



Artist's rendering of the company's future second campus in Karaka, Auckland

### Important notice

#### **Disclaimer**

The information in this presentation is for general purposes only and should be read in conjunction with Fisher & Paykel Healthcare Corporation Limited's (FPH) Interim Report 2023 and accompanying market releases. Nothing in this presentation should be construed as an invitation for subscription, purchase or recommendation of securities in FPH.

This presentation includes forward-looking statements about the financial condition, operations and performance of FPH and its subsidiaries. These statements are based on current expectations and assumptions regarding FPH's business and performance, the economy and other circumstances. As with any projection or forecast, the forward-looking statements in this presentation are inherently uncertain and susceptible to changes in circumstances. FPH's actual results may differ materially from those expressed or implied by those forward-looking statements.

Constant currency information included within this presentation is non-GAAP financial information, as defined by the NZ Financial Markets Authority, and has been provided to assist users of financial information to better understand and track the company's comparative financial performance without the impacts of spot foreign currency fluctuations and hedging results and has been prepared on a consistent basis each year. A reconciliation between reported results and constant currency results is available in the company's Interim Report 2023. The company's constant currency framework can be found on the company's website at www.fphcare.com/ccf.



### Half year business highlights

**CONTINUED** to build out our anesthesia sales force in Europe and North America.

**ADVANCED** construction of our fifth facility at our first New Zealand campus.

**ENTERED** into conditional agreement for land to construct our second New Zealand campus.

**COMPLETED** the construction of our third manufacturing facility in Tijuana.

**PROGRESSED** the roll-out of our new technology, including Airvo 3, Optiflow Switch and Evora Full.

**PRESENTED** with four social responsibility awards by the Association of Human Resources in Tijuana.



# Key half year financial results

H1 FY23 (6 months to 30 September 2022)

	% of Revenue	NZ\$M	△PCP <sup>^</sup>	△CC*
Operating revenue	100%	690.6	-23%	-27%
Hospital operating revenue	64%	438.7	-35%	-37%
Homecare operating revenue	36%	249.9	10%	4%
Gross margin / Gross profit	60%	413.2	-325bps	-533bps
SG&A	29%	(202.3)	7%	0%
R&D	12%	(84.2)	11%	11%
Total operating expenses	41%	(286.5)	8%	3%
Operating profit	18%	126.7	-58%	-67%
Profit after tax	14%	95.9	-57%	-65%

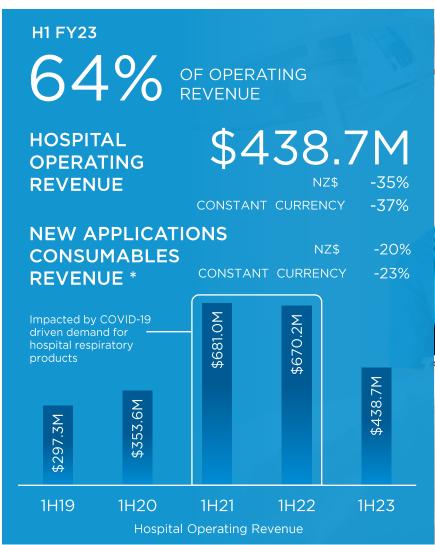


# Hospital product group





### Hospital product group





- Sales of our Optiflow consumables were impacted by elevated levels of stock purchased in preparation for Omicron
- New applications consumables\* made up 68% of H1 FY23 Hospital consumables revenue, 72% in H1 FY22
- H1 FY23 Hospital hardware revenue remained above pre-COVID levels, 74% down on FY22 in constant currency

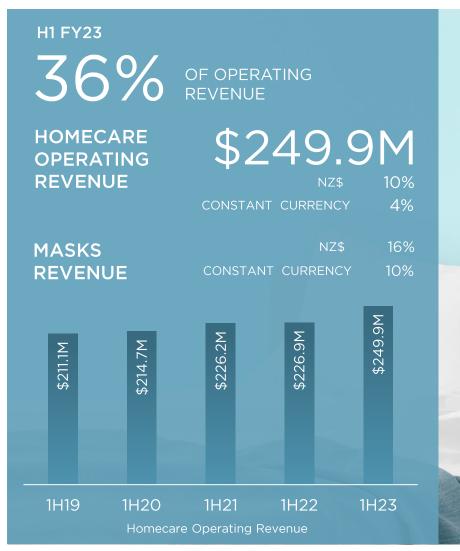


### Homecare product group





### Homecare product group



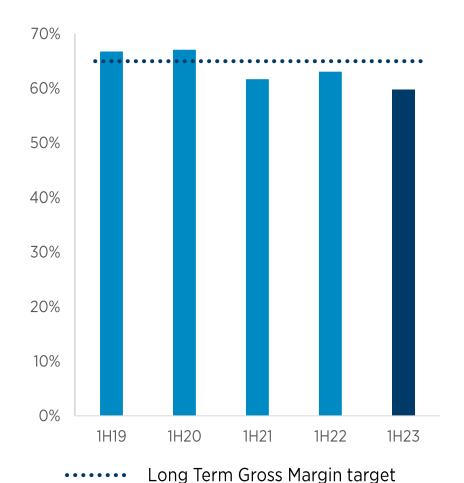


- Strong contribution from F&P Evora Full following successful launch in the US
- OSA mask revenue was impacted by reduced new patient starts, due to the limited supply of treatment hardware



