Dimerix

(ASX:DXB)

Developing new therapies to treat inflammatory causes of kidney and respiratory disease with unmet clinical needs

ACTION3

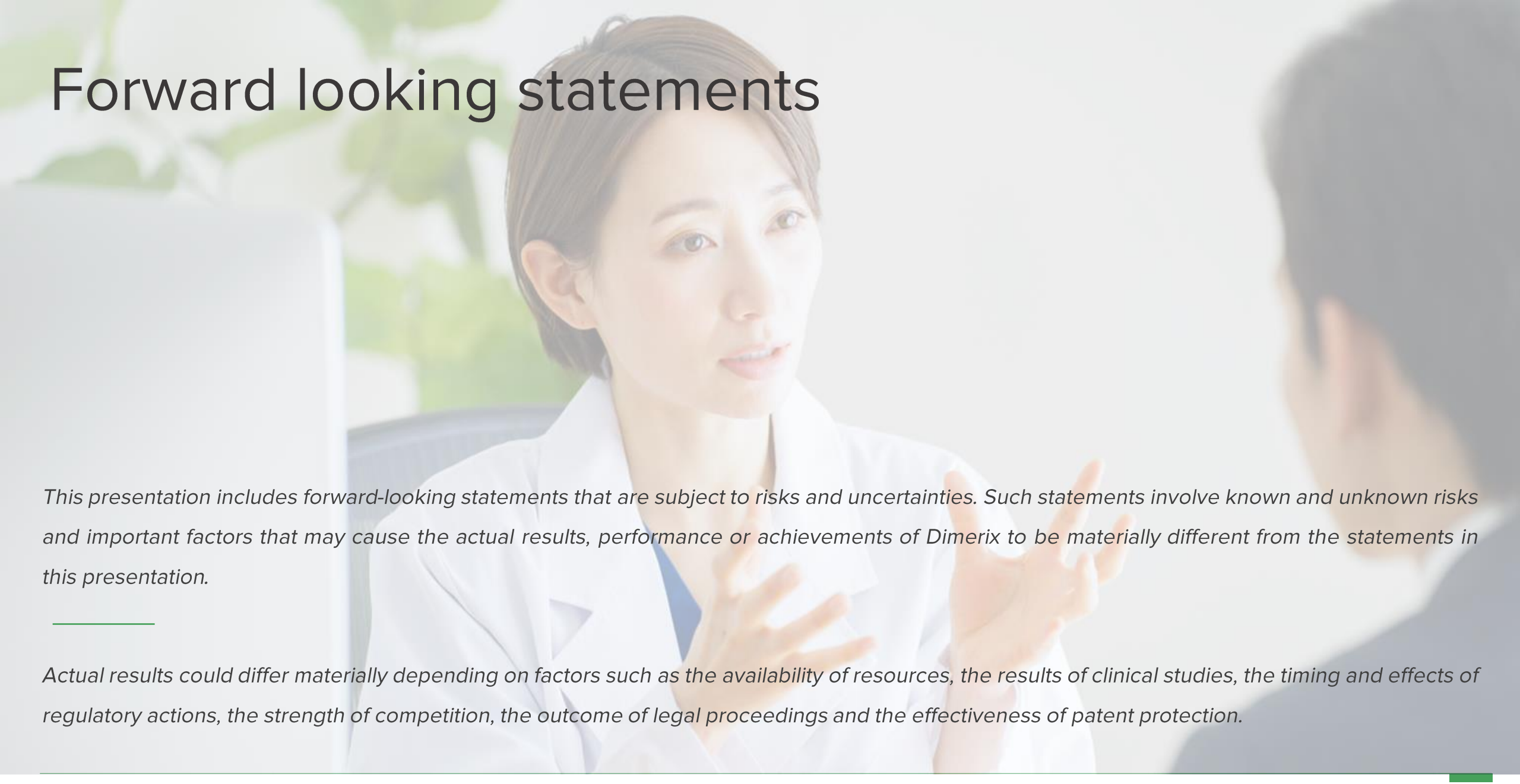
FSGS CLINICAL STUDY

March 2024

Investor Presentation

Authorised for lodgement by the Board of the Company

Forward looking statements



This presentation includes forward-looking statements that are subject to risks and uncertainties. Such statements involve known and unknown risks and important factors that may cause the actual results, performance or achievements of Dimerix to be materially different from the statements in this presentation.

Actual results could differ materially depending on factors such as the availability of resources, the results of clinical studies, the timing and effects of regulatory actions, the strength of competition, the outcome of legal proceedings and the effectiveness of patent protection.

Overview | Phase 3 Global Opportunity

Lead Drug Candidate	• DMX-200 is currently in a **Phase 3 clinical trial** for focal segmental glomerulosclerosis (FSGS)
Lead Indication	• FSGS is a disease that causes scar tissue of kidneys, which leads to irreversible kidney damage[1] • FSGS kidney damage can lead to dialysis, kidney transplants or death[1]
Market Opportunity	• Estimated ~>200,000 people with FSGS in the 7 major markets (makes **FSGS a rare disease**)[2] • Estimated 40,000[1] – 80,000[2] people in the US alone • Drugs for rare kidney diseases can be priced at **~US$120,000 per annum** in the US[3] • There are currently **no approved treatments** available to treat FSGS
Commercial Validation	• **Licensing deal already achieved** in October 2023 for EEA, UK, SUI, CA, AU and NZ[4] • AUD$10.8m received upfront, ~$220m in potential milestone payments & mid-teen-20% tiered royalties
Upcoming Milestones	• **Interim analysis expected imminently** from Company's Phase 3 clinical trial[5] • **Execution of potential licensing deals** for available jurisdictions including the US & China[6] • Announcements which relate to DXB's secondary assets

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1. Nephcure Understanding FSGS 2022: https://nephcure.org/livingwithkidneydisease/ns-and-other-glomerular-diseases/understanding-fsgs/; 2. Focal segmental glomerulosclerosis – Market Insight (2022), Epidemiology and market forecast – 2032 Delve Insight; 3. Cost of Sparsentan - approved for IgAN https://endpts.com/fda-clears-traveres-rare-kidney-disease-drug-will-come-with-rems-program; 4. ASX release 05Oct23; 5. Expected on or before 15Mar24, based on independent Data Monitoring Board (DSMB) meeting schedule; 6.Offers are non-binding and subject to due diligence, a definitive agreement and board approval .

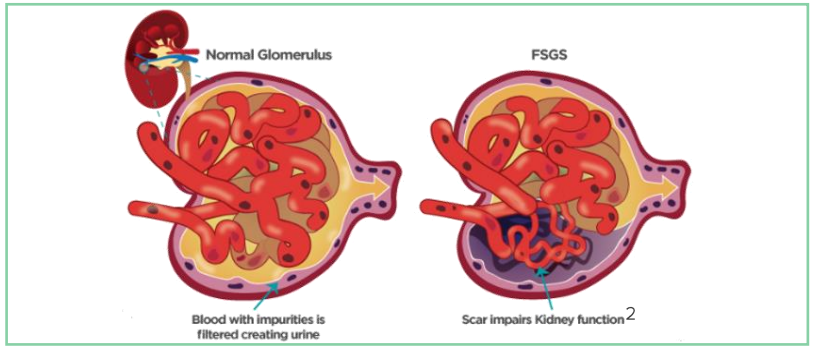
Focal Segmental Glomerulosclerosis (FSGS)

Focal	= some
Segmental	= sections
Glomerulo	= of the kidney filtering units
Sclerosis	= are scarred

What is FSGS?

FSGS is a rare kidney disease that attacks part of the kidney filtering units, causing **inflammation** and irreversible scarring to the kidneys[1]

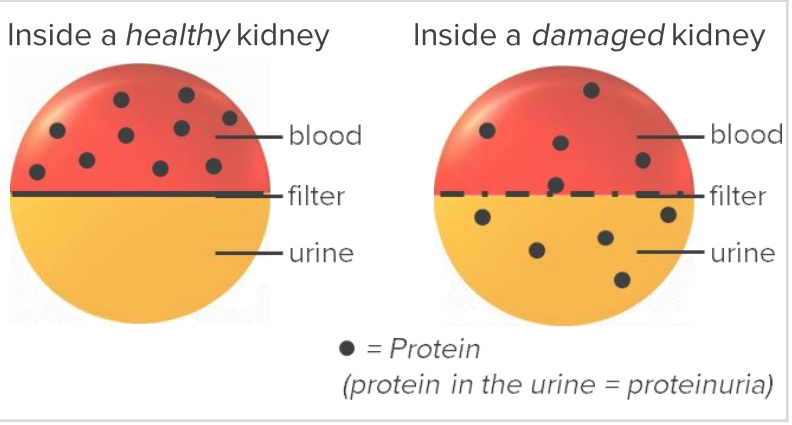
This inflammation and scarring leads to permanent kidney damage and eventually end-stage kidney failure, requiring dialysis or transplantation



Why are kidneys important?

Kidneys are a special **filter system** for your body. Kidneys remove waste products from the blood and produce urine

A healthy kidney is a good filter and allows little to no protein in the urine



Why is proteinuria important?

When kidneys are damaged, protein can leak into the urine causing proteinuria, hence proteinuria can represent an important early marker of kidney function

↑ proteinuria suggests damaged kidney

↓ little / no proteinuria suggests healthy kidney

DMX-200 aims to reduce the inflammation of the kidneys: if DMX-200 reduces inflammation = the amount of proteinuria should decrease

Proteinuria: an important endpoint for DMX-200 study

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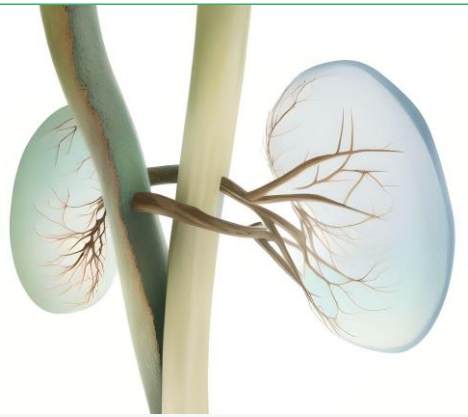
1. Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/;
2. Nephcure FSGS living with the disease (2024) at https://nephcure.org/livingwithkidneydisease/ns-and-other-glomerular-diseases/understanding-fsgs/

FSGS causes and prognosis

Focal segmental glomerulosclerosis (FSGS) is **one of the most common forms** of acquired glomerular disease leading to end stage kidney disease (ESKD), requiring dialysis or transplant

- **Caused by a variety of conditions** - primary FSGS, genetic FSGS, FSGS of unknown cause and secondary FSGS[2]
- **Significant burden on global health systems**
  - Patients end up on dialysis (est cost US$90,000/patient/year)[3]
  - Patients requiring kidney transplant (est cost US$442,500 per transplant + ongoing medication fees)[4]
  - 60% patients have reoccurring FSGS even after first kidney transplant[5]



