Veru Inc.
Nasdaq:VERU

September 6, 2018
HC Wainwright Healthcare Conference

Prostate Cancer Novel Medicines and Urology Specialty Pharmaceuticals

Forward looking statements

This communication contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These statements are subject to known and unknown risks, uncertainties and assumptions, and if any such risks or uncertainties materialize or if any of the assumptions prove incorrect, our actual results could differ materially from those expressed or implied by such statements. Factors that may cause actual results to differ materially from those contemplated by such forward-looking statements include, but are not limited to: risks related to the development of Veru Inc.'s (the "Company") product portfolio, including clinical trials, regulatory approvals and time and cost to bring to market; potential delays in the expected timing of and results from clinical trials and studies and in the timing of any submission to the regulatory authorities; the risk in obtaining any regulatory approval and the products being commercially successful; risks relating to the ability of the Company to obtain sufficient financing on acceptable terms when needed to fund development and Company operations; product demand and market acceptance; competition in the Company's markets and the risk of new or existing competitors with greater resources and capabilities and new competitive product introductions; the risk in sales being affected by regulatory developments, including a reclassification of the products; price erosion, both from competing products and increased government pricing pressures; manufacturing and quality control problems; compliance and regulatory matters including costs and delays resulting from the extensive governmental regulation, and effects of healthcare insurance and regulation, including reductions in reimbursement and coverage; some of the Company's products are in development and the Company may fail to successfully commercialize such products; risks related to intellectual property, including the uncertainty of obtaining patents, the effectiveness of the patents or other intellectual property protections and ability to enforce them against third parties, the uncertainty regarding patent coverages, the possibility of infringing a third party's patents or other intellectual property rights, and licensing risks; government contracting risks, including the appropriations process and funding priorities, potential bureaucratic delays in awarding contracts, process errors, politics or other pressures, and the risk that government tenders and contracts may be subject to cancellation, delay, restructuring or substantial delayed payments; a governmental tender award indicates acceptance of the bidder's price rather than an order or guarantee of the purchase of any minimum number of units, and as a result government ministries or other public sector customers may order and purchase fewer units than the full maximum tender amount; penalties and/or debarment for failure to satisfy tender awards; the Company's reliance on its international partners and on the level of spending by country governments, global donors and other public health organizations in the global public sector; risks related to concentration of accounts receivable with our largest customers and the collection of those receivables; the economic and business environment and the impact of government pressures; risks involved in doing business on an international level, including currency risks, regulatory requirements, political risks, export restrictions and other trade barriers; the Company's production capacity, efficiency and supply constraints and interruptions, including due to labor unrest or strikes; risks related to the costs and other effects of litigation, including product liability claims; the Company's ability to identify, successfully negotiate and complete suitable acquisitions or other strategic initiatives; the Company's ability to successfully integrate acquired businesses, technologies or products; the risk that the Company may not enter into definitive agreements to sell its FC2 Female Condom® business ("FC2 Business"); the risk that a sale of the FC2 Business may not be completed in a timely manner or at all; costs, fees and expenses related to any such transaction; and other risks detailed in the Company's press releases, shareholder communications and Securities and Exchange Commission filings, including Company's Annual Report on Form 10-K for the year ended September 30, 2017. This document is available on the "SEC Filings" section of our website at www.verupharma.com/investors. All forward-looking statements are based on information available to us as of the date hereof, and Company does not assume any obligation and does not intend to update any forward-looking statements, except as required by law.

The Company has filed a registration statement on Form S-3 (including a prospectus) with the Securities and Exchange Commission ("SEC") that was declared effective on November 14, 2017. Before you invest in the offering to which this communication relates, you should read the prospectus in that registration statement, the preliminary prospectus related to the offering (when available) and the other documents the Company has filed and will file with the SEC for more complete information about the Company and the offering. You may get these documents for free by visiting EDGAR on the SEC website at www.sec.gov. Alternatively, the Company, any underwriter or any dealer participating in the offering will arrange to send you the prospectus and the preliminary prospectus, when available, by calling Cantor Fitzgerald & Co., Attn: Capital Markets, 499 Park Avenue, 6th Floor, New York, NY 10022, by telephone at 212-829-7122.

