

Oventus Medical INVESTOR BRIEFING

23 February 2021



Oventus Medical is leading a new paradigm of sleep apnea care



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Oventus' **O2Vent oral** appliance therapy is a discrete, portable, highly efficacious and competitive alternative to CPAP

Disrupting the **\$2.4B US**¹ obstructive sleep apnea (OSA) treatment landscape Lab in Lab-model enables dentists and sleep groups to work collaboratively and profitably, to the benefit of patients 68 Lab in Lab sites contracted, 40 launched and 24 scanning

Further high growth potential from VGM agreement

Telehealth and remote treatment model developed in response to COVID-19 adopted by the largest network of respiratory care providers in the US VGM & Associates Double digit QoQ growth since Sept 2020 quarter, despite COVID-19 driven interruptions

H1 FY21 booked revenue up 192% on pcp to A\$550k and cash receipts from customers up 109% to A\$415k

Sales orders and telehealth consults **trending above prior quarter** despite seasonality

Source: ¹Sullivan, F. (2016). Hidden health crisis costing America billions: Underdiagnosing and undertreating obstructive sleep apnea draining healthcare system. American Academy of Sleep Medicine.

Obstructive Sleep Apnea overview





Obstructive sleep apnea (OSA) is the most common type of 'sleep apnea'¹



Compromises daytime functions leading to excessive sleepiness, memory impairment and depression



Co-morbidities include hypertension, heart disease, atrial fibrillation, stroke and diabetes



Occurs when a person's airway repeatedly becomes blocked despite efforts to breathe

Risk factor for chronic disease

Cost burden US\$149.6B, US\$6,033¹ per person per year undiagnosed

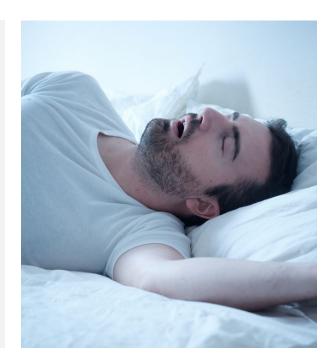
Source: ¹Sullivan, F. (2016). Hidden health crisis costing America billions: Underdiagnosing and undertreating obstructive sleep apnea draining healthcare system. American Academy of Sleep Medicine.

50% to 60% of OSA patients quit CPAP within the first year



- ~6M adult patients prescribed CPAP in the US
 - 50-60% of those patients quit CPAP
- ~3M existing patients in need of an effective alternative treatment:
 - Oventus devices sold wholesale for an average of ~A\$800/unit
 - Valves/other accessories drive recurring revenues

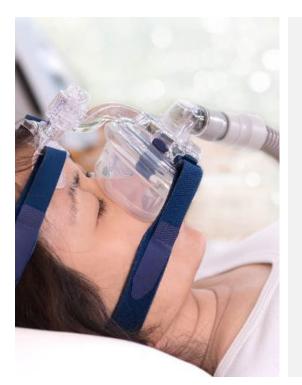
- Diagnosed patients not using CPAP – \$2.4B opportunity in the US alone¹
- Given current rates of prevalence and CPAP abandonment, US addressable market = >\$12B
- More patients seeking a non-CPAP solution – oral appliance market forecast to grow at 16% CAGR
- ~80% of OSA sufferers remain undiagnosed²



¹Based on 12% prevalence in adults within US suffering OSA as defined by having five or more sleep events per hour (AHI>5). Source: Frost & Sullivan. (2016). Hidden health crisis costing America billions: Underdiagnosing and undertreating obstructive sleep apnea draining healthcare system. Darien, IL: American Academy of Sleep Medicine.

The trouble with CPAP





CPAP, the 'standard of care' works, but for a significant percentage:

Masks and straps are uncomfortable, leading to facial abrasion, strap marks, claustrophobia and limited ability to move in bed

Air pressures are hard to tolerate and CPAP can be noisy

Technology has an image problem

Cleaning and maintenance required, masks and hoses must be regularly resupplied

50%-60%¹ of patients quit CPAP within first year

Large US study² showed only 54% compliance long term

Sources:

^{1.} Ballard RD, Gay PC, Strollo PJ. Interventions to improve compliance in sleep apnoea patients previously non-compliant with continuous positive airway pressure (CPAP), JCSM 2007, Vol 3, No7, 706-12 ^{2.} https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2679572/

O2Vent Optima[®]: How it works



Air travels through the enclosed channel and is delivered to the back of the throat.

