Creating anti-infective opportunities

"Patients are at the heart of what we do"

INVESTOR PRESENTATION

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."

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

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 and ceftibuten-ledaborbactam

Value-sharing 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

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

GLOBAL SYSTEMIC ANTIFUNGALS MARKET 2025

USD **4.4** billion

GLOBAL SYSTEMIC HOSPITAL ANTIBIOTICS MARKET 2025

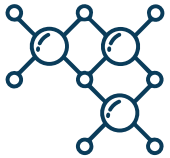
USD **15.3** billion

Source: IQVIA Analytics Link September 2025

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**)

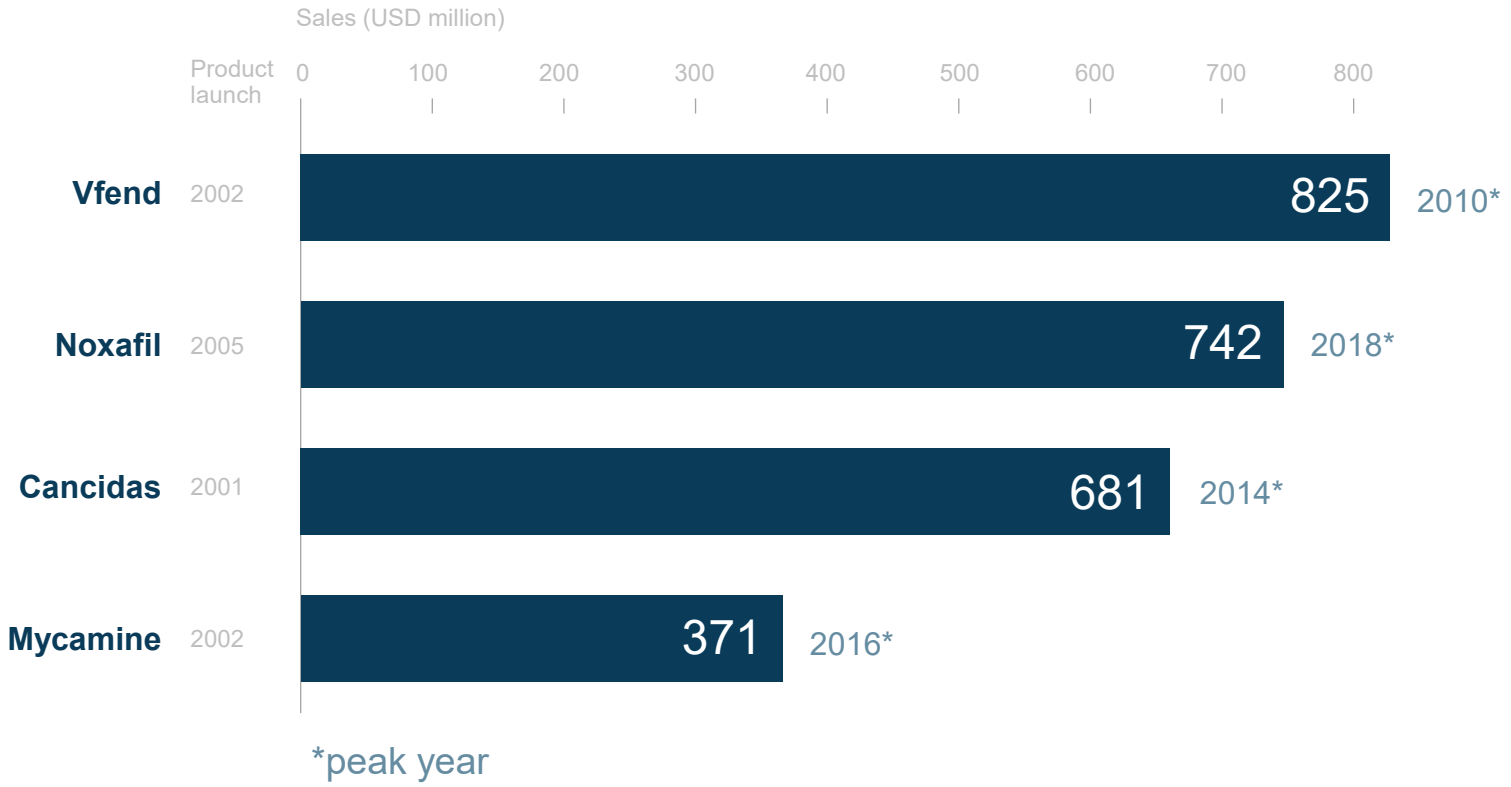
Advances in **medical procedures** (e.g. medical devices like catheters **or other foreign body materials**)

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

Agriculture: widespread use of fungicides in agriculture

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

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 690 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

