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 are 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 Current Reports on Form 8-K, and include the following: our ability to resolve the deficiencies identified by the FDA in our new drug application for our TX-004HR product candidate and the time frame associated with such resolution; whether the FDA will approve the amended NDA for our TX-004HR product candidate and whether such approval will occur by the PDUFA target action date; whether the FDA will approve the NDA for our TX-001HR product candidate and whether such approval will occur by the PDUFA target action date; our ability to maintain or increase sales of our products; our ability to develop, protect and defend our intellectual property; our ability to develop and commercialize our hormone therapy drug candidates and obtain additional financing necessary therefor; the length, cost and uncertain results of our clinical trials; the potential of adverse side effects or other safety risks that could preclude the approval of our hormone therapy drug candidates; our reliance on third parties to conduct our clinical trials, research and development and manufacturing; the availability of reimbursement from government authorities and health insurance companies for our products; the impact of product liability and other 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.

TX-004HR, TX-001HR, TX-005HR, and TX-006HR are investigational drugs and are not approved by the FDA. This non-promotional presentation is intended for investor audiences only.

PDF copies of press releases and financial tables can be viewed and downloaded at our website: www.therapeuticsmd.com/pressreleases.aspx.
Innovative women’s health company exclusively focused on developing and commercializing products for women throughout their life cycles.

Drug candidate portfolio is built on SYMBODA™ technology for the solubilization of bio-identical female hormones.
## Two Late Stage Women’s Health Assets With Large Total Addressable Market Opportunities

<table>
<thead>
<tr>
<th>Proposed Indication</th>
<th>Moderate to severe dyspareunia, a symptom of VVA, due to menopause</th>
<th>Moderate to severe hot flashes due to menopause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition Description</td>
<td>VVA due to Menopause</td>
<td>Menopause</td>
</tr>
<tr>
<td>Active Ingredients</td>
<td>Bio-Identical 17 $\beta$-Estradiol</td>
<td>Bio-Identical 17 $\beta$-Estradiol + Bio-Identical Progesterone</td>
</tr>
<tr>
<td>Form</td>
<td>Vaginal softgel capsule</td>
<td>Oral softgel capsule</td>
</tr>
<tr>
<td>Key Value Proposition</td>
<td>Easy to use, negligible systemic exposure, designed to support long-term use</td>
<td>Potential first and only bio-identical FDA-approved combination product</td>
</tr>
<tr>
<td>Affected US Population</td>
<td>32 million women$^{1,2}$</td>
<td>36 million women$^{3}$</td>
</tr>
<tr>
<td>US TAM Opportunity</td>
<td>&gt;$20B^{5}$</td>
<td>&gt;$25B^{4,5}$</td>
</tr>
<tr>
<td>Status</td>
<td>NDA resubmitted Nov. 29, 2017 PDUFA Target Action Date: May 29, 2018</td>
<td>NDA submitted Dec. 28, 2017 PDUFA Target Action Date: Oct. 28, 2018</td>
</tr>
</tbody>
</table>

3) Derived from U.S. Census data
4) Based on pre-WHI annual scripts of FDA-approved HT products
5) Based on market pricing of current FDA-approved HT products
**Significant Catalysts Within Next 12 Months**

- **December 2017**
  - Submission of the NDA for TX-001HR
  - Acceptance of the NDA for TX-004HR

- **May 29, 2018**
  - PDUFA target action date for TX-004HR
  - Potential launch of TX-004HR* 

- **3Q 2018**
  - PDUFA target action date for TX-001HR

- **October 28, 2018**
  - PDUFA target action date for TX-001HR

- **1Q 2019**
  - Potential launch of TX-001HR**

*Assumes approval on or before PDUFA target action date of May 29, 2018
**Assumes approval on or before PDUFA target action date of October 28, 2018
Complete Financing Strategy In Place

**Phase 1**
Equity Financing
- $68.6M equity offering, closed on September 28th
- Secures near term financing needs for TX-004HR launch, if approved
- Strengthens Phase 2 debt financing negotiating position

**Phase 2**
Term Loan Debt Financing
- Targeting commitments of $150M-$200M in debt financing
- Anticipate first draw of debt financing following approval of TX-004HR or TX-001HR
- Secures medium term financing needs for TX-004HR and TX-001HR launches, if approved

**Phase 3**
Partnership Opportunities
- Potential for upfront payments and royalty revenue streams to further support additional product opportunities

Phase 1 and Phase 2 provide potential access to ~$300M of capital to support commercialization of TX-004HR and TX-001HR*

*Includes cash and cash equivalents on hand
Seasoned Management Team with a Proven Track Record of Commercial Execution

- Former U.S. Secretary of Health and Human Services (2001-2005)
- Holds multiple board memberships, including Centene and United Therapeutics
- 40-year public health career

Tommy Thompson
Chairman of the Board

- Former Chief Executive Officer and Chief Financial Officer of Shire PLC
- Former Vice President of Corporate Finance at AstraZeneca
- Holds multiple board memberships, including Chairman of Revance Therapeutics

Angus Russell
Board Member

- Former President and Chief Executive Officer of Boehringer Ingelheim (U.S.)
- Former EVP of Customer Marketing and Sales of U.S. Human Health at Merck
- Holds multiple board memberships, including Catalent

J. Martin Carroll
Board Member

- Co-founded vitaMedMD in 2008
- Co-founded CareFusion (Sold to Cardinal Health in 2006)
- 22 years of experience in early stage healthcare company development

Robert Finizio
CEO, Co-Founder, and Director

- Co-founded CareFusion in 2008
- 25 years of experience in healthcare/women’s health
- Past OBGYN Department Chair - Boca Raton Regional Hospital
- Past ACOG Committee Member

Brian Bernick, MD
Chief Clinical Officer, Co-Founder

- Former CFO of American Wireless, Telegeography, and WEB Corp
- Participated in American Wireless/Arush Entertainment merger
- Former KPMG and PricewaterhouseCoopers accountant

Dan Cartwright
Chief Financial Officer

- Former Clinical Lead of Women’s Health at Pfizer
- 15+ years of experience developing women’s health products
- Reproductive endocrinologist & infertility specialist

Sebastian Mirkin, M.D.
Chief Medical Officer

- 30+ years of regulatory, quality, and drug development experience
- Sr. Vice President, Drug Development at Sirion Therapeutics
- VP of Regulatory Affairs and Quality Assurance at Santarus