The duckbill acts as a "second nose", providing a solution for breathing when the nose is unable to draw in air due to obstruction or congestion

Air enters in through the duckbill on inhalation and out on exhalation

The device is adjustable, bringing the jaw forward and stabilizing the airway.

Oventus O2Vent[®] addresses the needs of 80%¹ of OSA patients





CUMULATIVE SUCCESS RATES WITH OVENTUS AIRWAY TECHNOLOGY*

*Apnea–Hypopnea Index (AHI) reduction to less than 10 events per hour

Available outside of the US. 510k submission pending

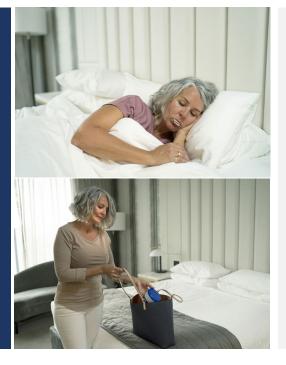
1. Based on success rates of O2Vent + ExVent. Refer clinical resources on O2Vent.com, 2. Lavery D, Szollosi I, Moldavtsev J, McCloy K, Hart C. Airway open-airway closed: The effect of mandibular advancement therapy for obstructive sleep apneea with and without a novel in-built airway. Poster session presented at: Australasian Sleep Society Sleep DownUnder, 2018, October 17-20; Brisbane, Australia 3. Lai, V, Tong, B, Tran, C, Ricciardiello, A, Donegan, M, Murray, N, Carberry, J, Eckert, D. 'Combination therapy with mandibular advancement and expiratory positive airway pressure valves reduces obstructive sleep apneea severity', Sleep, vol 42, no. 8, August 2019, zsz 119. 4. Tong B, Tran C, Ricciardiello A, Donegan, Murray N, Chiang A, Szollosi I, Amatoury J, Eckert D. Combination therapy with CPAP plus MAS reduces CPAP therapeutic requirements in incomplete MAS responders. Poster session presented at: Australasian Sleep Society Sleep DownUnder, 2018, October 17-20; Brisbane Australia 5. ExVent available in Oventus' key markets of Australia and Canada, not yet approved in the US.

Oventus is driving disruption in the sleep industry



Why do oral appliances only represent 10% of the therapeutic market?

- Variable efficacy of oral appliances
- Complex patient journey
- Competing economic imperatives between the sleep and dental channels

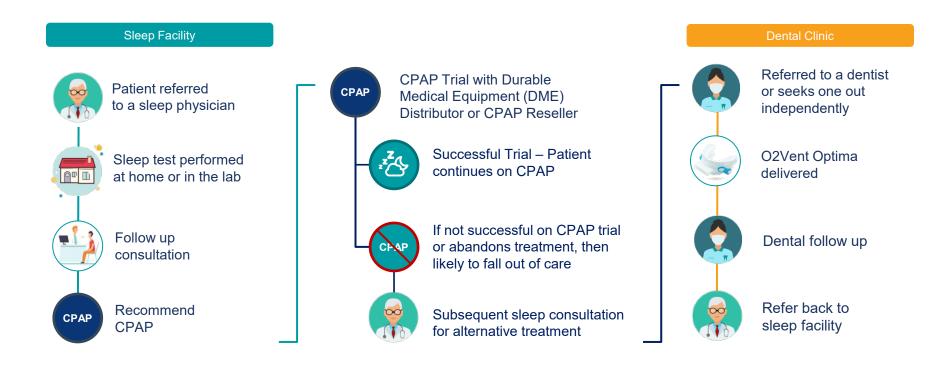


Oventus is addressing these issues with new technology and a novel approach to care

- Clinically validated to be the most effective oral appliance with success rates comparable to CPAP^{1,2,3}
- Digital workflow and virtual patient journey mean that Oventus' unique treatment modality can be delivered in both the sleep and dental channel
- 'Lab in Lab' (LIL) program increases revenue and profit for both the sleep and dental channel

