

Agile Therapeutics Investor & Analyst Day

September 21, 2020

Introduction & Safe Harbor

Matt Riley

Head of Investor Relations &
Corporate Communications

Forward-Looking Statement

Certain information contained in this presentation and other matters discussed today or answers that may be given in response to questions may include “forward-looking statements.” We may, in some cases, use terms such as “predicts,” “believes,” “potential,” “continue,” “estimates,” “anticipates,” “expects,” “plans,” “intends,” “may,” “could,” “might,” “will,” “should” or other words that convey uncertainty regarding future events or outcomes to identify these forward-looking statements.

In particular, the Company’s statements regarding the market availability of Twirla®, our projected cash position, our projected fiscal year 2020 operating expenses and net revenue and the expected timing and status of our commercialization plan for Twirla are examples of such forward-looking statements. Any or all of the forward-looking statements may turn out to be wrong or be affected by inaccurate assumptions we might make or by known or unknown risks and uncertainties. These forward-looking statements are subject to important risks and uncertainties, including, but not limited to, risks related to our ability to maintain regulatory approval of Twirla, our ability along with our third-party manufacturer, Corium, to complete successfully the scale-up of the commercial manufacturing process for Twirla, the performance and financial condition of Corium or any of its suppliers, the ability of Corium to produce commercial supply in quantities and quality sufficient to satisfy market demand for Twirla, our ability to successfully commercialize Twirla, the successful development of our sales and marketing capabilities, the accuracy of our estimates of the potential market for Twirla, regulatory and legislative developments in the United States and foreign countries, our ability to obtain and maintain intellectual property protection for Twirla, our strategy, business plans and focus, the effects of the COVID-19 pandemic on our operations and the operations of third parties we rely on as well as on our potential customer base, and the other risks set forth in our filings with the U.S. Securities and Exchange Commission, including our Annual Report on Form 10-K and our Quarterly Reports on Form 10-Q. For all these reasons, actual results and developments could be materially different from those expressed in or implied by our forward-looking statements. You are cautioned not to place undue reliance on these forward-looking statements, which are made only as of the date of this presentation. We undertake no obligation to publicly update such forward-looking statements to reflect subsequent events or circumstances.

Welcome & Opening

Al Altomari

Chairman & CEO

Today's Speakers



Al Altomari
Chairman & CEO



Kimberly Whelan
Vice President, Sales & Market Access



Dennis Reilly
Senior Vice President, Chief Financial Officer



Amy Welsh
Vice President, Marketing



David Portman, M.D., FACOG
OB/GYN & Agile Therapeutics Consultant

Today's Agenda

Time	Topic	Presenter	Duration
11:00am	Welcome & Opening	Al Altomari	10 minutes
11:10am	Financial Update: Continued Transparent Guidance	Dennis Reilly	5 minutes
11:15am	Prescriber Point of View: Why Twirla?	Dr. David Portman	25 minutes
11:40am	Innovative Sales Strategy: Ready to Succeed	Kimberly Whelan	10 minutes
11:50am	Focus on Delivering Patient Access	Kimberly Whelan	10 minutes
12:00pm	Building Demand & Elevating Customer Engagement	Amy Welsh	25 minutes
12:25pm	Answering Your Questions (Q&A)	All	30 minutes
12:55pm	Closing Remarks	Al Altomari	5 minutes

What Are We Going To Do Today?



Feature the strength and commercialization experience of our leadership team and Board of Directors



Showcase how we are prepared for success with our dedicated and experienced sales professionals and focused access strategy



Demonstrate our continued commitment to providing timely, accurate financial guidance and operating in the best interest of our shareholders



Create excitement about the insight-driven and digitally focused Twirla launch plan designed to drive brand awareness and trial



Highlight Twirla's unique profile purposefully designed to fulfill an unmet need for women and their providers

Strong Commercial Leadership Team

Paul Korner, M.D.

Chief Medical Officer



Geoffrey Gilmore

Senior Vice President, General Counsel
& Corporate Secretary



Keith Fromelt

Vice President of Supply Chain



Robert Conway

Senior Vice President and
Chief Supply Chain Officer



Tristen Herrstrom

Senior Vice President of
HR & Administration



Jason Butch

Vice President, Chief Accounting Officer



Terry Herring

National Sales Leader (Syneos)



Experienced & Diverse Board of Directors



Sharon Barbari

Member of Board of Directors at VYNE Therapeutics (formerly Menlo) and Sonoma Pharmaceuticals
Former CFO of Cytokinetics, InterMune, and Gilead



John Hubbard, Ph.D., FCP

Chairman at Signant Health
Member of the Strategic Advisory Board of Genstar Capital
Board Member of Advarra and Science 37
Former CEO of Bioclinica and Former Worldwide Head of Development Operations at Pfizer



Sandra Carson, M.D., FACOG

Professor of Obstetrics, Gynecology and Reproductive Sciences and Director, Reproductive Endocrinology and Infertility at Yale University
Former Emeritus Vice President of Education at American College of Obstetricians and Gynecologists (ACOG)



Ajit S. Shetty, Ph.D.

Member of the Board of Directors of Actinium Pharmaceuticals
Spent 36 years at Johnson & Johnson in a wide range of global roles, including Chairman of Janssen Pharmaceuticals



Seth H.Z. Fischer

Member of Board of Directors at Marinus Pharmaceuticals and Spectrum Pharmaceuticals
Former CEO of VIVUS Inc. and Company Group Chairman at Johnson & Johnson



James P. Tursi, M.D.

Currently serves as Chief Scientific Officer at Ferring Pharmaceuticals
Former Executive Vice President, Head of Research & Development, and Chief Medical Officer for Antares Pharmaceuticals
Practiced OB/GYN for 10 years prior to joining the pharmaceutical industry

Since We Last Spoke...

- ✓ We finalized the pre-validation batches of Twirla® and have begun making the validation batches. The validation batches will be commercially usable product.
- ✓ We signed wholesaler agreements with all three of the major drug distribution companies in the U.S.
- ✓ We launched the national *I'm So Done* campaign; which Amy will elaborate on later.
- ✓ We began intensive training of our full sales organization.

Agile continues to deliver on its plan.

What Is Our Cash
Position?

Do We Have Enough
Cash To Execute Our
Business Plans?

Financial Update: Continued Transparent Guidance

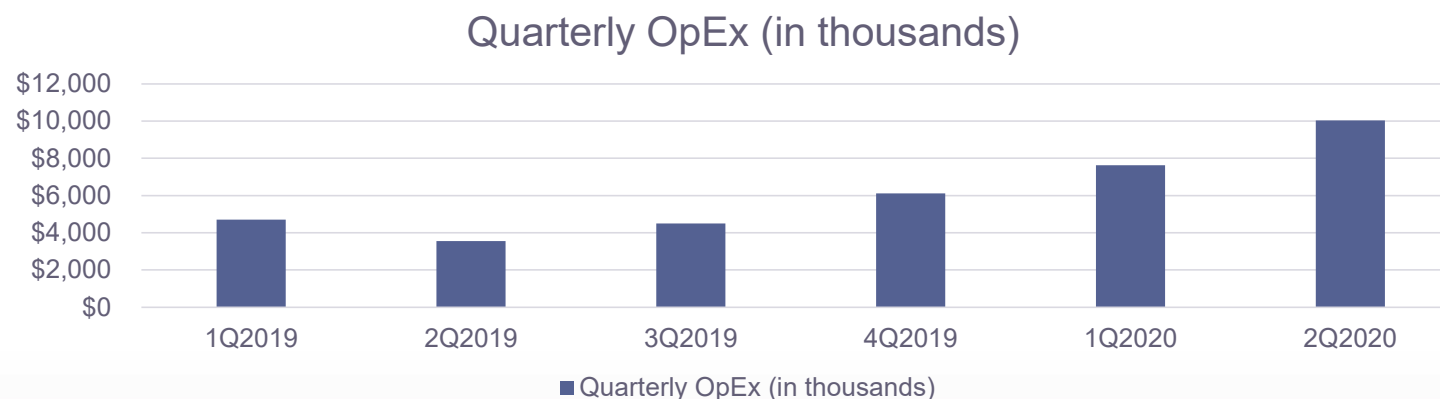
Dennis Reilly

SVP & CFO

AGRX 2020 Financial Guidance – Reaffirm

Operating Expenses

- The Company reaffirmed its operating expense guidance for the full year 2020 to be in the range of \$52 million to \$56 million, with general and administrative expenses accounting for approximately 70% of the spending as it builds out its commercial infrastructure. The Company's operating expenses guidance includes \$2.5 million to \$3 million of non-cash stock compensation expense.



2020 Revenue

- The Company reaffirms its net revenue guidance in the fourth quarter of 2020, reflecting expectations of initial stocking levels to be in the range of \$1 million to \$2 million.

