

Investor Presentation

March 19, 2019



TherapeuticsMD[®]

For Her. For Life.

TherapeuticsMD.com

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.

New Product Launches Address Large Market Opportunities in Women's Health



Key Value Proposition

Easy to use, lowest effective dose, designed to support patient adherence

First and only bio-identical FDA-approved combination product

First and only patient-controlled, procedure-free, long-acting, reversible birth control product

Affected US Population

32 million women^{1,2}

36 million women⁴

43 million women⁶

US TAM Opportunity

>\$20B³

>\$25B^{3,5}

\$5B⁷

Status

Approved May 29, 2018
Commercial Launch:
August 2018

Approved October 28, 2018
Commercial Launch Expected:
2Q19 (April)

Approved August 10, 2018
Commercial Launch Expected:
2H19 (targeting 3Q)

1) The North American Menopause Society. Management of symptomatic vulvovaginal atrophy: 2013 position statement of The North American Menopause Society. *Menopause*. 2013;20(9):888-902.

2) Gass ML, Cochrane BB, Larson JC, et al. Patterns and predictors of sexual activity among women in the hormone therapy trials of the Women's Health Initiative. *Menopause*. 2011;18(11):1160-1171.

3) Based on market pricing of current FDA-approved HT products.

4) Derived from U.S. Census data on women in the age group who normally experience symptoms.

5) Based on pre-WHI annual scripts of FDA-approved HT products.

6) Contraceptive Use in the United States, Guttmacher, July 2018. IQVIA Patient Tracker.

7) QuintilesIMS MIDAS, QuintilesIMS Analysis, Company filings. Long acting reversible contraceptive market includes: Nexplanon/Implanon, Mirena family, Paragard and Liletta. Net sales as reported in company filings.

TherapeuticsMD[®]

For Her. For Life.



Imvexxy[®]

(estradiol vaginal inserts)

4 mcg • 10 mcg

Approved for the treatment of moderate-to-severe dyspareunia (vaginal pain associated with sexual activity), a symptom of vulvar and vaginal atrophy (VVA), due to menopause.

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IMVEXXY is Clearly Differentiated from Other Treatment Options

Owning 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

FOR WOMEN WITH MODERATE TO SEVERE DYSpareunia, A SYMPTOM OF VULVAR AND VAGINAL ATROPHY, DUE TO MENOPAUSE

IMVEXXY

(estradiol vaginal inserts)

COMFORTABLE, CONVENIENT, APPLICATOR-FREE ADMINISTRATION¹

AN ELEGANT DESIGN THAT SIMPLY FITS¹ INTO HER LIFE¹

THE ONLY ULTRA-LOW-DOSE VAGINAL ESTRADIOL AVAILABLE IN BOTH 4-mcg AND 10-mcg DOSES^{1,2}



ACTUAL SIZE

Imvexxy[®]
estradiol vaginal inserts
4 mcg • 10 mcg

DISCOVER A TREATMENT EXPERIENCE WITH

SIMPLICITY AT ITS CORE¹

IMPORTANT SAFETY INFORMATION

WARNING: ENDOMETRIAL CANCER, CARDIOVASCULAR DISORDERS, BREAST CANCER AND PROBABLE DEMENTIA
See full prescribing information for complete boxed warning.

Estrogen-Alone Therapy

- There is an increased risk of endometrial cancer in a woman with a uterus who uses unopposed estrogens
- Estrogen-alone therapy should not be used for the prevention of cardiovascular disease or dementia
- The Women's Health Initiative (WHI) estrogen-alone substudy reported increased risks of stroke and deep vein thrombosis (DVT)
- The WHI Memory Study (WHIMS) estrogen-alone ancillary study of WHI reported an increased risk of probable dementia in postmenopausal women 65 years of age and older

Estrogen Plus Progestin Therapy

- Estrogen plus progestin therapy should not be used for the prevention of cardiovascular disease or dementia
- The WHI estrogen plus progestin substudy reported increased risks of stroke, DVT, pulmonary embolism (PE) and myocardial infarction (MI)
- The WHI estrogen plus progestin substudy reported increased risks of invasive breast cancer
- The WHIMS estrogen plus progestin ancillary study of WHI reported an increased risk of probable dementia in postmenopausal women 65 years of age and older

Please see additional Important Safety Information on the reverse side and the Full Prescribing Information, including BOXED WARNING, in pocket.

Strong Imvexxy® Launch

IMVEXXY (estradiol vaginal inserts) Launch Metrics

Total paid scripts dispensed to patients ¹ (since launch through Feb. 28, 2019)	~109,600
Total paid scripts (February 1-28, 2019)	~23,600
Total patients (since launch through Feb. 28, 2019)	~37,600
Total prescribers ² (since launch through Feb. 28, 2019)	~9,000

Comparison of Average Weekly & Daily Script Volume

(Average Weekly Volume: TRx for month / # days in month * 7 days)

	For 31 Days in Jan. 2019	For 28 Days in Feb. 2019
Average weekly volume	~5,300	~5,900
Average daily volume	~758	~842

The company anticipates providing updates on a monthly basis

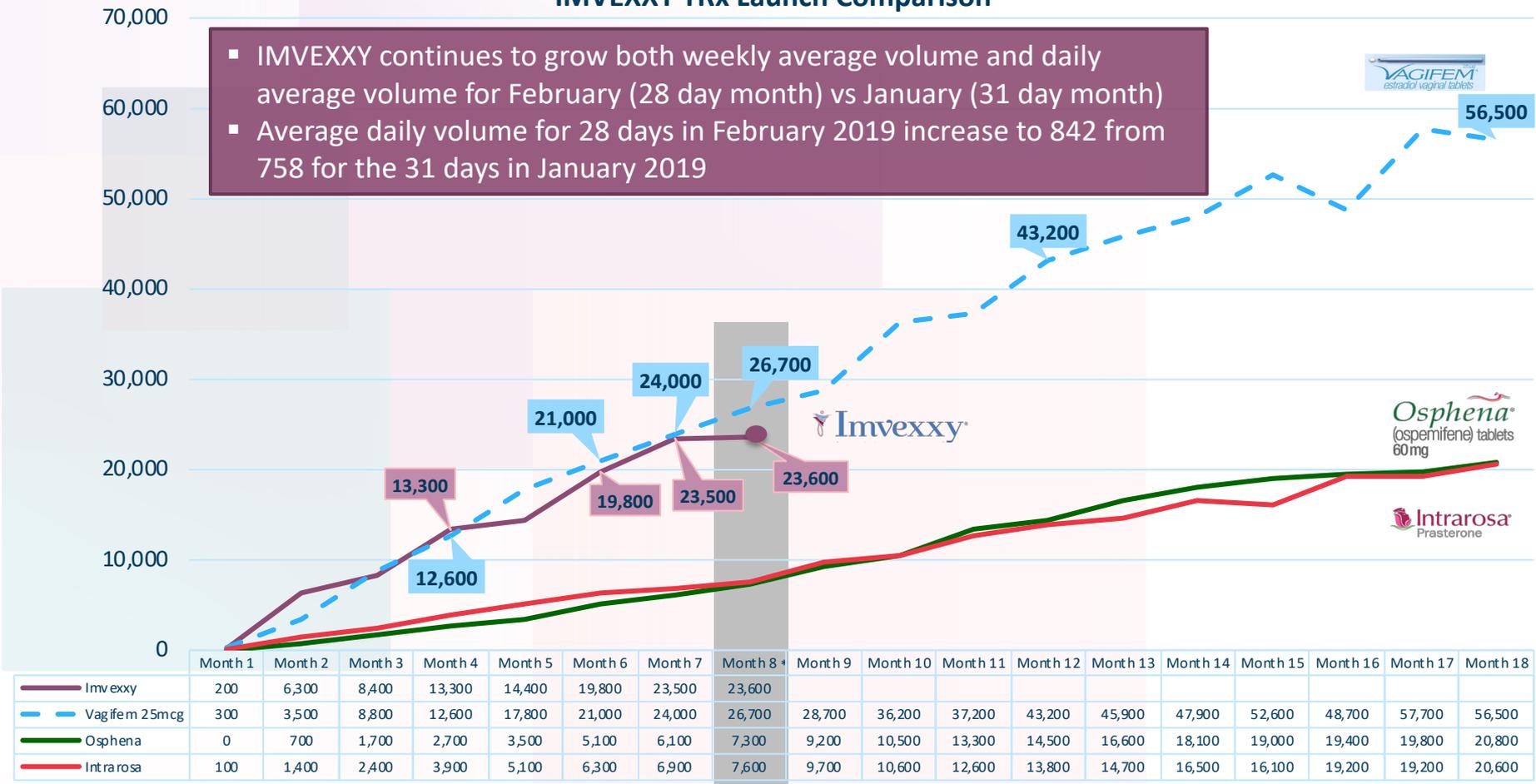
¹Total prescription data is based on IQVIA prescriber level data plus additional unique patients identified through utilization of our affordability program. This includes a two week estimation for the lag in reporting retail data, which can cause minor fluctuations in historical comparisons.

