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**November 2022**



# Safe Harbor

Some of the statements made during this presentation may be considered forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Statements that are not historical or current facts, including statements about growth opportunities, expected revenue growth and annual growth rates, our fiscal 2023 strategic objectives, statements regarding the potential total addressable markets for our products, statements about advancing the commercialization of our thrombectomy and radial access products from market entry to rapid growth, statements about the commercialization potential of the SurVeil™ drug coated balloon (“DCB”), statements about the premarket approval and commercial launch of the SurVeil DCB, statements about future potential revenue from our Development and Commercialization Agreement with Abbott Vascular, Inc., expectations regarding completion of the 5-year follow-up in the TRANSCEND study, fiscal 2023 financial guidance, statements about future capital allocations, and estimates of future revenues related to the TRANSCEND study, are forward-looking statements. Forward-looking statements involve inherent risks and uncertainties, and important factors could cause actual results to differ materially from those anticipated, including (1) our ability to successfully develop and commercialize our SurVeil™ DCB (including realization of the full potential benefits of our agreement with Abbott), A vess™ DCB, Sundance™ DCB and other proprietary products; (2) whether and when the U.S Food and Drug Administration grants premarket approval to the SurVeil DCB (3) our reliance on third parties (including our customers and licensees) and their failure to successfully develop, obtain regulatory approval for, market and sell products incorporating our technologies; (4) possible adverse market conditions and possible adverse impacts on our cash flows; (5) our ability to successfully and profitably commercialize the Pounce venous thrombectomy system; (6) current and future supply chain constraints; (7) whether anticipated increases in our operating expenses are effective in generating profitable revenues; and (8) the factors identified under “Risk Factors” in Part I, Item 1A of our Annual Report on Form 10-K for the fiscal year ended September 30, 2021, and updated in our subsequent reports filed with the SEC. These reports are available in the Investors section of our website at <https://surmodics.gcs-web.com> and at the SEC website at [www.sec.gov](http://www.sec.gov). Forward-looking statements speak only as of the date they are made, and we undertake no obligation to update them in light of new information or future events.

# We Are On A Mission



## Simply Better.

Because technology innovation is only as good as the confidence and adoption of its users.

We believe simpler and better is the way to go to enable greater access to care by giving physicians the freedom to treat, anytime, anywhere.

### Simply Better.

Simply Surmodics

Simply Driven

Simply DCB

Simply Pounce

Simply Sublime

Simply Solid

Simply Strong

# Simply Surmodics

## Growth Opportunity:

High-growth, underpenetrated market opportunities serving current trends and future market needs

**Core Business:** Strong source of operating cash fuels growth initiatives and commercial operations

- Strong and growing businesses
- High ROIC

### Who are we?

Learn more about us.



### Performance Coatings

Hemocompatible Coatings  
Drug-Delivery Coatings  
Hydrophilic Coatings  
Combination Coatings

### Vascular Device Platforms

Sublime™ Radial Access Platform  
Pounce™ Thrombectomy  
Pounce™ Venous Thrombectomy  
Drug-Coated Balloons

### In Vitro Diagnostics (IVD)

Stopping Solutions & Support Reagents  
Protein Stabilizers & ELISA Substrates  
Antigens & Antibodies (Direct™)  
Microarray Slides & Surfaces

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# Our Sights Are On Something Bigger

Our journey has prepared us.  
**This is just the beginning.**



## Global Leader

*The global leader in medical device coatings and in vitro diagnostics specialty reagents.*



## Secret Sauce

*We've been the secret sauce but received a fraction of the value – and couldn't control our destiny.*



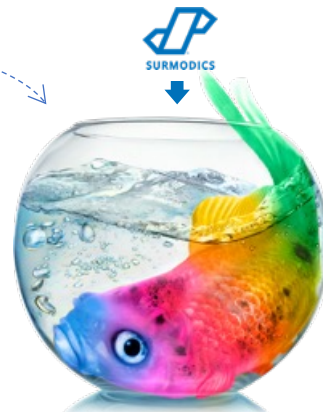
## Born to Innovate

*We are innovators. We owe it to our shareholders to command the return that fully reflects the value of our innovations.*



## We Can Help

*Vascular disease is pushing healthcare to the brink. We can make a difference.*



## Driven to do More

*The problems we address and the markets we serve are growing. We are directly relevant.*

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# What Matters Most



**It's personal.**

We are on  
a mission.



## Patients

No one should suffer from lifelong disability when the right treatment at the right time could have prevented it.

## Customers

Life-changing technology must move quickly into the hands of physicians everywhere. And it needs to happen fast.

## Employees

Surmodics employees are personally invested to drive this change. That's why we work here.

## Shareholders

We recognize the investment made to support our mission. We are driven to optimize long-term shareholder value.

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# Simply Better Solutions

## We Innovate

Learn more  
about our  
product  
portfolios



## Vascular Device Platforms

### RADIAL ACCESS



### THROMBO-EMBOLECTOMY



### DRUG-COATED BALLOONS



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# It's Not Enough To Be Different



## DIFFERENT



- First 5F radial sheath
- Longest length balloon catheters
- Broke the trade-off between length & performance



- Stand-alone arterial mechanical device designed to clear chronic thrombo-embolic obstructions
- Grab and go, on-table resolution



- First dual-action technology
- Grab and go, on-table resolution
- Device and procedure simplicity



- First worldwide head-to-head RCT of next generation low-dose DCB vs high-dose DCB

## DIFFERENCE

*You can't treat what you can't reach. Get wherever you need to go — quickly and confidently — from any access site*

*An arterial clot can quickly cost a limb — or a life. Strike fast with a simple, surefire device that captures and removes hard clots*

*Clots adhere to veins and damage them on contact. We believe in moving fast: just grab and go.*

*Comparable effectiveness achieved at a substantially lower dose of drug in both 12 and 24-month results*

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# Big Opportunities: We are Driven to Achieve

## Large, Underpenetrated Markets Addressable By Our Innovations



**PAD**

Peripheral Artery Disease

**0.8 M**

patients/year

**\$0.4 B**

Addressable Market (TAM)

**<10%**

Penetrated



**PAO/DVT**

Peripheral Arterial Occlusion and  
Venous Thrombo-embolism

**0.4 M**

patients/year

**\$2.2 B**

Addressable Market (TAM)

**~15%**

Penetrated



**PAD ATK**

Peripheral Artery Disease Above-the-knee

**0.5 M**

patients/year

**\$1.0 B**

Addressable Market (TAM)

