

Enanta Pharmaceuticals (ENTA)

Rating	OUTPERFORM* [V]
Price (12 Apr 13, US\$)	19.68
Target price (US\$)	29.00 ¹
52-week price range	21.69 - 16.83
Market cap. (US\$ m)	343.15
Enterprise value (US\$ m)	-72,380.28

*Stock ratings are relative to the coverage universe in each analyst's or each team's respective sector.

¹Target price is for 12 months.

[V] = Stock considered volatile (see Disclosure Appendix).

Research Analysts

Ravi Mehrotra PhD

212 325 3487

ravi.mehrotra@credit-suisse.com

Koon Ching PhD

212 325 6286

koon.ching@credit-suisse.com

Lee Kalowski

212 325 9683

lee.kalowski@credit-suisse.com

Jason Kantor, PhD

415 249 7942

jason.kantor@credit-suisse.com

Jeremiah Shepard, PhD

415 249 7933

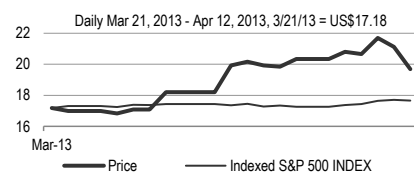
jeremiah.shepard@credit-suisse.com

INITIATION

A Slice of a Big Cake

- **We Are Initiating Coverage of Enanta (ENTA) with Outperform and \$29 Target Price:** Founded in 1995, ENTA specializes in the research and development of drugs to treat Hepatitis C Virus (HCV) and other infectious diseases. ENTA's ABT-450 is the central component in ABBV's all-oral, interferon-free combination for treating HCV, which could launch in 2015.
- **HCV Is Set to Be the Next >\$10B Therapeutic Market:** HCV is currently a ca\$5B market served by protease inhibitor (PI) / interferon-based regimens. Despite ca9M HCV patients in EU, U.S., and Japan, only ca150K patients are currently treated annually due to a combination of low diagnosis rates, "smoldering"/non-acute nature of the disease, and "less-than-ideal" clinical profile (side effects: anemia, rash, flu-like symptoms) of standard-of-care. One of the big debates remains how big this market can grow to and for how long. Even on conservative assumptions, we estimate a \$13B HCV market by 2020, essentially assuming a doubling of treated patients.
- **Modeling 20% Market Share for ABT-450/r-Based Regimens by 2017:** The ABT-450/r-based combination is less convenient than GILD's Sofosbuvir-based regimen and other regimens in PII trials. We model that GILD's Sofosbuvir-based regimen will garner majority share, while other combinations in PII studies are expected to obtain significant share.
- **Valuation:** Our DCF-derived target price of \$29 is based on what we consider conservative assumptions. Our valuation factors in: (1) 2015 launch of the ABT-450/r-based regimen, 12-18% tiered royalties on the ABT-450 contribution, WW peak sales for the ABT-450/r-based regimen of ~\$2.2B in 2018, and no value post 2024; and (2) 2014 and 2015 delivering of \$195M in milestones associated with the ABT-450 collaboration. Our DCF does not include the rest of ENTA's pipeline, such as the Novartis-partnered NS5A inhibitor or second-generation ABBV's/ENTA PI. As an interesting note, just discounting \$195M in milestones and current cash gets us to ca\$14/share.

Share price performance



On 04/12/13 the S&P 500 INDEX closed at 1588.85

Quarterly EPS	Q1	Q2	Q3	Q4
2012A	—	—	—	—
2013E	1.53	-0.32	-0.38	-0.45
2014E	—	—	—	—

Financial and valuation metrics

Year	09/12A	09/13E	09/14E	09/15E
EPS (CS adj.) (US\$)	1.51	0.17	-0.78	4.24
Prev. EPS (US\$)	—	—	—	—
P/E (x)	13.0	117.8	-25.2	4.6
P/E rel. (%)	86.0	837.8	-199.8	40.7
Revenue (US\$ m)	41,706.0	32,359.0	34,000.0	153,822.1
EBITDA (US\$ m)	21,461.0	2,754.9	-13,449.4	125,522.8
OCFPS (US\$)	1.60	-1.07	-0.58	3.34
P/OCF (x)	—	-18.3	-34.1	5.9
EV/EBITDA (current)	0.02	0.12	-0.03	0.00
Net debt (US\$ m)	-10,511	-72,723	-62,004	-143,710
ROIC (%)	63.67	16.71	-100.18	266.21
Number of shares (m)	17.44	IC (current, US\$ m)	33,438.00	
BV/share (Next Qtr., US\$)	—	EV/IC (x)	—	
Net debt (Next Qtr., US\$ m)	—	Dividend (current, US\$)	—	
Net debt/tot cap (Next Qtr., %)	—	Dividend yield (%)	—	

Source: Company data, Credit Suisse estimates.

DISCLOSURE APPENDIX CONTAINS IMPORTANT DISCLOSURES, ANALYST CERTIFICATIONS, INFORMATION ON TRADE ALERTS, ANALYST MODEL PORTFOLIOS AND THE STATUS OF NON-U.S. ANALYSTS. US Disclosure: Credit Suisse does and seeks to do business with companies covered in its research reports. As a result, investors should be aware that the Firm may have a conflict of interest that could affect the objectivity of this report. Investors should consider this report as only a single factor in making their investment decision.

Investment Thesis

We Are Initiating Coverage of Enanta (ENTA) with an Outperform and a \$29 Target Price:

Enanta is a biopharmaceutical company that specializes in researching and developing novel agents for treating infections from hepatitis C virus (HCV), methicillin-resistant staphylococcus aureus (MRSA), and other microorganisms. Enanta's lead pipeline compound is ABT-450, a NS3 protease inhibitor, partnered with AbbVie. ABT-450 boosted with ritonavir (ABT-450/r) is the central component in AbbVie's all-oral, interferon-free regimens for treating HCV. ABT-450/r-based combinations are currently being studied in several PIII trials in HCV genotype 1 (G1) patients.

ABT-450/r Is the Key Component in AbbVie's All-Oral Interferon-Free Regimen:

AbbVie is currently evaluating a combination of ABT-450/r with ABT-267, a NS5A inhibitor, and ABT-333, a non-nucleoside inhibitor, with or without ribavirin. AbbVie's regimen will be at least a four-pill regimen: two pills of ABT-450/r/ABT-267 given once a day and one pill of ABT-333 given twice per day. This regimen may or may not need the use of ribavirin (RBV). The addition of ribavirin could increase the pill burden by up to six, as ribavirin involves two to three pills dosed twice per day.

Significant Unmet Needs Remain in HCV: Despite the approval of Victrelis and Incivek in May 2011, the regimens for treating HCV continue to be burdensome. Both agents require the use of interferon, which can cause flu-like symptoms, and ribavirin, which can cause anemia. In addition, Victrelis and Incivek add to the safety/tolerability burden. Both increase anemia. In addition, Incivek could cause rashes. This poor safety/tolerability profile has limited the number of HCV patients willing to seek treatment. The advent of all-oral, interferon-free regimens could potentially revolutionize the treatment landscape in HCV.

Enanta Is Poised to Be an Important Player in the Future HCV Treatment Landscape:

The standard-of-care in HCV has evolved rapidly over the last few years. Before 2011, the standard treatment in HCV involved 48 weeks of treatment with interferon and ribavirin in HCV G1 patients and 24 weeks of treatment with interferon and ribavirin for other HCV genotypes. Beginning in 2011, the first-generation protease inhibitors, Incivek and Victrelis, were launched. This launch ushered in the era of direct acting antivirals, which are compounds that directly target HCV. However, these therapies still required the use of interferon and ribavirin. The next-generation direct acting antivirals, Gilead's Sofosbuvir and J&J/Medivir's Simeprevir, will increase efficacy and improve safety, but will still require the use of interferon and ribavirin. The biggest advance, which could occur by 2015, is the launch of all-oral, interferon-free regimens. The first two regimens that could hit the market are from Gilead (Sofosbuvir + Ledipasvir +/- RBV) and AbbVie/Enanta (ABT-450/r/ABT-267 + ABT-333 +/- RBV).

ABT-450/r-Based Regimens Have Shown High Sustained Virological Response

(SVR) Rates in Robust PII Trials: AbbVie examined several ABT-450/r-based combinations in large PII trials (PILOT, CO-PILOT, and AVIATOR) in HCV G1 patients. These trials showed that ABT-450/r-based combinations could lead to high SVR rates as high as 99%. In addition, the safety/tolerability profile from these various combinations was very favorable. Overall, the combinations were generally safe and well tolerated. The SVR data and key safety/tolerability issues obtained from PILOT, CO-PILOT, and AVIATOR trials are provided in Exhibit 14, Exhibit 30, Exhibit 31, Exhibit 33, and Exhibit 35.

AbbVie is Evaluating ABT-450/r + ABT-267 + ABT-333 +/- RBV in a Large PIII Program, with Readouts Beginning in Q4'13:

The PIII program will evaluate this specific combo in HCV G1a/G1b treatment of naïve and experienced patients as well as special populations (i.e., treatment naïve and experienced HCV G1 patients co-infected with HIV and HCV GT1 patients with compensated cirrhosis). Exhibit 15 provides an overview of the PIII program.

HCV Market Could Be a Substantial Opportunity by 2020: There are an *ca*9M patients with HCV in the U.S., Japan, and Europe. We currently project that the HCV market could reach \$13B by 2020, driven by a combination of pricing premiums, increased compliance, and inflows of treating patients. We currently forecast that ABT-450/r-based regimens could capture *ca*25% of the total patient market and *ca*20% of market sales. We currently project that the ABT-450/r-based regimen could garner sales of \$2.2B in 2018, followed by a gradual decline to \$1.8B by 2020. We expect that AbbVie will likely try to compete by pricing ABT-450/r-based regimen at a 20% discount to Gilead's Sofosbuvir-based regimen. We expect that the number of patients could grow from *ca*150K across the U.S., EU, and Japan to *ca*300K across the U.S., EU, and Japan by 2020.

Upside Could Come from Expansion into Emerging Markets: It is currently estimated that there are *ca*140M patients with HCV around the world outside of the U.S., EU, and Japan. Use of these of all-oral, interferon-free regimens could provide a boost to sales. For example, the number of infected HCV patients in China, India, and Egypt is 41.5M

Additional Upside Could Be Driven by the Second-Generation Protease Inhibitor: AbbVie/Enanta recently announced that a second-generation protease inhibitor entered PI clinical trials in late 2012. This development is important for a few reasons. First, it enables AbbVie/Enanta to bring a combination that could be on par in terms of convenience relative to Gilead's Sofosbuvir-based regimen, given that the second-generation protease inhibitors will likely not require ritonavir. In addition, AbbVie plans to co-formulate the second-generation protease inhibitor with its second-generation NS5A inhibitor. Assuming the potency is very similar to ABT-450, then we expect that AbbVie will likely evaluate combinations based on this protease inhibitor. If that is the case, then economics for Enanta could improve if (1) Enanta decides to opt in to share in the profits in exchange for funding some development costs, or (2) the number of direct acting antivirals decreases from three to two, which instantly improves their economics by 33%, given that Enanta's royalties are based on sales of the total combination allocated to ABT-450 and/or the second-generation protease inhibitor.

Rest of the Pipeline Could Drive Further Upside as Well: In particular, we flag that Enanta is currently evaluating EDP-239, a NS5A inhibitor, in partnership with Novartis. Novartis recently took this drug into Phase I trials. Novartis may elect to take EDP-239 further into clinical development, which will likely drive further milestones to Enanta. Enanta signed a partnership for milestones worth up to \$406M and tiered double-digit royalties based on EDP-239 proportion for EDP-239-based combination sales. The drug has showed very high potency, among the best NS5A inhibitors in preclinical studies. Other preclinical pipeline products for Enanta include EDP-546, a cyclophilin inhibitor for treatment of HCV; EDP-788, a bicyclocide antibiotic, for treatment for MRSA; and a NS5B Nucleotide inhibitor for treatment of HCV.

Valuation

Enanta is a company mainly with clinical development risk. Our \$29 target price for Enanta is derived from a company DCF-based valuation based on what we consider conservative ABT-450/r-based regimens assumptions. We stress that our valuation does not include and value for (1) ABT-450/r-based regimen after 2024 or (2) any of the pipeline, including the second-generation protease inhibitor. Specifically, our DCF-based valuation assumes:

- (1) Royalties on the ABT-450 portion of the ABT-450/r-based regimen sales in the U.S., EU, and Japan.
- (2) Milestones mainly from the collaboration agreement for ABT-450 with AbbVie.

We project that the ABT-450/r-based regimen will reach worldwide peak sales of ~\$2.2B in 2018 (U.S.: ~\$1.8B; EU: ~\$865M; and Japan: ~\$545M). We assume annual cash flows through 2023. In addition, we have added R&D expenses back in our valuation, given that all of Enanta's R&D expenses are associated with research and development of the rest of its pipeline. We currently do not model any further fund raisings, as Enanta does not need to fund development and commercialization of ABT-450. However, if Enanta exercises its option to co-develop and share in the profit of the second-generation protease inhibitor or other protease inhibitors developed in the research collaboration agreement with AbbVie, then Enanta will likely need to raise more funds. We expect that Enanta will likely be profitable beginning in 2015 based on milestone and royalty payments associated with ABT-450. The DCF-based valuation of Enanta is shown in Exhibit 1.

As an interesting note, just discounting the 2014 and 2015 \$195M milestones and current cash gets us to ca\$14/share.

