



OVENTUS MEDICAL

Investor update | November 2021

Oventus Medical is leading a new paradigm in sleep apnea care

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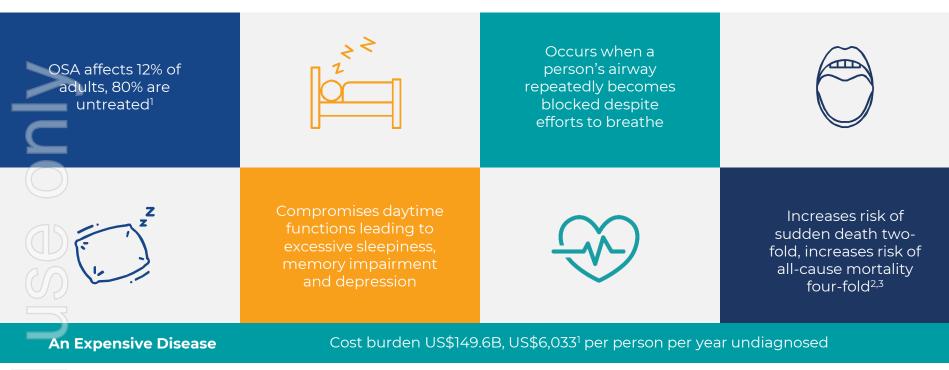
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Obstructive Sleep Apnea (OSA) Overview



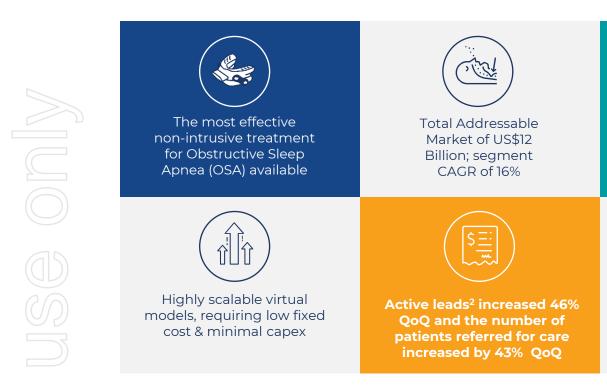


Sullivan, F. (2016). Hidden health crisis costing America billions: Underdiagnosing and undertreating obstructive sleep apnea draining healthcare system. American Academy of Sleep Medicine.
 Heilbrunn ES, et al. BMJ Open Resp Res 2021; pl

3. Young T, Finn L, Peppard PE, et al. Sleep disordered breathing and mortality: eighteen-year follow-up of the Wisconsin sleep cohort. Sleep. 2008;31(8):1071-1078.

Oventus: Positioned for Growth





Existing treatments poorly

received – more than 75%

untreated or refusing

current options¹

Oventus has created the only virtual startto-finish go-to-market model in OSA

Source: ¹ Sullivan, F. (2016). Hidden health crisis costing America billions: Underdiagnosing and undertreating obstructive sleep apnea draining healthcare system. American Academy of Sleep Medicine. ². Active leads = screened, qualified and referred to channel partners to move forward with treatment

Shortcomings of the "standard of care" - CPAP





High percentage of CPAP dropouts:

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

Masks and straps are uncomfortable, leading to facial abrasion, strap marks, claustrophobia and restricted movement in bed

Air pressures are hard to tolerate and CPAP can be noisy

Technology has an image problem

Infection risk - masks and hoses must be regularly replaced

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

O2Vent: The Patient's Choice



How O2Vent® works

Positions the jaw forward, opening the airway and stabilizing the tongue.

> In the presence of nasal obstruction, air can be drawn into the O2Vent Optima.

The unique airway channel allows uninterrupted airflow to the back of the throat to support the upper airway.

