



# Forward looking statements within the meaning of The Private Securities Litigation Reform Act of 1995

All statements, other than those of historical fact, contained in this presentation, are forward-looking statements, including statements regarding: the future expectations, plans and prospects for PTC; PTC's preliminary 2017 unaudited results; PTC's financial guidance for 2018; PTC's plans for further interactions with the FDA regarding the Translarna NDA; the outcome of any formal dispute resolution request filed with the FDA; the size of the DMD patient population eligible for Emflaza treatment in the U.S.; expansion of Translarna globally; the timing of, and PTC's ability to, expand the approved product label of Translarna for the treatment of nmDMD in the EEA, in pediatric patients, or otherwise; advancement of PTC's studies of Translarna for the treatment of other indications and its other pipeline programs; advancement of PTC's joint collaboration program in SMA; the clinical utility and potential advantages of Translarna (ataluren) and Emflaza<sup>TM</sup> (deflazacort); PTC's strategy, future operations, future financial position, future revenues or projected costs; and the objectives of management. Other forward-looking statements may be identified by the words "plan," "anticipate," "believe," "estimate," "expect," "intend," "may," "target," "potential," "will," "would," "could," "should," "continue," and similar expressions.

PTC's actual results, performance or achievements could differ materially from those expressed or implied by forward-looking statements it makes as a result of a variety of risks and uncertainties, including those related to: PTC's ability to realize the anticipated benefits of the acquisition of Emflaza, including the possibility that the expected benefits from the acquisition will not be realized or will not be realized within the expected time period; significant transaction costs, unknown liabilities, the risk of litigation and/or regulatory actions related to the acquisition of Emflaza, as well as other business effects, including the effects of industry, market, economic, political or regulatory conditions; changes in tax and other laws, regulations, rates and policies; the outcome of pricing, coverage and reimbursement negotiations with third party payors for Emflaza and Translarna; whether, and to what extent, third party payors impose additional requirements before approving Emflaza prescription reimbursement; PTC's ability to resolve the matters set forth in the Complete Response letter it received from the FDA in connection with its NDA for Translarna for the treatment of nmDMD either via outcome of any formal dispute resolution request or other interactions with the FDA, and PTC's ability to perform additional clinical trials, non-clinical studies, and CMC assessments or analyses at significant cost; PTC's ability to maintain its marketing authorization of Translarna for the treatment of nmDMD in the European Economic Area (EEA), including whether the European Medicines Agency (EMA) determines in future annual renewal cycles that the benefit-risk balance of Translarna authorization supports renewal of such authorization: PTC's ability to enroll, fund, complete and timely submit to the EMA the results of Study 041, a randomized, 18-month, placebo-controlled clinical trial of Translarna for the treatment of nmDMD followed by an 18-month open label extension, which is a specific obligation to continued marketing authorization in the EEA; the eligible patient base and commercial potential of Translarna, Emflaza and PTC's other product candidates; the enrollment and conduct of studies under the SMA collaboration and events during, or as a result of, the studies that could delay or prevent further development under the program; PTC's scientific approach and general development progress; PTC's ability to satisfy its obligations under the terms of the senior secured term loan facility with MidCap Financial; the sufficiency of PTC's cash resources and its ability to obtain adequate financing in the future for its foreseeable and unforeseeable operating expenses and capital expenditures; and the factors discussed in the "Risk Factors" section of PTC's most recent Quarterly Report on Form 10-Q as well as any updates to these risk factors filed from time to time in PTC's other filings with the SEC. You are urged to carefully consider all such factors.

As with any pharmaceutical under development, there are significant risks in the development, regulatory approval and commercialization of new products. There are no guarantees that any product will receive or maintain regulatory approval in any territory, or prove to be commercially successful, including Translarna or Emflaza.

The forward-looking statements contained herein represent PTC's views only as of the date of this presentation and PTC does not undertake or plan to update or revise any such forward-looking statements to reflect actual results or changes in plans, prospects, assumptions, estimates or projections, or other circumstances occurring after the date of this presentation except as required by law.



