PRESS RELEASE

# BioVersys to present data on clinical and preclinical pipeline programs at ESCMID Global 2026

**Basel, Switzerland. April 15, 2026, 7am CEST.**

- **Poster presentations to feature data from clinical asset BV100 addressing carbapenem-resistant *Acinetobacter baumannii-calcoaceticus complex* (CRABC) hospital infections and preclinical asset BV500 addressing non-tuberculosis mycobacteria (NTM) infections.**
- **Experts from the UK, Greece and Switzerland to share preclinical insights on BV100's activity against CRABC on Sunday, April 19, 2026.**
- **BioVersys' CEO, Marc Gitzinger, to present at a session exploring how funding and policy priorities shape infectious disease research and antibiotics innovation on Monday, April 20, 2026.**
- **ESCMID is the premier annual congress of the European Society of Clinical Microbiology and Infectious Diseases. It takes place from April 17 - 21, 2026 in Munich, Germany.**

**BioVersys AG** (SIX: BIOV), a multi-asset, clinical stage biopharmaceutical company focusing on research and development of novel antibacterial products for serious life-threatening infections caused by multi-drug resistant (MDR) bacteria, announced today its participation in the 36$^{th}$ Congress of the European Society of Clinical Microbiology & Infectious Diseases (ESCMID Global 2026), where it will present the latest preclinical data on its lead clinical asset BV100 (CRABC) and its preclinical asset BV500 (NTM). As part of this leading conference, BioVersys' CEO Dr Marc Gitzinger will present at a session on how funding and policy priorities shape infectious disease research and antibiotics innovation.

**Dr. Marc Gitzinger, Chief Executive Officer of BioVersys:** "To effectively combat antimicrobial resistance, global cross-industry collaboration is of paramount importance. Clinicians, academic researchers, public-private partners, policy makers, and industry need to come together to accelerate innovation and generate robust evidence-based data that will address current and future healthcare requirements. BioVersys is proud to contribute to this collective effort at ESCMID Global 2026, with our key collaborators, by sharing preclinical data on BV100 and BV500. We strongly believe that our products will be integral to the treatment paradigm for some of the current unmet treatment needs in AMR. We will continue to systematically develop our clinical assets towards regulatory approval."

BV100 is a novel intravenous formulation of rifabutin based on the newly identified mode of action for the active uptake of rifabutin into the *Acinetobacter baumannii-calcoaceticus complex* (ABC). It is currently being studied in a global Phase 3 clinical trial (RIV-TARGET), with the potential to be a best-

**BioVersys AG**
c/o Technologiepark Basel

Hochbergerstrasse 60C
CH-4057 Basel
Switzerland

Phone +41 61 633 22 50
www.bioversys.com
info@bioversys.com

in-class anti-infective agent in treating hospital-acquired bacterial pneumonia (HABP) or ventilator-associated bacterial pneumonia (VABP), caused by carbapenem-resistant *Acinetobacter baumannii-calcoaceticus complex* (CRABC). BV100 has Qualified Infectious Disease Product (QIDP) Designation from the U.S. FDA, making BV100 eligible for priority FDA review, Fast Track designation, and a five-year extension of market exclusivity.

BV500 is derived from the company's proprietary Ansamycin Chemistry platform and a successful collaboration within the SmartLab public-private partnership with the University of Lille (France). BioVersys' research teams in Lille (France) and Basel (Switzerland) have identified and developed several advanced, highly potent and orally bioavailable Lead candidates, with broad-spectrum *in vitro* and *in vivo* anti-NTM activity, which are devoid of cross-resistance with other therapeutic classes. The BV500 program has received funding support and access to key expertise from the CF AMR Syndicate and the EU IHI funded RespiriNTM program. BV500 is under a global research collaboration and exclusive license option agreement with the Japanese pharmaceutical company, Shionogi & Co., Ltd.

**Data at a Glance:**

- *In vitro* results suggest BV100 remains active against drug-resistant *A. baumannii*, including isolates with common *rpoB* resistance mutations.
- *In vitro* infection model-based studies show BV100 combinations (with polymyxin B or cefiderocol) can increase bacterial killing and may help limit resistance in tested strains.
- Preclinical data show BV500 Lead compounds are active against non-tuberculous mycobacteria (including *M. abscessus*) both i*n vitro* and *in vivo*.

