Focused on Growth and Innovation

Investor Presentation

Credit Suisse Global Healthcare Conference

March 1, 2022, Virtual Event, London

Table of contents

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

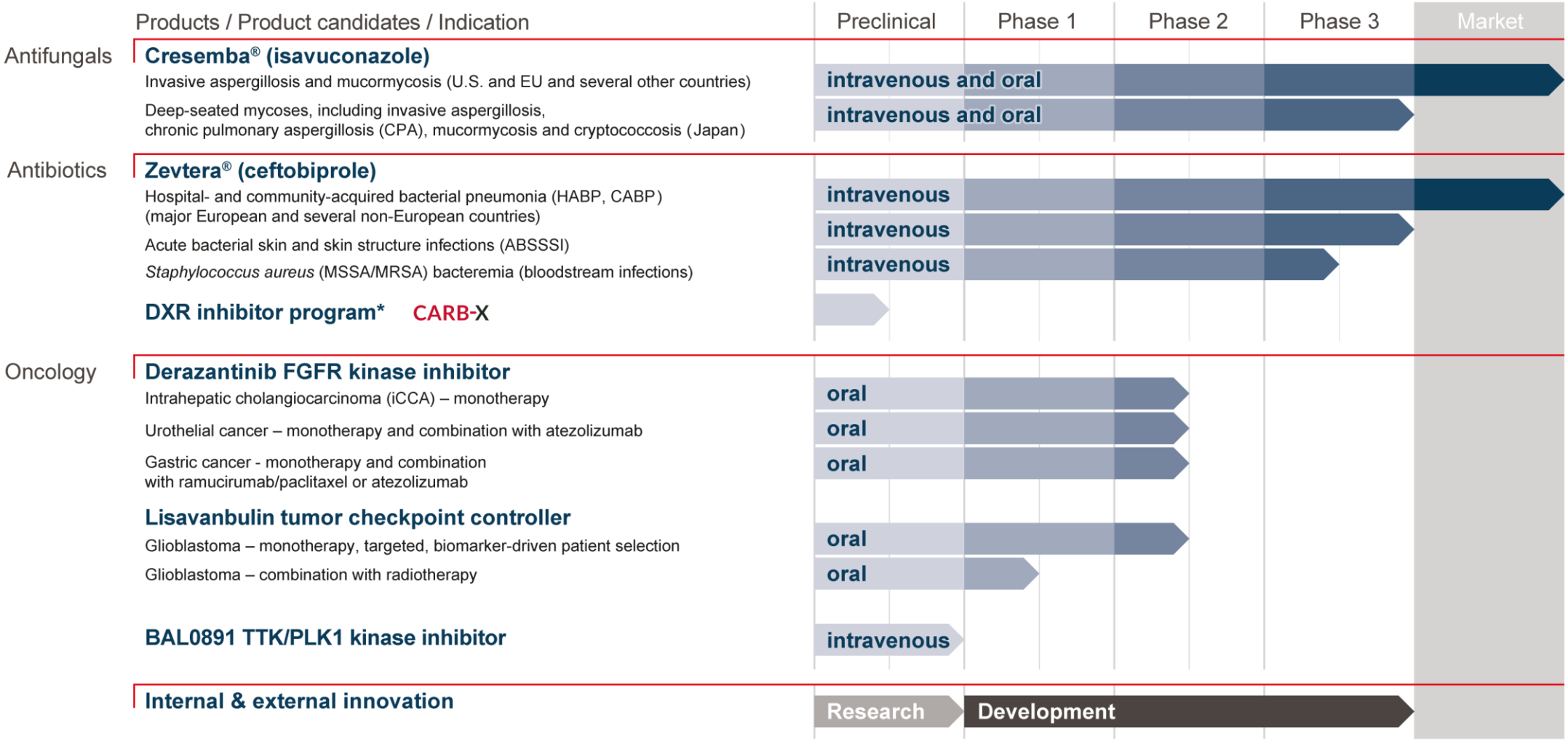
Joined 2000

Previous roles: University of Cambridge; Roche

At a glance

- Well funded, commercial-stage biopharmaceutical company with significantly growing cash flows from commercialized products
- Focused in the areas of anti-infectives and oncology
- Potential for sustainable growth and value creation based on commercialized brands and an innovative pipeline
- Experienced people with the proven expertise to take compounds from research to market
- Two revenue generating hospital anti-infective brands, Cresemba® and Zevtera® and three oncology drug candidates
- Recognized ability to establish and manage partnerships in both the development and commercial phase, providing access to international markets
- Listed on SIX Swiss Stock Exchange, SIX: BSLN
- Based in life sciences hub, Basel, Switzerland

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



* 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.

Future strategy: Basilea will focus on anti-infectives

Significantly growing cash revenues from Cresemba and Zevtera:

Cresemba

- 29% royalty income growth in 2021, > USD 300 mn in-market sales in 12-months to September 2021
- Marketing approvals and launches expected in China and Japan in 2022

Zevtera

- Topline results of ceftobiprole phase 3 SAB study expected around mid-2022
- Potential to file NDA for U.S. around year-end 2022
- U.S. is the most important MRSA market ~ 80–90% of global potential
- Qualified infectious disease product (QIDP) designation provides 10 years market exclusivity from approval

Preclinical assets

- A number of preclinical programs, including DXR inhibitor (CARB-X funded)
- Focus on external sourcing of additional preclinical and clinical anti-infective compounds

Sustainable profitability from 2023

We are uniquely positioned to create sustainable value, in an area of increasing unmet medical need, with our proven ability to advance anti-infective compounds from research, through development, to commercialization.

Maximize value of the existing oncology portfolio through transactions in 2022

Derazantinib and **lisavanbulin**

– Multiple data readouts in 2022

BAL0891 (TTK/PLK1 kinase inhibitor)

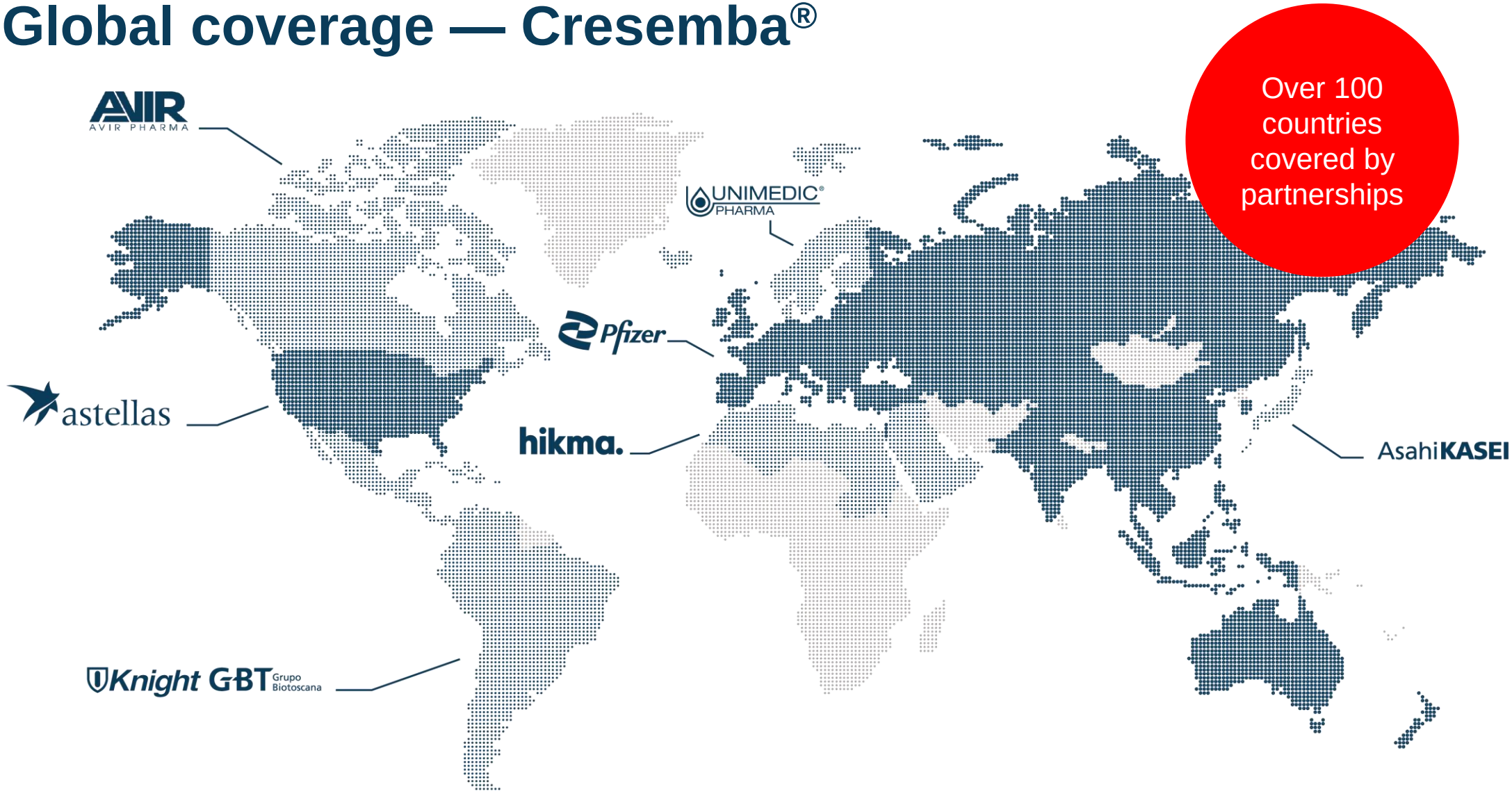
– Preparing to enable start of a phase 1 study in mid-2022

Advancing two preclinical oncology programs

– One clinical candidate nomination in 2022

We are exploring a range of transaction options for either a portfolio of assets, or as individual asset transactions, in order to maximize the value of the oncology portfolio

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®)

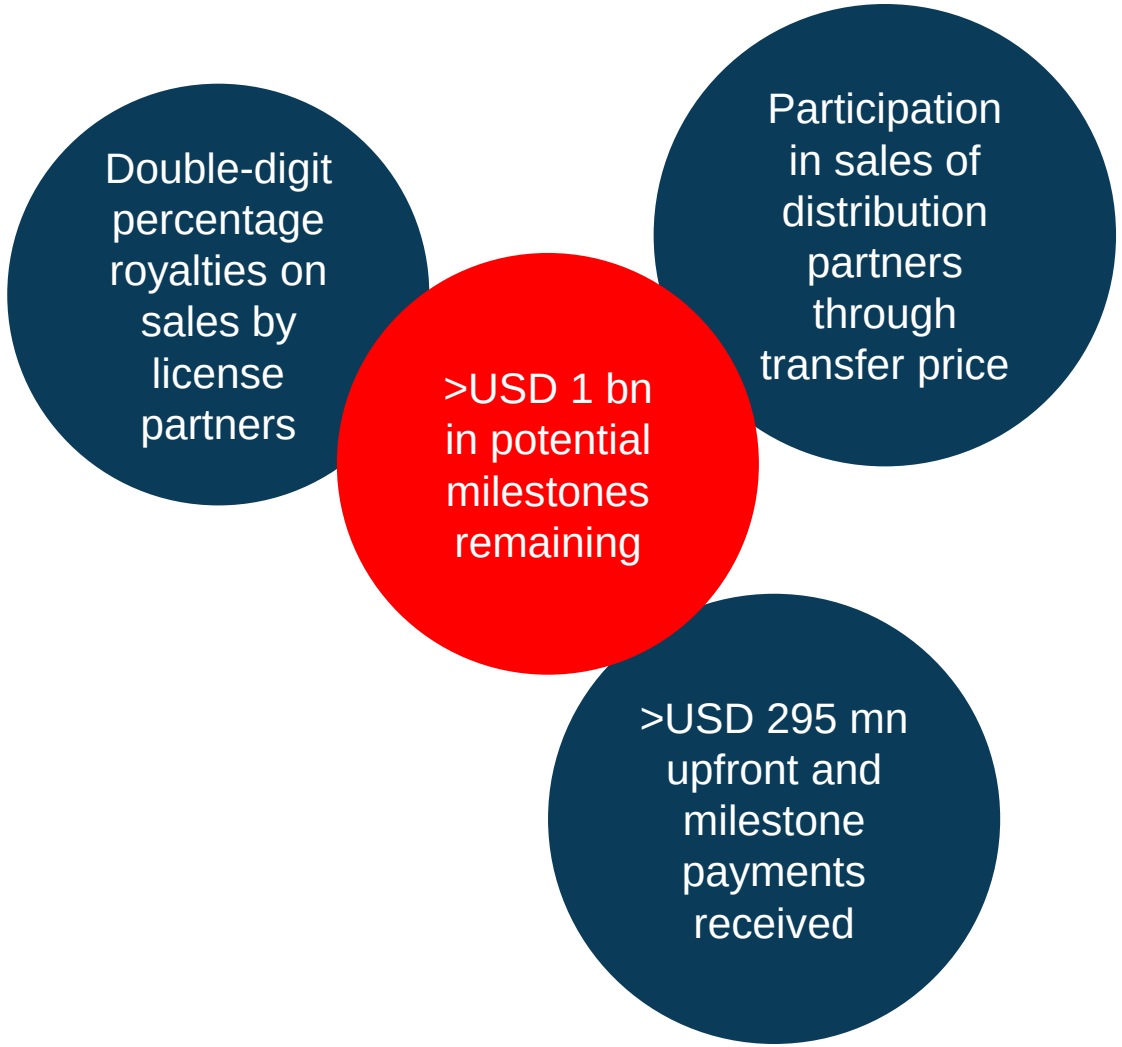
hikma.
MENA region (Cresemba® and Zevtera®)

