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 bacterial pneumonia and serious skin infections, 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, 2019 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.

PARATEK® and the Hexagon Logo are registered trademarks of Paratek Pharmaceuticals, Inc. NUZYRA and its design logo are trademarks of Paratek Pharmaceuticals, Inc. All other trademarks, service marks, trade names, logos and brand names identified in this presentation are the property of their respective owners.
Paratek is Well-Positioned for Future Growth
Focused on Execution + New Value Creation

Near-term Execution

- Advance NUZYRA® U.S. Launch
- Capitalize on Project BioShield Opportunity
- Disciplined Operating Expense Management

Future Value Creation

- NUZYRA in Nontuberculous Mycobacteria or “NTM”
- Oral-only dosing regimen for NUZYRA in CABP
- 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*
- > $5 Billion Potential Addressable U.S. Market**

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

#### BARDA Project BioShield
- **BARDA Project BioShield contract** awarded to for development of NUZYRA for pulmonary anthrax
- Valued up to ~$285 million

#### Additional Pipeline Potential
- **Life-cycle opportunities:** Oral-Only CABP, Nontuberculous mycobacteria, Pulmonary Anthrax, Prostatitis, Rickettsial Disease
- Additional **Biodefense opportunities** beyond pulmonary anthrax

#### Strong Balance Sheet
- Cash runway projected through 2023 with a potential pathway to cash flow breakeven***

---

(*) NUZYRA U.S. FDA-approved in October 2018

(**) Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue and opportunity reflective of current U.S. label pricing

(***) Assumes estimated NUZYRA U.S. Product revenue, BARDA reimbursement of activities related to Project BioShield contract. Company will be able to fund all company operating expenses, anticipated capital expenditures, and debt service, including repayment in full of the Hercules Loan and Security Agreement under its existing terms

---

9/14/2020 4
BARDA BioShield Contract with Paratek
A Unique Public-Private Partnership Valued at up to ~$285 million

Biothreat agents may be resistant to antibiotics already in Strategic National Stockpile (SNS)

Emerging antibiotic resistance may complicate a response to any public health emergency

Adding to SNS novel antibiotics that overcome resistance enhances national security, serves as additional market
<table>
<thead>
<tr>
<th>Events</th>
<th>Timing</th>
<th>Value</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation of Anthrax Treatment Development Program</td>
<td>Dec 2019</td>
<td>~$20M</td>
<td>Contract executed</td>
</tr>
<tr>
<td>Submit Pre-Emergency Use Authorization Designation for NUZYRA in anthrax</td>
<td>Q1 2020</td>
<td></td>
<td>Submitted</td>
</tr>
<tr>
<td>Initiate Funding for FDA Post Marketing Requirements Including CABP and Pediatric Studies</td>
<td>Q2 2020</td>
<td>~$77M</td>
<td>Cost reimbursement initiated</td>
</tr>
<tr>
<td>Initiate Funding for Manufacturing Security-Related Requirements and Onshoring</td>
<td>Q2 2020</td>
<td>~$20M</td>
<td>Cost reimbursement initiated</td>
</tr>
<tr>
<td>Procurement of Initial 2,500 Treatment Courses for BARDA Project BioShield</td>
<td>2H 2020</td>
<td>~$38M</td>
<td>Part of base award; <strong>Anticipated by year end 2020</strong></td>
</tr>
<tr>
<td>Initiate Dosing on Animal Anthrax Studies</td>
<td>2H 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procurement of Second 2,500 Treatment Courses</td>
<td>1H 2021</td>
<td>~$38M</td>
<td></td>
</tr>
<tr>
<td>Supplemental Prophylaxis Animal Development</td>
<td>2H 2021</td>
<td>~$13M</td>
<td>Initiate Prophylaxis Animal Work</td>
</tr>
<tr>
<td>Procurement of Third 2,500 Treatment Courses</td>
<td>1H 2022</td>
<td>~$38M</td>
<td></td>
</tr>
<tr>
<td>Procurement of Fourth 2,500 Treatment Courses</td>
<td>1H 2023</td>
<td>~$38M</td>
<td></td>
</tr>
</tbody>
</table>
# BARDA Project BioShield Contract Award

