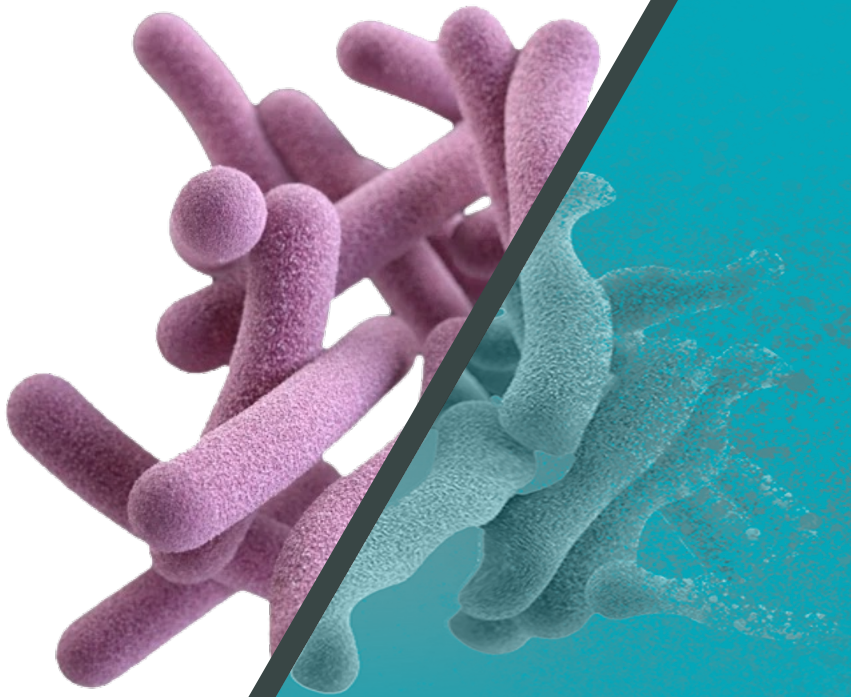
BIOVERSYS

SAVING LIVES IN RESISTANT TIMES

HealthCare Investors Meeting
Geneva, March 31, 2026



FORWARD LOOKING STATEMENTS

This presentation (the “Presentation”) has been prepared by BioVersys AG (“the Company” and together with its subsidiaries, “we”, “us” or the “Group”) solely for informational purposes and should be read in conjunction with the press release that was issued by the Company on 26.03.2025 and the published 2024 Annual Report of the Company.

Certain statements in this Presentation are forward-looking statements, beliefs or opinions, including statements relating to, among other things, the Company's business, financial condition, future performance, results of operation, potential new market opportunities, growth strategies, and expected growth in the markets in which the Group operates. In some cases, these forward-looking statements may be identified by the use of forward-looking terminology, including the terms “targets”, “plans”, “believes”, “estimates”, “anticipates”, “ expects”, “intends”, “may”, “will” or “should” or, in each case, their negative or other variations or similar expressions. By their nature, forward-looking statements involve a number of risks, uncertainties and assumptions that could cause actual results or events to differ materially from those expressed or implied by the forward-looking statements. These risks, uncertainties and assumptions could adversely affect the outcome and financial consequences of the plans and events described herein. Actual results may differ materially from those set forth in

the forward-looking statements as a result of various factors (including, but not limited to, future global economic conditions, changed market conditions, intense competition in the markets in which the Group operates, costs of compliance with applicable laws, regulations and standards, diverse political, legal, economic and other conditions affecting the Group’s markets, and other factors beyond the control of the Group). The Company is providing the information in this Presentation as of this date and neither the Company nor any of its respective directors, officers, employees, agents, affiliates, advisors or any other person is under any obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise. You should not place undue reliance on forward-looking statements, which speak of the date of this Presentation. Statements contained in this Presentation regarding past trends or events should not be taken as a representation that such trends or events will continue in the future. Some of the information presented herein is based on statements by third parties, and no representation or warranty, express or implied, is made as to, and no reliance should be placed on, the fairness, reasonableness, accuracy, completeness or correctness of this information or any other information or opinions contained herein, for any purpose whatsoever. Except as required by applicable law, the Company has no intention or obligation to update, keep updated or revise this announcement or any parts thereof.

INTRODUCING BIOVERSYS

At a glance

- Listed on the SIX Stock Exchange, Ticker: BIOV
- As of Feb 2025: first biotech IPO in seven years, and the largest European biotech IPO in five years
- Headquartered in the biotech hub of Basel, Switzerland
- A multi-asset, clinical stage biotech focused on research and development of novel antibacterial products for serious life threatening infections caused by multi-drug resistant bacteria.

Marc Gitzinger

Chief Executive Officer, Founder

15+ years biotech executive & entrepreneur BEAM Alliance Board President; AMR Industry Alliance Board

Hernan Levett

Chief Financial Officer

30+ years finance and management experience; CFO of Spexis, CFO of Auris Medical; Group Controlling Head at Acino, VP of Europe Finance at InterMune

Glenn E. Dale

Chief Development Officer

30+ years research and development experience; Former Head of Antibiotic Research Polyphor, Head of Research Arpida & Morphochem, Group Leader Roche

Daniel Ritz

Chief Scientific Officer

30+ years research and development experience; Former Lead Biology and Discovery at Idorsia, Head of Anti-Infectives Actelion

