

Our **Ethos** and **Sustainability Report**

2022

A Message from Our CEO

We are pleased to issue our second annual Ethos and Sustainability Report. Inari Medical was founded 12 years ago with the goal of treating and transforming the lives of patients suffering from venous disease. As our business has expanded, so too has our mission. What has not changed, however, is our Ethos.

Patients first. Take care of each other. No small plans.

These are the guiding principles that drive every decision at Inari Medical.

We are committed to improving lives in extraordinary ways by creating innovative solutions for both unmet and underserved health needs. Making no small plans, Inari Medical is pushing the limits of science through our innovation and clinical evidence, disrupting legacy treatment paradigms in venous thromboembolism and other complex diseases. Over the course of 2022, we continued to invest significant time and resources into advancing our mission and ESG initiatives through continued adherence to our Ethos. We remain dedicated to our patient-focused mission while being responsible corporate citizens and we hope that our 2022 Ethos and Sustainability Report reflects that dedication.

I believe our foundation has never been stronger, and our prospects as promising. We have the right people, capabilities, pipeline, and sense of urgency to execute and deliver on our plans. And we are just getting started.



Drew Hykes, Chief Executive Officer

Our Ethos



Patients first.
Always.



Take care of each other.
Constantly.



Make no small plans.
Ever.

Who We Are

We are a medical device company with a mission-driven team of employees dedicated to developing purpose-built systems for the treatment of significant unmet medical needs.

We are steadfast in our responsibility to transform the lives of our patients in the most extraordinary ways.



Headquartered in Irvine, **California**

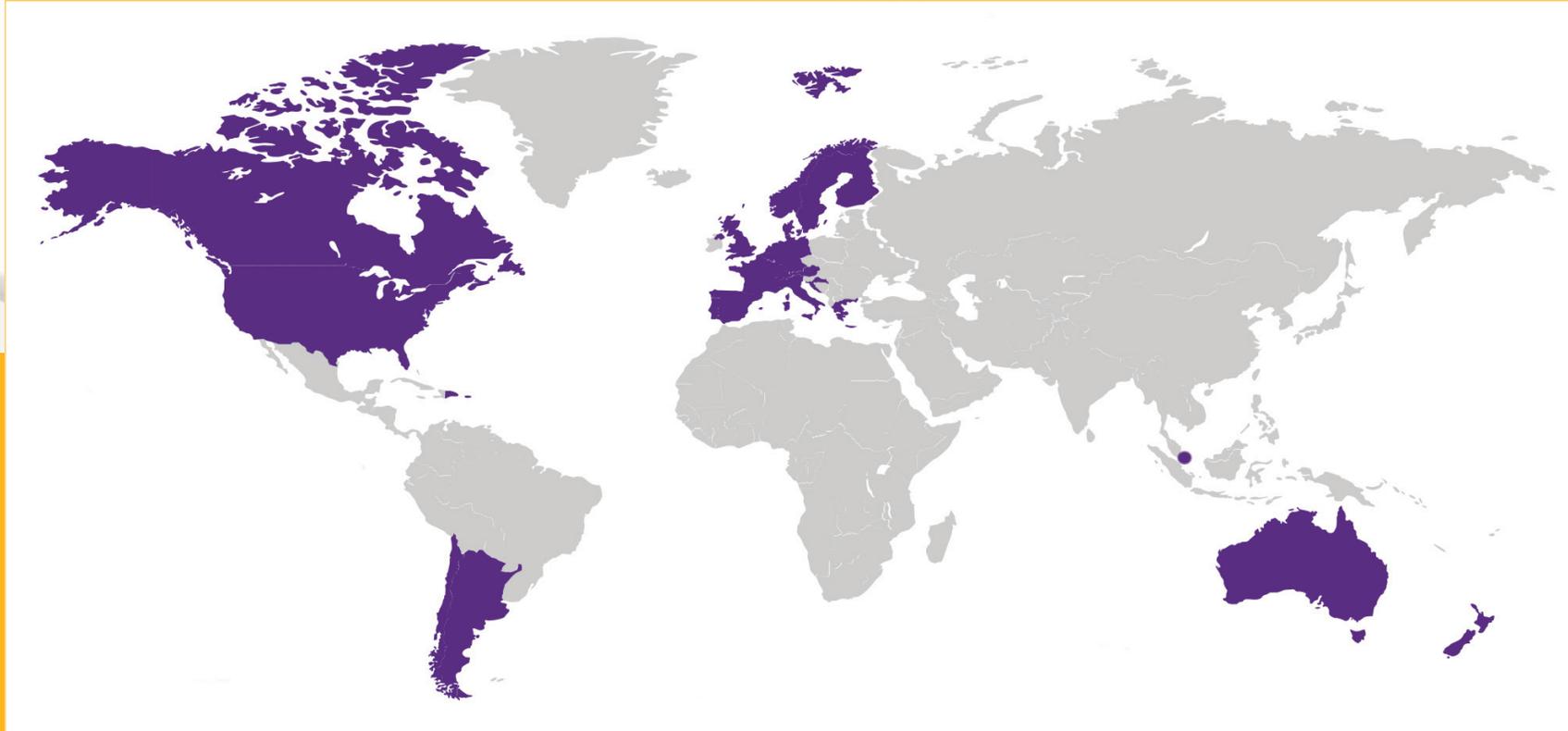


We have over **1,100** employees

We appreciate the continued support of our stakeholders who have joined us on this journey.



Treating Patients Across the World



Cases completed in **20+** countries around the globe

Patients first.

Always.

At Inari, patients are our passion. Every person has a story, a life, and people who care about them, and we embrace the responsibility of our mission to treat and transform the lives of those suffering from complex diseases. Through innovative, purpose-built solutions, we work toward making the world a little better, one patient at a time.

We think deeply about the urgency of addressing unmet needs in venous thromboembolism (VTE) and our other target diseases. We organize our resources and expertise to develop purpose-built medical devices to help patients preserve their lives and live more fulfilling lives.

To learn more about our patients and their stories, please see the Patient Stories on our website www.inarimedical.com.



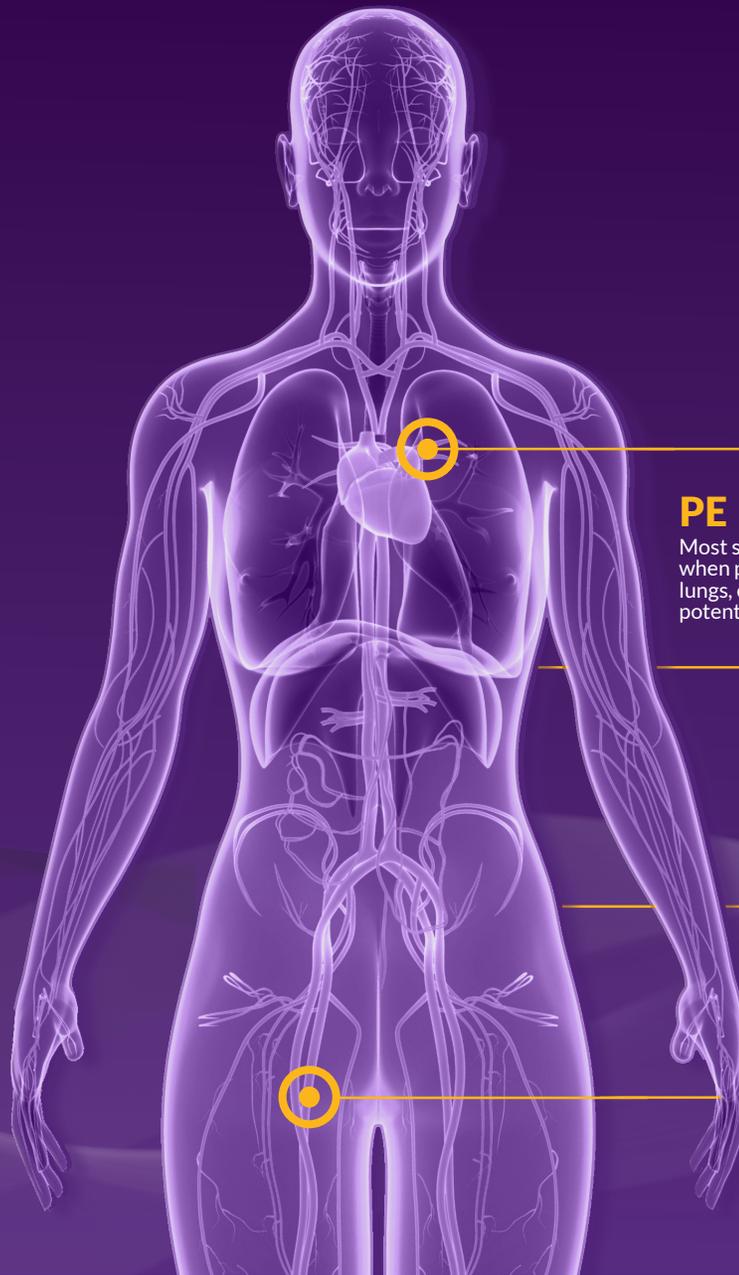
Audry, Detroit, MI

Treated with **FlowTrievers** system

We Focus On

Venous Thromboembolism— Pulmonary Embolism (PE) and Deep Vein Thrombosis (DVT)

VTE is a disease caused by blood clot formation in the veins of the body and is a leading cause of death and disability worldwide. VTE includes both deep vein thrombosis, or DVT, and pulmonary embolism, or PE. VTE remains a core focus of our business.



