Recognizing the serious threat of bacterial infections, Paratek is dedicated to providing solutions that enable positive outcomes and lead to better patient stories.
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Paratek Investment Highlights

**NUZYRA™: Potential Blockbuster Antibiotic in Both Hospital and Community Settings**

### Potential Blockbuster Antibiotic with NUZYRA
- If Approved, 1st New, Once-daily, Multi-indication, Oral Antibiotic in > 10Yrs
- > $9 Billion Potential Addressable Market in U.S. alone*

### Clear Registration Path: U.S. FDA and EU EMA
- NUZYRA APPROVED in the United States; October 2018
- Expect to File in the EU in H2 2018

### Additional Pipeline Potential
- UTI Ph2 Study underway; Data Expected in H2 2019
- Biodefense opportunity: Tx & prophylaxis in plague and anthrax
- Life-cycle opportunities: Lyme Disease, Prostatitis, Rickettsial Disease

### Capital Efficient Commercial Model
- Significant Value Proposition = Hospitalization Minimization
- Hospital Promotion Without Branded Once-Daily Broad-spectrum IV + Oral Competitors

### Non-dilutive Funding Options
- Omadacycline: Ex-U.S. Commercial Rights (except China)
- Sarecycline: Milestones + U.S. Royalties (Almirall S.A.**); Ex-U.S. Rights (PRTK)

---

* Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue;
** Almirall, S.A. licensed U.S. development & commercial rights
Experienced Management Team

Michael F. Bigham
Chairman & CEO

Evan Loh, MD
President, COO & CMO
Led Tygacil Development

Doug Pagán
Chief Financial Officer

Adam Woodrow
Chief Commercial Officer
Led Tygacil Commercialization

William Haskel
General Counsel & Corporate Secretary
NUZYRA: A Modernized Tetracycline
First-in-Class Aminomethylcycline: Restoring Tetracycline Efficacy by Overcoming Resistance

7-Position Modification:
Overcomes Efflux Pump

9-Position Modification:
Overcomes Ribosomal Protection

No known metabolites
No CYP interactions identified
No anticipated monitoring
No dosage modifications or monitoring anticipated in hepatic or renal impairment
No hERG channel effects (TQTc<sup>(1)</sup> study completed at 3x therapeutic exposures)
No known DDI effects identified
Low propensity to induce *C. diff*<sup>(2)</sup>

NUZYRA 100mg for injection & 150mg tablets

<sup>(1)</sup> Thorough QTc study
<sup>(2)</sup> Wilcox ECCMID 2016
<table>
<thead>
<tr>
<th>Paratek Pipeline</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Research</th>
<th>Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Pre-Registration</th>
<th>NDA Filing</th>
<th>NDA Approved</th>
<th>Commercial Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABSSSI (IV &amp; Oral) – QIDP + SPA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>(Global*)</td>
</tr>
<tr>
<td><strong>ABSSSI (Oral only) – QIDP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>CABP (IV &amp; Oral) – QIDP + SPA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>UTI (IV &amp; Oral) – QIDP (cUTI / uUTI)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>Biodefense Pathogens</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SEYSARA™ (sarecycline)**

- **Inflammatory Acne (Acne Vulgaris)**
  - We have entered into a collaboration agreement with Zai Lab (Shanghai) Co., Ltd., for greater China region

**NUZYRA 100mg for injection & 150mg tablets**

- **(U.S.) Biodefense Pathogens**

**NUZYRA 100mg for injection & 150mg tablets**

- **(ex-U.S.) Biodefense Pathogens**
## Strong Track Record of Delivering on Key Milestones

<table>
<thead>
<tr>
<th>Omadacycline Events</th>
<th>Timing</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSSSI Phase 3 data: IV and oral</td>
<td>Q2 2016</td>
<td>Positive Phase 3 data</td>
</tr>
<tr>
<td>UTI Phase 1b data: PK/PD</td>
<td>Q4 2016</td>
<td>Proof-of-principle</td>
</tr>
<tr>
<td>CABP Phase 3 data: IV and oral</td>
<td>Q2 2017</td>
<td>Positive Phase 3 data</td>
</tr>
<tr>
<td>ABSSSI Phase 3 data: Oral-only</td>
<td>Q3 2017</td>
<td>Positive Phase 3 data</td>
</tr>
<tr>
<td>UTI Phase 2 initiation</td>
<td>Q4 2017</td>
<td>Enrolling</td>
</tr>
<tr>
<td>NDA submission</td>
<td>Q1 2018</td>
<td>Accepted</td>
</tr>
<tr>
<td>NDA approval</td>
<td>Oct 2018</td>
<td>Approved</td>
</tr>
<tr>
<td>Projected U.S. Launch</td>
<td></td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sarecycline Events¹</th>
<th>Timing</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 3 efficacy studies</td>
<td>Q1 2017</td>
<td>Positive Phase 3 data</td>
</tr>
<tr>
<td>NDA (Almirall S.A.) submission</td>
<td>Oct 2017</td>
<td>Accepted</td>
</tr>
<tr>
<td>NDA Approval</td>
<td>Oct 2018</td>
<td>Approved</td>
</tr>
</tbody>
</table>