## **Our vision**

## **Our mission**

To bring best in-class therapies with clinical benefit to patients affected by rare disorders

# **Our strategy**

To leverage our global commercial infrastructure to maximize value for patients and all stakeholders



# Sustainable, growing DMD business enables continued innovation & growth

### Total 2017 unaudited revenue of \$195 million

### 1) Growing global DMD franchise with unaudited 2017 revenue of \$174 million

- Translarna<sup>™</sup> strong continued patient uptake reflected in annual growth
- Emflaza<sup>™</sup> impressive launch; opportunity to establish standard of care

(\$ million)	2017 Unaudited Revenue	2018 Financial Guidance
Translarna	\$145	\$170 - \$185
Emflaza	\$29	\$90 - \$110
DMD Franchise	\$174	\$260 - \$295

### 2) Leveraging internal splicing technology platform

- Spinal Muscular Atrophy program in pivotal stage; triggered \$20 million milestone in Q4:17
- Huntington's Disease program developing

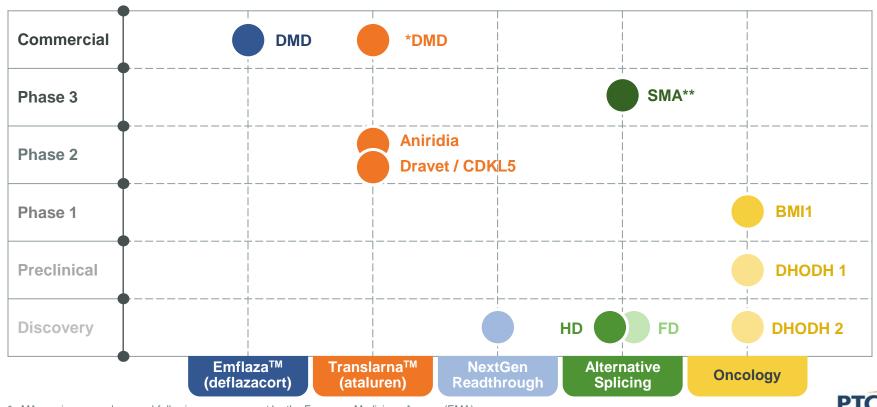
Survival data on SMA Type 1 babies will be presented at EU SMA congress in January 2018

## 3) Pursuing internal and in-licensing value-creation opportunities

 Leverage our strong global commercial infrastructure Poised to pursue new assets and maximize value



# **Expanding pipeline through in-house innovation**



<sup>\*</sup> MA requires annual renewal following reassessment by the European Medicines Agency (EMA)



<sup>\*\*</sup> Phase 3 Sunfish clinical study of RG7916 in SMA type 2/3 patients began in Nov 2016, Firefish pivotal stage in SMA type 1 patients to begin in coming months

