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

Third-party industry and market information included herein has been obtained from sources believed to be reliable, but the accuracy or completeness of such information is not guaranteed by, has not been independently verified by, and should not be construed as a representation by, Paratek. The information contained in this presentation is accurate only as of the date hereof.

This presentation contains forward-looking statements including statements related to our overall strategy, products, prospects, potential and expected results, including statements about the projected net product revenues including assumptions related to our financial guidance, our anticipated cash runway, our SEYSARA royalty-backed loan funded on May 1, 2019, the progression of our commercial roll out for NUZYRA, our ability to shape the future treatment paradigm for community-acquired pneumonia and serious skin infections, the results of our Phase 2 studies of omadacycline in UTI, our plans to evaluate additional indications for NUZYRA, including NTM, and to work toward an oral-only indication in CABP, and our potential to further drive long-term value for all of our shareholders. All statements, other than statements of historical facts, included in this presentation are forward-looking statements, and are identified by words such as "advancing," "expect," "look forward," "anticipate," "continue," and other words and terms of similar meaning. These forward-looking statements are based upon our current expectations and involve substantial risks and uncertainties. We may not actually achieve the plans, carry out the intentions or meet the expectations or projections disclosed in our forward-looking statements and you should not place undue reliance on these forward-looking statements. Our actual results and the timing of events could differ materially from those included in such forward-looking statements as a result of these risks and uncertainties. These and other risk factors are discussed under "Risk Factors" and elsewhere in our Annual Report on Form 10-K for the year ended December 31, 2018 and our other filings with the Securities and Exchange Commission. We expressly disclaim any obligation or undertaking to update or revise any forward-looking statements contained herein.

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Well-Positioned for Future Growth
Focused on Execution + New Value Creation

Near-term Execution

- NUZYRA® U.S. Launch: “Hospital-to-Home”
- Disciplined Operating Expense Management
- Non-Dilutive Sources of Capital

Future Value Creation

- NUZYRA® Life-cycle Opportunities
- Bio-Defense
- Product / Pipeline Expansion

NUZYRA® 100mg for injection & 150mg tablets
Paratek Investment Highlights

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

**Potential Blockbuster Antibiotic with NUZYRA®**
- 1st FDA approved and launched *once-daily oral & IV antibiotic* to treat both CABP and ABSSSI in nearly 20 years
- > $9 Billion Potential Addressable U.S. Market***

**Clear Registration Path: U.S. FDA and EU EMA**
- NUZYRA® U.S. FDA-approved in October 2018

**Additional Pipeline Potential**
- Biodefense opportunity: Tx & Prophylaxis in Plague and Anthrax
- Life-cycle opportunities: Oral-Only CABP, Nontuberculous mycobacteria, Prostatitis, Rickettsial Disease

**Capital Efficient Commercial Model**
- Significant Value Proposition = Hospitalization Minimization
- Hospital Promotion with no other Branded Once-Daily Broad-spectrum Oral + IV Competitors

**Non-dilutive Funding Options**
- Omadacycline: Ex-U.S. Commercial Rights (Except Greater China)
- Sarecycline: Ex-U.S. Rights (PRTK)

***(*) Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue
<table>
<thead>
<tr>
<th>Pipeline</th>
<th>Research</th>
<th>Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Registration</th>
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<th>Commercial Rights</th>
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<td><strong>NUZYRA®</strong>&lt;br&gt;(omadacycline)&lt;br&gt;100mg for injection &amp; 150mg tablets</td>
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Nontuberculous mycobacteria or “NTM”
Potential Opportunity with Omadacycline

Prevalence of All NTM

- 70,000 – 80,000 NTM cases in the U.S.
- 5-10% year-over-year increase in prevalence
- 5 year all-cause mortality 40%

Paratek focused on subset of NTM patients (~10%) with *Mycobacterium abscessus*
  - Currently, no approved antibiotic therapies

Radiographic Hallmarks

Pulmonary Pharmacokinetics of Omadacycline and Tigecycline

**Strong Track Record Delivering on Milestones**

<table>
<thead>
<tr>
<th>Omadacycline Events</th>
<th>Timing</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSSSI Phase 3 data: IV &amp; 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 &amp; 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>NDA approval</td>
<td>Oct 2018</td>
<td>Approved</td>
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<td><strong>U.S. Launch</strong></td>
<td><strong>Feb 2019</strong></td>
<td><strong>Launched</strong></td>
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<tr>
<td>Response to Project BioShield RFP</td>
<td>June 2019</td>
<td>Decision Pending</td>
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<tr>
<td>UTI Phase 2 data: uUTI &amp; Acute Pyelonephritis</td>
<td>Q4 2019</td>
<td>Top-Line Data Released</td>
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<tr>
<td>Projected EMA Decision</td>
<td>H2 2019</td>
<td>Withdrew Application</td>
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<tr>
<td>Oral-only Indication in CABP</td>
<td>H2 2020</td>
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</table>
NUZYRA U.S. Launch Underway

