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): April 12, 2013

IMPRIMIS PHARMACEUTICALS, INC.

(Exact name of registrant as specified in its charter)

Delaware	**001-35814**	**45-0567010**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

437 South Hwy 101, Suite 209 **Solana Beach, CA** (Address of principal executive offices)	**92075** (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:

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o 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") in 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	Presentation dated April 2013

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.

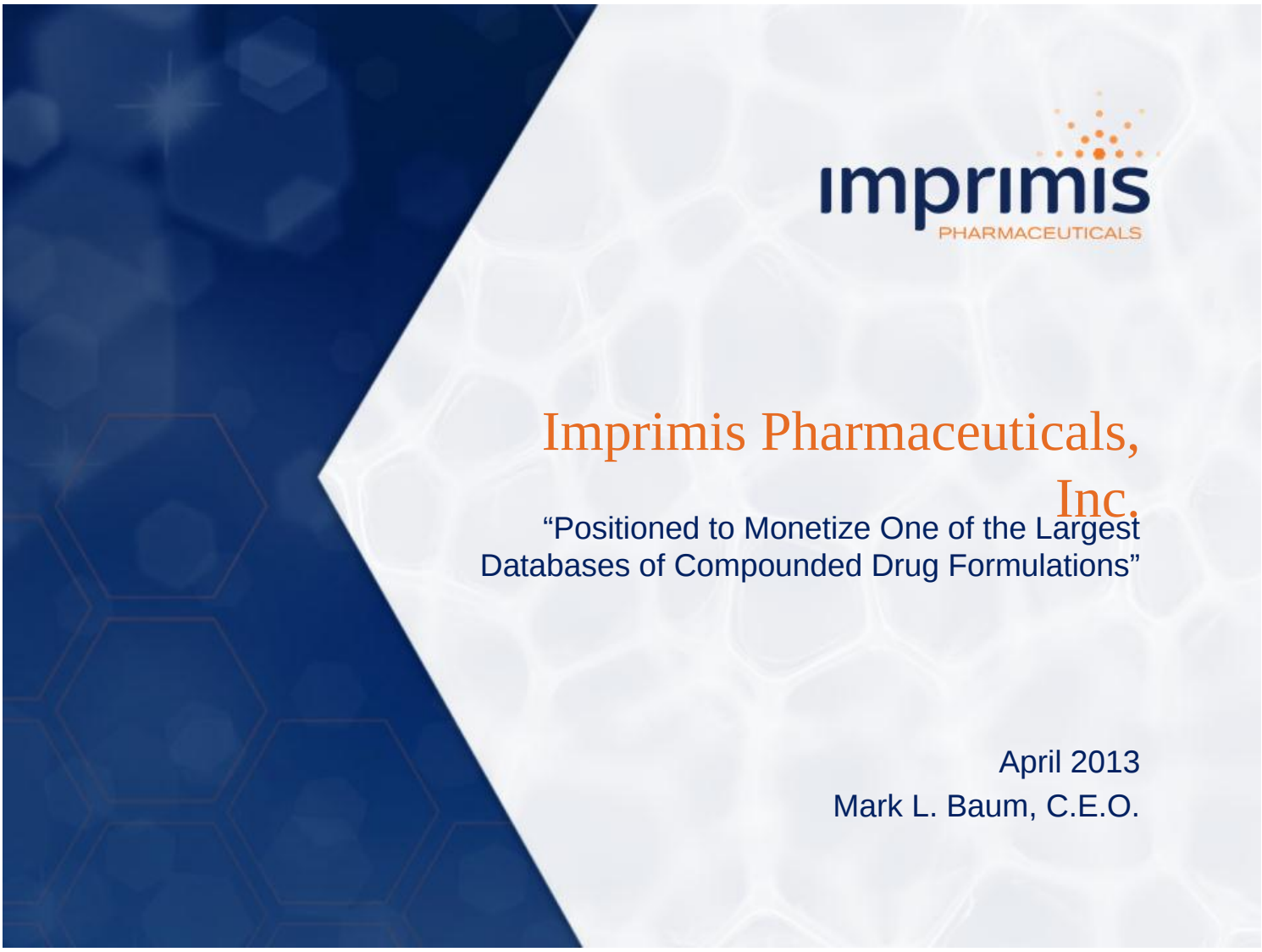
IMPRIMIS PHARMACEUTICALS, INC.

Dated: April 12, 2013

By: /s/ Mark L. Baum
Name: Mark L. Baum
Title: Chief Executive Officer

EXHIBIT INDEX

99.1	Presentation dated April 2013


imprimis
PHARMACEUTICALS
Imprimis Pharmaceuticals, Inc.
"Positioned to Monetize One of the Largest Databases of Compounded Drug Formulations"
April 2013
Mark L. Baum, C.E.O.

Safe Harbor Statement

The Company cautions you that the statements included in this presentation are not a description of historical facts and are forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. These include statements regarding the Company's interpretation of the results of its Phase 3 clinical trial for Impracor™, the Company's ability to obtain regulatory approval to market Impracor™, the Company's potential benefits arising from the Company's relationship with Professional Compounding Centers of America, Inc., the Company's ability to leverage compounded generic drugs to create a development pipeline and otherwise pursue its business plan and the Company's ability to leverage its Accudel™ technology in the development of potential product candidates.

These forward-looking statements are based on management's current expectations, estimates, forecasts and projections about the Company and are subject to risks and uncertainties that could cause actual results and events to differ materially from those stated in the forward-looking statements. Actual results may differ materially from those set forth in this presentation due to the risks and uncertainties inherent in the Company's business, including, without limitation: the outcome of the final analyses of the data from the past and future Phase 3 clinical trial may vary from the Company's initial conclusions; the FDA may not agree with the Company's interpretation of such results or may challenge the adequacy of the Company's future Impracor™ clinical trial design or the execution of the same clinical trials; the FDA may continue to require the Company to complete additional clinical trials for Impracor™ before the Company can submit a 505(b)(2) NDA application; the results of any future clinical trials may not be favorable and the Company may never receive regulatory approval for Impracor™; and the Company's possible need to raise additional funding to complete its product development plans.

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 Report 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*.

You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof, given these risks and uncertainties. All forward-looking statements are qualified in their entirety by this cautionary statement and the Company undertakes no obligation to revise or update this presentation to reflect events or circumstances after the date hereof.

