Focused on Growth and Innovation

“Patients are at the heart of what we do”

Investor presentation

February 14, 2023

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Executive summary

Experienced leadership team

David Veitch CEO

Joined: 2014

Previous roles: Bristol-Myers Squibb; SmithKline Beecham

Adesh Kaul CFO

Joined: 2009

Previous roles: POLYPHOR; Genedata solutions in-silico

Marc Engelhardt MD, Ph.D. CMO

Joined: 2010

Previous roles: NOVARTIS; BRACCO

Gerrit Hauck Ph.D. CTO

Joined: 2018

Previous roles: SANOFI

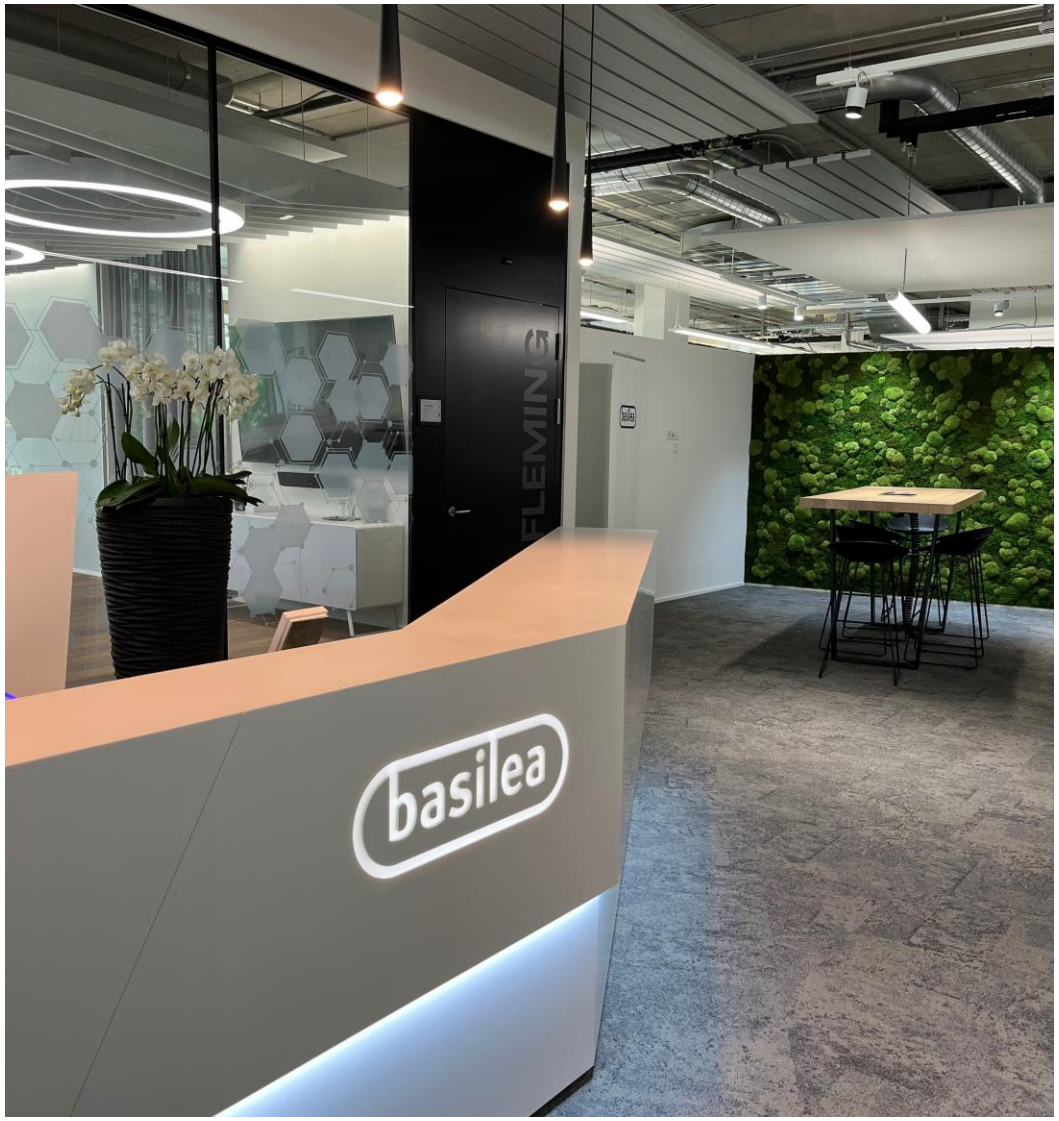
Laurenz Kellenberger Ph.D. CSO

Joined: 2000

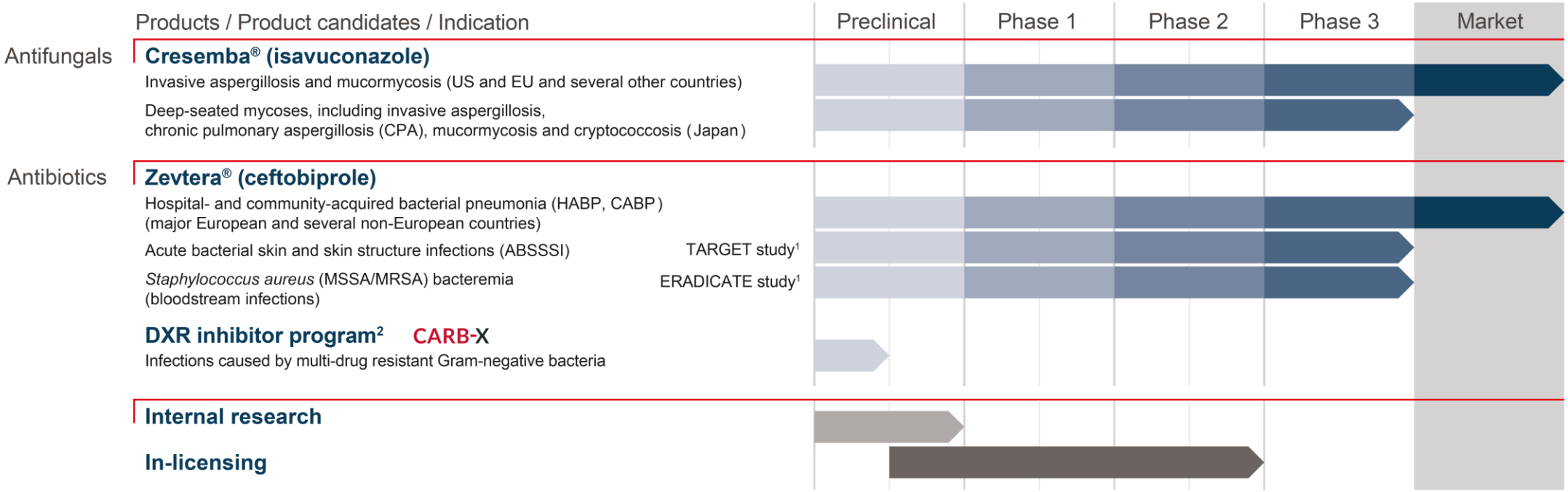
Previous roles: UNIVERSITY OF CAMBRIDGE; Roche

At a glance

- Focus on the treatment of severe bacterial and fungal infections
- Recognized ability to establish and manage partnerships in both the development and commercial phase
- Cresemba® and Zevtera® – two revenue generating hospital anti-infective brands
- Commercial products complemented by programs which are in an earlier stage of development
- Profitable company listed on SIX Swiss Stock Exchange, SIX: BSLN
- Located in the Basel area life sciences hub, Switzerland

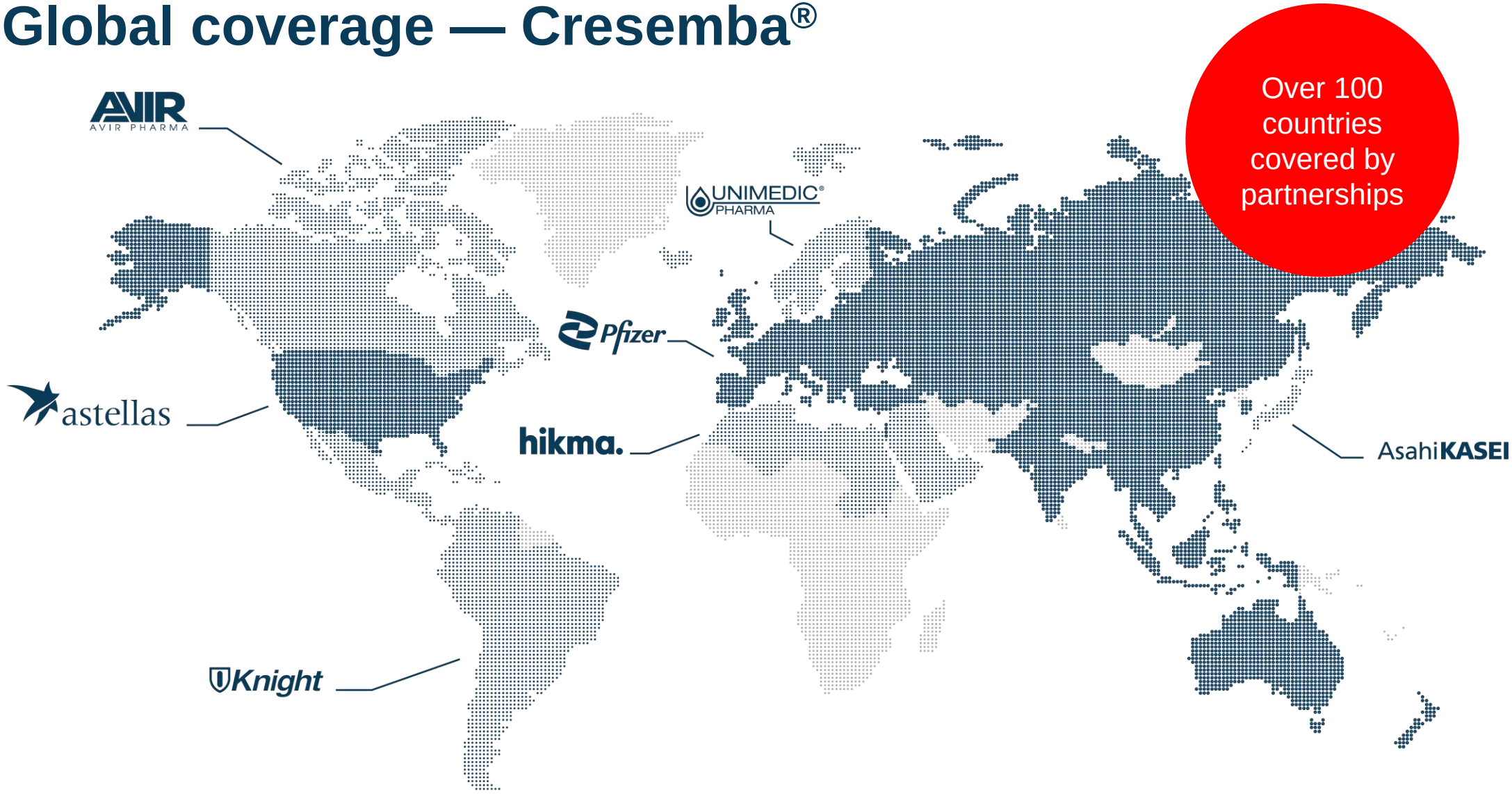


Potential for sustainable growth and value creation based on commercialized brands and innovative pipeline



1 Studies to support US NDA. Phase 3 program is funded in part with federal funds from the US Department of Health and Human Services; Administration for Strategic Preparedness and Response; Biomedical Advanced Research and Development Authority (BARDA).
2 CARB-X's funding for this project is sponsored by Cooperative Agreement Number IDSEP160030 from ASPR/BARDA and by awards from Wellcome Trust and Germany's Federal Ministry of Education and Research. The content is solely the responsibility of the authors and does not necessarily represent the official views of CARB-X or any of its funders.