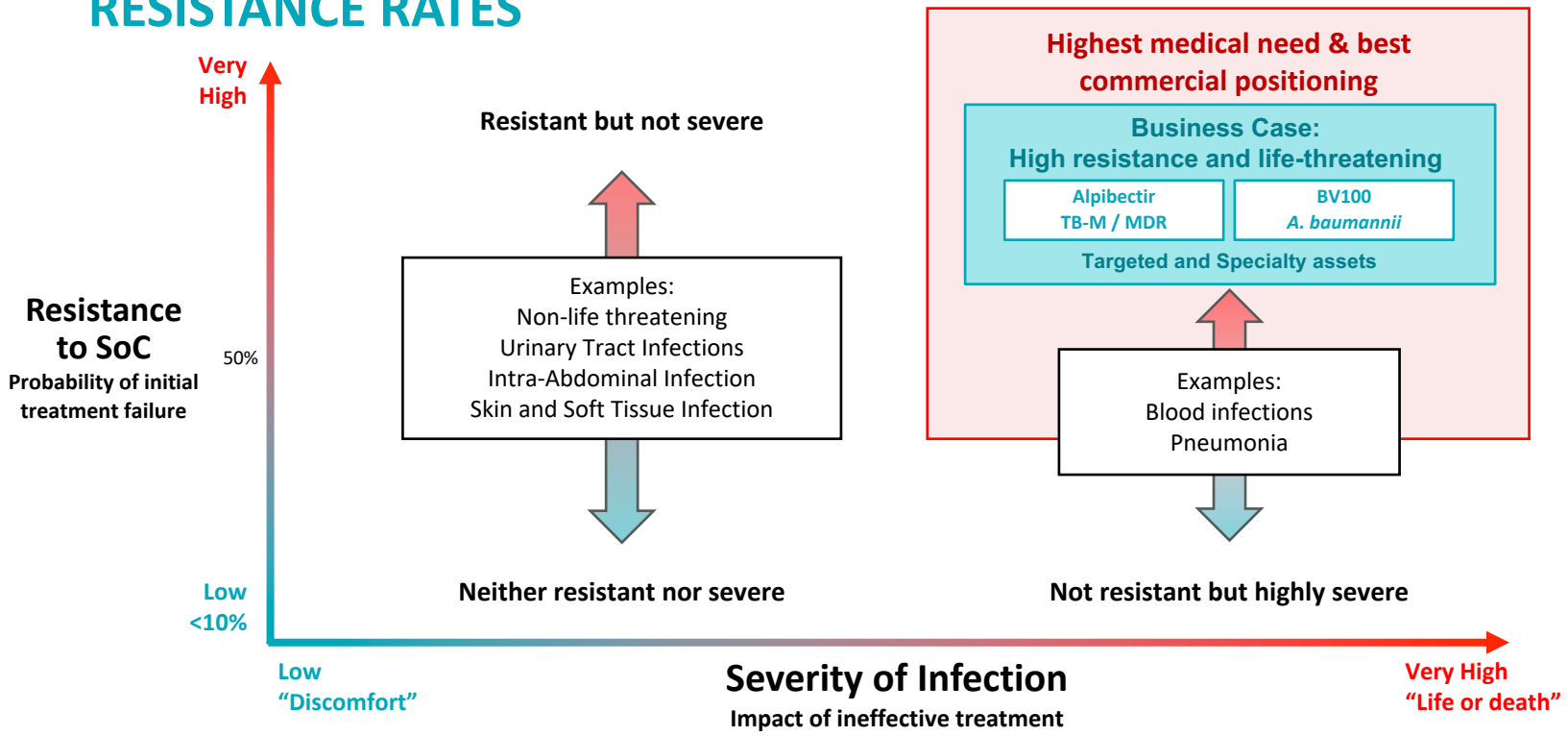
INNOVATIVE, DIVERSE AND DE-RISKED PIPELINE

Next-Generation Antimicrobial Drugs, Two Proprietary Platforms

Program	Indication	R&D/Preclinical	Phase 1	Phase 2	Phase 3	Expected Key Catalyst	Commercial Rights	Potential
BV100 *FDA QIDP*	Hospital infections *Acinetobacter baumannii* (VABP/HABP & BSI) advanceid. W wellcome		*Phase 3 trial (RIV-TARGET)*			FPFV: April 2026 FPFV: H1 2026		$800m in Expected peak sales
Alpibectir *FDA QIDP* *Orphan Drug FDA/EMA*	Tuberculosis: • Multi-drug resistant • TB-Meningitis imi EDCTP		*Pulmonary TB* *TB meningitis*			Phase 2b/c start: March 2026 Phase 2 start: H1/2026	GSK	$400m in Expected peak sales – 50% to BioVersys
BV200 *Anti-virulence* ***TRIC platform***	Atopic dermatitis *Staphylococcus aureus* Innosuisse					IND Filing: H1 2027		
BV500 ***Ansamycin platform***	CF and COPD: Non-tuberculous mycobacteria infection CF AMR Syndicate RESPIRI NTM					License Option: 2027	SHIONOGI license option	up to CHF 479m in milestones, + tiered royalties on global sales
BV Discovery	Targets undisclosed							

Source: Company information. Note: Data as of September 06, 2024; VABP: Ventilator Associated Bacterial Pneumonia; HABP: Hospital Acquired Bacterial Pneumonia; BSI: Blood Stream Infections; Eto: Ethionamide; FDA QIDP: FDA Qualified Infectious Disease Product Designation: 5 years additional market exclusivity (until 2045 for BV100) and the possibility of fast-track approval; MoA: Mechanism of Action; IND: Investigational New Drug; CF: Cystic Fibrosis; COPD: Chronic Obstructive Pulmonary Disease.

FOCUSING ON LIFE-THREATENING DISEASES WITH HIGH RESISTANCE RATES



Source: Company information. Note: SoC: Standard of Care; UTI: Urinary Tract Infection; IAI: Intra-abdominal Infection; SSSI: Skin and Skin-Structure Infection; TB-M: Tuberculosis Meningitis; MDR: Muti-drug Resistant.

UPDATED WHO PRIORITY PATHOGEN LIST 2024

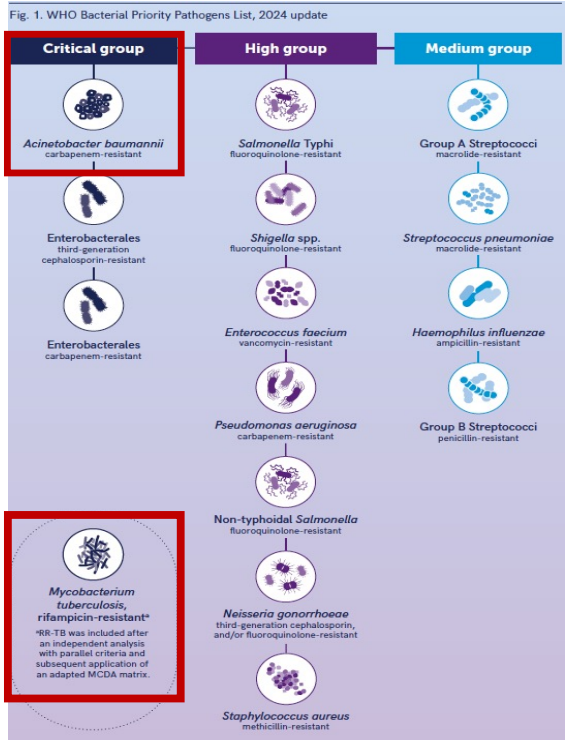


Table A2.11. Pathogens rated according to level of treatability

High	High–medium	Medium	Medium–low	Low
MR *S. aureus*	FQR *Shigella* spp.	3GCR *E. coli*	CR *K. pneumoniae*	CR *A. baumannii*
Macro-R Group A Streptococci	FQR nontyphoidal *Salmonella*	3GCR *K. pneumoniae*	Carbapenem-R *E. coli*	RR-TB
Macro-R *S. pneumoniae*	Ampi-R *H. influenzae*	VR *E. faecium*	FQR *Salmonella* Typhi	
	Pen-R Group B Streptococci	FQR *N. gonorrhoeae*	CR *P. aeruginosa*	
		3GCR *Enterobacter* spp.	CR *Enterobacter* spp.	
		3GCR *Citrobacter* spp.	3GCR *N. gonorrhoeae*	
		3GCR *Proteus* spp.		
		3GCR *Serratia* spp.		
		3GCR *Morganella* spp.		

