Dimerix

Investor Presentation

March 2021

Dimerix

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.

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About Dimerix

Public company (ASX: DXB)

Multiple late-stage clinical programs in renal and respiratory disease

Commercial manufacturing established for DMX-200

Additional earlier stage programs from discovery engine

3 near term opportunities

DMX-200: renal

Lead Phase 3 program in orphan renal condition with Accelerated Approval end point

>US$1 billion market opportunity

DMX-200: COVID-19

Two late stage (Phase 3) studies with near term readouts

Potential for Emergency Use Approval

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Corporate overview

Top shareholders			
Position	Holder Name	Holding	% IC
1	MR PETER FLETCHER MEURS	26,529,309	13%
2	BAVARIA BAY PTY LTD	7,316,992	4%
3	YODAMBAO PTY LTD	6,312,603	3%
4	MR JAMES VICTOR CAMILLERI	2,725,000	1%
5	OLI PRIVATE INVESTMENT PTY LTD	2,706,602	1%

ASX	**Ticker Symbol**	**ASX:DXB**
	Share price	~A$0.25
	Total ordinary shares on issue	197,999,297
	Market Capitalisation	~A$50 million
	Average volume	1,877,843
	52 week change	96%
	Cash Balance (31 Dec20)	A$4.9 million
	Top 20 Shareholders own	33.5%

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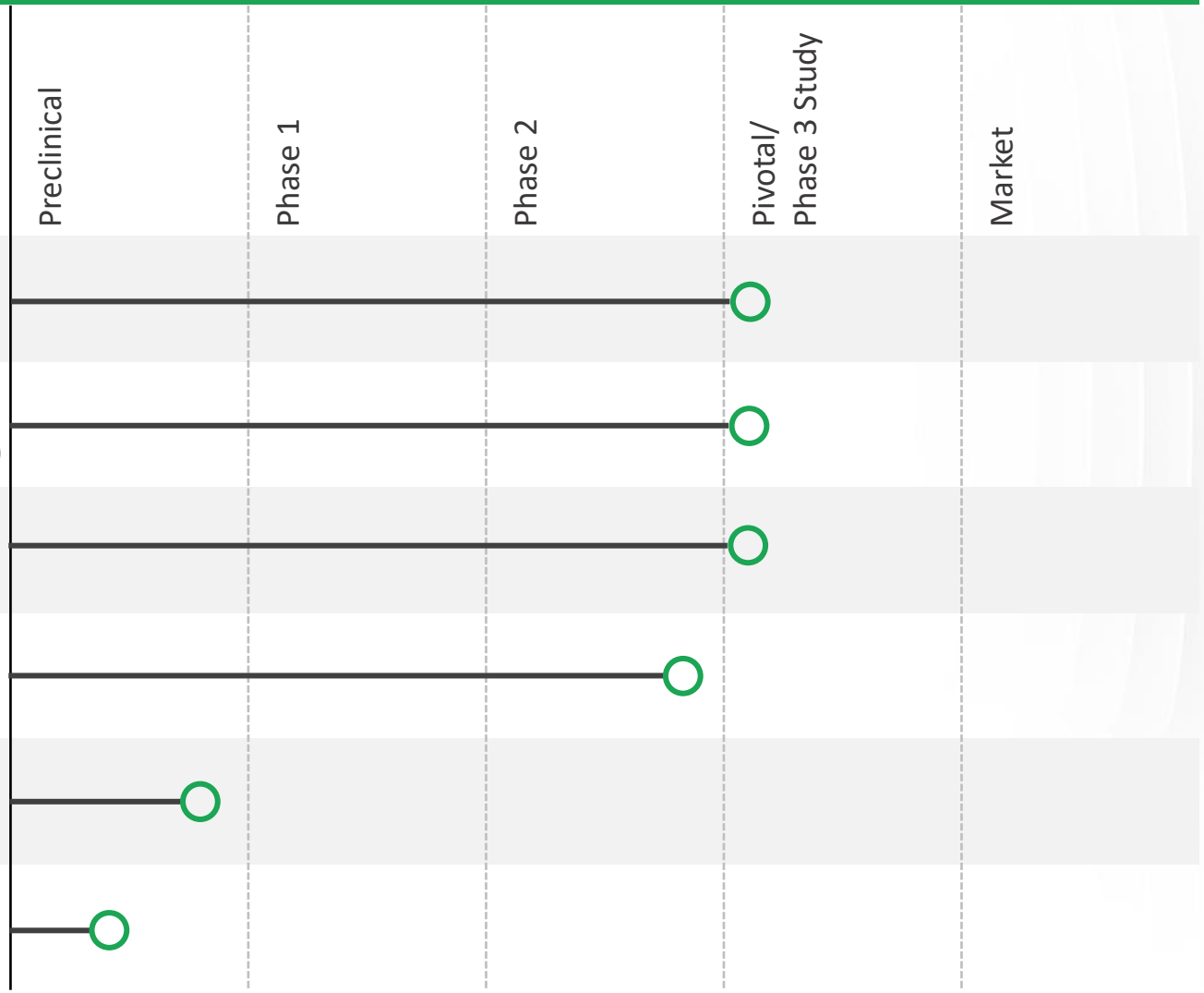
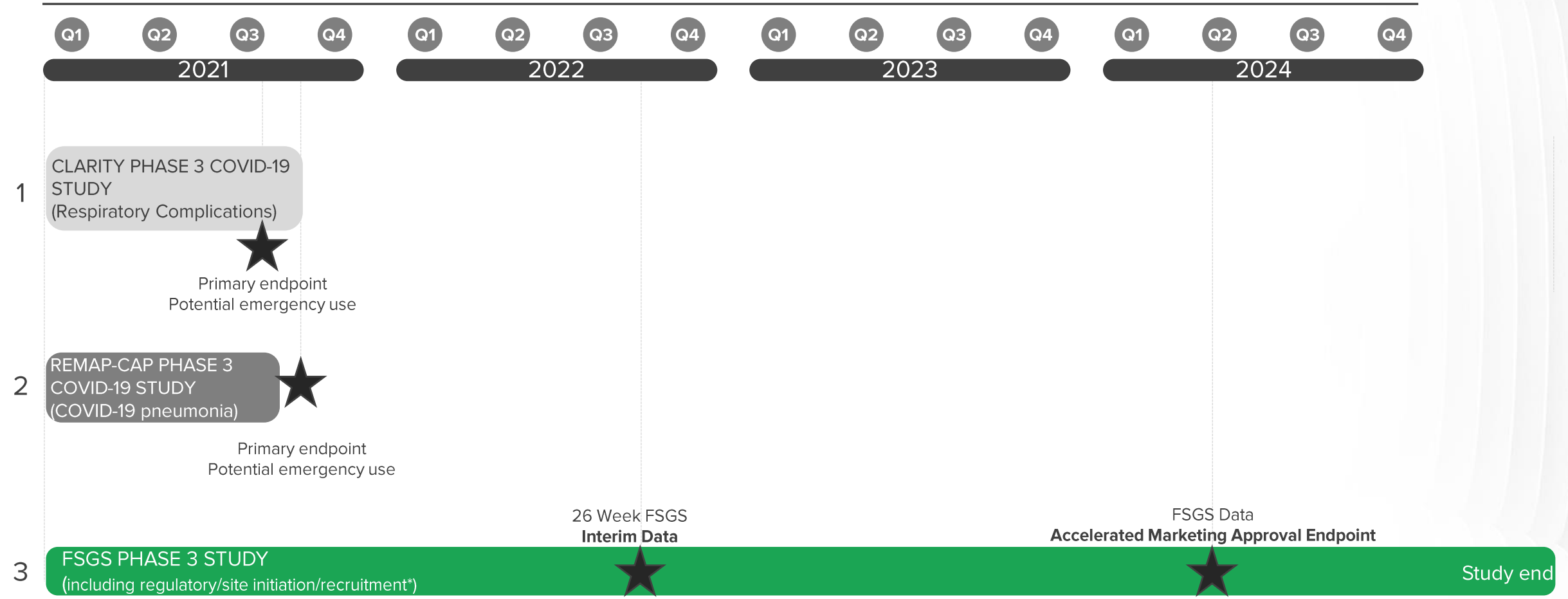
Development pipeline

