FUTURAMEDICAL

FULL YEAR RESULTS

12 months to 31 December 2019

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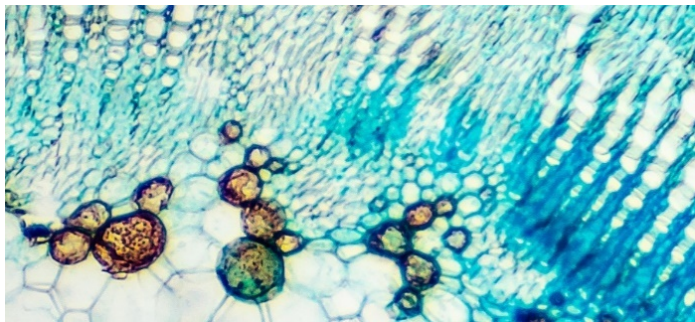
MED3000 - RESEARCH & DEVELOPMENT SEMINAR

1 April 2020



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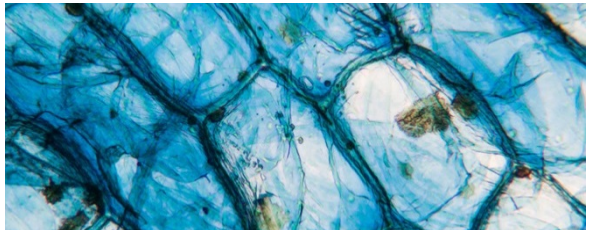
FUTURAMEDICAL

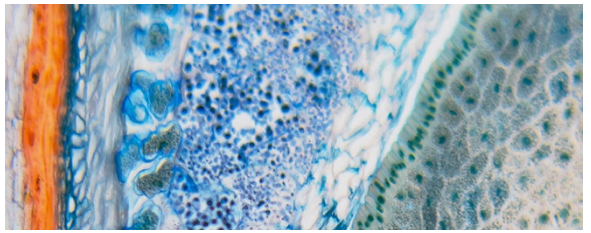
WELCOME & CORPORATE OVERVIEW

James Barder
CEO

ABOUT FUTURA – A CORPORATE OVERVIEW

FUNDAMENTALS	Futura is listed on AIM and located at the Research Park, Guildford ▪ 'Virtual' organisation with 13 staff and low overheads ▪ Significant outsourced infrastructure with over 30 consultants
DERMASYS®	Clinically proven transdermal science ▪ DermaSys® is our proprietary patented transdermal technology platform ▪ A versatile, clear, odourless gel which is uniquely formulated for each specific therapeutic indication
TRACK RECORD	Clinically proven innovation using existing pharmaceutical compounds and excipients ▪ Sexual health and pain relief focus ▪ Late stage products with experienced Management Team
PORTFOLIO PRODUCTS	MED3000 – Topical gel for the treatment of erectile dysfunction (ED) ▪ Highly differentiated treatment including a fast onset of action ▪ Begins to work immediately in some patients with 60% of patients seeing onset within 10 minutes TPR100 – Topical gel containing diclofenac for the treatment of pain relief CBD100 – Topical gel containing cannabidiol





YEAR END HIGHLIGHTS – PRODUCTS, ORGANISATION & FINANCIAL

- Strategic decision to focus on maximising R&D pipeline value by de-risking assets
- Priorities are MED3000 EU and USA regulatory submissions within the next six months
- Increased awareness of MED3000 within scientific and pharmaceutical communities

MED3000

- Phase 3 “FM57” study results reported in Dec 2019 with all treatment arms demonstrating statistical efficacy
- Potential to be highly effective, clinically proven treatment for ED with a rapid speed of onset & excellent safety profile
- Positive interactions with regulators supporting submission as medical device with potential faster route to market

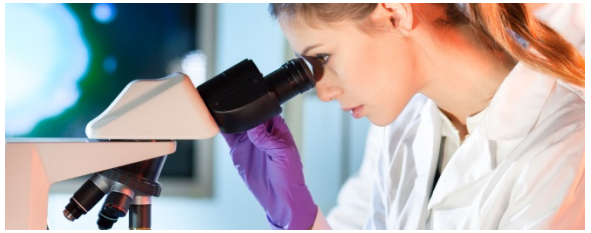
PAIN RELIEF

- Work continues supporting Thornton & Ross submission, though delay of at least six months before re-submission
- Interest from other EU licensing partners post MHRA approval remains
- Initial optimisation work for topical Cannabidiol on track to complete by end of July 2020

- Net loss in the period: £8.92 million (Net loss 31 December 2018: £5.88 million)
- Cash resources at 31 December 2019: £2.51 million
  - £3.25m (gross) funds raised in December 2019 which completed in January 2020
  - £2.22m R&D tax credit refund due mid-2020

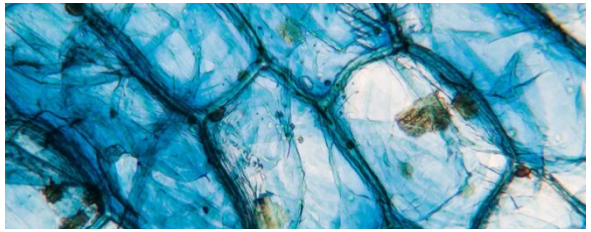
STRATEGIC OUTLOOK

1. GAIN APPROVAL FOR MED3000 AS A CLINICALLY PROVEN TREATMENT FOR ERECTILE DYSFUNCTION WITHIN THE NEXT 12-18 MONTHS



2. REALISE SHAREHOLDER VALUE FROM MED3000 THROUGH COMMERCIALISATION WITH DISTRIBUTION PARTNERS

3. EXPAND THE POTENTIAL OF OUR TRANSDERMAL TECHNOLOGY, DERMASYS®, FROM OUR PAIN RELIEF PORTFOLIO



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FINANCIAL RESULTS

Angela Hildreth

FD & COO

FULL YEAR HIGHLIGHTS – ORGANISATION & FINANCIALS

- Net loss of £8.92 million in period of which £8.27m was related to R&D (2018: £6.04m)
  - (December 2018: net loss of £5.88 million)
- Cash resources of £2.51 million
  - Plus £3.25 million (gross) fundraise completed January 2020
  - Plus £2.20 million tax credit refund due mid 2020
  - Compared to £9.16 million cash resources December 2018
- 2020 cash burn significantly reduced post FM57 Phase 3 study completion
- Current cash resources sufficient into Q2 2021 given lower R&D cash requirements

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FM57 RESULTS

Ken James

Executive Director
& Head of R&D

MED3000 KEY BENEFITS

Strong overall efficacy across all ED patient severities

Rapid speed of onset

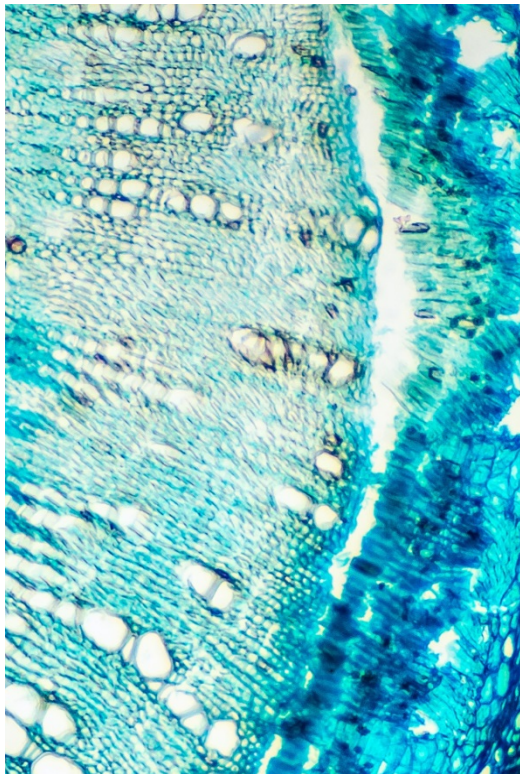
- Begins to work immediately in some patients with 60% of patients seeing onset of their erection within 10 minutes after application

Excellent safety profile

- Extremely low number of AE's; much lower than drug treatments for ED
- No Serious Adverse Events noted in any patients

Potential patient use with:

- Nitrates
- Alpha Blockers
- Anti-Hypertensives

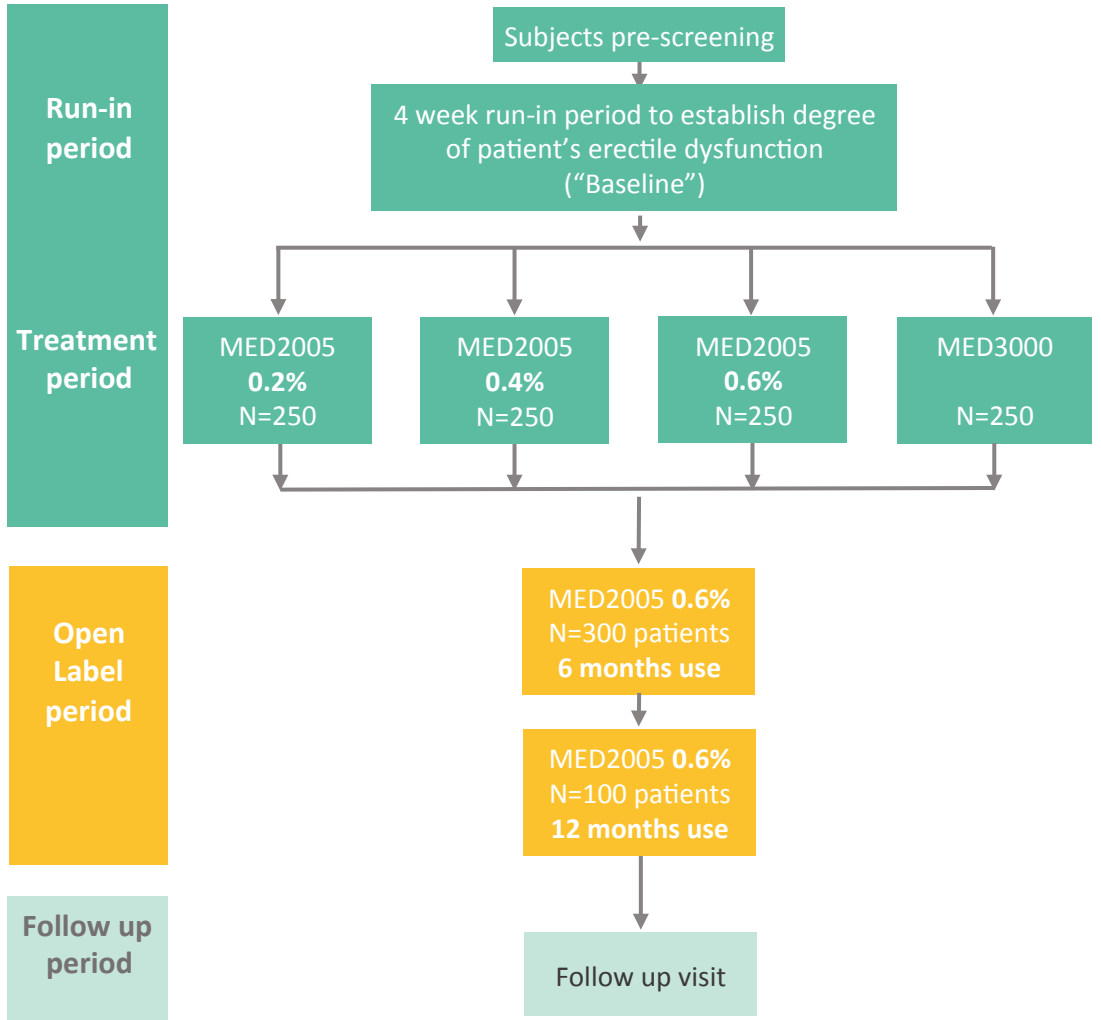


Possible use in combination therapy[1]

1. Interest from a number of KOLs for a product to be used in conjunction with an existing oral ED treatment.

FM57 – PHASE 3 STUDY DESIGN

FM57	A Phase 3, 12 week dose-ranging, multi-centre, randomized, double-blind, placebo-controlled, home use, parallel group clinical trial of topically applied GTN for the treatment of ED in 1,000 male subjects with ED & their female partners
HEADLINE OBJECTIVES	**Primary objective:** • To demonstrate statistically significant improvements of formulations versus baseline in male subjects using the erectile function domain of the International Index for Erectile Function (IIEF), the Sexual Encounter Profile (SEP) Question 2 & 3 • To demonstrate statistically significant improvements of formulations versus placebo in male subjects using the erectile function domain of the International Index for Erectile Function (IIEF), the Sexual Encounter Profile (SEP) Question 2 & 3 **Secondary objectives include:** • Time to onset of action • Safety of formulations using Adverse Events • Clinically important differences, GAQ and SEAR
STUDY SITES	Central and Eastern Europe (6 EU countries & 3 non-EU countries)
PRODUCTS TESTED formulated with DermaSys®	MED2005 **0.2% GTN**, 300 mg gel = 0.6mg GTN; MED2005 **0.4% GTN**, 300 mg gel = 1.2mg GTN; MED2005 **0.6% GTN**, 300 mg gel = 1.8mg GTN; and Control vehicle – DermaSys® alone now called MED3000; *Single unit dose tubes to deliver 300mg of gel*
OPEN LABEL EXTENSION	Approximately 450 subjects will also participate in a 6 months open label extension (150 of these for a further 6 months – totalling 12 months) to confirm long term safety of MED2005.