FQR, fluoroquinolone-resistant; 3GCR, third-generation cephalosporin-resistant Enterobacterales; CR, carbapenem-resistant; Pen-R, penicillin-resistant; VR, vancomycin-resistant; Macro-R, macrolide resistant ; Ampi-R, ampicillin-resistant; RR-TB rifampicin-resistant tuberculosis

Source: WHO Bacterial Priority Pathogens List, 2024: bacterial pathogens of public health importance to guide research, development and strategies to prevent and control antimicrobial resistance.

BioVersys pipeline addresses with two clinical assets the two most difficult to treat priority pathogens of the world

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BV100:

Severe hospital infections caused by carbapenem resistant *Acinetobacter baumannii*

BV100 TARGETING CARBAPENEM-RESISTANT ACINETOBACTER (CRAB) IN PNEUMONIA

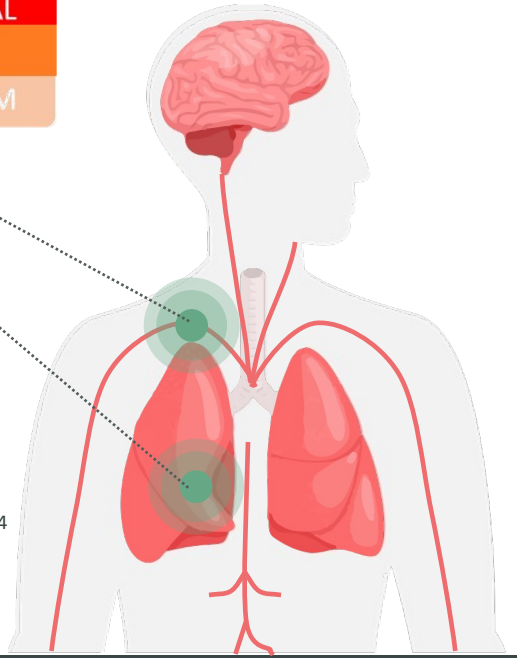
BV100 FDA QIDP

FDA priority review

Carbapenem-resistant *Acinetobacter (CRAB)* in pneumonia

World Health Organization

- Priority 1: CRITICAL
- Priority 2: HIGH
- Priority 3: MEDIUM



~50% Death rate[1]

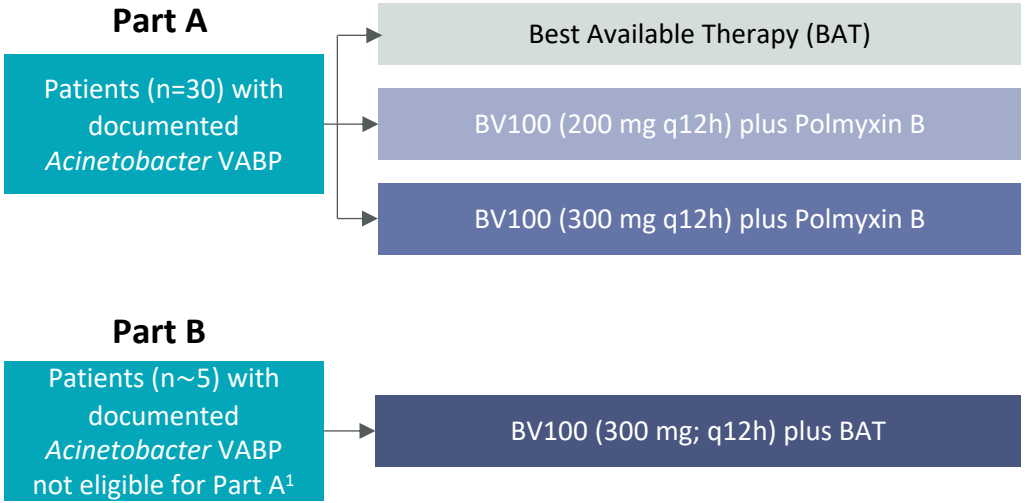
19 days Spent in ICU[1] => estimated $ 200,000[2,3] cost in the US

Early is Key Early appropriate antibiotic-therapy is critical to survival
25-50% lower survival chance for every day of receiving inappropriate treatment[4]

Source: 1. Sazlly et al 2019 metaanalysis baumannii; Lee et al 2022 mortality CRAB; 2019 China mortality of multidrug-resistant Acinetobacter baumannii bacteremia; 2. Lee, 2012, "Economic impact of Acinetobacter baumannii infection in the intensive care unit"; 3. Lemons, "Impact of carbapenem resistance on clinical and economic outcomes among patients with Acinetobacter baumannii infection in Colombia"; 4. Luna, 2006, increased mortality due to inappropriate therapy.

PHASE 2 CLINICAL TRIAL SET-UP

CRAB Ventilator Associated Bacterial Pneumonia



Endpoints

Primary endpoint
- PK of BV100

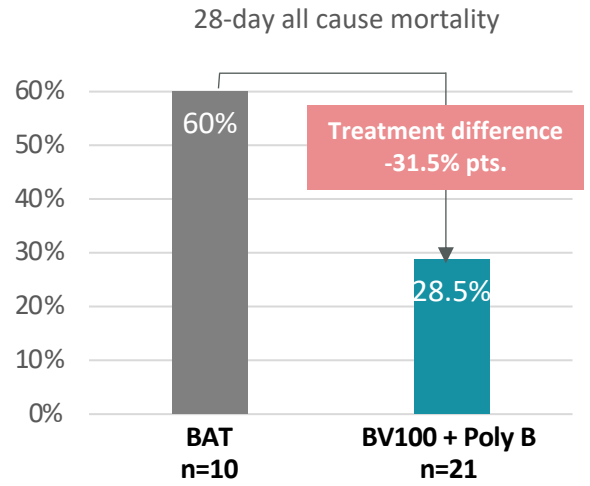
Safety endpoint
- Overview of AEs

Main Efficacy endpoints
- 28-Day All Cause Mortality (ACM)
- 14-day ACM
- Clinical cure rate at End of Treatment and Test of Cure
- Ventilator free days
- Time in ICU

