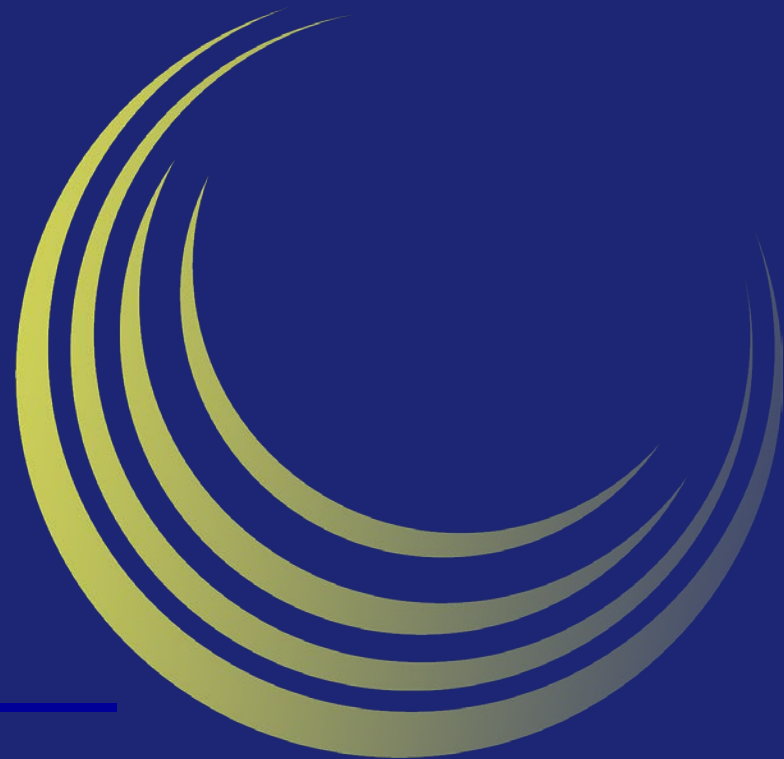


Supernus Pharmaceuticals



Jefferies Healthcare Conference

June 2017

Safe Harbor Statement

















This presentation and other matters discussed today or answers that may be given to questions asked include forward-looking statements within the meaning of the federal securities laws. These statements, among other things, relate to Supernus' business strategy, goals and expectations concerning its product candidates, future operations, prospects, plans and objectives of management. The words "anticipate", "believe", "could", "estimate", "expect", "intend", "may", "plan", "predict", "project", "will", and similar terms and phrases are used to identify forward-looking statements in this presentation. Supernus' operations involve risks and uncertainties, many of which are outside its control, and any one of which, or a combination of which, could materially affect its results of operations and whether the forward-looking statements ultimately prove to be correct. Supernus assumes no obligation to update any forward-looking statements except as required by applicable law.

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Proven Execution

Nine Marketed Products Using Our Technologies

	Launch Year		
	2013	2014	2017*
	 Trokendi XR®  Oxtellar XR®		 Trokendi XR®
  Carbatrol®  Adderall XR®  Equetro®  Intuniv®			 SHP 465
  Oracea®			
  Sanctura XR®			
		 Orenitram®	

* As publically disclosed by Shire
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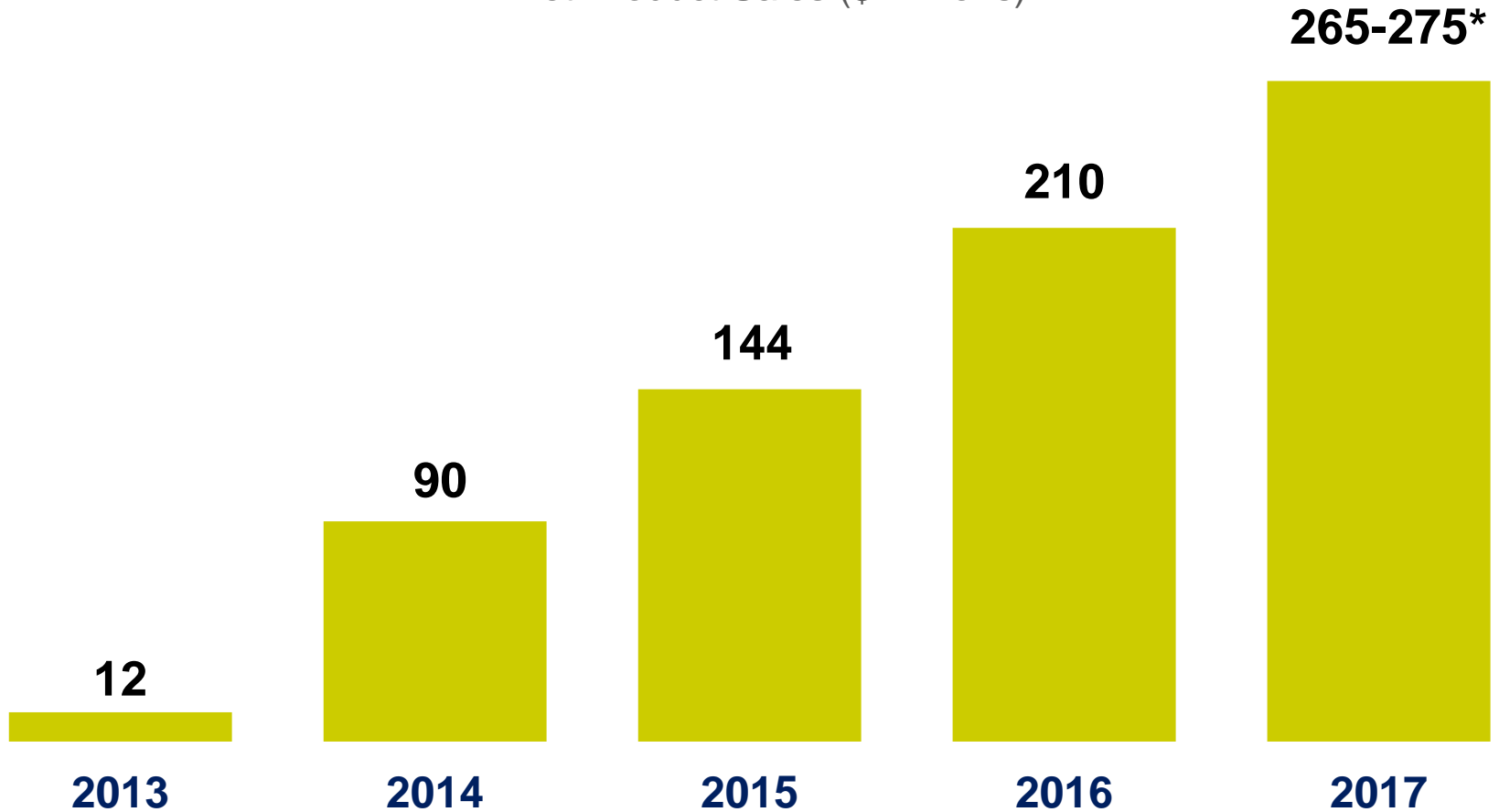


Robust Portfolio of CNS Products

Product	Indication	Development	NDA	Launch
Oxtellar XR®	Epilepsy			February 2013
Trokendi XR®	Epilepsy			August 2013
Trokendi XR®	Migraine			April 2017
Oxtellar XR®	Bipolar	Phase I		
SPN-810	Impulsive Aggression	Phase III		
SPN-812	ADHD	Phase IIb Complete		
SPN-809	Depression	IND/Phase II Ready		

Strong Net Product Sales Growth

■ Net Product Sales (\$ Millions)



