



Shaping the Future of Infectious Diseases

“Patients are at the heart
of what we do”

INVESTOR PRESENTATION

October 01, 2026



Introducing Basilea and the executive management team

- Founded in 2000 as a spin off from Roche
- Profitable Swiss commercial-stage biopharmaceutical company
- About 200 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



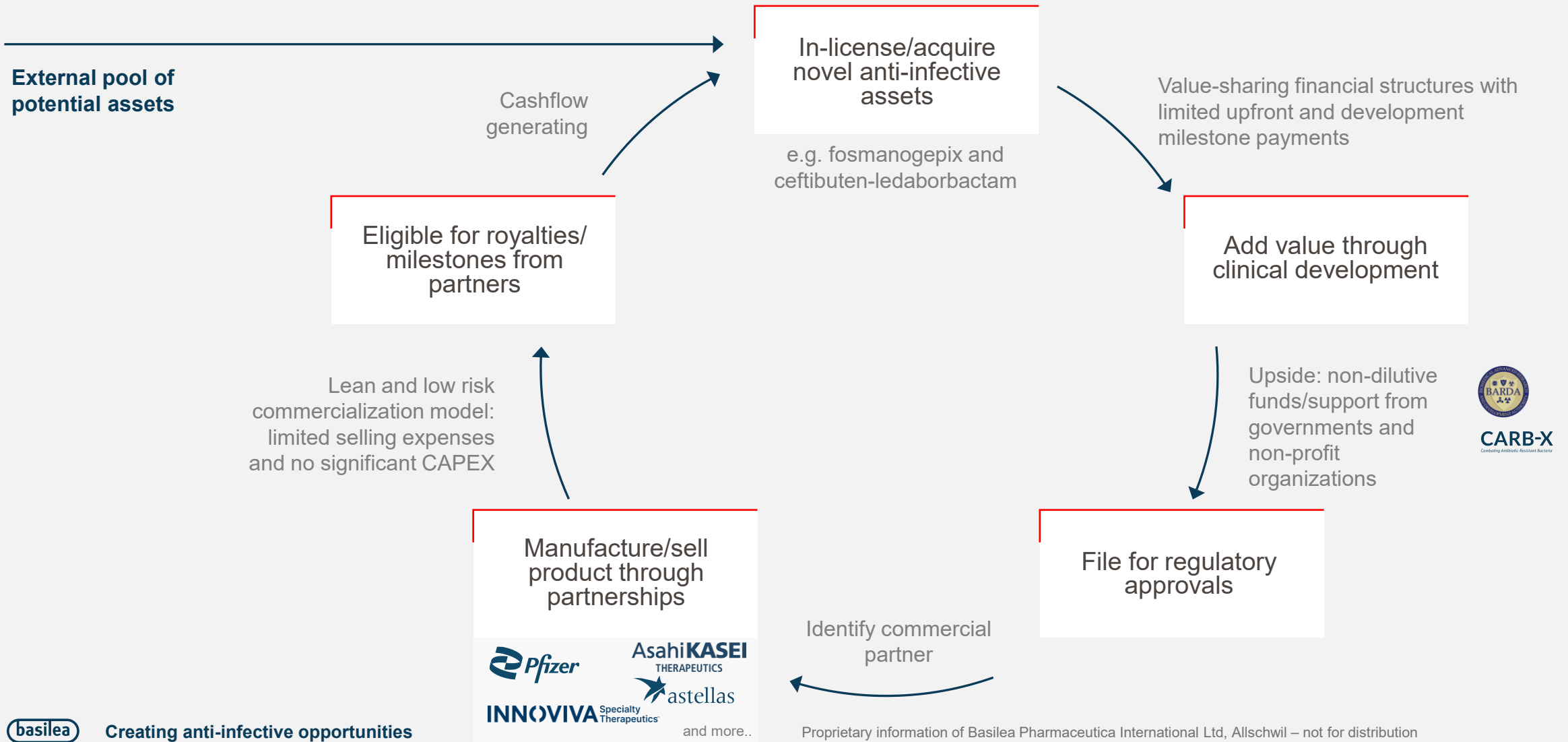
Manifestations of severe infections

- 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®

<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

Our business model

Capital-efficient by design, asset-light where it matters



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)



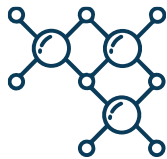
Increasing **resistance** against currently used antibiotics and antifungals



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**)

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					USD ~1.0 bn peak sales potential
Candidemia / invasive candidiasis (including <i>Candida auris</i>)					
Invasive mold infections (including invasive aspergillosis, fusariosis, lomentosporiosis, mucormycosis and other rare mold infections)					
Ceftibuten-ledaborbactam					USD ~500 mn peak sales potential
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.

Capital efficiency through non-dilutive R&D funding

in USD, rounding consistently applied

by BARDA and CARB-X
committed

> 440 million



out of which
awarded

~ 165 million



Non-dilutive funding has a long-term positive effect on value creation and risk mitigation:

- Preserving shareholder value:
No equity component; no dilution to shareholders
- Increasing return-on-investment:
Reducing Basilea's share of investment
- Reducing financial risk inherent during development:
No repayment required