PE

Most serious complication of DVT, when part of the clot travels to the lungs, causing a blockage. This is potentially life threatening.

DVT

Blood clots (or thrombosis) that form in a deep vein, usually in the lower leg, thigh, or pelvis.

Transforming the Lives of Patients Suffering from DVT

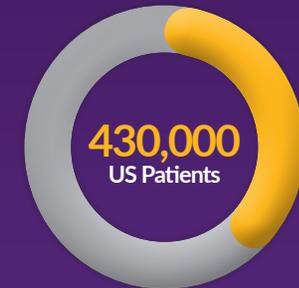
Patients with DVT can experience swelling, cramping, and unexplained pain in the foot, ankle, or leg, warm skin, and discoloration of the skin. Symptoms can persist and worsen over time if left untreated and can ultimately progress into chronic venous disease. If DVT is treated with conservative therapies only (i.e. anticoagulant drugs or A/C), patients can develop painful, debilitating ulcers, and up to 50% of patients will develop post-thrombotic syndrome, or PTS, a severe lifestyle-limiting disease that is characterized by chronic pain, swelling, and skin ulcers.

DVT

- Up to **50% develop Post-Thrombotic Syndrome (PTS)**¹
- **A/C alone leaves clot behind** in up to **half** of patients²
- **Thrombolytic drugs** aren't effective as a treatment for chronic clot, and come with bleeding risks

DVT TAM

■ Intervention ■ Conservative Mgmt (A/C)



We estimate that approximately 430,000 people in the United States each year present with DVT.

1. Kahn, Susan R. Hematology Am Soc Hematol Educ Program. 2016 Dec 2; 2016(1): 413-418.

2. Young et al., Post-treatment residual thrombus increases the risk of recurrent deep vein thrombosis and mortality. J Thromb Haemost 2006; 4: 1919-24.

Transforming the Lives of Patients Suffering from PE

PE represents the third leading cause of cardiovascular death in the United States after myocardial infarction and stroke. Patients with PE can experience trouble breathing, chest pain, coughing blood, rapid heartbeat, passing out and, ultimately, death. Up to 50% of patients who survive have long-term residual pulmonary vascular obstruction due to the body's inability to break down and eliminate the clot. These patients may experience significant impaired function of the heart and lungs, shortness of breath, reduced exercise capacity and lifestyle limitations, and have a statistically higher rate of recurrent PE, pulmonary hypertension, heart failure, and **death**.



PE

- **3rd leading cause of cardiovascular death¹**
- **A/C alone leaves clot behind in up to half of patients²**
- **Long-term complications are common³**

PE TAM

■ Intervention ■ Conservative Mgmt (A/C)



We estimate that approximately 280,000 people in the United States each year present with PE.

1. "Pulmonary Embolism in 2017: Increasing Options for Increasing Incidence", National Center for Biotechnology Information, May 2017.

2. Picart, et al. Thrombosis Research. 2020, Oct;194:1-7.

3. Sista AK, et al. Vasc Med. 2017 Feb;22(1):37-43.

**Continuing
our mission**
to help more
patients in
need.

Chronic Venous Disease

Chronic venous disease, or CVD, often progresses from DVT and includes scarred vein walls and wall-adherent obstructions. If these obstructions are left unaddressed, patients can develop painful, debilitating ulcers and ultimately progress to PTS. Because of the severity and lifestyle-limiting nature of CVD symptoms, approximately **90% of patients with PTS** are **unable to work 10 years after diagnosis**.

90%

of patients with PTS are
unable to work 10 years
after diagnosis.

100,000

people in the U.S.
each year present with a
new case of CVD.

Small Vessel Thrombosis

Small vessel thrombosis refers to clots that occur in the smaller vessels, including the upper extremities, below the knee, and arteriovenous (AV) thrombosis, primarily in dialysis fistulas or grafts. Thrombosis that occurs at the AV access point in an AV fistula or graft can result in loss of access to life-saving dialysis. With respect to dialysis patients, current treatments to remove clot from the AV result in clot fragments being sent to the lungs, exacerbating pulmonary hypertension in already sick patients.

200,000

of patients in the U.S.
each year present
with AV thrombosis

80,000

patients present with
thrombosis below the knee
or upper extremities.

Arterial Thromboembolism

Acute limb ischemia (ALI), acute visceral ischemia, and certain cases of chronic limb ischemia are all acute embolization events that can cause extensive damage if not treated quickly. Due to the emergent nature of these diseases and the lack of purpose-built solutions, distal embolization and vessel trauma can occur. If a patient is not a candidate for open embolectomy, they are often treated with thrombolytic drugs or other conservative forms of medical treatment.

Over 50%

of patients required
open surgical
procedures.

80,000

patients in the U.S.
present with ALI or other
thromboembolism
problems.

Solutions

The current standard of care for treating these diseases is conservative medical management with anticoagulant drugs and observation.

However, we believe the best way to treat them and improve the quality of life for patients is to safely and effectively remove the clot. Through our clinical evidence, we have proven that removing all or almost all of the clot matters. Our purpose-built systems are designed to do so.

We continue to successfully invest in and advance our robust pipeline of novel, promising technologies that we believe can provide significant new treatment options for patients while expanding our addressable markets and fundamentally transforming the standard of care over time. Our solutions embody big, ambitious ideas that challenge conventional thinking and strive to overcome the shortcomings of traditional treatment. We have a robust pipeline of new products and enhancements. Since our initial public offering in 2020, we have expanded our focus into three new markets while continuing to develop new tools and technologies in our core VTE business.



Our products transform patient care with the following key benefits:



Efficient, short,
single-session
treatments with **no**
capital equipment



Lytic-free
approach with
minimal blood loss



Avoid procedure
related **ICU** stay



Short total
hospital stay

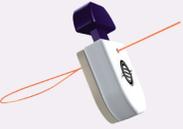


Establish
procedural
reimbursement

FlowTriever® System:

A full toolkit approach to PE

The **FlowTriever** system is a large-bore catheter-based aspiration and mechanical thrombectomy system designed to remove large clots from large vessels to treat **PE**.

Safely, Quickly Track Through the Heart	Large Clot Hauls Without Lytics	Address Challenging Clot or Anatomy	Minimal Blood Loss
 <p>Trievers Gen 4 Catheters</p>	 <p>Large-Bore Aspiration</p>	 <p>Trievers20 Curve® Catheter</p>	 <p>FlowSaver® Blood Return System</p>
 <p>Intri24® Sheath</p>	 <p>Large-Bore Syringe and Whoosh Mechanism</p>	 <p>FlowTriever Catheters FlowTriever2 Catheter*</p>	 <p>FlowStasis® Suture Retention Device</p>

*The FlowTriever2 catheter is not indicated for the treatment of PE

While the data is compelling, we believe the **“CLOT HAUL”** images tell the real story.



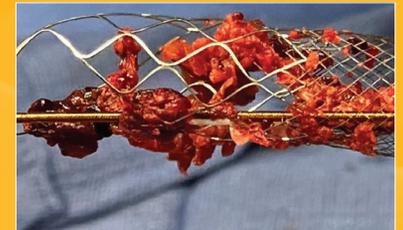
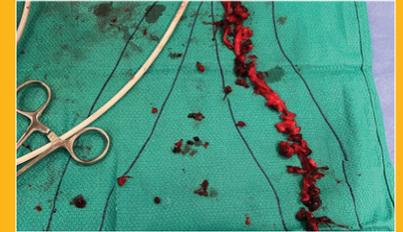
ClotTriever® System:

A comprehensive solution for DVT and peripheral thrombus

The **ClotTriever** system is a mechanical thrombectomy system designed to core, capture and remove large clots from large vessels and is used to treat DVT.

