



Advanced Therapies for the Sports Medicine & Severe Burn Care Markets

41ST ANNUAL J.P. MORGAN
HEALTHCARE CONFERENCE

JANUARY 11, 2023

Safe Harbor

Vericel cautions you that all statements other than statements of historical fact included in this presentation that address activities, events or developments that we expect, believe or anticipate will or may occur in the future are forward-looking statements. Although we believe that we have a reasonable basis for the forward-looking statements contained herein, they are based on current expectations about future events affecting us and are subject to risks, assumptions, uncertainties and factors relating to our operations and business environment, all of which are difficult to predict and many of which are beyond our control. Our actual results may differ materially from those expressed or implied by the forward-looking statements in this press release. These statements are often, but are not always, made through the use of words or phrases such as “anticipates,” “intends,” “estimates,” “plans,” “expects,” “continues,” “believe,” “guidance,” “outlook,” “target,” “future,” “potential,” “goals” and similar words or phrases, or future or conditional verbs such as “will,” “would,” “should,” “could,” “may,” or similar expressions.

Among the factors that may result in differences are the inherent uncertainties associated with our expectations concerning expected revenue results for the fourth quarter and full-year ended 2022, adjusted EBITDA,

operating cash flow, and estimates of our cash and investments as of December 31, 2022. Vericel’s revenue expectations for the fourth quarter and full-year ended 2022, as well as its estimates concerning adjusted EBITDA, operating cash flow, and cash and investments are preliminary, unaudited and are subject to change during ongoing internal control, review, and audit procedures. Additional factors that could cause actual results to differ materially from those set forth in the forward-looking statements include, but are not limited to, uncertainties associated with our expectations regarding future revenue, growth in revenue, market penetration for MACI®, Epicel®, and NexoBrid®, growth in profit, gross margins and operating margins, the ability to achieve or sustain profitability, contributions to adjusted EBITDA, the expected target surgeon audience, potential fluctuations in sales and volumes and our results of operations over the course of the year, timing and conduct of clinical trial and product development activities, timing and likelihood of the FDA’s potential approval of the arthroscopic delivery of MACI to the knee or the use of MACI to treat cartilage defects in the ankle, the estimate of the commercial growth potential of our products and product candidates, competitive developments, changes in third-party coverage and reimbursement, the ultimate timing of the commercial

launch of NexoBrid in the United States, physician and burn center adoption of NexoBrid, supply chain disruptions or other events affecting MediWound Ltd.’s ability to manufacture and supply sufficient quantities of NexoBrid to meet customer demand, negative impacts on the global economy and capital markets resulting from the conflict in Ukraine, global geopolitical tensions or record inflation and the ongoing or future impacts of the COVID-19 pandemic on our business or the economy generally.

These and other significant factors are discussed in greater detail in Vericel’s Annual Report on Form 10-K for the year ended December 31, 2021, filed with the Securities and Exchange Commission (SEC) on February 24, 2022, Vericel’s Quarterly Report on Form 10-Q for the quarter ended September 30, 2022, filed with the SEC on November 9, 2022, and in other filings with the SEC. These forward-looking statements reflect our views as of the date hereof and Vericel does not assume and specifically disclaims any obligation to update any of these forward-looking statements to reflect a change in its views or events or circumstances that occur after the date of this release except as required by law.

Vericel is a Leader in
Advanced Therapies for
the Sports Medicine and
Severe Burn Care
Markets

Portfolio of Innovative
Cell Therapies and
Specialty Biologics with
Significant Barriers to
Entry

SPORTS MEDICINE



autologous cultured
chondrocytes
on porcine
collagen membrane

The leading restorative cartilage
repair product in the sports
medicine market

SEVERE BURNS

Epicel[®]
(cultured epidermal autografts)

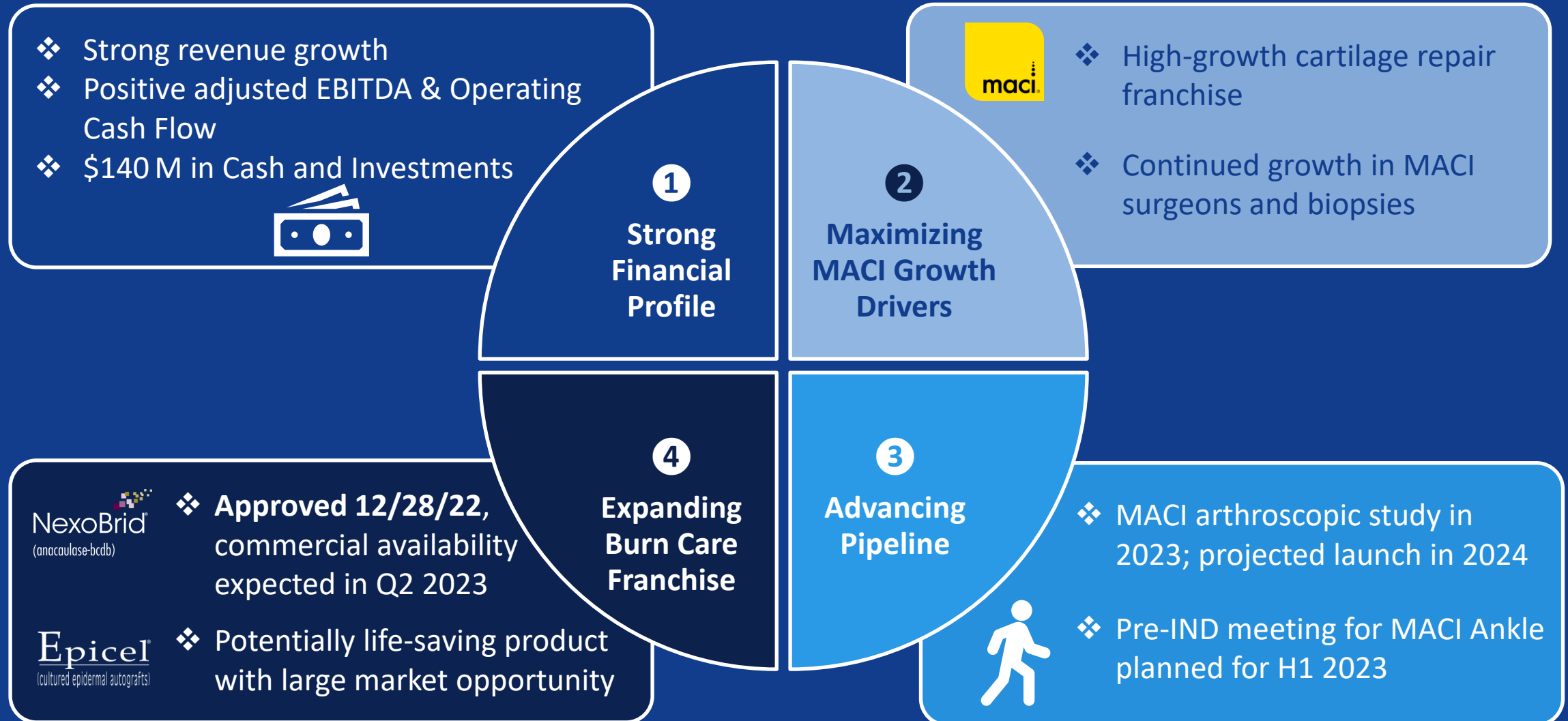
The leading permanent skin
replacement in the severe
burn care field

NexoBrid[®]
(anacaulase-bcdb)

Effective and selective enzymatic
agent that removes eschar while
preserving viable tissue