Exhibit 1: ENTA DCF Valuation

DCF Valuation (Corporate)	2014E	2015E	2016E	2017E	2018E	2019E	2020E	2021E	2022E	2023E
Free Cash Flows to Equity	(10,858)	81,133	65,182	60,119	64,267	59,571	53,395	43,868	32,228	20,250
R&D Add Back	41,105	20,553	10,276	10,482	10,692	10,905	11,123	11,346	11,573	11,804
Cash Flows	30,248	101,686	75,458	70,601	74,958	70,477	64,519	55,214	43,801	32,054
PV of Cash Flow	28,296	86,476	58,337	49,620	47,893	40,936	34,069	26,505	19,114	12,717
PV of Cash Flows (2014-2034)	403,962									
Net Cash (2013)	85,476									
Shares Out	16,999									
U.S. Value/Share	\$28.79									
Net Cash/Share	\$5.03									

Source: Company data, Credit Suisse estimates.

Our key assumptions in modeling sales of the ABT-450/r-based regimen include:

- Sales from ABT-450/r-based regimens for treatment of HCV only based on FDA-approved label in the U.S., EU, and Japan;
- 10% discount rate;
- Price of \$56K in the U.S. per patient annually;
- Annual cash flows until 2023;
- Launch of ABT-450/r-based product by 2015;
- ABT-450/r-based product peak sales of ~\$2.2B in 2018 (U.S.: ~\$1.8B; EU: ~\$865M; and Japan: ~\$545M); and
- Patent protection until 2034

Risks

Key risks to our Enanta target price include the following:

- **Financing Risk:** We estimate that Enanta ended calendar Q1'13 with around \$100M in cash, cash equivalents, and investments. We currently do not model any additional fund raising for Enanta, given that Enanta does not need to fund development and commercialization of the ABT-450/r-based regimen. However, we do note that, if Enanta decides to opt into the profit share (in exchange for funding development costs) for the next-generation protease inhibitor, then Enanta will likely need to raise additional funding. The need for additional capital and/or more than expected dilution could have a negative impact on our valuation.
- **ABT-450/r-Based Regimen Is Not Approved or Significantly Delayed:** Enanta is heavily dependent on the success of ABT-450/r. If Enanta fails to obtain regulatory approval for ABT-450/r, then its business will be materially harmed.
- **ABT-450/r-Based Regimen Does Not Demonstrate Efficacy and Safety Expected from Data on Studies to Date:** Our assumptions are based on expectations regarding ABT-450/r's efficacy and safety. If ABT-450/r is shown to be less efficacious and safe than is expected, then our sales estimates for ABT-450/r could fall short of expectations.
- **ABT-450/r-Based Regimen Could Underperform Our Expectations for the Product Launch Ramp or Peak Sales:** In modeling ABT-450/r, we have developed a patient-driven model to attempt to forecast the launch trajectory and peak sales. However, if any of the following parameters (i.e., pricing, treatment rate, average duration of therapy) are worse than our expectations, our sales estimates for ABT-450/r could be too high.
- **Competition Is More Acute than We Model:** We currently assume that ABT-450/r-based regimen garners a peak 20% market share, with Gilead's Sofosbuvir-based regimen garnering ca50% market share and cumulatively "other" regimens ca30% by 2017. In particular, we note the large number of competitive regimes in PII development.
- **HCV Market May Not Become as Large as Expected:** We currently have projected a particular size of the HCV market based on a patient-driven model. If the number of projected patients seeking treatment is lower than projected, then the total HCV market could be significantly lower than forecast. We also assume a ca20% pricing discount for the ABT-450/r-based regimen (over Gilead's Sofosbuvir-based regime); this could evolve to be larger, especially if we see numerous "other" regimen competition

ENTA Financials

Exhibit 2: Enanta Quarterly Income Statement

ENTA Quarterly Income Statement (Year Ended September 30)					
	Q1'13A	Q2'13E	Q3'13E	Q4'13E	2013E
(Dollars in thousands, except share and per share amounts)					
ABT-450 Royalty	0	0	0	0	0
Milestones	26,000	0	0	0	26,000
Other Revenues	1,859	1,500	1,500	1,500	6,359
Total Revenues	27,859	1,500	1,500	1,500	32,359
COGS	0	0	0	0	0
Gross Profit	27,859	1,500	1,500	1,500	32,359
R&D	4,798	5,506	6,319	7,254	23,877
SG&A	1,152	1,349	1,584	1,866	5,950
Total Operating Expenses	5,950	6,854	7,903	9,120	29,827
Operating Income/(Loss)	21,909	(5,354)	(6,403)	(7,620)	2,532
Interest Income	35	55	55	55	200
Interest Expense	(7)	(10)	(10)	(10)	(37)
Other Income/(Expense)	20	0	0	0	20
Total Other Income/(Expense)	48	45	45	45	183
Pre-Tax Profit/(Loss)	21,957	(5,309)	(6,358)	(7,575)	2,715
Provision/(Benefit) for Income Taxes	0	0	0	0	0
Effective Tax Rate	0.0%	0.0%	0.0%	0.0%	0.0%
Net Income/(Loss)	21,957	(5,309)	(6,358)	(7,575)	2,715
GAAP Basic EPS	\$1.71	(\$0.32)	(\$0.38)	(\$0.45)	\$0.17
GAAP Diluted EPS	\$1.53	(\$0.32)	(\$0.38)	(\$0.45)	\$0.17
Basic Shares Outstanding	12,815	16,852	16,894	16,936	15,874
Diluted Shares Outstanding	14,295	16,852	16,894	16,936	16,244

Source: Enanta, Credit Suisse estimates.

Exhibit 3: Enanta Annual Income Statement

ENTA Annual Income Statement (Year Ended September 30)													
	2010A	2011A	2012A	2013E	2014E	2015E	2016E	2017E	2018E	2019E	2020E	2021E	2023E
(Dollars in thousands, except share and per share amounts)													
ABT-450 Royalty	0	0	0	0	0	15,822	62,718	97,703	101,538	92,569	84,770	70,929	55,243
Milestones	6,518	41,882	41,706	26,000	34,000	138,000	23,000	0	0	0	0	0	0
Other Revenues	16,245	0	0	6,359	0	0	0	0	0	0	0	0	0
Total Revenues	22,763	41,882	41,706	32,359	34,000	153,822	85,718	97,703	101,538	92,569	84,770	70,929	55,243
COGS	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Profit	22,763	41,882	41,706	32,359	34,000	153,822	85,718	97,703	101,538	92,569	84,770	70,929	55,243
R&D	9,716	11,547	15,115	23,877	41,571	21,484	11,226	11,451	11,680	11,913	12,152	12,395	12,642
SG&A	6,105	5,036	5,302	5,950	6,208	7,238	7,383	7,530	7,681	7,834	7,991	8,151	8,314
Total Operating Expenses	15,821	16,583	20,417	29,827	47,779	28,722	18,609	18,981	19,361	19,748	20,143	20,546	20,956
Operating Income/(Loss)	6,942	25,299	21,289	2,532	(13,779)	125,100	67,109	78,722	82,177	72,822	64,627	50,384	34,287
Interest Income	14	83	118	200	177	365	515	649	797	935	1,058	1,159	1,233
Interest Expense	0	(3,161)	0	(37)	(40)	(40)	(40)	(40)	(40)	(40)	(40)	(40)	(40)
Other Income/(Expense)	791	1,089	(8)	20	0	0	0	0	0	0	0	0	0
Total Other Income/(Expense)	805	(1,989)	110	163	137	325	475	609	757	895	1,018	1,119	1,193
Pre-Tax Profit/(Loss)	7,747	23,310	21,399	2,715	(13,642)	125,425	67,584	79,331	82,934	73,716	65,644	51,502	35,480
Provision/(Benefit) for Income Taxes	(157)	0	0	0	0	21,425	16,896	19,833	20,734	18,429	16,411	12,876	8,870
Effective Tax Rate	-	0.0%	0.0%	0.0%	0.0%	17.1%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
Net Income/(Loss)	7,904	23,310	21,399	2,715	(13,642)	104,000	50,688	59,498	62,201	55,287	49,223	38,627	26,610
GAAP Basic EPS			\$1.68	\$0.17	(\$0.78)	\$5.78	\$2.74	\$3.14	\$3.20	\$2.78	\$2.42	\$1.85	\$1.25
GAAP Diluted EPS			\$1.51	\$0.17	(\$0.78)	\$4.24	\$2.03	\$2.35	\$2.41	\$2.11	\$1.85	\$1.43	\$0.97
Basic Shares Outstanding			12,746	15,874	17,493	17,982	18,467	18,948	19,425	19,899	20,370	20,837	21,302
Diluted Shares Outstanding			14,132	16,244	17,493	24,506	24,934	25,362	25,790	26,217	26,644	27,071	27,498

Source: Enanta, Credit Suisse estimates.

Exhibit 4: Enanta Balance Sheet

ENTA Balance Sheet (In '000s) (Year Ended September 30)													
	2010A	2011A	2012A	2013E	2014E	2015E	2016E	2017E	2018E	2019E	2020E	2021E	2023E
ASSETS													
Current Assets													
Cash & Cash Equivalents	466	6,837	10,511	72,723	62,004	143,710	209,028	267,300	331,701	391,405	444,931	488,931	541,668
Short-Term Marketable Securities	0	16,492	33,251	13,251	13,251	13,251	13,251	13,251	13,251	13,251	13,251	13,251	13,251
Accounts Receivable	10	261	1,049	887	932	12,643	7,045	8,030	8,346	7,608	6,967	5,830	4,541
Unbilled Receivables	0	0	1,893	1,456	1,360	4,615	1,714	1,954	2,031	1,851	1,695	1,419	1,105
Restricted Cash	0	1,140	0	0	0	0	0	0	0	0	0	0	0
Prepaid Expenses & Other Current Assets	96	369	604	485	510	2,307	1,286	1,466	1,523	1,389	1,272	1,064	829
Total Current Assets	572	25,099	47,308	88,803	78,056	176,526	232,324	292,001	356,851	415,504	468,117	510,494	541,013
Property & Equipment, Net	590	534	611	892	1,318	1,690	2,019	2,315	2,587	2,842	3,084	3,318	3,548
Long-Term Marketable Securities	0	0	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656
Restricted Cash	1,140	436	436	436	436	0	0	0	0	0	0	0	0
Other Assets	110	27	2,151	1,618	1,700	7,691	4,286	4,885	5,077	4,628	4,238	3,546	2,762
Total Assets	2,412	26,096	52,162	93,404	83,167	187,563	240,285	300,857	366,171	424,630	477,095	519,014	548,980
LIABILITIES													
Current Liabilities													
Accounts Payable	508	566	1,851	2,749	4,448	2,132	1,296	1,322	1,349	1,376	1,403	1,431	1,460
Accrued Expenses	3,059	1,583	3,866	287	464	259	158	161	164	167	171	174	181
Deferred Revenue	432	0	17	17	17	17	17	17	17	17	17	17	17
Total Current Liabilities	3,999	2,149	5,734	3,053	4,929	2,409	1,471	1,500	1,530	1,560	1,591	1,623	1,655
Warrant Liability	27	1,993	1,981	1,981	1,981	1,981	1,981	0	0	0	0	0	0
Other Long-Term Liabilities	0	0	498	498	498	498	498	498	498	498	498	498	498
Total Liabilities	4,026	4,142	8,213	5,532	7,408	4,888	3,950	1,998	2,028	2,058	2,089	2,121	2,153
SHAREHOLDER'S EQUITY													
Common Stock	52	53	560	170	175	180	185	189	194	199	204	208	213
Additional Paid in Capital	0	0	158,800	220,488	222,011	224,923	227,889	230,911	233,989	237,126	240,322	243,578	246,897
Treasury Stock	(3)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)
Accumulated Other Comprehensive Loss	0	(1)	10	10	10	10	10	10	10	10	10	10	10
Accumulated Surplus/(Deficit)	(150,124)	(132,004)	(115,412)	(132,786)	(146,428)	(42,428)	8,260	67,758	129,959	185,246	234,479	273,106	299,716
Total Shareholders' Equity	(150,075)	(131,961)	43,949	87,873	75,759	182,675	236,334	298,859	364,143	422,572	475,006	516,894	564,780
Total Liabilities and Shareholders' Equity	2,412	26,096	52,162	93,404	83,167	187,563	240,285	300,857	366,171	424,630	477,095	519,014	548,980

Source: Enanta, Credit Suisse estimates.