**~20%**

Penetrated

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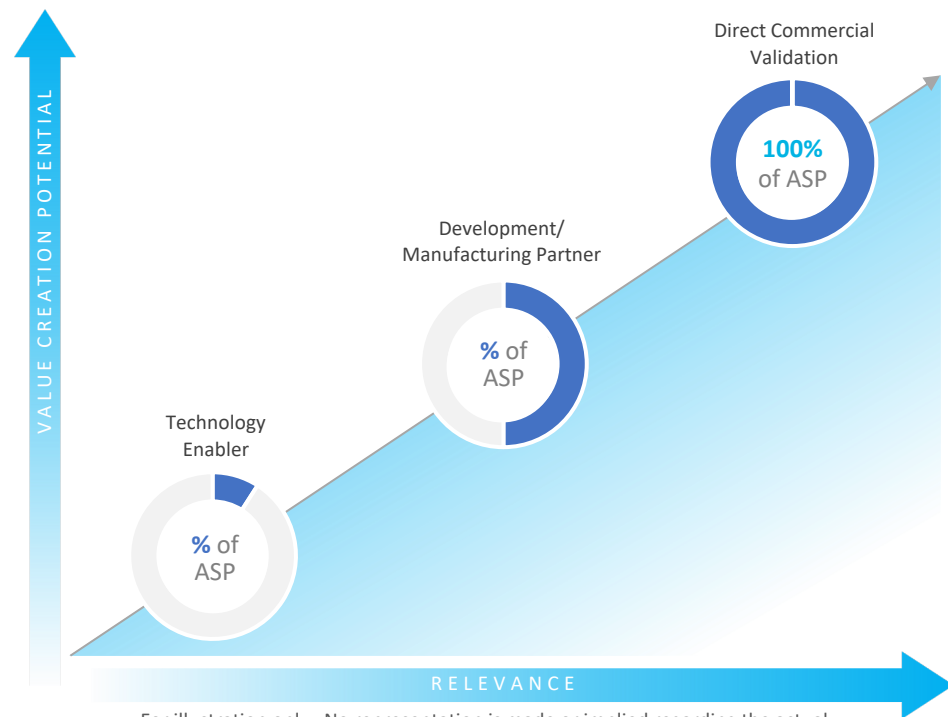
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Patient figures and addressable market sizes are for US Markets and are based on Management Estimates as well as Public Health and Industry Data.

TAM represents potential market based on disease incidence. Our current products do not necessarily address the full range of the TAM.

# Our Commercialization Strategies Enable Us To Maximize Our Opportunities In Significant And Growing Markets



For illustration only. No representation is made or implied regarding the actual revenue Surmodics realizes relative to the ASP of any medical device or product.



## Direct Commercial Validation

- Focused commitment from sales and marketing
- Product development initiatives to expand portfolio
- Ability to expand and grow markets
- Enhanced customer insights to inform product development initiatives

## Development/Mfg. Partnership

- SurVeil™ Drug-Coated Balloon
- Telemark™ Microcatheter
- Cook Advance Serenity™ PTA Balloons

## B2B Technology Enabler

- Medical Coatings and IVD

ADVANCE SERENITY is a trademark of Cook Medical Technologies LLC and/or its affiliates.

CAUTION: SurVeil™ Drug-Coated Balloon is an investigational device. Limited by Federal (or United States) law to investigational use.

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# We Are Committed To Driving Long-term Revenue Growth And Value Creation For Our Shareholders

- **Innovative product pipeline aimed at significant growth opportunities**
  - Seeking FDA approval for SurVeil™ DCB, which will address a \$1.5B worldwide market opportunity through our commercial partner, Abbott<sup>(1)</sup>
  - U.S. FDA clearances on five unique and differentiated thrombectomy and radial access products to address market opportunities totaling up to \$2.6 billion<sup>(1)</sup>
- **Advance commercialization of our thrombectomy and radial access products from market entry to rapid growth**
  - Current team of 27 experienced territory managers to drive performance by growing our customer base and customer utilization
- **Technology-enabling Medical Device Coatings and In Vitro Diagnostics offerings**
  - Generate \$80+ million of revenue annually
  - Expected to grow annually in the mid single digits
  - Provide consistent and reliable cash flow



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# Our Fiscal 2023 Objectives Support Our Mission

# 1

## SurVeil™ Drug-Coated Balloon

- ☐ Achieve FDA PMA Approval
- ☐ Support the commercialization efforts of our partner, Abbott Vascular

# 2

## Pounce™ Thrombectomy Platform and Sublime™ Radial Access platforms

- ☐ Advance initial commercialization
- ☐ Turn the corner from market entry to rapid revenue growth

# 3

## Medical Device Coatings and In Vitro Diagnostics offerings

- ☐ Drive top-line revenue and cash flow growth

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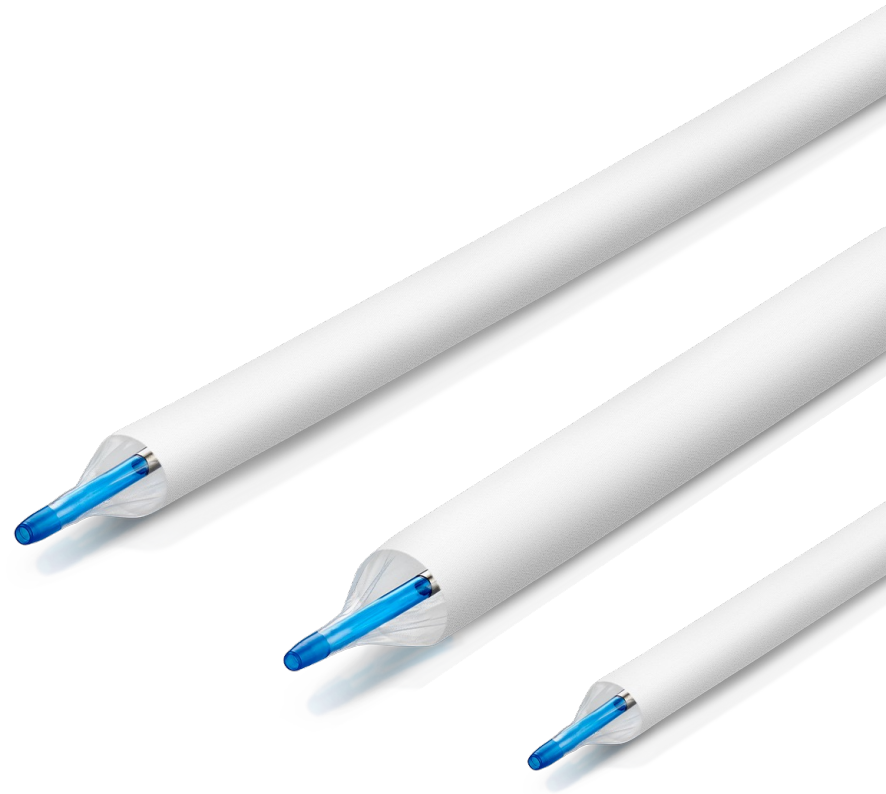
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CAUTION: SurVeil™ Drug-Coated Balloon is an investigational device.  
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# SurVeil™ DCB: Third-Generation Design

GOALS for 3<sup>rd</sup> generation device are focused on addressing important clinical problems

- **CLINICAL** – Similar therapeutic outcome with lower dose
  - Lower potential for complications
  - Wider therapeutic window
- **TECHNOLOGICAL** – Reduce Paclitaxel dose to 2.0 µg/mm<sup>2</sup>; improve uniformity of drug delivery/distribution
  - Better efficiency of drug transfer
  - Reduction in downstream embolization
  - Market-leading device has 75% higher dose

SurVeil™ DCB



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**THESIS: similar outcome with lower dose of cytotoxic drug**

- TRANSCEND study data demonstrates excellent efficacy and safety at 24-months
- At 24 months, 70.8% of subjects in the SurVeil treatment arm showed primary patency, vs. 70.4% in the IN.Pact Admiral DCB (control) arm

