

Offering Patients a New Dimension of Protein Therapeutics

Patrick Amstutz, acting CEO

Cowen and Company 37th Annual Health Care Conference - 07 March 2017 Molecular Partners AG, Switzerland (SIX: MOLN)





Disclaimer

This presentation is not an offer to sell or a solicitation of offers to purchase or subscribe for shares of Molecular Partners AG, nor shall it or any part of it nor the fact of its distribution form the basis of, or be relied on in connection with, any contract or investment decision. This presentation is not an offering circular within the meaning of Article 652a of the Swiss Code of Obligations, nor is it a listing prospectus as defined in the listing rules of the SIX Swiss Exchange AG or a prospectus under any other applicable laws. Copies of this presentation may not be sent to countries, or distributed in or sent from countries, in which this is barred or prohibited by law. This document is not a prospectus or a prospectus equivalent document and investors should not subscribe for or purchase any securities referred to in this document. This document does not constitute a recommendation regarding the shares.

This presentation contains specific forward-looking statements, beliefs or opinions, including statements with respect to the product pipelines, potential benefits of product candidates and objectives, estimated market sizes and opportunities as well as the milestone potential under existing collaboration agreements, which are based on current beliefs, expectations and projections about future events, e.g. statements including terms like "potential", "believe", "assume", "expect", "forecast", "project", "may", "could", "might", "will" or similar expressions. Such forward-looking statements are subject to known and unknown risks, uncertainties and other factors which may result in a substantial divergence between the actual results, financial situation, development or performance of Molecular Partners AG and investments and those explicitly or implicitly presumed in these statements. There are a number of factors that could cause actual results and developments to differ materially from those expressed or implied by these statements and forecasts. Past performance of Molecular Partners AG cannot be relied on as a guide to future performance. Forward-looking statements speak only as of the date of this presentation and Molecular Partners AG, its directors, officers, employees, agents, counsel and advisers expressly disclaim any obligations or undertaking to release any update of, or revisions to, any forward looking statements in this presentation. No statement in this document or any related materials or given at this presentation is intended as a profit forecast or a profit estimate and no statement in this document or any related materials or given at this presentation should be interpreted to mean that earnings per share for the current or future financial periods would necessarily match or exceed historical published earnings per share. As a result, you are cautioned not to place any undue reliance on such forward-looking statements.

Unless stated otherwise the information provided in this presentation are based on company information. This presentation is intended to provide a general overview of Molecular Partners AG's business and does not purport to deal with all aspects and details regarding Molecular Partners AG. Accordingly, neither Molecular Partners AG nor any of its directors, officers, employees, agents, counsel or advisers nor any other person makes any representation or warranty, express or implied, as to, and accordingly no reliance should be placed on, the accuracy or completeness of the information contained in the presentation or of the views given or implied. Neither Molecular Partners AG nor any of its directors, officers, employees, agents, counsel or advisers nor any other person shall have any liability whatsoever for any errors or omissions or any loss howsoever arising, directly or indirectly, from any use of this information or its contents or otherwise arising in connection therewith.

The material contained in this presentation reflects current legislation and the business and financial affairs of Molecular Partners AG which are subject to change and audit.



Molecular Partners: Who We Are



Teamwork

- Swiss biotech
- 100 team members
- Discovery to phase 2 (POC)
- Science & patients first



DARPin® Therapies

- High patient value
- DARPin® Difference
- Abicipar in phase 3 (ophtha)
- MP0250 in phase 2 (onco)
- MP0274 in phase 1 (onco)
- Broad preclin. I/O portfolio



Long-term Partnerships

- Alliance with Allergan
- Swiss listing (MOLN)
- Cash CHF180mn*
- Financed well beyond key value inflection points



