ABIOMED®

Recovering Hearts. Saving Lives®

Q4 FY 2022 Earnings Call

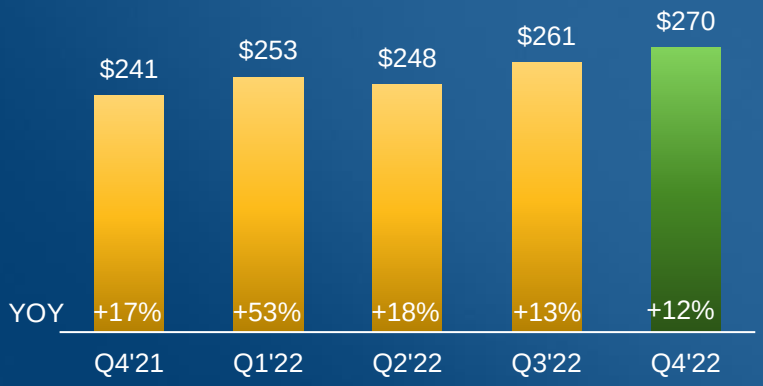
Financial Results & Operational Highlights

4/28/2022

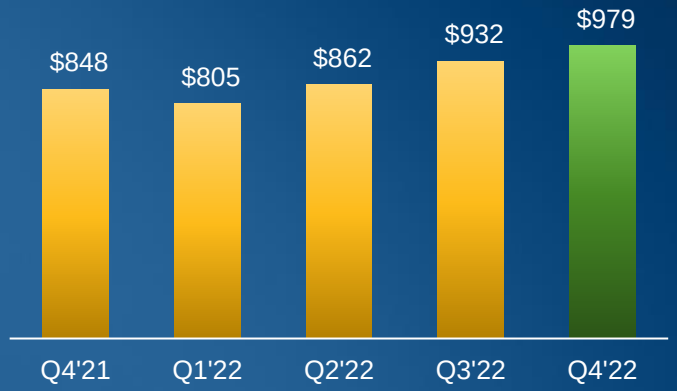
FINANCIAL RESULTS, Q4 FY 2022

Fiscal Year ends March 31

Revenue ($M) & Growth Rates

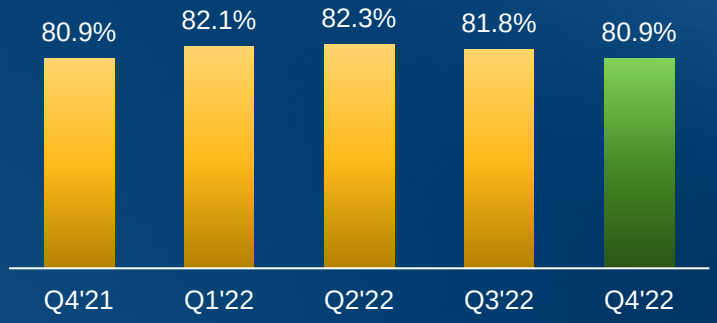


Cash* ($M)

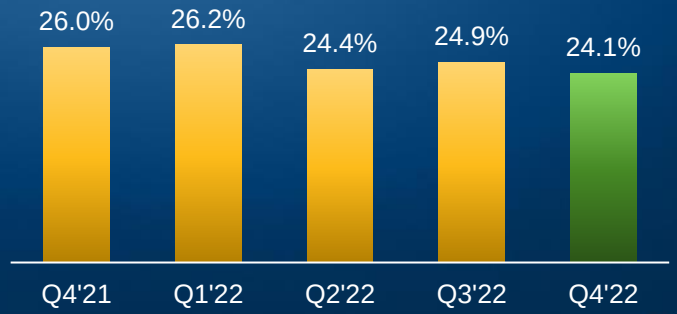


*Abiomed has no debt

Gross Margin %



Operating Margin[1] %

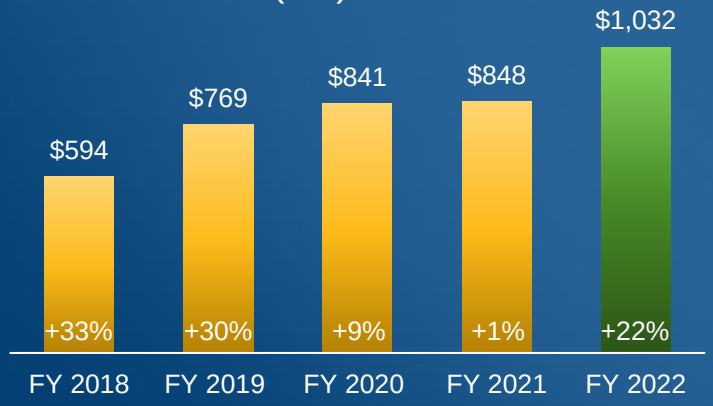


1. Non-GAAP Operating Margin excludes the acquisition of preCARDIA in Q1'22 and Q3'22. GAAP Operating Margin in Q1'22 and Q3'22 was (19.5%) and 24.7%, respectively