Check here for  
product specs  
and TRANSCEND  
24-month data

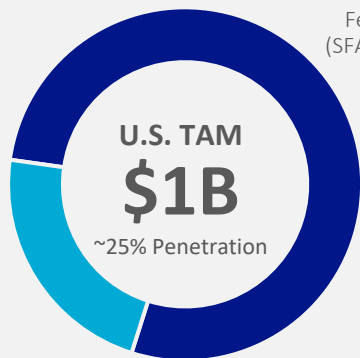


# Commercialization Of Our SurVeil™ DCB Has The Potential To Be A Significant Growth Catalyst

Above-the-knee Balloon  
Angioplasty Market – U.S.<sup>(1)</sup>

**~500,000**

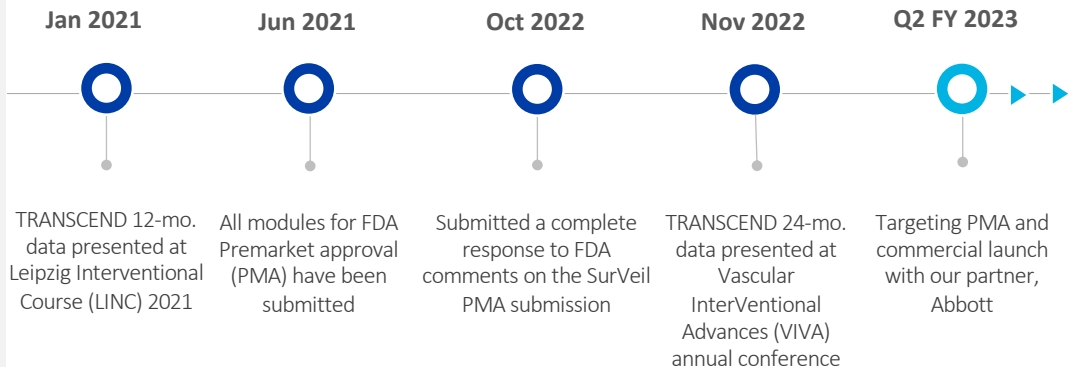
Annual Superficial  
Femoral Artery  
(SFA) Procedures



**~100,000**

Annual ATK DCB  
Procedures

Our commercial partnership with Abbott is expected to lead to a significant and growing revenue stream upon commercialization



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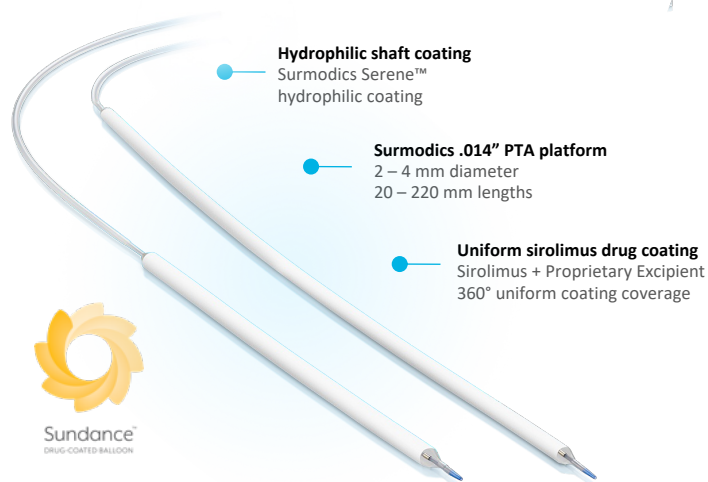
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(1) Patient figures based on Management Estimates as well as Public Health and Industry Data

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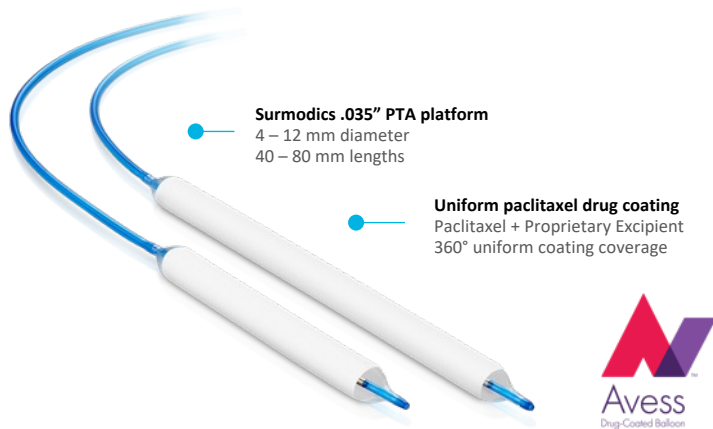
# DCB Platform Extensions

## Sundance™ Below-The-Knee DCB



- SWING first-in-human (FIH) study results presented at 2022 Amputation Prevention Symposium in Lugano, Switzerland conference by Dr. Ramon Varcoe
- FIH data demonstrating an excellent safety profile and the lowest binary restenosis at six months (36%), compared to relevant below-the-knee trials

## A vess™ AV Fistula DCB



- First-in-human study results presented at 2020 VIVA conference by Dr. Andrew Holden, MBChB
- Freedom from revascularization at six months was greater than 90% for the 12 subjects (one re-intervention) with no AVF's thrombosed. Safety endpoints met

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# Poised, Positioned and Ready to Pounce



## Poised, Positioned and Ready to **Pounce**.

**Poised:** Two stand-alone, easy-to-use, highly effective mechanical thrombectomy devices; one for arterial use, the other for venous cases

**Positioned:** Simple, effective designs make these devices ideal first-line treatments in their respective spaces

**Pounce** into action with intuitive, off-the-shelf devices that empowers physicians to rapidly respond, remove clot, and restore blood flow when time is of the essence

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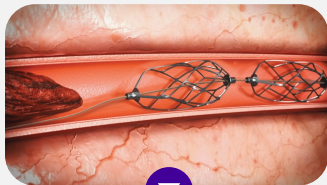




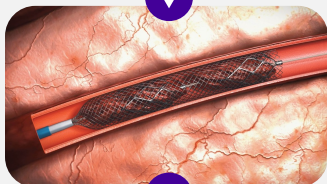


# An Elegant Solution to a Complex Clinical Problem

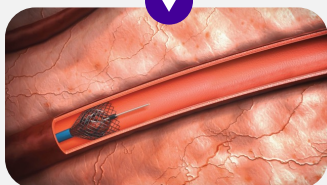
Check out the full animation and additional product details



The basket wire is delivered distal to the location of the thrombus, deploying two nitinol self-expanding baskets.



The baskets capture the clot and are retracted into a nitinol collection funnel.



With the clot entrained, the system is retracted into a minimum 7 Fr guide sheath through which the clot is withdrawn and removed from the body.

## Pounce™ Thrombectomy System

- Designed to capture and remove organized and unorganized thrombo-emboli in the arterial peripheral vasculature
- Off-the-shelf, stand-alone device – designed for use in time-critical situations, with no additional capital equipment required. Packaged in one 'grab & go' configuration.
- Intuitive, simple set up, limited learning curve
- On-the-table solution designed to lower risk of bleeding complications associated with use of thrombolytics
- FIM data Charing Cross Symposium: 100% procedure success; 95% of cases did not require thrombolytics; successfully covered wide range of clot and organized debris\*

\*Surmodics data on file.

