tenax THERAPEUTICS

Corporate Presentation

May 2026

Forward-Looking Statements

Disclaimers

Except for historical information, all of the statements, expectations and assumptions contained in this presentation are forward-looking statements. These forward-looking statements may include information concerning possible or projected future business operations. Actual results might differ materially from those explicit or implicit in the forward-looking statements. Important factors that could cause actual results to differ materially include: risks of our clinical trials, including, but not limited to, the timing, delays, costs, design, location, initiation, enrollment, and results of such trials; any delays in regulatory review and approval of product candidates in development; risks related to our business strategy, including the prioritization and development of product candidates; our estimates regarding the potential market opportunity for our product candidates; reliance on third parties, including Orion Corporation, our manufacturers and CROs; risks regarding the formulation, production, marketing, customer acceptance and clinical utility of our product candidates; the potential advantages of our product candidates; our competitive position; intellectual property risks; our ability to maintain our culture and recruit, integrate and retain qualified personnel and advisors, including on our Board of Directors; volatility and uncertainty in the global economy and financial markets in light of unexpected changes in tariffs and the possibility of pandemics, global financial and geopolitical uncertainties, including in the Middle East and the Russian invasion of and war against the country of Ukraine; risks associated with our cash needs; changes in legal, regulatory and legislative environments in the markets in which we operate and the impact of these changes on our ability to obtain regulatory approval for our products; and other risks and uncertainties set forth from time to time in our SEC filings. Tenax Therapeutics assumes no obligation and does not intend to update these forward-looking statements except as required by law. This presentation shall not constitute an offer to sell or the solicitation of an offer to buy any securities of the Company.

Derisked Phase 3 Program

WITH PROOF-OF-CONCEPT CLINICAL DATA AND WELL-ESTABLISHED SAFETY PROFILE

1. TNX-103, or Oral Levosimendan, is a potential first-in-class PH-HFpEF treatment
2. Levosimendan brings a well-established safety profile and MOA uniquely suited to treating PH-HFpEF
3. Randomization target (230 patients) achieved in Phase 3 LEVEL study, topline data expected in Q3 of 2026
4. Global Phase 3 LEVEL-2 study initiated, enrollment completion estimated by end of 2027
5. Company funded through at least Q1 2028

PH-HFpEF: pulmonary hypertension in heart failure with preserved ejection fraction; MOA: mechanism of action; BSSR: Blinded Sample Size Re-estimation.

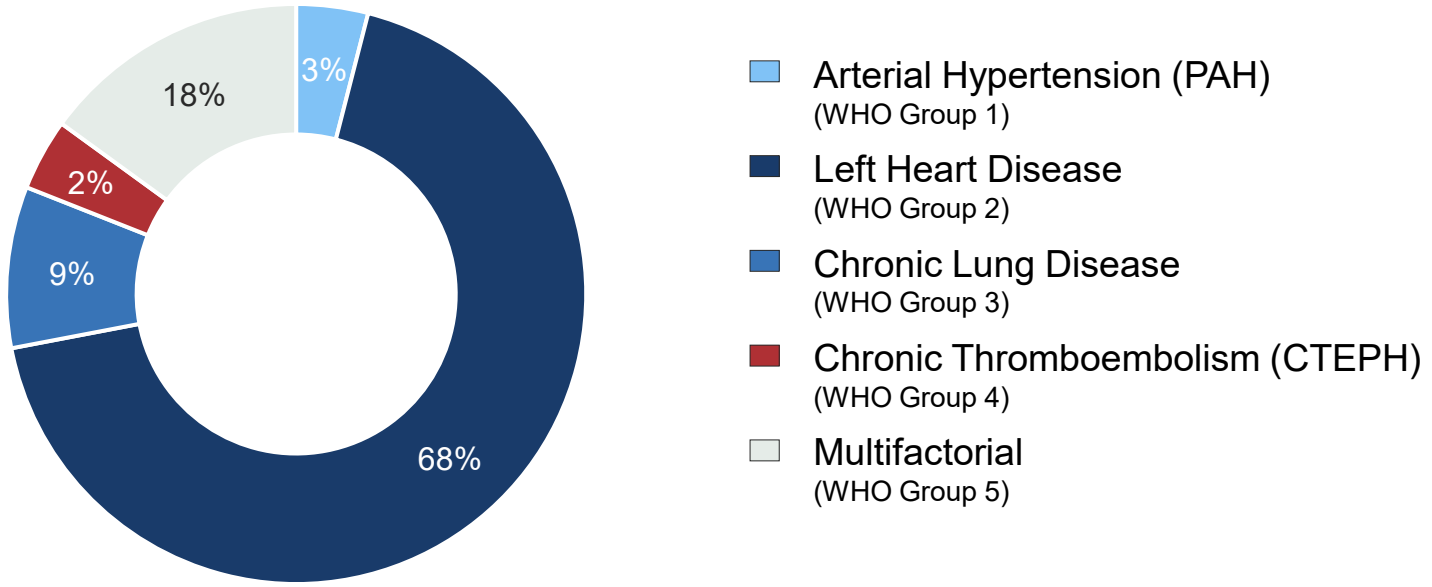
Pulmonary Hypertension in Heart Failure with Preserved Ejection Fraction (PH-HFpEF)

Group 2 Pulmonary Hypertension (Left Heart Disease)

PH-HFpEF is the most common form of PH

- Patients present with shortness of breath, leg edema, and poor exercise capacity
- A progressive, debilitating and often fatal disease
- No approved treatment is recommended by current guidelines

Pulmonary Hypertension Global Prevalence



~50% of Group 2 patients have PH-HFpEF, a large patient population with significant unmet need

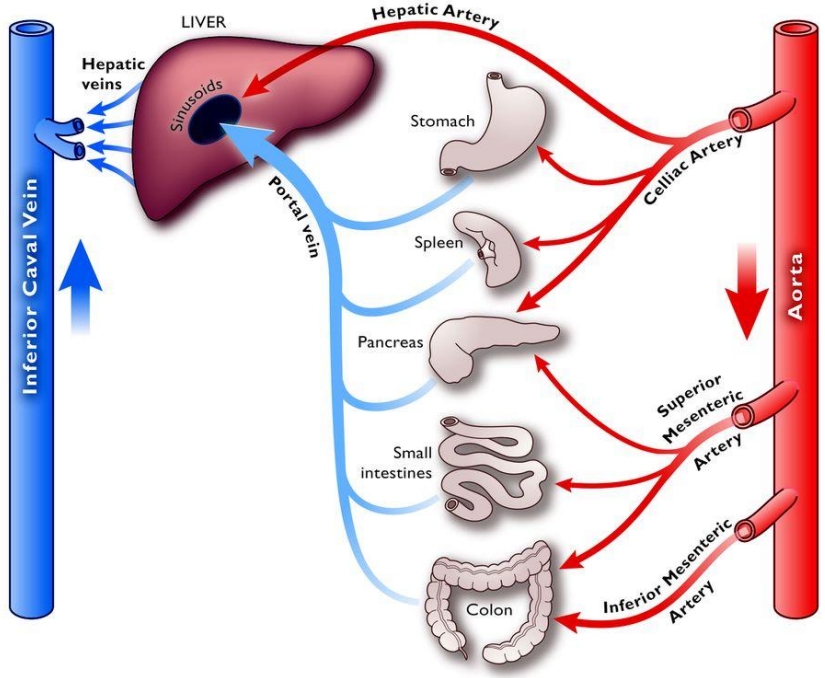
PH: pulmonary hypertension; PH-HFpEF: pulmonary hypertension in heart failure with preserved ejection fraction; WHO: World Health Organization.

Strange G, et al. *Heart (British Cardiac Society)* vol. 98,24 (2012): 1805-11.

tenax THERAPEUTICS

The Fundamental Role of the Splanchnic Reservoir

35% of circulating blood is in the systemic veins



35% of circulating blood is in the systemic arteries

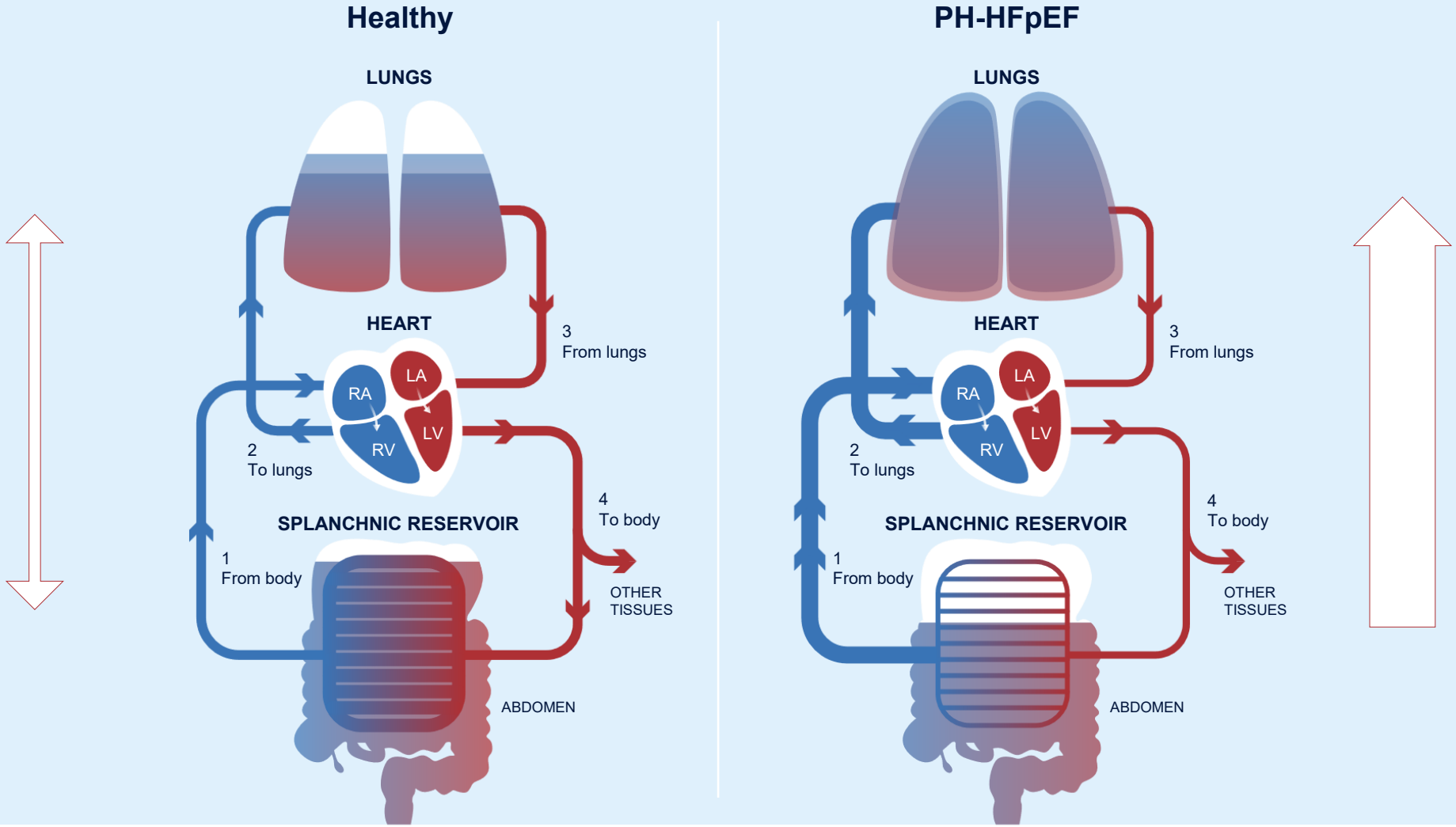
30% of circulating blood is in the splanchnic vascular reservoir

Gelman S and Mushlin PS. *Anesthesiology* vol. 100,2 (2004): 434-9.

tenax THERAPEUTICS

Blood Volume Distribution

REDUCING BLOOD VOLUME TO LOWER VENOUS AND PULMONARY PRESSURE



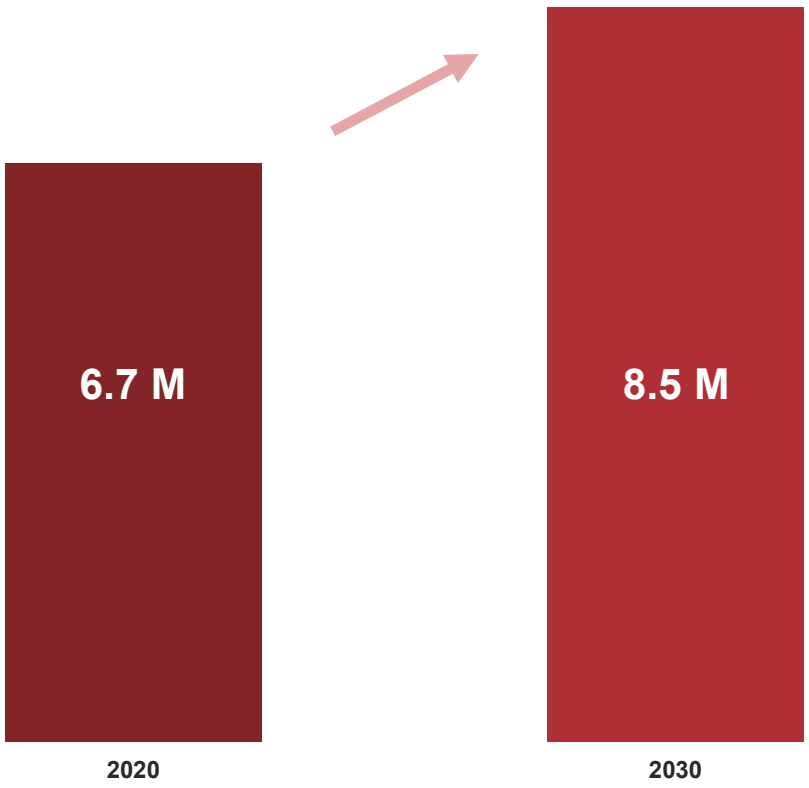
LA, left atrium; LV, left ventricle; RA, right atrium; RV, right ventricle; PH-HFpEF, pulmonary hypertension in heart failure with preserved ejection fraction.

Gelman S, et al. *J Am Soc Anesthesiol*. 2004;100(2):434-439.; Fudim M, et al. *Eur J Heart Fail*. 2021;23:1076-1084.; Yaku H, et al. *J Cardiol*. 2024;83:330-337.

