

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 OR 15(d) of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): June 7, 2016

IMPRIMIS PHARMACEUTICALS, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

001-35814
(Commission
File Number)

45-0567010
(IRS Employer
Identification No.)

12264 El Camino Real, Suite 350
San Diego, CA
(Address of principal executive offices)

92130
(Zip Code)

Registrant's telephone number, including area code: **(858) 704-4040**

N/A

(Former name or former address if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure

Attached as Exhibit 99.1 to this Item 7.01 is a presentation that is being used by the management of Imprimis Pharmaceuticals, Inc. (the "Company") at investor conferences and at meetings describing the Company.

The information contained in Item 7.01 of this report and in Exhibit 99.1 shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

99.1 Company presentation dated June 2016

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

IMPRIMIS PHARMACEUTICALS, INC.

Dated: June 7, 2016

By: /s/ Andrew R. Boll

Name: Andrew R. Boll

Title: Chief Financial Officer

EXHIBIT INDEX

99.1 Company presentation dated June 2016



NASDAQ: IMMY

Mark L. Baum, CEO
Jefferies Healthcare Conference
June 7, 2016



Safe Harbor

This presentation contains express "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995. You are cautioned not to rely on these forward-looking statements. These statements are based on current expectations of future events. If underlying assumptions prove inaccurate or known or unknown risks or uncertainties materialize, actual results could vary materially from the Company's expectations and projections. Some of these risks and uncertainties include, but are not limited to: the Company's ability to make commercially available its formulations and technologies in a timely manner or at all; market acceptance of the Company's formulations and challenges related to the marketing of the Company's formulations; its ability to obtain intellectual property protection for its assets; its ability to accurately estimate its expenses and cash burn, and raise additional funds when necessary; its ability to generate profits from sales of its formulations; risks related to research and development activities; the projected size of the potential market for its technologies and formulations; unexpected data, safety and technical issues; regulatory and market developments impacting compounding pharmacies, outsourcing facilities and the pharmaceutical industry; competition; and market conditions. More detailed information about the Company and the risk factors that may affect the realization of forward-looking statements is set forth in the Company's filings with the Securities and Exchange Commission, including its Annual Reports on Form 10-K and its Quarterly Reports on Form 10-Q filed with the SEC. Such documents may be read free of charge on the SEC's web site at www.sec.gov. All forward-looking statements are qualified in their entirety by this cautionary statement. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. Imprimis expressly disclaims any intent or obligation to update these forward-looking statements except as required by law.



The Genesis of a Drug Pricing Bubble

- Some drug companies built business models on monopoly control over drugs that are:
 - Old and off-patent
 - Serve relatively small markets
 - Have little, if any, generic or branded competition
- Model led to aggressive price increases, affecting patient out-of-pocket costs, and in many cases, limiting access
- Problem is that according to FDA, about 12% of drugs do not and likely will not have generic competition, leaving opportunities for price expansion of branded incumbents¹

The Public and the Market Awakens



Hillary Clinton @HillaryClinton · 2h
Price gouging like this in the specialty drug market is outrageous. Tomorrow I'll lay out a plan to take it on. -H

The New York Times @nytimes
Overnight, the price of a 62-year-old drug jumped to \$750 a tablet from \$13.50 nyti.ms/1PgyCpC

386 579





Responses by Payors and Government

- Many are implementing cost-savings programs, narrowing coverage choices to “preferred formularies” and excluding certain expensive drugs
- CVS, Cigna, Harvard Pilgrim Healthcare Co. and Express Scripts sign value-based contracts for high cost drugs binding payment to patient outcomes as part their system-wide cost savings programs²
- Express Scripts new “market events” program for 2016 to allow ESI to act within weeks to sudden pricing increases or if patients are being shifted to more expensive therapies³
- BlueCross and BlueShield of Vermont’s *Step Therapy Program* requires physicians to first prescribe lower-cost drugs before prescribing expensive branded drugs⁴
- Bipartisan and bicameral passage of Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 ties CMS payments to quality or value of treatments⁵
- Drug pricing transparency bills – with fines – passed or in process (13 states, including VT, NY, CA, OH, MA, VA)⁶

Other Potential Solutions



Drug Imports



Price Controls



Legislation

**We believe the answer is more
COMPETITION.**

Imprimis CARES!