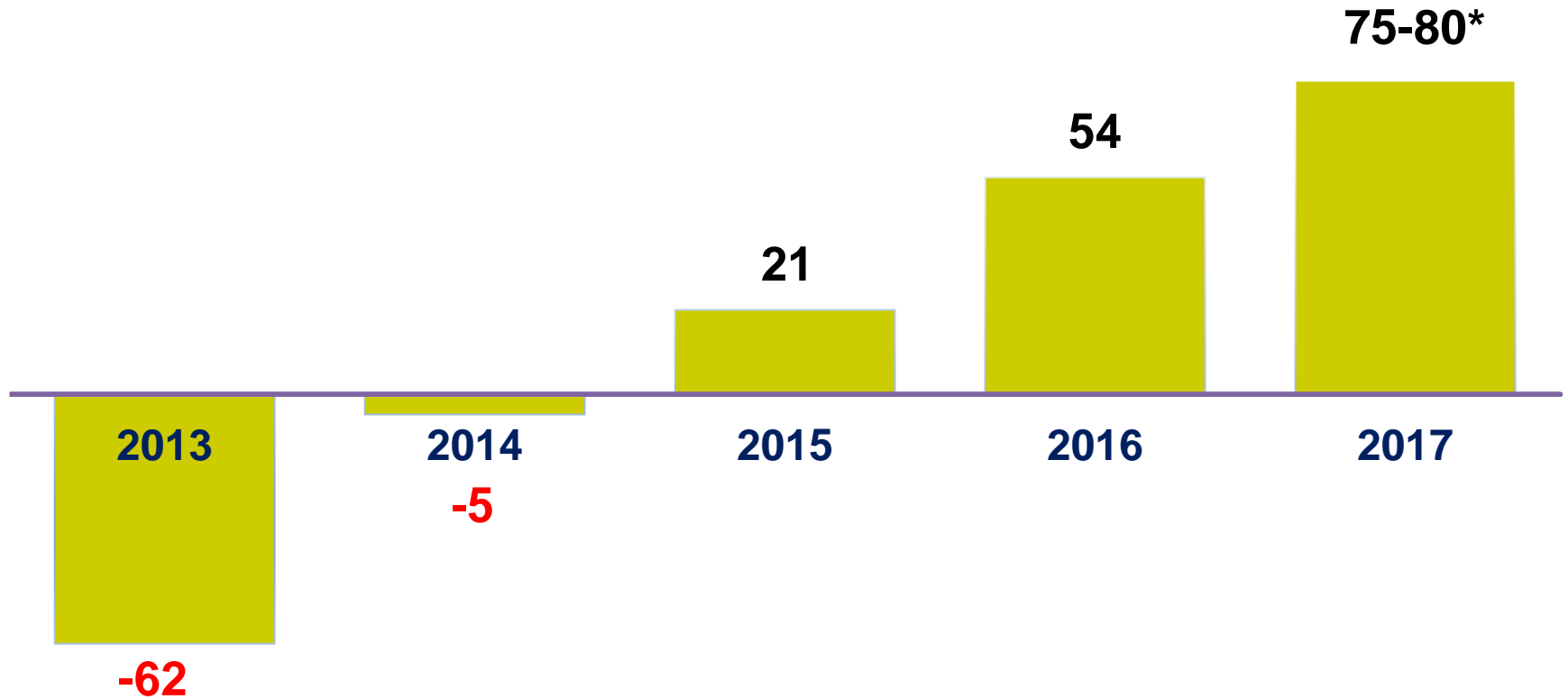
* Guidance provided on May 9, 2017 which has not been updated

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Growing Operating Income

■ Operating Income (\$ Millions)

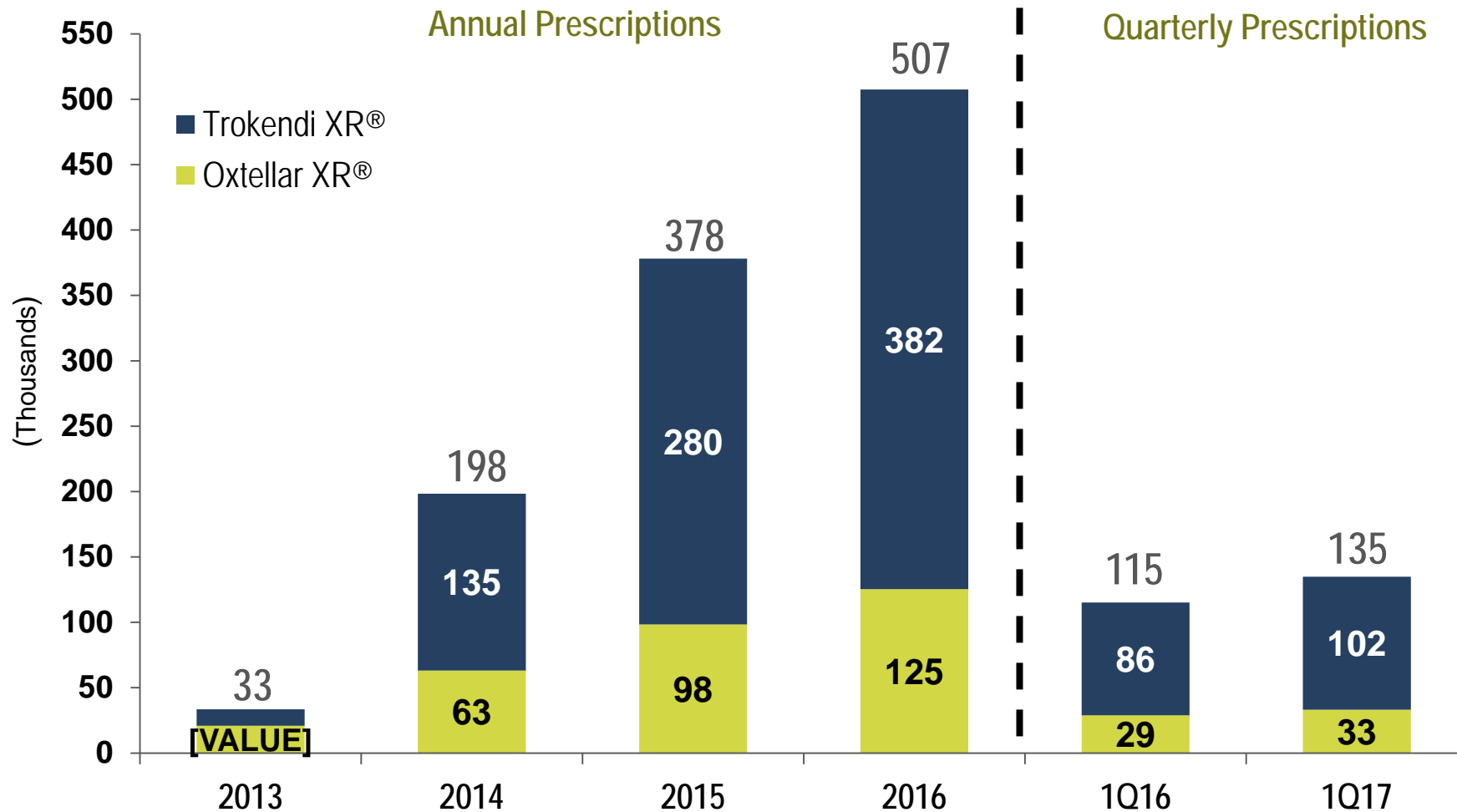


* Guidance provided on May 9, 2017 which has not been updated

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Solid Prescription Growth Since Launch

