Forward-Looking Statements

This presentation by TherapeuticsMD, Inc. (referred to as “we” and “our”) may contain forward-looking statements. Forward-looking statements may include, but are not limited to, statements relating to our objectives, plans and strategies, as well as statements, other than historical facts, that address activities, events or developments that we intend, expect, project, believe or anticipate will or may occur in the future. These statements are often characterized by terminology such as “believe,” “hope,” “may,” “anticipate,” “should,” “intend,” “plan,” “will,” “expect,” “estimate,” “project,” “positioned,” “strategy” and similar expressions and are based on assumptions and assessments made in light of our managerial experience and perception of historical trends, current conditions, expected future developments and other factors we believe to be appropriate.

Forward-looking statements in this presentation are made as of the date of this presentation, and we undertake no duty to update or revise any such statements, whether as a result of new information, future events or otherwise. Forward-looking statements are not guarantees of future performance and are subject to risks and uncertainties, many of which may be outside of our control. Important factors that could cause actual results, developments and business decisions to differ materially from forward-looking statements are described in the sections titled “Risk Factors” in our filings with the Securities and Exchange Commission, including our most recent Annual Report on Form 10-K and Quarterly Reports on Form 10-Q, as well as our current reports on Form 8-K, and include the following: our ability to maintain or increase sales of our products; our ability to develop and commercialize IMVEXXY®, ANNOVERA™, BIJUVA™ and our hormone therapy drug candidates and obtain additional financing necessary therefor; whether we will be able to comply with the covenants and conditions under our term loan agreement; the potential of adverse side effects or other safety risks that could adversely affect the commercialization of our current or future approved products or preclude the approval of our future drug candidates; the length, cost and uncertain results of future clinical trials; the ability of our licensees to commercialize and distribute our product and product candidates; our reliance on third parties to conduct our manufacturing, research and development and clinical trials; the availability of reimbursement from government authorities and health insurance companies for our products; the impact of product liability lawsuits; the influence of extensive and costly government regulation; the volatility of the trading price of our common stock and the concentration of power in our stock ownership.

This non-promotional presentation is intended for investor audiences only.
TherapeuticsMD, A Premier Women’s Health Company

ANNOVERA™
(segesterone acetate and ethinyl estradiol vaginal system)

vitaMedMD®
Prenatal Vitamins

ANNOVERA™
(segesterone acetate and ethinyl estradiol vaginal system)

Bijuva®
 Estradiol and progesterone capsules

Imvexxy®
 Estradiol vaginal inserts

CONTRACEPTION

PRENATAL CARE

CONTRACEPTION/
FAMILY PLANNING -
PERIMENOPAUSE

VASOMOTOR
SYMPTOMS

DYSPAREUNIA
(Vulvar &
Vaginal Atrophy)

REPRODUCTIVE HEALTH

MENOPAUSE MANAGEMENT
## Strong IMVEXXY Launch

### IMVEXXY (estradiol vaginal inserts) Launch Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Jan. 2019</th>
<th>1st two weeks of Feb. 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total paid scripts dispensed to patients¹ (since launch through Jan. 31, 2019)</td>
<td>~86,000</td>
<td></td>
</tr>
<tr>
<td>Total paid scripts (January 1-31, 2019)</td>
<td>~23,500</td>
<td></td>
</tr>
<tr>
<td>Total patients (since launch through Jan. 31, 2019)</td>
<td>~30,100</td>
<td></td>
</tr>
<tr>
<td>Total prescribers² (since launch through Jan. 31, 2019)</td>
<td>~8,100</td>
<td></td>
</tr>
</tbody>
</table>

### Comparison of Average Weekly Script Volume

<table>
<thead>
<tr>
<th>Average weekly volume</th>
<th>Jan. 2019</th>
<th>1st two weeks of Feb. 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>~5,300</td>
<td>~5,800</td>
</tr>
</tbody>
</table>

¹ Total prescription data is based on IQVIA prescriber level data plus additional unique patients identified through utilization of our affordability program. This includes a one week estimation for the lag in reporting retail data, which can cause minor fluctuations in historical comparisons.

² Total Unique Prescribers that have sent a prescription to a pharmacy for at least 1 patient for IMVEXXY.