5 product candidates in the pipeline, with 4 clinical opportunities

Compound	Disease Target
DMX-200	Focal Segmental Glomerulosclerosis (FSGS)
DMX-200	Acute Respiratory Distress Syndrome (ARDS) in COVID-19 patients (REMAP-CAP)
DMX-200	Respiratory complications in COVID-19 patients (CLARITY 2.0)
DMX-200	Diabetic Kidney Disease (DKD)
DMX-700	Chronic Obstructive Pulmonary Disease (COPD)
DMX-XXX	Undisclosed (multiple)



Three near term value propositions



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*Recruitment strategies in place to expedite recruitment

Two phase 3 COVID-19 studies

Despite vaccines:
- 3rd wave advancing across Europe
- REMAP-CAP EU currently recruiting ~100 patients/week

	Target population	Unmet need
REMAP-CAP	Feasibility/Phase 3 study in adult patients with acute illness due to suspected or proven COVID-19 admitted to hospital, including patients admitted to ICU	Respiratory distress represents significant unmet need as consequence of COVID-19 infection, as well as other causes beyond COVID-19 **Respiratory symptoms remain despite introduction of vaccines** Large parts of Europe entering 3rd wave: rise in cases & high number of deaths expected as more contagious new variants account for the majority of cases
CLARITY 2.0	Feasibility/Phase 3 study in adult patients with COVID-19 at an earlier stage of respiratory complications, prior to the onset of Acute Respiratory Distress Syndrome	

Funded

Strong public health interest, allowing for emergency use provisions

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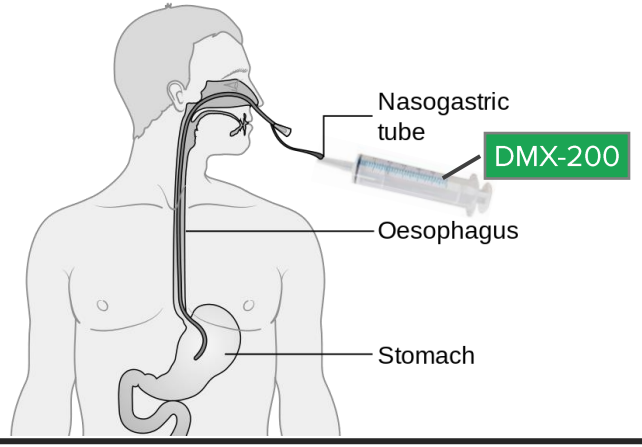
REMAP-CAP primary endpoint at day 21

Global, multicentre, randomised, standard of care vs. DMX-200 platform study in >200 patients

composite end-point that includes: mortality & number of days patient is alive and does not require organ support up to study day 21



Nasogastric delivery (delivery via feeding tube) confirmed for patients with pneumonia associated with COVID-19 in intensive care units

Funded by European Union through H2020 “Rapid European COVID-19 Emergency Research response” (RECOVER) project

Regulatory dossiers submitted in key European countries and UK

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CLARITY 2.0 primary endpoint at day 14

Prospective, multi-centre, randomised, double blind, placebo-controlled study in 600 patients in India

To assess safety & efficacy of dual treatment with DMX-200 & an ARB in patients hospitalised with COVID-19 disease, assessed by the Clinical Health Score* measured at day 14

7-Point Ordinal Scale of Clinical Health Status*

1. • Not hospitalised, no limitations on activities
2. • Not hospitalised, limitation on activities
3. • Hospitalised, not requiring supplemental oxygen
4. • Hospitalised, requiring supplemental oxygen
5. • Hospitalised, on non-invasive ventilation or high-flow oxygen devices
6. • Hospitalised, on invasive mechanical ventilation or ECMO
7. • Death

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*Clinical Health Score: 7-point ordinal scale of clinical health status which is a refined version of the 9-point score developed by the WHO for Coronavirus Disease 2019 (COVID-19) trials: https://www.who.int/blueprint/priority-diseases/key-action/COVID-19_Treatment_Trial_Design_Master_Protocol_synopsis_Final_18022020.pdf

COVID-19 and pneumonia market potential

What is Community Acquired Pneumonia (CAP)?

- Pneumonia is an acute inflammation of the lungs, caused by an infection by bacteria, viruses, or fungi
- COVID-19 pneumonia is cause by SARS-CoV-2

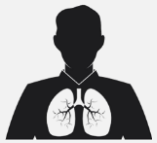
Facts and Figures

$17 billion

Pre-COVID: Pneumonia responsible for US$17 billion in healthcare costs each year in the US

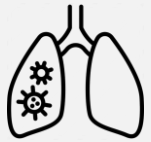
2.8 million

COVID-19: caused 124 million cases globally to date, resulting in 2.8 million deaths in 12 months *and counting*



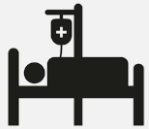
3 million

Non-COVID-19: lower respiratory tract infections are estimated to cause 3 million death annually pre-COVID



50 %

Pneumonia is responsible for half of all cases of sepsis and septic shock



20-30%

20-30% of all patients with pneumonia require admission to Intensive Care Units

US$3,120

The cost of treatment with Remdesivir (for COVID-19) for 5 days

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FSGS phase 3 study primary endpoint

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

Single, seamless Phase 3 study design*

	Study period 1 *n=68*		**Study period 2** *n=120-180*		
	26 weeks	Interim results: proteinuria	35 weeks*	Accelerated Approval** endpoint: proteinuria	52 weeks
Group 1	DMX-200 + ARB		DMX-200 + ARB		DMX-200 + ARB
Group 2	ARB only		ARB only		ARB only

Final results: eGFR

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ARB: Angiotensin Receptor Blocker
eGFR: estimated Glomerular Filtration Rate
* *Subject to final approval of the study design/procedures by FDA (or equivalent) and review by biostatistician*
** *Accelerated Approval: Marketing approval for "serious conditions that fill an unmet medical need based on a surrogate or an intermediate clinical endpoint*

Why FSGS: unmet need and market potential

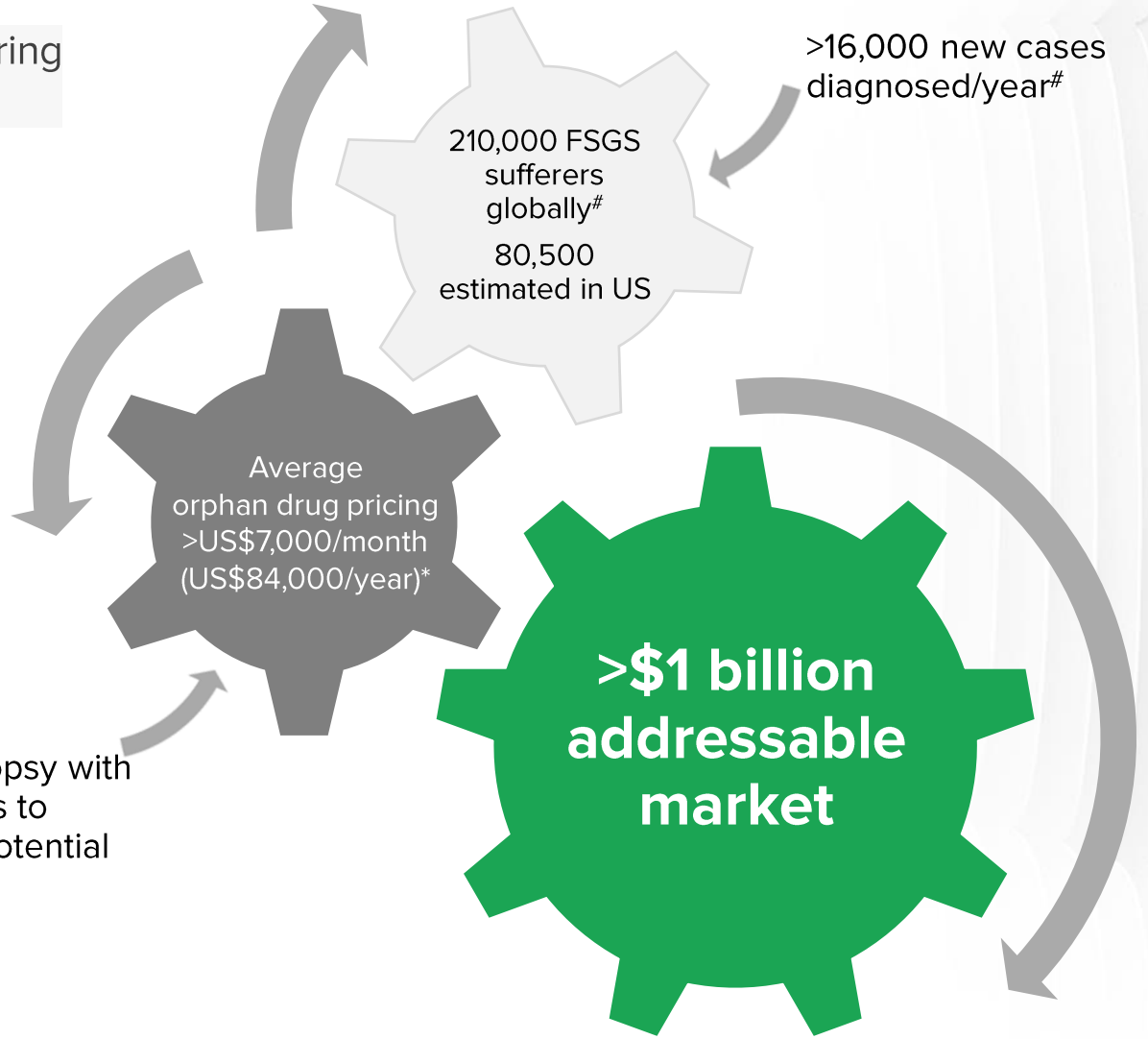
FSGS: rare kidney disease characterized by inflammation and scarring of the kidney's filtration units, affecting children and adults