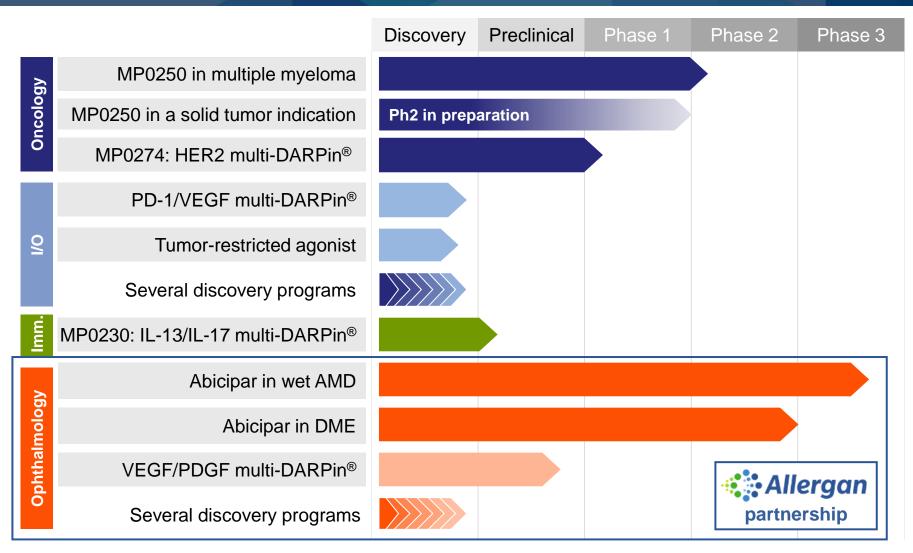
DARPin® Platform

- DARPin® Difference: unlock novel modes of action
- Proof of Platform in the eye and systemically
- Fast and cost effective drug discovery engine

*As of Q4/16. I/O, immuno-oncology.



Balanced Portfolio





Long-term Partnerships: Investors & Pharma

Balance capital markets and pharma partnering as sources of capital

- > CHF 360mn collected so far from investors and partners
- Remain in strong cash position to fund pipeline progress



Strategic alliance with Allergan in ophthalmology



- Initiated with Abicipar in 2011
 - Up to \$360mn open milestone potential & low double-digit to mid-teen tiered royalties
- Expanded into broad discovery alliance in 2012
 - Potential \$1.4bn future milestone & tiered royalties to the mid-teen range

Partnering strategy: leverage the potential of the DARPin® platform

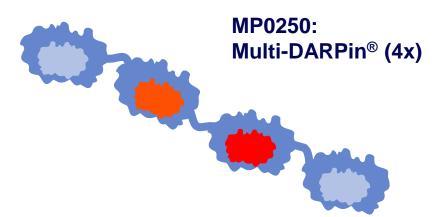
- Platform and pipeline are deeper than what Molecular Partners can access alone
- Partnering opportunities open on multiple levels



DARPin® Proteins: A Different Class of Therapeutics

DARPin® is a registered trademark owned by Molecular Partners AG

Abicipar: Mono-DARPin®



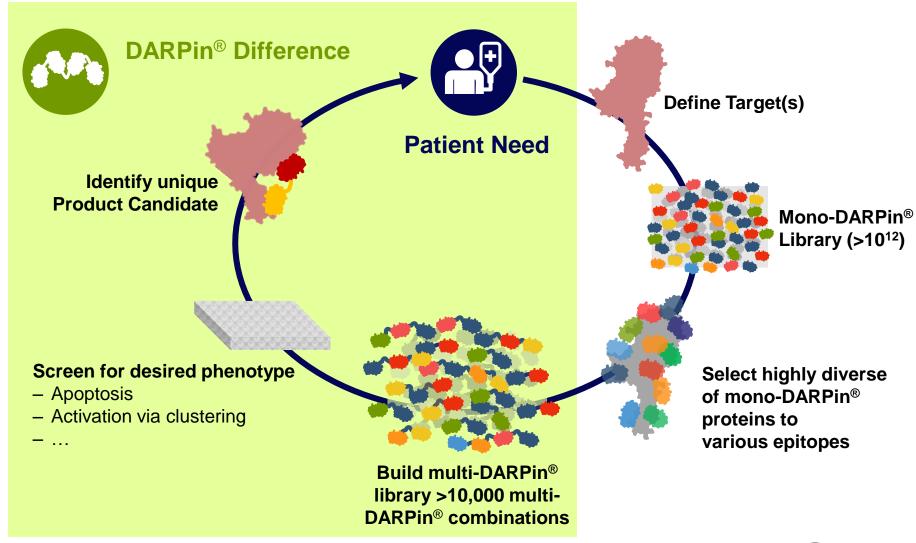
- Mono-DARPin®: selected to bind a given target with high affinity & specificity (large libraries)
- Multi-DARPin[®]: linked mono-DARPin[®] (≥ six) & directly used for functional screening
- Ideal properties: mono- & multi-DARPin® are soluble, stable with a high-yield production
- Natural principle: repeat proteins were evolved as binders in multifunctional contexts