Global coverage — Cresemba®



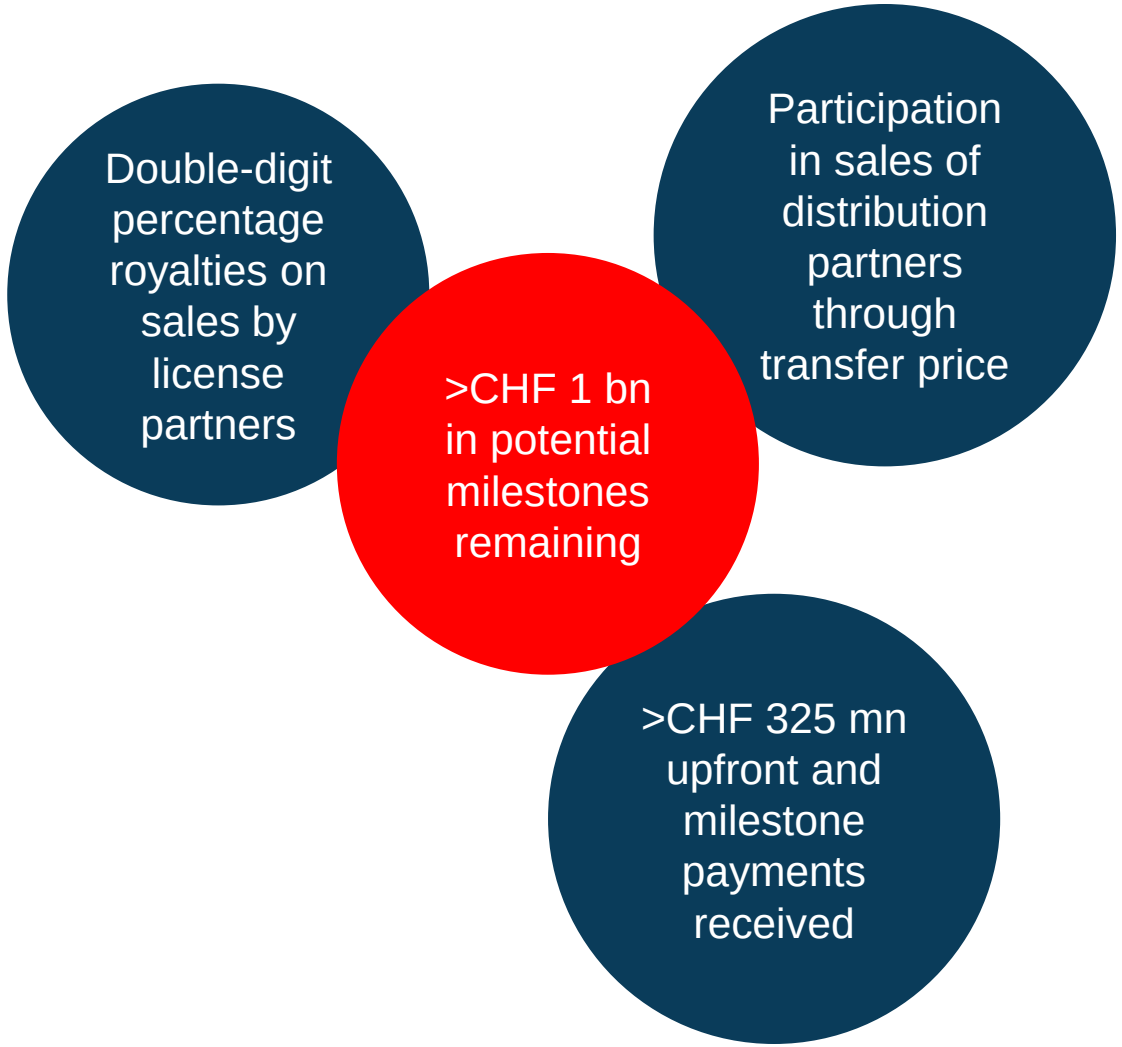
The company we keep — Established strong partnerships

License partners

Pfizer Europe (excl. Nordics), China Asia-Pacific, Russia, Turkey and Israel (Cresemba®)	astellas U.S. (Cresemba®)
AsahiKASEI Japan (Cresemba®)	CR Gosun China (Zevtera®)

Distribution partners

ADVANZ PHARMA Europe (excl. Nordics), Israel (Zevtera®)	hikma. MENA region (Cresemba® and Zevtera®)	Knight LatAm (Cresemba® and Zevtera®)
UNIMEDIC PHARMA Nordics (Cresemba® and Zevtera®)	AVIR PHARMA Canada (Cresemba® and Zevtera®)	LANCET Russia and the Eurasian Economic Union (Zevtera®)



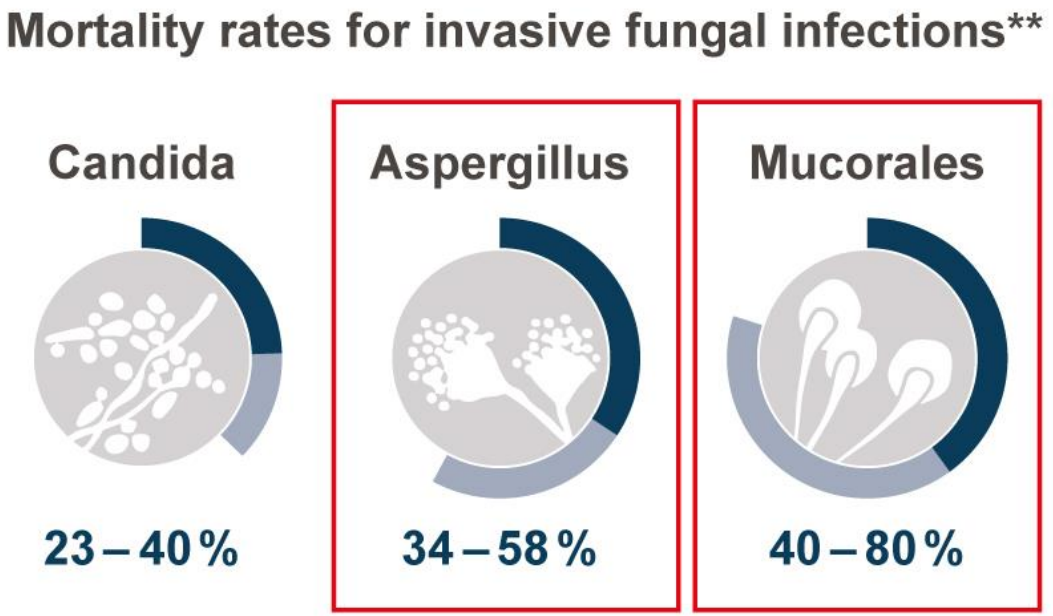
Antifungal

Cresemba® (isavuconazole)

Invasive mold infections

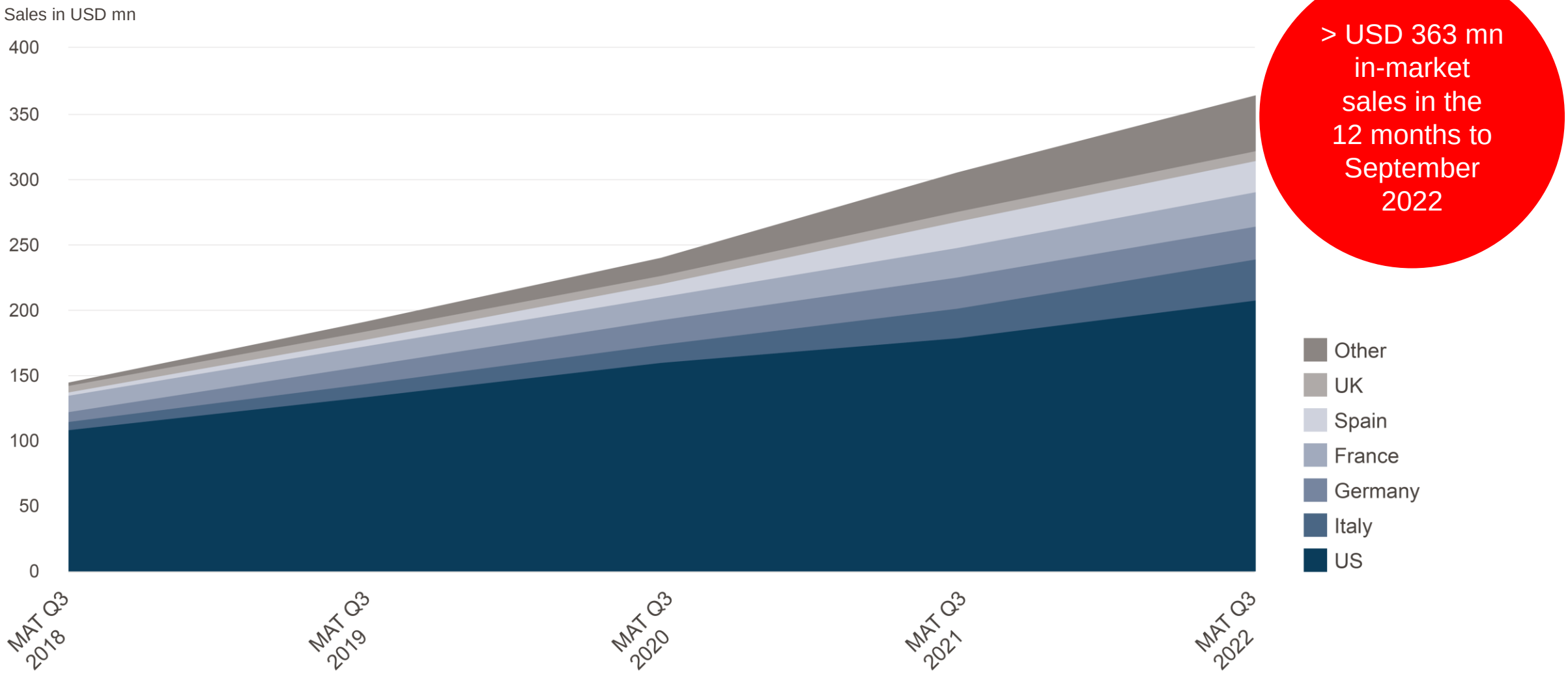
The market — Invasive fungal infections

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



**Kullberg/Arendrup *N Engl J Med* 2015, Baddley *Clin Infect Dis* 2010, Roden *Clin Infect Dis* 2005, Greenberg *Curr Opin Infect Dis* 2004.

Cresemba continues strong in-market sales uptake

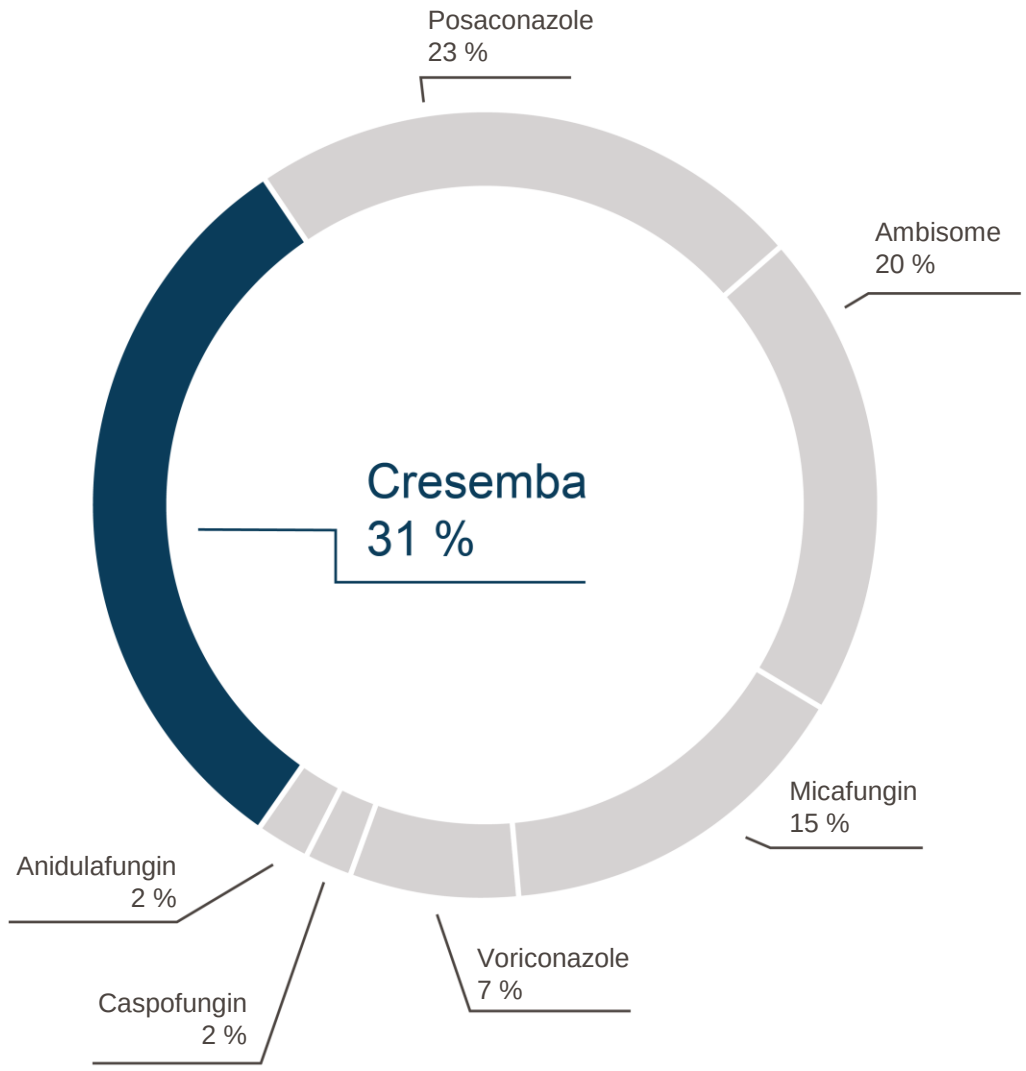


> USD 363 mn in-market sales in the 12 months to September 2022

MAT: Moving annual total; Source: IQVIA Analytics Link, September 2022

Cresemba has become the market leader in the US in terms of value

- Consistently increased market share among best-in-class antifungals* since launch to 31% by September 2022**