We provide access to a portfolio of lower-cost patented or patent-pending compounded alternatives to expensive branded and generic drugs

Imprimis Cares™ compounded formulations create competition and are a market-based solution to the Drug Pricing Bubble

Branded Compounding™ Business Model



Off patent, FDA-approved APIs made in FDA registered facilities according to USP monographs

Produced under strict quality standards pursuant to the Drug Quality & Security Act of 2013

- Use drug components that physicians already know and prescribe
- Focus on quality and CMC
- Speed to market
- New FDA approval is not sought for final compounded formulation
- Opportunity for formulation patent protection
- Opportunity to lower drug costs for payors

Imprimis CARES! Daraprim[®] Alternative



- Turing increased the price of Daraprim 5,000%⁷
- October 2015, we introduced our formulations for \$0.99 per capsule⁸
- Partnered with Express Scripts, the largest U.S. pharmacy benefits manager⁹
- Supported by the Infectious Disease Society of America and the HIV Medicine Association⁹
- Blue Cross and Blue Shield of Vermont's Step Program *mandates* our formulations prior to prescribing Daraprim⁴
- In a matter of months, we now have >10% market share

Imprimis CARES! Disruption

Thiola[®]
(tiopronin) tablets
Rx Only

DUREZOL[®]
(difluprednate ophthalmic emulsion) 0.05%

DARAPRIM[®]
(pyrimethamine) 25mg tablets

JUBLIA[®]
(efinaconazole)
Topical Solution 10%

ELMIRON[®]
(pentosan polysulfate sodium) 100 mg Capsules

ONCE-DAILY
ORacea[®]
(doxycycline) 40 mg modified-release, hard capsule

Acticlate[®]
(Doxycycline Hyclate USP) Tablets
75 mg 150 mg

PROLENSA[®]
(bromfenac ophthalmic solution) 0.07%

Vigamox[®]
(moxifloxacin HCl ophthalmic solution) 0.5% as base

SOLODYN[®]
(MINOCYCLINE HCl, USP)
EXTENDED RELEASE TABLETS

DORYX[®]
(doxycycline hyclate delayed-release tablets)

