



CAN YOU AND YOUR PATIENTS AFFORD THE HIGH COST TO TREAT NON-HEALING WOUNDS?



### Backed By:

- #1 advanced skin substitute<sup>1</sup>
  - 1.7M+ distributed
- Unrivalled clinical and scientific evidence in placental-based allografts
  - Most level 1 evidence: 7 RCTs<sup>19-27</sup>
  - 40+ clinical and scientific papers
- 286M+ lives covered by insurance for MiMedx products
- Reimbursement team that provides information and education on coverage and insurance verification for MiMedx products

### Product Benefits:

- Easy to apply
- Provided in multiple configurations & sizes
- Less graft wastage

1. SmartTrak, Accessed January 7, 2020, <https://app.smarttrak.com/markets/qs/c992ebe0282bb4deac100290e686b0ce> 2. Alexiadou et al. Management of Diabetic Foot Ulcers. Diabetes Ther.2012 Dec;3(1):4. 3. Brem H, Maggi J, Niernan D, et al. High cost of stage IV pressure ulcers. Am J Surg. 2010;200: 473-7. 4. Chaves LM, Grypdonck MH, Defloor T. Pressure ulcer prevention in homecare: do Dutch homecare agencies have an evidence-based pressure ulcer protocol? J Wound Ostomy Continence Nurs. 2006;33(3):273-80. 5. Edsberg LE, Langemo D, Baharestani MM, Posthauer ME, Goldberg M. Unavoidable pressure injury: state of science and consensus outcomes. J Wound Ostomy Continence Nurs. 2014;41(4): 313-34. 6. Streed DL, Attinger C, Colaizzi T, et al. Guidelines for treatment of diabetic foot ulcers. Wound Repair Regen. 2006 Nov-Dec; 14(6):680-92. 7. Fetterolf DE, Istwan NB, Stanziano GI. An evaluation of healing metrics associated with commonly used advanced wound care products for the treatment of chronic diabetic foot ulcers. ManagCare. 2014 Jul;23(7) 31-8. 8. Schultz G, Bjarnholt T, James GA et al. Consensus Guidelines for the identification and treatment of biofilms in chronic nonhealing wounds. Wound Repair Regen 2017;25(5):744-757. 9. Atkin L, Bucko Z, Conde, Montero E, Cutting K, Moffat C, Probst A, Romaneli M, Schultz GS, Tettebach W. Implementing TIMERS: the race against hard-to-heal wounds. J Wound Care 2019;28(3 Suppl 3):S1-S49 10. Hicks et al. Quantifying the costs and profitability of care for diabetic foot ulcers treated in a multidisciplinary setting. Journal of Vascular Surgery. 2018; 1-8. 11. Tettebach et al. A confirmation study on the efficacy of dehydrated human amnion/chorion membrane dHACM allograft in the management of diabetic foot ulcers: A prospective multicenter, randomized, controlled study of 110 patients from 14 wound clinics. Int Wound J. 2018; 1-11. 12. Koob, et al. J Biomed Mater Res B Appl Biomater. 2014 Aug;102(6):1353-1362. 13. Lei, et al. Adv Wound Care. 2017 Feb 1;6(2):43-53. 14. MM-RD-00086, Proteome Characterization of PURION Processed Dehydrated Human Amnion Chorion Membrane (dHACM) and PURION PLUS Processed Dehydrated Human Umbilical Cord (dHUC) Allografts. 15. Koob, et al. J Biomed Mater Res B Appl Biomater. 2014 Aug;102(6):1353-62. 16. Koob, et al. Int Wound J. 2013 Oct;10(5):493-500. 17. Koob, et al. Vasc Cell. 2014 May 1; 6:10. 18. Maan, et al. J Surg Res. 2015 Feb; 193(2):953-62. 19. Zelen, et al. Int Wound J. 2013 Oct;10(5):502-7. 20. Zelen, et al. Int Wound J. 2014 Apr;11(2):122-8. 21. Zelen, et al. Int Wound J. 2016 Apr;13(2):272-82. 22. Zelen, et al. Int Wound J. 2015 Dec;12(6):724-32. 23. Serena, et al. Wound Repair Regen. 2014 Nov-Dec;22(6):688-93. 24. Bianchi, et al. Int Wound J. 2018 Feb;15(1):114-22. 25. Bianchi, et al. Int Wound J. 2019 Jun;16(3):761-67. 26. Tettebach, et al. Int Wound J. 2019 Feb;16(1):19-29. 27. Tettebach, et al. Int Wound J. 2019 Feb;16(1):122-30.