The company anticipates providing updates on a monthly basis moving forward.
## Strong Patient Adherence & Compliance through January 31, 2019

<table>
<thead>
<tr>
<th>Month Initial Prescription Filled</th>
<th>Average # Fills for those Patients</th>
<th>Maximum Allowable Fills Given the Month of Initial Fill</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2018</td>
<td>1.9 Fills</td>
<td>2 Fills</td>
</tr>
<tr>
<td>November 2018</td>
<td>2.6 Fills</td>
<td>3 Fills</td>
</tr>
<tr>
<td>October 2018</td>
<td>3.1 Fills</td>
<td>4 Fills</td>
</tr>
<tr>
<td>September 2018</td>
<td>3.8 Fills</td>
<td>5 Fills</td>
</tr>
<tr>
<td>August 2018</td>
<td>4.9 Fills</td>
<td>6 Fills</td>
</tr>
</tbody>
</table>

Example of calculation: For patients who filled their initial prescription in November 2018, each of those patients averaged 2.6 fills from November 2018 through January 2019

**Average fills for all patients through January 31, 2019 = 2.85**

---

1. Average number of fills per patient is the average number of fills per patient grouped by their initial month on therapy.
2. Total prescription data is based on IQVIA prescriber level data plus additional unique patients identified through utilization of our affordability program.
IMVEXXY is Clearly Differentiated from Other Treatment Options

Owing clinical attributes with the underpinning of a highly effective patient experience

### Key Clinical Attributes:

1. New lowest approved dose
2. Strong efficacy and safety data
3. Improvement seen as early as 2 weeks (secondary endpoint)
4. PK data where systemic hormone levels remain within normal postmenopausal range

### Key Physical Attributes:

5. Ease of use and absence of applicator
6. Ability to be used any time of day
7. A mess-free way to administer
8. Dose packaging to optimize patient compliance and enhance provider and patient acceptance
IMVEXXY Commercial Payer Update

TRx Payer Breakdown of FDA-Approved VVA Products¹

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>5%</td>
</tr>
<tr>
<td>Cash</td>
<td>3%</td>
</tr>
<tr>
<td>Medicare Part D</td>
<td>25%</td>
</tr>
<tr>
<td>Commercial</td>
<td>67%</td>
</tr>
</tbody>
</table>

Top 10 Plans Account for ~73% of all Commercial Pharmacy Lives

<table>
<thead>
<tr>
<th>Plan</th>
<th>% of Lives²</th>
<th>Status³</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS</td>
<td>15.5%</td>
<td></td>
</tr>
<tr>
<td>ESI</td>
<td>15.4%</td>
<td>Adjudicating as of 10/1/18</td>
</tr>
<tr>
<td>United</td>
<td>7.6%</td>
<td>Adjudicating on 3/1/19⁴</td>
</tr>
<tr>
<td>Anthem</td>
<td>7.4%</td>
<td>Adjudicating as of Aug. 2018</td>
</tr>
<tr>
<td>Prime</td>
<td>6.6%</td>
<td>Adjudicating as of 1/1/19</td>
</tr>
<tr>
<td>OptumRx</td>
<td>6.1%</td>
<td>Adjudicating as of 1/1/19</td>
</tr>
<tr>
<td>Kaiser</td>
<td>4.7%</td>
<td></td>
</tr>
<tr>
<td>Aetna</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Cigna</td>
<td>4%</td>
<td>Adjudicating as of 12/15/18</td>
</tr>
<tr>
<td>EnvisionRx</td>
<td>1.8%</td>
<td>Adjudicating as of 1/1/19</td>
</tr>
</tbody>
</table>

Adjudication of claim by payer: IMVEXXY is on payer formulary as covered product and is being submitted to insurance company for payment by payer to pharmacy.

