

Company Overview

September 2025

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**Our vision is to make
sleep simple.**

Nyxoa is a MedTech company with a unique
neuromodulation solution for Obstructive Sleep
Apnea, putting the patient first.

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Nyxoah's Blueprint for Success



Focused on Rapidly Growing, Underpenetrated estimated \$10 Billion U.S. Obstructive Sleep Apnea (OSA) Annual Market Opportunity¹



Breakthrough Treatment For OSA With Unique Bilateral Mode of Action



Compelling Clinical Evidence Through DREAM IDE Study Demonstrating Safety and Efficacy Data of Genio[®] Therapy



Proof-of-Concept European Commercialization



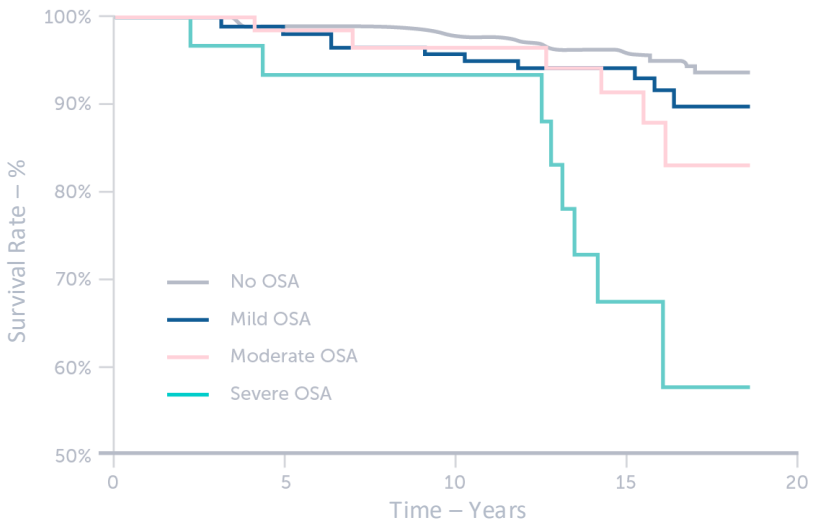
FDA Approved – 2nd PMA Device on the Market for Hypoglossal Nerve Stimulation: Experienced Leadership and Launch Team in Place

Obstructive Sleep Apnea is a Debilitating Chronic Condition

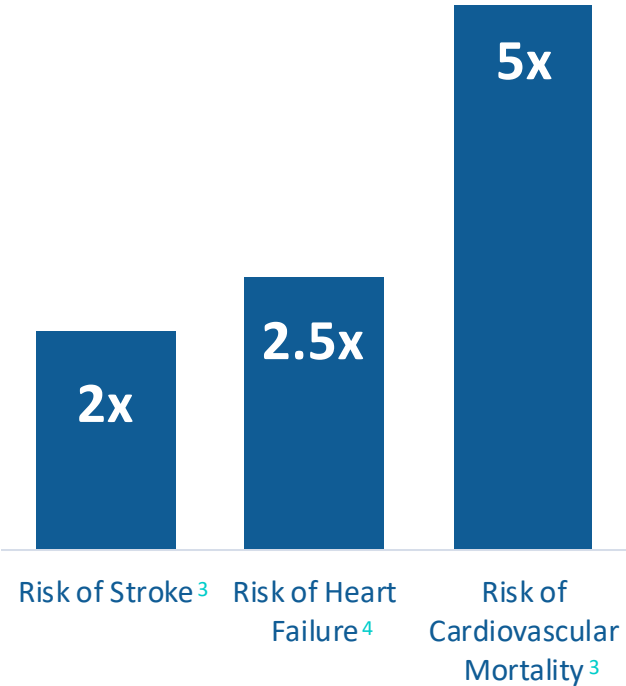
Obstructive Sleep Apnea (OSA) is a common, chronic disorder where the upper airway repeatedly collapses during sleep, interrupting breathing. Beyond significant quality of life impacts, poorly treated OSA can lead to severe health complications.

