



# HC Wainwright BioConnect 2021 Conference

ASX:OSP  
January 2021



**be kind to  
KIDNEYS**

# Investment Highlights

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**Clear and large problem:** Contrast-Induced Acute Kidney Injury (CI-AKI) is increasingly associated with poor patient outcomes and costs hospitals over US\$900m a year in the USA alone<sup>1</sup>



**Our technology is the solution:** DyeVert has a ~\$1.1B addressable market<sup>2</sup> and is clinically proven to reduce the risk of CI-AKI through dye minimization and monitoring in angiographic procedures



**Clear US growth plan and GE distribution strategy outside of the US :** Increase penetration through US GPO strategy and US coverage with independent sales agents; alongside GE Healthcare distribution agreement in Europe, Middle East and Asia



**A great value opportunity:** Continued strong year on year revenue growth of 84% CAGR CY16-19 has not translated to share price growth

## Notes

- 1) Adapted from A. Prasad et. al., Acute Kidney Injury Incidence, Risk Factors, and Costs among U.S. Patients Undergoing Percutaneous Coronary Procedures; Abstract ACC 2019 (in the US 200K CKD patients per year have CI-AKI at a cost of \$15K per event)
- 2) Osprey market model



# Clear and large problem | Making angiography safer for Chronic Kidney Disease patients



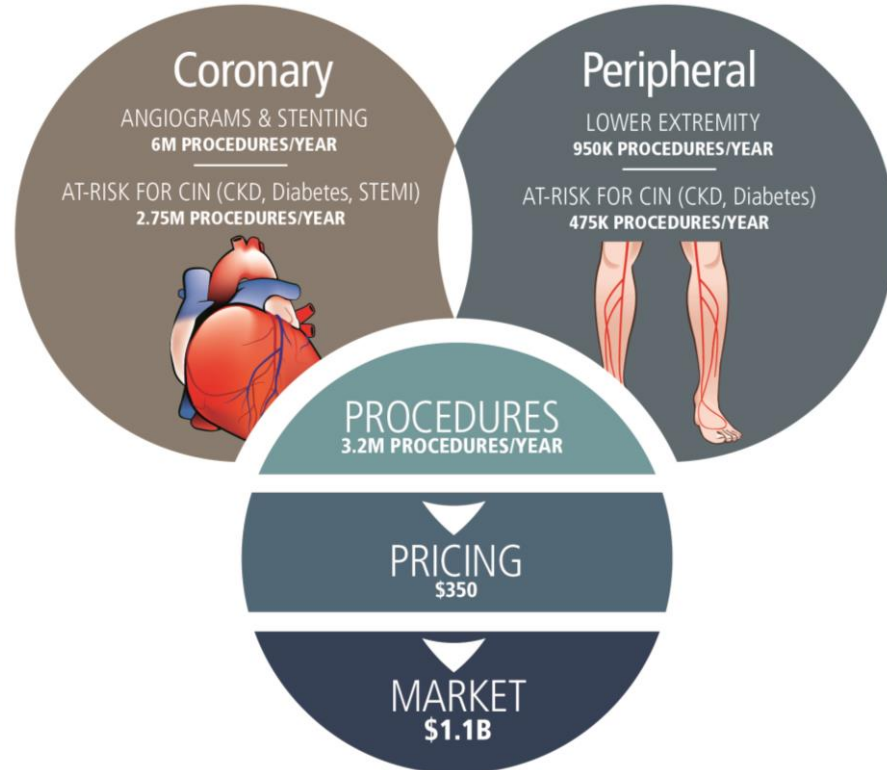
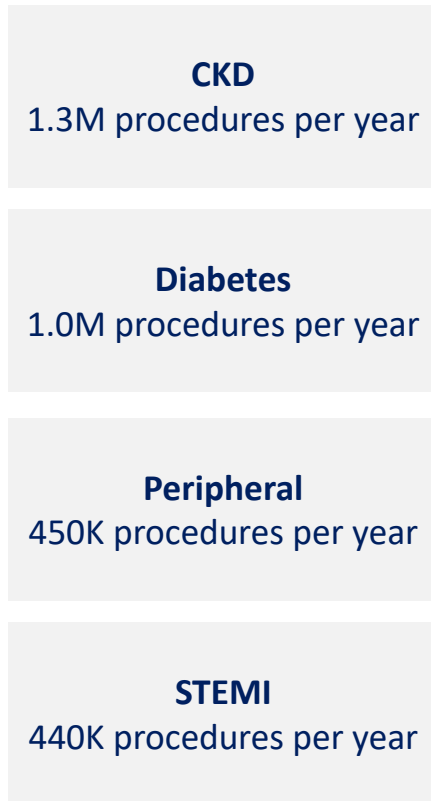
Heart and leg vessel imaging requires the use of x-ray dye which is cleared by the kidney and can cause Contrast Induced Acute Kidney Injury (CI-AKI)





