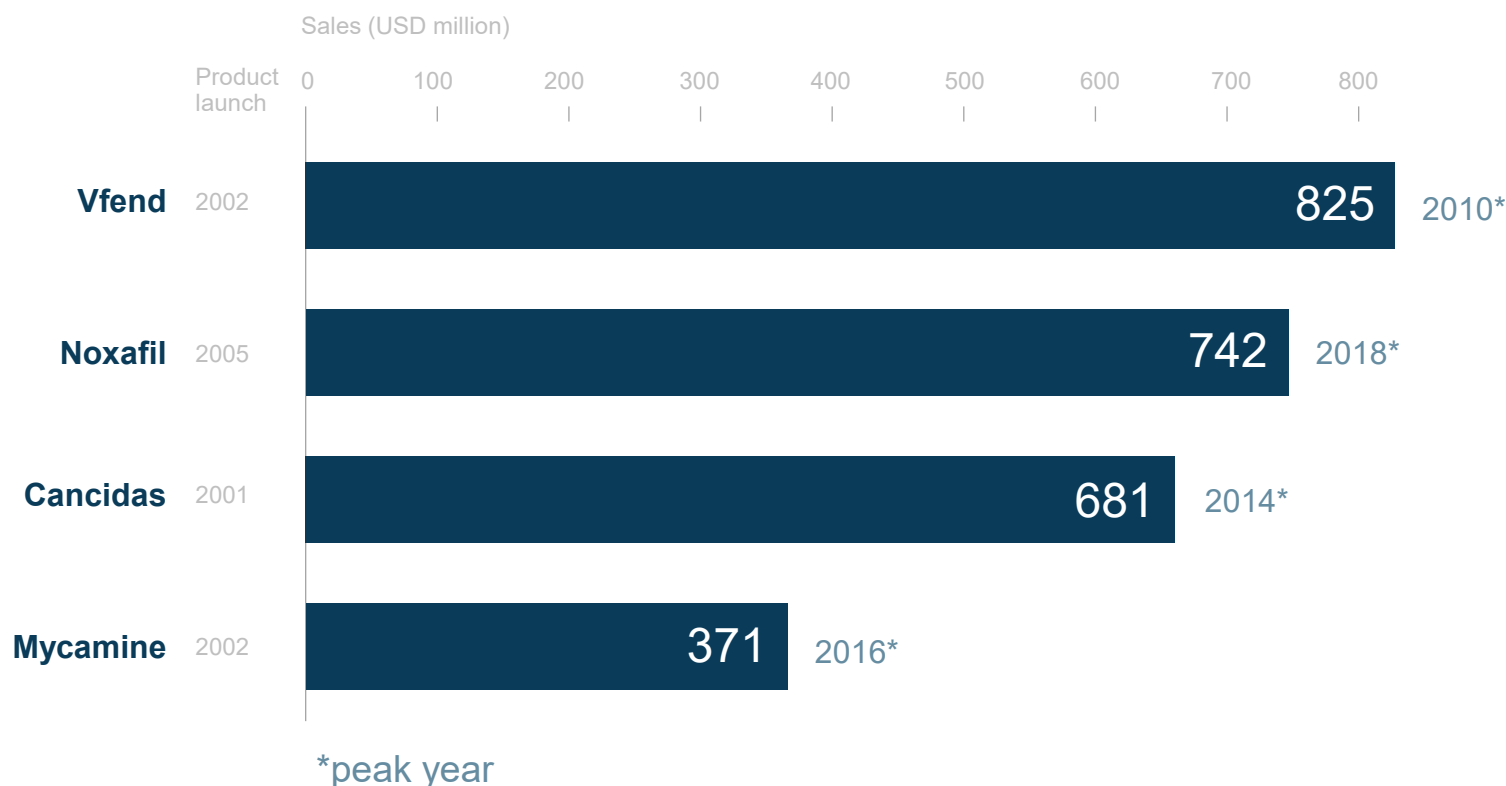


Climate change (e.g. growing incidence of fungal infections)



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

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

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

Clostridioides 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)

Innovative anti-infective pipeline

Addressing urgent and evolving infection threats

Assets	Preclinical	Phase 1	Phase 2	Phase 3	Market
COMMERCIAL					
Cresemba® isavuconazole					
Invasive aspergillosis and mucormycosis (US, EU and several other countries) ¹					
Aspergillosis, (including invasive aspergillosis and chronic pulmonary aspergillosis), mucormycosis and cryptococcosis (Japan)					
Zevtera® ceftobiprole					
Hospital- and community-acquired bacterial pneumonia (HABP, CABP) (major European and several other countries)					
<i>Staphylococcus aureus</i> bacteremia (SAB), acute bacterial skin and skin structure infections (ABSSSI) and community-acquired bacterial pneumonia (CABP) (United States)					
PHASE 3					
Fosmanogepix					
Candidemia / invasive candidiasis (including <i>Candida auris</i>)					
Invasive mold infections (including invasive aspergillosis, fusariosis, lomentosporiosis, mucormycosis and other rare mold infections)					
Ceftibuten-ledaborbactam					
Complicated urinary tract infections (cUTI)					
PHASE 2 AND EARLIER					
BAL2062					
Invasive aspergillosis					
BAL2420 (LptA inhibitor)					
Severe Enterobacteriaceae infections					

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

Non-dilutive R&D funding

BARDA Other Transaction Agreement (OTA)¹

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

BARDA ceftibuten-ledaborbactam product-specific agreement²

- Commitment of USD 6 million to date for the development of the oral antibiotic ceftibuten-ledaborbactam
- Potential total funding of up to USD 159 million

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

- Funding agreement for LptA inhibitor antibiotic program³
- 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 75A50123C00050

³ Agreement number 75A50122C00028 and WT224842

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.