Access to Capital/Cash Guidance – Reaffirm

The Company believes its \$87.2 million of cash, cash equivalents, and marketable securities as of June 30, 2020 will be sufficient to meet its projected operating requirements through the end of 2021



PERCEPTIVE ADVISORS DEBT FACILITY

\$35.0 Million debt facility signed February 10, 2020

- \$20 million disbursed
 - \$5 million in proceeds at signing
 - \$15 million in proceeds at Twirla® approval
 - Additional \$15 million potentially available in 2021
-



SHARES OUTSTANDING

- Approximately 87.3 million common shares outstanding at August 7, 2020
- We plan to file a new universal shelf registration statement with the SEC for the issuance of common stock, preferred stock, warrants, rights, and debt securities

Strategy To Enhance Shareholder Value – Reaffirm

The Company believes that building a U.S. women's health franchise on the foundation of Twirla's commercial success can enhance the value for our shareholders. A successful launch of Twirla is our primary focus.

- Reevaluation and potential development of our internal pipeline candidates will commence in 2021
- We seek to add new assets to expand our reach in women's health

We have sought out and will continue to explore partnerships and opportunities that leverage our existing infrastructure:

- Co-promotion within the U.S.
- Partnerships outside of the U.S.
- Any other opportunities that will enhance shareholder value

Can Twirla's Profile
Be an Attractive
Option for Providers
and Patients?

Prescriber Point of View: Why Twirla®?

David Portman, M.D., FACOG
Agile Therapeutics Consultant

U.S. Contraceptive Market:

The Unmet Need



Nearly All US Women Will Use Contraception at Some Point in Lifetime¹

Women weigh various factors when selecting a contraceptive method²

- Effectiveness
- Dose
- Hormonal vs non-hormonal methods
- Delivery route and level of invasiveness
- Frequency of administration

No single method for all women³

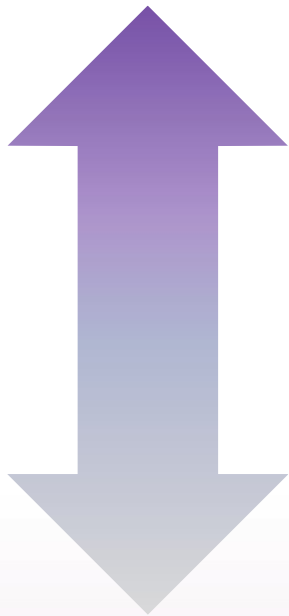
- Choices vary person-to-person, within a woman's reproductive years

Consistency more likely when contraceptive choice fits a woman's lifestyle⁴


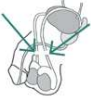












References: 1. CDC National Survey of Family Growth 2011-2015; 2. Chen et al., 2019; 3. Mansour, 2014; 4. Grady et al., 2002

Contraceptive Options Tiered Based on Effectiveness

More Effective



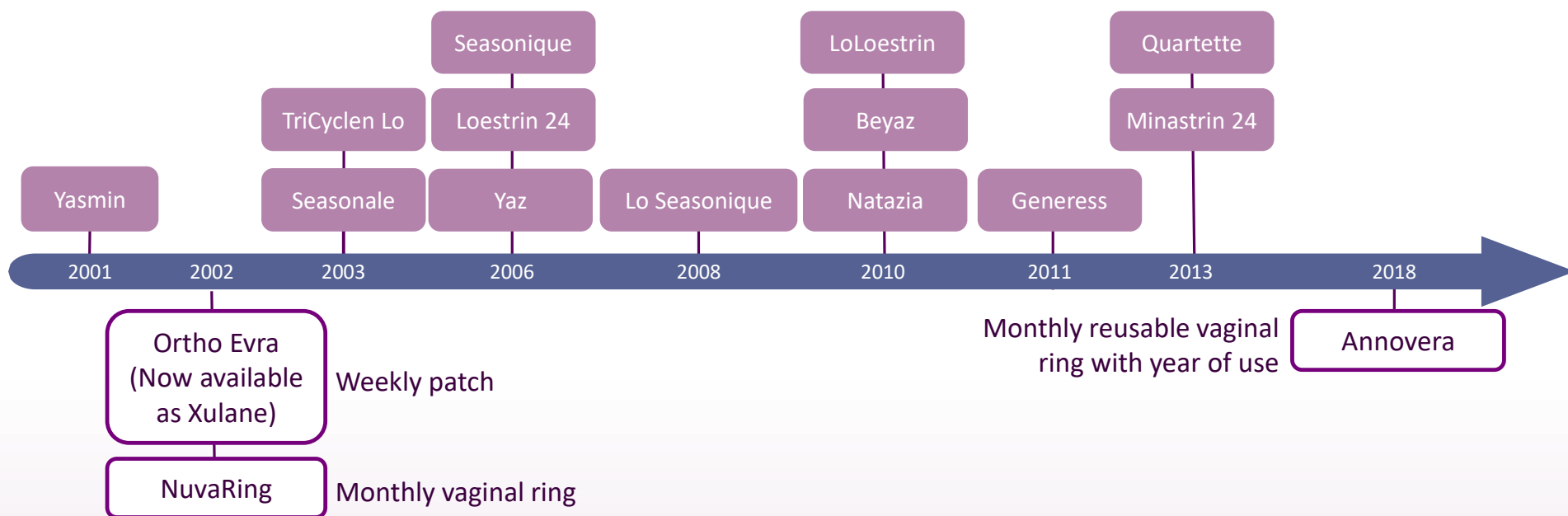
Less Effective

TIER 1 < 1 pregnancy per 100 women in one year (Sterilization, LARC)	 Implant	 Vasectomy	 Tubal Occlusion	 IUD
TIER 2 4-7 pregnancies per 100 women in one year (Hormonal)	 Injectable	 Pill	 Patch	 Ring
TIER 3 > 13 pregnancies per 100 women in one year (Barrier/Non-Hormonal)	 Male Condom	 Diaphragm  Female Condom	 Sponge  Spermicides	 Fertility Awareness-Based Methods Withdrawal
≥ 85 pregnancies per 100 women in 1 year	No birth control			

Adapted from *Contraceptive Technology*, 2018

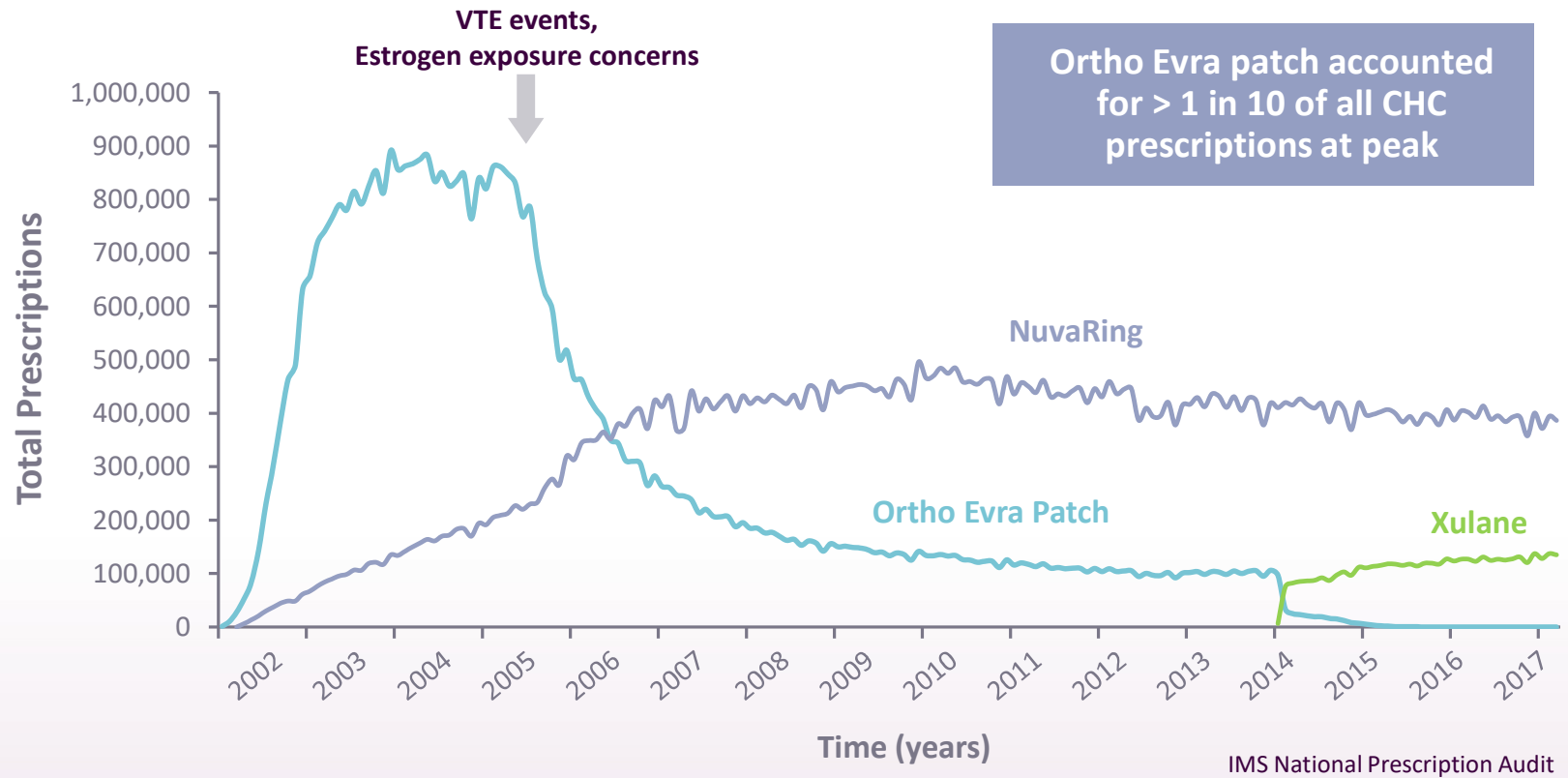
Only Three Non-Daily CHC Methods Were Available

DAILY ORAL CHC APPROVED SINCE 2001



NON-DAILY CHC OPTIONS – 3 METHODS WERE AVAILABLE

CHC Use Patterns Demonstrate Interest in Non-Oral, Non-Daily Methods



Twirla: A New Birth Control Option

Twirla™



HORMONE PROFILE AND SIDE EFFECTS

The only contraceptive patch that delivers a low dose of estrogen

30µg (EE)/ 120µg (LNG)

DOSAGE FREQUENCY

Patch Regimen: Once-a-week

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

7 days no patch

Pill Regimen: Once-a-day

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

ABILITY TO SELF-CONTROL

Does not need to be inserted into the body

"I want to eliminate the forgetfulness... but I don't want to lose the ability to be able to control either."

