Disclaimer – Forward Looking Statements

This presentation may include forward-looking statements. You can identify these statements by the fact that they use words such as “anticipate”, “estimate”, “expect”, “project”, “intend”, “plan”, “believe”, “target”, “may”, “assume” or similar expressions.

These forward looking statements speak only as at the date of this presentation and are based on management’s expectations and beliefs concerning future events. Forward-looking statements are necessarily subject to risks, uncertainties and other factors, many of which are outside the control of Avita Medical that could cause actual results to differ materially from such statements.

Avita Medical makes no undertaking to subsequently update or revise the forward-looking statements made in this release to reflect events or circumstances after the date of this release.

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AVITA Medical Board and Capital Structure

A$0.071
Share Price\(^1\)

1.277
Billion Shares Outstanding\(^2\)

A$90.6
Million Market Capitalization\(^1\)

A$17.9
Million Cash\(^3\)

A$0.0
(Zero) Debt

DIRECTORS

Dr. Michael Perry
CEO, AVITA Medical

Lou Panaccio, Chairman
Non-Executive Director
Sonic Healthcare Limited

Jeremy Curnock Cook
Managing Director of Bioscience Managers Pty Ltd

Professor Suzanne Crowe
Multiple positions including Associate Director of the Burnet Institute

Louis Drapeau
Nektar Therapeutics, BioMarin Pharmaceutical, Inc., and Arthur Andersen LLP.

Damien McDonald
Chief Executive Officer of LivaNova

MAJOR SHAREHOLDERS\(^2\)

Karst Peak Capital Limited 14.9%
BioScience Managers Pty Ltd 9.0%
Regal Funds Management Pty Ltd. 8.1%
Top ten in aggregate 46.8%

ANALYSTS

John Hester, Bell Potter
Brooks O’Neil, Lake Street Capital Markets

1. As of 20 July 2018
2. Includes shares issued in Tranche 1 of June 2018 financing
3. As of 30 June 2018, pro forma to reflect $3.0 million in estimated net proceeds from Tranche 2 of 2018 financing to close post-fiscal year end
Overview of Avita Medical
Avita Medical - Company Overview

- Regenerative medicine company with a technology platform poised to address a broad range of applications in skin
- Patented and proprietary collection and application system comprised of device and biologics
- U.S. launch of lead product RECELL® planned for CY 2018
- Headquartered in California with operations in Australia and Europe
- Substantial U.S. Government support under BARDA program
- Experienced leadership team

LEAD PRODUCT
Investigational medical device currently in use in major US burn centers through controlled clinical trials as well as FDA-approved compassionate use and continued access programs
Leadership Team with the Right Expertise

Upgraded C-Suite 2017

Dr. Michael S. Perry
CEO
>30 years experience
Affiliations:
- Novartis
- Schering-Plough
- Bay City Capital
- Baxter
- Genetic Therapy, Inc.

Dale Sander
CFO
35 years experience
Affiliations:
- Sutherland
- Ernst & Young

Erin Liberto
CCO
16 years experience
Affiliations:
- Johnson & Johnson
- Allergan

Tim Rooney
CAO
25 years experience
Affiliations:
- PDI
- EcoStrip

Andrew Quick
Sr VP, Clinical Development
22 years experience
Affiliations:
- AB
- Sonova
- SonaMed Corp
- Boston Scientific
RECELL Overview
Pioneer in Skin Regeneration

- RECELL is a unique cellular therapy platform for skin regeneration
- Skin regeneration through cellular therapy can address a multitude of acute and chronic diseases and aesthetic conditions

- Burns
  - Full thickness and partial thickness

- Chronic Wounds
  - Venous leg ulcers and diabetic foot ulcers

- Pigmentation
  - Vitiligo, hyper and hypo-pigmentation

- Aesthetics
  - Reconstructive surgery, facial rejuvenation

- Burns will be first indication launched in U.S.
RECELL Skin Regeneration Platform

DEVICE PLATFORM

Single-use, sterile, self contained system

1. Easy to use
2. 30 minutes to treatment
3. Treatment area is 80x donor area

Regenerative Medicine Platform

- An Autologous Cell Harvesting Device that uses proprietary enzyme and buffer formulations to generate a “spray-on skin” replacement within 30 minutes

Designed by Surgeons

- An elegant means to deliver skin regeneration to patients at ‘point-of-care’

