



Reason for report:

**COMPANY UPDATE** 

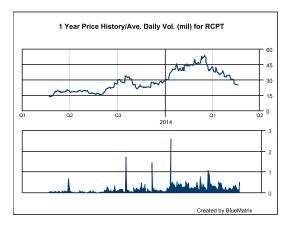
## RECEPTOS, INC.

RPC-1063 on Track in MS & UC; Attractive Risk/Reward; Reit. OP & \$75 PT

- Bottom Line: Driven by our proprietary research on RPC-1063's ("1063") potential in ulcerative colitis (UC) (see our RCPT 4.11.14 note), we believe RCPT fundamentals have continued to improve in 1H14 despite broader market volatility and share price weakness. The only change (irrelevant to our UC thesis) is that top-line Phase II UC data may be pushed out by 1 quarter to 4Q14 (see our RCPT 5.13.14 note) which opens up a quandary in terms of inking a 1063-based deal vs. accelerating the multiple sclerosis (MS) program. If RCPT waits until 1H15 to forge a development stage 1063 deal (valuing both UC & MS Phase II trials), that could delay by 6-9 months initiation of a 2nd Phase III MS trial planned for ~3Q14. Conversely, advancing 1063 on time and independently may require a 2H14 offering to bolster financial resources heading into 1H15 partnership discussions and might also favor a commercial vs. development stage partnership that would also maximize longer-term shareholder value. While this may be less attractive for shorter-term focused investors hoping for a 2H14 deal/buyout, in our view RCPT continues to represent a very attractive near/longer risk-reward opportunity and we reiterate an Outperform rating & \$75 price target.
- Positive 1063 Phase II MS data mid-14 (we est. July) defined by a competitive and differentiated safety profile vs. Gilenya could increase our PT by ~\$10 on a higher probability of success (POS), to ~50% from mid-30s, and push the shares higher. This is based on already conservative assumptions including 1063 requiring first-doseheart-rate-monitoring (FDHRM) and pricing on par with Gilenya generics in 2020 (~\$22K). We do not believe the Phase II efficacy endpoint assessing gadolinium lesions will be very helpful to handicapping the Phase III and approval endpoint of annual relapse rates (ARR). We are interested in brain atrophy data. This drives our focus on safety measures such as lymphocyte reductions, infection rates, liver function tests (LFTs), etc. The biggest risk to our thesis is emergence of an unforeseen serious adverse event occurring between month 3 and 6 of this trial.
- RCPT ended 1Q14 with ~\$158.6M in cash and cash equivalents (\$7.48/share) which is enough to independently continue operations into 1H15 and through data reads for both Phase II trials in MS and UC. Assuming positive MS data as we are defining it, we believe there should be appetite for an offering heading into 4Q14 UC data (which many investors still may still view as a free-call option) and a potential 1H15 partnership deal.
- Positive 1063 Ph II UC data ~4Q14 could increase our PT by ~ \$30-40 if MS is also positive, on higher POS to ~50% from mid-30s, & push the shares higher. Enthusiasm for recently approved Entyvio (vedolizumab) with efficacy slightly inferior to anti-TNFs but superior safety (except PML potential) clears the path for 1063 to leapfrog Entyvio if efficacy is at least on par & worst characteristic is need for FDHRM.

Key Stats:	(NASDAQ:RCPT)
S&P 600 Health Care Index:	1,239.58
Price:	\$25.56
Price Target:	\$75.00
Methodology:	
	DCF analysis
52 Week High:	\$55.00
52 Week Low:	\$13.00
Shares Outstanding (mil):	21.2
Market Capitalization (mil):	\$541.9
Book Value/Share:	\$0.22
Cash Per Share:	\$7.48
Dividend (ann):	\$0.00

Dividend Yield:



Dec Yr	1Q	2Q	3Q	4Q	FY Rev	1Q	2Q	3Q	4Q	FY EPS	P/E
2013A	\$1.5	\$1.2	\$1.1	\$0.8	\$4.6	(\$5.46)	(\$0.98)	(\$0.88)	(\$0.86)	(\$4.23)	NM
2014E	\$1.4A	0.0	0.0	0.0	\$1.3	(\$1.01)A	(\$1.16)	(\$1.39)	(\$1.53)	(\$5.10)	NM
2015E					0.0	j				(\$6.60)	NM

Source: Company Information and Leerink Partners LLC Research

Revenues in \$000s.