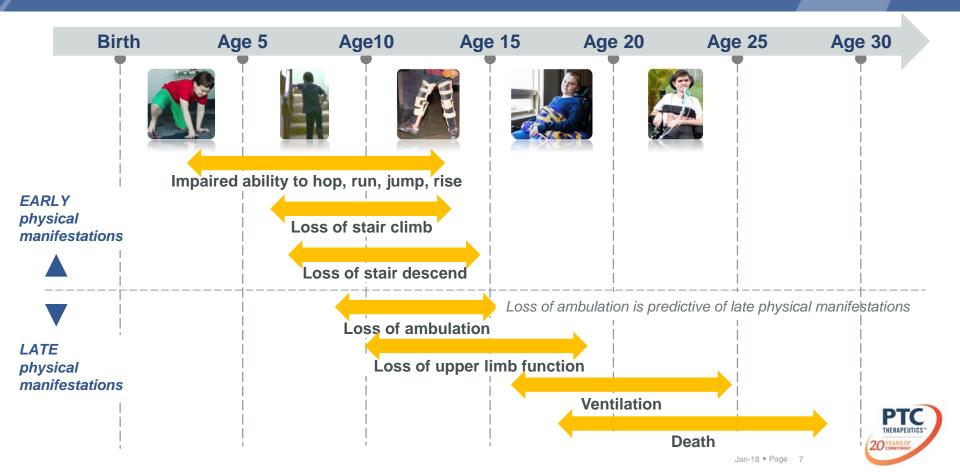


# Translarna™ & Emflaza™

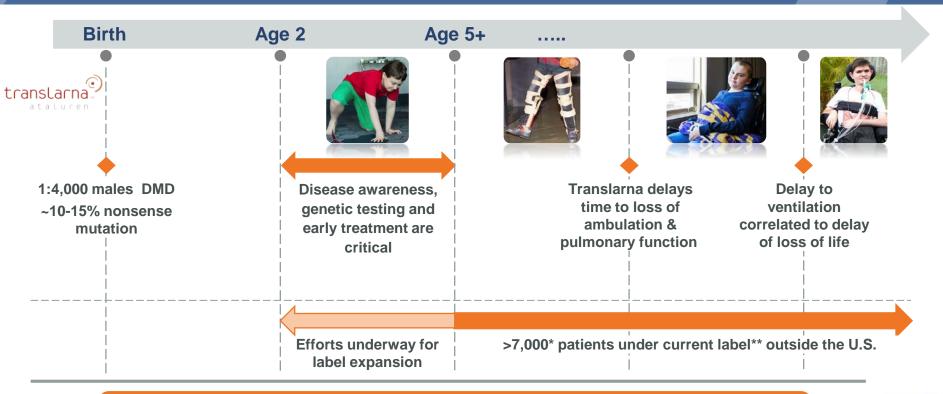
Transforming the standard of care for DMD patients



## DMD progression is sequential, non-linear and irreversible



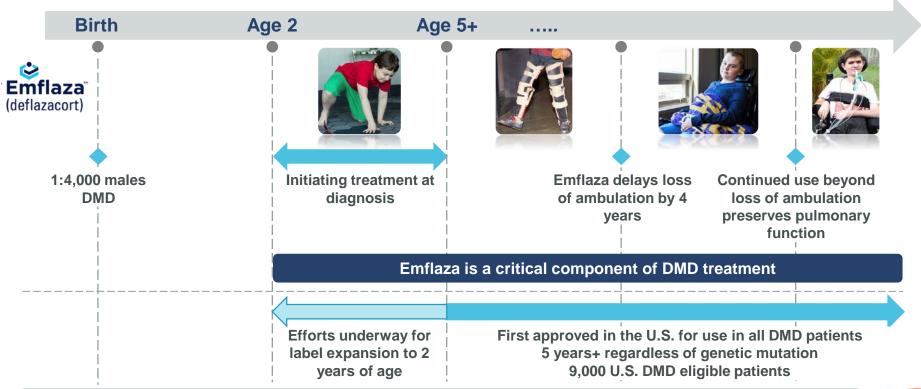
# Translarna<sup>TM</sup>: Addressing the underlying cause of nonsense mutation Duchenne Muscular Dystrophy



Patients are diagnosed worldwide far too late Label expansion efforts underway for earlier treatment



# Establishing Emflaza™ : Establishing as part of standard of care for U.S patients



Earlier / longer treatment extends time to loss of function



## Translarna™: Proven track record of successful global sales

- Unaudited 2017 net revenue of \$145 M
- Guidance for 2018 of \$170 \$185 M
- Global sales outside of the U.S. since 2014
- Pediatric expansion under EMA review
- U.S. appeal process underway, expect update in Q1

~15%

(12/31/17-12/31/22) **CAGR** 



## Emflaza™: Establishing standard of care for all DMD patients in the U.S.



- 2017 Emflaza unaudited net sales of \$29 M
- Guidance for 2018 of \$90 \$110 M
- Results from Lancet publication reinforce Emflaza efficacy differentiation

