VERICEL

Advanced Therapies for the Sports Medicine and Severe Burn Care Markets

ANALYST AND INVESTOR DAY

OCTOBER 16, 2020

Notice of Forward-Looking Statements

The information in this presentation is intended for communication with investors and is not intended to be, and should not be construed as, the marketing or promotion of any products or product candidates of Vericel Corporation.

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 presentation. 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 third quarter of 2020 and estimates of our cash and investments as of September 30, 2020. Vericel's revenue expectations for the third quarter, as well as its estimates concerning cash and investments are preliminary, unaudited and are subject to adjustment during our ongoing internal review. 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 revenues, growth in revenues, market penetration for MACI® and Epicel®, 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, competitive developments, changes in third party coverage and reimbursement, our ability to supply or meet customer demand for our products, and the wide-ranging impacts of the COVID-19 pandemic on our business or the economy generally.

This presentation also contains forward-looking statements concerning the anticipated progress, development, objectives, expectations and commercial potential of NexoBrid®. The factors that may cause NexoBrid-related results to be materially different from those stated herein include the inherent uncertainties associated with the timing and conduct of product development activities, our ability to successfully commercialize NexoBrid, including the commercial growth potential and market demand for the product, the availability of funding from BARDA under its agreement with MediWound Ltd. for use in connection with NexoBrid development activities, risks related to the timing and conduct of our NEXT Study, and whether the FDA will grant marketing approval for NexoBrid in the United States. With respect to FDA's review of the pending NexoBrid Biologics License Application, the COVID-19 pandemic may impact the FDA's response times to regulatory submissions, its ability to monitor our clinical trials, and/or conduct necessary reviews or inspections any or all of which may result in timelines being materially delayed, which could affect the development and ultimate commercialization of NexoBrid.

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, 2019, filed with the Securities and Exchange Commission ("SEC") on February 25, 2020, Vericel's Quarterly Report on Form 10-Q for the quarter ended June 30, 2020, filed with the SEC on August 5, 2020, 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.

Analyst and Investor Day Speakers

Vericel Management Team

Nick Colangelo
President & CEO

Jon Hopper, FRCSEd.
Chief Medical Officer

Roland DeAngelis
SVP Commercial Operations

Mike Halpin
Chief Operating Officer

Clinical Experts

Yaron Shoham, MD
Director of Soroka University Medical Center Burn Unit
Chairman of the Israeli Burn Association

William Hickerson, MD, FACS
Former Director of Firefighters Burn Center and HBO/Wound Center
President of the American Burn Association

Jeremy Goverman, MD,FACS
MGH Trustee's Fellow in Burn Surgery
Assistant Professor of Surgery, Harvard Medical School
Staff Burn Surgeon, Shriners Hospital for Children, Boston
Director: Acute and Reconstructive Burn Fellowship
Associate Director: Wound Service, MGH Wound Center

Joshua Carson, MD, FACS
Assistant Professor of Surgery, UF College of Medicine
Associate Director, UF Health Shands Burn Center

Agenda

Welcome and Introduction	
Introduction	**Nick Colangelo**, President and CEO
NexoBrid Clinical Discussion	
Burn Treatment Overview	**Jon Hopper, FRCSEd.,** Chief Medical Officer
NexoBrid Introduction and Importance of Eschar Removal	**Yaron Shoham, MD**
DETECT Study Clinical Outcomes	**William Hickerson, MD, FACS**
NexoBrid Case Studies	**Jeremy Goverman, MD, FACS**
NexoBrid Case Studies	**Joshua Carson, MD, FACS**
Roundtable Panel Discussion and Q&A	**Jon Hopper, FRCSEd.,** Chief Medical Officer
Commercial Plans and Business Update	
NexoBrid Launch Plans and General Commercial Update	**Roland DeAngelis,** SVP Commercial Operations
Vericel Business Update	**Nick Colangelo**, President and CEO
Q&A Session	Vericel Management
Closing Remarks	**Nick Colangelo**, President and CEO

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

INVESTMENT HIGHLIGHTS

SPORTS MEDICINE

maci®

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™

North American commercial rights to the next generation burn debridement product

MACI® and Epicel® – Combination Products (biologic/device) with no established biosimilar or 510(k) pathways

NexoBrid® – Patent protection; biologic and orphan exclusivities in the U.S. upon FDA approval

BURN TREATMENT OVERVIEW

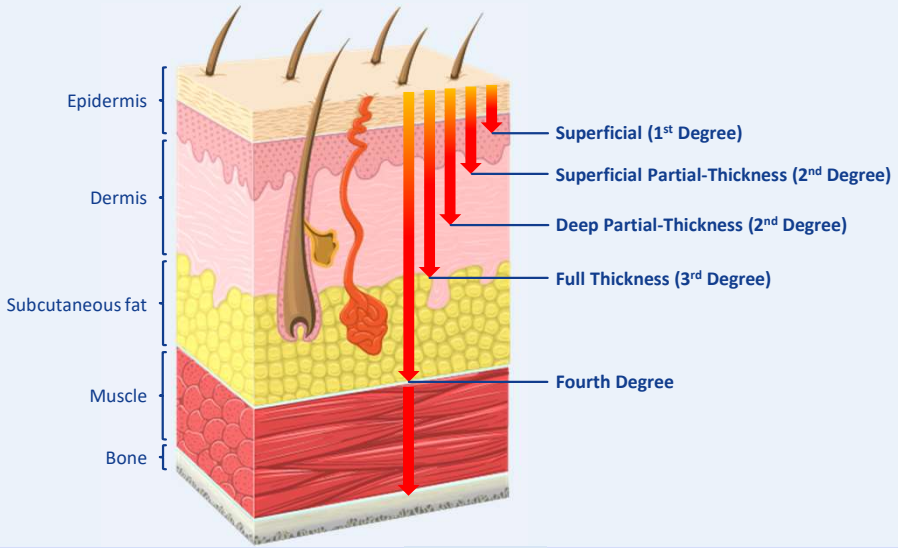
JON HOPPER, FRCSED., CHIEF MEDICAL OFFICER

Disclaimer

NexoBrid is not approved for commercial use or sale in the United States. The Food and Drug Administration (FDA) has accepted for filing the recently submitted Biologics License Application (BLA) for NexoBrid for eschar removal (debridement) in adults with deep partial-thickness and/or full-thickness burns and has assigned a Prescription Drug User Fee Act (PDUFA) goal date of June 29, 2021. As such NexoBrid is currently an investigational product in the United States under regulatory review and has not yet been determined to be safe or effective by the FDA.

Burn Injury Size and Depth Determine Treatment Pathway

- **Full thickness burn injuries of any size** and **partial thickness burn injuries >10%** are most often transferred to specialized burn centers
- Full thickness and deep partial-thickness burns **require debridement and grafting**



TREATMENT PATHWAY

NexoBrid Concentrate of proteolytic enzymes enriched in bromelain

Epicel cultured epidermal autografts

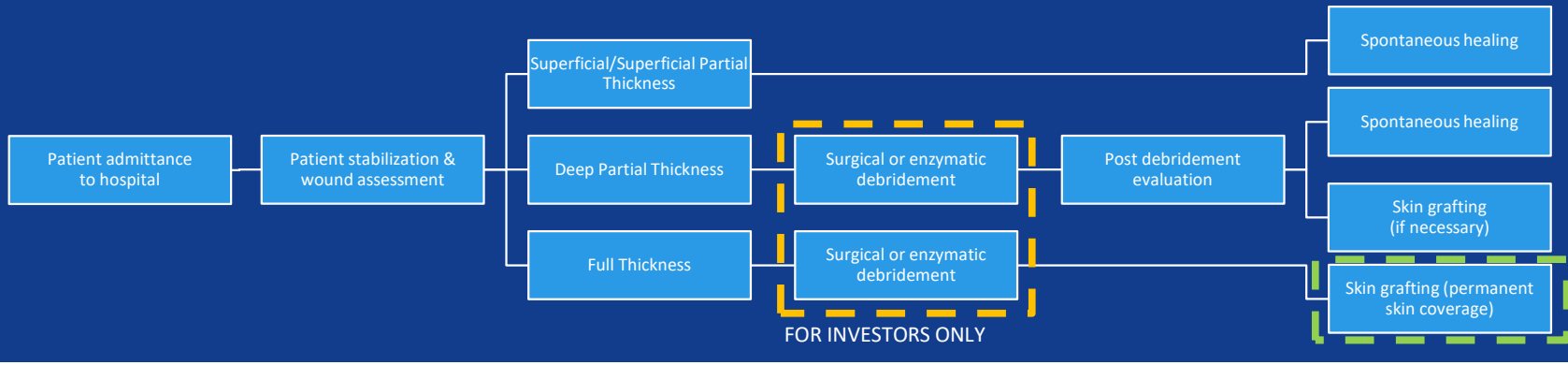
EMERGENCY ADMIT

INITIAL ASSESSMENT

DEBRIDEMENT

EVALUATION

TREATMENT/HEALING



FOR INVESTORS ONLY

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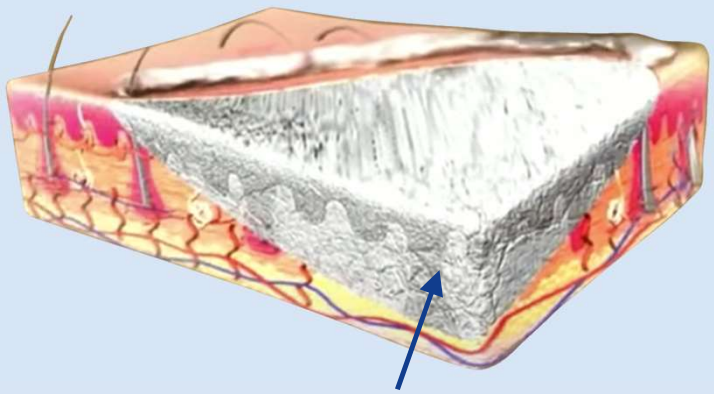
NEXOBRID® INTRODUCTION AND IMPORTANCE OF ESCHAR REMOVAL

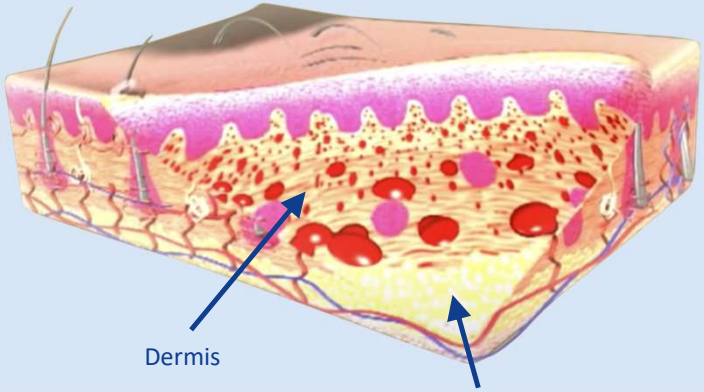
YARON SHOHAM, MD

Early Eschar Removal is a Critical First Step in Burn Treatment

Before…



…After



- ▷ Reduces local infection and sepsis
- ▷ Reduces further deterioration and scarring
- ▷ Direct visual assessment of wound bed, enabling an informed treatment plan
- ▷ Faster initiation of wound healing phase

See Rosenberg et al Annals of Burns and Fire Disasters - vol. XXVIII - n. 4 - December 2015 and Hirche et al Burns 43 (2017) 1640-1653.

Early Surgical Excision is the Current Standard of Care

Non-Surgical Eschar Removal

- Autolysis
- Topical medications
- Enzymes, chemicals, biologicals

Significant Limitations

- Limited debriding efficacy; surgery often needed
- Protracted; increased eschar-related morbidities
- Less useful for deep and extensive burns
- Multiple dressing changes/wound handlings

Surgical Eschar Removal

- Tangential excision
- Dermabrasion
- Hydro-jet surgery

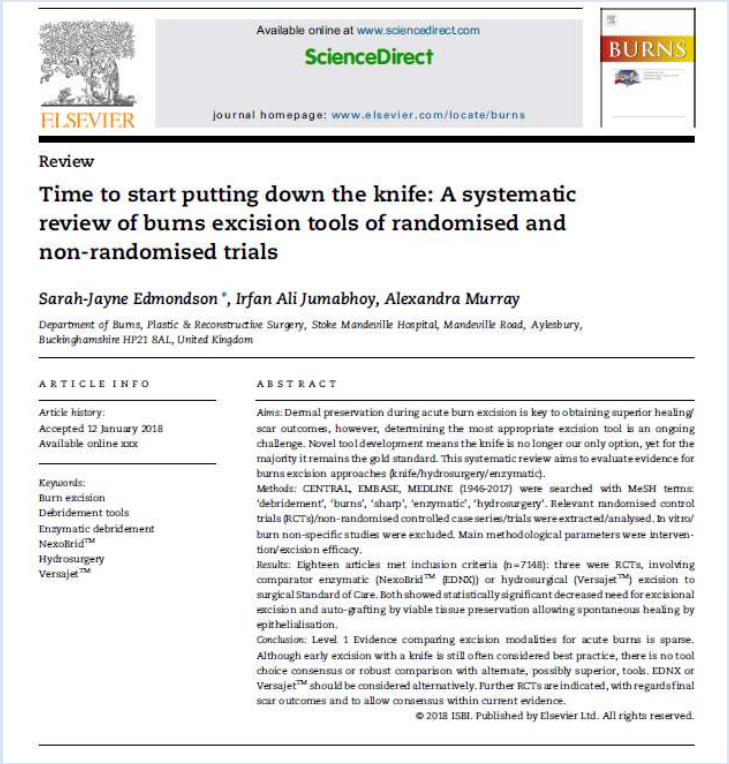
Significant Limitations

- Traumatic and non-selective
- Loss of healthy tissue and blood
- Challenging in delicate areas
- OR access may delay start of debridement

Clear unmet need for selective and effective debridement treatment for severe burns

See Rosenberg et al Annals of Burns and Fire Disasters - vol. XXVIII - n. 4 - December 2015, R Gurfinkel, et al. Histological assessment of tangentially excised burn eschars. Can J Plast Surg 2010;18(3):e33-e36, and Hirche et al Burns 43 (2017) 1640-1653.

Time to Start Putting Down the Knife……?



Available online at www.sciencedirect.com

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journal homepage: www.elsevier.com/locate/burns

BURNS

Review

Time to start putting down the knife: A systematic review of burns excision tools of randomised and non-randomised trials

*Sarah-Jayne Edmondson *, Irfan Ali Jumabhoy, Alexandra Murray*

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Debridement tools
Enzymatic debridement
NexoBrid™
Hydrosurgery
Versajet™

ABSTRACT

Aims: Dermal preservation during acute burn excision is key to obtaining superior healing/scar outcomes, however, determining the most appropriate excision tool is an ongoing challenge. Novel tool development means the knife is no longer our only option, yet for the majority it remains the gold standard. This systematic review aims to evaluate evidence for burns excision approaches (knife/hydrosurgery/enzymatic).

Methods: CENTRAL, EMBASE, MEDLINE (1946-2017) were searched with MeSH terms: 'debridement', 'burns', 'sharp', 'enzymatic', 'hydrosurgery'. Relevant randomised control trials (RCTs)/non-randomised controlled case series/trials were extracted/analysed. In vitro/burn non-specific studies were excluded. Main methodological parameters were intervention/excision efficacy.

Results: Eighteen articles met inclusion criteria (n=7148): three were RCTs, involving comparator enzymatic (NexoBrid™ (EDNX)) or hydrosurgical (Versajet™) excision to surgical Standard of Care. Both showed statistically significant decreased need for excisional excision and auto-grafting by viable tissue preservation allowing spontaneous healing by epithelialisation.

Conclusion: Level 1 Evidence comparing excision modalities for acute burns is sparse. Although early excision with a knife is still often considered best practice, there is no tool choice consensus or robust comparison with alternate, possibly superior, tools. EDNX or Versajet™ should be considered alternatively. Further RCTs are indicated, with regards final scar outcomes and to allow consensus within current evidence.

"We feel that the evidence presented through this review highlights the necessity for the burn's community to consider a paradigm shift away from always reaching for the knife towards these more modern approaches, which have been shown to be comparable in terms of safety, efficacy and speed, but most importantly have the potential to improve dermal preservation and hence, potentially, long term scar outcomes."[1]

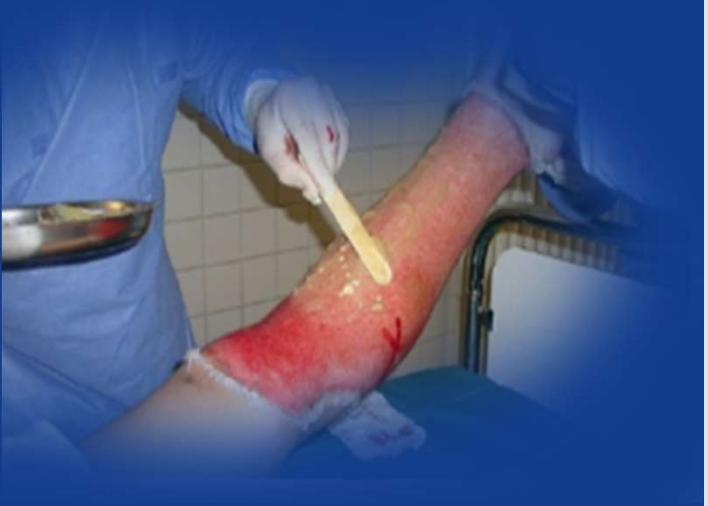
[1] Edmonson S.J., Jumaboy I.A., Murray A. Time to start putting down the knife: A systematic review of burns excision tools of randomised and non-randomised trials *Journal of the International Society for Burn Injuries*, 44 (7) Feb 2018 1721-1737

NexoBrid Overview

Biological orphan product that enzymatically removes nonviable burn tissue (eschar) in patients with deep partial- and full-thickness burns

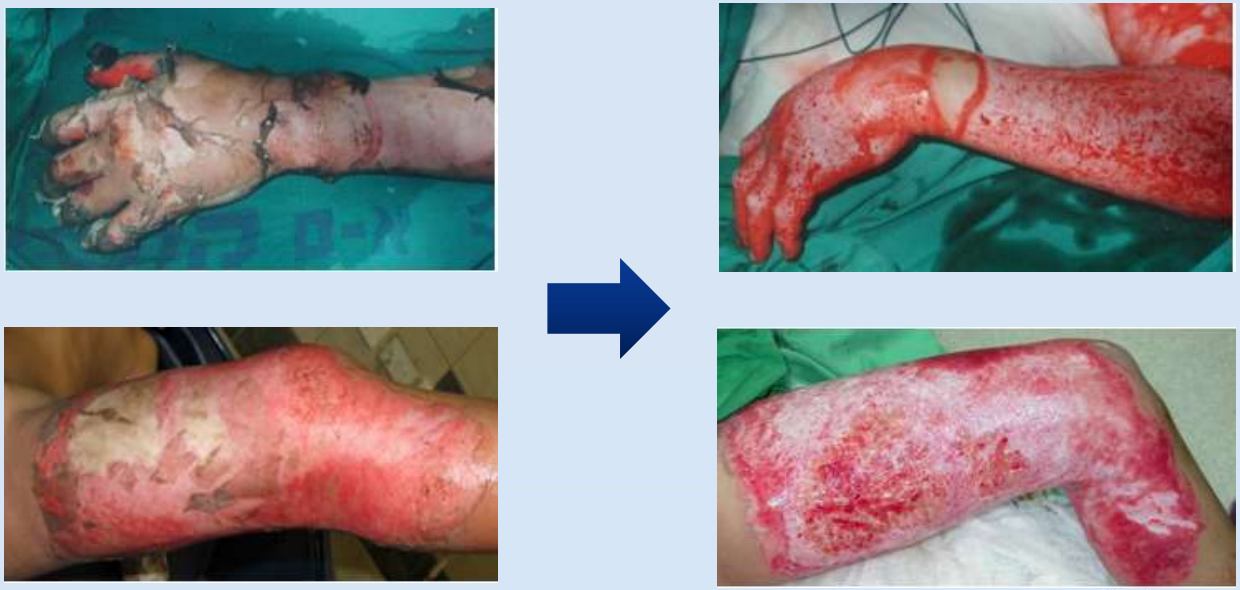
- Approved in the EU and other international markets
- Designated as an orphan biologic in the United States
- Pivotal U.S. Phase 3 clinical study met primary and all secondary endpoints
- BARDA funding supports U.S. development, expanded access and medical countermeasure procurement

