

# **United Therapeutics Corporation Third Quarter 2024 Corporate Update**

October 30, 2024

## **Safe Harbor Statement**

**All statements in this presentation** are made as of October 30, 2024. We undertake no obligation to publicly update or revise these statements, whether as a result of new information, future events or otherwise.

**Statements included in this presentation** that are not historical in nature are "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements include, among others, statements related to our revenue growth expectations, the timing and success of our pipeline programs, our planned manufacturing and field force expansions, our organ manufacturing efforts and similar statements concerning anticipated future events and expectations.

We caution you that these statements are not guarantees of future performance and are subject to numerous evolving risks and uncertainties that we may not be able to accurately predict or assess, including the risk factors that we describe in our Securities and Exchange Commission filings, including our most recent Annual Report on Form 10-K or Quarterly Report on Form 10-Q. Any of these factors could cause actual results to differ materially from the expectations we express or imply in this presentation.

This presentation and any related discussions or statements are intended to educate investors about our company. Sometimes that process includes reporting on the progress and results of clinical trials or other developments with respect to our products. This presentation and any related discussions or statements are not intended to promote our products, to suggest that our products are safe and effective for any use other than what is consistent with their FDA-approved labeling, or to provide all available information regarding the products, their risks, or related clinical trial results. Anyone seeking information regarding the use of one of our products should consult the full prescribing information for the product available on our website at www.unither.com.



**UTHR: A Public Benefit Corporation** 

## **Today's Speakers**



**Dr. Martine Rothblatt**Chairperson & Chief Executive Officer



Michael Benkowitz

President & Chief Operating Officer



James Edgemond
Chief Financial Officer & Treasurer

## **Other Executives Present Today**



**Dr. Leigh Peterson**Executive Vice President,
Product Development &
Xenotransplantation



**Pat Poisson**Executive Vice President,
Technical Operations

## **Upcoming Investor Events**



**UBS Global Healthcare Conference** 

November 11-14, 2024



**Oppenheimer Movers in Rare Disease Summit** 

December 12, 2024



**43rd Annual J.P. Morgan Healthcare Conference** 

January 13-16, 2025

## **Upcoming Medical Conferences**



**PHenomenal Hope 2024** 

December 6, 2024



**PVRI 2025 Annual Congress** 

January 29 - February 1, 2025



## **3Q 2024 Performance Summary**

| Product                       | Product Revenue | Percent Change <sup>1</sup> |
|-------------------------------|-----------------|-----------------------------|
| Tyvaso DPI®/ Nebulized Tyvaso | » \$434 M       | <b>33%</b>                  |
| Remodulin®                    | \$128 M         | <b>→</b> 2%                 |
| Orenitram®                    | \$113 M         | <b>23</b> %                 |
| Unituxin®                     | \$61 M          | <b>1</b> 9%                 |
| Other + Adcirca®              | \$13 M          | NM <sup>2</sup>             |
| Total Revenue                 | \$749 M         | <b>23</b> %                 |

\$1.1 B

TTM Operating Cash Flow

\$4.6 B

Cash, Cash Equivalents, & Marketable Investments

Highest Quarterly Tyvaso<sup>®3</sup> Orenitram<sup>®</sup>, Unituxin<sup>®</sup>, and Total Revenue

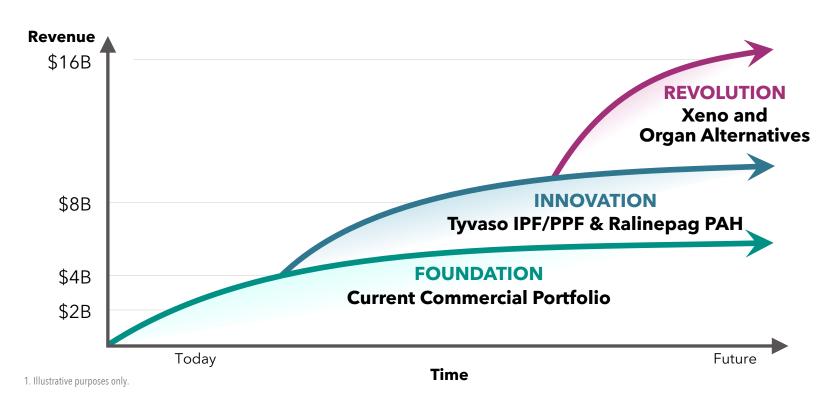
<sup>1.</sup> Change vs. 3Q 2023.