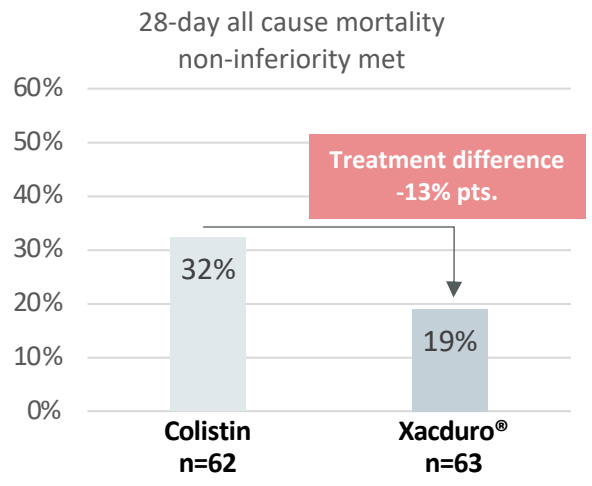
PHASE 2 SHOWS CLEAR SURVIVAL BENEFIT

*BV100 Part A versus BAT: Day 14 and Day 28 ACM in micro-ITT**

BV 100 – Phase 2 VABP data



Xacduro® – Phase 3 data for point of reference only



- ✓ **Part B (Pol B resistant patients): 6 patients** in total, 4 microbiologically cured and **4 survived**
- ✓ **Part A: Identified 8 patients with XacDuro or Cefiderocol resistance: 5 on BV100, all survived; 3 in BAT arm, all 3 died.**

*** Positive, rapid diagnostic test showing the presence of *A. baumannii***

Source: Company information. Note: VABP: Ventilator Associated Bacterial Pneumonia; PK: Pharmacokinetics; q12h: Twice-daily dosing; Polymyxin B: Will be dosed according to international consensus guidelines; AE: Adverse Event; FPFV: First Patient First Visit; DSMB: Data and Safety Monitoring Board; LPLV: Last Patient Last Visit; 1. Treatment failure, VABP due to colistin-resistant Acinetobacter or patients with known intolerance to colistin.

BV100 development strategy and next steps

Phase 3 on track to read-out by end 2027 in HABP/VABP CRAB infections

In 2025 the BV100 Phase 2 clinical trial delivered encouraging results:

- Significantly reduced all-cause mortality in VABP (from 60% to 28.5%) randomized to best available therapy
- Trial included 5 patients with either Cefiderocol and XacDuro resistant CRAB infections in BV100 – all these patients where cured
- Generated strong key opinion leader engagement and excitement on the data

Our key areas of focus for BV 100 in 2026-2027 are to progress Clinical trials Phase 3 and Phase 2b to support regulatory submissions and commercial adoption:

Phase 3 (RIV-TARGET):

- Received US FDA green light on IND + additional countries approved the trial
- Trial aimed to seek initial regulatory approval with FDA, EMA and China NMPA
- Non-inferiority trial with an additional test for superiority
- Run in approx. 15 countries (North and South America, Europe, Asia) and approx. 100 sites

Phase 2b (RIV-CARE)

- Focuses on real world clinical evidence in extensively drug-resistant patient populations
- Assess additional background therapies and randomized to best available therapy, including the newest drugs available
- Aims to generate further clinical differentiation
- Significantly co-funded by Wellcome Trust, thus leading to approx. 2/3 of non dilutive funding for RIV-CARE

PEAK SALES GUIDANCE FOR BV100

	Major Markets[1]			China and Emerging Markets[1]	
Geography	United States	EU17	Japan	China	Emerging Markets
Est. # of diagnosed *A. baumannii* cases[2]	67k	112k	37k	>2.1m	426k
Reported CRAB rate | Empiric therapy rate[3]	50% | 27%	45% | 37%	5% | 67%	60% | 39%	70% | 22%
Est. # of eligible patients for BV100[3]	52k	92k	27k	>2.0m	312k
Pricing Range[4]	Confirmed through external study	Confirmed through external study	In-Line with Europe Pricing	Low end of external benchmarks	Low end of external benchmarks
Peak market share potential[5]	45% | 20% | 20%	45% | 20% | 20%	45% | 20% | 20%	10% | 3% | 0%	~9% | ~4% | 0%
Peak Sales by Geography[6]	~$260m	~$190m	~$15m	~$260m	~$75m
Total Peak Sales[6]	~$800m				

Peak market share potential — *CRAB High risk* | Empiric | CRAB Low risk

Source: Company. 1. See "Appendix - Market Definitions" page for a list of countries within each market; 2. DRG/Clarivate 2021 and epidemiology publications, including high and low risk infections (2027 projected incidence); 3. 2027 estimates of CRAB incidence based on Management assumptions of CRAB as a percent of AB infections supported by the following publications: U.S (Spellberg, 2013) , EU17 (Ayobami , 2020), Japan (Ikeda ,2011) , China (DRG) and Emerging Markets (Kim, 2018). The remainder of diagnosed A. baumannii cases are assumed to be Empiric therapy; 4. Akceso (3rd party) pricing study and partnership discussions, under current reimbursement environment. 5 Peak penetrations per geography are Management assumptions. 6. Assumes peak sales reached 9-years after product launch in each geography. Note: CRAB: carbapenem-resistant strains of Acinetobacter baumannii.