TO LEARN MORE OR TO START AN EVALUATION: 866.477.4219

#woundsarewaiting



Patents and patents pending see: [www.mimedx.com/patents](http://www.mimedx.com/patents). AmnioFill®, AmnioFix®, AmnioCord®, EpiBurn®, EpiCord®, EpiFix®, PURION® and MiMedx® are registered U.S. trademarks of MiMedx Group, Inc. SMR<sup>2</sup>T is a U.S. trademark of MiMedx Group, Inc. 1775 West Oak Commons Court NE, Marietta, GA 30062 ©2020 MiMedx Group, Inc. All Rights Reserved. SB839.001

### SMR<sup>2</sup>T Technology Signals Maximized in Reparative and Reconstructive Tissue

- Placental-based allografts with **300+ bioactive regulatory proteins** that are preserved using the PURION® process<sup>12-14</sup>
- Promotes human fibroblast, microvascular endothelial cell, & progenitor cell **proliferation in vitro**<sup>15-17</sup>
- **Recruits and promotes engraftment** of endogenous progenitor cells into the allograft *in vivo*<sup>18</sup>

### PURION

#### A Unique, Patented Process for Placental-Based Allografts

- Proprietary processing
  - Preserves placental tissue & **extracellular matrix (ECM)**
  - Cleans the placental tissue
  - Removes blood components
- Safety & convenience
  - Terminally sterilized for additional level of safety
  - 5 year shelf life
  - Ambient condition storage
  - Procured during C-sections from live births in US

For the appropriate patient, EpiFix® may be the right choice at the right time.

Our advanced wound therapies may help to reduce long term spend and get patients back to their lives because they leverage SMR<sup>2</sup>T technology.



1

## Not all Diabetic Foot Ulcers (DFUs) require advanced wound care.

60-80% of foot ulcers will heal.<sup>2</sup>

Treating patients with Standard of Care (SOC) isn't always the right option:

- 10-15% will remain active<sup>2</sup>
- 5-24% of them will lead to limb amputation within a period of 6-18 months<sup>2</sup>

Once breakdown occurs and ulcers form, they can take weeks or even months to heal, highlighting the importance of accelerating the healing process when possible.<sup>3,4</sup>

Balancing the right treatment options for patients can be a challenge.



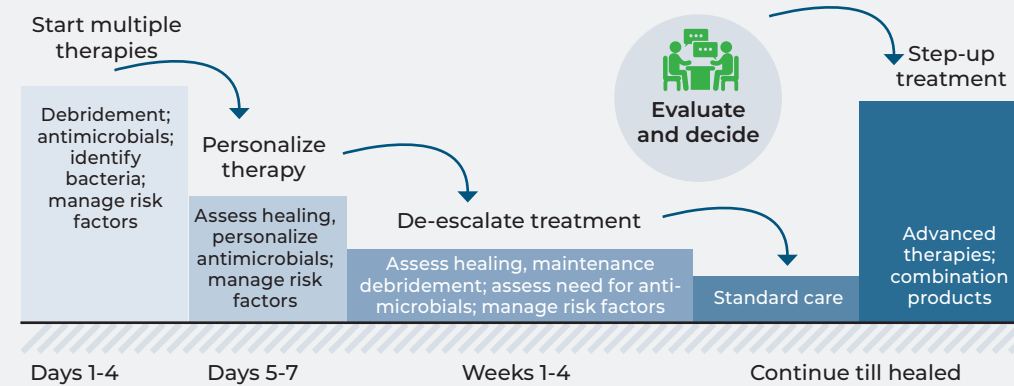
3

## Consideration of Advanced Wound Therapies



The Wound Healing Society guidelines recommend consideration of advanced wound therapies if the diabetic ulcer does not reduce by 40% or more after 4 weeks of standard therapy.<sup>6,7</sup>

### Proposed step-down and then step-up treatment pathway.



Adapted from Schultz et al.<sup>8</sup>

4

## Advanced therapy is often not used on challenging patients.

Is it because it is too expensive?