Exhibit 5: Enanta Cash Flow Statement

ENTA Cash Flow Statement (In '000s) (Year Ended September 30)														
	2010A	2011A	2012A	2013E	2014E	2015E	2016E	2017E	2018E	2019E	2020E	2021E	2022E	2023E
Net Income/(Loss)	7,904	23,310	21,399	(17,374)	(13,642)	104,000	50,688	59,498	62,201	55,287	49,233	38,627	26,610	14,566
Adjustments:														
Depreciation & Amortization Expense	553	499	172	223	330	422	505	579	647	710	771	830	887	944
Non-Cash Interest Expense	0	2,059	0	0	0	0	0	0	0	0	0	0	0	0
Change in Fair Value of Warrant Liability	(482)	686	8	0	0	0	0	0	0	0	0	0	0	0
Gain on Embedded Derivative	0	(670)	0	0	0	0	0	0	0	0	0	0	0	0
Stock-Based Compensation Expense	259	225	424	1,158	1,390	2,780	2,835	2,892	2,950	3,009	3,069	3,130	3,193	3,257
(Gain)/Loss on Disposal of Property & Equipment	2	(7)	(63)	0	0	0	0	0	0	0	0	0	0	0
Amortization of Premium on Marketable Securities	0	317	590	0	0	0	0	0	0	0	0	0	0	0
Change in Operating Assets and Liabilities:														
Accounts Receivable	(6)	(251)	(788)	162	(45)	(11,711)	5,598	(985)	(315)	737	641	1,138	1,289	1,289
Unbilled Receivables	0	0	(1,893)	437	96	(3,255)	2,900	(240)	(77)	179	156	277	314	314
Prepaid Expenses & Other Current Assets	65	(273)	(235)	119	(25)	(1,797)	1,022	(180)	(58)	135	117	208	235	235
Accounts Payable	181	58	763	898	1,699	(2,316)	(836)	26	26	27	28	28	29	29
Accrued Expenses	1,765	(1,120)	1,726	(3,579)	177	(204)	(102)	3	3	3	3	3	3	4
Other Long-Term Liabilities	(275)	(356)	498	0	0	0	0	0	0	0	0	0	0	0
Deferred Revenue	(20,036)	(432)	17	0	0	0	0	0	0	0	0	0	0	0
Other Assets	(105)	(26)	5	533	(82)	(5,991)	3,405	(599)	(192)	448	390	692	784	784
Cash from Operating Activities	(10,175)	24,019	22,623	(17,423)	(10,102)	81,927	66,015	60,994	65,186	60,536	54,408	44,932	33,345	21,423
Purchases of Property, Plant, & Equipment	(37)	(445)	(252)	(504)	(756)	(794)	(833)	(875)	(919)	(965)	(1,013)	(1,064)	(1,117)	(1,173)
Proceeds from Sales of Property and Equipment	0	9	66	0	0	0	0	0	0	0	0	0	0	0
Purchases of Marketable Securities	(603)	(33,574)	(47,694)	0	0	0	0	0	0	0	0	0	0	0
Sales of Marketable Securities	2,303	16,764	15,750	20,000	0	0	0	0	0	0	0	0	0	0
Maturities of Marketable Securities	0	0	12,950	0	0	0	0	0	0	0	0	0	0	0
Change in Restricted Cash	0	(436)	1,140	0	0	436	0	0	0	0	0	0	0	0
Cash from Investing Activities	1,663	(17,682)	(18,040)	19,496	(756)	(358)	(833)	(875)	(919)	(965)	(1,013)	(1,064)	(1,117)	(1,173)
Proceeds from Issuance of Convertible Notes	0	2,000	0	0	0	0	0	0	0	0	0	0	0	0
Repayment of Convertible Notes	0	(2,000)	0	0	0	0	0	0	0	0	0	0	0	0
Payments of Capital Lease Obligations	(7)	0	0	0	0	0	0	0	0	0	0	0	0	0
Proceeds from Exercise of Stock Options	15	34	141	140	138	137	136	135	134	133	132	131	130	129
Proceeds/(Payments) of Initial Public Offering	0	0	(1,050)	60,000	0	0	0	0	0	0	0	0	0	0
Other Proceeds/(Payments)	0	0	0	0	0	0	0	(1,991)	0	0	0	0	0	0
Cash from Financing Activities	8	34	(909)	60,140	138	137	136	(1,846)	134	133	132	131	130	129
Net Change in Cash & Cash Equivalents	(8,504)	6,371	3,674	62,212	(10,719)	81,706	65,317	58,273	64,401	59,704	53,527	43,999	32,358	20,379
Free Cash Flow to Equity														
Net Income				(17,374)	(13,642)	104,000	50,688	59,498	62,201	55,287	49,233	38,627	26,610	14,566
Add: Non-Cash items				1,381	1,719	3,202	3,340	3,471	3,597	3,719	3,840	3,960	4,080	4,201
Add: Increase in Current Liabilities				(2,681)	1,876	(2,521)	(937)	29	30	30	31	31	32	33
Subtract: Increase in Current Assets				1,251	(55)	(22,755)	12,925	(2,004)	(641)	1,499	1,304	2,314	2,623	2,623
Subtract: Capital Expenditures				(504)	(756)	(794)	(833)	(875)	(919)	(965)	(1,013)	(1,064)	(1,117)	(1,173)
FCFF				(17,927)	(10,858)	81,133	65,182	60,119	64,267	59,571	53,395	43,868	32,228	20,250
Add/Subtract: Debt Issuance/Payment														
FCFE				(17,927)	(10,858)	81,133	65,182	60,119	64,267	59,571	53,395	43,868	32,228	20,250

Source: Enanta, Credit Suisse estimates.

Exhibit 6: Enanta (ENTA): Our assumptions and reason to buy the stock to \$29

Enanta (ENTA): Our assumptions and reason to buy the stock to \$29

1. HCV is currently a \$5bn market served by less than ideal standard of care regimes - currently 150k patents/year treated (out of 9M)
2. There is huge wall street debate on how big this market will grow to when “next generation” all orals launched (2015)
3. Even taking very conservative assumptions we get to \$13bn/year for at least 2023 (300k/year)
4. We absolutely concede Gilead’s Sofosbuvir-based regimen will get majority market share, and other regimes in PII will also garner significant market share
5. For ABT-450/r-based regimen - we assume a peak of 20% market share by 2017, declining to 0% by 2024!
6. We assume no value for (1) ABT-450/r-based regimen after 2024 (2) Any of the pipeline, including 2nd generation PI
7. Assume 12-18% tiered royalty on 450 contribution (i.e. 4-5% royalty on total ABT-450/r-based regimen) and \$195m milestones.
8. Discounting back corporate cash flows (and adding back R&D spend and cash) get us to \$29 TP. Just discount \$195m milestones and current cash get us to ca\$14/share
9. We see significant upside potential!

Sources: AbbVie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

Enanta (ENTA): Investment Highlights

- Biopharmaceutical company founded in 1995 and based in Watertown, MA
- Specializes in developing novel agents for treatment of HCV, MRSA, and other infectious diseases
- Lead pipeline compound, ABT-450, is partnered with AbbVie and just entered PIII trials
- Derisked clinically to some degree following positive PII data
 - ABT-450/r regimens had high cure rates and generally good safety/tolerability
- Expecting pivotal PIII SAPPHERE I/II data readouts on a ABT-450/r-based combo in H2'13, most likely at the AASLD Conference
- HCV market could be huge, potentially hitting ~\$13B in worldwide sales by 2020
- Partnered with high-quality companies such as AbbVie and Novartis

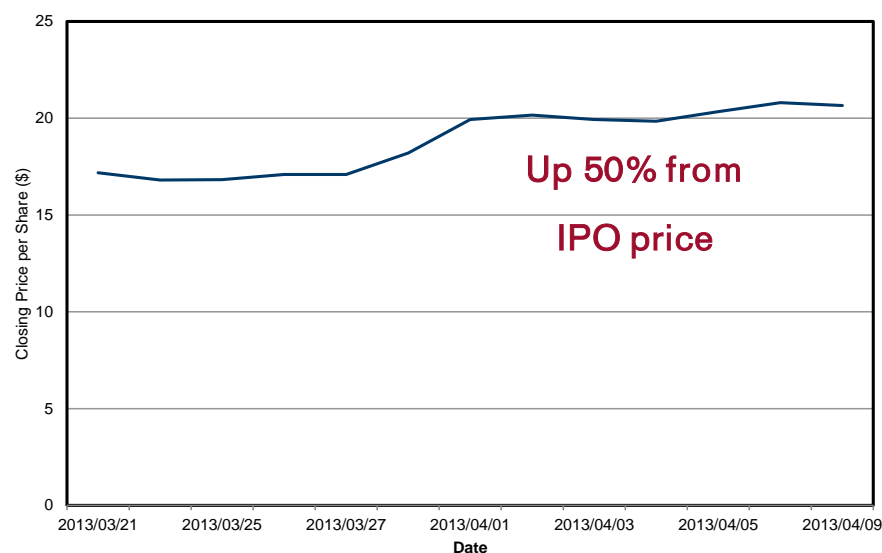
Sources: AbbVie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

ENTA Management and Investors

- Led by management team with strong biopharma experience:
 - Jay R. Luly PhD, President and CEO
 - Yat Sun Or PhD, SVP R&D and CSO
 - Paul J. Mellett, SVP Finance & Administration, CFO
- IPO Summary
 - Priced at \$14/share (range \$14-\$16) 21st March
 - Closed at \$17.81 21/3 & currently at \$19.68 (+42%)
 - Credit Suisse TP \$29 (+50%)
- VC investors include: Saints Capital, Advent International, BioVentures Investors, Oxford Bioscience Partners, Remy Investors, Wheatley MedTech Partners, TVM Capital, HBM Partners, Alpha Associates (Private Equity Holding), Alpinvest Partners, Omega Funds, Abbott, Shionogi
- Current partners include: AbbVie, Novartis, and NIAID

ENTA Stock Price



Sources: Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

Exhibit 9: Enanta's Pipeline

Enanta's Pipeline

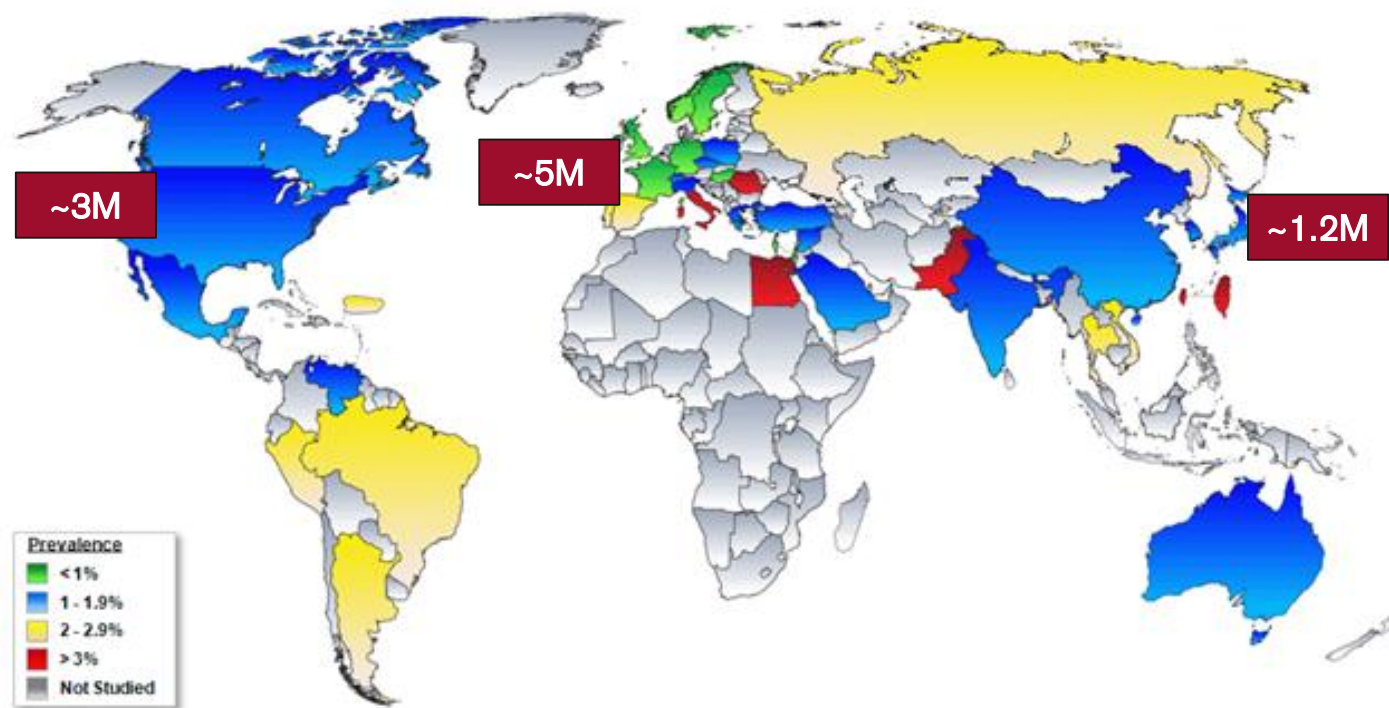
		Target Indications	Partners	Current Status	Highlights
Clinical Stage	ABT-450 Protease Inhibitor	<ul style="list-style-type: none"> HCV G1 Naïve and Experienced Special Populations in HCV 	<ul style="list-style-type: none"> AbbVie 	<ul style="list-style-type: none"> Pivotal PIII trials are currently underway Expecting PIII data in 2013 	<ul style="list-style-type: none"> Major near-term valuation driver Potentially better efficacy and safety (vs. SOC)
	Next-Gen Protease Inhibitor	<ul style="list-style-type: none"> HCV 	<ul style="list-style-type: none"> AbbVie 	<ul style="list-style-type: none"> PI trial initiated by AbbVie in Nov 2012 	<ul style="list-style-type: none"> Designed to be QD without Ritonavir
	EDP-239 NS5A Inhibitor	<ul style="list-style-type: none"> HCV 	<ul style="list-style-type: none"> Novartis 	<ul style="list-style-type: none"> PI trial initiated by Novartis in Nov 2012 	<ul style="list-style-type: none"> Showed high potency in preclinical studies
Preclinical Stage	EDP-546 Cyclophilin Inhibitor	<ul style="list-style-type: none"> HCV 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Plans to start PI trial in H1'14 	<ul style="list-style-type: none"> Showed promising effects in preclinical studies
	EDP-788 Bicyclolide Antibiotic	<ul style="list-style-type: none"> MRSA 	<ul style="list-style-type: none"> NIAID 	<ul style="list-style-type: none"> Plans to start PI trial in H1'14 	<ul style="list-style-type: none"> Showed promising effects in preclinical studies
	Nuc Candidate NS5B "Nuc" Inhibitor	<ul style="list-style-type: none"> HCV 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Plans to select preclinical candidate in 2013 	<ul style="list-style-type: none"> Potential to match or improve on Gilead's Sofosbuvir