Using NexoBrid



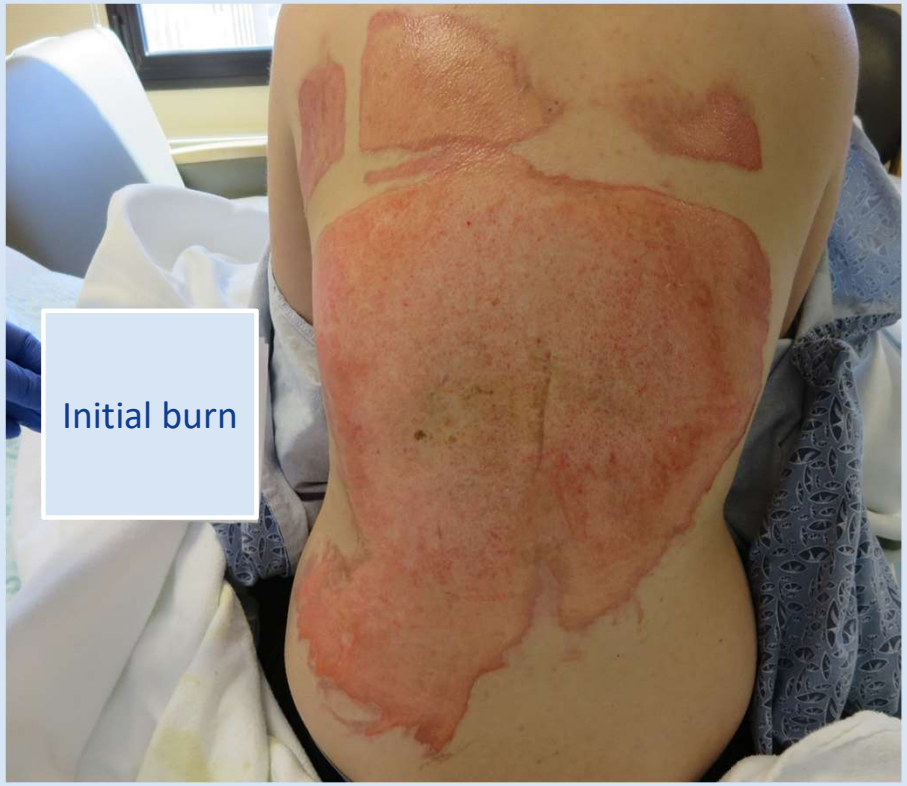
Selectively removes burn eschar within four hours

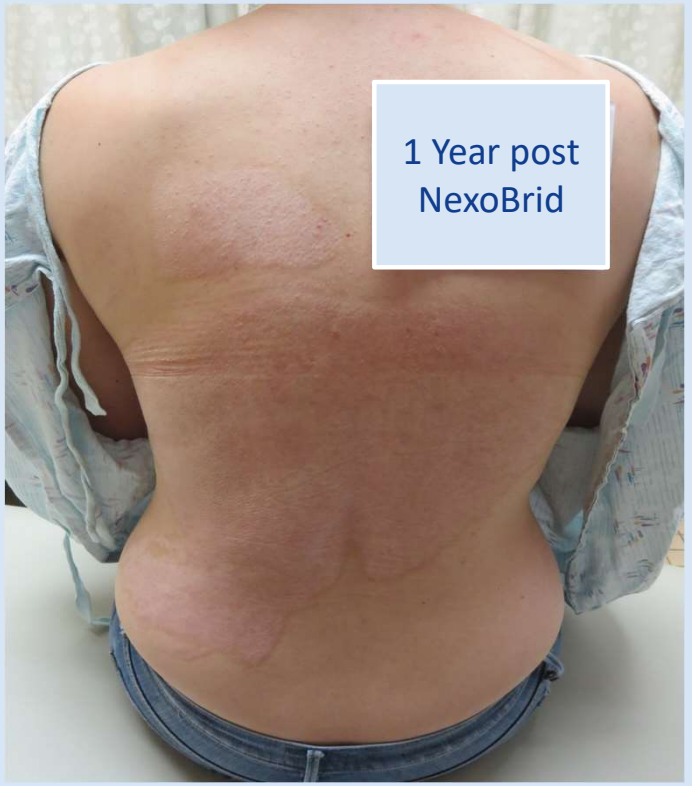
- Bromelain-based biological product containing a sterile mixture of proteolytic enzymes
- Easy-to-use, single, non-surgical topical application at the patient's bedside
- Allows for early visual assessment of the wound, enabling development of an informed treatment plan



NexoBrid is currently an investigational product in the United States and has not been approved by the FDA for commercial use of sale

Appearance at One Year Following Selective Enzymatic Debridement





Depiction of the treatment of a single patient with NexoBrid. May not be representative of all patient experiences

NexoBrid Has Been Extensively Studied and Published in Peer-Reviewed Journals

Journal of Burn Care & Research

ORIGINAL ARTICLE

An Overview of the Use of Bromelain-Based Enzymatic Debridement (Nexobrid®) in Deep Partial and Full Thickness Burns: Appraising the Evidence

Yew L. Loo, MBChB,* Benjamin K.L. Goh, MBChB† and Steven Jeffery, FRCS (Plast)‡,§

BURNS 40 (2014) 466–474

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/burns

A novel rapid and selective enzymatic debridement agent for burn wound management: A multi-center RCT

Lior Rosenberg [a,1], Yuval Krieger [a,1], Alex Bogdanov-Berezovski [a,1], Eldad Silberstein [a,1], Yaron Shoham [a,1], Adam J. Singer [b,1,*]

[a] Department of Plastic and Reconstructive Surgery, Ben Gurion University, Faculty of Health Sciences, Beer-Sheba, Israel
[b] Department of Emergency Medicine, Stony Brook University, Stony Brook, NY, United States

BURNS 43 (2017) 1640–1653

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/burns

Eschar removal by bromelain based enzymatic debridement (Nexobrid®) in burns: An European consensus

Christoph Hirche [a,*], Antonella Citterio [b], Henk Hoeksema [c], Ján Koller [d], Martina Lehner [e], José Ramón Martinez [f], Stan Monstrey [c], Alexandra Murray [g], Jan A. Plock [h], Frank Sander [i], Alexandra Schulz [j], Benjamin Ziegler [a], Ulrich Kneser [a]

DETECT STUDY CLINICAL OUTCOMES

WILLIAM HICKERSON, MD, FACS

Top line results of the DETECT enzymatic debridement multicenter randomized controlled trial

William L Hickerson, MD
Jeremy Goverman, MD
Sigrid Blome Eberwein, MD
Lucy Wibbenmeyer, MD
Adam Singer, MD

Disclosure: all authors' institutions received funds for the research

DETECT – DEbride and proTECT

- Phase III multicenter, assessor blinded, randomized controlled trial
  - Conducted as part of requirements of the regulatory authorities (FDA and EMA)
- 175 patients randomized to **NexoBrid** / **SOC** / **Gel vehicle** *(3:3:1 ratio)*
- 29 enrolling centers from 8 countries

Study Objectives[1]

- To demonstrate the ***EFFICACY of NexoBrid vs Gel vehicle*** - complete eschar removal *(blinded assessors)*
- To demonstrate the ***EFFICACY of NexoBrid vs SOC*** - earlier time to complete eschar removal, reduction in surgical burden and its related blood loss
- To assess the ***SAFETY of NexoBrid vs SOC*** - including time to complete wound closure and long-term cosmesis and function

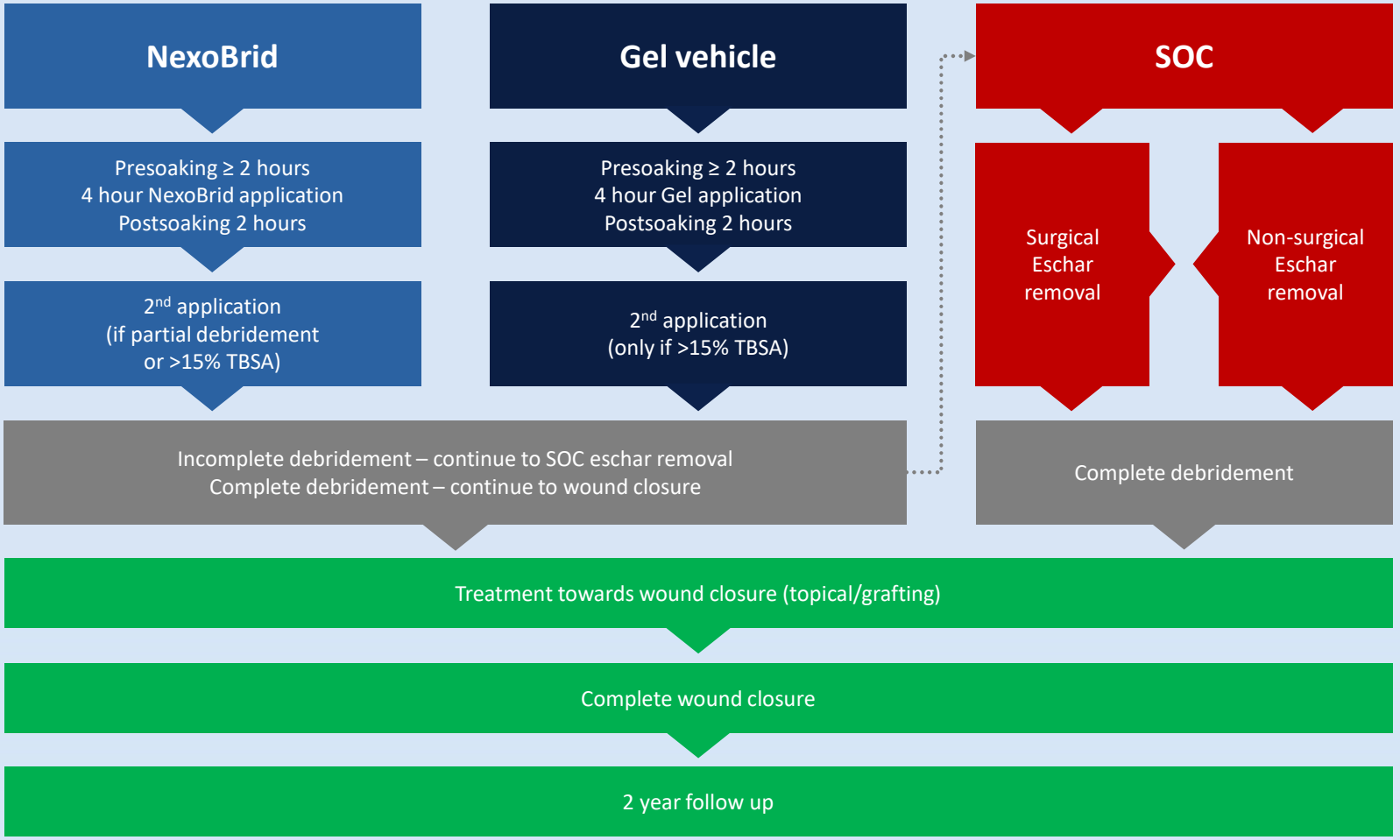
[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

Main Inclusion/Exclusion Criteria[1]

- Patients ≥ 18 years of age
- Deep thermal burns, 3-30% TBSA (>15% TBSA treated in 2 NexoBrid applications)
- No known hypersensitivity to Bromelain, pineapple, papaya, papain
- Baux index ≤ 80, no smoke inhalation
- No circumferential deep burns or pre-enrollment escharotomy
- No pre-enrollment dressings: SSD > 12 hours, Iodine, Flammacerium, Silver Nitrate

[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

DETECT Clinical Study Design



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Results—Demographics[1]

	NexoBrid	SOC	Gel Vehicle
Age (years)	**41.3** ± 15.0	**40.9** ± 15.2	**40.7** ± 17.3
BMI	**27.6** ± 4.9	**26.6** ± 4.4	**27.0** ± 4.4
Female/Male (%)	34.7/65.3	21.3/78.7	40.0/60.0

175 patients randomized—NexoBrid (75), SOC (75), Gel vehicle (25)

[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

Results—Burn Etiologies[1]

	NexoBrid	SOC	Gel Vehicle
Flame (%)	58.7	58.7	84.0
Scald (%)	29.3	24.0	8.0
Contact (%)	10.7	16.0	8.0
Multiple (%)	1.3	1.3	0.0

175 patients randomized—NexoBrid (75), SOC (75), Gel vehicle (25)

[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

Results—Baseline Wound Characteristics[1]

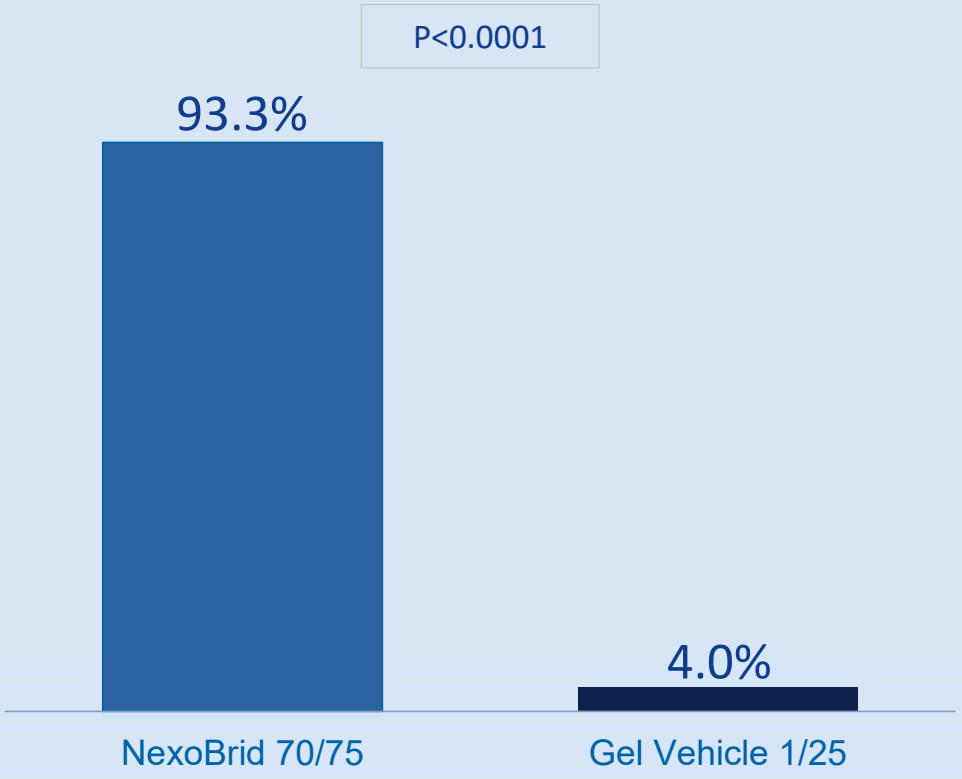
	NexoBrid	SOC	Gel Vehicle
% TBSA per patient, **All wounds** (SPT/DPT/FT)	**8.97**± 5.18% (2.80/4.43/1.74)	**8.34**± 4.24% (2.99/4.10/1.26)	**8.93**± 3.63% (3.64/3.86/1.44)
% TBSA per patient, **All target wounds** (SPT/DPT/FT)	**6.28**± 3.68% (0.83/3.83/1.62)	**5.91**± 3.06% (0.90/3.79/1.23)	**6.53**± 3.60% 1.53/3.56/1.44

175 patients randomized—NexoBrid (75), SOC (75), Gel vehicle (25)

SPT – Superficial Partial Thickness
DPT – Deep Partial Thickness
FT – Full Thickness

[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

Incidence of Complete Eschar Removal[1]



[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

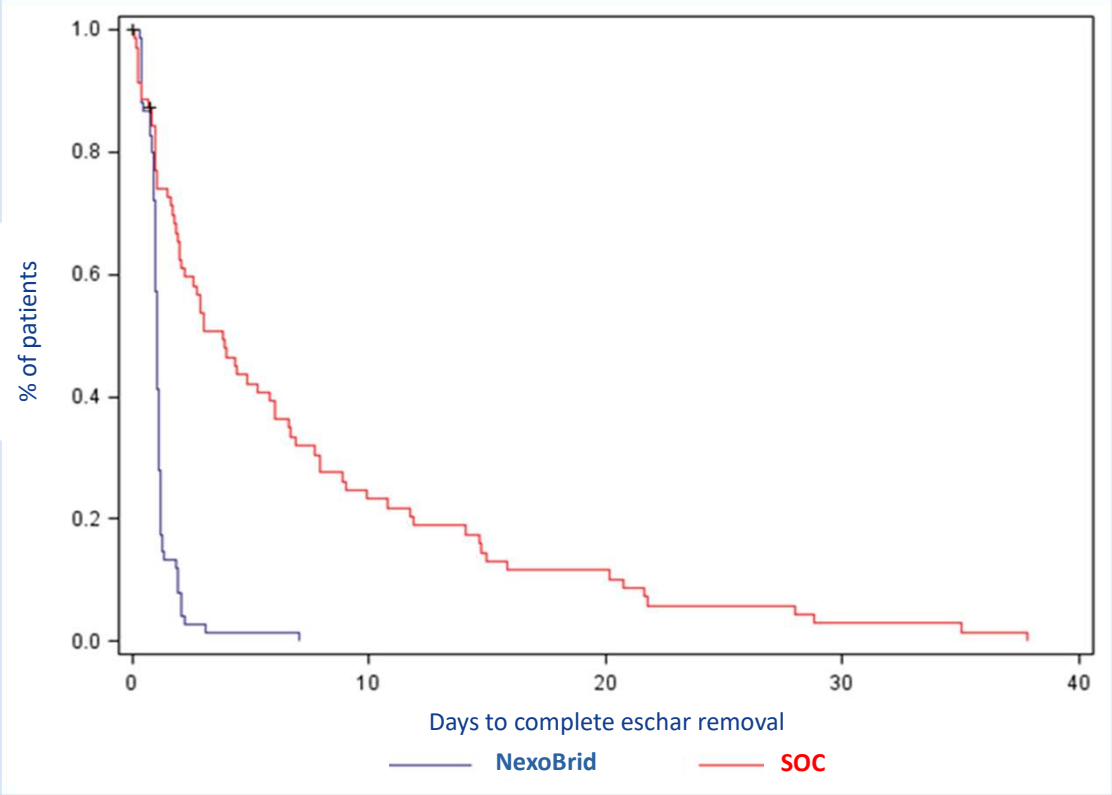
Time to Complete Eschar Removal[1]