Proof of Platform: Low immunogenicity* and long half-life in bloodstream and eye†

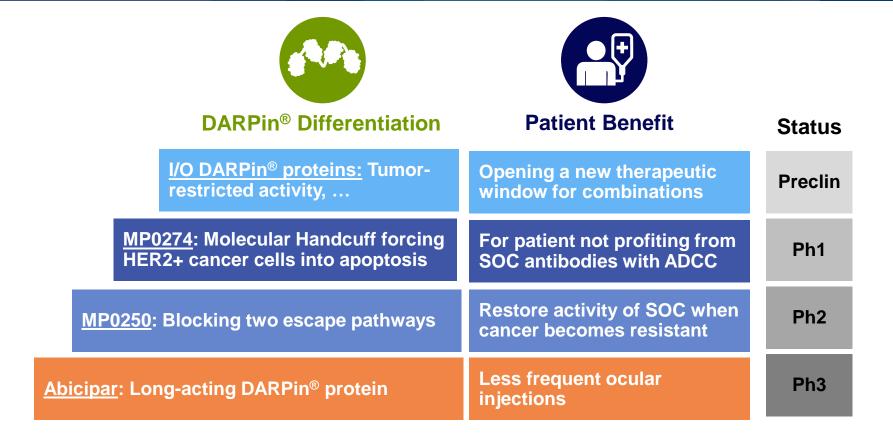


^{*}MP0250 phase 1 study results show sustained exposure indicating absence of clearing antibodies; †Systemic half-life of ~12 d (MP0250 phase 1), 14 d in the eye (abicipar).

Pathway to the DARPin® Difference



DARPin® Difference



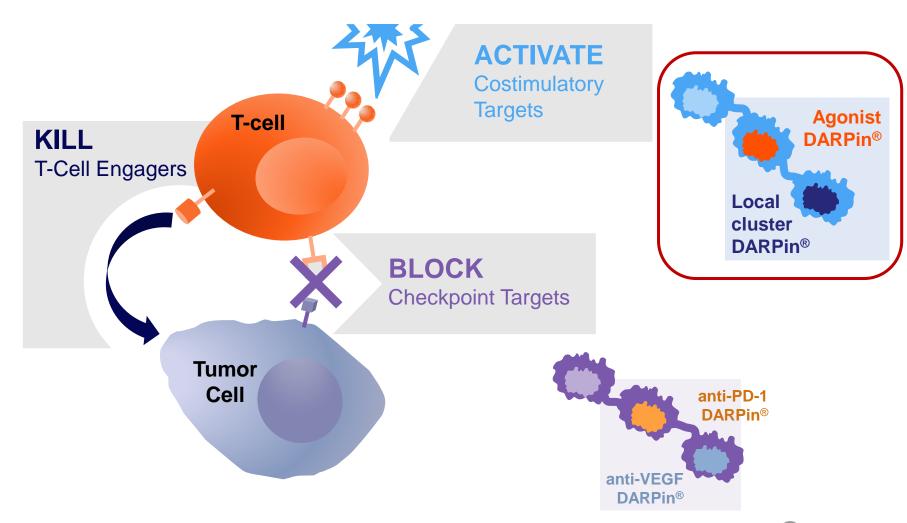
Our strategy: Differentiated DARPin® products with high patient value