Associated with Higher Mortality^{1,2}

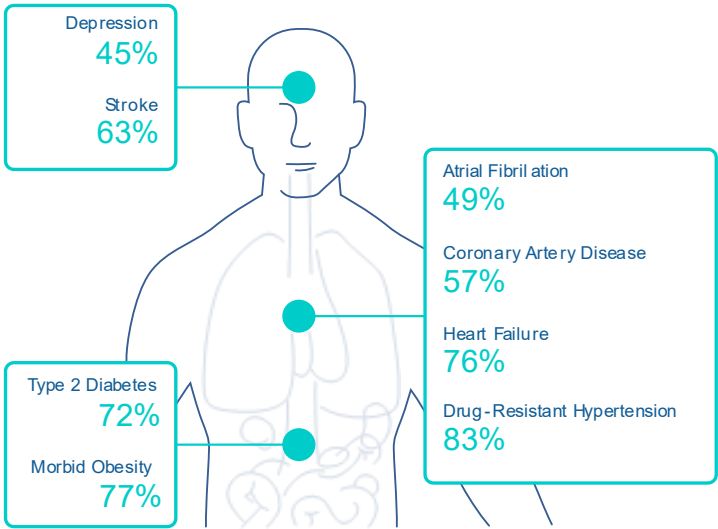
0-4	Normal Range
5-14	Mild Sleep Apnea
15-30	Moderate Sleep Apnea
>30	Severe Sleep Apnea



Increased Risk of Comorbidities



Highly Prevalent in Key Chronic Diseases⁵



Existing Therapeutic OSA Solutions Have Significant Limitations

Standard of Care First Line Therapy: Continuous Positive Airway Pressure (CPAP)



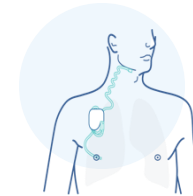
- Therapy efficacy dependent of patient compliance – “Dose/Response effect”⁷
- Compliance definition:
At least 4 hours/night for 5 nights/week)⁷
- CPAP non-compliance estimated to be between 29% and 83%^{7, 8, 9}

Mandibular Advancement Devices



- Only suitable for mild to moderate OSA
- Non-predictive therapy efficacy
- High out-of-pocket cost to patient

Unilateral Hypoglossal Nerve Stimulation (UHNS)



- Suitable for moderate to severe OSA¹¹
- 2 – 3 incisions during implant procedure
- 21.4% severe adverse event rate¹²
- Additional surgical procedures for battery replacement and upgrades¹¹
- Device and/or leads sometimes visible after implant

Traditional Surgery

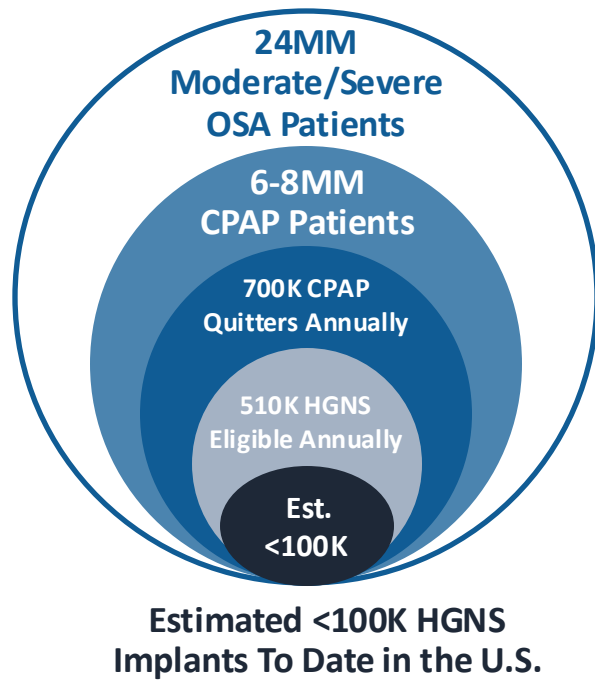


- Highly invasive and remains last resort
- Success rate from 30% to 60%¹³
- High incidence of side effects
- Often cannot be reversed

Rapidly Growing Estimated \$10 Billion U.S. Market Opportunity with Limited Penetration

Moderate to Severe OSA impacts approximately 23.7 million patients in the U.S. representing an estimated \$10 billion annual market opportunity. Despite this, current HGNS therapies lack widespread adoption with less than 100,000 patients implanted to date in the U.S.

