# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of Earliest Event Reported): June 27, 2011

### PDL BioPharma, Inc.

(Exact name of Company as specified in its charter)

000-19756 (Commission File Number)

Delaware (State or Other Jurisdiction of Incorporation) 94-3023969 (I.R.S. Employer Identification No.)

932 Southwood Boulevard Incline Village, Nevada 89451

(Address of principal executive offices, with zip code)

(775) 832-8500

(Company's telephone number, including area code)

Che	Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the Company under any of the following provisions:						
	Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)						
	Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)						
	Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))						
	Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))						

### Item 7.01 Regulation FD Disclosure.

Beginning on June 27, 2011, PDL BioPharma, Inc. (the "Company") will make presentations to certain stockholders, note holders, potential stockholders and potential note holders using defined presentation materials. A copy of the Company's presentation materials has been posted to the Company's website and is attached hereto as Exhibit 99.1

### Limitation of Incorporation by Reference

In accordance with General Instruction B.2. of Form 8-K, this information, including Exhibit 99.1, is furnished pursuant to Item 7.01 and shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section. The information in this Item 7.01 of this Current Report on Form 8-K will not be deemed an admission as to the materiality of any information that is required to be disclosed solely by Regulation FD.

### Cautionary Statements

This Current Report on Form 8-K and the presentation include "forward-looking statements" within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we can give no assurance that such expectations will prove to be correct. Important factors that could impair the Company's royalty assets or business are disclosed in the "Risk Factors" contained in the Company's 2010 Annual Report on Form 10-K and other periodic reports filed with the Securities and Exchange Commission. All forward-looking statements are expressly qualified in their entirety by such factors. We do not undertake any duty to update any forward-looking statement except as required by law.

### Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description				
99.1	Presentation				

### **SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the Company has duly caused this report to be signed on its behalf by the undersigned hereunto duly

PDL BIOPHARMA, INC. (Company)

By: /s/ Christine R. Larson

Christine R. Larson Vice President and Chief Financial Officer

Dated: June 27, 2011

EXHIBIT INDEX

Exhibit No. Description

99.1 Presentation



### **Forward Looking Statements**

This presentation contains forward-looking statements, including PDL's expectations with respect to its future royalty revenues, expenses, net income, and cash provided by operating activities.

Each of these forward-looking statements involves risks and uncertainties. Actual results may differ materially from those, express or implied, in these forward-looking statements. Factors that may cause differences between current expectations and actual results include, but are not limited to, the following:

- The expected rate of growth in royalty-bearing product sales by PDL's existing licensees;
- The relative mix of royalty-bearing Genentech products manufactured and sold outside the U.S. versus manufactured or sold in the U.S.;
- The ability of PDL's licensees to receive regulatory approvals to market and launch new royalty-bearing products and whether such products, if launched, will be commercially successful;
- Changes in any of the other assumptions on which PDL's projected royalty revenues are based;
- · Changes in foreign currency rates;
- · Positive or negative results in PDL's attempt to acquire royalty-related assets;
- The outcome of pending litigation or disputes, including PDL's current dispute with Genentech related to ex-U.S. sales
  of Genentech licensed products; and
- The failure of licensees to comply with existing license agreements, including any failure to pay royalties due.

Other factors that may cause PDL's actual results to differ materially from those expressed or implied in the forward-looking statements in this presentation are discussed in PDL's filings with the SEC, including the "Risk Factors" sections of its annual and quarterly reports filed with the SEC. Copies of PDL's filings with the SEC may be obtained at the "Investors" section of PDL's website at www.pdl.com. PDL expressly disclaims any obligation or undertaking to release publicly any updates or revisions to any forward-looking statements contained herein to reflect any change in PDL's expectations with regard thereto or any change in events, conditions or circumstances on which any such statements are based for any reason, except as required by law, even as new information becomes available or other events occur in the future. All forward-looking statements in this presentation are qualified in their entirety by this cautionary statement.



# **Key Information**

**Company** PDL BioPharma, Inc.

Ticker PDLI (NASDAQ)

**Location** Incline Village, Nevada

**Employees** Less than 10

**2010 Revenues** \$345 million

**2011- Q2YTD Revenue** \$205 million

Guidance

**2011 Regular Dividends** \$0.15 /share paid on March 15,

June

Q1-2011 Cash Position<sup>1</sup> \$59\$ entember 15 & December 15

Shares O/S<sup>2</sup> ~ 140 million

Average Daily Volume ~ 3 million shares

1. As of March 31, 2011; 2. Not fully diluted

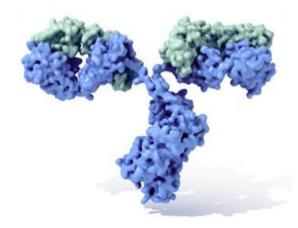


### **Company Overview**

- PDL pioneered the humanization of monoclonal antibodies which enabled the discovery of a new generation of targeted treatments for cancer and immunologic diseases
- PDL's primary assets are its antibody humanization patents and royalty assets which consist of its Queen et al. patents and license agreements
- Licensees consist of large biotechnology and pharmaceutical companies including Roche/Genentech/ Novartis, Elan/BiogenIdec, Pfizer/Wyeth/J&J and Chugai



# **Antibody Humanization Technology**



- Antibodies are naturally produced by humans to fight foreign substances, such as bacteria and viruses
- In the 1980's, scientists began creating antibodies in non-human immune systems, such as those of mice, that could target specific sites on cells to fight various human diseases
- However, mouse derived antibodies are recognized by the human body as foreign substances and may be rejected by the human immune system
- PDL's technology allows for the "humanization" of mouse derived antibodies by moving the important binding regions from the mouse antibody onto a human framework
- PDL's humanization technology is important because the humanized antibodies retain the binding and activity levels from the original mouse antibody
- PDL's technology has been incorporated into antibodies to treat cancer, eye diseases, arthritis, multiple sclerosis and other health conditions with aggregate annual sales of over \$17 billion