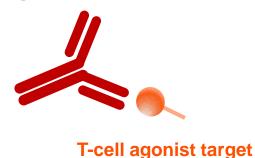


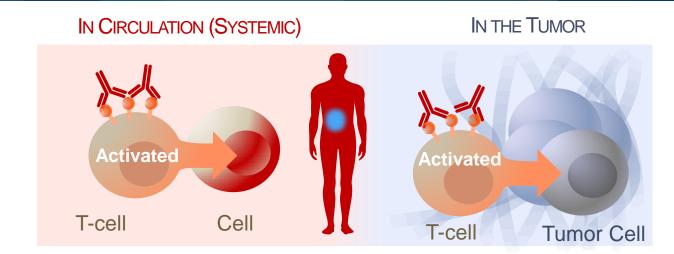
Molecular Partners Strategy for T-Cells



Unleashing Potential of Agonists in I/O

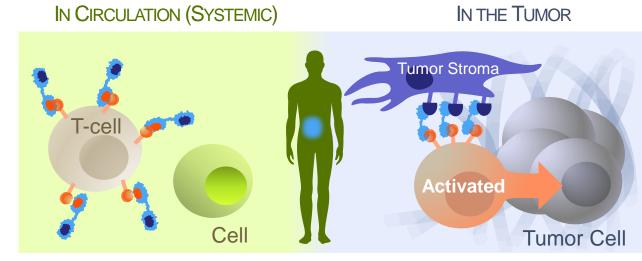
Agonistic mAb:





Tumor-restricted DARPin® Agonists





MP0274: Killing Her2+ Cells with New MoA

MP0274

MP0274

Multi-DARPin® protein binding two distinct HER2 epitopes

- Indications: patients with HER2-addicted tumors
- Molecular Partners holds all rights

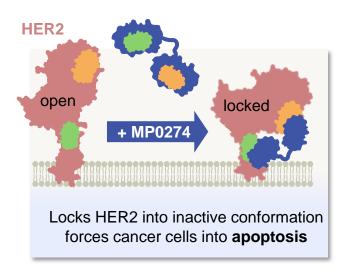
Development Stage

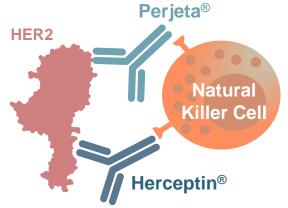
 First regulatory submission completed Q4/2016

Differentiation & Potential Benefit

- Induces apoptosis (cell death) in Her2 positive tumor cells without ADCC*
- New MoA may help patients not adequately responding to current therapies

DARPin® Handcuff as Master Switch



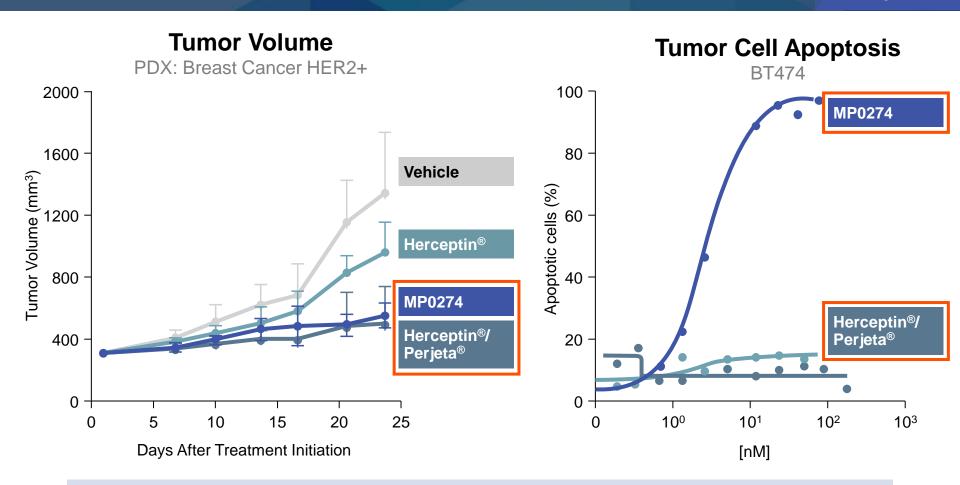




^{*}ADCC, antibody dependent cell-mediated cytotoxicity.

MP0274 Kills by Apoptosis, Not ADCC

MP0274



- MP0274 is as efficacious as SOC without the help of the immune system
- New MoA may help patients who do not adequately respond to current therapies



MP0250: An Ideal Combination (anti-VEGF & HGF)

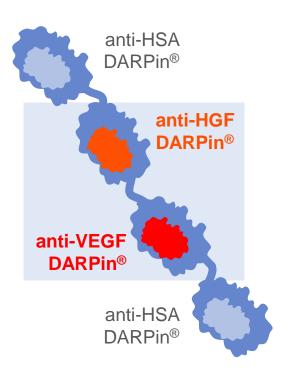
MP0250

MP0250

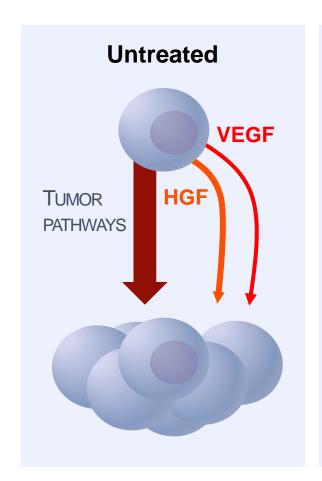
- First bi-specific biologic targeting VEGF and HGF
- Molecular Partners holds all rights