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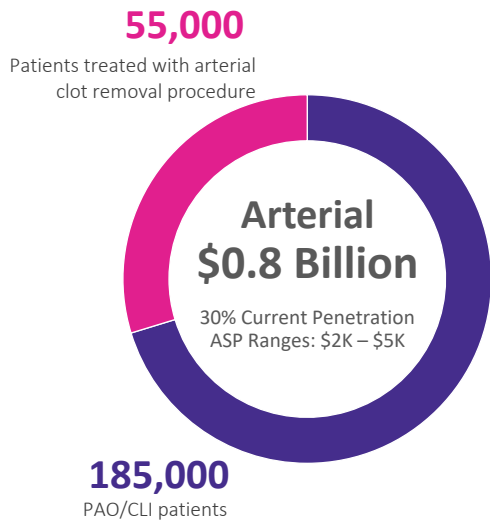
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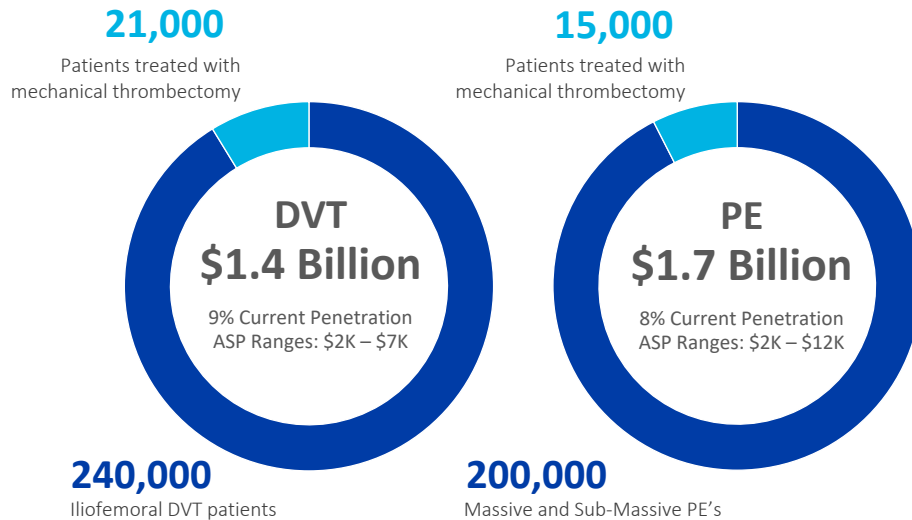


# There Are Large, Underpenetrated Market Opportunities In Clot Removal

## ARTERIAL CLOT REMOVAL U.S. MARKET



## VENOUS THROMBOEMBOLISM (VTE) CLOT REMOVAL U.S. MARKET



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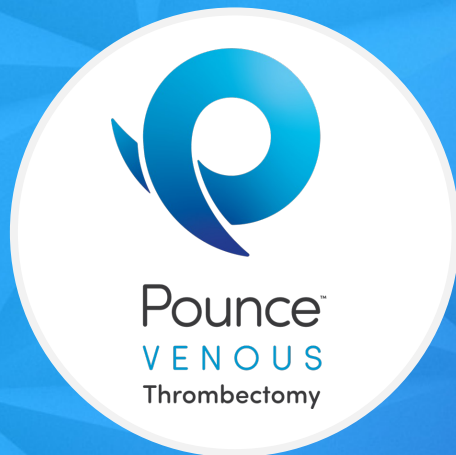
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Annual patient and treatment rates and ASP ranges based on Management Estimates as well as Public Health and Industry Data  
Our devices have not received DVT and/or PE disease state clinical indication clearance at this time.



# There's a Lot More Life Left in These Limbs



**Get In. Get Out.  
Get on With Life.**

DVT is a major health problem affecting >800,000 U.S. patients/year<sup>(1)</sup>

Currently available mechanical thrombectomy technologies have shortcomings that limit broad-scale adoption

Delays in treatment can impact longer-term outcomes and elevate risk of post-thrombotic syndrome

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**Clinical Indication:** Indicated for mechanical de-clotting and controlled and selective infusion of physician specified fluids, including thrombolytics, in the peripheral vasculature

**Device Status:**  
FDA Clearance 2020; CE Mark approval 2021  
19-patient study with 12-month follow-up

(1) Virani SS, Alonso A, Benjamin EJ, et al. Heart Disease and Stroke Statistics-2020 Update: A Report From the American Heart Association. Circulation. 2020;141(9):e139-e596.

# Pounce Venous Thrombectomy: Patient First

## Atraumatic design.

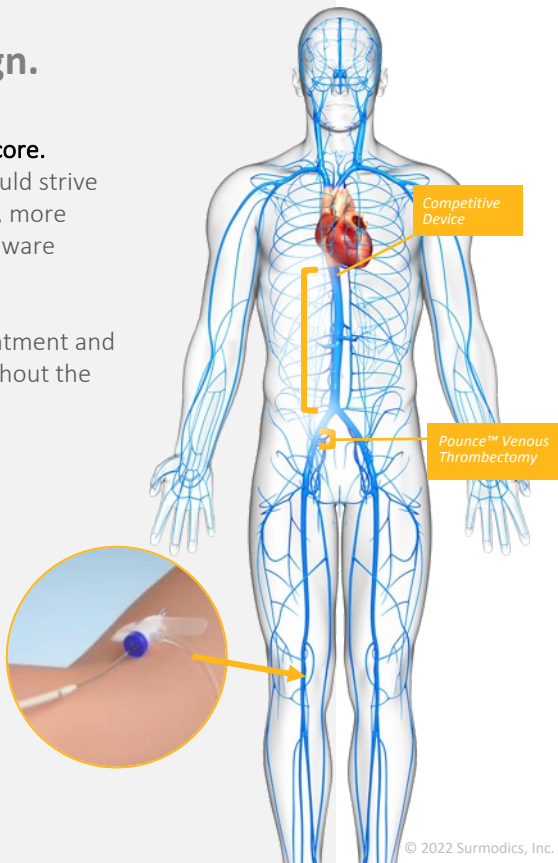
### Designed to separate, not core.

Venous thrombectomy should strive to be faster, more efficient, more intuitive and minimize hardware impact on anatomy

**The goal:** Enable faster treatment and greater accessibility throughout the healthcare system

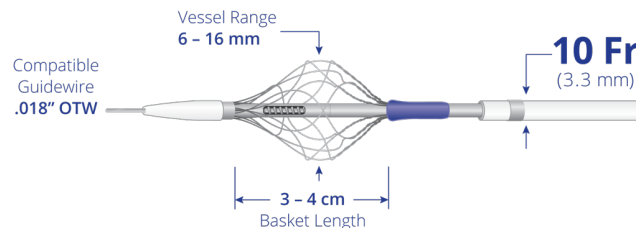
### Low Profile Design:

Lower profile reduces concerns about popliteal access, anatomical impact, and closure complications.



## Because a vein is an organ.

**Reduced landing zone:** Pounce venous thrombectomy requires a shorter landing zone compared to the longer coring mechanism and collection bag of competitive mechanical device



### Minimal hardware

**footprint:** Rounded wire of the flexible basket provides smooth contact with vessel tissue

### Self-adapting diameter:

Basket maintains circumferential force in veins ranging from 6-16 mm diameter

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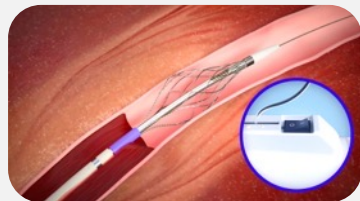
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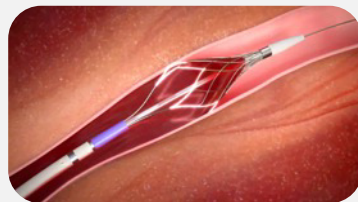
# Pounce Venous Thrombectomy: Product Design

## See it in action.

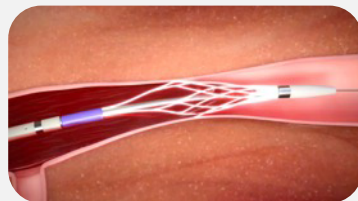
View the animation  
and device specs



The basket is expanded to maintain vessel wall contact. (vessel range 6 - 16 mm)



The extraction screw is activated and removes clot at the point of collection.