## Can you & your patients afford to wait 229 days for complete wound healing?

Based on a study looking at the cost of care for DFUs, it was found that the mean cost of care for outpatient procedures in stage III and IV DFUs was **\$11,300 over a mean time to wound healing of 229 days.**<sup>10</sup>

What might it look like if we compared SOC costs for a standard DFU with study results that show 81% healing at 12 weeks?<sup>11</sup>

2

## Identify & Prevent

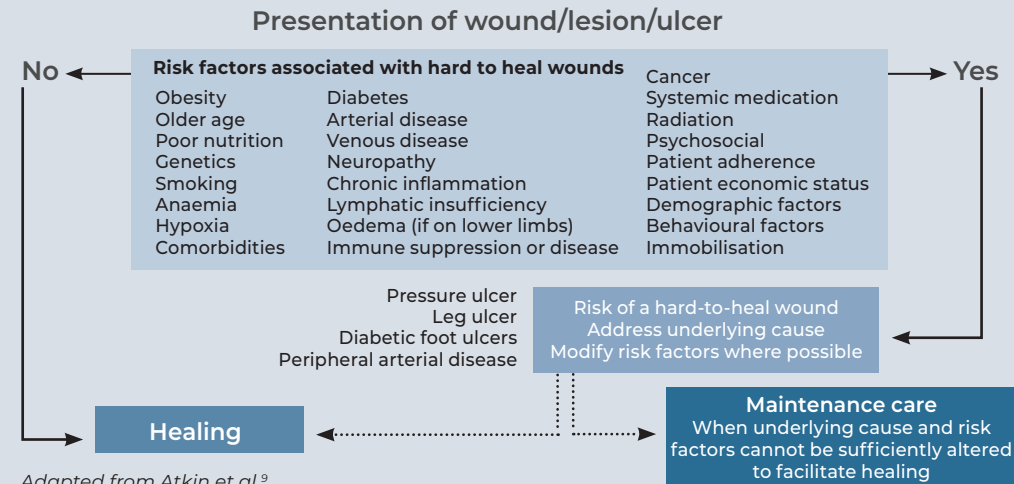


For challenging patients, identifying their risk factors and implementing prevention interventions and or advanced therapies can help avoid further complications.<sup>5</sup>



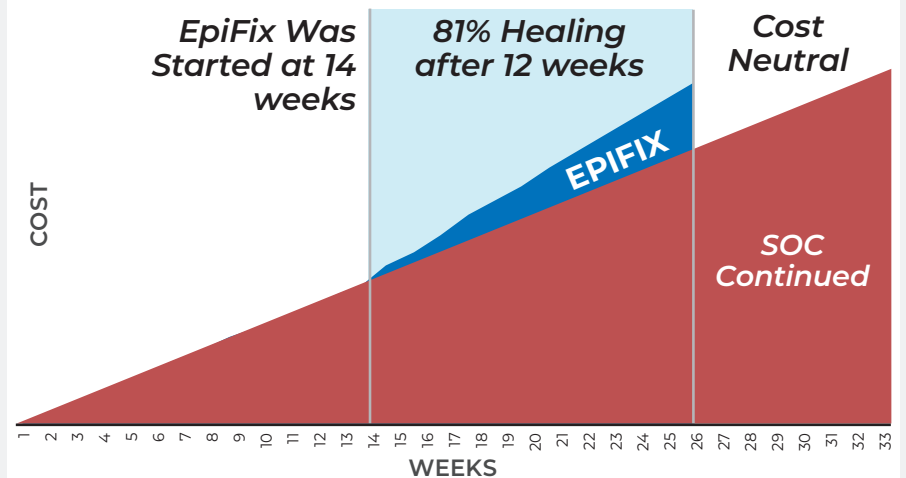
## Risk factors for hard-to-heal wound formation.

Note: the more factors a patient has, the more likely the wound will not heal<sup>9</sup>



Adapted from Atkin et al.<sup>9</sup>

Because EpiFix has been shown to heal DFUs faster than SOC, it may not be more expensive.\*



\*Assumes advanced wound care not started until week 14, complete wound healing after 12 weeks.<sup>11</sup> Assumes same cost of SOC each week. Assumes total costs of grafts \$2,252.<sup>11</sup>