1. Almirall, S.A. licensed U.S. development & commercial rights
NUZYRA Commercial Opportunity

Potential Blockbuster Antibiotic in Both Hospital and Community Settings
NUZYRA Possesses a Multitude of Differentiated Attributes

No Generic Broad Spectrum IV-Oral Hospital Competitors

<table>
<thead>
<tr>
<th>Attribute</th>
<th>NUZYRA(^{(4)})</th>
<th>Quinolones(^{(1,2,3)})</th>
<th>Cephalosporins(^{(1,2,3)})</th>
<th>Oxazolidinones(^{(1,2,3)})</th>
<th>Glycopeptides(^{(1,2,3)})</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>S. pneumoniae</em></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>MDR <em>E.Coli</em>(^{(5)})</td>
<td>✔</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td><em>Legionella species</em></td>
<td>✔</td>
<td>✔</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td><em>S. aureus</em> (MRSA, MSSA)</td>
<td>✔</td>
<td>☒</td>
<td>☒</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Low <em>C. diff</em> Incidence</td>
<td>✔</td>
<td>☒</td>
<td>☒</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Limited Drug-Drug Interactions</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>No Major Safety Considerations</td>
<td>✔</td>
<td>Tendon Rupture Neurotoxicity</td>
<td>✔</td>
<td>Serotonin syndrome Thrombocytopenia</td>
<td>Renal Toxicity Ototoxicity</td>
</tr>
<tr>
<td>Once Daily IV/Oral Dosing</td>
<td>✔</td>
<td>✔</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>

### Key Factors Enabling NUZYRA Formulary Endorsement

**Multiple Indications with a Bioequivalent\(^{(1)}\) IV and Oral Formulation**

<table>
<thead>
<tr>
<th></th>
<th>NUZYRA</th>
<th>Ceftaroline</th>
<th>Delafloxacin</th>
<th>Tedizolid</th>
<th>Dalbavancin</th>
<th>Oritavancin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multiple Community Indications</strong>&lt;br&gt;at Launch</td>
<td>✔️</td>
<td>✔️</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td><strong>Once-Daily IV</strong></td>
<td>✔️</td>
<td>❌</td>
<td>❌</td>
<td>✔️</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Once-Daily Oral</strong></td>
<td>✔️</td>
<td>❌</td>
<td>❌</td>
<td>✔️</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td><strong>Broad-Spectrum Bacterial Coverage</strong></td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td><strong>No Renal or Hepatic Dosage</strong>&lt;br&gt;Modifications</td>
<td>✔️</td>
<td>❌</td>
<td>❌</td>
<td>✔️</td>
<td>❌</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>Low C. difficile propensity</strong></td>
<td>✔️</td>
<td>❌</td>
<td>❌</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Sources: Package Inserts, First Data Bank (1) IV and oral exposures are equivalent.
Compelling Educational Opportunity Amplifies Unmet Need Awareness at Launch

Perception of Resistance to Oral Treatments is Low & Doesn’t Match Reality

<table>
<thead>
<tr>
<th>Common Pathogens (&gt;80% of all infections)</th>
<th>Penicillin</th>
<th>Amoxi-Clav</th>
<th>Azithromycin</th>
<th>Tetracycline</th>
<th>Trim-Sulfa</th>
<th>Levofloxacin</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. pneumoniae</td>
<td>66.9%</td>
<td>29.8%</td>
<td>36.2%</td>
<td>33.8%</td>
<td>43%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Common Pathogens (&gt;80% of all infections)</th>
<th>TMP/SMX</th>
<th>Tetracycline</th>
<th>Clindamycin</th>
<th>Amoxicillin/Clavulanic acid</th>
<th>Levofloxacin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staphylococcus aureus</td>
<td>2.3%</td>
<td>3.6%</td>
<td>15.0%</td>
<td>42.3%</td>
<td>36.5%</td>
</tr>
<tr>
<td>MRSA</td>
<td>4.3%</td>
<td>4.7%</td>
<td>28.5%</td>
<td>100%</td>
<td>63.3%</td>
</tr>
<tr>
<td>β-hemolytic streptococci</td>
<td>NA</td>
<td>43.6%</td>
<td>18.6%</td>
<td>0%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