Christine Miller, PharmD
Chief Regulatory and Quality Officer

- 20+ years of commercial and marketing experience
- SVP of the Pfizer Consumer Healthcare Wellness Organization
- Commercial lead for sales and marketing of the Pfizer Women’s Health Division

Dawn Halkff
Chief Commercial Officer

- 25+ years of women’s health pharmaceutical experience
- Product development leader for J&J, Wyeth, Aventis, and others
- Worked on development of Prempro®, Premphase®, and Estalis®

Julia Amadio
Chief Product Officer

- 16+ years of experience in the pharmaceuticals and biotech
- Created a national sales channel, led the Specialty Diagnostics business at ViaCell, Inc.
- Product launch and sales management roles at Eli Lilly & Company and KV Pharmaceutical

John Milligan
President

- Co-founded CareFusion
- Held executive sales and operation management positions at McKesson, Cardinal and Omnicell
- 20+ years of operations experience

Christian Bloomgren
VP, Sales

- Insiders own approximately ~23% of total outstanding shares

For Her. For Life.
TX-004HR
Vulvar and Vaginal Atrophy (VVA) Program
Vulvar and Vaginal Atrophy (VVA)

- **Chronic** and **progressive** condition characterized by thinning of vaginal tissue from decreased estrogen levels
- Diagnosed in approximately 50% of postmenopausal women\(^1\)
- Primary symptom = dyspareunia (painful intercourse)
- Secondary symptoms include: vaginal dryness, itching, irritation, bleeding with sexual activity, dysuria, urgency, frequency, recurrent UTIs, and incontinence
- Current treatments include: prescription creams, tablets, and rings in addition to over-the-counter lubricants

### Healthy Vaginal Tissue

<table>
<thead>
<tr>
<th>Cells</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superficial</td>
<td>&gt;15%</td>
</tr>
<tr>
<td>Intermediate</td>
<td>80%</td>
</tr>
<tr>
<td>Parabasal</td>
<td>&lt; 5%</td>
</tr>
<tr>
<td><strong>pH</strong></td>
<td>&lt; 5</td>
</tr>
</tbody>
</table>

### Atrophic Vaginal Tissue

<table>
<thead>
<tr>
<th>Cells</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superficial</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Intermediate</td>
<td>60%</td>
</tr>
<tr>
<td>Parabasal</td>
<td>&gt;30%</td>
</tr>
<tr>
<td><strong>pH</strong></td>
<td>&gt; 5</td>
</tr>
</tbody>
</table>

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Current US VVA Market Overview

32M Women with VVA Symptoms\(^1,2\)

- **\(~50\%, or \sim 16M\) seek treatment for VVA\(^4\)**
  - Only 7%, or \~2.3M women, are currently being treated today with Rx hormone therapy (HT)\(^3\)
    - Long-term safety concerns\(^6\)
    - Efficacy\(^6\)
    - Messiness\(^6\)
    - Need for applicator\(^6\)
  - 18%, or \~5.7M women, are past HT users and were unsatisfied/unsuccessful with past treatments\(^4\)
  - 25%, or \~8M women, are users of OTC products* such as lubricants that do not treat the underlying pathological cause of VVA nor halt or reverse symptoms\(^4\)

- **\(~50\%, or \sim 16M\) women do not seek treatment for VVA\(^4\)**
  - Lack of awareness that VVA is a treatable condition
  - Estrogen exposure concerns

4) TherapeuticsMD "EMPOWER" Survey, 2016
5) Based on current FDA-approved market pricing
* Not treated with an FDA approved Rx product. OTC products do not effectively treat the underlying pathological causes of VVA and therefore do not halt or reverse the progression of this condition.
# Current FDA-Approved VVA Products

<table>
<thead>
<tr>
<th>Products</th>
<th>Estrace Cream®</th>
<th>Premarin Cream®</th>
<th>Vagifem®</th>
<th>Estring®</th>
<th>Osphena®</th>
<th>Intrarosa®</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Estrace Cream®" /></td>
<td><img src="image" alt="Premarin Cream®" /></td>
<td><img src="image" alt="Vagifem®" /></td>
<td><img src="image" alt="Estring®" /></td>
<td><img src="image" alt="Osphena®" /></td>
<td><img src="image" alt="Intrarosa®" /></td>
<td></td>
</tr>
</tbody>
</table>

### FDA Approval
- Estrace Cream®: 1984
- Premarin Cream®: 1978
- Vagifem®: 1999
- Estring®: 1996
- Osphena®: 2013
- Intrarosa®: 2016

### TRx Dollars 2017
- Estrace Cream®: $583,612,698
- Premarin Cream®: $533,386,029
- Vagifem®: $525,321,410
- Estring®: $120,499,734
- Osphena®: $75,683,654
- Intrarosa®: $4,187,571

### Method of Admin
- Estrace Cream®: Vaginal Cream
- Premarin Cream®: Vaginal Cream
- Vagifem®: Vaginal Tablet
- Estring®: Ring
- Osphena®: Oral Tablet
- Intrarosa®: Vaginal Insert

### Application
- Estrace Cream®: Reusable Vaginal Applicator
- Premarin Cream®: Reusable Vaginal Applicator
- Vagifem®: Vaginal Applicator
- Estring®: 90-day Ring
- Osphena®: Oral Daily SERM
- Intrarosa®: Vaginal Applicator

### Active Ingredient
- Estrace Cream®: 100 mcg Estradiol
- Premarin Cream®: 625 mcg/g Conjugated Equine Estrogens
- Vagifem®: 10 mcg Estradiol
- Estring®: 2,000 mcg Estradiol
- Osphena®: 60,000 mcg Ospemifene
- Intrarosa®: 6,500 mcg Prasterone

### Average Maintenance Dose
- Estrace Cream®: 100 mcg 2x/week
- Premarin Cream®: 312.5 mcg 2x/week
- Vagifem®: 10 mcg 2x/week
- Estring®: 7.5 mcg daily
- Osphena®: 60,000 mcg daily
- Intrarosa®: 6,500 mcg daily

### Onset of Action
- Estrace Cream®: Approval Without Dyspareunia and Dryness Data
- Premarin Cream®: Week 4+
- Vagifem®: Week 8
- Estring®: Approval Without Dyspareunia and Dryness Data
- Osphena®: Week 12
- Intrarosa®: Week 6