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

Successful Launch Execution

IMVEXXY TRx Launch Comparison

- IMVEXXY continues to grow both weekly average volume and daily average volume for February (28 day month) vs January (31 day month)
- Average daily volume for 28 days in February 2019 increase to 842 from 758 for the 31 days in January 2019



*Month 8 for IMVEXXY is February 2019

References:

- Total prescription data is based on IQVIA prescriber level data plus additional unique patients identified through utilization of our affordability program.
- Ospheña and Intrarosa sourced is Symphony Health Integrated Dataverse.
- Vagifem sourced from IQVIA National Prescriber Level Data.
- All trademarks are the property of their respective owners.

Strong Patient Adherence & Compliance

through February 28, 2019

IMVEXXY Patient Compliance^{1,2}

Month Initial Prescription Filled	Average # Fills for those Patients	Maximum Allowable Fills Given the Month of Initial Fill
January 2019	1.9 Fills	2 Fills
December 2018	2.5 Fills	3 Fills
November 2018	3.2 Fills	4 Fills
October 2018	3.6 Fills	5 Fills
September 2018	4.3 Fills	6 Fills
August 2018	5.5 Fills	7 Fills

Example of calculation: For patients who filled their initial prescription in November 2018, each of those patients averaged 3.2 fills from November 2018 through February 2019

Average fills for all patients through February 28, 2019 = 2.9³

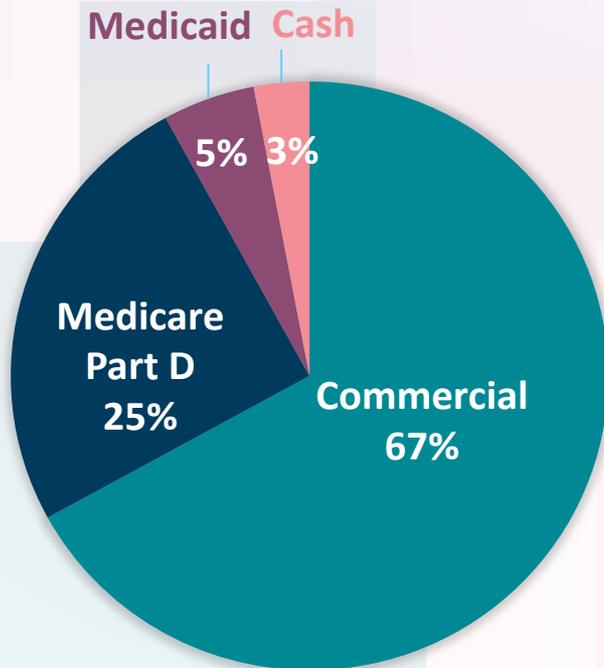
¹Average number of fills per patient is the average number of fills per patient grouped by their initial month on therapy.

²Total prescription data is based on IQVIA prescriber level data plus additional unique patients identified through utilization of our affordability program.

³Average number of fills for all patients is calculated as Total Rx / Total Patients.

Imvexxy® Commercial Payer Update

TRx Payer Breakdown of FDA-Approved VVA Products¹



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

Plan	% of Lives ²	Status ³
CVS	15.5%	
ESI	15.4%	Adjudicating as of 10/1/18
United	7.6%	Adjudicating as of 3/1/19
Anthem	7.4%	Adjudicating as of Aug. 2018
Prime	6.6%	Adjudicating as of 1/1/19
OptumRx	6.1%	Adjudicating as of 1/1/19
Kaiser	4.7%	
Aetna	4%	
Cigna	4%	Adjudicating as of 12/15/18
EnvisionRx	1.8%	Adjudicating as of 1/1/19

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



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

Plan	% of Lives ¹	Status ²
United	21.1%	Adjudicating as of 2/1/19
Humana	18.9%	
CVS Caremark	14.7%	
Wellcare with Aetna lives	3.8%	
Express Scripts/ Cigna	3.5%	
Kaiser	3.7%	Adjudicating Maintenance Pack as of 10/1/18

¹Plan numbers as of January 2019

²MMIT February 2019 and Account Insights

Imvexxy® Growth Levers in 2019



Level 1: HCP Education and Patient Affordability

- ~9,000 targets have written as least 1 IMVEXXY prescription
- Patients pay no more than \$35 per prescription
- Sales force expanded to approximately 200 representatives



Level 2: Payer Access

- Commercial contracts with majority of top payers signed
- Medicare Part D contracting underway



Level 3: Market Expansion

- Maximize launch through BIO-IGNITE
- Expand medical education with the goal of 70 Speaker programs in 1Q19
- Avg. prescriber attendance 14 vs 2.3 industry avg.



Level 4: Consumer

- DTC rollout in 2H19
- Launching when HCP awareness and education is established

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Synergies Provide Potential to Expand the Market

BIJUVA is a Significant Sales Force

Pull-Through Opportunity for IMVEXXY in 2019

- VMS and VVA are different symptoms of menopause¹ that are addressed with BIJUVA and IMVEXXY in one complementary product portfolio
- Menopausal women often experience both VVA and hot flashes together
 - Women that are being treated with hot flashes may experience VVA symptoms that need to be treated with a separate VVA prescription²
 - Systemic therapy for hot flashes may be ineffective for the treatment of VVA
 - BIJUVA can be leveraged for early awareness of VVA and IMVEXXY - to make patients aware of IMVEXXY 10-15 years earlier before patients are exposed to competitive products
- Sales force to leverage this unique opportunity to expand IMVEXXY market


Bijuva™

 Imvexxy®

Same etiology –
estrogen deficiency

Similar population¹

Same prescriber base

¹The American Journal of Medicine (2005) Vol 118 (12B), 37S-46S.