1a. Clinical and Laboratory Standards Institute (CLS) 2015 Criteria

4. JMI Surveillance. 2010. Data on file. β-hemolytic streptococci are not tested with TMP/SMX and it is presumed to be at least 25% resistant. All other streptococci combined resistance is 35%.
NUZYRA: Well Positioned for Blockbuster Potential

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Broad Spectrum</th>
<th>Big 3&lt;sup&gt;(1)&lt;/sup&gt; Indications</th>
<th>Favorable Safety</th>
<th>Oral Frequency</th>
<th>2010 Sales&lt;sup&gt;(3,4)&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levofloxacin</td>
<td>✔</td>
<td>3</td>
<td>✗</td>
<td>Once Daily</td>
<td>$3.4B</td>
</tr>
<tr>
<td>Co-Amoxy clav</td>
<td>✔</td>
<td>3</td>
<td>✔</td>
<td>Twice Daily</td>
<td>$2.8B</td>
</tr>
<tr>
<td>Azithromycin&lt;sup&gt;(2)&lt;/sup&gt;</td>
<td>✔</td>
<td>2</td>
<td>✔</td>
<td>Once Daily</td>
<td>$1.8B</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>✔</td>
<td>3</td>
<td>✗</td>
<td>Twice Daily</td>
<td>$1.4B</td>
</tr>
<tr>
<td>Clarithromycin&lt;sup&gt;(2)&lt;/sup&gt;</td>
<td>✔</td>
<td>2</td>
<td>✔</td>
<td>Twice Daily</td>
<td>$1.4B</td>
</tr>
<tr>
<td>NUZYRA&lt;sup&gt;(5)&lt;/sup&gt;</td>
<td>✔</td>
<td>3</td>
<td>✔</td>
<td>Once Daily</td>
<td>N/A</td>
</tr>
</tbody>
</table>

>65% of Revenue was Generated by the Oral Formulations

<sup>(1)</sup> Skin, Respiratory, UTI
<sup>(2)</sup> Both Azithromycin and Clarithromycin did not have UTI claim
<sup>(3)</sup> IMS global sales data in 2010
<sup>(4)</sup> Major patents had expired for all products by 2010 except Levofloxacin where 2010 was peak year sales
<sup>(5)</sup> Anticipated based on current development plan
Potential $3.9 Billion Addressable U.S. Hospital Market by 2028

ABSSSI Opportunity: 1st line treatment (Tx) failure, resistance suspected

3,300K(1) 
Hospitalized ABSSSI

~12%(1) 
Fail broad sp + MRSA cov

= ~400k 
patients

X $3,000(4)

= $1.2B opportunity

CABP Opportunity: 1st line Tx failure, resistance suspected

3,400K(1) 
Hospitalized CABP

~14%(2) 
Fail FQ or ceph+macrolide

= ~490k 
patients

X $3,000(4)

= $1.4B opportunity

UTI Opportunity: 1st line Tx failure (or repeated Tx), ESBL suspected

5,400K(1) 
Hospitalized UTI

~7%(3) 
Fail fluoroquinolone

= ~405k 
patients

X $3,150(5)

= $1.3B opportunity

---

(1) AMR data (2015): Of patients never receiving confirmed pathogen and getting potential MRSA coverage, 30%+ switch therapies (i.e., to another empiric therapy)
(2) Primary market research (est 18% of hospitalized CABP patients & 16.5% of community CABP patients are “high-risk” and suspected/confirmed to have a resistant pathogen)
(3) DRG Current Treatment: Gram Negative Infections (ID’s est ~20% failure rate for fluoroquinolones)
(4) Cost per course based on health outcome analysis, 10 day course of therapy and cost of branded Zyvox therapy as an analogue
(5) Cost per course based on mid point for levofloxacin course in UTI, a 450mg OMC daily dose, and 50% price premium to branded oral Zyvox as an analog
(6) Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue
Hospital Launch for NUZYRA:
Success Begins with Specialists in Years 1-2 Post-Launch

1-2 years post launch
- IDs
- Pulmonologists
- Hospitalists
- PharmD IDs
- ER Doctors

~6.7M\(^1\) CABP and ABSSSI Patients Suffer Annually
~900k CABP and ABSSSI Patients We Can Help with NUZYRA