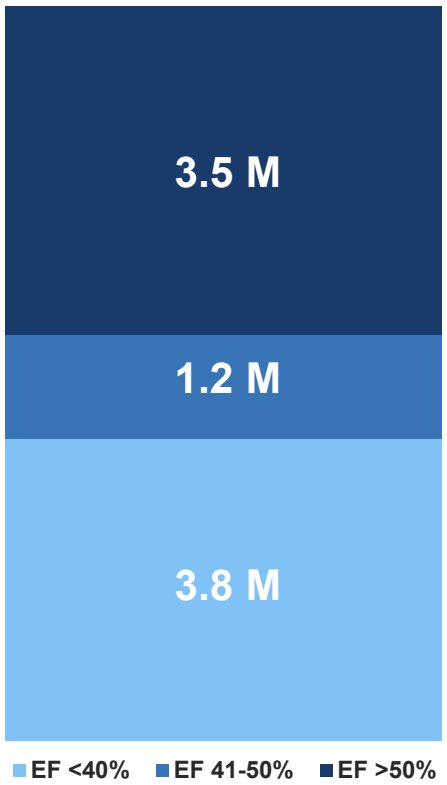
tenax THERAPEUTICS

PH-HFpEF: Large and Growing Market with No Approved Therapies to Date

Estimated US HF Prevalence



EF% Distribution



Estimated US PH-HFpEF Prevalence in 2030

~50-80% of HF patients with EF >40% have PH

That translates to around 2.2-3.7M PH-HFpEF patients in the US by 2030

HF: heart failure; EF: ejection fraction; PH: pulmonary hypertension; PH-HFpEF, pulmonary hypertension in heart failure with preserved ejection fraction.

Bozkurt B, et al. *Journal of cardiac failure* vol. 31,1 (2025): 66-116.; Guazzi M. *Circulation. Heart failure* vol. 7,2 (2014): 367-77.; Lam CSP, et al. *Journal of the American College of Cardiology* vol. 53,13 (2009): 1119-26.

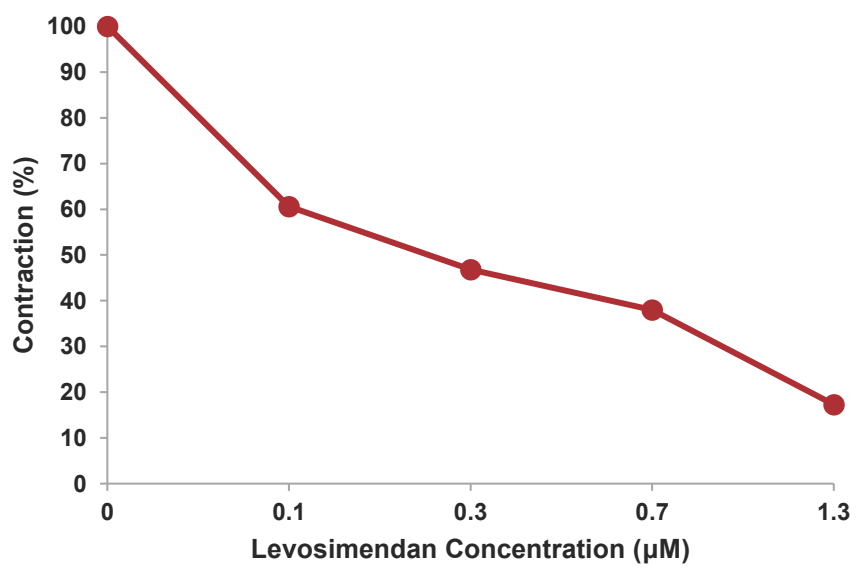
tenax THERAPEUTICS

Oral Levosimendan (TNX-103)

Levosimendan's MOA is Uniquely Suited to Treat PH-HFpEF

NOVEL, POTENTIAL FIRST-IN-CLASS K-ATP CHANNEL ACTIVATOR AND CALCIUM SENSITIZER

Dose-dependent dilation of human portal vein with levosimendan



Vein Becomes Less Contracted as Concentration of Levosimendan Increases

- Human portal vein placed in tissue bath
- Vein is contracted with norepinephrine to mimic human physiology
- Levosimendan is then progressively added to tissue bath

MOA: mechanism of action; K-ATP: potassium adenosine triphosphate-sensitive potassium.
Patarica J, et al. *The Journal of pharmacy and pharmacology* vol. 52,2 (2000): 213-7.

tenax THERAPEUTICS

Proof-of-Concept Established in Phase 2 HELP Study

STUDY DEMONSTRATED SAFETY AND EFFICACY OF LEVOSIMENDAN IN PH-HFPEF

Phase 2 HELP Study

- Open-label study to evaluate IV levosimendan (TNX-101), specifically the effects on hemodynamics at rest and exercise after 24 hours
- 37 PH-HFpEF patients with initial responses were then enrolled into randomized, double-blinded treatment with once weekly IV infusions for 6 weeks
- Final assessment after 6 weeks of 6-minute walk distance and hemodynamics study

Summary of Results

- Confirmed academic-oriented hypothesis of levosimendan's effectiveness in treating PH-HFpEF
- First study in any HFpEF population to show improvement in 6MWD
- Follow-up OLE established PoC for oral levosimendan

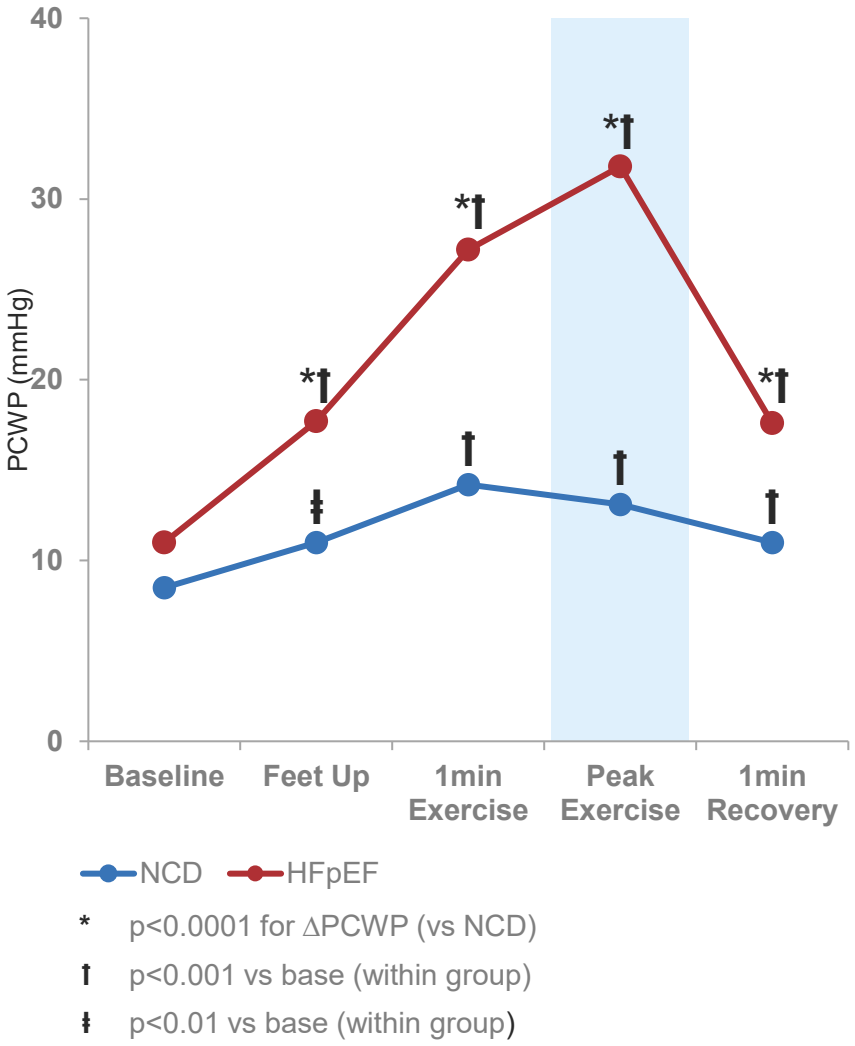
6MWD: 6-minute walk distance; OLE: open-label extension; PoC: proof-of-concept.
Burkhoff D, et al. *JACC. Heart failure* vol. 9,5 (2021): 360-370.

Overview of PH-HFpEF Hemodynamics

Exercise hemodynamics data from HELP study confirm diagnosis

- Increase in PCWP during exercise is the defining impairment in PH-HFpEF
- No known treatment has been able to prevent increase in PCWP during exercise

ΔPCWP at Rest and Exercise

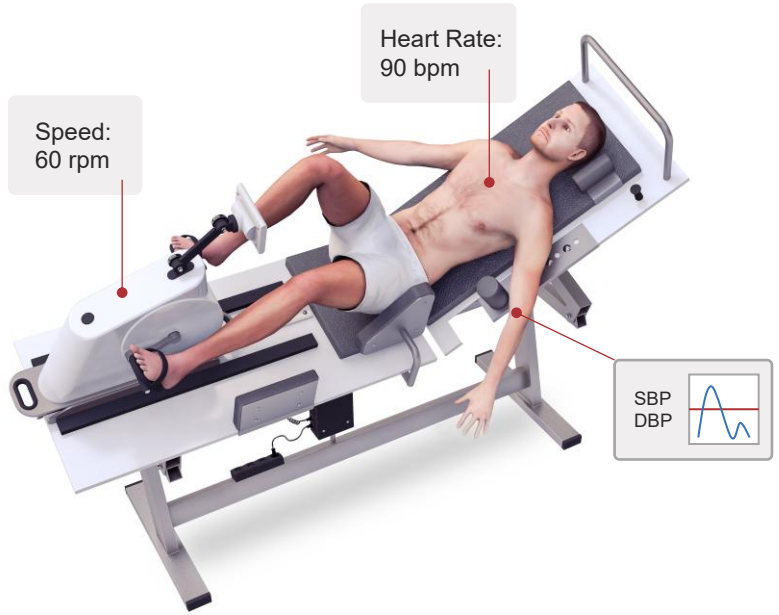


* p<0.0001 for ΔPCWP (vs NCD)

† p<0.001 vs base (within group)

‡ p<0.01 vs base (within group)

Experimental Set Up During Isometric Leg Exercise



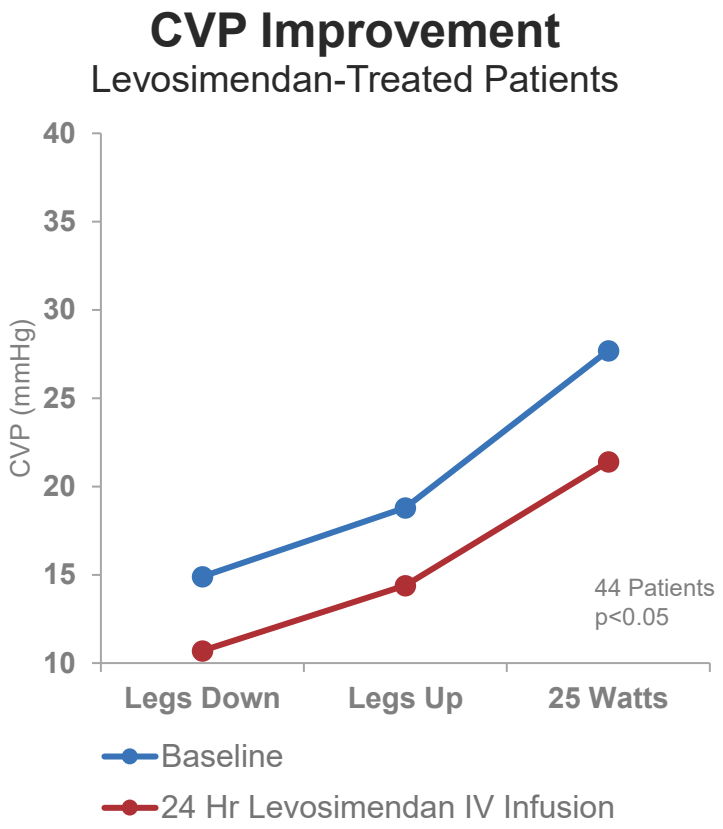
DBP: diastolic blood pressure; NCD: noncardiac dyspnea; PCWP: pulmonary capillary wedge pressure; SBP: systolic blood pressure.

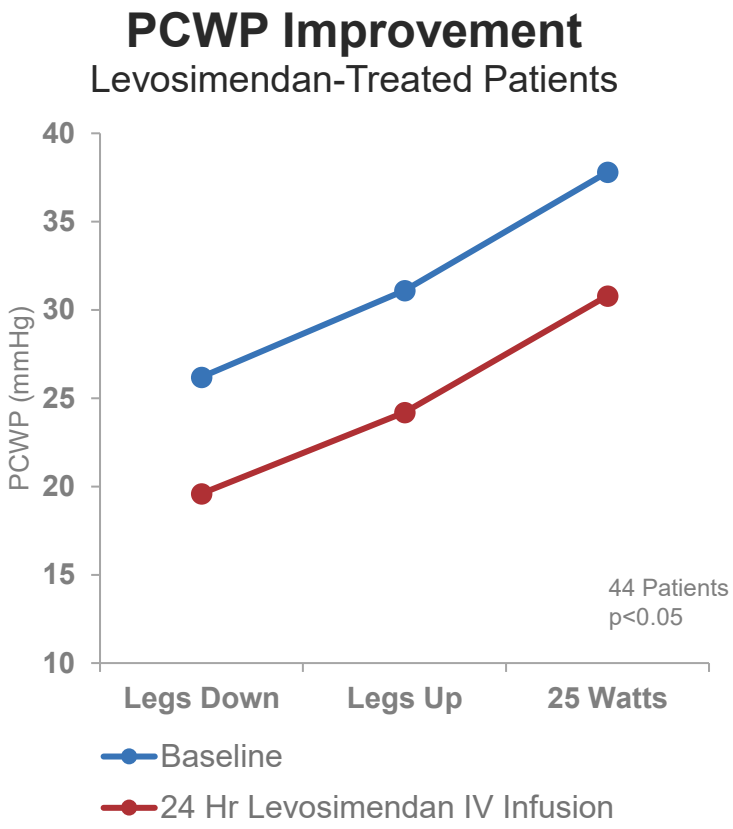
Borlaug BA, et al. *Circulation. Heart failure* vol. 3,5 (2010): 588-95.

tenax THERAPEUTICS

IV Levosimendan Improves CVP and PCWP After 24 Hour Infusion

- Improvements seen at rest and with exercise
- 85% of patients enrolled responded with robust decrease (>4mm Hg) in exercise PCWP



