

Creating anti-infective opportunities

"Patients are at the heart of what we do"

INVESTOR PRESENTATION

(basi'

October 22, 2024

Introducing Basilea and the executive management team

- Founded in 2000 as a spin off from Roche
- Profitable Swiss commercialstage biopharmaceutical company
- Approx. 160 employees
- Headquarters in Allschwil, Switzerland, in the Basel area life sciences hub
- Listed on the SIX Swiss Stock
 Exchange, Ticker: BSLN.SW



"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[®]

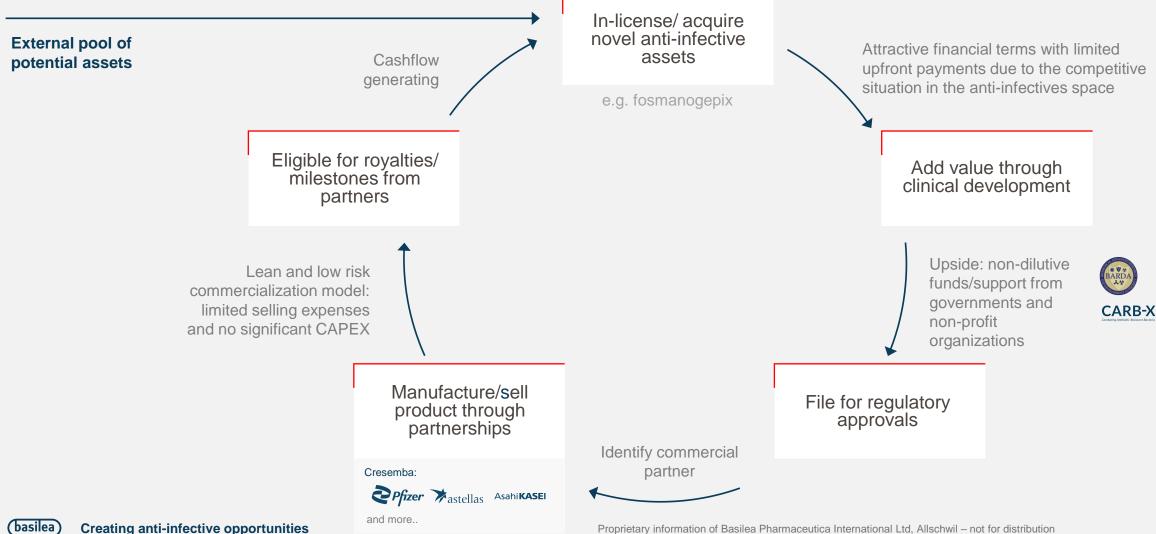
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Manifestations of severe infections

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

Business model

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



Healthcare systems are spending > USD 20bn for hospital antifungals and antibiotics

GLOBAL SYSTEMIC HOSPITAL ANTIFUNGALS MARKET 2023

The **hospital antifungal** market is valued at

USD

GLOBAL SYSTEMIC HOSPITAL ANTIBIOTICS MARKET 2023

The **hospital antibiotics** market is valued at

USD



Source: The Lancet Infectious Diseases, Global incidence and mortality of severe fungal disease, https://doi.org/10.1016/S1473-3099(23)00692-8

Source: The Lancet, Global mortality associated with 33 bacterial pathogens in 2019: a systematic analysis for the Global Burden of Disease Study 2019, https://doi.org/10.1016/S0140-6736(22)02185-7

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



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



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



Agriculture: widespread use of fungicides in agriculture



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



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

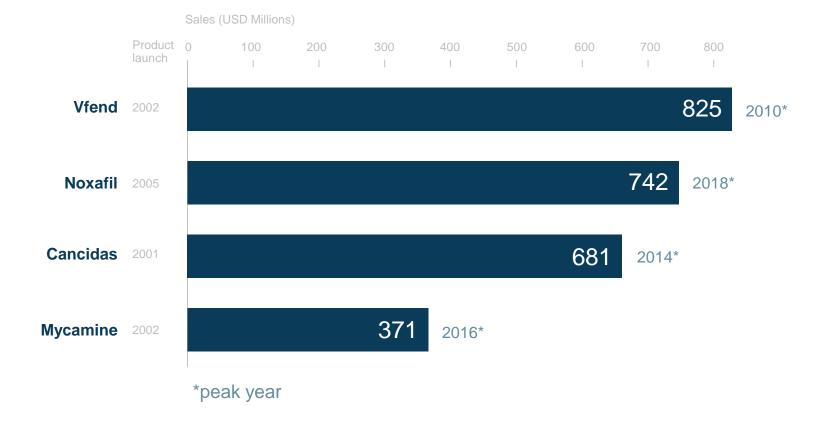


Increased use of **immunosuppressive therapies** (e.g. for organ **or stem cell** transplants, **cancer therapies**, **biologic agents**)