²Notelovitz M. Urogenital aging: solutions in clinical practice. Int J Gynaecol Obstet 1997;59(suppl 1):S35-S39.

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Bijuva™

(estradiol and progesterone) capsules

1.0mg/100mg



The first and only FDA-approved bio-identical hormone therapy combination of estradiol and progesterone in a single, oral softgel capsule for the treatment of moderate to severe vasomotor symptoms (commonly known as hot flashes or flushes) due to menopause in women with a uterus.

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Vasomotor Symptoms are the Most Common Symptoms Associated with Menopause¹



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 transition³

- As many as 74% of menopausal women¹
- Up to 88% of perimenopausal women¹



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

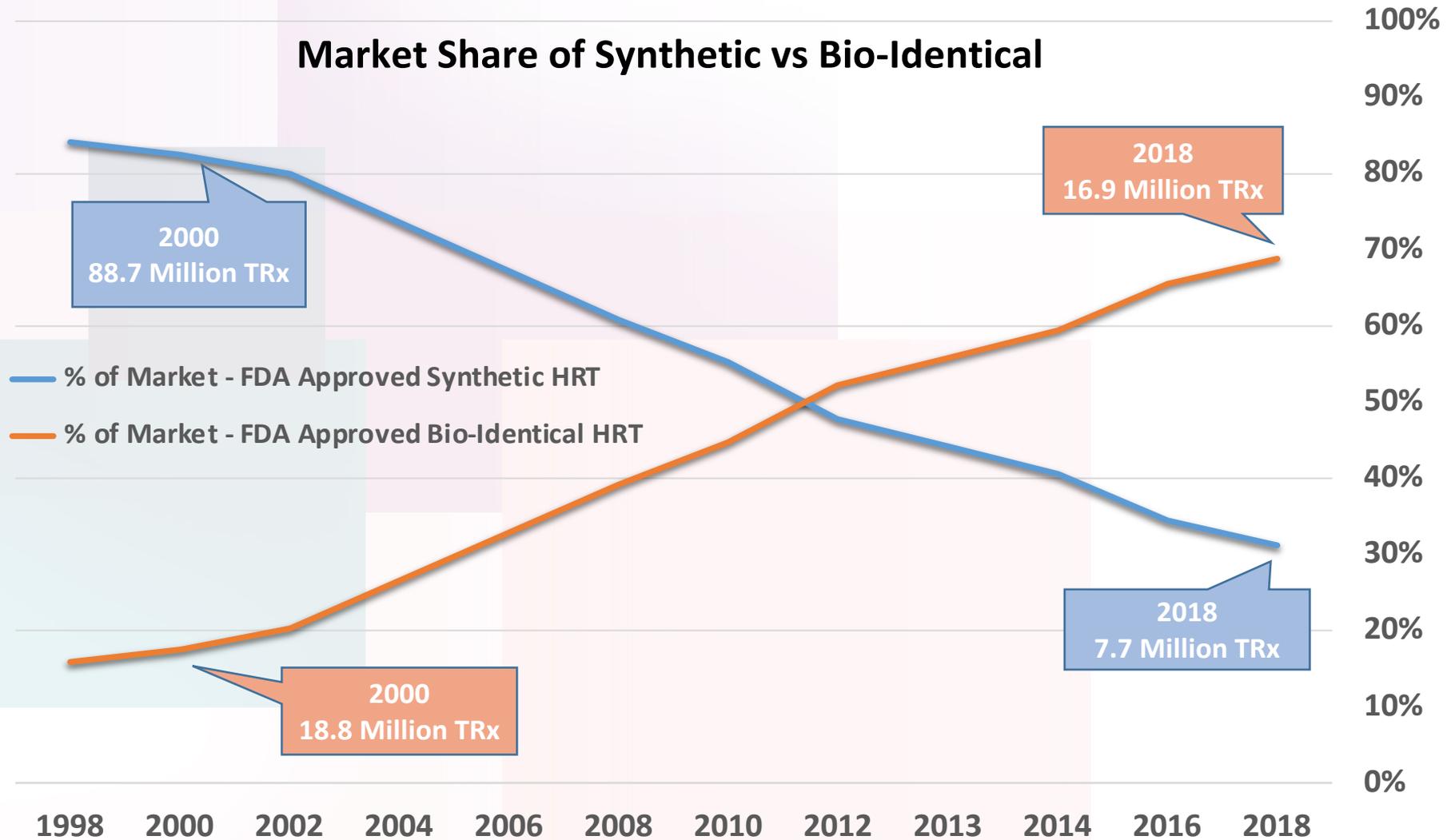
1. Rapkin AJ. *Am J Obstet Gynecol.* 2007;196(2):97-106. 2. Deecher DC et al. *Arch Womens Ment Health.* 2007;10(6):247-257. 3. Thurston RC et al. *Obstet Gynecol Clin North Am.* 2011;38(3):489-501. 4. Freeman EW et al. *Menopause.* 2014;21(9):924-932. 5. Kleinman NL et al. *JOEM.* 2013;55(4):465-470.

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WHI Impact on FDA Approved Hormone Therapy

Market Share of Synthetic vs Bio-Identical



Symphony Health PHAST Data
Excludes products for VVA category of products

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Bijuva™ Addressable Markets

BIJUVA Substitutable Market

FDA-Approved		Compounded Combination Bio-Identical E+P
Off-Label Separate Bio-Identical E & P Pills	Combination Synthetic E+P ¹	
		
~3.9 million TRx (each) ¹	~2.5 million TRx ²	12 million – 18 million TRx ³
~\$836M ⁴ TAM	~\$536 ⁴ TAM	~\$2.5B-\$3.8B ⁴ TAM
2 copays	1 copay	Often 2 copays cash out of pocket
Compliance risk	No compliance risk	Compliance risk
Insurance coverage	Insurance coverage	Almost 100% out of pocket

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) Based on WAC pricing of \$214.50



Bijuva[™] 1mg/100mg

(estradiol and progesterone) capsules

BIJUVA is indicated in a woman with a uterus for the treatment of moderate to severe vasomotor symptoms due to menopause

Key Clinical Attributes

- First and only bio-identical combination of estradiol to reduce moderate to severe hot flashes combined with progesterone to help reduce the risk to the endometrium
- Demonstrated efficacy and safety data
 - Clinically meaningful improvements in quality of life and sleep disturbance data (secondary endpoints)
- Favorable lipid, coagulation and metabolic profiles
- Low incidence of bleeding and somnolence

