



# INVESTOR PRESENTATION OCTOBER 2024

Paul R. Gudonis, Chairman and CEO David Henry, CFO

Conquering Upper Limb
Paralysis with Wearable
Medical Robotics



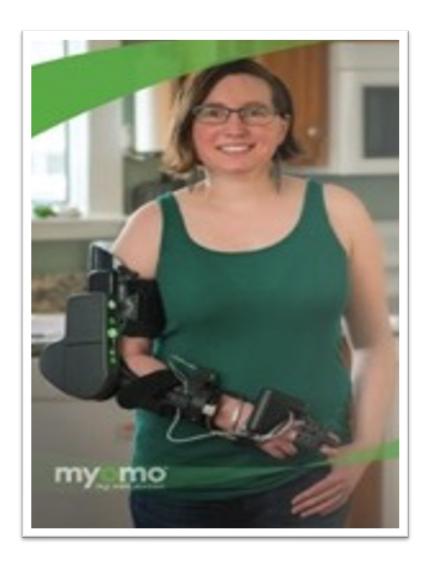
NYSE American: MYO

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It's a new world for people suffering from upper extremity impairment





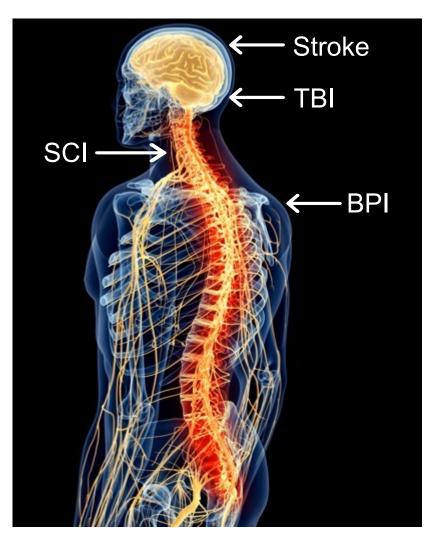
## Causes of Arm and Hand Paralysis: Stroke, Nerve Injury, or Disease

#### **Major Dx**

**➢** Stroke/CVA

**Overview** 

- > Traumatic Brain **Injury**
- > Spinal Cord Injury
- Brachial Plexus **Injury**



#### Other Dx

- Cerebral Palsy
- **➤ Multiple Sclerosis**
- > ALS
- > Spinal Muscular **Atrophy**
- Acute Flaccid **Myelitis**

## Myomo Addresses an Unmet Need that Existing Upper **Extremity Treatments Don't**

#### **Current Treatment Options**

#### Rehabilitation:

- Occupational therapy
- > Static bracing
- > Saebo
- > Electrical stimulation (Bioness)
- > Stationary robotics