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Approved drugs anywhere in the world

60%

Patients have reoccurring FSGS even after first kidney transplant[5]

5

Average time (years) to kidney failure after onset of proteinuria[1]

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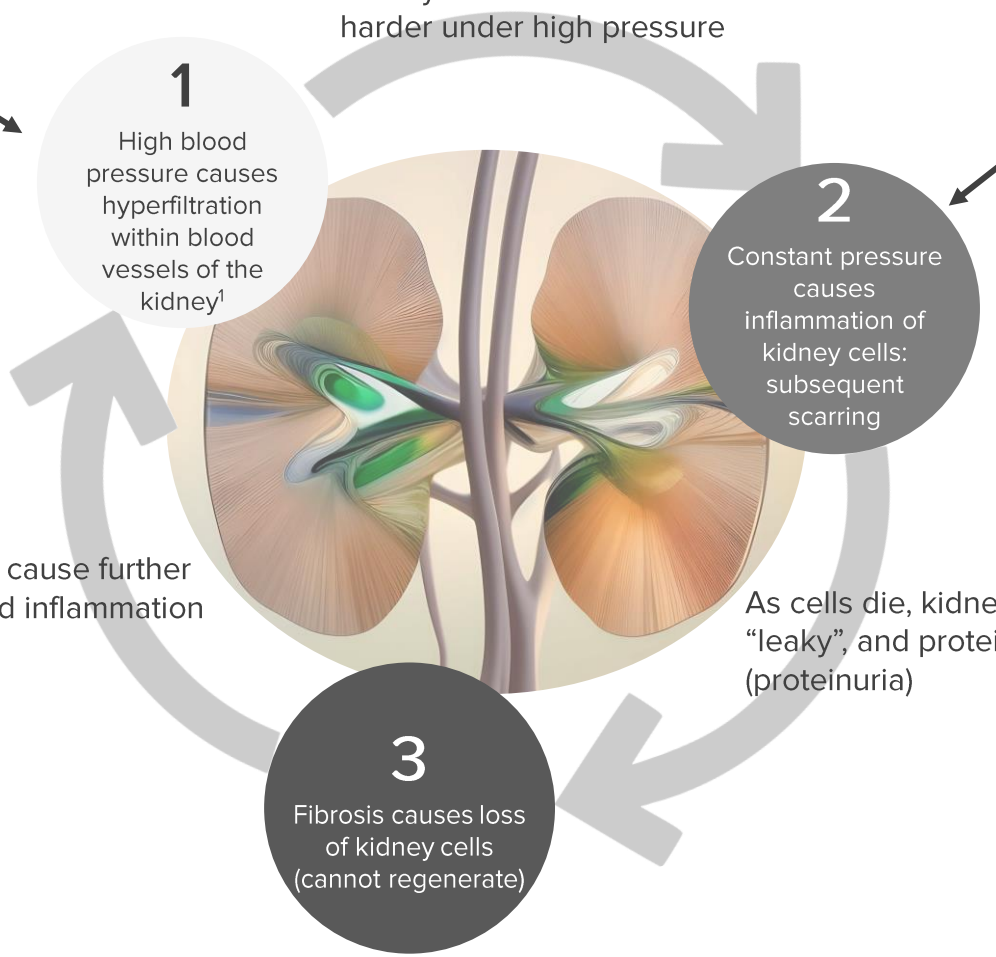
1. Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/; 2. Nephcure FSGS factsheet 2023: https://2eu46v1q93c11mayx1nfvwg6-wpengine.netdna-ssl.com/wp-content/uploads/2021/02/nc.factSheet.FSGS_210106.pdf; 3. The Kidney Project (2022) https://pharm.ucsf.edu/kidney/need/statistics; 4. Global Perspective on Kidney Transplantation: United States (2022) DOI: 10.34067/KID.0002472021; 5. Front. Immunol., July 2019 | https://doi.org/10.3389/fimmu.2019.01669;

Progression of FSGS kidney disease

Existing blood pressure medication targets Step 1: angiotensin receptor blocker (ARB) lowers blood pressure

Kidney vessels have to work harder under high pressure

DMX-200 interrupts Step 2 - the inflammatory pathway to target decreasing inflammation[2]



Less kidney cells cause further hyperfiltration and inflammation

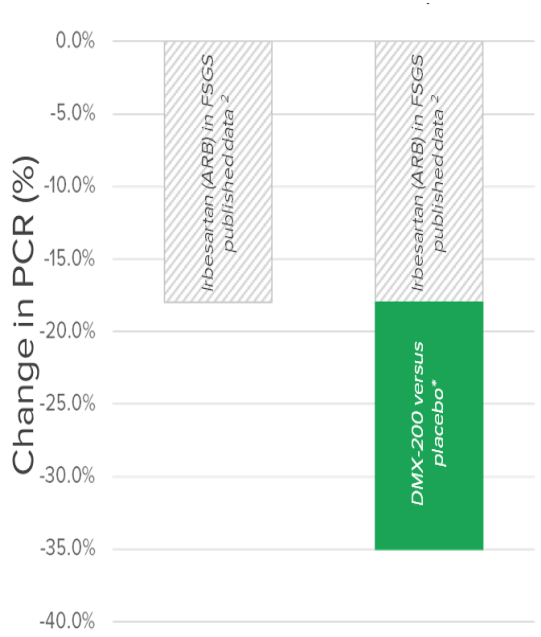
As cells die, kidney becomes more “leaky”, and protein spills into the urine (proteinuria)

1. Lewis, E. J. et al. (2001), New Engl J Medicine 345, 851–860; 2. Ayoub MA, et al. (2015) PLoS ONE 10(3): e0119803

DMX-200: Phase 2 met primary and secondary endpoints

Clinically meaningful outcomes achieved for patients, with no safety issues

Average reduction of **17%** in proteinuria after 16 weeks treatment on DMX-200 versus placebo[1]



EFFICACY

- **86%** of patients demonstrated reduced proteinuria
- **29%** of patients demonstrated **>40%** reduction in proteinuria

SAFETY

- No safety concerns – reduced development risk
- DMX-200 compares favourably to compounds currently in development[2,3]

"Any reduction in proteinuria could yield years of preserved native kidney function and delay the onset of kidney failure and its attendant morbidity and mortality"

Kidney survival study – Troost et al, August 2020[4]

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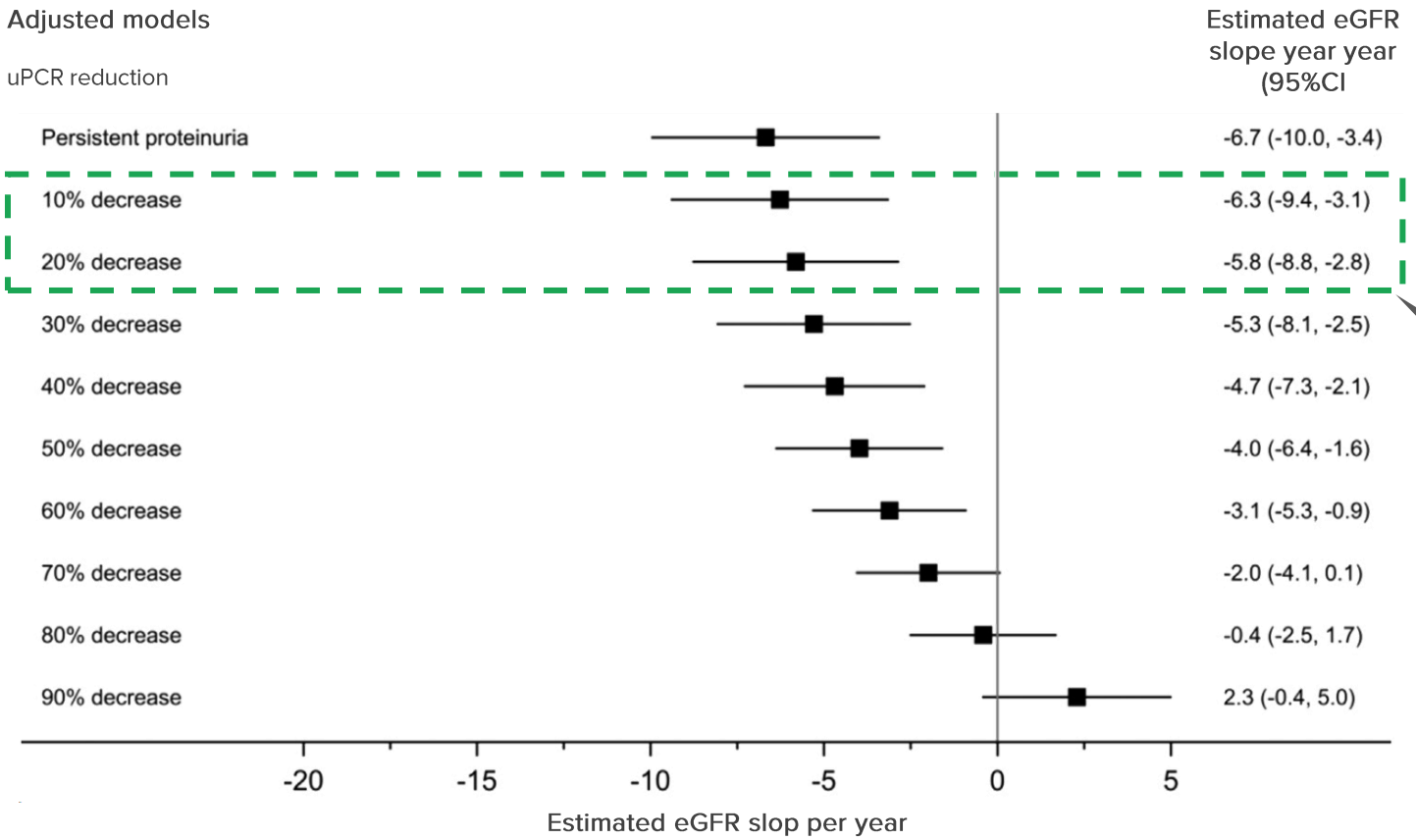
PCR = protein creatinine ratio; ARB = angiotensin receptor blocker; 1. Repeated measures mixed model analysis; top line data was reported as grouped analysis; 2. Trachtman, et al., 2018. J Amer Soc Nephrology 29(11):2745-2754; 3. Based on: a) https://lupkynispro.com/safety/; b) https://www.reatapharma.com/investors/news/news-details/2021/Reata-Pharmaceuticals-Announces-Outcome-of-FDA-Advisory-Committee-Meeting-of-Bardoxolone-for-the-Treatment-of-Patients-with-Chronic-Kidney-Disease-Caused-by-Alport-Syndrome/default.aspx; c) https://pubmed.ncbi.nlm.nih.gov/31343124/; 4. Troost JP et al (August 2020); doi.org/10.1053/j.ajkd.2020.04.014