## BV100 for carbapenem-resistant *Acinetobacter baumannii:*

| **ePoster #P2663: Accurate and reproducible determination of rifabutin MIC demonstrates that BV100 remains effective against *Acinetobacter baumannii* isolates harboring RpoB mutation** |
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| **Poster Session 5a**: Drug discovery and new compounds mechanisms of action & spectrum, preclinical data & basic pharmacology (including drug design, investigational and non-traditional therapeutics). |
| Presenter: Vincent Trebosc, PhD, Clinical Microbiology Leader |
| Timing: Sunday April 19, 2026; 12:00–13:30 CEST |
| Rifabutin susceptibility can be accurately and reproducibly determined by MIC testing supplemented with 0.1 mM PIH. BV100 is efficacious and overcomes common RpoB mutations in CRAB as opposed to rifampicin. |

| **ePoster #P2633: *In vitro* activity of rifabutin against carbapenem-resistant *Acinetobacter baumannii* from Greece** |
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| **Poster Session 5a**: Drug discovery and new compounds mechanisms of action & spectrum, preclinical data & basic pharmacology (including drug design, investigational and non-traditional therapeutics). |

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Switzerland

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www.bioversys.com
info@bioversys.com

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| Presenter: George Alexandros Baziotis, Researcher PHD Student, Greece |
| Timing: Sunday April 19, 2026; 12:00–13:30 CEST |
| In this Greek multicenter cohort, rifabutin exhibited superior *in vitro* activity compared to last-resort antibiotics (colistin) and the latest generation β-lactam/β-lactamase-inhibitors (sulbactam/durlobactam). The rifabutin-polymyxin B combination further enhanced activity, showing synergy even amidst high rates of PMB resistance.<br>These findings strongly support further pharmacodynamic and clinical evaluation of the rifabutin-polymyxin B combination as a treatment strategy for difficult-to-treat CRAB infections. |

| **ePoster #P2737: Antibacterial effect of BV100 plus polymyxin B compared to meropenem against *Acinetobacter baumannii* assessed over seven-day exposures in an *in vitro* pharmacokinetic model** |
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| **Poster Session 5b**: Pharmacokinetics/pharmacodynamics of antibacterial drugs & therapeutic drug monitoring (including lab methods, models, *in vitro* and *in vivo* studies). |
| Presenter: Marie Attwood, PhD, Project Manager & Head Research Scientist, UK |
| Timing: Sunday April 19, 2026; 12:00–13:30 CEST |
| Seven-day simulations of human PK of BV100 plus polymyxin B had a similar antibacterial effect on CRAB strains to gold standard meropenem simulations against carbapenem-susceptible *A. baumannii*. |

| **ePoster #P2735: Assessment of the pharmacodynamics of intravenous rifabutin (BV100) in combination with cefiderocol against *Acinetobacter baumannii* in a hollow fibre infection model** |
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| **Poster Session 5b**: Pharmacokinetics/pharmacodynamics of antibacterial drugs & therapeutic drug monitoring (including lab methods, models, *in vitro* and *in vivo* studies). |
| Presenter: Iona Horner, Senior Research Technician, United Kingdom |
| Timing: Sunday April 19, 2026; 12:00–13:30 CEST |
| Combining BV100 with cefiderocol enhanced bacterial killing across three *A. baumannii* strains compared to cefiderocol alone. All strains, initially susceptible to cefiderocol, developed resistance after 24 hours. Combination therapy suppressed resistance in strains BV557 and BV378, and delayed it in strain BV2389 with no change in MIC.<br>BV100 plus cefiderocol shows promise for resistant *A. baumannii* infections, including resistant to sulbactam/durlobactam. Further study across more CRAB strains is recommended. |

## BV500 for non-tuberculosis mycobacterium (NTM) infections:

| **ePoster #P0636: *C-25 Rifamycin: A Therapeutic Strategy Targeting M. abscessus and other NTMs.*** |
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| **Presentation Session 2a**: Tuberculosis and other mycobacterial infections (including epidemiology, clinical, diagnostics, antimycobacterial drugs, susceptibility testing, treatment & prevention). |
| Presenter: Marija Miljkovic, PhD, Head of Laboratory |
| Timing: Sunday April 19, 2026; 12:00–13:30 CEST |

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These findings highlight two differentiated novel leads from the BV500 series, BV500-1 and BV500-2, with potent *in vitro* and *in vivo* efficacy, warranting further pre-clinical characterization as potential therapeutics targeting MAB and other NTMs.

| **Pipeline Symposium: Science under pressure: is it business as usual?** |
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| Chairs: Till T. BACHMANN, United Kingdom and Robert Leo SKOV, Denmark |
| **Presentation**: A funder's perspective from Ghada Zoubiane, United Kingdom and the industry perspective from Marc Gitzinger, Switzerland |
| Timing: Monday April 20; 13:30–14:30 CEST \| Hall A2-1 |
| Scientific research in infectious diseases is increasingly shaped by funding pressures, policy priorities, and industry realities. Perspectives from funders and industry leaders provide insight into how these forces influence innovation, collaboration, and research sustainability. |