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BioPharma<sup>®</sup>

# **Mission Statement**

- Queen et al. Patents
  - Manage patent portfolio
  - Manage license agreements
- Purchase new royalty generating assets
  - Assets that improve shareholder return
  - Commercial stage assets
  - Prefer biologics with strong patent protection
- Optimize return for shareholders



### **Corporate Governance**

### **Management**

- John McLaughlin President & CEO
- Christine Larson
   VP & CFO
- Christopher Stone
   VP, General Counsel &
   Secretary
- Caroline Krumel
   VP of Finance
- Danny Hart
   Associate General Counsel

### **Board of Directors**

- Fred Frank
   Lead Director
- Jody Lindell
- John McLaughlin
- Paul Sandman
- Harold Selick



# Licensed Products and Royalty Revenue

# **Licensed Products and Royalty Revenue**

Product	Licensor	\$6.4 billion <sup>1</sup>	Approved Indications	
AVASTIN* byyatizumub	Genentech (US) and Roche (ex-US)		Metastatic colorectal cancer     Advanced non-small cell lung cancer     Renal cancer     Metastatic HER2- breast cancer     Glioblastoma	
Herceptin'	Genentech (US) and Roche (ex-US)	\$5.4 billion <sup>1</sup>	■ Metastatic HER2+ breast cancer ■ Metastatic HER2+ stomach cancer	
LUCENTIS PANIBIZUMAB INJECTION	Genentech (US) and Novartis (ex-US)	\$3.0 billion <sup>1</sup>	<ul> <li>Wet age-related macular degeneration (AMD)</li> <li>Macular edema or swelling following retinal vein occlusion</li> <li>Diabetic macular edema</li> <li>Lucentis is the only approved treatment for wet AMD proven to improve or maintain vision</li> </ul>	
Xolair. Omalizumab	Genentech (US) and Novartis (ex-US)	\$1.0 billion <sup>1</sup>	<ul> <li>Moderate to severe persistent allergic asthma</li> <li>First approved therapy designed to target the antibody IgE, a key underlying cause of the symptoms of allergy related asthma</li> </ul>	
TYSABRI (natalizumab)	Biogen Idec and Elan	\$1.2 billion <sup>1</sup>	<ul> <li>Multiple Sclerosis (MS) in adult patients with relapsing forms of the disease</li> <li>Crohn's disease in adult patients with moderate-to-severe forms of the disease who have had an inadequate response to or are unable to tolerate conventional therapies</li> </ul>	
• RoACTEMRA	Roche and Chugai	\$459 million <sup>2</sup>	■ Rheumatoid arthritis (RA)	

1. As reported to PDL by its licensee 2. As reported by Roche; assume 1.155 CHF/USD

tocilizumab

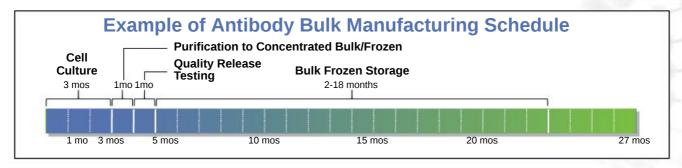


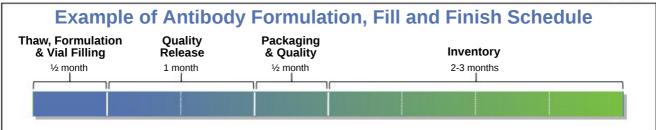
# How Long will PDL Receive Royalties from Queen et al. Patents?

- PDL's revenues consist of royalties generated on sales of licensed products
  - Sold before the expiration of the Queen et al. patents in mid-2013 through end of 2014

<u>or</u>

Made prior to the expiration of the Queen et al. patents and sold anytime thereafter







# Queen et al Patents - Royalty Rates

- Tysabri and RoActemra
  - § Flat, low single-digit royalty
- Genentech Products (Avastin, Herceptin, Lucentis<sup>1</sup> and Xolair)
  - § Tiered royalties on product made or sold in US
  - § Flat, 3% royalty on product made and sold outside US
  - § Blended global royalty rate on Genentech Products in 2010 was 1.9%
  - § Blended royalty rate on Genentech Products in 2010 <u>made or sold</u> in US was 1.5%

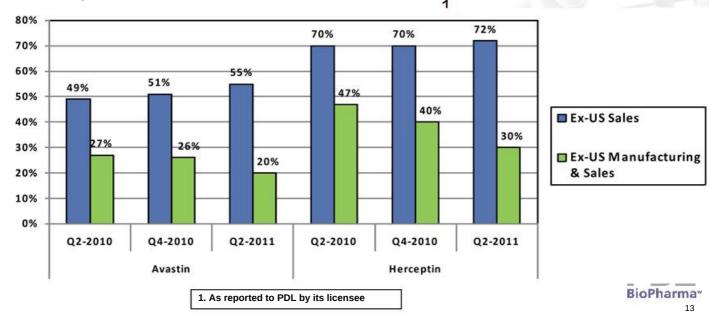
Genentech Product Made or Sold in U.S.	
Net Sales up to \$1.5 Billion	3.0%
Net Sales Between \$1.5 Billion and \$2.5 Billion	2.5%
Net Sales Between \$2.5 Billion and \$4.0 Billion	2.0%
Net Sales Over \$4.0 Billion	1.0%
Genentech Product Made and Sold Ex-U.S.	
All Sales	3.0%

1. As part of a settlement with Novartis, which commercializes Lucentis outside US, PDL agreed to pay to Novartis certain amounts based on net sales of Lucentis made by Novartis during calendar year 2011 and beyond. The amounts to be paid are less than we receive in royalties on such sales and we do not currently expect such amount to materially impact our total annual revenues.