Imprimis Overview

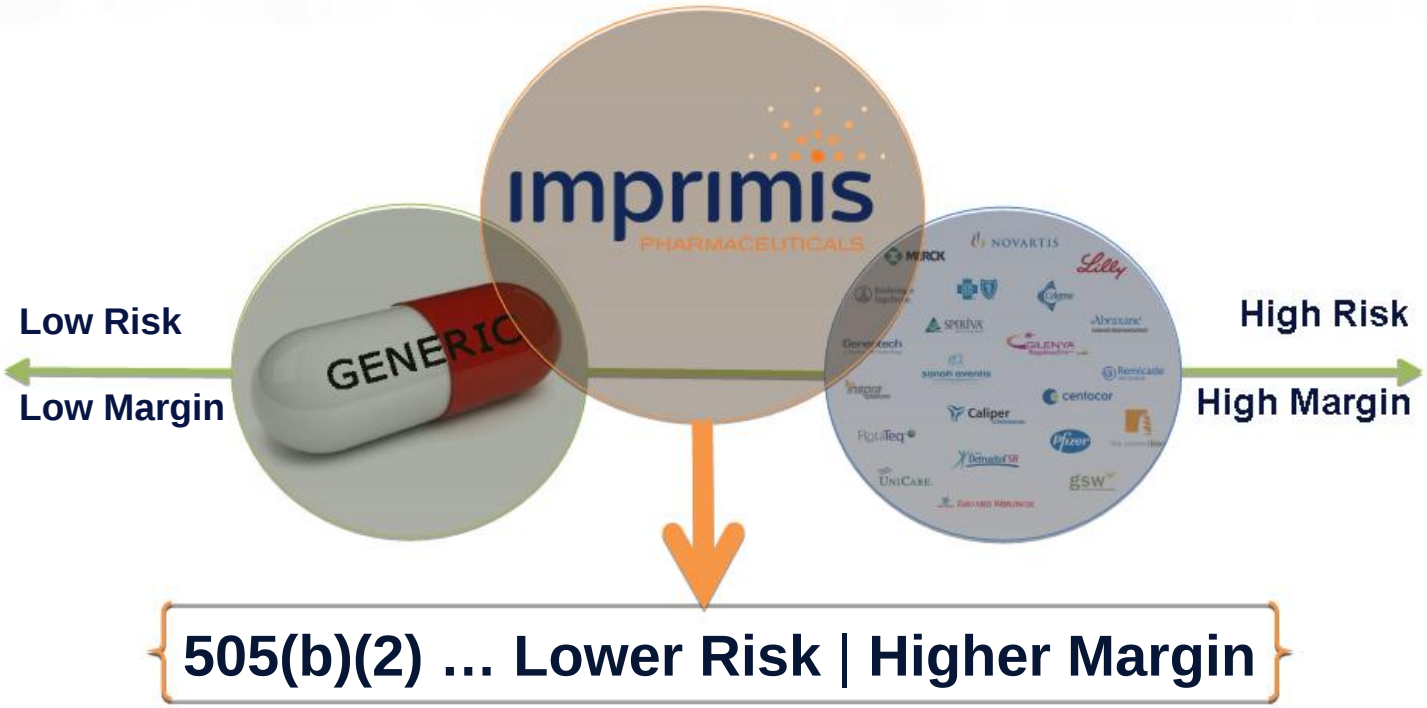
Imprimis Snapshot

- Approx. $19.5M in cash[1]
- Nominal debt; no preferred instruments
- *Phase 3* topical NSAID pivotal to start mid 2013
- Exclusive commercial rights to PCCA development IP
  - 10,000+ drug formulations
  - 10+ drug delivery technologies
  - Vast market “unmet need” database
- Accudel™ *targeted drug delivery platforms*
- Experienced science and management teams

1) Cash position at December 31, 2012 ($10M), and net proceeds $(9.5M) of public offering and over-allotment exercise February/March, 2013

Imprimis Overview

We develop proprietary drug assets using the 505(b)(2) pathway



Less Development Time & Lower Cost

Application	505(b)(1) NDA	505(b)(2) NDA	505(j) ANDA
New Chemical Entity (NCE)	Yes	**Yes/No (Rely on RLD and Prior Investigation)**	No (RLD is off patent)
New Indication	Yes	**Yes**	No
New Form/Dose	Yes	**Yes**	No

Required Data for Approval	• Complete Pharmacology
	• Complete Preclinical Safety, including long term carcinogenicity in 2 species
	• Complete analytical development and quality manufacturing
	• Complete Phase 1-3 clinical trials
		• **Data from published literature**
		• **FDA findings on efficacy/safety of approved drug/formulation**
		• **Studies to support change**
		  • **Dermal/Eye Safety (topical drugs)**
		  • **Clinical Efficacy/Safety**
		  • **CMC (3 registration batches with stability data)**
			• Bioequivalence

- **505(b)(2) products** can have Orange Book-listed patents, can enjoy 30-month protection against generic competitors; NCE (5 yrs); Orphan Drug (7 yrs); Pediatric Extension (6 mos.)
- **505(b)(2) Development Budget Comparison: $2-7M versus $100M+ for (b)(1)**

Imprimis Development Model

Imprimis Brings *Innovation* from Pharmaceutical Compounders to the >$300B U.S. Pharmaceutical Industry

PCCA Strategic Relationship

- Professional Compounding Centers of America (PCCA) is the largest compounding pharmacy organization in North America

1. Supply chemicals, equipment, accredited training, software, and business/pharmacy consulting assistance

- Over 3,900 pharmacy businesses/chains worldwide
- PCCA relationship gives Imprimis <u>exclusive access</u> to:
    1. Proprietary and proven drug formulations
    2. Proprietary and proven drug delivery technologies (Lipoderm® and others)
    3. Market data (>100,000 inbound calls per year)
    4. Analytics
- Our strategic relationship is exclusive
- PCCA invested $4M into Imprimis at $4.80 per share

+

imprimis PHARMACEUTICALS

Risk Mitigated Proprietary Drug Pipeline

Imprimis Vision

Drive ***Shareholder Value***

- Monetize vast PCCA IP and development assets
  - Selective internal development
  - Partner
  - Out-license

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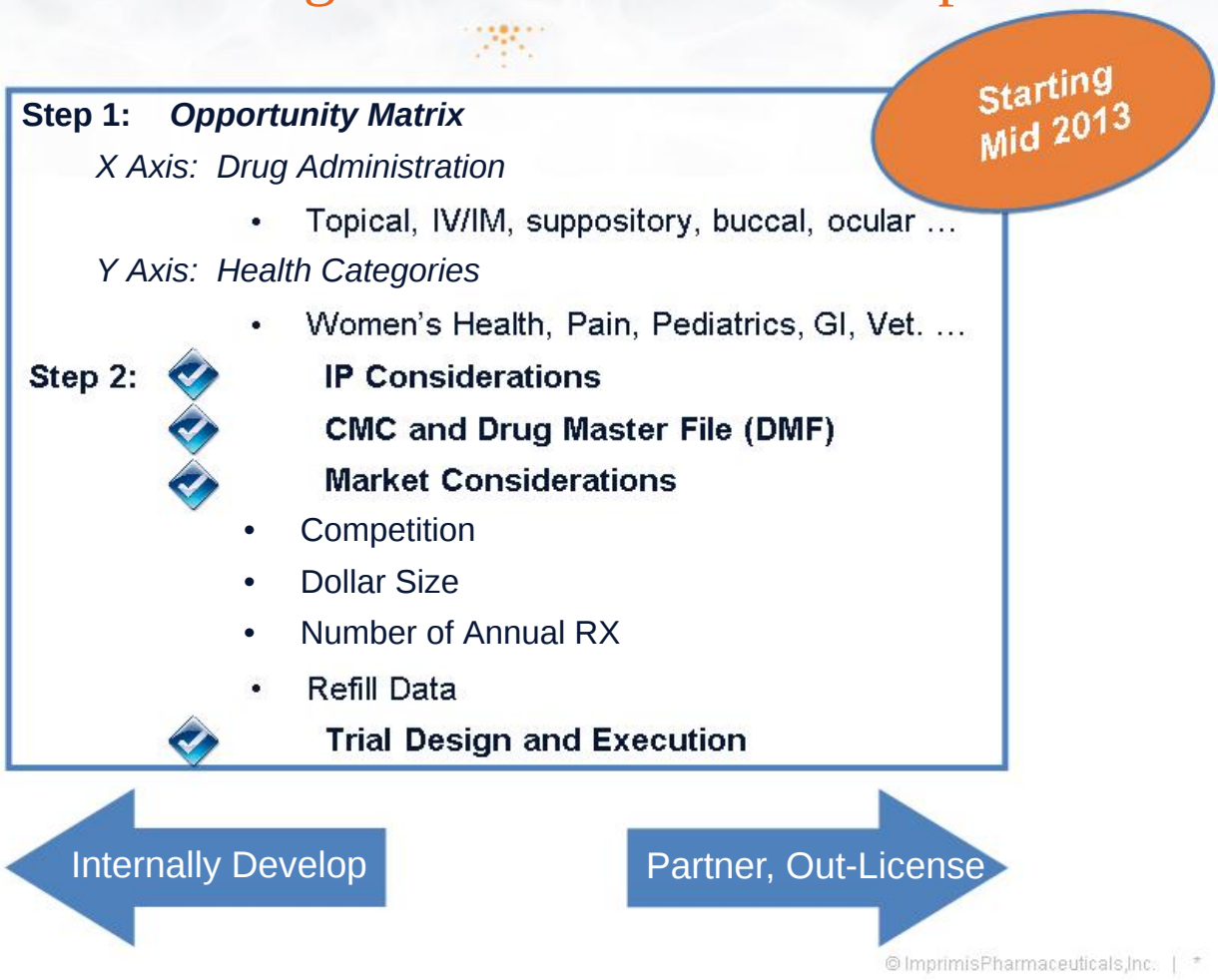
Improve ***Patient Care***