**About *Acinetobacter baumannii***

*Acinetobacter baumannii-calcoaceticus* complex (ABC) are Gram-negative bacteria found in the environment (e.g., in soil and water) and an opportunistic pathogen in humans, typically infecting critically ill and immunocompromised patients, that can result in severe pneumonia and bloodstream infections in addition to affecting other parts of the body. ABC is considered a significant worldwide threat in the healthcare setting given its ability to survive for prolonged periods on surfaces, combined with its ability to develop or acquire resistance to standard of care antibiotics, including carbapenems. Carbapenem-resistance as well as multi-drug resistance (MDR) rates for ABC are among the highest recorded for any bacteria in current times (The Lancet 2022; 399: 629–55). Incidence and resistance rates for ABC are trending upwards and COVID-19 has exacerbated this significantly. BioVersys forecasts the annual number of carbapenem-resistant *A. baumannii* infections in hospitals to have surpassed one million globally and due to the limited treatment options, such infections come with high (up to 50%) mortality rates.

**About non-tuberculous mycobacteria**

Non-tuberculous Mycobacteria (NTM) are ubiquitous environmental bacteria whose common clinical manifestation is pulmonary (lung) disease (NTM-PD or NTM-LD) caused most frequently by *Mycobacterium avium complex* (MAC) and *Mycobacterium abscessus* subspecies (MAB).[1] NTM-PD affects approximately 250,000 people per year, predominantly in North America and Asia.[3] Treatment of NTM infections is challenging due to variable intrinsic bacterial susceptibility, acquired resistance to commonly used antimicrobial agents, length of therapy (at least 12 months) and adverse effects associated with current treatment options. Macrolide-based, triple drug regimens, plus aminoglycosides for chronic/relapsing infections[2] are considered only moderately effective for treating MAC, whereas no therapy of predictable efficacy exists for the treatment of MAB, a pathogen associated with up to 50% mortality.[3] People with preexisting conditions, including cystic fibrosis (CF), other lung diseases and immune-compromised patients are more easily colonised. The incidence of NTM infections among people living with CF has increased from 3.3% to 22.6%, with MAB becoming a more prominent pathogen.[4]

**About BioVersys**

BioVersys AG is a multi-asset, clinical stage biopharmaceutical company focused on identifying, developing and commercializing novel antibacterial products for serious life-threatening infections caused by multi-drug resistant ("MDR") bacteria. Derived from the company's two internal technology platforms (TRIC and Ansamycin Chemistry), candidates are designed and developed to overcome resistance mechanisms, block virulence production and directly affect the pathogenesis of harmful bacteria towards the identification of new treatment options in the antimicrobial and microbiome fields. This

[1] Hamed KA & G. Tillotson "A narrative review of nontuberculous mycobacterial pulmonary disease: microbiology, epidemiology, diagnosis, and management challenges" Ex. Rev. Resp. Med. (2023), 17 (11), 973 - 988 https://doi.org/10.1080/17476348.2023.2283135

[2] Daley CL *et al*. "Treatment of nontuberculous mycobacterial pulmonary disease: an official ATS/ERS/ESCMID/IDSA clinical practice guideline" Eur. Resp. J. (2020), 56, 2000535; https://doi.org/10.1183/13993003.00535-2020; Griffith DE et al. "An Official ATS/IDSA Statement: Diagnosis, Treatment, and Prevention of Nontuberculous Mycobacterial Diseases" Am. J. Respir. Crit. Care Med. (2007), 175, 367–416; https://doi.org/10.1164/rccm.200604-571ST

[3] Jhun BW *et al*. "Prognostic factors associated with long-term mortality in 1445 patients with nontuberculous mycobacterial pulmonary disease: a 15-year follow-up study" Eur. Resp. J. (2020), 55, 1900798; https://doi.org/10.1183/13993003.00798-2019

[4] Degiacomi G. *et al.* "Mycobacterium abscessus, an Emerging and Worrisome Pathogen among Cystic Fibrosis Patients" Int. J. Mol. Sci. (2019), 20, 5868; doi: 10.3390/ijms20235868

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info@bioversys.com

enables BioVersys to address the high unmet medical need for new treatments against life-threatening resistant bacterial infections and bacteria-exacerbated chronic inflammatory microbiome disorders. The company's most advanced research and development programs address nosocomial infections of *Acinetobacter baumannii* (BV100, Phase 3), and tuberculosis (alpibectir, Phase 2, in collaboration with GlaxoSmithKline (GSK) and a consortium of the University of Lille, France). BioVersys is located in the biotech hub of Basel, Switzerland.

**BioVersys contact**
**Anca Cighi**, Head of IR and Communications, Tel. +41 79 949 33 09; Mail: anca.cighi@bioversys.com
**For investors and media:** IR@bioversys.com **Website:** www.bioversys.com

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