BIOVERSYS

GSK

Alpibectir:

Pulmonary and meningeal Tuberculosis

BIOVERSYS TACKLING THE TOP PRIORITY SUPERBUGS

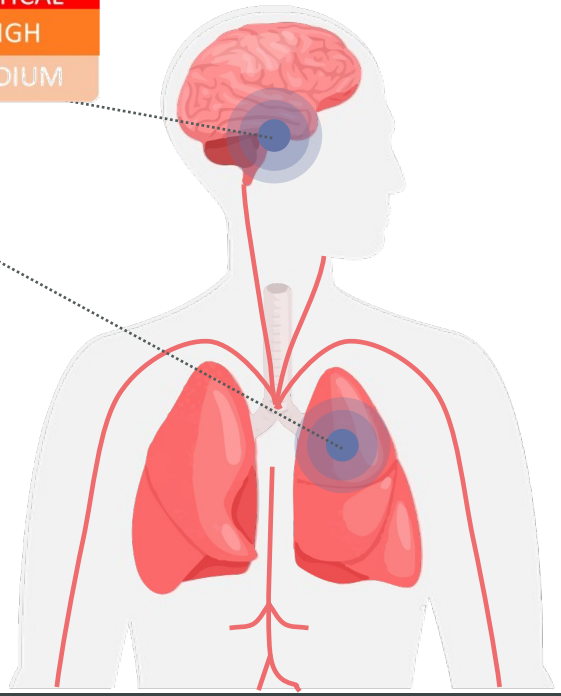
Alpibectir FDA QIDP & OD Designated

FDA priority review — FDA fast track approval

Tuberculosis (TB)

World Health Organization

- Priority 1: CRITICAL
- Priority 2: HIGH
- Priority 3: MEDIUM



1.3m People in the world **died from TB** in 2022[1]

50% mortality rates in **TB meningitis** in adults. In children, survivors suffer from life long disabilities[2]

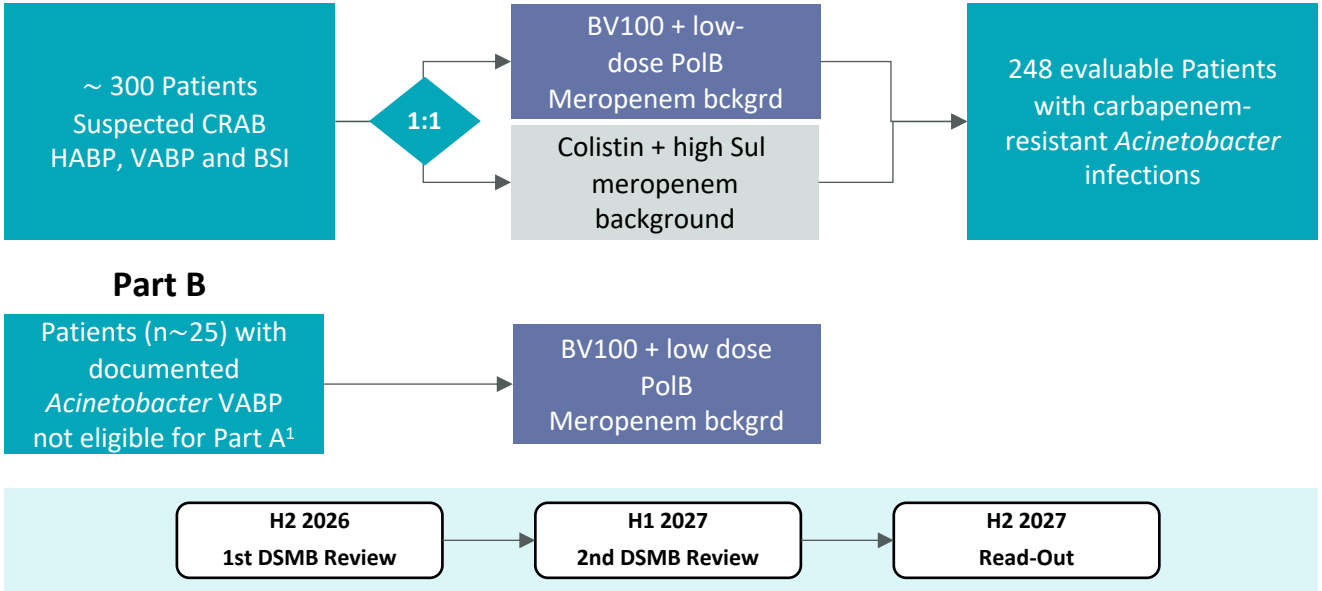
10m **TB patients annually**

Alpibectir well positioned to play a role in TB meningitis and pulmonary TB treatment

PHASE 3 PROGRAM - DUAL-TRIAL STRATEGY FOR APPROVAL & ADOPTION

Phase 3 for US, Europe and China Approval

GOAL: Demonstrate non-inferiority (with test for superiority) vs. Colistin for regulatory submission



Key Endpoints

Primary endpoint
- 28-Day ACM

Safety endpoint
- Overview of AEs

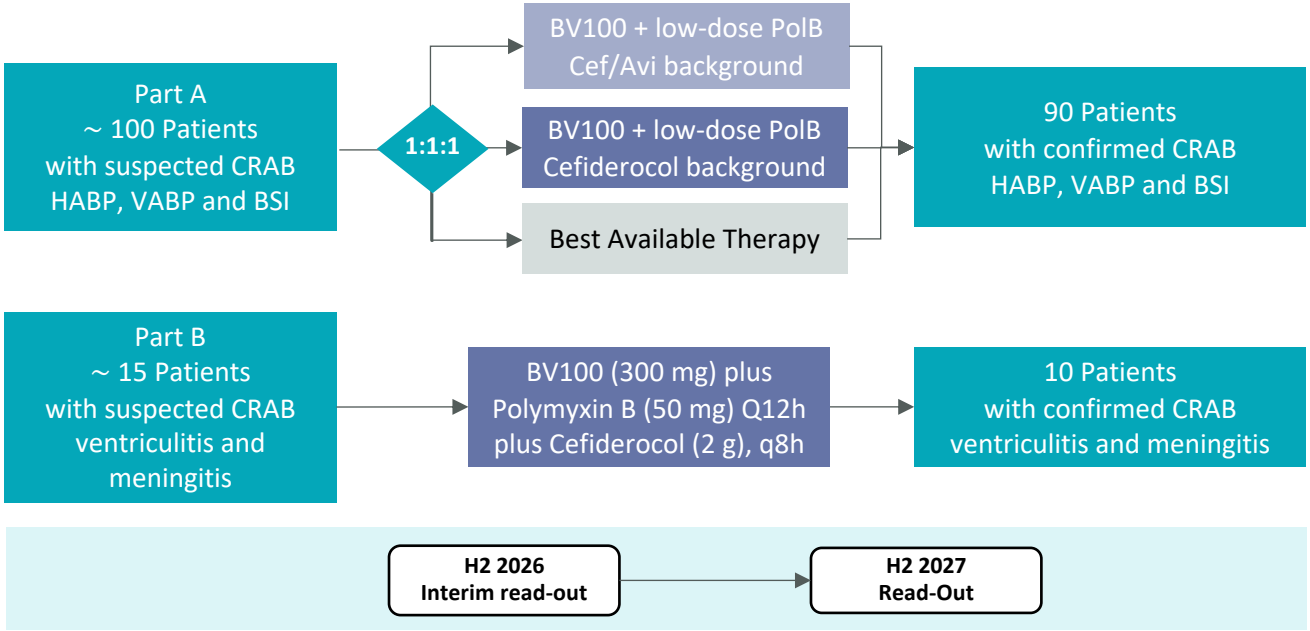
Secondary Efficacy endpoints
- 14-day ACM
- Clinical cure rate
- Ventilator free days
- Time in ICU
- Time in Hospital