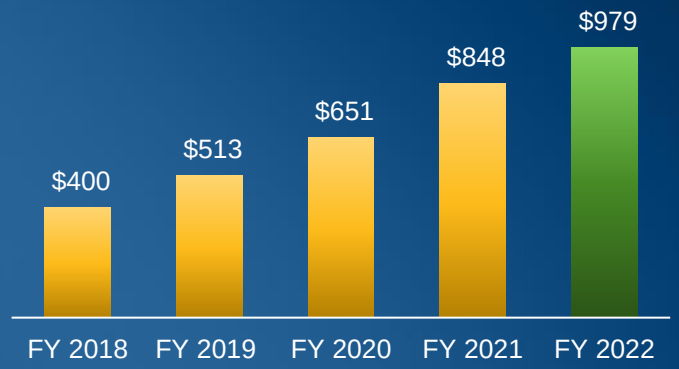
FINANCIAL RESULTS, ANNUAL

Fiscal Year ends March 31

Revenue ($M) & Growth Rate

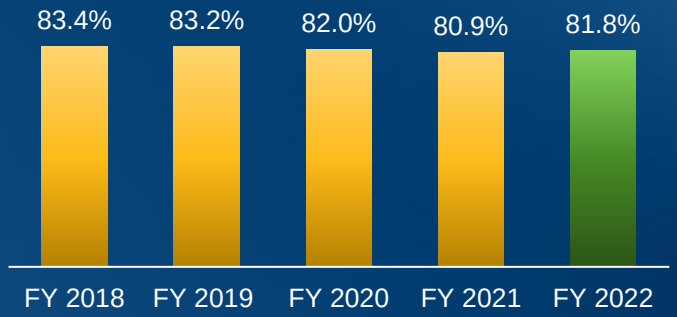


Cash* ($M)

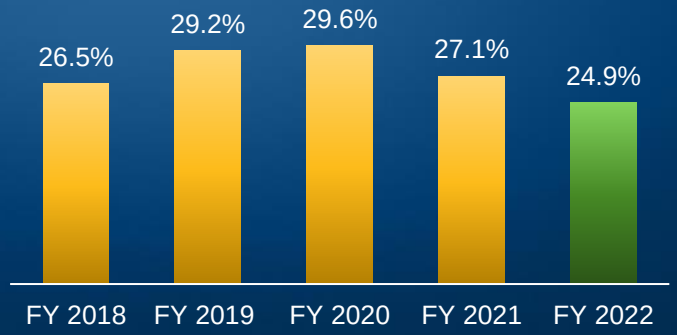


*Abiomed has no debt

Gross Margin %



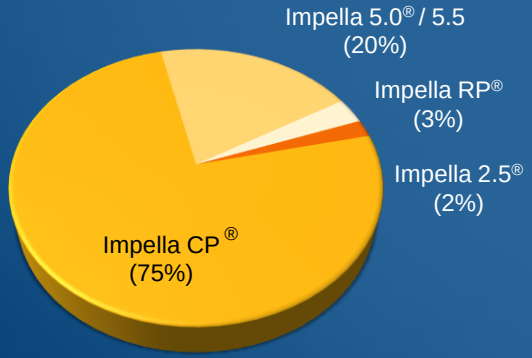
Operating Margin[1]%



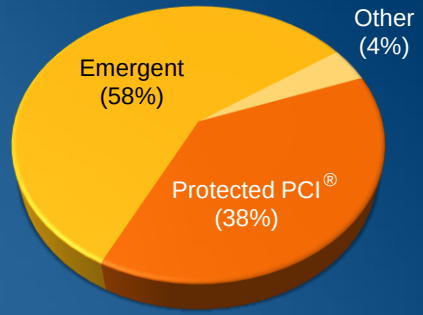
1. Non-GAAP Operating Margin excludes the acquisition of preCARDIA in Q1'22. GAAP Operating Margin in FY'22 was 13.6%.