Net Sales Quarter over Quarter Growth of 82%

- LAUNCHED IN THE U.S. IN FEBRUARY 2019

NUZYRA generated $3.1 million in net sales in the U.S. in the third quarter compared to $1.7 million seen in the second quarter, an increase of 82%.

- ACCOUNTING FOR INVENTORY, NUZYRA GROSS DEMAND NEARLY DOUBLED from approximately $1.7 million in the second quarter of 2019 to approximately $3.3 million in the third quarter of 2019.

- ACHIEVED INSTITUTIONAL ACCESS IN ~ 60% OF THE 600 PLUS TARGETED HOSPITALS as of Q3 2019.

- THROUGH Q3 2019, OVER 75% OF COMMERCIAL LIVES IN THE U.S. NOW HAVE ACCESS TO NUZYRA.

- IN Q3 2019, EXPANDED THE SALE FORCE SIZE TO ~50 REPRESENTATIVES; WILL CONTINUE TO JUDICIOUSLY ADD REPRESENTATIVES THROUGHOUT THE BALANCE OF THE YEAR TOWARD TARGET OF ~60.
Highlights

Publication affirmation of the potential positive clinical impact NUZYRA can play in supporting the battle against the growing health challenge of antibiotic resistance

Once-daily oral and IV NUZYRA safe and effective in adults with pneumonia and skin infections, demonstrating clinical activity against relevant pneumonia- and skin-associated drug resistant bacteria
NUZYRA® Commercial Opportunity

Potential Blockbuster Antibiotic in Both Hospital and Community Settings
NUZYRA Attributes Provide A Modern-Day Solution
Addressing Bacterial Resistance and the Needs of Today’s Healthcare Systems

 NUZYRA is a **once-daily oral and IV broad spectrum antibiotic**
 - Community acquired bacterial pneumonia (CABP)
 - Acute Bacterial Skin & Skin Structure Infections (ABSSSI)

 **High and durable clinical efficacy** with **favorable safety and tolerability**
 - **Addresses antibiotic resistance** which today is causing clinical failures with older generic antibiotics

 **Continuity of care:**
 - Once-daily IV to oral NUZYRA has the potential to **minimize hospital stay**
 - Oral only indication has the potential to **avoid hospitalization** all together
NUZYRA®: A Modernized Tetracycline
Restoring Tetracycline Efficacy with Convenience Attributes

7-Position Modification:
Overcomes Efflux Pump

9-Position Modification:
Overcomes Ribosomal Protection

- $T_{1/2} = 16$ Hours
- Clinical and in-vitro activity against select: Gram-positives, Gram-negatives, Atypicalss, Drug-resistant strains
- Not metabolized
- No P450 Interactions
- Biliary and renal excretion
NUZYRA®: A Modernized Tetracycline
Clinically Meaningful Attributes Drive Trial to Adoption

- Once-daily IV & Oral
- High & durable clinical efficacy
- No dosage modifications or monitoring in hepatic or renal impairment
- No QTc prolongation
- Low potential for DDIs
- No cases of *C. diff* reported in completed clinical program

- HCP confidence in treating patients
  - Efficacy
  - Safety
  - Tolerability

- Efficacy from hospital to home
  - Helps minimize hospitalization
Significant Unmet Need in CABP

Important Demography:

- Together with influenza, CABP is currently the eighth leading cause of death in the U.S.²
  - All cause 30-day mortality in hospitalized patients exceeds 10%³⁻⁵

- Hospitalization Rates in CABP are increased in older populations and in populations with certain co-morbid conditions, including COPD, CHF, and diabetes⁶

CABP Pathogens¹

- S. pneumoniae
- S. aureus
- Legionella pneumophilia
- Enterobacteriaceae
- H. influenzae
- Mycoplasma pneumonia
- Other

NUZYRA® Opportunities Beyond Current CABP Treatment Options: Addressing Limited Formulations with Safety Concerns