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

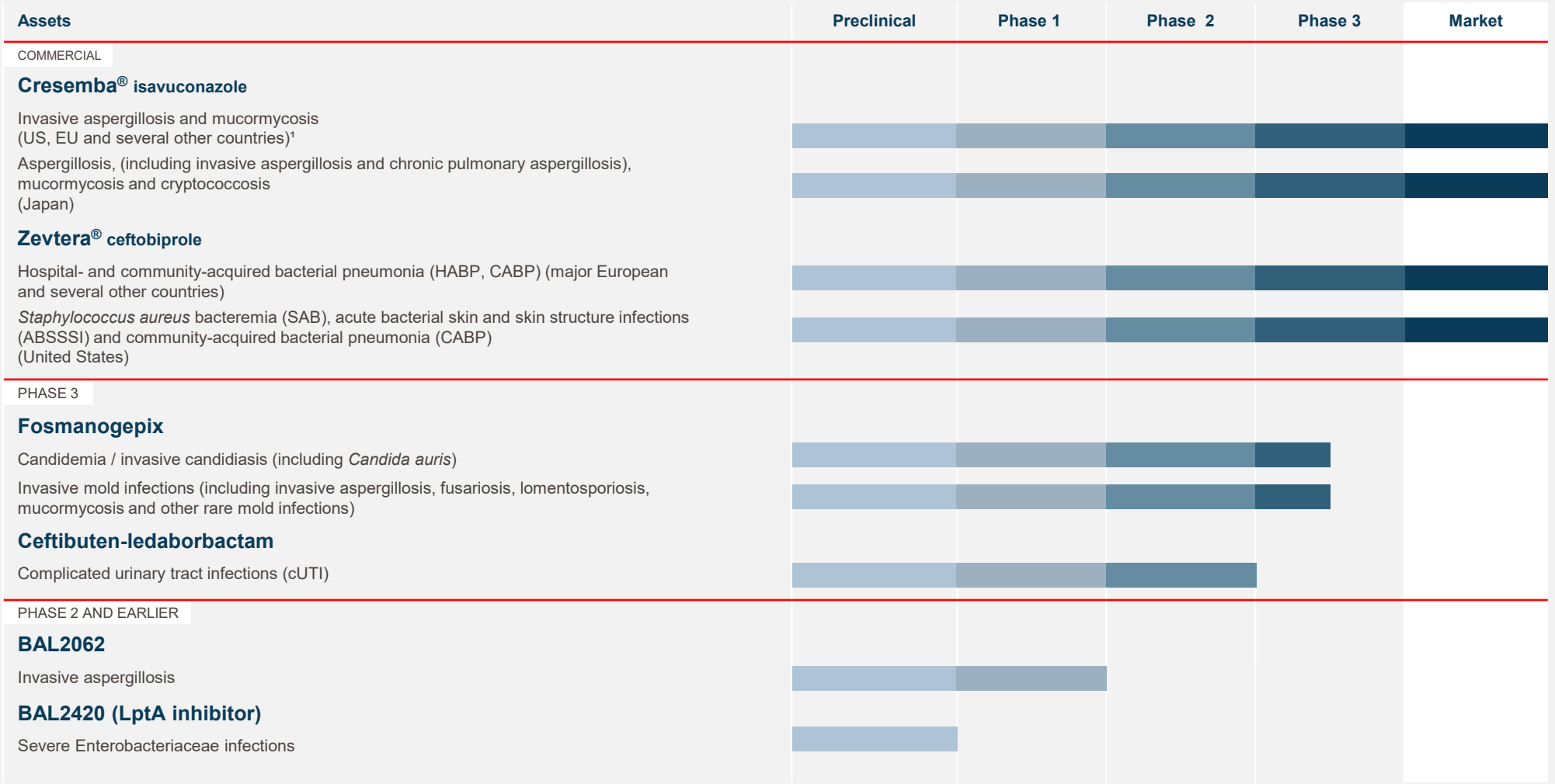
Drug-resistant
Mycoplasma genitalium

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)

Innovative anti-infective pipeline

Addressing urgent and evolving infection threats



[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 agreement[2]

- 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 program[3]
- 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