Renal failure in <5 years from diagnosis – dialysis or transplant

~20,000 FSGS patients in US with end-stage kidney disease - only ~1,000 receive kidney transplants each year

Unfortunately, FSGS comes back to attack the new kidney 30-50% of the time^

No FDA approved therapies



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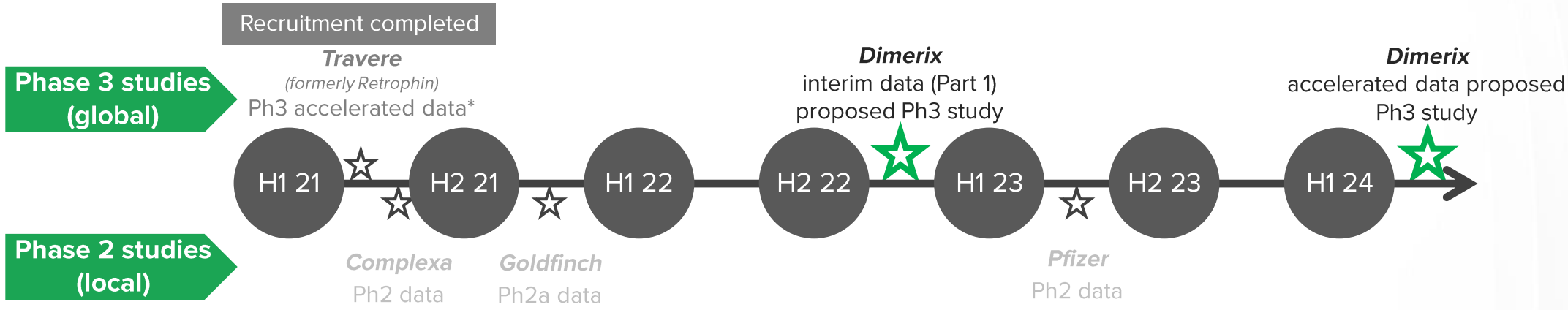
*2018, IQVIA , Orphan Drugs in the United States: Growth Trends in Rare Disease Treatments

Transparency Market Research, 2018, Focal Segmental Glomerulosclerosis (FSGS) Market, Global Industry Analysis, Size, Share, Growth, Trends, & Forecast 2017-2025

^ Nephcure Kidney International (2021); Focal Segmental Glomerulosclerosis https://nephcure.org/livingwithkidneydisease/understanding-glomerular-disease/understanding-fsgs [accessed 15Mar21]

FSGS competitive positioning



- No other global FSGS studies underway
- Critical recruitment window for DXB FSGS program
- Dimerix well positioned to help patients seeking treatment who often have very few medical options

- Sparsentan: a dual acting ARB/endothelin receptor blocker (alternative to irbesartan)
  - Data demonstrates DMX-200 may be complementary to Sparsentan

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Data based on company annual reports 2019 and/or clinicaltrials.gov

Kidney asset transactions by clinical phase

Kidney assets are in active M&A space, including:

	Preclinical		Phase 1	Phase 2		Phase 3		
Company	Epigen to Novo Nordisk	Goldfinch to Gilead (Goldfinch to complete development)	Ionis to AstraZeneca	Orphan Technologies to Retrophin Inc	Vera Therapeutics to Merck	Angion Biomedica to Vifor	Cara to Vifor	Cara to Vifor
Year	May-18	May-19	Feb-18	Oct-20	Nov-20	Nov-20	May-18	Oct-20
Structure	licensing	licensing (multiple kidney targets)	licensing	*acquisition*	*acquisition*	licensing (ex-China)	licensing (ex-US)	licensing (US)
Upfront (US$)	undisclosed	$55m	$30m	$90m	undisclosed	$60m	$70m	$100m
Milestones (US$)	$200m	>$1b	$300m	$427m	$717m	$260m	$350m	-
Royalties	undisclosed	undisclosed	undisclosed	-	-	10-40% (tiered)	undisclosed	Profit share (60:40)

n.b. milestones and royalties typically increase in later stage development deals

Average deal value exceeds US$500m (~A$650 million) excluding royalties

Positive interim data in FSGS Phase 3 (alone) supports substantial transaction value

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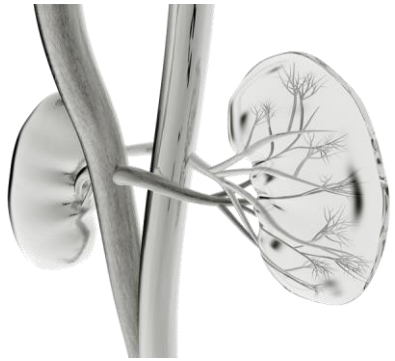
Additional asset value propositions