- Novel drug administration
  - Reduce or eliminate negative side effect profiles
  - Increase therapeutic benefit to patients

Monetizing the PCCA Relationship



Improving Patient Care:
Impracor™ Phase 3
Topical NSAID

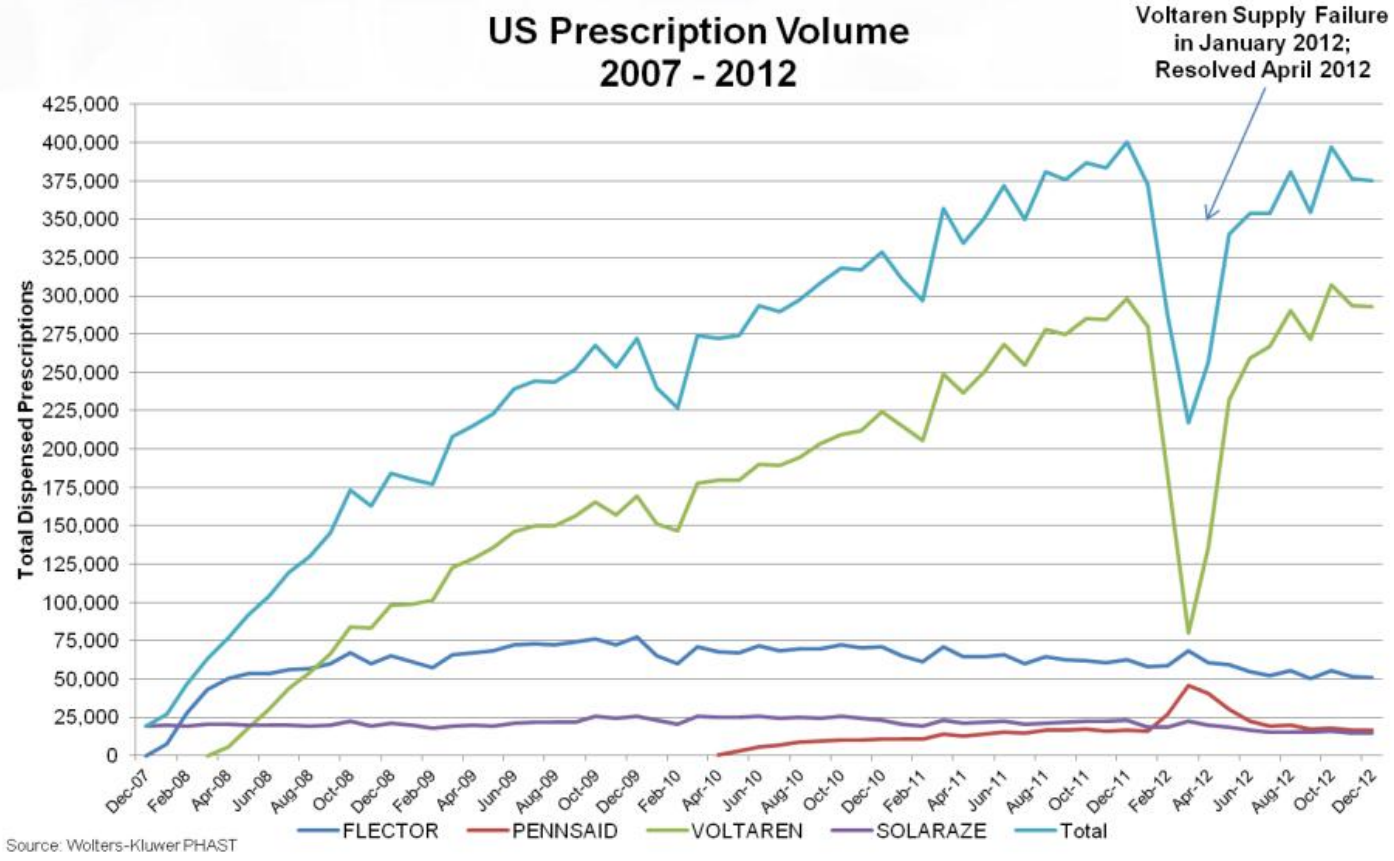
The Case for a Topical NSAID

	Oral NSAIDs	Topical NSAIDs
Efficacy in Acute Soft Tissue Injuries	Good	Good
Efficacy in Osteoarthritis	Good	Good
Incidence of Adverse Events	*High*	*Low*
GI Safety (Stomach)	*Poor*	*Good*
Hepatic Safety (Liver)	*Poor*	*Good*
Renal Safety (Kidney)	*Poor*	*Good*
Cardiovascular Safety (Heart)	*Poor*	*Good*

Resultant Complications from Systemic (Oral) NSAID Use

- **16,000 deaths (US/yr)**
- **100,000 hospitalizations (US/yr)**

The Topical NSAID Market



Source: Wolters-Kluwer PHAST

The Case for Impracor™

- Market Analysis**:**
  - The $10B+ US NSAID Market is Transitioning to Topicals
  - Voltaren Gel (1% diclofenac) has ~75% Rx share

Factor	Impracor™	Voltaren®
Delivery Technology	***Patented Accudel™ Micelles***	None; Alcohol
Per Dose Quantity	***3g***	4g
Dose Frequency	***BID (2X Daily)***	QID (4X Daily)
API	***10% Ketoprofen***	1% Diclofenac
COX Selectivity	***Cox 1***	Cox 2
Smell	***Neutral***	Insect Repellant
Tactile	***Smooth***	Greasy

- Despite Suboptimal Products, U.S. Topical NSAID Market is Growing
- 2016 Topical NSAID Market Possibly >$1B
- **There is a compelling unmet need for an effective semi-solid NSAID**

Impracor™ Phase 3 Program

Initial Phase 3 Trial

- Removing subjects who should not have entered the trial: *p=0.038*
- Remove subjects who did not comply with the protocol: *p=0.034*

New Acute Pain Clinical Trials to Achieve FDA Approval

- Two adequate and well controlled acute pain trials
- Analgesic Solutions (Dr. Nathaniel Katz) design/execute program
- Use patented tools and methods to reduce placebo effect
- Rapid trial enrollment from "banking" of qualified patients
- Seek "sprains, strains and joint pain" label
- Could be the only acute pain topical NSAID (if FDA approved)

Phase 3 Clinical Trials Planned - Mid 2013
Initial Trial Data - Q1 2014

Impracor™ Commercialization

- Capture **existing compounded topical ketoprofen market**
  - Doctors prefer FDA approved product
  - Patients prefer insurance reimbursement
  - Potentially more margin for pharmacies for FDA-approved product
  - Option to utilize PCCA member network to launch in US

- Out-license and compete against Voltaren in the large and growing **US topical NSAID market**
  - Benefit from format, feel, potency, dosing & smell advantages

Impracor™ Intellectual Property

FDA Exclusivity

- FDA protection with up to 3 years of new drug exclusivity
- “Paragraph IV” claims can prevent generics for up to 30 months

***** FDA “High Hurdles” for Topical Generics**

- Voltaren™ - **off exclusivity** and **off patent** for years - ***no generics***
- There are currently no generics in the topical NSAID market:
  - FDA Guidance: Voltaren™ generics must complete ***clinical studies*** prior to ANDA
  - Generic drug companies are not in the business of conducting clinical trials
- *Conclusion: Bioequivalence for an ANDA for topical drugs is difficult to establish*

USPTO Protections

- Core Accudel™ US/Canadian patents issued
- New Impracor™ packaging applications filed

Executive Team and Select Financial Data

Management Team Snapshot

Strong operational and management experience within our leadership group
Compensation weighted in equity