#### **Medical:**

- > Botox
- Baclofen







#### The Medical Need:

A lightweight, portable

device to restore

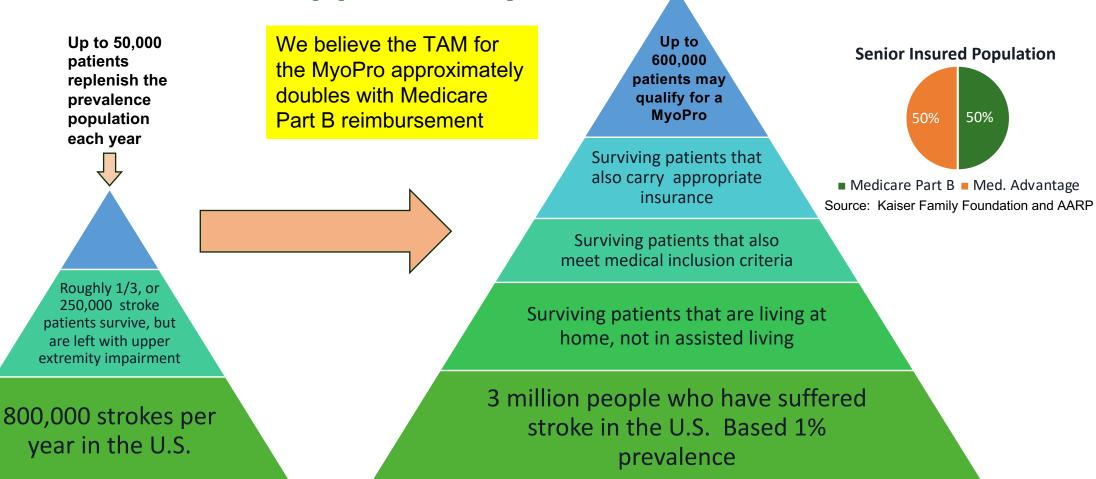
function for use at

home, work, and

school



## **Substantial Market Opportunity**



**Annual Incidences** 

**Prevalence Population** 

Source: Christopher and Dana Reeve Foundation Survey, National Stroke Association, World Health Organization, and Myomo base model estimates

Overview

# **Clarity on Reimbursement**

#### HCPCS Codes L8701, L8702 for MyoPro

- Issued January 2019
- ➤ As of January 1, 2024, these codes are in the brace benefit category, meaning lump sum reimbursement



> Effective April 1, 2024, the published fees for our HCPCS codes:

**Insurance Reimbursement** 

- L8701 (Motion W) \$33,481
- L8702 (Motion G) \$65,872

# Many Medicare Advantage Plans Reimburse for the MyoPro on a Case-by-Case Basis

- Must be medically necessary
- ➤ With posting of Medicare fee, will begin filing claims with payers that we avoided due to refusal to reimburse
- Working to obtain payer contracts

Nearly 130 VA medical centers have ordered MyoPros















#### Reimbursement Status: International Markets

**Insurance Reimbursement** 

**Germany:** Reimbursement for the MyoPro is on a case-by-case basis, with insurance companies often paying for a six-month trial to demonstrate the benefit to the patient, followed by full payment for the device in over half of these trial cases



Several positive rulings by the Social Court stating that Statutory Health Insurance (SHI) firms such as Barmer must reimburse for the MyoPro



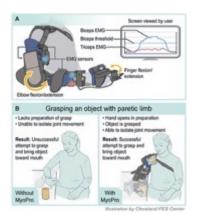
Australia: National Disability Insurance Scheme (NDIS) has now approved reimbursement for the MyoPro, which should lead to additional sales in the country



Other Markets: Reimbursement is obtained by working through local O&P distribution partners on a case-by-case basis (UK, Italy, Denmark)

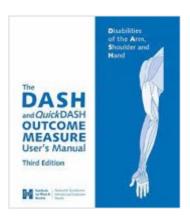


#### **Recent Clinical Research Accepted for Publication**



# Myoelectric Arm Orthosis Assists Functional Activities: A 3-Month Home Use Outcome Report

**Results:** Statistically significant and clinically meaningful improvements were observed on the functional tasks. By three months, participants were able to use the MyoPro to accomplish the tasks, reduce the amount of time spent to complete the tasks, and had a higher probability of success as compared to without the MyoPro. With the MyoPro, participants showed significant improvement in overall task completion and completed the tasks in a significantly decreased time as compared to without the MyoPro



Influence of a Myoelectric Arm Orthosis. A Minimum 6 to 17-Month Retrospective Home Use Study On Subjects 65 And Older Using The DASH Outcome Measure (Medicare-Age Population)

**Results:** Subjects had an average improvement of 18 points on the DASH validated outcome measure. Results were clinically significant for a range of patients Ages 66 to 77 with the MyoPro intervention between 2 and 12 years after the onset of their diagnosis. Subjects recovering from arm impairment show an improvement in the DASH self reported score of their ability to complete activities in their home













