

### SAFE HARBOR

This presentation and associated commentary may contain forward-looking statements, including statements regarding expectations of future results of operations or financial performance of Doximity, market size and growth opportunities, the calculation of certain of our key financial and operating metrics, capital expenditures, plans for future operations, competitive position, technological capabilities, and strategic relationships, general business conditions and the assumptions underlying those statements.

Any forward-looking statements contained in this presentation and associated commentary are based upon Doximity's historical performance and its plans, estimates and expectations as of the dates noted in this presentation, and are not a representation that such plans, estimates, or expectations have been or will be achieved. These forward-looking statements represent Doximity's expectations as of the dates noted in this presentation. You should not put undue reliance on any forward-looking statements.

Forward-looking statements should not be read as a guarantee of future performance or results and will not necessarily be accurate indications of the times at, or by, which such performance or results will be achieved, if at all. Subsequent events may cause these expectations to change, and Doximity disclaims any obligation to update the forward-looking statements in the future. These forward-looking statements are subject to known and unknown risks and uncertainties that may cause actual results to differ materially, including, but not limited to, those related to our business and financial performance, our ability to attract and retain customers, our ability to develop new products and services and enhance existing products and services, our ability to respond rapidly to emerging technology trends, our ability to execute on our business strategy, our ability to compete effectively and our ability to manage growth.

Additional risks and uncertainties that could affect Doximity's financial results are included under the captions, "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" in the company's filings with the Securities and Exchange Commission on Form 10-K and subsequent Form 10-Qs. These materials are available on our investor relations website at investors.doximity.com under the Financials section and on the SEC's website at sec.gov. Further information on potential risks that could affect actual results will be included in other filings Doximity makes with the SEC from time to time. In addition to financial information presented in accordance with U.S. generally accepted accounting principles ("GAAP"), this presentation and associated commentary may include certain non-GAAP financial measures (including on a forward-looking basis). Definitions and reconciliations of non-GAAP measures to their most directly comparable GAAP counterparts are available in our most recent Form 10-K or 10-Q on the company's investor relations website at investors.doximity.com.



# **AGENDA**

Tuesday, June 6; 10:30AM – 12:30PM ET

Topic	Speaker(s)
Intro	Jeff Tangney   Co-Founder & CEO
Product Demo	Nate Gross, MD   Co-Founder & CSO
Physician Panel	Moderator: Chris Longhurst, MD   CMO & CDO UCSD
10 min Break	
Commercial Products	Ben Greenberg   SVP Commercial Products
Commercial Ops	Craig Overpeck   SVP Commercial Ops
Financials	Anna Bryson   CFO
Q&A	Jeff Tangney   Nate Gross, MD   Anna Bryson

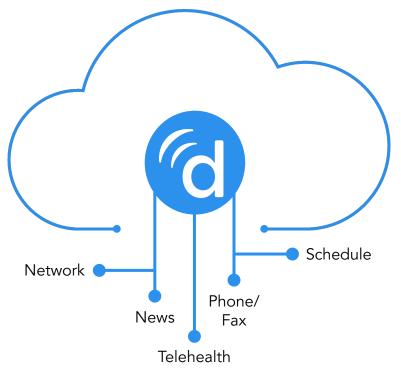


# **KICKOFF**



Jeff Tangney
CEO & Co-Founder

## THE PHYSICIAN CLOUD



Mission: help doctors be more productive

80%+

of U.S. Physicians and 50%+ NP/PAs<sup>1</sup>

20/20

Top Hospitals and Pharma<sup>2</sup>

\$419m

FY23 Revenue

\$184m

FY23 Adj EBITDA<sup>3</sup>

Values: Physicians First, Docs-'n-Dorks, GSD

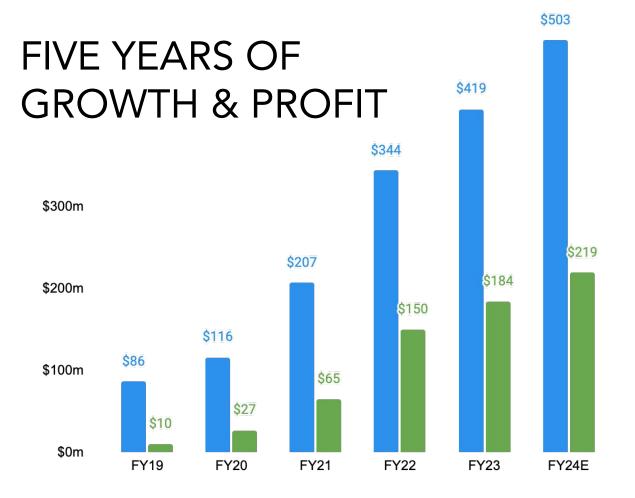
Founded: 2010 Employees<sup>1</sup>: 977

1. As of 3/31/23.

2. Top 20 Pharmaceutical Manufacturers based on data from FiercePharma, Top 20 hospitals based on U.S. News & World Report's Best Hospitals 2021-2022 Rankings as of 3/31/23.