<table>
<thead>
<tr>
<th>Onset of Action*</th>
<th>Estrace Cream®</th>
<th>Premarin Cream®</th>
<th>Vagifem®</th>
<th>Estring®</th>
<th>Osphena®</th>
<th>Intrarosa®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyspareunia</td>
<td>Approval Without Dyspareunia and Dryness Data</td>
<td>Week 4+</td>
<td>Week 8</td>
<td>Approval Without Dyspareunia and Dryness Data</td>
<td>Week 12</td>
<td>Week 6</td>
</tr>
<tr>
<td>Dryness</td>
<td>Not Demonstrated</td>
<td></td>
<td></td>
<td>Approval Without Dryness Data</td>
<td></td>
<td>Week 12</td>
</tr>
</tbody>
</table>

*Onset of Action = First efficacy observation

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1. Symphony Health Solutions PHAST Data powered by IDV; Annual 2017

All trademarks are the property of their respective owners.
Compliance and Fills Per Year Drives Top-Line Revenue

Current VVA Market

**Vaginal Creams:**

**Average:** 1.5 Fills Per Year

- **Estrace**
- **Premarin**

**Reasons Women Stop**

- Messiness
- Reusable Applicator
- Long-term Safety
- Dose Preparation by User Required

**Vaginal Tablets:**

**Average:** 3.5 Fills Per Year

- **Vagifem**

**Reasons Women Stop**

- Efficacy
- Applicator
- Long-term Safety
- Systemic Absorption

- **Product**
  - **TRx Dollars**
  - **Patient Count**
  - **Patient Share**

<table>
<thead>
<tr>
<th>Product</th>
<th>TRx Dollars</th>
<th>Patient Count</th>
<th>Patient Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estrace</td>
<td>$583,612,698</td>
<td>900,618</td>
<td>41%</td>
</tr>
<tr>
<td>Premarin</td>
<td>$533,386,029</td>
<td>696,125</td>
<td>32%</td>
</tr>
<tr>
<td>Vagifem/Generics</td>
<td>$525,321,410a</td>
<td>448,745</td>
<td>20%</td>
</tr>
</tbody>
</table>

- Higher average fills per year enable Vagifem/Yuvafem to generate equal revenue as Premarin and Estrace with significantly less patients on therapy.

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2) Total Rx/Patient Count
4) Symphony Health Solutions PHAST Data powered by IDV; Annual 2017
5) IMS SDI’s Total Patient Tracker; Annual 2017

a. 2017 Vagifem, Yuvafem (authorized generic of Vagifem), and Teva generic
TX-004HR: Product Candidate Profile

- First vaginal estrogen (4 mcg and 10 mcg) with negligible systemic exposure
- Strong efficacy data on both dyspareunia and vaginal dryness with a 2-week onset of action
- Small, digitally inserted, rapidly dissolving softgel capsule without the need for an applicator
- Fraction of the dose (4 mcg, 10 mcg and 25 mcg) of many existing products (Premarin and Estrace)
- No patient education required for dose preparation or applicators
- Mechanism of action and dosing that is familiar and comfortable
- Proposed dose packaging to optimize compliance and convenience
- Strong patent estate with patent expirations starting 2032
Co-Primary and Key Secondary Efficacy Endpoints

<table>
<thead>
<tr>
<th></th>
<th>4 mcg</th>
<th>10 mcg</th>
<th>25 mcg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superficial Cells</td>
<td>&lt;0.0001</td>
<td>&lt;0.0001</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Parabasal Cells</td>
<td>&lt;0.0001</td>
<td>&lt;0.0001</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Vaginal pH</td>
<td>&lt;0.0001</td>
<td>&lt;0.0001</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Severity of Dyspareunia</td>
<td>0.0149</td>
<td>&lt;0.0001</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Severity of Vaginal Dryness</td>
<td>0.0014</td>
<td>&lt;0.0001</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

MMRM P-value vs placebo LS = Least Squares

### Arithmetic Mean Estradiol Serum Concentrations – Unadjusted

**TX-004HR 4 mcg (N=18)**

<table>
<thead>
<tr>
<th></th>
<th>AUC$_{0-24}$ (pg.h/mL)</th>
<th>C$_{avg(0-24)}$ (pg/mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 mcg</td>
<td>87.22 (42.77)</td>
<td>3.634 (1.78)</td>
</tr>
<tr>
<td>Placebo (Pl)</td>
<td>104.16 (66.38)</td>
<td>4.34 (2.76)</td>
</tr>
<tr>
<td>P-value vs Pl</td>
<td>0.3829</td>
<td>0.3829</td>
</tr>
</tbody>
</table>

**TX-004HR 10 mcg (N=19)**

<table>
<thead>
<tr>
<th></th>
<th>AUC$_{0-24}$ (pg.h/mL)</th>
<th>C$_{avg(0-24)}$ (pg/mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 mcg</td>
<td>110.14 (54.57)</td>
<td>4.58 (2.27)</td>
</tr>
<tr>
<td>Placebo (Pl)</td>
<td>104.16 (66.38)</td>
<td>4.34 (2.76)</td>
</tr>
<tr>
<td>P-value vs Pl</td>
<td>0.7724</td>
<td>0.7724</td>
</tr>
</tbody>
</table>

**TX-004HR 25 mcg (N=18)**

<table>
<thead>
<tr>
<th></th>
<th>AUC$_{0-24}$ (pg.h/mL)</th>
<th>C$_{avg(0-24)}$ (pg/mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 mcg</td>
<td>171.56 (80.13)</td>
<td>7.14 (3.33)</td>
</tr>
<tr>
<td>Placebo (Pl)</td>
<td>104.16 (66.38)</td>
<td>4.34 (2.76)</td>
</tr>
<tr>
<td>P-value vs Pl</td>
<td>0.0108</td>
<td>0.0108</td>
</tr>
</tbody>
</table>
TX-004HR Approval and Launch Timelines

**January - March**  
(Pre-Approval)  
- Sales force build and preparedness  
- Payer pipeline discussions  
- Launch planning  
- National Sales Meeting

**April - June**  
(FDA-Approval)  
- Territory readiness with expanded sales force  
- **PDUFA date - May 29th**  
- Payer outreach  
- Experience First program  
- Launch Meeting

**3Q 2018**  
(Launch)  
- Branded launch:  
  - Patient  
  - HCP campaign  
  - Speaker programs  
  - MCM/digital  
  - Patient and HCP tools  
  - Public relations  
- Establish national care model:  
  - Samples  
  - Patient programs  
  - Reimbursement programs

therapeuticsMD®
For Her. For Life.
Focus on Three Main Fundamental Levers to Drive TX-004HR Launch, If Approved

