**ASX: ADR** 



# **Revolutionizing Respiratory Care through Intelligent Data**

February, 2025

	hailie <sup>4</sup> Anna B	parts Support		C Cryster Styles	* *
	← 12 Group 2 Dates Zeen Patient Ze	ta 🛈		🖹 🕸 🚾 💽 Teachaire Teachaire	•
20	Daily Average Adherence 60% AM Adherence 82% PM Adherence	Symbicot 100/6 mcg 2 docs 2	February 2023         Image: Constraint of the second	Notes         Letters         Information           proop (7.02)         Stress Aulos         Stress Aulos           proop (7.02)         Stress Aulos         Stress Aulos	
nsights 9 Feek Ishalation 3	36% Peak Inholation 20 L/min Inholation Dentition 2.01 sec	Ventolin 100 mog	28 jan - 10 Feb 2023 ( )	Describer 19, 2021 Elvine film Li exile ad minim varians, qui i nactival over chatian ultarece febora mai at olique pia es correndo. Describer 17, 2021 Elvino Ajuto Dais acto auro distor in reportendini in velugate	1
C Intellation Duration 3	Inhatation Weivere 1.24 L	SN 9222222      SN 9222222      Lord Spaced Tables		volit ears eilium odens ex fuglet nulla partosu. Transfor 21,0227 - Sinne Bins Lanew lasum datar at annt, consistence adjukting situ and do akumed tampor includent ut labors.	2
-Il labalation Volume >	and by second of	1640-sec.043 (Jan	al 1855-1851 🖌 and the of the set of the se	ann chuige i f	
5 Stoke Dention 3					
no Teologica que dato e provene trejos fer mentos premios en y Alexa defensión Concer de consecuent de por electrica para El el El el 2					
ana diana siya tata sala	V			-	

# **Disclaimer and Forward-Looking Statement**

The material contained herein is of a general nature & has only been prepared as a presentation aid. This presentation does NOT contain all of the information that may be required for evaluating Adherium Limited ACN 605 352 510 (Adherium or the Company), its assets, prospects or potential opportunities.

This presentation may contain budget information, forecasts & forward-looking statements in respect of which there is NO guarantee of future performance & which of themselves involve significant risks (both known & unknown). Actual results & future outcomes will in all likelihood differ from those outlined herein.

Forward-looking statements are statements that are not historical facts. Words such as "expect(s)", "feel(s)", "believe(s)", "will", "may", "anticipate(s)" & similar expressions are intended to identify forward-looking statements. These statements include, but are not limited to, statements regarding market size, future results, regulatory approvals, production targets, sales, staffing levels etc.

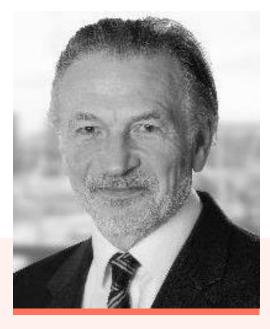
All of such statements are subject to risks & uncertainties, many of which are difficult to predict & generally beyond the control of the Company, that could cause actual results to differ materially from those expressed in, or implied or projected by, the forward-looking information & statements. These risks & uncertainties include, but are not limited to:

- a. the possible delays in & the outcome of product development
- b. risks relating to possible partnering or other like arrangements
- c. the potential for delays in regulatory approvals
- d. the unknown uptake & market penetration of any potential commercial products &
- e. other risks & uncertainties related to the Company's prospects, assets products & business strategy. This is particularly the case with companies such as Adherium which operate in the field of developing & commercializing medical devices & related services. You are cautioned not to place undue reliance on these forward- looking statements that speak only as of the date hereof, & we do not undertake any obligation to revise & disseminate forward-looking statements to reflect events or circumstances after the date hereof, or to reflect the occurrence of or non-occurrence of any events.

References to patient number targets to achieve a cash flow positive financial position are aspirational in nature. Additionally, there are a number of factors, both specific to Adherium & of a general nature, which may affect the future performance of Adherium. There is no guarantee that Adherium will achieve its stated objectives/milestones, that any of its forecasts will be met or that forward-looking statements will be realised.



## Presenting Today Biography



### Jeremy Curnock Cook

- Non-Executive Director and Acting CEO
- Founder and Managing Director of BioScience Managers Pty Ltd
- Former interim CEO of Adherium Limited
- Former head of the life science private equity team at Rothschild Asset Management
- Served on over 40 boards



### **Keven Gessner**

Senior Vice President / Executive Advisor

- Over 25 years of experience in Pharmaceutical Industry including VP of Pricing and Contracting at Pfizer
- Led Digital Health and Respiratory brand teams for Teva and AstraZeneca's US respiratory commercial. businesses
- Prior experience include
   17 years at GSK and is a former CPA



### John Giszczak

Director, Business Development

- 18 years of healthcare experience including over a decade leading commercialteams in medical devices, digital health and healthcare services.
- Successful track record building commercial partnerships with leading academic medical centers, US federal & state government customers, large US pharmacy chains & other healthcare companies.