Median time:

NexoBrid: 1.02 days

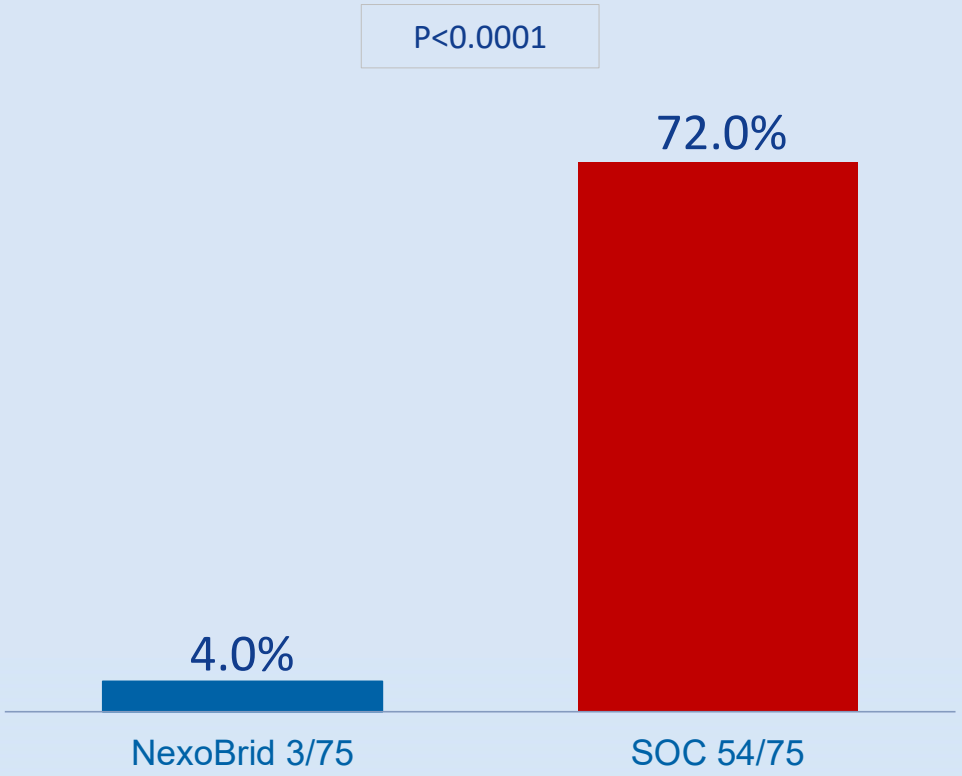
SOC: 3.83 days

P<0.0001



[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

Incidence of Surgical Eschar Removal[1]



[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

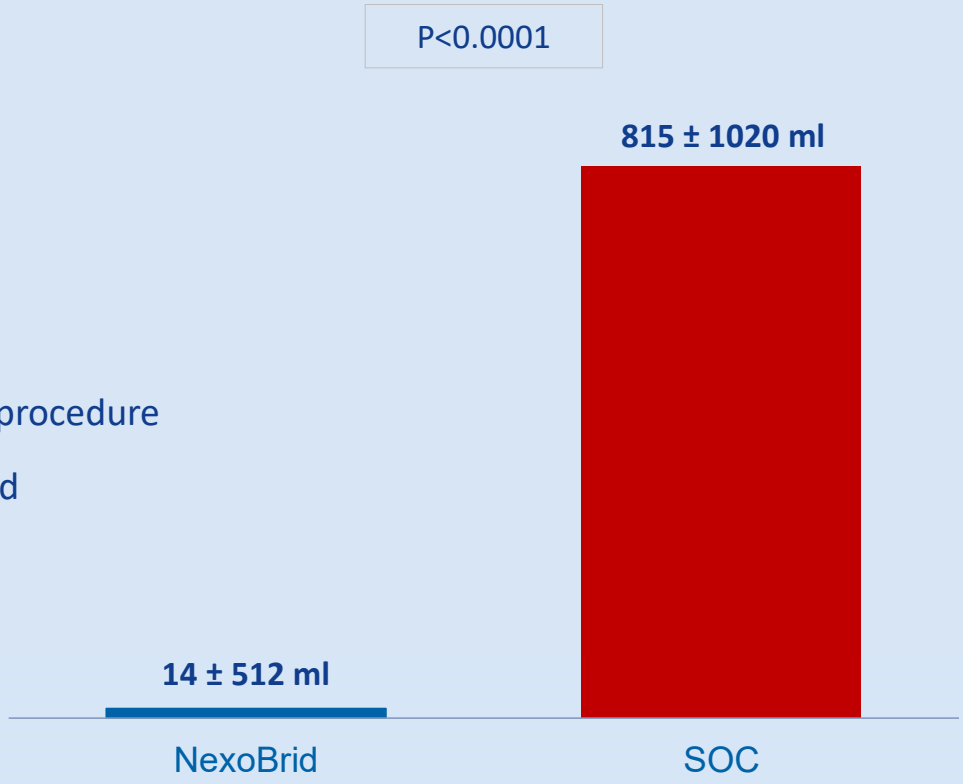
Blood Loss (eschar removal related)[1]

$$ABL = \frac{EBV * (Hb_{before} - Hb_{after})}{(Hb_{before} + Hb_{after})/2} + T_u$$

EBV= Estimated blood volume is assumed 70 cm^3/Kg

(Hb_{before}- Hb_{after})= Changes in Hb following each eschar removal procedure

T_u= sum of autologous whole blood, packed cells units transfused



[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

Time to Complete Wound Closure[1]

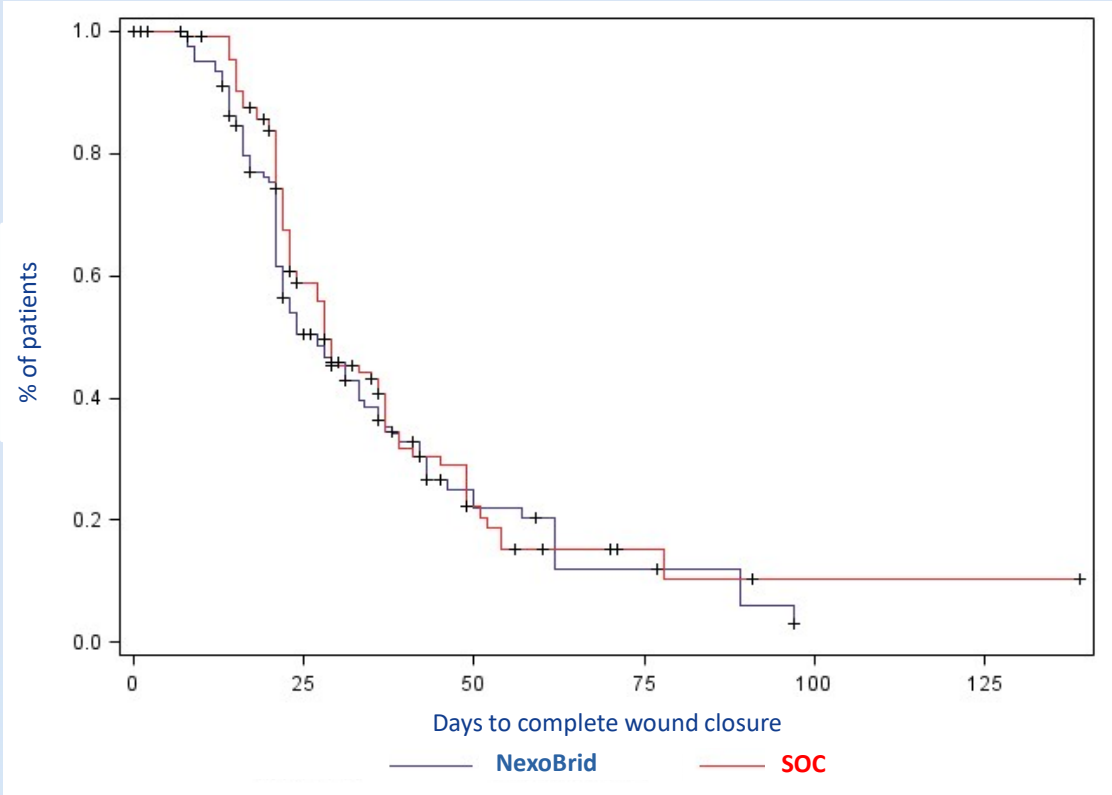
Median time:

NexoBrid: 27 days

SOC: 28 days

P=NS*

*NexoBrid was within the non-inferiority margin when compared to SOC



[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

Safety

- A total of 328 AEs occurred in the study[1]
  - 154 in the NexoBrid group, 123 in the SOC group and 51 in the Gel group
- AEs affected 99 patients
  - 46 (59.7%) with NexoBrid, 38 (55.8%) with SOC and 15 (62.5%) with GEL treatment
- **The difference between treatment groups of patients being affected by at least one AE is not significant (p=0.84)**
- **No Severe AE were categorized as possibly/probably/related to study treatment**
- 1 death in the NexoBrid group, assessed as not related to study treatment

[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

Conclusion

The study met all of its primary and secondary endpoints[1]

- ✓ *High rate of complete debridement* → ***NexoBrid*** vs ***Gel***
- ✓ *Significantly earlier time to complete eschar removal*
- ✓ *Significantly less need for surgical debridement*
- ✓ *Significantly less blood loss*
- ✓ *Similar time to wound closure*
- ✓ *Comparable safety profile*

NexoBrid vs ***SOC***

NexoBrid is currently an investigational product in the United States and has not been approved by the FDA for commercial use of sale

[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

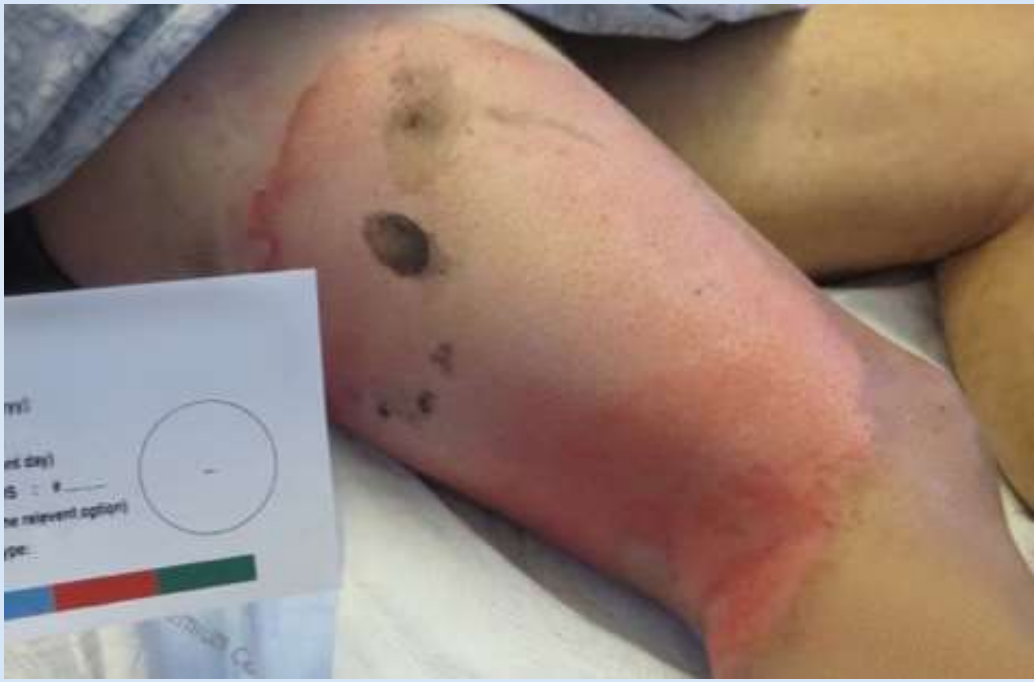
NEXOBRID® CASE STUDIES

JEREMY GOVERMAN, MD, FACS

Case study

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

50 year-old male with flame burn



Depiction of the treatment of a single patient with NexoBrid. May not be representative of all patient experiences

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

Case study: 50 year-old male with flame burn

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

PATIENT PROFILE	
Age and gender	• Male, 50 years old at time of injury
Etiology and place of injury	• Fire/flame, indoor
Burn description at screening	• One wound/target wound on the right thigh • TBSA/Depth at Screening 1% SPT, 3% DPT, 0% FT • Treated with Mafenide (Sulfamylon), Chlorhexidine (Hibiclens) prior to NexoBrid treatment

Before NexoBrid

Case study: 50 year-old male with flame burn

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

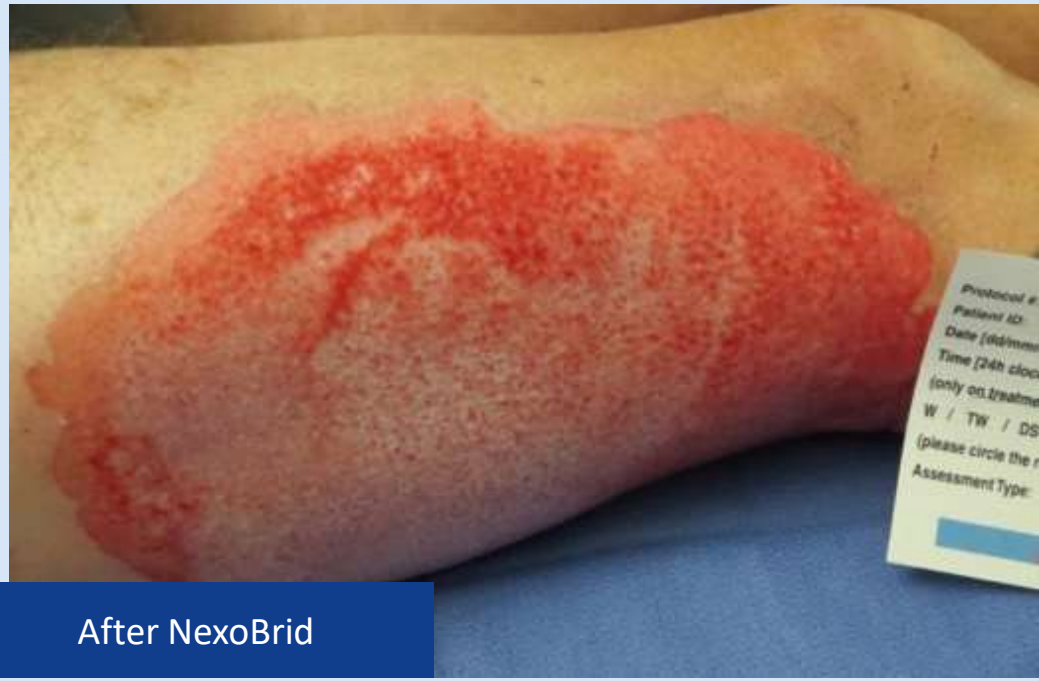
CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

TREATMENT OVERVIEW/BURN DESCRIPTIONS

- TBSA/Depth pre-treatment: 0.8% SPT, 3.2% DPT, 0% FT
- TBSA/Depth post-treatment: 0% SPT, 4% DPT, 0% FT
- Eschar Removal considered complete, 0% eschar remaining

POST-NEXOBRID TREATMENT COURSE

- No additional excision or autograft procedures completed



After NexoBrid

Case study: 50 year-old male with flame burn

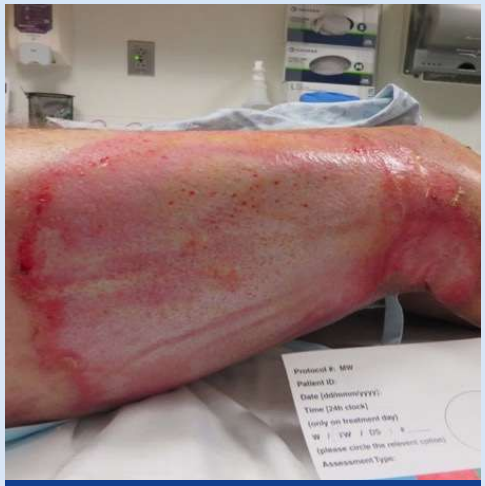
NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

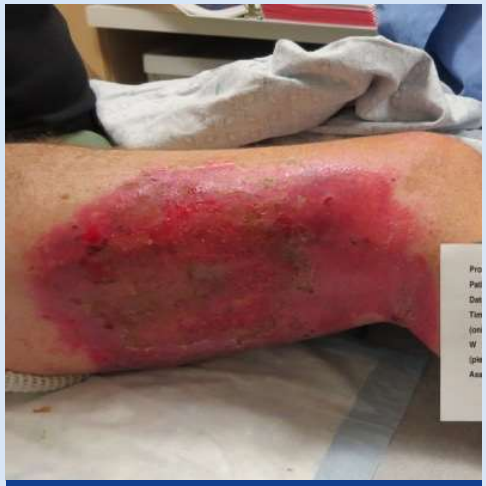
WOUND CLOSURE/WEEKLY FOLLOW-UPS

- **Week 1:** 13% closed
- **Week 2:** 40% closed
- **Week 3:** 60% closed
- **Week 5:** 100% closed—Initial Wound Closure