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

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



- 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 approximately USD 500 mn 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

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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

These germs are public health threats that require prompt

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

Urgent Threats

Serious 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**

Drug-resistant

and sustained action:

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

Products / Product candidates / Indications	Preclinical	Phase 1	Phase 2	Phase 3	Market
ANTIFUNGALS					
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)					
Fosmanogepix					
Candidemia / invasive candidiasis (including Candida auris)					
Invasive mold infections (including invasive aspergillosis, fusariosis, Scedoporium and Lomentospora, mucormycosis and other rare mold infections)					
BAL2062					
Invasive aspergillosis					
ANTIBACTERIALS					
Zevtera ® ceftobiprole					
Hospital- and community-acquired bacterial pneumonia (HABP, CABP) (major European and several other countries)					
Staphylococcus aureus bacteremia (SAB), acute bacterial skin and skin structure infections (ABSSSI) and community-acquired bacterial pneumonia (CABP) (US)					_
Tonabacase					
Severe staphylococcal infections					
LptA inhibitor					
Severe Enterobacteriaceae infections					
Internal research					
Focus for in-licensing and acquisitions					

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

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Non-dilutive R&D funding

BARDA Other Transaction Agreement (OTA)

- Entered into in September 2024¹
- Flexible contracting mechanism to foster innovation, promote collaboration and enable faster development timelines
- Initial commitment of USD 29 million for development of antifungals formanogepix and BAL2062
- Potential total funding of up to ~USD 268 million
- Reimbursement of about 60% of the total costs for the development of designated first-in-class antifungals and antibacterials in Basilea's portfolio over the term of the agreement (12 years)
- BARDA and Basilea can jointly decide to move drug candidates into and out of the portfolio

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

- Funding agreement since April 2024 for LptA inhibitor program (antibiotic)²
- Initial funding of up to USD 0.9 million supports the work until candidate nomination
- Potential additional funding to continue preclinical and early clinical development of the antibiotics program if the project achieves certain milestones

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

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Anti-infective pipeline

Antifungals

Cresemba — Differentiated by spectrum, safety and tolerability

- Broad spectrum of activity against molds, including emerging molds (Mucorales fungi)
- Consistent plasma levels
- Statistically fewer drug-related adverse events and treatment-emergent adverse events (liver, skin, eye) in invasive aspergillosis patients vs. voriconazole in SECURE phase 3 study
- Can be administered without restriction in patients with renal impairment

- Manageable drug-drug interaction profile
- Once daily maintenance dose, IV/oral treatment
- ECIL-6 guideline: Cresemba[®] recommended for the first-line treatment of invasive aspergillosis in leukemia and hematopoietic stem cell transplant patients. ECIL states that isavuconazole is as effective as voriconazole with a better safety profile.

Cresemba® Global commercial partnership

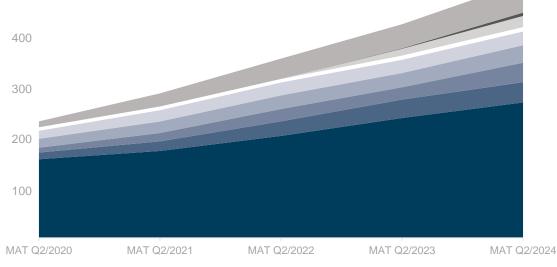
United States	Astellas
Canada	
Latin America	V Knight
Europe (excluding Nordics)	P fizer
Nordics	
MENA Region	hikma.
Asia-Pacific and China	P fizer
Japan	Asahi KASEI



countries

In-market sales





Global sales of best-inclass antifungals* by product

USD 2.8 bn sales (MAT Q2 2024)