# Shift of Manufacturing Sites = Higher Royalties

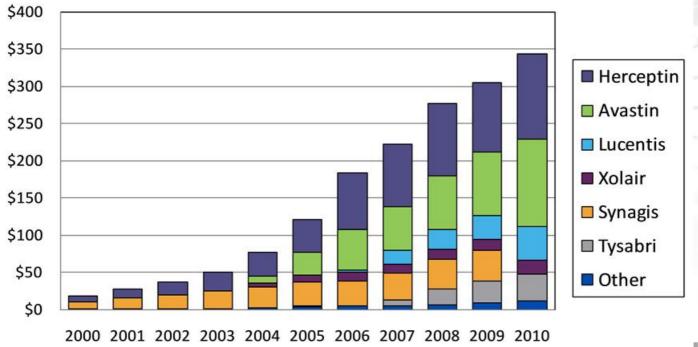
- Roche is moving some manufacturing ex-US which may result in higher royalties to PDL due to the flat 3% royalty for Genentech Products made <u>and</u> sold ex-US
  - Current production at Penzburg (Herceptin) and Basel (Avastin) plants
  - Two new plants in Singapore (CHO = antibody and e. coli = antibody fragment)
    - E. coli (Lucentis) and CHO (Avastin) plants are approved for commercial supply to the US
    - E. coli and CHO plants are expected to be approved for commercial supply to the EU in 2011
    - Currently, all Lucentis is made in the US



# **Royalty Revenue & Licensed Products**

### **Royalties by Product**

(\$ in millions)



BioPharma\*



# **Royalty Products - Avastin**

Avastin

Herceptin

Lucentis

Xolair

Tysabri

- ü On December 16, 2010, FDA notified Roche/Genentech of its intention to withdraw Avastin's approval as first line treatment for HER2- breast cancer in combination with paclitaxel.
- ü In response to request from Genentech, FDA scheduled a hearing on June 28-29, 2011, to allow Genentech to present why Avastin should remain FDAapproved for HER2- breast cancer.
- ü On December 16, 2010, EMEA narrowed, but did not withdraw Avastin's approval for first line treatment of HER2- breast cancer in combination with paclitaxel.
- ü On April 15, 2011, Roche announced that CHMP issued a positive opinion for the use of Avastin in combination with Xeloda for 1st-line HER 2- breast cancer.
- ü Roche lowered its estimate of peak annual sales from of Avastin from CHF8 - CHF9 billion to CHF7 billion.
- ü Based on our internal model, we project Avastin for treatment of metastatic HER2- breast cancer represents slightly more than 2% of total PDL royalty revenue.



# **Royalty Products - Avastin**

Avastin

Herceptin

Lucentis

Xolair

Tysabri

- ii On June 4, 2011, Genentech announced results from Phase 3 study evaluating Avastin in combination with chemotherapy (gemcitabine and carboplatin) followed by the continued use of Avastin alone in women with previously treated (recurrent) platinum-sensitive ovarian cancer which showed that women who received Avastin experienced a 52 percent reduction in the risk of their disease progressing (HR=0.48, p<0.0001) compared to women who received chemotherapy alone.
- Two previous Phase 3 studies in women with newly diagnosed ovarian cancer demonstrated that front-line Avastin in combination with standard chemotherapy (carboplatin and paclitaxel), followed by the continued use of Avastin alone, significantly increased progression free survival compared to treatment with chemotherapy alone.
- ü Roche has submitted an application for approval for first line treatment in EU and expects a decision later in 2011.
- ü Genentech expects to file an application for approval in US in later 2011 so that it can meet FDA's request for overall survival data.



**Avastin** 

Herceptin

Lucentis

Xolair

Tysabri

- ü On January 7, Novartis announced that Lucentis has been approved in the EU for the treatment of visual impairment due to diabetic macular edema (DME).
  - § DME is a leading cause of blindness in the workingage population in most developed countries.
- ü On February 11, 2011, Genentech announced that one of two Phase 3 studies evaluating in patients with DME showed that a significantly higher percentage of patients receiving monthly dosing of Lucentis achieved an improvement in vision of at least 15 letters on the eye chart at 24 months compared to those in a control group, who received a placebo injection.
- ü On June 6, 2011, Novartis announced that Lucentis has been approved in the EU for the treatment of visual impairment due to macular edema secondary to retinal vein occlusion.



Avastin

Herceptin

Lucentis

Xolair

Tysabri

RoActemra

- ü On November 22, 2010, Regeneron and Bayer reported top line data from two Phase 3 trials investigating VEGF Trap in agerelated macular degeneration (AMD) patients which suggest that it may be injected into the eye every other month with safety and efficacy comparable to that of monthly dosing of Lucentis.
- ü On December 20, 2010, Regeneron has also reported positive Phase 3 data in the treatment of retinal vein occlusion (RVO) for which Lucentis is approved.
  - § Unlike the AMD trial, monthly administration was used in the RVO trial, which does not afford a dosing advantage with respect to Lucentis.
- ü On February 22, 2011, Regeneron and Bayer filed an application for approval of VEGF Trap for AMD with a PDUFA date of August 20, 2011 based on priority review. An FDA Advisory Committee recommended approval of VEGF Trap on June 17, 2011.
- ü Regeneron filed suit in February 2011 seeking a summary judgment that it does not infringe Genentech's patents.
- ü Genentech filed a countersuit in April 2011 asserting that Regeneron is willfully infringing Genentech's patents, seeking treble damages and asking for injunctive relief.
- ü On June 7, 2011, Regeneron and Bayer filed an application for AMD in EU.

DIUFHAIIHA

**Avastin** 

Herceptin

Lucentis

**Xolair** 

Tysabri

- ü On April 4, 2011, Genentech and Johns Hopkins University reported results of a review of files of 77,886 patients with AMD who received either Avastin off-label or Lucentis.
- ü Patients receiving Avastin off-label had an 11% increased risk of overall mortality, 57% increased risk of hemorrhagic cerebrovascular accident, 80% more likely to have ocular inflammation and 11% more likely to have cataract surgery following treatment than Lucentis treated patients.
- ü Authors of the study note that it is limited due to incomplete information on confounding factors such as smoking, lipid and blood pressure levels, etc.