Significant Room for Increased Adoption of HGNS in the U.S.



Current Limitations of Increased HGNS Adoption

- Burdensome patient experience primarily driven from DISE procedure prior to implantation
- Current industry focus on ENTs vs. Sleep doctors
- Ineffective for supine or “back” sleepers
- Therapy not broadly incorporated into the healthcare system

GENIO[®]

Make Sleep Simple

1.5T & 3T
Full-body MRI compatible

Battery-free implant

Stimulator not visible
After insertion



A high-angle, close-up photograph of a man and a woman sleeping in a bed. The man, in the foreground, is wearing a small, white, rectangular device around his neck. A white line connects this device to a text box. The woman is behind him, resting her hand on his shoulder. The bed has white pillows and a dark blanket. The lighting is warm and soft.

Sleep wearable

- Convenient, travel-friendly design
- Externally powers the system

Travel friendly

Scalable platform

Future ready





Intuitive app

- Track sleep progress
- Adjust stimulation

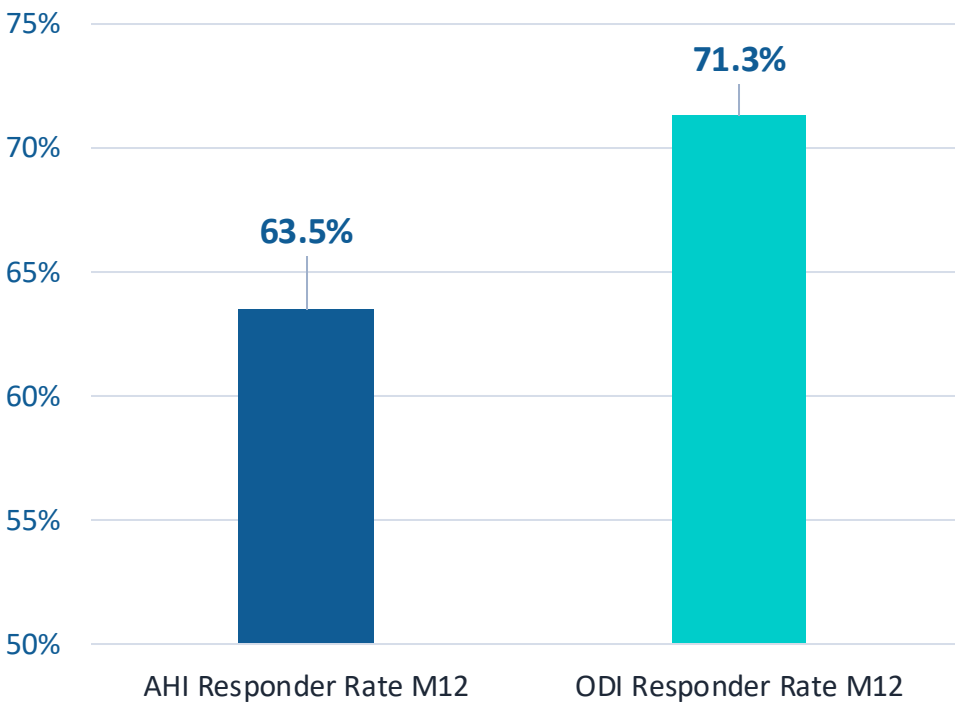
Empowers the Patient to Help Drive Compliance