Chief Executive Officer: **Mark L. Baum, J.D.**
15+ Years of Senior Executive Experience; **Founder/President**, YesRx.com (1999)
Founder of 3 private investment funds; Restructured numerous companies (private-to-public)
Responsible for Restructuring Imprimis, including ~$24M new equity investment and PCCA transaction

President: **Balbir Brar, D.V.M., Ph.D.**
25 Years of Senior Drug Development Experience
Senior Positions: Lederle/Wyeth, SmithKline & Beckman, and Allergan
Drugs: ***Botox****,* Ketorolac (Cataracts), Restasis (Dry Eye), Lumigam, Latisse, Alphagan and ***8*** other drugs

Chief Medical Officer: **Joachim P.H. Schupp, M.D.**
Senior Positions: Ciba-Geigy, Novartis, ProSanos, Adventrx, Apricus Biosciences
Drugs: ***Voltaren line extensions***, Apligraf, Femara, Exjade and Sandoglobulin

VP, Accounting and Public Reporting: **Andrew R. Boll**
8+ years of experience in small capitalization company financial reporting; focus on restructured businesses
Led forensic-type accounting and financial reporting of historical Imprimis records during restructuring

Clinical and Regulatory Team Snapshot

Senior Regulatory Advisor: **Lee S. Simon, M.D.**

FDA Division Director of Analgesic, Anti-Inflammatory & Ophthalmologic Drug Products (2001-2003)
Served on multiple FDA advisory committees; 12 years as an NIH funded investigator
Senior consultant to Pharmacia/Searle on COX-2 development
Two terms on the BOD of the American College of Rheumatology; 110 Original Publications

Senior Clinical Advisor: **Roy D. Altman, M.D.**

Professor of Medicine, Division of Rheumatology/Immunology at UCLA ; 35+ yrs clinical experience
Founding Member/Past President of the Osteoarthritis Research Society International
Chairman for the Design and Conduct of Clinical Trials in Osteoarthritis as well as the Chairman on Clinical Trials in Osteoarthritis; Over 200 juried manuscripts and over 60 books
Edited the 4th edition of *Osteoarthritis: Diagnosis and Management*.
Co-editor :*Seminars in Arthritis and Rheumatism and Editor and Chief of Osteoarthritis and Cartilage*

Senior Clinical Advisor: **Marc C. Hochberg, M.D.**

Faculty, The Johns Hopkins University SOM & University of Maryland SOM
Head of the Division of Rheumatology and Clinical Immunology at University of Maryland SOM
Focus on clinical epidemiology of musculoskeletal diseases, osteoarthritis and osteoporosis
PI of NIH and Dep't Vet. Affairs funded studies, and is a Co-investigator on several other studies

Senior Regulatory Advisor: **Allan M. Green, M.D., PhD, J.D.**

Physician, Attorney, Inventor and Research Scientist
Operating and Management Experience with Numerous Biomedical Companies
Of Counsel to Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.
Teaches *Food and Drug Law* at Boston College Law School

Capital Structure

	Capital Structure March 14, 2013 (Unaudited)	Percent
Common Shares	8,888,250	82.58%
Total Restricted Stock Units	200,000	1.86%
Total Options & Warrants - Weighted Avg. Ex. Price $5.49	1,675,487	15.56%
Total Common Shares - Diluted	10,763,737	100.00%

Summary

- **Imprimis is a Company with Vision**
- **Unique Drug Development Model**
- **Near Term Catalysts**
- **Robust and Compelling Development Assets**
- **Key Strategic Relationships**
- **Cash Resources to Execute**
- **Highly Capable Team**

Questions & Discussion

Imprimis Pharmaceuticals, Inc.
Delivering Safe, Effective and Direct Solutions

FOR MORE INFORMATION CONTACT:

Mark L. Baum, J.D.
(858) 433-2816 - Direct
mark@imprimispharma.com

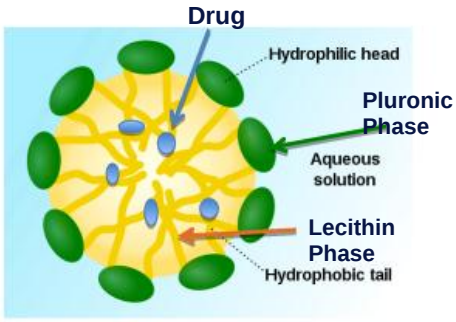
Appendix - Investment Summary & Support

Accudel™ Topical Delivery Technology

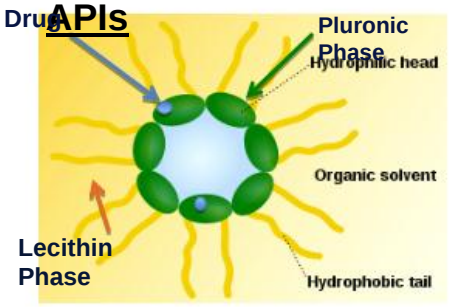
Introduction to Accudel™

Pluronic Lecithin Organogel (PLO) Platform

Lipophillic APIs



Hydrophillic APIs



- **Accudel™ is a cream that "carries" drugs through the skin,** *penetrating to the* ***problem site***
- Pluronic Lecithin Organogel (PLO) drug carrier
- Accommodates different size molecules and large quantities of active drugs
- Works with drugs with different physicochemical properties
- Quickly absorbed and aesthetically pleasing
- Low toxicity and biodegradable; components are non-immunogenic and are "Generally Regarded As Safe" (GRAS) by the US FDA
- Thermodynamically stable, insensitive to moisture and resistant to microbial contamination

Introduction to Accudel™

In Vitro Penetration Data for Impracor™ and European Marketed Products (Fastum®, Ketum®, Oruvail®)

- 63% - 70% of ketoprofen in Impracor that was available for release diffused through the membrane (0.45 m Nylon) of a Franz Cell Apparatus within 4 hours[i].

- (Fastum, Ketum, Oruvail) 2.5% topical ketoprofen were tested in a Franz Cell Apparatus (Silicon membrane). Less than 20% of ketoprofen present in the formulation was made available to diffuse out of the formulation into the receptor phase in the un-ionized form[ii].

i. DPT Study Report TC.0706.01

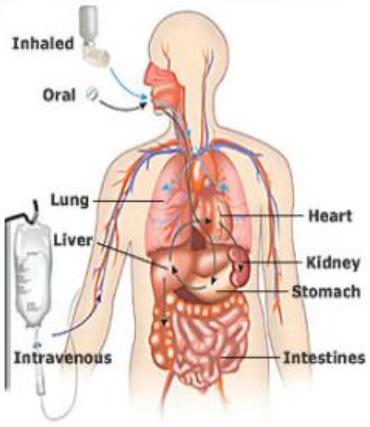
ii. Thesis Tettey-Amlalo, Dec 2005 Faculty of Pharmacy Rhodes University, Grahamstown

Impracor™ Topical NSAID

Competition and Market

The Problem With Oral NSAIDs

Widespread Usage With Serious Side Effects



Fact: Extremely Large Population Uses NSAIDs

- 70 Million prescriptions for NSAIDs each year in US (Wiegard in Medscape)
- Regularly used by more than 60M Americans (Arch Intern Med. 2005;165:171-177)
- 70% of all 65+ Year Olds Take NSAIDs Weekly
- Usage of oral NSAIDs is increasing

Result: Toxicity to Gastro Intestinal (GI) Tract, Kidneys and Liver

- Over 100,000 per year are **hospitalized** from NSAID complications
- Hospitalizations alone cost more than $2B per year
- Over 16,000 **deaths** every year from GI NSAID complications
- NSAID GI Toxicity - the **15th most common cause of death** in US

Solution is to deliver NSAIDs *topically* to the specific site of pain or inflammation

Competitive Landscape

IMPRACOR
(Imprimis)

10% Ketoprofen Cream

1 gram
3 x per day =
3 grams/day

Safe / Cutaneous
Elegant Formulation
Convenient / Cream
Accudel Delivery System
Local AEs 1-2%