Knight GBT Grupo Biotoscana
LatAm (Cresemba® and Zevtera®)

UNIMEDIC PHARMA
Nordics (Cresemba® and Zevtera®)

AVIR PHARMA
Canada (Cresemba® and Zevtera®)

LANCET
Russia and the Eurasian Economic Union (Zevtera®)



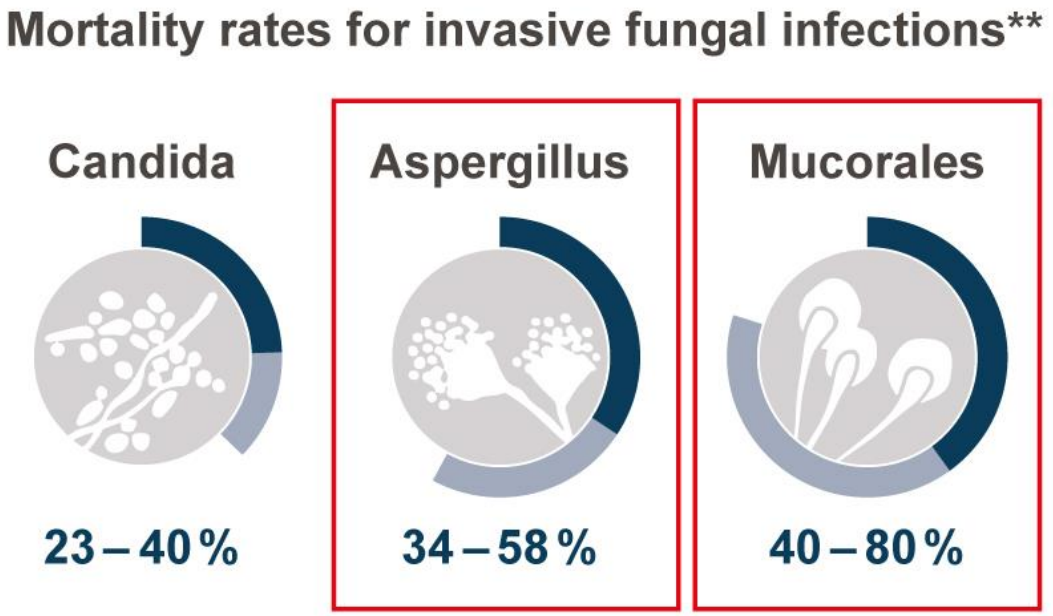
Antifungal

Cresemba® (isavuconazole)

Invasive mold infections

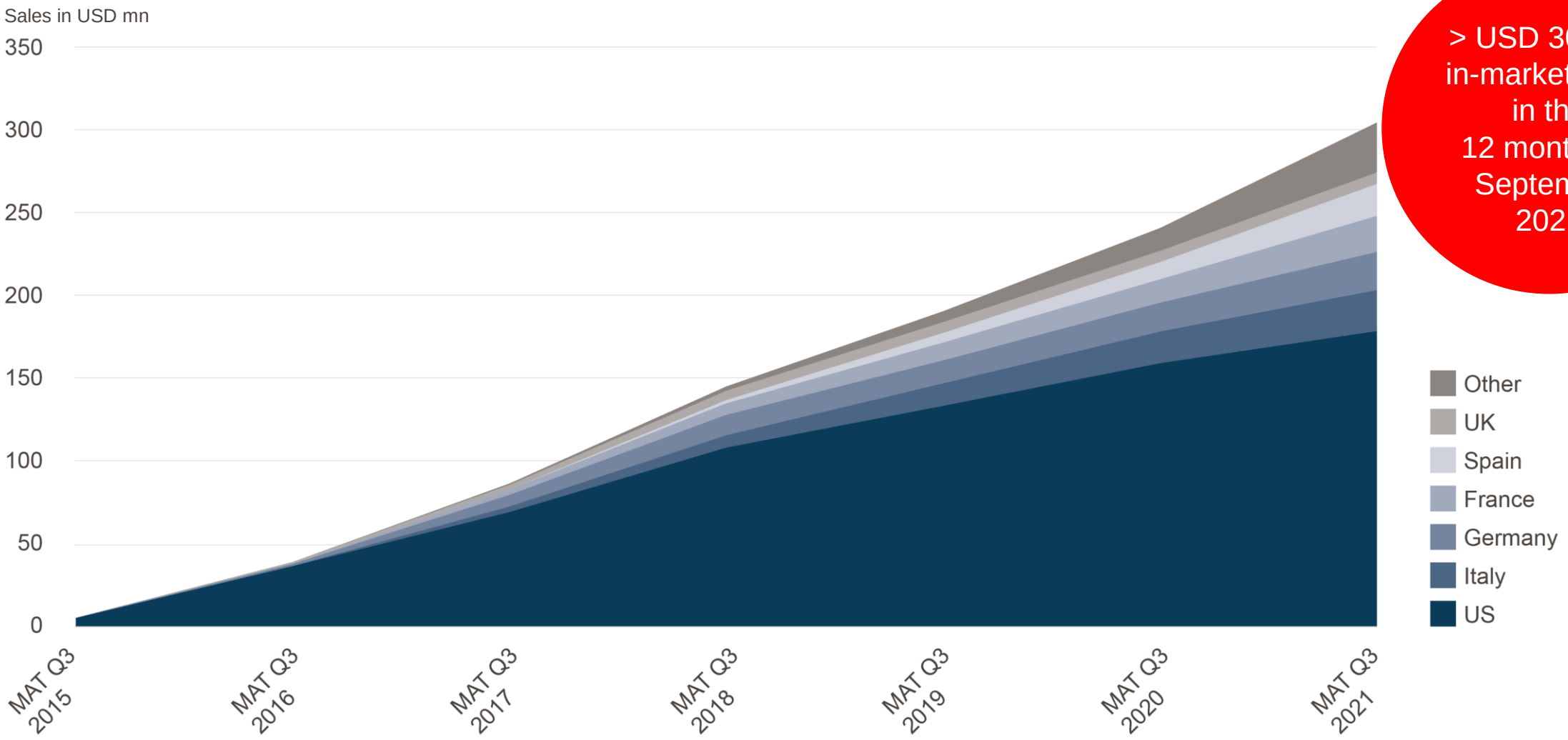
The market — Invasive fungal infections

- 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 300 mn in-market sales in the 12 months to September 2021

MAT: Moving annual total; Source: IQVIA, September 2021

Sales of best-in-class antifungals* by product

USD 3.2 bn sales (MAT Q3 2021)

Potential to increase Cresemba® (isavuconazole) market share

- Anticipated to be launched in ~70 countries by end-2022
- Exclusivity through 2027 in the U.S. and potential pediatric exclusivity extension to 2027 (from 2025) in the EU

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

MAT: Moving annual total; Source: IQVIA, September 2021, 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.

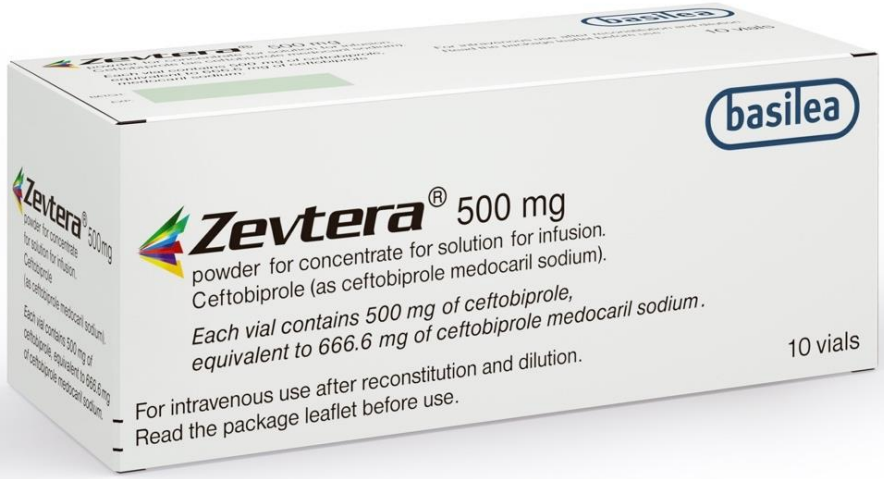
Antibacterial

Zevtera® (ceftobiprole)

Severe bacterial infections

Zevtera® — An introduction

- Broad-spectrum anti-MRSA cephalosporin (including Gram-negative bacteria)
- Rapid bactericidal activity
- Potential to replace antibiotic combinations
- Early improvement in HAP, particularly in patients with MRSA, and CAP, including high-risk patients
- Cephalosporin class safety profile
- Marketed in selected countries in Europe, Latin America, the MENA-region and Canada

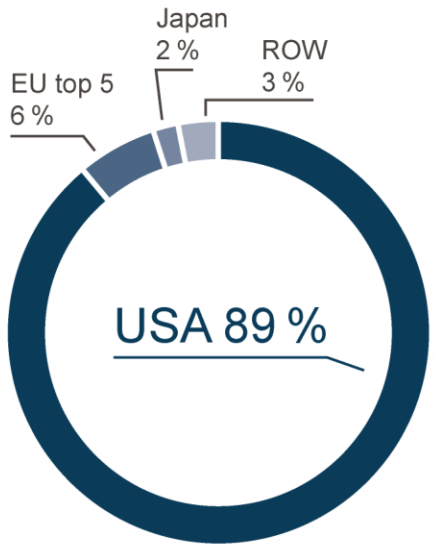


Approved in major European countries & several non-European countries for both hospital-acquired pneumonia (HAP), excluding ventilator-associated pneumonia (VAP), and community-acquired pneumonia (CAP). Not approved in the U.S.

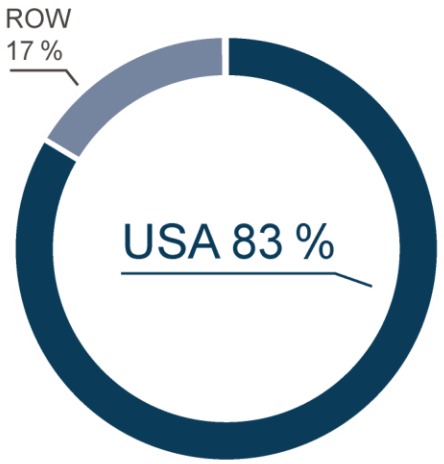
MENA: Middle East and North Africa

The hospital anti-MRSA antibiotic market — A USD 2.8 bn market* with the U.S. being the most important region

Daptomycin sales by region (2015, before LOE)



Ceftaroline sales by region (MAT Q3 2021)



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

MRSA: Methicillin-resistant *Staphylococcus aureus*; LOE: Loss of exclusivity; ROW: Rest of world; MAT: Moving annual total; Source: IQVIA, September 2021

Strategy for accessing the U.S. market

- Two cross-supportive phase 3 studies under FDA Special Protocol Assessment (SPA)
  1. Acute Bacterial Skin and Skin Structure Infections (ABSSSI)[1], successfully completed

TARGET
ABSSSI Study

  2. *Staphylococcus aureus* bacteremia (SAB)[2], patient enrolment completed in January 2022, topline results expected mid-year 2022

ERADICATE
SAB Study

- Phase 3 program largely funded by BARDA (~70% of total program costs; up to USD ~134 mn)

BIOMEDICAL ADVANCED RESEARCH AND DEVELOPMENT AUTHORITY
BARDA

- Qualified Infectious Disease Product (QIDP) designation extends U.S. market exclusivity to 10 years from approval

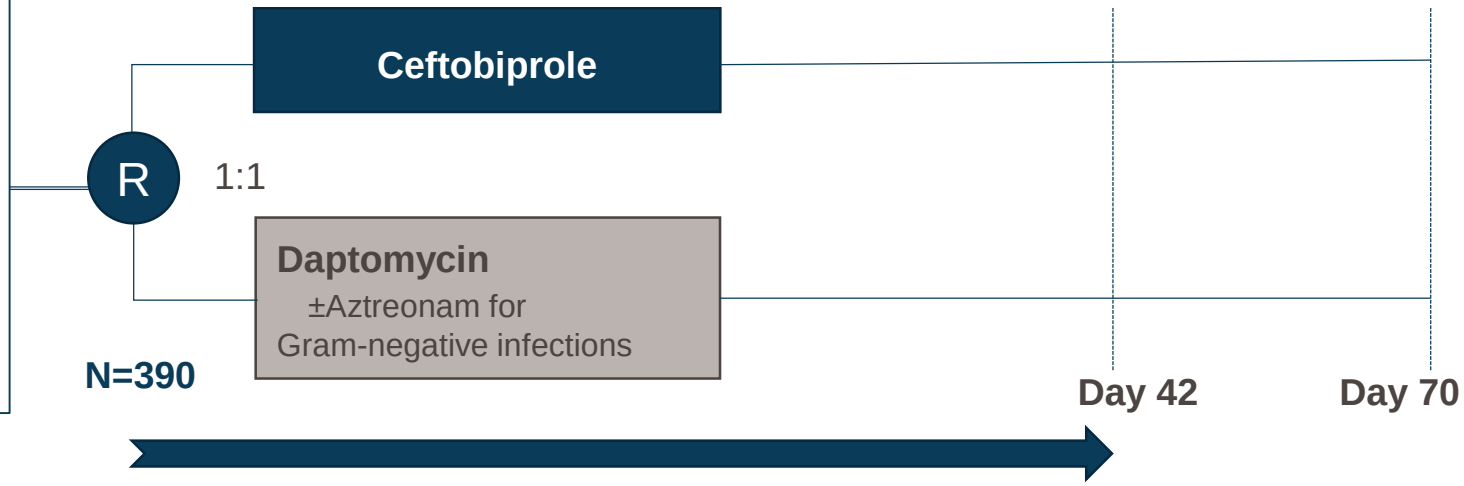
[1] Overcash JS et al. Clin Infect Dis. 2021;73:e1507-e1517. (NCT03137173)
[2] Hamed K et al. Future Microbiol. 2020;15:35-48. (NCT03138733)