Cresemba®

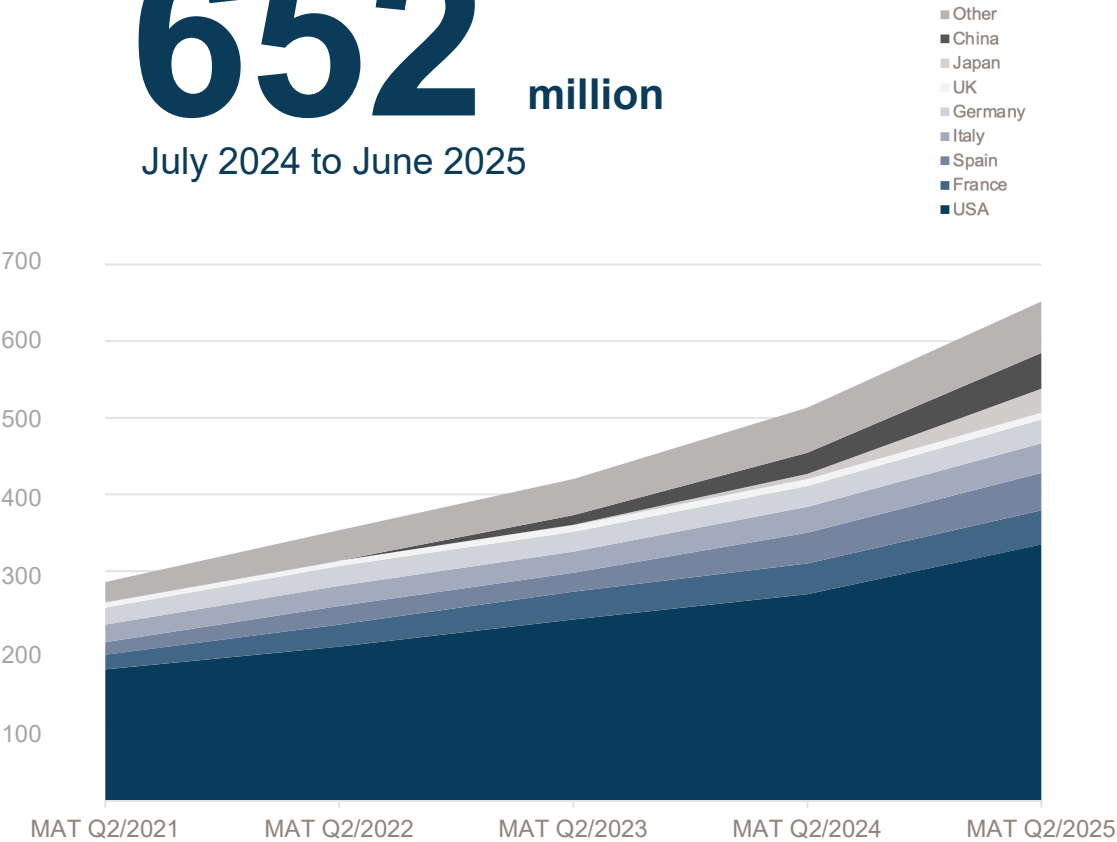
Global commercial partnerships

Marketed in
75
countries

United States	
Canada	
Latin America	
Europe (excluding Nordics)	
Nordics	
MENA Region	
Asia-Pacific and China	
Japan	

In-market sales

USD
652 million
July 2024 to June 2025



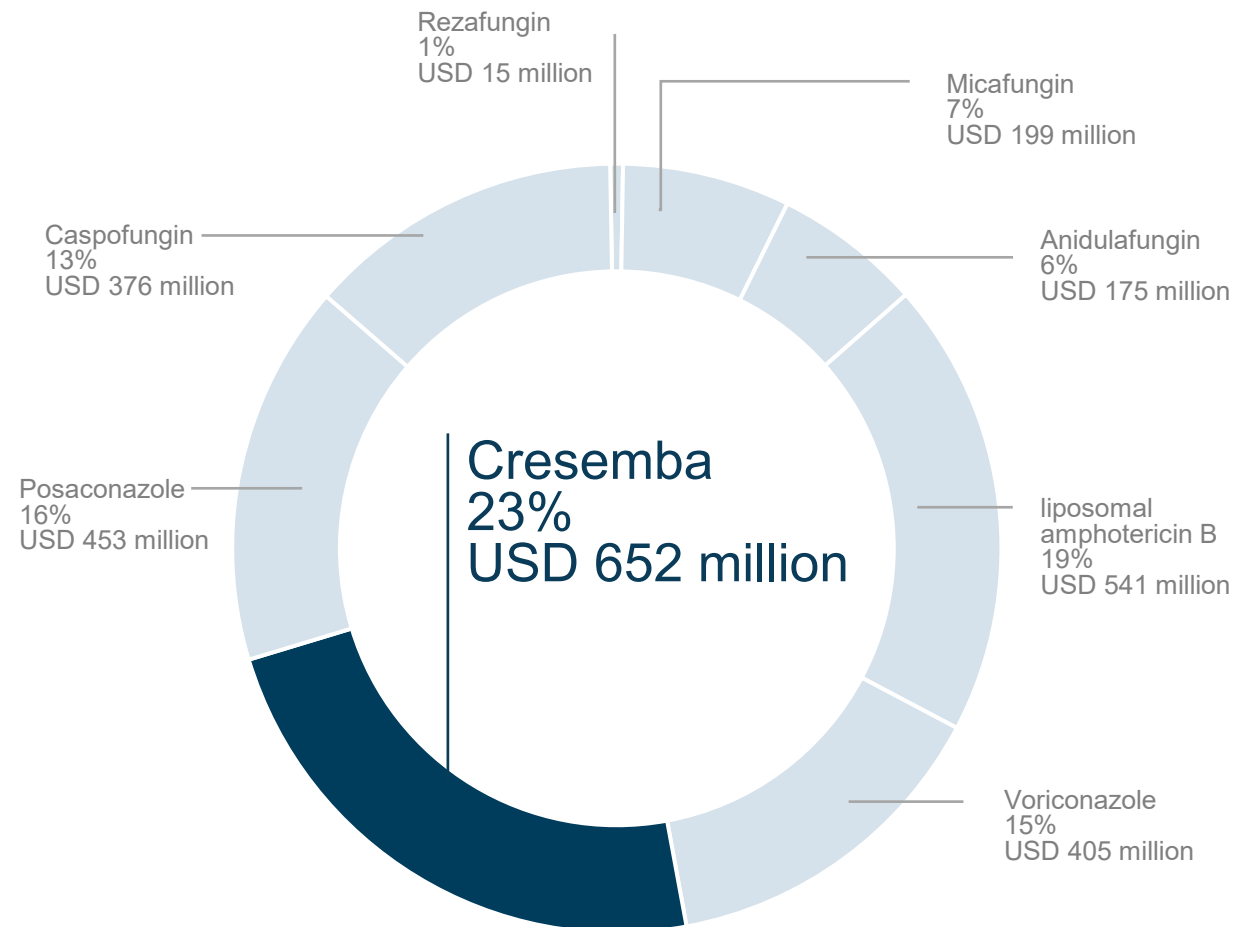
MAT: Moving annual total; Source: IQVIA Analytics Link, June 2025
Proprietary information of Basilea Pharmaceutica International Ltd, Allschwil – not for distribution