Seeking acute musculoskeletal pain label

FLECTOR PATCH
(Pfizer/IBSA)

1.3% Diclofenac epolamine

10 x 14 cm patch
2 x per day

Fixed one size patch
Adherence issues
Not to be worn in water
Local AEs 11%

Acute soft tissue injury (positive data in ankle sprain)

VOLTAREN GEL
(Endo/Novartis)

1% Diclofenac sodium

2-4 gram
4 x per day =
16 grams/day

Large Quantities
Sticky / Greasy
Odor / Staining
Local AEs 7%

Chronic OA of hand and knee

PENNSAID
(Covidien/Nuvo)

1.5% Diclofenac sodium

40 drops of liquid
(10 drops to each of 4 sides of knee)
3-4 x per day =
160 drops/day

Dimethyl sulfoxide (DMSO); Safety concerns
Complicated application
Causes garlic taste/breath
Local AEs 47%

Chronic OA of knee

The Impracor Solution

Ketoprofen is a Superior Active Ingredient

Ketoprofen vs. Ibuprofen

"Meta-analysis of 26 trials (n=2,853) … showed that **Ketoprofen** was significantly better than all other topical NSAIDs. In terms of efficacy, **Ketoprofen** was significantly better than ibuprofen, felbinac, piroxicam and indomethacin."

Topical NSAIDs for acute pain: a meta-analysis
Lorna Mason**, **R Andrew Moore, **Jayne E Edwards**, **Sheena Derry** and **Henry J McQuay***
*BMC Family Practice 2004, **5**:10*

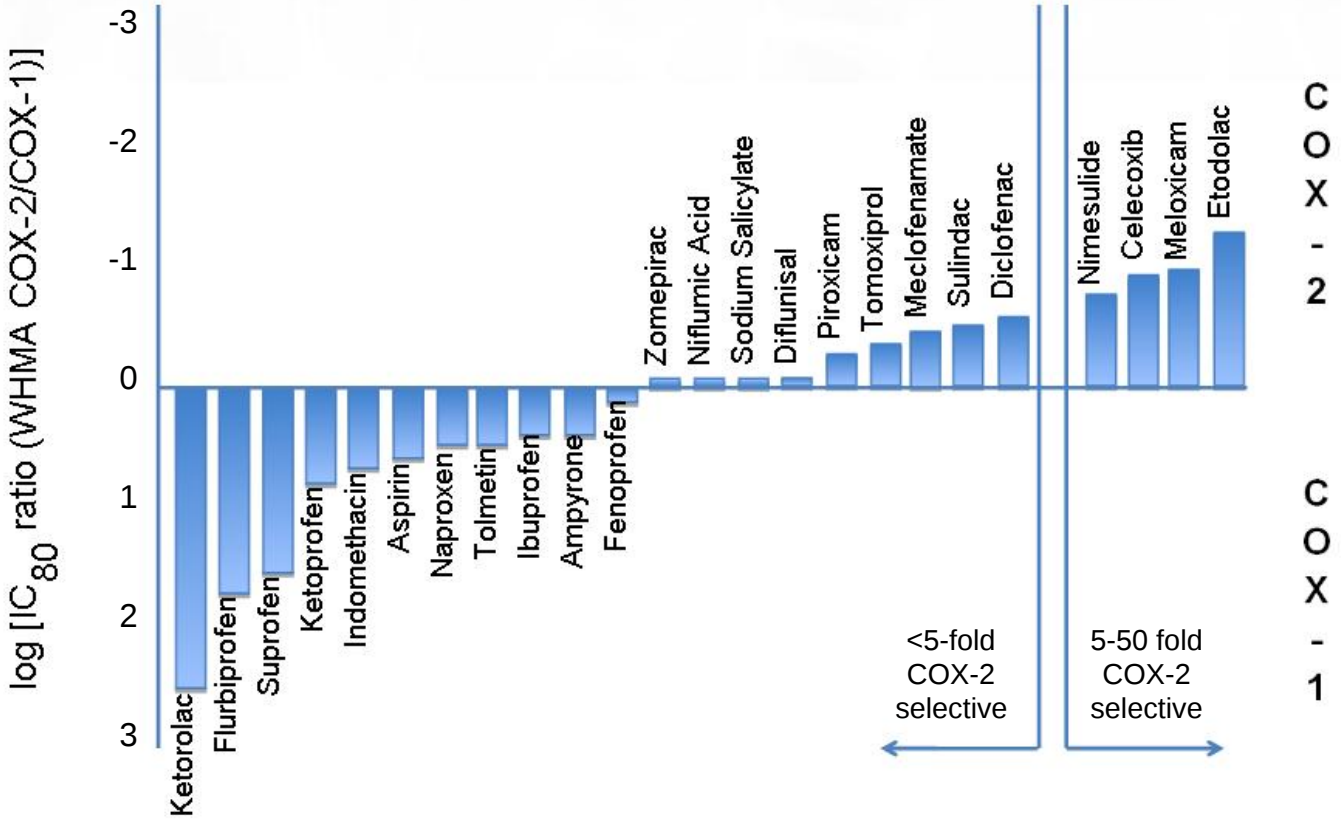
Ketoprofen vs. Diclofenac

The proportion of participants experiencing successful treatment with **topical ketoprofen in seven clinical studies was 73%** (251/346, range 57% to 89%)

The proportion of participants experiencing successful treatment with **topical diclofenac in three clinical studies was 52%** (166/319, range 39% to 92%)

Topical NSAIDs for acute pain in adults.
Massey T, Derry S, Moore RA, McQuay HJ
Cochrane Database Syst Rev. 2010;6:CD007402

