Investor Presentation

NASDAQ: NARI

May 4, 2022

INARI MEDICAL®

This presentation (together with any other statements or information that we may make in connection therewith) may contain are forward-looking statements. All statements other than statements of historical fact could be deemed forward-looking, including any estimates of fourth quarter revenue and total procedures, the potential impact of COVID-19 on the business, 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; the impact on our business, financial condition and results of operation from the ongoing and global COVID-19 pandemic, or any other pandemic, epidemic or outbreak of an infectious disease in the United States or worldwide; 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 Report 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.

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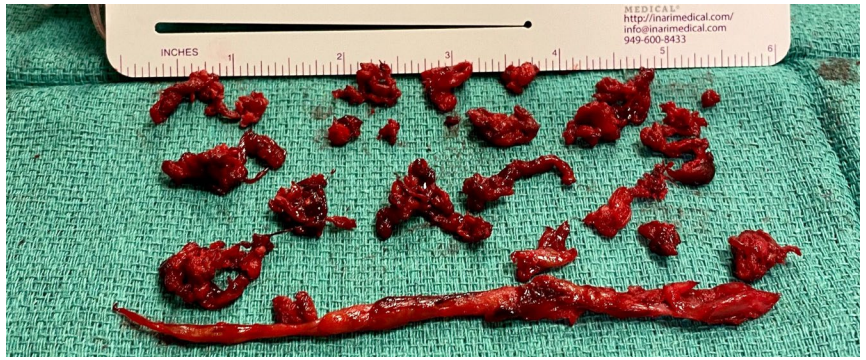
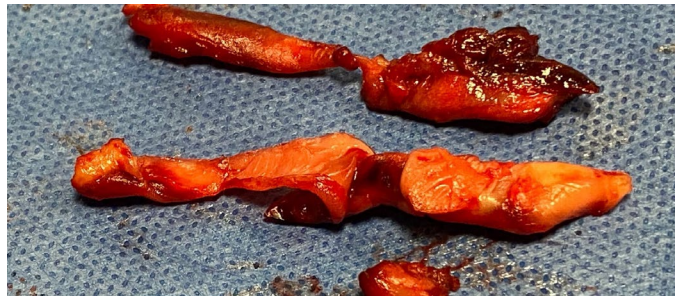
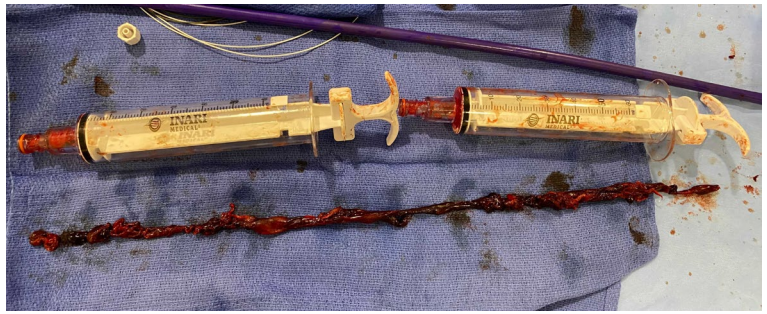
Take Care of Our Patients. Take Care of Our People. Make No Small Plans.







A Mission, A Plan, and Crisp Execution Producing Strong Growth

We are committed to changing lives in the most extraordinary ways. We are committed to our people.

Purpose Built Solutions, Differentiated Devices	Inari devices are designed to solve specific problems. They are not re-purposed or derived from other disease states, anatomy, or platforms. Inari devices are highly differentiated.
BIG, Growing, and Efficient Commercial Team	Exited 2021 with over 200 U.S. territories. Continued expansion to at least 275 U.S. territories planned by FYE 2022.
Large Markets, Lot of Runway	Our core VTE market opportunity is $5.8B in the U.S. alone.[1] Inari penetration remains <5%.
Data Drives Adoption, Data is a Differentiator	Robust portfolio of high-quality data has already emerged: CLOUT DVT, FLASH PE, FLAME high-risk PE, PEERLESS RCT. More than 170 peer reviewed publications.
Robust Product Pipeline	2021: 5 new products launched. 2022: Further accelerating cadence of product introductions. 2 new products launched YTD.[2]
Efficient Procedures, Favorable Economics	Inari products address high acuity disease states, require limited hospital resource, avoid ICU stay, reduce total length of stay, and produce excellent clinical and economic outcomes.
Unique Culture	A mission more important than business.

1. *Based on third party data and Inari management estimates.*
2. *As of May 4, 2022*

Strong Leadership Team to Capitalize on Our Opportunity

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	VP Engineering
Eric Khairy	VP Marketing
Eric Louw	VP Manufacturing
Janet Byk	VP Finance & Accounting
John Borrell	VP 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	VP Operations
Randy Hamlin	VP Advanced Development
Shon Chakrabarti	VP & General Manager, Chronic Venous Diseases
Tara Dunn	VP Clinical Affairs & Market Development
Venkat Tummala	VP Medical Affairs
Victor Tapson	VP Medical Affairs
Vitas Sipelis	VP International

Poor outcomes for Venous Thrombectomy Stem from Differences Between Arterial and Venous Clot

	Arterial System	**Venous** System
Hemodynamics	**High** flow, **high** pressure	**Low** flow**, low** pressure
Vessel morphology	**Vessels taper** in direction of flow	**Vessels enlarge** in direction of flow
Clot morphology	**Small** amounts of **soft clot** in **small vessels**, **"floating"** in the vessel	**Large** amounts of **firm/hard** clot in **large vessels**, **adhered** to vessel wall

Repurposed Arterial Thrombectomy Systems > **Inadequate results**, often requiring thrombolytics > **Inadequate safety**, effectiveness & economic outcomes

Inadequate Thrombectomy Options Lead to Use of Thrombolytics, An Ineffective Option for Venous Clot

For Venous Clots, Thrombolytics are Generally:

Ineffective

- Because symptoms from venous clot often appear gradually, the underlying clot can become significant in size and hardened
- Clot morphology changes over time
- The older the clot, the fewer "targets" of thrombolytics remain, which can render thrombolytic treatment ineffective

High Risk

- Thrombolytics can carry significant rates of bleeding complications
- Conservative patient selection and lowering dosage do not always eliminate bleeding risks
- Up to 50% of patients with VTE are relatively or absolutely contraindicated to thrombolytics

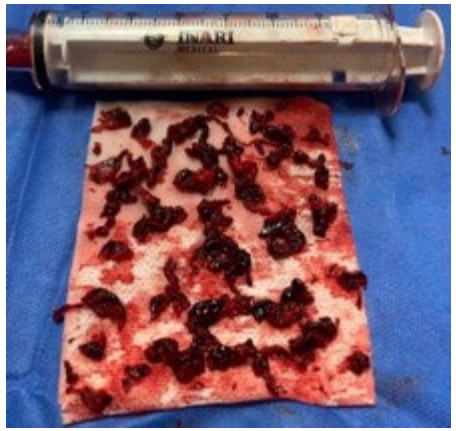
Expensive

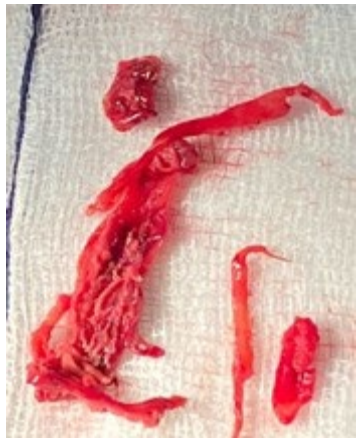
- Thrombolytic drugs can be highly costly
- Administration of thrombolytics requires multiple procedures and prolonged hospital stays
- Bleeding risks necessitate ICU stay (the most expensive bed in the hospital)
- Reimbursement for thrombolytics is relegated to low-paying, medically-orientated DRGs[1]

Most Venous Clot Does Not Respond to Thrombolytics

Acute → Chronic

ClotTriever® System

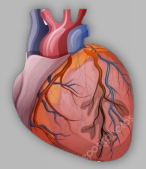
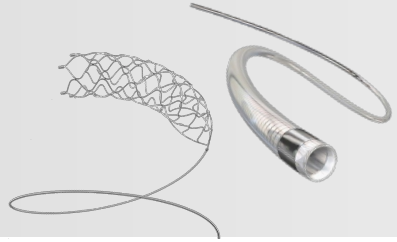
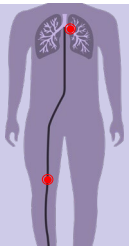
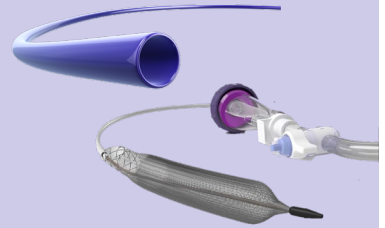