### **Gross Margin**

#### **GROSS MARGIN**

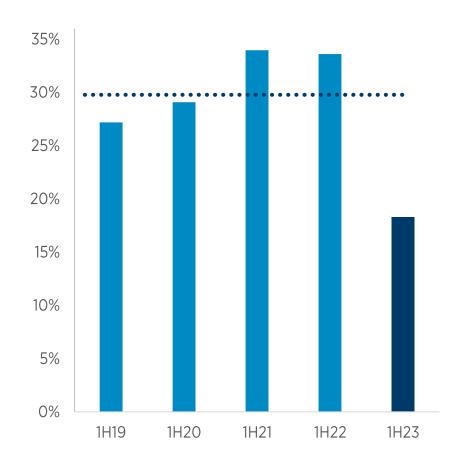


- Gross margin for the half year:
  - decreased by 325 bps to 59.8%
  - decreased by 533 bps in constant currency
- Continued elevated freight costs and air freight utilisation impacted constant currency gross margin by approximately ~290 basis points compared to pre-COVID-19 rates
- Manufacturing inefficiencies experienced as we balance demand fluctuations with manufacturing throughput



### Operating Margin

#### **OPERATING (EBIT) MARGIN**



Long Term Operating Margin target

#### **Operating expenses**

- \$286.5M, +8% (+3% CC)
- Operating margin decreased by 1,526 bps (-1,770bps CC) to 18.3% with continued investment in operating expenses to support COVID-19 driven hardware sales and accelerate future product pipeline

#### **Research & Development expenses**

- \$84.2M, +11% (+11% CC)
- Reflecting underlying growth and timing of R&D projects
- Estimate ~60% of R&D spend eligible for tax credit

#### Selling, General & Administrative expenses

• \$202.3M, +7% (0% CC)



#### Cash Flow and Balance Sheet

	H1 FY22 NZ\$M	H1 FY23 NZ\$M
Operating cash flow	127.5	1.9
Capital expenditure (including purchases of intangible assets)	81.3	124.8
Lease liability payments	6.6	6.7
Free cash flow	39.6	(129.6)
	FY22 NZ\$M	H1 FY23 NZ\$M
Net cash / (debt) (including short-term investments)	221.6	(42.6)
Total assets	2,107.0	2,094.5
Total equity	1,679.7	1,478.4
Gearing (net debt / net debt + equity)*	-16.3%	2.7%



#### Dividend

- Increased interim dividend by 3%
  - 17.50 cps + 6.8056 cps imputation credit for NZ residents (gross dividend of NZ 24.3056 cps)
  - Fully imputed
  - 3.0882 cps non-resident supplementary dividend
- The company's dividend reinvestment plan has been reactivated with a 3% discount

#### **DIVIDEND HISTORY** 45 40 35 30 Dividend (CPS) 25 20 15 10 2017 2018 2019 2020 2021 2022 1H23 ■Interim cps ■Final cps ◆Total cps



### Foreign exchange effects

• 45% of operating revenue in US\$ (FY22: 49%) and 20% in € (FY22: 17%).

	real to 31 Plateir						
Hedging position for our main exposures (as at 10 November 2022)	FY23	FY24	FY25	FY26	FY27	FY28	FY29- FY31+
USD % cover of estimated exposure	90%	80%	65%	55%	50%	25%	5%
USD average rate of cover	0.667	0.658	0.622	0.608	0.596	0.585	0.526
EUR % cover of estimated exposure	85%	60%	50%	30%	20%	10%	-
EUR average rate of cover	0.542	0.536	0.521	0.529	0.517	0.521	-

