April 25, 2018

Dear fellow shareholders,

As I look back, 2017 was an extraordinary year for AMAG – financially, commercially and organizationally. We achieved a number of important business and regulatory milestones – from in-licensing two high-potential women's health products, to filing two supplemental new drug applications (sNDA) aimed at expanding the reach of our existing commercial products, to enrolling the first patient in a severe preeclampsia study. We also continued to evolve our business development strategy, pursuing and investing in promising new therapies in late-stage development, with a special focus on women's health. In years past, innovation in women's health lagged behind other therapeutic areas. Recently, however, there has been a renaissance in the discovery and development of more novel therapies, and we believe we are well suited to capitalize on these opportunities and address the significant unmet medical needs in this field.

In terms of financial performance, we grew 2017 revenues by approximately 15 percent compared to 2016. We're proud of the top-line growth that our teams generated, achieving revenue of more than $600 million for the first time in AMAG's history. All of our key products grew in 2017 as we continued to demonstrate strong commercial execution. In addition, we strengthened our financial profile, ending the year with a strong balance sheet and cash-flow-positive business operations to support our focus on developing long-lived products that could provide durable future revenues. Specifically, we reduced debt by approximately $200 million, or 20 percent, against the total debt of the company last year, and also extended debt maturities to allow time for new product revenues to mature. This financial flexibility, combined with successful execution, positions us well for longer-term growth.

We made marked progress growing our pharmaceutical product portfolio in 2017 through two important investments focused on addressing significant unmet needs in women's health. We in-licensed and then launched Intrarosa® (prasterone) vaginal inserts, a steroid indicated for the treatment of moderate to severe dyspareunia (pain during intercourse), a symptom of vulvar and vaginal atrophy due to menopause. Intrarosa is the only non-estrogen prescription treatment available for this condition, and it does not carry a boxed warning on its label. Intrarosa offers an alternative to the millions of women who are unwilling or unable to take estrogen therapy to treat their dyspareunia.

Following this transaction, we quickly hired a dedicated 170-person women's health commercial team and launched Intrarosa. We made rapid progress increasing physician awareness of the potential benefits of Intrarosa, introduced a comprehensive patient co-pay savings program to ensure quick and unencumbered access to therapy and achieved broad payer coverage, surpassing our goal of 65 percent commercial coverage within the first six months of product availability. The unmet treatment needs for women suffering from dyspareunia due to menopause are enormous, with millions of women unaware that they have a treatable medical condition and many others forgoing treatment due to safety concerns with existing therapeutic options. We are well positioned to leverage our experience in raising awareness of under-recognized health conditions and deep relationships with women's healthcare providers. For example, the next phase of Intrarosa's launch is focused on reaching out to the many millions of currently untreated women through a robust direct-to-consumer campaign.

Bremelanotide, an investigational treatment for hypoactive sexual desire disorder (HSDD) in pre-menopausal women also became part of our expanding women's health portfolio in 2017. HSDD is a common sexual health condition affecting an estimated 12 million women in the U.S. By the end of 2017 we had completed all necessary studies and work required to file the bremelanotide new drug application (NDA), which we recently submitted to the U.S. Food and Drug Administration (FDA). Like dyspareunia, HSDD is an under-recognized condition, and we are hard at work building out plans to educate patients and providers about the condition and this new potential treatment option.

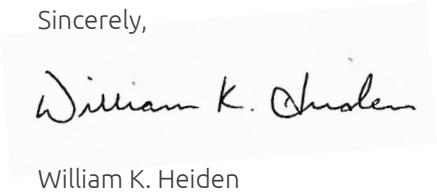
In maternal health, the number of pregnant women treated with Makena® (hydroxyprogesterone caproate injection), which reduces the risk of recurrent preterm birth in certain at-risk women, continued to grow in 2017. In fact, we increased market share to approximately 50 percent in 2017. We also completed the requisite studies for the Makena subcutaneous auto-injector and filed an sNDA with the FDA in April 2017 for which we received approval this past February. This approval provides a significant opportunity to extend the Makena franchise in 2018 and beyond. Now available, this administration-friendly, pre-filled auto-injector contains a shorter, thinner, nonvisible needle compared to the intramuscular formulation, which will help make treatment more appealing to at-risk mothers. We believe that the subcutaneous auto-injector will become the new standard of care for the prevention of preterm births.

As part of our commitment to maternal health and reducing the risk of preterm birth, AMAG and our partner, Velo Bio LLC, initiated a Phase 2b/3a clinical trial in 2017 to treat women with severe preeclampsia. This potentially life-threatening condition is a contributing factor in a significant number of preterm births in the U.S., yet there are currently no approved treatments. At Cord Blood Registry® (CBR®), we grew the number of units stored to more than 700,000, stabilized CBR's new customer pricing and saw strong new family enrollment growth in the second half of the year. CBR is now solidly positioned for continued growth in 2018 and beyond.

We also achieved important clinical and regulatory milestones in 2017 for Feraheme® (ferumoxytol injection), our product for the treatment of iron deficiency anemia (IDA). We reported strong data results from a 2,000 patient, Phase 3 study to broaden the Feraheme label to include all eligible patients with IDA. These results were included in our sNDA submission to the FDA in August 2017 for which we received an approval in February 2018. We have seen how Feraheme has positively impacted adult IDA patients living with chronic kidney disease, and we are pleased that it is now available to reach twice as many patients, many of whom are women suffering from IDA due to abnormal uterine bleeding and under the care of OB/GYNs.

Looking ahead, 2018 has already started strong with two back-to-back regulatory approvals, which provide an excellent opportunity to extend and broaden the Makena and Feraheme brands, an NDA submission for bremelanotide and the continued successful launch of Intrarosa. I am proud of what the AMAG team has accomplished this past year and believe we are well positioned to achieve long-term growth and deliver significant shareholder value in the future. The progress we have made – and continue to make – would not be possible without the dedication and commitment of our employees, as well as the contributions from our board of directors. I would like to sincerely thank them for their passion and perseverance on behalf of the people we serve – our patients and their families, physicians and healthcare providers, and you, our shareholders. I am confident that our hard work and tenacity will allow us to continue to make great progress in 2018 and for years to come, and I am excited about the future AMAG we are building together.

Sincerely,



William K. Heiden
Shareholder, Board Member, President and Chief Executive Officer

Forward-Looking Statements

This document contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 and other federal securities laws. Any statements contained herein which do not describe historical facts, including but not limited to statements regarding our belief that AMAG is well suited to capitalize on opportunities and address significant unmet medical needs; our belief that AMAG is well positioned for longer-term financial growth in connection with our ability to leverage our existing experience in raising awareness of under-recognized conditions and deep relationships with women's healthcare providers and to deliver significant shareholder value in the future; our beliefs that the Makena auto-injector will help make treatment more appealing to at-risk mothers and will become the new standard of care for the prevention of preterm births; and our belief that CBR is solidly positioned for continued growth in 2018 and beyond are forward-looking statements which involve risks and uncertainties that could cause actual results to differ materially from those discussed in such forward-looking statements.

Such risks and uncertainties include, among others, those risks identified in our filings with the U.S. Securities and Exchange Commission (SEC), including our Annual Report on Form 10-K for the fiscal year ended December 31, 2017 and subsequent filings with the SEC.

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