BAVARIAN NORDIC IN BRIEF

- Vertically integrated multinational biotech company
- Revenue-generating
- Leader in vector-based active immunotherapy
- First product approved in 2013
- Two Phase 3 programs: Prostate cancer and smallpox
- Commercial scale cGMP manufacturing facility
- Long-term R&D and delivery contracts with the US government

FACTS

Founded 1994, IPO 1998
Listed on NASDAQ OMX Copenhagen: BAVA
26.1m shares outstanding/~28.2m fully diluted
Market Cap DKK 3.2bn / USD 590m
RECENT HIGHLIGHTS

✓ Regulatory approvals for the PROSPECT Phase 3 study received in Germany and the Netherlands

✓ All planned countries now active, more than 190 sites currently recruiting

✓ Pipeline expanded through initiation of new NCI-sponsored Phase 2 study of CV-301 in bladder cancer

✓ BARDA exercised USD 22m option to fund transfer of IMVAMUNE freeze-dried production to commercial scale

✓ New biodefense vaccine contract (burkholderia) with DoD in February 2014

✓ New chairman of the board: Gerard van Odijk, M.D., former CEO of Teva Pharmaceuticals Europe

✓ 4 Posters accepted at ASCO 2014

✓ Paul Chaplin, Ph.D. named as President and CEO
### PIPELINE

**CANCER IMMUNOTHERAPY**

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Phase Status</th>
<th>Market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate cancer</td>
<td>Preclinical</td>
<td></td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>CV-301 Colon</td>
<td>NEW!</td>
</tr>
<tr>
<td>Bladder cancer</td>
<td>CV-301 Bladder</td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td>CV-301 Breast</td>
<td></td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>MVA-BN® PRO</td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td>MVA-BN® HER2</td>
<td></td>
</tr>
</tbody>
</table>

**INFECTIOUS DISEASES**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Phase Status</th>
<th>Market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smallpox</td>
<td>IMVANEX®/ IMVAMUNE®</td>
<td>*</td>
</tr>
<tr>
<td>Smallpox</td>
<td>IMVAMUNE® freeze-dried</td>
<td></td>
</tr>
<tr>
<td>Anthrax</td>
<td>MVA-BN® Anthrax</td>
<td></td>
</tr>
<tr>
<td>Filoviruses</td>
<td>MVA-BN® Filo</td>
<td></td>
</tr>
<tr>
<td>Foot-and-mouth disease</td>
<td>MVA-BN® FMDV</td>
<td></td>
</tr>
<tr>
<td>RSV</td>
<td>MVA-BN® RSV</td>
<td></td>
</tr>
</tbody>
</table>

* Approved in the EU under the trade name IMVANEX® and in Canada under the trade name IMVAMUNE®. Sold to government stockpiles under national emergency rules. Phase 3 registration studies ongoing in the U.S.
OUR INFECTIOUS DISEASES BUSINESS
THE MVA-BN® VACCINE PLATFORM

- **Vaccine Platform**
  - Approvals in EU and Canada
  - Balanced Immune Response
  - Strong IP Protection

- **Research & Development**
  - Construct Optimization
  - Immune Enhancement
  - Preclinical Analysis

- **Manufacturing**
  - Research Drug Product
  - Clinical Batch Production
  - Commercial Manufacturing

MVA-BN (IMVAMUNE)
SUCCESSFUL PARTNERSHIP WITH THE U.S. GOVERNMENT
CONTRACTS AWARDED TO-DATE EXCEED US$ 1BN

Developing, producing, supplying liquid-frozen IMVAMUNE®
### OVERVIEW OF USG CONTRACTS

**AS OF MARCH 31, 2014**

<table>
<thead>
<tr>
<th>USD million</th>
<th>P&amp;L</th>
<th>Cash Flow</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contract value</td>
<td>Revenue recognized</td>
</tr>
<tr>
<td>IMVAMUNE: RFP-3</td>
<td>777</td>
<td>617</td>
</tr>
<tr>
<td>IMVAMUNE: RFP-2</td>
<td>116</td>
<td>115</td>
</tr>
<tr>
<td>IMVAMUNE: RFP-1</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>IMVAMUNE: Freeze-dried</td>
<td>95</td>
<td>39</td>
</tr>
<tr>
<td>Marburg</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Foot-and-mouth</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Burkholderia</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,022</strong></td>
<td><strong>788</strong></td>
</tr>
</tbody>
</table>
**IMVAMUNE®/IMVANEX® - FIRST PRODUCT APPROVAL**

