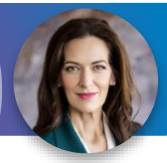
Bayer Pharma Growth Driver

November 23, 2026

Investor Webinar



Welcome, Introduction and Agenda

00 

Introduction
Christine Roth *Global Product Strategy and Commercialization, Member of the Pharmaceuticals Leadership Team at Bayer*

01 

Nubeqa: Setting a New Standard Across the Prostate Cancer Continuum
Raj Saujani *Nubeqa Global PT Lead*

02 

Kerendia: The Making of a Blockbuster
Bernardo Kanahuati *Kerendia Global PT Lead*

03 

Beyonttra: Building a New Growth Driver in ATTR-CM
Frank Schoening *Beyonttra Global PT Lead*

04 

Lynkuet: Transforming Menopause Treatment
Katie Bang *Lynkuet Global PT Lead*

05 

Sunharbo: 1st In Class FXIa Inhibitor for Secondary Stroke
Jan Voss *Sunharbo Global PT Lead*

06 

Future Growth Drivers: Bayer's R&D Pipeline
Christoph Koenen *Chief Medical Officer and Head of Clinical Development*



Raj Saujani
Nubeqa Global PT Lead

Nubeqa: Setting a New Standard Across the Prostate Cancer Continuum



Devastating Nature of Prostate Cancer Reinforces Need for Innovative Treatment Options

Epidemiology and Unmet Need in Prostate Cancer

NUBEQA® (darolutamide)

Annual Incidence

~700K

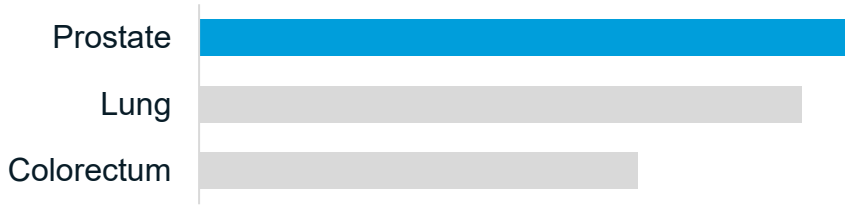
men diagnosed with prostate cancer

Mortality Annually

~200K

deaths from prostate cancer

#1 MOST COMMON CANCER IN MEN*



#2 LEADING CAUSE OF CANCER DEATH IN MEN*



1 in 8
men diagnosed lifetime

~5M
men living after diagnosis

1 in 49
men die from prostate cancer

Prostate cancer remains a major global health burden.

Innovative treatments that extend life without compromising daily living.

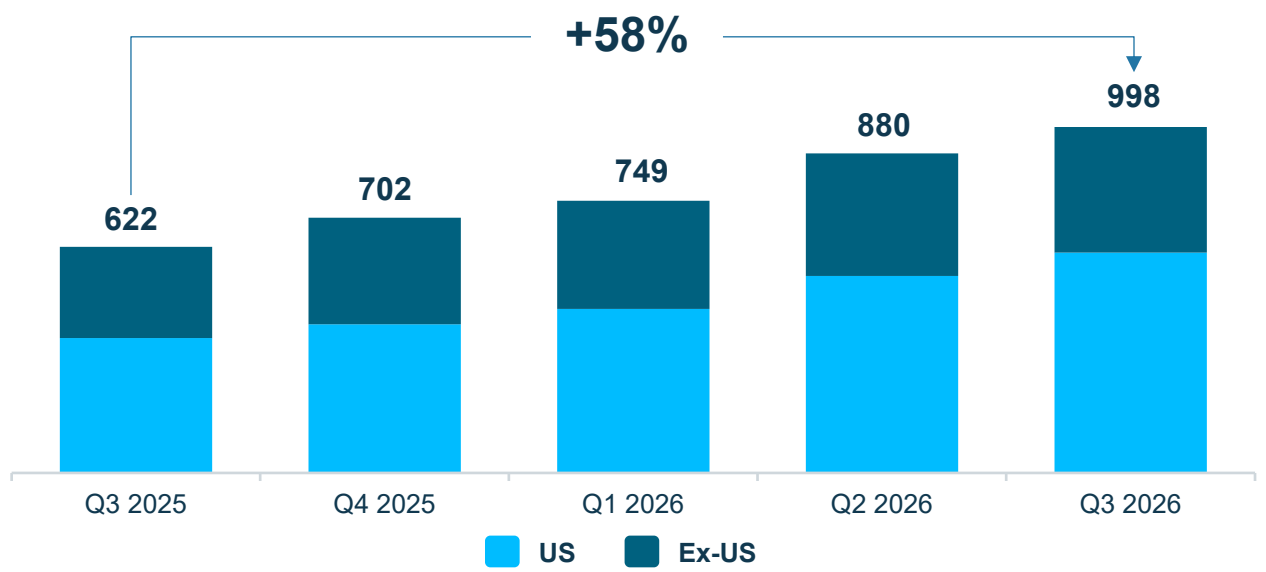
Source: Tessellon 2026 data (US, EU5, JP) 2027 incidence , ECIS, WHO, ACS, NIH. Source charts reproduced as supplied; numerical data and reporting years require verification.
* US and EU

Nubeqa Leads its Class: Q3 Sales Up 58%

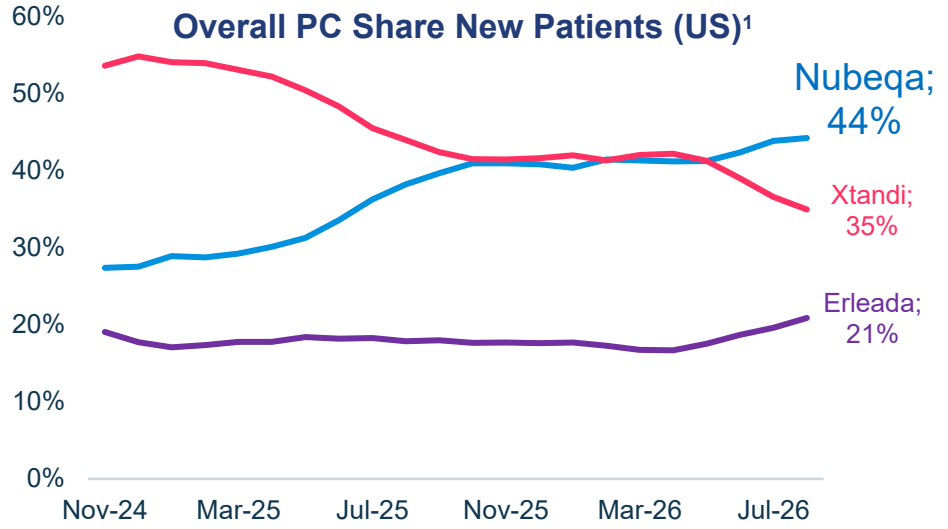
Global Sales and US Share of New Patients, Driven by a Differentiated Clinical Profile