Longer term opportunities

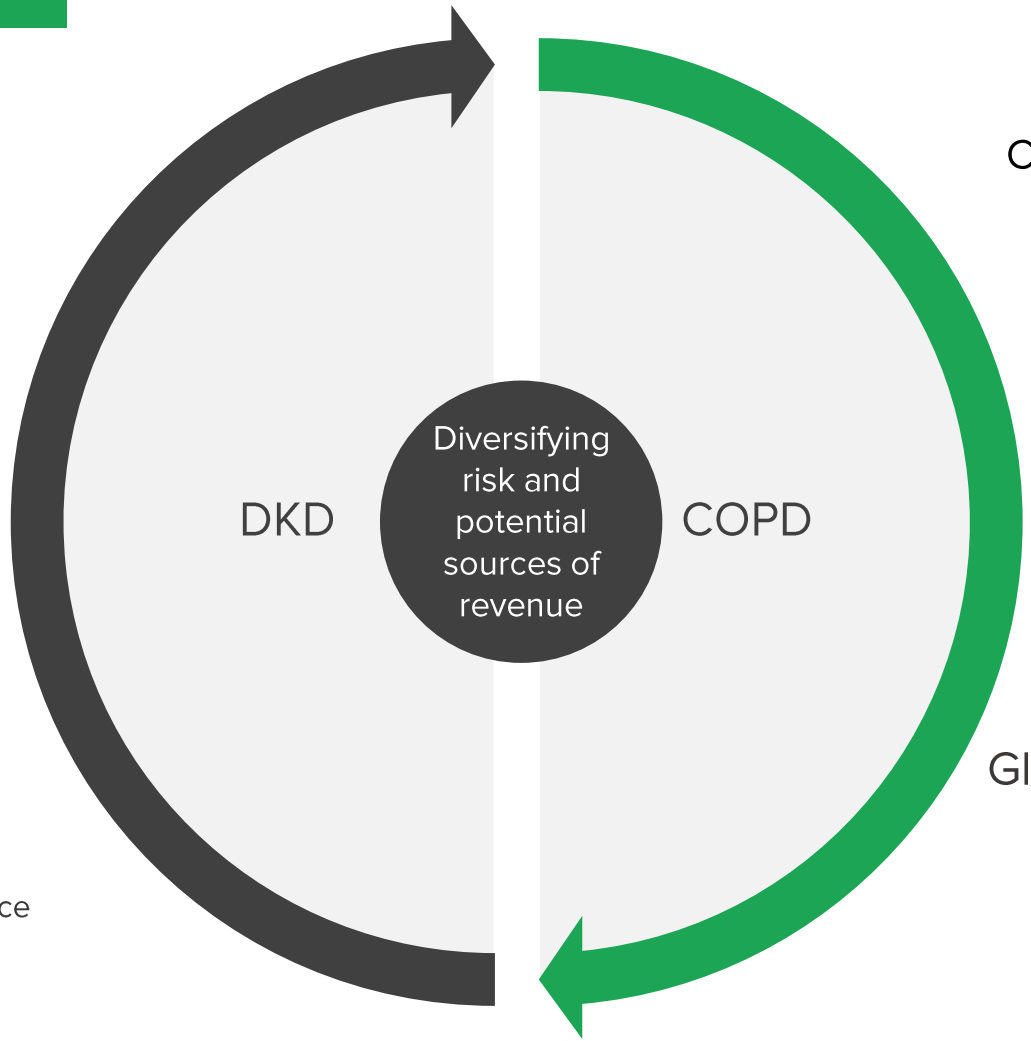
Diabetic Kidney Disease



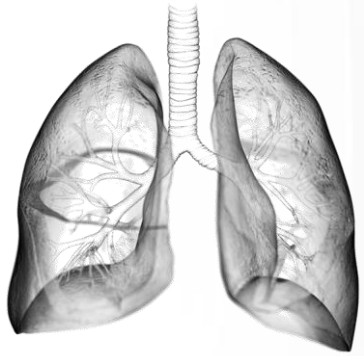
Addressable market

US$1.1 billion

Key driver is the rise in diabetes global incidence



Chronic Obstructive Pulmonary Disease



Global COPD treatment market (2017)

US$14 billion

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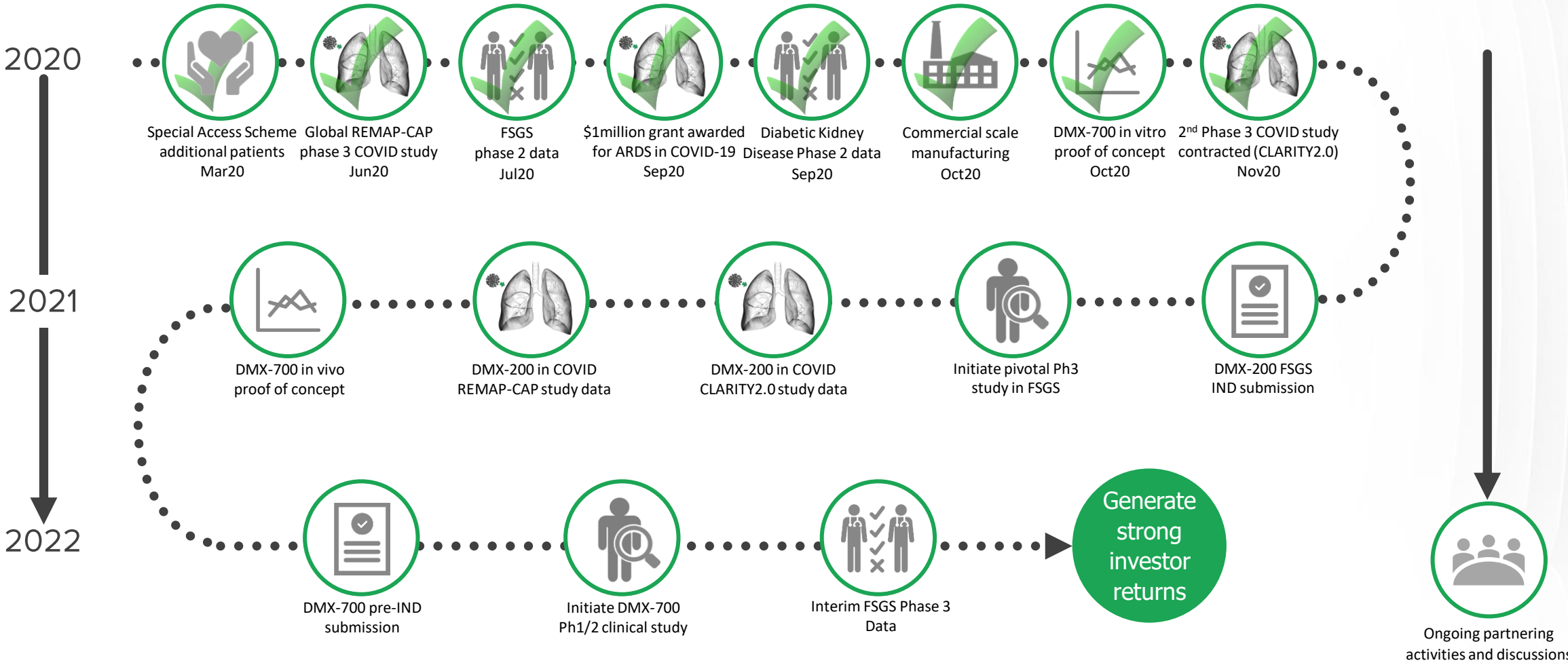
Value driving events



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End of Presentation

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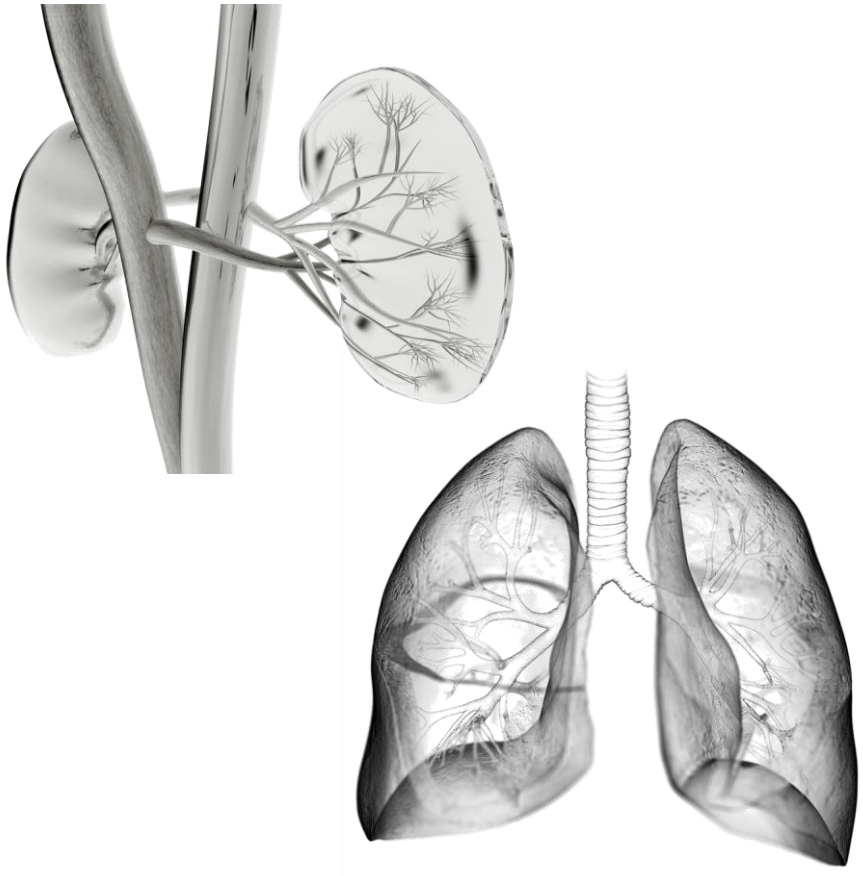

Additional Supporting Materials

Board & Management

James Williams
PhD, MBA
Non-Executive Chairman

iCeutica, Yuuwa, AdAlta (alternate), Polyactiva
Experienced Director of ASX-listed companies
- Co-founded Dimerix, iCeutica
- Co-founded Yuuwa Capital ($40M venture fund)

✓BSc (Hons) - Biochemistry
✓PhD - Medicine
✓MBA - Business

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

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

Mayne Pharma, Acrux, Hatchtech, Kinoxis
- 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

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

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

Robert Shepherd
PhD
R & D Director

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

✓BSc (Hons) – Genetics
✓PhD – Molecular Immunology

Bronwyn Pollock
BSc (Hons), MBA
Product Development Director

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

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

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Medical Advisory Board

Professor Hiddo Heerspink
PhD
Chairman

Professor of Clinical Trials and Personalized Medicine: University Medical Center Groningen, the Netherlands. He specialises in the research of novel treatment approaches to slow the onset of diabetic cardiovascular and renal disease. Hiddo has been instrumental in interactions between industry, researchers and regulatory agencies in the validation of surrogate endpoints for renal trials.