Comfortable, Durable, Discreet and Wearable

Market requirements to assume "first line position"

Physician Requirements

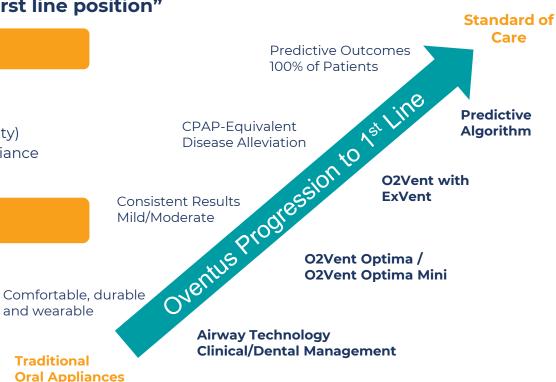
Predictable and consistent outcomes
 Long-term management of OSA (efficacy)
 Few/manageable side-effects (safety, reliability)
 Patient engagement, satisfaction and compliance
 Referrals

Patient Requirements

•Comfort, wearability •Symptom alleviation •Elimination of stigma

•A frictionless patient journey

Value for time/money invested







Pre-Oventus oral appliance therapy only has success rates of ~50%

- First Randomized Controlled Trial (RCT) shows a 50% improvement in efficacy with Oventus Airway Technology¹
- Second RCT show a 20% increase in treatment success rate for previous treatment failures by incorporating
 Oventus Airway technology²
- ExVent study shows a 30% increase in efficacy and a 45% increase in success rates for previous treatment failures³
- This means that at least 65% of patients that would normally fail oral appliance therapy can achieve a treatment success with O2Vent and ExVent delivering cumulative success rates of over 80%
- For patients that do not achieve a successful outcome with O2Vent and ExVent, a predictive algorithm developed with mean predictive accuracy of 91+/-8% can predict who will who will need adjunctive therapy such as, positional therapy, supplemental oxygen and/or medication⁴

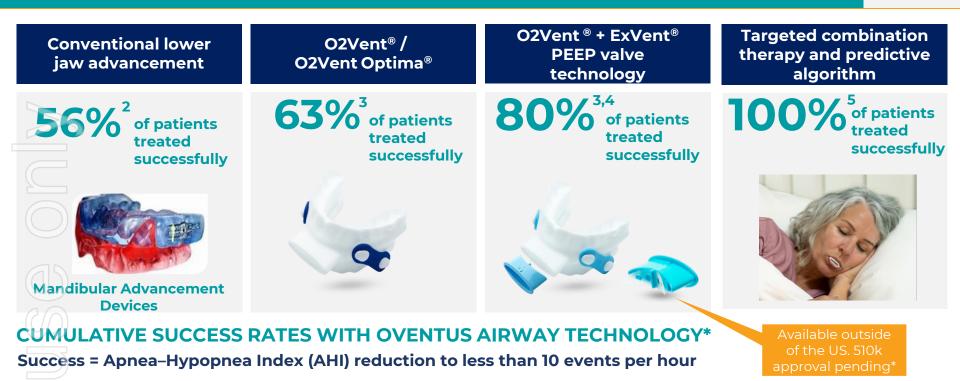
100% of patient predicably and successfully treated without the need for CPAP⁴

1. Amatoury J, Tong B, Nguyen C, Szollosi I, Eckert DJ THE ROLE OF A NOVEL ORAL APPLIANCE THERAPY DEVICE ON PHARYNGEAL PRESSURE SWINGS AND CPAP REQUIREMENTS DURING SLEEP IN OBSTRUCTIVE SLEEP APNEA: A PILOT STUDY. Abstract Supplement ADSM Boston 2017 2. [Lavery D], Szollosi I, Moldavtsev J, McCloy K, Hart C. Airway open-airway closed: The effect of mandibular advancement therapy for obstructive sleep apnoea 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 apnea severity', Sleep, vol 42, no. 8, August 2019, zsz 119.

