

Neuronetics, Inc.

NASDAQ: STIM

Company Presentation

May 2019

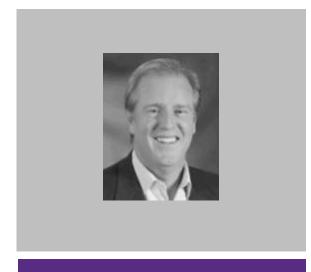


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Presenters



Chris Thatcher

President & Chief Executive Officer

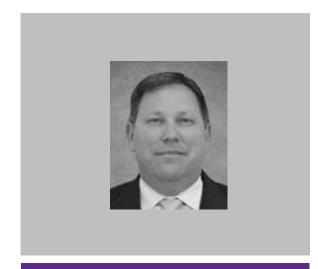
24 years of experience:



BAUSCH+LOMB







Peter Donato

Vice President & Chief Financial Officer

27 years of experience:











Neuronetics Snapshot

NeuroStar Advanced Therapy — Transcranial Magnetic Stimulation (TMS)

Focused on psychiatric indications

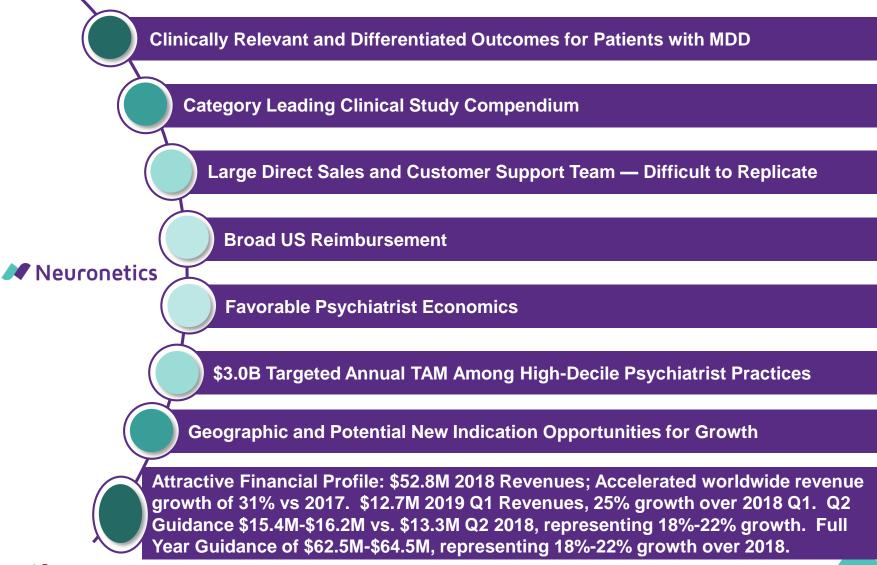
Initial Indication: Adult Major Depressive Disorder (MDD)

Safe, effective and non-invasive office-based treatment

 FDA cleared, CE mark and approved in Japan in September 2017. Reimbursement listing expected in June 2019.



Investment Highlights



Major Depressive Disorder



Disease Overview

- Characterized by depressed mood or loss of interest in pleasure for at least two weeks
- Periods of remission and relapse over a lifetime
- 300 million people worldwide living with depression
 - 13 million adults with MDD in the US
 - 3.0% incidence rate

Disease Burden

Economic burden in US of \$210 billion annually

Medical Management

- First line treatment is antidepressants with or without psychotherapy
 - Care by PCP, followed by referral to psychiatrist after failed treatment attempt

MDD is the single largest contributor to global disability and a major contributor to suicide worldwide *

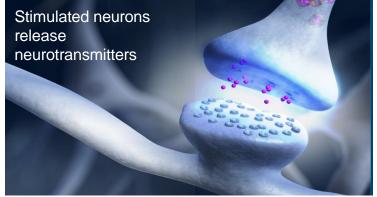
*Source: https://www.who.int/news-room/fact-sheets/detail/depression



Transcranial Magnetic Stimulation

- TMS uses pulsed, MRI-strength magnetic field
- Induces electrical currents to stimulate specific areas of brain associated with mood
- Stimulation triggers a cascading electro-chemical effect
- Changes connections in brain structures to improve neuronal circuit activity and mood



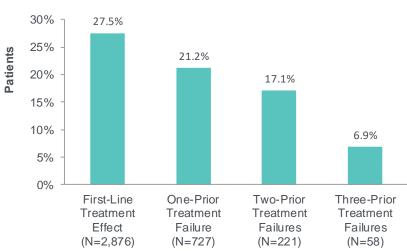


Effectiveness of TMS therapy depends on precise and targeted stimulation that is consistent and repeatable over treatment sessions