**Drive Market Share**
Differentiate TX-004HR as new treatment option that redefines relief

**Targeted Market Expansion**
Elevate importance of VVA by demonstrating true impact of disease

**Market Growth Through Compliance**
Build a differentiated national care model for successful diagnosis, treatment, and management of symptoms of VVA caused by menopause

**Commercial Execution**

For Her. For Life.
Foundation Already Built for a Strong Launch

**TXMD Sales Force Currently in OB/GYN Offices**

- 40% overlap with current prenatal vitamins business
- Currently calling on VVA targets with disease awareness campaign
- Sales force of 150 hired and in place for TX-004HR launch
- Partnership with inVentiv, leading contract sales organization
- Operational and analytic systems
HCPs Estimate Giving TX-004HR 30% Market Share

**HCP Stated Preference Share**
(Adjusted Percent of Prescriptions, n = 400 HCPs)

- **Current Landscape**
  - TX-004HR: 34.0%
  - Premarin Cream: 27.0%
  - Estrace Cream: 15.0%
  - Vagifem: 10.0%
  - Osphena: 6.0%
  - Estring: 6.0%
  - Other: 8.0%

- **Post-TX-004HR Launch**
  - TX-004HR: 30.0%
  - Premarin Cream: 22.0%
  - Estrace Cream: 19.0%
  - Vagifem: 9.0%
  - Osphena: 9.0%
  - Estring: 5.0%
  - Other: 6.0%

- **Large share gains from 3 largest competitors**
- **Set attainable 3-5 year company launch goals**

TXMD Positioning Study: Preference Share pre and post TX-004HR launch
N=400
Efficacy, Safety, and Positive User Experience Redefines Relief

Perceived Shortcomings
- 1 in 4 women achieve limited relief\(^1\)
- Delayed onset of efficacy\(^1\)
- Hormone exposure concerns\(^1\)
- Messiness\(^1\)
- Products difficult to use\(^1\)
- Inadequate instructions on use\(^1\)

TX-004HR Solution
- Early efficacy observed at week 2
- Efficacy for vaginal dryness
- Negligible systemic exposure
- No messiness
- No applicator; any time of day use
- Simple dose pack; easy instructions

Patients Choose TX-004HR

<table>
<thead>
<tr>
<th>Rejoice Trial Survey Results</th>
<th>4 mcg (N=119)</th>
<th>10 mcg (N=113)</th>
<th>25 mcg (N=128)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TX-004HR preferred over previously used VVA therapies</td>
<td>73.9%</td>
<td>67.3%</td>
<td>74.2%</td>
</tr>
</tbody>
</table>

REJOICE Trial Results
### Increasing Compliance Through National Care Model Represents TXMD Core Competency

<table>
<thead>
<tr>
<th><strong>Prenatal Vitamins Market</strong></th>
<th><strong>VVA Market</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Market Dynamics:</strong></td>
<td><strong>Market Dynamics:</strong></td>
</tr>
<tr>
<td>▪ No Drug Claims</td>
<td>▪ Clinical and physical product differentiation</td>
</tr>
<tr>
<td>▪ 9 month condition</td>
<td>▪ Chronic, progressive condition</td>
</tr>
<tr>
<td><strong>Industry Average Patient Compliance:</strong></td>
<td><strong>Industry Average Patient Compliance:</strong></td>
</tr>
<tr>
<td>▪ 2.5 fills per pregnancy</td>
<td>▪ Vaginal Creams: 1.5 fills per year</td>
</tr>
<tr>
<td></td>
<td>▪ Vaginal Tablets: 3.5 fills per year</td>
</tr>
<tr>
<td><strong>TXMD Compliance with National Care Model:</strong></td>
<td><strong>Potential Compliance with National Care Model:</strong></td>
</tr>
<tr>
<td>▪ 8 fills per pregnancy</td>
<td>▪ Greater than 4 fills per year</td>
</tr>
</tbody>
</table>

Increasing Compliance Through National Care Model Represents TXMD Core Competency
Market Share Gains and Fills Per Year Drive TX-004HR Net Revenue at Year 5 of Launch

<table>
<thead>
<tr>
<th>Year 5 Assumptions</th>
<th></th>
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<tbody>
<tr>
<td>Total VVA Patients on HT¹</td>
<td>2,207,517</td>
</tr>
<tr>
<td>TX-004HR Market Share</td>
<td>30%</td>
</tr>
<tr>
<td>TX-004HR Patients</td>
<td>665,000</td>
</tr>
<tr>
<td>WAC of Loading Dose</td>
<td>$382.86</td>
</tr>
<tr>
<td>WAC of Maintenance Dose</td>
<td>$170.16</td>
</tr>
<tr>
<td>Average Rebate per Rx</td>
<td>30%</td>
</tr>
</tbody>
</table>

TX-004HR Net Revenue at Year 5
>$400 Million
4 Fills Per Year

- Pricing at parity to Vagifem
- Zero price increases
- Zero market growth

¹) IMS SDI's Total Patient Tracker; Annual 2017
Incremental Fills Per Year Drives Significant Upside to TX-004HR Net Revenues

- Each incremental fill per year adds >$75M to TX-004HR net revenues
Payers are Continuing to Provide Choice