**INDICATED FOR:**
- **EU:** Active immunization against smallpox for entire adult population
- **CANADA:** Active immunization against smallpox for adults with immune deficiencies or skin disorders

**PROCUREMENT:**
- Available for governments to purchase
- To protect
  - People who are not considered candidates to receive the replicating vaccines (i.e. people with skin disorders and immune deficiencies)
  - Military, first responders and healthcare/lab workers

**Trade name:** IMVANEX®
**Approved** August 2013

**Trade name:** IMVAMUNE®
**Approved** November 2013
IMVAMUNE® ADVANTAGES

TRADITIONAL SMALLPOX VACCINES

Traditional vaccines are based on a replicating vaccinia virus
• Dryvax®, ACAM2000, LC16m8, Elstree-BN

All have been shown to produce some/all of following serious side effects
• Myocarditis, pericarditis, encephalitis, progressive or generalized vaccinia, eczema vaccinatum, inadvertent infection

Significant population should not receive replicating vaccines
• Congenital or acquired immunodeficiency, immunosuppressive medications, exfoliative skin disorders (e.g. eczema)

IMVAMUNE®/IMVANEX®

Based on a non-replicating virus

Approved in EU and Canada

More than 7,300 individuals have been vaccinated
• Well tolerated - even in immune-compromised patients
• No reports of the serious adverse events reported with the use of replicating vaccinia vaccines in the smallpox eradication campaign
IMVAMUNE® - ANTICIPATED DEVELOPMENTS

2014

- Deliveries, new contract

2015

- Potential additional orders
- Phase 2 - freeze-dried version to support emergency use/stockpiling (n=680)
- Phase 3 lot consistency trial - enrollment completed (n=4,000)
- Phase 3 non-inferiority trial (n=440)

2016 and on

- Freeze-dried contract
- BLA

Approved in these markets

- Market opportunity

Market opportunity
Validated platform technology & infrastructure offers:

- **Accelerated candidate selection**
  - Design of optimal transgene sequences
  - Understanding of insertion sites and proprietary promoters to ensure strong antibody and T cell response
- **Streamlined clinical development with MVA-BN**
  - Already extensively tested in diverse populations and age groups (immunocompromised, children 6 months+, elderly up to age 80)
  - cGMP manufacturing of clinical trial supplies of recombinant MVA-BN
  - Potential to reference established safety record with regulatory authorities

**Internal development programs:**

- **MVA-BN RSV**
  - No approved vaccine; high unmet medical need
  - Recombinant MVA-BN vaccine candidate encoding two surface proteins of RSV
  - Shown to induce a protective immune response in preclinical model, while not inducing inflammation in the lungs
- Recombinant MVA-BN filovirus, burkholderia & foot-and-mouth disease vaccines
PROSTVAC®
PSA TARGETED IMMUNOTHERAPY CANDIDATE TO TREAT PROSTATE CANCER
POXVIRUS TECHNOLOGY PLATFORM

**PROSTVAC**
- Prostate cancer

**CV-301**
- Colorectal, Breast, Lung, Ovarian, Gastric, Bladder, Liver and Renal cancer

*TRICOM*
TRIad of CO-stimulatory Molecules
- LFA-3
- ICAM-1
- B7.1

**Vectors**
- Vaccinia + Fowlpox (VF)
  - (Prime)
  - (Boost)

GM-CSF can be used as adjuvant in both PROSTVAC® and CV-301
PROSTVAC Triggers a Progressively Expanding, Specific Immune Response Against Prostate Cancer

PROSTVAC (engineered poxvirus containing PSA and TRICOM) is injected subcutaneously.