Relative COX-1/COX-2 Selectivity



Vane S J Thorax 2000;55:S3-S9

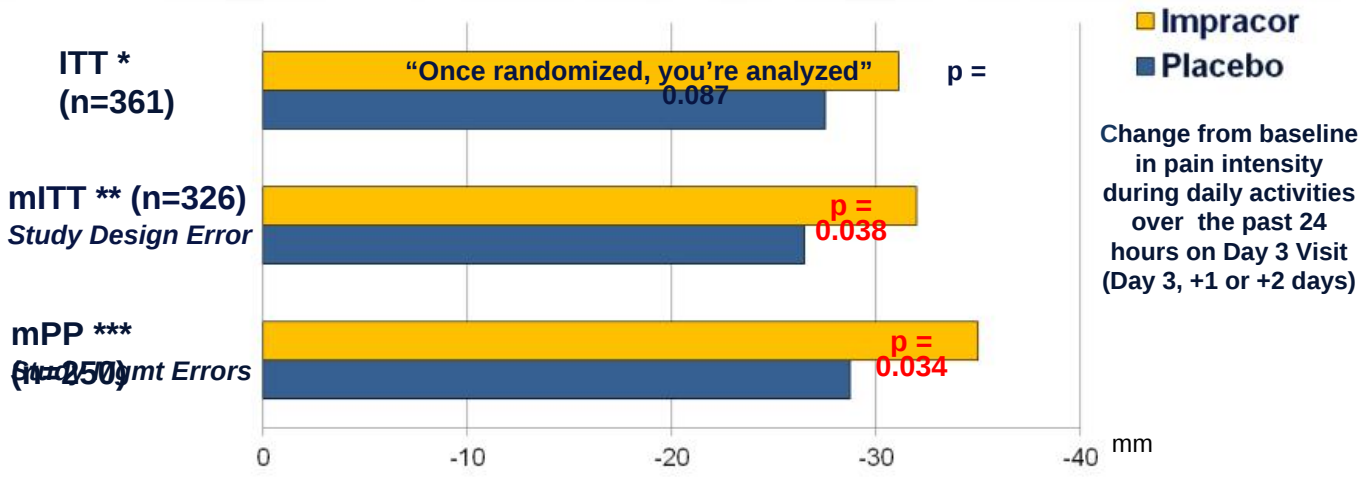
Additional Impracor™ Clinical Materials

Topical NSAIDs in Acute OA Knee Pain Model

	Ketoprofen 20% Patch (ENDO)	Ketoprofen Transfersome Gel, Diractin™ (IDEA)	Diclofenac Solution Pennsaid™ (Nuvo)
Phase	3	2/3	2
Study Dates	Aug 2006 - May 2007	Jul 2003 - Jan 2004	Jul 2010 - Mar 2011
# of Subjects/ Age	309 / above 18 years	397/ above 40 years	248 / 18 -80 years
Regimen/ Duration	Ketoprofen Patch applied o.d. **4 weeks**	110 mg ketoprofen b.i.d. (n=138) **6 weeks** (1 placebo capsule b.i.d. 100 mg celecoxib capsule b.i.d.)	1.3 mL applied to front, back and sides of knee b.i.d. (n=84) Vehicle and placebo controlled **4 weeks**
Selection	Diagnosis of knee (unilateral or bilateral), CRO: PPD	Morning stiffness < 30', crepitus, at least 3 on Likert's 5 point scale, not on NSAIDS	Patients using NSAIDs underwent a 1-week washout **This was a non-flare study**
Primary Endpoint	WOMAC (pain) week 2	WOMAC (pain) week 6•	WOMAC (pain) week 4
Secondary Endpoints	Pain Intensity/ relief (diary) WOMAC (function), Rescue Medication, quality of sleep, lost days of work. Pat./Phys. global assessment	WOMAC (function)-week 6. Patient global assessment (5 Point Likert)•	WOMAC (stiffness) , WOMAC (function), WOMAC (pain on walking) - - week 4 Patient global assessment Pain assessment 11 point scale
Conclusions	**ITT Primary Endpoint met**: Significant differences vs placebo (p=0.014). All secondary endpoints met. Previously **two Phase 3 sprain/strain trials failed, program discontinued.** *ENDO 10Q 2007*	WOMAC pain LS mean reduction - 18.2 (-22.1 to -14.3), -20.3 (-24.3 to -16.2) and -9.9 (-13.9 to -5.8) osteoarthritis (p <0.01) All WOMAC subscale scores were normalized to a scale of 0 to 100 by dividing the sum subscale score by the number of questions of each score. *Ann Rheum Dis. 2007; 66(9): 1178-83.* **Swissmedic approval** based on **single study**	WOMAC pain reduction (5-Point Likert) from baseline (-3.9 [- 4.8 to -2.9]) compared with vehicle -control solution (-2.5 [- 3.3 to -1.7]; p = 0.023) or the placebo solution (-2.5 [-3.3 to -1.7]; p = 0.016). *CMAJ • AUG. 17, 2004; 171 (4)* **5 Phase 3 trials have achieved all 3 primary end points in OA.**

Retrospective Analysis of 1st Phase 3 Study

Design & Execution Optimization Lead to Statistical Significance (*p = <0.05*)



Mean reduction from baseline in mm (100 mm Visual Analogue Scale)

* **ITT** = Intent-to-treat (ITT) population

** **mITT** = Modified ITT of ITT patients - 35 met study ***entry*** criteria, but were ***excluded*** from ITT due to exclusionary criteria: (1) misdiagnosis, (30) positive drug screen, (4) other lab values at baseline making the patient ineligible for the trial

*** **mPP** = Modified per protocol (mPP) analysis of mITT patients -- who complied with the protocol? (52) improperly dosed, (22) no valid Day 3 primary endpoint assessment, and (4) were misdiagnosed

New Impracor Phase 3 Program: 1H 2013

Old Phase 3 Trial	New Phase 3 Trial
Many sprains and strains trials have failed	• **Acute OA flare (as a pain model) provides a more reliable population with better chance for separation**
High placebo responses	• **Utilize analgesia-specific proprietary implements and methodologies to identify placebo responders**
Insufficient monitoring for patient eligibility	• **Invest in trial design and management** • **Use only experienced pain trial investigators**
Patients were entered into the ITT up to 72 hours after injury	• **OA flare model designed for NSAID "wash-out" and immediate randomization of eligible patients**
People were allowed in if they had 6/10 pain level over last 24 hours - regardless of pain at baseline	• **OA flare model has defined entry criteria for pain intensity after NSAID "wash-out" and before randomization**
30 subjects used un-allowed drugs	• **Local laboratory for eligibility (drugs, liver, kidney, hematology)**
Major dosing compliance problems related to smaller size of tube orifice vs. applicator card box	• **Provide scales and weigh tubes at any office visit**

Initial Phase 3 Trial

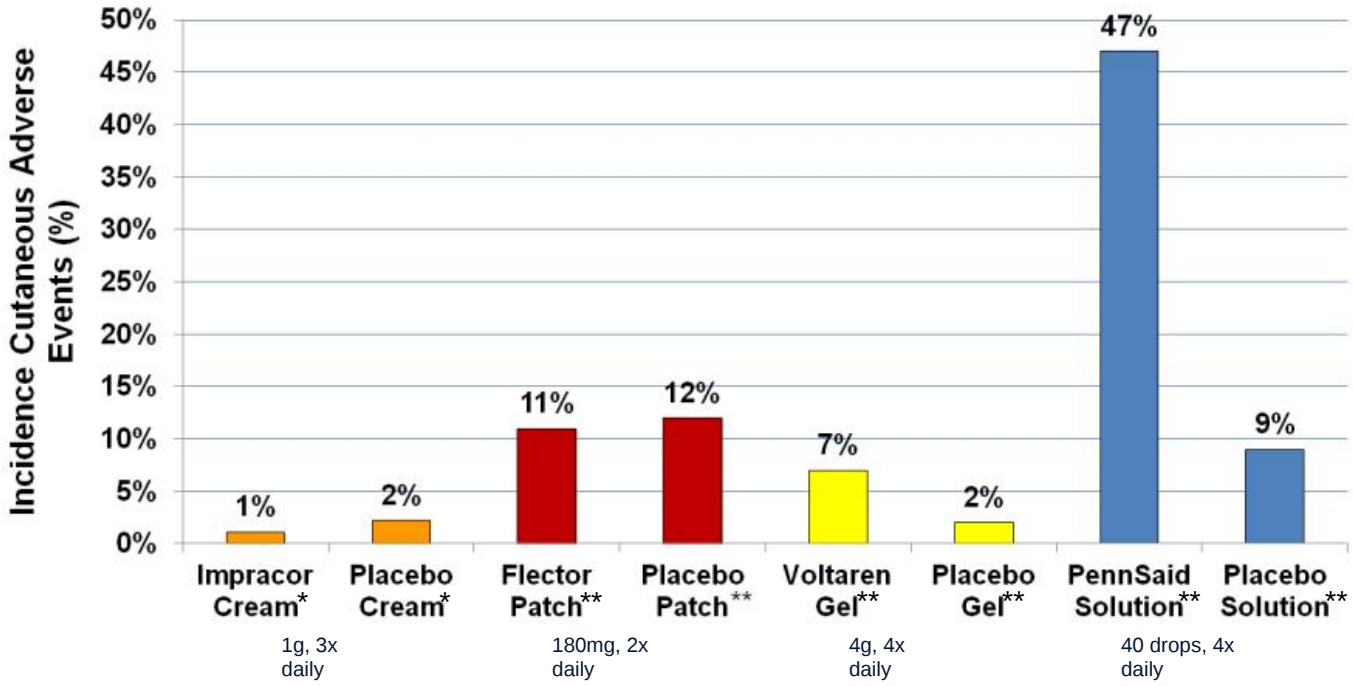
Sprain-Strain Soft Tissue Study

Design:	**Randomized, double-blind, placebo-controlled at 26 sites**
Study Population:	**Efficacy, n = 361** Uncomplicated acute soft tissue injuries Ankle (n=97), Shoulder (n=87), Knee (n=59), Wrist (n=57), Elbow (n=30), Calf/Anterior Tibialis (n=11), Hamstring/Quadriceps (n=8), Forearm (n=5), Biceps/Triceps (n=3), Hand (n=3) **Safety, n = 364** Ranging in age from 18 - 75 years
Key Entry Criteria:	Injury occurred within ***72 hours***, pain intensity ≥ 60mm on 100 mm Visual Analogue Scale (VAS); no intake of unallowable medication
Dosing Regimen:	***Impracor vs. Placebo*** (Vehicle) cream, **1g t.i.d. x 7 days**
Primary Endpoint:	Change from baseline in **pain intensity during daily activities on Day 3** office visit (+1, +2 days) with 100 mm VAS measurement
Secondary Endpoints:	• Change from baseline in three times daily pain intensity immediately prior to medication • Various other treatment satisfaction and safety assessments • Pharmacokinetics in subset of patients