76

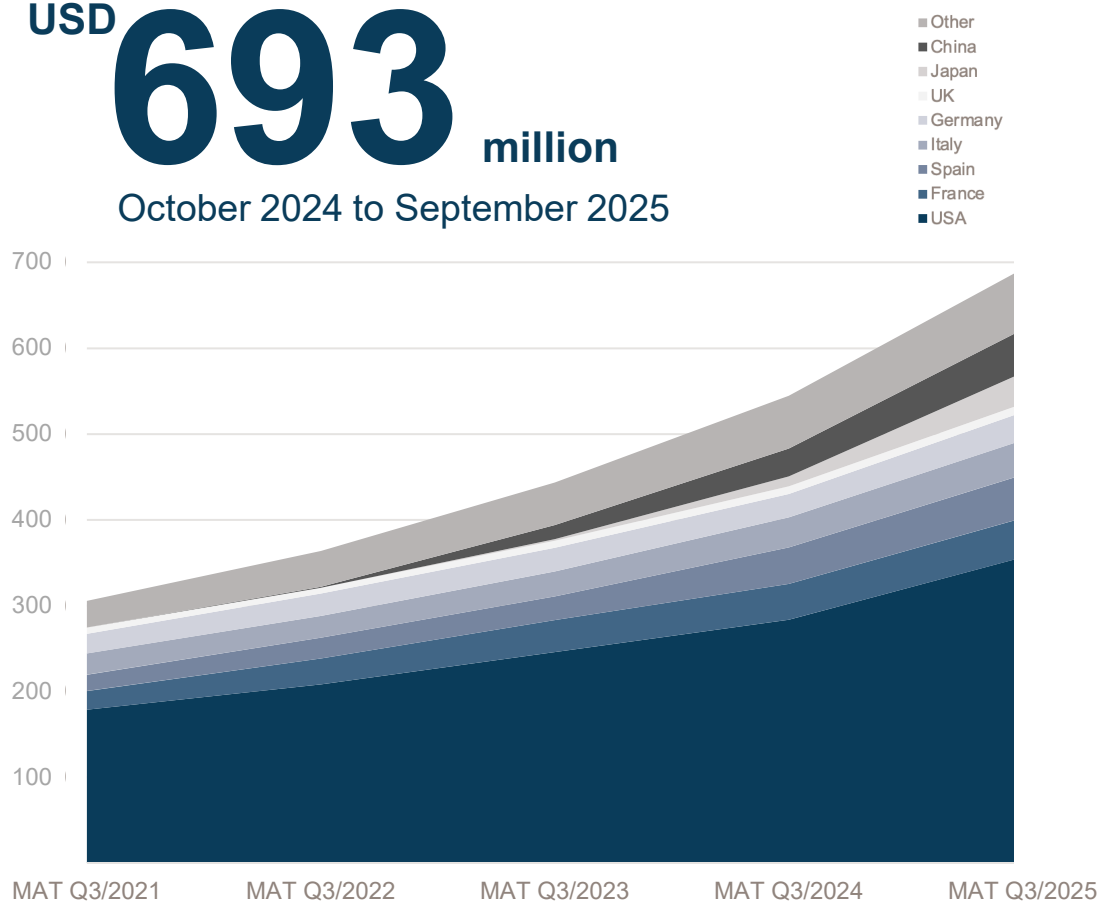
countries

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 693 million

October 2024 to September 2025



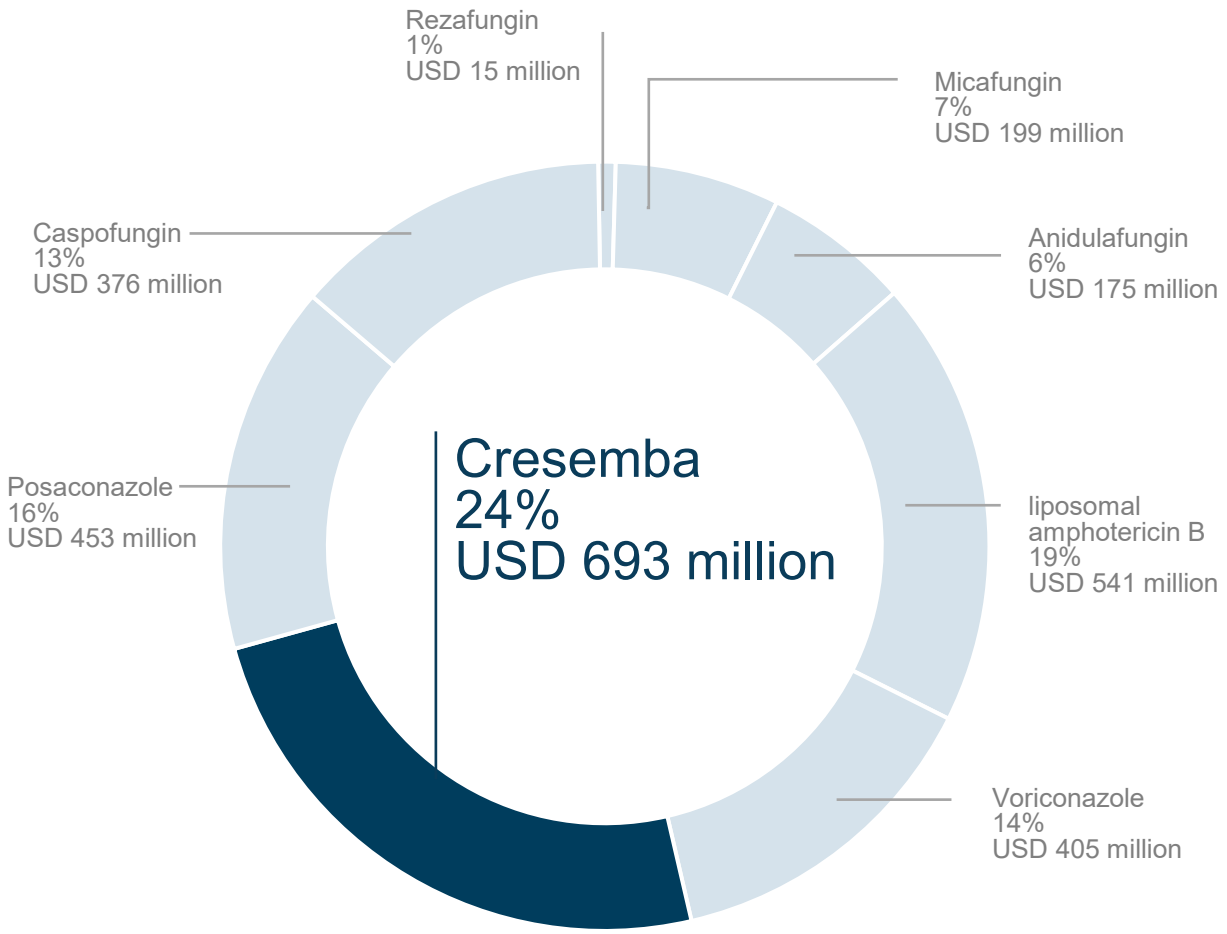
MAT: Moving annual total; Source: IQVIA Analytics Link, September 2025

Global sales of antifungals by product

USD 2.8 billion sales (MAT Q3 2025)*

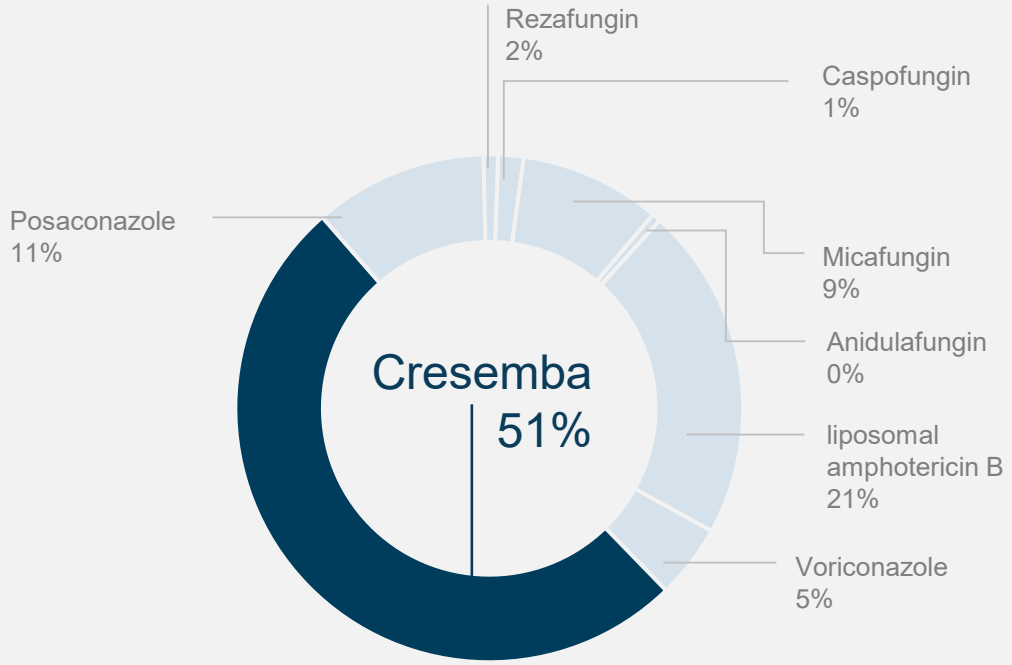
Significant potential to increase Cresemba® (isavuconazole) global market share

