Inari Medical Investor Update

October 2024

Makayla Noble | Dallas, TX
ClotTriever Patient

This presentation and certain statements and information provided during this presentation may contain forward-looking statements. All statements other than statements of historical fact could be deemed forward-looking, including statements regarding our future results of operations and financial position, total procedures, total addressable market, research and development costs, and capital requirements ; 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 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; acquisitions and investment initiatives, including the integration of LimFlow into our operations and expectations regarding market penetration and growth; our expectations regarding changes to patient standards of care; our ability to hire and retain key personnel; 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. Factors that could cause actual results to differ materially from those contemplated in this presentation can be found in the Risk Factors section of our public filings with the Securities and Exchange Commission, including our most recent Annual Report on Form 10-K and Quarterly Report on Form 10-Q, available in the Investor Relations section of our website at https://ir.inarimedical.com/or at www.sec.gov. Because forward-looking statements are inherently subject to risks and uncertainties, you should not rely on these forward-looking statements as predictions of future events. The forward-looking statements in this presentation are made only as of the date hereof. Except to the extent required by law, we undertake no obligation to update or review any estimate, projection, or forward-looking statement. Actual results may differ from those set forth in this presentation due to the risks and uncertainties inherent in our business.

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.

This presentation refers to non-GAAP operating income (loss), which is considered a non-GAAP financial measure. This non-GAAP financial measure is not calculated in accordance with accounting principles generally accepted in the United States (GAAP). As used by Inari, non-GAAP operating income (loss) excludes from GAAP operating income (loss) the following items: amortization of acquired intangible assets, acquisition-related costs and fair value adjustment to our contingent consideration liability. Our definition of non-GAAP operating income (loss) may differ from similarly titled measures used by others. Non-GAAP operating income (loss) should be considered supplemental to, and not a substitute for, financial information prepared in accordance with GAAP. We encourage investors to review the reconciliation of non-GAAP operating income (loss) to GAAP operating income (loss), which has been provided in the appendix to this presentation. Other companies may calculate this non-GAAP financial measure differently than we do, which may limit the usefulness of this measure for comparative purposes. Our management believes the presentation of non-GAAP operating income (loss) is useful because it provides meaningful comparisons to prior periods and provides visibility to our underlying operating performance and an additional means to evaluate the cost and expense trends excluding the impact of the foregoing acquisition-related items, which are not related to our core business operations.

Introduction

INARI MEDICAL®

INARI MEDICAL®

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

Strategic Objectives
supporting continued strong growth and execution

Scale the adoption of highly differentiated, purpose-built toolkits across large & underpenetrated markets

Continue to leverage our powerful commercial engine, with the largest VTE focused sales force in the industry

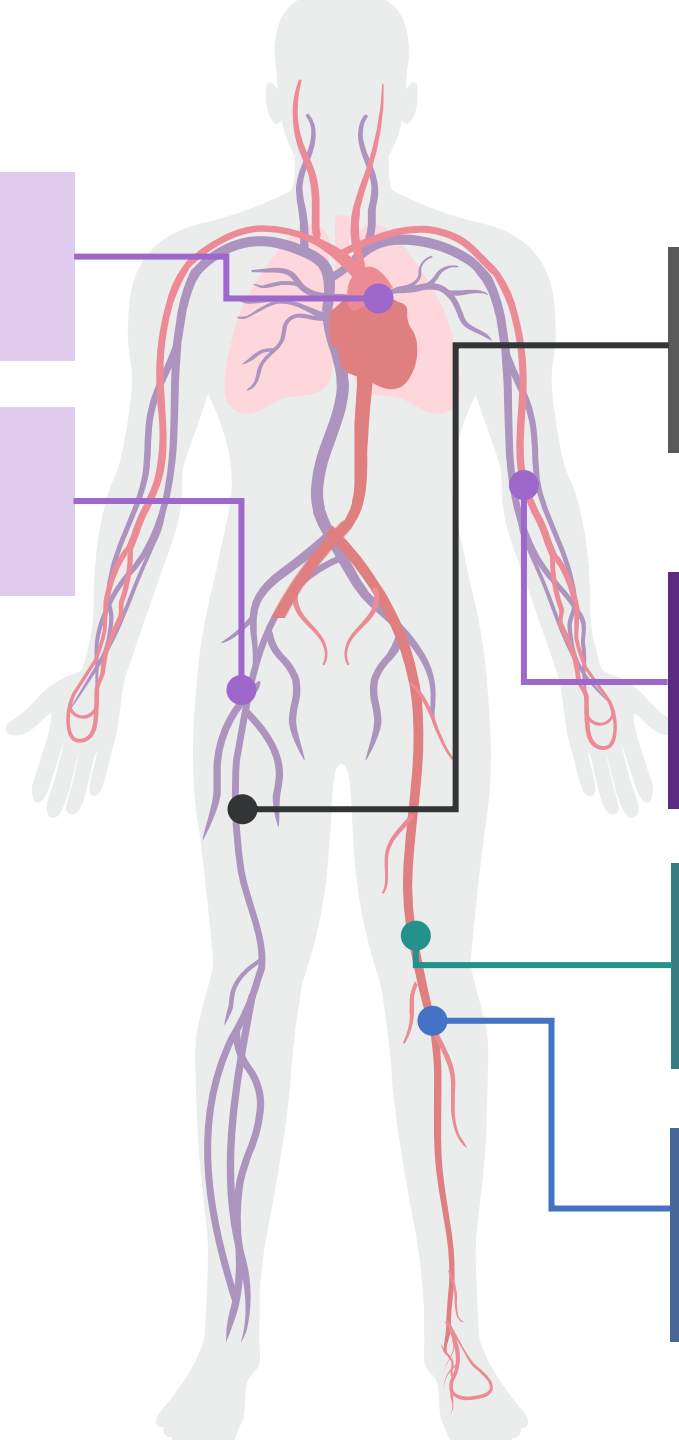
Lead the way with **high-quality, market-impacting clinical data**: ~4,000 patients across 7 studies*

Deliver a premium financial profile: strong, durable growth, best-in-class gross margins, and increasing operating leverage

**7 leading clinical studies: FLASH, FLAME, CLOUT, PEERLESS RCT, PEERLESS II RCT, PERSEVERE RCT, DEFIANCE RCT*

Venous Thromboembolism (VTE)

~$2.8B	Pulmonary Embolism
~$3.0B	Deep Vein Thrombosis



Emerging Therapies

~$1.0B	Chronic Venous Disease
+ ~$10B Prevalence TAM	
~$1.0B	Dialysis Access Management + small venous thrombus
~$0.6B	Acute Limb Ischemia
~$1.5B	Chronic Limb Threatening Ischemia

~$10B U.S. TAM across 6 disease states

Three growth pillars supported by global commercial playbook

Venous Thromboembolism (VTE)	Driving our solutions towards standard of care in VTE	• Pulmonary Embolism (PE) • Deep Vein Thrombosis (DVT)
Emerging Therapies	Building momentum with new products in new markets	• Chronic Venous Disease (CVD) • Dialysis Access Management (DAM) • Acute Limb Ischemia (ALI) • Chronic Limb Threatening Ischemia (CLTI)
International	Expanding our footprint internationally	• EMEA: ~20 active countries • APAC & LAC: ~12 active countries • Japan: PMDA Approval • China: First patients treated in 2024

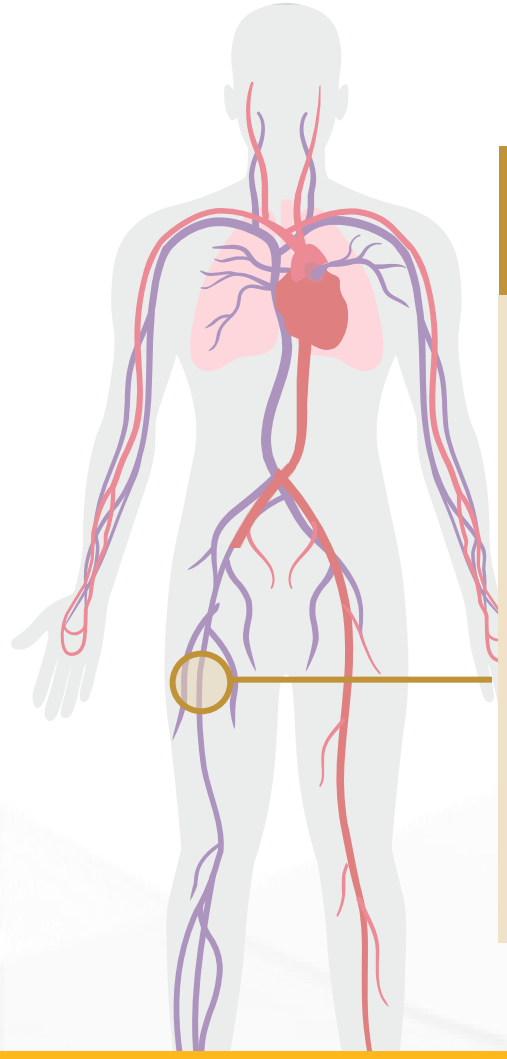
Commercial Playbook

- Developing purpose-built solutions
- Executing guideline changing clinical trials
- Standardizing patient pathways
- Expanding our commercial footprint

Venous Thromboembolism (VTE)

