Myriad Genetics Fiscal First-Quarter 2019 Earnings Call

11/06/2018

Forward Looking Statements

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Some of the information presented here today may contain projections or other forward-looking statements regarding future events or the future financial performance of the Company. These statements are based on management's current expectations and the actual events or results may differ materially and adversely from these expectations. We refer you to the documents the Company files from time to time with the Securities and Exchange Commission, specifically, the Company's annual reports on Form 10-K, its quarterly reports on Form 10-Q, and its current reports on Form 8-K. These documents identify important risk factors that could cause the actual results to differ materially from those contained in the Company's projections or forward-looking statements.

Financial Guidance	Fiscal Year 2019
GAAP diluted earnings per share	**$0.40 - $0.45**
Acquisition – amortization of intangible assets	$0.80
Stock based compensation expense	$0.30
Adjustments to GAAP financial measures	$0.20
Non-GAAP diluted earnings per share	**$1.70 - $1.75**

For additional information on GAAP to non-GAAP reconciliation see: https://www.myriad.com/investors/gaap-to-non-gaap-reconciliation/

Non-GAAP Financial Measures

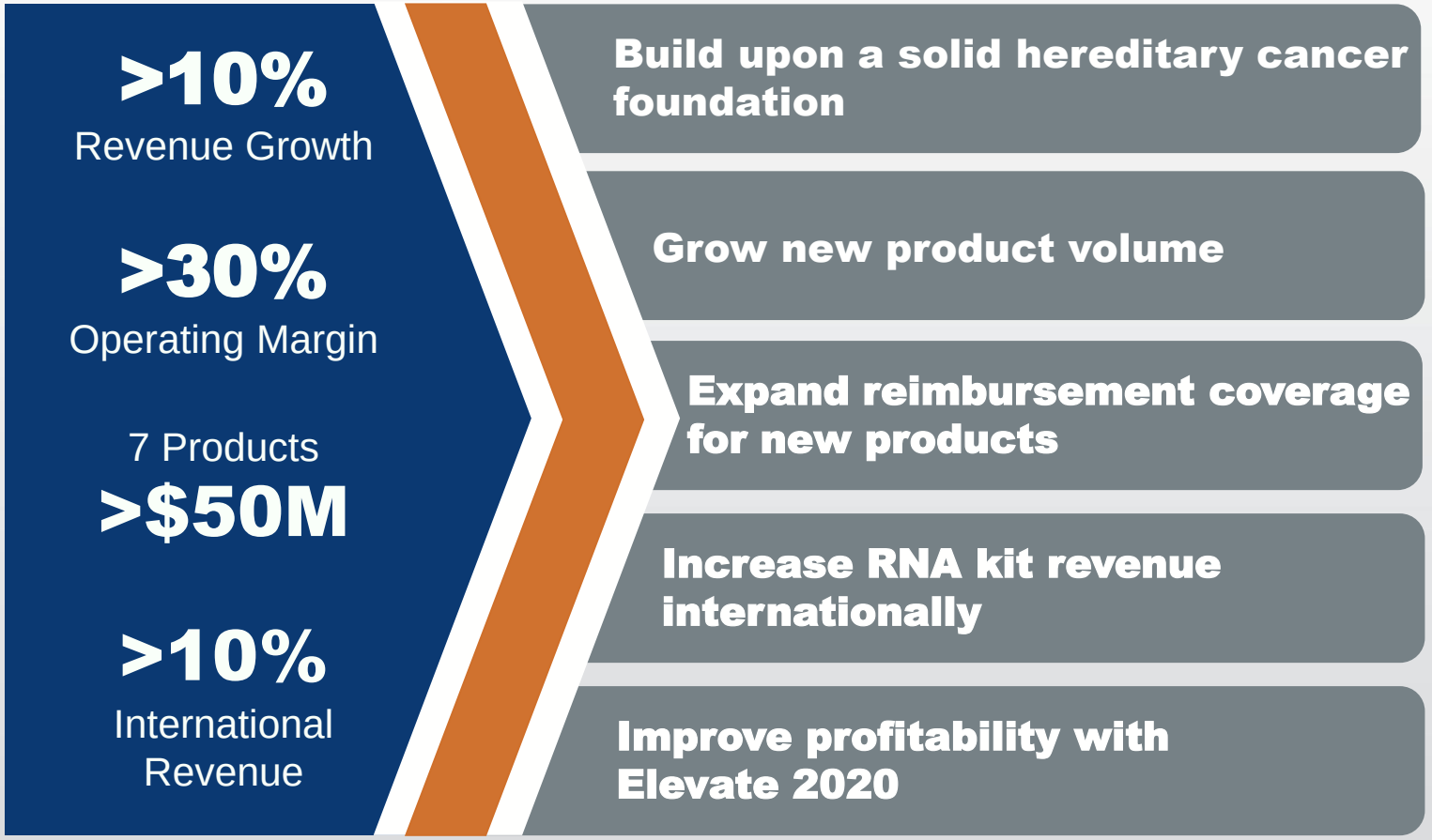
In this presentation, the Company's financial results and financial guidance are provided in accordance with accounting principles generally accepted in the United States (GAAP) and using certain non-GAAP financial measures. The Company's financial measures under GAAP include substantial one-time charges related to its acquisitions and ongoing amortization expense related to acquired intangible assets that will be recognized over the useful lives of the assets and charges related to executive severance. Management believes that presentation of operating results that excludes these items provides useful supplemental information to investors and facilitates the analysis of the Company's core operating results and comparison of operating results across reporting periods. Management also uses non-GAAP financial measures to establish budgets and to manage the Company's business. A link to reconciliation of the GAAP to non-GAAP financial guidance is provided above.

FY 2019 First-Quarter Financial Results

	1Q19 Actual Results	1Q18 Actual Results	YoY Change
Revenue (in mil.)	$202.3	$178.8	13%
GAAP EPS	($0.01)	$1.12	NM
Adjusted EPS	$0.43	$0.29	48%
Organic Adjusted EPS*	$0.52	$0.29	79%

*Excludes $0.09 of dilution from the Counsyl acquisition in the fiscal first quarter