DMX-200: Phase 2 met primary and secondary endpoints

17% average reduction of proteinuria in Phase 2 is clinically meaningful[1]



FDA & EMA recognise surrogate markets, such as proteinuria & EGFR as registration endpoints in rare kidney disease

"reductions ~10% in proteinuria translated to clinically meaningful differences in eGFR" Kidney survival study – Troost et al, August 2020[1]

PCR = protein creatinine ratio; eGFR: estimated Glomerular Filtration Rate – measure of kidney function; 1. Troost JP et al (August 2020); doi.org/10.1053/j.ajkd.2020.04.014

PHASE 3 CLINICAL TRIAL

ACTION3 Phase 3 clinical trial

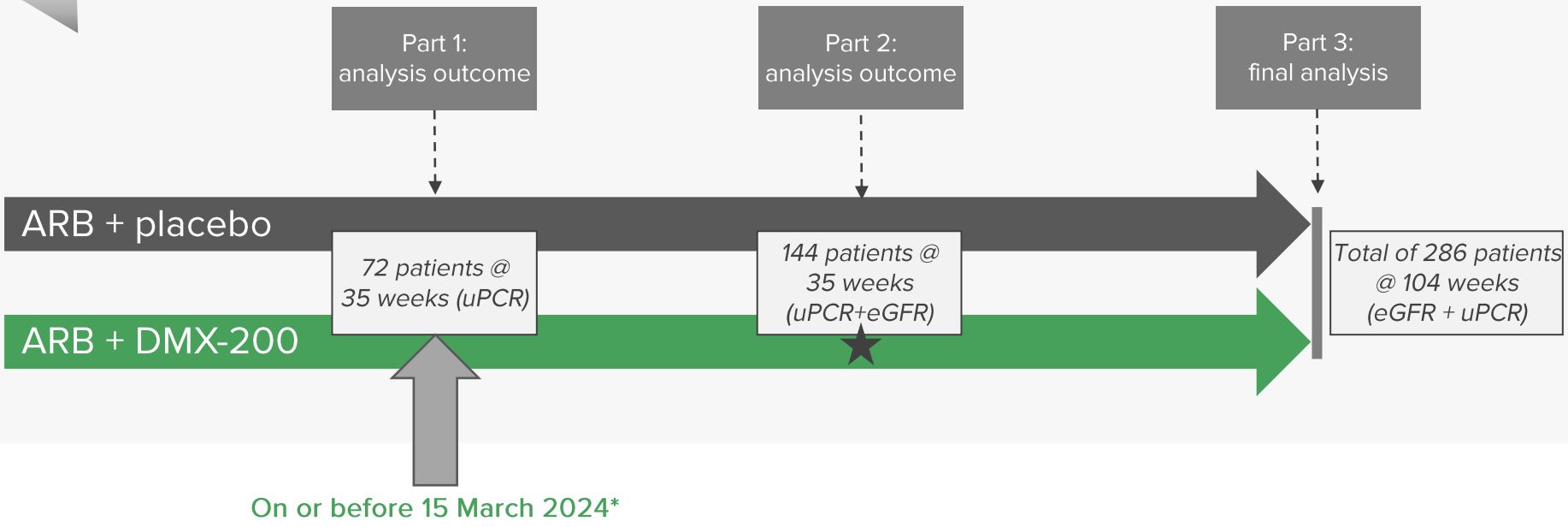
FSGS CLINICAL STUDY

A randomised, double-blind, multi-centre, placebo-controlled study of renal outcomes of DMX-200 in patients with FSGS receiving an ARB

Background

- Patients recruited, then screened and stabilised on background medications
- Patients randomised to receive drug or placebo
- DXB remains blinded at all times during study

Phase 3 Trial Timeline



★ *Potential to achieve conditional marketing approval***

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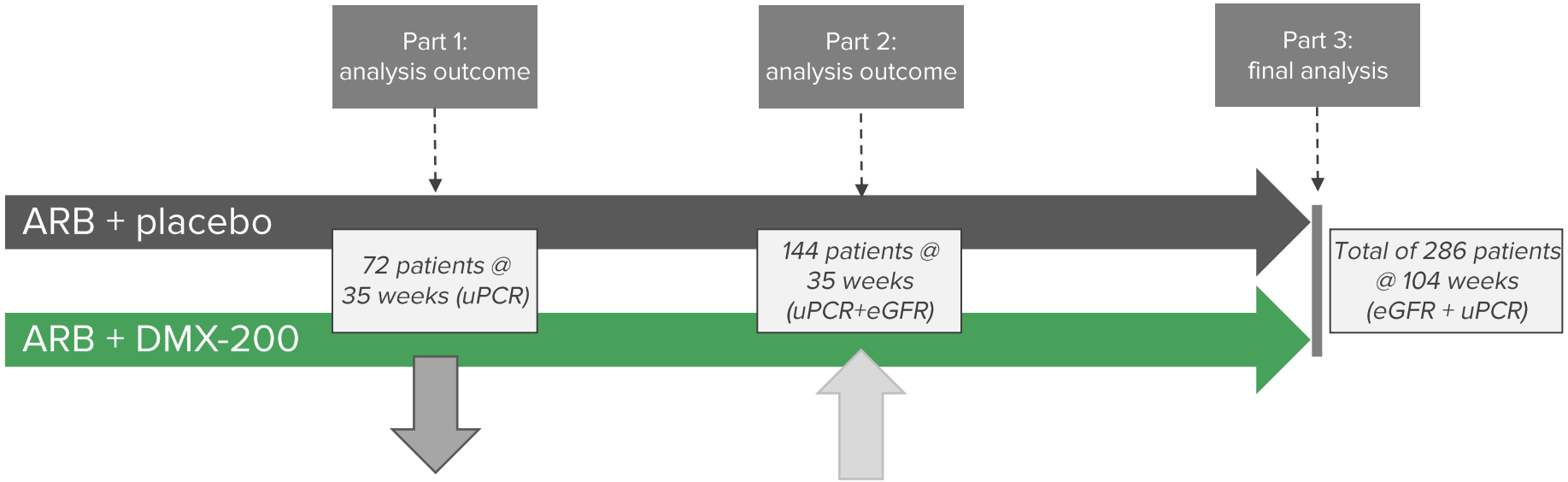
** Expected on or before 15Mar24 based on independent Data Monitoring Board (DSMB) meeting schedule; **subject to analysis outcome and regulatory feedback in each territory*
uPCR = urinary proteinuria; eGFR = estimated glomerular filtration rate (kidney function)

ACTION3 Phase 3 clinical trial

FSGS CLINICAL STUDY



*Data outcome expected imminently**

If Part 1 shows DMX-200 is performing better than placebo in proteinuria reduction (using statistical measure)

→ **Trial proceeds to Part 2**

If data does not show improvement in proteinuria, review additional data and

→ **Trial may halt**

Part 1 successful outcome will demonstrate DMX-200 is performing better than placebo in a much larger population than Phase 2 study

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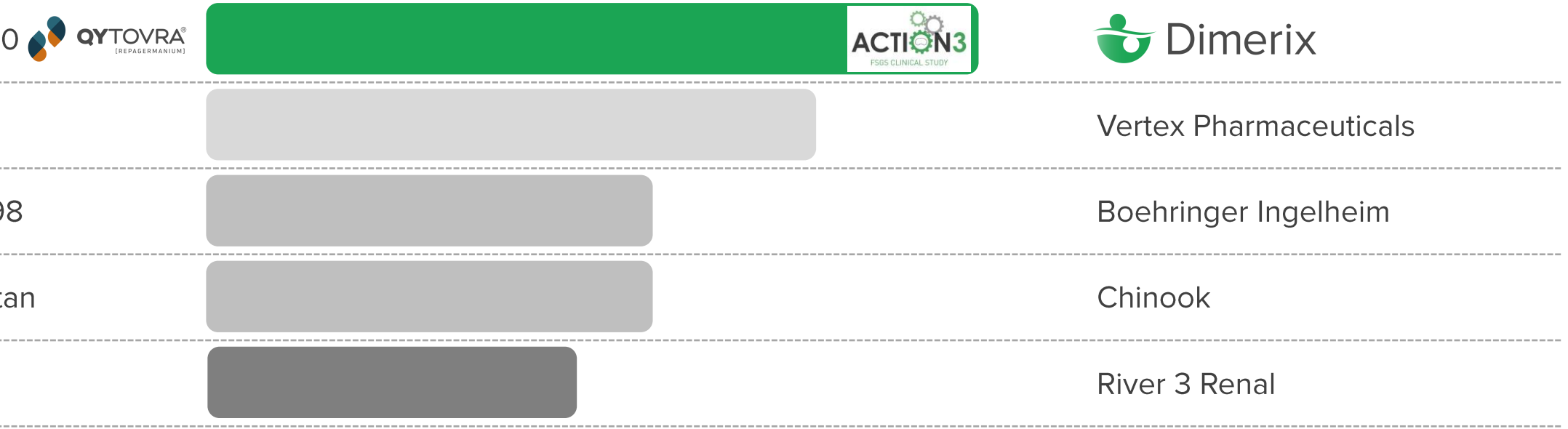
** Expected on or before 15Mar24 based on independent Data Monitoring Board (DSMB) meeting schedule; uPCR = urinary proteinuria; eGFR = estimated glomerular filtration rate (kidney function)*

Competitive landscape in FSGS

No approved therapies for FSGS

DMX-200 is the only therapy in phase 3 development



Sources: Company Documents, Statutory and Regulatory Filings

Benefits of targeting orphan diseases

DXB has been granted Orphan Drug Designation Status for DMX-200

Orphan designation used by regulators to incentivise companies to develop new drugs for rare diseases - granted to DMX-200 in US, EU and UK

Benefits of Targeting Orphan Diseases

Commercially attractive pricing

- ~US$84,000p.a average orphan drug price in 2018[1]
- ~US$120,000p.a average price for other rare kidney treatments[2] (US$9,900 for recently approved Sparsentan in treatment of IgAN)

