AMDepot

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Serving as PI in place of Prof. Adah Almutairi

https://youtu.be/6b5Zu-Ura3I
128 people

107 in person!
Eye Doctors: 43

Retina Doctor*: 27
Institutional: 12
Private Practice: 15

*Represents ~1% of all retina doctors in U.S.!
“Patient compliance is not an issue in wet AMD...I would say the largest problem is the
‘burden of injections’”

“it’s not even the injections,
it’s the whole feel of coming in for an injection: driving for an hour, if they can drive, that is,
waiting in the office, getting injected...”

Nice to haves!
GET OUT!

You should be ASHAMED!
“...it is very difficult to get a doctor to speak to you without an incentive...”
“I think patient education is key”

Staff (stakeholders): 36

“It would be nice if patients didn’t have to come in so often or travel as far...”
The search for a Product-Market Fit

Replace injections

General Ophthal

Referral

Retina Doc
Diabetes

[Image of a medical scan with yellow spots, possibly retinal hemorrhages]
Influencers???

Patients: 8
“You kno nuthin’!”
“We never would have been able to have this kind of conversation if you tried to catch me at my office...”

Retina Doctor*: 27
Private Practice: 15
Institutional: 12
Patient Flow

The process through which a patient makes his or her way through a doctor’s office, from beginning to end.
“Churning patients through the clinic results in more profit...but only if it’s run efficiently!”

<table>
<thead>
<tr>
<th></th>
<th>Per Patient</th>
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<tbody>
<tr>
<td>Revenue</td>
<td>~ $220</td>
</tr>
<tr>
<td>Cost</td>
<td>~ $160</td>
</tr>
<tr>
<td>Profit</td>
<td>~ $60</td>
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With a dedicated injection clinic, achieved **18% reduction** in office visit time down to avg. 93 min
“it’s not even the injections, it’s the whole feel of coming in for an injection: driving for an hour, if they can drive, that is, waiting in the office, getting injected...”
Product-Market Fit!!!

Address patient flow by reducing procedure time
How to get there...???
1. Regulatory Path?
2. Reimbursement?
3. Distribution?
Time & $$$ to navigate regulatory pathway

IRB approval; IND from FDA

Phase I

Phase II

Phase III

Approval

Phase IV; To market

2018?

2025?
Pricing drives behavior

• “64% of doctors choose Avastin as first line, but if prices were the same, less than 10% will choose Avastin”

Forced to cut price in half

9 years no reimbursement code!
Current Business Model Canvas

Key Partners
- FDA approval and the regulatory pathway must be carefully... 
- Pharmaceutical companies to partner with to develop new... 
- CMS: What is the role of Medicare and Medicaid? 
- KOLS
- Clinical Research Organizations (CROs)
- INSURANCE COMPANIES: figure out the reimbursement... 
- Drug Distribution Companies
- PMBs: who will vouch for our technology? It is SAFE...

Key Activities
- Product DESIGN: ability to tune pharmacokinetic profile... 
- R&D: Deliver a minimum viable product (MVP) which is SAFE... 
- PRODUCTION and scale up
- Explore if our technology could expand the base of...

Key Resources
- INTELLECTUAL: Incorporate our company and acquire IP... 
- HUMAN: Man power to ramp up R&D efforts
- FINANCIAL: Materials, R&D, Advertising, etc.
- PHYSICAL: Manufacturing plants to perform R&D, etc.

Value Propositions
- "PATIENT FLOW": Decrease FREQUENCY of doctor-patient interactions to once every three months
- Wangz Jong Shing • October 28, 2015
- Reduce the total Burden of Injections by 50% per day
- Ability to tune pharmacokinetic profile of treatment
- Reduced drug costs by 30% while maintaining same level of efficacy

Customer Relationships
- Earned Awareness - Scientific literature backing up technology
- GET: Obtain 5 internal KOLs (KEEP early adopters by... 
- GET Pharma companies to partner with us
- Create product awareness through Pharma reps

Customer Segments
- Payer/User: Private Practice Retinal Doctors = likely to be...
- Payer/User: recommender Attending doctor at...
- Influencer: Reimbursement at Center for Medicare and...
- INFLUENCER: Elderly Patient with VET AMD
- Business Development Person at Pharma Companies
- Influencer: Regulatory consultant or clinical research organization...
- STAKEHOLDER: employees at private practice clinics, including...

Channels
- Distributors like Besse Medical
- Buying groups
- Compounding pharmacies (Avastin)

Cost Structure
- VALUE-DRIVEN: R&D costs to obtain MVP
- FIXED: Patent, Licensing, Clinical Trial, Regulatory, Compliance costs
- VARIABLE COST: Production costs
- FIXED: Raw materials, including drugs to be delivered

Revenue Streams
- LICENSING (NMDepot): Licensing the technology to a pharmaceutical company and collect revenue as royalties; the more you develop your tech, the more you could sell for, but...
- ASSET SALE type II: Pharma company sells product to distributors, or directly to doctors
- ASSET SALE type I: Acquisition by Pharma company
Proposed Business Model

- Strategic Pricing
  - Cheap enough to be justifiable to CMS for reimbursement and for doctors to use
  - Expensive enough to be profitable for everyone – your company, Dr.’s, Pharma Team # 597

Replacing IVT injections with light-activated dosing

- Tack onto existing reimbursement code
- Bill doctors at each “treatment event”
- Newer generations with more doses loaded
Unfortunately in reality, design product for 5-7 years in the future...!

- “CMS is our boss”

<table>
<thead>
<tr>
<th>2015-2018</th>
<th>2019 - 2026</th>
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<tr>
<td>±4%</td>
<td>±9%</td>
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Adjustment to salary
## Competitive Landscape

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Time</th>
<th>Potential Gain</th>
<th>General Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EHR and Big Data</strong></td>
<td>$</td>
<td>+</td>
<td>LOW</td>
<td>LOW</td>
</tr>
<tr>
<td><strong>Novel Drug</strong></td>
<td>$$$</td>
<td>+++</td>
<td>HIGH</td>
<td>HIGH</td>
</tr>
<tr>
<td><strong>Drug Delivery</strong></td>
<td>$$</td>
<td>++</td>
<td>MED</td>
<td>MED</td>
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*Bad; Good*
Next Steps

Apply for funding to support continued R&D efforts toward creating MVP
Thank you!