Critical Success Factors to Achieving Strategic Goals



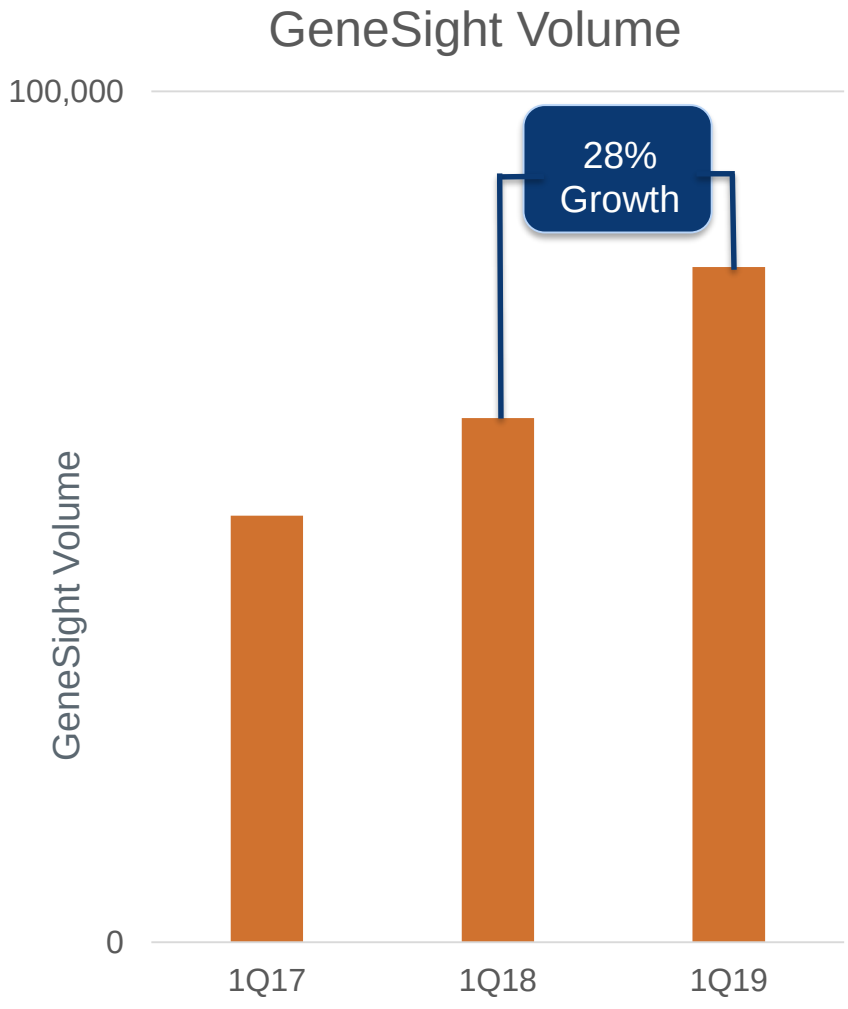
Solid Hereditary Cancer Foundation

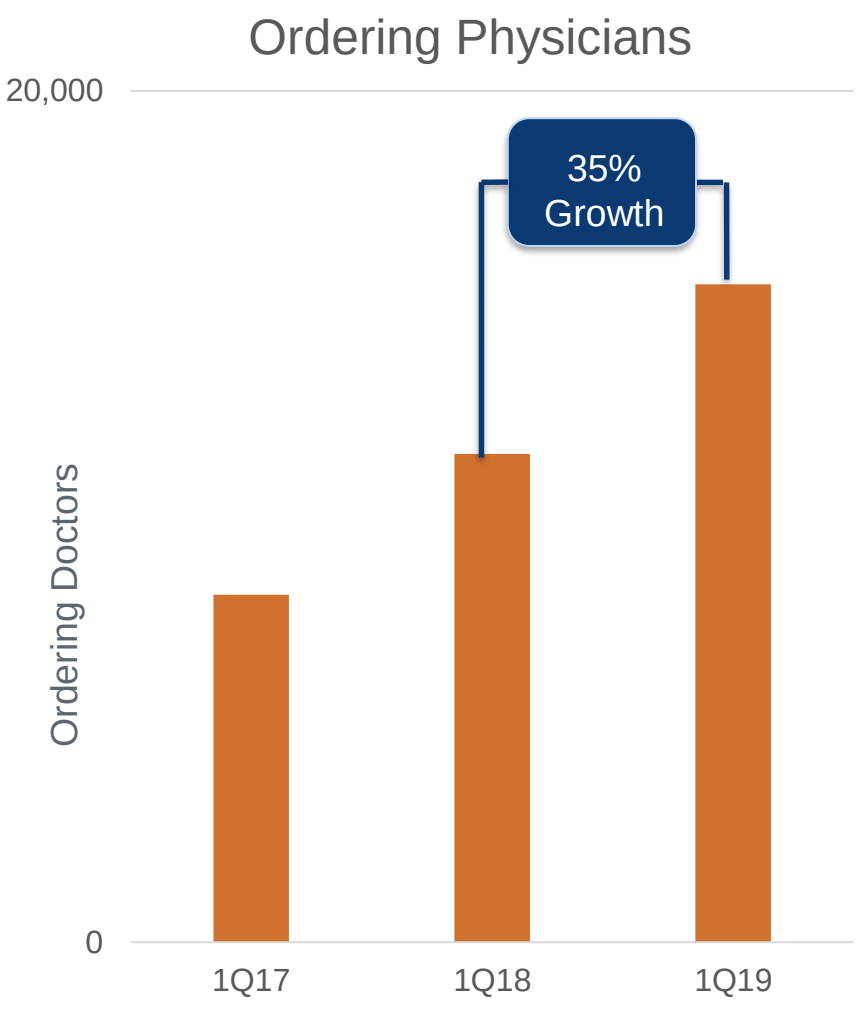
Seven Quarters of YoY Volume Growth With Stable Pricing

- 7 sequential quarters with YoY volume growth
- 4 sequential quarters with stable pricing
- Double-digit volume growth from patients with less severe family histories due to riskScore™
- Filed supplementary PMA for BRACAnalsysis CDx in first-line maintenance for ovarian cancer
- 2nd FDA approval for BRACAnalysis® CDx in met BC with Pfizer's drug TALZENNA™
- New research collaboration with Pfizer in neo-adjuvant TNBC

Record GeneSight Ordering Physicians

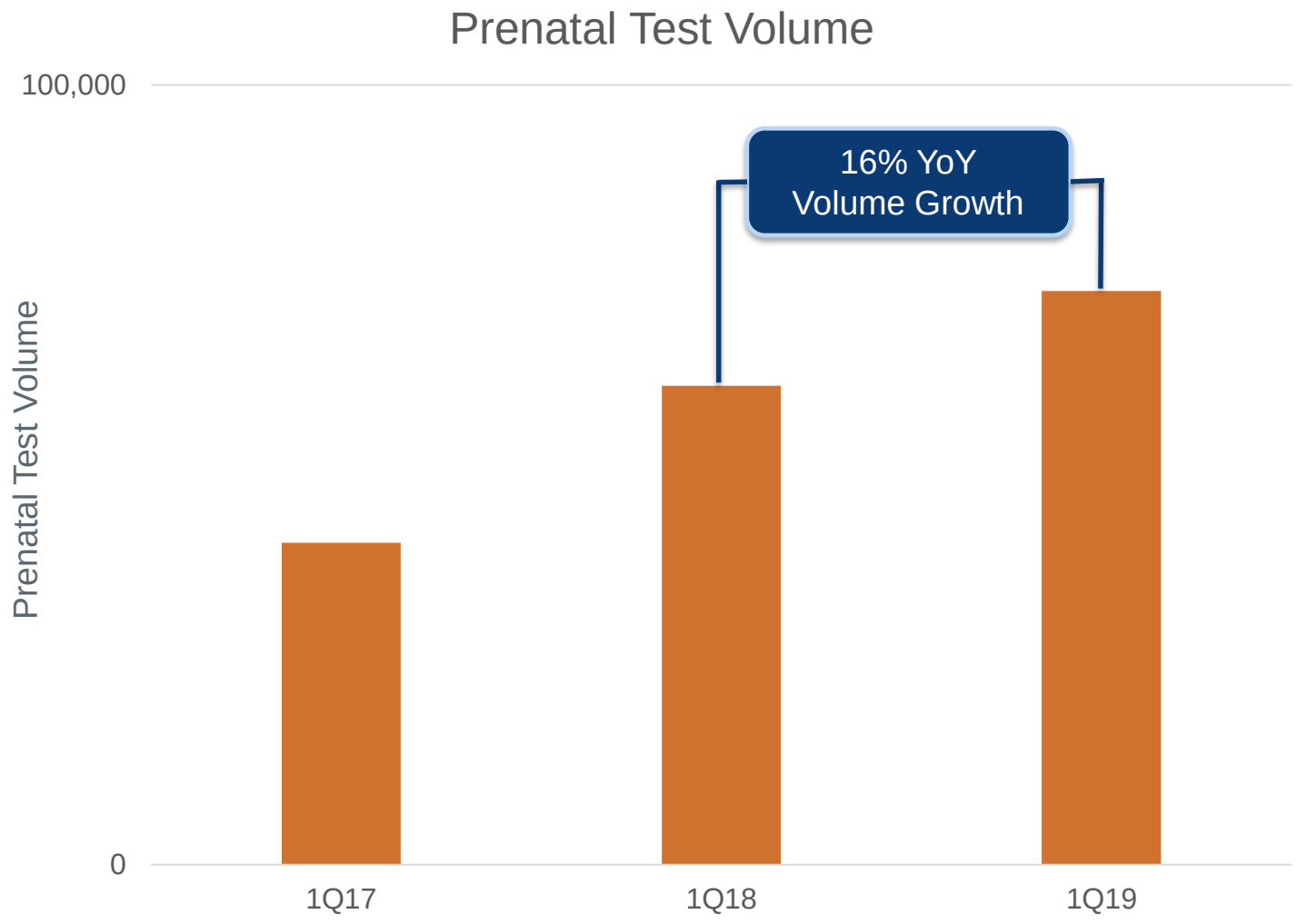
Continued Strong Volume Trends With 28% Year-Over-Year Growth





