BioCorRx®

Investor Presentation

May 2019

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- This presentation is not intended to be promotional but is intended for confidential investor and potential investor overview information only.

- In addition to historical facts or statements of current condition, this presentation, may contain forward-looking statements. Forward-looking statements provide BioCorRx' current expectations or forecasts of future events.

- These may include statements regarding anticipated scientific progress on its research programs, development of potential pharmaceutical products, interpretation of clinical results, prospects for regulatory approval, manufacturing development and capabilities, market prospects for its products, sales and earnings guidance, prospects for and the adequacy of intellectual property protection and the risks and uncertainties related to intellectual property challenges and other statements regarding matters that are not historical facts.

- You may identify some of these forward-looking statements by the use of words in the statements such as "anticipate," "estimate," "expect," "project," "intend," "plan," "become," "believe" "will" or other words and terms of similar meaning. BioCorRx' performance and financial results could differ materially from those reflected in these forward-looking statements due to general financial, economic, regulatory and political conditions affecting the biotechnology and pharmaceutical industries as well as more specific risks and from time to time.

- Given these risks and uncertainties, any or all of these forward-looking statements may prove to be incorrect. Therefore, you should not rely on any such factors or forward-looking statements. Furthermore, BioCorRx does not intend to update publicly any forward-looking statement, except as required by law. The Private Securities Litigation Reform Act of 1995 permits this discussion.

- Although the Company believes that its expectations are based on reasonable assumptions, the actual results that the Company may achieve may differ materially from any forward-looking statements, which reflect the opinions of the management of the Company only as of the date hereof.

Company Overview

Substance abuse and addiction treatment company offering a two-pronged approach to the treatment of substance abuse addiction

BioCorRx®

Holding Company

BioCorRx® Pharmaceuticals

Commercialization of naltrexone implant: **BICX102**, focused on 505(b)(2) regulatory pathway. Product Pipeline also includes ongoing development of injectable naltrexone technology: **BICX101,** an extended release injectable formulation of naltrexone using exclusively licensed, patented and patent pending delivery technology, **BICX103**.

BioCorRx® Recovery Program

Alcoholism and opioid addiction treatment program that includes peer support and cognitive behavioral therapy (CBT) modules coupled with a naltrexone implant; many patients have been treated with **BioCorRx® Recovery Program** since launch with unprecedented results.

Investment Highlights

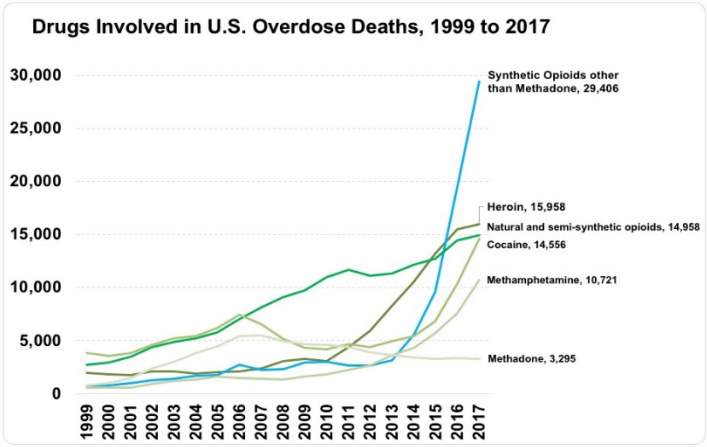
- ✓ The addiction treatment market represents a multi-billion dollar industry which is undergoing a radical transformation to new treatment modalities involving medications.
- ✓ BioCorRx has a two business models for treating addiction aligned with this change:
  - Seeking FDA approval of new medications to treat alcohol and opioid use disorders
  - Revenue generating BioCorRx® Recovery Program combining medication and therapy
- ✓ Formulations of naltrexone, which have a proven clinical track record
  - Sustained-release naltrexone formulas address major issues with patient compliance and/or safety risks
- ✓ **Seeking more rapid and cost effective 505(b)(2) regulatory pathway for naltrexone implant**
- ✓ **Government grant award of approx. $5.7 million to develop & commercialize lead pipeline product, BICX102**
- ✓ Recently acquired IP for sustained release drug delivery, implant formulas and LOI for new patented molecule
- ✓ Private/public partnerships for BioCorRx® Recovery Program with municipalities
- ✓ BioCorRx® Recovery Program used in lieu of conviction in Ohio (seeking in other states)
- ✓ Favorable weight loss study pilot results and new program launch planned Fall 2019
- ✓ Solid balance sheet and clean capital structure
- ✓ **April 2019 $6 million raise at premium to market from two investors**
- ✓ Engagement of innovative IP, Regulatory & Life Cycle Management attorneys to enhance IP & FDA exclusivities