¹IMS Data April 2018  
²Plan numbers as of January 2019  
³MMIT February 2019 and Account Insights  
⁴Contract signed, adjudication expected March 1, 2019
IMVEXXY Medicare Part D Payer Update
United and Kaiser Medicare Part D are Now Adjudicating (Paying)

Medicare Part D Update
- United Healthcare and Kaiser Medicare Part D are now adjudicating
- United Healthcare is the largest Medicare Part D payer
- Bids submitted for other Medicare Part D plans

Top 6 Plans Account for ~75% of all Medicare Part D Pharmacy Lives

<table>
<thead>
<tr>
<th>Plan</th>
<th>% of Lives¹</th>
<th>Status²</th>
</tr>
</thead>
<tbody>
<tr>
<td>United</td>
<td>21.1%</td>
<td>Adjudicating as of 2/1/19</td>
</tr>
<tr>
<td>Humana</td>
<td>18.9%</td>
<td></td>
</tr>
<tr>
<td>CVS Caremark</td>
<td>14.7%</td>
<td></td>
</tr>
<tr>
<td>Wellcare with Aetna lives</td>
<td>3.8%</td>
<td></td>
</tr>
<tr>
<td>Express Scripts/ Cigna</td>
<td>3.5%</td>
<td></td>
</tr>
<tr>
<td>Kaiser</td>
<td>3.7%</td>
<td>Adjudicating Maintenance Pack as of 10/1/18</td>
</tr>
</tbody>
</table>

¹Plan numbers as of January 2019
²MMIT February 2019 and Account Insights
IMVEXXY Growth Levers in 2019

1. Lever 1: HCP Education and Patient Affordability
   - ~8,100 targets have written at least 1 IMVEXXY prescription
   - Patients pay no more than $35 per prescription
   - Sales force expansion in March to approximately 200 representatives

2. Lever 2: Payer Access
   - Commercial contracts with majority of top payers signed
   - Medicare Part D contracting underway

3. Lever 3: Medical Education
   - Goal of 70 Speaker programs in 1Q19
   - Avg. prescriber attendance 14 vs 2.3 industry average

4. Lever 4: Consumer
   - DTC rollout in 2H19
   - Launching when HCP awareness and education is established
Vasomotor Symptoms are the Most Common Symptoms Associated with Menopause

Vasomotor symptoms are extreme thermoregulatory responses characterized by episodes of profuse heat accompanied by sweating and flushing\(^2,3\)

- Also known as hot flashes or strong feelings of heat or sweating
- Occur predominantly around the head, neck, chest, and upper back

Vasomotor symptoms are experienced by the majority of women during the menopausal transition\(^3\)

- As many as 74% of menopausal women\(^1\)
- Up to 88% of perimenopausal women\(^1\)

Moderate to severe vasomotor symptoms typically continue for 4 to 5 years following menopause and may last more than 10 years after final menstrual period in some women\(^4,5\)

References
WHI Impact on FDA Approved Hormone Therapy

Market Share of Synthetic vs Bio-Identical

% of Market - FDA Approved Synthetic HRT
% of Market - FDA Approved Bio-Identical HRT

2000 88.7 Million TRx
2000 18.8 Million TRx
2018 16.9 Million TRx
2018 7.7 Million TRx

Symphony Health PHAST Data
Excludes products for VVA category of products

For Her, For Life.
# BIJUVA Addressable Markets

## BIJUVA Substitutable Market

<table>
<thead>
<tr>
<th></th>
<th>FDA-Approved</th>
<th>Combination Synthetic E+P&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Compounded Combination Bio-Identical E+P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off-Label</td>
<td>~3.9 million TRx (each)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>~2.5 million TRx&lt;sup&gt;2&lt;/sup&gt;</td>
<td>12 – 18 million TRx&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Separate Bio-Identical E &amp; P Pills</td>
<td>$780M-$975M&lt;sup&gt;4&lt;/sup&gt; TAM</td>
<td>$500M-$625M&lt;sup&gt;4&lt;/sup&gt; TAM</td>
<td>$2.4B-$4.5B&lt;sup&gt;4&lt;/sup&gt; TAM</td>
</tr>
<tr>
<td></td>
<td>2 copays</td>
<td>1 copay</td>
<td>Often 2 copays cash out of pocket</td>
</tr>
<tr>
<td>Compliance risk</td>
<td>No compliance risk</td>
<td>Compliance risk</td>
<td></td>
</tr>
<tr>
<td>Insurance coverage</td>
<td>Insurance coverage</td>
<td>Almost 100% out of pocket</td>
<td></td>
</tr>
</tbody>
</table>

1) Symphony Health Solutions PHAST Data powered by IDV; 12 months as of December 31 2018
2) Includes the following drugs: Activella®, FemHRT®, Angelq®, Generic 17b + Progestins, Prempro®, Premphase®, Duavee®, Brisdelle®
3) Composite of Fisher, J. QuintilesIMS, White Paper: A Profile of the US Compounding Pharmacy Market, internal surveying of compounding pharmacies & NAMS publications
4) Assume WAC pricing between $200-250

All trademarks are the property of their respective owners.
No Clinically Significant Changes in Lipid Parameters were Observed

In REPLENISH, lipid parameters were measured at baseline and Month 12.

