



Welcome Remarks

Kevin Strange, VP Strategy and Business Development

Sandy | Boynton Beach, FL

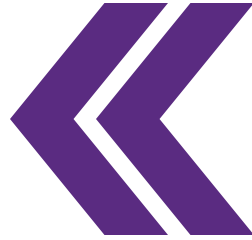
Inari Investor Day Agenda

Time	Session
7:30 – 8:00 AM	Registration and Breakfast Bar
7:55 – 8:00 AM	Welcome Remarks
8:00 – 8:45 AM	Site Tour and VTE Tech Demos
8:45 – 9:00 AM	Break
9:00 – 11:30 AM	Management Presentation
11:30AM – 12:00 PM	Informal lunch, New Product Tech Demos, and Meet the Management Team
12:00 PM	Conclude

Please check your badges



**Product
Demos**



Brian Strauss
SVP Engineering

Purple 1 - 3

Paul Koehn
SVP Operations

Orange 1 + 2



Eric Louw
VP Manufacturing

Orange 3 + 4



Site Tour



2022

Inari Medical Investor Day

Sandy | Boynton Beach, FL

Financial Information

Unless otherwise indicated, all financial and operational information included herein is as of June 30, 2022.

Indications for Use and Publication References

Indications for Use and relevant labeling information for all Inari products included in this presentation are included in the appendix. References to clinical studies and other publications cited in this presentation are located in the appendix.

Forward Looking Statements

This presentation (together with any other statements or information that we may make in connection therewith) may contain forward-looking statements. All statements other than statements of historical fact could be deemed forward-looking, including any estimates of revenue and total procedures, total addressable market, future results of operations, financial position, research and development costs, capital requirements and our needs for additional financing; our business model and strategic plans for our products, technologies and business, including our implementation thereof; competitive companies and technologies and our industry; our ability to grow and maintain our US sales force; our ability to develop new tools and new markets; the results of our clinical studies; our ability to commercialize, manage and grow our business by expanding our sales and marketing organization and increasing our sales to existing and new customers; third-party payor reimbursement and coverage decisions; commercial success and market acceptance of our products; our ability to accurately forecast customer demand for our products and manage our inventory; our ability to establish and maintain intellectual property protection for our products or avoid claims of infringement; FDA or other U.S. or foreign regulatory actions affecting us or the healthcare industry generally, including healthcare reform measures in the United States; the timing or likelihood of regulatory filings and approvals; our ability to hire and retain key personnel; our ability to obtain additional financing; and our expectations about market trends. Without limiting the foregoing, the words “may,” “will,” “should,” “expect,” “plan,” “anticipate,” “could,” “intend,” “target,” “project,” “contemplate,” “believe,” “estimate,” “predict,” “potential” or “continue” or the negative of these terms and other similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these words.

Forward-looking statements are based on and reflect management’s current expectations, assumptions, estimates and projections that may or may not prove to be correct. These forward-looking statements are subject to a number of known and unknown risks, uncertainties, assumptions and other factors, many of which are beyond our control. Moreover, we operate in a very competitive and rapidly changing environment. New risks emerge from time to time. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statement. In light of these risks, uncertainties, and assumptions, the future events and trends discussed in this presentation may not occur and our actual results, results, levels of activity, performance or achievements could differ materially and adversely from those anticipated or implied by any forward-looking statements. These and other known risks, uncertainties and factors are described in detail under the caption “Risk Factors” and elsewhere in our filings with the Securities and Exchange Commission (“SEC”), including our most recent Annual Report on Form 10-K and Quarterly Reports on Form 10-Q. These filings are available in the Investor Relations section of our website at <https://ir.inarimedical.com/> or at www.sec.gov.

The forward-looking statements in this presentation are made only as of the date hereof. Except to the extent required by law, we assume no obligation and do not intend to update any of these forward-looking statements after the date of this presentation or to conform these statements to actual results or revised expectations. All forward-looking statements are expressly qualified in their entirety by the foregoing cautionary statements. You are cautioned not to place undue reliance on these forward-looking statements.

This presentation is not an offer to sell securities of Inari Medical and it is not soliciting offers to buy securities of Inari Medical nor will there be any sales of securities of Inari Medical in any state or jurisdiction where the offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction.



Opening Remarks

Bill Hoffman, CEO

Amanda | Louisville , KY

Our dedication
to changing lives
drives **every**
decision we make



Amanda | Louisville , KY



Patients first.
Always.



Make no small plans.
Ever.



Take care of each other.
Constantly.

**We've made
improving lives our
responsibility.**
**And that drives our
passion and success**



Introduction To Inari

Drew Hykes, COO

Audry | Detroit, MI

Management Presentation Agenda

Time	Duration	Session
9:00 – 9:20AM	20 min.	Introduction
9:20 – 10:10 AM	50 min.	Inari Five Growth Drivers
10:10 – 10:20 AM	10 min.	Break
10:20 – 10:40 AM	20 min.	Physician Panel
10:40 – 10:50 AM	10 min.	Financials and Closing Remarks
10:50 – 11:30 AM	40 min.	Q&A

Strong leadership team with breadth & depth



Bill Hoffman

Chief Executive Officer



Mitch Hill

Chief Financial Officer



Drew Hykes

Chief Operating Officer



Dr. Tom Tu

Chief Medical Officer



Angela Ahmad
General Counsel



Brian Strauss
SVP Engineering



Eric Khairy
SVP Marketing



Eric Louw
VP Manufacturing



Janet Byk
VP Finance &
Accounting



John Borrell
SVP Sales



Justin Crockett
VP Inari Solutions
Group



Kevin Strange
VP Strategy &
Business
Development



Kit Cariquitan
VP Quality
Assurance &
Reg. Affairs



Norman Nie
VP Information
Technology



Paul Koehn
SVP Operations



Randy Hamlin
VP Advanced
Development



Dr. Shon Chakrabarti
VP & General Manager
Chronic Venous
Diseases



Tara Dunn
SVP Clinical Affairs &
Market Development



Dr. Venkat Tummala
VP Medical Affairs



Dr. Victor Tapson
VP Medical
Affairs



Vitas Sipelis
VP International

Venous Thromboembolism (VTE)

DVT

Up to

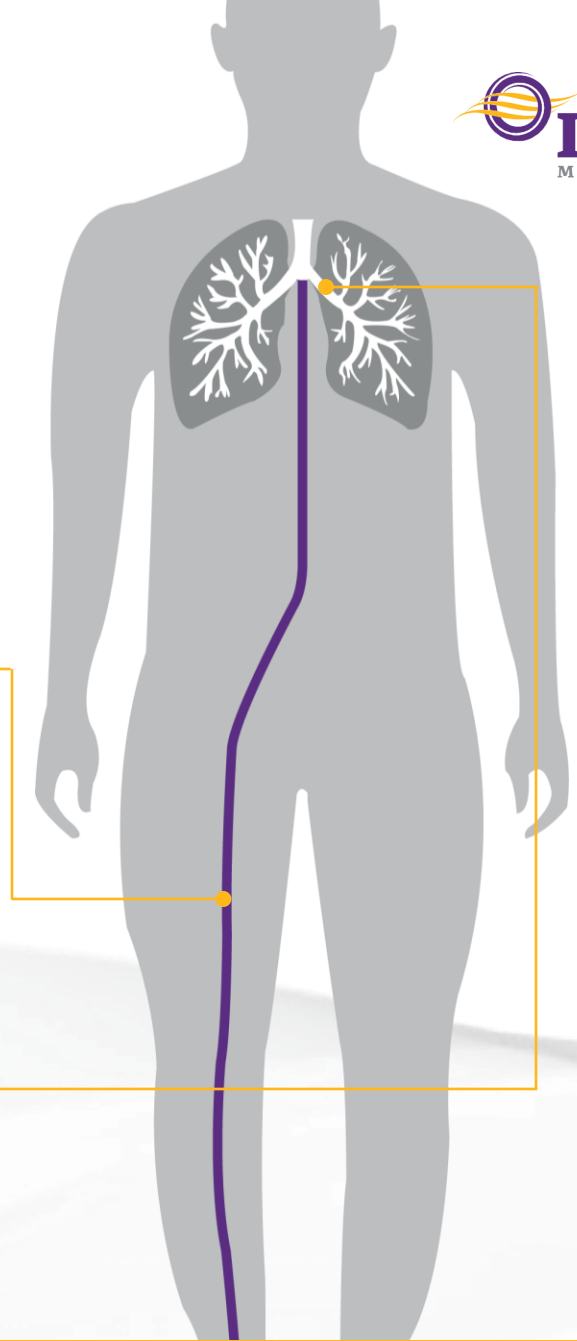
50%

Develop Post-Thrombotic Syndrome (PTS)
within 2 years of a proximal DVT

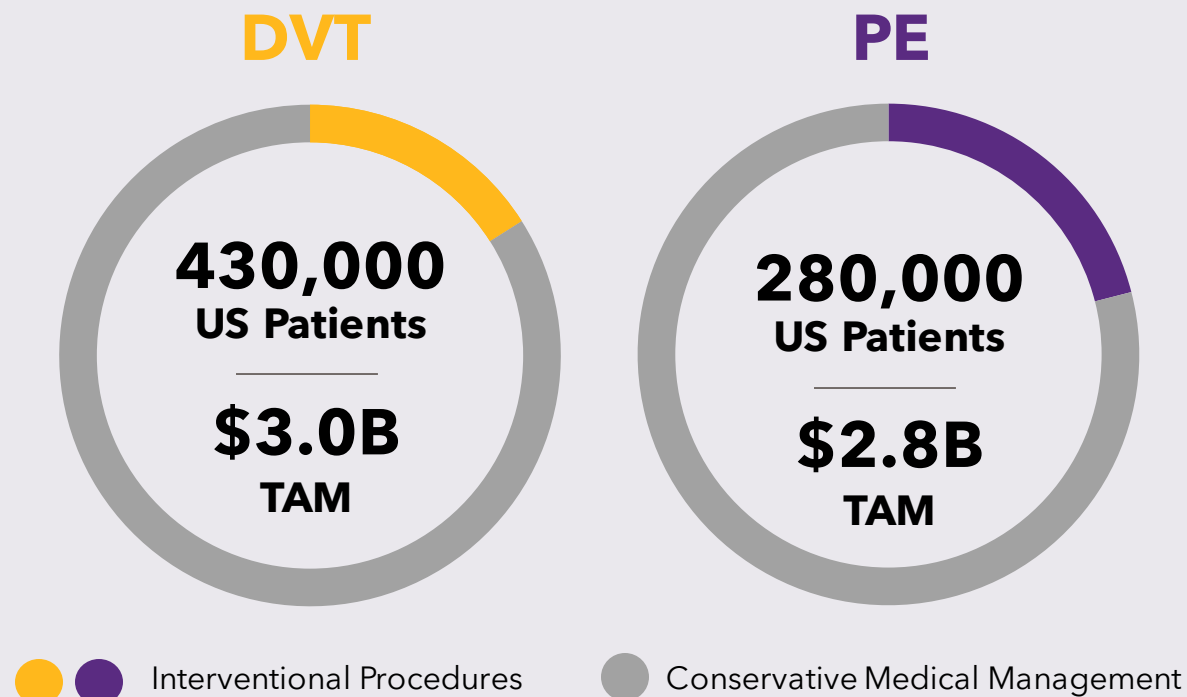
PE

#3

Leading cause of cardiovascular death



VTE is a large
and highly
underpenetrated
opportunity
to serve patients
in need



\$5.8B

Total US VTE TAM Opportunity

\$15B+

Global VTE TAM Opportunity

Treatment of VTE evolving to definitive mechanical catheter intervention



**Myocardial
Infarction**

**Anti-Coagulation
Only**

Lytics Based

**Definitive Catheter
Therapy**

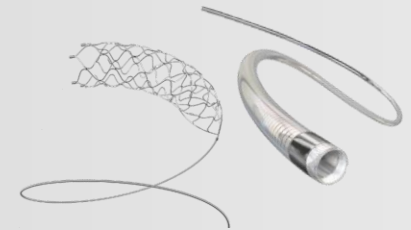


Stroke

**Anti-Coagulation
Only**

Lytics Based

**Definitive Catheter
Therapy**

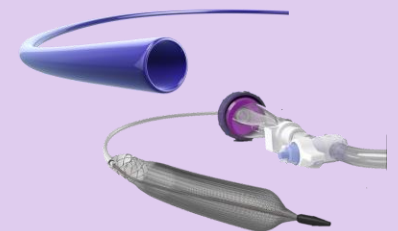


Expected Path for
VTE
(DVT & PE)

**Anti-Coagulation
Only**

Lytics Based

**Definitive Catheter
Therapy**

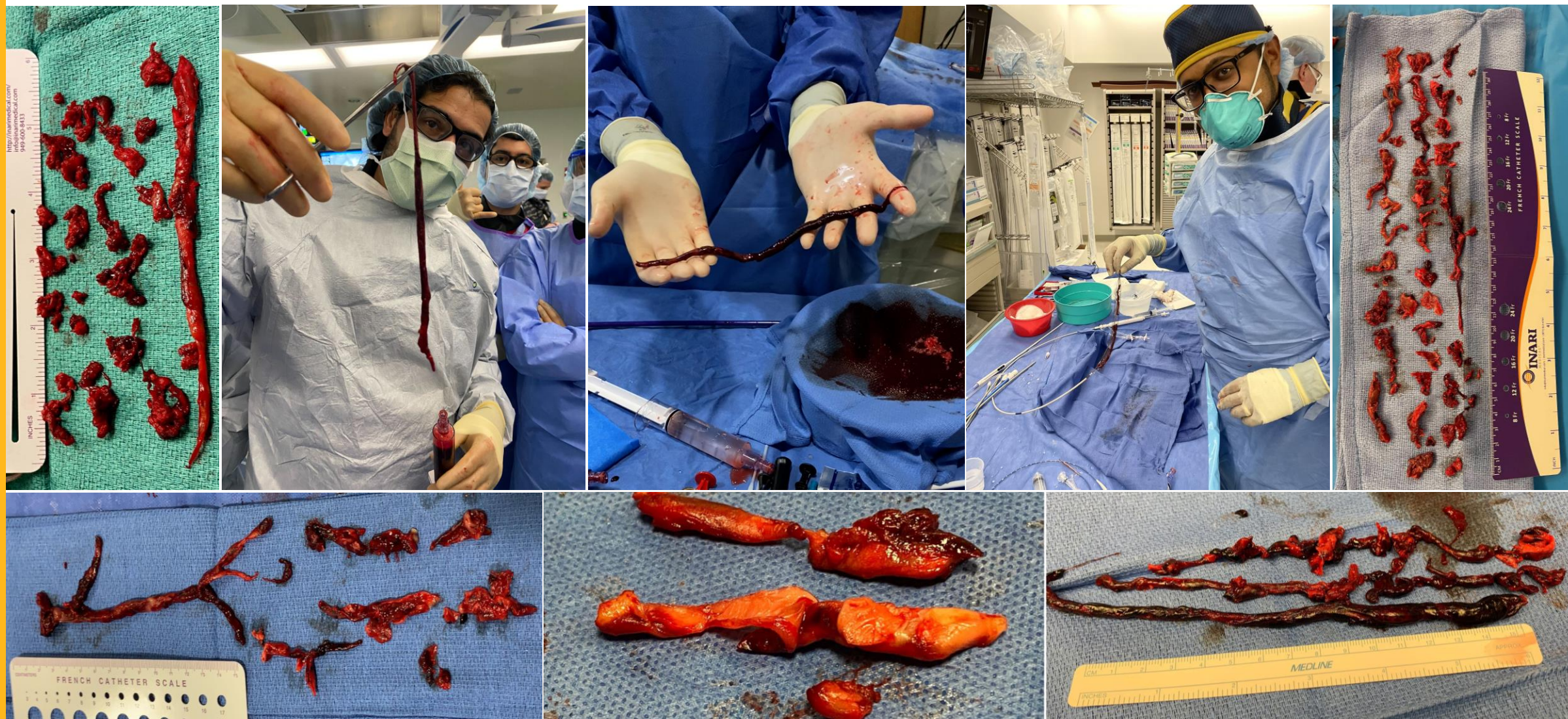


Highly differentiated, **purpose-built** solutions

- ✓ **Simple, intuitive solutions**
- ✓ **Near complete thrombus removal**
- ✓ **Eliminate need for dangerous lytics**
- ✓ **Minimal blood loss**
- ✓ **Favorable hospital economics**



Taking out **all** the **clot** matters



Our **five growth drivers** remain the roadmap

1 Expanding Our U.S. Sales Force



2 Driving Deeper VTE Penetration



3 Building Clinical Evidence



4 Innovating Purpose-Built Solutions



5 Expanding Into New Markets



270+

U.S. Sales Territories

<5%

Penetration into U.S. VTE Incidence

250+

Peer Reviewed Publications

5

Distinct Product Toolkits For 5 Distinct TAMs

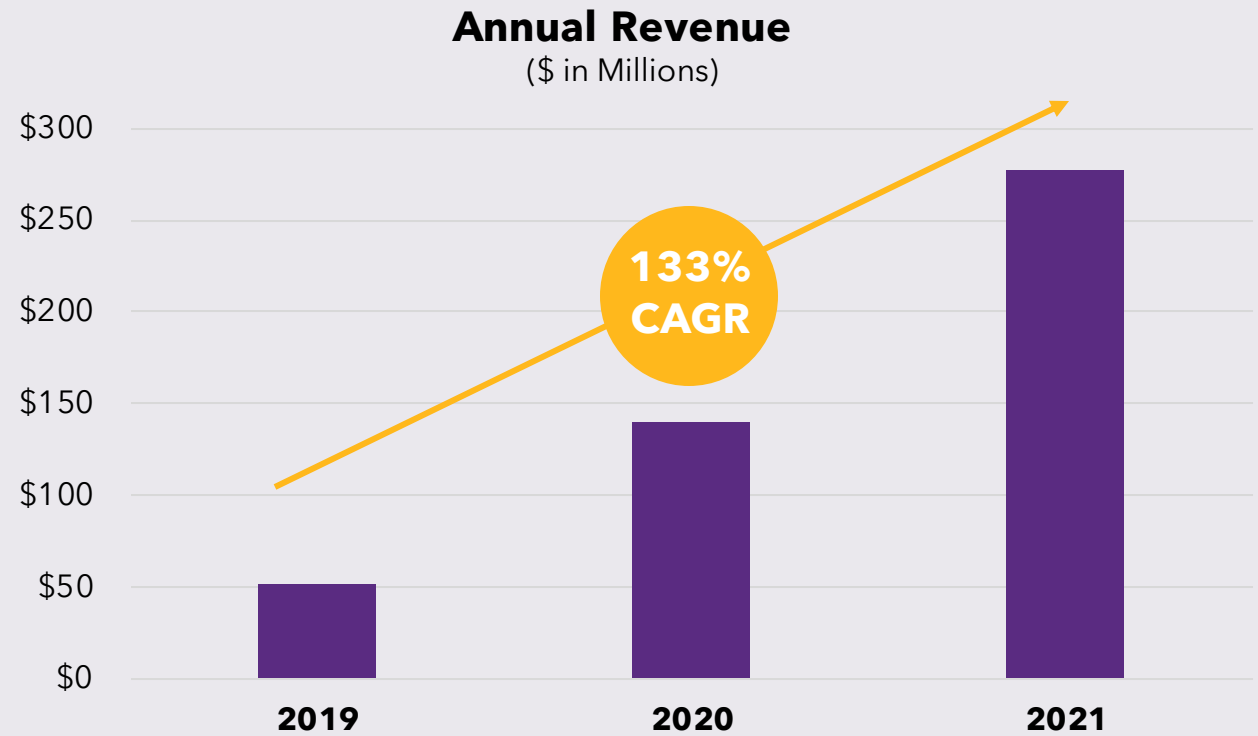
>\$20B

Total Global TAM
+

~\$10B

US Prevalence Opportunity

Consistent,
premium
financial
performance



\$277M

2021 Total Revenue

91%

2021 Gross Margin

98%

YOY Growth (From FY20)