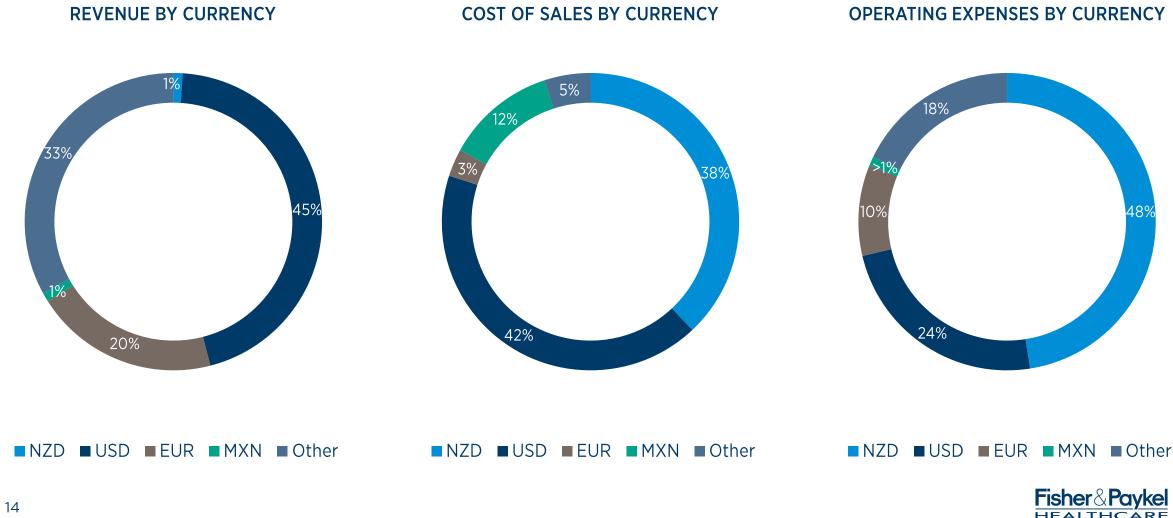
Year to 31 March

Hedging cover percentages have been rounded to the nearest 5%

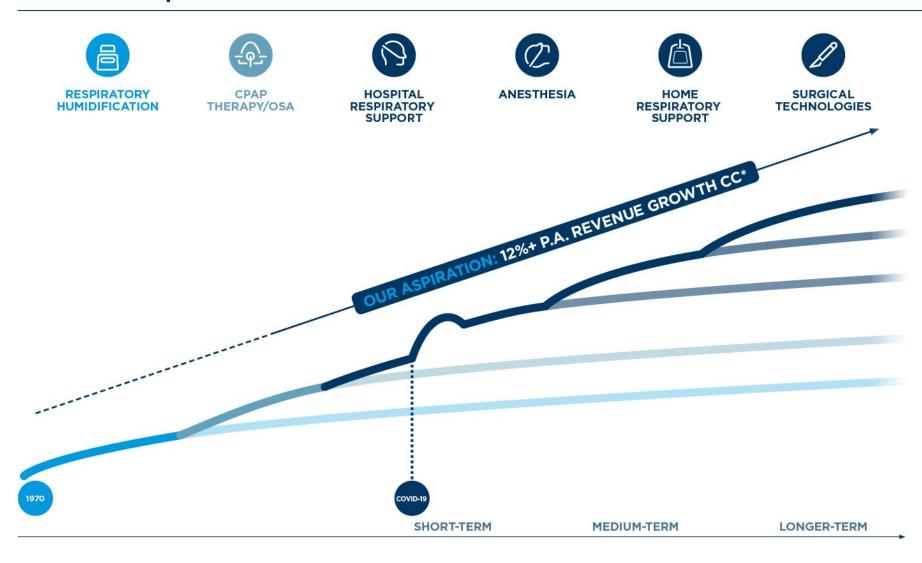
Profit after tax (as reported)	221.8	95.9
Balance sheet revaluation	2.4	0.8
Foreign exchange hedging result	15.2	0.4
Spot exchange rate effect	0.1	22.6
Profit after tax (constant currency)	204.1	72.1
Reconciliation of Constant Currency to Actual Income Statements	NZ\$M	NZ\$M
	H1 FY22	H1 FY23

### Revenue and expenses by currency

H1 FY23 (for the 6 months ended 30 September 2022)



### Our aspiration



# OUR ASPIRATION: Sustainably DOUBLING our constant

currency revenue

every 5-6 years.



### Looking ahead

Given the uncertainties outlined in the company's news release dated 29 November 2022, we are not providing full-year quantitative revenue or earnings guidance at this time.

However, we expect H2 FY23 revenue will be higher than H1 FY23 revenue.

#### Hospital product group

- Pre-COVID-19 seasonal patterns have typically resulted in higher sales of hospital consumables in the second half compared to the first half.\*
- It is likely that a proportion of customers have worked through Omicron-driven consumables stock during H1 FY23.

#### Homecare product group

• We believe the recent launch of our new Evora Full face mask, combined with improving global supply of CPAP hardware, will contribute to continued growth for the remainder of the year.

#### Gross margin and operating expenses

- Assuming current, slightly lower freight costs and reduced manufacturing inefficiencies, constant currency gross margin for H2 FY23 would improve from the first half by approximately 200 basis points.
- The company is now targeting constant currency operating expense growth of approximately 8% for the full year.
- Based on these assumptions and at 31 October 2022 exchange rates (NZD:USD 0.58, NZD:EUR 0.58),
   reported gross margin for H2 FY23 would be ~61% and FY23 operating expense growth would be ~14%.







### Fisher & Paykel Healthcare at a glance

# Global leader in respiratory humidification devices

- Medical device manufacturer with leading positions in respiratory care and obstructive sleep apnea
- >50 years' experience in changing clinical practice to solutions that provide better clinical outcomes and improve effectiveness of care
- Estimated NZ\$25+ billion and growing market opportunity driven by demographics
- Significant organic long-term growth opportunities in acute and chronic respiratory care, OSA and surgery
- Large proportion (86%) of revenue from recurring items, consumables and accessories
- High level of innovation and investment in R&D with strong product pipeline
- High barriers to entry

#### Global presence

Our people are located in

54 countries



3,502 in New Zealand

2,001 in North America, including Mexico

365 in Europe

483 in the rest of the world

#### Strong financial performance

- Continued target, and history of, doubling our revenue (in constant currency terms) every 5 to 6 years
- Targeting gross margin of 65% and operating margin of 30%
- Growth company with a strong history of increasing dividend payments