- 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, September 2025, rounding consistently applied

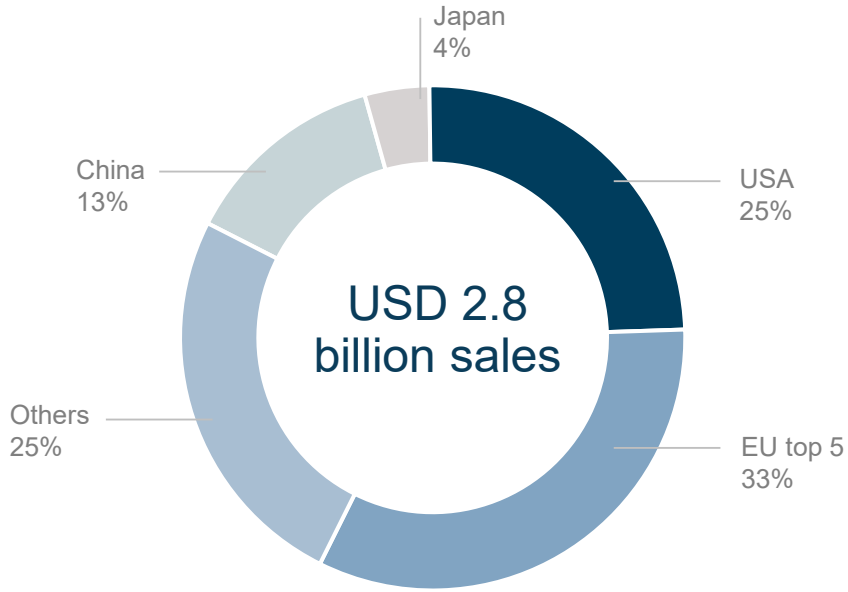
Cresemba® – the market leader in the US in terms of value



– Consistently increased market share since launch to 51% by September 2025*

* Market share based on MAT Q3 2025, in-market sales reported as moving annual total (MAT) in US dollar; rounding consistently applied. Source: IQVIA Analytics Link, September 2025

Significant global growth potential

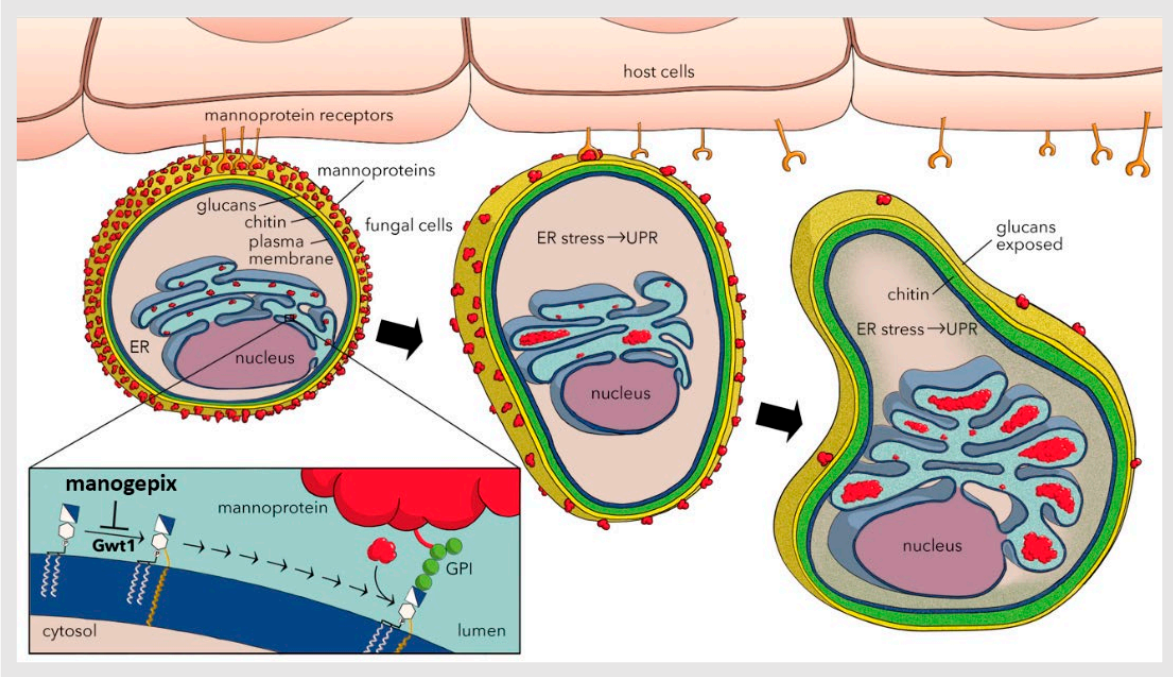


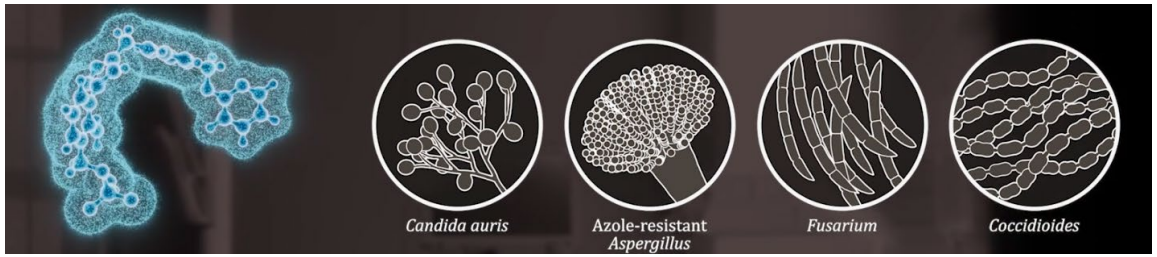
– USD 2.8 billion sales (MAT Q3 2025)*, **