1. Treatment failure, VABP due to colistin-resistant Acinetobacter or patients with known intolerance to colistin.

PHASE 3 PROGRAM - DUAL-TRIAL STRATEGY FOR APPROVAL & ADOPTION

Phase 2b for Improved Commercial Adoption

GOAL: Generate 'real-world' data for physician adoption



*Study conducted in collaboration with **Advance ID** and partially funded by the **Wellcome Trust***

[1] *The mission of ADVANCE-ID (ADVANcing Clinical Evidence in Infectious Diseases) is to conduct high-quality clinical trials that globally impact the management of infections. The network has already conducted clinical research in over 10,000 patients including over 3,000 in Ventilator Associated Bacterial Pneumonia (VABP) and Hospital Acquired Bacterial Pneumonia (HABP) and over 7,000 in Blood Stream Infections (BSI), finding that carbapenem-resistant Acinetobacter baumannii was the most common cause of these life-threatening infections across Asia.*

ALPIBECTIR CLINICAL DEVELOPMENT

Identifying future high impact regimens for Tuberculosis patients

- Robust Phase 2a POC data with alpibectir in combination with ethionamide (AlpE) in pulmonary TB
- Reported first patient first visit for the Phase 2 combination trial in pulmonary TB in Q1 2025 (ENABLE trial)
  - Top line data showed that alpibectir is generally safe and well tolerated warranting progression to the Step 2c trial
  - UNITE4TB Step 2c trial (Phase 2b) reported FPFV in March 2026, slightly ahead of our original guidance
  - Last Patient recruited is expected by end 2026
- Clinical trial consortium for Phase 2 TB meningitis trial established
  - First local regulatory submissions were done end 2025
  - Trial countries: Zambia, Ivory Coast and Madagascar with FPFV anticipated in H1 2026
- Confidence in the future value of AlpE
  - AlpE has Orphan Drug Designation / Orphan Drug status in the US and Europe for the treatment of TB
  - AlpE qualifies for US FDA tropical neglected diseases priority review voucher

PEAK SALES GUIDANCE FOR ALPIBECTIR

INH-Resistant | MDR | TBM

	Major Markets[1]		China & Emerging Markets[1]		
Geography	United States	Other High Income Countries	China	Other Upper / Mid Income Countries[1]	Mid / Low Income Countries[1]
Est. # of TB cases[2]	7k	43k	645k	239k	>9.5m
INH-Resistant Rate | MDR Rate | TBM Rate[3]	7.5% | 4.5% | 2.0%	7.5% | 4.5% | 2.0%	12.5% | 6.0% | 4.0%	12.5% | 4.5% | 4.0%	12.5% | 4.5% | 4.0%
Pricing Range[4]	✓ Benchmarked against bedaquillin	✓ Benchmarked against bedaquillin	✓ Benchmarked against bedaquillin	✓ Benchmarked against bedaquillin	✓ Subject to NGO guidelines
Peak Market Share: INH-Resistant | MDR | TBM[5]	~50% | ~60% | ~60%	~50% | ~60% | ~60%	~35% | ~44% | ~44%	~35% | ~33% | ~33%	~35% | ~15% | ~15%
Peak Sales by Geography[6]	~$15m	~$75m	~$110m	~$30m	~$170m
Total Peak Sales[6]	~$400m				*Expected 50% share of peak sales with* GSK

Peak market share potential *CRAB High risk* | Empiric | CRAB Low risk

Source: Company. Note: 1. See "Appendix - Market Definitions" page for a list of countries within each market; 2. Projected incidence derived from WHO databases and considers certain assumptions from Management; 3. Management assumptions for 2028 incidence of INH Mono-Resistance derived from the following epidemiology publications: U.S (Iqbal, 2012) , Other High Income (Van der Werf 2014 , China (Xiao-chun He in Medicine 2015) and Other Upper/Mid Income Countries (Wang 2014 in PLOSone) and Mid to Low Income Countries; (Jenkins 2011 in PLOSone, 2018); Management assumptions for 2028 incidence of MDR-TB derived from the following epidemiology publications: China (L Wang et al, 2014), All other markets: (WHO Global TB report 2022); Management assumptions for 2028 incidence of TB-Meningitis derived from the following epidemiology publications: U.S and Other High-Income Counties (Nguyen et al, 2014), All other markets (Vanino et al, Flores et al); 4. Management estimates based on current average per market treatment costs, given current reimbursement environment; 5. Peak penetrations per geography, for treatment of INH-Resistant, MDR , and TBM are Management assumptions; 6. Assumes peak sales reached 7-9 years after product launch in each geography.

BIOVERSYS

Financials & Investment Highlights

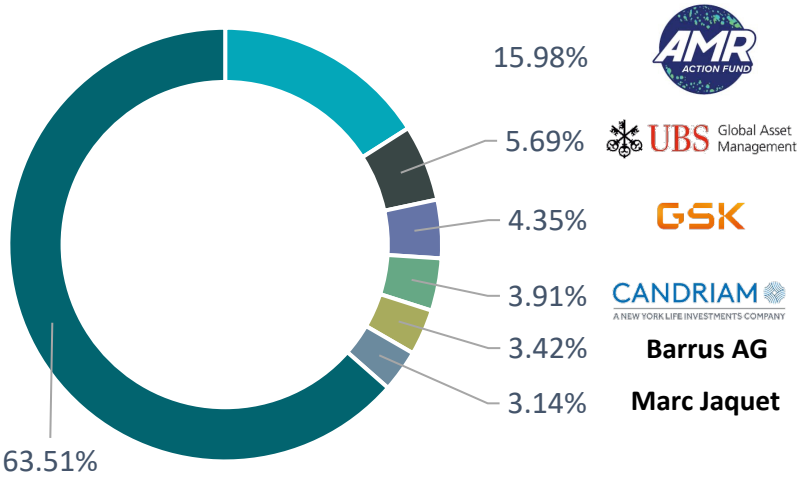
FINANCIALS

Lean and efficient organization

- 32.6 Full-Time Equivalents
- C. 70% of operating expenses dedicated to R&D
- Equity raised CHF 170 million
- Excellent track record with non-dilutive funding CHF 29 million
- EIB €20 million loan facility
- Cash and cash equivalents on December 31, 2025, were **CHF 82.5 million**, which include IPO proceeds and non-dilutive funding.
- Cash-runway into 2028 based on current cash