The Addiction Epidemic

" Medication-assisted treatment (MAT) – the use of medication combined with counseling and behavioral therapies is one of the major pillars of the federal response to the opioid epidemic in this country. This type of treatment is an important tool that has the potential to help millions of Americans with opioid use disorder regain control over their lives," said former FDA Commissioner, Scott Gottlieb, M.D.

	Estimated Annual Cost to Health Care System	Estimated Annual Overall Economic Cost
Alcohol	$30 Billion	$235 Billion
Illicit Drugs	$11 Billion	$193 Billion

- **23.5 million** Americans are addicted to drugs and alcohol*
- In 2015 **15.1 million** adults in the U.S. had alcohol use disorder
- Yet only **6.7 percent** of people with alcohol use disorder received treatment
- Alcohol is the nation's 4th leading preventable cause of death in U.S.
- Nearly **900,000** die from alcohol-related causes every year in U.S.
- Over **2 million** people in the U.S. abuse prescription pain relievers
- Heroin is most widely known illegal opiate; number of users estimated as high as **900,000**
- According to the CDC, drug overdose was the leading cause of accidental death in 2015



*According to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Survey on Drug Use and Health.

Addiction Treatment Market*

Addiction treatment spending has grown faster than the total GDP inflation rate, the medical care inflation rate, and population growth. From 2008- 2014, growth in addiction treatment spending also exceeded growth in total health spending.

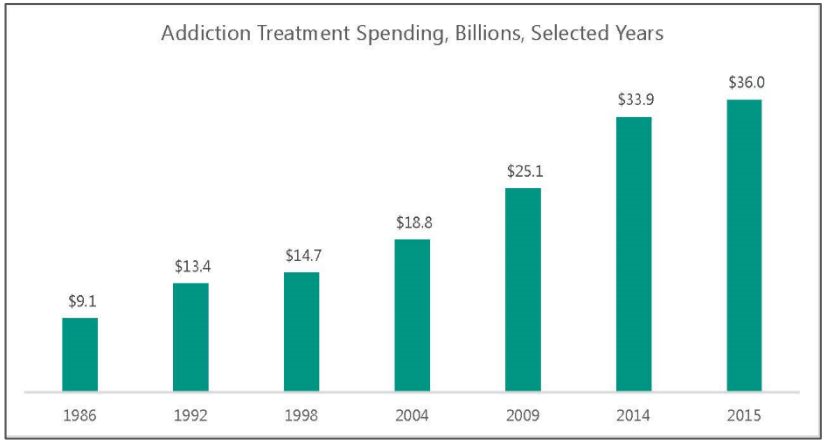
Spending

In 2015 addiction treatment spending was $36 billion

- Largest payors were state and local funds - 29% or almost $10 billion
- Medicaid was second largest payor - 21% ($7.2 billion)
- Private Insurance - 18% ($6.1 billion)

Care Setting

- Outpatient care $14.4 billion
- Residential care $9.72 billion
- Inpatient care $6.64 billion
- ***Prescription drugs $1.8 billion in 2015***



* *Substance Abuse and Mental Health Administration. (2016, August). Behavioral Health Spending & Use Accounts 1986 – 2014. Accessed online September 22, 2016 at https://www.openminds.com/market-intelligence/resources/behavioral-health-spending-use-accounts-1986-2014/*

MAT Medications

The Most Common Current MAT Medications Include:

1) Naltrexone

- FDA approved in 1984 – long track record of safety
- Non-narcotic and non-addictive
- NOT opioid derived (antagonist)
- Significantly blocks cravings for drugs and alcohol
- No withdrawals when ceasing use