#### ~NZ\$25+ billion and growing market opportunity

Total addressable market estimates



~150+ million patients

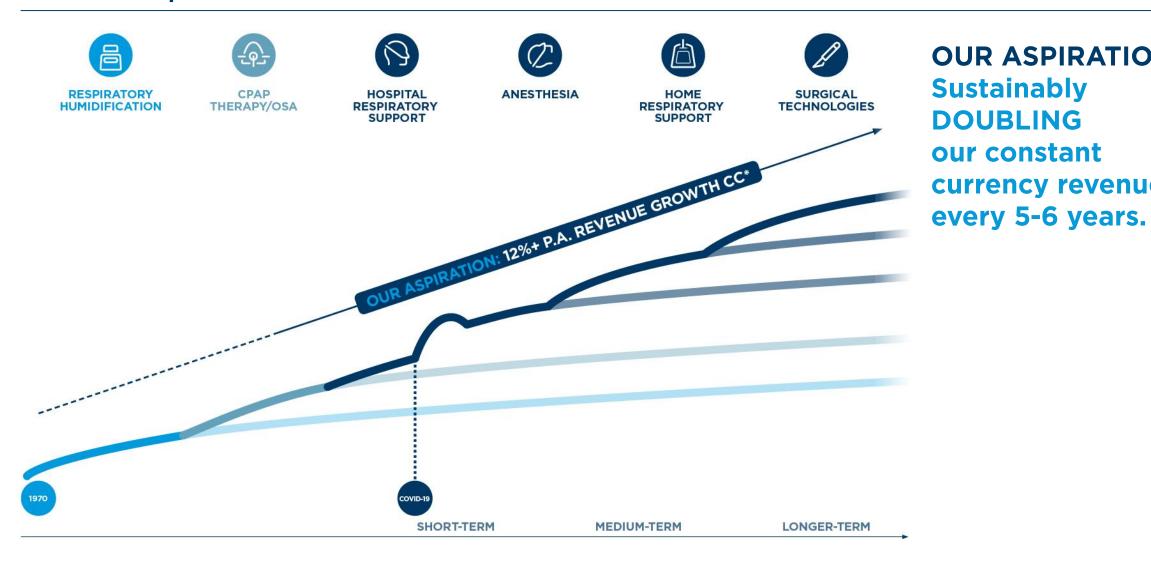
~100+ million patients







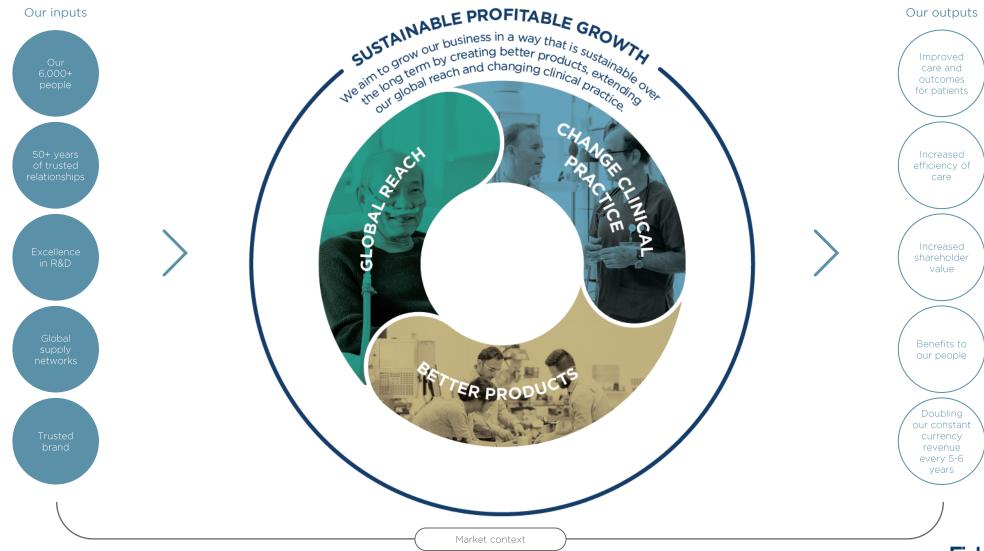
### Our aspiration



#### **OUR ASPIRATION: Sustainably DOUBLING** our constant currency revenue



# Consistent growth strategy





# F&P product fundamentals



#### What are we here to do?

A drive to not only improve, but transform, clinical practice.

Provide products with protected, value differentiation.

Get our products, including the evidence, knowledge and supporting tools, into the hands of the customer

\_\_\_\_\_ A deep understanding of the problem and knowing what we \_\_\_\_\_ are trying to achieve, leads to valued, innovative solutions

A patient-focused approach

A drive to deliver and improve

Long-term thinking



#### High level of innovation and investment in R&D



- R&D represents 12% of operating revenue\*: NZ\$84.2M
- Product pipeline includes:
  - Humidifier controllers
  - Masks
  - Respiratory consumables
  - Flow generators
  - Compliance monitoring solutions
- 492 US patents, 518 US pending, 2140 Rest of World patents, 1617 Rest of World pending<sup>†</sup>

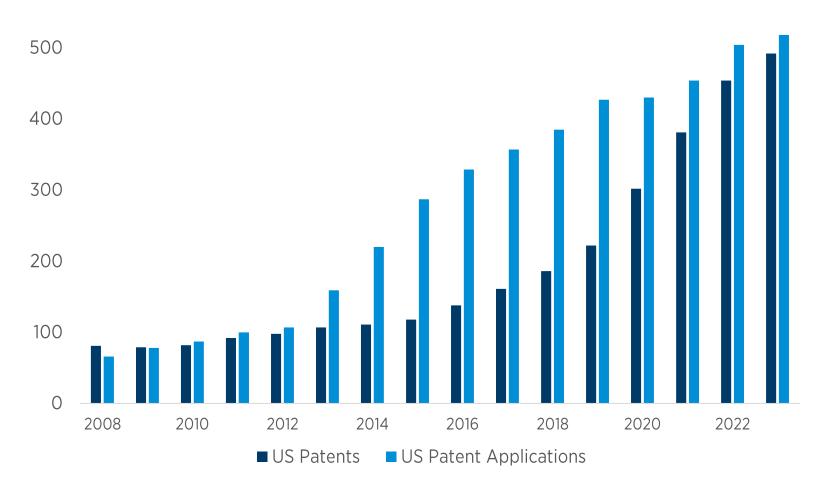




## Growing patent portfolio



#### FISHER & PAYKEL HEALTHCARE US PATENT PORTFOLIO (2008 - 2022)



Average remaining life of FPH patent portfolio (all countries): 11.3 years\*



### Changing Clinical Practice



- Using clinical evidence to drive change
- Multi-layered with multiple stakeholders
- Building confidence with usage inline with the evidence, demonstrating value
- Products in each care area builds familiarity and confidence
- Customer experience builds trust and confidence