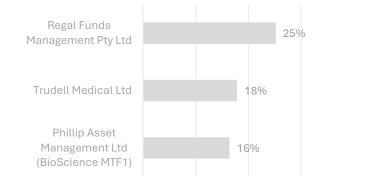


## **Corporate Snapshot**

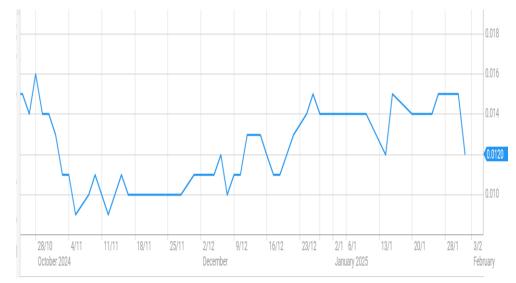
### **Capital Structure**<sup>1</sup>

Share Price	\$0.012
Shares on Issue	758.6m
Cash	\$0.39m
Net Debt	\$0.67m
Market Cap	\$11.37m
Enterprise Value	\$11.65m

### Ownership<sup>3</sup>



### **ADR ASX Chart<sup>2</sup>**



- Adherium is the global leader in digital inhaler technology that improves patient adherence and technique driving better patient outcomes and reducing healthcare utilization.
- Since the 2022 US approval of US reimbursement for Remote Therapeutic Monitoring for respiratory patients, Adherium has focused on growing it's US clinical care business while it continues to support large pharmaceutical companies' clinical trials via its technology.



ADR share price and company information for ASX:ADR 31 January 2025 and management attestation
 ADR share price and company information for ASX:ADR
 Computershare share registry 31 January 2025.
 ADR Annual Report June 2024

# **Executive Summary**



### Secured Access to >1M COPD/Asthma Patients

 Newly signed contracts with leading US healthcare organizations serving >1 million respiratory patients.



### **Ground-breaking Technology**

 World leading respiratory health technology company with over 200,000 devices sold to date, 15 FDA 510(k) & TGA cleared devices, iOS, Android apps and portal.



### Market Opportunity of Patients with Respiratory Diseases is Massive

 2022 approval of new respiratory Remote Therapeutic Monitoring insurance billing codes and associated reimbursement driving adoption.

# Ability to Rapidly Scale

 Adherium has stood up new capacity to deliver clinical care programs with monitoring. Our signed contracts for our new higher-value monitoring programs we will achieve 1k patients onboarding per month by end of 2025.



### **Data Monetization**

 Partnerships on real-world evidence studies with pharmaceutical companies; identification of patients for clinical study recruitment; partnerships with value-based health systems and payers to improve outcomes and reduce costs.



# Predictive Algorithms & Al Solutions

 Developing AI tools and predictive algorithms to predict exacerbations and hospitalization risks and change patient behaviour to reduce risk of exacerbations, hospitalizations and ED visits.



Proven use-cases in the US showcase belief in the impact of Adherium's solutions Signed Partnerships Giving Adherium Access to 1M+ Patients



**Leading US health system with 33 hospitals and 385 clinics** in Utah, Idaho, Colorado, Nevada, Kansas and Montana – over 250,000 respiratory patients

- 4000 Hailie Smartinhalers purchased
- Over 500 patients onboarded with Hailie Smartinhalers



Largest US allergy and asthma medical group with over 140 locations in over 20 US states – 300,000 asthma patients

- Contract signed
- 6 practice hubs activated and dozens of new patients onboarded this year



#### Large US allergy medical group

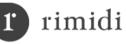
with over 80 locations in 8 states – over 100,000 asthma patients

- Contract signed
- 3 practices activated and preparing to onboard patients



#### Large US private RPM company

- 100,000 patients
- Contract signed
- Integration complete
- First three orders totalling
   730 Hailie devices delivered



### Leading RPM company 150,000 patients

- Contract signed
- Integration complete
- First program with Endeavor Health in Chicago close to Launching



**RPM cellular gateway maker** with over 100,000 patients

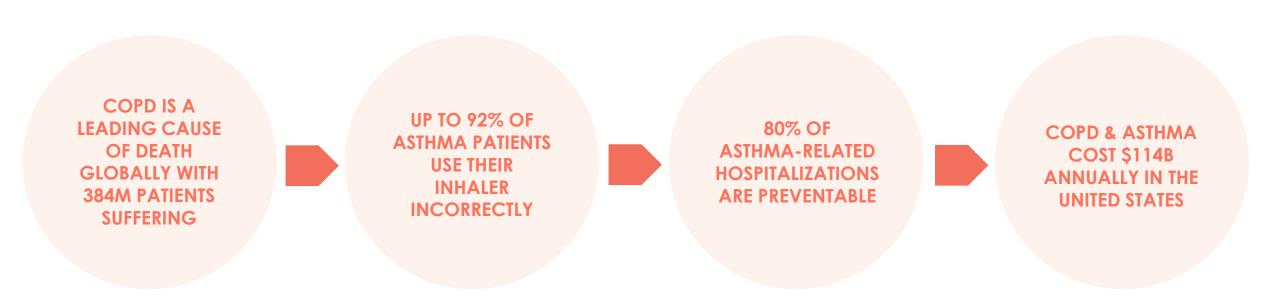
- Contract signed
- Integration complete
- First customer launched with others in pipeline



- Contract signed
- First patients onboarded



UNMET NEED: SIGNIFICANT BURDEN TO HEALTH SYSTEMS AND RESPIRATORY PATIENTS FROM PREVENTABLE GAPS IN INHALER TECHNIQUE AND ADHERENCE



### Adherium is uniquely poised to successfully overcome the challenges where others have failed:

- With reimbursement doctors and hospital systems are financially incentivized to implement remote patient monitoring programs.
- Lack of objective data on inhaler compliance and technique made assessment difficult but now with our Adherium solutions are made simple.
- Respiratory treatment paradigm can change from **reactive to proactive**; predictive models will enable shift toward preventative care.
- Patient and doctor **usage requires** a compelling end-to-end experience that we are building.