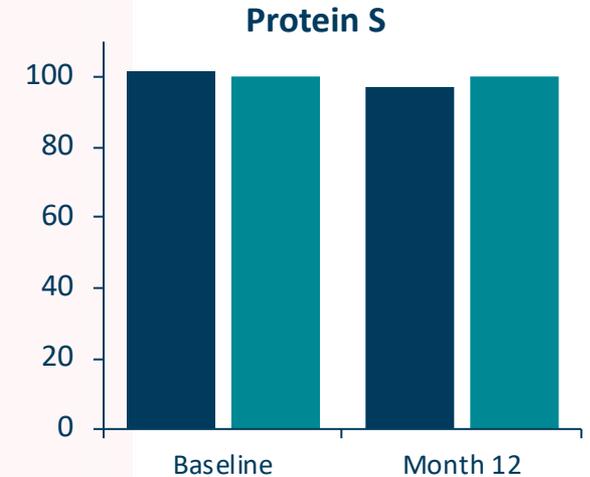
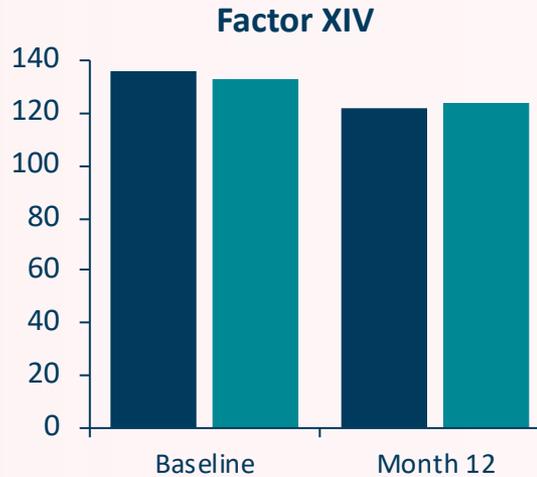
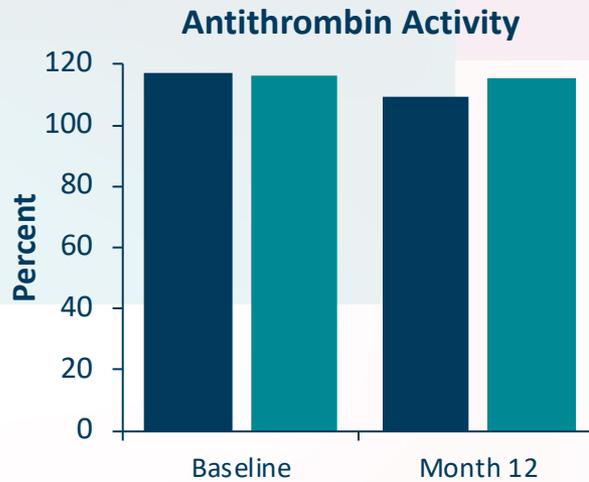
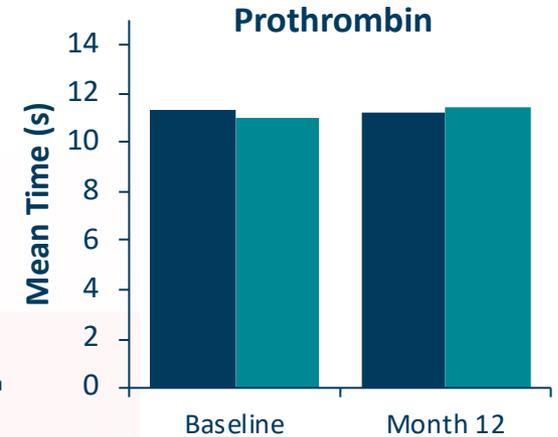
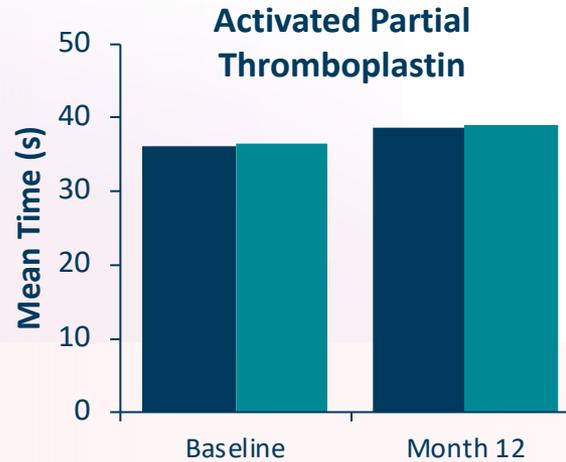
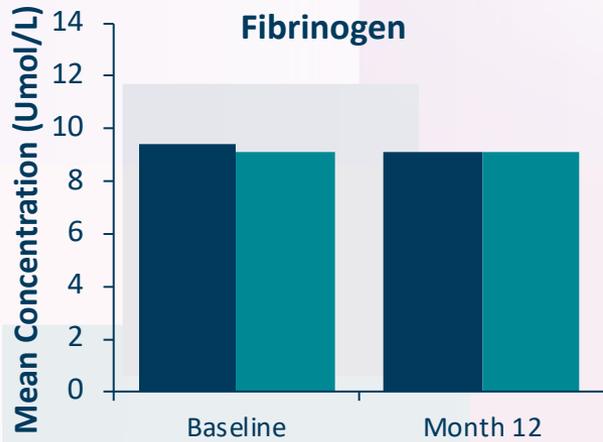
Key Physical Attributes

- Once-a-day single oral softgel capsule – only approved continuous combined progesterone product
- One prescription, one copay

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No Clinically Significant Changes in Coagulation Parameters were Observed with BIJUVA



■ BIJUVA ■ Placebo

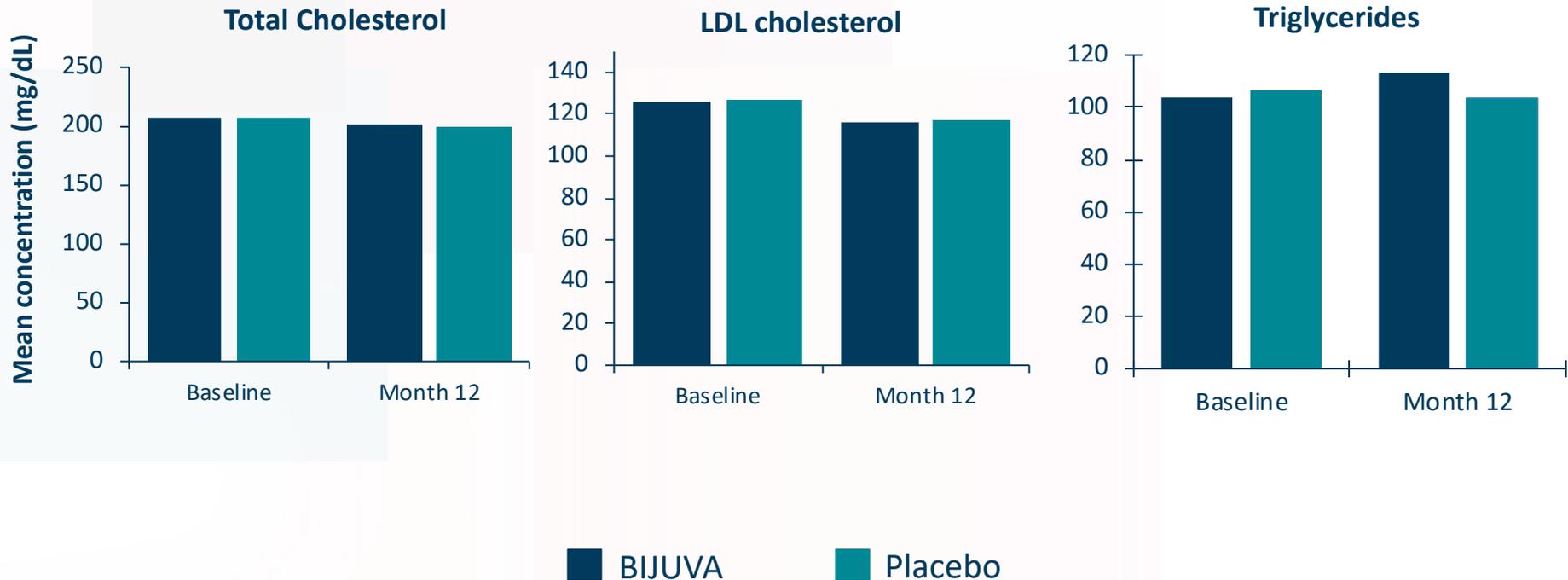
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Coagulation parameters were measured at baseline and Month 12