FlowTriever® System



Treatment of Thrombotic Diseases Consistently Evolves to Definitive Mechanical Catheter Intervention

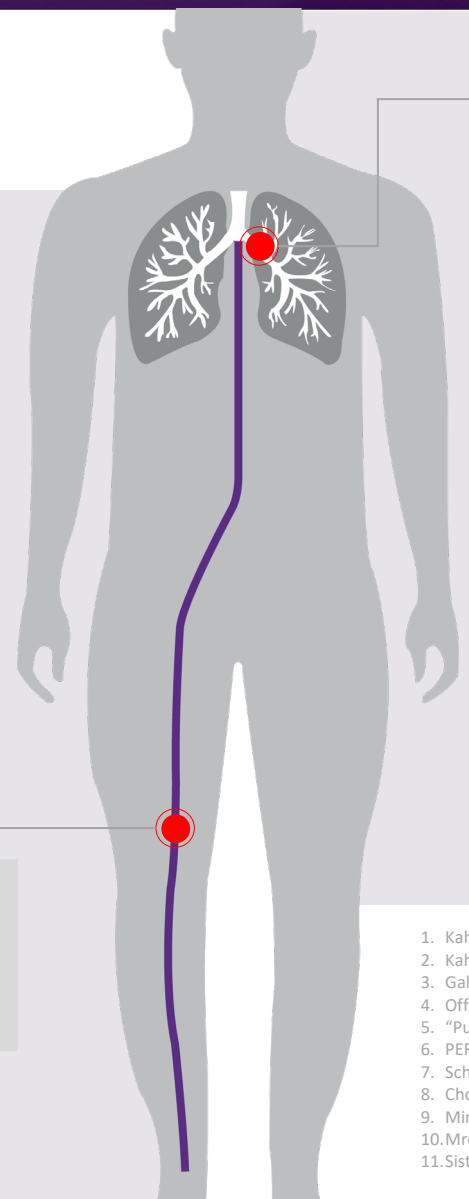
	Anti-Coagulation **(AC) Only**	AC + **Thrombolytics (Lytics)**	AC + **Definitive Catheter Intervention**	
 **Myocardial Infarction**	**AC alone**	AC + **Thrombolysis**	AC + **POBA & DES**	
 **Stroke**	**AC alone**	AC + **Systemic Lytics**	AC+ **Stentrievers & Aspiration Thrombectomy**	
 Expected Path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

Overview of Venous Thromboembolism (VTE)

DEEP VEIN THROMBOSIS (DVT)

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

Up to **50%**	expected to develop **Post-thrombotic Syndrome (PTS)**[1]
~**90%**	**of PTS patients are unable to work** 10 years after diagnosis[2]
>**10%**	**of PTS patients develop venous leg ulcers.**[3] Patients w/ severe PTS have QoL comparable to congestive heart failure or cancer[4]



PULMONARY EMBOLISM (PE)

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

3rd	**leading cause of cardiovascular death**[5] (and a leading cause of preventable deaths in hospital)
Up to **15%**	30-day all-cause **mortality**[6,7] (**28%** for high-risk PE[6])
Up to **50%**	**have residual vascular obstruction**[8-10], and long-term complications are common[11]

1. Kahn, Susan R. Hematology Am Soc Hematol Educ Program. 2016 Dec 2; 2016(1): 413–418
2. Kahn, et al. Arch Intern Med. 2004;164:17-26
3. Galanaud, et al. Thromb Haemost 2018; 118(02): 320-328
4. Office of the Surgeon General (US); National Heart, Lung, and Blood Institute (US). Office of the Surgeon General (US); 2008.
5. "Pulmonary Embolism in 2017: Increasing Options for Increasing Incidence", National Center for Biotechnology Information, May 2017.
6. PERT Consortium® Registry Data. Interim results on 5,048 Patients presented at PERT Symposium October 2021
7. Schultz J, et al. Pulm Circ. 2019 Jan 11;9(3):2045894018824563;
8. Chopard et al. 2017. Ame J of Cardiol. Volume 119, Issue 11, 1883–1889
9. Miniati et al. 2006 Medicine. 85. 253-62. 10.1097/01.md.0000236952.87590.c8
10. Mrozek et al. Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub. 2018 162(2):121-126. doi: 10.5507/bp.2018.001
11. Sista AK, et al. Vasc Med. 2017 Feb;22(1):37-43

Large Addressable Market: Deep Vein Thrombosis (DVT)

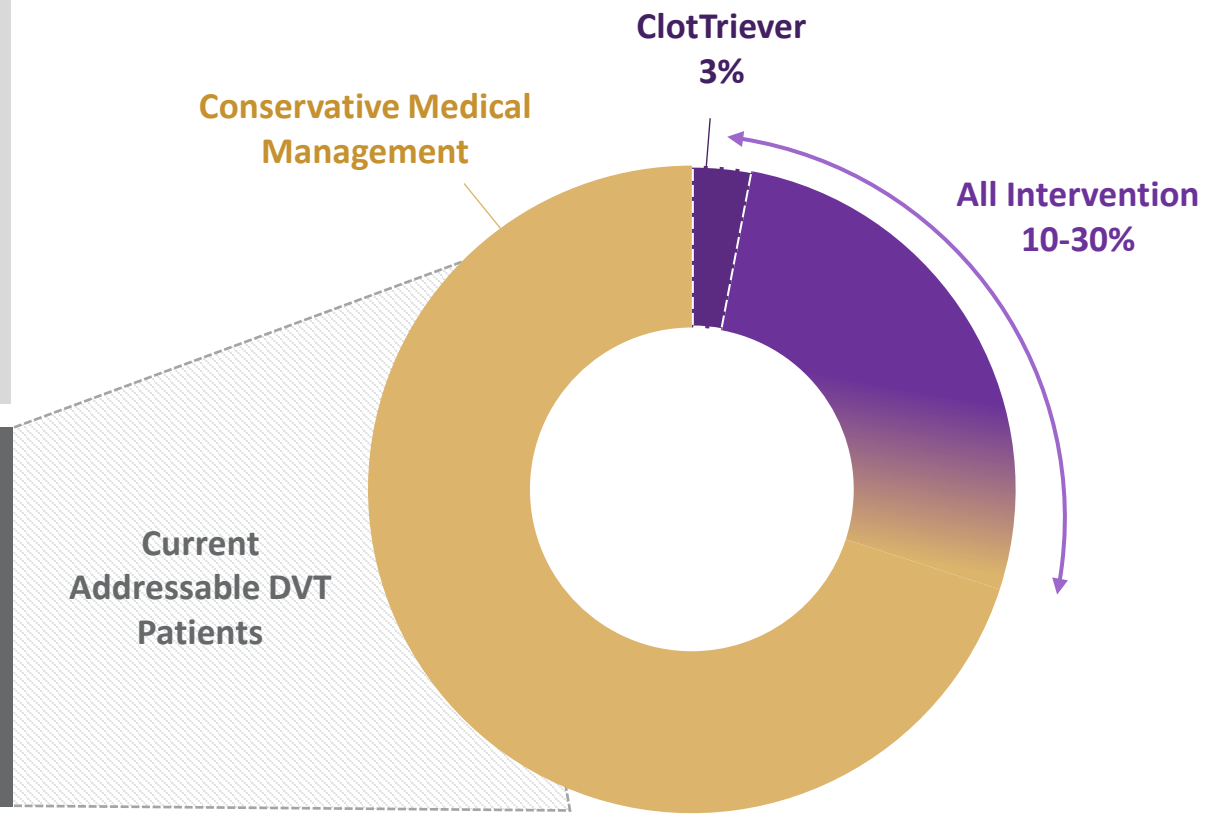
1,025,000

Upper Extremity, Femoral, Lower Leg, etc.