DREAM Clinical Study

Compelling Clinical Evidence

US Pivotal DREAM Study Achieved Safety and Efficacy Endpoints

Achieved Co-Primary Endpoints



AHI Responder definition: Minimum 50% reduction in the 4% Apnea-Hypopnea Index (AHI_{4%}) from baseline AND final AHI of less than 20 events/h
ODI Responder definition: Minimum 25% reduction in the 4% Oxygen Desaturation Index (ODI_{4%})

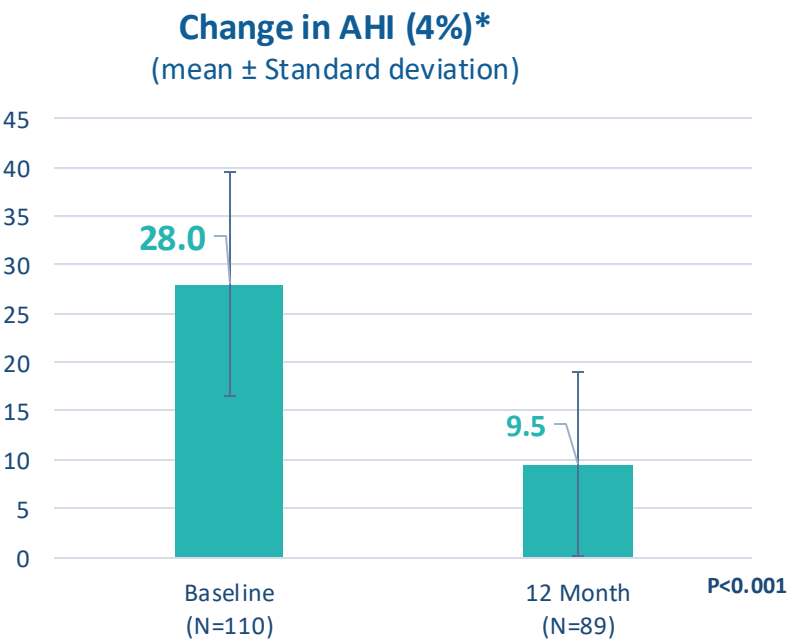
Serious Adverse Events – 8.7% SAE Rate

Serious Adverse Events	Related to Device	Related to Implant	Unrelated to Device and/or Implant
Asthenia and Hypoesthesia			2
Atrial Fibrillation			1
Device Dislocation	2		
Device Extrusion	1		
Left Bundle Branch Block		1	
Dysphagia		2	
Epistaxis		1	
Incision Site Hematoma		1	
TOTAL: 11	3	5	3

Most Common AEs	m (n, %)
Application Site Irritation	28 (21, 18.3%)
Dysphagia	19 (18, 15.7%)
Incision Site Swelling	18 (17, 14.8%)
Medical Device Discomfort	12 (10, 8.7%)