### Strong global presence

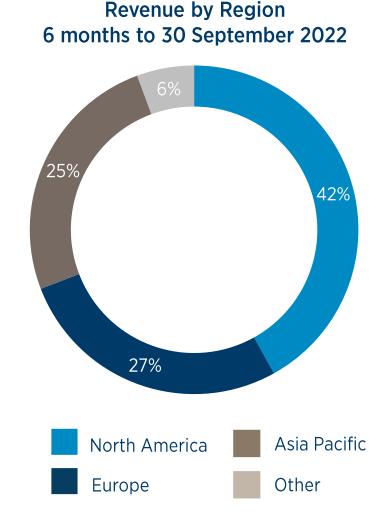


#### Direct/offices

- Hospitals, home care dealers
- Sales/support offices in North America, Europe, Asia, South America, Middle East and Australasia, 18 distribution centres
- ~1,300 employees in 53 countries
- Ongoing international expansion

#### Distributors

- +180 distributors worldwide
- Original Equipment Manufacturers
  - Supply most leading ventilator manufacturers
- Sell in more than 120 countries









### Impact of changing demographics

Population age and weight both increasing

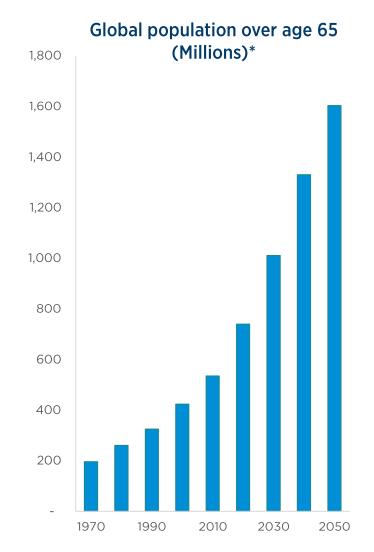
- Global population 60 years+ is expected to more than double over the next 30 years<sup>1</sup>
- 18% of adults are forecast to be obese by 2030<sup>2</sup>

40-50% of healthcare spend is on persons 65 years and older, in OECD countries<sup>3</sup>

Low-upper middle income markets increasing healthcare spending

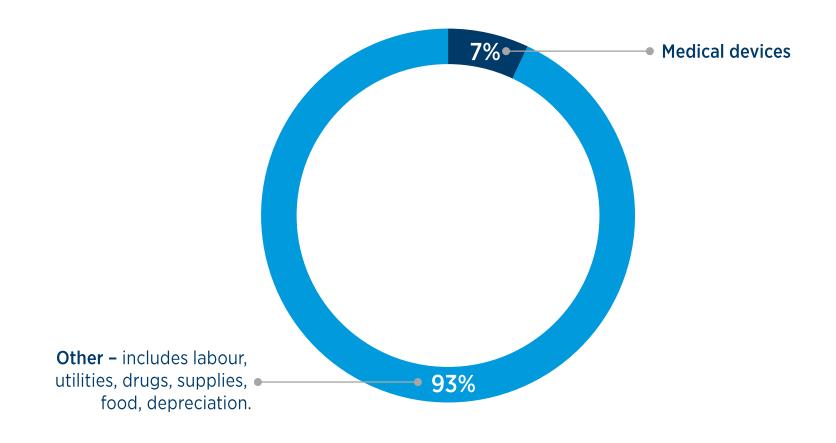
 Total health spending is increasing more rapidly in low-upper middle income countries (4 to 5% on average) than in high income countries (~2%)<sup>4</sup>







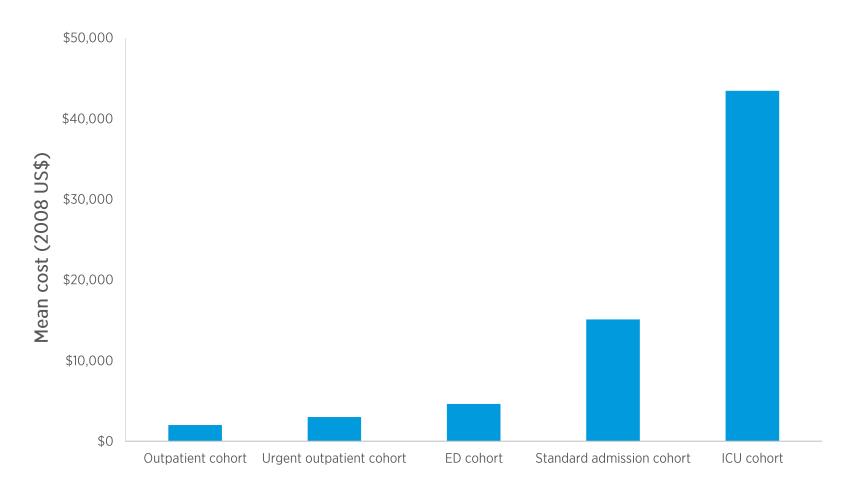
### Hospital cost breakdown





### Lower care intensity = lower cost

#### MEAN ANNUAL COPD-RELATED MEDICAL, PHARMACY AND TOTAL COSTS BY CARE INTENSITY COHORT





### Respiratory humidification

- Normal airway humidification is bypassed or compromised during ventilation or oxygen therapy
- Mucociliary transport system operates less effectively
- Need to deliver gas at physiologically normal levels
  - 37°C body core temperature
  - 44mg/L 100% saturated