Pipeline of proprietary product candidates and specialty pharmaceuticals

PRODUCT	INDICATION	TARGET	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	PHASE 4
PROSTATE CANCER NOVEL MEDICINES							
Zuclomiphene capsules	Hot flashes caused by prostate cancer hormone treatment	Nonsteroidal estrogen agonist					
VERU-111 (bisindole) capsules	Metastatic prostate cancer	Oral, targeted α + β tubulin inhibitor					
UROLOGY SPECIALTY PHARMACEUTICALS							
Tamsulosin DRS granules & XR capsules (tamsulosin HCl)	BPH (no food effect)	Super selective α_1-receptor blocker with no food effect			Bioequivalence study		
Tadalafil-finasteride combo tablets (5mg tadalafil /5mg finasteride)	"Male pill" BPH & erectile dysfunction	PDE5 + 5α reductase inhibitors			Bioequivalence study		
Solifenacin DRG (solifenacin granules oral suspension)	Overactive bladder	Selective M3 muscarinic antagonist			Bioequivalence study		

Experienced in clinical practice, drug development and commercialization

Mitchell Steiner, MD

CHAIRMAN, PRESIDENT & CEO

CEO & President Aspen Park Pharmaceuticals, President of Urology at OPKO Health, Inc.; CEO & Founder GTx, Inc.; urologist

Michele Greco, CPA

CHIEF FINANCIAL & ADMINISTRATIVE OFFICER

CFO/EVP The Female Health Company, 28 years with Ernst & Young, 15 years as an Audit Partner

Gary Barnette, PhD

CHIEF SCIENTIFIC OFFICER

Sr. VP Scientific and Reg Affairs Camargo Pharm. Services, VP Clinical & Reg and Founder GTx, Inc., Director Reg Affairs Solvay Pharma, Clinical Pharmacology/ Biopharmaceutics Reviewer FDA, PhD Basic Pharmaceutical Sciences West Virginia University

Harry Fisch, MD

CHIEF CORPORATE OFFICER

Chairman Aspen Park Pharmaceuticals and Millennium Sciences, Inc.; urologist

Kevin Gilbert, JD, CPA

EVP CORPORATE DEVELOPMENT

Corporate Development & Legal, Third Stream Bioscience, Attorney at McDermott, Will & Emery, Motorola, closed more than 100 transactions in 25 countries

Philip Greenberg, JD

EVP LEGAL

General Counsel Latin America Teva Pharmaceuticals with prior senior legal positions in international and North America divisions; Deputy General Counsel for IVAX Corporation

Phil Kuhn, MBA

EVP STRATEGY AND COMMERCIALIZATION

Global Strategy and Commercial expertise in medical devices, diagnostics, and biologics; leadership roles at ISTO Biologics, Orthofix, Smith & Nephew, Boston Scientific, Johnson & Johnson, and Abbott

Prostate Cancer - Novel Medicines

veru

Zuclomiphene: potential to be the first FDA approved drug for hot flashes caused by prostate cancer hormone therapy

Hot flashes are one of the most common and debilitating side effect of androgen deprivation therapy (ADT) for advanced prostate cancer[1,2]

- Occurs in up to 80% of men treated with ADT (leuprolide or degarelix) with 30-40% having moderate to severe hot flashes[1-3]
- Symptoms do not subside over time
  - 48% of men at 5 years and 40% of men at 8 years still suffer from hot flashes[2]
- Concern over hot flashes make patients less likely to begin ADT and can lead to early discontinuation[2A]

Zuclomiphene (aka *cis*-clomiphene) is an oral estrogenic agent[4,5]

- Isolated cis-clomiphene from CLOMID (30% *cis*- and 70% *trans*-clomiphene; approved in 1967 for female infertility)
- Efficacy established for estrogens: off-label steroidal estrogens are effective but have safety concerns[6,7]
- FDA database and scientific literature show cis-clomiphene component of CLOMID is well tolerated with over 88,000 men/year[8] using CLOMID off label for infertility or hypogonadism

[1] Gomella LG et al *BJU Int* S1:25-29 2007 | [2] Karling P et al. *J Urol* 152:1170-1173 1994 | [2A] Gonzalez BD et al J Urol 194:690-695 2015 | [3] Dalal S et al J Support Oncol 4:315-320 2006 | [4] Turner RT et al Endocrinology 139:7712-20 1998 | [5] Fontenot GK et al BJU Int 117:344-50, 2016 | [6] Jones JM et al Asian J Andrology 14:193-197 2012 | [7] Spetz AC et al J Support Oncol 4:263-273 2003 | [8] Camargo Pharma Clinical Report 3/17 and FDA Briefing Document BRUDAC Advisory meeting 12/16