 | A14

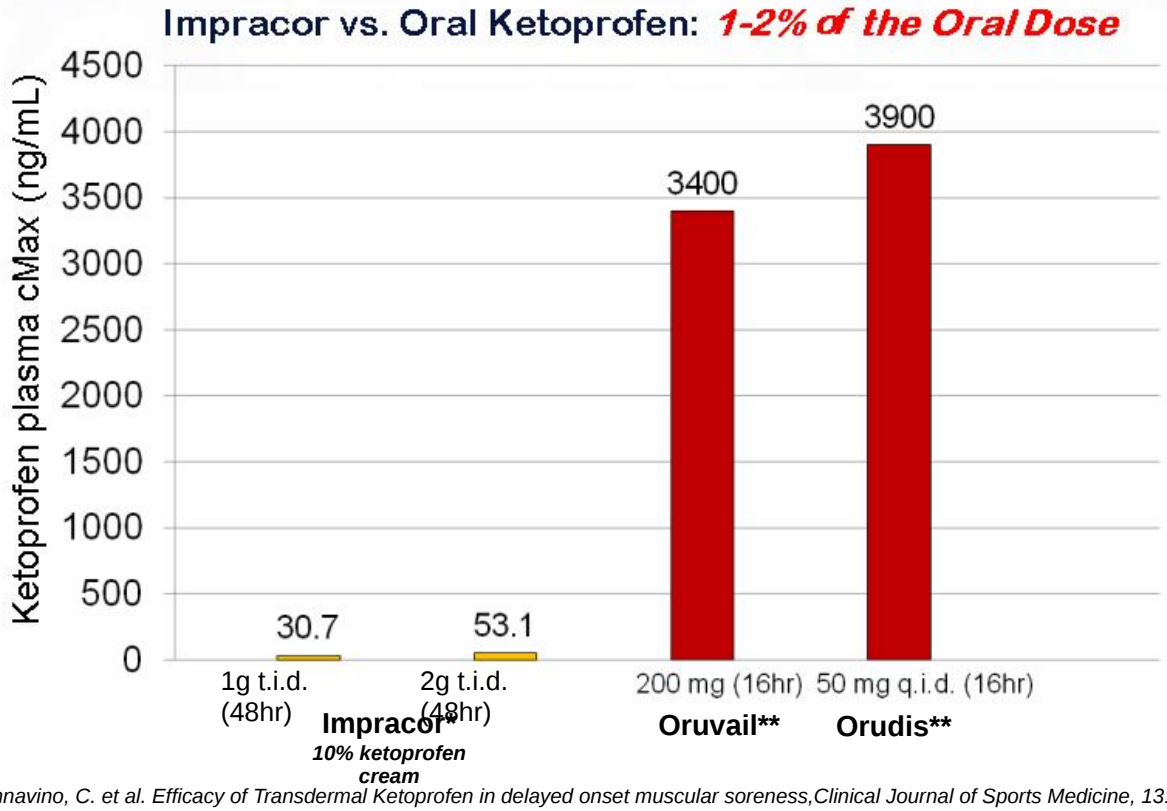
Safety: Low Incidence of Adverse Events

- No related gastrointestinal (GI), cardiac, liver, or other serious AEs
- Low incidence of cutaneous AEs



* Clinical Study Report: TDLP-110-001, September 2010
** Prescribing Information for Flector Patch, Voltaren Gel and Pennsaid Solution

Pharmacokinetics: Low Systemic Absorption



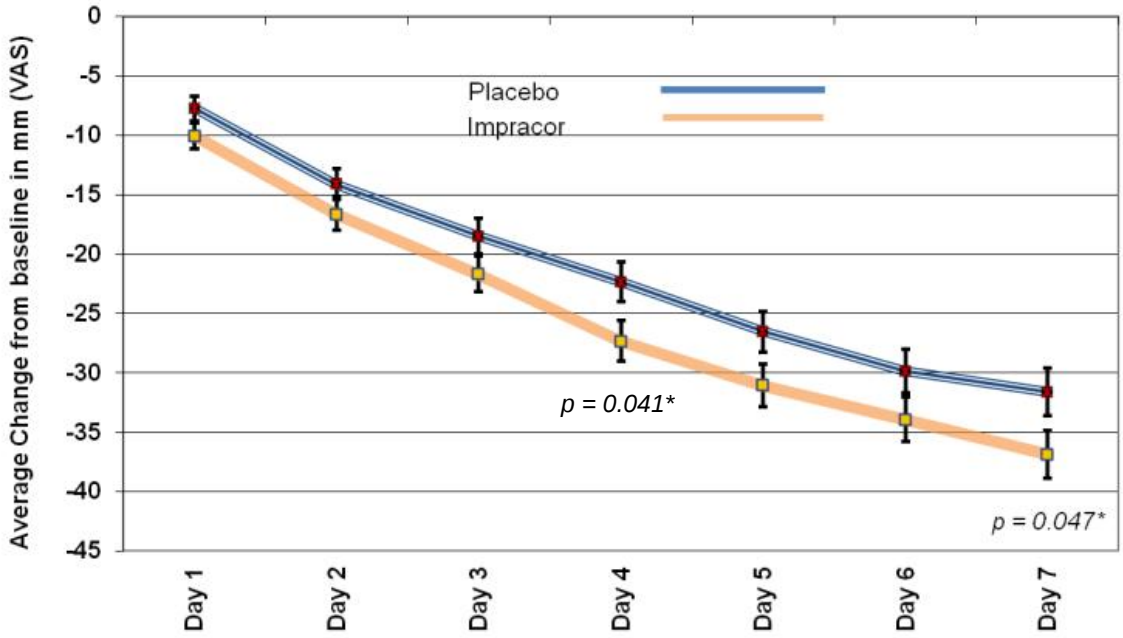
** Cannavino, C. et al. Efficacy of Transdermal Ketoprofen in delayed onset muscular soreness,Clinical Journal of Sports Medicine, 13: 200-208, 2003 and Clinical Study Report Project No. 990808, Phase 1/2 Study Report Aug 2007*