U.S. Utilization Mix, Q4 FY 2022

Revenue by Impella® Device



Utilization by Indication



Patient Performance

YoY Growth

	Q4'22	FY'22
U.S.	+6%	+15%
Germany	+9%	+14%
Europe	+15%	+20%
Japan	+29%	+40%

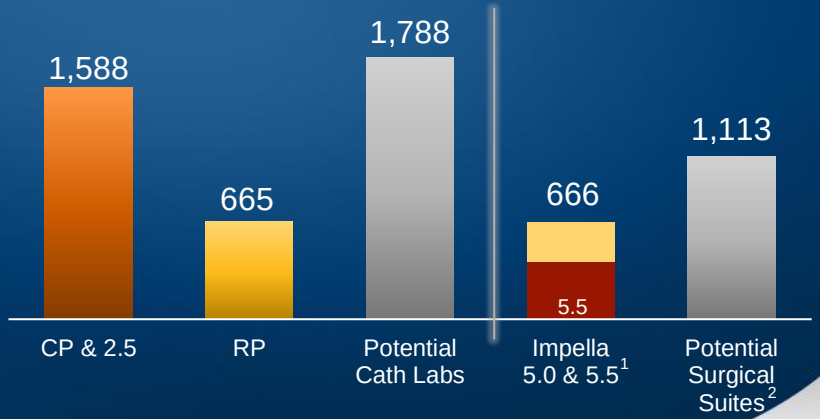
Revenue Performance[3]

YoY Growth

	Q4'22	FY'22
U.S.	+11%	+21%
Germany	+13%	+23%
Europe	+18%	+27%
Japan	+34%	+28%

U.S. Hospital Site Penetration

Impella® Devices

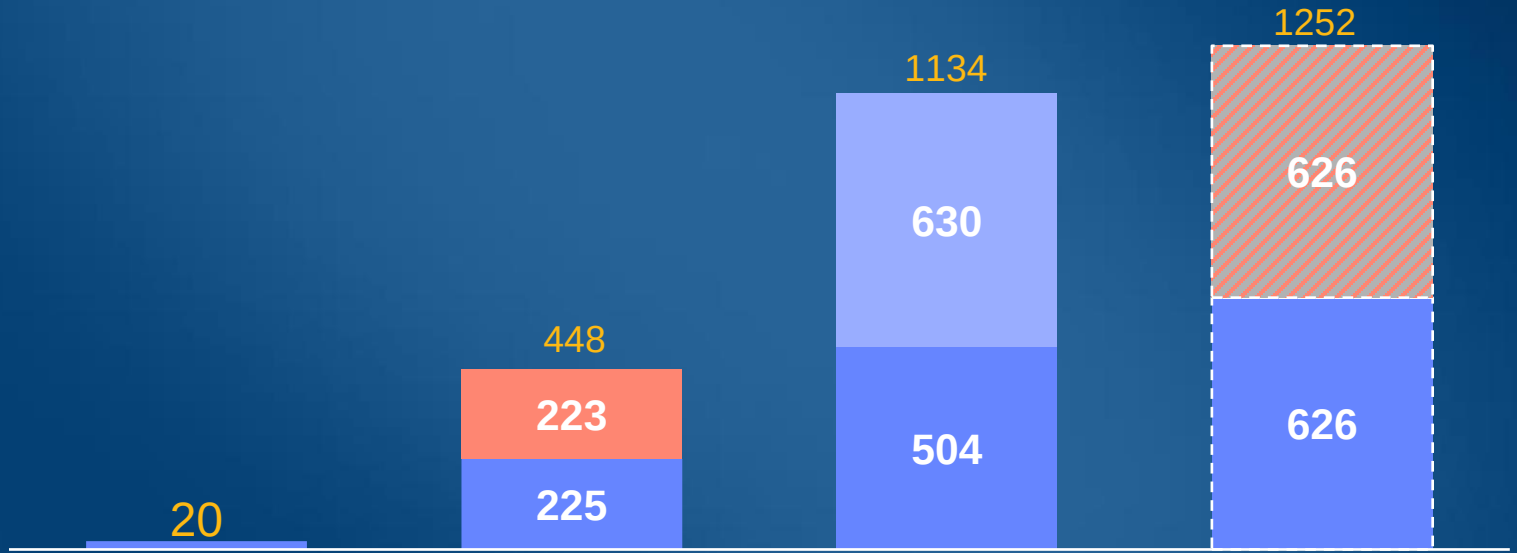


1. Impella 5.5® in 396 hospitals
2. 1,113 of 1,788 hospitals have surgical back-up. Per National In-Patient (NIS), MedPar, Definitive Healthcare 2018
3. Constant Currency, excludes the impact of foreign exchange