0.0%



### **INVESTMENT THESIS**

We rate RCPT Outperform. We believe RCPT shares are poised to appreciate near/longer term driven by clinical progress and commercialization of lead compound RPC-1063. Compared to other S1P1 compounds, RPC-1063 is earlier stage but emerging as "best in class." In 2014 or 2015, RCPT plans to sign an RPC-1063 partnership with large pharma, announce RPC-1063 Phase II data in relapsing MS (RMS) and Ulcerative Colitis (UC), and start two pivotal Phase III RMS trials. Our probability adjusted RPC1063 revenues from UC is in the mid-30s percentage range. We currently assume a mid-30 percentage probability of approval for RPC-1063 in RMS in 2018. The 2Q13 MEDACorp MS Survey suggests that if approved in 2018, RPC-1063 would take significant market share from Gilenya (~58%), Tecfidera (~13%), and Tysabri (15%) that could be worth \$1.2B in U.S. revenue in 2019E. Core RPC-1063 Intellectual Property (IP) expires in 2029 but Gilenya (NVS) currently goes off patent in 2019. Assuming generic pricing starts in 2020, we model peak risk adjusted RPC-1063 WW revenues of ~\$770M (or \$2.2B non-risk adjusted) which leads to our base case NPV calculation of \$1.7B, which leads to our base case NPV calculation of \$1.7B including cash, based on approval and use in relapsing multiple sclerosis (RMS) and UC.

#### Milestones

Product	Partner	Indication	Phase	Timing	Milestone
				Mid-2014	Phase II data of 1 <sup>st</sup> pivotal (RPC01-201)
				2H14	Initiate 2 <sup>nd</sup> pivotal Phase III RMS trial (with SPA)
		Polonoina MC	Phase III	Oct-2014	ECTRIMS Phase II MS data presentation
		Relapsing MS	Phase III	2017	2nd pivotal Phase III RMS trial data
DDC 1062	RPC-1063 S1P1) Proprietary			YE17	NDA submission
(S1P1)				2H18	FDA Approval
		Ulcerative		1H14	Complete trial enrollment (80% as of 5.12.14)
			Phase II	4Q14	Phase II UC trial data (might serve as 1 of 2 pivotals)
		Colitis (UC)		2015	Initiate pivotal trial (possibly maintenance)
				2018	Possible NDA submission
RPC-4046		Eosinophilic		2H14	Initiate Phase II data
(IL-13)	ABBV	Esophagitis (EoE)	Phase II	1H16	Phase II trial data

Source: Company Reports, Leerink Partners estimates



### **VALUATION**

We calculate a \$75 DCF price target for RCPT in the next 12 months based on a discounted cash flow (DCF) analysis. Based on MEDACorp KOL feedback, our probability of success of RPC1063 in Ulcerative Colitis (UC) is mid-30s percentage and we assume launch in 2019. We only penetrate into fourth-line UC patients. We assigned a mid 30% probability of success for RPC-1063 in the MS setting, assuming launch in 2018. We apply a discount rate of 11% and a terminal growth rate of 1% which translates to a ~10x terminal multiple which we believe is comparable to biotechnology companies in a similar development stage. The 2Q13 MEDACorp MS Survey suggests that if approved in 2018, RPC-1063 would take significant market share from Gilenya (~58%), Tecfidera (~13%), and Tysabri (15%) that could be worth \$1.2B in U.S. revenue in 2019E. Core RPC-1063 Intellectual Property (IP) expires in 2029, but Gilenya (NVS) currently goes off patent in 2019. Assuming generic pricing starts in 2020, we model peak risk adjusted RPC-1063 WW revenues of ~\$770M (\$2.2B non-risk adjusted) which leads to our base case NPV calculation of \$1.7B including cash, based on approval and use in relapsing multiple sclerosis (RMS) and UC.