**Avastin** 

Herceptin

Lucentis

Xolair

Tysabri

RoActemra

- ü On April 28, 2011, New England Journal of Medicine reported the results from the NEI's CATT study comparing Lucentis and Avastin on fixed and variable schedules in the treatment of AMD.
- ü Efficacy results from the first year of the two year study showed that, with respect to the primary endpoint of mean change in visual acuity (number of lines of letters on an eye chart) at 12 months, less expensive Avastin was not inferior to Lucentis.

§ It is estimated that off label use of Avastin in the U.S. was 60% prior to the results of the CATT trial.

ü At 12 months, serious adverse events (primarily hospitalizations) occurred at a 24% rate for patients receiving Avastin and a 19 percent rate for patients receiving Lucentis. However, preliminary 24 month safety data showed no difference between Lucentis and Avastin treated patients in terms of death, stroke and all arteriothrombotic events.



# **Royalty Products - Tysabri**

Avastin

Herceptin

Lucentis

Xolair

Tysabri

- ü FDA and EMEA have included JC virus (JCV) status as a risk factor for PML in the product label for Tysabri.
  - § The EMEA also recommended a five-year renewal of the Tysabri's Marketing Authorization in the EU.
  - § EMEA Physician Info Document states that risk of PML in:
    - Ø JCV- patients is <0.2 per 1000
    - Ø JCV+ patients with no prior immunosuppressants is 0.4 per 1000 in first two years
    - Ø JCV+ patients with no prior immunosuppressants is 2.6 per 1000 in years 2 -4
    - Ø JCV+ patients AND prior immunosuppressants AND 2 or more years is 9 per 1000
    - Ø JCV+ = roughly 55% of MS population
- ü Based on May 2011 patient numbers, the highest monthly new starts in over a year, the JCV assay allows physicians to prescribe the most efficacious multiple sclerosis drug and derisks the likelihood of PML by halting Tysabri treatment in patients who are JCV+.



# **Royalty Products - RoActemra**

Avastin

Herceptin

Lucentis

**Xolair** 

Tysabri

- ü On January 5, 2011, Roche announced that FDA expanded the RoActemra label to include inhibition and slowing of structural joint damage, improvement of physical function, and achievement of major clinical response in adult patients with moderately to severely active rheumatoid arthritis.
- ü On April 18, 2011, FDA approved RoActemra to treat patients age 2 and older with active systemic juvenile idiopathic arthritis (SJIA).
  - § It is the first and only approved treatment for SJIA, a rare and severe form of arthritis affecting children.



# Potential Royalty Products - Development Stage



# **Potential Royalty Products - T-DM1**

### T-DM1

Breast HER2+ Cancer

### **Ocrelizumab**

Multiple Sclerosis

### Pertuzumab

**Breast HER2+ Cancer** 

### **Afutuzumab**

Chronic Lymphocytic Leukemia

### **Bapineuzumab**

Alzheimer's Disease

### Solanezumab

Alzheimer's Disease

### Datoluzumab

Colorectal Cancer

### **Daclizumab**

Multiple Sclerosis

### **Farletuzumab**

Ovarian Cancer

- ü On October 13, 2010, Roche/Genentech announced preliminary, six month results from a Phase 3 trial in second line HER2+ breast cancer patients which showed that 48% of women treated with T-DM1 had their tumors shrink compared with 41% of those taking the combination of Herceptin and Taxotere.
  - § Among the women taking the standard therapy, 75% had side effects of grade 3 or higher on a 5-point scale, compared with 37% of those getting T-DM1.
- ü Roche/Genentech expect to file for second line approval in 2012.



# **Potential Royalty Products - Ocrelizumab**

T-DM1

Breast HER2+ Cancer

Ocrelizumab Multiple Sclerosis

Pertuzumab

**Breast HER2+ Cancer** 

**Afutuzumab** 

Chronic Lymphocytic Leukemia

Bapineuzumab

Alzheimer's Disease

Solanezumab

Alzheimer's Disease

Datoluzumab

Colorectal Cancer

**Daclizumab** 

Multiple Sclerosis

**Farletuzumab** 

**Ovarian Cancer** 

ü Phase 2b.

ü Unlicensed product.



# **Potential Royalty Products - Pertuzumab**

### T-DM1

**Breast HER2+ Cancer** 

### **Ocrelizumab**

Multiple Sclerosis

**Pertuzumab** Breast HER2+ Cancer

### Afutuzumab

Chronic Lymphocytic Leukemia

### **Bapineuzumab**

Alzheimer's Disease

### Solanezumab

Alzheimer's Disease

### Datoluzumab

Colorectal Cancer

### **Daclizumab**

Multiple Sclerosis

### **Farletuzumab**

**Ovarian Cancer** 

- ü On December 10, 2010, Roche/Genentech reported the results from a Phase 2 trial investigating the neoadjuvant (prior to surgery) use of pertuzumab and Herceptin plus chemotherapy for the treatment of early-stage, HER2+ breast cancer.
- ü Treatment significantly improved the rate of complete tumor disappearance in the breast by more than half compared to Herceptin plus docetaxel, p=0.014.
- ü Roche/Genentech expect to file for approval at the end of 2011.
- ü Unlicensed product.



# **Potential Royalty Products - Afutuzumab**

T-DM1

Breast HER2+ Cancer

**Ocrelizumab** 

Multiple Sclerosis

Pertuzumab

**Breast HER2+ Cancer** 

Afutuzumab

Chronic Lymphocytic Leukemia

Bapineuzumab

Alzheimer's Disease

Solanezumab

Alzheimer's Disease

Datoluzumab

Colorectal Cancer

**Daclizumab** 

Multiple Sclerosis

**Farletuzumab** 

Ovarian Cancer

ü Phase 3.