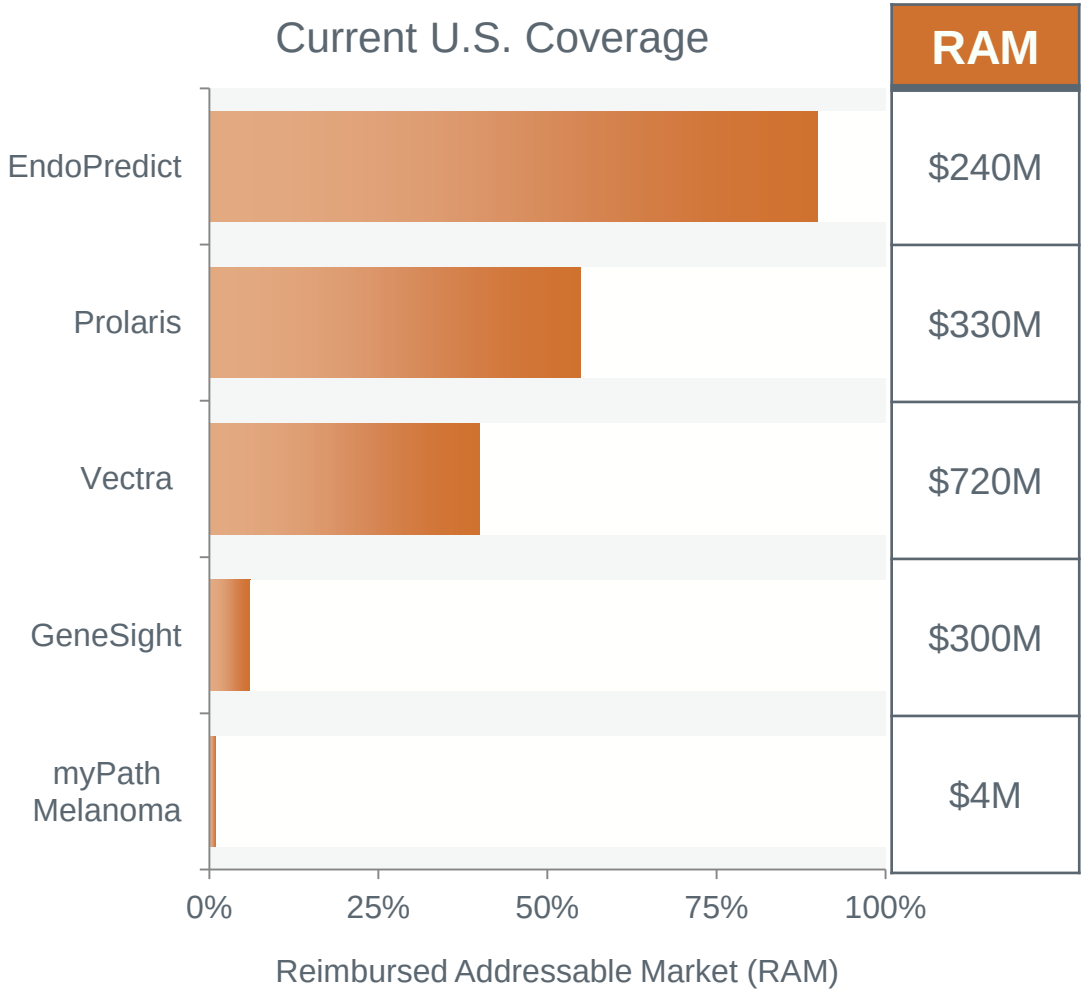
Continued Strong Prenatal Volume Trends

Significant Opportunity for Sales Synergies in 2H FY19



Advances in Reimbursement Coverage For New Products

New Product Reimbursement 1.6B in Potential Revenue

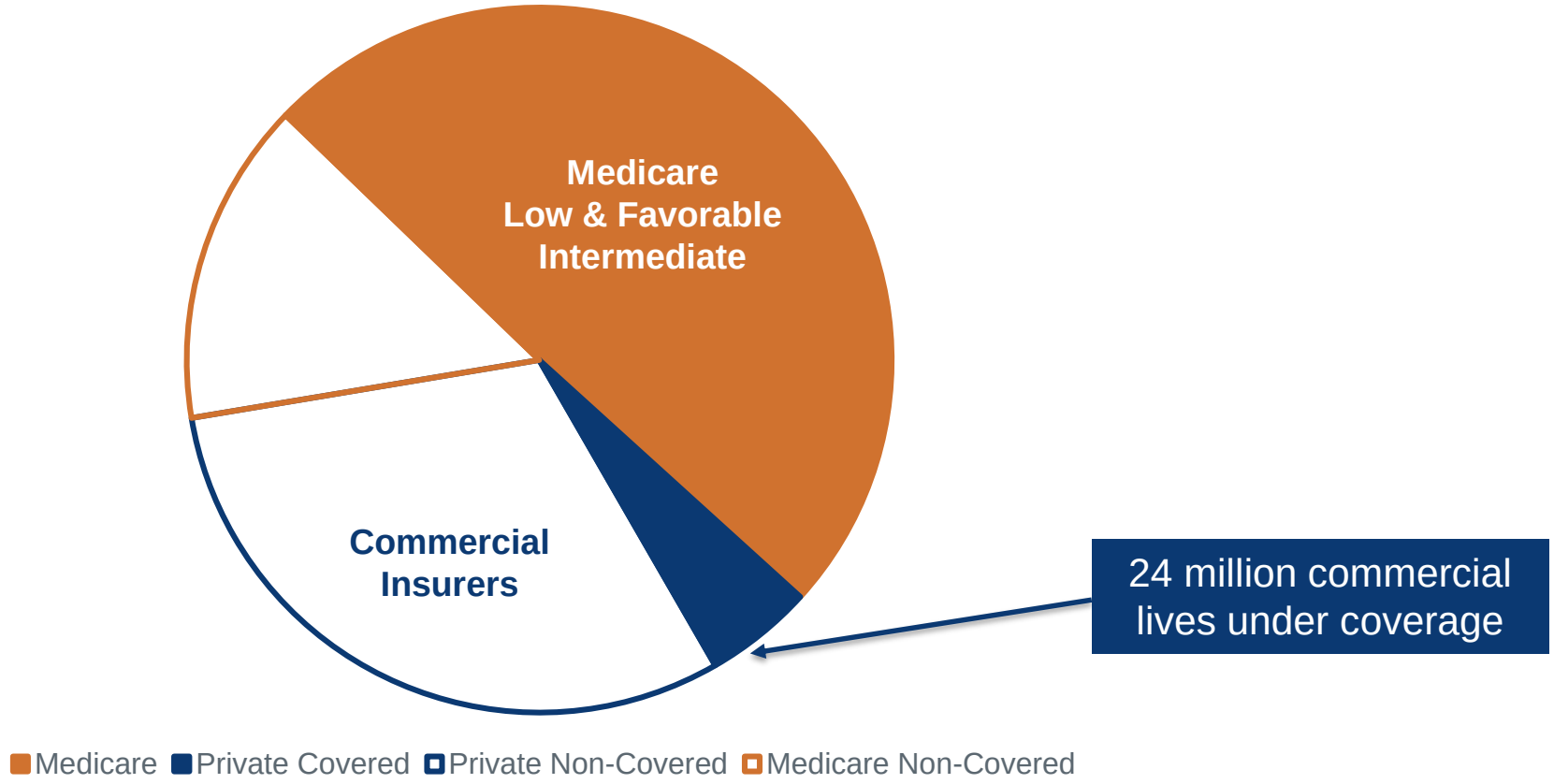


- GeneSight GUIDED study acceptance expected in Q2 FY19
- GeneSight IMPACT and Optum Health studies published
- Blue Shield of California covers Prolaris increasing total commercial lives to 24 million
- Received draft LCD from Medicare for myPath Melanoma
- Received positive Bendcare guidelines for Vectra

Continued Expansion in Prolaris Reimbursement

9 Commercial Payers Now Cover the Test Totaling 24 Million Lives

U.S. Prolaris Insurance Coverage (56%)



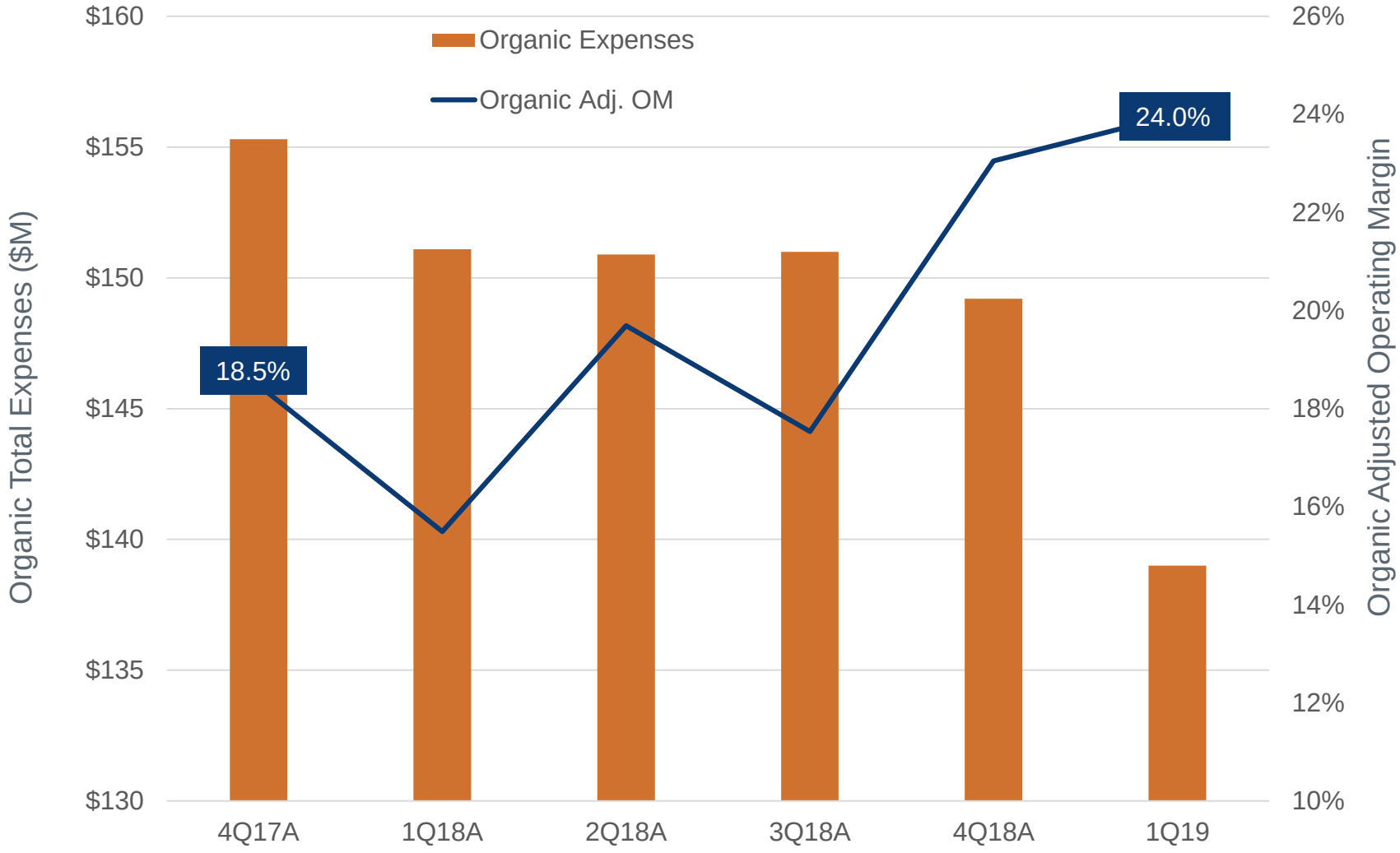
International Developments

Kit-Based Strategy With Restructuring to Global LDT Laboratory

- Revised NICE draft guidance document on breast cancer prognostics recommends EndoPredict as one of three diagnostic tests – final guidelines anticipated by end of CY18
- All laboratory developed tests expected to be transitioned to SLC by end of CY18 resulting in closing of Munich laboratory
- Late-stage discussion with German clinic buyer
- Filing for regulatory approval in Japan for HBOC with BRACAnalysis – would be only approved test in 3.3M patient market