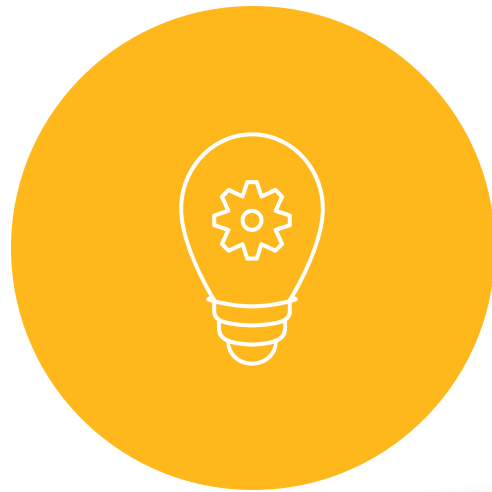
\$330M

**Cash, Cash Equivalents, &
Short-Term Investments
(Q2 2022)**

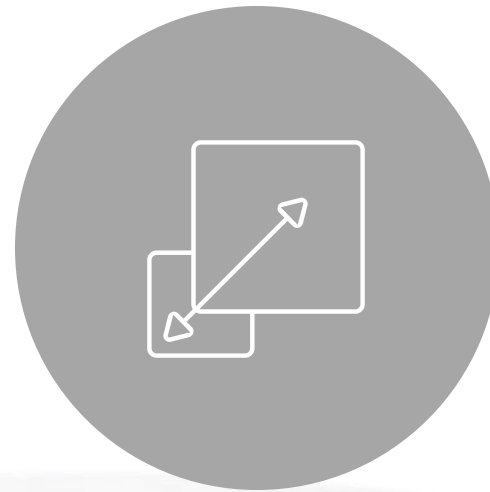
Our core competencies are **scalable** and allow us to **treat more patients**



Identify major unmet patient needs



R&D innovation engine to rapidly design purpose-built devices



High-Touch, scalable commercial org & market development capabilities



Clinical infrastructure generating data to change standard of care

FOUNDATION OF OPERATIONAL AND MANUFACTURING EXCELLENCE

No small plans. **And we're just getting started**



- 1** EXPANDING US SALES FORCE → BUILDING THE LARGEST INTERVENTIONAL SALES FORCE
- 2** DRIVING DEEPER PENETRATION → STANDARDIZING PATIENT PATHWAYS
- 3** BUILDING CLINICAL EVIDENCE → EXECUTING GUIDELINE-CHANGING CLINICAL TRIALS
- 4** INNOVATING NEW PRODUCTS → DEVELOPING PURPOSE-BUILT SOLUTIONS
- 5** EXPANDING INTO NEW MARKETS → LAUNCHING INTO NEW ADJACENCIES & GEOGRAPHIES

Growth Driver 1

Expanding Our US Sales Force

John Borrell, SVP Sales

**Significant
growth in sales
territories,
increasing
density of
coverage**

2020 (Q2)

2022 (YTD)

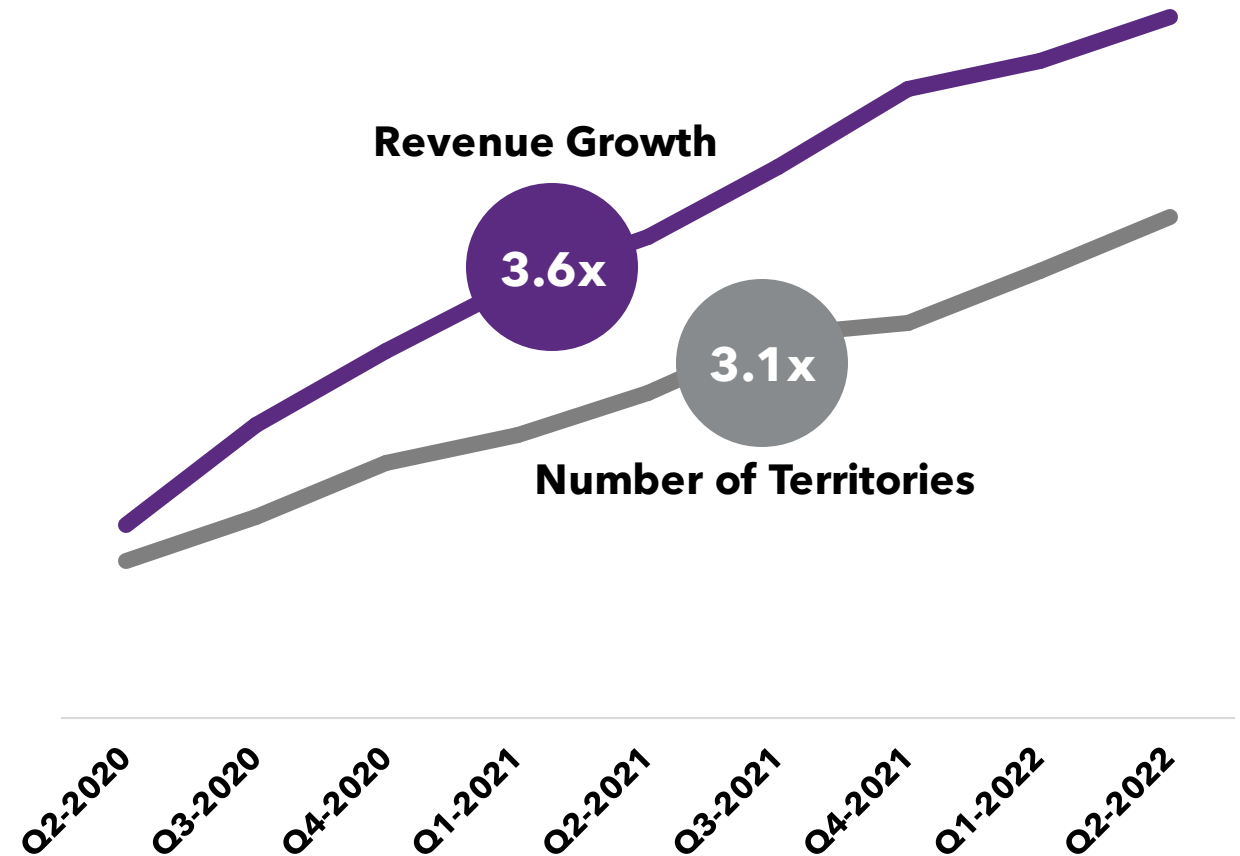
Sales
Territories (US) ~ 75 $\xrightarrow{>3.5x}$ >270

Active
Accounts (US) ~ 650 $\xrightarrow{>2x}$ $\sim 1,400$

Accounts per
Territory ~ 9 $\xrightarrow{0.6x}$ ~ 5

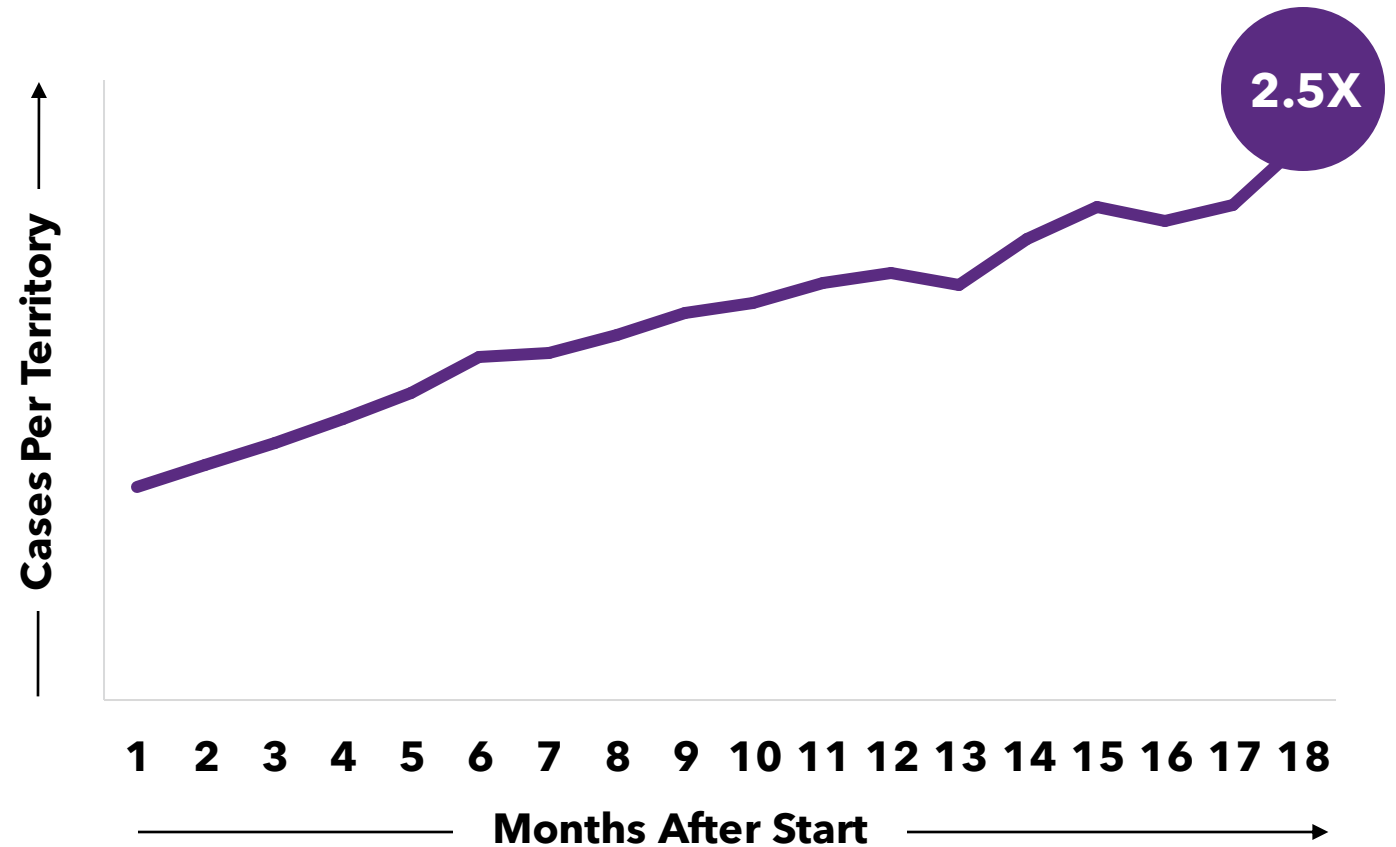
Focused on
growth **but**
remaining
efficient

**PRODUCTIVITY REMAINS HIGH DESPITE GROWTH AND
AGGRESSIVE TERRITORY SPLITS**



**Sales rep
productivity
ramps up
quickly after
start date**

AVERAGE SALES REP PRODUCTIVITY OVER FIRST 18 MONTHS



Continuing growth to fully tackle VTE and address new disease states

2022

>270

US Sales Territories



FUTURE STATE

Potential to be the
largest interventionally-
focused sales team

**Sales team efforts
amplified by
robust non-sales
commercial team**



**COMMERCIAL / MARKET
DEVELOPMENT TEAM**

+12

**National
Accounts**

+8

**Health Economics &
Market Access (HEMA)**

+7

**Inari Solutions
Groups (ISG)**

+7

**Medical Affairs
(including doctors)**

+8

**Medical
Education Group**

+34

**Upstream/Downstream
Marketing & Sales Ops.**

High-powered, high-touch **commercial system** designed to solve patient needs



Intentional fit-based hiring and promotion from within

Single-tier sales team w/ ~90% case presence

Mining information across all sources, informing every decision we make

Solution-based toolkits, not widgets

Deliberate territory splits & alignment of incentives

Our commercial system **enables us** to scale in new markets with **significant unmet needs**