ü Roche/Genentech expect to file for approval in 2013.



# Potential Royalty Products - Bapineuzumab

T-DM1

Breast HER2+ Cancer

**Ocrelizumab** 

Multiple Sclerosis

Pertuzumab

**Breast HER2+ Cancer** 

**Afutuzumab** 

Chronic Lymphocytic Leukemia

Bapineuzumab Alzheimer's Disease

Solanezumab

Alzheimer's Disease

Datoluzumab

Colorectal Cancer

**Daclizumab** 

Multiple Sclerosis

**Farletuzumab** 

Ovarian Cancer

ü Phase 3.

ü Data expected in 2H012.



# Potential Royalty Products - Solanezumab

T-DM1

Breast HER2+ Cancer

**Ocrelizumab** 

Multiple Sclerosis

Pertuzumab

**Breast HER2+ Cancer** 

**Afutuzumab** 

Chronic Lymphocytic Leukemia

Bapineuzumab

Alzheimer's Disease

**Solanezumab**Alzheimer's Disease

Datoluzumab

Colorectal Cancer

**Daclizumab** 

Multiple Sclerosis

**Farletuzumab** 

**Ovarian Cancer** 

ü Phase 3.

ü Data expected in 2H012.



# **Potential Royalty Products - Datoluzumab**

T-DM1

Breast HER2+ Cancer

**Ocrelizumab** 

Multiple Sclerosis

Pertuzumab

Breast HER2+ Cancer

**Afutuzumab** 

Chronic Lymphocytic Leukemia

Bapineuzumab

Alzheimer's Disease

Solanezumab

Alzheimer's Disease

**Datoluzumab**Colorectal Cancer

**Daclizumab** 

Multiple Sclerosis

**Farletuzumab** 

**Ovarian Cancer** 

ü Phase 2.



# **Potential Royalty Products - Daclizumab**

T-DM1

Breast HER2+ Cancer

**Ocrelizumab** 

Multiple Sclerosis

Pertuzumab

Breast HER2+ Cancer

**Afutuzumab** 

Chronic Lymphocytic Leukemia

Bapineuzumab

Alzheimer's Disease

Solanezumab

Alzheimer's Disease

**Datoluzumab** 

Colorectal Cancer

Daclizumab

Multiple Sclerosis

**Farletuzumab** 

**Ovarian Cancer** 

ü Phase 3.



# **Potential Royalty Products - Farletuzumab**

### T-DM1

Breast HER2+ Cancer

### **Ocrelizumab**

Multiple Sclerosis

#### Pertuzumab

**Breast HER2+ Cancer** 

#### **Afutuzumab**

Chronic Lymphocytic Leukemia

### Bapineuzumab

Alzheimer's Disease

### Solanezumab

Alzheimer's Disease

#### Datoluzumab

Colorectal Cancer

### **Daclizumab**

Multiple Sclerosis

**Farletuzumab**Ovarian Cancer

ü Phase 3.



# Genentech / Roche - Product Pipeline

# US & EU Filings Calendar

Avastın BC Adjuvant HER2+

Avastin BC Adj Triple Negative

Avastin HER 2- BC adj

Avastin mCRC TML

Avastin
Glioblastoma 1st Line

Avastin NSCLC adj

Avastin & Herceptin HER2+ mBC 1st Line

Herceptin BC HER 2+ Adj 2 Year T-DM1
HER 2+ mBC 1st Line

Avastin Ovarian Cancer 1st Line US Herceptin Subcutaneous Formulation

RoActemra Early Rheumatoid Arthritis Pertuzumab<sup>1</sup> HER 2+ EBC

Avastin
Relansed Ovarian Cancer

T-DM1 HER 2+ Advanced mBC RoActemra SC Formulation (US) Lebrikizumab<sup>1</sup> Asthma

Avastin + Herceptin mBC HER+ 2nd Line

RoActemra Ankylosing Spondylitis Lucentis
AMD High Dose (US)

Ocrelizumab<sup>1</sup> PPMS & RRMS

Lucentis
Diabetic Macular Edema (US)

RoActemra SC Formulation (EU)

Xolair Chronic Idiopathic Urticaria Rontalizumab<sup>1</sup> Systemic Lupus Erythematosus