Anti-infective pipeline

Commercial portfolio



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 partnership

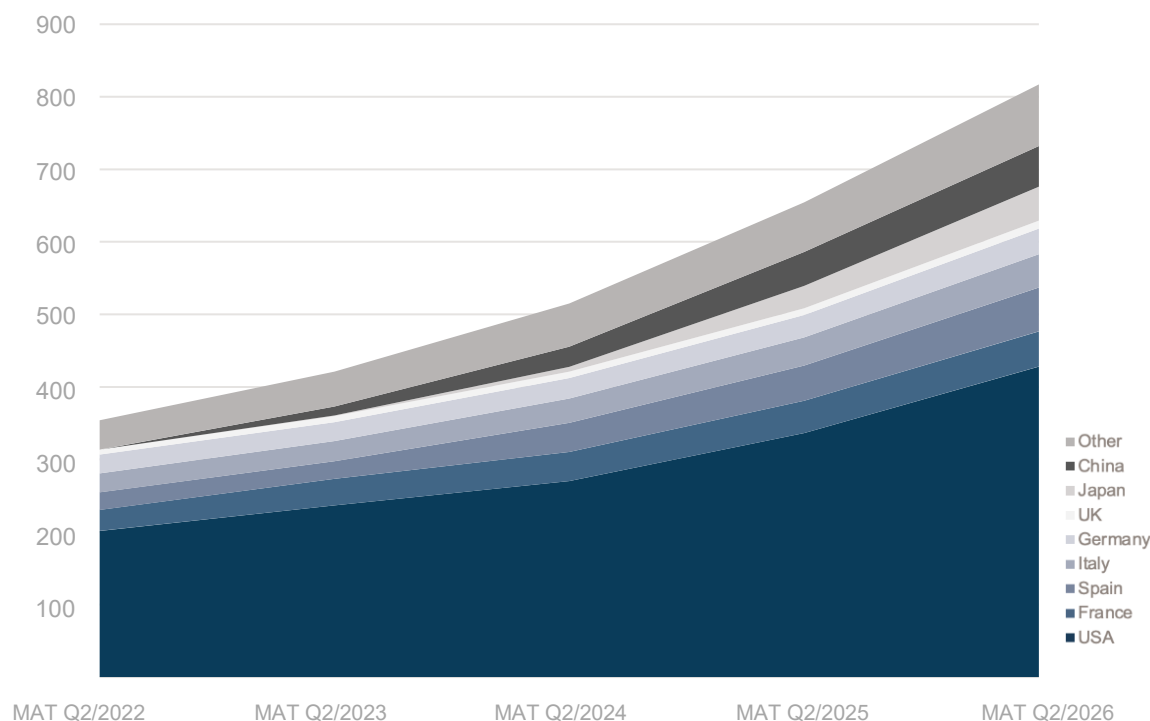
Marketed in
76
countries

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

In-market sales

USD **817** million
July 2025 to June 2026

25%
Year-on-Year growth

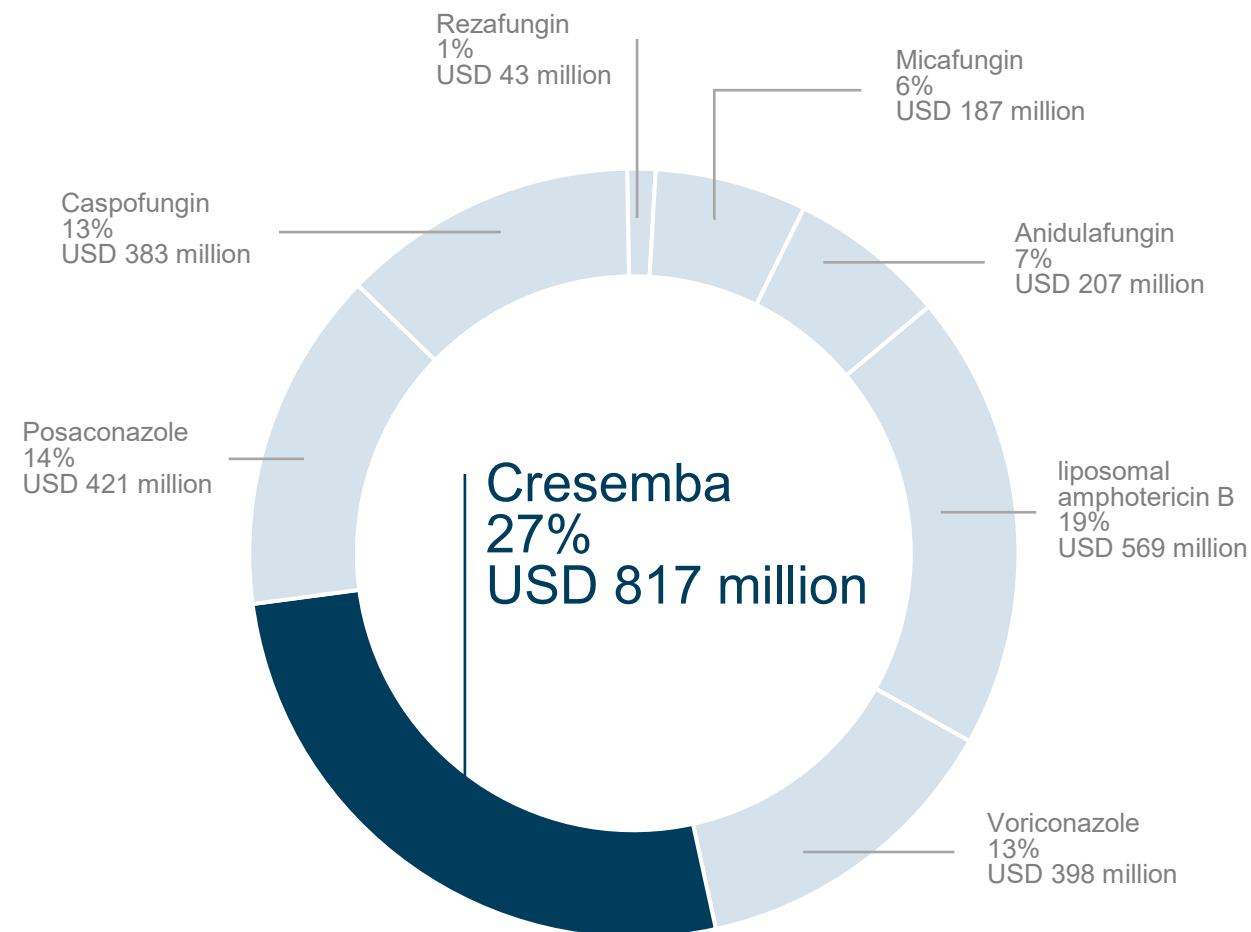


MAT: Moving annual total; Source: IQVIA Analytics Link, June 2026
Proprietary information of Basilea Pharmaceutica International Ltd, Allschwil – not for distribution

Cresemba® – Global market leader in terms of value

Continued growth opportunity for the brand:

- Growth in the US until Q4 2027
- Growth in Europe until H2 2028
- Growth in Japan and other markets beyond 2028



* MAT: Moving annual total; Source: IQVIA Analytics Link, June 2026, rounding consistently applied

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

Zevtera® – Broad-spectrum hospital anti-MRSA cephalosporin

- Single agent, first-line bactericidal therapy with proven efficacy in SAB, ABSSSI and CABP^{1, 2, 3}
- Potential to replace antibiotic combinations
- Strong activity against methicillin-susceptible and methicillin-resistant *Staphylococcus aureus* (MSSA and MRSA), with robust Gram-negative coverage
- Low propensity for resistance development and cephalosporin-consistent safety profile^{1, 2, 3, 4}
- USD 111 million BARDA product-specific funding, covering ~75% of costs of SAB and ABSSSI phase 3, regulatory and non-clinical activities⁵
- Commercialized in the US, China, selected countries in Europe, MENA 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

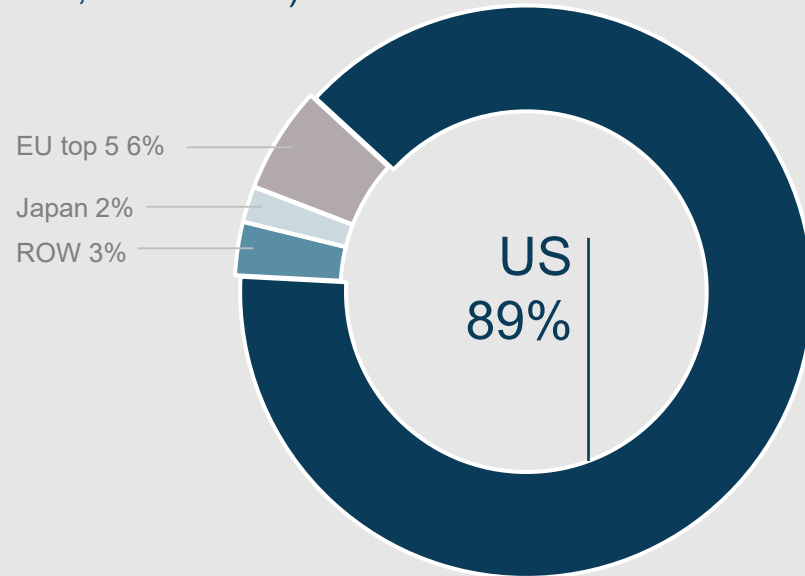
⁴ Rubino CM et al. Pediatr Infect Dis J. 2021;40:997-1003

⁵ Contract number HHSO100201600002C

Zevtera[®] US launch – Positioned for future success

US market opportunity

Daptomycin sales by region
(2015, before LOE)



Launched in the US in July 2025 through commercial partner Innoviva Specialty Therapeutics

- Broad market access established: key GPO listings, J-code, Medicaid/340B and NTAP reimbursement support
- Positive early clinical experience reflected in increasing account ordering and repeat ordering trends with encouraging medical community feedback
- Expanded commercial infrastructure to increase hospital coverage
- Long-term growth opportunity supported by US market exclusivity until April 2034

LOE: Loss of exclusivity; ROW: Rest of World; Source: IQVIA Analytics Link, June 2026

GPO: Group Purchasing Organizations; NTAP: New Technology Add-On Payment.

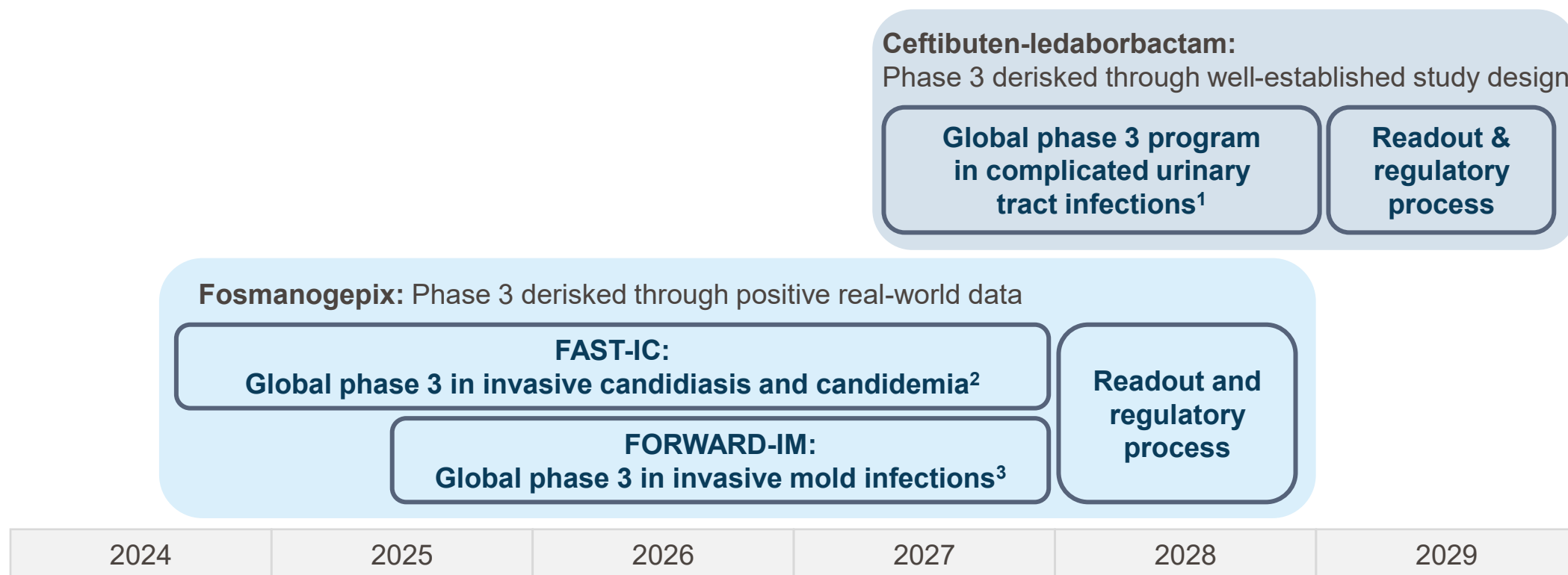
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Anti-infective pipeline