Wound Closure Confirmation
100% Closed



1 week

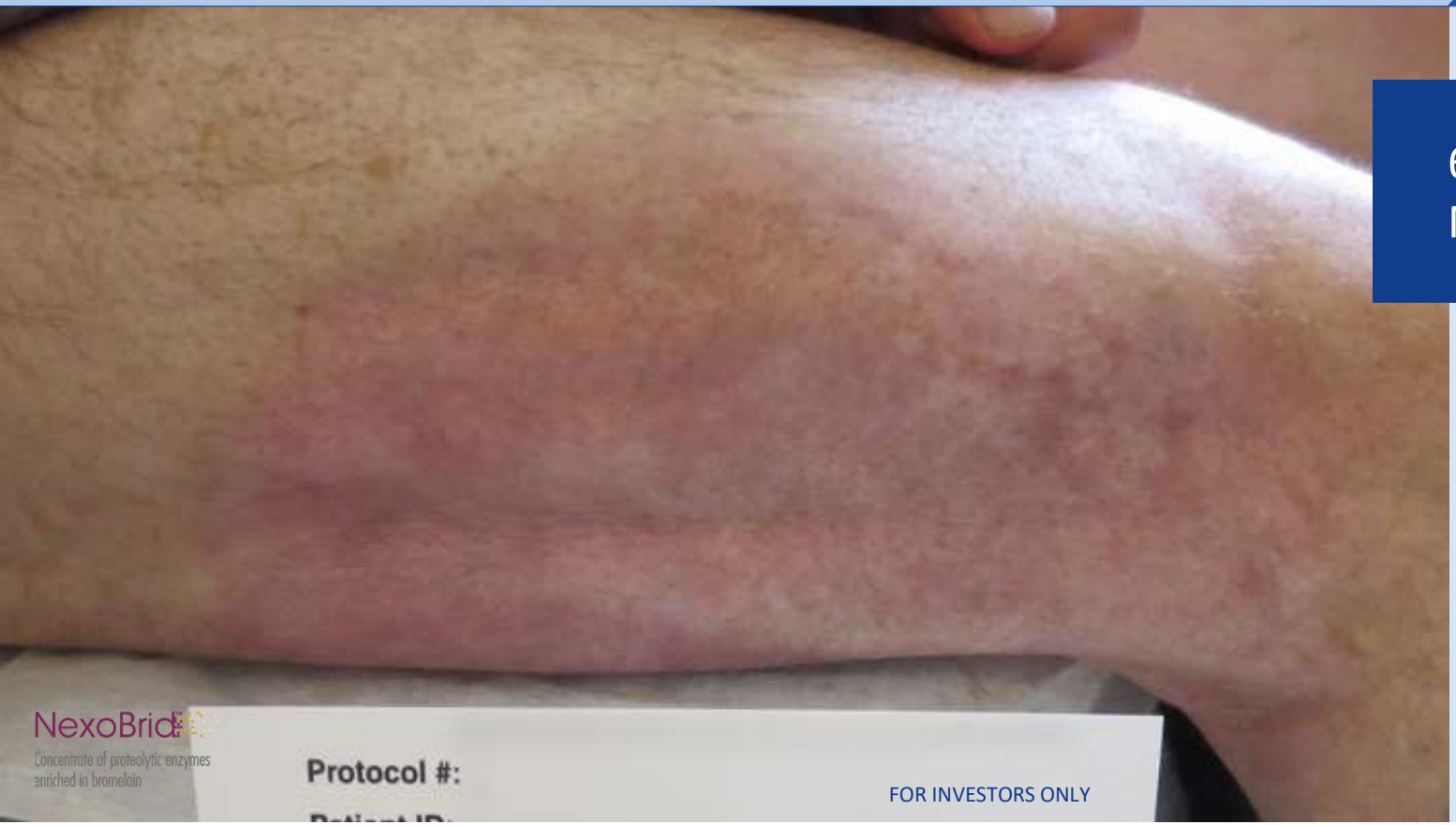


3 weeks

Case study: 50 year-old male with flame burn

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

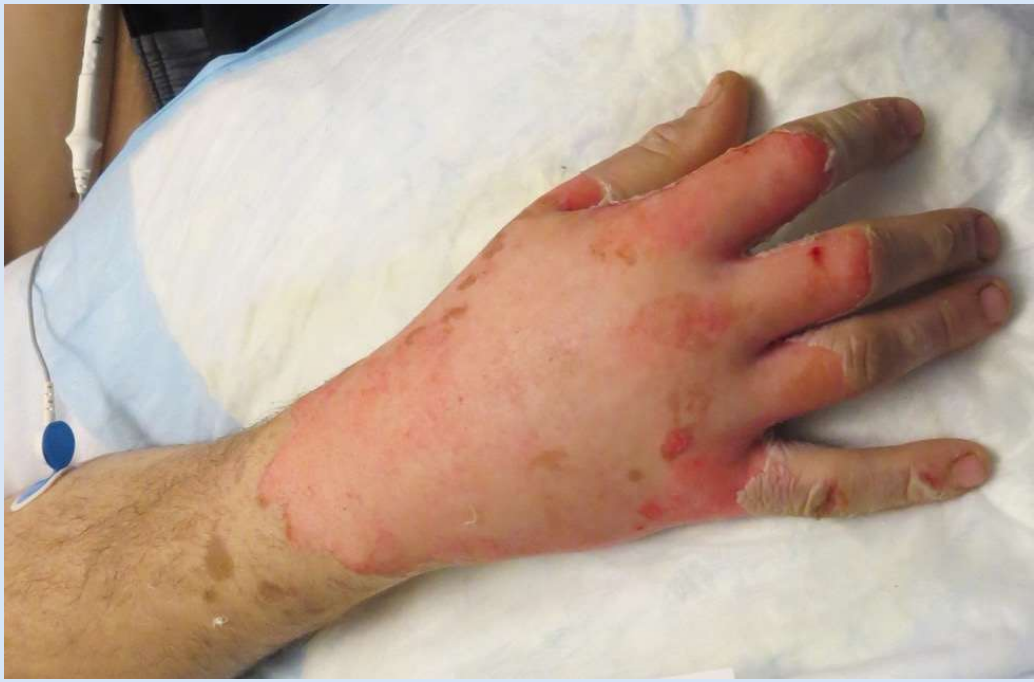


6 months after NexoBrid treatment

Case study

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

21 year-old male with contact burn



Depiction of the treatment of a single patient with NexoBrid. May not be representative of all patient experiences

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

Case study: 21 year-old male with contact burn

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

PATIENT PROFILE	
Age and gender	• Male, 21 year-old at time of injury
Etiology and place of injury	• Contact, indoor
Burn description at screening	• Three wounds/target wound on the right forearm and hand • TBSA/Depth at Screening 0% SPT, 2.5% DPT, 0% FT • Treated with Mafenide (Sulfamylon), prior to NexoBrid treatment

Before NexoBrid

Case study: 21 year-old male with contact burn

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

TREATMENT OVERVIEW/BURN DESCRIPTIONS

- TBSA/Depth pre-treatment: 0% SPT, 2.5% DPT, 0% FT
- TBSA/Depth post-treatment: 0% SPT, 2.5% DPT, 0% FT
- Eschar Removal considered complete, 0% eschar remaining

POST-NEXOBRID TREATMENT COURSE

- No additional excision or autograft procedures completed
- Topical medications

After NexoBrid

Case study: 21 year-old male with contact burn

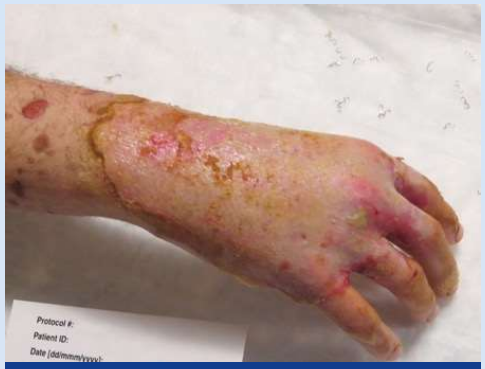
NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

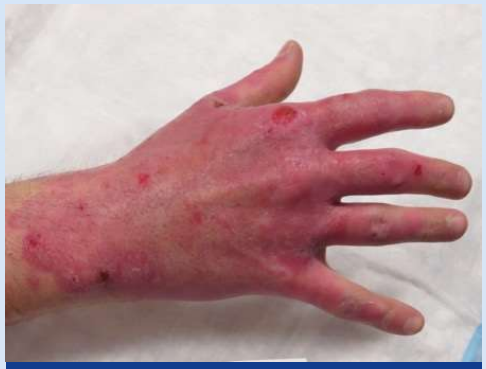
WOUND CLOSURE/WEEKLY FOLLOW-UPS

- **Week 1:** not closed
- **Week 2:** 90% closed
- **Week 3:** 99% closed—Initial Wound Closure
- **Week 5:** 100% closed—Confirmed Wound Closure

Wound Closure Confirmation
100% Closed



1 week

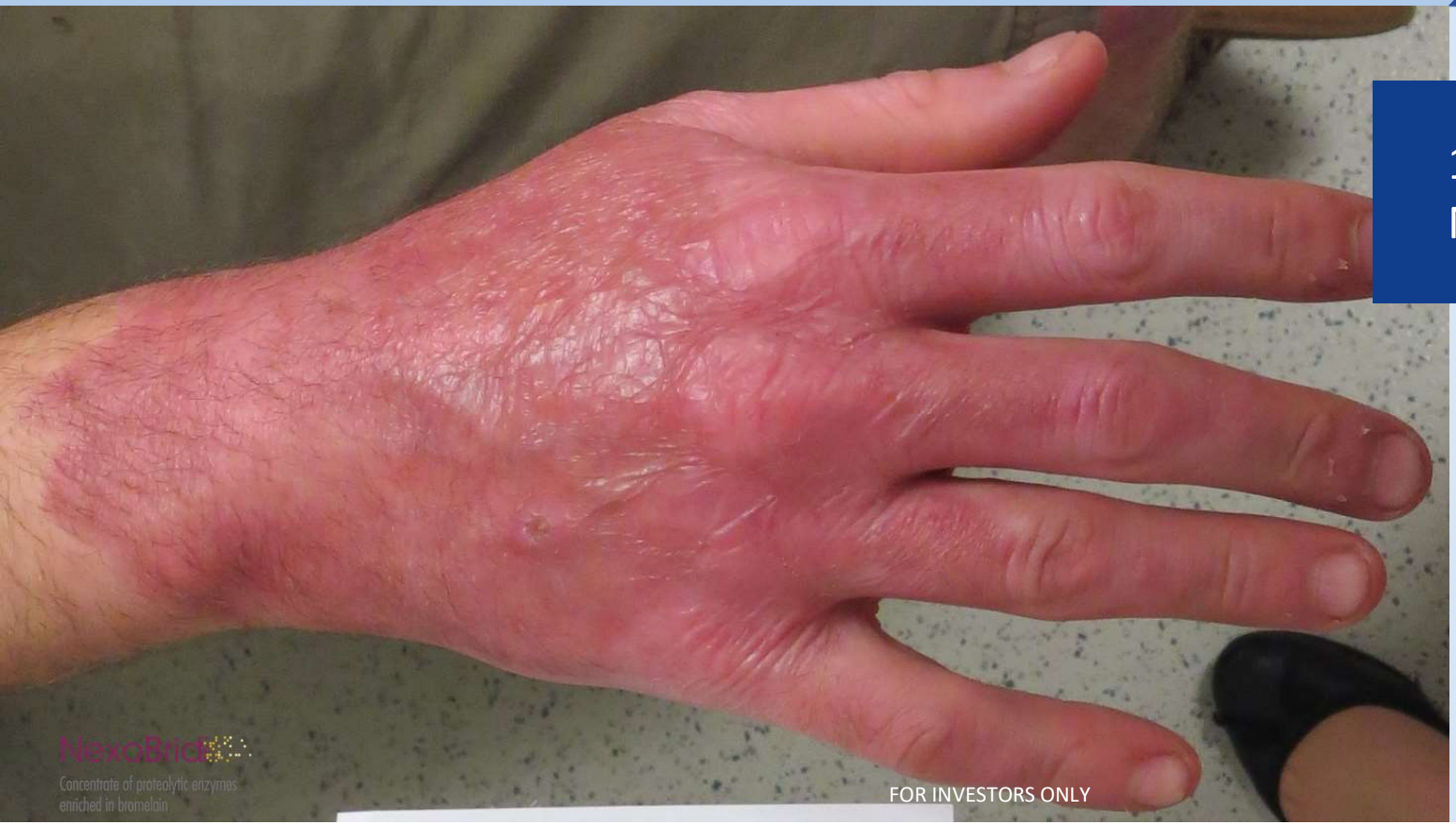


3 weeks

Case study: 21 year-old male with contact burn

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE



1 month after NexoBrid treatment

VERICEL

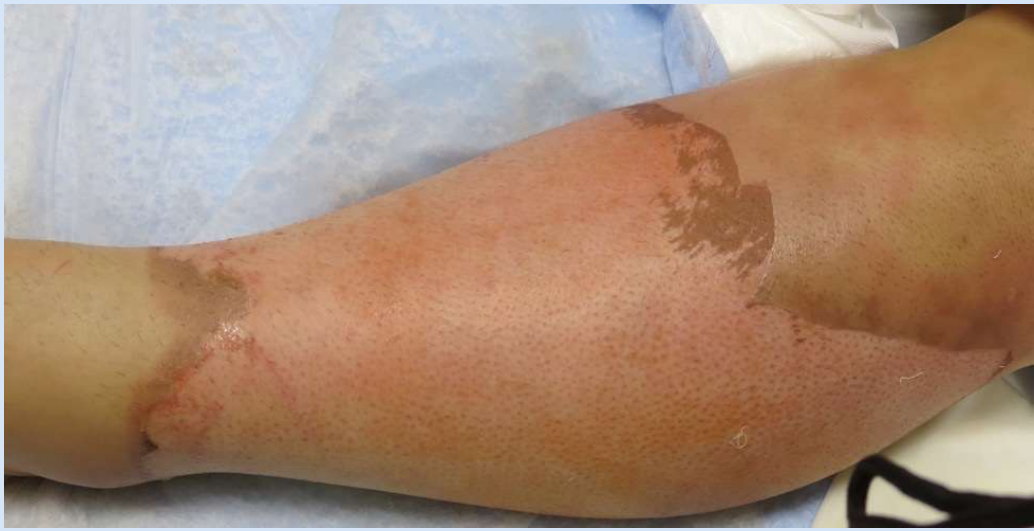
NEXOBRID® CASE STUDIES

JOSHUA CARSON, MD, FACS

Case study

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

19 year-old female with flame burn



Depiction of the treatment of a single patient with NexoBrid. May not be representative of all patient experiences

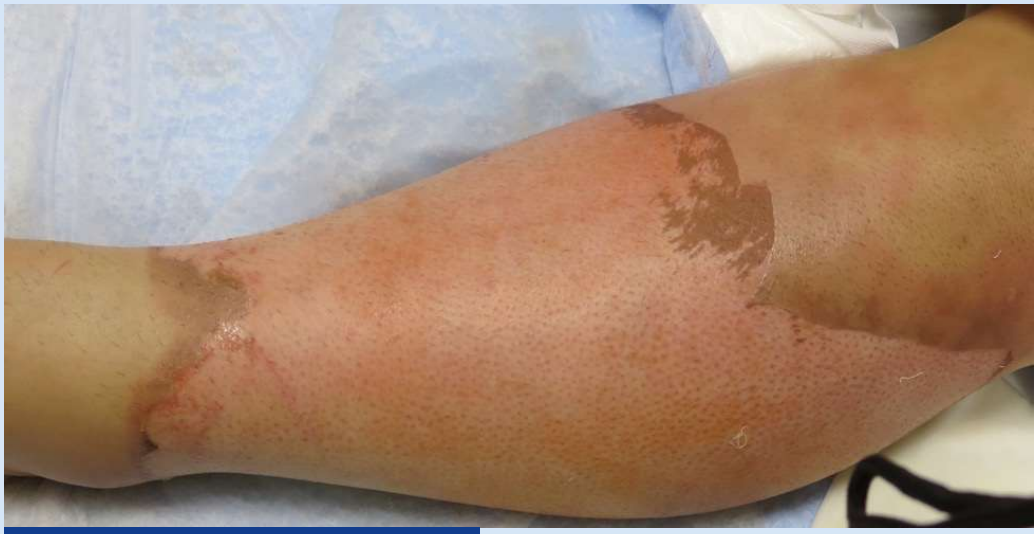
NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

Case study: 19 year-old female with flame burn

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

PATIENT PROFILE	
Age and gender	• Female, 19 year-old at time of injury
Etiology and place of injury	• Fire/flame, outdoors
Burn description at screening	• Four wounds, one on left leg, three on right leg • TBSA/Depth left leg wound at Screening 0% SPT, 4% DPT, 3% FT • Treated with Silver Sulfadiazine (SSD) and Vashe prior to NexoBrid treatment



Before NexoBrid

Case study: 19 year-old female with flame burn

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

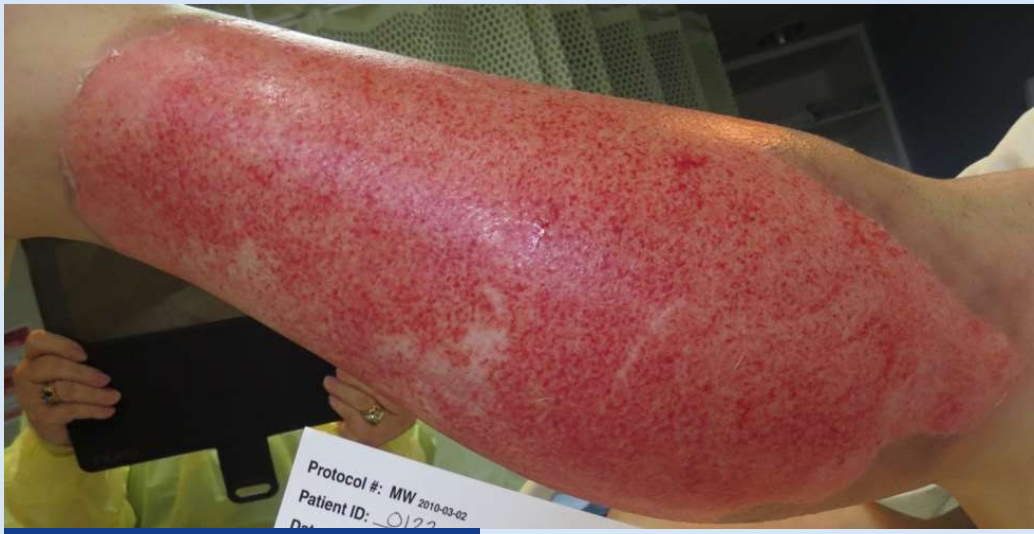
CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

TREATMENT OVERVIEW/BURN DESCRIPTIONS

- TBSA/Depth pre-treatment: 0% SPT, 4% DPT, 3% FT
- TBSA/Depth post-treatment: 6.25% SPT, 0.75% DPT, 0% FT
- Eschar Removal considered complete, 0% eschar remaining

POST-NEXOBRID TREATMENT COURSE

- Topical medications



After NexoBrid

Case study: 19 year-old female with flame burn

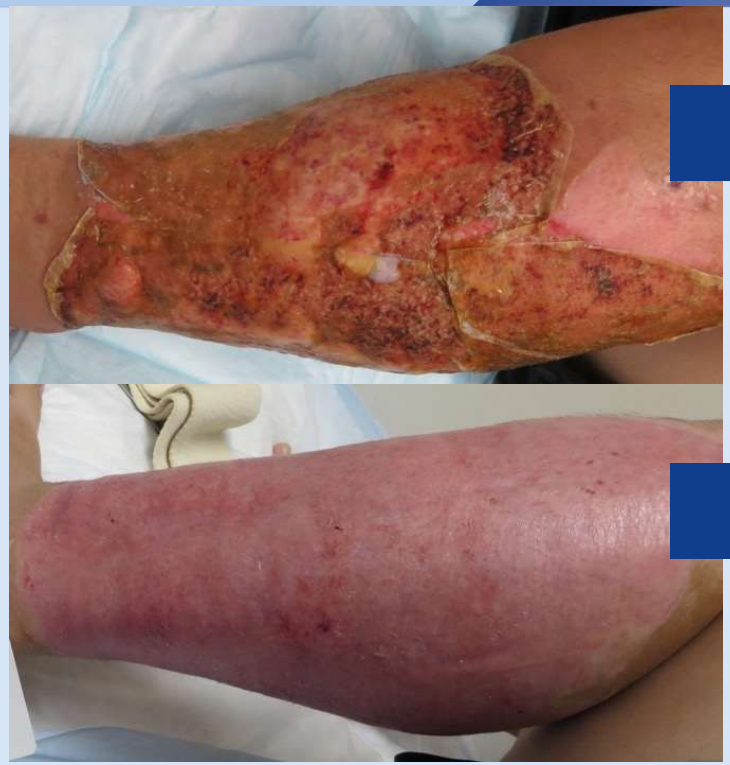
NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

WOUND CLOSURE/WEEKLY FOLLOW-UPS

- **Week 1:** 0% closed
- **Week 2:** 99% closed
- **Week 3:** 100% closed—Initial Wound Closure
- **Week 5:** 100% closed—Confirmed Wound Closure