PRIMARY ENDPOINTS USED IN FM57 – IIEF-EF DOMAIN, SEP2 AND SEP3

- Internationally recognized standards and fully validated
- Requested by FDA in pre-IND meeting
- Used for recent Phase 3 ED drug trials leading to approval

IIEF-EF Domain

1. How often did you get an erection?
2. How often were erections hard enough to penetrate?
3. How often were you able to penetrate?
4. How often were you able to maintain erection after penetration?
5. How difficult to maintain erection to complete intercourse?
6. How do you rate your confidence to get and keep erection?

Each question scored on a 0-5 point scale depending on answer. Aggregate score out of maximum of 30 determines patient's ED severity:

No ED	Mild ED	Moderate ED	Severe ED
26-30	17-25	11-16	0-10

Baseline measured by minimum of four intercourse attempts pre-treatment
Measured again at after 4, 8 and 12 weeks treatment (minimum of four intercourse attempts every 4 weeks)

SEP2

Were you able to insert your penis?

Answer is binary YES/NO
% Improvement over baseline

SEP3

Did your erection last long enough for intercourse?

Answer is binary YES/NO
% Improvement over baseline

FM57 HEADLINE RESULTS – 12 WEEKS

Primary Endpoints		MED3000	P-values	MED2005 0.6mg (0.2%)	P-values	MED2005 1.2mg (0.4%)	P-values	MED2005 1.8mg (0.6%)	P-values
IIEF-EF Domain	*Mean*	21.6	-	21.5	-	21.6	-	21.7	-
	*Change from Baseline LS Mean**	3.60	<0.001	3.39	<0.001	3.42	<0.001	3.66	<0.001
SEP2 (Were you able to insert your penis into your partner's vagina)	*Mean*	86%	-	82.7%	-	85.5%	-	84.8%	-
	*Change from Baseline LS Mean **	13.8%	<0.001	9.0%	<0.001	13.3%	<0.001	10.7%	<0.001
SEP3 (Did your erection last long enough for you to have successful intercourse)	*Mean*	58.6%	-	57.6%	-	59.1%	-	60.8%	-
	*Change from Baseline LS Mean**	23.2%	<0.001	20.8%	<0.001	22.6%	<0.001	23.3%	<0.001

High consistency in data across nine countries and two CROs

** Least Square Mean estimates and p-values from ANCOVA model with covariates baseline and country ; ** Least Square Mean estimates and p-values from ANCOVA model with covariates baseline, country and ED Severity (mild, moderate and severe according to baseline IIEF-EF value); P-values testing null hypothesis of within group mean change from baseline = 0; Preliminary results awaiting final QC.*

FM57 MED3000 EFFICACY
PRIMARY ENDPOINTS VS BASELINE AND ED SEVERITY

	Means Observed Change from Baseline	Means LS Change from Baseline	P Values MED3000 vs Baseline Means LS
IIEF-EF Domain			
Overall	5.10	3.61	P<0.001
Mild	3.15	1.51	P<0.014
Moderate	5.84	4.95	P<0.001
Severe	12.15	7.41	P<0.001
SEP2			
Overall	24.26%	13.82%	P<0.001
Mild	12.34%	7.35%	P<0.016
Moderate	31.73%	23.33%	P<0.001
Severe	64.40%	33.81%	P<0.001
SEP3			
Overall	37.14%	23.18%	P<0.001
Mild	36.45%	24.02%	P<0.001
Moderate	33.33%	26.53%	P<0.001
Severe	48.77%	29.25%	P<0.001

FM57 HEADLINE RESULTS – MED3000 PATIENT REPORTED OUTCOMES

Using Rosen and Araujo Criteria (Internationally accepted standards)

Clinically Important Differences at 12 weeks – Percentage of patients who noticed a meaningful difference		
MED3000	**Overall Responders (%)**	**Mild/Moderate/Severe ED Responders (%)**
IIEF (Rosen)	63	61/59/80
SEP2 (Araujo)	75	83/57/77
SEP3 (Araujo)	68	71/61/71

OTHER MED3000 SECONDARY ENDPOINTS

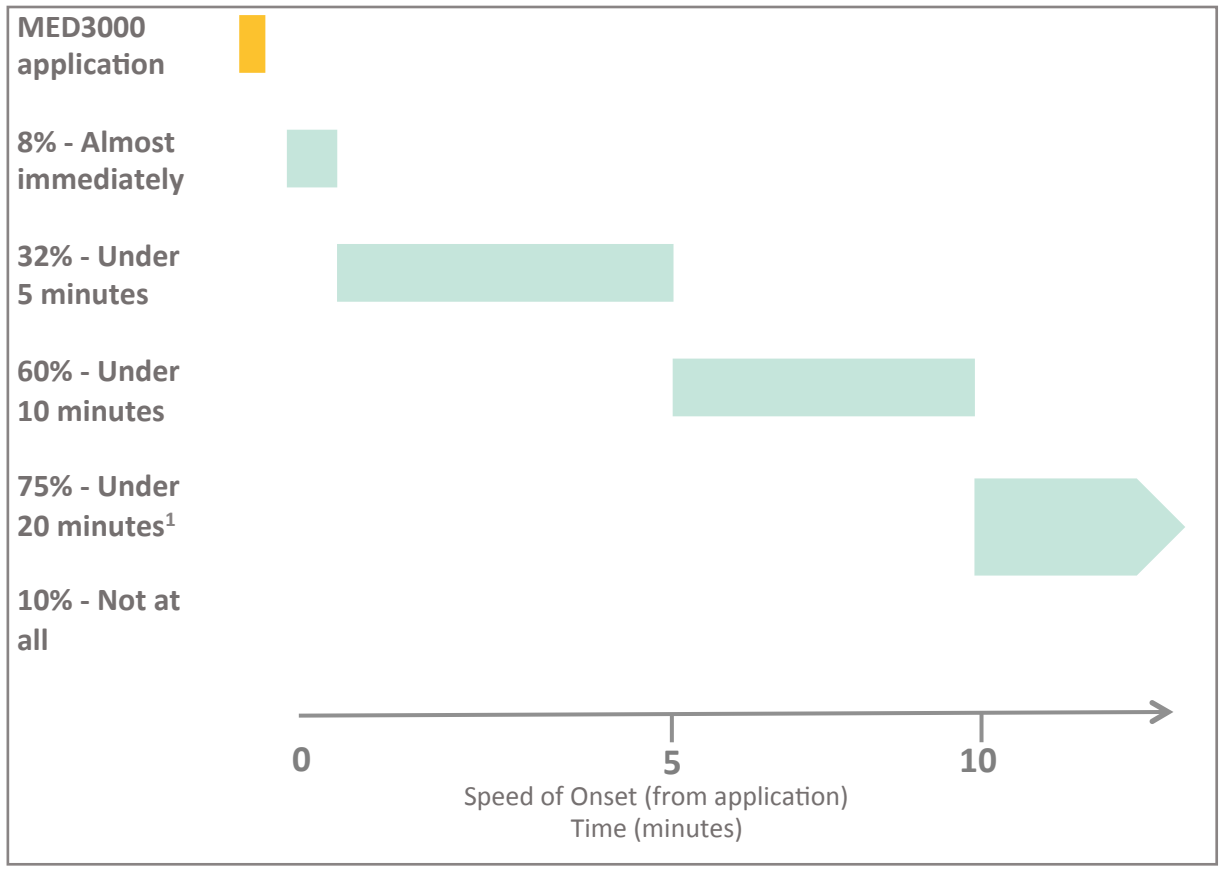
GAQ[1] vs. prior to study (No Baseline)	Value	p-Value
GAQ Q1 - Has the treatment improved your Erectile Function	61.9%	N/A
GAQ Q2 - Has the treatment improved your ability to have sexual activity	60.6%	N/A

SEAR[2] vs baseline	Baseline value	Change from baseline[3]	p-Value
SEAR – Sexual relationship satisfaction domain - change from baseline	38.1	11.6	<0.001
SEAR – Confidence domain- change from baseline	39.38	9.6	<0.001
SEAR – Self Esteem domain - change from baseline	38.15	8	<0.001
SEAR - Overall relationship satisfaction change from baseline	41.85	12.7	<0.001

1. *Global Assessment Question – a questionnaire developed to gather data to help clinicians evaluated their patients ED.*
2. *Self-Esteem And Relationship Questionnaire - a questionnaire developed to gather data to help clinicians evaluated their patients ED*
3. *Estimates from analysis based on ANCOVA model: Change = Baseline + Country + ED Severity + Treatment.*

MED3000 RAPID SPEED OF ONSET AND ADVERSE EVENTS

DURATION OF APPLICATION AND SPEED OF ONSET



SPEED OF ONSET – MED3000

1. 60% subjects saw a speed of onset within 10 minutes of application
2. Faster speed of onset than oral PDE5i's
3. In comparison – Viagra Connect starts to work in 30-60 minutes[2]

- Gel is applied and massaged for 15 seconds

1. *83% of patients had onset within 30 minutes and a further 7% more than 30 minutes*
2. *Viagra Connect PIL in UK*

FM57 MED3000 ADVERSE EVENTS % PATIENTS[1]

ADVERSE EVENT PROFILE FOR PATIENTS & PARTNERS

Adverse Events	MED3000 (N=250)
Headache (men)	2.8%
Penile burning (men)	1.2%
Vulvovaginal burning (women)	0.4%

NO SERIOUS ADVERSE EVENTS REPORTED FOR MED3000

1. *Approximately 3,000 intercourse events in FM57 for MED3000*

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COMPARISON OF MED3000 EFFICACY & SAFETY WITH PUBLISHED LITERATURE

THE MANAGEMENT OF ED WITH PLACEBO – ARAUJO 2009

ORIGINAL RESEARCH—ED PHARMACOTHERAPY

The Management of Erectile Dysfunction with Placebo Only: Does it Work?

Artur Carvalho de Araujo, MD, Fernando Gomes da Silva, MD, Fernando Salvi, MD, Monique Carvalho Awad, MD, Eloísio Alexsandro da Silva, PhD, and Ronaldo Damião, PhD

Pedro Ernesto Memorial Hospital, Rio de Janeiro State University, Service of Urology, Rio de Janeiro, Brazil

DOI: 10.1111/j.1743-6109.2009.01496.x

ABSTRACT

Introduction. Randomized clinical trials (RCT) remain the gold standard in providing scientific evidence in medical practice in spite of the significant placebo effect in the treatment of several disorders. Although the first-line therapy for erectile dysfunction (ED) is oral phosphodiesterase type-5 inhibitor (iPDE5), the placebo effect in RCT of iPDE5 for ED occurs at a rate as high as 50%.