Phase 3 study with ceftobiprole in the treatment of patients with SAB

ERADICATE
SAB Study

ERADICATE is the largest randomized study conducted for registrational purposes of a new antibiotic treatment in *Staphylococcus aureus* bacteremia

- 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)

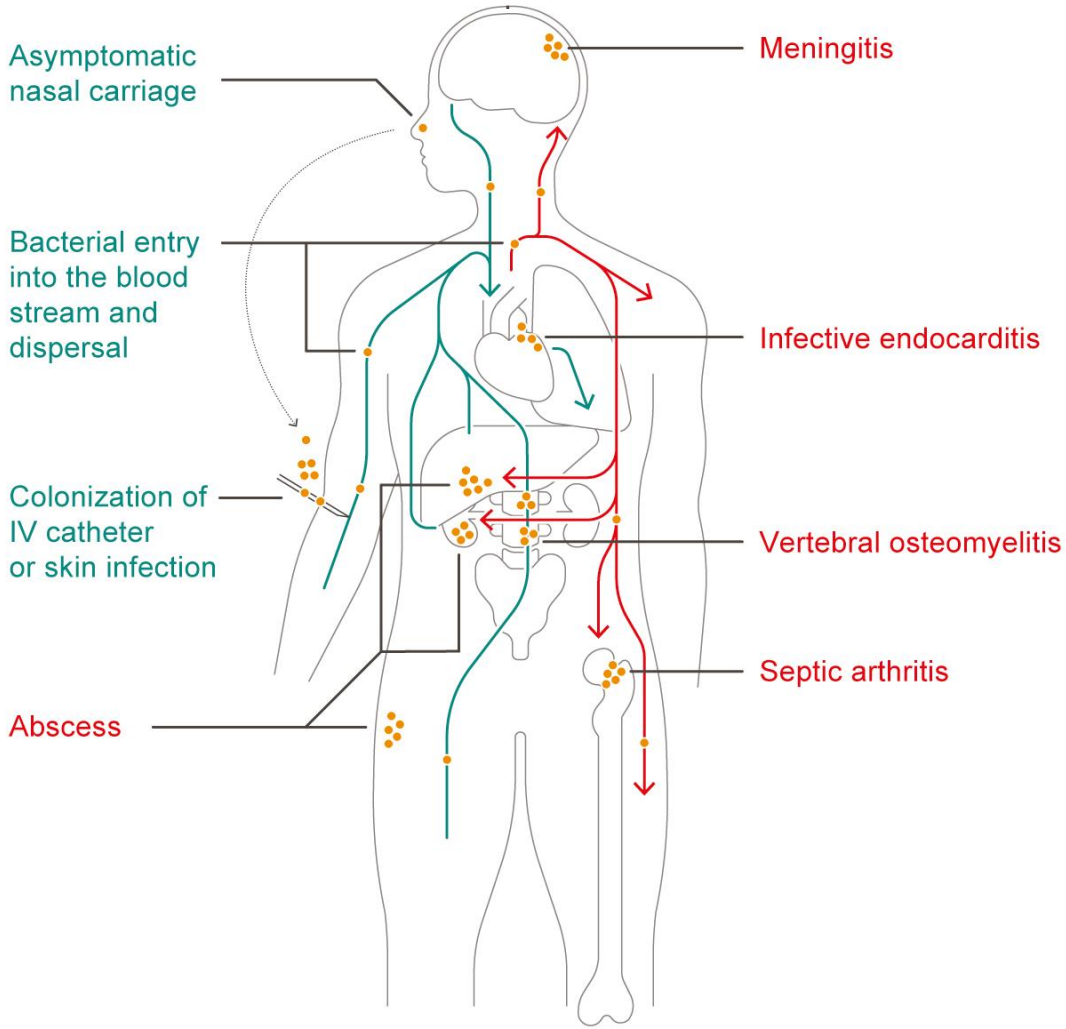
Primary endpoint assessment

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

SAB – an area with high medical need

- Nearly 120,000 *S. aureus* bloodstream infections in the U.S. (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 U.S. 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*

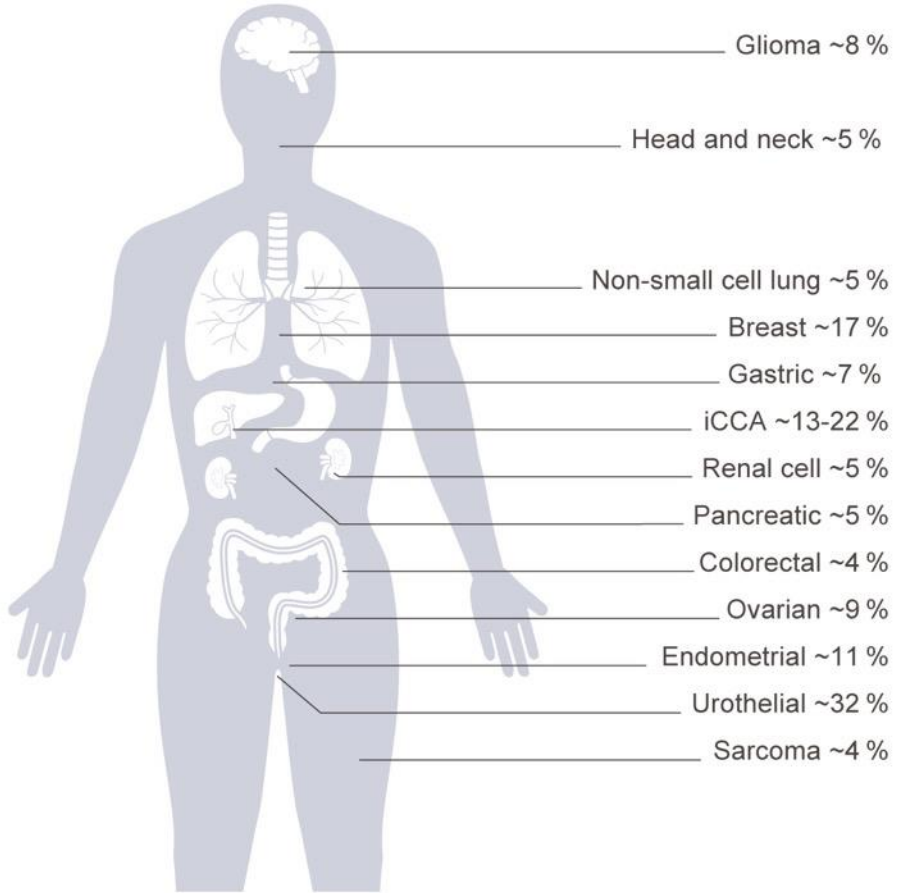
Oncology

Derazantinib

FGFR-driven tumors

Targeting FGFR-driven tumors with derazantinib

- Small molecule, oral inhibitor of FGFR family of kinases
- Development strategy focused on achieving differentiation by leveraging unique properties of derazantinib
  - Kinase inhibition profile: potential advantage of additional targets of derazantinib such as CSF1R and VEGFR2 kinase
  - Safety profile: exploring relevance for potential combination therapies
- Focus on two clinical studies:
  - FIDES-01 (Ph 2) in intrahepatic cholangiocarcinoma (iCCA)
  - FIDES-03 (Ph 1/2) in gastric cancer



Sources: Helsten et al., Clin Cancer Res 2016 (22), 257-267; FGFR2 fusions in iCCA: Graham et al. Hum Pathol 2014 (45), 1630-1638; Jain et al. JCO Precis Oncol 2018 (2) 1-12

Phase 2 studies with FGFR-inhibitors in iCCA

Variable	Derazantinib[1] FIDES-01 Cohort 1	Infigratinib[2] (QED)	Pemigatinib[3] (Incyte) FIGHT-202	Futibatinib[4] (Taiho) FOENIX-CCA2	Derazantinib[5] FIDES-01 Cohort 2*	Pemigatinib[6] (Incyte) FIGHT-202
N	103	108	108	103	23	20
Objective response rate	21%	23%	37%	42%	9%	0%
Disease control rate	76 %	84%	82%	83%	74%	40%
Median progression-free survival	8.0 months	7.3 months	7.0 months	9.0 months	7.3 months	2.1 months

FGFR2 fusions/rearrangement
FGF/R non-fusion genetic alterations

- Derazantinib continues to show a well-manageable safety profile, with low rates of retinal side effects, stomatitis, hand-foot syndrome and nail toxicity.
- Overall, these results underscore the favorable benefit to risk profile of derazantinib as a monotherapy in bile duct cancer

1. Droz Dit Busset et al., ESMO 2021 and Basilea data on file. 2. Javle et al. J Clin Oncol 39, no. 3_suppl (January 20, 2021) 265-265. 3. Abou-Alfa et al. J Clin Oncol 39, no. 15_suppl (May 20, 2021) 4086-4086.
4. Goyal et al. Cancer Res 2021; 81, 13 Supplement, pp. CT010. 5. Javle et al., J Clin Oncol 40, no. 4_suppl (February 01, 2022) 427-427. 6. Abou-Alfa et al. Lancet Oncol 2020;21(5):671-684.
*Interim analysis, based on investigator assessments.

Clinical program in gastric cancer – FIDES-03

Multi-cohort Phase 1b/2 study of derazantinib as monotherapy or in combination therapy with standard of care (ramucirumab/paclitaxel) or atezolizumab in patients with advanced HER2-negative gastric adenocarcinoma harboring FGFR genetic aberrations

- Substudies using derazantinib monotherapy or combination treatment, including:
  - Derazantinib monotherapy in various molecular subtypes
  - Combination of derazantinib with ramucirumab/paclitaxel
  - Combination of derazantinib with atezolizumab
- Clinical supply agreement with Roche for atezolizumab
- Clinical trial collaboration and supply agreement with Lilly for ramucirumab
- Interim results in derazantinib monotherapy and recommended phase 2 dose of derazantinib in combination with ramucirumab/paclitaxel expected H1 2022

FIDES-03: NCT04604132

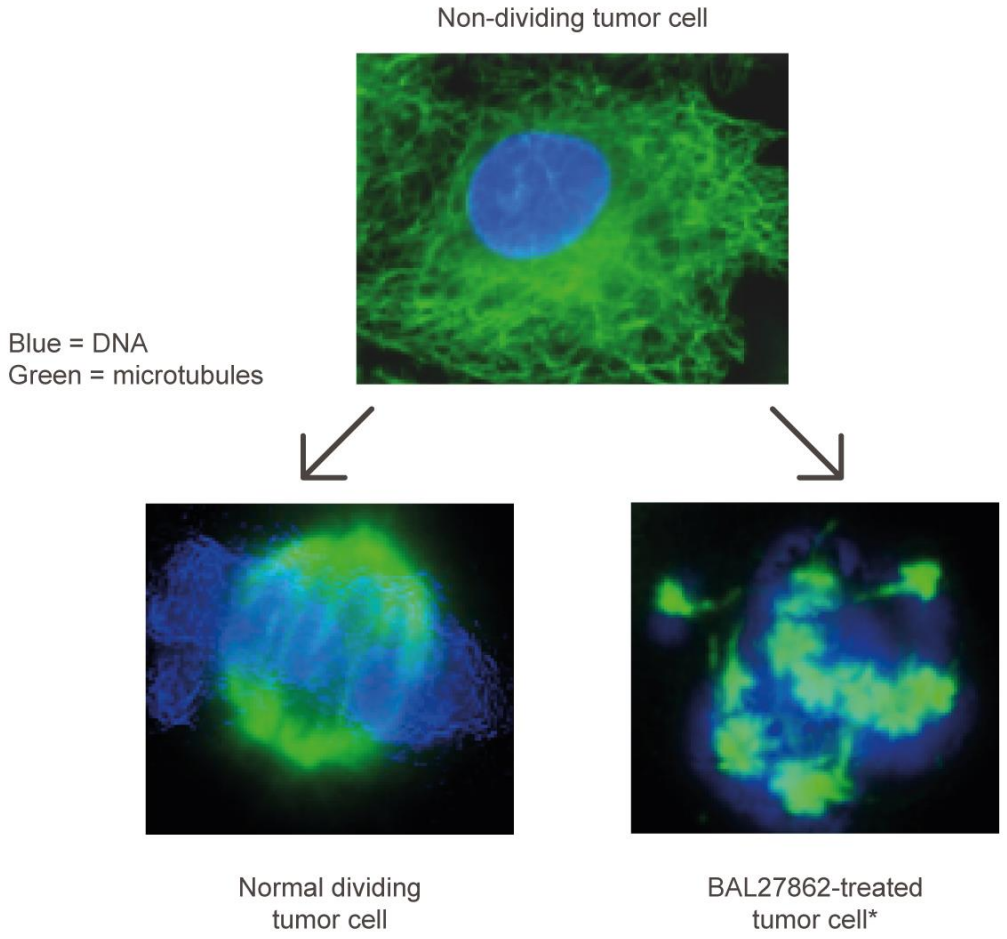
Oncology

Lisavanbulin

Glioblastoma
and other solid tumors

Novel tumor checkpoint controller crossing the blood-brain barrier

- Novel compound inducing tumor cell death through spindle assembly checkpoint activation
- Targeting diverse tumor types resistant to standard therapeutic approaches
- Flexible dosing potential, including daily oral dosing
- Crosses the blood-brain barrier with potent activity in brain tumor models alone and in combination
- Comprehensive biomarker program to optimize patient selection, e.g. EB1 (end-binding protein 1)
- Orphan drug designation granted for the treatment of malignant glioma