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



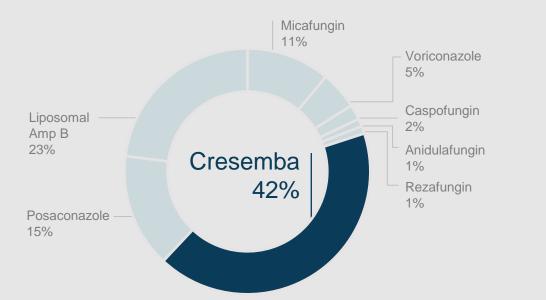
* Best-in-class antifungals: Cresemba (isavuconazole), posaconazole, voriconazole, Liposomal Amp B, anidulafungin, caspofungin, micafungin, rezafungin

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MAT: Moving annual total; Source: IQVIA Analytics Link, June 2024, 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

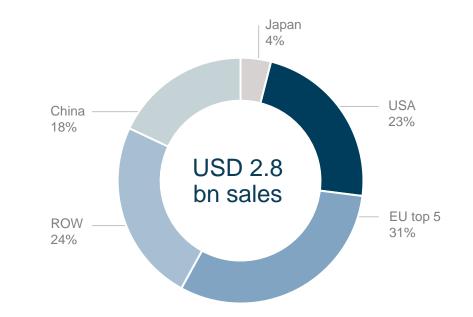


 Consistently increased market share among best-in-class antifungals* since launch to 42% by June 2024**

* Best-in-class antifungals: Cresemba (isavuconazole), posaconazole, voriconazole, Liposomal Amp B, anidulafungin, caspofungin, micafungin, rezafungin

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Significant global growth potential



- USD 2.8 bn sales of best-in-class antifungals* (MAT Q2 2024)**
- Recently launched in Japan and China, representing 22% of global potential

**Market share based on MAT Q2 2024, in-market sales reported as moving annual total (MAT) in US dollar; rounding consistently applied. Source: IQVIA Analytics Link, June 2024

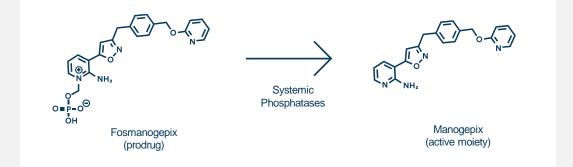
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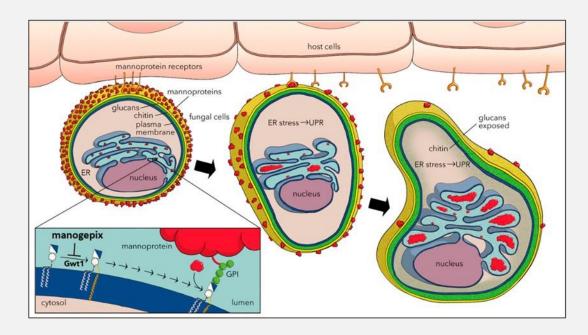
Fosmanogepix – Our next potential key product and mid-term value driver

- First-in-class, intravenous and oral antifungal with a novel mechanism of action
- Broad spectrum antifungal activity against yeasts, molds and dimorphic fungi, including *Candida auris*, azole-resistant *Aspergillus* spp. and *Fusarium* spp.
- Three successfully completed phase 2 studies for the treatment of
 - Candidemia, including Candida auris
 - Mold infections
- Phase 3-ready for yeast and mold infections
- Potential to become our next leading commercial product and mid-term value driver
- Asset acquired from Pfizer, which maintains the right of first negotiation for commercialization

Fosmanogepix – Overview

- Fosmanogepix is the prodrug of manogepix
- Novel mechanism of action
- Inhibition of the protein Gwt1 impedes the production of cell wall mannoproteins, causing cell wall fragility, fungal cell death and decreased potential for biofilm formation
- Potent broad-spectrum activity against resistant yeasts, molds and dimorphic fungi, including azoleresistant phenotypes
- IV and oral availability enables treatment in both inpatient and outpatient settings
- US FDA fast track status, QIDP and orphan drug designations





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

Friedman DZP, Schwartz IS. Infect Dis Clin North Am. 2023;37:593-616.