Access	Acute to Chronic Clot Removal	Complex DVT
 <p>ClotTriever Sheath - 13F and 16F</p>	 <p>ClotTriever Catheter</p>  <p>ClotTriever BOLD Catheter</p>	 <p>Protrieve™ Sheath</p>

While the data is compelling, we believe the “**CLOT HAUL**” images tell the real story.



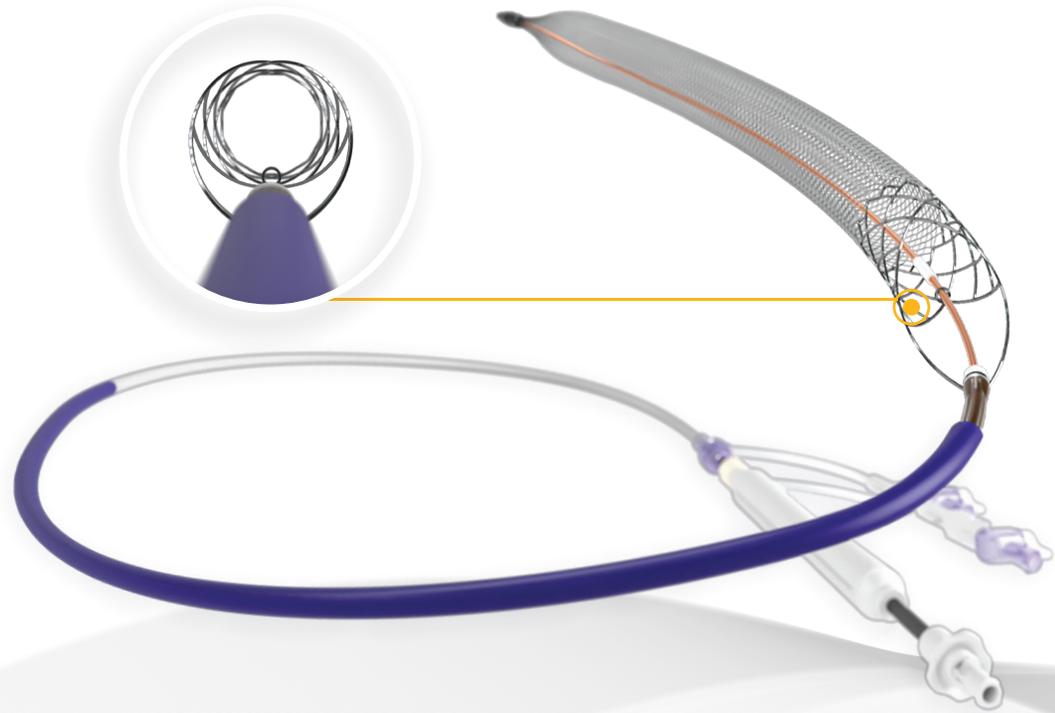
Chronic Venous Disease Toolkit

We are currently designing a toolkit for treating CVD. The first device in the toolkit is the **ClotTriever BOLD** which also forms part of our DVT toolkit. The **ClotTriever BOLD** is similar to the original **ClotTriever** catheter and is designed to core, capture and remove large clots from large vessels and address a range of clot chronicity, from acute to chronic clot.

Clot is often older than symptoms suggest

~30% greater radial force for improved wall apposition

Improved thrombus engagement to treat the full range of acute to chronic clot



InThrill™ System:

A solution for smaller vessels, including AV thrombosis

Hemodialysis patients are at greater risk of PE compared to the general population and have a **12.2x increased risk of mortality from PE**.¹ By removing thrombus, the InThrill™ thrombectomy system provides a unique solution for thrombosed AV fistulae and grafts, a condition that occurs **up to 2x a year among hemodialysis patients** and can result in short and long-term consequences.²

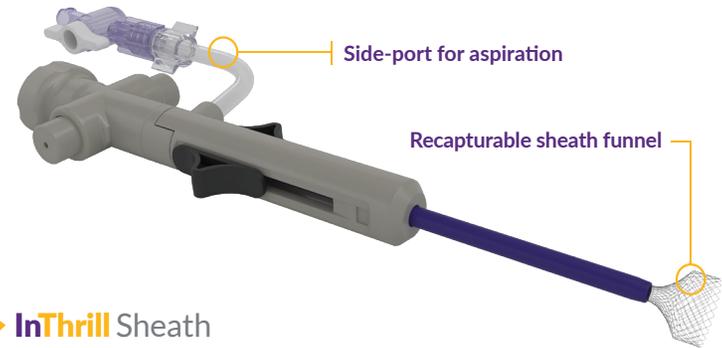
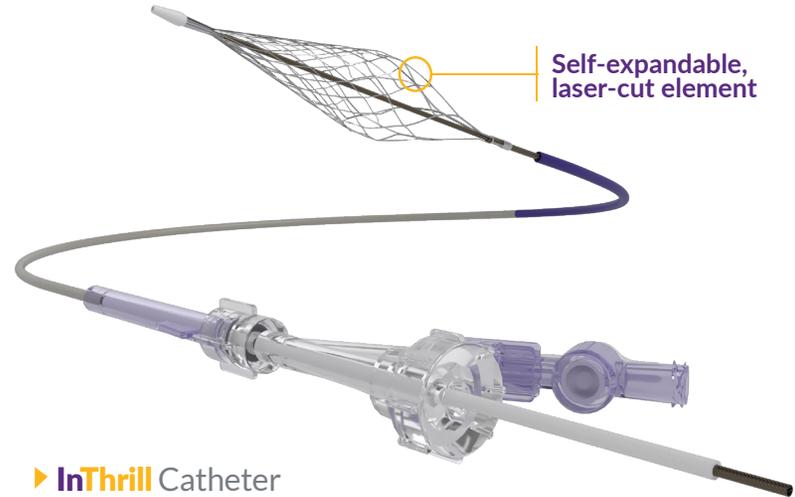
Effectively **extracts clots**

Addresses **acute to chronic thrombus**

Tailor-made for 4-10 mm vessels

1. Ocak G, et al. J Thromb Haemost. 2012 Dec;10(12):2484-93.

2. Quencer KB, Oklu R. Cardiovasc Diagn Ther. 2017 Dec;7(Suppl 3):S299-S308.



Our Commitment to Research and Access to Treatment

We estimate, in the United States alone, our devices currently treat approximately only 6% of the patients that could benefit from intervention.

We believe it is our responsibility to ensure access to treatment for all patients. This access starts with building clinical evidence. Since our inception, we have focused on generating clinical data to demonstrate the safety and efficacy of our products and build evidence to support updating the guidelines for the treatment of VTE and other diseases.

Our physicians rely on the data, and it is the right thing to do for our patients. We have undertaken evidence generation with urgency, setting the bar high for current and future competitors.

Built with purpose. **Backed by evidence.**

80,000⁺ Patients treated

2,000⁺ Patients studied

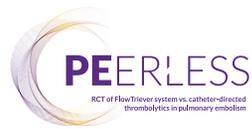
350⁺ Peer-reviewed publications

20⁺ Active or completed investigator-initiated research projects

6⁺ Major prospective studies, including two ongoing randomized controlled trials (RCT)