Pertuzumab<sup>1</sup> mBC HER2+ 1<sup>st</sup> Line

RoActemra RA DMARD H2H (EU) Afutuzumab (GA101) Chronic Lymphocytic Leukemia

Afutuzumab (GA101) Non-Hodgkin's Lymphoma

2011

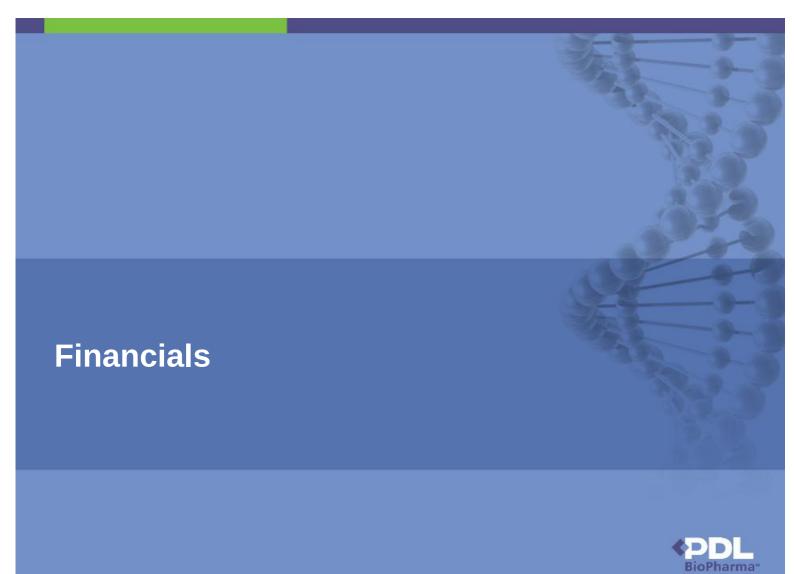
2012

2013

Post 2013

1. Not a licensed product

Source: Roche investor update, April 14, 2011

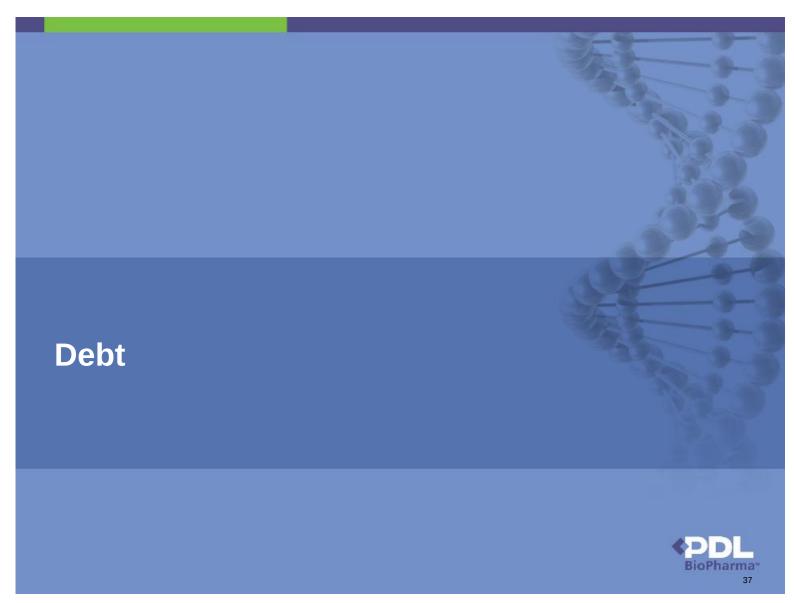


# **Financial Overview**

INCOME STATEMENT								BALANCE SHEET						
	Fiscal Year Ending 12/31						Guidance		-		As of			
	2	.009	20	010 1	1Q-2	2011 2	2Q-20 YTD	)11		12/3	31/2010	3/3	31/2011	
Revenue Expenses EBIT	\$	318 21 297	\$	345 134 211	\$	83 6	\$	205	Cash, Cash <b>E</b> q <b>Itives<del>trate</del></b> nts	\$	248	\$	193	
Net Interest Expense		17		61		9			Total Assets	\$	317	\$	249	
Pre-Tax Profit		280		150		68			Total Debt	\$	518	\$	497	
Taxes Net Income	\$	91 189	\$	58 92	\$	24 44			Total Stockholders' Deficit	\$	(324)	\$	(371	

- 1. Includes \$92.5 million one time legal settlement to MedImmune. Net interest expense includes \$17.6 million loss on convertible note retirement.
- 2. Includes \$10.0 million one time legal settlement from UCB.

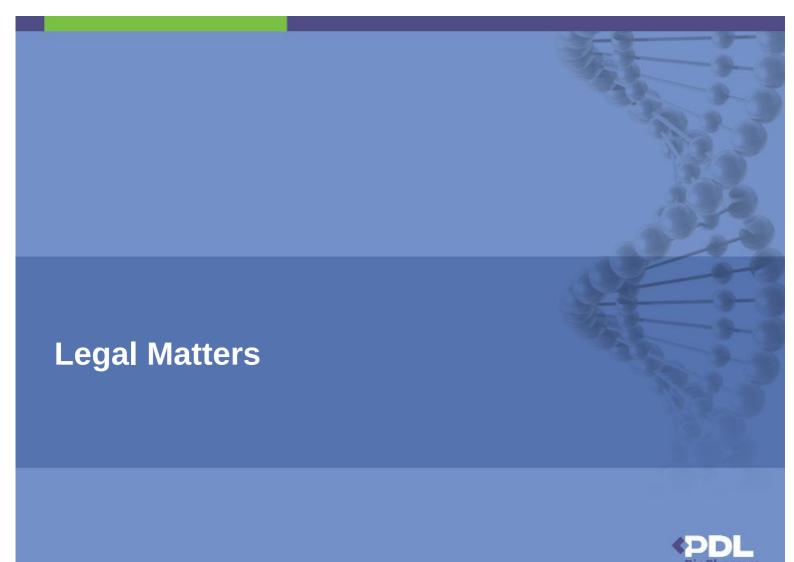




# **Current and Long-Term Liabilities**

- \$155 million 3.75% convertible senior notes due May 2015
  - Notes issued May 16, 2011; conversion rate is 129.2740 / \$1,000 face amount (\$7.74/share)
  - Bond hedge effectively increases conversion price to \$9.10 / share
  - Proceeds will be used to redeem 2012 convertible senior notes as of June 30, 2011
- \$250 million 2.00% convertible senior notes due February 2012; principal balance of \$133 million
- Conversion rate is 147.887 shares / \$1,000 face amount (\$6.76/share)
- Redemption date is June 30, 2011, subject to note holders' conversion rights
- \$180 million 2.875% convertible senior notes due February 2015
  - Conversion rate is 147.887 shares / \$1,000 face amount (\$6.76/share)
- \$300 million 10.25% secured non-recourse notes; principal balance of \$142 million as of June 30, 2011
  - Approximately 40% of Genentech royalties dedicated to quarterly principal and interest
- After retirement, securitized Genentech royalties will be retained by PDL
- The purpose of restructuring PDL's debt is to free up cash for the acquisition of royalty assets