Professor Alessia Fornoni
MD, PhD, FASN
Member

Professor of Medicine & Molecular & Cellular Pharmacology: University of Miami. Chief of the Katz Family Division of Nephrology and Hypertension. She has an extensive history of translational excellence for patients with renal disease and has uncovered novel pathogenetic mechanisms and therapeutic approaches for glomerular disorders.

Professor Jonathan Barratt
MD, PhD, FRCP
Member

Mayer Professor of Renal Medicine: Department of Cardiovascular Sciences; University of Leicester and Nephrologist. Jonathan is the IgA nephropathy Rare Disease Group lead for the UK National Registry of Rare Kidney Diseases (RaDaR) and a member of the steering committee for the International IgA Nephropathy Network.

Associate Professor Lesley Inker
MD, MS, FRCPC
Member

An attending physician and Director of the Kidney and Blood Pressure Center in the Division of Nephrology at Tufts Medical Center. Lesley's major research interest is in the estimation and measurement of glomerular filtration rate (GFR) and in defining alternative endpoints for CKD progression trials based on GFR decline and changes in albuminuria.

Dr Muh Geot Wong
MBBS, PhD, FRCP
Member

Renal Physician and Head of the Renal Clinical trials at the Royal North Shore hospital, Sydney, Australia. Muh Geot's main areas of research are in understanding the mechanisms of kidney fibrosis, biomarkers research, and identifying strategies in delaying progressive kidney disease including glomerular diseases.

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DMX-200

Proposed Phase 3 study of DMX-200 in Focal Segmental Glomerulosclerosis (FSGS)

DMX-200
• Small molecule known as repagermanium – new chemical entity
• Inhibits activity of a cellular receptor of inflammation: CCR2 (C-C Chemokine Receptor Type 2)
• 240mg oral delivery daily - 120mg capsule administered twice daily
• Administered to patients already on angiotensin receptor blocker (ARB) – FSGS standard of care treatment
• Extensive regulatory engagement – orphan designation secured in US and EU

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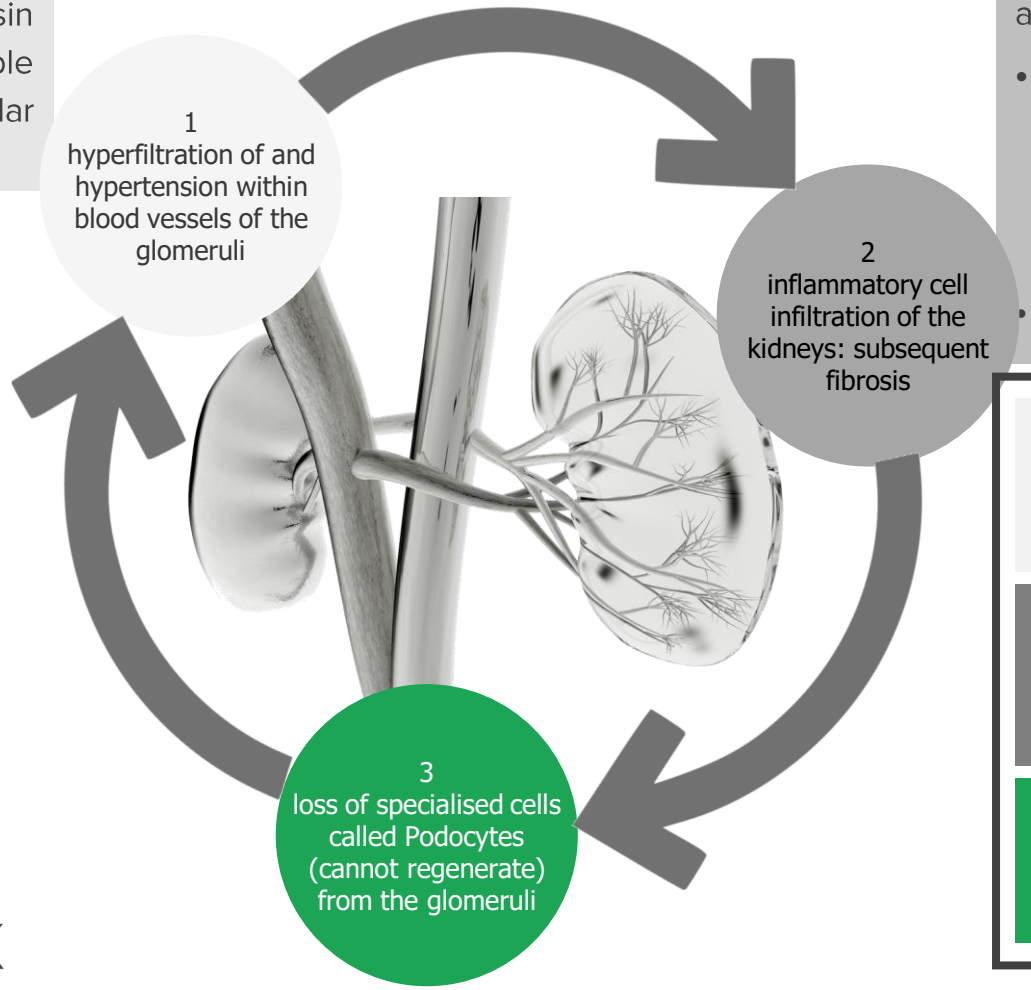
DMX-200 proposed mechanism of action

DMX-200 addresses three key mechanisms that causes renal damage and sclerotic kidney disease

Irbesartan blocks angiotensin receptors (AT1R) responsible for hyperfiltration & glomerular hypertension



DMX-200 inhibits chemokine receptor (CCR2) which initiates attraction of inflammatory cells into the kidneys

- Monocyte chemoattractant protein-1 (MCP-1):
  - key chemokine that regulates migration & infiltration of immune cells responsible for inflammation
  - lower levels of MCP-1 translates to less inflammation
- CCR2 is the receptor for MCP-1

Dimerix' proprietary discovery tool determined a functional interaction between AT1R and CCR2

Certain kidney cells express both receptors, thus using only 1 compound does not block activation and results in only a partial response

DMX-200 unique proposition:
total benefit is greater than the sum of the two individual effects

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DMX-200 clinical experience

Phase 1 study (DMX-200-101)
- Healthy volunteers
  - ➢ Pharmacokinetic, metabolism & safety clinical study

Phase 2a study (DMX-200-201)
- Chronic Kidney Disease
  - ➢ Safety and tolerability study, with efficacy endpoints included

Phase 2a study (DMX-200-202)
- Focal Segmental Glomerulosclerosis
  - ➢ Safety and efficacy endpoints

Phase 2 study (DMX-200-203)
- Diabetic kidney disease
  - ➢ Efficacy and safety endpoints

- Positive efficacy signals across studies
- Consistently safe and well tolerated in both healthy volunteers and renal patients (total of 95 patients dosed)
- DMX-200 safety profile and efficacy outcomes compares favourably to compounds currently in development
- Consistent data collectively leading to DMX-200 future development