Sources: AbbVie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

Exhibit 10: HCV: 150 million are chronically infected worldwide

HCV: 150 million are chronically infected worldwide



- ~9 million are chronically infected with HCV in the U.S., EU, and Japan

Sources: AbbVie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

Exhibit 11: HCV is a “silent” epidemic

HCV is a “silent” epidemic

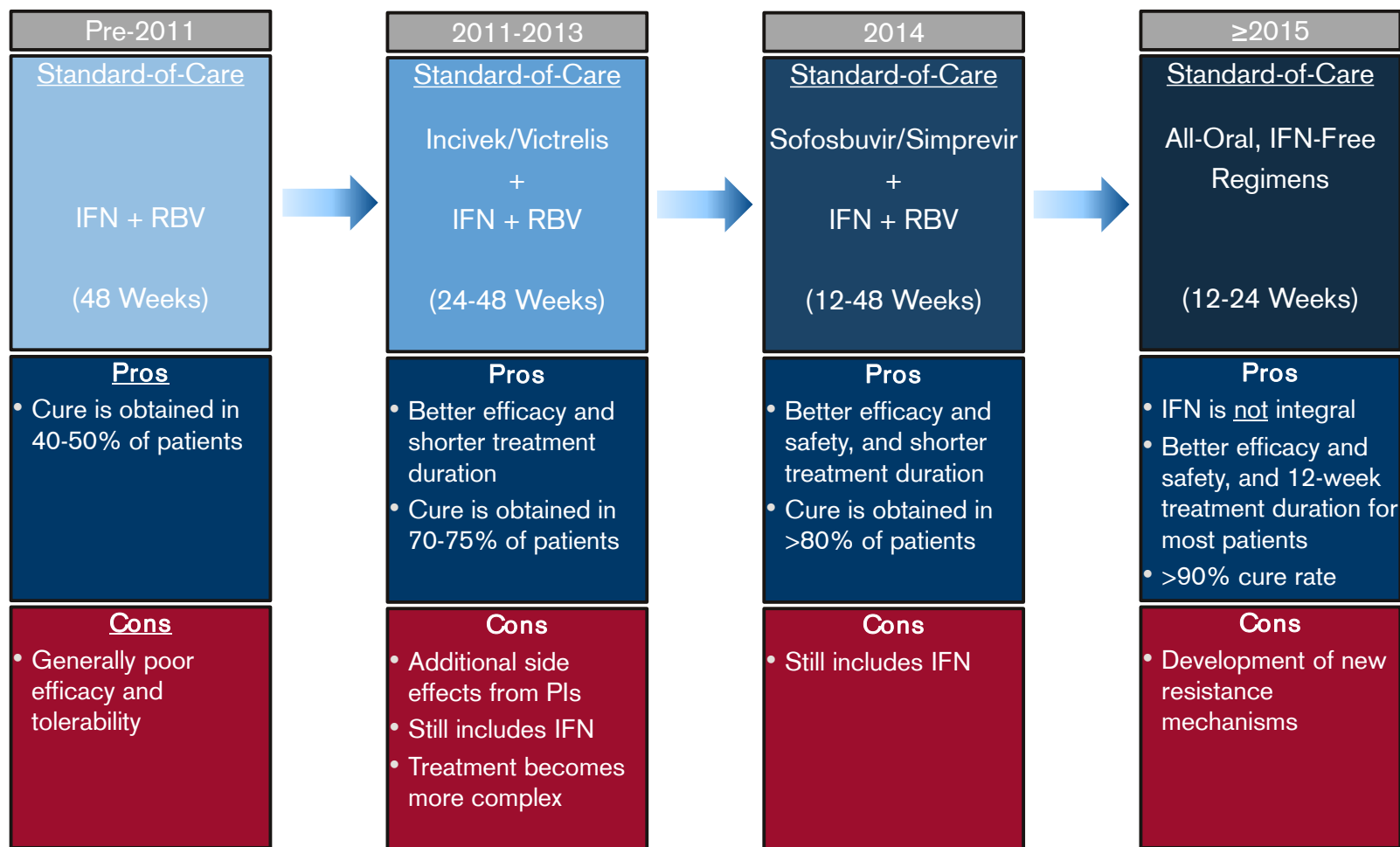
- Large majority (~75%) of chronic HCV-infected have not been diagnosed yet
 - In the U.S., high proportion were infected in 1960s-1970s due to recreational injection drug use
- Current infection rates in the developed world are low (e.g. 19K annually in the U.S.)
- Liver disease caused by infection from the Hepatitis C Virus
 - 6 major genotypes (G1-G6) with multiple subtypes
 - Transmitted via sexual intercourse, blood transfusions, shared needles in intravenous drug use, hemodialysis, and hospital needle sticks
 - 75%-80% of HCV infections become chronic (i.e. “life-long”)
 - Symptoms could remain dormant for up to 20 years
 - Potentially leads to development of liver cirrhosis (i.e. scarring) and/or liver cancer
- G1 accounts for large portion of chronic HCV-infected in U.S., Europe, and Japan
 - 75% in U.S., Japan, and Europe are G1
- Chronic HCV is a “cure” market
 - Goal is to reduce HCV to “undetectable” levels
 - Patients only remain on treatment for a finite period of time

Sources: AbbVie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

Exhibit 12: Standard-of-care in HCV is evolving quickly towards all-oral, interferon-free regimens as early as 2015

Standard-of-care in HCV is evolving quickly towards all-oral, interferon-free regimens as early as 2015



Source: Credit Suisse research

Source: Credit Suisse research.

ABT-450 is ENTA's lead pipeline compound and the central component to AbbVie's all-oral, interferon-free regimens

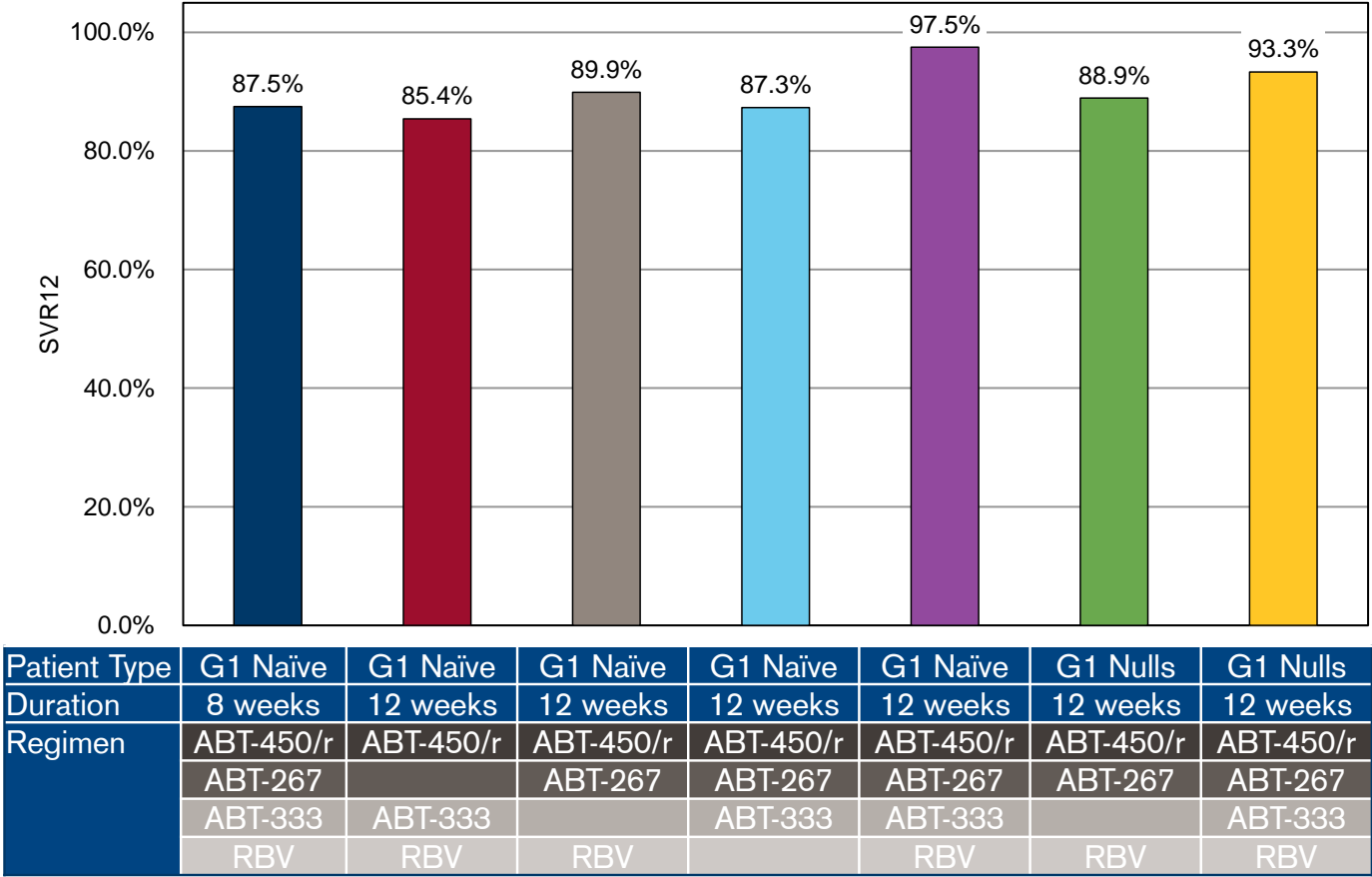
- Next-generation direct-acting antiviral (DAAs)
- HCV NS3 protease inhibitor (PI) boosted with Ritonavir
- Partnered with AbbVie through research collaboration since Dec 2006
 - Terms include: \$57M upfront payment; \$250M+ milestones; tiered, double-digit royalties; AbbVie funds all clinical development, manufacturing, and commercial activities
 - Deal also applies to follow-on PIs; Enanta holds option to fund 40% of development and commercialization costs in the U.S. for 40% of the profits in the U.S. on future PIs
- Patents will expire between 2023 and 2031 (not accounting for term extensions). Most likely to at least 2029.
- Key component of AbbVie's all-oral, interferon-free regimens for treatment of HCV
 - ABT-450/r-based combos showed high SVR (i.e. cures) in PII PILOT, CO-PILOT, and AVIATOR trials
 - Studying ABT-450/r with ABT-267 (NS5A inhibitor) and ABT-333 (non-nuc inhibitor) with and without Ribavirin (RBV) in PIII trials
 - Targeting genotype 1 (G1) treatment naïve and experienced patients and “special” populations
 - Expecting PIII data in 2013 and launch in the U.S. and EU in 2015

Sources: AbbVie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

Exhibit 14: ABT-450/r-based regimens produced high cure rates in G1 Naïves and Nulls in the PII AVIATOR trial

ABT-450/ r-based regimens produced high cure rates in G1 Naïves and Nulls in the PII AVIATOR trial



*Intent to Treat (ITT)

Sources: AbbVie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

All-Oral, Interferon-Free Regimen: PIII Program Overview – readout & NDA filing due in 2014 – Launch early 2015 possible

(ABT-450/r + ABT-267) QD + ABT-333 BID + RBV

SAPPHIRE I (N = 600)	<ul style="list-style-type: none"> • G1a/G1b Treatment Naïve • 150mg ABT-450, 25mg ABT-267, 250mg ABT-333 	<ul style="list-style-type: none"> • Placebo-controlled • 12-week treatment duration
SAPPHIRE II (N = 400)	<ul style="list-style-type: none"> • G1a/G1b Treatment Experienced 	<ul style="list-style-type: none"> • Placebo-controlled • 12-week treatment duration

(ABT-450/r + ABT-267) QD + ABT-333 BID +/- RBV

PEARL II (N = 200)	<ul style="list-style-type: none"> • G1b Treatment Experienced 	<ul style="list-style-type: none"> • 12-week treatment duration
PEARL III (N = 400)	<ul style="list-style-type: none"> • G1b Treatment Naïve • 150mg ABT-450, 25mg ABT-267, 250mg ABT-333 	<ul style="list-style-type: none"> • 12-week treatment duration
PEARL IV (N = 300)	<ul style="list-style-type: none"> • G1a Treatment Naïve 	<ul style="list-style-type: none"> • Placebo-controlled

(ABT-450/r + ABT-267) QD + ABT-333 BID + RBV

TURQUOISE I (N = 300)	<ul style="list-style-type: none"> • HIV-HCV co-infected, G1a/G1b Treatment Naïve and Experienced 	<ul style="list-style-type: none"> • 12 to 24-week treatment durations
TURQUOISE II (N = 300)	<ul style="list-style-type: none"> • Compensated cirrhotic, G1a/G1b Treatment Naïve and Experienced 	<ul style="list-style-type: none"> • 12 to 24-week treatment durations

ABT-450/r/ABT-267 will be coformulated into two tablets (QD) + two tablets of ABT 333 (BID) +/- RBV

Sources: AbbVie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

HCV Competitive Landscape

- Gilead's Sofosbuvir-based regimen is the primary competitor against AbbVie's/Enanta's ABT-450/r-based combination
 - Expect PIII data from both regimens in H1 2014
 - Expecting both regimens to hit the market by 2015
- Expecting Gilead's Sofosbuvir-based combination to capture majority of market share
 - Showed comparable efficacy and better safety/tolerability
 - More convenient, as Gilead will likely have a once-daily, single tablet regimen whereas AbbVie's/Enanta's will likely have a twice-daily, four-tablet regimen
- Other companies could enter the market slightly after AbbVie/Enanta and Gilead including Bristol Myers Squibb, J&J/Medivir, Vertex, Achillion, Idenix, GSK, and Merck
 - Expecting PII data on several combos from these companies to read out in 2013 (see next slide)
- Key sensitivity for all HCV players though remains the size of this market

Sources: AbbVie, Enanta, Gilead, Credit Suisse research

Source: AbbVie, Enanta, Gilead, Credit Suisse research.