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No Clinically Significant Changes in Lipid Parameters were Observed

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



LDL=low-density lipoprotein

Improvement in Quality of Life Measures

Clinical Global Impression (CGI)

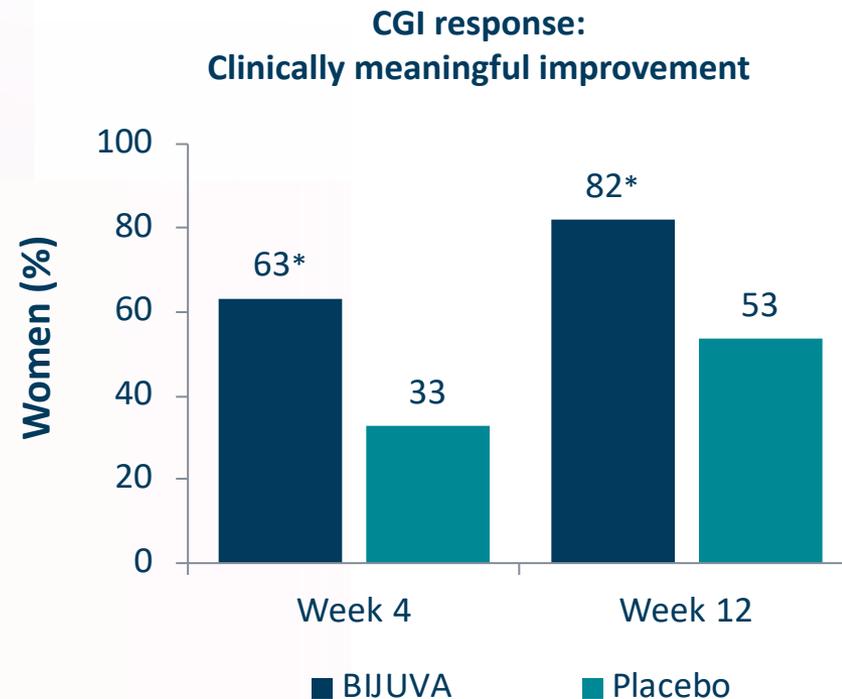
- Significantly more women rated their condition as very much or much improved with BIJUVA compared with placebo at Weeks 4 and 12

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.

A Large Target Market for Bijuva™



1



Launch
Expected:
April 2019

Bijuva™ 1mg/100mg
(estradiol and progesterone) capsules

2



Initial focus on **FDA-approved**
off-label separate bio-identical E&P
pills segment of market
during 6 month payer block

~3.9M TRx (each)¹ | \$836M² TAM

3



Maximize the launch of the
compounding channel
commensurate with securing
commercial reimbursement



12M – 18M TRx³ | \$2.5B-3.8B² TAM

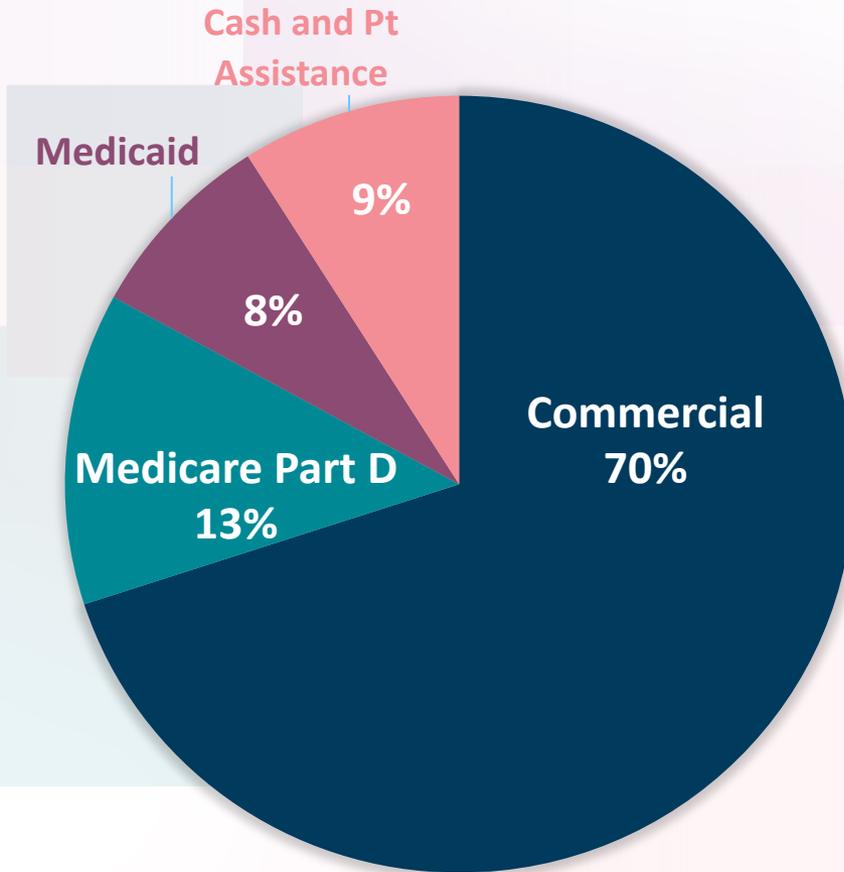
Selectively leverage
this channel until
payer coverage
begins due to class
of trade costs

1) Symphony Health Solutions PHAST Data powered by IDV; 12 months as of December 31 2018

2) Based on WAC pricing of \$214.50

3) Composite of Fisher, J. QuintilesIMS, White Paper: A Profile of the US Compounding Pharmacy Market, internal surveying of compounding pharmacies & NAMS publications