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

Fosmanogepix – Mannoprotein Anchoring Pathway Inhibitor

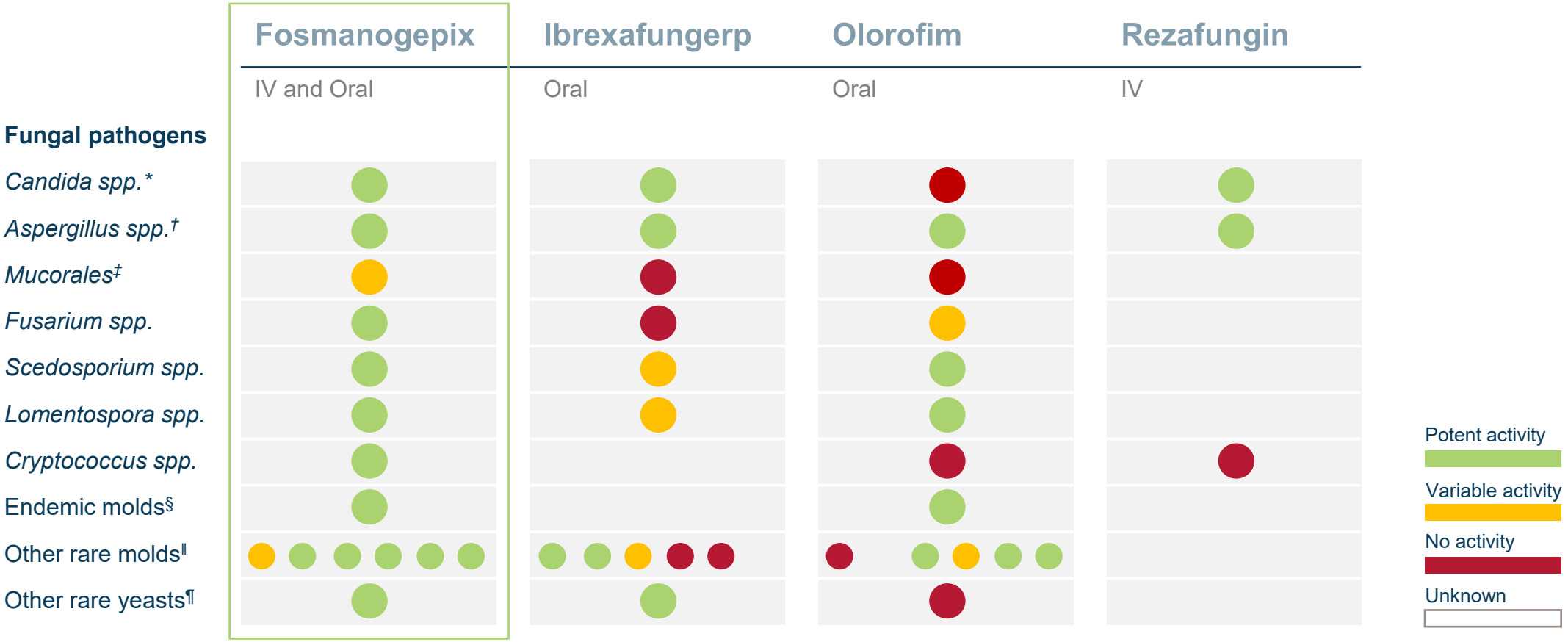
- New mode of action
- Manogepix acts on the Gwt1 enzyme and disrupts the anchoring of membrane and cell wall proteins
- Effects of Gwt1 inhibition include:
  - Decrease fungal pathogenicity
  - Reduce fungal cell viability
  - Promote cell death
  - Reduction in biofilm formation
  - Clear fungal infections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





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

Fosmanogepix – Potent broad-spectrum activity



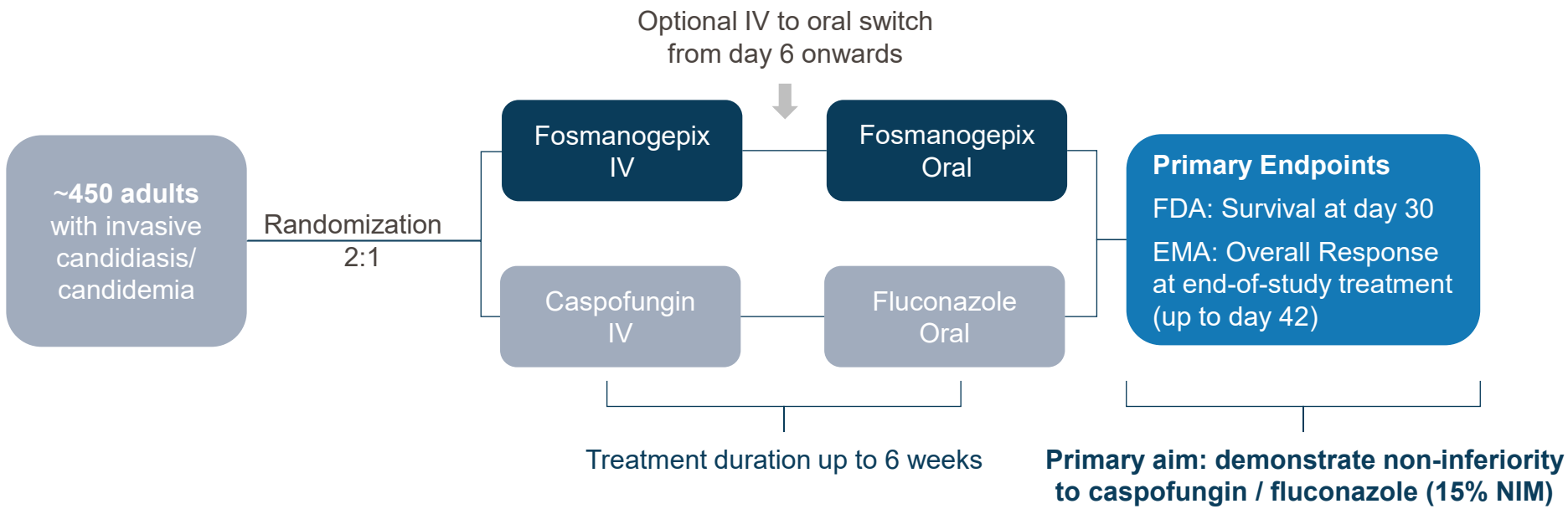
* including *C. albicans*, *C. auris*, *C. dubliniensis*, *C. glabrata*, *C. krusei*, *C. lusitaniae*, *C.parapsilosis*, *C. tropicalis*. Fosmanogepix not active against *C. krusei*.
† including *A. calidoustus*, *A. fumigatus* (including azole-resistant), *A. flavus*, *A. lentulus*, *A. nidulans*, *A. 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.

