ALRT

Smarter Diabetes Management

Stock Ticker: ALRT

Investor Presentation

September 2022

Forward Looking Statement

Legal disclosure

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Meet ALRT

Transforming diabetes care

Mission

To assist patients and healthcare professionals in improving diabetes outcomes and quality of care, while reducing complications and containing costs.

Human Health

We address adherence to care with active patient management based on predictive A1C, and save healthcare professionals time with automated insulin dose suggests and organized usable data.

Animal Health

The GluCurve Pet CGM is the first and only Continuous Glucose Monitor (CGM) for diabetic pets. Offering sophisticated patient management software with automated glucose curves to veterinarians.

Milestones

Completed

- Pilot & clinical trials in the US, Canada, and Singapore
- FDA Cleared Insulin Dose Adjustment
- Patent pending Predictive A1C Feature
- FDA cleared BGM platform
- GluCurve web portal and apps
- GluCurve Pet CGM non-inferiority study

In Progress

- GluCurve Pet CGM manufacturing agreement
- GluCurve Pet CGM distribution agreement
- GluCurve Pet CGM commercial launch (October 2022)
- Human CGM development
- Singapore redomicile
- CES, VMX, GluCurve marketing

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Diabetes Monitoring Systems

BGM vs CGM

Blood Glucose Meter (BGM)

- Blood is placed on test strip and inserted into a glucose meter to display glucose levels
- Humans use a lancet to draw blood from finger, pets typically require a syringe and must be done by a veterinarian
- Few data points with no reliable data tracking

Continuous Glucose Monitor (CGM)

- Consists of a small adhesive pad holding an electrode sensor coated with enzymes that detect glucose levels from interstitial fluid. Incorporates a transmitter that sends the glucose data wirelessly to a mobile device via Bluetooth.
- Depending on model, CGMs work for 10-14 days capturing glucose levels every 1-5 minutes
- Provides large amounts of glucose readings (data) to better manage care
- Convenient, effortless, and considered by many to be the future of diabetes monitoring.

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ALRT Divisions

Animal & Human

1. **Animal Health**
2. Human Health

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The GluCurve Pet CGM

Revolutionizing diabetes management

- Hardware
  - Up to 14-day sensor life
  - Glucose readings every 3 minutes
  - 1 year shelf life
  - Bluetooth communicates between CGM and mobile app
- Software
  - iOS and Android mobile app for pet owners
  - Web based platform for veterinarians
- GluCurve Platform Features
  - Large scale Patient Management software
  - Compares/overlays daily glucose curves
  - Insulin dose calculators
  - Insulin guidelines
  - Provides remote care
  - Insulin prescription tracking

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Animal Health Opportunity

Anticipated to become the new standard of care

ALRT

The current way of monitoring glucose levels in pets

In-clinic Blood Glucose Curve

- Labor Intensive
  - Blood is drawn from vein of pet via syringe
  - Takes 2+ members of clinic staff
  - Blood is drawn every 2 hours for 10-12 hours
  - Must record, plot, and interpret data manually
- Inaccurate
  - Pets experience high levels of stress making glucose readings inaccurate
  - 6-7 glucose readings in a clinical setting, 2-hour gaps between readings miss highs/lows
- High Cost
  - $100-$300+ depending on blood draw fees, housing fees, and appointment fees
  - Not financially favorable to clinic due to time and effort involved

Our solution for monitoring glucose levels in pets

The GluCurve™ Pet CGM

- Effortless
  - Applied in minutes and pet is sent home
  - Glucose readings captured automatically every 3 minutes for up to 14 days
  - Data is securely sent to web platform where it's analyzed and organized for ease of use by veterinarian
- Accurate
  - Readings recorded in a home environment – stress free results (no elevated glucose levels) showing daily activities, feeding, and insulin injections
- Low Cost
  - Sold directly to veterinarians to stock in-clinic and upcharge to cover expenses / create profit
  - Cheaper for pet owner then most in-clinic blood glucose curves

