

NO is an established therapeutic option for patients suffering from Pulmonary Hypertension worldwide

Pulmonary Hypertension Overview

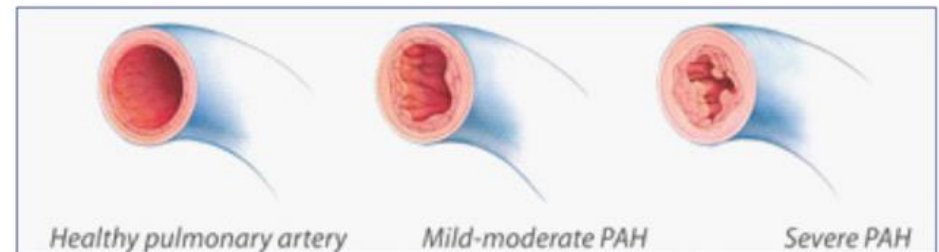
- Life-threatening syndrome resulting from restricted flow through the pulmonary arterial circulation, resulting in increased pulmonary vascular resistance
- Generally not diagnosed until disease is too advanced
- NO is the de facto standard of care for PH in the hospital setting

Benefits of NO in Treatment of PH⁽²⁾

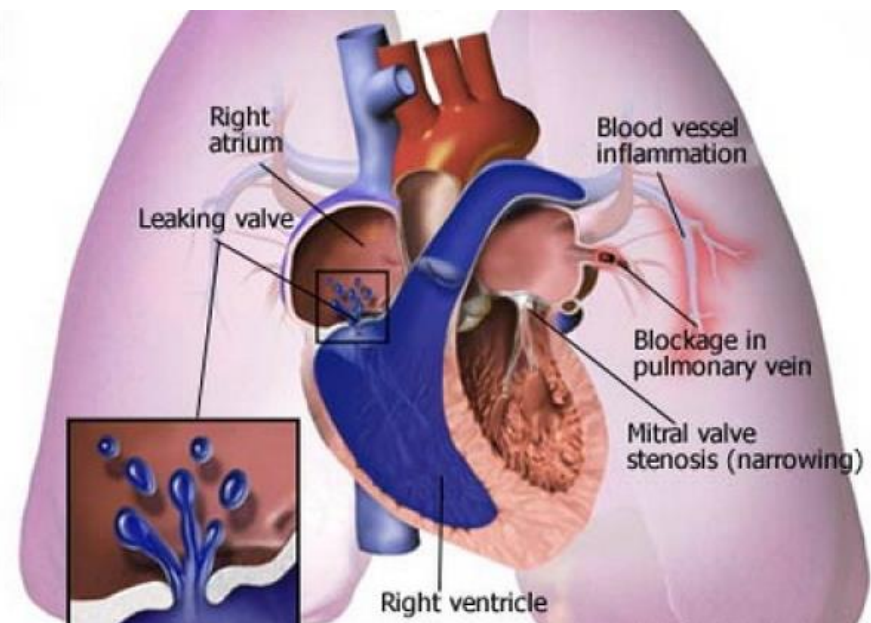
- NO has been used as a long-term therapeutic option for patients with pulmonary hypertension
 - Approved in the U.S. by the FDA in 1999 for PPHN⁽³⁾
 - Approved in the EU in 2001 for PPHN⁽³⁾ and cardiac surgery
- Inhaled NO causes increase in the concentration level of intracellular Cyclic Guanosine Monophosphate (cGMP) and an activation of the soluble guanylate cyclase
 - Muscles become more relaxed, enabling more fluid blood flow from the heart to the lungs

Effects of Pulmonary Hypertension⁽¹⁾

Narrowing of the Pulmonary Arteries



Failure of Right Ventricle



(1) "Pediatric Pulmonary Hypertension" – Guidelines from the American heart Association and American Thoracic Society

(2) Pulmonary Hypertension News – "Pulmonary Hypertension and Nitric Oxide"

(3) Persistent Pulmonary Hypertension of the Newborn

*Due to lack of innovation, one company has a >\$500M⁽¹⁾ monopoly in the space:
AIT plans to dominate the space*

- In-hospital PH market in the US was **\$505m** in 2017 with 1Q18 sales at \$140m¹
 - AIT will expand the market
 - Service hospitals that do not have NO today due to cylinder system
 - Increase use with a lower price and ease of use vs. cylinder systems
- AIT system has been granted a **“device designation” at FDA** (Not a drug)
 - AIT plans on filing a **510(k) with FDA around the end of 2018**
 - System for use with breathing circuit and mask has been manufactured at commercial scale – process will be repeated for use with ventilators to facilitate 510(k) submission
 - AIT to seek regulatory approval for PH on a global basis after US submission
- **2H19 launch** in the US with a partner
 - AIT anticipates launches ex-US with a partner beginning in 2020
 - Ex-US < US market sales, but may exceed the US with our system
 - AIT anticipates garnering the majority of global market share with it's partner/s

Hospitals will have significant cost & logistics Advantages



– Improved operating economics for the hospital



– No significant capital investment required



– No burdensome inventory and storage requirements



– No need for additional oxygen



– No special purging procedures or additional safety measures



– Functional in hospitals that are unable to use cylinder-based NO

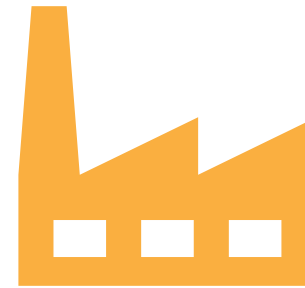


– Reduced training burden



– Pregnant staff members not impacted

AIT will have significant cost Advantages



AIT does not have any expenses associated with a **manufacturing facility** for nitric oxide



AIT does not have any expenses associated with **logistics** related to nitric oxide cylinders

Pulmonary Hypertension in-Hospital Development Timeline