Growth Driver 2

Driving Deeper Penetration

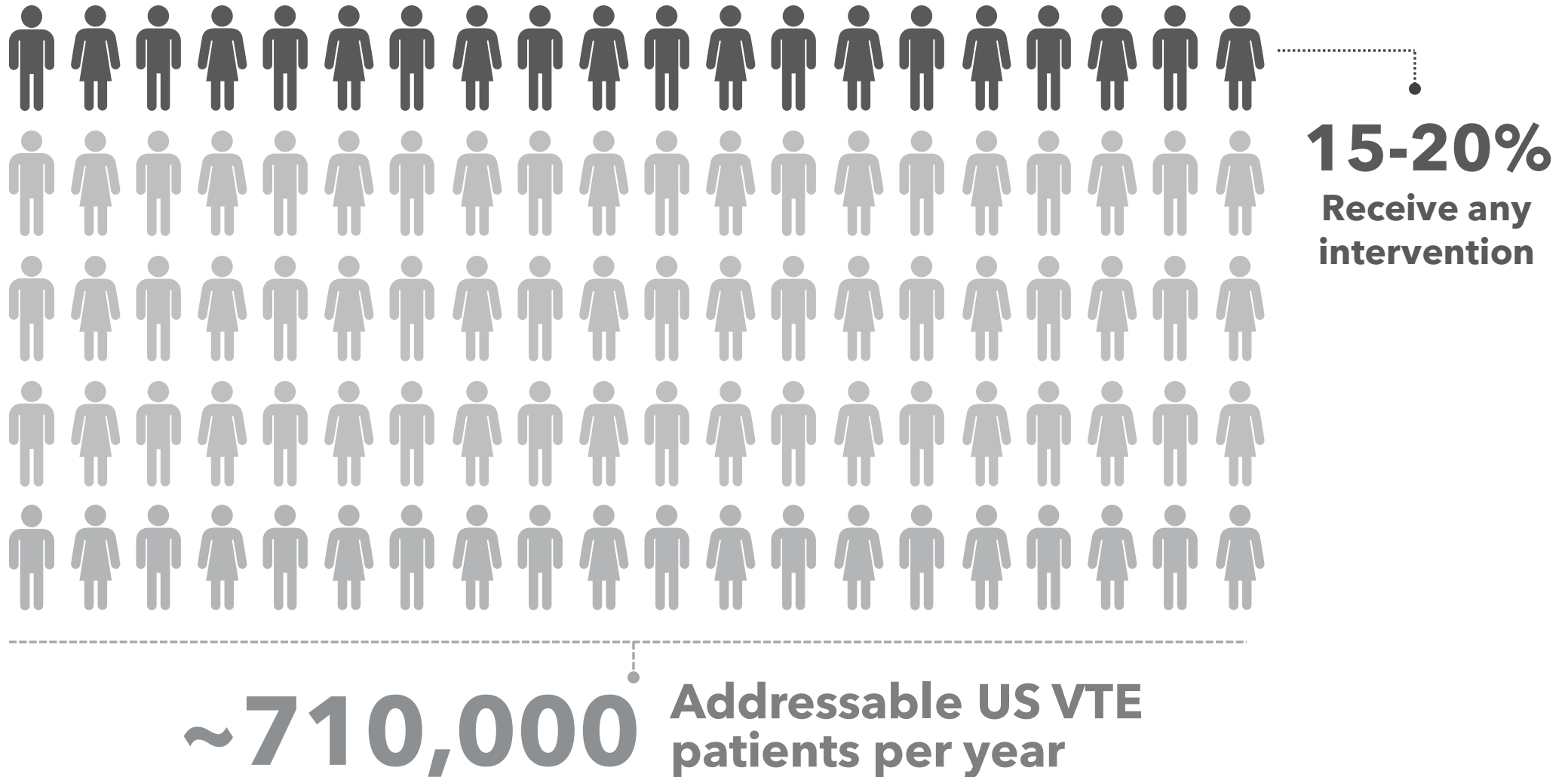
Eric Khairy, SVP Marketing

A significant responsibility



~710,000 Addressable US VTE patients per year

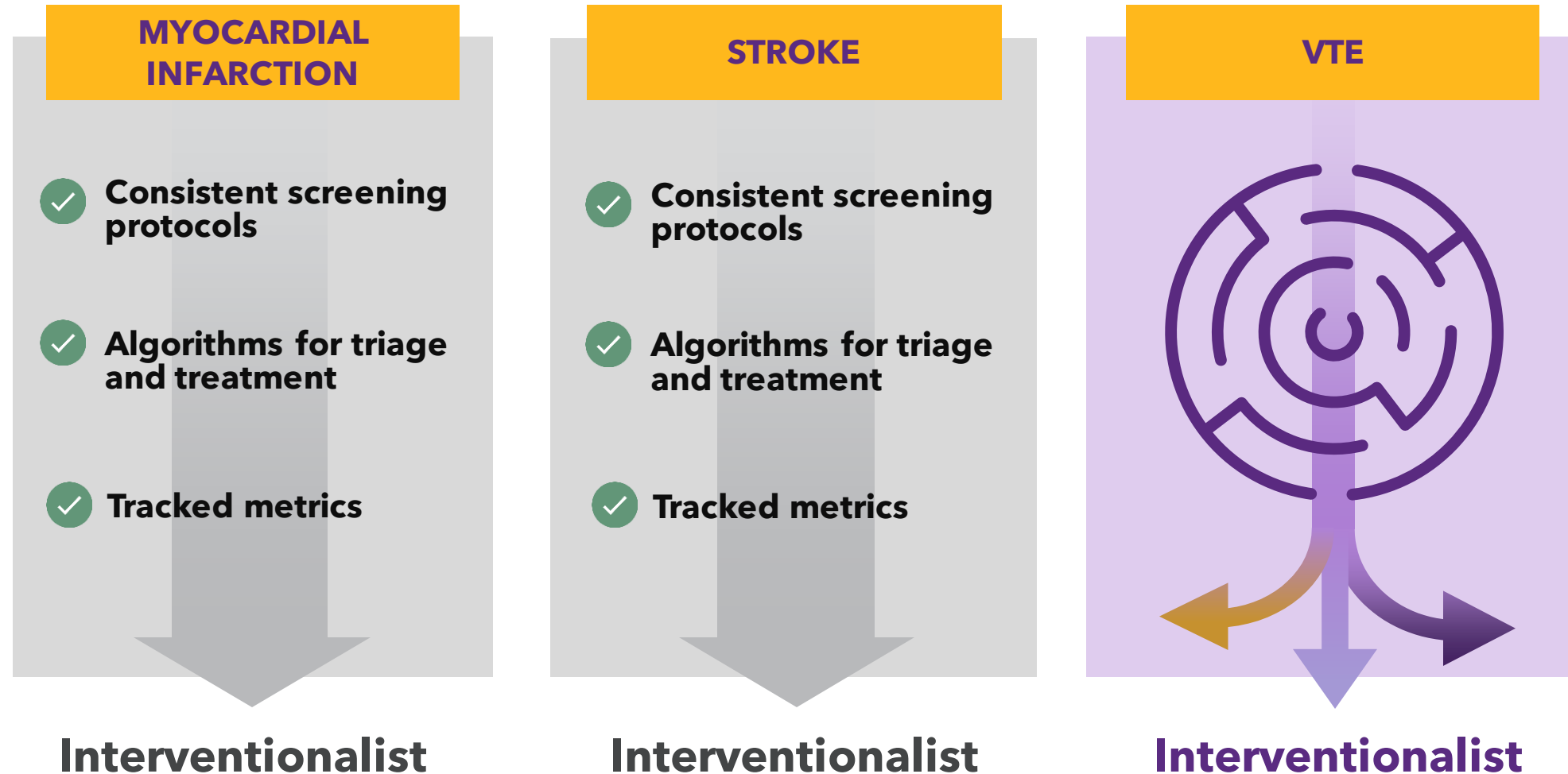
A significant responsibility



A significant responsibility



VTE lacks a systematic approach to **identify, screen, and triage** patients



VTE patients are inside the hospital, yet most never see a VTE expert

Annual US VTE Incidence

710K

US Hospital Beds

~740K

Annual US Incidence per Bed

~1



500 Bed
Mid-sized hospital

=

~500
addressable VTE patients/year

**We're helping
hospitals build
programs that
connect VTE
patients to VTE
experts**



Excellent clinical outcomes

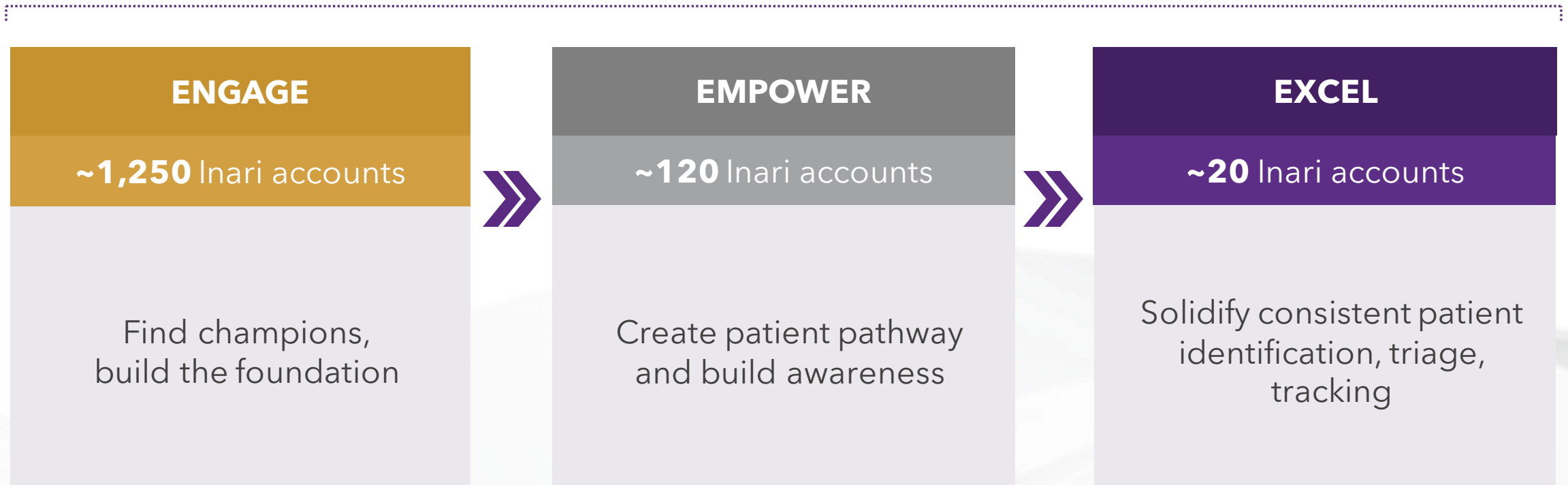


Positive hospital economics



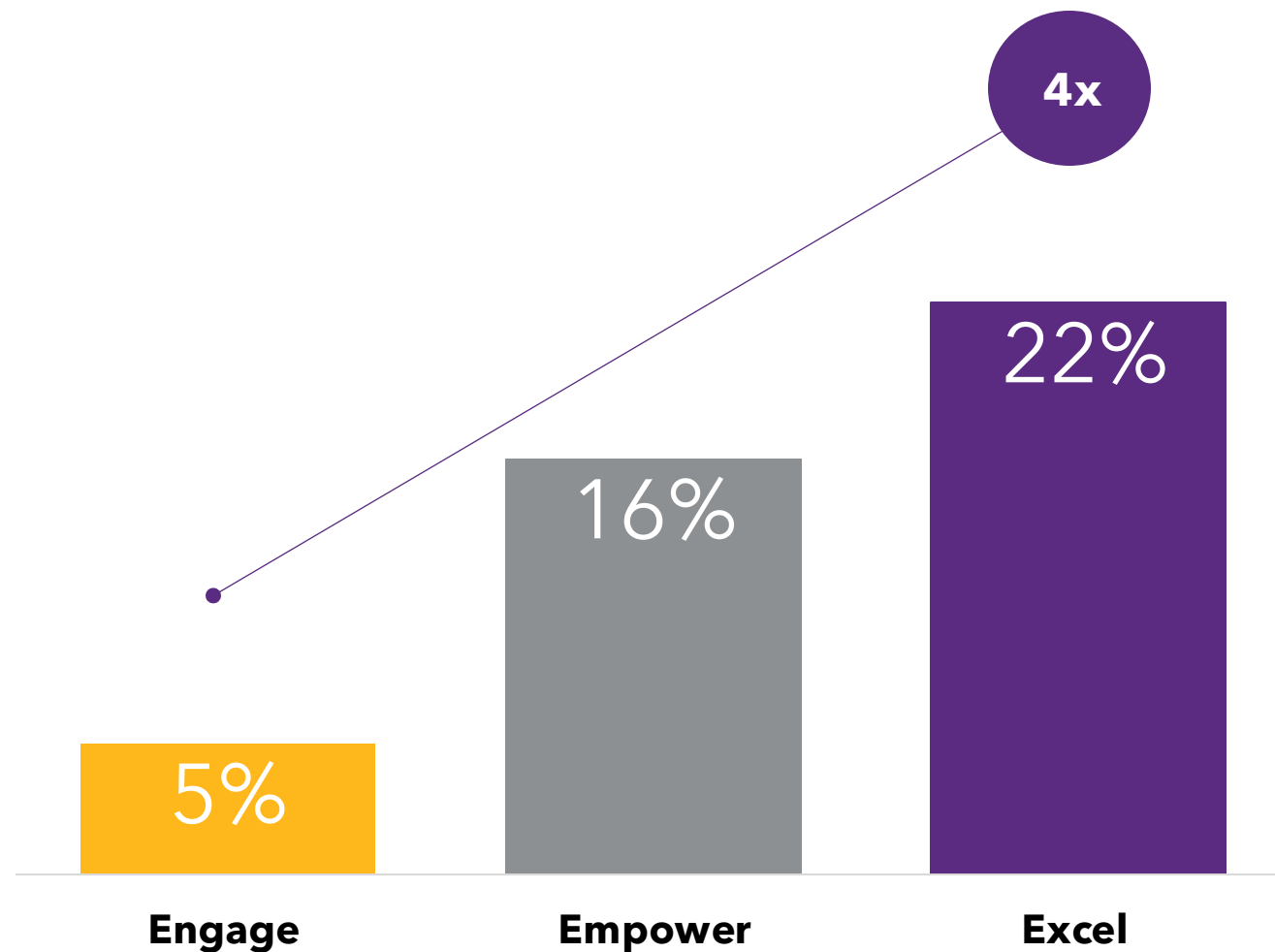
Systematic patient pathway
(i.e., a "VTE program")

VTE Excellence is a codified & scalable process to build VTE programs

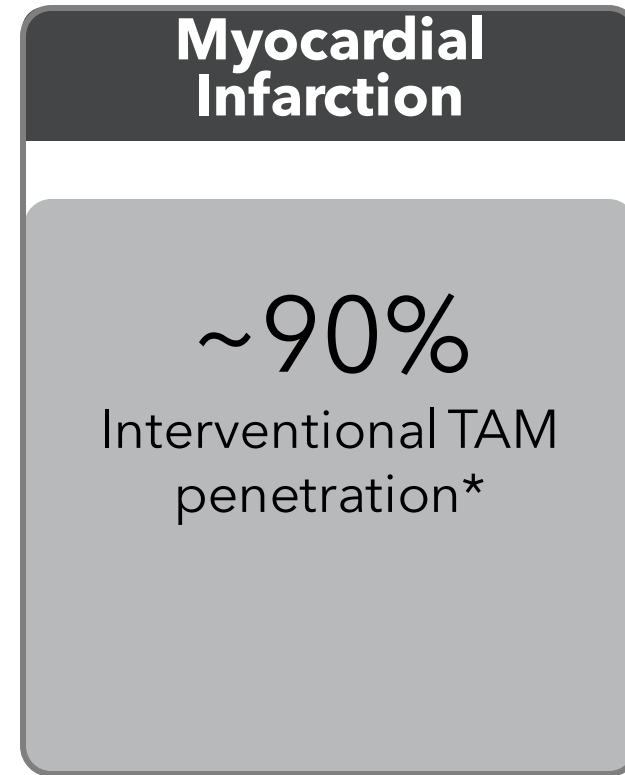
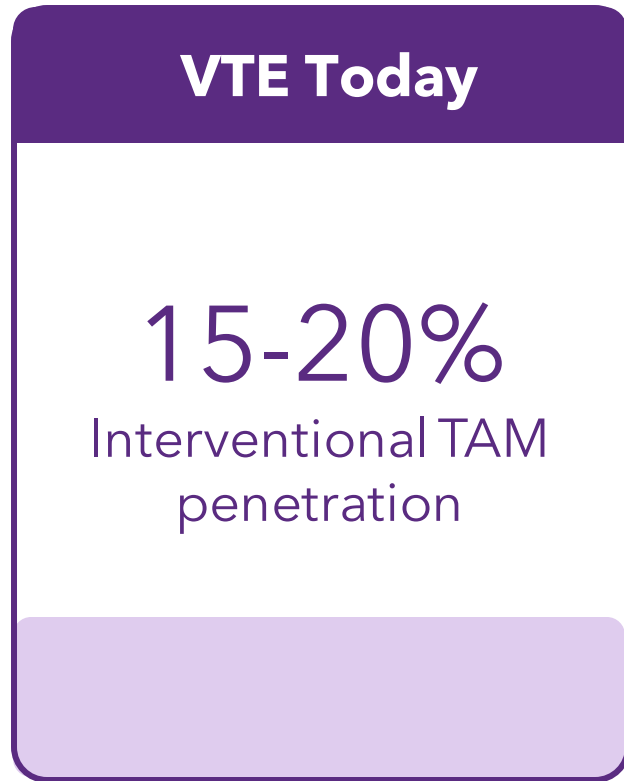


VTE Excellence activities are beginning to drive deeper account-level TAM penetration

APPROX. ACCOUNT-LEVEL TAM PENETRATION BY STAGE



What's the future? **Interventional TAM** **penetration** in context



Growth Driver 3

Building Clinical Evidence

Tara Dunn, SVP Clinical Affairs

Larry | Newport Beach, CA

Transforming patient care



**Do the right thing
for patients**



**Generate data
with urgency**



**Develop
the market**



**Set the
bar high**

Clinical by the numbers

2,000+

Patients studied
to date

250+

Peer reviewed
publications

20+

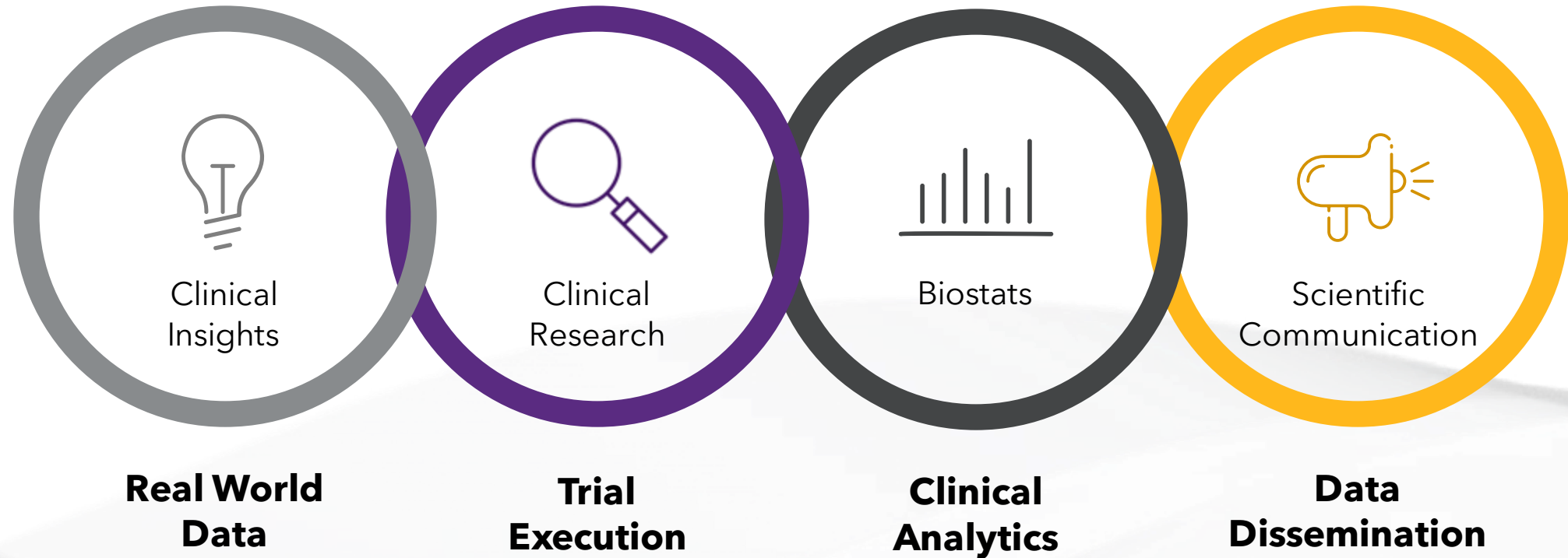
Active or completed
IIR engagements

6

Major prospective
Studies

INCLUDING 2 RCTS

Strong and versatile team driving the quality and pace of best-in-class evidence generation



A tsunami of clinical data



PE Trials: FlowTrieve System



FlowTrieve
FDA cleared

FLARE

IDE enrollment
begins

FLASH

Real-world all-
comers PE registry
enrollment begins



FLASH interim
late-breaking
clinical trial



RCT enrollment
begins



FLASH 800
late-breaking
clinical trial



First high-risk
PE multicenter
series



High-risk PE
study
enrollment
begins



Interim
Publication
from
FLASH

FLASH

EU enrollment
begins

2015

2016

2017

2018

2019

2020

2021

2022

DVT Trials: ClotTrieve System

ClotTrieve
FDA cleared



Real-world DVT
registry enrollment
begins



CLOUT interim
late-breaking
clinical trial



CLOUT interim
late-breaking
clinical trial

1st mechanical
thrombectomy
device
indicated for
DVT



2 CLOUT
manuscripts

2 CLOUT
late-breaking
clinical trials



RCT
enrollment
begins



Setting a **high bar** for VTE evidence



PE STUDIES

DVT STUDIES



**Largest Prospective PE
Device Study**

~1,000 Patients | 83 Sites



**Largest Prospective
High-risk PE Device Study**

100+ Patients | 11 Sites



**First Inari RCT
(FlowTrier v. CDT in PE)**

550+ Patients | 60 Sites



**Largest Prospective DVT
Thrombectomy Study**

500 Patients | 47 Sites



**First Industry Sponsored
DVT RCT
(ClotTrier v. AC)**

300 Patients | 60 Sites

Status

800th & final US
patient enrolled.
EU enrollment underway

**Enrollment near
complete**

Enrollment commenced in
both RCT and registry arms

500th & final
patient enrolled

Enrollment expected
early 2023

~2,500 patients across 5 studies

FLASH is the largest prospective registry in PE with exceptional results



EXCELLENT SAFETY

0%
Device related MAEs

MORTALITY

- FlowTrier® System
- PERT Consortium

1.3%

All-Cause Mortality
(30d)