595,000

Iliofemoral DVT, Clot in Transit

430,000



% of Market Treated Interventionally

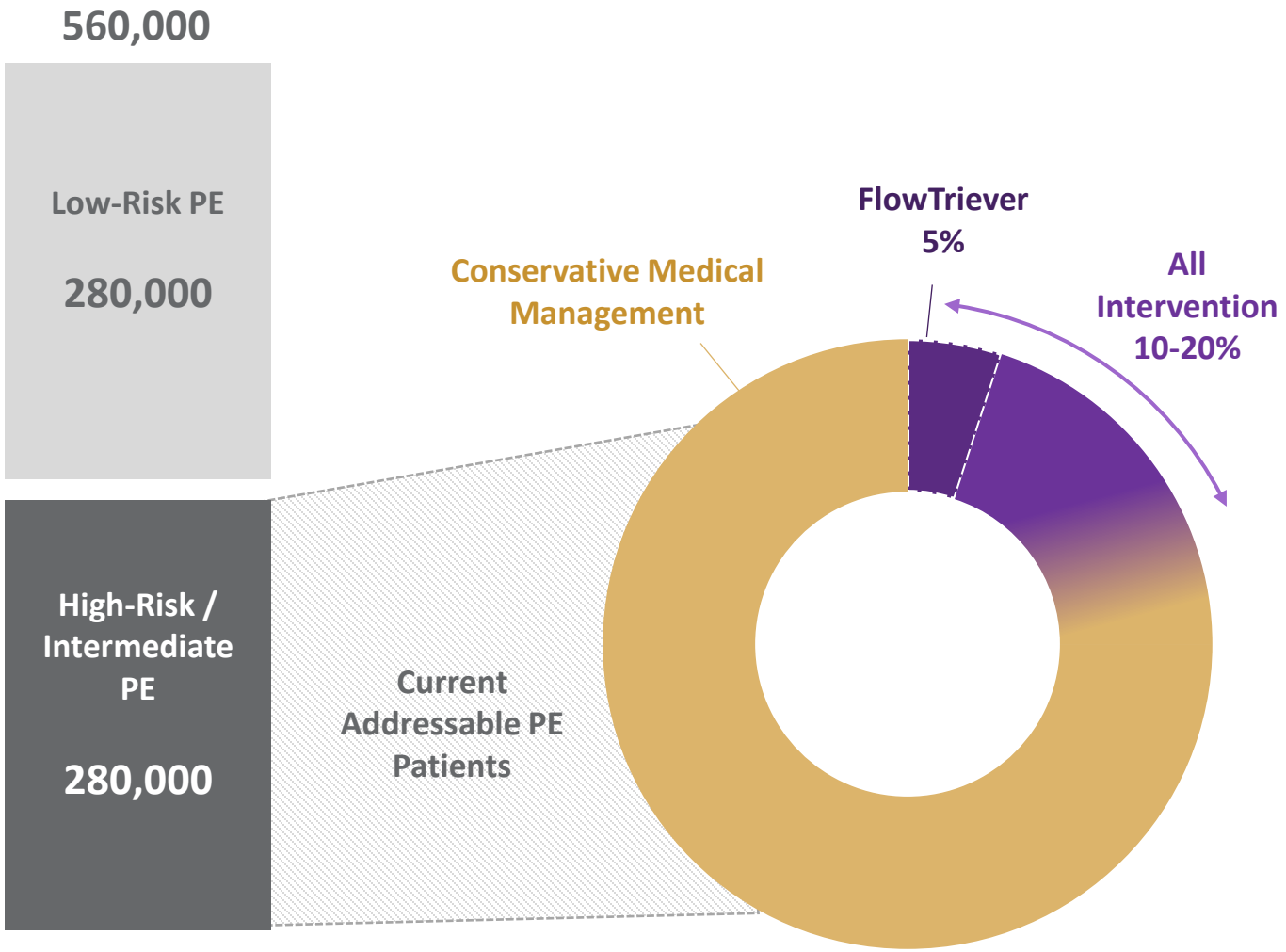
- Interventional treatment: catheter-directed thrombolysis and/or thrombectomy
- ClotTriever, AngioJet (BSX), Indigo (PEN), EKOS (BSX)
- 10% - 30% (43,000 -129,000 patients) of Total DVT patients

% of Market Treated with Conservative Medical Management

- Conservative medical management
- Systemic thrombolysis
- Anticoagulation alone

Source: Management estimates.

Large Addressable Market: Pulmonary Embolism (PE)



% of Market Treated Interventionally

- Interventional treatment: catheter-directed thrombolysis and/or thrombectomy
- FlowTriever, EKOS (BSX), Indigo (PEN)
- 10% - 20% (28,000 - 56,000 patients) of Total PE patients

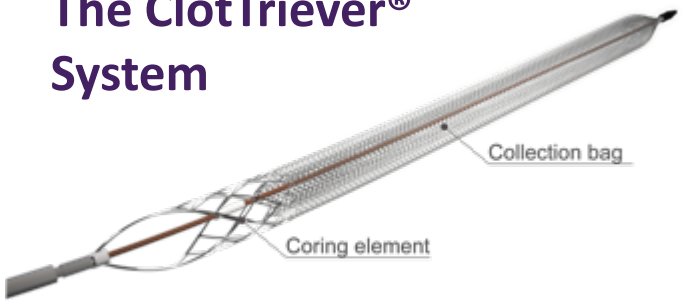
% of Market Treated with Conservative Medical Management

- Conservative medical management
- Systemic thrombolysis
- Anticoagulation alone

Source: Management estimates.

Our Solutions are Designed to Offer Significant Benefits to Hospitals, Physicians and Patients

The ClotTriever® System



Key benefits to hospitals, physicians & patients

The FlowTriever® System

Capture and **remove large clot** burden from large vessels

Liberate clot mechanically **and remove venous clot** from the vessel wall

Eliminate the need for **thrombolytic drugs**

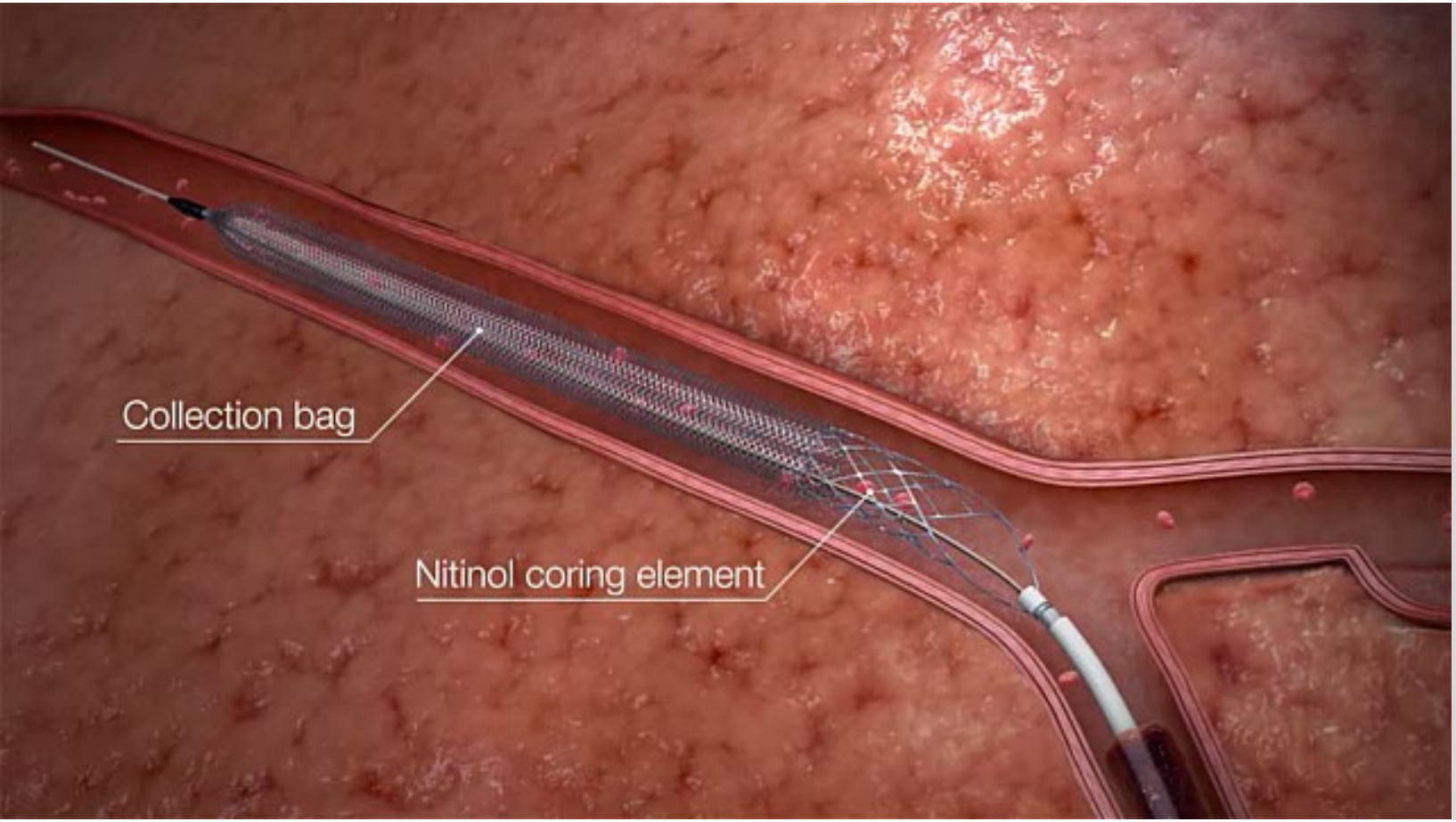
Remove clot safely with **minimal blood loss**