# Clear and large problem | Osprey's DyeVert technology represents a significant market opportunity

## Opportunity of 3.2M procedures per year in the USA and Western EU<sup>1</sup>



Average selling price of DyeVert is ~US\$350

## ~US\$1.1B Market Potential



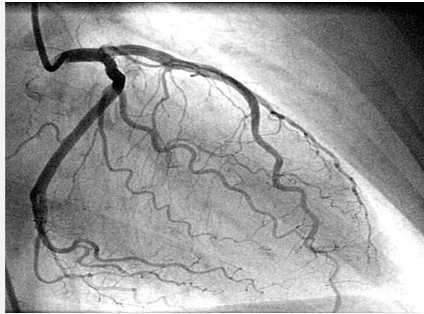
# Clear and large problem | CI-AKI disease is a deadly problem for patients and a costly issue for hospitals

Dye required in angiographic imaging procedures remains the underlying cause of CI-AKI



## Patients

CI-AKI can have debilitating and life threatening consequences<sup>1</sup>



## Hospitals

**15x**

CI-AKI patients are 15 times more likely to be hospitalized over 4 days<sup>2</sup>

**37%**

CI-AKI patients have a 37% increase in 30-day readmissions<sup>3</sup>

Mortality post stenting is **61%** higher in CKD patients who had AKI events vs. those CKD patients who didn't have an AKI event<sup>3</sup>

**US \$900m**

Cost of CI-AKI to hospitals each year<sup>4</sup>

### Notes

1) Tsai TT, et al. Contemporary Incidence, Predictors, and Outcomes of Acute Kidney Injury in Patients Undergoing Percutaneous Coronary Interventions: Insights from the NCDR Cath-PCI Registry. J Am Coll Cardiol Intv 2014;7:1-9Subramanian S, et al. Economic Burden of CIN: Implications for Prevention Strategies. Journal of Medical Economics. 2007;10:119-134.

2) Pfunter A, et al. Agency for Healthcare Research and Quality Statistical Brief #168. December 2013. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb168-Hospital-Costs-United-States-2011.pdf>

3) American Hospital Association Factsheet: Hospital Readmission Reduction Program. April 14, 2014. <http://www.aha.org/content/13/fs-readmissions.pdf>

3) A. Prasad, et al. - Acute Kidney Injury Incidence, Risk Factors, and Costs among U.S. Patients Undergoing Percutaneous Coronary Procedures; Abstract ACC 2019

4) Adapted from A. Prasad et.al, Acute Kidney Injury Incidence, Risk Factors, and Costs among U.S. Patients Undergoing Percutaneous Coronary Procedures; Abstract ACC 2019 (in the US 200K CKD patients per year have CI-AKI at a cost of \$15K per event