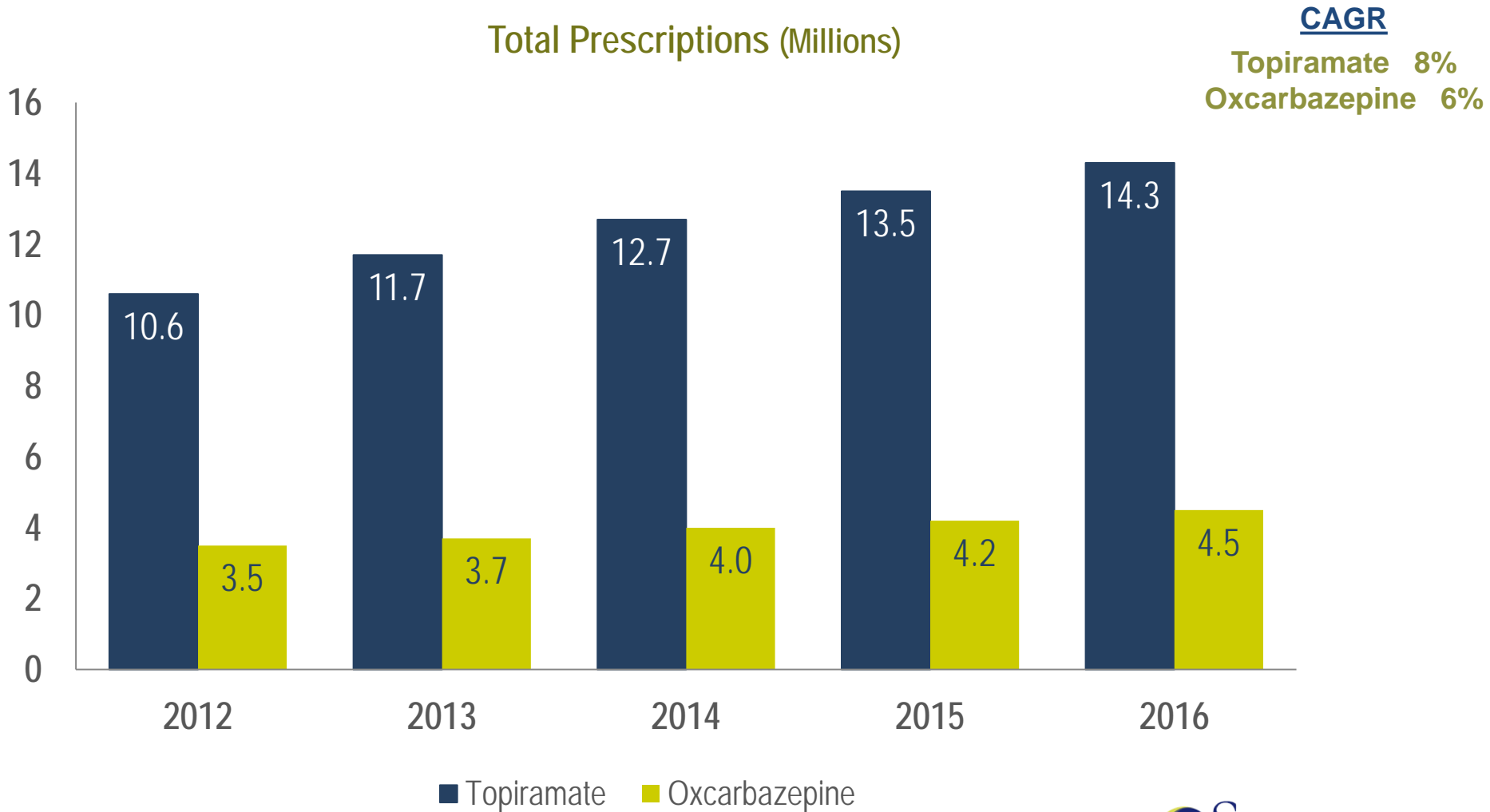


Source: IMS Monthly Prescriptions

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Continued Growth in Target Markets



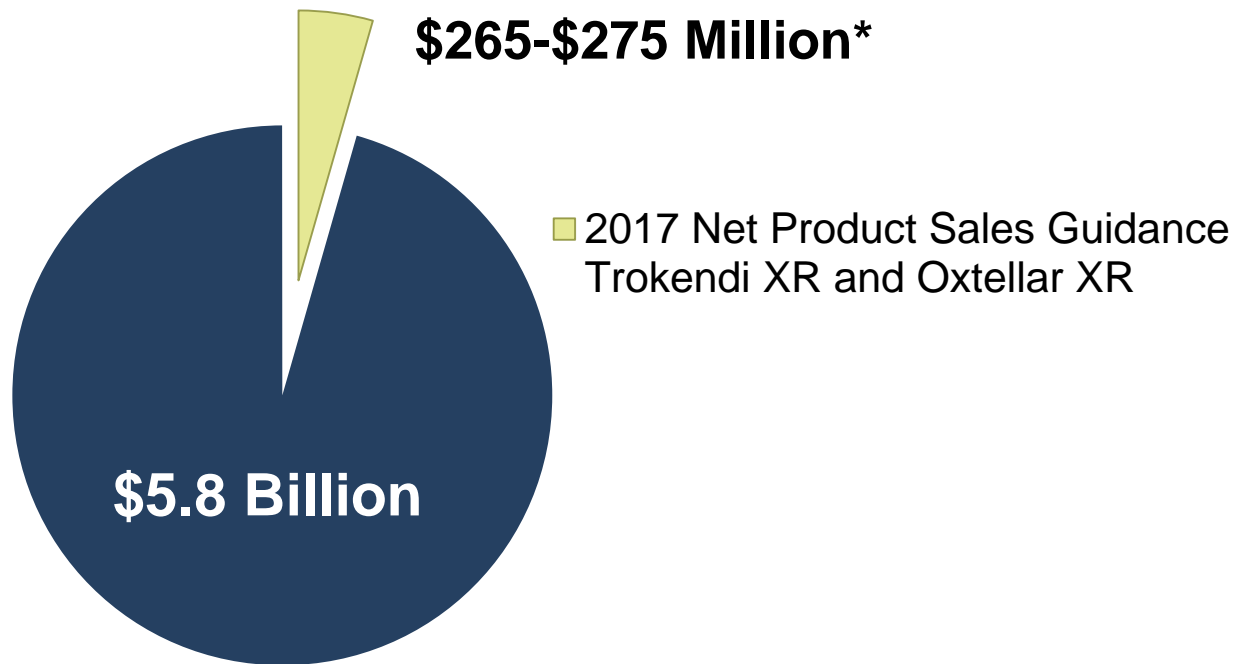
Source - IMS NPA

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Combined Target Markets Potential of \$5.8 Billion

