Preliminary Results of the BeAT-HF Post-Market Randomized Clinical Trial

February 21, 2023

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Forward-looking statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical facts are forward-looking statements, including statements regarding our future financial performance, our anticipated growth strategies, anticipated trends in our industry, our business prospects and our opportunities, including specifically those related to potential new indications, labelling or marketing opportunities, our continued review and analysis of trial data and future business and financial impacts. In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "anticipate," "could," "outlook," "guidance," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "potential" or "continue" or the negative of these terms or other similar expressions, although not all forward-looking statements contain these words.

The forward-looking statements in this press release are only predictions and are based largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition, and results of operations. These forward-looking statements speak only as of the date of this presentation and are subject to a number of known and unknown risks, uncertainties and assumptions, including, uncertainties related to obtaining regulatory approvals, further analysis and understanding of clinical trial data, physician and patient adoption, and other important factors that could cause actual results, performance or achievements to differ materially from those projected in the forward-looking statements that are found in "Part I, Item 1A. Risk Factors" in our Annual Report on Form 10-K for the year ended December 31, 2022, as such factors may be updated from time to time in our other filings with the Securities and Exchange Commission. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

BeAT-HF study design

Initial Enrollment
April 2016

6-month Follow-up 2019

BeAT-HF Primary Endpoint
(n=408)

Intended Use Population
(n=264)

Pre-Market Phase @ 6 months
(n=264)

- Exercise capacity improvement (6MHW) @ 6 month
- Quality-of-life improvement (MLWHQ) @ 6 months
- NYHA class improvement @ 6 months

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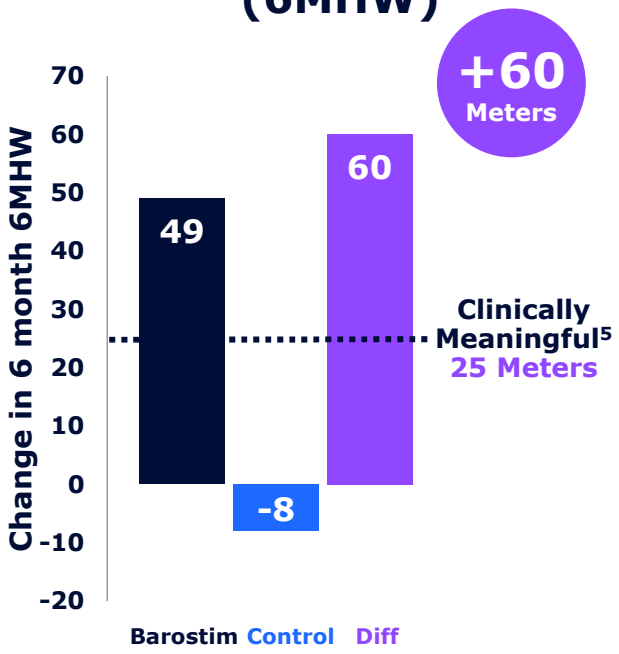
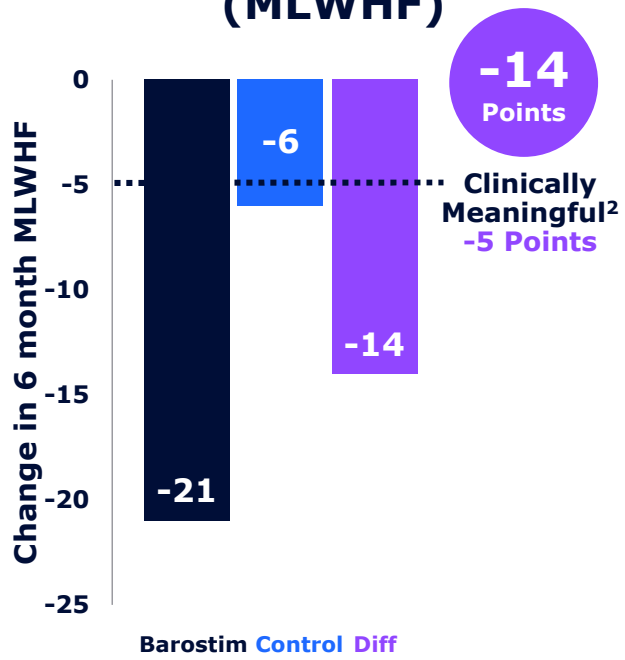
Barostim was approved based on previous positive data[1]

Exercise capacity (6MHW)



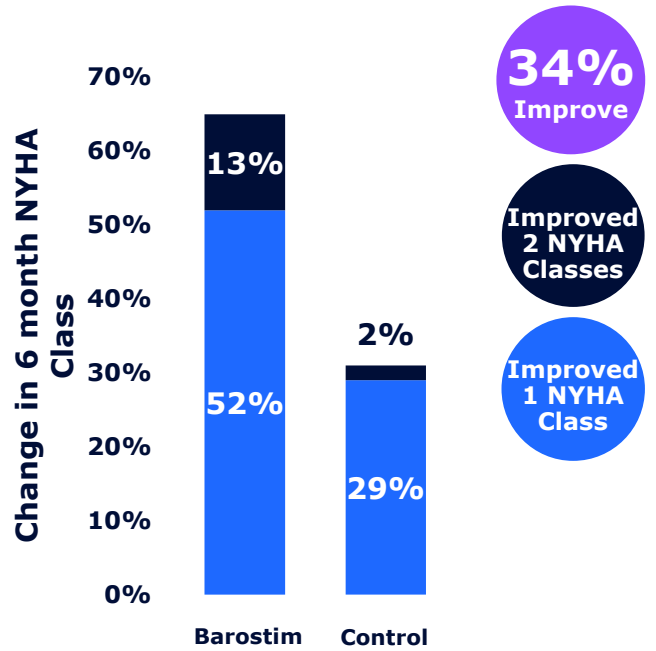
CRT trial results		
CONTAK CD[3]	NYHA III or IV LVEF ≤ 35% QRS > 120ms	39
MIRACLE[4]	NYHA III or IV LVEF ≤ 35% QRS > 130ms	29