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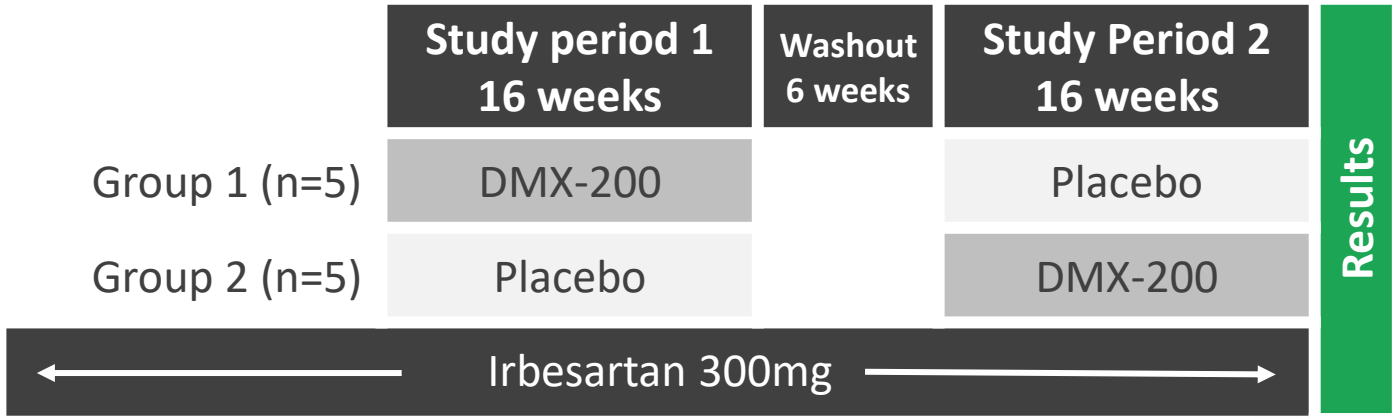
Phase 2a trial in FSGS completed

Phase 2a DMX-200-202 (ACTION for FSGS): Phase 2a, Double-blind, Randomised, Placebo-Controlled, Crossover Study Evaluating the Safety and Efficacy of DMX-200 in Patients with Primary Focal Segmental Glomerulosclerosis who are Receiving Irbesartan

- *10 patients enrolled, 7 patients qualified for the evaluable population and final analysis*
- *Primary endpoint: safety. Secondary endpoint: proteinuria and biomarker analysis.*
- *Patient population: Patients with primary FSGS who are receiving irbesartan*

Analysis population criteria defined in Statistical Analysis Plan (SAP)

10 patients enrolled in study: 7 qualified for the final analysis



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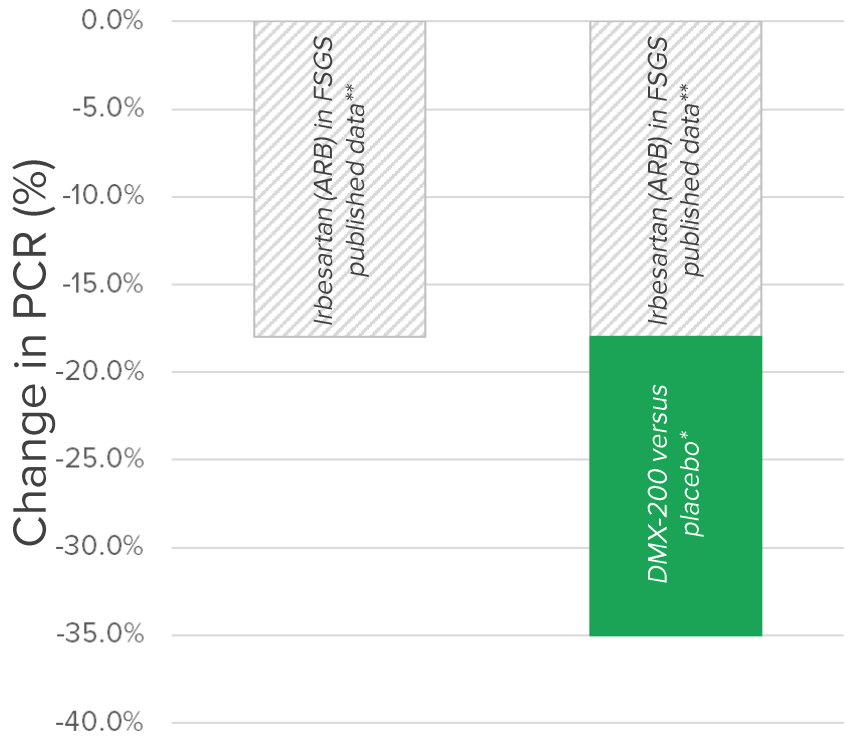
DMX-200 treatment group met primary and secondary endpoints

Average reduction in proteinuria after 16 weeks treatment on DMX-200 versus placebo compared to standard of care alone in FSGS patients



- DMX-200 demonstrated clear benefit to patients with FSGS
  - 86% of patients demonstrated reduced proteinuria on DMX-200 versus placebo
  - 29% of patients demonstrated >40% reduction in proteinuria
  - Results comparable to other compounds in development
- DMX-200 was safe and well-tolerated
- DMX-200 may be complementary to other development compounds, such as sparsentan

No safety concerns – reduced development risk

DMX-200 compares favourably to compounds currently in development

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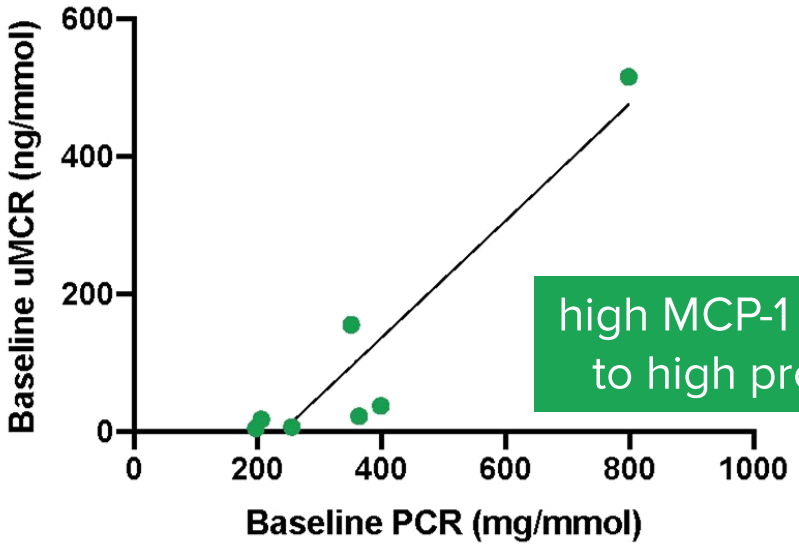
PCR = protein creatinine ratio
**Repeated measures mixed model analysis; top line data was reported as grouped analysis*
***Trachtman, et al., 2018. J Amer Soc Nephrology 29(11):2745-2754 (note: study design differs)*

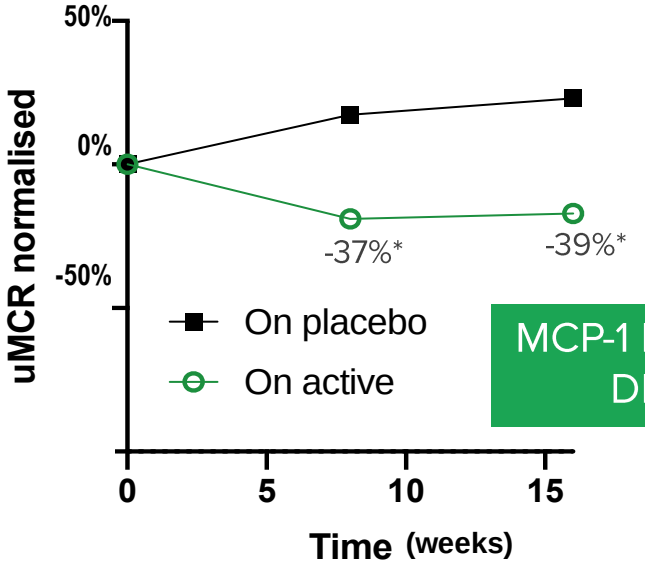
DMX-200 effect on inflammatory biomarker

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*

Medical Advisory Board Recommendation

"The positive signals suggest that treatment with DMX-200 may indeed result in clinically meaningful improvements in kidney function when added to the standard of care in patients with FSGS"

"The study achieved encouraging data to support the ongoing development of DMX-200 for FSGS"

"This should be confirmed by a larger pivotal randomised controlled trial as was discussed by Dimerix with the FDA in November last year"

"Our assessment is that these data puts DMX-200 in a great position in the global development efforts for new treatments for FSGS"