Potential Peak Sales for Oxtellar XR[®] and Trokendi XR[®] >\$500Million

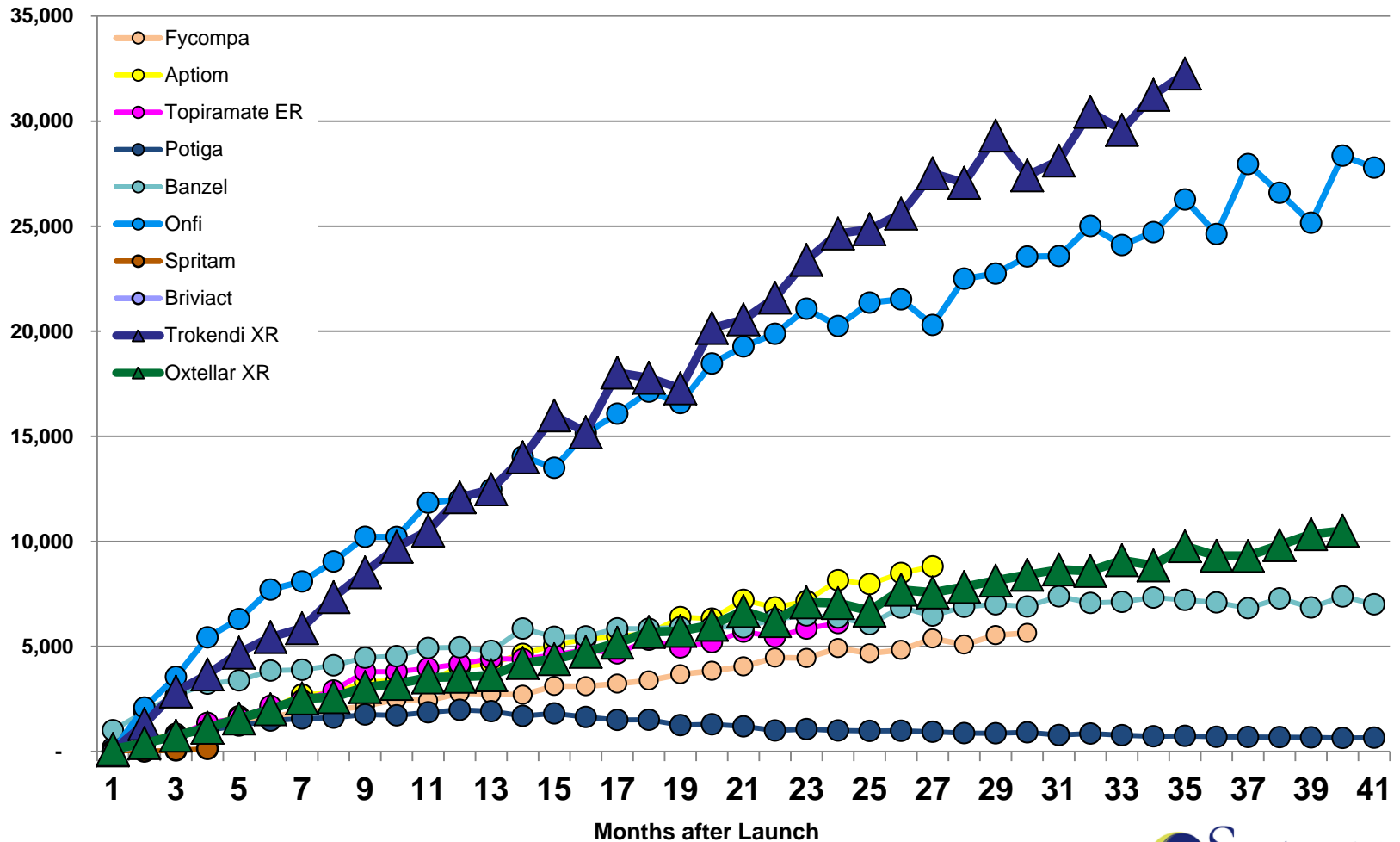


* Guidance provided on May 9, 2017 which has not been updated

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Trokendi XR®

The Most Successful Anti-Epileptic Drug Launch Since 2010



Source: IMS NPA

Launch Dates – Trokendi XR 8/13; Potiga 5/12, Fycompa 1/14, Aptiom 4/14, Oxtellar XR 2/13, Topiramate ER 7/14, Banzel 1/09, Onfi 12/11

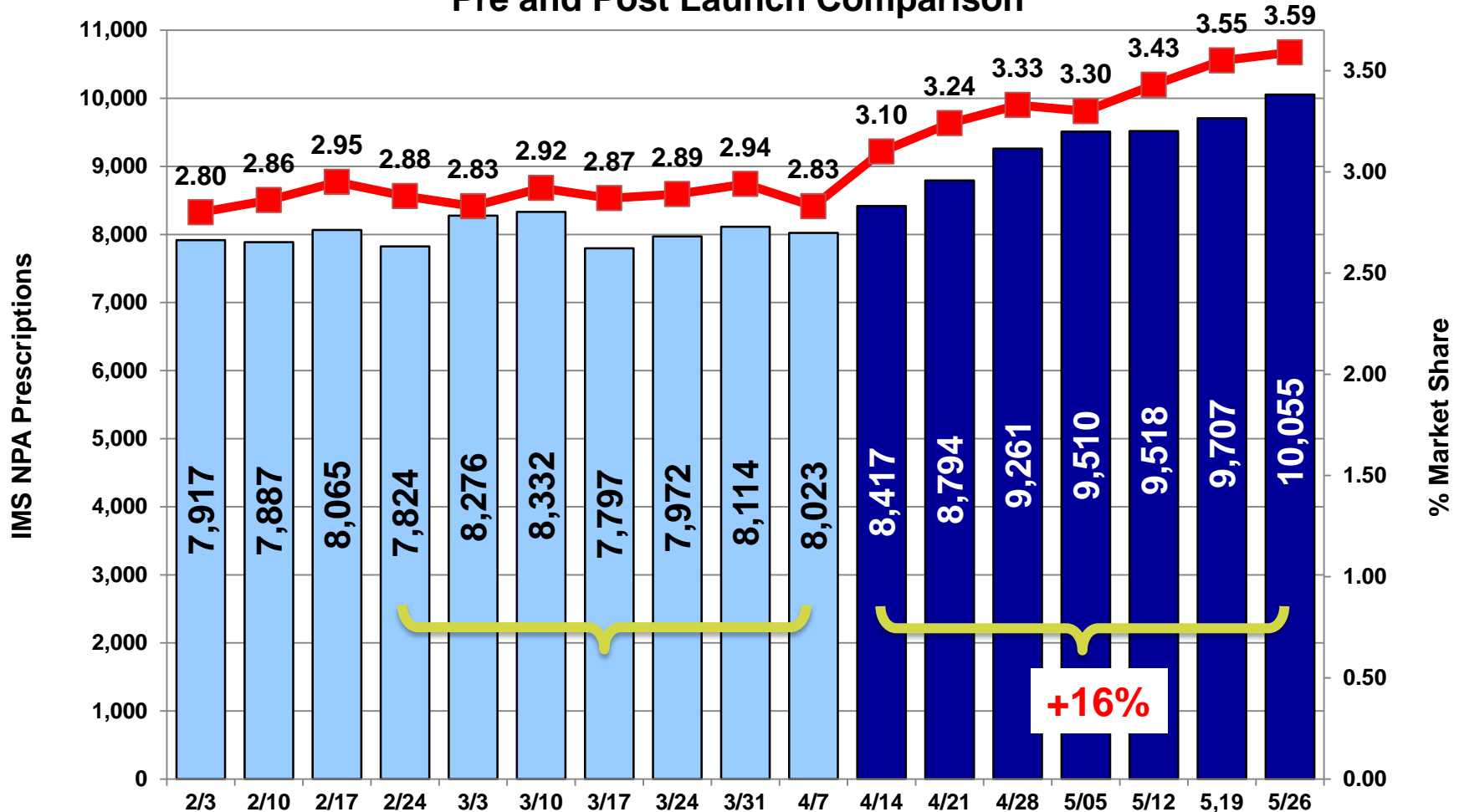
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Trokeni XR[®] Migraine Launch