Improve Profitability With Elevate 2020

Adjusted OM Improves 550 BP Since Start of Elevate 2020



FY 2019 First-Quarter Revenue By Product

(in millions)

Product	1Q19	1Q18	YoY Growth
Hereditary Cancer	$116.3	$117.0	(1%)
GeneSight	$29.3	$28.8	2%
Prenatal Testing	$18.1	$0.0	NM
Vectra	$13.0	$14.0	(7%)
Prolaris	$6.2	$3.9	59%
EndoPredict	$2.4	$1.8	33%
Other	$3.7	$1.9	95%
Total Molecular Diagnostic Revenue	**$189.0**	**$167.4**	**13%**
Pharmaceutical & Clinical Services	$13.3	$11.4	17%
Total Revenue	**$202.3**	**$178.8**	**13%**

Fiscal First-Quarter Financial Results

Adjusted Earnings Per Share Increase 48% Over Q1 FY2018

	GAAP Results			Adjusted Results		
	1Q19	1Q18	YoY Growth	1Q19	1Q18	YoY Growth
Total Revenue	**$202.3**	**$178.8**	**13%**	**$202.3**	**$178.8**	**13%**
Gross Profit	$152.6	$135.8	12%	$155.9	$136.1	15%
Gross Margin	75.4%	76.0%	-160 bps	77.1%	76.1%	+100 bps
Operating Income	$1.2	$84.0	(99%)	$37.1	$27.7	34%
Operating Margin	0.6%	47.0%	-4640 bps	18.3%	15.5%	+280 bps
Net Income	($0.7)	$78.8	NM	$32.8	$20.5	60%
EPS	**($0.01)**	**$1.12**	**NM**	**$0.43**	**$0.29**	**48%**

FY19 and 2Q19 Financial Guidance

Metric	Fiscal Year 2019	2Q19
Revenue	$855 to $865 million	$216 to $218 million
GAAP Diluted EPS	$0.40 to $0.45	$0.06 to $0.08
Adjusted EPS	$1.70 to $1.75	$0.36 to $0.38