Oventus O2Vent® Addresses the Needs of 100%¹ of OSA Patients





⁻I.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 thrapy for obstructive sleep apnea with and without a novel in-built airway. Postersession 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, Charberry, J, Eckert, D. Combination thrapy with CPAP plus MAS reduces CPAP thrapeutic requirements in incomplete MAS responders. Poster session presented at: Australasian Sleep Society Sleep DownUnder, 2018, October 17-20; Brisbane, Australia 5. A Aishah, B Tong, A, Osman, M Donegan, C, Pitcher, B Kwan, L Brown, T Altree, R Adam, S Mukherjee, D Eckert, PO20 Targeted non-CPAP combination therapy resolves obstructive sleep apneas <u>SUEP Advances</u>, Volume 2, Issue Supplement.), October 2021, Page 422. "EVent available in Oventus' key markets of Australian and Canada, not yet approved in the US.







Patient referred to a sleep physician

Sleep test performed at home or in the lab

Follow up consultation

Recommend CPAP



CPAP Trial with Durable Medical Equipment (DME) Distributor or CPAP Reseller



Successful Trial – Patient continues on CPAP





If not successful on CPAP trial or abandons treatment, then likely to fall out of care

Subsequent sleep consultation for alternative treatment

Dental Clinic



Referred to a dentist or seeks one out independently

O2Vent Optima delivered



Dental follow up



Refer back to sleep facility





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.



2



Sleep doc consults/ diagnoses/ prescribes

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

Ongoing patient management shared by the sleep physician and dentist

*Sleep Apnea Diagnosis and Treatment is Often Partially or Fully Covered by Insurance (Varies by Market)

Virtual Lab in Lab



Virtual model developed in response to COVID-19

- Virtual collaboration between dentists and sleep groups
- Dentist-guided virtual
 impressions
- Home delivery of O2Vent therapy
- 98% fit rate validated, comparable to digital scans

With greatly reduced costs, therapy can be delivered at low cost to the patient, while maintaining industry standard profits for channel partners.



1. Patients start with a free consultation with one of Oventus' sleep professionals to review the process and see if they're a fit for O2Vent Optima

2 2. If they're a candidate, Oventus will ship the patient an impression kit and schedule a virtual impression appointment with a board certified dentist

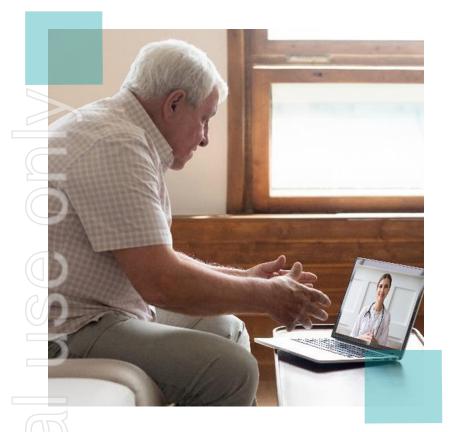




3 3. During the virtual impression appointment, patients are guided to use the impression kit to obtain the data from which their O₂Vent is 3D printed to be delivered to the sleep facility or patient's home

The Pandemic Has Created New Opportunities

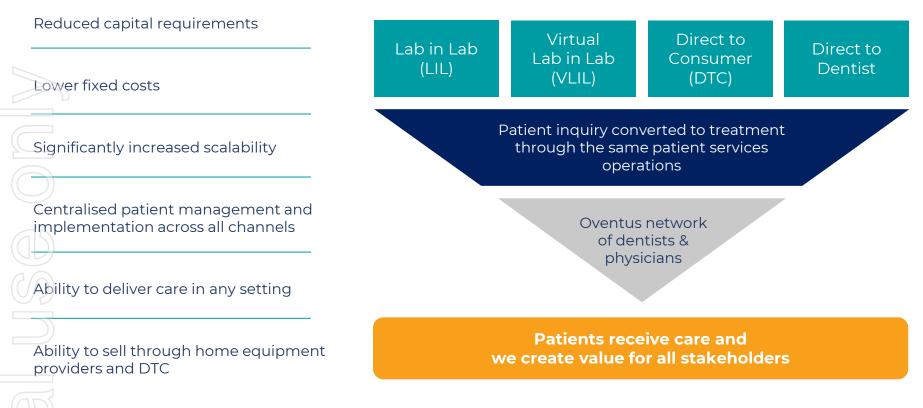




COVID-19 has accelerated the transition to online research, purchasing and virtual care – the "Virtual Model"