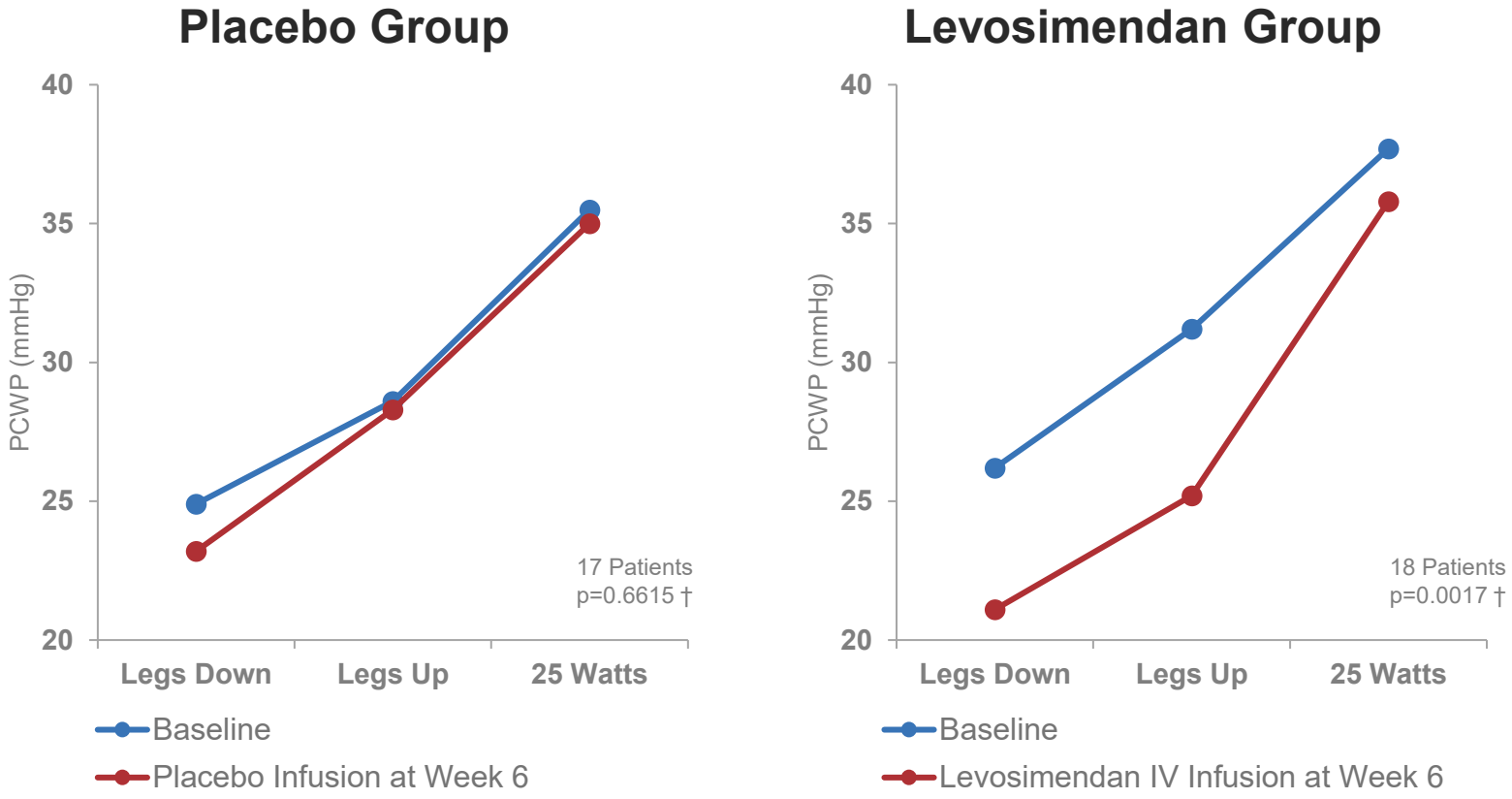


CVP: central venous pressure; PCWP: pulmonary capillary wedge pressure.
Burkhoff D, et al. *JACC. Heart failure* vol. 9,5 (2021): 360-370.

tenax THERAPEUTICS

IV Levosimendan Significantly Improves PCWP After 6 Weeks

- Following randomization for 6 weeks at trough, placebo patients experienced no change
- Meanwhile, pressure in patients treated with IV levosimendan markedly improved in 3 positions (as assessed by right heart catheterization)

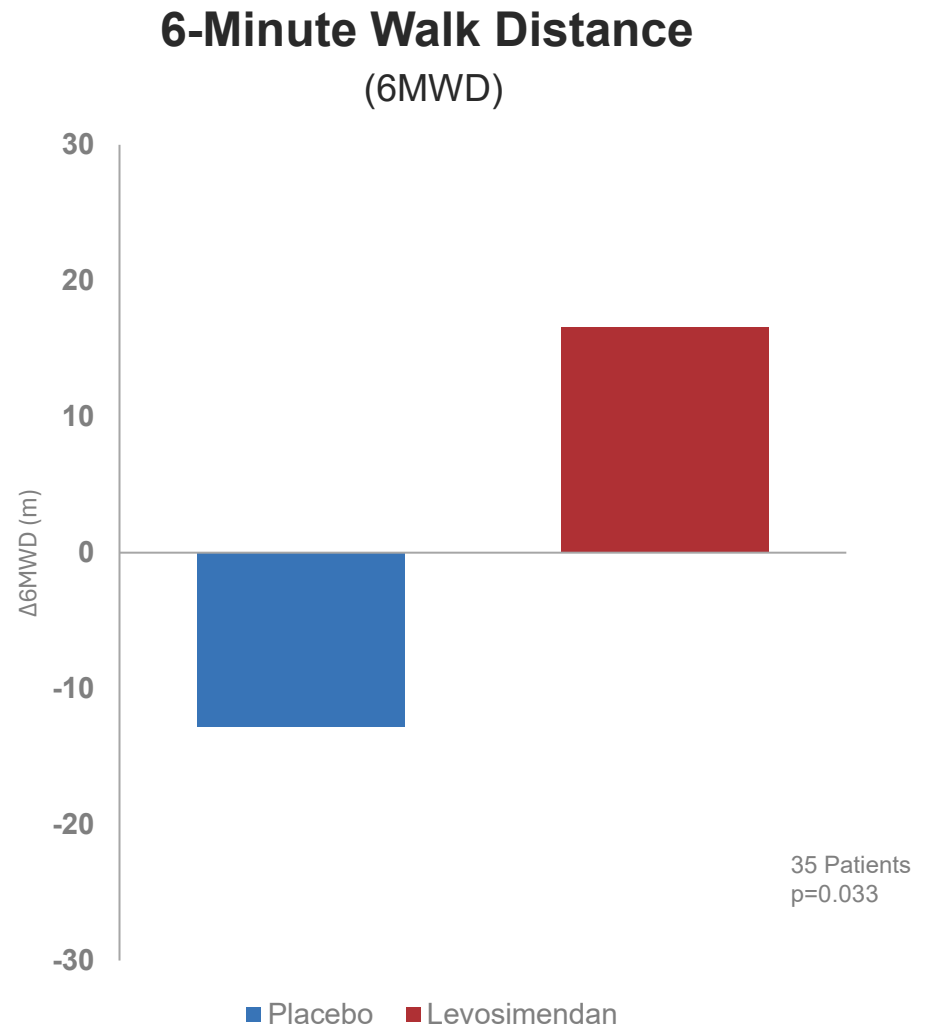


† Tested in a mixed effect model using treatments as factors and position as a random effect.
PCWP: pulmonary capillary wedge pressure.
Burkhoff D, et al. *JACC. Heart failure* vol. 9,5 (2021): 360-370.

tenax THERAPEUTICS

IV Levosimendan Improves Exercise Capacity After 6 Weeks at Trough

- 29m improvement in 6MWD
- Levosimendan is the first drug to improve 6MWD in any HFpEF patient population



37 patients met hemodynamic criteria and were randomized, of these, 2 patients dropped out due to palpitations and COVID-19 infection, both were in the placebo arm.
Burkhoff D, et al. *JACC. Heart failure* vol. 9,5 (2021): 360-370.

tenax THERAPEUTICS

OLE Established Safety, Efficacy and Dosing for Oral Levosimendan

PATIENTS IN OLE WERE TRANSITIONED FROM IV TO ORAL LEVOSIMENDAN (TNX-103)

Study Objectives

- Safely transition patients from weekly IV to daily oral levosimendan over 6-8 week period to continue providing open-label treatment with TNX-103
- Confirm safety and tolerability of oral levosimendan (TNX-103)
- Determine effective dose to maintain safety and efficacy of IV levosimendan

Previous IV Infusion	Week 0* (Office)	Week 2 (Home)	Week 4 (Home)	Week 6 (Office)
0.10 µg/kg/min	1 mg QD (1 mg total daily dose) Morning	1 mg BID (2 mg total daily dose) Every 12 hr	1 mg TID (3 mg total daily dose) Every 8 hr	Patient evaluated for further titration†

*5-7 days after the last IV levosimendan infusion.; †The oral dose was increased every 2 weeks by 1 mg/day to a maximum of 4 mg/day over an 8-week period. The highest daily dose was determined by the investigator based on clinical assessments of symptoms and side effects.
BID: twice daily; IV: intravenous; OLE: open-label extension; TID: 3 times daily; QD: every day.
Thenappan T, et al. *J Card Fail*. Vol. 29,4 (2023): 714-715.

tenax THERAPEUTICS

Oral Levosimendan (TNX-103): Safe and Effective as IV Formulation

RESULTS FROM HELP OLE IV-TO-ORAL TRANSITION SUBSTUDY

Exercise capacity

+ 7 meters

6MWD was improved by 7 meters

Cardiac function

↓ 23% over IV

BNP/NT-proBNP improved by 23%

Patient-reported outcomes

↑ in 6 of 7 domains

KCCQ improved further in 6 of 7 different domains

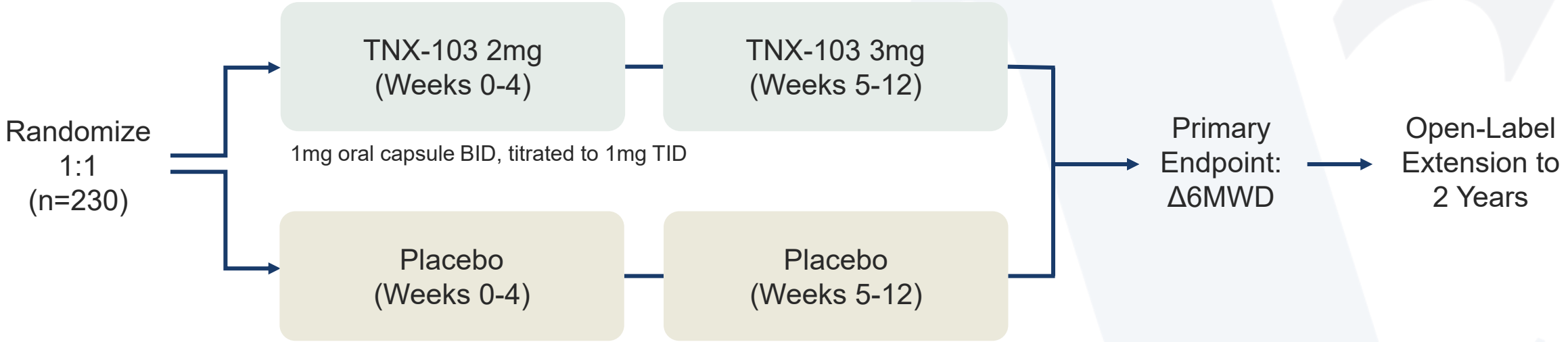
6MWD: 6-minute walk distance; BNP: brain natriuretic peptide; NT-proBNP: N-terminal pro B-type natriuretic peptide; KCCQ: Kansas City cardiomyopathy questionnaire; OLE: open-label extension.

Thenappan T, et al. *J Card Fail*. Vol. 29,4 (2023): 714-715.

tenax THERAPEUTICS

LEVEL Study

ONGOING PHASE 3 REGISTRATIONAL TRIAL IN US AND CANADA



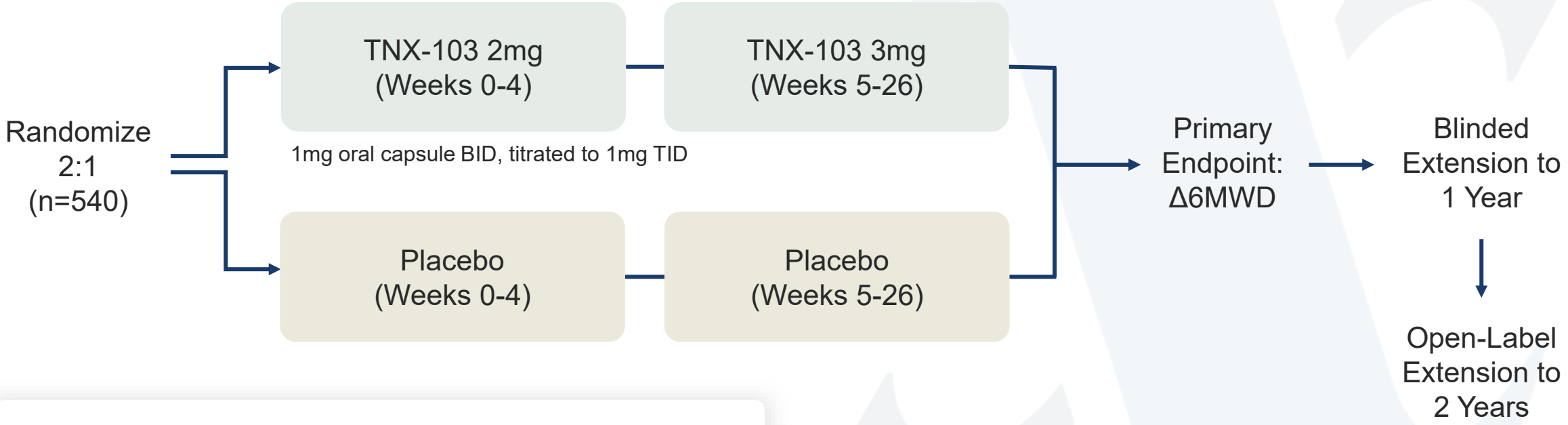
- Prespecified BSSR demonstrated trial is powered at well over 90% to detect 25m change in 6MWD at 12 weeks (primary endpoint)
- Randomization target (230 patients) achieved
- Topline data expected in Q3 of 2026

BID: twice a day; TID: three times a day; 6MWD: 6-minute walk distance; BSSR: Blinded Sample Size Re-estimation.

tenax THERAPEUTICS

LEVEL-2 Study

SECOND GLOBAL PHASE 3 REGISTRATIONAL TRIAL



- Same patient selection criteria and dosing as LEVEL
- Primary endpoint: 6MWD at 26 weeks
- Blinded extension for 150 subjects
- Enrollment completion expected by end of 2027

BID: twice a day; TID: three times a day; 6MWD: 6-minute walk distance.

tenax THERAPEUTICS

IP Portfolio Protects Global Rights to Levosimendan Use in PH-HFpEF

- US patents for oral (TNX-103), IV, expanded dose and combination use through 2040
- Global protection pending across potential markets
- All patents have continuation applications pending

United States:

US 11,213,524, issued January 4, 2022, **expires November 14, 2039** (SC Formulation/Use)
US 11,607,412, issued March 21, 2023, **expires December 15, 2040** (IV Use)
US 11,701,355, issued July 18, 2023, **expires December 15, 2040** (Oral Use)
US 11,969,424, issued April 30, 2024, **expires December 15, 2040** (Expanded dose & CV drug combo use)
Pending US Patent Application, USPTO has issued Notice of Allowance (SC Use)

All patents have continuation applications pending

Europe

EP 4076398 B1 issued February 18, 2026, **expires December 15, 2040**

Japan/Canada/New Zealand/Australia/Thailand/ Malaysia/Singapore:

Regional stage applications filed (PCT/US2020/065166)
Canadian Patent Application No. 3,161,960 – Allowed

Other PCT Applications:

PCT/US2022/080708, filed November 30, 2022 (Combination use of levosimendan and SGLT-2 in HF)
PCT/US2022/082561, filed December 29, 2022 (Oral Levosimendan use in PH-HFpEF)

EPO: European Patent Office; USPTO: U.S. Patent and Trademark Office; SC: subcutaneous; CV: cardiovascular.