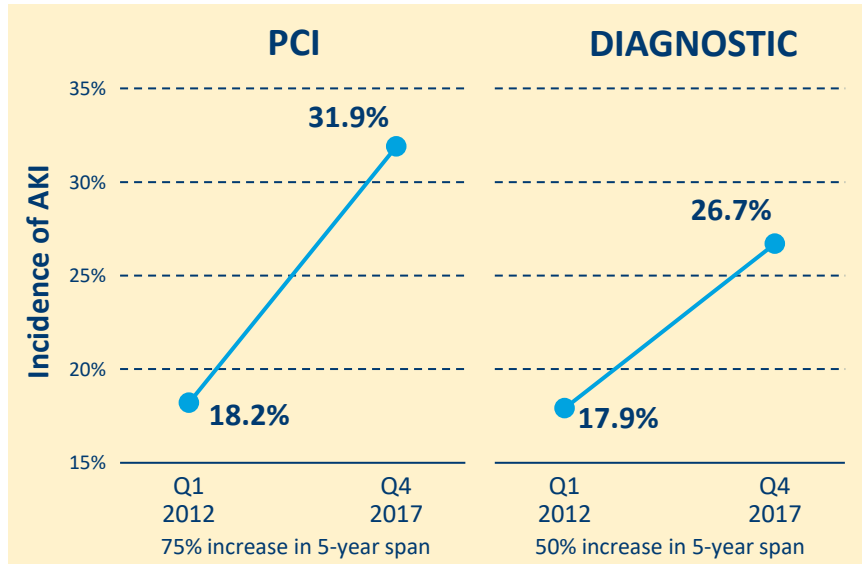
# Clear and large problem | The Burden of Illness study<sup>1</sup> highlights the costs of CI-AKI to both patients and hospitals



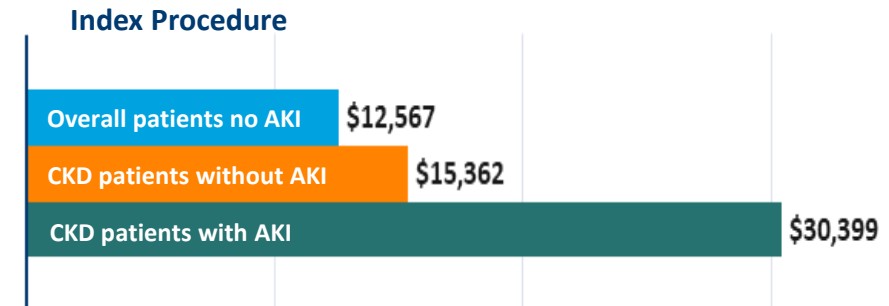
PREMIER

A study of 749 hospitals with 2.8m angiography patients with CKD

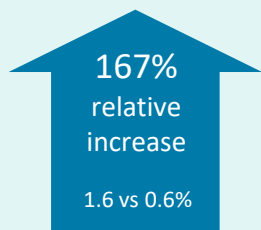
## A rising problem in CKD patients



## AKI increases hospital costs<sup>1</sup>



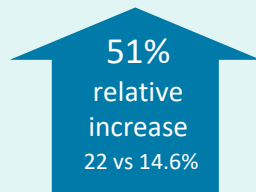
### AKI increases mortality in CKD patients



30-day

**In-hospital mortality**

### AKI increases readmissions in CKD patients



30-day

**All-cause readmission**

### AKI patients are more likely to be discharged to non-home facilities



**5x**

more likely to be discharged to hospice



**2.8x**

more likely to be discharged to nursing or rehab facility



**2x**

more likely to be transferred to acute care hospital

#### Notes

1) Mean observed charges

2) A. Prasad, et al. - Acute Kidney Injury Incidence, Risk Factors, and Costs among U.S. Patients Undergoing Percutaneous Coronary Procedures; Abstract ACC 2019