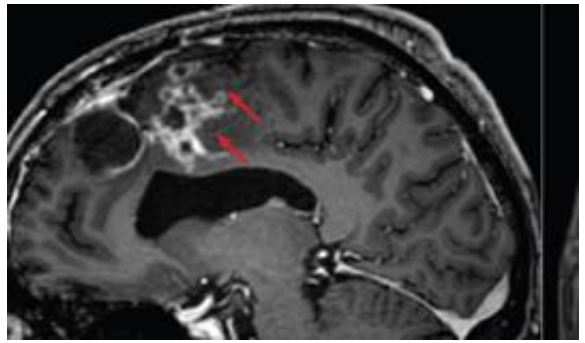


* Lisavanbulin (BAL101553) is a prodrug of BAL27862

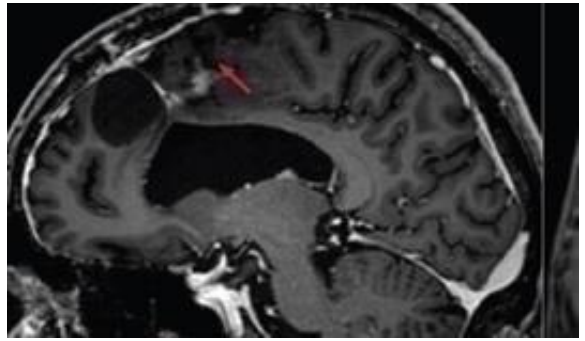
Biomarker-driven phase 2 study ongoing in recurrent glioblastoma

- EB1 is located on the microtubules and involved in microtubule dynamics and has been shown to be a response predictive marker for lisavanbulin in preclinical studies
- Results from phase 1 study with daily oral lisavanbulin in patients with recurrent glioblastoma (n= 20):[1, 2]
  - Three patients with EB1-positive glioblastoma
  - Two of the EB1-positive patients with long-lasting clinical benefit, ongoing for more than 3 years
    - One exceptional response with >80% reduction in glioblastoma tumor size
  - No clear clinical benefit for EB1-negative patients
- Phase 2 interim results expected H1 2022

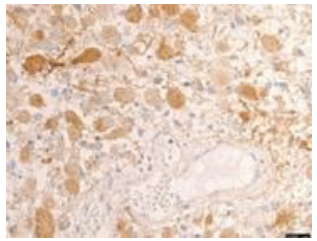
Glioblastoma tumor size reduction in an exceptional responder and EB1 staining of glioblastoma tissue compared to non-responding patients



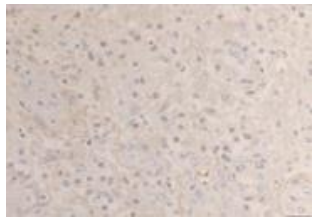
Baseline (May 2018)



Post Cycle 12 (April 2019)

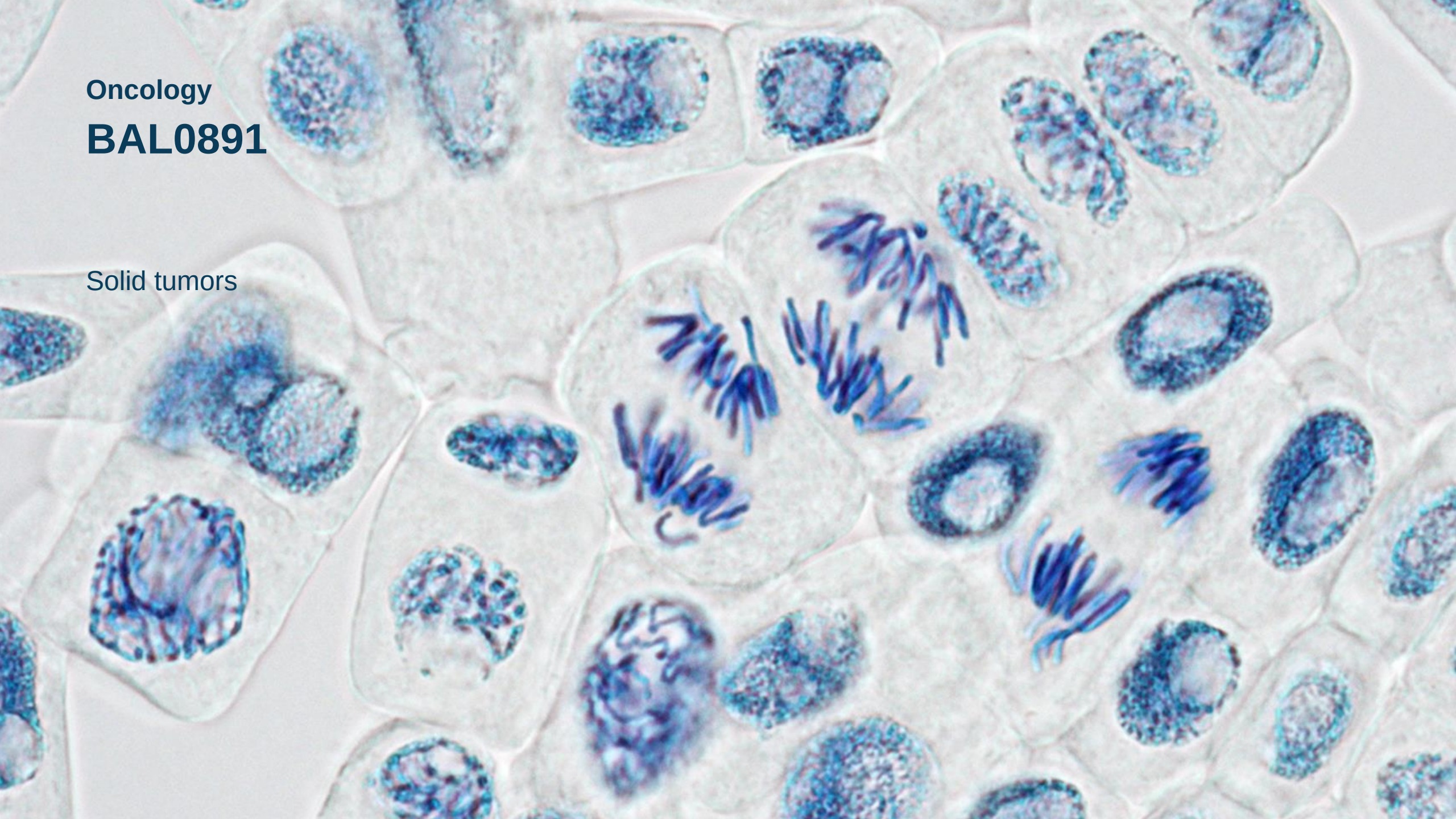


Responder



Non-responder

[1] Lopez et al. JCO 2019;37,15 suppl, 2025 (NCT02490800)
[2] Tiu et al. JCO 2021;39,15 suppl, TPS2068 (NCT02490800)



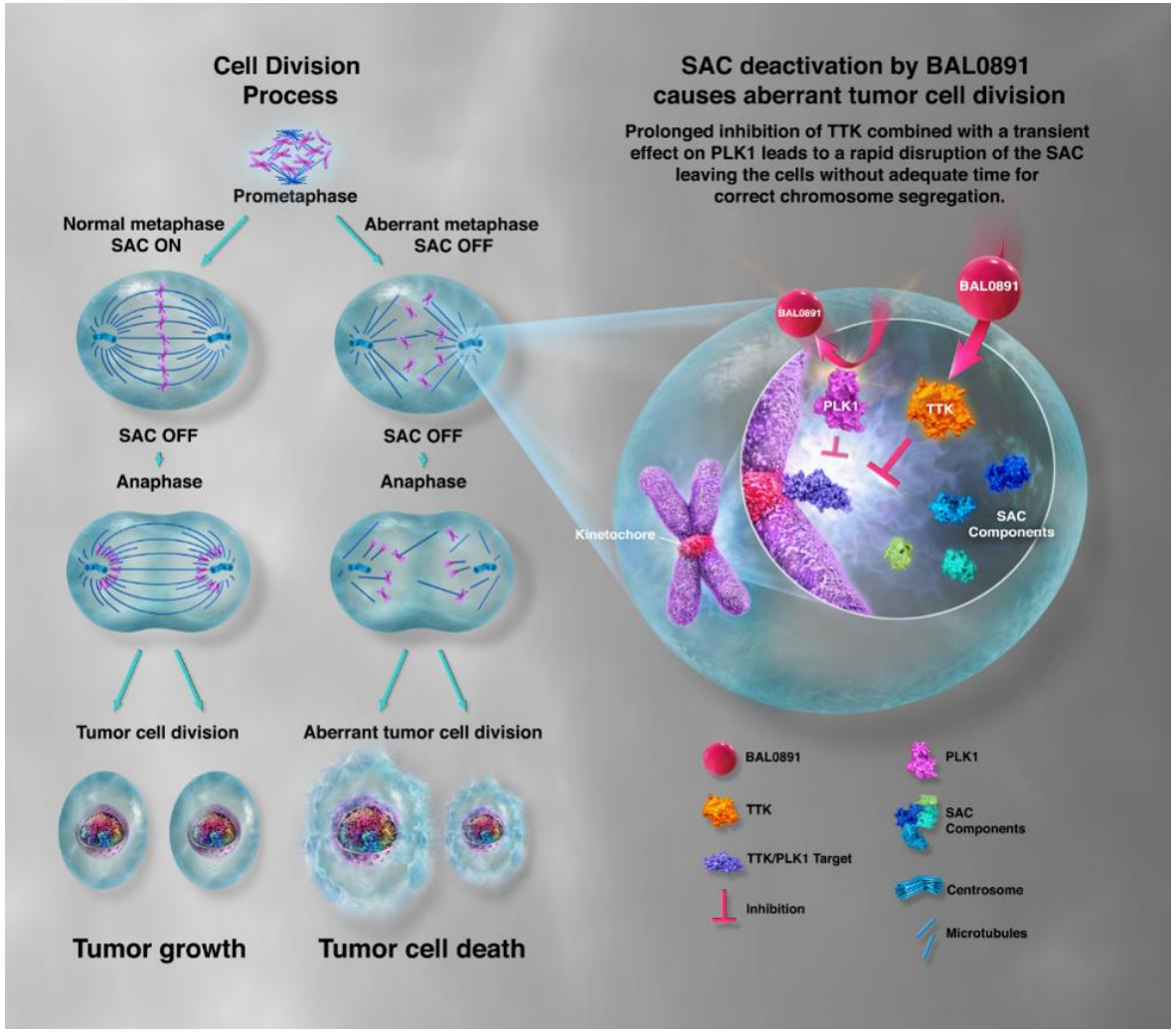
Oncology

BAL0891

Solid tumors

A first-in-class mitotic checkpoint inhibitor

- Unique dual inhibitor of threonine tyrosine kinase (TTK) and polo-like kinase 1 (PLK1)
  - Dual action of BAL0891, with prolonged TTK and transient PLK1 inhibition, leads to a rapid disruption of the spindle assembly checkpoint (SAC)
  - Cells are pushed through mitosis without adequate time for correct chromosome alignment and segregation
  - Activity results in aberrant tumor cell division leading to tumor cell death
  - Potent single-agent anti-cancer activity in preclinical models of human cancer
- FDA approved IND in December 2021
- Preparing to enable start of phase 1 study in patients with solid tumors mid-2022



Financials & Outlook

Guidance: Sustainable profitability from FY 2023 expected

In CHF mn	FY 2023e (guidance)	FY 2022e* (guidance)	FY 2021 (actual)
Cresemba & Zevtera related revenue	-	98 – 104	131.4
Royalty income	-	~ 59	53.2
Total revenue	-	106 – 112	148.1
Cost of products sold Operating expenses	- -30% vs. 2022	21 – 24 ~ 110	24.1 122.9
Operating (loss)/profit	> 0	(20 – 25)	1.2
Net cash used in operating activities	Cash flow positive	10 – 15	32.0