### **RISKS TO VALUATION**

An investment in RCPT is fundamentally a high-risk, high-reward investment, in our opinion. RCPT may face significant clinical, regulatory, and commercial risks for pipeline products. Most important is risk associated with potential failure of RPC-1063 (Relapse Remitting Multiple Sclerosis) to obtain regulatory approvals and capture market share in the MS treatment paradigm. RPC-1063 is also the earliest among other S1P receptor modulators. There is also risk that evolving therapeutic landscapes could render RCPT pipeline compounds non-competitive or less valuable once approved.

RCPT P&L (\$000s, except per share data)																	
	2013A	1Q14A	2Q14E	3Q14E	4Q14E	2014E	2015E	2016E	2017E	2018E	2019E	2020E	2021E	2022E	2023E	2024E	2025E
Revenues																	
RPC1063 WW Revenue in MS										\$316,680	\$1,088,253	\$569,241	\$768,848	\$1,003,905	\$1,257,093	\$1,470,700	\$1,664,873
Probability of Success										35%	35%	35%	35%	35%	35%	35%	35%
Risk Adjusted RPC1063 WW Revenue in MS										\$110,838	\$380,889	\$199,234	\$269,097	\$351,367	\$439,983	\$514,745	\$582,706
RPC1063 U.S. Revenue in UC										-	\$81,377	\$194,873	\$292,476	\$460,913	\$484,235	\$508,738	\$534,480
Probability of Success										35%	35%	35%	35%	35%	35%	35%	35%
Risk Adjusted RPC1063 U.S. Revenue in UC										-	\$28,482	\$68,205	\$102,367	\$161,320	\$169,482	\$178,058	\$187,068
RPC4046																	
Collaborative Revenue	\$4,641	\$1,350	-	_	_	\$1,350	_	_	_	-	_	_	_	-	_	-	_
Total Revenue	\$4,641	\$1,350	-	-	-	\$1,350	-	-	-	\$110,838	\$409,371	\$267,440	\$371,464	\$512,686	\$609,465	\$692,803	\$769,774
Costs and Expenses																	
Probability Adjusted COGS	-	-	-	-	-	-	-	-	-	\$11,084	\$40,937	\$26,744	\$37,146	\$41,015	\$48,757	\$55,424	\$61,582
R&D	\$43,585	\$20,007	\$22,045	\$27,250	\$30,340	\$99,642	\$149,463	\$186,829	\$209,248	\$100,250	\$80,000	\$81,600	\$83,232	\$84,897	\$86,595	\$88,326	\$90,093
SG&A (Risk Adjusted from Time of RPC1063 Launch)	\$8,949	\$2,759	\$3,600	\$3,800	\$4,000	\$14,159	\$15,292	\$16,515	\$51,197	\$43,000	\$68,800	\$75,680	\$80,978	\$85,836	\$90,986	\$96,446	\$102,232
Total Costs and Expenses	\$52,534	\$22,766	\$25,645	\$31,050	\$34,340	\$113,801	\$164,755	\$203,344	\$260,445	\$154,334	\$189,737	\$184,024	\$201,356	\$211,748	\$226,338	\$240,196	\$253,907
Operating Income (EBIT)	(\$47,893)	(\$21,416)	(\$25,645)	(\$31,050)	(\$34,340)	(\$112,451)	(\$164,755)	(\$203,344)	(\$260,445)	(\$43,496)	\$219,634	\$83,416	\$170,108	\$300,939	\$383,127	\$452,607	\$515,866
Y/Y growth																	
Income Before Taxes	(\$50,376)	(\$21,500)	(\$25,829)	(\$31,234)	(\$34,524)	(\$113,086)	(\$166,520)	(\$205,109)	(\$261,540)	(\$43,496)	\$219,634	\$83,416	\$170,108	\$300,939	\$383,127	\$452,607	\$515,866
Provision for Taxes						- 1	- 1	- 1	- 1	-	-	-	-	-	93,771	153,886	175,395
Net income	(\$50,376)	(\$21,500)	(\$25,829)	(\$31,234)	(\$34,524)	(\$113,086)	(\$166,520)	(\$205,109)	(\$261,540)	(\$43,496)	\$219,634	\$83,416	\$170,108	\$300,939	\$289,356	\$298,721	\$340,472
EPS (LPS) Basic	(\$4.23)	(\$1.01)	(\$1.16)	(\$1.39)	(\$1.53)	(\$5.10)	(\$6.60)	(\$7.40)	(\$8.72)	(\$1.44)	\$7.18	\$2.70	\$5.45	\$9.55	\$9.09	\$9.29	\$10.48
Y/Y growth																	
Basic Shares* (000)	11.916	21.195	22,279	22.390	22.502	22,161	25.240	27.714	29.992	30.291	30.594	30.900	31.209	31,521	31.837	32,155	32,477