2+ years post launch
- Internal Medicine
- Primary Care Provider
- NPs, PAs
- Urgent Care

~23.7M\(^1\) CABP and ABSSSI Patients Suffer Annually
~1.2M CABP and ABSSSI Patients We Can Help with NUZYRA

Source 1. 20% est failures (based on hospital patterns) of first line MRSA treatment
Potential $5.4 Billion Addressable U.S. Community Market by 2028

**ABSSSI Opportunity: Initial treatment (Tx) failure, resistance suspected**

1. **14,400K**
   - Community ABSSSI
   - ~5% (1) Fail broad sp + MRSA cov
   - ~735k cases
   - $2,100 (4)
   - $1.5B opportunity

**CABP Opportunity: Fluoroquinolone failure, resistance suspected**

1. **9,370K**
   - Community CABP
   - ~6% (2) Fail fluoroquinolone
   - ~510k cases
   - $2,100 (4)
   - $1.1B opportunity

**UTI Opportunity: Initial Tx failure (or repeated Tx), ESBL suspected**

1. **33,000K**
   - Community UTI
   - ~3% (3) Fail fluoroquinolone
   - ~890k cases
   - $3,150 (5)
   - $2.8B opportunity

---

**Notes:**

1. 20% est failures (based on hospital patterns) of first line MRSA treatment
2. Primary market research (est 18% of hospitalized CABP patients & 16.5% of community CABP patients are “high-risk” and suspected/confirmed to have a resistant pathogen)
3. Primary market research (est 1-2% of community patients sent to ED/hospital due to resistant infection not treatable with current oral AB; estimated to grow to 2.7% by 2028
4. Cost per course based on health outcome analysis, 7 day course of therapy and cost of branded Zyvox therapy as an analogue
5. Cost per course based on mid point for levofloxacin course in UTI, a 450mg OMC daily dose, and 50% price premium to branded oral Zyvox as an analog
6. Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue
Physicians Confirm Unmet Medical Needs
NUZYRA Provides a Valuable Option

There are Unmet Needs that NUZYRA Will Address

- Lower C. diff Potential
- Lack of Different Class Options
- Reduce Nursing Time
- New Therapies to Overcome Drug Resistance
- Alternative to Quinolones
- Reduce Hospital Length of Stay
- More Oral Options
- Reduce Usage of Multi-Drug Combinations
- Greater Safety
- Equivalent IV & Oral
- Known Safety Profile
- Confidence to Discharge Patient
- Modernized Tetracycline
- Once Daily Dosing

Physicians Recognize the Positive Attributes of NUZYRA

Source: Paratek sponsored market research
Physician Antibiotic Treatment Decision Priorities

**NUZYRA Offers Simplified Solutions to a Complicated Treatment Decision**

**Physician Decision Priorities**

1. **How Confident am I About the Coverage for this Patient?**
   - Suspected resistance
   - gram +, gram -, atypical, or anaerobe
   - Potentially polymicrobial

2. **Are There Safety Concerns that Outweigh Expected Efficacy?**
   - Drug-drug interactions
   - *C. difficile* history
   - QTc, neurological, tendonitis
   - Renal impairment

3. **Are There Affordability Concerns?**
   - Cost to hospital
   - Cost to patient
   - Barriers to prescribing

Source: Paratek sponsored market research
Antibiotic Use-Limiting IV-only Formulations & Safety Considerations in CABP

**NUZYRA: A Convenient Monotherapy Once-Daily Oral-IV Alternative**

**Primary Antibiotic Options in CABP**

IDSA/ATS Recommends a Targeted Empirical Antimicrobial Therapy(1)

- **Beta-lactam** + **Macrolide**
- **Quinolones**

**Increased Length of Stay**

**Safety Considerations**

**The NUZYRA Patient:**

- **Elevated Resistance Risk**
- **Polymicrobial Pathogen Risk:**
  - Diabetes, Elderly
- **Contraindications to Generic Options**
  - β-lactam allergy
  - Quinolone AE’s (tendon rupture, confusion)
  - Recent history of C.diff

Antibiotic Use-Limiting IV-only Formulations & Safety Considerations in ABSSSI

NUZYRA: A Convenient Monotherapy Once-Daily IV-Oral Alternative

Primary Antibiotic Options in ABSSSI

IDS A Recommends a Targeted MRSA Antimicrobial Therapy

- Vancomycin
- Linezolid

OR

- Vancomycin/Linezolid
- Piperacillin Tazobactam

The NUZYRA Patient:

- **Elevated Resistance Risk**
- **Polymicrobial Pathogen Risk:**
  - Diabetes, Elderly, IVDU
- **Contraindications to Generic Options**
  - Renal insufficiency
  - SSRI/MAOI DDI
  - β-lactam allergy

Increased Length of Stay

Safety Considerations

NUZYRA U.S. Timeline to Launch (Q1-2019)


- Complete Submission (NDA Filing)
- NDA Acceptance
- Anticipated NDA Action
- OPDP Review of Marketing Materials
- Sales Teams Hired and Trained
- Sales Management Team Hired
- KPI Dashboard
- Product Supply
- Launch

**Commercial Readiness**
- Completed Actions:
  - Commercial Team Hired
  - Payer Mktg Team Hired
  - Advisory Boards
  - Market Research
  - Disease State Education
  - Initial Payer Research
  - Campaign Development

- Account Teams Hired
- MSLs Hired
- Payer Reimbursement and Trade Discussions
- Finalize Pricing

**Budget Impact Model and Health Economic Analysis and Publications**

**Scientific Exchange**

**Publications/News Flow Continues**
Focus of Launch Efforts
Awareness & Education Leading to Access & Use

Pre Launch

Advocacy

Formulary Access

Utilization

Post Launch

Awareness & Education + Access = Behavior Change

- Scientific Exchange
- Unbranded Disease State Education Programs
- Publications

- HEOR Publications
- Payer Discussions
- Guidelines

- Trial
- Usage
- Adoption
Pre-Launch and 1st Year Post-Launch Key Deliverables
Publications, Payer Reviews, Distributors & Patient Assistance Programs in Place

**Pre Launch**

- **Publications:**
  - All phase 3 *manuscripts* in press
  - OMC CID supplement in press
- **Health value dossier:**
  - *Budget Impact Model* in press
- **Payers:**
  - OMC reviewed by major *payers*
- **Distributors:**
  - All *distributors* for both IV and Oral under contract
- **PRTK patient assistance program:**
  - In place at launch

**Post Launch**

- **3 months Post-Launch:**
  - 33% of *covered lives* under contract
- **12 months Post-Launch:**
  - 66% of *covered lives* under contract
  - 50% of target *hospital formularies*
NUZYRA Efficacy and Safety in ABSSSI and CABP

Positive Benefit:Risk Profile Supports Regulatory Path to Approval
Omadacycline OASIS-1 Study Results
Achieved Primary Efficacy Endpoints for Both FDA and EMA

Early Clinical Response
- FDA Primary Endpoint: Omadacycline 84.8, Linezolid 85.5
  - Delta (95% CI): -0.7 (-6.3, 4.9)

mITT PTE - Clinical Success
- EMA Co - PrimaryEndpoints: Omadacycline 86.1, Linezolid 83.6
  - Delta (95% CI): +2.5 (-3.2, 8.1)

CE-PTE - Clinical Success
- FDA Primary Endpoint: Omadacycline 96.3, Linezolid 93.5
  - Delta (95% CI): +2.8 (-0.9, 7.1)
**Clinical Success at PTE by Baseline Pathogen (OASIS-1)**

*Highly Effective Across Key Gram (+) Skin Pathogens*

<table>
<thead>
<tr>
<th>Baseline Pathogen</th>
<th>Omadacycline (N=228)</th>
<th>Linezolid (N=227)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N1</strong></td>
<td><strong>Favorable Response n (%)</strong></td>
<td><strong>N1</strong></td>
</tr>
<tr>
<td><strong>Staphylococcus aureus</strong></td>
<td>156</td>
<td>130 (83.3)</td>
</tr>
<tr>
<td>MRSA</td>
<td>69</td>
<td>57 (82.6)</td>
</tr>
<tr>
<td>MSSA</td>
<td>88</td>
<td>74 (84.1)</td>
</tr>
<tr>
<td><strong>Streptococcus anginosus group</strong></td>
<td>47</td>
<td>36 (76.6)</td>
</tr>
<tr>
<td><strong>Streptococcus pyogenes</strong></td>
<td>11</td>
<td>8 (72.7)</td>
</tr>
<tr>
<td>Enterococcus faecalis (VSE)</td>
<td>10</td>
<td>9 (90.0)</td>
</tr>
</tbody>
</table>

*10 or More Isolates for Omadacycline

*S. anginosus group consists of: S. anginosus, S. intermedius, and S. constellatus.
MRSA, methicillin-resistant *Staphylococcus aureus*; MSSA, methicillin-susceptible *Staphylococcus aureus*; VSE, vancomycin-susceptible enterococci.
Omadacycline OPTIC Study Results
Achieved Primary Efficacy Endpoints for Both FDA and EMA