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

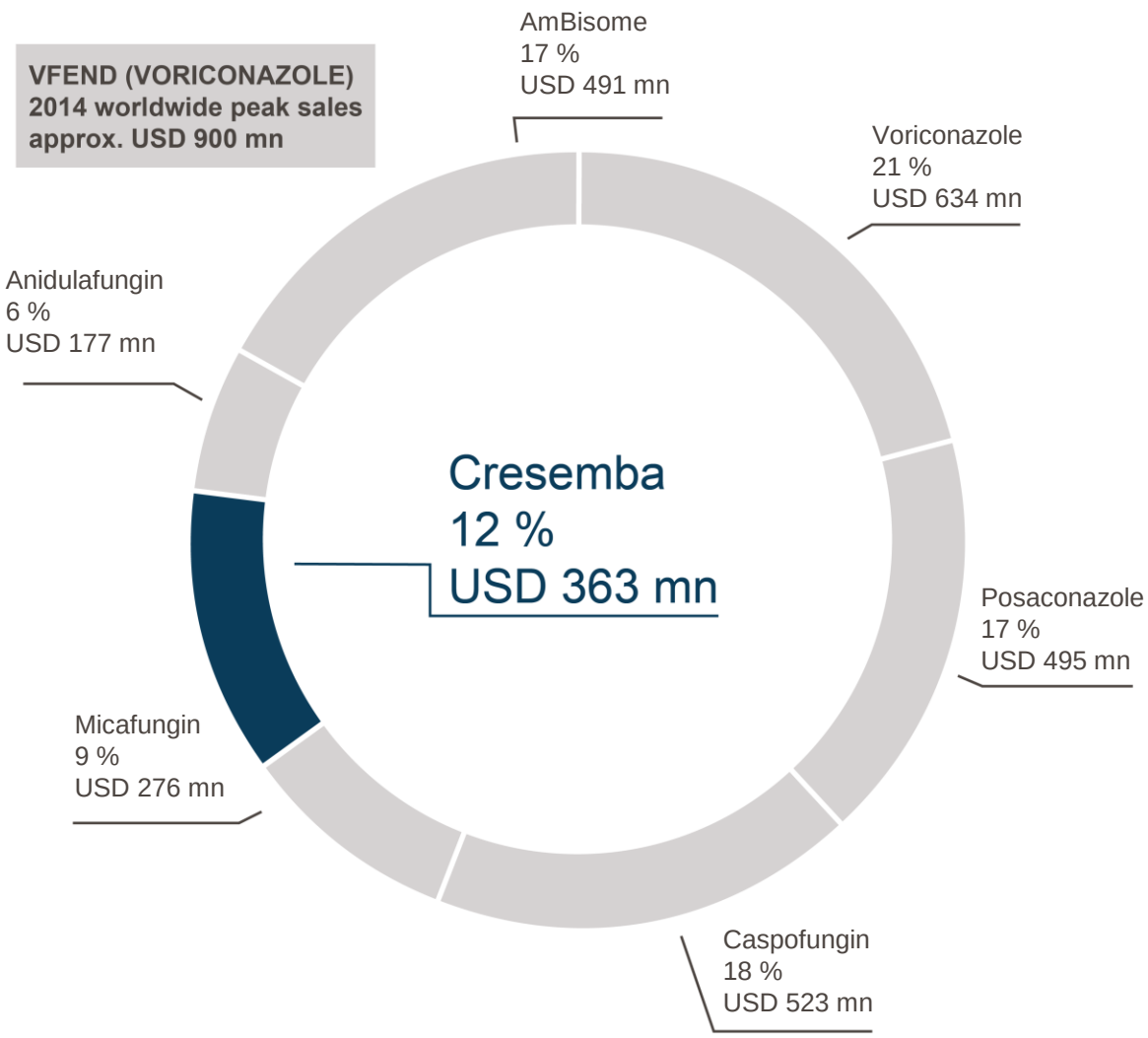
**Market share based on MAT Q3 2022, in-market sales reported as moving annual total (MAT) in US dollar; rounding consistently applied. Source: IQVIA Analytics Link, September 2022

Global sales of best-in-class antifungals* by product

USD 3.0 bn sales (MAT Q3 2022)

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

- Launched in 63 countries by end-2022
- Exclusivity through 2027 in the US and potential pediatric exclusivity extension to 2027 (from 2025) in the EU



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

MAT: Moving annual total; Source: IQVIA Analytics Link, September 2022, rounding consistently applied

Cresemba — Differentiated by spectrum, safety and tolerability

- Broad spectrum of activity against molds, including emerging molds (mucorales)
- Consistent plasma levels
- Statistically fewer drug-related adverse events and treatment-emergent adverse events (liver, skin, eye) in invasive aspergillosis patients vs. voriconazole in SECURE phase 3 study
- Can be administered without restriction in patients with renal impairment
- Manageable drug-drug interaction profile
- Once daily maintenance dose, i.v./oral treatment
- ECIL-6 guideline: Cresemba® recommended for the first-line treatment of invasive aspergillosis in leukemia and hematopoietic stem cell transplant patients. ECIL states that isavuconazole is as effective as voriconazole with a better safety profile.

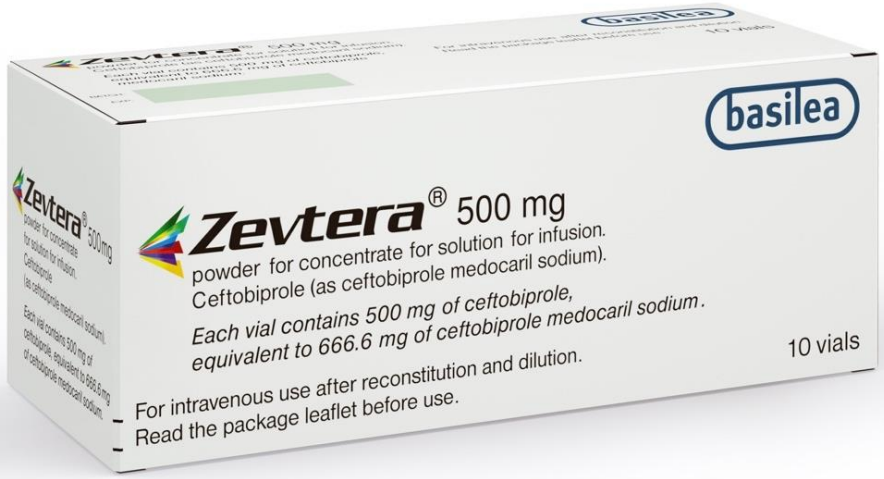
Antibacterial

Zevtera® (ceftobiprole)

Severe bacterial infections

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]
- Marketed in selected countries in Europe, Latin America, the MENA-region and Canada
- US NDA submission in preparation



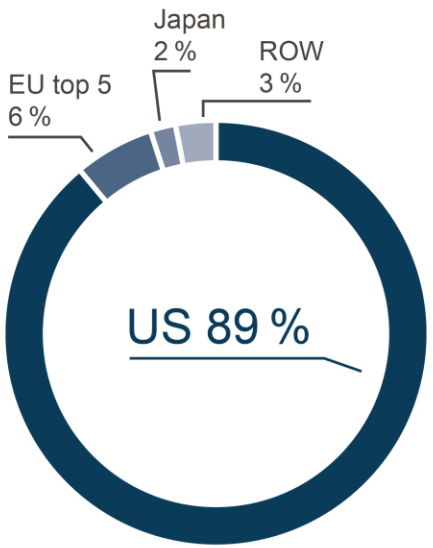
Approved in major European countries & several non-European countries for both hospital-acquired bacterial pneumonia (HABP), excluding ventilator-associated pneumonia (VAP), and community-acquired bacterial pneumonia (CABP). Not approved in the US

MENA: Middle East and North Africa

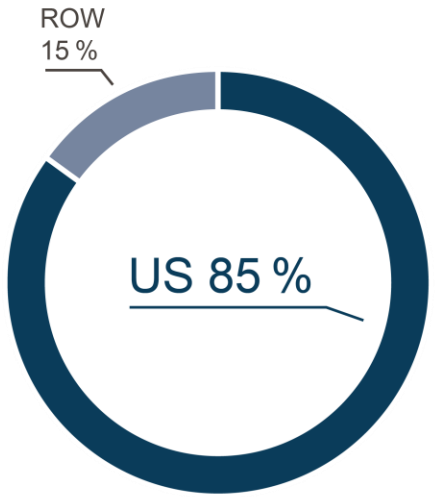
[1] Syed YY. Drugs. 2014;74:1523-1542 and Basilea data on file.
[2] Overcash JS et al. Clin Infect Dis. 2021;73:e1507-e1517.
[3] Holland TL et al., Open Forum Infect. Dis. 2022, 9: (S931–S932).
[4] Rubino CM et al. Pediatr Infect Dis J. 2021;40:997-1003.

The hospital anti-MRSA antibiotic market — A USD 2.7 bn market* with the US being the most important region

Daptomycin sales by region (2015, before LOE)



Ceftaroline sales by region (MAT Q3 2022)



* Vancomycin, linezolid, teicoplanin, daptomycin, tigecycline, telavancin, ceftaroline, dalbavancin, ceftobiprole, oritavancin and tedizolid (daptomycin and tigecycline are partial sales in the US in IQVIA data)

MRSA: Methicillin-resistant *Staphylococcus aureus*; LOE: Loss of exclusivity; ROW: Rest Of World; MAT: Moving annual total; Source: IQVIA Analytics Link, September 2022

Ceftobiprole — Strategy for accessing the US market

- Planned US NDA submission in March/April:
  - Two cross-supportive phase 3 studies under FDA Special Protocol Assessment (SPA)
    1. Acute bacterial skin and skin structure Infections (ABSSSI)[1]
    2. *Staphylococcus aureus* bacteremia (SAB)[2]

TARGET ABSSSI Study

ERADICATE SAB Study

  - Previously completed phase 3 study in community-acquired bacterial pneumonia (CABP) as a third indication[3]

- Phase 3 program largely funded by BARDA (~70% total program costs; up to USD ~136 mn)
- Qualified Infectious Disease Product (QIDP) designation extends US market exclusivity to 10 years from approval
- Commercialization planned through partnership
  - Partnership to be secured prior to the regulatory decision

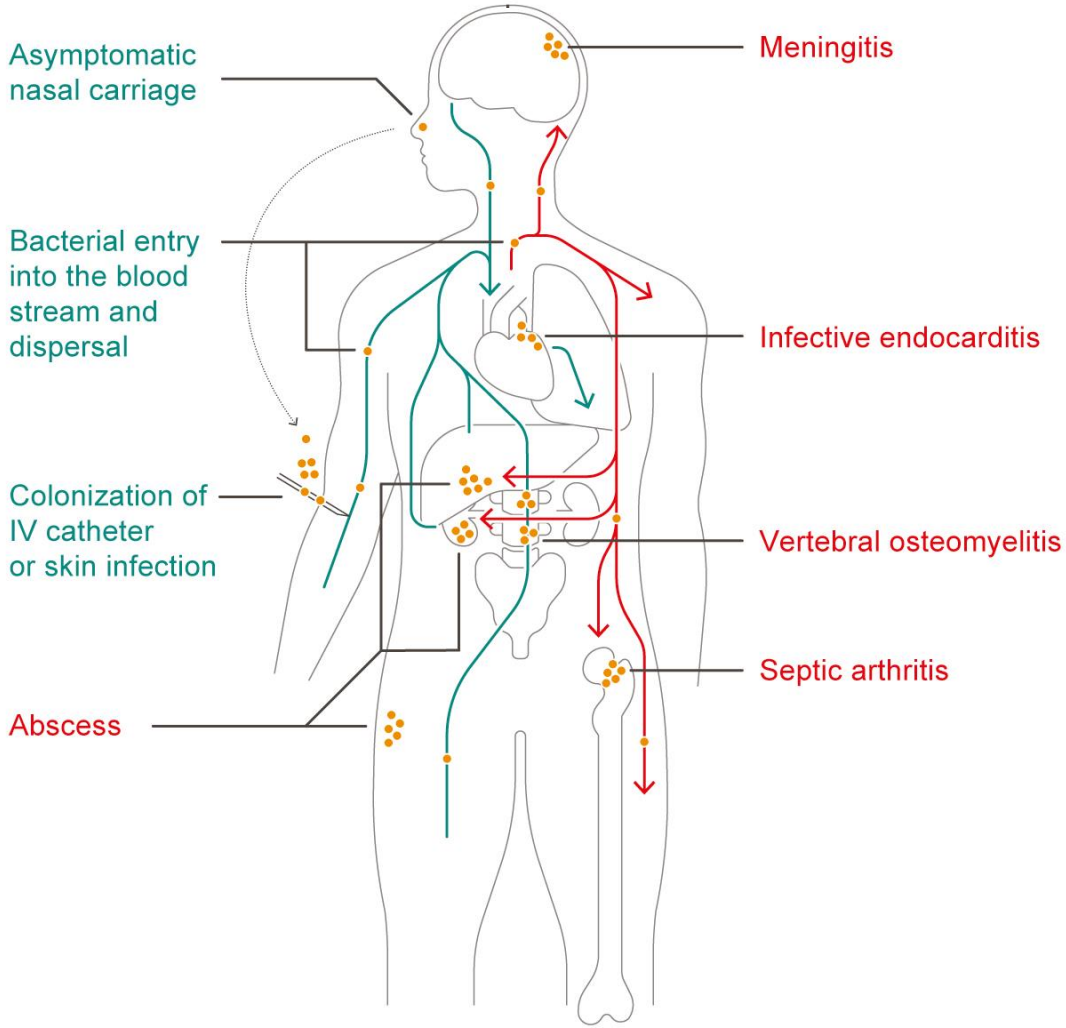
BIOMEDICAL ADVANCED RESEARCH AND DEVELOPMENT AUTHORITY
BARDA

[1] Overcash JS et al. Clin Infect Dis. 2021;73:e1507-e1517.
[2] Holland TL et al., Open Forum Infect. Dis. 2022, 9: (S931–S932).
[3] Nicholson SC et al. International Journal of Antimicrobial Agents 2012 (39), 240-246.