85% of Top 25 Payers Prefer 2+ Products

<table>
<thead>
<tr>
<th>Vulvar and Vaginal Atrophy</th>
<th>Estrace Cream</th>
<th>Estrin</th>
<th>Intrarosa</th>
<th>Osphena</th>
<th>Premarin Cream</th>
<th>Vagifem</th>
<th>Yuvarin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express Scripts PBM</td>
<td>28,587,095</td>
<td>Preferred</td>
<td>Covered</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Preferred</td>
</tr>
<tr>
<td>CVS Caremark RX</td>
<td>27,321,765</td>
<td>Preferred</td>
<td>Covered</td>
<td>Not Covered</td>
<td>Preferred</td>
<td>Preferred</td>
<td>Covered</td>
</tr>
<tr>
<td>Anthem, Inc.</td>
<td>14,420,468</td>
<td>Preferred</td>
<td>Covered</td>
<td>Covered (PA/ST)</td>
<td>Preferred</td>
<td>Preferred</td>
<td>Covered</td>
</tr>
<tr>
<td>UnitedHealth Group, Inc.</td>
<td>13,804,482</td>
<td>Covered</td>
<td>Preferred</td>
<td>Not Covered</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
</tr>
<tr>
<td>OptumRx</td>
<td>11,780,319</td>
<td>Preferred</td>
<td>Covered</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Preferred</td>
</tr>
<tr>
<td>Aetna, Inc.</td>
<td>7,921,969</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Preferred</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plans, Inc.</td>
<td>7,483,618</td>
<td>Preferred</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Preferred</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>CIGNA Health Plans, Inc.</td>
<td>7,426,248</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
</tr>
<tr>
<td>Department of Defense - TRICARE</td>
<td>7,022,233</td>
<td>Preferred</td>
<td>Preferred (PA/ST)</td>
<td>Preferred</td>
<td>Preferred (PA/ST)</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>Blue Cross Blue Shield Association Corporation</td>
<td>5,418,801</td>
<td>Preferred</td>
<td>Covered</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Health Care Service Corporation</td>
<td>5,503,089</td>
<td>Covered (PA/ST)</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Preferred</td>
</tr>
<tr>
<td>Department of Veterans Affairs (VHA)</td>
<td>4,782,573</td>
<td>Covered (PA/ST)</td>
<td>Covered (PA/ST)</td>
<td>Covered (PA/ST)</td>
<td>Preferred</td>
<td>Covered (PA/ST)</td>
<td>Covered (PA/ST)</td>
</tr>
<tr>
<td>Envision Pharmaceutical Services</td>
<td>3,129,698</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Preferred</td>
</tr>
<tr>
<td>Indian Health Service (IHS)</td>
<td>2,192,083</td>
<td>Covered (PA/ST)</td>
<td>Covered (PA/ST)</td>
<td>Covered (PA/ST)</td>
<td>Preferred</td>
<td>Covered (PA/ST)</td>
<td>Covered (PA/ST)</td>
</tr>
<tr>
<td>Blue Shield of California</td>
<td>1,844,906</td>
<td>Preferred</td>
<td>Covered (PA/ST)</td>
<td>Preferred</td>
<td>Covered (PA/ST)</td>
<td>Preferred</td>
<td></td>
</tr>
<tr>
<td>CareFirst, Inc.</td>
<td>1,521,549</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Preferred</td>
</tr>
<tr>
<td>EmblemHealth, Inc.</td>
<td>1,480,759</td>
<td>Preferred</td>
<td>Covered</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Preferred</td>
</tr>
<tr>
<td>Blue Cross Blue Shield of Michigan</td>
<td>1,402,930</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Humana, Inc.</td>
<td>1,215,671</td>
<td>Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield of Florida, Inc.</td>
<td>1,210,282</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Preferred</td>
</tr>
<tr>
<td>Blue Cross Blue Shield of Minnesota</td>
<td>1,175,999</td>
<td>Preferred</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Preferred</td>
</tr>
<tr>
<td>State of New York</td>
<td>1,095,141</td>
<td>Preferred</td>
<td>Covered</td>
<td>Not Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Blue Cross Blue Shield of North Carolina</td>
<td>1,063,705</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Covered (PA/ST)</td>
</tr>
<tr>
<td>Centene Corporation</td>
<td>1,024,607</td>
<td>Preferred</td>
<td>Covered</td>
<td>Not Covered</td>
<td>Covered</td>
<td>Preferred</td>
<td>Covered</td>
</tr>
<tr>
<td>Blue Cross Blue Shield of Alabama</td>
<td>993,558</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Preferred</td>
<td>Not Covered</td>
<td>Preferred</td>
</tr>
<tr>
<td>Blue Cross Blue Shield of Massachusetts</td>
<td>913,779</td>
<td>Preferred</td>
<td>Covered</td>
<td>Not Covered</td>
<td>Preferred</td>
<td>Covered</td>
<td>Preferred</td>
</tr>
</tbody>
</table>

MMIT Data February 2018
Why are Payers Providing Open Access?

- Overall low cost category compared to other therapeutic areas
- Importance of providing choice for women
- Prior authorizations and step edits are not economically favorable for payers and do not currently exist
- Cost of a prior authorization runs between $80-$140 per patient per year depending on payer
### Favorable Payer Dynamics: No Substitution Across Branded Products

**Case Study: Yuvafem Authorized Generic Launch (Year 1)**

- Yuvafem launch in October 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vagifem</td>
<td>29.2%</td>
<td>9.3%</td>
<td>(19.9%)</td>
</tr>
<tr>
<td>Yuvafem</td>
<td>-</td>
<td>19.7%</td>
<td>19.7%</td>
</tr>
<tr>
<td>Total</td>
<td>29.2%</td>
<td>29.0%</td>
<td>(0.2%)</td>
</tr>
</tbody>
</table>

- Yuvafem continues to take market share from **only** Vagifem
- Total Vagifem and Yuvafem TRx have lost 20 bps of VVA TRx market share to other branded products
- No substitution or cannibalization of other branded products
TX-001HR
Combination Estrogen + Progesterone (E+P) Program
Menopause Overview

Menopause represents the natural life-stage transition when women stop having periods as the production of Estrogen (E) and Progesterone (P) decreases

- Average age of menopause 51 years
- Women may spend, on average, more than one-third of their lives in a hypoestrogenic state

May result in physical and emotional symptoms

- Symptoms include vasomotor symptoms (hot flashes, night sweats), mood changes and vaginal dryness
- Prolonged lack of estrogen can affect the bones, cardiovascular system, and increases risks for osteoporosis

Long history of Estrogen (E) and Progesterone (P) use

- Estrogen and progesterone have been used for over 50 years as treatment
- Estrogen to reduce symptoms and other long-term conditions
- Progesterone to prevent thickening of the uterine wall
  - Increased risk for endometrial hyperplasia/endometrial cancer if estrogen unopposed

TX-001HR Product Development Rationale

- 2002 Women’s Health Initiative (WHI) study showed that synthetic hormones increased the risk of breast cancer, stroke, heart attack and blood clots (all FDA-approved combination hormonal products contain a synthetic Progestin and not a bio-identical Progesterone)

- Post WHI, women and healthcare providers shifted to Bio-Identical Hormone Therapy (BHRT) containing bio-identical estradiol and bio-identical progesterone as an alternative despite being unapproved drugs that are not covered by insurance
  - 90M+ scripts of synthetic hormone therapy prescribed annually before 2002, declining to ~10M in 2015

  ➢ Today, patients have the choice between three treatment options:
    - FDA-approved, synthetic combination hormones
    - FDA-approved, separate bio-identical hormone products
    - Unapproved, compounded bio-identical hormones that have not been proven safe and effective, or covered by insurance