3. See appendix for the definition and a reconciliation of this measure to its nearest GAAP equivalent.





Revenue (\$m)

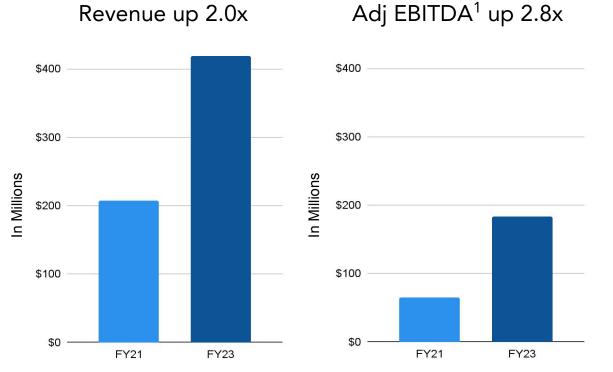
Adj. EBITDA¹ (\$m)

- 10X+ median ROL
- 124% NRR with Top 20 clients<sup>2</sup>
- 44% Adj EBITDA<sup>1</sup>

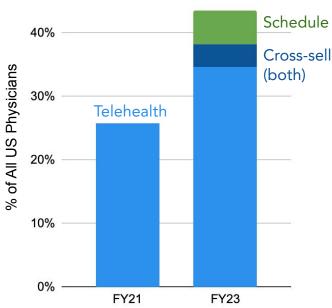
See appendix for the definition and a reconciliation of this measure to its nearest GAAP equivalent.

<sup>2.</sup> See appendix for the definition of this metric.

# WHAT'S CHANGED SINCE IPO



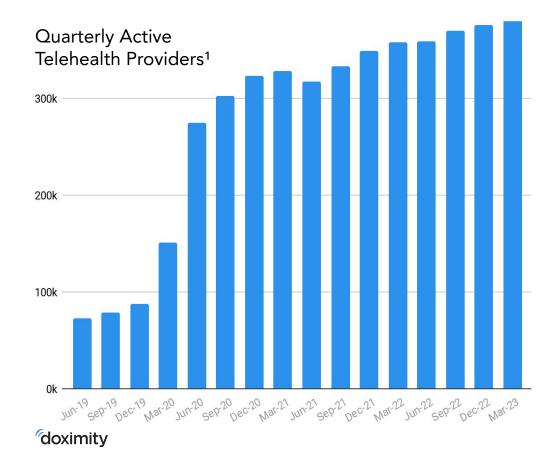
### Enterprise Subs up $1.7x^2$



See appendix for the definition and a reconciliation of this measure to its nearest GAAP equivalent.
 Represents % of all U.S. MDs and DOs covered by paid Doximity enterprise subscriptions. As of 3/31.



## WORKFLOW IS OUR SECOND ACT





- 86% "part of long-term plan"<sup>2</sup>
- 96% renewal rate<sup>3</sup>
- Cross-sell motion:



- 1. Virtual visits conducted by MD, DO, NP, PA credentials greater than 2 minutes in length
- 2. KLAS survey data, February 2023
- 3. Based on # of MD/DO/NP/PA under enterprise subscriptions retained in FY23
- 4. % of MD/DOs covered by both paid Dialer and Amion subscription licenses

# GLARING DAY-TO-DAY INEFFICIENCIES

80%

of U.S. HC documents still sent via snail mail and fax<sup>1</sup>

78%

of physicians report health IT related burnout<sup>2</sup>

73%

of \$4.3 trillion/yr in US HC is decided by doctors<sup>3</sup>



## 'CUT THE SCUT' WITH AI

Half of physician time today is spent on admin work. Al can save 13hr/wk, reducing average doc to 50hr/wk<sup>1</sup>.



#### DocsGPT.com

- 000's doc prompts per week
- Built-in fax to insurers
- Psych & PCP biggest users
- Adding to our post-call flow

### BestDoc.ai (new)

- Builds on hospital Referral/Appt biz
- Just enter a diagnosis & bot helps navigate to right sub-specialists



# WHAT HASN'T CHANGED SINCE IPO



#### FOUNDER-LED MISSION-DRIVEN TEAM



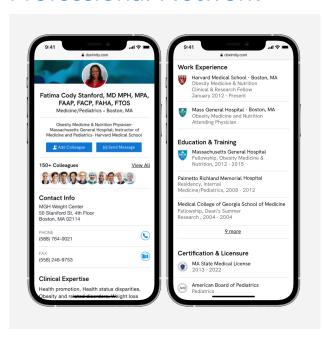
# **PRODUCT**



Nate Gross, MD CSO & Co-Founder

# PURPOSE BUILT FOR MEDICINE

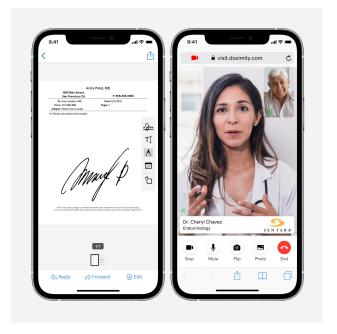
### Professional Network



### Newsfeed



### Workflow





# **ADOPTION**

>500,000

Quarterly Active Workflow Providers<sup>1</sup>



Secure Email



Fax & e-Signature



Telehealth



Schedule





<sup>2.</sup> As of March 31, 2023.