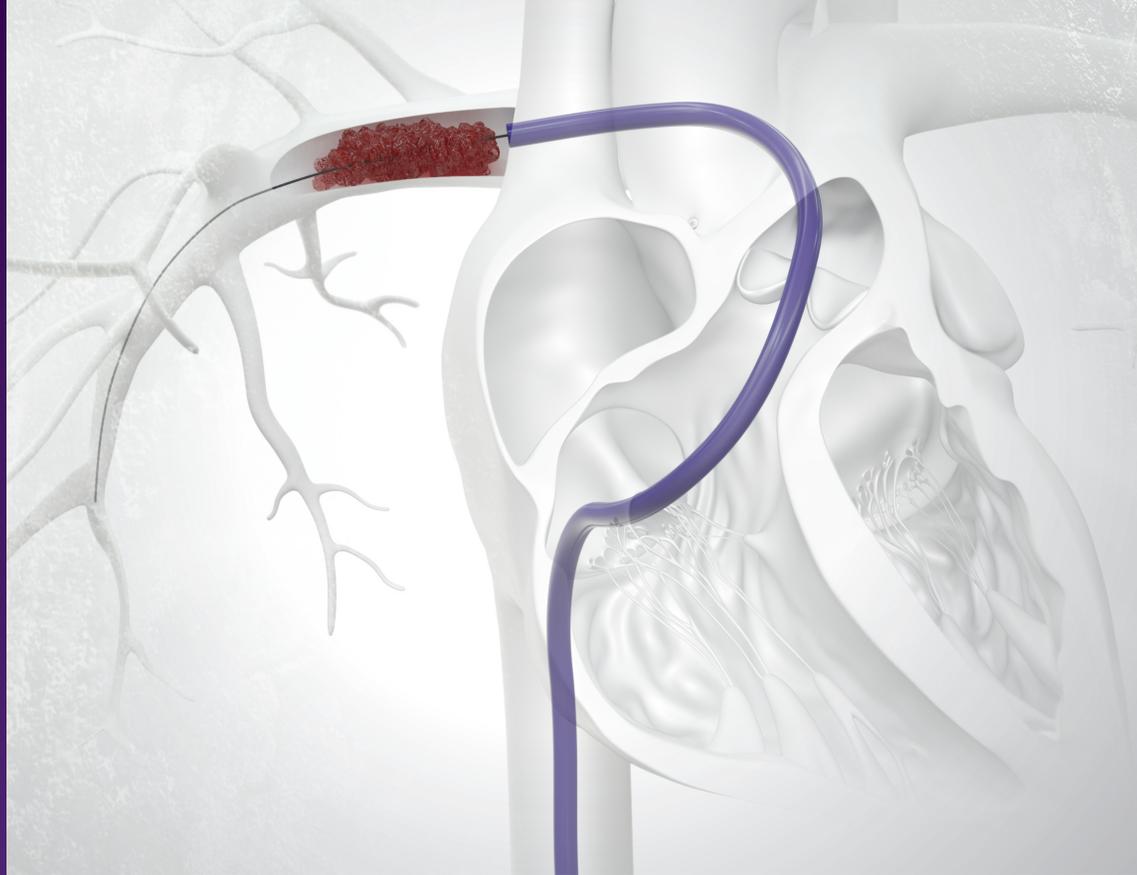
Generating Real World and Broad Evidence to Drive Adoption—Including Investment in RCTs

PE STUDIES			DVT STUDIES	
 <p>FLASH FlowTrier® System Percutaneous Pulmonary Embolectomy Clinical Registry Study</p>	 <p>FLAME FlowTrier for Acute Massive Pulmonary Embolism</p>	 <p>PEERLESS RCT of FlowTrier system vs. catheter-directed thrombolytics in pulmonary embolism</p>	 <p>CLOUT ClotTrier® System Clinical Registry Study</p>	 <p>DEFIANCE RCT of ClotTrier system vs. anticoagulation in deep vein thrombosis</p>
Largest Prospective PE Device Study	Largest Prospective High-risk PE Device Study	First & Only Head-to-Head Advanced Therapy RCT (FlowTrier vs. CDT)	Largest Prospective DVT Thrombectomy Study	First Industry Sponsored DVT RCT (ClotTrier vs. A/C)
~1000 Patients 83 Sites	115 Patients 11 Sites	550+ Patients 60 Sites	500 Patients 47 Sites	300 Patients 60 Sites
US ENROLLMENT COMPLETE	ENROLLMENT COMPLETE	ENROLLING	ENROLLMENT COMPLETE	ENROLLING

~2,500 patients across 5 studies

FLASH is the largest prospective interventional registry of PE

evaluating patient outcomes after treatment with the FlowTriever[®] system.



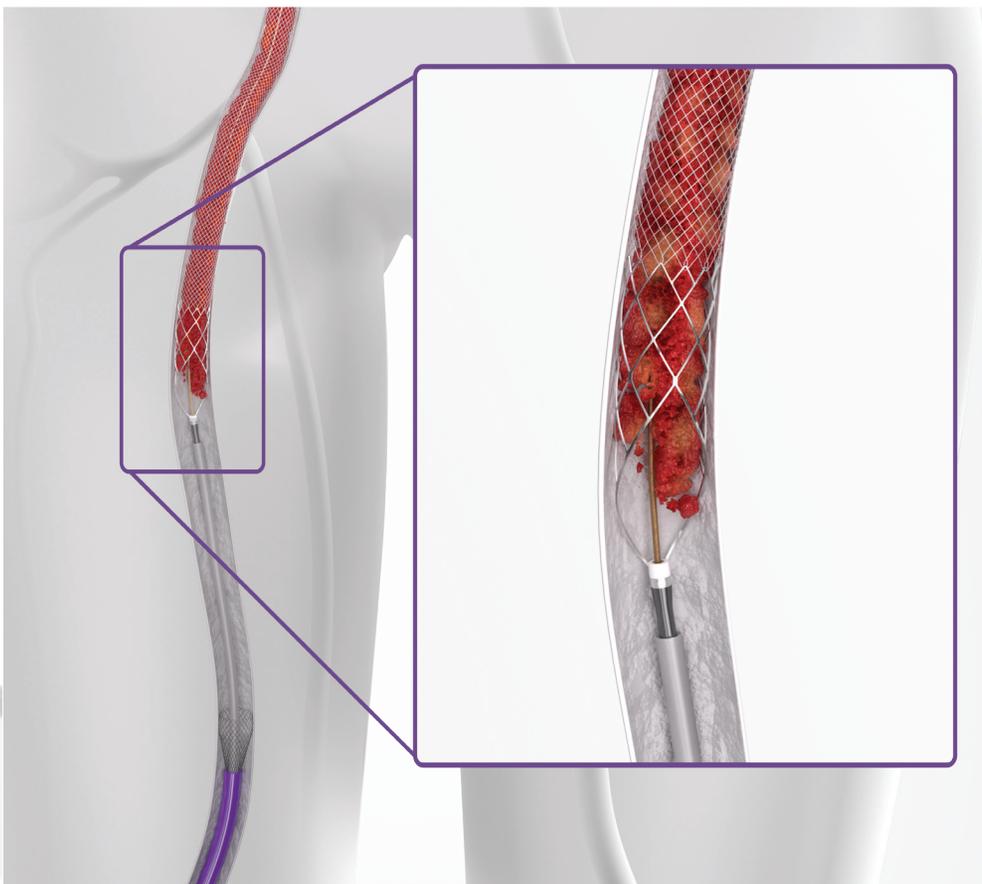
<1.0%

All-cause mortality at
30-day follow-up
N=734

**Immediate
Hemodynamic
Improvement**

800 patients enrolled

CLOUT: the largest mechanical thrombectomy study in the field of DVT evaluating real world patient outcomes after treatment with the ClotTriever[®] system.



>90%

Complete or near complete thrombus removal^{1*}

n=486

*>75% thrombus removal determined by Independent core laboratory-assessed Marder scores

