Investor Update Webinar

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Improving Lives, Offering Hope

ASX:NYR

Authorised by Mr. John Moore, Non-Executive Chair,
on behalf of the Board.

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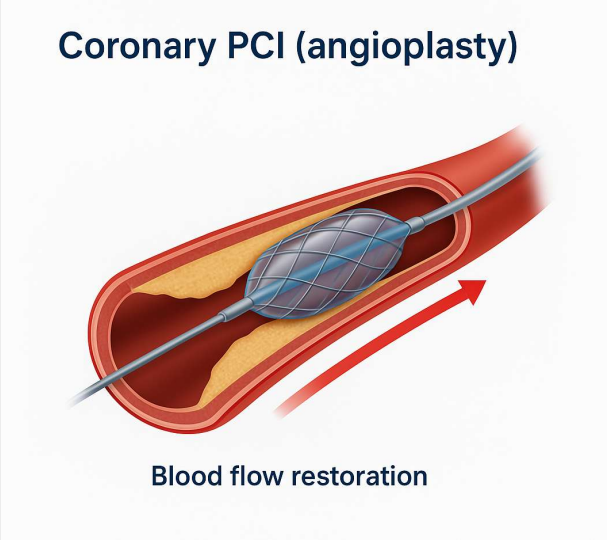
Nyrada Overview

- Clinical-stage biotech company developing TRPC ion channel inhibitors to treat a range of medical conditions
- Lead drug candidate – Xolatryp® (formerly NYR-BI03)
  - Potent 3rd generation TRPC 3, 6 and 7 channel inhibitor
  - Novel and well-understood mechanism of action
  - Solid scientific foundation
  - Preclinical efficacy across multiple therapeutic areas
- Progressing Clinical Development
  - Phase I completed (safety, tolerability, PK)
  - Phase IIa in acute myocardial infarction targeting ischemia reperfusion injury expected to commence in March 2026

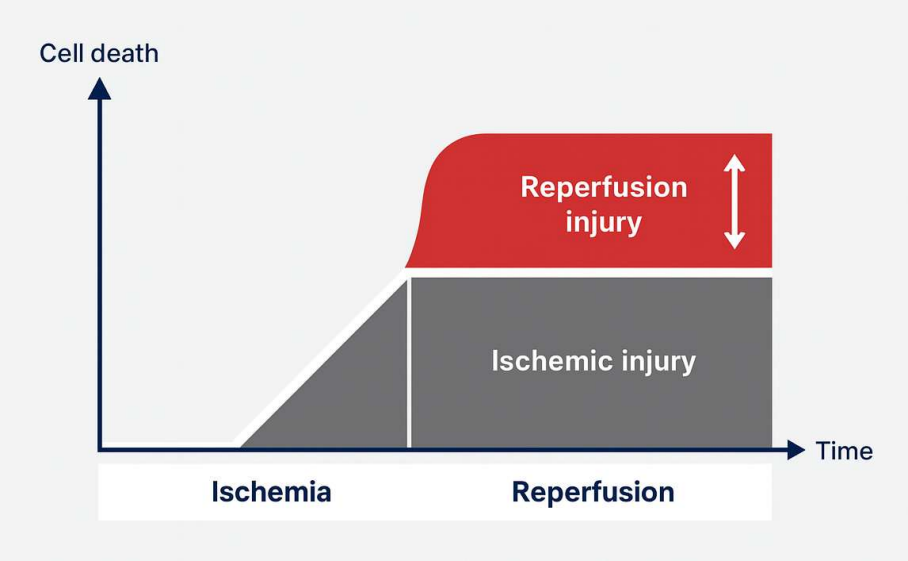
Ischemia Reperfusion – Last Cardiac Frontier

"Ischemia Reperfusion Injury is defined as the paradoxical exacerbation of cellular dysfunction and death following restoration of blood flow to previously ischemic tissues. Reestablishing blood flow is essential to salvage ischaemic tissue; however, reperfusion itself can paradoxically cause further damage, threatening tissue function and viability." *