Long-term effects of glucocorticoids on function, quality of life, and survival in patients with Duchenne muscular dystrophy: a prospective cohort study





Craig M McDonald, Erik K Henricson, Richard T Abresch, Tina Duong, Nanette C Joyce, Fengming Hu, Paula R Clemens, Eric P Hoffman, Avital Cnaan, Heather Gordish-Dressman, and the CINRG Investigators\*

Background Glucocorticoid treatment is recommended as a standard of care in Duchenne muscular dystrophy; however, few studies have assessed the long-term benefits of this treatment. We examined the long-term effects of glucocorticoids on milestone-related disease progression across the lifespan and survival in patients with Duchenne muscular dystrophy.

Methods For this prospective cohort study, we enrolled male patients aged 2-28 years with Duchenne muscular dystrophy at 20 centres in nine countries. Patients were followed up for 10 years. We compared no glucocorticoid treatment or cumulative treatment duration of less than 1 month versus treatment of 1 year or longer with regard to progression of nine disease-related and clinically meaningful mobility and upper limb milestones. We used Kaplan-Meier analyses to compare glucocorticoid treatment groups for time to stand from supine of 5 s or longer and 10 s or longer, and loss of stand from supine, four-stair climb, ambulation, full overhead reach, hand-to-mouth function, and hand function. Risk of death was also assessed. This study is registered with ClinicalTrials.gov, number NCT00468832.

November 22, 2017 http://dx.doi.org/10.1016/ 50140-6736(17)32160-8 http://dx.doi.org/10.1016/ 50140-6736(17)32405-4 University of California Davis School of Medicine. Sacramento, CA, USA (Prof C M McDonald MD E K Hanrisson PhD PT Absorch

milestones by 2.8–8.0 years compared with treatment for less than 1 month. Deflazacort was associated with increased median age at loss of three milestones by  $2 \cdot 1 - 2 \cdot 7$  years in comparison with prednisone or prednisolone (log-rank p<0.012). 45 patients died during the 10-year follow-up. 39 (87%) of these deaths were attributable to Duchenne-related

# **Growing global DMD franchise**

### Translarna™ & Emflaza™ DMD Net Sales

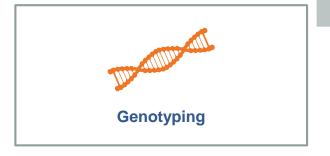
(\$ in millions)



# Improving patient outcome by delivering best in class therapy earlier to preserve function









Pursuing label expansions to bring Emflaza<sup>™</sup> & Translarna<sup>™</sup> to younger patients to ultimately improve patient outcome



## An efficient, scalable commercialization engine

- 2017 unaudited product net sales of \$174 M
- Established footprint in 47 countries worldwide
- Experienced commercial team in orphan disease
- Fully integrated global commercial infrastructure



South Plainfield, New Jersey



Zug Switzerland, Marketing, Medical and Regulatory Hub



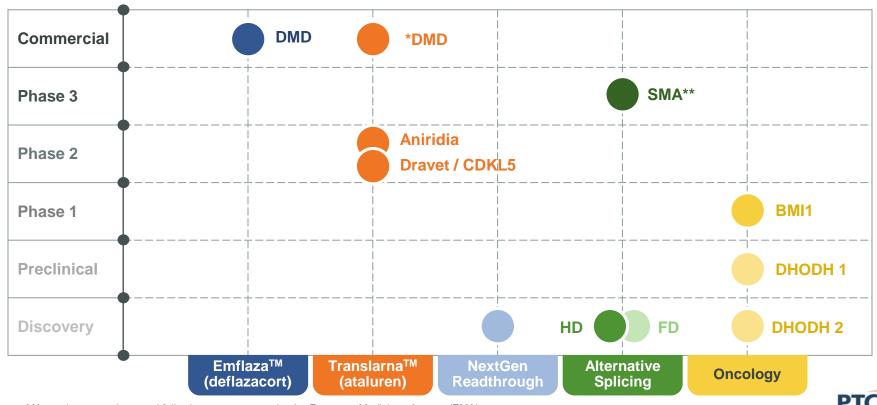
Dublin, Ireland International HQ



Latam Regional Office, Sao Paulo, Brazil



# **Expanding pipeline through in-house innovation**



MA requires annual renewal following reassessment by the European Medicines Agency (EMA)