2) Methadone

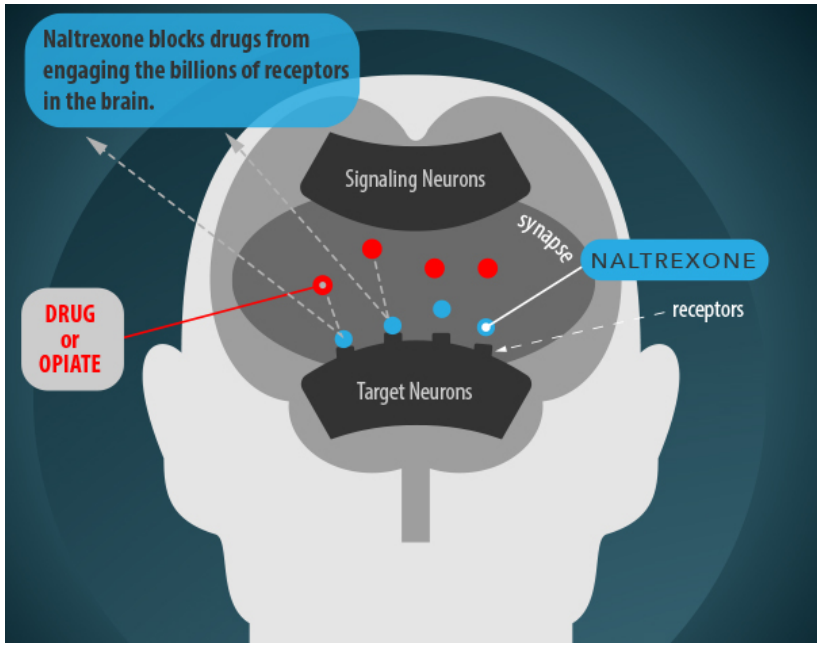
- FDA approved
- Narcotic and addictive – significant withdrawals when ceasing use
- Daily Dose
- Opioid Derived (full agonist)

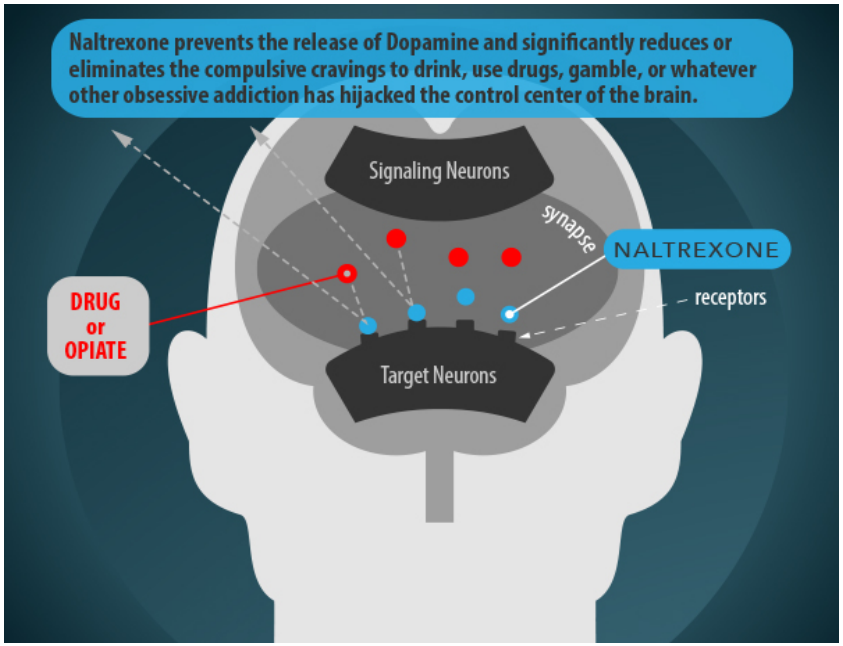
3) Suboxone/Buprenorphine

- FDA approved
- Narcotic and addictive – significant withdrawals when ceasing use
- Daily Dose, monthly injectable, long term implant
- Opioid Derived (partial agonist)

Naltrexone Science

Naltrexone is a unique medication which binds with receptors and prevents the release of Dopamine – reducing cravings for alcohol and drugs





Naltrexone was approved by the FDA in 1984, in tablet form, for opioid addiction and approved subsequently in 1994 for alcohol use disorders (AUD). It was later approved again in the injectable form around 2010.