- Compounding filled the need for BHRT
  - 30M scripts (3M women) of Compounded Bio-identical Hormone Therapy (CBHRT) prescribed annually in the U.S. currently

- No FDA-approved BHRT combination product of estradiol + bio-identical progesterone

- TX-001HR would become the first and only FDA-approved bio-identical combination product to fill this unmet need

1) Symphony Health Solutions PHAST Data powered by IDV; Annual 2015
2) The reported number of annual custom compounded hormone therapy prescription of oral and transdermal estradiol and progesterones taken combined and in combination (26MM to 33MM)
Medical Societies Discourage Prescribing of Compounded Bio-Identical Hormones

- ACOG and ASRM Committee Opinion states compounded hormones may pose additional risks compared to FDA-approved products\(^1\)
  - Lack of efficacy and safety data
  - Lack of Good Manufacturing Practices (GMP)
  - Variable purity
  - Variable content uniformity
  - Variable potency (under/over dose)
  - Lack of stability
  - Unopposed Estrogen/Ineffective Progesterone leads to increased risk of endometrial hyperplasia / cancer

\(^1\) Committee on Gynecologic Practice and the American Society for Reproductive Medicine Practice Committee, Number 532, August 2012 (Reaffirmed 2014, Replaces No. 387, November 2007 and No. 322, November 2005).
TX-001HR – Potential Best in Class Therapy

Potential first and only:
1) Bio-identical combination estradiol & progesterone
2) FDA-approved

Dosing and Delivery
- Once-a-day single oral softgel capsule

Addresses Unmet Medical Need
- First and only combination of bio-identical estradiol and bio-identical progesterone product candidate
- Single combination dose option
- Positive Phase 3 Replenish Trial safety and efficacy results
- Potential FDA-approval with insurance coverage

Benefits to women, healthcare providers, and pharmacies

1) NDA to be submitted
2) Reimbursement anticipated if FDA-approved
# Replenish Trial Co-Primary Endpoints

## Primary Efficacy Endpoints: Mean Change in Frequency and Severity of Hot Flashes Per Week Versus Placebo at Weeks 4 and 12, VMS-mITT Population

<table>
<thead>
<tr>
<th>Estradiol/Progesterone</th>
<th>1 mg/100 mg (n = 141)</th>
<th>0.5 mg/100 mg (n = 149)</th>
<th>0.5 mg/50 mg (n = 147)</th>
<th>0.25 mg/50 mg (n = 154)</th>
<th>Placebo (n = 135)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4 P-value versus placebo</td>
<td>&lt;0.001</td>
<td>0.013</td>
<td>0.141</td>
<td>0.001</td>
<td>-</td>
</tr>
<tr>
<td>Week 12 P-value versus placebo</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>0.002</td>
<td>&lt;0.001</td>
<td>-</td>
</tr>
<tr>
<td><strong>Severity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4 P-value versus placebo</td>
<td>0.031</td>
<td>0.005</td>
<td>0.401</td>
<td>0.1</td>
<td>-</td>
</tr>
<tr>
<td>Week 12 P-value versus placebo</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>0.018</td>
<td>0.096</td>
<td>-</td>
</tr>
</tbody>
</table>

## Primary Safety Endpoint: Incidence of Consensus Endometrial Hyperplasia or Malignancy up to 12 months, Endometrial Safety Population†

| Endometrial Hyperplasia | 0% (0/280) | 0% (0/303) | 0% (0/306) | 0% (0/274) | 0% (0/92) |

MITT = Modified intent to treat

†Per FDA, consensus hyperplasia refers to the concurrence of two of the three pathologists be accepted as the final diagnosis

P-value < 0.05 meets FDA guidance and supports evidence of efficacy

---

**Primary Efficacy Analysis pre-specified with the FDA in the clinical protocol and Statistical Analysis Plan (SAP)**

- P-value < 0.05 meets FDA guidance and supports evidence of efficacy
TX-001HR New Drug Application Acceptance

No Filing Review Issues Identified

- Application sufficiently complete to permit a substantive review
- The FDA has not identified any potential review issues*
- PDUFA target action date of October 28, 2018

*The FDA noted that the filing review is only a preliminary evaluation of the application and is not indicative of deficiencies that may be identified during the FDA’s review.
Multi-Billion Dollar Total Substitutable Market Opportunity

If approved, TX-001HR can provide a single pill solution for women and physicians who:
1) Demand an FDA-approved bio-identical combination hormone product
2) Do not trust compounded hormones

1) Oral and transdermal combinations, including: Activella®, FemHRT®, Angelia®, Generic 17β+ Progestins, Prempro®, Premphase®, Duavee®, Brisdelle®
2) Symphony Health Solutions PHAST Data powered by IDV; 12 months as of December 31, 2017
3) Assume WAC pricing between $200-$250

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Understanding the Compounding Pharmacy

Collaborative Relationship

Patient

Physician

Pharmacist

Compounding Pharmacies
% of Business (by Prescription Units)

Sterile Compounding
17%

FDA Approved Products
47%

Non-Sterile Compounding
36%

N = 3,000-3,500 Compounding Focused Pharmacies

(1) 2013 National Community Pharmacists Association Digest: Financial Benchmarks (Sponsored by Cardinal Health)
(2) NCPA Community Pharmacy Compounding Survey (November 2012)
(3) NPI Database: using taxonomy codes
Compounding Pharmacy Menopausal Treatment Paradigm

Customization is adding therapy...not tweaking dosages

**Estradiol & Progesterone Claims**
- Base for all Patients
  - Controls VMS symptoms
  - Promotes sleep & calming
  - Progesterone to oppose Estradiol - safety

**Estrone, Estriol & DHEA Claims**
- Breast cancer reduction/prevention
- Decrease clotting
- Glucose maintenance
- Improves lipids profile

**Testosterone Claims**
- Libido
- Muscle tone
- Improves skin turgor
- Emotional well-being

**Thyroid (T3, T4) Claims**
- Weight gain
- Lack of Energy
- Depression
- Memory

**Supplements**
- Vitamin D3
- Melatonin (sleep)
- Omega-3

**TX-001HR Doses**
- 1 mg/100 mg
- 0.5 mg/100 mg
Covers >80% of Compounded E+P

**Continued Testing**
- Blood, Saliva, Urine

For Her. For Life.
Small Number of Physicians Account for Large Percentage of the Compounded BHRT Market

~150,000 Total Eligible Physicians¹ (Includes OB/GYNs, PCPs, and Anti-Aging)

- 4,700 High Prescribers (3%)
- 4,700 Regular Prescribers (3%)
- 55,000 Low Prescribers (37%)
- 85,000 Never Prescribe (57%)

~12M Annual Compounded Bio-Identical E+P Prescriptions Breakout by Volume

- 5,000,000 (42%)
- 2,400,000 (20%)
- 4,600,000 (38%)
- 0

BIO-IGNITE™ is an outreach program to quantify the number of compounded bio-identical estradiol and progesterone prescriptions currently dispensed by the 3,000-3,500 high-volume compounding pharmacies, and qualify their interests in distributing our hormone product candidates, if approved.