Limitations of Antidepressant Medications

Limited Effectiveness

STAR*D Study¹ Achieving Remission (HAMD 17)

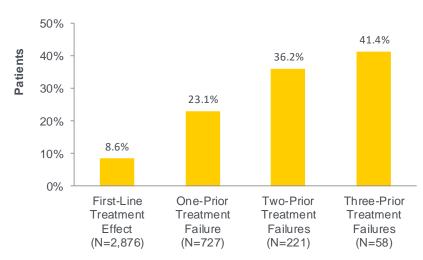


Approximately 28% and 21% of patients achieved remission in their first and second medication attempts, respectively

 Likelihood of remission was limited and declined with each new medication attempt

Treatment-Emergent Side Effects

STAR*D Study¹ Discontinuation Due to Side Effects

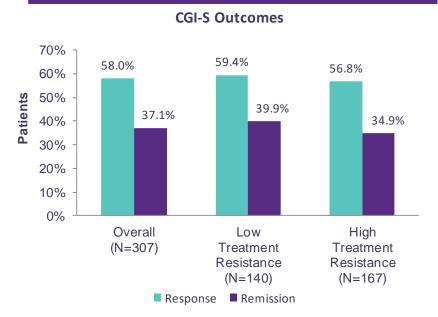


- Likelihood of discontinuing treatment increased with each new medication attempt
- In the fourth treatment attempt, likelihood of dropping out of treatment had more than quadrupled
- Adverse events discontinuation rate in monotherapy 9% to 41%



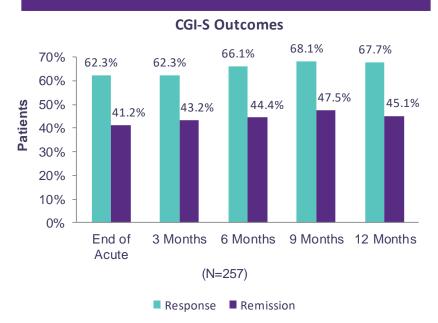
Clinically Proven Solution

Acute Phase in Real-World Clinical Settings Study¹



- 1 in 2 patients respond
- 1 in 3 patients achieve remission

Long-term Durability in Real-World Clinical Settings Study²



 Long-term durability has been demonstrated with response and remission rates among users

Outcomes Registry

- Large registry of treatment resistant depression nearly 3,000 patients across ~95 treatment facilities
- Remission rate of 33% and response rate of 63% for nearly 3,000 self-evaluating patients
- Remission rate of 54% and response rate of 76% for 900+ patients evaluated by clinician rating scale





2. Dunner, D.L., et al. (2014) The Journal of Clinical Psychiatry, 75(12):1394–1401

Clinically Proven Solution

Two Randomized Controlled Trials

- Sponsored largest RCT, sham-controlled TMS trial ever conducted
 - Enrolled 325 adult patients with treatment resistant MDD
 - Primary Efficacy Endpoint: MADRS at 4 weeks (P=0.057); not achieved but clinically meaningful improvement demonstrated
 - Secondary Efficacy Endpoints Included: HAMD 17 at 4 and 6 weeks (P=0.006 and P=0.005, respectively); HAMD 24 at 4 and 6 weeks (P=0.012 and P=0.015, respectively)
 - Basis of initial 510(k) clearance in 2008 failed one prior antidepressant medication¹
 - All patients who failed one prior researchgrade Rx (N=164; MADRS, P=0.0006)
- Second, industry-independent RCT, sham-controlled trial funded by the NIMH
 - Enrolled 199 adult patients with treatment resistant MDD
 - Primary Efficacy Endpoint: Remission measured using HAMD 24 at up to 6 weeks (P=0.02)
 - Basis of expanded labeling in 2014 failed <u>one or more</u> prior antidepressants²