# Clear and large problem | There is a concerted and growing focus on AKI avoidance

## Physician consensus position on CI-AKI



American  
Heart  
Association®



**Class 1 Level B recommendation for  
CI-AKI reduction**

## Avoidance guidelines for at-risk patients



**Screen**

Patients with an eGFR < 60 ml/min are at high risk for AKI events



**Hydrate**

Adequate preparatory hydration should be given to at-risk patients



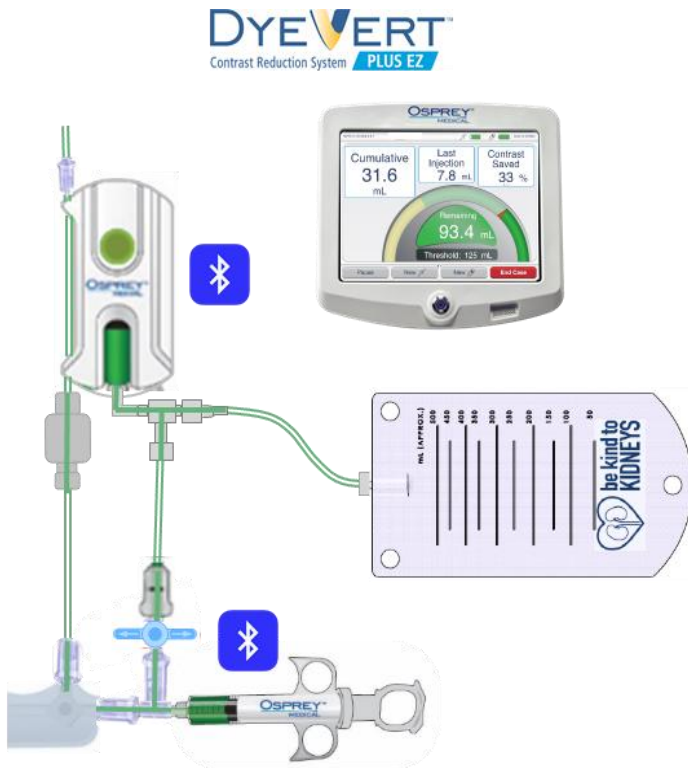
**Reduce**

Minimise contrast dosage to high risk patients



# Our technology is the solution | Osprey's proprietary technology is patent protected

## Osprey's proprietary solution



**On average 40% reduction in Dye<sup>1</sup>**

## Clinically proven results



**Reduce dye in angiographic procedures<sup>1</sup>**



**No compromise to image quality**



**Allow for real-time contrast monitoring of maximum allowable dose**

### Notes

1) Desc, S. A Novel System to Save Contrast During Coronary Angiography – The DyeVert™ Randomized Controlled Trial. Presented abstract to TCT Annual Meeting, Washington DC, October 2016.