Phase 3 programs



Advancing our phase 3 programs toward approval



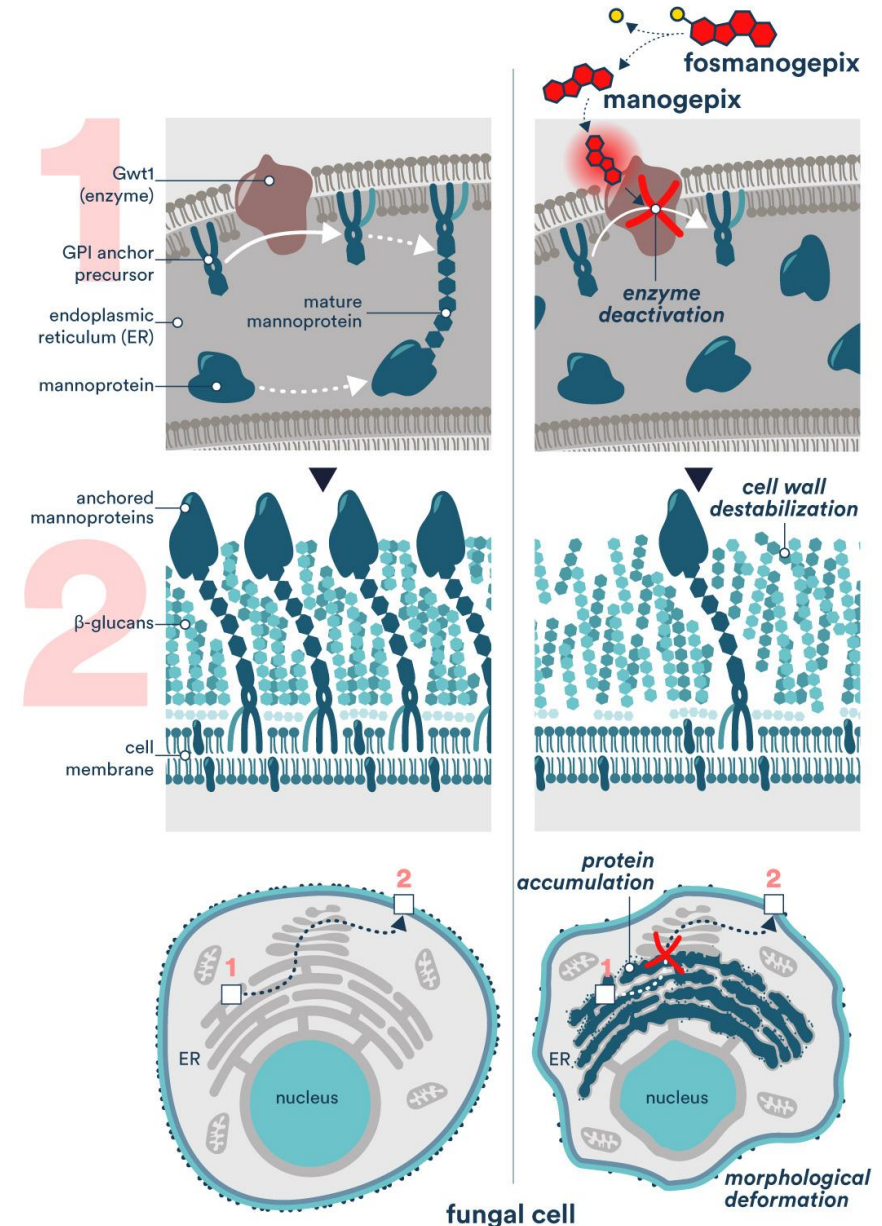
¹ Includes pyelonephritis; ² ClinicalTrials.gov ID: NCT05421858; ³ ClinicalTrials.gov ID: NCT06925321

Fosmanogepix

First-in-class broad-spectrum antifungal

- Novel mode of action leading to fungal cell death and reduced fungal pathogenicity
- Developed for **difficult-to-treat infections**, including resistant fungi
- Active against most clinically relevant molds and yeasts
- **Wide tissue distribution**, including difficult-to-reach sites such as central nervous system (CNS)
- **IV and oral formulations**
- Phase 3 studies ongoing in invasive candidiasis and in invasive mold infections
- QIDP, Fast Track¹ & Orphan Drug Designations, enabling accelerated review and extended market exclusivity

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



Fosmanogepix – Potent broad-spectrum activity

	Fosmanogepix	Ibrexafungerp	Olorofim	Rezafungin
	IV and Oral	Oral	Oral	IV
Fungal pathogens				
<i>Candida spp.*</i>	●	●	●	●
<i>Aspergillus spp.†</i>	●	●	●	●
<i>Mucorales‡</i>	●	●	●	
<i>Fusarium spp.</i>	●	●	●	
<i>Scedosporium spp.</i>	●	●	●	
<i>Lomentospora spp.</i>	●	●	●	
<i>Cryptococcus spp.</i>	●		●	●
Endemic molds§	●		●	
Other rare molds	● ● ● ● ● ●	● ● ● ● ●	● ● ● ● ●	
Other rare yeasts¶	●	●	●	

Potent activity

Variable activity

No activity

Unknown

* including *C. albicans*, *C. auris*, *C. dubliniensis*, *C. glabrata*, *C. krusei*, *C. lusitanae*, *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*.

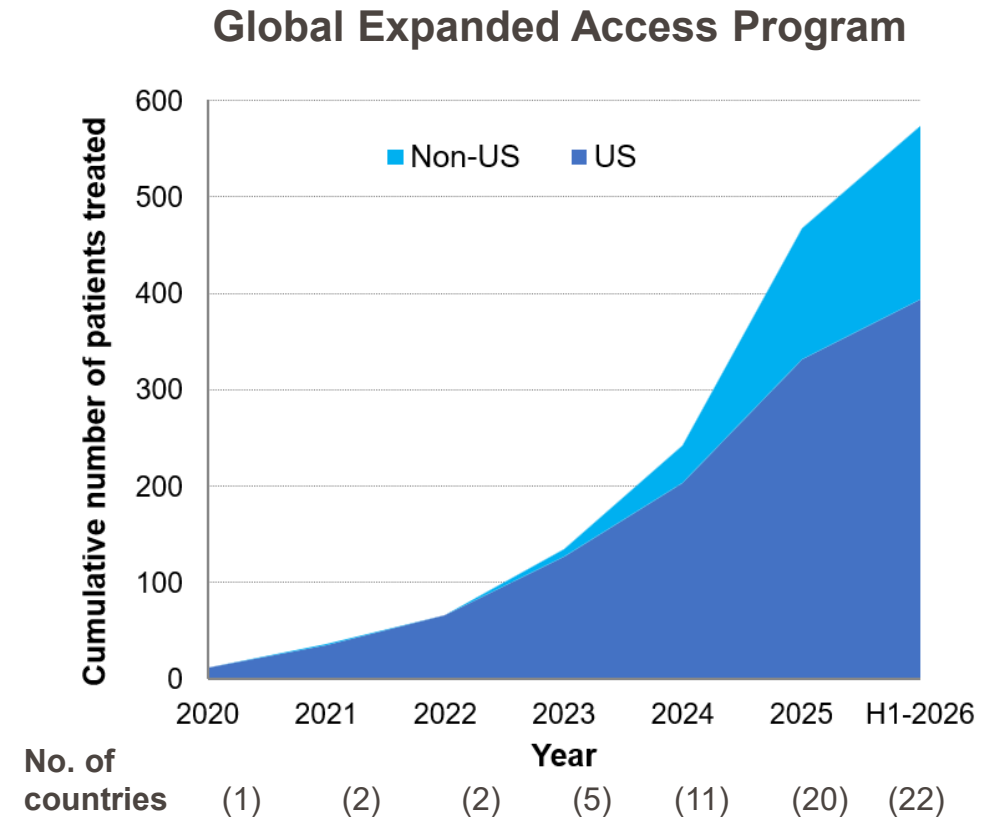
|| including *Alternaria alternata*, *Cladosporium spp.*, *Paecilomyces variotii*, *Purpureocillium lilacinum*, *Scopulariosis spp.*, *Rasamsonia spp.*

¶ including *Trichosporon asahii*, *Exophiala dermatitidis*, *Malassezia furfur*.