Total Cholesterol

LDL cholesterol

Triglycerides

HDL= high-density lipoprotein; LDL=low-density lipoprotein
No Clinically Significant Changes in Coagulation Parameters were Observed with BIJUVA

Coagulation parameters were measured at baseline and Month 12.
Patient-reported Outcomes Secondary Endpoints: CGI, MENQOL, and MOS-Sleep

Clinical Global Impression (CGI)
- Significantly more women rated their condition as very much or much improved with BIJUVA compared with placebo at Weeks 4 and 12

Menopause-Specific Quality of Life Questionnaire (MENQOL)
- Statistically significant improvements in total score were observed at Week 12, Month 6, and Month 12 compared with placebo

Medical Outcomes Study Sleep Scale (MOS-Sleep)
- Statistically significant improvements in total score were observed at Months 6 and 12 compared with placebo

*P<0.001 vs placebo.
†Mean change from baseline at Month 12 was not significant.

Reference
Data on file, TherapeuticsMD.
BIJUVA Fulfills the Unmet Need of an FDA-approved Combination Bio-identical Estrogen and Progesterone Hormone Therapy Option

<table>
<thead>
<tr>
<th>BIJUVA¹-³</th>
<th>Synthetic FDA-Approved Combination Products (example Prempro®)¹,⁴</th>
<th>Separate FDA-Approved Estradiol pills and Progesterone pills¹,⁵-⁷</th>
<th>Compounded Combination Estradiol and Progesterone products²,³</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDA-approved for daily combination usage</td>
<td>✔</td>
<td>✔</td>
<td>x</td>
</tr>
<tr>
<td>VMS Efficacy &amp; Endometrial Safety Data</td>
<td>✔</td>
<td>✔</td>
<td>x</td>
</tr>
<tr>
<td>WHI risks (breast cancer, stroke, heart attack, thrombosis)</td>
<td>(not studied in WHI)</td>
<td>(not studied in WHI)</td>
<td>(not studied in WHI)</td>
</tr>
<tr>
<td>Bio-identical</td>
<td>✔</td>
<td>x</td>
<td>✔</td>
</tr>
<tr>
<td>Reduced risk for endometrial hyperplasia or cancer (no option to take estradiol without progestogen)</td>
<td>✔</td>
<td>✔</td>
<td>x</td>
</tr>
</tbody>
</table>

Prometrium® and generic progesterone only FDA-approved for women using conjugated estrogens at 200 mg orally for 12 days sequentially per 28-day cycle⁸

E=estrogen; P=progesterone.

References

All trademarks are the property of their respective owners.
**A Large Target Market for BIJUVA**

<table>
<thead>
<tr>
<th>Launch Expected: Early 2Q19</th>
<th>FDA-Approved</th>
<th>Phase 1: Initial focus on FDA-approved segment of market during 6 month payer block</th>
<th>Phase 2 Bio-Ignite: Maximize the launch of the compounding channel commensurate with securing commercial reimbursement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BIJUVA Combination Bio-Identical E+P</th>
<th>Off-Label Separate Bio-Identical E &amp; P Pills</th>
<th>Combination Synthetic E+P&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Compounded Combination Bio-Identical E+P</th>
</tr>
</thead>
<tbody>
<tr>
<td>~3.9 million TRx (each)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>~2.5 million TRx&lt;sup&gt;2&lt;/sup&gt;</td>
<td>12 – 18 million TRx&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>&gt;$25B&lt;sup&gt;4,5&lt;/sup&gt; TAM</td>
<td>$780M-$975M&lt;sup&gt;4&lt;/sup&gt; TAM</td>
<td>$500M-$625M&lt;sup&gt;4&lt;/sup&gt; TAM</td>
<td>$2.4B-$4.5B&lt;sup&gt;4&lt;/sup&gt; TAM</td>
</tr>
<tr>
<td>1 copay</td>
<td>2 copays</td>
<td>1 copay</td>
<td>Often 2 copays cash out of pocket</td>
</tr>
<tr>
<td>No compliance risk</td>
<td>Compliance risk</td>
<td>No compliance risk</td>
<td>Compliance risk</td>
</tr>
<tr>
<td>Expect 6 month commercial payer block</td>
<td>Insurance coverage</td>
<td>Insurance coverage</td>
<td>Almost 100% out of pocket</td>
</tr>
</tbody>
</table>