2022 vs. 2021:
Decrease due to lower expected milestone payments

* 2022 guidance does not include the potential impact from strategic transactions on the oncology assets

Outlook 2022: Anti-infectives

Ceftobiprole

Completed patient enrolment in phase 3 SAB study (ERADICATE)

Ceftobiprole

Topline results phase 3 SAB study (ERADICATE)

Isavuconazole

- Marketing approval in Japan
- Marketing approvals in China
- Launched in 70 countries by year-end

Increasing Cresemba (isavuconazole) & Zevtera (ceftobiprole) revenue

Advancement of preclinical anti-infective assets

In-licensing of anti-infectives

H1 | **H2**

Outlook 2022: Oncology

Lisavanbulin

Interim results
EB1-positive rGBM phase 2

BAL0891 (TTK/PLK1)

Preparing to enable start of phase 1 study in mid-2022

Lisavanbulin

Topline results
EB1-positive rGBM

Derazantinib

- FIDES-01 (iCCA) cohort 2 topline results in FGFR2 non-fusion patients
- FIDES-03 (GC) interim results monotherapy and combination treatment with RAM/PAC

Derazantinib

FIDES-03 (GC) efficacy results in combination with RAM/PAC

Advancing 2 preclinical oncology programs

Strategic transactions in order to maximize the value of oncology portfolio

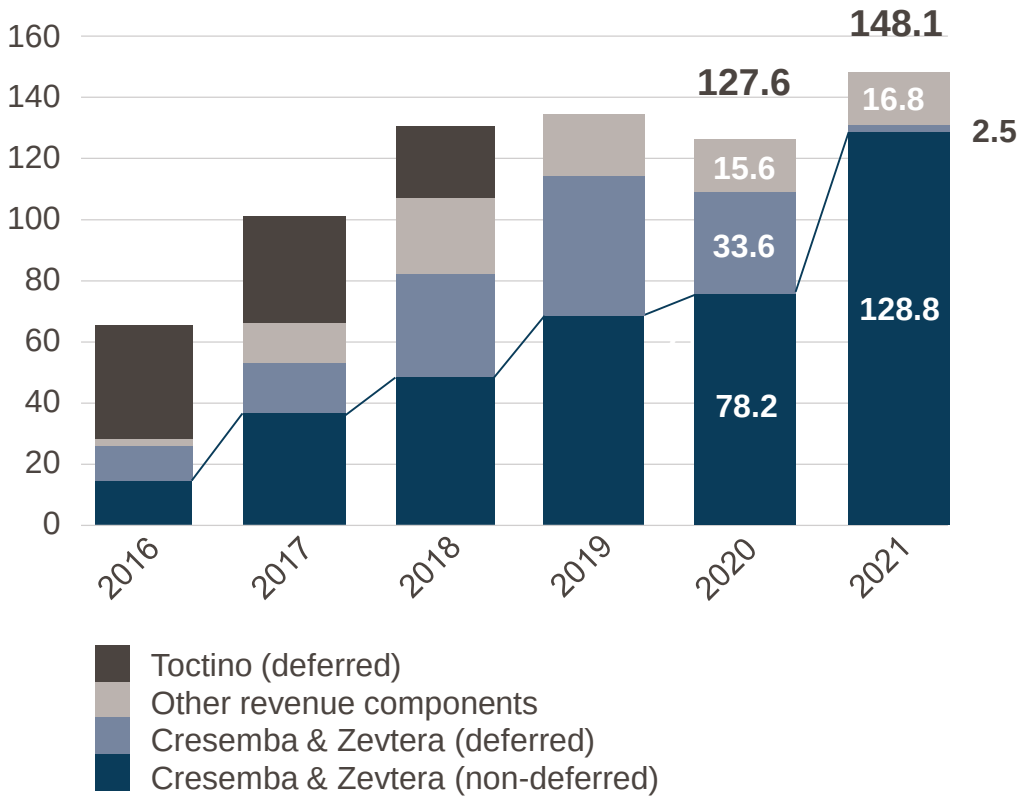
H1	H2

Appendix

2021 revenue and year-end cash-position exceed financial guidance

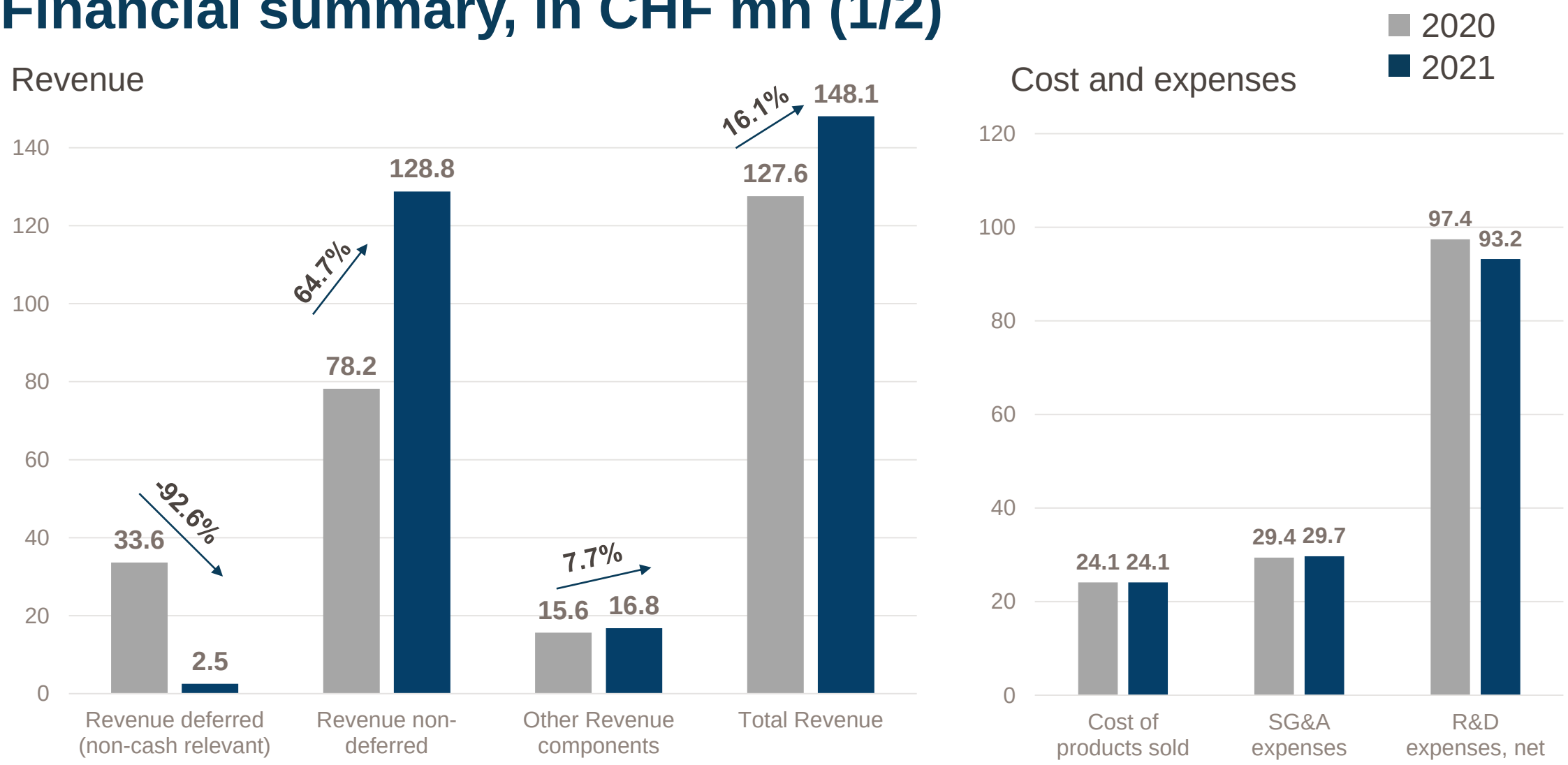
In CHF mn	FY 2021 (actual)	FY 2021e (guidance)	FY 2020 (actual)
Total revenue	148.1	134 – 144	127.6
thereof: Contributions Cresemba & Zevtera			
non-deferred	128.8	115 – 125	78.2
deferred	2.5	2.5	33.6
Operating profit/(loss)	1.2	(7 – 17)	(8.2)*
Cash and investments#	150 [173##]	142 - 147 [165 – 170##]	167.3

Continued strong double-digit growth in Cresemba & Zevtera non-deferred revenue contributions Y-o-Y, CHF mn



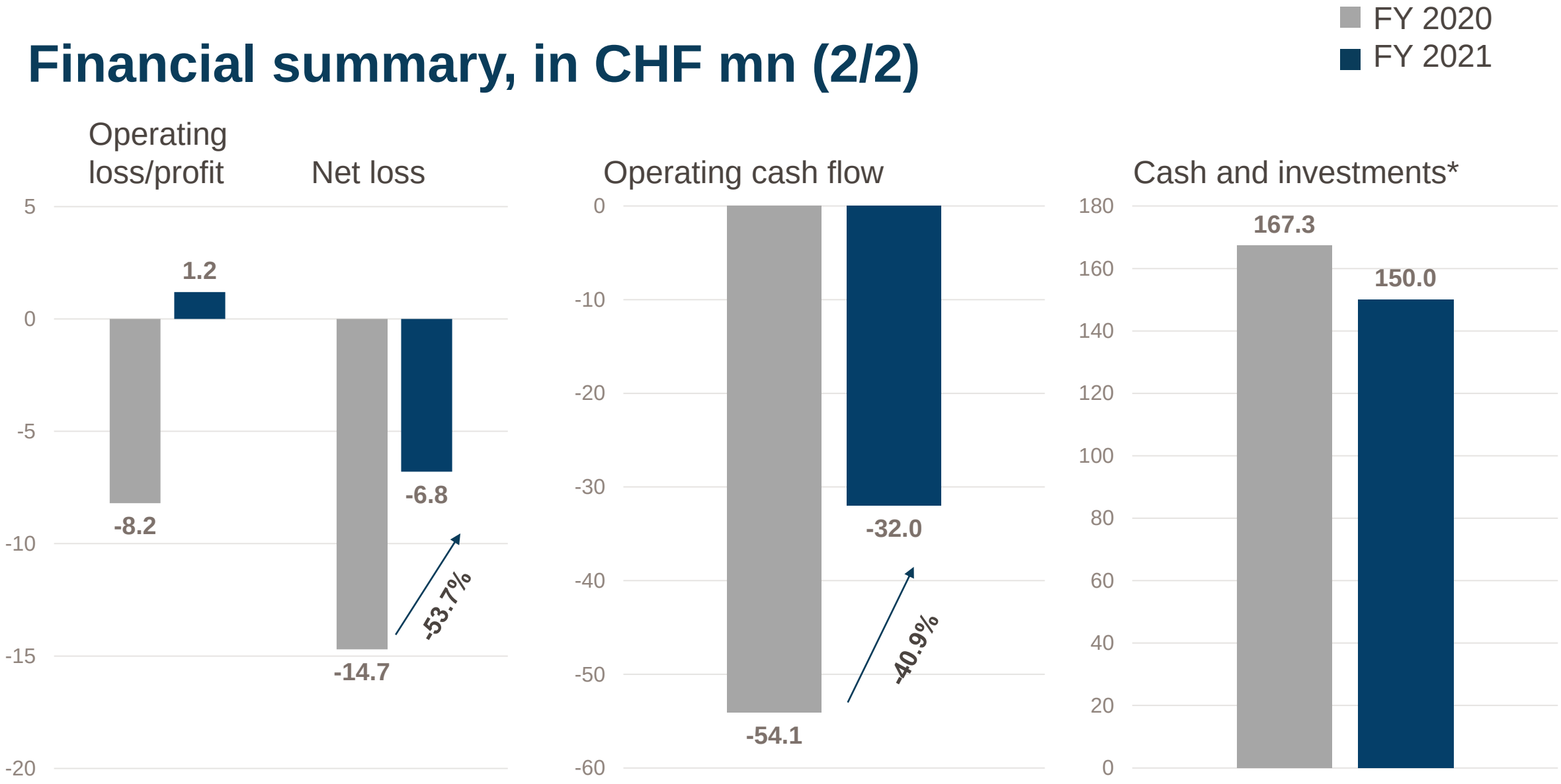
* Including CHF 15mn one-off gain from sale and lease back transaction
\# Cash, restricted cash and investments
##Excluding impact from reduction of the outstanding convertible bonds in 2021

Financial summary, in CHF mn (1/2)