10.2%

IMMEDIATE PATIENT RELIEF

Mean Pulmonary
Artery Pressure



Pre-FT

-7.4
mmHg



Post-FT

LASTING PATIENT BENEFITS

1.5%
Post-PE Syndrome

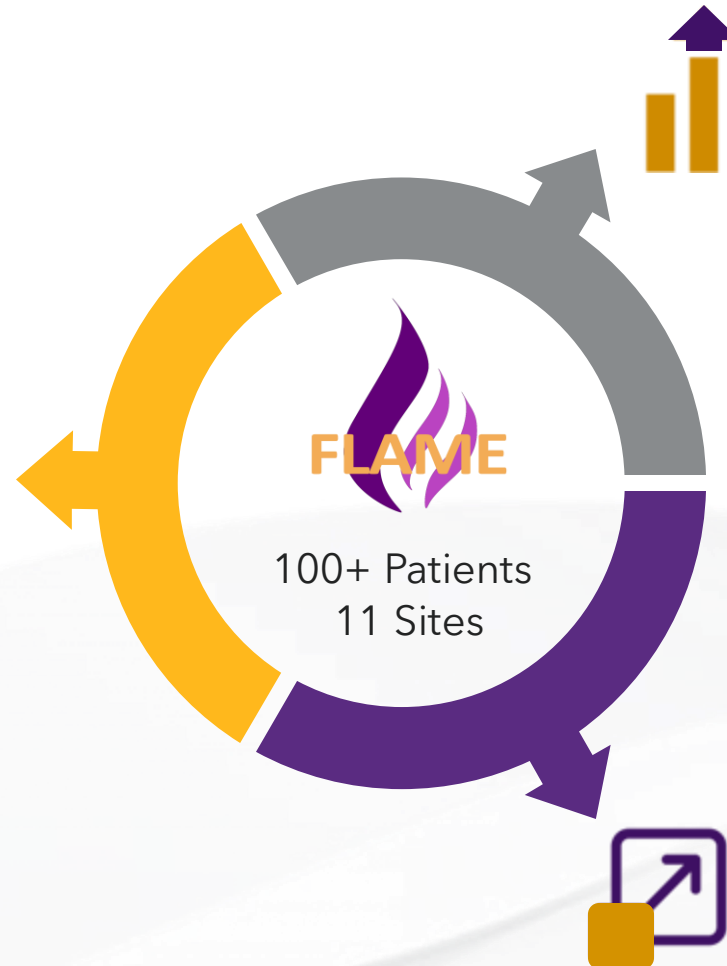
FLAME: High-risk PE guidelines are from an 8 patient study. FLAME is 100+ patients

Changing Guidelines

Designed per AHA recommendations

Doing What's Right

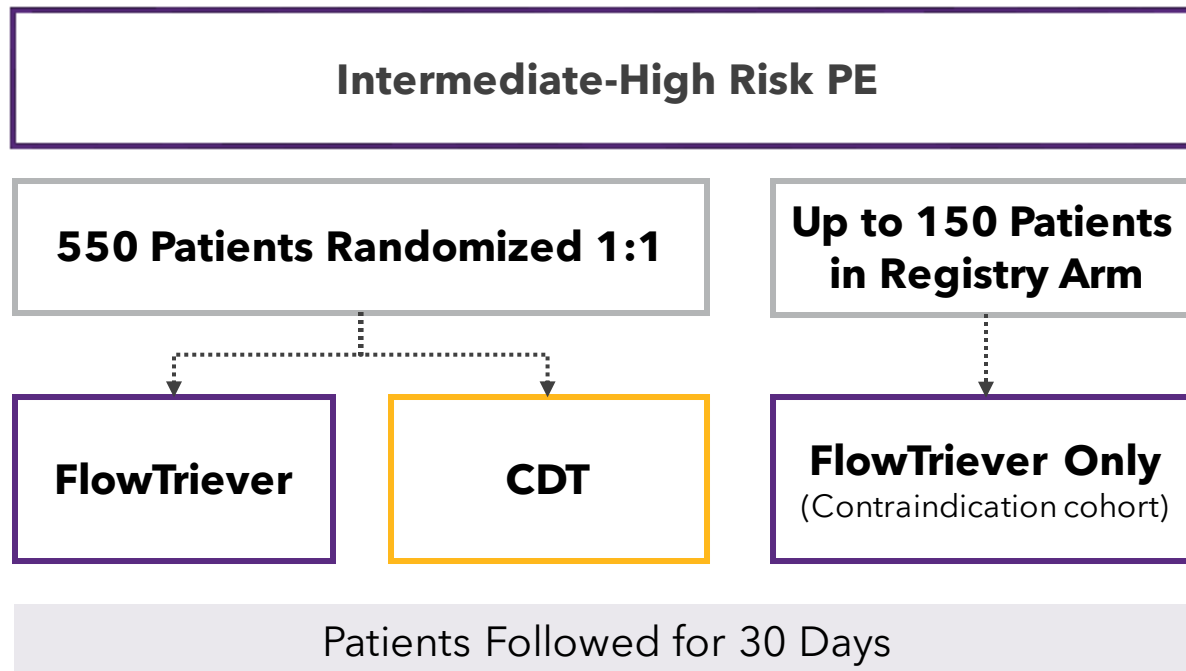
Up to 50% of high-risk patients die within 30 days



Developing the Market

Why not treat intermediate-risk?

PEERLESS: Superiority RCT of FlowTrievers vs CDT in PE



HIGHLIGHTS



Currently **>60%** of patients intervened on receive Catheter Directed Thrombolysis (CDT)



Primary endpoint via win ratio:

- All-Cause Mortality
- Intracranial Hemorrhage
- ISTH Major Bleeding
- Clinical Deterioration/Bailout
- ICU Admission & ICU LOS



Head-to-head definitive treatment trial (US & EU)



Enrollment ahead of schedule

CLOUT demonstrates we can do better for DVT patients

500

Patients Enrolled

47

Sites

2 out of 3

With **Subacute** and/or **Chronic Clot**



EXCELLENT SAFETY

0%

Vessel/Valve
Damage

ON-TABLE EFFECTIVENESS

86%

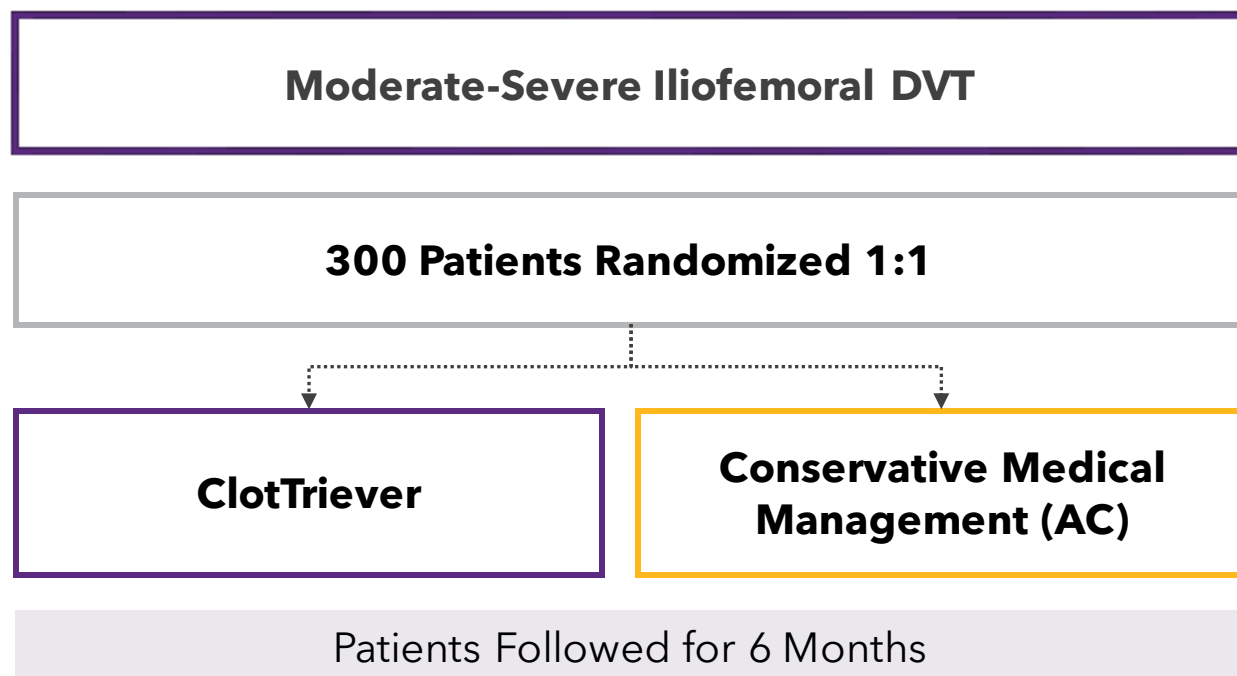
Effectiveness in Core Lab
Adjudicated Clot Removal

LASTING PATIENT BENEFITS

91%

Freedom from Moderate to
Severe PTS at 6 months

DEFIANCE: Superiority RCT of ClotTriever vs Anticoagulation in DVT



HIGHLIGHTS



First global industry-sponsored RCT for DVT



Primary endpoint via win ratio:

- Treatment failure or escalation of therapy
- Post-Thrombotic Syndrome severity at 6 months

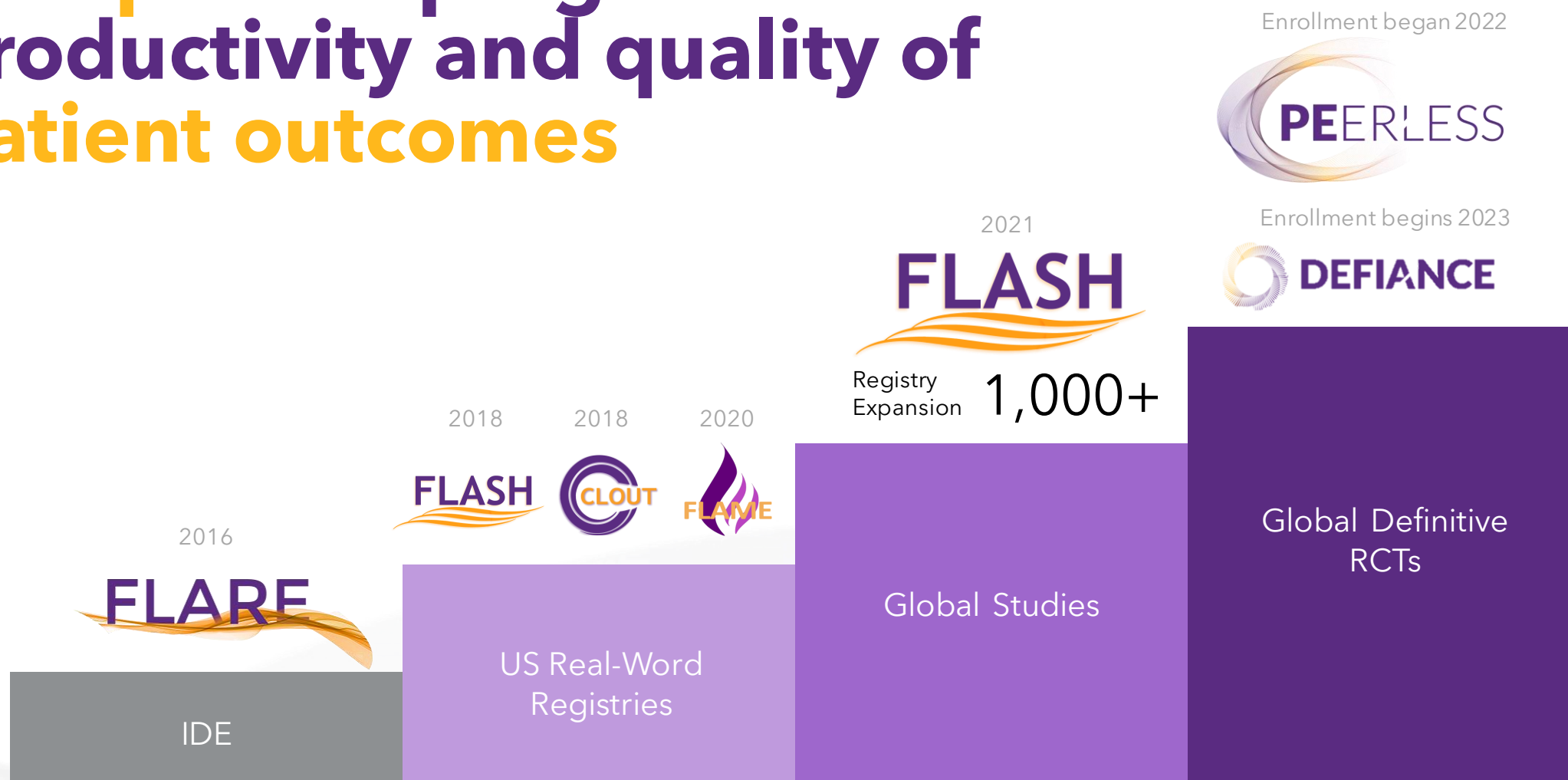


Designed to transform standard of care



Enrollment expected to begin early 2023

Exceptional program productivity and quality of patient outcomes





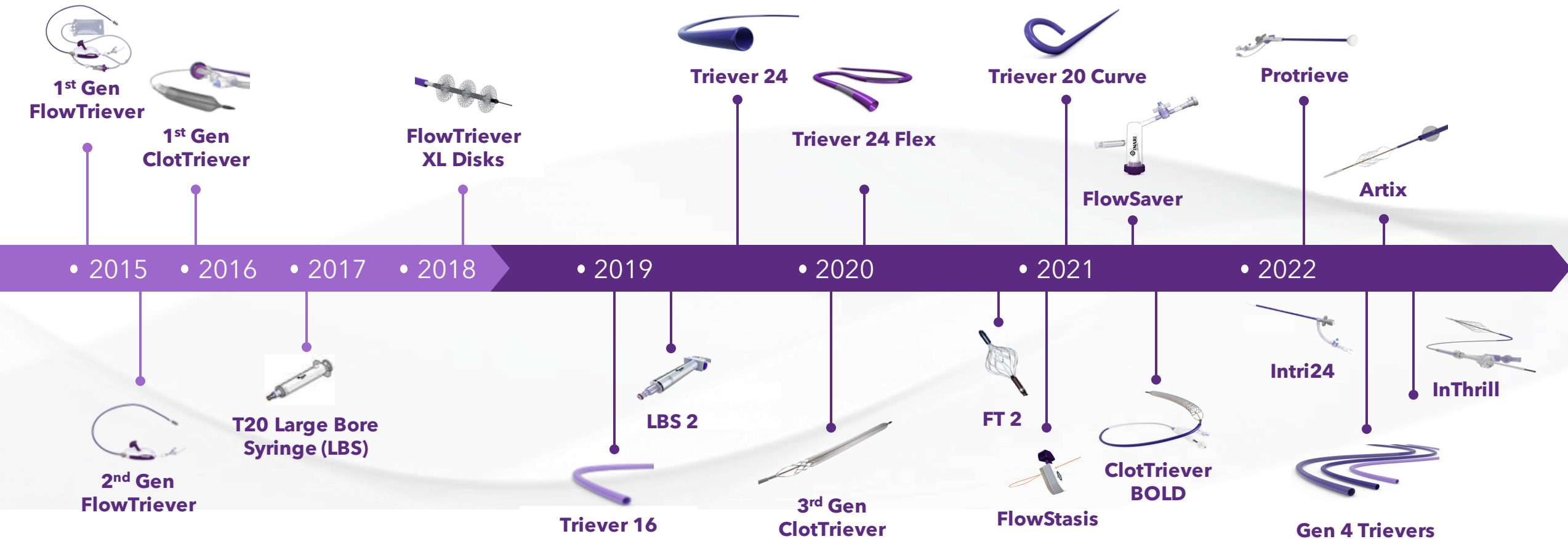
Growth Driver 4

Innovating New Products

Dr. Tom Tu, CMO

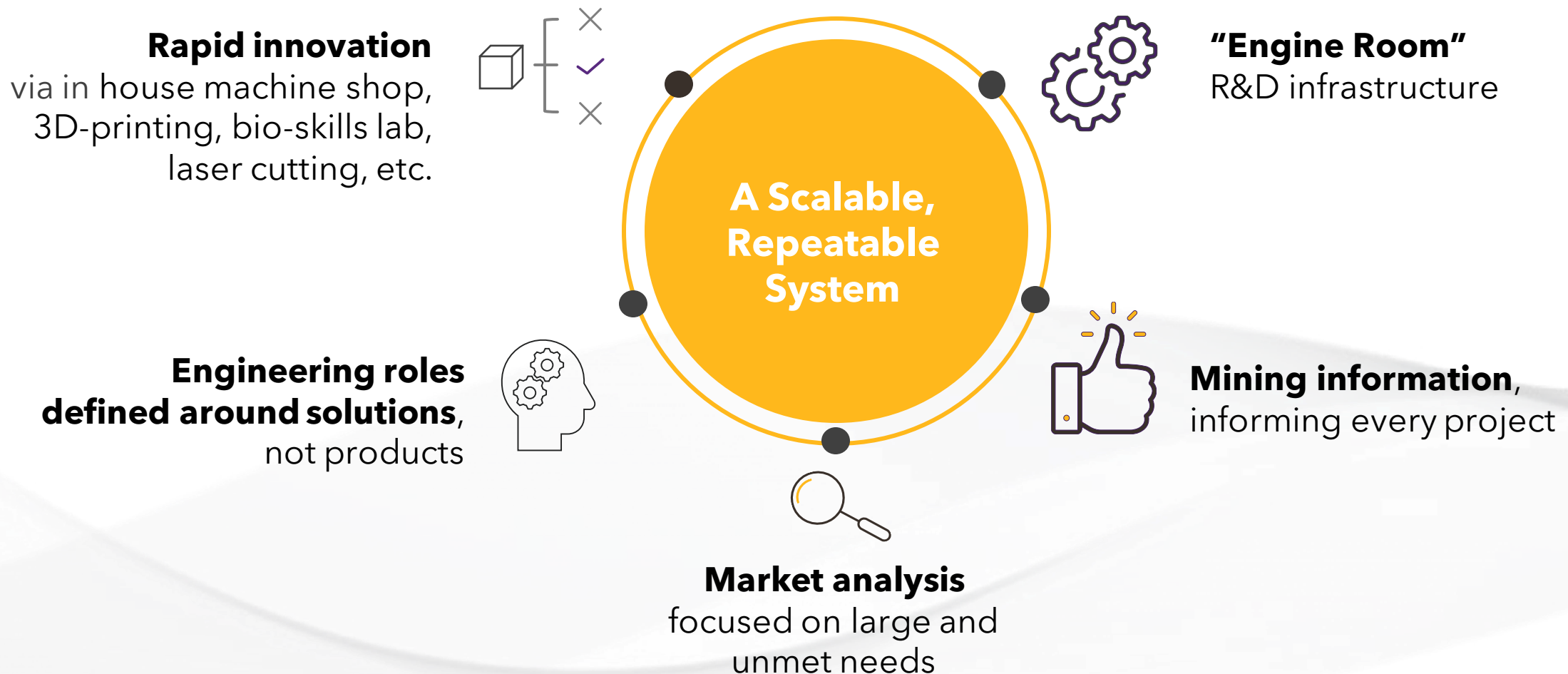
Years of knowledge and commitment.