Offer **simple, intuitive and easy-to-use solutions** to physicians

Enable **short, single-session treatment** with improved hospital & physician efficiency

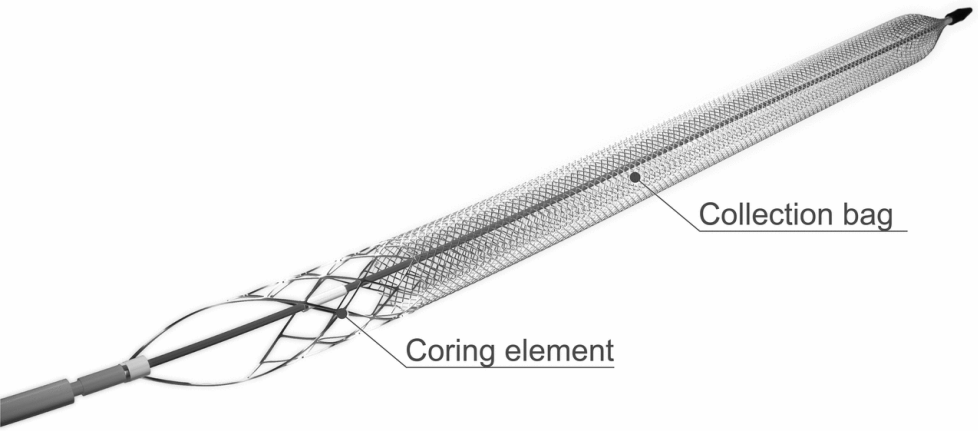
Require **no capital equipment**

ClotTriever: Mechanically Coring Clot from the Vein Wall



- Simple devices to remove large volumes of clot
- Near bloodless thrombectomy
- Treats in a single session
- Lytic-free
- Avoid ICU stay
- Rapid symptom relief

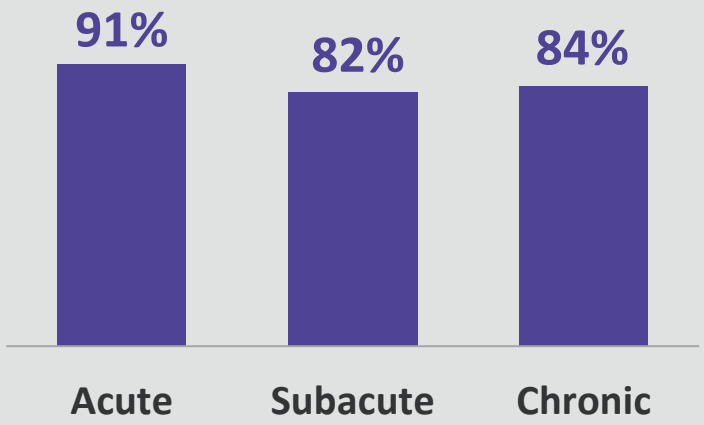
ClotTriever: Mechanically Coring Clot from the Vein Wall



ClotTriever is Effective on Clot of all Ages

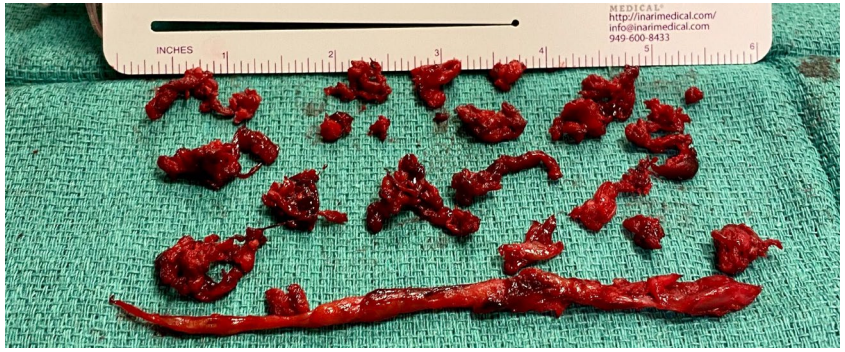
% of limbs with complete or near complete (≥75%) thrombus removal

(as assessed by Marder Score)[1]



1. CLOUT interim analysis. Presented at AVF 2022.

ClotTriever Removes Significant Clot Burden



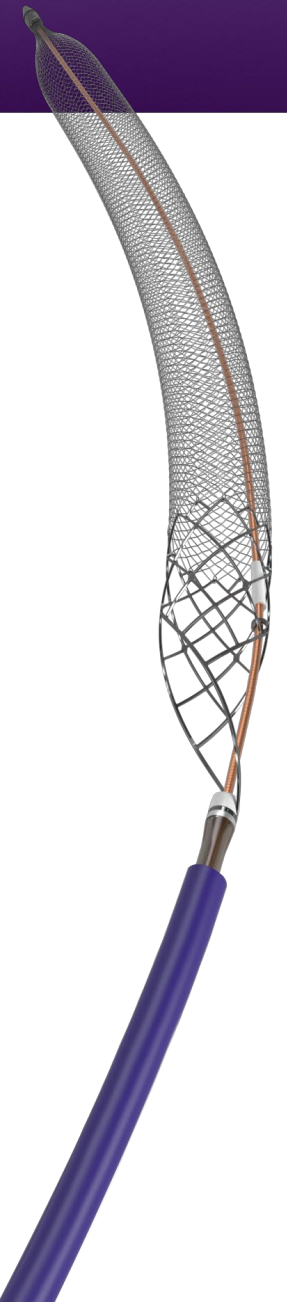
The ClotTriever BOLD Catheter

Designed to collect and remove the toughest clot from acute to chronic.

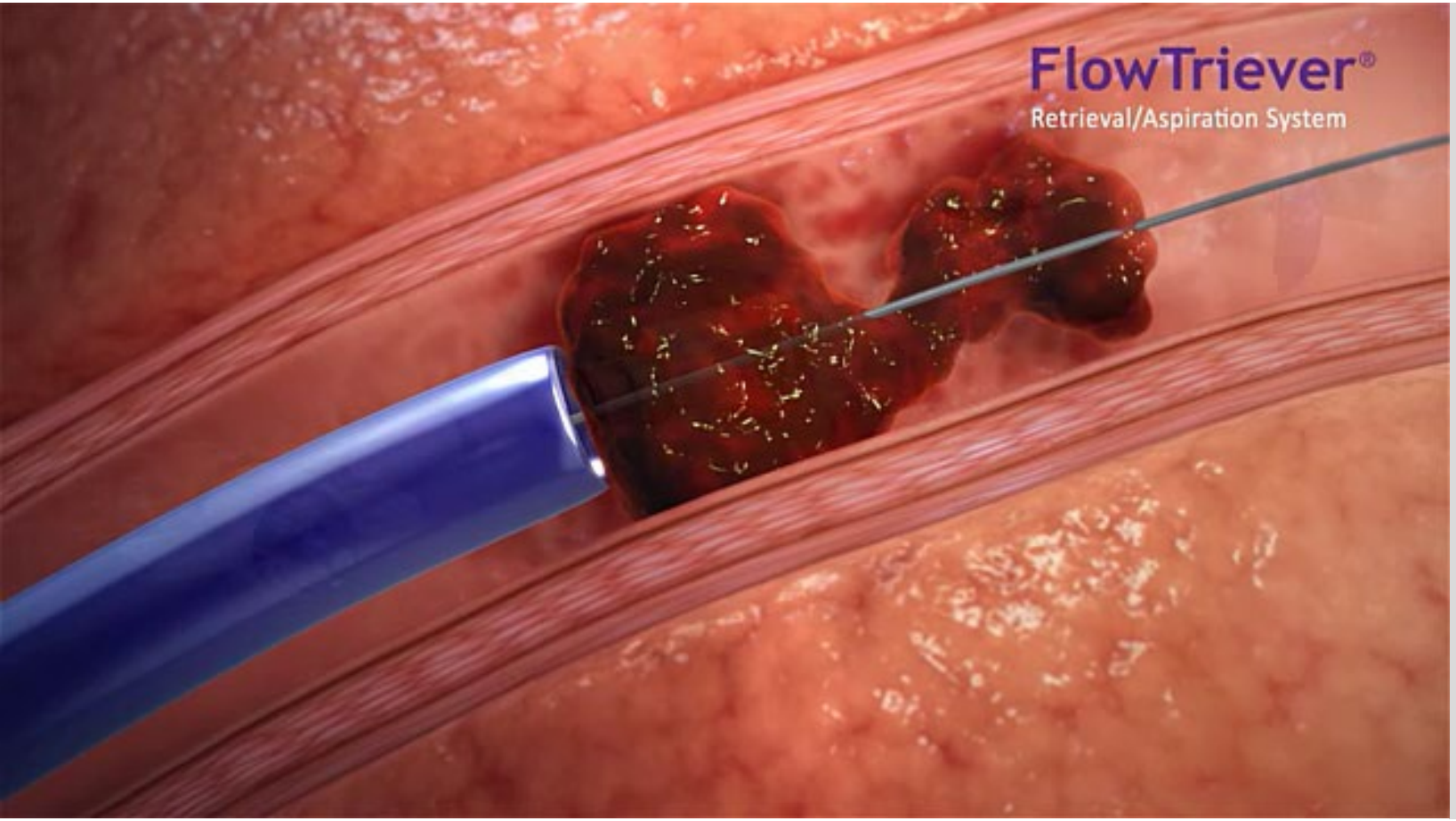
Engineered to Address the Challenges of Chronic Thrombus