PCI (Balloon Angioplasty):

- First procedure in 1977, stents in 1994,
- Standard of care for STEMI by early 2000s



* National Library of Medicine - https://www.ncbi.nlm.nih.gov/books/NBK534267

Large Market Opportunity –
Myocardial Ischemia Reperfusion Injury

Globally:

~15-20 million people suffer heart attack annually

~15% mortality within 30 days

No current FDA approved treatments

Effective treatment will improve patient outcomes and reduce high costs associated with long-term care of brain injury survivors.

Large and growing treatment market*:

Currently **~US$1.7 billion**

Growing **~7.7% CAGR**

Forecast **~US$2.3 billion by 2029**

* Research and Markets - www.researchandmarkets.com/reports/6089883/ischemia-reperfusion-injury-market-report

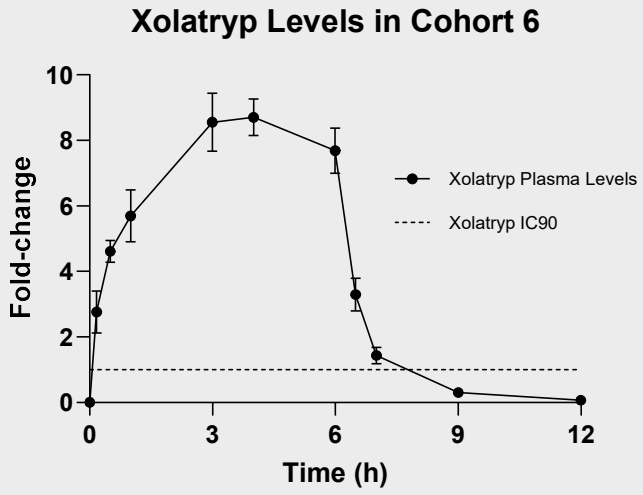
Phase I Clinical Trial

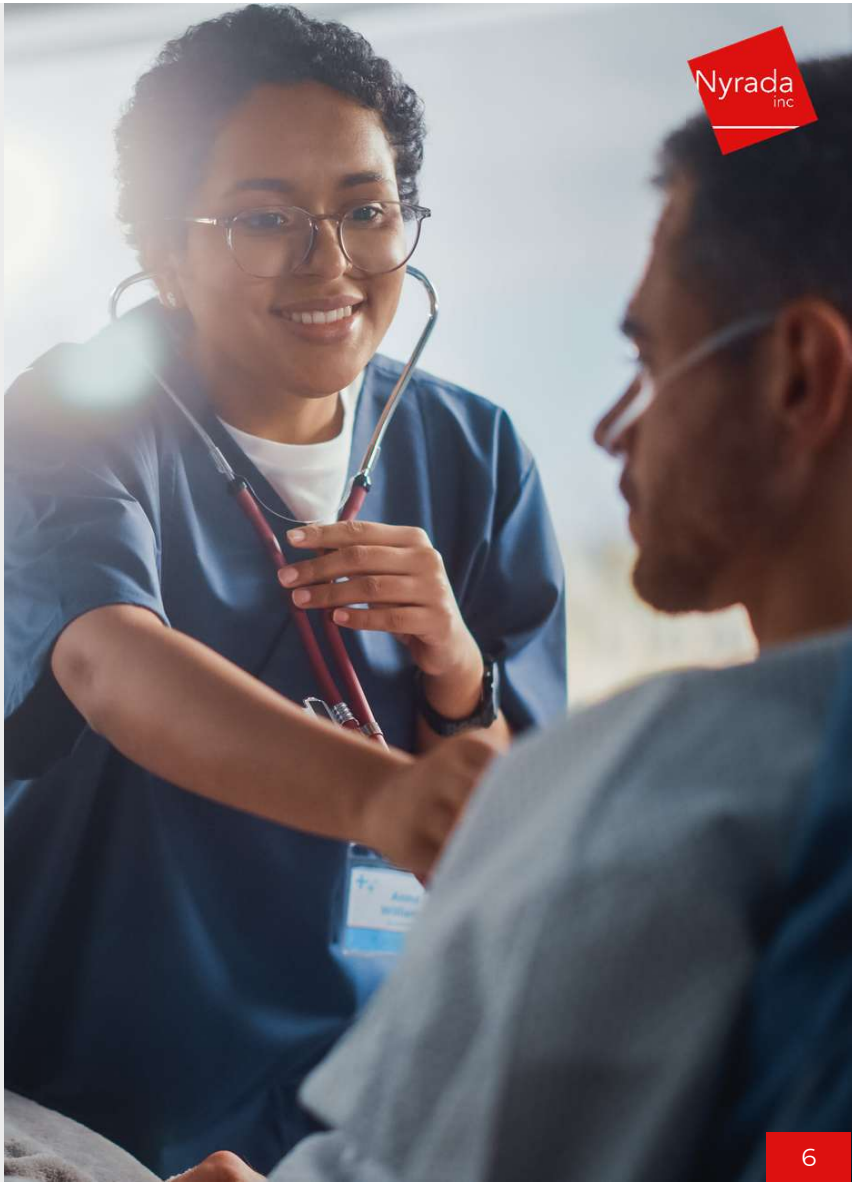
Key Results:

Xolatryp met its Primary Endpoint with all doses safe and well tolerated, with no dose-limiting, or dose-related safety issues.

- **48 healthy participants** (36 received drug, 12 received placebo).
- **Nil SAEs**
- **10 AEs**
  - All mild or moderate
  - 5 *not related to* Xolatryp, 1 *unlikely related* to Xolatryp.
  - Most frequently reported AE was headache.

- **Pharmacokinetics** predictable with linear blood concentrations over time.
- **10 minutes** to reach therapeutic levels





Phase IIa Clinical Trial

Key Features:

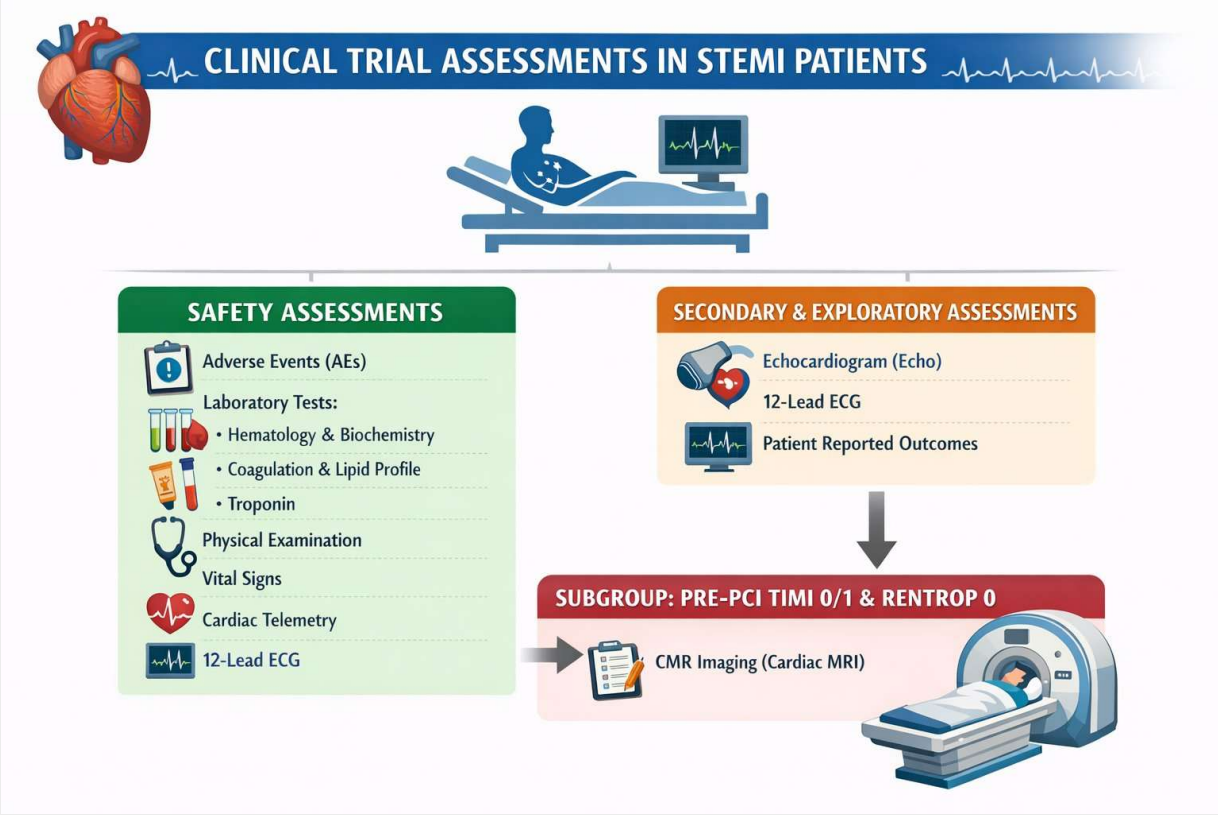
Xolatryp to be assessed for safety and preliminary efficacy in patients with ST-Elevation Myocardial Infarction (STEMI) who undergo primary Percutaneous Coronary Intervention (PCI)