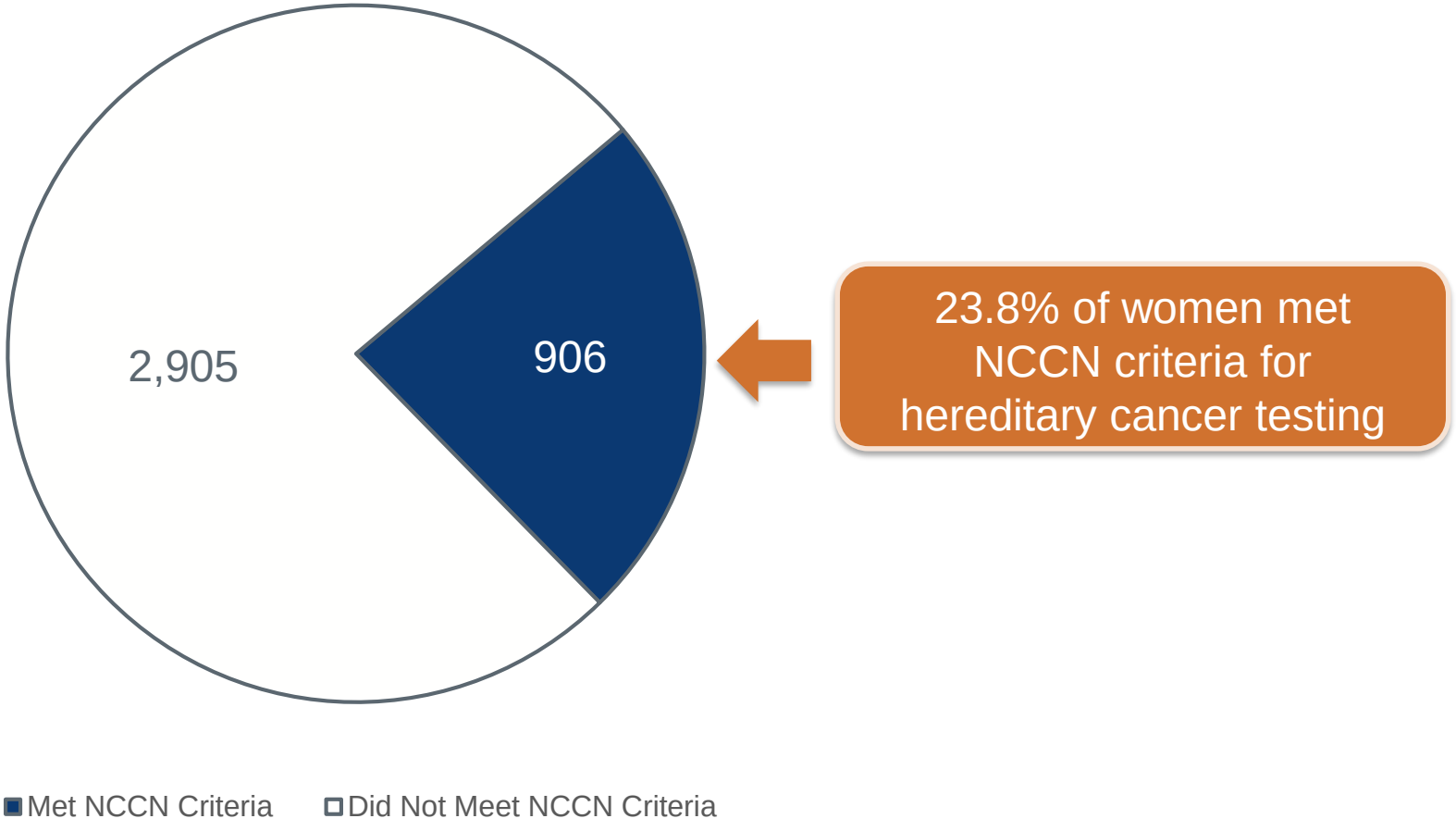
Potential Upside Drivers to Guidance

Reimbursement and Counsyl Revenue Synergies Material Opportunity

- GeneSight commercial payer coverage decisions and expanded Medicare LCD
- Revenue synergies from the Counsyl acquisition in the second half of fiscal year 2019
- Return to in-network status with UNH for prenatal tests
- Higher than anticipated hereditary cancer revenue due to Pfizer met BC launch, FDA approval for BRACAnalysis CDx in first-line maintenance for ovarian cancer, and Japanese HBOC/CDx testing
- Average risk coverage for NIPS; improved reimbursement for expanded carrier screening
- Incremental reimbursement for myPath Melanoma, Prolaris, Vectra and EndoPredict

Almost ¼ of Women in OBGYN Practices Meet Guidelines

Previous Market Estimates Likely Understate True Market Size

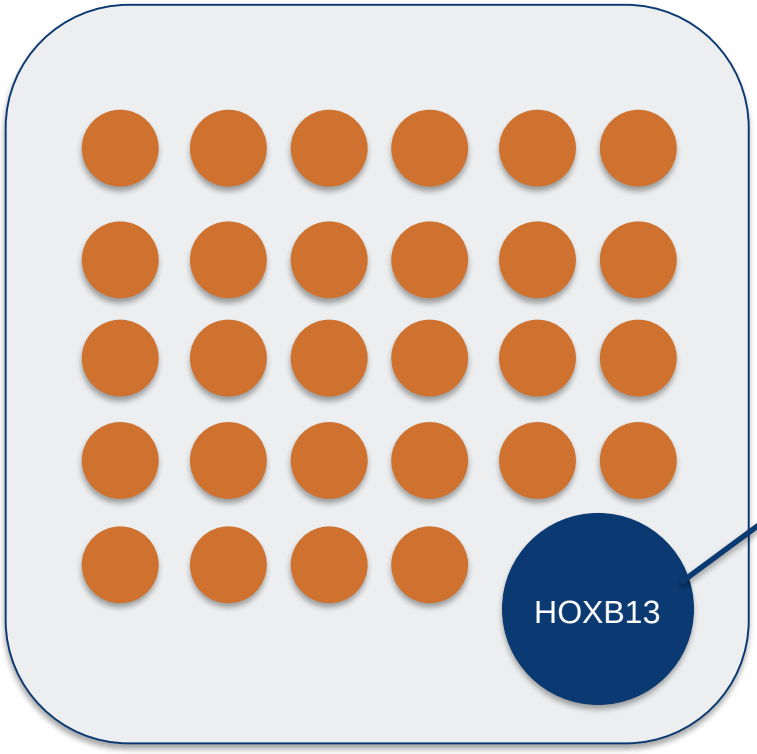


Source: DeFrancesco et al. Hereditary Cancer Risk Assessment and Genetic Testing in Community Setting, *Obstetrics & Gynecology* 2018

Adding HOXB13 Gene to MyRisk Hereditary Cancer Panel

Important Gene For Determining Hereditary Prostate Cancer Risk

MYRIAD myRisk® Hereditary Cancer



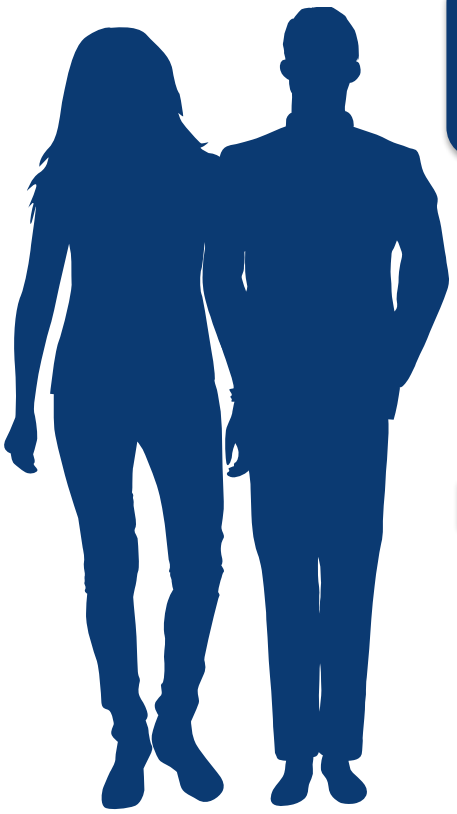
HOXB13

Clinical Implications: Men with a deleterious variant have up to a 52% lifetime risk of prostate cancer