The basket dynamically adjusts to vessel anatomy, controlled by a constant-tension spring located in the handle.

**Dual-action Mechanical Thrombectomy** is designed to separate clot from the vein wall and extracts it at the point of collection—*without* removing the device from the patient

1

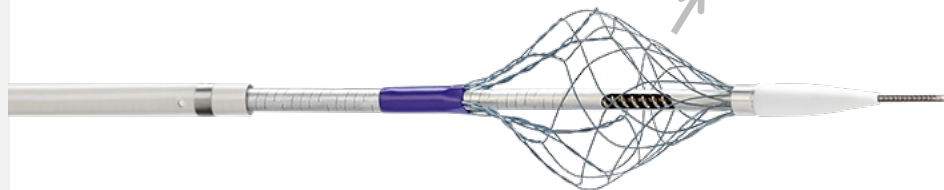
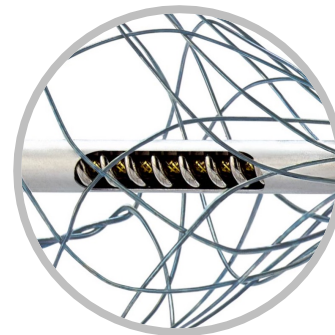
### Clot capture

Consistent spring tension basket separates clot from the vein wall and channels it to a window on the catheter lumen

2

### Macerate and extract

The extraction screw draws clot from the basket and rapidly removes it from the patient



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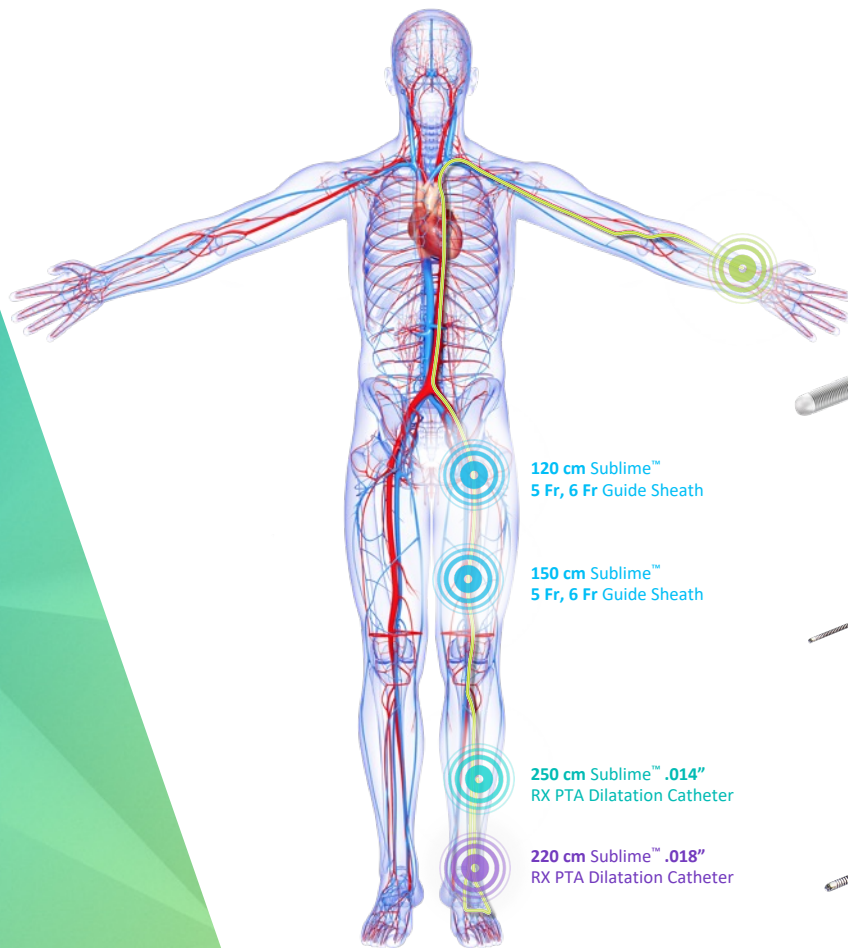
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**Sublime™**  
Radial Access



**Sublime™**  
Guide Sheath

Sublime  
RX PTA **014**

120 cm Sublime™  
5 Fr, 6 Fr Guide Sheath

150 cm Sublime™  
5 Fr, 6 Fr Guide Sheath

Sublime  
RX PTA **018**

250 cm Sublime™ .014"  
RX PTA Dilatation Catheter

220 cm Sublime™ .018"  
RX PTA Dilatation Catheter



**SURMODICS**

# Targeting the Greatest Needs and Largest Opportunities

Perfect for the OBL: Radial is less invasive, fewer complications, rapid recovery, faster throughput

When a limb is on the line, you absolutely, positively have to get there (from any access site).

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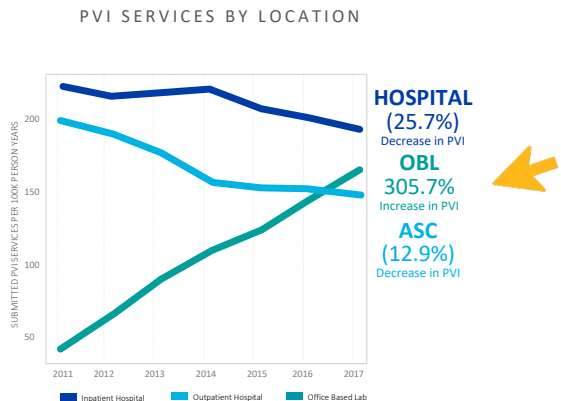
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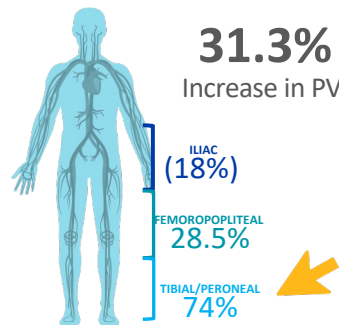
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*Peripheral Vascular Interventions (PVIs) are rapidly shifting to office-based labs*

CHANGE IN PVI PROCEDURE VOLUME BY ANATOMICAL LOCATION



*Majority of PVI procedure growth is focused below the knee (BTK)*

# Radial Access Technology Can Accelerate the Shift to OBLs

Learn more  
about the  
proven  
benefits of  
radial access



## Lasting impressions last.



### REDUCED COMPLICATIONS

50–80% relative risk reduction in access site complication<sup>1,2</sup>



### REDUCED BLEEDING

47% reduction in major bleeding and a 77% reduction in complications when using radial access<sup>1,3</sup>



### RAPID RECOVERY

Quick ambulation and early discharge frees up staff, beds and resources to increase volume<sup>1,4</sup>



### POSITIVE EXPERIENCE

Patients prefer transradial approach because they experienced less pain and greater walking ability post-procedure<sup>1,5</sup>