<sup>1.</sup> Quarterly Active Workflow Providers counts all unique MDs, DOs, NPs, PAs, CRNAs, Med Students, and Pharmacists who used at least one productivity tool (telehealth, scheduling, digital fax and e-signature, and DocsGPT). As of March 31, 2023.



# **DOXIE AWARD**



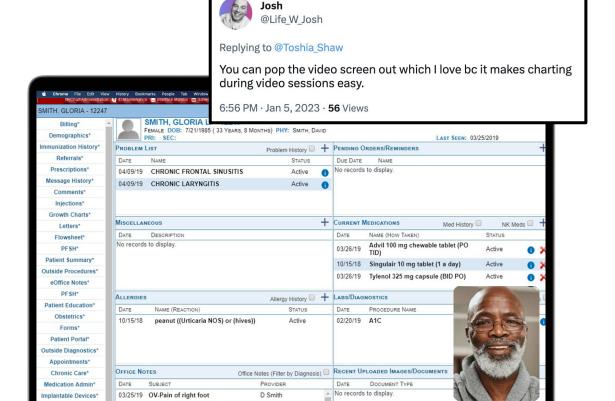




James DuRant, MD

Medical Director Novant Health Center for Pediatric Development

EHR Picture-in-a-Picture



MacBook Pro







# Fatima Stanford, MD

Obesity Medicine
Harvard Medical School
& Mass General

### **Conference Connect**

Dear Dr. Stanford,

We compiled a list of people you might know going to ASH. Click below to send them a note to meet up.

See all attendees

#### CONFERENCE ATTENDEES



Katherine High, MD
Pediatric Hematology & Oncology
Professor, Pediatrics, Perelman School of Medicine

Send note

4

Joseph Alvarnas, MD

Classmate from Harvard

Oncology Director of Value-Based Analytics Senior Medical Director Speaking at ASH 2018

Send note



Terry Gernsheimer, MD

Hematology Professor, Medicine, University of Washington School of Medicine

View

View

Co-Resident from Beth Israel Deaconess Medical Center Internal Medicine Program



#### Catherine Coombs, MD

Hematology Assistant Professor ASH Attendee

doximity





Tommy Korn, MD
Ophthalmologist & CDIO
Sharp Healthcare

### Calendly

# Doximity Integrates with Calendly to Automate Physician Meeting Scheduling

A virtual personal scheduling assistant for busy doctors

Doximity today announced a first-of-its-kind app alliance to streamline how doctors arrange their clinical and life science meetings with an integration with Calendly.

Each year, doctors attend millions of educational events to stay up-to-date on the latest treatments. Scheduling these meetings can often be time-consuming and tedious with lots of emails and texts back-and-forth. Impromptu visits, meanwhile, can disrupt clinical workflows and are not efficient to any party.

By providing each doctor with access to Calendly's scheduling automation capabilities within the Doximity platform, we hope to save physicians' time so they can focus on what matters most – providing the best care for their patients.





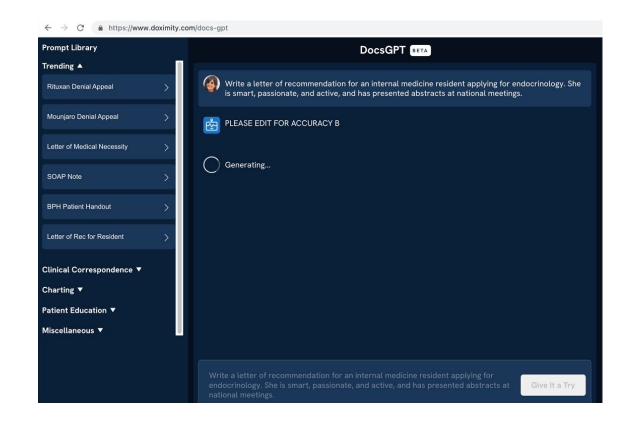




Lea Ann Chen, MD

Gastroenterology, Rutgers Robert Wood Johnson Medical School

DocsGPT Letters of Recommendation

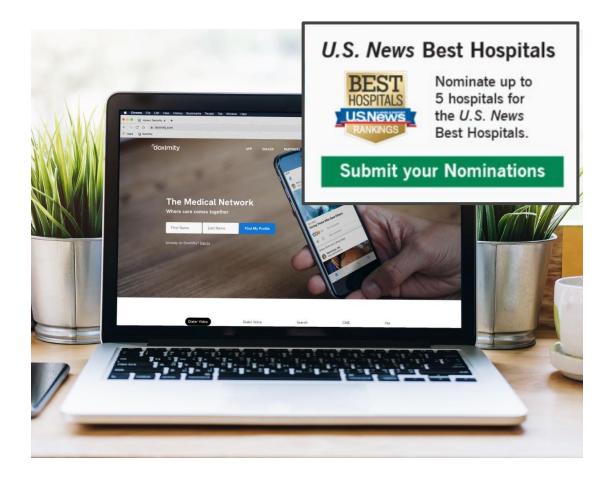






Chris Longhurst, MD
CMO & CDO
UC San Diego Health

**US News Voting** 



# PHYSICIAN PANEL



Moderated by: Chris Longhurst, MD
Chief Medical Officer & Chief Digital Officer
UC San Diego Health