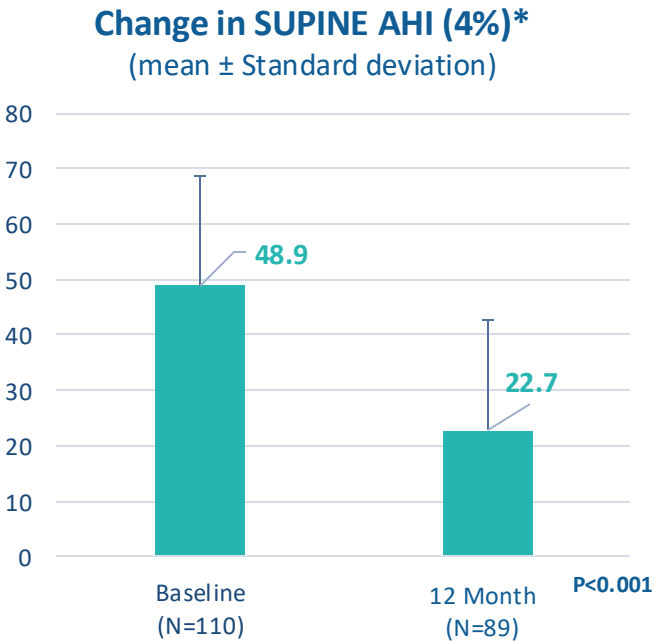
Additional DREAM Efficacy Endpoints

Overall 70.8% Median AHI Reduction at 12 Months

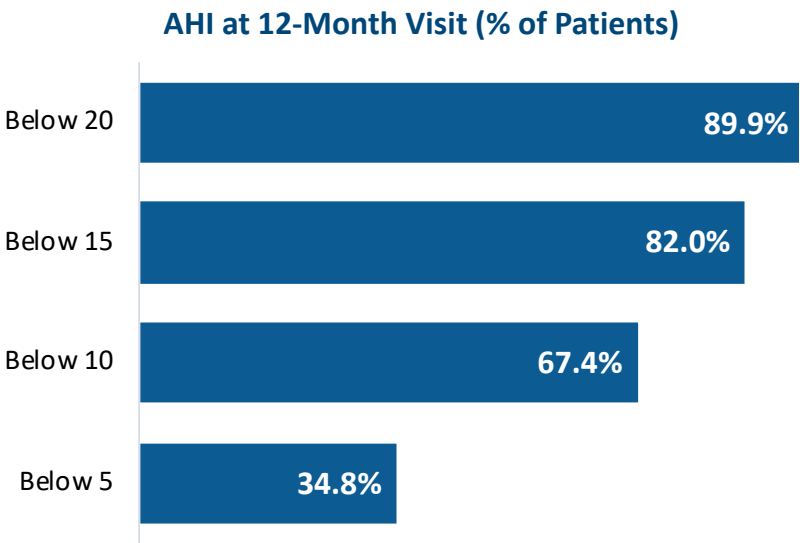


Cooley team- noting that the 9.5 figure comes directly from the trial's data findings (VDR: 12.1.4.2 p. 502).

66.6% Median AHI Reduction in Supine at 12 Months



82% of Patients with AHI Below 15 at 12 Months



Commercialization

Commercialization International Markets

Germany – Commercial Proof of Concept

Reimbursement

- DRG code established in 2021, dedicated to Hypoglossal Nerve Stimulation
- Both Genio and UHGNS use similar code – 5.059.C7

Smart Follower Strategy

- Genio quickly embraced in Tier 1 accounts as an alternative to UHGNS
- 25% Market Share within 24 months after launch

Focused DTC and Sleep Hubs Program

- Focused DTC investment resulting in 40% growth of implants in 2024
- Dedicated sleep hub program

Selective International Expansion

National Coverage – Dedicated DRG

- Germany
- Switzerland
- UK

Hospital Budget

- Spain
- Italy
- Finland

Government Funded Tender

- Kuwait

Expected Case-by-Case Insurance Coverage

- United Arab Emirates – Q3 2025
- Singapore – Q3 2025
- Netherlands – Q3 2025

US Commercialization

Reimbursement

- Expect to use an established CPT code recognized by payers for the OSA indication at launch (64568)
- Worked closely with the American Academy of Otolaryngology (AAO) on strategy
- Participating in the FDA's Early Payor Feedback Program

Smart Follower Strategy – 2-pronged approach

- Focus on high volume UHGNS implanting accounts
 - Market research suggests that physicians and patients are seeking an alternative UHGNS
- Drive referrals from sleep physicians who currently manage a high number of patients, supported by focused DTC investments

US Launch Team in Place

- Commercial organization of 50+ people ready for limited release
 - 25 Territory Managers – Hired and fully trained
- Dedicated team supporting preauthorization efforts

At U.S. Launch: Intend to Cover ~30% of Current U.S. HGNS Market With 25 Experienced Territory Managers