1 McCloy K, Lavery D, Moldavtsev J, Airway open-airway closed: The effect of mandibular advancement therapy for obstructive sleep apnoea with and without a novel in-built airway. Abstract Submitted ASA Brisbane 2018. 2 Lai V, Tong B, Tran C, Ricciardiello A, Donegan M, Murray N, Carberry J and Eckert D, Combination therapy with mandibular advancement and expiratory positive airway pressure valves reduces OSA severily. Abstract Submitted ASA Brisbane 2018. 3 Tong B, Tran C, Ricciardiello A, Donegan M, Murray N, Carberry J and Eckert D, Combination therapy with CPAP plus MAS reduces CPAP therapeutic requirements in incomplete MAS responders. Abstract submitted ASA Brisbane 2018.







By enabling dentists to take oral scans of patients mouths within the sleep facility, the patient is able to complete the whole care cycle at one location.



Sleep doc consults/ diagnoses/ prescribes



3

Dentist within sleep centre* scans patient for O2Vent Optima, delivers device, handles reimbursement

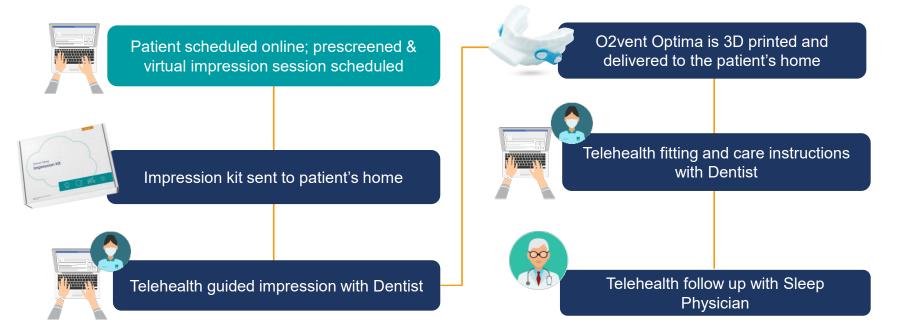


Ongoing patient management shared by the sleep physician and dentist

*Reimbursed in the US under existing HCPC codes for both commercial payers and government funded Medicare patients



Benefits for patients, with substantially lower costs for Oventus



Simple for the patient and cost effective to deliver, this fully virtual treatment model removes many of barriers to delivering care

Oventus' telehealth oral appliance therapy revolutionises OSA treatment



Therapy managed remotely by a Dentist and a sleep physician





Patient receives same level of care as a face to face visit

Source: Internal CMS analysis of Medicare FFS claims data, March 17, 2020 through June 13, 2020 (using data processed through June 19, 2020)

Oventus positioned for telehealth growth surge

COVID-19-related concerns in treating OSA:

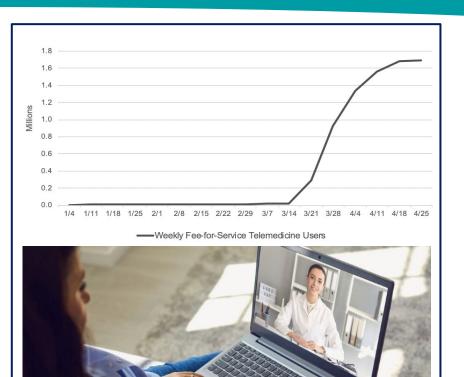
- CPAP aerosol droplets thought to spread virus
- Sleep centre in-lab services 50% reduced with many suspended
- Increase in home sleep studies
- Reduced patient visits (dental and medical)

Telemedicine emerges and is here to stay:

• Over 9 million beneficiaries have received a telehealth service during the public health emergency, mid-March through mid-June

Teledentistry service providing oral appliance treatment and management:

- Convenient
- Low cost
- Virtual collaboration: Help Sleep MD and dentist keep patients in care
- · Solution for patients that cannot use CPAP





National Lab in lab marketing agreement signed with VGM – USA's largest network of respiratory care providers