# 10-MINUTE BREAK



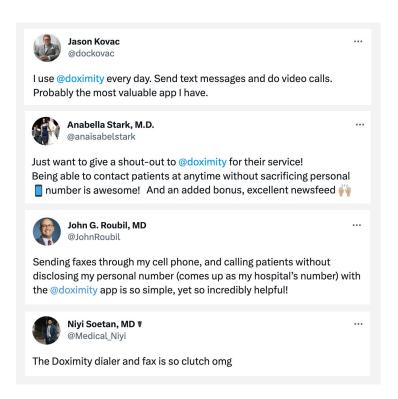
# **COMMERCIAL PRODUCTS**



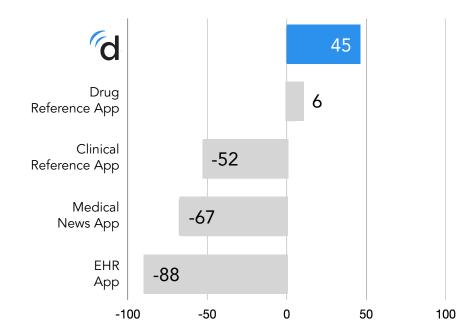
Ben Greenberg

SVP Commercial Products

## PHYSICIANS' FAVORITE APP



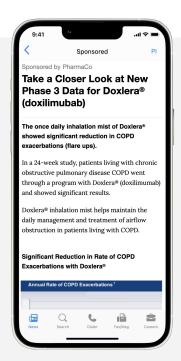
#### AppStore Net Promoter Score (NPS)<sup>1</sup>



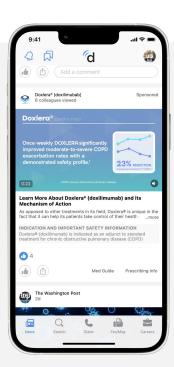


## CORE MODULE PORTFOLIO

We create customized packages for customers







Video



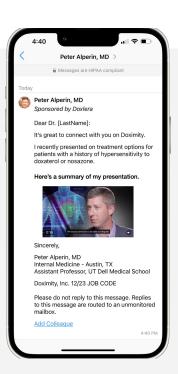
**Short Form** 



# NEW VERTICAL VIDEO OFFERINGS







Peer to Peer



### PROOF POINT:

#### INSURANCE COVERAGE INFO AT POINT OF CARE

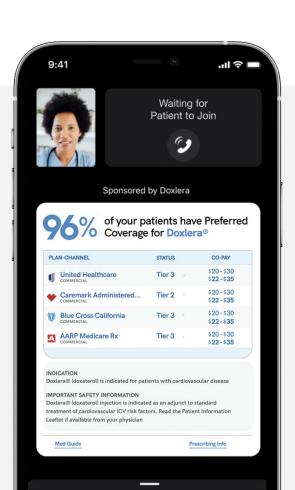
#### Helps Prescribers and Our Customers

- Over 80% of physicians say insurance coverage and patient cost are key prescribing factors
- Personalized with MD-specific payor data

#### Helps Our Business

- Leads to impactful programs with proven results
- Helps break into new Life Sciences budgets
- Simple sale with quick time-to-market





# AD LOAD IS LOW, AD CONTENT IS CLINICAL

### Newsfeed

~1 in 12 Cards Sponsored



### Point of Care

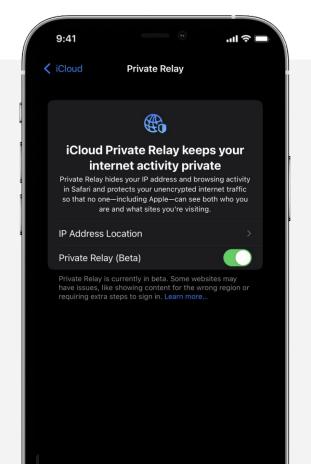
~1 in 100 Calls Sponsored





### **COOKIES ARE CRUMBLING**

- (2015) Apple Safari Plugins (ad blockers)
- (2017) Apple Intelligent Tracking Prevention ITP (cookies)
- (2020) Safari 3rd-party cookie Blocking by default (cookies)
- (2020) Apple breaks CNAME Cloaking (3P tracker subdomain)
- (2021) App Tracking Transparency enforcement (IDFA)
- (2021) Mail Privacy Protection (email pixels & IP address)
- (2021) iCloud Private Relay (web IP address)
- (2024) Chrome 3rd party cookies phase out (cookies)