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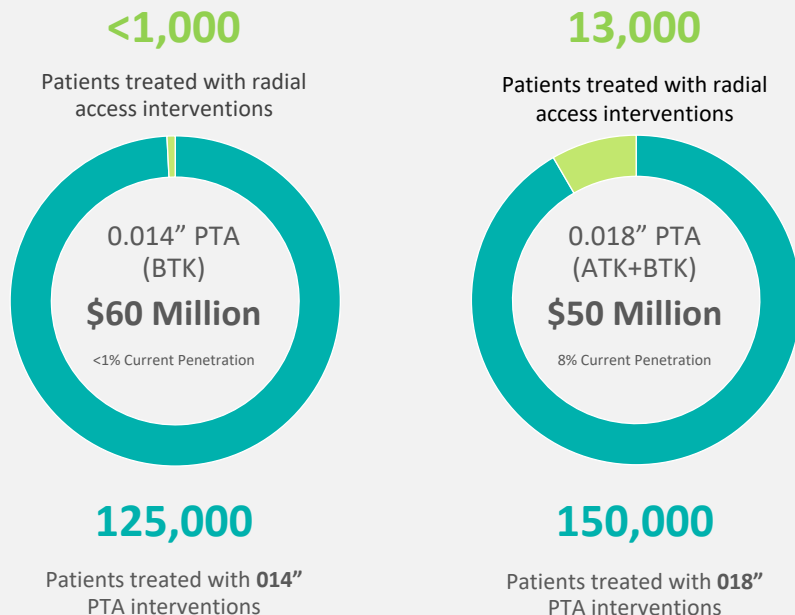
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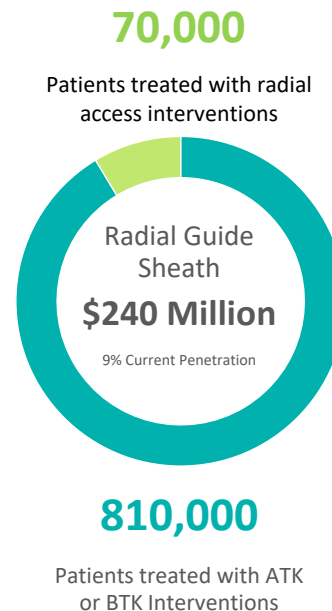
1. As compared to transfemoral access in coronary procedures 2. Jolly SS, Yusuf S, Cairns J, et al. Radial versus femoral access for coronary angiography and intervention in patients with acute coronary syndromes (RIVAL): a randomised, parallel group, multicentre trial. Lancet 2011;377:1409-20. 3. Ferrante G, et al. Radial Versus Femoral Access for Coronary Interventions Across the Entire Spectrum of Patients with Coronary Artery Disease. A Meta-Analysis of Randomized Trials. JACC: Cardiovascular Interv. Vol 9(14), 25 July 2016:1419-1434. 4. Lindner SM, McNeely CA, Amin AP. The Value of Transradial: Impact on Patient Satisfaction and Health Care Economics. Interv Cardiol Clin. 2020 Jan;9(1):107-115. 5. Cooper C, El-Shiekh R, Cohen D, et al. Effect of transradial access on quality of life and cost of cardiac catheterization: a randomized comparison. Am Heart J. 2010; 138(3), 430-436.

# Sublime™ Radial Access Expands The Market By Enabling Radial Access

## Radial Access PTA Catheter U.S. Market



## Radial Access Guide Sheath U.S. Market



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# Sublime™ Platform Can Get You There From Any Access Site

Why will SUBLIME products make you jump for joy?



**When It Absolutely, Positively Has To Get There.**

When a limb is on the line, physicians need to be confident they can tackle tough lesions

- Sublime™ Guide Sheath beats the competition:
  - Kink resistance – 60% better kink resistance<sup>1</sup>
  - Radial Strength – 15% stronger<sup>1</sup>
  - Torque Transmission – 1.3X better torque response<sup>1</sup>
- Sublime™ PTA Balloons provide superior lesion crossing capabilities at longer lengths than others
  - Crossability<sup>1</sup> and pushability<sup>1</sup> exceed other PTA balloons
  - Our 250 cm 014" Sublime™ RX PTA catheter is 50 cm (25%) longer than any other commercial 014" PTA balloon



<sup>1</sup>Based on average measurements from bench testing by Surmodics, Inc. Data on file. Scan QR code to view competitive testing.

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Simply Driven

Simply DCB

Simply Pounce

➤ Simply Sublime

Simply Solid

Simply Strong



# Medical Device Coatings

## Performance COATINGS



HYDROPHILIC



HEMOCOMPATIBLE



DRUG-DELIVERY

See why we're  
the best  
Watch video



# The Magic Is In The Coating

## Estimated Distribution of Surmodics' Royalty Revenues

ROYALTY REVENUE DISTRIBUTION<sup>1,2</sup>

<10%

25%-35%

### Structural Heart

Royalty Rev = <10%  
CAGR = 12-15%

### Neurological

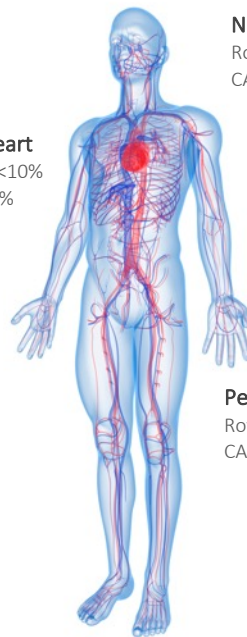
Royalty Rev = 25-35%  
CAGR = 5-9%

### Cardiovascular

Royalty Rev = 25-35%  
CAGR = (1)-2%

### Peripheral Vascular

Royalty Rev = 25-35%  
CAGR = 4-6%



### Hydrophilic

Low friction and low particulates to improve deliverability



### Hemocompatible

Active and passive coatings; customizable to blood compatibility and durability requirements



### Drug-Delivery

Durable and biodegradable coatings using proprietary polymers to control delivery rates and mechanical properties

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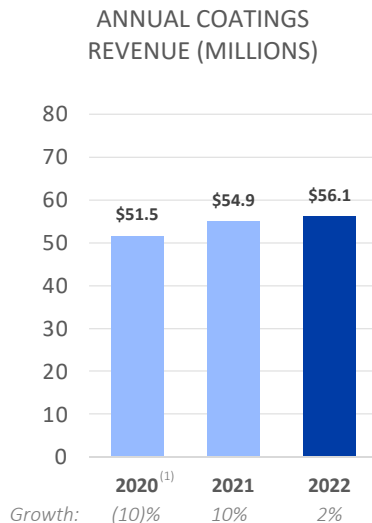
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1. Based upon Surmodics' historical royalty revenue mix  
2. CAGRs = Needham & Associates and Company estimates

# A Stable Foundation For Future Growth

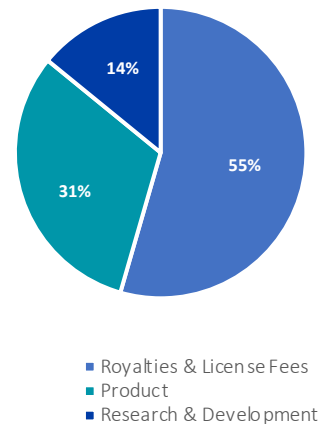
## Medical Device Coatings

- Over 150 license agreements among 100 customers
- 34 U.S. patents issued; 79 International patents Issued
- Royalty rates for new licenses typically range from 2-3% for the device application
- Product gross margins on the high end of medical device industry averages



*(1) Impacted by COVID-19 as well as patent expiration for our 4th generation coating*

REVENUE BREAKDOWN



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# In Vitro Diagnostics (IVD)



**AMP UP THE SIGNAL.**  
DIAL DOWN THE NOISE.

Check out  
our full line  
of products



# Leading Provider of Components for In Vitro Diagnostic (IVD) Tests



Protein stabilizers,  
diluents & blockers



ELISA  
substrates



Microarray  
slides & surfaces



Antigens & antibodies  
from DIALECT™ part  
of BBI solutions™



Stop solutions &  
support reagents

## In Vitro Diagnostics

- Our components are used in test kits sold by the majority of the top ten global in vitro diagnostics companies
- > 1000 unique customers in several categories: Kit manufacturers, R&D institutions, Distributors and OEM's
- Point of care testing and regulatory changes are disrupting the market and represent opportunity for market share growth