Exhibit 17: Several Phase II all-oral, interferon-free combinations from competitors are expected to readout in 2013

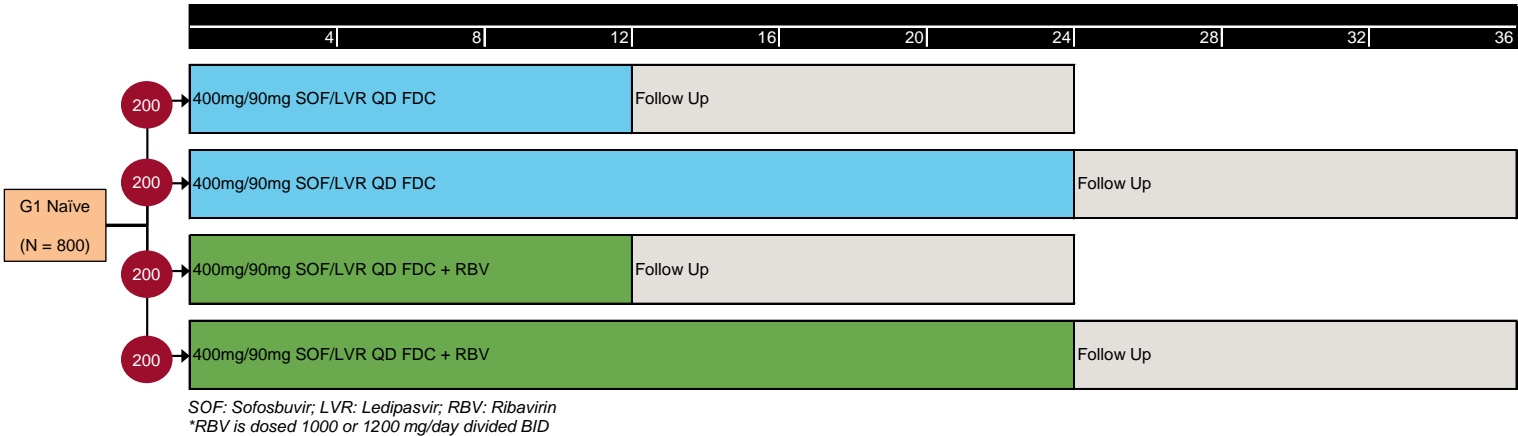
Several Phase II all-oral, interferon-free combinations from competitors are expected to readout in 2013

Combination	Company	Patient Population	Readout
ACH-3102 + RBV	Achillion	G1b	▪ Mid-2013
ACH-1625 + ACH-3102 + RBV	Achillion	G1	▪ H2'13
TMC647 + TMC435 +/- RBV	J&J/Medivir	G1	▪ H2'13
TMC647 + TMC435 + IDX719 +/- RBV	J&J/Medivir Idenix	G1	▪ H2'13
TMC435 + Daclatasvir +/- RBV	J&J/Medivir BMS	G1	▪ Mid-2013
TMC-435 + VX-135 +/- RBV	J&J/Medivir Vertex	G1	▪ H2'13
VX-135 + GSK'805 +/- RBV	GSK Vertex	G1	▪ H2'13
VX-135 + Daclatasvir +/- RBV	Vertex BMS	G1	▪ H2'13

Sources: AbbVie, Achillion, Boehringer Ingelheim, Enanta, Idenix, Gilead, J&J, Medivir, Merck, Presidio, Vertex, Credit Suisse research

Source: AbbVie, Achillion, Boehringer Ingelheim, Enanta, Idenix, Gilead, J&J, Medivir, Merck, Presidio, Vertex, Credit Suisse research.

ION-1 Phase III Trial Design Summary

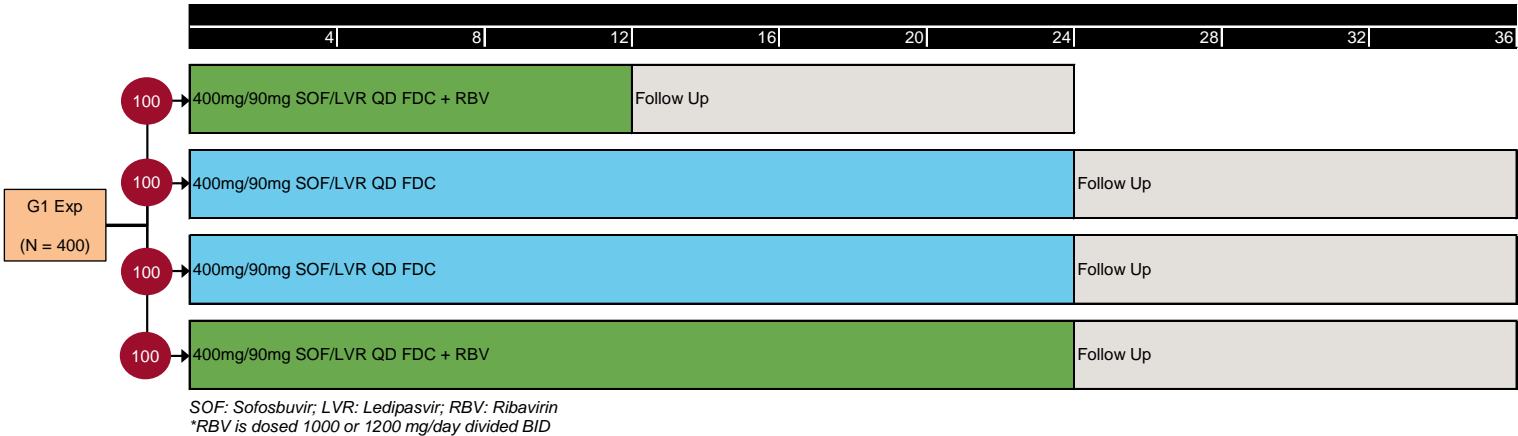


Key Trial Design Parameters	
Compounds	▪ Sofosbuvir (Nucleotide Inhibitor), Ledipasvir (NS5A Inhibitor), Ribavirin
Patient Population	▪ G1 treatment-naïve ▪ Enrolled ≥20% cirrhotics
Primary Endpoint(s)	▪ SVR12 ▪ Safety/Tolerability
Secondary Endpoint(s)	▪ SVR4, SVR24 ▪ HCV RNA Kinetics, Viral Resistance, Pharmacokinetics
Readout	▪ Data is expected in Q2'14 ▪ On 3/26/2013, DSMB recommended that ION-1 continue based upon SVR4 rates exceeding the predefined threshold of 60% and absence of significant safety issues

Sources: www.clinicaltrials.gov, Gilead, Credit Suisse research

Source: www.clinicaltrials.gov, Gilead, Credit Suisse research.

ION-2 Phase III Trial Design Summary

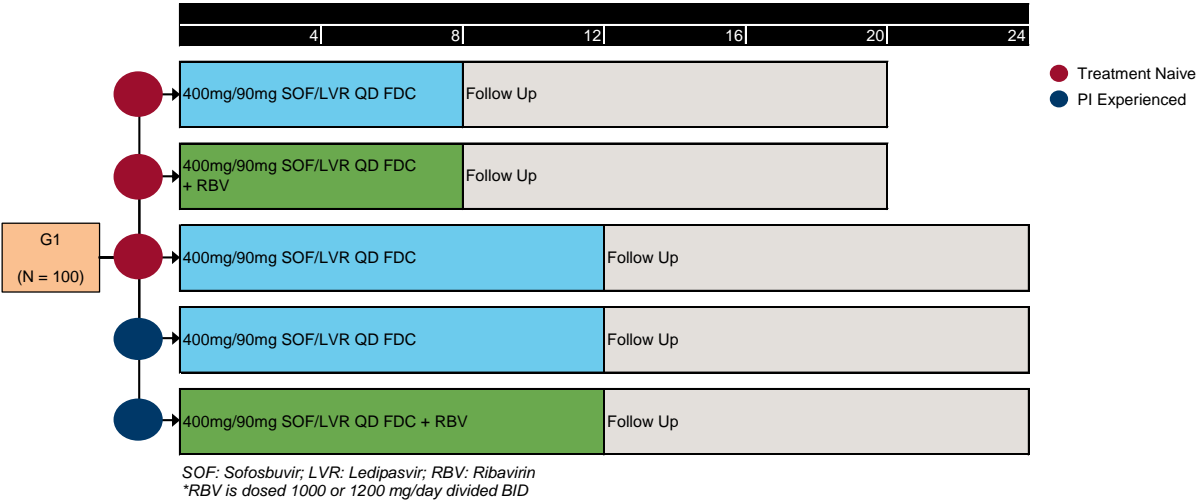


Key Trial Design Parameters	
Compounds	▪ Sofosbuvir (Nucleotide Inhibitor), Ledipasvir (NS5A Inhibitor), Ribavirin
Patient Population	▪ G1 treatment-experienced (failed on IFN or IFN + PI regimens) ▪ Plans to enroll ≥20% cirrhotic
Primary Endpoint(s)	▪ SVR12 ▪ Safety/Tolerability
Secondary Endpoint(s)	▪ SVR4, SVR24 ▪ HCV RNA Kinetics, Viral Resistance, Pharmacokinetics
Readout	▪ Data is expected in Q1'14 ▪ On 3/26/2013, GILD announced that ION-2 had been fully enrolled.

Sources: www.clinicaltrials.gov, Gilead, Credit Suisse research

Source: www.clinicaltrials.gov, Gilead, Credit Suisse research.

LONESTAR Phase II Trial Design Summary



Key Trial Design Parameters	
Compounds	▪ Sofosbuvir (Nucleotide Inhibitor), Ledipasvir (NS5A Inhibitor), Ribavirin
Patient Population	▪ G1 treatment-naïve ▪ G1 treatment-experienced (failed on PI-based regimens) ▪ Cirrhotics are allowed
Primary Endpoint(s)	▪ SVR12 ▪ Safety/Tolerability
Secondary Endpoint(s)	▪ SVR2, SVR4, SVR8, SVR24 ▪ Viral Resistance, Viral Dynamics, Pharmacokinetics
Readout	▪ Data from some arms are expected in Q2'13

Sources: www.clinicaltrials.gov, Gilead, Credit Suisse research

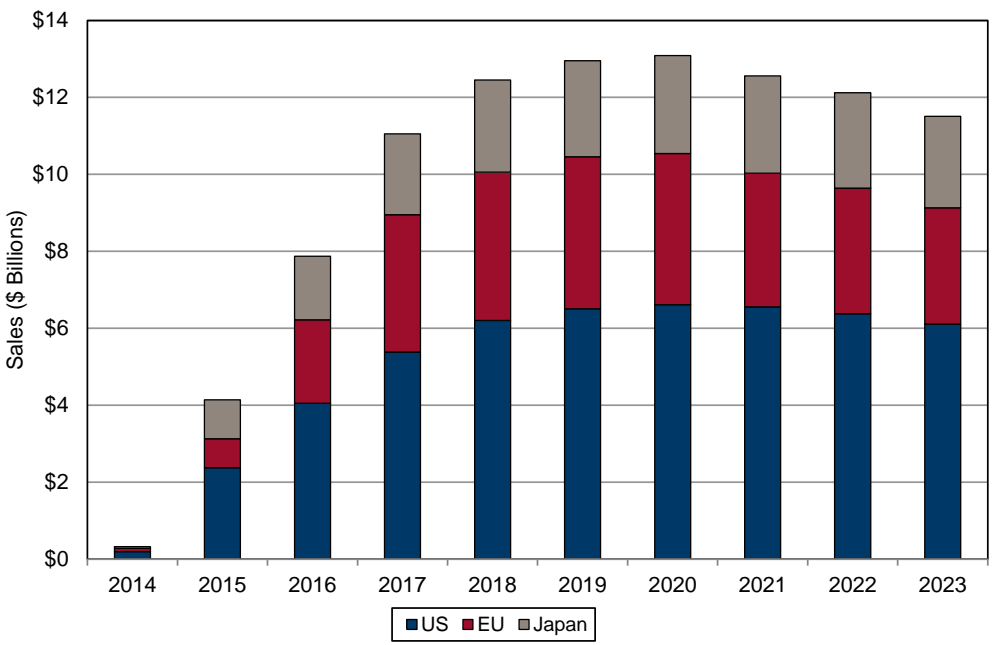
Source: www.clinicaltrials.gov, Gilead, Credit Suisse research.