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

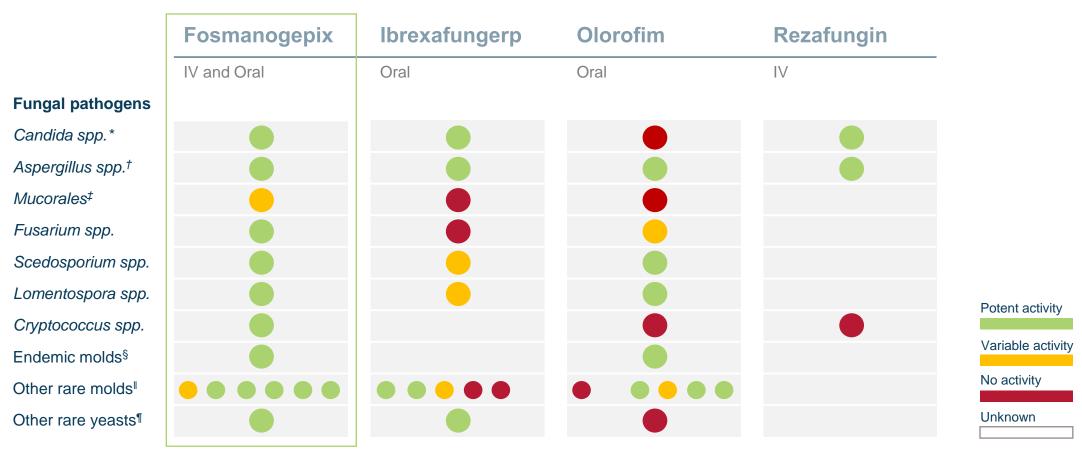
Fosmanogepix – Addressing high unmet medical needs

- Fast track status by the US FDA for invasive candidiasis, invasive aspergillosis, scedosporiosis, fusariosis, mucormycosis, cryptococcosis, and coccidioidomycosis
- Addressing emerging resistance issues in yeast infections including Candida auris and azole resistant Aspergillus spp.
- Potent activity against mold infections including difficult-to-treat *Fusarium* and *Scedosporium spp*.
- Wide tissue distribution enabling treatment of disseminated infections including CNS
- Favorable drug-drug interaction profile
- In-vivo synergism with liposomal amphotericin B and echinocandins may provide utility for the most difficult-to-treat infections

Hoenigl M, Sprute R, Egger M, at al. Drugs. 2021;81:1703-1729. Winston DJ, Young PA, Schlamm HT, Schiller GJ. Clin Infect Dis. 2023:ciad309. Gebremariam T, Gu Y, Alkhazraji S, et al. Antimicrob Agents Chemother. 2022;66:e0038022.



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.

^{II} 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.

Fosmanogepix – Global phase 3 program

Candidemia / Invasive candidiasis

- Randomized, double-blind, non-inferiority study
 - Approximately 450 patients
- Fosmanogepix IV (oral step-down fosmanogepix) vs caspofungin IV (oral step-down to fluconazole)
- Primary endpoints
 - FDA: Survival at 30 days
 - EMA: Overall response at end-of-study treatment
- Protocol and initial Health Authority approvals obtained
- Study initiated September 2024

Invasive mold infections (IMI)

- Randomized, open-label study including non-controlled salvage treatment arm
 - Approximately 200 patients
- Cohorts of invasive mold disease including IMI caused by:
 - Aspergillus spp.
 - Fusarium spp.
 - Scedosporium spp.
 - Lomentospora prolificans
 - Mucorales fungi, or
 - Other multi-drug resistant molds
- Fosmanogepix IV or oral vs best available therapy
- Endpoints include survival and overall response
- Expected study start around year-end 2024

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
- Potential for superior efficacy
- No cross-resistance
- Rapidly fungicidal

• No DDIs expected

NEXT STEPS Preclinical profiling studies ongoing. Start clinical phase 2 program in 2025

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}
- Marketed in selected countries in Europe, Latin America, the MENA-region and Canada
- US FDA approval in April 2024

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). Indicated in the US for the treatment of adult patients with Staphylococcus aureus bloodstream infections (bacteremia) (SAB), including right-sided infective endocarditis, and adult patients with acute bacterial skin and skin structure infections (ABSSSI) and for adult and pediatric patients (3 months to less than 18 months old) with community-acquired bacterial pneumonia (CABP).

tera® 500 mg

Each vial contains 500 mg of cettobiprole, equivalent to 666.6 mg of ceftobiprole medocaril sodium.

powder for concentrate for solution for infusion. Powder for concentrate for solution for infusion. Ceftobiprole (as ceftobiprole medocaril sodium).