- **~30% greater radial force** provides better wall apposition
- **Improved thrombus engagement** to treat the full range of acute to chronic DVT
- Designed for **advanced control** in chronic venous occlusions

Launched March 2022



FlowTriever: Large Bore Catheters for Large Clot Hauls



- Simple devices to remove large volumes of clot
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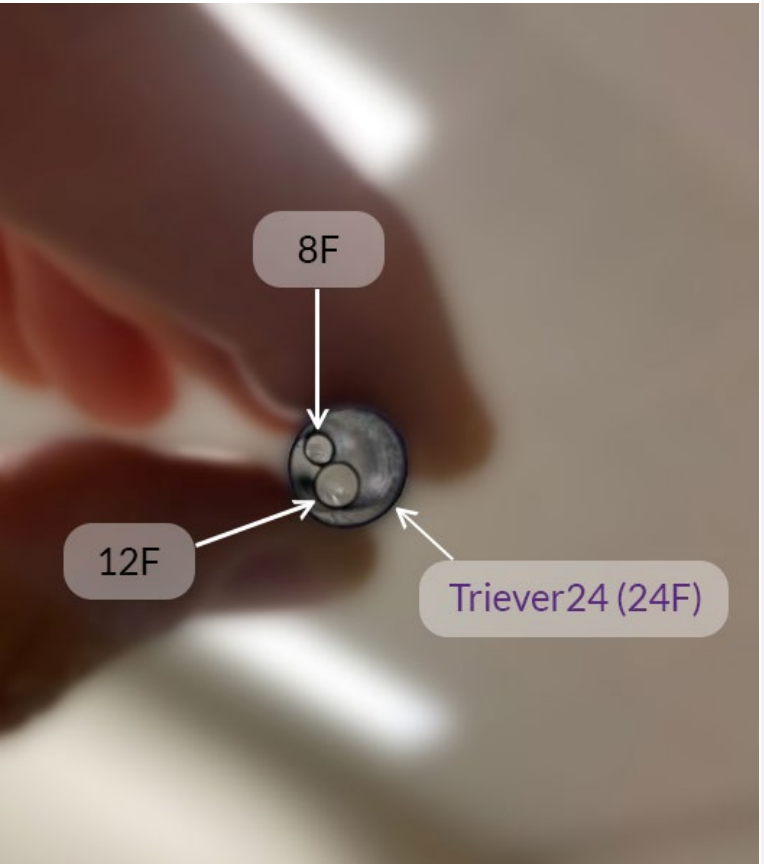
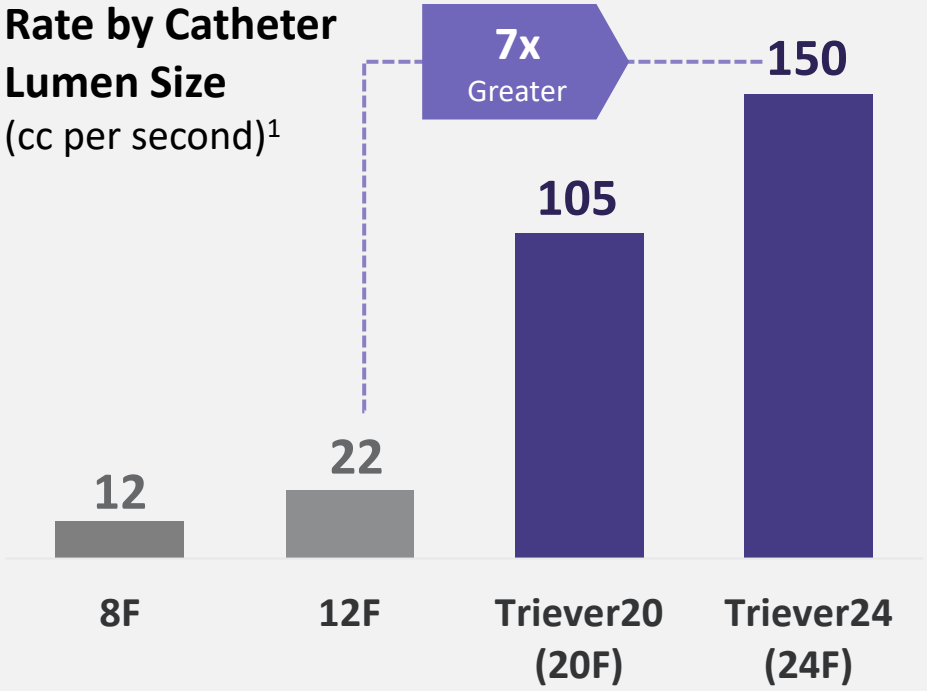
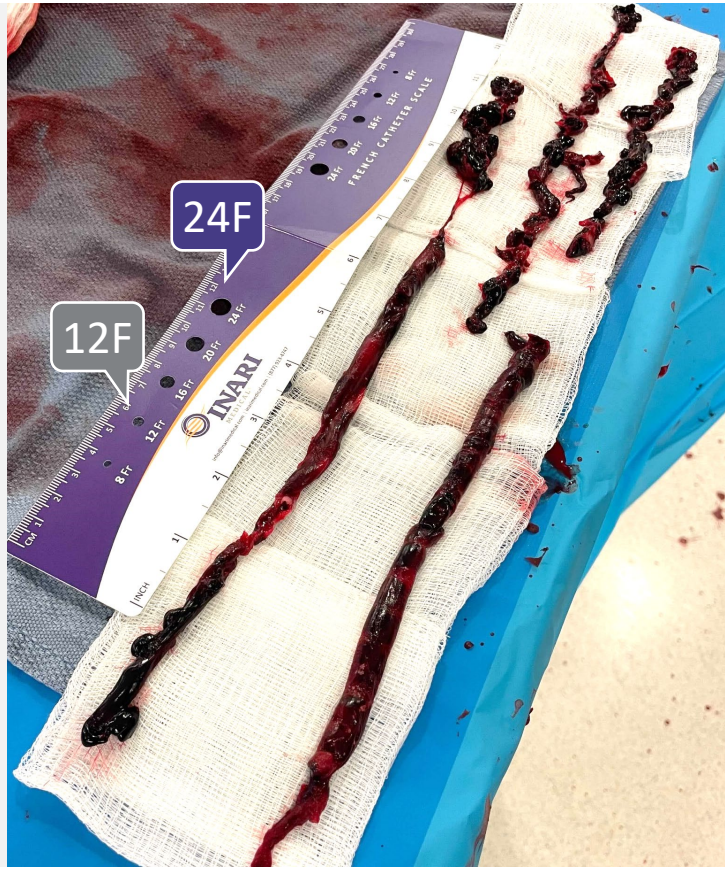
FlowTriever: Large Bore Catheters for Large Clot Hauls



Aspiration Flow Rate by Catheter Lumen Size
(cc per second)[1]





Note: Catheter flow rate is generally in line with the Hagen-Poiseuille equation used in calculating fluid pressure.
1. Inari data on file

FlowSaver: Enabling Bloodless Thrombectomy with Large Bore Aspiration

Re-infuse filtered blood,
enabling:

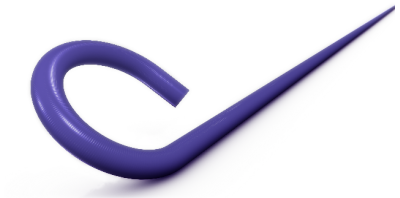
- ~30% increase in number of whooshes (aspirations)
- ~80% reduction in blood loss