NUBEQA® (darolutamide)

Global Sales by Geography (€M)



Market Leadership in Prostate Cancer



Approved in nearly **90 countries**

>280,000 patients treated since launch

Market leader in NBRx share in key markets, including US[2]

Clinical differentiation reinforced through ARASEC, ARACOG, & DASL-HiCAP

1 This is based on information licensed from IQVIA; 2 IQVIA US Rolling 3 months, August 2026.

Next Steps: Penetration of Existing Indication and Expansion Into New Indications

From Metastatic Today to Localized Disease – Covering ~80% of Patients

NUBEQA® (darolutamide)

Localized	Non-metastatic		Metastatic	
Neo-adjuvant / adjuvant **~370K** patients[1]	nmHSPC (BCR) **~100K** patients[1]	nmCRPC **~80K** patients[1]	mHSPC **~160K** patients[1]	mCRPC **~150K** patients[1]
Pipeline · study completion 2028 **DASL-HiCaP**	Pipeline · 2027 **ARASTEP**	Launched · 2019 **ARAMIS**	Launched · 2022 **ARASENS**	Ongoing **Collab. Studies**
			Launched · 2025 **ARANOTE**	

Launched | Pipeline

~860K Patients Reached ≈ 80% of All Prostate Cancer Patients → Sales Potential of 5€B+

nmCRPC = non-metastatic Castration-Resistant Prostate Cancer; mHSPC = metastatic Hormone-Sensitive Prostate Cancer; nmHSPC = non-metastatic Hormone-Sensitive Prostate Cance; mCRPC = metastatic Castration-Resistant Prostate Cancer

1 Tessellon 2026 data, US EU5, Japan 2027 incidence.



Bernado Kanahuati
Kerendia Global PT Lead

Kerendia: The Making of a Blockbuster



Chronic Kidney Disease and Heart Failure Carry a Heavy and Growing Cost Burden

Economic and Clinical Burden of CKD and HF

Kerendia® (finerenone) tablets 10 mg • 20 mg

Chronic Kidney Disease (CKD)

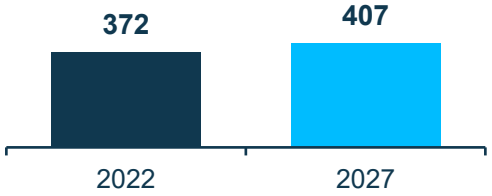
~800M
people worldwide
live with CKD[1]

Heart Failure (HF)

64M
people worldwide
live with HF[2]

CHRONIC KIDNEY DISEASE

CKD costs, $B[1]

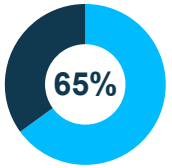


51% higher costs in CKD/T2D vs T2D alone[3]

#9 cause of death in 2023; ~1.48M deaths[4]

HEART FAILURE

~$346B HF costs[5,6]
65% from hospitalization



#1 cause of hospitalization in people >65 years[2]

~50% die within five years of diagnosis[2]

Important co-morbidity overlap. A vicious cycle links the diseases. Each can worsen the other.

High unmet need in CKD and HF LVEF≥40% requires early and multimodal treatment.

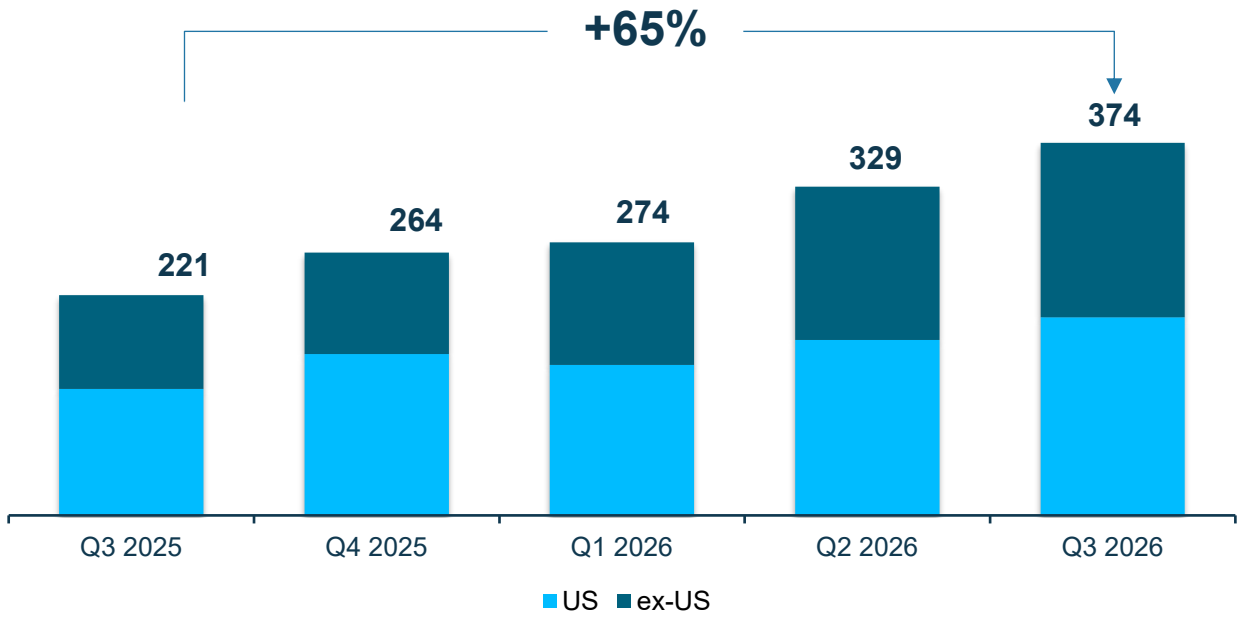
1 Chadban et al., EClinicalMedicine 2024.; 2 Shahim et al., Card Fail Rev 2023.; 3 USRDS Annual Data Report 2019.; 4 Mark et al., Lancet 2025. 5 Lippi & Sanchis-Gomar, AME Med J 2020.; 6 Urbich et al., Pharmacoeconomics 2020.

