PharmaJet®

Needle-Free Injection™

PharmaJet Overview & Value

- ***History of Needle-Free Jet Injection***
- ***Stratis®* Needle-free Injector**
- **Why *Stratis* for Flu Shots?**
- **Regulatory Clearances**
- **Clinical Study Results**
- **User Experience Data – Patients**
- **User Experience Data – Healthcare Providers**
- **Cost/Benefit Comparison**
- **Education & Training Tools**
- **Value of Needle-free for**
  - **Pharmacies**
  - **Public Health Providers**
  - **Healthcare Institutions**

Colorado Children's Immunization Coalition Meeting – January 15, 2015

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Needle-Free Injection™

Needle-Free Jet Injection History for Immunization

Needle-Free Jet Injection - Clinical Efficacy & Safety

60 Years of Published Evidence across ~250 studies

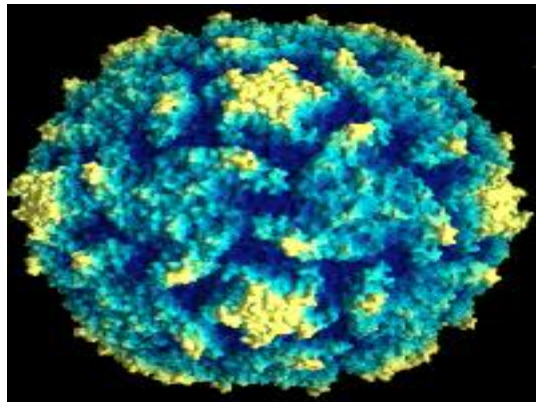
- Delivery by jet injection is equal to or better than needle & syringe as evaluated by immune response
- Increased local site reactions with jet injection; well tolerated

Inactivated Vaccines:

- Botulism
- Cholera
- DTP
- Hepatitis A
- Hepatitis B
- **Influenza**
- Japanese encephalitis
- Meningococcal A, C
- Polio
- Tetanus
- Typhoid
- Novel: DNA, Peptide

Live Vaccines:

- BCG
- Measles
- Mumps
- MMR
- Measles-Smallpox
- Rubella
- Smallpox
- Yellow Fever



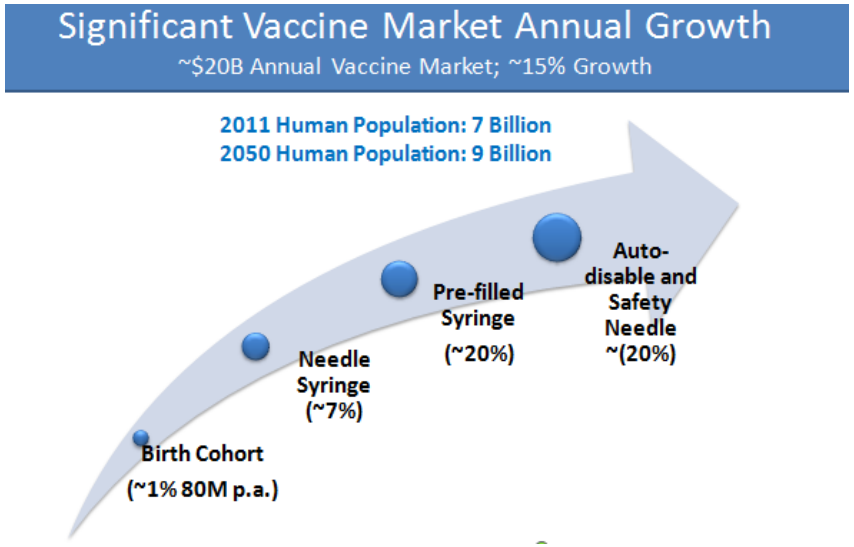
Vaccines, 5th ed. Philadelphia, PA: Saunders (Elsevier); 2008;1357-1392 [ISBN 978 1 4160 3611 1].
Weniger BG, Papania MJ. Alternative Vaccine Delivery Methods [Chapter 61]. In: Plotkin SA, Orenstein WA, Offit PA, eds.

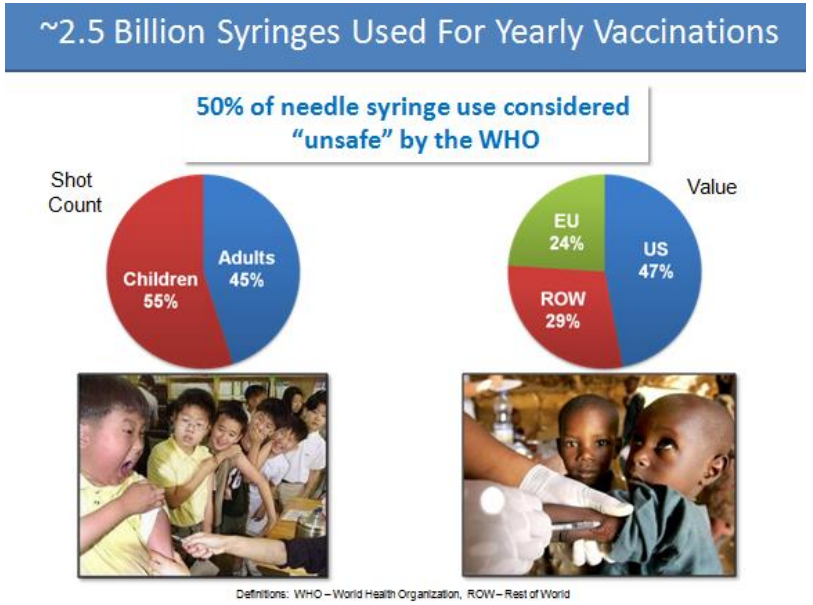
- **Centers for Disease Control and Prevention** – ***CDC 2011 General Recommendations on Immunizations***

  "Jet injectors prevent needle-stick injuries to health-care providers and can overcome improper, unsterile reuse and other drawbacks of needles and syringes. Immune responses generated by jet injectors against both attenuated and inactivated viral and bacterial antigens are usually equivalent to, and occasionally greater than, immune responses induced by needle injection."

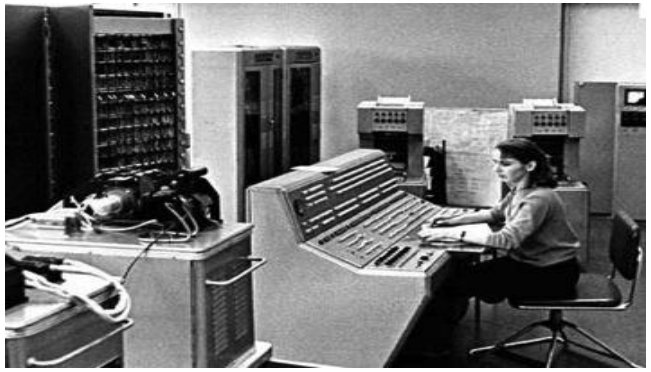
Focus: Vaccines

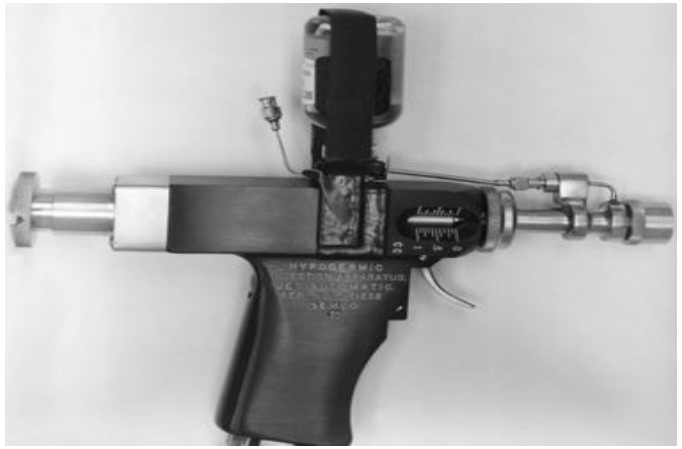
- Large growing global market
- Immunization:
  - Core requirement for healthy populations
  - Least expensive form of preventative healthcare
- Many vaccines under development providing large future opportunity
- Needle stick, re-use, and pass along disease create need for “safe injection”
- 50% of needle syringe use considered “unsafe” by the WHO[3]
- Simple training, safe, consistent delivery





Needle-Free is not new, but PharmaJet is the “new” Needle-Free





Safe. Easy. No Needle.

60 years

World Health Organization — Our health Our future

PharmaJet’s needle-free, single use, auto-disable, spring powered injector passes WHO PQS testing and evaluation, becoming the first needle-free jet injection device cleared for UNICEF procurement for 101 countries (January 2013)

PharmaJet®

Global Demonstrated Benefit & Acceptance

Cambodia Mass Immunization Program:
http://www.youtube.com/watch?v=8lZ4pbNzUP0
Cambodia Healthcare Worker Interview:
http://www.youtube.com/watch?v=ExwEdTX-udI
Kuwait National Immunization Week
http://www.youtube.com/watch?v=p_LUGjrqUpk&feature=youtu.be
http://www.youtube.com/watch?v=oKwnAZSw6N0

Global experiences in clinics, pharmacies, and mass immunization venues have confirmed care-giver and patient utility and preference vs. needle-syringe delivery (usually ~90% prefer PharmaJet)

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Needle-Free Injection™

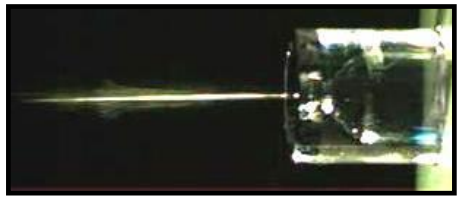
PharmaJet's Immunization Device

Stratis® Needle-free Jet Injector

- Safe, easy, cost effective and a better experience for patient and caregiver.