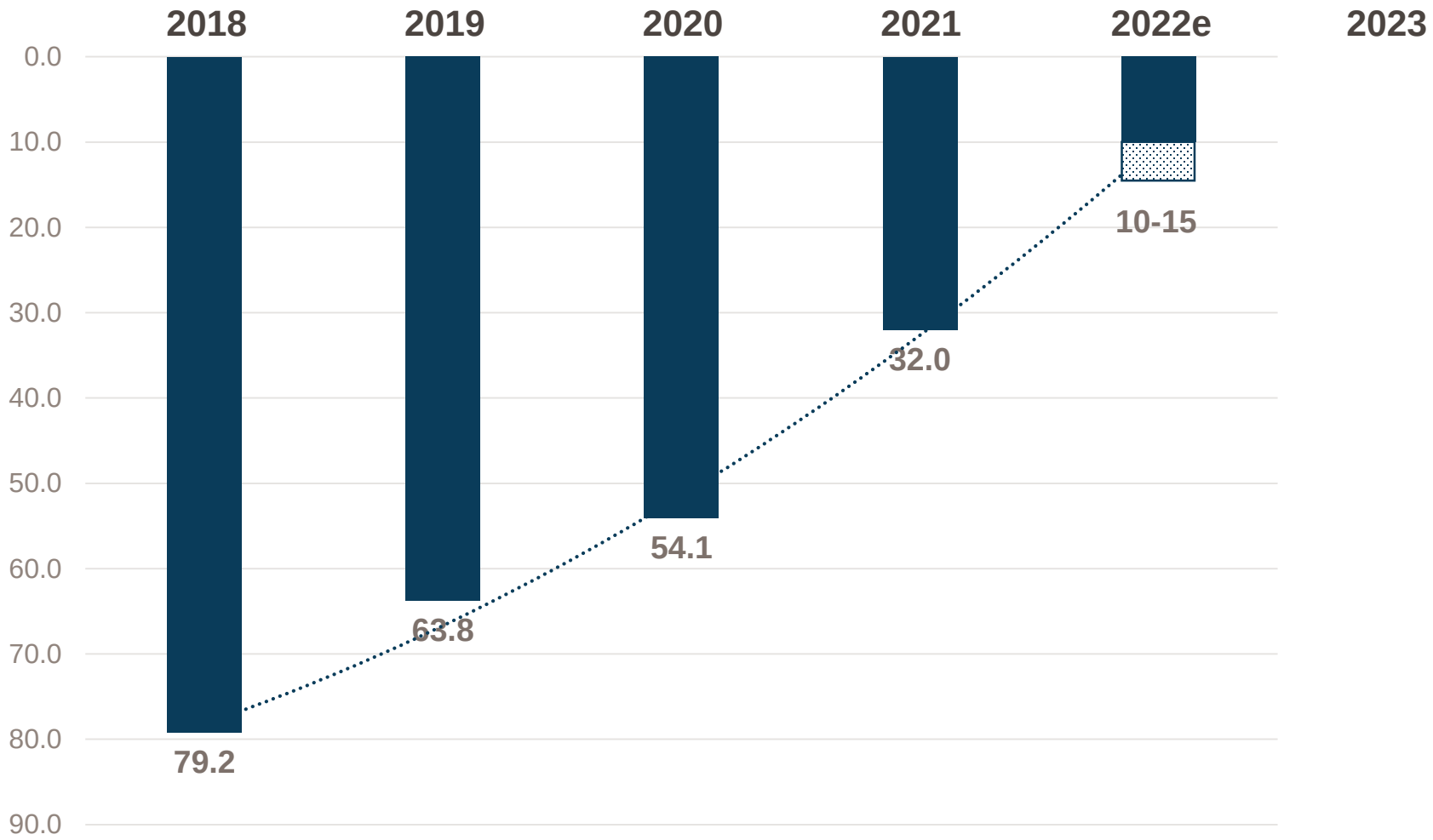
Note: Consolidated figures in conformity with U.S. GAAP; rounding applied consistently

Financial summary, in CHF mn (2/2)



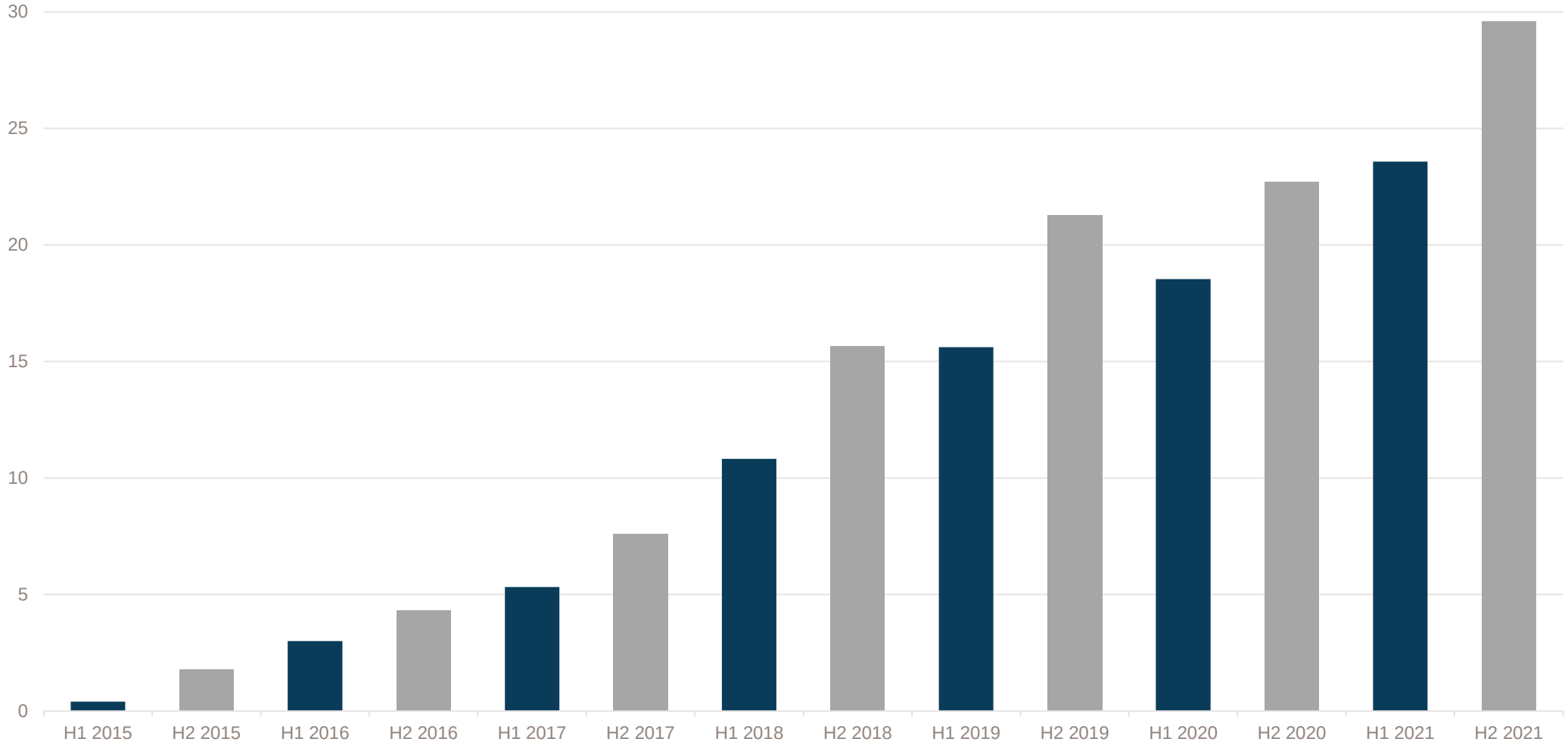
Note: Consolidated figures in conformity with U.S. GAAP; rounding applied consistently, *Cash, cash equivalents, restricted cash and investments

Net cash used in operating activities



Sustainable profitability from 2023 onwards

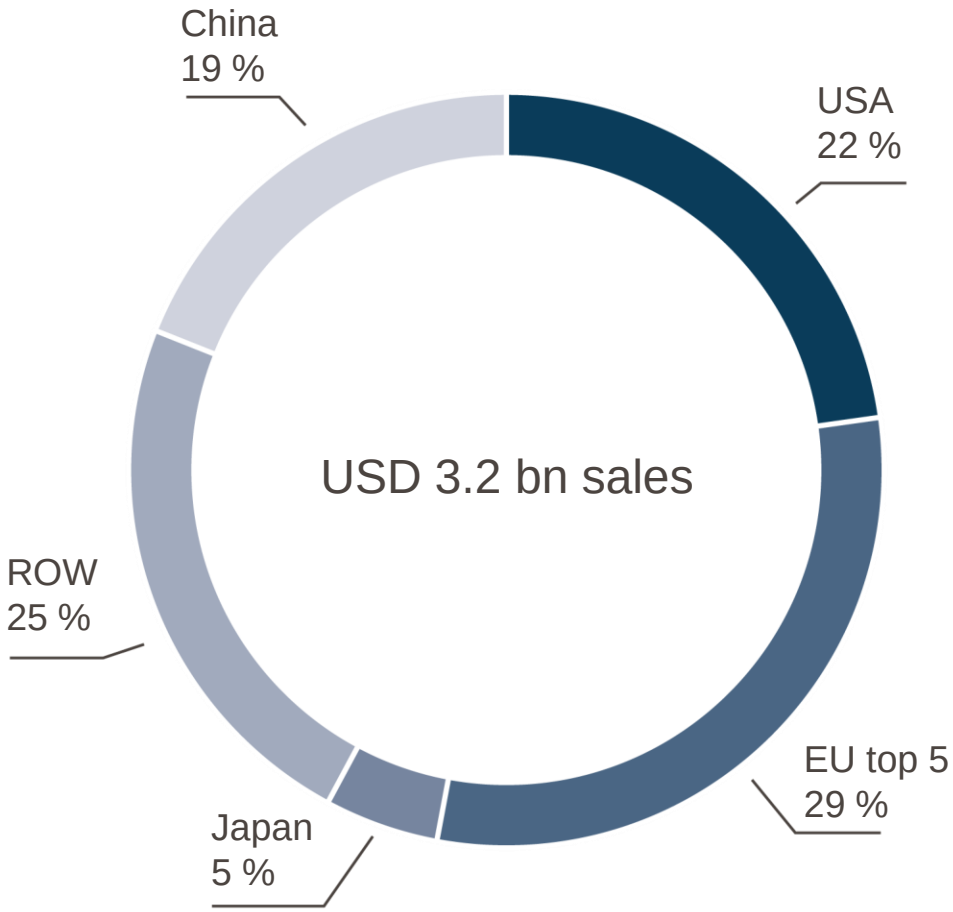
Cresemba royalty revenue growth reflects continued commercial success in key territories (in CHF mn)



Note: Consolidated figures in conformity with U.S. GAAP; rounding applied consistently

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

USD 3.2 bn sales of best-in-class antifungals* (MAT Q3 2021)



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

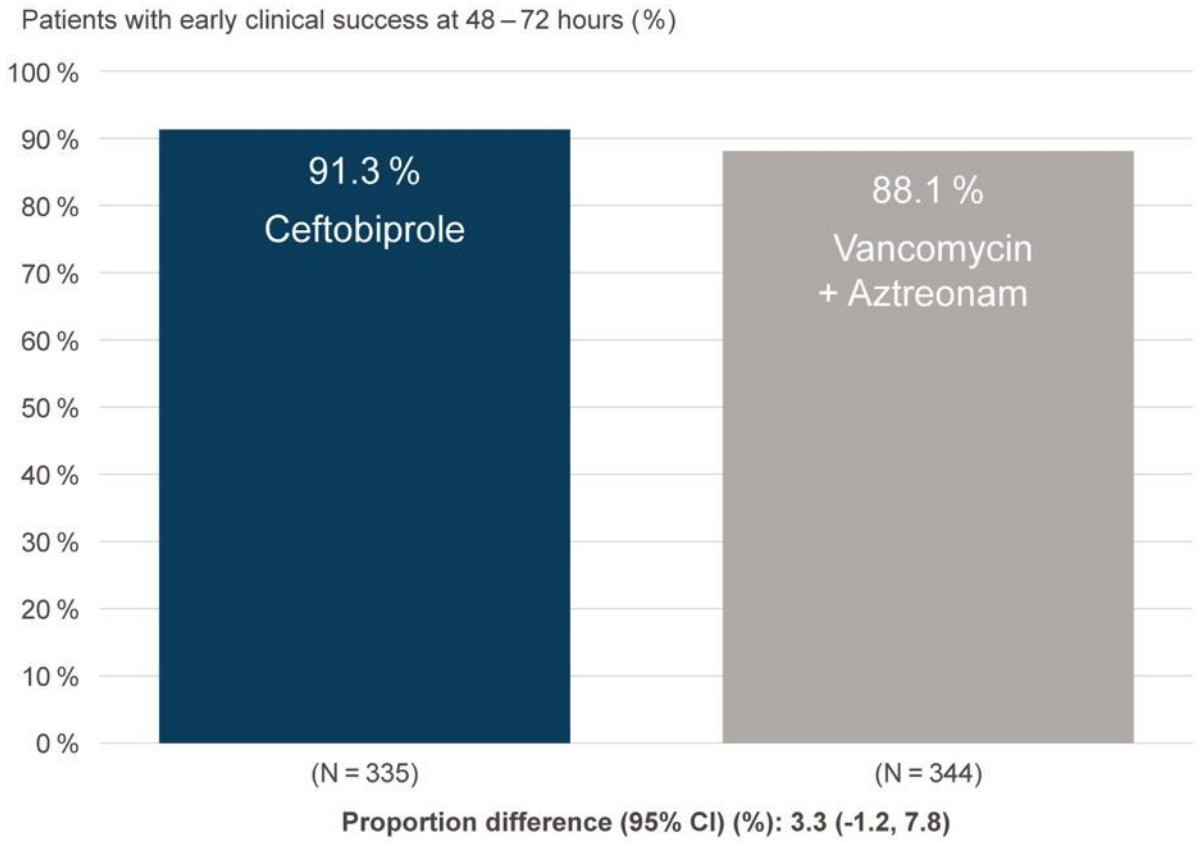
MAT: Moving annual total; Source: IQVIA, September 2021