INARI MEDICAL®

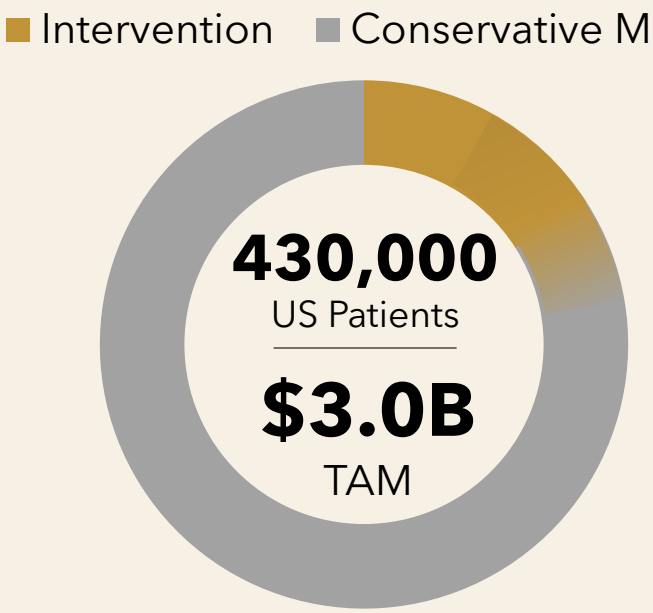
Transforming the lives of patients suffering from DVT



DEEP VEIN THROMBOSIS (DVT)

- **A/C alone leaves clot behind** in up to **half** of patients[1]
- **Lytics don't address chronic clot**, and come with bleeding risk
- Up to **50% develop Post-Thrombotic Syndrome** (PTS)[2]

DVT TAM



1. Young et al., Post-treatment residual thrombus increases the risk of recurrent deep vein thrombosis and mortality. J Thromb Haemost 2006; 4: 1919–24.
2. Kahn, Susan R. Hematology Am Soc Hematol Educ Program. 2016 Dec 2; 2016(1): 413–418

The ClotTriever® System: A complete solution for DVT and peripheral venous thrombus

Access

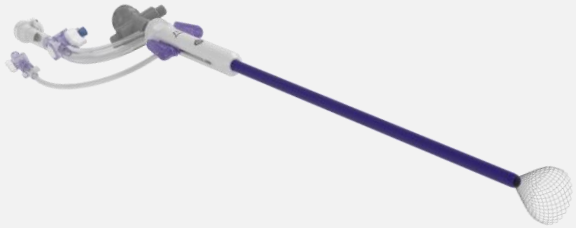
ClotTriever Sheath
13F and 16F

Acute to Chronic Clot Removal

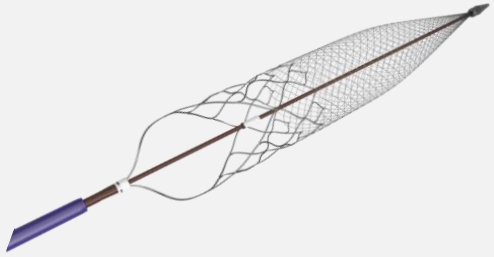
ClotTriever & ClotTriever BOLD
Catheters

Fourth Generation Triever
Catheters
(for peripheral thrombus)

Comprehensive DVT

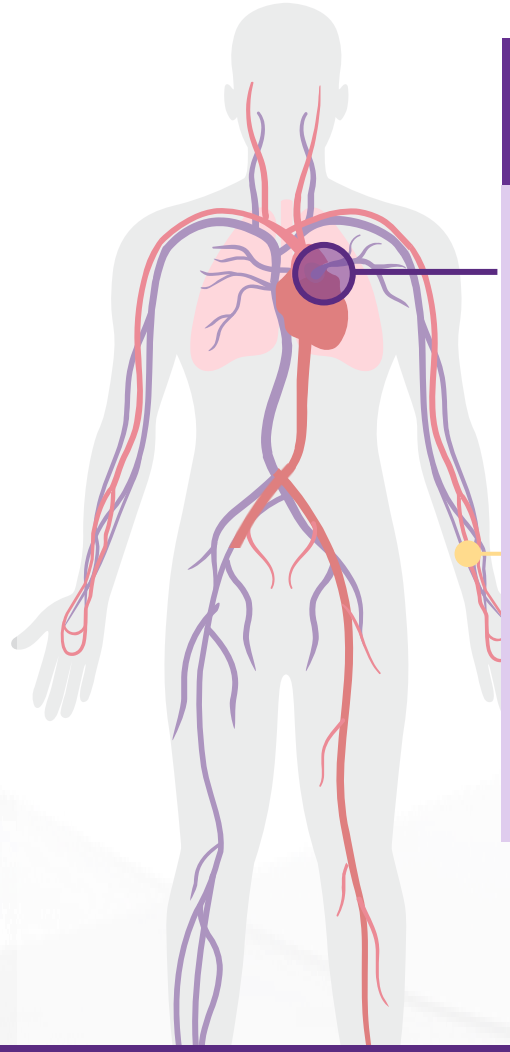


ProTrieve Sheath



ClotTriever XL Catheter

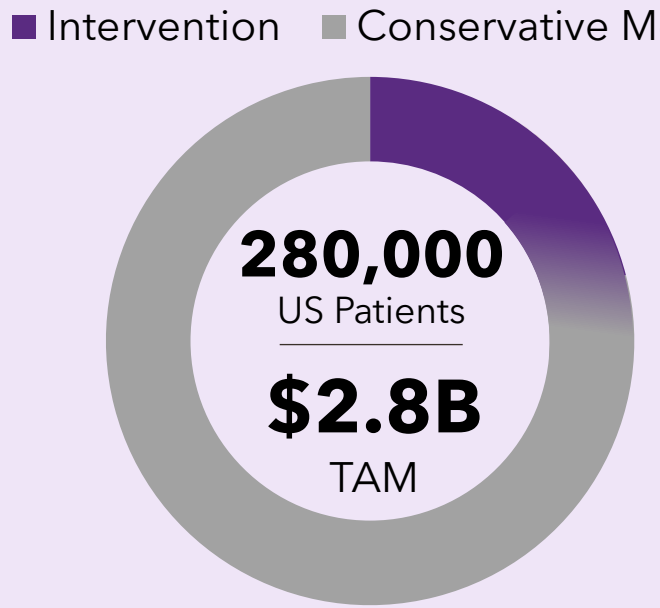
Transforming the lives of patients suffering from PE



PULMONARY EMBOLISM (PE)

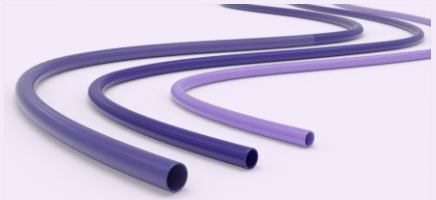
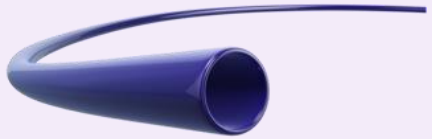
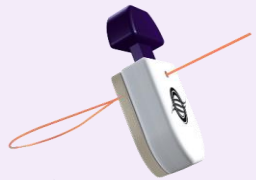
- **3rd leading cause of cardiovascular death**[1]
- **A/C alone leaves clot behind** in up to **half** of patients[2,3]
- **Long-term complications are common**[4]

PE TAM



1. "Pulmonary Embolism in 2017: Increasing Options for Increasing Incidence", National Center for Biotechnology Information, May 2017.
2. Picart, et al. Predictors of residual pulmonary vascular obstruction after pulmonary embolism: Results from a prospective cohort study. Thrombosis Research. 2020.
3. Dzikowska-Diduch, et al.The post-pulmonary syndrome - results of echocardiographic driven follow up after acute pulmonary embolism. Thrombosis Research. 2020.
4. Sista AK, et al. Vasc Med. 2017 Feb;22(1):37-43

The FlowTriever® System: A full toolkit approach to PE

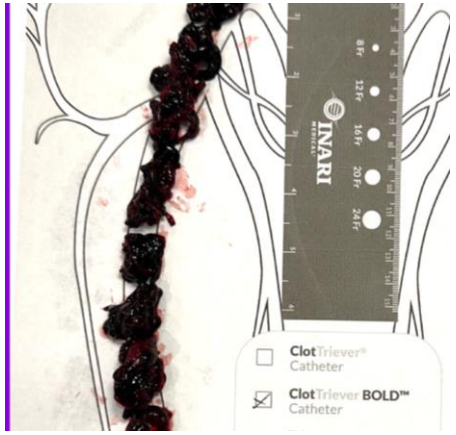
Safely, Quickly Track Through the Heart	Large Clot Hauls Without Lytics	Address Challenging Clot or Anatomy	Minimal Blood Loss
 **Fourth Generation Triever** Catheters	 **Large Bore** Aspiration	 **Triever20 Curve® and Triever16 Curve ®** Catheters	 **FlowSaver®** Blood Return System
 **Intri24®** Sheath	 **Large Bore** Syringe and **Whoosh** Mechanism	 **FlowTriever** Catheters	 **FlowStasis®** Suture Retention Device

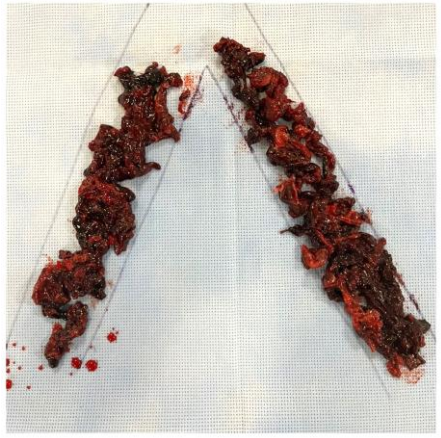
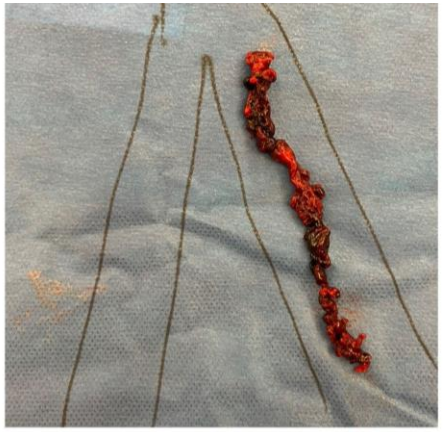
INDICATIONS FOR USE: **The FlowTriever Retrieval/Aspiration System** is indicated for: (1) The non-surgical removal of emboli and thrombi from blood vessels, and (2) The injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The FlowTriever Retrieval/Aspiration System is intended for use in the 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, but not in conjunction with FlowTriever catheters. **The FlowTriever2 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 FlowTriever2 Catheter** is intended for use in the peripheral vasculature**. The FlowStasis** device is intended for temporary suture retention following a percutaneous venous procedure **The FlowSaver Blood Return System** is used with Inari Medical catheters and sheaths for autologous blood transfusion.