**Valued up to ~$285 million to Paratek**

<table>
<thead>
<tr>
<th>Contract Provisions</th>
<th>Value</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Base Award</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of <strong>NUZYRA: Treatment</strong> of pulmonary anthrax</td>
<td>~$21 million</td>
<td>• Funding period: 2020 through 2024</td>
</tr>
<tr>
<td>Purchase of an initial 2,500 treatment courses</td>
<td>~$38 million</td>
<td>• 2500 treatment courses: <strong>2H 2020</strong></td>
</tr>
<tr>
<td><strong>Time-Based Options</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All FDA post marketing requirements including CABP, microbiological surveillance and pediatric studies</td>
<td>~$77 million</td>
<td>• Funding commenced in <strong>2Q 2020</strong> through completing of all studies; 100% cost reimbursement model</td>
</tr>
<tr>
<td>Manufacturing on-shoring and security-related requirements</td>
<td>~$20 million</td>
<td>• Funding commenced in <strong>2Q 2020</strong> through completing of all requirements; 100% cost reimbursement model</td>
</tr>
<tr>
<td><strong>Milestone-based Options</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three additional purchases of NUYZYRA for up to 7,500 treatment courses</td>
<td>~$115 million</td>
<td>• 2500 treatment courses: ~2021</td>
</tr>
<tr>
<td>• 2500 treatment courses: ~2022</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 2500 treatment courses: ~2023</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of <strong>NUZYRA: Prophylaxis</strong> of pulmonary anthrax</td>
<td>~$13 million</td>
<td>• Program to commence with funding: ~2022</td>
</tr>
</tbody>
</table>
New Drug Application (NDA) Submission of Omadacycline in China
Priority Review Granted by the National Medical Products Administration

- Zai Lab announced **priority review granted** by NMPA in **May 2020**
  - Seeking approval for the treatment of CABP and ABSSSI

- In March 2020, **Zai Lab entered into a contract sales agreement with Hanhui** for omadacycline
  - Hanhui is a leading Chinese pharmaceutical company with a strong commercial presence in antibiotics
  - Hanhui has over 800 sales representatives in the anti-infective space

- Paratek is entitled to receive:
  - **Milestone payment = $6 million** upon regulatory approval (anticipated in the first half of 2021)
  - **Tiered royalties at low double digit to mid-teen percentages** on net sales of NUZYRA in the greater China region
SEYSARA: Entered into a License Grant with Almirall for Greater China Region

**Greater China Region:**
- Paratek will earn **high single-digit royalties** on net sales in the greater China region.
- Almirall plans to develop sarecycline for acne in China, with a potential **submission to the China National Medical Products Administration in 2023**.

**Rest of World:**
- Paratek and Almirall also finalized a **license granting Paratek exclusive rights to develop, manufacture and commercialize sarecycline outside the U.S.**
- Paratek will share with Almirall any potential revenues of sarecycline outside of the U.S. and greater China region.
<table>
<thead>
<tr>
<th>Paratek Pipeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research</strong></td>
</tr>
<tr>
<td><strong>NUZYRA®</strong> (omadacycline)</td>
</tr>
<tr>
<td>100mg for injection &amp; 150mg tablets</td>
</tr>
<tr>
<td>ABSSSI (IV &amp; Oral) – QIDP</td>
</tr>
<tr>
<td>ABSSSI (Oral-only) – QIDP</td>
</tr>
<tr>
<td>CABP (IV &amp; Oral) – QIDP</td>
</tr>
<tr>
<td>CABP PK Study for Oral-only Labelling; Filed in July 2020</td>
</tr>
<tr>
<td>Non-Tuberculous Mycobacteria (NTM)</td>
</tr>
<tr>
<td>Biodefense Pathogens (Anthrax)</td>
</tr>
<tr>
<td><strong>SEYSARA®</strong> (sarecycline)</td>
</tr>
<tr>
<td>Inflammatory Acne (Acne Vulgaris)</td>
</tr>
</tbody>
</table>