IDSA/ATS CABP Guideline:¹

Inpatient Rx Non-ICU⁸

Beta-lactam + Macrolide \( \leftrightarrow \) OR \( \leftrightarrow \)
Respiratory Fluoroquinolone

NUZYRA as First-Line Therapy:
Monotherapy, IV + Oral, when \( \beta \)-lactam/Macrolide or Quinolones are not options

Important Demography:

- Incidence of skin infections requiring hospitalization has substantially increased since the 2000’s\(^1,3\)

- \(\sim 870,000\) admissions, \(6.3M\) office visits, and \(3.4M\) emergency department visits annually\(^4\)

- Underlying co-morbidities including diabetes and vascular disease can complicate management and antibiotic selection\(^5\)

---

**Common Skin Pathogens\(^2\)**

- MRSA
- Beta-hemolytic Streptococci
- Other Gram positive
- Anaerobe
- MSSA
- Other Streptococci
- Gram negative

\(^4\)Lodise et al. Hosp Pract, 2015; 43(3): 137–143
NUZYRA® Opportunities Beyond Today’s Skin Treatment Options:
Addressing Limited Formulations with Safety Concerns

IDSA SSTI Guideline:¹

Inpatient Rx

| Vancomycin +/- Pip/Tazo | OR | Zyvox +/- Pip/Tazo |

NUZYRA as First-Line Therapy:
Monotherapy, IV + Oral, when Vancomycin/Zyvox +/- Pip/Tazo are not options

SSTI: Skin and Soft Tissue Infection, pip/tazo: piperacillin/tazobactam
NUZYRA Attributes Provide A Modern-Day Solution
~ 95% of physicians surveyed and aware of NUZYRA have stated an intent to use (as of Q2 2019)

There are Unmet Needs that NUZYRA Will Address

- New Therapies to Overcome Drug Resistance
- Alternative to Quinolones
- Reduce Usage of Multi-Drug Combinations
- Equivalent IV & Oral
- Confidence to Discharge Patient
- Established Efficacy in a Monotherapy
- Modernized Tetracycline
- Known Safety Profile
- Once Daily Dosing

Lower C.diff Potential
Lack of Different Class Options
Reduce Nursing Time
Reduce Hospital Length of Stay
More Oral Options
Greater Safety

Physicians Recognize the Positive Attributes of NUZYRA

Source: Paratek Sponsored Market Research
Success Begins in the Hospital with Specialists
“Go-Home” Strategy to Minimize Hospital Stay

Launch and Beyond
- IDs
- ER HCPs
- Hospitalists
- Pulmonologists
- PharmD IDs
- Allied HCPs

Year 2 and Beyond
- Internal Medicine
- Primary Care Provider
- NPs, PAs
- Urgent Care
Launch in **February 2019** with **40 Sales Specialists**

In Q3 2019, **expanded the sales force size to ~50 representatives**; will continue to judiciously add representatives throughout the balance of the year toward target of ~60

**Focusing on ‘Early Adopting’** HCPs in ‘high value’ institutions (~600), will drive institutional access

**Inside Sales Team will supplement** efforts of Sales Specialists and broaden outreach

---

**Physician Segments**

- **Early Adopter**: Focused on broad spectrum and efficacy
- **Early Adopter**: Convenient features with IV to oral transition
- **Late Adopter**: Wait for Early Adopters to trial and use
- **Late Adopter**: Guideline and protocol driven
Field Force Has Two Simultaneous Objectives

**Institutional Access + Demand Generation**

**Institutional Access**
- Formulary/Protocols
- Specialty Access & Buying
  - **Influencers:**
    - IDs
    - PharmD IDs
    - Pharmacy Directors
    - Microbiologists

**Demand Generation**
- Trial & Usage
  - **Prescribers:**
    - IDs
    - ER
    - Hospitalists
    - Pulmonologists

= **Adoption**
NUZYRA®: As First-line Therapy
Targeted Patient Profiles

CABP

- Alternative to fluoroquinolone + β-lactam allergic
- Prior C. difficile infection

ABSSSI

- Suspected polymicrobial infection + β-lactam / sulfa allergic
- Renal insufficiency + SSRI
Ensure Seamless Transition from Hospital to Home

Continuity of Care Providing Access to Oral NUZYRA

**Continuity of Care**
- Prevent gap in care
- Sample / Bridge Program (as needed)

**Distribution Network**
- IV Formulation
  - National & Regional Distributors
- Oral Formulation
  - National & Regional Pharmacies
  - Program allows for oral formulation pick-up at retail locations or home delivery