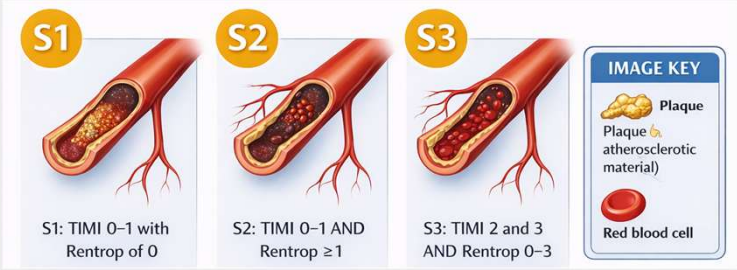
Scope (subject to change)

- 200 patients dosed (up to approximately; placebo and drug – 1:1)
- 9 to 18 months (indicative)
- 6 sites (initially)
- First patient screened: March 2026

Key operational risk – recruitment rate impacting duration and number of sites

Stratification of Patients for Safety and Efficacy Endpoints





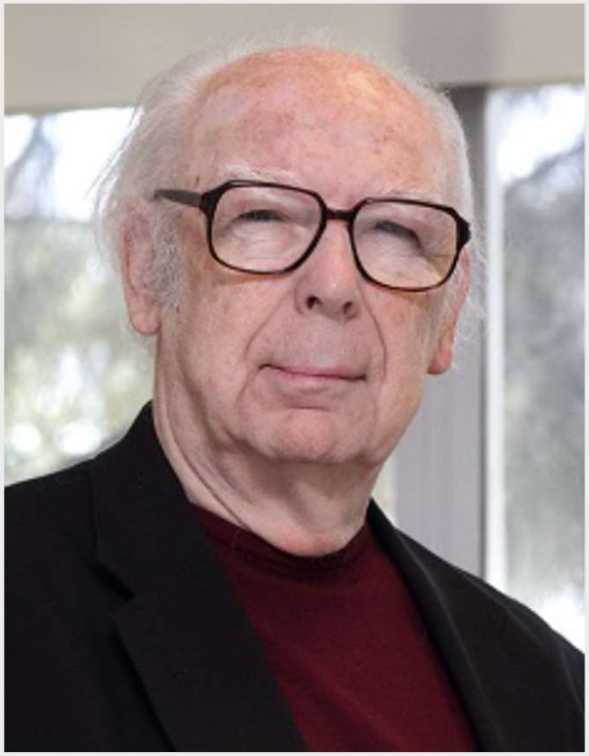
Clinical Proposition*

- Strong relationship between infarct size and poor clinical outcomes, particularly 1-year mortality and heart failure
- Reducing infarct size leads better heart muscle performance and clinically meaningful benefits
  - 5% reduction in infarct size can reduce 12-month heart failure hospitalisation risk by 20%
  - 10% reduction in infarct size can reduce 12-month heart failure hospitalisation risk by 44%
- Patients with largest infarcts show dramatically worse prognosis
  - Patients in the largest infarct quartile had a 1-year mortality approximately 10-fold higher than patients with patients in the smallest infarct quartile

* Relationship Between Infarct Size and Outcomes Following Primary PCI: Patient-Level Analysis From 10 Randomized Trials – www.pubmed.ncbi.nlm.nih.gov/27056772/