Nearly 10,000 cases completed to date

Source: Inari case data on file

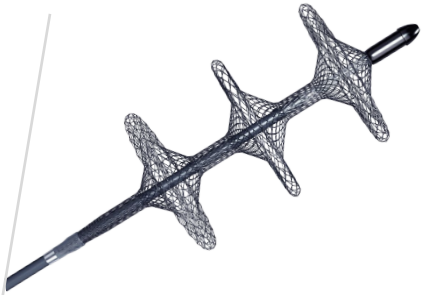
The FlowTriever® System: A Full Toolkit Approach

Triever16®, Triever20® & Triever24® Catheters



Triever20 Curve® Catheter

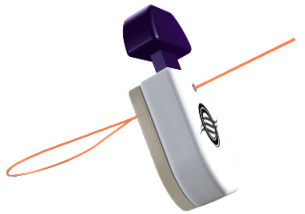
FlowTriever2® Catheter



FlowTriever Disks

FlowSaver® Blood Return System

Large Bore Syringe

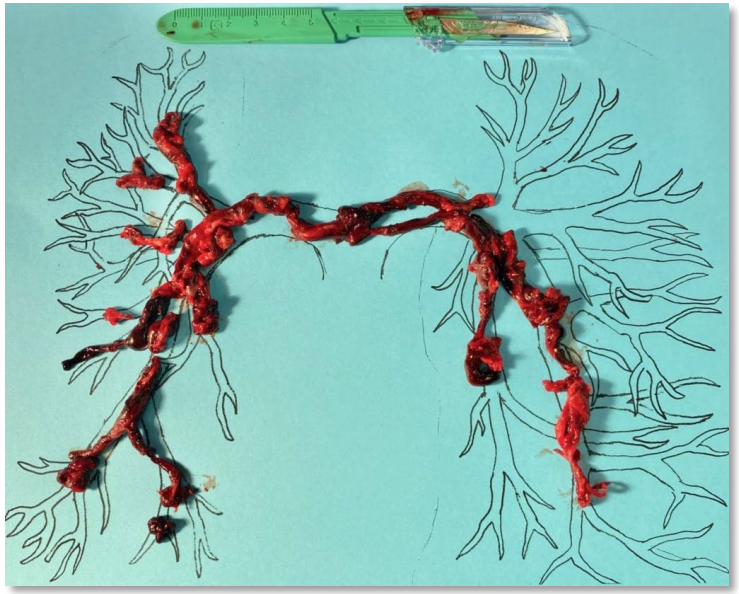


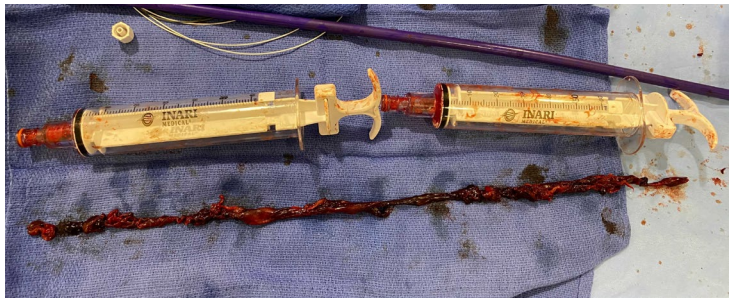
FlowStasis® Suture Retention Device

Intri24® Introducer Sheath

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 Triever Catheters for autologous blood transfusion

FlowTriever Removes Significant Clot Burden





Real-world and Broad Evidence Generation to Drive Adoption Including Investment in RCTs

ClotTriever® System Clinical Registry

500th & final pt. enrolled

Up to **500** patients | **50** sites | **2 yr.** f/u

Interim results in 250 pts. with range of clot chronicity:

- Excellent safety profile
- Significant clot removed
- Low rates of post-thrombotic syndrome symptoms

FlowTriever® System PE Registry

800th & final pt. of U.S. arm enrolled. First patient enrolled in EU arm

Up to **1,000** patients* | Up to **100** sites | **6 mo.** f/u

Interim results in 500 pts. with high- & intermediate-risk PE:

- Excellent procedural safety
- Immediate on-table improvements
- Significant long-term mortality and QoL benefit

*Additional up to 300 patients in conservative arm sub study

FlowTriever System for Acute Massive PE

Up to **71** patients† | Up to **20** sites | **In hosp.** f/u

Now enrolling high-risk PE patients.

Designed to impact practice guidelines.

†Up to 71 patients in FlowTriever front-line and up to 142 in context arm

PEERLESS

First patient enrolled in RCT and registry arm

Up to **550** patients‡ | **60** sites | **30-day** f/u

Now Enrolling: PE randomized controlled trial (RCT) - FlowTriever vs. Catheter Directed Thrombolytics (CDT).

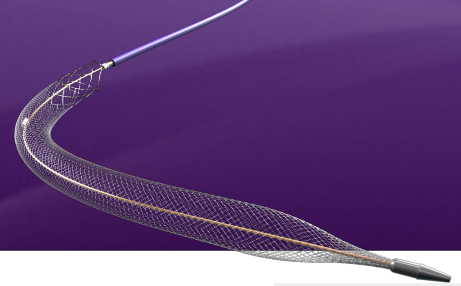
‡550 patients in RCT + additional up to 150 pts. with contraindication to lytics in a registry arm

Investigator Initiated Research: Several IIR Studies in Process/Under Development

Examples: VTE clot pathology, PE patient follow-up for ventilation-perfusion imaging assessment (RPVO) post FlowTriever, patient risk stratification, etc.

CLOUT Registry: Interim Results Summary (N=250)

ClotTriever System in Iliofemoral DVT Patients



Lytic-free, Mechanical Thrombectomy

Procedural Results

99.6%

Single-session treatment

50.0mL

Median estimated blood loss

0mg

Thrombolytics used

Effective Thrombus Removal

Across DVT Chronicity

85.8%

Complete or near complete thrombus removal*

90.8% Acute

81.9% Subacute

83.8% Chronic

**≥75% THROMBUS REMOVAL DETERMINED BY INDEPENDENT CORE LABORATORY-ADJUDICATED MARDER SCORES.*

Demonstrated Safety*

At 30 Days

0.0%

Vessel/Valve damage

0.0%

Acute renal injury

0.4%

Device-related SAEs

**ADJUDICATED BY AN INDEPENDENT MEDICAL MONITOR*

Long-term Patient Benefits

At 6 months

90.1%

Flow via duplex ultrasound

100%

Median reduction in pain

91.2%

Free of moderate or severe PTS

94.3% Acute

88.2% Subacute

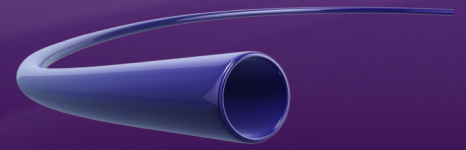
90.9% Chronic

Significant improvement in rVCCS and EQ-5D QoL scores

Presented at NCVH 2021 and AVF 2022

FLASH Registry: Interim Results Summary (N=500)

FlowTriever System in Intermediate-high Risk Pulmonary Embolism Patients



INARI MEDICAL®

Real-World Patients

>85%
Intermediate-high or high-risk patients

40.1%
Contraindicated for lytics

66.4%
Concomitant DVT

Unmatched Procedural Safety

0.2%
All-cause mortality at 48h

1.4%
MAE* at 48h

0.4%
Access site complications

0.0%
Device-related MAE

On-Table Clinical Improvements

7.4 mmHg
Drop in mean pap

18%
Increase in cardiac index

11.5 BPM
Decrease in heart rate

Resource Efficiencies

0 DAYS
Median ICU stay post-procedure

96.2%
Treated without adjunctive therapies

1.3%
Pe-related readmission at 30 days

Long-Term Patient Benefits

1.3%
All-cause mortality at 30 days

86.8%
Normal RV function at long-term follow up
vs. 16.0% at baseline

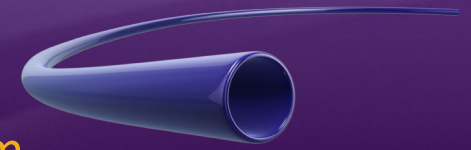
91%
Decrease in severe dyspnea at 6 months

Significant improvement in PEmb-QoL at 6 months

*Device-related death, major bleeding, intra-procedural device or procedural AEs
†In patients with low baseline CI

PEERLESS

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



550 PATIENTS IN RCT: 1:1

Enrolling up to 700 patients total, including a non-randomized cohort of up to 150 patients with absolute contraindication to thrombolytics