Aims. To evaluate the role of therapeutic illusion in the oral treatment for ED.

Methods. A prospective, controlled, single-blind, parallel-group study was performed at single-center. One hundred and twenty-three patients with ED were randomly assigned into three groups and received different letters: Group 1 (G1) was informed to be receiving a substance for ED treatment; Group 2 (G2) was informed that they could be receiving an active drug or placebo; Group 3 (G3) was conscious to be using placebo. Starch capsules were dispensed to all patients. Median follow up was 12 weeks.

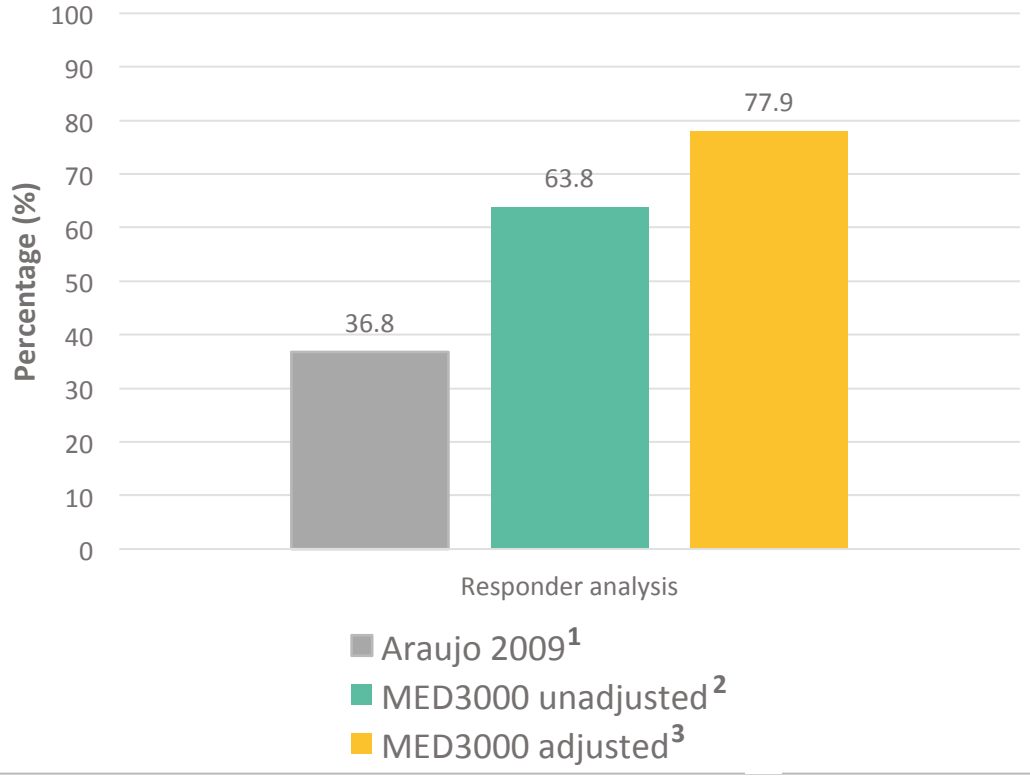
Main Outcome Measures. ED improvement was assessed after 8 weeks of the intervention by the erectile function domain of the International Index of Erectile Function (IIEF) and the Quality of Erection Questionnaire. ED severity was classified by the IIEF erectile function (IIEF-EF) domain score into five categories: no ED (score of 26–30), mild (22–25), mild to moderate (17–21), moderate (11–16), and severe (6–10). Improvement in IIEF-EF domain was considered as a change in category of severity.

Results. ED severity improved in all three groups (G1 = 31.7%, $P = 0.039$; G2 = 36.8%, $P = 0.028$; G3 = 36.8%, $P = 0.002$) and no difference was found among groups ($P = 0.857$). Improvement of quality of erection score was only significant in G2 ($P = 0.005$) and G3 ($P < 0.001$).

Conclusions. Written-suggested therapeutic illusion for patients with ED has no major influence in the outcomes. However, treatment of ED with oral placebo capsules demonstrates clinical effects, improving erectile function and quality of erection. **de Araujo AC, da Silva FG, Salvi F, Awad MC, da Silva EA, and Damião R. The management of erectile dysfunction with placebo only: Does it work? J Sex Med 2009;6:3440–3448.**

Key Words. Erectile Dysfunction; Erectile Dysfunction Treatment; Randomized Clinical Trial; Placebo; Placebo Effect; Placebo Response

COMPARATIVE RESPONDER ANALYSIS FOR MED3000 VS ARAUJO 2009 (GROUP 2[1])



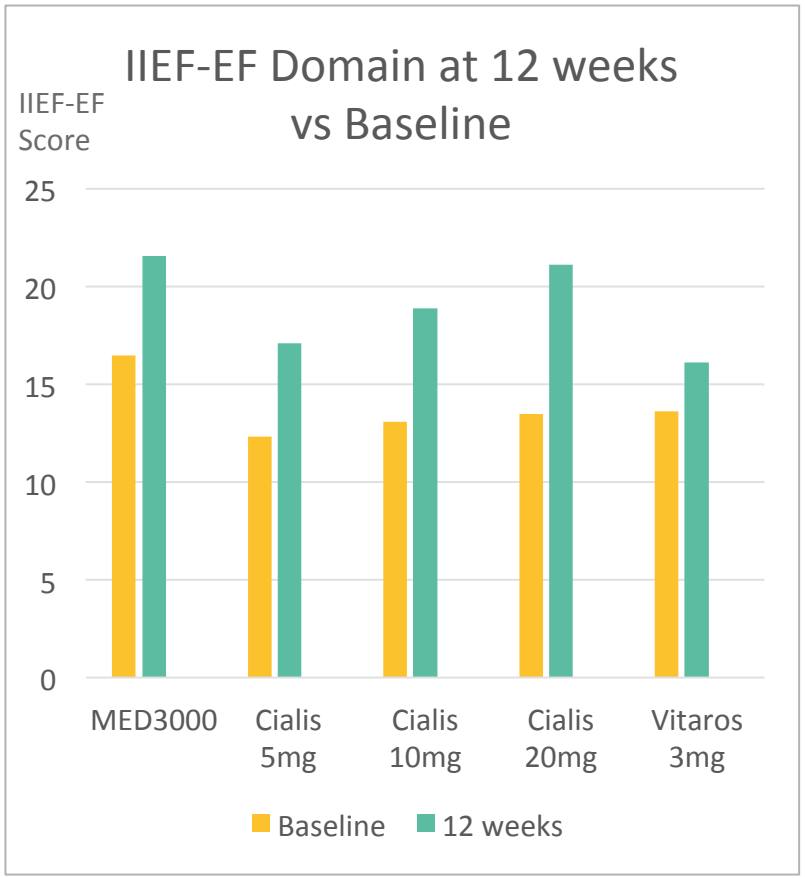
1. *Group 2 informed they would receive an active drug or placebo. Group 1 informed they would receive a substance for ED treatment and Group 3 was conscious to be using a placebo. Group 2 & 3 saw 36.8% ED severity improvement. Group 1 saw 31.7% ED severity improvement*
2. *MED3000 unadjusted – compares FM57 MED3000 results against Araujo 2009*
3. *MED3000 adjusted – compares FM57 MED3000 results but adjusting the patient ED severity score (IIEF) to a similar severity as Araujo*

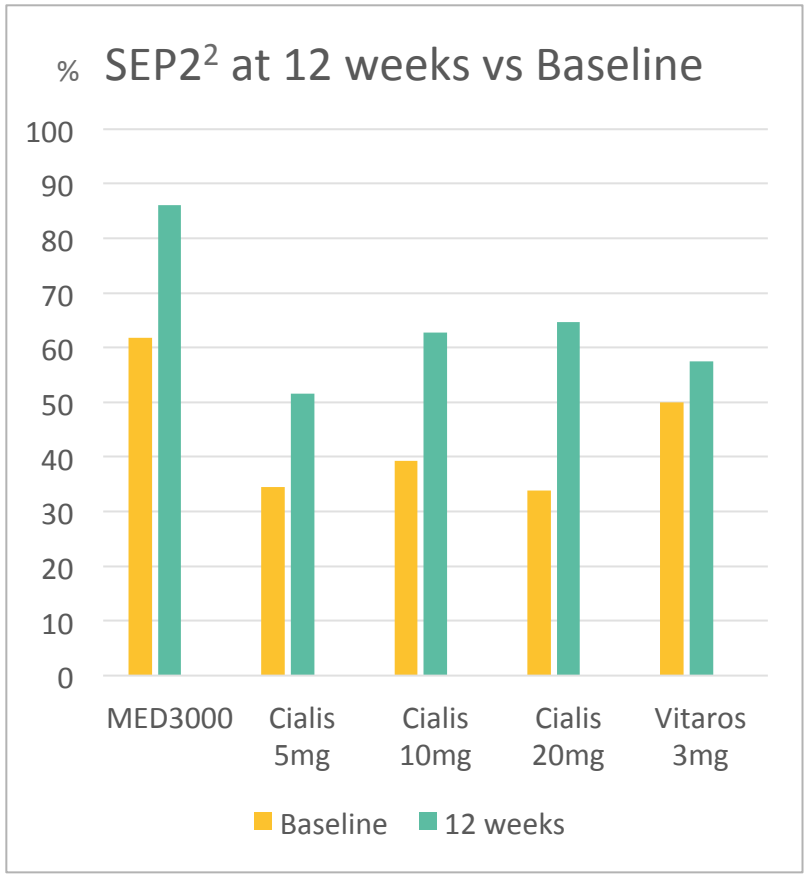
ED TRIALS IN MIXED POPULATIONS

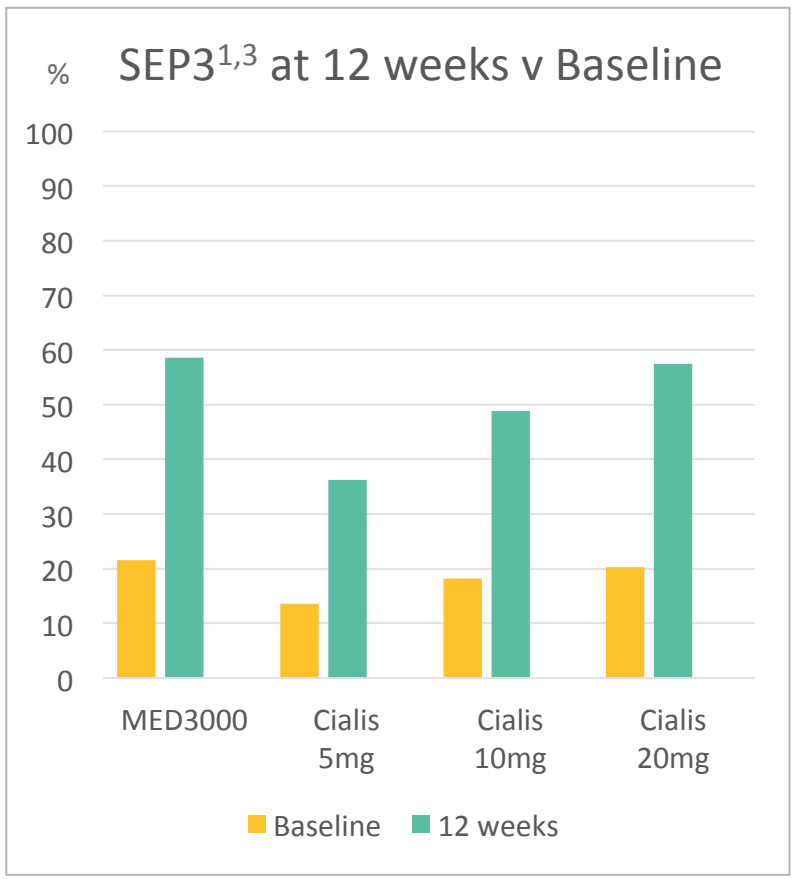
Study/Intervention	Product	Baseline IIEF-EF	Endpoint IIEF-EF	Difference
Carson et al 2002	Sildenafil	6.0	18.8	12.8
	Placebo	6.0	9.9	3.9
Montorsi et al 2004	Tadalafil	12.5	17.7	5.2
	Placebo	12.3	13.3	1.0
Hellstrom et al 2002	Vardenafil	12.8	21.8	9
	Placebo	13.6	14.8	1.2