Quality of life (MLWHF)



CRT trial results		
CONTAK CD[3]	NYHA III or IV LVEF ≤ 35% QRS > 120ms	-11
MIRACLE[4]	NYHA III or IV LVEF ≤ 35% QRS > 130ms	-9

NYHA class



CRT trial results		
CONTAK CD[3]	NYHA III or IV LVEF ≤ 35% QRS > 120ms	20%
MIRACLE[4]	NYHA III LVEF ≤ 35% QRS > 130ms	30%

*Data from different studies and different patient populations may not be directly comparable

1. Zile MR, et al. J Am Coll Cardiol 2020; 76:1-13. 2. Rector TS, et al. J Card Fail. 1995;1(3):201-216. 3. Higgins SL, et al. J Am Coll Cardiol 2003;42:1454 –1459.
4. Abraham WT, et al. N Engl J Med 2002;346:1845–1853. 5. Gremeaux V, et al. Arch Phys Med Rehabil. 2011;92(4):611-619.

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BeAT-HF study design

Initial Enrollment
April 2016

6-month Follow-up 2019

Median 3.7 years of follow-up 2022

BeAT-HF Primary Endpoint
(n=408)

Additional
(n=59)

Intended Use Population
(n=264)

Intended Use Pop.
(n=59)

Pre-Market Phase @ 6 months
(n=264)

- Exercise capacity improvement (6MHW) @ 6 month
- Quality-of-life improvement (MLWHQ) @ 6 months
- NYHA class improvement @ 6 months

Post-Market Phase: follow-up until 2022
(n=264+59=323)

- Mortality and morbidity data at the common closing time
- Symptomatic improvement @ 12 months (and @ 24 for some)
- Additional clinical and economic endpoints

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BeAT-HF randomized post-market phase

Primary endpoint

CV Mortality
- CV Deaths
- LVAD
- Transplant

HF Morbidity
- HF Hospitalizations
- ER visits with IV Diuretic

Composite endpoint: rate of events is analyzed using a negative binomial method

Clinically-meaningful prespecified analyses include:

- Hierarchical composite "Win Ratio" analysis
- Clinical stability analysis
- Terminal endpoint analysis

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Win Ratio analysis

Win Ratio is a common and accepted analysis for hierarchical composites in cardiovascular trials that evaluates 100% of the patients in the trial, not just the patients who had an event

Each Barostim Patient (n=163)

vs.

Each Control Patient (n=160)

~ 25,000 pairs

CV Mortality
Did one patient survive vs. the other?
Yes → **Win**
No →

LVAD/Transplant
Did one patient avoid LVAD or transplant vs. the other?
Yes → **Win**
No →

HF Events
Did one patient have fewer HF events vs. the other?
Yes → **Win**
No →

Quality of Life
Did one patient have better symptomatic outcomes vs. the other?
Yes → **Win**
No → **Tie**

$$\text{Win Ratio} = \frac{\text{Total wins for Barostim arm}}{\text{Total wins for Control arm}}$$

Win Ratio analysis favored Barostim

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Clinical stability analysis

Clinical stability analysis favored Barostim

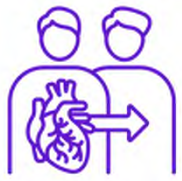
Clinical stability categorization	
Improved	• Not **Worsened** **AND** • Decreased **HF hospitalizations** in 12m post- vs 12m pre-enrollment or 12-month improvement in **NYHA class**
Same	• Neither **Worsened** nor **Improved**
Worsened	• Patient died prior to 12 months **OR** • Increased **HF hospitalizations** in 12m post- vs 12m pre-enrollment **OR** • 12-month deterioration in **NYHA class**

Terminal endpoint analysis

LVAD- and transplant-free survival favored Barostim

All-cause deaths

LVAD implantation



Heart transplantation

Composite endpoint analyzed using a Cox proportional hazards model

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Key takeaways

- Barostim is currently FDA-approved for the improvement of heart failure symptoms based on the pre-market phase at 6 months.
- The post-market phase did not meet its primary endpoint assessing CV mortality and HF morbidity rates.
- The safety profile of Barostim and the symptomatic improvements were shown to be durable though 12 (and 24 months when prespecified).
- The post-market phase contained additional clinically meaningful prespecified analyses that favored Barostim, including the Win Ratio, the clinical stability, and the terminal endpoint analyses.

"The new results from the post-market phase of BeAT-HF confirm Barostim's long-term symptomatic benefits and safety, and its use as an effective treatment for heart failure."
Michael R. Zile, M.D., Distinguished University Professor, Medical University of South Carolina, chair of BeAT-HF Executive Steering Committee

Next steps

- Results will be presented at THT on March 21, 2023 at 10:45 am Eastern Time in Boston as a featured presentation.
- Full results and outcomes will be submitted for publication in a medical journal and to the FDA in the form of a PMA supplement for consideration of expanded labeling.

"This new evidence is welcome news for the many patients with heart failure, who remain symptomatic despite optimal medical therapy. We plan to submit the totality of evidence of BeAT-HF to FDA seeking an expansion of Barostim labeling."
Nadim Yared, President and CEO, CVRx Inc.

Questions?

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