40 mL

Median estimated blood loss¹

n=446

1-Year Outcomes

~90%

Of patients free from moderate or severe PTS symptoms at 1 year²

n=227

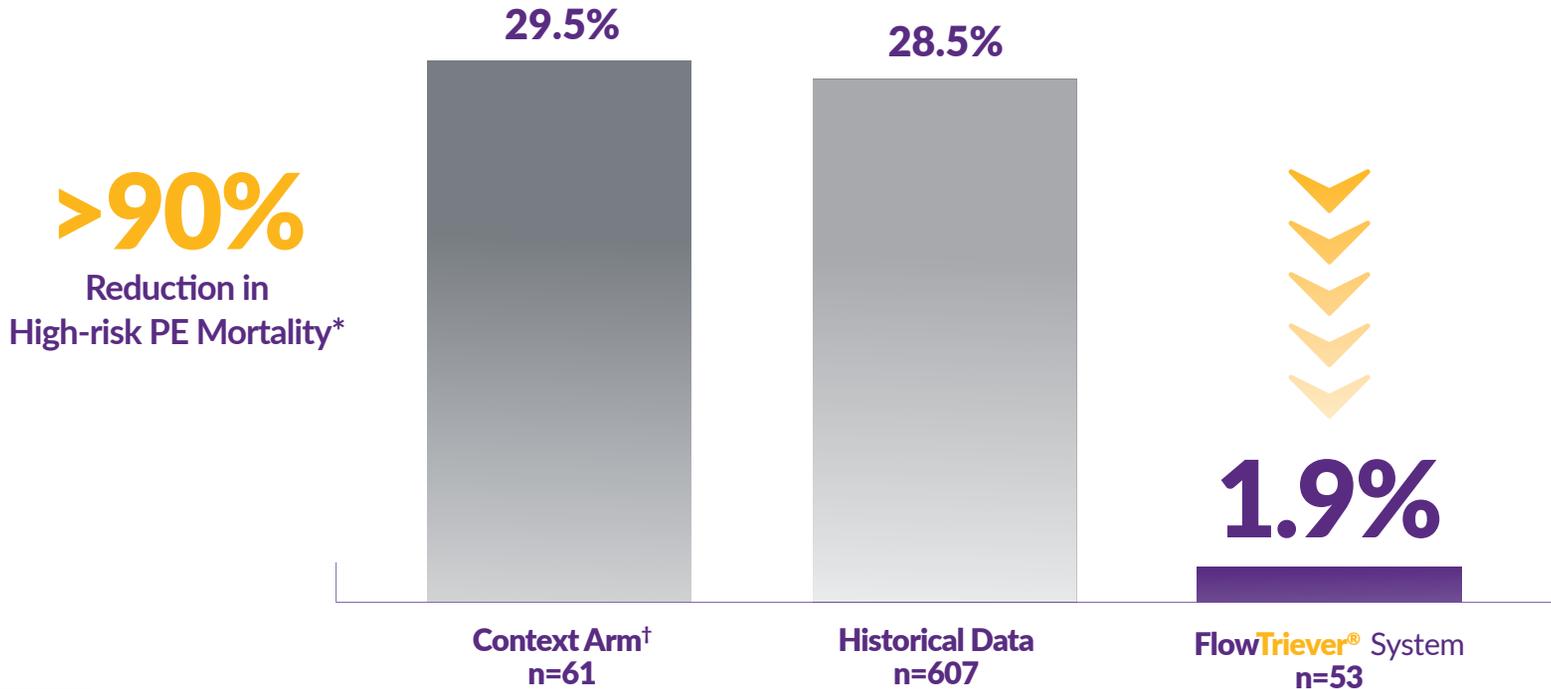
1. Dexter D., Kado H., Shaikh A., et. al., Safety and Effectiveness of Mechanical Thrombectomy from the Fully Enrolled Multicenter, Prospective CLOUT Registry, Journal of the Society for Cardiovascular Angiography & Interventions, Volume 2, Issue 2, 2023, 100585.

2. Six-month Outcomes from the Fully-enrolled Multicenter Prospective CLOUT Registry presented by Dr. Abdullah Shaikh SIR 2023. 2. One-Year Interim Outcomes from the Multicenter Prospective CLOUT Registry presented by Dr. David Dexter AVF 2023.



FLAME is the largest prospective study of interventional treatment in high-risk PE and designed to generate high-quality evidence to advance the treatment of PE patients.

In-hospital Mortality



[†]Context arm patients were treated with systemic thrombolysis (68.9%), anticoagulation alone (23.0%), CDT (6.6%) or surgical thrombectomy (1.6%)
* >90% reduction in high-risk PE in-hospital all-cause mortality vs. other contemporary treatments in historical data



Transformative Patient Experience

Transformation requires changing the healthcare system on behalf of patients. Current guidelines for the treatment of VTE and our other disease states suggest that treatment with anticoagulant drugs alone is the standard of care. This is despite ever-increasing evidence supporting interventional therapy generally and mechanical thrombectomy specifically, including the positive results from our FLASH, FLAME and CLOUT studies highlighted in this report.

Alarming, many of these patients never see a physician who is a VTE expert.



75% of intermediate-high risk PE patients do not receive interventional consult.¹

We believe that the standard of care for the treatment of VTE will evolve to the use of anticoagulant drugs combined with catheter-based interventions, similar to that of other thrombotic diseases, such as heart attack and stroke.

We believe our purpose-built products are further driving this evolution of treatment, and we are committed to changing the standard of care for DVT and PE, and other complex diseases.

In this regard, we have hired a dedicated team of professionals to educate treating physicians and hospitals about the benefits of having a dedicated VTE response team, institutional guidelines for treatment of VTE and a comprehensive quality review of VTE programs.

1. Lacey MJ, et al. Prospective Experience of Pulmonary Embolism Management and Outcomes. J Invasive Cardiol. 2021 Mar;33(3):E173-E180.



A Paradigm Shift in Venous Disease Treatment

Our efforts to improve VTE treatment awareness and procedural excellence overlap with our continued push for more robust clinical evidence and collaboration with key stakeholders, including physicians who treat VTE as well as non-interventional stakeholders. We refer to our comprehensive and cohesive market development approach as VTE Excellence.

An increasing number of hospitals have now installed VTE coordinators, who help ensure appropriate triage and treatment for patients, as a direct result of our VTE Excellence efforts.

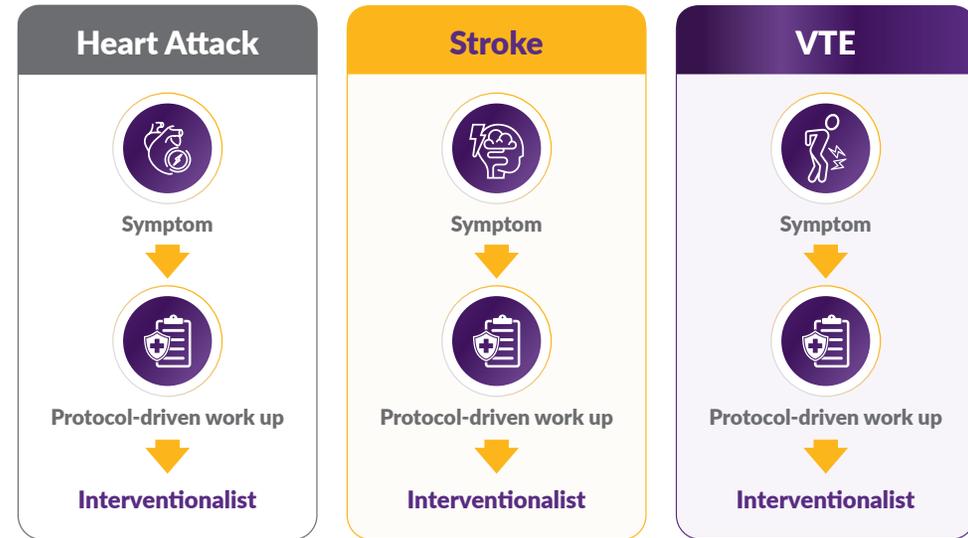
We provide ongoing training and development for VTE coordinators throughout the United States. We continue to commit significant resources to VTE Excellence in order to ensure the best possible solutions and outcomes for our patients.

“The success of our VTE Excellence program has been driven by a robust, systematic process for identifying patients who can benefit from intervention.”

—MICHAEL KNOX, MD, FACR

Interventional Radiologist, Advanced Radiology Services – Grand Rapids
Spectrum Health Hospitals

We strive to create programs like the ones for heart attack and stroke to ensure that patients who should receive interventional consultation for venous disease are not missed.



Product Safety

Product safety is at the core of everything we do for our patients. We are committed to developing and marketing safe, high-quality products to treat VTE and other complex diseases. Effective treatment hinges upon excellence in product design and development to ensure robust and reproducible manufacturing processes that enable exceptional patient outcomes and patient safety. Without careful attention to critical quality attributes, a product could fail to meet the intended effectiveness or result in patient harm. For that reason, we are focused on excellence in design, manufacturing, and supply chain management of our products, optimizing performance and patient outcomes.

We assure excellence in product quality through our Quality Management System (QMS). Our QMS entails an effective and independent quality organizational structure, Quality Manual, policies, operational guidance documents, robust processes, and sufficient resources to deploy and oversee compliance to our QMS. Our Quality Assurance teams inspect and verify externally sourced product components under strict processes supported by our robust internal policies and procedures, and we maintain a rigorous change control policy to assure that no product or process changes are implemented without our prior review and approval.





We control every aspect of the manufacturing process—manufacturing, assembling, inspecting, testing, packaging, and shipping of our products—from our over 130,000 square foot facility in Irvine, California.

Our Quality Assurance team communicates our quality policy to all employees through meetings, training, and other means.

Our Quality Assurance team plays a critical role in our research and development (R&D) efforts, and the team members collaborate with our engineering team to develop new products, source and test materials and monitor post-market performance with a focus on continuous improvement.

In the U.S., we launched **6 new products** and had **0 product recalls** in 2022.