<sup>2.</sup> Not meaningful.

<sup>3.</sup> Tyvaso DPI + nebulized Tyvaso

**HOW WE OPERATE** 

## Positioned for Multiple Waves of Growth<sup>1</sup>



## **Development Engine Addressing Unmet Needs**

NON-REGISTRATION REGISTRATION **APPROVED** Tyvaso<sup>®</sup> **TETON 1 - Idiopathic Pulmonary Fibrosis - U.S. and Canada** TETON 2 - Idiopathic Pulmonary Fibrosis - ROW1 **TETON PPF - Progressive Pulmonary Fibrosis** Ralinepag **ADVANCE OUTCOMES - PAH<sup>2</sup> Organs and Organ Alternatives EVLP<sup>3</sup>/CLES<sup>4</sup> - Lung Transplant** miroliverELAP®5 - Acute Liver Failure **Pre-clinical Xeno and Organ Alternative Programs** UKidney™ ULung™ miroliver® UHeart™ UThymoKidney™ ULobe™ **IVIVA Kidney** mirokidney®

<sup>1.</sup> ROW = rest of world outside the U.S. and Canada. 2. PAH = pulmonary arterial hypertension. 3. EVLP = ex-vivo lung perfusion. 4. CLES = centralized lung evaluation system.

<sup>5.</sup> ELAP = external liver assist product.

## Tyvaso® TETON 1 and 2 Studies

|                                  | TETON 1  | TETON 2          |
|----------------------------------|--|------------------|
| Indication                       | Idiopathic pulmonary fibrosis                                |                  |
| U.S. Addressable Population      | 100,000 patients   |                  |
| Study Size                       | 576  | 597 <sup>5</sup> |
| Study Geography                  | U.S./Canada  | ROW <sup>1</sup> |
| Primary Endpoint                 | Change in absolute FVC <sup>2</sup> from baseline to week 52 |                  |
| Enrollment Progress <sup>3</sup> | ~90%   | 100%             |

1. ROW = rest of world outside the United States and Canada. 2. FVC = forced vital capacity, or the amount of air that can be forcibly exhaled from your lungs after taking the deepest breath possible. 3. As of October 14, 2024. 4. Enrollment target is our current target for full enrollment of the study at the time of this presentation. Our timing expectations may change. 5. TETON 2 targeted 576 patients for full enrollment and ultimately enrolled 597 patients.



Complete Enrollment for TETON 1 Targeted for Year-End 2024<sup>4</sup>

**TETON 2** Fully Enrolled

## Tyvaso® TETON PPF Study

| Indication                  | Progressive pulmonary fibrosis                               |  |
|-----------------------------|--|--|
| U.S. Addressable Population | 60,000 patients <sup>1,2,3</sup>                             |  |
| Study Size                  | 698 patients   |  |
| Study Geography             | Global   |  |
| Primary Endpoint            | Change in absolute FVC <sup>4</sup> from baseline to week 52 |  |
| Enrollment Progress         | Currently enrolling  |  |

1. Am J. Respir Crit Care Med, vol 150. pp 967-972, 1994. 2. Adv Ther (2021) 38:4100-4114. 3. Cottin V, Teague R, Nicholson L, Langham S and Baldwin M (2022) The Burden of Progressive-Fibrosing Interstitial Lung Diseases. Front. Med. 9:799912. doi: 10.3389/fmed.2022.799912. 4. FVC = forced vital capacity, or the amount of air that can be forcibly exhaled from your lungs after taking the deepest breath possible.