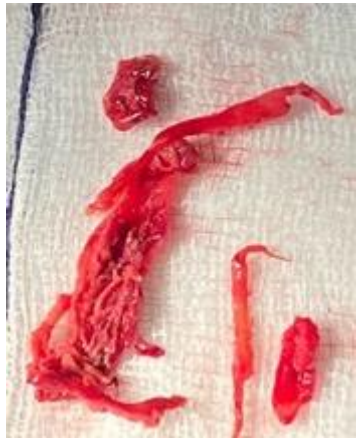
We remove the full range of clot chronicity

Acute → Chronic

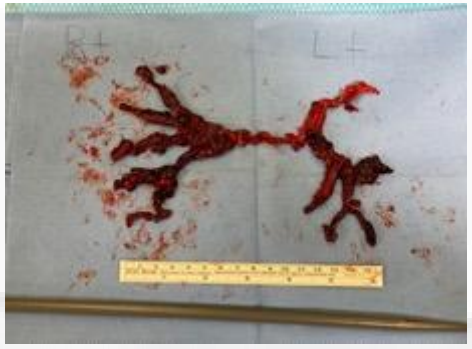
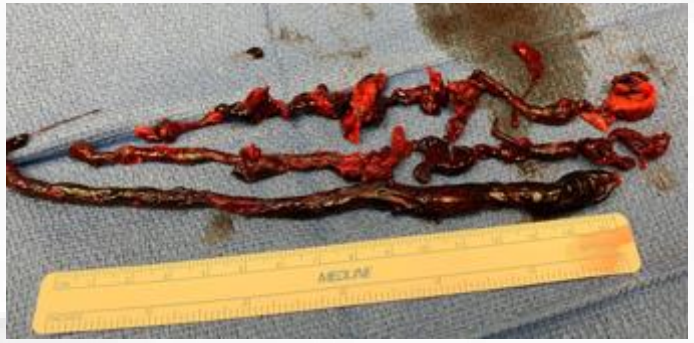
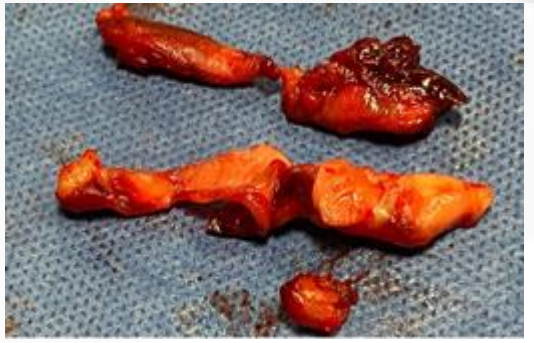
ClotTriever® System



FlowTriever® System

High impact clinical evidence to change standard of care

INARI MEDICAL

PE STUDIES

DVT STUDIES

FLASH

Largest Prospective PE Device Study

1,000 Patients
79 Sites

Enrollment Complete

FLAME

FlowTriever for Acute Massive Pulmonary Embolism

Largest Prospective High-risk PE Device Study

115 Patients
11 Sites

Enrollment Complete

PEERLESS

RCT of FlowTriever system vs. catheter-directed thrombolytics in pulmonary embolism

First & Only Head-to-Head Advanced Therapy RCT (FlowTriever v. CDT)

550+ Patients
60 Sites

Enrollment Complete

PEERLESS II

RCT of FlowTriever vs. anticoagulation alone in pulmonary embolism

RCT Designed to Establish Standard of Care (FlowTriever v. AC alone)

1,200 Patients
Up to **100** Sites

Enrolling

PERSEVERE

RCT FOR HIGH-RISK PULMONARY EMBOLISM

RCT for High-Risk Pulmonary Embolism (FlowTriever v. Standard of Care*)

200 Patients
Up to **30** Sites

Enrolling

CLOUT

Largest Prospective DVT Thrombectomy Study

500 Patients
47 Sites

Enrollment Complete

DEFIANCE

First Industry Sponsored DVT RCT (ClotTriever v. AC)

300 Patients
60 Sites

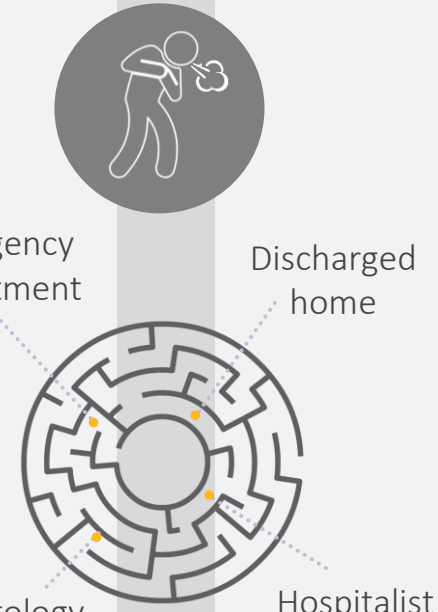
Enrolling

~4,000 patients across **7 studies**

**Anticoagulation therapy with or without interventional treatment, including systemic thrombolysis.*

Today, a non-standardized approach leaves many VTE patients untreated

Fragmented Pathway



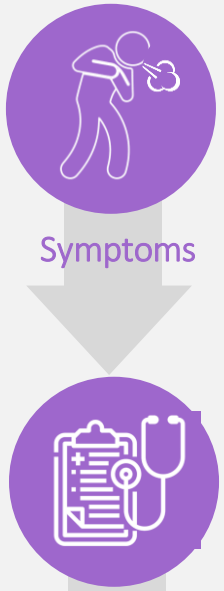
Interventionalist

75% of intermediate-high risk PE patients do not receive an interventional consult[1]

80-85% of VTE patients receive conservative medical management[2]

38% of VTE patients are lost at follow-up within 90 days of discharge[3]

Systematic Approach



Interventionalist

1. Lacey MJ, et al. Prospective Experience of Pulmonary Embolism Management and Outcomes. J Invasive Cardiol. 2021 Mar;33(3):E173-E180.
2. Key N, et al. Current Treatment of Venous Thromboembolism. Arterioscler Thromb Vasc Biol. March. 2010 Mar;30(3):372-5, Management estimates.
3. Rokosh R, et al. High Incidence of patients lost to follow-up after venous thromboembolism diagnosis— Identifying an unmet need for targeted transition of care. Vascular. 2021 Jun 3;17085381211020969.

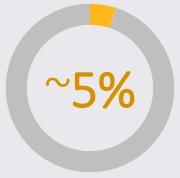
Our VTE Excellence™ solution bridges care pathway gaps

VTE EXCELLENCE™

ENGAGE

~1,400 Inari Accounts

Find champions, build the foundation

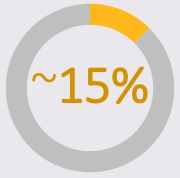


Average Account TAM Penetration

EMPOWER

~250 Inari Accounts

Create patient pathway and build awareness



Average Account TAM Penetration

EXCEL

~50 Inari Accounts

Solidify consistent patient identification, triage, tracking

Average Account TAM Penetration

Our VTE solutions confer significant benefits to hospitals, physicians, and patients

Safely capture and remove large clot burden

Effective, short, **single-session treatments**

Thrombolytic-free treatment approach

Avoid lytic-based ICU stay

Established **procedural reimbursement**

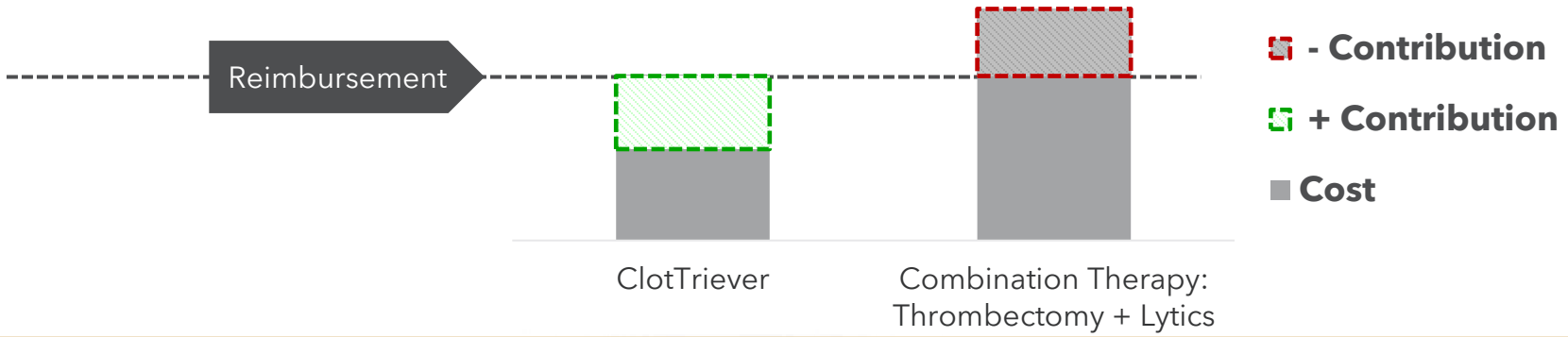
Our products offer benefits and value to our hospital and physician customers