Reusable Injector

Disposable Needle-free Syringe



0.5mL Intramuscular (IM) Injections

PharmaJet®

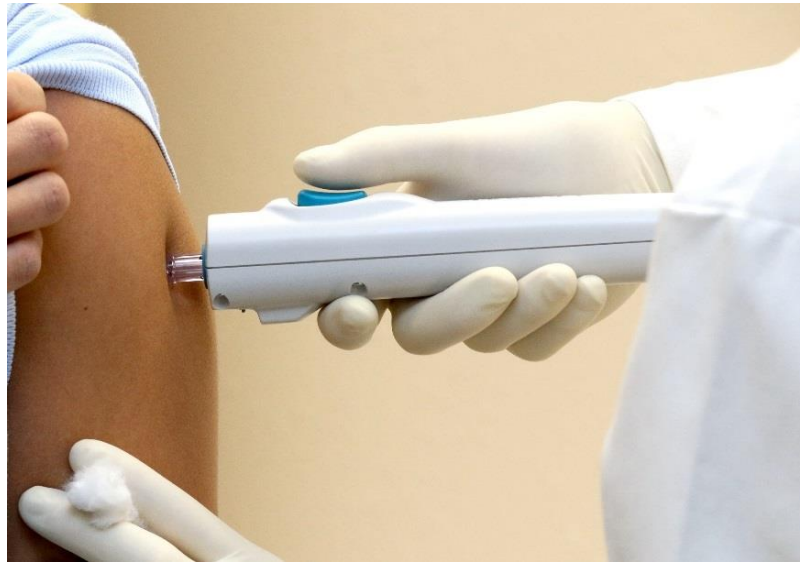
Stratis Workflow – Fast & Intuitive

1. Prepare Injector

2. Fill Syringe

3. Load Injector

4. Give Injection



- Time competitive with needle-syringe

http://pharmajet.com/product/

Majority of users are self-trained within 20 minutes

Regulatory Clearances

World Health Organization

World Health Organization

Federal Ministry of Health, Islamic Republic of Pakistan

Ministry of Health

Republic of Turkey Ministry of Health

MINISTRY OF FOOD AND DRUG SAFETY

ANVISA

and others…

Center for Devices and Radiological Health CDRH

PharmaJet's Class II medical devices allow for delivery of "various medications and vaccines" under their 510k marketing clearances.

FDA News – August 19th, 2014

Articles

Needle-free jet injection for administration of influenza vaccine: a randomised non-inferiority trial

PharmaJet

PharmaJet's Needle-Free Injector Approved by FDA for Delivery of Flu Vaccine

U.S. Food and Drug Administration
Protecting and Promoting Your Health

FDA Updated Communication on Use of Jet Injectors with Inactivated Influenza Vaccines

Date Issued: August 15, 2014

Audience: Healthcare professionals who administer inactivated influenza vaccines

Purpose: The Food and Drug Administration (FDA) is providing updated information to healthcare professionals on the administration of the inactivated influenza vaccine, Afluria (manufactured by bioCSL Pty Ltd.). On August 15, 2014 FDA approved the administration of Afluria for use with one jet injector device, the PharmaJet Stratis Needle-free Injection System (manufactured by PharmaJet Inc.) for intramuscular injection in adults 18 through 64 years of age. For adults 18 through 64 years of age, Afluria may be administered by intramuscular injection with either the PharmaJet Stratis Needle-free Injection System or with a sterile needle and syringe.

FDA continues to recommend that healthcare professionals use a sterile needle and syringe to administer Afluria to persons 5 through 17 years of age and to persons 65 years of age and older.

FDA continues to recommend that healthcare professionals use a sterile needle and syringe to administer other inactivated influenza vaccines.

- Summary of the Issue
- Background Information
- Safety and Effectiveness of Afluria Administered with PharmaJet Stratis Needle-Free Injection System
- Administration of Afluria to Other Age Groups and Administration of Other Inactivated Influenza Vaccines
- Recommendations/Actions
- Questions and Answers
- Contact Information

Summary of the Issue

FDA has approved the administration of the inactivated influenza vaccine, Afluria (manufactured by bioCSL Pty Ltd.) for use with the PharmaJet Stratis Needle-Free Injection System (manufactured by PharmaJet Inc.) for intramuscular injection in adults 18 through 64 years of age. Afluria continues to be approved for intramuscular injection using a sterile needle and syringe for persons 5 years of age and older.

In the past several years FDA has received questions regarding the use of jet injector devices to administer inactivated influenza vaccines. Inactivated influenza vaccines that are approved by the FDA have information in their labeling stating how the vaccines should be administered, such as, by intramuscular (IM) or intradermal (ID) administration. With the exception of Afluria, (which may also be administered IM with the PharmaJet Stratis Needle-Free Injection System to adults ages 18 through 64), all other inactivated influenza vaccines labeled for IM injection are approved for administration using a sterile needle and syringe only.

PharmaJet Quality

Rigorous Testing Standards

- FDA-registered and listed
- Good Manufacturing Practices
- WHO/PQS Certified
- ISO 13485 QMS compliant
- ISO 21649 Needle Free WW Standard compliant
- ISO 10993, ISO 11737 Single Use, Sterility compliant
- ISO 11607, ISO 11135, and ISO 11137

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Needle-Free Market Drivers

The Economic Burden (and Incentive) Around Influenza

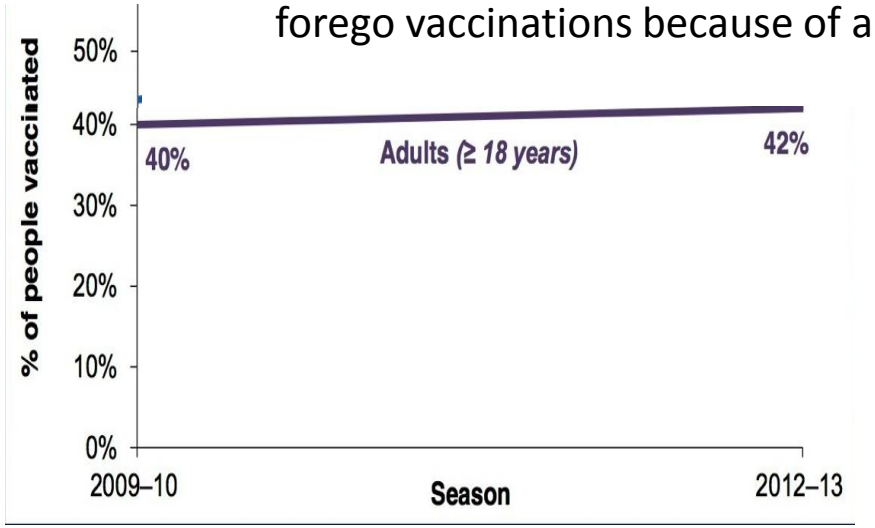
An Easy Money Saver: the Flu Shot

Pharmacies Offer Them; Health Law Makes Them Affordable

The CDC estimates that the flu costs the U.S. more than $87 billion a year and results in 17 million lost workdays.

Why Needle-free Jet Injectors for Flu Shots?

- **CDC:** Recommends <u>all</u> US citizens over 6 months old receive an annual influenza vaccination.
- **HHS:** *Healthy People 2020* campaign that includes the goal of 70% flu immunization compliance by the year 2020. (90% for HCP)
- **However, flu immunization rates hover at ~40% for the past 5 years.**[1]
  - The US adult population needs improved delivery options, better access and better convenience for receiving a flu shot.
  - **Needles are a barrier to immunization;** Up to 24% of people forego vaccinations because of an aversion to needle injections.[2]



Compliance
'13-'14 Flu Season (est.)

18-49:	24.7%
50-64:	39.2%
>65:	60.4%

- **PharmaJet can help facilitate increased immunization coverage.**

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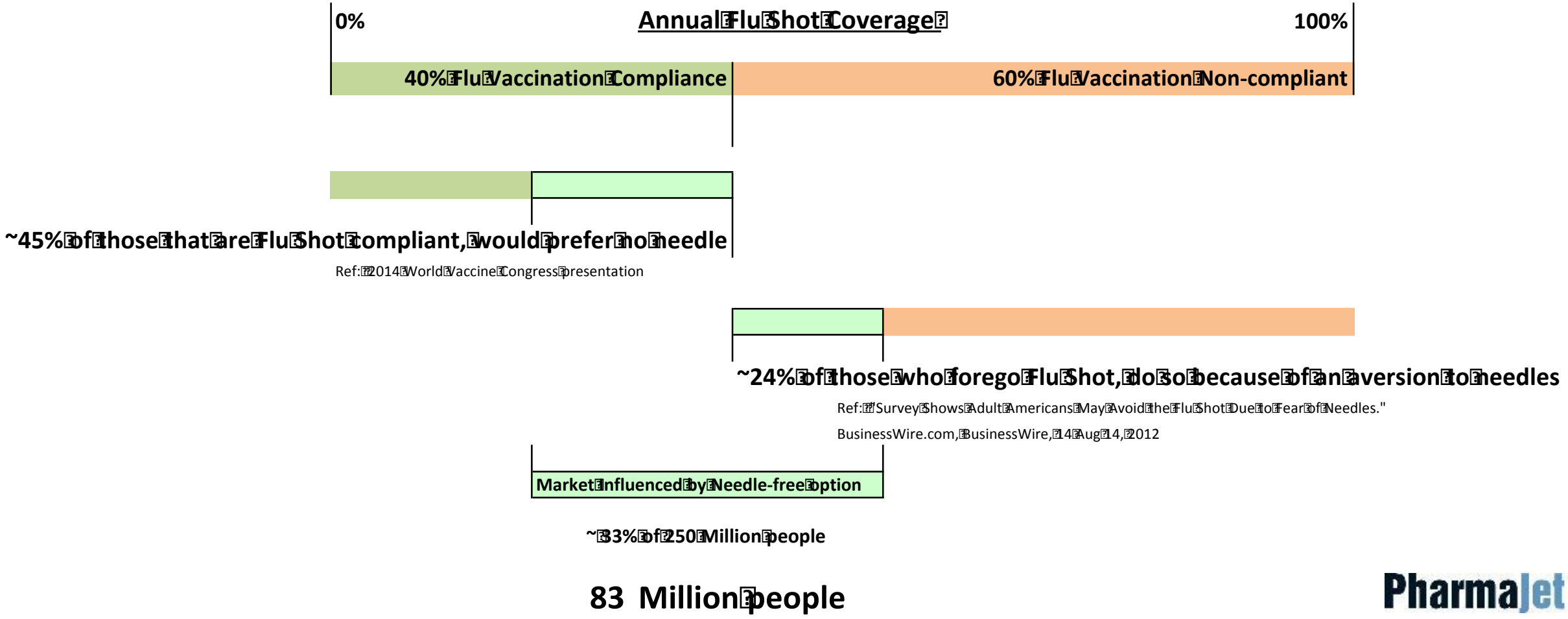
References: (1) CDC 2014 Flu data & (2) Business Week 8/14/14