Despite decades of advancement, millions continue to be impacted by asthma and COPD Adherium Can Improve Lives, Drive Positive Health Outcomes and Reduce Healthcare Costs. We will focus on high-cost patients.

Asthma <b>\$82B</b> <sup>1</sup> cost on Healthcare system, COPD <b>\$ 32B</b> <sup>2</sup>	21M <sup>3</sup> American adults have asthma and 4.8M <sup>4</sup> children: (total 25.8M)	<b>4.9M<sup>11</sup></b> asthma doctor visits/yr <b>15.4M<sup>9</sup></b> COPD doctor visits/yr	<b>939,000<sup>11</sup></b> asthma ER visits/yr <b>1.5M<sup>9</sup></b> COPD ER visits/yr	94,560 <sup>12</sup> asthma hospitalizations/yr 726,000 <sup>9</sup> COPD hospitalizations/yr
Biologics <b>\$6.2 billion in</b> <b>2022</b> projected by 2031 to be <b>\$19.2 billion<sup>5</sup></b> ; adherence to inhalers could reduce this by 50% or more	US Center for Disease Control: <b>10 people die of</b> <b>asthma each day<sup>6</sup></b> in the United States	COPD 3rd leading cause of death in the world, over 9,000 people die of COPD each day <sup>7</sup>	<b>14.8M<sup>8</sup></b> people diagnosed with COPD, another 12m undiagnosed	There is <b>no cure<sup>10</sup></b> for COPD or Asthma

\*US Figures and USD.

adherii

- 1. Nurmagambetov, T. et al. The Economic Burden of Asthma in the United States, 2008–2013, Annals of the American Thoracic Society 2018 Mar 1. doi: 10.1513/AnnalsATS.201703-259OC
- 2. Mannino, David M. et al. National and Local Direct Medical Cost Burden of COPD in the United States From 2016 to 2019 and Projections Through 2029. CHEST, Volume 0, Issue 0 - In-press
- 3. National Center for Health Statistics, (2022), 2021 NHIS Adult Summary Health Statistics, U.S. Department of Health and Human Services. https://data.cdc.gov/d/25m4-6qqq
  - 4. Ferrante, G., & La Grutta, S. (2018). The Burden of Pediatric Asthma. Frontiers in Pediatrics, Link.
  - 5. Transparency Market Research Asthma Biologics Market October 2023, Link,
  - 6. Asthma and Allergy Foundation of America. Asthma Facts and Figures. Updated March 2023..

- 7. The global economic burden of chronic obstructive pulmonary disease for 204 countries and territories in 2020-50:a health-augmented macroeconomic modelling study (the lancet.com). Link.
- 8. 2015:Sara M. May et.al. Burden of COPD. Link
- 9. Mannino DM, Homa DM, Akinbami LJ, et al. Chronic obstructive pulmonary disease surveillance–United States, 1971-2000, MMWR Surveill Summ 51:1-16, 2002, Link,

10. Cukic V. et al. Asthma and Chronic Obstructive Pulmonary Disease (COPD) - Differences and Similarities, Mater Sociomed, 2012;24(2):100-5, doi: 10.5455/msm.2012.24.100-105, PMID: 23678316; PMCID: PMC3633485, Link,

- 11. CDC. Link 12. CDC – Healthcare Use, Link

# World Leading Innovation in Respiratory Care Adherium is revolutionizing asthma care with a digital-first respiratory patient monitoring system



Data generated from 15 FDA & TGA cleared Smart-Inhalers



**Cloud Data** Services



**Population Health EMR** integrated dashboard



**Future Al Driven Tools to Support Positive Patient Behavior & HCP Decision Making** 



**HCP** decision support tools (SAMD)





Al driven behavioral shaping technology

**Precision health: Prediction and** Prevention



**Patient-centricity + HCP focus** across the Care Continuum



Engagement Tools



Respiratory **Care Team** 

# Adherium's Hailie<sup>®</sup> Smartinhalers: Largest global portfolio

78% of all 65M maintenance inhalers sold in the US in 2023; nearly 60% of 75M rescue inhalers

NEW, NEXT GENERATION DIGITAL SENSORS WITH PHYSIOLOGICAL DATA CAPABILITY SUCH AS INHALATION FLOW RATE





# Adherium's Innovative Hailie<sup>®</sup> Technology Is the Most Sophisticated and Widely-Used Digital Platform of Its Kind



### Hailie<sup>®</sup> Smartinhaler

Bluetooth<sup>®</sup> enabled Smartinhaler sensor fits securely around patient's inhaler and tracks usage and respiratory flow

### Hailie<sup>®</sup> App

Medication use/Respiratory Flow data is visible in the Hailie<sup>®</sup> App and uploaded to the Hailie<sup>®</sup> Web Portal via secure internet connection (cellular data/Wi-Fi)

### Hailie<sup>®</sup> Portal

Health professionals can track adherence and discover further insights through this secure cloud-based portal



# The Hailie<sup>®</sup> Smartinhaler drives positive behavior increasing efficiency of healthcare spend and influencing outcomes



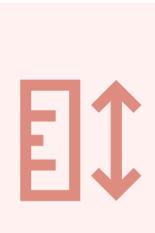
### On-sensor reminders

Reminds patients when it is time to take their prescribed doses and alerts them to their inhaler's location.