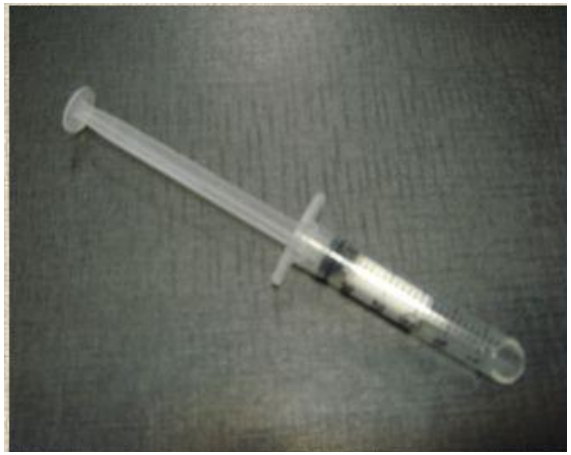
BioCorRx®: Product Pipeline

Unlocking Value, Expanding Treatment Capacity

BioCorRx® Pharmaceuticals

Naltrexone Implant BICX102 – *indication for the treatment of opioid & alcohol use disorders being sought.* Acquired North American rights to new implant formulations and Prodetoxone study data in 2016*

- Extended release implant targeting therapeutic effect and plasma level maintenance lasting approximately 90 days
- 3 month formula has been used in Russia for several years
- Data acquired for Prodetoxone, which is one of only two known naltrexone implants approved by a regulatory body (Prodetoxone-Russia for 15+ years and another in Georgia)
- Prodetoxone been through multiple trials conducted at St. Petersburg Scientific-Research Center of Addictions and Psychopharmacology, Pavlov Medical University, in conjunction with the University of Pennsylvania, Department of Psychiatry, Philadelphia, USA
- Pre-IND meeting held with FDA January 24, 2018
- Funded by NIDA (National Institute on Drug Abuse)



***Very similar formulas and protocols were purchased along with the North American rights to certain non-public Prodetoxone study data which is expected to assist in a more efficient FDA approval pathway.**

OTCQB:BICX

Key Advantages of Naltrexone Implant BICX102

Advantages over buprenorphine implant:

- ✓ Addresses both alcoholism and opioid addiction
- ✓ Biodegrades eliminating the need to remove and replace
- ✓ Non-addictive active pharmaceutical ingredient
- ✓ Known to be effective against other obsessive compulsive disorders such as sex addiction, gambling, and food addiction

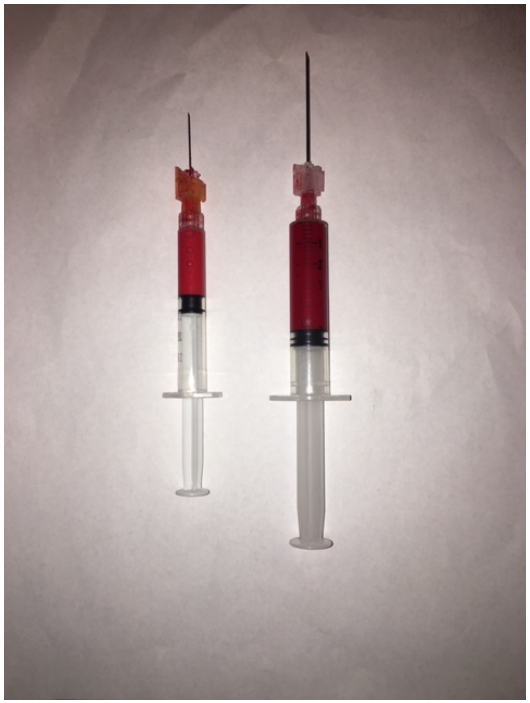
Advantages over naltrexone injectable currently on market:

- ✓ Approximately 3 months of release after one administration vs one month
- ✓ Removeable in the event narcotic pain relief is needed due to injury or elective surgery

BioCorRx® Pharmaceuticals

Naltrexone Injectable BICX101 – targeting indication *for the treatment of opioid and alcohol use disorders*

- Acquired Therakine patented micro-delivery technology for development of a new injectable version of naltrexone
- Target it to deliver subcutaneously (SQ) or intramuscularly (IM) in smaller muscle (deltoid)
- Anticipate cost efficient, outsourced manufacturing
- Product in formulation development phase
- Right to license technology to other companies for use with other APIs.