Dendritic cells take up PROSTVAC... ...and activate anti-PSA T cells

Anti-PSA T cells attack prostate cancer cells...

...which are lysed...

...and release new tumor-associated antigens (TAAs)

...activating new T cells, generating a progressively expanding anti-cancer effect
PROSTVAC PHASE 2 RESULTS
MOST PRONOUNCED SURVIVAL TO DATE IN PROSTATE CANCER

Significantly extended overall survival

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Deaths</th>
<th>Median OS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>40</td>
<td>37</td>
<td>16.6</td>
</tr>
<tr>
<td>PROSTVAC</td>
<td>82</td>
<td>65</td>
<td>25.1</td>
</tr>
</tbody>
</table>

$\Delta$ 8.5 months improvement in OS

Hazard ratio
0.56 (95% CI 0.37–0.85)
p=0.0061

Pivotal data of approved agents:
Provenge®: $\Delta$OS = 4.1 mo (AS/MS mCRPC)
Zytiga®: $\Delta$OS = 5.2 mo (pre-chemo mCRPC)
Xtandi®: $\Delta$OS = 2.2 mo (pre-chemo mCRPC)

Reference
Package insert Sipuleucel-T, enzalutamide and abiraterone

Overall Survival Analysis of a Phase II Randomized Controlled Trial of a Poxviral-Based PSA-Targeted Immunotherapy in Metastatic Castration-Resistant Prostate Cancer
Kantoff et al., Journal of Clinical Oncology, January 2010
PROSPECT
A RANDOMIZED, DOUBLE-BLIND, GLOBAL PHASE 3 EFFICACY TRIAL OF PROSTVAC IN METASTATIC CASTRATION-RESISTANT PROSTATE CANCER

- All (15) countries active, +190 sites
  - Australia, Belgium, Canada, Denmark, Estonia, France, Germany, Iceland, Israel, Netherlands, Poland, Russia, Spain, UK & US as of May 2014

- Full enrollment anticipated in H2 2014

- Interim analysis plan
  - Pre-specified interim data analyses will evaluate whether the trial should continue as planned or potentially be stopped early for efficacy or futility
  - Potential for early data read-out

1,200 patients

3 study arms
- PROSTVAC + GM-CSF
- PROSTVAC
- Placebo

Primary endpoint is overall survival

Either one of the treatment arms must be superior to placebo
Each comparison requires 534 deaths for the final analysis

Phase 2 results:
Demonstrated hazard ratio 0.56 = 44% reduction in risk of death

SPA terms for Phase 3:
Required hazard ratio 0.82 or less = 18% reduction in risk of death
PROSTVAC IN THE PROSTATE CANCER TREATMENT PARADIGM

Tumor Volume

Castration
Hormone Therapy
Surgery,
Local Therapy

Asymptomatic
Symptomatic

Hormone sensitive
Hormone refractory

Non-metastatic
Metastatic

Initial PROSTVAC indication

Future indications

PROSTVAC + Combination Therapies

Adapted from William K. Oh ASCO 2011
BN POXVIRUS-BASED IMMUNOTHERAPY
PARTNER OF CHOICE FOR THERAPEUTIC SYNERGY WITH OTHER AGENTS

Benefits
- Improve immunogenicity of the tumor
- Significant augmentation of therapeutic benefit from synergy
- Improved time to develop anti-cancer immune response
- Persistent anti-cancer response after therapy is complete
- Minimal-to-no added side effects from immunotherapy
- Potential for dose reduction of partner therapy

Other Anti-cancer Therapy
- Anti-Androgen or ADT Therapy
- Immune Checkpoint Inhibitors
- Local Radiation Therapy
## ONGOING PROSTVAC COMBINATION STUDIES

**NCI-SPONSORED**

<table>
<thead>
<tr>
<th>Protocol</th>
<th>M0 hormone-naive PC</th>
<th>mCRPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Endpoint</td>
<td>Decrease in tumor re-growth rate (PSA kinetics) after 3 months of enzalutamide</td>
<td>Time to progression</td>
</tr>
<tr>
<td>Study Design (open label)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arm A: Enzalutamide (n = 17)</td>
<td>Arm A: Enzalutamide (n = 36)</td>
</tr>
<tr>
<td></td>
<td>Arm B: Enzalutamide + PROSTVAC (n = 17)</td>
<td>Arm B: Enzalutamide + PROSTVAC (n = 36)</td>
</tr>
</tbody>
</table>