Kerendia is Delivering: Q3 Sales Up 65% Year on Year

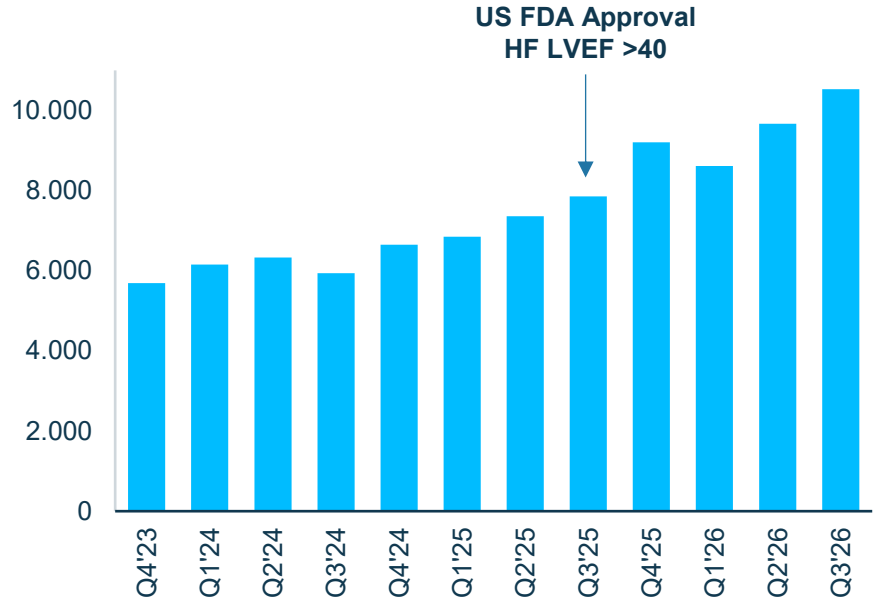
Performance and Achievements to Date

Kerendia (finerenone) tablets 10 mg • 20 mg

Global Sales by Geography (€M)



US Performance (Average Monthly NBRx per Quarter)[1]



Broadening Guideline Recognition Across Cardiorenal Disease:

CKD | Chinese Clinical Practice: CKD screening, diagnosis and treatment (2026)
American Diabetes Association (2026)
Upcoming: KDIGO update for CKD with and without diabetes in Q4 2026

HF | ESC: Class 1A recommendation[1] in HFpEF on par with SGLT2i (2026)
ACC Expert Consensus Decision Pathway: Recommendation in HFpEF as foundational pharmacologic therapy alongside SGLT2i (2026)

1 This is based on information licensed from IQVIA: US NPA for the period 10/23 to 09/26; 2 Kerendia is the only MRA with proven efficacy in HF LVEF ≥40%. With the positive FINEARTS-HF trial, Kerendia provided the missing evidence to upgrade MRAs to a Class IA recommendation in HFpEF.

Four Growth Paths Lead to Blockbuster Status

Indication Expansion Roadmap

Kerendia® (finerenone) tablets 10 mg • 20 mg

CKD with T2D	HF, LVEF ≥40%	CKD with T1D	nd-CKD
STATUS	**STATUS**	**STATUS**	**STATUS**
Established / launched across 100 markets	Launched in US + JP in 2025, EU launches since H1/2026	US FDA approval September 2026	Positive PH III FIND-CKD outcomes, CN & US regulatory submission in 07/26. US FDA accepted sNDA in Oct 26

Sep 2026
US FDA approval in CKD with T1D

Oct 2026
US FDA accepted sNDA in nd-CKD

2027
Continued launches in EMEA, LATAM and APAC

H2 2027
US launch in nd-CKD, assuming approval REDEFINE-HF / CONFIRMATION-HF

2028
FINALITY-HF

→ **Expect continued growth**, driven by intensified uptake across all CKD indications and HF
→ **Solidifying status as Standard of Care** in both CKD and HF through inclusion in key guidelines[1,2,3,4] based on evidence programs

Blockbuster Potential in Both CKD and HF

1 Kitai T, et al. Circ J. 2025; 89:1579–1581; 2 Van Spall HGC, Vardeny O. Heart Fail Rev. 2026;31(1):68; 3 American Diabetes Association. Diabetes Care. 2026;49(Suppl 1):S246–S260; 4 KDIGO CKD Work Group. Kidney Int. 2024;105:S117–S314



Frank Schoening
Beyonttra Global PT Lead

Beyonttra: Building a New Growth Driver in ATTR-CM



High Patient Need Drives ATTR-CM Market Opportunity

Transthyretin-Amyloidosis with Cardiomyopathy (ATTR-CM) Disease Burden

BEYONTTRA® (acoramidis) 356mg tablet

Prevalence

~200K patients[1]

estimated with ATTR-CM in Europe

Underdiagnosis

~10-20%

of patients in Europe are diagnosed and treated

MARKET OVERVIEW

€12-17B

ATTR-CM market by 2030+, up from ~€6B in 2026

TTR

stabilization is and will remain Standard-of-Care

UNMET NEED IN ATTR-CM

Progress

patients continue to progress despite current treatment[2]

Care Gap

patients expect fast-acting, effective treatment

Earlier diagnosis and broader access underpin the opportunity.

Working to establish Beyonttra as new standard-of-care for ATTR-CM patients.