**Reimbursement Support Services**

**Affordability Program**

**HUB Services**
- Enables effective discharge process
Early Indicators to Track Performance

**Covered Lives**
- 3 months Post-Lauch
  - 33% of covered lives under contract
- 12 months Post-Lauch
  - 66% of covered lives under contract

**Institutional Access**
- 12 months Post-Lauch
  - 70% of 800 targeted institutions
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

\(*3,000\)\(^{(4)}\)

\(=\)

$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

\(*3,000\)\(^{(4)}\)

\(=\)

$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

\(*3,150\)\(^{(5)}\)

\(=\)

$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 analogue

\(^{(6)}\) Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue
Potential $5.4 Billion Addressable U.S. Community Market by 2028

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

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

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

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

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

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

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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 analogue
6. Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue
**NUZYRA®: Well Positioned for Blockbuster Potential**

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Broad</th>
<th>Big 3(^{(1)})</th>
<th>Oral Frequency</th>
<th>2010 Sales(^{(3,4)})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levofloxacin</td>
<td>✓</td>
<td>3</td>
<td>Once Daily</td>
<td>$3.4B</td>
</tr>
<tr>
<td>Co-Amoxy clav</td>
<td>✓</td>
<td>3</td>
<td>Twice Daily</td>
<td>$2.8B</td>
</tr>
<tr>
<td>Azithromycin(^{(2)})</td>
<td>✓</td>
<td>2</td>
<td>Once Daily</td>
<td>$1.8B</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>✓</td>
<td>3</td>
<td>Twice Daily</td>
<td>$1.4B</td>
</tr>
<tr>
<td>Clarithromycin(^{(2)})</td>
<td>✓</td>
<td>2</td>
<td>Twice Daily</td>
<td>$1.4B</td>
</tr>
<tr>
<td>NUZYRA(^*)</td>
<td>✓</td>
<td>2*</td>
<td>Once Daily</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Phase 2 studies in UTI currently underway; Topline data expected in H2 2019

>65% of Revenue was Generated by the Oral Formulations

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\(^{(1)}\) Skin, Respiratory, UTI  
\(^{(2)}\) Both Azithromycin and Clarithromycin did not have UTI claim  
\(^{(3)}\) IMS global sales data in 2010  
\(^{(4)}\) Major patents had expired for all products by 2010 except Levofloxacin where 2010 was peak year sales
History Can Repeat Itself…

Today: Slower starts…But with the Right Attributes, a Strong Finish

**History of Antibiotic US Launches Pre & Post 2010**

- Cubicin (Launched 2003)
- Avg recent AB launches

**Source:** NSP Data, NSP Gross Sales MAT* $M

Recent AB Launches: antibiotics launched since 2010 that have at least 36 months of data - Avycaz, Dalvance, Orbactiv, Sivextro, Teflaro, & Zerbaxa (does not include Dificid or new formulations/line extensions)

*MAT = 12-month rolling total
Balance Sheet & IP Protection
**Balance Sheet**  
**as of September 30, 2019**

<table>
<thead>
<tr>
<th>Key Metrics (unaudited)</th>
<th>9/30/19 balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cash, Cash Equivalents, and Marketable Securities</td>
<td>$225.6 million</td>
</tr>
<tr>
<td>Long-term Debt Obligation</td>
<td>$260.4 million</td>
</tr>
<tr>
<td>Basic Shares Outstanding</td>
<td>32,901,446</td>
</tr>
<tr>
<td>Total Potentially Dilutive Securities*</td>
<td>17,615,297</td>
</tr>
</tbody>
</table>

* Cash runway projected beyond Q1 2021

* Includes common stock issuable under the April 2018 convertible debt offering, options, restricted share units, warrants, and for our ESPP

**Note:**
- Key Metrics (unaudited) list important financial figures for the company as of September 30, 2019.
- The total cash and equivalents amount to $225.6 million.
- The long-term debt obligation stands at $260.4 million.
- Basic shares outstanding is reported as 32,901,446.
- Total potentially dilutive securities are 17,615,297.
- The company projected a cash runway beyond Q1 2021.
NUZYRA® IP Protection and Market Exclusivity

GAIN Act Ensures 10 Yrs.’ Market Exclusivity and Patent Term Extension protection to at least 2030

**IP Protection:**
- Key Composition of Matter Patent (U.S. 7,553,828)
  - Issued: 2000
  - Expires: June 2023
- Key Method of Use Patent (U.S. 9,265,740)
  - Issued: 2015
  - Expires: March 2029

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

**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