Early Clinical Response - ITT
- Omadacycline: 81.1
- Moxifloxacin: 82.7

Clinical Success at PTE - ITT
- Omadacycline: 88.4
- Moxifloxacin: 85.2

Clinical Success at PTE - CE-PTE
- Omadacycline: 92.5
- Moxifloxacin: 90.5

Delta (95% CI)
- FDA Primary Endpoint: -1.6 (-7.1, 3.8)
- EMA Co - Primary Endpoints: +3.3 (-2.7, 9.3)

Delta (97.5% CI)
- FDA Primary Endpoint: +2.0 (-3.2, 7.4)
## Clinical Success at PTE by Baseline Pathogen* (OPTIC)
### Highly Effective Across Key Gram (+), Gram (−) & Atypical CABP Pathogens

<table>
<thead>
<tr>
<th>Baseline Pathogen</th>
<th>Omadacycline (N=204)</th>
<th>Moxifloxacin (N=182)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Clinical Success n (%)</td>
</tr>
<tr>
<td><strong>Atypical Pathogens</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mycoplasma pneumoniae</td>
<td>118</td>
<td>109 (92.4)</td>
</tr>
<tr>
<td>Chlamydophila pneumoniae</td>
<td>70</td>
<td>66 (94.3)</td>
</tr>
<tr>
<td>Legionella pneumophila</td>
<td>28</td>
<td>25 (89.3)</td>
</tr>
<tr>
<td><strong>Gram-Negative Bacteria (aerobes)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae</td>
<td>79</td>
<td>67 (84.8)</td>
</tr>
<tr>
<td>Haemophilus parainfluenzae</td>
<td>32</td>
<td>26 (81.3)</td>
</tr>
<tr>
<td>Klebsiella pneumoniae</td>
<td>18</td>
<td>15 (83.3)</td>
</tr>
<tr>
<td><strong>Gram-Positive Bacteria (aerobes)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Streptococcus pneumoniae</td>
<td>61</td>
<td>52 (85.2)</td>
</tr>
<tr>
<td>PSSP</td>
<td>43</td>
<td>37 (86.0)</td>
</tr>
<tr>
<td>Macrolide Resistant</td>
<td>26</td>
<td>23 (88.5)</td>
</tr>
<tr>
<td>Staphylococcus aureus</td>
<td>10</td>
<td>10 (100.0)</td>
</tr>
<tr>
<td><strong>Macrolide Resistant</strong></td>
<td>11</td>
<td>8 (72.7)</td>
</tr>
</tbody>
</table>

*10 or More Isolates for Omadacycline
Omadacycline OASIS-2 Study Results
Achieved Primary Efficacy Endpoints for Both FDA and EMA

Delta (95% CI)

FDA Primary Endpoint

- Omadacycline: +5.0 (-0.2, 10.3)
- Linezolid: +3.3 (-2.2, 9.0)

EMA Co-Primary Endpoints

- Omadacycline: +2.3 (-0.5, 5.8)
- Linezolid: +2.3 (-2.2, 9.0)
## Clinical Success at PTE Baseline Pathogen (OASIS-2)
### Highly Effective Across Key Gram (+) Skin Pathogens

<table>
<thead>
<tr>
<th>Baseline Pathogen</th>
<th>Omadacycline (n=276)</th>
<th>Linezolid (n=287)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Clinical Success n (%)</td>
</tr>
<tr>
<td><em>Staphylococcus aureus</em></td>
<td>220</td>
<td>182 (82.7)</td>
</tr>
<tr>
<td>MRSA</td>
<td>104</td>
<td>89 (85.6)</td>
</tr>
<tr>
<td>MSSA</td>
<td>120</td>
<td>97 (80.8)</td>
</tr>
<tr>
<td><em>Staphylococcus lugdunensis</em></td>
<td>5</td>
<td>4 (80.0)</td>
</tr>
<tr>
<td><em>Streptococcus pyogenes</em></td>
<td>29</td>
<td>20 (69.0)</td>
</tr>
<tr>
<td><em>Streptococcus anginosus group</em></td>
<td>57</td>
<td>49 (86.0)</td>
</tr>
<tr>
<td><em>Streptococcus anginosus</em></td>
<td>27</td>
<td>24 (88.9)</td>
</tr>
<tr>
<td><em>Streptococcus intermedius</em></td>
<td>23</td>
<td>18 (78.3)</td>
</tr>
<tr>
<td><em>Streptococcus constellatus</em></td>
<td>9</td>
<td>8 (88.9)</td>
</tr>
<tr>
<td><em>Enterococcus faecalis</em></td>
<td>8</td>
<td>8 (100.0)</td>
</tr>
<tr>
<td>VRE</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>VSE</td>
<td>7</td>
<td>7 (100.0)</td>
</tr>
</tbody>
</table>
Most Frequent TEAEs in the OASIS-1, OASIS-2 and OPTIC Studies