Zevtere

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

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

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

Each vial contains 500 mg of ceftobiprole,

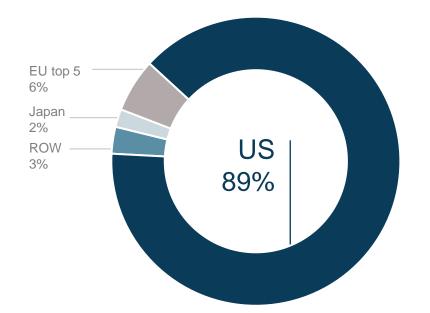
For intravenous use after reconstitution and dilution.

Read the package leaflet before use.

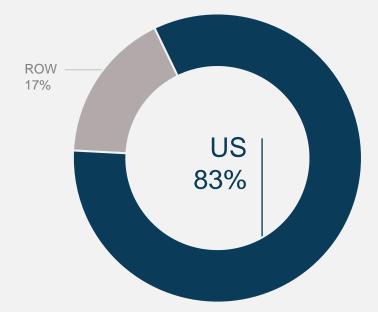
10 vials

Hospital anti-MRSA antibiotics; US being the most important commercial region

Daptomycin sales by region (2015, before LOE)



Ceftaroline sales by region (MAT Q2 2024)



MRSA: Methicillin-resistant Staphylococcus aureus; LOE: Loss of exclusivity; ROW: Rest Of World; MAT: Moving annual total; Source: IQVIA Analytics Link, June 2024

Zevtera — Strategy for accessing the US market

FDA approved three indications April 3, 2024:

- Staphylococcus aureus bacteremia (SAB)¹, including right-sided endocarditis
- Acute bacterial skin and skin structure infections (ABSSSI)²
- 3 Community-acquired bacterial pneumonia (CABP, adult and pediatric)³



¹ Holland TL et al. N Engl J Med 2023;389:1390-1401. ² Overcash JS et al. Clin Infect Dis. 2021;73:e1507-e1517.

³ Nicholson SC et al. International Journal of Antimicrobial Agents 2012 (39), 240-246 ⁴ Contract number HHSO100201600002C

- Phase 3 program largely funded by BARDA (~USD 112 million, or approximately 75 percent of the costs related to the SAB and ABSSSI phase 3 studies, regulatory activities and non-clinical work)⁴
- Qualified Infectious Disease Product (QIDP) designation extends US market exclusivity to 10 years from approval
- Commercialization planned through partnership
 - Partnering negotiations ongoing



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

Tonabacase – For superior outcomes in staphylococcal infections

PLACE IN THERAPY Adjunct therapy to standard-of-care antibiotics in complicated staphylococcal infections, including infective endocarditis

KEY ATTRIBUTES

New mode of action Highly potent

- Rapidly bactericidal
 - Active in biofilms
 - Low risk of resistance development

Preclinical profiling studies ongoing. Decision on definitive licensing option **NEXT STEPS** (around year-end 2024)



LptA inhibitors – Next generation first-in-class antibacterials

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

NEXT STEPS

Start first-in-human studies in 2026



Financials & Outlook

nancial report

nancial review

Nervices The following discussion of the financial condition and results of the open-city of Baelles Pharmacentics Lid. Allochwil (Baelles') and its subsidiaries interments, which ould be read in conjunction with the Usaka financial interments, which have been prepared in the sense of the sub-related notes the two included in this subsidiaries and the forward. Looking statements which are seed on assession the company's ensure business the two why take and uncertainties. The Company Company's ensure business that more than toose anticipated in these forwards included results may differ materially from those anticipated in these forwards looking statements.

