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ATL1103/atesidorsen Early Access Program - Update

Antisense Therapeutics Limited ("ANP" or "the Company") is pleased to advise that it has executed an agreement with a GMP manufacturing facility in the US to undertake the formulation of ATL1103 (also referred to atesidorsen) raw material into injectable product for the potential treatment of acromegaly patients under an Early Access Program (EAP) within select countries of the European Union.

As previously advised, ANP has sufficient supplies of atesidorsen raw material to potentially treat approximately 15 acromegaly patients for 1 year. Allowing for current lead times, the GMP manufacturing facility has confirmed its availability to commence formulation in late May 2018.

In parallel, the Company is working with its partner, early access provider myTomorrows (Amsterdam, The Netherlands), on the preparation of the documentation required for the regulatory approvals to supply atesidorsen product under the EAP, with the aim being to initiate atesidorsen EAP treatments in 3'Q'18.

Under the EAP, the Company can set pricing for the drug. The current average cost for 2nd line acromegaly treatment in Europe is approximately A$80K per patient per annum.

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This announcement is issued exclusively by Antisense Therapeutics Ltd for ASX listing rule purposes.

About Antisense Therapeutics Limited
Antisense Therapeutics Limited is an Australian publicly listed biopharmaceutical drug discovery and development company. Its mission is to create, develop and commercialise second generation antisense pharmaceuticals for large unmet markets. Antisense Therapeutics has 4 products in its development pipeline that it has in-licensed from Isis Pharmaceuticals Inc. (ISIS), a world leader in antisense drug development and commercialisation - ATL1102 (injection) which has successfully completed a Phase II efficacy and safety trial in patients with relapsing-remitting multiple sclerosis (RRMS), ATL1103 drug designed to block GHr production which in a Phase II clinical trial reduced blood IGF-1 levels in patients with the growth disorder acromegaly, ATL1102 (inhaled) which is at the pre-clinical research stage as a potential treatment for asthma and ATL1101 a second-generation antisense drug at the pre-clinical stage being investigated as a potential treatment for cancer.

About myTomorrows
At myTomorrows, we believe that everyone should be able to access all treatment options whenever these exist. Working together with medicine manufacturers to devise and execute strategies for early access, we strive to make it easier for physicians and their patients who have exhausted all approved treatment options to find, get information about and access to pre-approval medicines. myTomorrows has developed a Knowledge Base to combine vast amounts of medical and clinical data to present an actionable overview of the full clinical development pipeline.

About Early Access Programs
Early Access Programs allow biopharmaceutical companies to provide eligible patients with ethical access to investigational medicines for unmet medical needs within the scope of the existing early access legislation. Access is provided in response to physician requests where other treatments have been unsuccessful and no alternative or appropriate treatment options are available to these patients. In Australia, patient treatment via an Early Access Program would typically fall under the Therapeutic Goods Administration's Special Access Scheme, Personal Import Scheme or Authorised Prescribers pathway.

About Acromegaly
Acromegaly is a serious chronic life-threatening disease triggered by excess secretion of growth hormone (GH) by a benign tumour of the pituitary. Oversupply of GH produces excess levels of Insulin-Like Growth Factor-I (IGF-I) in the blood causing

the abnormal growth of the bones of the face, hands and feet, and enlargement of body organs. In North America and Europe there are approximately 85,000 acromegaly patients with around one half of these requiring life-long drug therapy. A significant number of patients fail to be adequately treated with current medicines due to efficacy, safety or tolerance related issues. The current average cost for 2nd line acromegaly treatment in Europe is approximately A$80K per patient per annum.

About ATL1103 / atesidorsen

ATL1103 is a second-generation antisense drug designed to block growth hormone receptor (GHr) expression thereby reducing levels of the hormone insulin-like growth factor-1 (IGF-1) in the blood and is a potential treatment for diseases associated with excessive growth hormone and IGF-1 action. These diseases include acromegaly, an abnormal growth disorder of organs, face, hands and feet, diabetic retinopathy, a common disease of the eye and a major cause of blindness, diabetic nephropathy, a common disease of the kidney and major cause of kidney failure, and some forms of cancer. Acromegalic patients have significantly higher blood IGF-1 levels than healthy individuals. Reduction of these levels to normal is accepted by clinical authorities as the primary marker of an effective drug treatment for the disease. GHr is a clinically validated target in the treatment of acromegaly. In the case of diabetic retinopathy, published clinical studies have shown that treatments producing a reduction in IGF-1 levels retarded the progression of the disease and improve vision in patients. Scientific papers have been published on the suppression of blood IGF-1 levels in mice (Tachas et al., 2006, J Endocrinol 189, 147-54) and inhibition of retinopathy in a mouse retinopathy model (Wilkinson-Berka et al., 2007, Molecular Vision 13, 1529-38) using an antisense drug to inhibit the production of GHr. In a Phase I study in healthy subjects, ATL1103 demonstrated a preliminary indication of drug activity, including suppression of IGF-1 and the target GHr (via circulating growth hormone binding protein) levels. In a Phase II trial in acromegalic patients, ATL1103 met its primary efficacy endpoint by showing a statistically significant average reduction in sIGF-1 levels from baseline ($P<0.0001$) at week 14 (one week past the last dose) at the twice weekly 200 mg dose tested. Antisense has also recently completed a successful higher dose study in acromegaly patients. ATL1103 has Orphan Drug designation in the US and Europe.