SAB – An area with high medical need

- Nearly 120,000 *S. aureus* bloodstream infections in the US (in 2017)[1]
- ERADICATE targets complicated SAB, characterized by concomitant or metastatic infections such as bone, joint or heart valve infections; persistent bacteremia; or bacteremia in patients on dialysis
- Substantial morbidity and approximately 20% 30-day mortality[2]
- Limited antibiotic treatment options with only two approved treatments for SAB in the US that cover both MSSA and MRSA, i.e. vancomycin and daptomycin

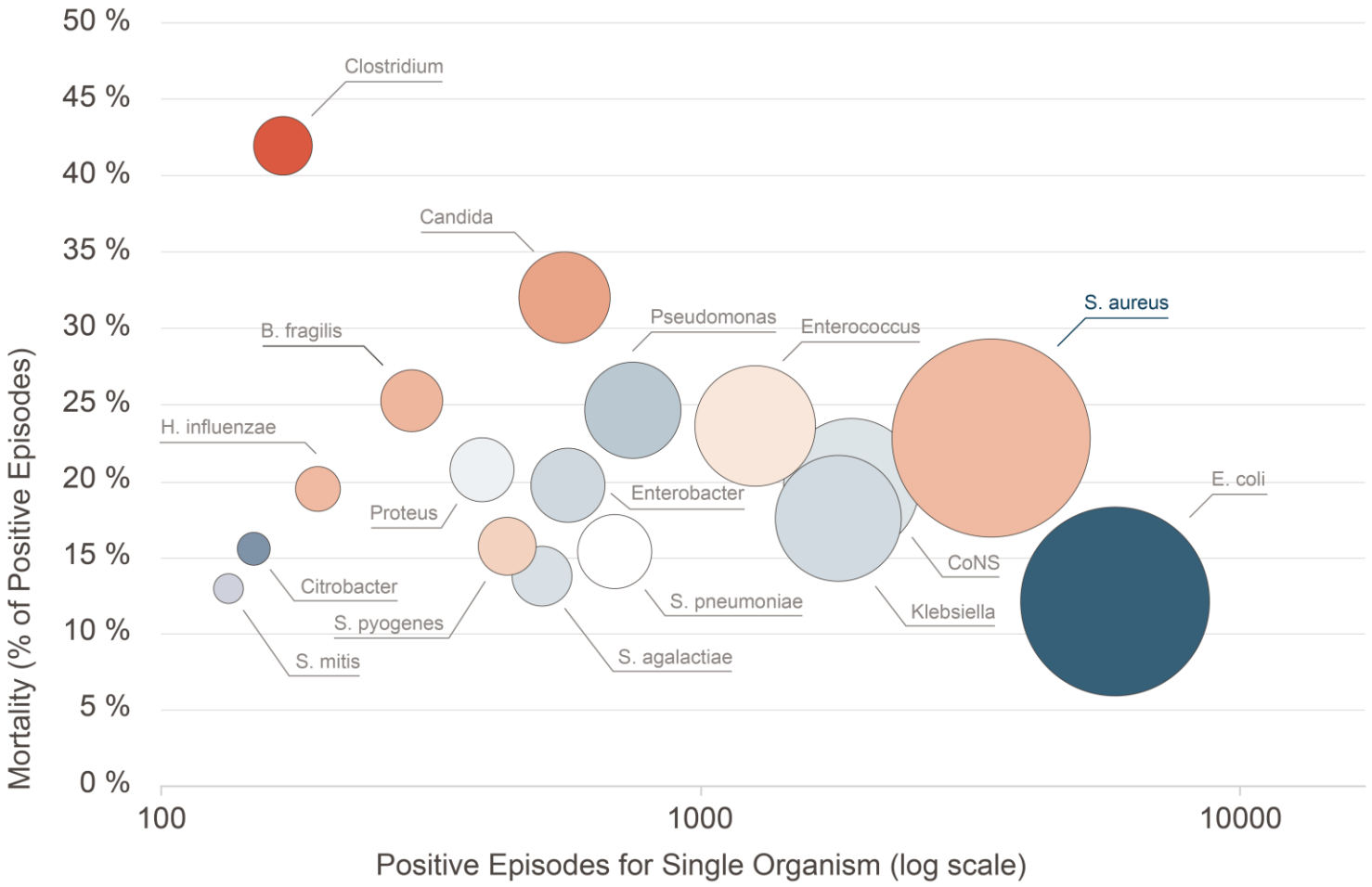
Causes and consequences of SAB



Adapted from Edwards AM et al. Trends Microbiol. 2011;19:184-190.

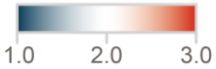
[1] MMWR, 2019;68:214–219.
[2] Hamed K et al. Future Microbiol. 2020;15:35-48.
MRSA: methicillin-resistant *Staphylococcus aureus*
MSSA: methicillin-susceptible *Staphylococcus aureus*

SAB — Highest disease burden among bloodstream infections



- Circle areas reflect total number of deaths
- Color coding represents the risk of dying from the pathogen relative to a control

Adjusted Mortality OR



Adapted from: Verway M et al. J Clin Microbiol. 2022;60:e0242921.

ERADICATE — The largest phase 3 registrational study conducted in SAB

- ERADICATE is the largest phase 3 study conducted for registrational purposes of a new antibiotic treatment in *Staphylococcus aureus* bacteremia.
- The randomized, double-blind, multicenter phase 3 study was a global study performed in 60 study centers in 17 countries from August 2018 to March 2022.
- 390 patients were randomized to ceftobiprole or daptomycin, with or without intravenous aztreonam for coverage of Gram-negative pathogens, for up to 42 days of treatment.
- Patient characteristics in the 387 patients included in the modified intent-to-treat (mITT) population were balanced between the treatment groups.
- Primary objective of demonstrating non-inferiority compared to daptomycin was achieved, similar outcomes observed for secondary endpoints.

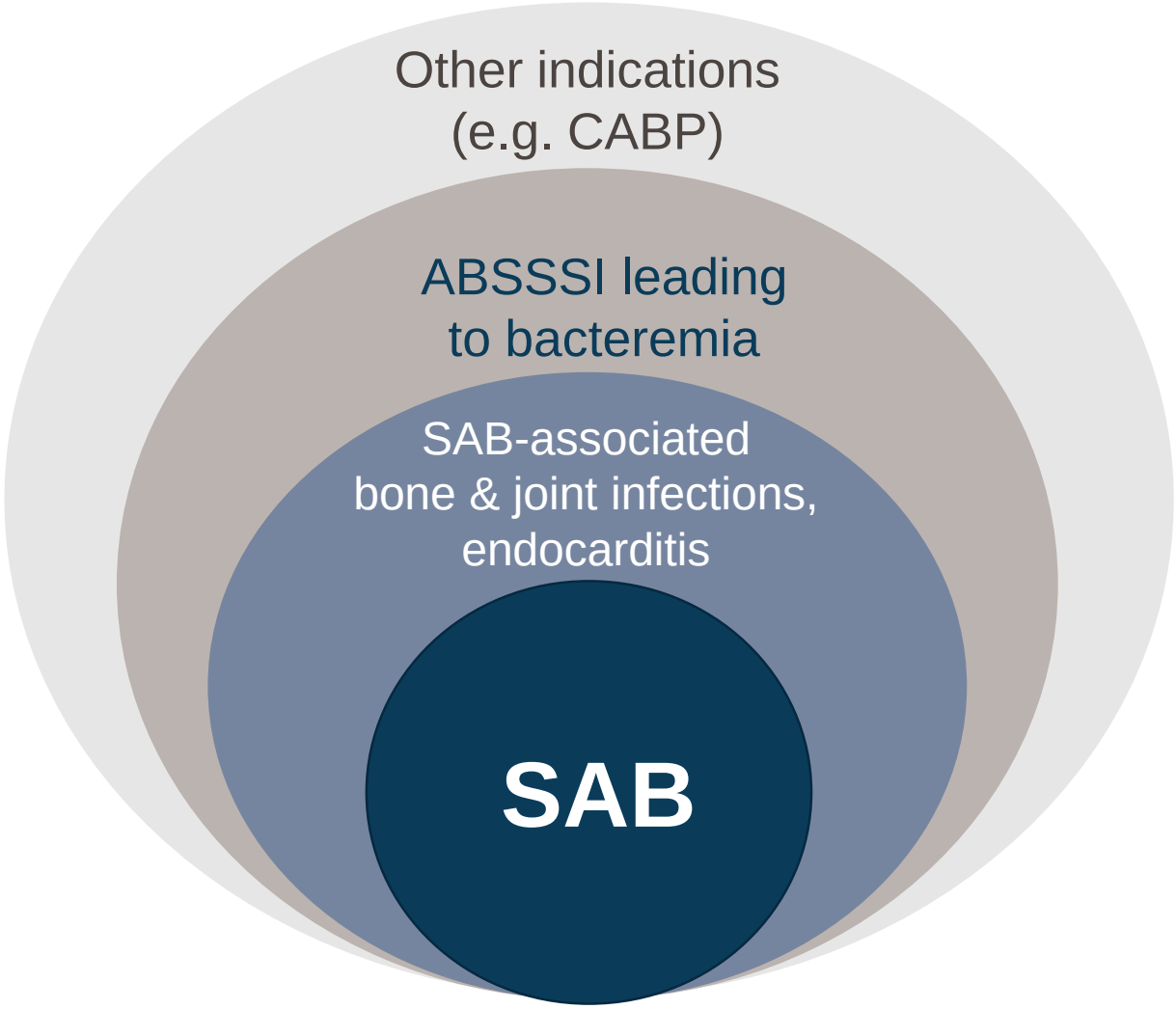
Ceftobiprole — Place in therapy

- 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 renal safety profile
  - The low propensity for resistance development

Focused launch in area of highest unmet medical with expansion opportunities

Patient potential in the United States

- *Staphylococcus aureus* bacteremia (SAB): 130,000 cases
- Acute bacterial skin and skin structure Infections (ABSSSI): 600,000 cases
- Community-acquired bacterial pneumonia (CABP): 800,000 cases