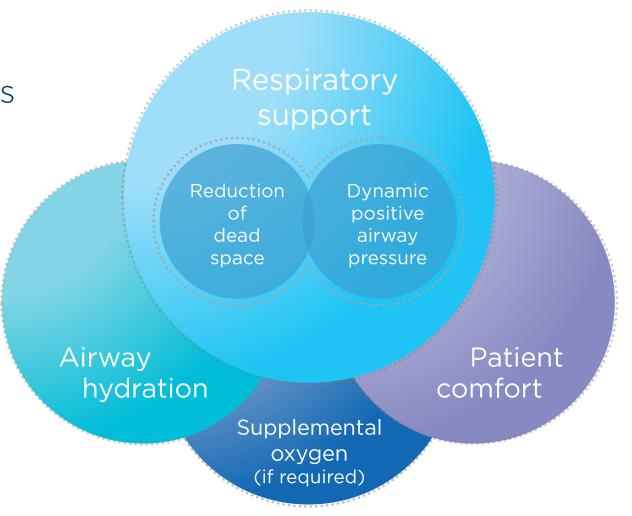


### Optiflow nasal high flow therapy

#### Mechanisms of action

Spontaneously breathing patients with or at risk of respiratory compromise







#### Optiflow - displacing conventional oxygen therapy

### CONVENTIONAL OXYGEN THERAPY



Low flow nasal prongs



Simple face mask



Rebreather mask

### NON-INVASIVE VENTILATION









#### Patient groups who may benefit from Optiflow

#### **ADULTS:**

- Acute respiratory failure
- Asthma
- Atelectasis
- Bronchiectasis
- Bronchitis
- Burns
- COPD
- Chest trauma

- Emphysema
- Palliative Care
- Pneumonia
- Pulmonary embolism
- Respiratory compromise
- Viral pneumonia
- Carbon monoxide poisoning

#### PAEDIATRICS/NEONATES:

- Infant respiratory distress
- Bronchiolitis





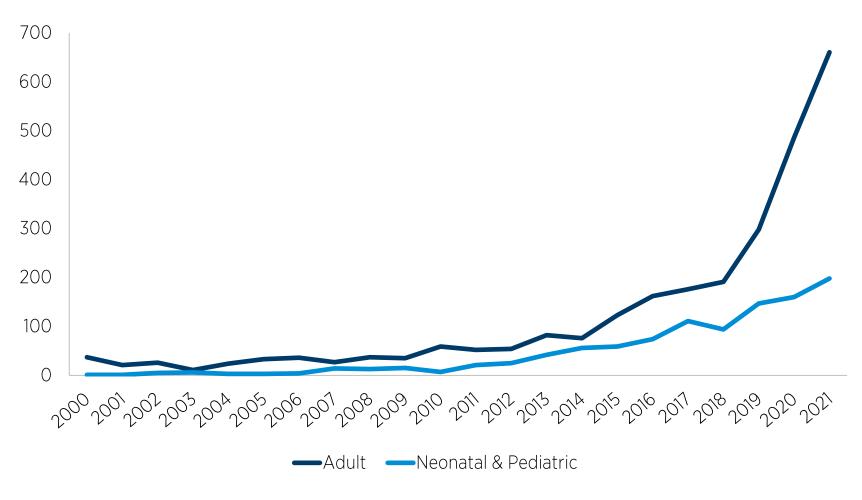
# Clinical practice guidelines: Nasal high flow therapy

Society and recommendations	European Society of Intensive Medicine <b>ESICM</b>	European Respiratory Society ERS	Society of Critical Care Medicine SCC	American Association of Respiratory Care AARC	American College of Physicians ACP
HFNC over COT in hypoxemic ARF					
HFNC over NIV in hypoxemic ARF					
HFNC over COT post-extubation					
HFNC in high risk and/or obese patients following cardiac or thoracic surgery					
HFNC over COT during breaks from NIV					
HFNC or COT in post-operative patients at low risk of pulmonary complications					
HFNC or NIV in post-operative patients at high risk of pulmonary complications					
HFNC to avoid escalation to NIV					



#### Optiflow NHF - a growing body of clinical evidence

#### NASAL HIGH FLOW CLINICAL PAPERS PUBLISHED ANNUALLY



 The publication of 858 clinical papers on NHF signifies the high level of clinical interest in the therapy through the pandemic



### History of growth in hospital new applications

#### CONSTANT CURRENCY REVENUE GROWTH RATE IN NEW APPLICATIONS CONSUMABLES\*









### Obstructive Sleep Apnea

- Obstructive sleep apnea is an underdiagnosed medical condition, with multiple negative outcomes to patients' health.
- It can greatly impair quality of sleep, leading to fatigue; also associated with hypertension, stroke and heart attack
- Estimate >100 million people affected in developed countries
- Most common treatment is CPAP (Continuous Positive Airway Pressure)
  - Key issue with CPAP is compliance
  - Humidification provides significant acceptance and compliance improvements





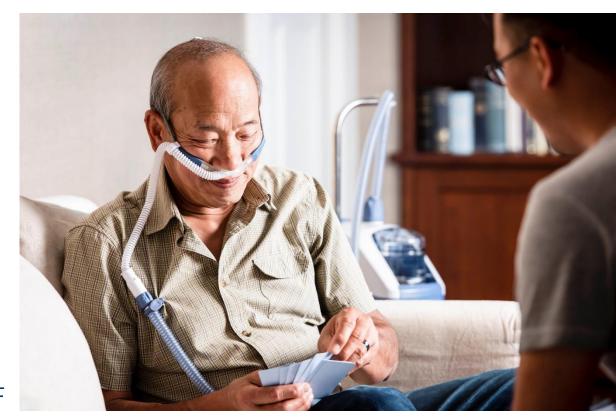
#### Mask matters most

- Masks are key to compliance
- Unique, patented designs
- Released our new Evora<sup>™</sup> Full OSA mask in the United States.