Global sales of antifungals by product

USD 2.8 billion sales (MAT Q1 2025)*

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

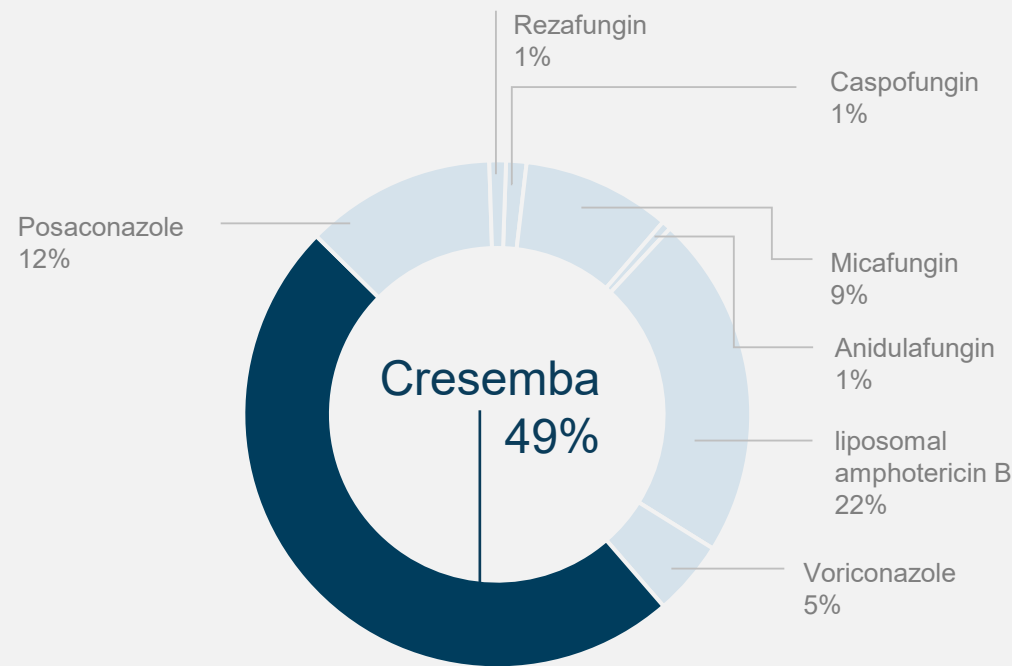
- Pediatric label extension in US granted in December 2023; market exclusivity extended to September 2027
- Pediatric label extension in EU granted in August 2024; market exclusivity extended to October 2027



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

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

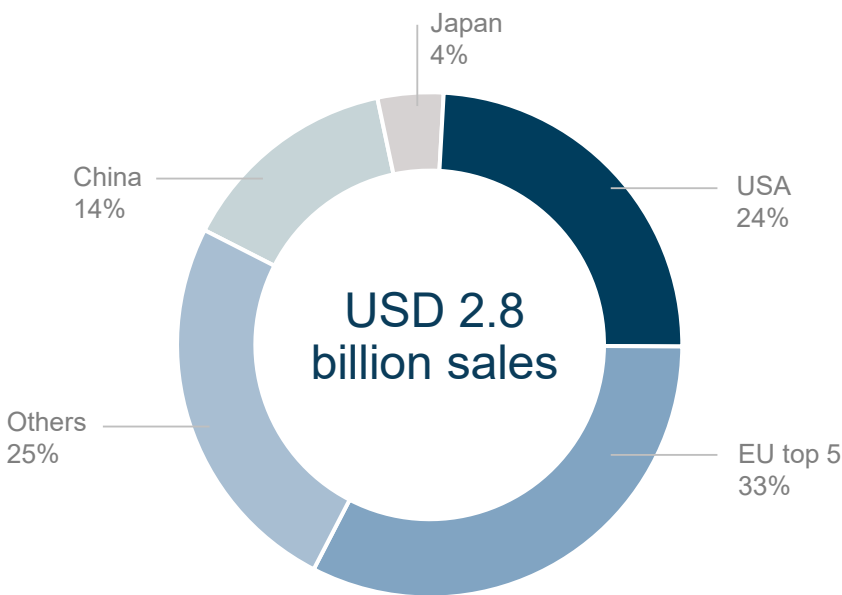
Cresemba® – the market leader in the US in terms of value



- Consistently increased market share since launch to 49% by June 2025*

* Market share based on MAT Q2 2025, in-market sales reported as moving annual total (MAT) in US dollar; rounding consistently applied. Source: IQVIA Analytics Link, June 2025