Derisked Phase 3 Program

WITH PROOF-OF-CONCEPT CLINICAL DATA AND WELL-ESTABLISHED SAFETY PROFILE

1. TNX-103, or Oral Levosimendan, is a potential first-in-class PH-HFpEF treatment
2. Levosimendan brings a well-established safety profile and MOA uniquely suited to treating PH-HFpEF
3. Randomization target (230 patients) achieved in Phase 3 LEVEL study, topline data expected in Q3 of 2026
4. Global Phase 3 LEVEL-2 study initiated, enrollment completion estimated by end of 2027
5. Company funded through at least Q1 2028

PH-HFpEF: pulmonary hypertension in heart failure with preserved ejection fraction; MOA: mechanism of action; BSSR: Blinded Sample Size Re-estimation.

tenax THERAPEUTICS

Developing a therapy uniquely suited for PH-HFpEF

Appendix

Drug Development Veterans Joined By Preeminent PH Experts

Chris Giordano
President & CEO

IQVIA

Stuart Rich, MD
CMO

Northwestern Medicine®
Feinberg School of Medicine

Doug Randall
CBO

The Medicines Company

SANOFI

Tom Staab
CFO

bioCryst® LENSAR

Tim Healey
CCO

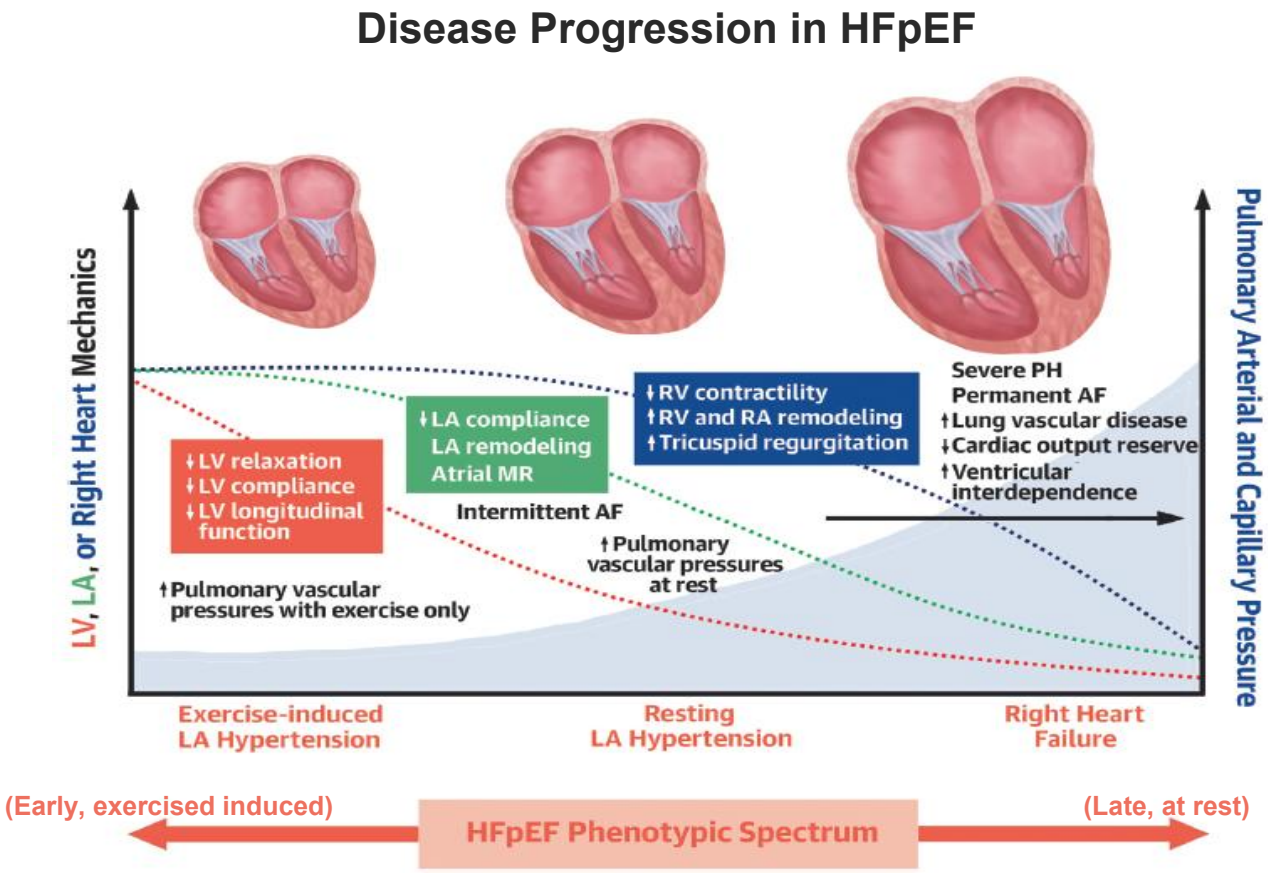
EVERSANA® LANTHEUS®

Board of Directors

- Gerry Proehl (Chairman)
- Michael Davidson, MD
- June Almenoff, MD
- Declan Doogan, MD
- Robyn Hunter
- Chris Giordano
- Stuart Rich, MD

tenax THERAPEUTICS

Pulmonary Hypertension Can Present Across HFpEF Phenotypic Spectrum



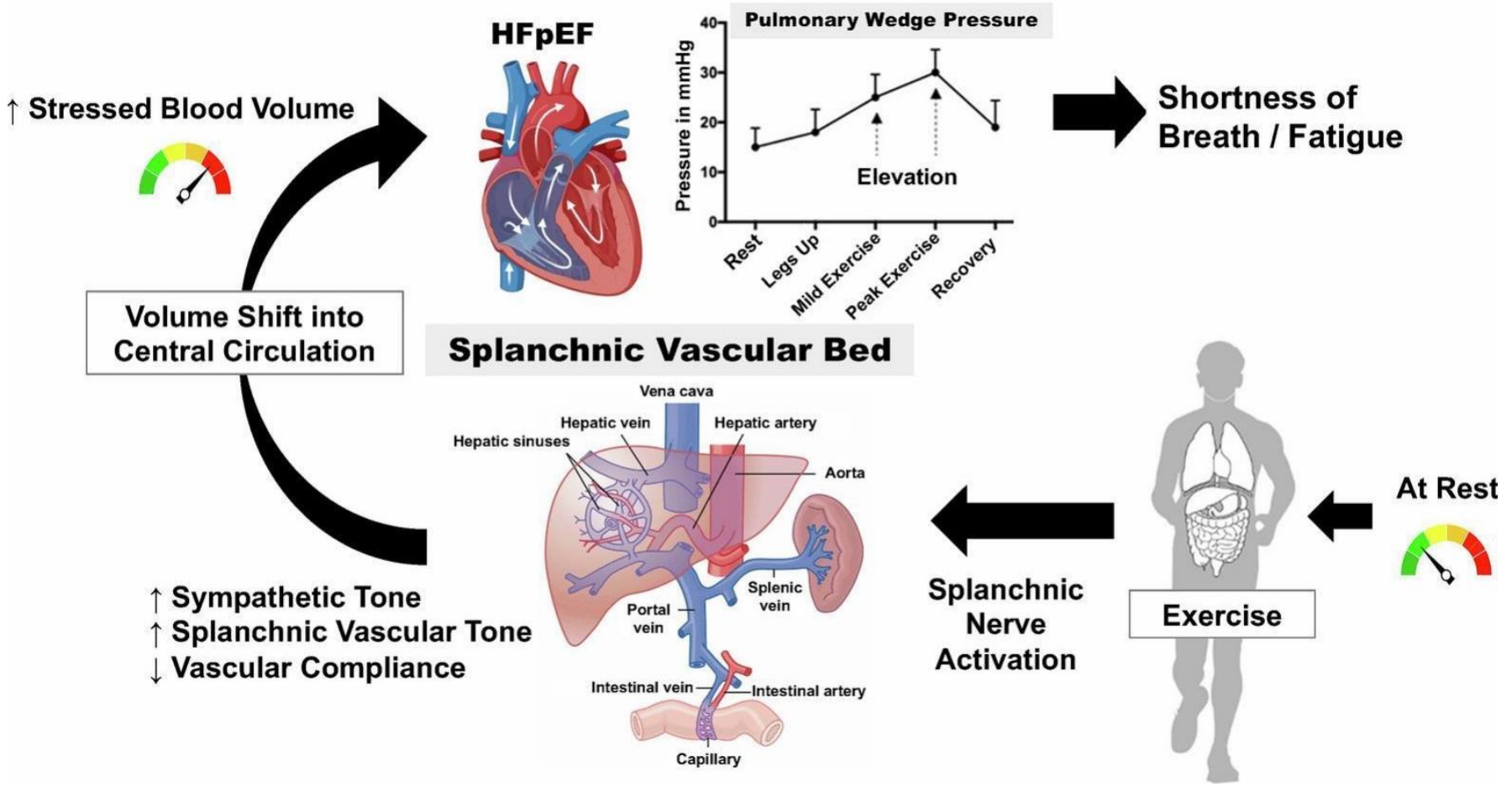
>80% of patients with HFpEF are estimated to have pulmonary hypertension

HFpEF: heart failure with preserved ejection fraction; LA: left atrial; LV: left ventricular; RA: right atrial; RV: right ventricular; MR: mitral regurgitation; PH: pulmonary hypertension.

Borlaug BA, et al. *Journal of the American College of Cardiology* vol. 81,18 (2023): 1810-1834.; Guazzi M, et al. *The Journal of heart and lung transplantation* vol. 34,3 (2015): 273-81.

Splanchnic Circulation

VOLUME REDISTRIBUTION



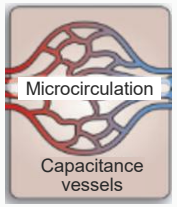
HFpEF: heart failure with preserved ejection fraction.

Yaku H, et al. *Journal of cardiology* vol. 83,5 (2024): 330-337.

tenax THERAPEUTICS

Chronic Constriction of the Splanchnic Circulation in PH-HFpEF

ALTERS BLOOD VOLUME AND CARDIOPULMONARY FUNCTION

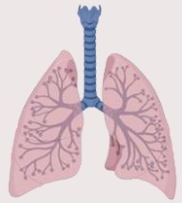


A maladaptive shift of blood from the splanchnic reservoir to the central circulation

- ↑ Sympathetic tone
- ↑ Splanchnic venoconstriction
- ↑ Blood volume

An excessive venous return to the right and left sides of the heart

- ↑ Right atrial pressure
- ↑ Left atrial pressures



Pulmonary congestion in the lungs

- ↑ Reactive increase in pulmonary pressure
- ↑ Pulmonary vascular remodeling
- ↓ Alveolar-capillary O_2 exchange

BV: blood volume; O_2: oxygen; PH-HFpEF: pulmonary hypertension in heart failure with preserved ejection fraction; SNS: sympathetic nervous system.

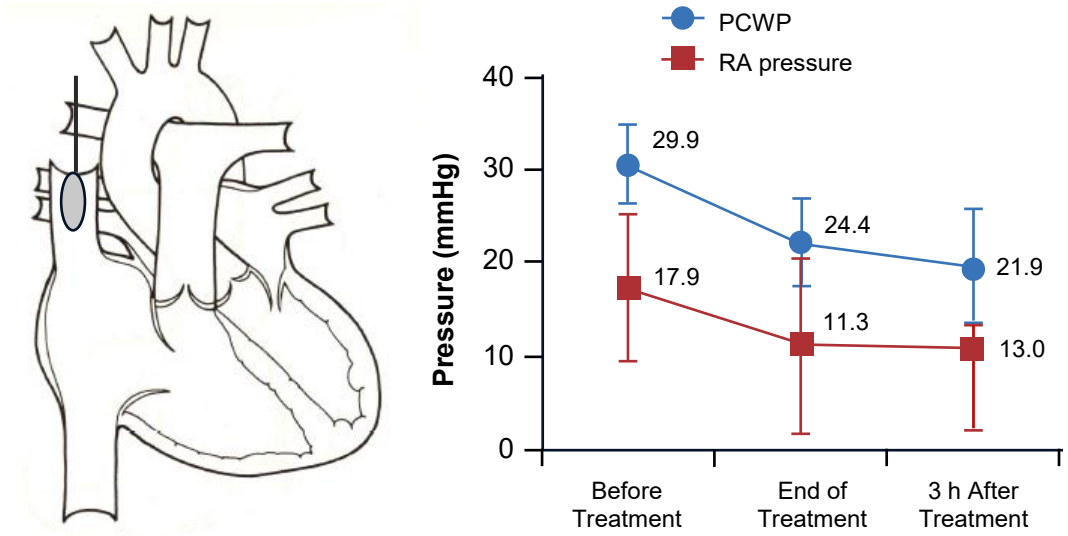
Yaku H, et al. *Journal of cardiology* vol. 83,5 (2024): 330-337.; Gelman S and Mushlin PS. *Anesthesiology* vol. 100,2 (2004): 434-9.; Lai YC, et al. *The Journal of physiology* vol. 597,4 (2019): 1143-1156.