**Focused on changing the standard of care for patients
with cartilage damage and severe burns**

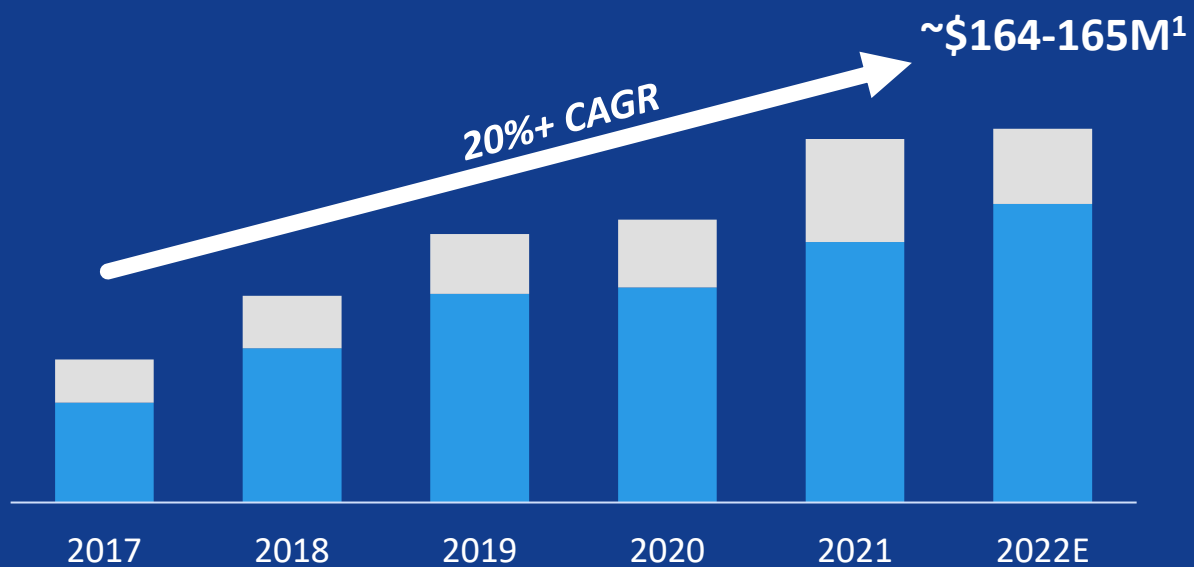
Vericel is Well-Positioned to Deliver Sustained Long-Term Growth



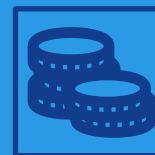
Strong Track Record of Financial Results

Top-Tier Revenue Growth

■ Sports Med ■ Burn Care



10 consecutive quarters with positive adjusted EBITDA & Operating Cash Flow¹

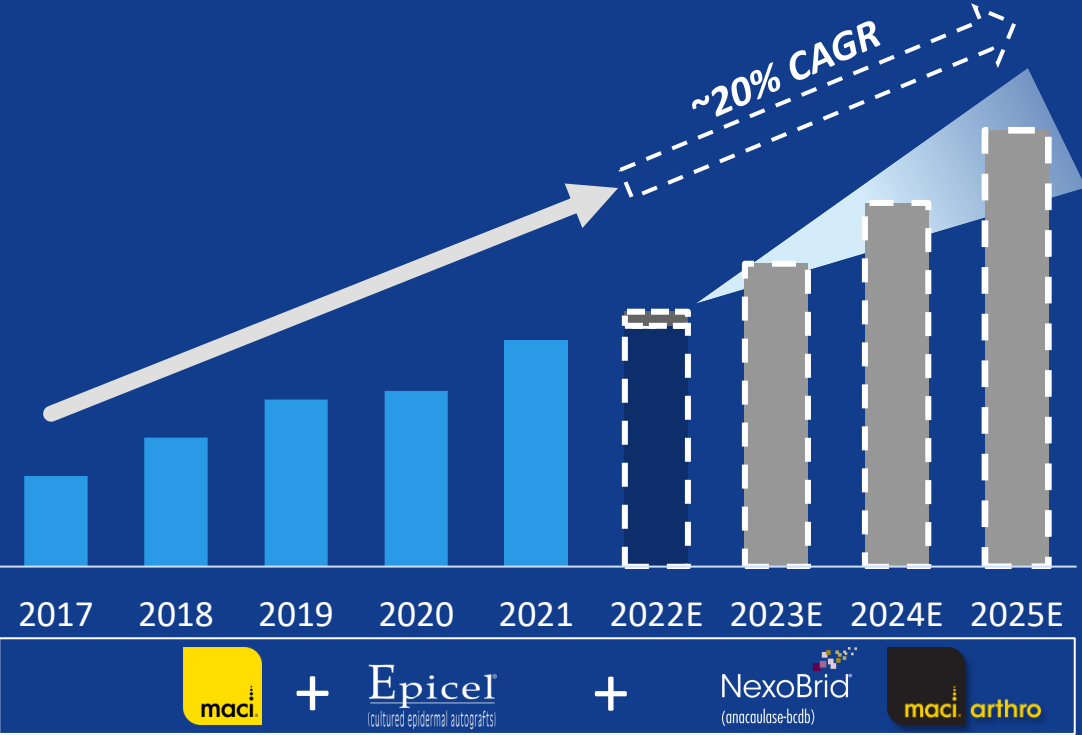


\$140M in cash & investments and no debt as of 12/31/2022¹

¹ Full-year 2022 revenue, adjusted EBITDA and operating cash flow, and cash and investments balances are based on preliminary unaudited 2022 financial results and are subject to change.

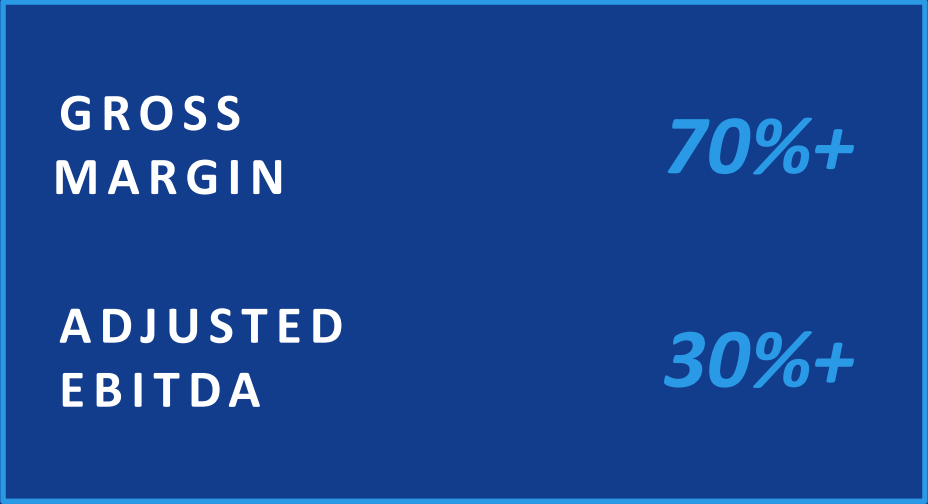
Current Portfolio Plus New Product Launches Expected to Drive Strong Revenue and Profit Growth Over the Long Term

Expect to Maintain Strong Revenue Growth Trajectory¹



- ❖ Significantly underpenetrated markets (~\$3B-\$4B)
- ❖ Limited competition with strong barriers to entry
- ❖ Strong reimbursement profiles

Expect Continued Long-Term Margin Expansion¹



- ❖ Substantial operating leverage across the business
- ❖ Increasing margins and operating cash flow
- ❖ Premium-value products with concentrated call points

¹ Based on internal and estimated long-term financial projections.