Analyst Coverage: 6 x Buy rating (PT: CHF 40-70)

Strong Institutional Investor Basis



GOOD PROGRESS HAS BEEN MADE WITH A RANGE OF INCENTIVES PILOTED ACROSS MAJOR MARKETS (G7)

Programs Already Running

Pioneering incentive implemented by **UK**. Following this initiative, there was a **strong momentum** with Canada in 2023

Bipartisan Bill in Congress

PASTEUR ACT

Ongoing

$750m-3bn over **10 years** per new antibiotic[1,2]
Bipartisan bill is in congress

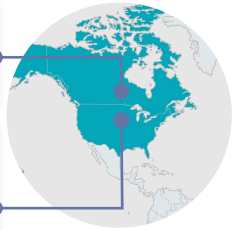
EU Pharma legislation

Ongoing

EU implements Transferrable Exclusivity Vouchers (TEVs) Estimated (estimated value of €350m)[3]

CANADA
Pan-Canadian Action Plan on Antimicrobial Resistance
Pull incentive | In Progress

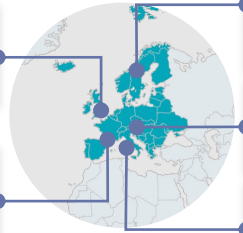
US
PASTEUR Act
GAIN Act
NTAP Reforms
Pull incentives / P&R reform | NTAP & GAIN implemented, PASTEUR proposed



UK
Fully decoupled subscription model
P&R reform | Pilot complete

FRANCE
European price guarantee for AI
P&R reform | Implemented

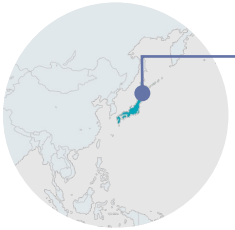
EUROPE
Transferable exclusivity voucher
Pull incentive | Proposed



SWEDEN
Partially decoupled revenue guarantee
P&R reform | Pilot complete; outputs and implementation under review

GERMANY
Free pricing for 'reserve' antibiotics
P&R reform | Implemented

ITALY
€21m donation over the next three years to CARB-X
Pull incentive | Proposed



JAPAN
Proper use cooperation fee
P&R reform | Proposed

Source: AMR Solutions, Center for Global Development, Charles River Associates; Policy solutions to commercial challenges in the fight against Antimicrobial Resistance, Charles River Associates; CCA CAC Overcoming Resistance, Expert Panel on Antimicrobial Availability. Note: 1. 118th Congress 1st Session Senate of the United States, April 2023; 2. Range is defined by unmet medical need addressed, 3 "A new pull incentive to address AMR (EFPIA and Charles River Associates)

COMPELLING INVESTMENT OPPORTUNITY

Leading the Fight to Overcome Life-threatening Infectious Diseases

Addressing unmet medical needs

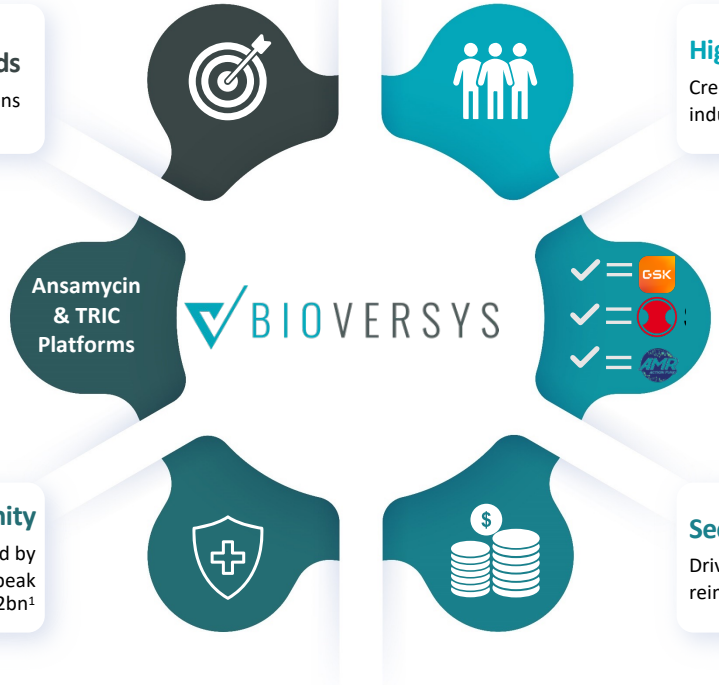
Among the highest priority pathogens

Highly experienced management team

Credible, founder-led management team, supported by an industry leading Scientific Advisory Board

Diversified pipeline

New Modes of Action and different molecular classes



External validation from key players

Support from large pharma and key AMR investors

Compelling, sustainable commercial opportunity

Targeting life-threatening infections caused by highly resistant bacteria leading to an estimated combined peak sales potential for BioVersys clinical assets of $1.2bn[1]