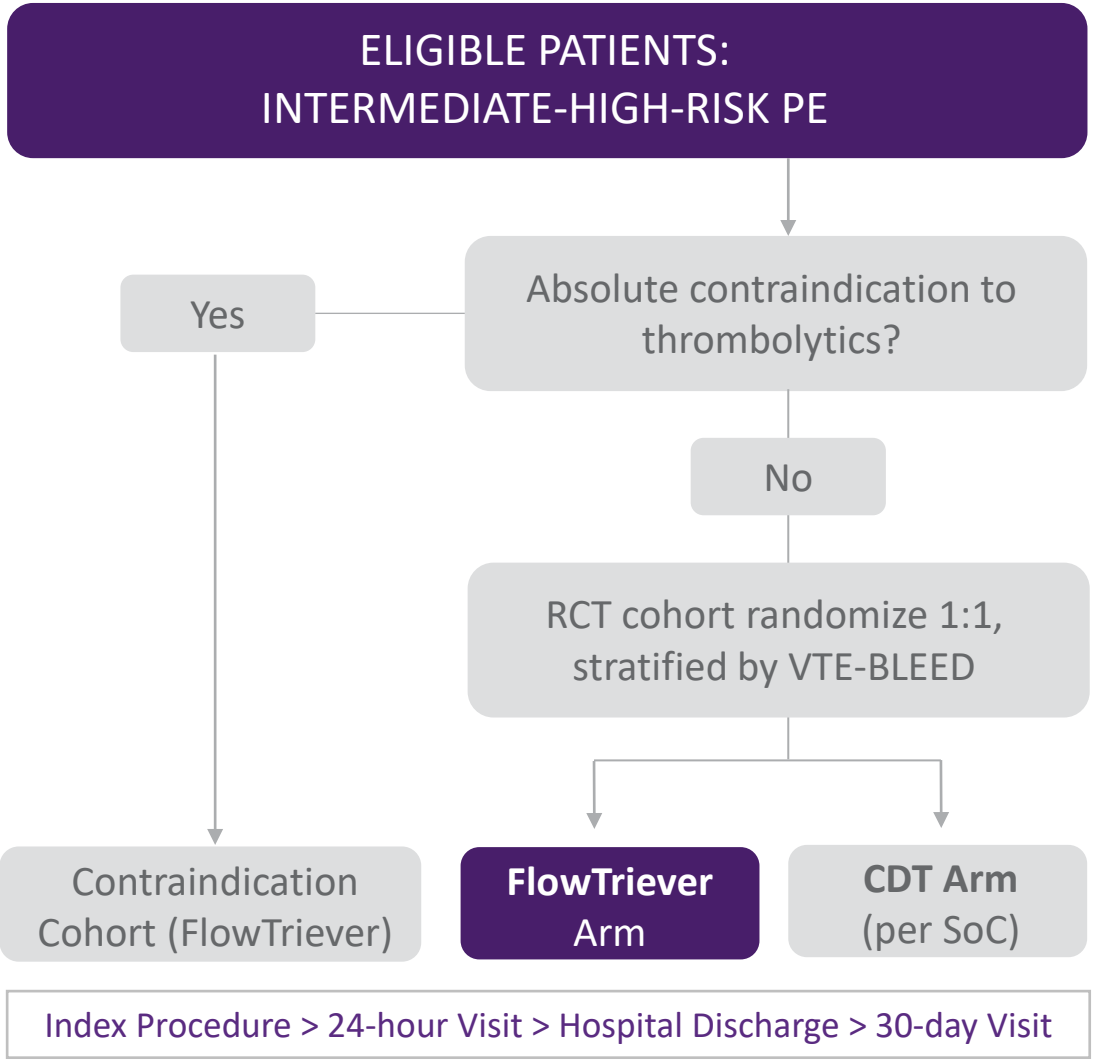
PRIMARY ENDPOINT

Win Ratio composite at discharge (7d max):

1. All-cause mortality
2. Intracranial hemorrhage
3. ISTH major bleeding
4. Clinical deterioration and/or bailout
5. ICU admission and ICU LOS

FOLLOW UP

Patient followed through 30-day visit



High Acuity Disease States, Limited Hospital Resource, Excellent Clinical and Economic Outcomes

Patients, physicians and hospitals all benefit from Inari products

Benefits appreciated during COVID times – and in all times

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

Elimination of thrombolytic drugs

Avoid ICU stay

Short total hospital stay

Established **procedural reimbursement**

Our Products Offer Benefits and Value to Our Hospital and Physician Customers

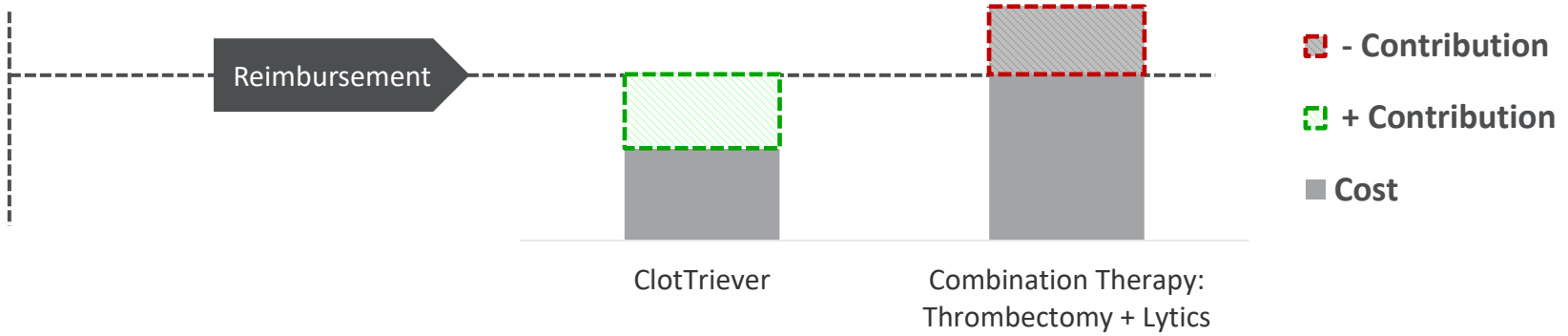
Established Coding & Payment
for Mechanical Thrombectomy[1]

Total Cost/Reimbursement Comparison
Illustrative Procedural Hospital Contributions[1]