Significant global growth potential

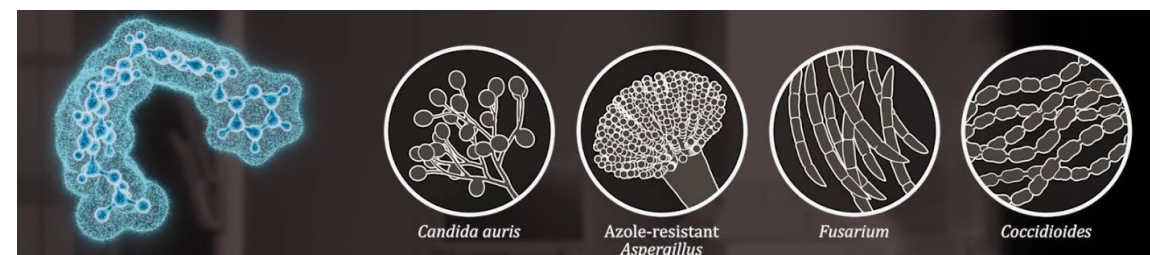
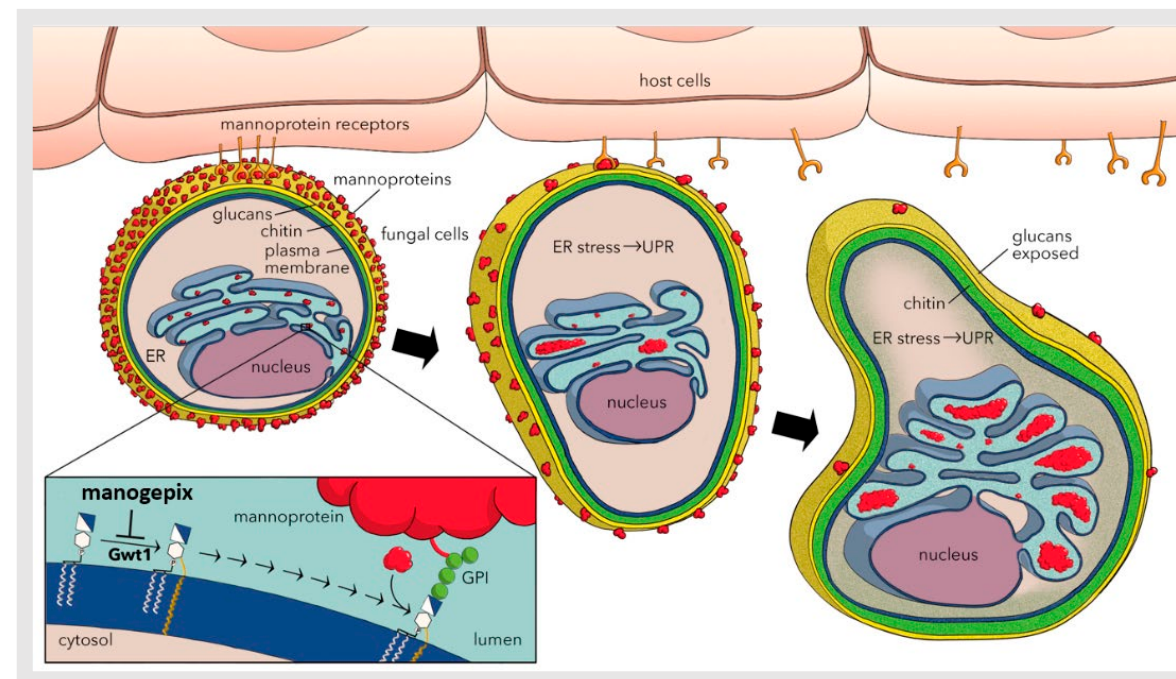


- USD 2.8 billion sales (MAT Q2 2025)*, **

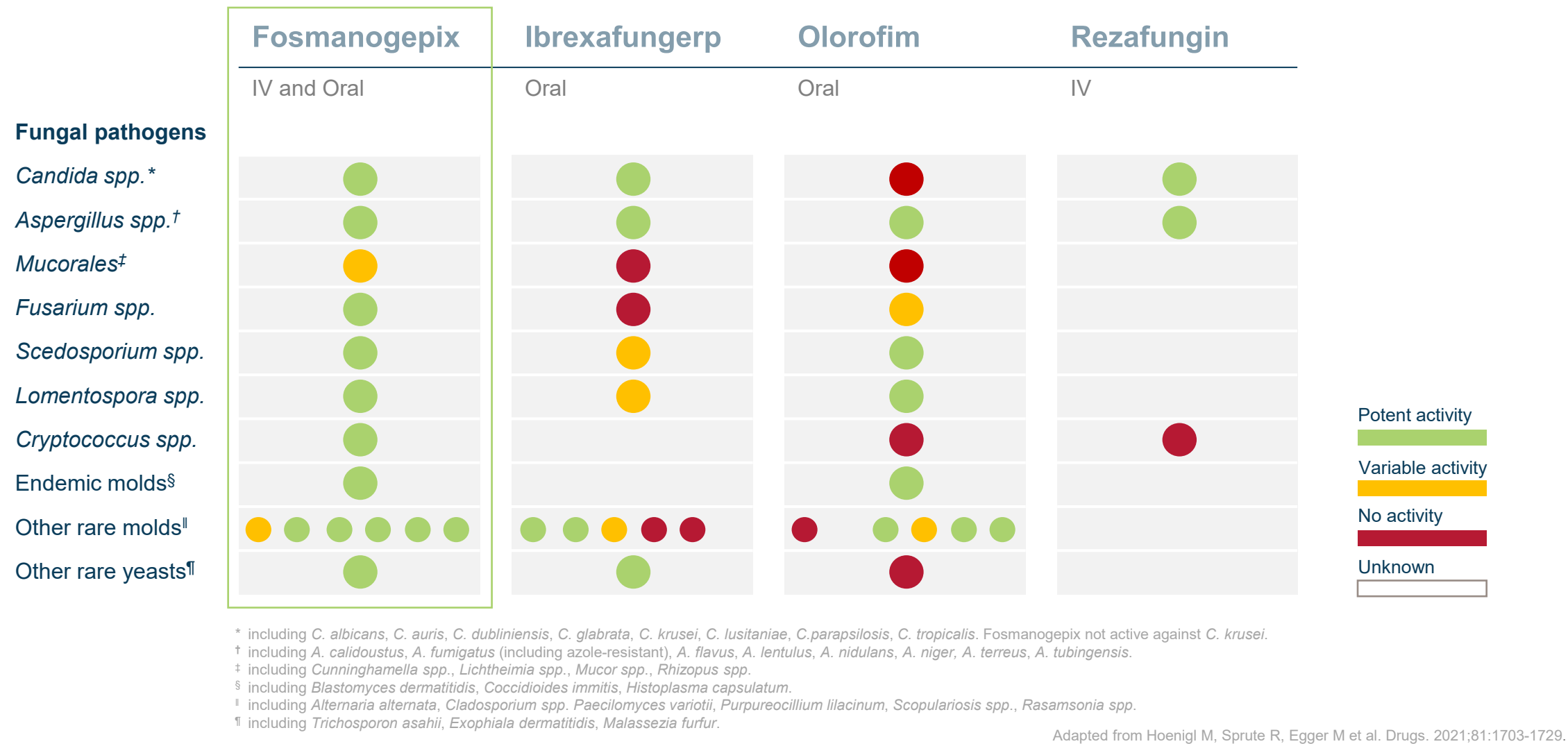
** Cresemba, posaconazole, voriconazole, liposomal amphotericin B, anidulafungin, caspofungin, miconazole, rezafungin.