Proven Safety and Efficacy

- 7,000+ uses to date in multiple world markets with no observed safety signals
- Compelling clinical results and robust health-economic data

>50 Peer-Reviewed Publications
U.S. Clinical Trials Supporting FDA PMA in Burns

PMA for RECELL
- PreMarket Approval (PMA) application *filed September 28, 2017*
- Supported by two pivotal randomized controlled clinical trials additional clinical studies
- FDA approval anticipated in Q3 2018
Significant Unmet Needs Remain for Burn Patients under Current Practice/Standard of Care

Current Standard of Care (SoC): Split-Thickness Skin Graft (STSG)

Skin Graft (Used in 75% of Cases)

- Large donor area required
- Pain - during and post procedure
- Extended hospitalization and costs
- Multiple complex, costly, surgical procedures
- Risk of infection

Other Offerings

- Temporizing Artificial Skin
- Dermal Matrices
- Closure Cultured Epithelial Autograft (CEA)

- Expensive
- Cosmesis - sub-optimal/poor
- Extended hospitalization
- Multiple complex, costly, surgical procedures
- Treatment time
- Risk of rejection

Specific to CEA

Current Standard of Care for Burn Patients is Suboptimal and Expensive
Pivotal Trials: Top-Line Data
RECELL Dramatically Reduces Donor Skin Requirement (Autograft Sparing)

- Definitive wound closure
- Equivalent long-term outcomes
- Significantly less harvesting of donor skin
- No safety signals

Pivotal Trial 1: Partial-Thickness Burn

<table>
<thead>
<tr>
<th>Mean Donor Area (cm²)</th>
<th>Control</th>
<th>reCELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>250</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>200</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>150</td>
<td>0</td>
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<tr>
<td>100</td>
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</tr>
<tr>
<td>50</td>
<td>0</td>
<td></td>
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<tr>
<td>0</td>
<td>0</td>
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</table>

p<0.001
97.5% reduction

Pivotal Trial 2: Full-Thickness Burn

<table>
<thead>
<tr>
<th>Donor requirement per cm² treatment area</th>
<th>Control</th>
<th>reCELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.8</td>
<td>0.4</td>
<td>0.2</td>
</tr>
</tbody>
</table>

p<0.001
32% reduction

Full Results Presented at ABA Meeting April 2018
Facial Burn Study Presented at ABA Meeting April 2018

Case Study from RECELL Compassionate Use Program

- 12-year-old girl with 2nd-degree facial burn and widespread 3rd-degree burns
- 62% Total Body Surface Area (TBSA) burn injury
- Insufficient donor skin available for SoC
- Reintroduction of melanocytes resulted in an excellent cosmetic outcome
- No facial contracture release surgery required
- Discharged in 24 days

➢ RECELL is ideal for treatment of facial burns
RECELL Clinical Results Prominently Featured in April 2018 Annual ABA Meeting

SIX PRESENTATIONS AT THE 50th ANNUAL MEETING OF THE AMERICAN BURN ASSOCIATION IN APRIL 2018

✓ Pivotal results of RECELL in partial-thickness (second-degree) Burns - “Top 5 Abstract”
✓ Pivotal results of RECELL in full-thickness (third-degree) burns
✓ Health economics of RECELL in treatment of burns
✓ Initial experience with RECELL for treatment of partial-thickness facial burns
✓ Compassionate use experience with RECELL to treat large TBSA injuries
✓ Preclinical study of RECELL in combination with dermal substitutes
Burn Market & RECELL Commercial Strategy
## RECELL Clinical Benefit

### BURN HEALING
- Comparable (short-term) definitive closure, ↓ pain, ↑ subject satisfaction, and improved (long-term) scar outcomes... compared to conventional autografting/STSG

### AUTOGRAFT SPARING
- 97.5% less donor skin harvested for partial-thickness burn treatment (*RECELL alone*)
- 32% less donor skin harvested for full-thickness burn treatment (*RECELL with STSG*)

### DONOR SITE HEALING
- Measured for partial-thickness treatments
  - At 2 weeks the likelihood of donor site healing was **4.4x higher** with RECELL vs SoC/STSG
  - Reduced pain, increased patient satisfaction, and improved scar outcomes