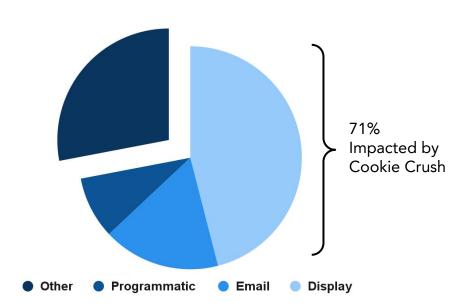




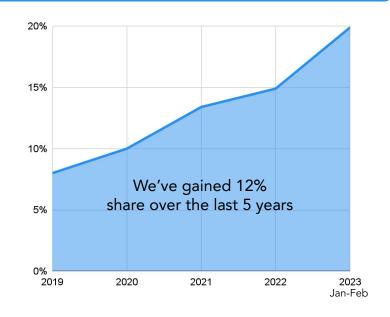
### **ANALYSIS OF 150+ BRAND CLIENTS**

#### MUCH ROOM TO GROW

#### 2022 Breakdown of Rx Digital HCP Budgets<sup>1</sup>



#### Doximity Share of Rx Digital HCP Mktg<sup>1</sup>



1. Based on analysis of vendor invoicing data from pharmaceutical companies in 2022 and Doximity estimates.



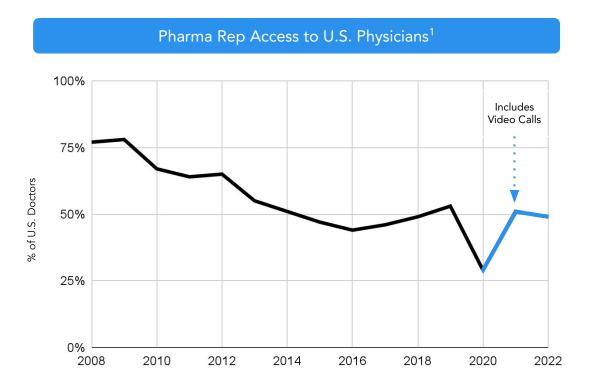
# **COMMERCIAL OPERATIONS**



Craig Overpeck SVP Operations

### REP ACCESS TO U.S. PHYSICIANS IN DECLINE

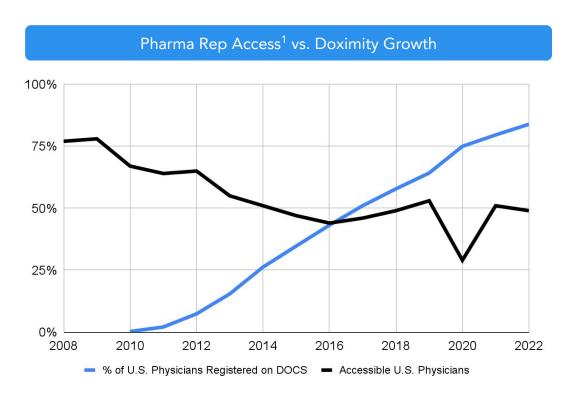
The number of "no see"
U.S. Physicians continues to
decline after a small
rebound post-COVID





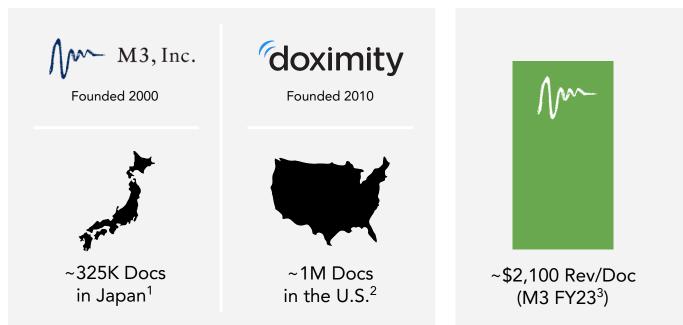
### WHILE DOXIMITY DIGITAL ACCESS INCREASES

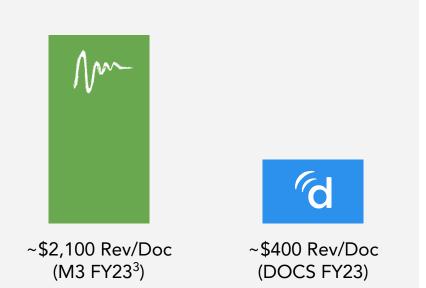
>80% of all U.S. Physicians reachable on Doximity's platform





### JAPAN DIGITAL HCP PLATFORMS A DECADE AHEAD





<sup>3.</sup> M3 revenue based on medical platform revenue. Avg. JPY/USD exchange rate from April 2022-March 2023.



<sup>1.</sup> Ministry of Health, Labor and Welfare of Japan. As of 2021.

<sup>2.</sup> Federation of State Medical Boards physician census 2020.