Our mission to address unmet needs

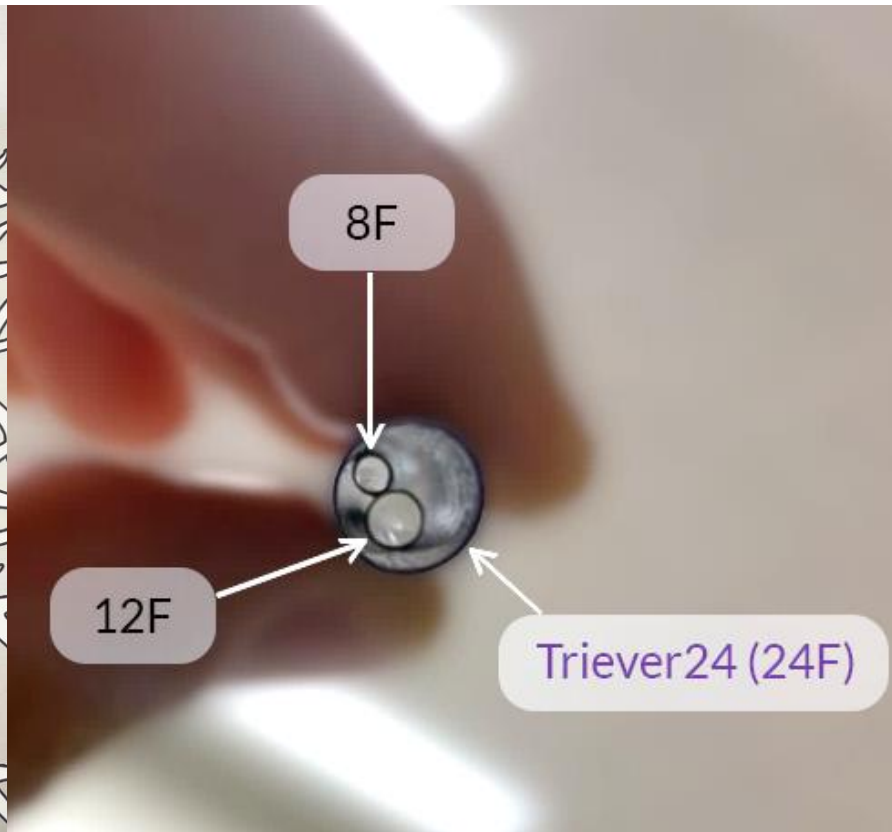


~70,000 patients treated | 38 world-wide patents

Our **Innovation Engine** continues to implement **purpose-built solutions** for unmet patient needs



Large bore catheters produce large clot hauls



A comprehensive PE procedure solution **years in the making**

**Safely, Quickly Track
Through the Heart**

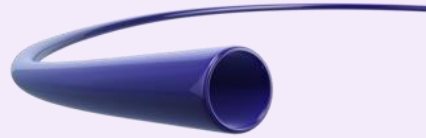


**Fourth Generation
Trievers** Catheters



Intri24®
Sheath

**Large Clot Hauls
Without Lytics**



Large Bore
Aspiration

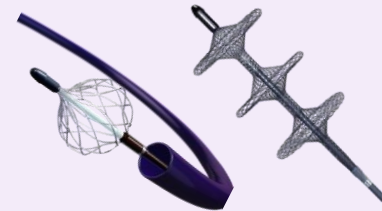


Large Bore Syringe and
Whoosh Mechanism

**Address Challenging
Clot or Anatomy**



Trievers20 Curve®
Catheter

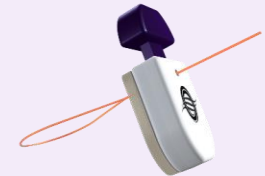


FlowTrievers
Catheters*

Minimal Blood Loss



FlowSaver® Blood
Return System

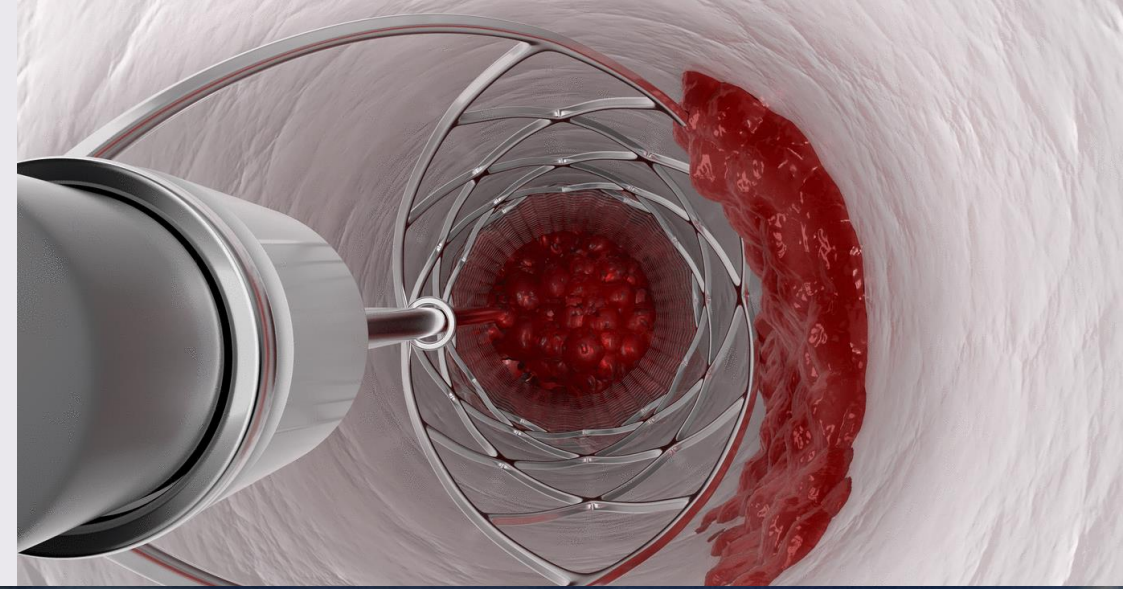


FlowStasis® Suture
Retention Device

A purpose-built DVT treatment for the full range of clot chronicity

Coring Element

Collection Basket



A comprehensive DVT procedure solution **years in the making**

Access



ClotTrievers 13 Gen 3
Sheath

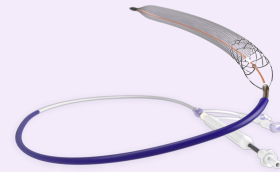


ClotTrievers 16 Gen 3
Sheaths

Acute to Chronic Clot Removal



ClotTrievers Gen 3
Catheter



ClotTrievers BOLD
Catheter

Complex Procedures

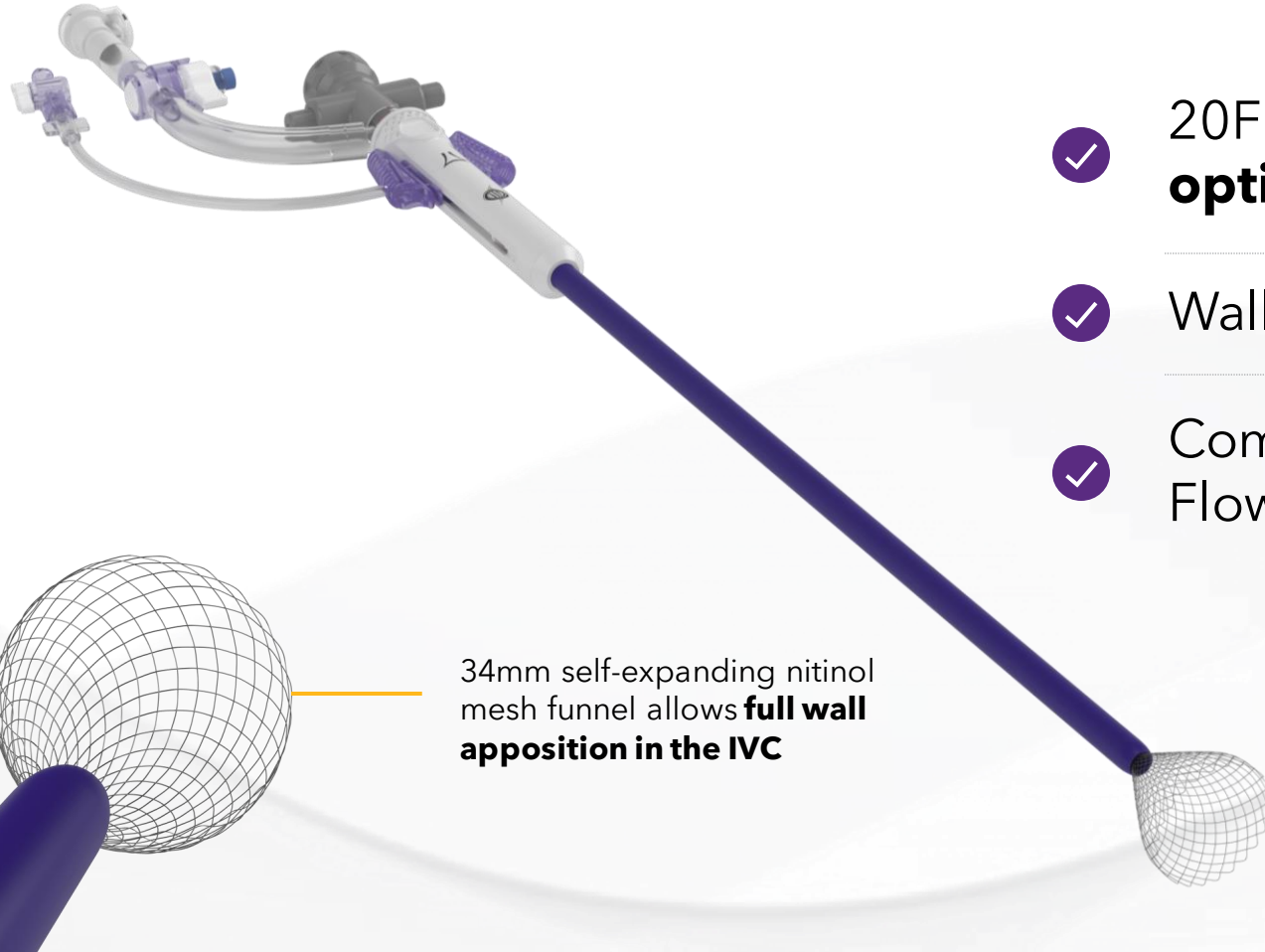


ProTrievers™
Sheath



FlowTrievers
Disk Catheters

Protrieve™ provides confidence during complex DVT and IVC procedures



34mm self-expanding nitinol mesh funnel allows **full wall apposition in the IVC**

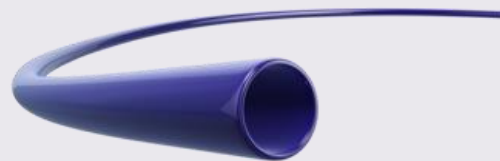
- ✓ 20F sheath designed for right IJ access and **optimal positioning within the IVC**
- ✓ Wall apposing funnel designed to **trap emboli**
- ✓ Compatible with ClotTrievers and FlowTrievers platforms

Expanding beyond VTE to develop purpose-built solutions for new diseases

VTE LEADERSHIP

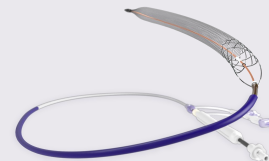


ClotTrievers
System

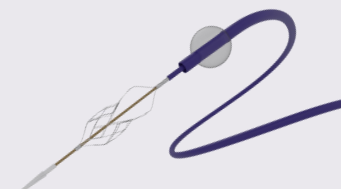


FlowTrievers
System

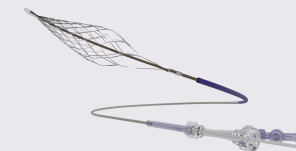
BROADER PERIPHERAL SOLUTIONS



**Chronic Venous
Disease**
Toolkit



Artix™
System



InThrill™
System

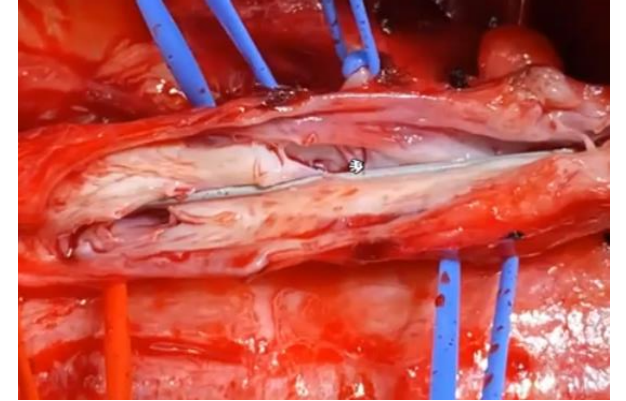
Chronic Venous Disease (CVD)

Chronic clot

**Post-Thrombotic
occlusions**

**PTS and venous leg
ulcers (VLU)**

CVD often progresses from DVT and includes scarred vein walls & wall-adherent **obstructions**



If obstructions are left unaddressed, patients can develop **painful, debilitating ulcers**



Conservative treatments for Chronic Venous Disease **are inadequate** and only address symptoms



**Compression
Therapy**

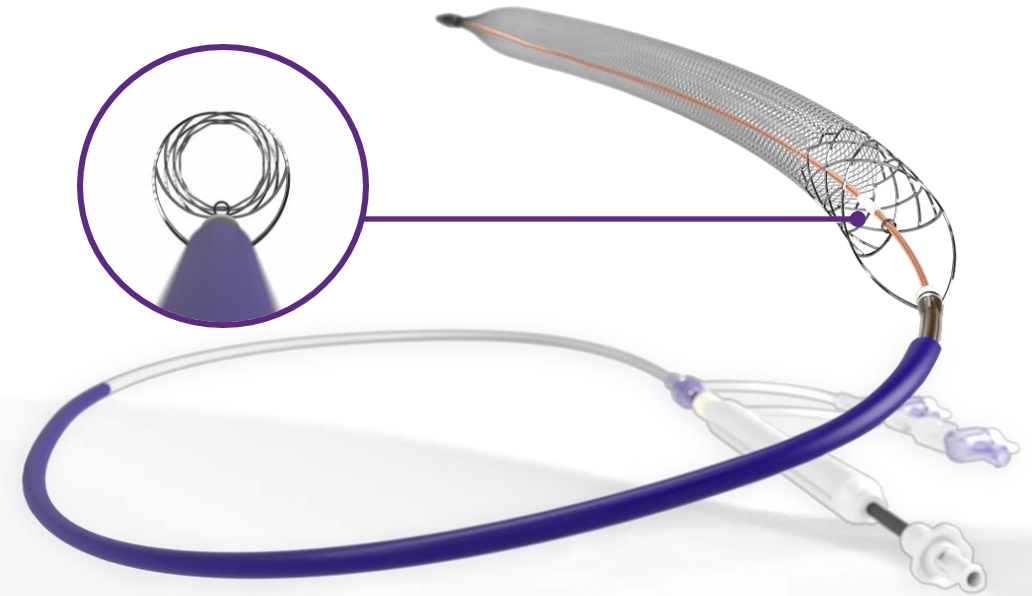


Anticoagulation



ClotTriever BOLD was designed to extract the full range of clot chronicity

- ✓ 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 DVT



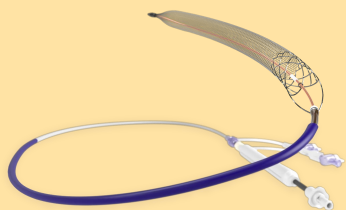
We're building a solution-based toolkit to address Chronic Venous Disease



Remove Acute to Chronic Venous Thrombus

ClotTrievers BOLD Catheter

Launched 2022



Cross Chronic Venous Occlusions

Crossing Tool

In development

Treat Chronic Venous Occlusions

Recanalization Device(s)

In development

Treat Venous In-stent Chronic Re-thrombosis

Stent Cleaner Device

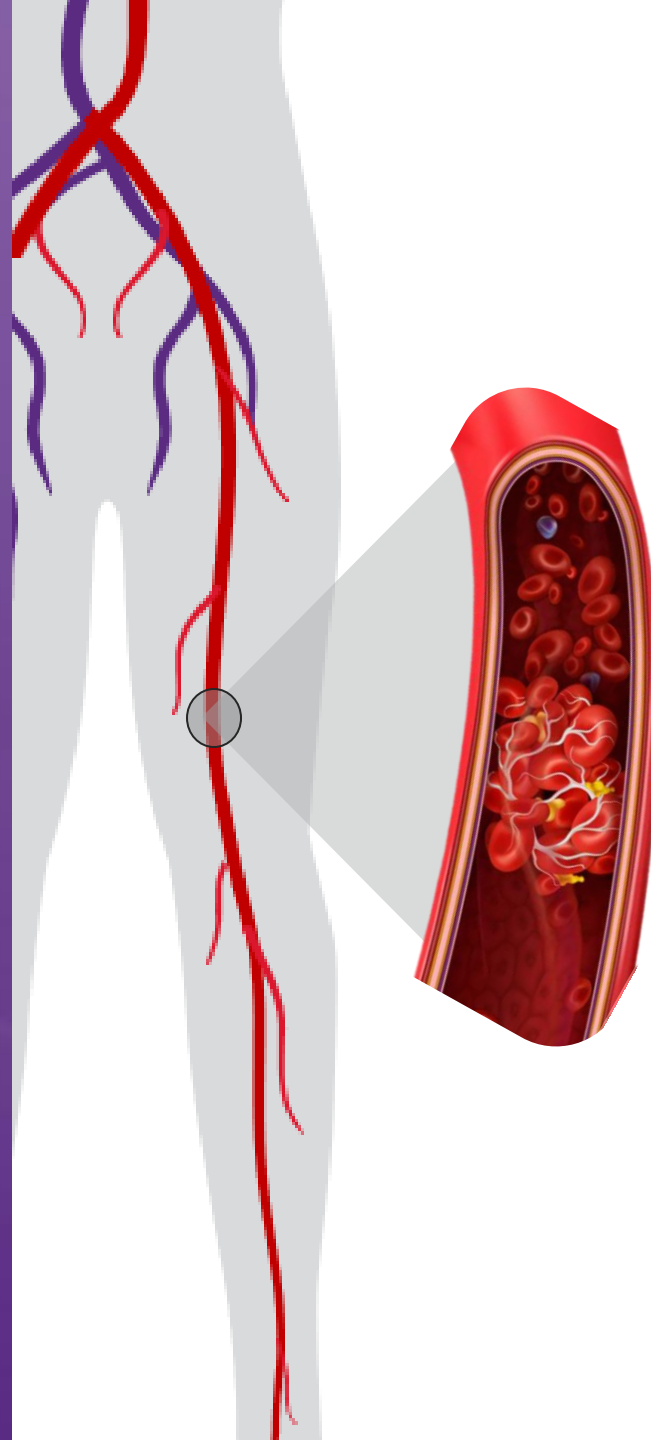
In development

Arterial Thromboembolism

Acute limb ischemia (ALI)