### SAFETY
- Adverse events typical for injuries sustained by patients with burn wounds

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_Demonstrated in 2 pivotal trials and 60+ compassionate use cases_
Burns Opportunity in the U.S. is Large
Over $5 billion Spent Annually on Burn Treatment

486,000
Patients treated for burns annually

53,000 Inpatient
433,000 Outpatient

12,720 Inpatients
>10% TBSA

77,940 Outpatients
>10% TBSA

2,600 Inpatients
>30% TBSA

16,238 Outpatients
>30% TBSA

Initial Market Opportunity (inpatient)

Secondary Market Opportunity (outpatient)

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RECELL Already in Use at Major Burn Centers

Highly concentrated call points will aid rapid adoption

- 127 burn centers in the U.S.
- Avita is presently engaged with many of the 300 burns surgeons in the U.S.
- 16% of U.S. burn centers already have experience with RECELL representing more than 22% of total case volume*
- Establishing optimal territory plans and the frequency of “touch-points” to maximize product uptake post-approval

*Clinical trials, Compassionate Use, Continued Access
Case Studies Validate RECELL’s Dramatic Cost Advantage
Two examples (UK & USA):

Case Study: Pinderfields Hospital (UK)

- Showed up to 42% savings in patients with up to 20% TBSA burns
- Shortened acute surgery duration\(^{(3)}(4)\)
- Reduced length of stay\(^{(4)}\)

Case Study: Wake Forest Baptist Medical Center

- 11 adults with median of 63% TBSA\(^{(1)}\)
- RECELL treatment shortened hospital stay (119 days) to 71 days on average
  - 42% reduction in length of stay\(^{(2)}\)
  - $1.6M savings to the hospital
  - $143K savings per patient

REFERENCES

(2) https://www.hcup-us.ahrq.gov/reports/statbriefs/sb217-Burn-Hospital-Stays-ED-Visits-2013.jsp at Wake Forest the average stay per TBSA decreased from 1.8 days per every 1% TBSA to 1.1 days resulting in the 42% reduction in LOS
(3) Lim et al. 2013. Is the length of time in acute burn surgery associated with poorer outcomes?
(4) Park et al. 2013. Does the type of skin replacement surgery influence the rate of infection in acute burn injured patients?
Health Economic Model Demonstrates RECELL Cost Savings Presented at ABA Meeting in April 2018

- IQVIA (IMS) developed a Burn Care Pathway Health Economic model, including a budget impact model of RECELL
- Externally validated model will allow Avita to approach hospital VAC (Value & Analysis Committees) and Payers with a strong economic justification package
- Model can be tailored to patient populations relevant to individual hospitals, healthcare systems, etc.
- Robust publication and podium schedule:
  - ABA Meeting in April 2018
  - International Society For Pharmacoeconomics and Outcomes Research (ISPOR) Meeting in May 2018
  - Peer-reviewed publications

**Figure 1:** Relative cost per patient of current management versus RECELL by TBSA and depth

**Conclusion:** Use of RECELL is expected to reduce costs across TBSA ranges for FT and DPT patients, with relative savings increasing as TBSA increases.

**Figure 2:** Annual budget impact of current management versus RECELL for a burn center with 200 patients

**Conclusion:** Considering the expected mix of adult patients entering a typical burn center each year (as informed by NBR data), use of RECELL in burn management is expected to reduce costs overall.

Marketing and Sales Strategy

- **United States:**
  - Avita will market RECELL directly
  - Experienced Marketing and Sales personnel led by Erin Liberto
    - Prior launch experience: Johnson & Johnson and Allergan
  - Highly concentrated market with only 127 burn centers and 300 burn surgeons
  - Strong awareness of RECELL due to controlled clinical studies, Continued Access, and Compassionate Use programs
    - 16% of U.S. burn centers, representing more than 22% of the total number of burn patients treated each year, have experience treating burn patients with RECELL
  - U.S. sales will be augmented by BARDA procurement for U.S. disaster preparedness

- **International Markets:**
  - Initial approvals outside of the U.S. were obtained without the benefit of controlled clinical studies, which limited reimbursement and promotion
  - Current international sales efforts are limited to meeting existing demand/users
  - Avita will re-launch and re-price in these markets based on publication of controlled pivotal trials, the results of regional trials, and health economic data
Pipeline and Milestones
Pipeline to Focus on Aesthetics in the Near-Term Followed by Cell Therapy and Cell-Based Gene Therapy in Longer Term