### Home respiratory support

- Chronic obstructive pulmonary disease (COPD) is a lung disease which is commonly associated with smoking
- Emphysema and chronic bronchitis are both forms of COPD
- Chronic respiratory disease, primarily COPD, is the third leading cause of death in the world<sup>17</sup>
- 6% of US adults have been diagnosed with COPD<sup>18</sup> (~15 million people)
- 4-10% COPD prevalence worldwide<sup>19</sup> (~400 million people)
- Emerging evidence for COPD patients using NHF at home, reduced exacerbation rates<sup>10</sup>, reduced hypercapnia<sup>27,28</sup>, and improved quality of life<sup>10,27</sup>.





### Manufacturing and operations

#### **New Zealand**

- Four buildings: 110,000 m<sup>2</sup> / 1,180,000 ft<sup>2</sup>
- Co-location of R&D and manufacturing
- Continued earthworks on building 5
- Entered into conditional agreement for additional 105 hectare campus

#### Tijuana, Mexico

• Three buildings: 63,000 m<sup>2</sup> / 690,000 ft<sup>2</sup>

#### **Future manufacturing**

 Entered lease agreement for a facility in Guangzhou, China. The new facility is aligned with our distributed manufacturing strategy, and our intent is to manufacture a select range of products to service local markets.



Conditional agreement to purchase second R&D and manufacturing campus in Karaka, Auckland



#### Environmental, Social & Governance

#### **Our People**

The Board approved a discretionary profit-sharing payment of \$4 million for company Fisher & Paykel Healthcare employees. Our people have continued to overcome supply chain issues, challenging operational schedules and spikes in • absenteeism related to COVID-19.

#### **Community and Volunteer Sustainable Procurement** Groups

We are proud of the community groups supported through the Foundation and the work of the following F&P volunteer groups:

- Manaaki (indigenous leadership)
- Spectra
- · Women in Engineering Refer to our 2022 Annual Report for more details.

#### FY22 Highlights:

- Articulated a new Environmental & Social Responsibility Policy
- Commenced supplier engagement on modern slavery (covering ~35% of overall supplier spend)
- Initiated modern slavery observations as part of supplier site visits

#### Sustainability disclosures and indices

We participate annually in a suite of wellrespected sustainability disclosure programmes and are included in the Dow Jones Sustainability Index and the FTSE4Good index.

#### Member of

#### Dow Jones Sustainability Indices

Powered by the S&P Global CSA





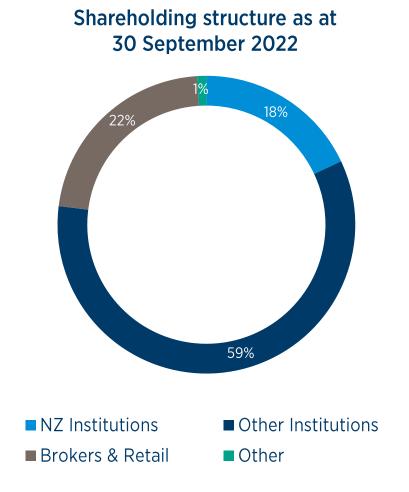
#### **Key Environmental Metrics**

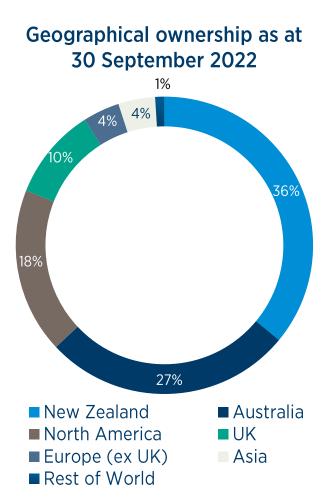
	FY20	FY21	FY22
Scope 1 emissions (tonnes CO <sub>2</sub> e)	1,914	1,465	1,777
Scope 2 emissions (tonnes CO <sub>2</sub> e)	8,814	11,050	10,309
Scope 3 emissions (tonnes CO <sub>2</sub> e)	650,000	718,991	457,112
Total emissions (tonnes CO <sub>2</sub> e)	660,728	734,452	469,198
Water usage (cubic metres)	98,772	134,900	184,171
Landfill waste diverted (cubic metres)	1,032	1,630	2,035
NZ recycling efficiency (percentage of waste diverted from landfill)	66%	62%	68%
Global recycling efficiency (percentage of waste diverted from landfill)	58%	29%	52%



### Ownership structure and listings

Listed on NZX and ASX (NZX.FPH, ASX.FPH)