Unmatched Body of TMS Clinical Data



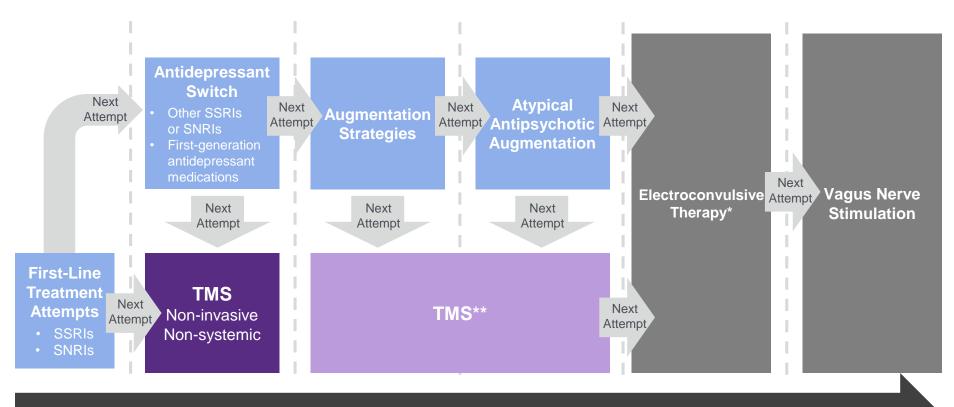
Safety Record

- > 2.3 million treatment sessions delivered
- > 62,900 patients treated
- Adverse events discontinuation rate ~5%³

^{1.} O'Reardon, J.P., et al. (2007) Biological Psychiatry, 62(11):1208–1216

^{2.} George, M.S., et al. (2010) Archives of General Psychiatry, now published as JAMA Psychiatry, 67(5):507-516

MDD Patient Continuum of Care



Psychotherapy

NeuroStar Advanced Therapy is indicated for treatment of MDD in adult patients who have failed to achieve satisfactory improvement from prior antidepressant medication in the current episode

^{**} TMS may be used at any point along the continuum of care following one or more failed treatment attempts



^{*} ECT may be used earlier in the patient continuum of care in patients experiencing catatonia, acute suicidal behaviors or psychotic symptoms

Our Solution: NeuroStar Advanced Therapy

NeuroStar Advanced Therapy System



Therapy

- Psychiatrist establishes treatment dose and positioning in first session
- Five days a week for up to six weeks
- Trained member of office staff may administer subsequent treatment sessions under psychiatrist supervision

Efficient



- Non-invasive and no anesthesia
- MT Assist
- Treatment time as low as 19 minutes
- TrakStar stores patient's treatment data

Precise





- SenStar magnetic field detector
- Proprietary, laser-aligned, six-point coordinate system

Large Annual Total Addressable Market Opportunity

KEY DRIVER US Market Opportunity 21 Million MDD Sufferers in US 13.3 Million Adult MDD Sufferers **PREVALENCE** 11111 ~7.6 Million TREATED PATIENTS Adult MDD patients currently being treated by a psychiatrist annually ~5.5 Million **FAILED TO ACHIEVE** Adult MDD patients who have failed to achieve **REMISSION** remission from one or more prior antidepressant medications ~3.8 Million **COVERED BY** Adult MDD patients with commercial insurance **INSURANCE** or Medicare coverage Annual US Total Addressable **TOTAL US MARKET** Market (TAM) Opportunity **OPPORTUNITY** $$9.6B^{(1)}$

^{1.} Represents potential revenues from treatment sessions annually, based on expected revenues for a standard course of treatment



Payors and Reimbursement

Payor Coverage

- Estimated to cover 95% of total private payor covered lives in the US
- 95+ major US private insurers provide coverage policies
 - Our top 25 US private insurers, including United/OPTUM, Anthem, Aetna, Cigna, HCSC, TRICARE and Humana, represent 205 million covered lives² in excess of 200 million¹
- 100% Medicare Coverage
 - 59.7 million covered lives¹

Reimbursement

Covers MT assist and treatment sessions

CPT Code	Reimbursement
90867	MT Assist and Treatment Session
90868	Treatment Session
90869	Subsequent MT Assist and Treatment Session

- 1. As of April 1, 2019
- 2. As of March 15, 2018

Physician Practice Economics



Proven return on investment for psychiatrists





Potential to provide meaningful incremental income to psychiatrist practice



Psychiatrist can generate ~\$7,500 to \$10,000 of revenue per patient per course of treatment on average