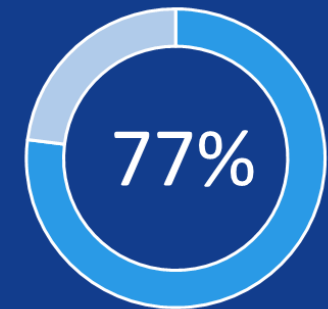
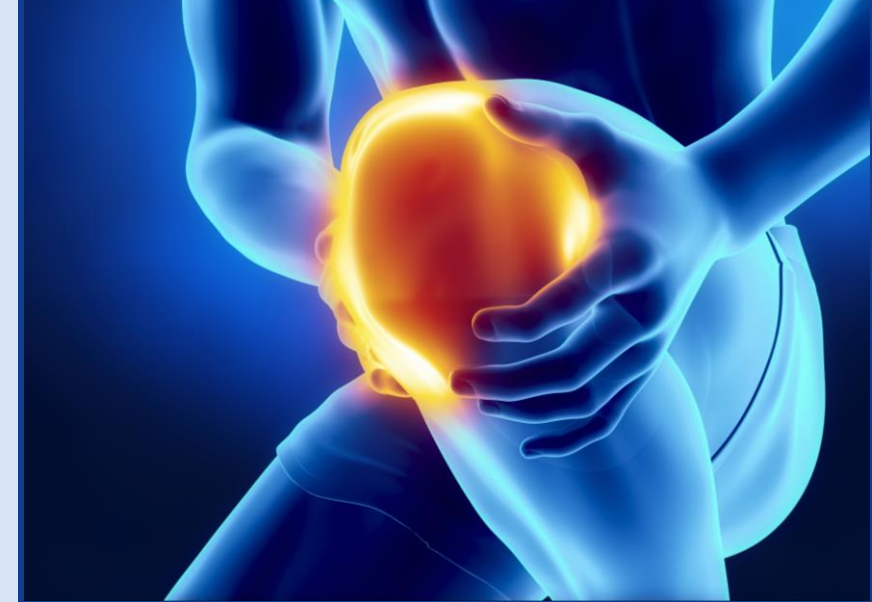
Knee Cartilage Injuries Represent a Significant Unmet Medical Need

Cartilage defects are found in ~60% of knee arthroscopies¹

- ❖ Damage is caused by acute or repetitive trauma or degenerative conditions

Cartilage has limited capacity for intrinsic healing and repair

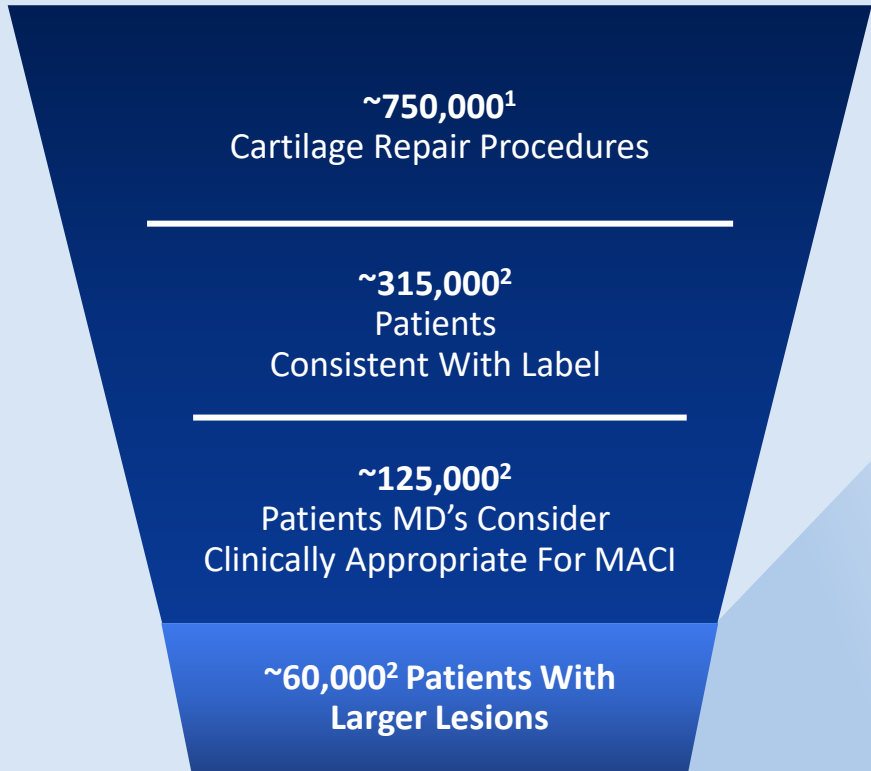
- ❖ Untreated cartilage defects may lead to debilitating joint pain, dysfunction, and osteoarthritis
- ❖ Defects can expand and new high-grade lesions can form over time



Harris Poll found that 77% of knee pain sufferers can no longer participate in at least one activity they previously enjoyed because of knee pain²

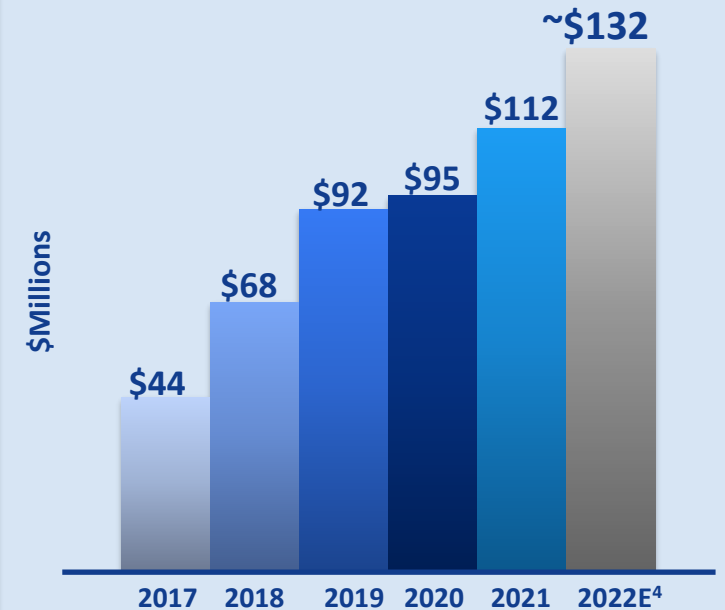
Large Addressable Knee Cartilage Repair Market for MACI

Estimated Annual Addressable Patient Population (U.S.)



\$3 Billion
Addressable Market
in the U.S.³

Annual Cartilage Repair Revenue



- Mid teens % biopsy penetration
- Mid single-digit % implant penetration



¹ Health Advances LLC MACI market assessment report (2018), Vericel data, LexisNexis, Medtech Insight, NY SASD, SmartTRAK, LSI, PSPS, McCormick, Frank et al. Arthroscopy, (2014) 30(2): 222-6, Montgomery, et al. Knee Surg Sports Traumatol Arthrosc (2014) 22: 2070.

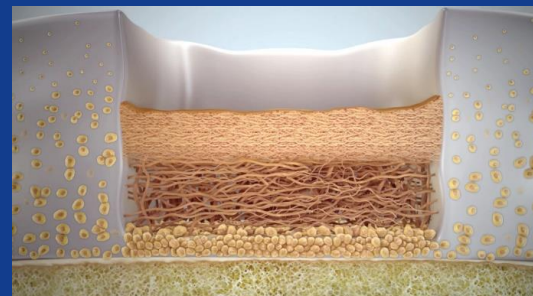
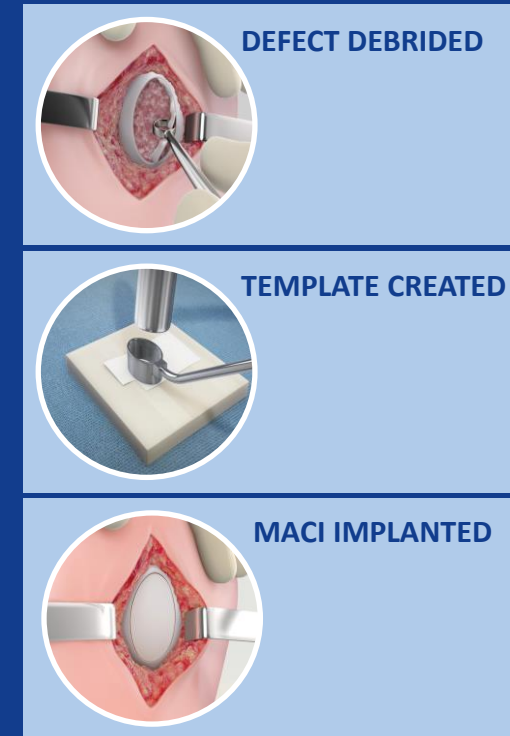
² Health Advances LLC MACI market assessment report (2018).

³ Assumes MACI ASP of ~\$50,000+.

⁴ Full-year 2022 revenue based on preliminary unaudited 2022 financial results and is subject to change.