- **Burns**
  - Adult Patients
  - Pediatric Patients

- **Chronic Wounds**
  - Venous Leg Ulcers
  - Diabetic Foot Ulcers

- **Aesthetics**
  - Hypo & Hyper Pigmentation
  - Vitiligo
  - Scar Revision

- **Cell Therapy**
  - RECELL provides the ideal platform to isolate specific skin cell populations for further treatment
  - Target indications yet to be disclosed

- **Cell-based Gene Therapy**
Financial Overview

(AUD in 000s) | Six Months Ended December 31, 2017 | 2016
--- | --- | ---
Revenue | $4,502 | $3,639
Operating Costs | 11,443 | 7,975
Net Loss | (7,251) | (4,563)
Cash | 11,777\(^1\) | 3,790

| Tickers: ASX:AVH and OTCQX:AVMXY |

BARDA Program
- U.S. Biomedical Advanced Research and Development Authority
  - Mandate: disaster preparedness & response
  - Providing sizable non-dilutive funding
  - Total estimated contract value US$79.2M
  - Major programs supported:
    - PMA
    - Health Economic Model
    - Pediatric clinical trials
    - Disaster preparedness stockpile

\(^1\)Up to $16 million added in June 2018 financing, $12.77 in Tranche 1 already received and $3.25 million in Tranche 2 subject to shareholder approval
2018 is a Transformative Year for Avita

<table>
<thead>
<tr>
<th>Key Milestones</th>
<th>Projected Date</th>
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<tbody>
<tr>
<td><strong>Recent Milestones:</strong></td>
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<tr>
<td>Randomized controlled burns trial funded by Chinese Government</td>
<td>Q1 2018</td>
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<tr>
<td>Six presentations at ABA Conference, including plenary session</td>
<td>Q2 2018</td>
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<tr>
<td>Health economic presentation at ISPOR Conference</td>
<td>Q2 2018</td>
</tr>
<tr>
<td>Publication of 2nd-degree burn pivotal trial results in <em>JBCRES</em></td>
<td>Q2 2018</td>
</tr>
<tr>
<td>Acquisition of Manufacturing facility for RECELL</td>
<td>Q3 2018</td>
</tr>
<tr>
<td><strong>Upcoming Milestones:</strong></td>
<td></td>
</tr>
<tr>
<td>Commencement of two U.S. pediatric burn clinical trials</td>
<td>Q3 2018</td>
</tr>
<tr>
<td>RECELL PMA approval</td>
<td>Q3 2018</td>
</tr>
<tr>
<td>Commencement of Australian RECELL pediatric scalds study</td>
<td>Q3 2018</td>
</tr>
<tr>
<td>RECELL U.S. market launch</td>
<td>Q4 2018</td>
</tr>
<tr>
<td>BARDA procurement (stockpiling of RECELL for disaster preparedness)</td>
<td>2018</td>
</tr>
<tr>
<td>Multiple publications and presentations of RECELL pivotal trial results</td>
<td>2018</td>
</tr>
</tbody>
</table>

The above key milestones are subject to material risks and uncertainties, many of which are difficult to predict and generally beyond the control of Avita, that could cause actual results to differ materially from those expressed in, or implied or projected by the above milestones. For additional risk factors see slide 25 of this presentation.
Risk Factors

There are numerous risk factors involved with the Company’s business. Some of these risks can be mitigated by the use of safeguards and appropriate systems and controls, but some are outside the control of the Company and cannot be mitigated. Accordingly, an investment in the Company carries no guarantee with respect to the payment of dividends, return of capital or price at which securities will trade. The following is a summary of the more material matters to be considered. However, this summary is not exhaustive. Potential investor should consult their professional advisors before deciding whether to invest.

- **Technological Change:** Technological change presents the Company with significant opportunities for growth. However, the risk remains that any competitor may introduce new technology enabling it to gain a significant competitive advantage over the Company.

- **Reliance on key personnel:** The Company’s success depends to a significant extent upon its key management personnel, as well as other management and technical personnel including sub-contractors. The loss of the services of any such personnel could have an adverse effect on the Company.