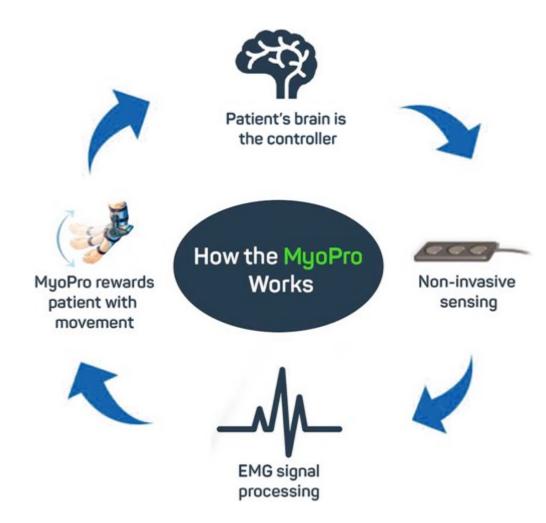


## MyoPro Powered Arm Brace: Only Device to Restore Function

- MyoPro uses advanced sensor technology as a brain-computer interface to detect the user's intention to move via the body's electromyogram (EMG) signal
- Myomo's proprietary control algorithms interpret the strength of the patient's EMG signal, and our microprocessor-based system can amplify the EMG signal by a factor of 100,000x
- Lightweight motors in the device are activated enabling the patient to move their impaired arm through their own volition
- 24 Patents in U.S. and International markets valid through 2039. Additional patents pending.







Overview



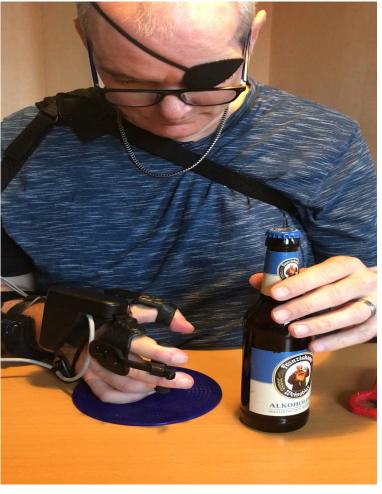
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# **Enabling a Paralyzed Arm to Move Again**



https://vimeo.com/781545268/da823e7df8



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## Go-to-Market Approach: How a Patient Obtains a MyoPro

**Lead Generation** & Evaluation



Reimbursement **Approval** 



**MyoPro Custom Fabrication** 

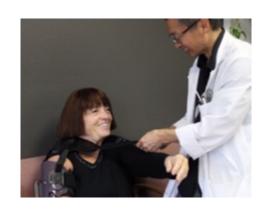


**Delivery & Payment** 













Medicare Advantage Plans



New MyoPro 2+

**Remote Measurement** and In-House Manufacturing



Referral to OT for training **MyoCare Coaches** 





## **Cost-Effective TV Advertising for Target Demographic**

# MyoPro Can Make Your Life Easier







With MyoPro

800-453-1234

MyoPro.com

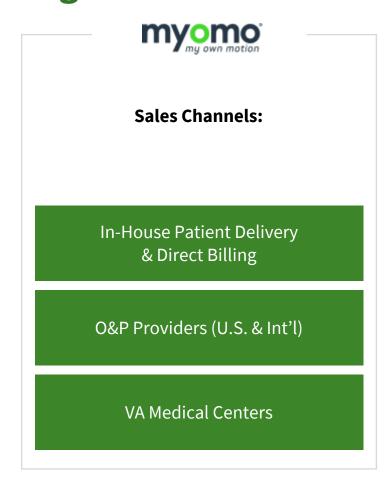
Now accepting Medicare!

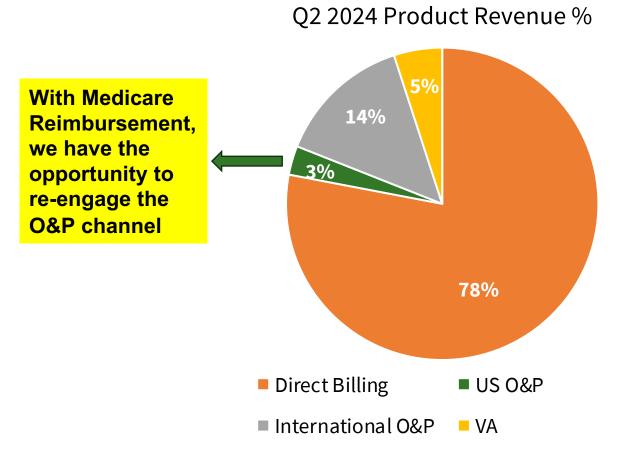
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## Go-to-Market Approach: Multi-Channel, Emphasis on Direct **Billing and International Sales**