BUSINESS N	EWS FOR HOME MEDICAL	Vews		
NEWS	PROVIDERS	MOBILITY	SPECIALTY PROVIDERS	

Home / Article / Oventus Medical becomes 'preferred supplier' for VGM members

OVENTUS MEDICAL BECOMES 'PREFERRED SUPPLIER' FOR VGM MEMBERS



HME News Staff News Updated Mon November 23, 2020

BRISBANE, Australia – Oventus Medical has signed a marketing agreement with VGM & Associates. Per th VGM has named Oventus Medical as a preferred supplier of oral appliance therapy and will promote the in-lab" program to its 2,500-plus members with 7,000-plus locations. The difficulties associated with CPV optimum patient care are well understood," said Scott Owen, senior vice president of contracting for VGA "By working with Oventus, the introduction of a program that offers oral appliance therapy as alternative our members to better support both their patients and referral sources, while strengthening their revenue agreement is initially for a one-year term, with an automatic annual renewal, unless a party elects not to n prior to the end of that term. Oventus Medical expects to start the process of launching its LIL program to January. It believes the agreement will make "a large contribution to growth" next year. Under Oventus M program, dentists take scans of the mouths of patients within hybrid sleep facilities, which also offer DME oral devices.

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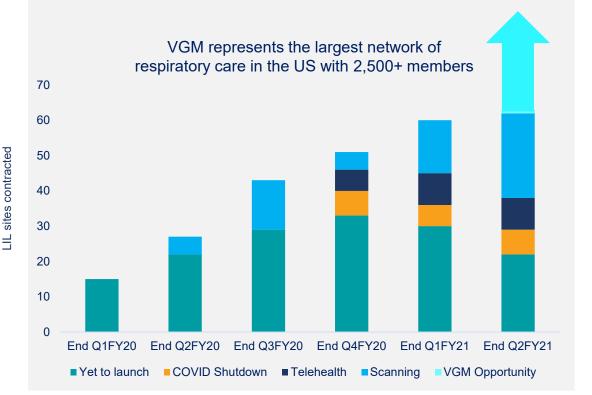
- Largest Member Service Organisation in the US for postacute healthcare including DME/Home Medical Equipment, Respiratory and Sleep
- VGM Respiratory is available to 2,500+ VGM members who either specialise in providing respiratoryrelated equipment to their patients or would like to add a new service to their business
- Onboarding of Oventus as a preferred vendor is complete with marketing to members underway and first contracts being negotiated

- The first dentist-supervised oral appliance program offered in the DME setting on a national basis – a watershed moment in the evolution of the LIL program
- Initial launch sites identified with very positive early feedback
- First site launch anticipated in the next 90 days, ahead of previous expectations
- Even modest adoption represents an opportunity many times the size of the current Lab in lab program



- Initial engagement is with groups performing ~ 1000 CPAP set ups per month
- A CPAP set up involves a 90 day trial of CPAP
- The patient needs to show compliance of at least 4 hours, per night five nights, per week for them to have their CPAP treatment reimbursed
- 25-35% of patients do not achieve this
- These patients are to be recommended O₂Vent therapy
- 20 out of 2,500 member organisations are being identified for initial roll out
- First contracts have been issued





At the time of writing:

- 68 traditional lab in lab sites had been contracted
- 40 sites had been launched
- · 24 sites were physically seeing patients

In response to the global pandemic the company has developed an entirely virtual clinical business model

The development of this model has led to the signing of a marketing agency agreement with VGM as the preferred provider of oral appliance therapy – VGM is the largest network of respiratory care providers in the US with over 2500 members and ~7000 sites

The number of sleep and respiratory care groups looking to adopt the technology continues to grow as the LIL program gains acceptance across North America

Oventus' 'Lab in Lab' program has gone virtual



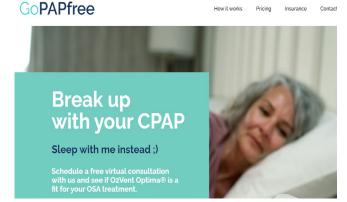
Evolution of the virtual business model as a result of COVID-19 has delivered significant upside

Reduced capital requirements ۰ Telehealth Traditional Lab Pharmacy, GP contracts with Direct to in Lab Office, CPAP Lower fixed costs VGM and Consumer Shops, Online contracts others National coverage • Patient inquiry converted to revenue through the same centralised processes irrespective of Significantly reduced scalability . source Centralised patient management and ۰ Patients receive care and implementation across all channels stakeholders generate value Ability to deliver care in any setting: ۲ sleep groups, home care groups (VGM), CPAP shops, GP offices, pharmacies, online