Market Opportunity

PharmaJet provides a safe, effective, needle-free option for retail pharmacies focused on attracting new customers



PharmaJet

Value Proposition – Saves Lives and Money

- No needle!
- Single use
- Auto-disabling
- Inherent dose accuracy
- Simple waste disposal (syringe has no needle)
- Minimal dead space

Pharmajet®

Value Proposition – Saves Lives and Money

COST OF NEEDLE INJECTIONS

For healthcare providers, **the cost of administering vaccines goes beyond the price of the needle and syringe**. To provide immunizations, facilities often need to pay for specialty training, sharps management and disposal, and costly testing and treatment for needlestick injuries.

VACCINATION TRAINING

$245–$345
per person

The cost per person of the Pharmacy-Based Immunization Delivery class offered by the American Pharmacists Association.[1]

COST OF NEEDLESTICK INJURIES

$3,000+
per needlestick injury

The cost per needlestick injury, which entails lab and labor fees for testing, counseling and the cost of post-exposure follow-ups.[2]

$1.8 Billion
annually

Annual treatment costs of diseases contracted from needlestick injuries in the United States.[3]

$3 Billion

The total amount of money spent annually on needlestick injuries in the United States.[3]

SHARPS MANAGEMENT AND DISPOSAL

$30
each container

The disposal cost of one sharps container containing 100 used needles.[4]

That equals 30 cents per needle disposal cost.[4]

Large healthcare facilities can spend as much as **$89k per year** on disposable sharps containers alone.[5]

Disposing of said containers can cost up to **$30k per year**.[5]

$10 Billion
annually

Amount spent by American healthcare facilities on waste disposal each year.[6]

LABOR COST FOR SHARPS MANAGEMENT

Up to $15k

Labor cost associated with managing an in-house sharps program, which entails:[5]

- Purchasing
- Warehouse
- Environmental Services
- Nursing
- Hazardous Waste Staff
- Handling
- Receiving
- Inventory
- Collection
- Transport
- Packing
- Monitoring
- Distribution

THE ECONOMIC BENEFIT OF NEEDLE-FREE

Needle-free options like the **PharmaJet Needle-Free Injector** eliminate the possibility of needlestick injuries and reduce sharps management and disposal costs.

6,7,8,9,10,11,12

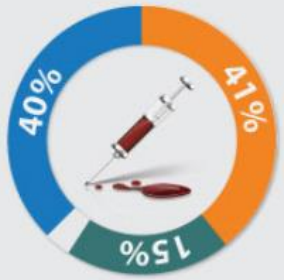
PharmaJet

Value Proposition – Saves Lives and Money

Needlestick injuries can expose healthcare workers to over **20 different bloodborne pathogens** including ***HIV, hepatitis B virus, and/or hepatitis C virus***.

CDC estimates rates of seroconversion are:
(development of detectable specific antibodies to microorganisms in the blood serum as a result of injection)

- **HepB- 6%-30%** after needlestick injuries
- **HepC- 1.8%**
- **HIV- 0.3%**



When do needlestick injuries occur?

40% of injuries occur after use and before disposal of sharp devices

41% of injuries occur during the use of sharp devices on patients

15% of injuries occur during or after disposal

Who are exposed to needlestick injuries?

44% are Nurses

28% are Physicians

15% are Technicians

4% are Students, **3%** Housekeeping/Maintenance, **1%** Dental and **1%** Clerical/Admin

16,17,18,19,20,21,22

- Safe for you and me
- Intuitive
- Cost effective

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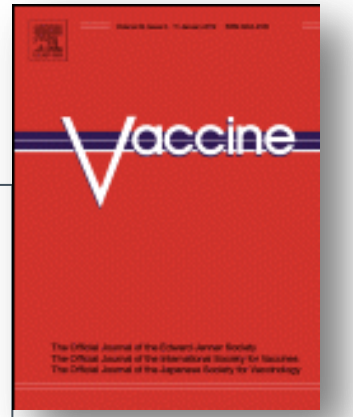
Needles Contribute to Immunization Non-Compliance

Survey of the prevalence of immunization non-compliance due to needle fears in children and adults.

Taddio, A *et al*
Vaccine, Vol. 30:32, July 2012; 4807-4812



- "Needle fears are a barrier to immunization in children and adults."
- Surveyed: 1907 children and parents
  - 24% of adults and 63% of children report a fear of needles.
  - Close to 10% of all candidates are non-compliant due to needles.

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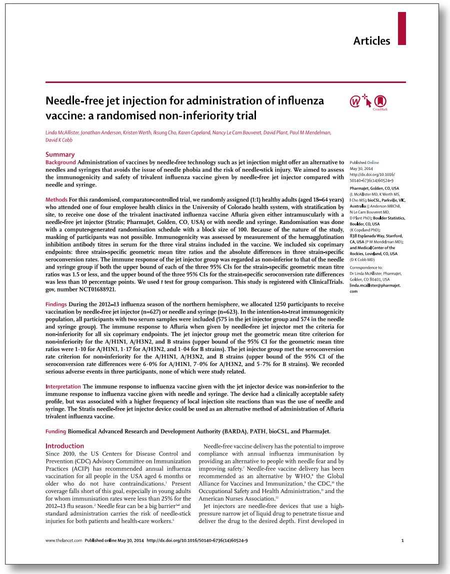
Influenza Example:

Patient Experience & Clinical Confirmation

Clinical Study Results

Immunogenicity - *Seroprotection Rate*

28 days post-vaccination



Articles

Needle-free jet injection for administration of influenza vaccine: a randomised non-inferiority trial

Linda McAllister, Jonathan Anderson, Kristen Werth, Iksung Cho, Karen Copeland, Nancy Le Cam Bouveret, David Plant, Paul M Mendelman, David K Cobb

Summary

Background Administration of vaccines by needle-free technology such as jet injection might offer an alternative to needles and syringes that avoids the issue of needle phobia and the risk of needle-stick injury. We aimed to assess the immunogenicity and safety of trivalent influenza vaccine given by needle-free jet injector compared with needle and syringe.

Methods For this randomised, comparator-controlled trial, we randomly assigned (1:1) healthy adults (aged 18–64 years) who attended one of four employee health clinics in the University of Colorado health system, with stratification by site, to receive one dose of the trivalent inactivated influenza vaccine Afluria given either intramuscularly with a needle-free jet injector (Stratis; PharmaJet, Golden, CO, USA) or with needle and syringe. Randomisation was done with a computer-generated randomisation schedule with a block size of 100. Because of the nature of the study, masking of participants was not possible. Immunogenicity was assessed by measurement of the hemagglutination inhibition antibody titres in serum for the three viral strains included in the vaccine. We included six coprimary endpoints: three strain-specific geometric mean titre ratios and the absolute differences in three strain-specific seroconversion rates. The immune response of the jet injector group was regarded as non-inferior to that of the needle and syringe group if both the upper bound of each of the three 95% CIs for the strain-specific geometric mean titre ratios was 1.5 or less, and the upper bound of the three 95% CIs for the strain-specific seroconversion rate differences was less than 10 percentage points. We used *t* test for group comparison. This study is registered with ClinicalTrials.gov, number NCT01688921.

Findings During the 2012–13 influenza season of the northern hemisphere, we allocated 1250 participants to receive vaccination by needle-free jet injector (n=627) or needle and syringe (n=623). In the intention-to-treat immunogenicity population, all participants with two serum samples were included (575 in the jet injector group and 574 in the needle and syringe group). The immune response to Afluria when given by needle-free jet injector met the criteria for non-inferiority for all six coprimary endpoints. The jet injector group met the geometric mean titre criterion for non-inferiority for the A/H1N1, A/H3N2, and B strains (upper bound of the 95% CI for the geometric mean titre ratios were 1·10 for A/H1N1, 1·17 for A/H3N2, and 1·04 for B strains). The jet injector group met the seroconversion rate criterion for non-inferiority for the A/H1N1, A/H3N2, and B strains (upper bound of the 95% CI of the seroconversion rate differences were 6·0% for A/H1N1, 7·0% for A/H3N2, and 5·7% for B strains). We recorded serious adverse events in three participants, none of which were study related.

Interpretation The immune response to influenza vaccine given with the jet injector device was non-inferior to the immune response to influenza vaccine given with needle and syringe. The device had a clinically acceptable safety profile, but was associated with a higher frequency of local injection site reactions than was the use of needle and syringe. The Stratis needle-free jet injector device could be used as an alternative method of administration of Afluria trivalent influenza vaccine.

Funding Biomedical Advanced Research and Development Authority (BARDA), PATH, bioCSL, and PharmaJet.

