

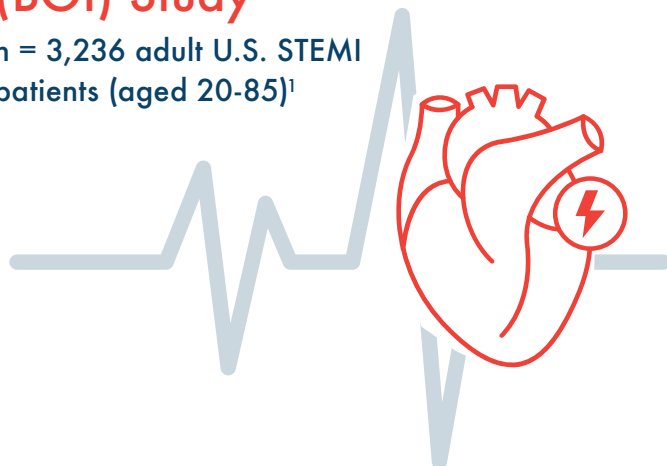
Burden of Illness & Cost-Effectiveness of SuperSaturated Oxygen (SSO₂) Therapy

Two Studies Evaluate ST-Segment Elevation Myocardial Infarction (STEMI) Patients

Studies prepared in collaboration with IQVIA, Inc. and Cardiovascular Research Foundation (CRF)

Burden of Illness (BOI) Study

n = 3,236 adult U.S. STEMI patients (aged 20-85)¹



34.4%

of claims indicated a new diagnosis of heart failure (HF) within 1 year



31%↑

higher costs in HF group compared to other survivors

Highlights the need for improved, cost-effective therapies to enhance quality of life and reduce long-term economic burden.

The Incremental Cost-Effectiveness (ICER) Study

modeled projected long-term clinical and economic outcomes for patients with anterior STEMI undergoing primary percutaneous coronary intervention (PCI) with and without SSO₂ Therapy.²



An ICER **<\$50,000 / QALY*** is considered highly cost-effective.³



SSO₂ Therapy's ICER resulted in **\$12,926 / QALY**



SSO₂ Therapy is predicted to be **highly cost-effective** over a lifetime.

* QALY = Quality-Adjusted Life Expectancy, measured by years of life gained

SSO₂ Therapy is indicated for left-anterior descending (LAD) STEMI heart attack patients who receive primary PCI with stenting within six hours of symptom onset.⁴ It is the only therapy that has been FDA-approved to reduce infarct size (heart damage) for STEMI patients.

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¹ Veloz A, et al. Real-world clinical and economic burden among commercially-insured ST-segment elevation myocardial infarction survivors in the United States. Presented at Academy of Managed Care Pharmacy Nexus meeting. October 16, 2024. ² Vilian K, et al. Cost-Effectiveness of Supersaturated Oxygen Delivery for Infarct Size Reduction in Patients with Anterior STEMI. Presented at Transcatheter Cardiovascular Therapeutics Congress. Oct 29, 2024. ³ Dubois RW. Cost-effectiveness thresholds in the USA: Are they coming? Are they already here? Jour of Comparative Effectiveness Research. Vol 5; No 1. 21 Dec 2015. ⁴ www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P170027