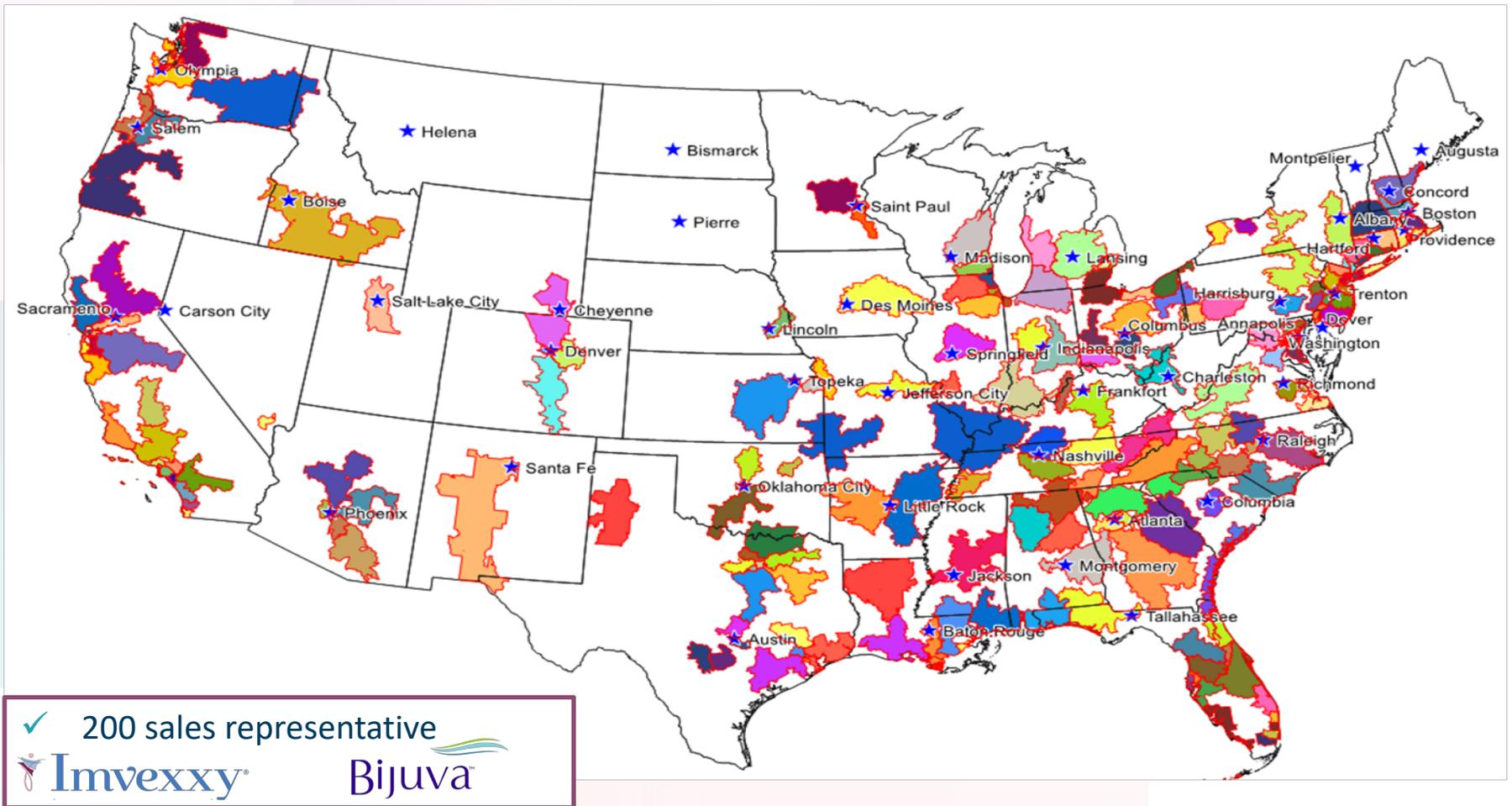
Payer Breakdown of FDA-Approved VMS Products¹



- Compared to IMVEXXY Medicare Part D is a smaller segment of the population
- Expect 6 month commercial payer block and similar payer onboarding timeline to IMVEXXY

¹ IMS Data 2018

2019 TXMD Salesforce Expansion



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Regulatory Environment Continues to Favor FDA-Approved Products

October 2012

Contaminated compounded drugs made at NECC kill 64 people nationwide

2014

Creation of “Do Not Compound” list and established Pharmacy Compounding Advisory Committee

2016

USP <800> finalized, addressing hazardous drugs, including hormones

December 2019

Final implementation of USP <800>

November 2013

Congress enacted Drug Quality and Security Act (DQSA)

2015

Initiated formation of “Difficult to Compound” list, including addition of hormones

July 2016

FDA released Draft Guidance documents, outlining protocol for commercially available drugs and insanitary conditions

January 2018

FDA issued final Guidance on compounded drug products

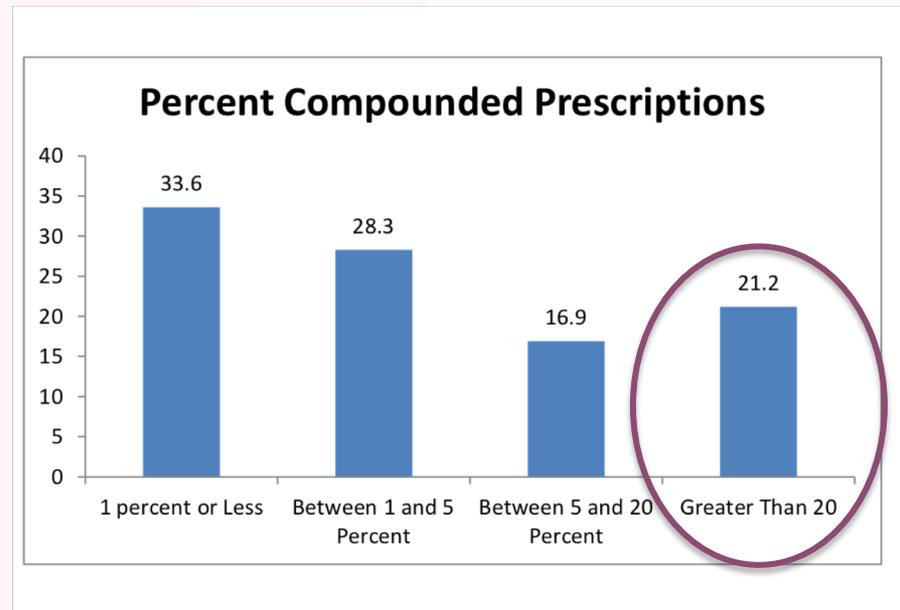
1) <http://www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/DrugSupplyChainSecurityAct/ucm376829.htm>
2) http://www.usp.org/sites/default/files/usp_pdf/EN/m7808.pdf
3) <https://www.ascp.com/sites/default/files/Join%20USP%20letter%202015%20FINAL.pdf>

What is an Independent Community Compounding Pharmacy?

There are more than 23,000 independent community pharmacies across the United States

These pharmacies dispense approximately 40% of the nation's retail prescription drugs

- **72%** of independent community pharmacies that compound prescriptions provide **non-sterile compounding services only**.
- The target audience is independent community pharmacies that compound **20% or more** of their total business.
- 3,000+ locations meet class of trade definition of which **700+** have highest BHRT volume



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Partnerships with Large Pharmacy Network and Individual Pharmacies

Pharmacy Network and Individual Pharmacy Partners	# of Pharmacies	Combination Bio-Identical E+P Scripts
	<p>>300 Pharmacies</p>	<p>~1,500,000 prescriptions annually</p>
<p>TXMD Outreach to Individual Pharmacies</p>	<p>>400 Pharmacies with Prescription Data</p>	<p>>500,000 prescriptions annually</p>
<p>New National Compounding Pharmacy Partner</p>	<p>~100 Pharmacies (vetting process)</p>	<p>Currently evaluating</p>

*Formerly known as Premier Value Pharmacy Compounding Network. Each network pharmacy has the option to participate in Bio-Ignite and is not required to as a Artiria member.