National Weekly Total Prescriptions (TRx) and Market Share Trends

Pre and Post Launch Comparison



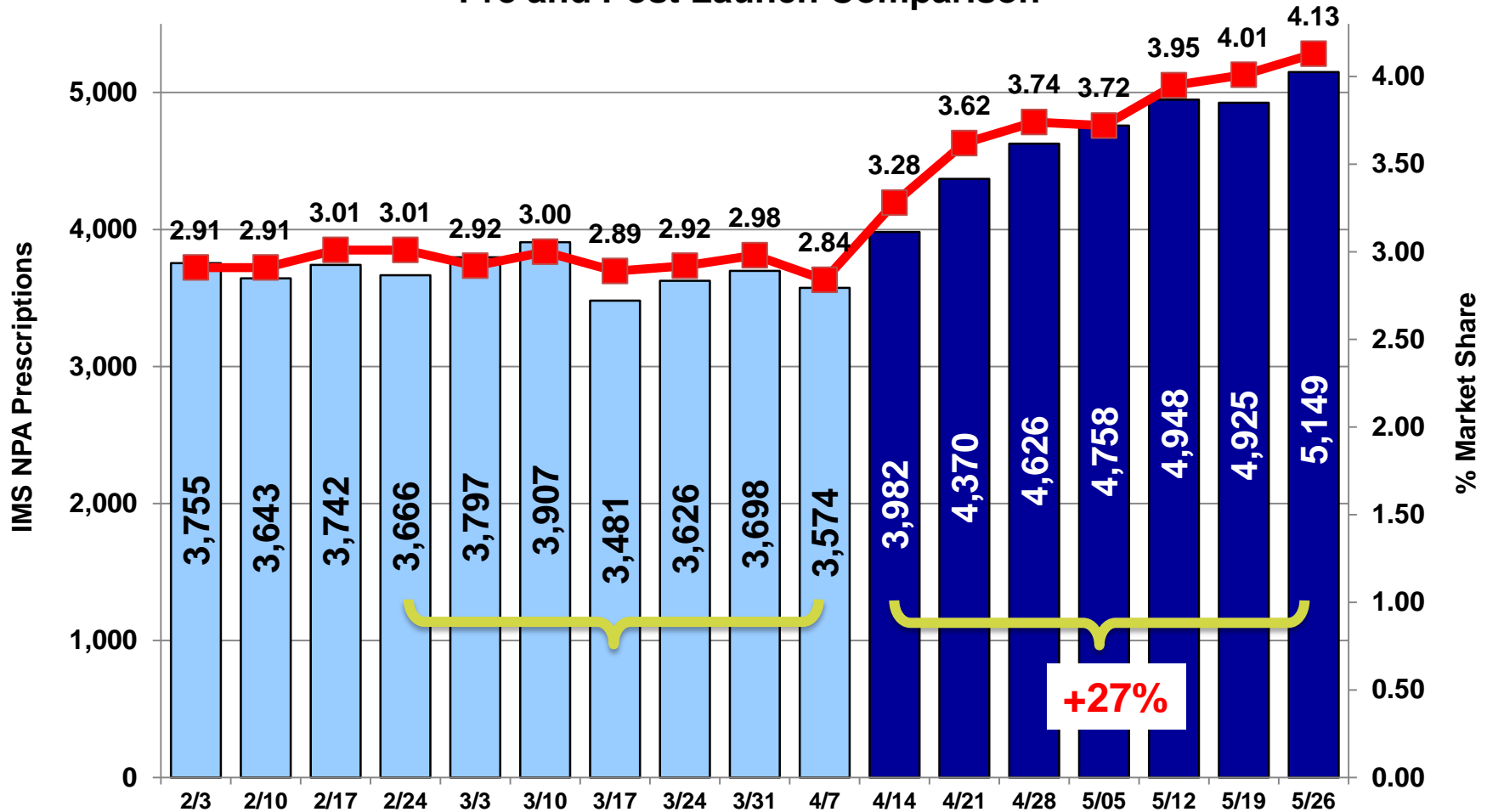
TRx's % Market Share



Trokeni XR[®] Migraine Launch

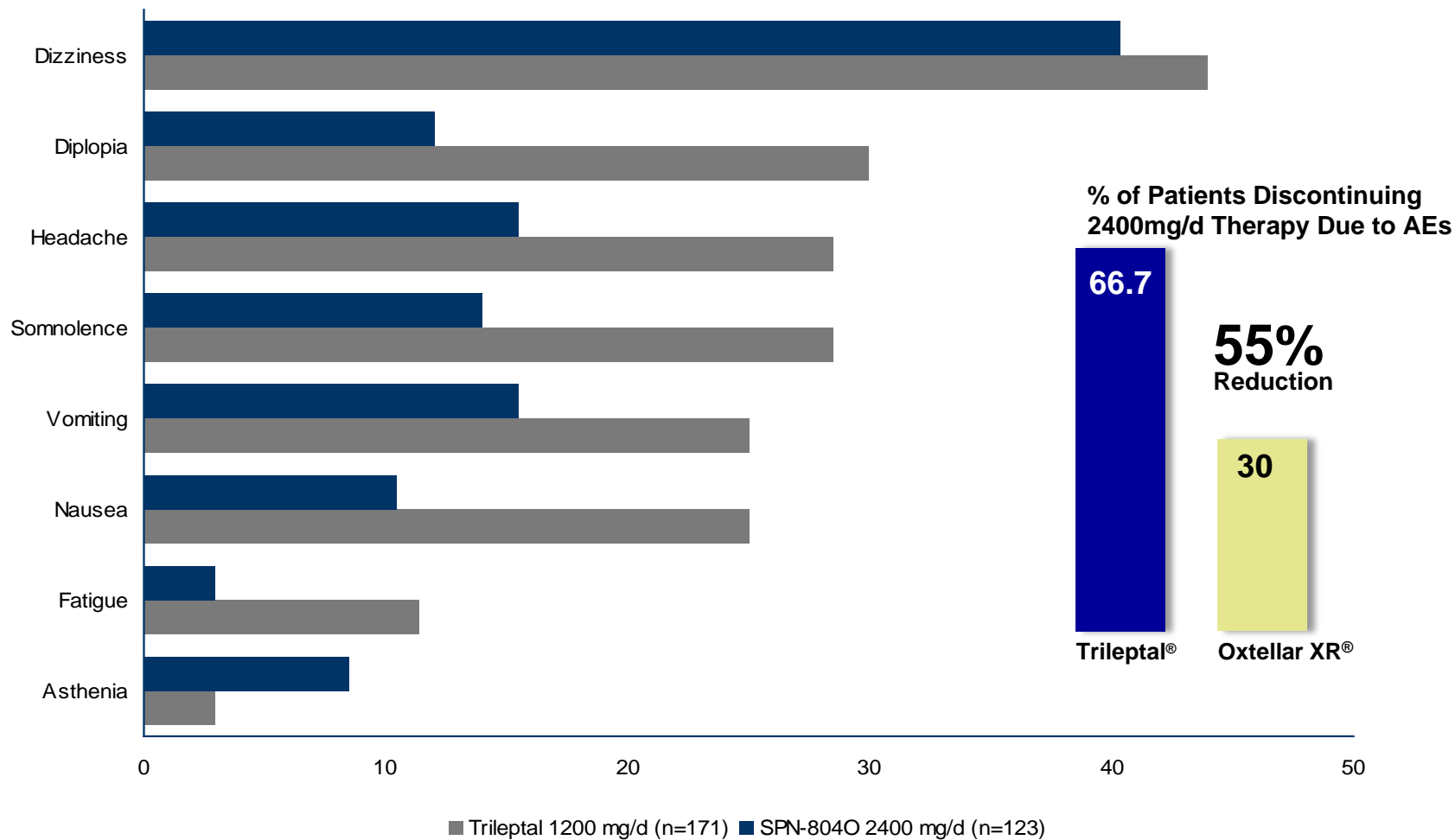
National Weekly New Prescriptions (NRx) and Market Share Trends