Established Coding & Payment for Mechanical Thrombectomy*	Total Cost/Reimbursement Comparison Illustrative Procedural Hospital Contributions*

DVT Payment

$17,080 - $35,406

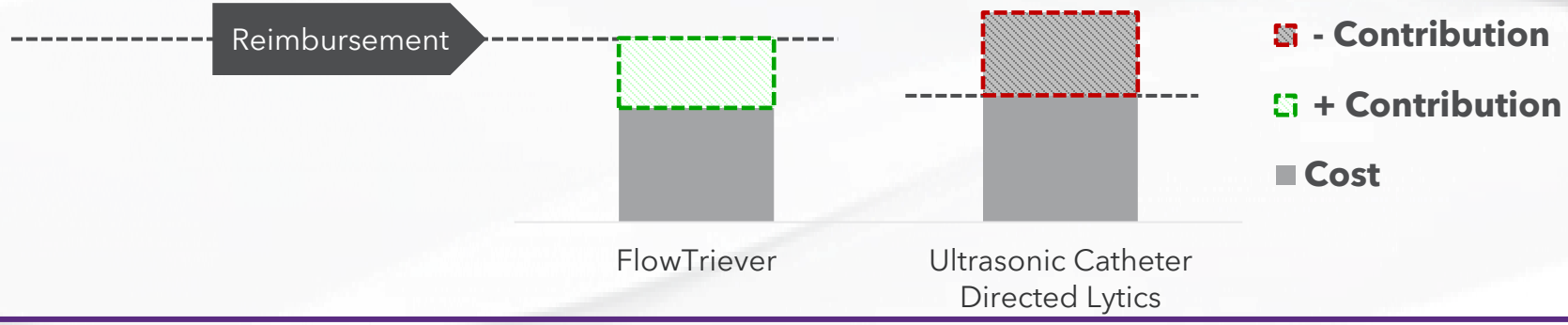
DRG: 270 – 272



PE Payment

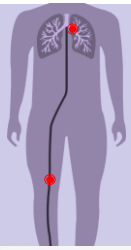
$13,138 - $33,003

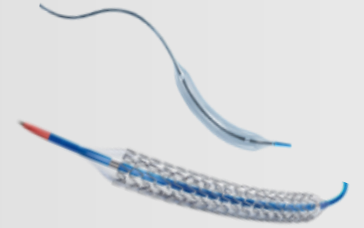
DRG: 163 – 165

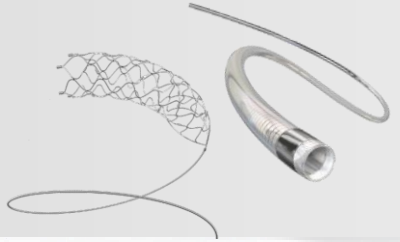


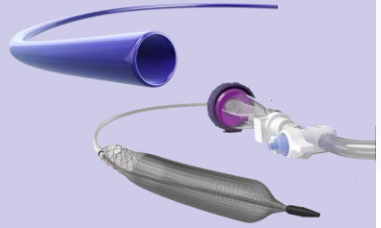
** Utilizes national average Medicare reimbursement rates FY2024 IPPS FR and Inari management estimates around patients with and without MCC and CC.*

Treatment of thrombotic diseases consistently evolves to definitive catheter based intervention

	Anticoagulation **(AC) Only**	AC + **Thrombolytics (Lytics)**	AC + **Definitive Catheter Intervention**
 **Myocardial Infarction**	**AC alone**	AC + **Thrombolysis**	AC + **POBA & DES**
 **Stroke**	**AC alone**	AC + **Systemic Lytics**	AC + Lytics + **Stentrievers & Aspiration Thrombectomy**
 Expected Path for **VTE (DVT & PE)**	**AC alone**	AC + **Systemic & Catheter-directed Lytics**	AC + **ClotTriever & FlowTriever**



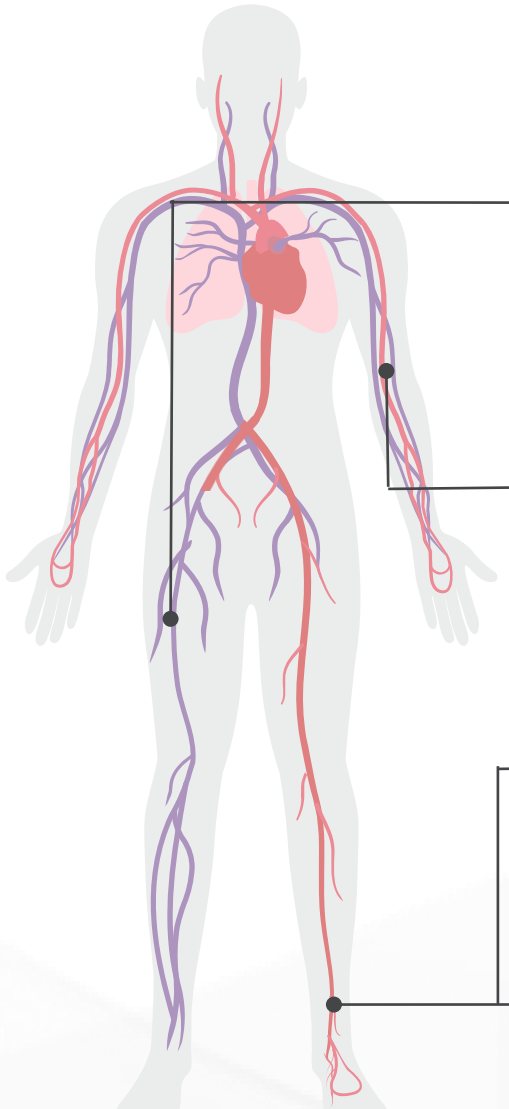




Emerging Therapies

INARI MEDICAL®

Emerging Therapies



Chronic Venous Disease (CVD)

~$1.0B TAM

Complex disease where conservative treatments only address symptoms

+ ***$10B*** *Prevalence TAM*

Dialysis Access Management (DAM)

~$1.0B TAM*

Primary patency of an acutely thrombosed AV access site at one year is a dismal 10–20%[1]

Acute Limb Ischemia (ALI)

~$0.6B TAM

50%+ of patients undergo open embolectomy.[2]
Lack of purpose-built tools

Chronic Limb Threatening Ischemia (CLTI)

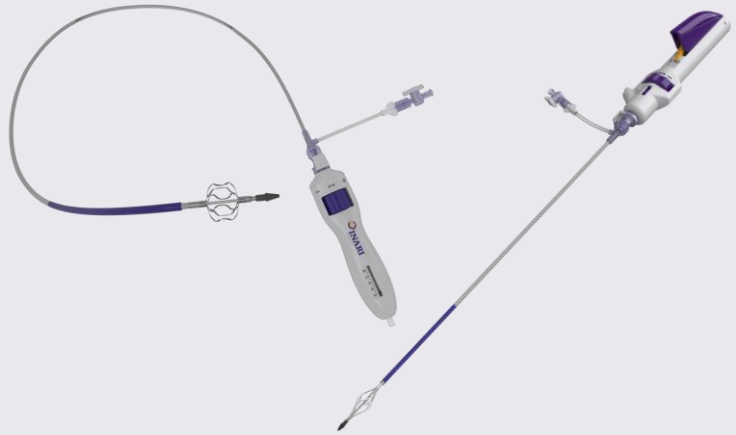
~$1.5B TAM

55k CLTI patients with no option other than amputation in the US.

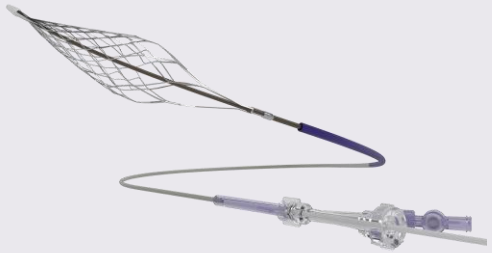
1. Quencer KB, Oklu R. Hemodialysis access thrombosis. Cardiovasc Diagn Ther. 2017 Dec;7(Suppl 3):S299-S308.
2. Based on third party data and Inari management estimates.

*includes small venous thrombosis

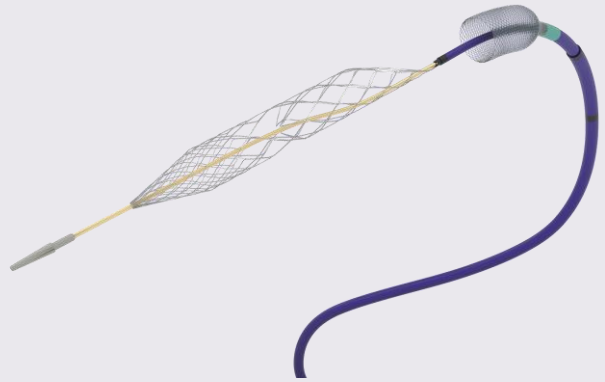
Organically expanding beyond VTE



RevCore™ Catheter &
VenaCore Catheter



InThrill™
System



Artix™
System[1]

Chronic Venous Disease (CVD)	Dialysis Access Management (DAM)	Acute Limb Ischemia (ALI)

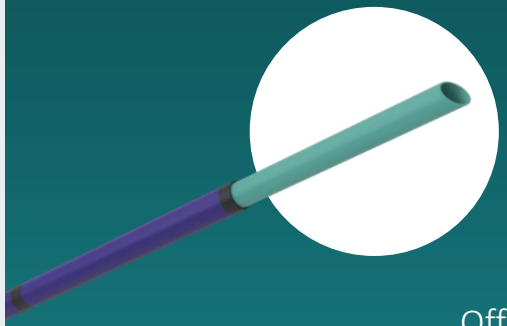
1) Artix is not currently being marketed, and is expected to launch in 2024.