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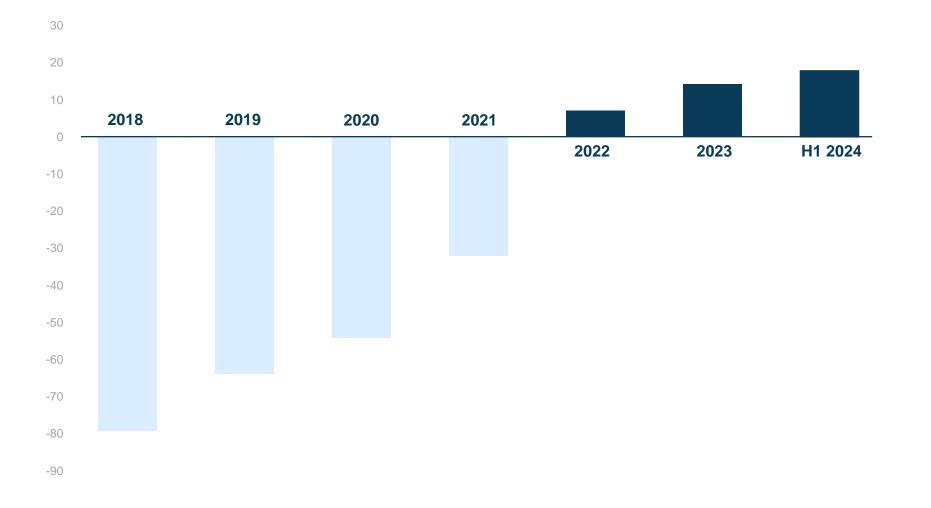
of CHF 26.8 million

Strong financial results H1 2024 – Cresemba royalty growth, sustained profits and positive cash flow

In CHF million	H1 2024	H1 2023	2023
Cresemba and Zevtera related revenue of which royalty income of which milestone payments	73.3 42.8 2.9	80.5 36.7 30.6	150.3 78.9 32.2
Total revenue	76.3	84.9	157.6
Cost of products sold Operating expenses	18.1 48.9	10.0 38.0	26.8 111.6
Operating result	9.3	36.9	19.2
Net profit	20.7	31.8	10.5
Net financial debt (as of June 30, 2024/2023 and December 31, 2023)	26.2	38.1	46.6

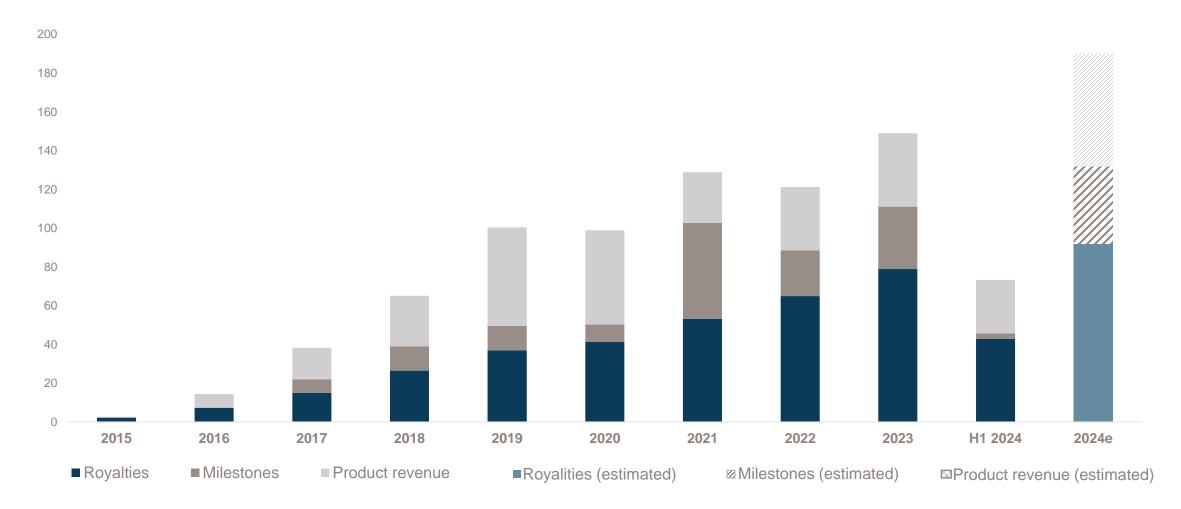
Note: Consolidated figures in conformity with US GAAP; rounding applied consistently

Cash flows from operating activities (in CHF mn)