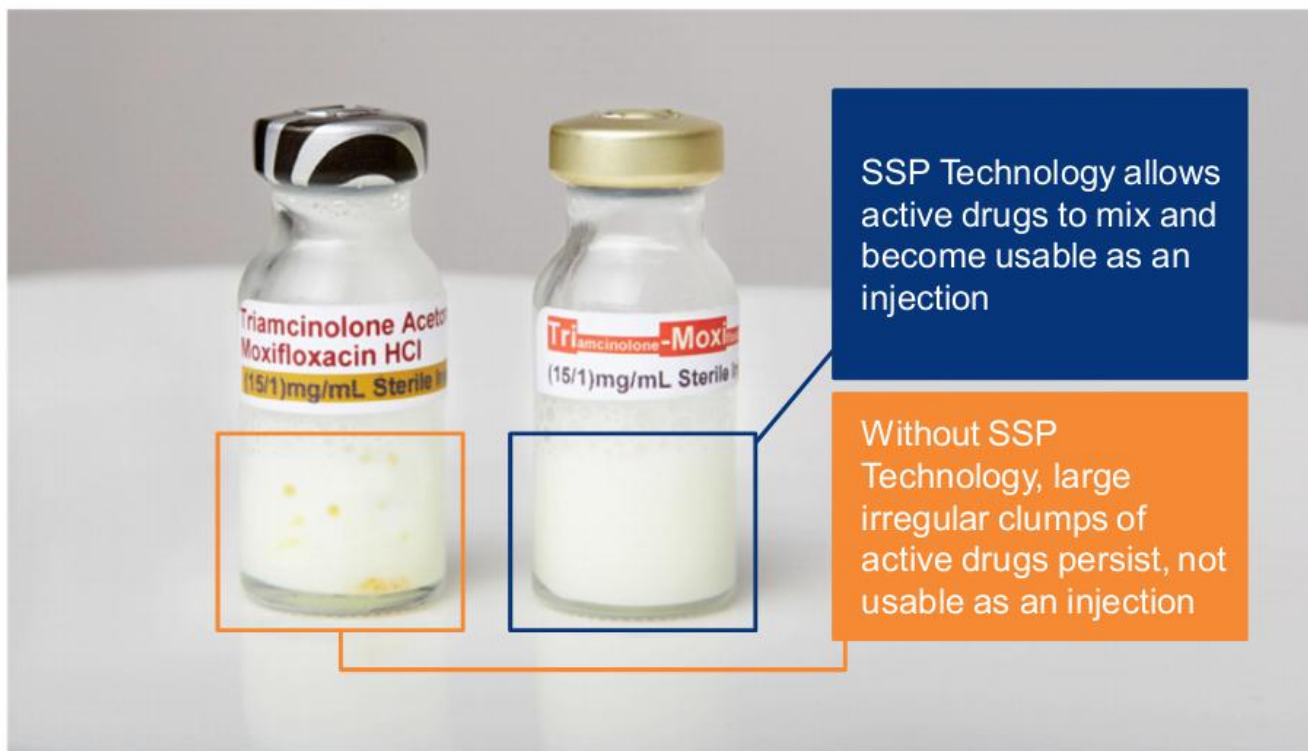
Imprimis CARES! Disruption

Branded Drug	Imprimis Cares™ Compounded Alternative	Estimated Cost Savings
Bausch & Lomb and Alcon steroid, antibiotic and NSAID eye drops for post-Cataract Surgery and post-LASIK infection and inflammation ¹⁰	Dropless Therapy® Formulations	92%
	LessDrops® Formulations	81%
Elmiron® for Interstitial Cystitis ¹¹	PPS-DR™	88%
Daraprim® for Toxoplasmosis ¹²	Pyrimethamine and Leucovorin	99.8%
Thiola® for Cystinuria ¹³	Customized Delayed Release Tiopronin	81%

Disrupting the >\$1B Eye Drop Market



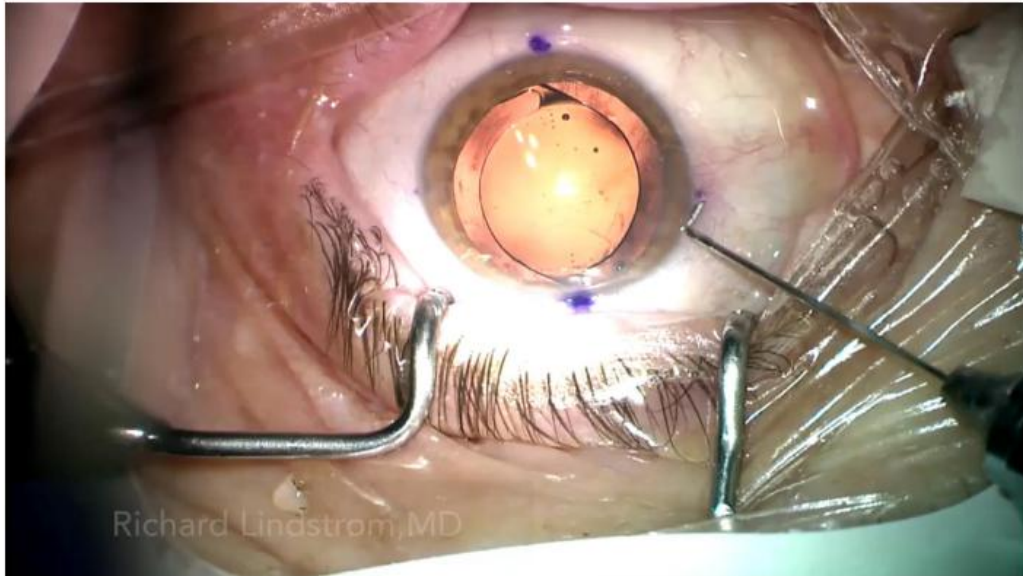
- Our patent-pending formulations are changing pre-and-post operative care regimens
- >10% market share related to pre and post operative eye drops for cataract surgery
- 3.9M cataract surgeries expected in 2017¹⁴
- 700,000 LASIK surgeries annually¹⁵
- Incumbent: 2-3 bottles of topical eye drops
 - Cost
 - Compliance
 - Call backs¹⁶⁻²¹



LessDrops® Topical Combination Eye Drops



- One bottle vs. 3 separate bottles
 - Antibiotic + Steroid
 - NSAID + Steroid
 - Triple Drop™
- 50% fewer drops²²
- Lower cost (\$60 vs. \$323¹⁰)
- Better patient compliance²²
- Reduced burden for the MD and staff²²



Dropless Cataract Surgery by Richard Lindstrom, MD and Vance Thompson, MD using our patent-pending Dropless Therapy formulation

Dropless Therapy™ Pricing



- **Logic**

- After 200,000+ surgeries, delivering medicine directly into the eye to eliminate patient compliance issues and difficulties with eye drops makes sense