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.

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.

Real world evidence through a global expanded access program

Expanded access program

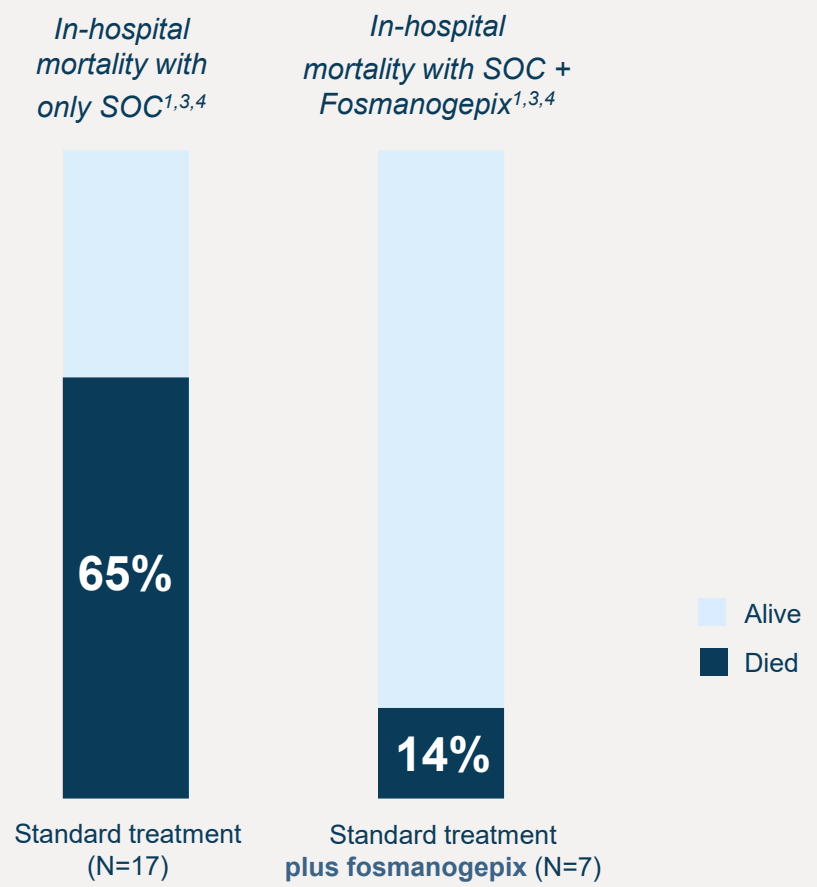
- More than 400 patients in 20 countries
- Cases with invasive fusariosis, aspergillosis, *Candida* infections and infections caused by other rare molds or endemic fungi

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

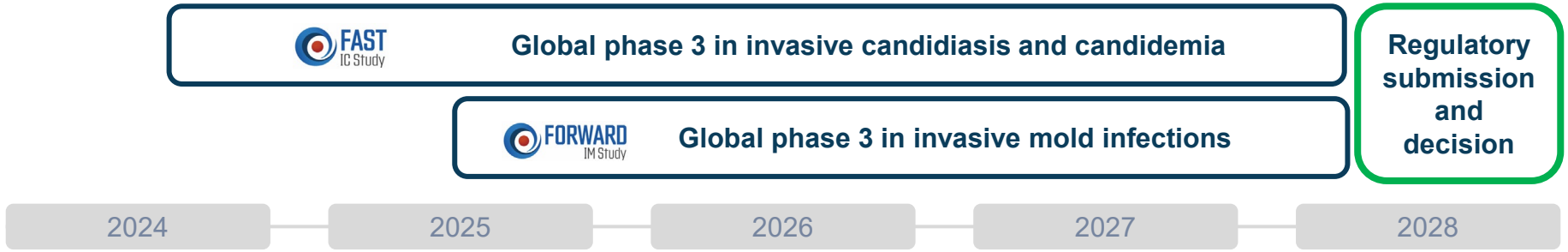
Fosmanogepix - saving lives

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.

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 successfully completed
- Safe and well tolerated in phase 1 study
- Regulatory discussions in 2026 to define phase 2 and phase 3 clinical development pathways

Anti-infective pipeline

Antibacterials

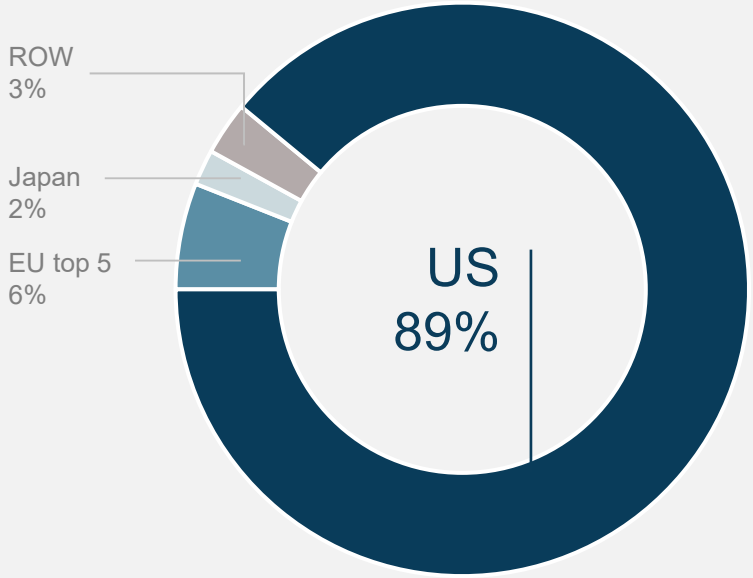
Zevtera® — An introduction

- 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]
  - 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)