# Commercial approach | Key commercial highlights demonstrate strong customer adoption

## US Commercial strategy, direct sales model



### NEW ACCOUNTS

Leverage GPO National Agreements



### DRIVE PENETRATION

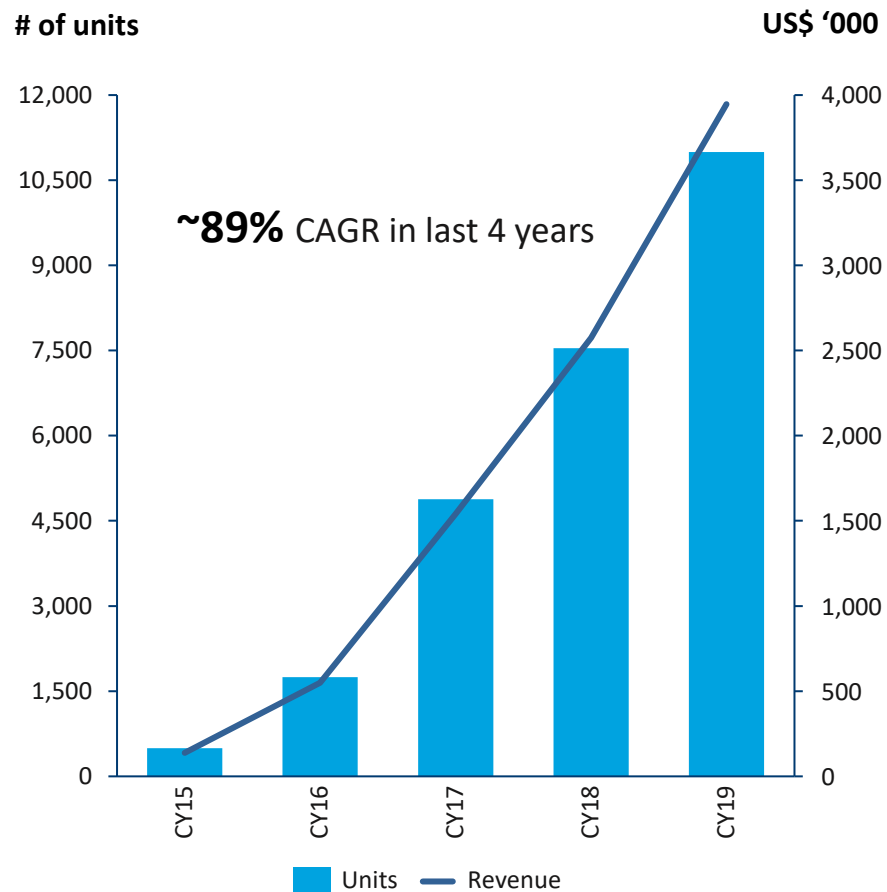
Increase penetration in accounts



### Publish Clinical Success

Reinforce protocol driven care with the DyeVert

## DyeVert unit sales since 2015 (#)<sup>1</sup>



#### Notes

1) Worldwide unit sales of DyeVert. Does not include other products such as DyeTect and Syringes



# Commercial approach | A clear value proposition to hospitals

Osprey's "Be Kind to Kidneys" program rebates DyeVert Plus product costs to the extent these are not offset by savings related to CI-AKI reduction

## *Southeastern US Medical Center*

Cost of AKI to Hospital <sup>1,2</sup>	
Number of Annual Diagnostic and PCI Procedures	6,376
Risk Adjusted-AKI Rate per the NCDR Cath PCI Registry	15%
Estimated Number of At-Risk Patients Developing AKI Annually	956
Cost per AKI Patient – Additional Length of Stay <sup>1,2</sup>	US\$12,000
<b>Total Annual Cost of AKI to Hospital</b>	<b>US\$11,472,000</b>
Device Cost to Hospital	
Number of Annual PCI's	6,376
DyeVert Plus (25% of Patients)	1,594
DyeVert Plus Price	US\$350
<b>Total Annual Device Cost to Hospital</b>	<b>US\$557,900</b>

Clear value proposition

### Notes

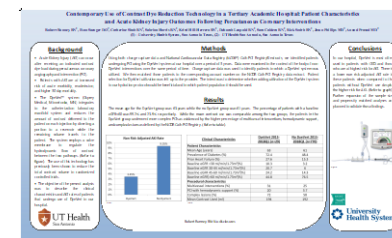
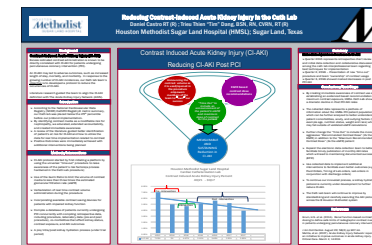
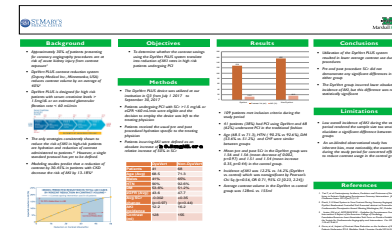
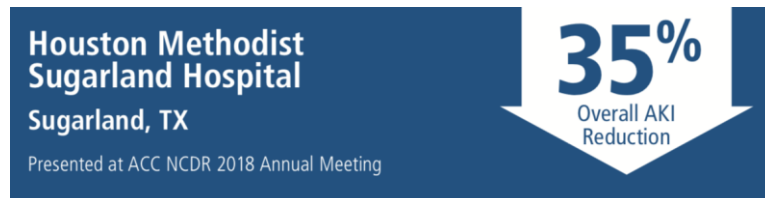
1) Subramanian, Jour Med Economics; 2007; 10:119-134.

2) Pfunter A, et al. Agency for Healthcare Research and Quality Statistical Brief #168. December 2013. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb168-Hospital-Costs-United-States-2011.pdf>.