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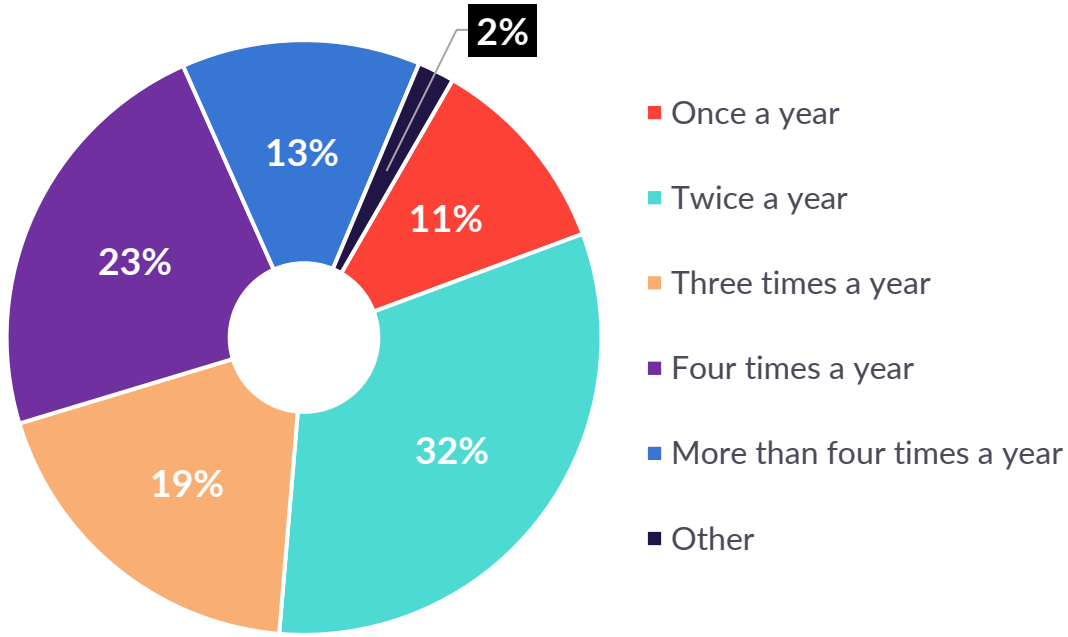
Market Research

Conducted by SmartPharma, April 2021

Highlights

- 97% of veterinarians surveyed said they would use The GluCurve Pet CGM
- 2+ GluCurve Pet CGM's are needed initially for newly diagnosed diabetic pets
- On average, 3 GluCurve Pet CGM's would be used per year for monitoring current diabetic pets
- Use rate expected to grow due to low cost, ease of use, and accuracy of data

How Often Doctors of Veterinary Medicine (DVMs) See Pets for Diabetes Mellitus (DM)



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Market Size

Diabetic animal population

Estimated US pet population (2021)

- Dogs 89.7 million x 0.34% diabetic rate = 304,980
- Cats 95.6 million x 0.58% diabetic rate = 554,480
- Total 859,460 diabetic dogs and cats in the USA

Estimated EU pet population (2020)

- Dogs 90 million x 0.34% diabetic rate = 306,000
- Cats 110 million x 0.58% diabetic rate = 638,000
- Total 944,000 diabetic dogs and cats in Europe.