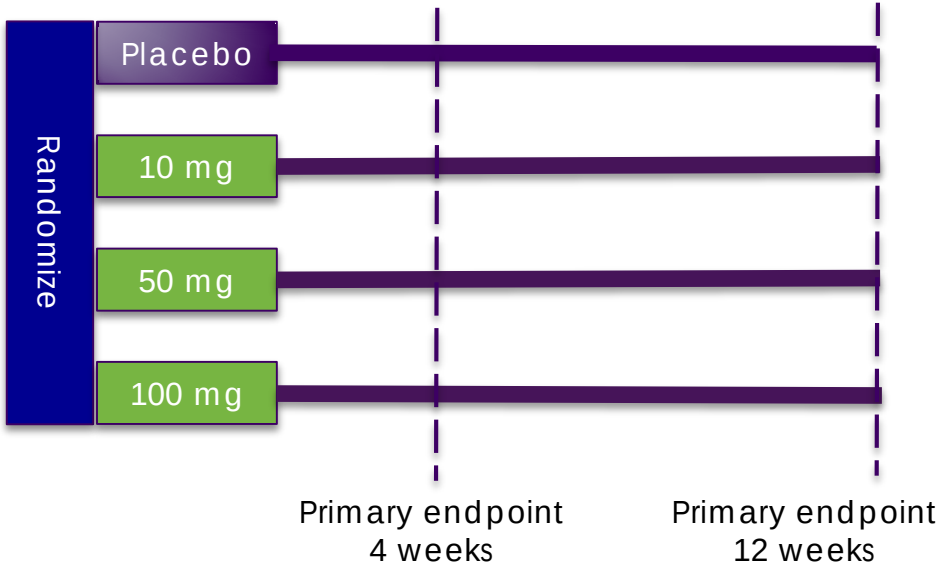
Zuclomiphene clinical development plan: Phase 2 trial design

IND accepted 7/18

Phase 2 placebo controlled dose finding study
FPI 9/18 & final data expected 1H 2019

Plan to enroll 120 men who have moderate & severe hot flashes on ADT in 10 US clinical sites

- Primary efficacy endpoint- mean change in frequency of moderate & severe hot flashes from baseline to week 4 and maintained until week 12
- Power 80%; 40% improvement compared to placebo
- Placebo effect from literature is 22%[1]
- Secondary endpoints- bone turnover markers



[1] Lopinzi et al 2009, Annals of Oncology p1-8 (DOI:10.1093/annonc/mdn644 ;Table 2)

Zuclomiphene: greater than $600 million/year expected market

Market potential

- Indication: treatment of castration-induced hot flashes in men with advanced prostate cancer on ADT
- Estimated 600,000 men on hormonal therapies (androgen deprivation therapy as well as novel androgen blocking agents) in the U.S.[1]
- Over a $600 million/year expected market[2]

Intellectual property

- Patent (U.S. No. 9,913,815) issued March 2018, expiry 2035- method of use
- Polymorph identified- composition of matter patent

[1] Scher et al. PLoS ONE 2015 10:1-12 (DOI:10.1371/journal.pone0139440 | [2] Total market potential based on 30% of 600,000 men in US on ADT have moderate to severe hot flashes if the price was $3,300 /year of treatment

VERU-111 may address key limitations of current prostate cancer treatments

The only effective agents against advanced and metastatic prostate cancer are hormonal and antitubulin cytotoxic drugs

Androgen blocking agents ZYTIGA (abiraterone) and XTANDI (enzalutamide) have significant cross resistance

Men who progress on these agents are being treated with antitubulin chemotherapies

Current antitubulins have challenges[1]

- Only available as intravenous administration
- Drug resistance is common- multidrug resistance proteins, tubulin mutations and overexpression
- Safety concerns- hypersensitivity reactions, neutropenia, and neurotoxicity (peripheral neuropathy & muscle weakness)

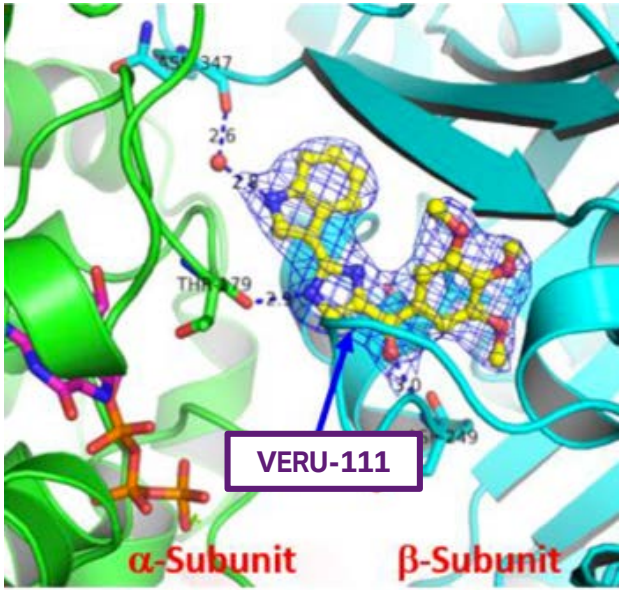
[1]Diamond E et al Curr Treat Options Oncol 16:9 2015