Initial U.S. Launch Markets



Territory Manager Profile

>10
Years Average Experience

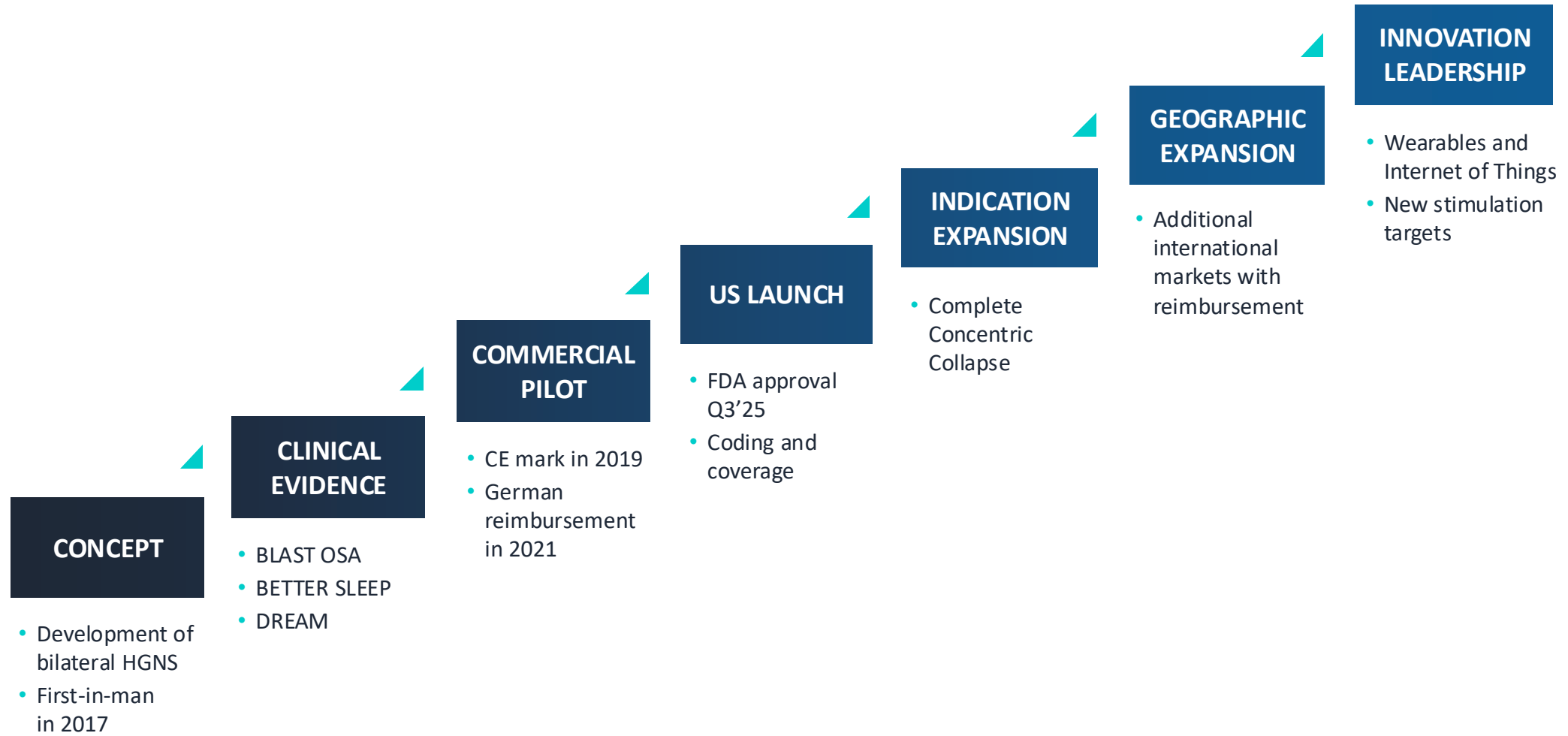
44%
Prior HGNS Experience

100%
Experience in ENT or
Neuromodulation

Previous Employers



Nyxoah's Expected Growth Path Forward



Nyxoah's Strategy for Anticipated Success



Business Poised for Scaled Execution

- Proven clinical efficacy with DREAM study data
- Successful commercial proof of concept in Germany
- Establishing leadership in new markets (UK, Middle East)
- Supply chain infrastructure in place