tenax THERAPEUTICS

Mechanical Preload Reducing Device

PROOF-OF-CONCEPT FOR VENOUS MODULATING THERAPIES

SVC Balloon Occlusion



Acute decompensated HF with LVEF <40%

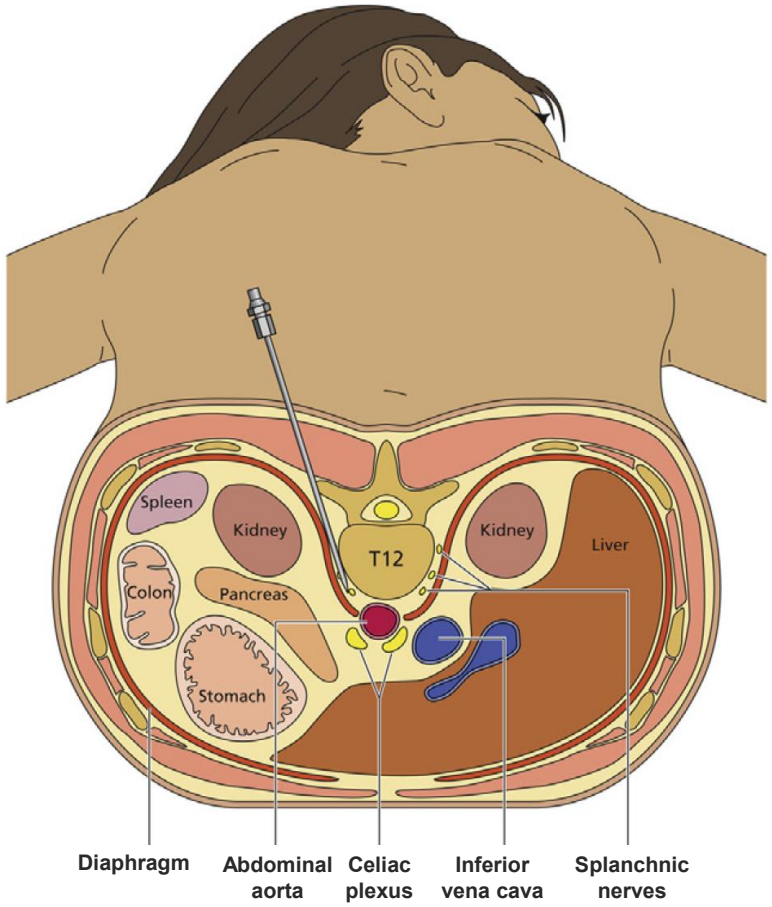
- Mean PAP 40.8 to 33.3 mmHg; p<0.0001
- PVR had no change; p=0.472
- Cardiac Index had no change; p>0.99
- Urine output increased 3.1L; p<0.001

SVC: superior vena cava; HF: heart failure; LVEF: left ventricular ejection fraction; PAP: pulmonary artery pressure; PVR: pulmonary vascular resistance.
Yousefzai R, et al. *JACC. Heart failure*, 102841. 11 Dec. 2025.

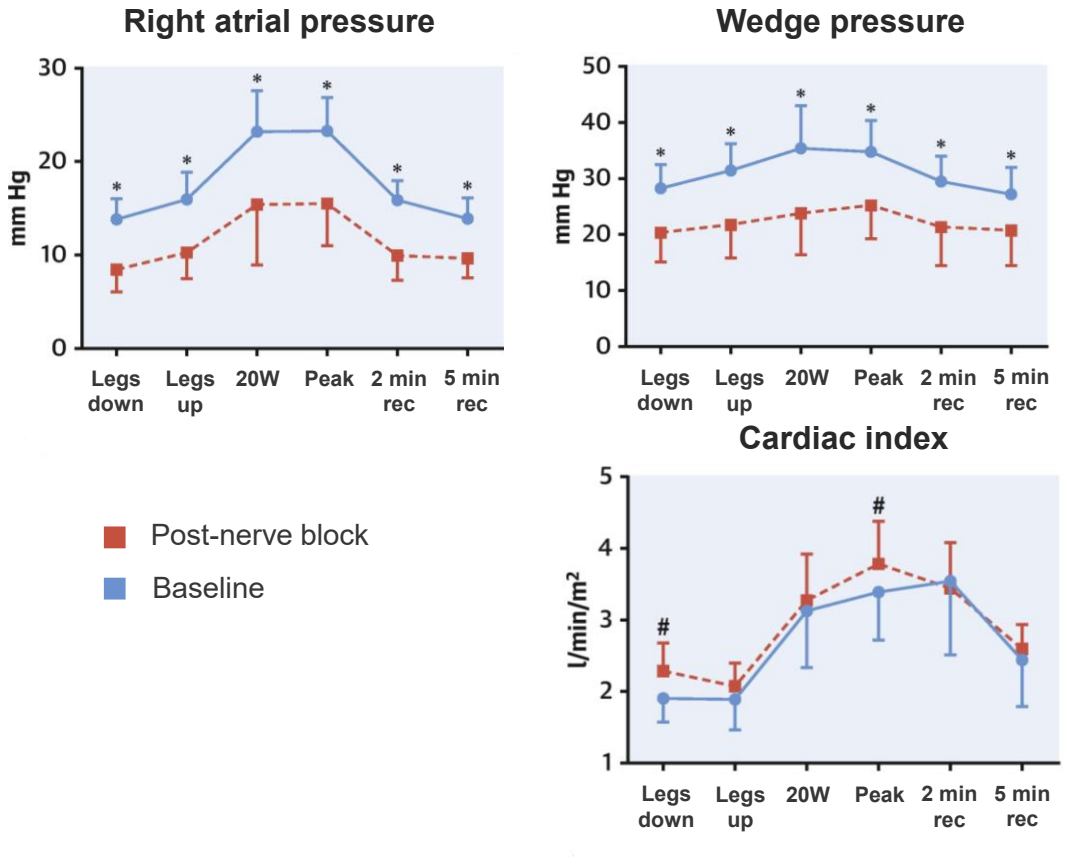
tenax THERAPEUTICS

Splanchnic Nerve Block

PROOF-OF-CONCEPT FOR VENOUS MODULATING THERAPIES



Splanchnic nerve block provides proof of concept for benefit of volume modulating therapies



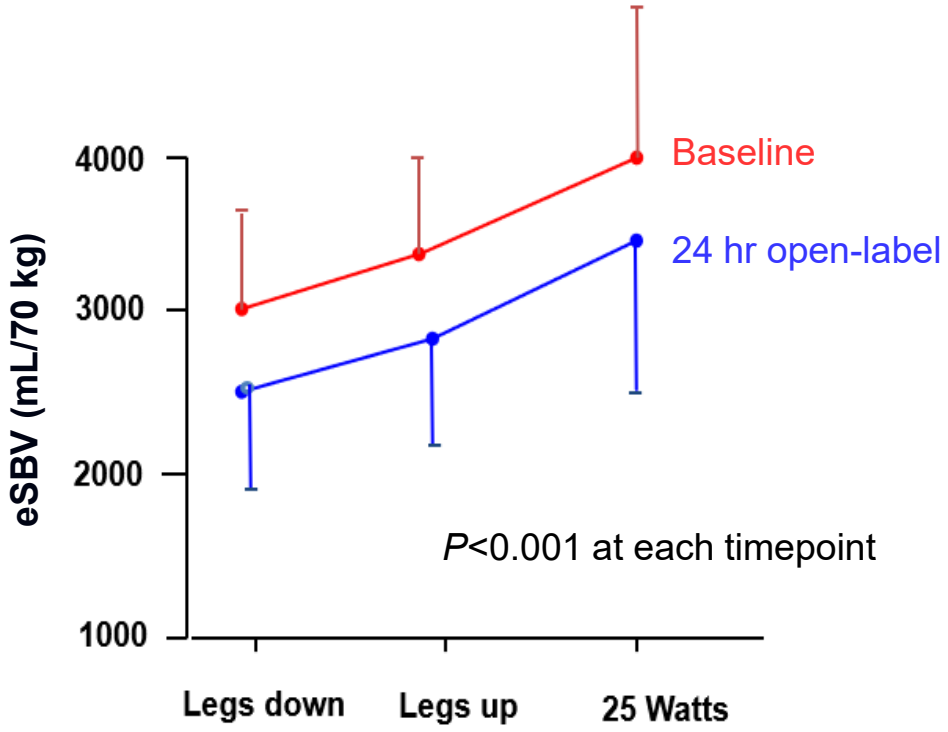
*Adjusted P<0.01 for a pairwise comparison with the pre-SNB value; #Unadjusted P<0.05, adjusted P>0.05.
rec: recovery after peak exercise; SNB: splanchnic nerve block; W: watt.
Fudim M, et al. *JACC. Heart failure* vol. 8,9 (2020): 742-752.

tenax THERAPEUTICS

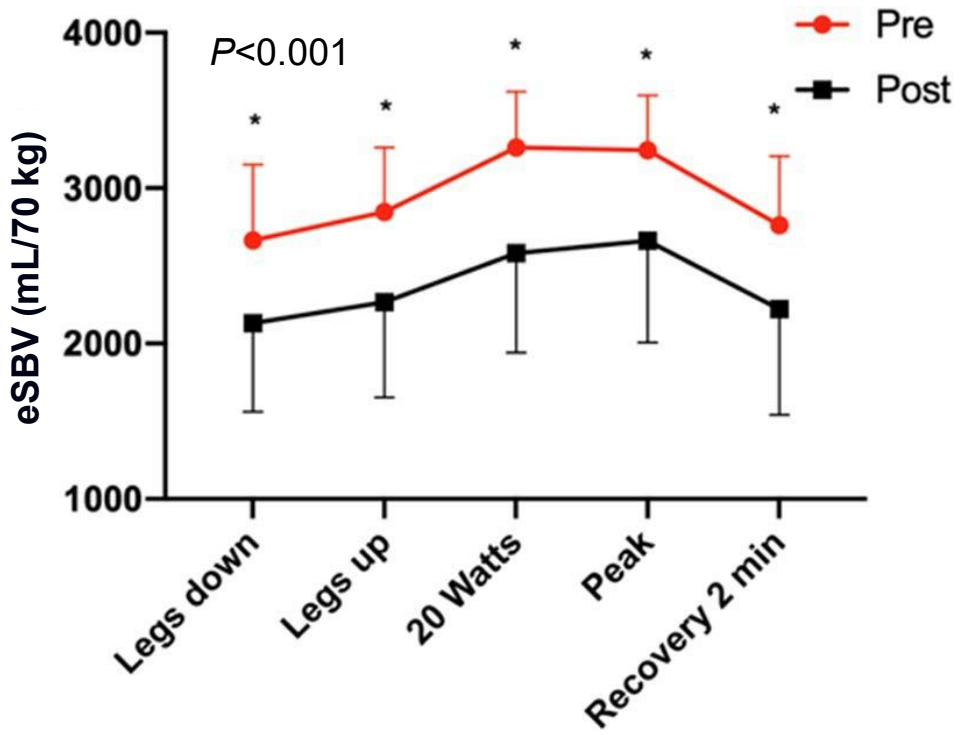
Levosimendan vs Splanchnic Nerve Block

EFFECT ON REDUCING BLOOD VOLUME PROVIDES PROOF-OF-CONCEPT

Levosimendan



Splanchnic Nerve Block



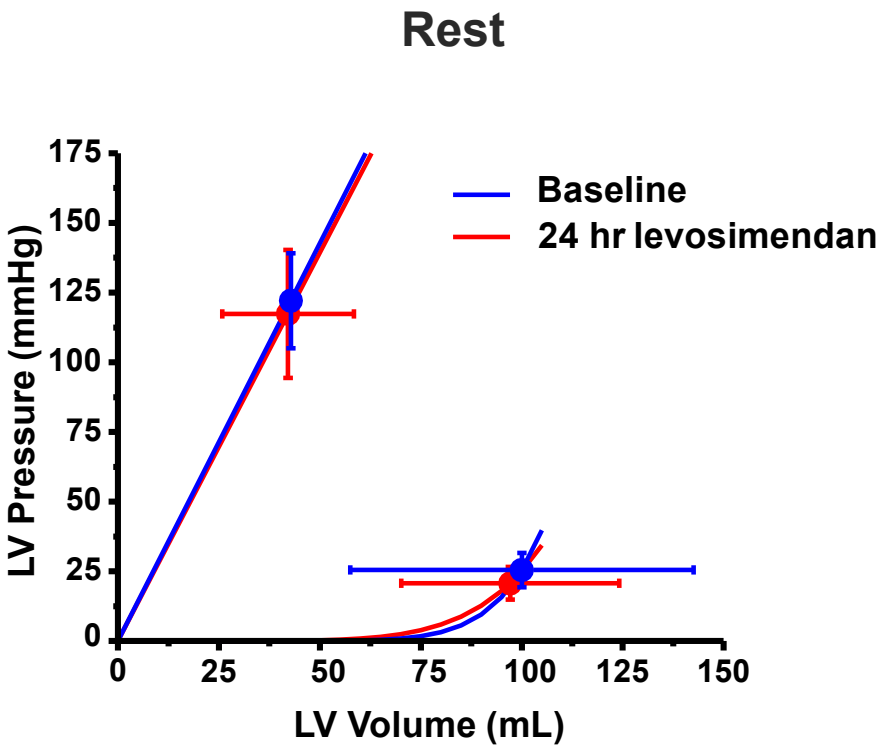
eSBV: estimated stressed blood volume.