VERU-111: novel, oral, next generation, tubulin inhibitor targeting α and β subunits of microtubules

Preclinical Product profile

- Low nanomolar inhibition of tubulin polymerization
- High oral bioavailability
- High brain penetration
- Not a substrate for MDRs (P-gp, MRPs, and BCRP)
- Not a substrate for CYP3A4
- Efficacy against prostate and other cancers *in vitro* and *in vivo*
- Demonstrated activity against taxane, vinca alkaloid, doxorubicin, enzalutamide, and abiraterone resistant cancers
- Favorable safety profile (less neurotoxicity than docetaxel and unlike taxanes and vinca alkaloids –no neutropenia or myelosuppression)

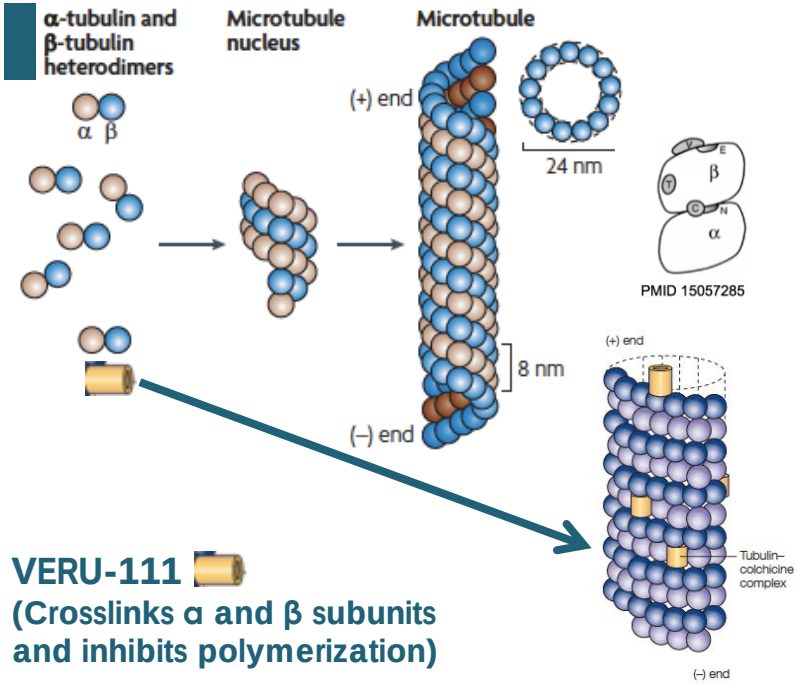
MICROTUBULE



[1] Chen J et al. J Med Chem 55:7285-7289 2012 | [2] Li CM et al. Pharm Res 29:3053-3063 2012 | [3] Lu Y et al. J Med Chem 57:7355-7366 2014

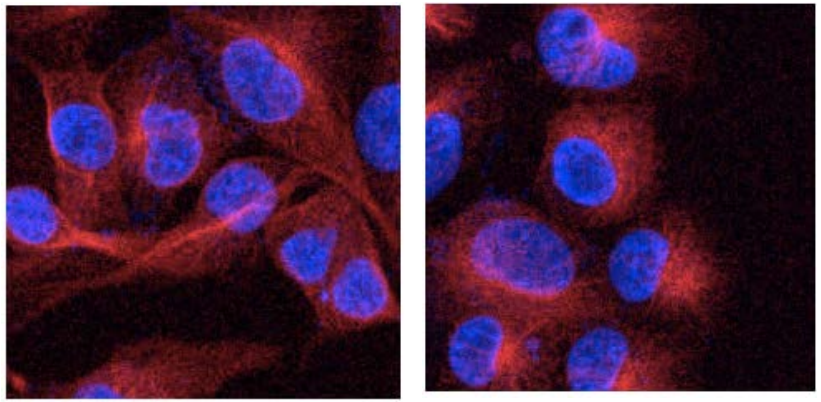
VERU-111 builds on a proven mechanism - inhibiting microtubule assembly

Microtubule assembly



VERU-111
(Crosslinks α and β subunits and inhibits polymerization)