MACI is the Leading Restorative Cartilage Repair Product on the Market



MACI Product Attributes Driving Strong Growth Since Launch

Broad Label with Strong Clinical Data

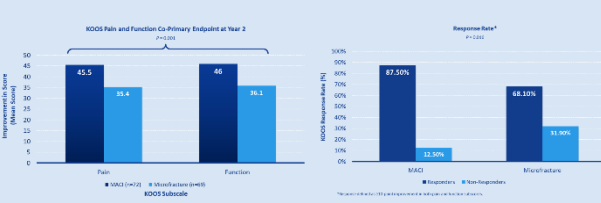
HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use MACI safely and effectively. See full prescribing information for MACI.
MACI® (autologous cultured chondrocytes on porcine collagen membrane)
 Cellular sheet for autologous implantation
 Initial U.S. Approval: 2016

INDICATIONS AND USAGE

MACI® is an autologous cellularized scaffold product indicated for the repair of symptomatic, single or multiple full-thickness cartilage defects of the knee with or without bone involvement in adults. (1)
 Limitations of Use

SUMMIT Clinical Study Results – Superiority of MACI Implant Versus Microfracture Treatment



MACI demonstrated statistically significantly greater improvement in the co-primary endpoint of KOOS pain and function (SRA) scores compared to microfracture at year 2

The proportion of patients responding to treatment was statistically significantly greater with MACI compared to microfracture at year 2

Simpler, Less Invasive Procedure



Carticel

- ▷ Technically exacting procedure
- ▷ Required arthrotomy, periosteal patch harvest and sutures
- ▷ Extended surgical time



MACI

- ▷ Simpler, less invasive ACI procedure
- ▷ Eliminates periosteal harvest and sutures
- ▷ Significant reduction in surgical time
- ▷ Uniform distribution of cells
- ▷ Improved post-operative course

Shorter Rehab Protocols

MACI REHABILITATION: HELPING RESTORE ACTIVE PATIENTS

0-3 months following surgery

ACHIEVE ROUTINE

“I’ve been able to get back to work as a residential physician 4 weeks after surgery and completely off of painkillers.”

Christy
MACI Patient

MACI REHABILITATION: HELPING RESTORE ACTIVE PATIENTS

3-6 months following surgery

BUILD STRENGTH

“The physical therapist and I were so impressed with the rehabilitation program provided by MACI. It broke down the exercises and expectations for each week and gave me the motivation to keep moving. By week 4, I was able to start jogging again and getting back to work.”

Brian
MACI Patient

MACI REHABILITATION: HELPING RESTORE ACTIVE PATIENTS

6-9 months following surgery

BE ACTIVE

“I was surprised by how quickly I felt better. I was doing my physical therapy and I was surprised to find that I was able to get back to work and do my job. After 6 months, I was even able to go back to work and do my job. I was able to start jogging again and getting back to work.”

Chris
MACI Patient

MACI REHABILITATION: HELPING RESTORE ACTIVE PATIENTS

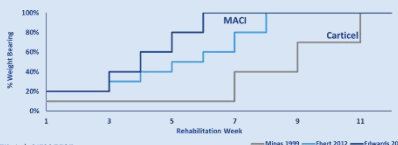
9+ months following surgery

POST REHABILITATION

Chris’ recovery

“I’m close to being back to the best shape of my life. I’ve been able to get back to work and do my job. I’ve been able to start jogging again and getting back to work. I’ve been able to start jogging again and getting back to work.”

Rehabilitation Timelines for ACI procedures: Time to Weight-Bearing¹

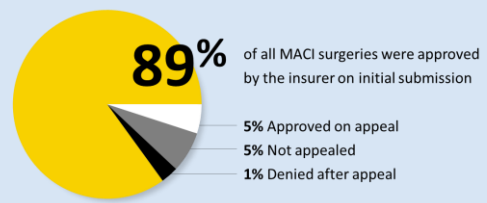


Published MACI rehabilitation protocols achieve full weight-bearing in 6-8 weeks compared to 10-12 weeks for published Carticel rehabilitation protocols

¹Libert J et al, Osteoarthritis & Cartilage 2008; Edwards PK et al, AJSM 2013.

Strong Reimbursement Profile

MACI Insurance Approval Rates



MACI Billing Codes

ACI CPT CODE	
Autologous Chondrocyte Implantation, Knee	27412
HCPCS CODES	
Autologous cultured chondrocytes, Implant	J7330



Key MACI Growth Drivers for Continued Long-Term Market Penetration



~2,000

Surgeons Taking
Biopsies in 2022

Continued Growth in 2022

Expected to remain a strong
growth driver in 2023



~20% CAGR

Biopsy Growth
Since MACI
Launch

Continued Growth in 2022

Expected to remain a growth
driver, with above-market
growth in 2023 and over time



30%+




Biopsy Conversion
Rate

Stabilized in 2022

Expected to maintain current
levels in 2023 and increase to
historical levels+ over time



Building a Robust and Innovative Pipeline Through Lifecycle Management and Business Development

PRODUCT	INDICATION/STUDY	IN DEVELOPMENT	PHASE I	PHASE II	PHASE III	REGISTRATION	APPROVAL
	Treatment of Symptomatic Cartilage Defects of the Knee in Adults	Commercialized					
	Pediatric (PEAK) Study – Knee	Currently Enrolling					
	Arthroscopic Delivery – Knee				Study Pending ¹		
	Treatment of Cartilage Defects – Ankle				Study Pending ¹		
	Treatment of Large Deep Dermal and Full-Thickness Burns	Commercialized					
	Burn Eschar Removal in Adults	Approved					
	Pediatric (CIDS) Study	Enrollment Complete					
	Treatment of Acute Deep Partial and Full Thickness Burn Injuries (NEXT) Study	Expanded Access					

Key Highlights

MACI Arthroscopic Delivery

- ❖ Human factors study planned in 2023, with commercial launch expected in 2024

MACI Ankle Indication

- ❖ Pre-IND meeting with FDA planned for H1 2023

NexoBrid

- ❖ Approved for use in adults on December 28, 2022

¹ Study design pending feedback from FDA discussions.