— Consumer, October 2016

Why Transdermal Drug Delivery for Some Women?

Designed to offer controlled release, which may affect incidence and severity of side effects

Avoids reduced bioavailability with oral administration

May help women who have difficulty or avoid taking oral medication

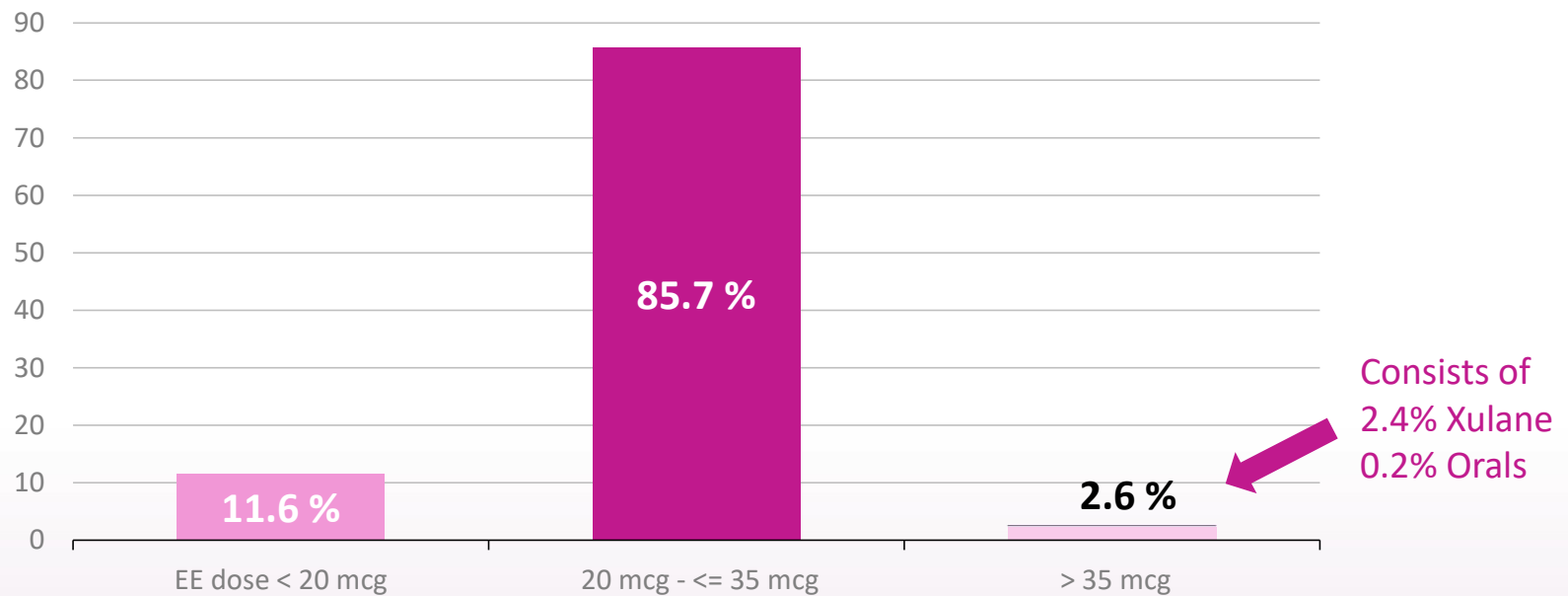
Potential to reduce burden associated with daily OCs

- In a survey of approximately 12,000 women:
 - 49% of contraception users prefer non-daily method¹
 - 52% frustrated with taking pill daily¹

Reference: 1. Mansour, 2014

CHCs with Estrogen Delivered Doses of 35mcg or Less Have Become the Standard of Care

% OF COMBINED HORMONAL CONTRACEPTIVE TRX'S BASED ON DELIVERED DOSE OF ESTROGEN



Source: IQVIA, National Prescription Audit (NPA), Dec 2019. Accessed April 2020.

Twirla Label Summary

Indication and Usage

TWIRLA is indicated as a method of contraception for use in women of reproductive potential with a BMI <30 kg/m² for whom a combined hormonal contraceptive is appropriate.

Limitation of Use

Consider TWIRLA's reduced effectiveness in women with a BMI ≥ 25 to <30 kg/m² before prescribing. TWIRLA is contraindicated in women with a BMI ≥ 30 kg/m².

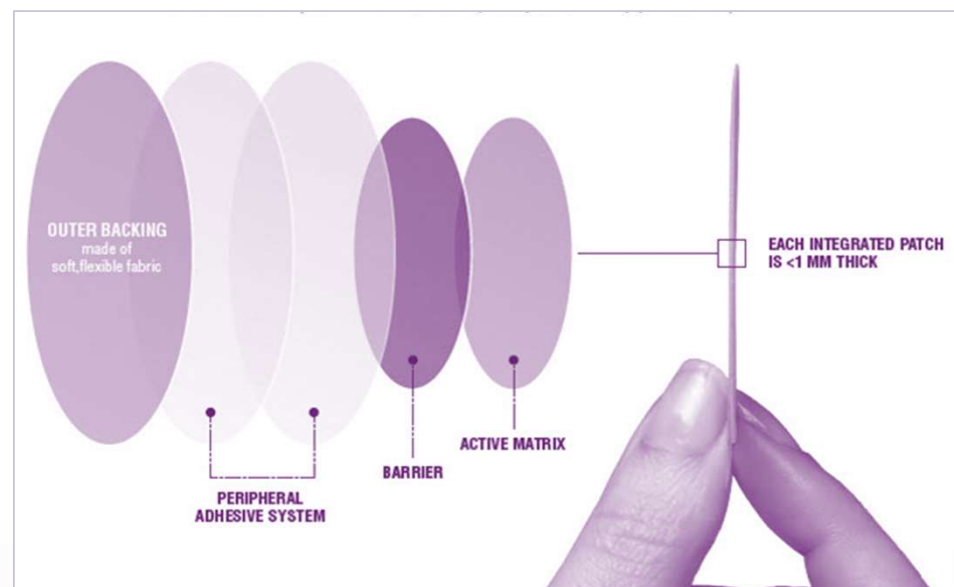
Boxed Warning

TWIRLA is contraindicated in women over 35 years old who smoke.

TWIRLA is contraindicated in women with a BMI ≥ 30 kg/m². Compared to women with a lower BMI, women with a BMI ≥ 30 kg/m² had reduced effectiveness and may have a higher risk for venous thromboembolic events.

A New Proprietary Patch Technology: Skinfusion®

- Unlike other contraceptive patches, Twirla is a **soft, flexible fabric** designed to help enhance wear of our product and product candidates
- Outer adhesive ring designed to help maintain adhesion
- Active ingredient contained only in the smaller inner matrix



Twirla Is Proven To Stay in Place



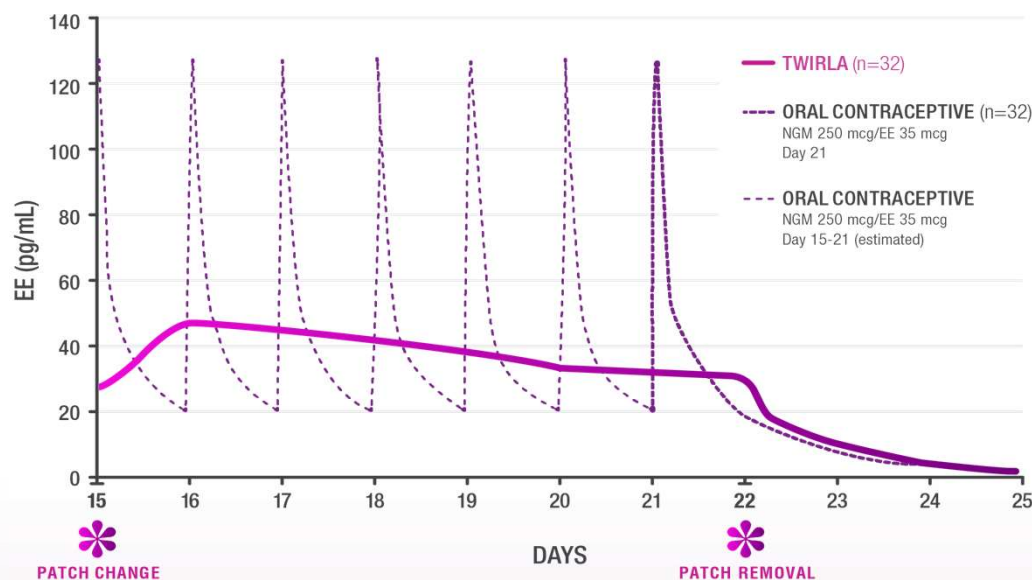
- Subject-reported adhesion was generally better for the abdomen as compared to the upper torso and buttock
- Full detachment rates were higher for transdermal systems exposed to water as compared to transdermal systems with no water exposure

Twirla offers a replacement program when an additional patch is required prior to a new prescription.