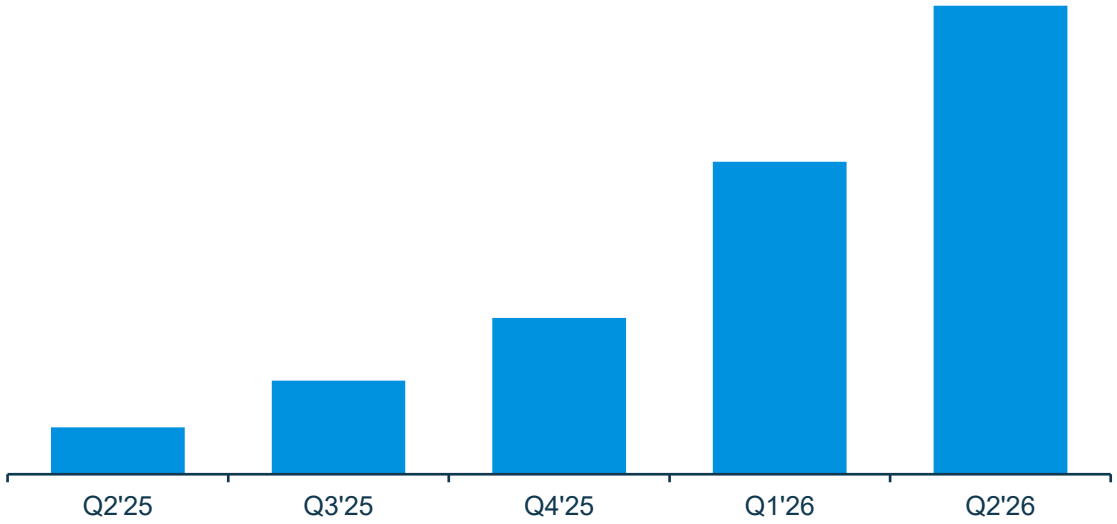
1 EMA, EU Risk Management Plan for BEYONTTRA 356 mg; 2 Judge et al., Cardiology and Therapy. Real-World Outcomes Among Patients in the United States Receiving Tafamidis for Transthyretin Amyloid Cardiomyopathy. 2026.

First and Only Approved Treatment With a Label Acknowledging Near-Complete Transthyretin Stabilization

Performance and Achievements to Date

BEYONTTRA® (acoramidis) 356mg tablet

~ 3000 Patients Treated Since Launch[1]



Commercial Traction

60m / 132M
Q3 2026 sales / YTD sales

2x faster P&R
Compared to European benchmark[2]

> 50% NRx share
In-class share within one year

Top 15 pharmaceutical product for Bayer in Q3 2026

Commercially launched in **27 EU** countries

Class IA recommendation in 2026 ESC-Guidelines

Strong recommendation in 2026 iCARDIO Alliance and ISA guidelines

1 This is based on information licensed from IQVIA; 2 EFPIA W.A.I.T. indicator, 2025

Evidence and Execution Drive Beyonttra's Future Growth Potential

Key Levers for Future Growth

BEYONTTRA® (acoramidis) 356mg tablet

ATTR-CM

Status: EU-approved in adults, Feb 2025

Next: Goal to become leading treatment option

Earlier Diagnosis

Status: Varying diagnosis across Europe

Next: Bring Dx rates to 20-30% across Europe, especially Germany

Evidence Generation

- **Real-world data**: reassuring outcomes in routine practice, including heart failure events
- **Consistent evidence**: benefit observed across clinical trial and real-world settings
- **Long-term data**: Continuous acoramidis treatment reduced risks of ACM through month 54[2]

Commercial Growth Drivers

- **Win & sustain** 1st-line leadership[1]
- **Accelerate diagnosis** & market growth
- **Defend price**: decouple from competitor

Blockbuster Potential in Europe

1 as measured by IQVIA LR; 2 Soman et al., JAMA Cardiology. Long-Term Durability of Acoramidis Efficacy in Transthyretin Amyloid Cardiomyopathy Open-Label Extension of the ATTRibute-CM Randomized Clinical Trial, post-hoc analysis. 2026.



Katie Bang
Lynkuet Global PT Lead

Lynkuet: Transforming Menopause Treatment



Menopausal Hot Flashes Highly Impact the Quality of Life of Women Globally

Vasomotor Symptoms (VMS) and Market Opportunity

Lynkuet® elinzanetant

Global Incidence
~47M
Women enter menopause annually[1]

Global Incidence
1.1B
Women aged 45-70 experiencing menopause by 2030[1]

UNMET NEED IN MENOPAUSE TREATMENT

≤80%
experience VMS at some point during the menopausal transition[2]

>50%
of symptomatic women report moderate-to-severe VMS[2]

60%
with moderate-to-severe VMS report sleep disturbances[3]

LYNKUET MARKET OPPORTUNITY

5.9B€
Global Rx market for VMS treatment, +28% yoy in 2025[4]

>12B€
Menopause drugs market value in 2025[5]

~18B€
Projected menopause drugs market by 2030[5]

Dynamic and growing market, yet many women with VMS remain untreated today.

Setting a new standard for menopausal treatment choice.

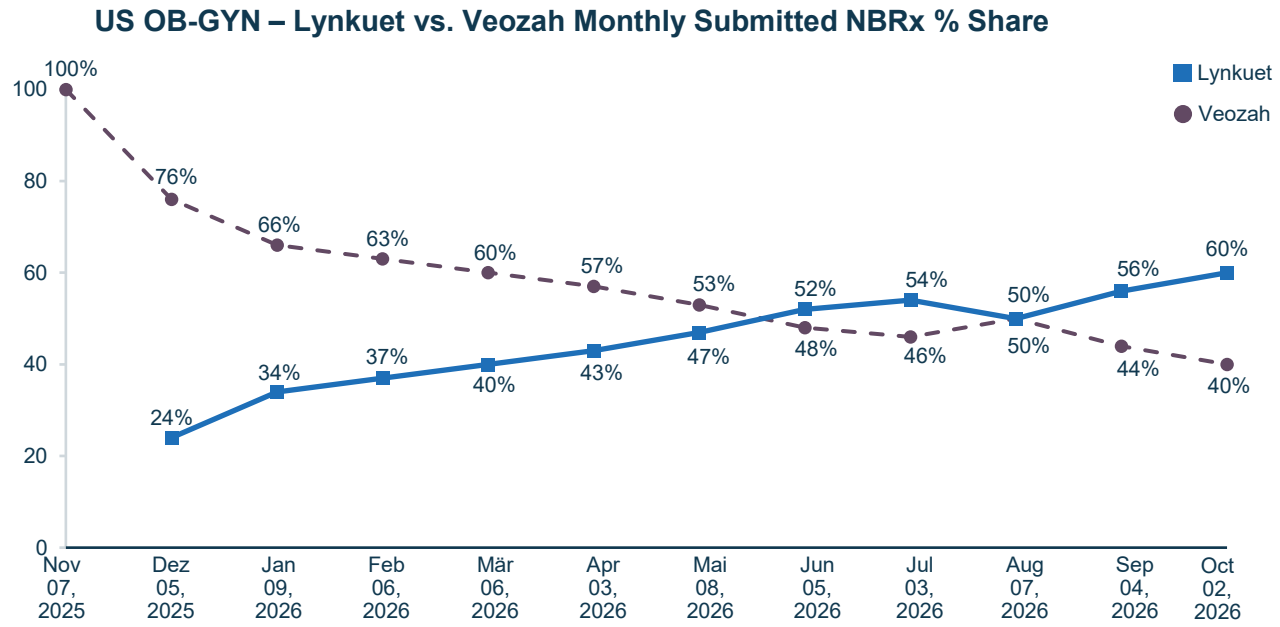
1 United Nations, World Population Prospects 2024; women aged 45–54 entering the menopause transition in 2026 (~47m). 2 Gold EB et al. Am J Public Health 2006;96(7):1226–1235. 3 PubMed PMID 41190624; sleep disturbances with VMS reported by 66.7% (US) and 63.4% (Europe) of postmenopausal women.
4 IQVIA-Menopause-VMS Market Definition 5 Fortune Business Insights, Menopause Drugs Market (2025): $13.39B; 2026 value $14.53B, CAGR 8.63% (2026–2034); 2030 value calculated as $14.53B × (1+8.63%)^4 ≈ $20.2B.