Estimated Total:

1,803,460 diabetic pets in the US & EU
1-2 million in “rest of world” markets
2.8M-3.8M globally

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The Diabetes Challenge

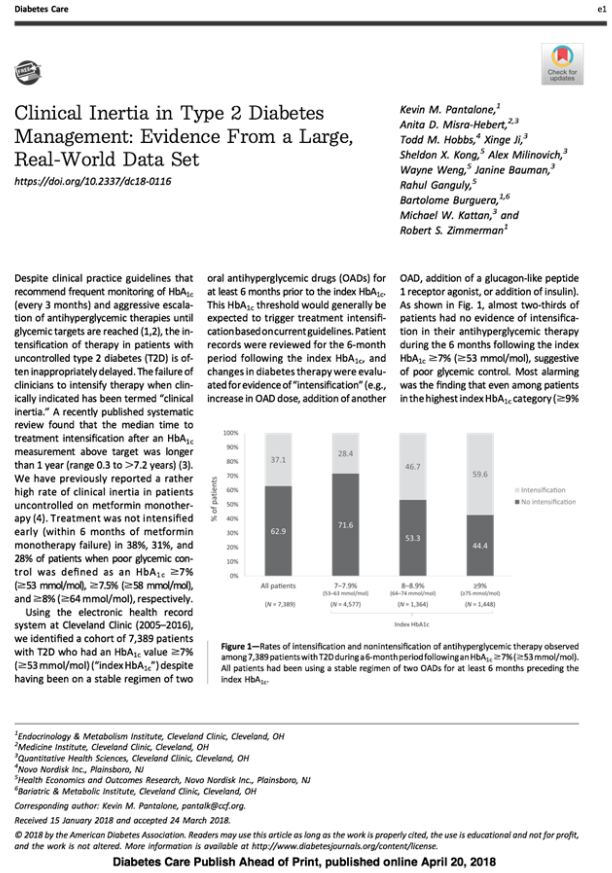
Current methods

The problem with current diabetes management can be summarized in two words:

Clinical Inertia

The failure to advance therapy on a timely basis

- A Cleveland Clinic study across 7,389 patients showed the following patients received no intensification over a years time:
  - 72% patients with A1C between 7-7.9% received no intensification
  - 53% patients with A1C between 8-8.9% received no intensification
  - 44% patients with A1C ≥9% received no intensification



Diabetes Care e1

Clinical Inertia in Type 2 Diabetes Management: Evidence From a Large, Real-World Data Set

https://doi.org/10.2337/dc18-0116

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Despite clinical practice guidelines that recommend frequent monitoring of HbA_{1c} (every 3 months) and aggressive escalation of antihyperglycemic therapies until glycemic targets are reached (1,2), the intensification of therapy in patients with uncontrolled type 2 diabetes (T2D) is often inappropriately delayed. The failure of clinicians to intensify therapy when clinically indicated has been termed "clinical inertia." A recently published systematic review found that the median time to treatment intensification after an HbA_{1c} measurement above target was longer than 1 year (range 0.3 to >7.2 years) (3). We have previously reported a rather high rate of clinical inertia in patients uncontrolled on metformin monotherapy (4). Treatment was not intensified early (within 6 months of metformin monotherapy failure) in 38%, 31%, and 28% of patients when poor glycemic control was defined as an HbA_{1c} ≥7% (≥53 mmol/mol), ≥7.5% (≥58 mmol/mol), and ≥8% (≥64 mmol/mol), respectively.

Using the electronic health record system at Cleveland Clinic (2005–2016), we identified a cohort of 7,389 patients with T2D who had an HbA_{1c} value ≥7% (≥53 mmol/mol) ("index HbA_{1c}") despite having been on a stable regimen of two oral antihyperglycemic drugs (OADs) for at least 6 months prior to the index HbA_{1c}. This HbA_{1c} threshold would generally be expected to trigger treatment intensification based on current guidelines. Patient records were reviewed for the 6-month period following the index HbA_{1c}, and changes in diabetes therapy were evaluated for evidence of "intensification" (e.g., increase in OAD dose, addition of another OAD, addition of a glucagon-like peptide 1 receptor agonist, or addition of insulin). As shown in Fig. 1, almost two-thirds of patients had no evidence of intensification in their antihyperglycemic therapy during the 6 months following the index HbA_{1c} ≥7% (≥53 mmol/mol), suggestive of poor glycemic control. Most alarming was the finding that even among patients in the highest index HbA_{1c} category (≥9%

Figure 1—Rates of intensification and nonintensification of antihyperglycemic therapy observed among 7,389 patients with T2D during a 6-month period following an HbA_{1c} ≥7% (≥53 mmol/mol). All patients had been using a stable regimen of two OADs for at least 6 months preceding the index HbA_{1c}.