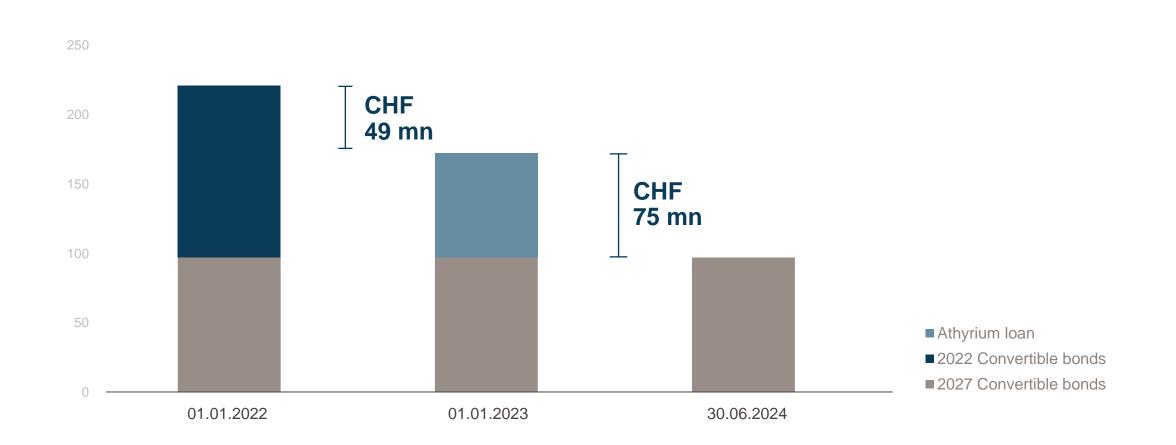


Note: Consolidated figures in conformity with US GAAP; rounding applied consistently

Continued strong growth in Cresemba and Zevtera related revenue (in CHF mn)



CHF 124 mn reduction of debt level 2022 – H1 2024



Note: Figures in CHF mn



Increased FY 2024 financial guidance

In CHF million	FY 2023	FY 2024 (previous guidance)	FY 2024 (current guidance)
Cresemba and Zevtera related revenue of which royalty income	150.3 78.9	~190 ~92	~190 ~92
Total revenue	157.6	~196	~203
Cost of products sold Operating expenses	26.8 111.6	~40 ~120	~40 ~120
Operating result	19.2	~36	~43
Net profit	10.5	~42	~60

Note: Consistent rounding was applied.



Key milestones

	Product	H1 2024	H2 2024	
		VS FDA approval		
Antibacterials	Ceftobiprole (Zevtera)		Executing US partnership	
	Tonabacase		Decide on definitive licensing option (around year-end)	
	Isavuconazole (Cresemba)	EMA/CHMP positive opinion on pediatric indication	EC decision on pediatric indication	
Antifungals Fosmanogepix		Initiate phase 3 study in candidemia / invasive candidiasis		
		Initiate phase 3 study in mold infections (around year-end)		
Increasing Cres	semba & Zevtera revenue			
In-licensing and acquisition of anti-infectives				
Advancement of preclinical and clinical anti-infective assets				
Non-dilutive R&D funding for anti-infectives portfolio				

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 forwardlooking statements. Basilea disclaims any obligation to update any such forward-looking statements to reflect future events or developments, except as required by applicable law.



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Glossary

- ABSSSI: Acute bacterial skin and skin structure infections
- BARDA: Biomedical Advanced Research and Development Authority
- CABP: **C**ommunity-**a**cquired **b**acterial **p**neumonia
- CNS Central Nervous System
- CARB-X: Combating Antibiotic-Resistant Bacteria Biopharmaceutical

Accelerator

- EC: European Commisson
- EMA: European Medicines Agency
- FDA: US Food and Drug Administration
- HABP: Hospital-acquired bacterial pneumonia
- IMI: Invasive mold infections
- IV: Intravenous
- MSSA: Methicillin-susceptible Staphylococcus aureus
- MRSA: Methicillin-resistant Staphylococcus aureus
- QIDP: Qualified Infectious Disease Product
- SAB: Staphylococcus aureus bacteremia
- US GAAP: United States Generally Accepted Accounting Principles
- VAP: Ventilator-associated pneumonia



Creating anti-infective opportunities

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