Wound Closure Confirmation
100% Closed



1 week

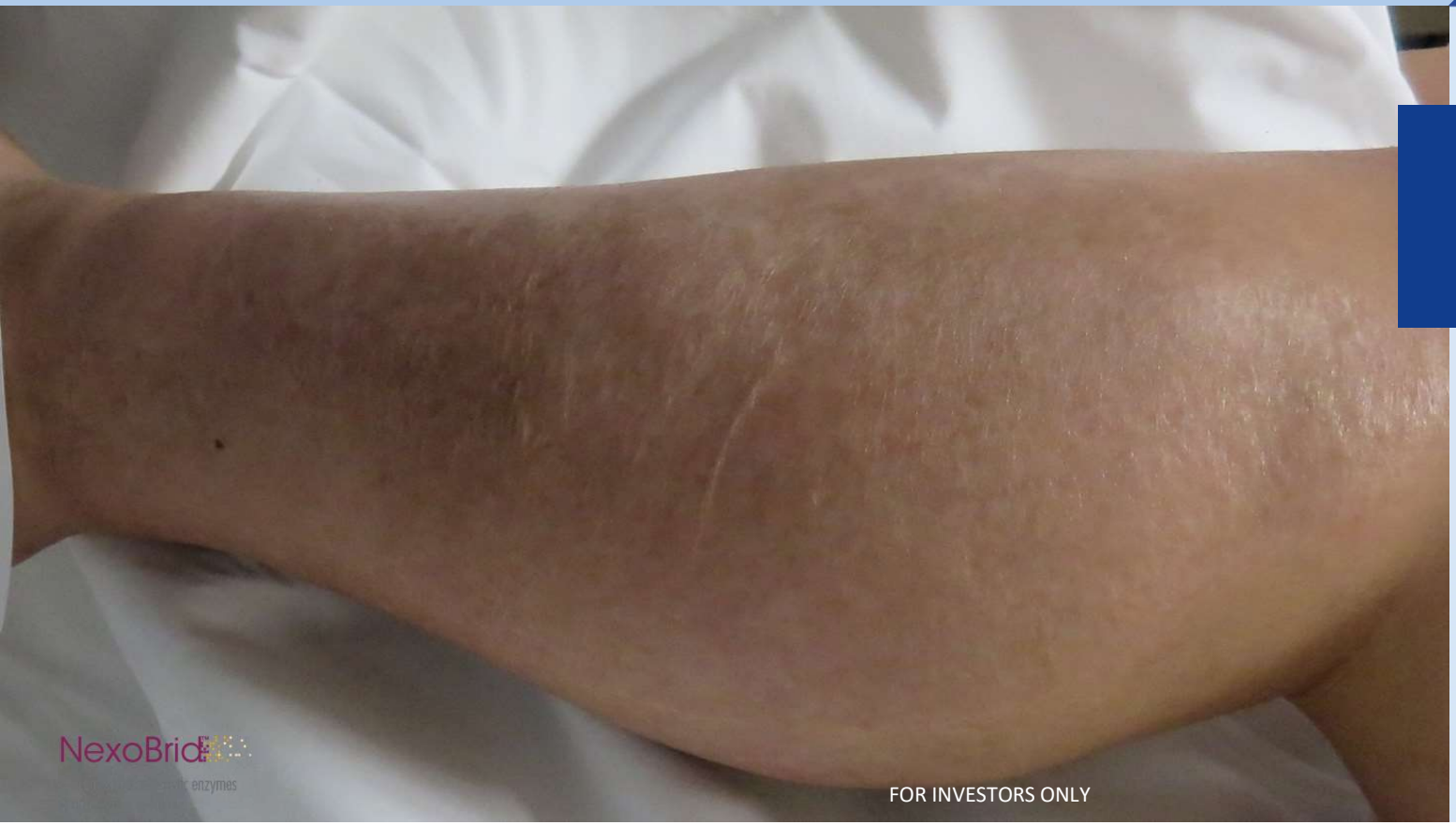
3 weeks

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

Case study: 19 year-old female with flame burn

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE



12 months after NexoBrid treatment

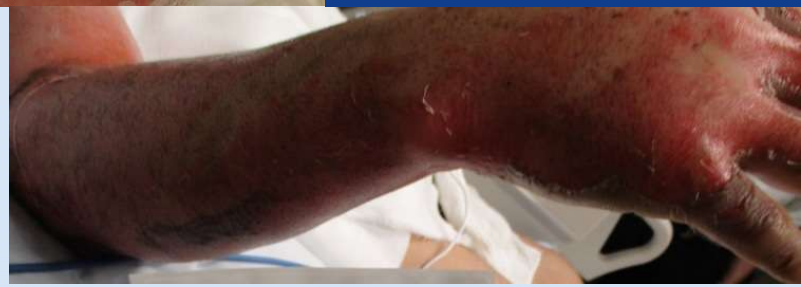
VERICEL

Case study

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

52 year-old male with fire/flame burn

Before NexoBrid



Depiction of the treatment of a single patient with NexoBrid. May not be representative of all patient experiences

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

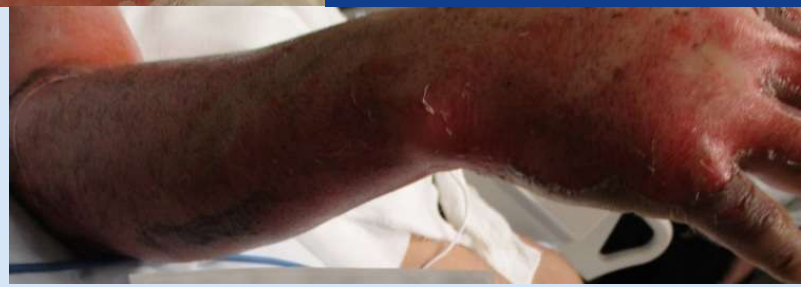
Case study: 52 year-old male with fire/flame burn

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

PATIENT PROFILE	
Age and gender	• Male, 52 year-old at time of injury
Etiology and place of injury	• Fire / flame, indoor
Burn description at screening	• Main wound on the anterior / posterior trunk extending to right upper are, forearm and hand • Second small 0.25% SPT burn left hand • TBSA/Depth at Screening 0% SPT, 9.5% DPT, 2.5% FT • Treated with Mafenide (Sulfamylon), prior to NexoBrid treatment

Before NexoBrid



Case study: 52 year-old male with fire/flame burn

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

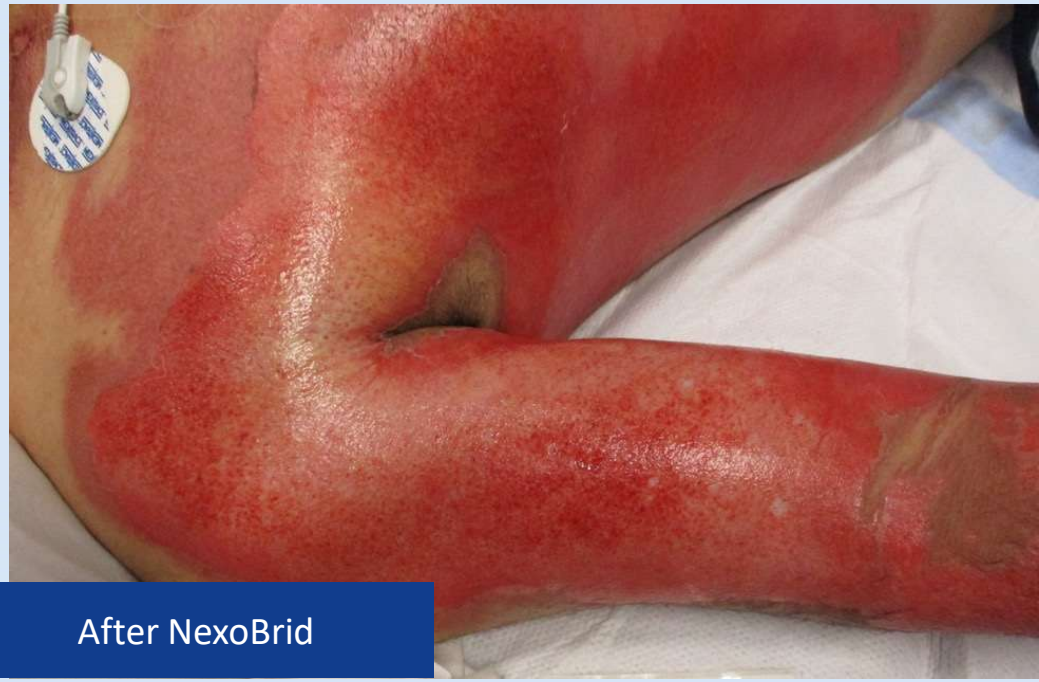
CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

TREATMENT OVERVIEW/BURN DESCRIPTIONS

- TBSA/Depth pre-treatment: 0% SPT, 9.75% DPT, 2.5% FT
- TBSA/Depth post-treatment: 0% SPT, 12.5% DPT, 0% FT
- Eschar Removal considered complete, 0% eschar remaining

POST-NEXOBRID TREATMENT COURSE

- 10% of wound Versajet excision and autograft procedures completed
- Topical medications



After NexoBrid

Case study: 52 year-old male with fire/flame burn

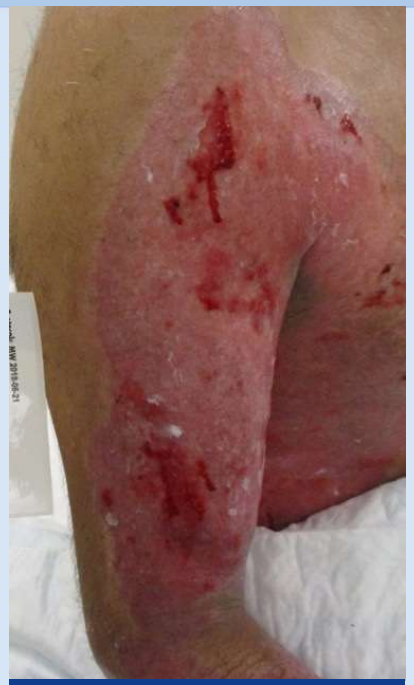
NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE

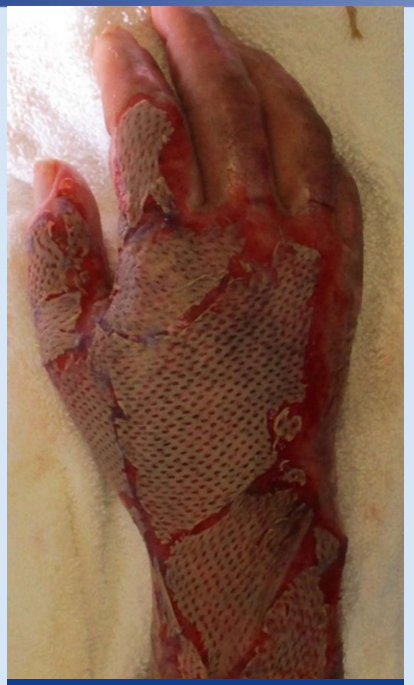
WOUND CLOSURE/WEEKLY FOLLOW-UPS

- **Week 1:** not closed
- **Week 2:** 75% closed
- **Week 3:** 70% closed—Additional excision and STS autograft
- **Week 5:** 90% closed
- **Week 6:** 95% closed
- **Week 7:** 95% closed—Initial Wound Closure
- **Week 10:** 100% closed—Confirmed Wound Closure

Wound Closure Confirmation
100% Closed



2 weeks

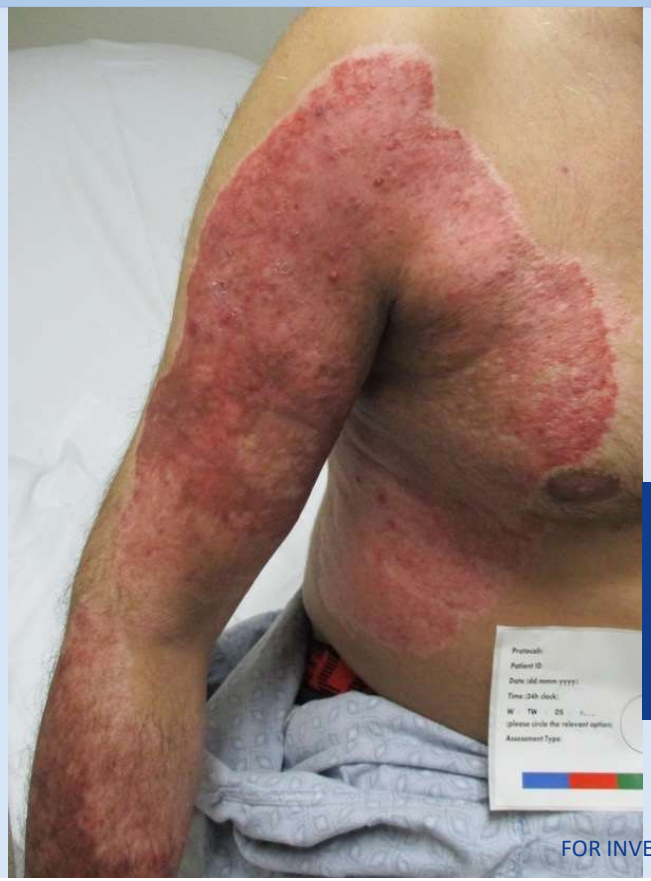


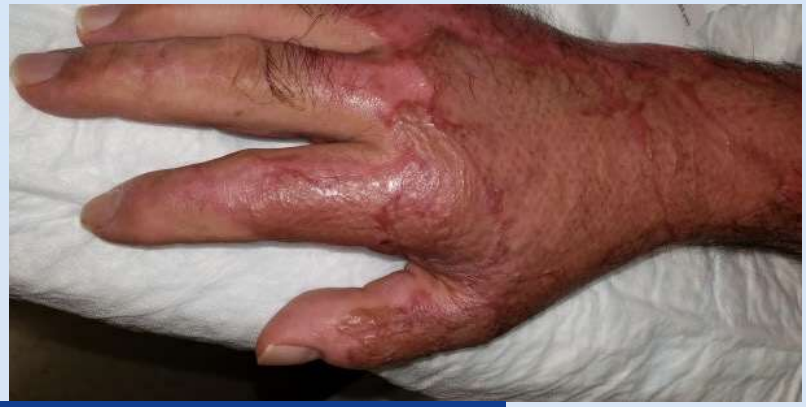
4 weeks

Case study: 52 year-old male with fire/flame burn

NexoBrid™
Concentrate of proteolytic enzymes enriched in bromelain

CASE DESCRIPTION | TREATMENT OVERVIEW | WOUND CLOSURE





3 months post burn

NexoBrid
Concentrate of proteolytic enzymes enriched in bromelain

Roundtable Panel Discussion and Q&A

Jon Hopper, FRCSEd.
Chief Medical Officer

Clinical Experts

Yaron Shoham, MD
Director of Soroka University Medical Center Burn Unit
Chairman of the Israeli Burn Association

William Hickerson, MD, FACS
Former Director of Firefighters Burn Center and HBO/Wound Center
President of the American Burn Association

Jeremy Goverman, MD,FACS
MGH Trustee's Fellow in Burn Surgery
Assistant Professor of Surgery, Harvard Medical School
Staff Burn Surgeon, Shriners Hospital for Children, Boston
Director: Acute and Reconstructive Burn Fellowship
Associate Director: Wound Service, MGH Wound Center

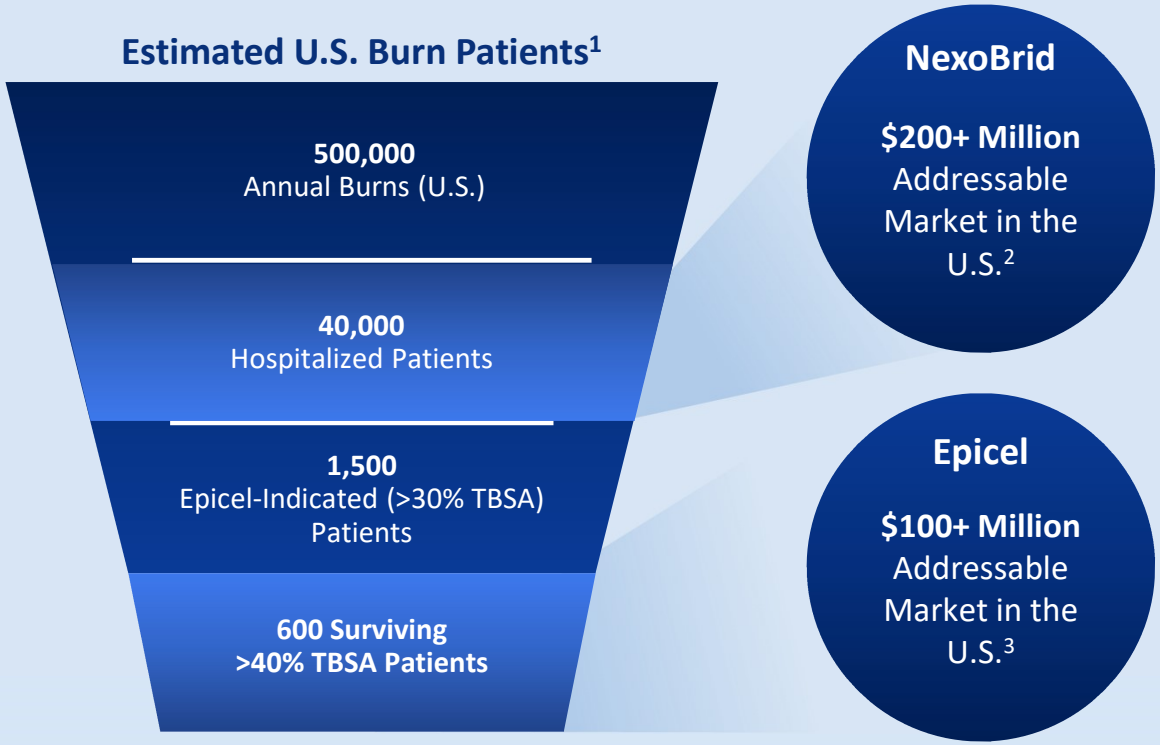
Joshua Carson, MD, FACS
Assistant Professor of Surgery, UF College of Medicine
Associate Director, UF Health Shands Burn Center

NEXOBRID LAUNCH PLANS AND GENERAL COMMERCIAL UPDATE

ROLAND DEANGELIS, SENIOR VICE PRESIDENT COMMERCIAL OPERATIONS

NEXOBRID LAUNCH PLANS

NexoBrid Significantly Expands the Total Addressable Market Opportunity for Vericel's Burn Franchise

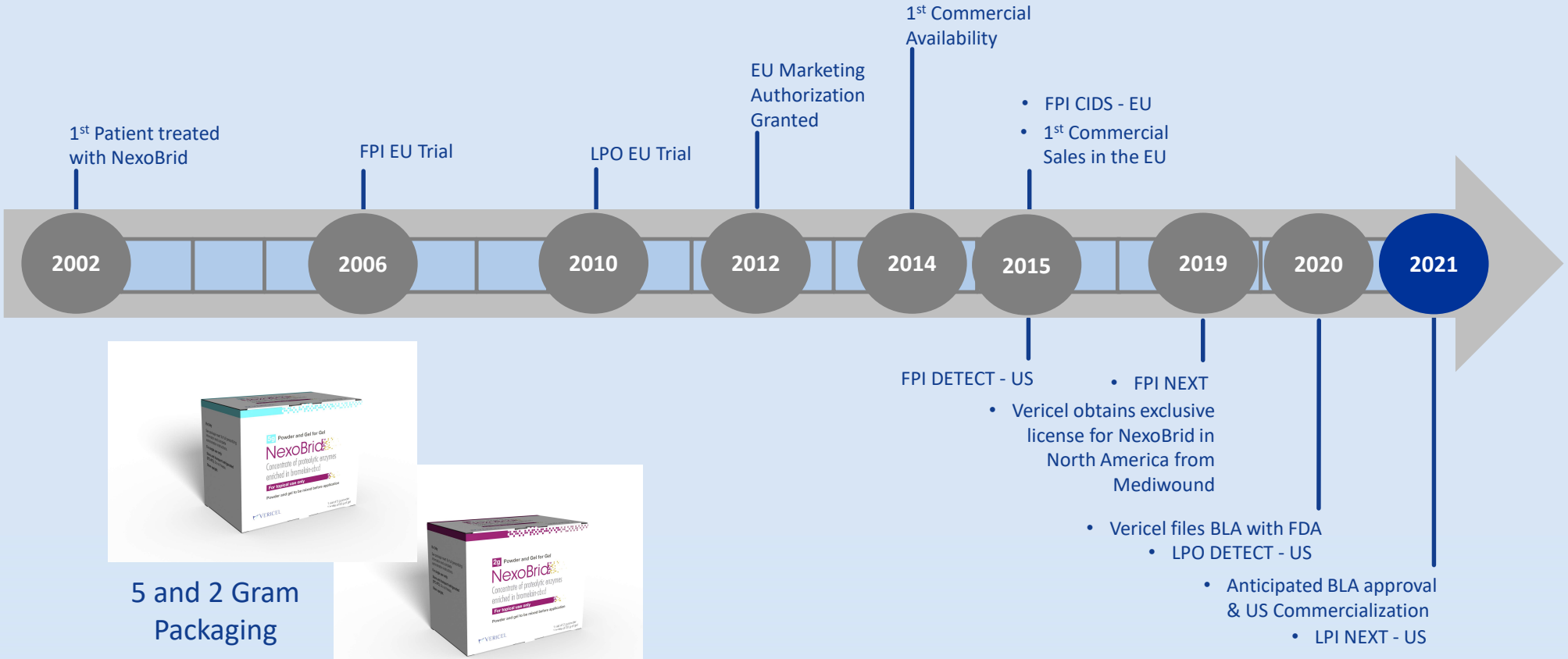


[1] 2017 National Burn Repository Report Version 13.
[2] ~90% of hospitalized patients with thermal burns; ~90% of patients are eligible for NexoBrid debridement (management estimate); ~10% TBSA for average patient with pricing analysis ongoing; 75% of all hospitalized patients admitted into burn centers.
[3] Assumes 600 patients x 1.25 (25% re-order rate) x ~70 grafts per order x ~$3,000 per graft.