Exhibit 21: All-Oral, Interferon-Free Regimens – WW Sales

All-Oral, Interferon-Free Regimens – WW Sales

Market in 2012

- ~150K HCV patients are treated with standard-of-care in the U.S., EU, and Japan
- WW Sales: ~\$5B



Market in 2020

- ~300K HCV patients are treated with standard-of-care in the U.S., EU, and Japan
- WW Sales: ~\$13B

ABT-450/r	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Sales (\$M)	-----	396	1,404	2,104	2,181	2,001	1,845	1569	1255	941
Market Share	-----	12%	19%	20%	19%	17%	15%	13%	10%	8%

- AbbVie’s/Enanta’s ABT-450/r-based regimens is expected to capture ~20% of the market with WW peak sales of \$2.2B by 2018

Sources: AbbVie, Enanta, Credit Suisse estimates

Source: AbbVie, Enanta, Credit Suisse estimates.

Exhibit 22: ENTA Revenue Model

ENTA Revenue Model

ENTA Revenue Model (In '000s)	2010A	2011A	2012A	2013E	2014E	2015E	2016E	2017E	2018E	2019E	2020E	2021E	2022E	2023E
<i>Dollars in thousands</i>														
ABT-450/r-based Product	0	0	0	0	0	395,554	1,404,356	2,104,052	2,180,757	2,001,390	1,845,392	1,568,583	1,254,866	941,150
Sales Attributed to ABT-450	0	0	0	0	0	131,851	468,119	701,351	726,919	667,130	615,131	522,861	418,289	313,717
ABT-450 Royalty	0	0	0	0	0	15,822	62,718	97,703	101,538	92,569	84,770	70,929	55,243	39,557
Royalty Rate (% of ABT-450/r-based Product)	---	---	---	---	---	4.0%	4.5%	4.6%	4.7%	4.6%	4.6%	4.5%	4.4%	4.2%
Royalty Rate (% of Sales Attributed to ABT-450)	---	---	---	---	---	12.0%	13.4%	13.9%	14.0%	13.9%	13.8%	13.6%	13.2%	12.6%
Milestones	6,518	41,882	41,706	26,000	34,000	138,000	23,000	0	0	0	0	0	0	0
Other Revenues	16,245	0	0	6,359	0	0	0	0	0	0	0	0	0	0
Total Revenues	22,763	41,882	41,706	32,359	34,000	153,822	85,718	97,703	101,538	92,570	84,770	70,929	55,243	39,558

- ENTA's revenues consist of the following:
 - Royalties on sales attributed to ABT-450/r based on total sales of the ABT-450/r regimen
 - One-time payments from meeting clinical and regulatory and commercial regulatory milestones associated with ABT-450/r, next-generation PIs, and EDP-239
- Sales attributed to ABT-450/r is calculated by dividing sales for the ABT-450/r regimen by 3, the number of components in the combo
- Tiered royalty rate ranging from low double-digits up to 20%

Sources: AbbVie, Enanta, Credit Suisse estimates

Source: AbbVie, Enanta, Credit Suisse estimates.

Exhibit 23: ENTA Valuation

ENTA Valuation

DCF Valuation (Corporate)	2012A	2013E	2014E	2015E	2016E	2017E	2018E	2019E	2020E	2021E	2022E	2023E
Free Cash Flows to Equity			(10,858)	81,133	65,182	60,119	64,267	59,571	53,395	43,868	32,228	20,250
R&D Add Back			41,105	20,553	10,276	10,482	10,692	10,905	11,123	11,346	11,573	11,804
Cash Flows			30,248	101,686	75,458	70,601	74,958	70,477	64,519	55,214	43,801	32,054
PV of Cash Flow		0	28,296	86,476	58,337	49,620	47,893	40,936	34,069	26,505	19,114	12,717
PV of Cash Flows (2014-2034)	403,962											
Net Cash (2013)		85,476										
Shares Out		16,999										
U.S. Value/Share	\$28.79											
Net Cash/Share	\$5.03											

- ENTA's cash flows come from
 - Royalties on sales attributed to ABT-450/r based on total sales of the ABT-450/r regimen
 - One-time payments from meeting clinical and regulatory and commercial regulatory milestones mainly associated with ABT-450/r
- Add R&D back given that R&D spend is being used on pipeline products that we currently do not model
- 10% discount rate
- Model out only to 2023 based on assumption that competition erodes ABT-450/r-based product market share

Sources: AbbVie, Enanta, Credit Suisse estimates

Source: AbbVie, Enanta, Credit Suisse estimates.

Enanta's Other Clinical-Stage Pipeline Compounds

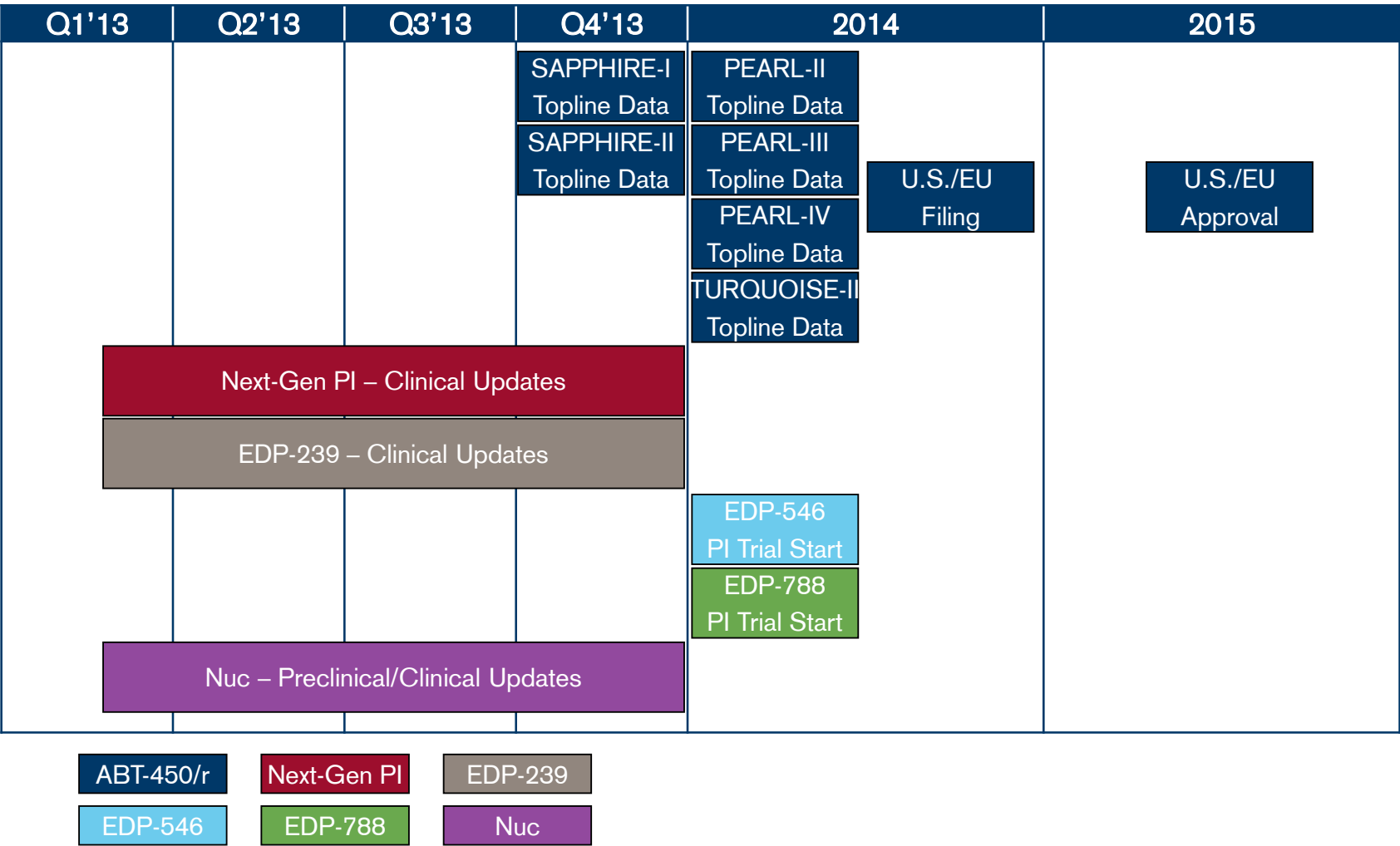
- Next-Gen PI
 - Designed to have once-daily dosing without Ritonavir
 - AbbVie started a PI trial on Nov 2012
 - Enanta holds option to fund 40% of development and commercialization costs in the U.S. for 40% of the profits in the U.S.
 - Could receive up to \$80M in milestones
 - Key to AbbVie (and Enanta) in fending off follow-on HCV combos from potential competitors
- EDP-239 (NS5A Inhibitor)
 - Showed high potency in preclinical studies
 - Demonstrated antiviral activity across major genotypes and additive to synergistic efficacy with other anti-HCV therapeutics
 - Signed a partnership deal with Novartis; Enanta is eligible to receive up to \$406M in milestones and tiered double-digit royalties based on the EDP-239 proportion of EDP-239-containing combo

Sources: AbbVie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

Exhibit 25: Enanta's Near-Term Milestones

Enanta's Near-Term Milestones



Sources: www.clinicaltrials.gov, AbbVie, Enanta, Credit Suisse research

Source: www.clinicaltrials.gov, AbbVie, Enanta, Credit Suisse research.

Risk Factors

- **ABT-450/r-based regimen is not approved or significantly delayed**
 - Enanta is heavily dependent on the success of ABT-450/r. If Enanta fails to obtain regulatory approval for ABT-450/r, then their business will be materially harmed.
- **ABT-450/r-based regimen does not demonstrate efficacy and safety expected from data on studies to date**
 - Our assumptions are based on expectations regarding ABT-450/r's efficacy and safety. If ABT-450/r is shown to be less efficacious and safe than is expected, then our sales estimates for ABT-450/r could fall short of expectations.
- **ABT-450/r-based regimen could underperform our expectations for the product launch ramp or peak sales**
 - In modeling ABT-450/r, we have developed a patient-driven model to attempt to forecast the launch trajectory and peak sales. However, if any of the following parameters (i.e. pricing, treatment rate, average duration of therapy) are worse than our expectations, our sales estimates for ABT-450/r could be too high.
- **Competition is more acute than we model**
 - We currently assume that ABT-450/r-based regimen garners a peak 20% market share, with Gilead's Sofosbuvir-based regimen garnering around 50% market share and cumulatively "other" regimens 30% by 2017. In particular we note the large number of competitive regimes in PII development
- **HCV market may not become as large as expected**
 - We currently have projected a particular size of the HCV market based on a patient-driven model. If the number of projected patients seeking treatment is lower than projected, then the total HCV market could be significantly lower than forecasted.
 - We also assume a ca20% pricing discount for the ABT-450/r-based regimen (over Gilead's Sofosbuvir-based regime) – this could evolve to be bigger especially if we get numerous "other" regimen competition

Source: Credit Suisse research.

Exhibit 27: Management Biographies and Compensation

Management Biographies and Compensation

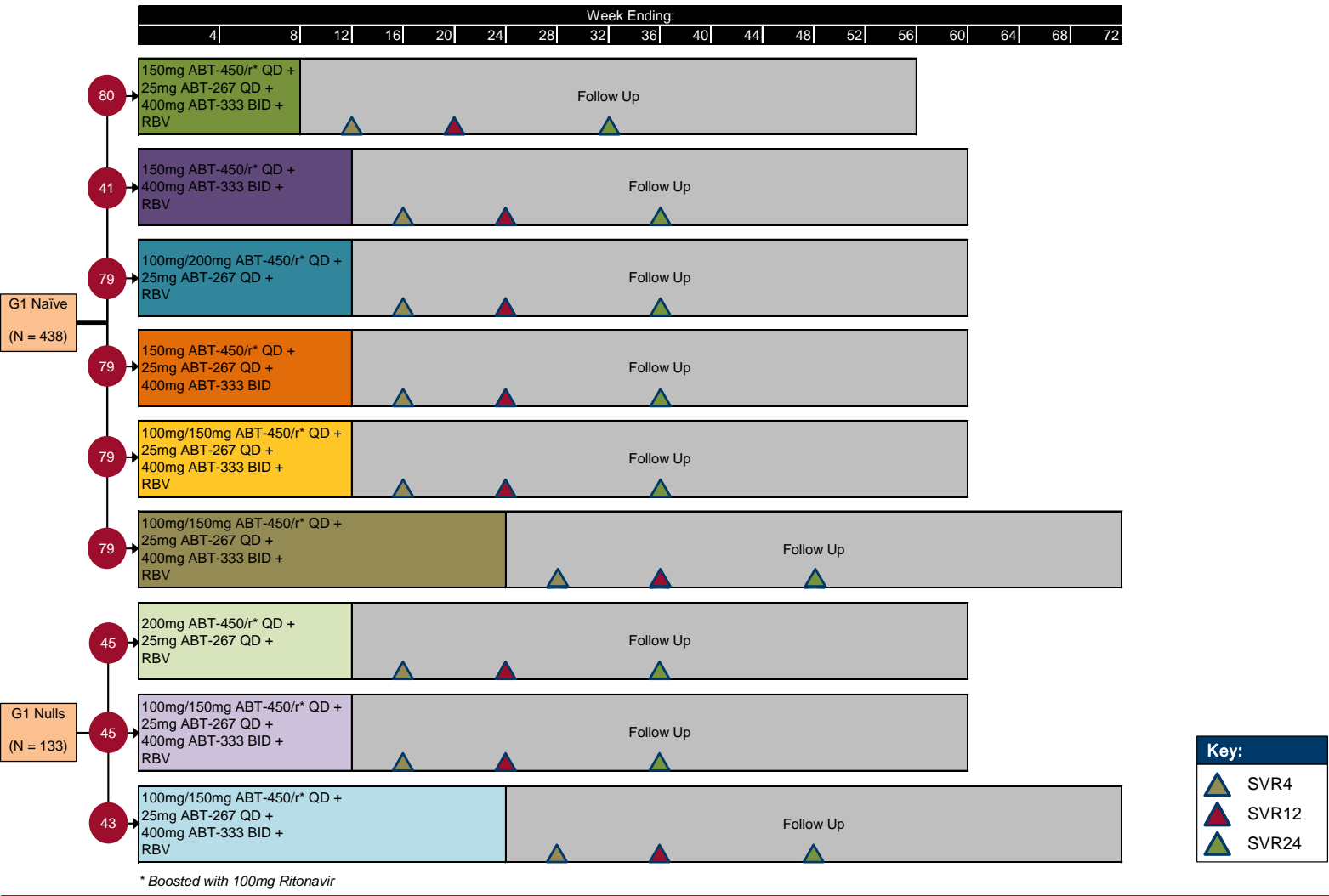
- Jay R. Luly PhD – President and CEO
 - Dr. Luly joined Enanta in July 2003. Previously, Dr. Luly was Entrepreneur-in-Residence at Oxford Biosciences, SVP of Research and Development Operations and SVP of Discovery Strategy and Operations at Millenium Pharmaceuticals, SVP of Drug Discovery and Preclinical Development at LeukoSite, various senior drug discovery positions at Abbott.
- Yat Sun Or PhD – SVP of Research & Development and CSO
 - Dr. Sun joined Enanta in 2000. Previously, Dr. Sun held major leadership positions at Abbott and was part of the drug discovery team at Schering-Plough.
- Paul J. Mellett – SVP of Finance & Administration and CFO
 - Mr. Mellett joined Enanta in 2003. Previously, Mr. Mellett was VP of Administration and CFO at GelTex, CFO of Marshall Contractors, Audit Partner at Deloitte and Touche.