Not actual products. For illustration purposes only

R&D & FDA Objectives & Milestones

- Scientific Advisory board includes Dr. David Gastfriend, Dr George Woody, and Dr. Evgeny Krupitsky – Gastfriend previously served as VP of Scientific Communications for Alkermes; heavily involved with Vivitrol® and Drs. Woody and Krupitsky are frequent principal investigators for naltrexone implants
- Retained Dr. Bal S. Brar as a lead drug development study design consultant – over 25 years of experience for drug and device development as well as worldwide regulatory submission of 50 INDs/510K's and 505(b)(2)'s; and approval of 8 NDA's
  - Experience includes working with major pharmaceutical companies – Lederle/Wyeth, GlaxoSmithKline and Allergan
- Seeking FDA approval of naltrexone implant BICX102 and planned continued product development of BICX101 (injectable)
- Under LOI for newly patented synthetic opioid antagonist targeting overdose reversal indication. **May be more effective against fentanyl**

R&D & FDA Objectives & Milestones (cont.)

- Entered Non disclosure agreements with National Institute of Drug Abuse (NIDA) and National Institute on Alcohol Abuse & Alcoholism (NIAAA)
- Retained Innovative Science Solutions, LLC, a leading scientific consulting firm, to help guide the Company's regulatory strategy for FDA submission
- **Held FDA Pre-IND meeting on January 24, 2018**
- **505(B)(2) pathway deemed acceptable by FDA**
- **As a result of meeting, seeking dual indication for both alcohol and opioid use disorders.**
- **Planning preclinical and clinical studies for safety, pharmacokinetics, and human factors (not planning to do efficacy studies per FDA meeting)**
- **Received National Institute on Drug Abuse (NIDA) grant of approximately $5.7 million with funding available as of 2/1/19**.

OnCraveRx

Weight Loss Program

UnCraveRx Weight Loss Program

Patent Pending Naltrexone Pellet [1]

- Pellets are placed subcutaneously under the fatty tissue of skin through a very small incision
- Simple outpatient procedure by licensed medical professional
- Procedure only takes 20-30 minutes and begins to work within hours
- Can substantially reduces food cravings
- To be used as an adjunct to reduced-calorie diet and lifestyle behavioral support

Lifestyle Behavioral Therapy and Nutritional Coaching via Mobile Application

- Participants complete sessions within 90 days
- Step-by-step approach for specific participation in lifestyle behavioral therapy
- Nutritional coaching, participants will immediately begin working with a coach

Expected Launch Date

- October 1, 2019

1 In the United States, pellets are made by a licensed specialty compounding pharmacy. The pellets do not need to be removed. They completely dissolve on their own**. Patent pending 16/150, 154**

Medication-assisted Weight Loss Program Pilot

Weight Loss Pilot Results[2]

- 6 month study initiated in November 2017
- 18 participants with a BMI of 33 or greater and body fat percentage of 35% or higher were enrolled
- Candidates were asked to commit to a 6-month program that included monthly counseling with a nurse, MD, health coach, a general online metabolic code elimination diet and CBT counseling.
- All participants were given one (1) 1.1 gm or two (2) 1.1 gm naltrexone implant subcutaneously in lower abdomen.
- Of the 18 participants who enrolled in the study, 12 lost statistically significant weight in the first three months. Eight did not follow up with monthly counseling during the total 6-month study time frame. 10 maintained a statistically significant positive weight loss over the 6-month period.

[2]Sponsors: BioCorRx Inc., Benjamin S. Gonzalez, MD and James LaValle, RPh, CCN
Lead Investigators: Benjamin S. Gonzalez, MD and James LaValle, RPh, CCN

Medication-assisted Weight Loss Program Pilot

Weight Loss Pilot Results[3]

- Randomized, 3 month ongoing study initiated in September 2018
- 6 participants aged 27 to<55
- Candidates were asked to commit to a 3-month program that included semi-monthly plasma levels. The primary outcome measurements for this study is weight loss and reduced food cravings
- All participants were given naltrexone implant 800 mg or 1.1 gm naltrexone implant subcutaneously in lower abdomen
- The objective of the study is to determine the pharmacokinetic and pharmacodynamic profiles of a single dose of naltrexone implant(s)

[3]Sponsors: BioCorRx Inc., Joseph DeSanto, MD
Lead Investigator: Balbir Brar, PhD