Acute visceral ischemia

Chronic limb ischemia
(CLI)



Acute embolization event - **extensive damage** can happen if not treated quickly

Current treatments for arterial thrombo-embolism have **significant drawbacks**

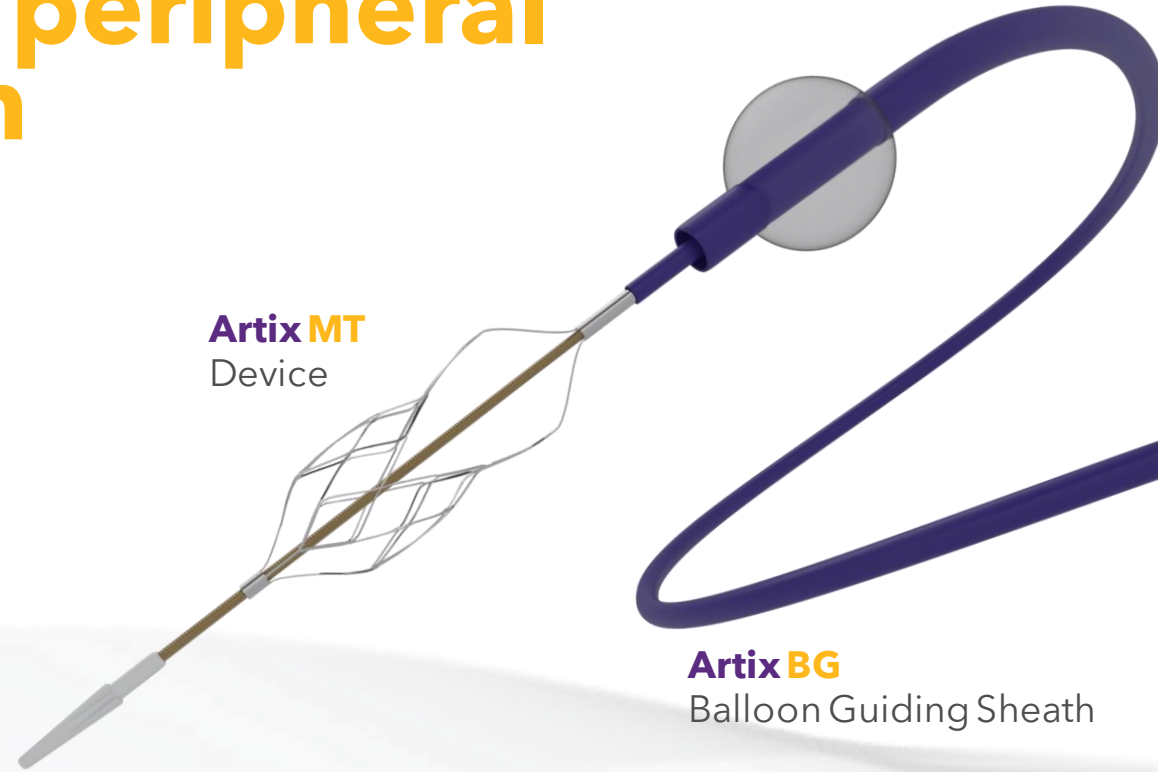
- ✗ Often requires open surgical procedures
- ✗ Distal embolization and vessel trauma
- ✗ High rates of lytic use
- ✗ Significant blood loss
- ✓ **Need for a better, purpose-built solution**

The Artix System: purpose-built toolkit for peripheral artery thromboembolism



- ✓ Combines both aspiration and mechanical thrombectomy
- ✓ Sheath has 4X flow rate vs. existing arterial catheters
- ✓ Proximal flow arrest to prevent distal embolization

Artix MT
Device



Artix BG
Balloon Guiding Sheath

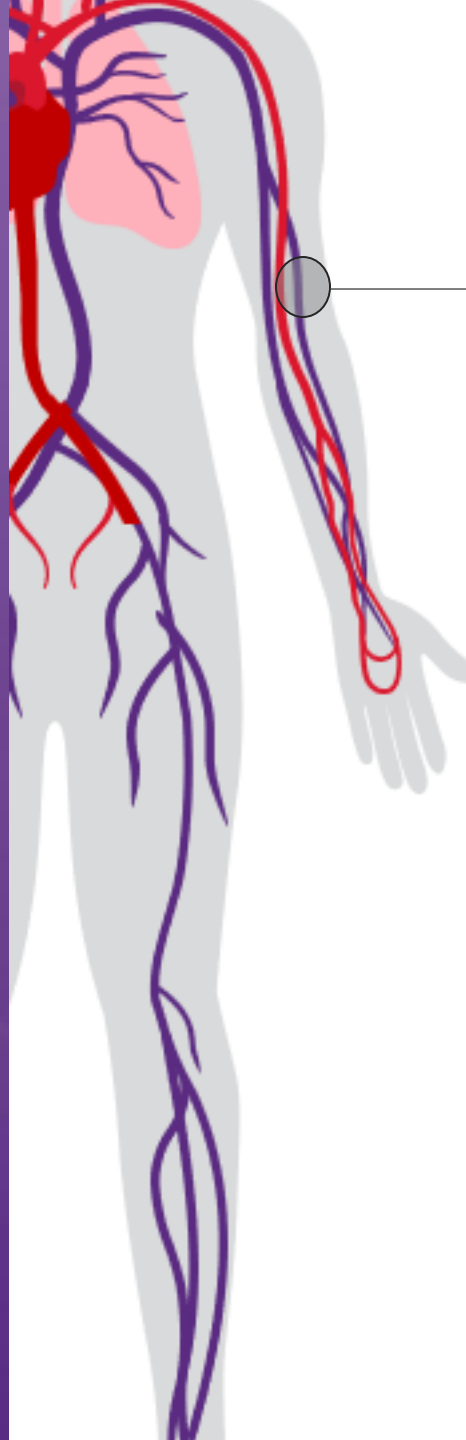


Small Vessel Thrombosis

Upper Extremity

Below-the-knee

AV thrombosis



AV access thrombosis can result in complications and **loss of access to life-saving dialysis**

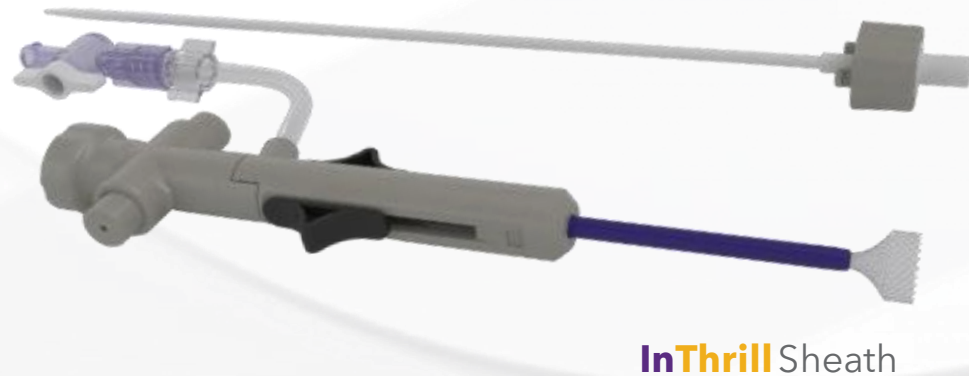


Limitations in current treatments for small vessel thrombosis

- ✗ AV “declotting” sends clot to the lungs, exacerbating pulmonary hypertension
- ✗ High recurrence rates
- ✗ Ineffective for chronic clot
- ✗ Ineffective for large clot burdens
- ✓ **Need for a better, purpose-built solution**

The InThrill System: a solution for **smaller vessels**

- ✓ Effectively **extracts clots**
- ✓ Addresses **acute to chronic thrombus**
- ✓ **Tailor made** for 4-10mm vessels



Note: the InThrill device is indicated for use in the peripheral vasculature

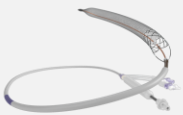
We're just getting started!



~5K

Cumulative
Patients
Treated

ClotTrievers Gen 1-3



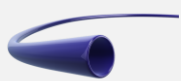
FlowTrievers Gen 1-3



FlowTrievers Disks



Triever16, 20 & 24



<2020

~70K

Cumulative
Patients
Treated

Protrieve



T20 Curve



Intri24



FlowStasis



FlowSaver



InThrill



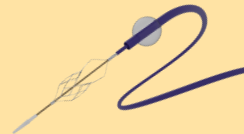
FlowTrievers 2



CT Bold



Artix



2020 - 2022

25+

Projects Across
Current and
New TAMs

Future Purpose-Built
Devices Coming

2022 - 2024+

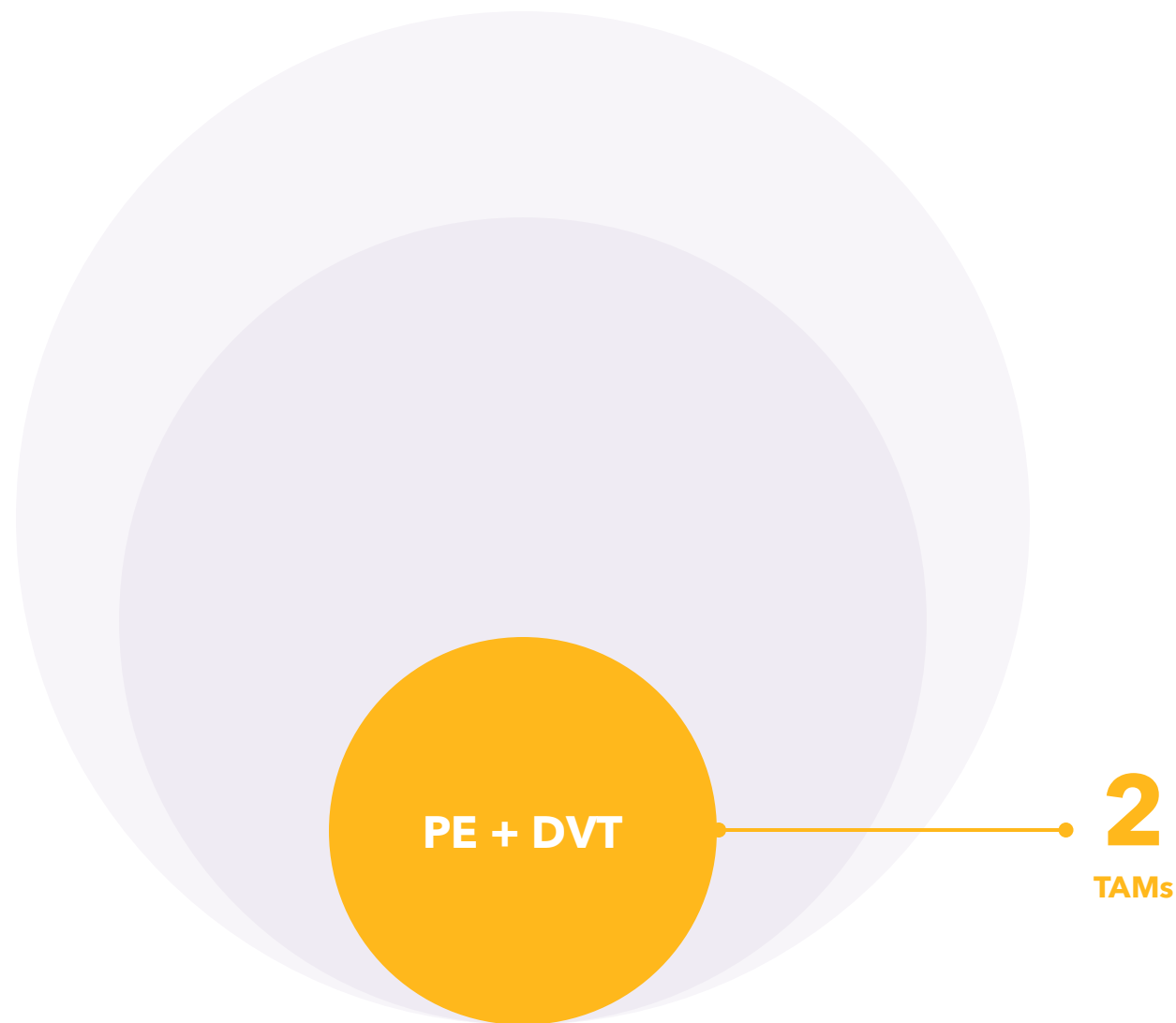


Growth Driver 5

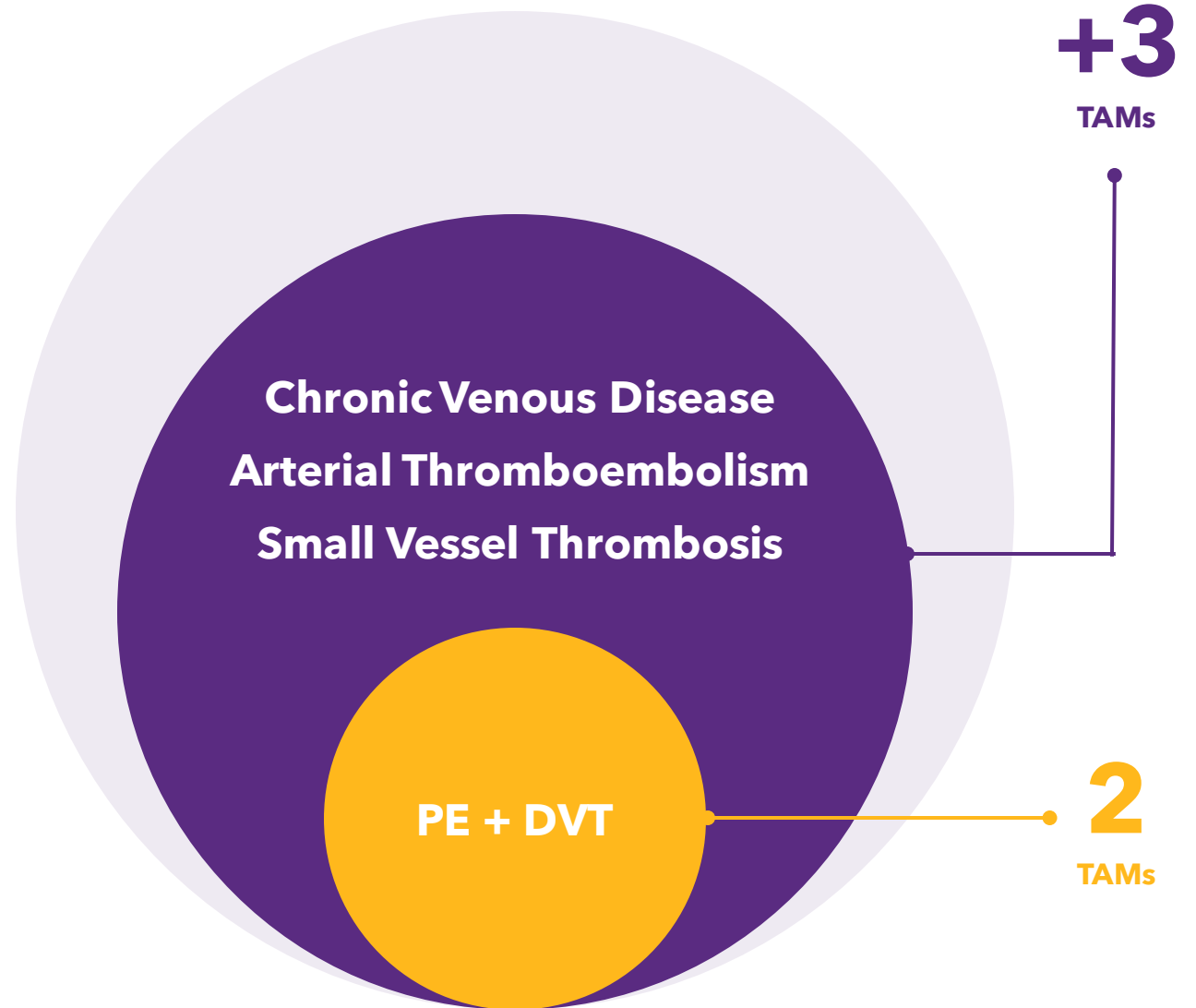
Expanding into New Markets

Drew Hykes, COO

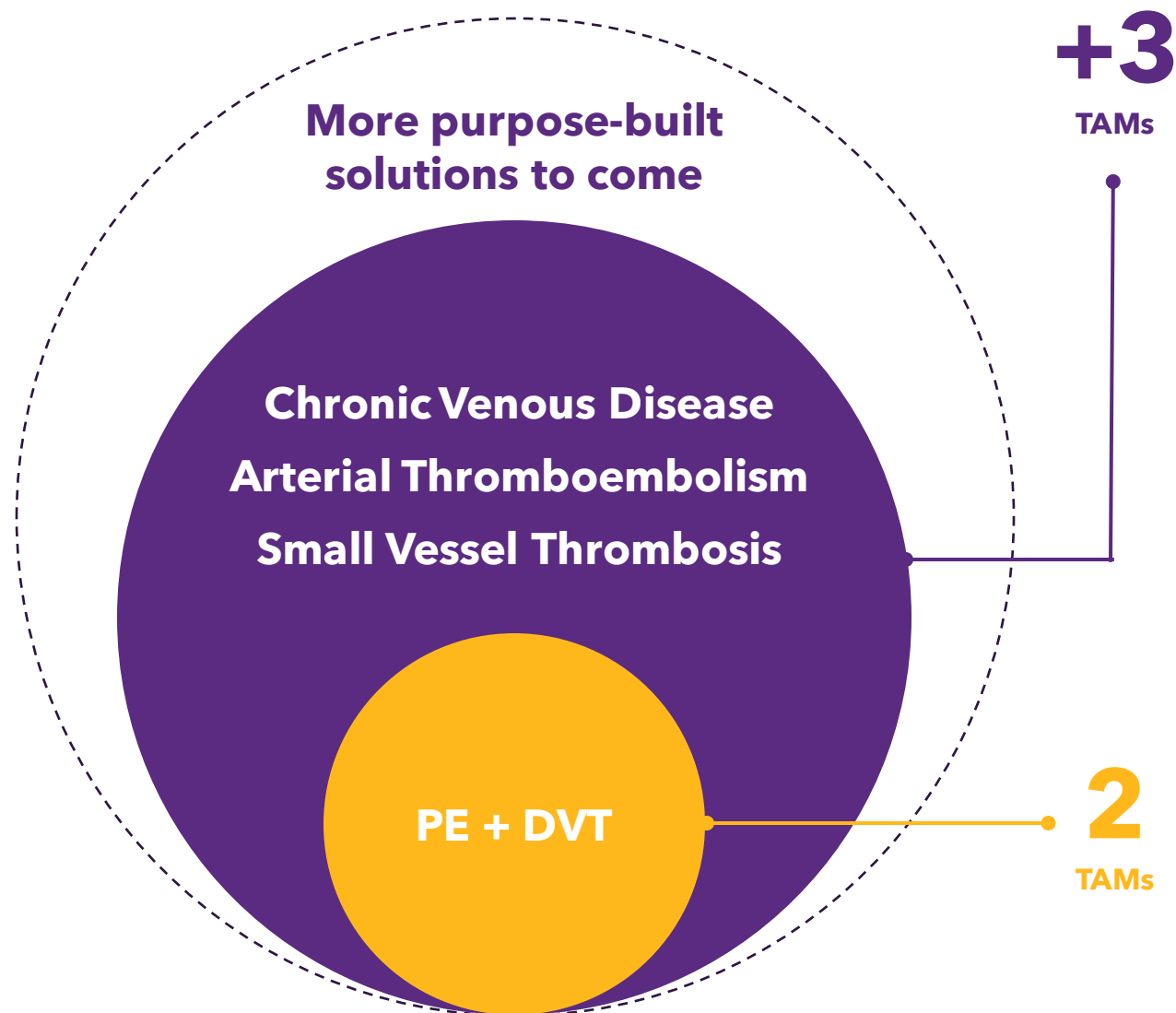
Historically,
we have treated
patients in
**two TAMs with
two toolkits**