Pre and Post Launch Comparison



Oxtellar XR®

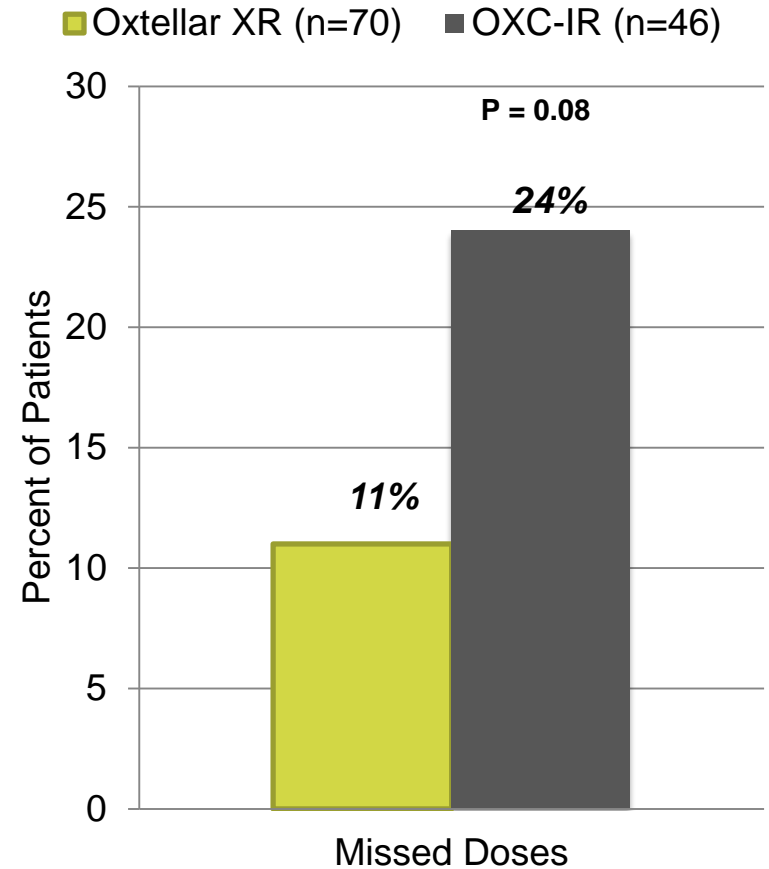
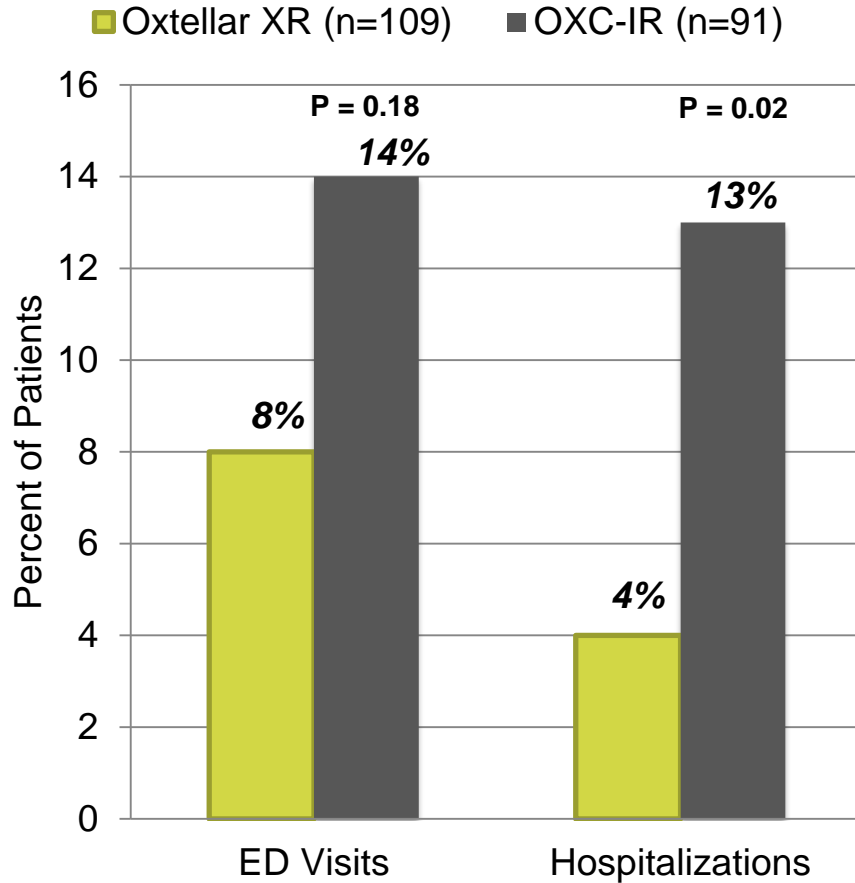
Improved Adverse Event Profile at Double the Dose of Trileptal®



Based on comparison of Oxtellar XR (SPN-804O) Phase III vs. Trileptal PI (adjunctive therapy study in adults); differences in trial design exist between the two studies. Dizziness includes vertigo in Trileptal group because of change in the MedDRA system

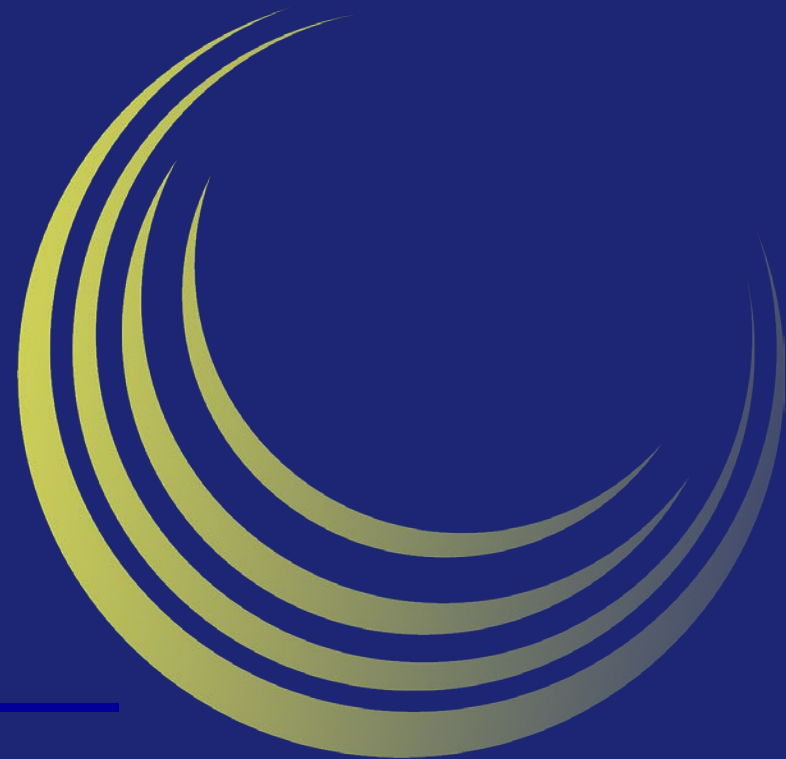
Oxtellar XR[®]

More Favorable Clinical Outcomes & Greater Adherence Compared to OXC-IR¹



¹O'Neal W, et al., Adherence and Resource Utilization with Extended-Release Oxtellar XR[®] or Immediate-Release Oxcarbazepine (OXC-IR) Treatment in Clinical Practice: A Standardized Case Record Review. Neurology 2015;84 (P1.244)

Psychiatry Pipeline



Innovative Late Stage Portfolio

- SPN-810** **First Treatment to be Developed for Impulsive Aggression**
- SPN-812** **Highly Effective & Well Tolerated Non-Stimulant**
- Oxtellar XR** **Novel Product for Bipolar Disorder**

Multi-Billion Dollar Product Opportunities

Understanding Impulsive Aggression (IA)

- IA is a subtype of Maladaptive Aggression
- Impulsivity can be defined neurobiologically
 - Impairment in self-control
- IA occurs across multiple disorders including
 - ADHD, autism, bipolar disorder, schizophrenia, Alzheimer's, PTSD and disorders of traumatic stress