INDICATIONS FOR USE: The **RevCore Thrombectomy Catheter** 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 RevCore Thrombectomy Catheter is intended for use in the peripheral vasculature. 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 and (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). The **Artix MT thrombectomy device** is indicated for (1) the non-surgical removal of emboli and thrombi from peripheral blood vessels; and (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 Artix BG balloon guiding sheath is indicated for use in facilitating the insertion and guidance of an intravascular catheter into a selected blood vessel. The balloon provides temporary vascular occlusion during these and other angiographic procedures. The Artix BG balloon guiding sheath is also indicated for use as a conduit for retrieval devices. The Artix BG balloon guiding sheath is intended for use in the peripheral vasculature. See Instructions for Use for complete Indications for Use, contraindications, warnings, and precautions. **Caution**: Federal (USA) law restricts this device to sale by or on the order of a physician. All trademarks are property of their respective owners. **The VenaCore Thrombectomy Catheter** 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 VenaCore Thrombectomy Catheter is intended for use in the peripheral vasculature.

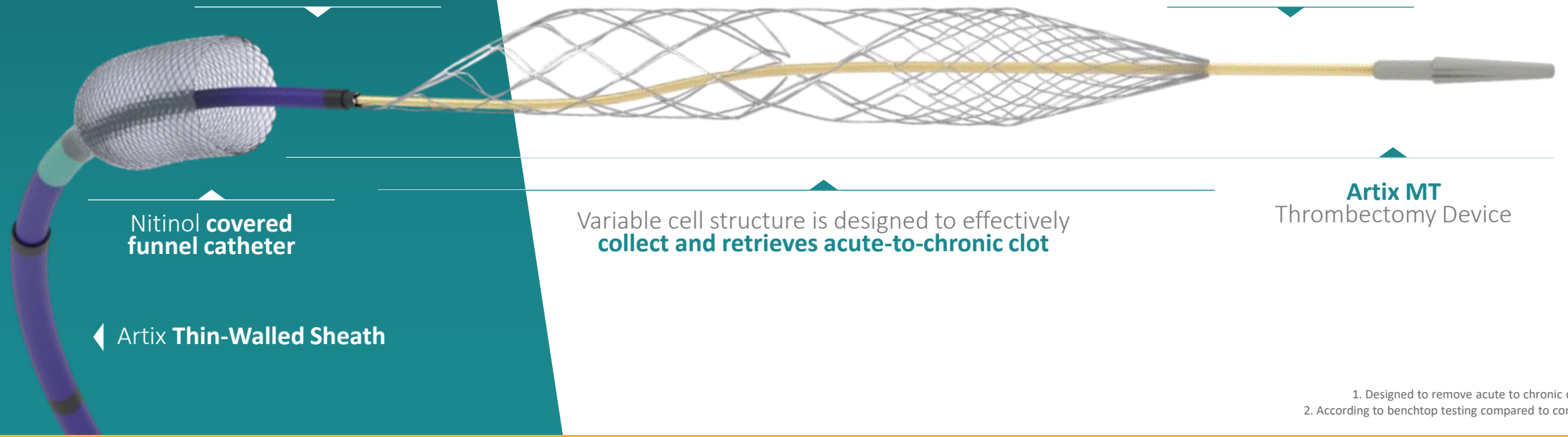
Artix™ Thrombectomy System

Developed from a true clinical need and shaped by direct physician feedback, **Artix** is a powerful, dual mechanical + aspiration solution, designed to address a broad spectrum of arterial thrombus cases

FlowSaver Blood Return System



Artix AX Aspiration Catheter



Offset mouth for **optimized clot capture**

Internal struts **promote even distribution of clot** within the element

Distal segment **expands for seamless cleaning** of element

Nitinol **covered funnel catheter**

Variable cell structure is designed to effectively **collect and retrieves acute-to-chronic clot**

Artix MT Thrombectomy Device

Artix **Thin-Walled Sheath**

1. Designed to remove acute to chronic clots. Data on file.
2. According to benchtop testing compared to control. Data on file.

LimFlow System – Transforming the Treatment of CLTI

Chronic Limb Threatening Ischemia (CLTI): The LimFlow® System

Transcatheter Arterialization of Deep Veins (TADV) with the LimFlow System:

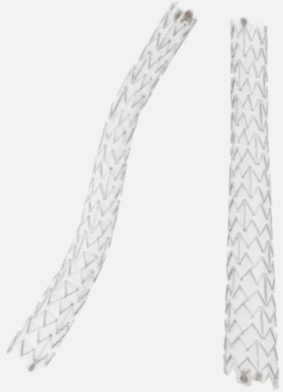
Arteriovenous Crossing

Crossing and Snare Mesh Catheters

Vein Preparation

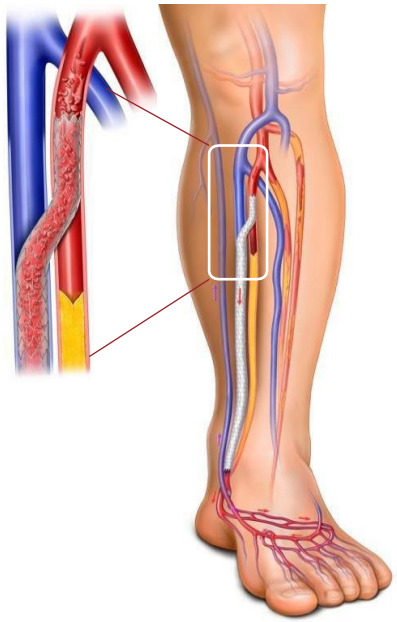
Push Valvulotome

Flow Diversion



Conical and Straight Stent Grafts

Arterialized Veins Post-LimFlow



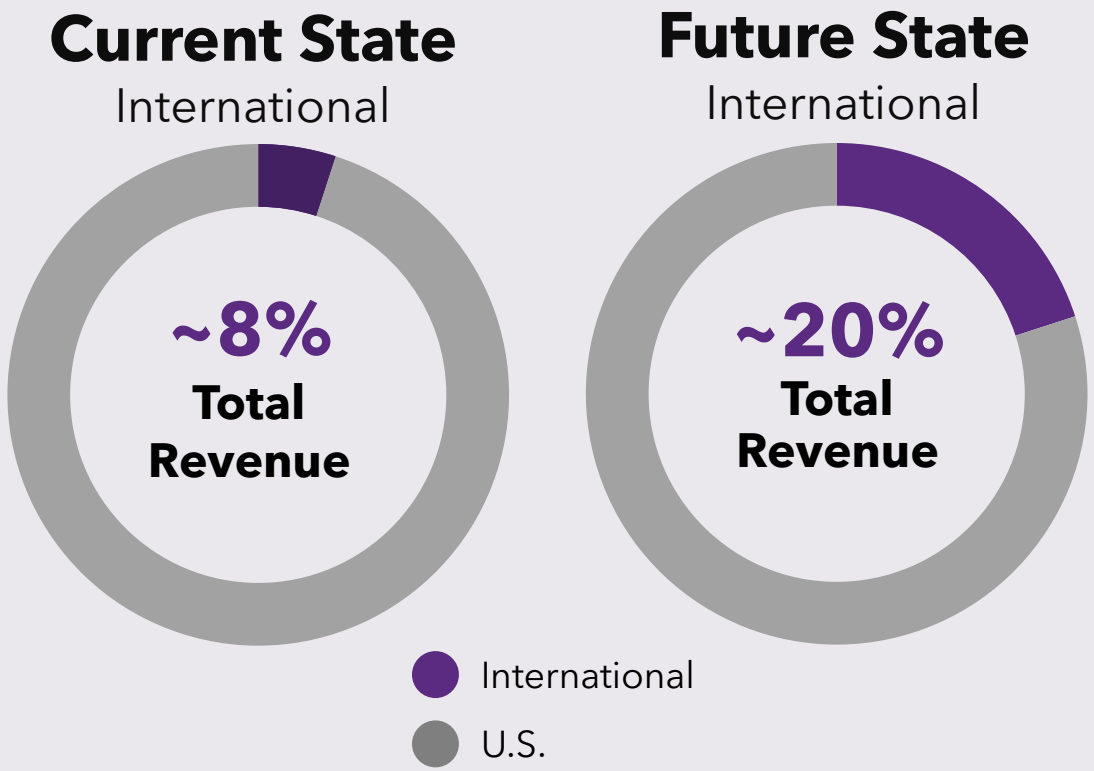
LimFlow System Highlights

- **Call Point:** Vascular surgery & interventional radiology / cardiology
- **Site of Service:** Primarily hospital-based peripheral interventions
- **Only On-Label Device for No-Option CLTI.** FDA PMA Approved in Sept. 2023
- **PROMISE II study published in NEJM**, the world's leading medical journal

International Markets

INARI MEDICAL®

A vast global unmet need offers a significant runway for growth



Key Drivers:

Level 1 RCT data

Changing Guidelines

Incremental Reimbursement in Key Geographies

Entering Remaining Key Markets: China and Japan

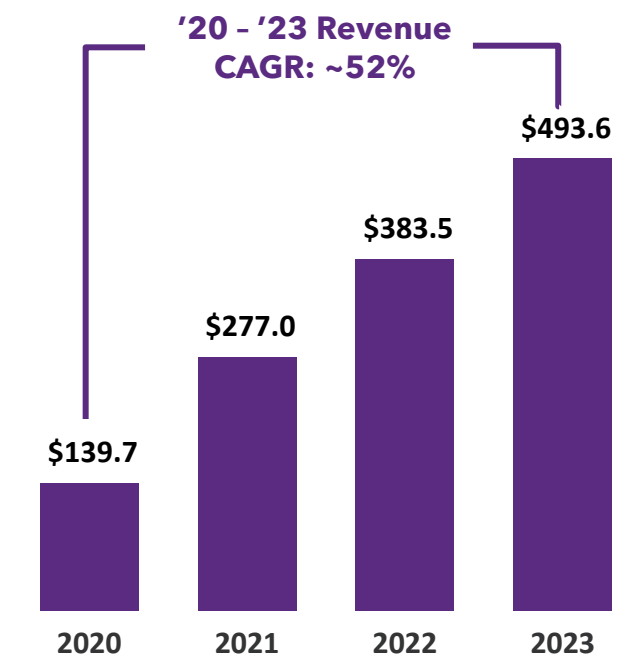
INARI MEDICAL®

Q3 2024 Financial Update

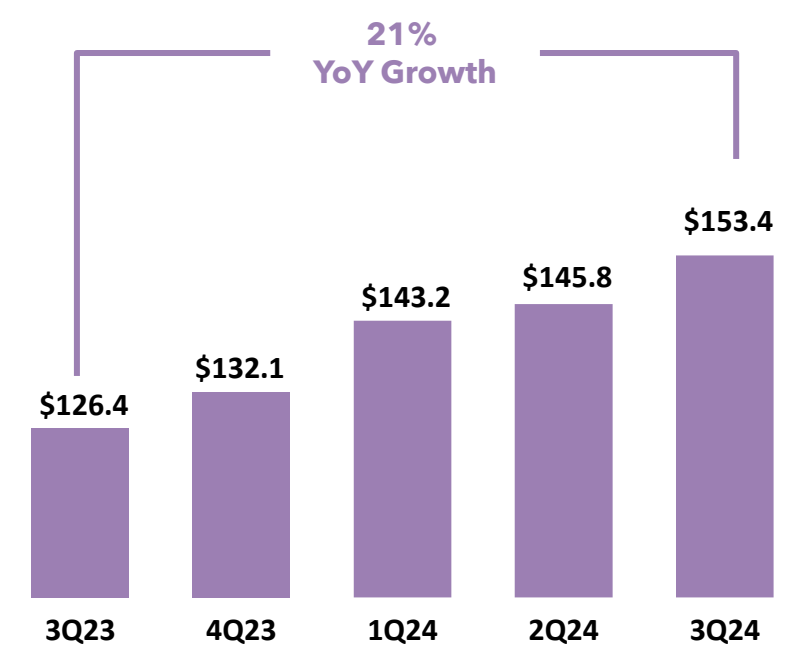
INARI MEDICAL®

Growing Patient Impact Reflected in Strong Financial Performance

Annual Revenue

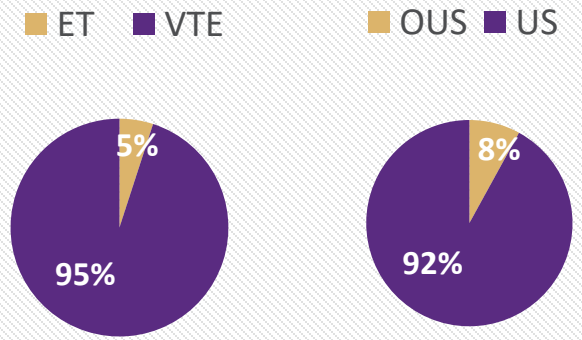


Quarterly Revenue



	2020	2021	2022	2023	3Q23	4Q23	1Q24	2Q24	3Q24
Gross Margin	90.6%	91.1%	88.4%	88.0%	88.5%	87.1%	86.8%	86.3%	87.1%
GAAP Operating Income (Loss)	$ 18.4	$ 10.8	$ (28.1)	$ (14.0)	$ 2.1	$ (9.3)	$ (17.2)	$ (22.4)	$ (13.6)
Non-GAAP Operating Income (Loss)*	n/a	n/a	n/a	$ (2.4)	$4.8	$ (0.3)	$ (5.6)	$ (13.2)	$ (0.4)

3Q 2024 Revenue Mix



Balance Sheet Information

- Cash, cash equivalents and short-term investments of ~$112M
- No debt outstanding with access of up to $75M from existing committed credit facility

Note: Dollars are in millions. ET refers to Emerging Therapy revenue, VTE refers to global VTE revenue.
*Non-GAAP reconciliation table listed in the appendix

Continued momentum in 2024 and beyond

2024 FY Revenue Guidance

$601.5M – $604.5M

21.9% - 22.5%
increase over full year 2023

Financial Profile

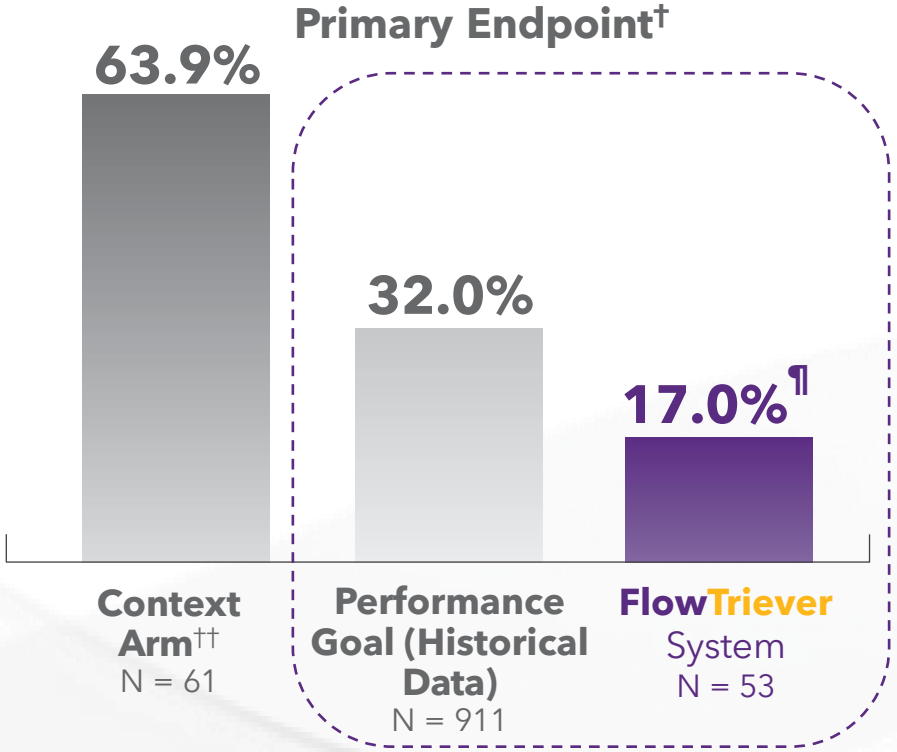
- Exceptional growth, significant runway
- Premium 85%+ gross margin profile
- Solid core cash flow generation to support LimFlow and growth objectives
- ***Sustained operating profitability in 1H 2025***

Appendix

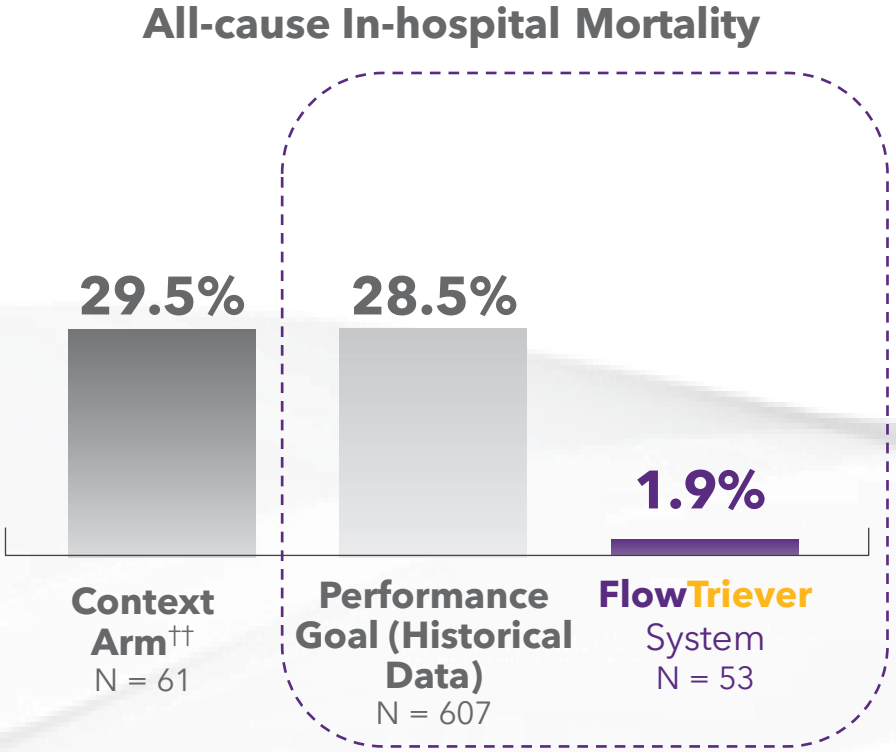
FLAME high-risk PE study shows very low rates of adverse events and mortality

Results from FLAME: The largest prospective study of interventional treatment in high-risk PE

SIGNIFICANTLY LOWER IN-HOSPITAL ADVERSE OUTCOMES



LOW MORTALITY IN HIGH-RISK PE



†Composite primary endpoint consisted of in-hospital all-cause mortality, bailout to an alternate thrombus removal strategy, clinical deterioration, and major bleeding
††Context arm patients were treated with systemic thrombolysis (68.9%), anticoagulation alone (23.0%), CDT (6.6%) or surgical thrombectomy (1.6%)
¶P<0.01 vs. performance goal based on historical data
Source: Silver, M J et al. Outcomes in High-risk Pulmonary Embolism Patients Undergoing FlowTriever Mechanical Thrombectomy or Other Contemporary Therapies: Results from the FLAME Study. Circ. Cardiovasc. Interv. 2023 Oct 17.