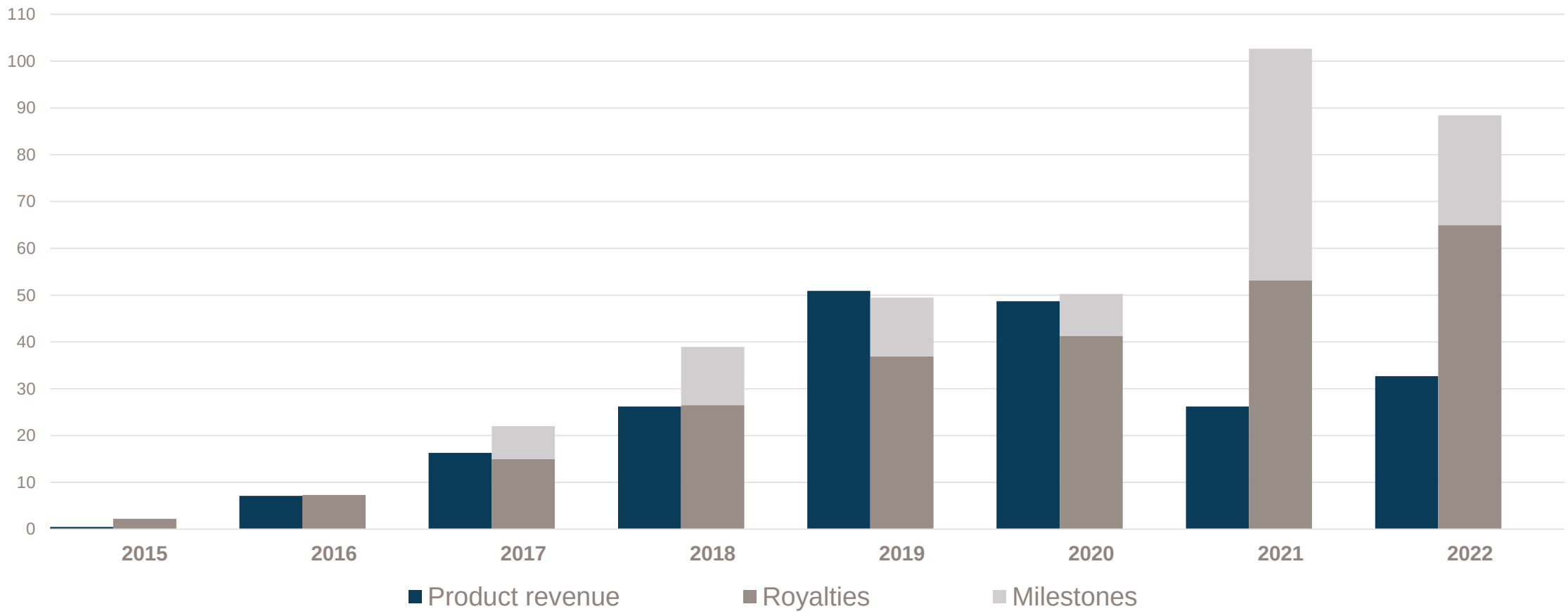
Financials & Outlook

Exceeded guidance – Strong financial results 2022

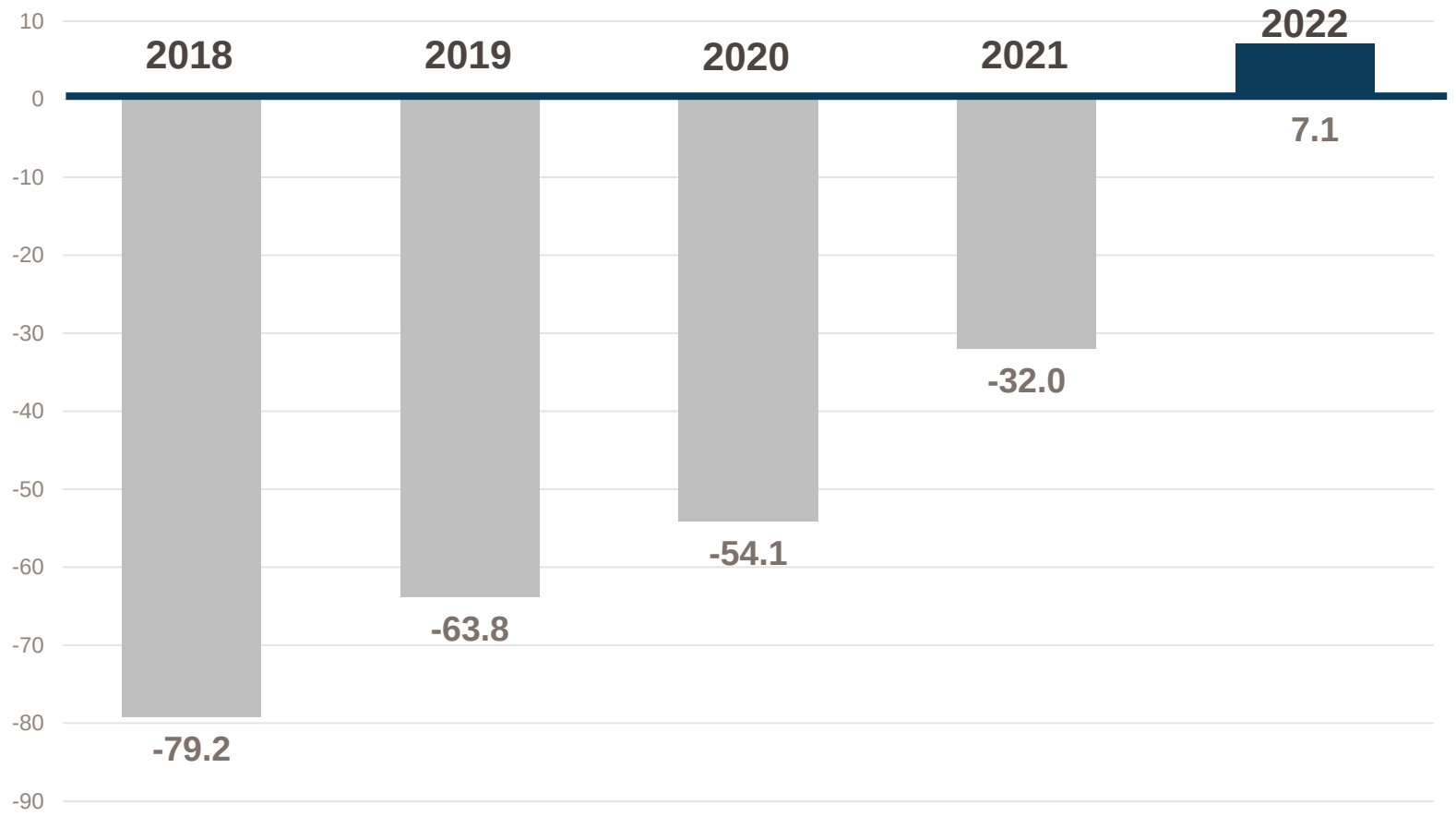
In CHF mn	FY 2022 (actual)	FY 2022 (guidance)
Cresemba & Zevtera related revenue	122.3	98 – 104
Royalty income	65.0	~59
Total revenue	147.8	116 – 122
Cost of products sold Operating expenses	24.6 104.6	21 – 24 ~110
Operating profit/(loss)	18.5	(10 – 15)

Note: Consistent rounding was applied.

Cresemba and Zevtera revenue breakdown (in CHF mn)

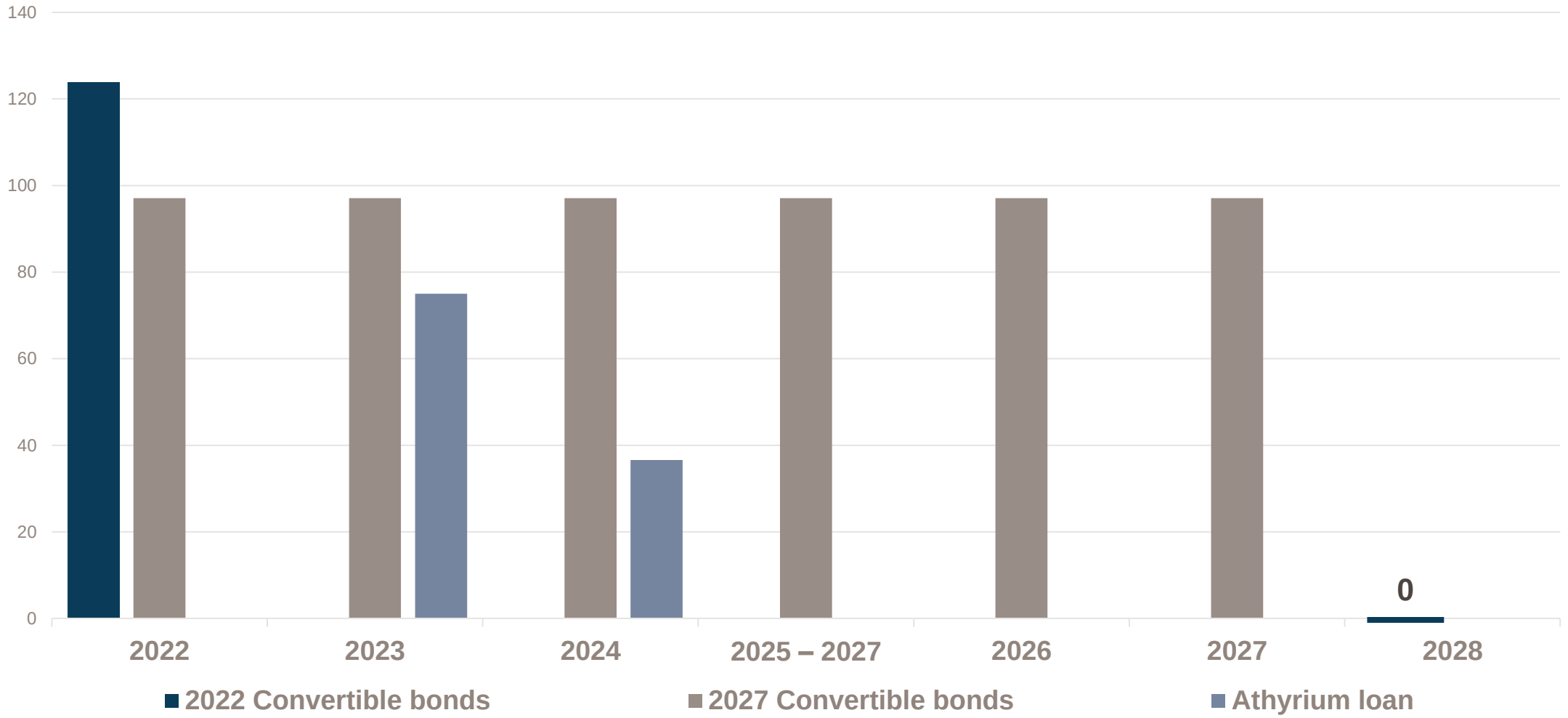


Cash flows from operating activities (in CHF mn)



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

Continued reduction of debt level (in CHF mn)



Note: Figures as of the beginning of the fiscal year; rounding applied consistently

2023 guidance – Continued growth in Cresemba & Zevtera related revenue and significant increase in profitability*

In CHF mn	FY 2023e (guidance)	FY 2022
Cresemba & Zevtera related revenue	145 – 148	122.3
Royalty income	~74	65.0
Total revenue	155 – 158	147.8
Cost of products sold Operating expenses	25 – 28 ~80	24.6 104.6
Operating profit	45 – 50	18.5
Net profit	36 – 41	12.1

*Excluding the impact of in-licensing activities

Key milestones

Product	H2 2022	H1 2023	H2 2023
Ceftobiprole (Zevtera)		US NDA submission (March/April)	Regulatory decision in the US (November/December)
			Executing US partnership
Isavuconazole (Cresemba)	Marketing approval in Japan ✓	Launch in Japan	
	Launched in 63 countries ✓		Pediatric submission

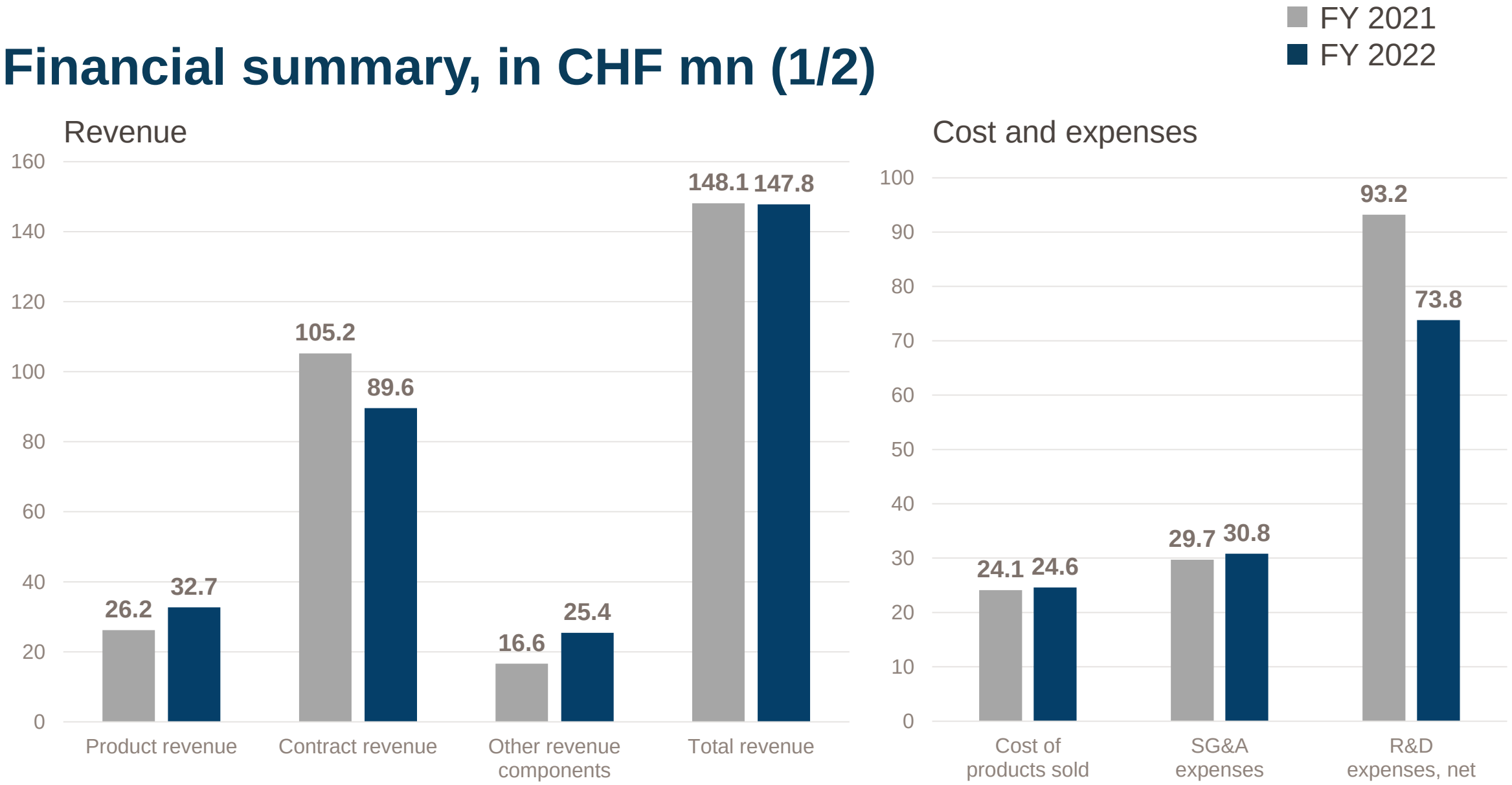
Increasing Cresemba & Zevtera revenue

In-licensing of anti-infectives (2023 and beyond)

Advancement of preclinical anti-infective assets

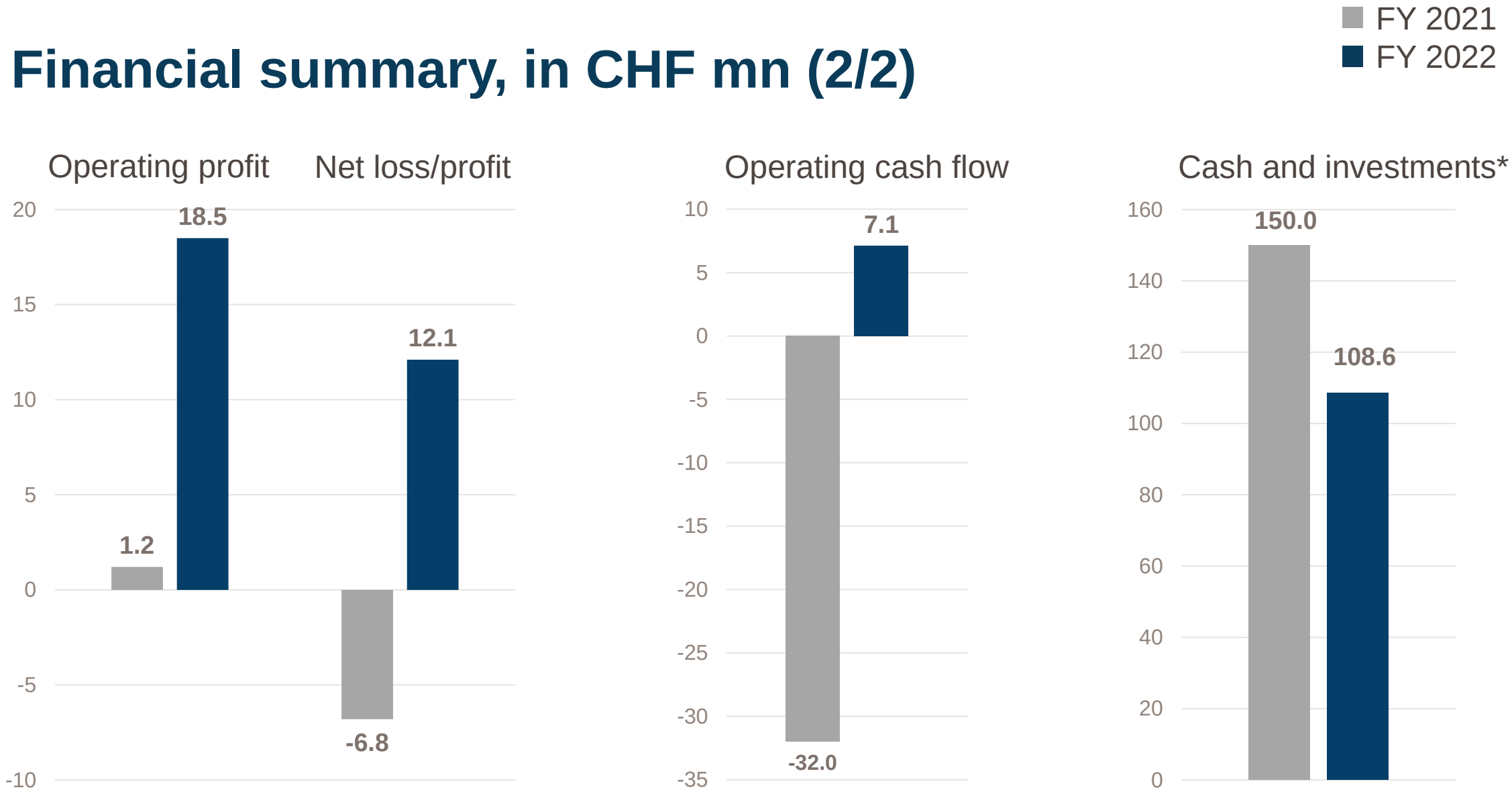
Appendix

Financial summary, in CHF mn (1/2)