Microtubules (red) disrupted from spindle to globular shape



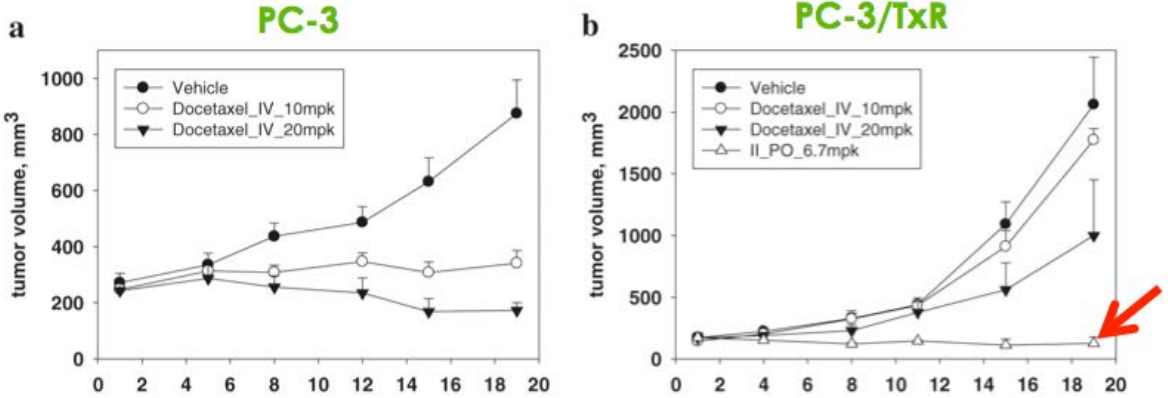
control
"spindle shape"

VERU-111
"globular shape"

Triple negative human breast cancer xenograft (MDA-MB-231)[1]

[1] Published ASCO abstracts 2018

VERU-111 inhibits growth of taxane-resistant prostate cancer[1]



II = VERU-111; PO- oral dosing; IV- intravenous dosing; mpk- mg per kg
Treatment initiated when tumors reached 150-300 mm^3

- PC-3 and taxane-resistant PC-3 (PC-3/TxR) human prostate cancer xenografts were grown in mice
  - Figure a- demonstrates that PC-3 cells are inhibited by a taxane (docetaxel)
  - Figure b- indicates PC-3/TxR are indeed resistant to a taxane (docetaxel)
- VERU-111 inhibited growth of taxane resistant human prostate cancer xenografts (3.3-6.7 mg/kg)

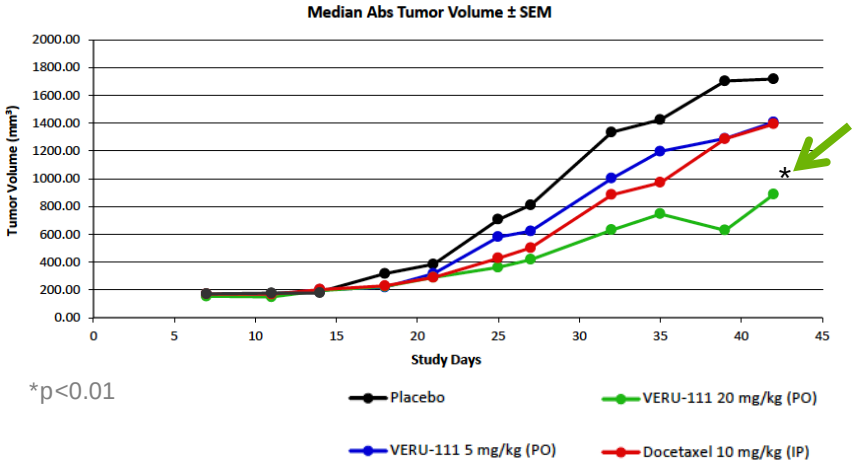
[1] Li CM et al. Pharm Res 29:3053-3063 2012

VERU-111 inhibits prostate cancer tumors resistant to novel androgen blocking (AB) agents with no effect on body weight (surrogate for toxicity)

22Rv1- human prostate cancer model[1]

- Contains androgen receptor variants including AR-V7
- Resistant to novel AB agents: enzalutamide and abiraterone

Efficacy (median tumor volume)



*p<0.01

Safety (% starting body weight rats)

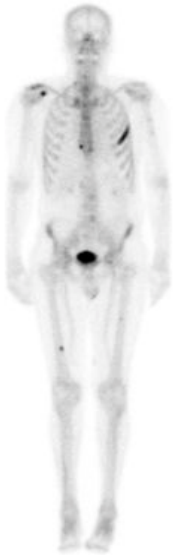
Treatment Group	Mean (%)	Median (%)	P-value
Placebo	122.26	122.81	
VERU-111 5 mg/kg (PO)	127.53	125.48	0.0370
VERU-111 20 mg/kg (PO)	124.52	124.30	0.2031
Docetaxel 10 mg/kg (IP)	118.35	118.00	0.0133