Clinical Recommendations: More frequent screening for prostate cancer

Study Highlights Importance of Variant Reclassification Program

Key Competitive Differentiator for Myriad's myRisk Hereditary Cancer Test



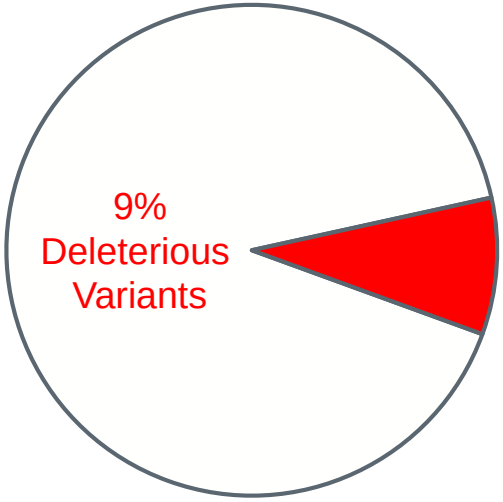
1.45 Million Patients Tested Over 10 Years

25% of VUS reclassified leading to 59,995 amended reports

myVision™
Myriad Variant Classification Program

Pheno™ MuCo™ 3D Structural Analysis

***Lit*VIEW™ *in*SITE™**



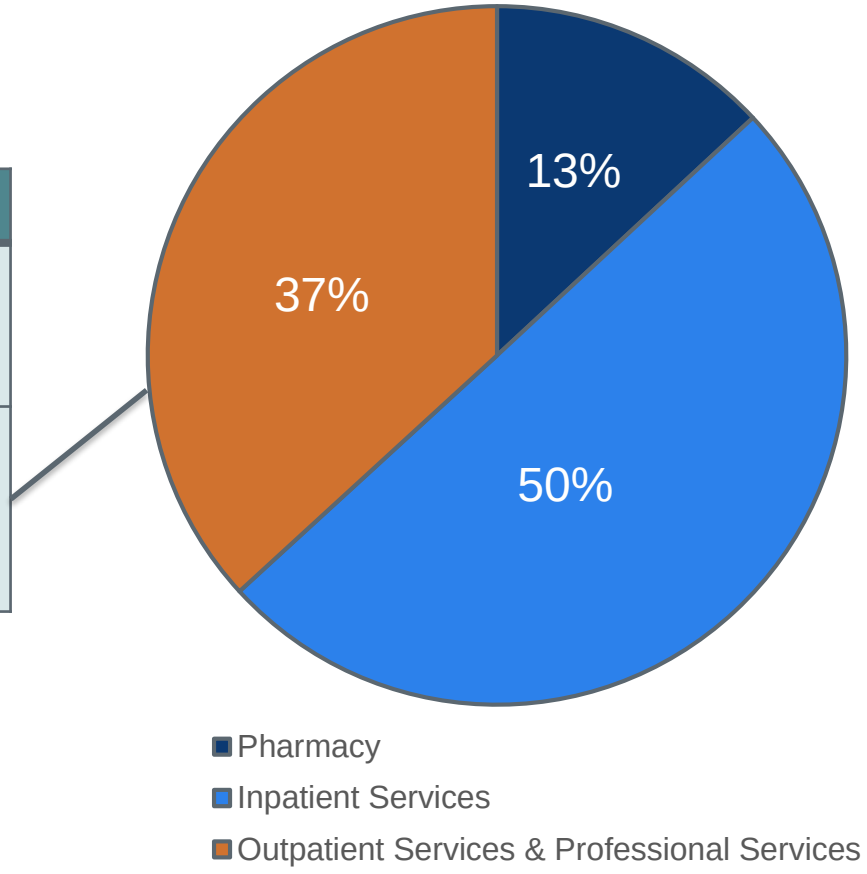
Source: Mersch et al. Prevalence of Variant Reclassification Following Hereditary Cancer Genetic Testing, *JAMA* 2018

Optum Study Strengthens GeneSight Health Economic Data

First Year Savings >$6,000 in Patients With Major Depressive Disorder

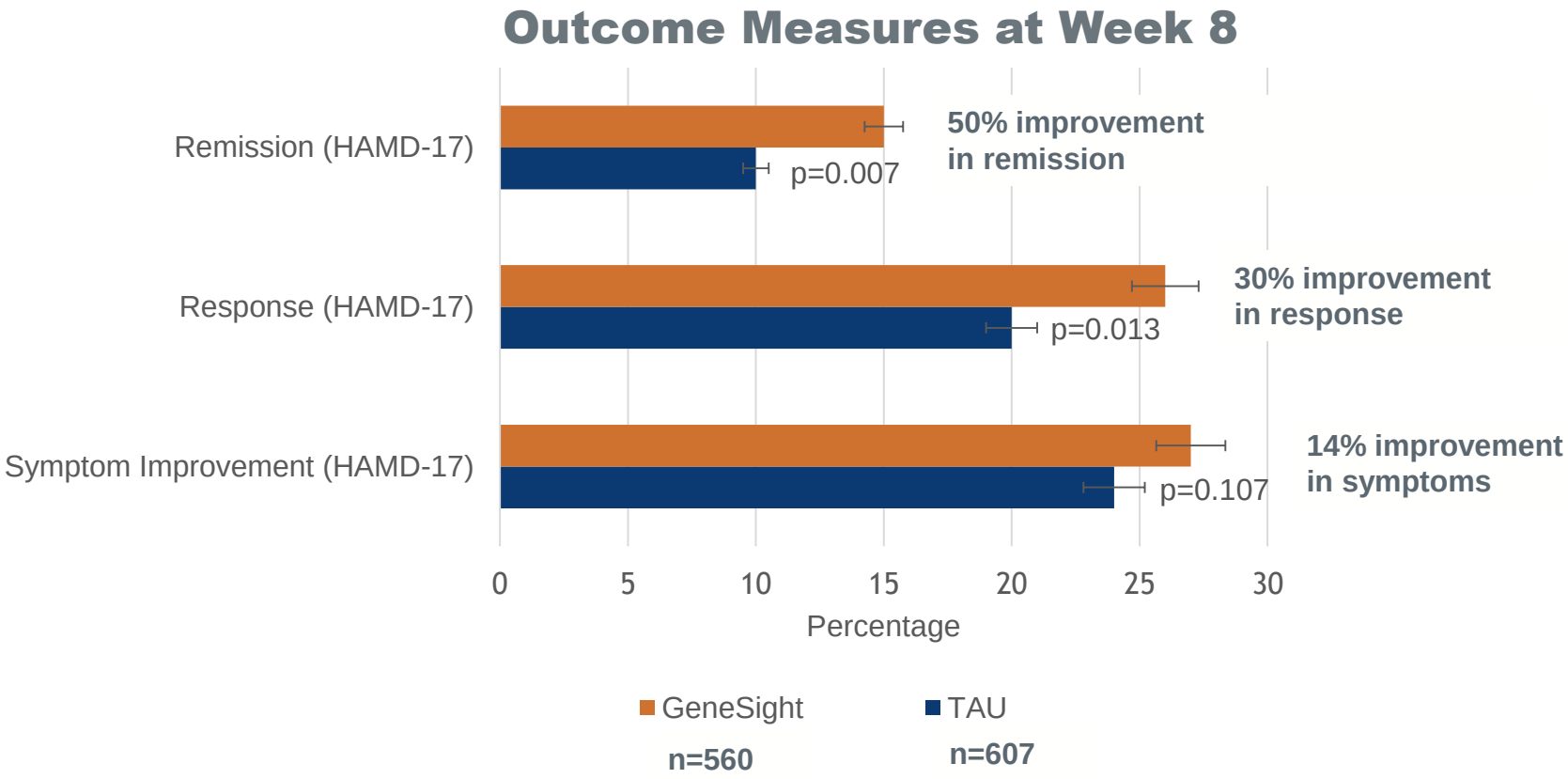
	GeneSight	TAU	Savings
All Psychiatry Patients	$17,627	$23,132	$5,505 (p=0.0004)
Patients With MDD	$18,741	$24,971	$6,050 (p=0.009)