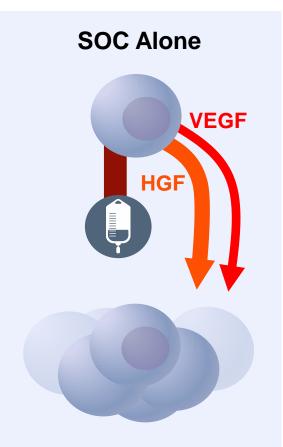
Development Stage

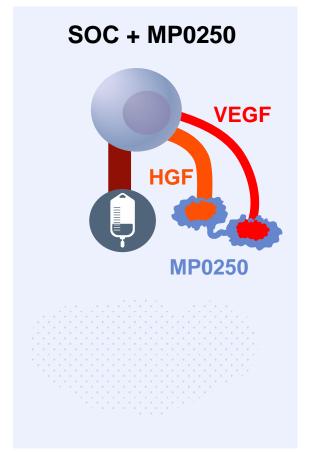
- Phase 1: solid tumor study
 - Demonstrated good tolerability and exposure, encouraging efficacy
- Phase 2: multiple myeloma study
 - Regulatory submission Q4/2016
 - Initial safety data expected 2017
 - Initial efficacy data expected 2018
- Additional Phase 2 for solid tumor indication planned for 2017
- Differentiation & Potential Benefit
- Potentially ideal for patients with likely VEGF- and/or HGF-mediated escape from previous treatment
- Can be combined with standard therapy



MP0250 Blocks Tumor Escape



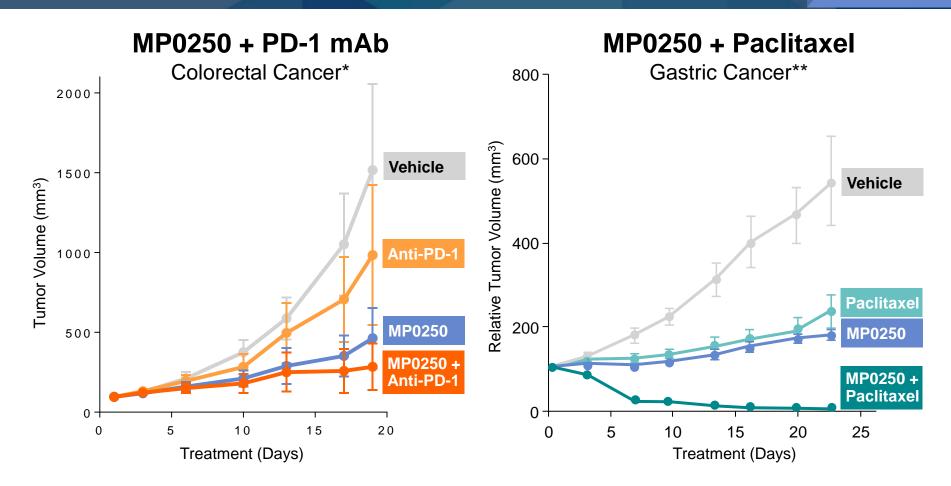






MP0250: Combination With Chemotherapy and Biologics Across Diverse Cancers

MP0250



MP0250 has also been tested in preclinical models of renal, liver and lung cancer



^{*}MC38 syngeneic mouse model; **Patient-derived xenograft: GXA 3027.