Can recoup capital investment by treating ~12 patients

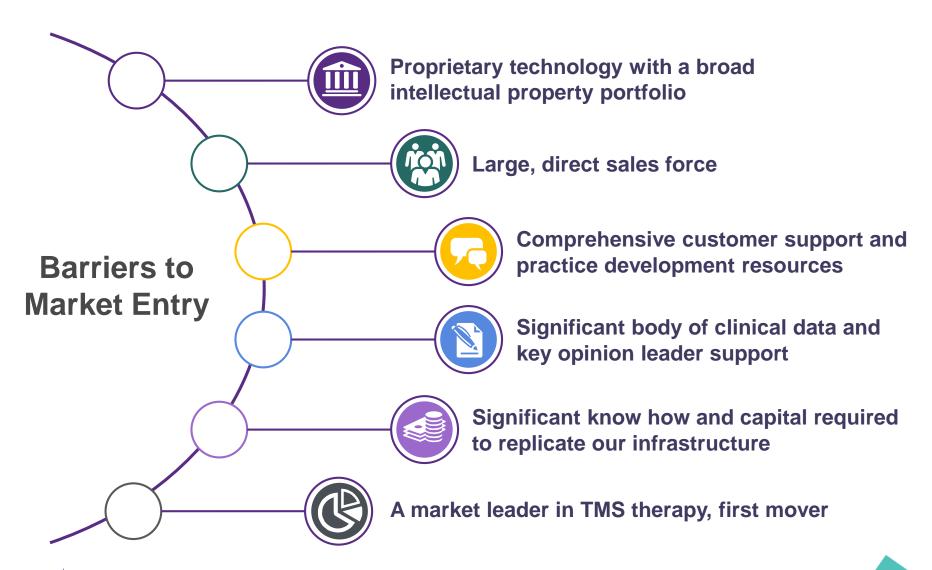
NeuroStar Advanced Therapy has potential to enhance psychiatrist practice economics

Competitive Positioning



We believe the NeuroStar Advanced Therapy System is the most attractive TMS system alternative on the market

Barriers to Entry



Growth Strategy

Near-Term

• US sales force expansion

Current

- Increase recurring revenues from treatment sessions
- Target high-decile psychiatrist practices
- DTC (Direct-to-Consumer) marketing campaigns

- Japan reimbursement and commercialization
- Expand DTC marketing campaign





- Develop new indications that may include bipolar depression and PTSD
- Geographic market expansion
- Next Generation Platform











Sales and Marketing Efforts Drive Growth

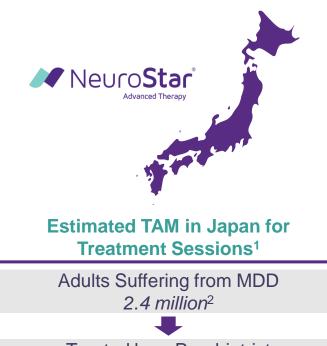
Business Development Managers (BDMs) continued expansion

	YTD Additional Territories	12/31 BDM Territories
2018		44
2019		59

- Clinical Training Consultant (CTCs) and Clinical and Practice Consultant (CPCs) expansion
 - CTCs 9 in 2018, 15 in 2019 (+6)
 - CPCs 28 in 2018, 33 in 2019 (+5)
- Shift to HVT practices that have more MDD patients
 - Focusing sales efforts on accounts with high adult MDD patient volumes to drive utilization
- Trialing direct to consumer marketing programs
 - Conducted 2 test TV marketing campaigns in 2018, and again in March and May, 2019

Japan Growth Opportunity

- Primary international focus is on Japan
- Third largest healthcare spend globally
- Single payor healthcare system
- Shonin Approval: September 2017
- Exclusive distribution agreement with Teijin Pharma signed October 2017
 - Teijin to promote sales of systems and treatment sessions
 - Minimum purchase requirements
 - Milestones received to date of \$2.8 million
- Reimbursement listing effective June 2019
 - 2nd Milestone payment estimated \$0.7 million
 - 158 hospitals qualified
 - Approved reimbursement amount is ¥12,000



Treated by a Psychiatrist 655,000²

Failed to achieve remission 475.0003

~\$600 Million Addressable Market

Japan represents a large market opportunity



Source: National Center for Biotechnology and Information

Estimate based on Star*D data and all of whom covered by Japan's single payor healthcare system

Pipeline Indications

Adolescent Study

- Recently completed all arms of the study
- Did not separate on primary or secondary endpoints
- No serious adverse events have been identified in the patient population attributed to NeuroStar
- Will assess full data set to determine if there is a path for regulatory approval, though a label expansion is unlikely

Bipolar Depression

- Mania and depressed phases
- Depressed phase considered most difficult to treat phase of Bipolar Disorder
- Few treatment options available; suboptimal outcomes
- NeuroStar Advanced Therapy may be beneficial to patients with Bipolar Depression
- Planning to discuss with the FDA later this year

Post Traumatic Stress Disorder (PTSD)

- Treatment options limited
- NeuroStar Advanced Therapy may represent potential new treatment for patients with PTSD



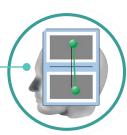
Intellectual Property

Patent Portfolio

- Largest of any TMS system provider
- Issued or allowed patents:34 US / 49 OUS
- Pending patent applications:8 US / 11 OUS

Key Portfolio Coverage Areas

- Contact Sensing
 - US patent expires 2027



- MT Assist
 - US patent expires 2024



- Iron Core Magnet
 - Multiple, US patents expire 2025–2027



The largest and most comprehensive IP portfolio of all TMS competitors.