- **Patient preferences** are now the key to the OSA treatment decision
- There is considerable **pent-up demand** for an alternative to CPAP and inconsistent appliances
- Patients prefer **at-home service** to multiple clinical and equipment supplier visits
- Patients are now **searching online** for alternative treatments from home
- Telehealth and Virtual diagnosis are now mainstream
- Nearly all **sleep apnea testing is done at home**, not the sleep lab





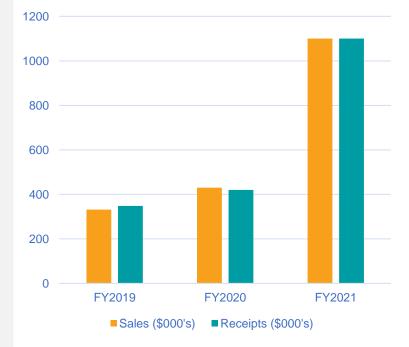
Growth and Sales Channel Innovation

New "Go to Market" Strategy Driving Sales

- Growth and financial discipline over FY21
 - Device sales: \$1.1m, up 192%
 - Cash receipts of \$1.1m up 160%
- Transition to virtual sales model enabled growth during pandemic related clinic/dental shutdowns
- Patient-focused customer capture model developed in H2 FY21 and ready for scale up

US national dental and in-network insurance coverage finalised in Q4 FY21

Oventus is now positioned to engage and treat patients from home in every US statea major milestone



Strong FY21 Growth



DTC Demand Generation:

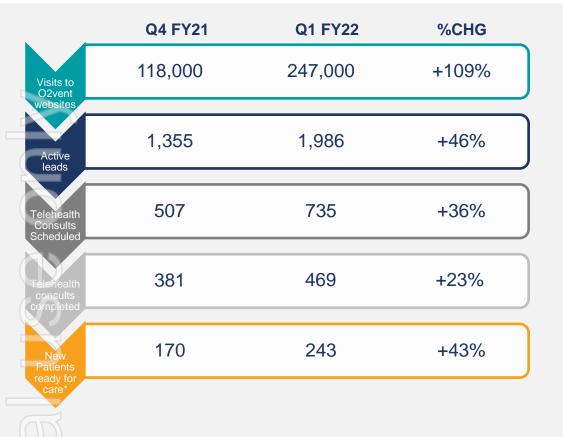
One automated CRM, one branded journey





Targeted Online Marketing Boosting Leads Funnel





Optimisation Process

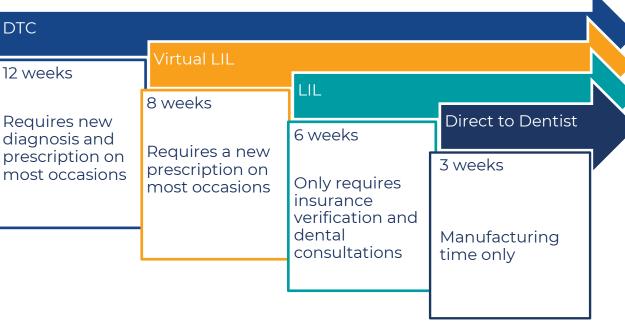
- Measure and improve quality of campaigns (ongoing)
- Improve awareness of brand and product
- Build database of qualified leads
- Increase database retargeting as % of activity
- Reduce friction in CCM process
- Improve conversion rates

* screened, qualified and ready to move forward with treatment

Revenue Lead Times by Channel



DTC

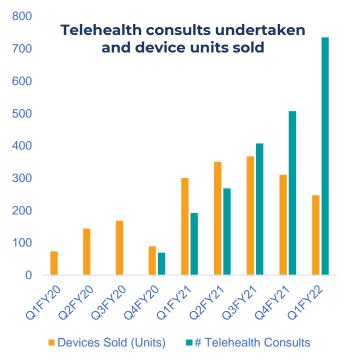


Longer sales cycle will mature to higher yield funnel by Jan 2022



 DTC and Virtual Lab In Lab = preferred pathway for our patients now

- Longer qualification process and insurance payment
 option = longer sales cycle
- New sales funnel management process is driving higher yields
- Initial 12-week lead time from capture to revenue
- Up to an additional 12 weeks to receive payment for innetwork insurance patients
- December quarter will see funnel maturing and increasing revenues