MP0250: Good Tolerability and Signs of Efficacy in Phase 1 Solid Tumor Study

MP0250

Tolerability

- MTD determined (8 mg/kg/q2w)
- Main AEs consistent with profound VEGF pathway inhibition
 - Hypertension (66%), partially Grade 3
 - Proteinuria (29%), mainly Grade 1 or 2

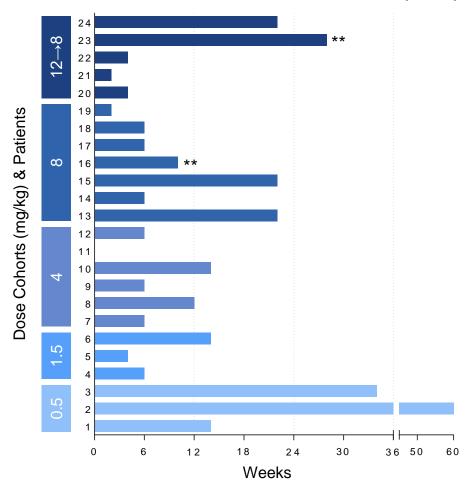
Systemic data

- Half-life: 12 days
- No clearing or neutralizing ADA (0/24 patients)

Efficacy

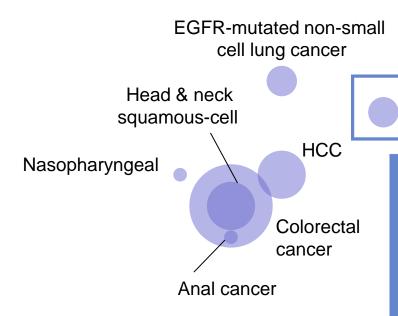
- Significant reductions in tumor volume in 2 patients with 1 confirmed PR
- Stable disease at ≥12 wk in 10 patients (42%)

Treatment Duration of Individual Patients (N=24)*



^{*}Study ongoing. Data cut-off June 2016 (N=24 patients). **Ongoing.





Pursuing MP0250 for MM based on:

- Strong biological & commercial rationale
- Area of unmet medical need endorsed by KOLs

Multiple

myeloma

 High feasibility of study execution with early efficacy read-out

Feasibility of internal clinical development*

Bubble size indicates estimated relative market potential (incidences; source: Datamonitor).

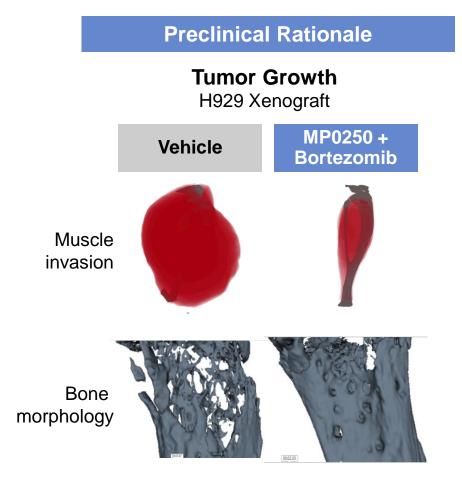
*Based on internal assessment on speed to market and complexity of development program.

Potential of gastric cancer, renal cancer and other cancers under evaluation.



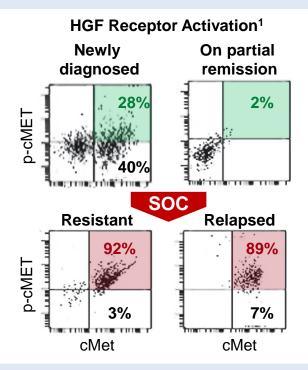
Preclinical and Clinical Data Support MP0250 + SOC for Multiple Myeloma

MP0250



Clinical Rationale

HGF Rationale



VEGF Rationale

A small MM study of bevacizumab (Avastin®) + bortezomib (Velcade®) demonstrated benefit over bortezomib alone²





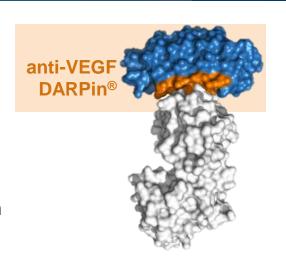


Abicipar: Most Advanced DARPin® Therapy

Abicipar

Abicipar

- Long-acting pegylated mono-DARPin[®] protein blocking VEGF
- Indications: Wet age-related macular degeneration (wet AMD) and diabetic macular edema (DME)
- Global license agreement with Allergan



Development Stage

- Phase 3
 - 2 registration-enabling studies in wet AMD initiated July 2015
 - Clinical trial in DME planned by Allergan for H2 2017
- Phase 2
 - DME data presented at AAO 2016