Management and Board of Directors

Management					
Chris Thatcher	President & CEO and Director				
Peter Donato	VP, CFO				
Daniel Guthrie	VP, CCO				
Greg Harper	VP, R&D, Operations and Product Development				
Anthony Pui	VP, International Commercial Development				
Yelena Tropsha	VP, Commercial Access				

Board of Directors					
Brian Farley	Chairman; former CEO and Chairman, Entellus Medical				
Stephen Campe	Patricia Industries (Investor AB)				
Cheryl Blanchard, Ph.D	Keratin Biosciences, Inc				
Wilfred Jaeger	Three Arch Partners				
Glenn Muir	Former CFO, Hologic				



NeuroStar Advanced Therapy Business Model

Treatment Sessions Revenue



~ 70% of US revenues Q1 2019; Recurring, single-use revenue

Note: Total revenues also include international and other revenues

NeuroStar Advanced Therapy System Revenue



~27% of US revenues Q1 2019; Capital sales

Annual Revenue

(\$ in millions)

Annual Revenue by Geography



Annual Product Revenue (US)



Neuronetics

Quarterly Revenue

18% - 22% increase vs Q2 2018



Q1 2019 revenues increased 25% vs. Q1 PY. Q2 Guidance of \$15.6M-\$16.2M represents a 18%-22% year on year growth. Full Year Guidance of \$62.5M -\$64.5M representing a 18%-22% year on year growth.

US Systems Data

NeuroStar Advanced Therapy Systems

	2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	2018	Q1 2019
Total NeuroStar Revenues (YoY%)	\$5.7M	\$1.3M	\$2.5M	\$2.8M	\$3.5M	\$10.1M 76%	\$2.4M 80%	\$3.6M <i>42%</i>	\$3.9M 38%	\$4.8M 37%	\$14.6M 44%	\$3.4M 41%

NeuroStar ASP												
ASP (YoY%)		1%	9%	3%	8%	6%	4%	(1%)	1%	(4%)	(1%)	(8%)
ASP (Sequential%)		9%	3%	(3%)	0%		5%	(3%)	(1%)	(5%)		.5%

US Treatment Sessions Data

Treatment Sessions

	2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	2018	Q1 2019
US Installed Base of Active NeuroStars	647	671	690	725	752	752 16%	781 16%	816 18%	858 18%	907 21%	907 21%	931 19%
Total Treatment Sessions Revenues & Increase OPY	\$24.6M	\$5.7M	\$7.4M	\$7.2M	\$8.0M	\$28.4M 15%	\$7.2M 26%	\$8.9M 21%	\$9.2M 28%	\$9.9M 23%	\$35.3 24%	\$8.8M 21%

Results of Operations

	Year E Decem			Three Months Ended March 31,			
(\$ in thousands)	2017	2018	2018	2019			
Revenues	\$40,433	\$52,776	\$10,152	\$12,728			
YOY Growth		31%		25%			
Gross Profit	30,801	40,329	7,695	9,921			
Gross Margin	76%	76%	76%	78%			
Operating Expenses:							
Sales and Marketing % of Revenues	27,900 <i>69%</i>	38,264 73%	8,109 <i>80%</i>	9,592 <i>75%</i>			
General and Administrative % of Revenues	8,572 21%	13,667 <i>26%</i>	2,636 26%	4,599 36%			
Research and Development % of Revenues	7,937 20%	8,232 16%	1,555 <i>15%</i>	2,786 22%			
Total Operating Expenses	44,409	60,163	12,300	16,977			
Loss from Operations	(\$13,608)	(\$19,834)	(\$4,605)	(\$7,056)			
% of Revenues	(34%)	(38%)	(45%)	(55%)			

Financial Position

(\$ in thousands)	As of March 31, 2019
Cash and Cash Equivalents	\$96,146
Other Assets	\$17,291
Total Assets	\$113,437
Long-Term Debt, net	\$30,572
Convertible Preferred Stock Warrant Liability	\$0
Convertible Preferred Stock	\$0
Accumulated Deficit	(\$228,572)
Total Stockholders' Equity	\$65,421

Investment Highlights



Neuronetics



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