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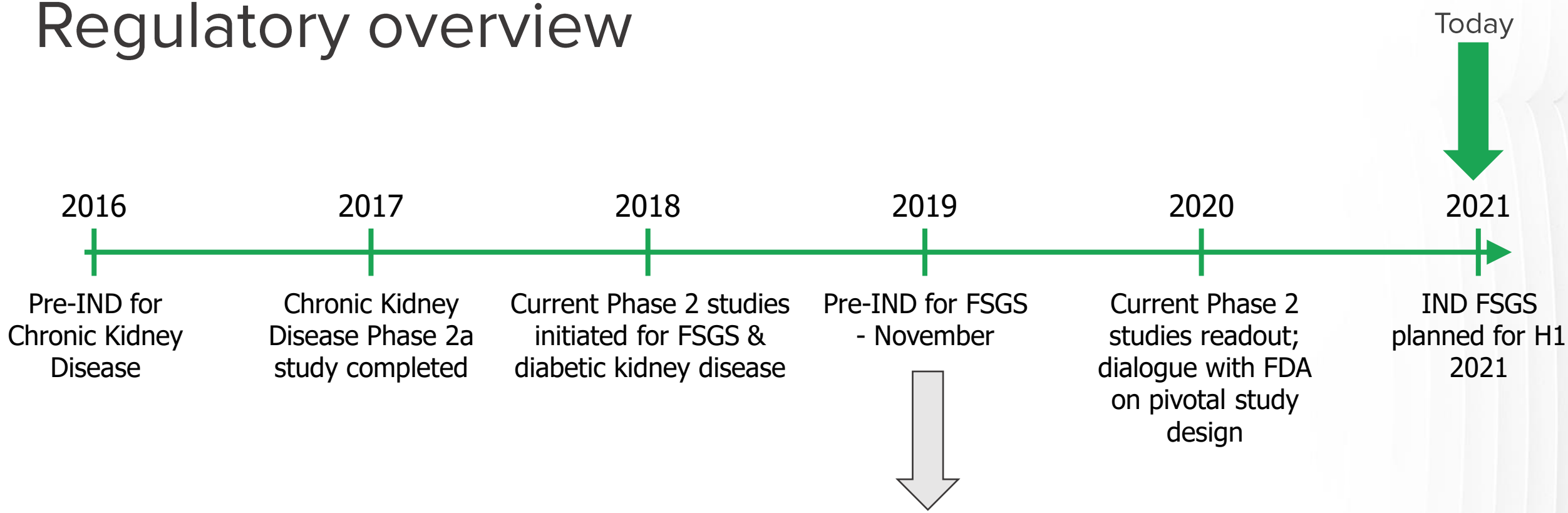
Regulatory overview



- Confirmation of proteinuria as an acceptable endpoint for accelerated marketing approval;
- Single Phase 3 study appropriate for marketing approval;
- Proposed non-clinical package appropriate for NDA and registration; and
- Proposed specifications for API manufactured by Dimerix appropriate for registration

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DMX-200 Intellectual property and exclusivity

Intellectual Property

US

2033 Method of use:
any CCR2 antagonist with any ARB for any kidney disease

Granted patents*
US 9,314,450
US 10,058,555
US 10,525,038

Patent applications with alternative claims filed

EU

2032 Method of use:
DMX-200 with irbesartan

Granted patents*
EP 2663304

Patent applications with alternative claims filed

Exclusivity

US

7 years FSGS orphan exclusivity

EU

10 years FSGS orphan exclusivity

DMX-200 has potential benefit of exclusivity** whilst relying on existing safety data

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*Additional granted patents in other key territories
**NCE: active moiety not approved before

Phase 2 trial in diabetic kidney disease data

DMX-200 demonstrated clear benefit to patients with diabetic kidney disease in the Phase 2 clinical study

<table>
<tr><td colspan="2">Across the entire cohort (n=40)
• 30% of all patients ended the study below albuminuria threshold for diabetic kidney disease diagnosis (<30mg/mmol) - a fantastic outcome for those patients
• 22% reduction in albuminuria compared to placebo was observed at study end when normalised to first baseline</td></tr>
<tr><td colspan="2">Patients starting baseline ACR</td></tr>
<tr><td>Lower starting baseline albuminuria (<57m/mmol; n=14):
50% saw albuminuria levels drop below threshold for diagnosis of DKD</td><td>Higher starting baseline albuminuria (>57mg/mmol; n=26):
37% reduction in albuminuria versus placebo at study end when normalised to first baseline</td></tr>
</table>

ACR = albumin to creatinine ratio

Dimerix, along with key global experts, are now assessing the design of a longer study that will allow the natural history of diabetic kidney disease patients to be contrasted against possible longer-term effects of DMX-200

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Kidney asset transactions by clinical phase

Kidney assets are in active M&A space, including:

	Preclinical		Phase 1	Phase 2		Phase 3		
Company	Epigen to Novo Nordisk	Goldfinch to Gilead (Goldfinch to complete development)	Ionis to AstraZeneca	Orphan Technologies to Retrophin Inc	Vera Therapeutics to Merck	Angion Biomedica to Vifor	Cara to Vifor	Cara to Vifor
Year	May-18	May-19	Feb-18	Oct-20	Nov-20	Nov-20	May-18	Oct-20
Structure	licensing	licensing (multiple kidney targets)	licensing	*acquisition*	*acquisition*	licensing (ex-China)	licensing (ex-US)	licensing (US)
Upfront (US$)	undisclosed	$55m	$30m	$90m	undisclosed	$60m	$70m	$100m
Milestones (US$)	$200m	>$1b	$300m	$427m	$717m	$260m	$350m	-
Royalties	undisclosed	undisclosed	undisclosed	-	-	10-40% (tiered)	undisclosed	Profit share (60:40)

n.b. milestones and royalties typically increase in later stage development deals

Average deal value exceeds US$500m (~A$650 million) excluding royalties

Positive interim data in FSGS Phase 3 (alone) supports substantial transaction value

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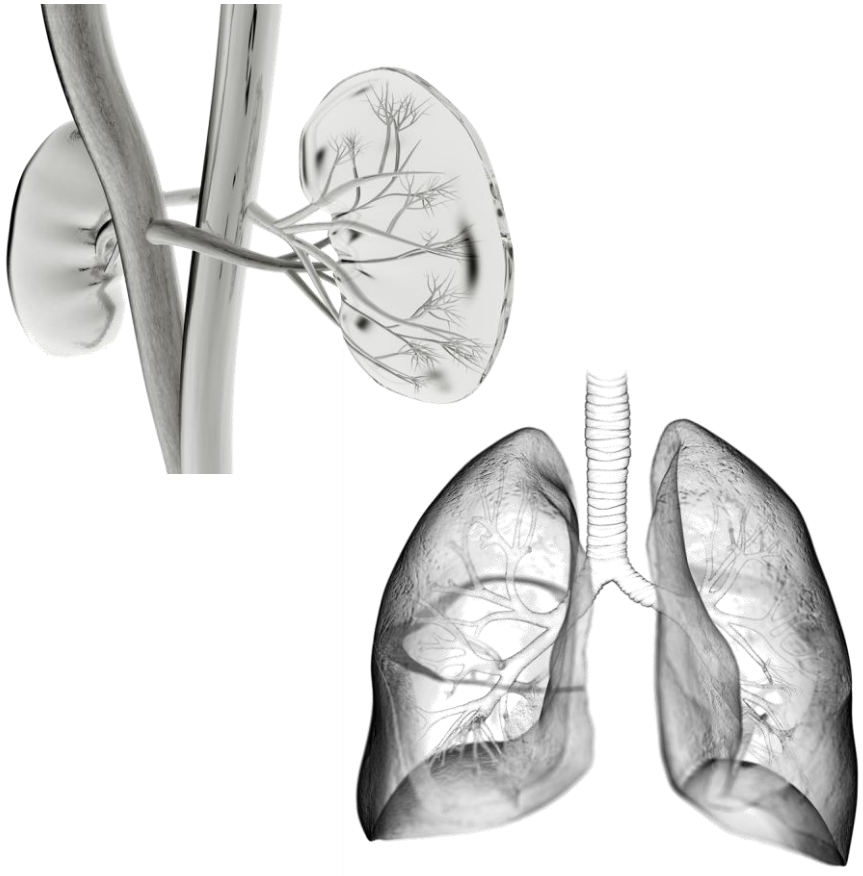