MED3000- IIEF change from baseline (12 weeks)	
Mild	3.1
Moderate	5.9
Severe	12.1

EFFICACY OF MED3000 OBSERVED DATA VS CIALIS® AND VITAROS®[1]







1. Vitaros® data only shown for IIEF and SEP2. Vitaros® adapted their SEP3 question so not possible for like-for-like comparison
2. The ability to insert penis into the vagina
3. Erection long enough for intercourse

FM57 MED3000 – IIEF-EF EFFICACY & SIDE EFFECTS vs CIALIS®

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Table 1 - IIEF-EF Comparison of MED3000 vs Cialis® – All Severities

	FM57- IIEF-EF	Cialis® IIEF-EF			
	MED3000[1]	Placebo	5 mg	10 mg	20 mg
N	243	308	151	321	258
Mean Baseline	16.6	14.5	13.1	14.5	16
Mean Endpoint	21.6	15.1	17.7	21.1	23.9
Mean Change	5.1	0.6	4.6	6.5	7.9
Std. Deviation	5.63	N/A	N/A	N/A	N/A
Difference in Change: MED3000 minus Cialis®					
Mean	N/A	4.5	1.9	-1.4	-2.8
95% Confidence Interval	N/A	3.55, 5.45	-0.65, 1.65	-2.34, -0.46	-3.79, -1.81
p-value	N/A	<0.001	0.392	0.004	<0.001

Side Effect Profile – MED3000 versus Cialis®

Adverse Events	MED3000[1] (N=250)	Cialis® 5mg (N= 151)
Headache	3%	11%
Dyspepsia	0%	8%
Back pain	0%	5%
Myalgia	0%	4%
Nasal Congestion	0%	3%
Flushing	0%	3%
Pain in Limb	0%	3%

1. 1.2% penile burning noticed in males and 0.4% vulvovaginal burning in females with MED3000

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MED3000

MODE OF ACTION

MED3000 – UNIQUE EVAPORATIVE MODE OF ACTION

"Upon application of MED3000, the volatile solvent components evaporates. The glans penis is very highly innervated and there are sensors which are reactive to a range of physical sensations, including touch, pressure and temperature. The cooling from solvent evaporation, with subsequent warming, following topical application of the MED3000 gel, **stimulates more than one such sensor so that they react synergistically and result in tumescence and erection without inclusion of a drug substance** "

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REGULATORY STRATEGY & TIMELINES

MED3000 – ESTIMATED REGULATORY TIMELINES

US – De Novo Medical Device

FDA Meeting Request	▪ Submit meeting request ▪ Provide summary data	Dec 2019	✓
Pre-Submission Meeting (1st)	▪ Initial meeting to determine classification	Q1 2020	✓
1st Pre-submission meeting minutes expected from FDA in April 2020			
Pre-Submission Meeting (2nd)	▪ Review FM57 CSR[1] to determine data sufficiency	July 2020	
Submission of De Novo request	▪ Dossier filed subject to data sufficiency	Sept 2020	

EU – Class II Medical Device

QMS Evaluation	▪ Map out EU requirements for company QMS	Dec 2019	✓
EU Notified [2] Body Selection	▪ Selection and commission of EU Notified Body[2]	Q1 2020	✓
QMS[3] Update	▪ Updating of Futura's QMS[3] for MED3000	July 2020	
Application Submission	▪ Submission of MED3000 Technical File	July 2020	

1. *FM57 Clinical Study Report expected to be completed by end of April 2020*
2. *Notified Bodies are the regulatory authorities that oversee the approval of medical devices within the EU for all EU countries including the UK*
3. *Quality Management System*

MED3000 – A BREAKTHROUGH CLINICALLY PROVEN TREATMENT FOR ED

1	A first in the world, easy to apply gel Highly effective in mild, moderate and severe ED
2	Works in 5-10 minutes for spontaneous sex Use as part of foreplay
3	Very low side-effects No drug interactions
4	Patent protected Rx and OTC potential
5	Faster medical device regulatory pathway Major near term opportunity

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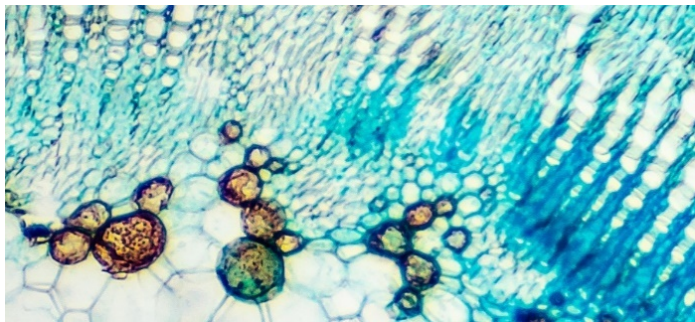
Please go to Part 2 of the webcast for Professor David Ralph's presentation

CURRENT ED TREATMENTS & UNMET MEDICAL NEEDS

Professor David Ralph

MED3000 - RESEARCH & DEVELOPMENT SEMINAR

1 April 2020



FUTURAMEDICAL

CURRENT ED TREATMENTS & UNMET MEDICAL NEEDS

Professor David Ralph

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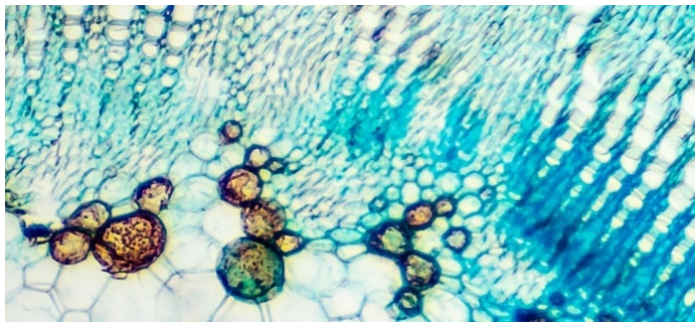

FUTURAMEDICAL

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David Ralph

IS SEXUAL ACTIVITY BENEFICIAL?

1. **The Duke Longitudinal Study of Ageing (1982)**
   Frequency of intercourse a significant predictor of longevity in men

2. **Swedish Study (1981)**
   Early cessation of sex associated with premature death

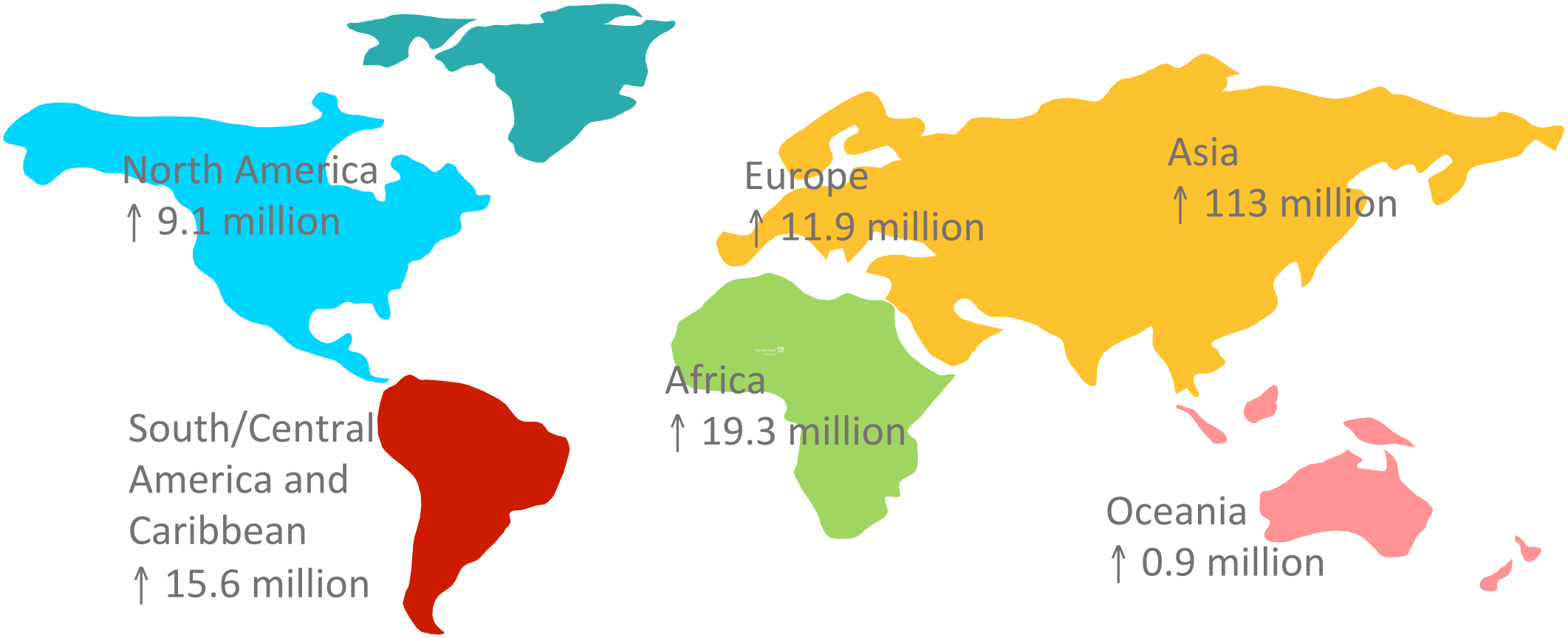
3. **Caerphilly Cohort Study (BMJ 1997)**
   50% reduction in cardiac death with more than two orgasms per week

ERECTILE DYSFUNCTION AND QUALITY OF LIFE

1. Low self esteem and confidence
2. Partner concerns – affair, less attractive
3. Loss intimacy
4. Affects work and family
5. Depression