# Commercial approach | Real-world AKI prevention strategies that work

## AKI reduction initiatives



**DyeMINISH™**  
Registry

# Osprey Registry

up to 10K patients in 50 hospitals



# Clear future growth strategy | GE distribution agreement to take OUS revenues to the next level

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## Material step in building our OUS presence

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- **Milestone contract with GE executed** in July 2020, whereby GE will distribute DyeVert products across Europe, Russia, Middle East, Africa, Central Asia & Turkey
- **Minimum purchase levels** have been established that escalate each year and are required for GE to maintain exclusive distribution rights
- **Transfer prices are fixed** over term and provide appropriate Gross Margin returns for Osprey
- **4-year agreement** from final distribution contract execution

## A significant re-rating opportunity

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**120+**

*FTE to distribute Osprey's product across EMEA*

**20%+**

*Expected to add 20%+ to total expected revenues in 2021*

**40%+**

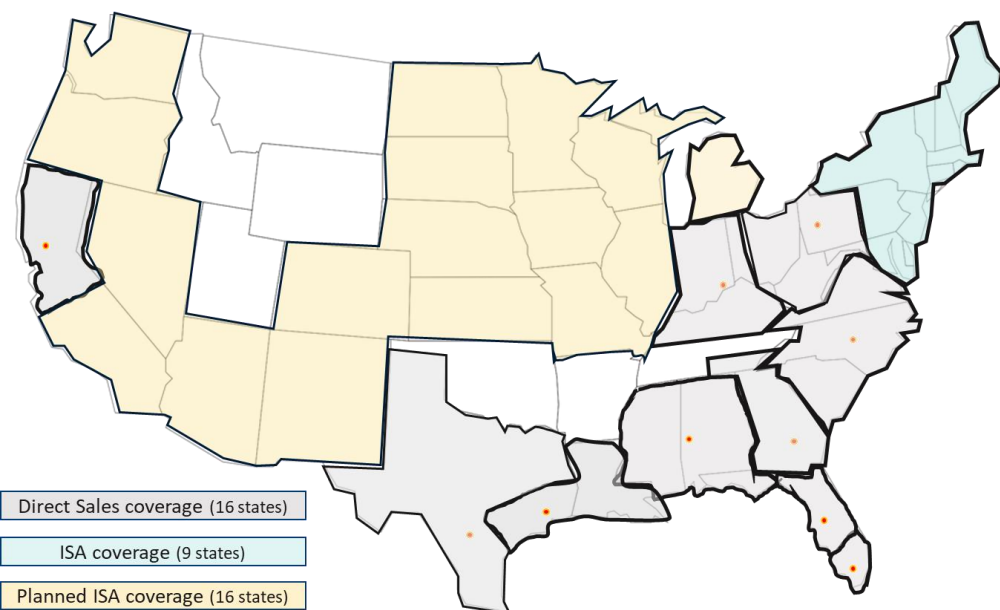
*Scaling year on year to 40%+ of expected revenues in 2024*

**Fixed  
ASP**

*Margin certainty in the business*



# Clear future growth strategy | Cost effective sales territory expansion in the United States



**Direct salesforce continue to penetrate existing regions**

Currently covering 16 states

**Independent Sales Agency agreement signed in Nov-20**

New sales coverage in 8 states

**Independent Sales Agency expansion planned early 2021**

Additional coverage in 16 states



# Clear future growth strategy | Worldwide sales coverage with GE and cost-effective US expansion with ISA's



## Clear plan for accelerated future growth

### 1. GE OUS market expansion

- Leverage GE's position as the largest global player in contrast media and molecular imaging agents

### 2. Cost effective US sales coverage expansion

- Existing Direct Reps continue sales penetration
- ISA's expand sales coverage of US to >90%

### 3. GPO focus for opening new US customers

- Leverage 5 existing GPO contracts to expand to new hospitals
- Addition of ISAs across US to expand coverage