First Dual NK-1/NK-3 Receptor Antagonist, Expanding the Class Across Markets

Performance and Achievements to Date

Lynkuet® elinzanetant

US Market Share Development[1]



Commercial Traction

US 41k NBRx (paid)

~60% of US patients new to Rx treatment

DE 16k NBRx

October 2026, launch to date

74% US commercial lives covered; all 3 major PBMs

Guidelines: endorsed by IMS, ACOG and NCCN; Lynkuet preferred in class for VMS, sleep, ease of use across populations

Lable Differentiation: First product approved for AET indication and no boxed warning/lower LFT monitoring

Specialist preference: Lynkuet already leads in new patient starts by specialist: US 60%, Germany 76% (10/26)

Launch momentum: supported by differentiated profile; US sales development requires persistence

AET = adjuvant endocrine therapy (breast cancer); NBRx = new-to-brand prescriptions; NKT = neurokinin-targeted therapy; IMS = International Menopause Society; ACOG = American College of Obstetricians and Gynecologists; NCCN = National Comprehensive Cancer Network

1 IQVIA LAAD Claims, Oct 2026.;

New Launches and Broader Indications Drive Growth

Expanding Country Teach, AET-related VMS Treatment and the Prescriber Base

Lynkuet® elinzanetant

H2 2025

Launches:
US

VMS Approvals:
UK, CA, CH, AU, US, EMA

AET-related VMS Approvals:
EMA

H1 2026

Launches:
DE, CH, PL, UK[1], Nordics[1]

VMS Approvals:
IL, UAE

H2 2026

Launches:
CA, IT[1]

VMS Approvals:
MX, RU

AET-related VMS Approvals:
UK, CH, CA, AU

2027

Next Launches Include:
BR, MX, BE/NL/LU, IL, AE, SA

More launches and approvals with reimbursement will follow

Commercial Growth Drivers

- Further country launches and AET indication expansion
- Lead class expansion and first-line access to drive growth
- Expand on DTC performance, penetration through patient platforms and PCP writers

Blockbuster Potential

1 Soft launch / product is available, commercial launch beginning of 2027



Jan Voss
Sunharbo Global PT Lead

Sunharbo: 1st In Class FXIa Inhibitor for Secondary Stroke

Preventing Recurrent Strokes Addresses a Major Unmet Patient Need

Epidemiology and Unmet Need in Ischemic Stroke

Sunharbo®

Global Incidence

~1 in 4 people
have a stroke in their lifetime[1]

2nd
leading cause of death[3]

3rd
leading cause of death & disability[3]

ASUNDEXIAN MARKET OPPORTUNITY

~12M
incident strokes per year worldwide[1]

~5.9M
global incident NCIS per year (~65% ischemic, ~75% of those non-cardioembolic)[2]

~1.3M
NCIS per year in the US and EU5

ECONOMIC BURDEN

$891B
global financial impact of stroke, projected to be $1 trillion by 2030[4,5]

$393B
Direct costs (treatment, rehab, social care, and caregiving)[5]

$58B
Production losses due to workforce reductions and caregiving responsibilities[5]

Secondary strokes are often more disabling, more likely to be fatal and more costly than the first stroke.

FXIa - A potential major step forward in secondary stroke prevention.

1 Feigin VL, et al. World Stroke Organization (WSO): Global stroke fact sheet 2022. International Journal of Stroke. 2022 Jan;17(1):18-29 [Accessed: December 2025].; 2 Feigin VL, et al. Lancet Neurol. 2024;23(10):973–1003.; 3 World Stroke Organization. Global Fact Sheet 2025. 2025. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC11786524/ Accessed: December 2025.; 4 World Stroke Organization. Impact of Stroke. Accessed January 2026.; 5 Owolabi MO, et al. The Lancet Public Health. 2022 Jan 1;7(1):e74-85.

Clinical Evidence Sets the Stage for Launch and Uptake

The Path Forward

Sunharbo®

2025	26 Oct 2026	9 Nov 2026	Ongoing	Next
OCEANIC-Stroke completed	China approval	US approval	EU / Japan regulatory review; market access preparation	LCM: several options in evaluation

Uptake Considerations

Hospital-focused Launch

Initially hospital-focused launch, results on more gradual ramp-up reflecting the time required for formulary access and physician education.

Pricing and Access

$748.50 list price for a 30-day supply reflects therapeutic innovation value, demonstrates clinical value and burden of recurrent stroke, while allowing for broad access.