Savings do not include productivity improvements



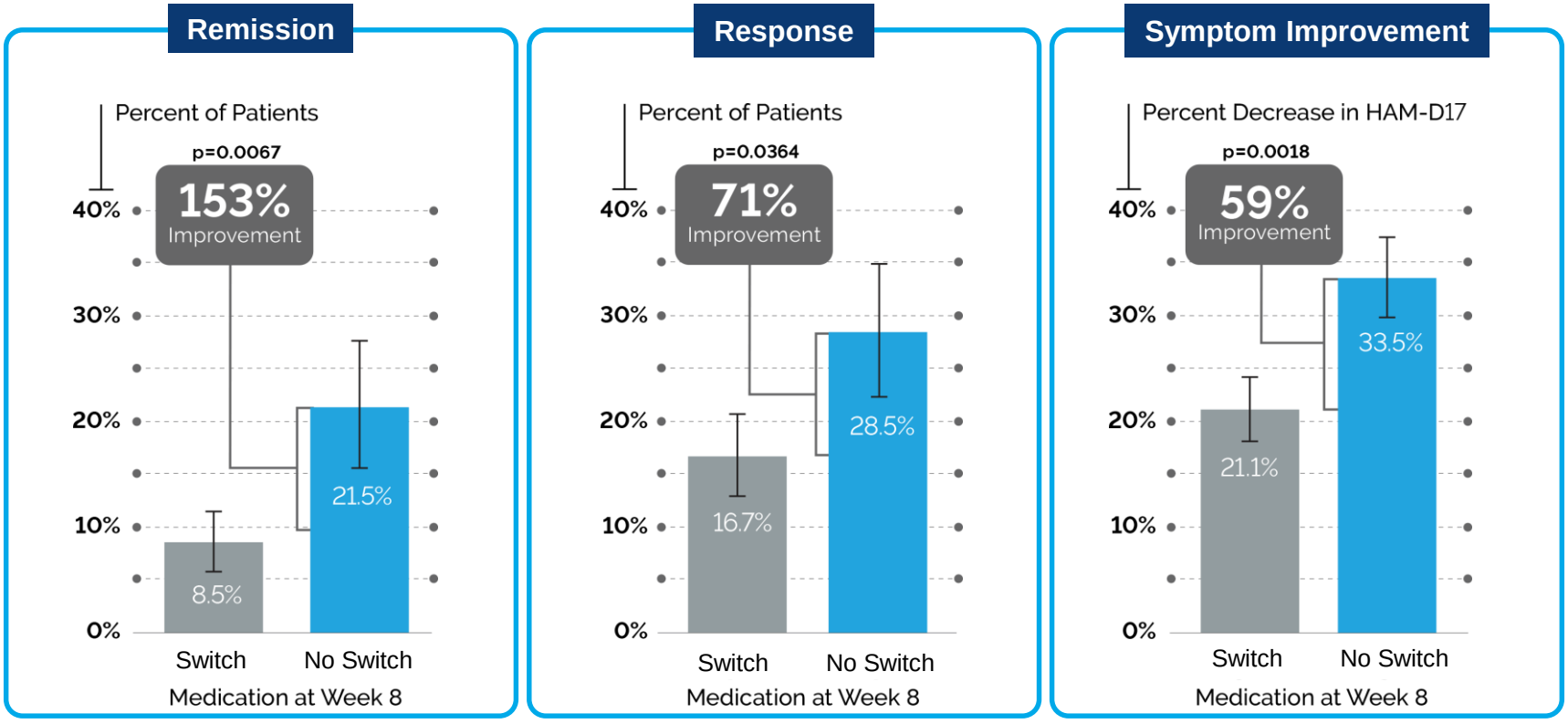
Robust Clinical Evidence Supporting GeneSight

GUIDED Study Provides Level One Evidence Supporting Clinical Utility



Patients Switching From Red Medications

Highly Statistically Significant Improvement in All Endpoints

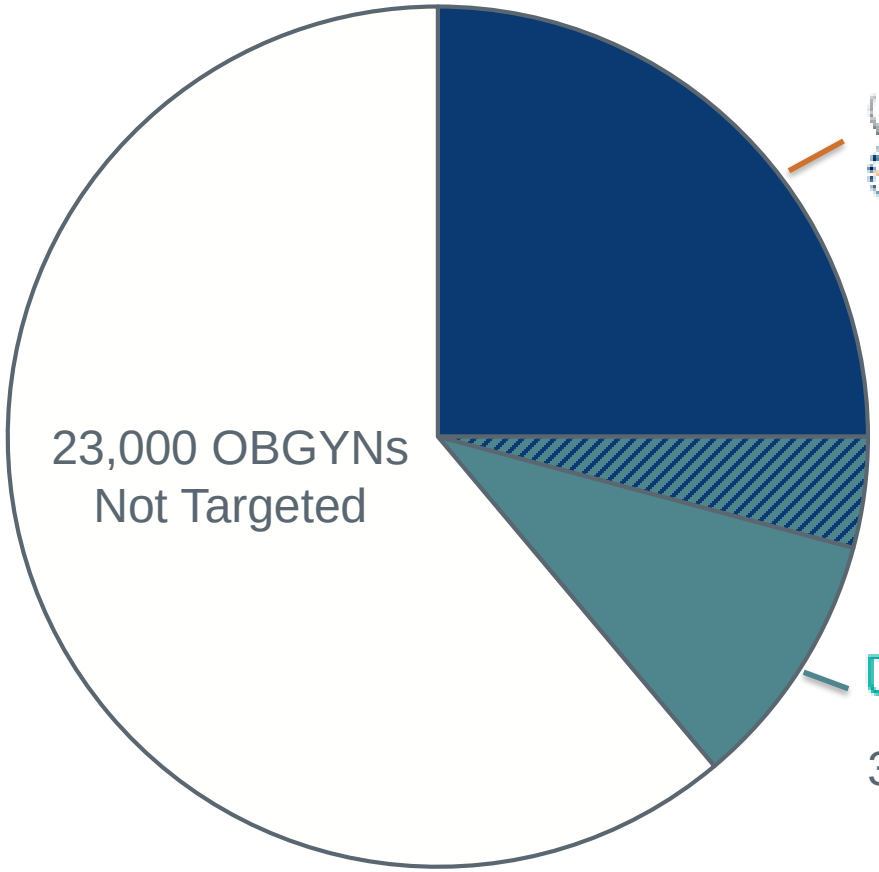


Compares 57% of patients that switched vs. 43% of patients that did not

Significant Opportunity for Revenue Synergies

Combined Sales Teams Will Triple Physician Reach in Women's Health

37,000 OBGYNs in Clinical Practice



Reimbursement Catalysts for Foresight and Prelude

New Coverage Decisions and Medical Policy Changes Could Increase ASP

Counsyl Foresight

- Medicare announces preliminary pricing for CPT code 81412 at $2,448
- New clinical utility study published in *Genetics in Medicine* will help with guideline changes