Please see Important Safety Information at the beginning of this presentation.
Please see full Prescribing Information, including BOXED WARNING and Medication Guide, available at this presentation.

Estrogen Delivery Over 7 Days Without Daily Peaks and Troughs

Estrogen concentration during cycle 2/3 week 3^{1,2}



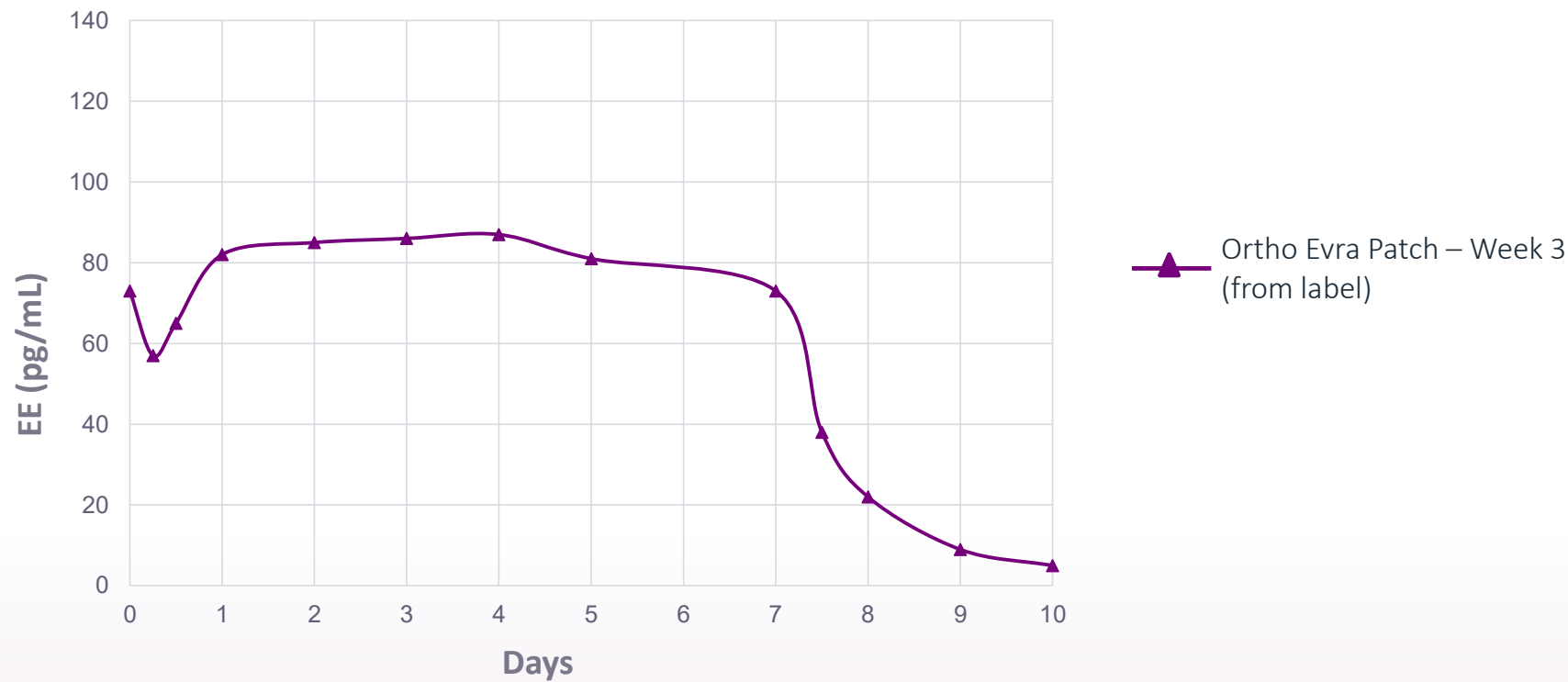
At 30 mcg of estrogen daily, Twirla delivers the lowest exposure of estrogen in a transdermal contraceptive option³

Please see Important Safety Information at the beginning of this presentation.

Please see full Prescribing Information, including BOXED WARNING and Medication Guide, available at this presentation.

References: 1. Archer DF, Stanczyk FZ, Rubin A, Feogh M. *Contraception*. 2012;85:595-601. 2. Archer DF, Stanczyk FA, Feogh M. Poster presented at: American College of Obstetrics & Gynecologists 59th Annual Clinical Meeting; April 30-May 4, 2011; Washington, DC. 3. Xulane [prescribing information]. Morgantown, WV: Mylan Pharmaceuticals; 2020.

EE Delivery of Current Patch



Ortho Evra patch data not from head-to-head study against Agile Patch
AUC and average concentration at steady state for EE ~60% higher in women using Ortho Evra patch

Advancing Contraceptive Trial Design



Broadening Inclusion Criteria

SECURE Trial and FDA Draft Guidance

The SECURE Trial design and implementation reflected the recent FDA draft guidance for hormonal contraceptive studies and was the first CHC study to follow the new recommended protocols and to include all of the criteria listed below.

The SECURE Trial¹

- * No enrollment restrictions on weight or BMI
- * Included women >30 years old to assess safety
- * Anticipated regular sexual activity (at least once per month)
- * Completed eDiary and captured backup contraception and sexual activity
- * Regular pregnancy testing at clinic

Reference: 1. Data on file, Clinical Study Report 023; Agile Therapeutics.

An Inclusive Trial Population Representative of Today's Women

BMI of women in the US population vs the SECURE Trial^{1,2}

33%

US POPULATION

<25 kg/m²

39%

SECURE TRIAL

27%

US POPULATION

≥25-<30 kg/m²

25%

SECURE TRIAL

40%

US POPULATION

≥30 kg/m²

35%

SECURE TRIAL

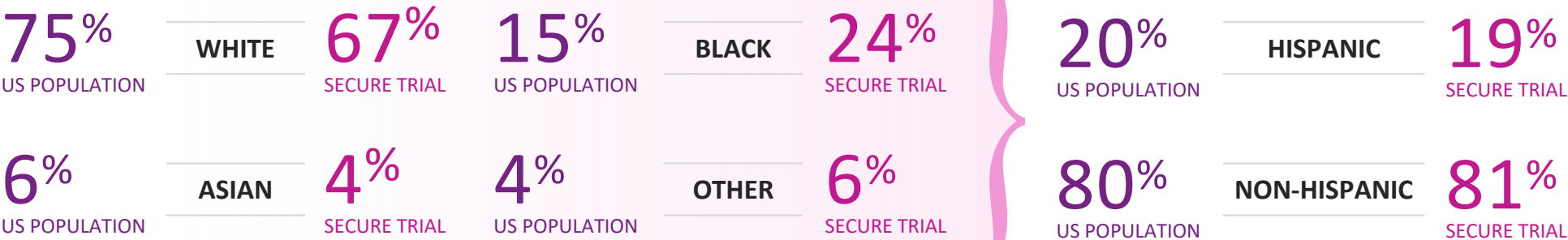
7.5% of women
had a BMI >40 kg/m²
in the SECURE Trial²

Consider the reduced effectiveness of Twirla in women with a BMI ≥25 to <30 kg/m² before prescribing. Twirla is contraindicated in women with a BMI ≥30 kg/m².

References: 1. Fryar CO, Carroll MD, Ogden CL. *Prevalence of Overweight, Obesity, and Severe Obesity Among Adults Aged 20 and Over: United States 1960-1962 Through 2015-2016*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Health Statistics; 2018. 2. Data on file, Clinical Study Report 023; Agile Therapeutics.

A Representative Trial Population

Race/ethnicities in the US population vs the SECURE Trial¹



What does a more inclusive study population mean to you?

Reference: 1. Humes KR, Jones NA, Ramirez RR. *Overview of Race and Hispanic Origin: 2010*. Washington, DC: US Census Bureau; 2011.