NexoBrid
Concentrate of proteolytic enzymes enriched in bromelain

NexoBrid Development Timeline

NexoBrid is available in 18 countries and approximately 7,000 patients have been treated since it was commercialized in 2014



5 and 2 Gram Packaging

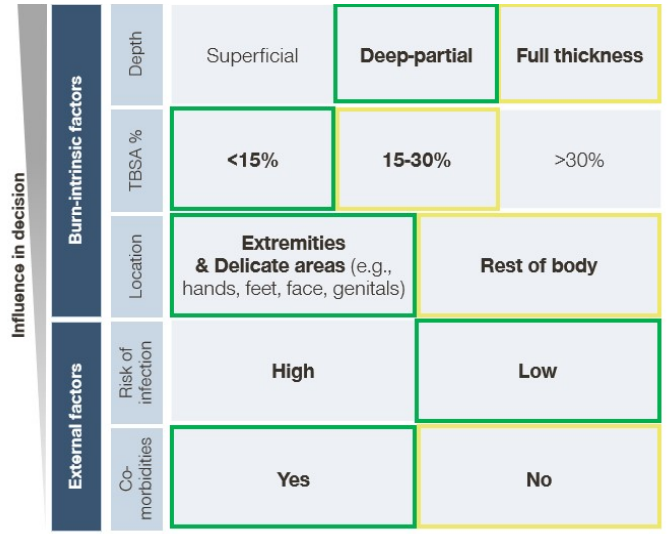
NexoBrid
Concentrate of proteolytic enzymes enriched in bromelain

U.S. Market Research Highlights Potential for Broad Use Across Hospitalized Burn Patients

Potential Benefits of NexoBrid

- Faster time to eschar removal[1]
- Reduction in surgical excision[1]
- Reduction in autografting[1]
- Reduction in blood loss[1]
- Eschar selectivity (vs. surgical debridement)[1]

Where Surgeons See NexoBrid Likely to be Used



Source: Simon-Kucher & Partners. TBSA = Total body surface area.

[1] Hickerson W.L. *et* al Top Line Results of the DETECT Enzymatic Debridement Multicenter Randomized Controlled Trial *Journal of Burn Care & Research*, **41** S-1 March 2020 S1.

NexoBrid is currently an investigational product in the United States and has not been approved by the FDA for commercial use or sale

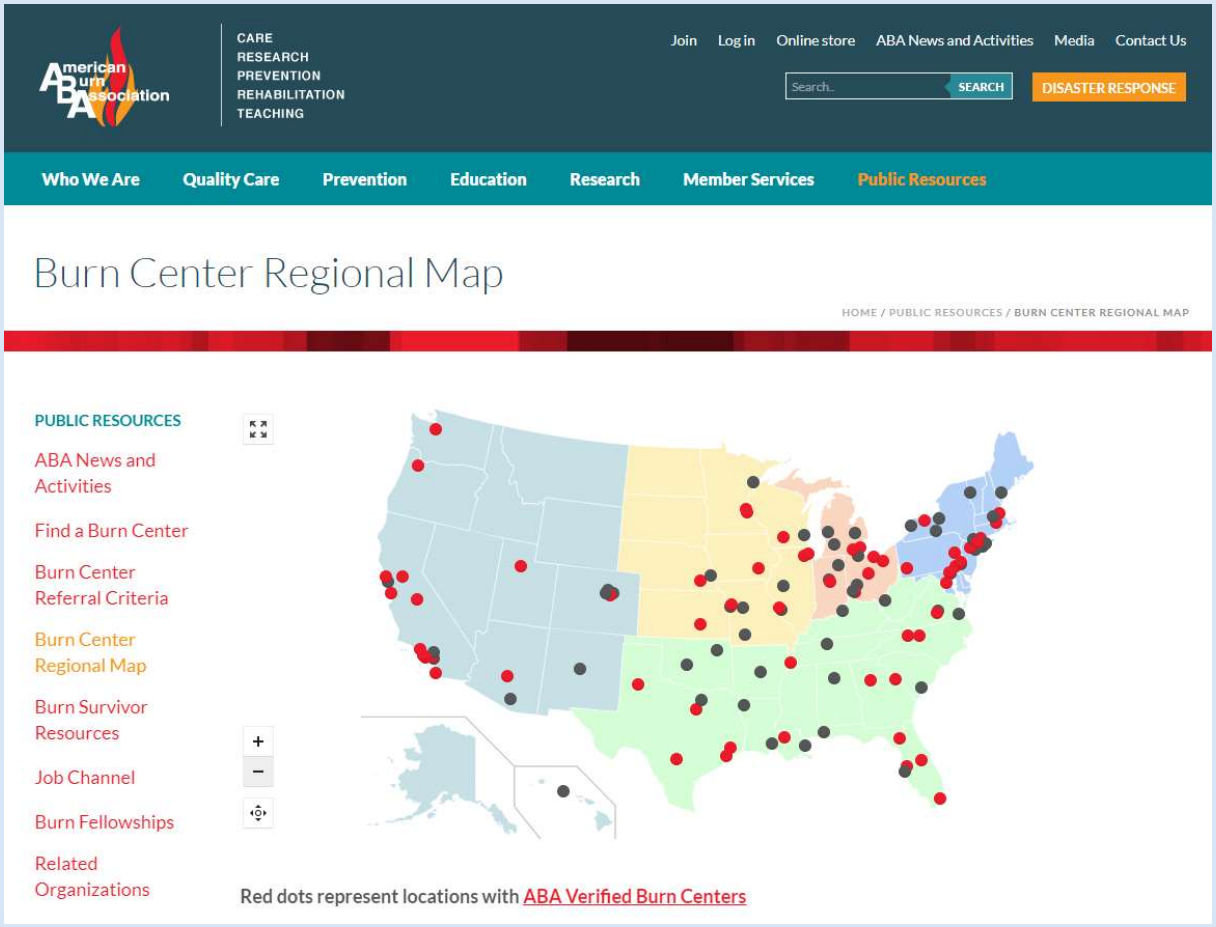
NexoBrid
Concentrate of proteolytic enzymes enriched in bromelain

Target Audience

Hospital Setting: ~ 140 Burn Centers

Key Targets:

- Burn surgeons/center directors
- Advanced practitioners: Nurses, PAs, etc.
- Burn Center decision makers
  - P&T and/or VAC
    - Review board/committee
  - Burn Center administrators

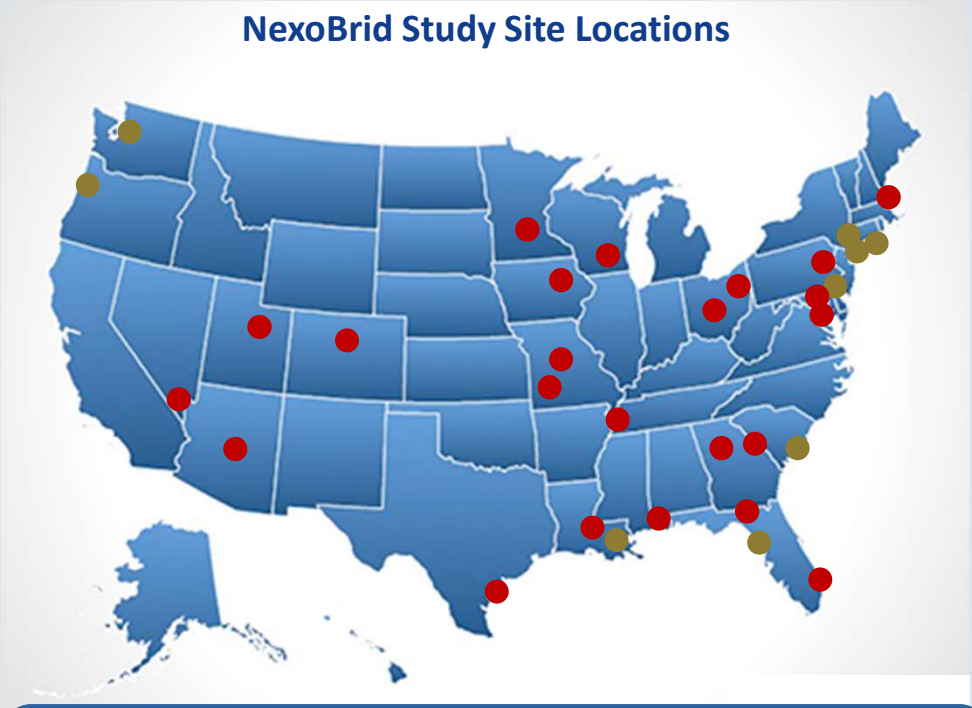


NexoBrid
Concentrate of proteolytic enzymes enriched in bromelain

NexoBrid Investigator Sites

Burn Center*	Burn Center*	Burn Center*
Children's Hospital Medical Center of Akron	**Shands Burn Center at the University of Florida**	William Randolph Hearst Burn Center at New York Presbyterian
Grady Memorial Hospital Burn Center	**Shriners Hospitals for Children - Galveston**	Harlem Hospital Burn Center
The Joseph M. Still Burn Center at Doctors Hospital	**University of Iowa Burn Center**	Stuart J. Hulnick Burn Center
Johns Hopkins Burn Center	**Lions Burn Center**	**Arizona Burn Center at Maricopa Medical Center**
Baton Rouge General Burn Center	**Lehigh Valley Health Network Regional Burn Center**	The Oregon Clinic General Surgery & Burn Specialists at Emanuel
Sumner Redstone Burn Center at Mass General Hospital	**Ascension Columbia St. Mary's Hospital Regional Burn Center**	**University of Utah Health Burn Center**
Shriners Hospitals for Children - Boston	**Firefighters Regional Burn Center**	University of Washington Medicine Regional Burn Center
Medical University of South Carolina	**University of Miami Jackson Memorial Burn Center**	**Mercy Burn Center**
University of Colorado Hospital Burn Center	**Hennepin County Medical Center Burn Center**	University Medical Center Burn Unit
George David Peak Memorial Burn & Wound Center	**University of South Alabama Regional Burn & Wound Center**	Tampa General Hospital Regional Burn Center
The Ohio State University Wexner Medical Center	University Medical Center of New Orleans	**The Burn Center at MedStar Washington Hospital Center**

NexoBrid Study Site Locations



- 23 sites with NexoBrid clinical experience
- 23 sites actively engaged in NEXT
- 7 additional sites targeted
- 33 total sites with NexoBrid experience, if all NEXT sites enroll

NexoBrid
Concentrate of proteolytic enzymes enriched in bromelain

* Burn centers in **bold** have treated at least one patient with Epicel since 2017

NexoBrid study site with recent Epicel experience (2017+)

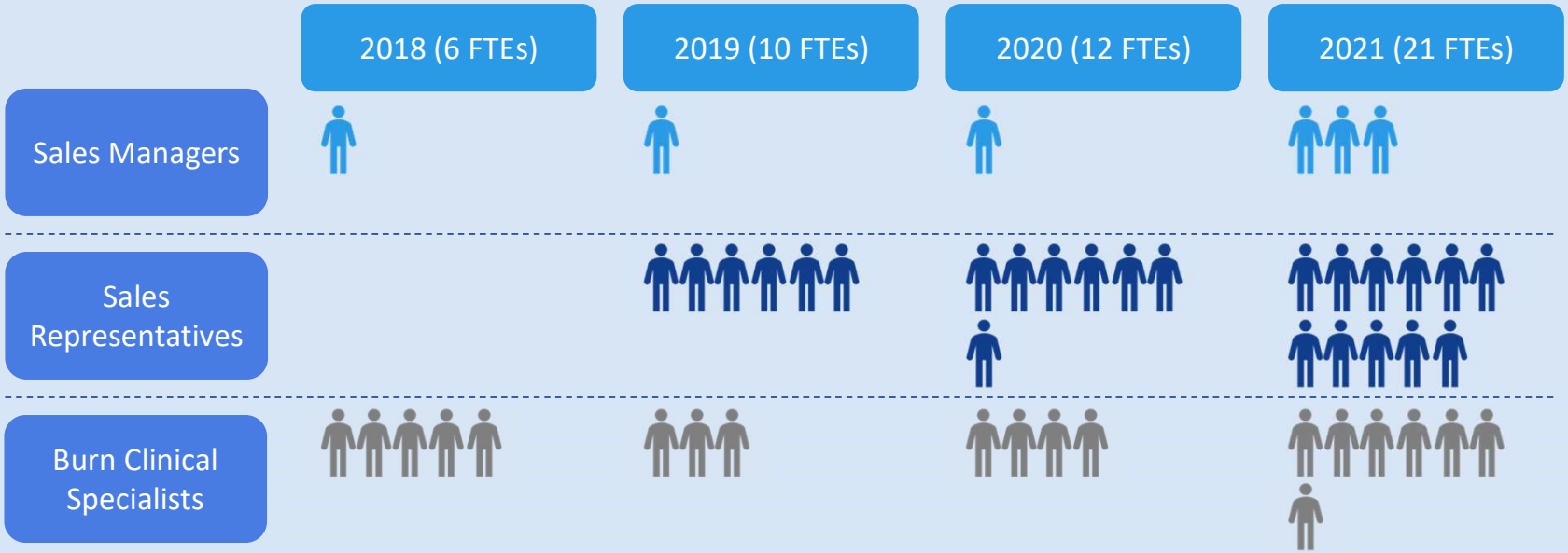
NexoBrid study site without recent Epicel experience

Burn Care Team Model Transition

Burn Care Field Support Product Representation:
- Train and educate HCPs
- Share best clinical practices
- Support patient care from patient biopsy to discharge

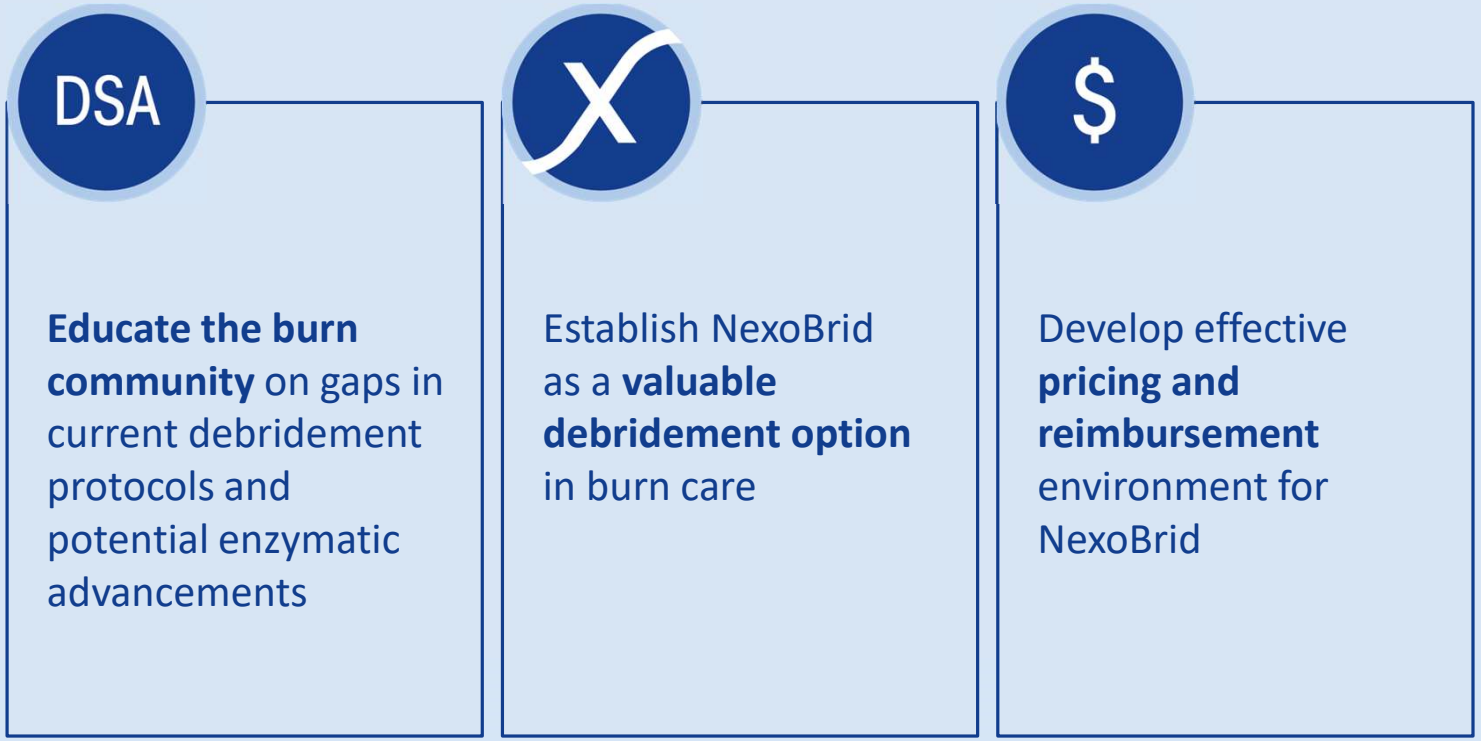
Sales Representatives:
- Account management/development and product procurement