Ceftobiprole — Positive topline 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

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



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

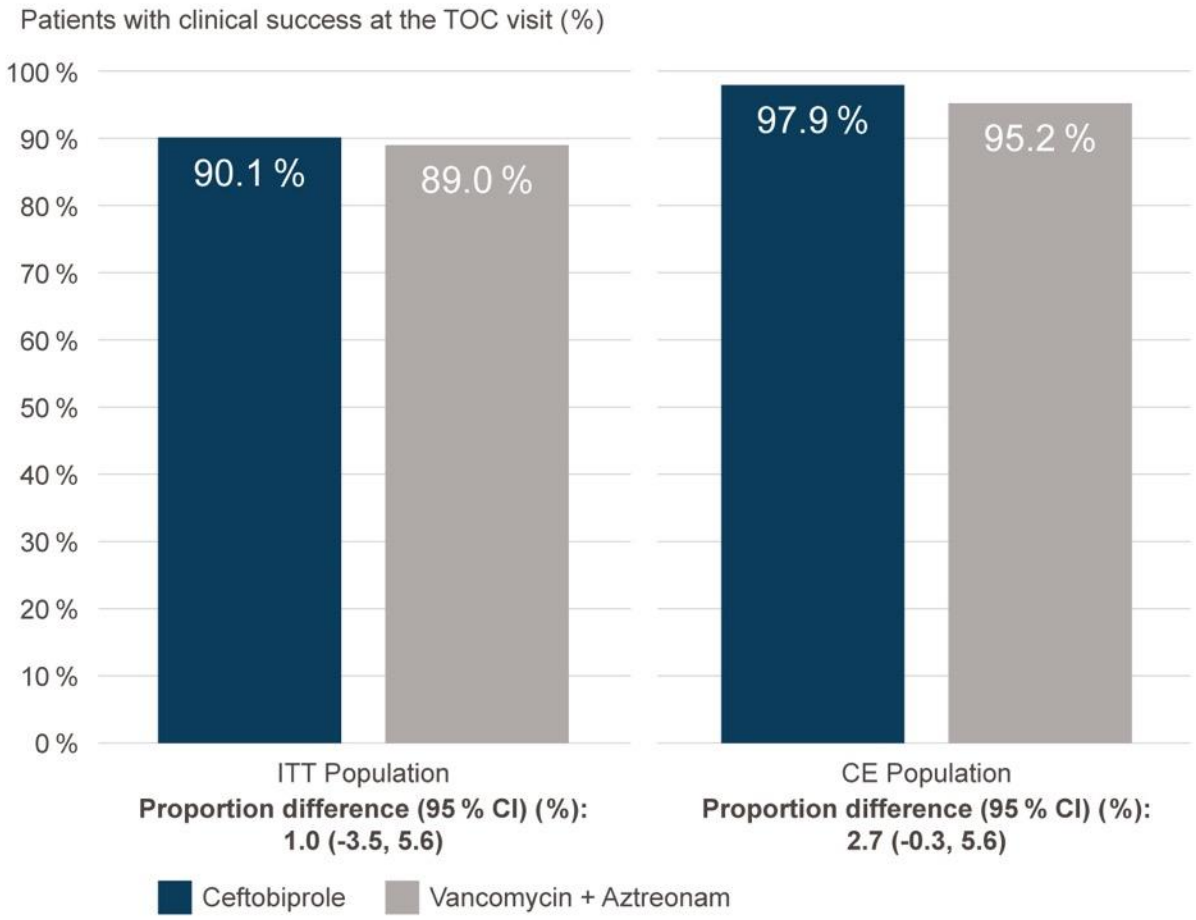
ITT: intent-to-treat
Pre-defined limit of non-inferiority = lower limit of 95 % CI for difference > -10 %

Ceftobiprole — Positive topline 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)



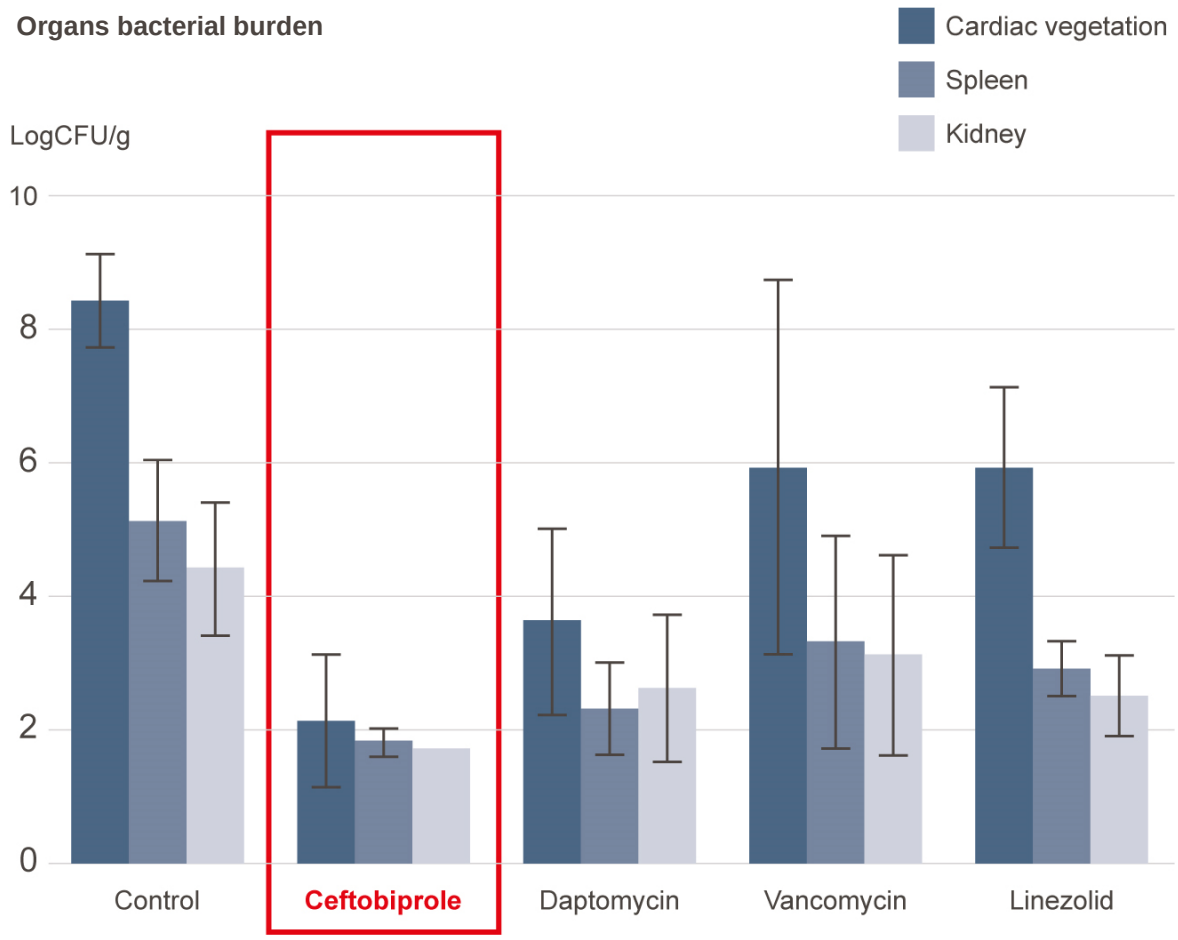
[1] NCT03137173
ABSSSI: Acute bacterial skin and skin structure infections

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 serious 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]

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]

[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.

FGFR-inhibitors show differences in kinase-inhibition profiles[1]

FGFR-inhibitor compound (Sponsor)	Parameter	FGFR1	FGFR2	FGFR3	FGFR4	CSF1R	VEGFR2
Derazantinib (Basilea)	Ratio to FGFR2 activity	4	1	4	77	**3**	**6**
Pemigatinib (Incyte)	Ratio to FGFR2 activity	3	1	4	39	231	62
Erdafitinib (Janssen)	Ratio to FGFR2 activity	2	1	2	13	95	6
Rogaratinib (Bayer)	Ratio to FGFR2 activity	5	1	6	18	116	48
Infigratinib (QED)	Ratio to FGFR2 activity	2	1	2	47	86	55
Futibatinib (Taiho)	Ratio to FGFR2 activity	2	1	2	18	NA	NA

[1] McSheehy et al. Derazantinib (DZB): A dual FGFR/CSF1R-inhibitor active in PDX-models of urothelial cancer. Mol Cancer Ther. 2019 (18) (12 Supplement) LB-C12

FGFR-inhibitors show differences in safety profiles

	Cholangiocarcinoma				Urothelial cancer
	DZB[1] (N=103)	INF[2] (N=108)	FUT[3] (N=67)	PEM[4] (N=146)	ERD[5] (N=99)
Dosing regimen	300 mg QD	125 mg Q4W QD for 3w	20 mg QD	13.5 mg Q3W QD for 2w	8 mg QD (titration to 9 mg)
Most frequent treatment-related adverse events	Phosphorus⇧ Nausea AST⇧	Phosphorus⇧ Stomatitis Alopecia/PPES	Phosphorus⇧ Diarrhea Dry mouth	Phosphorus⇧ Alopecia Dysgeusia	Phosphorus⇧ Stomatitis Dry mouth
Hyperphosphatemia	**37%**	**74%**	**81%**	**55%**	**73%**
Alanine aminotransferase (ALT) ⇧	**23%**	**8%**	*NR*	**2%**	**12%**
Alopecia	**14%**	**32%**	*NR*	**46%**	**27%**
Diarrhea	**20%**	**18%**	**37%**	**36%**	**37%**
Dry eye	**22%**	**31%**	*NR*	**21%**	**19%**
Dry mouth	**23%**	**21%**	**33%**	**29%**	**43%**
Fatigue	**20%**	**29%**	*NR*	**32%**	**21%**
Hand-foot syndrome/PPES	**2%**	**32%**	**18%***	**15%**	**22%**
Nail toxicities	**7%**	**57%***	**42%***	**43%***	**52%**
Retinopathy†	**1%**	**17%***	**9%***	**3%**	**21%**
Stomatitis	**2%**	**51%**	*NR*	**32%**	**55%**

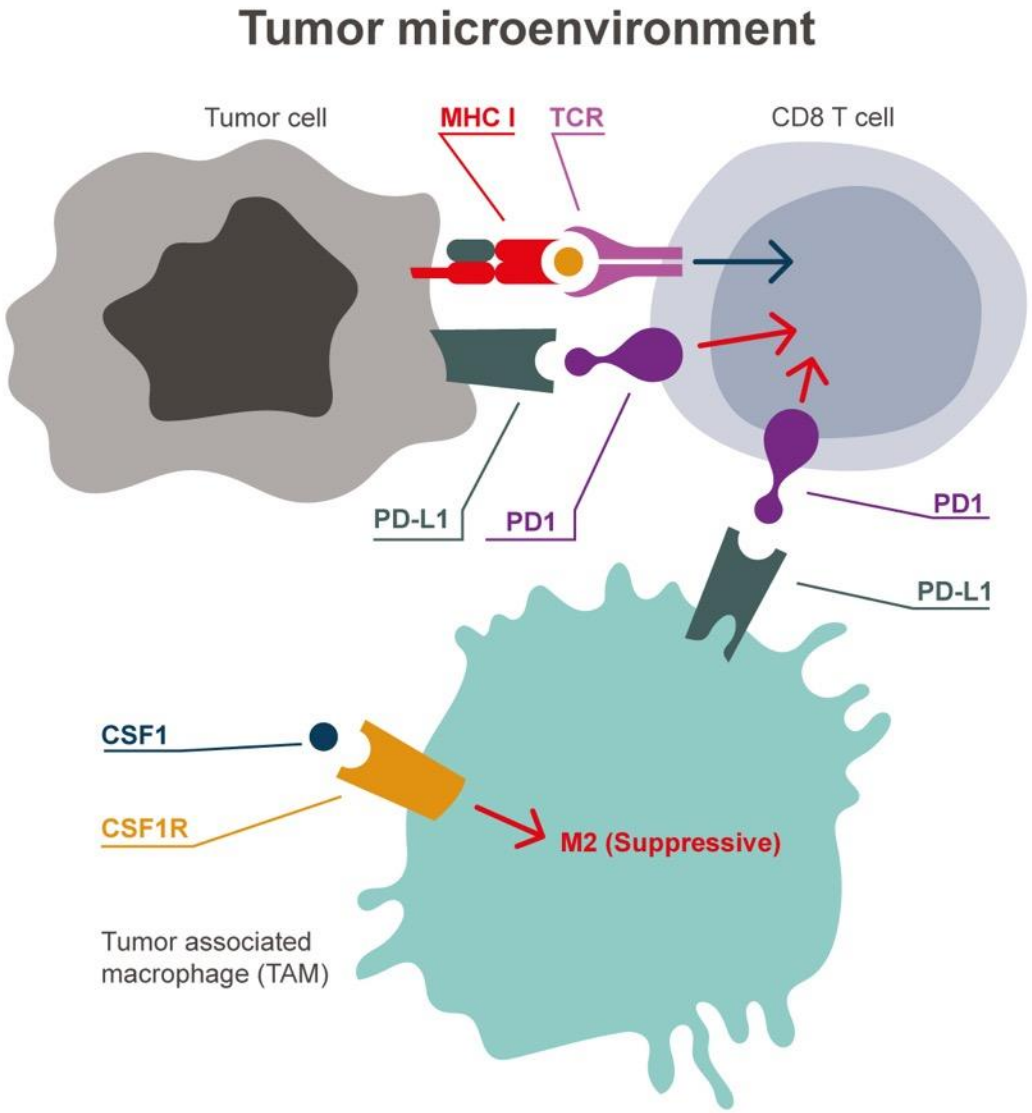
Abbreviations: DZB: derazantinib, INF: infigratinib, FUT: futibatinib, PEM: pemigatinib, ERD: erdafitinib; PPES: Palmar-plantar erythrodysesthesia syndrome; NR: not reported; QD: daily; Q3W/Q4W: every 3/4 weeks; w: weeks

Percentages refer to treatment-related adverse events except for annotated (*) adverse events regardless of causality.
†Refers to Retinal Pigment Epithelial Detachment (RPED) or Central Serous Retinopathy (CSR).