Compensation in 2013	Salary	Bonus	Option Awards	Other	Total
Jay R. Luly PhD President and CEO	\$407,482	\$213,914	\$145,736	\$4,439	\$771,571
Yat Sun Or, PhD SVP of R&D and CSO	\$321,415	\$136,569	\$143,705	\$4,439	\$606,127
Paull J. Mellett SVP of Finance & Administration and CFO	\$284,168	\$117,261	\$54,651	\$4,439	\$460,519

Sources: AbbVie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research

AVIATOR PII Trial Design Summary



Sources: www.clinicaltrials.gov, Abbvie, Enanta, Credit Suisse research

Source: www.clinicaltrials.gov, AbbVie, Enanta, Credit Suisse research.

AVIATOR PII Trial Design Summary (cont.)

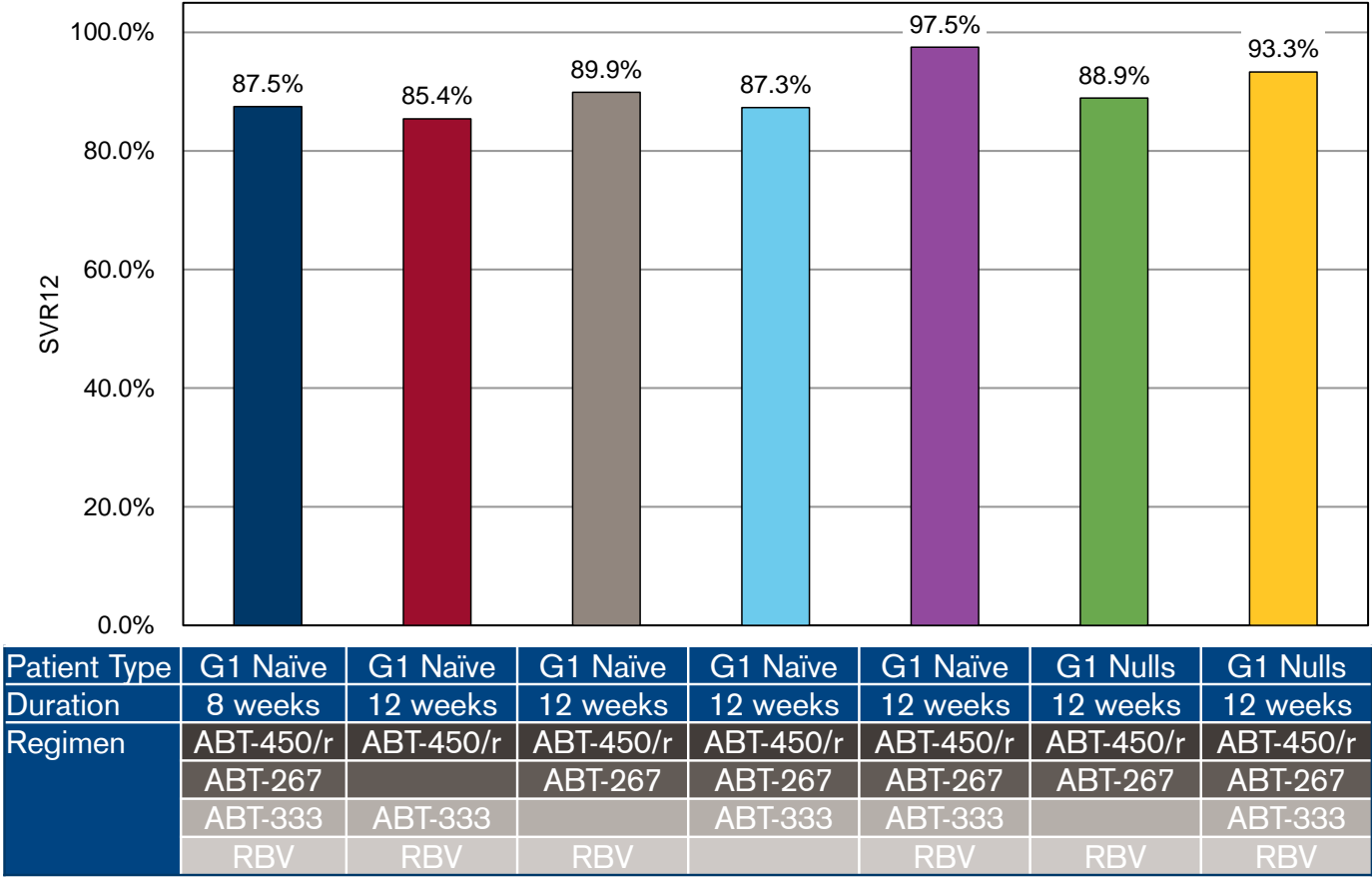
Key Trial Design Parameters	
Compounds	<ul style="list-style-type: none">▪ ABT-450 (PI)▪ ABT-267 (NS5A)▪ ABT-333 (Non-Nuc)
Patient Population	<ul style="list-style-type: none">▪ G1 treatment naïve▪ G1 treatment experienced (prior null responders)▪ No cirrhosis
Primary Endpoint(s)	<ul style="list-style-type: none">▪ Safety and tolerability▪ SVR24
Secondary Endpoint(s)	<ul style="list-style-type: none">▪ Comparison of SVR24 between different treatment regimens▪ Resistance profile
Readout	<ul style="list-style-type: none">▪ Topline data was reported at the AASLD Meeting on November 9-13, 2012

Sources: www.clinicaltrials.gov, Abbvie, Enanta, Credit Suisse research

Source: www.clinicaltrials.gov, AbbVie, Enanta, Credit Suisse research.

Exhibit 30: ABT-450/r-based regimens produced high cure rates in G1 Naïves and Nulls in the PII AVIATOR trial

ABT-450/ r-based regimens produced high cure rates in G1 Naïves and Nulls in the PII AVIATOR trial



*Intent to Treat (ITT)

Sources: AbbVie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

Exhibit 31: ABT-450/r-based combos generally had good safety profiles in G1 Naïves and Nulls in the PII AVIATOR trial

ABT-450/r-based combos generally had good safety profiles in G1 Naïves and Nulls in the PII AVIATOR trial

	Arm 1	Arm 2	Arm 3	Arm 4	Arm 5	Arm 6	Arm 7
Patient Type	G1 Naïve	G1 Naïve	G1 Naïve	G1 Naïve	G1 Naïve	G1 Nulls	G1 Nulls
Duration	8 weeks	12 weeks	12 weeks	12 weeks	12 weeks	12 weeks	12 weeks
Regimen	ABT-450/r	ABT-450/r	ABT-450/r	ABT-450/r	ABT-450/r	ABT-450/r	ABT-450/r
	ABT-267		ABT-267	ABT-267	ABT-267	ABT-267	ABT-267
	ABT-333	ABT-333		ABT-333	ABT-333		ABT-333
	RBV	RBV	RBV		RBV	RBV	RBV
Number of Patients	80	41	79	79	79	45	45
Any AE	25.0%	29.3%	17.7%	12.7%	24.1%	15.6%	24.4%
Fatigue	8.8%	4.9%	3.8%	0.0%	2.5%	2.2%	6.7%
Headache	3.8%	9.8%	3.8%	0.0%	1.3%	0.0%	2.2%
Insomnia	2.5%	2.4%	1.3%	0.0%	5.1%	2.2%	0.0%
Nausea	1.3%	4.9%	1.3%	0.0%	2.5%	0.0%	2.2%
Bilirubin Increase	0.0%	0.0%	1.3%	0.0%	2.5%	0.0%	0.0%

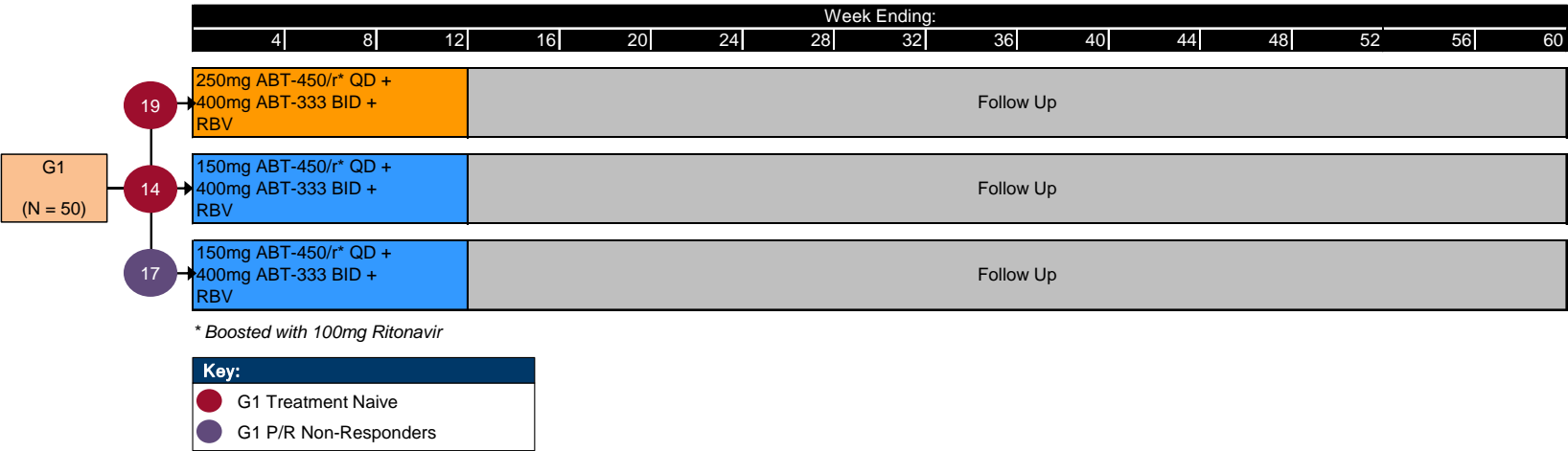
- Overall, ABT-450/r-based regimens had good safety/tolerability profiles
- The major safety/tolerability abnormality was an increase in total bilirubin, predominantly indirect bilirubin, ($\geq 2 \times$ ULN) in 6.7% of treatment-naïves and 12.2% of null responders across all arms of the trial
- RBV-free combos had significantly lower decreases in hemoglobin levels