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# Our Business Model Creates Long-lasting Partnerships



## Development Partners

Partnering with customers during test development allows us to supply high performance critical raw material components for new immunoassay tests



## Focus on Quality

Our focus on quality ensures streamlined manufacturing and consistent assay performance throughout the commercial life of the product



## Customer Service

Gold standard customer service, technical support and regulatory expertise keep customers loyal to Surmodics IVD

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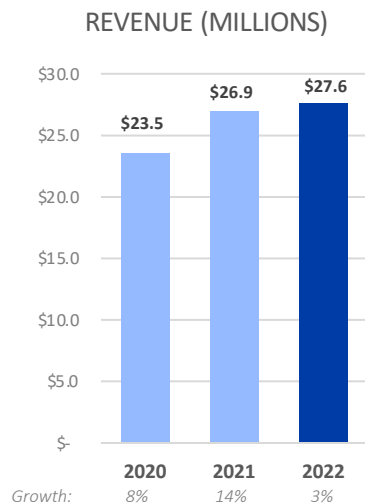
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# Continued Outstanding Results

## IN VITRO DIAGNOSTICS



- Our IVD business is expected to continue to deliver low-to-mid-single digit revenue growth annually
- Strong and growing customer base with broad portfolio of differentiated products
- Strong operating margins of approximately 47% of revenue, or \$13.1 million in FY2022
- The \$15-\$17B global immunoassay market is expected to grow 3-4%, annually<sup>(1)</sup>

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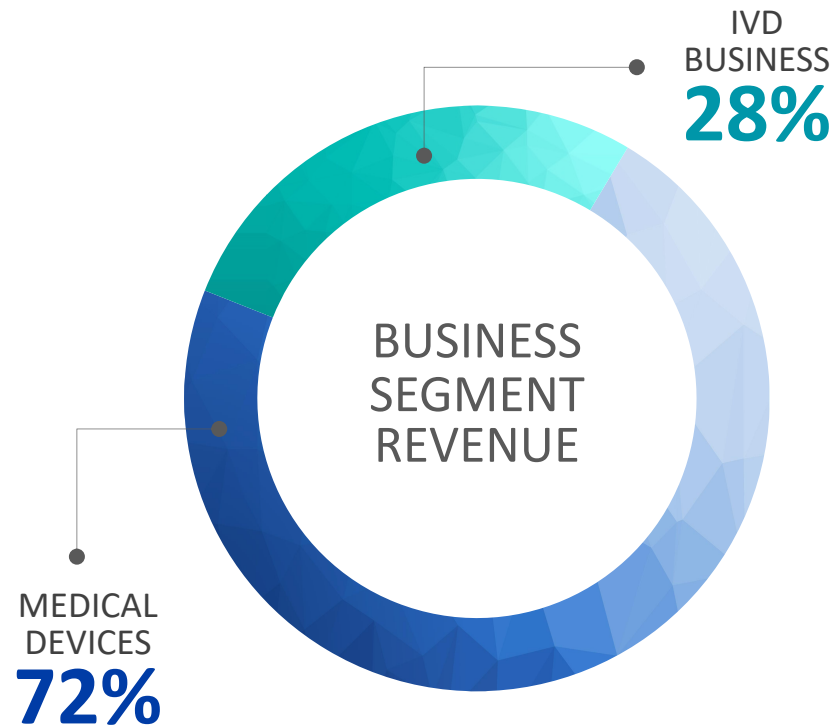
1. Global market based on management estimates as well as industry data



SURMODICS

## Surmodics Business Segments

For the twelve months ended September 30, 2022



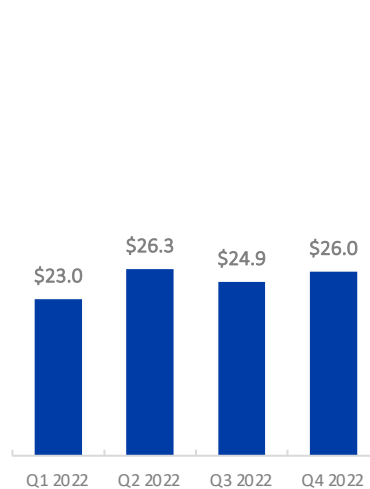
# A Solid Finish to Fiscal 2022 Puts Us on a Trajectory for Growth in Fiscal 2023

## Foundation is set for our return to growth:

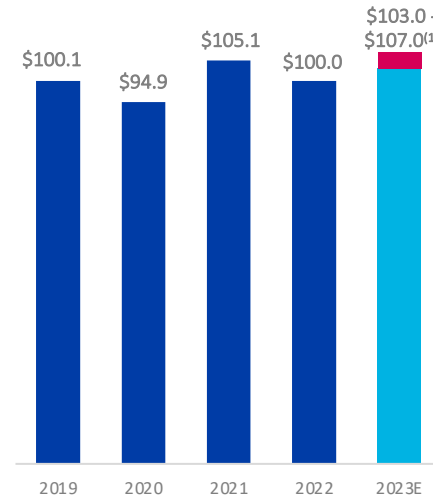
Our Medical Device Coatings and IVD offerings provide support to fund our growth initiatives

- Product sales growth totaling \$8.5 million in fiscal 2022 (18%), expected to grow double-digits, percentage-wise in fiscal 2023
- \$19.0 million of cash/investments as of September 30, 2022
- Entered into financing arrangement in FY 2023, which increased cash by approximately \$19.5 million

QUARTERLY REVENUE (MILLIONS)



ANNUAL REVENUE (MILLIONS)



<sup>(1)</sup> Excludes any revenue from the expected \$27 million SurVeil™ PMA approval milestone from Abbott; fiscal 2023 revenue from this milestone could range from \$23 million to \$27 million, depending on the timing of receipt. Any potential revenue from SurVeil product sales after approval is also excluded

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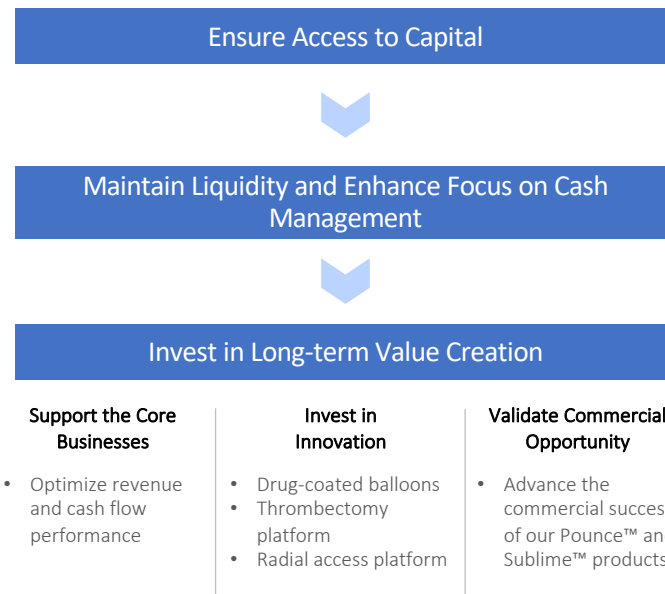
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# Capital Allocation Priorities

Our long-term capital allocation priorities support our growth initiatives

We continue to support long-term value creation through investment in our innovative product platforms

Available Capital (\$'s in Millions)	
Cash as of September 30, 2022	\$19.0
Net Proceeds from Credit Agreement	\$19.5
Revolving Line-of-Credit*	\$10.0
Term Loan*	\$50.0
<b>Total</b>	<b>\$98.5</b>



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\*On October 14, 2022, we entered into a five-year credit agreement with MidCap Financial consisting of up to \$100 million in term loan financing (\$25 million at MidCap's discretion) and a \$25 million revolving credit facility, availability of which is based upon eligible inventory and receivables. At close, we borrowed \$25 million on the term loan and \$5 million on the revolving credit facility, a portion of which was used to pay off our previous revolving line of credit with Bridgewater Bank.