Difference between both VERU-111 treatment groups (5 and 20 mg/kg) and docetaxel treated animals (p=0.0135)

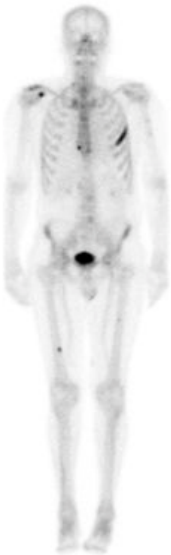
[1]ASCO abstracts 2018

VERU-111 clinical development plan: Target castration and novel androgen blocking agent resistant metastatic prostate cancer

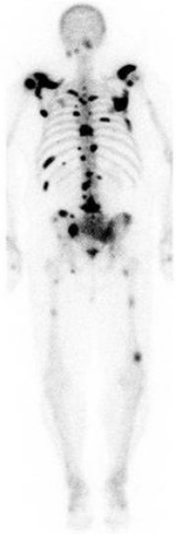
First in class, next generation, novel oral agent that targets α and β subunits of tubulin



ADT



ADT +
novel AB agent:
enzalutamide or
abiraterone



VERU-111

Hormone sensitive metastatic prostate cancer

Castration resistant metastatic prostate cancer

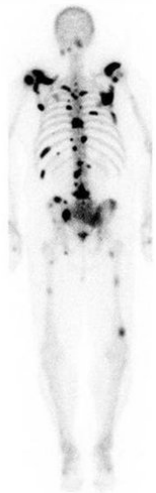
Castration and novel androgen blocking agent resistant metastatic prostate cancer

ADT = androgen deprivation therapy
Novel androgen blocking agents= enzalutamide, abiraterone, and apalutamide

VERU-111 clinical development: we expect open label clinical data Q1 2019

IND and Phase 1/2 FPI expected calendar Q4 2018- Johns Hopkins Cancer Center- lead center

Men with metastatic castration resistant prostate cancer who have progressed on novel AB agent (either enzalutamide or abiraterone) and ± 1 taxane



Castration and novel androgen blocking agent resistant metastatic prostate cancer

Phase 1
3+3 design

N=15

Phase 2 open label study
Primary endpoint- PSA reduction

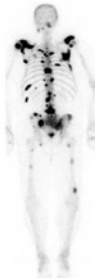
N=40

VERU-111 has potential to treat multiple indications in prostate cancer

***Indication 2*- novel AB agent and taxane chemotherapy resistant mCRPC**

Castration resistant metastatic prostate cancer

ADT + enzalutamide or abiraterone →



Novel AB agent resistant metastatic prostate cancer

IV docetaxel →

Docetaxel (taxane) resistant metastatic prostate cancer

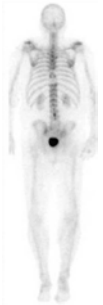
IV cabazitaxel →

Taxane resistant metastatic prostate cancer

VERU-111 →

ADT = androgen deprivation therapy
Novel AB agents= enzalutamide, abiraterone, and apalutamide

***Indication 3*- 1st line mCRPC resistant to novel AB agents**



Nonmetastatic castration resistant (M0) with high PSA doubling time on ADT

ADT + apalutamide or enzalutamide →

First metastasis (M1)

VERU-111 →

mCRPC resistant to novel AB agents

***Indication 4*- 1st line hormone sensitive metastatic prostate cancer**

Hormone sensitive metastatic prostate cancer

ADT plus VERU-111 →

Overall survival with IV docetaxel plus ADT is 24 months greater than ADT alone[1]

[1] Sweeney NEJM 2015 (DOI:10.1056/NEJMoa1503747)

VERU-111 has applications in multiple areas of oncology; strong IP

4 abstracts at ASCO 2018

VERU-111 HAD EFFICACY AGAINST THE FOLLOWING HUMAN CANCER XENOGRAFT MODELS

- 22Rv1- human metastatic prostate cancer line resistant to enzalutamide and abiraterone
- Triple negative breast cancer
- Ovarian cancer
- Pancreatic cancer

Over 29 peer-reviewed publications

7 issued composition of matter patents including U.S. 9029408, EU 2959900 and Japan 5507552

- U.S. patent expiry 2029 with possible extension to 2034 and 63 foreign granted or pending patents
- Polymorphs identified to extend time for composition of matter coverage