- Successfully launched in the US in 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;
Source: IQVIA Analytics Link September 2025

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

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 beta-lactamase inhibitor (BLI) that restores ceftibuten activity
- Convenient administration, dosage and storage

STATUS & NEXT STEPS

- Comprehensive phase 1 program
- QIDP and Fast Track designations by the FDA for cUTI and uUTI
- Phase 3 preparation in 2026, including regulatory interactions and drug supply
- Phase 3 start in Q1 2027; topline readout expected in early 2029

[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 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 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 toceftazidime 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
- Highly potent
- Bactericidal
- No cross-resistance to other antibiotic classes

STATUS & NEXT STEPS

- Nominated BAL2420 as drug candidate
- Progressing towards first-in-human clinical study in the first half of 2026

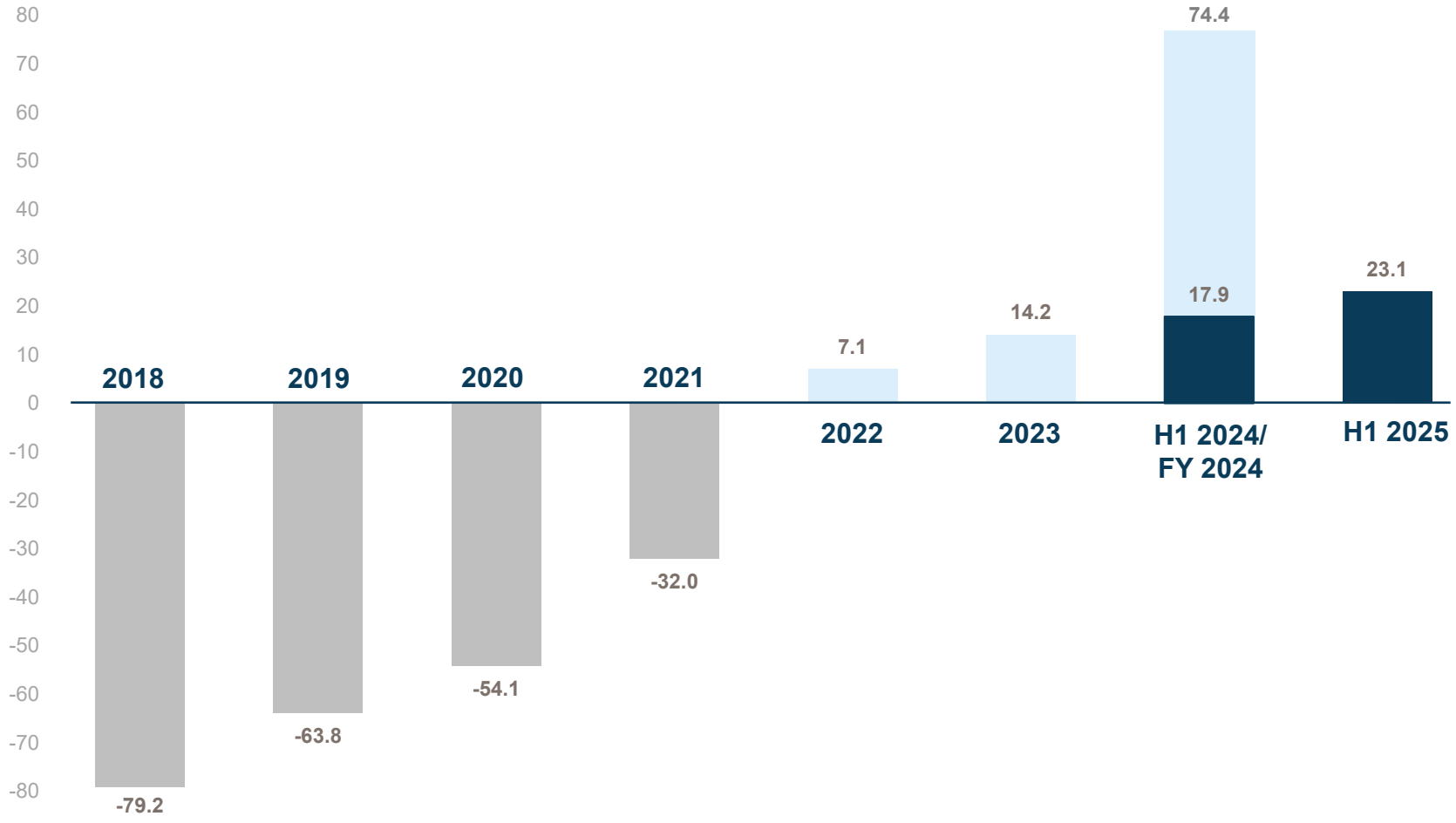
Financials & Outlook