Blockbuster Potential

OCEANIC-Stroke Results Reflected in US Label

Efficacy and Safety Profile, with No Added Restrictions

Sunharbo®

OCEANIC-STROKE RESULTS

-26%

reduction in ischemic stroke

No ↑

increase in major bleeding

The Label Has No Warnings and Precautions Section

There Are No Contraindications in the Label

No Limitation Regarding the Timing of Patient Initiation or Treatment Duration

1st In Class FXIa Inhibitor to be Available to Patients Before End of 2026

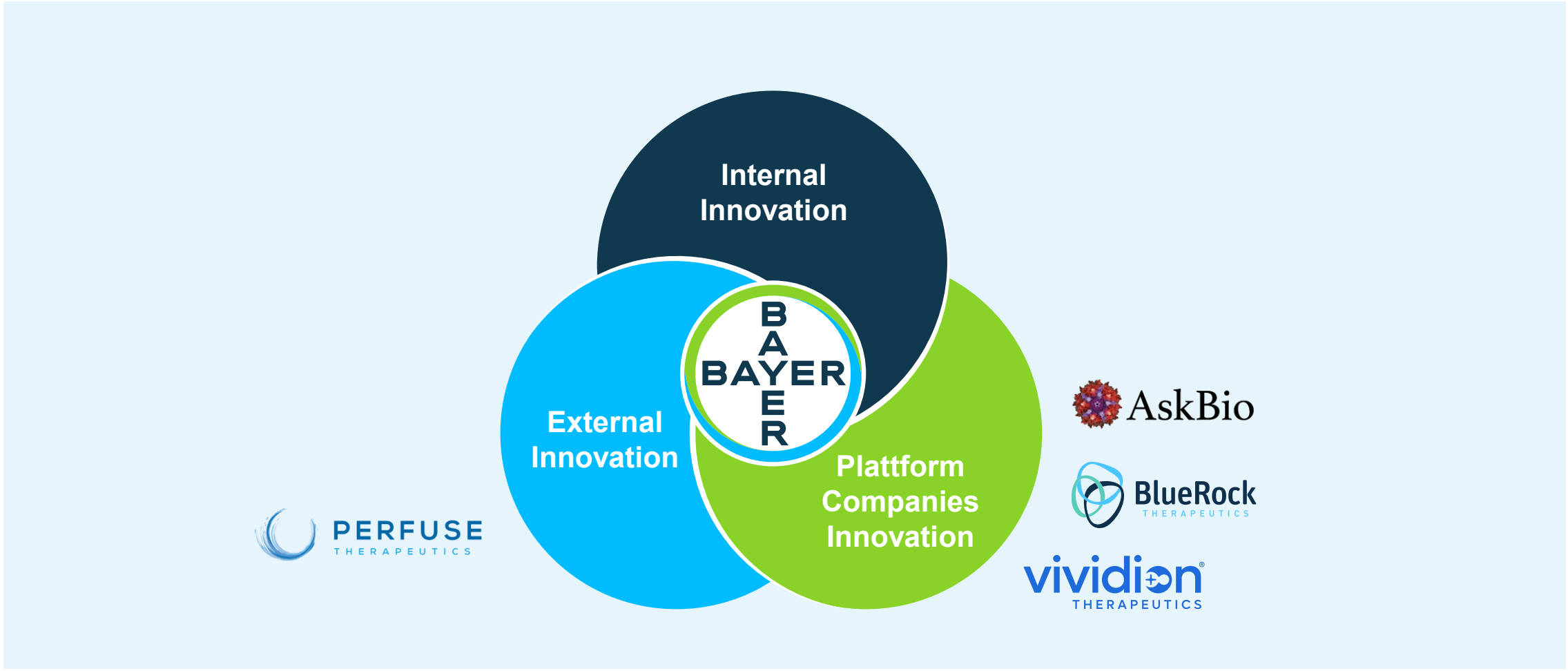


Christoph Koenen
Chief Medical Officer and Head of Clinical Development

R&D Update

Nourishing Future Growth with our Unique Innovation Engine

Operating in a Diverse Innovation Ecosystem



Pharmaceuticals Pipeline Overview[1]

(as of October 20, 2026)

Oncology | Cardiovascular & Renal | Neurology & Rare Diseases | Immunology | Others

Phase I

VVD KEAP1 Activator *(VVD-130037 aka NRF2 Inh, BAY 3605349)*	NME
Actinium (225Ac) Felivotide Mopaxetan *(BAY 3563254)*	NME
SOS1 Inhibitor *(BAY 3498264)*	NME
PRMT5 Inhibitor *(BAY 3713372)*	NME
VVD RAS-PI3K Inhibitor *(VVD-159642, BAY 3674171)*	NME
225Ac-GPC3 *(BAY 3547926)*	NME
KRAS G12D Inhibitor *(BAY 3771249)*	NME
Dual FIIa/Xa Inhibitor *(BAY 3389934)*	NME
BAY 3620122	NME
Ametefgene Parvec (AAV Gene Therapy) *(AB-1005)* Multiple System Atrophy	NME
Pompe Disease AAV Gene Therapy *(AB-1009 aka PROGRESS-GT LOPD)*	NME
LGMD2I/R9 AAV Gene Therapy *(AB-1003 aka LION-101)*	NME
Lemiretprocel (Cell Therapy) *(OpCT-001)* Primary Photoreceptor Diseases	NME
AT-05 SPECT Tracer	NME

Phase II

Sevabertinib (HER2/mEGFR Inhibitor) *(BAY 2927088)* // Metastatic or Unresectable Solid Tumors With HER2-activating Mutations (panSOHO)	IE
VVD WRN Inhibitor *(VVD-133214, BAY 3772392)* // Advanced Colorectal Cancer	NME
Umiposgene Parvec (AAV Gene Therapy) *(AB-1002)* // Congestive Heart Failure (GenePHIT)	NME
Inclocibart (anti-a2AP) *(BAY 3018250)* // Acute Ischemic Stroke; Pulmonary Embolism (SIRIUS)	NME
Nurandociguat (sGC Activator Oral) *(BAY 3283142)* // Chronic Kidney Disease (ALPINE-1)	NME
SEMA 3a Inhibitor *(BAY 3401016)* // Alport Syndrome (ASSESS)	NME
GIRK4 Inhibitor *(BAY 3389934)* // Atrial Fibrillation (CARDIOVERT)	NME
Ametefgene Parvec (AAV Gene Therapy) *(AB-1005)* // Parkinson´s Disease (REGENERATE-PD)	NME
Edonentan (ER Antagonist) *(PER-001, BAY 3826827)* // Non-proliferative Diabetic Retinopathy // Glaucoma	NME