Source: Leerink Partners and company reports.

DCF Calcuation

Valuation / Share	\$75
Valuation	\$1,691,110
Terminal Growth Rate	1%
Discount rate	11%

Source: Leerink Partners estimates.

RCPT DCF Valuation / Share Sensitivity Analysis												
	_	Discount Rate										
		9.0%	10.0%	11.0%	12.0%	13.0%						
Terminal Growth Rate	0.0%	\$104	\$86	\$71	\$59	\$50						
	1.0%	\$112	\$91	\$75	\$62	\$52						
	2.0%	\$123	\$99	\$80	\$66	\$55						
	3.0%	\$137	\$108	\$87	\$70	\$58						
Term	4.0%	\$157	\$120	\$95	\$76	\$62						
Source: Leerink Pa	Source: Leerink Partners estimates.											



# Disclosures Appendix Analyst Certification

I, Marko Kozul, M.D., certify that the views expressed in this report accurately reflect my views and that no part of my compensation was, is, or will be directly related to the specific recommendation or views contained in this report.

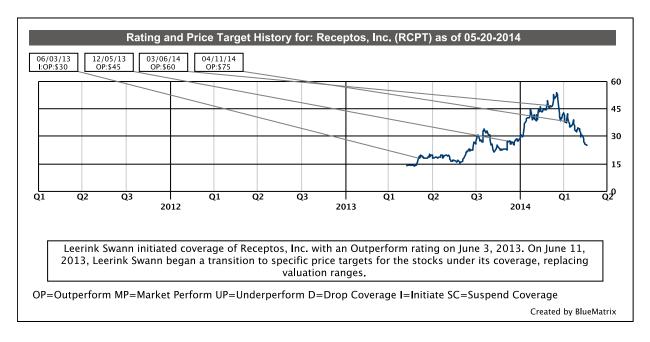
### **Valuation**

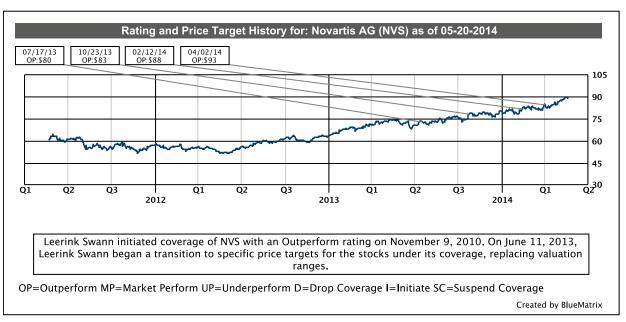
We calculate a \$75 DCF price target for RCPT in the next 12 months based on a discounted cash flow (DCF) analysis. Based on MEDACorp KOL feedback, our probability of success of RPC1063 in Ulcerative Colitis (UC) is mid-30s percentage and we assume launch in 2019. We only penetrate into fourth-line UC patients. We assigned a mid 30% probability of success for RPC-1063 in the MS setting, assuming launch in 2018. We apply a discount rate of 11% and a terminal growth rate of 1% which translates to a ~10x terminal multiple which we believe is comparable to biotechnology companies in a similar development stage. The 2Q13 MEDACorp MS Survey suggests that if approved in 2018, RPC-1063 would take significant market share from Gilenya (~58%), Tecfidera (~13%), and Tysabri (15%) that could be worth \$1.2B in U.S. revenue in 2019E. Core RPC-1063 Intellectual Property (IP) expires in 2029, but Gilenya (NVS) currently goes off patent in 2019. Assuming generic pricing starts in 2020, we model peak risk adjusted RPC-1063 WW revenues of ~\$770M (\$2.2B non-risk adjusted) which leads to our base case NPV calculation of \$1.7B including cash, based on approval and use in relapsing multiple sclerosis (RMS) and UC.

### **Risks to Valuation**

An investment in RCPT is fundamentally a high-risk, high-reward investment, in our opinion. RCPT may face significant clinical, regulatory, and commercial risks for pipeline products. Most important is risk associated with potential failure of RPC-1063 (Relapse Remitting Multiple Sclerosis) to obtain regulatory approvals and capture market share in the MS treatment paradigm. RPC-1063 is also the earliest among other S1P receptor modulators. There is also risk that evolving therapeutic landscapes could render RCPT pipeline compounds non-competitive or less valuable once approved.