Marketing exclusivity period without generic competition or challenge

- 7 years in the United States
- 10+ years in European Union

Opportunity to extend exclusivity for another ~2 years on paediatric indication

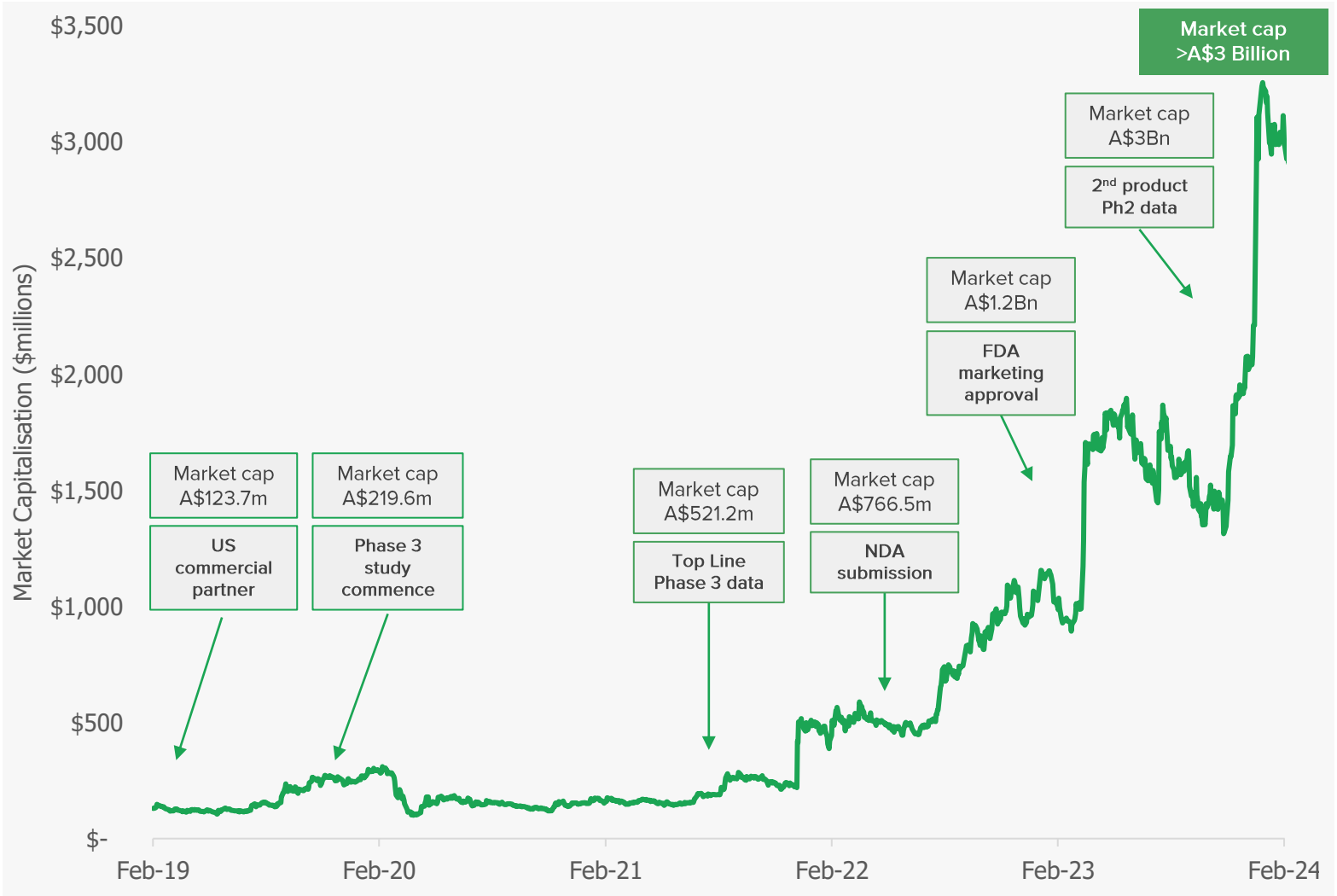
- Paediatric population to be included in Part 2 of Phase 3 trial[3]

Global regulators provide greater feedback

- DXB received feedback and assistance designing Phase 3 trial[4]
- DXB has received assistance with its drug development plan

1. 2018, IQVIA , Orphan Drugs in the United States: Growth Trends in Rare Disease Treatments; 2. Cost of Sparsentan - approved for IgAN https://endpts.com/fda-clears-traveres-rare-kidney-disease-drug-will-come-with-rems-program; 3. ASX release 12Jan2023; 4. FDA/EMA meetings 2019,2020,2021,2022,2023

Orphan drug case study - Neuren (NEU.ASX)



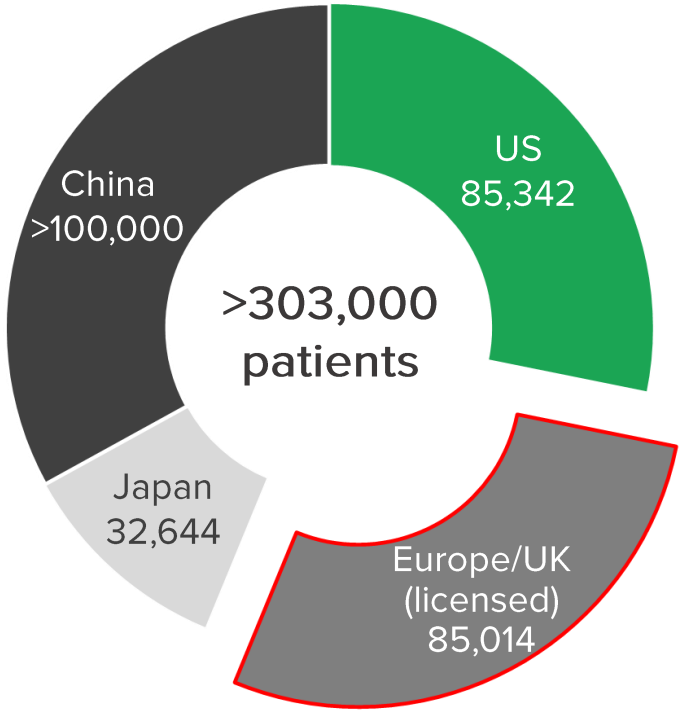
- Neuren are focussed on **orphan disease treatment** with a pipeline of rare neurodevelopmental disorders
- Lead program/drug, DAYBUE™ (trofinetide) has **orphan designation** and received significant valuation uplifts during and after its **Phase 3** program
  - $220m market cap at commencement of Phase 3
  - $520m market cap at read out of Phase 3 results (240% uplift)
  - $767m market cap prior to New Drug Application (NDA) to FDA (further 150% uplift)
  - $1.6b market cap post FDA approval of first candidate (further 200% uplift)
- US market assumes pricing of ~US$375,000[1] and 5,000 diagnosed patients p.a[1]

1.Reference; Neuren Investor presentation March and December 2023

Potential FSGS market size

DXB is targeting multi-billion dollar markets with no approved treatments

Estimated 7MM (+China) diagnosed patients (2022)[1,4]



- Example pricing for other rare kidney disease drugs :
  - in the US (i.e. Filspari in IgAN)[2] is **US$9,900 p/month**
  - in Europe/UK (i.e. Kinpeygo/Tarpeyo)[3] is **US$8,267 p/month** (€7,630)
- Potential for:
  - ~**US$120k per annum** per patient for FSGS drug in US
  - ~**€91,560 per annum** per patient for FSGS drug in Europe
- **Next major targets for DXB are US & China**, with partnering discussions already underway

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1. Focal segmental glomerulosclerosis – Market Insight (2022), Epidemiology and market forecast – 2032 Delve Insight; 2. Cost of Sparsentan - approved for IgAN https://endpts.com/fda-clears-traveres-rare-kidney-disease-drug-will-come-with-rems-program; Cost of Tarpeyo Wholesale acquisition cost (WAC) of $14,160 for a 30-day supply/$170k /year https://www.calliditas.se/en/wp-content/uploads/sites/2/2018/01/fda-approval-webcast-presentation.pdf; 3. NICE recommends targeted-release budesonide for primary IgA nephropathy, Cost of Kinpeygo list price of €7,630 for a 30-day supply, https://doi.org/10.1002/psb.0010132; 4. https://www.researchandmarkets.com/reports/5309873/focal-segmental-glomerulosclerosis-global;

Licensing deal - ADVANZ PHARMA partnership

Dimerix to receive up to **~AU$230* million in upfront and milestone payments**, plus royalties
- AU$10.8 million received in November 2023
- up to ~AU$218 million* in potential development and sales milestone payments
- Tiered royalties on net sales (mid teens to twenty percent)

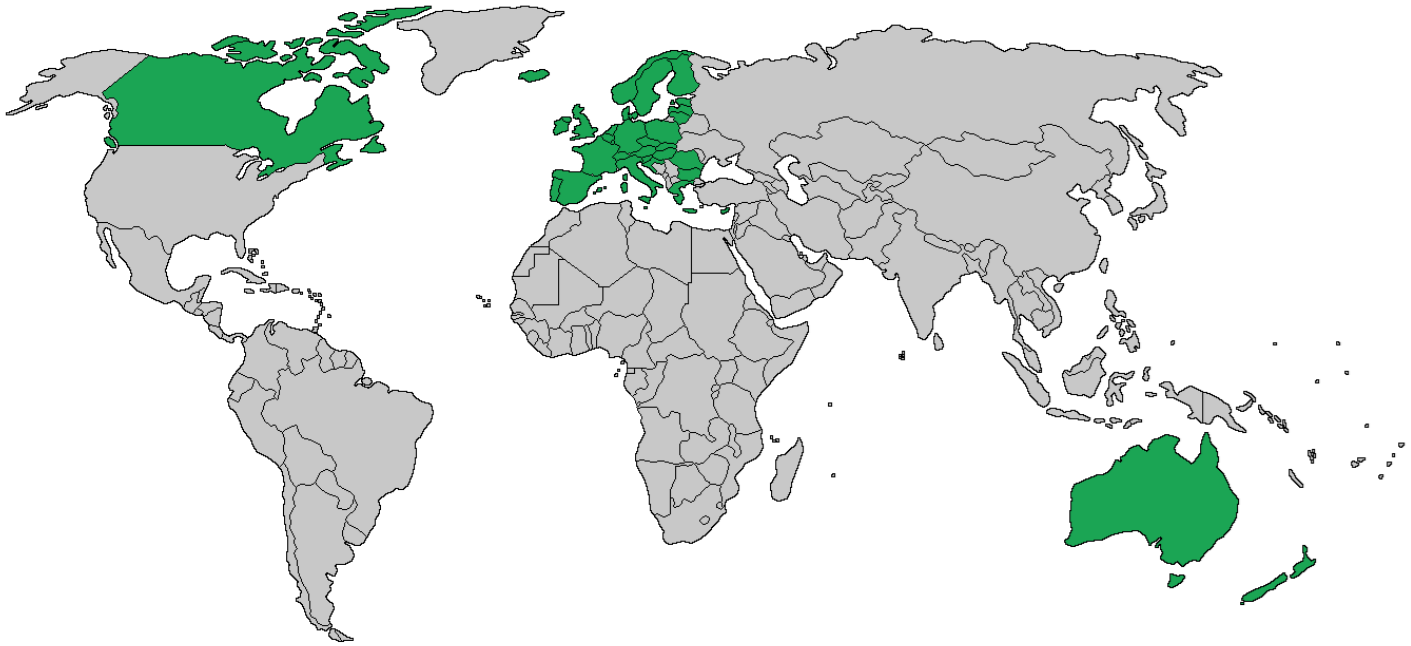
Dimerix will continue to fund and execute the global ACTION3 Phase 3 study for DMX-200 in FSGS patients