Three Areas of Continuous Improvement





Generate demand

Patient-focused marketing generating qualified, motivated leads

Convert patients to therapy

Superior service and support bringing patients into care and converting demand to revenue

Reduce costs

Falling customer acquisition costs with COGS and operational improvements reduce lead time to profitability



Oventus Medical Board & Management – US





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.



JOHN COX President and COO

John will lead the sophisticated roll out of the virtual & director to consumer models for Oventus. He brings 30 years experience in the MedTech sector, including direct experience in sleep and related technology marketing & operations.



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.





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 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.



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. "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









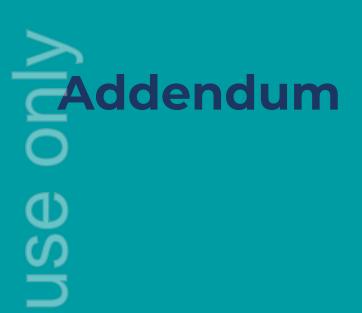
Dr Chris Hart Founder & CEO chris@oventus.com.au

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Appliance Validation – O2Vent (Oventus Airway Technology)



Name	Study/ Investigation	Patients completed	Results - reduction in AHI (sleep events per hour)*	Commentary	Peer Review
Perth study OVEN-004	Airway Open/Airway Closed	10	69.6 reduced to 19.4 = 72% reduction	Airway Technology increased efficacy by 30 %	Interim results: Auckland Sleep DownUnder, ASA Conference (abstract) 25 October 2017
Effect of Oventus Airway on Upper airway Physiology	Predictors of response to Oventus Airway	22**	53.6 reduced to 29.4 = 45% reduction	Physiologic Study showing females exhibited greater response to Oventus Airway Technology	Final results presented at the ASA Sleep DownUnder Oct 2018
Brisbane study OVEN-003	Effect of Oventu Airway on Effica Compliance		24 reduced to 10 = 58% reduction	Airway Technology increased response rate by 40% and success rate by 20% Increased efficacy in nasal obstructers and previous treatment failures	Final results presented at the ASA Sleep DownUnder Oct 2018
Brisbane study OVEN-001	Efficacy of Oventus O2Vent	29	42 reduced to 16 = 62.5% reduction	Same response rate and efficacy with and without self reported nasal congestion	Journal of Dental Sleep Medicine, Vol 4, No. 3

* Apnea-Hypopnoea Index (AHI), known as 'sleep events' per hour occurring when the breathing airway collapses temporarily, leading to disruptions in breathing and sleep, in patients with Obstructive Sleep Apnea (OSA) ** 10 patients data on this study were presented previously in Auckland Sleep DownUnder ASA Conference

Appliance Validation – O2Vent (Oventus Airway Technology)



Name	Study/ Investigation	Patients completed	Results - reduction in AHI (sleep events per hour)*	Commentary	Events
Sydney study (NeuRa) OVEN-005	Pilot study	4	37 reduced to 8 = 78% reduction	In addition to AHI reduction, 66% reduction in CPAP pressure required	Presented at AADSM/AASM Sleep 2017 in Boston
		Airway Technology increased efficacy by 50% of Traditional oral appliance	when using Oventus CPAP connector		
CRC-P funded (\$2.95m)	Nasal Resistance Study	7 39	34.4 reduced to 7.0 = 80% reduction 29 reduced down to 14.5 = 50% reduction	Increased nasal resistance did not impact treatment outcomes	Interim results presented at Prague World Sleep Congress (abstract) 9-12 October 2017. Expanded results presented at European Respiratory Society in Paris September 2018
3 stages over 3 years	PEEP Valve Study	22	21.6 reduced to 7.2 67% reduction In previous treatment failures	Success rates increased by 59% enabling over 75% of patients to be treated successfully without CPAP	Final results being presented at the ASA Sleep DownUnder Oct 2018. Published in <i>SLEEP</i> June 2019
Over 200 Patients in Total	MAS Combo Study	16	CPAP Pressure requirements reduced by 35-40%	Patients able to breathe through the device while using nCPAP eliminating the need for full face masks	Interim results presented at European Respiratory Society in Paris September 2018. Expanded results presented at ASA Sleep DownUnder Oct 2018