<sup>\*\*</sup> Phase 3 Sunfish clinical study of RG7916 in SMA type 2/3 patients began in Nov 2016, Firefish pivotal stage in SMA type 1 patients to begin in coming months



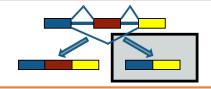
# **Small molecule splicing technology**

Broad platform addressing rare disorders



# The spinal muscular atrophy program validates PTC's small molecule splicing platform

## Splicing



### Target splicing event to restore or reduce protein

SMA - SMN2 FD - IKBKAP HD - HTT

RESERVED NATIONAL

#### MOTOR NEURON DISEASE

#### SMN2 splicing modifiers improve motor function and longevity in mice with spinal muscular atrophy

Nikolai A. Naryahkin, Maria Weetali, Amai Dakka, Jana Narashahan, Xiu Zhao, Zhihua Feng, Kuren K. Y. Ling, Cory M. Karp, Hongyan Qi, Motthew C. Woll, Guangming Chan, 1 Naming Zhang, 1 Vigo stateshni Gabbata, 1 Priva Vazirani murtaffia (Unattachuraya, "Bansri Turia, "Nicole Richer," Josephine Sheedy Rounds Houg, 1 Jiyusu Ma, 2 Authony Turpott, 2 Chang Sun Lee, 2 Xinoyou Zirong, Vinner Chang Mann 1 Pagnosatu Telfillis 1 Kilen M. Weleb 1 Jacob M. Calurino John Bahiak, 'Nell G. Almebead,' Street W. Peltz, " Limen A. Eng," Karren S. Chen. Jesse L. Mull. Maureen S. 13mes. Lee L. Rubin, Paulo Fontours, 1mea Santarelli. Daniel Hardade, Harbiera D. McCurthy, Roland Schumcki, Martin Ebrling. Munaswini Nicaramalarishnan," China-Ping Ko," Sargay V. Panshkin," Hasane Ratni," Inene Gertach." Antroun Ghush." Erledrich Meterer

Spinel museuler atrocky (SMA) is a genetic disease caused by mutation or deletion of the survival of meter neuron I (SMVI) gene. A penalogous gene in humans. SMM2. produces lew insufficient levels of functions. SWN protein due to alternative solicinal that truncates the transcript. The occurated levels of SMN protein lead to progressive reuromuscular degeneration and high rates of mortality. Through chemical screening and extimization, we identified orally available small molecules that shift the palance or SMN2 splicing toward the production of full-length SMN2 messenger RNA with high selectivity, ordinated adjance these compareds to 37 mice, a model or severe SMA. ed to an increase in SMN protein levels, improvement of motor function, and or black on all the neuromous library or out. These compounts also extended the life approud the mice. Selection SW92 aptuing modifiers may have the appeal of potential.

indichment him 1000 the for the O-Ta-SEA is diameterized by progressive degencention of unterior born is matour urous, no well to massic workers and strudy that

sind move that strophy (SMA) is the lead- . However pury loss people gent SACC and SACC inggendic over of infact mortally with a good first an obligitionaly expressed, with the SMN protein managed y postugati (rom 8469). full-limit. (FL) mRNA. The onling regions of State and Caste differently in extrustrationally stem with Caste). Translation at market the State land crossed State protein levels in only state State (1980). offers mainly powerful muscles. The districteds - high substantive applicing and excusion of each 1 - type 1 (Fig. 15) and E. potents (fig. 80). Quan-

healthy individuals, SMN pastell, levels are reduced by -70, -10, and -30% in type I. If an Il patients, recent very UZ SECTAL engaged