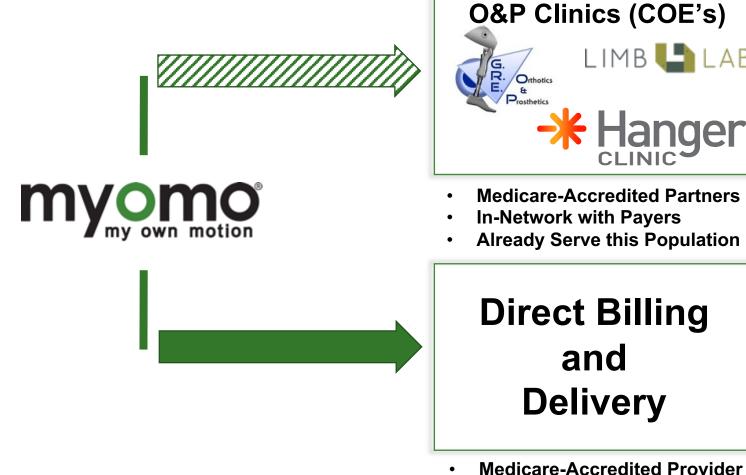


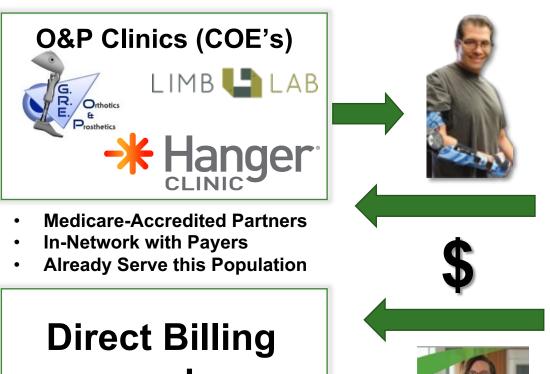
In-House Licensed CPO's

**Commercial Scale Up** 



#### With Reimbursement in Place, We Intend to Develop a Nationwide Network of **MyoPro Centers of Excellence (COE's)**

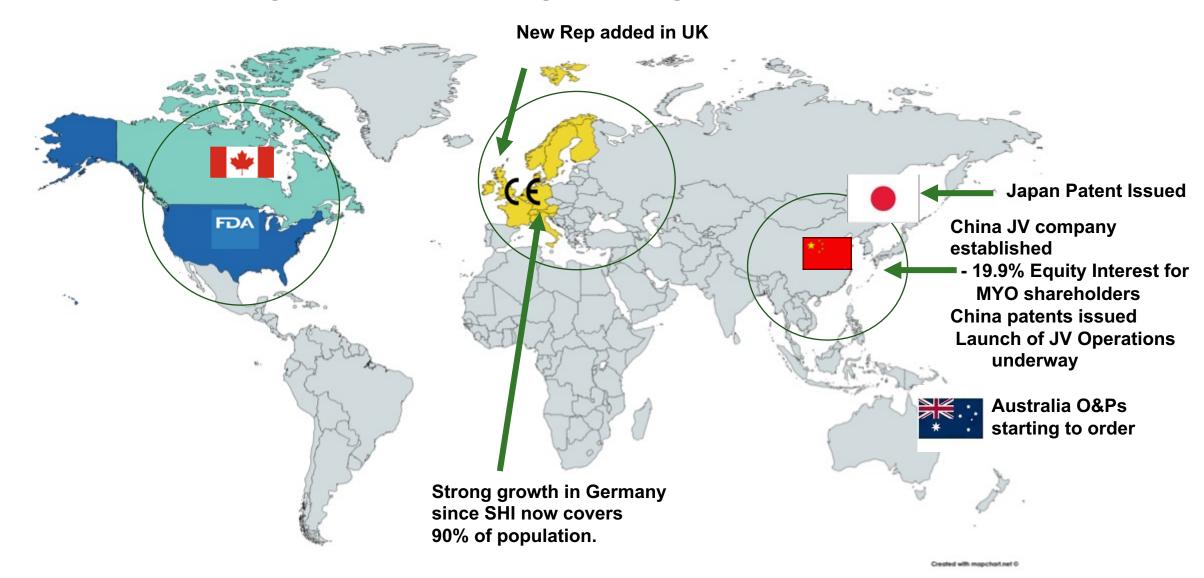








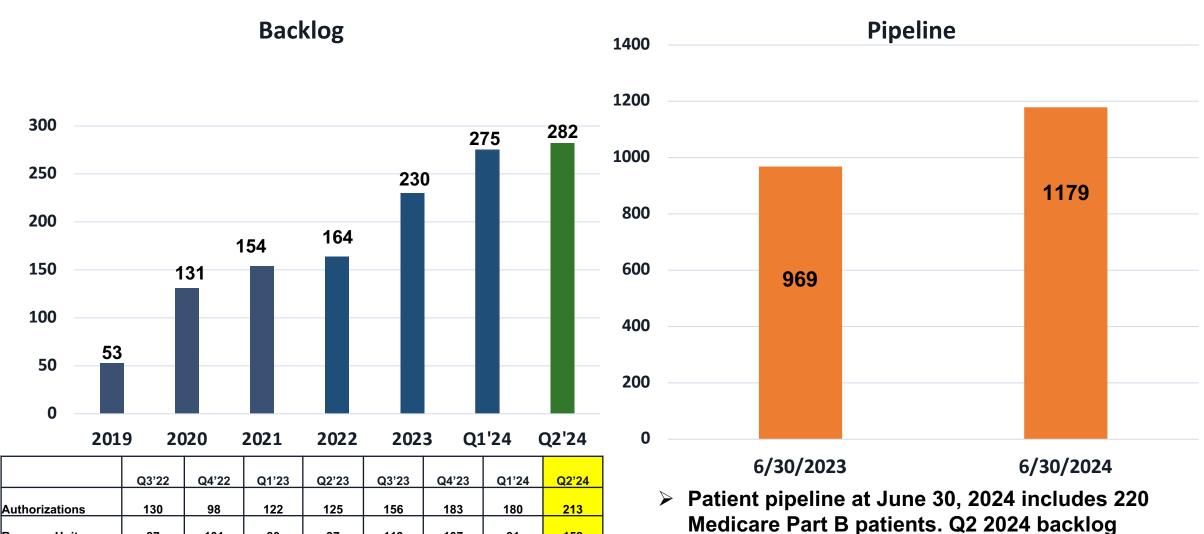
# **International Update: Activity in Key Markets**



includes 96 Medicare Part B patients