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PharmaJet, Golden, CO, USA (L McAllister MD, K Werth MS, I Cho MS); bioCSL, Parkville, VIC, Australia (J Anderson MBChB, N Le Cam Bouveret MD, D Plant PhD); Boulder Statistics, Boulder, CO, USA (K Copeland PhD); 838 Esplanada Way, Stanford, CA, USA (P M Mendelman MD); and Medical Center of the Rockies, Loveland, CO, USA (D K Cobb MD)

Correspondence to: Dr Linda McAllister, PharmaJet, Golden, CO 80401, USA linda.mcallister@pharmajet.com

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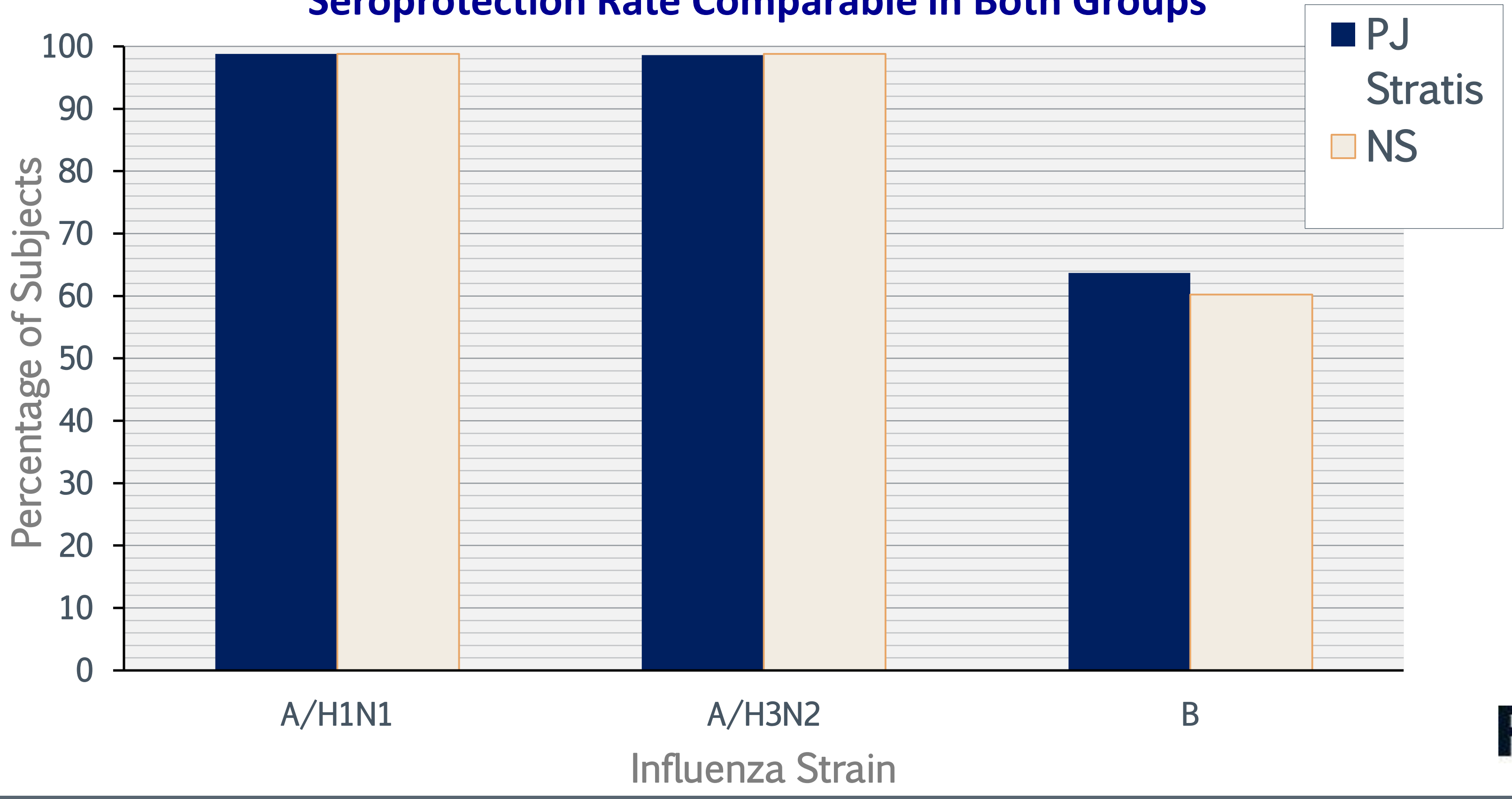
Since 2010, the US Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) has recommended annual influenza vaccination for all people in the USA aged 6 months or older who do not have contraindications.[1] Present coverage falls short of this goal, especially in young adults for whom immunisation rates were less than 25% for the 2012–13 flu season.[2] Needle fear can be a big barrier[3–5] and standard administration carries the risk of needle-stick injuries for both patients and health-care workers.[6]

Needle-free vaccine delivery has the potential to improve compliance with annual influenza immunisation by providing an alternative to people with needle fear and by improving safety.[7] Needle-free vaccine delivery has been recommended as an alternative by WHO,[8] the Global Alliance for Vaccines and Immunization,[9] the CDC,[10] the Occupational Safety and Health Administration,[11] and the American Nurses Association.[12]

Jet injectors are needle-free devices that use a high-pressure narrow jet of liquid drug to penetrate tissue and deliver the drug to the desired depth. First developed in

PJ *Stratis* non-inferior to Needle/Syringe;
Seroprotection Rate Comparable in Both Groups



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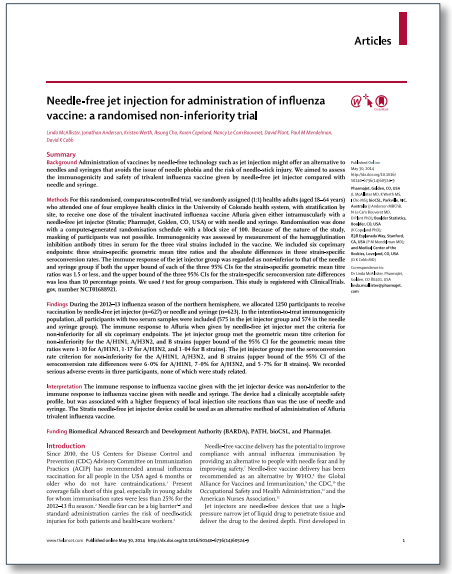
Clinical Study Results



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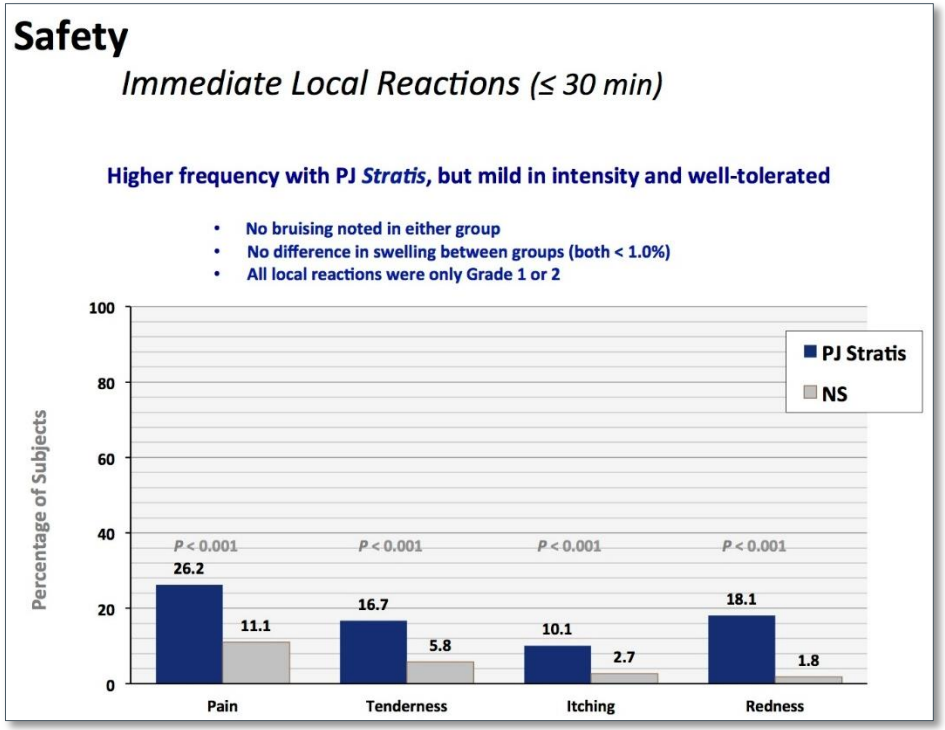

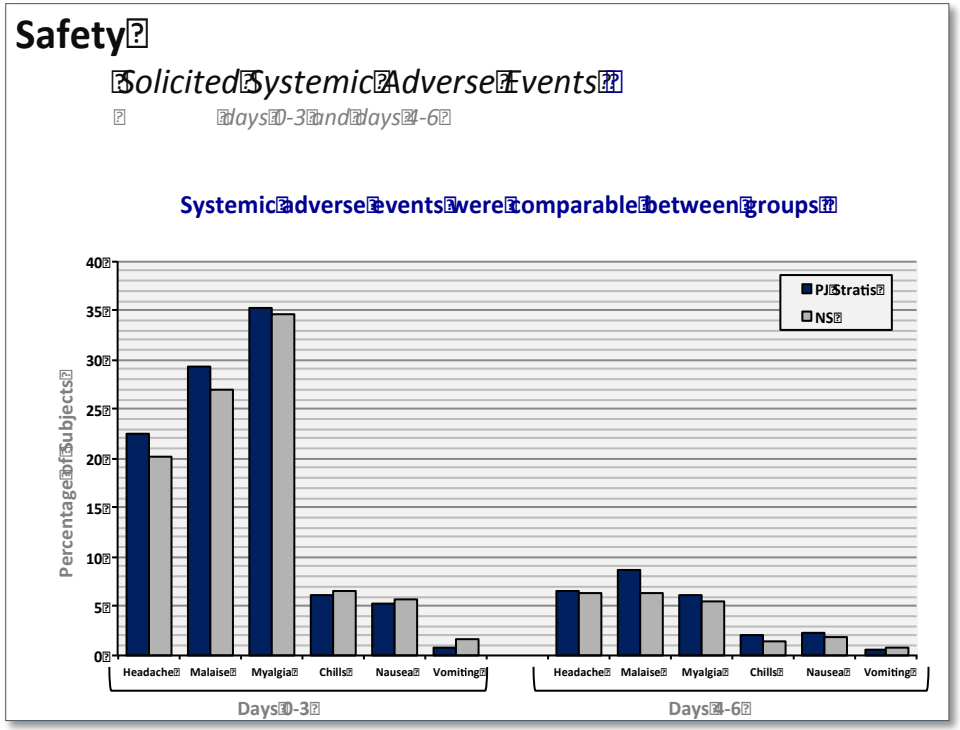

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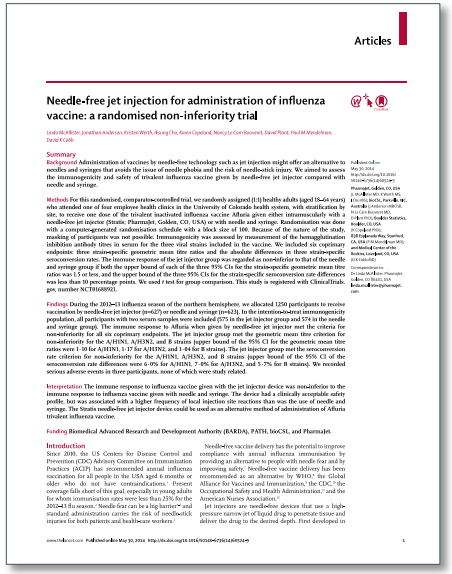
Clinical Study Results