SPN-810: Novel Product for IA



Granted Fast Track
Development Designation



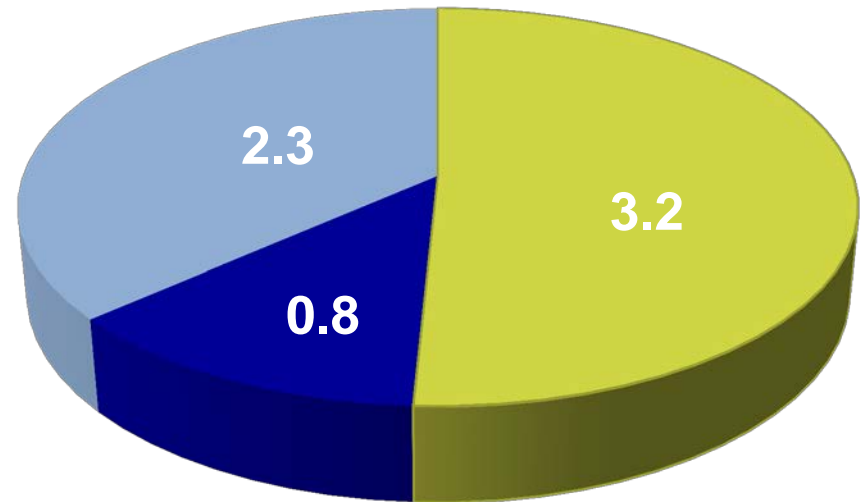
Market Opportunity
+\$6.3B

1st

Expected to be First
Product Approved to Treat IA

2017

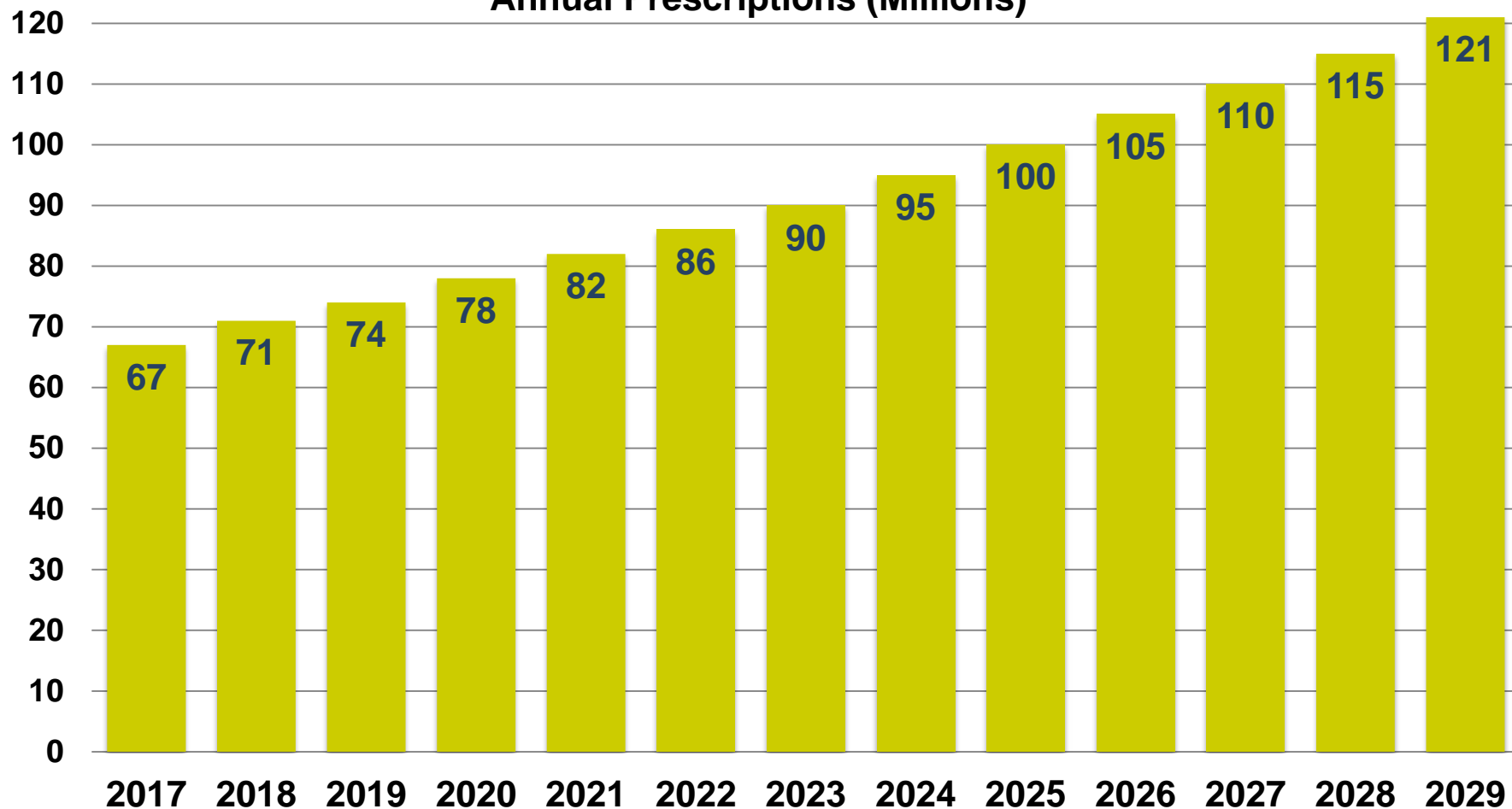
Two Ongoing Phase III
Trials



■ ADHD ■ Autism ■ PTSD

ADHD Market Opportunity in the U.S

Annual Prescriptions (Millions)



Source - IMS NPA and Company Estimates

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SPN-810 Market Opportunity for IA in ADHD

	Percent	Prescriptions in Peak Year
ADHD Market Prescriptions		95 - 110 Million
Child and Adolescent ADHD Prescriptions Child Psychiatrists, Child Neurologists, Psychiatrists, and Top Pediatrician Deciles		24 - 28 Million
Prevalence of Impulsive Aggression	22.5 - 32%	5.4 - 9.0 Million
	Peak Market Share	SPN-810 Potential Prescriptions
SPN-810 Peak Demand	16 - 20%	0.9 - 1.8 Million

SPN-810 Market Sizing and Demand Study (April 2015); Assumes prevalence and demand from quantitative research are applicable to high ADHD pediatrician prescribers, and peak market share at 3–5 years post launch

SPN-810: A Billion Dollar Product for Supernus

Potential Gross Revenue

ADHD

\$515 - \$1,050 Million

Autism and PTSD

\$590 - \$720 Million

Total at Peak

\$1,105 - \$1,770 Million

+

Other Impulsive Aggression Opportunities:

Schizophrenia, Bipolar, Alzheimer's, Oppositional Defiant Disorder, etc.

SPN-810 Phase IIb Study

Demonstrated Proof of Concept in IA in ADHD Patients

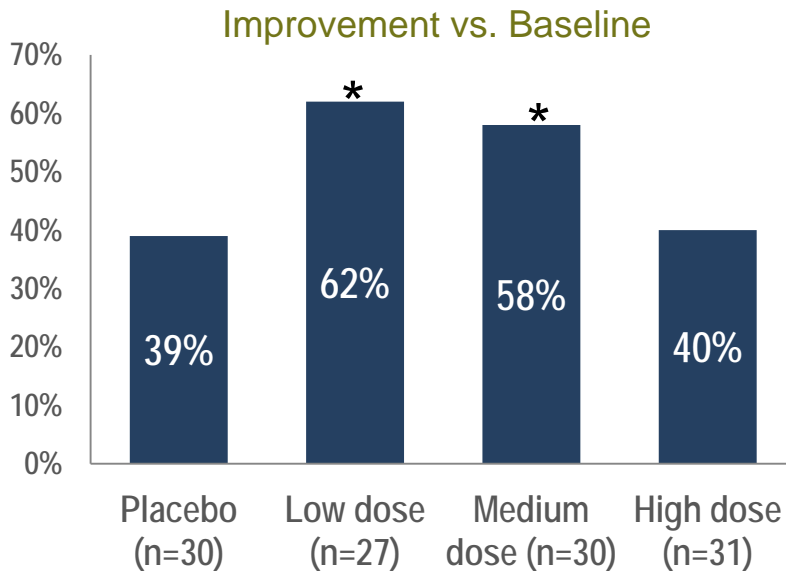
- Extended release molindone
- Randomized, double-blind, placebo-controlled, multicenter
- 6–12 year old patients with IA co-morbid with ADHD
- Primary endpoint: change from baseline to endpoint (Visit 10) in R-MOAS* ratings.
- Optional six-month open-label extension

	Children < 30 kg (mg/day)	Children ≥ 30 kg (mg/day)
Low Dose	12	18
Medium Dose	24	36
High Dose	36	54

* Retrospective modified overt aggression scale

SPN-810 Phase IIb Demonstrated Efficacy

Primary Endpoint: Change from Baseline at Visit 10 in R-MOAS# Score¹
 LOCF, ITT Population



* P<0.05 vs. placebo

Retrospective modified overt aggression scale

¹ Primary Endpoint based on FDA input

Improved Remission Rate at End of Study²

R-MOAS	Placebo (n=30)	Low Dose (n=27)	Medium Dose (n=30)	High Dose (n=31)
Subjects Remitted	6 (20%)	14 (52%)	12 (40%)	10 (32%)
P-value for Remission Rate		0.009	0.043	0.276