# Tracks inhaler medication use

Tracks patient inhaler medication usage to help ensure proper disease management.





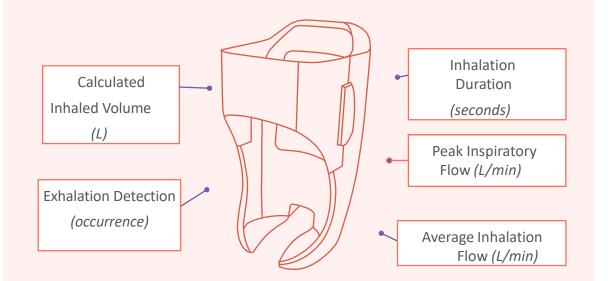
### Addresses inhaler technique

Captures valuable insights, such as shake duration, inhaler orientation, peak inhalation, inhalation duration and volume.



AI driven data parameters collected with the Hailie® Smartinhaler go beyond actuation detection to address inspiratory flow and technique

# Hailie collects and transmits the following physiological parameters:

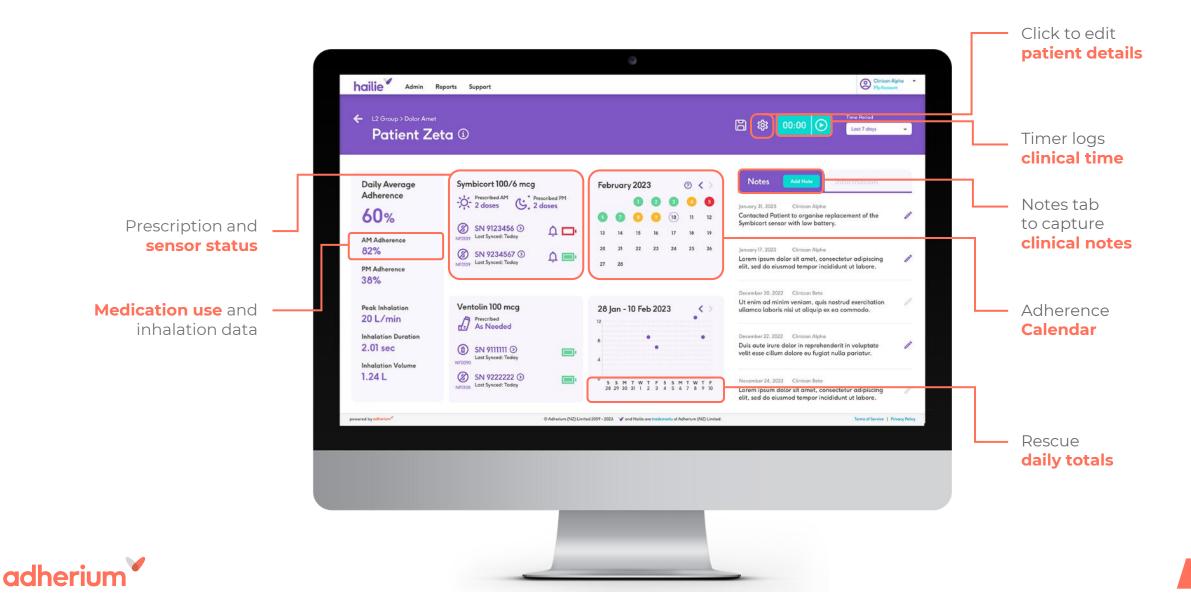


# Extensive range of other Hailie data parameters:

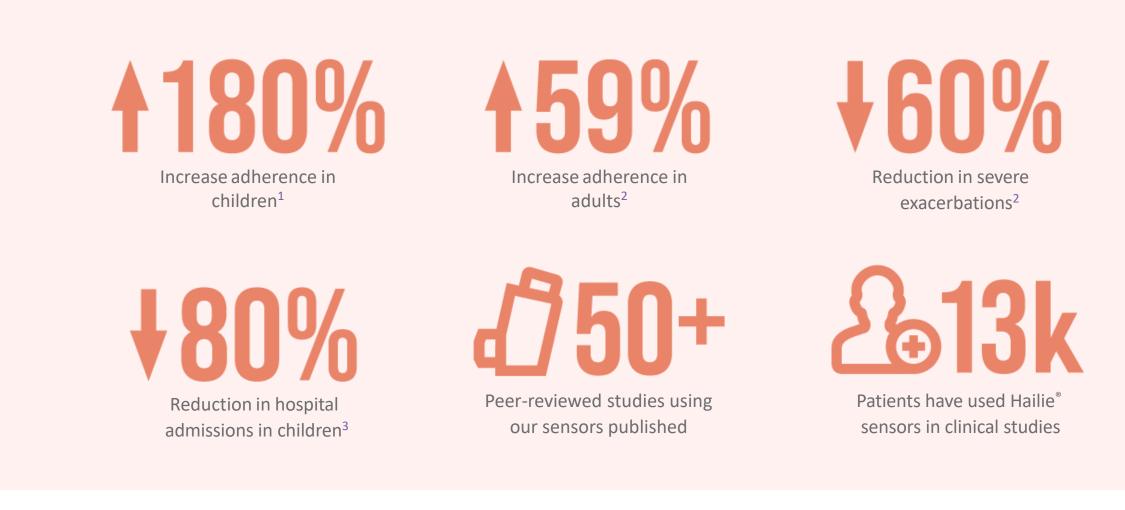
- Medication actuation event:
  - Dose loading sensing on Dry Powder Inhalers (DPI)
  - Cannister depression on Pressurized Metered-Dose Inhalers (pMDI)
- Orientation of inhaler at dose loading or inhaler actuation
- Inhalation start time
- Inhalation valid/invalid
- Inhaler installed/removed
- Shake detection (*if required for inhaler use*)
- Cap or Cover on/off (if applicable and available on certain inhalers)