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

Supportive real-world evidence from a global expanded access program

- For patients with serious and/or life-threatening invasive fungal infections and no other available treatment option (NCT06433128)
 - Patients who progressed on standard-of-care treatment, developed treatment-limiting toxicity, or with resistant fungal pathogens
- Program started in 2020
 - Nearly 600 patients treated across 22 countries
 - In the context of the 2023 *Fusarium* meningitis outbreak in US/Mexico, fosmanogepix was recommended as therapy by the US Centers for Disease Control and Prevention (CDC), due to potent activity against *Fusarium spp.*

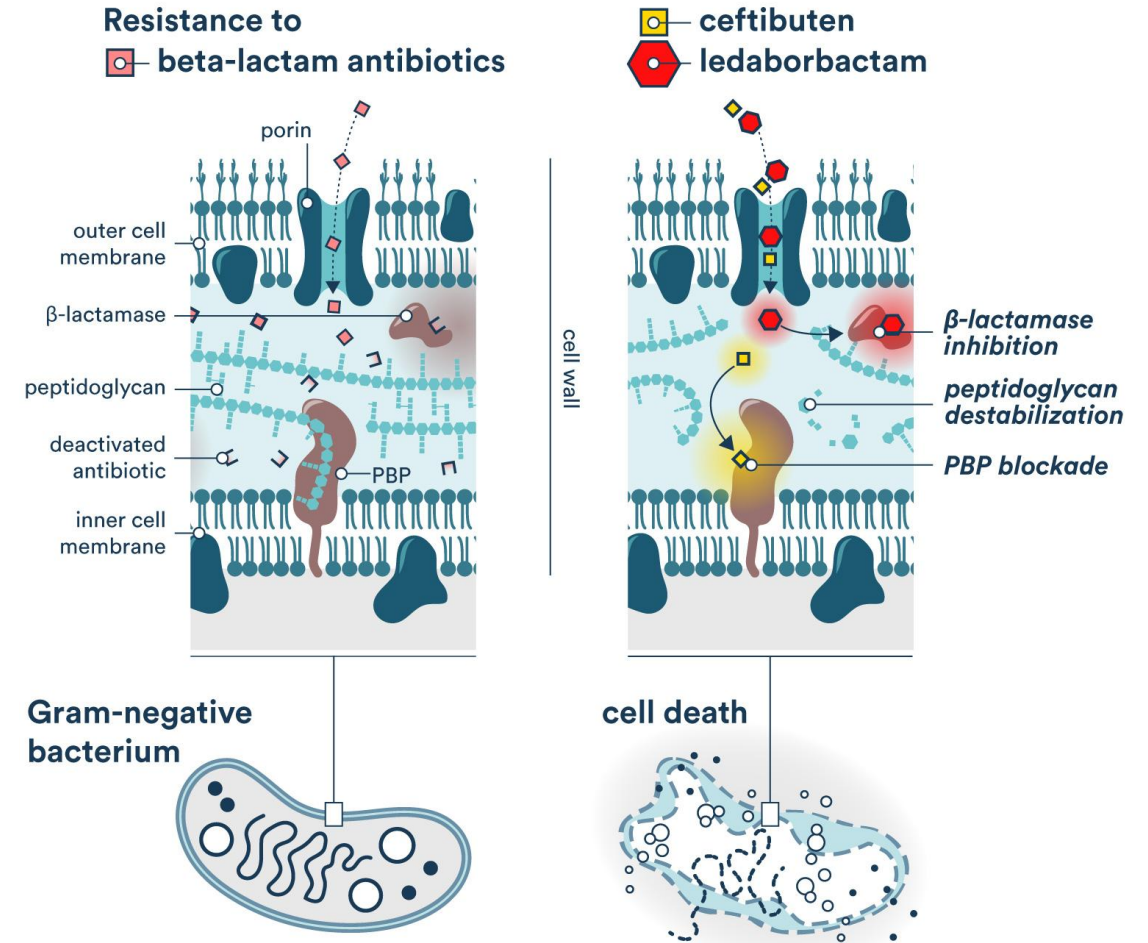


Status on 01 July 2026

Ceftibuten-ledaborbactam

Targeting resistant Gram-negative bacteria

- Combines ceftibuten, an established beta-lactam (BL) antibiotic with ledaborbactam, a novel beta-lactamase inhibitor (BLI) restoring ceftibuten activity in resistant bacteria
- Developed to provide an oral BL/BLI treatment option for resistant pathogens
 - Oral bioavailability reduces the use of IV antibiotics, resulting in less hospitalizations and earlier hospital discharges
- Active against Gram-negative bacteria including multidrug-resistant pathogens such as extended spectrum beta-lactamase (ESBL) producers and carbapenem-resistant Enterobacterales (CRE)¹
- Gram-negative bacteria, particularly uropathogenic Escherichia coli (E. coli), are a leading cause of complicated urinary tract infections (cUTI)^{2,3,4}



¹ 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;

² Flores-Mireles AL, et al. Nat Rev Microbiol. 2015;13(5):269-84; ³ Marantidis J, Sussman RD. Infect Drug Resist. 2023;16:1391-1405; ⁴ Lodise TP, et al. Open Forum Infect Dis. 2022;9(7):ofac315.

Ceftibuten-ledaborbactam – Oral treatment for patients with complicated urinary tract infections

Commercial success of newer Gram-negative IV-only antibiotics:

Avycaz (ceftazidime-avibactam)

Global sales about USD 746 million*

Fetroja (cefiderocol)

Global sales about USD 339 million*

Zerbaxa (ceftolozane/tazobactam)

Global sales about USD 310 million*

Basilea's ceftibuten-ledaborbactam presents a significant commercial opportunity

- An oral treatment option for patients with cUTI
- Potential to simplify cUTI treatment and reduce hospitalization
- Complementary to existing IV therapies
- QIDP and Fast Track designations¹ by the FDA¹
- Phase 3 program in cUTI to initiate in mid-2027

*Source: IQVIA Analytics Link, June 2026. Reminder: Antibiotics sales typically peak around loss of exclusivity (LOE), which has not yet been reached.

¹ QIDP and Fast Track designations by the FDA for cUTI and uncomplicated urinary tract infections.

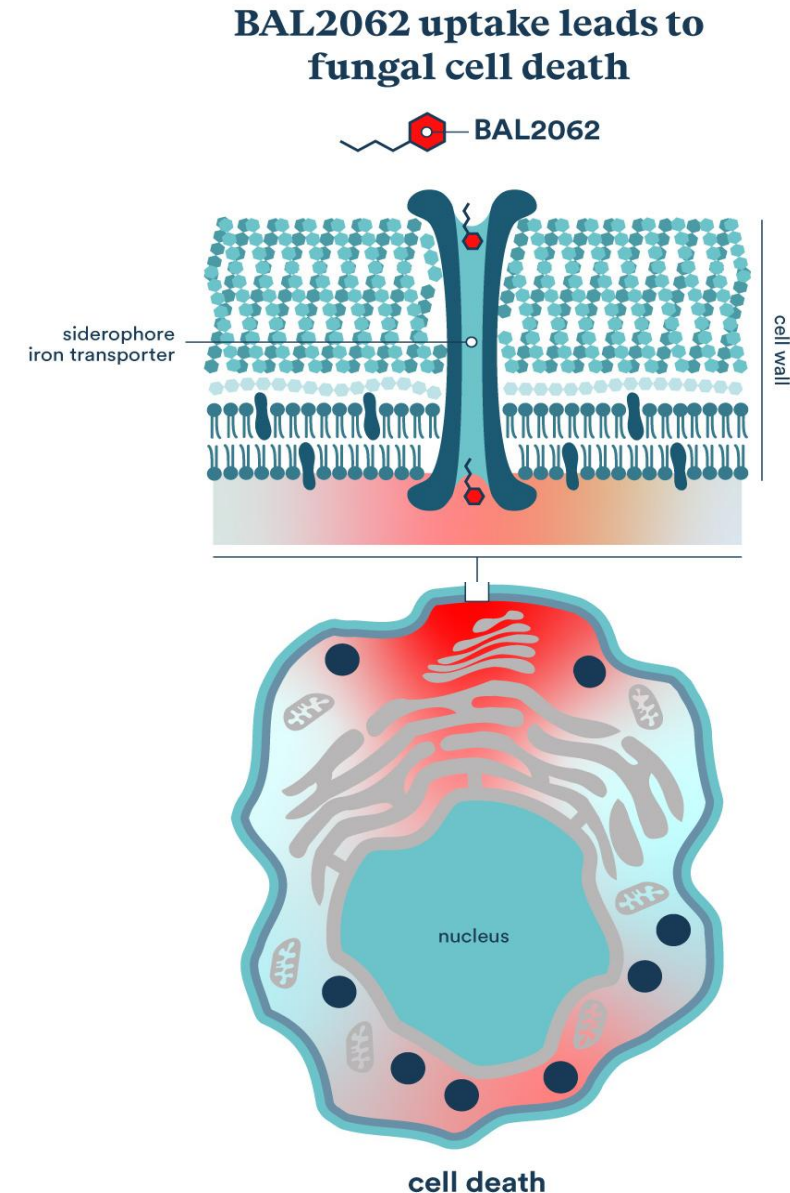
Anti-infective pipeline

Early-stage programs



BAL2062 – For the treatment of invasive aspergillosis

- First-line IV treatment of invasive aspergillosis (incl. azole-resistant) with the potential to deliver superior efficacy vs. standard-of-care
- Rapidly fungicidal with a new mode of action
- Safe and well tolerated in a phase 1 study
- No expected drug–drug interactions (DDIs) and no renal toxicity
- No cross-resistance
- Regulatory discussions ongoing in 2026 to define phase 2 and phase 3 clinical development pathways