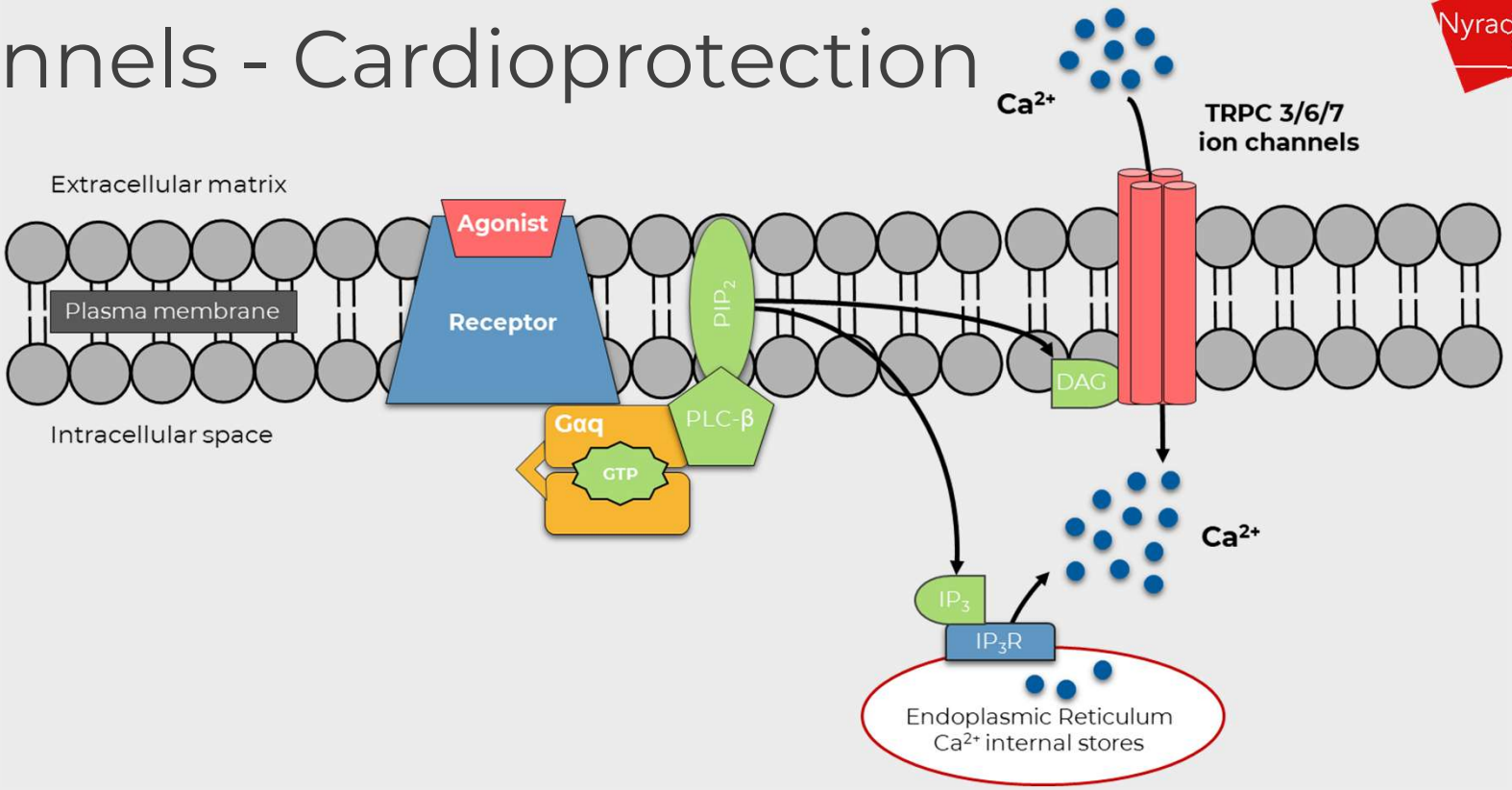
Origins of TRPC Channel Inhibition

Lutz Birnbaumer



Birnbaumer's Mice

TRPC Channels - Cardioprotection



Cell Type	TRPC Activation Effect	Xolatryp Inhibition Effect
Cardiomyocytes	Calcium overload → cell death	Prevents damage, preserves function and contractility
Endothelial	Impaired repair → poor blood flow	Enhances vessel repair, reduces inflammation
Fibroblasts	Excessive scarring → stiff heart	Limits scarring, preserves flexibility

R&D Activities

Evolving Pipeline:

Xolatryp demonstrated preclinical efficacy:

- Myocardial ischemia reperfusion injury
- Ischemic stroke
- Moderate to severe TBI

Literature suggests **Xolatryp** may additionally have efficacy in:

- Oncology
- Ischemic reperfusion injury – other organs
- Cardiac hypertrophy and fibrosis
- Pain management
- Epilepsy

Pre-clinical animal studies have been initiated seeking to assess efficacy of **Xolatryp** in oncology indications

Xolatryp formulation:

- Current delivery is via intravenous infusion
- Analysis commenced for development of oral dose form

Financial Overview and Outlook

Capital position

- Cash balance of AU$7.12 million at 31 December 2025
- AU$2.16 million R&D tax rebate expected in respect to FY2025 (subject to Government Agency Review)
- AU$0.46 million additional capital from option exercise in 3QFY2026 YTD

- **Programs**
  - Xolatryp into Phase IIa clinical trial first dosing expected March 2026
  - Pre-clinical oncology efficacy studies pending

Operating Results Summary

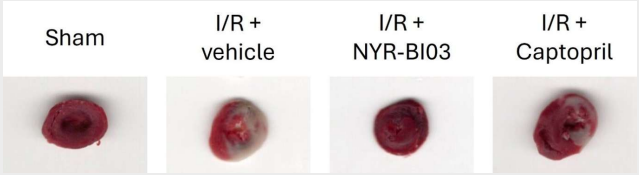
	FY2025 (AU$)	FY2024 (AU$)
R&D Costs	4,376,215	2,030,502
Corporate and admin expenses	1,061,480	577,842
Share-based payment expense	177,218	358,074
Professional services expense	381,618	477,948
Employment benefits expense	1,225,077	1,127,500