Distribut	tion of Ratings/Investment Bankin	f Ratings/Investment Banking Services (IB) as of 03/31/14 IB Serv./Past 12 Mos.									
Rating	Count	Percent	Count	Percent							
BUY [OP]	131	68.23	46	35.11							
HOLD [MP]	61	31.77	3	4.92							
SELL [UP]	0	0.00	0	0.00							

## **Explanation of Ratings**

Outperform (Buy): We expect this stock to outperform its benchmark over the next 12 months.

<u>Market Perform (Hold/Neutral):</u> We expect this stock to perform in line with its benchmark over the next 12 months.

<u>Underperform (Sell):</u> We expect this stock to underperform its benchmark over the next 12 months. The degree of outperformance or underperformance required to warrant an Outperform or an Underperform rating should be commensurate with the risk profile of the company.

For the purposes of these definitions the relevant benchmark will be the S&P 600® Health Care Index for issuers with a market capitalization of less than \$2 billion and the S&P 500® Health Care Index for issuers with a market capitalization over \$2 billion.

## **Important Disclosures**

This information (including, but not limited to, prices, quotes and statistics) has been obtained from sources that we believe reliable, but we do not represent that it is accurate or complete and it should not be relied upon as such. All information is subject to change without notice. This is provided for information purposes only and should not be regarded as an offer to sell or as a solicitation of an offer to buy any product to which this information relates. The Firm, its officers, directors, employees, proprietary accounts and affiliates may have a position, long or short, in the securities referred to in this report, and/or other related securities, and from time to time may increase or decrease the position or express a view that is contrary to that contained in this report. The Firm's salespeople, traders and other professionals may provide oral or written market commentary or trading strategies that are contrary to opinions expressed in this report. The Firm's proprietary accounts may make investment decisions that are inconsistent with the opinions expressed in this report. The past performance of securities does not guarantee or predict future performance. Transaction strategies described herein may not be suitable for all investors. Additional information is available upon request by contacting the Editorial Department at One Federal Street, 37th Floor, Boston, MA 02110.