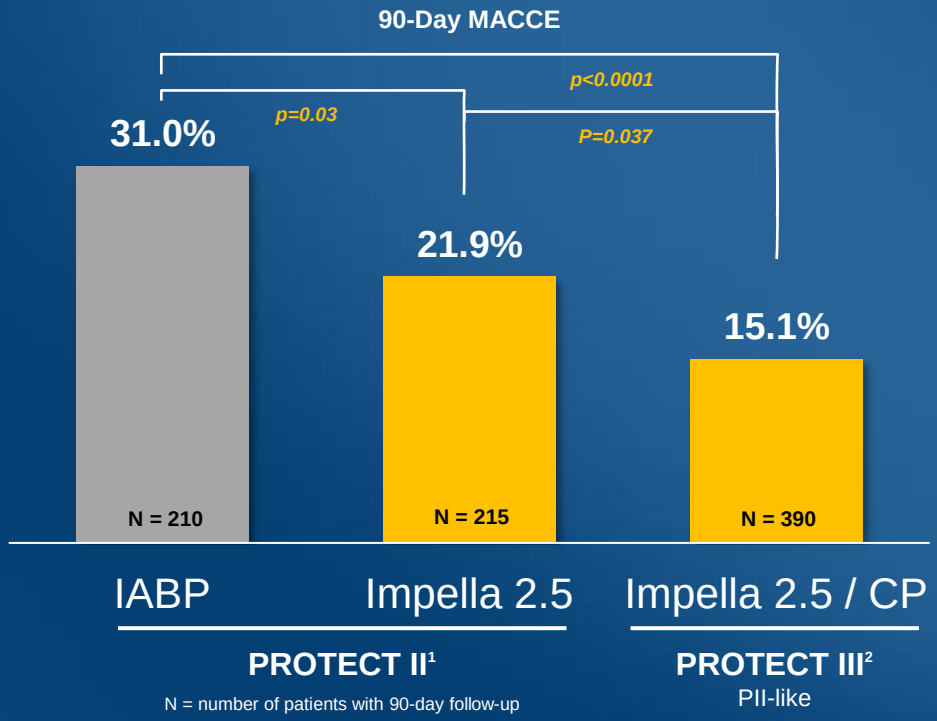
THE PROTECT SERIES OF STUDIES

Only FDA RCT and Studies Ever Conducted for Hemodynamically Supported High-Risk PCI

PROTECT Studies



PROTECT III Shows Improved Outcomes in Contemporary Practices



N = number of patients with 90-day follow-up

MACCE: Death, Stroke, MI, Repeat Revascularization

AHJ
American Heart Journal
www.ahjonline.com

Improved Outcomes in Patients with Severely Depressed LVEF Undergoing Percutaneous Coronary Intervention with Contemporary Practices

William W. O'Neill MD , Mark Anderson MD , Daniel Burkhoff MD, PhD , Cindy L. Grines MD , Navin K. Kapur MD , Alexandra J. Lansky MD , Salvatore Mannino DO , James M. McCabe MD , Khaldoon Alaswad MD , Ramesh Daggubati MD , David Wohns MD , Perwaiz M. Meraj MD , Duane S. Pinto MD , Jeffrey J. Popma MD , Jeffrey W. Moses MD , Theodore L. Schreiber MD , E. Magnus Ohman MD