Efficacy, Safety, and Tolerability of Twirla



Demonstrated Safety Profile, Studied In a Large and Diverse Group of Women

Adverse reactions reported by $\geq 2\%$ of women enrolled in the SECURE Trial (N=2031)

Application-site disorder*	6.2%
Nausea	4.1%
Headache	3.6%
Dysmenorrhea	2.3%
Weight increased	2.0%

*Represents a bundle of similar terms that include the following adverse reactions: application site acne, hemorrhage, pustules, dermatitis, hypersensitivity, rash, discoloration, induration, reaction, dryness, irritation, ulcer, erosion, pain, urticaria, erythema, papules, vesicles, exfoliation, and pruritus.

In the clinical trial, 3.1% of participants using Twirla discontinued due to an application-site disorder, and 2.2% of participants using Twirla discontinued due to a bleeding-related adverse event.

The safety population for the SECURE Trial included 2031 women with more than 18,00 cycles combined

A Well-Tolerated Transdermal Option

Regarding Application-Related ARs

Most common site adverse reactions ($\geq 1\%$) (N=2031)

Irritation	1.5% (30)
Discoloration	1.4% (29)

Additional application-site adverse reactions that occurred at $<1\%$ included: pruritus (0.94%), rash (0.84%), erythema (0.69%), dermatitis (0.59%), dryness (0.49%), pain (0.20%), acne (0.15%), reaction (0.15%), hypersensitivity (0.10%), papules (0.10%), urticaria (0.10%), and 0.05% incidence of erosion, exfoliation, hemorrhage, induration, pustules, ulcer, and vesicles.

- 6.2% of study participants reported an application-site adverse reaction
- 3.1% (62 of 2031) of study participants discontinued due to an application- site AR

VTE Risk with Twirla

Number of participants with a drug-related VTE in the SECURE Trial (N=2031) ^{1*}	
BMI <30 kg/m ²	BMI ≥30 kg/m ²
0 of 1313	4 of 717

*The BMI from one study participant was not measured at trial entry.

Consider the reduced effectiveness of Twirla in women with a BMI ≥25 to <30 kg/m² before prescribing. Twirla is contraindicated in women with a BMI ≥30 kg/m².

Compared to women with a lower BMI, women with a BMI ≥30 kg/m² had reduced effectiveness and may have a higher risk of VTEs.

Of the 4 drug-related VTEs, all occurred in women with a BMI ≥30 kg/m²

Reference: 1. Data on file, Clinical Study Report 023; Agile Therapeutics.

Demonstrated Pregnancy Prevention

Twirla efficacy by BMI subgroup in the SECURE Trial

BMI	Pearl Index (95% CI)
<25 kg/m ²	3.5 (1.8-5.2)
≥25 AND <30 kg/m ²	5.7 (3.0-8.4)
≥30 kg/m ²	8.6 (5.8-11.5)

The primary efficacy endpoint of the SECURE Trial was the Pearl Index (PI), defined as the pregnancy rate per 100 woman-years of use. The overall **PI of Twirla was 5.8 (95% CI, 4.5-7.2)**. There were clear differences in efficacy by BMI categories.

Efficacy of Twirla is consistent with other tier 2 combined hormonal contraceptives¹

- The primary efficacy analysis included data from 1736 women between the ages 18 and 35 years who completed 15,165 evaluable 28-day cycles with Twirla, where no backup contraception was used, and sexual intercourse occurred

Consider the reduced effectiveness of Twirla in women with a BMI ≥25 to <30 kg/m² before prescribing. Twirla is contraindicated in women with a BMI ≥30 kg/m².

Reference: 1. Trussell J, Aiken ARA, Micks E, Guthrie KA. In: Hatcher RA, Nelson AL, Trussell J, et al, eds. *Contraceptive Technology*. 21st ed. New York, NY: Ayer Company Publishers; 2018:95-128.

Pearl Indices Trending Higher Over Time

WHY

- Studies conducted in populations more representative of likely users in US
- Contemporary, inclusive trials
 - Broad enrollment criteria
 - No restrictions on weight or BMI
 - Documenting sexual activity
 - Removing sexually inactive cycles
 - More frequent, sensitive pregnancy testing

IMPACT

- Closing gap between
 - “Perfect use” in historical trials
 - “Typical use” effectiveness in diverse US population
- Don’t return to narrow study populations and arbitrary upper bounds
- As more trials conducted this way, upper bounds > 5 will become more common
- FDA guidance underscores importance
- Agile program step in right direction

Twirla as an Option for Women Deciding Among Contraceptive Methods

POSE SERIES OF QUESTIONS	<i>Is a hormone-containing product right for you? Is a low dose appealing? Preference for daily or less frequent administration options? Comfort with methods that require a procedure or insertion?</i>
SHARE LABEL	<i>BMI by category chart</i>
DISCUSS COMPLIANCE	<i>What to do in event of missed, displaced patch</i>

**Best, most effective choice is one a woman determines is right for her.
Twirla could be right option for many women.**

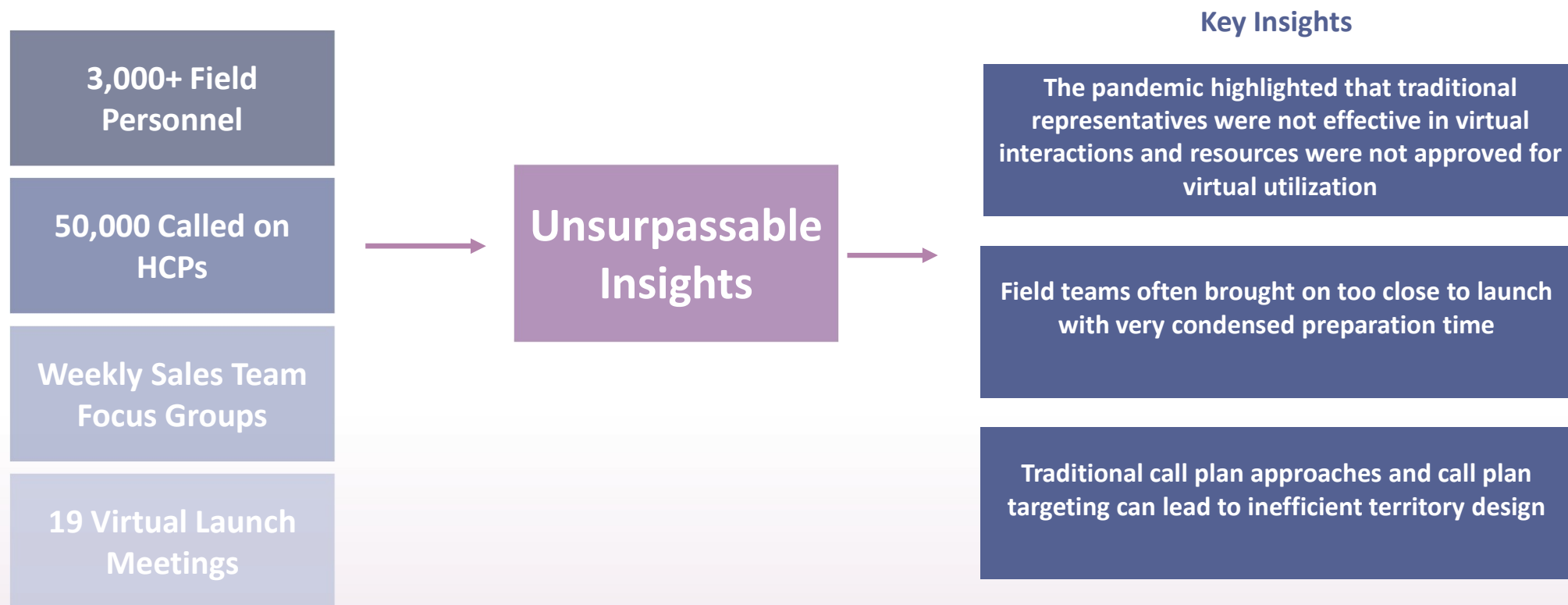
How Has the Sales Organization Prepared for Success?