Counsyl Prelude

- Evidence Street announces positive recommendation on average risk testing
- Two BCBS plans update medical policies to cover average risk
- Anticipate ACOG guidelines for average risk women

Vectra Study on Minimally Important Difference

Important for Establishing Medical Management Tool on Test Report

Vectra® Guided Care

VECTRA SCORE	TREATMENT GUIDANCE / MEDICAL MANAGEMENT TOOL[1]
Low (<30)	CONSIDER ONE OF THE FOLLOWING: • No treatment change (re-test in 6-12 months or sooner if indicated) • Reduce treatment if Vectra score is low at two consecutive measures (re-test in 6-12 months or sooner if indicated)* *See ACR Guidelines for therapy reduction in clinically well controlled patients

Moderate (30-44)	CONSIDER ONE OF THE FOLLOWING:
	• Change or intensify treatment
	  • If the Vectra score has increased by ≥ 8 units since previous Vectra (re-test in 3 months)
	  • If the Vectra score has decreased by <8 units since the most recent RA treatment change use clinical judgment (re-test when indicated)
	• No treatment change
	  • If the Vectra score has decreased by >8 units since baseline or the most recent RA treatment change (re-test when indicated)
	  • If therapy was recently changed but no previous Vectra score is available (re-test in 3 months)

High (>44)	CONSIDER ONE OF THE FOLLOWING: • Change or intensify treatment (re-test in 3 months) • No treatment change if the Vectra score has decreased by >8 units when a change in therapy has recently occurred (re-test in 3 months)

The Medical Management Tool provides recommended treatment options. Only a medical professional can make treatment decisions concerning the medical management of patients.

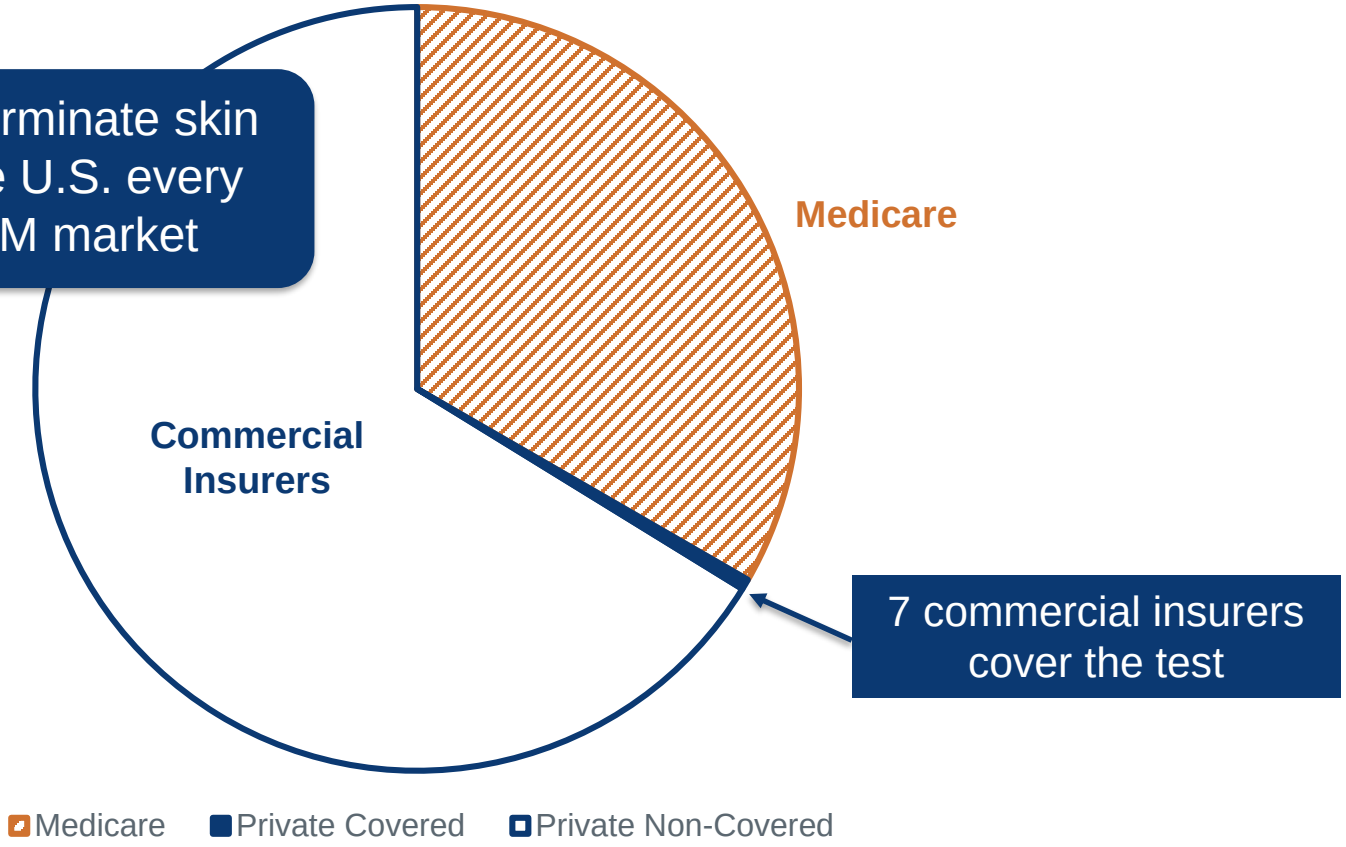
[1]Chernoff D, (in press). Determination of the Minimally Important Difference (MID) in Multi-biomarker Disease Activity (MBDA) Test Scores. *Clinical Rheumatology*.

Medicare Issues Favorable Draft LCD for myPath Melanoma

Creates Opportunity for myPath Melanoma Revenue in FY20

U.S. myPath Melanoma Insurance Coverage (31%)*

300,000 indeterminate skin biopsies in the U.S. every year = $450M market



*Assumes favorable coverage decision from Medicare in FY19

AAD Issues Positive Guidelines for myPath Melanoma

Important Step to Establish Broad Reimbursement Coverage

Table VIII. Recommendations for diagnostic, prognostic, and therapeutic molecular testing

Ancillary diagnostic molecular techniques (eg, CGH, FISH, GEP) may be used for equivocal melanocytic neoplasms.
Routine molecular testing, including GEP, for prognostication is discouraged until better use criteria are defined. The application of molecular information for clinical management (eg, sentinel lymph node eligibility, follow-up, and/or therapeutic choice) is not recommended outside of a clinical study or trial.
Testing of the primary CM for oncogenic mutations (eg, *BRAF*, *NRAS*) is not recommended in the absence of metastatic disease.

BRAF, B-Raf proto-oncogene, serine/threonine kinase gene; *CGH*, comparative genomic hybridization; *CM*, cutaneous melanoma; *FISH*, fluorescence in situ hybridization; *GEP*, gene expression profiling; *NRAS*, NRAS proto-oncogene, GTPase gene.

myPath Melanoma is the only gene expression profiling test cited in the guidelines

*Swetter et al – *Journal of the American Academy of Dermatology*, October 2018

Worldwide Leader in Personalized Medicine

- We are entering the golden age for personalized medicine
- Molecular diagnostics are the keystone for improving patient outcomes while eliminating waste in healthcare spending
- Myriad is the pioneer of “research-based” and “education-centric” business model for molecular diagnostics
- We are the best positioned company to lead this revolution in healthcare