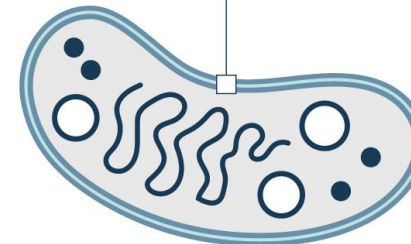
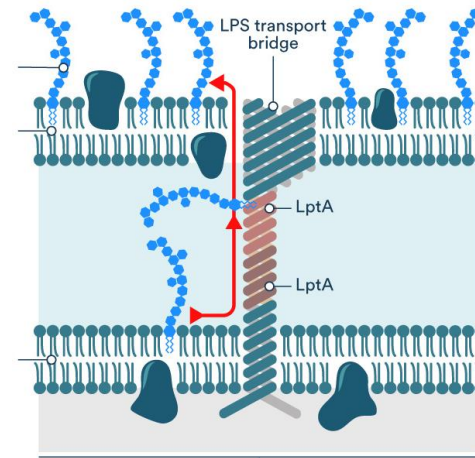


BAL2420 (LptA inhibitor)

Next generation first-in-class antibacterial

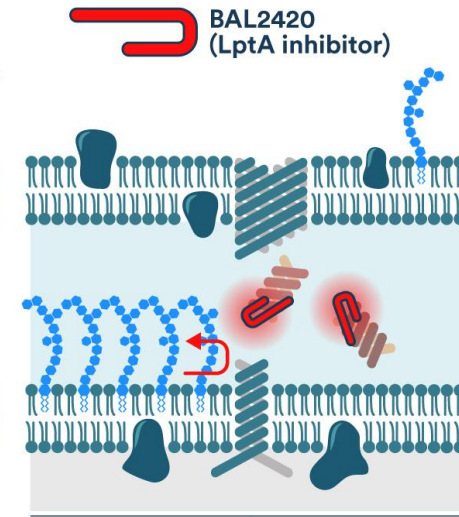
- Bactericidal with novel mode of action targeting the lipopolysaccharide transport protein A (LptA) of Gram-negative bacteria
- Potential new treatment option for the most frequent Gram-negative pathogens causing infections (Enterobacteriaceae), including carbapenem-resistant isolates
- No cross-resistance to other antibiotic classes
- First-in-human phase 1 clinical study¹ evaluating the safety, tolerability, and pharmacokinetics was initiated in Q1 2026

The lipopolysaccharide (LPS) transport bridge



Gram-negative bacterium

BAL2420 destroys the LPS transport bridge



cell death

¹ ClinicalTrials.gov ID: NCT07500181

Financials & Outlook

Financial statements Pharmaceutica Ltd, Allschwil									
Balance sheets									
	Footnote	2024	2023		Footnote	2024	2023		
Assets				Liabilities					
Intangible assets, net	6	72 271	59 255	Accounts payable		11 866	1 180		
Property, plant and equipment, net	7	7 255	2 389	Accrued interest		—	—		
Operating lease right-of-use assets, net	8	49 053	30 257	Deferred revenue		123	123		
Goodwill	9	31 800	26 410	Operating lease liabilities		2 045	1 261		
Other assets	10	28 604	3 265	Accrued and other current liabilities		43 771	23 720		
Total assets		191 490	102 145	Total current liabilities		31 562	45 394		
Intangible assets, net				Non-current liabilities					
Property, plant and equipment, net				Convertible senior secured bonds		95 798	92 461		
Operating lease right-of-use assets, net				Deferred revenue		8 536	3 451		
Goodwill				Operating lease liabilities		14 220	5 524		
Other assets				Other liabilities		14 675	5 760		
Total non-current assets				Total non-current liabilities		133 229	107 206		
Deferred tax assets				Total liabilities		364 791	357 221		
Other assets				Shareholders' equity (deficit)					
Total non-current assets				Share capital ¹		13 375	12 325		
Deferred tax assets				Treasury shares ²		(51 443)	(24 225)		
Other assets				Additional paid-in capital		1 046 283	1 046 283		
Total non-current assets				Accumulated deficit		(3 046)	(30 225)		
Deferred tax assets				Loss carried forward		—	—		
Other assets				Net profit for the year		—	—		
Total non-current assets				Total shareholders' equity (deficit)		1 056 215	1 018 383		
Deferred tax assets				Total liabilities and equity		230 459	173 289		
Other assets									
Total non-current assets									
Deferred tax assets									
Other assets									
Total non-current assets									

These financial statements should be read in conjunction with the footnotes.

¹ As of December 31, 2024, 13,099,200 shares (December 31, 2023: 13,099,200) were issued and 12,000,000 shares (December 31, 2023: 12,000,000) outstanding with a par value of CHF 100 per share.

² As of December 31, 2024, 1,096,307 shares (December 31, 2023: 1,096,307) with a par value of CHF 100.

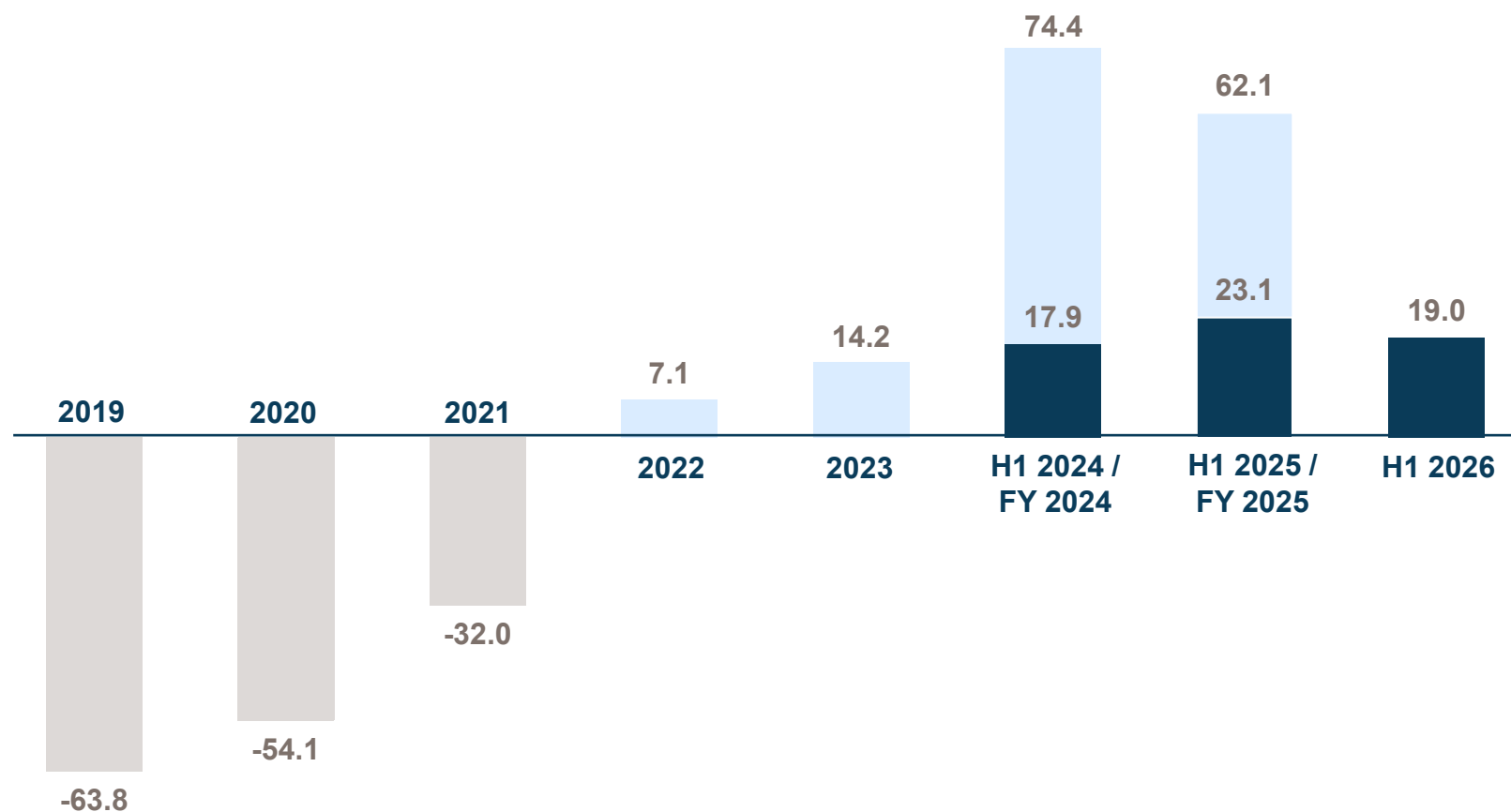
Strong financial results H1 2026 – Significant increase in revenue and profit

in CHF million	H1 2026	H1 2025
Cresemba and Zevtera related revenue	92.3	90.5
of which royalty income	57.8	52.1
of which milestone and upfront payments	4.7	6.9
Other revenue	26.7	13.5
Total revenue	119.0	104.0
Cost of products sold	15.4	24.2
Operating expenses	72.0	55.7
Operating profit	31.6	24.0
Net profit	27.9	15.8
Cash and cash equivalents and restricted cash (as of June 30, 2026/2025)	176.0	132.7