Direct-to-consumer virtual model successfully piloted and launched in the US

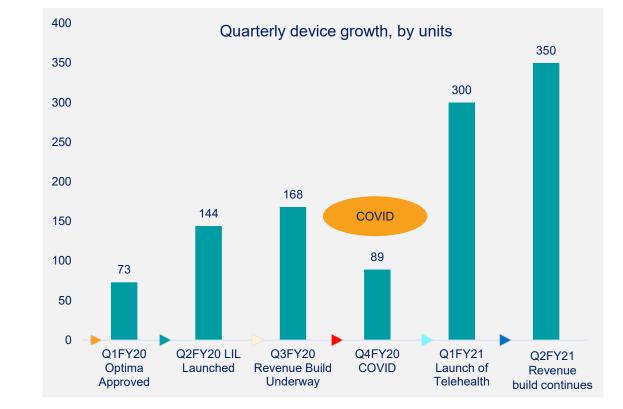
- Virtual collaboration between dentists and sleep groups
- Home sleep testing
- Virtual physician oversight
- Dentist guided virtual impression
- Home delivery of O2Vent therapy

Generates value for all stakeholders Brings more patients into care Customer acquisition cost similar to other clinical models with the same clinical workflows – minimal additional investment required









► O2Vent Optima FDA clearance in September 2019

First Lab in Lab sites launched in October 2019

► Additional sites launched and revenue building to mid March 2020

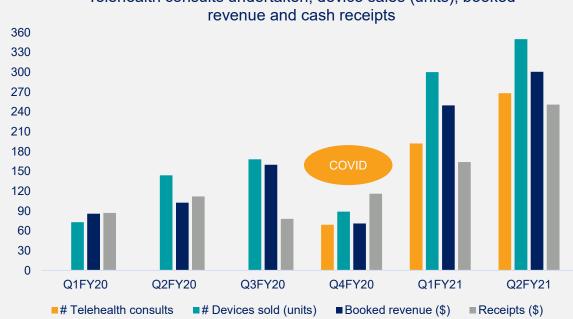
OVN launches telehealth in the face of significantly reduced patient flow to the clinics

 Device sales grow significantly – exceeding pre-COVID revenue build

► Fully remote patient treatment model launched and first national contracts signed with traditional CPAP distributors – revenue build continues amidst challenging market

Oventus shows growth across all key performance indicators





Telehealth consults undertaken, device sales (units), booked

- Steady growth from Q4FY20 ٠
- Telehealth program launched in Q4 • FY20 as response to restricted patient access to physical venues
- Consults undertaken by Oventus' • Telehealth team have grown steadily from Q4 FY20 (69) to Q2 FY21 (268)
- Device sales, booked revenue and ٠ cash receipts from customers have grown at corresponding rates

At time of writing:

Sales orders and telehealth consults • trending above prior quarter despite usual seasonality

Reopening, LIL expansion and virtual clinical model: significant growth opportunity



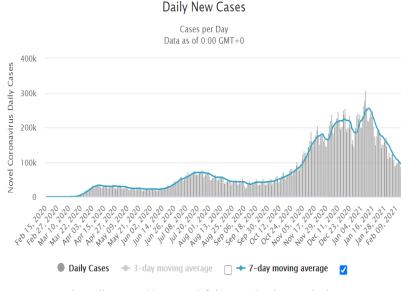
Infection rates for COVID-19 are falling in North America and clinics are slowly reopening

While patient flow is currently subdued, and sites are trending under their monthly quotas – patient flow is expected to improve through calendar 2021

The evolution of the Lab in Lab program to a virtual model means patients can be treated anywhere anytime

- · national coverage is being achieved in months instead of years
- fixed costs and capex greatly reduced
- · clinical business model is highly scalable

This evolution has led to an increase in demand from the industry as evidenced by the increase in the number of national groups adopting the technology and clinical business model and the ability to market direct-to-consumer Daily New Cases in the United States



https://www.worldometers.info/coronavirus/country/us/



Growth of Lab in Lab

- 68 sites contracted = A\$13.8m potential annualised revenue
- 40 sites launched = A\$8.8m potential annualised revenue
- 24 sites scanning = A\$5.2m potential annualised revenue