Unlocking an estimated \$10B U.S. Market Opportunity

- Highly differentiated HGNS solution
- Reimbursement pathway identified
- US commercial team trained and ready for launch
- Strengthening clinical evidence to reinforce differentiation

References

Sources

1. Young T. et al: Sleep Disordered Breathing and Mortality: Eighteen-Year Follow-up of the Wisconsin Sleep Cohort, Sleep. 2008 Aug 1; 31(8): 1071–1078.
2. Al Lawati NM, Patel SR, Ayas NT. Epidemiology, risk factors, and consequences of obstructive sleep apnea and short sleep duration. Prog Cardiovasc Dis 2009;51:285–293.
3. Wake up America: a national sleep alert : report of the National Commission on Sleep Disorders Research (1994).
4. Daniel Bratton. CPAP vs MA Devices and Blood Pressure in Patients With Obstructive Sleep Apnea. A Systematic Review and Meta-analysis. Jama 2015
5. Logan et al. J. Hypertension; O’Keefe and Patterson, Obes Surgery; Oldenburg et al., Eur J Heart Failure; Einhorn et al. Endocrine Prac; Bassetti et al. Stroke.
6. Medicare Revised Guidelines for CPAP Therapy in the home
7. Kribbs NB, Pack AI, Kline LR, Smith PL, Schwartz AR, Schubert NM, Redline S, Henry JN, Getsy JE, Dinges DF. Objective measurement of patterns of nasal CPAP use by patients with obstructive sleep apnea. Am. Rev. Respir. Dis. 1993; 147: 887–95.
8. Sawyer AM, Gooneratne NS, Marcus CL, Ofer D, Richards KC, Weaver TE. A systematic review of CPAP adherence across age groups: clinical and empiric insights for developing CPAP adherence interventions. Sleep Med. Rev. 2011; 15: 343–56
9. Weaver TE, Grunstein RR. Adherence to continuous positive airway pressure therapy: the challenge to effective treatment. Proc. Am. Thorac. Soc. 2008; 5: 173–8
10. Hoffstein, V, Review of oral appliances for treatment of sleep-disordered breathing. Sleep Breath 2007; 11(1): 1-22
11. Inspire Medical 3028 – System Implant Manual
12. STAR Trial – Strollo PJ Jr, Soose RJ, Maurer JT, et al. Upper-airway stimulation for obstructive sleep apnea.. N Engl J Med 2014;370:139-49. DOI: 10.1056/NEJMoa1308659
13. Shah, Janki, et al; American Journal of Otolaryngology (2018). Uvulopalatopharyngoplastyvs CN XII stimulation for treatment of obstructive sleep apnea: A single institution experience

DREAM Study Design Details

DESIGN

- n=115
- Pivotal, multi-center, prospective, open-label study
- Safety and performance of bilateral HGNS system in adult patients
- Patients must sleep supine for at least 60 minutes at their 12-month PSG
- All assessments from consent (safety) or baseline (efficacy) to 12 months post-implant
- All safety events were adjudicated by an independent Clinical Events Committee (CEC)

BASELINE CHARACTERISTICS

- Mean
- Mean Baseline AHI: 28.0 events/h
- Mean Baseline ODI: 27.0 events/h
- Mean BMI: 28.5 kg/m²

EFFICACY ENDPOINTS

- Co-Primary – AHI responder rate at 12 months per the Sher criteria (AHI reduction of at least 50% from baseline on the 12-month PSG and AHI score of less than 20 events per hour on the 12-month PSG)
- Co-Primary – ODI responder rate at 12 months (ODI reduction of at least 25% from baseline on the 12-month PSG)
- Secondary – Median reduction in AHI from baseline to 12 months

SAFETY ENDPOINTS

- Incidence of device-related serious adverse events (SAEs)
- Adjudicated by an independent clinical events committee (CEC)