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



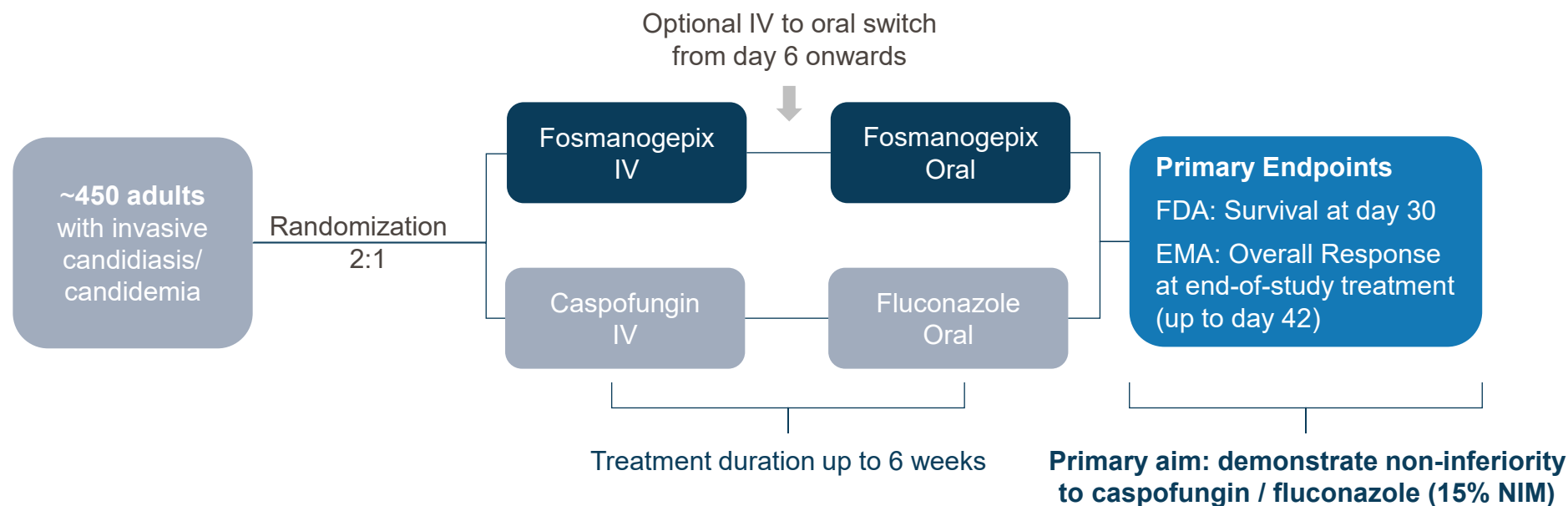
Fosmanogepix – Potent broad-spectrum activity



Global phase 3 study in invasive candidiasis



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



¹NCT05421858

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

Global phase 3 study in invasive mold infections



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.

3. *Lomentospora prolificans*

2. *Fusarium* spp.

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.

Real world evidence through a global expanded access program

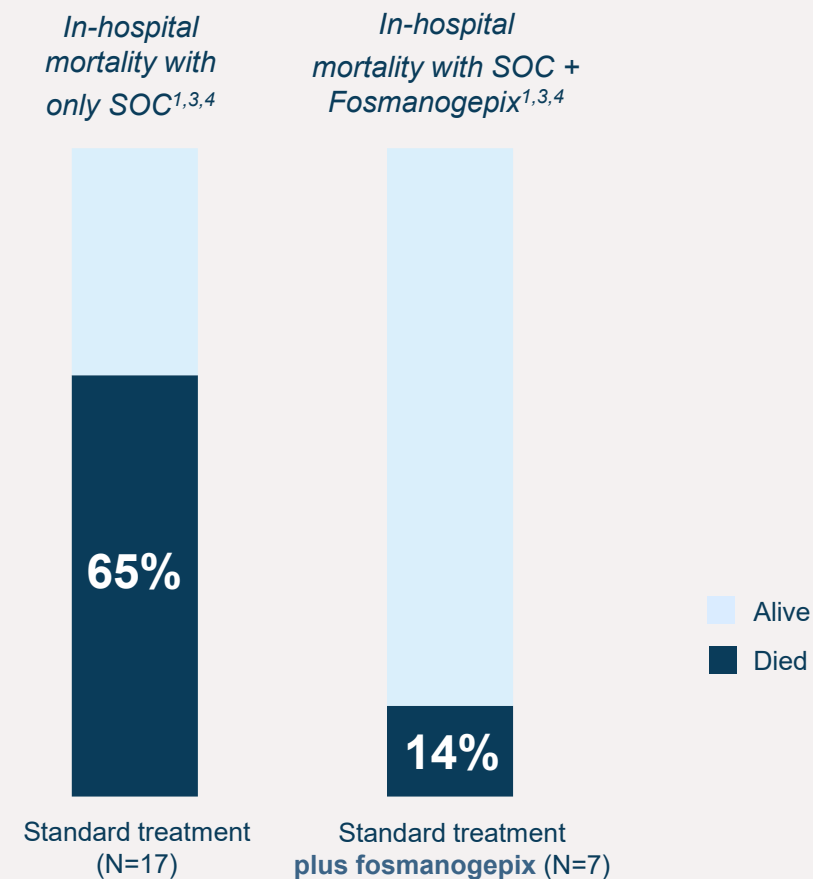
Expanded access program

- 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/Mexico¹

- 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 antifungals¹⁻³
- 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.