BioCorRx®
The BioCorRx® Recovery Program
Non-Addictive Medication-Assisted Treatment
OTCQB:BICX

The BioCorRx® Recovery Program – Non-Addictive Medication-Assisted Treatment (MAT)

Proprietary Naltrexone Implant[1] - <u>cleared for use under state and federal compounding rules</u>

- Implant inserted in fatty tissue of abdomen
- Simple outpatient procedure by licensed medical professional
- Procedure only takes 20-30 minutes and begins to work within hours
- Substantially reduces cravings for drugs and alcohol for several months

Proprietary Cognitive Behavioral Therapy (CBT) Program/Peer Support/Tracking (virtual and in-person)

- Patients complete 35 treatment modules during 16 private sessions, typically in under 90 days
- Step-by-step approach for specific addiction and can include family and friend participation
- Therapists readily available
- 6-12 month peer recovery support in conjunction with, or after counseling

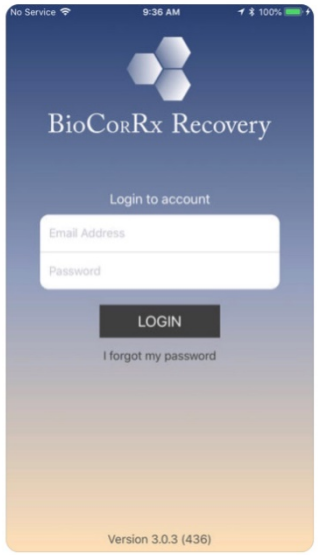
BioCorRx Recovery Program is distributed by partner clinics across the US

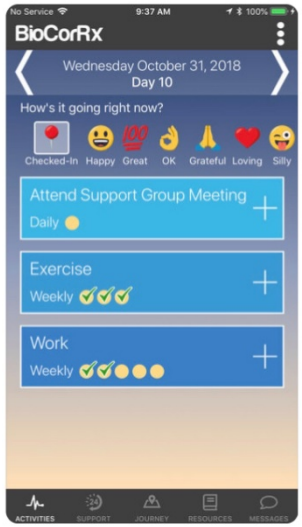
- Fees are paid to BioCorRx® per program sold by independent treatment providers
- Approximately a dozen partner clinics currently and growing
- Discussions being held with several state government agencies for coverage of the program

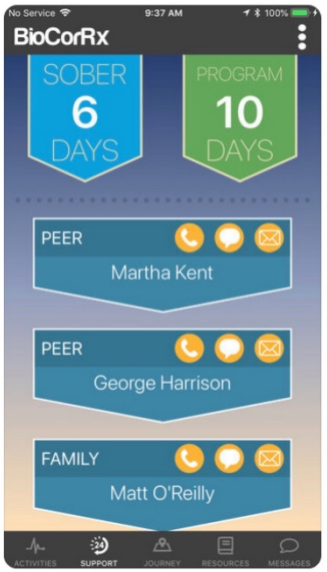
The BioCorRx® Recovery Program – Non-Addictive Medication-Assisted Treatment (MAT)

BioCorRx Recovery Program Mobile Application

- Now available on the Apple App Store & Google Play
- "Realtime" virtual interaction with Peer Recovery Coach
- Geo Location Tracker/optional
- Mood Tracker
- Activity Tracker







BioCorRx- Louisiana Department of Corrections Pilot Program Partnership

- Partnership goal is to demonstrate the effectiveness of the BioCorRx® Recovery Program for those suffering from alcohol and/or opioid use disorders
- BioCorRx® program to be used to help those suffering while illustrating the cost and societal benefit of using the BioCorRx® Recovery Program in lieu of incarceration
- LA-DOC will provide oversight and monitoring of the BioCorRx® Recovery Program to those volunteers that have been medically cleared by LADOC Medical Director
- The LADOC Medical Director will collaborate directly with BioCorRx® for the behavioral components of the Recovery Program

BioCorRx®: Corporate Profile

Shareholder Value Focused

Management

Brady Granier, BSN: CEO/President, Director

- 6 years with BioCorRx Inc.; repositioned company as leader in the industry with the acquisition of TheraKine technology and R&D initiative, assembled a team of addiction experts worldwide, extensive experience with treatment of patients using naltrexone
- 12 years in media sales and business development for Clear Channel Media and Entertainment; former Healthcare Category Manager
- 9 years combined experience in the Healthcare and Behavioral Health Field