Phase III

Darolutamide (AR Inhibitor) // Adjuvant Prostate Cancer (DASL-HiCaP) // Prostate Cancer with Biochemical Recurrence after Curative Radiotherapy (ARASTEP)	IE
Bemdaneprocel (Cell Therapy) // Parkinson's Disease (exPDite-2)	NME
124I-Evuzamitide (PET Tracer) // Diagnosis of Cardiac Amyloidosis (REVEAL)	NME

Submissions

Sevabertinib (HER2/mEGFR Inhibitor) // CN: Advanced NSCLC 1L	IE
Finerenone (MR Antagonist) // JP, US: Non-diabetic Chronic Kidney Disease	IE
Asundexian (FXIa Inhibitor) // CN, EU, JP, US: 2º Stroke Prevention	NME
Aflibercept 8mg (VEGF-Inhibitor) // CN: Retinal Vein Occlusion	IE
Gadoquatrane (High Relaxivity Contrast Agent) // CN, EU: Magnetic Resonance Imaging	NME

Small Molecule | Radionuclide Therapy | Genetic Therapy | Cell Therapy | Imaging Agent | Protein Therapy

NME **New Molecular Entity** IE **Indication Expansion**

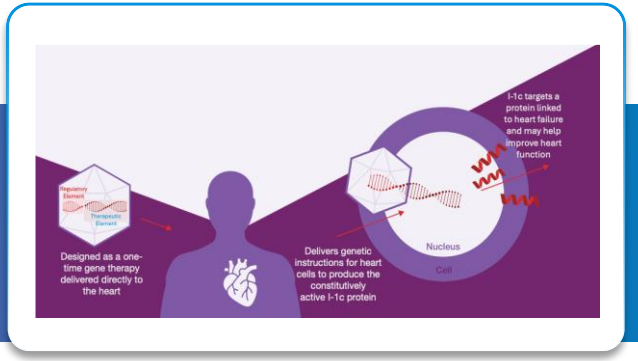
1 Bayer and partner sponsored + 3rd party label enabling studies with first patient first visit

AB-1002 | Umiposgene parvec

Lead Indication: Heart Failure with Reduced Ejection Fraction

Global Prevalence
~64M
People living with heart failure worldwide[1]

Targeted Patients[2]
~400K



UNMET NEED & SoC

- **Major cause of morbidity and mortality[3]**
- **Current SoC:** HF patients remain at increased risk of mortality and continued worsening of disease and symptom severity
- **Limited treatment options available** for advanced heart failure patients, i.e. Implantation or heart transplant

APPROACH

- **One-time gene therapy** delivered directly to the heart
- **Modified I-1c protein** blocks protein phosphatase 1, which is linked to heart failure
- **Aims to restore contractility** and reduce morbidity and mortality with a single administration instead of chronic treatment

CLINICAL PROGRESS

- **Ph I:** 12-month data published: No adverse events related to AB-1002, clinically meaningful efficacy improvement
- **FDA Fast Track Designation** received
- **GenePHIT Ph II:** enrollment completed with >170 participants randomized

Ph I	Ph II	End 2026	H1 2027
12-month data published	GenePHIT ongoing	Primary completion	Initial data readout

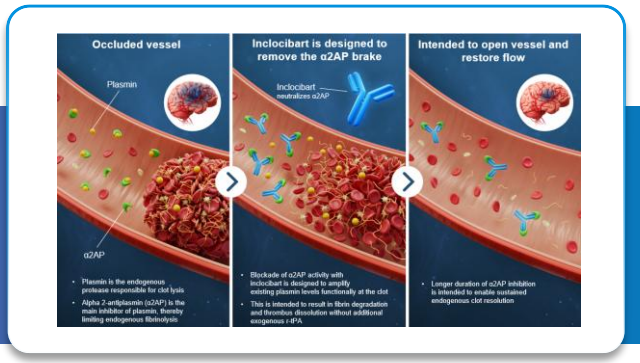
1 Savarese G, Becher PM, Lund LH, et al. Global burden of heart failure: a comprehensive and updated review of epidemiology. Cardiovasc Res. 2023 Jan 18;118(17):3272-3287.; 2 In key countries, based on internal estimates.; 3 Gorodeski EZ, Fonarow GC, Goyal P, et al. HF STATS 2026: An Updated Report on Heart Failure Epidemiology and Outcomes from the Heart Failure Society of America. Journal of Cardiac Failure. 2026. doi:10.1016/j.cardfail.2026.07.009

Inclocibart (anti-A2-antiplasmin)

Lead Indication: Acute Ischemic Stroke (AIS)

Global Incidence
~12M
Strokes occur annually worldwide[1]

Targeted Patients
~1M
AIS patients who could benefit from IV thrombolysis[2]



UNMET NEED & SoC

- **Leading cause of death and disability worldwide**[2]**,** in high-income countries around 75% are ischemic strokes[3]
- **Many AIS patients are ineligible** for IV thrombolysis due to bleeding risk and time-window limits[4]
- **Despite current SoC,** ≥50% of treated patients die or become severely disabled[5]

APPROACH

- **Investigational human α2-antiplasmin** blocking monoclonal antibody
- **Supports the body's clot-dissolving mechanism** by blocking α2-antiplasmin without increasing bleeding risk in preclinical models

CLINICAL PROGRESS

- **Three Ph I studies** defined PK/PD characteristics and indicated favorable tolerability
- **Ph IIa (SIRIUS)** in DVT completed
- **Next:** Further investigate inclocibart in AIS

Ph I	Ph IIa	2027	2027
PK/PD and favorable tolerability	Ph IIa DVT completed	Ph IIa Data presentation	Proof of concept for AIS