# Patient Management Dashboard



Randomized controlled trials have demonstrated that incorporating Adherium's digital solutions drive maintenance adherence and positively impact outcomes





In children with asthma 6-15 yrs, with missed-dose medication reminders for prescribed controller medication. Chan et al, Lancet Respir Med 2015.
 In adults with asthma, using the Hailie<sup>®</sup> sensor with reminders for prescribed controller medication. Foster et al, J Allergy Clin Immunol 2014.
 In children with asthma, using the Hailie<sup>®</sup> sensor with medication reminders enabled for prescribed controller medication. Morton RW et al, Thorax Online First 2016

## Revenue Model: Reimbursement Model through Value-Based programs paid by insurers with high growth opportunity (all numbers below in USD)

### Fee for Service (FFS): RPM and RTM Codes

In total HCPs are paid ~\$115 to \$153 in initial month; \$95 to \$135 monthly thereafter; \$1155 to \$1619 per year; with a maximum of ~\$2500 possible per year.

Adherium is paid a monthly fee ranging from \$50-\$60 per month.

### **Value-based Programs**

Generates revenue through health insurers and health systems, reducing costs and improving respiratory patient outcomes.

Adherium is paid a per-patient-per-month (PMP) fees or via risk sharing contracts with health plans.

		R	R	\$
One-time initial set-up and patient education	Device supply and data transmitted from device (billable monthly)	<b>Clinical staff review</b> (20min; billable monthly)	<b>Clinical staff review</b> (additional 20min; billable monthly up to 3 times)	Value Based - PMPM Reimbursement based on Monthly subscription fees
RPM #99453	RPM #99454	RPM #99457	RPM #99458	Full-Service RPM \$55- \$65
RTM #98975	RTM #98976	RTM #98980	RTM #98981	Device / Portal \$35
\$19.65	\$46.50	\$48.13	\$38.64	\$35-\$65
adherium For Illus	strative Purposes Only for Eligible I	Patients		16

For Illustrative Purposes Only for Eligible Patients

# Adherium customer testimonials



"An asthma patient who had 5 ED and hospital admissions in 2023 and scored a 25 on her Asthma Control Test (ACT) was one of our first study enrolled patients in March. Using her Adherium devices and interacting with the program, she has been able to decrease her ACT score to 10 and has had zero ED or hospital admissions so far in 2024."



adherii

### Kim Bennion, MsHS, RRT, CHC, FAARC

Intermountain Health System Research Director, Respiratory Care Clinical Services



# ALLERGY OPARTNERS

"One of the great struggles has always been: you see a patient in the office and they're not doing well; you make a change in therapy, and you're always left with that question, 'are they really taking their medicine?' And, 'are they taking it correctly?' And I think that those two factors really account for a lot of the reason why we see patient failures, why you see patients in the emergency room, why you see people on steroids...and I think the Hailie technology really hits the sweet spot for the right solution for the vast majority of patients with asthma. It's simple, it's agnostic to the device, it provides really actionable real-time data both on adherence as well as on technique. So now I can know for sure that my patient is taking their medicine and taking it correctly. I've given it to a number of patients now that have had great results."