VERU-111 market opportunity

Current market for advanced prostate cancer drugs

- $5 billion market for secondary novel androgen blocking agents for prostate cancer[1]
- $4.8 billion market for antitubulins such as vinca alkaloids & taxanes (docetaxel $1 billion and cabazitaxel $500 million in prostate cancer)
- VERU-111 potential global market greater than $5 billion for prostate and other cancer types

VERU-111, like current antitubulins, may have efficacy against broad cancer types

- VINCA ALKALOIDS: VELBAN (VINBLASTINE); ONCOVIN (VINCRISTINE); NAVELBINE (VINORELBINE) Primarily used in combination chemotherapy (ABVD, Stanford-V, CHOP, MOPP) for hematologic malignancies (leukemia, lymphoma, and myeloma), and neuroblastoma, thyroid cancer, sarcoma and non small cell lung cancer
- TAXANES: TAXOL (PACLITAXEL); TAXOTERE (DOCETAXEL); JEVTANA (CABAZITAXEL); ABRAXANE (PROTEIN BOUND PACLITAXEL) Primarily used for solid tumors such as breast, ovarian, endometrial, cervical, lung, head and neck, esophageal, bladder, gastric, and prostate

[1]Pharma Intelligence 1/31/18 “How the prostate cancer market will change over next decade” by Kevin Grogan

veru

Urology Specialty Pharmaceuticals

FLOMAX dosing has a food effect which affects compliance, impacting safety

FLOMAX (tamsulosin HCl) is a super selective α1-receptor blocker for the treatment of BPH[1]

Food effect is a serious problem with current branded and generic formulations of tamsulosin:

- FLOMAX has a food effect and must be taken 30 min after meals- absorption without food results in higher drug levels (Cmax increases up to 70%)
- Safety issues related to high drug levels include dizziness, fainting, and orthostatic hypotension
- Dose dependent increase in falls and fractures[2]

Solution: proprietary new slow release formulation of tamsulosin DRS granules and XR capsules without a food effect

Patent filed, expiry 2037[3]

FLOMAX Package Insert[1]

"Advise the patient that FLOMAX capsules should not be crushed, chewed, or opened"

[1]Flomax FDA Package Insert | [2]Welk B et al BMJ 2015;351:h5 398 | [3] Patent filed by Veru

Tamsulosin DRS granules & XR capsules: NDA filing expected by end of 2018

Results from two bioequivalence (BE) studies show no food effect

- Stage 1 (completed) – 12 patients, single dose FLOMAX fed versus Tamsulosin DRS fed and fasted results reported successful BE study without food effect[1]
- Stage 2 (completed) – 36 patients, 21 day study, single dose of selected Tamsulosin DRS formulation vs. FLOMAX showed that Tamsulosin DRS fed and fasted met bioequivalence for FLOMAX fed AUC (no food effect) and not for Cmax[1]

Expected next steps:

Final BE study by end of 2018 and stability validation GMP batches in progress

File NDA 2019

Post approval Phase 4 safety clinical trial- FLOMAX (food effect) versus tamsulosin XR capsules (no food effect) to assess dizziness, fainting, and orthostatic hypotension in a real world setting

[1] Data on file Veru

Tamsulosin DRS granules & XR capsules market strategy and commercialization

Tamsulosin is the number one prescribed alpha blocker[1]

Urologists: initial target market

- Oral capsule branded product with no food effect for men
- Pricing strategy will be more comparable to FLOMAX (WAC=$731.45/100 tablets Kinray Cardinal Health)

Long term care is upside:

- Men with dysphagia in long term care facilities as no pharmacy formulary has a slow release granule formulation for any alpha blocker for BPH

2017
U.S. tamsulosin prescriptions
28,341,404[2]

Long term care tamsulosin annual prescriptions
3,136,000

POPULATION	% PREVALENCE DYSPHAGIA
Elderly (>60 yo) in community	15%[2]
Long term care facilities	60%[2]
Parkinson's disease	80%[3]
Alzheimer's disease	Up to75%[4]
Stroke	50%[5]

[1]Source: IQVIA | [2]Clinical Interventions in Aging 2013 8:221–227 | [3]Eggenberger et al. J Clin Nurs 2004 13 :661-667 | [4]Payne et al.J Nutr Health Aging 2018 22:562-565 and Secil et al. Clin Neurophys 2016 46:171-178 | [5]Crary et al. Dysphagia 201328 :60-76 |

“Male pill”: combination tadalafil/finasteride to improve compliance & safety

Co-administration of CIALIS (tadalafil 5 mg) and PROSCAR (finasteride 5 mg) is currently approved for the initial treatment of symptoms of BPH for up to 26 weeks[1]