**Phase 1:**
Understand and identify the high volume pharmacies and prescribers that have developed a specialty focus around women’s menopausal health

**Phase 2:**
Work with these specialists to transition patients from unapproved compounded therapies to an FDA-approved treatment
## BIO-IGNITE™ Progress and Results
Partnerships with Large Pharmacy Network and Individual Pharmacies

<table>
<thead>
<tr>
<th>Pharmacy Network and Individual Pharmacy Partners</th>
<th># of Pharmacies</th>
<th>Combination Bio-Identical E+P Scripts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pharmacy Network</strong></td>
<td>&gt;300 Pharmacies In Network</td>
<td>~1,500,000 prescriptions annually</td>
</tr>
<tr>
<td><strong>Individual Pharmacy Partners</strong></td>
<td>&gt;400 Pharmacies with Prescription Data</td>
<td>&gt;500,000 prescriptions annually</td>
</tr>
</tbody>
</table>

TXMD Outreach to Individual Pharmacies
Adverse Reimbursement and Regulatory Environments Continue to Erode Independent Pharmacy Margins

**November 2013:** Congress enrols Drug Quality and Security Act (DQSA), which prohibits compounding of essential copies of an FDA-approved drug except in limited circumstances such as drug shortage.

**June 3, 2014:** ESI launches a “Compound Management Solution,” creating a list of excluded ingredients that eliminated almost 95% of all compound claims.

**July 2014:** Optum initiates a comprehensive compound management program, including prior authorizations and step therapy for all compounded prescriptions.

**December 1, 2019:** USP-800 implementation will set new identification requirements for receipt, storage, mixing, preparing, compounding, dispensing, and administration of hazardous drugs.

- Considered “prohibitively expensive” requiring major pharmacy upgrades and renovations to be compliant
- Large fixed capital expenditure requirements, with some totaling >$150,000 per pharmacy to implement

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5. [https://www.ascp.com/sites/default/files/Joint%20USP%20letter%202015%20FINAL.pdf](https://www.ascp.com/sites/default/files/Joint%20USP%20letter%202015%20FINAL.pdf)

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## Independent Pharmacy Net Income Per Compounded Script

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Co-Pay</td>
<td>50.00</td>
<td>50.00</td>
<td>50.00</td>
</tr>
<tr>
<td>Third-Party Reimbursement</td>
<td>115.00</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Net Revenue</strong></td>
<td>$165.00</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Costs of Good Sold</td>
<td>7.50</td>
<td>7.50</td>
<td>7.50</td>
</tr>
<tr>
<td><strong>Gross Profit</strong></td>
<td>$157.50</td>
<td>$42.50</td>
<td>$42.50</td>
</tr>
<tr>
<td><strong>Gross margin</strong></td>
<td>95.5%</td>
<td>85.0%</td>
<td>85.0%</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G&amp;A</td>
<td>15.00</td>
<td>15.00</td>
<td>15.00</td>
</tr>
<tr>
<td>S&amp;M</td>
<td>7.50</td>
<td>7.50</td>
<td>7.50</td>
</tr>
<tr>
<td>Additional Compounding Costs¹</td>
<td>15.00</td>
<td>15.00</td>
<td>15.00</td>
</tr>
<tr>
<td><strong>Cost of USP-800 Requirements²</strong></td>
<td>-</td>
<td>-</td>
<td>10.00</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>$37.50</td>
<td>$37.50</td>
<td>$47.50</td>
</tr>
<tr>
<td><strong>Pre-Tax Profit</strong></td>
<td>$120.00</td>
<td>$5.00</td>
<td>$(5.00)</td>
</tr>
<tr>
<td><strong>Operating margin</strong></td>
<td>72.7%</td>
<td>10.0%</td>
<td>-10.0%</td>
</tr>
</tbody>
</table>

1) Includes additional labor, pharmacists, technicians, regulatory, and legal expenses
2) December 2019 Implementation; includes >$150,000 capital expenditure as well as new identification requirements for receipt, storage, mixing, preparing, compounding, dispensing, and administration of hazardous drugs
## Economic Incentives Provide Catalyst to Switch to TX-001HR

### Independent Pharmacy Net Income Per Script with TX-001HR

<table>
<thead>
<tr>
<th></th>
<th>Compounded E+P Post USP-800</th>
<th>TX-001HR Launch 1Q19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Co-Pay</td>
<td>50.00</td>
<td>50.00</td>
</tr>
<tr>
<td>Third-Party Reimbursement</td>
<td>-</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>Total Net Revenue</strong></td>
<td>$ 50.00</td>
<td>$ 250.00^1</td>
</tr>
<tr>
<td>Costs of Good Sold</td>
<td>7.50</td>
<td>200.00^2</td>
</tr>
<tr>
<td><strong>Gross Profit</strong></td>
<td>$ 42.50</td>
<td>$ 50.00</td>
</tr>
<tr>
<td><strong>Gross margin</strong></td>
<td>85.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G&amp;A</td>
<td>15.00</td>
<td>15.00</td>
</tr>
<tr>
<td>S&amp;M</td>
<td>7.50</td>
<td>5.00</td>
</tr>
<tr>
<td>Additional Compounding Costs°</td>
<td>15.00</td>
<td>-</td>
</tr>
<tr>
<td>Cost of USP-800 Requirements©</td>
<td>10.00</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>$ 47.50</td>
<td>$ 20.00</td>
</tr>
<tr>
<td><strong>Pre-Tax Profit</strong></td>
<td>$ (5.00)</td>
<td>$ 30.00</td>
</tr>
<tr>
<td><strong>Operating margin</strong></td>
<td>-10.0%</td>
<td>12.0%</td>
</tr>
</tbody>
</table>