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Summary

Background Administration of vaccines by needle-free technology such as jet injection might offer an alternative to needles and syringes that avoids the issue of needle phobia and the risk of needle-stick injury. We aimed to assess the immunogenicity and safety of trivalent influenza vaccine given by needle-free jet injector compared with needle and syringe.

Methods For this randomised, comparator-controlled trial, we randomly assigned (1:1) healthy adults (aged 18–64 years) who attended one of four employee health clinics in the University of Colorado health system, with stratification by site, to receive one dose of the trivalent inactivated influenza vaccine Afluria given either intramuscularly with a needle-free jet injector (Stratis; PharmaJet, Golden, CO, USA) or with needle and syringe. Randomisation was done with a computer-generated randomisation schedule with a block size of 100. Because of the nature of the study, masking of participants was not possible. Immunogenicity was assessed by measurement of the hemagglutination inhibition antibody titres in serum for the three viral strains included in the vaccine. We included six coprimary endpoints: three strain-specific geometric mean titre ratios and the absolute differences in three strain-specific seroconversion rates. The immune response of the jet injector group was regarded as non-inferior to that of the needle and syringe group if both the upper bound of each of the three 95% CIs for the strain-specific geometric mean titre ratios was 1·5 or less, and the upper bound of the three 95% CIs for the strain-specific seroconversion rate differences was less than 10 percentage points. We used *t* test for group comparison. This study is registered with ClinicalTrials.gov, number NCT01688921.

Findings During the 2012–13 influenza season of the northern hemisphere, we allocated 1250 participants to receive vaccination by needle-free jet injector (n=627) or needle and syringe (n=623). In the intention-to-treat immunogenicity population, all participants with two serum samples were included (575 in the jet injector group and 574 in the needle and syringe group). The immune response to Afluria when given by needle-free jet injector met the criteria for non-inferiority for all six coprimary endpoints. The jet injector group met the geometric mean titre criterion for non-inferiority for the A/H1N1, A/H3N2, and B strains (upper bound of the 95% CI for the geometric mean titre ratios were 1·10 for A/H1N1, 1·17 for A/H3N2, and 1·04 for B strains). The jet injector group met the seroconversion rate criterion for non-inferiority for the A/H1N1, A/H3N2, and B strains (upper bound of the 95% CI of the seroconversion rate differences were 6·0% for A/H1N1, 7·0% for A/H3N2, and 5·7% for B strains). We recorded serious adverse events in three participants, none of which were study related.

Interpretation The immune response to influenza vaccine given with the jet injector device was non-inferior to the immune response to influenza vaccine given with needle and syringe. The device had a clinically acceptable safety profile, but was associated with a higher frequency of local injection site reactions than was the use of needle and syringe. The Stratis needle-free jet injector device could be used as an alternative method of administration of Afluria trivalent influenza vaccine.

Funding Biomedical Advanced Research and Development Authority (BARDA), PATH, bioCSL, and PharmaJet.

Introduction

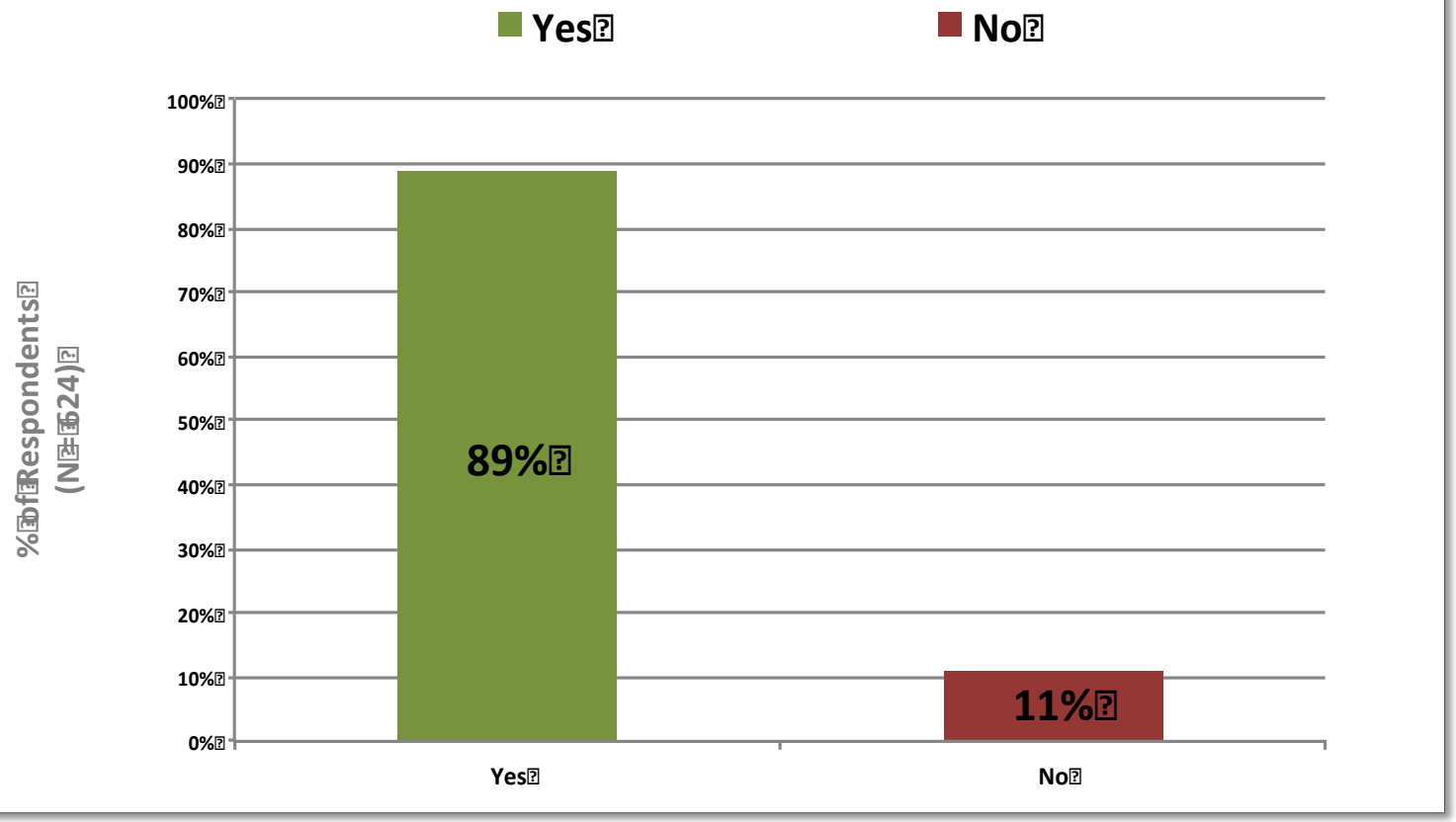
Since 2010, the US Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) has recommended annual influenza vaccination for all people in the USA aged 6 months or older who do not have contraindications.[1] Present coverage falls short of this goal, especially in young adults for whom immunisation rates were less than 25% for the 2012–13 flu season.[2] Needle fear can be a big barrier[3] and standard administration carries the risk of needle-stick injuries for both patients and health-care workers.[4]

Needle-free vaccine delivery has the potential to improve compliance with annual influenza immunisation by providing an alternative to people with needle fear and by improving safety.[5] Needle-free vaccine delivery has been recommended as an alternative by WHO,[6] the Global Alliance for Vaccines and Immunization,[7] the CDC,[8] the Occupational Safety and Health Administration,[9] and the American Nurses Association.[10]

Jet injectors are needle-free devices that use a high-pressure narrow jet of liquid drug to penetrate tissue and deliver the drug to the desired depth. First developed in

Subjects that received a *Stratis* jet injection were asked "Would you choose Stratis for your next injection?"