- **Economics**

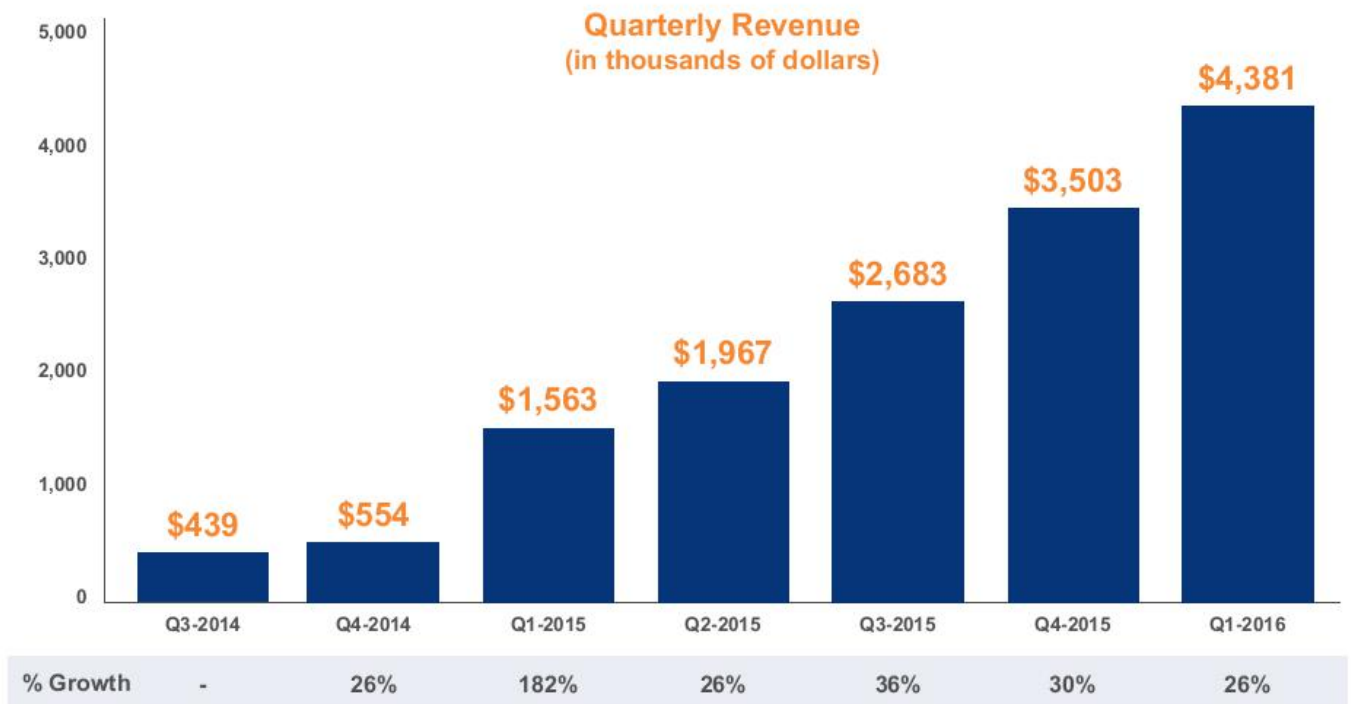
- CSIE sponsored economic study demonstrates CMS and patients save up to \$13B¹⁰ over 10-year period with Dropless Therapy

- **Humanity**

- Patients suffering with Alzheimer's, dementia, arthritis and other health issues will benefit by not having to administer drops

- **We estimate >\$200M²³ annual revenue potential with CMS policy change**

Revenue Growth





Growth Opportunities

- Continue to grow current market share
- Expand Imprimis Cares™ - target rich environment - more opportunities than resources
- Develop new PBM and payor relationships to facilitate widespread in-network reimbursement
- CMS policy shift automatically expands market and margin for this formulation (>\$200M in potential annual revenue opportunity)²³
- Demonstrated significant market share wins from branded drugs, ~80% payor savings and >60% gross margins on our core proprietary formulations

Company Snapshot

- Trading Symbol: **NASDAQ: IMMY**
- Price per Share (5-23-16): **\$4.00**
- Market Cap: **\$52 million**
- Number of Employees: **125**
- Headquartered in San Diego, CA
- Facilities in:
 - Irvine, CA
 - Roxbury, NJ
 - Allen, TX
 - Folcroft, PA
- Extensive IP portfolio
- Driving innovation and lowering drug costs