Burn Clinical Specialists:
- Product training, clinical support, and patient care



NexoBrid
Concentrate of proteolytic enzymes enriched in bromelain

2021 NexoBrid Strategic Imperatives



Educate the burn community on gaps in current debridement protocols and potential enzymatic advancements

Establish NexoBrid as a **valuable debridement option** in burn care

Develop effective **pricing and reimbursement** environment for NexoBrid

NexoBrid
Concentrate of proteolytic enzymes enriched in bromelain

Disease State Awareness Campaign Launched During 2020 Virtual ABA Annual Meeting

ABA Booth

ABA Email

DSA Landing Page

Launch Campaign Planning is Underway

Expand Disease State Awareness Campaign to Educate HCPs on Unmet Needs and Effective Options

Launch Campaign will Focus on Differentiating NexoBrid from SOC Surgical Debridement Options

Peer-to-Peer Activities to Increase Brand Awareness and Assist with Brand Adoption

IDENTIFY
Identify priority KOLs

RECRUIT
Build a network of surgeon and nurse advocates

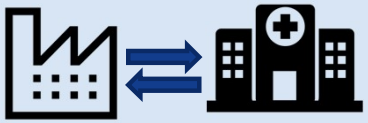
ENGAGE
Engage KOLs in NexoBrid launch advisory board and strategically aligned initiatives

NexoBrid
Concentrate of proteolytic enzymes enriched in bromelain

Key Market Access Activities Underway or Planned for 2021

Pricing & Market Access

- Pharmacoeconomics
- Pricing
- Reimbursement and Coding



Trade & Distribution

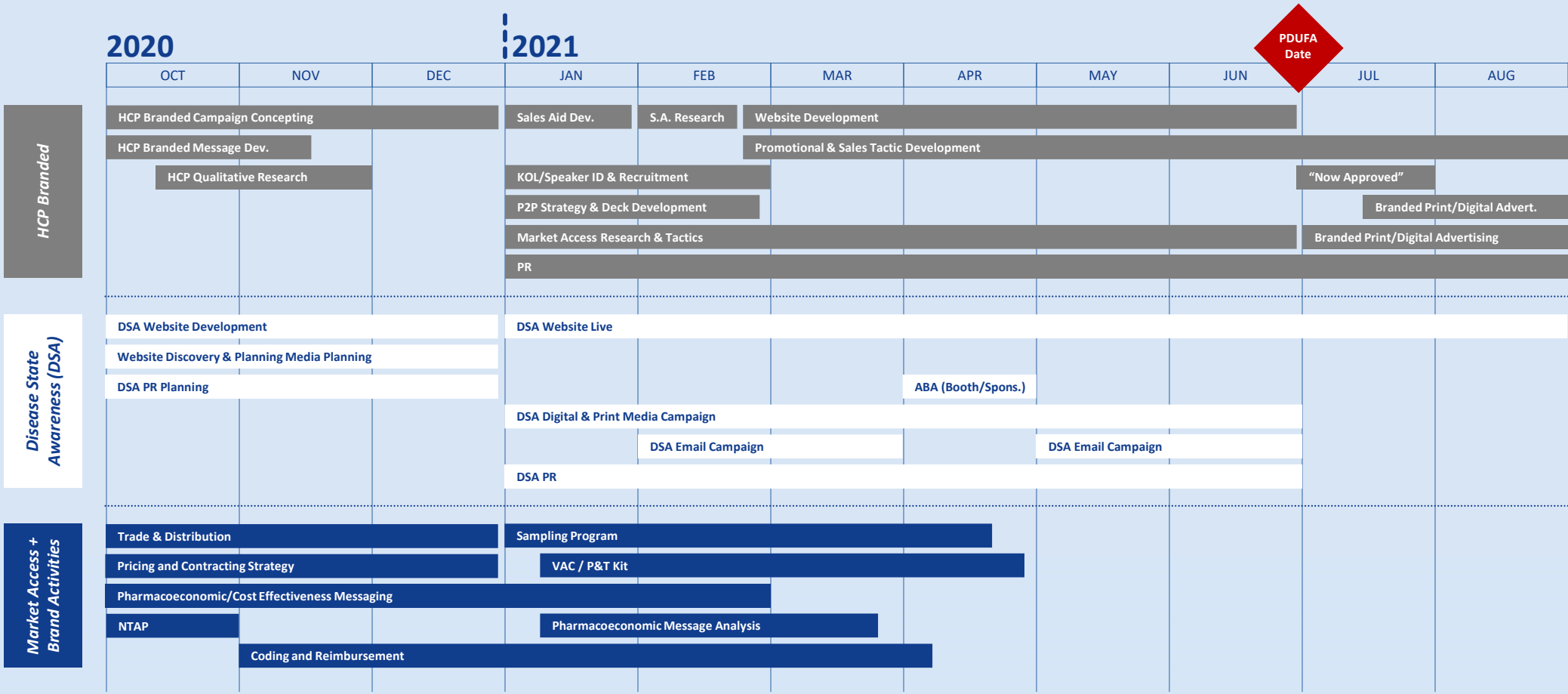
- Third-party Logistics
- Distribution Channel

Sales Resources

- VAC/P&T Resources
- Sampling Program
- Contracting

NexoBrid
Concentrate of proteolytic enzymes enriched in bromelain

NexoBrid Commercial Timeline

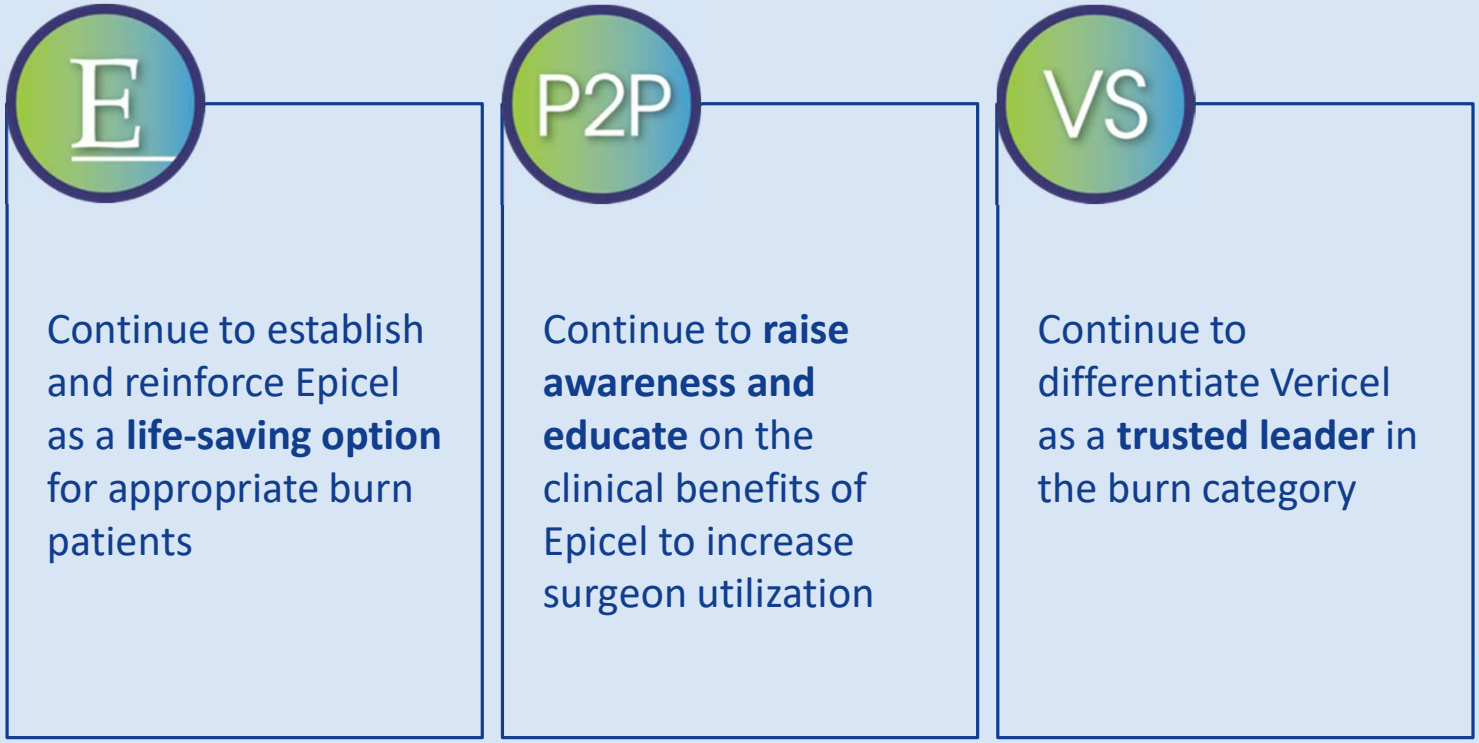


NexoBrid
Concentrate of proteolytic enzymes enriched in bromelain

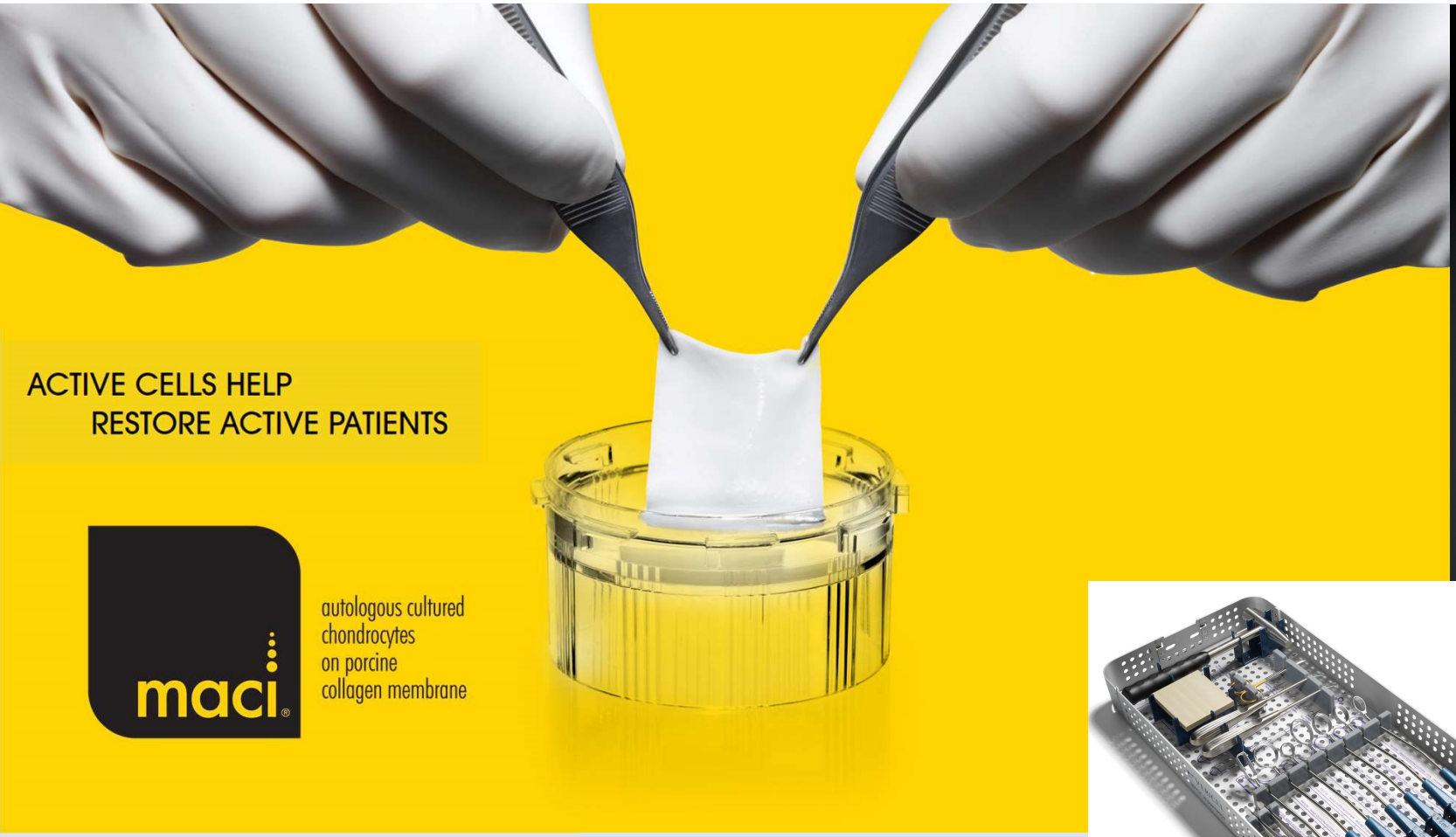
GENERAL COMMERCIAL UPDATE


RECOVERING WITH EPICEL®
cultured epidermal autografts
Mark
Treated with Epicel
OPEN THIS END
SKIN BIOPSY TRANSPORT KIT
Epicel
VERICEL
64 Sidney Street, Cambridge, Massachusetts 02139 USA
800-453-6948 (US Only) or 617-494-8484
DO NOT DISCARD THIS BOX
TO BE USED ONLY FOR THE MANUFACTURING OF EPICEL
TRANSPORT AT ROOM TEMPERATURE / STORE CONTENTS AT +2°C to +8°C
DO NOT FREEZE
RUSH
REFRIGERATE CONTENTS
DO NOT FREEZE

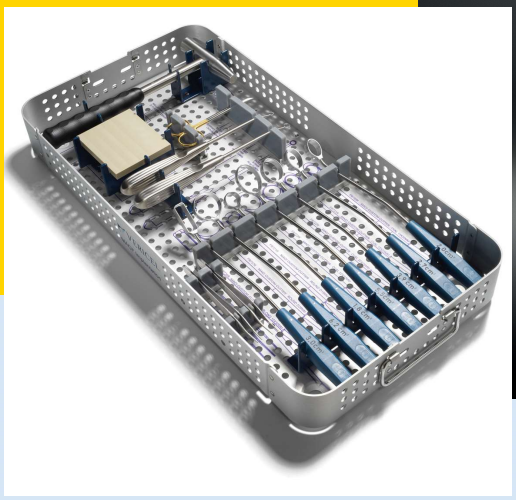
2021 Epicel® Strategic Imperatives



Epicel® (cultured epidermal autografts)


ACTIVE CELLS HELP
RESTORE ACTIVE PATIENTS
maci
autologous cultured
chondrocytes
on porcine
collagen membrane


Chris
MACI Mentor



2021 MACI® Strategic Imperatives

Multidisciplinary healthcare team chooses MACI as the **preferred premium cartilage repair brand**

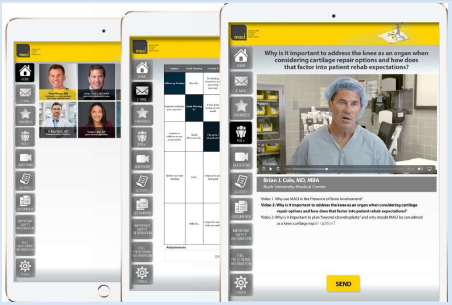
Convert MACI naïve high-volume cartilage repair surgeons to MACI users

Drive MACI patient action through patient experience, brand benefits, and disease education

Promote MACI medical policy, expand MACI access within facilities; optimize MACI customer experience through MCC

Innovative Learning Platforms Enhances Virtual Peer-to-Peer Communications to Advance MACI Education and Adoption

KOLCast

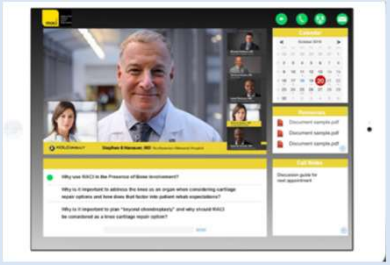


- Unique digital app / platform allows reps to engage HCPs in the form of short 1-3 minute videos
- Videos library to be developed to address:
  - FAQs
  - Best practices
  - KOL testimonials
- Facilitates in-person live detailing by breaking information down into short digestible segments
- Videos can be leveraged on Facebook, YouTube, conference content, website as well as VuMedi, etc

Virtual Vericel Lab Tour

- Lab tour of the Cambridge manufacturing facility that an HCP can view on-demand, as a live detail, or emailed directly to a customer
- Showcase our cGMP facility

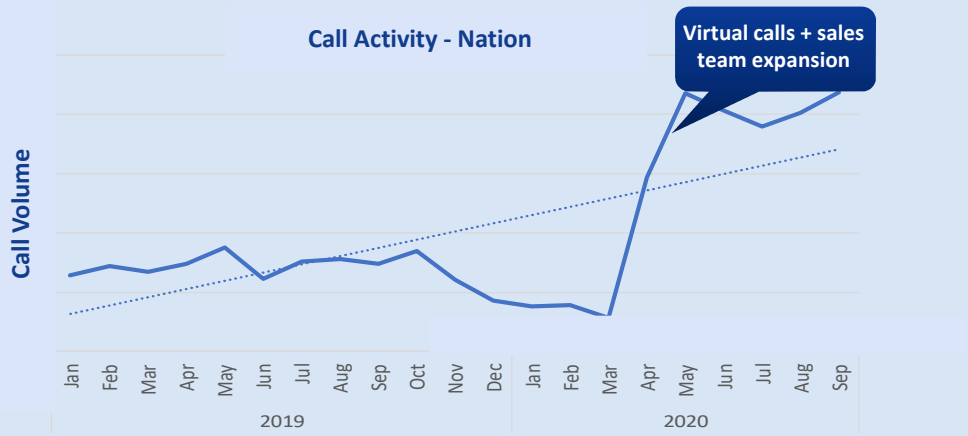
Virtual Proctorship Experience

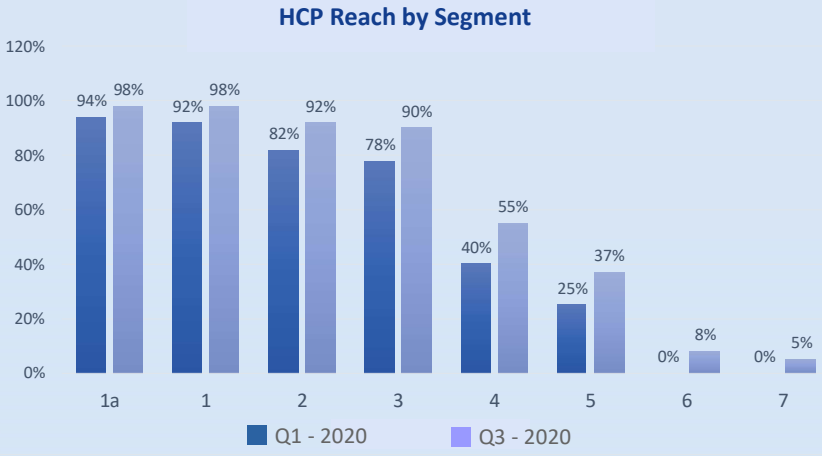


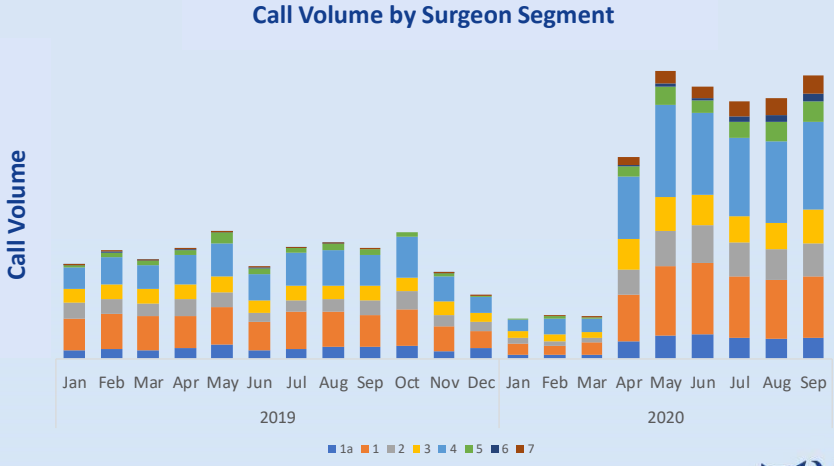
- Proctorship experience enabling new MACI users to virtually attend a live MACI surgery through broadcast including active engagement with HCP