Overview of MACI Arthroscopic Delivery Development Program

Novel instruments designed and developed to facilitate arthroscopic delivery

Human Factors Validation Study to be initiated in 2023

Planned Launch in 2024

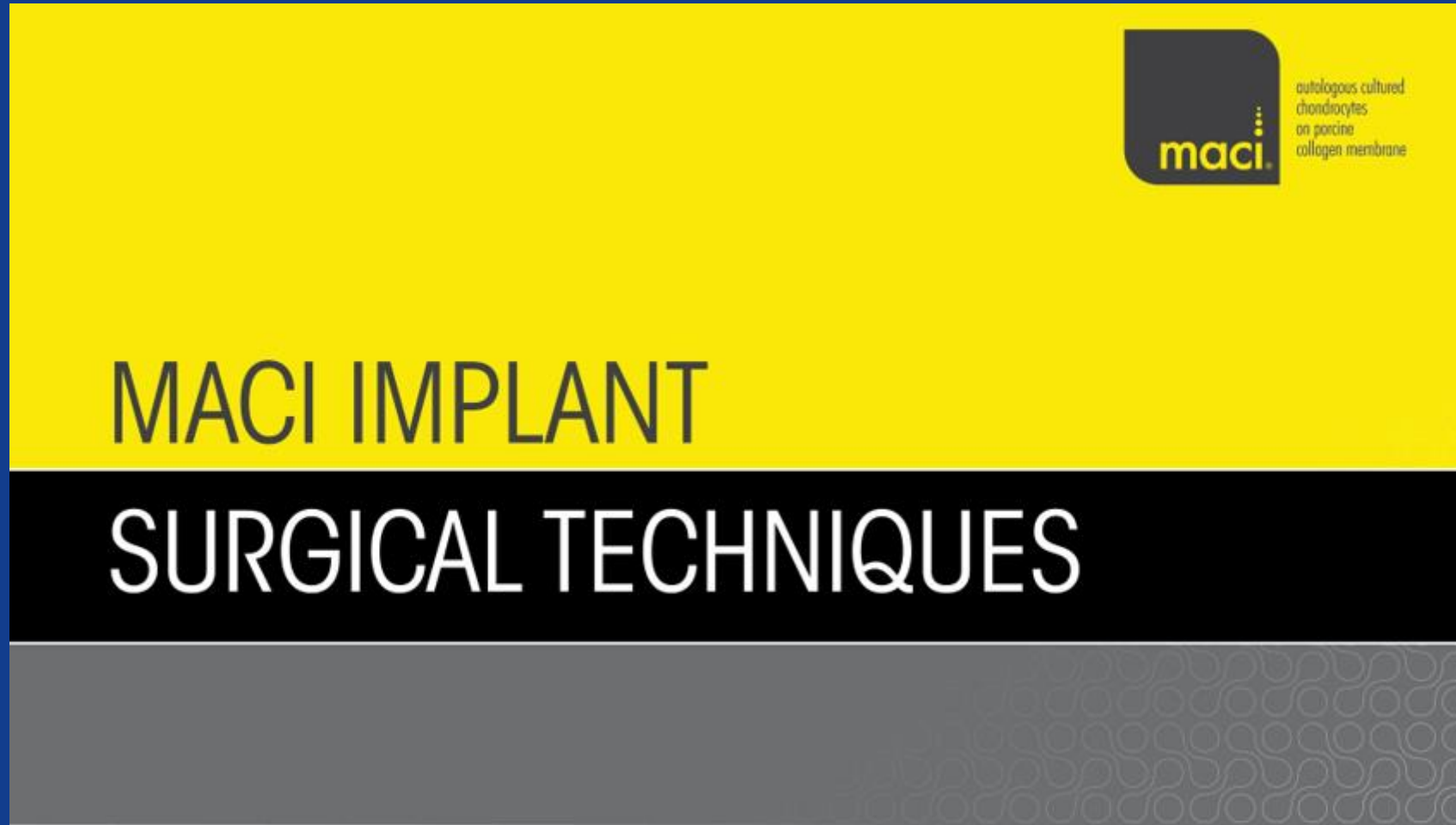


The arthroscopic delivery of MACI is under development and neither such use, nor the sale of the MACI instruments discussed in this video has been approved in the United States.



The arthroscopic delivery of MACI is under development and neither such use, nor the sale of the MACI instruments, has been approved in the United States.

MACI Arthroscopic Delivery Surgical Technique



[Click here to view an animation of the MACI arthroscopic delivery surgical technique.](#)



Arthroscopic MACI Provides Potential Opportunity for Additional Growth



~90% % of target surgeons expressed **Interest** in arthro MACI option¹



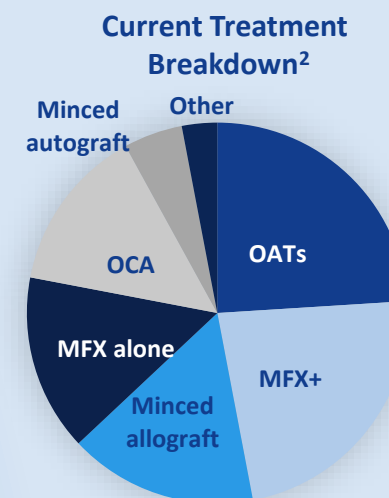
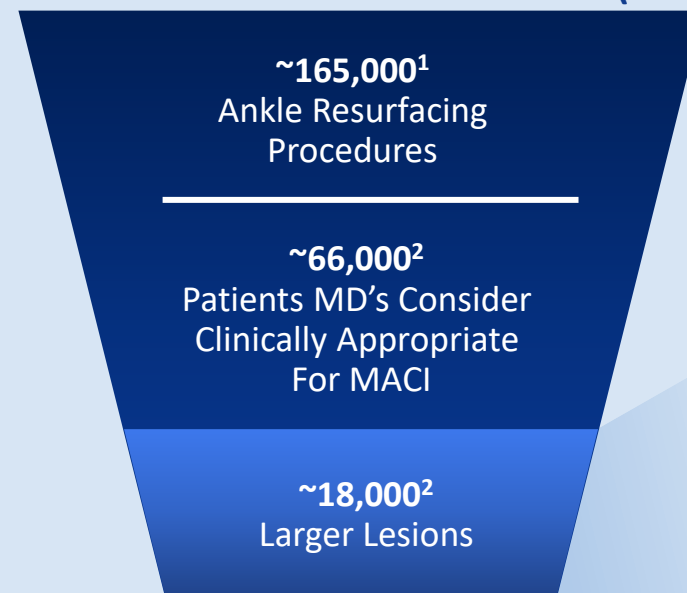
~90% % of current MACI users would expect to **Increase** MACI volume¹

Arthroscopic MACI instruments designed to treat the most common defects in the MACI TAM (2-4 cm² defects on the femoral condyles)

Significant Ankle Cartilage Repair Opportunity



MACI Ankle Annual TAM Estimate (U.S.)



MACI for the treatment of cartilage defects in the ankle represents a \$1 billion³ market opportunity

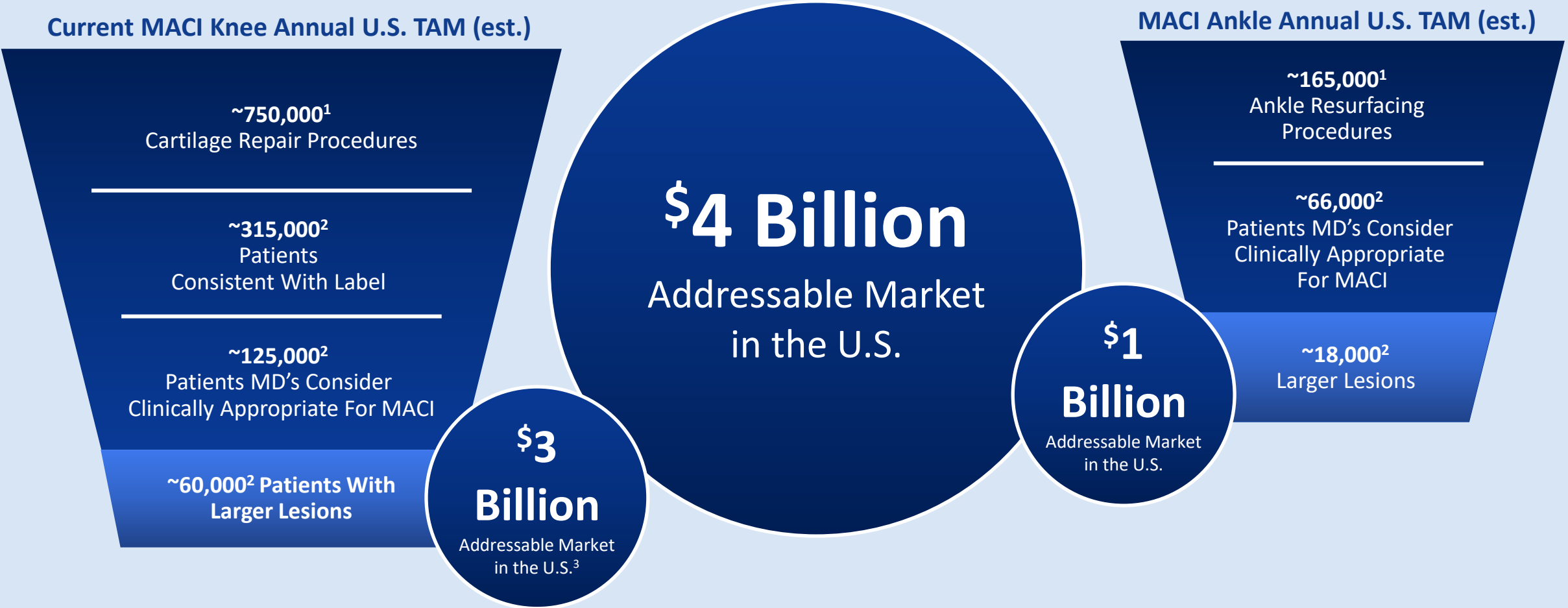
¹ SmartTrak Cartilage Repair Procedures; resurfacing includes microfracture, OATs, OCA, etc. and does not include chondroplasty/debridement only.

² Cello Health MACI Ankle quantitative market research survey (2021).

³ Assumes MACI ASP of \$50,000+.

The implantation of MACI is currently approved to be performed via an arthrotomy to the knee joint. The use of MACI in the ankle joint is under development and such use has not been approved in the United States.