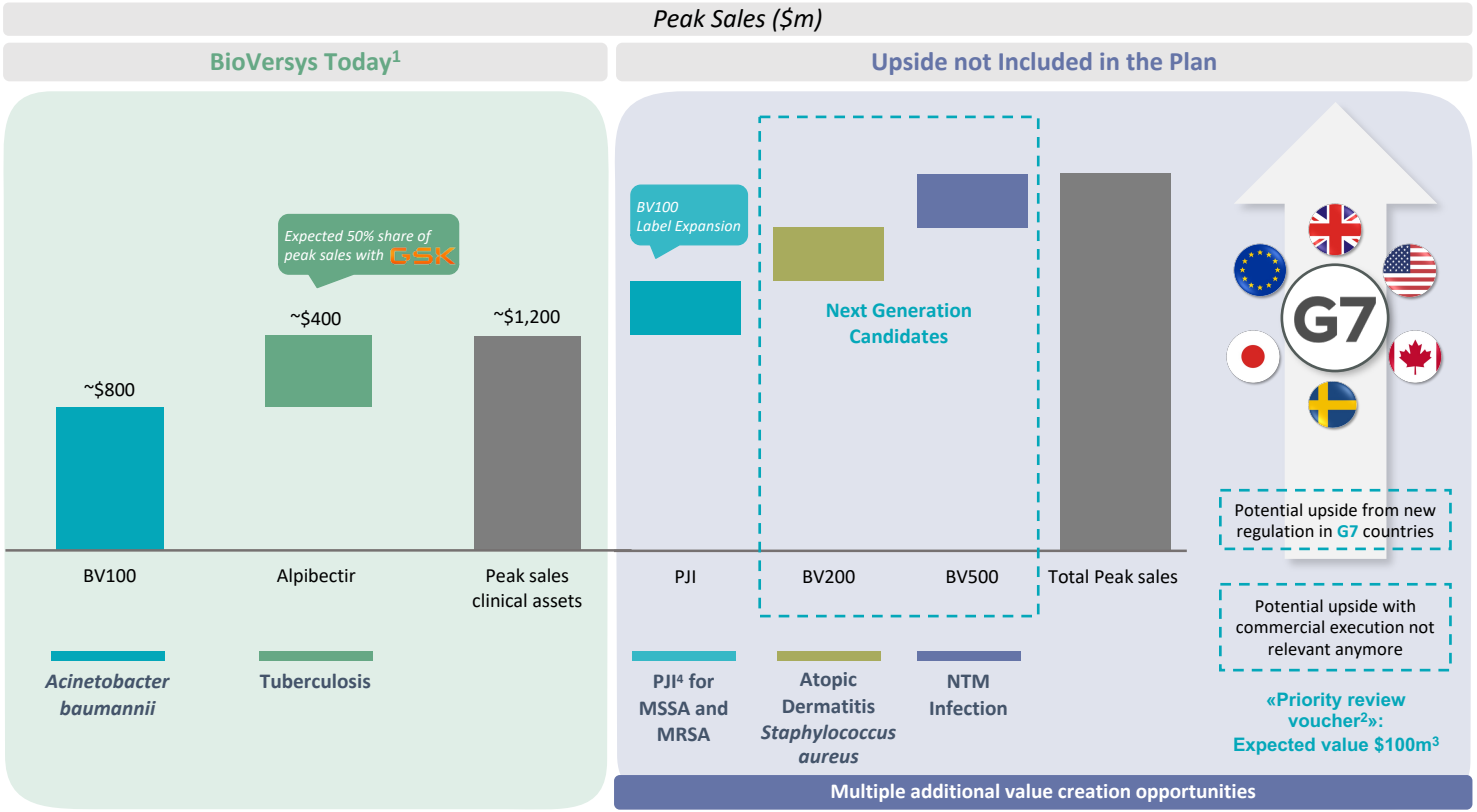
Sector upside potential

Driven by the medical need, which is leading the change in the reimbursement landscape

Note: 1. Based on management assumptions, see pp. 41, 42, 53 and 54 of the corporate presentation published on BioVersys.com for further detail..

BIOVERSYS OPPORTUNITY

- ✓ Compelling, sustainable commercial opportunity
- ✓ Diversified pipeline with two candidates in Phase 2
- ✓ Differentiated and targeted approach
- ✓ External validation from reputed institutions
- ✓ Potential upside not included in the plan

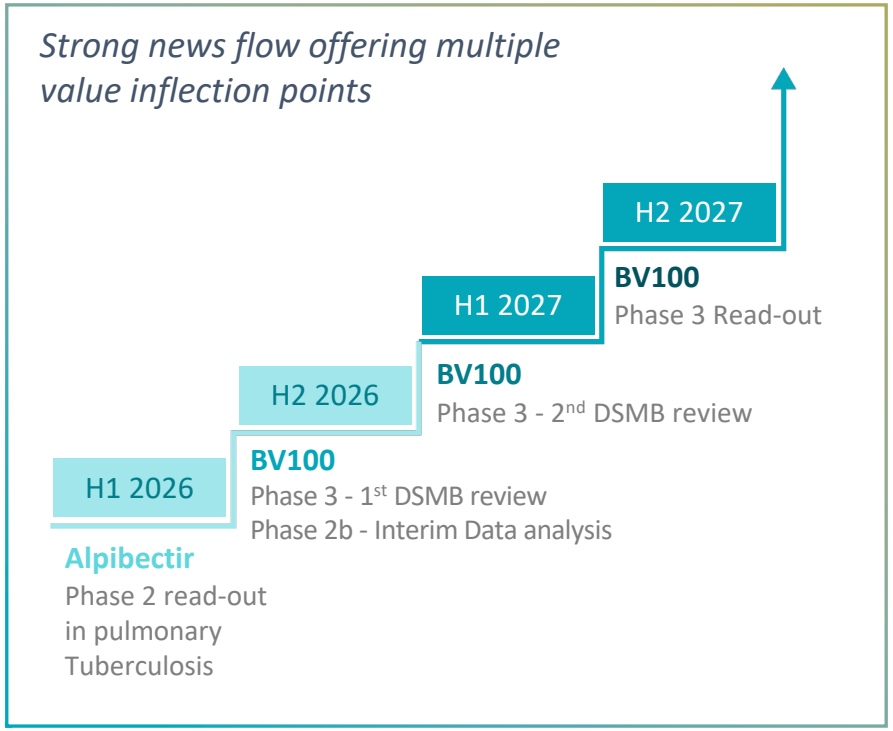


Note: 1. Numbers based on management assumptions, see p. 41, 42, 53 and 54 of this deck; 2. FDA award for tropical diseases/illnesses related to public health emergencies; 3. Management assumption based on median purchase of third-party vouchers from 2009-2019; 4. Prosthetic Joint Infections (PJI) Osteomyelitis. NTM: Non-tuberculous mycobacteria; MSSA: Methicillin-Sensitive Staphylococcus aureus; MRSA: Methicillin-resistant Staphylococcus aureus.

KEY INVESTMENT HIGHLIGHTS

Late-Stage Anti-Infective Company with Differentiated Development Approach and Strong News flow

- Diversified portfolio of anti-infectives targeting infections with high health burden and significantly derisked
- Lead asset BV100 safe and well tolerated with clear mortality benefit in Phase 2 Ventilator-Associated Bacterial Pneumonia (VABP)
  - Development strategy: Global approval via alignment with FDA/EMA/NMPA and focused on commercial uptake
  - FDA QIDP Designation: Grants 5 extra years of market exclusivity, Fast Track and Priority review
- Platforms validated via Pharma partnerships
  - GSK - alpibectir in Tuberculosis Phase 2
  - Shionogi - up to CHF479 m deal + royalties for preclinical assets in non-tuberculous mycobacteria
- Financed into 2028 including BV100 Phase 3 read-out



Q&A

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