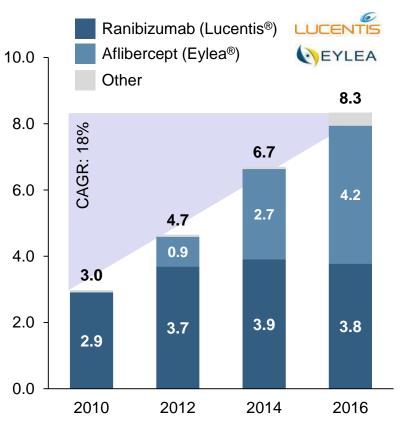
Differentiation & Potential Benefit

- Less frequent ocular injections compared with standard of care
- All development costs borne by Allergan

Retinal Diseases: Unmet Medical Needs Remain

- Wet AMD and DME are leading causes of blindness in western world
- Large and rapidly growing group driven 8.0 by again population
- Current standard of care is Lucentis[®] and Eylea[®]
- Significant unmet medical need for less frequent injections and doctor office visits

Global Wet AMD and DME Market Size (USDbn)^{1*}



^{1.} Reported by EvaluatePharma®, a service of Evaluate Ltd. (UK), www.evaluategroup.com. Accessed 27 Apr 2015.

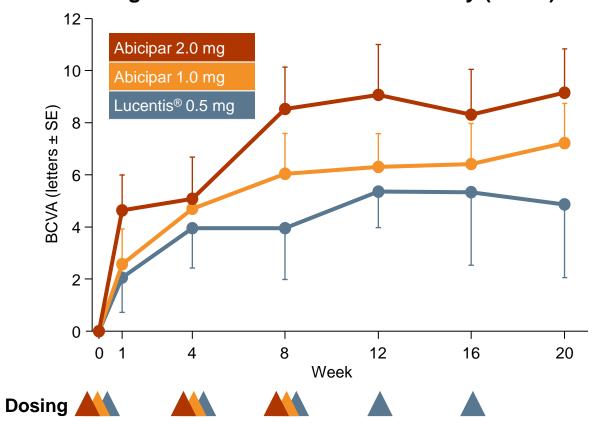


^{*}Avastin® is used off label.

Phase 2 Data Suggest Quarterly Dosing for Wet AMD

Abicipar

Change of Best-Corrected Visual Acuity (BCVA)*



Safety Data

Vision Gain (letters)		Safety (n/N)
Wk 16	Wk 20	Aes**
8.2	9.0	2/23
6.3	7.1	3/25
5.3	4.7	0/16

The abicipar formulation has been further optimized for safety for use in phase 3

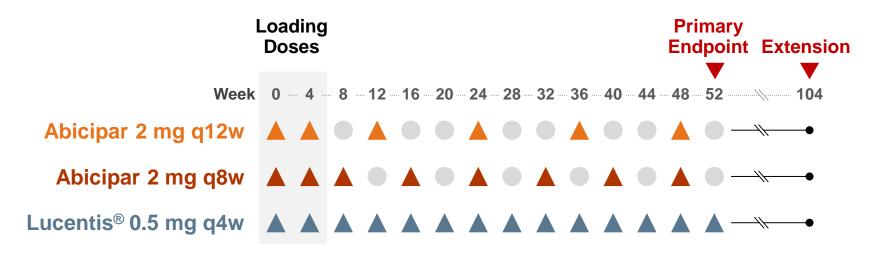
Allergan, 12 August 2014.



^{*}Study not powered to reach statistical significance; **Ocular inflammation. AE, adverse event.

CEDAR and SEQUOIA: Abicipar Registration Studies in Wet AMD

Abicipar

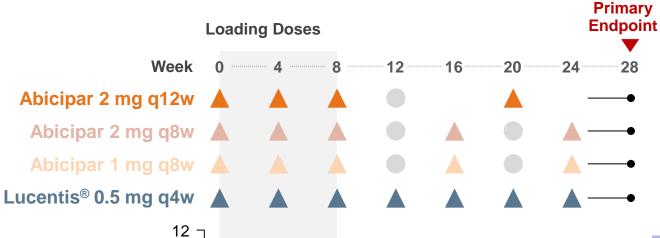


- 2 parallel, randomized, double-blind phase 3 studies
 - Expected global enrollment: 900 patients/study
 - Estimated study completion: Aug 2018
- Drug Safety Monitoring Committee (DSMC): no changes recommended Q4/16
- Next milestone: full study enrollment expected Aug 2017