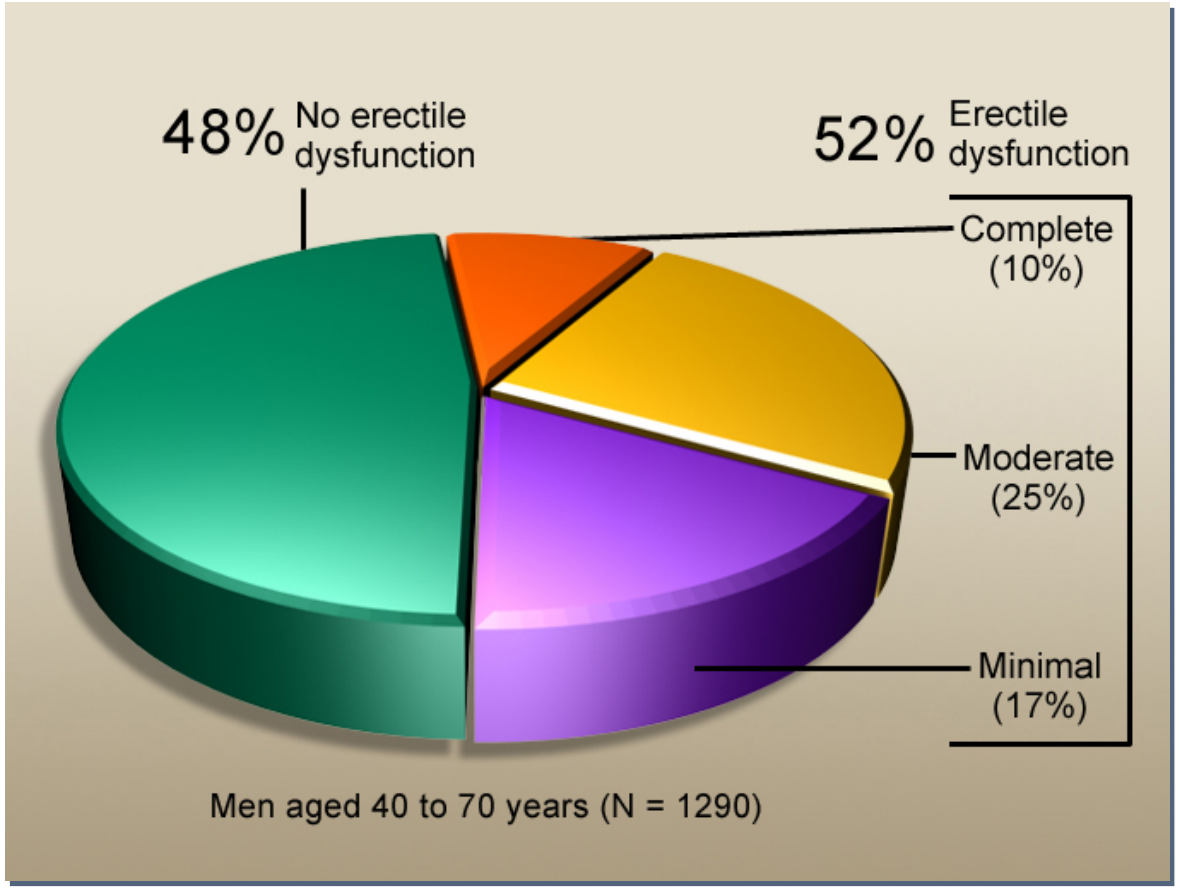
THE SCOPE OF THE PROBLEM

The number of men with ED will increase from 152 million men in 1995 to 322 million men by 2025[1]



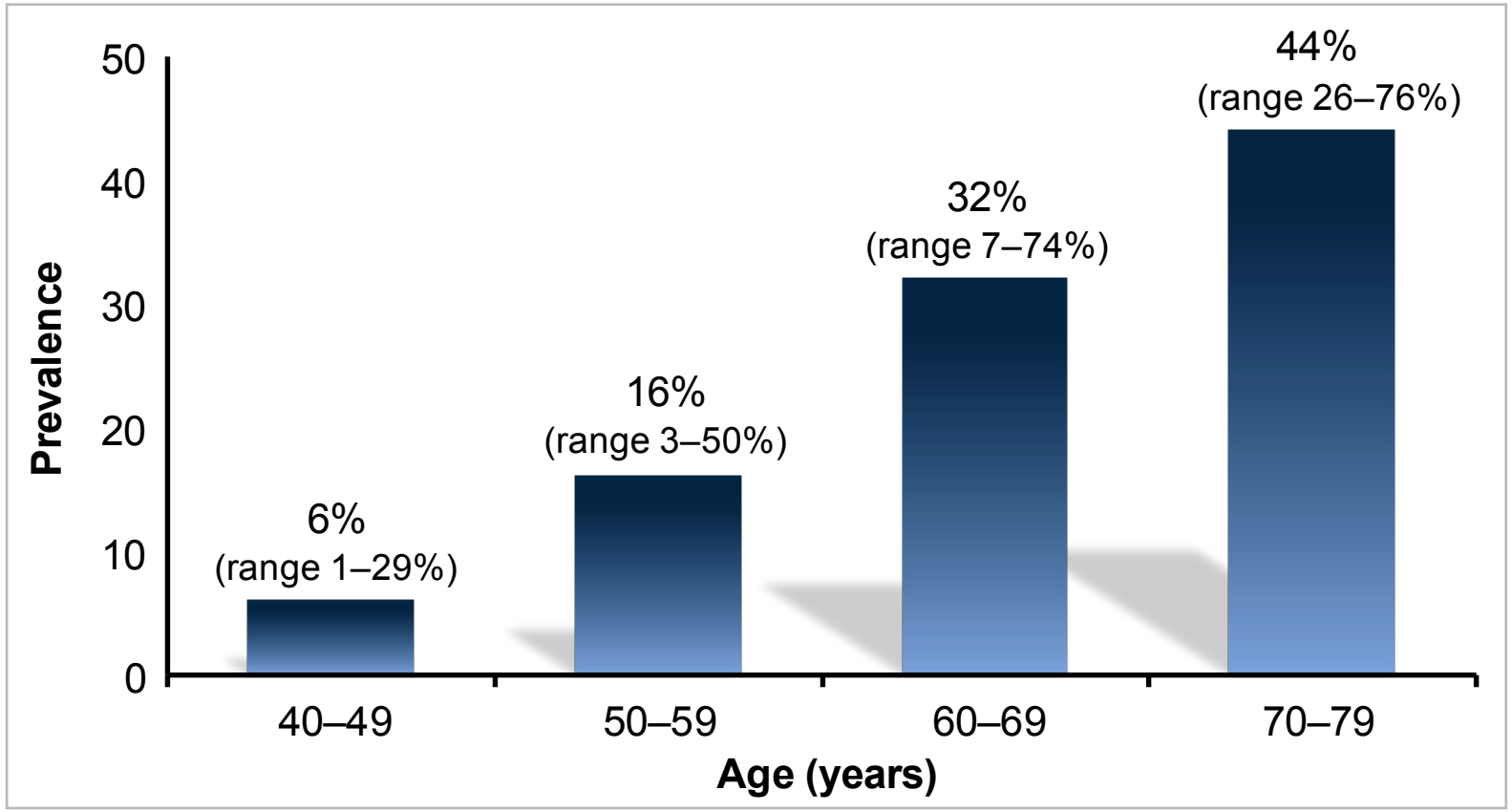
1. *Adapted from McKinlay JB. Int J Impot Res. 2000;12(suppl 4):S6-S11.*

MASSACHUSETTS MALE AGING STUDY: KEY PREVALENCE STUDY OF ED



Massachusetts Male Aging Study.
Feldman HA, et al. J Urol. 1994;151:54-61.

PREVALENCE OF ED INCREASES WITH AGE



Data from 34 studies with a Prins score ≥12 and published in peer-reviewed literature showing median and range of ED prevalence in different age groups of men

RECREATIONAL USE OF PDE5I – PERFORMANCE ANXIETY

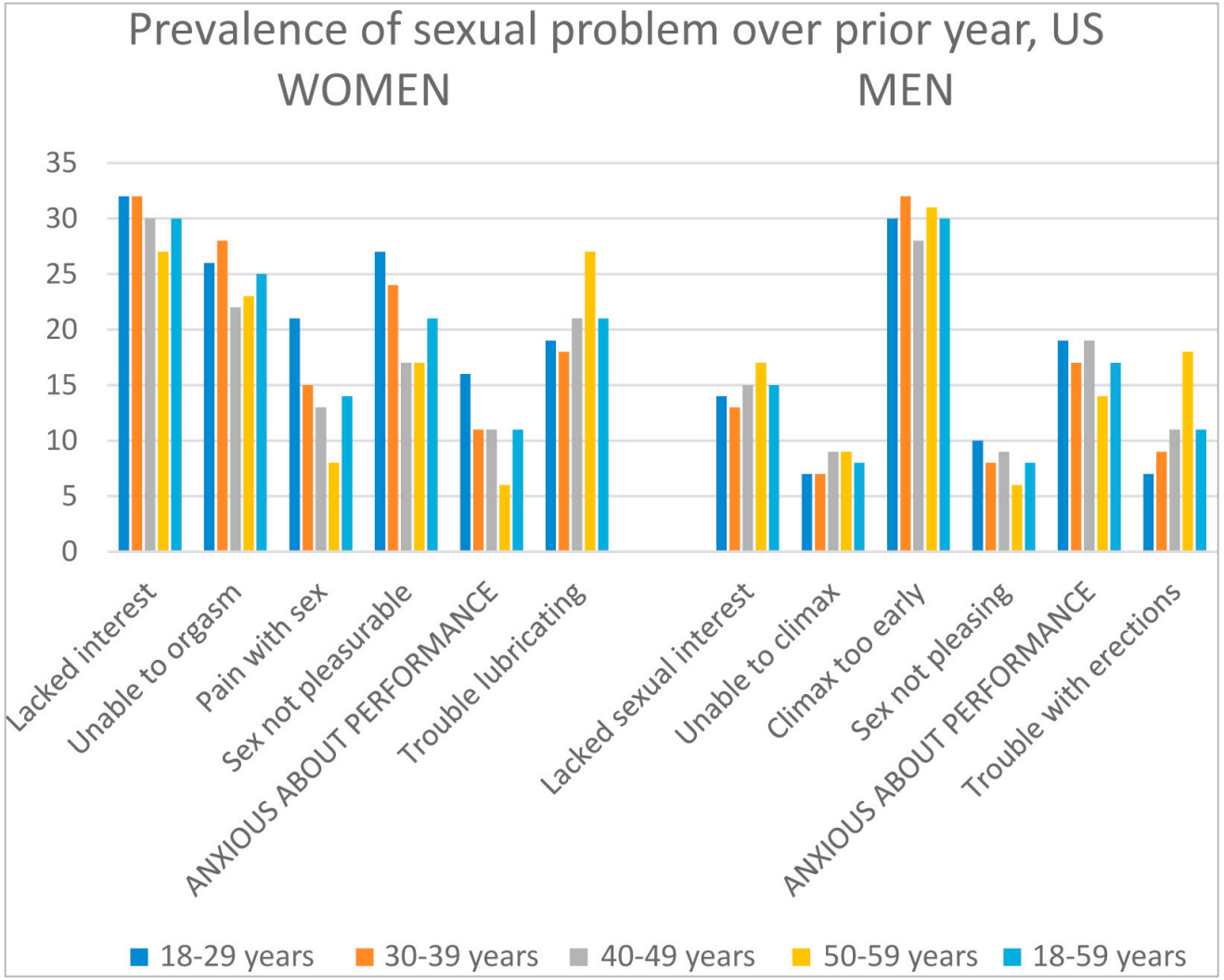
21.5% of healthy men between 18 and 30 years old used PDE5i as a recreational drug, mostly associated with alcohol or other drugs without medical control.

This could have led to misuse and a public health problem.