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

Strong cash flows while making significant R&D investments

Cash flows from operating activities (in CHF million)

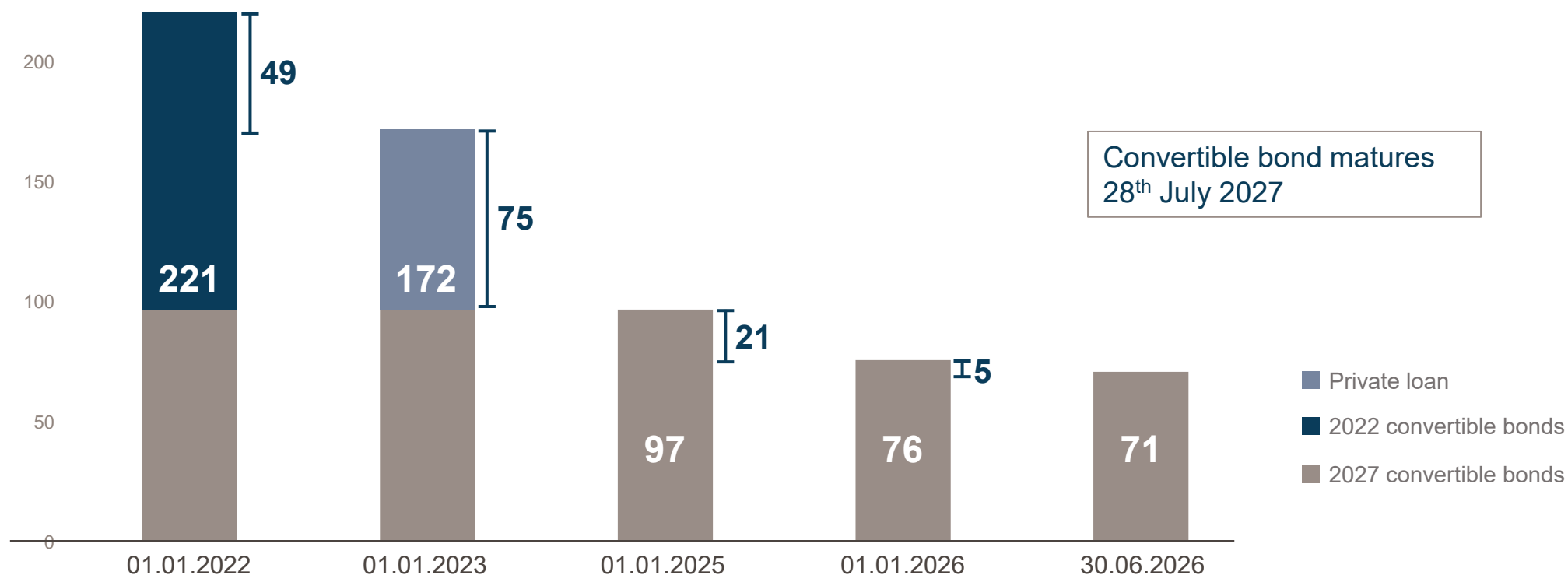


Note: Consolidated figures in conformity with US GAAP; rounding applied consistently

Strengthening the balance sheet through debt reduction

CHF 150 million debt reduction between 2022-2026 (nominal value)

in CHF million
250



Note: rounding applied consistently

Updated FY 2026 financial guidance – Increase in total revenue driving 40% increase in operating profit

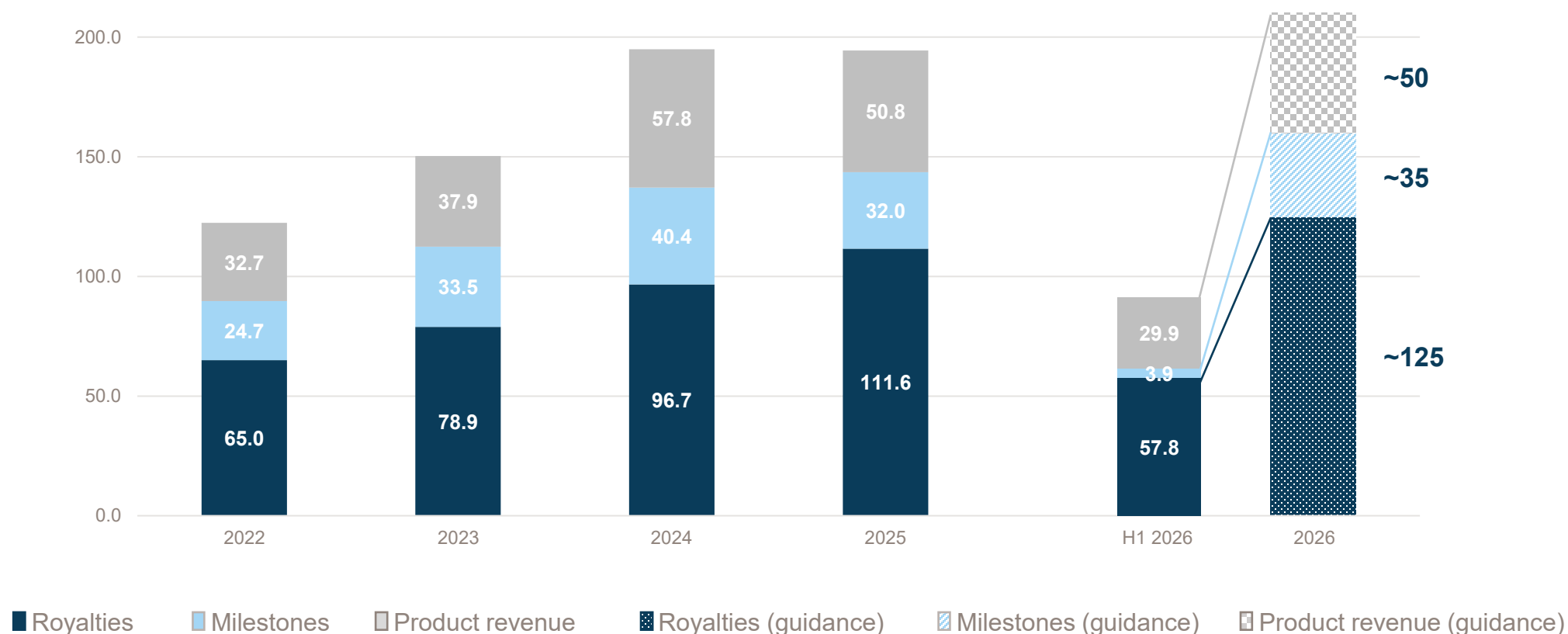
in CHF million	FY 2026 updated guidance	FY 2026 previous guidance	FY 2025 actuals
Cresemba and Zevtera related revenue	~210	~200	194.4
<i>of which royalty income</i>	~125	~120	111.6
Total revenue	~ 15% increase	~ 10% increase	232.4
Research and development expenses	~ 20% increase	~ 20% increase	105.9
Operating profit	~ 40% increase	~ 20% increase	51.5

Note: Consistent rounding was applied.

Cresemba and Zevtera related revenue

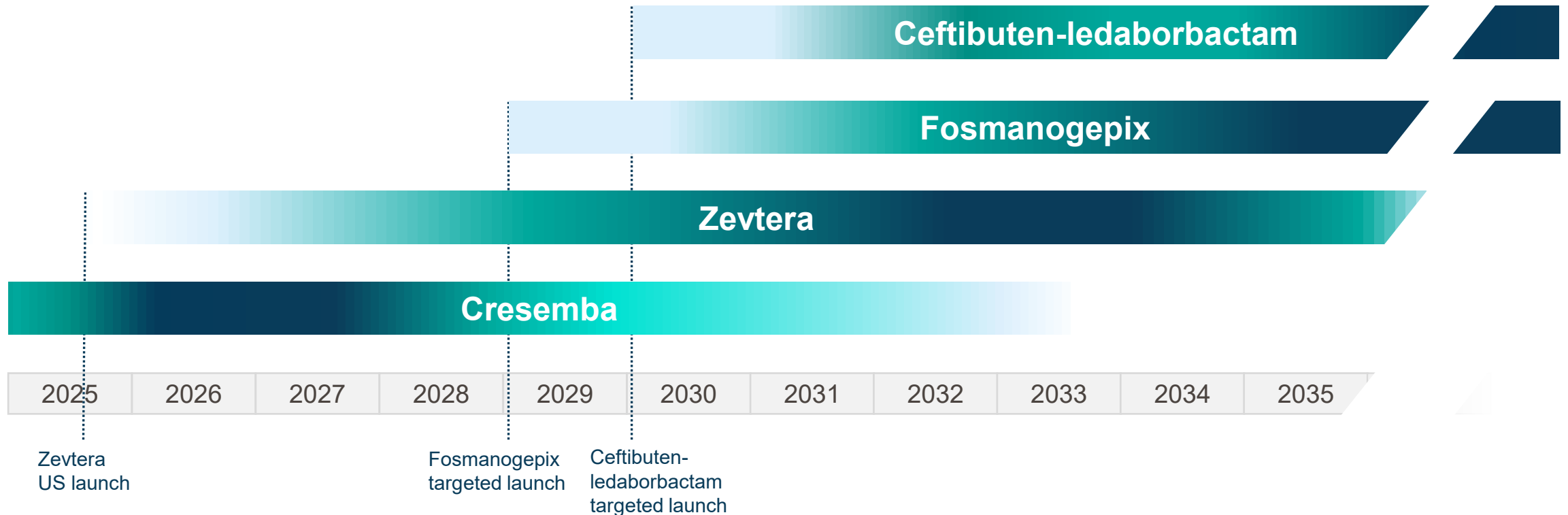
Revenue mix shifting towards higher margin revenues – increasing cash contribution