> have also been proposed, including that of Kuribayashi-Shigetomi et al. (J), in which a 3D microstructure was created purely by a cell's traction force, and that of Pickett (4), who explored microscale origami with the intention of manufacturing microelectromechanical systems from self-folding origami membranes. Such fundamental work opens the way to the creation of origansi. structures and machines that are modular, wif-assembled, wif-reconfigurable, and capable of adapting to their environments (5, 6). These structures and machines are

"The combination of structural and morphing capabilities that enhances or alters a particular material characteristic is likely where the most innovative applications of origami engineering lie."

most suitable for applications in which

hibits a failure mode that consumes much | MOLECULAR BIOLOGY more energy when subjected to axial crush

By far the most popular engineering adaption, at least as measured in terms of research interest, is seen with foldcore sandwich panels, which gained recognition because of the potential use of their open-channel design, continuous manu facturing process, and abundant number of design parameters in comparison with honeycomb and frams (9). With suitable chosen peometrical purameters and selective alteration of some of the prometrical designs, foldcores can potentially exhibit superior structural properties, e.g., better energy absorption, over traditional structures made from honeycomb and foam.

Most of the current research on foldcores has focused on cores generated with a rigrag rigid origami pattern known as the Miura pattern. Silverberg et al. observed an interesting bistable feature in the Miura pattern, and they proposed that this property could be used to create functional materials whose compressive modulus can he actively altered. In fact, the biotable feature also exists among many other origanal natterns that are overconstrained muchanions. A slight error in dimensions can

### A splicing magic bullet

Drugs that modulate RNA splicing are potential

#### NEUROMUSCULAR DISORDERS

### Beefing up the right splice variant to treat spinal muscular atrophy

Spinal muscular atrophy (SMA), the leading genetic cause of infant mortality, is characterized by progressive degeneration of motor neurons in the anterior horn of the spinal cord and atrophy of skeletal muscles. SMA results from mutations in survival of motor neuron 1 (SMNI). Naryshkin et al. have now identified orally available smallmolecule compounds that alter the splicing of the nearly identical SMN2, which can improve motor function and extend lifespan in mouse models

compounds that alter SMN2 splicing thereby increasing the production of full-length SMN2 transcripts. By screening a library of ~200,000 compounds and performing further chemical optimization for molecule that increase the ratio of full-length to A7 SMN2 mRNA, they found three compound series - exemplified by compounds named SMN-CI SMN-C2 and SMN-C3 - that increased the fraction of SMN2 mRNAs that contain exon 7.

These compounds were then tested in two cell types from patient The NEW ENGLAND JOURNAL of MEDICINE

#### CLINICAL IMPLICATIONS OF BASIC RESEARCH

Elizabeth G. Phimister, Ph.D., Editor

#### Romancing the Spliceosome to Fight Spinal Muscular Atrophy

Kathryn J. Swoboda, M.D.

Every scientist, clinician, and patient seeks that cies from a single pre-mRNA template. Alternaholy grail that will cure disease. Nowhere is this tive splicing results in the exclusion of one or need more acute than in the field of neurodegen- more exons from the mature mRNA and facilieration. In neurogenetic diseases, in the large tates the expression of different protein isoforms majority of cases, aberrant code is embedded in (all derived from the same gene) at different

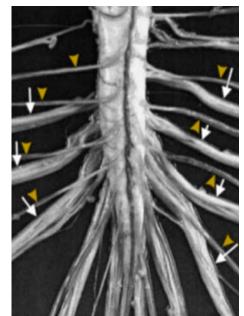
the DNA in every cell, and the blood-brain bar- stages of development, in different tissues, and in