# Significant value upside | Strong revenue growth has not translated to share price growth

## Share price remains at historic lows...

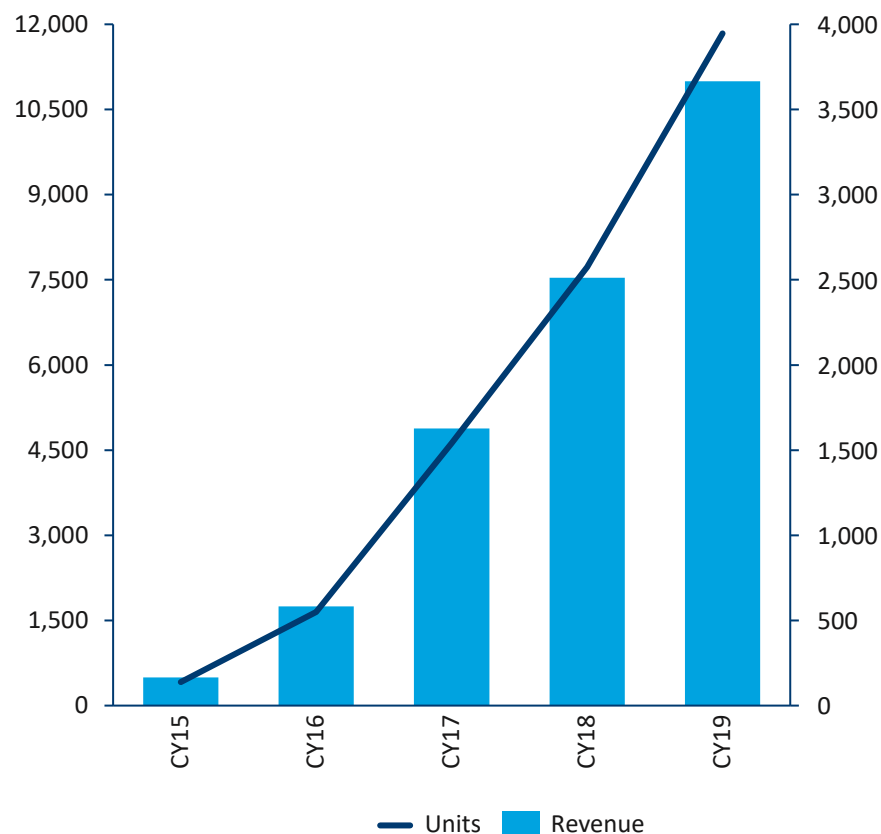
Share price (Acps)



## ...despite continued strong sales growth<sup>1</sup>

# of units

US\$ '000



### Notes

1) Worldwide unit sales of DyeVert. Does not include other products such as DyeTect and Syringes



# High calibre board and management team | Highly experienced board and management team

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**Mike McCormick** | President and CEO

- 30+ years medical device experience across private and public companies.
- Formerly CEO of Anulux and Centrepulse Spine Tech



**John Erb** | Non-Executive Chairman

- 35+ years of medical device experience and also currently Chairman and CEO of CHF Solutions



**Chris Nave** | Non-Executive Director

- Founding partner of Brandon Capital and CEO of the Medical Research Commercialisation Fund



**Sandra Lesenfants** | Non-Executive Director

- Currently serves as Vice President & General Manager of endoVenous business in the Medtronic Cardiac & Vascular Group



**Neville Mitchell** | Non-Executive Director

- Formerly CFO and Company Secretary at Cochlear where he was for 20+ years and a board member at Sirtex Medical



# Osprey remained focused on driving shareholder value

## Osprey have a multi-pronged approach in driving near term sales growth



### GPO Strategy

*National contracts and publications*

- **Continue to build on GPO strategy within the US**
- Use national contract to open new accounts
- Leverage published data from GPO hospitals to support growth



### GE Partnership

*A game changer for OUS*

- **GE agreement to drive sales in OUS regions**
- Revenue certainty over the contract duration with prescribed minimum purchase levels with significant potential for upside
- Stable ASPs locking in margin



### R&D

*Continued investment in R&D*

- **DyeVert Power XT** has CE Mark for EU commercialization by GE
- FDA clearance for the US is expected in early 2021



### PODIUM

*Scientific presentations*

- **DyeVert featured in the SCAI Scientific Session in 2020** with strong validation from several medical practitioners
- Continue to build brand awareness through presentations at various reputable conferences and support of key opinion leaders

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**DyeVert™, DyeVert Plus and DyeTect Systems Regulatory Status:** Europe – CE Mark obtained; Australia – TGA approval obtained; United States – 510(k) cleared.