Currently
expanding
into three
new TAMs,
continuing to
address large
unmet needs



**We have no
small plans.**
More purpose-
built solutions
to come in
incremental
TAMs



Protrieve is a purpose-built solution for **complex IVC** cases



LMR launched in **August**

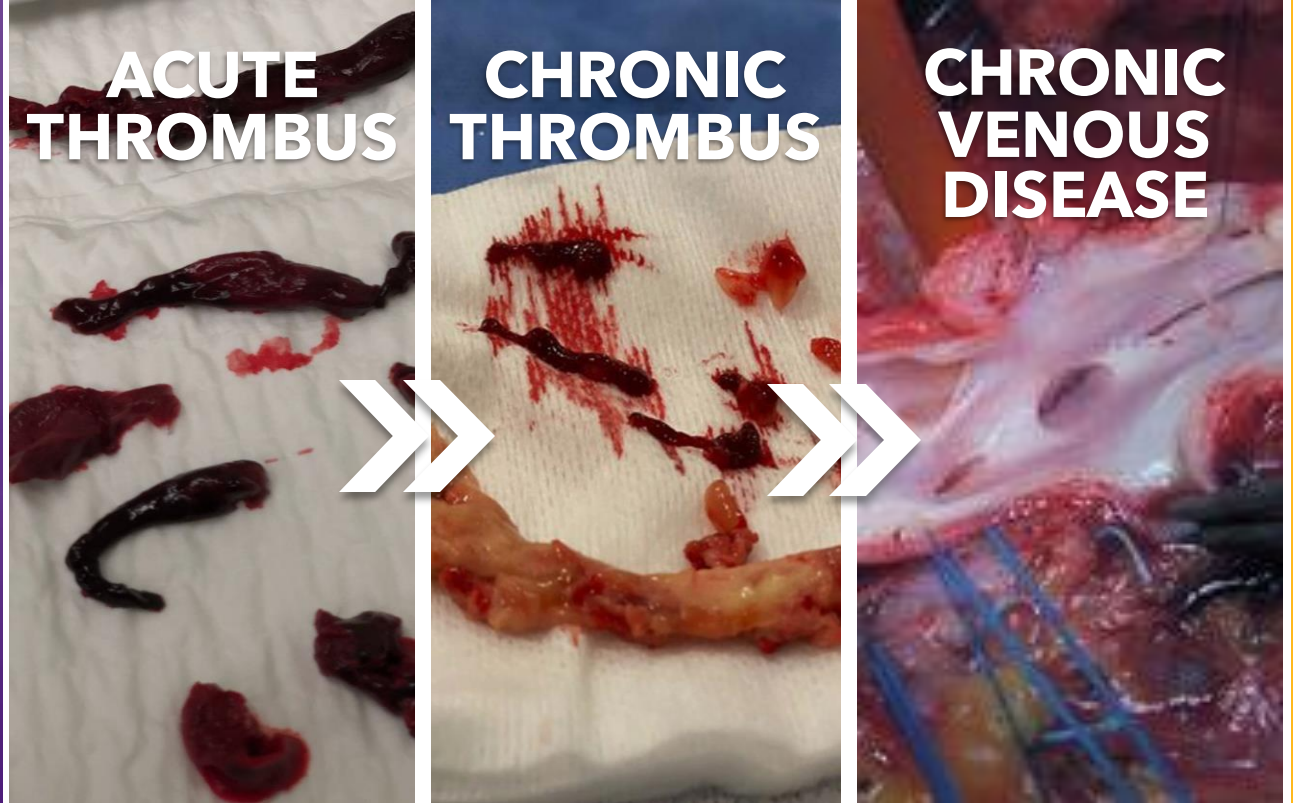
Enables **complex IVC** cases

New tool for interventionalists treating
DVT and PE

\$4K ASP affords incremental revenue



Chronic Venous Disease prevalence opportunity larger than core TAM



INCIDENCE

~100K

Patients

~\$1B

TAM Opportunity

PREVALENCE

~1M

Patients

~\$10B

TAM Opportunity

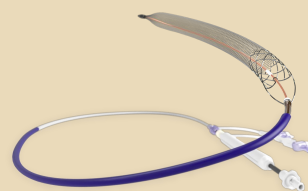
Chronic Venous Disease: addressing the underlying cause via purpose-built devices

~**3,000 CT-Bold** cases completed

Evaluating **go-to-market options**

Common interventional **call point**

Premium ASP of ~**\$10K**



ClotTriever BOLD
Launched Mar 2022*

Recanalization Device(s)

In development

Crossing Device

In development

Stent Cleaner Device

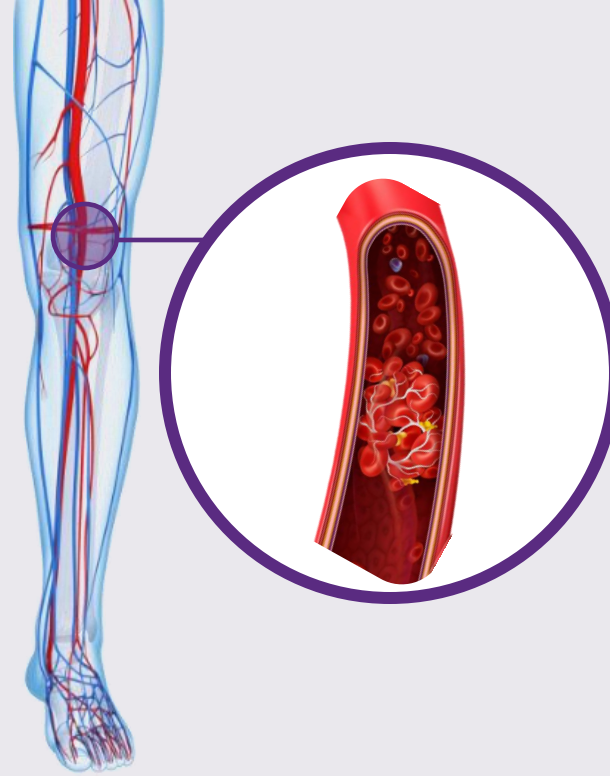
In development

"Bold is amazing for treating more-chronic patients... but I CANNOT WAIT for what is coming with the rest of this dedicated toolkit!"

- Dr. Nicolas Mouawad

*To treat acute to chronic clot

Arterial Thromboembolism large TAM with **significant unmet needs**



- Acute event – **extensive damage** can happen if not treated quickly
- Includes Acute Limb Ischemia, Acute Visceral Ischemia, and CLI procedures where distal embolization occurs

~80K

US Patient Incidence

~\$600M

US TAM Opportunity

Artix: purpose-built toolkit addressing unmet needs in arterial thromboembolism

Artix MT **LMR in April 2022**;
Balloon Sheath **LMR in July 2022**

Significant **site-of-service** and **physician overlap**

Targeting an ASP of **~\$7.5K**

Additional tools in development

“
*No wonder
lytics didn't
work on that.*”

- Dr. Jerry Chung



Small Vessel Thrombosis: No purpose-built solutions exist for this large patient population



AV access
thrombosis
can result in
complications
and **loss of
access to life-
saving dialysis**

~150-200K

US AVF thrombotic
events / year

~80K

Addressable US BTK + UE
thrombotic events / year

~\$1B

Total US Market
Opportunity

InThrill: a purpose-built, novel solution designed to treat small vessels

LMR launched in **August**

Targeting **in-hospital procedures**; significant **treating physician overlap** with **DVT and PE**

Targeting an ASP of **~\$4K**

Additional tools in development



*“
We’ve been
waiting a long
time for a
mechanical option
like this that works.”*

- Dr. John Ross

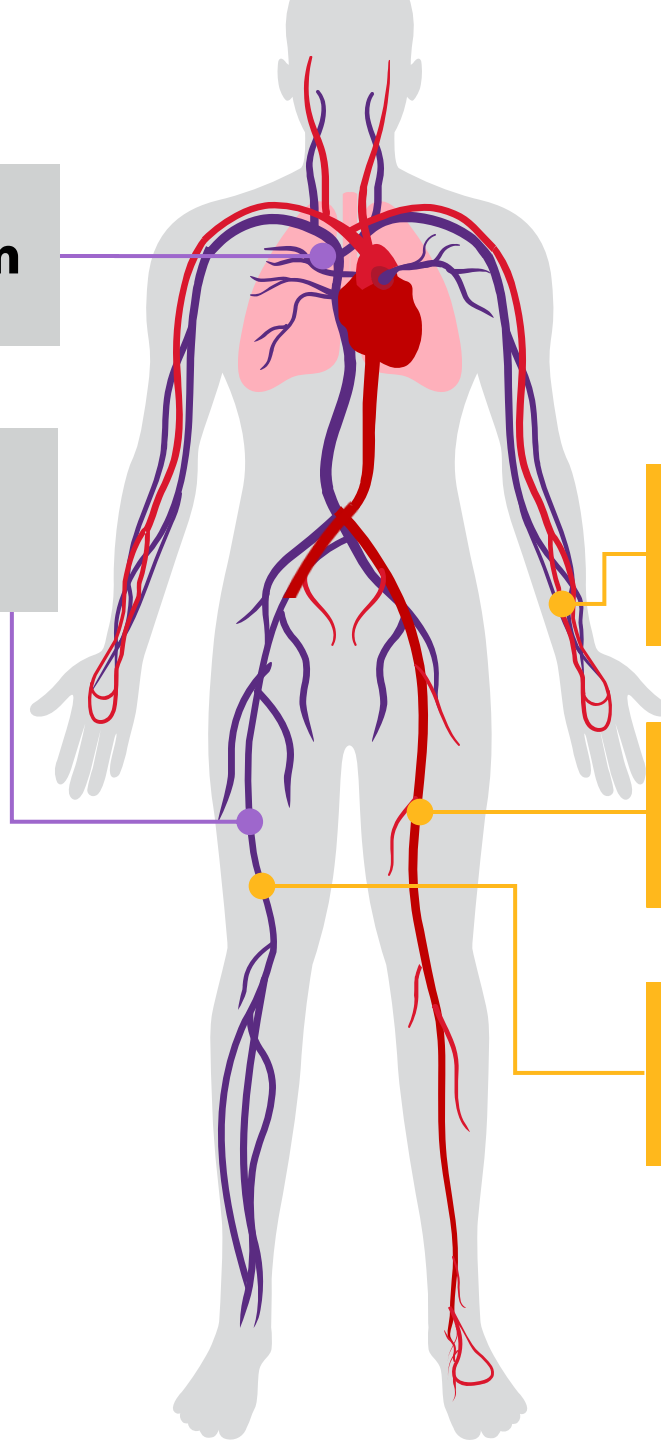
~\$2.8B

Pulmonary Embolism

~\$3.0B

**Deep Vein
Thrombosis**

**Large US total
addressable
market totaling
~\$8B across 5
disease states**



~\$1.0B

**Small Vessel
Thrombosis**

~\$0.6B

**Arterial
Thromboembolism**

~\$1.0B

Incidence

**Chronic Venous
Disease**

**Does not include ~\$10B incremental
prevalence opportunity**

**Substantial
global
opportunity
exists across
VTE and three
new disease
states**

>\$20B

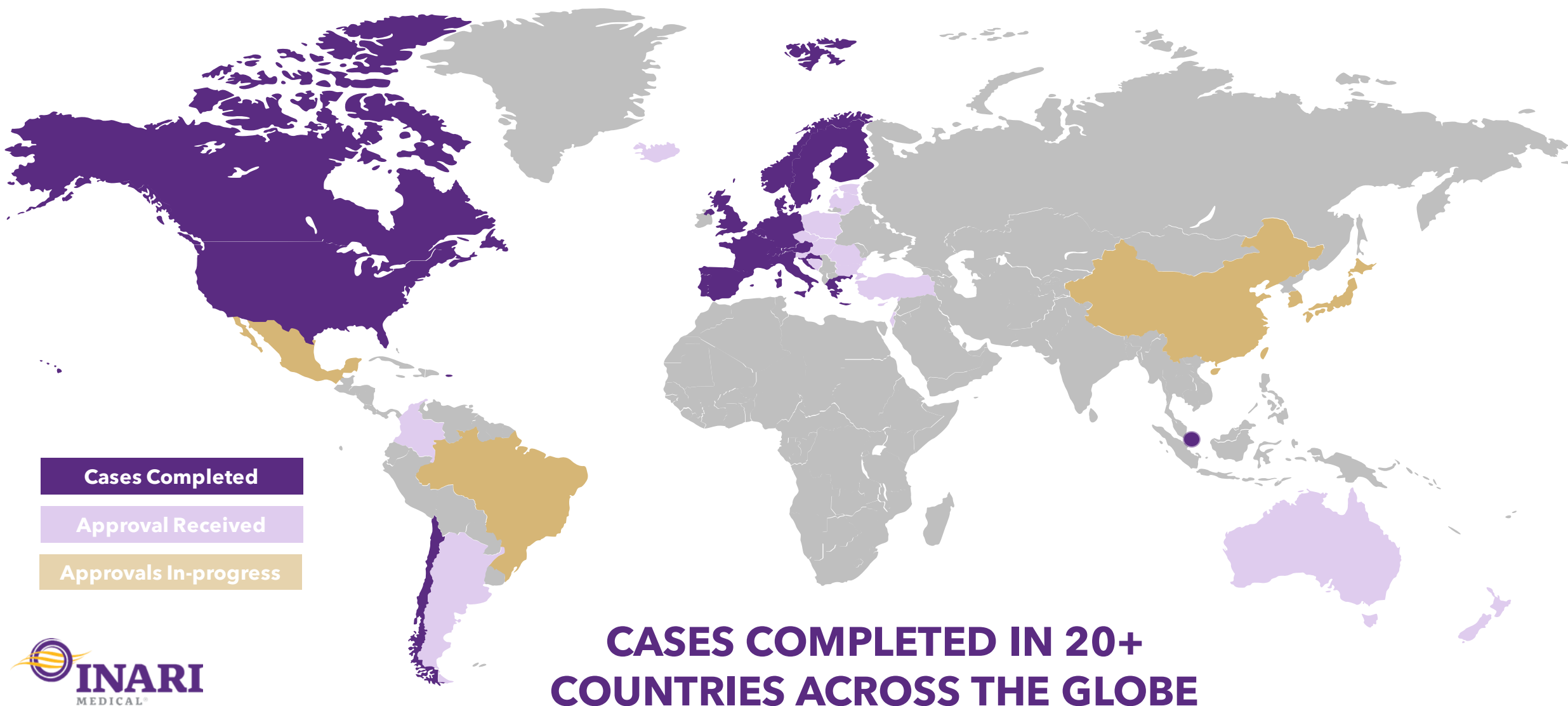
**Global Incidence TAM
across 5 Disease States**

+

~\$10B

**CVD Prevalence
Opportunity (US only)**

Laying the foundation to treat patients **globally**



No small plans. **And we're just getting started**



- 1** EXPANDING US SALES FORCE → BUILDING THE LARGEST INTERVENTIONAL SALES FORCE
- 2** DRIVING DEEPER PENETRATION → STANDARDIZING PATIENT PATHWAYS
- 3** BUILDING CLINICAL EVIDENCE → EXECUTING GUIDELINE-CHANGING CLINICAL TRIALS
- 4** INNOVATING NEW PRODUCTS → DEVELOPING PURPOSE-BUILT SOLUTIONS
- 5** EXPANDING INTO NEW MARKETS → LAUNCHING INTO NEW ADJACENCIES & GEOGRAPHIES

10 Minute Break



Physician Panel

Dr. Tom Tu, CMO

Inari Investor Day

Physician Panel Discussion



Thomas Tu, MD
Chief Medical Officer
Inari Medical
Moderator



Christopher M. Huff, MD
Interventional Cardiology
OhioHealth Riverside Methodist Hospital