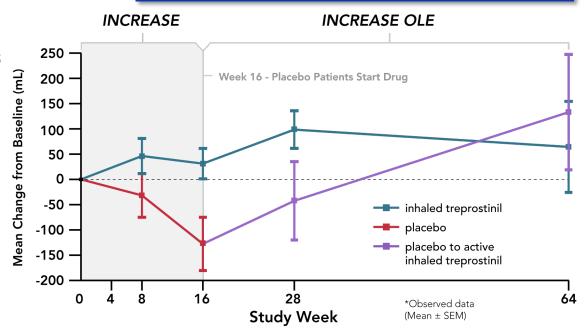


## Tyvaso for IPF<sup>1,2</sup>

The TETON studies evolved from UT-sponsored in vitro studies and FVC<sup>3</sup> observations in INCREASE<sup>4</sup> and INCREASE OLE<sup>5</sup>

IPF subgroup showed meaningful and sustained FVC improvement, including when placebo patients were crossed over in the open-label extension

#### **MEANINGFUL, SUSTAINED FVC IMPROVEMENT**



<sup>1.</sup> IPF = idiopathic pulmonary fibrosis. 2. Tyvaso is not approved to treat IPF. 3. FVC = forced vital capacity. 4. N Engl J Med 2021; 384:325-334 DOI: 10.1056/NEJMoa2008470.

<sup>5.</sup> The Lancet Respiratory Medicine, Volume 9, Issue 11, 1266 – 1274 DOI: 10.1016/S2213-2600(21)00165-X

## Ralinepag **ADVANCE OUTCOMES Study**

| Indication                       | Group 1 PAH¹   |  |
|----------------------------------|--|--|
| U.S. Addressable Population      | 50,000 patients  |  |
| Study Size                       | ~700 to 1,000 patients   |  |
| Study Geography                  | Global   |  |
| Primary Endpoint                 | Time from randomization to the first adjudicated protocol-defined clinical worsening event |  |
| Enrollment Progress <sup>2</sup> | ~625 patients  |  |

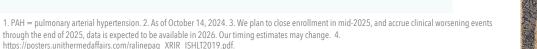
through the end of 2025, data is expected to be available in 2026. Our timing estimates may change. 4.

https://posters.unithermedaffairs.com/ralinepag\_XRIR\_ISHLT2019.pdf.



## Data expected in 20263

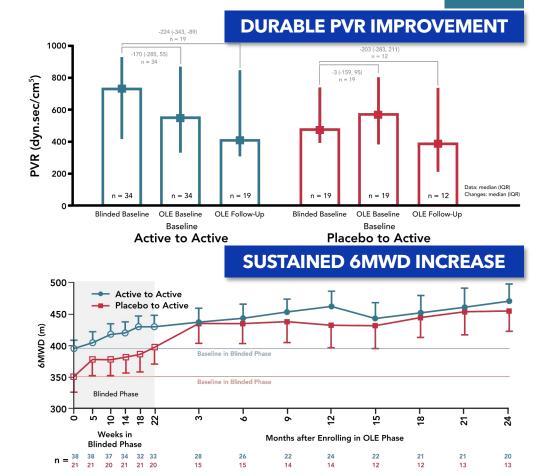
One pill, once a day, with a ~24-hour half-life that can approximate IV prostacyclin blood levels4



## Ralinepag for PAH<sup>1,2</sup>

Phase 2 OLE<sup>3</sup> data demonstrate long-term treatment with ralinepag produces durable and clinically-relevant responses for PVR<sup>4</sup> and 6MWD<sup>6</sup> with a manageable adverse event profile<sup>7</sup>

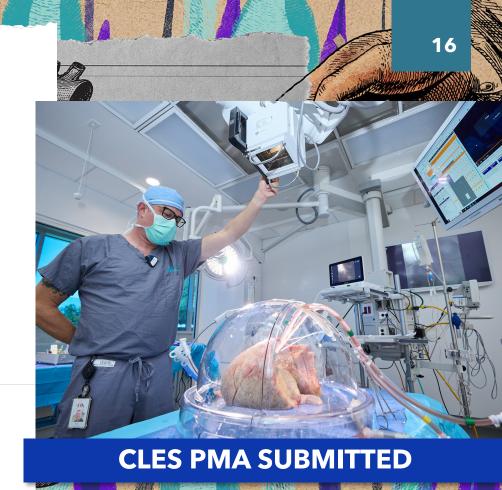
In 24-month open-label data, a 52 dyn.s/cm<sup>5</sup> reduction in PVR and a 36m 6MWD increase was observed on top of improvements from the blinded phase of the study.



<sup>1.</sup> PAH = pulmonary arterial hypertension. 2. Ralinepag is an investigational drug and is not approved to treat PAH. 3. OLE = open label extension. 4. PVR = pulmonary vascular resistance. 6. 6MWD = six-minute walk distance. 7. Barberà, et al. Ralinepag Phase II Open-Label Extension Study in Patients with Pulmonary Arterial Hypertension. *J. Adv Ther.* 2023. https://doi.org/10.1007/s12325-023-02769-7.