#### References

#### References

- 1. (2022). Ageing and health. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/ageing-and-health
- 2. Lobstein, T., & Brinsden, H. (2022, March 10). World Obesity Atlas 2022. World Obesity.
- Safiliou-Rothschild, C. (2009), ARE OLDER PEOPLE RESPONSIBLE FOR HIGH HEALTHCARE COSTS? CESifo Forum.
- 4. Global Burden of Disease Health Financing Collaborator Network. Future and potential spending on health 2015-40: development assistance for health, and government, prepaid private, and out-of-pocket health spending in 184 countries. Lancet. 2017 May 20;389(10083):2005-2030. doi: 10.1016/S0140-6736(17)30873-5. Epub 2017 Apr 19. Erratum in: Lancet. 2017 May 20;389(10083):1980. PMID: 28433260; PMCID: PMC5440765.
- 5. KeX, Agnes S et al. Public Spending on Health: A Closer Look at Global Trends. World Health Organisation 2018.
- 6. Frat JP, Thille AW, Mercat A et al. High-flow oxygen through nasal cannula in acute hypoxemic respiratory failure. N Engl J Med. 2015;372(23):2185-96
- 7. Maggiore SM, Idone FA, Vaschetto R et al. Nasal high-flow versus Venturi mask oxygen therapy after extubation. Effects on oxygenation, comfort, and clinical outcome. Am J Respir Crit Care Med. 2014;190(3):282-8
- 8. Stéphan F, Barrucand B, Petit P et al. High-Flow Nasal Oxygen vs Noninvasive Positive Airway Pressure in Hypoxemic Patients After Cardiothoracic Surgery: A Randomized Clinical Trial. JAMA. 2015;313(23):2331-9
- Hernández G, Vaguero C, González P, et al. Effect of Postextubation High-Flow Nasal Cannula vs Conventional Oxygen Therapy on Reintubation in Low-Risk Patients: A Randomized Clinical Trial. JAMA.2016;315(13):1354-1361. doi:10.1001/jama.2016.2711
- 10. Storgaard LH, Hockey HU, Laursen BS, Weinreich UM. Long-term effects of oxygen-enriched high-flow nasal cannula treatment in COPD patients with chronic hypoxemic respiratory failure. Int J Chron Obstruct Pulmon Dis 2018;16:13:1195-1205
- 11. Wing R, James C, Maranda LS et al. Use of high-flow nasal cannula support in the emergency department reduces the need for intubation in pediatric acute respiratory insufficiency. Pediatr Emerg Care. 2012;28(11):1117-23
- 12. McKiernan C, Chua LC, Visintainer PF et al. High flow nasal cannulae therapy in infants with bronchiolitis. J Pediatr. 2010;156(4):634-8
- 13. Milési C, Baleine J, Matecki S et al. Is treatment with a high flow nasal cannula effective in acute viral bronchiolitis? A physiologic study. Intensive Care Med. 2013 Jun;39(6):1088-94
- 14. Manley BJ, Owen LS, Doyle LW et al. High-flow nasal cannulae in very preterm infants after extubation. N Engl J Med. 2013;369(15):1425-33
- 15. Yoder BA, Stoddard RA, Li M, King J et al. Heated, humidified high-flow nasal cannula versus nasal CPAP for respiratory support in neonates. Pediatrics. 2013;131(5):e1482-90
- 16. Collins CL, Holberton JR, Barfield C, Davis PG. A randomized controlled trial to compare heated humidified high-flow nasal cannulae with nasal continuous positive airway pressure postextubation in premature infants. J Pediatr. 2013;162(5):949-54
- 17. Saslow JG, Aghai ZH, Nakhla TA et al. Work of breathing using high-flow nasal cannula in preterm infants. J Perinatol. 2006;26(8):476-80
- 18. World Health Organise (2018) The top 10 causes of death, Available at: https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death (Accessed: 24 May 2018)
- 19. Nicole M Kosacz, Antonello Punturieri et al. Chronic Obstructive Pulmonary Disease Among Adults -United States 2011. US Centers for Disease Control and Prevention, 2012.
- 20. R J Halbert, Sharon Isonaka, Dorothy George, Ahmar Igbal, Interpreting COPD Prevalence Estimates, Chest. 2003; 123:5 1684 1692.
- 21. Rochwerg B, Granton D, Wang DX et al (2019) High flow nasal cannula compared with conventional oxygen therapy for acute hypoxemic respiratory failure; a systematic review and meta-analysis. Intensive Care Med 45(5):563-572.
- 22. Chaudhuri D, Granton D, Wang DX, Burns KEA, Helviz Y, Einav S, Trivedi V, Mauri T, Ricard JD, Mancebo J, Frat JP, Jog S, Hernandez G, Maggiore SM, Mbuagbaw L, Hodgson CL, Jaber S, Goligher EC, Brochard L, Rochwerg B. High-Flow Nasal Cannula in the Immediate Postoperative Period: A Systematic Review and Meta-analysis. Chest. 2020 Nov;158(5):1934-1946. doi: 10.1016/j.chest.2020.06.038. Epub 2020 Jun 29. PMID: 32615190..
- 23. Chaudhuri D, Granton D, Wang DX et al (2020) Moderate certainty evidence suggests the use of high-flow nasal cannula does not decrease hypoxia when compared with conventional oxygen therapy in the peri-intubation period: results of a systematic review and meta-analysis. Critical Care Med.
- 24. Granton D, Chaudhuri D, Wang D, et al. High-Flow Nasal Cannula Compared With Conventional Oxygen Therapy or Noninvasive Ventilation Immediately Postextubation: A Systematic Review and Meta-Analysis. Crit Care Med. 2020;48(11):e1129-e1136. doi:10.1097/CCM.000000000004576.
- 25. Rochwerg B, Einav S, Chaudhuri D, et al. The role for high flow nasal cannula as a respiratory support strategy in adults: a clinical practice guideline. Intensive Care Med. 2020;46(12):2226-2237. doi:10.1007/s00134-020-06312-v.
- 26. Millar J, Lutton S, O'Connor P. The use of high-flow nasal oxygen therapy in the management of hypercarbic respiratory failure. Ther Adv Respir Dis. 2014;8(2):63–64. doi:10.1177/1753465814521890...
- 27. Pavlov I, Plamondon P, Delisle S, Nasal high-flow therapy for type II respiratory failure in COPD: a report of four cases. Respir Med Case Rep. 2017;20:87–88. doi:10.1016/i.rmcr.2016.12.006.
- 28. Rittayamai N. Phuangchoei P. Tscheikuna J. et al. Effects of high-flow nasal cannula and non-invasive ventilation on inspiratory effort in hypercapnic patients with chronic obstructive pulmonary disease; a preliminary study. Ann Intensive Care. 2019; 9(1):122doi:10.1186/s13613-019-0597-5.