Program Stats (6 Months since Pilot):

Live Accounts Dispensing IMVEXXY now or shortly in anticipation for BIJUVA: 29 (up 7 from Feb. 22, 2019)

States Reached: 31

- AK, AL, AR, AZ, CA, CO, CT, FL, GA, IA, ID, KS, LA, MA, MD, MI, MO, MS, NC, NJ, NV, NY, OH, OK, PA, RI, SC, TN, TX, VA, WA

Compounding Pharmacies in Vetting Process: 116

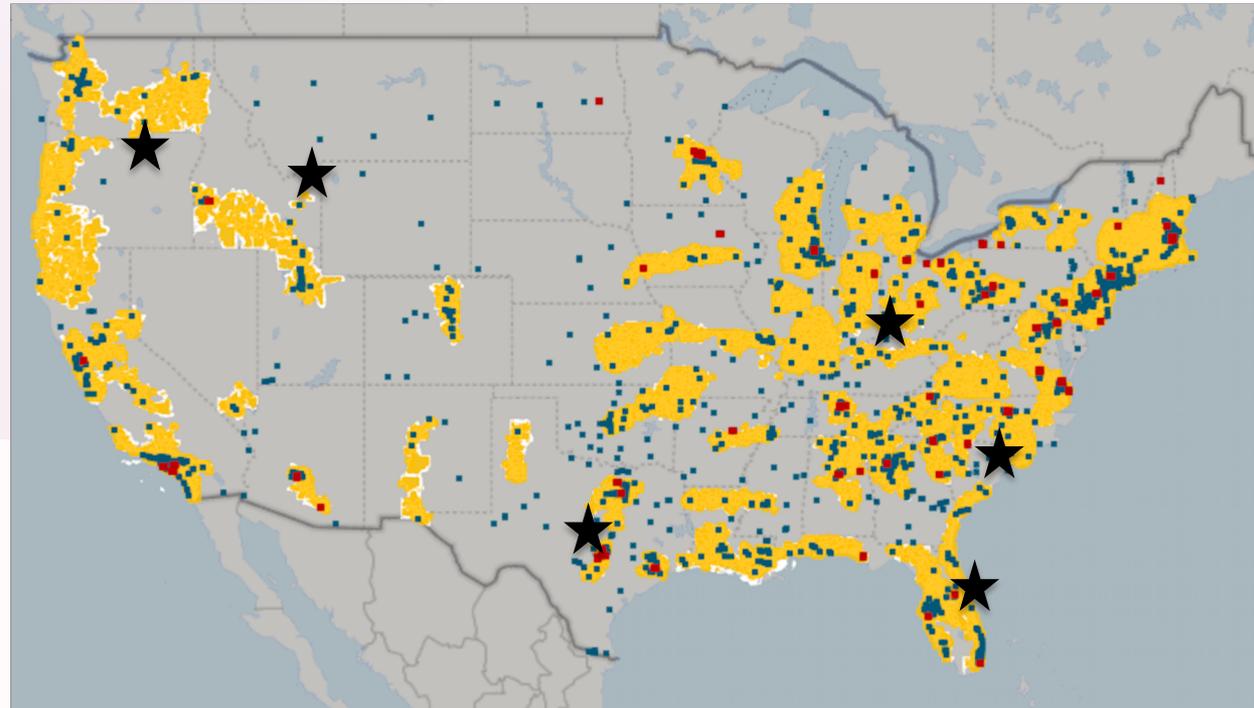
Unique CBHRT Prescribers Identified: 2,903 as of March 1, 2019

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National High-Decile Compounding Pharmacies and TXMD Sales Team Overlap

- Yellow indicates field sales territory reach
- Red, Blue and Green indicate Compounding Pharmacy Targets
- Black Stars indicate TXMD pharmacy rep location



*This does not include the sales expansion territories

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ANNOVERA™

(Segesterone Acetate/Ethinyl Estradiol Vaginal System)

Approved for use by females of reproductive potential to prevent pregnancy. (Limitation of use: Not adequately evaluated in females with a body mass index of >29 kg/m²).

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ANNOVERA - 1-Year Vaginal System

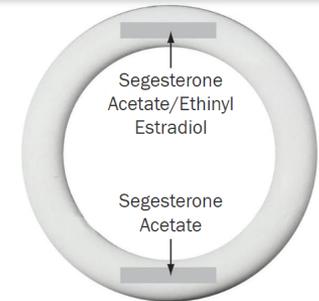
First and only **patient-controlled, procedure-free, long-acting, reversible** birth control

- ANNOVERA approved on August 10, 2018
 - 21/7 days cyclical dosing regimen for one year (13 cycles)
 - Segesterone acetate component of ANNOVERA was classified as a new chemical entity (NCE) with 5 years of regulatory exclusivity
- Developed by the Population Council – developer of multi-billion dollar long acting contraceptive products
 - **ParaGard®** and **Mirena®** IUDs; **Norplant®** and **Jadelle®** implants; and **Progering®**

ANNOVERA Clinical & Physical Attributes

Clinical Attributes

- Highly effective in preventing pregnancy when used as directed (97.3%)
- Low daily release of ethinyl estradiol (13 mcg)
- Only product with new novel progestin - segesterone acetate¹
 - 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



Physical Attributes

- “Vaginal System” – the only product in a new class of contraception with potential for \$0 co-pay
- The vaginal system is composed of a “squishy” silicone elastomer
- Acceptable for women who haven’t had a child (nulliparous) or are not in a monogamous relationship¹
- Cost and convenience (pharmacy and doc visits)
- Does not require refrigeration by HCP
- More pliable than NuvaRing

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¹ Narender Kumar, Samuel S. Koide, Yun-Yen Tsong, and Kalyan Sundaram. 2000. “Nestorone: a Progestin with a Unique Pharmacological Profile,” *Steroids* 65: 629-636

Phase 3 Acceptability Study

Demonstrated 1-Year Contraceptive Vaginal System High User Satisfaction

Acceptability Data¹

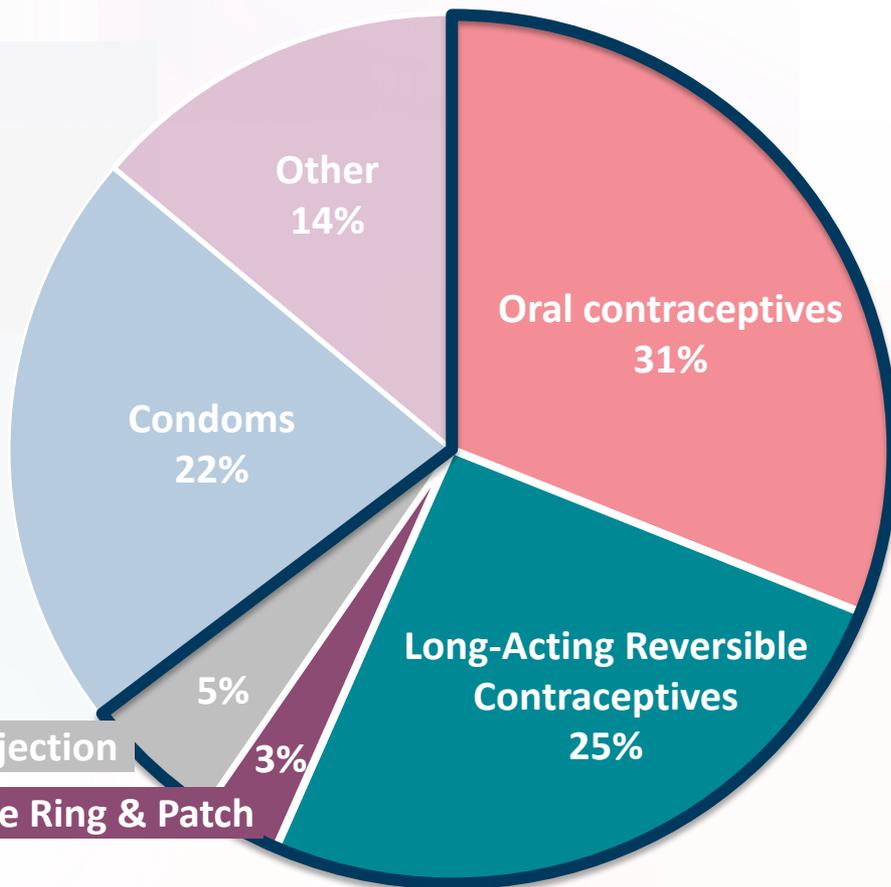
- Phase 3 acceptability study (n=905 subjects)
- Overall satisfaction 89% related to ease of use, side effects, expulsions/feeling the product, and physical effect during sexual activity
- High rates of adherence (94.3%) and continuation (78%)