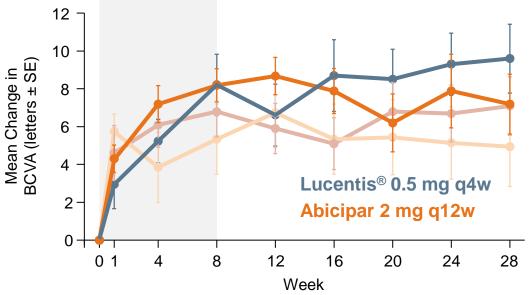


Phase 2 Data: Long Duration of Action in DME

Abicipar



Vision gain (letters)	Safety
Wk 28	AEs (n/N)
7.2	4/45
7.1	5/41
4.9	7/43
9.6	0/21



The abicipar formulation has been further optimized for safety for use in Phase 3

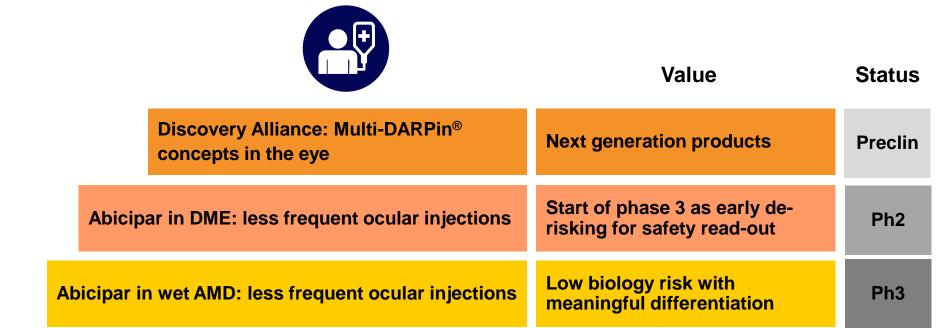


Allergan View on Abicipar at JPM 2017





DARPin® Strategy in Ophthalmology Partnership with Allergan



Extract from ALLERGAN Presentation; JP Morgan Conference; January 9, 2017 by Brent Saunders; Chairman and CEO





Recombinant designed ankyrin repeat protein. Potent blocker of all forms of soluble VEGE-A 2020

2022

\$1.5B-\$3

- Reduction in injection burden is a significant unmet need
- Offers sustained efficacy with fewer injections









Outlook 2017 & Beyond

MP0250:	Multin	۸۸ ما	/eloma
IVIPUZOU.	Mullipi	e iviy	/eiuma

MP0250: additional solid tumor ind.

MP0274: Her2 multi-DARPin®

PD-1/VEGF multi-DARPin®

Tumor-restricted agonist

Several discovery programs

2017	2018
Initial safety data Ph2*	Initial efficacy data Ph2
Submission for Ph2	Initial data Ph2
First dosing in Ph1	Initial data Ph1
Preclinical data	

Λ.			44		A B A	
Αl	ገነር	ınaı		wet.	ΔN	
7 V	σ	ıpaı		VVOL	/ \IV	\boldsymbol{L}

Abicipar**: DME

Full	enrollment of Ph3
ı uli	

Start of Ph3

1-year efficacy data Ph3

: Allergan

Cash CHF 180mn (Q4/16)

Financed well beyond key value inflection points



^{*}Definition of the safe dose of MP0250 in combination with Velcade allowing transition to the efficacy part of the study

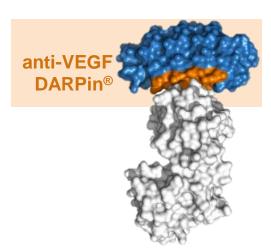
^{**}Abicipar under development and control of Allergan. All costs borne by Allergan.





Abicipar

- Long-acting pegylated mono-DARPin[®] protein blocking VEGF
- Indications: Wet AMD & DME
- Global license agreement with Allergan
- All development costs with Allergan



Development Stage

- Phase 3
 - 2 registration-enabling studies in wet AMD initiated July 2015
- Phase 2
 - DME data presented at AAO 2016, Start of Phase 3 in 2017

Market & Potential Differentiation

- Current anti-VEGFs (Lucentis & Eylea) market: > 8 bn USD *
- SOC require intensive monitoring & frequent intravitreal injection
- Significant unmet medical need for less frequent injections and doctors visits