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eLETTERS – OBSERVATIONS

The ALRT Approach

Our unique diabetes management solution

ALRT addresses clinical inertia by:

- Shifting diabetes care from **patient self-management** to **active patient management** by the healthcare provider
- Providing artificial intelligence (AI) assisted management of large patient populations
- Patent pending **Predictive A1C** to track progression, and an FDA cleared **Insulin Dose Adjustment** feature that facilitates healthcare providers to optimize insulin dosing on a timely basis
- Providing the only available **preventive** option to contain the progression of diabetes
- Ensuring all patients receive diabetes care based on **best practice guidelines**
- **Tracking performance** of both patients and health care providers

Reducing A1C

- According to the CDC, "In general, every percentage drop in A1C blood test results (e.g. from 8% to 7%) can reduce the risk of microvascular complications (eye, kidney and nerve diseases) by 40%"*
- ALRT's Diabetes Solution was shown to reduce A1C by 1.22% (from 8.8%) in clinical studies

*2011 National Diabetes Fact Sheet, Centers for Disease Control and Prevention, Page 10, www.cdc.gov/diabetes/pubs/pdf/ndfs 2011.pdf

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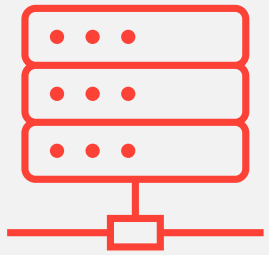
Our Process

The ALRT Diabetes Management Solution



Mass data collection through low-cost BGM or CGM

Our powerful AI, Predictive A1C®, combs through millions of data points to suggest treatment plans

Findings are delivered via our patient management portal directly to the healthcare provider

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The Future for ALRT Human Health

Low-cost human CGMs

Continuous Glucose Monitor (CGM) use rate

- According to the CDC, **over 37 million Americans** have diabetes, and approximately **90-95%** of them have **type 2** diabetes
- However, according to a 2021 market analysis by Seagrove Partners, only **2.4 million Americans** used CGMs. Furthermore, as high as 70% of CGM use is by type 1 diabetics with only **3-4% of type 2 diabetics utilizing CGMs** despite established benefits.

Why the discrepancy?

- We at ALRT believe it is primarily due to cost.
- We are working on offering a low cost CGM that will be paired with our Diabetes Solution software at a monthly price that is competitive to meter and strips (BGM).
- We are in the early stages, more information will be provided in the future

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Objectives Timeline

2022 and 2023

2022

Q3 — July Aug Sep

- GluCurve Global Sales and Distribution Agreement (Sep)
- GluCurve Pre-Launch
- Collaboration on Suggestive Insulin Dose Feature for GluCurve
- Q4 Revenue Guidance (Sep)
- Singapore Redomicile

Q4 — Oct Nov Dec

- GluCurve Commercialization - Soft Launch (Oct)
- Implement Suggestive Insulin Dose Feature For GluCurve
- Human CGM Sample Testing

2023

Q1 — Jan Feb Mar

- Consumer Electronic Show (CES) (Jan)
- Veterinary Meeting & Expo (VMX) (Jan)
- Pursue NYSE American listing

Q2 — Apr May Jun

- Release 2nd Generation GluCurve Model DX (Jun)
- GluCurve DX Pre-Orders (Apr)
- GluCurve Global Launch (Jun)

Timeline and objectives are subject to change, management cannot guarantee dates or completion of objectives. For planning purposes only

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Thank you!

Have any questions?

For more information or investment opportunities please contact ir@alrt.com

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