FLASH is the largest prospective registry in PE with exceptional results[1]

***800 patients**, 50 sites, 32% were contraindicated to lytics[3]*

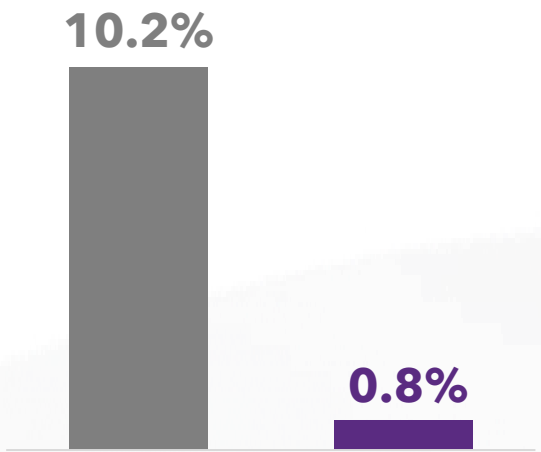
EXCELLENT SAFETY RESULTS

0%

Device related MAEs

30-DAY ALL-CAUSE MORTALITY

PERT data provided for reference only



IMMEDIATE PATIENT RELIEF

Mean Pulmonary Artery Pressure

LONGER-TERM OUTCOMES

90%

Mild or absent dyspnea at 6 months

1.0%

CTEPH at 6 months

1. Toma C, et al. Acute Outcomes for the Full US Cohort of the FLASH Mechanical Thrombectomy Registry in Pulmonary Embolism. EuroIntervention 2023;18:1201-1212.
2. PERT Consortium Quality Database. October 2021 (Presented by Secemsky E); Darki A & Jaber WA. Endovascular Today. July 2022 Supplement (PERT Updates)
3. Represents number of patients in the full US cohort.

CLOUT is the largest mechanical thrombectomy dataset in DVT with exceptional results[1,2]

500 patients | 47 sites | 70% subacute and/or chronic clot | 30% lytics contraindicated

EXCELLENT SAFETY RESULTS

0.2%

Device related SAEs

0% valve damage
0% vessel damage
0% acute kidney injury

0.4% Thrombolytics used

EXTENSIVE CLOT REMOVAL, REGARLESS OF CLOT AGE

Overall

>90%

Complete or Near Complete Thrombus Removal*

By clot age**

91% in acute

82% in subacute

84% in chronic

* ≥75% thrombus removal

EXCELLENT OUTCOMES

93%

None or mild PTS symptoms through 2 year (N=206)

95% Flow via duplex ultrasound at 2 year

N = 169

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, March-April 2023, 100585
2. Dexter, D. Interim two year outcomes from the full enrolled CLOUT registry. Presnted at AVF 2024 (Tampa, FL).
**Subset of 250 patients presented at AVF 2022

PEERLESS

Superiority RCT of FlowTriever vs CDT in PE

Intermediate Risk Acute PE

550 Patients Randomized 1:1

FlowTriever

CDT

Patients Followed for 30 Days

HIGHLIGHTS

Currently, Catheter Directed Thrombolysis (CDT) is used in ~40% of interventions commercially*

Primary endpoint via win ratio:

- All-cause mortality
- Intracranial hemorrhage
- ISTH major bleeding
- Clinical deterioration/bailout
- ICU admission & ICU LOS

Enrollment complete

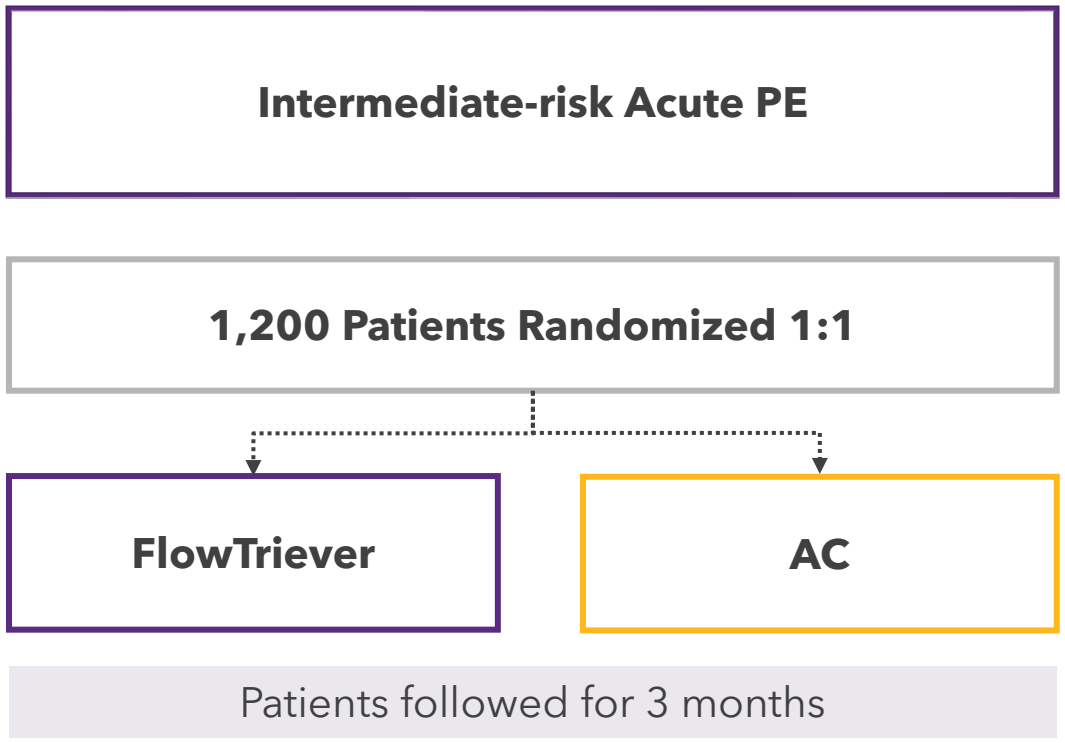
Designed to transform standard of care away from CDT

*Based on third party data and Inari management estimates.

PEERLESS II

RCT of FlowTriever vs. anticoagulation alone in pulmonary embolism

RCT of FlowTriever vs Anticoagulation Only in PE



HIGHLIGHTS

Currently, anticoagulation alone is the guideline-recommended therapy for intermediate-risk PE patients

Primary endpoint via win ratio:

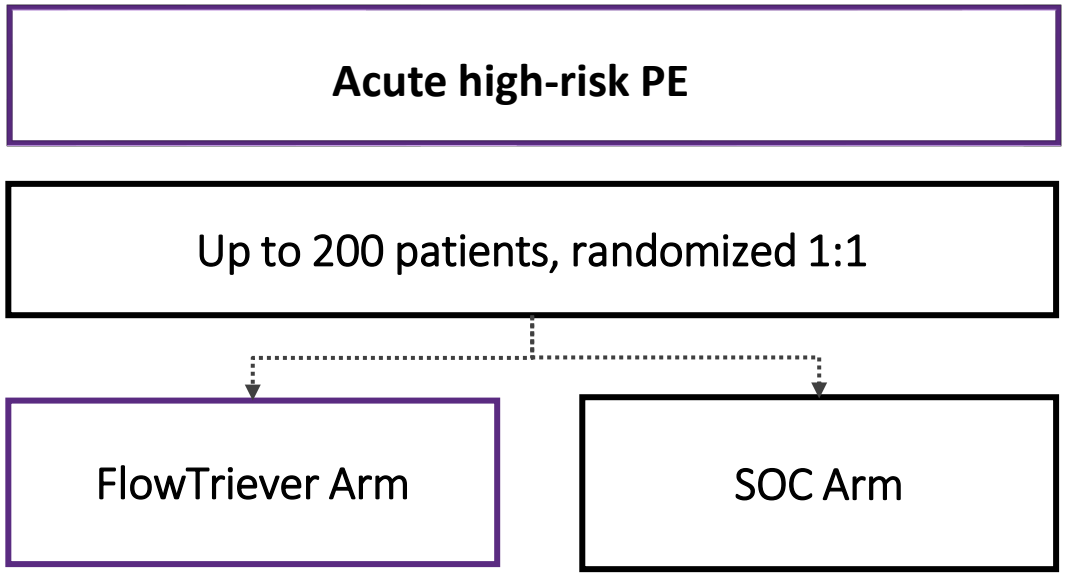
- All-cause mortality
- Clinical deterioration
- All-cause hospital readmission
- Bailout therapy
- Dyspnea score

Enrolling

Designed to transform standard of care

PERSEVERE

RCT FOR HIGH-RISK PULMONARY EMBOLISM



Patients followed for 3 months

*Anticoagulation therapy with or without interventional treatment, including systemic thrombolysis.
**Per Bleeding Academic Research Consortium (BARC) types 3b, 3c, 5a, and 5b