*We have entered into a collaboration agreement with Zai Lab (Shanghai) Co., Ltd., for the greater China region
+We have entered into a license agreement with Almirall for the greater China region

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

**SEYSARA®**
Inflammatory Acne (Acne Vulgaris)
NUZYRA® Commercial Opportunity

Potential Blockbuster Antibiotic in Both Hospital and Community Settings
NUZYRA Launch Curve Differentiates From All Others*
Value = Oral & IV Formulations Provide Utility in Multiple Settings of Care

NSP Sales $s – First 36 months **

Launch Dates:
- Vabomere: Oct 2017
- Baxdela: Jan 2018
- Zemdri: Jul 2018
- Xerava: Oct 2018
- NUZYRA®: Feb 2019
- Xenleta: Sep 2019
- Recarbrio: Jan 2020
- Fetroja: Feb 2020

+ all antibiotic launches in the last 5 years; *Vabomere likely benefitted from the Avycaz shortfall beginning 3/2020; **IQVIA NSP Sales $s
NUZYRA Monthly TRx Value (WAC$)
Value = Once-Daily Dosing & Two Indications at Launch

NUZYRA® launched Feb 2019
- 2 Indications @ launch (ABSSSI & CABP)
- Once-Daily Dosing

Baxdela launched Jan 2018
- 1 Indication @ launch (ABSSSI)
- Twice-Daily Dosing
- Promotion discontinued Nov 2019

Xenleta launched Sept 2019
- 1 Indication @ launch (CABP)
- Twice-Daily Dosing

Source: IQVIA NPA data. Reflects filled (ie, dispensed) Rx's; also includes calculation for LTC use. Does not include sales to institutions (hospitals, clinics)
NUZYRA U.S. Launch Performance
Generated $8.1 Million in Net Revenue in Q2-2020

NUZYRA U.S. Revenue (Net)
(In Millions)
Data Since Launch

Q1 2019: $1.3 Million
Q2 2019: $1.7 Million
Q3 2019: $3.1 Million
Q4 2019: $5.4 Million
Q1 2020: $7.3 Million
Q2 2020: $8.1 Million

Recent Highlights

Commercial success to date has been achieved without any notable expansion of our sales force and related marketing efforts.

IQVIA data has shown an over 40% decline in overall broad-spectrum antibiotic utilization, from first to second quarter 2020 while NUZYRA grew 11% versus prior quarter.

Efforts focused on institutional access with ~60 representatives targeting 600 hospitals and adjacent sites of care.

90% of NUZYRA sales are generated by physicians from these setting.

NUZYRA is on track to have one of the most successful antibiotics launches in the last decade.
Strong NUZYRA Payer Coverage
As of May 1, 2020

Source: DRG Fingertip Formulary Analytics
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

- Go Home & Stay Home Dosing Flexibility:
  - Once-daily IV to oral NUZYRA has the potential to minimize hospital stay
  - Oral only indication(s) has the potential to avoid hospitalization all together
COVID-19 Patients with Secondary Community-Acquired Bacterial Pneumonia (CABP): Potential Role of NUZYRA®

Non infected  Asymptomatic  Symptomatic  Symptomatic  Symptomatic
  Mild                Moderate                Severe/critical

COVID-19

NUZYRA®
(omadacycline)

- FDA-approved for CABP
- Once-daily oral and IV broad spectrum antibiotic
- Addresses antibiotic resistance
- Established safety profile; No prolongation of the QTc interval
- No dose adjustments in special populations, including patients with renal failure
- No expected metabolic drug-drug interactions

See www.nuzyra.com for full prescribing information
Blockbuster Antibiotics: IV & Oral Formulations, Once-daily

**NUZYRA®: Well Positioned for Future Success**

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Broad Spectrum</th>
<th>Indications(^{(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><strong>Once Daily</strong></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><strong>Once Daily</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>

\(^{(1)}\) 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

>65% of Revenue was Generated by the Oral Formulations
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
U.S. Hospital Skin & Pneumonia Market by 2028
Potential $3.3 Billion Addressable Opportunity for NUZYRA