1) Assume AWP-18% Third-Party Reimbursement
2) Assume $250 WAC less 20% distribution discount
3) Includes additional labor, pharmacists, technicians, regulatory, and legal expenses
4) December 2019 Implementation; includes >$150,000 capital expenditure as well as new identification requirements for receipt, storage, mixing, preparing, compounding, dispensing, and administration of hazardous drugs
PVPCN Distribution Agreement Rationale

**Innovation**
- Potential low-dose local estrogen therapy for VVA
- Potential first and only FDA-approved bio-identical combination of E+P
- Clinical validation of current treatment paradigm for menopausal symptoms

**Regulatory Environment**
- Drug Quality and Security Act
- Loss of Third-Party Reimbursement
- USP-800 – Hazardous Drugs

**Commercial Opportunity**
- 1.5 million annual compounded E+P prescriptions directly substitutable to TX-001HR
- Improved pharmacy economics
- Maintain and grow patient and physician relationships
Expect Robust Insurance Coverage For TX-001HR, If Approved, In-Line with Product Class

<table>
<thead>
<tr>
<th>4,315 Commercial Plans</th>
<th>% Unrestricted Access of Commercial Plans</th>
<th>Not Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estrace® (Oral)</td>
<td>96%</td>
<td>1%</td>
</tr>
<tr>
<td>Prempiro®</td>
<td>94%</td>
<td>5%</td>
</tr>
<tr>
<td>CombiPatch®</td>
<td>93%</td>
<td>4%</td>
</tr>
<tr>
<td>Climara Pro®</td>
<td>92%</td>
<td>4%</td>
</tr>
<tr>
<td>FemHRT®</td>
<td>87%</td>
<td>6%</td>
</tr>
<tr>
<td>Duavee®</td>
<td>86%</td>
<td>5%</td>
</tr>
<tr>
<td>Vivelle-Dot®</td>
<td>84%</td>
<td>5%</td>
</tr>
<tr>
<td>Activella®</td>
<td>83%</td>
<td>8%</td>
</tr>
<tr>
<td>Prometrium®</td>
<td>83%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Data Source MMIT August 17, 2016 – 4,300 commercial plans
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TXMD: Financial Snapshot

- **Listing Exchange**: TXMD Listed on Nasdaq
- **Debt**: $0M
- **Cash**: $127.1M (as of Dec 31, 2017)
- **Shares Outstanding**: 216.4M (as of Feb 20, 2018)
- **Insider Ownership**: ~23% (as of Feb 20, 2018)
Worldwide Patent Filings*

Strong IP Portfolio with 158 Patent Applications, including 82 international filings, and 18 issued U.S. patents

*Not all patent filings filed in all jurisdictions.
Women’s Health Initiative Observational Study

- First ever study to evaluate the long-term safety of women using only U.S. FDA-approved vaginal estrogen products
  - 2,953 users of vaginal estrogen without progestin with an intact uterus
  - Median duration of use of 2-3 years and median duration of follow-up of 7.2 years, representing over 21,000 patient years of data
  - Risks of breast cancer, endometrial cancer, colorectal cancer, stroke, and pulmonary embolism/deep vein thrombosis were not statistically significant between vaginal estrogen users and nonusers
    - 11 total cases of endometrial cancer

Breast cancer, endometrial cancer, and cardiovascular events in participants who used vaginal estrogen in the Women’s Health Initiative Observational Study

Carolyn J. Crandall, MD, MS,1 Kathleen M. Hovey, MS,2 Christopher A. Andrews, PhD,3 Rowan T. Chlebowski, MD, PhD,4 Marcia L. Stefanick, PhD,5 Dorothy S. Lane, MD, MPH,6 Jan Shifren, MD,7 Chu Chen, PhD,8 Andrew M. Kaunitz, MD,9 Jane A. Cauley, DrPH,10 and JoAnn E. Manson, MD, DrPH11
Key Findings

- $T_{\text{max}} \approx 2$ hours with TX-004HR and $\approx 8$ hours with Vagifem
- Systemic absorption of estradiol AUC (0-24 hours) is 2- to 3-fold lower with TX-004HR relative to Vagifem
FDA-Approved Separate Bio-Identical E & P Substitutable Market Opportunity

- Healthcare providers not comfortable with compounding will often prescribe two separate FDA-approved bio-identical products to treat menopausal symptoms

<table>
<thead>
<tr>
<th>Product Use by Age</th>
<th>AGES 41-50</th>
<th>AGES 51-60</th>
<th>AGES 61-70</th>
<th>AGES 71+</th>
<th>TRx Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Progesterone</strong></td>
<td>903,680</td>
<td>1,596,847</td>
<td>902,733</td>
<td>399,665</td>
<td><strong>3,802,925</strong></td>
</tr>
<tr>
<td><strong>Estradiol</strong></td>
<td>2,297,141</td>
<td>5,033,146</td>
<td>2,722,199</td>
<td>1,476,272</td>
<td><strong>11,578,758</strong></td>
</tr>
</tbody>
</table>

*Menopausal use of progesterone directly substitutable to TX-001HR

~3.8M Potential Prescriptions for TX-001HR (if approved)
Market Opportunity = $760M-950M²

- This regimen carries significant risk of endometrial hyperplasia/cancer if the patient is non-compliant with regular progesterone use
  - Side effects of progesterone including nausea and somnolence can lead to a patient not taking the progesterone
  - Results in two separate co-pays for the patient

1) Symphony Health Solutions PHAST Data powered by IDV; 12 months as of December 31 2017
2) Assume WAC pricing between $200-250

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## FDA-Approved Combination Synthetic E+P Substitutable Market Opportunity

### FDA-Approved Combination Synthetic E+P Prescriptions by Age

<table>
<thead>
<tr>
<th>AGES 31-40</th>
<th>AGES 41-50</th>
<th>AGES 51-60</th>
<th>AGES 61-70</th>
<th>AGES 71+</th>
<th>Unknown Ages</th>
<th>TRx Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>45,564</td>
<td>341,778</td>
<td>1,487,018</td>
<td>646,172</td>
<td>134,137</td>
<td>71,718</td>
<td>2,726,387</td>
</tr>
</tbody>
</table>

> ~2.7M Potential Prescriptions for TX-001HR (if approved)  
Market Opportunity = $540M-675M

1) Symphony Health Solutions PHAST Data powered by IDV; 12 months as of December 31 2017  
Oral and transdermal combinations, including: Activella®, FemHRT®, Angelilq®, Generic 17β + Progestins, Prempro®, Premphase®, Duavee®, Brisdelle®  
2) Assume WAC pricing between $200-$250  
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