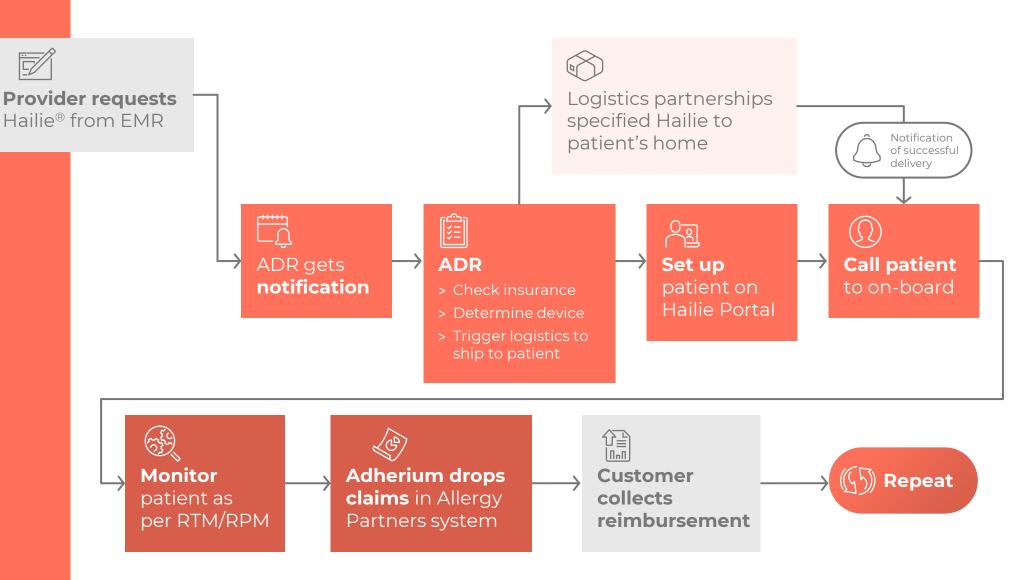


### Allergy Partners Chief Medical Officer

Dr. Bill McCann









## New Model Streamlines Process and Eliminates Burden on Customers

### What Didn't Work Well:

- Customers paid up front for devices
- Customers stored & distributed devices
- Customers hired staff to onboard & monitor
- Customer staff dropping insurance claims
- Adherium handled patient communication
- Adherium often lacked EMR access

### How Adherium's New Model Fixes It:

- Only a monthly charge for active users
- Adherium sends devices direct to patients' homes
- Adherium provides full-service onboarding & monitoring
- Adherium staff now handle the claims filing process
- Ensure HCPs strongly recommend our solution to patients
- Adherium now has EMR access to all customer EMRs

The New Model lets customers focus on patient care while Adherium manages onboarding, monitoring and referring patients that need additional care to the HCP.



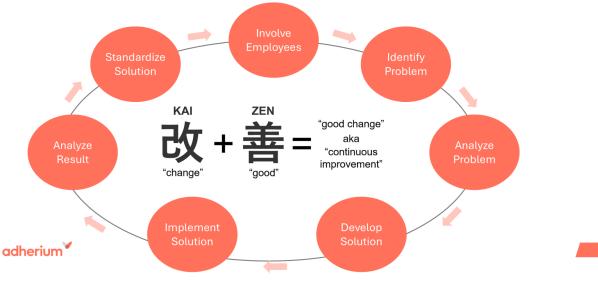
# Adherium is undergoing a reorganization to focus on executing our mission to grow patient scale & our commercial business

We are improving our focus and prioritization on driving patient growth and will fund it via efficiencies found in our legacy non-commercial functions. In addition, we have implemented a continuous improvement process into the company to continually improve output and efficiencies.

### Areas identified for change:

- Find efficiencies in non-commercial functions to fund US growth
- Invest in US Commercial functions to onboard patients (Sales, Marketing and Customer Support)
- Improve effectiveness and execution in our Software development capabilities (2025) and on-board new capabilities required for the future
  - Precision Medicine & Data Science (i.e., Machine Learning)
  - Artificial Intelligence (i.e., Behavioral AI)
  - Physician Decision Support (i.e., SAMD)

"Kaizen" is derived from two Japanese words that translate to continuous improvement, always advancing us forward



# Strategic Roadmap for Growth and Investment

### 2025

### 2026

### Expansion and Revenue Growth

- Partner with health systems and PBMs to scale RPM adoption
- Enhance real-world data to drive predictive analytics and insights.
- Build tools for patient monitoring and clinician workflows to optimize outcomes.

### Scaling RPM and Partner Programs

- Partner with payers to launch insurance programs and value-based models.
- Refine AI to support RPM and improve decisionmaking.
- Expand patient enrolment and streamline operations

### 2027

### Recurring Revenue and Al-driven Scaling

- Achieve breakeven through expanded payer partnerships and recurring contracts.
- Leverage AI to scale RPM operations, enhancing efficiency and patient outcomes.

### 2028

### Global Leadership and Market Expansion

- Establish global standard of care in respiratory health.
- Expand partnerships and enter new markets with AI-enhanced solutions.
- Lead value-based care through scalable RPM and predictive capabilities



# Key 2025~2026 Investments

# to Rapidly Scale Customers and Patient Adoption



### Onboarding Teams

Deploy specialized teams to onboard partners, providing clinician training, patient workflow setup, and EMR integration support to ensure smooth adoption.

Streamline processes using CRM tools to standardize onboarding and reduce the setup time for new practices.

Ensure ongoing support and engagement to boost practice confidence and encourage faster adoption of RPM solutions.

# Image: Scaling RPM Solutions

Partner with payers to simplify RPM reimbursement processes, reducing barriers for practices and incentivizing adoption.

Develop reimbursement models that align with value-based care initiatives, making RPM solutions financially sustainable for practices.

Pilot scalable RPM workflows and highlight measurable ROI to secure broader payer support and coverage.



### Predictive Algorithms and Al

Enhance Al-driven analytics to predict patient exacerbations with greater accuracy.

Leverage real-world data for proactive interventions and improved patient outcomes.



### Core Product Expansion

Expand the Hailie® device portfolio and software platform to ensure wide coverage maintenance medications, meeting the needs of a broad patient base.

Develop a universal rescue device.



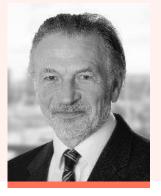
### Market Demonstrations Australia

Launch 3+ targeted demonstrations for RPM adoption and government support in Australia.