* Apnea-Hypopnoea Index (AHI), known as 'sleep events' per hour occurring when the breathing airway collapses temporarily, leading to disruptions in breathing and sleep, in patients with Obstructive Sleep Apnea (OSA)

Appliance Validation – O2Vent (Oventus Airway Technology)

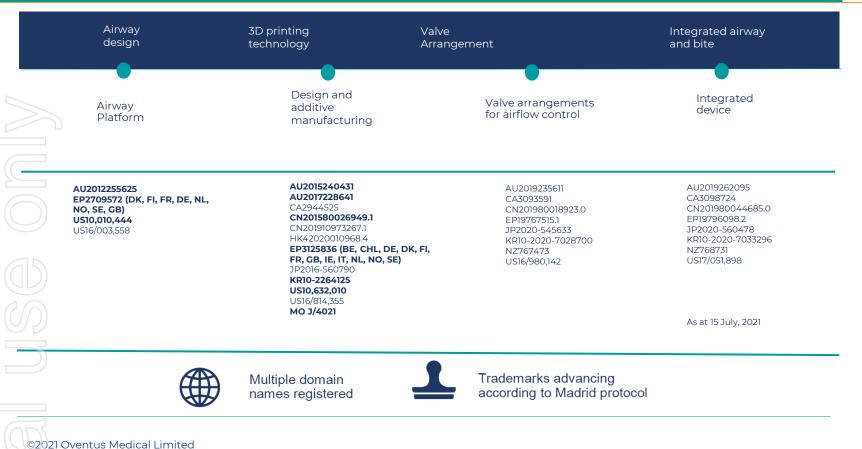


Name	Study/ Investigation Patie	nts completed)	Results – Success Rate	Commentary	Peer Review
CRC-P Study Continued	Predictive algorithm for oral appliance (OA) therapy response	62	60-100% predictive accuracy with mean accuracy at 91% +/- 8%	Successfully predicted responders in 82% of cases and patients requiring combination therapy in 100% of cases	Final results presented at the European Respiratory Society Meeting 2021
	Targeted non-CPAP combination therapy for incomplete responders	11	100% treatment success rate (Reduction in AHI to <10 events/hr	Predictive algorithm used to tailor therapy using O ₂ Vent +/- ExVent, positional therapy, oxygen and/or 85/10mg ato-oxy	Interim results presented at the Australasian Sleep Association meeting October 2021

* Apnea-Hypopnoea Index (AHI), known as 'sleep events' per hour occurring when the breathing airway collapses temporarily, leading to disruptions in breathing and sleep, in patients with Obstructive Sleep Apnea (OSA) ** 10 patients data on this study were presented previously in Auckland Sleep DownUnder ASA Conference

Oventus Airway Technology





About Oventus



OSA IS A MASSIVE, MULTI-BILLION DOLLAR AND FAST-GROWING MARKET



Oventus is an Australian medical device company with a proprietary technology for the treatment of *obstructive sleep apnea (OSA).* Our focus is on treating those patients that are not being, or cannot be treated effectively with existing treatment modalities.

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There is a huge unmet need many times the size of the existing market due to the abandonment of existing treatments by the majority of patients Oventus has a clinically proven ability to deliver superior outcomes for more than 80% of these patients with the first products in its treatment platform now available in the US with FDA clearance and existing reimbursement codes



Platform technology developed and company founded in 2013 by CEO, Dr Chris Hart B.Sc. B.D.Sc (Hons) M.Phil (Cantab), Oventus is listed on the Australian Securities Exchange (ASX:OVN)