Advanz will be responsible for submission and maintenance of the regulatory dossier in the licensed territories, as well as all sales and marketing activities

Dimerix retains all rights to DMX-200 in all other territories and indications

** Based on exchange rate of 1 EUR = 1.65437 AUD as at 19 January 2024*
EEA – European Economic Area as at October 2023

Global partnering availability



Licensed territories (EAA, Switzerland, UK, Canada, ANZ) – DMX-200

Available for licensing - QYTOVRA® [REPAGERMANIUM]

- Advanz Partnership marked the first of many potential agreements globally

- Partnering negotiations remain on-going in other territories

- Potential multi-billion dollar markets yet to be licensed (incl. the US & China)

Summary | Phase 3 Global Opportunity

Lead Drug Candidate	• DMX-200 is currently in a **Phase 3 clinical trial** for focal segmental glomerulosclerosis (FSGS)
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Commercial Validation	• **Licensing deal already achieved** in October 2023 for EEA, UK, SUI, CA, AU and NZ[4] • AUD$10.8m received upfront, ~$220m in potential milestone payments & mid-teen-20% tiered royalties
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Appendices

WELL POSITIONED TO DELIVER AGAINST STRATEGIC PLAN

SCAN ME

Dimerix HQ
425 Smith St, Fitzroy 3065
Victoria, Australia
T. 1300 813 321
E. investor@dimerix.com

ESG Statement

Dimerix is committed to integrating Environmental, Social and Governance (ESG) considerations across the development cycle of its programs, processes and decision making. The Dimerix commitment to improve its ESG performance demonstrate a strong, well-informed management attitude and a values led culture that is both alert and responsive to the challenges and opportunities of doing business responsibly and sustainably.

Corporate overview

Ticker Symbol	ASX: DXB
Cash Balance (Dec23)	~A$14.8 million
Market Capitalisation	~A$100 million
Share price	~A$0.20
Total ordinary shares on issue	437,526,482
Average daily liquidity for past 30 days*	4.76 million

SHARE PRICE

SUBSTANTIAL SHAREHOLDERS[1]

	Holder Name	Holding	% IC
1	Mr P Meurs	64,929,440	15.0%
TOTAL (TOP 5)		97,359,869	22.25%

1. *Shareholder register as at 04Mar24*
** Liquidity as at 04Mar24*

Dimerix board

Mark Diamond
BSc, MBA
Non-Executive Chairman

Antisense, Faulding (Pfizer)
- Senior pharmaceutical executive with a demonstrated record of achievement and leadership over more than 30 years within the pharmaceutical and biotechnology industries
- Significant accomplishments in capital raising initiatives, pipeline development and licensing

✓BSc – Microbiology/immunology
✓MBA - Business

Nina Webster
PhD, MBA, M.IP.Law
CEO & Managing Director

Acrux, Immuron, Wyeth (Pfizer)
- Experienced in product development, commercial strategy development & execution
- Successfully commercialised multiple pharmaceutical products globally

✓BSc (Hons) - Pharmacology
✓PhD - Pharmaceutics
✓MBA - Business
✓M.IP.Law - Intellectual Property Law

Hugh Alsop
BSc (Hons), MBA
Non-Executive Director

Kinoxis, Hatchtech, Acrux, Mayne Pharma
- Extensive biotech drug development & commercial manufacturing experience
- Responsible for successful global commercialisation programs & NDA registrations

✓BSc (Hons) - Chemistry
✓MBA - Business

Sonia Poli
PhD
Non-Executive Director

Minoryx, AC Immune, Addex, Hoffman la Roche
- Experienced executive in pharmaceutical operations
- Background in small molecules development and analytical development

✓BSc (Hons) - Chemistry
✓PhD – Industrial Chemistry

Clinton Snow
BEng (Hons), BCom
Non-Executive Director

Woodside Energy, iCetana
- ~20 years experience as a leader with a focus in management, project delivery, risk management, & assurance
- Provides advisory services to a family office with multiple Australian biotech investments

✓BEng (Hons) -Chemical Engineering
✓BCom - Commerce

Dimerix management

Nina Webster
PhD, MBA, M.IP.Law
CEO & Managing Director

Wyeth (Pfizer), Acrux, Immuron
- Experienced in product development, commercial strategy development & execution
- Successfully commercialised multiple pharmaceutical products globally

✓BSc (Hons) - Pharmacology
✓PhD - Pharmaceutics
✓MBA - Business
✓M.IP.Law - Intellectual Property Law

Hamish George
BCom, CA, GIA(Cert)
CFO & Company Secretary

Bio101, Pitcher Partners
- Experienced CFO & Co.Sec.
- Expertise in Corporate Governance, financial reporting, cash flow management, taxation (including R&D Tax Incentive) & budgeting/forecasting

✓Bcomm – Commerce
✓G.Dip. - Financial Planning
✓M.Acc. – Accounting
✓GIA(Cert)
✓Chartered Accountant

David Fuller
B.Pharm (Hons), MBBS
CMO

Race Oncology, Syneos, Genzyme
- 35 years international experience in drug development, commercialization and corporate leadership
- Planning, Financing, Pre-clinical, Clinical Development, Regulatory Approval, Product Launch, Pharmacovigilance, and Medical Affairs
- B.Pharm (Hons) - Pharmacy
- MBBS - Medicine and Surgery

Robert Shepherd
PhD MBA
CCO

Medicines Development, Avecheo
- Experienced pharmaceutical executive in project management, clinical development and research programs
- BD and strategic alliance leader
- Led multidisciplinary R&D&C teams for over 14 years

✓BSc (Hons) – Genetics
✓PhD – Molecular Immunology
✓MBA - Business

Bronwyn Pollock
BSc (Hons), MBA
VP, Product Development

Neuren, Prota, Acrux, CSL
- Experienced pharmaceutical executive in Manufacturing (CMC)
- Successfully developed and submitted multiple dossiers to FDA, EMA, TGA
- Background in technical transfer and product launch

✓BSc (Hons) – Applied Biology
✓MBA - Business

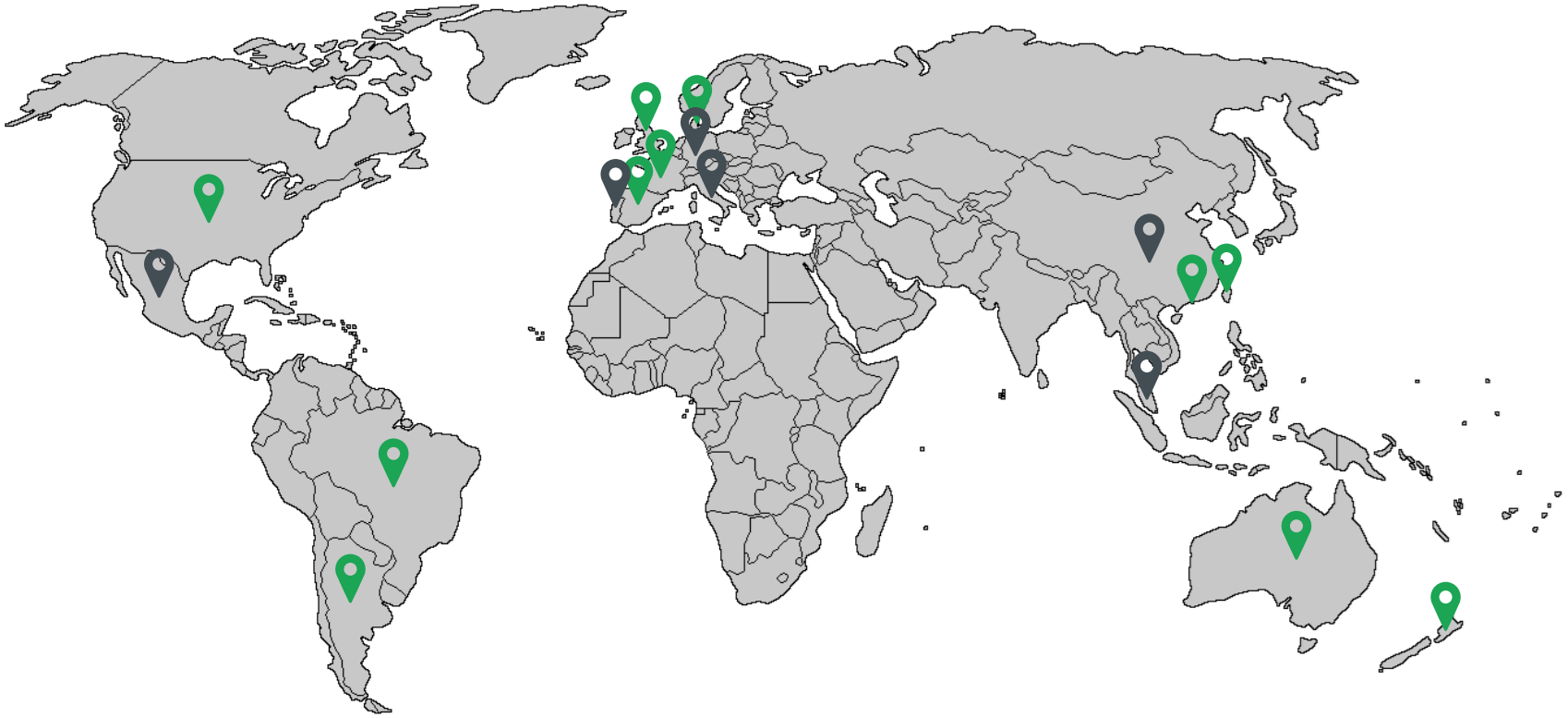
ACTION3
FSGS CLINICAL STUDY

Current and planned clinical site locations

A randomised, double-blind, multi-centre, placebo-controlled study of renal outcomes of DMX-200 in patients with FSGS receiving an ARB

QYTOVRA® [REPAGERMANIUM]

- Part 1 recruiting at 70 sites:
  - Australia, New Zealand
  - Taiwan, Hong Kong
  - France, Denmark, UK, Spain
  - Argentina, Brazil
  - USA
- Part 2 new countries:
  - China
  - Malaysia
  - Italy, Germany, Portugal
  - Mexico



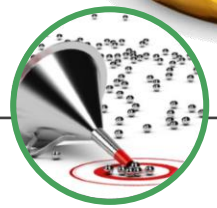
Renal disease landscape

"*A squeaky wheel waiting for grease: 50 years of kidney disease management in the US*"[1]

Historical lack of incentives and public policy have contributed to high costs and poor health outcomes for renal patients[1]

2018: workshops and regulatory acceptance of surrogate end points in trials of kidney diseases [2]

2019 changes in US federal policy and rapid adoption of treatment guidelines have contributed to a sea change in the management of renal disease [3]