# ADJACENT OPPORTUNITIES







MSL/Education









Meetings



Credentialing



### FOCUSED GTM STRATEGY

#### Manufacturers





Pharma (Large, Medium, Small)



Medical Devices and Diagnostics



Hospital Marketing



Hospital Workflow



Hospital Staffing

# **FINANCIALS**



Anna Bryson CFO

#### FINANCIAL HIGHLIGHTS

- 1 Significant \$18B+ market opportunity in a digitally underindexed industry
- 2 Substantial room to grow within existing customers
- 3 Proven profitability with 40%+ adjusted EBITDA margins<sup>1</sup>
- 4 Large and growing \$840M+ cash balance<sup>2</sup>

<sup>2.</sup> Represents cash, cash equivalents, and marketable securities as of March 31, 2023



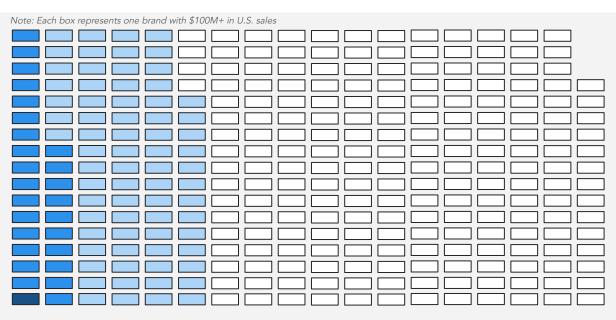
<sup>1.</sup> For FY22 and FY23. See appendix for the definition and a reconciliation of this measure to its nearest GAAP equivalent.

#### RX MARKET SIZING

FY19

# Mega Brands ~300

Doximity Share ~ 1%



Estimated Doximity Share of HCP Marketing

>50%

20-50%



< 5%

No Revenue

No Revenue in Trailing 12 Months

Budgets<sup>1</sup>
1. As of March 31, 2019. Based on data from Evaluate Pharma and Doximity estimates.

#### RX MARKET SIZING

FY21

# Mega Brands ~350

Doximity Share ~2%



Estimated Doximity Share of HCP Marketing

>50%

20-50%

5-20%

< 59

No Revenue

No Revenue in Trailing 12 Months

Budgets<sup>1</sup>
1. As of March 31, 2021. Based on data from Evaluate Pharma and Doximity estimates.

#### RX MARKET SIZING

FY23

# Mega Brands ~430

Doximity Share ~4%



Estimated Doximity Share of HCP Marketing Budgets<sup>1</sup>



20-50%



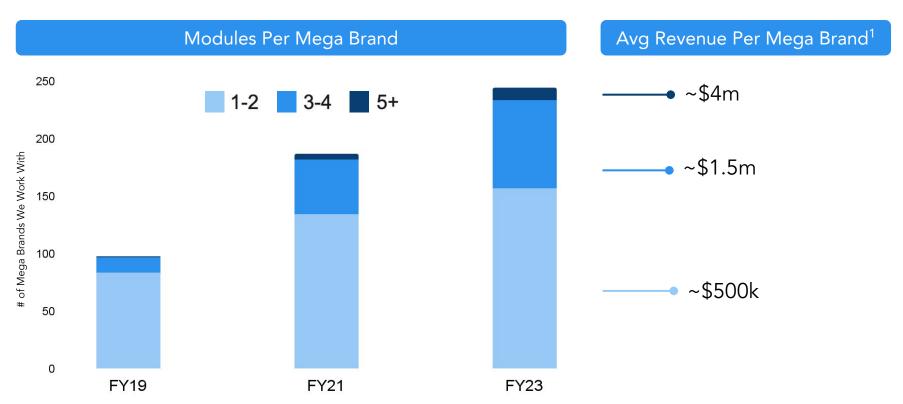


No Revenue in Trailing 12 Months

1. As of March 31, 2023. Based on data from Evaluate Pharma and Doximity estimates.



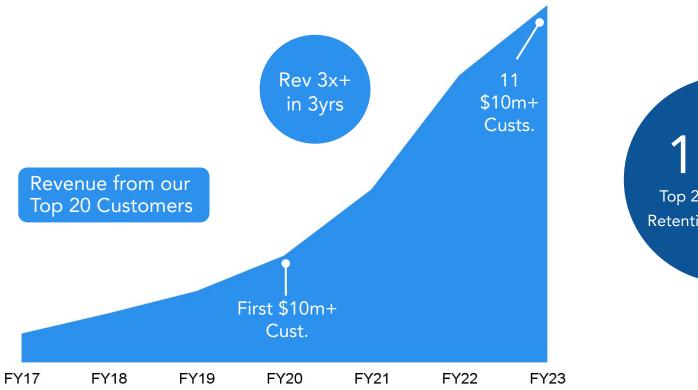
#### GROWTH VECTORS: +BRANDS & +MODULES



1. Average revenue per "mega brand" is total revenue for all mega brands divided by the number of mega brands we work with for fiscal 2023. A mega brand is defined as brands with over \$100m in US Sales.