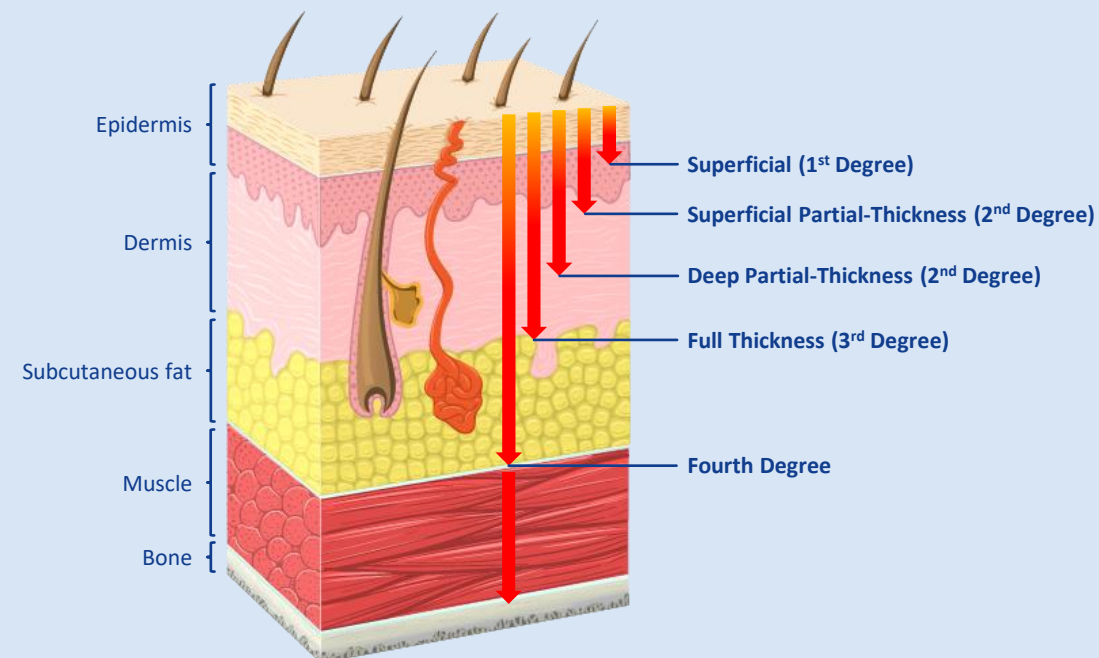
Potential MACI Ankle Indication Would Increase MACI Total Addressable Market to \$4 Billion



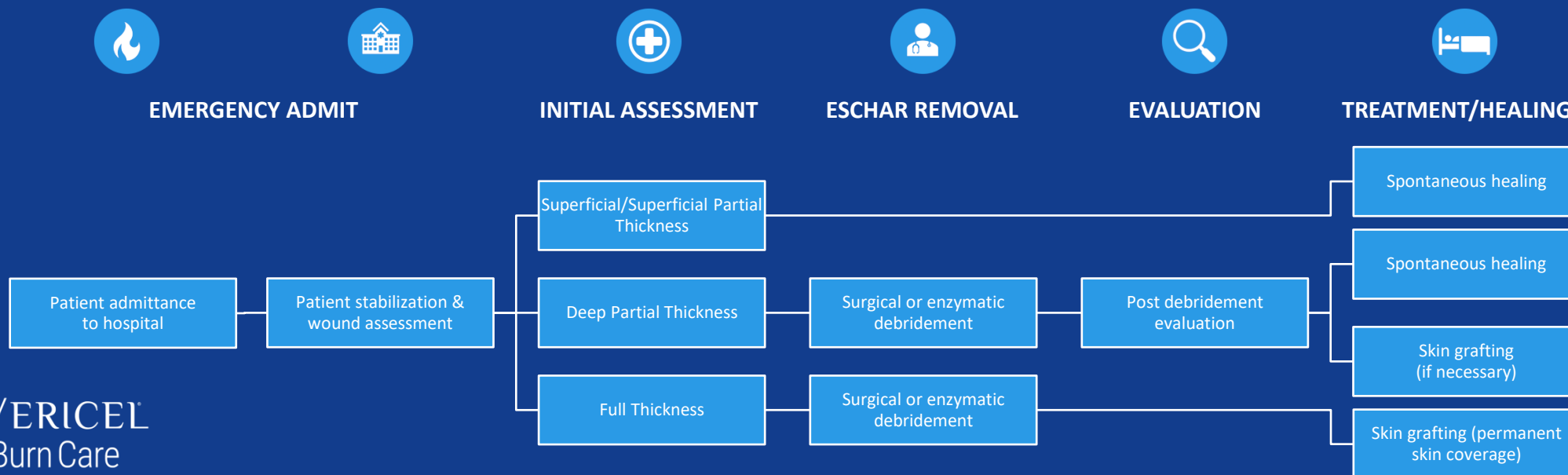
¹ Health Advances LLC MACI market assessment report (2018), Vericel data, LexisNexis, Medtech Insight, NY SASD, SmartTRAK, LSI, PSPS, McCormick, Frank et al. Arthroscopy, (2014) 30(2): 222-6, Montgomery, et al. Knee Surg Sports Traumatol Arthrosc (2014) 22: 2070. ² Health Advances LLC MACI market assessment report (2018) ³ Assumes MACI ASP of \$50,000+. ⁴ SmartTrak Cartilage Repair Procedures; resurfacing includes microfracture, OATs, OCA, etc. and does not include chondroplasty/debridement only. ⁵ Cello Health MACI Ankle quantitative market research survey (2021). The implantation of MACI is currently approved to be performed via an arthrotomy to the knee joint. The use of MACI in the ankle joint is under development and such use has not been approved in the United States.

Burn Injury Size & Depth Determine Treatment Pathway

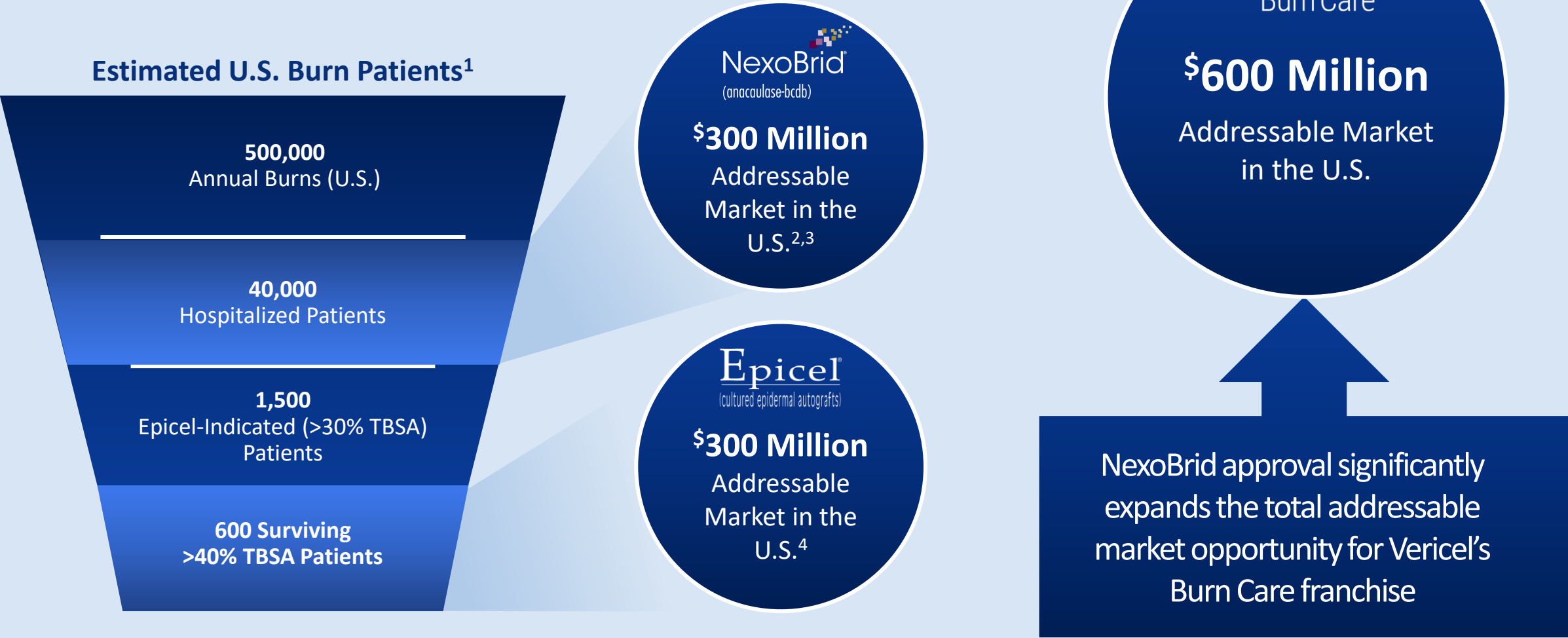
- ❖ **Full thickness burn injuries of any size & partial thickness burn injuries >10% total body surface area (TBSA)** are most often transferred to specialized burn centers
- ❖ Full thickness & deep partial-thickness burns **require eschar removal and grafting** to achieve wound closure



TREATMENT PATHWAY



Burn Franchise Addressable Market Opportunity



¹ 2017 National Burn Repository Report Version 13.