Like all Firm employees, analysts receive compensation that is impacted by, among other factors, overall firm profitability, which includes revenues from, among other business units, Institutional Equities, and Investment Banking. Analysts, however, are not compensated for a specific investment banking services transaction.

MEDACorp is a network of healthcare professionals, attorneys, physicians, key opinion leaders and other specialists accessed by Leerink and it provides information used by its analysts in preparing research.



In the past 12 months, the Firm has received compensation for providing investment banking services to Receptos, Inc. .

Leerink Partners LLC makes a market in Receptos, Inc.

Leerink Partners LLC is willing to sell to, or buy from, clients the common stock of Novartis AG on a principal basis.

Leerink Partners LLC has acted as a co-manager for a public offering of Receptos, Inc. in the past 12 months.

©2014 Leerink Partners LLC. All rights reserved. This document may not be reproduced or circulated without our written authority.

Leerink Partners LLC Equity Research									
Director of Equity Research	John L. Sullivan, CFA	(617) 918-4875	john.sullivan@leerink						
Associate Director of Research	Alice C. Avanian, CFA	(617) 918-4544	alice.avanian@leerink						
Healthcare Strategy	John L. Sullivan, CFA	(617) 918-4875	john.sullivan@leerink						
	Alice C. Avanian, CFA	(617) 918-4544	alice.avanian@leerink						
Biotechnology	Howard Liang, Ph.D.	(617) 918-4857	howard.liang@leerink						
	Joseph P. Schwartz	(617) 918-4575	joseph.schwartz@leerink						
	Marko Kozul, M.D.	(415) 905-7221	marko.kozul@leerink						
	Michael Schmidt, Ph.D.	(617) 918-4588	michael.schmidt@leerink						
	Gena Wang, Ph.D., CFA	(212) 277-6073	gena.wang@leerink						
	Jonathan Chang, Ph.D.	(617) 918-4015	jonathan.chang@leerink						
	Paul Matteis	(617) 918-4585	paul.matteis@leerink						
	Richard Goss	(617) 918-4059	richard.goss@leerink						
Life Science Tools	Dan Leonard	(212) 277-6116	dan.leonard@leerink						
and Diagnostics	Justin Bowers, CFA	(212) 277-6066	justin.bowers@leerink						
Pharmaceuticals/Major	Seamus Fernandez	(617) 918-4011	seamus.fernandez@leerink						
•	Ario Arabi	(617) 918-4568	ario.arabi@leerink						
	Aneesh Kapur	(617) 918-4576	aneesh.kapur@leerink						
Specialty Pharmaceuticals, Generics	Jason M. Gerberry, JD	(617) 918-4549	jason.gerberry@leerink						
Medical Devices, Cardiology &	Danielle Antalffy	(212) 277-6044	danielle.antalffy@leerink						
Orthopedics	Richard Newitter	(212) 277-6088	richard.newitter@leerink						
	Ravi Misra	(212) 277-6049	ravi.misra@leerink						
Healthcare Services	Ana Gupte, Ph.D.	(212) 277-6040	ana.gupte@leerink						
Healthcare Technology	David Larsen, CFA	(617) 918-4502	david.larsen@leerink						
& Distribution	Christopher Abbott	(617) 918-4010	chris.abbott@leerink						
Sr. Editor/Supervisory Analyst	Mary Ellen Eagan, CFA	(617) 918-4837	maryellen.eagan@leerink						
Supervisory Analysts	Robert Egan		bob.egan@leerink						
	Amy N. Sonne		amy.sonne@leerink						
Editorial	Cristina Diaz-Dickson	(617) 918-4548	cristina.diaz-dickson@leerink						

**New York** 299 Park Avenue, 21<sup>st</sup> floor New York, NY 10171 (888) 778-1653 Boston One Federal Street, 37<sup>th</sup> Floor Boston, MA 02110 (800) 808-7525

San Francisco 201 Spear Street, 16<sup>th</sup> Floor San Francisco, CA 94105 (800) 778-1164