Schnetzler G, et al., J Sex Med. 2010

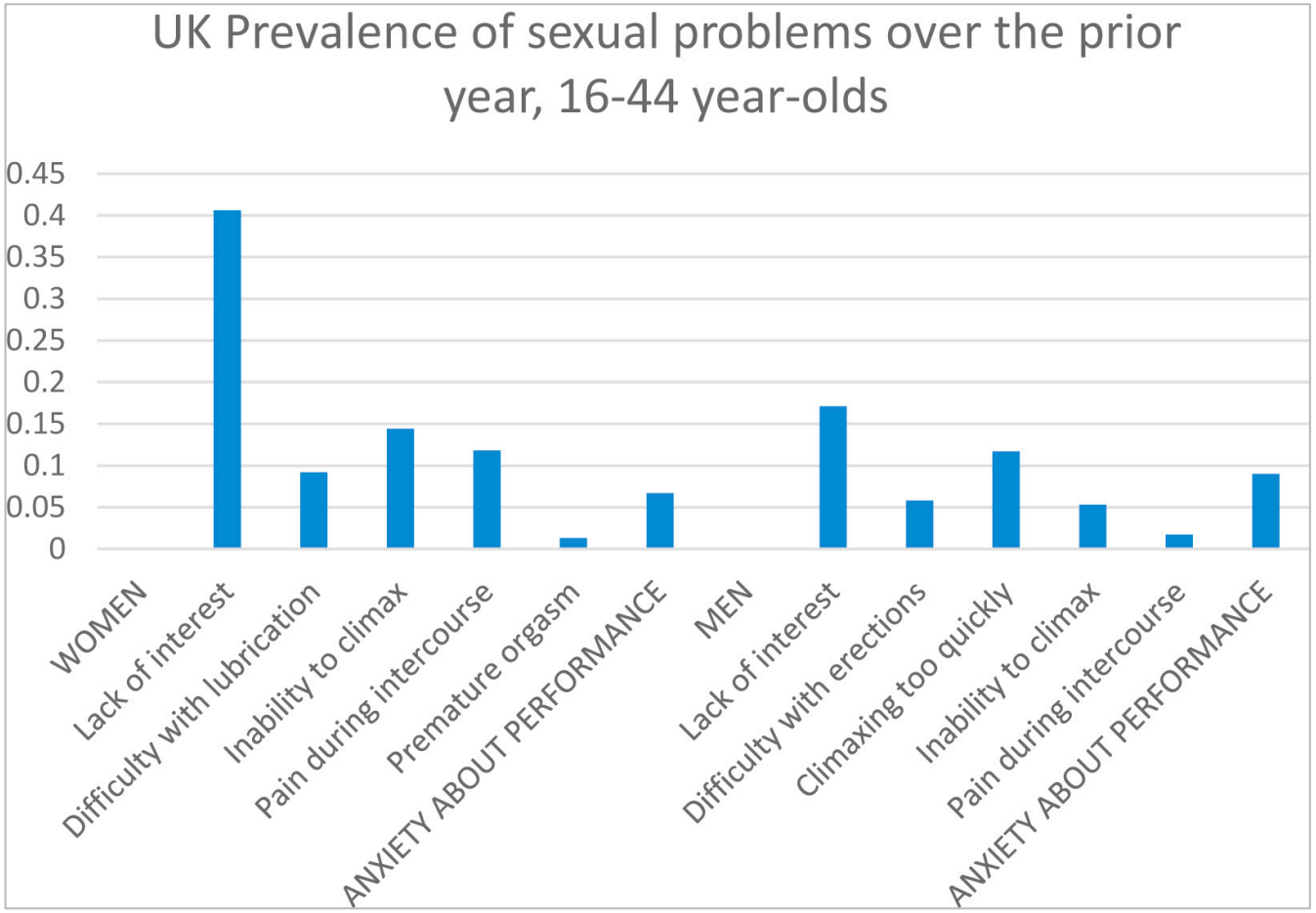
Bechara A et al., J Sex Med. 2010

SEXUAL PERFORMANCE ANXIETY



Robert E. Pyke, Sexual Medicine Reviews 2019

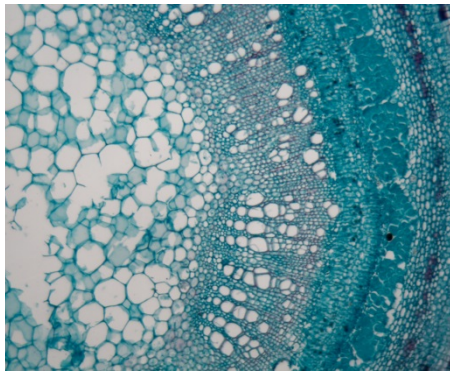
SEXUAL PERFORMANCE ANXIETY



Robert E. Pyke, Sexual Medicine Reviews 2019

ERECTILE DYSFUNCTION AND DIABETES

1	Overall ED 3-4 times more common in men with diabetes
2	Between 30 & 70 % of men with Diabetes mellitus will develop ED
3	20% have it at diagnosis
4	Onset commonly occurs within first 10 years in > 50% of diabetic men
5	ED related to duration & severity
6	Correlates with diabetic control



RELATIONSHIP OF ED (INCIDENT OR PRESENT AT BASELINE) & INCIDENT CVD

End Points	Unadjusted HR for ED (95% CI)	*P* Value
Angina	1.99 (1.48-2.67)	<0.001
MI	1.86 (1.50-2.30)	<0.001
Stroke	2.72 (1.76-4.20)	<0.001
TIA	2.45 (1.45-4.12)	0.001

Thompson IM, et al. JAMA. 2005;294:2996-3002
HR = hazard ratio CI = confidence interval

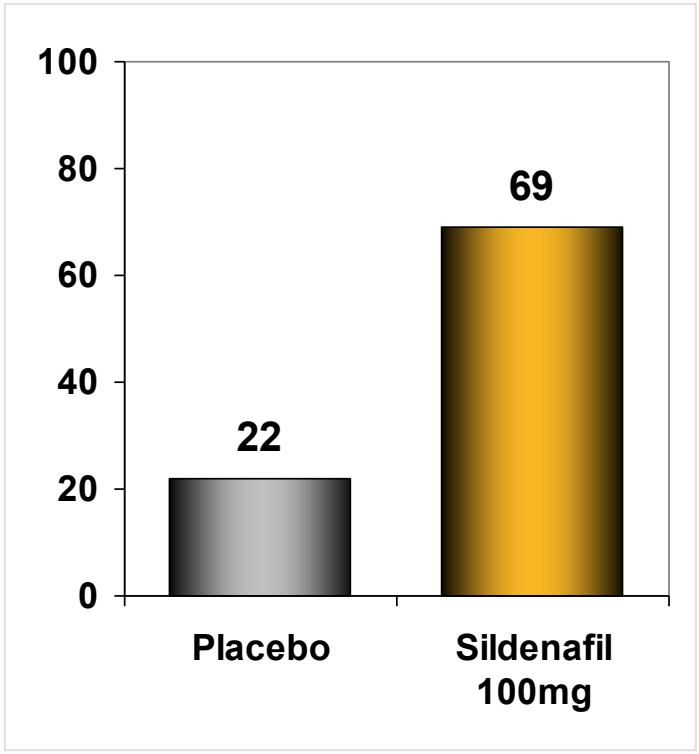
PDE5 INHIBITORS ADMINISTRATION TIMES

PDE5-i	Administration times
Sildenafil	60 minutes before sexual activity[1]
Vardenafil	25-60 minutes before sexual activity[2]
Tadalafil 10mg	prior to sexual activity[3]
Tadalafil 20 mg	30 minutes prior to sexual activity[3]
Avanafil	30 minutes before sexual activity[4]

1. Viagra [SPC] Pfizer Ltd. 2008; 2. Levitra [SPC] Bayer Pharma AG 2008; 3. Cialis [Package leaflet] Eli Lilly Nederland B.V. 2012; 4. MENARINI INTL. 2013

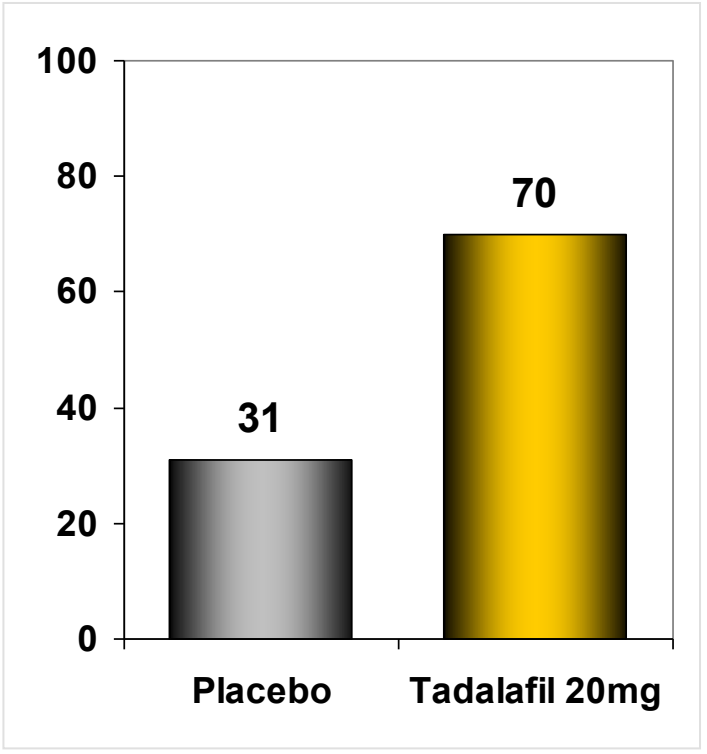
SUCCESSFUL INTERCOURSE (%)

Sildenafil



P<0.001

Tadalafil



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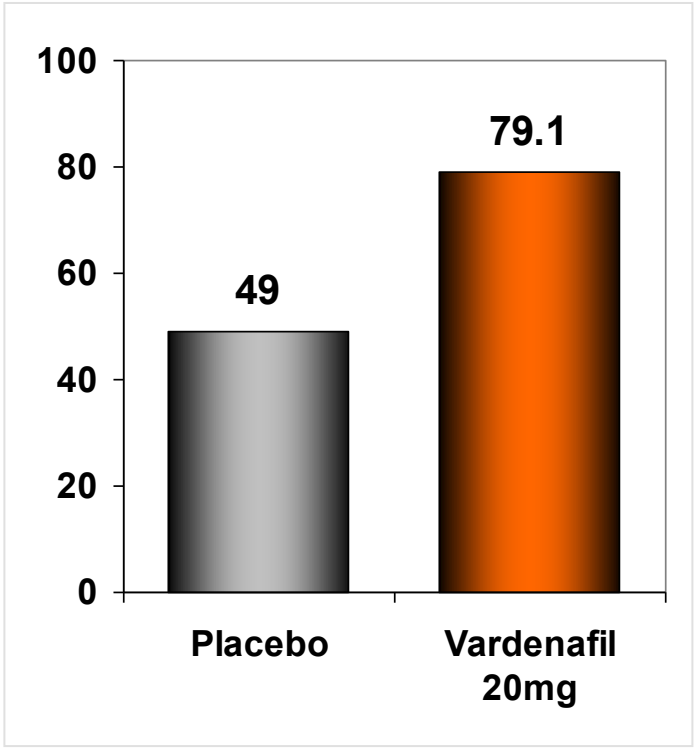
Vardenafil



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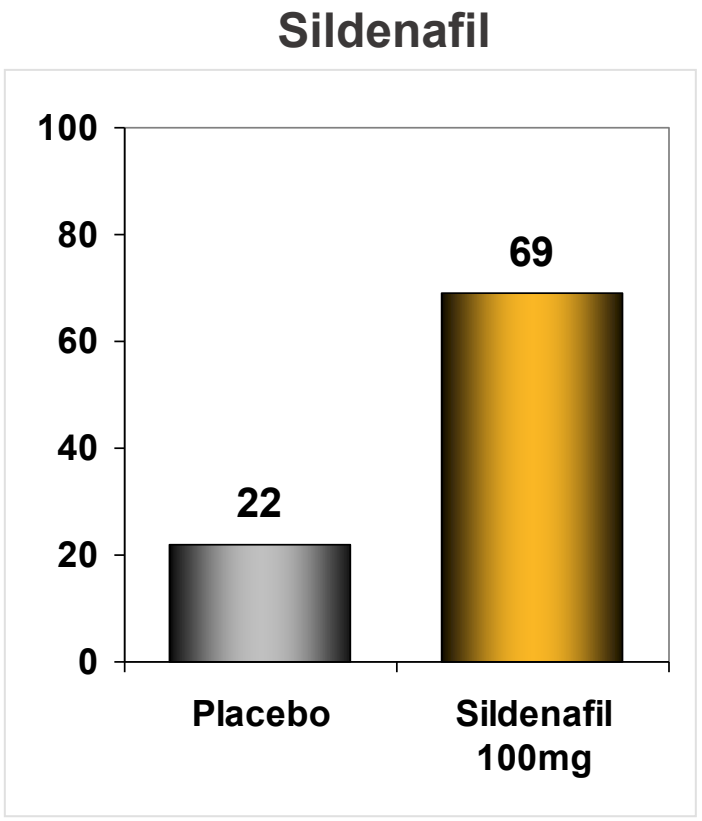
Hellstrom WJG et al. Urology 2003, 61(S4A):8-14; Goldstein I et al. NEJM 1998, 338:1397-1404; Brock G et al. J Urol 2002, 168:1332-1336