# **Backlog and Pipeline are Leading Indicators of Revenue**



158

1.04

91

1.49

87

1.24

101

0.74

80

1.15

97

1.03

119

1.05

107

1.42

Revenue Units

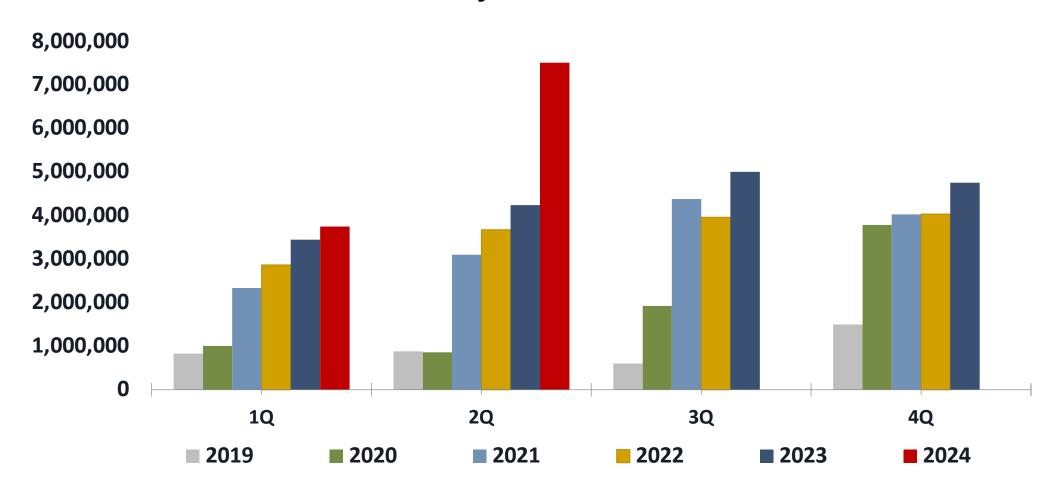
Book-to-Bill\*

Net of drops from the backlog



# Revenue Growth Accelerated in Second Quarter

#### **Quarterly Product Revenue**



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# **P&L** and Key Balance Sheet Metrics