Innovative Sales Strategy: Ready for Success

Kimberly Whelan

Vice President, Sales & Market
Access

Partnership with Syneos Provides Ability to Launch with an Insight-Driven Innovative Sales Approach

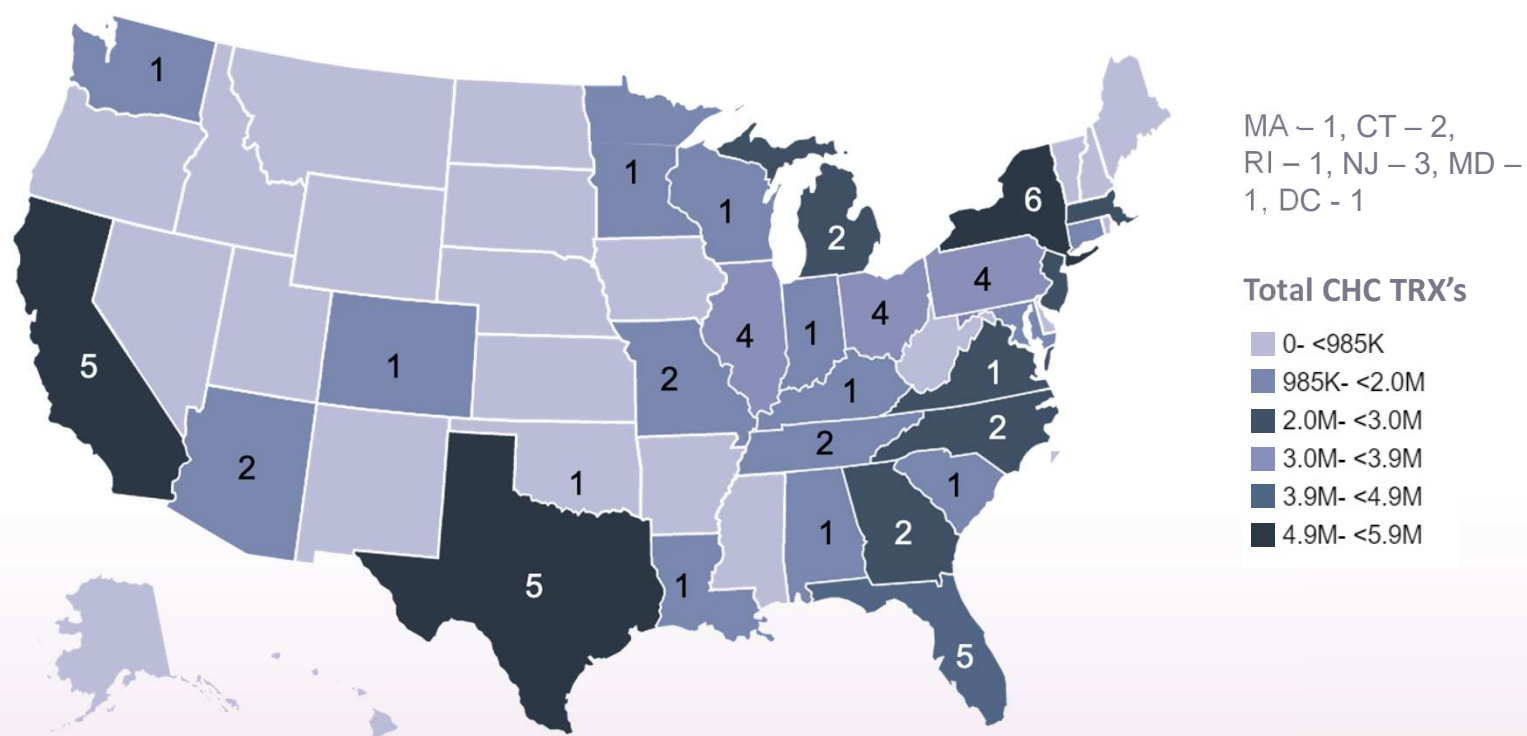


Partnership with Syneos Provides Ability to Launch with an Insight Driven Innovative Sales Approach

Key Insights	The pandemic highlighted that traditional representatives were not effective in virtual interactions and resources were not approved for virtual utilization	Field teams often brought on too close to launch with very condensed preparation time	Traditional call plan approaches and call plan targeting can lead to Inefficient territory design
Strategies	<ul style="list-style-type: none"> • New Recruiting Profile: effective virtual interaction • Enhanced training on effective virtual interactions • All materials approved for virtual/F2F interactions • Upgraded technology 	<ul style="list-style-type: none"> • Leadership team hired/engaged early. Field teams hired/trained/engaged several months prior to launch • Territories/ targets profiled to understand office protocols/COVID policies/ appointments secured • 8-week virtual training program: best in class clinical knowledge, virtual selling skills, competitive/reimbursement landscape understanding 	<ul style="list-style-type: none"> • Targeting based on office decile vs individual HCP's • Virtual representatives aligned/reporting to region leaders with aligned goals/incentives • Region Sales Leaders empowered to allocate resources to ensure most effective coverage within geographies

65 Sales Professionals Aligned to Highest-Volume Geographies and Target Provider Offices

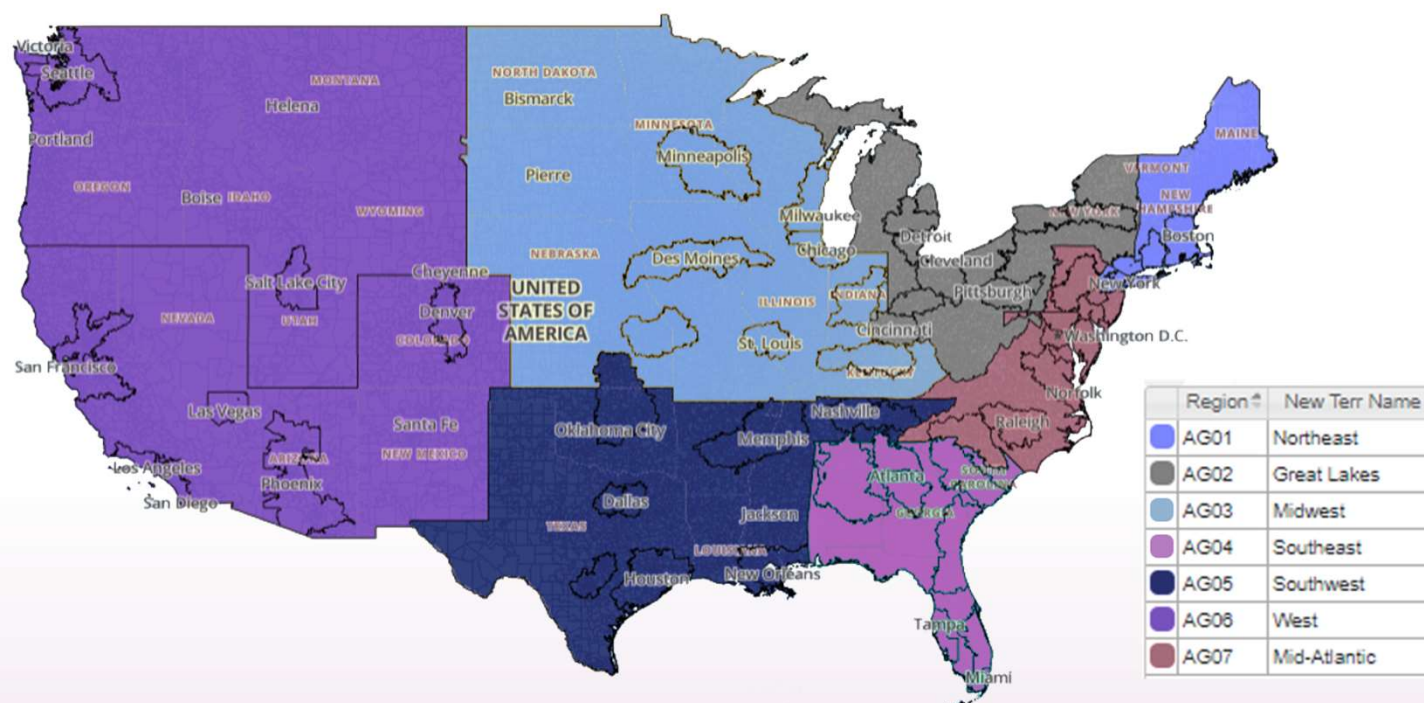
(CHC Market 12 Months Ending December 2019)



Source: Symphony Health Metys

In Addition, 8 Virtual Sales Professionals Aligned to Sales Leaders to Drive Region Success

One virtual representative per region except for the West, which has 2 virtual representatives



Strong Sales Team with Deep Experience and Commitment to Success

Experience	National Sales Leader	Region Leaders	Region Virtual Representatives	Territory Representatives
Pharmaceutical Industry	34 years	AVG 16 years	AVG 25.3 years	AVG 9.5 years
Leadership	30 years	AVG 17.2 years		
Women's Health	18 years	AVG 8.2 years	AVG 8.1 years	AVG 4.8 years
Launch	>15 launches	>60 launches	90% with a minimum of one launch	>85% with minimum of one launch

Will Patients Have
Access to Twirla?