***Orudis ketoprofen extended release capsule/ Oruvail capsule prescription information*

Clear Separation of Data Day 4 Onwards

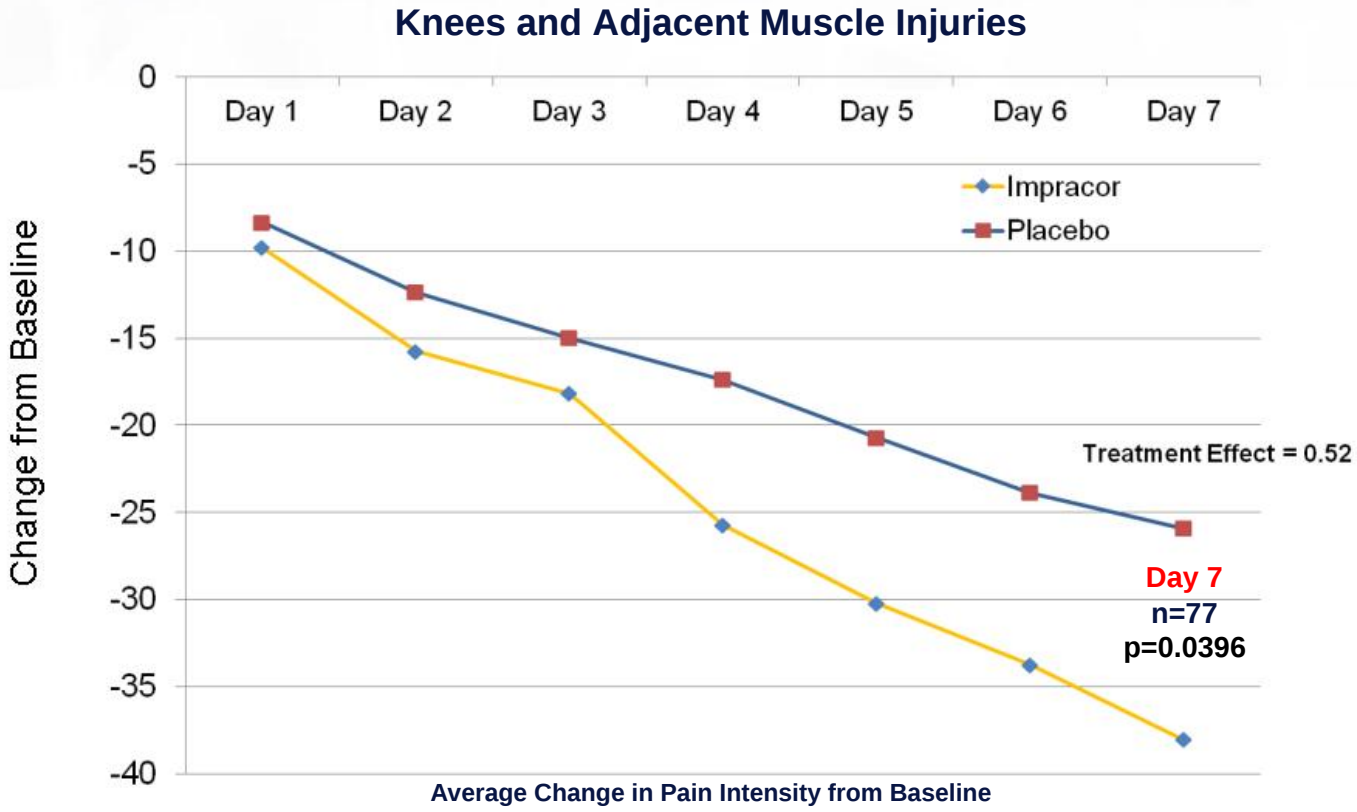
Mean Change from Baseline in 3X/daily Pain Intensity Prior to Medication (from Patient Diary)

All ITT patients (n=361)



* =.statistically significant

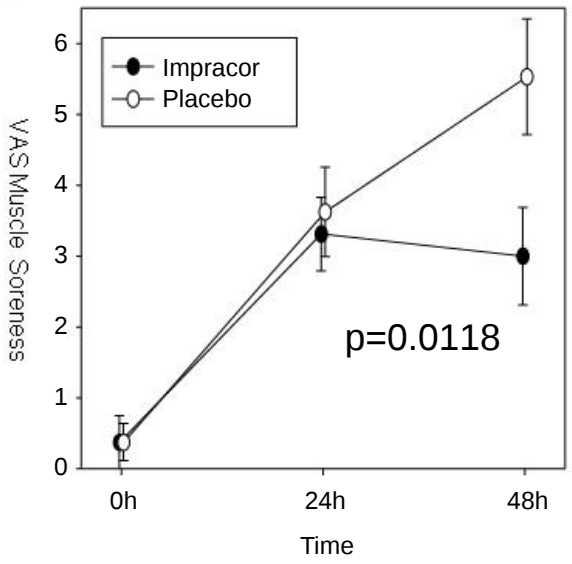
We Believe We Know What Body Part to Study



Phase 1/2 Study - Investigator IND Efficacy by Assessing DOMS

n=16

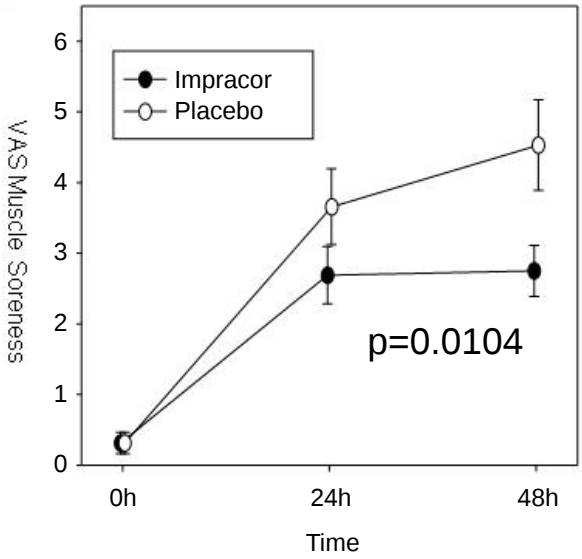
Either Active o (both legs) Placebo



VAS muscle soreness means ± SE 0, 24 and 48 hours, significantly less soreness in the Impracor vs placebo group (p=0.0118) between 24 and 48 hours

n=16

1/2 Active/Placebo on R or L Legs



VAS muscle soreness means ± SE at 0, 24 and 48 hours. Significantly less soreness in the Impracor vs placebo (p=0.0104) between 24 and 48 hours

No Adverse Events Reported

Cannavino, C. et al. Efficacy of Transdermal Ketoprofen in delayed onset muscular soreness,Clinical Journal of Sports Medicine, 13: 200-208, 2003 and Clinical Study Report Project No. 990808, Phase 1/2 Study Report Aug 2007

Additional Corporate Information

Board of Directors

Robert J. Kammer, D.D.S.

Managing Member of financial group that restructured Imprimis
Active Clinical Research & Consulting Practice
30+ Years Clinical Practice - Diplomate, American Board of Orofacial Pain
Retired Associate Professor & Course Director - Orofacial Pain, University of Colorado

Mark L. Baum, J.D.

15+ Years of Senior Executive Experience; **Founder/President**, YesRx.com (1999)
Founder of 3 private investment funds; Restructured numerous companies (private-to-public)
Responsible for Restructuring Imprimis, including $7.95M New Equity Investment and PCCA transaction

Paul Finnegan, M.D., M.B.A.

13+ Years Commercialization and Development Experience
Ops Experience: Avalon Ventures, Alexion, Pharmacia/Searle); Univ. of Chicago MBA
Senior Positions: Avalon Ventures, Alexion Pharmaceuticals, Pharmacia/Searle/Monsanto
Drugs: ***Celebrex***, Bextra, Arthrotec, Soliris, Inspra and Aldactone/Soldactone

Jeff Abrams, M.D.

Founder and Director since 1998
Practicing primary care clinician for 20+ years
Co-developer of our Accudel drug delivery technology and Impracor topical NSAID

Stephen Austin, C.P.A.

Audit Committee Chairman; Board service on over 12 boards and related board committees
Partner at Swenson Advisors, LLP since May 1998
Manages audit, SEC, Sarbanes-Oxley and business consulting engagements with a focus on technology, manufacturing, service, real estate, social media and non-profit organizations

Balance Sheet

(Abbreviated)

ASSETS	December 31, 2012
Current Assets	
Cash and cash equivalents	$ 10,035,615
Other assets	670,381
TOTAL ASSETS	$ 10,705,996
LIABILITIES AND STOCKHOLDERS' EQUITY	
Accounts payable and accrued expenses	$ 709,559
TOTAL LIABILITIES	709,559
Stockholder's Equity	
Common stock, $0.001 par value, 395,000,000 shares authorized,	
6,772,066 shares issued and outstanding	6,772
Additional paid-in capital	34,093,933
Deficit accumulated during the development stage	(24,104,268)
TOTAL STOCKHOLDERS' EQUITY	9,996,437
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	$ 10,705,996

Imprimis Development Process