Sources: Abbvie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

Exhibit 32: CO-PILOT PII Trial Design

CO-PILOT PII Trial Design



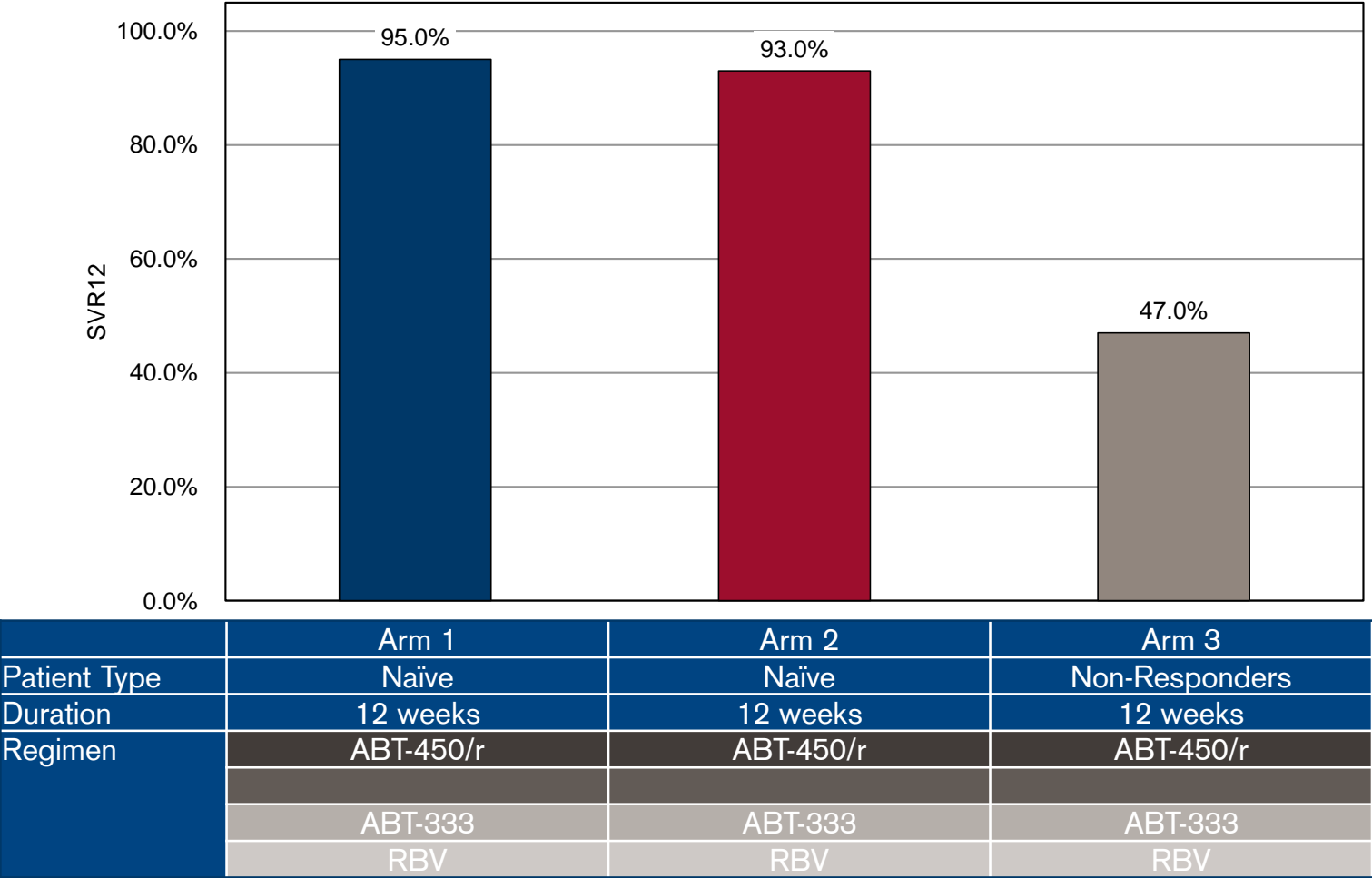
Key Trial Design Parameters	
Compounds	<ul style="list-style-type: none">ABT-450 (PI)ABT-333 (Non-Nuc)
Patient Population	<ul style="list-style-type: none">G1 treatment naïveG1 prior non-responders (null responders and partial responders)No cirrhosis or bridging fibrosis
Primary Endpoint(s)	<ul style="list-style-type: none">eRVR
Secondary Endpoint(s)	<ul style="list-style-type: none">SVR4, SVR12Safety and tolerabilityResistance profile

Sources: www.clinicaltrials.gov, Abbvie, Enanta, Credit Suisse research

Source: www.clinicaltrials.gov, AbbVie, Enanta, Credit Suisse research.

Exhibit 33: CO-PILOT PII Data Summary

CO-PILOT PII Data Summary



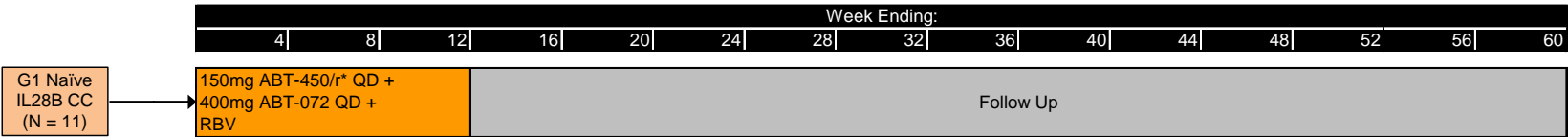
*Intent to Treat (ITT)

Sources: Abbvie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

Exhibit 34: PILOT PII Trial Design

PILOT PII Trial Design



* Boosted with 100mg Ritonavir

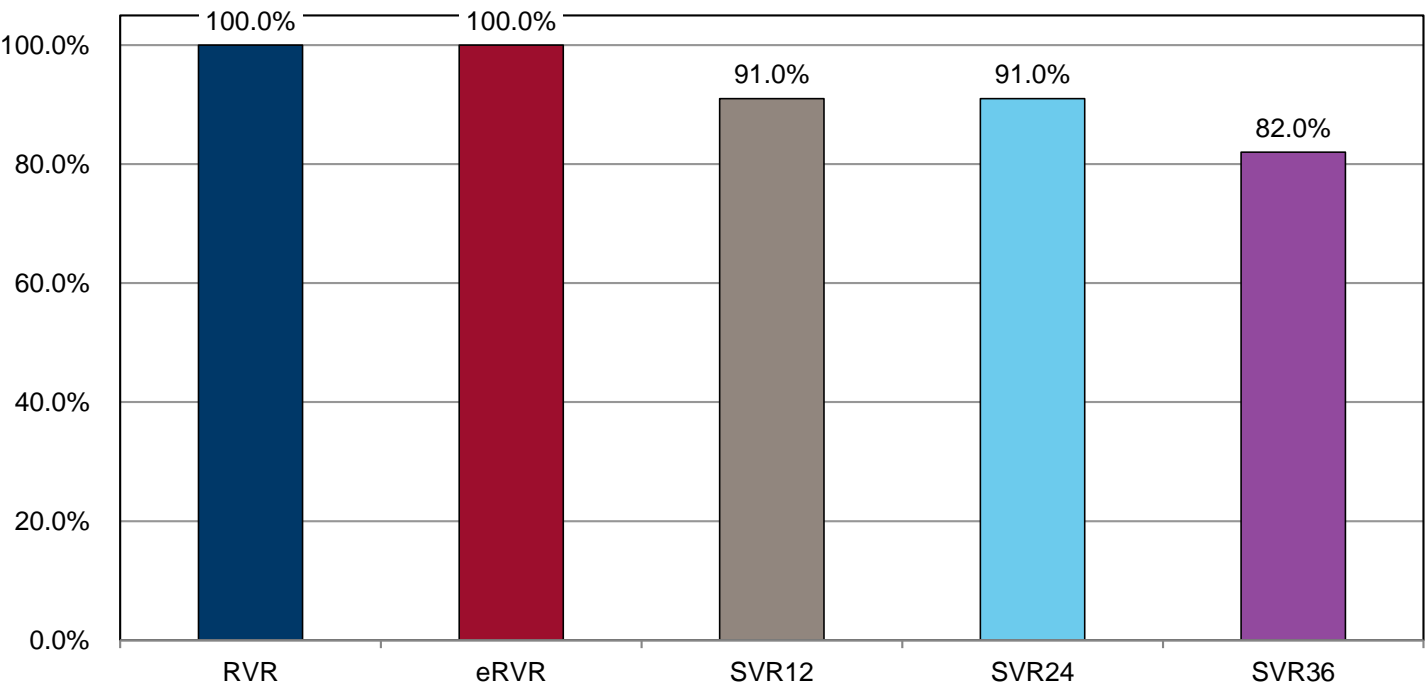
Key Trial Design Parameters	
Compounds	<ul style="list-style-type: none">▪ ABT-450 (PI)▪ ABT-072 (Non-Nuc)
Patient Population	<ul style="list-style-type: none">▪ G1 treatment naïve with IL28B CC genotype▪ No cirrhosis or bridging fibrosis
Primary Endpoint(s)	<ul style="list-style-type: none">▪ eRVR
Secondary Endpoint(s)	<ul style="list-style-type: none">▪ RVR, SVR12, SVR24▪ Safety and tolerability▪ Resistance profile

Sources: www.clinicaltrials.gov, Abbvie, Enanta, Credit Suisse research

Source: www.clinicaltrials.gov, AbbVie, Enanta, Credit Suisse research.

Exhibit 35: PILOT PII Data Summary

PILOT PII Data Summary



*Intent to Treat (ITT)

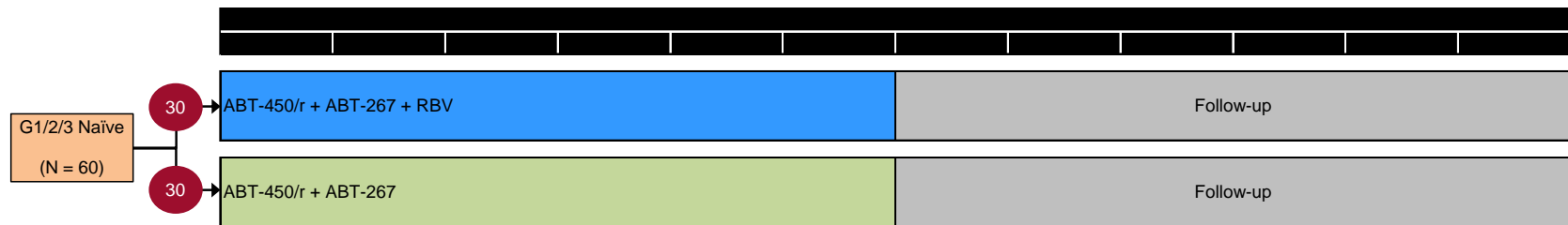
- Evaluated 12-weeks of ABT-450/r + ABT-072 + RBV in G1 IL28B CC

Sources: Abbvie, Enanta, Credit Suisse research

Source: AbbVie, Enanta, Credit Suisse research.

Exhibit 36: NAVIGATOR PII Trial Design

NAVIGATOR PII Trial Design



Key Trial Design Parameters	
Compounds	<ul style="list-style-type: none">▪ ABT-450 (PI)▪ ABT-267 (NS5A)
Patient Population	<ul style="list-style-type: none">▪ G1/2/3 treatment naïve
Primary Endpoint(s)	<ul style="list-style-type: none">▪ eRVR
Secondary Endpoint(s)	<ul style="list-style-type: none">▪ SVR12, SVR24▪ Percentage of patients with HCV RNA < 1,000 IU/mL▪ Percentage of patients with HCV RNA < LLOQ▪ Time to failure to suppress, rebound, or relapse
Readout	<ul style="list-style-type: none">▪ Data from this trial is expected to readout in 2013

Sources: www.clinicaltrials.gov, Abbvie, Enanta, Credit Suisse research

Source: www.clinicaltrials.gov, AbbVie, Enanta, Credit Suisse research.

Companies Mentioned (Price as of 12-Apr-2013)

Achillion Pharmaceuticals Inc. (ACHN.OQ, \$7.38)
Enanta Pharmaceuticals (ENTA.OQ, \$19.68, OUTPERFORM[V], TP \$29.0)
Gilead Sciences Inc. (GILD.OQ, \$51.93)
Idenix Pharmaceuticals Inc. (IDIX.OQ, \$3.91)
Johnson & Johnson (JNJ.N, \$82.74)
Medivir SE (MVIRb.ST, Skr80.75)
Vertex Pharmaceuticals Inc. (VRTX.OQ, \$55.74)

Disclosure Appendix

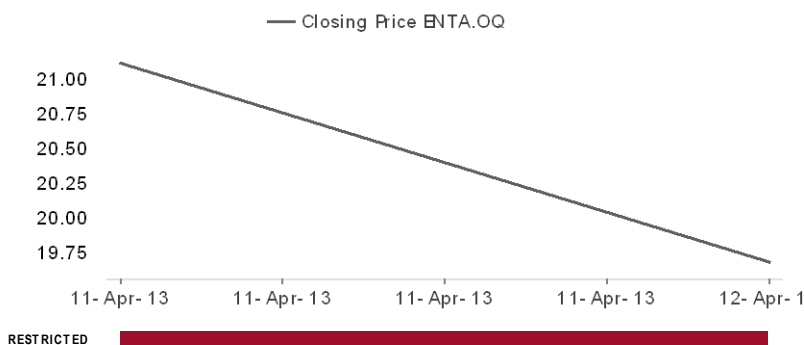
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Price and Rating History for Enanta Pharmaceuticals (ENTA.OQ)

ENTA.OQ	Closing Price	Target Price	
Date	(US\$)	(US\$)	Rating
11-Apr-13	21.12		R

* Asterisk signifies initiation or assumption of coverage.



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Neutral/Hold*	39%	(47% banking clients)
Underperform/Sell*	16%	(40% banking clients)
Restricted	3%	

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Price Target: (12 months) for Enanta Pharmaceuticals (ENTA.OQ)

Method: Our DCF-derived TP of \$29 is based on annual cash flows through 2023, 10% discount rate, and no terminal value. The cash flows are based on royalties on the ABT-450 portion of the sales for ABT-450/r-based regimens and add-back of all R&D expenses not associated with ABT-450.

Risk: The risks to our TP of \$29 are: (1) ABT-450/r-based regimens are not approved or significantly delayed; (2) ABT-450/r-based regimens do not demonstrate efficacy and safety expected from studies to date; (3) ABT-450/r-based regimens could underperform our expectations for the product launch ramp or peak sales; (4) Competition is more acute than we model; (5) HCV market may not become as large as expected.

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See the Companies Mentioned section for full company names

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