References:
[1] Droz Dit Busset et al. Annals of Oncology (2021) 32 (suppl_5): S376-S381 and Basilea data on file; [2] Javle et al.Lancet Gastroenterol Hepatol. 2021 Oct;6(10):803-815 and Trusetiq U.S. Prescribing information (05/2021);
[3] Goyal et al. J Clin Onc 38, no. 15_suppl (May 20, 2020) 108-108; [4] Abou-Alfa et al. Lancet Oncol. 2020 May;21(5):671-684 and Pemazyre™ U.S. Prescribing Information (06/2021);
[5] Loriot et al. N Engl J Med. 2019 Jul 25;381(4):338-348 and Balversa™ U.S. prescribing information (07/2020).

Potential therapeutic relevance of CSF1R-inhibition

- Derazantinib is active in inhibiting FGFR kinases and CSF1R (Colony-stimulating factor-1 receptor)
- CSF1R-inhibition may reprogram immunosuppressive tumor-infiltrating macrophages, restore T-cell activity and thereby improve the susceptibility to PD1/PD-L1 inhibitors[1]
- Derazantinib may address several oncogenic mechanisms at the same time, i.e. inhibiting FGFR and making the tumor more susceptible to immunotherapy
- Basilea entered into a clinical supply agreement with Roche to study a combination of derazantinib and Roche's PD-L1-blocking immune-checkpoint inhibitor atezolizumab in patients with urothelial and gastric cancer

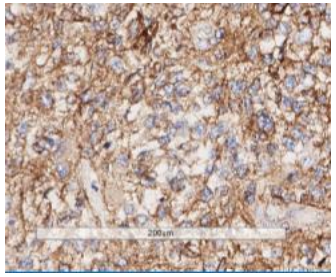


[1] X. Zheng et al. Redirecting tumor-associated macrophages to become tumoricidal effectors as a novel strategy for cancer therapy. Oncotarget. 2017;8(29):48436-48452

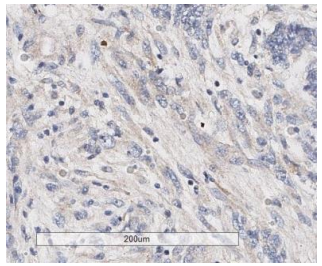
Graph adapted from: A. Ghasemzadeh et al. New Strategies in Bladder Cancer: A Second Coming for Immunotherapy. Clin Cancer Res. 2016;22(4):793-801

EB1-prevalence in glioblastoma and other cancer types

Example of an EB1-positive and EB1-negative glioblastoma tissue sample[1]

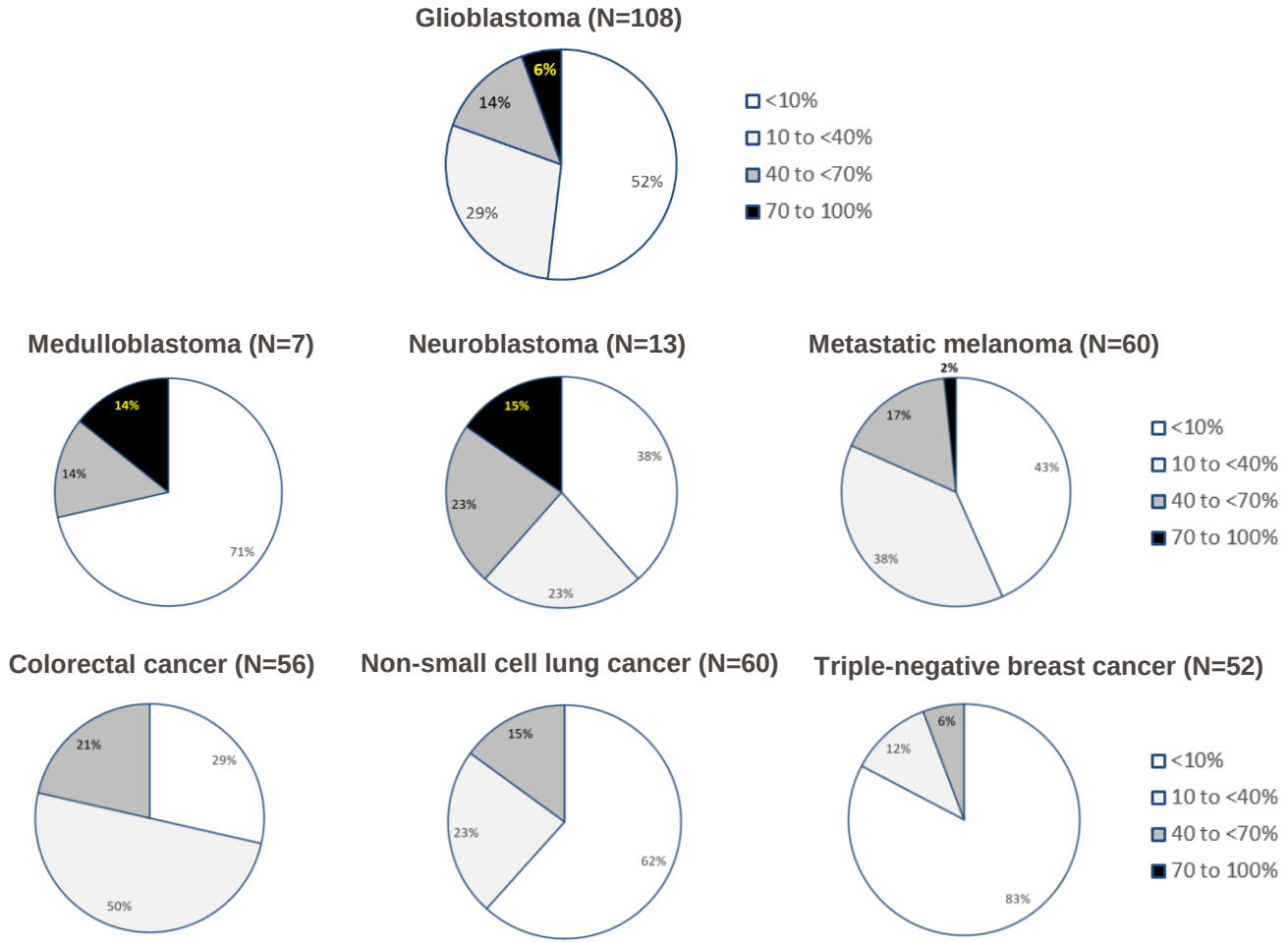


EB1-positive:
Tumor cells show moderate to strong EB1 staining



EB1-negative:
Absence of moderate to strong EB1 staining

Prevalence of moderate/strong EB1 staining in various tumor types[1]



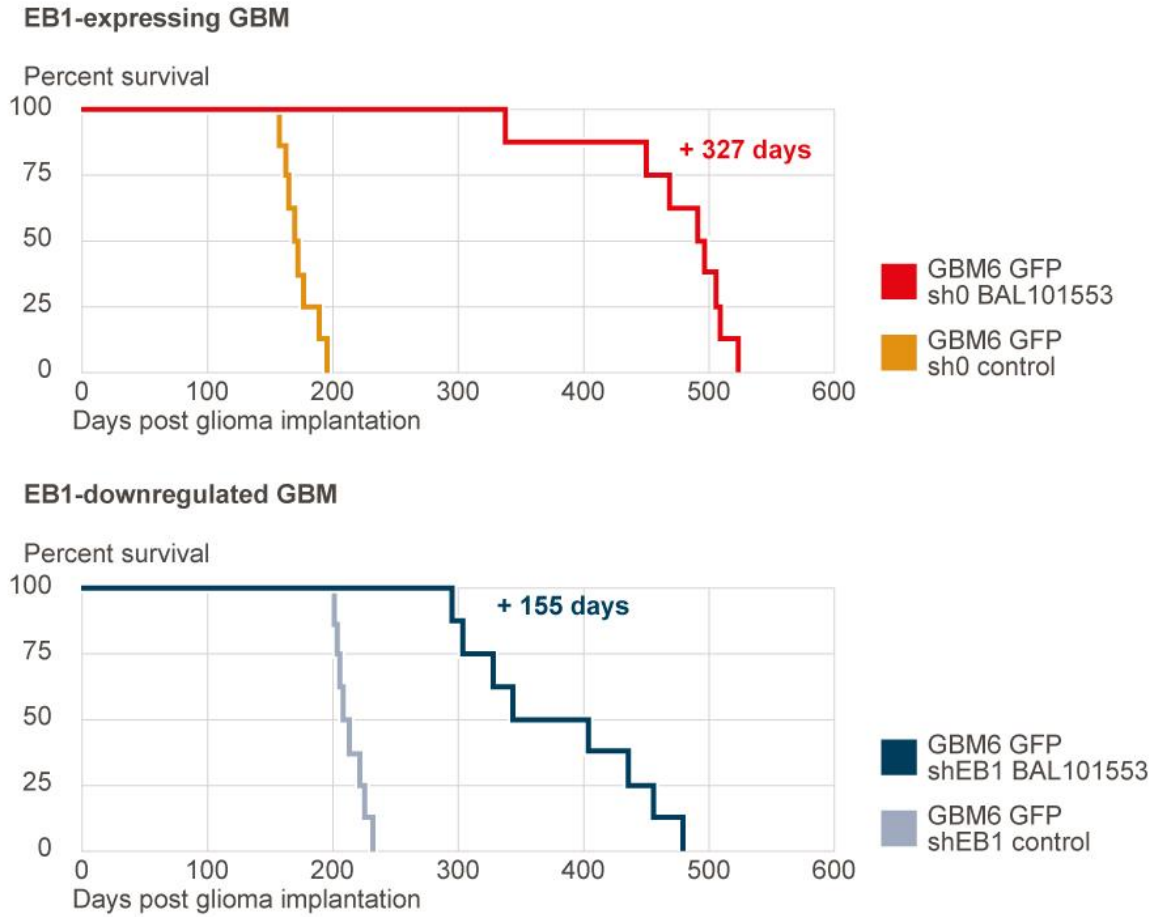
The pie-charts depict the percentages of tissue samples with moderate or strong EB1-staining in the following categories: <10% of tumor cells, 10 to < 40% of tumor cells, 40 to < 70% of tumor cells, ≥ 70% of tumor cells.

1.Skowronska et al. J Clin Oncol 39, no. 15_suppl (May 20, 2021) 3118-3118.

EB1 — A potential response-predictive clinical biomarker for lisavanbulin

- EB1 (plus-end binding protein)[1] is located on the microtubules and involved in microtubule dynamics
- Predictive of response to lisavanbulin in mouse models[1]

Effect of lisavanbulin (BAL101553) on survival in mice with EB1-expressing or EB1 downregulated GBM



[1] Berges et al. EB1-dependent long survival of glioblastoma cancer stem-like cell tumor-bearing mice after oral treatment with the novel tubulin-binding checkpoint activator BAL101553. Eur. J. Cancer 2018, 103, E61-62, A166

Glossary

- ABSSSI: **A**cute **b**acterial **s**kin and **s**kin **s**tructure **i**nfections
- CARB-X: **C**ombating **A**ntibiotic-**R**esistant **B**acteria Biopharmaceutical **Accelerator**
- CSF1R: **C**olony-**s**timulating **f**actor **1** **r**eceptor
- FGFR: **F**ibroblast **g**rowth **f**actor **r**eceptor
- FIDES: **F**ibroblast growth factor **i**nhibition with **de**razantinib in **s**olid tumors
- iCCA: **I**ntrahepatic **c**holangio**ca**rcinoma
- IND: **I**nvestigational **n**ew **d**rug
- 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
- ORR: **O**bjective **r**esponse **r**ate
- PAC: **Pac**litaxel
- PFS: **P**rogression-**f**ree **s**urvival
- PLK1: **P**olo-**l**ike **k**inase **1**
- RAM: **Ram**ucirumab
- SAB: ***S**taphylococcus **a**ureus* **b**acteremia
- SAC: **S**pindle **a**ssembly **c**heckpoint
- TTK: **T**hreonine **t**yrosine **k**inase
- VEGFR2: **V**ascular **e**ndothelial **g**rowth **f**actor **r**eceptor **2**

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