Lourdes Felix: CFO/COO, Director

- 6 years with BioCorRx Inc.; instrumental in completing multi-million dollar equity financing, extensive experience with clinic operations management, areas of expertise; SEC filings and reporting, treasury/banking, M&A, accounting & finance, business development, general management, financial and benchmark reporting, forecasts & budgets
- 8 years as former Controller for public accounting firm; responsible for operations and financial management
- 25 years experience in Finance and Operations Management in the private sector, public accounting and public company experience

Dr. Orbeck: Medical Director for UnCraveRx

- Practices integrative and functional medicine at his South Carolina-based practice with 32 years of experience. Dr. Orbeck dedicates his practice to helping women and men find relief from hormonal imbalances, adrenal fatigue and thyroid disorders, using a three-tiered approach to wellness, combining customized nutrition and fitness regimens with bioidentical hormone therapy.
- Received his undergraduate degree from Calvin College in 1983 and completed his Doctorate of Osteopathic Medicine at the University of Osteopathic Medicine and Health Sciences in 1987.
- Currently an active member of the fellowship for Anti-Aging, Regenerative and Functional Medicine (FAAFM), and the Age Management Medical Group (AMMG).

Bal S. Brar, D.V.M. PhD: Senior VP of Drug Development

- Over 25 years experience in drug and device development including worldwide regulatory submission of 50 INDs/510Ks and 505(b)(2)s, approval of 8 NDAs; prior work with Lederle /Wyeth, GlaxoSmithKline and Allergan; and over 55 scientific publications
- Participated in development efforts for Aristocort, Tazarotene, Botox, Alphagan, Lumigan, Restasis, Ofloxacin, Azelex, and Avage
- Ph.D. in Toxicology/Pathology from Rutgers University and D.V.M. from India with finance training from Harvard Business School

Key Advisors/Independent Board Members

Louis Lucido

- Formerly Senior Advisor and Chief Operating Officer of DoubleLine Group, LP, a large investment firm with over $100 billion in assets under management. Recently retired in December 2018 and was one of the five founding partners. He was previously at TCW, where he served as a Group Managing Director. Prior to joining TCW in 2001, Mr. Lucido was the Chief Investment Officer for Delphi Financial Group (DFG) and was on several subsidiary boards. Before DFG, he was the Chief Operating Officer and Secretary for Hyperion Capital Management and was also a member of the Resolution Trust Advisory Committee. Since February 2013, he has served as a member of the Board of Directors of CASA of Los Angeles and is the current Chairman. Additionally, he was elected in 2013 and currently serves on the Boards of Junior Achievement, Southern California ,826LA and the Lupus Research Alliance (formerly the Alliance for Lupus Research). Mr. Lucido received his MBA in Management and Finance from New York University, and was a member of the Dean's Advisory Board of the N.Y.U. Stern School of Business.

Luisa Ingargiola

- Presently serves as Chief Financial Officer of Avalon GloboCare, a leading global developer of cell-based technologies and therapeutics, where she helped navigate its Nasdaq uplisting in 2018. Luisa is a Board Director and Audit Chair of Electra Meccanica, a Nasdaq-listed company designing and manufacturing electric vehicles; she also serves on the board of Globe Photos, a leader in licensed sports photographic prints and iconic pop culture imagery; and she serves as director of Operation Transition Corporation, a strategic consulting and advisory firm that places ex-military special operations forces into corporate careers. Luisa holds a Bachelor of Science in Finance from Boston University, and an MBA in Health from the University of South Florida.

Joseph Galligan

- Mr. Joseph John Galligan, CFA was formally an Executive Vice President and Portfolio Manager at DoubleLine Capital LP, an investment firm with over $100 billion in assets under management, where he was one of the five founding partners. Previously, Mr. Galligan served as Senior Vice President of Apex Mortgage Capital Inc. He was also a Managing Director and Portfolio Manager at The TCW Group, Inc. Mr. Galligan held senior roles at Smith Barney, First Boston, and Scudder Stevens & Clark. He is a Chartered Financial Analyst and holds a B.S. in Economics with a concentration in Finance from the Wharton School of Business at the University of Pennsylvania.

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