Remission: RMOAS≤10, P significant at p< 0.05

² Primary Endpoint before FDA input

SPN-810 Was Well-Tolerated

Most Common Adverse Events* <i>(Reported by ≥ 5% of Subjects in one or more treatment groups)</i>	Placebo (n=31) N (%)	All Treatment (n=90) N (%)
Headache	4 (13%)	9 (10%)
Sedation	2 (7%)	8 (9%)
Somnolence	1 (3%)	2 (2%)
Abdominal Pain	1 (3%)	5 (6%)
Increased Appetite	1 (3%)	7 (8%)
Decreased Appetite	0	5 (6%)
Fatigue	0	3(3%)
Abnormal Weight Gain	0	1 (1%)
Extrapyramidal Symptoms (EPS)		
Dystonia	0 (0)	2 (2%) [Severe]
Akathisia	1 (3.2%) [Mild]	0 (0)
Dyskinesia	0 (0)	1 (1%) [Moderate]

*There is no statistically significant difference in the rate of incidence of AEs between the placebo arm and all active treatment groups combined

SPN-810 Phase III Study Design

Study	Population	Primary Objective*	Study Duration	Treatment Duration	Dose Range	No. of Subjects	Status
P301	Pediatric (6-12 years)	Efficacy	10 weeks	6 weeks	Placebo 18mg 36mg	291 Randomized	Enrolling
P302	Pediatric (6-12 years)	Efficacy	10 weeks	6 weeks	Placebo 18mg 36mg	291 Randomized	Enrolling

*Primary Endpoint : Change in IA behavior frequency

SPN-812: Novel Non-Stimulant ADHD Product

- Viloxazine hydrochloride
 - Norepinephrine reuptake inhibitor
- Once-daily oral extended-release product
- New Chemical Entity (NCE)
 - Five year market exclusivity
 - Previously marketed outside the US as an antidepressant
- Building strong IP portfolio with expirations from 2029-2033
- Emerging clinical profile points to a well differentiated ADHD product
 - A highly effective non-stimulant with a tolerable side effect profile

SPN-812 Phase IIb Design

● Objectives:

- Assess effect in reducing symptoms of ADHD in children aged 6-12 years
- Evaluate safety and tolerability

● Primary Endpoint:

- Change from baseline to End of Study in the ADHD-RS-IV total score

● Design:

- Double-blind, placebo-controlled, multicenter, dose-ranging study
 - Placebo, 100/200/300/400mg
- Monotherapy
- 222 subjects randomized
- 3 weeks titration (100mg/week), 5 weeks treatment
- Rollover to Open-Label Extension Study

Three SPN-812 Doses Met Primary Endpoint

Primary Analysis

Change from baseline in ADHD-RS-IV Total Score (ITT Population with LOCF)

Statistics	400 mg N=44	300 mg N=47	200 mg N=46	100 mg N=45	Placebo N=24	
LS Mean	-19.0	-18.6	-18.4	-16.7	-10.5	End of Study
Effect Size	0.63	0.60	0.55	0.46		
P-value	0.021*	0.027*	0.031*	0.089		

* At end of study all SPN-812 doses except the 100 mg dose are statistically significant compared to placebo at $\alpha = 0.05$ level.

ITT = Intent To Treat
LOCF = Last Observation Carried Forward

SPN-812 Was Well Tolerated

Percentage of Patients with Related AEs, >5%

Adverse Event (AE)	SPN-812 ER				
	Placebo N=24	100 mg N=48	200 mg N=48	300 mg N=48	400 mg N=49
Somnolence	0	14.6	20.8	20.8	24.5
Decreased appetite	8.3	10.4	12.5	8.3	16.3
Headache	0	4.2	10.4	6.3	12.2
Insomnia	0	6.3	4.2	6.3	6.3
Nausea	0	4.2	2.1	8.3	4.1
Fatigue	0	4.2	4.2	2.1	10.2
Irritability	0	2.1	8.3	4.2	2.0
Weight decreased	0	0	0	0	8.3
Discontinuations Due to AEs	0	8.3	6.3	2.1	10.2

SPN-812: A Billion Dollar Product for Supernus

	Percent	Prescriptions in Peak Year
ADHD Market Prescriptions		90 - 100 Million
	Peak Market Share	SPN-812 Potential Prescriptions
SPN-812 Peak Demand	3 - 5%	2.7 - 5.0 Million
SPN-812 Peak Gross Revenue		\$1.6 - 3.0 Billion

Source - IMS NPA, Company Research and Estimates – Assumes peak at 3-5 years post launch

Oxtellar XR: Novel Product for Bipolar

50% Use of Oxcarbazepine
in Psychiatry

1st Expected to be Only
Oxcarbazepine Product
Approved to Treat Bipolar

2017 Investigator-Initiated Trial
To start in 3Q



Market Opportunity
+53 Million Prescriptions

Class of Drugs	% of Prescriptions
Antiepileptics	34
Antipsychotics	29
SSRI's	15
SNRI's	6
Antimania	6
Other Antidepressants	6
Benzodiazepines	4
Total	100

Source: IMS 2016

SSRI = Selective serotonin reuptake inhibitor
SNRI = Serotonin & norepinephrine reuptake inhibitor

Financial Summary

2017 First Quarter Results

- Net product sales of \$56.4 million, up 31% over 2016
- Operating income of \$16.8 million, up 161% over 2016
- Capital resources:
 - Cash, cash equivalents, marketable securities and long term marketable securities at \$176.3 million as of March 31, 2017
 - \$165.5 million at December 31, 2016

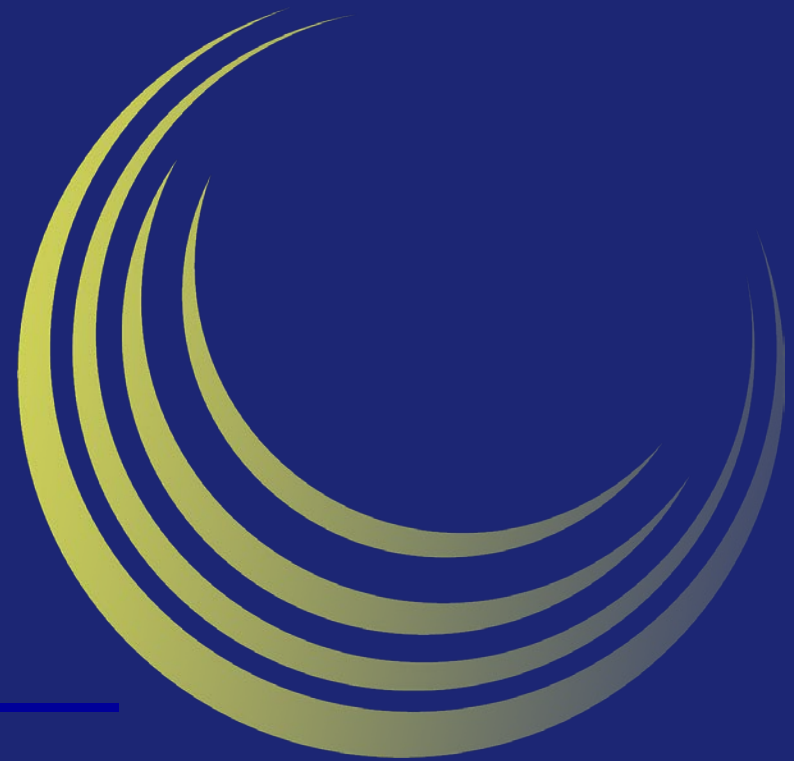
Financial Summary

2017 Full Year Financial Guidance¹

- Net product sales: \$265 million - \$275 million
- Operating income: \$75 million to \$80 million
- R&D expenses: approximately \$55 million

¹ Guidance provided on May 9, 2017 which has not been updated

Positioned For Continued Strong Growth



Strong Portfolio in Neurology

Potential Peak Sales for Oxtellar XR[®] and Trokendi XR[®] >\$500M

Innovative Late Stage Portfolio in Psychiatry

SPN-810 : First Treatment to be Developed for Impulsive Aggression

SPN-812 : Highly Effective and Well Tolerated Non-Stimulant

Oxtellar XR : Novel Product for Bipolar Disorder