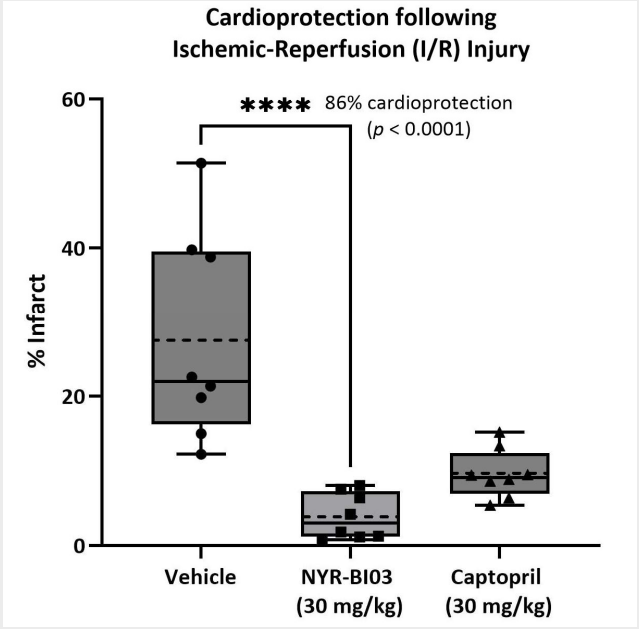
Investment Proposition

- Distinguished, high calibre, and globally experienced governing and scientific advisory boards
  - Global biotech and pharma
  - Extensive and pioneering TRPC knowledge
- Demonstrated preclinical efficacy in multiple therapeutic areas
- Significant target markets including for indications with unmet clinical need and serious and life-threatening conditions
- Wholly owned intellectual property with a composition-of-matter patent pending, supported by an international search confirming both novelty and inventiveness
- Well capitalised and lean operating model

Preclinical Study 1

Key Preclinical Results:





Xolatryp showed strong efficacy limiting cardiovascular damage resulting from myocardial ischemia-reperfusion (IR) injury

- **86%** Cardioprotection
- **43%** increase in left ventricular ejection fraction
- **50%** increase in fractional shortening

Key blood biomarker markers assessed

- **42%** decrease in AST levels
- **45%** decrease in LDH levels
- **32%** decrease in Troponin I