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(3)
- $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(3)
- $1.4B 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) Cost per course based on health outcome analysis, 10 day course of therapy and cost of branded Zyvox therapy as an analogue
U.S. Community Skin and Pneumonia Market by 2028
Potential $2.6 Billion Addressable Opportunity for NUZYRA

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

- 14,400K(1) Community ABSSSI
- ~5%(1) Fail broad sp + MRSA cov
- ~735k cases
- $2,100(3)
- $1.5B opportunity

CABP Opportunity: Fluoroquinolone failure, resistance suspected

- 9,370K(1) Community CABP
- ~6%(2) Fail fluoroquinolone
- ~510k cases
- $2,100(3)
- $1.1B opportunity

---

(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) Cost per course based on health outcome analysis, 7 day course of therapy and cost of branded Zyvox therapy as an analogue

Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue
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 diabetes \(^6\)

---

CABP Pathogens\(^1\)

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

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

IDSA/ATS CABP Guideline:¹

Inpatient Rx Non-ICU

Beta-lactam + Macrolide OR Respiratory Fluoroquinolone

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

Significant Unmet Need in Skin Infections

Important Demography:

- Incidence of skin infections requiring hospitalization has substantially increased since the 2000’s1,3
- ~ 870,000 admissions, 6.3M office visits, and 3.4M emergency department visits annually4
- Underlying co-morbidities including diabetes and vascular disease can complicate management and antibiotic selection5

Common Skin Pathogens

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

References:
NUZYRA® Opportunities Beyond Today’s Skin Treatment Options: Addressing Limited Formulations with Safety Concerns

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

Inpatient Rx

Vancomycin +/- Pip/Tazo

OR

Zyvox +/- Pip/Tazo

IDSA SSTI Guideline:¹


SSTI: Skin and Soft Tissue Infection, pip/tazo: piperacillin/tazobactam
Success Begins in the Hospital with Specialists

Institutional Access [“Go-Home” Strategy] and Demand Generation

Influencers:
- IDs
- PharmD IDs
- Pharmacy Directors
- Microbiologists

PharmD IDs

Institutional Access

= Demand Generation

Prescribers:
- IDs
- ER
- Hospitalists
- Pulmonologists

Adoption

Formulary/Protocols

Specialty Access & Buying

NUZYRA® (omadacycline)
Focused Launch Targeting Early Adopters

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 2020 toward target of ~60

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

**Inside Sales Team supplements** efforts of Sales Specialists to broaden outreach

---

**Physician Segments**

- **Early Adopter**
  - Focused on broad spectrum and efficacy
  - Convenient features with IV to oral transition

- **Late Adopter**
  - Wait for Early Adopters to trial and use
  - Guideline and protocol driven
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)

Reimbursement Support Services

Affordability Program

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

HUB Services
- Enables effective discharge process
NUZYRA Life-Cycle Opportunity

Non-Tuberculous Mycobacterium Abscessus
NTM (M. abscessus) Rare Disease Opportunity
Potential $740 Million Addressable Market by 2028

- No approved therapies
- Triple antibiotic therapy approaches are most common
  - Most Agents IV only
- Nearly 80% failure rate with existing treatments
- Long treatment duration typically 12-24 months

6,300(1) M. abscessus yearly incidence

>75%(2) Fail triple generic Tx

≈4,760 patients

$155,420(3) per course

$740M opportunity


(2) Am J Respir Crit Care Med Vol 175. pp 367–416, 2007 (“no antibiotic regimens based on in vitro susceptibilities has been shown to produce long-term sputum conversion for patients with M. abscessus lung disease. The goal of 12 months of negative sputum cultures while on therapy may be reasonable, but there is no medication strategy to reliably achieve this goal”)

(3) 135 DOT in initial Tx to clear infection. Assuming success, avg 274 DOT (recommendation for 12mo of Tx after 3 negative cultures; assumes 75% compliance); $380 avg cost/day - blend of IV ($345/DOT) and Oral ($395/DOT)
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 (~6,000-8,000) with *Mycobacterium abscessus*
  - Currently, no approved antibiotic therapies