Steven Abramowitz, MD
Vascular Surgery
MedStar Washington Hospital Center

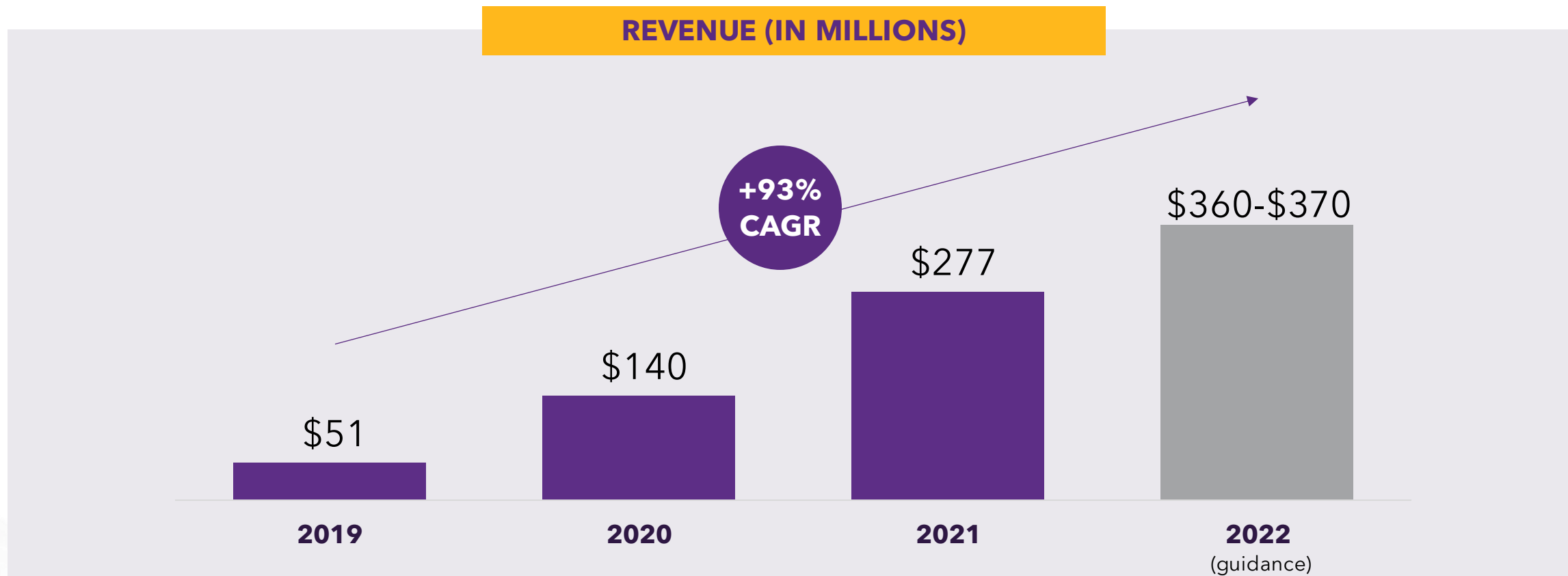




Financials

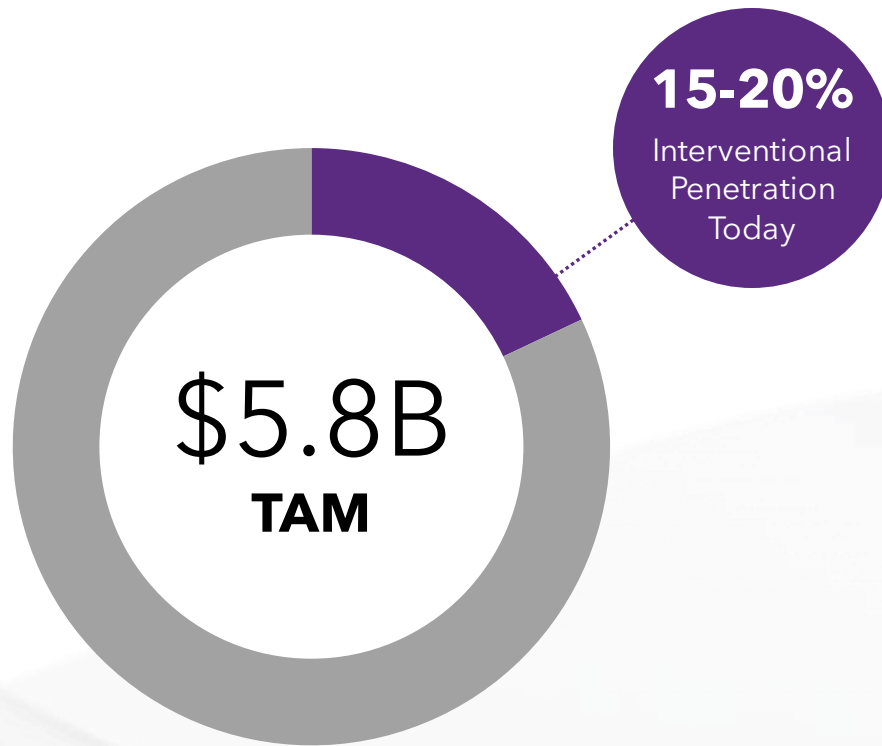
Mitch Hill, CFO

We have a proven track record of industry leading revenue growth

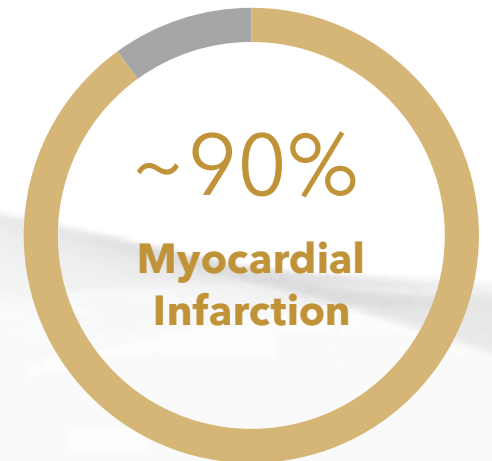
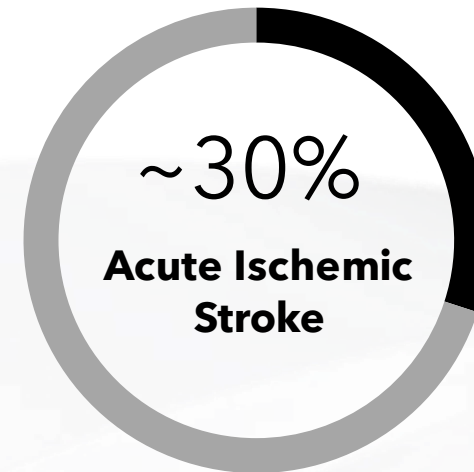


MedTech comps to approximate future VTE market size

VTE PENETRATION TODAY

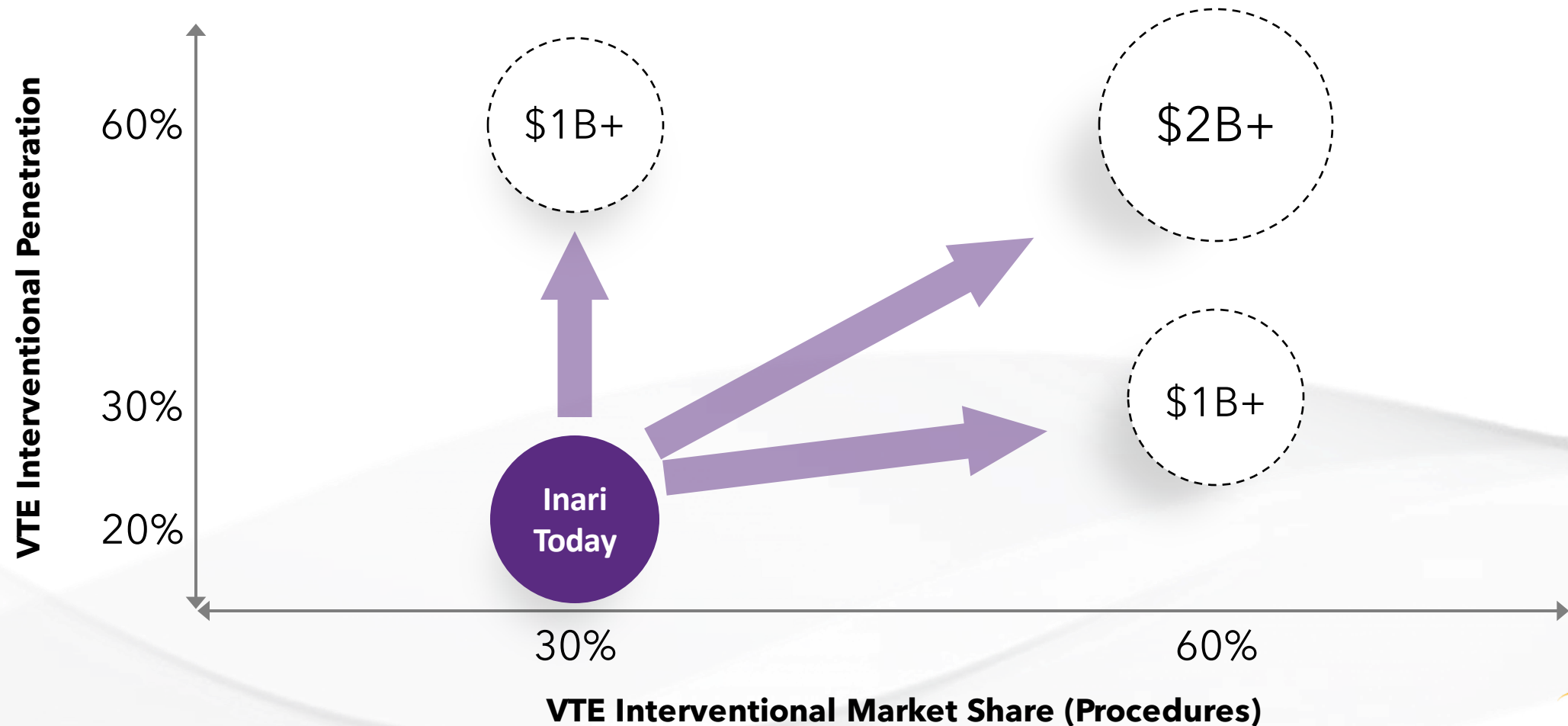


INTERVENTIONAL PENETRATION PROXIES



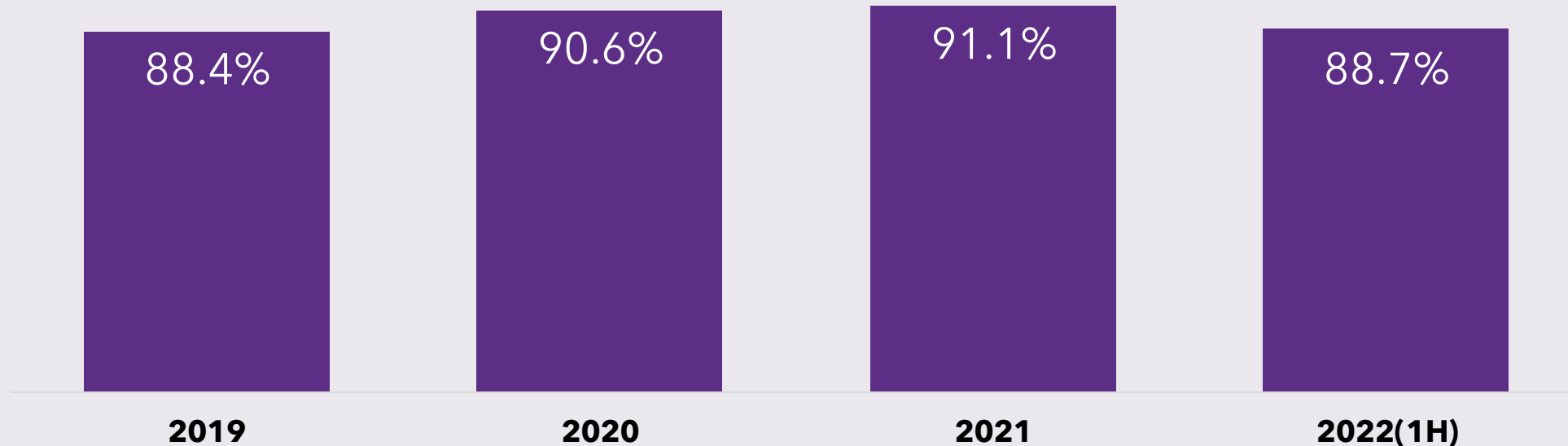
Substantial revenue opportunity exists for the leader in \$5.8B VTE TAM

INARI REVENUE POTENTIAL



Premium growth combined with **exceptional** margin profile

GROSS MARGIN



Well-positioned for sustained operating profitability

2022

Significant investment in our growth drivers

- Commercial team
- Clinical research
- Product development pipeline
- International

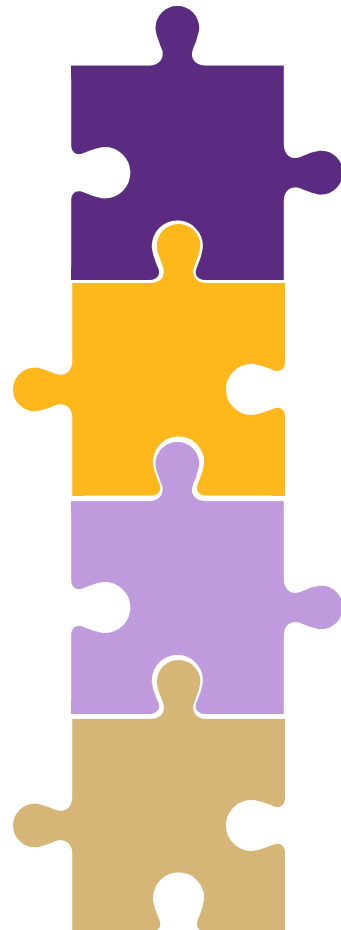


2024+

Sustained operating profitability by 1H 2024

- Large, attractive market
- ~85% target gross margin
- Commercial productivity ramp
- Disciplined investment approach

All the components of a premium financial profile



- **Market leader in \$5.8B underpenetrated US VTE market; expanding into global ~\$20B+ TAM**
- **Exceptional gross margin profile**
- **Disciplined investments driving growth, operating leverage and consistent profitability**
- **Strong balance sheet and ~\$330M cash position, allowing financial flexibility**

Q&A



Closing Remarks

Appendix

Citations

Slide #:	Source(s):
12	<ul style="list-style-type: none"> • Kahn, Susan R. Hematology Am Soc Hematol Educ Program. 2016 Dec 2; 2016(1): 413–418
12	<ul style="list-style-type: none"> • Pulmonary Embolism in 2017: Increasing Options for Increasing Incidence, National Center for Biotechnology Information, May 2017
13, 17, 83	<ul style="list-style-type: none"> • Hospital claims data • Global Burden of Disease Data per the Institute for Health Metrics and Evaluation (IHME)
31, 32, 91, 92	<ul style="list-style-type: none"> • Hospital claims data and internal analysis
34	<ul style="list-style-type: none"> • Hospital claims data and internal analysis
38	<ul style="list-style-type: none"> • Hospital claims data
46	<ul style="list-style-type: none"> • Kucher N, Rossi E, De Rosa M, Goldhaber SZ. Massive pulmonary embolism. Circulation. 2006;113(4):577-82
47	<ul style="list-style-type: none"> • Hospital claims data and internal analysis
61	<ul style="list-style-type: none"> • Fife, C. E., Publicly Reported Wound Healing Rates: The Fantasy and the Reality. Advances in wound care 2018 • Fife, C.E., From the Editor: The Need for Real Venous Ulcer Data. Today's wound clinic., 2018
76	<ul style="list-style-type: none"> • Donadini, Marco, et. al., "Prognostic Significance of Residual Venous Obstruction in Patients with Treated Unprovoked Deep Vein Thrombosis." Thrombosis and Haemostasis, vol. 111, no. 01, 2014, pp. 172–179 • Dronkers, C.E.A. et. al., "Deep vein thrombosis : diagnostic and prognostic challenges" Thromb Haemost. 2018 Aug; 118(8):1428-1438 • Hospital claims data and internal analysis
78	<ul style="list-style-type: none"> • 2021 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2021 • Stolic R: Most Important Chronic Complications of Arteriovenous Fistulas for Hemodialysis. Med Princ Pract 2013;22:220-228 • Quencer KB, Oklu R. Hemodialysis access thrombosis. Cardiovasc Diagn Ther 2017;7(Suppl 3):S299-S308 • Internal analysis
78	<ul style="list-style-type: none"> • Fleck D, Albadawi H, Wallace A, Knuttinen G, Naidu S, Oklu R. Below-knee deep vein thrombosis (DVT): diagnostic and treatment patterns. Cardiovasc Diagn Ther. 2017 Dec;7(Suppl 3):S134-S139 • Elna M. Masuda, Robert L. Kistner, The Case for Managing Calf Vein Thrombi With Duplex Surveillance and Selective Anticoagulation, Disease-a-Month, Volume 56, Issue 10, 2010, Pages 601-613, ISSN 0011-5029 • Franco, L, Giustozzi, M, Agnelli, G, Becattini, C. Anticoagulation in patients with isolated distal deep vein thrombosis: a meta-analysis. J Thromb Haemost 2017; 15: 1142– 54 • Hospital claims data and internal analysis
80	<ul style="list-style-type: none"> • Creager MA, Kaufman JA, Conte MS. Clinical practice. Acute limb ischemia. N Engl J Med. 2012 Jun 7;366(23):2198-206 • Howard et. al., Population-Based Study of Incidence, Risk Factors, Outcome, and Prognosis of Ischemic Peripheral Arterial Events. Circulation Vol 132, Issue 19:1805–1815 • Conte MS, et. al., GVG Writing Group. Global vascular guidelines on the management of chronic limb-threatening ischemia. J Vasc Surg. 2019 Jun;69(6S):3S-125S.e40 • Agarwal S, et al. Burden of Readmissions Among Patients With Critical Limb Ischemia. J Am Coll Cardiol. 2017 Apr, 69 (15) 1897–1908 • Internal analysis

Device Indications For Use



The **FlowTrievery System®** is indicated for (1) the non-surgical removal of emboli and thrombi from blood vessels (2) injection, infusion and/or aspiration of contrast media and other fluids into or from a blood vessel. The FlowTrievery System is intended for use in the peripheral vasculature and for the treatment of pulmonary embolism.

Trievery Catheters are intended for use in peripheral vasculature and for the treatment of pulmonary embolism. The Trievery Catheters are also intended for use in treating clot in transit in the right atrium.

The **FlowTrievery2® 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 FlowTrievery2 Catheter is intended for use in the peripheral vasculature.

The **FlowSaver® Blood Return System** is used with Trievery 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.

Device Indications For Use (cont.)



The **ClotTrieve™ thrombectomy system** consists of the ClotTrieve catheter and ClotTrieve sheath. The ClotTrieve Thrombectomy System is indicated for: (1) the non-surgical removal of thrombi and emboli from blood vessels. (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The ClotTrieve 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 **Artix MT thrombectomy device** is indicated for: (1) The non-surgical removal of emboli and thrombi from blood vessels. (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The Artix MT thrombectomy device is intended for use in the peripheral vasculature.

The **InThrill Thrombectomy System** consists of the InThrill Thrombectomy Catheter and InThrill Sheath. The InThrill Thrombectomy System is indicated for: (1) The non-surgical removal of thrombi and emboli from blood vessels. (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. 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.

Device Indications For Use (cont.)



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

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

All trademarks are property of their respective owners.