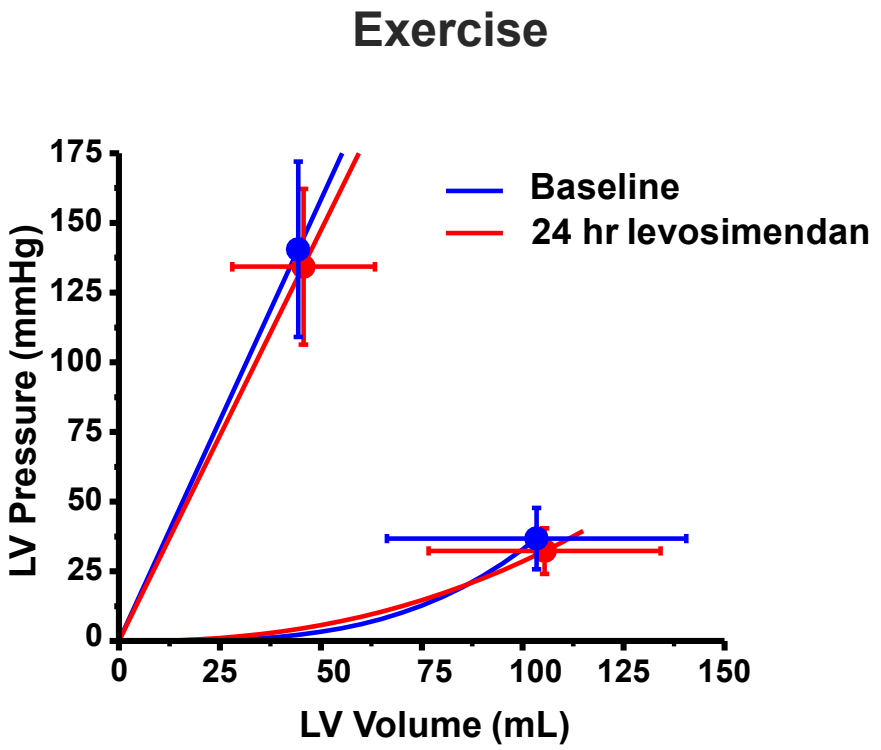
Data on file, Tenax 2025.; Fudim M, et al. *J Am Coll Cardiol HF*. Vol. 9 (2021): 293-300.

tenax THERAPEUTICS

Baseline vs 24-Hour Levosimendan Infusion on LV Contractility

NO EVIDENCE OF INCREASED CONTRACTILITY AT REST OR WITH EXERCISE

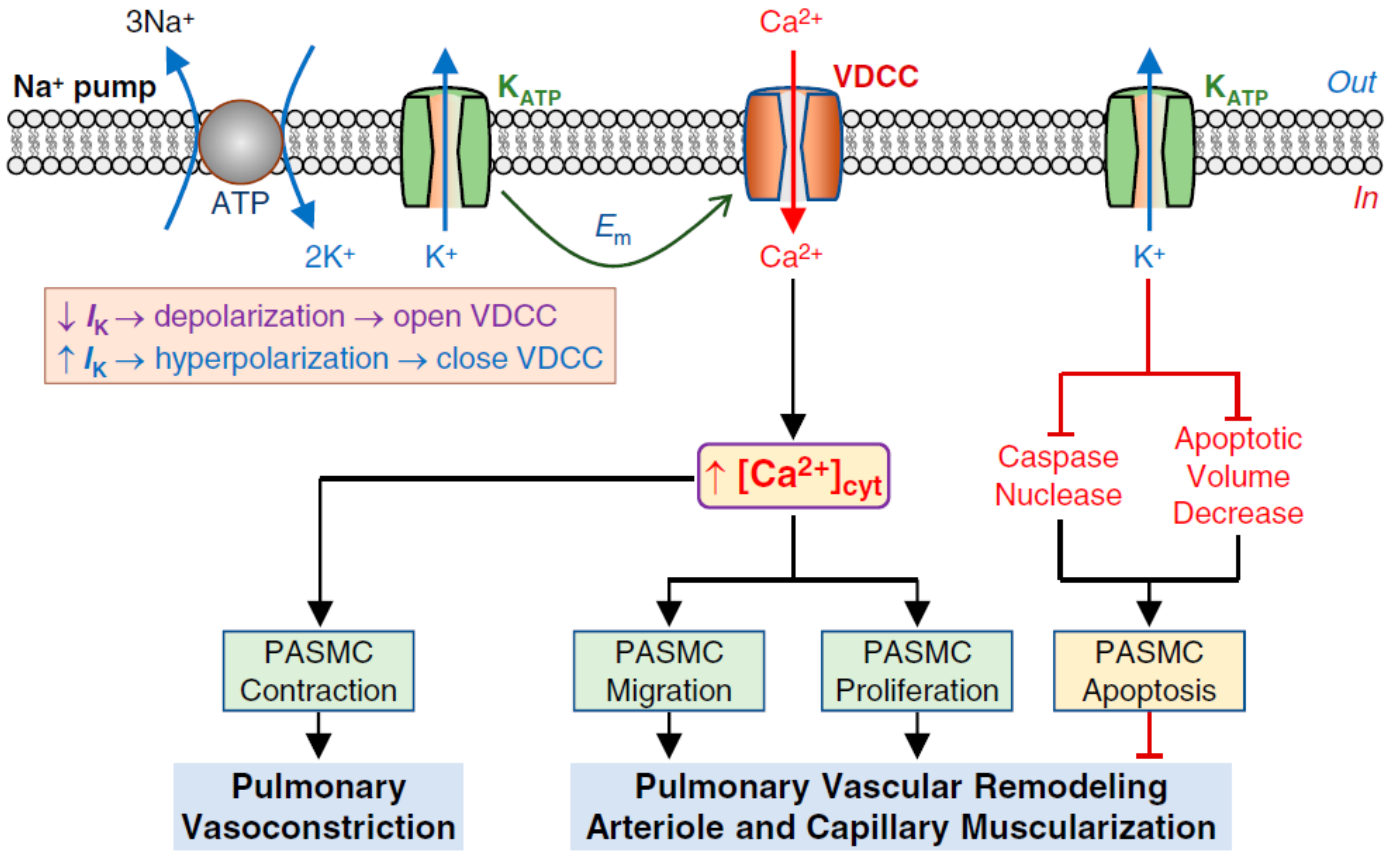




LV: left ventricle
Data on file, Tenax 2025.

tenax THERAPEUTICS

Pulmonary Vascular Remodeling in PH is Associated with Downregulation of K-ATP Channels

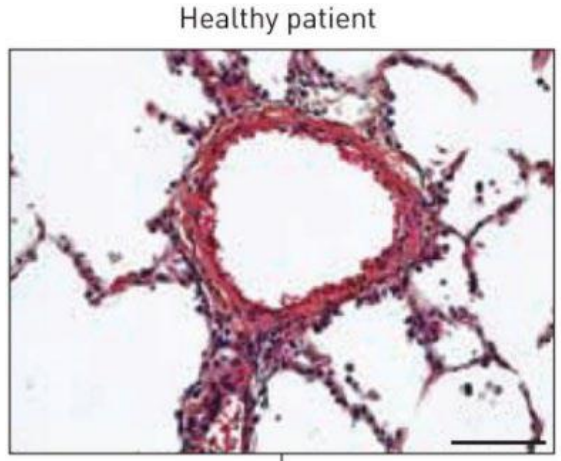


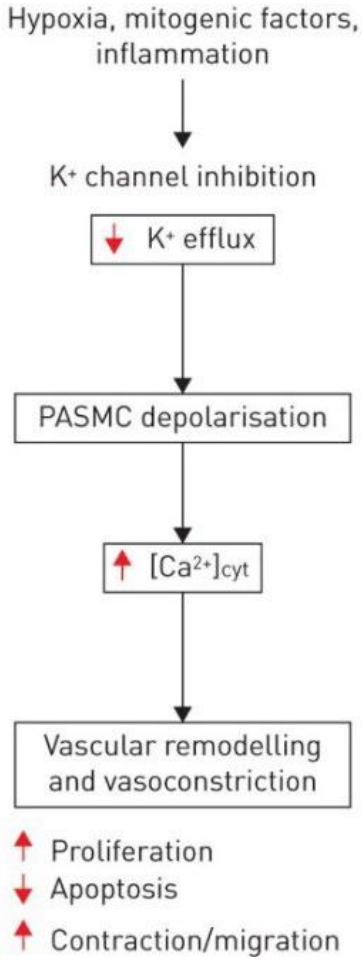
Ca^{2+}: calcium; Cyt: cytosolic; I_K: K+ currents; K^+: potassium; K^+ ATP: potassium adenosine triphosphate-sensitive potassium; Na+: sodium; PASMC: pulmonary artery smooth muscle cell; PH: pulmonary hypertension; VDCC: voltage-dependent Ca^{2+} channels.

Breen E, and Jason XJ Y. *American journal of respiratory cell and molecular biology* vol. 66,5 (2022): 476-478.

tenax THERAPEUTICS

Altered K-ATP/K Channel Signaling Associated with Pulmonary Vasculopathies

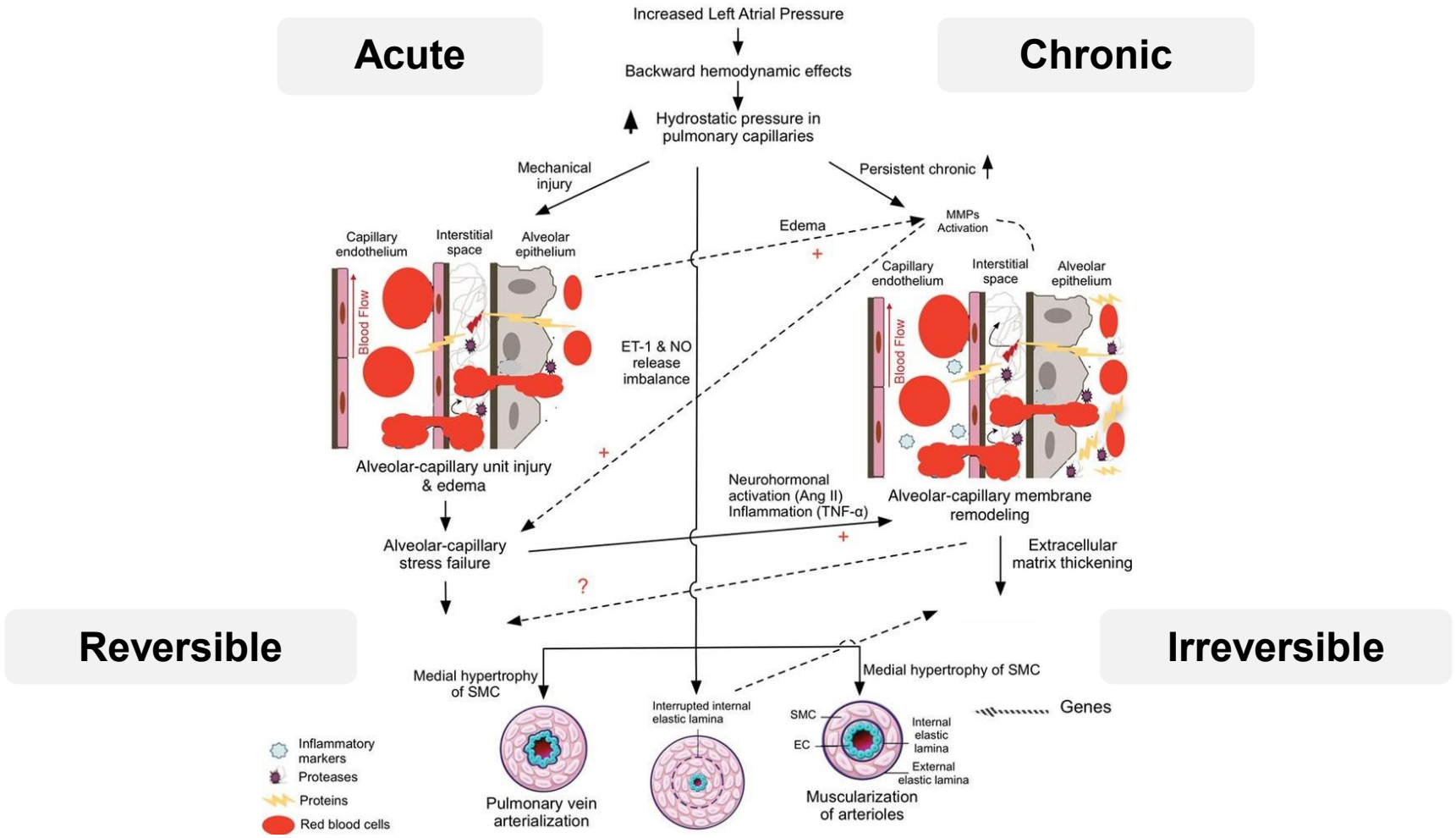




K^+: potassium; K-ATP: potassium adenosine triphosphate-sensitive potassium; Ca^{2+}: calcium.
Mandegar M, and Jason XJ Y. *Vascular pharmacology* vol. 38,1 (2002): 25-33.

Pulmonary Vascular Component

PATHWAYS FROM INCREASED PCWP TO PULMONARY HYPERTENSION



Ang II: angiotensin II; EC: endothelial cell; ET-1: endothelin-1; MMP: matrix metalloproteinase; NO: nitric oxide; SMC: smooth muscle cell; TNF-α: tumor necrosis factor-α; PCWP: pulmonary capillary wedge pressure.

Georgiopoulou VV, et al. *Circulation. Heart failure* vol. 6,2 (2013): 344-54.

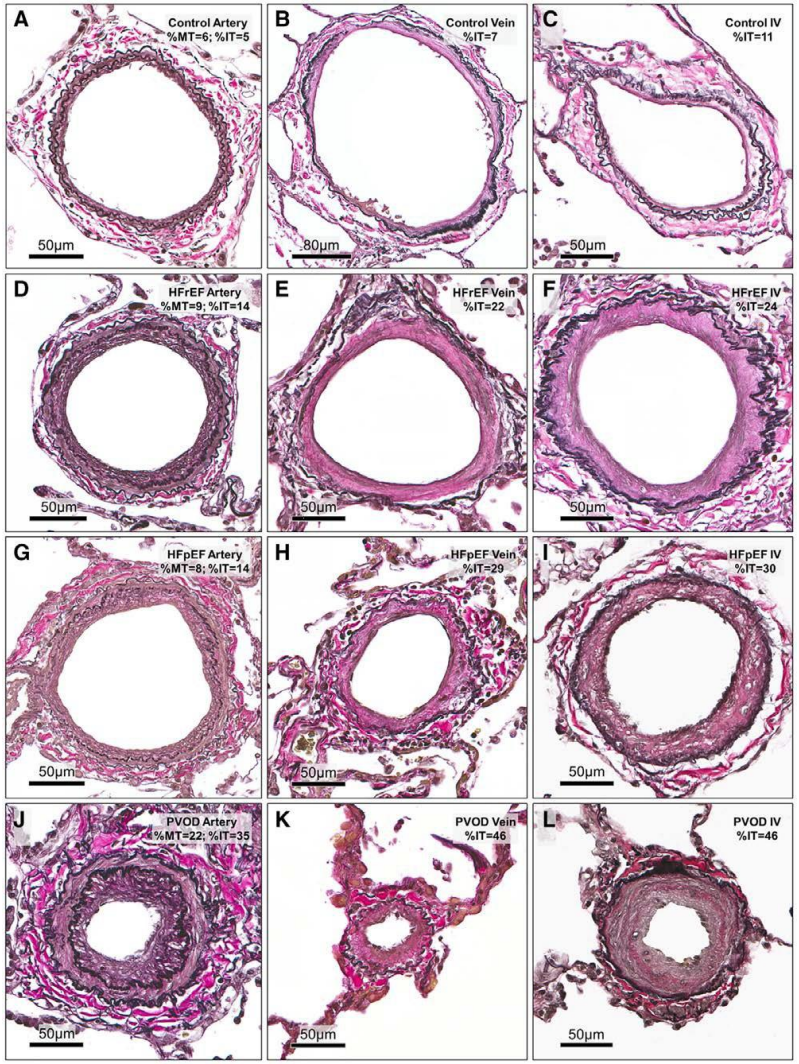
tenax THERAPEUTICS

PH-HFpEF Has Distinct Pathology

ORIGINAL RESEARCH ARTICLE

Global Pulmonary Vascular Remodeling in Pulmonary Hypertension Associated With Heart Failure and Preserved or Reduced Ejection Fraction

- Involvement of the pulmonary arteries, pulmonary veins, and arteriole/venule interface.
- Triggered via the increased pressure within the left atrium and/or pulmonary veins.
- The signaling pathway is uncertain.