Expanded Team Results in Greater Sales Engagement Across All Segments

Customer Segments (Bold=Current Users)	
1a	**KOLs / Highest Volume**
1	**High Volume**
2	**Room to Grow**
3	**Dabblers**
4a	Prime for Activation (w/ biopsy activity)
4	Prime for Activation (high volume, open-knee, no biopsy activity)
5	Open-knee, possible low cartilage repair volume
6/7	Opportunistic consideration, gather additional intel







VERICEL BUSINESS UPDATE

NICK COLANGELO, PRESIDENT & CEO

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

INVESTMENT HIGHLIGHTS

SPORTS MEDICINE

maci®

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™

North American commercial rights to the next generation burn debridement product

MACI® and Epicel® – Combination Products (biologic/device) with no established biosimilar or 510(k) pathways

NexoBrid® – Patent protection; biologic and orphan exclusivities in the U.S. upon FDA approval

Sustainable Top-Tier Revenue Growth in Large Addressable Markets

INVESTMENT HIGHLIGHTS

FULL YEAR 2019 REVENUE GROWTH OF 30% OVER 2018

Total net product revenues of $117.9 million in 2019

$2B+ CURRENT ADDRESSABLE MARKETS

Underpenetrated and growing

30%+ revenue CAGR since the launch of MACI in 2017

Sustainable multi-year revenue growth potential given large, underpenetrated addressable markets

Attractive Business Model with Robust Profitability Profile

INVESTMENT HIGHLIGHTS

VOLUME GROWTH DRIVING GROSS MARGIN EXPANSION

Marginal COGS ~20% for MACI and Epicel

SUBSTANTIAL OPERATING MARGIN LEVERAGE

Premium products with concentrated call points

Continuing volume growth drives gross margin expansion

High-value products and concentrated call points create substantial operating margin leverage

Strong Balance Sheet and Institutional Shareholder Base

INVESTMENT HIGHLIGHTS

BALANCE SHEET*

Cash and investments of ~$85.5 million and no debt

SHAREHOLDER BASE

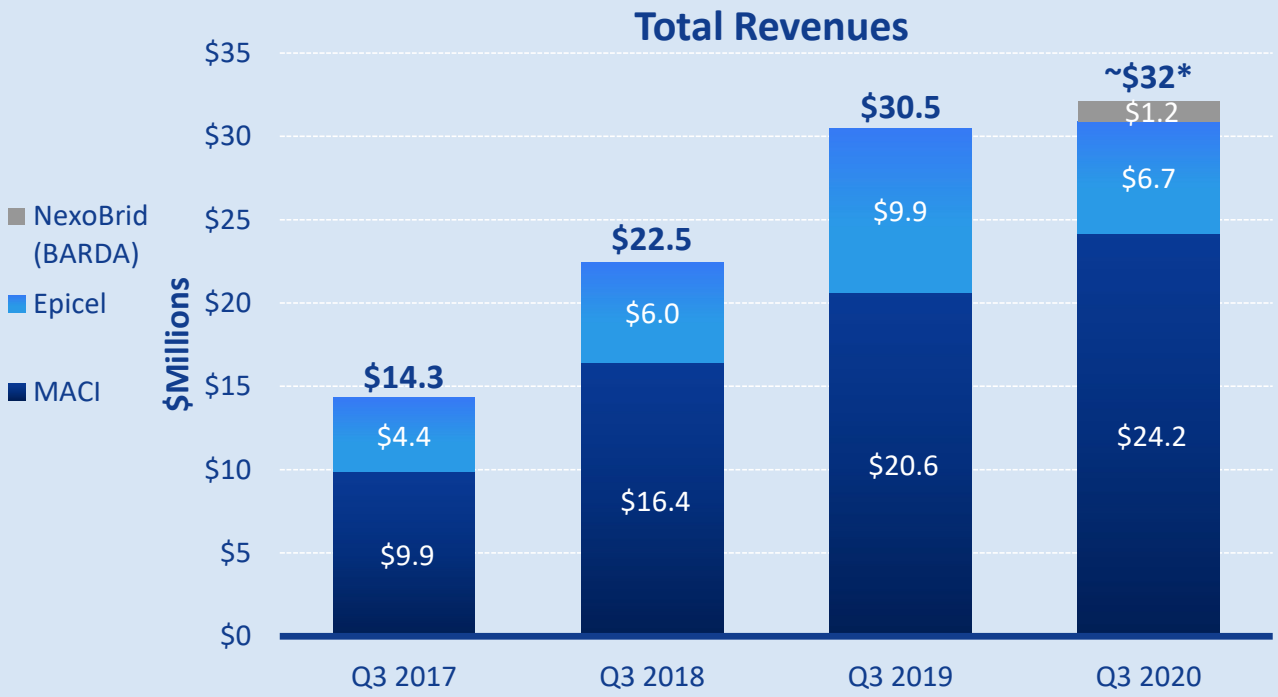
Strong institutional healthcare shareholder base

Substantial cash on hand and no debt

~90% of outstanding shares held by institutional investors

* As of September 30, 2020 – Preliminary Financial Results (October 14, 2020).

Preliminary Third-Quarter Total Net Revenues of $32 Million and Positive Operating Cash Flow

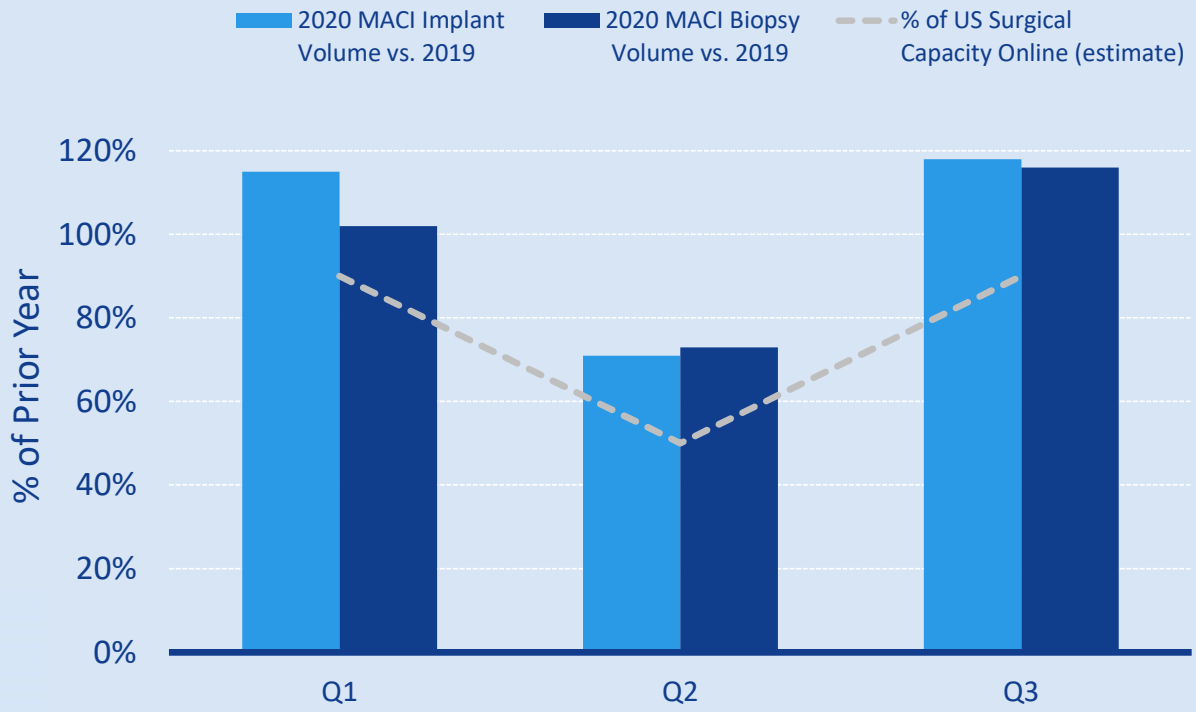


Preliminary total net revenues of approximately ~$32 million

Operating cash flow of ~$4.6 million for the third quarter

* Vericel Q3 2020 Preliminary Financial Results – October 14, 2020.

Continued Momentum in MACI Implant and Biopsy Volumes in the Third Quarter



Double digit growth in implants and biopsies vs. Q3 2019

Record monthly high for biopsies in September

MACI Well-Positioned to Return to Prior Growth Trajectory

Strong revenue growth prior to COVID-19 crisis and rapid recovery as elective surgery restrictions lifted

- ▷ Reflects strong underlying demand for MACI in the marketplace based on unique patient benefits

MACI patients are typically young, active and otherwise healthy patients

- ▷ Large, symptomatic focal cartilage defects that impact quality of life and will not heal with passage of time

MACI procedures performed on an outpatient basis more than 95% of the time

- ▷ ~50/50 historical split between hospital outpatient surgery centers and ambulatory surgery centers

Orthopedic practices are a significant source of revenue for hospitals and surgery centers

- ▷ Many orthopedic surgeons are expected to increase surgery volume in 2H 2020

Staying connected with surgeons and patients

- ▷ Surgeons connecting with patients via telemedicine, supported by virtual sales calls with MACI digital content
- ▷ Case management team continues to work with offices and patients to move cases through the pipeline and schedule or reschedule cases

maci

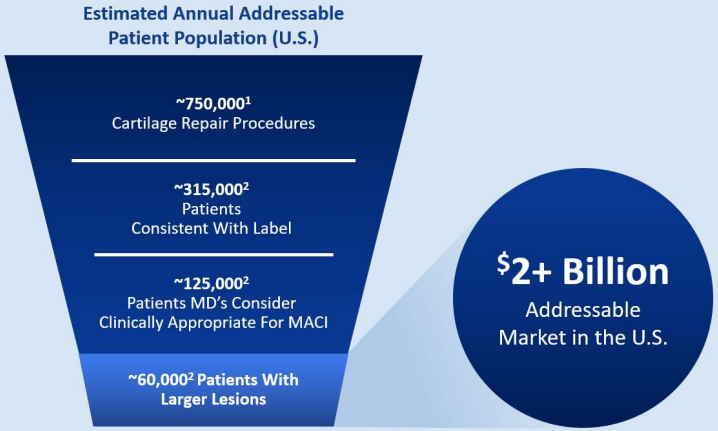
VERICEL

MACI and Burn Care Sales Force Expansions Provide Broader Footprint to Drive Sustainable Double-Digit Growth

Sports Medicine

maci

76 reps across 9 regions

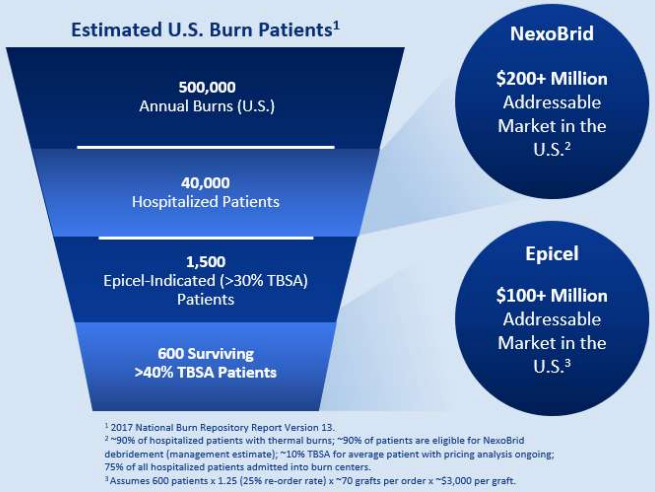


[1] Health Advances LLC MACI market assessment report (2018), Vericel data, LexisNexis, Medtech Insight, NY SASD, SmartTRAK, LSI, PSPS, McCormick, Frank et al. Arthroscopy, (2014) 30(2): 222-6, Montgomery, et al. Knee Surg Sports Traumatol Arthrosc (2014) 22: 2070.
[2] Health Advances LLC MACI market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

Burn Care

Epicel (cultured epidermal autografts)
NexoBrid

11 reps + 7 clinical specialists across 2 regions*



[1] 2017 National Burn Repository Report Version 13.
[2] ~90% of hospitalized patients with thermal burns; ~90% of patients are eligible for NexoBrid debridement (management estimate); ~10% TBSA for average patient with pricing analysis ongoing; 75% of all hospitalized patients admitted into burn centers.
[3] Assumes 600 patients x 1.25 (25% re-order rate) x ~70 grafts per order x ~$3,000 per graft.

Two commercial franchises supported by Vericel leadership team with expertise in the clinical, regulatory, operational and strategic capabilities required to change standard of care with advanced therapies

*Planned commercial team at time of NexoBrid launch.

VERICEL

Significant Progress Achieved to Date in 2020 and Positioned for Continued Success in 2021 and Beyond

2020 Milestones To Date

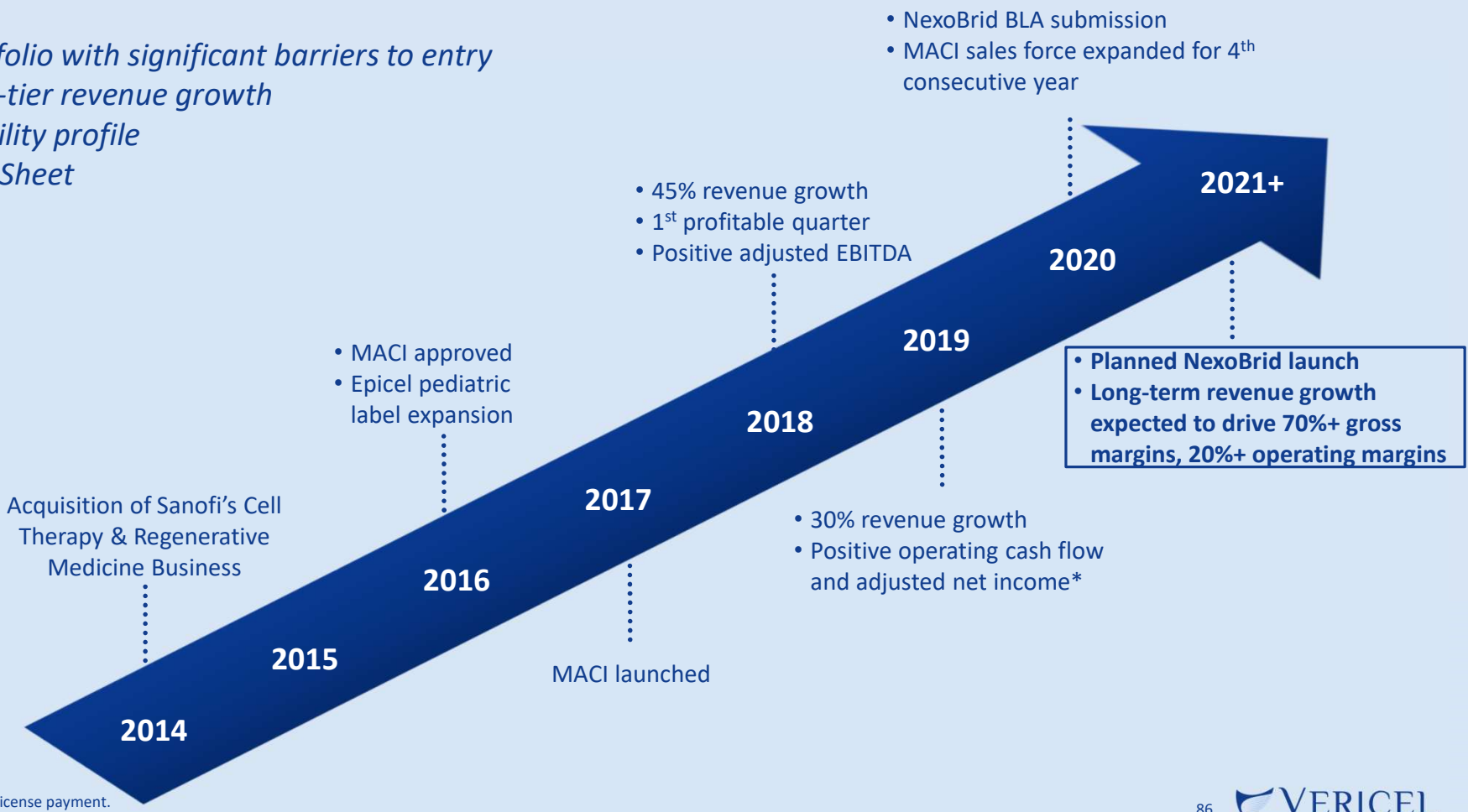
- Completed MACI sales force expansion and now targeting ~5,000 surgeons across 76 territories
- Total net revenues increased year-to-date compared to 2019
- Positive cash flow year-to-date
- NexoBrid BLA accepted by the FDA with PDUFA goal date of June 29, 2021
- BARDA accepted first delivery of NexoBrid for Emergency Response Preparedness

Upcoming Catalysts

- On track to deliver record MACI net revenue and total net revenues for the fourth quarter
- MACI and Epicel expected to deliver strong growth in 2021 and beyond
- Preparing for NexoBrid launch in second half of 2021

Vericel Positioned For Success

- *Innovative portfolio with significant barriers to entry*
- *Sustainable top-tier revenue growth*
- *Robust profitability profile*
- *Strong Balance Sheet*



*Excluding $17.5 million NexoBrid license payment.

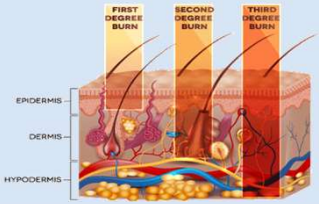
Strategic Transactions to Maximize Long-Term Value

ADVANCED CELL THERAPY DEVELOPMENT AND MANUFACTURING PLATFORM

Sports Medicine Franchise

maci

Severe Burn Care Franchise



Epicel® (cultured epidermal autografts)

NexoBrid™

New Advanced Cell Therapy Vertical(s)

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

Q&A

Vericel Management Team

Nick Colangelo
President & CEO

Jon Hopper, FRCSEd.
Chief Medical Officer

Roland DeAngelis
SVP Commercial Operations

Mike Halpin
Chief Operating Officer

Vericel is a leader in advanced therapies for the sports medicine and severe burn care markets

INVESTMENT HIGHLIGHTS

maci

Epicel® (cultured epidermal autografts)

NexoBrid™

Innovative Portfolio with Significant Barriers to Entry

Sustainable Revenue Growth in Large Addressable Markets

Attractive Business Model with Robust Profitability Profile

Strong Balance Sheet and Shareholder Base