# Spinal Muscular Atrophy: The leading genetic cause of mortality in infants







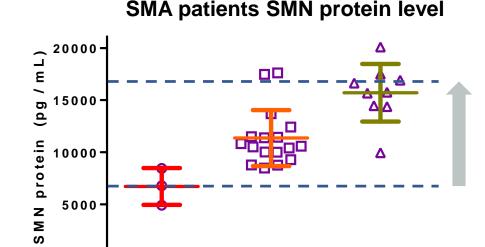
➡ Dorsal Root
▶ Ventral Root

- Spinal muscular atrophy (SMA) is caused by the loss of SMN1 gene
- Low expression of SMN protein leads to the loss of motor neurons in the spinal cord
- One in every 10,000 children born is affected with the disorder
- Publications demonstrate involvement of muscle, liver, bones and other peripheral tissues in addition to CNS
- SMA program partnered with Roche and the SMA Foundation



## RG7916 has the opportunity to be best in class

- Demonstrated complete restoration of SMN RNA in SMA patients
- RG7916 has shown 2.5 fold median increase in protein in patients
- Small molecule has potential for broad tissue distribution key to SMA treatment
- Oral administration



**3 SMN2** 

Copies

**2 SMN2** 

Copies

RG7916 has been well tolerated with no drug related safety findings leading to withdrawals



**4 SMN2** 

Copies

## Advancing towards registration of RG7916

### **SUNFISH**

- Clinical study in SMA type 2/3 patients between 2 and 25 years old
  - Ongoing pivotal part will enroll 168 patients, placebo controlled 2:1, endpoint of total motor function measure (MFM-32) at 12 months

### **FIREFISH**

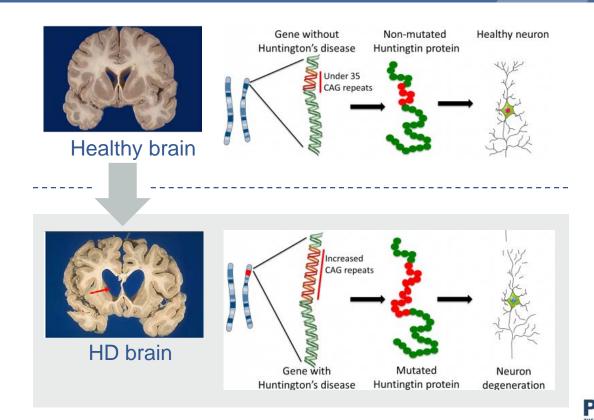
- Clinical study in SMA type 1 patients between 1 and 7 months old
  - Open label study, completing dose finding part
  - Pivotal part expected to start in coming months, will enroll 40 babies, complete enrollment during 2018
  - Endpoint of sitting unsupported as measured by Bayley infant scales

Firefish dose escalation survival data expected at EU SMA congress

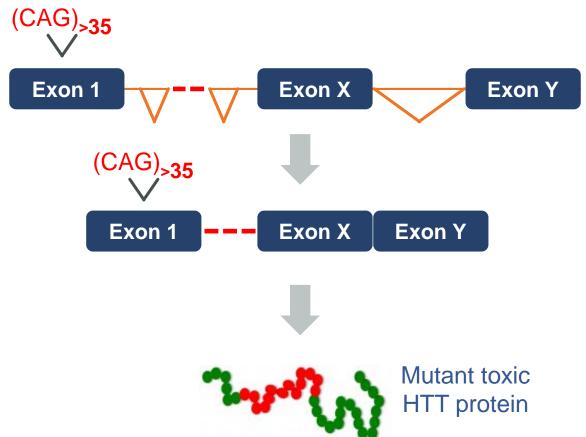


# Huntington's Disease is caused by a CAG repeat expansion in the HTT gene

- HD is caused by expression of mutant Huntingtin (HTT) protein due to the CAG repeat expansion
- Neuron degeneration predominantly in the striatum and cerebral cortex
- High unmet medical need:
  - No approved disease modifying treatment