DVT Payment

$17,727 - $34,205

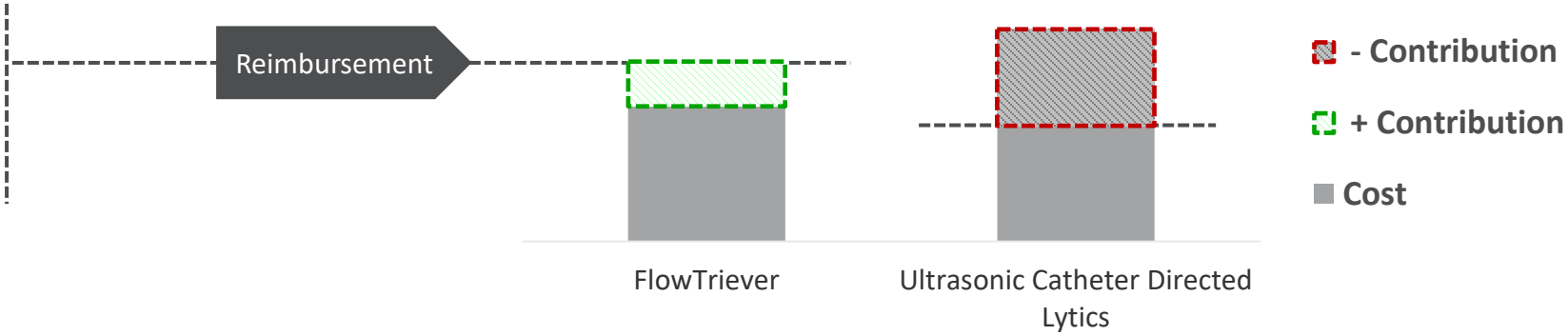
DRG: 270 – 272



PE Payment

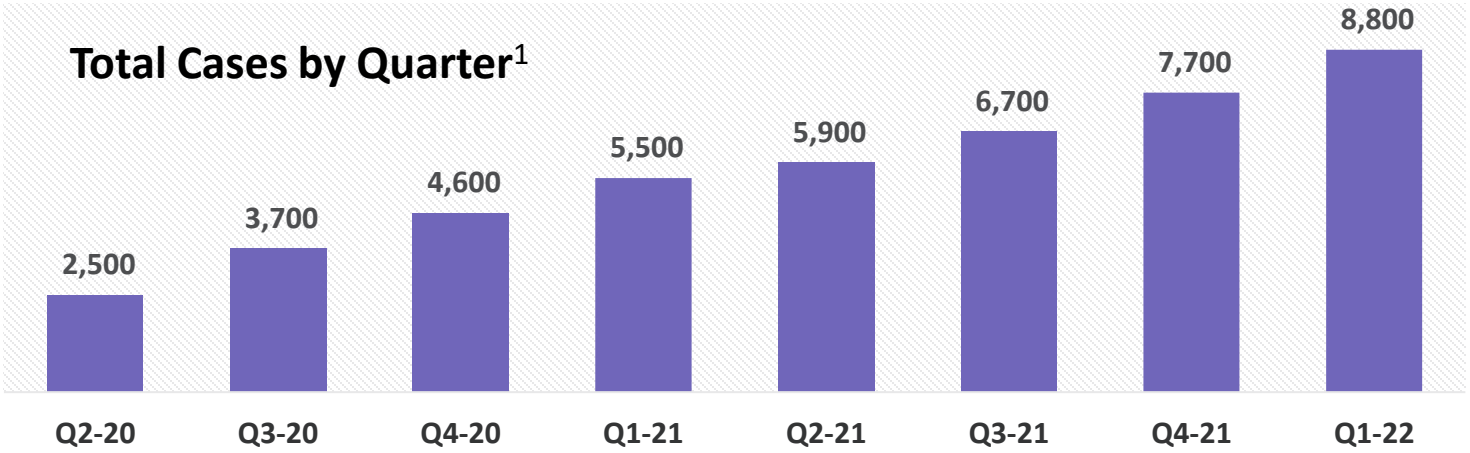
$12,639 - $33,016

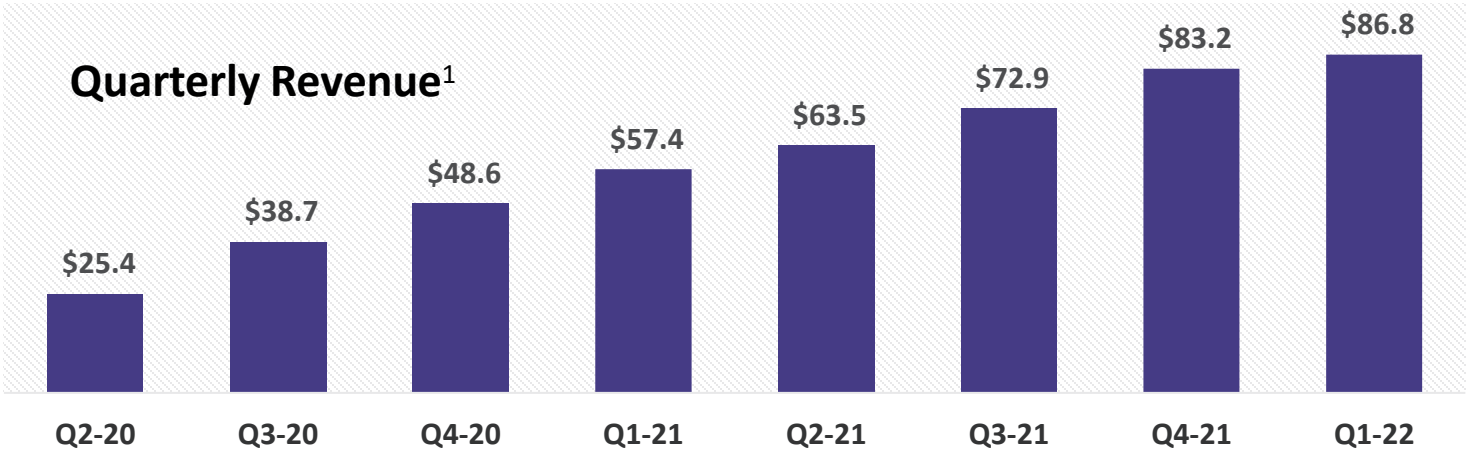
DRG: 163 – 165

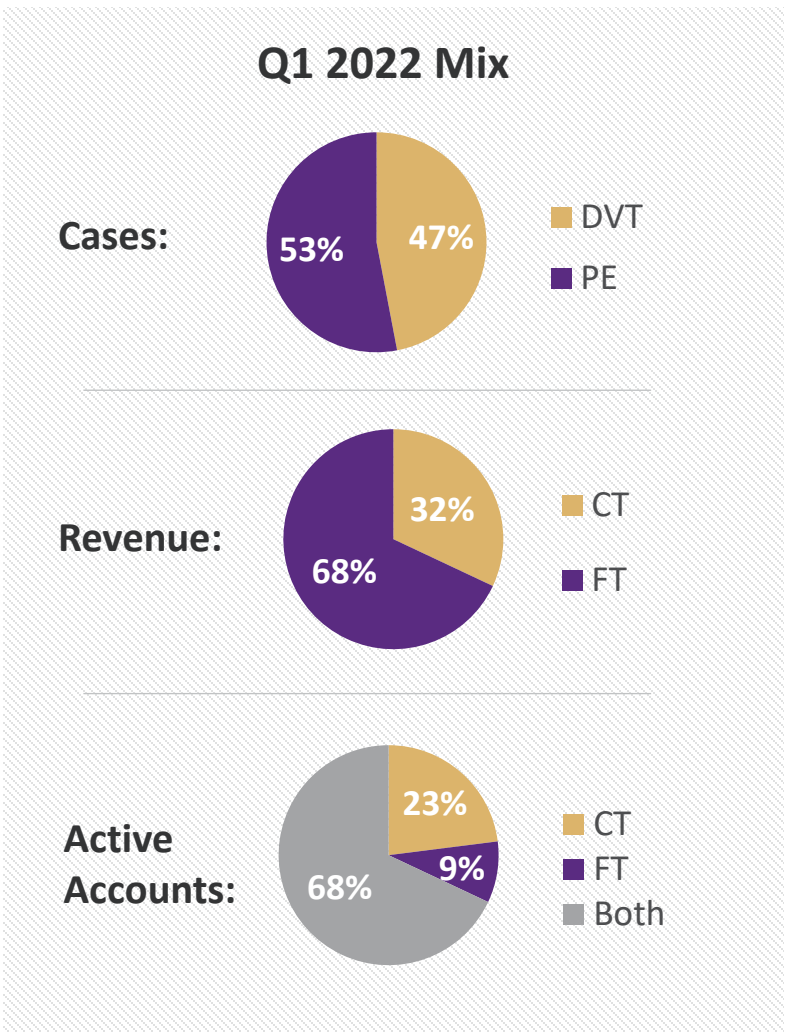


(1) Utilizes national average Medicare reimbursement rates for CY2022 IPPS and Inari management estimates around patients with and without MCC and CC.

Consistent Growth Regardless of COVID Surges







(1) *We define a procedure as any instance in which a physician treats DVT or PE using our products. We estimate the number of procedures performed based on records created by our sales representatives. Revenue is recognized based on hospital purchase orders, not based on the procedure records created by our sales representatives. Case numbers are rounded to nearest hundred and revenue dollars are rounded to nearest million.*

High Growth, Strong Margins, Efficient Use of Capital

Revenues *($ in millions)*

▲ **4%**
Sequential growth Q4-21 to Q1-22

▲ **51%**
Growth YoY Q1-21 to Q1-22

	Q2-20	Q3-20	Q4-20	Q1-21	Q2-21	Q3-21	Q4-21	Q1-22
Gross Profit	$ 21.9	$ 35.5	$ 44.9	$ 52.8	$ 58.6	$ 65.9	$ 74.9	$ 76.8
Gross Margin	86.3%	91.7%	92.4%	91.9%	92.4%	90.3%	90.0%	88.5%
Operating Income/(loss)	$ (0.6)	$ 7.2	$ 7.0	$ 7.7	$ 4.1	$ (2.7)	$ 1.7	$ (3.1)
Net Income/(loss)	$ (3.8)	$ 6.5	$ 7.0	$ 7.5	$ 4.1	$ (2.8)	$ 1.1	$ (3.1)

Relentless Execution of Inari's Growth Drivers

- ✓ Continuing to **expand our sales force**
- ✓ Driving **deeper product penetration** with our hospital customers
- ✓ Building **clinical evidence** to support **changes to VTE treatment guidelines**
- ✓ Developing **products to enhance performance** and **address unmet needs**
- ✓ Expanding into **new markets**

Changing the Standard of Care.

Treating and transforming lives.

Operational Excellence

- Headquarters located in Irvine, CA
- Relocated into 120K sq. ft. facility in Irvine to accommodate growth
- Approximately 800 employees
- Focused, efficient commercial organization
- U.S. IP portfolio of 32 issued and 31 pending patents(1)
- OUS IP portfolio of 6 issued and 29 pending patents(1)
- Significant trade secrets focused on sophisticated catheter development, braiding expertise and manufacturing expertise

(1) *As of April 4, 2022*