	Debt Outstanding							
(\$ in millions)	12/31/2009		12/31/2010		6/30/2011			
2.75% Convertible Debt				1				
August 2010 Note Holder Put	\$	200	\$	-	\$	5		
2.00% Senior Convertible Debt								
February 2012 Maturity		228		133		10		
10.25% Securitization Note		j						
September 2012 Anticipated Maturity		300		204		142		
2.875% Senior Convertible Debt								
February 2015 Maturity				180		180		
3.75% Senior Convertible Debt								
May 2015 Maturity		3.5				155		
Total Debt	\$	728	\$	517	\$	477		



# **Recent Resolution of Legal Disputes**

 PDL has resolved all challenges to the Queen et al. Patents in the U.S. Patent and Trademark Office (USPTO) and the European Patent Office (EPO) as well as its dispute with MedImmune

## UCB Pharma

- PDL received \$10 million from UCB and PDL agreed not to sue UCB for any royalties related to Cimzia
- UCB terminated patent interference proceedings before the USPTO and withdrew its opposition appeal in the EPO

## MedImmune

- PDL paid MedImmune \$65 million on February 15, 2011, and will pay them an additional \$27.5 million by February 2012
- MedImmune ceased support of any party in the EPO opposition appeal

## Novartis

- PDL dismissed its claims against Novartis in its Nevada lawsuit
- Novartis withdrew its opposition appeal to PDL's European patent in EPO
- Beginning in 2Q11, PDL will pay Novartis an amount based on Novartis' net ex-U.S. sales of Lucentis during calendar year 2011 and beyond

# BioTransplant

- PDL acquired BioTransplant, a bankrupt company and instructed BioTransplant to withdraw its opposition appeal in the EPO

# Pending Dispute with Genentech and Roche

- In August 2010, Genentech sent a fax on behalf of Roche and Novartis asserting its products do not infringe PDL's supplementary protection certificates (SPCs)
  - Products include Avastin, Herceptin, Lucentis and Xolair
  - SPCs are extensions of patent term in Europe that are issued on a country-by-country and product-by-product basis

# PDL Response

- Genentech's assertions are without merit
- PDL disagrees with Genentech's assertions of non-infringement
- Genentech had waived its rights to challenge our patents, including SPCs in its 2003
   Settlement Agreement with PDL

## 2003 Settlement Agreement

- Resolved intellectual property disputes between the two companies at that time
- Limits Genentech's ability to challenge infringement of PDL's patent rights, including SPCs, and waives Genentech's right to challenge or assist other in challenging the validity of our patent rights



# Nevada Lawsuit Against Genentech/Roche

# PDL filed a lawsuit against Genentech and Roche in Nevada state court

- Lawsuit states that fax constitutes a breach of 2003 Settlement Agreement because Genentech assisted Roche in challenging PDL's patents and SPCs
- Complaint seeks compensatory damages, including liquidated damages and other monetary remedies set forth in the 2003 Settlement Agreement, punitive damages and attorney's fees

# In November 2010, Genentech and Roche filed two motions to dismiss

- They contend that 2003 Settlement Agreement applies only to PDL's U.S. patent rights
- They asserted that the Nevada court lacks personal jurisdiction over Roche
- On April 21, 2011, Nevada court heard arguments on two Genentech and Roche motions
- If case proceeds, trial is not yet scheduled and not expected until 2012



# **Business Strategy**

- Queen et al. patents expire end of 2014; we anticipate royalties will likely continue to ~2016
- PDL has two possible future pathways
- Purchase new royalty assets and ladder like a bond portfolio
  - Continue to reinvest in new royalty assets and pay dividends
    - Commercial stage products
    - Sweet spot \$75MM to \$150MM
  - Debt repaid by end of 2015
  - Company continues as long as it can generate satisfactory return
- If unable to acquire royalty assets on attractive terms, build cash reserves to:
  - Repay debt
  - Use all excess cash to pay dividends to enhance shareholder return
  - Wind-up company in 2016 timeframe



# **Optimizing Stockholder Return**

# Continuously evaluating alternatives

- Dividends
- Capital restructure
- Share repurchase
- Company sale
- Purchase of commercial stage, royalty generating assets



# **Investment Highlights**

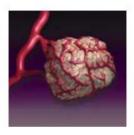
- Strong historic revenue growth from approved products
- Potential for additional indications from existing products, new product approvals and purchase of new royalty assets
- Potential to grow and diversify revenues with the addition of new royalty assets
- Significantly reduced expenses with no R&D burn
- Liquidity volume averages 3 million shares/day
- Return to stockholders
  - In 2011, \$0.60/share to be paid in quarterly regular dividends of \$0.15/share in March 15, June 15, September 15 and December 15

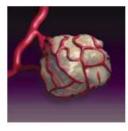
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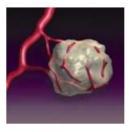
BioPharma<sup>®</sup>



# **Avastin**







Treatment with Avastin reduces vascularization or blood supply of tumor

### Licensor

Genentech (US) and Roche (ex-US)

## Mechanism

- As a tumor grows, it exceeds the ability of the local blood supply to nourish it
- Tumor causes up regulation of vascular endothelial growth factor (VEGF) stimulating angiogenesis or the growth of leaky blood vessels to nourish the tumor
- Avastin targets and inhibits VEGF reduction in blood vessels "starving" the tumor

# Approvals

 Metastatic colorectal cancer, advanced non-small cell lung cancer, renal cancer, metastatic HER2- breast cancer and glioblastoma

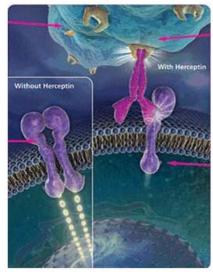
## Sales

- 2010 worldwide net sales of \$6.4 billion<sup>1</sup>
  - US is reviewing approval for metastatic HER2- breast cancer and EU has narrowed this label, resulting in drop in sales for this indication

1. As reported to PDL by its licensee

BioPharma\*

# Herceptin



Without Herceptin treatment, cell surface receptors signal into the HER2+ breast cancer cell to proliferate