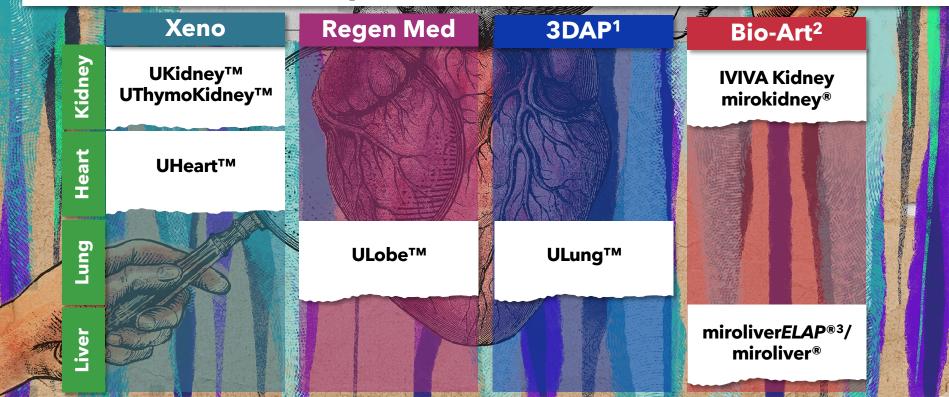
## **Ex-Vivo Lung Perfusion**

- More than 830 lung evaluations, resulting in over 500 successful transplants<sup>1</sup>
- Lungs transplanted through EVLP<sup>2</sup> would have **otherwise been discarded**
- Two methods used:
  - XPS<sup>3</sup>: Third-party supplied EVLP device
  - **CLES**<sup>4</sup>: Internally-developed device with potentially broader applications
- CLES PMA<sup>5</sup> submitted in September; FDA decision expected in 2025.



## Four Platforms with Four Organs and Organ Alternatives; Multiple Shots on Goal

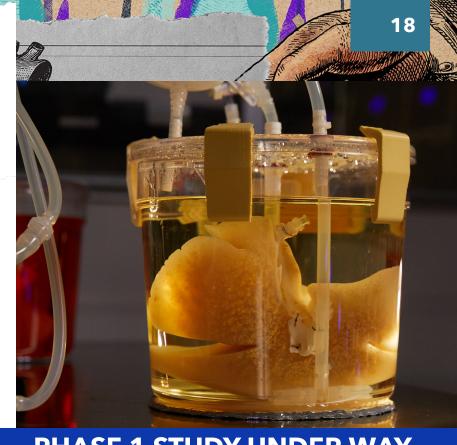
- 1. 3DAP = 3D autologous printed.
- Bio-Art = Bioartificial.
- ELAP = external liver assist product.



REVOLUTION

## miroliver*ELAP*®: the First Bioengineered Organ Alternative to Enter Human Clinical Trials

- External liver assist product (ELAP)
  intended to provide liver support in the
  critical care setting
- Acute liver failure is a devastating condition with no approved drug or medical device interventions: 30% of adults die and 25% receive liver transplants
- ELAP is intended to give the native liver an opportunity to heal itself, possibly reducing the need for transplant



**PHASE 1 STUDY UNDER WAY** 

## **Xenotransplants March Toward the Clinic**

#### IND EXPECTED SHORTLY

Pre-IND¹ feedback received; expect to file an IND shortly for UKidney™ 10-gene edited xenokidney

#### **DPF<sup>2</sup> OPERATIONS**

**Christiansburg, VA: Operational** 

125 organ annual capacity; \$75 million investment

Stewartville, MN: Under construction

125 organ annual capacity; \$110 million investment

At least one more clinical-scale DPF planned

## **Xenotransplants March Toward the Clinic**

#### **XENO REVIEW MANUSCRIPT**

**First** comprehensive review publication on xenotransplantation

Details collective efforts of scientists and physicians to advance xenotransplantation into the clinic

Available in *Physiological Reviews:* <a href="https://doi.org/10.1152/physrev.00041.2023">https://doi.org/10.1152/physrev.00041.2023</a>