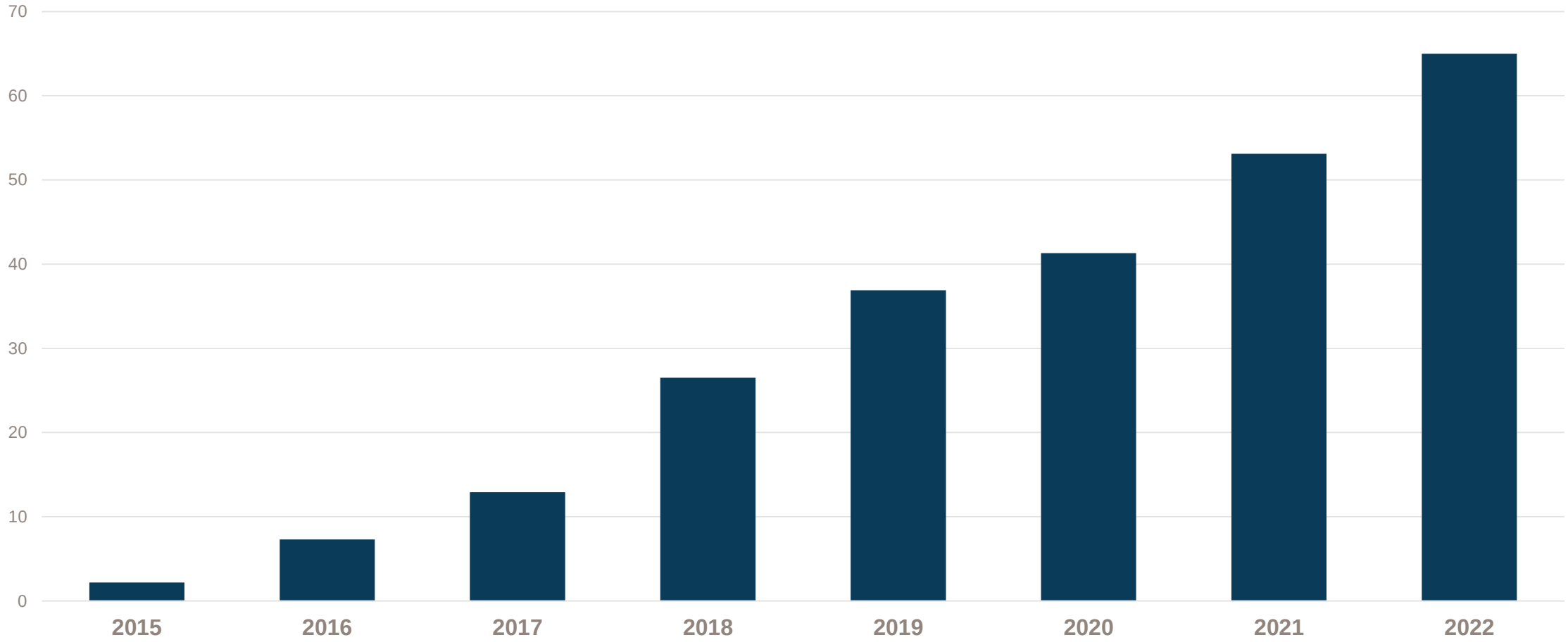
Note: Consolidated figures in conformity with US GAAP; rounding applied consistently

Financial summary, in CHF mn (2/2)



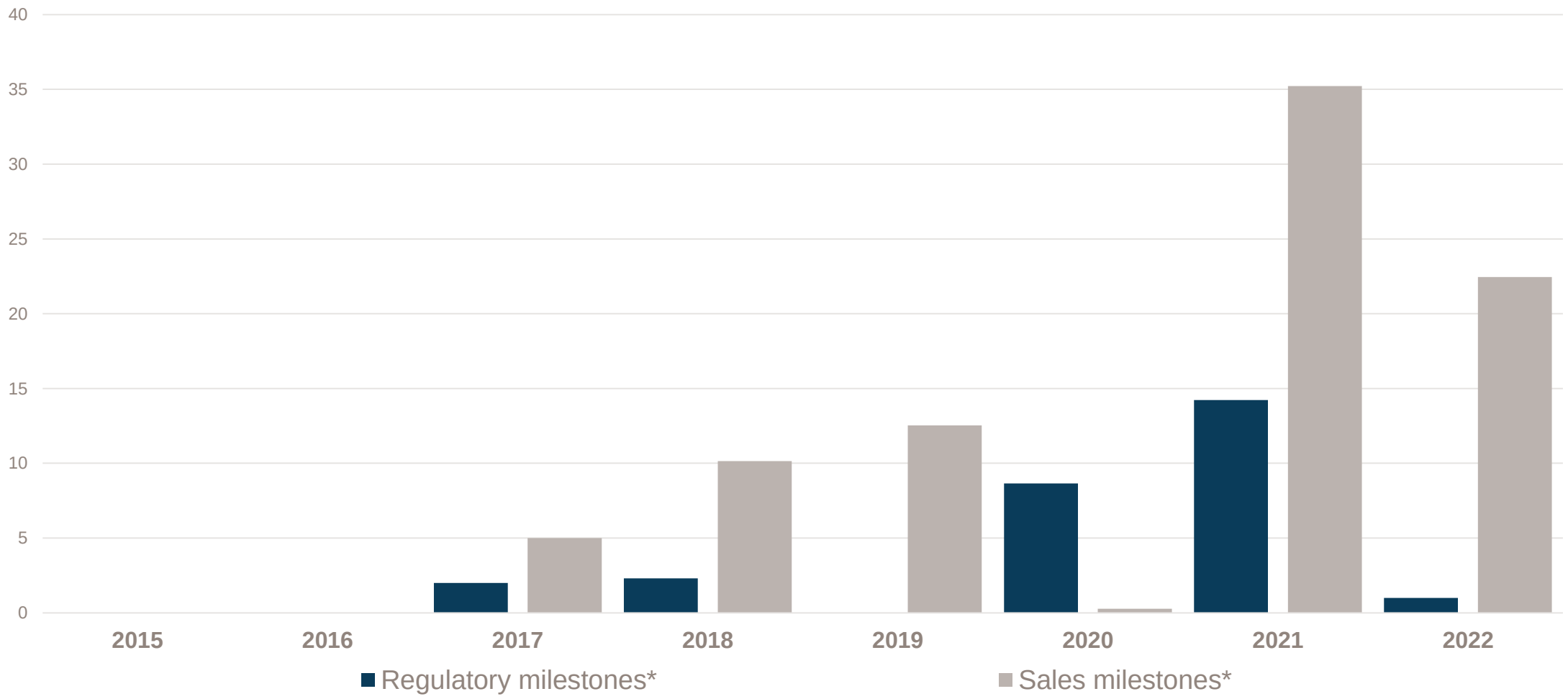
Note: Consolidated figures in conformity with US GAAP; rounding applied consistently, *Cash, cash equivalents, restricted cash and investments

Cresemba royalty income growth reflects continued commercial success in key territories (in CHF mn)



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

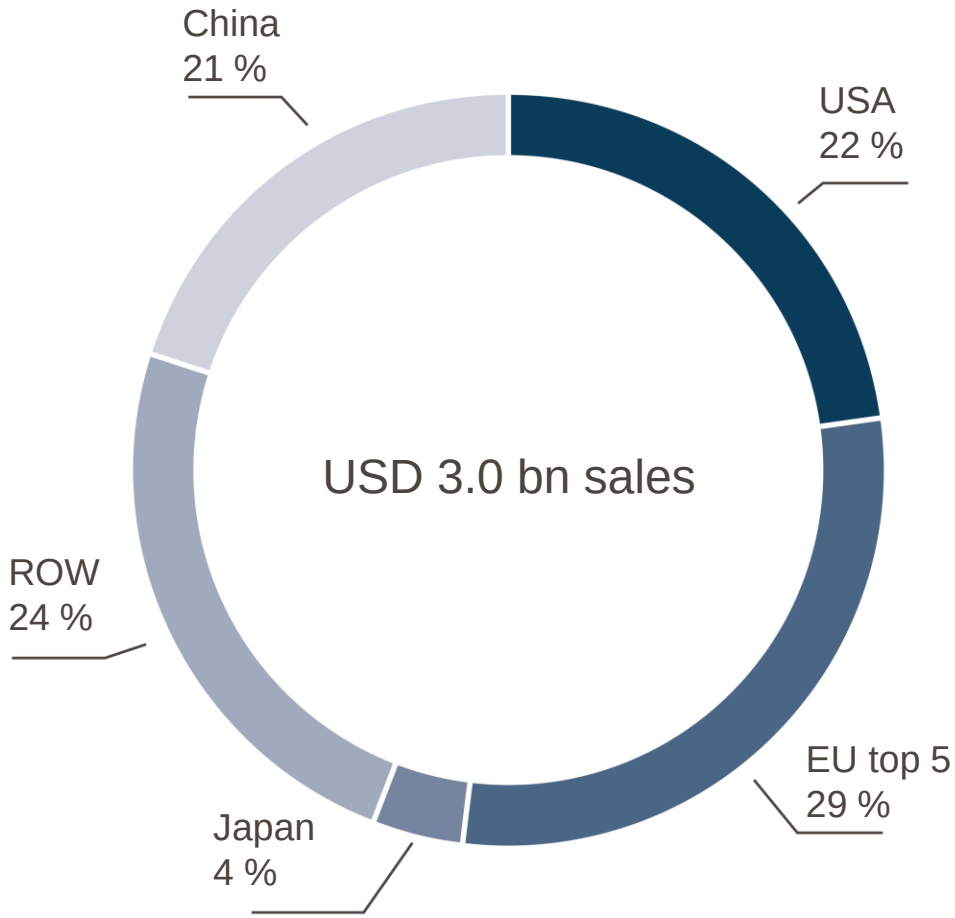
Regulatory and sales milestones (in CHF mn)



*Combined from license partners and distributors

Significant sales of best-in-class antifungals in all major regions — Covered by our partnerships

USD 3.0 bn sales of best-in-class antifungals*
(MAT Q3 2022)



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

MAT: Moving annual total; Source: IQVIA Analytics Link, September 2022

Cresemba pediatric development

- A pediatric development plan comprising 2 clinical studies was agreed with the FDA and the EMA
- Successful completion of the plan potentially results in 2 years additional market exclusivity in Europe and 6 months additional market exclusivity in the USA
- Clinical studies were undertaken in collaboration with Basilea's US partner Astellas and completed enrollment in August 2022
- FDA/EMA submission to propose pediatric labelling and request extension of exclusivity is planned in H2 2023
- Pediatric label approval is expected in H2 2024 in order to gain the exclusivity extension in both territories

Study	Age group	Study design	Study identifier
Study 1 9766-CL-0046	1 – 17 years i.v. and capsules*	Phase 1, open-label, multicenter, non-comparative pharmacokinetics and safety study of intravenous and oral isacuvonazole sulfate **> Study completed in 2019** (49 patients enrolled)	Clinicaltrials.gov NCT03241550†
Study 2 9766-CL-0107	1 – 17 years i.v. and capsules*	Phase 2, open-label, non-comparative, multicenter study to evaluate the safety and tolerability, efficacy and pharmacokinetics of isavuconazonium sulfate for the treatment of invasive aspergillosis or invasive mucormycosis **> Study completed in 2022** (31 patients enrolled)	Clinicaltrials.gov NCT03816176