in CHF million



Commercial portfolio outlook

Targeting four commercial products by 2030



“Agenda 2030” – Delivery on track

Strong operational execution reinforces confidence in our financial targets

Strong financial position



- CHF 160 million cash as of end-2025
- Approx. CHF 600 million cumulative cash flow from Cresemba and Zevtera from 2026 to 2030
- More than USD 350 million potential non-dilutive funding from existing agreements (awarded and potential future tranches) from 2026 to 2030

This allows us to



- Bring phase 3 programs to market with the potential to double current in-market sales
- Advance early-stage pipeline
- In-license or acquire exciting new assets

Investing in Basilea Pharmaceutica

- 1** Profitable commercial-stage company with two marketed anti-infective products

- 2** Strong financial position with sustainable cash flows supporting continued growth

- 3** Leading strategic position in an area of high unmet medical need, addressing rising challenges in treating severe bacterial and fungal infections

- 4** Current phase 3 pipeline assets alone creates opportunity to double 2025 in-market sales

- 5** Proven, capital-efficient and asset-light business model with low operational expenses, non-dilutive funding, and strong global partnerships

Disclaimer and forward-looking statements

This communication, including the accompanying oral presentation, contains certain forward-looking statements, including, without limitation, statements containing the words “believes”, “anticipates”, “expects”, “supposes”, “considers”, and words of similar import, or which can be identified as discussions of strategy, plans or intentions. Such forward-looking statements are based on the current expectations and belief of company management, and are subject to numerous risks and uncertainties, which may cause the actual results, financial condition, performance, or achievements of Basilea, or the industry, to be materially different from any future results, performance, or achievements expressed or implied by such forward-looking statements. Such factors include, among others, the following: the uncertainty of pre-clinical and clinical trials of potential products, limited supplies, future capital needs and the uncertainty of additional funding, compliance with ongoing regulatory obligations and the need for regulatory approval of the company’s operations and potential products, dependence on licenses, patents, and proprietary technology as well as key suppliers and other third parties, including in preclinical and clinical trials, acceptance of Basilea’s products by the market in the event that they obtain regulatory approval, competition from other biotechnology, chemical, and pharmaceutical companies, attraction and retention of skilled employees and dependence on key personnel, and dependence on partners for commercialization of products, limited manufacturing resources, management’s discretion as to the use of proceeds, risks of product liability and limitations on insurance, uncertainties relating to public health care policies, adverse changes in governmental rules and fiscal policies, changes in foreign currency and other factors referenced in this communication. Given these uncertainties, prospective investors are cautioned not to place undue reliance on such forward-looking statements. Basilea disclaims any obligation to update any such forward-looking statements to reflect future events or developments, except as required by applicable law.



Save the date

Capital Markets Day

October 28, 2026

Zurich, Switzerland



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Glossary

–	ABSSSI	A cute b acterial s kin and s kin s tructure infections	–	HABP	H ospital- a cquired b acterial p neumonia
–	BARDA	B iomedical A dvanced R esearch and D evelopment A uthority	–	IV	I ntravenous
–	BL/BLI	B eta-lactam/ B eta-lactamase inhibitor	–	LOE	L oss of E xclusivity
–	CABP	C ommunity-acquired b acterial p neumonia	–	LPS	L ipopolysaccharide
–	CARB-X	C ombating A ntibiotic- R esistant B acteria Biopharmaceutical A ccelerator	–	LptA	L ipopolysaccharide transport protein A
–	CDC	US C enters for D isease C ontrol and P revention	–	MAT	M oving A nnual T otal
–	CHF	Swiss Franc	–	MENA	M iddle E ast and N orth A frica
–	CAPEX	C apital E xpenditures	–	Mn	Million
–	CRE	C arbapenem R esistant E nterobacterales	–	NIM	N on-inferiority m argin
–	cUTI	C omplicated U rinary T ract Infections	–	MRSA	M ethicillin-resistant <i>Staphylococcus aureus</i>
–	DDI	D rug– D rug Interaction	–	MSSA	M ethicillin-susceptible <i>Staphylococcus aureus</i>
–	EMA	E uropean M edicines A gency	–	NTAP	N ew T echnology A dd-On P ayment
–	ESBL	E xtended s pectrum b eta-lactamase	–	OTA	O ther T ransaction A greement
–	EU	E uropean U nion	–	QIDP	Q ualified I nfectious D isease P roduct
–	FDA	US F ood and D rug A ministration	–	R&D	R esearch and D evelopment
–	FY	Full Year	–	ROW	R est of W orld
–	GPO	G roup P urchasing O rganizations	–	SAB	<i>Staphylococcus aureus</i> bacteremia
			–	US	U nited S tates
			–	US GAAP	U nited S tates G enerally A ccepted A ccounting P inciples
			–	USD	U nited S tates D ollar



**Shaping the Future
of Infectious Diseases**

**Hegenheimermattweg 167b
4123 Allschwil
Switzerland**

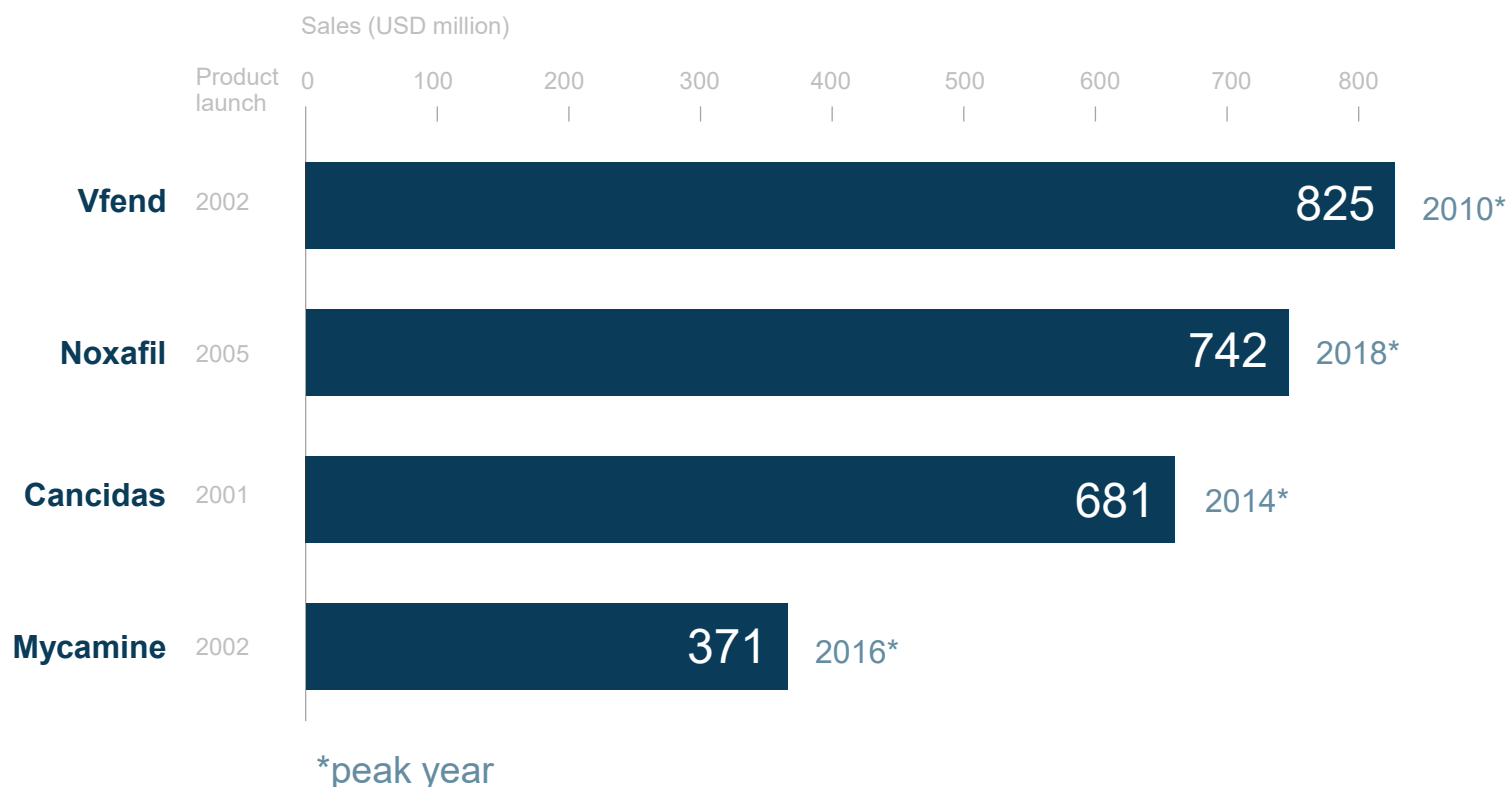
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A red L-shaped line consisting of a horizontal segment and a vertical segment meeting at a right angle.