HIGHLIGHTS

Designed to evaluate whether FlowTriever or SOC* should be the guideline-recommended first-line therapy for high-risk PE

Primary endpoint (composite)
Initial hospital discharge or 7 days:

- All-cause mortality
- Cardiac arrest with loss of consciousness requiring CPR
- Bailout to alternative therapeutic strategy
- Major bleeding**
- Persistent need for ECMO

Global Principal Investigators:

Nicolas Meneveau, MD PhD

Stavros Konstantinides, MD PhD

US Principal Investigators:

John M. Moriarty, MD

Jay Giri, MD

DEFIANCE

Superiority RCT of ClotTriever vs Anticoagulation in DVT

Moderate-Severe Iliofemoral DVT

300 Patients Randomized 1:1

ClotTriever

Conservative Medical Management (A/C)

Patients Followed for 6 Months

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

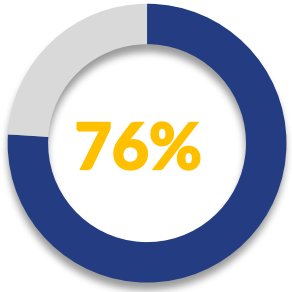
Enrolling

Designed to transform standard of care

PROMISE II: Pivotal Study at 6 Months

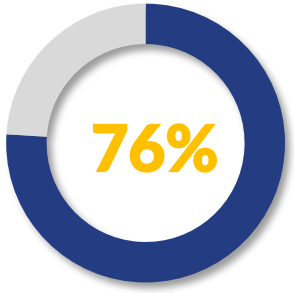
- Landmark multi-center, prospective pivotal trial of the LimFlow System conducted at 20 U.S. centers in 105 No-option CLTI patients typically excluded from other clinical studies. [1]
- All patients were confirmed as “No-Option” and facing imminent amputation by an independent review committee of vascular surgeons. [1]
- 6 Month results published in the New England Journal of Medicine

Limb Salvage at 6 Months



Functional Limb Preservation in No-Option Patients

Wounds Healed or Healing at 6 Months



Wound Healing in Patients With Non-Healing Chronic Wounds

Technical Success

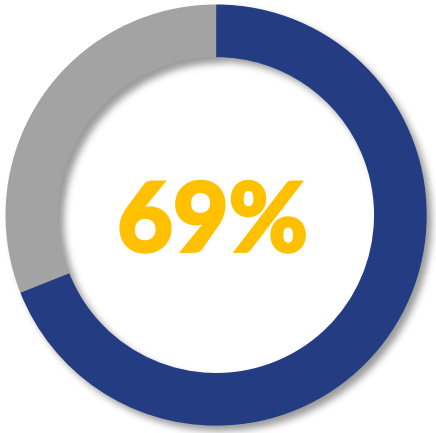
No Device-related Adverse Events

> “**Sickest population of CLTI patients ever** enrolled in a pivotal trial.”

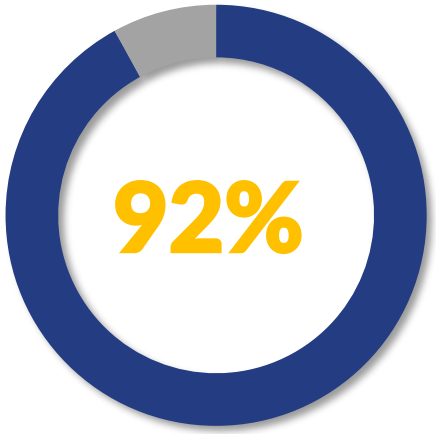
2023

1. Shishehbor MH, Powell RJ, Montero-Baker MF, Dua A, Martínez-Trabal JL, Bunte MC, Lee AC, Mugglin AS, Mills JL, Farber A, Clair DG; PROMISE II Investigators. Transcatheter Arterialization of Deep Veins in Chronic Limb-Threatening Ischemia. N Engl J Med. 2023 Mar 30;388(13):1171-1180.

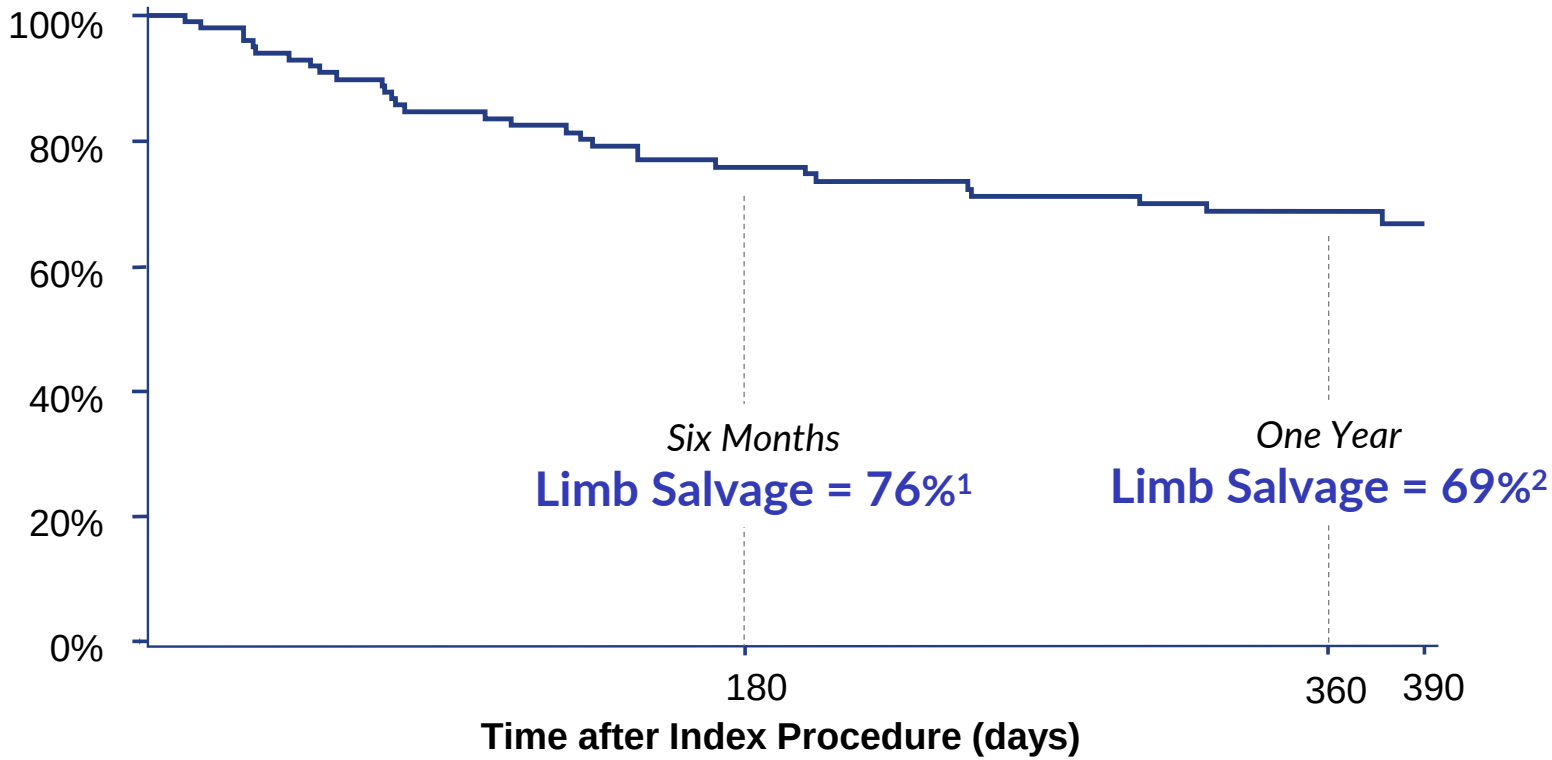
PROMISE II: Durability of Limb Salvage Results Demonstrated at 12 Months



Limb Salvage[2]



Wounds Healed or Healing[2]



1. Shishehbor MH, Powell RJ, Montero-Baker MF, Dua A, Martínez-Trabal JL, Bunte MC, Lee AC, Mugglin AS, Mills JL, Farber A, Clair DG; PROMISE II Investigators. Transcatheter Arterialization of Deep Veins in Chronic Limb-Threatening Ischemia. N Engl J Med. 2023 Mar 30;388(13):1171-1180
2. . Clair DG (2023, October 30 – November 2). PROMISE II Update: 1 Year Results [Conference presentation]. VIVA 2023. Las Vegas, NV, United States

Reconciliation of GAAP Operating Income (Loss) to Non-GAAP Operating Income (Loss)

Year to Date

	2023
GAAP Operating Income (Loss)	**$ (14.0)**
Non-GAAP Adjustments:	
Change in fair value of contingent consideration	-
Amortization of acquired intangible asset	1.3
Acquisition related expenses	10.3
Capitalized software impairment and related costs	-
Non-GAAP Operating Income (Loss)	**$ (2.4)**

Quarter to Date

	3Q23	4Q23	1Q24	2Q24	3Q24
GAAP Operating Income (Loss)	**$ 2.1**	**$ (9.3)**	**$ (17.2)**	**$ (22.4)**	**$ (13.6)**
Non-GAAP Adjustments:					
Change in fair value of contingent consideration	-	-	6.3	5.7	6.6
Amortization of acquired intangible asset	-	1.3	2.5	2.5	2.5
Acquisition related expenses	2.7	7.7	2.8	1.0	0.3
Capitalized software impairment and related costs	-	-	-	-	3.8
Non-GAAP Operating Income (Loss)	**$ 4.8**	**$ (0.3)**	**$ (5.6)**	**$ (13.2)**	**$ (0.4)**