A Phase 2 clinical study comparing flutamide (anti-androgen therapy) with or without PROSTVAC has completed enrollment of 62 patients with non-metastatic prostate cancer.
COMBINATION TREATMENT RATIONALE: IMMUNE CHECKPOINT INHIBITORS

Immune Checkpoint Inhibitors
‘Foot off the brakes’

• Remarkable efficacy, but only in fraction of subjects treated
• Unfocused immune activation
• Dose-related toxicity concerns

BN Active Immunotherapy
‘Foot on the gas’

• Long-term clinical outcome differences but limited short-term response
• Immune activation may be modulated by checkpoint system
EARLY RESULTS COMBINING PROSTVAC WITH IPILIMUMAB APPEAR PROMISING

<table>
<thead>
<tr>
<th></th>
<th>Median Halabi Predicted Survival* (months)</th>
<th>% Chemo Naïve</th>
<th>Median Overall Survival (months)</th>
<th>Δ OS (months)</th>
<th>Alive at 24 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROSTVAC alone (n=32)¹</td>
<td>17.2</td>
<td>100%</td>
<td>26.3</td>
<td>+ 9.1</td>
<td>53%</td>
</tr>
<tr>
<td>Ipilimumab alone (n=71)²</td>
<td>-</td>
<td>56.3%</td>
<td>17.1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PROSTVAC + Ipilimumab (n=30)³</td>
<td>18.5</td>
<td>80%</td>
<td>34.4</td>
<td>+15.9</td>
<td>73%</td>
</tr>
</tbody>
</table>

- Phase 1 dose escalation trial; subjects with metastatic castration resistant prostate cancer (mCRPC)

*Halabi et al., JCO 2003; ¹Gulley et al, Cancer Immunol Immunother, 2010
Therapeutic efficacy from combination of MVA-BN-HER2 immunotherapy with anti-PD1 resulted in observed survival benefit over any single agent therapy.

Complete tumor regression in each case resulted from combining MVA-BN-HER2 immunotherapy with anti-PD-1 plus anti-LAG-3.
CV-301 in bladder cancer

- In April, the NCI initiated a Phase 2 study of CV-301 in patients with bladder cancer whose cancer has progressed after BCG treatment
- This tumor is well known to respond to immunotherapy, and BCG (Bacillus Calmette-Guerin) for use in bladder cancer was the first modern immunotherapy to be approved in many countries
- High unmet medical need (250,000 cases/year of which a third develop difficult-to-treat invasive cancer)

MVA-BN Brachyury

- NCI plans to initiate a Phase 1 study in patients with advanced cancer (H1 2014)
- The brachyury protein is a novel tumor associated antigen that is overexpressed in a wide variety of cancers, including both adenocarcinomas (lung, breast, ovary, colorectal), as well as squamous carcinomas (lung, oral)
- Brachyury is believed to be involved in the process of tumor progression and development of metastases
## FINANCIAL STATEMENTS

<table>
<thead>
<tr>
<th>DKK million</th>
<th>3m 2014</th>
<th>3m 2013</th>
<th>FY 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>286</td>
<td>206</td>
<td>1,213</td>
</tr>
<tr>
<td>Production costs</td>
<td>144</td>
<td>131</td>
<td>485</td>
</tr>
<tr>
<td><strong>Gross profit</strong></td>
<td>142</td>
<td>75</td>
<td>728</td>
</tr>
<tr>
<td>Research and development costs</td>
<td>89</td>
<td>74</td>
<td>497</td>
</tr>
<tr>
<td>Distribution and administrative costs</td>
<td>49</td>
<td>49</td>
<td>198</td>
</tr>
<tr>
<td><strong>Total operating costs</strong></td>
<td>138</td>
<td>122</td>
<td>694</td>
</tr>
<tr>
<td>Income before interest and taxes (EBIT)</td>
<td>3</td>
<td>(48)</td>
<td>33</td>
</tr>
<tr>
<td>Financial income/loss</td>
<td>1</td>
<td>7</td>
<td>(27)</td>
</tr>
<tr>
<td><strong>Income before company tax</strong></td>
<td>4</td>
<td>(41)</td>
<td>6</td>
</tr>
<tr>
<td>Tax</td>
<td>3</td>
<td>(7)</td>
<td>53</td>
</tr>
<tr>
<td><strong>Net profit for the period</strong></td>
<td>1</td>
<td>(34)</td>
<td>(47)</td>
</tr>
<tr>
<td><strong>Cash preparedness (end of period)</strong></td>
<td>535</td>
<td>543</td>
<td>652</td>
</tr>
</tbody>
</table>
FINANCIAL OUTLOOK