Omadacycline Safety and Tolerability Profile Established

### Selected TEAS Occurring in ≥2% of Patients Receiving Omadacycline in the Pooled Phase 3 CABP and ABSSSI Clinical Trials

<table>
<thead>
<tr>
<th>TEAE</th>
<th>Omadacycline (N = 1073)</th>
<th>Linezolid (N = 689)</th>
<th>Moxifloxacin (N = 388)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea¹</td>
<td>14.9</td>
<td>8.7</td>
<td>5.4</td>
</tr>
<tr>
<td>Vomiting¹</td>
<td>8.3</td>
<td>3.9</td>
<td>1.5</td>
</tr>
<tr>
<td>Diarrhea²</td>
<td>2.4</td>
<td>2.9</td>
<td>8.0</td>
</tr>
<tr>
<td>Transaminase Elevations Increased</td>
<td>4.3</td>
<td>4.4</td>
<td>5.2</td>
</tr>
<tr>
<td>Headache</td>
<td>2.9</td>
<td>3.0</td>
<td>1.3</td>
</tr>
</tbody>
</table>

### Events of Nausea and Vomiting in Phase 3 CABP and ABSSSI Clinical Trials

<table>
<thead>
<tr>
<th>CABP IV/Oral</th>
<th>ABSSSI IV/Oral</th>
<th>ABSSSI Oral-Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV</td>
<td>Oral</td>
<td>IV (D1 thru D2)</td>
</tr>
<tr>
<td>Nausea¹</td>
<td>0.5</td>
<td>2.4</td>
</tr>
<tr>
<td>Vomiting</td>
<td>1.8</td>
<td>1.0</td>
</tr>
</tbody>
</table>

¹ Nearly all events of nausea and vomiting were mild or moderate in severity, resolved, and were not treatment limiting. Only 4 patients (0.4%) discontinued OMC treatment for nausea or vomiting.

² Diarrhea occurred in 2.4% of OMC patients and no cases of *C. difficile* infection were reported in OMC patients.
Completed Omadacycline Phase 1b UTI Study Design

Imminent Need to Replace Quinolones in Cystitis

**Group 1 (n=10)**
Dose 200 mg IV Day 1
Dose 300 Oral q24h Days 2-5

**Group 2 (n=10)**
Dose 300 mg Oral q12h Day 1
Dose 300 mg Oral q24h Days 2-5

**Group 3 (n=11)**
Dose 450 mg Oral q12h Day 1
Dose 450 mg Oral q24h Days 2-5

**Screening**
(≤ 48 hours prior to randomization)

**End of Treatment**
(Day 6)

**Post Treatment Evaluation**

**Follow-Up**

5 – 9 Days Post Last Dose

30 – 37 Days Post First Dose

**Serial Blood and Urine Samples Collected for Pharmacokinetic (PK)**
Oral Bioavailability Results in High Omadacycline Concentrations in Urine Supports Development for a UTI Indication
Phase 2 UTI Program Underway
Adaptive Dosing Designs Employed in Cystitis and Acute Pyelonephritis Studies

Cystitis

- Oral omadacycline (up to 450mg) for 7 days
- Oral nitrofurantoin for 7 days

~200 patients

Day 1 → Day 7 → End of Treatment (EOT) → Day 14 (+/- 2d) → Post-Therapy Evaluation (PTE) → Day 30 - 37 → Final Follow-up

Acute Pyelonephritis (1)

- IV omadacycline for 7-10 days
- IV to oral omadacycline for 7-10 days
- IV to oral levofloxacin for 7-10 days

Day 1 → Day 7-10 EOT → Days 21 (± 2 days) PTE → Day 28 (± 2 days) Final Follow-up

(1) Design and comparator subject to FDA discussions prior to initiation
### Key Financial Information