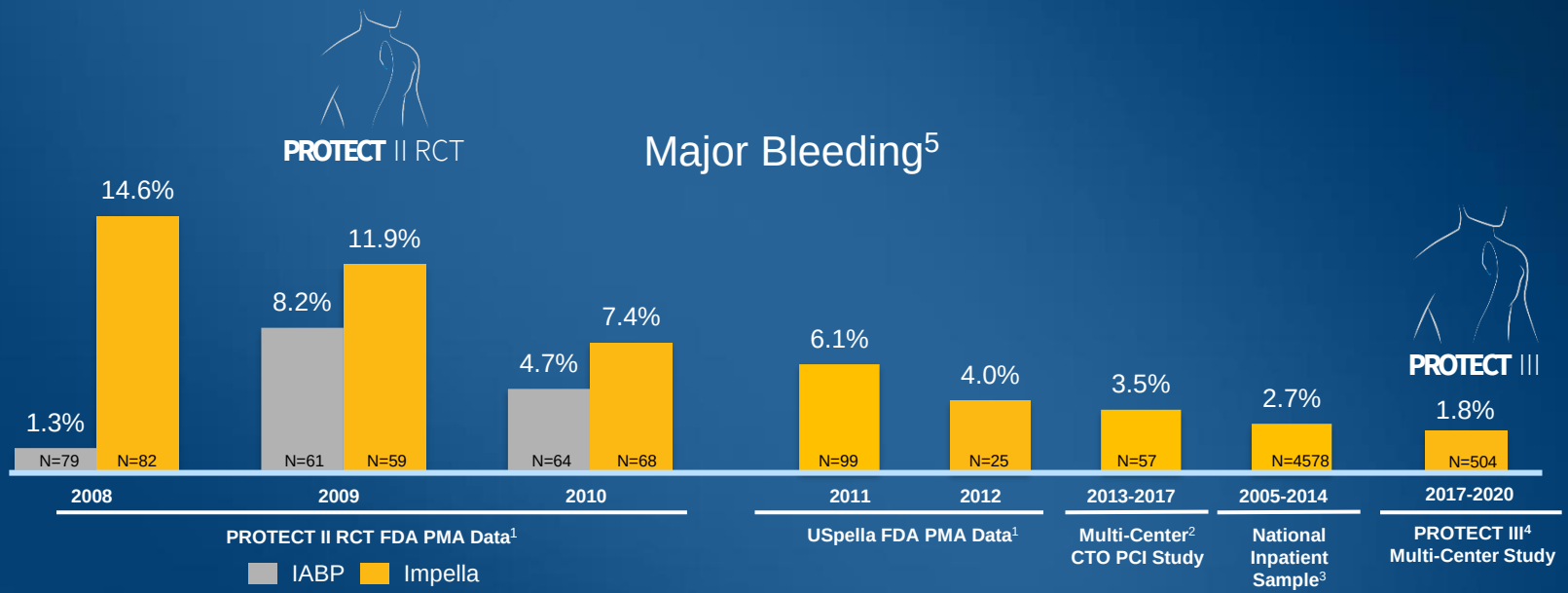
PII: S0002-8703(22)00039-4
DOI: https://doi.org/10.1016/j.ahj.2022.02.006
Reference: YMHJ 6535

To appear in: *American Heart Journal*

Received date: November 3, 2021
Accepted date: February 16, 2022

1. Dangas G, et al. *Am J Cardiol.* 2014:113(2):222-228
2. O'Neill, et al. American Heart Journal (Feb 2022), https://doi.org/10.1016/j.ahj.2022.02.006

CONTINUOUS SAFETY IMPROVEMENT OVER TIME IN HIGH-RISK PCI



Continuous improvement with innovation, experience and best practices

1. FDA PMA Submission, Data on file (bleeding requiring transfusion)
2. Riley R, et al. *Catheter Cardiovasc Interv*. 2018;92(7):1261-1267.
3. Al-Khadra Y, et al. *Catheter Cardiovasc Interv*. 2020;95(3):503–512.
4. O'Neill, et al. American Heart Journal (2022), https://doi.org/10.1016/j.ahj.2022.02.006
5. Available USA publications and FDA studies with device-specific major bleeding rates or bleeding requiring transfusion

ABIOMED CLINICAL TRIALS AND INNOVATION MILESTONES

	Study Detail	Patient Enrollment	Total Sites	Status
STEMI DTU FDA RCT Study	New Indication for heart attacks without CGS. Pivotal follows successful FDA Pilot study on reperfusion and ventricular unloading. (Published)	141 out of 788* Q4: 22 pts	43 out of 60 Q4: +4 sites	TBD with COVID resolution
PROTECT IV On-Label RCT Study	RCT comparing benefits of high-risk PCI with Impella vs. high-risk PCI with and w/o IABP. Follows PROTECT III and Restore EF Studies.	103 out of 1,252 Q4: 46 pts	40 out of >100 Q4: +10 sites	TBD with COVID resolution
preCARDIA Early Feasibility Study; Breakthrough Designation	Multicenter, prospective, single-arm study examined patients with ADHF who were assigned preCARDIA therapy for 12 or 24 hours	30 pts Q4: 5 pts	6 sites	Circ Heart Failure Published; Expanded 30 more patients at up to 15 sites; FDA awarded Category B
IMPELLA ECP Early Feasibility Study; Breakthrough Designation	Evaluated delivery and composite rate of major device-related adverse events during high-risk PCI	26 pts Completed	4 sites	Completed; FDA awarded Category B
IMPELLA ECP Pivotal Protocol / Study; Breakthrough Designation	IDE Pivotal Trial FDA Approved March 2022. Prospective, multi-center, single-arm study evaluating MACCE with the Impella ECP device in patients undergoing HRPCI. Subjects will be followed until 30-days post-intervention.	217 pts Q4: 2 pivotal protocol pts	25 sites	First patient in pivotal protocol supported in March 2022
IMPELLA BTR Early Feasibility Study	Evaluating safety and feasibility of support for up to 28 days for chronic heart failure patients	Up to 10 pts April: 1st patient	Up to 5 sites 1 site	FDA IDE Approved; First in Human April 2022