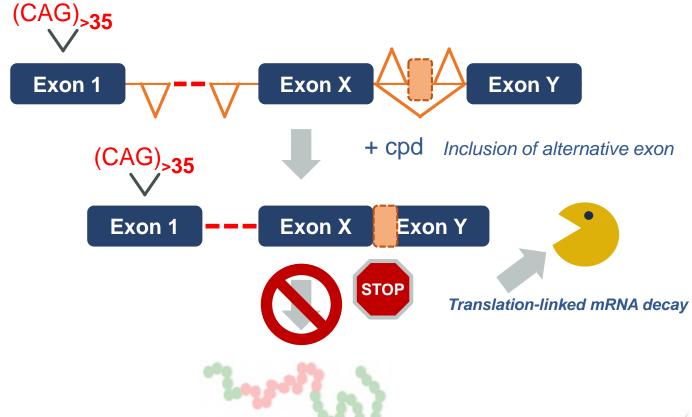


# Treating HD by modifying HTT splicing

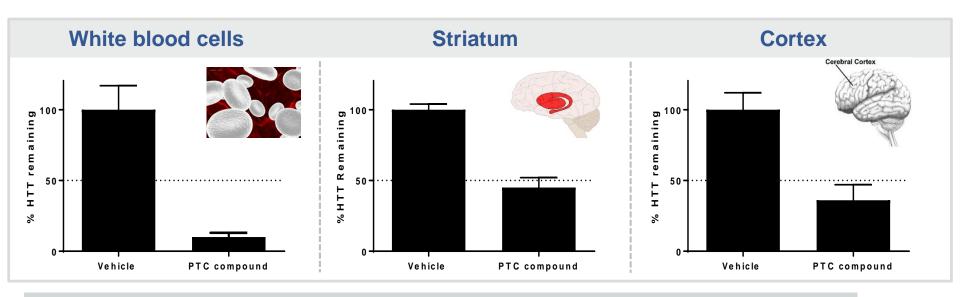




# Opportunity to address HTT by leveraging PTC's splicing platform



# PTC compounds lower human HTT in key regions of the brain and tissues in a mouse model of HD



## Optimization has led to the discovery of several classes of small molecules

- ✓ Potent and selective to lowering of HTT mRNA and protein
- ✓ Widely distributed in animals, demonstrating HTT protein lowering in the brain and periphery



# PTC's platform technologies target RNA biology to modulate gene expression with small molecules

Platform Mechanism Targeted Programs

Splicing Target splicing event to restore or reduce protein SMA - SMN2 FD - IKBKAP HD - HTT



20 years of targeting RNA biology for drug discovery and development



Cutting edge platform technology discovered and developed by PTC



Advancement of SMA program in pivotal clinical trials



Several splicing-targeting programs amendable to several targets

Currently targeting HD, FD, and others





PTC: Discovering, developing and commercializing clinically differentiated therapies for rare disease



## PTC's future events and milestones



SMA RG7916 data at EU SMA



**U.S. FDA Translarna™ decision** 



**Analyst Day highlighting pipeline** 



Establish Emflaza<sup>™</sup> as U.S. DMD standard of care



15% CAGR Translarna revenue through 2022



# Sustainable, growing DMD business enables continued innovation & growth

## Total 2017 unaudited revenue of ~\$195 million

### 1) Growing global DMD franchise with unaudited 2017 revenue of \$174 million

(\$ million)	2017 Unaudited Revenue	2018 Financial Guidance
Translarna	\$145	\$170 - \$185
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DMD Franchise	\$174	\$260 - \$295

## 2) Strong sustainable financial position

- 2018 GAAP R&D + SG&A \$280-\$290M
- 2018 non-GAAP R&D +SG&A \$250 \$260 million (excludes \$30M non-cash stock-based compensation expense)
- 12/31/17 cash position of ~\$191

## 3) Pursuing internal and in-licensing value-creation opportunities

Leverage our strong global commercial infrastructure