*Capsules only studied in children 6 years or older

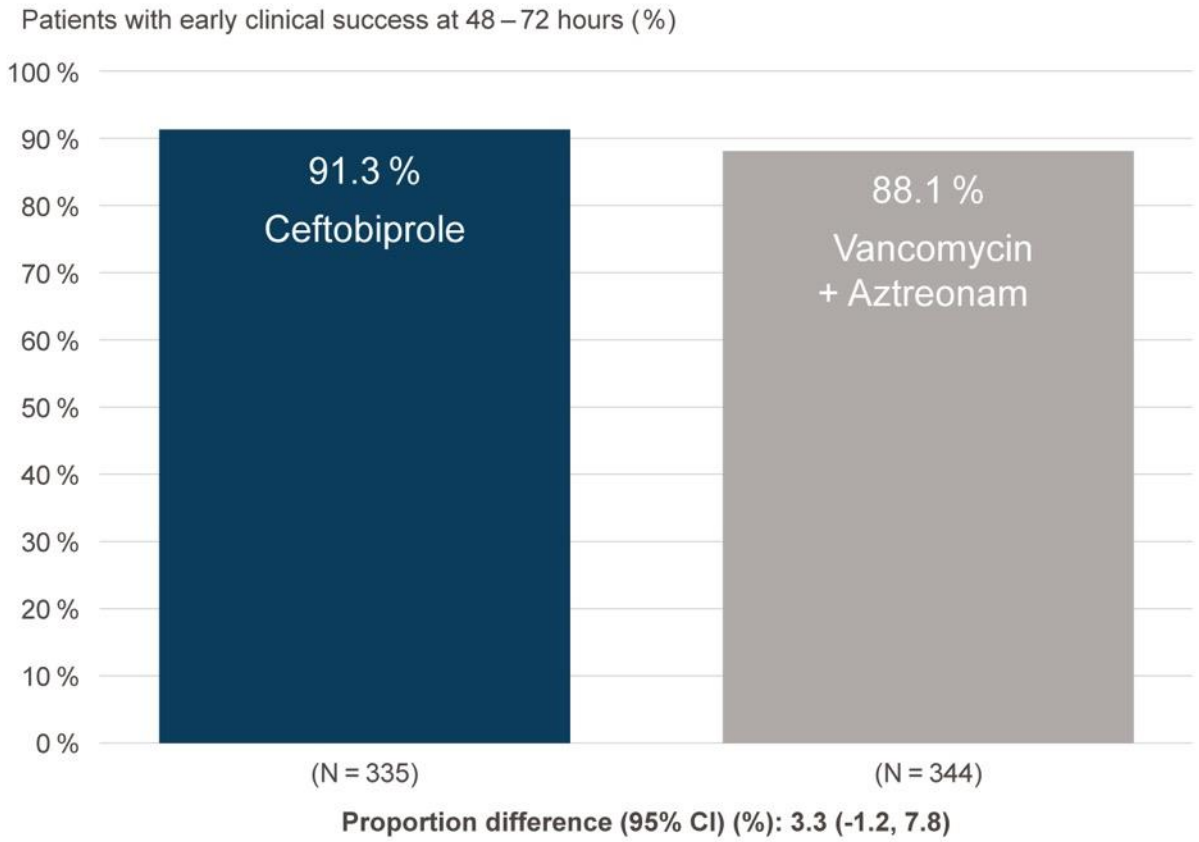
†Arrieta AC, et al. Safety, Tolerability, and Population Pharmacokinetics of Intravenous and Oral Isavuconazonium Sulfate in Pediatric Patients. Antimicrob Agents Chemother. 2021;65:e0029021.

Ceftobiprole — Positive phase 3 results reported in ABSSSI

Results showing non-inferiority of ceftobiprole to vancomycin plus aztreonam for the primary and secondary endpoints[1]

TARGET ABSSSI Study

Early clinical response at 48–72h after start of treatment (ITT population)



ITT: intent-to-treat
Pre-defined limit of non-inferiority = lower limit of 95 % CI for difference > -10 %

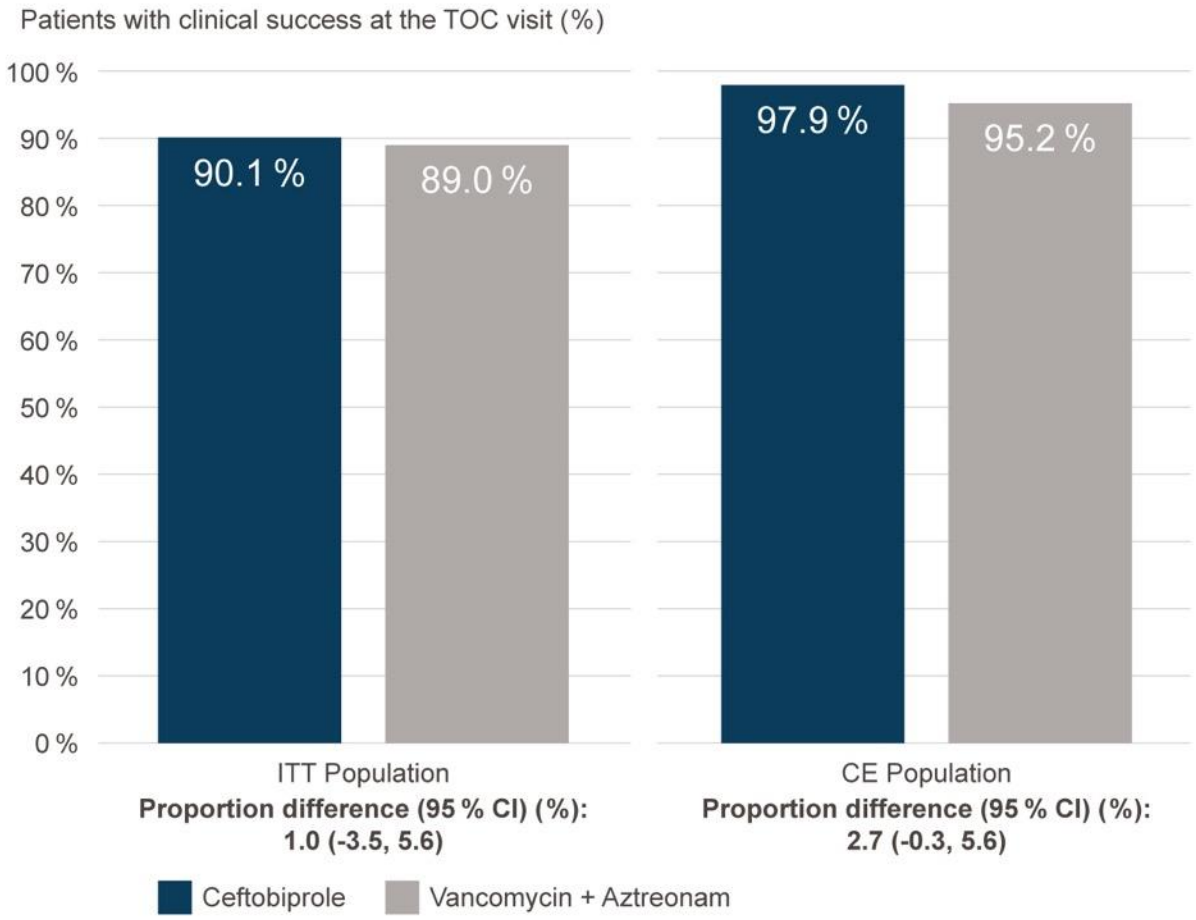
[1] Overcash JS et al. Clin Infect Dis. 2021;73:e1507-e1517.

Ceftobiprole — Positive phase 3 results reported in ABSSSI

Key topline study[1] results showing non-inferiority of ceftobiprole to vancomycin plus aztreonam for the primary and secondary endpoints

TARGET ABSSSI Study

Investigator-assessed clinical success at test-of-cure (TOC) 15-22 days after randomization (ITT, CE populations)



[1] NCT03137173
ABSSSI: Acute bacterial skin and skin structure infections

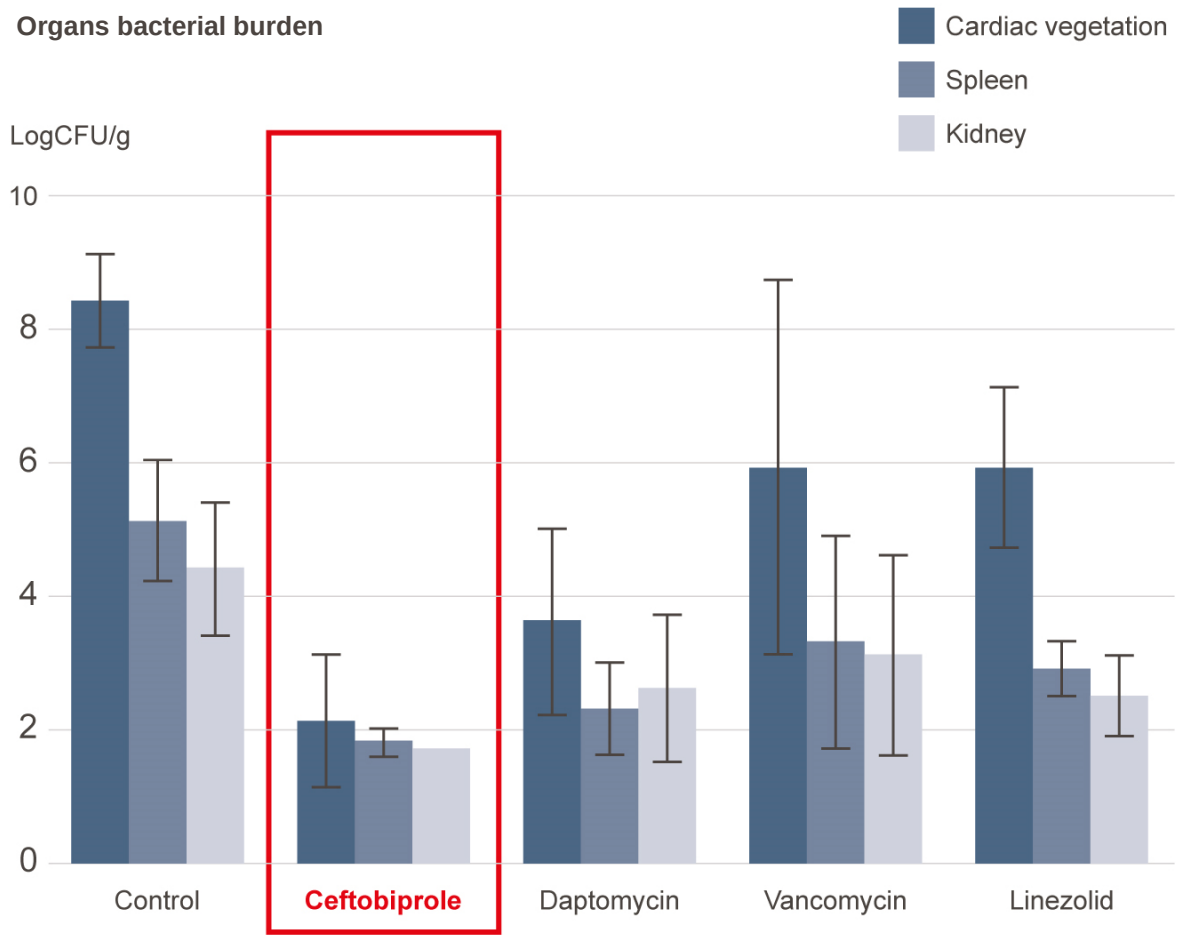
CE: clinically evaluable; ITT: intent-to-treat

Ceftobiprole key attributes for SAB treatment

- Advanced generation cephalosporin with broad spectrum bactericidal activity against Gram-positive organisms, including MRSA and MSSA, and Gram-negative organisms[1]
- Efficacy demonstrated in phase 3 clinical studies in acute bacterial skin and skin structure infections, and pneumonia[1,2]
- Superior activity profile in multiple in vivo models of severe infection compared to vancomycin and daptomycin[3]
- Low propensity for resistance development[1]
- Established safety profile consistent with the cephalosporin class, demonstrated in both adult and pediatric patients[1,2,4]

[1]Syed YY. Drugs. 2014;74:1523-1542.
[2]Overcash JS et al. Clin Infect Dis. 2021;73:e1507-e1517.
[3]Tattevin P et al. Antimicrob Agents Chemother. 2010;54:610-613.
[4]Rubino CM et al. Pediatr Infect Dis J. 2021;40:997-1003.

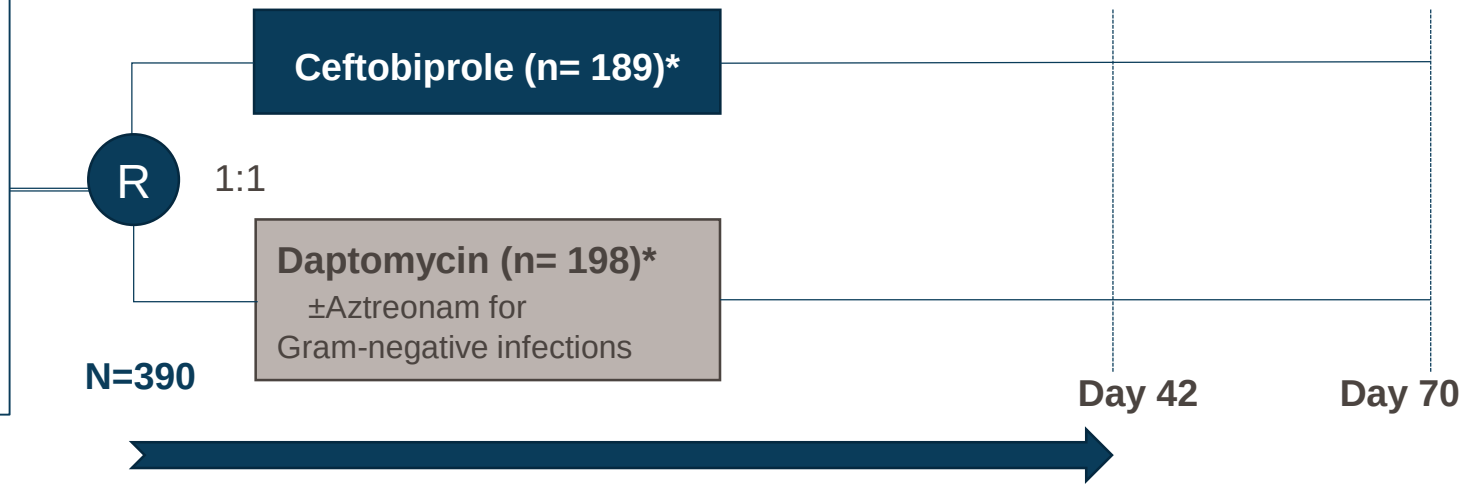
Comparative efficacy in a rabbit model of endocarditis