Public health policy, legislation and product innovation have converged to accelerate change in renal space today

"*More change in the past 24 months than the past 24 years: The rapid evolution of [kidney disease] management*"[1]

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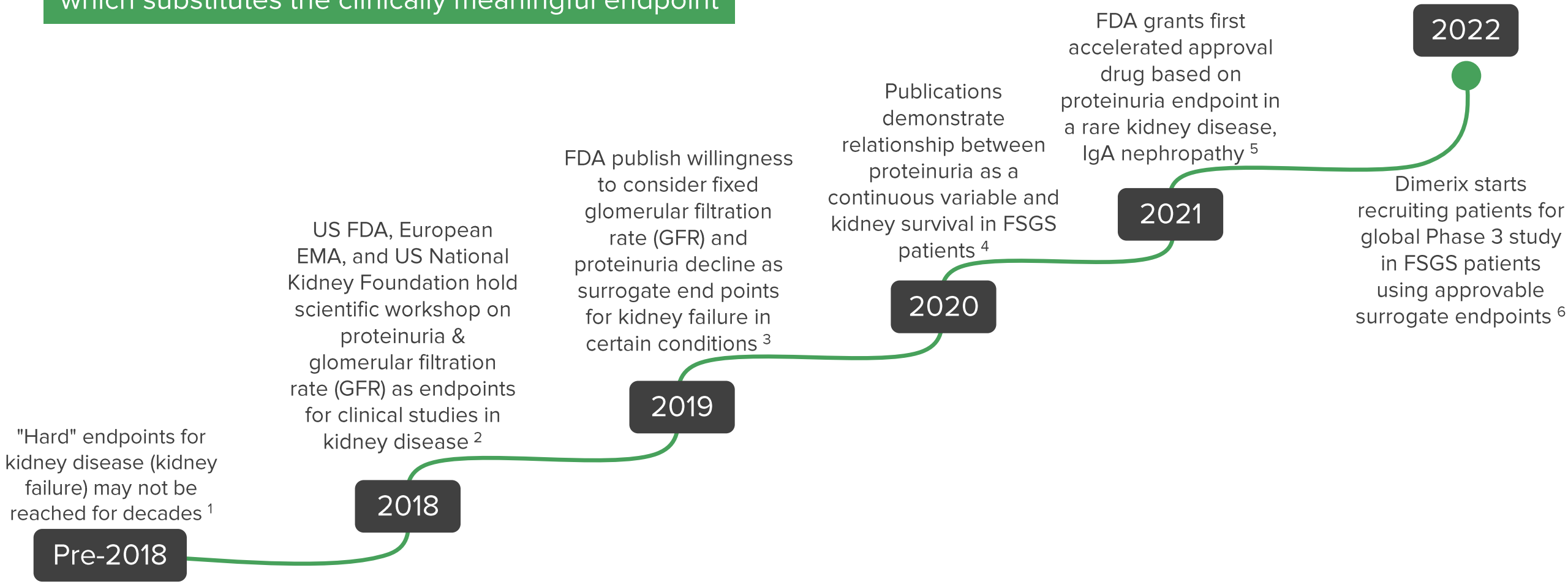
1.Garibaldi A, et al (2021) The Evolution of Kidney Health Management and the Next Frontier; https://www.lek.com/insights/ei/evolution-kidney-health-management-and-next-frontier; 2. FDA, EMA, National Kidney Foundation Workshop Summary: https://www.kidney.org/news/accelerating-new-clinical-trials-and-treatments-kidney-disease; 3. Thompson, A et al (2019) Change in Estimated GFR and Albuminuria as End Points in Clinical Trials: A Viewpoint From the FDA DOI: 10.1053/j.ajkd.2019.08.007

Clinical study change: use of surrogate endpoints

A surrogate endpoint is an intermediate outcome which substitutes the clinically meaningful endpoint

ACTION3
FSGS CLINICAL STUDY



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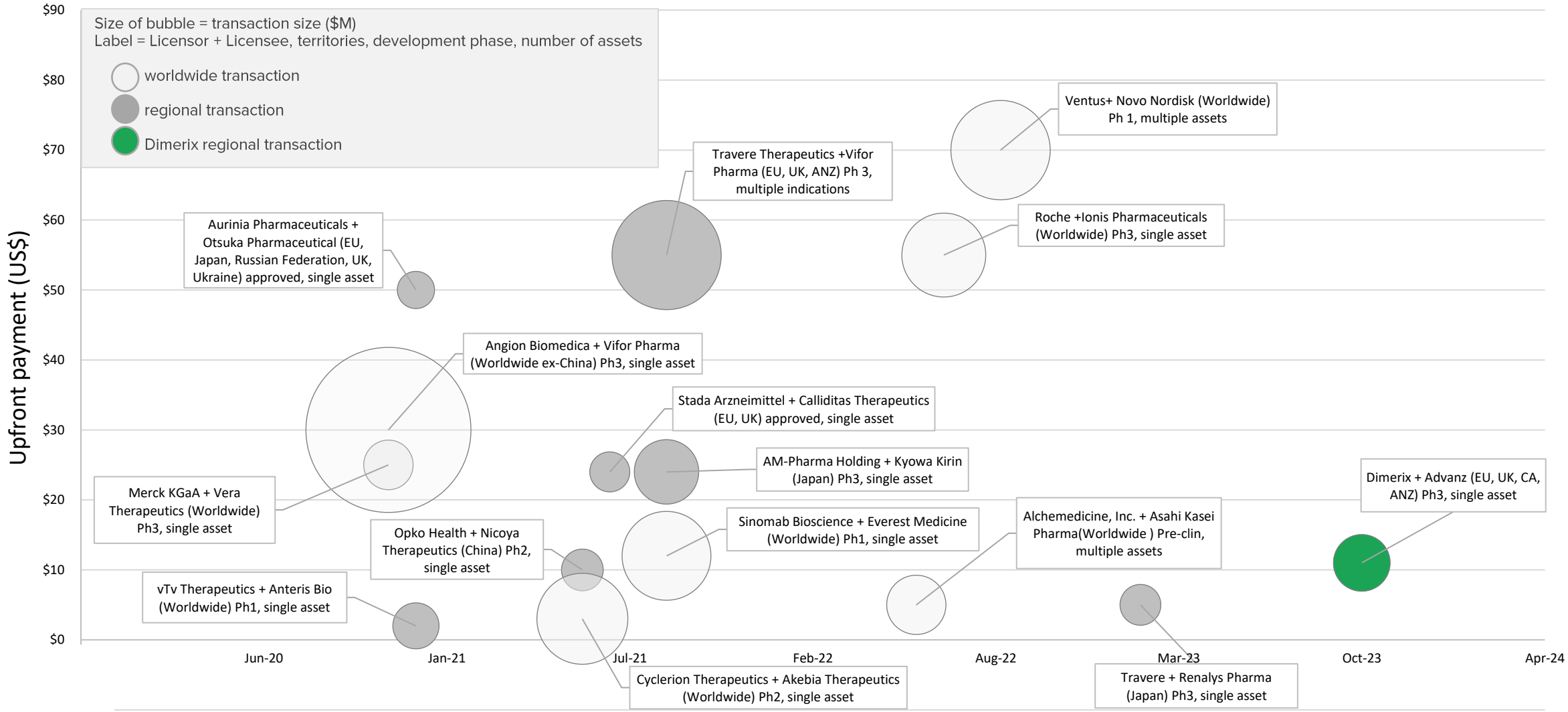
1.Hartung E, (2015), Pediatric Nephrology volume 31, pages381–391 DOI: 10.1007/s00467-015-3104-8; 2. FDA, EMA, National Kidney Foundation Workshop Summary: https://www.kidney.org/news/accelerating-new-clinical-trials-and-treatments-kidney-disease; 3. Thompson A et al, (2019) Am J Kidney Dis.; 75(1):4-5: doi.org/10.1053/j.ajkd.2019.08.007; 4. Troost JP et al, (2020) Am J Kidney Dis.; 77(2):216-225: doi.org/10.1053/j.ajkd.2020.04.014; 5. FDA Drug Approvals: https://www.fda.gov/drugs/fda-approves-first-drug-decrease-urine-protein-iga-nephropathy-rare-kidney-disease; 6. ASX release 23Dec2021

Renal licensing deals details



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Sources: Company Documents, Statutory and Regulatory Filings.
Only deals with disclosed financials are included

Policy change: renal disease healthcare economic burden

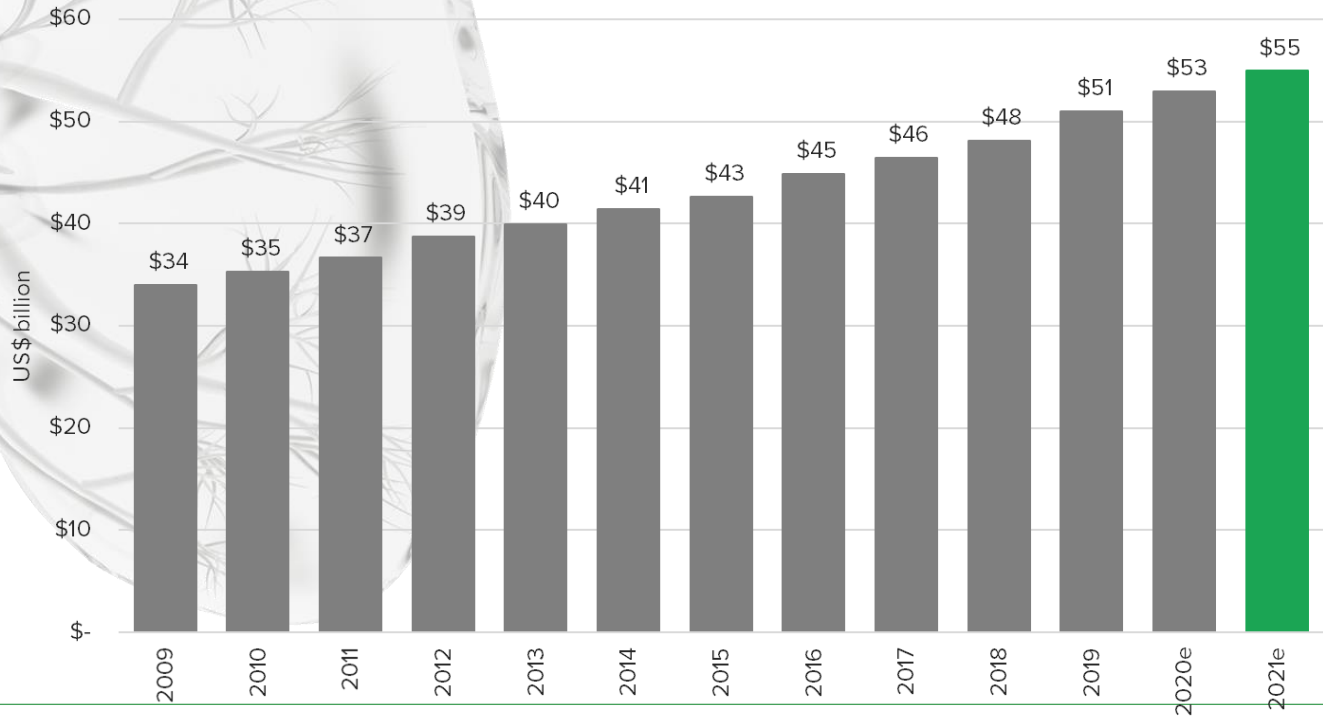
~40 million
adults have kidney disease (~15% of the adult population) in the US in 2021 [1]