DIABETES MELLITUS: SEP3* (%)



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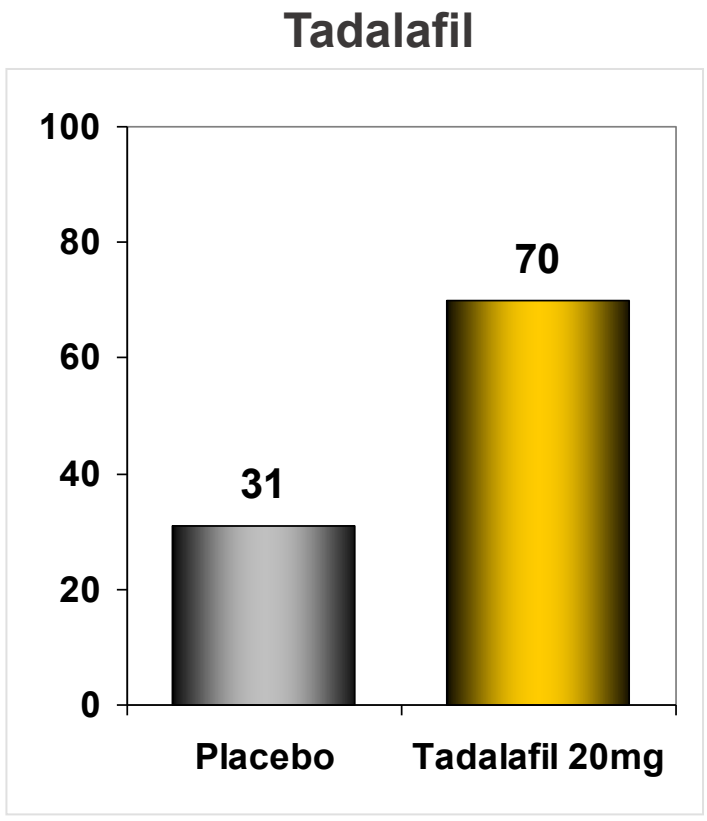

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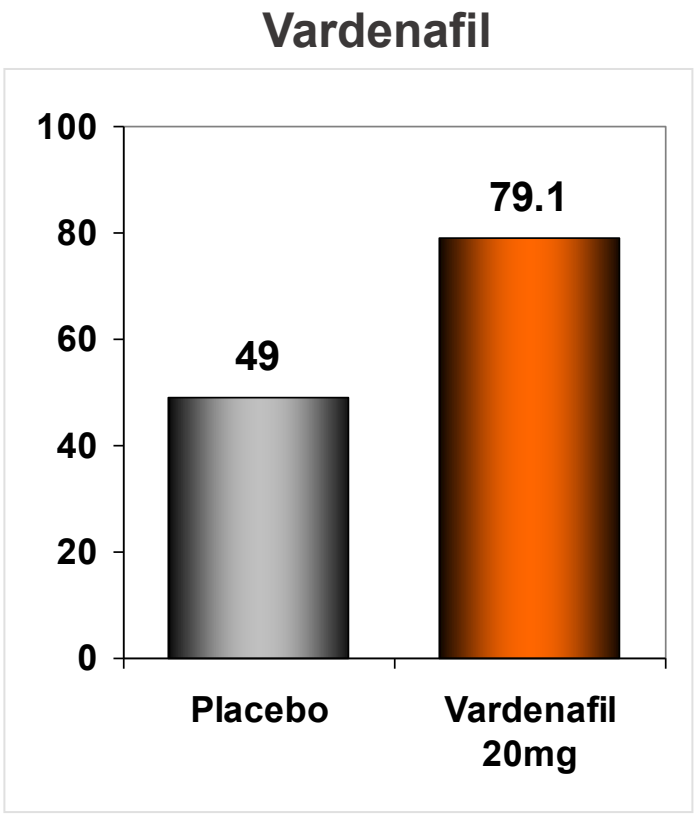
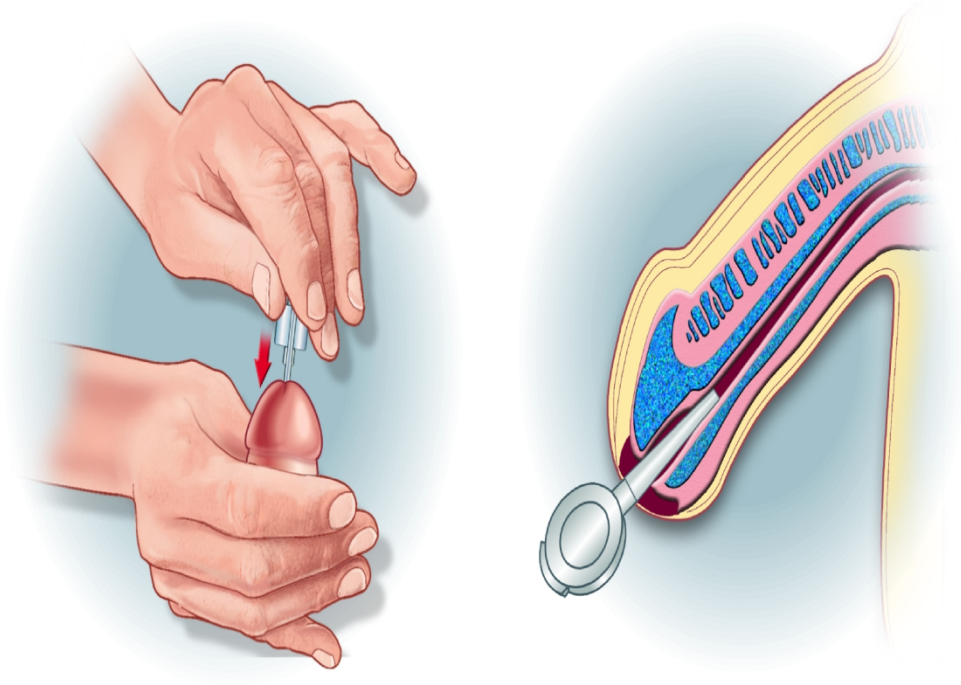


P<0.001

Goldstein I et al. Diabetes Care 2003, 26:777-783: Boulton AJM et al. Diabetologia 2001, 44:1296-1301:Strojek K et al. Int J Impot Res 2003, 15(S6):S26-S27
** SEP3 = Sexual Encounter Profile Question 3, percentage of sexual attempts in which men were able to maintain an erection of sufficient duration to have successful intercourse*

CAVERJET®

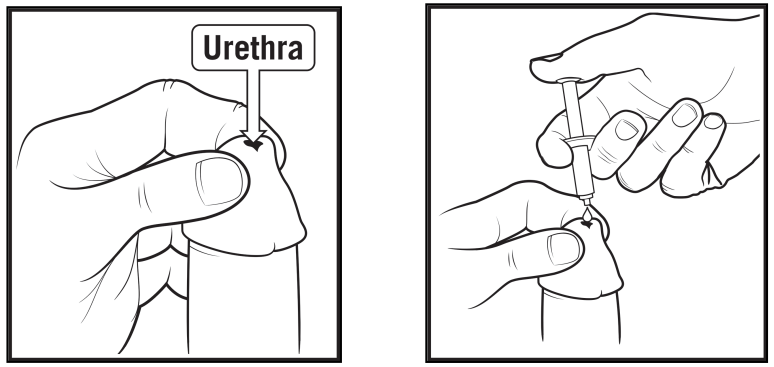
MUSE®



SINGLE USE SYSTEM FOR ADMINISTERING ALPROSTADIL INTO THE URETHRA

VITAROS®

Vitaros® (0.3 ml) is applied topically for a local effect

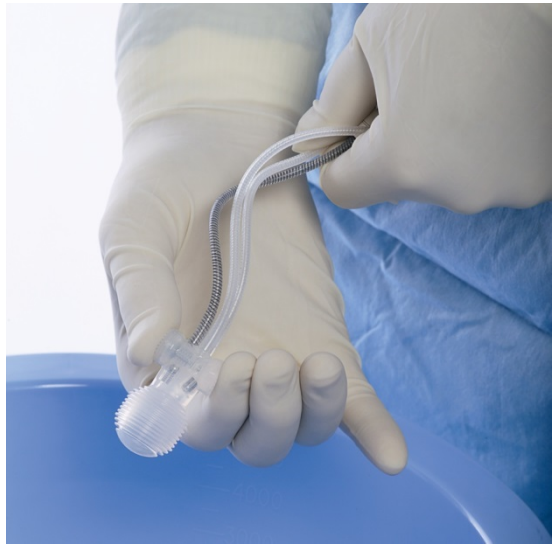


- No insertion of the applicator into the penis
- Training in the application procedure recommended to achieve optimal efficacy