100% of employees **completed quality and safety training** in 2022.

We have established a reputation for exceptional patient safety. **In 2022, there were no significant negative trends in patient safety** observed for our portfolio of products.

We are committed to providing **the highest-level customer experience**, including effectively managing complaints. We track and thoroughly **investigate every product complaint we receive as part of our QMS** and medical safety infrastructure.

Physician Awareness & Education

We believe one of the biggest barriers to treatment of VTE and other complex diseases is lack of awareness.

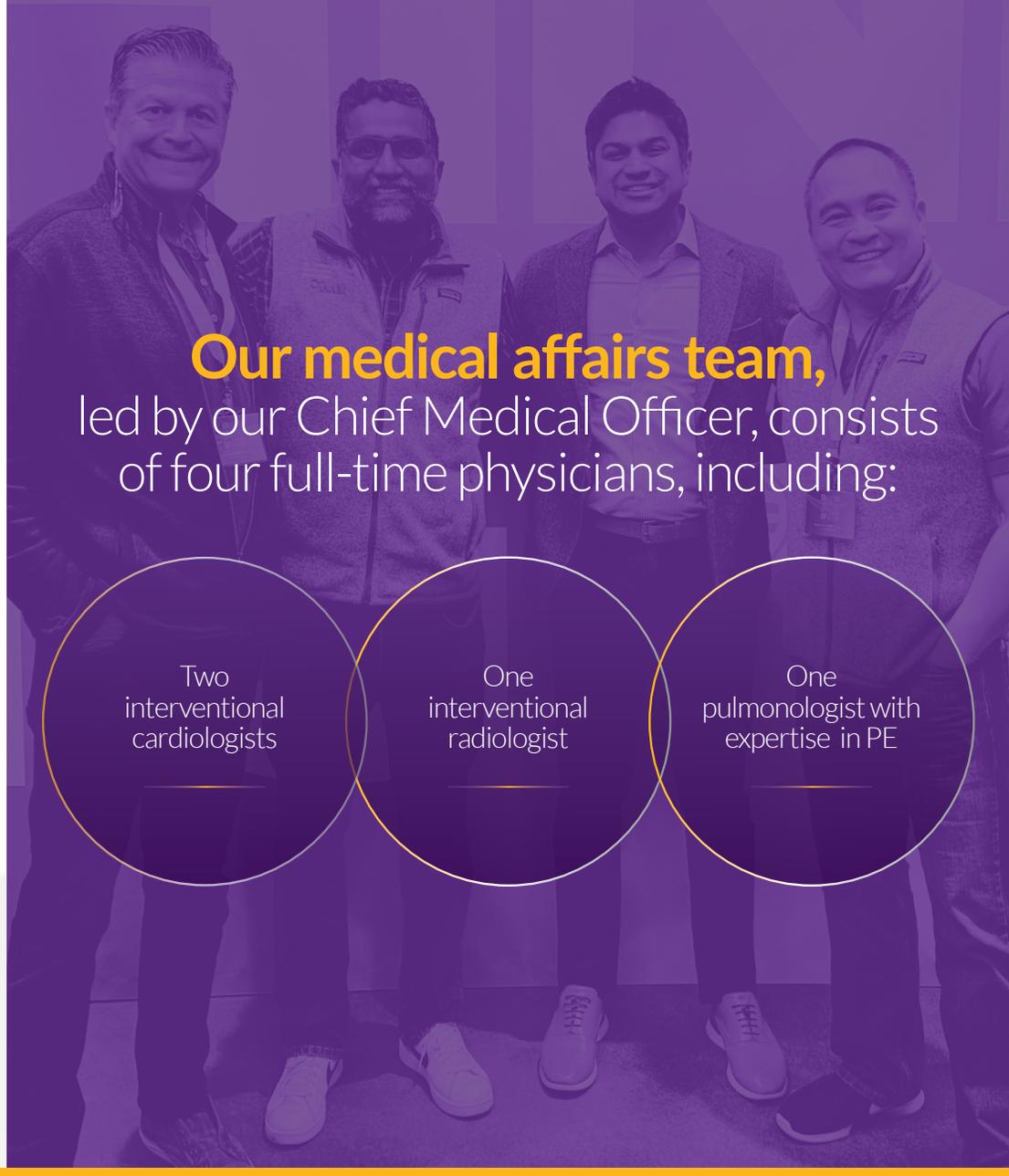
As such, we dedicate significant resources to breaking down these barriers. We have an established and experienced team of medical education professionals who lead regular national, regional, and local training and educational programs for both interventional and non-interventional physicians, nursing staff and other personnel involved in our procedures at hospitals.

Our medical affairs team,
led by our Chief Medical Officer, consists
of four full-time physicians, including:

Two
interventional
cardiologists

One
interventional
radiologist

One
pulmonologist with
expertise in PE



ClotWarrior Academy

With our team of experts, we have greatly expanded our learning platform, the Clot Warrior Academy, to provide regular and interactive training to physicians. We host Advanced Users Summits to help physicians who are familiar with our devices and procedures learn additional and enhanced techniques. Because our sales representatives attend approximately 85% of procedures where our devices are used, we also have a robust sales training program to ensure they are able to support our treating physicians and keep them abreast of clinical and device-related updates.





Advocating with NBCA at the national and state level for blood clot awareness and funding for education and screening.



Patient Advocacy & Government Affairs

In addition to physician education, various senior leaders devote time and energy to government affairs and reviewing sponsorships for various patient advocacy groups. Since 2021, we have partnered with the National Blood Clot Alliance (NBCA) to provide funding in support of their mission and the clotting disorders community. We have also provided support for World Thrombosis Day, and our leaders have met with state and federal legislators to raise awareness, including on the designation of March as National Blood Clot Awareness Month for the second year and requesting CDC funding for VTE education, screening, and other programs.



Take care of each other. Constantly.



We believe that extraordinary outcomes are possible when a group of people commits together to ideas and purposes bigger than themselves and bigger than business. We invest in a team of people who commit themselves to our cause and to each other in pursuit of shared goals.

Alongside our focus on patients, we focus on our employees. Our approach is to select employees who align with Inari's mission, and then retain and reward them as they build their careers.

Employee Health & Safety

The health and safety of our workforce is a top priority. Through strong management of workforce health and safety, we continue to avoid injury and illness, while fostering an environment that promotes physical safety and overall well-being to positively impact the lives of our employees.

We take great pride in creating a safe environment for our employees and prioritizing proper oversight to ensure the health and safety of our workforce. We believe a safe working environment will improve employee retention, productivity, and satisfaction. Our Manager of Environmental Health & Safety (EHS) is responsible for overseeing daily responsibilities related to employee health and safety. Our facility is designed to ensure the safety of our employees and visitors. We have adopted and enforced various policies intended to promote safety for our employees.

We have established a cross-departmental Safety Committee to communicate safety information to their respective teams, act as their department's liaison to bring up safety concerns or questions, and work in collaboration with our EHS Manager to improve safety within the organization. The EHS Manager conducts risk assessments and institutes controls intended to eliminate hazards and minimize risks.

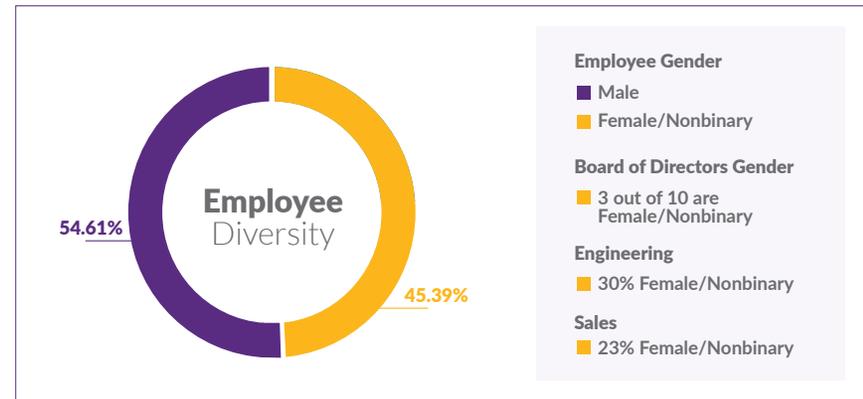


Diversity & Inclusion

We are committed to creating and nurturing an inclusive workplace that is consistent with our Ethos. Everyone is respected, valued, and included; this is vital to our collaborative culture. We believe that broader perspectives increase our ability to drive innovation. We have sought to create a culture that positively impacts our employees' lives and understands the power of diversity and the importance of an environment that respects everyone's identity. Each Inari Medical employee brings a different background, set of skills, and perspective. Our diversity propels creativity and innovation, resulting in increased value.