US$88 billion
estimated total US Medicare expenses costs/year for renal patients in 2021 [1,3]

2019
White House executive order issued: incentives for providers to delay patient progression to renal failure [2]

Economic cost of kidney failure in the US

Total Medicare expenses per year costs for kidney failure patients (2009-2021E) [3]



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Garibaldi A, et al (2021) The Evolution of Kidney Health Management and the Next Frontier; https://www.lek.com/insights/ei/evolution-kidney-health-management-and-next-frontier
https://www.federalregister.gov/documents/2019/07/15/2019-15159/advancing-american-kidney-health;
The United States Renal Data System (USRDS) Annual Report 2021; (2020 & 2021 estimates based on CAGR 2014-2019)

DMX-200 – working on inflammatory signalling pathway

A CCR2 inhibitor working synergistically alongside the current standard of care (AT1R blocker): G protein-coupled receptor (GPCR)

New Chemical Entity status, with orphan exclusivity (7 years US/10 years EU)[2]; and with granted patents and applications across key countries	2 x 120mg capsule daily 	Consistently safe and well tolerated in both healthy volunteers and renal patients (total of 95 patients dosed)[3]	4 clinical studies completed to date: positive efficacy signals across studies[3]
Small molecule	Easy & convenient dosing	Strong safety profile[3]	Proven efficacy[3]

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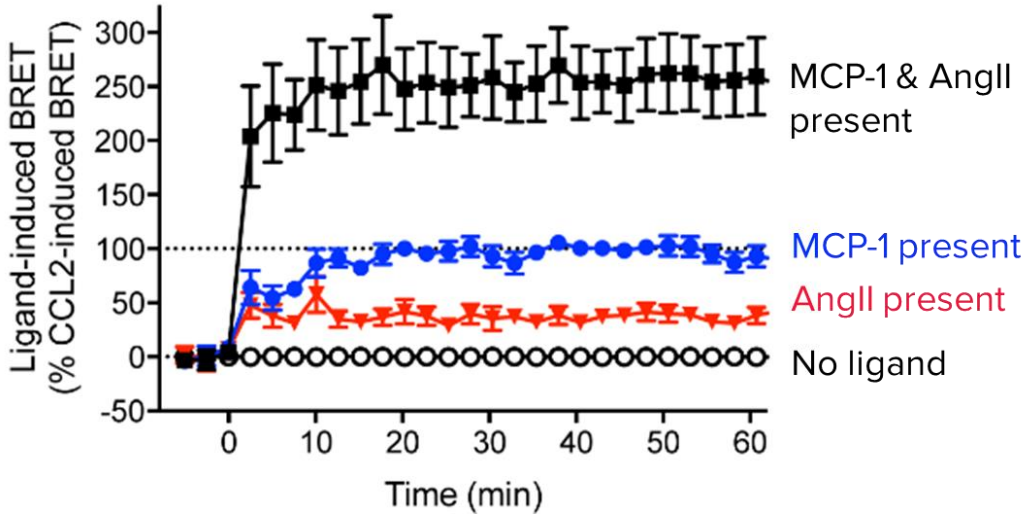
1. ASX release: 09May2022; 2. ASX releases: 14Dec15, 21Nov18, 07Jun21; 3. ASX release and investor presentation 29Jul20

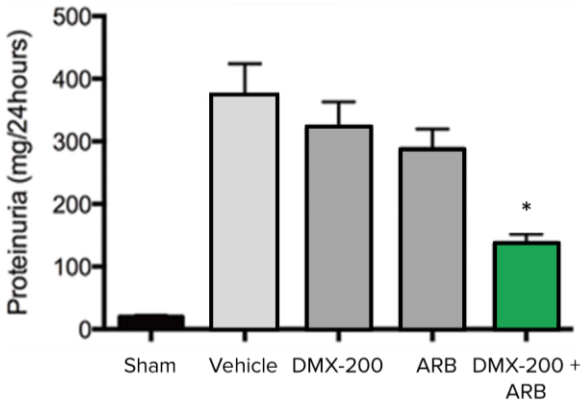
DMX-200 unique heteromer pharmacology

Proprietary discovery platform (Receptor-HIT) identified:

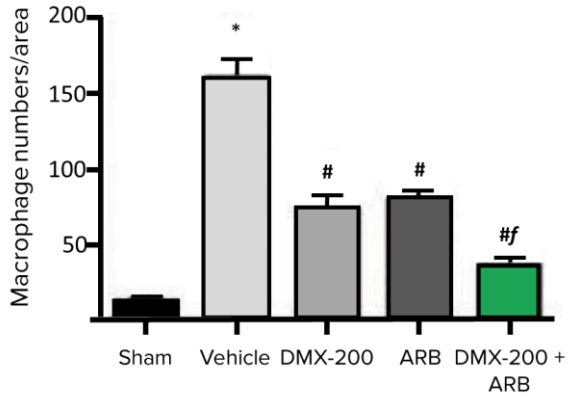
- Formation of AT1R and CCR2 heteromers;
- Novel pharmacology (potentiation of signaling)
- Dual antagonism required for completed inhibition



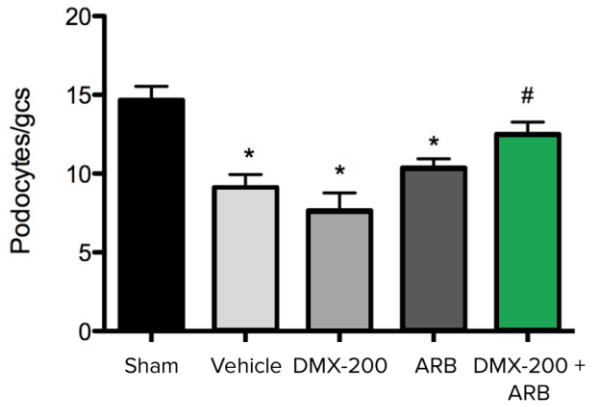
↓ Proteinuria



↓ Macrophage infiltration



Retained podocyte numbers



Proposed non-clinical safety package suitability for NDA confirmed with FDA

*ARB: Irbesartan, * P<0.05 vs sham, # P<0.05 vs un-treated STNx, f P<0.05 vs STNx+Irb. Ayoub MA, et al. (2015) PLoS ONE 10(3): e0119803.*

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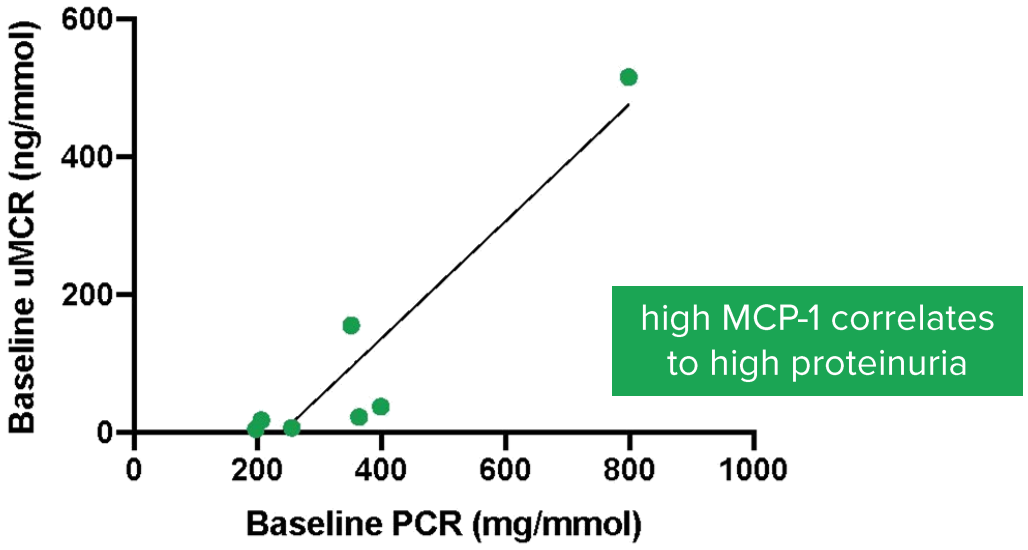
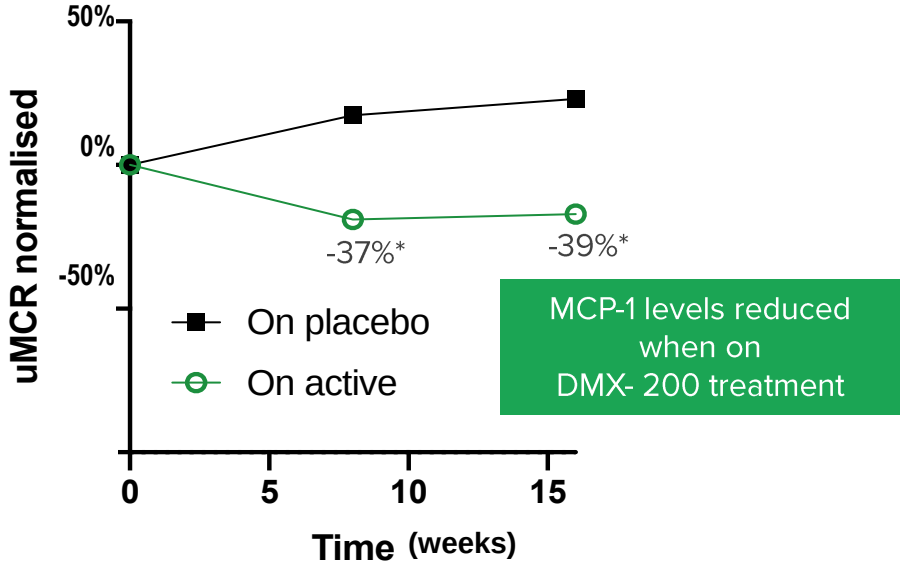
DMX-200 Phase 2a effect on inflammatory biomarker

Average baseline MCP-1 versus average baseline proteinuria



high MCP-1 correlates to high proteinuria

Change in MCP-1 over time on DMX-200 versus placebo



MCP-1 levels reduced when on DMX- 200 treatment

- **16 weeks treatment with DMX-200 vs placebo reduced inflammatory biomarker by 39%:**
  - DMX-200 blocks receptor responsible for inflammation
  - Translates to reduced inflammation and subsequent fibrosis (scarring) in the kidney