(at day 30 post-injection)



PharmaJet

Clinical Study Results

ACIP Advisory Committee on Immunization Practices

- Podium Presentation at October ACIP meeting - October 29, 2014
- 30 minute update on PharmaJet Injector use with bioCSL *Afluria*
- JIFI study results; regulatory status; user preference data
- Very positive visibility and credibility for PharmaJet non-inferiority and safety

"PharmaJet can help facilitate broader immunization compliance"

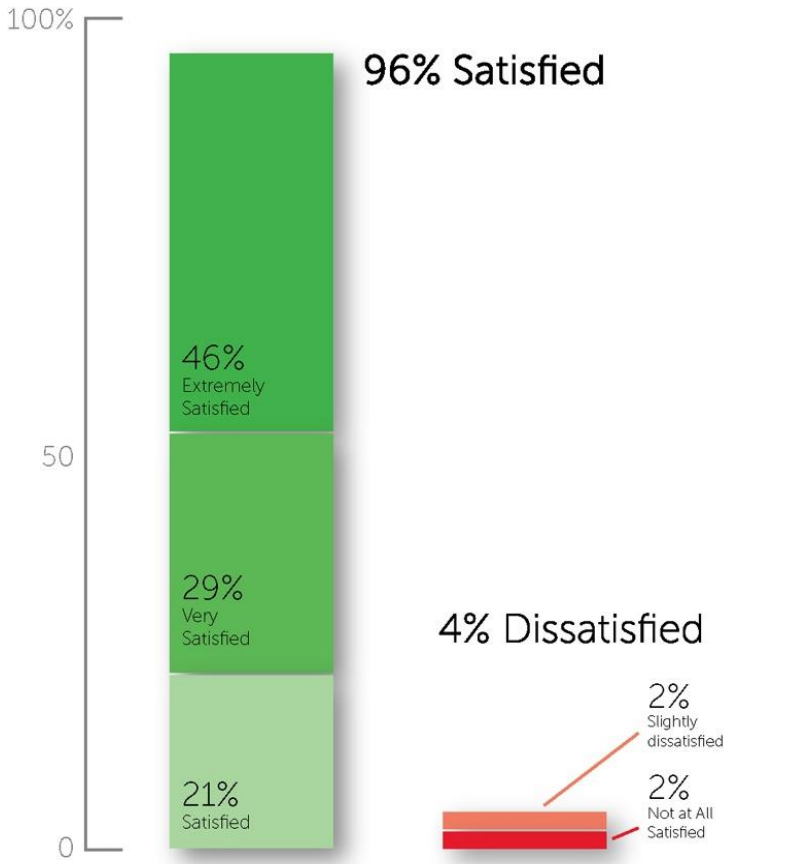
PharmaJet

User Experience Data – Patient Feedback

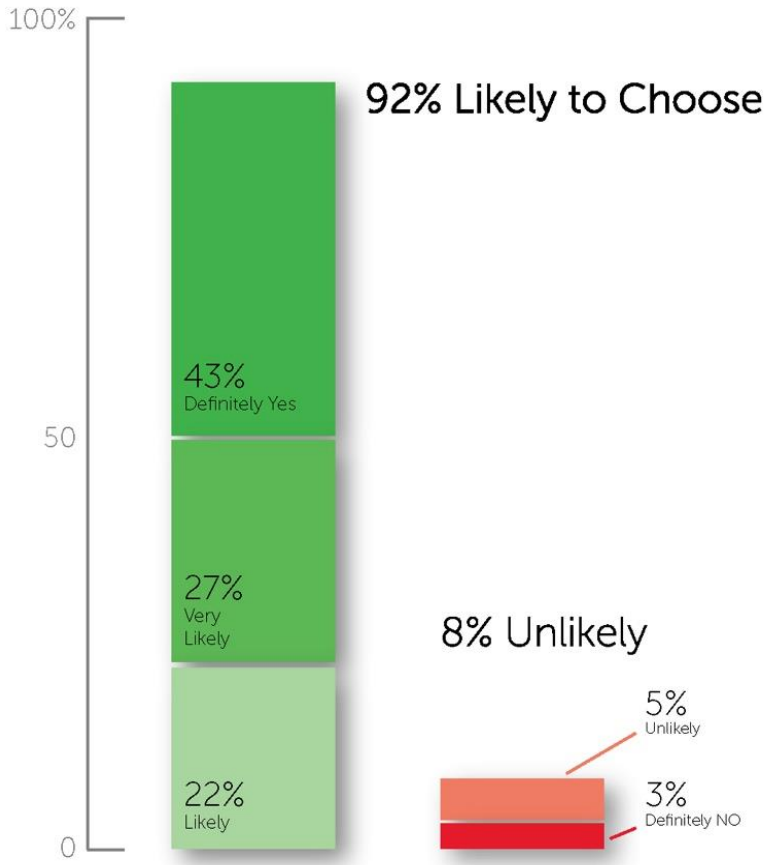
PharmaJet®

500 Needle-free injections – Oct. 2014

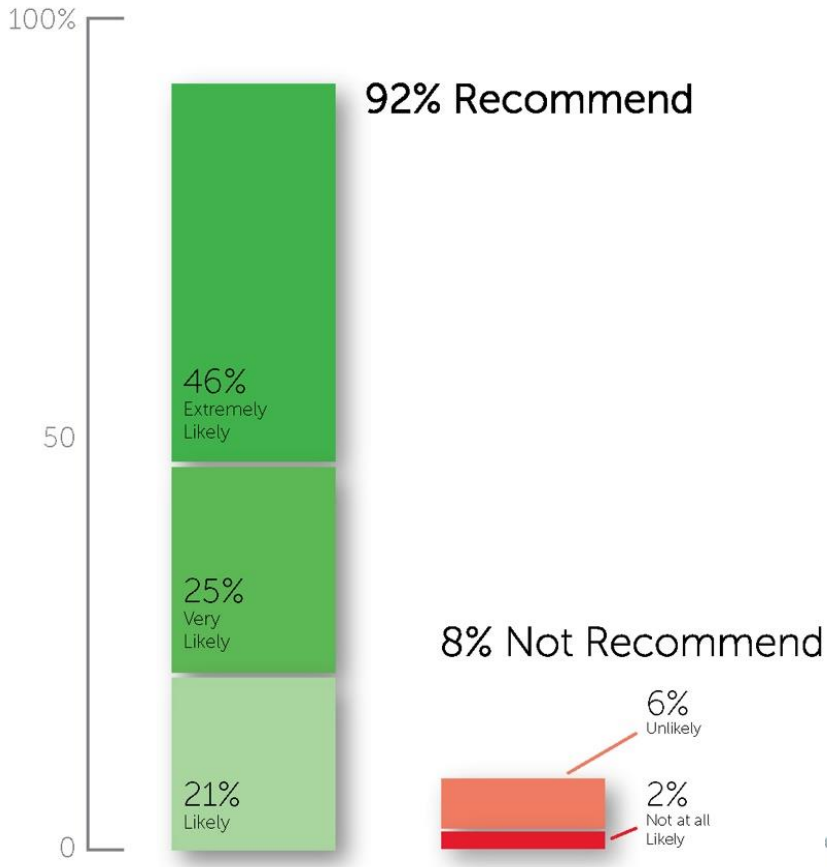
How satisfied were you with today's Needle-Free Flu Shot?



For next year's flu vaccination, will you choose to receive your flu shot with a Needle-Free Injection?



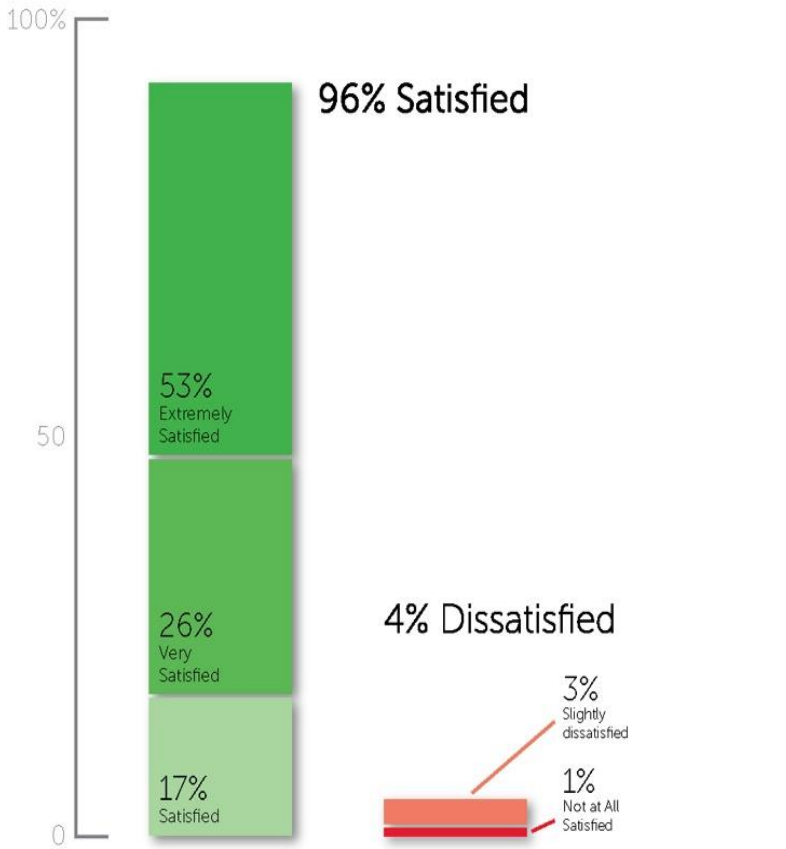
How likely are you to recommend a Needle-Free Flu Shot to family and friends?