Herceptin binds to cell surface receptors inhibiting intracellular signals thus preventing cancer cell proliferation and signaling the immune system to "kill" the cancer cell

### Licensor

Genentech (US) and Roche (ex-US)

## Mechanism

- Some breast cancer cells make too many (over-express) copies of a particular gene known as HER2 that causes rapid growth of the breast cancer cell
- Herceptin works by attaching itself to the HER2 receptors on the surface of breast cancer cells, blocking them from receiving growth signals and slowing or stopping the growth of the breast cancer cell
- Herceptin also fights breast cancer by alerting the immune system to destroy cancer cells onto which it is attached

## Approvals

 Metastatic HER2+ breast cancer, metastatic HER2+ stomach cancer

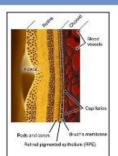
### Sales

2010 worldwide net sales of \$5.4 billion<sup>1</sup>

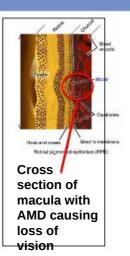
1. As reported to PDL by its licensee

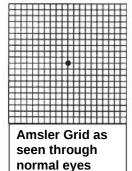


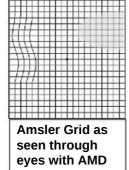
# Lucentis



Cross section of normal macula at back of eye







### Licensor

Genentech (US) and Novartis (ex-US)

### **Mechanism**

- A form of VEGF known as VEGF-A causes the formation of leaky blood vessels result in the swelling in the macula and vision loss
- Lucentis binds to and inhibits VEGF-A before it can cause the formation of the leaky blood vessels preserving and sometimes improving vision

## Approvals

 Wet age-related macular degeneration (AMD), macular edema or swelling following retinal vein occlusion, diabetic macular edema

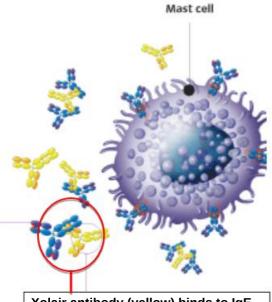
### Sales

- 2010 worldwide net sales of \$3.0 billion<sup>1</sup>
  - Recent NIH study comparing safety and effectiveness of Lucentis finds less expensive Avastin equally efficacious - will adversely affect future Lucentis sales for AMD
  - It's estimated that in the U.S. 60% of AMD patients are already treated with off-label Avastin

1. As reported to PDL by its licensee

BioPharma\*

# Xolair



Xolair antibody (yellow) binds to IgE (blue) preventing IgE from binding to mast cell. Otherwise, IgE binding to mast cell would result in wheezing, sneezing and asthma.

## Licensor

Genentech (US) and Novartis (ex-US)

## Mechanism

- IgE plays a role in allergic disease by causing the release of inflammatory mediators from mast cells that result in sneezing, wheezing and asthma
- Xolair binds to and neutralizes circulating IgE by preventing IgE from binding to its mast-cell receptor

# Approvals

Moderate-to-severe persistent asthma

## Sales

2010 worldwide net sales of \$1.0 billion<sup>1</sup>

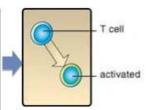
1. As reported to PDL by its licensee

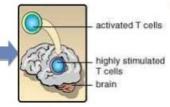
# **Tysabri**

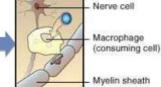
In MS, the body's autoimmune system is inappropriately activated, resulting in it attacking the body. Here, defense cells, known as T cells, are activated.

Activated T cells are able to cross the blood brain barrier affording them access to nerve cells.

Activated T cells attack, and recruit other defense cells known as macrophages, to attack and consume the myelin sheath or insulation surrounding nerve fibers. The resulting holes in the myelin slow the transmission of impulses along the nerve and cause the symptoms of MS.







#### Licensor

Biogen Idec and Elan

#### Mechanism

Tysabri binds to an integrin that reduces the ability of the immune response cells to cross the blood brain barrier and attack nerve cells

## Approvals

- Treatment for patients with relapsing forms of multiple sclerosis (MS) who have had an inadequate response to, or are unable to tolerate, alternative MS therapies
- Treatment for adult patients with moderate-to-severe Crohn's disease who have had an inadequate response to, or are unable to tolerate, conventional therapies

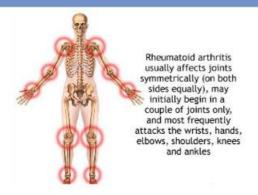
#### Sales

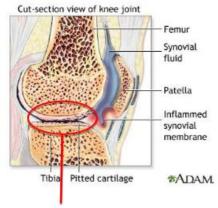
- 2010 worldwide net sales of \$1.2 billion 1
- Use of Tysabri is associated with a rare but often fatal brain infection
- The label for Tysabriis updated to reflect the use of a JC virus assay that can be used to stratify whether patients are at risk for developingthis rare condition EU authorities have renewed Tysabri's approval for the typical five year period

RioPharma<sup>n</sup>

1. As reported to PDL by its licensee

# RoActemra





It is the degradation and eventual destruction of this cartilage that causes the symptoms of RA.

### Licensor

Roche and Chugai

### Mechanism

- Rheumatoid arthritis (RA) is an autoimmune disease in which the body's immuné system attacks itself
- One of the defense mechanisms inappropriately activated in RA is IL-6, which can result in destruction of the cartilage between joints causing the symptoms of
- RoActemra binds to and neutralizes IL-6 preventing it from destroying cartilage thereby blocking one of the causes of RA

## **Approvals**

Treatment of signs and symptoms in moderate-tosevere adult RA patients, slowing of structural damage to joints caused by RA and preservation physical function of joints afflicted by RA

#### **Sales**

2010 worldwide net sales of \$459 million<sup>1</sup>

1. As reported by Roche; assume 1.155 CHF/USD