#### TOP 20 CUSTOMERS LEAD GROWTH

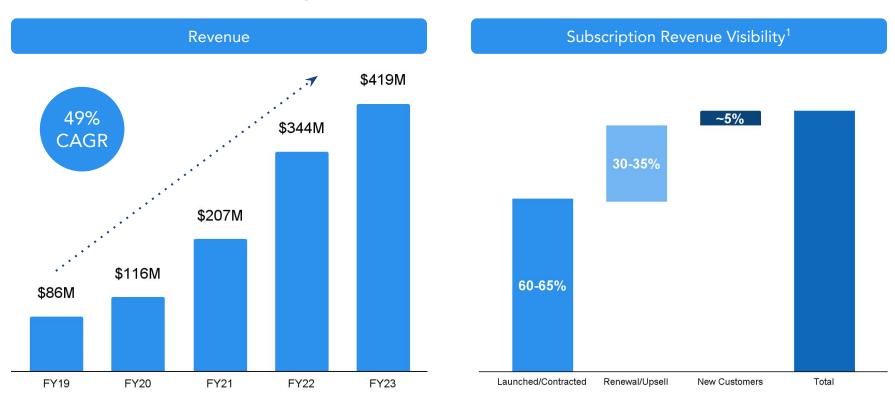




 ${\it 1. See appendix for the definition of this metric.}\\$ 



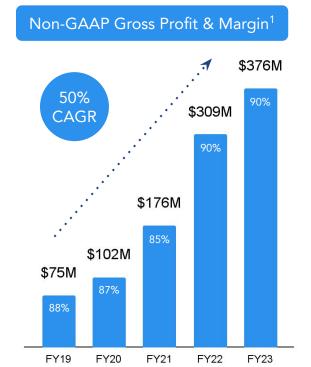
# HIGH GROWTH, SUBS. BASED REVENUE



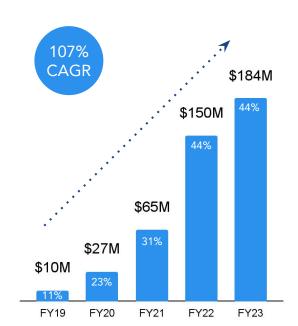
<sup>1.</sup> Subscription Revenue Visibility is defined as % of annual subscription-based revenue from deals signed ("contracted") as of the end of the quarter being reported. This chart is based on an average of our last 5 fiscal years. Subscription revenue accounts for ~93% of our total revenue for all years since FY21.



#### ATTRACTIVE MARGIN PROFILE







#### Free Cash Flow<sup>1</sup>

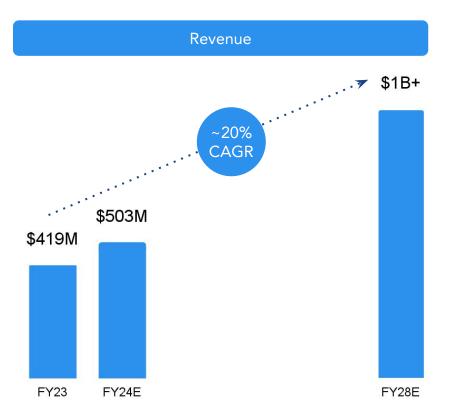


<sup>1.</sup> See appendix for the definition and a reconciliation of this measure to its nearest GAAP equivalent



# FINANCIAL OUTLOOK

## TARGET: \$1B+ IN FY28

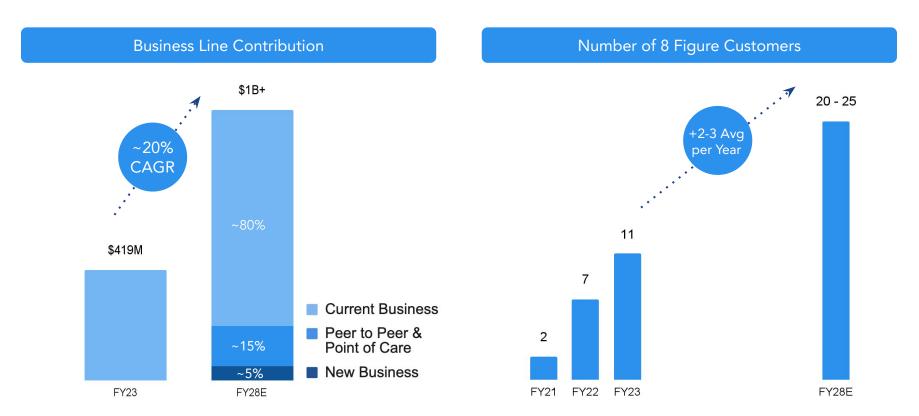


#### How We Get There

- Shift to digital: continued market growth and share gains
- Expansion opportunities: peer to peer and point of care
- Top customers lead growth: increase in number of 8-figure customers



# KEY INPUTS ON PATH TO \$1B+





### LONG-TERM OPERATING MODEL UPDATE



<sup>2.</sup> We calculate "Rule of 65" as Revenue Growth + Adjusted EBITDA Margin



<sup>1.</sup> See appendix for the definition and a reconciliation of this measure to its nearest GAAP equivalent.

#### NEW REPURCHASE AUTHORIZATION

# \$200 Million

Timing: 2 Years



A&D

# THANK YOU!



#### APPENDIX: NON-GAAP FINANCIAL MEASURES

To supplement our consolidated financial statements, which are prepared and presented in accordance with accounting principles generally accepted in the United States ("GAAP"), the Company uses the following non-GAAP measures of financial performance:

Non-GAAP gross profit and non-GAAP gross margin: We exclude the effect of stock-based compensation expense, amortization of acquired intangible assets, change in fair value of contingent earn-out consideration liability, and expenses associated with acquisitions from non-GAAP gross profit and non-GAAP gross margin. Non-GAAP gross margin represents non-GAAP gross profit as a percentage of revenue.