#### **10-GENE PRECLINICAL MANUSCRIPT**

**First** documented use of standard, FDAapproved, immunosuppression with long-term survival in preclinical xenotransplantation

Details on six preclinical 10-gene UKidney™ transplants to support a future clinical IND¹ application

Available in *Nature Communications*: <a href="https://doi.org/10.1038/s41467-024-47679-6">https://doi.org/10.1038/s41467-024-47679-6</a>

1. IND = investigational new drug application.

**HUMAN CLINICAL STUDIES EXPECTED TO COMMENCE IN 2025** 

#### **FOUNDATION**

Tyvaso DPI®
Nebulized Tyvaso®
Orenitram®
Remodulin®
Unituxin®

PAH<sup>1</sup> PH-ILD<sup>2</sup>

## **INNOVATION**

Tyvaso DPI Nebulized Tyvaso Ralinepag EVLP<sup>5</sup>

PAH
PH-ILD
IPF<sup>3</sup>
PPF<sup>4</sup>
LUNG TRANSPLANT

### **REVOLUTION**

Xenotransplantation
Regenerative Medicine
3D Organ Alternative
Printing
Bio-Artificial Organ
Alternatives

XENO AND ORGAN ALTERNATIVES



CAPITAL ALLOCATION

## Commitment to Balanced Capital Allocation; Accelerated Share Repurchase Complete

PRIORITY 1
COMMERCIAL/R&D
INVESTMENT

CORPORATE
DEVELOPMENT

PRIORITY 3

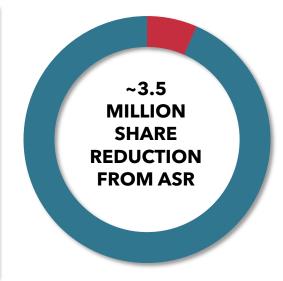
RETURN OF

CAPITAL

\$1 billion ASR<sup>1</sup> completed in 3Q, reducing outstanding UTHR shares by approximately 7%<sup>2</sup>

Multi-tranche program resulted in retiring additional shares and reducing average share repurchase price

ASR demonstrated belief in our core business and cash flow potential







## **Continued Strong Revenue Growth in 3Q/24**

#### Tyvaso<sup>3</sup>, worldwide

▲ 33% y/y¹ to \$434M

#### Remodulin, worldwide

▼ 2% y/y to \$128M

#### **Orenitram**

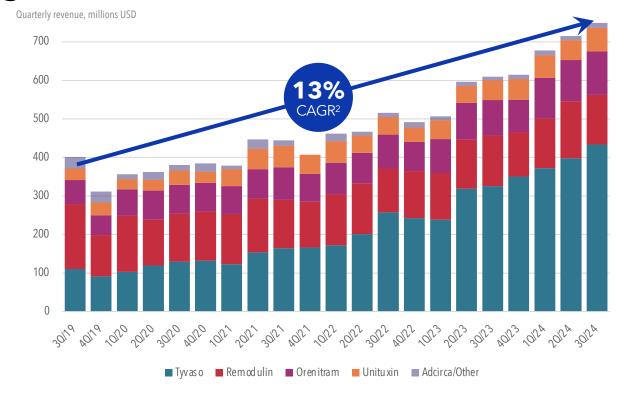
▲ 23% y/y to \$113M

#### Unituxin, worldwide

▲ 19% y/y to \$61M

#### **Total Revenue**

▲ 23% y/y to \$749M



<sup>1.</sup> y/y = year over year.

<sup>2.</sup> CAGR = compound annual growth rate calculated from 3Q/19 to 3Q/24.

<sup>3.</sup> Tyvaso DPI + nebulized Tyvaso.