# Financial Guidance

## 2023 Financial Guidance

### Total Revenue: \$103 million to \$107 million

- Does not include revenue from an expected \$27 million SurVeil™ PMA approval milestone from Abbott as well as any SurVeil product sale revenue<sup>(1)</sup>

### GAAP Loss per Share<sup>(2)</sup>: \$(2.80) to \$(2.40)

### Non-GAAP Loss per Share<sup>(2)</sup>: \$(2.54) to \$(2.14)

- Fiscal 2023 GAAP and Non-GAAP loss per share reflects negligible tax expense as tax benefits from expected operating losses will be offset by a valuation allowance

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- (1) PMA approval of our Surveil™ DCB would result in either a \$30 million, a \$27 million, or a \$24 million milestone payment from Abbott, depending on whether the approval is received on or before December 31, 2022, between January 1, 2023 and June 29, 2023, or on or after June 30, 2023, respectively.
- (2) GAAP earnings per share is the estimated fiscal 2023 diluted earnings per share as determined by U.S. generally accepted accounting principles. Non-GAAP earnings per share adjusts GAAP earnings per share for estimated fiscal 2023 acquired intangible amortization totaling \$0.26 per share, net of tax.





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# Appendix



# Strategic Agreement with Abbott



CAUTION: SurVeil™ Drug-Coated Balloon is an investigational device. Limited by Federal (or United States) law to investigational use.

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## February 27, 2018 – Abbott and Surmodics Announced Agreement for Next-Generation Drug-Coated Balloon Development and Commercialization

- Exclusive worldwide commercialization rights for SurVeil™ drug-coated balloon (DCB) for superficial femoral artery (SFA)
- We have received \$60.8 million in total milestones from Abbott
- Final milestone of up to \$30 million due upon receipt of PMA approval from the FDA (\$27 million if achieved after December 31, 2022, \$24 million if achieved after June 29, 2023)
- Received Abbott's good faith estimate of U.S. product launch quantities
- Revenue to be realized from product sales to Abbott, including a base transfer price plus a share of profits from Abbott sales of the device

# Surveil™ DCB - Impact to Financials

**\$61M of the potential \$91M** of SurVeil™ DCB upfront and milestone **payments** have been achieved through Q4 FY2022

Payment	Amount	Date
Upfront License Fee	\$25M	Feb 2018
TRANSCEND Enrollment Milestone	\$10M	Aug 2019
CE Mark Milestone	\$10.8M	June 2020
Clinical Report Milestone	\$15M	Feb 2021

**~83% of the estimated total \$35M – \$40M TRANSCEND Clinical Study costs** were incurred through Q4 2022

Upfront and milestone revenue is recognized based upon the % of the TRANSCEND study costs incurred\*

\*TRANSCEND costs incurred following the execution of the SurVeil™ DCB development and distribution agreement with Abbott Vascular

## TRANSCEND Study Cost Schedule<sup>(1)</sup>

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Value Creating Event</b>	Abbott Agreement Signed	TRANSCEND Enrollment Complete	CE Mark Received	Final Clinical Report Delivered		U.S. PMA Approval Expected		5-year Follow-Up Complete
<b>Estimated % of TRANSCEND Study Costs Incurred *</b>	~18%	~ 51%	~ 65%	~ 76%		~ 92%		~ 100%

## Revenue Recognition Schedule

Revenue (\$ in millions)	FY 2021A	FY 2022A	FY 2023E
Upfront License Fee	\$2.6	\$2.3	\$1.4 - 1.6
TRANSCEND Completion Milestone	1.0	0.9	0.6 - 0.7
CE Mark Milestone	1.1	1.1	0.6 - 0.7
Clinical Report Milestone	11.3	1.0	0.9 - 1.0
<b>PMA Approval Milestone <sup>(2)</sup></b>	-	-	-
<b>Total SurVeil Upfront &amp; Milestone Revenue</b>	<b>\$16.0</b>	<b>\$5.7</b>	<b>\$3.5 - 4.0</b>
Cumulative Revenue	\$45.9	\$51.6	\$55.2 - \$55.9
% recognized *	~ 76%	~ 85%	~ 92%

(1) Based on the costs incurred and expected to be incurred from the execution of the Abbott agreement and not the actual cost from study inception

(2) PMA milestone revenue would be likely be between \$24-\$25M if the milestone is met in the second or third quarter of fiscal 2023

We expect to recognize the entire \$60.8 million associated with the license fee and achieved milestones over the period ending fiscal 2025; revenue from the up-to \$30 million of outstanding milestones (if any) will be recognized over the same time period, beginning in the period of achievement

CAUTION: SurVeil™ Drug-Coated Balloon is an investigational device. Limited by Federal (or United States) law to investigational use.

# MANAGEMENT TEAM



**Gary R. Maharaj**  
President and Chief Executive Officer  
(2010)



**Timothy J. Arens**  
Senior Vice President of Finance and  
Information Technology and  
Chief Financial Officer  
(2007)



**Gordon S. Weber**  
Senior Vice President of Legal,  
General Counsel & Secretary  
(2020)



**Joseph J. Stich**  
Senior Vice President of  
Human Resources and  
President of In Vitro Diagnostics  
(2010)



**Teryl L.W. Sides**  
Senior Vice President and  
President of Vascular Interventions  
(2018)



**Charles W. Olson**  
Senior Vice President and  
President of Medical Device Coatings  
(2001)



# Clinical Advisors



**Gary Ansel, MD, FACC**  
**Clinical Advisor** — Interventional  
 Cardiology  
 Healthcare Insights



**Stephen Black, MD**  
**Clinical Advisor** — Vascular Surgeon  
 St. Thomas Hospital



**Marianne Brodmann MD, PhD**  
**Clinical Advisor** — Interventional Cardiology  
 Division of Angiology Medical University Graz



**William Gray, MD**  
**Clinical Advisor** — System Chief,  
 Division of Cardiovascular Disease  
 Main Line Health



## CLINICAL ADVISORS



**Raghu Kolluri, MD, MS, RVT**  
**Clinical Advisor** — Vascular Medicine &  
 Vascular Labs  
 Ohio Health Heart and Vascular Service



**Michael Lichtenberg,**  
**Clinical Advisor** — Interventional  
 Angiologist  
 Klinikum Hochsauerland



**Constantino Peña, MD**  
**Clinical Advisor** — Vascular and  
 Interventional Radiology  
 Miami Cardiac & Vascular Institute



**Ken Rosenfield, MD**  
**Chair Advisory Board** —  
 Interventional Cardiology  
 Massachusetts General Hospital



**Peter Schneider, MD**  
**Clinical Advisor** — Vascular Surgery  
 University California San Francisco



**Prof. Ramon Varcoe**  
**Clinical Advisor** — Vascular Surgeon  
 Prince of Wales Hospital



**Renu Virmani, MD, FACC**  
**Clinical Advisor** — Cardiovascular  
 Pathologist  
 CVPPath