Adjusted EBITDA and adjusted EBITDA margin: We define adjusted EBITDA as net income before interest, income taxes, depreciation, and amortization, and as further adjusted for acquisition and other related expenses, stock-based compensation expense, change in fair value of contingent earn-out consideration liability, and other income, net. Adjusted EBITDA margin represents adjusted EBITDA as a percentage of revenue.

Free cash flow: We calculate free cash flow as cash flow from operating activities less purchases of property and equipment and internal-use software development costs.

We use these non-GAAP financial measures internally for financial and operational decision-making purposes and as a means to evaluate period-to-period comparisons. Non-GAAP financial measures are not meant to be considered in isolation or as a substitute for comparable GAAP financial measures and should be read only in conjunction with our consolidated financial statements prepared in accordance with GAAP. Our presentation of non-GAAP financial measures may not be comparable to similar measures used by other companies. We encourage investors to carefully consider our results under GAAP, as well as our supplemental non-GAAP information and the reconciliation between these presentations, to more fully understand our business. Please see the tables included at the end of this release for the reconciliation of GAAP to non-GAAP results.

#### Key Business Metrics

Net revenue retention rate: Net revenue retention rate is calculated by taking the trailing 12-month ("TTM") subscription-based revenue from our customers that had revenue in the prior TTM period and dividing that by the total subscription-based revenue for the prior TTM period. Our net revenue retention rate compares our subscription revenue from the same set of customers across comparable periods, and reflects customer renewals, expansion, contraction, and churn. Our net revenue retention rate is directly tied to our revenue growth rate and thus fluctuates as that growth rate fluctuates. The metric excludes the impact of the AMiON acquisition, which closed on April 1, 2022, including customers of, and subscription revenue generated from, the AMiON on-call scheduling and messaging application, and the impact of such acquisition was immaterial to the periods presented.

Customers with trailing 12-month subscription revenue greater than \$10 million: The number of customers with TTM subscription revenue greater than \$10 million is a key indicator of the scale of our business, and is calculated by counting the number of customers that contributed more than \$10 million in subscription revenue in the TTM period. Our customer count is subject to adjustments for acquisitions, consolidations, spin-offs, and other market activity, and we present our total customer count for historical periods reflecting these adjustments.



#### GAAP TO NON-GAAP RECONCILIATIONS

#### **NON-GAAP GROSS PROFIT & MARGIN**

	Year Ended March 31,					
	2019	2020	2021	2022	2023	
	(in thousands)					
GAAP Gross Profit	\$74,806	\$101,488	\$175,701	\$303,761	\$365,562	
Adjusted to exclude the following:						
Stock-based compensation	194	173	600	4,979	9,634	
Amortization of acquired intangibles		_	_	_	548	
Non-GAAP Gross Profit	\$75,000	\$101,661	\$176,301	\$308,740	\$375,744	
Revenue	\$85,695	\$116,388	\$206,897	\$343,548	\$419,052	
GAAP Gross Margin	87%	87%	85%	88%	87%	
Non-GAAP Gross Margin	88%	87%	85%	90%	90%	



#### GAAP TO NON-GAAP RECONCILIATIONS

#### **ADJUSTED EBITDA & MARGIN**

		Year Ended March 31,					
	2019	2020	2021	2022	2023		
		(in thousands)					
Net Income	\$7,833	\$29,737	\$50,210	\$154,783	\$112,818		
Adjustments:							
Acquisition and other related expenses	_	1,158	496	254	30		
Stock-based compensation	2,343	2,353	7,252	31,442	47,834		
Depreciation and amortization	551	900	3,702	5,040	10,283		
Change in fair value of contingent earn-out consideration liability	_	_	_	_	728		
Income tax expense (benefit)	98	(6,223)	7,559	(40,778)	20,338		
Other income, net	(1,010)	(1,351)	(4,466)	(469)	(8,048)		
Adjusted EBITDA	\$9,815	\$26,574	\$64,753	\$150,272	\$183,983		
Revenue	\$85,695	\$116,388	\$206,897	\$343,548	\$419,052		
Net Income Margin	9%	26%	24%	45%	27%		
Adjusted EBITDA Margin	11%	23%	31%	44%	44%		



Vear Ended March 31

#### GAAP TO NON-GAAP RECONCILIATIONS

#### FREE CASH FLOW

	Year Ended March 31,					
	2019	2020	2021	2022	2023	
	(in thousands)					
Net cash provided by operating activities	\$15,306	\$26,199	\$82,973	\$126,575	\$179,602	
Purchases of property and equipment	(114)	(285)	(245)	(1,912)	(1,701)	
Internal-use software development costs	(1,076)	(3,959)	(4,365)	(3,785)	(4,483)	
Free cash flow	\$14,116	\$21,955	\$78,363	\$120,878	\$173,418	