Focus on Delivering Patient Access

Kimberly Whelan

Vice President, Sales & Market
Access

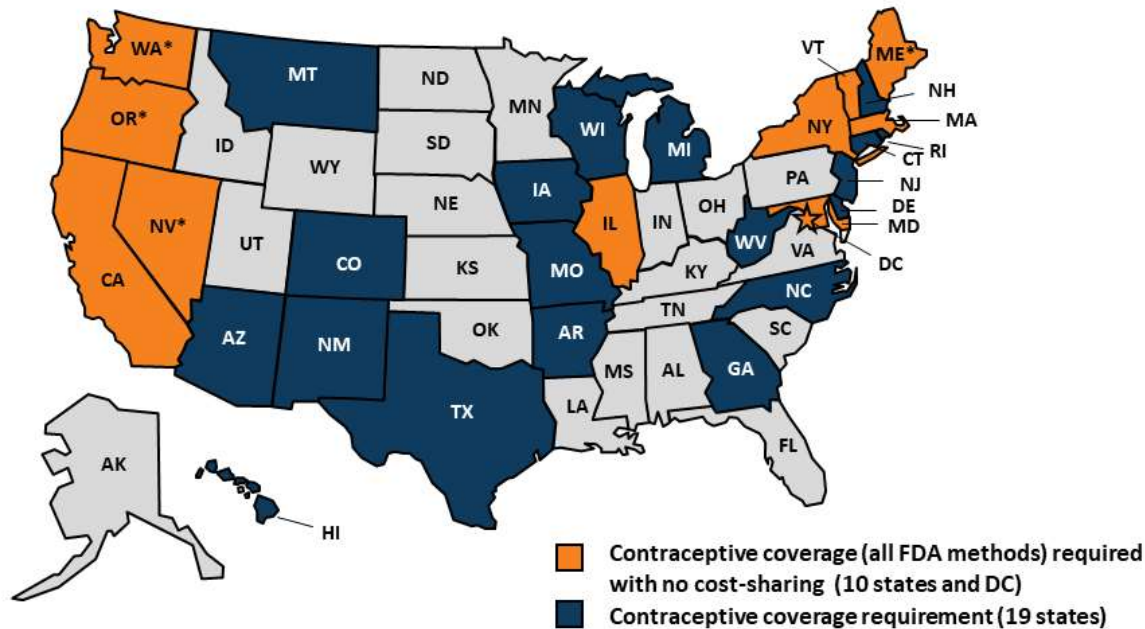
Partnership with Ashfield Market Access to Support Reimbursement Strategies and Execution

- Contraceptive class behaves differently than most other categories as a result of contraceptive mandates at both the federal and state levels
- A limited number of PBMs and their associated health plans control the majority of prescriptions for contraception
- Limited management within the category, however each PBM/plan has its own processes and policies in place related to timing of formulary reviews for new products
 - Approximately 90-180 days from product availability to review

Federal ACA Contraceptive Mandate

- Federal Contraceptive Mandate requires coverage of a minimum of one option in each of 18 categories. The patch is one of the 18 categories
- In May 2015, HHS issued a clarifying document regarding contraceptive coverage due to inconsistencies in implementation of the ACA
 - If a provider recommends a specific option or product, plans must cover it without cost-sharing in addition to the 18 categories. Plans are required to have a “waiver” process for women who have a medical need for contraceptives, otherwise subject to cost-sharing or not covered

Ten States Require Contraceptive Coverage of All FDA Methods and Prohibit Restrictions and Delays



NOTES: *ME, OR, and WA laws go into effect January 2019.

SOURCE: Kaiser Family Foundation, [State Requirements for Insurance Coverage of Contraceptives](#), State Health Facts, as of March 21, 2018.

*** Texas Insurance Code Section [1369.004](#)



Source: Kaiser Family Foundation State Health Facts

Minimize Access Barriers for Patients and Providers by Obtaining Rapid Formulary Positions (\$0 CoPay)

- Current negotiations underway with all key PBMs/health plans to secure rapid formulary reviews
- Target goals:
 - 40-50% formulary access at/near launch
 - 85% formulary access by Year 1
- Market access support at launch
 - Education and third-party support to assist HCPs with immediate submission of medical need requests for no-cost coverage
 - Co-Pay card reimbursement assistance for limited/no out-of-pocket costs
 - Full-month sample supplies for patient trial

How Will You Create
HCP and Patient
Demand for Twirla?

Building Demand & Elevating Customer Engagement

Amy Welsh

Vice President of Marketing

Typical Approach vs OUR APPROACH

Flow of a typical product launch:

- Traditionally pre-marketing is focused on the HCP first
- Followed by heavy medical education
- Finally, after access is solid, you get to the patient 6+ months post-launch

We see things differently for our launch of Twirla:

- First, we had to adapt to the environment and all customers' needs
- Focus pre-marketing on building the category and creating patient demand
- Then HCP
- Then broad patient marketing

53,425

social discussions about
contraception are happening at
any given moment online*

*as of 9/14/2020

Critical Customer Insights: Patient



Her life is full by design and she desires a birth control method that enables her to remain active and on-the-go.

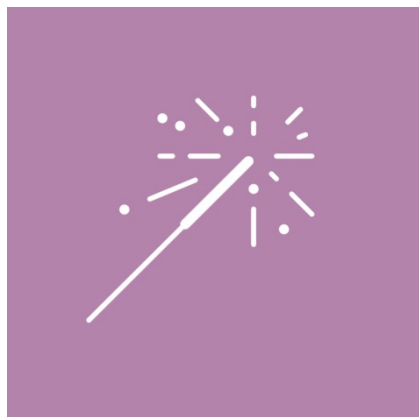


She has birth control discussions with her trusted friends — a key source for her information about various methods and side effects.



She is hindered by the **same-time-every-day pill burden** and **finds invasive methods unsettling**.

Unbranded Campaign Goals



**Spark a
Movement**

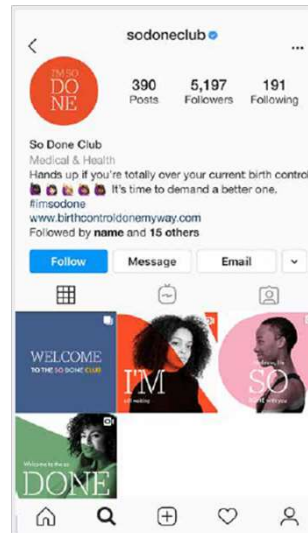
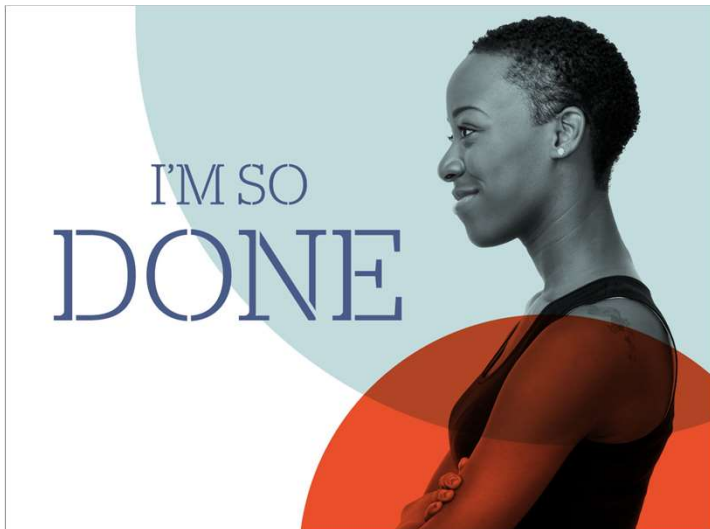


**Break
Complacency**



**Disrupt and
Create Pause**

Unbranded Creative Campaign: “I’m So Done”



I'm so done with worrying so much ♦ I'm so done with not knowing my options ♦ I'm so done with kale
♦ I'm so done with diaphragm's whole put-it-in, take-it-out process ♦ I'm so done with dieting ♦
I'm so done with winter ♦ I'm so done wondering if _____ ♦ I'm so done following the crowd

Unbranded Creative Campaign Ecosystem

Each tactic will have its own user path, but ultimately the goal of the campaign is to land all engagers on the CRM signup to be alerted to when Twirla is available.

Paid Media



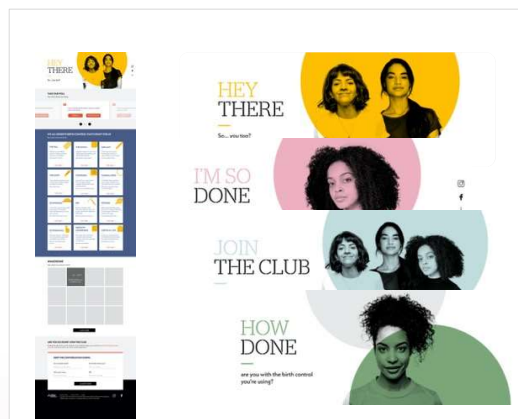
Owned Social Media Pages



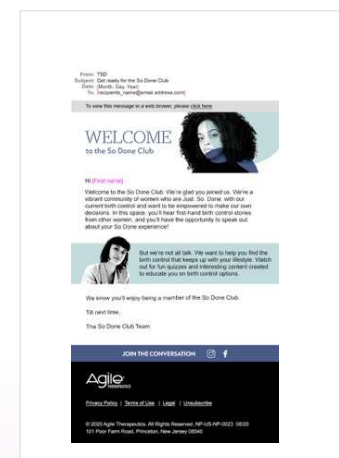
Influencer Campaign*



Unbranded Website



Unbranded CRM Sign-Up



*Post launch tactic
Images for illustrative purposes only and may not reflect final approved content