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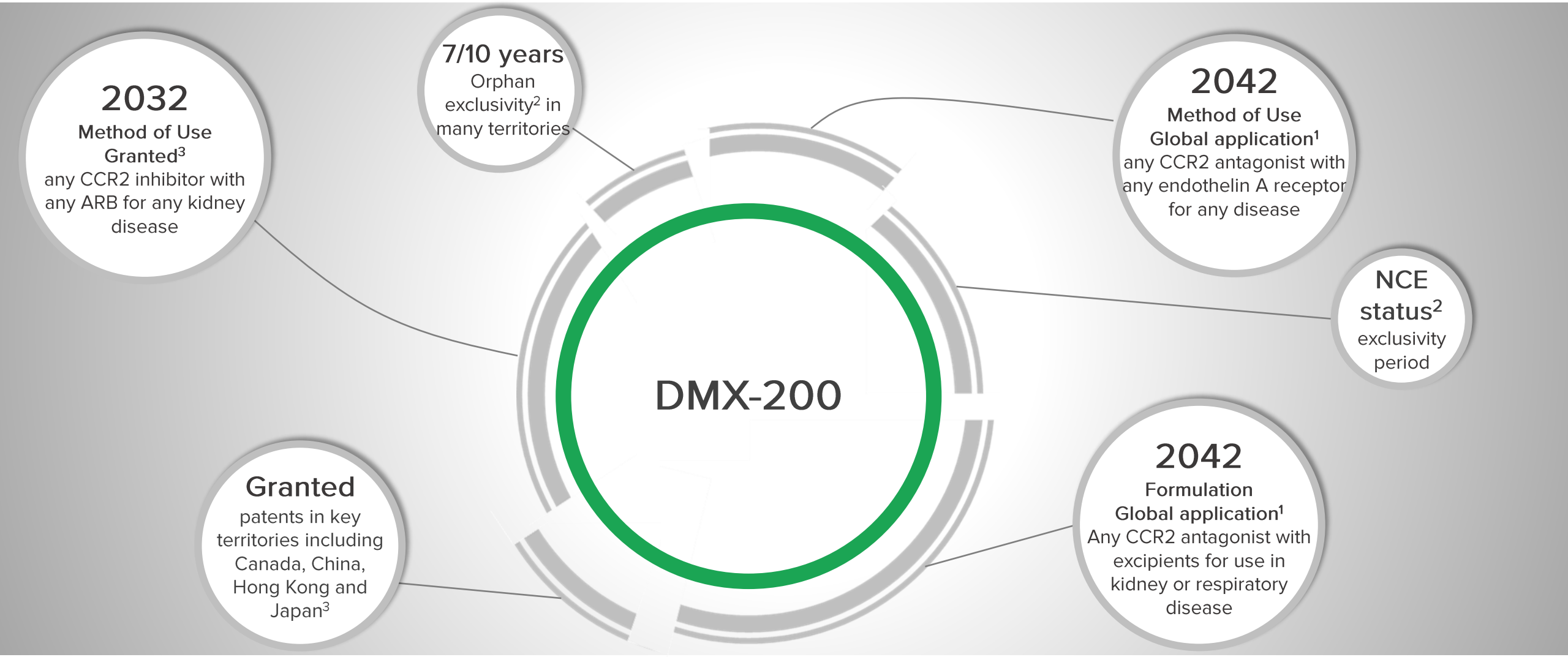
uMCR = Urinary MCP-1 creatine ratio
PCR = protein creatinine ratio
**placebo adjusted difference*

Intellectual property and exclusivity



1. If patent applications are granted: PCT/AU2022/050013 and PCT/AU2022/050249; 2. DMX-200 is an NCE: active moiety not approved before which can attract exclusivity periods in various territories; 3. Granted patents US9,314,450; US10,058,555; US10,525,038; CN201800046165; CA2,821,985; EP12734251.7; HK 4104477.8; IL227414; JP2013-547780; SA203/5897; AU2012206945

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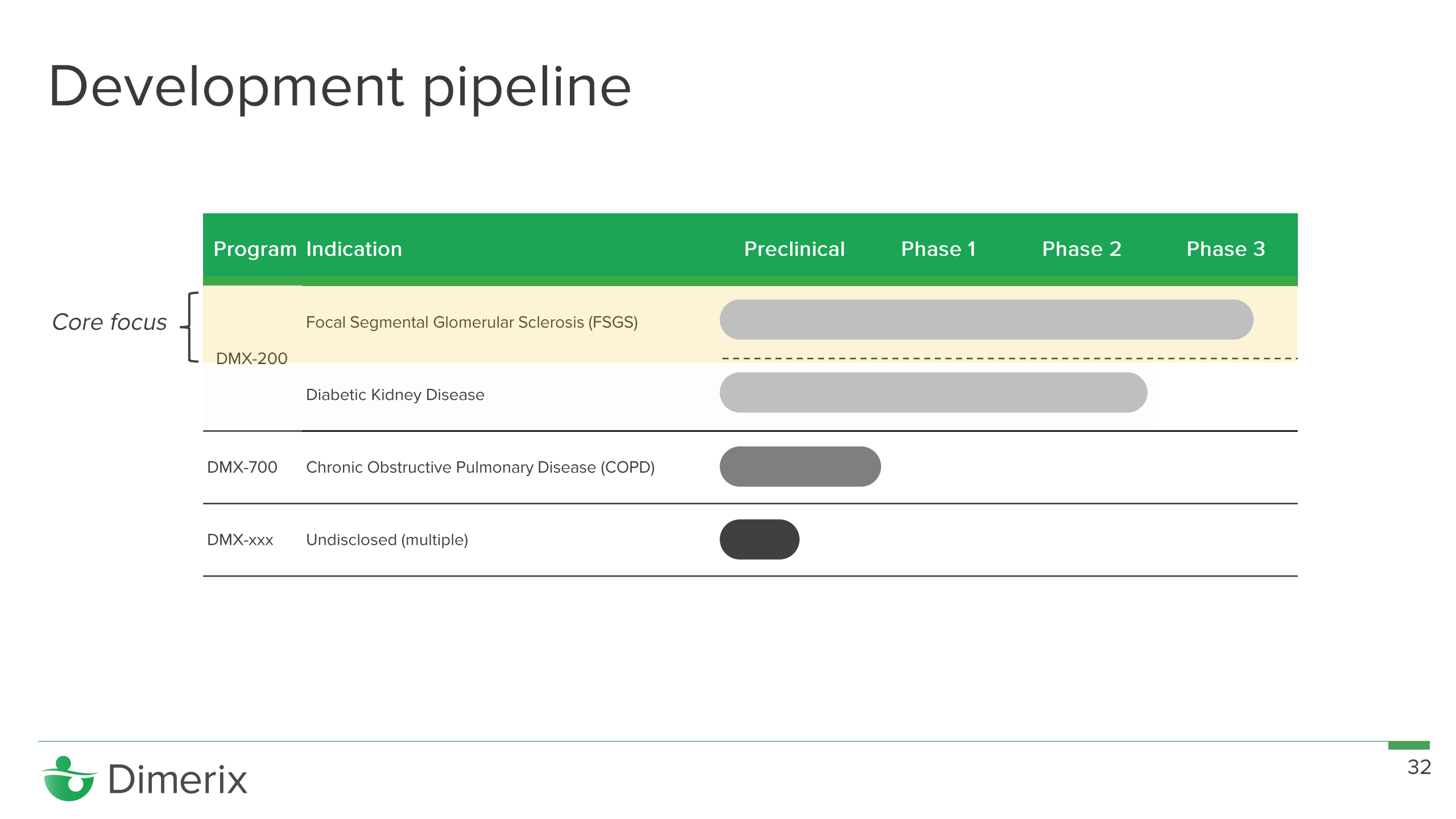
Development pipeline

Core focus

Program	Indication	Preclinical	Phase 1	Phase 2	Phase 3
DMX-200	Focal Segmental Glomerular Sclerosis (FSGS)				
	Diabetic Kidney Disease				
DMX-700	Chronic Obstructive Pulmonary Disease (COPD)				
DMX-xxx	Undisclosed (multiple)				

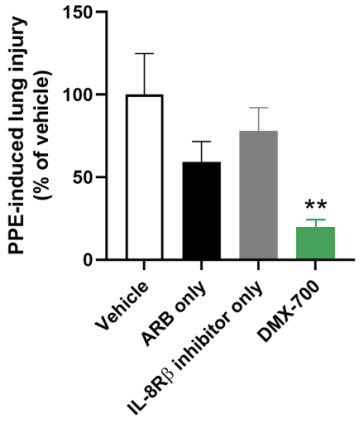


Advancing the broader pipeline

Additional longer term pipeline opportunities diversify risk and potential sources of revenue

DMX-700 for Chronic Obstructive Pulmonary Disease (COPD)

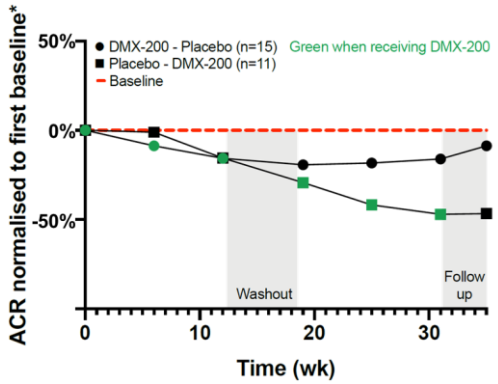
Preclinical studies show that DMX-700 significantly reduced lung injury by 80% ($p<0.01$) after 21 days treatment[1]



Pre-clinical asset

DMX-200 for Diabetic Kidney Disease

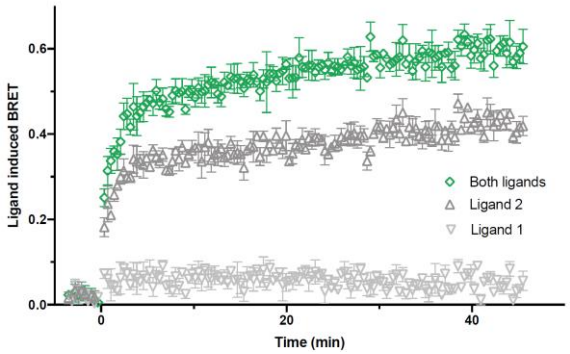
Phase 2 demonstrated promising efficacy & safety[2], proteinuria declined after treatment with DMX-200 in both treatment periods[2]



Phase 2 asset

Undisclosed Opportunities

Commercially attractive pipeline of G Protein-Coupled Receptors (GPCR) targets of inflammatory diseases with an unmet need



Pre-clinical identified opportunities

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1. ASX release: 04Jun22
2. ASX release 28Jan21