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

- QIDP¹, Fast Track¹ & 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



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 development¹
 - Safety profile consistent with the cephalosporin class safety profile, demonstrated in both adult and pediatric patients^{1, 2, 3, 4}
 - BARDA product-specific funding of USD 111 million (~75% of the costs related to the SAB and ABSSSI phase 3 studies, regulatory activities and non-clinical work)⁵
- 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

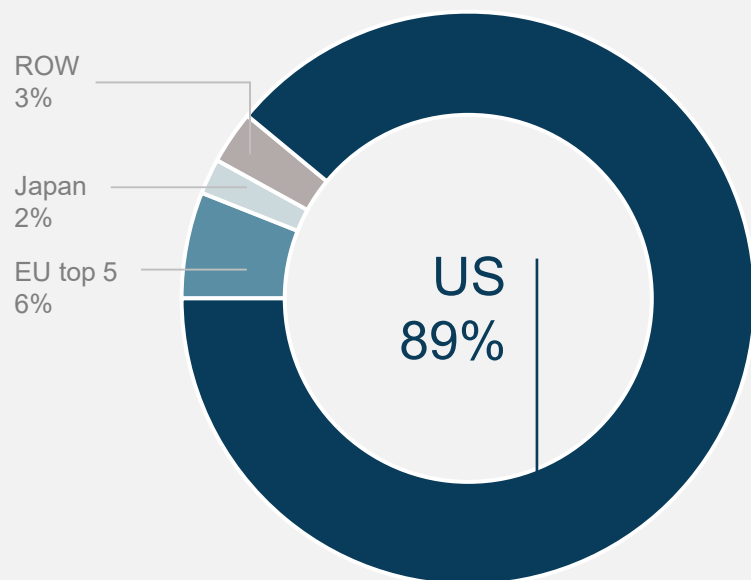
³ Holland TL et al. N Engl J Med. 2023;389:1390-1401

⁴ Rubino CM et al. Pediatr Infect Dis J. 2021;40:997-1003

⁵ Contract number HHSO100201600002C

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)

MRSA: Methicillin-resistant *Staphylococcus aureus*; LOE: Loss of exclusivity; ROW: Rest Of World;
Source: IQVIA Analytics Link June 2025

- 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

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

Late-stage pipeline expansion ceftibuten-ledaborbactam – Financial terms

Exclusive license agreement (August 2025) with



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

Ceftibuten-ledaborbactam – Late-stage pipeline expansion

PLACE IN THERAPY

- Novel oral antibiotic for the potential treatment of cUTI¹
- 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 beta-lactamase inhibitor (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

Significant global medical need

Simplifying resistant cUTI treatment and shortening hospitalization

- 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 US¹ and over 700k hospital-acquired cases in Europe², 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 Europe³, leaving intravenous antibiotic therapy as the only treatment option
 - Ceftibuten-ledaborbactam has the potential to be the first oral beta-lactam/beta-lactamase inhibitor (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 to ceftazidime among Enterobacterales from a urinary source)

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
- Bactericidal
- Highly potent
- 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

Financials & Outlook

Financial statements Pharmaceutica Ltd, Allschwil			
	Footnote	2024	2023
Share capital	6	72 271	59 253
Reserves	7	7 255	4 359
Retained earnings	8	49 063	27 691
Intangible assets	9	31 060	30 257
Operating lease right-of-use assets, net	10	28 604	26 410
Other assets	11	5 463	3 260
Deferred tax assets	12	191 490	152 145
Total non-current assets		3 239	2 757
Current assets		16 429	16 195
Property, plant and equipment, net		422	43
Operating lease right-of-use assets, net		224	214
Intangible assets		19 564	173 299
Other assets		38 969	173 299
Deferred tax assets		250 459	173 299
Total assets		250 459	173 299
These financial statements should be read in conjunction with the footnotes.			
As of December 31, 2024, 15,099,202 shares (December 31, 2023: 15,099,202) were issued and 12,001,669 shares (December 31, 2023: 12,001,669) outstanding with a par value of CHF 100 per share.			
As of December 31, 2024, 1,098,397 shares (December 31, 2023: 1,098,397) with a par value of CHF 100.			