Appendix

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

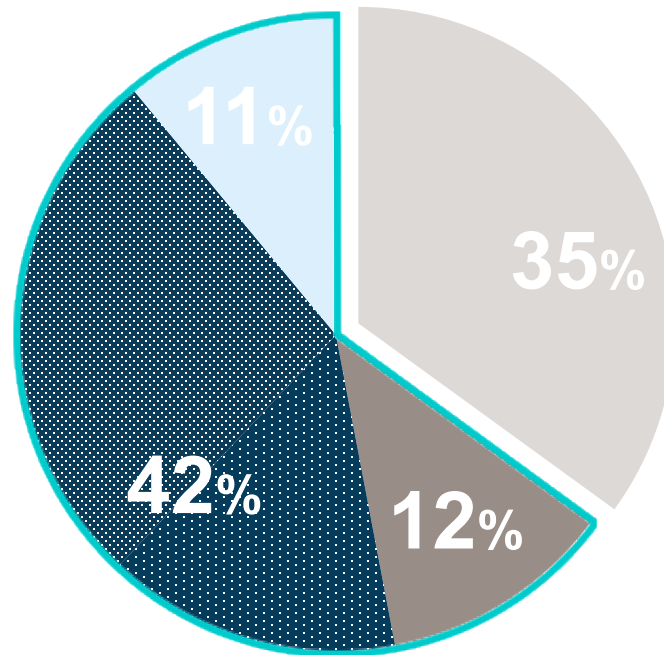


- Sales of branded antifungals typically peak around the time of their loss of exclusivity (more than 10 years market opportunity)
- Basilea's **Cresemba** is already today achieving ~**USD 817 million** annual sales with continued strong double-digit year on year growth

Basilea's revenues from Cresemba by geography

65% generated outside of the US

Geographic revenue distribution (2025)



US (Astellas) Japan (Asahi Kasei) Europe (Pfizer) APAC (Pfizer) ROW (Distributors)*

Cresemba generics timing:

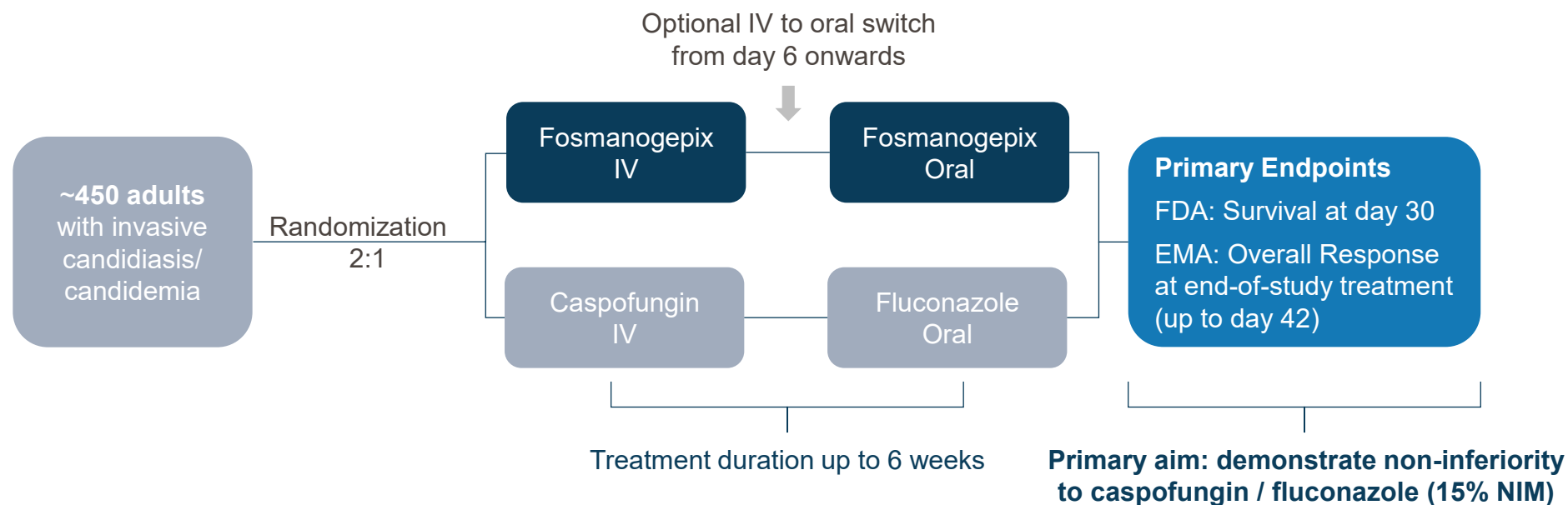
- US: Generics impact expected from Q4 2027
- Europe: Generics impact expected from H2 2028

*Assuming 90% of Distributors revenue attributed to Cresemba

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



¹ ClinicalTrials.gov ID: 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



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

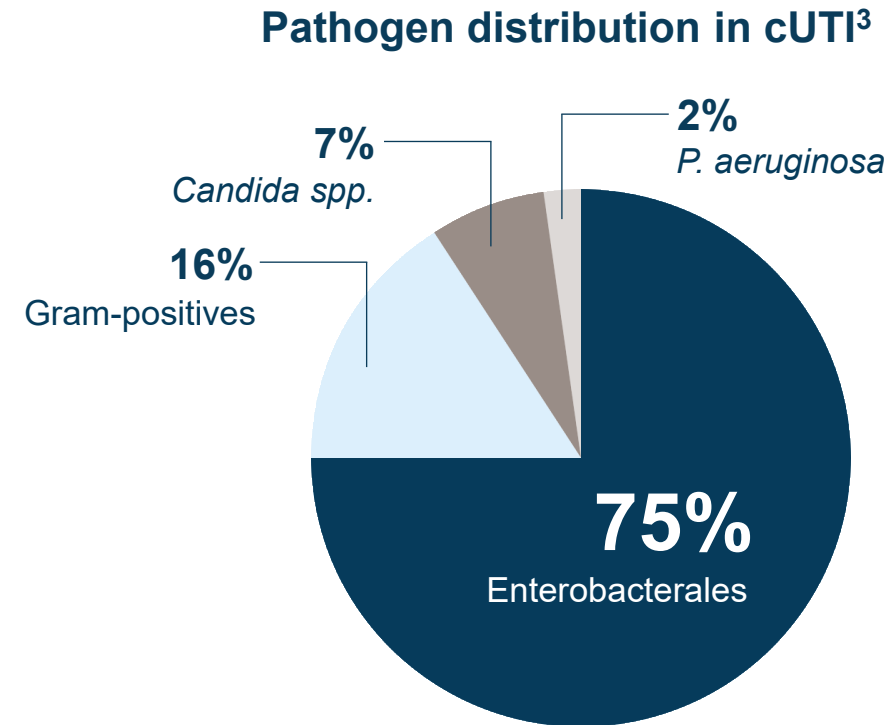
Treatment duration up to 180 days

Primary endpoint: Day 42 all-cause mortality

¹ ClinicalTrials.gov ID: NCT06925321.

Complicated urinary tract infections: Resistant Enterobacterales pathogens drive opportunity

- cUTIs are urinary tract infections extending beyond the bladder, accompanied by local and systemic symptoms
- cUTIs are among the most common bacterial infections in both hospital and community settings
 - Associated with considerable morbidity and healthcare resource utilization
- Gram-negative bacteria, particularly uropathogenic *Escherichia coli* (*E. coli*), are a leading cause of cUTI^{1,2}
- Significant proportion of Enterobacterales (e.g., *E. coli*) are multi-drug-resistant and/or ESBL producing²



¹ Flores-Mireles AL, et al. Nat Rev Microbiol. 2015;13(5):269-84; ² Marantidis J, Sussman RD. Infect Drug Resist. 2023;16:1391-1405; ³ Lodise TP, et al. Open Forum Infect Dis. 2022;9(7):ofac315.

Adapted from Flores-Mireles et al. Nat Rev Microbiol. 2015;13(5):269-84.