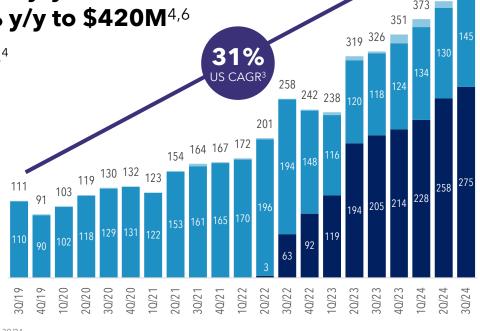
## **Tyvaso**®

W/W¹ Combined Revenue ▲ 33% y/y² to \$434M⁴ U.S. Combined Revenue ▲ 30% y/y to \$420M⁴,6

- Most prescribed prostacyclin in the U.S.<sup>4</sup>
- **Highest revenue** quarter ever <sup>4</sup>
- No material inventory changes q/q <sup>4,5</sup>

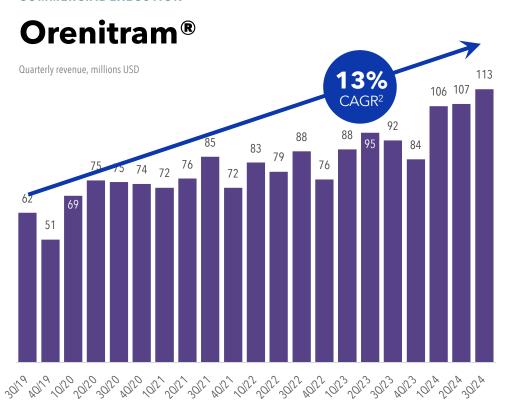






<sup>1.</sup> w/w = worldwide. 2. y/y = year over year. 3. CAGR = compound annual growth rate calculated from 3Q/19 to 3Q/24.

<sup>4.</sup> Data reflective of combined Tyvaso DPI + nebulized Tyvaso 5. q/q = quarter over quarter. 6. Totals may not add due to rounding.



## Revenue **▲** 23% y/y<sup>1</sup> to \$113M

- Highest revenue quarter
- 11<sup>th</sup> sequential quarter of y/y quarterly revenue growth



EXTENDED-RELEASE TABLETS

<sup>1.</sup> y/y = year over year

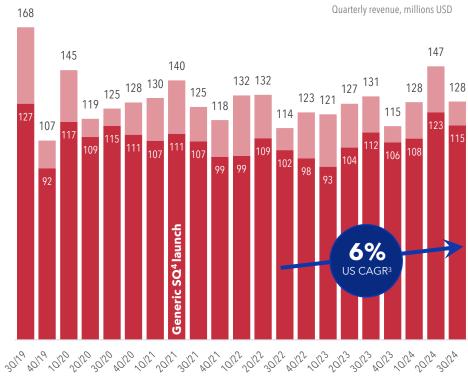
<sup>2.</sup> CAGR = compound annual growth rate calculated from 3Q/19 to 3Q/24.

## **Remodulin®**

W/W¹ revenue **▼**2% y/y² to \$128M U.S. revenue **▲**3% y/y to \$115M

- Most prescribed U.S. parenteral prostacyclin
- **Highest** number of patients on therapy
- International revenue impacted by order timing

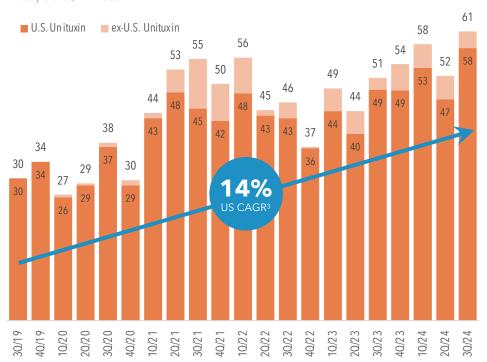




U.S. Remodulin ex-U.S. Remodulin

## **Unituxin®**

Quarterly revenue, millions USD



## W/W<sup>1</sup> revenue ▲ 19% y/y<sup>2</sup> to \$61M U.S. revenue ▲ 18% y/y to \$58M<sup>4</sup>

- Record total and U.S. revenue
- The most prescribed antibody therapy for high-risk neuroblastoma in the U.S.





TYVASO (treprostinil) INHALATION

**Most prescribed** U.S. prostacyclin **Record** revenue



**Most prescribed** 

parenteral prostacyclin in the U.S. **Highest number of patients** on therapy



## orenitram<sup>®</sup> treprostinil

EXTENDED-RELEASE TABLETS

11<sup>th</sup> sequential quarter of quarterly y/y revenue growth Record revenue



(dinutuximab) Injection

**Record** revenue

The **most prescribed** antibody therapy for high-risk neuroblastoma in the U.S.



**United** 

Therapeutics

A PUBLIC BENEFIT CORPORATION