- **Competition:** The Company competes with other companies, including nationally in Australia and internationally. Some of these companies have greater financial and other resources than the Company and, as a result, may be in a better position to compete for future business opportunities. There can be no assurance that the Company can compete effectively with these companies.

- **Patent Protection:** The patent protection that the Company may obtain varies from product to product and country to country and may not be sufficient, including to maintain product exclusivity. Patent rights are also limited in time and do not always provide effective protection for products and services: competitors may successfully avoid patents through design innovation, the Company may not hold sufficient evidence of infringement to bring suit, or the infringement claim may not result in a decision that the rights are valid, enforceable or infringed. Legislation or regulatory actions subsequent to the filing date of a patent application may affect what an applicant is entitled to claim in a pending application and may also affect whether a granted patent can be enforced in certain circumstances. Laws relating to biotechnology remain the subject of ongoing political controversy in some countries. The risk of changed laws affecting patent rights is generally considered greater for the biotechnology field than in other longer established fields.

- **Change in government policy and legislation:** Any material adverse changes in relevant government policies or legislation of Australia / United States may affect the viability and profitability of the Company, and consequent returns to investors. The activities of the Company are subject to various federal, state and local laws governing prospecting, development, production, taxes, labor standards and occupational health and safety, and other matters."
Thank you for your attention
Appendix
ReCell processes small samples of patients’ own skin to create a cell suspension of disaggregated cells. Disaggregated skin cells in suspension form new tissue across the entire area rather than waiting for cellular resources from the wound edge.

- Cell suspension includes pigment-producing cells (melanocytes)
- Cell suspension facilitates re-epithelialization of areas of viable dermis (partial-thickness burns), and areas within the spaces of split-thickness autografts for full-thickness burns
RECELL Eliminated the Need for Skin Graft in a Pediatric Patient

Case Study: 2-year-old pediatric scald

- RECELL eliminated the requirement for skin grafts, so no large donor sites
- No contracture (scarring) or surgical follow-up required

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Pediatric Burns are a Key Treatment Focus
RECELL achieved healing and pigmentation when Standard of Care failed

Case Report: RECELL Treatment Outcome for Deep Partial-Thickness Burn

- 48-year-old victim of a gas boiler explosion
- Standard of care failed to heal the 2nd degree facial burn wounds
- Use of RECELL achieved wound healing
- Reintroduction of melanocytes resulted in an excellent cosmetic outcome
- RECELL ‘s unique advantages make it the ideal solution for facial burns and other visible burn sites

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Post-Operation</th>
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<tbody>
<tr>
<td>Excision and ReCell®</td>
<td>14 weeks</td>
</tr>
</tbody>
</table>

Restoration of Normal Pigment Critical For Patients
RECELL restored natural pigmentation of skin in Vitiligo

- Repigmentation of hypo-pigmented skin due to vitiligo, old age, injury, skin treatments
  - Most significant unmet medical need in aesthetic dermatology
- Current inadequate treatment options for repigmentation
  - Non-surgical options “lotions & potions” and light therapy only sometimes efficacious
  - Lab-based melanocyte transfer is sole surgical choice but expensive and time consuming
- RECELL is the only simple and cost-effective solution for skin repigmentation
- Ongoing collaboration with renowned Netherlands Institute for Pigment Disorders

Baseline 18 weeks post treatment
KOL feedback has been extremely positive

Avita is gaining rapid support and endorsement from U.S. Key Opinion Leaders

“...RECELL on meshed grafts-always looks outstanding. I mean, it looks unbelievably good. I can’t wait to try this on larger areas of graft. This is a great product and we will use it extensively following approval.”

Dr. Kevin Foster
Chief of Burn Services, Arizona Burn Center

“Approval of (RECELL) is, in my opinion, important. It will allow the burn surgeon to add another tool to his/her armamentarium that will help heal partial thickness injuries in a more rapid fashion, decrease the length of hospital stay, decrease the discomfort the patient experiences due to large donor sites, and improve our outcomes.”

Dr. William L. Hickerson,
Director Firefighters’ Regional Burn Center, Memphis

“...Technologies like RECELL, address a current unmet medical need and offer the potential of clinical benefit. The Department of Defense’s financial support of skin repair research using this and other technology is indicative of the potential we see in these interventions.”

Col. Booker King, MD,
Director, US Army Institute for Surgical Research Burn Center

U.S. Centers are Eagerly Anticipating ReCell® Approval