<table>
<thead>
<tr>
<th>Key Metrics (unaudited)</th>
<th>6/30/18 balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cash, Cash Equivalents, and Marketable Securities</td>
<td>$321.1 million</td>
</tr>
<tr>
<td>Long-term Debt, including Current Portion</td>
<td>$218.5 million</td>
</tr>
<tr>
<td>Basic Shares Outstanding</td>
<td>31,443,149</td>
</tr>
<tr>
<td>Stock Options, Restricted Stock Units, and Warrants Outstanding</td>
<td>5,760,108</td>
</tr>
</tbody>
</table>

**Funding Projected through Q1 2021** (1)
Paratek Pharmaceuticals, Inc. is followed by the analysts listed above. Please note that any opinions, estimates or forecasts regarding Paratek Pharmaceuticals, Inc.’s performance made by these analysts are theirs alone and do not represent opinions, forecasts or predictions of Paratek Pharmaceuticals, Inc. or its management. Paratek Pharmaceuticals, Inc. does not by its reference above or distribution imply its endorsement of or concurrence with such information, conclusions or recommendations.
Paratek Investment Highlights

NUZYRA: Potential Blockbuster Antibiotic in Both Hospital and Community Settings

Potential Blockbuster Antibiotic with NUZYRA
- If Approved, 1st New, Once-daily, Multi-indication, Oral Antibiotic in > 10Yrs
- > $9 Billion Potential Addressable Market in U.S. alone*

Clear Registration Path: U.S. FDA and EU EMA
- NUZYRA APPROVED in the United States; October 2018
- Expect to File in the EU in H2 2018

Additional Pipeline Potential
- UTI Ph2 Study underway; Data Expected in H2 2019
- Biodefense opportunity: Tx & prophylaxis in plague and anthrax
- Life-cycle opportunities: Lyme Disease, Prostatitis, Rickettsial Disease

Capital Efficient Commercial Model
- Significant Value Proposition = Hospitalization Minimization
- Hospital Promotion Without Branded Once-Daily Broad-spectrum IV + Oral Competitors

Non-dilutive Funding Options
- Omadacycline: Ex-U.S. Commercial Rights (except China)
- Sarecycline: U.S. Royalties (Almirall S.A.**); Ex-U.S. Rights (PRTK)

(*) Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue;
(**) Almirall, S.A. licensed U.S. development & commercial rights
Addressable U.S. Community Market: ~2.1M patients $5.4B Opportunity by 2028
Empiric Oral Monotherapy in Patients Who Fail to Respond or are Intolerant to Generic Option

**ABSSSI: Empiric oral treatment, resistance suspected or Intolerant**

- **14,400K**(1) Community ABSSSI
- ~5%(2) Need broad sp + MRSA coverage
- ~735k cases × $2,100(5) = $1.5B opportunity

**CABP: Empiric oral treatment, resistance suspected or Intolerant**

- **9,370K**(1) Community CABP
- ~6%(3) Need alternative to FQ
- ~510k cases × $2,100(4) = $1.1B opportunity

**UTI: Empiric treatment, ESBL suspected or Intolerant**

- **33,000K**(1) Community UTI
- ~3%(4) Need alternative to FQ
- ~890k cases × $3,150(6) = $2.8B opportunity

**Total $5.4B(7)**

Potential Opportunity

---

(1) IMS-NDTI date (2014-2015): Projected to 2028
(2) Estimate based on current oral treatment failure rates
(3) Primary market research (est 18% of hospitalized CABP patients & 16.5% of community CABP patients are “high-risk” and suspected/confirmed to have a resistant pathogen)
(4) Estimate from 2016 Primary research with Urologists.
(5) Cost per course based on health outcome analysis, 7 day course of therapy and cost of branded Zyvox therapy as an analogue
(6) Cost per course based on mid point for levofloxacin course in UTI, a 450mg OMC daily dose, and 50% price premium to branded oral Zyvox as an analog
(7) Paratek estimates based on IMS-NDTI (2014-2015) projected to 2028 using current treatment failure rates and a Zyvox 2015 pricing analogue
NUZYRA™ IP Protection and Market Exclusivity

GAIN Act Ensures 10 Years of Market Exclusivity

IP Protection:
Key Composition of Matter Patent (U.S. 7,553,828) Expires June 2023

Anticipated Patent Term Extension
Possible 6 month pediatric exclusivity extension

- In Parallel -

U.S. Data Exclusivity: Hatch Waxman
GAIN Act Extension
5-years 5-years

Regulatory Protection:

Follow-On IP Protection:
Issued Patents and Pending Applications Covering Salts, Polymorphs, Formulations, Methods of Use, Methods of Manufacture, Modes of Administration, and Dosage Regimens