Fayyaz AU, et al. *Circulation* vol. 137,17 (2018): 1796-1810.

tenax THERAPEUTICS

Levosimendan: Potential Ideal Treatment for PH-HFpEF

PROBLEM	PROPERTY
Excessive venous return (increased venous blood volume) causing marked elevations in PCWP and RA pressure	K^+ATP channel activation with direct vasodilation of the splanchnic circulation reducing venous blood volume and lowering the PCWP and RA pressure
Remodeling of the pulmonary arteries resulting in elevations in PA pressure	K^+ATP channel activation with antiproliferative effects on the pulmonary vasculature to lower PA pressure
Right ventricular failure from the chronic pulmonary hypertension	Ca^{2+} sensitization of cardiac myocytes to improve right ventricular function

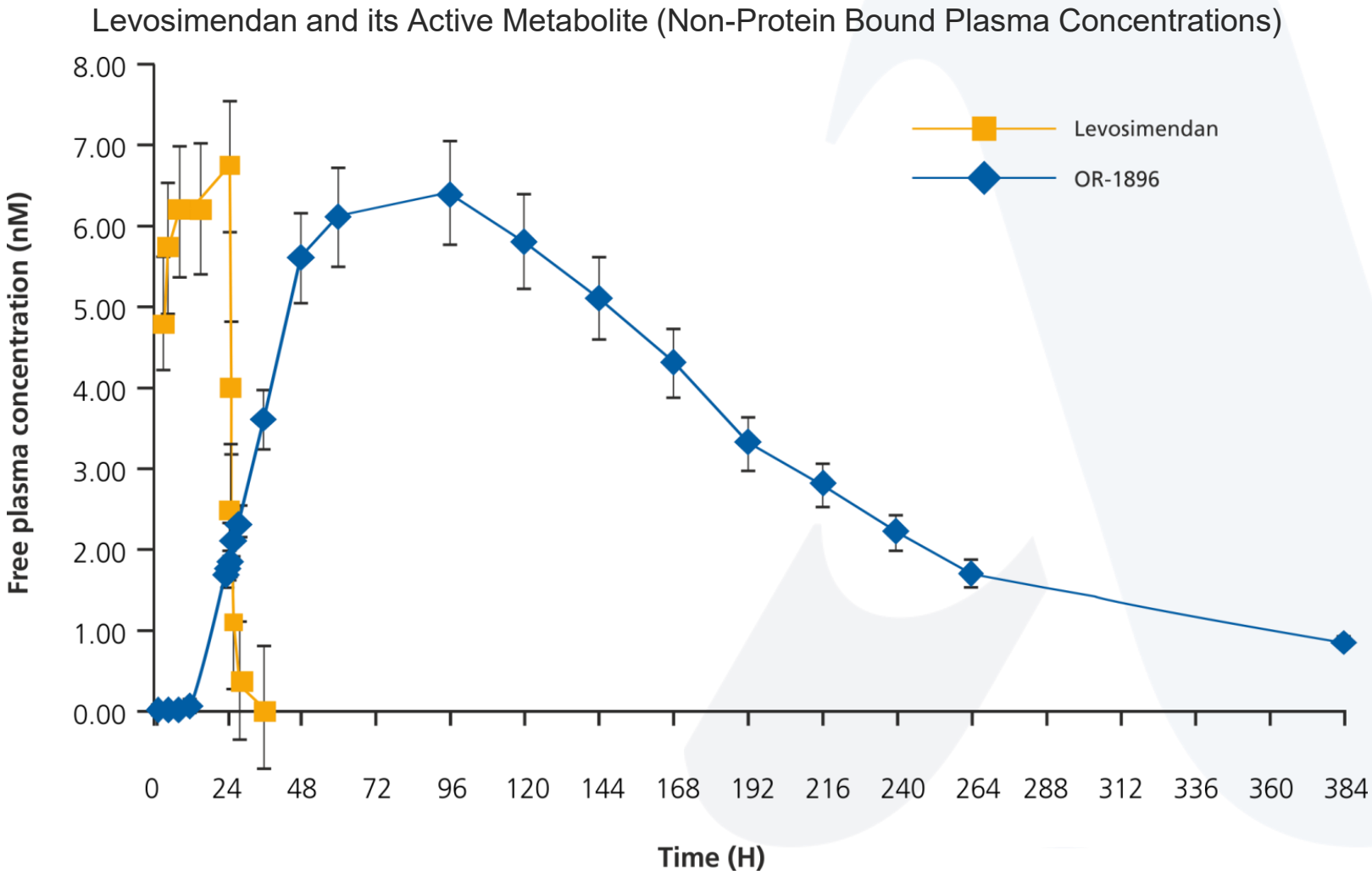
Ca^{2+}: calcium; K^+: potassium; K^+ ATP: potassium adenosine triphosphate-sensitive potassium; PA: pulmonary artery; PCWP: pulmonary capillary wedge pressure; RA: right arterial; PH-HFpEF: pulmonary hypertension in heart failure with preserved ejection fraction.

Lai YC, et al. *The Journal of physiology* vol. 597,4 (2019): 1143-1156.; Brener MI, et al. *Journal of cardiac failure* vol. 27,9 (2021): 1023-1026.; Breen E and Yuan JX. *Am J Respir Cell Mol Biol*. vol 66,5 (2002):476-478.; Hansen MS, et al. *Pulmonary circulation* vol. 8,3 (2018): 2045894018790905.

tenax THERAPEUTICS

Rationale for Oral Dose Selection

24-HOUR IV INFUSION OF 0.2 µG/KG/MIN (AS COMPARED TO 0.1 µG/KG/MIN USED IN HELP)



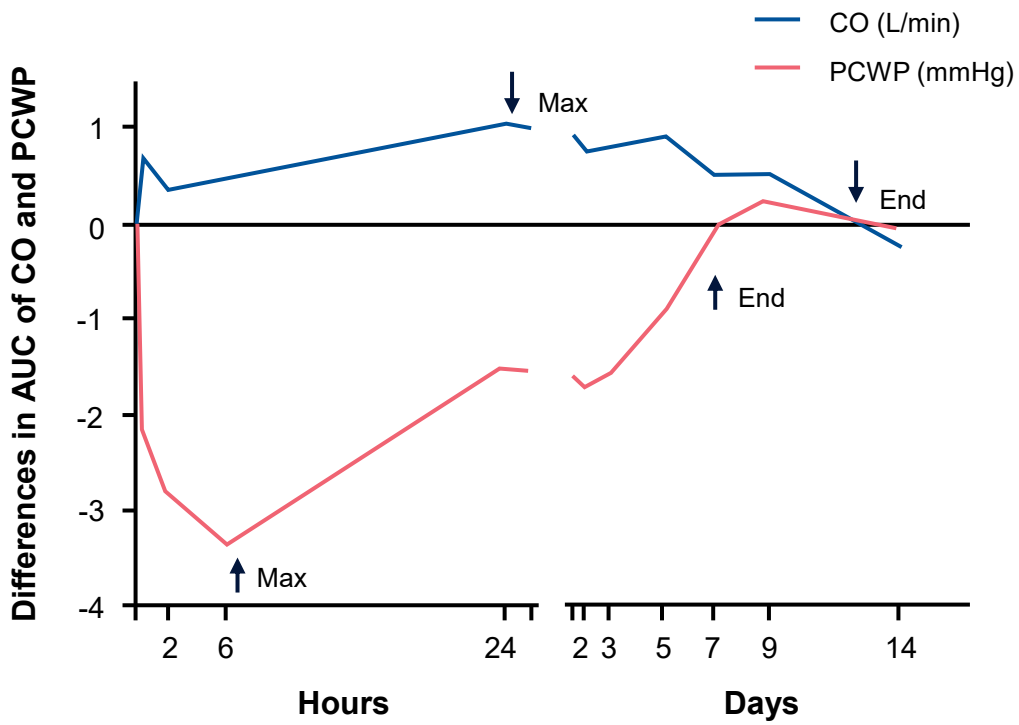
Kivikko M, et al. *International journal of clinical pharmacology and therapeutics* vol. 40,10 (2002): 465-71.

tenax THERAPEUTICS

Changes in Cardiac Output and PCWP Over Time From Levosimendan in Patients With HFrEF

- Levosimendan produced a marked, rapid fall in the PCWP that preceded the increase in cardiac output
  - Attributed to a reduction in venous blood volume

Differences in the PCWP and CO in levosimendan- treated patients



AUC: area under the curve; CO: cardiac output; PCWP: pulmonary capillary wedge pressure; HFrEF: heart failure with reduced ejection fraction.

Lilleberg J, et al. *Eur J Heart Fail*. 2007;9(1):75-82.

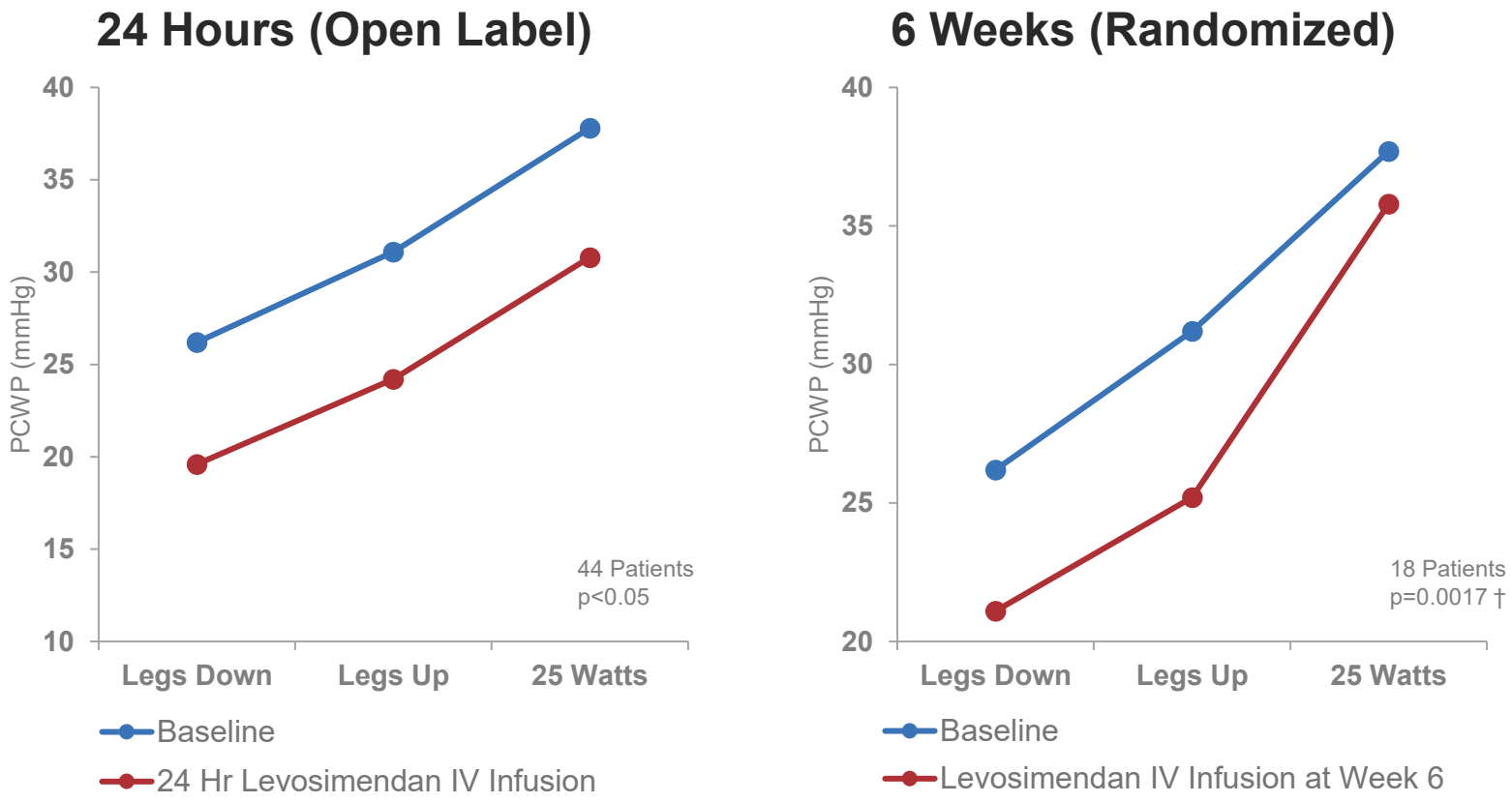
tenax THERAPEUTICS

Effect of IV Levosimendan on PCWP

After 24 Hours vs. After 6 Weeks

- After 24 hour infusion, PCWP was measured at rest, with legs up, and with exercise when concentration of OR-1896 was high
- Following randomization for 6 weeks, right heart catheterization was performed *at end of week following infusion*, with concentration of OR-1896 at trough