Ease of inserting (N=905)	Ease of removing (N=905)	Ease of remembering CVS insertion (N=905)	Ease of remembering CVS removal (N=905)	No side effects reported on questionnaire (N=905)
90.8% (n=823)	88.2% (n=798)	87.6% (n=793)	85.2% (n=771)	81.8% (n=740)

¹Merkatz, Ruth B., Marlana Plagianos, Elena Hoskin, Michael Cooney, Paul C. Hewett, and Barbara S. Mensch. 2014. "Acceptability of the Nestorone®/ethinyl estradiol contraceptive vaginal ring: Development of a model; implications for introduction," *Contraception* 90(5): 514–521.

Reversible Birth Control Market in the U.S.

2017 Women's Use of Contraception
(Total 29 Million Women)



- OC's continue to lose market share to longer acting solutions such as IUDs, Implants and Rings
- IUDs and Implants are experiencing significant growth as the market shifts towards long-acting solutions

Source:

Centers for Disease Control and Preventions, NCHS, December 2018, No. 327
Data Brief 173, Current Contraceptive Status Among Women Aged 15-44: United States, 2011-2013

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ANNOVERA – Addressing an Unmet Need

Target Market Segments

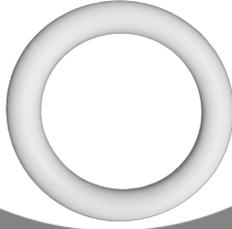
SHORT-ACTING
CONTRACEPTIVES

Complete control but
no long acting benefits

A pill pack with a ring placed next to it. The pill pack is pink and white with a circular dial showing days of the month. The ring is silver and circular.

ANNOVERA™

Long-acting benefits
without a procedure
and complete control
over fertility and
menstruation

A silver, circular ring.

LONG-ACTING
CONTRACEPTIVES

Long-acting
benefits but requires
a procedure and
does not offer
complete control

An intrauterine device (IUD) with a T-shaped frame and a string.

ANNOVERA Key Attributes

	Oral Contraceptives	Vaginal Ring NuvaRing®	Contraceptive Injection	Vaginal System ANNOVERA™	IUDs
Duration of Action	Daily pill intake	1 month (21/ 7 regimen)	3 months	1 year (21/7 regimen)	3-10 years
Patient Control	Stop at any time	Removable at any time	Stop at any time, but residual effects for 3 months	Removable at any time	Procedure required
Nulliparous Women	Yes	Yes	Yes	Yes	Not universally acceptable
Product Administration	Oral intake	Patient administered Semi-rigid ring	Physician in-office injection every 3 months	Patient administered pliable vaginal system	Physician in-office procedure for insertion and removal
Patient Convenience	Daily pill presents compliance/ adherence risks; potential increase in unplanned pregnancies	Monthly pharmacy visit	Physician in-office injection, prescriber stocking required	1 doctor's visit, 1 pharmacy visit per year	Physician in-office procedure prescriber stocking required
Healthcare Provider Convenience	Filled at pharmacy	Filled at pharmacy; Refrigeration required prior to being dispensed	Prescriber required to hold inventory	Filled at pharmacy; No refrigeration; No inventory or capital outlay	Prescriber required to hold inventory
Yearly WAC	Lo Loestrin® Fe: \$1,829.36	NuvaRing® \$2,114.19	Depo-Provera® \$799.12	\$1,800-\$2,000	Liletta® \$749.40 + \$425.25 for insertion/removal Plus office visits and screenings

Key Planned Levers for Growth



- **1Q 2019** - 50 additional sales reps added
- **1Q 2019** – Maximize IMVEXXY launch through BIO-IGNITE
- **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 (April)** - U.S. commercial launch of BIJUVA and draw second \$75 million debt tranche with MidCap Financial Trust
- **4Q 2019** - “new to market” 6-month payer block to end
- **4Q 2019** - Maximize BIJUVA launch through BIO-IGNITE
- **BIJUVA WAC price set at \$214.50**
 - Priced at parity to legacy hot flash products
 - Aligned with TXMD responsible pricing strategy
 - Strategic payer strategy



- **2H (targeting 3Q) 2019** - U.S. commercial launch of ANNOVERA
- **1Q 2020** - “new to market” 6-month payer block to end
- **ANNOVERA WAC price expected to be \$1,800-\$2,000**
 - Priced at a discount to NuvaRing
 - Aligned with TXMD responsible pricing strategy
 - Strategic payer strategy
 - Potential 19th category of contraception
- **2H 2019** - Currently evaluating debt funding for launch of ANNOVERA

Summer 2019 - Company to hold Analyst Day to highlight portfolio and launch strategies

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Opportunities to Strengthen our Position Once All 3 Products are Launched and Covered

- 1Q 2020 - All 3 products are expected to be covered by payers
- Based on volume generated by 3 products concentrated in women's health care, TXMD can optimize distribution costs, relationships and partnerships
- Strong women's health care platform created to negotiate and refine payer rebates and coverage
- Maximize copay assistance program through patient targeting and compliance
- Achieve critical mass and optimal voice in provider offices by offering 3 new products that cover many of the day-to-day needs of OBGYN's
- Begin lifetime of patient strategy to build brand loyalty and awareness

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™** 1mg/100mg
(estradiol and progesterone) capsules

**Imvexxy®**
(estradiol vaginal inserts)
4 mcg • 10 mcg



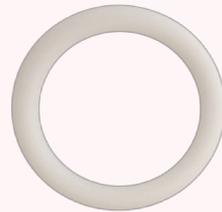
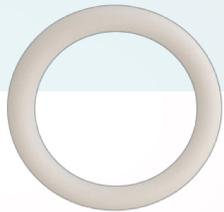
CONTRACEPTION

PRENATAL CARE

CONTRACEPTION/
FAMILY PLANNING -
PERIMENOPAUSE

VASOMOTOR
SYMPTOMS

DYSPAREUNIA
(Vulvar &
Vaginal Atrophy)



REPRODUCTIVE HEALTH

MENOPAUSE MANAGEMENT

TherapeuticsMD®

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A woman with dark hair, wearing a light green sweater, is laughing heartily and covering a man's eyes with her hands. The man, wearing a pink shirt, is also laughing. They are sitting on a white sofa. The background is a soft-focus indoor setting with a window. The overall mood is joyful and intimate. The image is overlaid with a decorative pattern of purple and pink squares and a white geometric grid.

Thank You

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