#### P&L

	Actual		Actual		Actual		Actual
(\$000's)	(	Q2'24 Q2'23		2023		2022	
Product Revenue	\$	7,520	\$	4,244	\$ 17,4	76	\$ 14,555
License Revenue		-		1,715	1,7	65	1,000
Total Revenue		7,520		5,959	19,2	41	15,555
COGS		2,195		1,677	6,0	59	5,302
Gross Profit		5,325		4,282	13,1	82	10,253
Gross Margin		70.8%		71.9%	68	.5%	65.9%
Operating Expenses:							
R&D		1,007		564	2,6	36	2,482
Selling, Clinincal & Mtkg		2,777		2,272	9,0	43	9,757
G&A		2,656		2,548	9,7	35	8,686
Total		6,440		5,384	21,4	14	20,925
Operating Loss	\$	(1,115)	\$	(1,102)	\$ (8,2	32)	\$ (10,672)
Interest income		(107)		(103)	(4	10)	(88)
Other expense		-		18	1	70	67
Income Taxes		114		(3)	1	56	70
		7		(88)	(	84)	49
Net Loss	\$	(1,122)	\$	(1,014)	\$ (8,1	48)	\$ (10,721)
·							

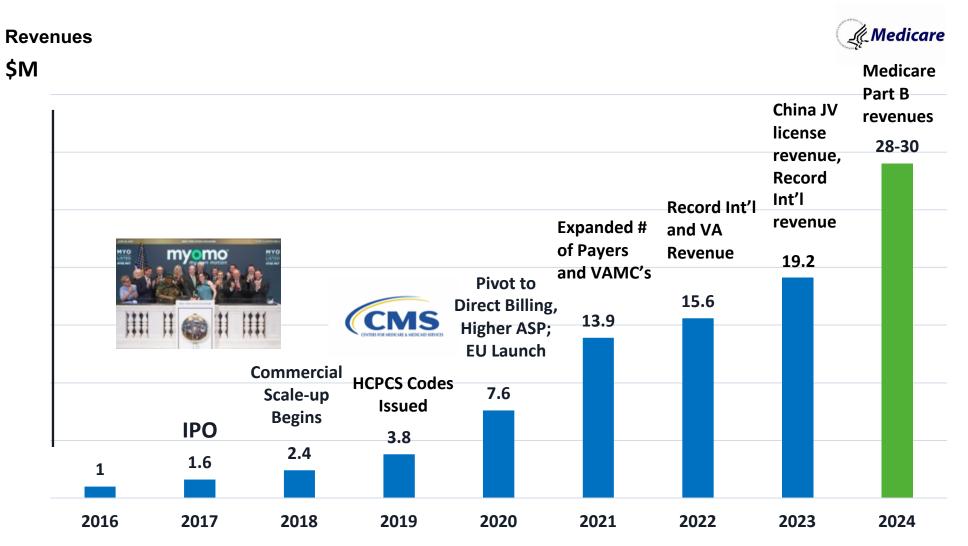
#### **Key Balance Sheet Metrics**

	P	Actual	Actual		
(\$000's)	Q2'24		Q1'24		
Cash & Investments	\$	8,982	\$	10,959	
Working Capital		8,677		10,138	
Net Book Value		9,678		10,900	
Shares Outstanding		37,923	*	37,286	
<b>Warrants Outstanding</b>		668		668	