PCWP Improvement in Levosimendan-Treated Patients

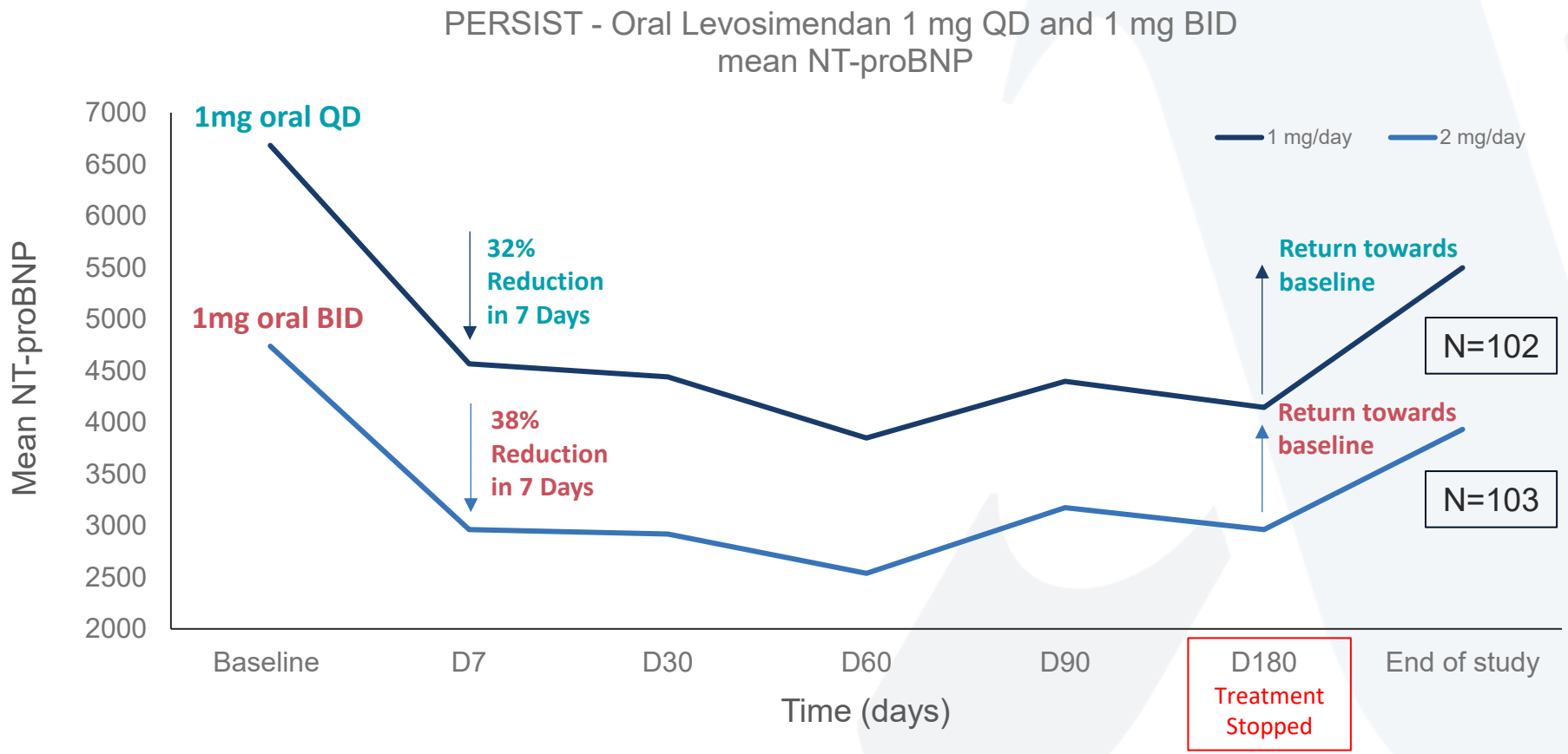


† Tested in a mixed effect model using treatments as factors and position as a random effect.
PCWP: pulmonary capillary wedge pressure.
Burkhoff D, et al. *JACC. Heart failure* vol. 9,5 (2021): 360-370.

tenax THERAPEUTICS

Oral Levosimendan Causes Rapid, Sustained Reduction in NT-proBNP

DATA FROM PERSIST TRIAL

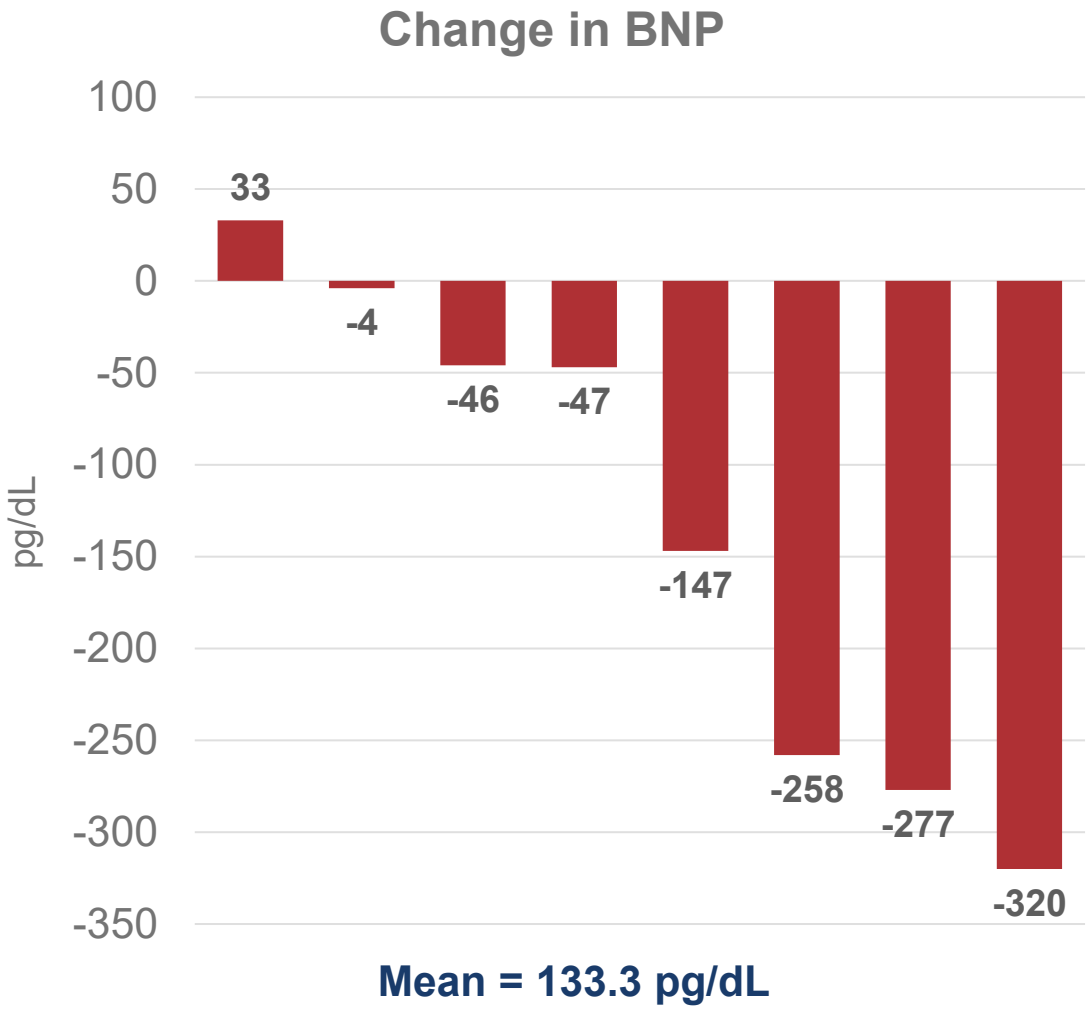


QD: once a day; BID: twice a day; BNP: brain natriuretic peptide; NT-proBNP: N-terminal pro B-type natriuretic peptide.

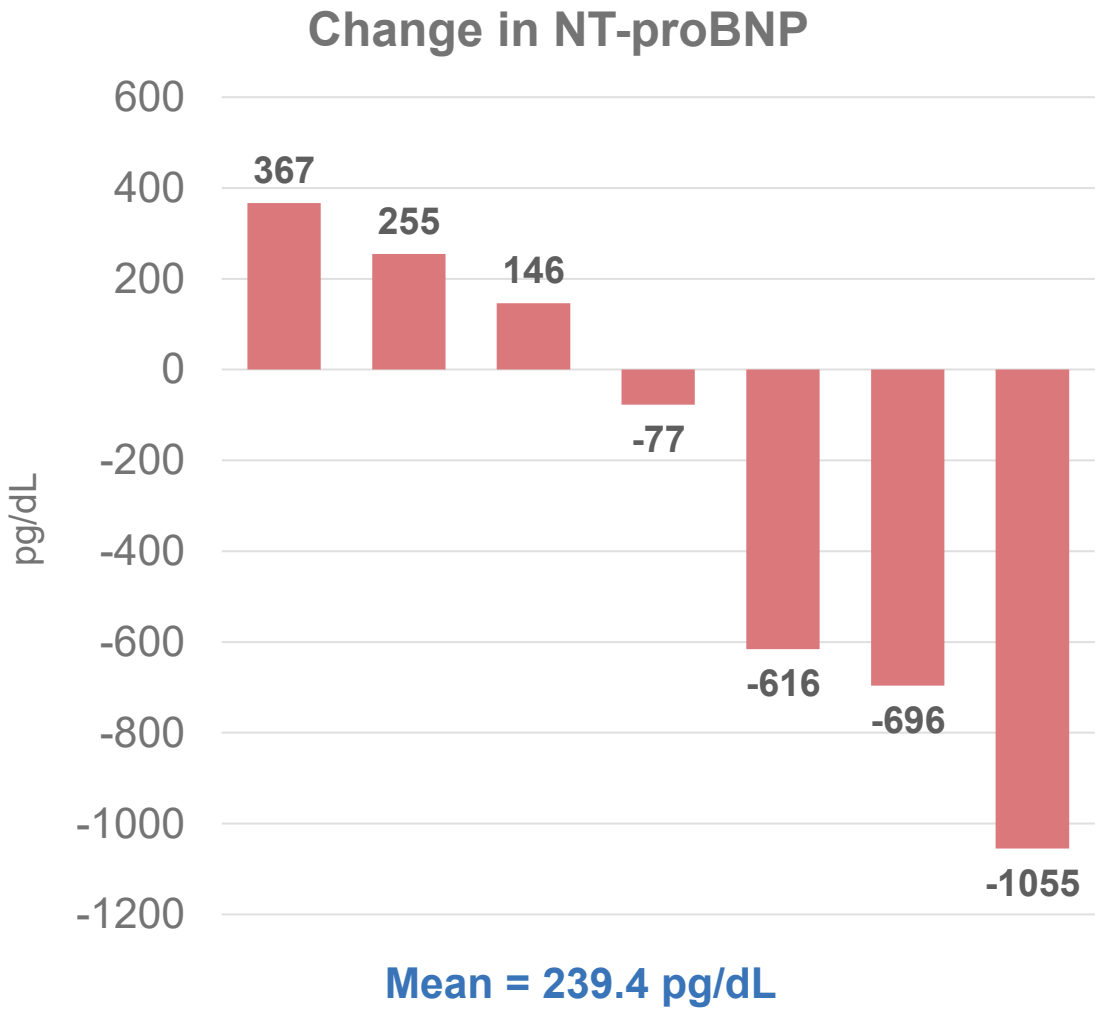
tenax THERAPEUTICS

BNP or NT-proBNP (Collected per Institutional Standard)

DATA FROM HELP OLE



Mean = 133.3 pg/dL



Mean = 239.4 pg/dL

BNP: brain natriuretic peptide; NT-proBNP: N-terminal pro B-type natriuretic peptide.

tenax THERAPEUTICS

Oral Levosimendan Drives Sustained Reduction in PCWP in CHF

DATA FROM PERSIST TRIAL

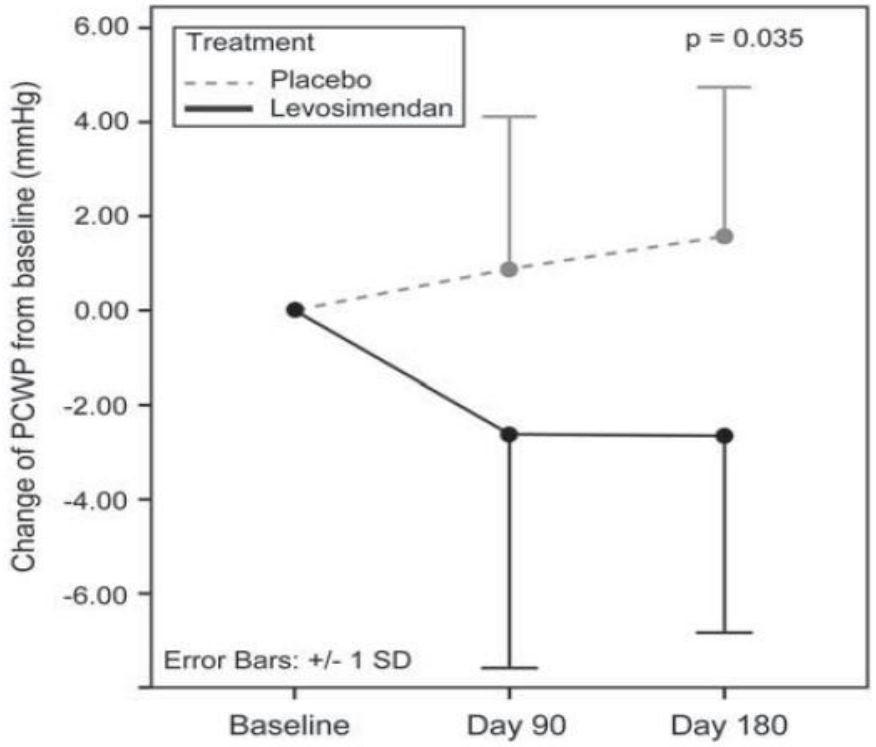


Figure 2. Change of echocardiographic PCWP from baseline to day 180 in placebo and levosimendan treated patients analysed by repeated measures ANOVA (p = 0.035).

PCWP: pulmonary capillary wedge pressure; CHF: congestive heart failure.
Jalanko M, et al. *Scandinavian Cardiovascular Journal: SCJ* vol. 45,2 (2011): 91-7.

Targeting PVR in PH-HFpEF Has Not Proven Successful

Multicenter Trials of Pulmonary Vasodilators in PH-HFpEF Patients

Drug	Multicenter Trial	PCWP/PAWP Change vs Placebo	PVR Change vs Placebo	6MWD or CPET Change vs Placebo	Safety	Conclusion
Bosentan	BADDHY	Not Reported	Not Reported	No Difference (6MWD)	Questionable, study stopped early	**Ineffective**
Macitentan	MELODY	No Difference	No difference	No Difference (6MWD)	Questionable, fluid retention	**Ineffective**
Riociguat	DYNAMIC	No Difference	Decreased	No Difference (6MWD)	Questionable, increased dropouts for AEs in drug arm	**Ineffective**
Tadalafil	PASSION	Not Reported	Not Reported	No Difference (6MWD)	Questionable, all-cause death was higher (HR, 5.10 [95% CI, 1.10–23.69]; *P*=0.04	**Ineffective**
Sildenafil	Hoendermis *et al*	Reduction in favor of placebo	No Difference	No Difference (CPET)	No concerns	**Ineffective**

PVR: pulmonary vascular resistance; PCWP: pulmonary capillary wedge pressure; PAWP: pulmonary artery wedge pressure; 6MWD: 6-minute walk distance; CPET: cardiopulmonary exercise test.

Koller B, et al. *Heart, lung & circulation* vol. 26,5 (2017): 433-441.; Mascherbauer J, et al. *Wien Klin Wochenschr* vol. 128 (2016): 882-889.; Vachiéry JL, et al. *The European respiratory journal* vol. 51,2 (2018): 1701886.; Hoeper MM, et al. *Circulation* vol. 150,8 (2024): 600-610.; Hoendermis ES, et al. *European heart journal* vol. 36,38 (2015): 2565-73.