² ~90% of hospitalized patients with thermal burns; ~90% of eligible patients require eschar removal (management estimate).

³ Assumes NexoBrid average price of ~\$9,000 per patient.

⁴ Assumes 600 patients x 120 grafts per patient x ~\$4,000+ per graft.

Clear Unmet Need for an Effective and Selective Eschar Removal Agent that Preserves Viable Tissue



❖ Early Eschar Removal and Burn Assessment Are Critical to Patient Healing

- Early eschar removal can reduce inflammation, stop burn progression, and reduce infections and sepsis^{1,2}
- Timely assessment and treatment can support improved healing and reduced scarring, reduced need for surgery and/or grafting, and improved morbidity and mortality^{3,4}



❖ Surgical Eschar Removal Can Cause Loss of Healthy Tissue

- Surgical eschar removal is non-selective and causes considerable pain, blood loss, and unnecessary excision of healthy tissue⁵



❖ Current Non-Surgical Options Lack Efficacy

- Current non-surgical options have limited efficacy, have not shown a statistically significant reduction in the need for surgical eschar removal, and require multiple dressing changes^{6,7}

NexoBrid

Indications and Usage:

Contains proteolytic enzymes and is indicated for eschar removal in adults with deep partial-thickness and/or full-thickness thermal burns

NexoBrid can be applied to up to 20% body surface area in two applications



NexoBrid
(anacaulase-bcdb)

NexoBrid is Now Approved for Use in the United States

- ❖ Concentrated mixture of proteolytic enzymes derived from the stem of the pineapple plant (*Ananas comosus*)
- ❖ Non-surgical topical agent that may be applied at the patient's bedside
- ❖ Selectively degrades eschar in four hours while preserving viable tissue



¹ NexoBrid Label. Cambridge, MA. Vericel Corporation; 2022.

² Krieger Y, Bogdanov-Berezovsky A, Gurfinkel R, et al. Efficacy of enzymatic debridement of deeply burned hands. Burns. 2012;38:108-112.

³ Palao R, Aguilera-Saez J, Collado JM, et al. Use of a selective enzymatic debridement agent (NexoBrid) for wound management: Learning curve. World J Dermatol. 2017;6(2):32-41.

NexoBrid Treatment Application

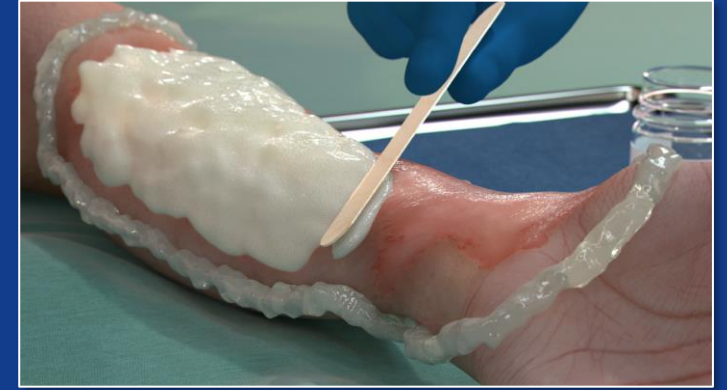
Clean Wound



Antibacterial Pre-Soak



NexoBrid Application



Film Dressing (4 Hours)