We are intentional in our efforts to build diverse teams that represent a variety of backgrounds, perspectives, and skills. We expect our employees at every level to speak up and share ideas.

At our home office, we have an open-plan work environment with no individual offices, which fosters collaboration and inclusivity across teams. Instead of walls, we have meeting spaces with floor-to-ceiling glass, emphasizing the transparency that is key to our culture. We believe in hyper-communication from our senior management to all employees about the impact that ALL our team members have on our patients. We hold quarterly town halls where employees engage with each other, patients, and physicians.



“Blood clots can impact anyone, so it is important that our team represents everyone.”

Dena Truelove,
Vice President, Human Resources



Human Capital Management

We have over 1,100 full-time employees. We employ a growing and highly skilled employee base across all functions and promote a culture focused on serving and improving the quality of life of our patients. We believe removing clots can have a profound impact on the lives of our patients over the short and long term, and it is our responsibility to ensure as many of our patients as possible are treated safely, effectively, and simply. We have implemented hiring and recruiting systems to carefully select professionals who share these beliefs and goals.

Our human capital objectives include identifying, recruiting, retaining, incentivizing, and integrating our existing and future employees. The principal purposes of our compensation plans are to attract, retain, and motivate selected employees, consultants, and directors. We do so through competitive salaries and cash-based performance awards, as well as through the granting of stock-based compensation awards, which we benchmark on a regular basis to ensure that we remain competitive.



Our Employees

Our employees are integral to the success of our mission, and we recognize our responsibility to take care of them. In addition to providing competitive salaries and offering a variety of benefit choices, we:

- Established a 6-week paid leave program for eligible employees.
- Pay 100% of the health insurance premiums for employees.
- Subsidize a significant portion of the premiums for their covered dependents.
- Established the Inari Wellness program to encourage and reward our employees for making healthy lifestyle choices.
- Support our employees' ongoing professional and personal development with onsite training opportunities.
- Maintain an education assistance program.



Inari Wellness

Since the return to the office following the end of the COVID-19 pandemic, we have expanded and enhanced our wellness programs. We continue to put our employees' health and safety at the forefront of everything we do. In 2022:

- We hosted challenges and encouraged health decisions through our wellness platform, Virgin Pulse.
- We hosted an annual wellness fair, which included health screenings and vaccine opportunities for both COVID-19 and influenza.
- We held our first blood drive.

For more information about our employees, please see our [Careers Page](#) and [Life at Inari](#).

Retention

Because our employees are integral to our business, we take attrition very seriously. We provide quarterly analyses of turnover for all department leaders, and conduct exit interviews with all employees, whatever the reason for their departure. Our attrition rate during 2022 was approximately 10% across the organization, well below general average and our industry benchmarking.

10% attrition rate across the organization in 2022.



No small plans. Ever.

We are committed to changing the standard of care for treatment of venous and other diseases. With collaboration and input from key stakeholders, including physicians and non-interventional stakeholders, we aspire to change the status quo for our patients, our people, our medical community partners, and our society.

We believe that our impact on patients, physician partners, and employees should be positive and life-changing. We do not focus on medical devices that may offer only marginal care or economic benefit to the patient or healthcare provider, but instead, we develop solutions for complex disease states and significant unmet needs.



Product Design & Innovation

We have **over 85 engineers and technical staff** whose sole focus is enhancing our existing products and developing new, purpose-built solutions to treat unmet needs.

We believe our ability to develop innovative products is attributable to our focus on the specific anatomical system, our design philosophy and product innovation process, our efforts to leverage and expand our clinical evidence, and the insights that we gained from developing our products to date. Our engineering team has broad mechanical and biomedical engineering, project management, materials science, design, and prototyping expertise.

Our R&D efforts are informed by real-time, field-based input from our sales organization and physicians and the direct field experience of our engineers. We focus on developing the best treatment for patients and rely on feedback from our physician customers, who are at the front lines treating patients with VTE. This process has allowed us to rapidly innovate and enhance our products, and we continue to develop new products.



We are currently focused on three key goals as we develop additional and next generation products for commercialization.

1st

We seek to continue to enhance the effectiveness, efficiency and ease of use of our current products.



2nd

We plan to expand the application of our thrombectomy technology to areas of the body that are not addressed by our existing products.



3rd

We are developing solutions beyond our thrombectomy technology to address other unmet needs.

\$74.2

During 2022, we spent \$74.2 million on R&D and clinical evidence building.

We spend more on R&D and clinical evidence building than our peers (as a percentage of revenue) and look to continue to responsibly invest in these functions to ensure a better life for our current and future patients.



Our Sustainability

Since our inception, **our Ethos** has laid the foundation for everything we do



Patients first.
Always.



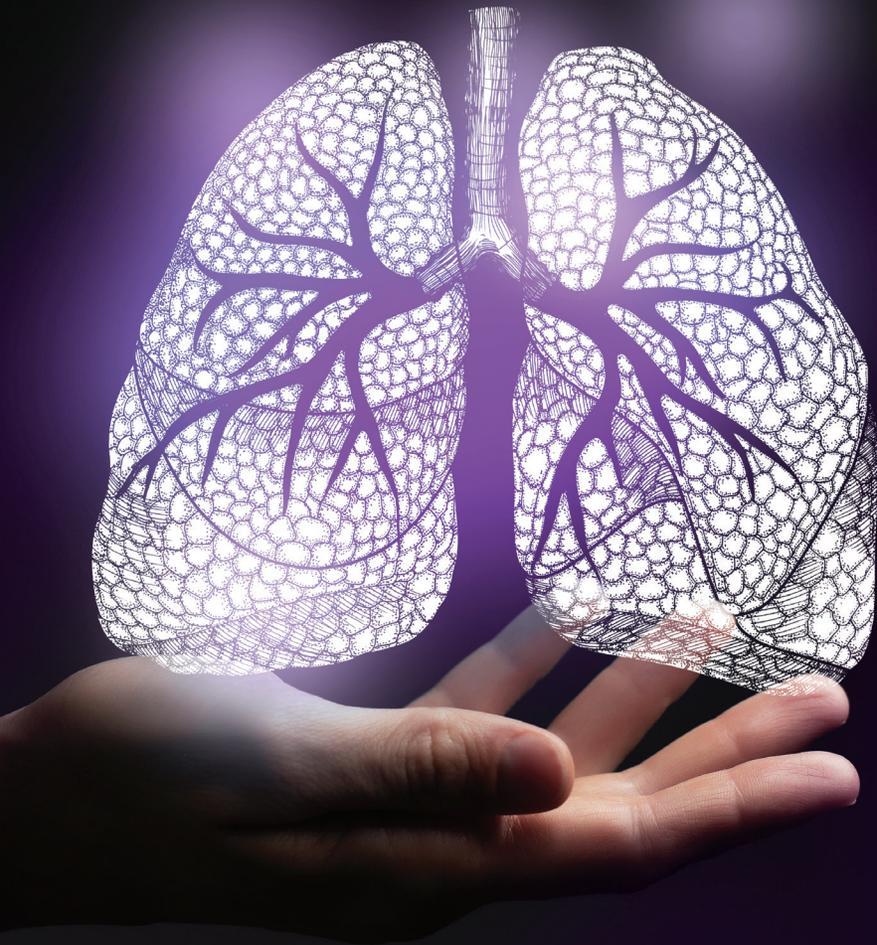
Take care of each other.
Constantly.



Make no small plans.
Ever.

In 2021, we conducted our first environmental, social, and governance (ESG) materiality assessment, supported by a global, third-party sustainability consultancy, to identify, prioritize, and validate the ESG-related issues most significant to our business, our stakeholders, and the broader context of the environment and society.

We undertook desktop research and conducted interviews with internal and external stakeholders to inform this assessment, resulting in the identification of the ESG issues material to our business. As we reviewed the results, we found that our Ethos aligned organically with our ESG priorities, enabling us to integrate ESG into the core of who we are. As a result, we consolidated our material issues and directly linked them to our Ethos.



