femaSeed®
Intratubal Insemination

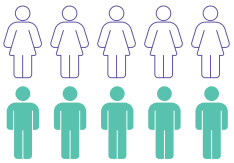
The birth of a new era in infertility treatment.

Enhance Your Practice With FemaSeed

Over 10 million U.S. women struggle with infertility[1]

Sperm counts worldwide have declined by > 50%[2]

~50% of infertility is due to male factor[3]



Only a fraction seek treatment[1]

Patient Market Research*

Participants: 1,000 women in the U.S., ages 18-50 interested in artificial insemination.

58%
considered infertility treatment but have not taken action yet.

> 90% agree FemaSeed...
- addresses problems with other infertility treatments
- should be offered as first-line option
- obvious choice over historic IUI because more effective
- makes sense before IVF because costs less and has less risk

$60,000
On average, women are willing to spend >$60k on infertility treatments.

*Data on file at Femasys Inc.

Set Your Practice Apart With FemaSeed

Provide your patients with a new option.

Simple workflow implementation
- No taxing of existing resources
- No additional overhead costs
- Utilizes known skill set

Increased practice revenue
- Expand practice services
- New, reliable revenue stream
- Alternative to IUI; prior to IVF

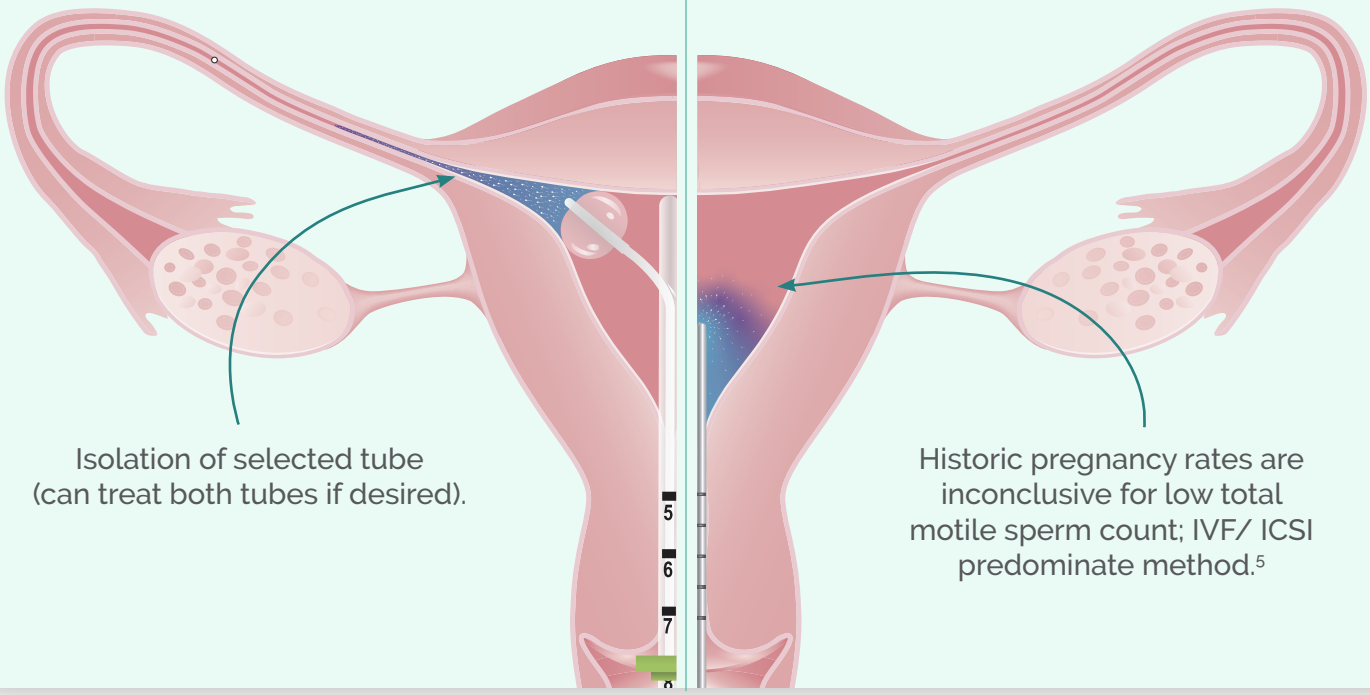
Be at the forefront of fertility technology
- No new innovations in decades
- Next generation insemination
- FemaSeed is **over 2x more effective** than historic IUI[4]

femasys®

Say goodbye to IUI. Say hello to FemaSeed.

FemaSeed
Targeted Insemination
(to fallopian tube without catheterization)

Historic IUI
Untargeted Insemination
(to hostile environment of uterine cavity)



Isolation of selected tube
(can treat both tubes if desired).

Historic pregnancy rates are inconclusive for low total motile sperm count; IVF/ ICSI predominate method.[5]

Comparison of Pregnancy Rates

FDA IDE approved clinical trial, NCT04968847
Design: prospective, single-arm, historical control

FemaSeed ITI[4]	Historic IUI[6]
26.3% per subject **17.5%** per cycle (1-20M total motile sperm count)	**6.7%** per cycle FemaSeed study design matches patient population (> 1M total motile sperm count; no upper limit)

References:
1. NSFG – Listing I – Key Statistics from the National Survey of Family Growth. Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 16 Dec. 2022, https://www.cdc.gov/nchs/nsfg/key_statistics/i-keystat.htm#infertility.
2. Levine, et al. (2017) Temporal trends in sperm count: a systematic review and meta-regression analysis. Human Reproduction, Vol. 23, No. 6 pp.646-659.
3. Kumar N, et al. (2015) Trends of male factor infertility, an important cause of infertility: A review of literature. J Hum Reprod Sci. 8(4): 191–196. doi: 10.4103/0974-1208.170370
4. Femasys Inc. corrected; Femasys Announces Positive Topline Data from Pivotal Trial for its FDA-Cleared FemaSeed® for the Treatment of Infertility. BioSpace, Mar 20,2024 https://www.biospace.com/article/releases/femasys-announces-positive-topline-data-from-pivotal-trial-for-its-fda-cleared-femaseed-for-the-treatment-of-infertility/
5. Schlegel, et al. (2020) Diagnosis and treatment of infertility in men: AUA/ ASRM guideline part II. Fertility and Sterility. https://doi.org/10.1016/j.fertnstert.2020.11.016
6. Duran et al. (2002) Intrauterine insemination: a systematic review on determinants of success. Human Reproduction, vol.8, no. 4, pp. 373-384.

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