Showcase outcomes such as improved adherence, cost reductions, and scalability potential.

adherium

### **Management Team**



Jeremy Curnock Cook Non-Executive Director and acting CEO

- Founder and Managing Director of BioScience Managers Pty Ltd
- Former interim CEO of Adherium Limited
- Former head of the life science private equity team at Rothschild Asset Management
- Served on over 40 boards in various roles, including chair of private and public biotechnology companies listed on NASDAQ, AMEX, LSE, TSX and ASX



Keven Gessner Senior Vice President / Executive Advisor

- Over 25 years of experience in Pharmaceutical Industry including VP of Pricing and Contracting at Pfizer
- Led Digital Health and Respiratory brand teams for Teva and AstraZeneca's US respiratory commercial. businesses
- Prior experience include 17 years at GSK and is a former CPA



Nilesh Ghatpande Vice President, Engineering & Technology

- 25+ years in product development and engineering solutions across industries
- Delivered innovative medical devices, healthcare technologies, and Al solutions using agile methods and global team leadership with Capgemini Group and Danaher Corp.-Invetech
- Leader in Digital Tech & Innovation Centre at Rio Tinto Led the Center of Excellence in Medical Imaging at Capgemini for Canon Medical, Medtronic.



John Giszczak Director, Business Development

- 18 years of healthcare experience including over a decade leading commercialteams in medical devices, digital health and healthcare services.
- Successful track record building commercial partnerships with leading academic medical centers, US federal & state government customers, large US pharmacy chains & other healthcare companies.



Luke Allera Director, Strategy and Sales Operations

- 14 years of healthcare experience leading operations and strategic partnerships in medical devices, digital health, and remote patient monitoring.
- Successful track record of launching and implementing high-touch services for top medical practices in the US to drive patient adherence, improve quality of care, and increase customer retention



Daniel Kaplon Chief Financial Officer

- Chartered Accountant with 25 years experience working in ASX-listed & private entities in healthcare, health technology, manufacturing & co-founded two medical device companies
- Honours degree in Commerce, business degree in Transport & Logistics Management, & Master of Entrepreneurship & Innovation (MEI)
- Chartered accountant & registered tax agent



## **Adherium Board**



Lou Panaccio Independent Non-Executive Chair

- Board member of Avita Therapeutics Inc., Sonic Healthcare Limited, and Rhythm Biosciences Limited.
- Previously served as CEO and Executive Director of Melbourne Pathology, CEO of Monash IVF, and Executive Chairman of Health Networks Australia.
- Former Non-executive Director of Genera Biosystems Limited.



Jeremy Curnock Cook Non-Executive Director

- Founder and Managing Director of BioScience Managers Pty Ltd
- Former head of the life science private equity team at Rothschild Asset Management
- Served on over 40 boards in various roles, including chair of private and public biotechnology companies listed on NASDAQ, AMEX, LSE, TSX and ASX



Dr. Bill Hunter Independent Non-Executive Director

- Founder, President and CEO of Canary Medical Inc.
- Chairman of Tensive, and Advisor of BioScience Managers Pty Ltd
- Co-founded and former CEO of Angiotech Pharmaceuticals
- Former Director of Epirus Biopharmaceuticals, Aspriva, Anormed, and Zalicus



Bruce McHarrie Independent Non-Executive Director

- Advisor of BioScience Managers Pty Ltd
- Former CFO of Telethon Kids Institute
- Former Senior Manager at Cooper & Lybrand Deloitte London, and Assistant Director of the Bioscience Unit of Rothschild Asset Management



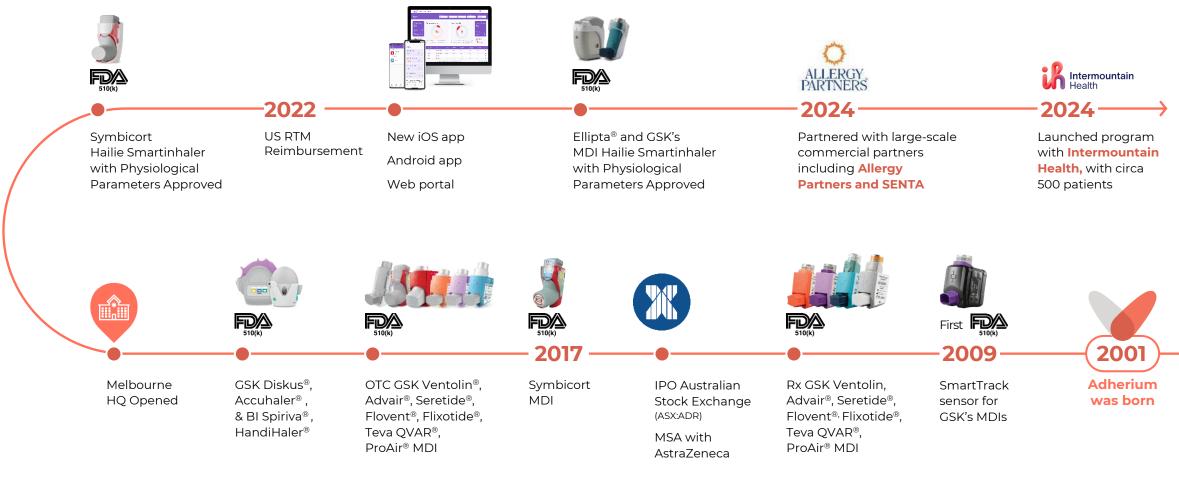
George Baran Non-Executive Director

- Executive Chair of the Trudell Medical Limited
- Director of Sensory
   Technologies, Mozzaz
   Corporation, and Sky Medical
   Technology Inc.
- Advisory Board of the Lawrence National Centre for Policy and Management