AIS = Acute ischemic stroke; DVT = Deep vein thrombosis

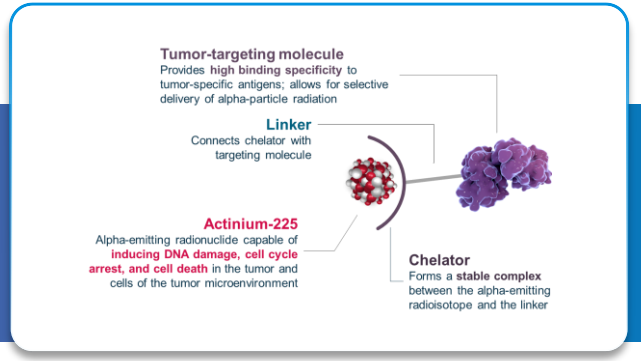
1 Feigin VL, et al. World Stroke Organization (WSO): Global stroke fact sheet 2022. International Journal of Stroke. 2022 Jan;17(1):18-29 [Accessed: December 2025]; 2 In key countries, based on internal estimates.; 3 Feigin VL, et al. Lancet Neurol. 2024;23(10):973–1003.;

Actinium felivotide mopaxetan (^{225}Ac-PSMA-Trillium)

Lead Indication: PSMA+ Prostate Cancer

Global Incidence
700K
men diagnosed with prostate cancer[1]

Targeted Patients[2]
~100K



UNMET NEED & SoC

- **PSMA overexpressed** in most men with prostate cancer and clinically validated as a diagnostic and therapeutic target
- **Current SoC:** Current PSMA targeted Beta therapy: many patients do not respond or progress on beta emitters

APPROACH

- **PSMA-targeted alpha therapy** delivers short-range, high-energy radiation to PSMA-expressing cells
- **Albumin binder** improves pharmacokinetics and tumor uptake

CLINICAL PROGRESS

- **Ph I data:** Show deep, durable biochemical and radiographic responses
- **Well tolerated:** No dose-limiting toxicity or Grade 3 xerostomia
- **Next:** Complete dose expansion and define registrational strategy

2025	Ongoing	H2 2026	2028
Proof of concept achieved	Ph I dose expansion	Primary completion	Anticipated study completion

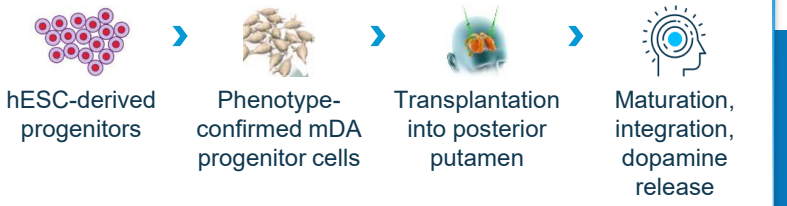
1 Tessellon 2026 data (US, EU5, JP) 2027 incidence , ECIS, WHO, ACS, NIH. Source charts reproduced as supplied; numerical data and reporting years require verification.; 2 Target patient number for the US, based on internal estimates.

Bemdaneprocel

Lead Indication: Parkinson‘s Disease

Global Prevalence
~10M
People impacted by Parkinson’s disease worldwide[1]

Targeted Patients[2]
>800K



UNMET NEED & SoC

- **High unmet need:** Limited QoL benefit and no durable disease modification with current therapies
- **Current SoC:** Oral or s.c. dopamine replacement therapies; deep brain stimulation for advanced patients
- Orals become **increasingly burdensome** and ineffective as the disease progresses

APPROACH

- **One-time cell replacement therapy** designed to restore function by replacing cells lost to neurodegeneration
- Allogeneic **hESC-derived** midbrain dopaminergic progenitors for substantia nigra cell replacement
- **Transplanted cells mature, integrate and release dopamine** in a physiologically relevant manner

CLINICAL PROGRESS

- **Favorable 48-month results** Ph I trial: Well tolerated, no adverse events reported
- **Secondary clinical efficacy endpoints** related to motor outcomes remain stable
- **FDA Regenerative Medicine Advanced Therapy Designation** received
- **Next:** Ph III Primary completion exPDite-2

Ph I — 48-month data

2027 — Ph III enrollment completed

2028 — Ph III primary completion (exPDite-2)

1 NIH - Parkinson's Disease: The Epidemiology, Risk Factors, Molecular Pathogenesis, Prevention, and Therapy. 2025 Dec 12;6(12):e70540. doi: 10.1002/mco2.70540; 2 Target patient numbers, based on internal estimates.

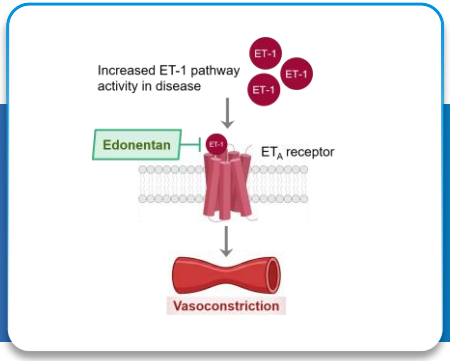
Edonentan | PER-001

Lead Indications: Glaucoma and Non-Proliferative Diabetic Retinopathy (NPDR)

Global Incidence
>240M
People affected by diabetic retinopathy[1] and glaucoma[2]

Targeted patients Glaucoma[3]
>4.5M

Targeted patients NPDR[3]
>1.2M



UNMET NEED & SoC

- NPDR and glaucoma are **leading, growing causes** of irreversible blindness and vision impairment[1,2,4]
- **Current SoC: Glaucoma** care only lowers intraocular pressure**; NPDR** is monitored until progression occurs
- **Need for early, durable treatments** addressing ischemia, inflammation, neurodegeneration

APPROACH

- **Validated mode of action:** ET-1 antagonists approved for vascular diseases, e.g. PAH
- **Intravitreal, sustained-release endothelin antagonist** to improve ocular blood flow
- **Potential disease-modifying therapy** for NPDR and glaucoma

CLINICAL PROGRESS

- **Two Ph IIa studies** (NPDR, glaucoma) meaningful improvements in functional and structural ophthalmic endpoints
- Safe and **well tolerated** over six months
- **Next:** Ph IIb preparations ongoing

Ph I — Completed

2025 — Ph I/IIa data published

2027 — Ph IIb

1 WHO, 2019, World report on vision Executive Summary; 2 Glaucoma Research Foundation; 3 In key countries, based on internal estimates; 4 Kropp et al. The EPMA journal, 14 (1), 21–42.



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Global Product Strategy and Commercialization,
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Closing Remarks

Health for all, Hunger for none

Thank you!

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