- Drug-drug interaction and co-administration studies are completed for combination indication[2]

The “male pill”: each component is approved for

- CIALIS (tadalafil 5 mg) daily- symptoms of ***BPH and erectile dysfunction***
- PROSCAR (finasteride 5 mg)- symptoms and signs of prostate enlargement to decrease prostate size, reduces risk of acute urinary retention and need for surgery and prevents growth***. Off label use prevents prostate cancer.[3]***

The solution: proprietary tadalafil/finasteride combination tablet formulation

- Increases convenience and compliance

Bioequivalence study by year end 2018 and NDA filing expected in 2019

[1] Cialis (tadalafil) FDA Package Insert | [2]Casabé A et al. J Urol 191:727-733 2014 | [3] Unger J et al. J Natl Cancer Inst 2018

Solifenacin DRG granules for patients who have difficulty with swallowing pills

All current selective M3 muscarinic antagonists are only available as capsules/tablets

According to FDA label, these capsules/tablets should be swallowed whole and not crushed, or chewed.

Expected next steps:

- Bioequivalence study 1H 2019
- File NDA in late 2019

Solifenacin tablets represent a $1 billion annual market[1]

Solifenacin DRG granules will target underserved population of men and women with OAB who have difficulty or cannot swallow tablets/capsules[2-4]

Patent filed, expiry 2037[5]

[1]Irwin DE et al. BLU International (2011) 108:1132-1139 | [2] Coyne KS et al Neurology and Urodynamics 32:230-237 2013 | [3] Coyne KS et al Urology 82:799-806 2013. | [4] US Dept of Health and Human Services. Prevalence of incontinence among older Americans. Vital and Health Statistics. Series 3 Number 36 2014 | [5] Patent filed by Veru

Commercial Product

$14 million revenue in 2017 from the FC2 Female Condom®

FC2 Female Condom only FDA approved female use product that protects against pregnancy and STD

- Sold in U.S. and 149 countries
- Public sector represents approx. 90% of revenue (customers include UNFPA, USAID, Brazil, and South Africa)
- FC2 business profitable over past 11 years

Manufacturing plant is in Kuala Lumpur, Malaysia

- Current capacity of 100 million units annually

Building US prescription business for immediate high margin revenue

- FC2 now available by prescription in 98% of retail pharmacies
- Prescription business is growing

Veru awarded 75% of South African female condom tender 8/18

The overall tender is for up to 120 million female condoms over 3 years

- Veru was awarded up to 29.8 million units of the 40 million total for the first year
- The anticipated total revenue of the South Africa tender awarded to Veru is $31 million with the first year revenue expected to be USD $10.4 million with up to another $10.4 million of revenue for each of years two and three

Revenue and positive operating margin from FC2 global business will help fund Veru's drug pipeline

With the South African tender award, we expect global public sector unit volumes to return to three-year historical averages—significantly higher than the last fiscal year's volume.

In addition, we continue to see strong growth in our higher margin US FC2 Rx market

Financial highlights (in millions)

Capitalization - approximately 54.7 million[1] common shares outstanding as of June 30, 2018

Balance sheet as of June 30, 2018

- Cash and receivables $9.2
- UK NOL carryforward $62.2
- US NOL carryforward $12.1

$10 million received in March 2018 under SWK Holdings synthetic royalty financing on FC2 Female Condom® product sales

Results of operations for the nine months ended June 30, 2018

- Net revenues $10.7
- Gross profit $ 5.6
- Operating loss $17.1

Results of operations for the year ended September 30, 2017

- Net revenues $13.7
- Gross profit $7.0
- Operating loss $8.5

[1]Additional options, restricted stock units, and warrants are outstanding and are, or could potentially be, additionally dilutive in excess of the 54.7 million common shares above | See latest filed SEC documents for additional information

Veru projected development milestones

PRODUCT	INDICATION	2018	2019	2020
PROSTATE CANCER NOVEL MEDICINES				
Zuclomiphene capsules	Hot flashes caused by prostate cancer hormone therapy	IND, P2, P3, NDA		
VERU-111 (bisindole) capsules	Metastatic prostate cancer	IND, P1b/P2, P3		
UROLOGY SPECIALTY PHARMACEUTICALS				
Tamsulosin XR granules & capsules	BPH without food effect	BE3, NDA, Post approval safety study, US launch		
Tadalafil-finasteride combo tablets	"Male pill" for BPH and erectile dysfunction	BE, NDA, US launch		
Solifenacin DRG granules	Overactive bladder in patients with dysphagia	BE, NDA, US launch		