Business improvements

 Telehealth implemented in response to COVID resulting in increased conversion rates
 Homecare extension has lead to adoption by VGM – the largest network of respiratory care providers in the US

Reduced Cash Burn

The previously reduced cash burn has been maintained at A\$1.6M for the quarter ahead of sales ramping through CY21

COVID Response

The short term impact of COVID-19 has been overcome by the evolution of the business model and continued virtual engagement with both patients and customers

Revenue Uplift: Q1FY21

H1 FY21 booked revenue up 192% on pcp to A\$550k and cash receipts from customers up 109% to A\$415k, despite COVID-19 driven interruptions

Cash and funding

Cash of A\$4.8 million as at 31 Dec 2020, providing a further three quarters of funding at the current burn rate with further revenue growth expected through CY2021

Strategic focus FY2021





Oventus Medical Board of Directors





SUE MACLEMAN Chair and Non-Executive Director

Sue has more than 30 years' experience as a pharmaceutical, biotechnology and medical technology executive having held senior roles in corporate, medical, commercial and business development.



DR CHRIS HART Founder and CEO

As the inventor of the O2Vent technology, Chris is overseeing the launch of the O2Vent to patients and through clinicians via dentists and the 'Lab in Lab' model. Chris has relocated to the US to assist with roll-out of the Oventus Sleep Treatment Platform.



DR MEL BRIDGES Non-Executive Director

Over 35 years' experience founding and building international life science, diagnostic and medical device companies and commercialising a wide range of Australian technology.



JAKE NUNN Non-Executive Director

California based, Jake has more than 25 years' experience in the life science industry as an investor, independent director, research analyst and investment banker. Jake is currently a venture advisor at New Enterprise Associates (NEA).



PAUL MOLLOY Non-Executive Director

Based in Southern California, Paul has considerable global and US medical device industry expertise, with twenty-five years' experience leading a range of public, private and venture capital funded healthcare companies. He is currently President and CEO of ClearFlow Inc., a US-based medical device company.



STEVE DENARO Company Secretary

Experienced Company Secretary and Chief Financial Officer of various public companies and with major chartered accountancy firms in Australia and the UK.

Experience in the health and medical industries and early stage companies

Oventus airway technology





"The O2Vent Optima has made such a difference to my quality of sleep and I no longer wake in the night with that 'drowning feeling'.

It channels air to the back of my throat allowing me to breathe easily and sleep through the night.

I now wake more refreshed and can concentrate better during the day without feeling drowsy."

Sarah Atkins



Overview		Capital structure (as at 16 Feb 2021)		Shareholders (as at 16 Feb 2021)	
Cash on hand 31 December 2020	A\$4,833,000	Shares on issue	158.26m	Dr Chris Hart	16.8%
Revenue H1 FY21 (up 192% on pcp)	A\$550,232	Options	29.43m	Other directors and founders	7.5%
Customer receipts H1 FY21 (up 109% on pcp)	A\$415,000	Share price (16 February 2021)	A\$0.22	Other top 20 shareholders	32.0%
		Market Cap (16 February 2021)	A\$34.8m		
		· · · · · · · · · · · · · · · · · · ·		Remaining shareholders	43.7%

ASX: OVN | share price history



Investment highlights



- Patented solution to Obstructive Sleep Apnea demonstrated to assist up to 80% of OSA patients
- High 50 60% failure rate of CPAP is driving patients toward better solutions
- · Commercialisaton of the patented Oventus oral device for Obstructive Sleep Apnea is accelerating
- Revenues grew 192% in H1 FY21 on pcp to \$550k
- The Oventus business model is now proven for both Lab-in-lab and telehealth delivery:
 - 68 sites has contracted to the Lab-in-lab model with a revenue pipeline of A\$13.8 million
 - Device sales grew 143% to 350 units in Q2 FY21 vs pcp
 - Telehealth consults grew 40% QoQ in Q2FY21 and tightly correlated to future device sales
- Growth to strengthen further as distribution agreement with 2,500+ member group VGM launches
- Early signs of improvement in patient flows as COVID-19 impact subsides
- Significant financial leverage management is confident in building a \$100m ++ revenue business over time



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