Factsheets

FSGS market: serious and rare kidney disease

Orphan indication currently with **no FDA-approved** therapies‡

US **incidence**ǂ

80,583

Market growth will **accelerate** at a CAGR (2017-2025)#

>8.0%

Average orphan drug pricing

>US$7,000

per month*

Across all nephrotic syndromes, FSGS accounts for *‡

- 40% cases in **adult**
- 20% cases in **children**

~40% of FSGS transplant patients:
FSGS **disease recurs**^

Approximately 5 years from diagnosis to **end-stage renal disease**‡

More than 5,400 **new cases** diagnosed each year in US^

DMX-200 has US and EU Orphan Drug Designation for FSGS

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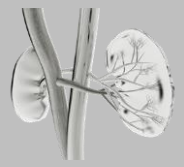
* *Sangameswaran K, Baradhi K; (2019) Focal Segmental Glomerulosclerosis [https://www.ncbi.nlm.nih.gov/books/NBK532272/] [Accessed 02Mar20]*
^ *Nephcure Kidney International (2020); Focal Segmental Glomerulosclerosis [https://nephcure.org/livingwithkidneydisease/understanding-glomerular-disease/understanding-fsgs/] [Accessed 02Mar20]*
‡ *Rosenberg A, Kopp J (2017); Focal Segmental Glomerulosclerosis, Clinical Journal of American Society of Nephrology [https://cjasn.asnjournals.org/content/12/3/502} [Accessed 02Mar20]*
ǂ *DelveInsight Market Research Report (2020); Focal Segmental Glomerulosclerosis (FSGS)- Market Insight, Epidemiology and Market Forecast -2030*
Transparency Market Research (2019); Focal Segmental Glomerulosclerosis (FSGS) Market [https://www.transparencymarketresearch.com/focal-segmental-glomerulosclerosis-market.html] [Accessed 02Mar20)

Phase 2 trial in diabetic kidney disease completed

Phase 2, Double-blind, Randomised, Placebo-Controlled, Crossover Study in Diabetic Kidney Disease (n=45)

DMX-200 resulted in statistically & clinically significant reduction in proteinuria versus placebo*

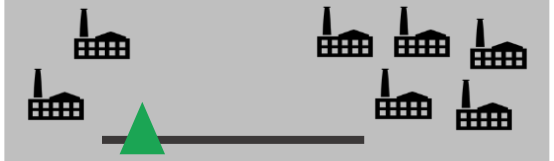


Supports proposed mechanism of action: effective where active inflammatory processes are driving disease progression

Diabetic kidney disease is the **leading cause** of Chronic Kidney Disease Worldwide**

Diabetic patients that have kidney disease**

40%



The market is highly concentrated, with few players occupying market share‡

Market growth will **accelerate** at a CAGR (2019-2022)^

5.1%

Addressable market

US$1.1 billion

Key driver is the rise in diabetes global incidence^

Formulation can be differentiated from FSGS product formulation

Dimerix

** Reported 14 Sep2020*

*** Alicic R, Rooney M, Tuttle K (2017) Diabetic Kidney Disease Challenges, Progress, and Possibilities, Clinical Journal of American Society of Nephrology [https://cjasn.asnjournals.org/content/12/12/2032] [Accessed 02Mar20]*

‡ Technavio (2019); Global Diabetic Nephropathy Market 2018-2022 [https://www.businesswire.com/news/home/20181227005118/en/Global-Diabetic-Nephropathy-Market-2018-2022-34-CAGR] [Accessed 02Mar20]

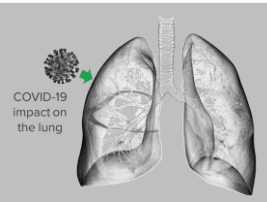
^ Market Research Future (2020); Diabetic Neuropathy Treatment Market Research Report – Global Forecast to 2025 [https://www.marketresearchfuture.com/reports/diabetic-neuropathy-treatment-market-8359] [Accessed 02Mar20]

Acute Respiratory Distress Syndrome (ARDS)

in COVID-19 patients – awarded A$1 million from AUS Government

REMAP-CAP

REMAP-CAP: global clinical study in COVID-19 pneumonia; >290 clinical sites in 19 countries*



REMAP-CAP/COVID-19 study protocol includes DMX-200*

>18,403,737 active COVID cases globally; >600,000 new cases/day**

Remdesivir Emergency Use Approval: retails for US$3120 per 10 day treatment (A$4555)

REMAP-CAP has been designated by the WHO as a Pandemic Special Study*

translation of clinical trial results occur directly with policymakers & public health officials for rapid implementation globally

REMAP-CAP is supported and funded by a consortium of government and non-government organisations*

Results generated from REMAP-CAP during a declared pandemic can provide a collaborative pathway to global clinical practice*

DMX-200 selected based on overwhelming scientific rationale & unique potential to treat COVID-19 related issues

(supported by multiple peer-reviewed publications over the past month^)

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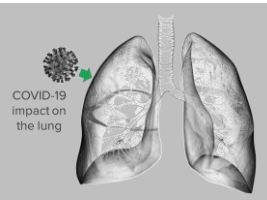
*https://www.remapcap.org
Detailed information of the REMAP-CAP trial can be found at ClinicalTrials.gov Identifier: NCT02735707
** https://www.worldometers.info/coronavirus/ 03Dec20
^Xiong et al.; Williams et al.; Shen et al.; Merad and Martin; Nature Editorial

Respiratory complications

Second study in COVID-19 patients with earlier complications

CLARITY

CLARITY 2.0: A feasibility/Phase III partner study to CLARITY (Controlled evaLuation of Angiotensin Receptor Blockers for COVID 19 respiraTorY disease)



Study will recruit COVID-19 patients at early stages of respiratory complications, prior to onset of ARDS*

Study led by Prof Meg Jardine (NHMRC Clinical Trials Centre, The University of Sydney, Australia) in collaboration with Prof Vivekanand Jha (The George Institute for Global Health (India)

Randomised, double blind, placebo-controlled study to recruit ~600 participants with COVID-19 in India

Primary Endpoint: 7-point clinical health score at 14 days; developed by the WHO for Coronavirus Disease 2019 (COVID-19) trials

DMX-200 aims to reduce damage from inflammatory immune cells

blocking signalling & limiting movement into the lungs/other tissues damaged by the virus

CLARITY 2.0 is the second trial to include DMX-200 in COVID-19 patients**

Benefit in COVID-19 disease may translate to other respiratory infections such as influenza

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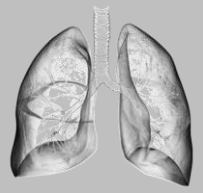
** ARDS: Acute Respiratory Distress syndrome*
 # ARB: Angiotensin Receptor Blocker
*** DMX-200 also included in the REMAP-CAP/COVID-19 study protocol*

DMX-700 - Chronic Obstructive Pulmonary Disease

Pre-clinical asset for the treatment of COPD by blocking heteromer signalling in receptors active in COPD

4th leading cause of death worldwide: of top 5 causes of death, only one with increasing mortality rates



No cure available & existing treatments aimed at relieving symptoms only

3.17 million deaths caused by COPD in 2015 (5% of all deaths globally that year)

COPD direct healthcare expenditures in US:

$72 billion/year

Global COPD treatment market (2017)

US$14 billion

Global COPD market projected to increase at CAGR >4% to 2026: Asia Pacific expected to be fastest growing COPD market at CAGR ~8.7%

Development plan progressing towards clinical phase: in vivo assessment in COPD model to confirm in vitro observations

DMX-700 targets blocking two receptors simultaneously (IL-8Rβ (also known as CXCR2) and AT1R) to achieve a synergistic effect

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Aernout van Haarst A., McGarvey L., Paglialunga S., 2019 "Review of Drug Development Guidance to Treat Chronic Obstructive Pulmonary Disease: US and EU Perspectives"; in Clinical Pharmacology & Therapeutics, Vol.0 July 2019 (https://ascpt.onlinelibrary.wiley.com/doi/full/10.1002/cpt.1540)
COPD Market; Technavio market research report viewed on 12Sep19 at https://www.businesswire.com/news/home/20190206005309/en/