<sup>\*</sup> Includes unexercised pre-funded warrants



## **Key Milestones Driving Revenue Growth**





# Capital Requirements and Cash Flow Breakeven

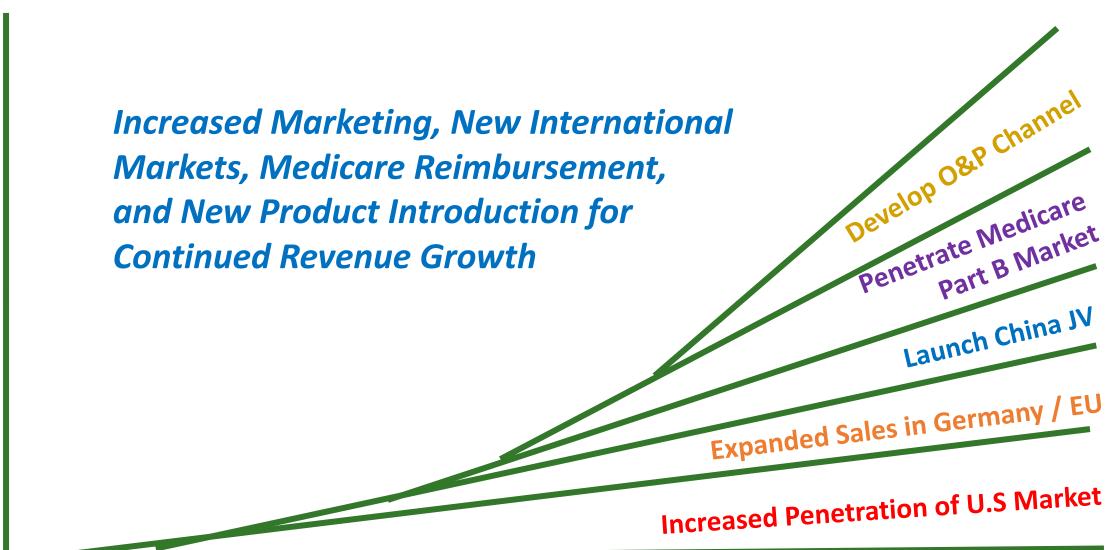
It is achievable to be cash flow breakeven on a quarterly basis by the fourth quarter of 2024. Requirements:

- We are able to add clinical, manufacturing and reimbursement capacity to serve additional volume as planned.
- No unforeseen supply chain disruptions impacting deliveries and revenue
- Compensate for additional advertising spend above plan in the second half of 2024 to bring more patients into the top of our funnel and accelerate 2025 revenue growth.

No additional capital is expected to be required for liquidity. If equity capital were to be raised, the use of proceeds would be for growth initiatives



# **Strategic Plan to Achieve Revenue Growth**





## **Leadership Team & Board of Directors**

#### **Management Team Members**



Paul R. Gudonis **Chairman & CEO** 

Scaled multiple tech co's, largest from \$5M to \$1.2B revenue (BBN/Genuity)



**David Henry, CFO** Raised nearly \$900M in capital

for public companies



Micah Mitchell **Chief Commercial Officer** 

Grew sales 10x at several custom DME businesses



**Dr. Harry Kovelman Chief Medical Officer** 

Track record of expanding patent access for new technologies



Malcolm Bock **VP of Engineering and Product Strategy** 

**Experienced Medical Device Engineering Executive** 



**Barry Camrell VP of QA/RA** 

Established quality systems for U.S. and int'l markets



John Frijters **Managing Director -International** Experienced executive O&P

Europe – based



Kathy Sawyers, PT, ATP Sr. **Dir. - Clinical Outcomes** Oversees clinician training and user support



Joseph Chicoskie Dir. - Marketing Has led evolution of Myomo's

marketing strategy



**Colin Anderson Dir - Global Operations** 

Experienced at scaling operations in med device industry

#### **Board of Directors**



**Thomas Kirk Lead Independent Director** Former CEO, Hanger Clinics



**Amy Knapp Board Member Experienced Health Insurance Industry Executive** 



**Thomas Crowley Board Member** Experienced Med Device CEO



**Milton Morris Board Member** 

Former President & CEO, Neuspera Medical; Boston Scientific exec1



Yitzchak Jacobovitz **Board Member** 

Partner and Lead Healthcare Analyst AIGH Capital Management



**Heather Getz Board Member CFO & COO** Butterfly Network, Inc.







#### For Additional Information:

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