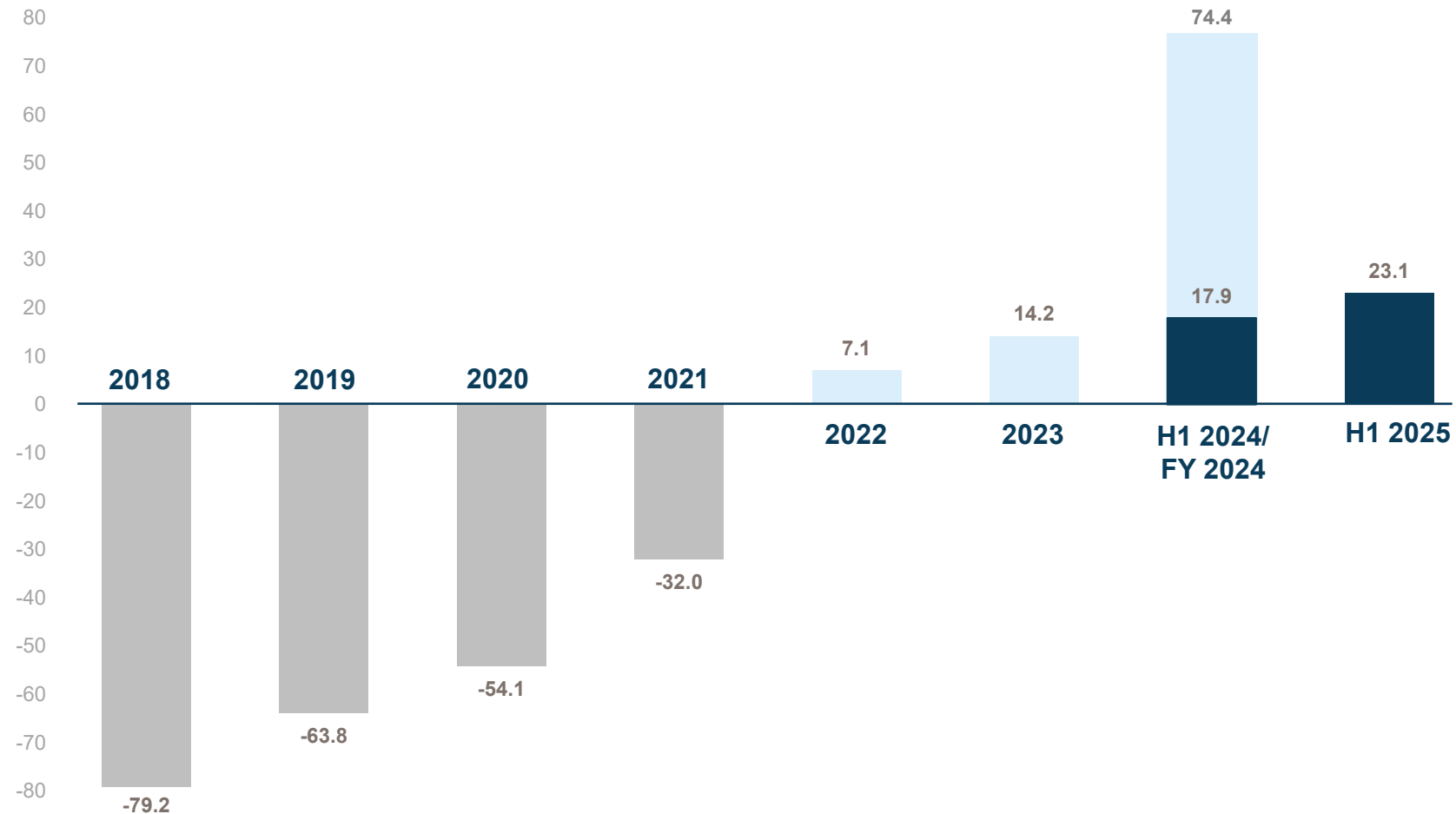
Consolidated statements of operations Basilea Pharmaceutica Ltd, Allschwil & subsidiaries for the years ended December 31, 2024 and 2023			
	Footnote	2024	2023
Product revenue	13	44 076	37 501
Contract revenue	14	104 168	102 364
Other revenue	15	4 057	7 358
Total revenue		152 301	147 223
Cost of products sold	16	(30 636)	(28 734)
Research, development expenses, net	17	(97 283)	(77 102)
Selling, general & administrative expenses	18	(22 998)	(33 715)
Other components of net periodic pension cost	19	(169 196)	(158 839)
Total cost and operating expenses		(319 113)	(307 490)
Operating result		16 188	19 205
Interest income	20	329	1 450
Other income	21	(3 435)	(11 202)
Other expenses	22	(1 442)	2 400
Other components of net periodic pension cost	23	(3 999)	(4 100)
Profit before taxes		991	48 753
Income taxes	24	(19 545)	(17 638)
Net profit		976	31 115
Basilea Pharmaceutica Ltd, Allschwil & subsidiaries			

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

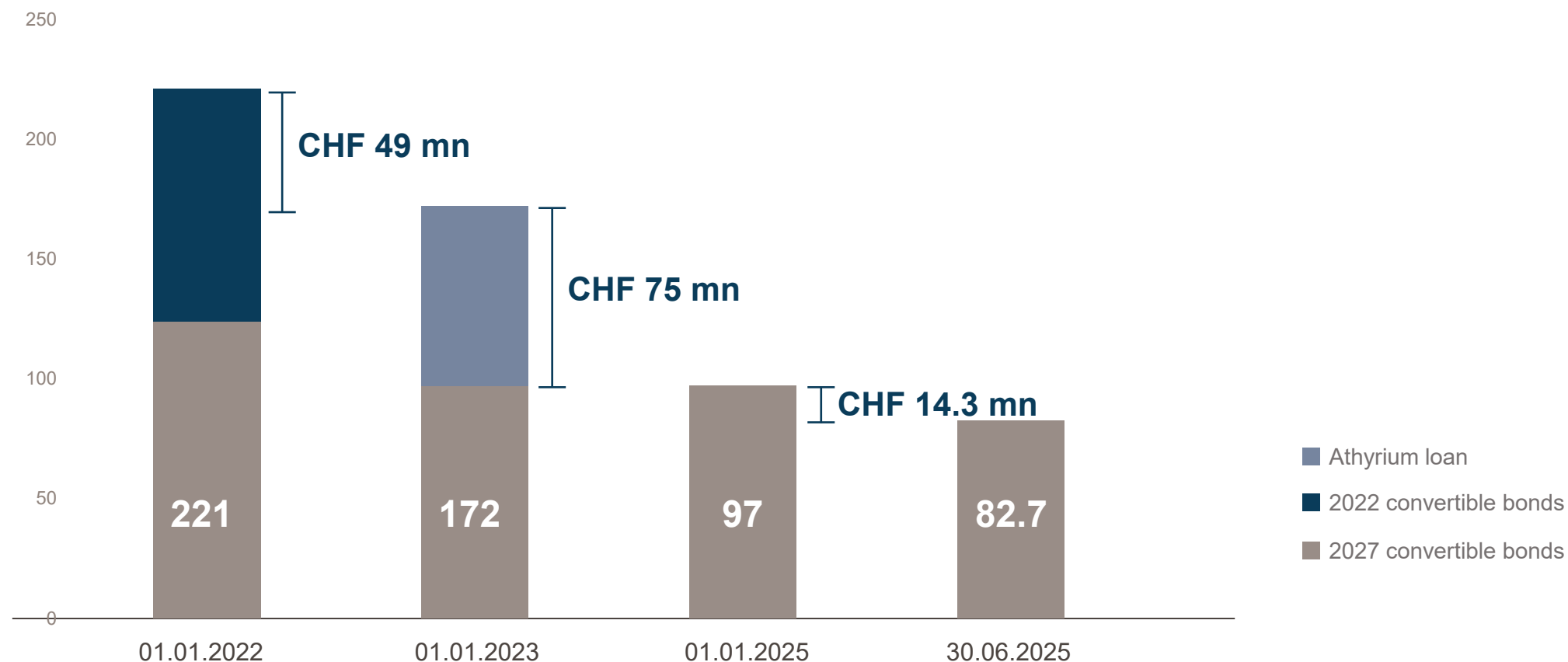
Increase in cash flows from operating activities (in CHF million)