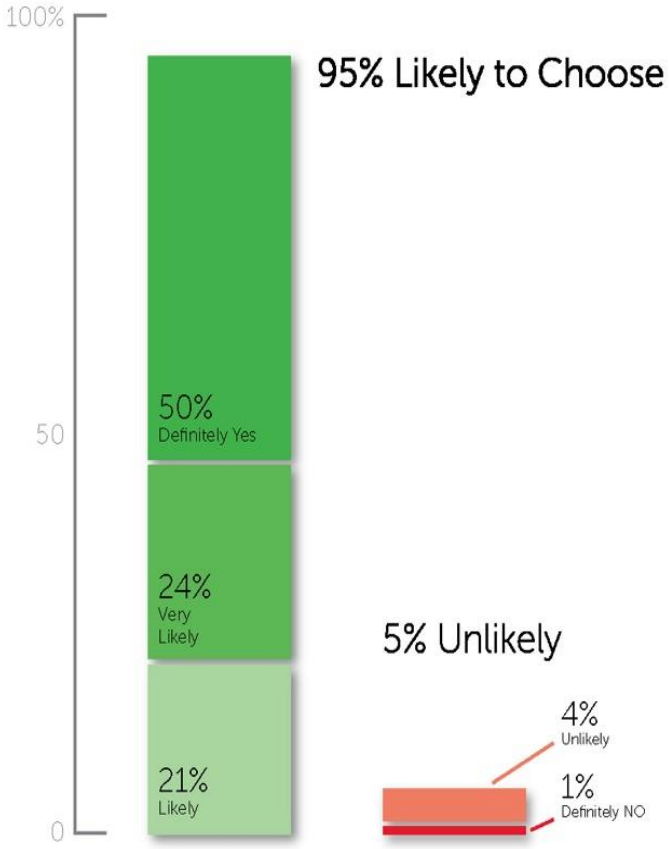
University of TN Health Science Center - Flu Shot Day - 2014

699 Needle-free injections – Nov. 2014

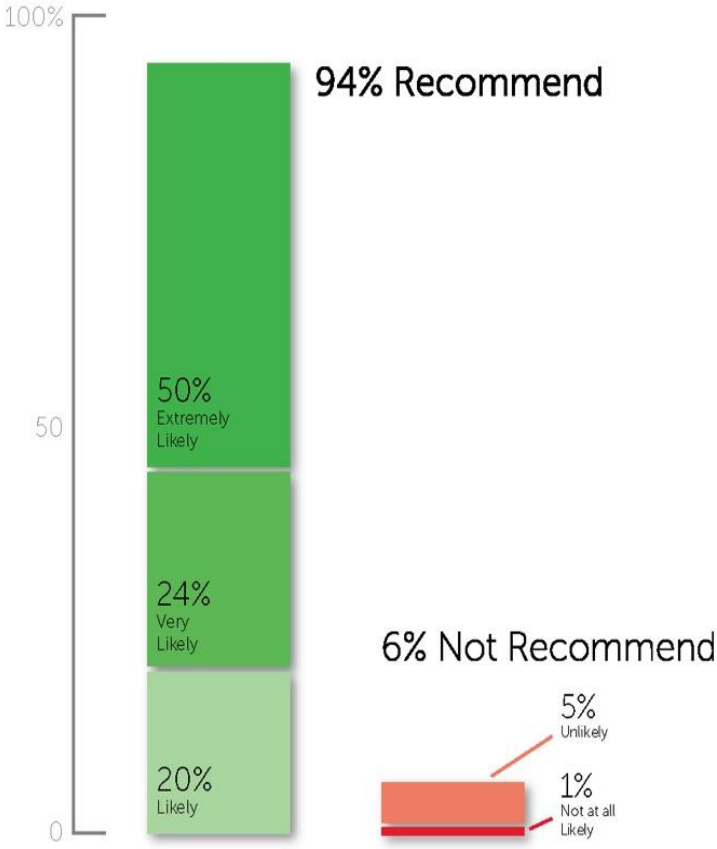
How satisfied were you with today's Needle-Free Flu Shot?



For next year's flu vaccination, will you choose to receive your flu shot with a Needle-Free Injection?



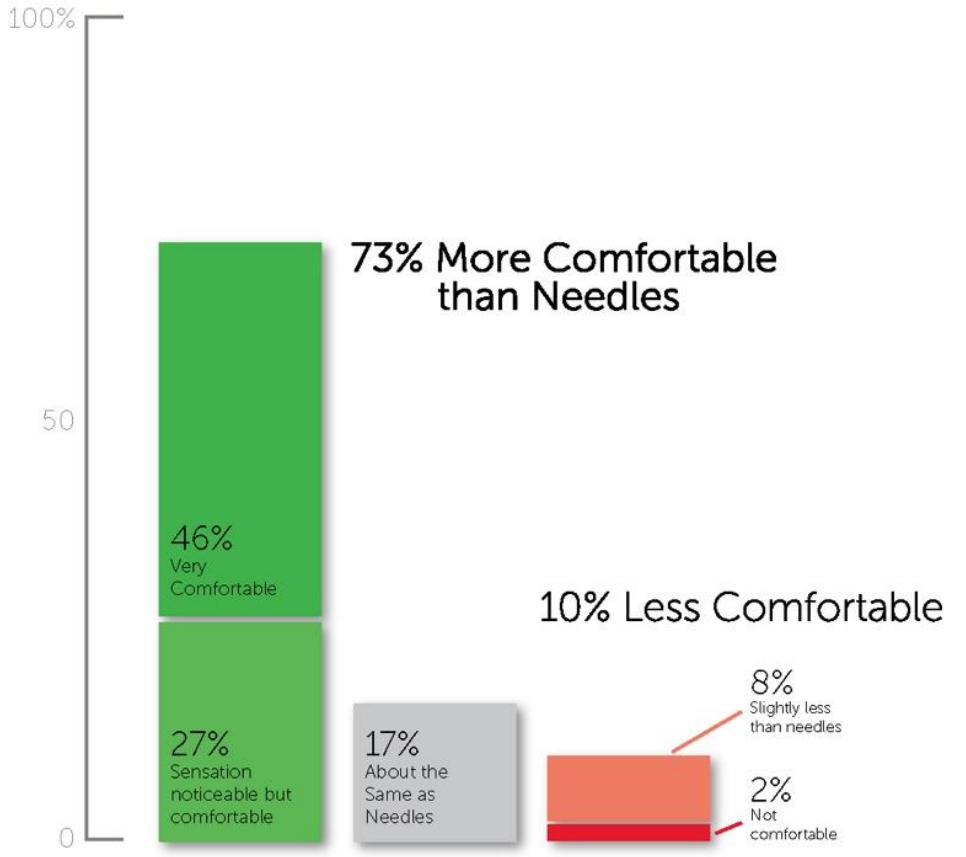
How likely are you to recommend a Needle-Free Flu Shot to family and friends?



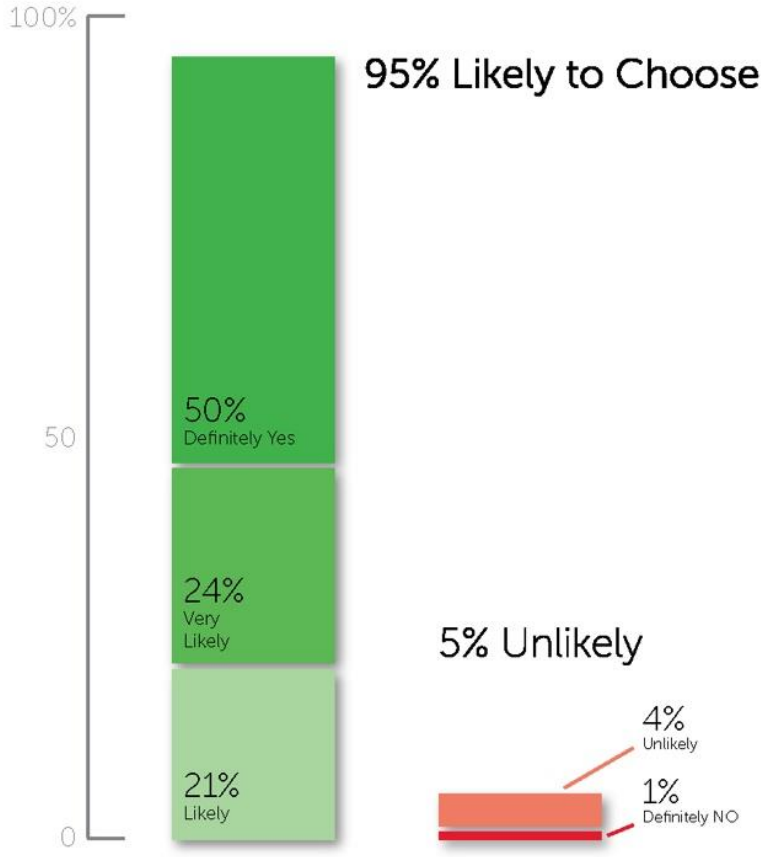
New Jersey Public Health, November, 2014

699 Needle-free injections – Nov. 2014

Considering all factors, compare how comfortable today's Needle-Free Injection was versus your previous needle injections.



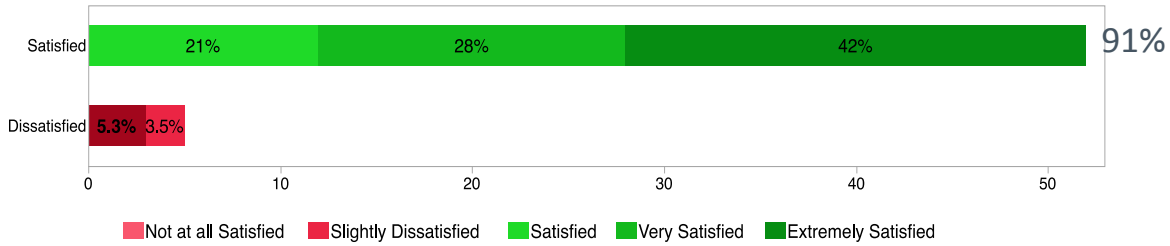
For next year's flu vaccination, will you choose to receive your flu shot with a Needle-Free Injection?

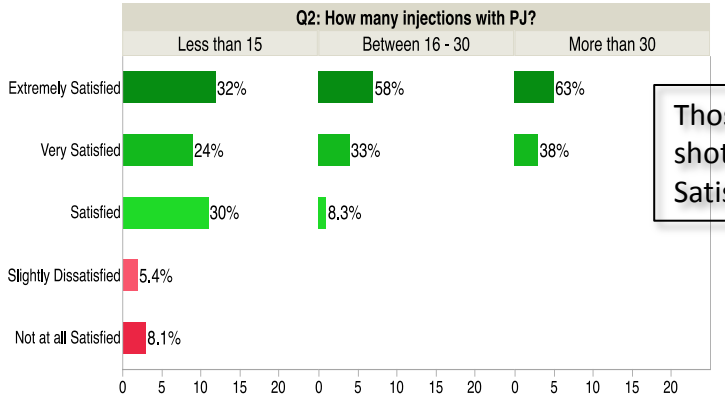


User Experience Data - Healthcare Providers

91% Satisfied

How satisfied were you with the Ease of Use?