Remove Eschar



NexoBrid Treatment Results



Before



After

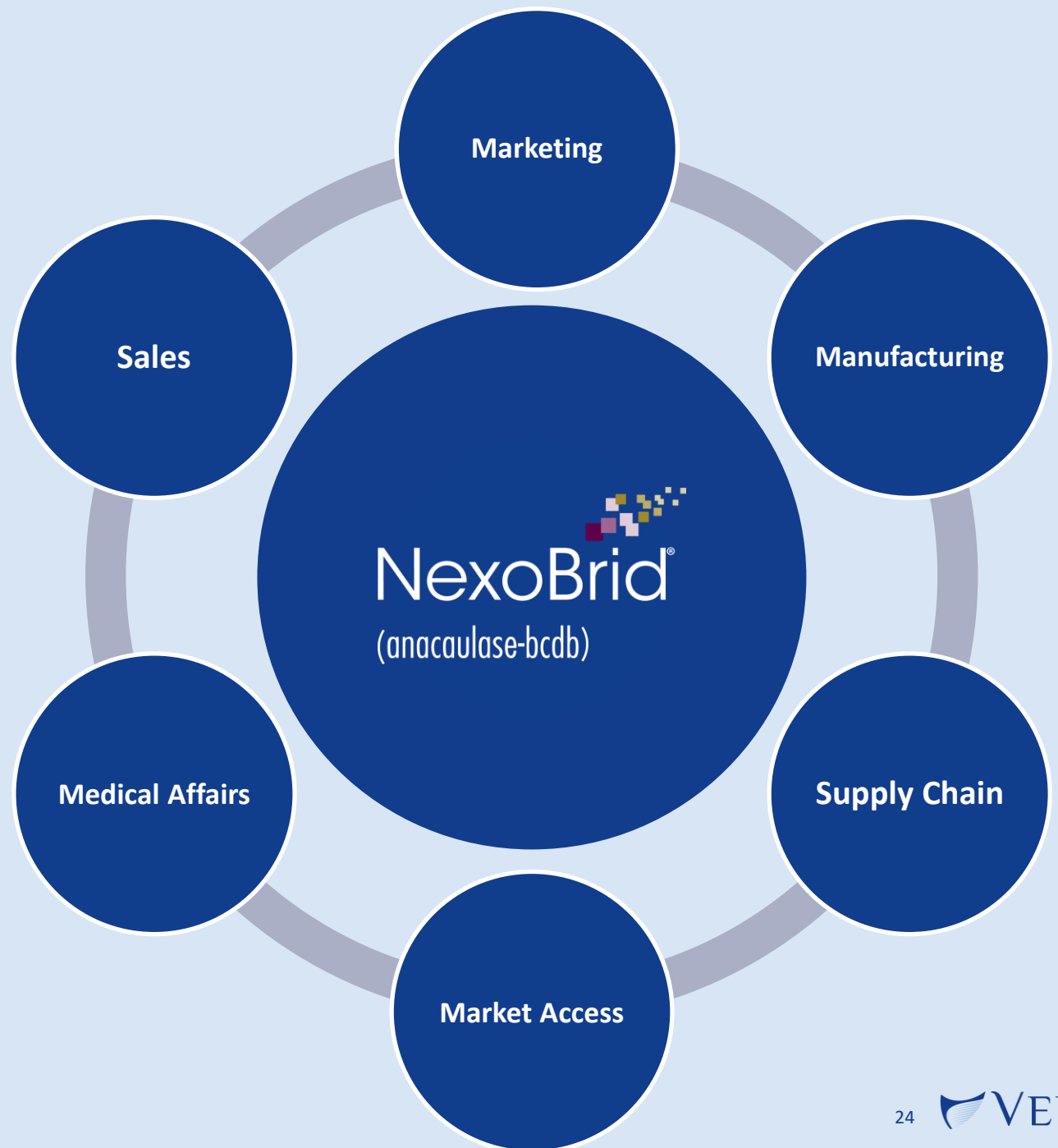


Long-Term



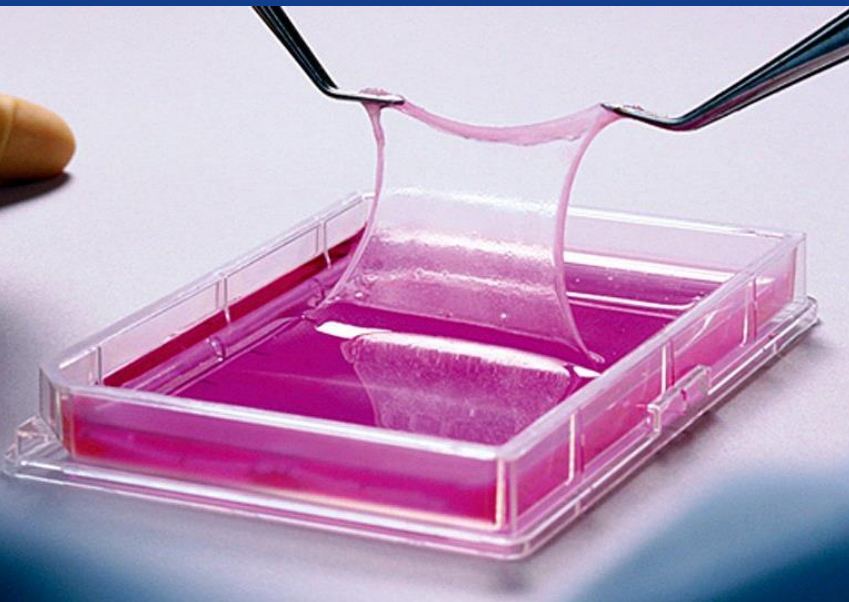
NexoBrid Commercialization

- ❖ NexoBrid is expected to be commercially available in the U.S. in Q2 2023
- ❖ Key commercial activities underway
 - Promotional Materials Rollout
 - P&T Committee Engagement
 - Customer Training
 - Burn Conference Activities
 - Sales Team Deployment & Training



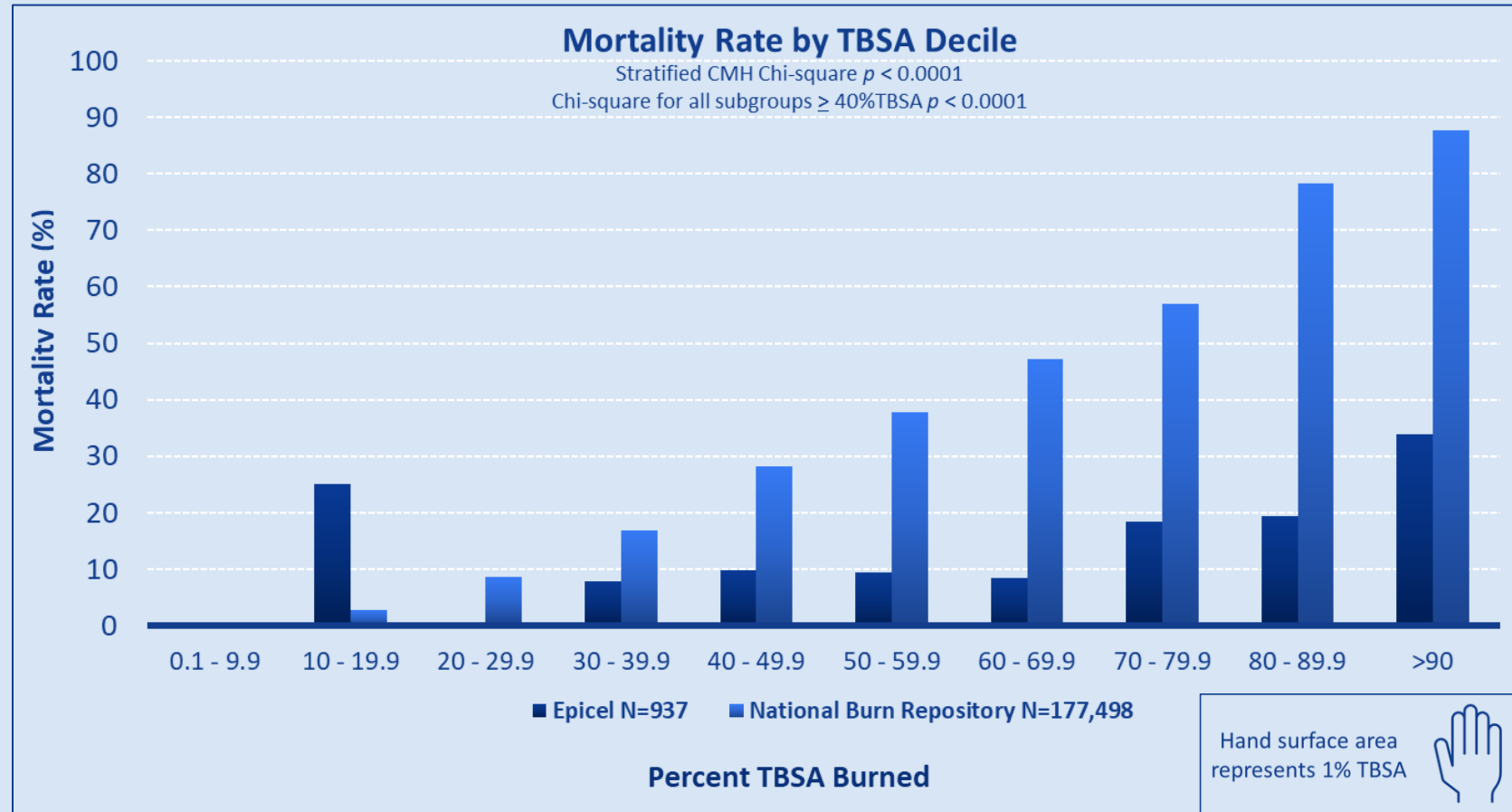
Epicel

- ❖ Only **FDA-approved permanent skin replacement** for adult and pediatric patients with full-thickness burns $\geq 30\%$ of total body surface area
- ❖ Important treatment option for severe burn patients where little skin is available for autografts



Epicel
(cultured epidermal autografts)

Comparison of Epicel Patient Database to National Burn Repository¹ Data Demonstrates Lower Mortality Rate



Twenty-five Years' Experience and Beyond with Cultured Epidermal Autografts (CEA) for Coverage of Large Burn Wounds in Adult and Pediatric Patients, 1989-2015; Hickerson, Journal of Burn Care & Research, iry061, <https://doi.org/10.1093/jbcr/iry061>.

¹ American Burn Association, National Burn Repository 2016, Version 12.

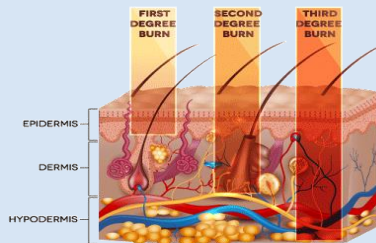
Vericel Remains Focused on Potential Strategic Transactions to Maximize Long-Term Value

ADVANCED CELL THERAPY DEVELOPMENT & MANUFACTURING PLATFORM

Sports Medicine Franchise



Severe Burn Care Franchise



Epice^l
(cultured epidermal autografts)

NexoBrid[®]
(anacaulase-bcdB)

New Advanced Cell Therapy Vertical(s)



Business development activities focused on opportunities having a strategic fit with current **franchises** or advanced cell therapy **platform**

Growth Strategy Leverages Near-Term & Long-Term Opportunities



Strong Financial Profile

- ❖ Continued strong revenue growth
- ❖ Positive adjusted EBITDA & Operating Cash Flow
- ❖ \$140M in cash and investments



Maximizing MACI Key Growth Drivers

- ❖ 20%+ total revenue CAGR since 2017
- ❖ Focused on maximizing key growth drivers
- ❖ Large underpenetrated TAMs



Advancing Pipeline

- ❖ MACI arthroscopic study planned for 2023, launch expected in 2024
- ❖ Pre-IND meeting for MACI Ankle planned for H1 2023



Expanding Burn Care Franchise

- ❖ NexoBrid approved on December 28, 2022
- ❖ Launch activities underway
- ❖ Commercial availability expected in Q2 2023