Superior efficacy compared to FDA-approved, Captopril

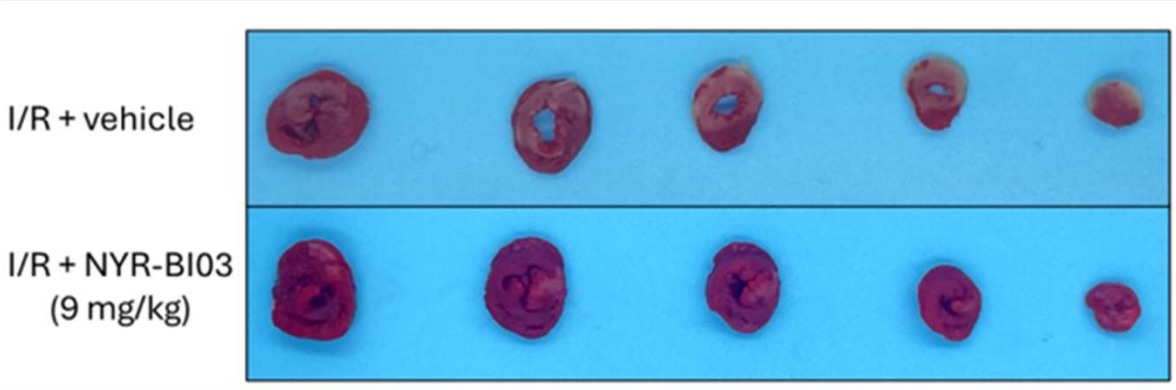
Preclinical Study 2

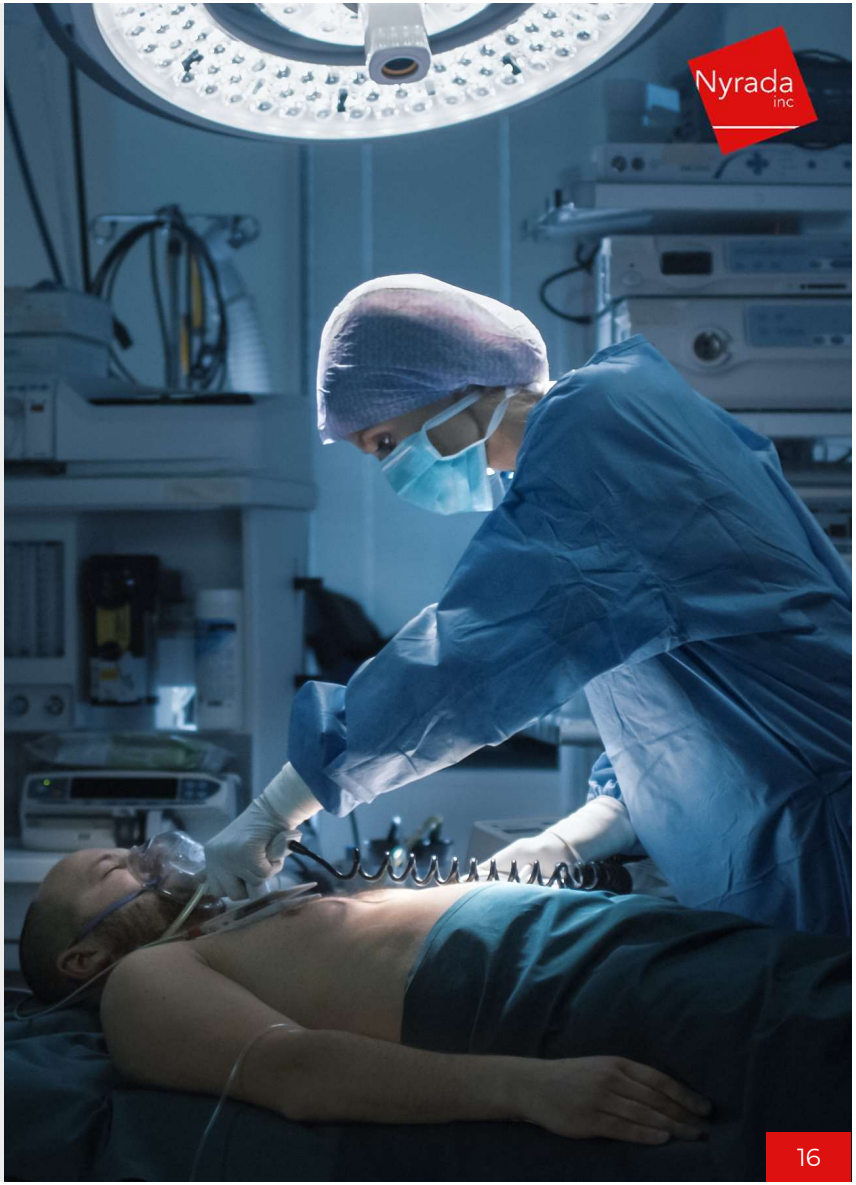
Key Preclinical Results:

Xolatryp showed strong efficacy limiting cardiovascular damage resulting from myocardial ischemia-reperfusion injury when administered as a short-duration intravenous infusion

- **42%** Cardioprotection
- **88%** decrease in arrhythmias at 1 hour
- **90%** decrease in arrhythmias at 3 hours

Key blood biomarker markers assessed
- **32%** decrease in Troponin I
- **21%** decrease in in ALT levels





Conclusion

- **Nyrada – the company**
  - Pioneering TRPC channel inhibition therapies to treat a range of medical conditions
  - AU$7.12 million cash position at end Dec 2025
  - AU$2.16 million R&D rebated expected
  - AU$0.46 million option exercise capital 3QFY2026 YTD

- **Xolatryp – the lead drug asset**
  - Solid scientific foundations and well understood mechanism of action
  - Composition of matter patent pending
  - Preclinical efficacy demonstrated in AMI, ischemic stroke, and traumatic brain injury (TBI)
  - Phase I (safety, tolerability, PK) clinical trial completed
  - Phase IIa (safety and efficacy) clinical trial to commence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