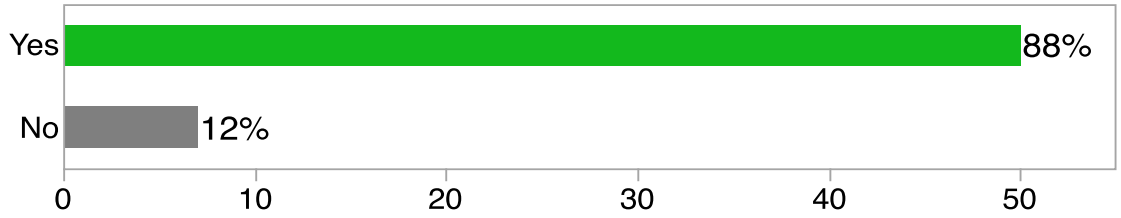




Those with >15 shots = 100% Satisfied

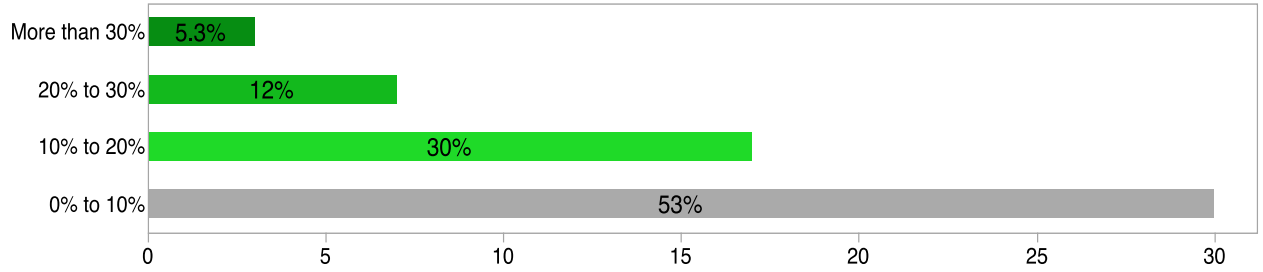
88% Want Needle-Free

For next year's flu vaccinations, would you like the option of Needle-Free Shots at your facility?



~50% believe immunization rates could increase >10%

How much could your flu vaccinations increase next year by offering the option of a Needle-Free Flu Shot?



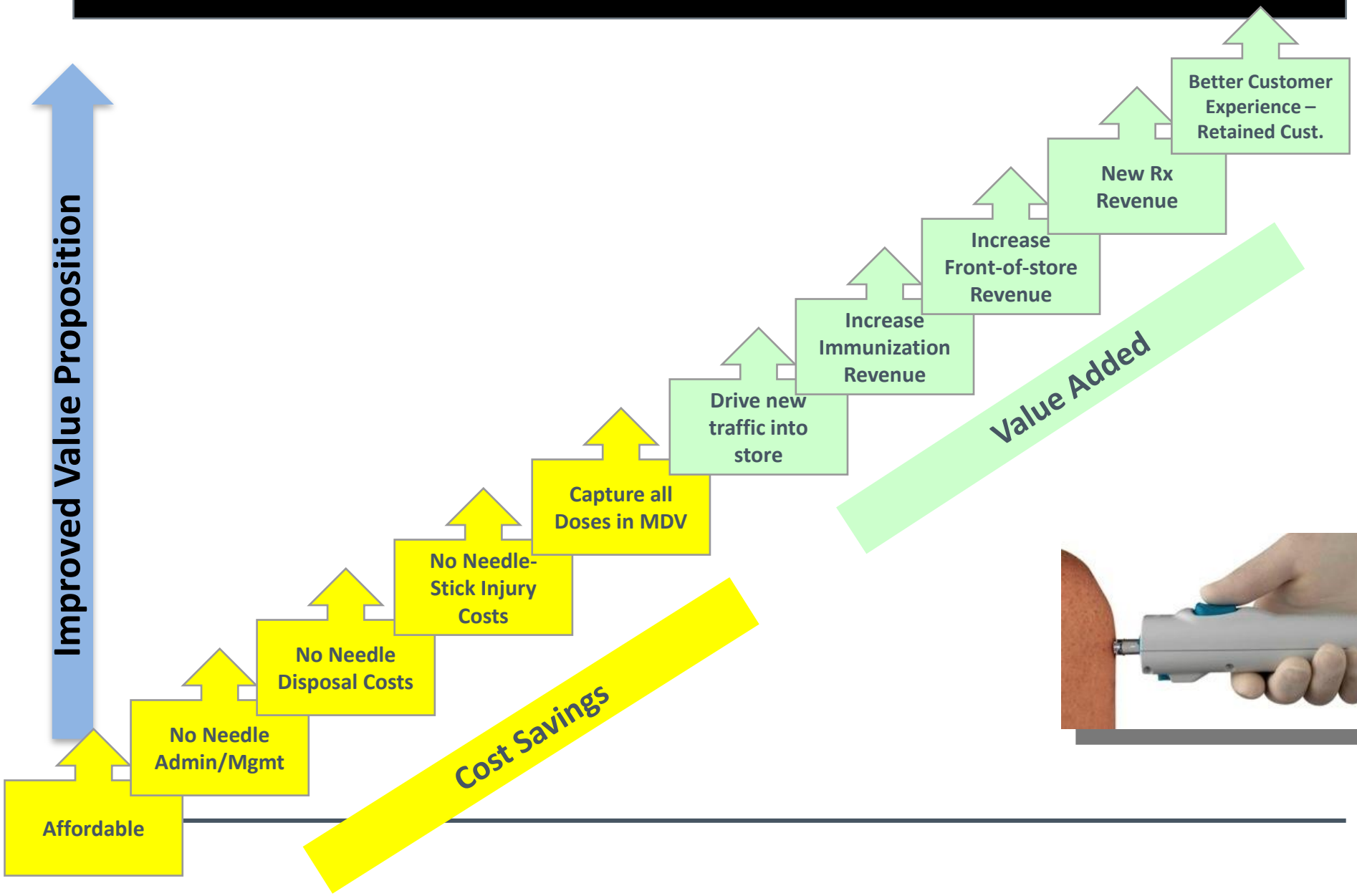
PharmaJet

PharmaJet®

Needle-Free Injection™

Demonstrated Benefits

Cost/Benefit Analysis



PharmaJet

Summary

PharmaJet Needle-free Flu Shots

1. **Product addresses market need**
   - › Problem = needles; Solution = Needle-free
2. **Optimized Features and Benefits**
   - › *Stratis* design launched and field validated
3. **Regulatory Clarity**
   - › FDA 510k clearance; And, specific labeling on ***bioCSL Afluria*** flu vaccine
4. **Positive Clinical Results – safety and immunogenicity data**
   - › Published in August 2014 issue of The LANCET
5. **Overwhelmingly positive user experience data – 2014 flu season**
   - › Patients and Healthcare Providers desire the *Stratis* Injector
6. **Value added for User**
   - › Optimized product offering for best customer experience
   - › Financial benefits flow through (no sharps, compliance, dose savings, cost savings)

PharmaJet®

Overall Value of Needle-Free Injections

PharmaJet provides a safe, effective, needle-free option for retail pharmacies, public health, and large hospital system users

1. **Expands customer choices -** providing patients with the most accessible care
   - Expands offering of vaccine and delivery options
2. **Inspires patients to seek out immunization** - with differentiation of offering vs. needles
   - Creates excitement with a distinctive and innovative offering – word of mouth may contribute to more people being vaccinated
   - Addresses those that avoid immunization due to needles, but understand the importance or need for influenza immunization (first responders/public task employees, healthcare workers, hospital administrative and technical staff, and their family members)
3. **New customers equate to measurable incremental sales**
   - Fosters conversations between pharmacy staff interaction and customers – new customers and increased purchase of other products
4. **Safer Work Environment for Pharmacy Employees and Community**
   - Herd immunity (greater immunization range) has proven positive economic impact
   - Reduces needle-stick and pass along disease, testing, and disposal costs related to mass or high-volume immunization settings
5. **Unique Positioning/Marketing/Advertising Opportunities**
   - Potential to offer unique solutions to today's healthcare challenges
   - Positions provider as an innovator offering new and safe alternative to needles

PharmaJet®

Reference:
1. J.D. Power 2014 U.S. Pharmacy Study; 4. CDC Study for immunization economic benefits

Economic Value-Added for Pharmacies

- **Drive New Traffic into Stores**
  - Innovative Offering Attracts New Customers from Competition
- **Increased Immunization Revenue $**
  - Vaccination Services Increased; Matches Pharmacy Corporate Focus
- **Increased Front-of-Store Revenue $**
  - Larger Spend per Customer Store Visit
- **New Rx Script Customers**
  - New Customers that become long-term customers for prescriptions
- **Better Customer Experience**
  - Retained Customer
  - Pharmacy Staff-to-Customer Interaction yields 59% rate of purchasing a non-Rx products

PharmaJet®

Educational Support

- **Informational** (*www.pharmajet.com*)
  - Videos
    - Pharmacist demonstration
    - Workflow comparison vs. needle & syringe
- **Self-Training**
  - User Guide - Laminated workflow demonstration guide
  - Educational Video - System components & workflow
  - Webinar - Pre-recorded video with assessment tollgates
  - Frequently Asked Questions
  - Starter Kit (shipped with each hardware set)
    - Self-guided review of IFU and User Guide
    - Login registration as new user on website
    - Self-guided tour through Educational Roadmap
- **PharmaJet conducted training** (On demand)
  - WebEx – individual and/or group hands on with Q&A
  - On-Site Training
    - Train the Trainer
    - Initial implementation at stores/sites

PharmaJet

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