1. Randomized Control Trial
2. Early Feasibility Study
**Includes Roll-in Patients*

FY 2023 GUIDANCE

Abiomed FY'23 Guidance
Revenue $1.14B - $1.18B +13% - 17% YOY Constant Currency* +11 - 15% YOY Reported **GAAP Operating Margin %** 23 - 24%

*Constant currency: The company defines constant currency revenue growth as the change in revenue between current and prior year periods using a constant currency, the exchange rate in effect during the applicable prior year period.

APPENDIX

Evolution of Durable LVADs

1980s | 1990s | 2000s | 2010s | 2022

Large, heavy durable pulsatile pumps

Heartmate XVE

Large, invasive sternotomy durable rotary blood pumps

Heartmate II

Smaller, invasive durable rotary blood pumps

HVAD

Heartmate III

The world's first minimally invasive, intravascular durable LVAD

First Patient on Support

Impella BTR

Images to Scale

Testing for Coronary Artery Disease

Circulation: Heart Failure

ORIGINAL ARTICLE

Testing for Coronary Artery Disease in Older Patients With New-Onset Heart Failure

Findings From Get With The Guidelines–Heart Failure

Kyle D. O'Connor; Todd Brophy, MD; Gregg C. Fonarow, MD; Ron Blankstein, MD; Rajesh V. Swaminathan, MD; Haolin Xu, MS; Roland A. Matsouaka, PhD; Nancy M. Albert, PhD, CNS; Eric J. Velazquez, MD; Clyde W. Yancy, MD; Paul A. Heidenreich, MD; Adrian F. Hernandez, MD, MHS; Adam D. DeVore, MD, MHS

Conclusion: The majority of patients hospitalized for new-onset HF did not receive testing for CAD either during the hospitalization or in the 90 days before and after. The rates of testing for CAD were higher in patients with LVEF ≤40% though remained low. These data highlight an opportunity to improve care by identifying appropriate candidates for optimal CAD medical therapy and revascularization.

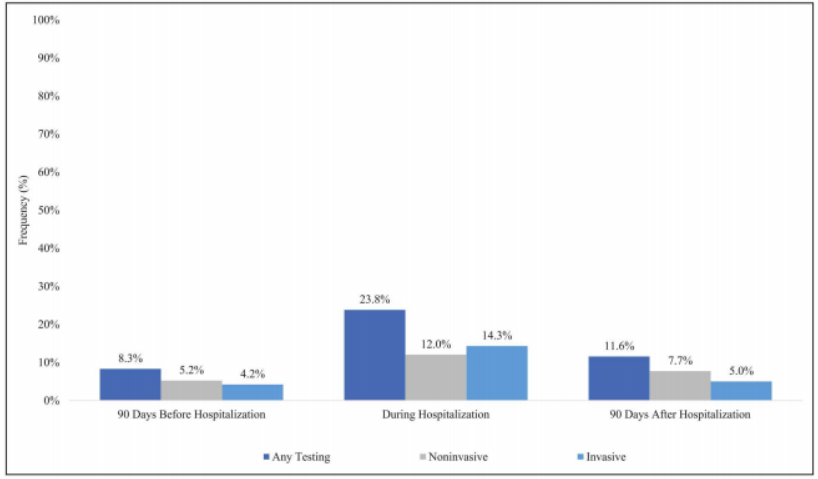


Figure. **Timing of testing for coronary artery disease.**

O'Connor, et al. Circulation: Heart Failure (Apr 2020), https://doi.org/10.1161/CIRCHEARTFAILURE.120.006963