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

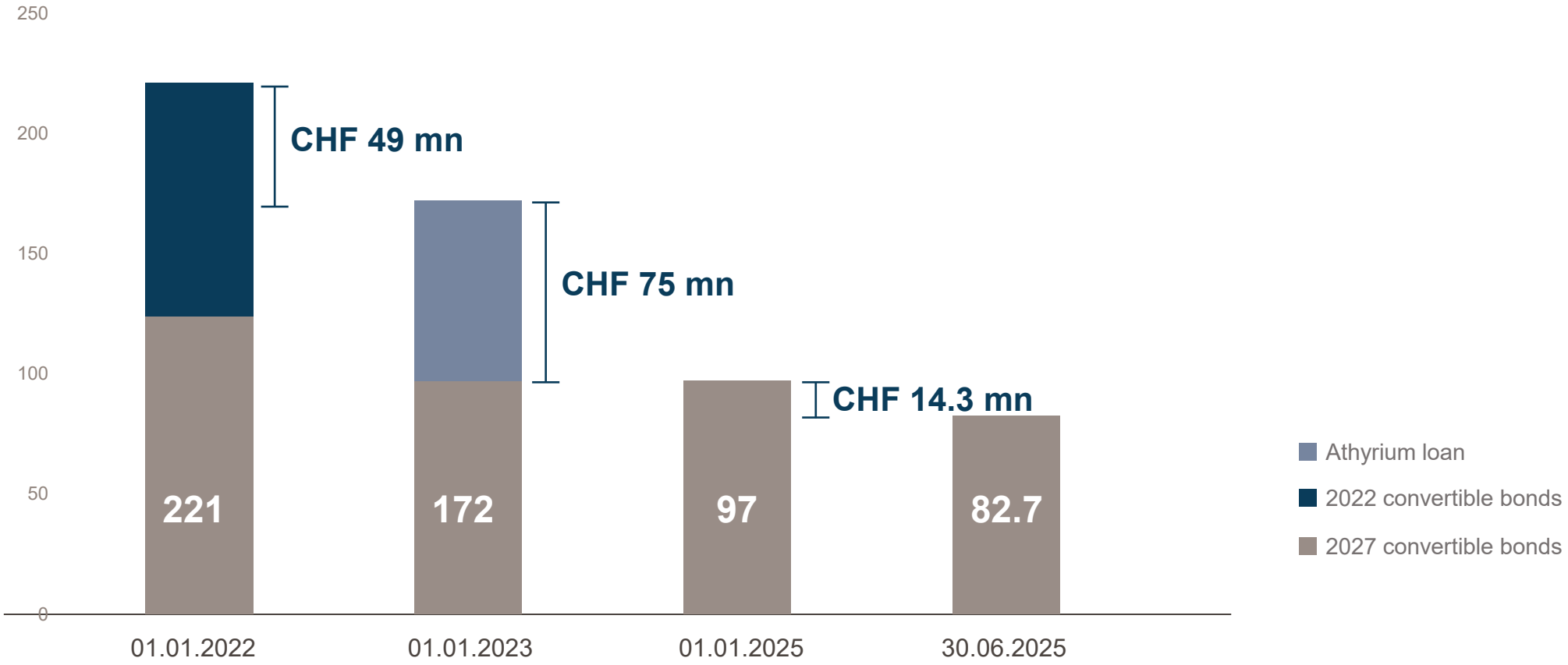
Increase in cash flows from operating activities
(in CHF million)



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

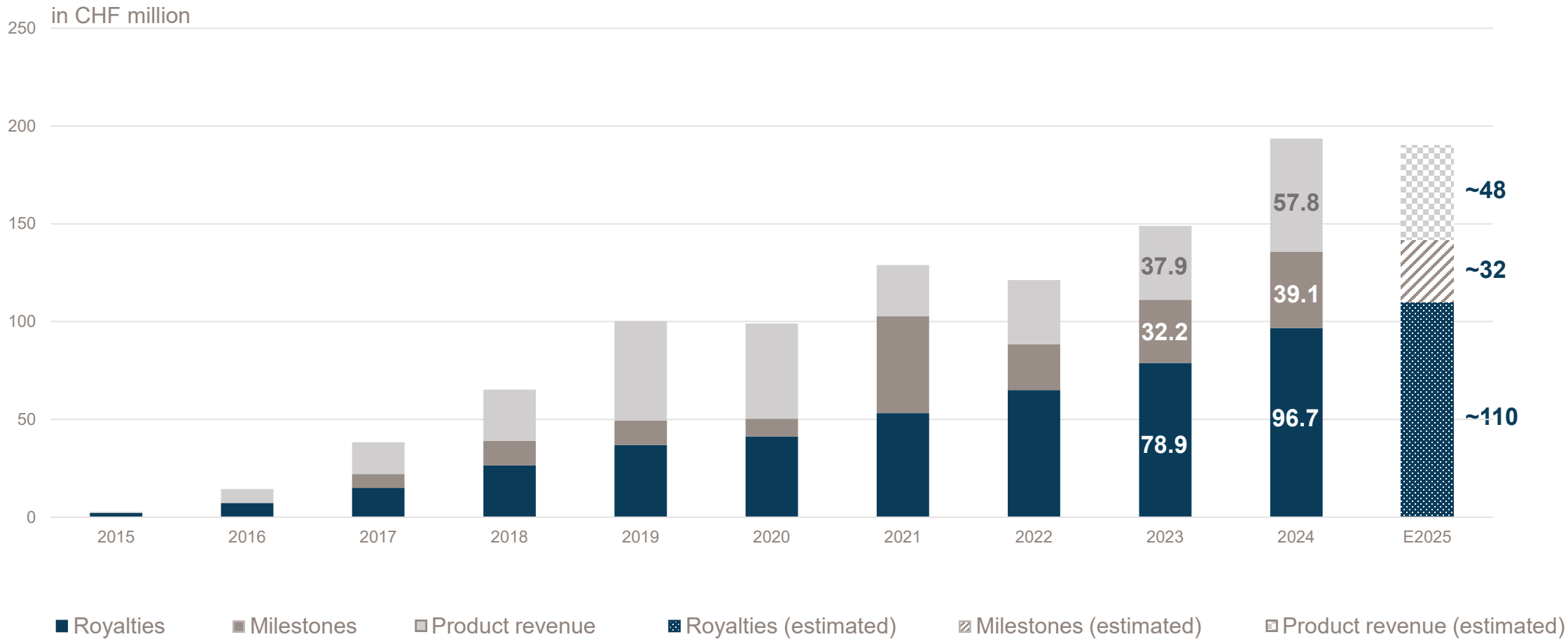


FY 2025 financial guidance – Maintaining high operating profit while expanding the portfolio

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**
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.

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



We are delivering on our goals

- Increasing Cresemba & Zevtera revenue
  - ✓ US launch of Zevtera
  - ✓ Double-digit growth in Cresemba global in-market sales
- 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 8.2 million of CARB-X funding for antibiotic BAL2420
  - ✓ 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 **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
- cUTI **C**omplicated **U**rinary **T**ract **I**nfections
- uUTI **U**ncomplicated **U**rinary **T**ract **I**nfections

Creating anti-infective opportunities

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