Organism titers in cardiac vegetations, spleens and kidneys of untreated and antibiotic treated rabbits infected with MRSA[3]

ERADICATE — SAB Study design

- Patients age ≥ 18 years
- SAB based on ≥1 positive blood culture within 72 h of randomization
- Confirmed or suspected complicated SAB or definitive right-sided infective endocarditis
- Requirement for ≤ 42 days of antibacterial treatment



Screening assessments (up to 72 hours prior to randomization)

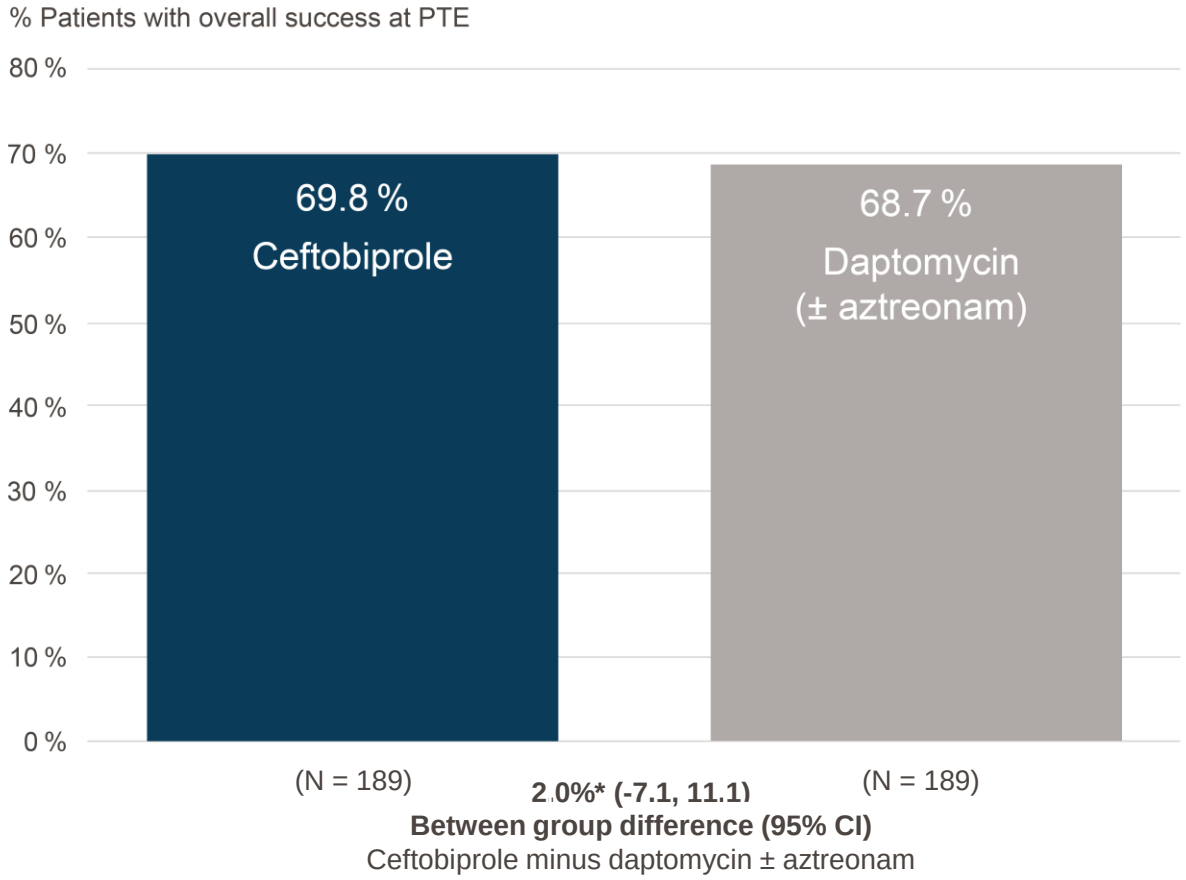
Active treatment (up to 42 days)

Primary endpoint assessment

Adapted from Hamed K et al. Future Microbiol. 2020;15:35-48

*Ceftobiprole was administered 500 mg q6h on Day 1-8 and 500 mg q8h from Day 9 onwards. Daptomycin was administered at 6mg/kg up to 10 mg/kg q24h. Three patients in the ITT population were excluded from the modified intent-to-treat population (mITT): One patient was randomized but not dosed, and two patients did not have a positive *S. aureus* blood culture at baseline

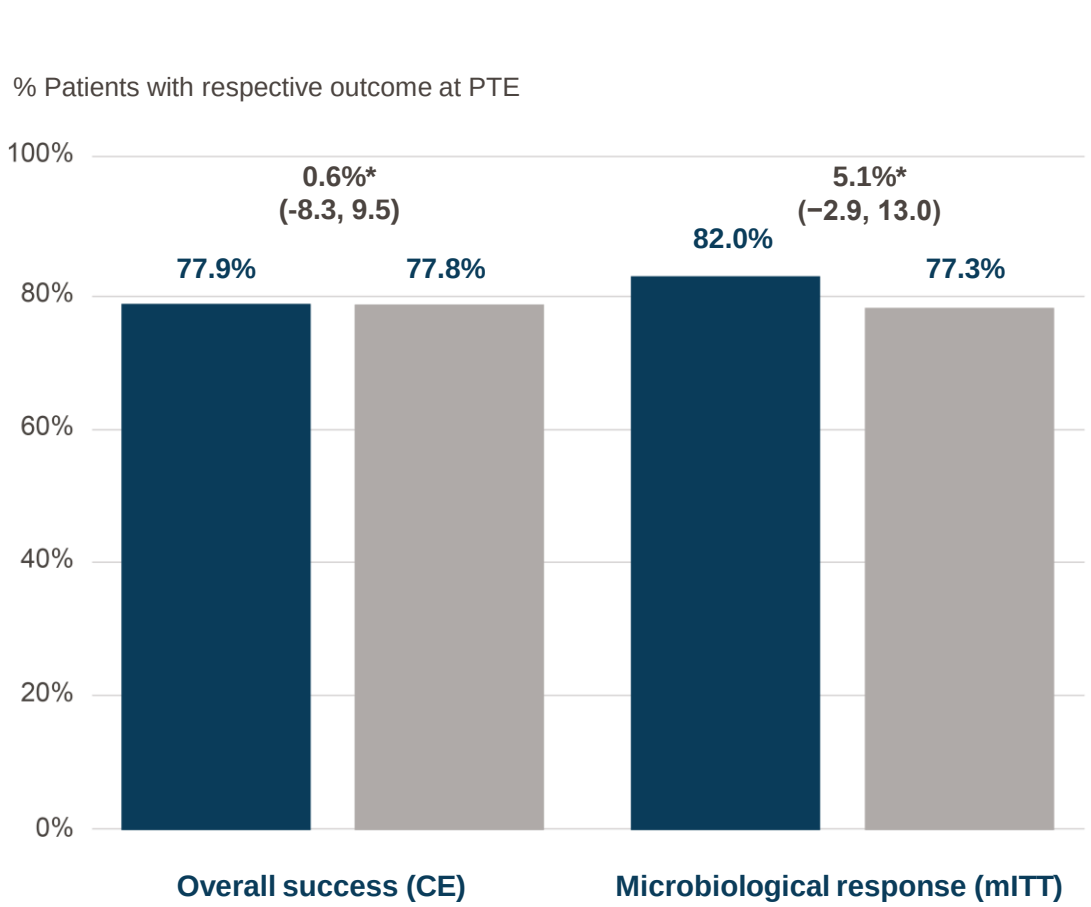
Primary endpoint in SAB is achieved
(DRC assessed overall success at PTE in mITT population)

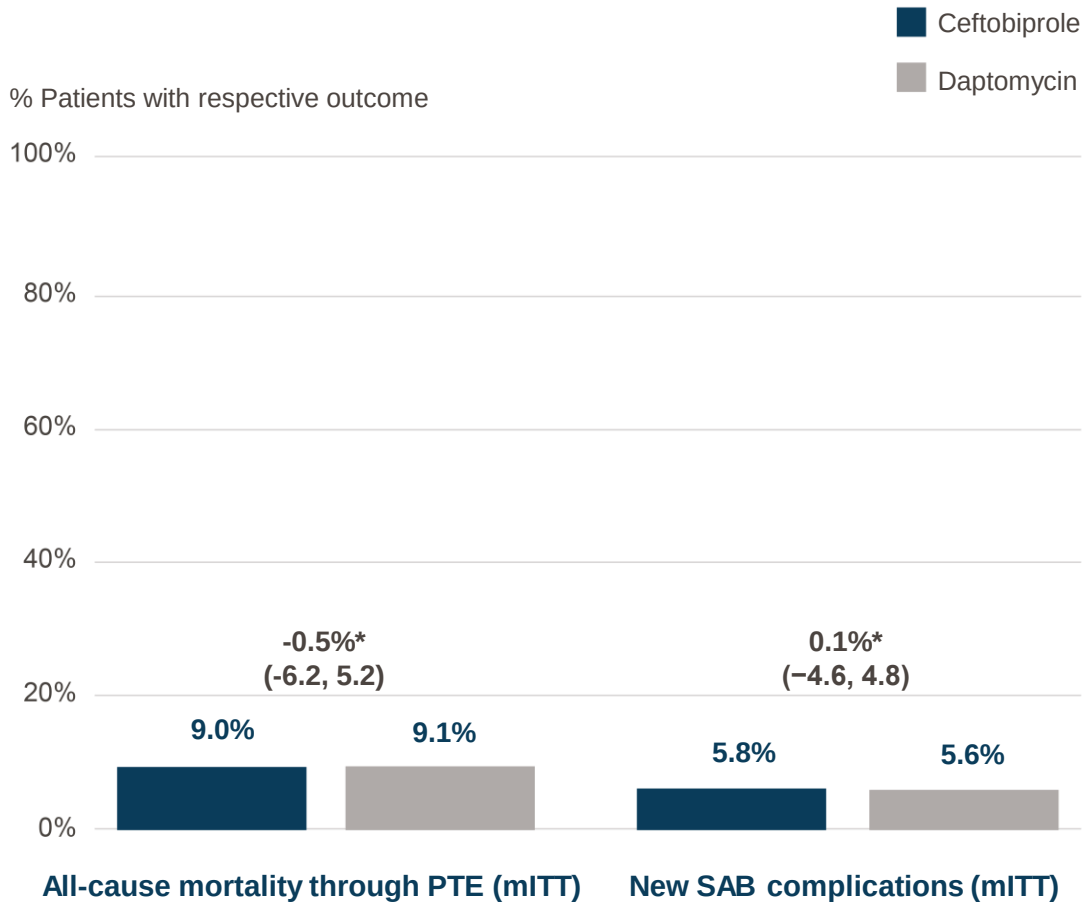


- Non-inferiority demonstrated based on the pre-defined non-inferiority margin of 15%
- Consistent results in key subgroups and various categories of underlying conditions:
  - MSSA or MRSA bloodstream infections at baseline
  - Skin and skin structure infections
  - Abdominal abscesses
  - Chronic dialysis
  - Septic arthritis
  - Osteomyelitis
  - Definite right-sided infective endocarditis
  - Patients with persistent SAB

DRC: Data review committee; PTE: Post-treatment evaluation visit at 70 days post-randomization
*Cochran-Mantel-Haenszel (CMH) weights method adjusted for actual stratum (dialysis status and prior antibacterial treatment use)

Secondary efficacy outcomes in SAB are similar





* Between-group difference (95%CI) of ceftobiprole minus daptomycin (± aztreonam), adjusted for actual stratum (dialysis status and prior antibacterial treatment use) using Cochran-Mantel-Haenszel weights method. CE: Clinically evaluable population.

ERADICATE — Further SAB results

- Median time to *Staphylococcus aureus* bloodstream clearance
  - MSSA: 3 days with ceftobiprole and 4 days with daptomycin
  - MRSA: 5 days for both ceftobiprole and daptomycin
- Emergence of resistance under treatment was observed in three patients on daptomycin.
  No emergence of resistance under treatment was observed with ceftobiprole
- Observed ceftobiprole safety and tolerability profile is consistent with previous phase 3 studies and the post-marketing experience
- Ceftobiprole was well tolerated and overall rate of adverse events similar between the ceftobiprole and daptomycin groups; gastrointestinal side effects were more frequent with ceftobiprole (mainly driven by mild to moderate nausea)

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
CABP:	**C**ommunity-**a**cquired **b**acterial **p**neumonia
CE:	**C**linically **e**valuable
CARB-X:	**C**ombating **A**ntibiotic-**R**esistant **B**acteria Biopharmaceutical **Accelerator**
DRC:	**D**ata **r**eview **c**ommittee
HABP:	**H**ospital-**a**cquired **b**acterial **p**neumonia
ITT:	**I**ntent-**T**o-**T**reat
i.v.:	**I**ntra**v**enous
mITT:	**M**odified **i**ntent-**t**o-**t**reat
MSSA:	**M**ethicillin-**s**usceptible ***S**taphylococcus **a**ureus*
MRSA:	**M**ethicillin-**r**esistant ***S**taphylococcus **a**ureus*
NDA:	**N**ew **D**rug **A**pplication
OR:	**O**dds **r**atio
PTE:	**P**ost-**t**reatment **e**valuation
QIDP:	**Q**ualified **I**nfectious **D**isease **P**roduct
SAB:	***S**taphylococcus **a**ureus* **b**acteremia
SPA:	**S**pecial **P**rotocol **A**ssessment
US GAAP:	**U**nited **S**tates **G**enerally **A**ccepted **A**ccounting **P**rinciples
VAP:	**V**entilator-**a**ssociated **p**neumonia

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