The **20 material topics** determined to be of greatest importance and impact to our internal and external stakeholders are:

Patients first. **Always.**

- Transformative Patient Experience
- Product Safety
- Access to Treatment
- Physician Awareness & Education
- Patient Data Privacy

Take care of each other. **Constantly.**

- Diversity & Inclusion
- Human Capital Management & Development
- Employee Well-being
- Occupational Health & Safety

No small plans. **Ever.**

- Product Design & Innovation
- Disease State Awareness & Guideline Development
- Supply Chain Management
- Product Lifecycle Management
- Intellectual Property

Our sustainable **foundation.**

- ESG & Corporate Governance
- Ethics & Business Compliance
- Cybersecurity
- Operational Environmental Impacts
- Local Communities & Indirect Economic Impacts
- Climate and Geopolitical Resilience

ESG & Corporate Governance

Our Board of Directors presently comprises 10 members, eight of whom are considered independent from management. We consider diversity, such as gender, race, and ethnicity, when identifying director nominees, and we view such diversity characteristics as meaningful to the composition of our Board. Currently, three of our 10 directors are female, one of our directors identifies as LGBTQ+, and one of our directors identifies as Hispanic. Our Board has three standing committees: the Audit Committee, the Compensation Committee, and the Nominating and Corporate Governance Committee. At the committee level, and as a whole, our Board has an active role in overseeing the management of the company and our strategic goals.

In 2021, our Board gave the Nominating and Corporate Governance Committee oversight of Inari's sustainability principles, programs, and practices, as well as reporting on these topics. The Nominating and Corporate Governance Committee receives regular reporting on our ESG efforts and reviews our reports prior to release.

During 2022, we formed an internal Ethos and ESG Council to lead the creation, implementation and communication of our ESG strategy, decision-making processes and disclosures. The Council includes representatives from each of our key functions and operations, including those who are responsible for specific ESG topics or pillars described herein.



Diversity Gender

3 of our **10** directors are **Female**

1 director identifies as **LGBTQ+**

1 director identifies as **Hispanic**

Compliance

Our workplace culture is focused on integrity and ethical conduct to ensure that we are respected and trusted by our customers, peers, and current and prospective employees. Acting in an ethical and compliant manner, both with respect to internal policies and external laws and regulations, is an integral part of every decision we make. Our policies are designed to help our employees understand the importance of acting ethically to uphold our reputation of respect, trust, confidence, and integrity. Our compliance program demonstrates to our employees that a culture of integrity is an asset. The Audit Committee of our Board of Directors receives quarterly updates on the compliance program, and we also hold quarterly Compliance Committee meetings with senior representatives from Legal, Commercial, Operations, Finance, Human Resources, and Internal Audit. The Compliance Committee advises and assists with the implementation of our compliance program. As part of our compliance program, we have adopted policies and procedures which serve as written standards of conduct for our employees. These policies include, among others, our Code of Business Conduct and Ethics, our U.S. Foreign Corrupt Practices Act (FCPA)/Anti Bribery Policy, our Speak Up Policy, and our Insider Trading Policy. These policies and procedures are reviewed and updated regularly.

100% of employees have acknowledged and agreed to our comprehensive compliance program.

We encourage and promote ethical behavior and adherence to all applicable laws and regulations amongst every employee within the organization. We feel we have developed a culture that is committed to conducting business responsibly and with the utmost integrity and will continue to support these endeavors through the principles of our Ethos, “Patients first. Always. Take care of each other. Always. Make no small plans. Ever.” Our Ethos demonstrates our commitment to developing life-saving products and conducting research that not only drives the world forward in treatments for VTE but requires trust and transparency on all fronts—across our employees, our customers, our vendors, and our contractors.

Through our global *Speak Up Policy*, we encourage the submission of concerns regarding suspected Code of Business Conduct and Ethics or compliance policy violations, or other unethical and/or illegal conduct on a confidential basis and the protection of individuals reporting concerns from retaliatory actions. Both U.S. and international employees are provided dial-in numbers for their respective regions to Speak Up at any time, alongside a digital submission platform on our global website, and instructions for sending written complaints to Compliance and/or the Inari Audit Committee directly. We also send regular reminders to all global employees with this information, ensuring all employees are aware of this resource.

We are focused on expanding global compliance and ethics policies, procedures, and training throughout 2023 and beyond.

We will also continue to further identify and mitigate risks as we expand our program and continue monitoring, as well as develop appropriate actions and corrective measures to prevent future concerns. Our goal is to develop a program built on open dialogue which respects our patient-centric organizational culture while encouraging a transparent, ethical, and positive workplace.

Cybersecurity

We have had no information security or data protection breaches.

It is imperative that we have strong cybersecurity and data privacy practices in place to protect our network and systems, as well as internal and customer data. Our cybersecurity team is a part of our Information Technology (IT) department. Our head of IT reports directly to the CFO and provides periodic reports to the Audit Committee on cybersecurity policies, procedures, and risk mitigation efforts.

During 2022, we launched several security awareness initiatives including:

- Phishing/social engineering protection and training.
- Data protection.
- General cyber hygiene.



Environmental Impact

Environmental impact is a fundamental consideration across all of our operations. We aim to reduce our impact on natural resources and drive continuous improvement to enhance our environmental performance. To mitigate our environmental impact, we continue to strive for efficiency throughout our operations, particularly in energy usage in our manufacturing facility, which accounts for most of our impact. We are also looking to maximize our positive impact on patients with our innovative products while minimizing our environmental footprint.

California, where we are based, leads the nation in electric vehicle (EV) use. According to the U.S. Environmental Protection Agency, the greenhouse gas emissions associated with an EV over its lifetime are typically lower than those from an average gasoline-powered vehicle, even when accounting for manufacturing. To support the increasing number of employees in our home state who are reducing the environmental impact of their daily commute by driving EVs, we recently installed EV charging stations at our Irvine headquarters. This investment is consistent with our innovation-driven culture and underscores our commitment to continually make Inari Medical a greener, more environmentally friendly place to work.



Where We Are Heading

As we continue to grow, we are committed to sharing updates related to our programs, priorities, goals, and performance. During 2023, we plan to focus on the following key areas:



Patients first. Always.

- Launch additional products and expand into new disease states.
- Increase our focus on advocacy and awareness of VTE and other disease states.
- Continue to work with all stakeholders to change the standard of care for the treatment of VTE.
- Maintain our excellent product safety record.
- Expand our geographical footprint so that even more patients can access our treatment.



Take care of each other. Constantly.

- Expand benefits for our employees to include leadership and development training and other development opportunities.
- Set robust diversity goals for our global employee population.
- Maintain employee retention at levels well above our peer group.



No small plans. Ever.

- Expand training opportunities related to our comprehensive compliance program.
- Expand community impact and philanthropy with various activities.
- Continue to invest significant amounts in R&D.
- Continue to review our existing IP rights and evolve our IP strategy.



Indications For Use: The FlowTrievers system is indicated for (1) the non-surgical removal of emboli and thrombi from blood vessels; and (2) injection, infusion and/or aspiration of contrast media and other fluids into or from a blood vessel. The FlowTrievers system is intended for use in the peripheral vasculature and for the treatment of pulmonary embolism. Triever catheters are intended for use in peripheral vasculature and for the treatment of pulmonary embolism. The Triever catheters are also intended for use in treating clot in transit in the right atrium. The FlowTrievers2 catheter is indicated for the non-surgical removal of emboli and thrombi from peripheral blood vessels. Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The FlowTrievers2 catheter is intended for use in the peripheral vasculature. The FlowSaver blood return system is used with Triever catheters for autologous blood transfusion. The Intri24 introducer sheath is indicated to provide a conduit for the insertion of endovascular devices into the vasculature while minimizing blood loss associated with such insertions. The ClotTrievers thrombectomy system is indicated for (1) the non-surgical removal of thrombi and emboli from blood vessels; and (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The ClotTrievers thrombectomy system is intended for use in the peripheral vasculature, including deep vein thrombosis (DVT). The FlowStasis suture retention device is indicated for temporary suture retention following a percutaneous venous procedure. The InThrill thrombectomy system is indicated for (1) the non-surgical removal of thrombi and emboli from blood vessels, including arteriovenous fistulae and arteriovenous grafts for dialysis access, and synthetic grafts. (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel/graft. The InThrill thrombectomy system is intended for use in the peripheral vasculature. The InThrill thrombectomy system is not intended for use in deep vein thrombosis (DVT) treatment. The Protrieve sheath is indicated for use as a conduit for the insertion of endovascular devices into the vasculature while minimizing blood loss associated with such insertions.

Caution: Federal (USA) law restricts this device to sales by on the order of a physician.

See Instructions for Use for complete indications for use, contraindications, warnings, and precautions.

All trademarks are property of their respective owners.



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