~80%

**of women receive a prescription
for the contraceptive method
they ask for**

Branded Campaign Goals



**Leverage
Momentum**



**Provide Empowerment
Moments**



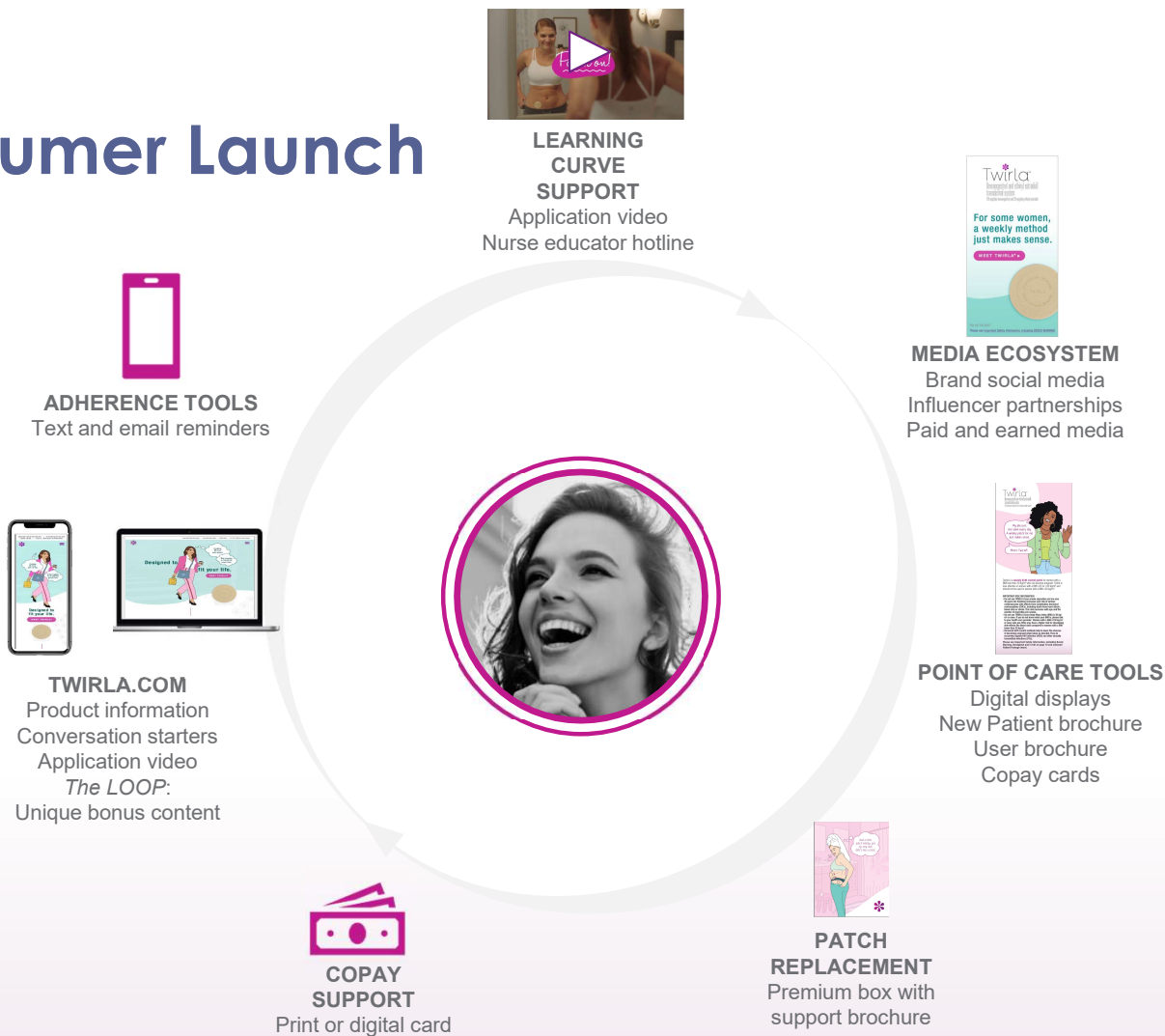
Make It Easy

Consumer Key Messages

- Birth control that fits your life, so you don't have to fit your life around your birth control
- Twirla is a birth control patch you change weekly and wear for 7 days at a time (3 weeks on, 1 week off)
- No painful procedures, nothing inserted into your body, and no same-time-every-day pill routine
- For some women, a weekly method just makes sense
- Only Twirla uses Skinfusion® patch technology for consistent drug delivery and to help maintain adhesion. The outer layer is a soft, flexible fabric designed to contour with a woman's body



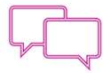
360° Consumer Launch



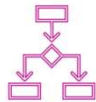
56%

of OB/GYNs and NPs/PAs do not
expect rep interactions to return
completely to pre-COVID-19 levels

Critical Customer Insights: HCP



OB/GYNs and NPs/PAs invest significant time into contraceptive counseling to inform patient shared decision-making approach.



There is a “method gap” between OCPs and LARCs where Twirla can fit in.



The TWIRLA clinical trial design and diverse study population help overcome historic “Patch Baggage” and skepticism because it allows them to representative data to more of their patients (including “overweight” women).

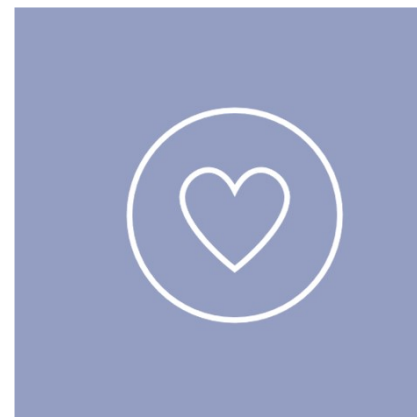
HCP Goals



**Create
Flexibility**



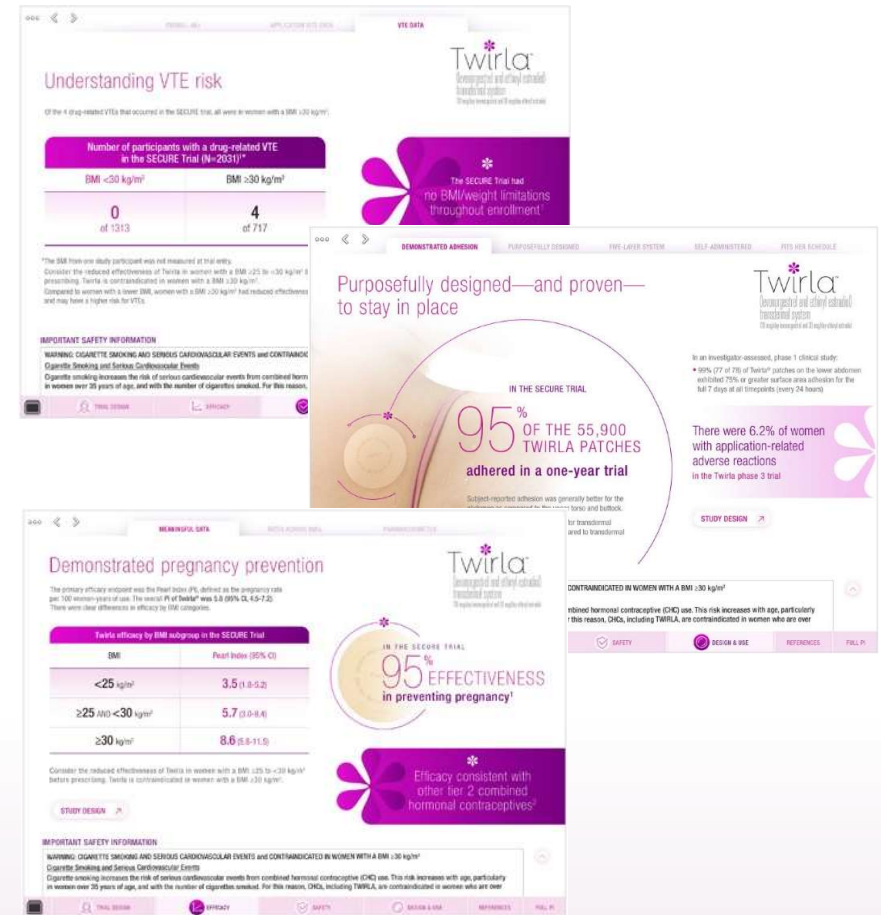
**Drive
Education**



**Augment Shared
Decision-Making**

HCP Key Messages

- 95% effective in preventing pregnancy across a diverse clinical trial population
- Efficacy data across a range of BMIs that healthcare providers can use to help inform patient discussions
- 95% of the 55,900 TWIRLA patches in the trial adhered
- Out of the 2031 women in the trial, only 4 VTEs occurred, all with women with BMI ≥ 30 kg/m²



HCP Flexible and Adaptable Launch



Answering Your Questions

Closing Remarks

What We Hope You Took Away from Today



Featured the strength and commercialization experience of our leadership team and Board of Directors



Showcased how we are prepared for success with our dedicated and experienced sales professionals and focused access strategy



Demonstrated our continued commitment to providing timely, accurate financial guidance and operating in the best interest of our shareholders



Created excitement about the insight-driven and digitally focused Twirla launch plan designed to drive brand awareness and trial



Highlighted Twirla's unique profile purposefully designed to fulfill an unmet need for women and their providers

We Encourage You To Continue To Follow Along...

Agile Therapeutics

- Website: www.agiletherapeutics.com
- Twitter: @AgileTher
- LinkedIn: @Agile Therapeutics

Investor Contact

- Matt Riley
- Head of Investor Relations & Corporate Communications
- mriley@agiletherapeutics.com

Twirla

- Website: www.twirla.com
- Instagram: Coming Soon
- Facebook: Coming Soon

I'm So Done

- Website: www.BirthControlDoneMyWay.com
- Instagram: @SoDoneClub
- Facebook: @SoDoneClub