VACUUM ERECTION DEVICE

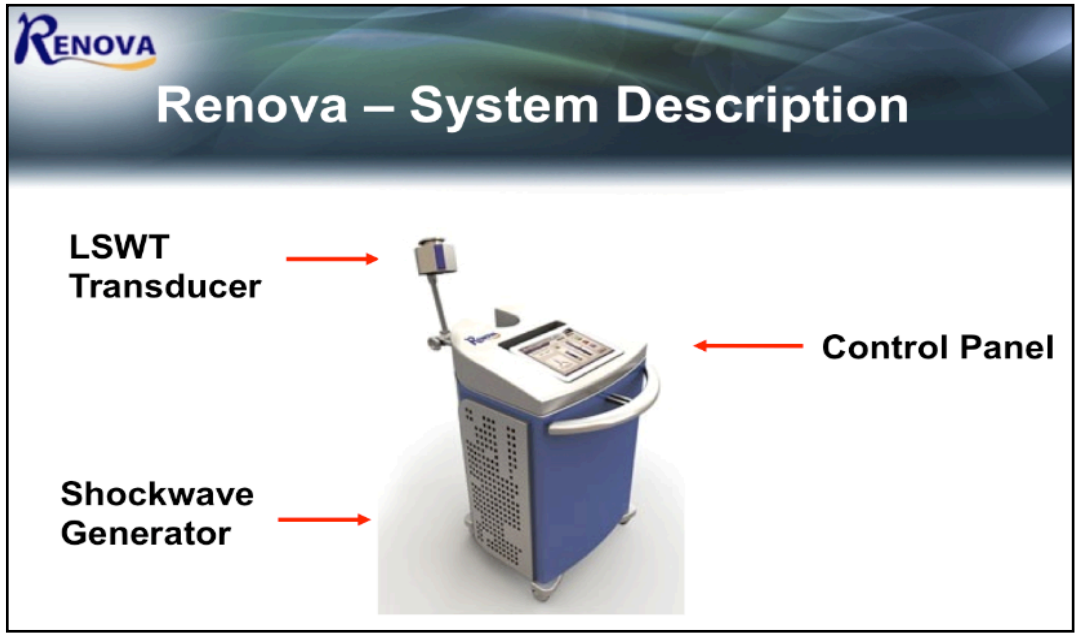
VACUUM-DEVICE THERAPY: OSBON ERICAID™

INFLATABLE-3 PENILE PROSTHESIS



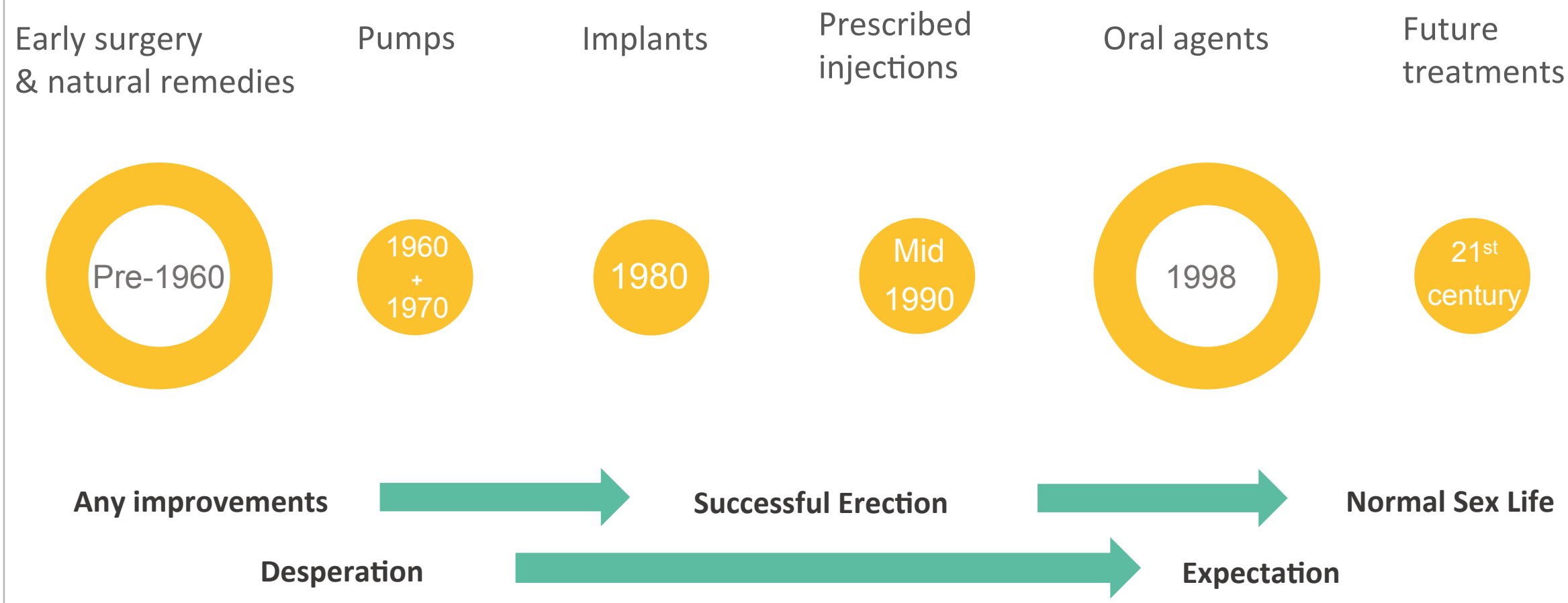
COLOPLAST TITAN

RENOVA® – SHOCKWAVE



MORE EXPERIENCE & EVIDENCE IS NEEDED

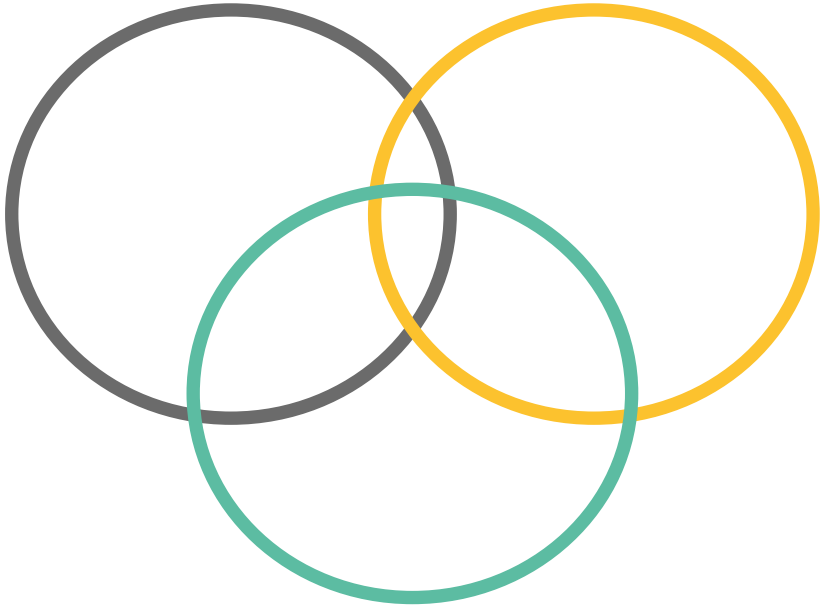
CHANGING MINDSET FOR ED TREATMENTS



Hackett GI. Eur Urol 2002:1;4-11

HOW DECISIONS ARE MADE IN CLINICAL PRACTICE

Evidence
Efficacy
Safety
Tolerability
Duration



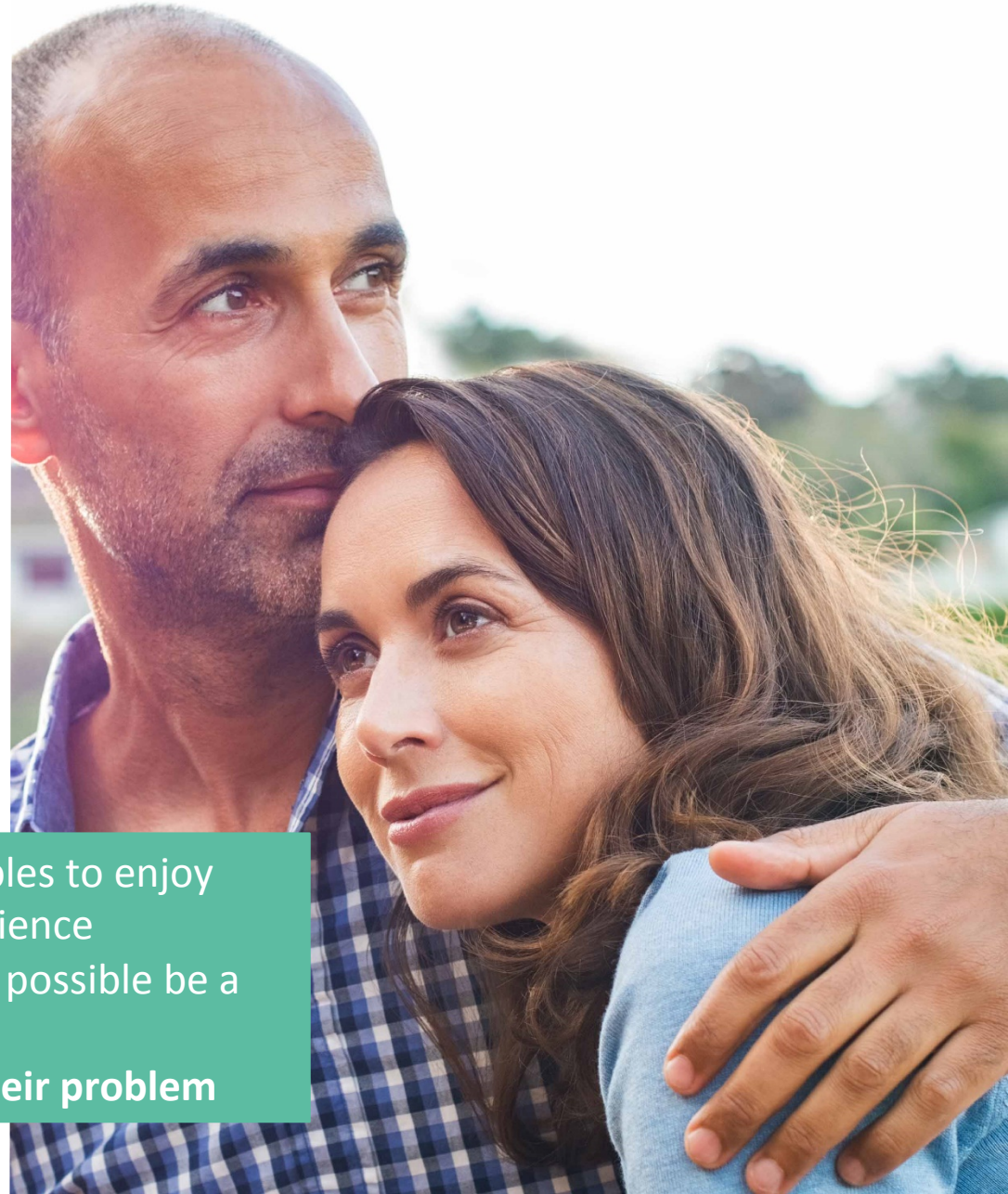
Experience
Familiarity
Expertise
Reputation

Preferences, Values, and Rights
Marital status
Culture
Costs
Expectations

McMahon CM et al. Potential predictors for treatment preference in men with erectile dysfunction taking sildenafil and tadalafil in an open-label switch triaL. J Sex Med. 2004;11:40

THE IDEAL ED TREATMENT - WHAT PATIENTS WANT

1. EFFECTIVE
2. RAPID
3. SAFE
4. TOLERANCE FREE
5. CHEAP
6. NO EFFECT ON DESIRE
7. DISCREET
8. SPONTANEOUS
9. LOCAL THERAPY
10. UNAFFECTED BY FOOD OR DRINKS
11. ACCEPTABLE TO PARTNER
12. CURE – STEM CELLS?



- The aim: Enable the couples to enjoy **satisfactory** sexual experience
- Therapy should as far as possible be a couples experience:
- **Not his problem – but their problem**

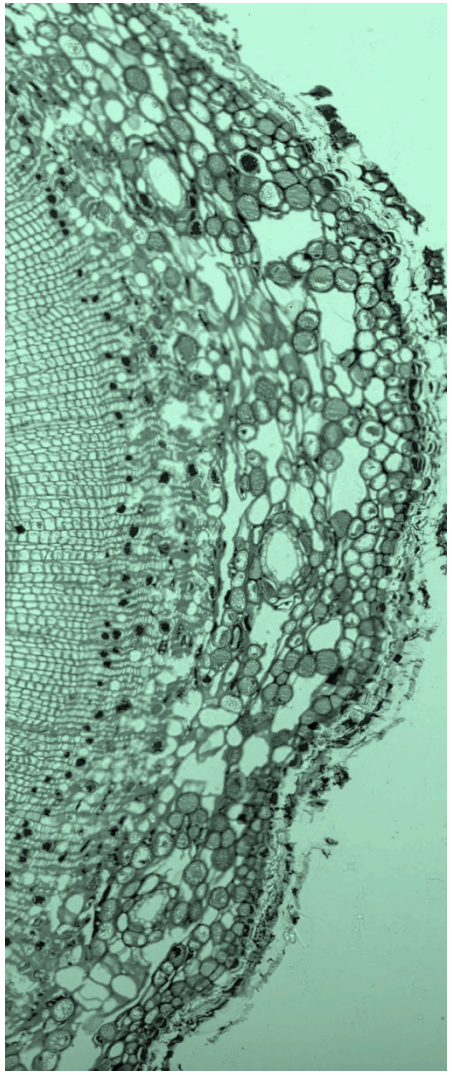
FUTURAMEDICAL

CONCLUSION

James Barder
CEO

THE IDEAL ED TREATMENT - WHAT MED3000 DELIVERS

1	EFFECTIVE	✓	**Highly effective clinically proven treatment**
2	RAPID	✓	**Onset within 10 minutes for 60% of patients**
3	SAFE	✓	**Excellent safety profile**
4	TOLERANCE FREE	✓	**No expected contra-indications**
5	CHEAP	✓	**Low cost of goods**
6	NO EFFECT ON DESIRE	✓	**Easy application which can form part of foreplay**
7	DISCREET	✗	**Not as discrete as oral**
8	SPONTANEOUS	✓	**Yes**
9	LOCAL THERAPY	✓	**Yes**
10	UNAFFECTED BY FOOD OR DRINKS	✓	**Yes**
11	ACCEPTABLE TO PARTNER	✓	**30% of applications in FM57 made by partner**
12	CURE – STEM CELLS?	✗	**No – treatment, not a cure**



The aim: Enable the couples to enjoy **satisfactory** sexual experience
Therapy should as far as possible be a couples experience: **Not his problem – but their problem**