Imprimis Pharmaceuticals
(NASDAQ: IMMY)

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www.imprimispharma.com



References and Appendix





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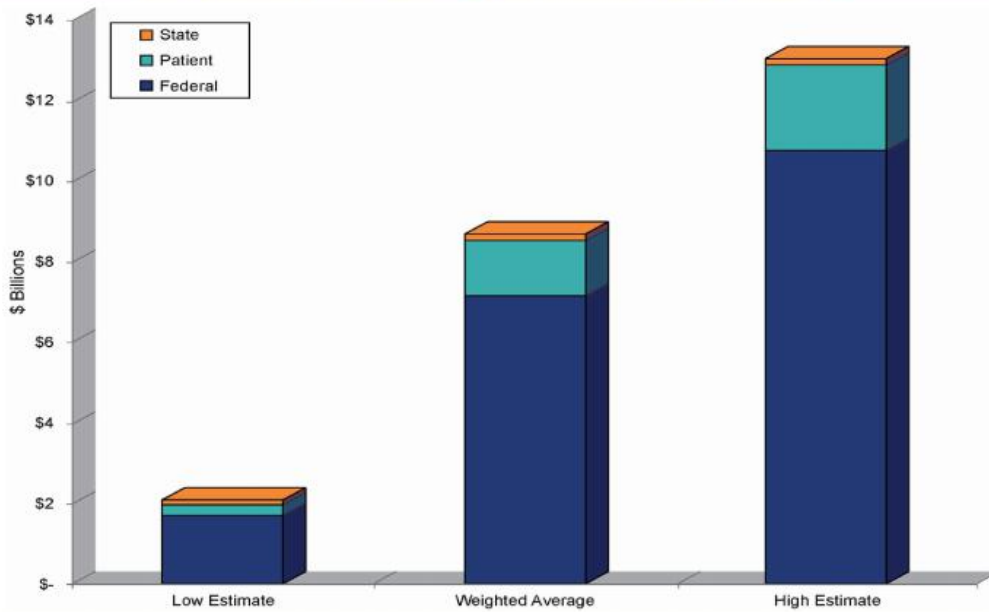


Condensed Balance Sheet - Unaudited

	at March 31,	
	<u>2016</u>	
ASSETS		
Current assets		
Cash and cash equivalents and restricted investments	\$	11,971
Accounts receivable, net		943
Prepaid expenses, inventories and other current assets		2,012
Total current assets		<u>14,926</u>
Goodwill and intangible assets, net		5,566
Furniture and equipment, net		<u>4,814</u>
TOTAL ASSETS	\$	<u>25,306</u>
LIABILITIES AND STOCKHOLDERS' EQUITY		
Current liabilities		
Accounts payable and accrued expenses	\$	4,920
Deferred revenue and customer deposits		50
Other current liabilities		<u>700</u>
Total current liabilities		5,670
Long term debt and other liabilities, net of discounts		<u>10,852</u>
TOTAL LIABILITIES		<u>16,522</u>
TOTAL STOCKHOLDERS' EQUITY		<u>8,784</u>
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	\$	<u>25,306</u>

Value Creation from Cost Savings

Andrew Chang & Co, LLC estimates up to \$13B savings to US healthcare system and patients over next 10 years with Dropless Therapy¹⁰



At \$100 per dose, we believe Dropless can create payor cost savings¹⁰ and drive shareholder value

Dropless Research Report



- Findings of independent research report by Grail Research²³ (n=257)
 - 57% MDs are aware of Dropless Therapy
 - 91% of aware are likely to use a compounded formulation if made in FDA approved facility
 - 52% of non-users (n=118) cited high cost as barrier to Dropless adoption
 - 69% of users perceive Dropless Therapy as equally effective and 28% better than eye drops

Current Eye Drop Costs¹⁰

	Medicare			Medicaid		
	Weighted Average	Low	High	Weighted Average	Low	High
NSAID	\$165	\$139 (Bromfenac Sodium)	\$207 (Bromday)	\$168	\$137 (Bromfenac Sodium)	\$206 (Bromday)
Antibiotic	\$89	\$12 (Tobramycin)	\$109 (Besivance)	\$89	\$12 (Tobramycin)	\$109 (Besivance)
Steroid	\$70	\$24 (Prednisolone Acetate)	\$114 (Durezol)	\$80	\$25 (Prednisolone Acetate)	\$115 (Durezol)
Total	\$323	\$175	\$431	\$337	\$174	\$431