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

Strengthening the balance sheet through debt reduction

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

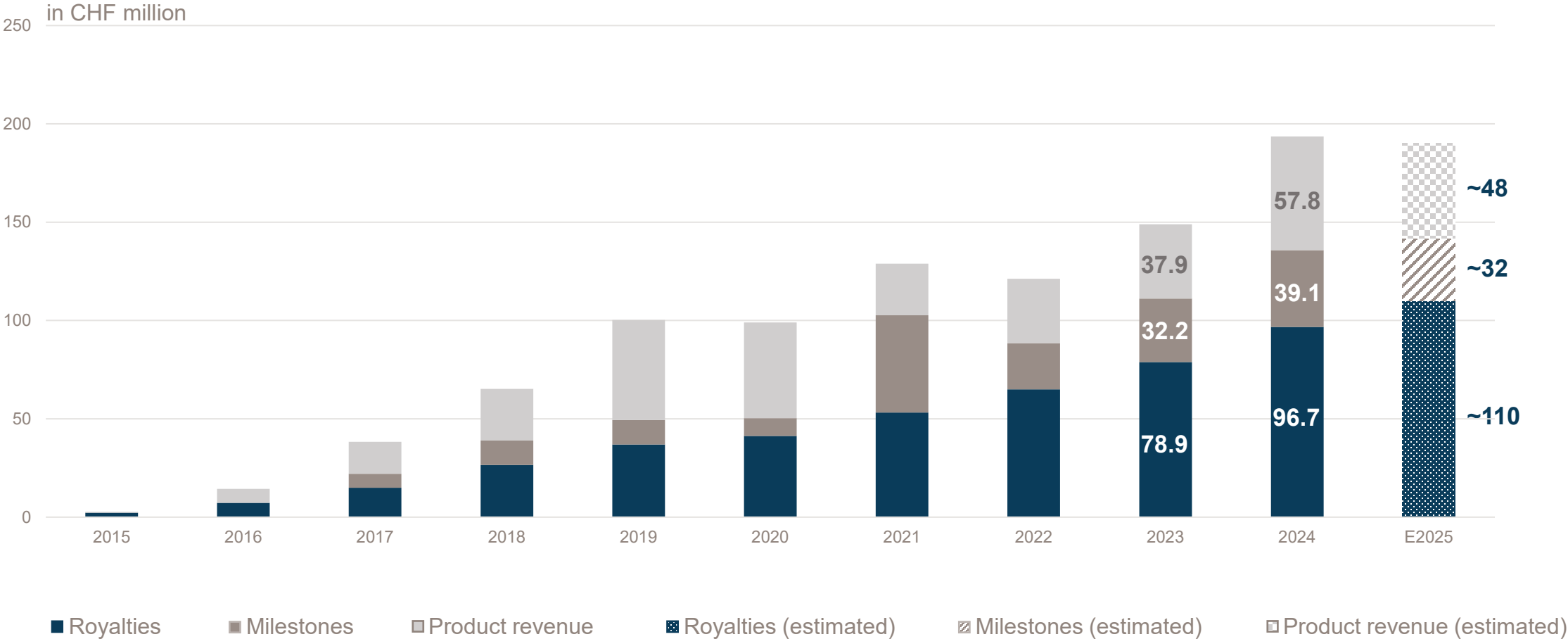


FY 2025 financial guidance – Maintaining high operating profit while expanding the portfolio

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
<i>of which royalty income</i>	~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.

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



We are delivering on our goals – last 12 months

- Increasing Cresemba & Zevtera revenue
 - ✓ US launch of Zevtera
- Advancement of preclinical and clinical anti-infective assets
 - ✓ Initiated two phase 3 studies with fosmanogepix (mold and yeast 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 USD 93 million of BARDA funding for antifungals fosmanogepix and BAL2062
 - ✓ Secured USD 7.3 million of CARB-X funding for antibiotic BAL2420 (total of USD 8.2 million)
 - ✓ Secured USD 6 million of BARDA funding for oral antibiotic ceftibuten-ledaborbactam

Priorities for the coming 12 months



**Increasing Cresemba &
Zevtera revenue**



**Progressing phase 3 development
of fosmanogepix**



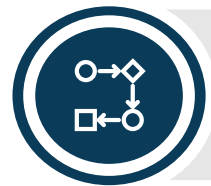
**In-licensing and/or acquisition of
additional anti-infective assets**



**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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Glossary

–	ABSSSI:	A cute b acterial s kin and s kin s tructure infections	–	IV:	I ntravenous
–	BARDA:	B iomedical A dvanced R esearch and D evelopment A uthority	–	KOL	K ey O pinion L ead
–	BL/BLI	B eta-lactam/ B eta-lactamase inhibitor	–	MAT:	M oving A nnual T otal
–	CABP:	C ommunity-acquired b acterial p neumonia	–	MENA	M iddle E ast and N orth A frica
–	CARB-X	C ombating A ntibiotic- R esistant B acteria Biopharmaceutical A ccelerator	–	MDR:	M ultidrug resistance
–	CRE	C arbapenem R esistant E nterobacterales	–	Mn	M illion
–	cUTI:	C omplicated U rinary T ract Infections	–	MRSA:	M ethicillin-resistant <i>Staphylococcus aureus</i>
–	EMA:	E uropean M edicines A gency	–	NIM	N on-inferiority m argin
–	ESBL	E xtended s pectrum b eta-lactamase	–	QIDP:	Q ualified I nfectious D isease P roduct
–	FDA:	U S F ood and D rug A dministration	–	SAB:	<i>Staphylococcus aureus</i> bacteremia
–	Gwt-1:	G PI-anchored w all t ransfer protein 1	–	SOC:	S tandard of C are
–	HABP:	H ospital-acquired b acterial p neumonia	–	US:	U nited S tates
–	IMI:	I nvasive m old infections	–	US GAAP:	U nited S tates G enerally A ccepted A ccounting P riniples
			–	USD	U nited S tates D ollar
			–	cUTI	C omplicated U rinary T ract Infections
			–	uUTI	U ncomplicated U rinary T ract Infections



**Creating anti-infective
opportunities**

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