1) Symphony Health Solutions PHAST Data powered by IDV; 12 months as of December 31 2018
2) Includes the following drugs: Activella®, FemHRT®, Angeliq®, Generic 17b + Progestins, Prempro®, Premphase®, Duavee®, Brisdelle®
3) Composite of Fisher, J. QuintilesIMS, White Paper: A Profile of the US Compounding Pharmacy Market, internal surveying of compounding pharmacies & NAMS publications
4) Assume WAC pricing between $200-250
5) Based on pre-WHI annual scripts of FDA-approved HT products and market pricing of current FDA-approved HT products.

All trademarks are the property of their respective owners.
## IMVEXXY Substitutable Market

<table>
<thead>
<tr>
<th>Product</th>
<th>TRx Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osphena®</td>
<td>217,000</td>
</tr>
<tr>
<td>Estrace® &amp; Generic</td>
<td>1,902,000</td>
</tr>
<tr>
<td>Premarin®</td>
<td>1,220,000</td>
</tr>
<tr>
<td>Vagifem® &amp; Generic</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Estring®</td>
<td>262,000</td>
</tr>
<tr>
<td>Compounded Vaginal E</td>
<td>200,000+*</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>5,301,000</strong></td>
</tr>
</tbody>
</table>

### BIJUVA Substitutable Market

<table>
<thead>
<tr>
<th>FDA-Approved</th>
<th>Compound Synthetic Bio-Identical E+P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off-Label Separate Bio-Identical E &amp; P Pills</td>
<td>Combination Synthetic E+P¹</td>
</tr>
<tr>
<td>~3.9 million TRx (each)¹</td>
<td>~2.5 million TRx²</td>
</tr>
<tr>
<td>$780M-$975M⁴ TAM</td>
<td>$500M-$625M⁴ TAM</td>
</tr>
<tr>
<td>2 copays</td>
<td>1 copay</td>
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<tr>
<td>Compliance risk</td>
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</tr>
<tr>
<td>Insurance coverage</td>
<td>Insurance coverage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compounded Combination Bio-Identical E+P</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 – 18 million TRx³</td>
</tr>
<tr>
<td>Often 2 copays cash out of pocket</td>
</tr>
<tr>
<td>Compliance risk</td>
</tr>
<tr>
<td>Almost 100% out of pocket</td>
</tr>
</tbody>
</table>

---

* Estimated number of vaginal scripts. Assumption based on consultant feedback and extrapolation of survey response data.

1) Symphony Health Solutions PHAST Data powered by IDV; 12 months as of December 31 2018
2) Includes the following drugs: Activella*, FemHRT*, Angeliq*, Generic 17b + Progestins, Prempro*, Premphase*, Duavee*, Briselle*
3) Composite of Fisher, J. QuintilesIMS, White Paper: A Profile of the US Compounding Pharmacy Market, internal surveying of compounding pharmacies & NAMS publications
4) Assume WAC pricing between $200-250

All trademarks are the property of their respective owners.
Pharmacy Targeting:
- 700+ are high tier targets (T1-T4 based on byte data)
  - These locations produce the highest potential volume of compounded bio-identical hormone replacement therapy (CBHRT) scripts

Program Stats (5 Months of Launch):
Live Accounts: 22
States Reached: MA, OH, TX, VA, TN, AL, NH, PA, FL, SC, NY, OK, NJ, GA
In Vetting Process: 25
Unique CBHRT Prescribers Identified: 2,787 (Jan. 22, 2019)

Recently Partnered (has not yet started Vetting Process): Second largest network of ~100 pharmacies
2017 Women's Use of Contraception
(Total 29 Million Women)

- Oral Contraceptive Pill: 9,099 (31%)
- Long-acting Reversible Contraception: 7,438
- 3 Month Injection: 1,517
- Contraceptive Ring & Patch: 867
- Condoms: 6,283
- All Other: 4,044 (14%)