# Strong track record of innovation & FDA 510(k) approvals

**Originally Founded by a Person with Asthma** 





### Intellectual Property and Global Patent Protection

Adherium's Hailie Technology has Registered Designs and Patents Worldwide





20

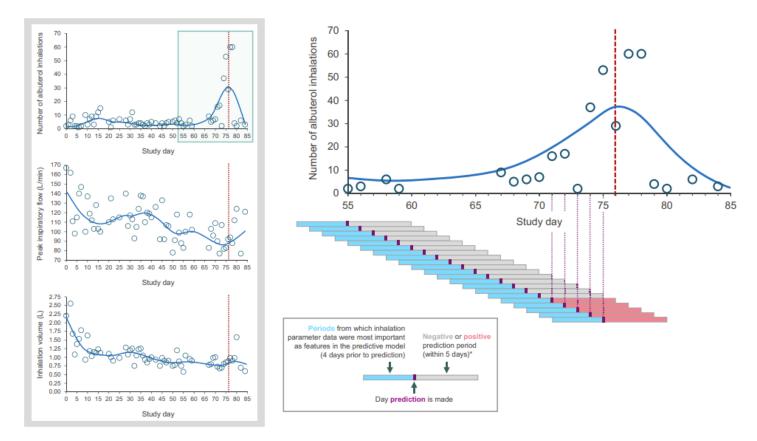
Shifting from Reactive to Predictive care: Investing in Predictive Algorithms & Al

- Adherium's Hailie technology collects peak inspiratory flow data, inhaled volume data and rescue which have been shown to predict exacerbations.
- In one prominent study <u>exacerbations could be predicted five</u> <u>days before they occurred</u> using this data. The red bars in the far right graph illustrate this predictive period.
- Exacerbation prediction could improve lives, outcomes and save health organizations vast sums of care costs.



"A Predictive Machine Learning Tool for Asthma Exacerbations: Results from a 12-Week, Open-Label Study Using an Electronic Multi-Dose Dry Powder Inhaler with Integrated Sensors"

Lugogo, et al., Journal of Asthma and Allergy 2022:15 1623–1637



A patient example showing prediction periods and confirmed exacerbation in relation to albuterol use between study days 55 and 85, and albuterol use, peak inspiratory flow, and inhalation volume for the same patient over the full study period. Patient was a male (43 years of age) with a body mass index of 31.9 kg/m2. The red vertical dashed line represents a confirmed exacerbation.

**Notes:** \*Predictions were made on every study day. Predictions where an exacerbation was anticipated to occur within the following 5 days were described as positive predictions and negative predictions were those where no exacerbation was anticipated to occur within the following 5 days.

## Leveraging AI to Change the Status Quo in Respiratory Care Behavioral AI, Predictive Algorithms, and SaMD



#### **Behavioral AI for Patient Engagement**

Analyzes inhaler usage to detect adherence gaps and deliver real-time nudges for better compliance



#### Predictive Algorithms for Physician Decision Support

Early exacerbation detection and proactive clinical interventions



#### Software as a Medical Device (SaMD) Enhancing Precision Care

Demonstrating expected impact on patient outcomes and cost reduction

By integrating AI-powered insights and SaMD into respiratory care, Adherium is setting a new standard in patient management, aligning with the broader healthcare shift toward precision medicine and value-based care.



# Data Monetization and AI Opportunity







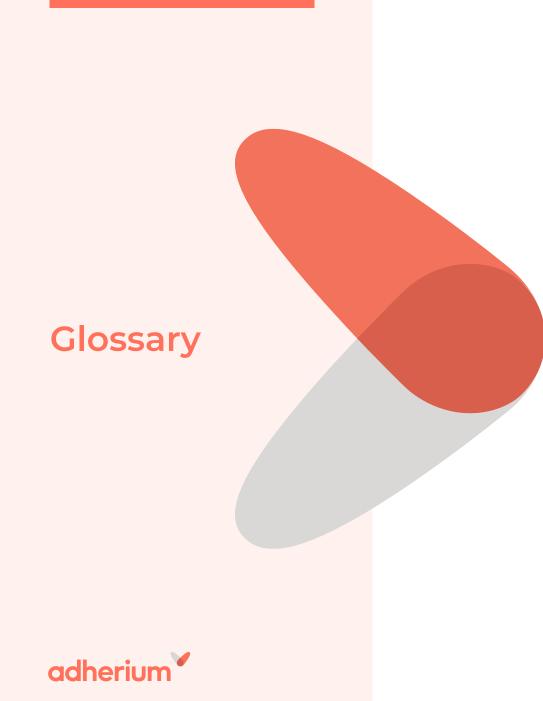
Partnerships with real-world evidence studies with pharmaceutical companies and public health Partnerships with valuebased health systems & payers to improve outcomes and reduce costs

Identification of patients for clinical study recruitment



# Thank You





**CMS** Centers for Medicare and Medicaid

**COPD** Chronic Obstructive Pulmonary Disease

**HCP** Health Care Provider

IMH Intermountain Health

**RPM** Remote Patient Monitoring

**RTM** Remote Therapeutic Monitoring

**SaMD** Software as a Medical Device