Radiographic Hallmarks

Pulmonary Pharmacokinetics of Omadacycline and Tigecycline

[Graph showing pharmacokinetics comparison between Omadacycline and Tigecycline]

NUZYRA Published Data in Anthrax
Compelling in vitro Activity and in vivo Efficacy

Potent in vitro activity

Potent in vivo efficacy

- Antimicrobial Agents and Chemotherapy; May 2017
- ASM Biodefense; February 25-27, 2013
IP Horizon & Balance Sheet
NUZYRA® IP Protection and Market Exclusivity
GAIN Act Ensures 10 Yrs.' Market Exclusivity and Patent Term Extension protection to at least 2030

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

Regulatory Protection:
- In Parallel -
- 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
### Balance Sheet Highlights and Cash Runway Guidance

**as of June 30, 2020**

<table>
<thead>
<tr>
<th>Key Metrics (unaudited)</th>
<th>06/30/20 balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cash, Cash Equivalents, and Marketable Securities</td>
<td>$186.8 million</td>
</tr>
<tr>
<td>Long-term Debt Obligation</td>
<td>$251.6 million</td>
</tr>
<tr>
<td>Basic Shares Outstanding</td>
<td>45,307,752</td>
</tr>
<tr>
<td>Total Potentially Dilutive Securities¹</td>
<td>17,405,637</td>
</tr>
</tbody>
</table>

1. Includes common stock issuable under the April 2018 convertible debt offering, options, restricted share units, warrants, and for our ESPP.
2. Assumes estimated NUZYRA US product revenue and BARDA reimbursement of activities. Company will be able to fund all company operating expenses, anticipated capital expenditures, and debt service, including repayment in full of the recently updated Hercules Loan and Security Agreement.
3. Includes $30.6 million of debt secured by and repaid based upon royalties on U.S. SEYSARA sales.
4. Balance does not reflect the recent Hercules amendment

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**Cash runway projected through 2023 with a pathway to cash flow breakeven²**
## Paratek Investment Highlights

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

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<th>Potential Blockbuster Antibiotic with NUZYRA®</th>
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<td>• 1st FDA approved and launched <strong>once-daily oral &amp; IV antibiotic</strong> to treat both <strong>CABP</strong> and <strong>ABSSSI</strong> in nearly <strong>20 years</strong>*</td>
</tr>
<tr>
<td>• &gt; $5 Billion Potential Addressable U.S. Market**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capital Efficient Commercial Model</th>
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</thead>
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<tr>
<td>• <strong>Significant Value Proposition</strong> = Hospitalization Minimization</td>
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<tr>
<td>• <strong>Hospital Promotion</strong> with no other Branded Once-Daily Broad-spectrum Oral + IV Competitors</td>
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<table>
<thead>
<tr>
<th>BARDA Project BioShield</th>
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<tbody>
<tr>
<td>• BARDA Project BioShield contract awarded to for development of NUZYRA for pulmonary anthrax</td>
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<td>• Valued up to ~$285 million</td>
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<tr>
<th>Additional Pipeline Potential</th>
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<tbody>
<tr>
<td>• <strong>Life-cycle opportunities:</strong> Oral-Only CABP, Nontuberculous mycobacteria, Pulmonary Anthrax, Prostatitis, Rickettsial Disease</td>
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<tr>
<td>• Additional <strong>Biodefense opportunities</strong> beyond pulmonary anthrax</td>
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<th>Strong Balance Sheet</th>
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<tbody>
<tr>
<td>• Cash runway projected through 2023 with a potential pathway to cash flow breakeven***</td>
</tr>
</tbody>
</table>

* NUZYRA U.S. FDA-approved in October 2018  
** Paratek estimates based on 2015 AMR data current treatment failure rates and a Zyvox 2015 pricing analogue and opportunity reflective of current U.S. label  
*** Assumes estimated NUZYRA US Product revenue, BARDA reimbursement of activities related to Project BioShield contract. Company will be able to fund all company operating expenses, anticipated capital expenditures, and debt service, including repayment in full of the Hercules Loan and Security Agreement under its existing terms