Source:
Centers for Disease Control and Preventions, NCHS, December 2018, No. 327
ANNOVERA
(Segesterone Acetate and Ethinyl Estradiol Vaginal System)

Clinical Attributes

- Only FDA approved long-acting reversible birth control that doesn’t require a procedure or repeat doctor’s visit
  - Empowers women to be in control of their fertility and menstruation
  - Annovera is the only user-directed single 12-month birth control product (used in repeated 4-week cycles for 13 cycles)
- Highly effective in preventing pregnancy when used as directed (97.3%)
- High patient satisfaction in clinical trials\(^1\) (89% overall satisfaction)
- Low daily release of ethinyl estradiol (13 mcg)
- Only product with new novel progestin - segesterone acetate\(^2\)
  - No androgenic, estrogenic or glucocorticoid effects at contraceptive doses
- Favorable side effect profile including low rates of discontinuation related to irregular bleeding (1.7%)
- Safety profile generally consistent with other CHC products, including boxed warning

ANNOVERA Physical Attributes

Physical Attributes

- Softer and more pliable than NuvaRing
- Acceptable for women who haven’t had a child (nulliparous) or are not in a monogamous relationship\(^1\)
- “Vaginal System” – the only product in a new class of contraception with potential for $0 co-pay
- Cost and convenience (pharmacy and doc visits)
- Does not require refrigeration by HCP

\(^1\) Lohr, et al. Use of intrauterine devices in nulliparous women. Contraception 95 (2017); 529-537
ANNOVERA – Long-Acting and Patient Controlled Target Market Segments

1. NuvaRing®: Short-acting

2. Oral Contraceptives: Potential Compliance Issues

3. Long-acting, prescription reversible contraceptives (IUDs, implants): Requires a Procedure for insertion and removal

ANNOVERA: The Only Long-Acting, Procedure Free, Reversible, Patient Controlled
TXMD Presence at Upcoming Medical Meetings

- **International Society for the Study of Women’s Sexual Health (ISSWSH), March**
  - BIJUVA secondary endpoints - vaginal health
  - ANNOVERA sexual outcomes and acceptability

- **Endocrine Society meeting, March**
  - ANNOVERA
    - strong efficacy
    - bleeding profile
    - lack of androgenic side effects
  - BIJUVA
    - sleep improvements

- **American College of Obstetricians and Gynecologists (ACOG), May**
  - IMVEXXY - novel data
  - BIJUVA - novel data
  - ANNOVERA - novel data

- **European Menopause Society (EMAS), May**
  - IMVEXXY - novel data
  - BIJUVA - novel data
## IMVEXXY Prescription Performance

### IMVEXXY Launch Metrics

<table>
<thead>
<tr>
<th></th>
<th>3Q18</th>
<th>4Q18</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total paid scripts&lt;sup&gt;1&lt;/sup&gt;</td>
<td>~14,900</td>
<td>~47,500</td>
<td>~64,400</td>
</tr>
</tbody>
</table>

<sup>1</sup> Total prescription data is based on IQVIA prescriber level data plus additional unique patients identified through utilization of our affordability program. This includes a one week estimation for the lag in reporting retail data, which can cause minor fluctuations in historical comparisons.
Looking Ahead: Key Expected Events in 2019

- **1Q 2019** - Speaker programs throughout the U.S. highlighting the clinical and physical attributes of IMVEXXY
- **1Q 2019 - through 3Q 2019** – Expand IMVEXXY Part D coverage
- **2H 2019** - Begin direct-to-consumer marketing for IMVEXXY
- **2Q 2019** – U.S. commercial launch of BIJUVA and draw second $75 million debt tranche with MidCap Financial Trust
- **2H (targeting 3Q) 2019** - U.S. commercial launch of ANNOVERA
- **2H 2019** - Debt funding for ANNOVERA launch
- **Summer 2019** - Company to hold Analyst Day
- **Late 4Q 2019** - BIJUVA 6-month “new to market” payer block expected to end
- **Full-Year 2019** - Oral presentations and posters related to clinical benefits of IMVEXXY, BIJUVA and ANNOVERA at medical meetings
- **Throughout 2019** - Continue to expand BIO-IGNITE with a fuller expansion towards the end of 2019 when the six-month payer block for BIJUVA is expected to end