2014

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>DKK 1,200m</td>
</tr>
<tr>
<td>EBIT</td>
<td>DKK 0m</td>
</tr>
<tr>
<td>Cash preparedness at year-end</td>
<td>DKK 600m</td>
</tr>
</tbody>
</table>

Assumptions:

Deliver and revenue recognize 6.5 million doses of IMVAMUNE to the U.S. Strategic National Stockpile

R&D costs - GROUP  
Infectious Disease Division, EBIT  
Cancer Immunotherapy Division, EBIT

* DKK 600m  
 DKK 400m  
 DKK -400m

All numbers are approximate
* R&D costs include approximately DKK 110 million in contract expenses (stated under production costs in the P&L statement) as well as DKK 50 million capitalized in the balance sheet
ANTICIPATED MILESTONES

• Complete enrollment in the PROSPECT Phase 3 study (H2 2014)
• Secure second portion of IMVAMUNE delivery contract with the U.S. government (USD 118 million) (H1 2014)
• Complete Phase 2 study of freeze-dried IMVAMUNE to support a pre-EUA submission (requirement for stockpiling) (2015)
• Initiate final Phase 3 trial of IMVAMUNE (H1 2014)
• Initiate NCI-sponsored Phase 1 study of MVA-BN Brachyury (H1 2014)
• Obtain regulatory feedback on the CV-301 development plan for colorectal cancer (H2 2014), followed by initiation of a randomized, controlled trial depending on availability of funds
• Potential IMVANEX/IMVAMUNE orders from rest of world
• Investigational New Drug submission for MVA-BN RSV (2014) followed by initiation of Phase 1 study (2015)
**BAVARIAN NORDIC**  
*(CSE/OMX:BAVA, OTC:BVNRY)*

- Approved product; validated platform
- Two Phase 3 programs:
  - Prostate cancer and smallpox
- Diversified pipeline drawing from distinct technologies
- Commercial manufacturing capability
- Long-term R&D and delivery contracts with the US government
- Revenue-generating

**INVESTOR RELATIONS CONTACTS**

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  +45 3326 8383 / rolf.sass@bavarian-nordic.com
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  +1 978 298 5654 / seth.lewis@bavarian.nordic.com
SHAREHOLDER INFORMATION

SHARE INFORMATION

- Share price (June 2, 2014): DKK 122
- High/low 52 weeks: 55 / 136
- Market cap: DKK 3.2bn
- Volume (3m, daily average): 103,000
- No. of shares, 93% free-float: 26.1m
- No. of registered shareholders: 20,000

Largest shareholders:
- ATP (> 10%)
- A.J. Aamund A/S (> 5%)

FINANCIAL CALENDAR

- Annual General Meeting: 24-Apr-14
- 2014 First Quarterly Report (Q1): 14-May-14
- 2014 Third Quarterly Report (Q3): 13-Nov-14
This presentation includes "forward-looking statements" that involve risks, uncertainties and other factors, many of which are outside of our control, that could cause actual results to differ materially from the results discussed in the forward-looking statements. Forward-looking statements include statements concerning our plans, objectives, goals, future events, performance and/or other information that is not historical information. We undertake no obligation to publicly update or revise forward-looking statements to reflect subsequent events or circumstances after the date made, except as required by law.